

181. DIASTOLIC DYSFUNCTION – PITFALLS OF ETIOLOGICAL DIAGNOSIS IN CKD PATIENTS

Author: **Diana-Andreea Moldovan**

Scientific adviser: Andreea Varga, MD, PhD, Ioan Țilea, MD, PhD, Associate professor, *George Emil Palade* University of Medicine, Pharmacy, Science and Technology of Targu Mures

Introduction. It is acknowledged that patients with chronic kidney disease (CKD) have an increased risk of cardiovascular morbidity. One of the most frequent consequences among the cardiac alterations is the decrease of the heart's performance during diastole. Sometimes it is difficult to indicate the cause-effect relationship taking into account other comorbidities of these patients, which can likewise lead to diastolic dysfunction.

Aim of the study. The aim of this study is to investigate the main chronic morbidities found in patients with CKD and diastolic dysfunction.

Materials and methods. We performed a retrospective study on 44 patients (21 males and 23 females). Patients with the diagnosis of CKD and altered echocardiographic parameters of the diastolic function were included in the study. Heart failure with reduced ejection fraction and implantable cardiac devices were exclusion criteria. We analysed the data regarding personal features (age, gender, environmental origin, BMI) and the presence of other comorbidities.

Results. The mean age of the group was 71,84 years (range from 54 to 86 years), with a distribution of 53.49% in the rural area. The patients were diagnosed with CKD stages 2-5 (18.6% stage 2; 51.16% stage 3A; 27.91% stage 3B; 2.33% stage 5) and diastolic dysfunction (88.37% had impaired relaxation, 6.98% had pseudonormal pattern and 4.65% had reversible restrictive pattern). We found arterial hypertension (AHT) as the most frequent comorbidity, with 95.35% of the patients being affected (2.33% stage 1; 44.19% stage 2; 48.84% stage 3). Hypertensive cardiopathy appeared in 72% of the total number of patients, while chronic ischemic cardiopathy was found in 60.47% of the subjects. Diabetes Mellitus type 2 was diagnosed in 46.51% of the cases. 37.21% of the patients associated obesity of different degrees and 55.81% were overweight.

Conclusions. Despite the fact that CKD can lead to diastolic dysfunction, according to our results, patients often associate other comorbidities that can interfere with the pathophysiology process, such as AHT, ischemic cardiopathy, Diabetes Mellitus type 2 and obesity.

Key words: diastolic dysfunction, chronic kidney disease, comorbidities

DEPARTMENT OF CLINICAL SYNTHESIS

182. COMMUNITY-ACQUIRED VIRAL PNEUMONIAS: ETIOLOGICAL PECULIARITIES

Author: **Viorica Chihai**

Co-author: Cascaval Virginia

Scientific adviser: Tatiana Dumitras, MD, PhD, Associate Professor, Department of Internal Medicine, Discipline of Clinical Synthesis, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova