

VASCULAR DAMAGE IN PATIENTS WITH DIABETES MELLITUS AND SMOKING

Dina More¹, Angela Tcaciuc¹, Tatiana More²

¹Discipline of Cardiology, SMPHU "Nicolae Testemițanu"

²Municipal Clinical Hospital "Holy Trinity"

Background. Atherosclerosis is a progressive systemic disease associated with fatal cardiovascular (CV) complications. Diabetes mellitus (DM) and smoking are two major CV risk factors contributing to the onset of atherosclerotic disease. This study aims to identify which vascular territories are affected earlier.

Objective(s). To compare the degree of carotid versus peripheral vascular damage in patients with DM and smoking history, in order to determine which vascular region is affected first.

Materials and methods. The study included: Group I with DM (n=30) and Group II - smokers (n=30), aged 45-65 years (60% men, 40% women). The mean duration of DM was 9.4. The smoking index was 18. Diagnostic methods: Doppler ultrasound of the carotid, femoral and tibial arteries, assessment of intima-media thickness (IMT), degree of stenosis and presence of calcifications.

Results. In Group I, vascular lesions were predominantly found in the lower limb arteries: 23% had intima-media thickness > 1.0 mm without stenosis, 40% had moderate stenosis (50-69%) and 37% had significant stenosis (>70%), with calcifications observed in 57% of patients. Significant carotid stenoses were detected in only 23% of the diabetes mellitus group. In Group II, carotid arteries were more frequently affected: 17% had intima-media thickness > 1.0 mm, 60% had moderate stenosis and 23% had significant stenosis, with calcifications present in 42% of cases. Significant lower limb stenoses were observed in 28% of smokers.

Conclusion(s). In patients with diabetes mellitus, lower limb arteries tend to be affected earlier and more severely, whereas in smokers, the carotid arteries are more commonly involved. These distinctions may inform screening strategies and optimize the management of cardiovascular complications.

Keywords: diabetes mellitus, smoking, vascular damage, stenosis.

INFECTIVE ENDOCARDITIS WITH NEUROLOGICAL COMPLICATIONS. CLINICAL CASE

Valeria Gaina¹, Elena Jacotă¹, Elena Samohvalov¹, Elena Panfile², Corina Turcu¹, Evelina Feodorovici¹, Alexandra Grejdieru¹

¹Discipline of Cardiology, SMPHU "Nicolae Testemițanu"

²Institute of Cardiology, Department of Acquired Malformations

Introduction. Infective endocarditis (IE) is a serious infectious disease, with polyorganic complications, which causes a high risk of death (20-25%). In 20-40% of cases, IE is complicated by neurological disorders as: stroke, mycotic aneurysms, meningitis, cranial nerve paresis and cerebral hemorrhages.

Aim of the study. Presentation of the patient's clinical case with infective endocarditis complicated by ischemic stroke. The importance of complex treatment in patients with IE with neurological involvement.

Materials and methods. 59-year-old male, with IE caused by beta-hemolytic streptococcus with mitral valve (VM) involvement, hospitalized in the Institute of Cardiology in severe condition. From the anamnesis: onset with a stroke. Clinically and paraclinically examined by: blood cultures, ECOCG, clinical and biochemical analyses, consulted by a neurologist.