

21. TERTIARY LUES COMPLICATED WITH AORTITA LUETICA AND CORONARITA LUETICA

Rotaru Iulian

Academic adviser: **Tinică Grigore**, M.D., Ph.D., Associate Professor, State Medical and Pharmaceutical University "Gr. T. Popa", Manager of Cardiovascular Surgery Clinic, Cardiovascular Diseases Institute "Prof. Dr. George I.M. Georgescu", Iași, Romania

Introduction: Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum* subspecies *pallidum* spirocheta. Tertiary syphilis is the only one of the three forms of syphilis, which can cause cardiovascular complications (aortita luetică, coronarita luetică-angina). It occurs in approximately 3-15 years after the initial infection and may be presented in three different forms: gomatos (15%), syphilis, neurosyphilis tardy (6.5%) and cardiovascular syphilis (10%). The detection of the disease is made, usually by a serological test (SYPHILIS TPHA-VDRL), but the bacteria can be seen under a microscope. Without treatment, one third of infected people arrive at the tertiary stage. At this stage the disease is not infectious.

Materials and methods: We present a patient of 39 years with acute myocardial infarction in august 2004, complicated in evolution with early postinfarct angina, is admitted in September 2004 in the Centre of Cardiology Iasi, at coronarography were found the following faults: 95% stenosis of left main, occlusion ACD and aortic insufficiency major. During preoperative evaluation, the patient is diagnosed with Lues tertiary complicated with aortita and coronarita luetică, that's why surgery was temporized for treatment. Currently admitted to surgery. Imaging tests (echocardiography, CT thoracic, Rx-scan) and invasive (cardiac catheterization, coronarography) have revealed the cardiovascular injuries inflicted by the tertiary lues. Surgical procedure consisted in a by-pass aorto-coronary artery with reversed VSI on the ACD, resuspend the commissure of CNC and CCD and cognitive enlargement on the left main and ascending aorta with PVA (autologous venous patch). At the same time of surgical treatment the patient received Penicillin G 3 mil. IU x 2/day for 14 days for Lues tertiary.

Results. During the postoperative evolution was favorable, with the healing of surgical wounds completely and disappear the symptomatology with chest pain. Clinical assessment 1 month postoperatively showed a very good evolution, the patient was asymptomatic. On the 26.08.20013 patient returns to a routine check after a period of 9 years, this being asymptomatic.

Conclusions. In the case of tertiary lues complicated with aortita and coronarita luetică and associated with angina, the conduit therapeutic is different because surgery should be temporized for specific treatment for lues. After it was done the therapy with antibiotics, you can then intervene surgically in order to solve complications of myocardial and lues.

Keywords: tertiary lues, aortita luetică, coronarita luetică, *Treponema pallidum*, angina

22. ABDOMINAL AORTIC ANEURYSM, TREATMENT OPTIONS AND RESULTS

Tabac Radu

Academic adviser: **Cemîrtan Ruslan**, M.D., Department of Vascular and Endovascular surgery, The Republican Clinical Hospital, State Medical and Pharmaceutical University „Nicolae Testemițanu”, Chișinău, Republic of Moldova

Introduction: The Abdominal Aortic Aneurysm (AAA) represents the 12 cause of mortality in elderly subjects in USA. It is defined as an aortic dilation more than 3 cm in anterior-posterior or transversal cross-section, that exceeds the limit of 2 standard deviations. The natural evolution of the AAA lead to the rupture, nonetheless, the surgical risk of the procedure can be accepted in the exceeding 5.0-5.5 diameter AAA. Generally, 2 options of surgery can be regarded-Open and Endovascular Aneurysm Repair.

Purpose and Objectives: Was to make a meta-analysis focused on the methods from different published studies, contrasting the aneurysm repair results in mid and long term.

Material and methods: The study is based on literature review, expressing the outcomes of multicenter randomized clinical trials. There were considered also the screening/diagnostics features, the 30 days mortality and the long term follow up depending on surgical treatment option.