## 122. PARTICULARITIES IN THE EVOLUTION OF PSORIATIC ARTHRITIS WITHOUT SKIN PSORIASIS

### Author: Otilia Gavrilovici

Scientific adviser: Russu Eugen, MD, PhD, Professor, Department of Internal Medicine, Rheumatology and Nephrology

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

**Introduction.** Psoriatic arthritis (APs) is a chronic seronegative inflammatory arthropathy, associated with skin psoriasis. Sometimes it can precede the skin psoriatic lesions. Etiology and pathogenesis remain unknown, but the genetic predisposition, the influence of the immune system and the environment are important in the development of the disease. APs is an invalidating disease with a different presentation in time, at one time it predominates as skin disease, and another time as articular disease, with erosive and destructive joint changes, which is found in about 40-60% of patients. Thus, a complex approach of the clinical features of the disease is needed, in order to make a correct and timely diagnosis of the disease.

Aim of the study. investigation of the evolution of psoriatic arthritis in patients without skin psoriasis

**Materials and methods.** the study group contains 40 patients diagnosed with psoriatic arthritis established in accordance with the CASPAR (2006) diagnostic criteria, admitted to the rheumatology and arthrology department of IMSP SCR *Timofei Mosneaga* during the period 2015-2017. In order to highlight the evolutionary particularities, the patients were grouped into 2 groups: I group (30 patients) psoriatic arthritis with skin psoriasis, II group (10 patients) psoriatic arthritis without skin psoriasis. Then group I and II were separated into 5 subgroups depending on the clinical variant of the disease. The description of each group was made by gender, mean age and the average age of joint affection.

**Results.** The study performed on a group of 40 patients revealed the clinical particularities of the evolutionary variants of psoriatic arthritis, characterized by a wide variety of manifestations of the articular syndrome, expressed by 5 clinical types: polyarticular (31 %), axial (25.5%), oligoarticular (17.4%), distal interphalangeal (14.5%) and mutilating (11.6%), as well as peculiarities of extraarticular disorders.

**Conclusions.** Severity of joint damage was assessed in relation to the presence or absence of skin manifestations of psoriazis. It has been established that the association of cutaneous psoriasis aggravates the clinical evolution of vertebral column lesions, especially in the polyarticular variant and less in the axial and mutilating variant.

Key words: psoriatic arthritis, immune-genetic status

# DEPARTMENT OF INTERNAL MEDICINE, CLINICAL SYNTHESIS.

# 123. THERAPY WITH CLOPIDOGREL BASED ON CYP2C19 GENOTYPE

#### Authors: Marta Dogot, Ana Popa

Scientific adviser: Natalia Capros, MD, PhD, Associate professor, Department of Internal medicine, Clinical synthesis

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

**Introduction.** Combined therapy, clopidogrel plus aspirin, prevents secondary thrombotic in acute coronary syndromes (ACS), after percutaneous coronary interventions (PCI) with placement of a coronary artery stent. Clopidogrel is activated in the liver by cytochrome P450 enzymes. CYP2C19 is the principal enzyme. The most common loss-of-function variant is

CYP2C19\*2. This contributes to the decrease in the active metabolite of clopidogrel in the blood and reduce the effectiveness of clopidogrel therapy.

Aim of the study. The importance of CYP2C19 genotyping and knowing the patient's phenotype.

**Materials and methods.** Exploring the bibliographic sources in the years 2010-2017 in the databases: PubMed, Google Scholar, Cochrane

**Results.** Numerous meta-analyzes have shown that the presence of CYP2C19\*2 polymorphism in patients administering clopidogrel, increases the risk of cardiovascular (CV) complications such as: myocardial infarction (MI), ischemic stroke and stent thrombosis. In March 2010, Food and Drug Administration (FDA) recommended genetic testing to determine non-functioning CYP2C19 alleles. This test is useful to identify a patient's CYP2C19 genotype and determines the therapeutic course of action. Individualized antiplatelet treatment allows us to anticipate potential efficacy, maximize benefits by reducing the risk of recurrent CV events. Studies have shown that genotype-guided therapy has economic benefits due to the prevention of adverse cardiac events. American College of Cardiology/American Heart Association (2012) recommended genetic tests for clopidogrel resistance in patients with recurrent CV events despite antiplatelet treatment. The Clinical Pharmacogenetics Implementation Consortium (CPIC) (2013) recommend to use genotype-guided antiplatelet therapy for patients with ACS who are undergoing PCI and use alternative antiplatelet agent (ticagrelor, prasugrel) for intermediate metabolizer (\*1/\*2; \*1/\*3; \*2/\*17) and poor metabilizer (\*2/\*2; \*2/\*3; \*3/\*3), if no contraindication.

**Conclusions.** CYP2C19 genotyping is useful to identify intermediate and poor metabolizer, prescribing an antiplatelet therapy based on CYP2C19 genotype that would reduce thrombotic complications. The criteria for personalized therapy have so far not been established that would guarantee the efficacy and individual safety of patients that administer clopidogrel. **Key words:** CYP2C19 genotype, clopidogrel.

DEPARTMENT OF OTORHINOLARYNGOLOGY

## 124. PROSPECTS OF CELL THERAPY IN THE TREATMENT OF RECURRENT AND CHRONIC RHINOSINUSITIS IN CHILDREN

#### Author: Alexandru Didencu

Scientific adviser: Maniuc Mihail, MD, PhD, Professor, Department of Otorhinolaryngology *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

**Introduction.** Chronic rhinosinusitis is an important public health issue, the incidence and prevalence of which has been constantly growing in both the developing and the developed countries, having a negative impact on the quality of life and bringing about significant costs for the diagnosis and treatment. The management of recurrent ting and chronic rhinosinusitis represents a major concern for the otorhinolaryngology service. Traditionally, the treatment of recurrent and chronic rhinosinusitis has been performed by administering antibiotics, nasal irrigation with saline solution, decongestant nasal sprays, topical and systemic corticosteroids, antihistamines, antileukotrienes, and surgery as needed. Unfortunately, these methods are not free of risks and adverse effects. At the same time, the efficiency of standard treatment is lower than expected.

**Aim of the study.** To review the specialized literature and conduct a clinical and immunologic research whose aim is treatment of recurrent and chronic rhinosinusitis in children optimization using cell therapy.

**Materials and methods.** This article summarizes the information from specialized literature about the importance of cell therapy in the treatment of a number of pathologies, particularly its