

only 24,1% suffered from diabetes. CHA2DS2-VASc had a better predictability for scores >5 (5 – 60%, 6 – 63.6%, 7- 93.3%, 8 and 9 – both 100%). Only 29 of the patients with a history of stroke received anticoagulant treatment, 13 of which administered only aspirin, while 9 – both aspirin and warfarin. Better INR values were obtained in patients who have administered both aspirin and warfarin in the first group, compared to their separate administration.

Conclusions. Female sex was associated with a worse after-stroke evolution. Age and overweight were both independent risk factors for stroke prediction. CHF, MI and hypertension as components of the CHA2DS2-VASc score proved to be important risk factors, compared to diabetes, which did not. CHA2DS2-VASc had a good stroke predictability rates for patients with a score >2. Low anticoagulation coverage and a poor adherence to the anticoagulant treatment in patients with AF were the main causes that led to inappropriate stroke prevention.

Key words: atrial fibrillation, stroke, thromboembolism

51. PARTICULARITIES OF CLINICAL FEATURES, DIAGNOSIS AND TREATMENT OF HYPERTENSION IN WOMEN

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Introduction. Hypertension (HBP) is defined as a blood pressure of over 140/90 mmHg in people aged 18 years or older. The global prevalence of HBP is about 15-37%, rising up to 50% in people older than 60 years old(y/o). According to CINDI study, in RM 30% of the population in between 25 and 64 y/o manifest this disease.

Aim of the study. To present the essential differences of clinical features, diagnosis, treatment and evolution of HBP in women.

Materials and methods. The study involved 214 hypertensive patients – 118 women and 96 men with the average age of 66 ± 4 y/o.

Results. Our study showed that the HBP incidence is in accordance to gender and age; as such, before the age of 65 HBP is more common in men 1:2.29; in the interval of 55 and 65 y/o the ratio was 1:1, but after 65 y/o it is more frequent in women 1.46:1. Cardiovascular (CV) risk factors were predominant in women comparing to men and are represented by: dyslipidemia 72.9% vs 50%; obesity 54.3% vs 35.5%; sedentarism 84.7% vs 52.1% and hyperuricemia 22.1% vs 16.7 %. According to the severity of the disease, most of the women had HBP of 3rd grade 67.8% vs 60.4% associated with very high CV risk – 79.6% vs 70.8%. Complications of HBP were more common in men then women and were expressed by: hypertrophic cardiopathy 31.3% vs 28.8%; acute myocardial infarction (AMI) 10.3% vs 8.4%; stroke 10.3% vs 7.4%; while heart failure (96,6% vs 91,7%) and ischemic heart disease (86,5% vs 79.2%) were more frequent in women. Biochemical findings showed that hyperglycemia was prevalent in men 37.5% vs 28.8%, but changes in the lipid profile were more common in women: high levels of serum LDL (> 3 mmol/l) 47.5% vs 35.4%; TG (> 1,7 mmol/l) 38.9% vs 22.9%; cholesterol 56.3% vs 55.9% and low levels of serum HDL seric (<1,0 mmol/l) 47.5% vs 35.4%. ECG revealed that hypertrophy of left ventricle was more manifest in women 45.8% vs 31.9%. Echo-CG results showed no significant differences associated with gender. In treatment of HBP both women and men used a combined therapy of ≥ 2 drugs 86.5% (women) vs 85.4% (men). While the most popular combination of drugs in women were a beta-blocker(BB) + ACE inhibitor(ACEI) + diuretics (DT) 43.1%, in men it was represented by ACEI + DT 21,9%.

Conclusions. HBP is a major risk factor of cardiovascular disease in women. Age has a decisive role in the debut and progression of the disease, thus, it usually appears in women older than 65 y/o, in post-menopause caused by hypoestrogenemia and hyperproduction of pituitary hormones,

risk factors being obesity and sedentarism. The incidence of complications such as AMI and stroke in this interval of age is equal for both men and women, while pre-menopause women are less affected due to the protective role of estrogen.

Key words: hypertension, dyslipidemia, myocardial infarction, stroke, hypoestrogenemia.

52. THE IMPACT OF ORAL BACTERIEMIA IN DEVELOPMENT OF INFECTIVE ENDOCARDITIS

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Introduction. Infective endocarditis (IE) is a severe disease. The incidence in patients after dental treatment is 1 to 533.9 treated persons, predominant etiological agents in this case being streptococcus, mainly *Streptococcus viridans*.

Aim of the study. To evaluate the particularities of "oral" endocarditis.

Materials and methods. 287 patients with defined IE, mean age - 50 ± 0.3 years, were examined clinically and paraclinically. Patients with IE were divided into 2 groups, group I - IE caused by oro-dental infection IORD + (45.7%) and group II IORD- (54.4%).

Results. Patients with IE with IORD + had a history of dental extractions in 31.3%, gingivitis - 26.7%, caries - 17.6%, periodontitis - 1.5%, tonsillitis - 9.9%, and poor oral hygiene in 37.2%. The clinical manifestations that predominated in patients from group I were the toxico-infectious syndrome in 95% and in 28% the musculoskeletal syndrome: myalgia (29%), arthralgia (26%) and arthritis - 7.6 (%). Positive haemocultures in group I - 35.9% vs 30.1% in group II. In group I prevailed *Streptococcus viridans* in 10.7% and *Staphylococcus aureus* in 8.4%, in group II - *Staphylococcus* in 18.4% and Gram negative bacilli in 4.6%. The echocardiographic examination diagnosed vegetations in 74.8% of cases in group I versus 68.2% in group II. Complications in group I were: pneumonia 35.1%, and nephritis 4.6%. The patients from group I received more often Amoxicillin 17.6% and Gentamicin 50.4%, but those in group II were treated with Cephalosporin 41% and Vancomycin 21.8%.

Conclusions. Infective endocarditis of oro-dental etiology was more benign, with a predominant toxico-infectious and musculoskeletal syndrome; the main pathogenic agent was *Streptococcus viridans*, the most frequent complications being pneumonia and nephritis with less aggressive treatment than in those without oro-dental pathology.

Key words: infective endocarditis, oro-dental pathology, positive haemocultures

53. THE IMPACT OF ARTERIAL HYPERTENSION ON AORTA GEOMETRY AFTER SURGICAL REPAIR OF AORTA COARCTATION IN CHILDREN

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Introduction. Arterial hypertension is one of the worst predictors after surgical repair of aortic coarctation (ACo). Knowing the likelihood of hypertension development depending on age of primary repair is useful for long-term surveillance and counseling.

Aim of the study. Studying the impact of arterial hypertension (AH) on aorta geometry after surgical repair of ACo in children.