

Exam revealed pale-pink skin, moderate peripheral edema, reduced basal vesicular murmur, irregular heart sounds, systolic murmur at the apex, HR 84 bpm, BP 170/80 mmHg. Paraclinical findings: Hb 116 g/L, RBC $4.57 \times 10^{12}/L$, WBC $9.86 \times 10^9/L$. Echocardiography: status post mechanical aortic valve replacement, Grmax = 23.0 mmHg, moderate mitral stenosis, mitral regurgitation grade II–III, LVEF = 56%, moderate pulmonary hypertension. Chest X-ray: bilateral pneumosclerosis, CTI= 52.83%. Treatment: beta-blockers, ARBs, antiarrhythmics, anticoagulants, diuretics, statins.

Conclusion(s). The patient's complex clinical manifestations, correlated with pulmonary hypertension, mitral stenosis and regurgitation, highlight the necessity of thorough paraclinical evaluation. Echocardiography plays a central role in imaging monitoring and optimizing the management of cardiopulmonary disease.

Keywords: Echocardiography, mechanical aortic valve prosthesis

PEPTIC GASTRODUODENAL ULCER IN ELDERLY PATIENTS - CLINICAL AND EVOLUTIONARY FEATURES

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Background. Gastroduodenal ulcer in elderly patients is favored by an imbalance between aggressive and protective mucosal factors, senescence of the digestive tract, polypharmacy, and comorbidities. It presents atypically, carries a risk of complications, and requires individualized treatment to prevent them.

Objective(s). Analysis of scientific data on the clinical and evolutionary characteristics of gastroduodenal ulcer in elderly patients, with the aim of establishing a timely diagnosis.

Materials and methods. Medical specialty publications and articles containing data on the symptomatology and evolution of gastroduodenal ulcer in elderly patients were analyzed, using electronic resources such as Scopus, Google Scholar, PubMed, and the Scientific Medical Library of "N. Testemițanu" State University of Medicine and Pharmacy, published between 2015-2025.

Results. Senescence of the digestive tract, the presence of comorbidities, and the frequent use of NSAIDs significantly influence the etiopathogenesis and clinical course of gastroduodenal ulcer in elderly patients. The clinical presentation is often atypical, with mild or even absent pain, yet frequently associated with a severe progression of the disease. Ulcerative lesions are predominantly located on the lesser curvature and are associated with a high risk of complications, most commonly hemorrhage. Recognizing the specific clinical features of gastroduodenal ulcer in elderly patients is essential for the prevention of complications.

Conclusion(s). Gastroduodenal ulcer in elderly patients typically progresses with a mildly expressed pain syndrome, absence of pain periodicity and seasonal exacerbations, and often presents only with dyspeptic symptoms. Ulcerative lesions are large, heal slowly, and carry a high risk of severe complications.

Keywords: ulcer, gastroduodenal, elderly, NSAIDs, pain, complications

IMPACT OF MODERN NUTRITION ON THE HEALTH OF OFFICE WORKERS

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