

## **Renovascular Hypertension: Mechanisms of Development, Clinical Manifestation, Management of Treatment. Review of Literature**

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This presentation is a review of international literature that elucidates the clinical manifestation, management of treatment, and mechanisms of renovascular hypertension. Another object of our work is to report some real clinical cases relating to this study and make a difference between international and Moldavian practice in the management of patients with renovascular hypertension. Hypertension in the presence of renal artery stenosis may not necessarily be renovascular hypertension. The two conditions may simply co-exist. Renovascular hypertension is usually symptomless, while hypertension that is difficult to control with antihypertensive therapy is probably the best indication as to whether further diagnostic evaluation is indicated. Some features of renovascular hypertension include: a worse prognosis than essential hypertension, less amenable to drug treatment, a greater risk of dose-dependent side effects, a higher risk of progression to accelerated hypertension and it may result in irreversible ischaemic failure of the affected kidney. Renal artery stenosis may be present in up to 30% of drug resistant hypertensive patients. Arteriosclerotic renovascular disease is an increasingly important cause of renal failure. Functional diagnostic tests for renovascular hypertension such as rapid sequence intravenous urography have now been superseded by the captopril challenge test and in particular scintigraphy following captopril provocation. Tests of prediction as to whether correction of a demonstrated renal artery stenosis will lead to an improvement in the blood pressure include renal vein renin estimations and scintigraphy. The key diagnostic procedure is renal angiography. The approaches to management primarily include appropriate antihypertensive therapy, while there is an increasing place for percutaneous transluminal angioplasty, with or without stenting of an occluding lesion. There is still a small place for corrective surgery. Renal ischaemia due to atherosclerotic renovascular disease is becoming an increasing problem in nephrology. Treatment should be directed at preserving or even restoring renal function.

## **Right-Sided Infective Endocarditis-Review, Clinical Study**

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The aim of this paper is to review the clinical and laboratory features, treatment and prophylaxis of right-sided infective endocarditis, and in particular to compare the clinical manifestations and the outcome of right-sided endocarditis to left-sided endocarditis. Between November, 2008, and March, 2010, 50 patients were examined and investigated with the diagnosis of definite infective endocarditis. All the patients included in the study follow the diagnostic criteria for infective endocarditis developed by Duke Endocarditis Service (Durham, North Carolina). The patients were divided in two study groups, the first group- 8 (16%) patients with right-sided infective endocarditis and the second group- 42 (84%) patients with left-sided infective endocarditis. In the study, predominately male (68%), the ratio male / female was 2:1; median age was 43.1 years. While the tricuspid valve is the usual site of infection (5 patients, 62.5%), pulmonary (2 patients, 25, %) and Eustachian valve (1 patient, 12,5%) infection was also observed. Right-sided infective endocarditis occurs in intravenous drug users (3 patients), the patients with a permanent pacemaker (1 patient), implantable cardioverter defibrillator (1 patient), prosthetic valve (1 patient), central venous catheter

(1 patient), hemodialysis (1 patient), congenital heart disease, Fallot's tetrad (1 patient), furunculosis (2 patients). *Staphylococcus aureus* was the most common aetiological organism of right-sided infective endocarditis (60%), *Staphylococcus epidermidis* and *Streptococcus viridans* were the causes in 20%. For the left-sided infective endocarditis the most common was *Streptococcus viridians* (40%), while the *Staphylococcus aureus* was detected in only 10% cases, other organisms, *Staphylococcus epidermidis* (10%), *Streptococcus haemolyticus* (10%), *Candida albicans* (10%), *Enterococcus faecalis* (10%) also occur less frequently. The usual manifestations of right-sided IE are persistent fever (100%), bacteraemia (62,5%), and multiple septic pulmonary emboli (87,5%), which manifest with chest pain (37,5%), cough (87,5%), haemoptysis (25%). Pulmonary septic emboli was complicated by pulmonary infarction (12,5%), abscess (12,5%) and purulent pulmonary effusion (25%). However, emboli to the lung with subsequent abscess formation occur frequently in patients with tricuspid endocarditis. Systemic emboli most commonly complicate left-sided IE (8 cases, 19%), including three cerebral embolism, two renal arterial embolism, two emboli of the extremities, one embolism of retinal artery. There was a highly significant difference of the risk factors, etiology, clinic, diagnosis and treatment, survival rates between the patients on due to right-sided infective endocarditis compared to left-sided infective endocarditis.

## **The Impact of Mass Market Literature on Public Perceptions of Forensic Psychiatry**

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This study seeks to identify influences on public perception of child and adolescent forensic psychiatry, focusing on the complete works of Stieg Larsson. Effects on lay beliefs and patient expectations were also explored. A brief history of the female protagonist and a briefing on the author's left-wing origins are included. Comparisons are made between fictional services and the reality in British forensic services, focusing on differences in clinical and organisational aspects of care. The heightened influence of music and art therapy above and beyond national curriculum requirements, as postulated by Tervo (2001) and Keen (2004) are explored. Corresponding film studies and historically seminal studies of psychiatry in literature (Dudley 1994) corroborate the finding that psychiatrists are universally ambivalently or negatively portrayed. Also, Larsson benefits from author reliability bias. Finally, there is an exploration of how literature enhances psychiatric practise. Dudley (1994) proposed key roles for author as social critics who "call psychiatrists to account" and "heighten consciousness of psychological development". Also fiction's role as a "storehouse of intrapsychic images" is discussed.

## **The Immune Profile of Patients with Rheumatoid Arthritis during Immunosuppressive Therapy**

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The aim of the work is to make a complex investigation of the efficiency of biological agents or/and conventional DMARD therapy presenting the evolution of the biomarkers from the pre-treatment stage up to 24 weeks of therapy and establishing whether there is a correlation between these biomarkers. A number of 26 patients from 3 clinics in Bucharest (Romania), diagnosed with RA