MALE OSTEOPOROSIS: DELAY IN DIAGNOSIS, INCREASED RISK OF FRACTURES AND POST-FRACTURE MORTALITY

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Background. Osteoporosis in men is frequently underdiagnosed and undertreated, although it has a major clinical impact, with severe fractures and increased mortality. The etiology is often secondary, and hormonal deficiency plays a central role. Late recognition leads to delayed diagnosis and treatment.
Objective(s). Comparison of clinical, hormonal and therapeutic characteristics of osteoporosis in men and women, highlighting male particularities, secondary etiologies and undertreatment.
Materials and methods. A total of 232 patients diagnosed with osteoporosis, according to DEXA criteria (T-score ≤ -2.5) and/or the presence of fragility fractures, were included. The group included 112 men and 120 women, with average ages (67–68 years). Hormonal data, comorbidities, fracture types and treatments were analyzed, with a focus on gender differences.
Results. Men accounted for 48.3% of the cohort and were diagnosed, on average, 7 years later than women. Vertebral fractures were the most common (46%), followed by hip fractures (25%), with one-year post-hip fracture mortality being higher in men (22% vs. 13%). A total of 60% of men had testosterone levels <300 ng/dL, and 43% also had estradiol levels <15 pg/mL. A positive correlation was observed between T-score and estradiol (r = 0.41). Secondary causes were identified in 56% of men, including corticosteroid therapy, liver/kidney disease, and hypogonadism. Nevertheless, only 31% of men received specific treatment, compared to 68% of women.
Conclusion(s). Osteoporosis in men is often underdiagnosed and treated late, being linked to a higher rate of severe fractures and increased post-fracture mortality. Hormonal deficiency plays a key pathogenetic role, and the prevalence of secondary causes justifies thorough evaluation and personalized care.
Keywords: male osteoporosis, fragility fractures, underdiagnosis

MODERN TREATMENT OF SYSTEMIC SCLEROSIS: REVIEW OF 2023-2024 GUIDELINES

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Background. Systemic sclerosis is a chronic autoimmune disease-causing fibrosis, vascular damage, and immune dysfunction. New treatments like immunosuppressants, biologics, and antifibrotics improve outcomes. Early diagnosis and personalized therapy are key to managing organ involvement and progression.
Objective(s). The objective(s) of this study is to present a comprehensive review of the latest treatment options for systemic sclerosis, focusing on therapies recommended in 2023–2024 international guidelines.
Materials and methods. We analyzed 2023–2024 guidelines and clinical trials on systemic sclerosis treatments, focusing on immunosuppressants, biologics, antifibrotics, and stem cell transplantation in various disease stages. Studies analyze the efficacy and safety of

nintedanib, tocilizumab, and autologous hematopoietic stem cell transplantation were included.
Results. Recent studies show mycophenolate mofetil and cyclophosphamide reduce skin and lung fibrosis. Tocilizumab and rituximab improve immune modulation. Nintedanib slows lung decline in SSc-ILD. Stem cell transplantation benefits severe cases. Personalized therapy based on disease subtype and severity improves outcomes. Side effects vary but are manageable. Early treatment initiation is associated with better prognosis and quality of life. Ongoing trials explore novel targets for fibrosis and immune pathways. Comprehensive care protocols include smoking cessation, vaccination updates, pulmonary rehabilitation and nutritional optimization.
Conclusion(s). Modern treatment of systemic sclerosis focuses on targeted immunosuppression and antifibrotic therapy. Moving forward, research should focus on direct comparisons of combination therapies, optimized sequencing of agents, long-term safety, and biomarker-guided treatment pathways.
Keywords: Systemic sclerosis, immunosuppression, antifibrotics, ILD

NONCOMPACTION CARDIOMYOPATHY IN AN ELDERLY PATIENT: A RARE AND LATE-DIAGNOSED CONDITION – CASE REPORT

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Background. Myocardial noncompaction is a rare congenital cardiomyopathy characterized by an abnormal myocardial structure. It affects the left ventricle or both ventricles. The condition can range from asymptomatic forms to severe clinical manifestations such as heart failure, arrhythmias, and thromboembolic events.
Objective(s). Presentation of a clinical case of ventricular noncompaction cardiomyopathy incidentally diagnosed in an elderly patient with severe heart failure and atrial fibrillation.
Materials and methods. A 75-year-old male was admitted to the Cardiology Department of SCM "Sfânta Treime." Clinical and paraclinical data, patient's medical history were obtained from the medical databases. The patient underwent
Investigations: echocardiography, electrocardiography, chest radiography, abdominal ultrasonography, biochemical and hematological analyses.
Results. The patient presented with dyspnea on minimal exertion, orthopnea, palpitations, fatigue. Exam: pale-pink skin, moderate peripheral edema, reduced vesicular murmur, irregular heart sounds, systolic murmur at mitral and tricuspid valves, HR 76 bpm, BP 110/60 mmHg. Labs: PT 57%, INR 1.29. Echocardiography: severely reduced left ventricle contractility, noncompaction myocardium, EF 25%, grade III mitral and grade IV tricuspid regurgitation, severe pulmonary hypertension. Chest X-ray showed pleuropneumofibrotic changes, venous congestion, marked cardiomegaly. Treatment included beta-blockers, ACE inhibitors, anticoagulants, and diuretics.
Conclusion(s). In the elderly patient, the late diagnosis of noncompaction cardiomyopathy was associated with advanced heart failure and atrial fibrillation, highlighting the need for early recognition of this condition, including the importance of thorough imaging evaluation even at advanced ages.
Keywords: rare cardiomyopathy, myocardial noncompaction, elderly patient