HEMOSTATIC DISORDERS IN POLYTRAUMA PATIENTS ADMITTED TO THE ICU

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Background. Polytrauma is a significant cause of mortality among young and active patients, frequently accompanied by severe hemostatic disorders. Massive hemorrhage accounts for approximately 1.9 million deaths annually worldwide (WHO, 2023), necessitating early and effective diagnosis and treatment.
Objective(s). Determining the frequency and characteristics of hemostatic disorders in polytraumatized patients, along with assessing their impact on prognosis in the intensive care unit.
Materials and methods. A retrospective study was conducted on a cohort of polytraumatized patients admitted to the ICU, assessing coagulation parameters such as PT, INR, APTT, fibrinogen, and D-dimers, alongside the need for blood products and mortality. Descriptive statistics and chi-square tests were applied to identify significant associations ($p < 0.05$).
Results. Eighty patients were enrolled in the study, with a mean age of 42.6 ± 15.3 years. Hemostatic disorders were identified in 65% of cases, predominantly acute traumatic coagulopathy and hypofibrinogenemia. Patients exhibiting severe coagulation abnormalities showed a significant prolongation of activated partial thromboplastin time (APTT), exceeding 50% above normal values. This impairment resulted in an increased need for fresh frozen plasma transfusions, averaging 4.2 units per patient. The mortality rate in this subgroup was 28%, significantly higher compared to 9% mortality in patients without significant hemostatic dysfunctions ($p = 0.03$).
Conclusion(s). Hemostatic disorders are frequently observed in polytrauma cases and are associated with poor prognosis. Study findings highlight the necessity of active coagulation monitoring and early initiation of hemostatic treatment to effectively reduce mortality among affected patients.
Keywords: hemostasis, coagulopathy, prognosis, multiple trauma, ICU

C-REACTIVE PROTEIN AND LEUKOCYTES AS PROGNOSTIC BIOMARKERS FOR RISK ASSESSMENT IN COVID-19 INTENSIVE CARE PATIENTS

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Background. Pandemia COVID-19 a produs o dezechilibrare majoră în acordarea TI, necesitând selectarea rapidă a cazurilor grave pentru decizii medicale eficiente. Utilitatea combinată a PCR şi leucocitelor în evaluarea riscului pacienților critici COVID-19 rămâne insuficient de clară în practica clinică locală.
Objective(s). Determinarea utilității PCR şi WBC în predicția mortalității la pacienții cu COVID-19 din terapie intensivă şi elaborarea unui model simplificat de stratificare a riscului bazat pe acești biomarkeri.
Materials and methods. În perioada martie 2020–decembrie 2022, au fost evaluați retrospectiv 3.223 de pacienți COVID-19 din Institutul de Medicină Urgentă. Valorile inițiale