

Conclusion(s). Axial spondyloarthritis presents with diverse clinical features and often subtle paraclinical findings. Early suspicion, careful imaging, and laboratory tests are crucial for prompt diagnosis. Interdisciplinary collaboration improves outcomes and can reduce long-term disability and complications.

Keywords: axial spondyloarthritis, HLA-B27, ESR, CRP, uveitis, enthesitis

RISK FACTORS FOR DEVELOPING DIABETES IN PATIENTS WHO HAVE SUFFERED A STROKE

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Background. Diabetes mellitus (DM) and stroke are two important pathological conditions with a major impact on public health, disrupting both quality of life and life expectancy. People who have suffered a stroke are at greater risk of developing diabetes mellitus in the following years than the general population.

Objective(s). The main purpose of the study was to identify and analyze the risk factors involved in the development of diabetes mellitus in individuals with the antecedents of stroke.

Materials and methods. A retrospective and prospective study was conducted in the Neurology Department of Comrat District Hospital and Comrat Health Center. The study included 150 stroke survivors within the past 2 years. Type 2 diabetes risk was assessed using the FINDRISC scale, with evaluation of fasting and postprandial blood glucose levels and lipid profiles.

Results. The present study included 78 male and 72 female subjects with a mean age of 70 ± 9.66 years. Among the risk factors for developing diabetes mellitus in individuals with a history of stroke were abdominal obesity, hypertension, family history of diabetes mellitus, dyslipidemia, and reduced physical activity post-stroke. The investigation examined the impact of pharmacological treatment with glucocorticoids administered during the hospitalization period on glucose metabolism parameters. The study analyzed the spectrum of carbohydrate metabolism disorders, including both diabetes mellitus and prediabetic states, in the stroke survivors.

Conclusion(s). Early assessment and identification of risk factors for developing DM in individuals with a history of cerebrovascular accident, along with monitoring and modification of modifiable factors, enable implementation of preventive strategies to reduce diabetes incidence and associated complications.

Keywords: Diabetes mellitus, cerebrovascular accident, FINDRISC

CLINICO-IMAGING APPROACH TO MULTIVISCERAL ECHINOCOCCOSIS – CASE REPORT

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Background. Echinococcosis is an endemic zoonotic disease caused by the larval stage of *Echinococcus granulosus*. The liver and the lungs are the most frequently affected organs (56% and 25%). In our country, the disease shows a high prevalence, with an increasing incidence of multivisceral involvement.

Objective(s). To present a clinical case of pulmonary hydatidosis with an atypical differential diagnosis and evolution, incidentally revealing multivisceral echinococcosis through imaging.

Materials and methods. We analyzed the case of a patient with suspected acute pulmonary infection. Despite antibiotic treatment, the patient showed clinical worsening of the infectious syndrome and bronchial obstruction, and right-sided pleuritic chest pain. The patient underwent imaging evaluation by abdominal ultrasound and HRCT of the thorax and abdomen.

Results. A 20-year-old student was admitted to the Pulmonology Department for management of pneumonia unresponsive to combined antibacterial therapy. He presented with a productive cough, worsened when lying down. Laboratory tests showed mild leukocytosis and absolute eosinophilia, also noted previously and attributed to an intestinal parasitosis. On liver palpation, a prominent mass was detected in an upright position, confirmed by ultrasound along with four other hepatic cysts under 6 cm. Thoraco-abdominal HRCT confirmed five hepatic hydatid cysts and one partially drained pulmonary cyst in the right S8 segment. The patient was referred to a surgeon.

Conclusion(s). Pulmonary hydatidosis may present atypically, mimicking community-acquired pneumonia. Annual chest radiography, careful evaluation of unexplained peripheral eosinophilia, sputum analysis, and/or bronchoscopy can support early diagnosis of pulmonary echinococcosis and an appropriate treatment.

Keywords: pneumonia, pulmonary hydatid cyst, hepatic echinococcosis

THE ROLE OF LEFT ATRIAL APPENDAGE ISOLATION IN CATHETER ABLATION OF ATRIAL FIBRILLATION: A META-ANALYSIS

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Background. Pulmonary vein isolation is the main method of atrial fibrillation treatment, but it does not lead to effective outcomes in persistent atrial fibrillation, prompting investigation of other arrhythmogenic substrates, such as left atrial appendage (LAA) isolation. The efficacy of this approach remains unclear.

Objective(s). To evaluate the efficacy of left atrial appendage isolation in addition to pulmonary vein isolation, compared to pulmonary vein isolation alone, in terms of AF recurrence, embolisms and complications.

Materials and methods. We conducted a systematic meta-analysis of clinical studies from PubMed, Embase, and the Cochrane Library. Nine studies (4 RCTs, 5 observational) including 2,847 patients with persistent AF were analyzed. Patients were treated with pulmonary vein isolation plus LAA isolation versus pulmonary vein isolation alone using standard procedures.

Results. Primary 12-month analysis showed a significant reduction in atrial arrhythmia recurrence in patients undergoing left atrial appendage isolation (OR: 1.84; 95% CI: 1.56–2.18; $p < 0.005$). Due to high heterogeneity ($I^2 \approx 90\%$), a random-effects model was applied, which showed a statistically non-significant trend (OR: 1.70; 95% CI: 0.96–3.01; $p = 0.07$). The systemic embolism rate was not statistically significant: 3.1% in the left atrial appendage isolation group vs. 1.8% in the standard isolation group (OR: 1.84; 95% CI: 0.59–4.98; $p = 0.30$). Complications and ionizing radiation exposure time were comparable between groups.