

rabbit was induced by using a model proposed by Hester (1987), Melena (1997), just because using other proposed methods found in literature can block the filtering device. The hypertension was obtained by a local subconjunctival injection of 0,7ml betamethasone suspension in one eye. The procedure was repeated for 3 weeks. The injections were done in aseptic conditions under local anesthesia. It was observed the elevated IOP after the last injection with corticosteroid. After obtained ocular hypertension, it was performed the filtration surgery by implantation of a new design model of antiglaucoma shunt and it was monitoring the IOP postoperative and the ocular status.

Conclusions. We aim to highlight the possibility of using a new device for glaucoma filtration surgery, its influence on IOP and ocular surface. Good results in the experimental implementation of this way of glaucoma surgery seem to be the most important step in treating this pathology except the classic trabeculectomy, which has also limitations.

Key words: glaucoma, surgery, experiment, shunt.

49. OCULAR MYASTHENIA GRAVIS: CASE REPORT

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Background. Myasthenia gravis (MG) is an autoimmune disease in which the patients' immune system, through the antibodies, attack the nicotinic acetylcholine receptors located on the postsynaptic neuro-muscular junction, resulting in fatigability and weakness of skeletal muscles. If weakness is limited only to the extrinsic ocular muscles and to the levator palpebrae superioris, the disease is called Ocular MG. However, ocular muscle weakness can be a debut symptom in the Generalized form of the MG (GMG) as well. Thus, the surveillance of the patient in early stage is essential, particularly during first 2 years, as most of them develop GMG within this period.

Case report. A 52-year-old man was admitted at the Neurology Department with weakness in the upper eyelids, expressed through the reduction of the palpebral fissures, gradually through the first half of the day (blepharoptosis), incapacity to fully open the eyes, moderate diffuse headache, anxiety and difficulty in falling asleep. He presented similar symptoms for about 15 years. In 2009, the patient did an electroneurography of the median nerve, where a positive decrement was registered and the diagnosis of Ocular Myasthenia Gravis was first mentioned. The patient was given treatment with Ipidacrinum, with no positive dynamics. After almost 10 years, in 2017, the patient's general condition worsened, he was not capable anymore of driving, his quality of life has decreased and he addressed the neurologist again. He is tested on the serum antibodies. Both the Anti-acetylcholine receptor (anti-AchR) antibodies and the Anti-muscle-specific tyrosine kinase (anti-MuSK) antibodies were found slightly positive (AchR Ab – 0.25 [normal value <0.2#93;; MuSK Ab – 0.05 [normal value <0.05#93;]). After several months, the anti-AchR Ab raised up to 0.52nmol/L. The Tensilon (Neostigmine) test was performed and revealed only a week positive outcome: after administrating 1ml Neostigmine i/m, the palpebral fissures measured 4 mm, compared to 3 mm before the injection. Based on these borderline results, we confirmed the Ocular Myasthenia Gravis form as diagnosis and we added Prednisolone to the treatment, with moderate improvement of the symptoms.

Conclusions. Based on the described evidence, the increase in the concentration of the antibodies against acetylcholine receptors correlate with the development of Myasthenia gravis. The worsening of the patient's symptoms may be associated with inefficient plan of treatment. Being symptomatic despite the treatment with a cholinesterase inhibitor (Neuromedin) demands adding a glucocorticoid drug (ex. Prednisolone).

Key words: ocular myasthenia gravis, anti-acetylcholine receptor (anti-AchR) antibodies, anti-muscle-specific tyrosine kinase (anti-MuSK) antibodies

50. OPTIC NEUROPATHY IN METHANOL INTOXICATION. CASE REPORT.

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Background. Methanol toxicity is poisoning from methanol. Symptoms include a decreased level of consciousness, poor coordination, vomiting, abdominal pain, and a specific smell on the breath. It is characterized by acute loss of visual function around 12 to 24 hours after ingestion of methanol. The ocular manifestations of acute methyl alcohol intoxication include decreased visual acuity, areflexic mydriasis, optic nerve atrophy with possibility of complete blindness. Treatment of methanol poisoning include fomepizole or ethanol.

Case report. Patient P., 40 years old. He had addressed to Emergency Department 10 hours after ingestion of methanol. He presented with blurred vision and fatigue. He had no previous history of ophthalmologic problems. The VA was 0,01 in both eyes. Intraocular pressure in both eyes were normal. By ophthalmoscopy, optic disc hyperemia and lack of Optic Nerve Head border. Toxicologist established diagnosis of methanol poisoning after 1 hour. The patient was treated with Dexamethasone 32 mg and cardiac drugs. Despite all treatment that was administered, patient died in 2 hours after he was addressed to hospital.

Conclusions. Optic neuropathy is a severe diagnosis that should be established in time. Early treatment instituted by a serious medical team is essential to avoid complications.

Key words: optic neuropathy, methanol poisoning, ocular impairment.

SURGERY SECTION

DEPARTMENT OF SURGERY NO.1 *NICOLAE ANESTIADI*

51. GALLSTONE ILEUS: IMAGING DIAGNOSIS

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Introduction. Gallstone ileus (GI) is a rare complication of biliary lithiasis, being registered in about 4% as a potential cause of intestinal obstruction (IO). GI is imagistically characterized