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

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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

arthrosis is usually a silent disease that is discovered at late stages as it causes pain when the patient mobilizes the affected articulation. Out of the 291 conditions that contribute to disability, hip and knee osteoarthrosis are ranked 11th, knee arthrosis affecting more the 250 million people, based on a 2010 statistic (about 3.6% of the population)

Case report. The patient, a 63 years old woman, was admitted to the Orthopedics and Traumatology clinic at the Emergency County Hospital on 26th of February accusing pain at the right knee and functional impotence. The primary diagnosis of the patient was gonarthrosis secondary to varus angular deformity, but also suffering arterial hypertension, being under treatment with Ramipril, having an ASA score of II. The surgical procedure took place on the 3rd of March and consisted of cemented total knee arthroplasty which represents the gold standard in such interventions. Because of the deformity of the knee, the ligamentar balancing is much harder to obtain than in a non-deformity patient. The patient is now recovering and is waiting for discharge.

Conclusions. The arthrosis of the knee is a medical condition that affects the mobility of the patient and disables him in his daily routine. The gold standard in treating such conditions consists of a cemented total knee replacement.

Key words: gonarthrosis, osteotomy, arthroplasty

40. A CASE OF CARPAL TUNNEL SYNDROME IN PATIENT WITH RHEUMATOID ARTHRITIS

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Background. Carpal tunnel syndrome (CTS) is the most common entrapment neuropathy caused by compression of the median nerve at the wrist, and most likely the most common peripheral neurological involvement in patients with rheumatoid arthritis. It is manifested withpain and/either paresthisias at night associated with weakness, loss of dexterity and even thenar atrophy.

Case report. We report a case of a female patient GN, 42y.o., with established seropositive (FR-153 IU/L; anti-CCP – 340 U/ml), highly active (DAS28-5.47) Rheumatoid Arthritis. Now she presented with inflammatory joint pain and swelling in 11 joints (including elbow bilaterally, wrist bilaterally, metacarpophalangeal, and proximal interphalangeal joints), morning stiffness is more than2 hours, additionally she reports numbness, tingling and burning in the 1,2 and 3rd fingers of the left hand. Carpal tunnel syndrome was suspected. Both Tinel's (paresthesia in a median nerve distribution, after percussion of the median nerve at the wrist) and Phalen's (paresthesia in a median nerve distribution, after passive flexion of the hand at the wrist) signs were positive. The patient recalls having similar symptoms in the right hand 3 years ago. An EMG exam performed at that time was showing: Prolongation of the median motor distal latency and median F-wave abnormalities. A diagnosis of carpal tunnel syndrome was established the patient being treated with surgical approach by neurolysis of the median nerve. Considering thatthe patient presented with swelling in the left wrist joint, it was decided to do an infiltration of corticosteroids. The patient had a satisfactory recovery with resolution of all carpal tunnel symptoms within 1 week. When looking for a detailed history of disease it