pale, slightly icteric, with nasolabial triangle cyanosis. There was oedema of low extremities. Her BP was 100/70 mm Hg, HR- 98 b/min, irregularly!! irregular. The cardiac auscultation showed gallop rhythm, significant cardiac murmurs. ECG: sinus tachycardia interrupted by polymorphic ventricular extrasistoles. Chest X-ray: venous stasis and increase in cardiac silhouette. Echo-CG showed dilatation of all chambers, ejection fraction-33%, there was mitral and tricuspid regurgitation (IV degree), severe pulmonary hypertension-75-80 mmHg. The laboratory investigations: increased liver tests. The final diagnosis was proposed: Postpartum cardiomyopathy. The patient was treated with diuretics, β-blockers and ACEIetc.

Conclusion: Peripartum cardiomyopathy is a relatively rare but a life-threatening form of heart failure. Heightened suspicion is important when a pregnant woman presents with signs of heart failure, because early diagnosis allows proven treatment to be started. Standard heart failure therapy should be started in postpartum patients with this disease, using available local protocols.

Keywords: peripartum cardiomyopathy, prolactin, treatment.

RHYTHMOCARDIOGRAPHY USED TO STUDY THE IMPACT OF VALIDOL AND NITROGLYCERIN ON HEART RATE VARIABILITY AMONG PATIENTS WITH STABLE STENOCARDIA

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Introduction: One of the main reasons of frequent able-bodied citizens' mortality is ischemic heart disease. Nitroglycerin is used for the reduction of stenocardia attacks, but in case of intolerance of the medication or if side effects appear, it may be substituted for validol. Nowadays peripheral vegetotropic effects of these medications are not completely studied, thus the research that is being carried out is of great topicality.

Aims: The present research is aimed at studying the way nitroglycerin and validol affect heart rate variability among patients with stable stenocardia.

In the research were included 32 patients with stable stenocardia of I (16%) %), II (56%) and III (28%) dynamic classes from the Cardiology department of outpatient clinic №8 (Chelyabinsk, Russia). The average age of the group is 54±6,2 years. Rhythmocardiography was realized on apparatus-program complex "Micor" (Russia) of high resolution in order to study heart rate variability. Rhythmocardiography was carried out 2 minutes before and 2 minutes after sublingual nitroglycerin intake and on the other day 10 minutes before and 10 minutes after sublingual validol intake. Heart rate variability was studied initially in lying position (ph) and also in 4 stimulating probes: Vm- Modified Valsalva Maneuver, pA-Ashner-Danjiny Test, AOP –Active Orthostatic Test, PWC_{120} –Loading Test Power Working Capacity simultaneously measured with EKG in real-time. Following findings were determined: RR - beat-to-beat interval; SDNN – Standard Deviation of Normal-to-Normal Intervals of sinus heart rate HR; ARA –Amplitude respiratory arrhythmia; separately were defined: quadratic dispersion of humoral-metabolic HR deflections (σl), sympathetic HR deflections (σm), parasympathetic fluctuations (σs) and their spectral analogues for determination of control factors' correlation in constitutional deflection spectrum BCP -VLF%, LF%, HF%. Statistics were elaborated with the help of StatPlus® program (2009).

Results: It was proved from the realized research that with validol and nitroglycerin intake the total heart rate variability (SDNN) significantly increased in all probes. With nitroglycerin intake in com-

parison with the reference level the RR duration in the background probe fell (ph) (p<0,0001), humoral metabolic impact increased aloud: σl в ph (p<0,05), Vm (p<0,001), pA (p<0,0001), VLF% в ph (p<0,01), pA (p<0,05); sympathetic manipulation: σm в Vm (p<0,0001), pA (p<0,01), AOP (p<0,001), PWC (p<0,01), LF% в AOP (p<0,01); parasympathetic regulation fell: σs в ph (p<0,01),HF% в ph (p<0,001), Vm (p<0,01), pA (p<0,0001); with nitroglycerin intake the response value to stimulus in AOP increased: d-a NN% (p<0,01), d-a NN, sec (p<0,05). In probe with validol significantly increased the RR range in all other probes: ph, AOP (p<0, 0001), Vm, pA (p<0,001), PWC (p<0, 01); humoral-metabolic and sympathetic impact increased in all probes, except PWC, the amount of parasympathetic deflections (σs) increased in AOP (p<0, 01) and PWC (p<0, 05), meanwhile the percentage of parasympathetic impact (HF %) (p<0, 05) for certain reduced by ph. Thus, the prescription of these medications has both: positive aspects – SDNN increase after nitroglycerin and validol intake, with validol intake the RR increase in all probes may be observed, σs in AOP and PWC and negative aspects-the increase of humoral-metabolic and sympathetic regulation under the impact of surveyed medications, as normally parasympathetic regulation should predominate. It brings about the necessity of specific control of the prescription and the individual selection of the medications even contrary to standard schemes.

THE ROLE OF CARDIAC MARKERS TNI, CK- MB, LDG FOR PREDICTION OF SURVIVAL IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

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Introduction: There is an increasing morbidity of patients with acute coronary syndrome (ACS) in the structure of population mortality. The most common risk factors in ACS group , which encompasses pathology of acute myocardial infarction (AMI) is hypertension. In 2000 the European Society of Cardiology and the ACC/AHA (*American College of Cardiology/American Heart Association*), recognized the pivotal role of biomarkers with elevations in their levels the "cornerstone" of diagnosis of AMI.

Troponina I (TnI), Creatine kinase MB isoenzyme (CK-MB), Lactat Dedhidrogenase (LDG), Myoglobin (MYO) – these are markers of cardiac injury. Established correlation in the levels of these markers would allow the prognosis of the survival chances of patients with AMI.

Aims: The goal of this study is to examine the distribution of the biomarkers of cardiac cell injury and their association with the AMI mortality rate.

Materials and methods: The research was performed retrospectively, based on the archive data of the Municipal Hospital Clinic "Sf. Treime". It has involved 17 patients with diagnosis of AMI and hypertension, like risk factor. Our patients were tested in the laboratory, data were received using comprehensive testing platform "The Alere Triage Meter Pro", using "Alere Triage Cardiac panel" of SANMEDICO company. This is an immunoassay, for quantitative measurements of MYO (ng/ml), CK-MB (ng/ml) and TnI (ng/ml). The marker and the main criterion of patients selection was the TnI below the 0.05 ng/ml.

Results: Patients were diagnosed with AMI, according to WHO criteria. Total number of 17 patients were examined (100%), with an average age of 57 years, 7 of them were men (41.17%) and 10 – women (58.83%). Survived during the first 24 hours after hospitalization – 7 ps (41.17%), and 10 ps (58.83%) have died. It was detected CK-MB: 58.82% above the norm (10 ps), 41.12% in normal limits (7 ps); LDG: 52.94% above the norm (9 ps), 47.06% below the norm or in normal limits (8 ps); MYO: 52.94% above the norm (9 ps).