

in the Cardiology Department Nb. 4 of the Cardiological Institute, including 35 patients with aortic stenosis (SA) and 21 - with aortic regurgitation (RA). The procedure included the estimation of clinical and paraclinical parameters. For statistical processing of data were applied to the set of programs Microsoft Excel and "t" test - Student.

Results: From the history of patients we found degenerative etiology present in 25 (44.63%) patients, rheumatic - 22 (39.29%), endocarditis - 5 (8.92%), congenital (bicuspid) - 3 (5.35%) and Marfan syndrome in only 1 (1.78%) case. Distribution of patients by performing electrocardiographic route mentioned the presence of arrhythmias in 56 (100%) patients and conduction disorders in 41 (73.21%) cases. The most frequent alteration of rhythm in both study groups was the atrial fibrillation in 18 (51.43%) cases of SA and 5 (23.81%) of RA. Ventricular ectopic beats were ranked second in the group with SA - 11 (31.42%) of patients, whereas in the group with RA joined the rarest - 2 (9.5%). Atrial extrasystoles were noted with a higher preponderance in RA - 5 (23.81%) patients than in SA - 2 (5.71%). Atrial flutter in patients with RA prevailed with 4 (19.04%) of cases, and in those with SA - only 2 (5.71%) of cases.

Conclusion: The study of features of arrhythmias in aortic valve disease has predominantly established the degenerative etiology. It was observed the prevalence of atrial fibrillation, both in patients with aortic stenosis, as well as in those with aortic regurgitation.

Keywords: Arrhythmias, aortic stenosis, aortic regurgitation

40. METABOLIC SYNDROME AND HYPERURICEMIA

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Introduction: Metabolic syndrome comprises several abnormalities that occur together: general or central adiposity, elevated blood pressure, dyslipidemia, and hyperglycemia. In addition, several other abnormalities including those of fibrinolysis, thrombosis, inflammation, and endothelial function are strongly related to the syndrome. Elevated serum uric acid levels are commonly seen in association with glucose intolerance, hypertension, and dyslipidemia. Accumulated evidence have also demonstrated that serum levels of uric acid have a significant correlation with obesity and complications of metabolic syndrome.

Materials and methods: In our study were selected about 200 patients with grade 1 and 2 hypertension aged up to 65 years. The diagnosis of metabolic syndrome was established according to the proposed criteria based on WHO recommendations (1998), NCEP / ATP III (2005) and IDF (2005). We evaluated uric acid levels and hyperuricemia in patients with MS.

Results: In researched group was established a significant prevalence (57.7%) of hyperuricemia in patients with metabolic syndrome. It was noted a proportional correlation of hyperuricemia and insulin resistance with increasing obesity degree. The same tendency was noted to the mean plasma levels of uric acid in patients with metabolic syndrome. In patients with hyperuricemia average values of the atherogenic lipid fractions (TC, TG, LDL-C) were significantly higher than in those with normouricemia and the corresponding values of HDL-C were lower, while the TC and LDL-C levels in patients with hyperuricemia exceeded the normative recommended by NCEP. It was also noted that in the group of persons with hyperuricemia, hypertriglyceridemia met 2.79 times more frequently than in individuals with normal levels of uric acid and the probability of hypertriglyceridemia in the presence of hyperuricemia was almost 3.21 times higher.

Conclusion: Hyperuricemia, considered an index of metabolic disorders, was noted in 57.8% of metabolic syndrome patients and significantly correlated with the values of lipid indices (TG, LDL-cholesterol), basal glucose levels, blood pressure values and indices of obesity (body mass index and waist circumference).

Keywords: Metabolic syndrome, hyperuricemia