

ventilation was 5.7 ± 2.5 days in obese vs 5.5 ± 3.7 days in normal weight patients. Among 82 patients, the main duration of hospitalization was 14.5 ± 5.2 days. The obese patients lengths of hospital stay was 15 ± 3.2 days vs 13 ± 2.4 days in normal weight patients ($p < 0.05$). Duration of antibacterial therapy was 19.3 ± 7.3 days in obese and 18.2 ± 5.8 days in normal weight patients ($p < 0.05$). The group of obese patients consisted of obesity class 1 - 24.4% (10/41 patients), class 2 - 26.8% (11/41 patients) and class 3 - 48.7% (20/41 patients). The presence of complications in obese was reported in all the cases, of them - 100% of acute respiratory failure, 14.6% of ARDS, 39% of pleural effusion, 22% of cardiogenic pulmonary edema, 7% of sepsis and 12% of multiple organ dysfunction syndrome.

Conclusions. The study revealed that obesity was positively associated with a longer hospitalization stay and longer duration of antibacterial therapy. No association was found between obesity and more frequent need for mechanical ventilation. The most severe complications were registered in patients with class 3 obesity.

Key words: community-acquired pneumonia, obesity, complications

DEPARTMENT OF INTERNAL MEDICINE AND SEMEIOTICS

184. DIFFERENTIAL DIAGNOSIS OF ASCITES

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Introduction. The ascites is a pathological accumulation of fluid in the peritoneal cavity, which causes severe pathology and requires urgent involvement in the diagnosis and treatment of this disease.

Aim of the study. To review the literature for determining the clinical and paraclinical picture of each cause of ascites.

Materials and methods. The following research was carried out using PubMed (MEDLINE) database, by searching such medical keywords as "Ascites" and "Etiology". The paper was supplemented with references from various books and articles found at the State University of Medicine and Pharmacy *Nicolae Testemitanu* Library.

Results. We have reviewed 23 sources, of which 6 books and 17 articles. We have found that the pathophysiology of ascites is most often different. It may develop acutely and slowly, usually accompanied by edema of the lower limbs and scrotal edema. Given the common clinical condition of ascites, the diagnostic approach is based on the biological study of the abdominal fluid, in particular the protein concentration and the albumin gradient between serum and fluid.

Conclusions. In most cases, ascites are caused by liver cirrhosis. It is possible to be present in other diseases, for example, it can be cancerous, tuberculous, cardiac, nephrotic, pancreatic or other origins.

Key words: Ascites; Etiology;