Introduction. The congenital heart disease (CHD) has become a major risk factor for infective endocarditis (IE) due to a large number of children with CHD that survive until adulthood. The incidence of IE in children with CHD is reported to be approximately 4.1 cases per 10000 persons/year, but in adults – 11 per 10000 patients/year with a marked variation between different types of CHD. The progress in diagnostic and surgical field, as well as the use of intracardiac devices and prosthetic materials increases the risk of associated infections and developing IE. As for causative pathogens, streptococci species predominates over the staphylococci species.
Aim of the study. Evaluation of patients with infective endocarditis due to congenital heart disease.
Materials and methods. The study included 262 patients with definite IE (mean age 51±7 years) that have been examined after clinical and paraclinical parameters. The patients with IE were divided into two groups: I – IE caused by CHD (17.2%), group II – IE due to acquired heart disease (AHD) in 82.8%.
Results. The diagnosis of IE was established earlier in patients with CHD – up to 5 months, while in patients with AHD – up to 12 months. Hemocultures were positive in 44.4% vs 30.9%, streptococci predominating in group I (22.2%) and staphylococci in group II (15.6%). Clinically, the manifestations of the toxi-infectious syndrome (fever, chills, sweating, fatigue) prevailed in both groups – 93.3 % vs 91.7% and heart failure (dyspnoea, cough, palpitations) in 71.1% vs 89.4 %. Echocardiographic vegetations have been diagnosed in 77.8% vs 68.2%, followed by chordae breakages (26.7% vs 18%) and pericardial effusion (15.6% vs 19%). Registered complications – neurological – 15.6% vs 14.7%, renal – 15.6% vs 9.7%, while embolic episodes were reported less often – 13.3% vs. 17.5%. The overall outcome in patients with CHD is more favorable, with a 100% survival rate, compared to 93.5% in group II.
Conclusions. IE in patients with CHD diagnosed earlier, has a more benign evolution. Streptococci were the causative agents in a greater percentage, such complications as toxic shock syndrome and heart failure prevailing. Echocardiographically vegetations, chordae breakage and pericardial effusion were detracted, while such complications like the neurological and renal, embolic episodes developed more rarely, with a better prognosis than in patients with AHD.
Key words: infective endocarditis, congenital heart disease, acquired heart disease, complications, prognosis.

DEPARTMENT OF NEUROLOGY no.1

56. EPILEPTIC ENCEPHALOPATHY: DOOSE SYNDROME

Author: **Victoria Satula**
Scientific adviser: Gorincioi Natejda, MD, University assistant, Department of Neurology no.1
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. The term epileptic encephalopathies are severe brain disorders of early age with a different manifestation, depending on the age of onset, developmental outcome, etiologies, neuropsychological deficits, electroencephalographic (EEG) patterns, seizure types, and prognosis, but all may have a significant impact on neurological development. Doose syndrome, otherwise traditionally known as myoclonic-astatic epilepsy is an epileptic encephalopathy with multiple seizure types. About a third of children may have episodes of convulsive status epilepticus. The disease is characterized by the following criteria: genetic predisposition (high incidence of seizures and/or genetic EEG patterns in relatives); mostly normal development and no neurological deficits before onset; primarily generalized myoclonic, astatic or myoclonic-astatic seizures, short absences and mostly generalized tonic-clonic seizures; no tonic seizures or

tonic drop attacks during daytime, generalized EEG patterns, and often normal neuroimaging . The prognosis is variable and difficult to predict, and the seizures may remit in 54-89% of patients.
Aim of the study. Review of new data about epileptic encephalopathies and clinical presentation of illustrative case of Doose syndrome
Materials and methods. There are used data from literature and clinical case from our clinic.
Results. In our clinical case the the diagnosis was based on the description of the seizures – myoclonic and atonic seizures,mainly in the morning,and also,the patient often had myoclonic status epilepticus, at EEG- we found focal and generalized epileptiform activity, at MRI of the brain - the structures of hippocampus were different on the left compare to right ,main reason because of lost of height and width of the hippocampus structure on the left,and psychological testing-severe cognitive disturbances. The treatment is adjusted permanently with raising doses of combined antiepileptic therapy, especially Valproat and Levetiracetam.
Conclusions. The good news for children with Doose syndrome are doing better now than in the past. Outcomes have improved over the years due to early diagnosis and better treatment options.
Key words: epileptic encephalopathy, Doose syndrome, seizure, electroencephalographic (EEG) patterns, GEFS+.

57. UPDATES ON CRANIAL NERVES DAMAGE IN NON-HODGKIN LYMPHOMA

Author: **Evelina Gherghelegiu**
Scientific adviser: Mihail Gavriliuc, MD, PhD, Professor, Chair of the Department of Neurology no.1
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Although rare, alterations of the cranial nerves can be detected at any stage of the clinical evolution of non-Hodgkin lymphomas. The lesions can be focal or/and isolated of varying degrees of damage. The routine neurological examination of cranial nerves in Lymphoma patients can spot apparently minor involvement of cranial nerves.
Aim of study. The purpose of the research was to reveal any involvement of cranial nerves in non-Hodgkin lymphoma patients.
Materials and methods. Clinical neurological examination, electrophysiological examination, CT or MRI study, lumbar puncture and rarely the puncture of the nerves enlargement were performed in 83 non-Hodgkin lymphoma patients morphologically confirmed. The descriptive statistics is used.
Results. 39.8% (33patients) of the entire group of examined patients had clinical manifestation of cranial nerves lesion. The odor change was registered in 12 patients, flagrant optic nerve damage was established in only 1 case, oculomotor nerves injury in 3 patients, another 3 patients manifested the clinical signs of the damage of the trochlear nerve, the various degree of sensitive alteration, predominantly in the territory of the second branch of the trigeminal nerve was registered in 4 patients. Facial nerve impairment, confirmed by electrophysiology was diagnosed in 5 patients. Unilateral hearing loss of pure lymphomatous origin was registered in 2 patients. Swallowing difficulties and change of the voice modulation were recorded in 3 patients. Multiple cranial nerve lesions were counted registered in 7 cases. Most cranial nerves alterations occurred in non-Hodgkin's lymphoblastic lymphoma, derived from Type B cells. Lumbar puncture usually did not detect the presence of the lymphoma cells in the cerebrospinal fluid. The MRI or CT examination in the majority of the cases confirmed an infiltration process or compression, usually lightly involving with radiotherapy treatment.
Conclusions. The damage of the cranial nerves in non-Hodgkin lymphomas in the current study was mostly cause by infiltration or constriction. All nerves can be affected isolated or in group. The prognosis is usually poor and is resistant to classical existing treatments.