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from 39.52% and 35.22% (norm 40-50%); in one patient has been observed an increase of periodic limb movements number in sleep and somniloquy.

**Conclusion:** Patients with logoneurosis have a higher level of personality anxiety and a very low quality of sleep compared to people from control group. Hypnogramme evaluation revealed a high sleep latency and sleep fragmentation.

**Keywords:** logoneurosis, sleep.

## 74. CLINICAL AND PARACLINICAL FEATURES OF STABLE ANGINA PECTORIS

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**Introduction.** Stable angina pectoris (SAP) is a widely spread disease and a cause of disability. An improper management could lead to worsening of the medical prognosis and it is evident that the problem of SAP is of current importance.

**Purpose.** To conduct a study of clinical and paraclinical features of patients with SAP.

**Materials and methods.** 35 medical histories of patients, who have been hospitalized (in "Sf. Archangel Michael" clinic) with SAP diagnosis between 2011-2013, have been analyzed. Data have been selected according to the questionnaire which has included general data and the results of instrumental and laboratorial investigations.

**Results.** Risk factors for SAP are dyslipidemia, obesity, hypertension, age (starting from 50), psychosocial stress, family history of premature cardiovascular disease, smoking. Clinical features of SAP include: retrosternal pain (60%) with constrictive pains (62,6%), accompanied by dyspnea (94,3%), headache (74,3%), palpitations (42.3%). Laboratory indices for SAP are a significant increase of triglycerides (55% of cases), cholesterol (45% of cases), serum glucose (40% of cases). On an electrocardiogram there were observed such changes as ST on isoline (51,4%), depression of ST segment (45,7%), atrial fibrillation (34,3%), left ventricular hypertrophy (17,1%), ventricular extrasystole (14,3%). On echocardiogram of the patients there were present zones of normokynesia (58%), hypokynesia (34%), also in some cases a decline of left ventricular function was noticed.

**Conclusion.** Knowing the features of SAP, we can diagnose this disease in time and avoid unwanted complications. Correcting the modifiable risk factors could lead to a more beneficial prognostic of the illness.

**Key words.** Angina pectoris, clinical, paraclinical data.