

135. AORTIC DISSECTION: MODERN ASPECTS OF DIAGNOSIS AND TREATMENT

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Introduction. Aortic dissection (AD) is an acute aortic syndrome characterized by damage in the inner wall of the aorta, during which blood passes through a gap in the intimal wall of the aorta and fills a space formed by internal and medial wall of the aorta, forming a false lumen and true one. DA is a major cardiovascular emergency that has a big impact in the structure of causes of mortality and morbidity. The mortality rate of patients with untreated proximal AD increases by 1-3% per hour and reaches 25-50% on the first day from admission.

Objective of the study. In-hospital death risk stratification in acute period (first 14 days) of AD using prediction model developed based IRAD study.

Material and methods. Case-control retrospective study included 60 patients with final diagnosis of AD (acute or chronic) during 2000-2015. Statistics: calculate the frequency, average values, confidence interval (CI). The prediction model developed based on the IRAD study - score derived by summing the scores awarded to each of the following parameters:

- Age > 70 years (0.5 points);
- Females (0.3 points);
- Suddenly occurring chest pain (1, 0);
- ECG ST segment changes (elevation of the ST segment) – (0.6);
- Pulse deficit (0,7);
- Signs of kidney failure (1,6);
- Hypotension / shock / cardiac tamponade (1.1).

Subsequently, based on a graph and a chart specifically designed, accumulated score was converted into the hospital probability of death for patients with AD.

Result: During the acute episode 19 patients (31.7%) died. According to this score patients in this study were distributed as follows:

The patients that accumulated the lowest score ($\geq 1, 5 - < 3.0$) = 4 (21.1% death rate, probability of death according to IRAD 33.4%) patients;

The patients with average score ($\geq 3, 0 - < 4.0$) = 6 (31.6% death rate, probability of death according to IRAD 33.4%) patients;

The patients with the highest scores (≥ 4 , $0 - < 6.0$) = 7 (47.4% death rate, probability of death according to IRAD 87.6%) patients.

Conclusions: According to the IRAD model, our study revealed that the most patients died (47.4%) when they accumulated the highest score (probability of death according to IRAD 87.61%). Thus, the model for predicting in-hospital death risk provided by IRAD study can be recommended for clinical evaluation of the patients with clinically suspected aortic dissection in order to prevent negative consequences and to assess the appropriate hospital management.

Keywords: aortic dissection. The prediction model IRAD

136. THE SURGICAL TREATMENT'S RESULTS OF HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY. THE EXPERIENCE IN REPUBLIC OF MOLDOVA.

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Introduction: Hypertrophic obstructive cardiomyopathy is a genetic disease, autosomal dominant, characterized by ventricular myocardial hypertrophy, predominantly of the interventricular septum, with variable prodromes, often tempered, but involving a high incidence of sudden death. Global morbidity in adult society is averaging between 0.02-0.023%. In Moldova a complex surgical approaches in the treatment of HOCM has a history of about 5 years. It is steadily improving surgical techniques, being in touch with international protocols.

The aim of study: Presentation of national standards for complex surgical treatment of HOCM, familiarizing specialists from related fields of cardiac surgery (cardiologists, radiologists, general doctors), regarding the possibilities of surgical correction of HOCM.

Material and methods: During 2011-2016, in the Republican Clinical Hospital and International Hospital Medpark underwent surgery 32 patients, average age - 52.3 years. Postoperative period complicated with ischemic stroke - 1 patient, postoperative hemorrhage - 1 patient. The mean duration of hospitalization was 9.5 days.

Conclusions: The latest medical literature, relying on complex randomized studies unanimously are telling us that "gold" standard in HOCM treatment remains only radical surgical. The surgical approach in HOCM in combination with complex valvular correction, solves the problem of TEVS obstruction, but also decrease systolic anterior motion of the mitral valve and abolish it regurgitation.

Key words: Hypertrophic Obstructive Cardiomyopathy, Surgical Treatment, Ejection Tract Obstruction, mitral valve insufficiency repair, Morrow technique, Robert Dion technique.