

Optimization of Vegetative Dystonia Treatment

Svetlana Sidorenko, Ludmila Sidorenko, Diana Concescu

Academic adviser: Ion Moldovanu, M.D., Ph.D., Professor

State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Vegetative dystonia (VD) is one of the most frequent diseases that are nowadays diagnosed in patients. According to the global medical literature approximately 80% of all patients, which are consulted by doctors in different specializations, suffer from VD. To mention is the circumstance that from vegetative-vascular dystonia suffer the most efficient population. Objective: The aim of this study was to select an optimal differential treatment for vegetative-vascular dystonia depending on the form: sympathetic-adrenal, vago-insular or mixed. Materials and Methods: The investigated group consisted of 51 patients, in the age from 18-57. The prevalent etiologic factor of VD in this group was stress (82,3%). Patients were divided into four age groups: 1. 18-25 years – 18 persons, 2. 26-35 years – 21 persons, 3. 36-45 years – 7 persons, 4. 45-57 – 5 persons. Female were 33 and male – 18 of the patients. The control group consisted of additional 12 patients. To confirm the diagnosis all patients were investigated with methods: questionnaire Zerssen, neurological status was investigated, cardiovascular tests (Val Sava test, orthostatic test, test with deep breathing) that were registered and interpreted by vegeto-test Poly-Spectr (Neurosoft 1995-2003) and ECG, arterial blood pressure, glucose quantity were controlled. In dependence on complaint, clinical manifestations and results of investigation patients were divided into three treatment-groups: with sympathetic-adrenal, vago-insular or mixed paroxysm. Each group got an individual complex treatment that consisted of methods: Traditional Chinese Medicine (TCM) - acupuncture, acupressure, auricular-acupuncture, point-massage, moxa-therapy, aroma-music-color-therapy and homeopathic remedy Heel. Control group got standard medication. Results: After treatment all patients were objectively investigated for control. All patients noticed subjective state improvement, which was confirmed by objective investigation findings. The efficiency of treatment was about 75, 3% ($p < 0,01$) higher in the groups that were individually treated with different methods of TCM and homeopathic remedy Heel, than, in comparison, in the control group that got standard medication. Conclusion: Treatment option with high efficiency for vegetative dystonia of patients without organic injury of nervous system can be the complex treatment, which consists of methods of the Traditional Chinese Medicine and homeopathic remedy Heel.

Particularities of Infective Endocarditis Prophylaxis in Republic of Moldova

Xenia Leahova

Academic adviser: A.Grejdieru, M.D., Ph.D., Senior lecturer

State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

The aim of the paper was to determine whether adults from increased risk groups have adequate knowledge of infective endocarditis (IE) and to evaluate the particularities of infective endocarditis prophylaxis in comparison to the recent tendencies recommended by the international guidelines. We evaluated 133 patients (33 with IE, 80 with rheumatic heart disease and 20 with congenital heart disease) divided in two groups: i) High risk group included 33 pt. with IE, 31 pt. with valve prosthesis and 17 with congenital heart diseases (tetralogy of Fallot, ventricular septal defect, aortic coarctation, bicuspid aortic valve) ii) Moderate risk group was formed by patients with rheumatic heart disease without prosthesis and congenital heart diseases such as aortic stenosis and prolapse of the mitral valve. We asked selected patients and 50 doctors responsible for infective endocarditis treatment and prevention (cardiologists, family doctors and dentists) to complete a 10-

question survey to assess their knowledge of heart disease, infective endocarditis, and endocarditis prophylaxis. Out of 133 patients (100%), 102 patients knew the name of their heart disease. Fifty patients correctly defined endocarditis, but only 38 knew hygiene measures that could prevent endocarditis. Thirty patients knew that they needed to take "a medicine" before dental procedures and just 18 of those patients knew that an antibiotic was necessary. Among doctors, all knew what infective endocarditis is, but 30% of family doctors and 67% of dentists hesitated to name the antibiotic of choice and its dosage. The most recent guidelines recommend prophylaxis only in patients with underlying cardiac conditions with the higher risk of adverse outcomes, including patients with a previous history of infective endocarditis, patients with prosthetic heart valve or prosthetic material used for valve repair, patients with a valvulopathy after cardiac transplantation, and patients with a specific congenital heart disease. But it is a particularity of Moldova that the number of patients with rheumatic valve disease is high, that is why we consider forming a group of moderate risk for infective endocarditis and to include them in prophylaxis regimens. Many adults with heart diseases have inadequate knowledge of their cardiac lesion, of endocarditis and of endocarditis prophylaxis. Educational efforts for them need to be updated and reinforced regularly. The use of definite criteria for identifying groups of risk and prescribing antibiotics regimens for IE prophylaxis can decrease its incidence and rate of complications.

Renal Damage and Hypercholesterolemia

Gkini Maria-Angeliki

Academic adviser: Panagiotopoulos Nikolaos, M.D.
Medical School of Thessaloniki, Greece

Objectives of this study are to investigate/indicate the potential mechanisms of hypercholesterolemia-induced renal injury. We found out that podocyte activation, such as after renal mass reduction, with hyperlipidemia may contribute to podocyte injury those results in development of segmental sclerosis associated with secondary damage to the tubulointerstitium. Other studies stress the pathogenetic roles of macrophage influx and mesangial cell activation/injury (as evidenced by glomerular hypertrophy and matrix accumulation) in lipid-induced glomerular damage. Another hypothesis for renal effect of hypercholesterolemia suggests that hypercholesterolemia impairs systemic vascular reactivity in response to endothelium-dependent vasodilators, which may be mediated partly through increased formation of lipid peroxides. One of the underlying mechanisms for impaired vascular reactivity is an increased release of oxygen radicals that react with nitric oxide (NO) resulting in decrease of NO's bioavailability and form of peroxynitrite. The impairment also likely is related to increased oxidizability of LDL. Furthermore, oxidized LDL may affect NO bioavailability by modulating the expression of the enzyme endothelial NO synthase. Finally, hypercholesterolemia is associated with pro-inflammatory changes and impaired regulation of tissue perfusion, which may lead to neovascularisation in the renal cortex, which precedes signs of overt renal morphological damage resulting in renal disease progression. Recent experimental studies on hypercholesterolemia-induced renal damage exhibit that hyperlipidemia contributes to the progression of renal disease. Further studies are needed to investigate the pathogenetic mechanisms.