

the successes of open surgery. Nowadays this is one of the elective methods in treatment of nephrolithiasis and/or ureteral lithiasis.

Conclusions: Minimally invasive percutaneous approaches offer the benefits of reduced blood loss, rate decrease residual fragments and a return to normal activity of the patient faster. Regarding the rate of "stone free" in the literature showing a rate of about 85% with a 30% recurrence for proper stones larger than 2 cm. PCNL is an effective method of treatment of stones renoureterale. The advantages of the method are minimal trauma, decrease morbidity and length of hospital stay, postoperative complications rate decrease. Improving methods of intraoperative lithotripsy (ultrasound, laser, hydraulic) make PCNL be a method of choice in the treatment of kidney stones.

Keywords: nephrolithiasis, ureteral lithiasis, percutaneous nephrolithotomy, lithotripsy.

210. CONTEMPORARY ASPECTS OF TREATMENT OF NEPHROLITHIASIS - THE ADVANTAGES OF PERCUTANEOUS NEPHROLITHOTOMY

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Introduction: The stone disease is a major public health problem with increasing incidence and predominantly affecting active social segment (20-50 years). Nephrolithiasis determine through its complications a high rate of disablement (~ 11%) and decreases life expectancy in (5-20%) of cases. The aim of the study was to analyze current treatment strategies for patients with urolithiasis with more detailed evaluation of the benefits of percutaneous nephrolithotomy (PCNL).

Material and methods: For the study and realization of the purpose of this work were selected 116 bibliographical sources relevant to these issues. We reviewed data from the articles from (1980-2012) of medical data base research PubMed, EMBASE, HINARI. The search is based on National Clinical Protocol provisions "Urolithiasis in Adult" (2009, updated in 2011) and complies with the actual provisions of Guidelines of European Association of Urology and American Urological Association.

Results: After the analysis of special literature we found that, worldwide, in the treatment of urolithiasis, the most common are 4 ways: extracorporeal shock wave lithotripsy (ESWL), percutaneous nephrolithotomy (PCNL); retrograde ureteroscopy (URS) and "open" classical surgery. The most rational method to treat complex forms of urolithiasis is percutaneous nephrolithotomy by: the preservation and restoration of renal function with minimal damage, morbidity {transfusion of blood (5-53%), fever (12-64%), pneumothorax (12%), septic complications (2%)}, the decrease of hospitalization time (about 9.5 days) and increased patient quality of life (full recovery in 21 to 30 days). PCNL is safety and efficacy in use for stones management in various renal anomalies (horseshoe kidneys, solitary kidney, polycystic kidney); in large and staghorn calculi; in cases of spinal deformities; in compensated diabetes; including children and old people.

Conclusions: Nephrolithiasis is a major health and social problem. The most common methods in the treatment of urolithiasis are considered: ESWL, PCNL, retrograde (URS) and "open" classical

surgery. The elective method in treatment of complex forms of urolithiasis is PCNL through: minimal invasion, reduction of hospitalization and morbidity, decreased complication rates. PCNL is useful in many cases of urolithiasis, in all ages.

Key words: nephrolithiasis, urolithiasis, PCNL, ESWL, URS.

211. CHRONIC FUNGAL RHINOSINUSITIS

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Introduction: Fungal rhinosinusitis, long regarded as a rare pathology, is recognized and reported with increasing frequency in the last two decades throughout the world. The purpose of the paper is to highlight the characteristics of chronic fungal sinusitis and determine fungal ball's etiological, pathological, clinical and treatment aspects.

Materials and Methods: To achieve the objectives of the work was carried out a study which included 12 patients diagnosed with fungal-ball, hospitalized in Otorhinolaryngology Department of the Municipal Hospital "Sfinta Treime" during the period 2014-2015, data were taken from observations sheets of patients in hospital archive. For statistical processing of the data was used Microsoft Office Excel 2013.

Results: According to the distribution of patients by age, we find that 41.66% who are aged between 50-55 years suffer from fungal-ball, between 45-50 years-25%, between 40-45 years-16.66% of patients. Meets lower incidence in patients aged 35-40 years and 25-35 years- 8.33% each of all patients with mycetoma. At the age up to 25 years it has not been found no patient with mycetoma. According to the distribution of patients by gender, there was a predominance of the female-66.66%, the male gender- 33.33%. According to the involved sinus, we find that most commonly affected is the maxillary sinus, being affected in 75%, followed by sphenoid sinus which was affected in 16.66%, only 8.33% was found the affection of ethmoidal sinus. The frontal sinus was not affected in any patient of these examined. Based on the batch of 12 patients, we observed specific symptoms of mycetoma: facial pain, encountered in all patients- 100%, followed by difficult nasal breathing- 91.66%, rhinorrhea- 83.33%, headache- 75%, anosmia- 58.33%, cough-16.66%, epistaxis- 8.33%. Has revealed that the pathogen most often implicated in the appearance of mycetoma is *Aspergillus fumigates*, met in 75%, followed by *Aspergillus Niger*- 16.66%, and *Aspergillus Flavus*- 8.33%.

Conclusions: Fungal rhinosinusitis has approximately 10% of patients requiring surgery on the nasal cavity and sinuses, and between 13.5 and 28.5% of all sinusitis are caused by fungi or combination of bacteria and fungi. I noticed that mycetoma meets more often in older people, between 45-55 years. By gender, it was observed a predominance of the female gender (2: 1). According localization is determined that most often affected is maxillary sinus. From the obtained results we concluded that the most common symptoms are: facial pain, difficult nasal breathing, rhinorrhea, headache; the most rarely encountered are anosmia, cough; and from the nonspecific rarely encountered it is epistaxis. Mycological