

TRAUMA AND SHOCK: PRIORITY ACTIONS IN THE RED ZONE OF THE EMERGENCY DEPARTMENT

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Background. Shock in the trauma patient remains one of the most life-threatening medical emergencies, requiring rapid identification, complex intervention, and interdisciplinary coordination. Without effective treatment, shock can rapidly lead to multiorgan failure and death. Prompt clinical management is essential.

Objective(s). Evaluation of the clinical and paraclinical profile of the therapeutic strategy applied to traumatized patients in shock in the red zone of the Emergency Department (ED) during 2024.

Materials and methods. A prospective, analytical-descriptive study was conducted during 2024 within the ED of the Institute of Emergency Medicine (IEM). The research group included 60 traumatized subjects with signs of shock, treated in the red zone. Demographic data, trauma mechanism, vital parameters and applied therapeutic interventions were statistically analyzed.

Results. Of the 60 patients included, 79% were male and 21% female, with a mean age of $49,7 \pm 15,2$ years. Grade III shock was diagnosed in 40% and grade IV in 28,3%. Main trauma causes were physical aggression 29,5%, road traffic accidents 28,5%, and accidental trauma 21%. All patients were assessed clinically and paraclinically using the ABCDE protocol. Radiological lesions were detected in 63,3% of cases, a positive FAST exam in 40%, and CT revealed intracranial lesions in 60%. Infraglottic intubation was performed in 80%, vasopressors given to 50%, antibiotics to 95%, and 30% needed emergency surgery. Mortality was 1,7%.

Conclusion(s). Shock in traumatized patients demands a multidisciplinary, protocol-based approach. The effective management in the red zone of the ED at IEM, guided by the ABCDE principle, led to timely interventions, accurate diagnosis, and a low mortality rate of 1,7%, highlighting the system’s efficiency.

Keywords: shock, injuries, management, hemodynamic instability,

PARTICULARITIES OF HEPATIC FLOW IN PATIENTS WITH LIVER CIRRHOSIS

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Background. Complicated evolutionary forms of liver cirrhosis are particularly characterized by damage to the hepatic arterial circuit. The hepatic artery represents the nutritional vascularization, representing the branch of the celiac trunk that propels O₂-enriched blood to the liver.

Objective(s). Evaluation of blood flow in the large-caliber arterial networks of the liver by Doppler quantification in liver cirrhosis.

Materials and methods. Subjects of the study were 62 patients with liver cirrhosis – 46 men, 16 women, mean age - $39 \pm 0,21$ years. The linear parameters studied by Doppler quantification were calculated in the hepatic artery, portal vein, splenic vein and superior.

Results. The volume of blood flow velocity in the hepatic artery was 269 ± 115 ml/min. The volumetric flow rate in the portal vein varied between 578 ± 31 ml/2 ml/min and $324 \pm 15,6$

ml/min, constituting approximately 1000-1200 ml/min. In the splenic vein the volume velocity ranged from - $157 \pm 0,4$ to 366 ± 12 ml/min. A linear increase in blood flow by 70% was observed. Superior mesenteric vein – normal flow volume is 194 ± 25 ml/min. As the pathology progressed, the flow volume also increased from $785 \pm 0,5$ ml/min to 979 ± 138 ml/min.

Conclusion(s). Acceleration of blood flow in the hepatic artery represents informative hemodynamic parameters that secondarily invoke the reduction of elasticity and tone of large veins, the decrease in filling of small and medium caliber arteries of the liver.

Keywords: hepatic, artery, portal, vein, cirrhosis

THE UTILITY OF THE RSS-12 QUESTIONNAIRE IN ASSESSING THE SYMPTOMS OF GASTROESOPHAGICAL REFLUX DISEASE

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Background. Gastroesophageal reflux disease (GERD) has a global prevalence between 10-30%. The RSS-12 questionnaire (Reflux Symptom Score – 12 items) has a sensitivity of 85-90% and specificity of 80-85% for assessing the severity of symptoms of this disease, being a reliable tool for diagnosis and monitoring.

Objective(s). Assessment of the severity and frequency of symptoms in patients with GERD using the RSS-12 questionnaire and analysis of correlations between symptom severity and patient gender.

Materials and methods. The study included 51 GERD patients (36 women–70.6% and 15 men–29.4%) aged between 51 and 76 years, recruited at the Department of Internal Medicine-Semiology during the period 01-05.2025. Evaluation was performed using the RSS-12 questionnaire to quantify symptom severity. Demographic data were collected to analyze correlations.

Results. According to the RSS-12 questionnaire, 39 patients (76.5%) had severe reflux, 6 (11.8%) mild-moderate, and 6 (11.8%) reflux unlikely. The most frequent symptoms were acid regurgitation (88.2%), need to clear the throat (74.5%), dry cough (66.7%), and retrosternal burning (64.7%). Less common symptoms included difficulty breathing (19.6%), sleep disturbances (17.6%), and hoarseness (11.8%). No significant differences were found between the sexes regarding the presence of GERD ($p=0.912$) or the severity of the disease ($p=0.239-0.701$). These results indicate a balanced distribution of GERD severity between women and men in the studied group.

Conclusion(s). The RSS-12 is a practical, noninvasive, and effective tool for identifying GERD, especially those with atypical manifestations. Integrating the RSS-12 into clinical practice may facilitate early diagnosis, treatment adjustment, and allow monitoring of therapeutic response.

Keywords: gastroesophageal reflux disease, RSS-12 questionnaire

COMMUNITY-ACQUIRED PNEUMONIA AND THE NATIONAL CLINICAL PROTOCOL

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Background. Community-acquired pneumonia (CAP) is one of the most frequent causes of hospitalization among all lower respiratory tract diseases. Correct diagnosis, examination,