oxygenation values, the increasing of the pO_2, the increasing of the saturation level of oxygen (SaO_2) such the improvement of outcome. The SOFA score was 6 when starting the physical rehabilitation and was improved when scoring at day 7, 14, 22 and 28 decreasing by 4 points at day 7 and maintained. The evaluation of arterial blood gases showed at day 1 acidosis – ph: 7.31 and a normalized ph at day 28 of 7.43. The pCO2 was improved as well from a value of 66.3mmHg to 47 at day 28 (a major improvement being seen at day 14 after physical rehabilitation pCO2: 52.7 mmHg). The pO2 was 71 mmHg normalized at day 28 – a pO2 of 99.2.

Conclusion: The physical therapy played an important role in the management of the case, improving the outcome of the patient. At this moment there isn't a standardised international protocol concerning physical rehabilitation (percussion/vibration, limb exercise, posture) for the critically ill patients, even though different benefits were noticed. This case is part of a pilot study that aims to validate a physical rehabilitation protocol in ICU.

Key words: ICU, physical therapy, mechanical ventilation.

POSTERS

19. A SEVERE FORM OF HEMOPHILIA A ASSOCIATED WITH LEFT KNEE HEMARTHROSIS IN A CHILD

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Introduction: Hemophilia A, also called factor VIII (FVIII) deficiency is a genetic disorder caused by missing or defective factor VIII, a clotting protein. The gene for hemophilia is carried on the X chromosome. Although about 1/3 of haemophilia A cases are caused by a spontaneous mutation, a change in a gene. The severity of haemophilia A is linked with the level of FVIII in the blood - Severe: FVIII levels less than 1%; Moderate: FVIII levels of 1-5%; Mild: FVIII levels of 6-30%.

Objective: To present the case of a child suffering from a severe form of hemophilia A having the levels of FVIII less than 0,6% to which Associates multiple hematomas, knee hemarthrosis and subclavian giant bruise.

Clinical case: This is the story of a patient aged 1 year and 3 months, having a history with multiple bruises and hematomas occurred after repeated micro traumatisms and epistaxis and no coagulopathy family history. He was brought by his presents at the emergency service for children for painful swelling in the left knee joint with functional impotence, in condition of apparent health. He was hospitalized in the Pediatric Orthopedic Surgery Department being suspected of septic arthritis, where he remains hospitalized for two weeks. During the hospitalization the doctors had decided the installation of a central venous catheter (CVC). After installing the CVC he develops a giant left subclavian hematoma, which is why it was raised the suspicion of a coagulopathy and he was transferred in our Pediatric Hemato-Oncology Department.

Results: There is a marked improvement in the current hemodynamic status as a comparison

with that of his first hospitalization under the replacement therapy with FVII. The bruisings and hematomas had retired.

Conclusions: If a child especially if is a male has hemarthrosis in the large joints, had to be considered the possibility of having a coagulopathy even if he has no positive family history of any kind of coagulopathy.

Hemophilia A has an outburst evolution, their frequency is related to the concentration of the Factor VIII which is why the patient will require chronic replacement therapy with the avoidance of exercises and traumas.

Under the correct treatment, in terms of continuous prophylactic substitutions, life expectancy and quality of life was greatly improved, the risk of death caused by cerebral hemorrhage, internal bleeding or hemorrhagic shock had reduced to below 3 % of all the patients.

Key words: HEMOPHILIA A, KNEE HEMARTHROSIS, BRUISES, HEMATOMAS

20. A CASE OF APLASTIC ANEMIA COMPLICATED WITH SYSTEMIC ASPERGILLOSIS

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Introduction: Aplastic anemia is a rare disease in which the bone marrow and the hematopoietic stem cells that reside there are damaged. This causes a deficiency of all three blood cell types (pancytopenia). Aplastic refers to the inability of the stem cells to generate mature blood cells.

Aplastic anemia can be caused by exposure to certain chemicals, drugs, radiation, infection, immune disease, and heredity; in about half the cases, the cause is unknown. It may also occur due to a congenital inheritance or as well in the context of a constitutional predisposition.

Objective: The aim of this paper is to present the case of a 17 years old boy who developed aplastic anemia in the context of using sodium metamizol at home (Algocalmin) for 10 days without medical advice. Due to poor immune system the opportunistic fungus Aspergillus takes advantage of this situation and colonizes throughout the body leading to the condition called Aspersilosis.

Clinical case: We monitored the patient for a period of 33 days correspondently to the hospitalization in our Pediatric Clinic I - Hemato-Oncology Department of Targu-Mures.

Results: At the admission in our clinic, the first lab tests showed: a marked leukopenia (Leu/mm^3- 440, Gran. 7/mm^3) and trombocytopenia (PLT/mm^3- 26.000) and the peripheral blood smear showed (Segmented 0%, Eo 0%, Ba 0%, Mo 1%, Lymphocytes 99%). The final diagnose was established on the bone marrow biopsy histopathology exam. Than it was performed the Anti Aspergillus fumigatus antibody: 1/320 (NV< 1/80) because of the persisting fever. Immediately it was implemented the antibiotic, antifungal and replacement therapy with a good result. After 33 days of hospitalization the lab tests showed a marked improvement therefore: the leucocytes reached the peak of 5890/mm^3,