HYPERTENSIVE EMERGENCY CAUSED BY SEVERE CAROTID STENOSIS, CLINICAL CASE

Avramova Tatiana[1], Grib Livi[1], Benesco Irina[2], Samohvalov Elena[1], Avenir Anghelcev[1], Pavel Grinevici [1], Alexandra Grejdieru[1]

[1]Discipline of Cardiology, "Nicolae Testemiţanu" State Medical and Pharmaceutical University

[2] The Municipal Clinical Hospital "Holy Trinity", Cardio recavery Department.

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

Victoria Carauş[1], Silvia Filimon[1], Andrei Grib[1,2], Nicolae Lutîca[2], Elena Samohvalov[1], Alexandra Grejdieru[1] Romeo Grăjdieru

[1]Department of Cardiology, „Nicolae Testemiţanu" State Medical and Pharmaceutical University

[2]CMH „Holy Trinity". Department of Cardiology

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, ECHOCG. At the next visit was recommended to perform Coronary Angiography.

Results. Cardiac biomarkers: TnI – 0.01 ng/ml, CK-MB – 14 U/L. ECG: Sinus rhythm, HR – 56 bpm, QRS axis deviated to the left, complete LAFB, sequelae in the anteroseptal wall of the LV. ECHO: Mild LA dilation, normal LV dimensions, IVS and LVPW – 8-9 mm, preserved EF – 50%, LV apex akinesia (thickness in the given region ~ 4.0-4.5 mm), impaired relaxation of the LV. Coronary angiography: Tricoronary atherosclerotic lesions: severe stenoses on RCA and aCX (OM II), moderate on LAD (DIA I). Coronary angioplasty with pharmacologically active stent implantation on the RCA III was performed, with restoration of the arterial lumen – «blush» grade 3.
Conclusion(s). Thorough screening of people at risk for ischemic cardiopathy by evaluating the ECG, cardiac biomarkers, and ECHOCG, will contribute to the prompt detection of patients with silent coronary ischemia, indication of the correct treatment and prevention of acute cardiovascular events.
Keywords: chronic coronary syndrome, silent ischemia, prevention.

ASCENDING AORTIC ANEURYSM WITH SEVERE VALVULAR INSUFFICIENCY AND ATYPICAL ONSET WITH EPIGASTRIC PAIN, CASE REPORT

Maria Ciobanu, Elena Samohvalov, Vera Banciu, Lenuța Mileșco, Svetlana Avram, Alexandra Grejdieru
Department of Cardiology, „Nicolae Testemițanu" State University of Medicine and Pharmacy

Background. Ascending aortic aneurysm remains a severe condition with high risk of dissection or rupture. Atypical clinical presentation may delay diagnosis.
Objective(s) of the study. To present a case of ascending aortic aneurysm with atypical onset, complicated by dissection and severe valvular insufficiency.
Materials and methods. A 50-year-old hypertensive male was admitted on May 6 to the district hospital with severe abdominal pain, chills, nausea, and vomiting. After 10 days of unfavorable evolution, he was transferred to a tertiary center with dyspnea, fatigue, and edema. Transthoracic echocardiography, thoracic angio-CT, coronary angiography, and interdisciplinary consultation were performed.
Results. Aneurysm of the ascending aorta and Valsalva sinus (61 mm) was identified, with severe aortic regurgitation (grade IV), mitral regurgitation (grade III), tricuspid regurgitation (grade II), and preserved ejection fraction. Angio-CT confirmed the aneurysm without dissection. Coronary angiography showed no lesions. Intraoperatively, a Stanford A, DeBakey II dissection was found in the proximal ascending aorta, involving the aortic valve, which was not visible on imaging. A Bentall procedure with valve prosthesis, coronary artery reimplantation, and dissection repair was performed. Postoperative evolution was favorable.
Conclusion(s). An atypical onset with epigastric pain and signs of heart failure may delay the diagnosis of ascending aortic aneurysms. Limited dissections may be missed by imaging, making intraoperative assessment crucial for accurate diagnosis and treatment.
Keywords: ascending aortic aneurysm, dissection, valvular insufficiency

FREDERICK SYNDROME ASSOCIATED WITH BETA-BLOCKER OVERDOSAGE, CLINICAL CASE

Doina Cojocari [1], Elena Samohvalov[1], Victoria Carauș[1], Ala Saracuța [1], Ion Stepan[1], Diana Lupu [2], Alexandra Grejdieru[1]
[1]Departament of Cardiology, „Nicolae Testemițanu" University
[2] The Municipal Clinical Hospital "Holy Trinity", Cardiology Department