



# 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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#### 44. MYXOMA IN LEFT ATRIUM

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**Introduction:** Myxomas are most common primary cardiac tumors in adults. Most of the primary cardiac tumors are benign. Myxomas are mostly localized in left atrium (around 90%). Most of the atrial myxomas are soft and without calcification. Objectives of this case is to show use of the image diagnostic procedures in early detection of tumors mass in the cardiac cavity.

**Materials and methods:** After physical examination on the patient, cardiovascular exam was performed. Examination included ECG, transthoracic echocardiography. Transthoracic echocardiography was performed by ultrasound machine Vivid S6. Pre-operative diagnosis was established by transesophageal echocardiography.

**Results:** A 46-years old asymptomatic man consult with accidentally founding on ventricular extra systoles on EKG. Cardiac auscultation was unremarkable. On ECG rare monomorphic VES with compensatory pause. Transthoracic echocardiography on A2 view presents isoechogenic mass in left atrium with dimension 1.6 x 2.1sm. On transesophageal echocardiography was noted relatively uneven structure, with a slim consistency, on a loop which is quite mobile. Localized on the roof on aortic wall in left atrium below anterior mitral cusps, without obstruction on trans mitral flow. The patient was prepared for operative intervention for five days. Pathohistological founding on operative tissues contains myxoid matrix rich in mucopolysaccharides and polygonal cells appeared as a star and nest shape without atypical features, compatible with non-malignant myxoma. The patient was followed up on an outpatient basis at regular intervals. He underwent clinical examination, chest X-ray, electrocardiography and echocardiography.

**Conclusion:** Common complications of myxomas in the left atrium are tromb embolism and obstruction of mitral flow and because of this it is important to be diagnosed on time.

**Key words:** myxoma, echocardiography, left atrium, ECG.

#### 45. ONE YEAR POST-COVID-19 FOLLOW-UP

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Significant number of patients after COVID-19 infection complain of a wide range of clinical symptoms, with different intensity and duration. The aim of this study is to present the long-term outcomes of the patients previously hospitalized from COVID-19 infection.

**Materials and methods-** We analyzed 55 patients hospitalized in our Covid department between 14. March 2021 to 03. May 2021. One month after discharge

they were called for a medical check-up. At one year the same patients were contacted via telephone interview. Also, their available electronic medical documentations for that period was analyzed.

**Results-** Totally 44 (80%) out of 55 patients reported persistent symptoms one month after discharge, with fatigue (71%), tachycardia (27%), headache (20%) and dyspnea (18%) being the most common symptoms. One patient was hospitalized with cerebrovascular insult. The most common pre-existing comorbidities were arterial hypertension (49%), diabetes mellitus type II (18%), dyslipidemia (9%) and atrial fibrillation (7%). At one-year follow-up 37 patients (68%) reported persistent symptoms, with fatigue (52%), tachycardia and headache. One patient died after discharge. Total of 6 patients reported new onset of tinnitus (4 patients), TIA (1 patient), atrial fibrillation (1 patient) and Hashimoto thyroiditis (1 patient).

**Discussion-** Long COVID is a multisystemic disease with residual effects after acute onset of the infection. It includes the post-Covid-19 syndrome that continues for more than 12 weeks after infection and cannot be differentiated with an alternative diagnosis. Although most of the symptoms diminish over time, some are present even one year after the infection.

**Conclusion-** Even one year after discharge many patients reported Long COVID with persistent symptoms and new onset of clinical conditions.

**Key words:** COVID-19, follow-up, Long COVID

## 46. COVID 19 PATIENT AND ACUTE PULMONARY EMBOLISM

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**Introduction:** Thrombotic complications in patients diagnosed with coronavirus disease 2019 are emerging as important sequelae that contribute to significant morbidity and mortality. Pulmonary embolism, deep vein thrombosis, ischemic stroke and myocardial infarction are examples of complications described in patients.

**Objective:** To present a case in a patient with COVID 19 infection and acute pulmonary embolism.

**Material and methods:** A 80-year-old female patient was hospitalized due to symptoms of dry cough, scratching in the throat, fever, malaise. Unvaccinated for COVID 19. A quick COVID 19 test was positive. ECG: AFF with SF 160/min, TA 150/95, SpO<sub>2</sub> 92%. Lung auscultation is heard vesicular breathing with crepitations on both sides of the base. Within a few days, the patient's symptoms worsened.

**Results:** CT native of chest - multiple zones of milk glass attenuation bilaterally peripherally distributed (Figure 1). CT pulmonary angiography - Signs of massive PTE: defects in filling in principal pulmonary vessels as well as in segmental and subsegmental branches bilaterally (Figure 1). Laboratory analysis (Le 14.83x10<sup>9</sup>/L, hsTroponin 22ng/L, LDH 395U/L, CRP 29mg/L, D dimer 30480.



