

**Results.** Two episodes of systemic reaction with urticaria, facial angioedema, dyspnea, and hypotension 80/40 mmHg were noted, occurring 20 min after polenta consumption. The event recurred twice on separate exposures, with corn as the common food. No potential cofactors were identified (physical effort, NSAID, alcohol). Treatment with epinephrine, fluid resuscitation, and antihistamines led to symptom remission. Serological testing revealed increased specific IgE levels to several LTP allergens: Corn Zea m14 (3.9 kU/L), apple Mal d3 (8.5 kU/L), peach Pru p3 (10.9 kU/L), grape Vit v1 (7.8 kU/L), celery Api g2 (6 kU/L), hazelnut Cor a8 (9.6 kU/L).

**Conclusion(s).** Corn is a rare food allergen with low allergenic potential, but it can cause severe systemic reactions in sensitized patients. Multiple LTP sensitization explains food allergies to several allergenic sources. Molecular IgE testing is essential for diagnosis and treatment.

**Keywords:** anaphylaxis, food allergy, corn, lipid transfer proteins LTP

## **CARDIAC ARRHYTHMIAS IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

*Mouhamed Mansouri, Eudochia Țerna*

Disciplina de sinteze clinice, Facultatea de Medicină nr.1, USMF “Nicolae Testemițanu”, Republica Moldova

**Background.** Cardiovascular comorbidities, especially arrhythmias burden COPD patients by exceeding the pulmonary pathology and worsening the outcomes of the disease leading to increased morbidity and higher mortality rates. Recognition of these cardiovascular complications is crucial for the overall prognosis of COPD.

**Objective(s).** Evaluation of the incidence and mechanisms of arrhythmias to optimize the management of cardiovascular complications associated with chronic obstructive pulmonary disease.

**Materials and methods.** The results were collected by conducting a literature and clinical review of articles, clinical observations and data, and meta-analyses published from 2013 to 2024. Clinical databases like PubMed, GOLD COPD document 2023, and medRxiv were incorporated into the research process. The mentioned articles were then chosen and reviewed.

**Results.** Arrhythmogenicity in COPD arises from multifactorial processes that lead to structural and electrical myocardial changes and remodeling. The integrated analysis shows an incidence of arrhythmias in 48% of patients with moderate and severe COPD, with atrial fibrillation (11%), premature atrial contraction (4%) and sinus tachycardia (6%) predominating. Shortened P-wave duration, a prolonged PR interval and an increase in NT-pro-BNP might predict the occurrence of atrial fibrillation. The presence of persistent inflammation, chronic hypoxia and pulmonary hypertension eventually lead to myocardial remodeling and endothelial dysfunction.

**Conclusion(s).** The link between COPD and arrhythmia requires clinical vigilance especially during exacerbations. Atrial fibrillation was found to be the most common arrhythmia. Optimal management includes arrhythmia screening, avoidance of pro-arrhythmic drugs in high-risk patients and follow-up.

**Keywords:** COPD, arrhythmia, atrial fibrillation, sinus tachycardia