

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