

**Results.** The therapeutic results obtained after the application in association with standart treatment(tab.Doxiciclini 0,1 twice on day, tab. Metronidazoli 0,25 and Aevit three times on day),local treatment using MetroCreme Ivatherme twice on day, for two weeks, prove the quickly effectiveness of the remedy. After two weeks of daily application, the erythema on the cheekbones, as well as the feelings of itching and burning have disappeared, the eruptions have improved and the pustules receded. The sensations of burning and itching (pruritus) have totally disappeared for five out of ten women, and have reduced by 50% for the other five. All ten patients have described the MetroCreme Ivatherme as being effective, pleasant and easily tolerable. Only three patients have noted the adverse effect of skin dryness, which gently disappears after applying a moisturising cream.

**Conclusion.** Considering the rapid efficacy and the simple application of MetroCreme Ivatherm, it can be prescribed and easily used (or used without any difficulties) for the topical adjuvant treatment of rosacea.

**Key words.** Rosacea, MetroCreme Ivatherm.

## 119. ANALYSIS OF CLINICAL-EPIDEMIOLOGICAL AND LABORATORY PARTICULARITIES OF S ALMONELLOSIS

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**Introduction:** Increase of salmonellosis morbidity, high infectiousness of the disease, antimicrobial resistance and socioeconomic impact emphasize the importance of systemic revaluation of this problem.

**Materials and methods:** This study includes 66 patients with salmonellosis hospitalized during the period 2013-2015. In this way were created 3 age groups: I group- 1-6 years; II group- 7-18 years; III group- >18 years. Statistical aspects were analyzed by using the program Epi Info 7.0.

**Discussion results:** Seasonality: mainly in May- September (90%). The most frequent sources: meat products 63,64%, chicken eggs 27,28%. In evolution were certified 2 clinical forms:gastroentiric in 73% and gastroenterocolitis in 27%. In the II group the gastroenterocolitis was found in 5.56% (95CI 0,14-27,29). Repeated vomiting was characteristic to the II and III groups (56%, respectively 61%), but in the group 1-6 years only in 33%. I degree of dehydration 36,36% (95CI 24,87-49,13), II degree 56,05% (95CI 43,3-68,26), III degree 7,58 (95CI 2,51-16,8) without significant differences between age groups. Fever >39.5 was preponderant found out in the first group 1-6 years 20% (95CI 4.33-48.09). Ketonuria most frequent was in the I group 66,67% (95CI 7,79-55,10). Average value of leukocytosis in severe evolution:  $6 \times 10^9/l$ , moderate evolution:  $10,5 \times 10^9/l$ . Stool culture: *S. enteritidis* -91%, *S. gr. C* -2%, *S. typhimurium* -8%. Average duration of the treatment was 5 days -54,55%. Nifuroxazide, Ciprofloxacin (including combinations) were used in 71,21% and 53,03% respectively.

**Conclusion:** Patients age influenced clinical form of disease evolution and the degree of intoxication. Degree of dehydration was determined mainly by diarrhea and less by vomiting. There is

no correlation between disease severity and leukocytosis value. Antibiotics administration remains an everyday practice of salmonellosis treatment in localized form.

**Key words:** Salmonellosis, acute diarrhea.

## 120. PSORIASIS, COMORBIDITIES, BIOLOGICAL THERAPY

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**Introduction.** Psoriasis is a chronic inflammatory systemic disease. Evidence shows an association of psoriasis with arthritis, depression, inflammatory bowel disease and cardiovascular diseases. Recently, several other comorbid conditions have been proposed as related to the chronic inflammatory status of psoriasis. The understanding of these conditions and their treatments will certainly lead to better management of the disease.

**Purpose.** Assessing the role of comorbidities in psoriasis and analysis of psycho-emotional status as a primary comorbidity in patients with psoriasis.

**Material and methods.** This study is a retrospective / prospective evaluation and based on analysis of historical data conducted on a group of patients with various forms of psoriasis and psoriatic arthritis. In the retrospective study entered 100 patients, on prospectively - 20 patients who were evaluated using Zung self-assessment Scale and Hamilton Depression Rating Scale.

**Results.** An analysis of the study gives the following results: 34% of patients had hypertension, 22% diabetes, 18% psoriatic arthritis, 14% liver injury, 5% obesity, 1% chronic obstructive pulmonary disease and 1% Crohn's disease. Zung self-assessment depression scale determined that 20% of patients surveyed showed minimal depression, 20% moderate depression, 10% severe depression and 50% had only signs of depression. According to the Hamilton self-assessment depression scale 50% had minimum depression, 40% had no depression, 10% had moderate depression, and no one showed signs of severe depression.

**Conclusions.** Evidence increasingly suggests that there is a relation between psoriasis and several comorbidities. Affected patients show higher mortality and hospitalization rates, which indicates the need for a multidisciplinary approach in the management of these patients.

Finally, the integral approach of psoriasis should include the identification of cardiovascular risk factors and metabolic diseases, the adaptation of treatments to the existing comorbidities, as well as the evaluation of existing psychological/psychiatric disorders, in order to achieve a long-term control of the disease and improve the cumulative quality of life. Early and aggressive treatment of severe psoriasis, PsA and Associated comorbidities may influence the well-being and probably the longevity of patients.