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 th 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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Background. According to the recent data in up to 10% of the patients with ventricular tachycardia (VT) there is an absence of structural heart disease. Several types of VT could be present in such patients: right ventricular outflow tract (RVO T) VT, caticholaminergic polymorphic VT, idiopathic left VT, Brugada syndrome, long QT syndrome. According to the VT type the management can be pharmacological therapy, radio-frequency ablation, implantation of cardioverter defibrillator or a combination of them. The decision about the management is based on the type of VT, data obtained from echocardiography, magnetic resonance imaging (MRI) and electrophysiological study (EPS).
Case report. We present a case of a 48 years old female who had frequent attacks of palpitations with presyncopes. On Holter ECG monitoring there were 32066 premature ventricular complexes (PVCs) and 493 non-sustaned episodes of VT during 24 hours with left bundle branch block morphology, inferior axis and transition zone in V4. The patient could not receive amiodarone because of an allergic reaction. Treatment with beta-blockers, verapamil and propafenone was tried but with no sufficient improvement. On echocardiography and MRI she had no structural heart disease. We suspected RVOT VT and evaluated the patient during EPS, where RVOT VT was induced. The earliest activation point was find to be in postero-septal RVOT area and several applications of radio-frequency energy were performed. Immediately after ablation there were no more PVCs, with solitary PVCs in next days. She continued the medical treatment with bisoprolol 5mg/day and propafenone 300 mg/day. We evaluated the patient after one month on Holter ECG. There was a decrease of PVCs number to 4123, but were 137 non-sustained paroxysms of VT during 24 hours. We decided to repeat the ablation. On basal ECG during second EPS there were no PVCs, but they appeared after dobutamine infusion. Radio-frequency energy was applied in postero-septal RVOT area with disappearance of PVCs. The patient continued the treatment with metoprolol 100mg/day. On Holter ECG monitoring after one month there were 5195 PVCs during 48 hours and no more paroxysms of VT. We recommended to continue the treatment with metoprolol 100md/day only.
Conclusions. Electrophysiological study is an important tool in evaluating ventricular tachycardia and radio-frequency ablation is a therapy of choice is selected patients.
Key words: ventricular tachycardia, structural disease.

6. A CASE OF CHAGAS CARDIOMYOPATHY IN REPUBLIC OF MOLDOVA

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Background. Chagas disease (CD) (American trypanosomiasis) is generated by the protozoan parasite Trypanosoma cruzi (T.cruzi) and transmitted by the reduviid bug in Latin America. Approximately 8-12 million people are infected with T.cruzi in Central and South America. Estimates of the number of annual deaths are around 50,000, 60% being related to sudden cardiac death. Overall, 4.2% of Latin American individuals living in European countries are chronically infected with T.cruzi.
Case report. We present the case of a young man of 29 years old, professional football player originating from Brazil. The patient was admitted for establishing the cause of the patient syncope developed during physical activity. The past medical history was without particularities. We evaluated the patient by basic ECG, echocardiography, and effort test – all without abnormalities. Holter ECG monitoring revealed multiple episodes of unstained ventricular tachycardia and several episodes of complete atrioventricular block – maximal pause 3.5 sec. We have also found frequent polymorphic ventricular extrasystole, disappearing during physical