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Introduction. Streptococcus pneumonia (pneumococcus) remains the most common bacterial cause of community-acquired pneumonia (CAP), however significant challenges regarding the diagnosis, treatment, and prevention of this infection persist. Although pneumococcus is considered a common CAP etiological agent in children and in adults, the burden of this disease is considerably underestimated since the incidence data are derived largely from bacterial infections, though the most of pneumococcal infections are non-invasive.

Aim of the study. To evaluate the incidence of Streptococcus pneumoniae in etiology of CAP in adults in routine clinical practice.

Materials and methods. We have retrospectively evaluate all CAP patients admitted to a pneumology department in the Institute of Phtisiopneumology *Chiril Draganiuc*, during a one year period. The study cohort included 287 patients: 153 males and 134 females, with an average age of 60 (45-70) years. In order to determine the etiology of CAP microbiological analysis of sputum has been performed: sputum Gram-stain and sputum cultures in 238/287 patients with productive cough. Haemocultures and urinary pneumococcal antigen determination were performed in 49 patients with severe CAP (admitted in intensive care unit). Histological examination of the lungs was considered in 24 patients (fatal cases).

Results. The etiology of CAP was confirmed in 29% (83/287) patients. Streptococcus pneumonia was identified in 25% of cases (21/83 patients): by sputum culture in 6 patients, by urinary antigen determination in 5 patients. Evidence of typical morphological stages of pneumococcal pneumonia was found in 10 patients.

Conclusion. Etiological diagnosis of CAP in routine clinical practice is often difficult, with evidence of an etiological agent in about 1/3 cases. *Streptococcus pneumoniae* is a common pathogen in CAP etiology, but its identification is often difficult.

Key words: etiology, CAP, streptococcus, diagnosis

99. PREDICTORS OF LUNG FUNCTION IMPAIRMENT IN PATIENTS WITH NON-CYSTIC FIBROSIS BRONCHIECTASIS

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Introduction. In patients with non-cystic fibrosis bronchiectasis (NCFB), lung function is highly variable, from a normal spirometry to an airflow obstruction or restriction.

Aim of the study. To determine the factors associated with lung function impairment in NCFB patients.

Materials and methods. A cross-sectional study on 67 patients with NCFB admitted to a tertiary level hospital in Republic of Moldova was realized. Clinical, radiological - modified Reiff (mReiff) score and lung functional variables were analyzed. The data were presented as mean \pm standard deviation in the case of quantitative variables, and as the absolute value and percentage for qualitative variables. To identify variables independently related to FEV1, and their contribution and specific weight in accounting for the total variance of FEV1, a multiple linear regression analysis was performed.

Results. The cohort consisted of 67 consecutive patients with idiopathic (29 patients, 43%), COPD associated (23 patients, 34%) and post-tuberculous (15 cases, 23%) bronchiectasis. Mean age was 58.19 ± 12.05 years, and 66% of them were mails. More than half of the patients (57%,

n=38) were current/previous smokers. A FEV1 more than 80% was registered in 27% (n=18) cases. A mild obstruction, with FEV1 between 50% and 80% was established in 19% (n=13) of patients, a moderate one with FEV1 ranging from 30% to 50% - in 36% of patients, and a severe obstruction with FEV1 less than 30% was characteristic for 18% of cases (n=12). Mean FEV1 was $55.42 \pm 28.86\%$. The majority of the patients (61%, n=41) had a mReiff score with less than 6 points. A worse mReiff score with more than 12 points was determined in 15% (n=10) of cases. When FEV1 was predicted, it was found that mReiff score (Beta = -0.721, p<0.001), smoking status (Beta = -0.499, p<0.001), subjects age (Beta = -0.404, p<0.001) and bronchiectasis etiology (Beta = -0.362, p=0.001) were significant predictors, globally explaining 55% of FEV1 variability (p<0,001). No significant correlation was recorded between FEV1 and presence of bacterial growth in sputum culture and daily use of respiratory treatment.

Conclusions. The mReiff score, smoking status, subjects age and bronchiectasis etiology are significant determinants of FEV1 in patients with non-cystic fibrosis bronchiectasis.

Key words: non-cystic fibrosis bronchiectasis, lung function

100. THE IMPACT OF THE TABAGISM ON THE ATTITUDE OF MEDICAL STUDENTS IN THE REPUBLIC OF MOLDOVA

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Introduction. Smoking is the most common exogenous cause of human's cancer. It is responsible for 90% of cases of lung cancer. About 1.1 billion people use tobacco worldwide. Smoking causes more than 6 million deaths annually, mainly due to cardiovascular disease, various cancers and chronic respiratory diseases. It is expected that by 2030, there will be 10 million deaths a year related to tobacco use.

Aim of the study. The aim of this survey was to assess whether smoking habits influenced students' attitudes towards tobacco control.

Materials and methods. The population of the cross section consisted of 342 respondents. All participants were 3rd year students, Faculty of Medicine no.1. A self-administered and anonymous questionnaire was distributed. The questionnaire and data analysis period was conducted during May 2017. After verifying of the questionnaires, 280 of these were validated (81.87%). Of the total population, 73.6% were women and 26.4% were men. The majority of respondents (97.8%) were aged between 20 and 26 years.

Results. Smoking students consider that the doctor is a model for his patient only in 64.6%, while non-smokers had said the same thing in 80.1% (OR 2.3, CI 95%, p≤0.05). Smoking respondents are likely to accept smoking in public places (OR 4.3, CI 95%, p ≤0.001%), bars, pubs (OR 3.9, CI 95%, p ≤0.001%) or even restaurants (OR 8.3; CI 95%; p <0.001%).

Conclusions. Following the analysis of the processed data, it was concluded that smoking students tend to neglect the physician's role in abandoning smoking by the patient.

Key words: smoking, lung cancer, students, attitudes.

101. ISONIAZID MONORESISTANTANCE - IMPACT ON TREATMENT OUTCOMES IN PATIENTS WITH PULMONARY TUBERCULOSIS

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