

defined MXS. Average mortality studied patients – 15,8 %, strictly correlating with level of glicemia at hospitalisation. Term of hospitalisation at patients with MXS – 10,9 days, at patients without this syndrome – 9,2 days. Term of stay of patients with MXS in chamber of intensive therapy much more longer (5,3 days in comparison with 3,1 days). Thus, patients with MXS are needed longer intensive therapy, and also additional expenses is necessary for treatment of complications for these patients. MXS widespread in a society. MXS contributes to development of strokes by means of such risk factors as adiposity, an arterial hypertension, a diabetes, endothelial dysfunction, hypercoagulation, and dyslipidemia. Frequency of a massive ischemic stroke in 1,65 times more at patients with MXS. Death rate of patients with MXS in 3 times above and duration of hospitalisation in 1,7 times more. At such patients complications is more often come to light and later there comes rehabilitation. Therefore timely diagnostics MXS allows to warn expansion of a zone of a cerebral infarct.

The Peculiar Diagnostic Approach of Migraine in Patients with Histrionic Personality Disorders

Cristina Voiticovschi-Iosob, Diana Concescu., Catalina Guranda

Academic adviser: Ion Moldovanu M.D.

Institute of Neurology and Nuerosurgery, Chisinau, Republic of Moldova

Migraine (M) in patients with hysteria was reported by different authors, but their pathogenetic interaction remains unclear. M diagnosis, due to exclusively subjective criteria, is sometimes difficult to establish in histrionic personality disorders (HPD) associated with conversion disorders (CD) and somatoform disorders (SD). Analysis of clinical features of M in HPD patients and the settlement of specific additional diagnostic support to increase the diagnostic certainty of M. Methods: The study included 31 female patients, average age – 41.8 years, referred to the Headache Center (HC) with a diagnosis of M. The M clinical diagnosis in the HC was based on the International Classification of Headache Disorders criteria (ICHD-2004). The HPD, CD, SD diagnoses were confirmed according to DSM-IV criteria. Additionally, we have practiced discussions with relatives concerning the patients' verbal and non-verbal behaviour, repeated discussions with patients about M history in different psychological context, and a detailed analysis of medical documentation. All the patients met the criteria of HPD: 12 associated with CD, 19 - with SD. M was present in 25 patients (80.6%), 6 (19.4%) had tension-type headache. Four patients had episodic probable M, 7 – episodic M (3 with aura) and 14 - chronic M (4 with medication overuse). In 6 patients M attacks coincided with CD and SD exacerbation, usually within a psychogenic context. Headache, including migraine, in patients with HPD and other hysterical phenomena, raise diagnostic problems. The use of a larger diagnostic approach, parallel to ICHD-2004, considerably enhances the M diagnostic certainty.

The Value of BNP and NT-ProBNP Testing in the Diagnosis of Heart Failure

Costru Elena, Abraş Marcel

State Medical and Pharmaceutical University “Nicolae Testemitanu”, Chisinau, Republic of Moldova

Heart failure (HF) is the situation in which the heart isn't able to meet the hemodynamic and metabolic needs of the body. HF is a medical emergency, which depends on quick diagnosis, in the context of the presence of nonspecific symptoms common to many pathologies, including shortness of breath, fatigue, tachycardia and rhythm disorders Initial misdiagnosis occurs in approximately 15-20% of patients presenting to the emergency department with dyspnea secondary to an exacerbation

of heart failure. The objective of this work is to present a method for optimizing the diagnosis of HF with irrelevant clinical features or associated with other diseases, clinical masking HF. According to international statistics, the determination of BNP and NT-proBNP proved to be useful in diagnosis of left HF in patients with suspected HF and in the differential diagnosis of severe dyspnea of cardiac or respiratory etiology. The natriuretic peptides (ANP, BNP, CNP, DNP) constitute a family of cardiac polypeptides which presents three main proprieties: natriuretic, diuretic and vasodilating. BNP is a natriuretic hormone released primarily by the myocardial cells from the left ventricle (LV) in response to increased volume expansion and wall stress. An elevated BNP or NT-proBNP level is a marker of increased LV filling pressure and LV dysfunction. BNP or NT-proBNP determination, has both diagnostic (BNP - normal: 100-500pg/ml; NT-proBNP – normal: <75 years - <125 pg / ml, > 75 years - 450 pg / ml) and predicting value in the evolution of HF. Serum level of BNP and NT-proBNP is age-dependent, it increases in cases of renal failure, atrial fibrillation and it decreases in obesity. Diagnostic thresholds of BNP and NT-proBNP are different in case of presence of these factors.

Venous Thromboembolism - A Never Ending Story

Ibanescu Irina- Magdalena

Academic adviser: Iulia Cristina Roca, M.D.

University of Medicine and Pharmacy “Gr.T. Popa”, Iasi, Romania

The marking richness of venous thromboembolism in the current medicine, within all the medical and surgical specialities, represents a first characteristic of this pathology, demonstrable through statistics, but unfortunately, discouraging regarding the survival of pulmonary embolism. The dimension of the theme incites to its research, through the amplitude of the issue, of the different pathology generically reunited under the recently adopted name of venous thromboembolism, both on the national and on the international plan, on the other part it discourages, because from many points of view there are no final solutions in the field of medical research regarding this disorder. At the world level, in each year this disease affects a number of over 5 million people. In Europe, the deaths caused by thromboembolic events are 10 times more than those through traffic accidents, and 100 time more than those through AIDS. According to the data, 30 % of the patients who had a thromboembolic accident will die in the first month after. In september 2008, European Heart Journal published Guidelines on the diagnosis and management of acute pulmonary embolism - The task Force for the Diagnosis and Management of Acute Pulmonary Embolism of the European Society of Cardiology, paper that demonstrates the researchers' interest regarding the theme. Venous thromboembolism has been described as the most preventable disease in the hospital, in internal medicine clinics, oncology clinics, also in general surgery, obstetrics and gynecology clinics and orthopaedic and traumatology clinics and also the most preventable disease. Thus, mortality could be reduced by prompt diagnosis, early prognostic and more intensive treatment in patients with adverse prognostic despite the currently available evidence. It is need a multidisciplinary diagnostic and treatment approach. We will present to you results of a multidisciplinary study focused on venous thromboembolism in patients admitted during 12 month, to the Emergency Room, to the Ist Medical Cardiology Clinic, to Oncology Clinic in “St Spiridon” Hospital Iasi, to the Ist Obstetrics and Gynecology Clinic “Cuza Voda” Hospital, Orthopaedic and Traumatology Clinicin “St Ioan” Hospital Iasi. The most important application of our study is to save the patient life, with our hope to improve the knowledges in this scientific field.