

Results. The peak incidence of RCC was at 63 years. There was a 1.5:1 male predominance. The study found an increased risk of RCC associated with overweight and obesity among both male and female adults: BMI <25 kg/m² - 38%; BMI 25-30 kg/m² - 30%; BMI ≥30 kg/m² - 33%. The rate of obesity was slightly higher in women than men (P < 0.005).

Conclusions. These findings indicate that overweight and obesity was positively associated with increased risk of renal cell cancer, equally strongly among both males and females.

Key words: obesity, BMI, renal cell cancer.

40. THE CLINICAL AND PARACLINICAL PROFILE OF PATIENTS WITH DISTAL SYMMETRIC POLYNEUROPATHY

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Introduction. Diabetes mellitus (DM) is a chronic metabolic disorder that leads to a variety of complications. The most common is diabetic polyneuropathy, particularly distal symmetric polyneuropathy (DSP), affecting more than 50 % of patients. It is a significant risk factor for occurrence of foot ulcers and is the leading cause of lower limb amputations. Besides, it is linked with a decreased quality of life, both physical and mental.

Aim of the study. To assess the clinical features associated with the presence and severity of peripheral diabetic polyneuropathy.

Materials and methods. The study included 90 randomly selected patients hospitalized in the Endocrinology department, in a municipal clinic in Chisinau, Moldova. Inclusion criteria were presence of DM type I or type II and age >18 years. The clinical history was documented and a directed clinical examination was performed. The presence and severity of DSP was assessed using Toronto Score.

Results. In our study, according to Toronto Score, 16 patients had no DSP, 22 - incipient DSP, 27 - moderate DSP and 25 - severe DSP. The average duration of diabetes was 5.8 for no DSP group, 9 for incipient DSP group, 13.6 for moderate DSP group and 17.5 for severe DSP group (P<0.01). In the no- and incipient DSP groups combined, there were more type I patients (26%) than in the moderate and severe DSP group (8%). The prevalence of obesity was high, 43 patients of 90 had body mass index (BMI) > 30. Besides, the average BMI was found to be higher in those with moderate and severe DSP than in those with no or incipient DSP, 31.9 versus 27.8 (P<0.01). A history of arterial hypertension was present in 80% of all cases, but only in 63% for the no- and incipient DSP group versus 93% for the moderate and severe DSP group. A higher prevalence of hypertension and obesity in those with a more severe DSP can be partially explained by the predominance of type II DM. Hyperlipidemia was detected in 47% of all patients but there was no significant difference between the samples. Retinopathy was found in 50% of patients with no- or incipient DSP and in 67% of those with moderate and severe DSP but the P value was too high. The symptoms reported by patients were weakness (80%), cramps (71%), pain (62%), tingling (52%) and numbness (36%).

Conclusions. The study reveals that DSP is very common (82 %) in patients with DM and its severity is associated with diabetes duration and higher BMI. The comorbidities of DSP such as hypertension, retinopathy and hyperlipidemia were also frequent. The screening for diabetic polyneuropathy helps define the clinical profile of the patient and should be started at the moment of diagnosis of DM, thus avoiding often disabling complications.

Key words: diabetes mellitus, distal symmetric polyneuropathy.

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