10. HYDROXYCLOROQUINE IS A FOE FRIEND IN A DRUG INDUCED SYSTEMIC LUPUS ERYTHEMATOSUS?

Oana Mihaela Punga, Andreea-Iuliana Miron, Alexandru Emil Baetu

Scientific advisor: Copotoiu Monica, MD, PhD, University of Medicine and Pharmacy, Targu Mures, Romania

Introduction: The golden standard in the management of systemic lupus erythematosus (SLE) is the hydroxycloroquine. The main listed side effects of hydroxycloroquine are the ocular toxicity and in lupus with myositis overlaps the desquamation.

Clinical case: A female patient known with a history of sterility and upper respiratory tract infection (started on June 2015 and resolved in December 2015) on treatment with Amoxicillin and symptomatics presents in January 2016 with parotid swelling and sicca symptoms. Corroborating the history (photosensibility, amoxicillin intake, parotid swelling, sicca symptoms, mother diagnosed with psoriasis) with the immunology panel (positive antibodies for SSA, SSB, RO-52, dsDNA and histone) the patient was diagnosed with secondary Sjogren Syndrome Associated with drug induced SLE. Hydroxicloroquine Associated with low doses of Prednisone was started. After the first dose, the patient complained about pruritus and extended erythematosus plaque. She was admitted in the ER. She was put on high doses of corticosteroids and the hydroxycloroquine was stopped. A skin biopsy was performed showing a pattern characteristic for toxic dermatitis. Results from a prior parotid biopsy are expected. The patient was admitted in the Department of Rheumatology to start a new drug treatment.

Conclusion: Four major questions arised from the history of our patient. Did we missed something prior the onset of the treatment with hydroxycloroquine? Was the Amoxicillin to be blamed for the drug induced lupus? Are we dealing with a secondary Sjogren syndrome with complications – eg. lymphoma? What is the best treatment to be started?

Keywords: lupus, hydroxycloroquine, side effects

11. MULTIFOCAL MOTOR NEUROPATHY WITH CONDUCTION BLOCK: A CASE REPORT

Alexei Racovita, Oxana Jugurt

Scientific advisor: Lisnic Vitalie, MD, PhD, Professor, Institute of Neurology and Neurosurgery, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Multifocal motor neuropathy with conduction block (MMN-BC) is a rare disease and a distinct entity, its clinical and electrophysiological features differ from other chronic inflammatory demyelinating neuropathies. Its' first description in 1988 lead to new diagnosing assessments. The distinction of this disease is very important as the treatment differs and incorrect treatment can lead to clinical decline.

Clinical case: We report a case of a 62-year old man who developed muscular weakness in all his four limbs, muscle wasting of both hands (2005), claudication, difficulty ascending stairs, muscular