



# FIRST MACEDONIAN CONGRESS IN INTERNAL MEDICINE

**“A Mutual Multidisciplinary Approach  
Towards the Guidelines Challenges”**

## ABSTRACT BOOK



19-22 May 2022  
Hotel Metropol - Ohrid, RNM



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## **50. A RARE CASE OF RENAL ARTERY THROMBOSIS AND KIDNEY INFARCTION ASSOCIATED WITH COVID-19 INFECTION**

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COVID-19 is a multisystemic disease associated with a hypercoagulable state and prothrombotic complications, including deep vein thrombosis, pulmonary thromboembolism, as well as arterial ischemic strokes. We present a rare case of renal artery thrombosis with kidney infarction associated with SARS-CoV-2 infection in a 44-years-old male patient.

The patient was hospitalized in the Covid department of our clinic and initially presented with fever, cough and dyspnea. The second day of the hospital stay, he complained of flat abdominal pain. CT angiography of the abdomen was performed which showed thrombosis of the right renal artery with the diameter of the thrombi up to 3mm and clearly delimited triangular zone of ischemia of the upper lobe of the right kidney. Selective angiography of the right renal artery was performed which revealed total occlusion of the branch of the right renal artery for the upper pole. An attempt for recanalization was not successful. The patient was discharged in a good clinical condition with recommendation for antibiotic, antiplatelet and anticoagulation therapy with LMWH. After one year follow -up the kidney ultrasound revealed a hypotrophy of the right kidney with reduced parenchyma.

The prothrombotic features of SARS-CoV-2 virus can lead to serious and life-threatening complications during or after the acute onset of the infection. Although rare, renal artery thrombosis with renal infarction has been reported as a complication of COVID-19 infection. This case highlights the importance of vigilance in thrombotic complications and their therapeutic approach in COVID-19.

**Key words:** COVID-19, renal infarction, renal artery thrombosis

## **51. CASE REPORT: CARDIOMYOPATHY IN A PREGNANT YOUNG WOMAN WITH HYPERTENSION**

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### **Introduction**

Young pregnant women with hypertension have increased risk of developing heart failure. Obesity, increased body mass index > 25, is a potentially contributing factor.

### **Case Report**

We describe a case of a 26 years old pregnant woman (primiparous) with obesi-

ties – BMI 34, hypertension and cardiomyopathy. The first-onset of hypertension (150/90) was in ml IV, and therapy with methyldopa was started.

In ml X, because of somnolence and dyspnea, she was urgently admitted in the Intensive Care Unit of the Clinic of Gynecology, with blood oxygen saturation of 80%. An emergency cesarean section was performed, and a healthy baby (APGAR score 8) was delivered. Because of Acute Respiratory Distress Syndrome (O<sub>2</sub> saturation 68%) she was immediately put on mechanical ventilation. Transthoracic echocardiography was performed. Findings of dilated left atrium and ventricle, and heart failure with mildly reduced ejection fraction (45%) were described. After 7 days, she was weaned off the ventilator and transferred to the University Clinic of Cardiology for further evaluation and treatment.

Following the admission, complete laboratory analysis was made. The levels of N-terminal proBNP and D-dimers were elevated and treatment with ACE inhibitor, beta-blocker, diuretic and anticoagulant therapy was started. The patient left the hospital contrary to medical recommendation, after two days from admission.

One month later, repeat transthoracic echocardiography was performed. There was no improvement in the heart function. The patient was normotensive. Functionally, this patient is classified in NYHA class II.

### **Conclusion**

Hypertensive disorders of pregnancy reflect systemic endothelial dysfunction, which might predict future cardiovascular disease in these young women, prompting early preventive measures. Effective treatments for endothelium-based pregnancy disorders are required.

**Keywords:** cardiomyopathy, hypertension, heart failure, pregnancy.

## **52. CASE REPORT: PERICARDIAL EFFUSION IN A PATIENT WITH HASHIMOTO'S THYROIDITIS**

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### **Introduction**

Hashimoto's thyroiditis is an autoimmune disorder involving chronic inflammation of the thyroid and is the most common cause of hypothyroidism. Pericardial effusion is a known complication of hypothyroidism and usually correlates with the severity and duration of the disease.

### **Case report**

We describe a case of 69 years old male patient with untreated Hashimoto's thyroiditis. The patient was diagnosed ten years before admission, but he was skipping the medication, without past complications. Also, this is a patient with a hypertension and a history of COVID-19 infection.

He was presented with chest pain, dyspnea and fatigue. Complete blood work was

