

graphy appears to be greatest when there is a biphasic response: improvement at low dose and worsening at high-dose Dobutamine. The initial improvement in wall motion reflects recruitment of contractile reserve during low-dose Dobutamine, and hence reflects viability. In comparison, higher doses lead to subendocardial ischemia and worsening of the wall motion abnormality, identifying stress-induced ischemia. Thus, testing at various doses appears to be important for the optimal assessment of myocardial hibernation by this technique. Patients with left ventricular dysfunction who demonstrate myocardial viability with Dobutamine stress echocardiography have a better survival with revascularization than with medical therapy.

Conclusion: The available data strongly suggests that DSE studies help differentiate viable from nonviable myocardium, and identify patients with ischemic LV dysfunction that will most likely benefit from coronary revascularization.

Keywords: Stress echocardiography, myocardial viability, hibernating myocardium

58. STUDY OF CONTEMPORARY LITERATURE ON THE TOPIC OF "CONGENITAL CLUBFOOT IN CHILDREN"

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Background: Clubfoot (TEV) is a congenital disorder, involve bone deformity and malposition in form of a curled shape or twisted position of the ankle, heel and toe with soft tissue contraction, that if left untreated can limit a person's mobility by making it difficult and painful to walk although inexpensive and reliable treatment exist, especially with the ponseti method.

Material of study: Congenital clubfoot (CTEV) is including several form of deformity: Talipes varus, Talipes valgus, Talipes equines, Talipes calcaneus, Talipes cavus. Easily identify in a new born which present with abnormal shape and rigid foot, leg torsion and tightening of Achilles tendon. Therefore immediately apply treatment with gentle manipulation follow by serial of casting, ending with splintage. Failure of conservative treatment and late presentation after 5 month of age are indications for surgery.

Results: Affected foot is usually smaller and shorter. Approximately appear in 1 case per 1000 live birth, male-to-female ratio is 2:1, bilateral involvement in 30%-50% of cases, there 10% chance of subsequent child being affected if parents already have a child with a clubfoot.

Conclusion: Clubfoot is the most common congenital anomaly of the foot found in children, frequency ranks second after locomotors pathology. It affects mainly males, as can be unilateral and bilateral. Outcome following management is subjectively good for the majority of patients.

Keywords: congenital clubfoot, anomaly, deformity

59. CHRONIC HEART FAILURE IN HYPERTENSIVE PATIENTS

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Introduction: Hypertension remains a major public health problem associated with considerable morbidity and mortality. Hypertensive heart disease is a constellation of abnormalities that includes left ventricular hypertrophy (LVH), systolic and diastolic dysfunction and their clinical manifestations including arrhythmias and symptomatic heart failure (HF). Presently, diastolic heart failure accounts for about 50% of the heart failure population.

Purpose and objectives: To determine the clinical and laboratory characteristics of heart failure in patients with hypertension.

Methods: It was a prospective study of 23 patients admitted in Institute of Cardiology

diagnosed with grade I-III systemic hypertension. We evaluated general data, history of disease, physical examination, laboratory and instrumental results, including ECG and echocardiography.

Results: In the study group was observed the prevalence of women, the rate women: man being 1.9:1, with mean age 59.3 ± 0.02 . General data indicated that most patients originate from urban areas – 19 (82.60%) versus 4(17.40%) from the village. Family history of hypertension was present in 2 (9%) patients. Among the cardiovascular risk factors were identified type II diabetes in 5(21.7%) and obesity in 5(21%) patients. The distribution according stages of hypertension demonstrated that most patients had stage II – 18 (78.2%), followed by 5 (21.8%) patients – stage III and only one patient had stage I of hypertension. Clinical spectrum of complains showed fatigue in 11, dyspnea – 16, reduced exercise tolerance and peripheral edema – 6 patients from study group. By NYHA classification predominated the III functional class – 14(60, 86%), followed by II class – 6 (26%) and only 3 (13, 04%) patients had I NYHA class. ACC/AHA stages of HF indicated that most of patients were included in stage C – 20 patients, 2 patients – stage A and only 1 patient had sage B of HF. Analyzing ECG was established left ventricular hypertrophy in 14 (56.6%). By echocardiography were appreciated concentric hypertrophy in 16 (69.6%), cardiomegaly was determined by dilatation of left atrium in 19 (82.6%) patients, left ventricle – 3(13.04%) and decreased EF <50% in only 4(17.39%) cases.

Conclusion: Patients with hypertension and clinical diagnosis of heart failure presented left ventricular hypertrophy and impaired diastolic filling without systolic dysfunction.

Keywords: hypertension, hypertensive heart disease, chronic heart failure

60. NEBIVOLOL TREATMENT INFLUENCE ON CARBOHYDRATE AND LIPID METABOLISM IN PATIENTS WITH METABOLIC SYNDROME

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Introductoin: Metabolic syndrome is a cluster of the most dangerous cardiovascular risk factors: diabetes mellitus, abdominal obesity, dyslipidemia and arterial hypertension. According to the International Diabetes Federation from 2006, about 25 % of the world's population presents the metabolic syndrome, with a two-fold higher risk of death, and three times more frequently myocardial infarction and/or cerebral stroke occurrence.

Purpose of the study: To assess the influence of Nebivolol 5 mg, on carbohydrate and lipid metabolism in patients with metabolic syndrome.

Material and methods: The metabolic syndrome diagnosis was established according to the criteria proposed in the recommendations of the International Diabetes Federation (2005). In our study were included 90 patients (divided into two groups: with metabolic syndrome - 45 patients and without metabolic syndrome - 45 patients), who received a third generation selective β -blocker with vasodilator action – Nebivolol, 5 mg/day. Indices of glucose metabolism, insulin resistance, lipids and apoproteins spectrum were evaluated initially and after 2 months of treatment with nebivolol.

Results and discussions: Comparative analysis of studied indices in patients according to the presence of metabolic syndrome after treatment with Nebivolol, revealed no changes in carbohydrates spectrum (basal glycemia, F. Caro index, HbA1c, glycated albumin, glycemic profile) in both groups. However, the monotherapy with Nebivolol 5 mg single dose daily for 2 months, was associated with significant reduction of total cholesterol in patients with metabolic syndrome ($p < 0.01$) and no reduction of it in patients without metabolic syndrome ($p > 0.05$).

Analysis of LDL cholesterol has proved essential reduction compared to the initial values in the group of metabolic syndrome patients ($p < 0.05$) and their slight diminution in the group without metabolic syndrome ($p > 0.05$). Similar changes were observed in the dynamics of triglycerides by important reducing of their level in patients with metabolic syndrome ($p < 0.001$) and minor decrease in patients without metabolic syndrome ($p > 0.05$). Regarding HDL cholesterol did not change