

Results. Of the total number of 100 infants, 49% were exclusively breast-fed until the age of 6 months, of which 19% - in urban areas and 30% - in rural areas; 39% were fed with bottle milk, of which 15% - in urban areas and 24% - in rural areas; 12% were fed using mixed feeding, of which all were from urban areas. One of the reasons for formula feeding was the necessity of the mother to return to the work. The majority of mothers had university education (74%). About 79% of children had normal birth weight, 17% had low birth weight and 4% the birth weight was higher than 3500 g. Analysis of answers to questionnaires showed that mothers who have been breastfeeding avoided eating food that may trigger colic in their babies (onion, fat and spicy food, coffee). Amongst all responders 66% started to introduce solid food at 6 months as recommended by the WHO; 12% at the age of 5 months with cereals and 11% at 4 months with fruits (apple, bananas). Some children manifested intolerance to some food, introduced after 6 months. Thus, 10 children from rural areas were fed with cow's milk from the age of 6 months, one infant from a rural area was fed with sheep cheese at the age of 3 months, and 3 children from the urban area were fed with semolina porridge at the age of 7 months.

Conclusions. The study revealed exclusive breastfeeding of infants in 49%, which is lower than the level recommended by the WHO. Food diversification shows higher incidence of errors in urban areas, where only 50% of respondents started food diversification correctly. Mothers' awareness about correct infant nutrition must be raised through education provided by health workers at the primary care level.

Key words: infant feeding, exclusive breastfeeding, formula milk, food diversification

DEPARTMENT OF RADIOLOGY AND IMAGING

79. ULTRASOUND PREDICTION OF FETAL BIRTH WEIGHT

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Introduction. The prediction of fetal birth weight is crucial for establishing a correct birth plan. The two main methods to predict the fetal size are: clinical estimation and ultrasound measurement. The clinical evaluation of fetal weight is based on abdominal palpation of fetus, determination of height, body mass or abdominal circumference of the mother. It is subjective and not standardized. This is why the ultrasound examination is thought to be more helpful and accurate.

Aim of the study. To assess the precision of the ultrasound in the prediction of fetal birth weight.

Materials and methods. This is a descriptive, non-experimental study of pregnant women hospitalized during 2017 in the Obstetrical department of Municipal Hospital No 1 of the Republic of Moldova. The pregnant patients were admitted to the hospital because of the pregnancy complication. All the patients underwent ultrasound examination by the same experienced sonographer. The obtained fetal measurements were: biparietal diameter, head circumference, femur length, humerus length and Abdominal circumference by Gray-scale two-dimensional ultrasound. Birth weight was best estimated by three different formulas. Shepard formula: $\text{Log } 10\text{EFW} = 1,2508 + (0,166 \times \text{BPD}) + (0,046 \times \text{CA}) - (0,002646 \times \text{CA} \times \text{BPD})$. Formula Aoki: $= (1,25647 \times \text{BPD}^3) + (3,50665 \times \text{FAA} \times \text{LF}) + 6,3$ Formula Hadlock: $\text{Log } 10\text{EFW} = 1,3596 - 0,00386(\text{CA} \times \text{LF}) + 0,0064(\text{CC}) + 0,00061 (\text{BPD} \times \text{CA}) + 0,0425 (\text{CA}) + 0,174 (\text{LF})$. In all formulas EFW stands for estimated fetal weight (g), BPD - biparietal diameter (cm), FAA - fetal abdominal area (cm²), LF - femur length (cm). The newborns were weighted 2 hours after the delivery using a graduated scale and the actual birth weights were recorded. The data collection was made by extraction of the important information from medical files of the

hospitalized patients, in accordance with the elaborated questionnaire for this research. Statistical processing was performed using the program Microsoft Office Excel.

Results. The total number of participants comprised 200 pregnant. From these, 100 at term and 100 who delivered prematurely. The average age of mothers of children was 29.07 years, the age ranged from 21 to 42 years. The average weight of neonates at birth was 2057 gr. The difference between the estimated fetal weight by ultrasound and the birth weight of the fetus varied between 10 and 520 grams. The deviation from real birth weight in three formulas corresponded to: Shepard 334g, Aoki 366, Hadlock 289g. The average difference was 355.71 grams. The difference <300 grams was 47.62%, > 300 grams was 52.38%.

Conclusions. The ultrasound evaluation showed to have an average sensitivity in the predicting the fetal weight at birth (47.6%). From the formulas used, the Hadlock formula shows less deviation from neonatal weight.

Key words: estimated fetal weight, birth weight, ultrasound, Hadlock formula.

DEPARTMENT OF PSYCHIATRY, NARCOLOGY AND MEDICAL PSYCHOLOGY

80. CLINICAL FEATURES AND EVOLUTION OF PATIENT WITH PSYCHOSIS INDUCED BY ALCOHOL

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Introduction. Alcoholism is a serious problem of mental health confirmed by its biological and social consequences. WHO declared that the Republic of Moldova is on the 3rd place in Europe with a consumption of 15,9 litres of pure alcohol per capita in population older than 15 years old. According to the statistics from 2017, in the RM 45340 persons are at the psychiatric evidence with the diagnosis of chronic alcoholism. The rate of alcoholic psychosis in Chisinau is 55 (psychosis) per 100000 standard population. Also, according to 2017 data, 4196 patients with alcoholism were treated in hospitals, 1261 of them had alcoholic psychosis, 204 of whom had recurrent psychosis.

Aim of the study. Studying clinical features of patients with alcoholism who have suffered from alcoholic psychosis.

Materials and methods. The total number of investigated patients was 428(only men). 21 patients with chronic alcoholism who had 2 or more alcoholic psychosis in the period of 2016-2017, and got hospitalized in the Republican Narcology Dispensary, section 4 were analyzed. The investigation is prospective, based on a protocol of individual examination. The criteria of the research were: age, numbers of recurrences, duration of psychosis, heredity, triggers, frequency of episodes depending on the season of the year, and comorbidities.

Results. From the total of 428 patients, 4.67% suffered 2 psychosis, 0.23% - 3 psychosis and 95% - 1 psychosis. Most frequently, the alcoholic psychosis occurred in patients aged 51-60 years (42.9%), followed by 31-41 years (23.8%). By marital status, 43% of patients were married, 43% - were single and 14% - divorced. By heredity, 67% of patients had aggravated hereditary history and 33% - didn't. By analyzing clinical particularities, 84% of patients had delirium tremens, 14 % - alcoholic hallucinations and 2% - alcoholic paranoia. In most cases, remission of alcoholic psychosis took from 1 to 5 months. The alcoholic psychosis occurred mostly in summer – 39%. Main factors such as craniocerebral trauma, returning to drinking, abandoning treatment, family problems, and loneliness were present before the onset of psychosis.