

INFECTIVE ENDOCARDITIS IN A PACIENT WITH DIABETES MELLITUS. CLINICAL CASE

Victoria Pregeluz, Romeo Grăjdieru, Elena Samohvalov, Cornel Tabarcea, Xenia Spatari, Elena Jacotă, Alexandra Grejdieru

Disciplina de cardiologie, Facultatea de Medicină nr.1, USMF "Nicolae Testemițanu", Republica Moldova

Background. Infective endocarditis (IE) frequently develops in immunocompromised patients with multiple comorbidities: diabetes mellitus (DM) (17–30%), hepatitis, liver cirrhosis, renal diseases, cancer, or AIDS. Patients with DM have severely reduced immunity, increasing the risk of bacteremia and sepsis.

Objective(s). Clinical case presentation of a diabetic patient with infective endocarditis, with a severe course and multiorgan complications, intended to highlight the clinical complexity.

Materials and methods. A 30-year-old man with DM and IE caused by *Streptococcus viridans* post-dental infection, involving the aortic valve (AV), was admitted to the CMH "Holy Trinity". Anamnesis: dyspnea, retrosternal pain, and low fever. Clinically and paraclinically evaluated by blood cultures, echocardiography, electrocardiography, clinical and biochemical tests.

Results. Patient with diabetes and hepatitis C virus infection with: fever 38.5°C, chills, sweating, fatigue. Objective: pale skin. Rhythmic heart sounds, HR 100 bpm, systolic murmur at apex, BP 120/90 mmHg. Results *viridans* detected in BC. EcoCG: 10 mm mobile vegetations on the aortic valve, grade III AV regurgitation, EF 65%; Hb 110 g/l, erythrocytes: 3,2 x10¹², leukocytes: 10 x10⁹, ESR 45 mm/hour; ASLO 1:200; ALT 78 mmol/l, urea 10 mmol/l, creatinine 112 mmol/l, RF 48 U/l; CRP 10 U/l. Abdominal USG: hepatomegaly. Combined treatment with 2 antimicrobial drugs in maximum doses, antifungals, beta blockers, diuretics, hepatoprotectors.

Conclusion(s). Infective endocarditis in patients with diabetes progresses with severe renal and vascular complications, which highlights the importance of holistic investigation for early detection of multiorgan involvement, facilitating effective treatment and a favorable prognosis.

Keywords: diabetes mellitus, infective endocarditis, complications

INFECTIVE ENDOCARDITIS COMPLICATED BY SEPTIC NEPHRITIS. CLINICAL CASE

Xenia Spatari, Elena Jacotă, Elena Samohvalov, Anastasia Spatari, Victoria Pregeluz, Alina Istrati, Alexandra Grejdieru

Disciplina de cardiologie, Facultatea de Medicină nr.1, USMF "Nicolae Testemițanu", Republica Moldova

Background. Infective endocarditis (IE) is a severe microbial disease that often occurs on the Background. of comorbidities and progresses with multi-organ complications, negatively impacting the disease prognosis. The condition leads to renal dysfunction and may be complicated by embolism and septic nephritis.

Objective(s). Presentation of a clinical case of streptococcal infective endocarditis complicated by septic nephritis, highlighting the role of early diagnosis and multidisciplinary management.

Materials and methods. A 63-year-old male with prosthetic valve IE caused by group D streptococcus affecting the aortic valve (AoV). Medical history revealed onset with fever, chills, sweating, dyspnea, parasternal pain. He was clinically and paraclinically investigated through blood cultures, ECOCG, clinical and biochemical analyses, nephrologist consultation.

Results. Fever 37.7°C, dyspnea, lumbar pain. Objective findings: skin pallor, rhythmic heart sounds, HR 100 bpm, diastolic murmur over the aorta, BP 140/100 mmHg. Paraclinical findings: blood cultures positive for group D streptococcus. EchoCG showed mobile vegetations on the AV (20 mm), grade II aortic regurgitation, EF 57%. Laboratory: Hb 90 g/l, erythrocytes 2.7×10^{12} /L, leukocytes 14×10^9 /L, ESR 68 mm/h, urea 10 mmol/L, creatinine 146 μ mol/L, RF – negative, CRP 61 U/L. Urinalysis revealed leukocyturia, hematuria, and hyaline casts. The patient received three antimicrobial drugs at maximum doses, antifungals, low molecular weight anticoagulants.

Conclusion(s). Streptococcal infective endocarditis (caused by *Streptococcus gallolyticus*, *viridans*, β -hemolytic streptococci) may progress with septic nephritis, worsening the disease prognosis, particularly in elderly patients. Adequate infection treatment is crucial to minimizing the risk of renal impairment.

Keywords: infective endocarditis, septic nephritis, renal involvement

MULTIMODAL TREATMENT STRATEGY IN A PEDIATRIC CASE OF DIFFUSE PONTINE GLIOMA: CASE REPORT.

Beatricia Cojocar, Lilia Bacalim

Catedra de oncologie, Facultatea de Medicină nr.1, USMF “Nicolae Testemițanu”, Republica Moldova

Background. Diffuse pontine glioma is a rare, rapidly progressing malignant tumor with a poor prognosis. Radiotherapy is the initial standard treatment, but its effect is limited, and conventional chemotherapy is ineffective. Combined therapies with immunotherapy are being explored to improve tumor control.

Objective(s). The paper presents the course and multimodal treatment of a diffuse pontomesencephalic glioma, highlighting the challenges of radiotherapy, chemotherapy, immunotherapy and the outcomes achieved.

Materials and methods. This case report presents a pediatric patient diagnosed in June 2024 with a tumor located in the brainstem, specifically the pons and midbrain. The clinical data, imaging studies (MRI), and therapeutic interventions were retrospectively gathered from medical records and family reports, within the IMSP Oncological Institute.

Results. The patient diagnosed in June 2024 with a brainstem tumor presented with gait instability, vomiting, and facial palsy. MRI showed a large mass compressing the fourth ventricle. She received radiotherapy (54 Gy), temozolomide, and immunotherapy. After 8 immunotherapy sessions and 3 chemotherapy cycles, MRI showed tumor stability. Following relocation to the Netherlands, immunotherapy was stopped. Two months later, right hemiparesis and tumor progression with thrombosis developed. Stereotactic radiotherapy, anticoagulants, resumption of immunotherapy, and increased dexamethasone dose were applied, leading to neurological improvement.

Conclusion(s). The multimodal therapy (RT + ChT + immunotherapy) provided temporary stabilization, but subsequent progression confirmed the disease’s aggressiveness. Although nimotuzumab was well tolerated, its impact was limited. Innovative strategies are needed to improve survival.

Keywords: glioma, temozolomide, nimotuzumab, radiotherapy, multimode