

DYSLIPIDEMIA IN PATIENT WITH CARDIOVASCULAR DISEASES

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Background. In the pursuit of comprehensive cardiovascular care, optimizing lipid management holds a paramount significance. Elevated levels of cholesterol, specifically low-density lipoprotein cholesterol (LDL-C), have long been established as a major risk factor for cardiovascular disease (CVD). **Objective of the study.** This study aims to document the clinical profile, diagnostic investigations, and treatment interventions of a 75-year-old male patient with dyslipidemia. **Material and methods.** This case report describes a 75-year-old male patient with complex medical history. A range of diagnostic tests were performed, including blood tests (CBC, glycemic profile, lipid profile), ECG, echocardiography, X-ray imaging to obtain objective data regarding the patient's cardiac, metabolic and pulmonary status. **Results.** Patient characteristics: height 175 cm, weight 105 kg, BMI 34.3 kg/m². He was known with controlled hypertension a type 2 decompensated diabetes mellitus. Vital signs: BP 110/70 mmHg, temperature 36.6°C, pulse 80/min, respira-

tory rate 20/min, SpO₂ 94%. Dyslipidemia detected elevated levels of cholesterol (7,5mmol/l) and LDL-C (5,3mmol/l). Fasting blood glucose 9.2 mmol/L with elevated glycated hemoglobin. Normal hemoglobin, hematocrit, electrolytes; high blood urea nitrogen and creatinine. ECG showed atrial fibrillation, biventricular hypertrophy, repolarization changes. Echocardiography revealed previous mitral and aortic valvuloplasty (2016), induration, and calcification in ascending aortic walls. Treatment plan: pharmacotherapy for hypertension, anticoagulation, lipid management, anti-diabetic; lifestyle modifications, physical activity, mainly dietary restrictions. **Conclusions.** This research study will contribute to the existing medical knowledge by documenting the challenges and complexities associated with managing a patient with dyslipidemia, cardiovascular diseases, and multiple comorbidities. **Keywords:** dyslipidemia, major cardiovascular risk.