

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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