

as those older than ten years. Data for sensitivity and specificity of MRI were extracted from the studies, then, using Barnard's exact test, tested for significance compared to sensitivity and specificity of CT.

**Results.** Eleven studies met eligibility criteria and were relevant to the question of this systematic review. Sensitivity and specificity were 0.96 (0.95–0.97) and 0.96 (0.94–0.98) for MRI, as compared to 0.94 (0.92–0.97) and 0.95 (0.94–0.97) for CT (with 95% CI).

**Conclusions.** The authors concluded that the accuracies of MRI and CT for the diagnosis of AA in pediatric patients are very similar, without any statistically significant difference in accuracy. Therefore, MRI constitutes a viable and safer approach to diagnosing AA due to its sensitivity, specificity and lack of exposure to radiation.

**Key words:** computed tomography, acute appendicitis, magnetic resonance imaging

## 214. VALUE OF SCREENING TESTING FOR CELIAC DISEASE IN CHILDREN

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**Introduction.** Celiac disease (CD) is a systemic autoimmune disease triggered by gluten. A higher incidence of CD in rheumatology conditions have been reported. Joint pain and arthritis are also manifestations of celiac disease.

**Materials and methods.** There have been a few case reports of children with both JIA and celiac disease.

**Results.** A number of 116 patients (between 0 and 18 years old) have been tested for CD. Including criteria were various, but failure to thrive and digestive symptoms were the first to consider. From 116 patients tested, only 3 patients were found positive. We present the case of a 16 year old patient, known with juvenile arthritis since she was 3 years old, and admitted with abdominal pain, swelling and pain of her left knee and 4 kg weight loss. She was under chronic treatment with Naprosyn and iron preparation, with good effects. Her anti-transglutaminase antibody was very high, but after 6 months of gluten-free diet, the patient showed improvement of her general status.

**Conclusions.** Some of the medications used to treat JIA can cause side effects similar to common symptoms of celiac disease, such as intestinal distress, abdominal pain and lack of growth. There is a proven association between celiac disease and other autoimmune disease, such as juvenile arthritis and diabetes mellitus. Long term studies with more patients are needed to prove more precise interpretation about the link between these 2 conditions.

**Key words:** Celiac disease, systemic autoimmune disease, juvenile arthritis, diagnosis

## 215. CLINICO-EPIDEMIOLOGICAL FEATURES OF ADENOID VEGETATION OF CHILDREN

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**Introduction.** Hypertrophy of adenoid vegetation is a common pathology among children and adolescents, being considered one of the main causes of upper respiratory obstruction of children, which can develop with major complications (Pereira L.-34.46%).

**Aim of the study.** We set out to study the prevalence of this pathology according to gender, age, living environment, risk factors, clinical symptoms, diagnostic methods, complications.

**Materials and methods.** A randomized retrospective study was performed on a group of 60 patients. They have been selected within the IMSP Institute of the Mother and Child Clinic "Emilian Coțaga " for 3 years: 2017, 2018, 2019. The data collected included: age, gender, living environment, risk factors, symptoms, diagnostic methods and complications. Subsequently, the patients were divided into 4 age categories: 0-5 years, 6-10 years, 11-15 years, 16-18 years. Then, the group of patients from the rural area - 34, was divided by areas: North, Center, South and the left side of Dniester.

**Results.** The following results were obtained: male gender - 40 patients (66.66%); female gender - 20 subjects (33, 33%); rural area - 34 patients (56.66%); urban area - 26 subjects (43.33%). The rate of affected age category was: 0-5 years - 35 children (58.33%); 6-10 years - 18 patients (30%); 11-15 years - 7 teenagers (11.66%). Regarding the distribution on the territorial areas of the republic, the following was determined: North - 10% (29.41%), South - 9% (26.47%), Center - 12% (35.29%), the left side of Dniester - 3% (8.82%). From the risk factors, were highlighted: food atopic dermatitis, acute viral respiratory infections, angina, chronic hypertrophic rhinitis. Patients' symptoms: 100% - nasal respiration, 75% - cough, 60% - post-nasal drip, 30% - hearing impairment. The used diagnostic methods were: conventional radiography, acoustic rhinometry, rhinomanometry, optical endoscopy, fibrorinoscopy. Also, were established the complications: chronic suppurated mesotimpanita, bilateral seromucous otitis media, maxillary rhinosinusitis, verbal and intellectual developmental delay, sleep apnea.

**Conclusions.** We determined the prevalence of the pathology among: the male gender, the children from the rural area, age category- 0-5 years old, which corresponds to the period when the adenoid vegetation reaches its maximum size. Also, regarding the distribution by territorial areas, the most affected area was the Center. By the way, we have observed the interdependence between the risk factors and the appearance of the disease, such as: allergies - seasonal or throughout the year, respiratory infections supported. It is important to mention that the complications of the given pathology refer to the impairment of the nasal functions, the middle ear, sleep apnea, but also the verbal and intellectual disability.

**Key words:** Adenoid vegetation, children, epidemiology.

## **216. ASPECTS OF ETIOPATHOGENY AND CELL THERAPY IN THE TREATMENT OF RECURRENT AND CHRONIC RHINOSINUSITIS IN CHILDREN**

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**Introduction.** Chronic rhinosinusitis is an important problem of otolaryngology, its treatment being so far below the expected level. The incidence of rhinosinusitis in the last decades has