EVALUATION OF THE CLINICAL FEATURES OF EVOLUTION OF CRONIC OBSTRUCTIVE PULMONARY DISEASE IN PATIENTS WITH ACCOMPANYING ISCHEMIC HEART DISEASE

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Introduction: Chronic obstructive pulmonary disease (COPD) concern to one of the widespread diseases in the world. According to latest WHO official information 210 million of people suffer from COPD. According to data of different researches co-morbidity of ischemic heart disease (IHD) and COPD among aged people reaches to 62% and 15-year survival rates consists 25%.

Materials and methods: 50 patients were examinated and divided in 2 groups: First group includes of patients with COPD in II and III stages; Second group–patients with COPD II and III stages and IHD. During this study was used: studying of the main symptoms using diagnostic criteria, standardized questionnaire Rose for IHD diagnose, 6 minute walk test, functional examination of the respiration, pulse-oxymetria, biochemical blood analyses, system inflammation markers, electrocardiography, X-ray examination of the chest, heart USG.

Results: In patients with COPD in association with IHD were identified the following risk factors: smoking, diabetes, increased body mass and more pronounced clinical symptoms, also were observed disorders of lipid and carbohydrate metabolism, more significant increase in indicators of systemic inflammation. Spirographical examination revealed in patients with COPD abstractive pulmonary disorder dominates while in comorbidity mixed types of respiratory disorder dominates. By analysis of 6 min walk test results the shortest distance was overcome by patients with COPD and IHD. Data of electrocardiography shows that patients with only COPD had primarily signs of affections of right heart. In the group of patient with COPD and IHD were determined biventricular signs of affection, also more frequently were observed arrhythmias. IHD in significant part of patients with COPD progressed without symptoms, and only 45% of cases show signs of myocardial ischemia. According to the test results in patients with COPD in association with IHD pronounced remodeling process in heart was revealed. In both groups were evaluated symptoms of pulmonary hypertension with the highest levels in patients with COPD and IHD.

Conclusions: The presence of associated pathology aggravates the clinical evolution of COPD and the prognosis of diseases, leads to remodeling, increasing the degree of pulmonary hypertension. COPD with IHD plays an important role in the development of restrictive components of respiratory failure. Mixed disorders of respiratory function dominate in these patients. Great reduction of volume and flow indices of external respiration was observed.

Key words: COPD, IHD, lung function, heart remodeling, clinical evolution.

FEATURES OF FLU COURSE IN PREGNANT WOMEN

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Objectives: to study the clinical features of the flu in pregnant women.