

## TRAUMA CASES IN THE REPUBLIC OF MOLDOVA, 2023–2024

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**Background.** Trauma is a major challenge in emergency care, being the third leading cause of death globally after cardiovascular disease and malignant tumors. Nearly half of trauma-related deaths occur at the scene or before patients reach the hospital, highlighting the need for rapid prehospital intervention.

**Objective(s).** Retrospective analysis of trauma cases at the prehospital stage in the Republic of Moldova in 2023 and 2024, highlighting their distribution by location, causes, and nosological structure.

**Materials and methods.** The study is based on a retrospective statistical analysis of the Application sheets of the National Centre of Prehospital Emergency Medicine, completed in the Republic of Moldova during the years 2023 and 2024. The data were processed to highlight relevant aspects regarding the characteristics of the reported trauma cases.

**Results.** In 2023, 71429 trauma-related requests were recorded, and in 2024, 73706. Urban cases: 49.4% (2023), 49.5% (2024); rural – 50.6% and 50.5%. Pediatric share: 23.2% (2023), 22.7% (2024). Leading causes: habitual trauma, aggression, other, road accidents, sports, work. Locomotor injuries: 39.5% (2023), 39.7% (2024); craniocerebral – 24.5%/24.8%; soft tissue – 23.2%/22.4%; locomotor injuries: 39.5% (2023), 39.7% (2024); craniocerebral – 24.5%/24.8%; soft tissue – 23.2%/22.4%; The proportions remained similar in 2023 and 2024 for thoracic trauma (5.2%), burns (2.5%), and spinal injuries (1.1%). Other types of trauma - 4% in 2023 and 4.3% in 2024.

**Conclusion(s).** 1. The comparative statistical analysis indicates a rise in the number of patients served in 2024. 2. Trauma cases continue to be frequent in EMS with a relatively steady distribution. 3. Locomotor system injuries, craniocerebral trauma, and soft tissue wounds remain predominant.

**Keywords:** trauma, emergency, patients, craniocerebral, prehospital

## CHARACTERISTICS OF THE TUBERCULOSIS SCREENING METHODS

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**Background.** Tuberculosis (TB) screening can greatly benefit global humanity by reducing TB prevalence and preventing new TB cases, particularly in low-and middle-income countries with a high TB incidence, where a significant proportion of patients remain undiagnosed or present late for medical care.

**Objective(s).** Retrospective evaluation of effective detection pathways and diagnostic screening methods applied in tuberculosis screening among patients diagnosed with active tuberculosis.

**Materials and methods.** A retrospective, observational, and analytical study was conducted on a cohort of 354 patients with active tuberculosis (new cases) admitted to the departments of the Municipal Clinical Pneumophthisiology Hospital in Chișinău in 2023. Fisher’s exact test was used to assess the statistical significance of data obtained from medical records.

**Results.** A predominance of males was observed (65.8%), with a male-to-female ratio of 1.93. Patients aged 25–54 years accounted for 62.4%, and 80.8% were from rural areas

(10.7% homeless). TB contact reported in 19.2%, labor migrants comprised 6.2%, and 5.4% had incarceration. Passive case finding through symptom examination identified 75.1%, while 13.3% presented directly to hospital. Systematic screening and imaging detected 24.9%. Tuberculin skin test in children was positive in 9.6%. Microscopy positive in 28.8%, Xpert MTB/RIF positive in 46.6%, with rifampicin resistance detected in 11.6%. HIV markers positive in 11.6% of patients.

**Conclusion(s).** Systematic tuberculosis screening is essential for early diagnosis and treatment, having a positive impact on disease transmission compared to passive case finding. The study demonstrated that it is limited and supports the need for more intensive testing and examination of high-risk groups.

**Keywords:** tuberculosis, screening for tuberculosis, management

## **PRINCIPLES OF TREATMENT OF UNSTABLE ANGINA IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

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**Background.** Unstable angina (UA), a type of acute coronary syndrome (ACS), needs prompt care in patients with chronic obstructive pulmonary disease (COPD) due to high complication risk. Coronary involvement is seen in 30–40% of cases, with 30-day mortality reaching up to 30%, exceeding that of the general population.

**Objective(s).** The aim was to evaluate the treatment of UA in COPD patients, identifying indicated and contraindicated drugs, to improve prognosis and specific clinical management.

**Materials and methods.** This study is based on the analysis of scientific articles published between 2020 and 2025, available in the PubMed database, clinical guidelines of the European Society of Cardiology (ESC), and national clinical protocols (PCN-18, PCN-81), offering a current and relevant foundation for the treatment of UA in COPD patients.

**Results.** The therapeutic drug classes used include selective beta-blockers (e.g., metoprolol) preferred to avoid bronchospasm, and calcium channel blockers (e.g., amlodipine) which promote coronary vasodilation. Nitrates (e.g., nitroglycerin) are administered early, at the onset of chest pain, transitioning to intravenous form if symptoms persist. Oxygen therapy is indicated to correct hypoxemia. Heparin is used in the acute phase, aspirin is recommended for long-term thrombosis prevention, and clopidogrel may be added after revascularization. Revascularization should not be delayed but should be tailored to COPD severity.

**Conclusion(s).** The treatment of UA in COPD patients follows the general principles of ACS management, emphasizing the use of selective beta-blockers, nitrates, calcium channel blockers, antiplatelet agents, oxygen therapy, optimization of COPD therapy, and control of risk factors (dyslipidemia, smoking, etc.).

**Keywords:** unstable angina, COPD, treatment, complications, ESC, ACS