76. DILEMMAS IN THE HYPERTROPHIC CARDIOMYOPATHY DIAGNOSIS

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Introduction: hypertrophic cardiomyopathy (HCM) is the most common genetic heart disease, characterized by increased wall thickness of left ventricle (LV) and interventricular septum (IVS). The prevalence in adult population is 0,02% - 0,23%. The incidence in adults is 1:500, in children – 0,3-0,5:100.000. HCM is the primary cause of sudden cardiac death (SCD) in young athletes. Therefore, the right early diagnosis and treatment is the the main link in management of patients with this severe disease. The method of choice that allow to establish the diagnosis is two-dimensional echocardiography. In this article we propose to elucidate some electrocardiographic (ECG) characteristics of HCM that can lead to errors in its diagnosis.

Materials and methods: Patient X, 17 years old. Diagnosis: Asymmetrical hypertrophic cardiomyopathy without left ventricular outflow tract obstruction (LVOTO). Heart failure Class I-II (NYHA).

Discussion results: occasional, in a routine ECG for military service examination were identified signs of acute myocardial infarction (AMI) in inferior diaphragmal region: abnormal Q waves and ST segment elevation in D_{II}, D_{III}, aVF. He urgently arrive to the intensive care unit of Cardiologic Institute. Anamnesis: short episodes of chest pain, sometimes dizziness, weakness, dyspnea on strenuous exercise, marked fatigue. The markers of myocyte necrosis were normal. EcoCG: heart cavities are not dilated. Pump function of LV muscle preserved – EF 68%. Marked thickening of IVS – 28mm. LVPW – 8mm. Hypokinesia of IVS. Systolic anterior motion of mitral valve. Treatment: Metoprolol; Acetylsalicylic Acid; Pentoxifylline, with positive effect.

Conclusion: For asymmetrical HCM is specific deep, narrow ("dagger-like") Q waves in left (V_{5-6}, I, aVL) and inferior (II, III, aVF) leads, that can mimic a prior or an AMI. Therefore, a young patient with exertional symptoms, for a right diagnosis of HCM require an ECG and ecoCG examination, anamnesis and genetic testing.

Keywords: asymmetrical HCM, diagnosis, ECG.

77. CLINICAL FEATURES OF THE CHRONIC GASTRODUODENITIS IN CHILDREN

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Introducton: Chronic gastroduodenitis represents chronic inflammation of the gastric and duodenal mucosa and submucosa, with a tendency to progression. It remains one of the most important pathologies among the world pediatric population and forms 58 – 65% in the structure of