

showed turgescient jugular veins, diffuse abdominal pain, and the lower liver margin was palpable 2 cm under the right costal margin. Differential diagnosis was: mesenteric ischemia, cardiac tamponade and aortic dissection. The transthoracic echocardiography showed the presence of pericardial liquid of 25 mm in the right ventricle, an intrapericardial thrombus in the left ventricle. The final diagnosis is acute anteroapical myocardial infarction with cardiac rupture, intrapericardial thrombus, pericardial tamponade and obliterant arteriopathy of the inferior limbs, stage III. The patient was transferred to the Cardiology Center in Iasi and after the necessary investigations went directly to the operating room due to the mechanical complication of the infarction. The postoperative evolution was good. The particularities of the case consist of: the sudden debut through the rupture of the myocardium without the typical retrosternal pain; the lack of EKG or the necrosis enzymes modifications and the good postoperative evolution.

Coping Strategies in Chronic Migraine and Chronic Low Back Pain patients

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Chronic pain is frequently resistant to medication. Some studies confirm what coping strategies (CS) (constantly changing cognitive and behavioural efforts to manage stressful events) have impact on pain chronification and treatment efficiency. Some types of CS could have more influence on pain, demanding more attention during its management. The aim of this study was to detect the more influent CS in patients with chronic migraine (CM) and chronic low back pain (CLBP). The first group included forty patients with CM, 37 females, 3 males, mean age $42,83 \pm 10,88$ years. The comparison group included 50 patients with CLBP, 31 females, 19 males, mean age $49,24 \pm 10,87$ years. We performed Chronic Pain Coping Inventory, Chronic Pain Acceptance Questionnaire and Back Persistence Scale in both groups and compared the use of SC with chronic pain characteristics. Both groups used more frequently passive CS. In patients with CLBP (with similar pain intensity) CS as Task persistence were strongly negative correlated (discordant) with pain intensity ($z = 2,34$; $p < 0,01$) and pain duration ($z = -1,71$; $p < 0,05$). CS as Guarding were concordant with frequency of pain accesses ($z = 2,34$; $p < 0,01$) and disability ($z = 1,89$; $p < 0,05$). In patients with CM (with similar pain intensity) CS as Resting were strongly positive correlated (concordant) with pain duration ($z = 1,67$, $p < 0,05$) and with reduced pain treatment response ($z = 1,73$; $p < 0,05$). The study results confirm the impact of CS on pain evolution, the passive ones being more dysadaptive. The most influent CS in CLBP patients were Guarding and Task persistence, and in CM patients – Resting.

Depressive Disorders in Patients with Parkinson Disease: The Influence of the Therapy of Massage

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The parkinsonian patients frequently experience different movement disorders symptoms. The association of depression in these patients causes severe disability. The goal of this study was to evaluate the efficacy of massage-therapy in depressive patients with Parkinson's disease (PD). A number of 13 patients affected by severe depression were included in the study. A clinical

examinations and neuroimaging studies have been performed. All patients underwent a neuropsychological assessment. Methods of screening for Parkinson's disease have been performed also. The depression syndrome was estimated by Hamilton Depression Rating Scale (HAM.D.). We observed the insignificant amelioration of motor function only after second or third course of massage-therapy. But decreasing of depression (HAM.D. 38,15 +/- 2,12) had an important alleviation already after one 10-days course of massage (HAM.D. 22,34 +/- 3,62) and in dynamics its improves more significantly (HAM.D. 10,84 +/- 1,37). The clinical data suggest the complexity of depressive symptoms in PD patients which can be successfully managed using massage-therapy. The depression syndrome worsens the general status of the patients and also requires treatment. In this connection the further studying of possibility of appointment to these patients of antidepressant treatment for complex rehabilitation is expedient.

Epilepsy Caused by Hippocampal Sclerosis

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Mesial temporal lobe epilepsy with hippocampal sclerosis (MTLE-HS) is one of the most distinct epileptic diseases/ syndromes with defined underlying hippocampal pathology shown on MRI (Magnetic Resonance Imaging), clinical seizure types and postresection seizure relief. The purpose of this paper is to describe MTLE-HS diagnostic procedures, therapeutic approach and compare the results from the County Hospital in Targu Mures and the medical literature. A total number of 1467 epileptic cases (spanning from 2005 to 2010) were extracted from the archive from which 3 patients (2 females and 1 male) were diagnosed with MTLE-HS. No suggestive pathological history was found for these patients, diagnostic procedures were consistent with those in the medical literature. Seizure types were partial complex seizures and secondarily generalized seizures. The therapeutic approach consisted of antiepileptic drugs, opposed to cases from medical literature, where first line therapy was surgery. Diagnosing MTLE-HS is important, because in more than half of cases this type of epilepsy is refractory to antiepileptic drugs.

Evaluation of Efficiency of Thrombolytic Therapy in Patients with the Acute Coronary Syndrome

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Evaluation of efficiency of thrombolytic therapy in patients with the acute coronary syndrome with ST segment elevation depending on the time of drug injection. Introduction: For patients with the clinical presentation of myocardial infarction with elevation of ST segment reperfusion should be performed. In the absence of contraindications and if primary percutaneous coronary intervention (PCI) cannot be used thrombolytic therapy is the method of choice. Thrombolytic therapy prevents 30 deaths per 1000 patients. The aim of the study was to analyze dynamics of ST segment reduction in patients with acute coronary syndrome with ST segment elevation, depending on the time of injection of: streptokinase, alteplase, tenecteplase. There were processed 174 medical cards of patients with acute coronary syndrome with elevation of ST segment, who underwent thrombolytic therapy with streptokinase, alteplase, tenecteplase, in the coronary care