

According to the Framingham study, the TCLBBB appears at the same age as the permanent block, presents the same prognosis and can be associated with organic cardiac diseases. There are also numerous scientific papers supporting the absence of organic heart diseases in patients with TCLBBB.

**Purpose and objectives:** The comparative study of the intermittent block and the TCLBBB.

**Materials and methods:** We analyzed 2 cases of complete intermittent block and 2 cases of transient complete left bundle branch block.

**Results:** We observed that the TCLBBB presents the same features (dyspnea, palpitations at moderate exercise, specific ECG changes which resolves at rest). The exercise stress tests were stopped because the block appeared. The 24h ECG monitoring highlighted the appearance of TCLBBB at the heart rate (HR) higher than 65-70 beats/min and it's solving at a lower HR. In both patients the coronary circulation presents a predominant right type, without stenosis. In one patient, by the retrospective analysis of the coronary CT-perfusion, we detected a complete myocardial bridge on the lower third of the posterior interventricular branch with lower contrasting in the area under the bridge and an incomplete myocardial bridge on the middle third of the first marginal branch. The analysis of intermittent blocks also included two female patients with frequent heart palpitation and regular dyspnea at rest and little exercise. The repeated ECG showed on a background of atrial fibrillation the apparition of QRS series specific for complete blocks followed by normal QRS complexes. The 24h monitoring didn't show a correlation with the heart rate.

**Conclusions:** The transient complete left bundle branch block represents a multifactorial entity with a variable prognosis, from marker of myocardial ischemia to manifestation of increased heart rate. The differentiation of different forms of the TCLBBB can be done by 24h ECG monitoring with frequency limits specification and by coronarography to exclude myocardial ischemia.

## FREQUENCY OF PROTOZOAN AND HELMINTHIC INTESTINAL INFECTIONS IN EMERGENCY HOSPITAL FOR CHILDREN "ST. MARIA" IASI, ROMANIA

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**Introduction:** Intestinal parasites are an important health problem, as they affect a large number of individuals, resulting either in asymptomatic cases or in states of chronic diarrhea and malnutrition. This study had the objective of investigating the frequency of intestinal parasitic infection in children (0-16 years old) admitted in Emergency Hospital for Children "St. Mary" Iasi, Romania, as this is a pediatric tertiary care center for the Moldavia region and because there is no recent data in the literature about such investigation in this large area.

**Materials and methods:** A retrospective study was conducted using the stool microscopy results from January to December 2011 which were obtained from archived records of the Department of Parasitology of the Hospital. Intestinal parasitic infection was diagnosed by direct fresh parasitological examination of the stools. The stool samples were processed using saline and iodine mounts and examined microscopically for ova and cysts of parasites.

**Results:** Overall, female patients were more affected (58.23%). Among 1168 positive coproparasitological tests, 98.70% of patients had single parasitic infection, and 1.30% had more than two types of intestinal parasites. In double and triple parasitic infection (12 cases), there were associations be-

tween a protozoan and a helminth (66.66%), between two helminthes (25%), or a protozoan and two helminthes (8.33%).

The frequency of protozoan infection was found to be above 96%, and was represented only by *Giardia lamblia*, which affected almost equally male and female patients. There were 5 different species of helminthes in stool specimens (52 cases). *Ascaris lumbricoides* (80.76%) and *Enterobius vermicularis* (9.61%) were the most frequent among them and affected equally male and female patients. *Hymenolepis nana* (5.76%) and *Trichuris trichiura* (3.84%) correlated with female patients and *Ancylostoma duodenalis* (1.92%) affected only male patients.

**Conclusion:** Our data revealed a different pattern of intestinal parasitic distribution comparing with those reported in industrialized or developing countries. We highlight the special need to educate the community on proper personal hygiene and basic sanitation measures to reduce health problems caused by intestinal parasites.

**Key words:** intestinal parasites, coproparasitological tests, *Giardia lamblia*.

## THE CLOSEST RESULTS OF CORONARY SHUNTING OPERATION ON WORKING HEART WITH ARTIFICIAL BLOOD CIRCULATION

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**Purpose:** the comparative analysis of efficiency of operations of coronary shunting on working heart with artificial blood circulation.

**Material and methods:** The analysis of results of 2254 operations of coronary shunting of the patients who were on treatment in the federal center it is warm – vascular surgery of Astrakhan since April 2009 till June 2011. Statistical data processing was made by means of the Microsoft Exel program.

**Results and discussion:** Coronary shunting with artificial blood circulation without a cardioplegia (CP) was executed at 874 patients (men – 648 (74 %); women – 226 (26 %)). Middle age of the patients was 56,8 years. We identified an acute myocardial infarction in the anamnesis of 638 patients. The emission fraction was less then 35 % in 122 patients. Stenocardia of the III-IV functional class was found in 716 patients. An acute coronary syndrome was met in 25 patients. Average duration of operation was 171 minutes with a time of artificial blood circulation of 73 minutes. Expenses of blood components were 45,6 ml *per* operation. Medium duration of hospitalisation after operation was 8,6 days. The hospital lethality was 7. Complications: acute perturbations of brain blood circulation-4, acute myocardial infarction-13, bleeding-7, instability of a breast-18, infection of the sternum -7. Cause of death: acute perturbations of brain blood circulation -6, acute myocardial infarction-1.

**Conclusion:** Coronary shunting with artificial blood circulation without a cardioplegia is rather safe method of treatment of coronary heart disease. Unloading of heart reduces need in oxygen of the myocardium that allows applying various ways of drainage of the anastomosis zone, and also doesn't limit the surgeon on time at the main stage in favor of improvement of quality of work. This technology can be used by the surgeon with "average" manually skills. Use of artificial blood circulation at observance of the appropriate preventive measures (intraoperation ultrasonic research of an aorta) isn't reflected in number of embol complications. This technique can be recommended for application for daily practice as for treatment of patients with stable forms of coronary heart disease, and at an acute coronary syndrome.