

hypertension. For the second group of patients, we obtained an average for the DAS28 score of 2.92 and 32% (16 patients) were followed by their cardiologists for hypertension. At the EKG- 1 patient (2%) had a atrial fibrillation and 1 patient (2%) had a sinus tachycardia. The heart ultrasound showed that 4 patients (8%) had a Mitral Valve Insufficiency.

**Conclusion:** In the end, during our research we have arrived at the same conclusion that other international studies demonstrated and it includes that patients diagnosed with Rheumatoid Arthritis should be supervised very well and treated very carefully (for example: choosing biological treatment instead of the corticosteroids, NSAID), because if not, very frequently heart damage Associates and hastens the disease's bad evolution, leading to a higher risk of mortality.

**Key words:** Rheumatoid Arthritis, heart layers damage.

### 103. CLINICO-EVOLUTIONAL PARTICULARITIES OF THE METABOLIC SYNDROME IN GOUT

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**Introduction:** The prevalence of gout has increased in recent decades in most of the countries, but the growth of gout in the developed countries has been linked to changing lifestyles and refuse to traditional diet. Metabolic syndrome is Associated with many diseases, some of them have evolutionally grievous potential. It was found that metabolic syndrome exists in presence of gout. It is very important to know the risk factors, to take some measures for the disease prevention.

**Purpose:** to study clinical-evolutional particularities of the metabolic syndrome in gout and to determinate risk factors for such patients.

**Materials and Methods:** 50 patients were analyzed according to the gout classification criteria. Patients were hospitalized in Rheumatology and Arthrology Departments of Republican Clinical Hospital. Patients average age was 48.2, and the average duration of disease - 5.1 years.

**Results:** It was found that 50 (100%) patients had arthritis and 41 (82%) patients had metabolic syndrome. The following risk factors were identified: overweight and obesity in 41 (82%) patients, high blood pressure and drugs taking in 32 (64%) patients, alcohol - 29 (58%) and diet rich in meat - 26 (52%).

**Conclusion:** the gout diagnosis must be accompanied by thorough assessment of the metabolic syndrome components: high blood pressure, insulin resistance, dyslipidemia, abdominal obesity. It was determined that gout represents independent cardiovascular risk factor, which increase the risk of heart attack. Hypocalorical diet at patients who have dyslipidemia do not decrease only serum lipid level, but

also uric acid level; by increasing renal excretion of urate. Thus, change of lifestyle have a significant effect on the disease evolution, recommending to reduce purine-rich foods and alcohol consumption.

**Key-words:** gout, metabolic syndrome, obesity, high blood pressure.

## **104. SHARE OF SOME GENETIC AND NONGENETIC RISK FACTORS IN THE PATIENTS WITH PSEUDOTUMORAL CHRONIC PANCREATITIS FROM THE REPUBLIC OF MOLDOVA**

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**Introduction:** Chronic pancreatitis is a persistent and progressive inflammatory disease of the pancreas, with alterations of the exocrine and endocrine pancreatic functions and which may be caused by many environmental, endogenous and genetic factors.

**Materials and methods:** 21 patients with pseudotumoral chronic pancreatitis, m/f-18/3, median age - 47.90±1.73 years were part of the study. The chronic pancreatitis diagnostic was established in accordance to the specific clinical and paraclinical criteria. The molecular and genetic investigations of the SPINK1 (N34S), PRSS1 (R122C), CFTR (R117H) genes were conducted in the Molecular Genetics Laboratory of the Institute of Genetics of the ASRM. Venous blood was used as a biological sample; the polymorphism of the candidate genes was identified through the analysis of enlarged fragment length and restriction fragment length polymorphism (RFLP), with the use of the respective primers.

**Results:** Risk factors analysis showed a prevalence of food disorders – in 21 (100%) patients and alcohol – in 20 (95.24%), followed by smoking- in 19 (90.48%) patients, the presence of biliary pathology - in 19 (90.48%) patients, N34S mutation (SPINK1) - in 19 (90.48%) patients, including 9 (42.86%) – heterozygous and 10 (47.62%) - homozygous; R117H mutation (CFTR) –in 16 (76.19%) patients, including 12 (57.14%) – heterozygous and 4 (19.05%) - homozygous; R122C mutation (PRSS1) – in 15 (71.43%) patients including 11 (52.38%) – heterozygous and 4 (19.05%) - homozygotes, duodenal pathology - in 11 (52.38%) patients, previous surgery on the abdomen – in 11 (52.38%) patients, hypercholesterolemia- in 7 (33.33%) patients, noxious work conditions -in 7 (33.33%) patients, viral hepatitis – in 6 (28.57%) patients, hypertriglyceridemia – in 5 (23.81%), BMI> 25 kg / m<sup>2</sup> – in 3 (14, 29%) and pancreatogene drugs – in 1 (4.76%) patient.

**Conclusion:** Chronic pancreatitis is a polifactorial disease. In the patients with pseudotumoral chronic pancreatitis of the Republic of Moldova the major risk factors are food disorders, Associated with alcohol consumption and smoking; the genetic substrate is obvious by the presence of high levels of N34S (SPINK1), R117H (CFTR) and R122C (PRSS1) genic mutations.

**Key Words:** Chronic Pancreatitis, CFTR, PRSS1, SPINK1