

of pneumonia may struggle to breathe, with their chests moving in or retracting during inhalation (known as “lower chest wall indrawing”). Young infants may suffer convulsions, unconsciousness, hypothermia, lethargy and feeding problems.

It has been observed that in infants with severe cases of acute pneumonia, thymomegalia (also called Platter syndrome) is frequently present.

Purpose and objectives: To find the incidence of thymomegalia (Platter’s syndrome) in infants. To appreciate the clinic and paraclinic signs and symptoms of thymomegalia in infants with acute pneumonia with a severe evolution.

Materials and Methods: The research is based on the observation of 320 patients with acute pneumonia, severe evolution selected during the 2013-2014 years. They have been investigated using clinic and paraclinic examinations. Thymomegalia has been confirmed by radiologic examination. The anamnesis and epidemiologic data, also the personal physiological and pathologic antecedents have been statistically analyzed and interpreted.

Results: From 600 hospitalized infants (1-6 months old) were selected 320 with acute pneumonia. From the total number of infants diagnosed with pneumonia, 27, 5 % presented an enlarged thymus (of I/II/III degree), confirmed by a radiologic examination, more frequent in male infants than female. Acute pneumonia associated with thymomegalia presented a severe evolution with difficulties in treatment. A high rate of co-associated morbidities as anemia, torticollis and hypoxic ischemic encephalopathy were noted in infants with thymomegalia.

Discussions: The possibility that Platter’s syndrome is a sign of a compromised immune system with long-term impact on children health exists. Frequently the thymus hyperplasia disappears to the age of 1 year, if it doesn’t, the children are highly vulnerable to infections. To the age of 3, the incidence of thymomegalic patients is very high in the group of frequently ill children.

Conclusion: Thymomegalia is a frequent condition in infants, causing a severe evolution of acute pneumonia. The infants with Platter’s syndrome are often re-hospitalized, thymomegalia being a sign of a compromised immune system.

Keywords: pneumonia, infants, thymomegalia, Platter syndrome

64. UNSTABLE ANGINA PECTORIS AFTER PCI REVASCULARIZATION WITH THROMBUS ASPIRATION

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Introduction: Percutaneous coronary intervention (PCI) is a non-surgical procedure used in the treatment of coronary artery stenosis. Repeated stenoses of the coronary arteries may develop 6 months later in 40-50% cases of PCI, this resulting in clinical manifestations of cardiac ischemia. Early postinfarction angina pectoris is a form of unstable angina, developing in up to 2 weeks after a myocardial infarction. The present clinical case describes a patient L., male, 50 years old, hospitalized on 26.03.14 in the Cardiology Recovery Department of MCH “Holy Trinity”.

Complaints: constrictive retrosternal chest pain with irradiation in the left shoulder, general weakness.

History of the disease: The patient had an anterior extended myocardial infarction 2 weeks ago, he was hospitalized in Medpark clinics and angiocoronarography was performed, as a result three coronary atherosclerotic lesions were determined with moderately severe stenoses on RCA III and unimportant stenoses on LAD and CX (OM I). In consequence, he was submitted to PCI revascularization with thrombus aspiration. He was discharged for treatment at home with Tab. Aspirini 75 mg daily, Tab. Clopidogrel 75 mg daily for 2 months and was recommended a future stent implantation.

Clinical examination: General state of medium severity. Clear conscience, skin of pale colour. Heart sounds were rhythmic, diminished, with HR=80 beats/minute, Ps=80 beats/minute, BP=110/80 mmHg. Other organ systems had no pathological changes.

Paraclinical investigations: ECG: Sinus rhythm, HR=75/minute, EHA – intermediate, pathologic Q wave in III, signs of LV hypertrophy, repolarization disturbances. Echo-CG: Induration of ascending aortic walls, aortic and mitral valves, EF=64%, contraction function of the LV is sufficient. General and biochemical blood analysis: within normal ranges. Markers of myocardial necrosis: negative.

Treatment: Beta-blockers, nitrates, antiplatelets, ACE inhibitors, anticoagulants, metabolic drugs and diuretics.

Clinical diagnosis: Ischemic heart disease. Unstable angina pectoris. State after PCI revascularization (09.03.14). Congestive heart failure II (NYHA).

Conclusion: The patient L., 50 years old, develops an early postinfarction angina pectoris after being submitted to PCI revascularization with thrombus aspiration, as a result of a myocardial infarction experienced 2 weeks ago. The antiischemic treatment received during hospitalization had a positive effect, leading to symptoms' resolution and the patient is recommended a future stent implantation.

Keywords: Unstable angina, PCI

65. CONTEMPORARY ASPECTS OF INTRAVASCULAR ULTRASOUND IN EVERYDAY PRACTICE

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Introduction: IVUS utility is to quantify the severity of atherosclerotic stenoses that appear angiographically moderate and often significantly reduce the minimum luminal surface. Detailed images of the arteries can be visualized using IVUS catheter that provides cross sections, bidimensional concentric stacked vessels. This catheter possesses rotational transducers able to visualize the vascular wall layers in three positions: longitudinal, rotational and ultrasonographical. In literature, the information about IVUS investigation is modest. The smaller is the distance to the catheter, the better is image clarity. We performed the literature synthesis on IVUS investigation to highlight its priorities in comparison with angiography.

Purpose and Objectives: Taking into account the incontestable medical progresses of the last decades, that had repercussions over the investigations applied in medical practice, there exists a necessity of referring to the recent practical methods, in consequence, a true paradigm shift and replacement of the old methods with modern practice are expected.

Materials and methods: Contemporary bibliographic and scientific data were selected and the recent recommendations on the problem of diagnosing the severity of atherosclerotic vascular stenoses, rarely diagnosed angiographically (~50%) were revised, the morphology and atherosclerotic plaque diameter were studied, parietal calcifications were assessed by intravascular ultrasonography with the electronic study of these complications.

Results: The analysis of literary domain sources reveals that the IVUS method is used mainly in the USA, is currently in a slow phase of growth, with an average of 5-8% of the coronary interventions performed. IVUS utilization in Europe is lower, in Japan it reaches 14-20%, reflecting the reimbursement rates and medical practice patterns. The increasing application of this technique is due to the practical simplicity of use, image quality and precise information about the structure of the vessel.

Conclusion: Identification of unstable plaques in medical practice is one of the main challenges of modern cardiology, because of the prevalence of atherothrombotic phenomena and its consequences on cardiovascular mortality and morbidity. IVUS is a method that quantifies the severity of atherosclerotic stenoses and provides important details of all vascular layers. The detection of unstable plaques by IVUS has a major value, particularly in patients with acute coronary syndrome for the prevention of subsequent atherothrombotic events and administration of the appropriate treatment.

Keywords: IVUS, atherosclerosis, stenosis