EFFICACY OF LERCANIDIPINE IN HYPERTENSIVE PATIENTS WITH METABOLIC SYNDROME

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Introduction: The metabolic syndrome, a constellation of abnormalities [obesity, glucose intolerance, insulin resistance, dyslipidemia (low HDL-cholesterol, high LDL-cholesterol and triglycerides], and elevated blood pressure, predicts the development of type 2 diabetes mellitus (T2D) and CV disease. One of the commonest components of metabolic syndrome is hypertension. Lercanidipine, a new dihydropyridine calcium channel blocker of the third generation is recommended in hypertensive patients, but the role in hypertensive patients with metabolic syndrome has not been established clearly yet. Its main advantage over first- and second-generation calcium channel blockers is lower incidence of adverse effects, such as reflex tachycardia and peripheral edema.

Objectives: The aim of this study is to assess the efficacy of lercanidipine in hypertensive patients with metabolic syndrome.

Methods: For this study, we consecutively enrolled 25 patients, of both sexes, aged 18–70 years, with metabolic syndrome and mild-to-moderate essential hypertension (according to the guidelines of European Society of Hypertension and European Society of Cardiology, 2007) who previously had not received antihypertensive treatment. Patients were than allocated to the lercanidipine 10 mg/day. Nonresponding patients after the initial 2 weeks were titrated up to 20 mg.

Results: At baseline, blood pressure (BP) was $157,7\pm13,4/93,6\pm5,3$ mm Hg; after 6 weeks of treatment, BP was $128,1\pm1,9/79,9\pm0,9$ mm Hg ($-30,8\pm3,3/-13,6\pm1,5$ mm Hg versus baseline, p<0,0001). Most frequent side effects were headache (10%), flushes (8%), palpitations (4%) and lower limbs oedema (2%).

In conclusion: In our study we observed that lercanidipine was effective and well-tolerated in patients with metabolic syndrome and mild-to-moderate hypertension in the daily practice. **Keywords**: Metabolic syndrome; hypertension; dihydropyridines; lercanidipine; tolerability

CORRELATION BETWEEN CIRCULATING IMMUNE COMPLEXES AND EXPRESSION OF EXTRACARDIAC MANIFESTATIONS IN INFECTIVE ENDOCARDITIS

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Background: Infective Endocarditis is a serious infection of the heart endocardium, particularly the heart valves are associated with a high degree of illness and death. It generally occurs in patients with altered and abnormal heart architecture, in combination with exposure to bacteria through trauma and other potentially high-risk activities involving transient bacteremia. Endocarditis remains a devastating disease with a high mortality despite timely diagnosis and treatment.

Objective: to establish the correlation between circulating immune complexes and the degree of expression of extracardiac manifestations in infective endocarditis and it's utility in nowadays diagnosis.