**Aim of the study.** To assess the clinical and morphological features of NHL with primary abdominal lymph nodes involvement depending on age.

**Materials and methods.** Clinical and morphological features were studied in 67 patients with NHL with primary abdominal lymph nodes involvement, who were hospitalized at the Haematologic Clinic of the Oncological Institute from Republic of Moldova. The age of the patients included in the study ranged from 2 to 73 years old as follows: children 0-18 years old – 15 cases, adults: 19-39 years old – 2 cases, 40-59 years old- 34 cases and over 60 years old - 16 cases. In all cases, the diagnosis was morphologically confirmed. Determining the degree of the tumoral process spreading was performed according to the International Classification, developed at Ann-Arbor (USA), 1971. We performed a retrospective descriptive study.

**Results.** Studying the NHL with primary abdominal lymph nodes involvement showed that the onset of NHL in abdominal nodes occurred more frequently in the age group of 40-59 years old (50.7%), followed by the patients over 60 years old (23.9%), children (22.4%) and rarely, patients form the age group 19-39 years old (3%). In all age groups men predominated (70.1%). The morphological examination determined that aggressive variants (77.6%) were more common than the indolent ones (22.4%). Stage I was found in 3 patients (4.5%), Stage II in 10 patients (14.9%), stage III in 14 patients(20.9%) and stage IV in 40 patients (59.7%). Most extranodal metastasis areas were spleen (62.5%), liver (45.0%) and bone marrow (32.5%). Less often extranodal areas were: nasopharynx (10.0%), pulmonary tissue (10.0%), pleura (7.5%) and rarely other tissues or organs.

**Conclusions.** NHL with primary abdominal lymph nodes involvement developed more frequently in people that were 40-59 years old, predominantly in males. Aggressive variants of NHL predominated. The most frequent extranodal metastasis areas were spleen, liver and bone marrow.

**Key words:** NHL, abdominal lymph nodes, age

## INTERNAL MEDICINE II

## OBSTETRICS AND GYNECOLOGY no.1

## 85. PREECLAMPSIA AND FUTURE CARDIOVASCULAR RISK

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**Introduction.** Preeclampsia is a pregnancy-specific disorder resulting in hypertension and multiorgan dysfunction. There is growing evidence that these effects persist after pregnancy.

**Aim of the study**. To evaluate and quantify systematically the evidence on the relationship between preeclampsia and the future risk of cardiovascular diseases and to determine the association of preeclampsia and future cardiovascular risk and to explore the potential management options for these high-risk women.

**Materials and methods.** Study of obstetrical history of patients with an ischemic cardiovascular disease. The study performed in the Cardiology department of IMSP SCM-3 of the during 2014-2016. The study also included 98 pregnant women whose pregnancy was complicated by preeclampsia of various degrees of severity during 2010-2012, analyzed after 5 years.

**Results.** The study found that 42 patients out of 52 had complicated pregnancies with preeclampsia, accounting for 80.76% and 19% - 10 patients had a physiological pregnancy. Preeclampsia is a major risk factor for developing cardiovascular complications 3 times more frequently than uncomplicated pregnancies (OR 17.62; 95% CI 6.65 to 46.4) P < 0.001. Women

with a history of preeclampsia have a double risk of subsequent ischemic heart disease, stroke and thromboembolic events within the next 5-15 years after pregnancy. None of the 98 women after birth complicated with preeclampsia was not monitored, and so they developed complications.

**Conclusions.** Preeclampsia is associated with a 4-fold increase in future incident heart failure and a 2-fold increased risk in coronary heart disease, stroke, and death because of coronary heart or cardiovascular disease. This important association can be used to screen for women with an increased risk to better target counselling on lifestyle modifications such as weight loss, exercise, and a healthier diet.

**Key words:** preeclampsia, maternal morbidity, complications

## 86. CHARACTERIZATION OF THE HUMAN ENDOMETRIAL MICROBIOME AND ITS RISKS ASSOCIATED IN INFERTILITY PATIENTS: A SYSTEMATIC REVIEW

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**Introduction.** Bacterial cells in the human body account for 1-3% of total body weight and are at least equal in number to human cells. Recent research has focused on understanding how the different bacterial communities in the body (eg, gut, respiratory, skin, and vaginal microbiomes) predispose to health and disease. For nearly 50 years, existing dogma has dictated that normal human endometrium is sacrosanct from microbial habitation in the absence of infection. However, while the vaginal microbiota has been investigated in depth, there is a paucity of consistent data regarding the existence of an endometrial microbiota and its possible impact in reproductive function.

**Aim of the study.** To summarize the evidences derived from international studies on endometrial microbiome, its composition and potential influence in fertility and reproductive outcomes.

**Materials and methods.** This study is a systematic review of data of the characteristics of endometrial microbiome in women with infertility and its association with the cause of infertility, conception rates and early pregnancy loss. Systematic literature searches of the electronic databases: Pubmed, EMBASE, the Cochrane library, MEDLINE, INTECH were performed up to February 2018 and included 44 studies. Studies were included if they reported on, at least, one of the following: characterization of endometrial microbiome in infertility – 30 studies, association with conception – 18 studies, with early pregnancy loss – 15 studies.

**Results.** The most represented genus was Lactobacillus (71.7% of identified bacteria); while Gardnerella (12.6%), Bifidobacterium (3.7%), Streptococcus (3.2%), and Prevotella (0.866%) were the other most common genera. Based on its composition, the microbiota in the endometrial fluid, comprising up to 191 operational taxonomic units, was defined as a Lactobacillus-dominated microbiota - >90% Lactobacillus spp., or a non-Lactobacillus-dominated microbiota - <90% Lactobacillus spp. with >10% of other bacteria (Bacteroides, Prevotella, Fusobacterium, Atopobium vaginae, Mobiluncus curtisii). The presence of a non-Lactobacillus-dominated microbiota in a receptive endometrium was associated with significant decreases in implantation [60.7% vs 23.1% (P=.02)], pregnancy [70.6% vs 33.3% (P=.03)], ongoing pregnancy [58.8% vs 13.3% (P=.02)], and live birth [58.8% vs. 6.7% (P=.002)] rates.

**Conclusions.** The human microbiome has been termed the second genome, and its importance in reproductive success and failure has yet to be fully appreciated. The reviewed studies demonstrated the existence of an endometrial microbiota that is highly stable during the