determined it was 113.8±68.8 (iv 6-324) months. Applying the new set of criteria we determined that the mean number of criteria was 7.21±1.46, varying from 5 to 11 criteria, equivalent to 91.4±14.5 percent, which represents a defined diagnosis. Age at onset of first symptom ≥ 18 and < 40 years was determined in 35.4 % and more than 40 years had 64.6 % of study patients, specific for these diseases. Weakness of proximal upper extremities, usually progressive over time was appreciated in 98.5 % and of lower extremities-95.4 percent. Skin manifestation were represented by heliotrope rash observed in 33 (50.7%) patients and Gottron's papules-24 (36.9%) cases. The presence of dysphagia was detected in 11 (16.9%) patients and anti-Jo-1 antibodies were found in 5 (7.7%) cases. It should be noted that the elevation of muscle enzymes were present in all patients. Muscle biopsy, optional in the new criteria, was done by 22 (33.8 %) patients and characteristic features were observed, the most frequent was endomysial infiltration of mononuclear cells surrounding, but not invading myofibres in 16 (24.6 %) cases.
Conclusions. The new criteria set for the diagnosis and classification of idiopathic inflammatory myopathies is easy to apply and interpret, being useful in examining these patients.
Key words: idiopathic inflammatory myopathies, diagnosis, clasification

115. MELANOMA'S SENTINEL NODE BIOPSY: COMPARISON BETWEEN TWO CLINICAL HOSPITALS OVER 5 YEARS

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Introduction. Sentinel lymph node (SLN) is defined as the first lymph node localized on the direct lymphatic drainage pathway from a primary tumor. The sentinel lymph node biopsy (SLNB) is largely used in breast cancer and melanoma but it may also be useful in other epithelial skin cancers as well as in tumors located in the upper or lower gastrointestinal tract, lungs, thyroid, cervix and vulva. SLNB in melanoma is essential for an accurate staging, to estimate the risk of extension to other lymph nodes or organs and to evaluate the prognosis. Melanoma, even if it is not as common as the basal cell carcinoma or squamous cell carcinoma among the skin tumors, presents an increasing incidence and a higher mortality.
Aim of the study. To present an objective image of the SLNB practice in two county clinical hospitals: Azienda Ospedaliero-Universitaria di Parma (AOUP), Italy and Spitalul Clinic Judetean Mures (SCJM), Romania, as well as the outcomes of the microscopic analysis.
Materials and methods. Our study analyses the case-book records of the Pathology Department in two county clinical hospitals from 2012 to 2016. Tissue fragments obtained as a result of surgical excisions were processed using standard histological methods: fixing in formalin for 12-24 hours, embedding in paraffin, multiple sectioning, staining with hematoxyline-eosine and performing immunohistochemistry using MelanA, S100, HMB45.
Results. During our study, 1594 tumors were analyzed. After eliminating insitu, acral-lentiginous and mucosal melanomas, we included in the statistical analysis 660 lesions diagnosed at AOUP and 67 at SCJM. The SLNB technique was performed in approximately 30% of the patients at AOUP and 49% at SCJM. The study shows a relative equal distribution between the two centers regarding the positivity or negativity of the SLN, respectively 85% versus 15%. Despite the slight difference between the number of cases without a SLNB performed which may also be explained by the larger number of patients at the AOUP, we obtained overlapping ratios for the positive and negative SLN. We have defined positive SLN as the lymph node presenting tumor invasion and negative SLN as the node without malignant cells in its structure. A positive SLN, identified in 15% of cases in both departments, may change the medical and surgical approach and allows the adjustment of the survival prognostic.

Conclusions. The status of the SLN, defined as the first lymph node to be involved in the metastatic spread, may change the medical or surgical approach, the follow-up and allows a precise staging, the calculation of the survival rates. The procedure should be executed for more cases in order to obtain a faithful result.
Key words: melanoma, SLNB

DEPARTMENT OF INTERNAL MEDICINE RHEUMATOLOGY AND NEPHROLOGY

116. NERVOUS SYSTEM INVOLVEMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Introduction. Rheumatoid arthritis (RA) is a pathology that leads to functional impairment with functional deficits, affects the patient's normal activity and reduces its productivity. From an economic and social point of view, it has a negative impact on both his family and society, greatly reducing the quality of life of the patient. According to the WHO data, RA prevalence in the general population is 0.6 - 1.3% and annual incidence - 0.02%. RA is an inflammatory, autoimmune disease of unknown etiology, which has a chronic and progressive evolution, affects the joints by symmetrical erosive arthritis and can be associated with extraarticular and systemic manifestations.
Aim of the study. To study the affection of the nervous system in patients with RA, to improve their quality of life. We have proposed to find effective ways to prevent infirmity through RA.
Materials and methods. We studied files of 50 patients who were suffering from RA and analyzed the results. Also, we studied specialized information and international publications with impact on the study. Of the 50 patients, 24 had oversegmental vegetative dysfunction with astenovegetative syndrome, 10 patients had paraesthesias, 4 patients had both. Of the 13 patients who had visceral RA, 10 of them had nerve damage.
Results. have shown that the duration of the RA disease and the nervous disorder are not correlated. Patients with RA history less than 5 years are more likely to develop nerve complications. 10% of the RA patients had illness for less than 5 years, but they had already nerve damage, while 100% of patients without nervous disorder had RA more than 5 years. Autonomic dysfunction in RA patients is associated with disease activity. 77,4% of those with nervous disorder had DAS > 5,1, i.e. high disease activity. RA may induce neuropsychiatric disorders, affecting nervous system functions. Early detection of these disorders can prevent debilitating changes in the nervous system and improve the quality of life in patients with RA.
Conclusions. The duration of the RA disease and the nerve damage are not correlated. Patients with RA history less than 5 years are more likely to develop nerve complications. Autonomic dysfunction in RA patients is associated with disease activity. Early detection of neuropsychiatric disorders allows prevention of debilitating changes in the nervous system.
Key words: rheumatoid arthritis, nervous system, autonomic dysfunction

117. CLINICAL AND TREATMENT SPECIFICITIES IN GOUT

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