

types of arrhythmia. We present the clinical case of a man with WPW syndrome who develops recurrent paroxysmal supraventricular tachycardia, treated since 1997.

Clinical case: Patient L., 52 years old, admitted to the Cardiology Department nr.3 of PMSI MCH „Holy Trinity”. Diagnose: WPW syndrome. Paroxysmal supraventricular tachycardia. HF I NYHA. The complaints presented on onset: palpitations, inspiratory dyspnea, fatigue. History of the disease: diagnosed in 1997, when he developed a paroxysm of supraventricular tachycardia. Arrhythmia paroxysms were the cause of repeated hospitalizations – 2-3 times/year while being on antiarrhythmic therapy with Amiodarone. On physical examination: The overall condition of medium severity. Clean, normal-colored skin. Vesicular breath sounds, rales missing. Rhythmic heart sounds with HR 170 b/min, BP 120/70 mmHg. ECG conclusion: WPW syndrome. Supraventricular tachycardia with HR 170 b/min. Normal heart electrical axis. LV repolarization disorders. EchoCG: moderate dilatation of LA and RA. Induration of the aortic walls. LV hypertrophy, left ventricular contractile function is preserved. Laboratory analysis without deviation from the norm. Treatment: Amiodarone 800mg-intravenously in perfusion until paroxysm cessation, with subsequent administration after schema.

Conclusions: Patient L., 52 years with WPW syndrome who develops an arrhythmia paroxysm was hospitalized for its cessation and reassessment of treatment strategy. Pharmacological cardioversion had positive effect. The prognosis is favorable for the patient due to rare paroxysms of supraventricular tachycardias with a good response to drug treatment.

Keywords: Wolf-Parkinson-White, pre-excitation, tachycardia paroxysms.

71. DIAGNOSIS AND TREATMENT OF HYPERTENSION IN ELDERLY

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Introduction: Arterial hypertension (AHT) is the most common cause of morbidity and mortality in developed societies. Recent data assessed the current prevalence of arterial hypertension in the world around 30 %.

Materials and Methods: According to the working hypothesis and proposed tasks we approached closely the procedure of selecting patients on which we would focus our exploration, examining a sample of 150 patients diagnosed with hypertension. The assessment was based on questionnaires previously developed under the general and special methods of clinical examination. For each patient selected was completed an original questionnaire that included: general data, historical data, clinical data, laboratory and instrumental examinations performed and supportive treatment. So we followed the following inclusion criteria: certain diagnosis of hypertension and age >65 years.

Results: We found that patients with predominant isolated systolic arterial hypertension was – 36,66 %. The ratio of male / female predominance certified women in the study group - 59,33%. One of the most important criteria that was statistically evaluated is the classification of patients after BP values. The results show that in the study group predominates isolated systolic hypertension - 36,66%, AHT III - 28,66%, AHT gr. II - 32%, AHT gr. I - 2,6%. Laboratory evaluation found that the most common ECG abnormalities encountered in elderly patients with AHT are HVS (38 %), atrial fibrillation (26%) and reduced FE by echocardiography detect 18,66 % cases. From antihypertensive drugs in elderly with arterial hypertension are commonly used diuretics: loop (71,33 %), thiazide - like (26,66 %) and aldosterone (24%), angiotensin-converting enzyme inhibitors (83,33 %) and the calcium channels blockers (56 %).

Analyzing the treatment of the patient we found that most patients receive combination treatment of 3 antihypertensive drugs 39,33% (59 patients), the combination of two antihypertensives was noted in 33,33% (50 patients), the combination of four drugs have been reported in 37 patients and administration of a single drug has been found in 4 patients in the study group.

Conclusions: Hypertension is a major risk factor for cardiovascular morbidity and mortality, particularly in elderly, so the correct treatment reduces death rates and rates of CV effects related to people over 65 and people aged over 80 years, the treatment does not appear to significantly reduce the overall rates of death, but decreases the risk of heart disease.

Key words: Arterial hypertension, elderly

74. THE ANALYSIS OF CLINICAL AND LABORATORY CHARACTERISTICS IN PATIENTS WITH LIVER CIRRHOSIS AFTER SURGICAL TREATMENT BY AZYGO-PORTAL DEVASCLARISATION AND SPLENECTOMY

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Introduction: Liver cirrhosis is one of the great problems of gastroenterological pathology, as well as a public health problem because of the high incidence, chronicity, severity of complications and high costs involved in the care of these patients. Approximately 77% of patients with hepatic cirrhosis have a severe hypersplenic syndrome with forecast reserved. Surgical approach has proven to be very effective in solving the severe hypersplenic syndrome.

Purpose and objectives: To analyze the clinical and laboratory characteristics in patients with cirrhosis of different etiology within 6 months to 3 years after surgery by azygo-portal devascularisation and splenectomy.

Materials and methods: We studied retrospective 47 patients with liver cirrhosis hospitalized in the department of hepatology and hepato-biliary surgery departments of IMSP - SCR, from 2010 to 2013, undergoing surgical treatment of solving the portal-hypertensive splenopathy. The diagnosis was confirmed clinically, biologically and imagistically. Clinical and laboratory results were analyzed using patient's clinical observation sheets from the archive of IMSP-Republican Hospital using Microsoft Office Excel 2007 and SPSS v. 17.0 programs.

Results: It has been found:

➤ a significant improvement of the asthenic, hemorrhagic, abdominal pain and dyspeptic syndromes;

➤ a statistically significant improvement for platelets, leukocytes, erythrocytes and an improvement of the hepatocellular insufficiency syndrome characterized by prothrombin and fibrinogen;

➤ many of the patients who gather the score for Child-Pugh class B before the surgery passed in class A after it, which shows an improvement in the clinical and paraclinical features;

➤ a significant decrease in the incidence of upper gastrointestinal bleeding (50% before and 10% after) and its severity after surgery.

Conclusions: This study showed the benefits of surgery by azygo-portal devascularisation and splenectomy in improving the clinical and paraclinical manifestations in patients with liver cirrhosis with portal hypertension.

Keywords: Hepatic cirrhosis, splenectomy, portal hypertension

75. CLINICAL ASPECTS IN CELIAC DISEASE

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Purpose and objectives: Celiac disease or gluten sensitive-enteropathy is a systemic disease with multiple manifestations. The aim of this study was to determine the most important clinical aspects in patients with severe celiac disease (MARSH III).