

sizes, the findings support the need for further research into biomarkers for monitoring response to Cladribine.

**Keywords:** multiple sclerosis, cladribine, oligoclonal bands

## **INFECTIVE ENDOCARDITIS WITH EMBOLIC SYNDROME. CLINICAL CASE**

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**Background.** Infective endocarditis (IE) presents with systemic embolic complications in 10–57% of cases: cerebral (26.3%), splenic (6.8%), and pulmonary (6.1–32%), leading to a malignant course with disabilities (172,359 cases-year). Early diagnosis and targeted treatment facilitate a favorable prognosis.

**Objective(s).** Description of the clinical case of a patient with infectious endocarditis and emboli in three organs. Importance of early diagnosis and personalized treatment in the management of IE.

**Materials and methods.** Female, 63 years old, with streptococcal infective endocarditis, involving the aortic valve (AV), with systemic and pulmonary emboli, admitted to the cardiology department of the CMH "Holy Trinity". Onset with fever, sweating, severe abdominal pain. Clinically and paraclinically investigated through echocardiography, blood cultures, biomarkers.

**Results.** Fever of 40.6°C, chills, dyspnea, palpitations. Physical examination: pale skin, Osler nodes. Heart rate 120 bpm, diastolic murmur at the aortic area, blood pressure 130/90 mmHg.

**Investigations:** blood cultures (3 sets) – Streptococcus  $\beta$ -haemolyticus. Echocardiography: 20 mm vegetations on the aortic valve, grade II aortic regurgitation, ejection fraction 55%. ESR 50 mm/h; rheumatoid factor negative; CRP 96 U/L; D-dimers 500 ng/mL. Abdominal ultrasound: splenic and renal emboli. Chest X-ray: small-branch pulmonary embolism (PE). Treatment included antimicrobial, antifungal, anticoagulant agents, and  $\beta$ -blockers, with an unfavorable prognosis.

**Conclusion(s).** Infective endocarditis, with late diagnosis, is complicated by severe valvular regurgitation, large vegetations, the defragmentation of which causes multiple embolic syndrome, which worsens the course of the disease, hinders timely treatment and often progresses to an unfavorable outcome.

**Keywords:** Infective endocarditis, embolic syndrome, large vegetations

## **SUCCESSFUL RESUSCITATION IN COMPLICATED CARDIAC ARREST: DESCRIPTIVE ANALYSIS OF TWO CLINICAL CASES**

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**Background.** Cardiac arrest is a time-sensitive, life-threatening emergency with high mortality, where survival depends largely on the prompt and effective application of ACLS protocols. This paper presents two cases of successful resuscitation in elderly patients admitted in critical condition to the ED of the IEM.

**Objective(s).** To assess the effectiveness of ACLS protocols in patients experiencing cardiac