ISCHEMIC STROKE IN PATIENTS WITH MECHANICAL MITRAL VALVE AND SUBTHERAPEUTIC INR: THERAPEUTIC CHALLENGES AND MULTIDISCIPLINARY CARE

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Background. Patients with mechanical heart valve prostheses require strict and continuous oral anticoagulation to effectively prevent thromboembolic complications. Subtherapeutic INR levels increase the risk of intracardiac thrombus formation and systemic embolism, requiring urgent, multidisciplinary management.
Objective(s). Highlighting the consequences of ineffective anticoagulation in patients with mechanical valve prostheses and describing the multidisciplinary management of an ischemic stroke of cardioembolic origin.
Materials and methods. A 65-year-old woman with a mechanical mitral valve and atrial fibrilation was admitted to the cardiology clinic for cardiac symptoms. ECG, coagulation tests, and echocardiography were performed. She developed acute ischemic stroke with left hemiparesis, confirmed by CT and angio-CT showing right MCA occlusion, successfully treated by thrombectomy.
Results. The patient presented with dyspnea, palpitations, and chronic fatigue. ECG showed atrial fibrillation with HR 75 bpm, left bundle branch block, and subtherapeutic INR (1.7). Echocardiography revealed a 10 mm floating mass on the ventricular side of the mitral prosthesis. She later developed ischemic stroke with left hemiparesis. Brain CT and angio-CT confirmed a right M1 MCA thrombus. Successful endovascular thrombectomy was performed in the neurology clinic. Repeat echocardiography showed no mass, confirming the cardioembolic origin. Neurological deficit improved, anticoagulation was adjusted, and INR was within target (2.52) at discharge.
Conclusion(s). Subtherapeutic INR in patients with mechanical valve prostheses increases the risk of thromboembolic complications. A multidisciplinary approach and timely intervention within the therapeutic window are essential for neurological recovery. INR monitoring and patient education remain key priorities.
Keywords: ischemic stroke, thrombectomy, prosthesis, low INR

PERICARDITIS COMPLICATED BY RECURRENT CARDIAC TAMPONADE

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Background. Pericarditis is a syndrome caused by various etiologies. It manifests through pain in the left side of the chest, fever or low-grade fever, ECG changes with newly developed diffuse ST-segment elevation or PR-segment depression, ECG changes, and elevated inflammatory markers such as ESR, leukocytosis, and CRP.
Objective(s). To present the case of a female patient diagnosed with pericarditis complicated by recurrent cardiac tamponade of undefined origin, highlighting the diagnostic and establishing the correct treatment.
Materials and methods. A 22-year-old female patient was repeatedly hospitalized at the IMSP Institute of Cardiology with dyspnea, fever (37.5°C), constrictive chest discomfort on inspiration, general fatigue, and loss of appetite.
Investigations: ECG, transthoracic echocardiography, abdominal and thyroid ultrasound, chest CT scan, hematological and biochemical tests.

Results. Clinical findings: BP 110/70 mmHg, HR 110 bpm, SpO_2 94%, ECG: sinus rhythm. Transthoracic echocardiography revealed pericardial effusion: PPVS 20 mm, PLVS 15 mm, apex 9 mm, basal RA 10 mm, with signs of cardiac tamponade. Repeated pericardial punctures and drainage were performed due to recurrent episodes of tamponade. Rivalta reaction: +++, pleural fluid color: gray, no atypical cells detected. Chest CT scan revealed a mediastinal benign tumor on the left side (3.2 x 4.9 x 6.0 cm). Subsequently, the patient underwent surgery at the specialized hospital for benign tumor removal, with a favorable outcome and recovery.
Conclusion(s). Pericarditis can have various etiologies and may affect different age groups. Proper treatment - anti-inflammatory, etiological, or surgical - can prevent severe complications such as constrictive pericarditis or cardiac tamponade. In this case, timely diagnosis led to a favorable outcome.
Keywords: pericarditis, dyspnea, tamponade, chest pain, inflammation

TRIAGE IN THE EMERGENCY DEPARTMENT: IMPORTANCE, APPLICABILITY AND REGULATION3

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Background. Medical triage is a critical component in the efficient functioning of the Emergency Department (ED), allowing for the rapid assessment and classification of patients based on the severity of their clinical condition. This process optimizes the use of medical resources, reduces waiting times.
Objective(s). Assessment of the importance of medical triage within the ED of IEM, analysis of the criteria for classifying patients by urgency levels and highlighting the applicable legal framework.
Materials and methods. Data from 2024 from the Emergency Reception Unit was analyzed, in correlation with the provisions of the standardized clinical protocol "Triage in emergency reception units", approved by the Ministry of Health of the Republic of Moldova (19.05.2017). The distribution of patients was evaluated based on the level of urgency and triage area.
Results. In 2024, there were 80,080 admissions in the ED, of which 30,698 (38.3%) required hospitalization. The distribution of patients by urgency levels was: red zone (level I-resuscitation): critical patients 2.7%; yellow zone (level II-critical) had 17.9% cases with major risk. In the green zone (level III-urgent): 30.2%, without immediate life risk, while in the blue zone (level IV-non-urgent) - 37.6%, with minor conditions. Level V-white code, 11.6%, does not require assistance. The identification of 2,146 patients who needed immediate resuscitation demonstrates the efficiency of triage and its vital impact on survival.
Conclusion(s). Medical triage, carried out by qualified personnel, allows for the efficient allocation of resources, prevention of overcrowding, and improvement of the quality of emergency medical care. Adhering to the national triage protocol is essential for patient safety and the optimal functioning of the ED.
Keywords: triage, emergency care, ED, prioritization, ESI, protocol