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.

Author: **Nicolae Bobescu**
Scientific adviser: Cusnir Valeriu, MD, PhD, University Professor, Department of Ophthalmology and Optometry, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova.

Background. Methanol toxicity is poisoning from methanol. Symptoms include a decreased level of consciousness, poor coordonation, 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 Emergy 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

Author: **Nicoleta Pricop**
Co-authors: Corina Scerbatiuc-Condur, V.Gheorghiţa
Scientific adviser: Igor Mishin, MD, PhD, Professor, Department of Surgery no.1 *Nicolae Anestiadi* and Laboratory of Hepato-Pancreato-Biliary Surgery, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

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

by the pathognomonic sign – the Rigler triad (RT): pneumobilia (P), IO signs, calculus (C) in the intestinal lumen, which may be present to varying degrees in various imaging investigations.

Aim of the study. Analysis of the rate of presence of RT elements in the imaging investigations applied in GI diagnosis.

Materials and methods. Retrospective study based on 7 cases with GI treated in the Institute of Emergency Medicine, period 2014-2018. We studied the frequency of the presence of RT: complete or incomplete (no less than two components).

Results. Men - 2 (28.5%), women - 5 (71.4%), average age - 80.1 ± 1.9 (95% CI: 75.39-84.99). M:W-1:2.5 ratio. All patients had aggravated medical history, average Charlson Comorbidity Index was 8.5 points. These data are in accordance with the data of the specialized literature. Abdominal radiography performed in 6 (85.7%) cases, showed only radiological signs of intestinal obstruction (air-fluid levels and arches) in 4 patients (66.6%), which does not indicate the absence of GI. Contrast CT examination, performed in 4 patients (57.1%), recorded complete RT and air in the gallbladder, only in one case (25%). In other 3 cases: P + C (n = 1), signs of IO and C (n = 2), P (n = 1). The presence of at least 2 radiological criteria from RT induces the diagnosis of GI. Basically, we can find the presence of RT elements in 3 CT images: 1 complete and 2 incomplete (75%)

Conclusions. The Rigler triad, according to the literature data, can be omitted in the abdominal radiological examination, being registered at CT with an accuracy of about 75%, so we can assume that CT is useful in the rational diagnosis plan in an elderly patient, presented with signs of intestinal occlusion.

Key words: gallstone ileus, imagistic, Rigler's triad

52. RETAINED ABDOMINAL TEXTILE SURGICAL MESHES: IMAGISTIC SIGNS

Author: **Serghei Guțu**

Scientific advisers: Rojnoveanu Gheorghe, MD, PhD, University Professor, Department of Surgery no.1 *Nicolae Anestiadi;* Guțu Eugen, MD, PhD, University Professor, Department of General Surgery-Semiology no.3, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Retained textile surgical meshes (TSM) which are left unintentionally in abdominal cavity are a problem despite precautions measures. Being qualified as major medical error, they are rarely reported. The natural evolution of condition is indistinct, whereas diagnosis and treatment are difficult and not standardized.

Aim of the study. To determine typical imagistic signs of textile surgical meshes with other surgical and non-surgical pathologies.

Materials and methods. During a 17 year period nineteen patients with retained TSM were admitted in two Departments of Surgery. Males – 6, females – 13, with median age 32.8 years. Time to readmission after first surgery ranged from 5 days to 15 years. Imaging studies included abdominal radiography, ultrasound scan, and computed tomography.

Results. Transabdominal ultrasound had shown a well-defined mass with a strong posterior shadow. Computed tomography revealed a well-defined „spongiform" mass with gas bubbles inside. In one case the diagnosis was made by upper gastrointestinal endoscopy. Thirteen patients underwent repeated surgery with removing surgical meshes and drainage of