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Background. Polytrauma is a condition defined as the trauma of more than 2-3 anatomic regions, of which 1 with vital risk and it is the leading cause of mortality and morbidity in modern society, in the most cases being affected young, active people capable of working. As a result, spending on treatment will be extremely high for relatives and health institutions. Etiology of polytrauma, the most frequent is associated with car accidents, because motor vehicle accidents often occur at a high velocities causing multiple injuries with the loss of work capacity.

Case report. A 37-year-old woman after a road accident has been hospitalized with multiple trauma. The first aid was rendered at raional hospital in intensive care department, after 4 days she was transferred at the Clinical Hospital of Orthopaedy and Traumatology. After the investigation (computer tomography, x-ray), was established cerebral contusion gr I, subdural hematoma, bone injury: fracture of the right branch of the mandible, comminuted fracture of left distal humeral epimetaphysis AO type C, comminuted fracture of the left distal radial epimetaphysis, fracture of right femoral diaphysis 1/3 medial distal with displacement of fragments and fracture of right proximal fibula with contusion of right fibular nerve. After neurosurgeon consulting, recommendation was, to operate patients no earlier than two weeks after head trauma. The mandible fracture was fixed by the stomatologist with wire in the 7-th day after trauma. The tactic chosen by surgeon-orthoped was pending for stabilization. Because of the subdural hematoma the operation was performed at 14 days after car accident, treatment being performed for all fractures in one step: open reduction with internal fixation (ORIF) of distal left humerus with plates, closed reduction and fixation with K-wires of left distal radial epimetaphysis, ORIF of right femoral diaphysis, right fibular nerve neurolysis.

Conclusions. Decision making in the management of the polytraumatized patient requires the choice of both, time and operative tactics for optimal resolution with low risks in the condition of trauma. In the given case the tactic was successful, stable and with favorable prognosis.

Key words: polytrauma, ORIF, multiple fracture, brain injury.

29. CLINICAL AND PATHOPHYSIOLOGICAL CHARACTERISTICS IN A YOUNG STRESSED PATIENT WITH HYPERTENSION

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Background. Hypertension in young people is secondary, but stress could be an important risk factor.

Case report. A 21 years old patient presented for increased blood pressure in the last two months. He has no medical history, he is non-smoker. Physical exam: normal weight, blood pressure (BP) 160/90 mmHg, 75 bpm, regular. Laboratory tests: mild hypercholesterolemia. Abdominal ultrasound: normal right kidney, left kidney 66/48mm, thin parenchyma. Transthoracic echocardiography, thyroid ultrasonography was in normal limits. Ambulatory blood pressure monitoring showed more than 47% of diurnal values greater than 140 mmHg, with diurnal average blood pressure 137/85 mmHg and nocturnal average blood pressure 115/72 mmHg. Pulse pressure was 42.7 mmHg. Serum TSH, free T4, aldosterone, renin and urinary metanephrines, normetanephrines, 3-methoxytyramine, vanillylmandelic acid was in normal limits. Plasma cortisol was 589 nmol/L. Chest CT in normal limits. Contrast enhanced

abdominal CT: normal right kidney, left kidney 70 mm, 5 mm cortical thickness, normal shape, position, secretion and excretion. Angiography showed two left renal veins, one of them over the artery, but with normal caliber of the left renal artery.

Conclusions. BP values occurred in conditions of a job with a lot of stress to a young patient with a left kidney malformation, but with normal renal function. Stress is responsible for a lot of physiological changes, including constant increase in blood pressure. The scale of cardiovascular risk should be reevaluated to young people through proper trials.

Key words: hypertension, young people, hypercholesterolemia.

30. A POST-TRAUMATIC MACULAR HEMORRHAGE OCCURED ON A IDIOPATHIC CORIORETINEAL SCAR

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Background. Macular haemorrhage can be caused by multiple factors such as sustained exposure to high altitude conditions, retinal artery aneurysm rupture or choroidal vasculopathy and also by trauma. Its origin is mandatory to be adequately described in order to ensure an accurate and complete differential diagnosis. Most traumatic lesions left untreated have an adverse prognostic due to mechanical damage caused by fibrinous infiltration of the retina.

Case report. We present a case of a 34 years old patient diagnosed with a traumatic right ocular lesion caused by an elastic chord on a cicatricial terrain. On admission he reported ocular redness, pain and loss of sight, with a visual acuity of 0.1. The local ophthalmological evaluation shows a profound amblyopia caused by an important vicious refraction (anisotropy) in the left eye. A paracentral corneal erosion (1.5 mm) of the right eye was also observed.

In addition to retinal photography, A and B mode echography, angiofluorography, optical coherence tomography, the following laboratory tests was performed: IgM and IgG antibodies for toxoplasmosis, toxocara, cytomegalovirus, measles, as well as for the exclusion of other rare diseases that affects the posterior uvea. Ophthalmological imagistics showed hemorrhage in the deep layers of macula, with the post-traumatic detachment of neuroepithelium, a hyperecogenous area with a maximum thickness of 0.4 mm and an absolute central scotoma of 5 degrees in diameter. Local treatment with Atropine, Indocollyre, Azopt, artificial tears and systemic treatment with Etamsylate, Dexamed and Mannitol was administrated during hospitalization. On the discharge day an improved visual acuity (0.5) of the right eye was observed. Ophtalmological reevaluation after 1 week was recommended. The vasoformative membrane lack in the macular zone, the local hypertrophy of the pigmentary epithelium and identification of a toxocara infection guided us to prescribe topic treatment with anti inflammatory and midriatic drugs and systemic treatment with anti inflammatory, anti toxocara and ocular hypotonic drugs.

Conclusions. In order to establish a good prognosis in a relatively short time, and to assure a proper therapy, the importance of ophthalmic imaging as well as serological results is crucial.

This case was considered a challenge in making the therapeutic decision, taking into account the important post-traumatic visual deficiency on the right eye with the other eye being affected by deep amblyopia.

Key words: OCT, macular, hemorrhage, traumatic, angiofluorography

31. CHRONIC MYELOID LEUKEMIA ASSOCIATED WITH EARLY LYMPHOBLASTIC CRISIS

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