NEW DETERMINANTS IN THE EVOLUTION OF AORTIC VALVE STENOSIS: AN UPDATED ANALYSIS

Ariana Vlad, Lucia Mazur-Nicorici
Disciplina de cardiologie, Facultatea de Medicină nr.1, USMF "Nicolae Testemiţanu", Republica Moldova

Background. Aortic valve stenosis is a common condition at elderly population. In addition to the classic risk factors, age and hypertension, recent research has identified others, such as genetic variations affecting lipid metabolism, chronic inflammation, intestinal microbiota imbalance and exposure to pollutants.
Objective(s). Evaluation and synthesis of the latest evidence on contemporary predictors involved in accelerated progression of aortic stenosis including genetic, metabolic and environmental aspects.
Materials and methods. A comprehensive review of scientific literature published between 2022 and 2024 was conducted, using the PubMed, ScienceDirect, and IEEE Xplore databases, focusing on terms and keywords such as "aortic stenosis," "nontraditional risk factors." After applying the inclusion criteria, a total of 115 original articles were analyzed.
Results. Recent data highlight the essential role of modern predictors such as genetic predisposition, especially polymorphisms of the LPA gene, has been correlated with a faster disease progression; inflammatory markers—such as osteoprotegerin, TGF-β, and ultrasensitive CRP—reflect chronic systemic inflammation, which is closely associated with calcific valvular degeneration. In addition, metabolic disorders, including type 2 diabetes mellitus and insulin resistance, have been shown to have an accelerating effect on valvular pathology, while intestinal dysbiosis and environmental toxins are recognized as additional aggravating factors.
Conclusion(s). The identification of these modern risk factors expands our understanding of aortic stenosis beyond classical models, providing novel insights. Continued research is essential to clarify the interplay between genetic, inflammatory, metabolic, and environmental influences.
Keywords: aortic stenosis, emergency risk factors, inflammation

PSORIASIS IN CHILDREN, CLINICAL AND THERAPEUTIC CONDUCT

Gopika Shibu, Iulia Emet
Catedra de dermatovenerologie, Facultatea de Medicină nr.2, USMF "Nicolae Testemiţanu", Republica Moldova

Background. Child psoriasis is a continuing, immune system disorder of the skin with distinct challenges
Results. ing from distinctions in the biology of the skin, the immune system, maturity, and psychosocial effects. Care is required to be age-related, safe, and multidisciplinary to effectively treat and improve quality.
Objective(s). Explore pediatric psoriasis treatments, addressing developmental, immune, and psychological factors, with therapies tailored for age, disease severity, and both short- and long-term safety.
Materials and methods. This review gathers up-to-date evidence of pediatric treatment of psoriasis from clinical guidelines and research. It compares topical drugs, phototherapy, systemic therapy, and biologic therapy focusing on safety, efficacy, and psychosocial considerations to support comprehensive, interdisciplinary care of children.
Results. Topical therapy with corticosteroids, vitamin D analogs, and calcineurin inhibitors

are first-line therapy of mild-to-moderate pediatric psoriasis and are tolerable. Phototherapy with narrowband UVB is beneficial in refractory cases but comes with safety and logistical concerns. Systemic drugs (e.g., methotrexate, cyclosporine) are attempted in severe disease but have organ-related toxicities. Biologics are promising in resistant cases and require long-term follow-through. Holistic management involves psychosocial management with family education and interdisciplinary approach.
Conclusion(s). Treatment for psoriasis in children cannot be limited to the management of physical symptoms. Individualization of therapy according to the child's developmental requirements, taking a safety approach towards years of planned therapy and psychosocial support remain the keys to optimizing the outcome.
Keywords: pediatric psoriasis, topical therapy, systemic therapy

STEVENS-JOHNSON SYNDROME AS A MANIFESTATION OF DRUG HYPERSENSITIVITY REACTION

Antonina Polizo, Alexandru Corlăteanu, Victoria Brocovschii
Discipline of pneumology and allergology, Medicine 1, USMF "Nicolae Testemiţanu", Republica Moldova

Background. Stevens-Johnson Syndrome (SJS) is a rare but severe immune-mediated adverse drug reaction. It falls under the category of delayed hypersensitivity reactions and is characterized by the detachment of the epidermis and mucous membranes. Medications are the most common cause of Stevens-Johnson Syndrome.
Objective(s). We aimed to present a detailed clinical case of Stevens-Johnson syndrome that occurred in a 40-year-old patient, following the administration of an antibiotic from the fluoroquinolone class.
Materials and methods. A 40-year-old patient undergoing treatment with levofloxacin prescribed for otitis, admitted to the General Therapy and Allergology Department of the Timofei Moşneaga Republican Clinical Hospital on day 3 of treatment, with extensive cutaneo-mucous lesions characteristic of a severe cutaneous adverse reaction (SCAR).
Results. A 40-year-old patient, with no history of allergies, presents with generalized maculopapular rash, bullae, mucosal erosions, on day 3 of levofloxacin treatment for otitis. The cutaneous and mucosal manifestations were consistent with a severe drug-induced cutaneous adverse reaction. Laboratory investigations revealed an inflammatory syndrome with increased C-reactive protein and circulating immune complexes, both elevated threefold. Treatment included replacing levofloxacin with alternatives from other classes of antibiotics, systemic (prednisolone 0.5–1.0 mg/kg) and topical corticosteroids, with positive evolution.
Conclusion(s). SJS is a rare but severe condition that is frequently caused by medications. In rare cases, fluoroquinolones can cause delayed hypersensitivity reactions. It must be treated immediately in the hospital. Early recognition of symptoms and correct treatment are essential.
Keywords: delayed hypersensitivity, SJS, levofloxacin, allergy