

identity and minimization of discrimination. Transition in gender dysphoria may improve comorbid psychosis.

Key words: gender identity, transgender, diagnosis, psychology, psychiatric evaluation

82. ANALYSIS OF CLINICAL-EPIDEMIOLOGICAL PARTICULARITIES OF BODY DISMORPHIC DISORDER

Author: **Elena Picalau**

Scientific adviser: Igor Nastas, MD, PhD, Associate professor, Department of Psychiatry, Narcology and Medical Psychology

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Body dysmorphic disorder (BDD) is a distressing body image disorder that involves excessive preoccupation with physical appearance in a normal appearing person. Patients with body dysmorphic disorder have high rates of psychiatric hospitalization, suicidal ideation, and suicide attempts. Although any part of the body may be the focus of patient's concern, preoccupation with the appearance of skin, hair, and nose are most common. Typical associated behaviors include skin picking, mirror checking, and camouflaging (e.g., with a hat or makeup). Reassurance seeking is another common behavior that can be enacted with surgeons and dermatologists.

Materials and methods. All relevant information was obtained from literature review.

Results. Body Dysmorphic Disorder affects 1.7% to 2.4% of the general population - about 1 in 50 people. This means that more than 5 million people to about 7.5 million people in the United States alone have body dysmorphic disorder. It's possible that body dysmorphic disorder may be even more common than this, because people with this disorder are often reluctant to reveal their body dysmorphic disorder symptoms to others. Most surveys of body dysmorphic disorder patients attending a psychiatric clinic tend to show an equal sex incidence, and sufferers are usually single or separated and unemployed. It is possible that, in the community, more women are affected overall, with a greater proportion experiencing milder symptoms. Although the age of onset of body dysmorphic disorder is during adolescence, patients are most likely to present to cosmetic surgeons, dermatologists, ear, nose, and throat surgeons, or their GPs. They are usually not formally diagnosed by mental health professionals until 10–15 years after the onset.

Conclusions. The onset of body dysmorphic disorder usually occurs in adolescence, and, therefore, particular attention will need to be given in research to risk factors preceding the onset. One aim of future research is to determine which factors (or combination of factors) predict future persistence of extreme self-consciousness so that interventions may be divided for those at risk. In the meantime, it seems important to identify these individuals, many of whom may be found in obsessive compulsive disorder, mood disorder, dermatologic, and surgical conditions. These patients might respond to psychiatric treatment and that might help them avoid unnecessary cosmetic surgery.

Key words: body dysmorphic disorder, epidemiology, symptoms

DEPARTMENT OF OPHTHALMOLOGY

83. FREQUENT OUTCOMES AFTER GLAUCOMA DRAINAGE IMPLANTS

Author: **Maria Iacubitchii**

Scientific adviser: Eugeniu Bendelic, MD, PhD, Professor, Department of Ophthalmology

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Glaucoma represents a group of diseases defined by optic neuropathy, determined by structural change and functional deficit. It is a significant public health problem, being the leading cause of irreversible visual loss, affecting subjects older than 40 years. By the year 2020 it is estimated that there will be almost 80 million affected people in the world. The treatment strategy is influenced by patient's life expectancy, disease status, progression rate and visual function. When conventional therapies and classic surgery have failed or it is expected to be no success, the latest solution is the implantation of artificial implants. There is a multitude of drainage devices. Drainage implants have surgical and postoperative complications similar to trabeculectomy, but there are other unique complications associated with their use.

Aim of the study. Point out the most frequent outcomes after drainage implants use.

Materials and methods. A literature review of the articles published on Pubmed from 2007 to 2017 years was done. The comparisons between various drainage implants are difficult because most clinical data are derived from retrospective studies with different study populations, follow-up periods, and criteria defining success.

Results. Complications such as hypotony, diplopia, strabismus, endophthalmitis are all important (Sarkisian, 2009), but their incidence decreased with the passage of time due to implantation techniques improvement. Jong's study (2011) reported that by the end of the third year after surgery IOP remained better controlled by antiglaucomatous device (Ex-press) than by trabeculectomy. The success rates of the different valves (Krupin and Ahmed) are about equal at approximately 70% with a mean IOP lowering of at least 50% from the pre-operative IOP. Unfortunately, the failure rate is about 10% per year, leading to only 50% functional drainage devices in 5 years (Patel, 2010, Budenz, 2011). An important outcome is pointed to the total protein abundance levels that were increased in eyes with glaucoma surgery shows Rosenfeld (2015) and Freedman's (2013) research. The findings (increase in protein and their alteration impact on the pathways) helped explain why glaucoma filtering surgeries are associated with endothelial cell failure and increase corneal decompensation in virgin corneas and after transplantation. A prospective evaluation of corneal endothelial cell loss within the first 2 years after Ahmed aqueous shunt implantation made by Lee (2009) found increasing cell loss: 15% at 12 months and 19% at 24 months. Other factor that causes the corneal decompensation is the direct contact between the tube and the endothelium (Kim, 2016).

Conclusions. Glaucoma drainage implants are a good tool in preventing blindness; however, they have specific complications and controversy.

Key words: glaucoma, drainage implants

DEPARTMENT OF HAEMATOLOGY

84. AGE RELATED NON-HODGKIN LYMPHOMAS WITH PRIMARY ABDOMINAL LYMPH NODES INVOLVEMENT

Author: **Veronica Feghiu**

Scientific adviser: Robu Maria, MD, PhD, Associate professor. Department of Haematology
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Non-Hodgkin's Lymphomas (NHL) are a heterogeneous group of malignant tumors of the lymphatic tissue that can develop from B or T, rarely from NK, cells. NHL may develop in any tissue or organ containing lymphatic tissue. One of the primary localizations of NHL are the abdominal lymph nodes, with a primary involvement rate of 7.6 to 8.2%. Due to the topographic and anatomical features of this localization, in most cases the generalized stages of the disease are diagnosed, which negatively influences the outcome of treatment and prognosis. Therefore, studying the clinical aspects of NHL with primary abdominal lymph nodes involvement is topical.