

alterations of MS. Hyperleptinemia, as manifestation of peripheral leptino-resistance, was determined in 83.3 % of hypertensive patients with metabolic syndrome, and presented a direct correlation with the increasing of degree of obesity. The relationship between the body mass index, hyperleptinemia and hyperinsulinemia reflects its key role in the pathogenesis of insulin resistance in metabolic syndrome.

Keywords: hyperleptinemia, leptino-resistance, hypertension, metabolic syndrome

62. STABLE ANGINA PECTORIS MANAGEMENT

Timovscaia Inna, Samohvalov Elena, Alexandru Ceasovschih, Alexandra Grejdieru, Tatiana Cucu

Academic adviser: **Grib Liviu**, M.D., Ph.D., Professor, **Grejdieru Alexandra**, M.D., Ph. D., Associate professor, Cardiology Department, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Introduction: Stable angina pectoris is the most common form of ischemic heart disease, characterized by constrictive retrosternal pain of short duration, with irradiation to the jaw, shoulders, back or arms, typically occurring with exertion or emotional stress, and improved by rest or nitroglycerin administration. The incidence of angina pectoris in most European countries is between 20,000 and 40,000. Its prevalence is from 2-5% in men of 45-54 years up to 10-20% in men of 65-74 years; from 0.1-1% in women aged 45-54 years up to 10-15% in women of 65-74 years.

Purpose and Objectives: Studying the risk factors, clinical and paraclinical features, and treatment of the patients with stable angina pectoris.

Materials and Methods: The study was conducted on a sample of 124 patients with stable angina pectoris, hospitalized in MCH "Holy Trinity" during November, 2012 – February, 2014. The patients were divided into 2 groups, of 62 patients (50.0%) each: group I - men and group II - women.

Results: In the patients of the study, the clinical picture was determined by the pain syndrome with the predominance of retrosternal pain in 81 (65.32%) cases, in 15 (46.87%) patients the pain irradiating in the left shoulder. Access duration was of 6-10 minutes in most of the cases - 71 (57.26%), yielding to nitroglycerin in 52 (41.94%) cases. Among other clinical signs, the prevailing ones were fatigue in 110 (88.70%) and dyspnea in 99 (79.84%) cases. The analysis of the risk factors for angina pectoris in the both groups emphasized the importance of the: age, family history of cardiovascular diseases, arterial hypertension, diabetes mellitus, dyslipidemia, smoking, obesity. On ECG, pathological changes were present in 96 (77.42%) cases, with ST segment depression in 20 (20.83 %) patients, with the predominance of the supraventricular disorders over the junctional and ventricular ones, and with the prevalence of incomplete right bundle branch block in 31 (32.29%) cases. On Echo-CG, the following deviations were detected: aorta induration in 33 (86.84%) cases, low ejection fraction in 16 (42.11%) cases, left ventricular hypertrophy in 30 (78.95%) cases. Most of the patients - 96 (77.4%) - were administered inpatient treatment with 4 drugs.

Conclusion: Considering that angina pectoris is a pathology with an increased incidence and prevalence, the awareness of the physicians and patients, regarding the early diagnosis and proper management of hypertension and stable angina, has a major value in preventing the development of acute myocardial infarction, acute stroke and other complications.

Keywords: Stable angina, risk factors, management

63. PLATTER'S SYNDROME IN INFANTS WITH ACUTE PNEUMONIA

Turtureanu Irina

Academic adviser: **Turcanu Tamara**, Assistant Professor, Pediatric Department, State University of Medicine and Pharmacy "Nicolae Testemițanu", Chisinau, Republic of Moldova

Introduction: Acute pneumonia is an inflammatory and infectious process localized in alveolus and pulmonary interstitial tissue caused by a bacterial pathologic agent. According to WHO common symptoms of pneumonia in children and infants include rapid or difficult breathing, cough, fever, chills, headaches, loss of appetite and wheezing. Children under five with severe cases