

242. THE OUTCOMES OF MITRAL STENOSIS

Author: **Valeria Ungurean**

Co-author: Anastasia Bogaciova

Scientific adviser: Snejana Vetrila, MD, PhD, Associate Professor, Department of Internal Medicine, Cardiology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background. Valvular heart disease (VHD) affects the population of different age, regardless of their etiology has a lot of complications and death. Rheumatic ethiology was reported in 40 % of valvulopathy and is frequently associated with atrial fibrillation (4.5%), thromboembolic complication (5.9%) and infectious endocarditis (5.8%). Early risk assessment is required to increase the chances to avoid unwanted effects of diseases.

Case report. A 49-year-old female with complains of dyspnoea at minimal effort, palpitations, low tolerance at fizical activity. From the history of the disease is known that in childhood she suffered rheumatic fever. In 1999 was found mitral stenosis and performed mitral commissurotomy, in 2005 - mitral valve replacement and tricuspid valve annuloplasty. In 2006 -paroxysmal atrial fibrillation. In 2005, 2008, 2011- ischemic stroke. In 2008 - infectious endocarditis of mitral valve prosthesis. The patient is given permanent treatment with: „Acenocoumarol”, „Spironolactona”, „Torasemid”, „Amiodarone”. On examination: heart rate 64 b/min, BP -120/60mmHg. Laboratory: dyslipidemia, on ecocardiography: moderate enlargement of left ventricular diameter and left atrium, mitral regurgitation II degree, aortic – II degree, tricuspid – II degree, pulmonar- II degree.

Conclusions. This 49-year-old patient suffered by valvular heart diseases, complicated with infectious endocarditis, paroxysmal atrial fibrillation and three episodes of ischemic stroke which worsened the quality of patient`s life. The prevention and management of these complications requires an understanding of their origin with the aim of to balance the risks wich related with valvular disease and benefits associated with treatment.

Key words: Rheumatic mitral stenosis, outcomes.

243. METE-ANALYSIS OF PREVALENCE OF ECG CRITERIA FOR LEFT VENTRICULAR HYPERTROPHY DIAGNOSIS

Author: **Doina Ciortan**

Scientific adviser: Angela Tcaciuc, MD, PhD, Associate Professor, Department of Internal Medicine, Cardiology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Left ventricular hypertrophy is an important predictor for cardiovascular mortality and morbidity. ECG is the most accessible method of LVH diagnosis, but has a low sensibility. It's detection still remains an important factor that contributes to cardiovascular risk stratification.

Aim of the study. The aim of the study is to evaluate the prevalence of different ECG criteria for left ventricular hypertrophy diagnosis in common population.

Materials and methods. A comprehensive systematic search of studies published in different databases like MEDLINE, EMBASE and Scopus were selected. The main inclusion criteria was the research of Sokolow-Lyon, Cornell index, Romhilt-Estes and RaVL ECG criteria.

Results. 4 studies were identified to correspond inclusion criteria. The included studies comprised 2209 patients. The sensibility of selected criteria are: Sokolow-Lyon 10-27%, Cornell index 23-45%, Romhilt-Estes 24-49%, RaVL 8-26%. The revealed heterogeneity is due to differences of population groups such as age, gender, race and presence of comorbidities.

Conclusions. The findings of this study revealed that Romhilt-Estes score is the most relevant ECG criteria for left ventricular hypertrophy diagnosis for common population.

Key words: Electrocardiography left ventricular hypertrophy, Sokolow-Lyon, Cornell index, Romhilt-Estes score, RaVL.

244. NON-VALVULAR ATRIAL FIBRILATION, CEREBRAL COMPLICATIONS

Author: **Victoria Panfili**

Scientific adviser: Tcaciuc Angela, MD, PhD, Associate Professor, Department of Internal Medicine, Cardiology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. -Identification of risk factors of FA and development of stroke. Identification of the presence of comorbidities among the analyzed patients. Estimation of the degree of cerebral impairment in stroke with FA / without FA. Determination of the degree of compliance and therapeutic control in patients with AF. Analysis of neurocognitive disorders through MMES (Mini test for mental health examination).

Aim of the study. Assessment of the impact of non-valvular AF on cardioembolic stroke production and impaired cognitive ability.

Materials and methods. The study was performed on a number of 60 stroke patients, from: The *Sfânta Trime* Municipal Clinical Hospital and the Institute of Emergency Medicine.

Results. In group 1, two age categories prevailed, 61-70 years (55%) and 81-91 years (15%) and a higher incidence of women (80%). Risk factors were: obesity (60%), stress (33.3%), sedentary lifestyle (26.6%), smoking (6.67%), alcohol consumption (13.3%) and hereditary factor (33.3%). In group 2, patients between the ages of 61-70 years (63.3%) predominated, more often the male sex (53.3%), the risk factors being: smoking (53.3%) with an index of 20 packs / year, alcohol consumption (16.6%), obesity (60%), stress (33.3%), sedentary lifestyle (40%) and hereditary factor (13.3%). The comorbidities present in the patients included in the study were: CI (61.67%), DZ tpi II (21.7%), HTA (86.6%), PA (26.6%), CPI (60%), IM (1.6%), BCR (11.6%), cancer (1.66%) and Dyslipidemia (33.3%).

Conclusions. 314/5000 The study argues the need to prevent thromboembolic complications through drug control with anticoagulants and to maintain the INR in the therapeutic window in patients with AF. Information and education of patients on a large scale in order to achieve a better treatment compliance.

Key words: stroke, Atrial Fibrillation, Complications