

according to ACR criteria, were evaluated prospectively during 24 weeks of therapy with DMARD or/and biological agents. We evaluated IL-1, IL-6, IL-8, IL-17, TNF-alfa, TGF-beta, tDPD, MMP-3, COMP, ICAM1, CD40L, RF IgG, IgA, IgM, CCP, AKA at 0, 6 and 24 weeks of treatment. In this study were included patients who are over 18, are for the first time on this therapy or after 6 months of break and are not on corticosteroids. The entire group of patients was divided in subgroups A (patients under DMARD therapy), and subgroup B (patients under DMARD and biological agents). The RF IgG in the group unde biological agents and DMARD had a much significant decrease ($p=0,0028$), and after 24 weeks the mean value was in normal limits. DAS28 was more decreased in group B (group B DAS28=0,008, group A DAS28=0,015); CRP was statistically significant decreased in the entire group of patients ($\chi^2=5,991$), sig=0,013. TNF-alfa was significantly decreased in the entire group of patients ($\chi^2=5,991$), sig=0,013. ICAM 1 in the group B presented variations which were statistically significant ($p=0,021$). In the group A CD40L presented variations which were statistically significant ($p=0,017$). In the group A were significantly decreased MMP3 ($p=0,049$) and COMP ($p=0,015$), tDPD was modified in the entire group of patients ($\chi^2=5,991$), sig=0,013. The parameters which are statistically significant modified during 24 weeks of therapy in the entire group of patients are: CRP, DAS28, TNF-alfa, tDPD. IL-1, IL-17, TGF-beta, ICAM1 had a biphasic evolution, with an increase in values at 6 weeks and a decrease at 24 weeks. The TNF-alfa blockers produce a decrease of this cytokine and also a secondary decrease of IL-1 and IL-6 with an increase of TGF-beta. The decrease of MMP3 and tDPD in the group of patients treated with DMARD and biological agents shows that together these agents are more efficient in stopping the bone resorption and cartilage destruction. There is a correlation between rheumatoid factor and markers of inflammation included in DAS28. Low values of IL-17 were correlated with low values of AKA and CCP, and IL-8 in high values was correlated with tDPD. Biological agents along with conventional DMARD therapy are more efficient in control of inflammation and extraarticular complications evidenced through the important disease in DAS28 and RF.

The Metabolic X-Syndrome in Patients with Ischemic Stroke

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The metabolic X syndrome (MXS) represents a complex of metabolic, hormonal infringements and clinical displays, is a cardiovascular factor of risk. Criteria of diagnostics of MXS include: intolerance of glucose or a diabetes and/or resistance to insulin with 2 or more signs from listed more low: - the raised arterial pressure ($> 160/90$ mm Hg); - raised triglycerides plasmas ($> 1,7$ mmol/l and/or HDL-cholesterol lowered ($< 0,9$ mmol/l at men; < 1 mmol/l at women); - visceral adiposity; - microalbuminuria (> 20 microgr/min). Aims. Definition of prevalence MXS at patients with an ischemic stroke, level finding-out glicemia and its evolution in dynamics, correlations MXS with disease, death rate and duration of stay of patients in chamber of intensive therapy, duration of hospitalisation. For revealing of presence MXS diagnostic criteria NCEP (National Cholesterol Education Program) have been used. Risk factors NCEP III 1. Adiposity Circle of a waist > 102 cm at men and > 88 cm at women 2. Blood pressure $> 130/85$ mmHg 3. Glicemia a jeun > 110 mg/dl 4. Triglycerides > 150 mg/dl 5. HDL-cholesterol < 40 mg/dl at men, < 50 mg/dl at women. The positive diagnosis is exposed at any 3 factors. 322 patients have been included in research with acute ischemic stroke. Middle age of patients of 66,85 years (40-89 years). The parity of the man/woman makes 1/1,19. MXS has been revealed at 45 % of patients. The diabetes is defined at 19,6 % of patients with a stroke. Hyperglycemia prevails at women (47,6 %), at men - 42,9 %. 32,6 % of patients with MXS had a massive ischemic stroke, at patients without MXS - 19,8 %. In the executed research the volume of a zone of a cerebral ischemia correlates with presence or absence of risk factors which are

defined MXS. Average mortality studied patients – 15,8 %, strictly correlating with level of glicemia at hospitalisation. Term of hospitalisation at patients with MXS – 10,9 days, at patients without this syndrome – 9,2 days. Term of stay of patients with MXS in chamber of intensive therapy much more longer (5,3 days in comparison with 3,1 days). Thus, patients with MXS are needed longer intensive therapy, and also additional expenses is necessary for treatment of complications for these patients. MXS widespread in a society. MXS contributes to development of strokes by means of such risk factors as adiposity, an arterial hypertension, a diabetes, endothelial dysfunction, hypercoagulation, and dyslipidemia. Frequency of a massive ischemic stroke in 1,65 times more at patients with MXS. Death rate of patients with MXS in 3 times above and duration of hospitalisation in 1,7 times more. At such patients complications is more often come to light and later there comes rehabilitation. Therefore timely diagnostics MXS allows to warn expansion of a zone of a cerebral infarct.

The Peculiar Diagnostic Approach of Migraine in Patients with Histrionic Personality Disorders

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Migraine (M) in patients with hysteria was reported by different authors, but their pathogenetic interaction remains unclear. M diagnosis, due to exclusively subjective criteria, is sometimes difficult to establish in histrionic personality disorders (HPD) associated with conversion disorders (CD) and somatoform disorders (SD). Analysis of clinical features of M in HPD patients and the settlement of specific additional diagnostic support to increase the diagnostic certainty of M. Methods: The study included 31 female patients, average age – 41.8 years, referred to the Headache Center (HC) with a diagnosis of M. The M clinical diagnosis in the HC was based on the International Classification of Headache Disorders criteria (ICHD-2004). The HPD, CD, SD diagnoses were confirmed according to DSM-IV criteria. Additionally, we have practiced discussions with relatives concerning the patients' verbal and non-verbal behaviour, repeated discussions with patients about M history in different psychological context, and a detailed analysis of medical documentation. All the patients met the criteria of HPD: 12 associated with CD, 19 - with SD. M was present in 25 patients (80.6%), 6 (19.4%) had tension-type headache. Four patients had episodic probable M, 7 – episodic M (3 with aura) and 14 - chronic M (4 with medication overuse). In 6 patients M attacks coincided with CD and SD exacerbation, usually within a psychogenic context. Headache, including migraine, in patients with HPD and other hysterical phenomena, raise diagnostic problems. The use of a larger diagnostic approach, parallel to ICHD-2004, considerably enhances the M diagnostic certainty.

The Value of BNP and NT-ProBNP Testing in the Diagnosis of Heart Failure

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Heart failure (HF) is the situation in which the heart isn't able to meet the hemodynamic and metabolic needs of the body. HF is a medical emergency, which depends on quick diagnosis, in the context of the presence of nonspecific symptoms common to many pathologies, including shortness of breath, fatigue, tachycardia and rhythm disorders Initial misdiagnosis occurs in approximately 15-20% of patients presenting to the emergency department with dyspnea secondary to an exacerbation