

**Results.** The neurological map of four methods (meditation, hypnosis, trance and daydreaming), that can induce ASC was analyzed. It was established the common component- the prefrontal cortex. The next step was studying pain mapping. We discovered that one of the areas involved in the pain phenomenon is, also, the prefrontal cortex. One of the function of it is that this region processes the pain signals and plans action to reduce the dolor syndrome. tDCS and binaural beats were analyzed as a methods of induction in ASC. The common mechanisms of action, of these two methods are the appearance of theta cortical waves and the involvement of the prefrontal cortex.

**Conclusions.** The prefrontal cortex becomes the main target in the prophylaxis and treatment of chronic pain, through induction in ASC.

**Key words:** altered state of consciousness (ASC), neuroimaging, chronic pain, neurostimulation

### 63. MENINGITIS IN STRUCTURE OF PATIENTS WITH NEUROINFECTIONS

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**Introduction.** Despite modern technologies and improved clinical care, meningitis remains an unsolved problem that leads to high morbidity and mortality rates worldwide.

**Aim of the study.** To evaluate the structure of meningitis in adults; to determine the risk factors in correlation with clinical outcomes, as well as the etiological factors of adult meningitis.

**Materials and methods.** It is a retrospective observational study conducted in Institute on Neurology and Neurosurgery from medical records of patients from 2015 to 2016 in the Neuroemergency section. 25 patients aged between 19 and 67 years with confirmed diagnose of meningitis were selected. The outcome was unfavorable for 15 patients (60%), 9 of them (36%) from both groups died. We evaluate the clinical features of the patients, cerebrospinal fluid, and the imagistic and laboratory tests.

**Results.** From cerebrospinal fluid examination we selected 18 cases (72%) of septic meningitis and 7 cases (28%) of aseptic meningitis. From clinical features we established a rate of 64% of the classic meningitis triad, and a rate of 44% of the alternative meningitis triad. Only in 7 (28%) of 25 meningitis the causal agent was identified: twice *Treponema palidum*, twice *E.coli haemolyticum*, *Enterococcus Faecium*, *Streptococcus Viridans* and *Mycobacterium tuberculosis*. The imagistic examination showed signs of meningitis only in 20% of the cases. Out of the laboratory tests we established the highest values of blood glucose in dead patients with septic meningitis (9.87 mmol/l). We have also determined an Odds ratio of 12 (95% CI 1.07 to 134.11,  $P < 0.05$ ) of correlation between death risk and diabetes mellitus in patients with meningitis. Other negative predictive factors were the following: high levels of erythrocyte sedimentation rate, low platelets count, high level of blood urea and creatinine.

**Conclusions.** The presence of diabetes in meningitis patients increased the mortality by 12. Diabetes is a strong independent risk factor for death in community-acquired adult bacterial meningitis. Other risk factors for negative outcome in meningitis patients were: high level of cell counts in cerebrospinal fluid, high level of blood erythrocyte sedimentation rate, urea and creatinine.

**Key words:** meningitis, cerebrospinal fluid, diabetes.

### 64. INDUCTION OF ALTERED STATES OF CONSCIOUSNESS THROUGH BINAURAL BEAT STIMULATION ON HEALTHY SUBJECTS, A PILOT STUDY

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