41. THE ROLE OF KINETOTHERAPY IN PATIENTS WITH RHEUMATIC HEART DISEASE

Frumusache Alesea, Testemiţanu Olga

Academic adviser: **Mazur-Nicorici Lucia**, M.D., PH.D., Assistant Lecturer, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Rheumatic heart disease presents further an increased mortality, although their prevalence in industrialized countries decreases. However, remains a current topic for the economically less developed regions with the ineffectiveness of preventive methods applied to microbial agents. European guidelines dedicated to the management of patients with rheumatic heart disease are limited to recommendations regarding patient education, disease prevention and behavior, and recommendations to anticoagulant therapy.

Purpose and Objectives: Estimation and evaluation of therapeutic efficacy of kinetotherapy in the complex treatment of patients with rheumatic heart disease.

Materials and methods: Our study is based on 61 patients with rheumatic heart disease who were investigated in the complex by tools objectification: oxygen saturation, PSQIII general satisfaction, global assessment by the patient and physician PGA / MDGA, were treated and trained. Only 38 of them received physical therapy.

Results: Our study relieved the predominance of women in 68.8%, mean age 54.6 years, 61% was noticed varying degrees of obesity, half of the patients present different degree of disability and only 5 patients are capable to working. Clinical dates attest different stages of dyspnea (100%), palpitations followed by 72.13% and 57.37% with fatigue. At baseline, heart failure prevalent NYHA class III according to 64% and finally the 40% grade III and 42% grade II. The patients from the study with kinetotherapy appropriated necessary methods like (descending abdominal breathing / chest and climbing stairs, restoring elements of breath), and training self-management of the disease. We evaluated the efficacy of complex treatment in combination with kinetotherapy in patients with rheumatic heart disease and we proved the superiority versus no kinetotherapy, translated by reducing the degree of dyspnea 100%, global assessment of disease by the patient 34.2 mm and physician 33.5 mm. Analysis of overall satisfaction by PSQIII caused an elevated issues and interpersonal communication, time spent with the doctor from the average values in the population, but financial problem persist.

Conclusion: Patients who received kinetotherapy prove the increased level of general satisfaction, the decrease of global assessment by patient and the increase of the compliance to the received treatment versus those without kinetotherapy demonstrated by functional methods.

Keywords: Rheumatic heart disease, kinetotherapy

42. ACUTE AND CHRONIC TREATMENT OF PANCREATITIS IN CHILDREN

Griţco L.

Academic adviser: **Cerempei L.,** Ph.D., State Medical and Pharmaceutical University"Nicolae Testemitanu" Chişinău, Republic of Moldova

Introduction: In the structure of chronic diseases in children one of the first place takes the pathology of the digestive organs, one of which consist the pancreas gland disease incidence is increasing in all age groups. Treatment consists of a suppression effect of the pancreatic enzymes by administering antienzymes, preventing infection (with antibiotics and reduce inflammation). It is administered selective spasmolytic: Diuspatalin, Buscopan or Spasmomen, administered at least 2-3 weeks in pancreatitis. Antibiotics are administered in cases of toxic syndrome with fever, signs of inflammation in blood test and in pancreas damage in association with respiratory diseases (acute bronchitis, pneumonia). Proton pump inhibitors: Omeprazole, Lansoprazole. Antacids, Maalox (dose depending on the age) x 3 times a day. Infusion therapy - S.5 % -10 % glucose, 0.9 % s.NaCl, s. Ringer. Fluids intravenous (i.v) is given for purposes of detoxification and hydro-electrolytic rebalancing.

Purpose and objectives: Targeted full analysis of efficacy of the treatment administered to children with acute pancreatitis (AP) and chronic pancreatitis (CP) in the acute phase.

Materials and methods: 150 children were included with AP and CP, they were hospitalized in the pediatric gastroenterology department SCMC PMSI "V. Ignatenco" in 2010-2013. Group I includes 75 children with AP (basic group) and second group - 75 children with CP in acute phase (control group). The confirmation of positive diagnosis was based on criteria: Gastrointestinal anamnesis, physical examination, laboratory investigations, explorations instrumental: EGDS, transabdominal ultrasound of the digestive organs.

Results and discussion: From concurrent diagnoses was presented in patients with AP - ketoacidosis non-diabetic children- 48 (64 %) , dehydration of 23 children who constituted 30.6 % of cases, which confirms receiving treatment in children with AP perfuzional percentage greater compared to patients with CP in acute phase . Pathological signs in children with AP were more frequently Cacea, Meyo - Robson, AP in children - Mendel, Cacea, pain in the Saffar zone, Meyo - Robson. Malformation of the gallbladder was found to children with AP in 32 children (42.6%), but children with CP in acute phase of 28 children 37.3%. Concurrent diagnosis of chronic gastroduodenitis in acute phase was founded to children with CP in the acute phase-49 children (65.3%), but children with AP - 28 children (30.6%). It was found that patients with AP receiving infusion therapy (s. 5% glucose, 0.9% NaCl, Ringer) to 48 (64%) children, but children with CP in the acute phase to 29 children (38.6%) , antibiotic therapy has been indicated in 2/3 of the cases . PPI were administered to all children with AP and CP. The enzyme therapy was administered to all patients with AP and CP under the clinical and laboratory data of exocrine insufficiency syndrome. The administration of the indicated treatment contributed to healing children.

Conclusion: Basic preparations in the treatment of AP and CP are PPI, the enzyme therapy, diet therapy, infusion therapy. Accompanying diseases most common in children with AP and CP are congenital malformations of gallbladder, GERD, DGR, chronic gastroduodenitis in acute phase, ketoacidosis non-diabetic.

43. EFFECT OF LOW DOSE STATINS IN SECONDARY PREVENTION IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTIONS

Grosul Iea, Simionov Lilia

Academic adviser: **Popovici Ion**, M.D., Ph.D., Professor, Department of Interventional Cardiology, Institute of Cardiology, Chisinau, Republic of Moldova

Introduction: In addition to invasive coronary revascularization procedures (PCI) in the treatment of ischemic heart disease indication of a systemic therapy could prevent recurrent events. Treatment with statins significantly reduces long-term occurrence of major clinical cardiovascular events post-PCI. The initiation of statin treatment as early as possible and the maintenance of a good adherence to statin therapy would lead to a more favorable clinical course in post-PCI period. The aim of this study was to evaluate the effect of low dose statins on the incidence of cardiovascular events (myocardial infarction, stroke, recurrent angina and instent restenosis) in patients undergoing percutaneous coronary interventions with stent implantation.

Materials and methods: We conducted a retrospective study that included 95 patients after coronary angioplasty with stenting. According to statin therapy these patients were divided into two groups: 1st group - without statin treatment in post-PCI period (32 patients, mean age of 59 ± 1.53 years) and 2nd group – patients with statin treatment in post-PCI period (63 patients, mean age of 58 ± 1.09 years). 67.7% of patients in 2nd group received simvastatin (10-20 mg/d, the mean dose - 16.5 mg/d), 25.4% - atorvastatin (10-20 mg/d, the mean dose - 14.9 mg/d) and 6.9% - other statins (pravastatin, lovastatin, fluvastatin). The high percentage of patients that were not receiving statins is explained by low medication compliance. The incidence of cardiovascular events was assessed at 6.51 ± 0.15 months post-PCI.

Results: 12.5% patients in the no-statin group experienced at 6 months post-PCI a major adverse cardiovascular event (3 patients – stroke and 1 patient – acute myocardial infarction) vs. 0% patients in the statin group ($p<0.05$). The incidence of cardiovascular *composite endpoint*, which included