

CARDIAC MYXOMA AS A RARE ETIOLOGICAL SUBSTRATE OF STROKE: A CASE REPORT

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Background. Stroke is a serious neurological emergency with a high risk of long-term disability or death, especially in young patients with unclear or undetermined etiology. Benign cardiac tumors, such as right ventricular myxoma, although rare, can be important embolic causes and are often insufficiently diagnosed.

Objective(s). Emphasizing the importance of early etiological diagnosis and multidisciplinary management in strokes of unclear cause, by presenting a clinical case with a rare origin - right heart myxoma.

Materials and methods. This paper presents a descriptive analysis of a clinical case admitted to the ED of the Institute of Emergency Medicine in 2025. The patient, a 41-year-old woman, presented with neurological sequelae 7 days after a recurrent ischemic stroke. Clinical, paraclinical, and interdisciplinary evaluation were essential in identifying the underlying cause.

Results. Detailed paraclinical examinations revealed the presence of a myxoma located in the right ventricle — a benign cardiac tumor with significant embolic potential that can cause severe neurological complications and seriously threaten life. Given the associated risks, the patient was urgently transferred to the IMSP Republican Clinical Hospital, where she underwent specialized surgical intervention with complete excision of the tumor mass. The postoperative course was favorable, and subsequent multidisciplinary monitoring allowed for the early initiation of effective preventive measures to avoid recurrence and further complications.

Conclusion(s). Stroke in young patients requires thorough etiological evaluation, including rare causes. Multidisciplinary collaboration is essential for accurate diagnosis and rapid intervention to prevent severe complications. Cardiac myxoma should be considered in atypical clinical presentations.

Keywords: cardiac myxoma, stroke, evaluation, multidisciplinary, ED

GRAVES' ORBITOPATHY: THE IMPORTANCE OF STATIN THERAPY

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Background. Graves' orbitopathy is the most common extrathyroidal autoimmune disorder, predominantly caused by hyperthyroidism. Prevention and development of an individualized treatment plan involve the use of statins and the management of risk factors: age, sex, smoking, hypercholesterolemia and comorbidities.

Objective(s). The evaluation of the benefits of statin therapy in patients with Graves' orbitopathy in order to draw the medical community's attention to an important aspect of disease management.

Materials and methods. A meta-analysis was performed on 14 scientific publications, including preclinical and clinical studies, meta-analyses, and articles published within the last 5 years. Keywords used in the literature search across PubMed, MedScape, Google Scholar, and HINARI included “thyroid eye disease,” “Graves' orbitopathy,” and “statin therapy.”

Results. The analyzed studies show that patients aged 40–60 years treated with statins

experience a 40% reduction in the risk of developing Graves' orbitopathy and a 44% reduction in the incidence of exophthalmos. One study suggests that combining intravenous glucocorticoids with statins, versus monotherapy, decreases progression of exophthalmos, clinical activity score, diplopia, and eyelid retraction. Atorvastatin or rosuvastatin significantly minimizes the required dose of teprotumumab, surgery, and diplopia. Further investigation of the pathogenic mechanisms and mechanical effects of statins remains a priority for future research.

Conclusion(s). Early diagnosis and treatment of hyperthyroidism, along with proper risk factor management, reduces incidence and improves prognosis. Introducing statins into the initial treatment combined with intravenous glucocorticoids represents an important aspect of preventive treatment.

Keywords: thyroid eye disease, Graves orbitopathy, statins, cholesterol

THE CORRELATION BETWEEN PROLONGED NSAID USE AND THE INCIDENCE OF ACUTE DIGESTIVE COMPLICATIONS

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Background. Long-term administration of nonsteroidal anti-inflammatory drugs (NSAIDs) is one of the most frequent medication-related causes of upper gastrointestinal pathology, with a significant impact on population health and on emergency medical services, increasing their burden in the last 10 years.

Objective(s). The aim of this paper is to highlight the correlation between prolonged NSAID use, the onset of gastrointestinal emergencies, by analyzing frequency, underlying mechanisms, and clinical implications.

Materials and methods. A systematic review of the scientific literature was conducted using the PubMed, Web of Science, Scopus, UpToDate, and Google Scholar databases, covering the period from January 2020 to May 2025. Original studies and reviews were included based on the

Keywords: "NSAIDs", "upper gastrointestinal emergencies", "upper gastrointestinal bleeding (UGIB)".

Results. The literature review reveals that over 30% of upper gastrointestinal bleeding (UGIB) cases presenting to emergency departments are associated with NSAID use. Mortality among these patients, particularly the elderly or those with comorbidities, is estimated to range between 6–10%. Approximately 25–30% of chronic NSAID users develop mucosal lesions, and 15–20% develop peptic ulcers. The annual incidence of complicated ulcers (e.g., bleeding, perforation) is estimated at 0.8–2.0%. These complications often require endoscopic or surgical intervention, significantly increasing both morbidity and hospital stay duration.

Conclusion(s). Long-term use of NSAIDs represents a major risk factor for upper gastrointestinal emergencies, particularly bleeding and complicated ulcers. Identifying vulnerable patients and ensuring careful monitoring can significantly reduce associated morbidity and mortality across worldwide.

Keywords: NSAID, gastrointestinal emergencies, gastrointestinal bleeding