The aim: To elucidate the impact of coronary stent`s length in ISR occurrence in patients with various forms of IHD, after a 6 months follow-up.

Material and Methods: In this study were involved 150 patients. According to the stent`s length, the group was divided into 2 subgroups: group I - subgroup I – that of "long" stents (>20mm) – 64 patients and subgroup II – that of "short" stents (≤20mm) – 86 patients. Patients underwent clinical supervision for a period of 6 months.

Results: In order to solve these lesions in the patient`s groups were used several models of BMS. In both groups the model "Driver/Integrity" was used more often – 44.2% in group I and 39.1% in group II. On the second stage were placed "Vision" stents model which were used in 33.7% cases of the "short stents" group and in 35.9% cases of the "long stents" group. "Liberte" were used in the treatment of 22.1% patients from the Ist group and of 25% patients from the IInd group. After a 6 month follow-up IRS confirmed angiographically had 10.5% patients in whose treatment were used "short" BMS and 20.3% patients in whom were implanted "long" BMS, while in 8.1% patients the Ist group and 15.6%in the IInd group were diagnosed new injuries, due to this fact they suffered repeated angioplasty procedures, the obvious differences being statistically relevant one – $p < 0.05$. The lumen loss index was more important for long stents – 2.54 vs. 2.33mm ($p < 0.05$).

Conclusions:

1. Bare metal stents whose length is ≤20mm have a favourable prognosis at a 6 month distance compared to those >20mm, in-stent restenosis rate in this period was 10.5% for short stents and 20.3% for those long.
2. It is necessary to choose an optimal length by using bare metal stents – so that the stent`s borders not to exceed long away the coronary lesion, but for cases that require the use of stents >20mm is more beneficial to use drug eluting stents.
3. It is advisable to avoid the use of bare metal stents in the treatment of coronary lesions with those lengths more than 20mm, in these cases drug eluting stents are of choice, while in the cororarian lesions with their length ≤20mm treatment, bare metal stents can be used widely.

Keywords: Coronary stent, in-stent restenosis, angioplasty

29. PHOSPHORUS AND CALCIUM IMBALANCES IN DIABETIC NEPHROPATHY

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Introduction: It was performed a clinical study on phosphorus and calcium imbalances in diabetic nephropathy. Diabetic nephropathy is a pathology that affects the renal function. Phospho-calcic metabolism is closely related to this process. Disorders include the increase of serum phosphorus level and decrease of the serum calcium level. Disorders in mineral and bone metabolism in diabetic nephropathy are associated with high morbidity and mortality.

Purpose and objectives: To study clinical and paraclinical indicators and identify the metabolic changes of calcium and phosphorus according to glomerular filtration rate (GFR) in diabetic nephropathy.

Materials and Methods: Case histories of patients treated in the Department of Endocrinology of the SCR during 2012-2014. We have evaluated 360 clinical review charts, 91 of them were selected for this clinical study. The study results were obtained by statistical processing, with analysis of statistical veracity indices.

Results: We found a direct correlation between GFR and serum calcium level and an inverse correlation between GFR and duration of diabetes, diastolic blood pressure, serum phosphorus, cholesterol, triglycerides, LDL and creatinine in study groups.

Conclusions: (1) With the decline of GFR there is a decrease of the serum concentration of calcium. (2) With decrease of GFR in diabetic nephropathy the serum concentration of phosphorus increase.

Keywords: Diabetic nephropathy, glomerular filtration rate, Calcium, Phosphorus