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Case Reports.....	12
ETIOLOGICAL MISDIAGNOSIS IN ADULT PNEUMONIA	13
58-YEAR-OLD PATIENT WITH LACUNAR DEGENERATIVE CHANGES AND PERIVENTRICULAR WHITE MATTER DEMYELINATION	14
A CASE OF MYELOLIPOMA WITH EXTENSIVE DEGENERATIVE FEATURES.....	15
A CLINICAL CASE OF ERYTHEMA MULTIFORME	16
A NEW CASE OF CAMPOMELIC DYSPLASIA WITH DEXTROCARDIA AND WITHOUT SEX-REVERSEAL	17
A RARE CASE OF COMPLEX SEVERE HYPOSPADIAS WITH PERINEAL HAMARTOMA IN INFANT	18
A RARE CASE OF METASYNCHRONOUS TUMORS	19
A VERY UNCOMMON DISEASE ASSOCIATION: TRANSVERSE MYELITIS POST SJOGREN SYNDROME	20
ALMOST FATAL COMPLICATIONS OF HYPERTENSION IN A PAUCISYMPTOMATIC PATIENT	21
AN EXTREMELY RARE CASE OF PARANEOPLASTIC VENA CAVA THROMBOSIS IN A CHILD WITH ADRENAL CARCINOMA	22
ARTERIAL HYPERTENSION SECONDARY. RENAL ARTERY STENOSIS.....	23
BUDD–CHIARI SYNDROME AS A COMPLICATION OF SCHISTOSOMIASIS	24
CARRIERSHIP OF ANTI-TOXOPLASMA ANTIBODIES IN PATIENTS WITH SCHIZOPHRENIA	25
EXTRAHEPATIC MANIFESTATIONS IN HEPATITIS C VIRUS INFECTION	26
NEONATES WITH COLONIC OBSTRUCTION BY GASTROINTESTINAL STROMAL TUMOR	27
CHEST PAIN, LBBB AND HIGH LEVELS OF CARDIAC ENZYMES- NOT ALWAYS MYOCARDIAL INFARCTION.....	28
COMPLETE ANDROGEN INSENSITIVITY SYNDROME: GENETIC ANALYSIS OF A FAMILIAL CASE	29
COMPLEX TRAUMA OF THE UPPER LIMB.....	30
DEEP VEIN THROMBOSIS - AN EVER SURPRISING DIAGNOSIS	31
FABRY DISEASE: DIAGNOSIS AND STRATEGIC MANAGEMENT	32
GASTRIC STROMAL TUMOR – A DIAGNOSTIC TRAP	33
HIGH-GRADE CHEMORESISTANT PROSTATIC ADENOCARCINOMA - A CASE REPORT... ..	34
LONG - TERM CORTICOTHERAPY AND ITS SIDE EFFECTS	35
MASSIVE CEPHALIC PANCREATIC TUMOUR IN OLD FRAIL FEMALE PATIENT: RESECTION OR PALLIATION?.....	36
MEIGS SYNDROME. A CASE REPORT	37
PERICARDIAL CYST PRESENTED AS SHORTNESS OF BREATH. A CASE REPORT	38
PREOPERATIVE EMBOLIZATION IN A PEDIATRIC PATIENT SUFFERING FROM A RIGHT CALF OSTEOSARCOMA	39
PULMONARY ASPERGILLOSIS AND TUBERCULOSIS IN A YOUNG HIV INFECTED PATIENT-CASE REPORT	40
PULMONARY TUMOR WITH ASCITIC ONSET	41
SEVERE CONCOMITANT VITAMIN B12 DEFICIENCY ANEMIA AND PANCYTOPENIA IN AN OLD WOMAN WITH HYPOTHYROIDISM.....	42

THE MANAGEMENT OF "OPEN ABDOMEN" AFTER DECOMPRESSION LAPAROTOMY FOR ABDOMINAL COMPARTMENT SYNDROME.....	43
THE THERAPEUTIC ONSET OF AN AUTOIMMUNE HEPATIC AFFLICTION	44
A CLINICAL CASE OF ERYTHEMA MULTIFORME	45
UNCERTAIN HISTOLOGICAL DIAGNOSIS OF VATERIAN TUMOUR	46
Fundamental Sciences	47
A COMPARATIVE STUDY REGARDING THE PREVALENCE OF BURNOUT SYNDROME IN STUDENTS IN MEDICINE, ENGINEERING AND ECONOMIC STUDIES	48
ANATOMY OF ISCHIORECTAL FOSSA DEVELOPMENT - CLINICAL IMPLICATIONS.....	49
BUTYRATE AFFECTS ON THE HUMAN DENDRITIC CELL-MEDIATED ANTIVIRAL IMMUNE RESPONSE	50
DIFFERENCE IN METALLOPROTEINASE ACTIVITY IN SEMINAL PLASMA OF NORMOZOOSPERMIC AND TERATOZOOSPERMIC SEMEN SAMPLES	51
ESCHERICHIA COLI - THE STUDY OF PATHOGENICITY FACTORS	52
EVALUATING THE LOWER LIMB ARTERIAL SYSTEM FROM A MORPHOMETRIC STANDPOINT	53
EXAMINATION OF THE EXPRESSION OF PLATELET-DERIVED MICRORNAS IN SEPSIS..	54
HYPERTENSION CONTROL: THE SEROTONIN EFFECT	55
PERFUSION DEFICITS IN THE ELDERLY	56
THE ELECTRICAL ACTIVITY OF THE HEART'S PACEMAKER CELL - A COMPUTER SIMULATION.....	57
THE IMPLICATIONS OF THE STAPHYLOCOCCUS AUREUS IN THE PURULENT-SEPTIC AND RESPIRATORY NOSOCOMIAL INFECTIONS	58
THE INCIDENCE AND ANTIBIOTIC SENSITIVITY OF KLEBSIELLA STRAINS ISOLATED FROM LOWER RESPIRATORY TRACT INFECTIONS	59
VASCULAR EFFECTS OF A SUSPECTED SULFHYDRYL GROUP MODIFYING COMPOUND DMTS	60
Medical Research.....	61
BEHAVIOUR OF THE DUODENAL GLANDS IN UPPER DIGESTIVE TRACT DISEASES.....	62
CHANGING SPECTRUM RESPONSE OF ANTIBIOTIC THERAPY IN STREPTOCOCCAL INFECTIONS	63
CIRRHOSIS COMPLICATED BY HEPATORENAL SYNDROME	64
CLINICAL AND EVOLUTION ASPECTS IN CHILD BRONCHIOLITIS.....	65
CLINICAL AND METABOLIC CORRELATIONS IN PATIENTS WITH NONALCOHOLIC FATTY LIVER DISEASE	66
CONNECTION BETWEEN THE EXPRESSION LEVEL OF EXTRACELLULAR MATRIX MOLECULES AND SURVIVAL OF GLIOBLASTOMA PATIENTS	67
CONTRIBUTIONS TO THE STUDY OF MYOCYTES IN CARDIOVASCULAR DISEASE, WITH CHANGES IN CARDIAC VOLUME. CLINICAL, EPIDEMIOLOGICAL, HISTOPATHOLOGICAL, MORPHOMETRY AND IMMUNOHISTOCHEMICAL STUDIES.	68
CORRELATION BETWEEN EDUCATION LEVEL AND THE STRESS DEGREE IN CHRONIC HEPATITIS C.....	69
CORRELATIONS BETWEEN PARAMETERS OF 3D CORONAROGRAPHY RECONSTRUCTIONS AND THE INSTENT RESTENOSIS	70
EVALUATION OF FRACTURE RISK IN PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES.....	71

EVALUATION OF THE QUALITY OF LIFE OF PATIENTS AT DIFFERENT STAGES OF EVOLUTION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE	72
GLIOBLASTOMA MULTIFORME	73
HOW DOES KINESIOTHERAPY HELP IN THE TREATMENT OF POSTMENOPAUSAL OSTEOPOROSIS TYPE 1?.....	74
EXTRAHEPATIC MANIFESTATIONS IN HEPATITIS C VIRUS INFECTION	75
IMPACT OF ENDOTHELIAL DYSFUNCTION ON HEPATIC BLOOD FLOW IN PATIENTS WITH ALCOHOLIC LIVER CIRRHOSIS.....	76
INFECTIONS WITH STAPHYLOCOCCUS AUREUS IN EMERGENCY CLINICAL COUNTY HOSPITAL OF CRAIOVA	77
MICRO-RHEOLOGICAL AND MICROCIRCULATORY ALTERATIONS IN A PORCINE MODEL OF ABDOMINAL COMPARTMENT SYNDROME	78
MINIMALLY INVASIVE TREATMENT OF VERTEBRAL PAIN CAUSED BY STABLE FRACTURES OF THE VERTEBRAL BODY, ANGIOMAS OR METASTASES	79
NON-INVASIVE ASSESMENT OF NONALCOHOLIC FATTY LIVER DISEASE IN PATIENTS WITH METABOLIC SYNDROME.....	80
NON-SELECTIVE UTERINE ARTERY EMBOLIZATION FOR A SELECTED GROUP SUFFERING FROM CERVICAL CANCER.....	81
OXIDATIVE STRESS AND AGING – A HORMETIC PERSPECTIVE	82
PRE-DIABETES IS LIKELY TO BECOME TYPE 2 DIABETES	83
THE IMPACT OF REFUGEES ON THE HEALTHCARE SYSTEM IN GREECE. WHAT CAN BE DONE TO HANDLE THIS SITUATION BETTER?	84
TUBERCULOUS MENINGITIS IN CHILDREN – CLINICAL PARTICULARITIES	85
USING RADIO-FREQUENCY(RF) IN ORDER TO TREAT FORAMINAL DISC HERNIA IN SELECTED PATIENTS	86
B-LACTAMS RESISTANCE IN ESBL PRODUCTION E. COLI STRAINS FOUND IN PEOPLE WITH NORMAL IMMUNE STATUS	87
Poster Section	88
A RARE CASE OF COLORECTAL CARCINOMA WITH LIVER AND KIDNEY METASTASIS. CASE REPORT	89
A RARE CASE OF VENTRICULAR NONCOMPACTATION IN A YOUNG ADULT.....	90
A RARE CAUSE OF NEPHROTIC SYNDROME WITH ATYPICAL DEBUT IN AN ELDERLY PATIENT. THE IMPORTANCE OF KIDNEY BIOPSY.	91
ACUTE MYOCARDIAL INFARCTION CAUSED BY EMBOLIZATION OF A RIGHT SINUS VALSALVA THROMBUS.....	92
ALTERATIONS IN PLATELET ACTIVITY AND ELASTICITY MODULUS OF HEALTHY SUBJECTS, CARRIERS OF G20210A POLYMORPHISM IN THE PROTHROMBIN GENE	93
AN INTERESTING CASE OF A BIMALLEOLAR FRACTURE IN AN OBESE PACIENT.....	94
ARISTOLOCHIC ACID: RISK VERSUS BENEFIT	95
ANALYSIS OF STRESS COPING MECHANISMS AMONG STUDENTS FROM UNIVERSITY OF MEDICINE AND PHARMACY CRAIOVA	96
BREAST CANCER VS. LIFE-STYLE	97
CANTRELL PENTALOGY.....	98
CASE REPORT OF AN ATYPICAL DIFUSSE LARGE B-CELL LYMPHOMA.....	99
CONGENITAL HEART DEFECT-PERSISTENT LEFT SUPERIOR VENA CAVA.....	100
DIAGNOSIS DIFFICULTIES IN CHILD PAPILLITIS CASE.....	101

ENDARTERECTOMY WITH VOLLMAR RING-DISSECTOR	102
HIPPOCAMPUS NEUROGENESIS FOLLOWING INTERMITTENT HIPOPERFUSION.....	103
HOW CANCER DRUG AFFECTS THE FERTILITY OF UNBORN BABIES?.....	104
HUGE VEGETATION ON AORTIC VALVE AFTER AN INFECTIVE ENDOCARDITIS.....	105
INVESTIGATION OF FACTORS RELATED TO ULCER OCCURRENCE IN PATIENTS WITH CHRONIC LOW-DOSE ASPIRIN THERAPY	106
LARGE INCISIONAL HERNIAS IN CIRRHOTIC PATIENTS – CASE REPORT	107
LUMBAR INCISIONAL HERNIA FOLLOWING NEPHRECTOMY	108
OZONE THERAPY - A NEW WAY.....	109
POLAR BODIES AND THEIR CLINICAL MEANING	110
POLYMYALGIA RHEUMATICA-LIKE SYNDROME DUE TO GASTRIC TUMOR.....	111
POTENTIAL DUAL ROLE OF VITAMIN K2 IN REDUCING CALCIUM DEPOSIT IN VASCULAR SMOOTH MUSCLE CELLS FROM HYPERTENSIVE RATS WHILE INCREASING OSTEOGENESIS IN HUMAN MESENCHYMAL STEM CELLS DERIVED FROM AMNIOTIC FLUID.....	112
PREVENTION AND SURGICAL THERAPY OF SPINA BIFIDA	113
RADIOFREQUENCY CATHETER ABLATION OF PARAHISIAN ACCESSORY PATHWAYS IN PRE-EXCITATIONS SYNDROME	114
RAPID DECLINE OF KIDNEY FUNCTION IS A MORTALITY RISK FACTOR FOR HC PATIENTS TREATED WITH PERCUTANEOUS ETHANOL INJECTION.....	115
RUBBER BAND LIGATION AND INFRARED COAGULATION FOR THE TREATMENT OF HEMORRHOIDAL DISEASE.....	116
SOFT TISSUE TUMOUR IN A 10 MONTHS INFANT.....	117
SURGICAL MANAGEMENT OF PNACREATIC SURGERY: WHIPPLE'S PROCEDURE	118
THE "KEYSTONE" OF RHEUMATOID ARTHRITIS: MICRO-RNA155.....	119
THE BEHAVIOR OF ENDOCRINE TUMORS DIAGNOSED IN THE DEPARTMENT OF SURGERY I, TÎRGU-MUREȘ EMERGENCY COUNTY HOSPITAL	120
THE DIFFICULTY OF DIAGNOSING MULTIPLE MYELOMA IN PATIENTS WITH RENAL IMPAIRMENT. CASE REPORT.....	121
THE EVOLUTION OF THE TREATMENT WITH TYROSINE KINASE INHIBITORS IN CHRONIC MYELOID LEUKEMIA	122
THE GENETICS OF CHILDHOOD OBESITY	123
THE REAL FACE OF DIABETIC RETINOPATHY.....	124
THE ROLE OF BONE MARROW BIOPSY IN THE DIAGNOSIS OF MULTIPLE MYELOMA .	125
THE STUDY OF COGNITIVE IMPAIRMENT IN PATIENTS WITH TYPE 2 DIABETES MELLITUS	126
THE SURGICAL APPROACH OF A PROBLEMATIC GASTRIC TUMOR.....	127
TRANSPERITONEAL APPROACH IN SURGICAL TREATMENT OF GIANT RENAL TUMOR	128
WEST NILE VIRUS	129
Surgical Sciences	130
DIAGNOSTIC AND TREATMENT DIFFICULTIES OF THE GASTROINTESTINAL STROMAL TUMOURS (GIST)	131
CALCANEAL MELANOMA	132
LAPAROSCOPIC PIELOPLASTY.....	133
LAPAROSCOPIC SURGERY FOR PATIENTS WITH PRIOR ABDOMEN SURGERY	134

SURGICAL TREATMENT OF ACHILLES TENDON RUPTURE	135
THE ROLE OF TRANEXAMIC ACID (TXA) IN PRIMARY TOTAL KNEE ARTHROPLASTY (TKA)	136
UNUSUAL LOCALIZATION OF HYDATID CYSTS: A RETROSPECTIVE EXAMINATION	137

Case Reports

ETIOLOGICAL MISDIAGNOSIS IN ADULT PNEUMONIA

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Introduction: Foreign-body aspiration is often a serious medical condition demanding timely recognition and prompt action. Delayed diagnosis and subsequent delayed treatment is associated with serious complications. **Material and method:** The source of recurrent pneumonia was difficult to pinpoint in a 48-year old white man without typical risk factors. He presented to the emergency department with a chronic productive cough, dyspnea and fatigue. The patient had developed this symptomatology 12 months earlier. Since then he had been treated with multiple courses of oral antibiotics for recurrent community-acquired pneumonia, most recently 1 month prior to presentation. He denied a history of seizure as well as alcohol, sedative or illicit drug use. His exam was remarkable only for pulmonary findings of right basilar crackles, dullness to percussion, and increased tactile fremitus. He had a normal leukocyte count and an elevated sedimentation rate. Chest radiography showed a right lower lobe infiltrates and reticular densities. Computed tomographic scan showed ground glass opacity with right lower lobe predominance and bronchial wall thickening without excluding a bronchioloalveolar carcinoma. A bronchoscopy was performed the following day with visualization of an object completely occluding the right lower bronchus, which appeared to be a foreign body or mucous concretion. The obstruction was removed and the foreign body was in fact a chicken vertebra. After removal of the foreign body, the patient symptomatically improved. On follow-up in clinic, the patient had continued improvement of symptoms. **Conclusions:** What makes this case unusual is the rather delayed and innocuous presentation after aspiration. Chronic cough and dyspnea with persistent pulmonary infiltrate should prompt further diagnostic studies. Bronchoscopy is safe and effective for diagnosis and treatment when performed by experienced physicians. **Keywords:** pneumonia, bronchioloalveolar carcinoma, foreign-body aspiration.

58-YEAR-OLD PATIENT WITH LACUNAR DEGENERATIVE CHANGES AND PERIVENTRICULAR WHITE MATTER DEMYELINATION

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Introduction: This case report discusses the clinical and diagnostic evaluation of a 58 year-old man from a rural area presenting imaging studies suggestive of stroke and demyelinating disease: lacunar degenerative changes and periventricular white matter demyelination as well as focal neurological signs. **Case presentation:** 58-year-old previously healthy, right-handed male was brought by ambulance for evaluation and additional tests due to loss of left upper arm force and facial asymmetry. The patient was not a smoker nor a frequent alcohol consumer. He also denied increased headaches, seizures, numbness, tingling, speech difficulties, and impaired balance. All other systems reviewed were negative. **Past medical history, social history, and family history** were non-contributory. **Diagnostic work-up:** protein, albumin, cytology, culture, and gram stain were normal. Serum TSH, CBC with differential, and angiotensin converting enzyme were within the normal range. Urea and cholesterol were high. Decreased levels for hematocrit and granulocytes. **Physical exam:** His neurologic exam was significant for left right cranial nerve VII palsy with right facial asymmetry, abolished velopalatin reflex (nerve XI), ocular vasomotricity (nerve XI), lack of tactile sensitivity (nerve XII). He had brisk reflexes in the right upper and lower extremities as compared to the left and two beats of clonus at the left ankle. Plantar response was equivocal on the right and flexor on the left. Cognition and coordination were unremarkable. **Sensory exam** showed lack of force in his upper left arm. **Imaging:** At the time of presentation, MRI showed a T2 hyperintense lesion and two areas with water restriction localized bilateral near the capsule. The internal dimensions of 9 mm and 3 mm right to left are looking an artery territory displayed as an evolving stroke (periphereic). Lacunar degenerative changes and periventricular white matter demyelination: size 8; 7 and 11 mm. On the right side the biggest communication is with VL: 3.9 mm and 11 mm from the left side; **Discussion:** Which demyelinating disease does the patient have? Is it multiple sclerosis? **Conclusion:** Based on this patient's symptoms, and open, ring-enhancing lesions on MRI, a presumptive diagnosis of demyelinating disease was made. The patient provided their informed consent for the publication of this case report.

A CASE OF MYELOLIPOMA WITH EXTENSIVE DEGENERATIVE FEATURES

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Introduction: Myelolipoma is an asymptomatic benign tumour typically found in adrenal gland. Usually it is incidentally discovered in autopsy or on imaging where it has characteristic features, avoiding surgery. We present an interesting case of myelolipoma with extensive degenerative features, in which the clinical, as well as the pathologic diagnosis were challenging. **Material and methods:** A 66-year-old diabetic woman presented at hospital with abdominal pain, nausea and vomiting. The abdominal imaging revealed a right adrenal lesion of 46x41mm. Laparoscopic adrenalectomy was performed and the specimens consisted of multiple fragments of friable yellowish tissue with hemorrhagic foci. **Results:** Microscopic analysis revealed areas of mature adipose tissue with hematopoietic elements surrounded by residual adrenal cortex with extensive hyaline tissue and only some areas, on the periphery of the lesion were made of fibromyxoid, calcified and hemorrhagic changes. Marked hyalinization of blood vessel was noted. All fragments were processed in order to exclude a malignant lesion (eg. liposarcoma, myxofibrosarcoma) or an angiomatofibroma. The final diagnosis was myelolipoma with extensive degenerative features. **Conclusions:** The presence of pronounced degenerative changes in a myelolipoma make the histopathologic diagnosis very difficult. Therefore, a careful and extensive examination is useful for a precise diagnosis. **Keywords:** myelolipoma, benign tumour, degenerative features.

A CLINICAL CASE OF ERYTHEMA MULTIFORME

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Introduction: Erythema Multiforme is characterized by acute recurrent rash with skin lesions or iris-shaped targets. It has an incidence of 1%, mainly of ages 20- 40 years, with a mild predominance on men. Usually the disease is preceded by malaise, anorexia, arthralgia, myalgia, low grade fever, upper respiratory system infections. The skin lesions are accompanied by a feeling g of tension, burning or itching. The recommended therapy is with corticosteroids and antihistamines. **Materials and Methods:** We present a male of 82 years-old patient, that was brought to the emergency room of the General hospital of Corfu, presenting irritating skin rashes, erythematous and spotted, throughout the anterior and posterior torso, the upper and lower limbs, and also the face and neck .The patient had been diagnosed and hospitalized with urinary tract infection with *Pseudomonas aeruginosa* species 3 days ago, obtaining a treatment with levofloxacin .The patient was treated with triple allergy scheme at the ER and continued his hospitalization with other lines of antibiotics. **Results:** After 4 days of antibiotic therapy, the rashes had already receded and the prognosis of the patient was excellent. A continuation of the therapy has suggested after his discharged from the hospital. **Conclusion:** The case was hard to be diagnosed by the physicians due to its low incidence and the difficulty to differentiate diagnose between other pathologies, as Steve-Jonson's Syndrome, skin paraneoplastic syndrome and eventually to underline the cause of the disease appearance. **Key Words:** Erythema, Infection, Allergy.

A NEW CASE OF CAMPOMELIC DYSPLASIA WITH DEXTROCARDIA AND WITHOUT SEX-REVERSEAL

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We report a 3 days old male with plurimalforvative syndrome. This case is characterized by disharmonic shortstature, macrocephaly, high forehead, high anterior hairline, flat occiput, wide fontanel, low-set, posteriorly rotated ears, hypertelorism, nose with anteverted nostrils, wide and flat bridge, short, deep philtrum, microretrognathia, microstomia, cleft palate, short neck, chest hypoplasia, dextrocardia, short and curved limbs, talipes equinovarus, muscle hypotonia. The X-rays indicated reduced cranial, pelvic, tibial and fibular ossification, absence of nasal and sternal ossification, cervical kiphosis, 11 pairs of ribs, flat and short vertebral bodies, short humerus with widened distal epiphysis, shorted and curved forearm's bones and femur and hepatomegaly. Karyotype is normal. Prenatal ultrasonographic investigation of patient indicated a IUGR and short limbs. Based on these features the prenatal diagnostic supposition was achondroplasia. The diagnosis was: campomelic dysplasia (CD). CD is a rare plurimalformative syndrome (1/40.000-1/80.000 newborns) generated by mutation in SOX9 gene that codes a transcription factor expressed in embryonic stage. It controls sexual and skeletal development. Mutations are de novo and transmitted in autosomal dominant manner. In majority of 46,XY CD foetus is present a sex-reversal. Prognosis of CD is negative, 90-95% of patients died in neonatal period, by respiratory insufficiency. The CD survivor patients need cardiologic, psychiatric, orthopaedic, ophthalmologic and ERT survey. The particularities of our case are absence of sexual ambiguity and presence of dextrocardia. Key words: plurimalformative syndrome, campomelic dysplasia, dextrocardia.

A RARE CASE OF COMPLEX SEVERE HYPOSPADIAS WITH PERINEAL HAMARTOMA IN INFANT

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Introduction: Hypospadias is a common congenital anomaly yet, severe hypospadias with multiple genitourinary anomalies is rare. Embryologically, complexity and intimacy of development of the cloaca and external genitalia explain this wide spectrum of malformations. Our aim on reporting this rare case is to demonstrate an appropriate surgical intervention in such cases. **Materials and Methods:** A three month-old boy presented to the Paediatric Urology Clinic with perineal hypospadias and severe chordee associated with other genitourinary anomalies, in the form of complete bifid scrotum, complete penoscrotal transposition, a perineal apple-sized subcutaneous lump, and ectopic mucosa with ectopic corpus cavernosus tissue just adjacent to the perineal opening. Both testicles were felt within the bifid scrotum, of normal size and shape. A decision was made to correct this anomaly via multi-stage procedures. A complete correction of penoscrotal transposition, bifid scrotum, and chordee was done at the age of 8 months. Ectopic mucosa and subcutaneous lump were removed and send for histopathological examination. Thiersch-Duplay principle with deep burying of the new urethra within the scrotum was performed 6 months later to bring the perineal meatus to penoscrotal position. This was followed by another session of advancement urethroplasty, till the neo-meatus reached the coronal sulcus level. Granuloplasty will be performed later. **Results:** The final appearance was very satisfactory to the parents. Histopathological examination revealed colonic origin of the ectopic parametatal mucosa and the perineal neoplasm to be hamartomatous. **Conclusions:** Very few cases of such complex anomaly had been reported in the English literature. Surgical reconstruction is feasible but challenging .The cosmetic and functional results are however, satisfactory. **Key words:** severe hypospadias, bifid scrotum, penoscrotum transposition, perineal hamartoma, ectopic corpus cavernosus.

A RARE CASE OF METASYNCHRONOUS TUMORS

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Introduction: Krukenberg tumor is an uncommon ovarian metastatic signet-ring cell adenocarcinoma from a primary site, such as the gastrointestinal tract. However, for some cases, primary cancer of the tumor may not be merely revealed. In Europe, it reportedly accounts for 15% of all ovarian malignancies. Till date, the gold standard strategy treatment has not been adequately addressed. Nevertheless, it poses diagnostic difficulty and poor prognosis. **Materials and methods:** We report a case of a 48-year-old premenopausal woman with a pathological personal history of hypertension, obesity, secondary anemia and ascitic syndrome presenting with dull aching pelvic pain for last 4-5 months, associated with nausea. Blood count findings were significant, along with a high carbohydrate antigen (CA) 125 level. Ultrasonography revealed ovarian mass that prompted additional investigations. Furthermore, computed tomography scans enhanced chyst-like conglomerate and a gastric tumor formation. Krukenberg tumor suspicion is established, considering the simultaneity of the two tumors. Hence, the patient underwent a laparoscopic bilateral ovariectomy associated with subtotal gastrectomy with mechanical gastro-entero anastomosis. Biopsy is performed and the histopathological diagnosis is: bilateral Krukenberg tumor. Postoperative evolution was uneventful. The patient was discharged in day 12 postoperatively under oncologic supervision. A 6 months follow-up is expected. **Results:** Certainly, this context warrants some questions regarding the diagnostic attitude and management scheme. Thus, in some cases, cytoreductive surgery combined with chemotherapy has been evidenced as an effective treatment of primary ovarian cancer. Moreover, the route of spread of this tumor is still not well established. A screening plan could be possible. **Conclusion:** The bottom line is keeping in mind the Krukenberg diagnosis everytime an assemblage of metasynchronous tumors is suspected. **Keywords:** Krukenberg tumor, diagnostic imaging, signet ring cell gastric carcinoma, laparoscopic cytoreductive surgery.

A VERY UNCOMMON DISEASE ASSOCIATION: TRANSVERSE MYELITIS POST SJOGREN SYNDROME

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Introduction: This is the case of a patient with repeated episodes of transverse myelitis with good response to medical treatment. After multiple tests were performed, the diagnosis of Sjogren syndrome was made. **Case description:** The patient was a 56-year-old Caucasian woman who presented to hospital with motor deficit in both inferior limbs, urinary retention and numbness in the superior part of the thorax. The neurological examination revealed decreased power in lower limbs with flaccid paraparesis grade 0/5 in the right leg, grade 2/5 in the inferior leg, OTR abolished in both legs, positive Babinski sign bilaterally, superficial thermoalgic anesthesia at the D2 level, apalestesia in both legs, abdominal reflexes abolished, urinary retention. An MRI was performed and revealed a contrast enhancing lesion between the D2-D7 vertebrae with a cranio-caudal diameter of 94 mm, divided contrast medium uptake, in the anterior cords at the D2 and D4 levels, apparently continuous lesion in the posterior cords, without pleading for a primary neoplastic process. During anamnesis, the patient mentions sicca syndrome signs. Schirmer's test was positive and the minor gland biopsy showed a lymphoplasmocytic infiltration process. After admission she received Solumedrol 500 mg i.v. daily until a total of 5 grams with a slight improvement of the motor deficit, at discharge with a flaccid paraparesis of 1/5 in the right leg and 3/5 in the left leg. She began physical therapy and started Cyclophosphamide 700 mg/m² i.v. monthly for six cycles and Prednisone 20 mg daily. After 4 months, the motor deficit improved, at a grade of 3/5 in the right leg and 4/5 in the left leg, with normal urination. **Discussion:** This case highlights the importance of not excluding rare complications of a disease or rare disease association. **Keywords:** Sjogren, myelitis, infiltration, paraparesis.

ALMOST FATAL COMPLICATIONS OF HYPERTENSION IN A PAUCISYMPOMATIC PATIENT

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Introduction: B.T., a 55-yo male, heavy smoker (40 pack-years) was admitted to the hospital for constrictive thoracic pain at rest accompanied by dyspnea. His past medical records revealed grade III hypertension, partially thrombosed aortic infrarenal aneurysm, non-obstructive hypertrophic cardiomyopathy and chronic kidney disease stage III. Physical examination showed abdominal wall collateral circulation, BP= 190/100 mm/Hg bilaterally, left carotid bruit, murmur over the right femoral artery and no pulse on left femoral artery. **Materials and Method:** The EKG and echocardiographic evaluation were consistent with non-obstructive hypertrophic cardiomyopathy, while the cardiac markers showed no evidence of myocardial necrosis. The coronarography results were unremarkable. The thoracic-abdominal-pelvic CT scan revealed occlusive thrombosis proximal to aortic bifurcation, aneurismal thrombosis extending towards the left renal artery ostium and diminished left kidney dimensions. Furthermore on 3D reconstruction, blood supply to internal and external iliac arteries was observed to be provided by collateral circulation from anterior abdominal wall arteries, deep lumbar plexus and deep perirectal plexus. In addition, the renal arteriography showed occlusion of left renal artery and 90% ostial stenosis of right renal artery. **Results:** The diagnosis was secondary angina pectoris, severe atherosclerotic aortic disease and secondary arterial hypertension grade III. During hospitalization, the patient received antiaggregant, loop diuretic, mixed alpha-beta blocker, ACE inhibitor (stopped after renal arteriography), dihydropyridine calcium channel blocker, central alpha agonists and statin. The patient was discharged hemodinamically stable (BP= 160/100 mmHg), without angina. **Conclusions:** The patient has indication for surgical right renal artery revascularization and left nephrectomy. The particularity of this case consists in the severe complications found in a paucisymtomatic patient with few cardiovascular risk factors (smoking and arterial hypertension). **Key words:** secondary arterial hypertension, aortic aneurism, secondary angina pectoris, left renal artery occlusion, aortic occlusive thrombosis.

AN EXTREMELY RARE CASE OF PARANEOPLASTIC VENA CAVA THROMBOSIS IN A CHILD WITH ADRENAL CARCINOMA

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Introduction: The causes of Cushing syndrome (multiple pathological manifestations determined by excessive concentrations of circulating glucocorticoids, with an incidence of 2-5/million/year) can be divided into ACTH-dependent and ACTH-independent. The latter includes adrenal carcinoma, an extremely rare etiology with a prevalence of 0.5-1/ million, representing only 0.2% of the total cases of child neoplasm. **Material and methods:** Case report. **Results:** A 5-year-old girl was admitted for clinical manifestations of cortisol and androgen hormones excess (rapid and progressive fat gain (full moon-shaped face), hyperemia, hypertension, hirsutism, acne, seborrhea, pubarche]. Biochemical examination revealed very high serum levels of cortisol (with circadian rhythm inversion and no inhibition to the dexametasone suppression test); suppressed ACTH levels, suggesting the primary adrenal etiology of the excessive cortisol; high circulating levels of androgens (DHEAS, androstendione, 17-OH-progesterone, testosterone), with normal concentration of aldosterone. Imagistic exploration (ultrasound and computer-tomography) identified a well defined right adrenal tumor, but also the presence of a thrombus in the inferior vena cava with abdomino-thoracic extension. The surgical approach consisted of right adrenalectomy, followed by thrombectomy. Even though the histopathological and imunohistochemical examination pointed towards an adrenal adenoma, histopathological examination of the thrombus from the vena cava has demonstrated the existence of adrenal cell nests, an aspect compatible with an adrenal carcinoma, with vascular invasion. The patient has had an excellent post-surgery recovery, with the remission of clinical and hormonal signs of glucocorticoid and androgen excess. Even though further imagistic exploration (PET-CT) has not shown secondary determinations, the girl underwent 2 consolidation chemotherapy cures. At the moment, the patient is in total clinical, hormonal, and imagistic remission. **Conclusions:** Even though the adrenal carcinoma in childhood is a pathology with an unfavorable evolution and prognosis, it can be controlled if rapidly discovered and treated by a multidisciplinary team. **Keywords:** Cushing Syndrome, adrenal carcinoma, inferior vena cava thrombosis, children.

ARTERIAL HYPERTENSION SECONDARY. RENAL ARTERY STENOSIS

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Introduction: A twenty one years old, nonsmoker, patient, without any pathological family history, known as hypertensive for two years, is hospitalized accusing fatigue with drug uncontrolled blood pressure values. Following the investigations, we excluded as etiology: primary aldosteronism , nephropathy, Cushing Syndrome, pheocromocytoma, thyroid disease, hyperparathyroidism, hypercalcemia and renal arterial stenosis (ultrasound). Considering the high level of plasma renin, we decided to perform renal arteriography which detected an 80% left renal arterial stenosis , after which we performed balloon angioplasty with a positive result. Postprocedural 24h TA Holter monitoring showed the decrease of blood pressure values, consequently we decided to optimize the antihypertensive treatment excluding the alpha receptors blocking drugs from the treatment scheme. With the new treatment scheme the patient had a favorable evolution, without any postprocedural complications. Arterial hypertension secondary, Renal artery stenosis, Renal angiography.

BUDD-CHIARI SYNDROME AS A COMPLICATION OF SCHISTOSOMIASIS

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Introduction: Schistosomiasis, also known as bilharziasis, is a disease caused by parasitic flatworms called schistosomes. A long time infection can cause liver damage, kidney failure or bladder cancer. In some cases, liver inflammation can contribute to many complications including Budd-Chiari Syndrome. **Case Presentation:** A 35 years old female presented in 2008 bloating and abdominal pain associated with dyspnea. Full abdomen USG showed ascites and parasitological exam of stool revealed schistosome eggs; HDE showed small-caliber varicose veins. In 2012, she presented great HDB with hypovolemic shock, cardiorespiratory stop and anasarca. Ligation of esophageal varices remained asymptomatic until 2015 when it started to present right recurrent pleural effusions. In March 2016, an USG showed hepatomegaly and multiple hypoechoic images in liver parenchyma, free fluid in the pelvis and bilateral pleural effusion. On clinical examination, the patient was found conscious, afebrile, jaundiced, acyanotic, hydrated. The vesicular murmur was abolished in the lower part of the right and the left hypochondrium. The cardiovascular examination showed regular cardiac sounds, heart frequency of 68 bpm and arterial pressure of 110x80 mmHg. The abdomen was flaccid, depressible, painless at deep palpation and the liver was easily palpable 5 cm lower than the right costal edge. Several laboratory analyses were performed : Albumin [3.2g/dl], Total Bilirubin [3.6 mg/dl], INR [1,45]. The USG led to the diagnosis of Budd Chiari Syndrome. The treatment included an angioplasty and implant of stents and transjugular intrahepatic portosystemic shunt. **Conclusions:** In this case, the infectious condition caused by Schistosoma was the first to appear and the one causing the Budd-Chiari Syndrome through the trombose that produced an occlusion inside the right hepatic vein. So this is how the hepatomegaly appeared, leading to jaundice and the accumulation of liquid inside the peritoneal cavity. **Keywords:** Schistosomiasis, Budd-Chiari Syndrome, Stents.

CARRIERSHIP OF ANTI-TOXOPLASMA ANTIBODIES IN PATIENTS WITH SCHIZOPHRENIA

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Introduction: *Toxoplasma gondii* is an unicellular parasite widely spread throughout the world. It possesses expressed neurotropism and the ability to form cysts in brain tissues. The acute form of congenital and acquired toxoplasmosis may be accompanied by neurological symptoms and mental disorders similar to those seen in schizophrenia. Latest research has demonstrated that the latent form of the disease may lead to changes in behavioural reactions, thinking and emotions. In search of a possible connection between *T. gondii* infection and changes in basic mental functions of infected subjects, we compared the incidence of carriership and the levels of anti-toxoplasma antibodies in 108 schizophrenics and 108 mentally healthy subjects in a control group. The levels of anti-toxoplasma IgG and IgM serum antibodies were assessed with an immunoenzymatic method (ELISA). The frequency of carriership of anti-toxoplasma IgG antibodies was significantly higher in schizophrenics than that in the controls: 52 subjects (48.15%) in the study group and 41 subjects (37.96%) in the control group ($p=0.01$). Anti-toxoplasma IgM antibodies were detected in only two patients with schizophrenia. In 36 out of 52 schizophrenics with a positive serology (69.23%) and in 23 out of the 41 controls (56.10%) we found high levels (>200 IU/ml) of anti-toxoplasma IgG antibodies. No statistically significant differences in IgG antibody levels were found between the two groups ($p>0.05$). The role of genetic factors in the aetiology of schizophrenia has been proven and accepted. We assume that, when combined with a genetic predisposition, *T. gondii* infection may act as an additional factor that triggers clinical manifestations in schizophrenia. Key words: *Toxoplasma gondii*, toxoplasmosis, schizophrenia.

EXTRAHEPATIC MANIFESTATIONS IN HEPATITIS C VIRUS INFECTION

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Introduction: Extrahepatic manifestations of chronic viral C infection has an variable incidence and associated disorders have been reported including: skin, arthicular, immunitar, ocular disorders and central nervous system, renal , endocrinological diseases. The most of the patients infected with hepatitis C virus present clinically no obvious extrahepatic manifestation. However, hepatitic c virus may be considered to be involved in the occurrence of essential mixed cryoglobulinemia, membranoproliferative glomerulonephritis and cutanea tarda porphyria, but also of many other manifestations: rheumatological, cardiac, endocrinological, neurological and hematological. **Material and methods:** A 64-year-old female patient with cirrhotic stage hepatitis C virus infection who has some associated extrahepatic manifestations, starting with essential mixed cryoglobulinemia with consecutive renal affection, occurrence of diabetes mellitus type 2, lichenus planus, with progressive evolution towards hepatic and renal failure, severe pancytopenia and carbohydrate balance alteration with impact on patient's prognostic. **Conclusions:** the complications are increasing the pathological burden and the need for effective viral eradication measures is underlined **Keywords:** cirrhosis, hepatitis C, extrahepatic, diabetes mellitus type 2, cryoglobulinemia.

NEONATES WITH COLONIC OBSTRUCTION BY GASTROINTESTINAL STROMAL TUMOR

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Introduction: Gastric leiomyoblastoma was first reported in 1962 in a child and now it is known as gastrointestinal stromal tumor. Compared to older children, Gastrointestinal stromal tumor in neonates are benign in nature. In pediatric age group, gastrointestinal stromal tumor is common with female sex predilection. In contrast, the occurrence of gastrointestinal stromal tumor is equivalent in both sex in neonates. The occurrence of gastrointestinal stromal tumor in neonates is very rare and according to English literature this is the 7th case report worldwide and the first case in Africa. Furthermore, this literature is the first abdominal mass discovered in the sigmoid colon. **Materials and methods:** Present neonate case, 10-days-old male presented with abdominal distension, vomiting, and constipation. Clinical examination revealed, severe abdominal distension, bilious vomiting and empty rectum on digital examination. Abdominal laparotomy was done and revealed soft tissue mass infiltrating the wall of the sigmoid colon, causing obstruction. The diagnosis was made histologically and immunohistochemically with focal positive reaction for CD117. **Results:** The prognosis of the case is excellent with no complication. One and a half year survival in the neonate is reported. **Conclusion:** Although it is very rare, gastrointestinal stromal tumor must be kept in mind in the differential diagnosis of neonatal intraabdominal tumor. **Keywords:** Neonates, Gastrointestinal stromal tumor, Sigmoid colon).

CHEST PAIN, LBBB AND HIGH LEVELS OF CARDIAC ENZYMES- NOT ALWAYS MYOCARDIAL INFARCTION

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Introduction: Cardiac involvement in polymyositis is more prevalent than had been believed, and its clinical spectrum to be wide and variable. About 10–15% of all patients with polymyositis have a cardiac abnormality as their initial presenting feature, while up to 70% of all those with polymyositis will have some cardiac involvement diagnosed non-invasively during the course of their illness. The cardiac involvement in polymyositis usually can manifest as congestive heart failure, arrhythmias, heart blocks, and other electrocardiographic changes and less frequent as myocarditis, valve disease or myocardial ischemia in the presence of normal coronary arteries. **Case report:** We present the case of a 43 years old man with no prior medical history admitted in our intensive coronary care unit for prolonged chest pain, palpitation and dyspnea. The symptoms started 6 days prior to admission. He also described proximal lower limb myalgia for few months. Ecg showed LBBB. CK, CKMB, AST; ALT, LDH and troponin I levels were high but with no specific dynamicity for myocardial infarction. Ecocardiography showed decreased left ventricular systolic function (LVEF=25%), diffuse moderate hypokinesia and infero-posterior akinesia. The coronary arteriography showed neither atherosclerotic lesion nor coronary arteritis. The patient received treatment with ACE inhibitors, beta-blockers, diuretics and low molecular weight heparin with clinical improvement, a slightly improvement of the LVEF (LVEF=30%) and a significant decrease of troponin I, CK and CKMB levels. Patient refused further investigations but returned after 2 weeks with very high levels of creatine-kinase. Electromyography, deltoid muscle biopsy and positive antiSRP antibody confirmed the diagnosis of polymyositis. The normalized values of troponin I and CKMB as well as significant improvement of LVEF after 2 weeks advocates for the diagnosis of acute myocarditis. **Conclusions:** Angina-like chest pain, LBBB and high levels of cardiac biomarkers are not always synonyms with acute coronary syndrome. Negative workup with regard to coronary artery disease prompted us to look for other causes. Acute myocarditis as the first presenting feature in polymyositis is very rare. Polymyositis should be considered in the differential diagnosis of myocarditis when suggestive cardiac signs are associated with very high CK levels even without evident clinical skeletal muscle involvement.

COMPLETE ANDROGEN INSENSITIVITY SYNDROME: GENETIC ANALYSIS OF A FAMILIAL CASE

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Introduction: Complete androgen insensitivity syndrome (CAIS) is a X-linked recessive condition resulting in a failure of normal masculinization of the external genitalia in 46,XY individuals. Clinical features include primary amenorrhea in adult phenotypic female, bilateral testes, absent/ hypoplastic Wolffian ducts and inguinal hernia. We present a familial case of CAIS in order to illustrate a rare disorder and discuss the importance of genetic tests in getting the correct diagnosis and genetic counseling. **Patients and Methods:** A 21 year old woman, were referred to genetic evaluation due to primary amenorrhea and bilateral inguinal hernia. Clinical examination reveals female phenotype with normal breasts, normal hair in the groins and axillary areas and small and hypoplastic labia. She has normal levels of gonadotropins, low levels of dihydroestron and high levels of testosterone. The abdomino- pelvic MRI shows the lack of uterus and ovaries. The hernias were operated laparoscopically at the age of 5 (right) and 8 (left). Histopathology revealed two testicles with poorly developed seminiferous tubules, only covered by immature Sertoli cells and the absence of germinal cells. She is also diagnosed with immune thyroiditis. Family history shows that she has a 10 years old sister with bilateral inguino-labial hernia, similar levels of sexual hormones and lack of uterus and ovaries. **Results:** The karyotype for both affected sisters is 46,XY. DNA analysis identifies c.2296G mutation in exon 5 of androgen receptor gene (AR-Gene-A766T). The mother is heterozygote and another sister is wild type. **Conclusions:** We present a familial case of CAIS caused by c.2296G mutation. The older sister underwent estrogen replacement therapy. For the 10 year old sister, the doctors decided to delay the intervention, until the end of puberty, with periodically checks. Genetic testing allows carrier identification and correct genetic counseling. **Keywords:** CAIS, Morris Syndrome, primary amenorrhea.

COMPLEX TRAUMA OF THE UPPER LIMB.

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Introduction: The severe soft-tissue trauma of the upper limb are considered a surgical emergency requiring a thorough exploration for a proper diagnosis and appropriate treatment. **Material and methods:** Two patients were hospitalized in July and August 2016 in the Plastic Surgery Department in Emergency County Hospital of Craiova with complex trauma of upper limbs. The first patient presented with pain, paraesthesia and functional impotence of the left upper limb. Ecchymosis, edema and the absence of the left ulnar and radial artery pulse were observed. During the surgery, several hematomas and sections of the left brachial muscle and left brachial artery were discovered, so the doctors decided to perform arteriorrhaphy of the brachial artery, myorrhaphy of the brachial muscle and skin graft from the left thigh. The second patient presented in the emergency room for multiple wounds in the left arm and left forearm, upper-anterior chest, section of the anterior and posterior muscle lodge of the forearm, ulnar and median nerve section, open fracture of his left ulna. The treatment consisted in the median and ulnar nerves neuroplasty, using the sural nerve from the both lower extremities. **Results:** The postoperative evolution was favorable for the both patients and they were recommended to do physical therapy to recover upper limb mobility and sensitivity. **Conclusions:** It is a real challenge for the doctors to find the best approach in trauma, adapting it to the severity of the cases and, of course, to the individual's necessities. **Keywords:** Plastic surgery, trauma, upper limb.

DEEP VEIN THROMBOSIS - AN EVER SURPRISING DIAGNOSIS

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This is the case of a patient presenting with deep vein thrombosis, a diagnosis that can have unexpected causes: urothelial cell carcinoma. A 65-year-old man is presented with a 3-week history of a volume increase of the left inferior extremity, weight loss (10 kg in 2 weeks), and weakness. The past medical history reveals renal colic one month ago treated with antispasmodics; the pain partially decreased. On physical examination, the patient showed a volume of the left thigh greater than the right one with 4cm, and of the left calf greater than the right one with 1cm; the remainder of the physical examination was normal. The laboratory results revealed normocytic normochromic anemia (Hb = 11.20 g/dL), platelets (311.00*1000/uL), WBC (98.15*1000/uL), inflammatory markers (ESR = 53 mm/1h, CRP = 30mg/dL), INR = 1.30, microscopic hematuria, and a negative urine culture. Abdominal ultrasound and chest X-ray were normal. Rectal digital exam showed an enlarged prostate. Tumor markers: PSA, CEA, CA19.9, AFP were in normal limits. Venous ultrasound of the lower limbs revealed bilateral deep venous thrombosis and thrombophlebitis of the left great saphenous vein. Whereas onset of inherited thrombophilia is improbable at that age, we suspect a compressive process localized in the true pelvis and we decide to perform an abdominal and pelvic MRI. MRI conclusions: Urothelial tumor localized in the iliac segment of the right urether with overlying hydroureteronephrosis, benign prostatic hypertrophy and transhiatal gastric hernia. Patient is referred to urology for a specialist advice. Conclusions: In evolution, urothelial cell carcinoma can be silent, and when diagnosing a deep venous thrombosis we should take into consideration the existence of a complex pathological process which can have surprising locations.

FABRY DISEASE: DIAGNOSIS AND STRATEGIC MANAGEMENT

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Introduction: Fabry disease is a X-linked genetic disorder characterized by deficiency of α -galactosidase A that results in the accumulation of glycosphingolipids, mainly globotriaosylceramide, in lysosomes. The accumulation of glycosphingolipids mainly affects vascular endothelial cells, neurons belonging to the peripheral nervous system (somatic and autonomic) and central nervous system, cardiomyocytes, all kinds of kidney cells, leading to cell dysfunction, tissue remodeling (fibrosis / sclerosis), ischemia and finally to severe damage in target organs. **Materials and methods:** We present a patient, age 26 years old with symptoms that began at age 14 with neurological manifestations suggestive of possible sensory polyneuropathy, skin injuries such as angiokeratomas and the existence of a right carotid TIA in history. Corroborating clinical data, a genetic disease type sphingolipid has been questioned and full evaluation with molecular and genetic tests will be later made. **Results:** After molecular analysis, a mutation was found, the presence of c [836A>G] and p [Q279R] has confirmed Fabry disease. The patient has been evaluated by a team of cardiology, nephrology, neurological and ophthalmic doctors and pathognomonic changes were revealed which have permitted developing a treatment plan accordingly. **Conclusions:** In conclusion Fabry disease is a severe multisystem disease with clinical forms depending on variable degree residual enzyme activity, but with greater severity in case of males. The clinical onset can occur in childhood, the diagnosis is often established late, making it difficult to prevent complications of systemic disease. Molecular genetic testing is therefore particularly important, because it allows more rapid detection and initiation of enzyme replacement therapy that aims at relieving symptoms and preventing the disease.

GASTRIC STROMAL TUMOR – A DIAGNOSTIC TRAP

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Introduction: Gastrointestinal stromal tumors (GISTs) account for less than 1% of gastrointestinal tumors, but they are the most common mesenchymal neoplasms of the gastrointestinal tract. GISTs are usually found in the stomach or small intestine but can occur anywhere along the GI tract and rarely have extra-GI involvement. Up to 75% of GISTs are discovered when they are less than 4 cm in diameter and are either asymptomatic or associated with nonspecific symptoms. They are frequently diagnosed incidentally during radiologic studies or endoscopic or surgical procedures performed to investigate the GI tract disease or to treat an emergent condition such as hemorrhage, obstruction, or perforated viscus. **Material and methods:** We present the case of a 71 year old woman with chronic liver disease. The patient accused asthenia, dizziness, dyspnea, epigastric pain, anorexia. Initial investigations showed severe microcytic hypochromic anemia, grade 3 essential hypertension, angina of effort, asymptomatic bacteriuria and a epigastric dense formation after abdominal ultrasound. **Results:** Following endoscopic examination, the result is deep antral chronic gastritis, associated with superficial epithelial hyperplasia and rare colony of *Helicobacter pylori* (+). CT appearance may be suggestive of gastric stromal tumor. Gastrointestinal stromal tumors may vary by location, rate of growth and tumor diameter, are asymptomatic until the tumor volume is increased in size. GISTs show nonspecific symptoms: abdominal pain, anemia, loss of appetite and may present as a palpable tumor (50-70%). **Conclusions:** The symptoms presented by our patient would rather have led to a ischemic heart disease and not to the one found, of a gastric tumor, considering the fact that there were no signs of digestive hemorrhage. **Keywords:** gastric tumor, anemia, hypertension, angina.

HIGH-GRADE CHEMORESISTANT PROSTATIC ADENOCARCINOMA - A CASE REPORT

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Introduction: Prostatic adenocarcinoma is a malignant tumor, defined by an abnormal rate of multiplication of the epithelial cells. Most patients have multifocal disease, but also have a dominant nodule located in the peripheral zone. Less commonly, the carcinoma can be located in the transitional or central areas. These tumors can be felt by digital rectal examination, and can be diagnosed by needle core biopsy. **Case presentation:** We are presenting a 60 years old male admitted to the hospital (Clinical Institute Fundeni, Bucharest) in September 2011 for a digital rectal examination, as an indication for a benign prostatic hypertrophy, for which he had underwent a Transurethral Resection of the Prostate, 3 years ago. He presented with PSA=7,36 ng/dl and serum creatinine=1,36 mg/dl. At the rectal examination, he had a slightly enlarged, firm and fixed prostate. CT scan revealed supraclavicular adenopathies and the immunohistochemistry of the biopsy probe showed positive Ki67 tumor marker, which led to the diagnostic of high-risk prostatic adenocarcinoma, T4N1M1a stadialisation. After one year of monitoring the evolution of the carcinoma under radiotherapy, chemotherapy with Docetaxel and Prednisone and hormonotherapy with GnRH, he suffered postradic dermatitis and inferior right pulmonary metastasis. **Results:** In the end, after 2 years, the patient switched to second line chemotherapy, with Abiraterone, and entered clinical trials. **Conclusion:** The lifespan of the patient which switched to second line chemotherapy is less than 10 years. The patient developed liver masses and pulmonary metastasis inspite of receiving a combined therapy including radiotherapy, chemotherapy with anti-inflammatory drugs and complete hormonal supression with GnRH analogs. **Key-words:** chemoresistant, adenocarcinoma, complications.

LONG - TERM CORTICOTHERAPY AND ITS SIDE EFFECTS

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Introduction: Glucocorticoids have a broad spectrum of therapeutic indications and may be administered as replacement therapy in cases of adrenocorticoid insufficiency or in diseases such as rheumatoid arthritis. For minimizing side effects of corticotherapy, it is important to keep the treatment as short as possible and to indicate the minimum effective dose, respecting individual sensitivity to glucocorticoids. **Material and methods:** We present the case of a 57 year old man treated with corticotherapy only for rheumatoid arthritis, neglecting his treatment for second degree cortizonic diabetes and hyperuricaemia. The patient's reasons of hospitalization are: inter-falangeal joint pain of the upper and lower extremities, tumefaction, erythema, lack of functionality and epigastrium pain. Initial investigations showed cellulitis and ulceration of the anterior level-right foot, sharp, needle-like urate crystals on the hands and legs, bilaterally, tumefaction and pain at the inter-falangeal joints of the left arm, right foot and right elbow. 30 days had passed since the patient stopped the corticotherapy and the levels of cortisol from the serum doubled and the free urinary cortisol was 6 times bigger. The ecography of the suprarenal glands revealed the absence of the nodullary hyperplasia and the CT scan was normal. **Results:** After a complete health assessment, the result is chronic gout – acute attack, secondary type cortizonicallly unbalanced diabetes, cellulitis on the anterior part of the right foot, sepsis, gastroesophageal reflux and reumathoid polyarthritits at debut. **Conclusions:** Patient following corticotherapy for 3 years, for an insecure diagnostic, presents complications of the therapy, due to incorrect auto- adjustment of doses, with possible disruptions. **Keywords:** corticotherapy, rheumatoid arthritis, joint pain.

MASSIVE CEPHALIC PANCREATIC TUMOUR IN OLD FRAIL FEMALE PATIENT: RESECTION OR PALLIATION?

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Introduction: Pancreatic cancer is the fourth leading cause of cancer deaths. Approximately 75% of all pancreatic carcinomas occur within the head or the neck. The Whipple procedure or Pancreaticoduodenectomy is the most commonly performed surgery for tumour resection of the pancreas. Typically, the surgeon removes the head of the pancreas, the gallbladder, part of the duodenum and the pylorus of the stomach. Common complications include delayed gastric emptying and abdominal infection due to anastomotic leakage. **Materials and methods:** A seventy six-years-old female patient was admitted to the Emergency department, presenting a huge palpable upper abdominal tumour, weight loss and denutrition. The patient was diagnosed on abdominal CT with a locally advanced cephalic pancreatic tumour. Exploratory laparotomy revealed normal liver and a cephalic pancreatic tumour of 11cm at its widest diameter. On deeper inspection, it was found an invasion of the antro-pyloric region of the stomach. On frozen section, Peritumoral lymph nodes were negative for tumour cells, which lead to the decision of vascular plane dissection. Tedious dissection was performed at the superior mesenteric portal vein confluence, presenting a free plane between tumour and vessel. **Results:** The Standard Whipple Procedure lasted 4 hours. The vascular injury risk was overcome with the patient necessitating one unit of blood. Postoperative course was uneventful. The patient was discharged on the ninth postoperative day. **Conclusion:** Old age and imagistic suspicion of unresectable tumour are insufficient to contraindicate an operative resection. Vascular approach can decide the tumour resectability.

MEIGS SYNDROME. A CASE REPORT

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Introduction: Meigs syndrome is a rare but well known syndrome occurring in less than 1% of ovarian tumors, defined as the association of ascites, pleural effusion and a benign solid ovarian tumor. Atypical Meigs syndrome characterized by a benign pelvic mass with right-sided pleural effusion, but without ascites, can also occur. **Material and method:** We report the case of a 33 year-old female patient who presented with unproductive cough, shortness of breath and chest pain. A complete hematological study was carried out and anemia as well as elevated tumor marker serum CA-125 was revealed. Ultrasonography and computer tomography revealed a mobile, semi-solid right adnexal tumor in the lower abdominal quadrants with a dimension of 15-9-16cm as well as right pleural effusion. Meigs syndrome was diagnosed and surgical intervention successfully removed the right ovarian tumor. Pleural effusion resolved after the intervention. **Conclusions:** In Meigs syndrome the classical findings of ascites, pleural effusion in combination with an ovarian mass can mimic disseminated malignancy but resolve spontaneously after surgery. In this current case, the patient had only pleural effusion and ovarian mass. Considering the good prognosis of Meigs syndrome, prompt and accurate diagnosis is necessary to differentiate the syndrome from other ovarian malignancies. **Key words:** Meigs syndrome, ovarian tumor, ascites, pleural effusion.

PERICARDIAL CYST PRESENTED AS SHORTNESS OF BREATH. A CASE REPORT

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Introduction: Cysts of the mediastinum usually are congenital anomalies, most of the time detected by chance and constitute a small but important diagnose group, representing 6 to 11% of all primary mediastinal tumors. Pericardial cysts, located most frequently in the left anterior and inferior mediastinum, are identified in the fourth or fifth decade of life affecting females more than males with a sex ratio of 8:4. **Material and method:** We present the case of a 57 year old woman presented with progressive shortness of breath on exertion and diagnosed with a pericardial cyst located in the left cardiophrenic angle. Pericardial cyst was rather large and was initially diagnosed as encysted pleurisy. Ultrasound exam of the thorax revealed a pleuropericardial cyst tangent to the left chest wall and ultrasound-guided exploratory thoracentesis was performed evacuating 300 mls of “spring water” like fluid, very scarce in cells. We further investigated our patient for differential diagnosis; the computed tomography showed downsizing of the cyst but the patient refused surgery. **Conclusions:** A pericardial cyst should always be suspected when a cystic lesion is detected in the mediastinum. Pericardial cysts are usually suspected after an abnormal chest X-ray is obtained. If the patient is asymptomatic and the information provided by CT indicates a benign tumoral process suggestive for a pericardial cyst, conservative management with careful follow-up is justified. **Key words:** Pericardial cyst, Mediastinal tumor, Cardiophrenic angle.

PREOPERATIVE EMBOLIZATION IN A PEDIATRIC PATIENT SUFFERING FROM A RIGHT CALF OSTEOSARCOMA

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Introduction: The following case study reviews a patient presenting in June 2016 in the Emergency Clinical County Hospital Craiova, complaining of right knee pain. The clinical exam revealed a tumor below the right knee, extending towards the calf. After complete biochemical workup and imaging CT studies, the medical team concluded the tumor's nature was most certainly malignant. The treatment plan elaborated by the medical team was based on identifying the nature of the tumor with minimal hematological dissemination risk. **Material and Method:** The best treatment course started with the embolization of the tumor in order to prevent any malignant cell migration. The embolization procedure has been conducted in a hybrid operating room, using the SIEMENS Axiom Artis dFA angiography system, using a right femoral anterograde arterial approach. A catheter has been advanced just above the tumor and its arterial feeders have been evaluated. Afterwards, the feeders were embolized one by one, using resorbable embolizing materials. Post-embolization, the patient's leg has been immobilized for approximately 8 hours. Shortly after the embolization procedure, the patient underwent a biopsy that confirmed the diagnosis, followed by amputation of the right leg, saving the upper 1/3 of the thigh. Later treatment was comprised by chemotherapy and regular biochemical and imaging investigations. **Results:** Angiographic control after embolization showed no blood flow inside the tumor. **Conclusions:** Embolization is a valid option in order to minimize blood loss during most types of surgical procedures, especially malignant tumors with well represented arterial systems. Moreover, in case of a biopsy or other types of invasive manoeuver, embolizations ensures a supplementary barrier in the way of tumoral dissemination. **Key words:** osteosarcoma, arterial embolization.

PULMONARY ASPERGILLOSIS AND TUBERCULOSIS IN A YOUNG HIV INFECTED PATIENT-CASE REPORT

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Aspergillosis is a rare opportunistic infection that occurs exclusively in severely immunocompromised patients, but is not classified as AIDS-defining and has become increasingly rare in HIV infected patients due to the introduction of antiretroviral treatment (ARV). We report a case of a female patient, born in 1987 and diagnosed with HIV infection in October 2007, classified as B3 stage (CD4=164 cells/mm³, viral load-VL=46946 copies/ml). The initiation of ARV led to a favorable immuno-virologic response and a good clinical evolution. In September 2008, the patient received antibiotic therapy following the diagnosis of pulmonary tuberculosis and the ARV treatment was revised. After a TB relapse in June 2014, she received anti TB drugs for a year. The patient was admitted to hospital in September 2015 after several episodes of hemoptysis and dry cough. A complex evaluation by RT-PCR revealed a *Mycobacterium tuberculosis* DNA load of 19 copies detected in bronchial aspirate, *Aspergillus flavus* found in sputum cultures and also the chest CT scan showed a third grade cavern associated with aspergillosis lesions. The antifungogram was conducted and the patient received Voriconazole for a period of 6 months with a good response. The ARV treatment scheme was revised after conducting the drug resistance tests. In July 2016, the CD4 count showed 501 cells/mm³ and the VL undetectable, therefore the present ARV treatment proves to be effective in controlling the effects of the virus. Key words: HIV infection, Aspergillosis, Tuberculosis, ARV treatment;

PULMONARY TUMOR WITH ASCITIC ONSET

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Introduction. Ascites is the most frequent complication of cirrhosis and occurs only when the portal hypertension has already installed but ascites is caused by neoplasms, heart failure, tuberculosis, pancreatic illnesses, as well as other kind of affections. We describe the case of a 67 years old patient, a retired person, without significant personal or familial history, nonsmoker, infrequent alcohol and coffee consumer with following chief complaints at onset: loss of appetite, weight loss, serious physical asthenia, delayed intestinal transit, diffuse abdominal pain and increase of abdominal circumference. Initially was misdiagnosed with liver cirrhosis. **Material and methods.** After discharged from our clinic, suspicion of diagnosis was mesothelioma as well as after first thoracoscopy and pleural biopsy performed in a clinic of thoracic surgery. Several pleural fragments collected by biopsy were sampled for the histopathological exam. The staining used were: Hematoxylin-Eosin and Periodic Acid Schiff for the mucopolysaccharides. For the immunohistochemistry was used the LSAB method (HRP) (LSAB – labeled streptavidin biotin; HRP–horseradish peroxidase) as well as the antibodies: Cytokeratin cocktail (AE1/AE3), Vimentin, Calretinin, Cytokeratin 7, Cytokeratin 5/6, Cytokeratin 20, Epithelial Specific Antigen/Ep-CAM, Thyroid Transcription Factor, E-Cadherin, CDX2, Carcinoembryonic Antigen and the Hector Battifora Mesothelial Antigen. **Result** The aspect at immunohistochemistry establish a positive diagnostic of poorly differentiated mucinous pulmonary adenocarcinoma, with “signet ring” cells. **Conclusion.** The rapid and accurate determination of the diagnostics will allow not only for a decrease in the expenses for inefficient treatments, but also for the guidance of the patients towards clinics or centers able to provide and supervise these treatments.

SEVERE CONCOMITANT VITAMIN B12 DEFICIENCY ANEMIA AND PANCYTOPENIA IN AN OLD WOMAN WITH HYPOTHYROIDISM

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Introduction: Hypothyroidism induces a prolonged alteration of physiological responses, which conduct to deterioration of patient's homeostasis. While the association between hypothyroidism and anemia is known, medical reports present few cases megaloblastic anemia and pancytopenia being affected by hypothyroidism alone. **Material and methods:** A female 74-years-old with hypothyroidism and bilateral elephantiasis from the age of 30, was admitted with severe fatigue, resting dyspnea, headaches, loss of appetite and swelling of both legs. A series of medical tests showed severe hypothyroidism and a severe mixed anemia (megaloblastic and iron deficiency), thrombocytopenia. The main goal was to correct severe anemia concomitantly with thyroid replacement hormone therapy. Blood count performed at admission showed a severe macrocytic (MCV 140.5 fL; MCH 46.11 pg) and iron deficiency anemia (5.3 μmol/l), with hemoglobin of 4.7g/dl, decreased hematocrit (14.5%), RBC ($1.03 \times 10^6 \mu\text{L}$) and platelet ($108 \times 10^3/\mu\text{L}$) counts, elevated LDH (3111 U/L) and bilirubin values (BT 3.3 mg/dl). Thyroid-Stimulating Hormone (TSH) level was 11.29 μUI/ml. Clinical examination was completed by performing abdominal ultrasound and upper digestive tract endoscopy. In order to correct her anemia 4 units of B(+) blood transfusions were administrated and parenteral supplementation with 1000 μg B12 vitamin, iron (Ferinject 50 mg Fe/ml); fluid retention was corrected using loop diuretics (Furosemide 40 mg/iv, bid). **Results:** Treatment regimen used for anemia correction was effective, so 7 days after admission hemoglobin level increased by 3,6g/dL, hematocrit by 11,2%, MCV and MCH decreased (109,4 fL; 35.3pg) same as LDH and bilirubin. Hypothyroidism was treated with 50 μ Euthyrox accordingly to endocrinologist indication. **Conclusion:** In cases of mixed anemias, hypothyroidism must be considered in differential diagnosis. Relationship between this thyroid disorder and anemia requires more data in order to understand hematologic disease mechanism. **Keywords:** Hypothyroidism, vitamin B12 deficiency anemia, pancytopenia, diagnosis, therapeutic approach

THE MANAGEMENT OF "OPEN ABDOMEN" AFTER DECOMPRESSION LAPAROTOMY FOR ABDOMINAL COMPARTMENT SYNDROME

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Introduction: Abdominal compartment syndrome is a well-defined entity by intra-abdominal pressure over 20 mmHg, which associates at least one new organ dysfunction. Untreated, the mortality syndrome is more than 80%. Decompression laparotomy significantly reduces mortality, according to some studies, up to 30%. **Material and methods:** Patient NB, aged 48, was hospitalized at Surgical Clinic Nr. 2, Tîrgu Mureș Emergency Clinical County Hospital, with a diagnostic of acute necrotizing pancreatitis. The unfavorable course with conservative treatment requires additional procedures and we monitored the intra-abdominal pressure using a dedicated kit. Since the values were more than 20 mmHg and they were associated with kidney failure, we decided to perform decompression laparotomy on the second day with temporary closure, type "plastic bag" abdomen. After 48 hours, the patient is hemodynamically stable without inotropic support and renal failure remission. On the fifth day after surgery, we practiced the suture of the omentum at the muscular edges and we treated the abdominal wound with the Vivano system seted at -105 mmHg. Following the patient dressings, we noticed the coming of abdominal edges associated with local granulation. **Results:** General and clinical outcomes are favorable after the decompression laparotomy and the patient was discharged after 5 weeks of hospitalization. No secondary parietal reconstruction was required. **Conclusions:** Surgical decompression laparotomy is an act required by WSACS guidelines. Vivano negative pressure system avoids muscular retraction and restore the abdominal wall healing, avoiding postoperative eventration directed by the open abdomen. **Keywords:** negative pressure, abdominal compartment syndrome, open abdomen, decompression laparotomy.

THE THERAPEUTIC ONSET OF AN AUTOIMMUNE HEPATIC AFFLICTION

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Introduction: Autoimmune hepatic affliction takes different types of clinical and serologic expression that appears in a particular way. **Case Presentation:** A 34-year-old patient, with a history of autoimmune hepatic affliction (2008), right adnexectomy (2013), blood transfusion for postoperative hemoperitoneum (2013), presented at the hospital for tiredness, itching localised to both calves, pain in the right hypochondrium. Objective examination reveals slight jaundice of the skin, striae rubra, striae gravidarum on the lower abdomen, diffuse abdominal sensitivity. **Results:** Paraclinically: hepatocytolytic syndrome (ALT~5x normal, AST~2x normal), colestatic syndrome (hypercholesterolemia, hyperlipidemia, hypertriglyceridemia, GGT~36x normal, alkaline phosphatase~3x normal, total bilirubine raised because of the direct one), antimitochondrial antibodies (AMA) 149 AU/ml, antinuclear antibodies (ANA) 1/320, liver-kidney microsomal antibodies (anti-LKM1) and anti smooth muscle antibodies (ASMA) in normal range, negative viral marketing. **Morphology:** cholangio-NMR+ CIV: chronic hepatopathy with an NRM aspect of primary biliary cirrhosis (PBC), without pathological dilations of intra and extrahepatic biliary passage. **Positive diagnosis:** overlap syndrome- autoimmune hepatitis (AIH- cytolysis+ANA) + PBC (cholestasis, AMA, specific imagery). **Differential diagnosis:** Wilson disease, alpha-1 antitrypsin deficiency, hemocromatosis, primary sclerosing cholangitis. **Conclusions:** Vital and functional prognosis, related to the ability of work, depends on the treatment adherence and on the hygienic-dietary regimen (no alcohol, tobacco, fat-free diet). **Treatment:** objective: the prevention of complications and transplant and the improvement of life's quality. **Medication:** Prednisone and Azathioprine for immunosuppression and Ursosalk for colestatic disease. The therapeutic onset imposed by morbid situation requires clinical- biological supervising for the treatment monitoring depending on further results. **Keywords:** AIH, PBC.

A CLINICAL CASE OF ERYTHEMA MULTIFORME

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Introduction: Erythema Multiforme is characterized by acute recurrent rash with skin lesions or iris-shaped targets. It has an incidence of 1%, mainly of ages 20- 40 years, with a mild predominance on men. Usually the disease is preceded by malaise, anorexia, arthralgia, myalgia, low grade fever, upper respiratory system infections. The skin lesions are accompanied by a feeling g of tension, burning or itching. The recommended therapy is with corticosteroids and antihistamines. **Materials and Methods:** We present a male of 82 years-old patient, that was brought to the emergency room of the General hospital of Corfu, presenting irritating skin rashes, erythematous and spotted, throughout the anterior and posterior torso, the upper and lower limbs, and also the face and neck .The patient had been diagnosed and hospitalized with urinary tract infection with *Pseudomonas aeruginosa* species 3 days ago, obtaining a treatment with levofloxacin. The patient was treated with triple allergy scheme at the ER and continued his hospitalization with other lines of antibiotics. **Results:** After 4 days of antibiotic therapy, the rashes had already receded and the prognosis of the patient was excellent. A continuation of the therapy has suggested after his discharged from the hospital. **Conclusion:** The case was hard to be diagnosed by the physicians due to its low incidence and the difficulty to differentiate diagnose between other pathologies, as Steve-Jonson's Syndrome, skin paraneoplastic syndrome and eventually to underline the cause of the disease appearance.

UNCERTAIN HISTOLOGICAL DIAGNOSIS OF VATERIAN TUMOUR

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Introduction: Benign tumours are rare, their frequency being appreciated under 10% in context of tumours developed in Vater ampula region. Malignant tumours represent the majority (90%) and rarely are they localised intra-ampular (intra-vaterian tumours). The patient presented to the hospital with jaundice syndrome that occurred 2 weeks ago. The imagistical investigations such as the abdomino-pelvic CT revealed a tumour in the pancreas head – Vaterian ampulom although endoscopic biopsy found out only inflammatory tissue. **Materials and methods:** Both clinical and biological methods revealed an increasing jaundice syndrome associated with signs of angiocholitis and pancreatitis. The clinical, endoscopical and imagistical examinations established head of pancreas tumour as diagnosis. The ERCP exam revealed inside the lumen of the main biliary duct, distally localised, in Vater ampula, a solid new-formed tissue with about 1 cm diameter lying on the duodenum side. The biopsy obtained started to clarify the suspicion of malignancy but it was still not certain. All investigations put together concluded the necessity of the surgical intervention. Intraoperatively there were discovered head of pancreas tumour and multiple microabscesses in the liver. It was performed cephalic duodenopancreatectomy with pancreaticojejunostomy prothesised on a stent „a la Witzel” and hepaticojejunostomy prothesised on Kehr tube, gastroenteroanastomosis on the continuous loop. Moreover - cholecistectomy and lymphodissection in the hepatic pedicle. **Results:** After the tumoral resection, the histopathological exam proved finally the malignancy of the intraluminal tumour that obstructed the main biliary duct without local invasion respecting the boundaries of resection. The patient recovered favourably. **Conclusions:** In spite of the fact that previous endoscopical biopsy established only inflammatory tissue, ERCP oriented the decision to perform surgery and the final histopathological exam eventually proved the malignancy of the new-formed tissue. **Key words:** Vaterian ampulom, duodenopancreatectomy, histopathological exam.

Fundamental Sciences

A COMPARATIVE STUDY REGARDING THE PREVALENCE OF BURNOUT SYNDROME IN STUDENTS IN MEDICINE, ENGINEERING AND ECONOMIC STUDIES

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Introduction: Chronic occupational stress exposure results in a socio-psychological phenomenon, manifested as a long-term emotional exhaustion (EE), depersonalization (DP) and diminished professional and personal achievements (DPPA): the burnout syndrome. It is common in health workers and others professions alike, but also in students. We aimed to evaluate the prevalence of the burnout syndrome in students of the „Carol Davila” University of Medicine and Pharmacy, University of Medicine and Pharmacy of Craiova, Bucharest University of Economic Studies (BUES) and Politehnica University of Bucharest (PUB). **Materials and Methods:** The Maslach Burnout Inventory (MBI) was used to evaluate the prevalence of burnout syndrome in randomly chosen students, who were invited to participate in an online survey. MBI consists of 25 items and is structured on three dimensions: EE (9 items), DPPA (6 items) and DP (10 items). Responses were structured as a Likert scale with 5 items: 1 – very rare, 2 – rare, 3 – sometimes, 4 – frequently, 5 – very frequently. **Results and Conclusions:** Regarding the Faculty of Medicine: The mean age (MA) of the study group was of 21.97 years, and the sex repartition (SR) was: 85,49% women and 14,51% men. The distribution on study years (DSY) was the following: I – 6.11%, II – 21.63%, III – 13.23%, IV – 24.17%, V– 20.36%, VI – 14.50%. Of the respondents, 25.45% had a low risk (LRB) of developing burnout, 43.76% a moderate risk (MRB) and 22.13% a high risk (HRB). Regarding BUES: MA = 20.47 years, SR: 82,81% women, 17,19% men. DSY: I – 37.5%, II – 24.58%, III – 20.83%, IV – 9.37%, V– 6.25%, VI – 1.57%. Of the respondents, 18.23% had LRB, 38.85% MRB, 22.92% HRB. Regarding PUB: MA = 21.42 years, SR: 60,97% women, 39,03% men. DSY: I – 8.78%, II – 19.02%, III – 39.51%, IV – 14.51%, V– 9.27%, VI – 9.27%. Of the respondents, 12.68% had LRB, 55.12% MR, 32.20% HR. **Keywords:** burnout syndrome, medical students, chronic stress

ANATOMY OF ISCHIORECTAL FOSSA DEVELOPMENT - CLINICAL IMPLICATIONS

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Introduction. The purpose of this study is to have a more clear view of the ischiorectal fossa during embryogenesis and to show the connections with the pelvis bone as a separate entity. **Materials and methods.** There have been analyzed 7 cadavers, 3 men and 4 women, which were carefully dissected to point out the extension and content of the ischiorectal fossa. The fascial surroundings were studied on a single fresh corpse. Also, dissection has been done on 7 newborns with age between 3 and 6 months using a magnifier for dissection (3x). There was a collaboration between the Department of Anatomy and the 2nd Department of Surgery from the County Emergency Hospital of Craiova, in order to follow the clinical-surgical cases with anatomical implications. **Results.** In the anatomical position, the ischiorectal fossa is “W” shaped if you view it posteriorly. The whole ischiorectal fossa is found in the frontal plane. The central spiral of the “W” shape is represented by anococcygeal body and the posterior junction of right and left ischiorectal fossa. This fact is clinically proven by ischiorectal phlegmons and the posterior communication of the ischiorectal fossa through the Cortney space (3). The extension of ischiorectal fossa is determined by the continuation of 3 fascial margins: 1. lateral neurovascular wall; 2. medial fasciomuscular wall; 3. anterior fascial pouch which is connected posteriorly to the medial and lateral wall. The ischiorectal fossa has a rich content of neurovascular elements that spread through the surrounding fat. When it comes to fetus, there are 3 major differences that have been noticed during the dissection of the ischiorectal fossa: 1. the ischiorectal fossa was shallower in the anterior-posterior depth; 2. the fat content of the fossa was scattered and undeveloped in certain areas; 3. lamina terminalis, the fascia of the fossa, was thin showing an incomplete fibrous development when it comes to the density or direction of the fibre.

BUTYRATE AFFECTS ON THE HUMAN DENDRITIC CELL-MEDIATED ANTIVIRAL IMMUNE RESPONSE

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Introduction: Dendritic cells (DCs) evolve in anatomically distinct areas of the gut mucosa. Colon resident anaerobic bacteria metabolize plant-derived fibers and produce biologically active short-chain fatty-acids such as butyrate, which metabolite may affect the differentiation of monocytes entering into the gut mucosa. We aimed to study the antiviral responses of monocyte-derived DCs (moDCs) differentiated in the presence or absence of butyrate followed by the activation with synthetic double-stranded RNA poly-inosinic:polycytidylic acid/poly(I:C). **Methods:** Human CD14⁺ monocytes were isolated from leukocyte-enriched buffy coats and differentiated to moDCs in serum free AIM-V medium for three days in the presence of GM-CSF, IL-4 and in the presence or absence of 50 μ M sodium-butyrate (SB). Resting moDCs were activated by 10 μ g/ml poly(I:C) for 10 or 24 hours followed by the removal of supernatants and harvesting the cells for quantitative real time PCR analysis or flow cytometry. The concentration of produced cytokines and chemokines was measured by ELISA. **Results:** Resting moDCs could be activated by poly(I:C) resulting in increased surface expression level of co-stimulatory CD40 and CD86 molecules. The differentiation of moDCs was modified by 50 μ M SB showing an inhibited surface expression level of CD1a playing role in the presentation of glycolipid antigens. We found that the relative transcript level of cytosolic viral RNA-sensors and interferon beta (IFN β) was enhanced in moDCs differentiated in the presence of SB. Furthermore, we established that the secretion of the poly(I:C)-induced pro-inflammatory cytokines were also modified by SB in moDCs. **Summary:** Low concentration of SB has the potential to affect the differentiation and antiviral response of moDCs. To our best knowledge, this is the first report of a mechanism showing that SB is able to modify the expression level of genes involved in the induction of moDC-mediated antiviral immune responses. **Keywords:** dendritic cell, antiviral immunity, butyrate, type I interferon, T cell

DIFFERENCE IN METALLOPROTEINASE ACTIVITY IN SEMINAL PLASMA OF NORMOZOOSPERMIC AND TERATOZOOSPERMIC SEMEN SAMPLES

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Introduction: Matrix metalloproteinases (MMPs) form a family of structurally-related, zinc-dependent proteases capable of restructuring tissue components by proteolytic degradation of extracellular matrix and basement membrane components. Therefore, they are considered important in physiological growth and tissue remodelling, cellular involution and apoptosis. MMPs have been linked with female reproductive function. However, very little is known about their expression and function in the male reproductive tract. Occurrence of MMP-2 and MMP-9 activity in human seminal plasma has been previously reported but still their origin and function remain to be elucidated. **Aims:** 1. Examine the presence of both enzymes in normal and abnormal human sperm samples 2. Find any correlation between the levels of expression of MMPs and fertilization potential of the spermatozoa. **Patients and methods:** We examined the presence of MMP-2 and MMP-9 in normal and abnormal human sperm samples by gel zymography and western blot analysis. Sperm samples from patients undergoing assisted reproduction were included in this study, they were divided into two groups as normozoospermic and teratozoospermic. The semen parameters were evaluated according to the WHO, 2010 recommendations and DNA integrity test was performed. **Results:** Gelatin zymography showed bands with molecular weight 64 and 72kDa corresponding to active and inactive forms of MMP-2. MMP-9 was not detected. Densitometry analysis was used to measure the intensity of matrix metalloproteinase activity bands in gelatin zymography. Intriguingly the MMP-2 enzymatic activity was higher in samples with compromised sperm morphology compared to normozoospermic samples. Mean DNA fragmentation index of the group with teratozoospermia was relatively higher (22.16 %) and over the reference limits, compared to the normozoospermic group where it was in the normal range (14.73%). **Conclusion:** Increased MMP-2 activity in teratozoospermic samples associated with high DNA fragmentation index suggests the possible role of MMP-2 in the processes of differentiation and apoptosis that takes place in the seminiferous tubules during spermatogenesis. To reveal the mechanism involved and the role of MMPs in fertilization process, further investigation is needed.

ESCHERICHIA COLI - THE STUDY OF PATHOGENICITY FACTORS

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Introduction: Urinary tract infection (UTI) is the most common form of extraintestinal Escherichia Coli infection (E.coli), and E. coli is the most common cause of UTI. The aim of this paper is to study the pathogenicity factors for some strains of E.coli involved in the etiology of UTI and the affiliation of urinary E.coli strains to the serogroups involved in the UTI. **Material and methods:** We studied 208 strains of E. coli from urine samples sterilely collected from patients with clinical suspicion of urinary tract infection. The study was conducted in Emergency County Hospital Craiova between 2012-2014. **Results and discussions:** Out of the 208 strains of E. coli submitted to the study, 60 strains (28.84%) - MRHA with human red cells, 28 strains (13.50%) - MRHA human red cells and blood red cells MSHA with guinea pigs, and 44 strains (21.12%) - MSHA with guinea pig red blood cells; 76 strains (36.54%) - no hemagglutination. Regarding our study, 42,34% of E.coli strains presented human MRHA putting forward their potential to cause pyelonephritis. The 68 hemolytic strains (37,20%) of urinary E. coli were tested for the production of the cytotoxin, thus obtaining characteristic cytotoxic effect for 26 strains (38.20%) whereas its absence was registered in 42 strains (61.80%). E. coli O6 strains isolated from hospitalized adults are more frequently hemolytic than those isolated from the other groups and MRHA was more common in hemolytic strains of the same group O6). **Conclusions:** Mannose-resistant hemagglutination is more frequent in strains that develop Hly but do not produce CNF (Cytotoxic Necrotizing Factor), than in strains producing CNF.

EVALUATING THE LOWER LIMB ARTERIAL SYSTEM FROM A MORPHOMETRIC STANDPOINT

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Introduction: The goal of this study is to open a new door between clinical and preclinical sciences, offering the experience of clinical day to day cases to fundamental research. Ergo, we studied the luminal diameter of the aorta and its terminal branches, alongside with the rest of the arteries of the lower limbs. Similar morphometric studies have been conducted, most of them using information obtained from necropsies. **Material and method:** We investigated a group of 20 patients who underwent diagnostic angiography of the lower limbs. The data was gathered from Axiom Artis dFA – angiography system, making sure the measurements were made on healthy arterial segments. The software implemented for the measurements was Syngo Via, developed by Siemens Medical Division. Our data has been entered and statistically analysed with Microsoft Excel 2010. **Results:** The data was gathered from a mixed gender population, with ages included in the 50-70 interval. Our findings were as follows: Aortic mean diameter 14.48 mm with a standard deviation(STDEV) of 1.92; common iliac artery – 8.97mm(STDEV=2.06); external iliac artery 6.62mm(STDEV=1.29); common femoral artery – 6.85 mm(STDEV = 1.44); superficial femoral artery – 5.37 mm(STDEV = 1.09); popliteal artery – 4.86 mm(STDEV=0.91); femoro popliteal trunk -3.66mm(STDEV=0.86); anterior tibial artery- 2.56mm(STDEV=0.68); posterior tibial artery – 2.13 (STDEV=2.13) and not lastly the peroneal artery- 2.66(STDEV=0.50). **Conclusions:** Starting to accumulate morphometric data from the clinical environment gives a better understanding of vascular structure, caliber and natural variability. Future directions include a more in depth quantification of the arterial system, not only recording internal luminal diameters but also angles, in the end trying to develop a way to estimate the best catheter profile for each variant. **Key words:** morphometry, lower limbs, arterial system.

EXAMINATION OF THE EXPRESSION OF PLATELET-DERIVED MICRORNAS IN SEPSIS

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Introduction: MicroRNAs play an important role in the pathomechanism of several diseases via the regulation of the expression of various genes. Platelets have an essential function in hemostasis, however, in severe inflammatory environment they become activated, which may lead to thrombotic complications. The molecular mechanisms, which regulate the activation of thrombocytes, are still not completely known, therefore, we aimed to examine the expression of platelet microRNAs in patients with sepsis. We also analyzed the relationship between the activation level of platelets and the alteration in microRNA expression. **Methods:** MicroRNAs were investigated in leukocyte-depleted platelet samples obtained from 20 septic individuals and 24 age-matched healthy controls. We removed leukocytes with CD45⁺ magnetic beads (Invitrogen), and total RNA was isolated. First, we randomly selected 3-3 RNA samples from each group and we analyzed 754 types of microRNA using TaqMan Open Array (ABI). We further quantified the expression of miR-26b in all samples by UPL-based RT-qPCR (Roche), while its target mRNA (SELP) was analyzed by RT-qPCR using SYBR Green I dye. We examined the level of platelet activation through the expression of surface P-selectin with flow cytometry (FC-500). **Results:** P-selectin expression was significantly elevated in septic patients (6.5 [4.2-9.5]% vs. 1.5 [1.1-2.4]%; $p < 0.001$) compared to controls. We detected 407 platelet microRNAs, and 66 indicated more than a two-fold decrease, while 37 were increased at the same degree in sepsis. Platelet miR-26b showed one of the largest alterations, and its relative expression to RNU43 was significantly decreased in all septic subjects compared to healthy individuals (553 [296-786] vs. 863 [514-1723]; $p = 0.015$). The P-selectin specific mRNA (SELP) level normalized to 36B4 was significantly upregulated in sepsis (70 [57.4-78.6] vs. 11.1 [5.9-15.4]; $p < 0.001$). **Conclusion:** Reduced level of platelet miR-26b may result in elevated expression of P-selectin propagating abnormal activation of platelets in sepsis. **Keywords:** sepsis, platelet activation, P-selectin, microRNA, RT-qPCR

HYPERTENSION CONTROL: THE SEROTONIN EFFECT

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Introduction: Being a major risk factor for coronary heart disease and ischemic as well as hemorrhagic stroke, raised blood pressure is estimated to cause 7.5 million deaths worldwide. Among the many studies that have been made regarding substances that influence hypertension, the effects of serotonin in relation to this disease remains insufficiently explored. Serotonin is a neurotransmitter that most people associate with mood. It is derived of tryptophan and is present throughout the body in CNS, GI tract and blood. **Objective:** The aim of this study is to evaluate the effect of serotonin in pathogenesis and the control of hypertension. **Materials and methods:** This is a prospective study investigating 100 patients with hypertension who were registered at the Chronic Disease Clinic in Amman, Jordan, over a period of 8 months. The serum serotonin was tested followed by the taking of blood pressure. **Results:** 72 of the patients had their serum serotonin within normal level and their blood pressure was controlled. 16 of the patients had their serum serotonin level within normal level, however, their blood pressure was uncontrolled. After follow up, 10 out of the 16 with normal serotonin level had their blood pressure controlled. 12 of the patients had their serum serotonin level elevated, also their blood pressure were uncontrolled. When the patient's serum serotonin levels were managed with Cyproheptadine, 7 patients improved from hypertension and the other 5 patients were controlled with minimal doses of anti-hypertensive drugs. **Conclusion:** With today's increasing prevalence of hypertension, the demand in finding new therapies in managing this pathology is growing, resulting in the need of carrying out new clinical trials. Therefore, we must carry out medical trails to highlight the importance of hypertension and its correlation to serotonin, and other various factors.

PERFUSION DEFICITS IN THE ELDERLY

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Among elderly individuals, depressive symptoms are common and burdensome. In addition, another 15–25% of elders experience depressive symptoms that, while not meeting criteria for major depressive disorder, do cause significant distress and interfere with daily functioning. It is well known that normal aging is characterized by a chronic low-grade, pro-inflammatory state, with an overexpression of systemic inflammatory factors, including pro-inflammatory cytokines. Previous studies in rodents indicate that aging and preclinical neurodegenerative disease processes promote proinflammatory states in older individuals and leads to the development of a primed and immune-reactive population of microglia. Recent data suggests that the inflammatory process is potentially intricately linked with multiple neurodegenerative pathways for depression and pro-inflammatory cytokines and plays a central role in the pathophysiology of both depression and dementia. Further, immune activation can be a characteristic of depression and precipitate depressive symptoms. We investigated the link between perfusion deficits in the elderly, inflammation and depression, rats were subjected to chronic hypoxia for 28 days by closing the common carotids. We measured the inflammatory reaction by immunohistochemistry (ED1 and Iba1 microglia markers) and studied the depressive behaviour. Our results suggest that an increased neuroinflammation does not correlate with depressive behavior. Key words: depression, inflammatory, neurodegenerative, hypoxia.

THE ELECTRICAL ACTIVITY OF THE HEART'S PACEMAKER CELL - A COMPUTER SIMULATION

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The heart, in order to fulfill its function, must maintain a thorough rhythmic activity throughout the life of the organism. At the core of this ability lies the pacemaker cell. This cell's electrical life is governed by ionic currents, chiefly sodium, potassium, and calcium. Using a Hodgkin – Huxley model of these currents, we are able to recreate its electrical activity in a computer simulation. The Hodgkin – Huxley model is a set of nonlinear differential equations that approximates the electrical behavior of excitable cells. The model relates each current with the membrane potential and its particular conductance, which in turn is related to the characteristic membrane permeability and electrochemical gradient of each ion. Adapting this model to the heart's sinoatrial node, we are able to simulate the rhythmic electrical activity of a single pacemaker cell. Therefore, we are able to control and change each particular current. This allows us to analyze the function of the currents in the overall pattern of depolarization and repolarization of the cell. Keywords : Pacemaker cell, Sinoatrial node, Computer simulation

THE IMPLICATIONS OF THE STAPHYLOCOCCUS AUREUS IN THE PURULENT-SEPTIC AND RESPIRATORY NOSOCOMIAL INFECTIONS

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Introduction: The ethiological structure of nosocomial infections includes a diversity of gram-positive and gram-negative, sporulating and non sporulating, aerobe and anaerobe bacteria, which are included in various families and genera. This study had the following goals: to evaluate the prevalence, settle the resistance to antimicrobial agents and settle the degree of similarity of the infections with a nosocomial potential, which were induced by the *S. Aureus*. **Materials and methods:** We studied 2062 patients (824 women and 1249 men) in SCJU of Craiova, in the medical and surgical wards during 1.09.2014-31.07.2016. We harvested a total of 2456 various biological samples: tracheobronchial secretions, sputum, nasal exudate, pleural fluid and purulent secretions. We isolated 1503 bacterial strains from 1116 samples (45,44%) coming from 458 patients (22,21%) using the classical and automatic methods. For most strains we used the Kirby-Bauer method of diffusimetric antibiotic sensitivity. **Results and discussions:** We identified 366 *S. aureus* strains, the biggest occurrence were in the surgical wards: orthopedics (45,19%), followed by ophthalmology (43,88%), otorhinolaryngology (33,3%) and also in medical wards: pediatrics (30,23%), oncology (27,72%). We established a monthly longitudinal statistic of the prevalence of the *S. aureus* infections with nosocomial interest; the prevalence of *S. aureus* in the surgical wards oscillated between 5-15%, with a maximum of 19,49%, whereas in the surgical wards the variation was higher, between 0-30% with a maximum of 36,36%. We noticed that the strains of *S. aureus* have shown multiple resistance to: penicillin (96,93%), erythromycin (75,00%), oxacillin (62,01%), clarithromycin (54,68%), a low resistance to teicoplanin (1,14%). We found no strains resistant to linezolid and vancomycin. 2 major clusters were obtained, linked to the community strains with low resistance and the hospital based ones with higher resistance. The latter ones were grouped into strains with medium (MSSA) and high resistance (MRSA). **Conclusions:** Reducing morbidity using nosocomial infections can have positive results only by creating and implementing national programs that deal with epidemiological surveillance, including the dynamic observation of the epidemiological situation.

THE INCIDENCE AND ANTIBIOTIC SENSITIVITY OF KLEBSIELLA STRAINS ISOLATED FROM LOWER RESPIRATORY TRACT INFECTIONS

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Introduction: Lower respiratory tract infections are one of the most common causes of request for medical examination. Klebsiella belongs to the category of entero-pathogenic bacteria. These bacteria can cause sporadic or epidemic human infections, which are commonly found in hospitals. They also have medical interest because of properties like resistance to antibiotics and their new mechanisms for developing resistance against drugs. **Objectives:** Based on these data we intend to study the incidence and antibiotic sensitivity in case of Klebsiella, isolated from lower respiratory tract infections. Sputum samples collected in order to make sputum cultures have been inoculated with the purpose to isolate the germ, using two environments: moderately selective (Istrate-Meiert) and glucose broth. The next step was the analysis of morphological, culture and biochemical characters, specific to genus Klebsiella. The last stage was performing the antibiotic susceptibility testing (AST) using the diffusimetric method. Antibiotic susceptibility testing has been conducted to test the sensitivity of each isolated strain for a range of antibiotics. We have used for our study the following antibiotics: Ofloxacin, Norfloxacin, Ciprofloxacin, nalidixic Acid, Imipenem, Gentamicin, Amikacin, Kanamycin, Ampicillin, Colimicin, Nitrofurantoin. The results concerning the incidence of Klebsiella strains: the number of sputum samples analyzed for highlighting lower respiratory tract infections was 4390, of which only 37 have been positive for Klebsiella. **Conclusions:** 1) Klebsiella is one of the causes for lower respiratory tract infection but with a low frequency (0.5%). 2) Klebsiella is susceptible to quinolones and Imipenem. The resistance phenomenon has not been reported in the case of Imipenem, making it the most effective antibiotic in our test. On the other hand some strains of Klebsiella have been resilient in the case of quinolones. 3) Klebsiella is particularly resistant to: Colimicin, nalidixic Acid, Nitrofurantoin and Kanamycin. 4) Performing the antibiotic susceptibility testing in case of lower respiratory tract infection with Klebsiella is imposed as a necessity, because Klebsiella belongs to the category of obligate pathogen bacteria, which develop new mechanisms for resistance against drugs. Imipenem, which is the most effective antibiotic, is expensive and it is likely to become less effective against Klebsiella. **Keywords:** Klebsiella, antibiotic susceptibility testing (AST), Antibiotics, respiratory tract infection

VASCULAR EFFECTS OF A SUSPECTED SULFHYDRYL GROUP MODIFYING COMPOUND DMTS

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Compounds with intense flavour and odour have often got vasoactive effects as well. The pungent component of mustard oil, allyl isothiocyanate (AITC) has vasoactive effects by activating the Transient Receptor Potential Ankyrin1 (TRPA1). AITC has this effect only in millimolar concentration and that limits its use as a drug. Our aim was to find a compound that acts similarly, but at lower concentrations. We examined the vasoactive effects of dimethyl trisulfide (DMTS) (a suspected sulfhydryl group modifier compound) on mesenteric and cerebral arteries of male Wistar rats. We examined mesenteric arteries under isobaric conditions (continuous 80 Hgmm intraluminal pressure), while experiments with cerebral arteries were performed under isometric conditions on a dual wire myograph system. All vessels were kept at 37 °C in Krebs solution. Smooth muscle- and endothelial function was tested with norepinephrine (10 µM) and acetylcholine (10 µM), respectively. Norepinephrine caused decrease of vessel diameter from 326 ± 30 µm to 94 ± 12 µm, $p < 0,01$, while acetylcholine increased vessel diameter from 101 ± 9 µm to 306 ± 22 µm, $p < 0,01$. We investigated vascular effects of DMTS after precontraction with 10 µM norepinephrine. In lower concentrations (100nM - 100µM) DMTS caused vasodilatation (diameter change from 120 ± 21 µm to 203 ± 26 µm, $p = 0,04$), while in higher concentrations (300 µM - 1 mM) transient vasoconstriction could also be seen. In isometric measurements serotonin (1 nM - 10 µM) increased the contractile force of cerebral arteries from $0,835 \pm 1$ mN to $9,63 \pm 1$ mN, $p = 0,01$. This constriction was reduced to $4,71 \pm 1,25$ mN $p = 0,018$ by 100µM DMTS. Our experiments show that DMTS can cause vasodilatation in much lower concentration than AITC. Our work also highlighted the importance of sulfhydryl group modification in the regulation of vascular diameter. Keywords: DMTS, TRPA1, vasodilatation

Medical Research

BEHAVIOUR OF THE DUODENAL GLANDS IN UPPER DIGESTIVE TRACT DISEASES

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The mucosa of the duodenum wall has the microscopic structure characterized by a layer of epithelial cells which covers crypts of Lieberkühn glands as well as villi which surrounding the crypts oriented towards the duodenal lumen. In the depth of the duodenal mucosal epithelium exists cells with specific functions such as: endocrine cells, stem cells, undifferentiated cells, absorbent enterocytes, goblet cells and Paneth cells. Our aim was to establish whether correlations exist between the type of upper digestive tract pathology, presence or absence of duodenal glands (DGs) hyperplasia, the histological type of hyperplasia and what type of morphometric parameters might be modified in the DGs in order to produce hyperplasia. We have conducted this study on 414 patients both male and female who required upper gastrointestinal endoscopy. Histology staining included Hematoxylin-Eosin, Goldner-Szekelly, Periodic Acid Schiff hematoxylin Mayer-Alcian blue, Alcian blue; Periodic Acid-Schiff hematoxylin Mayer and Giemsa modified. We performed the morphometric study with software to assess quantitatively the glandular hyperplasia. The results were statistically processed by using descriptive statistic for testing distribution and for comparing means (p value ≤ 0.05 was considered significant). Upper endoscopy revealed changes such as gastritis 171 cases, ulcers 137 cases and gastric tumors 78 cases; 28 patients had no endoscopic changes, being included in the control group. The comparison between the mean values of morphometric parameters obtained in the control group and mean values of morphometric parameters obtained in patients with gastritis, peptic ulcers and gastric tumors by using one sample T test revealed the presence or absence of differences between these values and how significant was this difference. Upper gastrointestinal pathology exert influences on the first portion of the duodenum causing changes in duodenal mucosa and submucosa. The most frequent and characteristic histopathological changes at the duodenal mucosa and submucosa is duodenal glands hyperplasia from the first portion of the duodenum. Keywords: duodenal glands, hyperplasia, gastrointestinal diseases, immunohistochemical assessment.

CHANGING SPECTRUM RESPONSE OF ANTIBIOTIC THERAPY IN STREPTOCOCCAL INFECTIONS

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Introduction. Streptococcus beta hemolytic group A, is a bun round or oval, gram positive, arranged in chains pairs, immobile, facultative anaerobic, catalase negative, without increase is responsible for a number of health problems in pediatric pathology: pharyngitis, angina, scarlet fever, impetigo, erysipelas, cellulitis, rhinitis, sinusitis, meningitis, endocarditis slow malignant, toxic-septic syndrome. Complications remote, powerful, rheumatic fever, carditis, glomerulonephritis, are better prevented than treated. **Material and method.** We studied patients with streptococcal pharyngo tonsillitis hospitalized during 12 months in a pediatric clinical; the study is prospective. We followed the next parameters: history, age, gender, environment, symptoms, throat swabs, non-specific inflammatory tests, ASIO, monitoring heart rate, respiratory rate, kidney function, DST, the antibiotic response. **Results and conclusions.** We found 97 cases of streptococcal tonsillitis, extending the range of the age from the infant (11 cases), 1.3 years (10 patients), above 7 years (22 cases) and the remaining - 54 cases among 3 - 7 years. Resistance to "classical" therapy was redoubtable, 43 cases resistant to penicillin, 35 Erythromycin, only 11 cases were susceptible to penicillin, highlighting resistance to commonly antibiotics. Specter sensitivity comprised Augmentin, Cefuroxime, Bisepitol, Cephalexin, Gentamicin, Ceftriaxone. We can develop possible theories that might explain the emergence of resistance to antibiotics: internalisation tonsil crypts, different response "in vivo" to "in vitro", abuse of antibiotics at early ages, local defense of commensal flora destroyed, plurispitalizați for other diseases, double etiology - streptococcus and staphylococcus angina, even the "alginate" theory in the role of microbial protection. Whatever the explanation is, DST should enter into any routine of a pediatric practitioner. **Keywords:** antibiotic resistance, streptococcal tonsillitis..

CIRRHOSIS COMPLICATED BY HEPATORENAL SYNDROME

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Introduction: Cirrhosis is a diffuse irreversible disease of the liver, characterised by the destruction of the liver cells, the loss of the elasticity of the tissues (sclerosis), the development of a fibrous scar tissue and by the abnormal regeneration of the cells which lead to regenerative nodules. In decompensated cirrhosis occur complications such as: ascites, hepatic encephalopathy, variceal hemorrhage and hepatorenal syndrome. The hepatorenal syndrome was defined as a kidney failure which occurs in the presence of an acute hepatic disease or chronic disease, in the absence of a previous renal pathology. As a result of the above data there has been a retrospective study in which were highlighted the types of cirrhosis complicated by the hepatorenal syndrome presented in the Emergency Room within 2 years. **Material and method:** The study was the retrospective type. It was focused on a 2 year period between october 2014 – august 2016. It included 223 patients with cirrhosis of various etiologies and at various stages of evolution at which an alteration of the renal function was detected. The diagnosis was confirmed on the grounds of an anamnesis, clinical examination, biological and imaging exploration. **Results:** The hepatorenal syndrome occurs in the evolution of any patient with cirrhosis, regardless of the etiology of cirrhosis, the gender of the patients and their environment of origin. Hepatorenal syndrome type 1 or type 2 is more frequent with male patient which come from urban environment. The occurrence of the hepatorenal syndrome type 2 in the evolution of cirrhosis, especially of those of class Child Band C is associated with high mortality. The high mortality of the HRS type 2 is explained by the fact that it is the most frequent type of HR syndrome which appears in the evolution of this disease. **Conclusion:** The mortality among patients with Hepatorenal syndrome close to 100% in the absence of liver transplant and the high-costs which are implied by the artificial liver support, the socio-economical state in our country requires firstly the prevention of the appearance of Hepatorenal syndrome. **Keywords:** cirrhosis, hepatorenal syndrome, liver transplant.

CLINICAL AND EVOLUTION ASPECTS IN CHILD BRONCHIOLITIS

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Introduction. Acute bronchiolitis is characterized by acute obstructive respiratory broncholar syndrome, reported in the first two years of life, high severity within 6 months. It is a condition distinct clinical, radiologic, and pathologic of interstitial pneumonia, which is affected mainly interstitial lung. **Material and method.** We studied 123 children aged from 3 months to 2 years diagnosed with acute bronchiolitis between 1 March 2015-31 March 2016, treated at Craiova Philanthropy Hospital - Pediatric Clinic. Symptoms belonged to: sibilant rales, crepitation, crackles, suprasternal, subcostal, intercostal, beating of the wings of the nose, spastic cough / wet expiratory dyspnea, increased respiratory rate, wheezing, prolonged exhalation. We have studied the following parameters: age, gender, origin of the child (personal medical history; risk factors), nutrition status, clinical, radiological and evolutionary response to treatment during hospitalization. **Results and conclusions.** Our study shows that male gender was more affected than females (56% vs. 44%). The incidence was higher in rural areas than in urban areas (54% versus 46%). The incidence is higher in the first year of life (80%), with the largest share between 3-6 months (38%). Normal development of bronchiolitis was conducted over 7-10 days, extend the period assuming the appearance of complications usually bacterial or poor biological evolution on a background. The most common complications were cardio-respiratory insufficiencies, bronchopneumonia, enterocolitis, requiring hospitalization lasting more than the disease itself. Regarding therapeutic approach, it targeted basic objectives of respiratory failure. Special interest had severe forms of heart failure accompanied with intensive therapy and evolved favorably. Recurrent wheezing is an important reality in pediatric practice through repetition frequency of cases and sometimes exasperating paroxysms, being a varied type of asthma. **Key words:** Acute bronchiolitis, wheezing.

CLINICAL AND METABOLIC CORRELATIONS IN PATIENTS WITH NONALCOHOLIC FATTY LIVER DISEASE

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Introduction: Non-alcoholic fatty liver disease is considered nowadays a major public health problem worldwide. Obesity, type II diabetes and dyslipidemia, in the absence of alcohol consumption, are the most important risk factors-alcoholic fatty liver disease includes several clinical entities, from hepatic steatosis to steatohepatitis, fibrosis and even hepatic cirrhosis. **Material and methods:** We included in our study 152 patients, 40 men and 112 women, aged between 23 and 79 years, presenting at least one of the inclusion criteria: fatty liver on abdominal ultrasound, high serum level of transaminases, the presence of obesity, metabolic syndrome and/or diabetes mellitus. For all the patients we excluded other causes of chronic liver disease (B,C virus, alcohol consumption, autoimmune, genetic or toxic disease). In these patients we measured height, weight, waist circumference, hip circumference, we calculated BMI, we evaluated liver function, lipid and glucose profile and we performed abdominal ultrasound. **Results and discussions:** The mean BMI was 33.84Kg/m². 23.02% of the patients were overweight, 32.89% had first degree of obesity, 22.36 the second degree, 15.79% the third degree, and 5.92% had normal weight. The mean abdominal circumference was 109.86cm for women, and 107.4cm for men with a hip circumference of 119.93cm for women and 108.95cm for men. 51.31% of the patients had type 2 diabetes and 86.84% had metabolic syndrome. 48.68% of the patients had serum cholesterol over 200mg/dl and 36.18% had a high level of triglycerides. **Conclusions:** In the present study, the prevalence of steatosis was 96% in patients with obesity and 100% in those with morbid obesity (IMC $\geq$ 35Kg/m²) and diabetes. The degree of steatosis was significantly correlated with the degree of obesity and waist circumference, but there was no correlation with serum cholesterol and triglycerides. **Keywords** Nonalcoholic, fatty-liver, disease, obesity, triglycerides

CONNECTION BETWEEN THE EXPRESSION LEVEL OF EXTRACELLULAR MATRIX MOLECULES AND SURVIVAL OF GLIOBLASTOMA PATIENTS

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Introduction: Glioblastoma is the most common malignant primary brain tumor. Despite of the recent progressive development of neuro-oncological approaches, the overall survival time (OS) still remains poor and differs greatly among patients (16-24 months). One of the possible reasons for this is the capacity of tumor cells to infiltrate the peritumoral area. The altered composition of the extracellular matrix molecules is proved to be as a contributing factor in this process. **Methods:** The mRNA and protein expressions of 20 ECM components were determined in fresh-frozen glioblastoma samples from 26 patients, using QRT-PCR and mass spectroscopy. Patients were classified into two groups based on their mean OS. Analyzing the connection between expression data and overall survival, the prognostic role of the ECM components was evaluated. **Results:** Significant difference in the clinical factors of the two groups was only determined in the selection parameter, the similar homogeneity of the groups thus allows further comparison. No significant difference was found in the expression of a single molecule between the two groups, however, the expression pattern of the 20 ECM components defines the invasion spectrum which is typical for the groups with different survival. Furthermore, the classification of the tumor samples was highly accurate by using the invasion spectrum and statistical classifier algorithms (positive predictive values of mRNA and protein invasion spectrums are 0.85 and 0.89, respectively). Key molecules of the peritumoral invasion were also identified (brevican, cadherin-12, integrin- α 3). **Conclusion:** Our results confirm the differences in the expression of invasion-related ECM components in various glioblastoma samples. In addition, the collective analysis of the ECM molecules provides the invasion spectrum which has a strong correlation with patient survival therefore it can be used as an independent prognostic factor. Moreover, key molecules of the invasion might become targets of future research for individually tailored anti-invasive oncotherapy. **Key words:** glioblastoma, extracellular matrix, invasion spectrum, peritumoral infiltration, survival.

CONTRIBUTIONS TO THE STUDY OF MYOCARDIOCYTES IN CARDIOVASCULAR DISEASE, WITH CHANGES IN CARDIAC VOLUME. CLINICAL, EPIDEMIOLOGICAL, HISTOPATHOLOGICAL, MORPHOMETRY AND IMMUNOHISTOCHEMICAL STUDIES.

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Introduction: The stages that a initially cronic cardiovascular affection goes through untill the onset of cardiac insufficiency are marked, usually by intermediate modifications at the myocard's level. In this study we intend to make a paper using only human material in order to make a contribution, so that a question like "but what happens in humans?" isn't asked. **Material and methods:** Since the beginning we must do a very important statement, namely that the researched material is human material collected by necropsy of 237 subjects. For each separate patient, an individual form was created for the case, according to the observation charts and necropsy protocols. The clinical and statistical study of the patients was made through processing the data from the medical documents. Histological and immunohistochemical study include histological preparations. Morphometric study of the images acquired by the samples are processed using a special software that determines quantitative estimate of the size miocardiocytes and the degree of myocardial fibrosis. **Results:** The changes observed in patients with cardiomyopathy were characterized by increased immuno-histo chemical reactions to desmin and vimentin versus normal heart. In patients with dilatation cardiomyopathy histological changes consist of loss of the myocardiocytes, being replaced in segments, by interstitial fibrosis and hypertrophy of the remaining myocardiocytes. **Conclusion:** The advantages are that the study was performed on human material exclusively, the large number of patients included in the study and extensive cardiovascular pathology addressed. The disadvantages are that the pieces of biopsy were collected from deceased patients which may be an obstacle, regarding the applicability on the results of patients alive. **Keywords:** cardiomyopathy, myocardiocytes, interstitial fibrosis, hypertrophy

CORRELATION BETWEEN EDUCATION LEVEL AND THE STRESS DEGREE IN CHRONIC HEPATITIS C

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Introduction: Nowadays ,discussing about stress we actually refer to a wide range of psychological stress factors: social, professional or family. Stress is an important factor in the evolution of chronic somatic diseases, influencing prognosis and response to treatment. The World Health Organization considers chronic hepatitis C as a health problem of global concern, considering that between 130 and 150 million people have this diagnosis with the risk for serious complications such as cirrhosis and hepatocellular carcinoma. (<http://www.who.int/mediacentre/factsheets/fs164/en/>). The research aims to establish correlations between educational level and the stress degree regards patients with hepatitis C. **Material and Methods:** Our study was performed in Gastroenterology Clinic Emergency County Hospital of Craiova, in the period 01.01.2015-30.06.2016 and included a batch of 65 subjects diagnosed with chronic hepatitis C. Patients received a comprehensive assessment of the sociological, gastroenterology, cardiology, psychology and psychiatry point of view, but also a scientific documentation of stress degree and the educational level. **Results:** After studying our data from a biological, psychological, psychiatric and social interest, statistical analysis shows that hepatitis C patients with low levels of education have shown a stress degree higher in comparison with patients with medium or higher education. **Conclusions:** Psychosocial stress is an important factor in the evolution and prognosis of hepatitis type C. We consider that a higher level of education in conjunction with understanding exactly the clinical diagnosis leads to lower stress levels.

CORRELATIONS BETWEEN PARAMETERS OF 3D CORONAROGRAPHY RECONSTRUCTIONS AND THE INSTENT RESTENOSIS

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Background/aim: Despite many risk factors has been identified on the background of instent restenosis, there is limited possibility for the prevention of this late complication. We thought to investigate the role of the individual parameters of 3D coronary angiography in the development of restenosis after stent implantation. Methods: 30 patients with at least 18 mm long BMS implantation were included in this retrospective study who had repeated coronary angiography 60+56 months after the index procedure. Among them 11 exhibited angiographic restenosis, while 19 showed widely patent stents. 3D reconstruction was performed from two appropriate projections by QAngio®XA 3D software. The arch/chord (A/C) ratio (i.e. the midline/ distance of the edges of the target vessel segment), the maximal, the proximal and the distal edge bending angle of the stented segment were measured in 3D before and after the stent implantation. Logistic stepwise regression analysis was carried out to identify the independent correlates for restenosis. Results: Among the 3D variables and 2 established risk factors (diabetes mellitus and age) independent predictors for restenosis were identified only as the A/C ratio before the stent implantation ($p=0.008$) and the change of the distal edge bending angle ($p=0.046$) after the procedure. Receiver operator analysis revealed >1.14 cut off value for the occurrence of restenosis with a sensitivity: 31.82% and specificity: 94.74%, indicating that restenosis can develop also in cases with low A/C ratio because of factors not included in this analysis (e.g. underexpansion of stent). Conclusions: High A/C ratio predicts restenosis presumably because of the high generated wall stretch in the bended coronary segment after stenting. This finding highlights the importance of the appropriate selection of the stent length for achieving low A/C ratio. Usually the short stents fulfills this requirement, but in special curve situation long stent can have benefit in the A/C ratio.

EVALUATION OF FRACTURE RISK IN PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES

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Introduction: Idiopathic inflammatory myopathies are chronic, heterogeneous systemic autoimmune diseases with symmetrical proximal muscle weakness. With the progress of the disease, osteoporosis and bone fractures are more common compared to the healthy population, which can be explained by the chronic inflammation, immobilization, and steroid treatment, and affect crucially the patients' quality of life. Recently, a WHO fracture risk calculation tool, FRAX score is available, to measure the 10-year probability of osteoporotic fractures. It takes into account relevant clinical risk factors, such as rheumatoid arthritis, however myositis does not exist among the risk factors. **Methods:** FRAX score was determined in 39 patients with idiopathic inflammatory myopathies and results were compared with the data from 37 age, sex and BMI matched patients with rheumatoid arthritis. Moreover, osteoporosis related biomarkers, and bone mineral densities were determined using DEXA examinations. Statistical analysis was performed with IBM SPSS 20.0 software. **Results:** There were no significant differences between the demographical data, biomarkers (Ca, Vitamin D, parathormone level) and steroid intake of the two groups. However the results of the FRAX score without BMD were significantly lower in the patients with myositis, in both fracture risk: major osteoporotic ($9,68 \pm 7,42\%$, vs. $15,58 \pm 10,91\%$; $p: 0,008$) and femur neck ($3,06 \pm 3,97\%$, vs. $6,23 \pm 7,2$; $p: 0.022$). In contrast, results of the DEXA examination were not significantly different between the two populations, neither in the ratio of eventuated bone fractures ($41,02\%$, vs. $45,9\%$; $p: 0,815$). **Conclusions:** According to our data, we can conclude that existence of myositis might indicate similar, independent risk factor in fracture probability, like rheumatoid arthritis. Therefore, we suggest using a rheumatoid arthritis-like risk factor by calculating the FRAX score in patients with myositis. Finally, it is strongly recommended to perform DEXA examination in the early phase of the disease to apply effective primary prevention..

EVALUATION OF THE QUALITY OF LIFE OF PATIENTS AT DIFFERENT STAGES OF EVOLUTION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction: The medicine now days should analyze more than the pathologic part of the disease but also the consequences of that disease on the quality of life of the patients. We will present how to quantify of life QOL or the health related quality of life HQOL for patients that have a chronical lung disease or COPD. **Objectives:** Therefore, we present in this thesis some general medical aspects of COPD, to understand the sources of invalidation and even disability of these patients, the different methods of assessing their quality of life, while showing that every patient is unique and requires a specific assessment itself. Our approach to the subject will be a systematic approach, according to the rules of a synthesis of the current literature. **Materials and methods :** We have identified, selected and chosen critically relevant research, as scientific journals, handbooks, clinical trials (not randomized but that meet criteria of scientific quality and especially randomized controlled trials) and books published between 2010 and 2016 in English and French, full text available. **Results:** we search in the current literature the different ways to quantify and qualify the QOL and the HQOL and analysed the best to be used in the current practice of general doctors and specialist. The points we insisted on where: the duration and method of administration (interviewer against self-administration), the calculated summary score should be simple and does not invoe complex algorithms, also, there should be evidence about the minimum difference to guide the interpretation of the summary score. **Conclusion:** Clinicians and researchers must take into account the perceptions and preferences of patients about health decision. In the current circumstances, available treatments must be judged from their ability to restore or preserve the quality of life. The VQ-11 is a brief self-administered questionnaire, which is used in an evaluative or preventive purposes. The most sensitive to changes in the quality of life instrument is CRQ, because of its sensitivity to changes in patients with COPD respiratory therapists.

GLIOBLASTOMA MULTIFORME

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Glioblastoma multiforme GBM (World Health Organization grade IV astrocytoma) is the malignant form of glial cells and is the most common and aggressive primary brain tumour, accounting for 50% of all adult gliomas. Standard first line treatment involves surgical resection of the tumour bulk followed by 6 months of focalised fractional radiotherapy, alongside chemotherapy with an oral alkylating agent, such as temozolomide. However, despite recent advances, prognosis remains poor with the median survival being ~9–15 months and 2 year survival rate being between 9% and 26%. The relatively poor response of GBM to the current gold standard treatment derives from a variety of mutations to growth pathways and structural properties of GBM tumours that work together to produce layers of drug resistance. The most common mutations to growth pathways, (eg. EGFR) result in uncontrolled cell growth and provide resistance to growth inhibitory therapies. Further problems arise due to the diffuse tumour bulk of GBM and haphazard arrangement of newly formed vessels aiding rapid tumour growth and reduce drug penetration. Additionally, expression of Interleukin 6 by tumour cells aids GBM to spread by increasing expression of growth receptors on adjacent cells. Designing effective new forms treatment for GBM has proven troublesome. So far targeted molecular therapies, designed to inhibit upregulated growth pathways and immunotherapies using antigen-primed dendritic cells to target and destroy GBM tumour cells have shown to be effective in vitro, but lack sufficient clinical trials to prove their value as a replacement for the current gold standard. The current treatments for GBM are invasive and have debilitating toxic side-effects, and have poor effect on the short survival rate for those diagnosed with GBM. Therefore, any small change to treatment has a large potential to significantly improve the outcome for GBM patients. Key words: Glioblastoma Multiforme, EGFR, Immunotherapy

HOW DOES KINESIOTHERAPY HELP IN THE TREATMENT OF POSTMENOPAUSAL OSTEOPOROSIS TYPE 1?

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Introduction: Postmenopausal Osteoporosis (type 1) receives medical treatment, physio-kinetic therapy and hygienic-dietary regimen. The aim is to examine the role of physical therapy in increasing the quality of life of female patients diagnosed with osteoporosis type 1. Our study aims to track the effectiveness of a physical therapy program, mobilization on cervical-dorsal-lumbar region and scapular and pelvic arches and improve the DEXA score. We didn't neglect the functionality, mobility, stability and the reduction of pain in these patients. **Material and Methods:** Our study was conducted over a 6 month period in 2016 on a group of 40 patients, which we divided into two experimental groups: - An experimental group which comprised 20 patients, who in addition to medication and hygienic-dietary diet conducted physiotherapy and kinesiology. - The control group, formed of 20 subjects, who didn't conduct kinesiology, only medical treatment and physiotherapy. Patients were assessed by DEXA score at the beginning and at the end of the study. **Results:** It was observed, by comparing data obtained from the initial measurements with those obtained at the final measurement in the experimental group that all patients who were diagnosed with postmenopausal osteoporosis type 1 had improved score DEXA and have substantially improved the articular and muscular amplitude, much more than the control group. **Conclusions:** Physical therapy (kinesiotherapy) plays a major role in the recovery of patients with Type I osteoporosis, relieving pain, correcting the vertebral functional disorders (spine mobility, vicious static spine, altered muscle balance) engaging the walking balance and preventing the risk of falls, and not least decreasing DEXA score. We propose a program of physical therapy at home to perform consistently at a rate of 2-3 times per week associated with a suitable aerobic workout (jogging, cycling). **Keywords:** kinesiotherapy, osteoporosis, drug treatment

EXTRAHEPATIC MANIFESTATIONS IN HEPATITIS C VIRUS INFECTION

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Introduction: Extrahepatic manifestations of chronic viral C infection has an variable incidence and associated disorders have been reported including: skin, arthicular, immunitar, ocular disorders and central nervous system, renal , endocrinological diseases. The most of the patients infected with hepatitis C virus present clinically no obvious extrahepatic manifestation. However, hepatitic c virus may be considered to be involved in the occurrence of essential mixed cryoglobulinemia, membranoproliferative glomerulonephritis and cutanea tarda porphyria, but also of many other manifestations: rheumatological, cardiac, endocrinological, neurological and hematological. **Material and methods:** A 64-year-old female patient with cirrhotic stage hepatitis C virus infection who has some associated extrahepatic manifestations, starting with essential mixed cryoglobulinemia with consecutive renal affection, occurrence of diabetes mellitus type 2, lichenus planus, with progressive evolution towards hepatic and renal failure, severe pancytopenia and carbohydrate balance alteration with impact on patient's prognostic. **Conclusions:** the complications are increasing the pathological burden and the need for effective viral eradication measures is underlined **Keywords:** cirrhosis, hepatitis C, extrahepatic, diabetes mellitus type 2, cryoglobulinemia.

IMPACT OF ENDOTHELIAL DYSFUNCTION ON HEPATIC BLOOD FLOW IN PATIENTS WITH ALCOHOLIC LIVER CIRRHOSIS

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Introduction. Portal hypertension (PH) is a life threatening complication of alcoholic liver cirrhosis (ALC). Impact of the endothelial dysfunction (ED) on the pathogenesis of PH is extensively studied for today. Violation of endothelium activity could be caused by allelic polymorphisms of nitrogen monoxide synthase (NOS3) gene. **Objectives.** The aim of our research was to examine the influence of NOS3-gene polymorphism on the hepatic blood flow in patients with ALC. **Material and methods.** The study involved 63 patients with ALC and 1st stage of PH (study group). 37 apparently healthy persons were examined as control group. Doppler study of hepatic blood flow was performed. By means of polymerase chain reaction (PCR) we detected genetic polymorphism of NOS3-gene in the 7th exon G894→T. **Results.** In the study group T-allele of NOS3-gene was determined in 60% of the patients (10% - T/T-allele and 50% - T/G-allele). In the control group T-allele of NOS3-gene was detected only in 35% of the subjects (7.5% - T/T allele and 27.5% - T/G-allele). The distribution of genotype frequencies was significantly different between the study and control groups for allele T/G heterozygotes ($p < 0.05$). T-allele of NOS3-gene in cirrhotic patients directly correlates with the diameter of portal vein ($r = 0.673$) ($p < 0.05$) and inversely correlates with the level of nitrogen monoxide ($r = -0.821$) ($p < 0.05$). Thus, NOS3 gene polymorphism is an additional independent predictor of PH in patients with ALC, as the expression of nitrogen monoxide in T-allele carriers of the gene NOS3 is significantly reduced, which creates prerequisites for the growth of resistance in the portal vein system and forming PH. **Conclusion.** This study shows that the NOS3-gene polymorphism is an independent genetic determinant of endothelial dysfunction and hepatic hemodynamic failure in patients with ALC. **Key words:** Alcoholic liver cirrhosis; portal hypertension; gene polymorphism; endothelial dysfunction

INFECTIONS WITH STAPHYLOCOCCUS AUREUS IN EMERGENCY CLINICAL COUNTY HOSPITAL OF CRAIOVA

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Introduction. Nosocomial infections with *Staphylococcus Aureus* (SA) have become a major public health issue. **OBJECTIVES.** Assessment of the prevalence of SA amongst hospitalized and non-hospitalized patients in Emergency Clinical County Hospital of Craiova; comparison between the resistance profiles to antibiotics of SA isolated from patients admitted to Surgery and ICU clinics. **Material and methods.** Our study was performed on 3557 biological samples: superficial and deep purulent discharge, sputum, tracheal discharge, surgical drain discharge, synovial, pleural and ascitic fluid, CSF, lymph node aspiration products from patients hospitalized in Surgery and ICU clinics at Emergency Clinical County Hospital of Craiova in the time interval of 01.01.2015 - 31.12.2015 (Group A). Group B consisted of 631 samples harvested for salubrity control of the ICU clinic. We performed the classic and automatized method using the BD Phoenix analyser. **Results.** We isolated 545 SA strains (20,21%), mostly in ICU (26,79%) and Surgery clinics. Methicillin-resistant *Staphylococcus aureus* (MRSA) was frequently isolated from the Nephrology (75,56%), Thoracic surgery (67,74%) and other surgical clinics. The SA antimicrobial resistance was higher in the ICU clinic, compared to surgical clinics to teicoplanin (6,19% vs. 0,86%), gentamicin (58,33% vs. 20,09%), rifampicin (59,71% vs. 22,32%). We identified the MRSA phenotype resistant to clindamicin, oxacilin and penicillin (14,5%) and other multidrogresistant phenotypes: CLI-OXA-PEN-GEN-SXT-RIF (4,77%) și CLI-OXA-PEN-GEN-SXT (1,65%). Salubrity control in the ICU clinic revealed 8,59% SA. SA was isolated from medical staff in 70,59% of the cases in nasal pharyngeal swab, and in 17,65% of the cases on their hands. **Conclusion.** *Staphylococcus aureus* was isolated in significant amounts in many clinics, from the patients, medical staff as well as hospital environment, thus being considered a strain with nosocomial potential.

MICRO-RHEOLOGICAL AND MICROCIRCULATORY ALTERATIONS IN A PORCINE MODEL OF ABDOMINAL COMPARTMENT SYNDROME

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Abdominal compartment syndrome (ACS) is a great challenge to treat. The changes of micro-circular and micro-rheological parameters in the abdominal organs during negative pressure wound therapy (NPWT) are poorly known. Twenty-six Hungarian female domestic swine (17.52 ± 1.76 kg) were used to study these changes (13/2014/DEMÁB). In general anesthesia, inferior tracheotomy was made for assisted ventilation, then the left external jugular vein and femoral artery were cannulated for hourly blood samples and direct blood-pressure monitoring. Diuresis was measured via epicystostomy. To increase intra-abdominal pressure to 30 mmHg, an elastic silicone-bag was placed into the abdomen through a 2-3 cm supra-symphyseal incision and was filled with physiological saline solution. After 3 hours, the bag was drained and removed, and median laparotomy was performed. For temporary closure, Bogota bag- (n=6) and Vivano abdominal sets – using -50 mmHg (n=7), -100 mmHg (n=7) and -150 mmHg (n=6) negative pressures – were used. The intra-abdominal pressure was continuously monitored. After 2 hours, the Bogota bag and the vacuum-sets were removed. Various hematological and hemo-rheological parameters of the taken blood (aggregation-index, deformability and viscosity), as well as the pre- and post-treatment microcirculation of the surface of multiple organs (liver, kidney, pancreas, small intestine, greater omentum) were measured. Treatment with Bogota-bag and -150 mmHg vacuum increased the aggregation of red blood cells (RBCs) (M10s index; -150 vs. -100 mmHg group: $p=0.024$), while the deformability of RBCs declined (Elmax/SS1/2 parameter; -150 vs. -100 mmHg group: $p=0.002$, vs. -50 mmHg: $p=0.006$). Blood viscosity increased greatly after treatment with -150 mmHg vacuum. The microcirculatory parameters of the NPWT groups were better in the small intestine and the omentum. All things considered, using Bogota-bag and -150 mmHg vacuum therapy lead to worse micro-rheological results compared to -100 and -50 mmHg negative pressure. These results can help in choose the optimal treatment method in ACS. Keywords: abdominal compartment syndrome, negative pressure wound therapy, micro-rheology, microcirculation, experimental model

MINIMALLY INVASIVE TREATMENT OF VERTEBRAL PAIN CAUSED BY STABLE FRACTURES OF THE VERTEBRAL BODY, ANGIOMAS OR METASTASES

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The main pathological components treated by vertebroplasty are comprised by the stable fracture of the vertebral body, large angiomas that compromise the vertebral bodies' load bearing capacity and lastly, bone metastases causing increased levels of pain and also increased risk of fracture. The present study was conducted on a group of 18 patients during the January 2015 – January 2016 period in the Interventional Radiology Department of the Emergency Clinical County Hospital Craiova. All patients have been treated with vertebroplasty systems provided by Stryker Medical, image guiding being made possible with the angiograph Siemens Axiom Artis dFA. The procedure implemented the percutaneous transpedicular approach, a 13G (lumbal) or 15G (lower thoracic) being advanced through the superficial layers, the vertebral pedicle towards reaching the center of the vertebral body. Afterwards, under fluoroscopic visual control, a quantity of 5-9 ml of acrylic bone cement is being pumped into the affected region, making sure the cement doesn't migrate posteriorly or doesn't leave the vertebral body in a vascular manner. Out of the 18 patients enrolled in this study, 7 of them have had two vertebral levels consolidated in one session. Out of the 25 vertebrae treated, 12 were L3, 7 were L2, 3 were L1, the rest being distributed in the thoracic segment, one of them being T12 and two T11. The success rate was 100%, and the procedure incidents were kept to a minimum. Out of the incidents, we can mention discal migration of the bone cement and the tendency to localize under the posterior longitudinal ligament, with no associated deficit in two different cases. Percutaneous vertebroplasty represents one of the least invasive procedures for treating stable vertebral fractures with or without compression. Due to the minimum requirements of the procedure, not only the procedure is easily accepted by the patient, but also has a positive effect on the economical dynamics of the health unit. From a clinical perspective, in the first hours after the procedure, the pain stops completely, the patients being able to revert to their previous lifestyle. Key words: vertebral, fracture, vertebroplasty, minimally invasive

NON-INVASIVE ASSESMENT OF NONALCOHOLIC FATTY LIVER DISEASE IN PATIENTS WITH METABOLIC SYNDROME

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Introduction: Metabolic syndrome is defined by the presence of hyperglycemia, hypertension, high serum level of triglycerides, low serum level of HDL-cholesterol and increased waist circumference, requiring the presence of any three of the five criteria for its diagnosis. The large number of studies demonstrating the association of non-alcoholic fatty liver disease with insulin resistance, obesity, hypertension and dyslipidemia, consider this clinical entity as hepatic manifestation of metabolic syndrome. Currently it is accorded great importance to the study of non-invasive diagnostic methods in order to identify serological markers that correlate with the lesions of steatosis, steatohepatitis (NASH) and hepatic fibrosis. **Material and methods:** We included in our study 123 patients with positive criteria for metabolic syndrome, admitted to The 2-nd Internal Medicine Clinic, "Filantropia" Hospital, Craiova, from January till August 2016. In all the patients we performed anthropometric measurement and biochemical explorations. For the assessment of hepatic steatosis, steatohepatitis or fibrosis we performed abdominal ultrasound and we used scoring systems Fatty liver index (FLI) for steatosis, Gholam's score for NASH, NAFLD fibrosis score for liver fibrosis. **Results and discussions:** The 123 patients, 92 women and 31 men, with the mean age of 49 years, had the waist circumference 110.9 cm for men and 113.64 cm for women. The mean BMI was 35.18kg/m². The mean serum level of triglyceride was 193,15mg/dl, and of the the HDL-cholesterol 47mg/dl. 53 patients had diabetes type 2, and 3 patients had no hepatic steatosis on abdominal ultrasound. 105 patients (85.36%) had FLI over 60, 94 patients (76,42%) had Gholam's score over 8.22 and only 13 patients (10.56%) had NAFLD fibrosis score over 0.676. **Conclusions:** Using the non-invasive diagnostic methods in patients with metabolic syndrome we can select some categories of patients who require continuous monitoring in order to detect the progression of liver disease. **Keywords:** metabolic syndrome, liver steatosis, NASH, fibrosis.

NON-SELECTIVE UTERINE ARTERY EMBOLIZATION FOR A SELECTED GROUP SUFFERING FROM CERVICAL CANCER

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Introduction: The primary cause of death in patients diagnosed with cervical cancer is directly related to cervical hemorrhage. Moreover, active bleeding sustained over long periods of time hinders radiotherapy treatment and any surgical options. In the past two decades, non-selective embolization of the uterine arteries has gained more and more momentum, being not only beneficial for the patient, but also being available in medical centers around the world. **Material and method:** For the present study we monitored a group of 27 female patients suffering from cervical cancer, with ages between 37 and 76 years old, presenting to the Interventional Radiology Department Craiova from August 2015 to August 2016. We used a hybrid angio-suite equipped with a SIEMENS Axiom Artis dFA angiograph. The material used for the procedure were represented by endovascular tools and resorbable embolizing material. The arterial approach was conducted via the brachial artery, leasing a catheter into the internal iliac artery, usually below the origin for the superior gluteal artery. Resorbable embolizing material, represented by fibrin precursors (Gelaspon) was injected until contrast reflux is observed. After complete embolization is obtained bilaterally, the devices are retracted, the patient's arm is immobilized and pain therapy is started with opioids and NSAID medication. **Results:** We had a technical success of 100%, however 3 out of the 32 presented intraoperative complications such as arterial ruptures or fistulas, requiring embolizing coils placement. The outcome has been favorable for all of our patients. The vast majority went back to radiotherapy treatment or were able to undergo surgery. **Conclusions:** Uterine artery embolization represents a valuable tool for chronic and acute cervical bleeding, especially in the cases associated with a malignant growth. From a psychological standpoint the concept of a minimally invasive procedure is far more likely to be accepted by patients in comparison to the surgical option. From a financial point of view, UAE requires less resources and shorter time of admittance. **Key words:** Cervical cancer, embolization, cervical hemorrhage.

OXIDATIVE STRESS AND AGING – A HORMETIC PERSPECTIVE

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Introduction: Toxicology defines hormesis as the response of biological systems in the form of a bell-shaped curve to the exposure to noxious agents. Apart from its use in this field, the hormesis theory has been extended to include topics such as oxidative stress and aging. Oxidative stress is defined as the imbalance between the production of reactive oxygen species and the total antioxidant capacity of the human body. According to the hormetic perspective, generation of low levels of reactive oxygen species can lead to the induction of antioxidants and a protective status against oxidative stress-related disorders.

Materials and methods: A literature search was computed by four independent investigators using the MEDLINE database, PubMed, and Google Scholar search services with the following key words and word combinations: oxidative stress, aging, hormesis, physical exercise, reactive oxygen species, antioxidants. Inclusion criteria incorporated relevant articles in English, published in between 1st January 2000 and 1st October 2016, that addressed oxidative stress as their main theme. The exclusion criteria were case reports, unavailability of any full article, unclear presentation, non-relevant studies and reports of different languages other than English. The common features were assembled into this present review.

Results and conclusions: Sustained aerobic exercise, hormetins (pharmacological agents or dietary compounds), caloric restriction (fatty acid restriction, glucose restriction and amino acid restriction), assure an adaptive chronic response to oxidative stress by increasing scavengers that act as antioxidants and offer an improved reaction to future insults against the human body. Low doses of reactive oxygen species enable a better RedOx modulation and affect cell signaling pathways. Hormesis may provide an essential pathway to increasing lifespan in humans by offering answers to the riddles of successful aging.

Keywords: oxidative stress, hormesis, reactive oxygen species, antioxidants, aging

PRE-DIABETES IS LIKELY TO BECOME TYPE 2 DIABETES

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Introduction: Pre-diabetes means that your blood sugar level is higher than normal but not yet high enough to be classified as type 2, diabetes. Without intervention, pre-diabetes is likely to become type 2 diabetes. If you have pre-diabetes, the long-term damage of diabetes especially to your heart and circulatory system. With healthy lifestyle changes — such as eating healthy foods, in your daily routine— you may be able to bring your blood sugar level back to normal. The aim of this study was to analyze an action management plan for Pre Diabetic patients with a Diet composing of Natural ingredients as a substitute for sugar. of patients who adhered to these Natural ingredients

Material & methods: A retrospective analysis of 100 patients admitted to the Endocrinology department at St Spiridon with fasting glucose levels between 110-125mg/dl between the months January 2016-February 2016. The following information was collected: gender, age, and co-morbidities. Statistical interpretation was performed by means of Spss software. These patients were given a specific regime to adhere to which composed of eating six small meals as well Physical activity minimum 30mins per day.

Results: The inclusion criteria was met by 54 people with fasting glucose levels between 110-125mg/dl; 18 patients followed the regime and experienced reduction in glucose levels of between 10-20 percent. 10 patients followed the regime on and off and experience an improvement of roughly 8 percent. 10 patients didn't follow the regime and experienced symptoms of polyuria polydipsia and weight loss 14 patients were subsequently diagnosed with type 2 diabetes. 2 patients were referred to nephrology and ophthalmology for further analysis.

Conclusions. Pre-diabetes is likely to become type 2 diabetes. Following a regime and exercise decreases the progression significantly. It is important we perform screening tests in the population for pre diabetes as this will decrease the disease incidence.

**THE IMPACT OF REFUGEES ON THE HEALTHCARE SYSTEM IN GREECE. WHAT CAN
BE DONE TO HANDLE THIS SITUATION BETTER?**

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Over the past years the topic of refugees has been the main focus in the media, where millions of people have been crossing the ocean to get to Greece in order to be part of the European Union. The downfall - the Greek health system failed to cover basic medical needs in emergencies and cases of chronic pathologies, this is all due to the lack of medical supplies and trained personnel, despite the aid of Non-Governmental Organizations. This study is based on medical practice undertaken between August and September 2015, on the Greek Island of Lesbos, where the highest numbers of emigrants were noted. Working alongside "Doctors of the World", the numbers of patients were recorded that came for consolidation to the respective departments as well as recognizing the main health issues they had been inflicted with. Language was the main barrier of communication, despite this, doctors managed to investigate and treat these refugees. From all the patients seen, 66% had come from Syria, another 25% from Azerbaijan and the rest from other regions of Middle Asia. The majority suffered from sunburns and blisters due to the hundreds of kilometers they walked daily in order to pass the borders; another 18% were injured with deep burns in locations highly predisposed to infections, and 7% were afflicted with rheumatologic and orthopedic pathologies due to war injuries. All in all, this article is to publicize the daily struggles the Greek health system is facing despite its current financial crisis and to mention the main pathologies that refugees were suffering from. Eventually, we would like to suggest that a health screening programme amongst the refugees would be beneficial for the future prevention of pathologies which may affect the epidemiological status of Greece and eventually, whole of Europe. Keywords: refugees, Greek health system, future management

TUBERCULOUS MENINGITIS IN CHILDREN – CLINICAL PARTICULARITIES

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Introduction: TB Meningitis is a form of primary tuberculosis, produced by haematogen dissemination of the Koch Bacillus. Tuberculosis represents the second cause of disease worldwide, Romania being placed on the 6th place as mortality in Europe with 6,4 cases per 100.000 persons. Materials and methods: This retrospective study was performed on 20 patients with tuberculous Meningitis, taking into account: age, gender, environment of origin, TB outbreak, BCG vaccinal scar, PPD-RT positive, presence of KB in CSF, tuberculous meningitis associated with primary pulmonary tuberculosis, strictly supervised treatment, treatment side effects (toxic hepatitis), pronostic. Results: Tuberculous meningitis incidence: by age group: 0-3 years 9 cases-45%, 4-10 years 5 cases-25% and > 10 years 6 cases-30%; by gender: male 10 cases-50% and female 10 cases-50%; by environment of origin: rural 16 cases-80% and urban 4 cases-20%; from known TB outbreaks: 11 cases-55%. Incidence among TB meningitis of: BCG vaccinal scar: 10 cases-50%; PPD-RT positive: 4 cases-20%; presence of KB in CSF: 6 cases-30%; primary pulmonary tuberculosis: 4 cases-20%; Treatment: duration: 6 months-4 cases (20%), 8 months - 4 cases (20%), > 9 months-12 cases (60%); treatment side effects (toxic hepatitis): 4 cases (20%). Prognostic: good: 16 cases (80%), reserved: 3 cases (15%), deceased: 1 case (5%). Conclusions : TB Meningitis is a medical emergency, in which time elapsed since debut, diagnosis and fair treatment set is crucial. The delayed diagnosis and treatment application resulted in the deceased case.

USING RADIO-FREQUENCY(RF) IN ORDER TO TREAT FORAMINAL DISC HERNIA IN SELECTED PATIENTS

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Introduction: Thermoablation of herniated intervertebral discs using radio-frequency(RF) is one of many cutting edge techniques developed in the last decades for the minimally invasive treatment of disc related pain. **Material and metod:** The study has been performed in the Emergency Clinical County Hospital Craiova, in the Department of Interventional Radiology, using the SIEMENS Axiom Artis dFA Angiograph, in a hybrid operating room. The group of 13 patients, presenting to the IR staff have been treated between january 2010 and january 2016, all having clinical symptoms related to disc hernia. For the actual procedure we used the RF generator NeuroTherm ELECTROTHERMAL 20S Spinesystem in conjunction with ACUTHERM 8 pin Decompression catheters. Procedure success has been evaluated using a pain chart (1 to 10 values) and a questionnaire submitted before the procedure and at 1 and 3 months after the procedure. **Results:** Out of the studied group, 7 were females and 6 were males. Concerning the level of the hernia, 8 hernias affected the L5-S1 disc, while the remaining five were distributed throughout L4(3 hernias), L3(one hernia) and L2(one hernia). Asked to rate their pain level on a scale of 0 to 10, the patient group rated their pain at 6.61 before the procedure. Follow up revealed a pain level of 2.61 after one month. After 3 months, the evaluated pain level of patients had decreased to 0.53. **Conclusions:** Thermoablation represents a valuable technique for treating protrusive or herniated intervertebral discs with radicular contact or compression. From an economical standpoint, RF ablation is an out-patient procedure, thus decreasing admission expenses. In comparison to the classical approach, the minimally invasive character of this procedure makes it more likely to be accepted by the patient, ergo having a psychological advantage. **Key words:** radiofrequency, ablation, disc hernia, minimally invasive

B-LACTAMS RESISTANCE IN ESBL PRODUCTION E. COLI STRAINS FOUND IN PEOPLE WITH NORMAL IMMUNE STATUS

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Antibiotic resistance, a major public health problem in Europe and globally, is largely a consequence of the abuse and misuse of antibiotics. The study aimed to: assess the prevalence and study phenotypes sensitivity / resistance to antibiotics of strains of E. coli producing extended-spectrum beta-lactamases, microbiology department investigated the Laboratory Emergency Hospital No.1 during Craiova 01.01.2015-01.01.2016. The study was conducted on 2966 products represented pathological sputum, pus, pleural fluid, peritoneal fluid, bile, obtained from medical and surgical inpatients wards in Craiova Emergency Hospital No.1 in the period 01.01.2015-01.01.2016. Most strains of E. coli were isolated from surgical wards - 98 strains (77.16%), the rest being isolated from pediatric and oncology wards. Following the screening of ESBL production, of the 127 E. coli isolates a total of 17 (15.75%) were suspected of producing ESBL method disc diffusion. With the confirmation test sensitivity testing has proven that some strains were false positive screening test. Thus of the 17 strains of ESBL E. coli suspected production, 13 (76.47%) were confirmed and of the 70 strains of Klebsiella suspected, a total of 50 were confirmed (71.43%). Considering ESBL confirmatory test as "gold standard" if it is found that E. coli screening test had a sensitivity of 84.20% and a specificity of 96.40%. Thus, positive predictive value, if remote chance that a positive screening test to be really positive ESBL is 80%. ESBL positive E. coli strains were mostly from polling Surgery, the potential nosocomial strains. Spectrum resistance to antibiotics investigated the E.coli ESBL + strains was: 97.40% - Cefuroxime; 95.00% - Ampicillin; 90.00% - Cefazolin; 76.90% - Ceftriaxone; 77.50% - Amoxicillin / clavulanic acid; 52,90% - Aztreonam. Spectrum resistance to antibiotics of strains of E .coli ESBL- investigated was: 89.80% - Ampicillin; 66.30% - Cefazolin; 56.10% - amoxicillin / clavulanic acid; 43.80% - Ceftazidim; 34.50% - Cefuroxime; 33,90% - cefepime. Conclusions: Stop the spread of bacterial strains multi-resistant to antibiotics requires detailed knowledge of the mechanisms of bacterial resistance in parallel with the development and implementation of policies hospital appropriate antibiotic therapy, to reduce infectious complications, and knowledge of the financial needs required for antibacterial treatment and measures additional control microorganisms that can cause nosocomial infections.

Poster Section

A RARE CASE OF COLORECTAL CARCINOMA WITH LIVER AND KIDNEY METASTASIS. CASE REPORT

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Introduction the colorectal cancer is defined as being a cancerous malignant tumor or polyp formed on the inner wall of the colon or rectum. It is a well known cancer that affects more and more people every year mostly due to the worsening dietary habits. Metastasis are frequent especially due to the disposition of the venous and lymphatic drainage of the colon and rectum. Material and methods we studied the case of a 79 year-old women who was admitted at our clinic with acute abdominal pain, bloating and nausea. The patient was know of having a right nephrectomy, arterial hypertension under medication and glaucoma. The clinical examination revealed a clinical picture of colorectal cancer. As for imagistic findings, the CT scan revealed a massive ileus, and metastatic formations in the liver and left kidney. Do to the age of the patient, a decision was made to insert a self expandable metal stent (SEMS) as a curative intent in order to achieve a decompression of the colon and to allow the preparation of the bowel for an oncologic resection. Sadly, the tumor formation was not passable using the endoscope. The probe confirmed the diagnosis of colorectal tubular adenocarcinoma. Results the patient was converted to classical surgery, left hemicolectomy with colostomy as well as a resection of a small portion of the ileum until the ileocecal valve because of an extended necrosis that occurred due to the compression of the dilated colon. After the post-OP recovery, we took a liver and a kidney biopsy that confirmed us the metastasation of the carcinoma. Conclusions the patient was discharged two weeks later, and the question was raised of a possible Lynch syndrome, the patient having set up an appointment for a genetic consultation. Keywords: colorectal, carcinoma, tumor, metastasis, SEMS.

A RARE CASE OF VENTRICULAR NONCOMPACTATION IN A YOUNG ADULT

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Introduction: Ventricular noncompaction is a rare congenital disorder, that affect usually the left ventricle. It cannot be considered a cardiomyopathy, because it is often observed in healthy subjects, with a normal ventricle size and function. Rarely, it can be part of a cardiomyopathy. We present the case of a 23 year old male who was admitted to our department with dispnoea, marked fatigue, peripheral edemas, bilateral basal crepitations, cyanosis and hypotension. **Materials and methods:** It is a LV noncompaction with prominent trabeculation of the LV and deep recesses, with a relatively mobility, highly specific for thrombus. After the laboratory tests and paraclinical investigations were performed, the diagnosis of LVNC was outlined. **Results:** The resting ECG showed sinus rhythm, with negative T waves in II, aVF, V4, V5, V6. [Transthoracic echocardiography revealed significant left ventricle (LV) enlargement(75/64 mm), with moderate left atrium (LA, 53 mm) and right ventricle(RV, 44 mm) enlargement and significant systolic dysfunction (LV ejection fraction 30%). Transesophageal echocardiography identified an apical thrombus. LVNC is usually associated with other congenital diseases, hereby a computer tomography was performed and it didn't revealed other structural or coronary artery origin abnormality. An apical thrombus and an apical segment noncompaction were also noted. **Conclusion:** LVNC is a rare genetic cardiomyopathy, with a late onset of the symptoms and it can occur at any age. **Keywords:** ventricular noncompaction, enlargement, congenital disorder

**A RARE CAUSE OF NEPHROTIC SYNDROME WITH ATYPICAL DEBUT IN AN ELDERLY
PATIENT. THE IMPORTANCE OF KIDNEY BIOPSY.**

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IgA nephropathy (IgAN) is the most frequent cause of chronic nephritic syndrome. Nephrotic syndrome is rarely seen in IgAN and has treatment particularities based on histological findings. 75 years male patient, without significant medical history, is admitted for edematous syndrome started 2 weeks before, associated with rapid weight gain and decrease of urinary output. The patient was in good condition, with pitting edema, increased blood pressure, without serous effusions. Patient had an excess of 7.2 liters of fluid at bioimpedance. Diagnosis of severe nephrotic syndrome was established (proteinuria 9 g/day, hypoalbuminemia 1.4 g/dl, mixed dyslipidemia), with mild renal impairment (creatinine 1.6 mg/dl), without hematuria or leucocyturia. Secondary causes of nephrotic syndrome were excluded and a kidney biopsy was performed. Patient's evolution was initially unfavorable despite symptomatic treatment with diuretics and albumin, with dilutional hyponatremia, oliguria, and worsening of renal function, so emergency hemodialysis was started. Histology established the diagnosis of IgAN, with extensive podocytes effacement, massive interstitial edema, and urinary tubules blocking by hyaline and fatty casts. Intravenous Methylprednisolone was started (1g/day for 3 days), with increase in diuresis, reduction of edema, improving of biological markers, and dialysis interruption. Because of podocytes effacement and patient's advanced age, treatment was continued with Cyclophosphamide orally 100 mg/day for 3 months, and Methylprednisolone 8mg/day, with complete remission of nephrotic syndrome in 4 weeks, and sustained remission on subsequent controls. Renal biopsy is an essential diagnostic tool for nephrotic syndrome. IgAN is a rare cause of nephrotic syndrome, particularly in the elderly, and the debut with acute kidney injury is atypical and usually is due to acute tubular necrosis because of massive hematuria, not because of the nephrotic syndrome. Histological examination allowed a proper treatment, specifically targeting podocytes effacement, with good patient's evolution. Keywords: nephrotic syndrome, IgA nephropathy, podocytes effacement.

ACUTE MYOCARDIAL INFARCTION CAUSED BY EMBOLIZATION OF A RIGHT SINUS VALSALVA THROMBUS

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Introduction: A right sinus Valsalva thrombus is a rare condition, being a major cause of coronary embolization. We present the case of a 62-year-old female with a thrombus in the right coronary sinus which caused an acute myocardial infarction in the territory of the right coronary artery. **Material and methods:** The patient presented in the Emergency Department at 6 hours after the onset of a constrictive chest pain associated with signs of cardiogenic shock. Imaging examinations revealed a right sinus Valsalva thrombus that had been removed by catheter thrombectomy and catheter aspiration, and the right coronary artery occlusion was treated with over-the-wire thrombectomy followed by balloon coronary angioplasty. **Results:** The electrocardiogram showed ST segment elevation in leads DII, DIII and aVF and the laboratory analysis showed the presence of myocardial necrosis (troponin I=0.327 ng/ml). On physical examination, the patient was hemodynamically unstable with a blood pressure of 84/51 mmHg and a heart rate of 109 / min. We performed a coronary angiography that revealed an acute thrombotic occlusion of the right coronary artery caused by embolism from a massive thrombus located at the level of the right coronary sinus, but a normal aspect of the left coronary artery, without any atherosclerotic lesions present. Under efficient anticoagulation with unfractionated heparin, and after initiating dual antiplatelet therapy (with aspirin and ticagrelor) the thrombus was removed via thrombectomy and catheter aspiration. The right coronary artery occlusion was treated by percutaneous coronary intervention with thrombectomy followed by balloon angioplasty and administration of glycoprotein IIb/IIIa inhibitor. **Conclusion:** The patient needed an emergency treatment of the coronary sinus thrombosis and right coronary artery embolism. The interventional approach was chosen over the thrombolytic therapy due to the high risk of the latter for repeated embolisms and the high risk of bleeding complications. **Keywords:** right valsalva coronary sinus thrombosis, acute myocardial infarction, thrombectomy

ALTERATIONS IN PLATELET ACTIVITY AND ELASTICITY MODULUS OF HEALTHY SUBJECTS, CARRIERS OF G20210A POLYMORPHISM IN THE PROTHROMBIN GENE

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Platelet activation is a complex process in which platelets reorganization takes place associated with changes in the cell shape, topology, membrane elasticity and microparticle production. The aim of this study was to investigate the changes/aberrations in the platelet activity, elasticity and morphology in healthy subjects, carriers of A allele of prothrombin G20210A polymorphism. Blood samples from 18 healthy subjects were used for platelet analysis by force-mode atomic force microscopy. Restriction analysis was used to investigate the carriage of G20210A polymorphism in the prothrombin gene. Flow-cytometry was applied to evaluate platelets activation. The Young's modulus of the plasma membranes of platelets derived from healthy subjects, carriers of variant A allele of prothrombin 20210G>A polymorphism (407 ± 69 kPa) is twice higher than that determined for non-carriers (195.4 ± 48.7 kPa; $p < 0.05$). The background activity of platelets measured as interrelation of Cd41/Cd61 and CD62 by flow cytometry was also higher in carriers of variant A allele of prothrombin 20210G>A polymorphism (5.0%) than in non-carriers (1.3%). Platelets isolated from healthy carriers of variant A allele of prothrombin 20210G>A polymorphism exhibit higher level of activity and higher degree of stiffness at the stage of spreading as compared to non-carriers. Keywords: platelet activity, elasticity modulus, G20210A polymorphism

AN INTERESTING CASE OF A BIMALLEOLAR FRACTURE IN AN OBESE PACIENT

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Introduction: Here is the case of a 52 years old woman who suffered an indoor accident by falling from the same height, resulting the impossibility of using the right leg. The patient is also known with high blood pressure and morbid obesity at 1.65 m height and 110 kg weight. She accused severe pain, swelling at the right ankle and was admitted into the hospital with the diagnostic of bimalleolar fracture in the right ankle, based on radiographic images. **Materials&Methods:** At the beginning, it was effected a plaster splint immobilization, catching the leg below the knee. Medical tests showed a slight elevated number of white cells ($12.2 \cdot 10^3 / \mu\text{L}$), from which $9.3 \cdot 10^3 / \mu\text{L}$ were neutrophils, and a PT time of 13.3 seconds. In order to ameliorate her condition, doctors initiate prophylactic treatment with Fraxiparine and antibiotics. The next day, the patient was ready for the surgical intervention. Under general + IOT anesthesia, the surgeons effected: the bloody reduction of the fracture and osteosynthesis with plate and screws on the right fibula; the bloody reduction of fracture and osteosynthesis with screw compression and a Kirschner brooch for the internal right malleolus. **Results:** The treatment was effective, so a week after admission, the patient was discharged in a good overall condition, with the indication of maintaining the ankle in an orthopedic brace for the next 4 weeks and to continue the treatment with Fraxiparine. **Conclusions:** In order to maintain therapeutic success, during those 4 weeks, the patient will use for walking an orthopedic frame or two crutches, with the obligation of returning to an orthopedic control right after that. Another two weeks later, she will be allowed to only partially put weight on the operated leg in order to properly continue her recovery. **Keywords:** bimalleolar fracture; Kirschner brooch; osteosynthesis

ARISTOLOCHIC ACID: RISK VERSUS BENEFIT

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Introduction: Aristolochic acid (AA) is a component of dietary supplements, slimming pills, Chinese herbs and contaminated flour. The aim of this paper is to present a review of literature regarding the side effects of this acid. Material and methods: Using the term "aristolochic acid" we have performed a systematic search of literature on the PubMed database. The original researches and experimental studies were taken into account. Results: Between 1953 and 2016 about 1029 publications identified on the PubMed database were taking into account the aristolochic acid. Most of them referred to its role on inducing chronic tubulointerstitial disease also known as Balkan nephropathy. Only 20 representative studies presented its possible carcinogenic role that is probably mediated by the A:T to T:A transversions in the TP53 gene. The AA was proved to mediate carcinogenesis of the upper urinary tract but its role in the genesis of carcinomas of the kidney and the gastrointestinal tract is also supposed. Conclusions: To control the side effects, any dietary supplement and pill should be prescribed by a healthcare provider specialized in nutrition. This work was partially supported by the University of Medicine and Pharmacy of Tirgu-Mures, Romania, research projects frame UMFTGM-PO-CC-01-F01-Ed.01-Rev.3 - No 17800/8/2015. Key words: aristolochic acid, nephropathy, carcinoma, dietary supplements

ANALYSIS OF STRESS COPING MECHANISMS AMONG STUDENTS FROM UNIVERSITY OF MEDICINE AND PHARMACY CRAIOVA

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Introduction: Stress can have a significant effect on adolescent's long term physical and mental well-being. A descriptive study was conducted in University of Medicine and Pharmacy Craiova, to assess stress level and coping strategies among medical students. **Material and methods:** In october 2016, 268 medical students from UMFCV served as subjects for this study. We applied two questionnaires, the first one it's an unique one invented by our own which consisted of 4 items and the other one was the COPE questionnaire with 53 items on coping strategies. We used Excel and SPSS, a specific program for data analysis. **Results:** From 268 participants, 220 (82,1%) were females and the rest of 48 (17,9%) males, belonging to the age group 19 to 25 years, with most of its 22 years. Regarding marital status, 110 (41%) are in a relationship, 81 (30,2%) are single, 73 (27,2%) are unmarried and 4 (1,5%) are married. The majority were from 4th year (30,2%), 24,3% from 1st year, 17,9% from 3rd year, 24,3% from 2nd year, 6,7% from 6th year and 4,9% from 5th year. Participants completed the COPE questionnaire, which comprises subscales for 14 discrete coping strategies. The results led us to the following results: 12% by active coping, 10% by planning, 9% by eliminate competing activities, 8% by Self-distraction, 8% by Use of emotional social support, 8% by Acceptance, 8% by mental disengagement, 7% by Positive reframing, 6% by Use of instrumental social support, 6% by Venting emotion, 5% by Denial, 5% by Religion, 5% by Behavioral disengagement, 3% by Substance and alcohol use. **Conclusions:** Stress in medical students is an area of growing concern and it may result in psychological distress, physical complaints, behavior problem and poor academic performance. Our results indicate that the majority of students from University of Medicine and Pharmacy Craiova are facing stress with active coping and by planning. **Keywords:** medical students, stress, COPE, questionnaire

BREAST CANCER VS. LIFE-STYLE

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Introduction: Breast cancer is the most common cancer which affects women. It is important to raise awareness on breast health and the significance of screening (Ultrasounds/Mammograms). Previous studies showed the positive effect of staying at a healthy weight, being physically active and limiting how much alcohol you drink. Women may reduce their risk of breast cancer by maintaining a healthy life-style and breastfeeding their children. **Material and Methods:** Our research is based on more than 5 000 cases from WAFI center, starting in 2013 until 2015 in Egypt. Many studies highlighted the association between age, weight and the incidence of breast cancer, but firstly, we focused on the correlation between their occupation and the reason of coming to WAFI. Secondly, we revealed the connection between BMI and the disease, accordingly the amount of fat directly correlated with the pathology. **Results:** Women who are working are more interested about the risks and understand better the meaning and importance of a screening. This is why 68% of those who came to our center, needed just a screening and 29% a diagnostic. We discovered that only 53% of house wives are coming for screening, while 43% came for diagnostic. We can see that the percentage of house wives coming for diagnostic is almost double. The higher the BMI, the more women are diagnosed as BIRADS 4 and above. This can be explained by the fact that more estrogen is stored in overweight and obese women the more estrogen receptive tumors may develop. **Conclusion:** While we were working, we realised that majority of women come for diagnostic, when they already have a complaint which shows that our responsibility is to sensitize them about the importance of early diagnostic. Younger the patient is, the screening is decreasing. Breast cancer represents one of the most important fields of research which needs constant awareness. **Keywords:** breast cancer, screening, mammograms, life-style.

CANTRELL PENTALOGY

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Introduction: The Cantrell pentalogy is a rare syndrome, with an incidence of 6 in 1.000.000 births. While it affects both sexes equally, its etiology is still unknown. However, there are several conditions that may be responsible for the development of this disease, such as aneuploidies, amniotic band syndrome or the abnormal evolution of the mesoderm during the first 14 to 18 days after conception. **Material and Methods:** The objective of this study is to confirm the diagnosis of Cantrell pentalogy on an embryo, using dissection. The procedure was performed on a 12 week-old embryo, diagnosed with this affliction through echography. Among the malformations specific to the studied syndrome, several others have also been identified. The results have been photographed, using a high resolution digital camera. The dissection took place in the anatomy laboratories within "Carol Davila" University. **Results:** After the dissection, the following malformations have been identified: omphalocele, ectopic heart, abnormal development of the diaphragm, sternal agenesis with lack of anterior abdominal wall formation, as well as a ventricular septal defect. **Conclusions:** When all of the above mentioned anomalies are present, the embryo doesnot stand any chance of survival. This only happens when the mesodermal malformation appears before the tissue's differentiation in somatic and splanchnic. However, if the pentalogy is incomplete, the embryo can survive, the malformations being surgically corrected. **KeyWords:** Cantrell pentalogy, genetic malformation, ectopic heart, mesoderm

CASE REPORT OF AN ATYPICAL DIFUSSE LARGE B-CELL LYMPHOMA

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Diffuse large B-cell lymphoma (DLBCL) is the most common lymphoma, representing 31% of the non-Hodgkin lymphomas and it is rapidly fatal if untreated. Treatment recommendations and prognosis vary with different subtypes and stages of the disease. A 62-year-old male patient known with psoriasis and sinusitis is firstly admitted for: severe physical asthenia, loss of appetite, gastric juice vomiting, epigastric pain and weight loss of 10 kg in two months. A week later, his general state aggravated, presenting anasarca, dyspnea with orthopnea, weight gain of 8,5 kg and detection of an epigastric mass (5cm²). Simple chronic anemia, hyperuricemia, acute renal failure (ARF) and type 2 diabetes mellitus. Upper gastrointestinal endoscopy revealed a 6 cm² vegetant tumor on the lesser curvature of the stomach with central ulceration. Immunohistochemistry and histopathology exams shown a polymorphic diffuse malignant lymphoid proliferation with large B-cell, positive for CD20, CD10 (follicular lymphoma marker), CD5 and negative for CD23 and Cyclin1. Thoraco-abdominopelvic CT scan: gastric wall thickening, bilateral pleural effusion, ascitic fluid, generalized lymphadenopathy and peritoneal carcinomatosis (thickening up to 40 mm). The ascitic fluid examination: abundant cells represented by erythrocytes, medium and large lymphocytes and 2,6 g/dL of proteins. Results: The final diagnosis is DLBCL stage IVB, of centrofollicular origin with lymphatic, peritoneal and gastric dissemination. The patient is treated with the R-CHOP chemotherapeutic regimen, after which Filgrastim is administered prophylactically. After the hospital discharge and the first round of chemotherapy the patient's evolution is improving. After the third round the gastric tumor shrank to 2-3 cm², the disease being partially controlled. Conclusions: The specific features of this case are the complex histopathological form and the atypical organ location (peritoneum). Despite all these, the modern and aggressive chemotherapy leads to a successful evolution of the patient. Keywords: diffuse large B-cell lymphoma, acute renal failure, peritoneal carcinomatosis

CONGENITAL HEART DEFECT-PERSISTENT LEFT SUPERIOR VENA CAVA

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Introduction persistent left superior vena cava (PLSVC) is a rare congenital disease that involve as a result of a degenerative condition in the left anterior cardinal vein. We present the case of 36 years old patient who was admitted in Cardiology Clinic of Tîrgu-Mureş Emergency County Hospital based in a wide range of signs and symptoms:repetead palpitations, constrictive chest pain character and also periodic headache.Material and methods the patient was diagnosed with a complex cardiovascular malformation that involves the following pathologies: persistent left superior vena cava, anomalous pulmonary vein insertion and sinus venosus atrial septum anomaly. Results postoperative evolution was uneventful. The patient condition was in good stable without signs or symptoms followed by specialized treatment. Conclusions usually the patients diagnosed with persistence of the left superior vena cava(PLSVC) has no symptoms, therefore it is incidentally diagnosed, but our patient presented specific symptoms. Keywords: congenital, anomaly, palpitations

DIAGNOSIS DIFFICULTIES IN CHILD PAPILLITIS CASE

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Introduction: The case of a 7 year old girl is being presented. She is admitted in the Pediatrics Clinic, with frontal and occipital intermittent headache, that has been occurring for two weeks. **Case presentation:** Personal physiological and pathological priors do not have clinical significance. The systematic clinical examination shows us a grade schooler that has a good general state, without a fever, with obesity: BMI=36.16 (height 124cm; weight 51kg), the subcutaneous tissue is excessively represented throughout the whole body, BP (blood pressure): 100/70mmHg, heart rate: 90bpm, in good respiratory, digestive and renal-urinary balance, with good orientation in time and space. **Management and results:** The initial lab analysis (biochemical, hormonal and hematological) have gathered normal results. The ophthalmoscopy describes a picture of bilateral papillary stasis making us think about the existence of a tumor inside the skull. The cranial CT scan and the pituitary, skull and cervical spine MRI exclude a cranial tumor, the obstruction of the ventricular system, malformation lesions or lesions that have a vascular layer, myelination anomalies or cerebral edema. The fundus photography examination sets the papillitis diagnosis; in order to discover the cause, the lab investigations were furthermore continued. Thus, antibodies anti Toxoplasma Gondii were: IgG=36,31 UI/ml (N=0-1), IgM=1,24UI/ml (N=0.0-0.8). Antiparasitic treatment was started in order for the identified subclinical infection to be cured. **Conclusions:** Papillitis, the anterior optic nerve inflammation can be a typical manifestation of the acquired infection with Toxoplasma Gondii, diagnosis that can be sustained with the help of the serological findings. The child is at the moment in the care of the Pediatrics Clinic. **Key words:** papillitis, pediatric, toxoplasmosis

ENDARTERECTOMY WITH VOLLMAR RING-DISSECTOR

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Introduction endarterectomy is a surgical technique which consists in opening an artery and removing an occlusive thrombus along with the atheromatous plaque, intima and some part from media tissue. Most anatomical patterns of atheromatous lesions are suitable for this technique. Material and methods we performed a retrospective study in which we assessed 134 patients registered in the Department of Surgery I, Tirgu-Mures Emergency County Hospital, during 2013-2016. For the treatment of type B, C, D iliac lesions and type A, B, C infrainguinal injuries (TASC classification) was used Vollmar Ring-Dissector device in order to remove the blood clots. Data were retrieved from observational records and the following variables were evaluated: patient sex, patient behavior and postoperative complication rates. Results from 134 operated patients, 85.07% (114) were male, 14.93% (20) women, and from all interventions, a percentage of 15.67% (21) cases had postoperative complications. Among these, 28.57% (6) developed late thrombosis, 14.28% (3) early thrombosis, 14.28% (3) iatrogenic injury, and 14.28% (3) cases needed femoral popliteal bypass surgery, 14.28% (3) amputation of the thigh, and 9.52% leg amputation. Conclusions endarterectomy is a surgical technique that correlates with favorable results and a very good prognosis for the patient because the operating time, the risk of infection, hospitalization time and costs and recovery are significantly lower. Key words Endarterectomy, Vollmar Ring-Dissector

HIPPOCAMPUS NEUROGENESIS FOLLOWING INTERMITTENT HIPOPERFUSION

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Introduction aging is an inevitable phenomenon for every person leading to dysfunctions when it comes to the body's well-being. Strokes, both the ischemic and hemorrhagic ones, have the effect of depriving the brain of blood in the associated territories. Also, sometimes when it comes to old people, cerebral hypoxia is a very common affection. The purpose of this research is to evaluate the compensatory mechanisms of the body and how it responds to intermittent hypoxia. Materials and method for our study we used 14 Sprague Dawley rats divided into two groups: 7 rats for the experiment group and 7 for the control group. The subjects of the experiment group were operated in order to clamp the internal carotid arteries for 48 hours, every 24 days for 4 months. 24 hours post de-clamping the internal carotid arteries, we injected the rats with BRDU (a known marker of neurogenesis) using the formula $G/300$ where G represents the rats' weight. The injections were performed for 3 days in a row, once a month. The control group's rats were not subjected to hypoxia, they were only injected with BRDU following the same protocol as the experiment group. At the end of the fourth month of clamping, the rats were perfused and the brain was sectioned and used for immunohistochemistry studies. Results after marking the sections chemically with DCX we were able to count the new formed neurons in both groups, comparing them and noticing that there are more new formed neurons in the experiment group rather than in the control one. Immunofluorescent studies with DCX and BRDU showed a stronger signal in the hippocampus of the rats that were exposed to hypoxia compared to the other ones. Conclusion after exposing the brain to temporary hypoxia, the nervous tissue has the tendency to intensify neurogenesis in order to compensate its long term side effects. The area where these phenomena are mostly observed is the hippocampus, an area that maintains its neurogenic capacity the entire life. The new formed neurons can after that, migrate in the areas that were affected from hypoxia.

HOW CANCER DRUG AFFECTS THE FERTILITY OF UNBORN BABIES?

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Introduction the aim of this review is to demonstrate how chemotherapy during pregnancy, especially in the second and third trimester, affects the fertility of the unborn baby girls. Common used drug called etoposide is known to be safe for both mother and child on short term effects while its' long –term effects are still in research. **Material and methods** there has been used the scientific literature and the newest studies extracted from the data base of several medical websites. **Results** the purpose of this research was to examine the effects of etoposide on germ cells in the developing ovary. Etoposide is used to treat several types of cancer during the second and third trimester of pregnancy because of its low risk of causing birth defects and spontaneous abortion. One of the effects of etoposide it to inhibit topoisomerase II α , an enzyme involved in the decision wheter the pre-ovulatory follicle is going to continue its maturation process or not. This choice is made between healthy and unhealthy follicles. If etoposide is administered to pregnant women when germ cells are not yet enclosed within ovarian follicles, a process that starts at approximately 17 weeks gestation and is only complete towards the end of pregnancy, there is a great potential for adverse effects on fetal ovarian development. **Conclusions** although nowadays studies are made just on mice the results are valid for human as well because of the great resemblance of the two organisms. This is why the long-term side effects upon unborn baby mice should be researched on human as well. **Keywords** : etoposide – topoisomerase II α - chemotherapy-fertility

HUGE VEGETATION ON AORTIC VALVE AFTER AN INFECTIVE ENDOCARDITIS

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Introduction we present the case of a 46-year-old male, without cardiovascular diseases in his family history. He presented fever, dyspnoea, tachypnea, diaphoresis, chest pain and weakness. The symptoms he had, started 7 days before coming to our emergency department. **Materials and methods** his evolution is presented in a chronological order, including laboratory tests, paraclinical investigations and the treatment. **Results** the physical examination revealed fatigue, monocular blindness after an embolic event, fever, blood pressure 120/75 mmHg and a heart rate of 115/min. At the auscultation we heard a pansystolic murmur over the cardiac area and pulmonary crackles. Laboratory tests revealed an elevated number of white blood cells, anemia, C-reactive protein >30 mg/dl, a renal dysfunction and a liver dysfunction. The echocardiography revealed a huge (27/17 mm) vegetation on the aortic valve, an oscillating structure in the ascending aorta. Transesophageal echocardiography indicated severe aortic regurgitation. A blood culture was done and it indicated the presence of *Enterococcus Faecalis*. There was initiated a high-dose of antibiotic treatment. The patient had a favorable evolution because of the treatment with antibiotics. **Conclusion** infective endocarditis is a severe disease if it is not recognized or treated, because there are a lot of severe complications. In this case, like in many others, the definitive treatment is a surgical intervention. **Keywords** endocarditis, aortic valve, enterococcus

INVESTIGATION OF FACTORS RELATED TO ULCER OCCURRENCE IN PATIENTS WITH CHRONIC LOW-DOSE ASPIRIN THERAPY

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Considering that the chronic consumption of aspirin has increased, we investigated clinical and histological factors associated with ulcer in low-dose aspirin (LDA) consumers. A number of 460 patients treated with low-dose aspirin (75-125 mg/day) who underwent an upper digestive endoscopy were included. We recorded in every patient using medical records and structured interview clinical and demographical characteristics: age, gender, digestive symptoms, concomitant diseases, history of peptic ulcer, drug consumption, alcohol consumption and smoking. We registered endoscopic aspects of gastro-duodenal mucosa and 76 patients with ulcer were identified (47 male and 29 female). A complete set of four biopsies were taken and processed (two from antrum, two from gastric corpus) in every patient. All these factors were compared in ulcer and non-ulcer group using univariate and multivariate logistic regression. Results. In patients investigated on endoscopy with low-dose aspirin, selected according to including criteria, 35% were free of mucosal damage and 16.5% had gastric and/or duodenal ulcer. The frequency of *H. pylori* infection was 37.2%, 64% of patients had active or inactive gastritis and 38.4% had premalignant gastric lesions. On univariate analysis, ulcers were statistical significant correlated with histologic diagnosis of gastritis (active/inactive) (OR: 2.16, 95%CI: 1.16-4.02, $p=0.01$), non-steroidal anti-inflammatory drug consumption (OR: 2.94, 95%CI: 1.30-6.40, $p=0.005$), heart failure (OR: 2.94, 95%CI: 1.30-6.40, $p=0.01$), stroke (OR: 3.58, 95%CI: 1.72-7.48, $p<0.0001$), diabetes (OR: 2.18, 95%CI: 1.30-3.65, $p=0.002$) and liver disease (OR: 1.75, 95%CI: 1.06-2.87, $p=0.02$). Concomitant use of anticoagulants or clopidogrel, history of peptic ulcer, age above 70 year, premalignant gastric lesions or the presence of *H. pylori* in biopsies were not correlated with ulcer ($p>0.05$). The most important risk factors for ulcer on endoscopy in aspirin consumers are the presence of inflammation in gastric biopsies, concomitant use non-steroidal anti-inflammatory drugs and comorbidities. Keywords: ulcer, aspirin, endoscopy

LARGE INCISIONAL HERNIAS IN CIRRHOTIC PATIENTS – CASE REPORT

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Introduction even nowadays, incisional hernias are common complications of laparotomy. They are characterized by a weakening of the abdominal wall resistance, which allows the structures of the abdominal cavity to penetrate the parietal defect. Material and methods we present the case of a 62 year old male patient who presented a large symptomatic abdominal incisional hernia with localized skin necrosis. The patient also presented decompensated cirrhosis and ascites. Surgery was performed and an elliptical incision, concentrated on the skin necrosis was performed. Upon entering in the peritoneal cavity, a large amount of ascites was evacuated (~16 liters). On further exploration a large multisacular hernia was discovered that underwent dissection and suturing using a progressive tension suture nonresorbable threads followed by the placement of a supraaponevrotic mesh. Results immediate postoperative evolution was favorable. On the 7th day the patient developed localized skin necrosis that required another intervention. The evolution that followed was uneventful and the patient was discharged on the 15th postoperative day. Conclusion a progressive tension suture followed by the placement of a supraaponevrotic mesh is a safe and reliable option in the treatment of large incisional hernias and simple suture repair of incisional hernia should be abandoned. Care must be taken in choosing the proper operative time in patients with decompensated cirrhosis that present large incisional hernias. Keywords: incisional hernia, supraaponevrotic mesh, necrosis

LUMBAR INCISIONAL HERNIA FOLLOWING NEPHRECTOMY

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Introduction lumbar incisional hernia is a relatively rare defect of the postero-lateral abdominal wall with less than 400 cases reported in the literature. A consensus concerning the best treatment option has yet to be found, varying from laparoscopic approach, simple suture and the use of various meshes. Material and methods we present the case of a 58 years old patient who was admitted in Surgical Clinic No. 1 of Tîrgu-Mureș Emergency County Hospital with a mass in the right lumbar region following right nephrectomy for cancer. Further investigations excluded local recurrence and a diagnostic of lumbar incisional hernia was established. Patient underwent surgery under general anesthesia and a mesh procedure was used. The basic steps of surgery were represented by scar excision, hernia dissection followed by abdominal wall plasty using a running resorbable suture. The procedure was completed with the placement of a supraaponevrotic propylene mesh anchored below the costal margin, iliac crest and at the level of linea alba. Results postoperative evolution was uneventful. Drains were removed on the 5th day and the patient was discharged on the 7th day. Three months follow up was without signs of recurrence. Conclusions lumbar incisional hernias occur rarely and remain difficult to treat. The use of mesh repair in their treatment seems to be one of the best options. Keywords: hernia, nephrectomy, meshes, lumbar

OZONE THERAPY - A NEW WAY

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Introduction ozone (O₃) is a molecule consisting of three atoms of oxygen in a dynamically unstable structure. Medical O₃ has been used to disinfect water and treat disease since the 1800s. It can inactivate bacteria, viruses, fungi, yeast and protozoa, stimulate oxygen metabolism and the immune system. Materials and methods we conducted a systematic review of the scientific literature and the newest studies extracted from the database of several medical sites. Results it is found effective against disease states involving inflammatory cells like asthma. Intraarticular O₃ therapy is being currently tested for relieving the pain in patients suffering from osteoarthritis of the knee. The effect of ozone therapy is also being evaluated in comparison with microdiscectomy in the treatment of lumbar-herniated disc with criteria for surgery and for its efficacy in treating chronic pulmonary obstructive disease (COPD) and cystic fibrosis. Conclusion O₃ was found to activate the antioxidant system affecting the level of glycemia, thus preventing diabetes complications. It increases the host immunity by increasing the production of cytokine. A single subcutaneous injection of O₃ in mouse with spared nerve injury of the sciatic nerve was found to decrease the neuropathic pain-type behavior. In vitro studies observed that O₃ reduces effectively the concentration of antibiotic resistant bacteria and managed to inactivate the HIV while being non-cytotoxic. Unfortunately the reactivity of O₃ can cause oxidation, peroxidation or generation of free radicals. This can lead to changes in membrane permeability triggering the mediators of inflammation, the loss of functional groups in enzymes leading to enzyme inactivation and aggregation of platelets in platelet-rich plasma. Combinations of O₃ and NO₂ which occur in photochemical smog, have hazardous effects on lung alveoli. These effects can be counteracted with indomethacin and vitamin E. Key words: ozone, oxidation, disinfectant

POLAR BODIES AND THEIR CLINICAL MEANING

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Introduction the aim of this review is to establish whether polar bodies can be fertilized and if they can be useful for the future baby or not. Regarding their process of appearance, this seems very similar to the one by which the zygote comes to life, which suggests that the polar body might be used to the benefit of the future baby. There were many studies made on mice to test their viability. Although at first they seemed unviable due to the lack of cytoplasm, parts of the polar body are searched frequently in order to find out if the baby will inherit a X-linked disease or not. Material and methods data from scientific literature and the newest studies were used in developing this review. Results regarding the possibility of fertilization the polar bodies, some experiments were made on mice in which the contents of a live polar body were injected into an enucleated mature oocyte. Examined 2 h later, the polar body chromosomes were arranged on a metaphase plate, as seen prior to the secondary meiotic division. After this the new oocytes were fertilized normally by sperm injection. When 2-cell embryos were transferred to foster females, 30–57% developed into fertile offspring. As the chromosomes in the second polar body are known to have full potential to participate in normal embryonic development, it is theoretically possible to reproduce 4 offspring by using chromosomes in one oocyte. Conclusions the polar body diversity in function and fate is prodigious. Although polar bodies in most animals normally go through apoptosis shortly after formation, those who remain viable can be used in preimplantation genetic diagnosis (PGD) to determine oocyte quality. If their fertilization is successful, they could be used as a source of stem cells as well. Key-words: Polar body, PGD, stem cells

POLYMYALGIA RHEUMATICA-LIKE SYNDROME DUE TO GASTRIC TUMOR

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Polymyalgia rheumatica (PMR) is a disease characterised by pain and stiffness in the proximal muscles of the shoulder and pelvic girdle. Laboratory tests show high levels of acute-phase reactants, but no specific antibodies are available at this point. This disease usually affects persons over 50 years old. Paraneoplastic syndromes are caused by abnormal secretion of humoral factors (hormones, peptides or cytokines) or by cross-immunity between normal and malignant tissues. We report the case of a 80-year-old male who first presented with clinical manifestations (pain and stiffness located in the scapular and pelvic girdle and pain and swelling in the hand articulations), high levels of acute-phase reactants and ultrasound modifications suggestive for polymyalgia rheumatica. At the first visit he refused upper gastrointestinal (UGI) endoscopic investigation. He returned three months later presenting abdominal pain and a palpable epigastric mass. During this second visit he underwent UGI endoscopy which revealed a large-sized gastric tumor situated in the antrum. In that situation the diagnosis was reconsidered and the polymyalgic symptoms were considered part of the paraneoplastic syndrome due to the gastric tumor. In 2014 the classification criteria for PMR were proposed, however, the absence of a pathognomonic test for PMR sometimes makes the diagnosis difficult. If the pain is not symmetrical and the response to the corticosteroid treatment is either incomplet or absent, paraneoplastic myalgia should be considered. In most cases, paraneoplastic syndromes precede the neoplasm diagnosis and the excision of the tumor eradicates the symptomatology. In this case report, the patient had clinical presentation and laboratory tests suggestive for PMR. Despite this, only partial remission was obtained after corticosteroids administration. Of note, the UGI endoscopy was crucial for the right diagnosis. Therefore, when diagnosing PMR is essential to evaluate the patient in detail and to exclude the neoplastic cause. Key words: polymyalgia rheumatica-like syndrome, polymyalgia rheumatica

**POTENTIAL DUAL ROLE OF VITAMIN K2 IN REDUCING CALCIUM DEPOSIT IN
VASCULAR SMOOTH MUSCLE CELLS FROM HYPERTENSIVE RATS WHILE
INCREASING OSTEOGENESIS IN HUMAN MESENCHYMAL STEM CELLS DERIVED
FROM AMNIOTIC FLUID.**

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Cellular differentiation process in cardiovascular and bone biology may play a key role in “bone-vascular crosstalk” both in physiological and pathological conditions, such as hypertension and osteoporosis. Recently, it has been shown that Vitamin K2, a lipid-soluble vitamin, can reduce the calcium deposit in the arteries and can increase it in the bone tissue (“calcium paradox”), through carboxylation and then activation of specific Gla proteins. Recent data suggest that aortic smooth muscle cells (SMCs) from Spontaneously Hypertensive Rats (SHR) tend to become easily calcified. Also, it might be important to study the potential role of VitK2 in the osteogenesis of human mesenchymal stem cells derived from amniotic fluid (hAFMSCs). *In vitro*, the possible role of VitK2 in the i) modulation of osteogenesis in a model of hAFMSCs differentiated in osteogenic cell; ii) reduction of vascular calcification in a model of thoracic aorta SMCs derived of SHR and their relative controls. In order to evaluate its potential cytotoxicity, we found that VitK2 at any concentrations employed did not affect cell vitality and proliferative ability in both cell cultures studied. In the first set of experiments, we added VitK2 to hAFMSCs at the same time of the osteo-differentiation induction. We observed significant VitK2 effects on osteogenesis just in the second set of experiments, when VitK2 was added on hAFMSCs previously exposed for 7 days to osteogenic medium, to allow the expression of osteocalcin. Interestingly, in these experimental conditions VitK2 (1, 2.5 and 5 μ M for 14 days) significantly increased hydroxyapatite deposits. As expected, VitK2 at all doses used (2.5, 5 and 10 μ M) significantly reduced hydroxyapatite deposit in SMCs from SHR after 21 days' exposure to calcification medium. The same effect was observed in control cells after 14 and 21 days' exposure to VitK2. Taken together these data clearly suggest the dual role of VitK2 in reducing the calcification process in SMCs while improving it in hAFMSCs and it may have an important role in the prevention of both cardiovascular and bone related diseases.

PREVENTION AND SURGICAL THERAPY OF SPINA BIFIDA

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Introduction spina bifida results from the failure in fusion of the caudal neural tube, and is one of the most common malformations in human development. Paraclinical investigations like MRI are mandatory for the newborn's diagnostics and correct treatment but there are tests that can be made before birth in order to determine the existence of a neural tube malformation and solve it as soon as possible. Materials and methods we present our experience of 10 patients operated for Spina Bifida. Results in order to diagnose the malformation as soon as possible, medical technological advances have greatly aided primary and secondary prevention. Primary prevention refers to supplement the diet of the pregnant women with folic acid. Secondary prevention of spina bifida includes: measuring the quantity of maternal alpha fetoprotein, ultrasounds, amniocentesis, or even intrauterine fetal surgery. The surgical procedure after birth is more common than the intrauterine one. The primary incision is made at the junction between the neural placode's arachnoid and the dystrophic epidermis. The purpose is to release the neural placode from the junctional area nearby. Pia mater is then sutured in order to transform the placode in a tube. Dura mater is then dissected from the surrounding tissue by making a plan in the epidural space from the rostral towards the caudal part, bilaterally. Duroplasty with thoracolumbar fascia of biomaterials is then performed if necessary to optimize the closure and to prevent cerebrospinal liquid fistula. The subcutaneous tissue is sewed with absorbable wires while the skin suture is made with non-absorbable ones. Conclusions it's well-known that to prevent is better than to treat, especially in the case of newborns. Surgery is mandatory as soon as possible given the fact that if untreated the disease can have a dramatic impact on the life of the newborn.

RADIOFREQUENCY CATHETER ABLATION OF PARAHISIAN ACCESSORY PATHWAYS IN PRE-EXCITATIONS SYNDROME

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Introduction catheter ablation of accessory pathways is now considered as the first line of therapy for the specialized treatment of patients with Wolff-Parkinson-White syndrome and many studies have shown a return to antiarrhythmic therapy for patients with supraventricular tachycardia. We present in this case report a 45 years-old woman with an irregular pre-excitation syndrome which derives from the presence of a parahisian accessory pathway. The patient presented repeated episodes of palpitations and in the last year she has presented 3 presyncopal episodes. Materials and method the patient underwent a complete physical examination which showed no pathological findings, blood pressure was 111/62 mmHg, with a pulse rate of 66 beats per minute. Also, the electrocardiogram showed sinus rhythm with short PQ interval, and laboratory examination showed normal serum electrolytes values. The procedure was performed through the femoral vein, three quadripolar catheters were inserted into the right atrium, the right ventricular apex, His area and another catheter was introduced in the coronary sinus. The applied radiofrequency power was slowly increased from 10 W to 35 W and the temperature was 45° C. Results as results, the parahisian accessory pathway was successfully ablated after the third attempt with a maximum power of 35 W and temperature of 45° C. The focus of this paper was to report the short-term follow-up of this patient following catheter ablation. During day 3, the patient was in good general state, without any signs or symptoms. Conclusion: The ablation of accessory pathways is the best procedure for patients who present a medical history of supraventricular tachycardias and many studies show that accessory pathway ablation has a 90-98 % success rate. Also, this procedure reduces the risk of complete heart block that may occur following this procedure. Keywords: parahisian, catheter, tachycardias, ablation

RAPID DECLINE OF KIDNEY FUNCTION IS A MORTALITY RISK FACTOR FOR HC PATIENTS TREATED WITH PERCUTANEOUS ETHANOL INJECTION

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Introduction CKD is a well-known risk factor for neoplasia and cancers are accelerating kidney function decline. Mortality of hepatocarcinoma patients is increased if CKD is associated. The aim of our study was to assess the relation between hepatocarcinoma (HC) in CKD and treatment with percutaneous ethanol injection of the HC in these patients. Methods 114 HC patients with CKD (av. Age 66 years, 64.91% males) have been treated with percutaneous ethanol injection in the Gastroenterology Dpt. The median follow-up time for these cases was 21 months. CKD was defined according to 2012 KDIGO Guidelines as GFR persistently lower than 60 ml/min/1,73m². Accelerated decline of kidney function was defined as GFR decrease >5ml/min/1,73m²/year (KDIGO 2012). For assessment of HC prognosis we used the CLIP score (Cancer of the Liver Italian Program). Results HCV infection was evidenced in 75.43% patients, HBV in 21.05 %, B and C virus infection in 3.5%. Average eGFR at inclusion was 84.5 [34.9] ml/min/1,73m². CKD was present in 16.66% of the cases. Patients have been divided into two groups: with rapid decline of kidney function (group A) and with slow decline (group B). Patients in group A presented more DM, CVD and HCV infection, had higher eGFR at inclusion (p=0.02), higher bilirubin levels (p=0.0001), higher CLIP score (p<0.0001) and lower albumin (p<0.0001), hemoglobin (p<0.0001) levels. The 21 months mortality of the rapid progressors was significantly higher (34% vs 6,25%, p=0.0002). The multivariate analysis concerning the risk factors for rapid decline of kidney function revealed the fact that the CLIP score is an independent predictor for rapid decline of kidney function. Conclusion rapid decline of kidney function increases the risk of mortality in HC patients treated with percutaneous ethanol injection. The severity CLIP score is an independent risk factor for rapid decline of kidney function.

RUBBER BAND LIGATION AND INFRARED COAGULATION FOR THE TREATMENT OF HEMORRHOIDAL DISEASE

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Introduction Hemorrhoids (piles) are swollen blood vessels in the lower rectum. Symptomatic hemorrhoids in adults are considered one of the most prevalent anorectal disorders. This study aims to evaluate the results of using rubber band ligation —RBL and infrared coagulation — IRC in the ambulatory treatment of hemorrhoidal disease, analyzing the incidence of complications after each treatment and respective success rate. **Material and methods** 2112 patients, of which 1109 men and 1003 women, were treated between 2009-2015 at the Emergency County Hospital, Craiova. 132 had first degree bleeding piles, 1318 second degree and 662 third degree. 587 patients were treated using RBL, for 103 of them was used only IRC, while 1422 received the complementary association of both techniques. Results the number of sessions for each patients varied between 3 and 9, with an average of 5,3 sessions/patient. A low morbidity was reported, patients experiencing minor pain (16,2%), minor bleeding (14,3%), post-treatment thrombophlebitis (2,1%), thrombosed external hemorrhoid (1,6%), urinary retention (0,19%), rectal bleeding, associated with colaps and anemia (0,19%). The cases with major rectal bleeding required blood transfusions and monitoring for 3 to 6 days. **Conclusions** the major controversies regarding the treatment of hemorrhoids center on the indications for treatment and the choice of operative versus nonoperative therapy. Minimally invasive methods represent a feasible and safe alternative to standard surgical techniques for the treatment of hemorrhoids. **Keywords:** Hemorrhoids, treatment, minimally invasive

SOFT TISSUE TUMOUR IN A 10 MONTHS INFANT

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Introduction the rapid development of a tumour in previously healthy infants can represent a real challenge for pediatric physicians and surgeons. They require not only a clear diagnosis and an adequate treatment, but also chromosomal screening, as they can be associated. Materials and methods a female patient aged 10 months was admitted to the surgery service for the development of a tumour located on the right thigh. Clinical examination revealed a 4/5cm unpainful, slightly hard, non-adherent mass, without any marks of trauma or inflammation. Ultrasonography showed a hyperechoic, heterogenous, soft tissue tumour, with multiple vascular flows, suggestive for a hemangioma. On CT it appeared as a well-defined round mass, of border consistency between liquid and solid, highly iodine absorbing, enhancing the supposition of hemangioma. The child underwent surgical intervention, which revealed a round, yellowish mass of renitent consistency and intense vascularization. The base of the tumour was closely adherent to the sciatic nerve and the adductor magnus aponeurosis. Results histopathological examination showed spindle cells with herringbone growth pattern, suggestive for a mesenchymal tumour. Differential diagnosis required immunohistochemistry pannel, which led to the diagnosis of fibrosarcoma. After excision of the tumour, the child received chemotherapy for decreasing the risk of metastasis and during regular follow-ups, no signs of local recurrence or metastasis have been seen. Conclusions fibrosarcoma represents around 10% of children sarcomas. Local recurrence is common, but children under 5 years old have a survival chance of 90%, with a low rate of metastasis (10%). The treatment of choice is surgical excision, followed by chemotherapy, as applied in this case. Differential diagnosis is difficult to establish by clinical examination and imaging and in this case, because of the rich vascularisation and the high rate of vascular tumours in children, it was first expected to be of such origin. Key words: immunohistochemistry, infant, fibrosarcoma, hemangioma

SURGICAL MANAGEMENT OF PNACREATIC SURGERY: WHIPPLE'S PROCEDURE

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Introduction pancreatic cancer is the 12th most common cancer in the world. The disease itself is asymptomatic hence diagnosed in the later stages of cancer and is the 7th leading death from cancer. The highest incidence of pancreatic cancer occurs in developed countries such as North America and European Countries. Romania ranks the 15th place along with the incidence of 7.9 per 100,000 with a mortality rate of 6.8. According to the American cancer society, the relative survival rate for 1 yr is 20% and for 5 years is 7%. Out of all pancreatic cancer, 75% occur in the head or neck ,15-20% in the body and 5-10% in the tail. Material and methods we used the details of a patient obtained from the surgery clinic and their history, signs and symptoms were considered. The results of the investigative tests: histological, biochemistry and Imagistics were analyzed. The TNM staging of the patient was decided. Those patients, whose tumor was unresectable and undergone palliative surgical procedures were excluded from the study. Results due to the size, the location and the invasion of the tumor to the other organs lead to the use of Whipple's procedure. The 5- year survival rate of a patient without predisposing factor is 25%, however, the survival rate decrease with an involvement of predisposing factors. Although the surgery removes the visible tumor, metastasis through the lymph node might have already established. The 5-year survival rate for node- negative patients are higher than the node positive patients. Post- surgical chemotherapy and radiotherapy will further enhance the survival rate. Conclusion whipple procedure augments the 5- year survival rate of the patient with the pancreatic head tumor. Node-negative patients have a 40% survival rate compared with a patient treated alone with chemotherapy. Keywords: Whipple's Procedure, Pancreatic cancer, Radical Surgery.

THE "KEystone" OF RHEUMATOID ARTHTRITIS: MICRO-RNA155

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Rheumatoid Arthritis (RA) is an autoimmune disease that causes chronic inflammation of joints and other areas of the body. Dr. Stefano Alivernini and Dr. Barbara Tolusso coordinated by Professor Gianfranco Ferraccioli, director of Polyclinic A. Gemelli in Rome, studied that B cells have a critical role in the pathogenesis of RA and that MicroRNA-155 (miR-155) is an important regulator of B cells in mice. The study shows that miR-155 is highly expressed in peripheral blood B cells from RA patients compared with healthy individuals. The scientists, in other, have found that miR155 is in turn activated by other inflammatory molecules such as CD40L, IL6, IL-21, IFN- α . The researchers also demonstrated that, when present in excess, this microRNA reduces the expression of an important anti-inflammatory molecule known as Pu-1. Reducing the expression of Pu-1 it means increase inflammation. Finally, inhibition of endogenous miR-155 in B cells of RA patients restores PU.1 and reduces production of antibodies. The data of the research suggest that miR-155 is an important regulator of B-cell activation in RA. The discovery of this way of the control of the disease opens new therapeutic perspectives and above all, it taught that the control of inflammation produced by the B cells that lead to the production of damaging autoantibodies is really possible without using drugs or chemotherapy that will break down B cells themselves.

THE BEHAVIOR OF ENDOCRINE TUMORS DIAGNOSED IN THE DEPARTMENT OF SURGERY I, TÎRGU-MUREȘ EMERGENCY COUNTY HOSPITAL

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Introduction neuroendocrine tumors (NETs) are a heterogeneous group of tumors that develop from neuroendocrine cells throughout the body. They have a low incidence and are often aggressive presenting difficulty in diagnostic and therapeutic approaches. Material and methods we performed a retrospective study which focused on patients diagnosed with neuroendocrine tumors within the Surgical Clinic I, Tîrgu-Mureș Emergency County Hospital between 2004 and 2016. It included a total of 84 patients, and the data were taken from database registers and pathological reports. Results the first thing noticed was a significant increase in the number of cases over the years included in the study, 10 cases in 2016 compared to three cases in 2004. From the 84 patients enrolled in the study 53 were men and 31 women, most of them having between 61 and 70 years. Of all cases of NETs 45% were located in the digestive tract, representing the majority. From the digestive tract most affected by NETs was the appendix (13 cases). Following the size of these tumors we discovered that most of them were bigger than 5 cm (63%). Out of the total surgical interventions 66 were performed in curative purpose and 18 for diagnosis. Conclusions this study has proven that neuroendocrine tumors are not very common and usually they are present in the digestive tract, mainly affecting males. Keywords: neuroendocrine tumors, digestive tract, surgical interventions

THE DIFFICULTY OF DIAGNOSING MULTIPLE MYELOMA IN PATIENTS WITH RENAL IMPAIRMENT. CASE REPORT.

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Introduction multiple myeloma (MM) is a clonal B-cell disease of slowly proliferating plasma cells, accompanied by monoclonal protein production and lytic bone lesions. Material and methods we present the case of a 72 year old female admitted in our clinic with worsened general condition, sleepiness and tiredness, discrete pressure pain in the right lower abdomen, decreased strength on the left side and dry tongue. The anamnesis at the admission revealed us chronic kidney failure, state after apoplexy ,left hemiparesis, and anemia, arterial hypertension, diabetes mellitus type 2 and an asymptomatic cholecystolithiasis. The blood results showed us modification of Urea 132mg/dl, Creatinin 4,8mg/dl, GFR 8, CRP 23,11mg/dl, Glucose 33mg/dl Hemoglobin 6.1g/dl and total Kappa light chain 1.98g/l. The patient received a sheldon catheter in order to perform dialysis until the cause of the renal insufficiency was cleared. Meanwhile a cranial CT scan revealed a noticeable increase of the infarction area of the territory of the right medial cerebral artery and an increased compression of the right ventricle as well as an edematous modification of the affected brain tissue. The serum protein electrophoresis confirmed the existence in high number of a high quantity of light kappa chains. Results after the diagnosis of multiple myeloma, we decided to go for a therapy whith high dose therapy melphalan (>140mg/m²), HDT, as the latest studies revealed that the prognosis of patients with renal impairment undergoing this sort of therapy is just as high as patient without renal involvement. Conclusions despite the difficulty in diagnosing MM in patients with renal impairment, a therapy should be established as soon as possible, as nowadays there is an alternative for patients with chronic kidney insufficiency. Keywords: Multiple Myeloma, Melphalan, Kappa-chains

THE EVOLUTION OF THE TREATMENT WITH TYROSINE KINASE INHIBITORS IN CHRONIC MYELOID LEUKEMIA

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Introduction chronic myeloid leukemia(CML) is a myeloproliferative neoplasm with an incidence of 1-2 cases per 100,000 adults per year. The disease begins insidiously and it has an asymptomatic evolution for long time. The average survival was 3.5-4 years but now, the modern ways of treatment, especially tyrosine kinase inhibitors(TKI) offers a life expectancy estimated at 20-25 years. Materials and methods we present the case of a 32 year old man diagnosed with CML in January 2012, with a resistance to the therapy with first generation of TKI. The patient was monitored every three months. His evolution is presented in a chronological order, including laboratory tests, prognostic scores and the treatment, that was changed several times. Results following the results of the laboratory tests and clinical examination, the diagnosis of CML was outlined. Being a low risk CML, it requires Imatinib, as a first line TKI treatment. After a decrease of the BCR/ABL mutation level, there was observed, again, an increase of the molecular mutation. There was introduced the treatment with Dasatinib which is a TKI from the 2nd generation. Neither Dasatinib treatment offered a good molecular response and an increase of the molecular mutation level was observed. In October 2015 we decided to introduce another TKI from the 2nd generation which was Nilotinib and it brought a dramatic improvement in the patient's evolution, because of a major molecular response. Conclusion in conclusion, patients who don't respond to the TKI treatment, could have a better evolution if it's introduced another TKI, even from the same generation. On this patient was observed a major molecular response after the introduction of Nilotinib. Keywords: tyrosinkinase inhibitors, CML, failure of treatment

THE GENETICS OF CHILDHOOD OBESITY

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Introduction childhood obesity has seen a rapid increase in prevalence during the last three decades. No country is spared by this phenomenon, as both highly civilized and developing countries have registered an escalation regarding this statistic. In the United States, the percentage rose from 7% in 1980 to 18% in 2012, while countries like Mexico, Brazil and India report percentages of 41.8%, 22.1% and 22.0% respectively. Among the multitude of factors that can be held responsible for this ascending trend, changes in the serum levels of the hormone leptin, due to genetic anomalies, may be of significant interest in discerning the cause of the children's obesity. Methods and materials the scope of this review is to determine the implications of mutations that affect leptin on childhood obesity. For the thorough realization of this study, the latest research regarding leptin gene mutation has been evaluated. Results in most cases of childhood obesity, the cause cannot be traced to a certain mutation in a gene and is, therefore, polygenic. However, monogenic mutations have been found to account for the evolution of obesity in children. Among these mutations, that affect the regulation of hunger and satiety, only the ones that cause congenital leptin deficiency are currently treatable. Since 1997, eight different leptin mutations have been found to account for this disease. Most of them have been described in enclosed societies (villages from developing countries like India, Pakistan or Egypt) and are due to consanguinity. Conclusions since the discovery of leptin in 1994, lots of research has begun with the purpose of studying the hormone's implications on our metabolism. Although the subject is still novel, it has successfully pointed us towards understanding some of the causes of the increasing epidemic that is childhood obesity.

THE REAL FACE OF DIABETIC RETINOPATHY

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Treatment Diabetic Retinopathy Study (ETDRS) it classifies as: background DR, pre-proliferative retinopathy, proliferative retinopathy, each one having its own particularities. Clinically, the characteristic signs of this pathology are: microaneurysms, retinal hemorrhage, exudates, cotton wool spots, macular ischaemia, macular edema, venous and arterial occlusions, intraretinal microvascular abnormalities. Assembling all of these signs together in accordance with the evolution stage of DR, ETDRS also presents the management of this pathology classifying it in two major categories: non-proliferative DR (very mild, mild, moderate, severe, very severe) and proliferative DR (mild-moderate, high risk, advanced diabetic eye disease). Materials and methods we used Fundus Camera to present the aspect of fundus at a patient afflicted with DR, and to sustain the diagnosis we also operated with OCT Heidelberg Engineering to obtain an optical coherence tomography. Due to development of the characteristic signs, based on these clinical investigations we were able to make the final diagnosis: moderate non-proliferative DR. This pathology consists of macular edema associated with exudate sites, microaneurysms and small retinal hemorrhage on the posterior pole. Results in order to make the right diagnosis it is important to distinguish between DR, bearing all it's forms and other retinal vascular disorders which we can classify as: retinal venous occlusive disease, hypertensive eye disease, ocular ischaemic syndrome, retinopathy in blood disorders (thalassemia, sickle-cell, leukaemia, anaemia, hyperviscosity), vascular disorders (macular telangiectasia, Eales disease, Purtscher retinopathy), Valsalva retinopathy. Conclusions DR is a common pathology in patients who suffer from uncontrolled diabetes. An early and accurate diagnosis enables the patient to receive an adequate treatment which will lead to good long-term prognosis.

THE ROLE OF BONE MARROW BIOPSY IN THE DIAGNOSIS OF MULTIPLE MYELOMA

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Introduction multiple myeloma is a monoclonal gammopathy formed by malignant plasma cells which restrain the bone marrow from making healthy cells. We studied the bone marrow using two methods: bone marrow aspirate and biopsy. Material and methods we performed all the required lab tests and bone marrow examination (bone marrow aspirate and biopsy) on a patient suspected of multiple myeloma. Results we report a case of multiple myeloma which came in September 2009, with malaise, bones pain, nausea, dysuria and significant weight loss. Laboratory tests showed increased value of creatinine, urea, calcium and ESR, microhematuria, bacteriuria, hyperproteinemia, without M gradient in globulin zone. Bence Jones Protein is present. We observed osteolytic lesions on skull and basin X-Ray. Also, bone marrow aspiration showed 3-5% presence of plasma cells but in biopsy was found 15-20% plasma cells. Aspiration of the marrow is used for cytological assessment, being directed towards evaluating the morphology and cell count. On the other hand, the biopsy is more specific, giving us information about overall marrow cellularity and infiltration type as diffuse or focal patterns. Conclusion in order to obtain most accurate information about cells morphology, number and function, we need to perform both investigation, bone marrow aspirate and biopsy. Bone marrow biopsy is superior to aspirate in diagnosis and supervising multiple myeloma cases. Keywords: Multiple myeloma, bone marrow biopsy, diagnosis, bone marrow aspirate

THE STUDY OF COGNITIVE IMPAIRMENT IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Background type 2 diabetes mellitus (T2DM) and cognitive disorders are diseases with a prevalence that is on the rise. Recent studies showed that T2DM increases the risk of dementia and cognitive impairment. The exact mechanism linking these disorders is not entirely known. However, adipokines might play a role in the association between T2DM and cognitive disorders. Aim the aim of the study was to evaluate cognitive impairment in patients with T2DM. Material and methods a total of 42 subjects, divided into 3 groups, were enrolled in the study: group 1, subjects with T2DM and cognitive impairment, group 2, subjects with T2DM without cognitive impairment and group 3 (control group), 10 subjects with previously diagnosed cognitive disorders and without T2DM. The subjects with T2DM were evaluated for the presence of cognitive impairment, using the mini mental state evaluation score (MMSE). Diabetes duration, cognitive impairment duration, diabetes therapy, HbA1c were also recorded. In all the subjects previously diagnosed with cognitive impairment, serum progranulin (PGRN) was evaluated. Statistical analysis was performed using SPSS 17.0. Results 19 patients (59.3%) with T2DM presented MMSE scores suggestive of cognitive impairment, 10 of them having a history of cognitive disorders. When we compared the MMSE score of patients in group 1 and that of patients in group 3, we found similar results. The MMSE correlated only with the duration of the cognitive disorder, but did not correlate with the duration of T2DM. Serum PGRN was significantly lower in group 1 vs. group 2 ($p < 0.05$). Regarding the PGRN/kg, statistically significant lower values were found in group 1 than in both group 2 ($p = 0.05$) and group 3 ($p = 0.05$). Conclusions the results of our study showed that T2DM and cognitive disorders are frequently associated and that PGRN may play a role in this association. Keywords: Type 2 Diabetes Mellitus, Adipokines, Cognitive Impairment, Progranulin, MMSE

THE SURGICAL APPROACH OF A PROBLEMATIC GASTRIC TUMOR

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Introduction gastric tumors are the second most common form of cancer worldwide, its incidence peaking after the age of 70. The therapy is difficult and usually involves resection, total or subtotal gastrectomy and oncologic treatment. We report a case of a gastric adenocarcinoma which shows a frail, bilobular tumoral mass, situated below the cardia, measuring approximately 5 cm, presenting small bleeding episodes on touch, associated with a gastro-colic fistula. This is a rare complication of malignant disease of the gastrointestinal tract formed by infiltration of tumoral tissue from the serosa of a viscus to the wall of another, creating a highly problematic communication between the two organs. Materials and methods patient to be treated is aged 72, suffering from angina pectoris, panlobular emphysema, secondary anemia, as well as a gastric tumor, diagnosed via endoscopy in a previous examination. During the surgery, a new, neoplastic mass is discovered, affecting the transverse colon, as well as its splenic angle, the posterior gastric wall and the splenic hilum. The tumoral mass is removed via splenectomy, caudal pancreatectomy, sectioning of the transverse colon and gastrectomy of the posterior stomach wall, followed by a piloroplastic gastroraphy. Another atypical tumoral formation in the secondary hepatic segment is discovered and removed. The anatomopathological examination reveals edema and hypervascularisation of the spleen, gastric adenocarcinoma with a high cellular differentiation rate (G1) and a hemangioma in the hepatic fragment. Results following the procedure, the patient's state has improved, and the digestive functions have been regained. Eight months later, clinical and paraclinical reevaluation doesn't show any signs of recurrence. Conclusion the surgical management, followed by oncologic treatment of an invasive carcinoma associated with gastrocolic fistula showed a viable and the most efficient option of therapy given the high level of difficulty of the disease. Keywords: adenocarcinoma, gastrectomy, splenectomy, gastroraphy, pancreatectomy

TRANSPERITONEAL APPROACH IN SURGICAL TREATMENT OF GIANT RENAL TUMOR

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Introduction and objectives during the past decade, renal tumors have become more and more frequent. Besides this, the number of young patients with this pathology in advanced stages has also increased. Our purpose is to present the results of a transperitoneal approach as treatment of giant right renal tumor and left ureteral stone. Material and method patient M.S., 48 years old, was admitted in the urology department from Tirgu-Mures for macroscopic hematuria and pain in the left lumbar region. The patient was investigated in other medical departments for the left ureteral stone. Imaging tests (ultrasound, IVU, CT) showed the presence of a right renal tumor 18X27 cm (T2bN0M0). For this patient, the doctors on the urology service performed right nephrectomy and left ureterolithotomy with left ureteral stent insertion. The incision was median laparotomy and right subcostal. Results the operating duration for this procedure was approximatively 3 hours and 50 minutes, the right kidney and left ureter being more approachable by the transperitoneal incisions. The tumoral mass extracted weighed 6,9 kg. Intraoperatively, the patient received 2 units of blood, because of the bleeding which was approximately 750-1000 ml. After two days the drainage tubes were removed. About three weeks of postoperative care were needed, because the wound had a prolonged evolution. The histopathological result was clear cell renal carcinoma, Fuhrmann grade 3. The left ureteral stent was removed after approximately 20 days postoperatively. Conclusions the giant kidney tumor and ureteral stone were extracted during the same surgical intervention. This was possible because of the combined transperitoneal approach (median and subcostal incisions). Keywords: renal, tumor, giant, transperitoneal, urology.

WEST NILE VIRUS

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Introduction West Nile Virus is one of the Japanese encephalitis antigenic serocomplex of viruses; it is an arbovirus of the Flavivirus kind in the family Flaviviridae. The main way it is spread is by various species of 'females' mosquitoes, currently, there are no vaccine for WNV. The best method to reduce the rates of WNV infection is mosquito control and prevention. WNV is found in temperate and tropical regions of the world, It was first identified in the West Nile sub region in Uganda in 1937, WNV has now spread globally, the first large outbreak in Romania was in 1996, with a high number of cases with Neuro-invasive disease 'WNND', however In 2012 the US experienced one of its worst epidemics in which 286 people died. Materials & methods after collecting statistics from 'ECDC' and clinical manifestations of most of the cases, we will illustrate the differential diagnosis of the disease, also pointing to the virology, and the transmission of 'WNV' with assessing the risk factors in individuals, but most of all we will elucidate the ways of prevention on various scales, moreover emphasizing the Importance of monitoring, and controlling the {human, veterinary, and entomological aspects}, consequently preventing any further epidemic outbreaks of 'WNV'. Aims & objectives raise public awareness, and urge individuals to protect themselves from mosquito bites. **Conclusion** west Nile Virus affects countries worldwide, and in Europe every year, The West Nile Fever is now recognized as a major cause of public health concern in this region, especially that current studies indicate that WNF can be more severe than previously recognized, studies of recent outbreaks indicates that it may take as long as 60 to 90 days to recover, with no vaccine available, thus the main preventive measures are aimed at reducing exposure to mosquito bites.

Surgical Sciences

DIAGNOSTIC AND TREATMENT DIFFICULTIES OF THE GASTROINTESTINAL STROMAL TUMOURS (GIST)

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Introduction: The Second Surgery Department of the Emergency County Hospital of Craiova conducted a study from January 2016 until August 2016 which included 14 patients suffering from GIST with an average age of 57.5 years, without significant gender repartition differences. **Materials and Methods** Many cases were discovered incidentally during imaging examinations whereas another case was revealed in a female patient suffering from acute generalized peritonitis caused by a perforated sigmoidian diverticulosis. As for the location of GIST, it's safe to state that the stomach and the jejunum were the most affected organs while the duodenum and ileo were less interested. Only one of the patients was diagnosed at the time with liver and peritoneum methastases and signs of regional neoplastic invasion. The main symptom was the superior digestive hemorrhage concluding into hematemesis and melena, and secondary anemia caused by the occult bleedings. Other signs and symptoms included weight loss, vomiting, palpable abdominal mass and occlusive syndrome. In order to confirm the positive diagnostic we used the superior digestive endoscopy and computerized tomography, investigations that revealed encapsulated masses with an elastic consistency, ulcerations, cystic/mixoid degeneration, and hemorrhagic intratumoural areas. Microscopically, the tumours presented mesenchymal proliferation along with different cellular populations. **Results** The risk of malignant transformation was evaluated by taking into account criteria such as the size of the tumour and the mitotic index. CD 117 was positive in all cases while CD34 outlined rich vascularization in 13 cases. The treatment consisted in a surgical curative resection in most cases. **Conclusion** The postoperative evolution was satisfactory, and all patients were directed towards the oncology department. **Keywords:** GIST, surgical resection, CD34

CALCANEAL MELANOMA

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Introduction: Melanoma is a serious disease with an increasing incidence, being responsible for about 90% of skin cancer related mortality. Surgical treatment with excision biopsy remains the main treatment for melanoma, the most common early signs (what you see) of melanoma being: growing mole on your skin, unusual looking mole on your skin or a mole that does not look like any other mole on your skin or non-uniform mole. **Materials and Methods:** If a mole or pigmented area of the skin changes or looks abnormal, the following tests and procedures can help find and diagnose melanoma: skin exam or biopsy. Surgery is the first treatment of all stages of melanoma. Other treatments include chemotherapy and radiation, biologic, and targeted therapies. Biologic therapy boosts your body's own ability to fight cancer. A 80 year old man was hospitalized with a skin lesion located on the left calcaneus. About a year ago, the granular tissue from the calcaneal region was resected. The computerized tomography did not indicate the presence of lymph node metastasis at the left lower limb, nor in the abdomen or chest. After being done all the investigations, surgery was scheduled 2 phases. Excision should extend to and include the subcutaneous tissue down to, without the underlying muscle fascia. **Results:** After being done all the investigations, surgery was scheduled in 2 phases. Excision should extend to and include the subcutaneous tissue down to, without the underlying muscle fascia. **Conclusions:** It was decided to cover the calcaneal defect with a fasciocutaneous flap, not skin, on the area of the malignant melanoma because of the increased pressure while walking, which would lead to lysis of the graft and a permanently ulcerative wound. Being an elder patient, he had numerous complications, but in the end, the flexion and full extension of the leg could be done without walking deficits. **Keywords :** melanoma, fasciocutaneous flap, biopsy

LAPAROSCOPIC PIELOPLASTY

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Introduction: Due to the advantages of laparoscopic surgery, pieloplasty performed on this manner, represents more and more common approach. **Materials and Methods:** In the Urology Department from Craiova, they have performed 20 pieloplasty using the laparoscopic approach, Hynes-Anderson type. From these, 14 were on the left side and 6 on the right side. 2 patients have abdominal surgery before adressing to their department. They have used the transperitoneal approach to perform the interventions. During the operations they have used 2 working trocars and 1 for optic. In 6 cases was neccesary using a third working trocar. **Results:** Average time for surgery it was around 150 minutes, but with decrease trend due to surgical experience. They have inserted the JJ stent using the laparoscopic way in only 11 cases. In 4 cases it was impossible to insert the stent using the laparoscopic way. Due to postoperator high drainage, in 2 cases they had inserted a JJ stent using endoscopy. Average spitalisation was 6 days, lower that is for open surgery(8 days). The JJ stent was removed after 30 days, postoperatively. They performed surjet suture for pyeloureteral anastomosis. Complications occurred in 3 cases, like drainage and pain on abdominal wall(due to pneumoperitoneum). **Conclusions:** Pieloplasty Hynes-Anderson performed laparoscopic, had multiple advantages, comparative with open approach. Cosmesis, spitalisation, and society integration is much more improved using laparoscopic approach for this type of interventions.

LAPAROSCOPIC SURGERY FOR PATIENTS WITH PRIOR ABDOMEN SURGERY

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Introduction: According to surgical experience accumulated in Urology Department of Craiova we performed laparoscopic surgery for patients with prior abdomen surgery. **Materials and Methods:** In Urology Department of Craiova, between august 2015 – march 2016, we performed 6 laparoscopic surgeries to patients with prior abdomen surgery. We used transperitoneal approach. Pneumoperitoneum was performed using Veress needle for 4 patients. For 2 patients we have used minilaparotomy to performed pneumoperitoneum. **Results:** We performed 3 laparoscopic surgery for right renal cyst to hysterectomised patients. We performed 2 laparoscopic surgery for left varicocele to patients with prior appendectomy. We performed one laparoscopic right ureterolithotomy to one patient with open surgery for gastric ulcer. Intraoperative complications was minor, represented by the lenght of operating time and cutting postoperative adhesions. Postoperative complications was prolonged ileus (1 patient). **Conclusions:** Although prior abdomen surgery represent relative contraindication for laparoscopic surgery, for precise investigated and selected patients, laparoscopic surgery is a safe procedure, with good results.

SURGICAL TREATMENT OF ACHILLES TENDON RUPTURE

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Introduction: Possibly the most important tendon in terms of mobility is the Achilles tendon. This important tendon in the back of the calf and ankle connects the plantaris, gastrocnemius, and soleus muscles to the heel bone. It stores the elastic energy needed for running, jumping, and other physical activity. **Material and methods:** To realize this study it was used human material represented by patients operated for the Achilles Tendon Rupture at Orthopedics and Traumatology Clinic of the Emergency County Hospital Craiova. There, we used the main surgical procedures to cure the Achilles tendon - the open suture and the minimal invasive technique, practiced on 10 orthopedic intervention surgeries. Knowing the anatomical situation of the Achilles tendon projected on the surface of the skin, we were able to identify the optimal position of the minimal incision points demanded by the subsequently percutaneous suture. The exterior wires on the middle points zones can be immersed hypodermal catching only the Achilles tendon. **Results:** The only problem of this technique, compared with the open one, is concentrated on the idea that the distance between the broken fragments can't be seen directly but intermediate touching the re-establishment of the tendon's continuance. **Conclusion:** The percutaneous fixing is a technique that obtains a result as good as the one obtained by the open technique, without complications and with less visible marks on the skin.

THE ROLE OF TRANEXAMIC ACID (TXA) IN PRIMARY TOTAL KNEE ARTHROPLASTY (TKA)

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Introduction: The TKA has become a mainstream surgery nowadays, still in approximately 2% of cases serious complications occur including extensive bleedings whereby our clinical study suggest the hypothesis that TXA decreases the blood loss and hence decreases the risk of each patient. **Methods:** Medical data of 45 patients admitted in the Orthopedic and Traumatology department of the Military Hospital Timisoara, Romania, for a TKR due to arthritis were collected from October 2014 until July 2015. They were divided in two groups. Group A (22 patients, experimental group) treated with TXA where 2g of TXA was dissolved prior in 100ml of saline solution and administered topical right before tourniquet opening and wound closure and group B (23 patients) as a control group. Both groups presented similar features (sex, age, secondary pathologies) therefore we assumed the groups are unitary and do not interfere with the end result **Results:** The efficacy of TXA was measured indirectly by the pre- and postoperative concentration of hemoglobin. Group A had a mean drop of the hemoglobin concentration of 8,75% whereby the mean concentration in group B dropped by 22,4% which shows a difference of the factor 2,5 between both groups. Postoperatively 53% of the patients in group A required autologous blood transfer with a mean of 203ml. In group B each patient required blood transfusion with a mean blood amount of 805ml showing that group A decreased the amount of blood by 74,78% of those who needed transfusion. Additionally two patients in group A required allogeneic blood transfusion (blood group 0Rh (D)-) resembling 9,1% of group A postoperatively. In the control group four patients required allogeneic blood resembling 17,4% of group B. **Conclusion:** The positive anti- fibrinolytic action of TXA decreases the blood loss and hence the secondary complications which can occur postoperatively for the patients undergoing TKA thus we recommend administration of topical TXA in primary TKA. **Keywords:** Tranexamic acid, primary total knee arthroplasty, anti-fibrinolytic

UNUSUAL LOCALIZATION OF HYDATID CYSTS: A RETROSPECTIVE EXAMINATION

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Introduction: The echinococcal disease is a relatively frequent lesion in sheep grazing regions of the world and mostly involves the liver and lungs. The aim of this paper is to present the uncommon locations of the hydatid cysts in our material. **Material and methods:** To emphasize the uncommon location of the echinococcal disease, all of the cases diagnosed as hydatid cysts during 2007-2015 in the Department of Pathology of the Clinical County Hospital of Tirgu-Mures, Romania, were retrospectively evaluated. **Results:** The extrahepatic primary hidatid disease mainly involved the lungs. The cysts were uncommonly located in the hip joint, mimicking a coxartrosis (n=1) but also in the spleen (n=2) and abdominal wall (n=1). In one of the cases, the hydatid cyst was incidentally identified at the autopsy. It presented an intramural location within the right ventricle of the heart. **Conclusions:** Independently by the location of the cystic lesions, the differential diagnosis should take into account the echinococcal disease, especially in patients from endemic areas. **Keywords:** hydatidosis, echinococcal disease, heart, spleen, joint

Aamena Osman.....	83
Abir Abuazza.....	82
Abu-Alhija Anca Barau.....	61
adalean Florica.....	114
Ademira Dochkova.....	92
Adrian Dobrinescu.....	40
Ahmed Osheba.....	17
Aksa John.....	117
Aldea Madalina.....	102
Alexandra Georgiana Bocioaga.....	25, 74
Alexandra Ionita.....	43
Alexandru Scafa-Udriste.....	20
Ali Emad.....	24
Alin Horațiu Nedelcu.....	16
Alina Chirea.....	25, 74
Alina- Elena Cristea.....	43
Al-Mohammedawi Wdian A. Sachit.....	12
Amer Nizami.....	118
Amirah binti Aswadi.....	17
Amzolini Anca.....	65
Anca Amzolini.....	79
Anca Barau Abu Al-Hija.....	40
Anca Maier.....	22
Andonie Maria Cristina.....	130
Andreas Vesselak-Theodoratou.....	135
Andronic Raluca Gabriela.....	130
Angela Borda.....	14
Anton Ana Maria.....	112
Anton Ana-Maria.....	103
Arcanjo da Fonseca Pereira Ricardo.....	23
Assani Alexandru Dan.....	38
Astefanei Silvia Matilda.....	43
Augustin Iolanda.....	32, 34
Augustin Iolanda Georgiana.....	16
Aurelian Dobrinescu.....	40
Ayodele Alabi.....	12
Balasa Rodica.....	19
Balasa Silvia Constantina.....	27
Bălășoiu A.T.....	76
Balta George.....	97, 122
Barbu Alina-Elena-Cristina.....	95
Barbu Valentin-Gabriel.....	31
Barcuteanu Laura.....	19
Basel Abukhalaf.....	35, 54, 83
Bazavan Ileana.....	12
Bercea Mihaela Nicoleta.....	51
Berlanda Margherita.....	82
Bianca Ilașcu.....	16
Bigea Camelia Cristiana.....	25, 74
Binti Muhammad Shahimi Nur Shahirah.....	26
Binti Yusof Hanis Nasyitah.....	17
Bivolan Ana Maria Corina.....	130
Blehuiu Bogdan Ionuț.....	133
Blehuiu Bogdan-Ionuț.....	125
Blehuiu Bogdan-Ionuț.....	57, 134
Blehuiu Bogdan-Ionuț.....	95
Bogdan Ion Gavrilă.....	30

Boldeanu Gabriela.....	57, 95, 133
Buciu Ionuț Cezar	133
Buciuc Adela Georgiana	27
Buican Iulian Laurentiu	51
Buta Flavia Nicoleta	89, 104, 106, 121
Buta Flavia-Nicoleta	22
Buta Nicoleta Flavia	passim
Butiurcă Vlad.....	106
Butiurca Vlad Olimpiu	107
Calarasu Cristina	37
Calborean Tudor Ionut	68
Calborean Veronica	68
Caldararu Daniela.....	30
Calin Gigi.....	62, 64
Cauc Cristina Mihaela	61, 67
Celsie Mihaela-Maria	42, 101, 105, 119
Chaudrey Safran	37
Chertes-Bancila Maria-Ioana	33
Chirico Flavia.....	118, 128
Chrisostomos Mpoukas	44
Christina Tsitou	15, 44
Cica Cristina Madalina	100
Cinca Andreea Adelina	80
Ciobata Ramona.....	12
Cioboata Ramona	36, 37
Cionilă Edera-Ionela	134
Ciorcan Mircea.....	114
Ciovisa Radu Mihai	65
Cîrstea Ruxandra	57
Cituran Mihaela Roxana	79
Claudia Stoica.....	45
Claudiu Costea	19
Claudiu Marinel Ionele	25, 74
Claugaru Ana-Maria	100
Cocuz Iuliu Gabriel	119
Coman Denisa-Maria.....	134
Constantin Irina Lavinia.....	38
Constantin Irina-Lavinia.....	80
Corina Ioana Varlam	16, 28
Corina Maria Miclos	20
Coriu Daniel.....	98
Costan Alexandru Cosmin	23
Cozma Matei Alexandru.....	47, 81
Cristina Mihaela Cauc	40
Croitor Dan.....	passim
Cucoranu Dragoș Constantin	42, 101, 119
Cucoranu Dragoș Constantin	105, 127
D. Martinov	50
Danciu Bianca	97, 103, 126
Danciu Bianca Mihaela	108, 109, 112
Daniela-Ionuta Vintila	29
Dănilă Vlad Mihai	76
Datu Răzvan Constantin	116
Deaconu Andrei	38
Dearie Glory Okwu	13
Deeva Oksana	120
Di Nardo Nicola	42, 101, 105, 127
Di Nardo Nicola	99

Diaconu Ileana-Diana.....	40, 61, 67
Diaconu Mihaela	67
Dicianu Andrei Mircea.....	80
Dicianu Andrei-Mircea.....	78, 85
Dinu Andreea-Adelina	88, 120
Dinu Catalina-Maria	48
Dinulescu Alexandru.....	126
Dişescu Bogdan Radu	58
Dobrică Elena-Codruţa	47, 81
Dobritoiu Maria.....	51
Drăgan Mona-Irina.....	55
Dragoi Oana Diana.....	30
Dragoş Claudiu Popescu	16
Dragusin Oana Catalina	131
Drocas Andrei	86
Druta Regina.....	108, 112
Dumbrava Danut-Adrian.....	102
Dumitraşcu Andreea-Ramona	134
Dumitrescu Florentina	39
Edith Dee.....	14
Ehsan Nawaz	24
Elitsa Gyokova	92
Emel Emin	92
Eusebiu Vlad Gorduza.....	16
Fagarasi Titus	19
Fiza Muratib	54
Florescu Artemis Camelia.....	65, 79
Folea Gabriela	116
Gaman Alice.....	58
Găman Mihnea-Alexandru.....	47, 81
Gheorghe Stefan-Daniel.....	84
Gheorman Victor.....	68
Gherghe Valerica Adela	76
Gîrleanu Corina	14
Glavan Ioana Margareta	passim
Goldstein Horia	21
Grama Vicentiu.....	103
Gresita Andrei.....	102
Habiballah Wael.....	36
Harald Heinrich	135
Hayssam Ahmed Hady Rashwan.....	26
Hazaparu Andreea.....	41
Hogea Ionut-Codrin-Gheorghe	110
Hristina Georgieva.....	92
Hristova Maria-Teodora	92
Hussain Khan Abdullah	36
Iacob Andreea-Diana	22
Iacob Diana.....	99, 107
Iacob Diana Andreea	89, 91, 104, 121
Iacob Diana-Andreea	124
Iancu Izabela.....	114
Iodache Vlad Petruţ Romeo	57
Iolanda Augustin.....	28
Ionela Popescu	29
Ionele Claudiu Marinel	38, 117
Ionele Marinel Claudiu	68
Ionescu Simona Mihaela.....	115
Iordache Mihai-Andrei.....	57

Iordache Vlad Petruț Romeo.....	133
Iovanescu Dorina	31
Iovanescu Maria-Livia.....	31
Iuliana Gherlan.....	21
Ivelin Angelov.....	24
Jeeva Rose Jose	117
Jose Jeethu Ann	117
Joseph Abuazza	82
József Virga.....	66
Judit Reményi-Puskár.....	66
Judit Tóth.....	66
Khaled Ashour	17
Lakhdhar Ghassen.....	71
Larion Alexandru-Gabriel	120
László Bognár	66
Laura Chinezu	14
Laura Lata	14
Lazar Diana Georgiana	90
Lefter Cristina	passim
Lica Alina.....	132
Lica Eleonora Alina	76
Lidia Ionescu.....	35
Lixandru Tudor-Nicolae.....	97, 122
Louka Ana Maria.....	15
Louka Anna Maria.....	44
Lungulescu Cristina	55
M. Atanasova	50
Maamer Farah	71
Maletska Anna	75
Manasia Andreea-Georgiana.....	55
Manea Elena Victoria	51
Manea Elena-Victoria	23
Manucu George.....	97, 122
Marcu Ariana	72
Marcu Ariana-Andreea	39
Mărginean Claudia Raluca	41, 93
Mărginean Oana Mirela	41
Maria Angela Trentini	82
Maria Magdalena Leon	32, 34
Maria Turturea.....	18
Mariana Reis Penaforte Pedroso.....	54, 83
Mariean-Șchiopu Alexandru.....	41, 93
Marina-Naina Popescu	29
Marius Ciurea	29
Mathew Midhun	125
Maya Kaiser	24
Mercut Irina Maria	131
Mesina Andrei	86
Meșină Andrei	48
Miglena Kostovska.....	24
Mihai Olteanu	36
Mihai-Victor Voinea.....	13
Mihalcut Roxana Ioana.....	99
Mihnea- Alexandru Gaman.....	43
Militaru Matei	97, 122
Mircea-Catalin Fortofoiu.....	40
Mirea Ioan-Alexandru	98
Mirescu Andrada-Elena	123

Miruna Elena Tirnovan.....	16
Mocanu Carmen-Ioana	31
Mocanu Simona	19
Mocofan Denisa Elena	38
Mohamed Abuazza	82
Mohamed Ahmed Abdi Guleed	36
Moise Nicolae Gheorghe.....	56
Moise Viorel	93
Molnar Anca	106, 107, 121
Monteleone Sonia	118, 128
Mureșan Mircea	42
N. Ayvazova.....	50
Neacsu Ana-Alexandra	123
Nedelcuta Ramona Mihaela	62, 64
Negrilă Alina-Alexandra	96
Nica Laura-Elena	130
Nica Maria Valentina	132
Nicola Di Nardo	107, 113, 121
Nicolae Samuel	78, 80
Nicolaie Tudor	43
Nicolescu Mirela Gabriela	132
Niculescu Laurian-Mihai	110
Niculescu Raluca	101, 105, 119
Nidhiya Kadampattu John.....	125
Nikolaos Anthis	15, 44
Nistor Gabriel.....	126
Niță Mariana Georgiana	130
Nitu Mimi.....	37
Nizami Amer	128
Oláh Nikolett.....	59
Olteanu Mihai	12, 37
Omer Altan Elvis	33
Opincariu Diana.....	99
Orsolya Martha	127
Owku Dearie	50
Padineanu Alexandru	120
Padureanu Vlad	61, 67
Palcău Alexandru Cosmin.....	126
Palcau Cosmin Alexandru.....	112
Papaeleftheriou Stavroula.....	83
Pătrănoiu Bianca Ioana	56
Penaforte Pedroso Mariana	35
Petrescu Ana-Maria.....	100
Pirga Iulia-Alexandra.....	115
Piță Oana-Roxana	23, 95
Popa Ana-Maria	33
Popa Cătălin-Emil	23
Popa Elena Georgiana	36
Popa Mihaela Octavia	20
Popa Mihail-Ioan	31
Popa Oana-Veronica.....	31
Popa Petrica	131
Popa-Ion Denisa Ancuta	29
Popescu Marius Lucian	115
Popescu Mirela.....	62, 64
Porav Daniel.....	127
Preda Oana Diana	98
Punga Antoaneta.....	98

Racovita Andreea-Stefania	18
Racovita Stefania Andreea	45
Radu Mirica Mihail	18
Radu Pisciă	14
Radulicea Ioana Alexandra	67
Raica Tudor	103, 126
Rat Nora	89, 91, 104, 124
Richard Hartley	72
Robert Cristian Godeanu	25, 74
Rogoveanu Stefania Cristina	68
Roșu Alexandra Floriana	76
Roxana Popescu	28
Ruban Idiculla Chacko	117
Rusca-Dumitrescu Madalina	39
Rusoiu Nicoleta Catalina	39
Sabau Adrian Horatiu	88
Saceanu Florina-Ecaterina	39
Saedi Shandijeh	38
Saiu Lavinia	103
Saiu Lavinia Elena	112
Sălcudeanu Dorin Ioan	93
Sandra Susan Roy	125
Sarafoleanu Lavinia Raluca	39
Sarah Sonde	50
Shir Levi	125
Siliste Roxana	27
Singer Maria Madalina	100
Soare Maria Andreea	33
Spora Ioan	114
Staicu Georgiana-Adeline	48
Stanciu Silviu Florian Felician	122
Stancu Andra Maria	131
Stanuica Monica Irina	78, 80, 85
Statescu Carmen	100
Statie Bogdan	79
Statie Razvan Cristian	79
Stavroula Papaeleftheriou	35, 54
Stavroula Papaeleutheriou	15, 44
Stoedin Andra Victoria	65
Stoenescu Andreea Florentina	90
Stoian Adina	19
Stoica Elena Mirela	65
Stoica Mihaela Oana Alexandra	65
Stoicea Flavia Mihaela	86, 132
Stoiculescu Adrian Mihai	132
Surugiu Roxana	102
Swamad Mohamed	24
Szábit Al-Taani	49
Szilamer Korodi	113
Szivos László	66
Tandarica Laurentiu Cornel	90
Teodorescu - Soare Eugen – Mihail	34
Teodorescu - Soare Eugen Mihail	32
Teodorescu-Soare Eugen Mihai	28
Tibor Hortobágyi	66
Țilea Ioan, Varga Andreea	41
Tiucă Robert Aurelian	41, 93
Tommaso Bellagamba	118, 128

Totoianu Alexandra-Nicoleta.....	111
Trif Bianca Ioana.....	passim
Trifan Dragos Florin	13
Trifan Florin Iuliu.....	13
Țucă Mihai.....	63
Tudor Luciana.....	48
Tudorascu Diana.....	25, 74
Tudorascu Diana Rodica	61
Tünde Orosz	53
Turculeanu Adriana	86
Turlea Niculina Diana	85
Turlea Niculina-Diana	52
Turturea Maria.....	45
Ududoi Teodora-Maria.....	95
Ungureanu Teodora.....	78
Üveges Áron	69
Vacariu Ioan-Alexandru.....	52
Vacaru Gabriel Cristian	52
Vadastreanu Ana-Maria	51
Vaduva Adrian Alexandru.....	52
Vaduva Adrian-Alexandru	85
Vaduva Roxana-Andreea	52, 78, 85
Varga Gábor.....	77
Varlam Corina - Ioana	32, 34
Vasile Corina.....	86
Vasile Corina Maria	131
Vilceanu Liviu-Vladut.....	22
Vincze Anett.....	70
Vișan Oana	79
Vlad Ionut.....	22, 113, 124
Vlad Ionuț.....	89, 91, 104
Vlădulescu Nicolae-Alexandru	111
Voinea Dragos	48
Vunvulea Vlad.....	88, 106, 120
Wolkowski Amanda	33
Xrisostomos Mpoukas	15
Zaharia Alexandru-Alin	55
Zavaleanu Alexandra Daniela	102
Zsolt Kőszegi	69

PARTNERS AND SPONSORS

