OBSTRUCTIVE SLEEP APNEA AND CARDIOVASCULAR COMPLICATIONS

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Background. Obstructive sleep apnea syndrome (OSA) is a common sleep disorder, characterized by repeated episodes of complete (apnea) or partial (hypopnea) collapse of the upper airway. More epidemiological and clinical research has established a strong link between OSA and cardiovascular disease (CVD).
Objective(s). To explore the underlying pathophysiological mechanisms linking OSA to cardiovascular disease and to review current approaches for managing cardiovascular comorbidities in individuals with OSA.
Materials and methods. A systematic literature review was conducted based on a series of articles published in medical databases between 2020 and 2025 to address the objective of this study. During search system identified 128 articles, using key words „obstructive sleep apnea, cardiovascular disease". After selecting the most relevant publications, we analyzed 10.
Results. Although the exact mechanisms linking OSA to cardiovascular disease is unknown, there is evidence that OSA is associated with a group of proinflammatory and prothrombotic factors that contribute to the development of atherosclerosis. OSA adversely affects cardiovascular structure and function by several distinct mechanisms such as intermittent hypoxia, sleep fragmentation and intrathoracic pressure swings. Furthermore, OSA has been shown to worsen pre-existing cardiovascular conditions and may contribute to the development of new ones. Recent studies highlight the roles of oxidative stress and systemic inflammation.
Conclusion(s). OSA plays a significant role in the development and progression of CVD through pathophysiological mechanisms, including intermittent hypoxia, oxidative stress and systemic inflammation. Recognizing and managing OSA in patients with CVD is essential to improve outcomes and reduce cardiovascular risk.
Keywords: obstructive sleep apnea, cardiovascular disease

IMPACT OF MALE GENDER ON THE CLINICAL PHENOTYPE AND PROGNOSIS IN SYSTEMIC SCLEROSIS

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Background. Systemic sclerosis (SSc) is a chronic autoimmune disease defined by vascular dysfunction, tissue fibrosis, and autoantibody presence. Prevalence is higher in females, yet males often exhibit more severe forms. Elucidating gender disparities will optimize understanding of disease heterogeneity.
Objective(s). To determine the influence of male gender on clinical and paraclinical manifestations, as well as the prognostic evolution of patients diagnosed with Systemic Scleroderma.
Materials and methods. A retrospective study was conducted on 20 systemic sclerosis patients (16 females, 4 males) hospitalized in the Rheumatology and Arthrology Department of "Timofei Moșneaga" Republican Clinical Hospital, between 2023–2025. Relevant clinical, paraclinical, and immunological data for staging and prognostic evaluation were analyzed.
Results. Of the 20 patients analyzed, 13 (65%) were identified with the diffuse form (dcSSc),