



2. A CASE STUDY OF CARDIOVASCULAR DISORDERS AND ITS CONSEQUENCES IN A PATIENT WITH DIABETES MELLITUS TYPE 2 WITH METABOLIC DYSLIPIDEMIA.

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Introduction. The major aim of this case study is to analyse and understand the complicated relationship between cardiovascular disease, in a patient diagnosed with diabetes mellitus type 2 with a mixed complication stage along with dyslipidemia. Aim of Study: This study emphasis on the relationship between metabolic dyslipidemia and type 2 diabetes mellitus is one of the primary insights that may be achieved in order to comprehend complications within the cardiovascular system.

Case statement. A 77 year-old male patient presented with angina and discomfort. A complex medical history of poor compensated chronic stages of diabetes mellitus type 2 and dyslipidemia was noted, which also affected the cardiovascular system. The negative consequences of cardiovascular system such as: atrial fibrillation, major septal right bundle branch block, signs of LV and RV hypertrophy, and ischemic repolarization changes in the anterior region in the patient. Studying this patient's condition deserved a thorough analysis of physical examinations and paraclinical investigations, as well as the patient's diagnostic trajectory.

Discussions. This case study report describes a 77-year-old male patient with a complex medical history. Clinical documentation used in the study includes hospital medical records, diagnostic investigation reports such as blood panels, ECGs, Echocardiography. The patient's admission to the cardiology department the vital signs and further investigations and diagnostic tests were performed. Results: The patient's baseline physical characteristics were as follows: height: 176 cm; weight: 98 kg; body mass index (BMI): 31.6 kg/m². His vital signs were as follows: blood pressure: 110/70 mmHg; body temperature: 36.6 (C); pulse: 120 beats/min; respiratory rate: 20 breaths/min; and SpO₂: 92%. Further investigations found a combination of poor compensated diabetes mellitus type 2, and dyslipidemia (cholesterol = 287 mg/dL). A three periodic glycemic profile of a day revealed 07:00– 7.8 mmol/l, 13:00– 7.9 mmol/l, 17:00, 17:00– 10.8 mmol/l. The electrocardiogram shows atrial fibrillation, major septal right bundle branch block, signs of LV and RV hypertrophy, and ischemic repolarization changes in the anterior region.

Conclusion. Despite the overall condition of the patient, there were difficulties that remained to be addressed in managing complications related to cardiovascular complications. The complexity of this case is due to the chronic conditions of the patient, such as dyslipidemia associated with diabetes mellitus, which may also result in cardiovascular complications. This study emphasizes the need and the necessity for having a multidisciplinary approach in resolving cases such as this due to their complexity.