

HYPERTENSIVE EMERGENCY CAUSED BY SEVERE CAROTID STENOSIS, CLINICAL CASE

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Background. Carotid stenosis is diagnosed in 25% of hypertensive patients, more commonly in men over 50 years of age. Interventional treatment facilitates the prognosis of patients. Hypertensive emergency and ineffective response to antihypertensive treatment may be influenced by carotid artery stenosis.

Objective(s) of the study. Presentation and analysis of the clinical case of the patient (man, smoker) with uncontrolled hypertension, hypertensive emergency and severe stenosis of the carotid artery.

Materials and methods. Man, 66 years old, urgently hospitalized in the cardiorecovery Department SCM "Holy Trinity" with TA 240/110 mmHg, FCC 62 b/min. Clinical and paraclinical data were obtained from the discussion with the patient and the medical record. Investigated by ECHO, duplex-color Doppler of extracranial vessels, hematological, biochemical analyzes.

Results. ECG: sinus rhythm with FCC 60 b/min. Signs of hypertrophy of the LV. ECHO: severe concentric hypertrophy of M-VS; FE 67%. Duplex brachiocephalic vessels: obliterating atherosclerosis with bilateral artery damage. On the right: stenosis ACC 20%, carotid bulb 35%, ACI 65%, ACE 25% on the left: stenosis ACC 20%, carotid bulb – 80%, ACI – 50% general analysis of urine and blood within normal limits, dyslipidemia. Combined treatment with ARB, CCB, diuretic, antiaggregants, statins. Surgical intervention: percutaneous transluminal angioplasty of the left carotid artery with its stenting.

Conclusion(s). Ineffective antihypertensive treatment, complicated by hypertensive emergencies, may be caused by carotid stenosis. Smoking patients with hypertension and dyslipidemia require Doppler of extracranial vessels to detect carotid artery stenosis and its interventional treatment.

Keywords: hypertension, stenosis of the carotid artery, dyslipidemia.

CHRONIC SILENT CORONARY SYNDROME – DIAGNOSTIC FEATURES

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Introduction. Chronic coronary syndrome (CCS) is a range of clinical manifestations or syndromes Resulting from structural and/or functional changes in the coronary arteries and/or microvascular system, often Resulting in hypoperfusion. It may be symptomatic (angina, chest discomfort, dyspnea) or asymptomatic.

Objective(s). Presentation of the clinical case of an elderly patient with nonspecific manifestation of CCS. The patient was known to have uncontrolled HTN for 5 years and no other cardiovascular risk factors.

Materials and methods. A 69-year-old man of normal weight, presenting with fatigue, visits the cardiologist. No history of angina pectoris, but with sequelae in the LV antero-septal region on the ECG. Investigations were performed: cardiac biomarkers (Troponin, CK-MB), repeated ECG, ECHO. At the next visit was recommended to perform Coronary Angiography.