DYSLIPIDEMIA IN PATIENTS WITH CARDIOVASCULAR DISEASES

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Background. Dyslipidemia represents the consequence of an abnormal lipids level in the blood, determined by an increased total cholesterol, low- density lipoprotein cholesterol, triglycerides or a decrease in high- density lipoprotein level in the blood, being a significant factor in the atherosclerosis disease development. **Purpose of the research:** Evaluation of dyslipidemia in patients with cardiovascular diseases. **Material and methods.** We conducted a hospital-based case series study at the Cardiology department of *Holy Trinity* Hospital The study involved 40 patients diagnosed with dyslipidemia and cardiovascular diseases in the year 2022. **Results.** Our study of 40 high-risk cardiovascular patients revealed critical findings. The cohort had a mean age of 65 years old, 45% males and 55% females. In the study group, 75% (30 patients) had hypertension and 100% dyslipidemia. The mean value of the BMI was 29,4 kg/m^2, above the normal threshold and indicating overweight. Statin usage was observed in 85% (34 patients) and 70% (28 patients) were administered ACE inhibitors. The mean lipid profile values were total cholesterol 242 mg/dL, triglycerides 178 mg/dL, HDL-C 46 mg/dL and LDL-C 167 mg/dL. The statistical correlation test demonstrated a correlation between hypertension, BMI and dyslipidemia ($p < 0.05$). **Conclusions.** All studied patients had dyslipidemia, with abnormal lipid level, therefore confirming the research hypothesis. The study findings highlight the importance of dyslipidemia management, by lipid-lowering therapy along with lifestyle modification can reduce the risk of development and progression of atherosclerosis disease and cardiovascular events. **Keywords:** Cardiovascular diseases, Dyslipidemia, Atherosclerosis.

DIFFERENTIAL DIAGNOSIS OF GRANULOMATOSIS WITH POLYANGIITIS

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Background. Granulomatosis with polyangiitis (GPA) is chronic granulomatous inflammation with necrotizing vasculitis that mainly involves small and medium-sized arteries. Accurate and timely diagnosis resulted in best treatment options for the patient, leading to positive outcomes of therapy. However, GPA shared some of the clinical and pathological features with many other disorders, making differential diagnosis very challenging. **Purpose of Report**: The purpose of this publication was to review the differential diagnosis of GPA, list key clinical features, diagnostic tests, and schedules that could differentiate it from such other similar conditions, thus preventing misdiagnosis and providing the appropriate treatment. **Material and methods.** A thorough review of literature was conducted using medical databases to look for any studies and clinical reports that were relevant to the differential diagnosis of GPA. **Results.** Conditions that mimicked the features of GPA, such as microscopic polyangiitis, eosinophilic granulomatosis with polyangiitis, tuberculosis, sarcoidosis, and some malignancies like lymphoma, were present in the findings. The main distinguishing factor is ANCA (anti-neutrophil cytoplasm antibodies). The critical distinguishing characteristics were the general clinical presentation, and the pattern of organ involvement were also key pointers to the different differential diagnoses. **Conclusion.** Expansive approach and awareness enlargement about certain characteristics of GPA will be of great assistance for early and accurate diagnosis leading to improved patient outcomes. **Keywords**: Inflammation, vasculitis, GPA.