

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 (V₅₋₆, 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

gastroenterological diseases. Only in 15% of children can be found an isolated impairment of stomach or the duodenum, for the rest 85 - 90% there is a combined damage of these organs, which shows the common mechanisms of development of gastritis and duodenitis. The main objective of the research is studying the clinical features of chronic gastroduodenitis in exacerbation in children.

„**Materials and methods:** The research was built on analysis of 140 medical records of children with chronic gastroduodenitis in exacerbation, hospitalized in the Gastroenterology Department of the Mother and Child Institute during the 2013 – 2015 years. The diagnosis was based on the case history with the determination of etiological factors, clinical and endoscopic examination. The study results were statistically analyzed and interpreted.

Results: Distribution of patients from the entire group studied by gender and age, demonstrates that chronic gastroduodenitis interests all age groups with a marked increase of incidence in adolescence - 46%, with the bigger proportion of females - 48 cases (74% of patients).

Girls tend more than boys to develop this condition at preschool age, the ratio is 2:1 and adolescent age – 2.5:1, and evens out at the age of 6 – 11 years – 1:1. The clinical picture was determined by the pain syndrome – 96%, dyspeptic syndrome – 100%, the astheno-vegetative syndrome – 80%. A nagging pain of moderate intensity localized both in the epigastric and periumbilical regions have a much higher frequency than the pain syndrome in separate areas.

During the endoscopic examination the Helicobacter Pylori infection was detected in 112 cases (82%), affecting mainly the children of adolescent age – 54 cases (40%). Also in this age, the gastroduodenitis is associated with the high levels of stomach pH in 77%. Hypoacidity prevails in children up to 5 years – 57% and in children aged 6-11 – 53.7%, which can be explained by the presence of the gastroduodenal reflux disease.

Conclusion: Chronic gastroduodenitis is more frequent in adolescence, affecting more girls than boys. The clinical picture of chronic gastroduodenitis is dominated by pain, dyspeptic and astheno-vegetative syndromes. The main cause remains to be the Helicobacter Pylori infection.

Keywords. Chronic gastroduodenitis, Helicobacter pylori, Children.

78. QUALITY OF LIFE AND COMORBIDITIES IN HYPERTENSIVE PATIENTS

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Introduction: An important factor influencing the perception of health-related quality of life (HRQoL) is the presence of chronic diseases, especially polymorbidity. Comorbidities in hypertensive patients have been observed to reduce the effect of therapy and to decrease the HRQoL. Although the effect of comorbidities on the HRQoL in hypertensive patients is becoming apparent, only few studies have investigated this relationship in details. The primary aim of the study was to assess the relationship