

from 39.52% and 35.22% (norm 40-50%); in one patient has been observed an increase of periodic limb movements number in sleep and somniloquy.

Conclusion: Patients with logoneurosis have a higher level of personality anxiety and a very low quality of sleep compared to people from control group. Hypnogramme evaluation revealed a high sleep latency and sleep fragmentation.

Keywords: logoneurosis, sleep.

74. CLINICAL AND PARACLINICAL FEATURES OF STABLE ANGINA PECTORIS

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Introduction. Stable angina pectoris (SAP) is a widely spread disease and a cause of disability. An improper management could lead to worsening of the medical prognosis and it is evident that the problem of SAP is of current importance.

Purpose. To conduct a study of clinical and paraclinical features of patients with SAP.

Materials and methods. 35 medical histories of patients, who have been hospitalized (in “Sf. Archangel Michael” clinic) with SAP diagnosis between 2011-2013, have been analyzed. Data have been selected according to the questionnaire which has included general data and the results of instrumental and laboratorial investigations.

Results. Risk factors for SAP are dyslipidemia, obesity, hypertension, age (starting from 50), psychosocial stress, family history of premature cardiovascular disease, smoking. Clinical features of SAP include: retrosternal pain (60%) with constrictive pains (62,6%), accompanied by dyspnea (94,3%), headache (74,3%), palpitations (42.3%). Laboratory indices for SAP are a significant increase of triglycerides (55% of cases), cholesterol (45% of cases), serum glucose (40% of cases). On an electrocardiogram there were observed such changes as ST on isoline (51,4%), depression of ST segment (45,7%), atrial fibrillation (34,3%), left ventricular hypertrophy (17,1%), ventricular extrasystole (14,3%). On echocardiogram of the patients there were present zones of normokynesia (58%), hypokynesia (34%), also in some cases a decline of left ventricular function was noticed.

Conclusion. Knowing the features of SAP, we can diagnose this disease in time and avoid unwanted complications. Correcting the modifiable risk factors could lead to a more beneficial prognostic of the illness.

Key words. Angina pectoris, clinical, paraclinical data.