

41. RISK PREDICTION AFTER PRIMARY PERCUTANEOUS INTERVENTION IN PATIENTS WITH NON-ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION ACCORDING TO LEFT VENTRICULAR EJECTION FRACTION

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Introduction. Primary percutaneous coronary intervention (pPCI) is the best-known therapy for patients enduring non-ST-segment elevation myocardial infarction (NSTEMI). However, the risk prediction in these patients remains problematic. Hence, reduced left ventricular ejection fraction (LVEF) is the best available predictor of sudden cardiac death (SCD) in survivors of myocardial infarction (MI).

Aim of the study. To evaluate the possible association between demographical, clinical and paraclinical characteristics of a group of patients with NSTEMI who undergo pPCI with LVEF.

Materials and methods. This study included 50 patients with NSTEMI, that were categorized according to in-hospital LVEF measurement into two groups, LVEF \geq 45% (n=32) and LVEF<45% (n=18). We compared baseline characteristics and angiographic results of patients who underwent primary percutaneous coronary intervention stratified by LVEF.

Results. The mean age of study population was 57.9 years-old in first group and 59.5 years-old in the second one, and 84% of all patients were male. There were no significant differences (p>0.05) between two groups of LVEF concerning coronary risk factors as hypertension (68.8% vs 50%), obesity (18.8% vs 22.2%), dyslipidemia (46.9% vs 27.8%), diabetes mellitus (28.1% vs 27.8%) and smoking history (37.5% vs 38.9%). The most infarct related arteries (IRA) in patients with LVEF \geq 45% were the second segment of left anterior descending coronary artery (LAD II; 21.9%) and the second segment of right coronary artery (RCA II; 21.9%), while in patients with LVEF<45%, culprit lesions were found on LAD I and LAD II (33.3%). In addition, door-to-balloon time was less than 72h for 62% of patients (group A) and more than 72h for 38% of them (group B). No significant difference (p>0.05) between groups according to LVEF \geq 45% or <45% was revealed (56.3% vs 72.2% in group A and 43.8% vs 28.8% in group B).

Conclusions. The mean age of the overall study population was lower (<60 years) than previous studies run in this area (>60 years). There were no significant differences for baseline characteristics and angiographic results between two groups of patients stratified by LVEF in patients with NSTEMI who undergo pPCI, included in this study. LVEF is an independent predictor of all-cause clinical outcomes in patients who have undergone pPCI.

Key words: pPCI, NSTEMI, LVEF

42. PARTICULARITIES OF ATRIAL SEPTAL DEFECT IN ADULTS TREATED CONSERVATIVELY AND SURGICALLY

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Introduction. Atrial septal defect (ASD) represents 13% of congenital heart disease (CHD), with a prevalence of 2 cases per 1000 live births. ASD is often asymptomatic until adulthood, with potential presenting complications: arrhythmias, paradoxical embolization, right atrial (RA) dilatation and right ventricle (RV) dilatation, tricuspid regurgitation, right heart failure and