

21. TERTIARY LUES COMPLICATED WITH AORTITA LUETICA AND CORONARITA LUETICA

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Introduction: Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum* subspecies *pallidum* spirocheta. Tertiary syphilis is the only one of the three forms of syphilis, which can cause cardiovascular complications (aortita luetică, coronarita luetică-angina). It occurs in approximately 3-15 years after the initial infection and may be presented in three different forms: gomatos (15%), syphilis, neurosyphilis tardy (6.5%) and cardiovascular syphilis (10%). The detection of the disease is made, usually by a serological test (SYPHILIS TPHA-VDRL), but the bacteria can be seen under a microscope. Without treatment, one third of infected people arrive at the tertiary stage. At this stage the disease is not infectious.

Materials and methods: We present a patient of 39 years with acute myocardial infarction in August 2004, complicated in evolution with early postinfarct angina, is admitted in September 2004 in the Centre of Cardiology Iasi, at coronarography were found the following faults: 95% stenosis of left main, occlusion ACD and aortic insufficiency major. During preoperative evaluation, the patient is diagnosed with Lues tertiary complicated with aortita and coronarita luetică, that's why surgery was temporized for treatment. Currently admitted to surgery. Imaging tests (echocardiography, CT thoracic, Rx-scan) and invasive (cardiac catheterization, coronarography) have revealed the cardiovascular injuries inflicted by the tertiary lues. Surgical procedure consisted in a by-pass aorto-coronary artery with reversed VSI on the ACD, resuspend the commissure of CNC and CCD and cognitive enlargement on the left main and ascending aorta with PVA (autologous venous patch). At the same time of surgical treatment the patient received Penicillin G 3 mil. IU x 2/day for 14 days for Lues tertiary.

Results. During the postoperative evolution was favorable, with the healing of surgical wounds completely and disappear the symptomatology with chest pain. Clinical assessment 1 month postoperatively showed a very good evolution, the patient was asymptomatic. On the 26.08.20013 patient returns to a routine check after a period of 9 years, this being asymptomatic.

Conclusions. In the case of tertiary lues complicated with aortita and coronarita luetică and associated with angina, the conduit therapeutic is different because surgery should be temporized for specific treatment for lues. After it was done the therapy with antibiotics, you can then intervene surgically in order to solve complications of myocardial and lues.

Keywords: tertiary lues, aortita luetică, coronarita luetică, *Treponema pallidum*, angina

22. ABDOMINAL AORTIC ANEURYSM, TREATMENT OPTIONS AND RESULTS

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Introduction: The Abdominal Aortic Aneurysm (AAA) represents the 12 cause of mortality in elderly subjects in USA. It is defined as an aortic dilation more than 3 cm in anterior-posterior or transversal cross-section, that exceeds the limit of 2 standard deviations. The natural evolution of the AAA lead to the rupture, nonetheless, the surgical risk of the procedure can be accepted in the exceeding 5.0-5.5 diameter AAA. Generally, 2 options of surgery can be regarded-Open and Endovascular Aneurysm Repair.

Purpose and Objectives: Was to make a meta-analysis focused on the methods from different published studies, contrasting the aneurysm repair results in mid and long term.

Material and methods: The study is based on literature review, expressing the outcomes of multicenter randomized clinical trials. There were considered also the screening/diagnostics features, the 30 days mortality and the long term follow up depending on surgical treatment option.

Results: The average AAA grow rate is 0.2-0.3 cm/year for an AAA diameter between 3 and 5 cm. Small aneurysms are symptomless, clinical signs can install to a large diameter, caused by compression, erosion, thrombembolia and the more significant- ruptured AAA. The death rate in an acute rupture varies between 62-94%, depending on the individual risk factors and the situs of rupture. The death rate in scheduled endovascular treatment is under 2%, whereas in open version can arise to 6-7%. The long follow-up shows similar results for the both methods.

Conclusions: The screening of risk group reduces the mortality by AAA. The ultrasound monitoring is recommended for a diameter between 3.0 and 5.0 cm, and an interventional treatment is indicated for the aneurysms greater than 50 mm. The application of endovascular technology has no benefit in long-term monitoring.

Keywords: EVAR, abdominal aortic aneurysm, endoleak

23. MARFAN SYNDROME COMPLICATED WITH THORACIC AORTA DISSECTION – A FAMILY CASE PRESENTATION

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Introduction: Marfan syndrome (MFS) is the most common inherited disorder of connective tissue affecting multiple organs: skeletal, ocular, and cardiovascular systems. The most life-threatening and life-shortening complication is aortic dissection. Without surgery, life expectancy of MFS patients is reduced to approximately 32 years.

Purpose and Objectives: The purpose of this presentation is to reveal the necessity of the early operative treatment in patients diagnosed with Marfan syndrome and the importance of screening tests in this group.

Materials and methods: The report is based on the analyses of the medical history of three patients, first degree relatives, diagnosed with Marfan syndrome who were admitted and operated in the department of cardiovascular surgery for the aortic dissection. The diagnosis was based on the echographic, angiographic and computer tomography data.

Results: All three patients were discharged in a good physical condition with the proper cardiac function and anticoagulation drugs. The follow up of the patients didn't reveal any further complications.

Conclusion: The screening of patients with Marfan syndrome for the aortic aneurysm is a useful and necessary instrument in the prevention of acute aortic dissection. The choice of the surgical procedure is based on the identification of type of the dissection, its extension and the preference of the surgeon.

Keywords: Marfan syndrome, aortic dissection

24. VASCULAR ACCESS FOR HEMODIALYSIS IN DIFFICULT CONDITION – CASE PRESENTATION

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Introduction: Hemodialysis in the end-stage chronic kidney disease requires a permanent access to the patient's circulatory system, and the suitable amount of blood flow is important for the efficiency of dialysis. These conditions are better satisfied by the arterio-venous native fistulae, synthetic shunt between artery and vein or a direct central venous cannulation. Central vein thrombosis and stenosis is one of the complications that make classical hemodialysis access unusable.

Purpose and Objectives: Presentation of an alternative solution for vascular system access, which will avoid stenotic /obstructed segments of the superior and inferior caval system.