37. PULMONARY ALVEOLAR PROTEINOSIS: FROM HOUSE PAINTING TO DIFFUSE LUNG DISEASE

Author: **George-Alexandru Chirita**
Scientific adviser: Toma Claudia, MD, PhD, Associate professor, *Grigore T. Popa* University of Medicine and Pharmacy, Iasi, Romania

Background. Pulmonary alveolar proteinosis (PAP) is a rare disease characterized by the accumulation of periodic acid-Schiff (PAS)-positive lipoproteinaceous material within the alveoli resulting in hypoxemic respiratory failure. Secondary PAP due to heavy inhalation exposure to inorganic dusts causes a reduction in the number and clearance capacity of alveolar macrophages.
Case report. We present you the case of a 42-year-old Sudanese patient with a 17-pack years smoking history who shows up at the hospital in December 2019 for dry cough, weight loss and exertional dyspnea. The onset of the symptoms started 2 months earlier, after using sandpaper on the walls while refurbishing his house. The initial diagnosis based on the clinical context and chest X-ray was pulmonary tuberculosis. However, the Acid-Fast Bacillus (AFB) smear was negative and the High-resolution CT showed a "crazy-paving" pattern. The blood count showed no evidence of hematologic malignancy or myelodysplastic syndrome. A flexible bronchoscopy to obtain bronchoalveolar lavage (BAL) fluid was performed. The examination of the BAL fluid showed the presence of PAS-positive material and the growth of E.coli colonies with no atypical cells found. Pulmonary function tests demonstrated a moderate reduction in the diffusing capacity for carbon monoxide (DLCO). : Using all of the findings, the diagnosis of secondary pulmonary alveolar proteinosis was established. The patient received antibiotic treatment with ceftriaxone and ciprofloxacin. Whole lung lavage under general anesthesia via a double-lumen endotracheal tube was performed, which proved to be effective. The patient was advised to stop smoking and a regular check twice a year was recommended.
Conclusions. Secondary PAP represents less than 10% of the total cases of pulmonary proteinosis. Further tests should be performed to identify the exact etiology in this situation The particularity of the case comes from the short exposure to the toxic, as well as its ethnic background.
Key words: pulmonary alveolar proteinosis, diffuse lung disease, PAS positive, toxic exposure

DEPARTMENT OF RHEUMATOLOGY AND NEPHROLOGY

38. A MYCOBACTERIAL INFECTION AND THE RISK OF NEWLY DIAGNOSED SJÖGREN'S SYNDROME

Author: **Dina Postovan**
Scientific adviser: Liliana Groppa, Md, PhD, University Professor, Department of Internal Medicine Rheumatology and Nephrology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova.

Background. TB is a widespread infection, which has various clinical forms, can be asymptomatic and is very commonly associated with autoimmune diseases such as SLE, SS, RA, SS, DM and others not only due to immunosuppressive treatment, but also to characteristic immunological disorders

Case report. A 26-year-old woman presented to a rheumatologist with a list of immunological investigations performed 4 months ago (RF Ig M- 125 IU / ml, positive; ANA, Anti SSA Ig G, Anti-SSB Ig G, Anti Ro 52, Ig G - intensely positive, Anti RNP / Sm, Ig G-positive, Anti p ANCA Ig G- positive. During the interview we found out that the patient had symptoms like dryness in the mouth, dryness of the eyes, signs of Raynaud's syndrome, fatigue, left unattended. It all started 6 months ago, she performed the hemogram where ESR was 50mm/h, which put her on guard and performed the chest x-ray where was a consolidation area in S1-S2 on the right with nodulation around. At the medical indication she was given antibiotic therapy for 14 days, without radiological dynamic. The computer tomography confirms the infiltration in S2 with the air bronchogram, a nodular aspect of it and the presence of calcifications (characteristic tomographic changes for an inflammatory process of type Tuberculosis TB, with tomographic signs for the activity of the inflammatory process). Also, the patient underwent fibrobronchoscopy twice -aspirated BAAR, GeneXpert, classical culture, all negative and transbronchial biopsy with results that did not confirm TB. It should be mentioned that in childhood the patient contacted the patient infected with TB, BAAR positive and followed the TB treatment. ESR and immunological investigations were re-evaluated in dynamics: 44 mm / h; Anti-Nuclear Antibodies: 146.3 U / ml; Anti-SS-A antibodies: 132.3 U / ml; Anti-SS-B Antibodies: 192.3 U / ml; Ocular assessment suggested keratoconjunctivitis sicca. She was diagnosed with primary Sjögren's syndrome (pSS) and was administered with Methilprednisolone 500 mg per day, 3 days. In dynamics without immunological and clinical changes, but with CT image-infiltrative process in the upper lobe of the right lung with solitary cavity formation, suggestive for evolutive infiltrative TB. The lack of positive dynamics after pulsterapy and imaging changes led to the suspicion of TB as comorbidity. The patient was reinvestigated with the diagnosis of TB was confirmed, followed by anti-tuberculosis treatment with positive dynamics. She went to the rheumatologist to monitor and administer the treatment for Sjogren's Syndrome.

Conclusions. The predisposing factors of tuberculosis infection in this patient include immunopathological disturbance secondary to pSS. But pSS alone does not seen to be a susceptible factor for tuberculosis infection. The discrepant pathological processes involved in these two distinguished disease profiles could be an explanation for different susceptibility of tuberculosis.

Key words: Sjogren Syndrome, Tuberculosis, chest imaging

39. A CASE OF GONARTHROSIS SECONDARY TO VARUS ANGULAR DEFORMITY

Author: **Andreea Mocanu**
Co-authors: Manea Andrei ,Oancea Gabriela
Scientific adviser: Dr. Zolog Dan *George Emil Palade* University of Medicine, Pharmacy, Science and Technology of Targu Mures

Background. Gonarthrosis is defined as the arthrosis of the knee, being one of the most common joint disorders of the elder, affecting about 30% of >60 years old people. As an