

Introduction. Standard treatment regimen containing 4 second line tuberculosis drugs (SLD) is currently prescribed in multidrug resistant tuberculosis (MDR TB) patients while drug sensitivity test (DST) results are pending. However, potential additional resistance to SLD could lead to exposure of these patients to non-efficient toxic regimen during 2-4 weeks of pending period. Therefore, data on frequency of additional SLD resistance in MDR TB patients is crucial for programmatic decision on treatment policies in this group of patients.

Aim of the study. To assess the frequency and spectrum of additional SLD resistance in MDR TB patients in a high burden Eastern European setting.

Materials and methods. We have retrospectively analyzed routinely collected solid culture-based drug sensitivity test (DST) results from samples used for MDR TB diagnosis available in national electronic TB database (SIME TB) for year 2011 in the Republic of Moldova. A comparative analysis of additional SLD resistance in new and retreatment MDR TB patients was performed.

Results. 791 DST results from unique MDR TB cases were included in to the analysis (520 primary and 269 retreatments). The combine rate of additional resistance to fluoroquinolone alone, injectables alone or both was 14.2 %. In case of retreatment cases the rates of fluoroquinolones and combined fluoroquinolones + injectables resistance were significantly higher than those in primary patients (9.4% vs 4.4%; $p=0.008$ and 4% vs 1.3%; $p=0.02$ correspondingly). No significant differences were found in injectables resistance rate in retreatments compared with the primary cases (6.9 vs 5.6%; $p=0.5$). Additional resistance to other second line TB drugs (ethionamide, cycloserine, PAS) was registered in 24.9% of cases. Similarly, a higher resistance rate was found for these drugs in retreatments than in primary cases (29.7 vs 22.3; $p=0.02$). An important rate (69.3%) of ethambutol resistance was observed, with an unexpected higher rate in primary versus retreatment cases (72.1% vs 64.1%; $p=0.02$).

Conclusions. At least one fourth of MDR TB patients in the studied setting have additional resistance to at least one SLD that put them at risk to receive an inappropriate treatment when a standard MDR treatment regimen is started.

Key words: tuberculosis, DST, resistance, second line drug

105. PARTICULARITIES OF TB IN PREGNANT WOMEN

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Introduction. TB most commonly affects women during their reproductive years, being recognized as an important cause of morbidity and mortality in pregnancy.

Aim of the study. Studying the particularities of pulmonary TB evolution in pregnant women; identifying the TB risk factors; assessing the results of antituberculosis treatment and pregnancy in women suffering from TB.

Materials and methods. There have been examined the in-patient observation checklists and out-patient medical histories of 74 pregnant women aged from 17 to 39, recorded as having active TB identified in the territory of the RM, from 2012 to 2017.

Results. There has been stated that the majority of cases of TB were identified through the passive method - 60.8%. In 54% of cases, pregnancy occurred on the background of Bathe most frequent clinical forms were infiltrative pulmonary TB - 72.9% and exudative pleurisy - 8.1%. The process developed with complications in 20.2%, and the most widespread were hemoptysis and pleurisy, each constituting 40%. New cases of TB were recorded in 78.3%. Drug resistance was identified in 50%, 75.6% of which were the cases of MDRTB. The tuberculosis risk factors include: comorbidities - 63.5%, 8.1% of which is HIV/AIDS; contacts with TB patients - 48,6%; unsatisfactory life conditions - 43.2%; unhealthy habits - 33.7%. The rate of successful treatment

of drug-sensitive TB constituted 75.6%, the rate of success in case of MDRTB constituted 46.2%. 91.9% of the women included in this study decided to maintain their pregnancy (72.1% of them delivered children at term; 20.6% had preterm delivery and 7.3% had natural abortion). **Conclusions.** In a country with high TB incidence, such as the RM, the physicians shall manifest an increased vigilance to pregnant women showing the suggestive symptoms of TB.

Key words: tuberculosis, pregnancy

DEPARTMENT OF INTERNAL MEDICINE, GASTROENTEROLOGY

106. ENDOTHELIAL DYSFUNCTION IN PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE WITH CONCOMITANT DIABETES MELLITUS TYPE 2

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Introduction. Endothelial dysfunction (ED) is a key moment in the development of some manifestations of diabetes mellitus (DM) and the main cause of concomitant vascular complications of the disease.

Aim of the study. To estimate the functional state of endothelium in gastroesophageal reflux disease (GERD) in patients with concomitant DM type 2.

Materials and methods. We have examined 42 patients: those suffering from erosive form of GERD (EGERD) and DM type 2 were included into the first experimental group (14 patients), those with non-erosive form of GERD (NGERD) combined with DM type 2 formed the second group (13 patients); the third group consisted of patients with isolated EGERD (7 patients) and the fourth group comprised 8 patients with NGERD. The control group consisted of seven practically healthy individuals (PHI). The functional state of the endothelium was studied using a color duplex scanning of the brachial artery, by the number of endothelin-1 in plasma and by the content of stable metabolites of nitrogen monoxide (NO).

Results. It was established that during the tests with reactive hyperemia and nitroglycerin, all patients, except those from the fourth group, showed significant impairment of vasomotor endothelial function, which was reliably different from the data in PHI ($p < 0.05$). The reliable reduction of NO metabolites in blood was found in patients from the 1st and the 2nd groups, namely by 63.4% ($p < 0.05$) and 40.8% ($p < 0.05$) whereas the level of NO metabolites 3 in the third and the fourth groups increased compared to PHI by 54.8% ($p < 0.05$) and by 18.4% ($p < 0.05$) respectively. We observed an increase in endothelin-1 content in the blood serum of patients from the first group by 10.9 times compared to PHI ($p < 0.05$), patients in group 2 - by 5.4 times ($p < 0.05$) of those in the 3rd group by 5.9 times ($p < 0.05$), while the patients from the 4th group - only by 2.3 times ($p < 0.05$).

Conclusions. Thus, our studies indicate the presence of ED in patients with GERD, which was more pronounced in the patients with EGERD and NGERD combined with DM type 2, which induces the necessity of new approaches to their treatment.

Key words: gastroesophageal reflux disease, diabetes mellitus type 2, endothelial dysfunction

107. GASTROESOPHAGEAL REFLUX DISEASE ASSOCIATION WITH VIRAL HEPATITIS B

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