

venous Duplex ultrasound (DUS) were performed to establish an accurate diagnosis.

**Results.** The patient presented to the emergency department with complaints of progressive dyspnea, palpitations and fatigue. Though she had been complaining of pain in her left calf for 2 weeks, no diagnostic workup was initiated. ECG: atrial fibrillation, complete right bundle branch block. Severely dilated right chambers, severe tricuspid regurgitation, severe pulmonary hypertension (65 mmHg) and an ASD, ostium secundum type of 16 mm, were noted on her Echo-CG. CT pulmonary angiography confirmed the diagnosis of PE and DUS the presence of deep venous thrombosis. The patient was treated for PE with further recommendations for the closure of the ASD.

**Conclusion(s).** Timely closure of a significant ASD

Results. s in better outcomes and lowers cardiac disease burden. Even though PE and ASDs aren't interdependent, in this case, the acute setting enabled the diagnosis of a significant ASD before the development of irreversible complications.

**Keywords:** atrial septal defect, ostium secundum, thromboembolism

## NAVIGATING ARTERIAL HYPERTENSION TARGET IN DIABETIC PATIENTS

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**Background.** Hypertension in diabetic patients needs to be treated while simultaneously preventing hypotensive complications. Since Diabetes Mellitus can affect both small and large vessels, very low blood pressure is an indirect catalyst for the thrombus related complications. Hence, a debate to set SBP target is needed.

**Objective(s).** Analyzing the updates and research, especially in the last decade, to understand the advisory for treating hypertension in patients with diabetes mellitus and propose modifications for the same.

**Materials and methods.** A systematic literature review was conducted using the PubMed and Google Scholar databases. The search targeted publications from January 2020 to May 2025, using the

Keywords: "arterial hypertension," "diabetes mellitus," and "treatment." Original articles, systematic reviews, and observational studies were included.

**Results.** Studies show that an intensive SBP target of 120-140mmHg is better. Emdin et al. (2015) found that reducing SBP <140mmHg reduces the risk of coronary heart disease, CVD and mortality, while achieving SBP <130mmHg was insignificant. Brunstrom and Carlberg (2016) reassured that risk of heart failure, myocardial infarction and mortality reduces in patients with baseline SBP ≥140mmHg, but it increases with every 10mmHg decrease below SBP 140mmHg. Thomopoulos et al. (2017) argues that reducing targets below 130 mmHg provides no added protection. Significant reductions in stroke, CHD, and all-cause mortality is achieved by SBP between 130-140mmHg.

**Conclusion(s).** It is recommended to target the SBP between 130-140 mm Hg in patients with diabetes, since it shall help provide a better cardiovascular outcomes, symptomatic control, reduction in mortality while simultaneously avoid potential complications from highly aggressive hypotensive treatment.

**Keywords:** diabetes mellitus, hypertension, systolic blood pressure