31.0, RBCHe 27.5, IRF 13.7%, LFR 86.3% and urea – 14.09 mmol/l, creatinine – 149.9 mmol/l, Fe – 9.2 qmol/l, Ferritin – 321 ng/ml.
Conclusion(s). Screening of Hb, ferritin, transferrin saturation and serum Fe in elderly patients with CRS, and CV and metabolic comorbidities in the prevention of anemia, can contribute to improving symptoms and functional capacity, reducing the number of hospitalizations and improving quality of life.
Keywords: cardiorenal syndrome, anemia, intravenous iron.

CORONARY ARTERY DOMINANCE MAY PREDICT FUTURE RISK OF ATRIAL FIBRILLATION

Pavel Grinevici[1,2], Alexandra Grejdieru[1], Ilia Catereniuc[2], Elena Samhvalov[1], Tatiana Avramova[1], Irina Grinevici[3], Livi Grib[1,2]
[1] Cardiology Department, USMF „Nicolae Testemiţanu”
[2] Department of anatomy and clinical anatomy, USMF „Nicolae Testemiţanu”
[3] Municipal Hospital “Gheorghe Paladi”

Introduction. Most patients have a right-dominant vascularization of the heart 85%, and 8% have left-dominant vascularization and 7% demonstrate variation of codominant. The population with left-dominant circulation is at higher risk for arrhythmic complications after common cardiac procedures.
Purpose of the work: Identification and analysis of the correlation between the type of dominance of the coronary arteries: right, left or codominant and the frequency of atrial fibrillation in these patients.
Materials and methods. The study was conducted on 96 patients: of which (61) 63.5% researched by Holter ECG and coronary angiography, (23) 23.95% CT and CT angio, but also (12) 12.5% cadavers (12 mature) in which we analyzed the heart and lung complex (formalized) from the collection of the Department of Anatomy and Clinical Anatomy of the "Nicolae Testemiţanu" USMF.
Results. In the study, right coronary dominance was found in (68) 70.83% of cases, left in (26) 24.96% of cases, and in (2) 2.08% of cases – codominant. The available data indicate that in the general population, most people have right coronary dominance. Of the 61 cases (coronary angiography – Holter ECG), (39) 63.9% – right dominance, (22) 36.1% – left dominance. During 24-hour Holter monitoring ECG, atrial fibrillation was detected in (7) 11.4% patients with right coronary dominance, while in patients with left coronary dominance it was detected in (9) 14.75%, patients.
Conclusion(s). Of the 61 cases, atrial fibrillation is more common in people with left coronary dominance – (9) 14.75%, compared to those with right coronary dominance – (7) 11,4%.
Keywords: atrial fibrillation, coronary dominance, Holter ECG.

MANAGEMENT OF INFECTIVE ENDOCARDITIS IN THE IMMUNOCOMPROMISED PATIENT

Inga Harghel[1], Livi Grib[1], Romeo Grăjdieru[1], Victoria Carauş[1], Cristina Perveneţ[1], Natalia Fiodorova[2], Elena Samohvalov[1]
[1]Department of Cardiology, SMPhU „Nicolae Testemiţanu”
[2]„Holy Trinity” Municipal Clinical Hospital

Introduction. Infective endocarditis (IE) represents a major public health challenge. The incidence of IE is 13.8 cases per 100,000 population, causing 66,300 deaths globally each

year. Among immunocompromised patients, particularly those with HIV/AIDS, the incidence of IE is increasing.
Objective(s). of the study: To evaluate, manage, and address the complex treatment of immunocompromised patients (HIV-infected) with complicated IE and multiple comorbidities.
Materials and methods. A 45-year-old patient with HIV/AIDS, an IVDU, was evaluated while in critical condition, presenting with fever, hemoptysis, tachycardia, and chest pain. A diagnosis of IE, septic pulmonary embolism, sepsis, and septic anemia was established. The patient was investigated using ECG, ECHO, radiography, CT, and laboratory tests.
Results. Initially, a dual antibiotic therapy with amikacin and meropenem was administered according to the antibiogram. Subsequently, on the seventh day of treatment, due to an increase in leukocyte count and ESR, the antibiotic therapy was adjusted, and gentamicin and vancomycin were added to the treatment. Concurrently, analgesics, iron supplements, beta-blockers, and anticoagulants were administered. Under this treatment, the patient's condition improved. The patient was evaluated and monitored dynamically. On the 19th day of treatment, with a positive progression, the patient was discharged with the recommendation to continue antibiotic therapy in tablet form.
Conclusion(s). Immunocompromised patients who are intravenous drug users are at high risk for infective endocarditis. They require dynamic evaluation and monitoring. A complex treatment approach and patient compliance are key elements for a better prognosis and patient recovery.
Keywords: Infective endocarditis, sepsis, septic pulmonary embolism.

MYOCARDIAL INFARCTION WITH NON-OBSTRUCTIVE CORONARY ARTERIES, CLINICAL CASE

Lenuța Mileșco, Livi Grib, Vlada Siric-Martîniuc, Maria Ciobanu, Vera Banciu, Svetlana Avram, Alexandra Grejdieru
Department of Cardiology, SMPhU „Nicolae Testemițanu”

Background. Myocardial infarction with non-obstructive coronary arteries (MINOCA) accounts for 5-10% of myocardial infarctions and it is more common in women and younger people. MINOCA has a heterogeneous etiology, but in 8-25% of cases remains unidentifiable despite optimal diagnostic investigations.
Objective(s). of the study. Presentation of the clinical case of a young patient with acute coronary syndrome and without known major cardiovascular risk factors, who was subsequently diagnosed with MINOCA.
Materials and methods. A 50-year-old woman, non-smoker, with no history of cardiovascular disease, presented to the emergency room of the MCH „Holy Trinity” with constrictive retrosternal pain, radiating to the neck, after an emotional stress. The patient was investigated by blood count, biochemical analyses, troponin I, CK-MB, ECG, echocardiography, coronarography.
Results. BP 175/95 mmHg, HR 82 b/min. ECG: sinus rhythm, HR 85 b/min, ST segment depression in the antero-apical region of the LV myocardium. Laboratory data: hemoglobin 137 g/l, creatinine 58 μmol/l, glucose 5 mmol/l, total cholesterol 5.5 mmol/l, LDL-C 3 mmol/l, Tn-I 0.05/15 ng/ml, CK-MB 104 U/l, D-dimers 0.3 mg/l, NT-proBNP 150 pg/ml. Echocardiography: hypokinesia of the LV apex, EF 54%. Coronary angiography: monovascular lesion – acute thrombosis on LAD III, which confirms MINOCA. Treatment with coronary angioplasty, beta-blockers, antiplatelets, ARBs, statins, and investigations for thrombophilia and antiphospholipid syndrome were recommended.