SOME CURRENT FACTS OF MYOCARDIAL INFARCTION AMONG YOUNG PATIENTS WITH LEFT VENTRICLE MUSHROOM ANEURISM

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Research relevance: despite the achievements in modern medicine, the level of disability and death rate from cardiovascular diseases have increased due to the patients with chronic heart failure. The main reason of CHF is still myocardial infarction.

Objectives: to study a clinical case of Myocardial infarction in a young patient with Blayer's disease.

Materials and methods: we studied a patient's medical record from the department of Cardiology in City Clinical Hospital № 2.

Results: patient X, 35 years old, 1982 year, arrived at the department of cardiology in City Clinical Hospital № 2 with complaints about shortness of breath, irregular heart rate, swelling in the area of lower extremities, trophic ulcers in shins and ankles. In 2015 he had anterior-lateral MI, which was complicated with the development of akinetic fibroso-muscular aneurism of left ventricle (LV) in the upper field of septa with the transition to lower wall with parietal thrombus 53x20 mm without floating elements. From 2015 — to 2018 there was a reduction in test tolerance. During this period there were 4 hospitalizations, which were connected with decompensation in CHF. History of life said that patient had suffered from schizophrenia since childhood. Objective: general condition of the patient was severe. Skin and visible mucous membranes were pale and with acrocyanosis. Anasarca. Due to the ECG: sinus rhythm, partial right bundle branch block.

Conclusion: the case of this patient is atypical owing to MI with the development of aneurism of LV. As a result of atypical case of MI with the development of mushroom aneurism of LV there was progression of CHF. The most unfavorable for the patient's life are the symptoms of CHF of LV and RV. The recurrence of pulmonary embolism (PE) had arisen in connection with the development of mushroom aneurism of left ventricle. In the context of CHF and hepatitis C with liver cirrhosis, which was exacerbated by medical therapy, the patient had the symptoms of encephalopathy before death.

References

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THORACIC AORTIC ANEURYSM STUDY

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Research relevance: thoracic aortic aneurysm (TAA) is a very serious and life-threatening disease. It is usually asymptomatic and people tend to be unaware of their dangerous condition. This disease is very common: in the USA aortic aneurysms cause more deaths than HIV.

Objectives: to assess the significance of genetic predisposition to the development and progression of nonsyndromic forms of ascending aortic aneurysms; to estimate TAA prevalence; to evaluate potential mechanisms promoting TAA development.

Materials and Methods: 2 groups of patients were examined and taken biomaterial from. In the 1st group of 300 people after surgery aortic tissue biopsy was inspected as well as the main genes that code the essential proteins of aortic tissues. In the 2nd group there were 470 patients in prospective study. Their biomaterial was inspected for proteins and biomarkers to form a biobank.

Results: augmentation index and aortic stiffness in patients with bicuspid aortic valve is very high in comparison to the control group. It is the most common congenital heart defect (0.5–2% of the population). A bicuspid aortic valve can cause the heart aortic valve to narrow. This condition prevents the valve from opening fully, blocks the blood flow and affects the diameter of the aorta. Biological tissue valves degenerate over time because of it. It is usually a nonsyndromic disease and doesn't harm the patient, that's why people may never know about bicuspid aortic valve. The older you are, however, the higher the chance you may get a thoracic aortic aneurysm later in life. The definitive treatment is surgery for the valve and/or aortic root depending on the severity of valve damage and aortic diameter. The significant complications of bicuspid aortic valve in over one-third of affected individuals often lead to high morbidity and mortality. Surgical interventions include aortic valve replacement, or balloon valvuloplasty.

Conclusion: bicuspid aortic valve is the most common cause of thoracic aortic aneurysm according to the ECHO register. Composition of the extracellular matrix (three-dimensional network of macromolecules, such as collagen, enzymes, and glycoproteins) determines the MMP activity. The amount of extracellular matrix establishes the tissue properties (elasticity and stiffness). The decreasing of matrix can therefore lead to aortic dissection and aneurysm. More significant changes may explain the rapid increase in the aorta diameter in patients with BAV. Patients with BAV have changes in arterial wave reflection due to the properties of aortic wall. This leads to abnormal hemodynamics and, in the future, to some more complications, including calcification and thoracic aneurysm itself.

References

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ON INVOLVMENT OF EYESIGHT IN CASE OF DIABETES MELLITUS

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Research relevance: diabetes mellitus (DM) is a serious medical and social problem in the XXI century. Diabetes is characterized by a complex of negative effects, primarily due to vascular complications. One of these is diabetic retinopathy (DR). Currently, the DR is ranked among the reasons leading to loss of vision in the population of economically developed countries, and has a high level of disability of the population. DR is observed in 90% of patients with diabetes.

Objectives: to analyze the time of appearance of various types of damage to the organ of vision, as a complication of type 2 diabetes in adult patients.

Materials and methods: the study included 17 patients (34 eyes), with type 2 diabetes in the stage of decompensation (10 men and 7 women) aged 56 to 85 years (average age 67 years). The survey was conducted with the help of specialized questionnaires, prepared by us. The following studies were conducted: visometry, biomicroscopy of the anterior segment of the eye and ophthalmoscopy, on the cycloplegic pupil.

Results: according to the survey 7 patients with diabetes diagnosed 5–10 years ago, and 4 patients with diabetes diagnosed 1–4 years ago. An ophthalmologic examination of all these patients revealed diabetic microangiopathy manifested itself in the form of non-proliferative retinopathy (diabetic