

Male patients are more exposed and the tumor localization shows a right sided predominance. It is characterized by aggressiveness and poor prognosis.

Case report. We present a case of a middle age male patient who complained of right hypochondriac pain. The physical examination evidenced a large abdominal tumor formation in the right hypochondria and ultrasonography highlighted a mass, localized in the 8th segment of the right liver lobe. The primary diagnosis defined a hepatic hydatid cyst. A subsequent CT scan revealed a cystic structure of the right kidney, which presented Bosniak III type and measured 126x121x146 mm. Surgical treatment was initiated and intraoperatively a right kidney tumor was detected, due to which right nephrectomy was performed. The histopathological examination and the immunohistochemical profile established the final diagnosis of collecting duct carcinoma, with the tumor stage of pT3Nx. Regarding the patient's evolution, he was mobilized on the first postoperative day and was discharged after seven days. The patient did not receive any oncological treatment. 18 months following surgery the laboratory investigation values were within normal limits and any sign of relapse was excluded with ultrasonography. After 20 months the patient affirms that he is in good overall condition.

Conclusions. As conclusion early diagnosis and surgical treatment can improve patient's prognosis and disease-free survival. This work was supported by the Collegium Talentum 2019 Program of Hungary.

Key words: collecting duct carcinoma; hepatic hydatid cyst; case report

DEPARTMENT OF PNEUMOLOGY AND ALLERGOLOGY

35. TUBERCULOSIS - "MASK" OF PULMONARY EDEMA

Author: **Eugenia Cheianu**

Scientific adviser: Doina Rusu, MD, PhD, Associate Professor, Department of Pneumology and Allergology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background. Cardiogenic pulmonary edema is a medical emergency, which requires prompt management.

Case report. A 28 years old female with pregnancy 22 weeks, without anamnestic of cardiovascular pathology, but with periodic syncopal conditions caused by stress and chronic tonsillitis. Without any tuberculosis contact. The patient has been consulted by the family doctor with moderate pain in the bilateral lumbar region, fever 39, pollakiuria, dysuria and macrohematuria and she was admitted to the district hospital. In the blood test highlighted changes for inflammatory syndrome, at the urinalysis - insignificant proteinuria and leukocyturia. Was initiated antibacterial treatment with cephalosporins generation III. Over 24 hours the condition of the patient with the sudden exacerbation manifested by dyspnoea and hemoptysis (sputum with fresh blood sprays). X-Ray changes - bilateral pneumonia. The patient was transferred to the pneumology clinic, ATI section with the clinical diagnosis: Bilateral community pneumonia, severe evolution. Suspected of pulmonary TB? Chronic bilateral pyelonephritis, exacerbation. Pregnancy 22 weeks. From the objective data we can emphasize SaO₂ at 87% TA 100/50 mmHg, FCC - 115 b / min, auscultation in lungs - crackles bilaterally. At auscultation of the heart - systolo-diastolic murmur at the apex and systolic at the tricuspid valve. Sputum and urine testing at BAAR, GeneXpert – negative.

Electrocardiography - sinus rhythm, AEC - intermediate, FCC - 120 b / min. Ultrasound of the heart with moderate mitral stenosis (GP: 16). Insufficiency VM gr. III, Insufficiency VT gr. II-III. Systolic pressure in AP 37 mmHg. FA - 57%. Cardiac surgeon has confirmed the diagnosis: Rheumatic heart disease with mitral- tricuspid defect. After treatment with antibiotic therapy, diuretics and calcium channel antagonists -radiological changes disappeared on the 3rd day after treatment.

Conclusions. According to the literature, valvulopathy during pregnancy is detected mostly at late pregnancy term (> 20 weeks), in about 3-5% of cases. Sometimes this pathology can wear the "mask" of other pathologies, which can delay the optimal treatment.

Key words: Pulmonary edema, pregnancy, rheumatic heart disease, tuberculosis

36. THE EFFICACY OF NEW MEDICINAL DRUG: BEDAQUILINA AT TREATMENT OF THE XDR-TB

Author: **Ludmila Ionita**

Scientific adviser: Valentina Vilc, MD, PhD, University Assistant, Department of Pneumophysiology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova.

Background. Moldova is a country with high priority in TB control in the European Region. At the national level, tuberculosis remains one of the priority public health problems, the country being among 30 countries with high burden of multidrug-resistant tuberculosis in the world.

Case report. Male 37 years was hospitalized on 13.07.2018 with complaints of coughing mucous-purulent repeated hemoptysis, dyspnea on exercise, lack of appetite. History of the disease: was first detected in 2014 TB MDR when TB treatment with second-line tuberculosis anti-tuberculosis drugs was initiated, subsequently followed the treatment in irregular ambulatory conditions. On 15.07.2015, a "therapeutic failure" was qualified. In 2015, he left for Italy, where according to the patient he underwent antituberculosis treatment for 12 months. Over two years, on 07/13/2018, he addressed to the doctor with complaints mentioned above. Following investigations were found: positive Xpert MTB + RIF - REZ; BAAR. Culture confirmed resistance HRES Km LFX MFX Eto Cs. Chest X-ray: bilateral nodular opacities. It has established diagnosis: infiltrative pulmonary TB bilateral evolutionary stage, with destruction in the right with release in the left resistant to HRESKmLfxMfxEtoCs. The treatment scheme was indicated: Cm-1,0; Lzd-0,6; Cs-0,75; Bdq-200 mg which was administered regularly for 15 months with quarterly reassessment to the TB Committee. During treatment monthly was examined: CBC; Blood biochemistry; ionogram; Audiogram - within the norm. ECG - QT interval calculated within 0.34-0.41 seconds. Microbiological examination of sputum for 15 months of treatment: 15 negative microscopes, 15 negative cultures. Chest CT - after 15 months of treatment - resorption of infiltrative processes and fibrosis formation. The patient was assessed by the Management Board on 08.10.2019 and the case was classified as healed.

Conclusions. 1. Frequent interruptions of treatment, irregular administration of antituberculosis preparations have led to the development of the TB XDR. 2. The introduction of Bedaquilina in the treatment of MDR TB offers an opportunity to successfully treat this form of drug-resistant tuberculosis.

Key words: TB XDR, Microscopic culture, sputum, QT interval, fibrosis ,Bedaquilina