

showed turgescient jugular veins, diffuse abdominal pain, and the lower liver margin was palpable 2 cm under the right costal margin. Differential diagnosis was: mesenteric ischemia, cardiac tamponade and aortic dissection. The transthoracic echocardiography showed the presence of pericardial liquid of 25 mm in the right ventricle, an intrapericardial thrombus in the left ventricle. The final diagnosis is acute anteroapical myocardial infarction with cardiac rupture, intrapericardial thrombus, pericardial tamponade and obliterant arteriopathy of the inferior limbs, stage III. The patient was transferred to the Cardiology Center in Iasi and after the necessary investigations went directly to the operating room due to the mechanical complication of the infarction. The postoperative evolution was good. The particularities of the case consist of: the sudden debut through the rupture of the myocardium without the typical retrosternal pain; the lack of EKG or the necrosis enzymes modifications and the good postoperative evolution.

## **Coping Strategies in Chronic Migraine and Chronic Low Back Pain patients**

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Chronic pain is frequently resistant to medication. Some studies confirm what coping strategies (CS) (constantly changing cognitive and behavioural efforts to manage stressful events) have impact on pain chronification and treatment efficiency. Some types of CS could have more influence on pain, demanding more attention during its management. The aim of this study was to detect the more influent CS in patients with chronic migraine (CM) and chronic low back pain (CLBP). The first group included forty patients with CM, 37 females, 3 males, mean age  $42,83 \pm 10,88$  years. The comparison group included 50 patients with CLBP, 31 females, 19 males, mean age  $49,24 \pm 10,87$  years. We performed Chronic Pain Coping Inventory, Chronic Pain Acceptance Questionnaire and Back Persistence Scale in both groups and compared the use of SC with chronic pain characteristics. Both groups used more frequently passive CS. In patients with CLBP (with similar pain intensity) CS as Task persistence were strongly negative correlated (discordant) with pain intensity ( $z = 2,34$ ;  $p < 0,01$ ) and pain duration ( $z = -1,71$ ;  $p < 0,05$ ). CS as Guarding were concordant with frequency of pain accesses ( $z = 2,34$ ;  $p < 0,01$ ) and disability ( $z = 1,89$ ;  $p < 0,05$ ). In patients with CM (with similar pain intensity) CS as Resting were strongly positive correlated (concordant) with pain duration ( $z = 1,67$ ,  $p < 0,05$ ) and with reduced pain treatment response ( $z = 1,73$ ;  $p < 0,05$ ). The study results confirm the impact of CS on pain evolution, the passive ones being more dysadaptive. The most influent CS in CLBP patients were Guarding and Task persistence, and in CM patients – Resting.

## **Depressive Disorders in Patients with Parkinson Disease: The Influence of the Therapy of Massage**

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The parkinsonian patients frequently experience different movement disorders symptoms. The association of depression in these patients causes severe disability. The goal of this study was to evaluate the efficacy of massage-therapy in depressive patients with Parkinson's disease (PD). A number of 13 patients affected by severe depression were included in the study. A clinical