

simultaneously keep provision of professional pre hospital medical treatment in underdeveloped countries. A transition to such system requires cooperation of many "players" and effort to bring this change in EMS provision, but in the long run it will bring a cure to ongoing problems in healthcare systems.

Key words: Paramedics, Physicians, EMS, Health care system

45. CLINICAL CASE: DEXTROCARDIA – DISEASE OR A NORM VARIATION

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Introduction: Dextrocardia is a rare clinical entity, with the location of the heart, and apex orientation to the right, with an incidence of 0.2-1%, and associated with situs inversus in 1/3 of the patients. In the absence of other structural modifications it presents no cardiovascular risk, the risk of coronary artery disease (CAD) being similar to that of the general population. Dextrocardia was first described by Fabricius H. in 1606, but situs inversus – by Severinus M. in 1643. It often associates with other congenital malformations (CM) – single ventricle, ventricular septal defect, tricuspid atresia. Clinically, dextrocardia shows no manifestations, except when associated with severe CM. Its confirmation needs a standard ECG, with the electrodes placed on the right, and an EchoCG evaluation.

Clinical case. Patient B., 62 years, admitted in PMSI MCH „Holy Trinity”, Acute Myocardial Infarction (AMI) Department with the Diagnose: Ischaemic cardiopathy. Unstable Angina. Myocardial infarction (1991). NYHA II HF. Dextrocardia.

At onset it presents with constrictive retrosternal pain at little physical activity lasting 15 minutes, suppressed by 3 tablets of nitroglycerine and inspiratory dyspnea. From history, in 1991 the patient underwent an AMI. Regular treatment with β -blockers, diuretics, antiagregants. On physical examination: overall condition of medium severity; normal-colored skin; vesicular breath sounds; rhythmic heart sounds, HR-70 b/min, BP-130/80 mm/Hg; painless abdomen on palpation.

On standard ECG-microvoltage, heart electric axis(HEA)- right deviation, negative P wave, inverted T wave in D I and AVL, R wave decrease from V1 to V6. Right ECG: sinus rhythm, HR-60 b/min., normal HEA. Left ventricle(LV) hypertrophy. Antero-septal and apical LV post-infarction sequelae. EchoCG: Dextrocardia; ascending Aorta wall induration; moderate dilation of the LA, RA and LV; hypertrophy of the LV myocardium; adequate LV contractility (EF-57%); LV antero-septal hypokinesia and apical akinesia. Mild PHT. Abdominal USG: Situs inversus. Laboratory tests – no deviations. The patient received the following treatment: anticoagulants, antiplatelets, nitrates, β -blockers, statins, metabolic drugs.

Conclusion: Patient B., 62 years, with dextrocardia and myocardial infarction develops an unstable angina, with typical clinical signs. The patient is hospitalized, following treatment according to the clinical guidelines, with positive results. In the specialized literature, patients with dextrocardia, in the absence of CM, need no particular approach of CAD, which was also seen in the case above.

Keywords: Dextrocardia, situs inversus, coronary artery disease

46. STROKE AND CARDIOVASCULAR RISK FACTORS

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Introduction: According to world-heart-federation in the world each year about 15 million people suffer a stroke, of which more than a third die and one third remain disabled for life. AVC worldwide represents the second leading cause of disability, being preceded by dementia.

World-heart-federation also provides data such as stroke, global rarely is encountered in persons aged less than 40 years and is the fifth leading cause of death for people aged between 15-59 years, and two due to persons over the age of 60 years.

Objective: In this study we tried to evaluate the trend of the risk factors and their effects in causing stroke.

Materials and Method: The study involved 50 hypertensive patients, including 11 diagnosed with stroke. Data were collected from records of clinical observation and discussions with patients.

Risk factors based on which the study was conducted are: hypertension, sex, age, hypercholesterolemia, smoking, diabetes, atrial fibrillation.

Cardiovascular risk factors	Hypertension and stroke 11p. (22%)	Hypertension without stroke 39p. (88%)
Sex		
Male	45,5% (5)	46,15% (18)
Female	54,5% (6)	53,84% (21)
Age		
<40 years old	9% (1)	5,12% (2)
>40 years old	91% (10)	94,8% (37)
Dyslipidemia	63,63% (7)	35,89% (14)
Smoking	63,63% (7)	41,02% (16)
Diabetes	18,18% (2)	38,46% (15)
Stress	27,27% (3)	69,23 (27)
Atrial Fibrillation	54,54% (6)	33,3% (13)

Our data show that smoking, diabetes, dyslipidemia, and atrial fibrillation are the risk factors for stroke.

The risk factor's number	Hypertension and stroke 11p. (22%)	Hypertension without stroke 39p. (88%)
0 cardiovascular risk factors	0	0
1 cardiovascular risk factors	0	33,33% (13pts.)
2 cardiovascular risk factors	36,36% (4pts.)	27,77% (10pts)
>3 cardiovascular risk factors	63,63% (7pts.)	41,02% (16pts)

Data obtained elucidates that the number of cardiovascular risk factors increased risk for developing of stroke.

Discussion: We found that hypertension, smoking, diabetes and hypercholesterolemia as the most important factors in the occurrence of stroke.

Conclusion: Stroke is serious problem worldwide, including the multitude of risk factors that can cause it. So a large number of strokes can be prevented if the risk factors are known, if they are effectively monitored patients at risk and whether the treatment administered fighting appropriate risk factors.

Keywords: Stroke, hypertension, risk factors

47. CLINICAL CASE: INFERIOR MYOCARDIAL INFARCTION OF THE LEFT VENTRICLE, EXTENDED TO THE RIGHT VENTRICLE

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Introduction: Acute myocardial infarction of the right ventricle (AMI RV) is rarely met, it being associated with an inferior AMI of the left ventricle (AMI LV) in 33-50% of the cases, determining the increase of early morbidity and mortality. The symptoms of hypotension, clear pulmonary areas and turgid jugular veins are considered a marker of the RV lesion in patients with inferior AMI. Approximately 25-50% of AMI RV present with hemodynamic disturbances. Female