

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**

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**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