

Materials and methods. The research included 49 children with ACo operated with different remaining pressure gradients. Respondents were examined by transthoracic echocardiography. Outpatient blood pressure monitoring was performed with the TA Holter for 24 hours. All the children included in the research were computed for the Z score for aortic dilatation.

Results. In 34.69% of cases with children with AC operated and with a pre-existing gradient, AH values at 24h > 90 percentile monitoring, 65.3% TA ≤ 75 percentile (AH based on age and height). Percentage of time was over. 30.61% of respondents had aortic diameters increased in height and body surface area (Z score).

Conclusions. ACo is part of congenital aortic disease (CAD), often debilitating, resulting in AH and with a poor progression. Dilatation of the aorta is a severe and irreversible complication within ACo, in combination with HTA.

Key words: congenital, aorticopathies, aortic coarctation, arterial hypertension, children.

54. CARDIOVASCULAR RISK ASSESSMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Introduction. Several studies have highlighted a significant association between rheumatoid arthritis (RA) and accelerated atherosclerosis. It has been found that high disease activity and the presence of cardiovascular risk factors play an important role in these patients.

Aim of the study. Evaluation of patients with rheumatoid arthritis in terms of traditional and non-traditional cardiovascular risk factors and analysis of established cardiovascular diseases.

Materials and methods. A prospective cohort study was performed, which included 52 patients (mean age 54.1 ± 13.3 years), male/female ratio 1:3.3. General evaluation assume assessment of the CV risk factors, and the disease activity was assessed according to the DAS-28 index. The mSCORE diagram was used to assess CV risk in patients with rheumatoid arthritis. Statistically, the material was processed using the t-student program, MedCalc.

Results. The presence of CV risk factors was reported in 51(98.1%) of 52 patients included in the study, predominantly females - 40(76.9%), dyslipidemia - 35(67.3%) patients, HT at 31 (59.6%), hypodynamia - 29(55.7%), family history of CV diseases - 16(30.7%), age(M > 55, F > 65) – 15(28.8%), overweight - 17(32.7%) patients, obesity I-degree - 11(21.1%), to be noted 24 (46.1%) normal weight, DM - 8(15.4%), smoking - 6 patients(11.5%). The DAS-28 disease activity score was high at 36(69.2%), moderate - 12(23.1%) and decreased in 4(7.7%) patients. By calculating CV risk using mSCORE chart we obtained the following results: high risk of cardiovascular events in 10 years in 11(21.1%) patients, low risk in 41(78.84%) patients.

Conclusions. Optimal management of CV risk factors remains an important objective in evaluating the patient with RA. High activity should be included among the risk factors for cardiovascular disease.

Key words: rheumatoid arthritis, CV risk factors, inflammation, atherosclerosis.

55. INFECTIVE ENDOCARDITIS IN PATIENTS WITH CONGENITAL HEART DISEASE

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