Materials and methods: Laboratory analysis of 37 pregnant women with flu.

Results and discussions: The age of studied women was from 17 to 33 years. Pregnancy terms: less than 12 weeks – 7 (18,9 %) cases; 13-20 weeks – 12 (32,4 %) cases (the I trimester); 21-29 weeks – 9 (24,3 %) cases (II trimester); 30-38 weeks - 10 (27,02 %) cases (III trimester). Flu at pregnant women proceeded with typical clinical manifestations. All patients presented fiever (up to 39 *C), weakness, and pain in different parts of yhe body. The sore throat was met in 35 (94,6 %) patients, cough in 36 (97,3 %), thorax pain at 5 (13,5 %) patients. The easy form of the flu was found in 33 (89,2 %); the heavy form in 4 (10,8 %) patients. In the III trimester of pregnancy flu proceeded more hard. Complications: bronchitis - 29 (78,3 %) cases, pneumonia - 5 (13,8 %) cases. The 4 pregnant women with H1N1 flu, complicated by hemorrhagic pneumonia, ended with a lethal outcome. Flu H1N1 was diagnosed in 4 patients, flu H3N2 in 4 patients and flu In in 1 patient. The average duration of hospitalisation was 5,6 days. General duration of the illness - 9,3 days.

Conclusion: flu in pregnant women has typical clinical manifestations. Flu H1N1 presents most hard proceeds.

ERECTILE DYSFUNCTION-MARKER OF CARDIO-VASCULAR PATHOLOGY

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Introduction: In the last years there has been a progressive increase ED in men after 40 years, the prevalence reaching 52%. Als the incidence of CV pathology remains as up. It's mortality, represent 60% of overall mortality. If in the 70s- 80s of last century it was considered that 70-90% of ED had psychogenic substrate, presently is considered that predominant factors implicated in ED etiopathogeny there are organic ones. The most common pathogenetic factor of installing the ED is the vascular component, as sharing the same risk factors like Endothelial Dysfunction. A potential explanation why ED may serve as an early symptom of events that endanger the cardiovascular system was developed by Montorsi. According to his hypothesis "artery size" - smaller arteries, such of the penis ones, suffering earlier from obstruction induced by plaque than the largest arteries, for example, coronary arteries, so erectile dysfunction may precede a heart attack.

Objectives: Establishing cause-effect link between CV pathology and ED, determination of cardiogenic causes of ED in men with age after 40 years, who addressed the first time at andrologist doctor with erectile difficulties.

Materials and methods: Between 2008 and 2010 were examined 169 patients, which addressed primary with erectile dysfunction without undergoing treatment for another pathology previously diagnosed. For the diagnosis of ED was used IIEF questionnaire (international index oferectile function), BMI(body mass index).

Laboratory examinations included: cholesterol and its fractions, triglycerides, blood sugar. Instrumental examination included ECG, ECHO heart, Dopplerography of penile arteries.

Results: IIEF questionnaires showed a severe degree of ED in 24% (41men), 54% moderate severity (92 men), and mild in 22% (36) men. High BMI was detected in 103 patients 61%, and increased blood pressure in 45 (27%) patients. Elevated levels of cholesterol or its free fractions in 38 (22%) men, increased blood sugar in 29 (17%) men.

Conclusions:

1. There is increasing evidence suggests that erectile dysfunction is primarily avascular disease and may be a marker for cardiovascular disease, and depending on the degree of erectile dysfunction can appreciate the progression of pathology CV

2. Patients with erectile dysfunction should be carefully examined, to exclude other major disorders suffering patient which clinically not yet occurred.

3. Exclusion of risk factors and lifestyle changes can improve sexual functionand also prevent installation of early CV disease.

Key-words: Erectile Dysfunction(ED), Cardio-Vascular Deasise(CVD), Endothelial Dysfunction.

CARDIAC AUTONOMIC NEUROPATHY IN DIABETES

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Introduction: Cardiovascular form of diabetic autonomic neuropathy (CDAN) is represented by sympathetic (accelerative) and/or parasympathetic (inhibitive) influence upon cardiovascular system induced by prolonged action of elevated glicemia. CDAN perturbs cotidian usual activity, decreases life quality, increases mortality level and also it occupies an imposing part of healthcare service costs[2]. According to different studies, CDAN prevalence variates between 16,8 - 25,3% in diabetes type 1 and 22,1 - 34,3% in type 2. [3]

CDAN manifestations such as decrease in effort toleration level and silent ischemia, determine an unfavourable prognosis, as a result myocardial infarction develops 50% more frequently in CDAN diabetics versus non-CDAN (Valensi J. 2001). Prolonged QTc interval, being an independent predictive factor of cardiovascular mortality, is associated with a high risk of developing malignant ventricular arrhythmias and sudden death.

Prompt diagnosis and chronic complications screening of diabetes have a positive impact upon therapeutic efficiency, life quality improvement and decrease in mortality level.

Objectives: Frequency determination of cardiovascular form of diabetic autonomic neuropathy depending on type of diabetes, its duration in concordation with clinical and paraclinical data.

Materials and methods: There have been examined 72 patients (18 with type 1 diabetes and 54 with type 2) through clinical (examination, inquiry) and paraclinical (Ewing tests, QTc interval, sinus rhythm variability, circadian index) methods. This patients were divided, according to diabetes duration, into 3 groups – A(0-5years), B(5-10years) and C(>10years).

Results: In group of patients with type 1 diabetes, CDAN incidence - 22,2% (4 pts). Group A: 6 pts., with average duration of diabetes 2,4±3,2years – there wasn't any data of CDAN. Group B: 8 pts., average duration 9,4±1,6years, signs of CDAN were determined in 2 pts (25%). In group C: 4 pts., average duration 17,5±6,2years – 2 pts (50%).

In group of patients with type 2 diabetes, CDAN incidence - 29,6% (16 pts). Group A: 17 pts., average duration 2,89±1,62years – CDAN datas in 17%. Group B: 21 pts., average duration 10,32±1,5years, CDAN in 43% cases. In group C: 16 pts., average duration 17,56±4,8years, CDAN signs in 25% cases.

Conclusions: In type 1 diabetes first signs appear after a diabetic evolution of over 5 years with subsequent incidence elevation directly proportional to diabetes duration. In type 2 diabetes CDAN mani-