Conclusions: Patient 47-year-old young man with chronic oral bacteriemia develops IE with polyarticular syndrome from the begining, that creates difficulties in early diagnosis establishing and lates appropriate antimicrobial treatment.

Key Words: Infectious Endocarditis, Joint manifestations.

14. ANGIOGENESIS INHIBITORS - A NEW OPPORTUNITY IN CANCER TREATMENT. CLINICAL CASE – RECURRENT GLIOBLASTOMA

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Introduction: Angiogenesis (from gr. *Angeion* blood vessel and *genesis* - birth) is the process of forming *new* vessels, from the network of existing vessels, the phenomenon begins during fetal life and continues in child and adult ensuring growth and development. Aberrations of phenomenon can be a condition *sin quo non* in the pathogenesis of diseases such as *cancer*. Angiogenesis inhibitors are revolutionary products called *molecular targeted therapies* aimed to inhibiting the progression of essential processes in carcinogenesis, one of which is angiogenesis.

Objectives:

1. To evaluate the effectiveness of treatment with bevacizumab in recurrent glioblastoma;
2. To appreciate the tolerability of the product by the patient. Adverse reactions.

Clinical case: Current research is a retrospective analysis of a clinical case, the patient A., 28 years old, diagnosed with recurrent *glioblastoma* and treated in Section of Chemotherapy No.2 of the Oncological Institute of Chisinau, the patient was monitored from May 2010 to November 2011. The evolution of treatment with *bevacizumab* was monitored using brain MRI executed at optimal intervals.

Results: In the absence of blood vessels who will infiltrate tumor tissue, it cannot exceed 2 mm^3 in volume, because oxygen and nutrients can diffuse freely through the tissues just over a distance of approx. 200 micrometres, which limits tumor growth and subsequent the metastasis *via* blood and lymphatic vessels. Preventing the activation of tyrosine kinases (TK), angiogenesis inhibitors limit the proliferation and migration of cells involved in an angiogenesis process (endoteliocyts, fibroblasts, myocytes). The target can be achieved either through monoclonal antibodies wich working as blocking ligand-receptor interaction: *bevacizumab; trastuzumab*, or small molecules that interact directly with the intracellular TK acting as competitive inhibitors of ATP binding: *imatinib, pazopanib*.

Conclusion:

1. For the presented patient the administration of a suitable conservative treatment, then apply a contemporary regimen of treatment with Avastin, allowed an increase of survival by 19 months, compared with the average statistics for patients with similar staging, but more important is increasing the quality of life and reintegration of the patient in the family and society;

2. Inhibitors of tumor angiogenesis is a group of anticancer drugs without haematological toxicity (aplastic anemia, neutropenia are very common result of classic chemotherapy), and without hepatotoxicity, because not involved in DNA replication they not cause other cancers.

Key Words: angiogenesis, cancer, molecular targeted therapy, bevacizumab.

15. TREATMENT OF ACTINIC SKIN DEFECT USING LOCOREGIONAL ISLAND FLAP

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Introduction: plasty techniques currently used in the treatment of the defects are largely standarldized, but in clinical practice, quite often we are faced with patients who were undergoing radiation therapy for the treatment of certain lesion (malignant or benign). In this category require reconstructive plastic surgery, patients, with major changes that produce ionizing radiation to tissues undergo radiotherapy.

Clinical case: This work reflect a clinical case of a man 61 years, that was submit to radiation therapy after tumoral excision, manifests itself at the level of the third upper part of the large intestine, rectum. At a distance of 2 years after radiotherapy, equivalent in the amount of 60 Gy in the sacral region treated actinic, there was an area of necrosis, about 20x20cm.The area that was actinic changed, was divided in 3 filed, the limit between them being visualy determined by the intensity of the dystrophic changes, so the field 1 included the central area with the highest degree of necrosis, and the field 3 with marginal erythema. During surgery, have been included all the 3 field, that created a defect in sacral region, about 20x20cm. According to the presurgery plan, it has been done plasty defect with gluteal flap on the both parts, the donor place being closed by direct suture at the same stage. After surgery, the demarcated area were separated and studied histological for determination the viable area.

Conclusion: target area for histological examination is the area nr.II where examination is indicative in the damage of the skin and soft tissue. The integration of the tissues and organ transplant from another area in the case of actinic defect, may take place after exceeding the field II, histological appreciated with regenerative potential. A preoperative histopathology of actinic area determines the edge of the viable tissue, in some significant cases areas with important tissue.

Key words: actinic lesion, plasty, histological examination.