



LONG-TERM DURABILITY OF ENDOVASCULAR TREATMENT IN PATIENTS WITH CEREBRAL ANEURYSMS

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Endovascular treatment of cerebral aneurysms represents a modern, minimally invasive alternative to classic surgical clipping. Additional research is required to fully understand its long-term durability and the influence of aneurysm location, morphology, and the type of embolic material used. Analyzing current literature regarding the long-term durability of endovascular treatment in cerebral aneurysms and highlighting the risk factors associated with recanalization. This study was based on a comprehensive literature review focusing on scientific publications and articles published between 2015–2025, identified in electronic databases such as PubMed, Scopus, Embase, ScienceDirect, NEJM, BMJ, and Web of Science. The keywords used were: cerebral aneurysm, endovascular treatment, durability. The reviewed studies indicated a partial recanalization rate of 19.1% and complete recanalization in 7.1% of cases at 24 months following endovascular treatment (Yu Deok, 2024). Aneurysms with a diameter >10 mm were associated with an increased risk of recanalization (MDPI, 2021). The use of stents and flow-diverter devices was associated with lower rates of recanalization ($p=0.03$) and complete occlusion at 12–24 months (>85%) (Dandapat S. et al., 2021). No procedure-related deaths were reported, and the rerupture rate was <2% (Jee TK, 2024). Retreatment rates varied between 5–20%, depending on the technique used. The analyzed results showed that the long-term durability of endovascular treatment is influenced by morphological factors and the technique applied. A tendency indicating a decreased recanalization risk was noted with the use of adjunctive stents and flow-diverter devices.

THE PATIENT WITH HEPATIC STEATOSIS ASSOCIATED WITH METABOLIC DYSFUNCTIONS IN THE CONTEXT OF THE PRINCIPLE OF EQUITY

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The steatotic liver disease associated with metabolic dysfunctions (SLDAMD) raises a number of moral challenges for the health system in general, and for clinicians in particular. One of these involves interdisciplinary debates regarding the distribution and equitable access to medical services. The approach to non-alcoholic hepatic steatosis in the context of the principle of equity for optimizing personalized medical care for the patient with steatotic liver disease. The study represents a synthesis of various scientific works that address ethical issues regarding adherence to the principle of equity in the context of non-alcoholic steatotic liver disease, identified in databases such as: Research4Life, PubMed, MedLine and JSTOR. Analytical, comparative, and hermeneutic methods were applied. The study represents a synthesis of various scientific works that address ethical issues regarding adherence to the principle of equity in the context of non-alcoholic steatotic liver disease, identified in databases such as: Research4Life, PubMed, MedLine and JSTOR. Analytical, comparative, and hermeneutic methods were applied. The implementation of the principle of equity in the allocation of resources to the targeted patients advances the moral obligation not to discriminate against on the basis of alleged fault. The allocation must be based on clinical and social criteria, not on judgments regarding harmful behaviors.