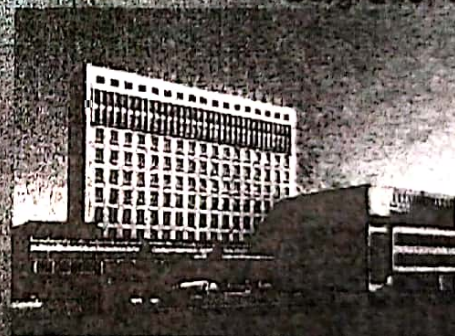




SOUTHEAST EUROPEAN MEDICAL FORUM (SEEMF)

THIRD INTERNATIONAL MEDICAL CONGRESS

12 - 16 September 2012
Belgrade, Serbia



++389 2 3 125044/230, ++389 2 3 223 354, kosevska@yahoo.com

Introduction: It is considered that almost 23.6 million people will die from cardiovascular diseases (CVD), mainly from heart disease and brain stroke, by 2030. Almost 60% of burden of disease in Europe, according to DALY, is due to the 7 leading risk factors: high blood pressure (12.8%), tobacco (12.3%), alcohol (10.1%), increased cholesterol (8.7%), overweight (7.8%), little consumption of fruits and vegetables (4.4%) and physical inactivity (3.5%). The most common disease is coronary heart disease (CHD) that mostly occurs after 40 year of life and it's more common for men than for women.

Purpose of the paper is to present the state of CHD in the Republic of Macedonia and measures that are taken to improve and strengthen multidisciplinary approach for health promotion and prevention of diseases, to reduce the incidence of CHD and CVD.

Material and methods: The descriptive and analytical method has been used. There are used statistical data from morbidity and mortality statistics, research studies, professional materials from domestic and foreign literature.

Results and discussion: According to WHO, there are 16.7 million people dying from CVD each year in the world. According to some studies, CHD for men is most common in Finland, and most rare in the UK. CVD were major cause of death for people younger than 65 years of age in Europe, with 803.000 deaths each year. Before 65 years of age, 31% of death people were men and 29% were women. Circulatory diseases are chronic diseases that occur as a leading cause of death among people in Macedonia. In 2010, 57.9% of dead people or 11,069 people died from cardiovascular diseases, as compared with the previous period (in 1990 -7113 death cases or 48.6% from total deaths) and there is no trend in terms of reducing death from these diseases. 1/5 of them are deaths from acute heart attack. The rate of hospital morbidity by CVD in Republic of Macedonia is equal to 172.2 / 10000 in 2010, that's average of 35000 patients, mostly men. CVD accounted with 14.3% from the total number of hospital diseases. Essential hypertension (EH) was recorded even at the age of 14 years (2007 to 3 cases). EH contributed with 7.7% in the hospital morbidity from CVD. In Serbia, number of cases of hypertension is increasing; it is considered that there are over 2 million patients with high blood pressure. Also, the prevalence of hypertension in Croatia is about 37.5%. Republic of Macedonia follows the recommendations of WHO for comprehensive approach for CVD prevention with more active involvement of doctors from primary health care; using a holistic approach in educating and informing the public and providing support for the implementation and monitoring of screening and other activities. Holders of the activities are the Ministry of Health, Health Insurance Fund, Institute of Public Health, 10 Public Health Centres, NGOs,

Red Cross of Macedonia, Macedonian Doctor's Association, Association of Private Practitioners, Association of cardiologists and others.

Conclusion: CHD is a preventable condition. Although so far there are no signs of reduction in morbidity and mortality, in the future, it can be control thanks to the preventive measures that are taken so far. However, it's necessary to be made a special National program for prevention and control of CVD and CHD by the Government, in which target groups will be units from the local government, general population, especially over 35 years of age, mass media and others, in which there will be written a specific activities for the training of local leaders in management, to be prepared a Local action plan for health promotion and primary prevention of CHD, organizing social activities for free medical examination and more.

LEFT ATRIAL THROMBUS IN PATIENT WITH MITRAL VALVE DISEASE

Boshev Marjan, MD

Otljanska Magdalena, MD, PhD, assistant professor

Arnaudova-Dezhulovikj Frosina, MD

University Clinic Of Cardiology, Skopje, Macedonia

mobile +38971 329 561, e-mail: marjanboshev@gmail.com

mobile +38972 231 006, e-mail: magdalenaotljanska@gmail.com

mobile +38972 231 056, e-mail: frosiarna@yahoo.com

Background: Left atrial thrombus in patients with mitral valve disease is relatively frequent condition. Echocardiography is reliable and safe method in diagnosis and differential diagnosis of the intracardial masses.

Material, methods and results: We present a clinical case of 59 years old female patient who visited an Emergency Cardiology Department complaining in fatigue, dyspnea, and chest pressure associated with vertigo and nausea started couple of months ago. She was in atrial fibrillation on admission with unknown duration with symptoms and signs of advanced heart failure (NYHA III-IV). Echocardiography revealed normal LV dimensions, function and ejection fraction, but largely dilated right heart cavities. Left atrium was also dilated (62x96 mm from apical position) with visualized oval intracavitary mass, most likely thrombus, with dimensions 26x63 mm. Mitral valve apparatus had fibrocalcific changes on mitral cusps with high grade mitral stenosis (MVA 0.3 cm²) and moderate mitral regurgitation. Patient was treated with anticoagulants, diuretics and antibiotics. Echocardiography control showed non-significant reduction in thrombus dimensions. She was offered cardiosurgical treatment but she refused it, and conservative treatment with oral anticoagulants was continued.

Conclusion: Transthoracic echocardiography is a method of choice in diagnosis of intracavitary masses of the left atrium. Differential diagnosis between left atrial thrombus and myxoma may be difficult if the mass has a stalk. When differential diagnosis is difficult and probability of thrombus is high, oral anticoagulant therapy remain good alternative with echocardiographic follow-up.

Key words: left atrial thrombus, mitral valve disease, echocardiography.

CARDIAC VALVULAR CALCIFICATION AS A MARKER OF ARTERIAL CALCIFICATION IN END-STAGE RENAL DISEASE PATIENTS ON PERITONEAL DIALYSIS TREATMENT.

M Rroji (Molla), MD¹, S Seferi, MD¹, M Cafka, PhD², N Zeneli, MD¹ and N Thereska, Prof¹.

¹Department of Nephrology-Dialysis-Transplantation, University Hospital Center "Mother Teresa", Tirana, Albania.

²Department of Cardiology, University Hospital Center "Mother Teresa", Tirana, Albania.

Merita Rroji (mob:+355692314086; mail: meritarroji@yahoo.com)

Introduction: Vascular and valvular calcifications are a common finding in chronic kidney disease (CKD) patients and are associated with increased morbidity and mortality. We investigated the hypothesis that calcification of the cardiac valve is a marker of carotid artery calcification (CAC) reflecting an excessive calcium phosphorus load in ESRD patients.

Methods: We conducted a cross-sectional, descriptive study during September 2011- March 2012, enrolling 38 stable patients (55.5 % males; mean age 55.7 +/-13.5 years and average duration of dialysis 27.7 +/-17.5 months) that had been treated with Peritoneal dialysis more than 6 months. Demographic data, basic nephropathy and biochemical data were examined. Baseline echocardiography was performed to screen for calcification of the aortic valve, mitral valve, or both as an easy way to evaluate cardiovascular calcifications. B-mode ultrasonography was used to determine the occurrence of plaque and calcification in carotid artery.

Results: Valvular calcifications were found in 47.3% of patients; mitral valve calcifications in 37%, aortic valve calcifications in 23.6% and both valves calcifications in 21% of patients. Fifty percent of our patients had carotid artery calcification among which 21% had calcification detected in either one of the carotid arteries and 26.3% of patients had calcification present in both carotid arteries. Carotid artery calcification was present

unilaterally and bilaterally in 19 % and 22% of patients with valvular calcification *versus* 2.7% and 8.1 % of patients with no valvular calcification respectively . Controlling for age, CaxP, PTH and Pulse pressure persons who have calcification of the valves have 16 times more likely to make the carotid calcification, versus those who didn't 'not had calcification of the valve (OD=16,23, CI 95%: 5.014-19.096).

Conclusions: The associations between valvular calcification and carotid calcification suggest that calcification of the aortic valve or mitral annulus not only reflects poor calcium phosphorus balance but is also a marker of arterial calcification in the ESRD population.

Keywords: Peritoneal dialysis; valvular calcification; vascular calcification; calcium phosphorus balance.