

## 100. SECONDARY HYPERTENSION INCIDENCE AT PATIENTS WITH CHRONIC PYELONEPHRITIS

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**Introduction:** Hypertension (or high blood pressure) is a syndrome characterized by increase of the systolic and diastolic blood pressure above the normal values. It was found that 5% - 10% cases of hypertension (and almost 50% cases discovered under the age of 40), have obvious etiology is and most frequently of the renal genesis.

**Materials and Methods:** 50 patients with chronic pyelonephritis of the Republican Clinical Hospital, department of Nephrology, were examined retrospectively and prospectively. The average age of patients and the disease duration was 59.1 and 27.2 years respectively.

**Results:** The incidence of hypertension in bilateral chronic pyelonephritis reaches 58–65% worldwide, but in our study the incidence reached 82% (41 patients). We have determined that at 38% (19 patients) with chronic pyelonephritis, hypertension developed in more than 10 years of the pyelonephritis evolution. In 64% (32 patients) of patients with chronic pyelonephritis hypertension was detected before the age of 40.

**Conclusion:** Kidney diseases are the most common and frequent cause of secondary hypertension. It was found that conservative therapy at patients with chronic pyelonephritis normalizes blood pressure. Early diagnosis of acute and chronic pyelonephritis can provide effective and rational treatment and, consequently it can prevent secondary hypertension.

**Key words:** secondary hypertension, chronic pyelonephritis

## 101. THE EVOLUTION OF PULMONARY TB TO CONSCRIPTS

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**Introduction:** The development of pulmonary TB in young people directly influences the social and economic status of a country, especially TB to conscripts. The aim of the study was to research the particularities of the evolution of pulmonary TB to conscripts.

**Materials and methods:** We examined a sample of 50 cases of pulmonary TB that were diagnosed during the military service of the recruits for the 2000-2015 periods.

**Discussion results:** The study sample showed that in 39 (78%) cases the average recruit was 18-19 years old. In 33 (66%) cases the pulmonary TB was diagnosed in the first 6 months of military work. The detection of TB in the recruits has been done by clinical symptoms in 20 (40%) cases, and through

routine X-ray examination in 30 (60%) cases. Obvious contact with TB patients was found in 20 (40%) recruits. A half of the diagnosed militaries were active smokers. After evaluation of the disease clinical types it was found 42 (84%) cases of infiltrative pulmonary TB, followed by 6 (12%) cases of nodular TB and 2 (4%) cases of TB pleurisy. Pulmonary destruction was radiologically described in 9 (18%) cases. Microscopic confirmation has been done in 8 (16%) cases, and 31 (60%) cases through culture test. MDR-TB was established in 2 (4%) cases. The treatment was according to the sensibility chart and the case complexity, thus in 30 (60%) cases it was successful, while 6 (12%) cases were lost out of direct supervision, and 14 (28%) – continue treatment.

**Conclusion:** The TB risk in military recruits is higher in the first 6 months of service, being mainly X-ray diagnosed. In most cases the treatment has been successful.

**Key words:** conscripts, pulmonary TB.

## 102. HEART'S LAYERS DAMAGE IN RHEUMATOID ARTHRITIS

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**Introduction:** The clinical spectrum of Rheumatoid Arthritis expands on various extra articular manifestations, including the affecting of the cardiovascular system. There are numerous studies proving that all the heart's layers get involved sooner or later during the development of the disease. For example, Rheumatoid Pericarditis is a very often cardiac manifestation, but sadly it is found already in autopsies with a frequency from 30% to 50% of RA patients. The myocardium's involvement is represented by two forms: granulomatous and interstitial, both ending with a serious heart failure. It is important to also mention the conduction disorders, such as Atrioventricular Blocks, Ventricular Tachycardia, which happen quite often due to the rheumatoid nodules formed. Last, but not least, it is imperative to mention that the endocardium gets also affected and patients are diagnosed with Aortic or Mitral Valve Insufficiency.

**Materials and methods:** During this study, we used two groups of patients who were diagnosed with Rheumatoid Arthritis within one year at least. One of them has a number of 100 people hospitalized at the Republican Clinical Hospital from Rep. of Moldova. The other one has a total of 50 patients hospitalized in the CHU Amiens, France. As materials of search we used their laboratory and other medical tests such as: blood analyzes, EKG and heart ultrasound. Method of analysis we opted for the retrospective- descriptive one, since we used lots of their passed medical records.

**Discussion results:** After calculating the results, we obtained the following numbers: for the first group: an average DAS28 of 5.42 points. 58% (58 patients) were hypertension Associated, but the average blood pressure is 129/80 mmHg. During their EKG, 3% presented atrial fibrillation, 3% sinus bradycardia and 1% sinus tachycardia. At the heart ultrasound, we have found that 67% of patients had an induration of the mitral valve and 61% of the aortic valve; 16% also presented pulmonary