

Conclusions. Dextrocardia with situs inversus and aortic valve regurgitation is a very rare cardiac pathology. If cardiac surgery is necessary it can be challenging but feasible with good results.

Key words: dextrocardia, situs inversus, aortic regurgitation, CT, cardiac surgery

4. CEREBRAL COMPLICATIONS OF ATRIAL FIBRILLATION

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Background. Atrial fibrillation is one of the great problems that cardiologists around the world are trying to solve, according to the World Heart Federation (WHF) between 1990 and 2013. The total number of diagnosed AF cases has increased globally from less than 7 million to over 11 million, and this number continues to grow. The prevalence of AF varies between 0.5% and 1% in the general population and increases in relation to age, exceeding 6% among subjects over 80 years old. The incidence of AF is between 0.21 and 0.41 per 1 000 persons/year. It is estimated that by 2030, 14 - 17 million patients in the European Union will suffer from AF, plus 120 000 - 215 000 newly diagnosed patients per year. Taking into account the upper mentioned data, we decided to examine atrial fibrillation complications, evaluate anticoagulant treatment and maintenance of therapeutic INR importance in patients with AF, as well as the value of kinetotherapy in patients with stroke.

Case report. We will present a clinical case, about a 65 years old female, who has been suffering from AF for 5 years and who maintained INR (between 2 – 3) within the normal limits. She had interrupted the administration of the anticoagulant treatment, prior to a mini-invasive intervention, and as a result, the value of the INR has decreased < 1.1 in 4 days. The patient underwent a cardioembolic stroke. We examined this patient, clinically and paraclinically. She was examined before and after stroke, the following instrumental examinations being performed: electrocardiogram, echocardiography, doppler of carotid arteries, and cerebral Computed Tomography before and post fibrinolysis. We used CHA₂DS₂-VASc scores for AF stroke risk (that was at that moment 4 points from 9), HAS-BLED scores for bleeding risk assessment (that was at that moment 4 points from 9), and MMSE (Mini-Mental state Examination), for mental status examination, that at the moment of stroke was 5 out of 30 points. Now the patient's MMSE scores is 27 points because at the moment of the stroke the correct and fast measures were taken the right pharmaceutical and kinetotherapeutical treatment were administered.

Conclusions. The risk of cardioembolic stroke to the patient with AF is very high and depends on age and the presence of other comorbidities. Anticoagulant treatment in AF patients is paramount, cessation of anticoagulant treatment leads to serious complications such as stroke. Fibrinolytic therapy in stroke patients that is included in the therapeutic window significantly reduces post-thromboembolic sequelae. Kinetotherapy has to be performed and individualized as early as possible, which will allow the patient to recover spectacularly.

Key words: atrial fibrillation, stroke, anticoagulant treatment

5. TREATMENT FOR VENTRICULAR TACHYCARDIA IN THE ABSENCE OF STRUCTURAL HEART DISEASE.

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