

245. THREE-VESSEL CORONARY ARTERY DISEASE TREATMENT IN AN ELDERLY PATIENT

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Background. Coronary artery disease is the leading cause of mortality and morbidity in elderly patients (≥ 65 years old). This population, usually, have a more extensive and complex coronary disease as well as more associated comorbidities and frailty. Revascularization (by either PCI or CABG aiming complete revascularization) is the treatment of choice.

Case report. A 65 years old, female, presented in the emergency department complaining of: shortness of breath at minimal exertion, episodes lasting for 5-20 min relieving at rest, fatigue and palpitations. History: Hypertension for ≥ 15 years, max. BP 220/120 mmHg, diabetes mellitus type 2 for 7 years, chronic atrial fibrillation for 3 years, ischemic stroke (2016), no permanent medication except metformin 850mg twice daily. Objective: mild ankle swelling, crackling rales in the lower lung fields on auscultation. HR – 98 bpm, BP - 185/95 mmHg, SaO₂ – 94%. Laboratory testing: troponin I – 0.58 ng/ml, NT-proBNP – 3241 pg/ml. ECG: rhythm – atrial fibrillation, HR – 86-150 bpm, horizontal axis, deeply inverted T-waves in V2-V5, consistent with type B Wellens syndrome. Echo: mild LV dilatation, mildly reduced LV systolic function EF – 49%, no wall motion abnormalities. Admitted to the ICU, with non-STE ACS, Grace score 114. Treated with heparins, DAPT, nitrates, β -blockers, ACE-inhibitors, CCB and diuretics. Coronarography performed on the 2nd day of admission: Three-vessel coronary disease: subocclusive (99%) proximal LAD stenosis, subocclusive (90-99%) RCA II stenosis, severe (75-90%) aCX I-OM I stenosis. Syntax score 18. The patient refused surgical intervention and undergone PCI with DES of new generation in three stages. PCI on LAD performed the same day, followed by PCI on RCA in two weeks' time and aCX after another 5 weeks. The total stents length – 131 mm. Total radiation: time – 48,9 min, DAP – 46,746 μ Gy, cumulative – 6449 mGy. Total contrast (Ultravist) amount 650 ml. Total ICU time – 18 h. Six months after complete revascularization achieved and optimal medical treatment: the patient is feeling well, the quality of life has improved, no shortness of breath at moderate exertion, no angina. Normal ECG and Echo: EF improvement – 58%.

Conclusions. In elderly patients with multi-vessel coronary artery disease and low Syntax score, either revascularization procedure (PCI or CABG) on top of optimal medical therapy can be performed with good results when complete revascularization is achieved. The patients' choice for intervention should always be taken into account.

Key words: Elderly, three-vessel coronary artery disease, new generation drug eluting stents

246. MINIMALLY INVASIVE SURGERY APPROACH IN CASE OF SOLITARY AORTIC DEFECT

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Introduction. Mini-sternotomy for plastic surgery or isolated aortic valve replacement requires rapid recovery with diminished convalescence time.

Aim of the study. Mini-sternotomy for plastic surgery or isolated aortic valve replacement requires rapid recovery with diminished convalescence time, improved cosmetic outcome and lower hospital costs. The basic clinical benefit of a mini-sternotomy implies that the lower half of the ribcage remains intact. The basic conduct of virtually all other aspects of the aortic valve replacement procedure remains the same. Therefore, similar long-term results are expected.

Materials and methods. In the period April 2014 - April 2019 in Medpark Hospital were operated 76 patients with severe solitary aortic valve defect. All patients underwent inverted J-sternotomy, which extended over the sternum handle to the third right intercostal space, without opening the pleural cavity. The ages of the patients ranged from 23 to 77 years, 50 -men and 26 -women. The patients were kept in the Trendelenburg position, used being the bilateral venous cannulation, the common aortic cannulation. All patients benefited from bioprostheses and mechanical prostheses with diameters between 21 and 29 mm. Three patients underwent conversion to conventional sternotomy.

Results. The length of stay in intensive care was significantly shorter with 0.61 days in favor of the mini-sternotomy group. There was no benefit in terms of ventilation duration. There was evidence suggesting a reduction in blood loss and length of stay in the hospital in the mini-sternotomy group. This did not prove statistically significant (the reduction with, on average, by 114.4 ml and 2.03 days less hospitalization). Deep sternal infections were not reported.

Conclusions. Mini-sternotomy for isolated aortic valve replacement significantly reduces the length of stay in cardiac intensive care. Other short-term benefits may include lowering blood loss. At the same time, deep sternal infections were not reported, which is a remarkable result. This approach provides greater comfort to patients in the early postoperative period, with a painful syndrome decreased and a greater desire for early discharge from hospital and all its inherent advantages.

Key words: Mini-sternotomy, Aortic valve replacement, Trendelenburg position, Bioprostheses prostheses , Mechanical prostheses, J-sternotomy Cardiac Intensive Care

247. ADMINISTRATION OF ANGIOTENSIN-CONVERTING-ENZYME INHIBITORS IN THE TREATMENT OF HYPERTENSION

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Introduction. High blood pressure is an extremely important public health problem worldwide. According to the WHO, the number of adults with high blood pressure increased to 1.13 billion in 2015. Considering the cardiovascular diseases, the high blood pressure complications accounted for 9.4 million deaths worldwide in 2015. In Moldova, according to statistical data, 58.1% of deaths were caused by cardiovascular diseases in 2018. The data of the National Statistics Bureau demonstrate the prevalence of circulatory system diseases in the structure of population morbidity in 2018 (707,800).

Aim of the study. This study aims to assess the antihypertensive efficacy of various preparations forming the class of angiotensin-converting-enzyme inhibitors in patients with