

Introduction: Hypertension is a long term medical problem in which the blood pressure is persistently elevated. Usually, high blood pressure does not cause symptoms, but long term hypertension is an important risk factor for coronary artery disease.

Materials and methods: A retrospective study was performed regarding to the period between september 2015 and february 2016 at Emergency Institute for Cardiovascular Diseases and Transplantation in Targu Mures, to assess coronary artery involvement in hypertensive patients. The study included a total number of 283 patients, males and females, with hypertension and coronarography intervention.

Discussion results: From the total of 283 patients, it can be observed a predomination of male patients (67,1%) and the mean age is 62,41 years and the standard deviation is 9,039. The study reveals that the degree of coronary disease is increased in patients with severe stages of hypertension and diabetes. In patient with stage one of hypertension only 3,18% presented coronary disease, while in patients with second stage of hypertension the percentage is 53% and 15,5% in patients with third stage of hypertension, counting a total of 71,68% hypertensive patients with coronary artery disease. In the study we identified 74 cases of patients with hypertension and diabetes, in which 89,1% have coronary disease.

Conclusion: Patients with hypertension have a higher risk for developing coronary disease and we can say that this risk increases further in the case of patients with diabetes.

Keywords: coronary hypertension diabetes stenosis.

59. RISK STRATIFICATION IN STABLE ANGINA PECTORIS

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Introduction. Stable angina pectoris has an impact on public health, which is explained by a large number of annually hospitalizations in the world. Risk stratification of patients is important to define prognosis, to guide medical management and to select patients suitable for revascularisation. Our objective is to study the particularities of risk factors in stratification in patients with stable angina pectoris.

Materials and methods. The prospective study included 45 patients with stable angina pectoris hospitalized in Institute of Cardiology. The men: women ratio was 1.5:1, the mean age being 67,04±0,02 years. The assessment included the history, physical examination, electrocardiography (ECG) at rest, stress testing and echocardiography (Eco-CG). According Duke scale the patients were divided into 3 groups: I - 16 (35.56 %) with low risk, II - 15 (33.33 %) intermediate risk and III group - 14 (31.11 %) with high risk.

Results. Analysis of the data noted men predominance in high-risk group - 9 (64.28%) cases, while the most of women - 9 (56.25%) were in-group with low risk. Analysis of cardiovascular risk

factors detected prevalence of tobacco – 8 (57.14 %), sedentary – 12 (85.71%), obesity – 9 (64.28%) and dyslipidemia - 8 (57.14%) cases for the high risk and diabetes prevalent in those with intermediate risk - 13 (86.67%) cases. The distribution of functional class (FC) revealed that patients with FC III and IV prevails in high risk group with 5 (35.71%) patients in each. The radiation of the angina pain was more significant in high risk group – 10 (71.43%) cases comparing with 8 (53,33%) - in intermediate and 3 (18,75%) in low risk group. Improving pain at rest predominated in those with low risk - 12 (75 %) cases, while 10 (71.43%) with high risk cases needed administration of sublingual nitroglycerin. The ST segment deviation on ECG at rest was present in group II and III - in 13 (86.67%) and 11 (78.57%), respectively. Old myocardial infarction was identified also only in group II and III - 4 (26.67%) and 8 (57.14 %) cases. Left ventricular dysfunction was observed in 9 (64.28%) cases, only in those with high risk stratification.

Conclusions. High risk stratification in stable angina is characterized by presents of traditional cardiovascular risk factors: tobacco - 8 (57.14%), sedentary - 12 (85.71%), obesity - 9 (64.28%) and with variety of clinical tools: radiation of the angina pain - 10 (71.43%), administration of sublingual nitroglycerin -10 (71.43%), ST segment deviation on ECG -11 (78.57%) and left ventricular dysfunction in 9 (64.28 %) cases.

Key words. Stable angina pectoris, risk stratification, risk factors.

60. CLINICAL AND PARACLINICAL PECULIARITIES OF SENSORY CIDP AND DADS POLYNEUROPA THIES

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Introduction.Chronic inflammatory demyelinating polyneuropathy (CIDP) is an acquired disorder of peripheral nerves and nerve roots. The classic form of CIDP is fairly symmetric and motor involvement is greater than sensory. Recent series and epidemiologic data have shown that 35% of CIDP patients may have only sensory symptoms. The term distal acquired demyelinating symmetric (DADS) neuropathy was introduced by Katz et al. (2000) to describe a group of patients with predominantly distal sensory and ataxic demyelinating neuropathy. In our study we want to determine what are the most sensitive tests to perform in sensory CIDP and DADS, and what are the most frequent clinical findings in these patients.

Materials and methods. We selected 14 patients with definite or probable sensory CIDP and 6 patients with DADS neuropathy according to the EFN/PNS guideline at the Center of Peripheral Disimunitary Polyneuropahy, Hospital Pitie-Sapletriere, Paris in the period 2010-2015. Clinical examination included the following scales: Overall Neuropathy Limitation Scale – (ONLS), 9 hole peg test, MRC (Medical Research Council). Nerve conduction studies (NCS) were performed in all the patients. A full routine biochemistry, immunofixation of proteins, all spectrum of anti -myeline and anti-ganglioside antibodies, cerebral spinal fluid (CSF) microscopic examination were performed.