

**Introduction.** The evaluation of a tumor's aspect in case of an expansive ovarian neo-formation is a controversial chapter in the specialized literature. For most practitioners it causes uncertainties in the management of both gynecological and obstetric patients.

**Aim of the study.** Getting practitioners acquainted with helpful logical instruments, elaborated for optimizing the differential pre-operative diagnosis of the ovarian tumors during pregnancy.

**Materials and methods.** This research represents the analysis of the results collected from 35 pregnant women diagnosed, who got a surgery for ovarian cysts during pregnancy. In each case, pre-operative, the ultrasound characteristics of the ovarian tumors have been modulated and analyzed by a computer together with the clinical data and serological results of tumoral markers. The results were compared with the histological data. The logical instruments analyzed during the research were the ultrasonography Sassome score, the Pelvic Mass Score(PMS), and the IOTA model. For a better estimation of the specificity and sensibility of the diagnostically method, "borderline" ovarian tumoral formations were considered malignant.

**Results.** The Sensibility(S) and specificity(s) of the tests analyzed during the research are almost similar with the results displayed by the specialized literature: the ultrasonography Sassome score (PMS) : S - 96%; s - 70%; IOTA models: S - 97%; s - 80%. The results from the ovarian formations histological analysis are: n=35 anatomic surgical pieces, in 19 cases (54%) simple cystadenomas or mixt sero-mucinous cysts were confirmed, 6 cases (17%) were ovarian teratomas containing embryonal tissues; other 4 cases, 11% were functional cysts such as theca luteal cysts and cysts of the yellow body; in other 3 cases (9%) endometrial cysts were found; 2 cases (6%) were borderline tumors. In one case (3%), ovarian cancer was confirmed using histological and imagistic tests.

**Conclusions.** Evaluating different methods of diagnosis, we have assessed their high sensibility and specificity, and a better prognosis in ovarian tumors, facts confirmed by literature data. Further studies are necessary to be done, to estimate the utility of different methods of diagnosis of ovarian tumors in pregnancy, all of them having a huge role in decision making about surgical or expectative management. The use of the tests is not expensive and can be easily applied in everyday practice for strengthening the diagnostic methods at the moment of choosing an appropriate treatment approach.

**Key words:** ovarian tumor, pregnancy, diagnostic tools

## **96. NEONATAL RESULTS IN BABIES BORN TO MOTHERS WITH ACTIVE TUBERCULOSIS OF THE RESPIRATORY ORGANS**

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**Introduction.** Extragenital maternal pathology adversely affects both the intrauterine development of the fetus and the health of the newborn. In the case of active tuberculosis, the incidence of tuberculosis poisoning, the degree of hypoxia, the immune system changes, the placental circulation disorders often lead to fetal-placental insufficiency, intrauterine hypoxia, and intrauterine growth restriction of the fetus.

**Aim of the study.** Analysis of neonatal pathology in 82 children born by mothers with active tuberculosis of respiratory organs.

**Materials and methods.** We analyzed neonatal outcomes in 82 children born to mothers with active tuberculosis of respiratory organs during 2000-2010; the control group consisted of 120 children born by healthy mothers. The incidence and character of neonatal complications were recorded.

**Results.** Babies at term predominated - 87.8% of cases, respectively 88.2% of cases ( $p>0.05$ ). The percentage of premature neonates was 12.2% versus 10.1% in the control group ( $p>0.05$ ). The mean birth weight was  $3135.6 \pm 67.2\text{g}$  versus  $3216.1 \pm 54.3\text{g}$  in the control group ( $p>0.05$ ). The neonatal morbidity rate in the study group was 49.4% compared to 22.7% in the control group ( $p<0.001$ ). The intrauterine growth restriction of the fetus was identified in every 4th child born in the study group (24.7% vs. 12.6%,  $p<0.05$ ). There were 24.7% cases of perinatal EHI (hypoxic-ischemic encephalopathy) compared with 11.8% in the control group ( $p<0.05$ ). The incidence of intrauterine infections in neonates was 11.1% compared to 0% in the control group ( $p<0.01$ ).

**Conclusions.** The newborns of patients with active tuberculosis of the respiratory organs showed a high percentage of perinatal pathology, ante- and intranatal hypoxia, prematurity, intrauterine growth restriction of the fetus, forming the high-risk group for the development of EHI perinatal involvement, with a complicated evolution of the early neonatal period.

**Key words:** babies, tuberculosis of respiratory organs, neonatal outcomes

## DEPARTMENT OF ONCOLOGY

### 97. TREATMENT CHARACTERIZATION AND MANAGEMENT OF BORDERLINE OVARIAN TUMORS

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**Introduction.** Borderline ovarian tumors (BOT) are malignant epithelial ovarian tumors with a very low incidence, therefore lacking sufficient clinical experience in diagnostics and treatment.

**Aim of the study.** This study characterized the histology, clinical features, diagnostics and therapy of BOT including patients treated at the Department of Oncogynecology of the *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

**Materials and methods.** In this retrospective study, patients with BOT treated between 2000 and 2016 were analyzed according to their histological and clinical reports.

**Results.** A total of 45 patients were enrolled. The median age was 45.6(range=18-83) years. Distribution of histological subtypes was: serous in 31 patients (57.4 %) and mucinous in 14 patients (42.6%). All patients underwent surgery and 6 patients (14.8%) were treated according to actual therapy recommendations during the initial surgery. Six patients (14.8%) received adjuvant chemotherapy contrary to treatment recommendations. In the case of 30 patients (66.7%), the definitive histological result matched in 88.9%. During average follow-up of 30.3 months (range=0-115,5 months), 6 patients (14.8%) developed tumor recurrence after 9 and 29 months, respectively, two patients (3.7%) died of causes other than BOT.

**Conclusions.** Our study critically demonstrated that until a few years ago, BOTs were not usually treated according to international therapy recommendations chemotherapy and surgery. The rate of tumor recurrence was very low.

**Key words:** borderline ovarian tumors, treatment, oncogynecology.

## DEPARTMENT OF PNEUMOLOGY AND ALLERGOLOGY

### 98. THE ROLE OF STREPTOCOCCUS PNEUMONIAE IN ETIOLOGY OF COMMUNITY-ACQUIRED PNEUMONIA AMONG ADULTS

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