

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 examined 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.

Materials and methods: Laboratory analysis of 37 pregnant women with flu.

Results and discussions: The age of studied women was from 17 to 33 years. Pregnancy terms: less than 12 weeks – 7 (18,9 %) cases; 13-20 weeks – 12 (32,4 %) cases (the I trimester); 21-29 weeks – 9 (24,3 %) cases (II trimester); 30-38 weeks - 10 (27,02 %) cases (III trimester). Flu at pregnant women proceeded with typical clinical manifestations. All patients presented fever (up to 39 °C), weakness, and pain in different parts of the body. The sore throat was met in 35 (94,6 %) patients, cough in 36 (97,3 %), thorax pain at 5 (13,5 %) patients. The easy form of the flu was found in 33 (89,2 %); the heavy form in 4 (10,8 %) patients. In the III trimester of pregnancy flu proceeded more hard. Complications: bronchitis - 29 (78,3 %) cases, pneumonia - 5 (13,8 %) cases. The 4 pregnant women with H1N1 flu, complicated by hemorrhagic pneumonia, ended with a lethal outcome. Flu H1N1 was diagnosed in 4 patients, flu H3N2 in 4 patients and flu In in 1 patient. The average duration of hospitalisation was 5,6 days. General duration of the illness - 9,3 days.

Conclusion: flu in pregnant women has typical clinical manifestations. Flu H1N1 presents most hard proceeds.

ERECTILE DYSFUNCTION-MARKER OF CARDIO-VASCULAR PATHOLOGY

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Introduction: In the last years there has been a progressive increase ED in men after 40 years, the prevalence reaching 52%. As the incidence of CV pathology remains as up. It's mortality, represent 60% of overall mortality. If in the 70s- 80s of last century it was considered that 70-90% of ED had psychogenic substrate, presently is considered that predominant factors implicated in ED etiopathogeny there are organic ones. The most common pathogenetic factor of installing the ED is the vascular component, as sharing the same risk factors like Endothelial Dysfunction. A potential explanation why ED may serve as an early symptom of events that endanger the cardiovascular system was developed by Montorsi. According to his hypothesis “artery size” - smaller arteries, such of the penis ones, suffering earlier from obstruction induced by plaque than the largest arteries, for example, coronary arteries, so erectile dysfunction may precede a heart attack.

Objectives: Establishing cause-effect link between CV pathology and ED, determination of cardiogenic causes of ED in men with age after 40 years, who addressed the first time at andrologist doctor with erectile difficulties.

Materials and methods: Between 2008 and 2010 were examined 169 patients, which addressed primary with erectile dysfunction without undergoing treatment for another pathology previously diagnosed. For the diagnosis of ED was used IIEF questionnaire (international index of erectile function), BMI (body mass index).

Laboratory examinations included: cholesterol and its fractions, triglycerides, blood sugar. Instrumental examination included ECG, ECHO heart, Dopplerography of penile arteries.

Results: IIEF questionnaires showed a severe degree of ED in 24% (41 men), 54% moderate severity (92 men), and mild in 22% (36) men. High BMI was detected in 103 patients 61%, and increased blood pressure in 45 (27%) patients. Elevated levels of cholesterol or its free fractions in 38 (22%) men, increased blood sugar in 29 (17%) men.