Materials and methods. Bibliographic sources (Hinari, Goali, Medscape, University Library, Color Atlases).

Results. The time of death can be approximately estimated based on the supravital reaction (mechanical or electrical muscular excitability, pharmacological excitability of the iris muscle); cadaverous changes: early (dehydration, cooling, livor mortis, rigor mortis) and belated changes (putrefaction), destruction by animals or insects/entomology studies (flies); biochemical changes (level of potassium in the vitreous body or CSF). There are a lot of extrinsic (temperature, humidity, environment) and intrinsic (cause of death, weight, comorbidities) factors that influence the process of estimating the postmortem interval and the error ranges for the majority of these approaches are uncomfortably large.

Conclusions. The exact time of death can not be estimated. For a better result it is advised to use more than one method at a time. While none of the changes after death is capable of providing a precise marker of time since death, the most reliable would appear to be related to the cooling of the body after death, using Henssge`s Nomogram (which can be used at the death scene). The more time passes, the difficult it is to determine the PMI. For bodies older than 3 days it is the best to determine the time of death by using the entomology research, using the stages of evolution of the insects.

Key words: forensic medicine, postmortem interval, Henssge`s Nomogram, entomology

DEPARTMENT OF FAMILY MEDICINE

141. FEATURES OF PATIENTS OLDER THAN 65 YEARS WITH PULMONARY TUBERCULOSIS

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Introduction. The distribution of patients with tuberculosis in age groups is very heterogenous worldwide. It reflects the social inequalities, barriers in health care accessibility and the rate of comorbid groups. Individuals older than 65 years are more predisposed for the sickness in countries with low burden of tuberculosis and those younger than 35 years–in high burden countries.

Aim of the study. To study the particularities of patients with pulmonary tuberculosis older than 65 years and to identify the final outcome in mun. Chisinau.

Materials and methods. A retrospective, longitudinal and selective study which included 92 patients diagnosed with tuberculosis during 2018 in Chisinau was performed.

Results. Assessing the gender distribution men were 66 (72%) and women 26 (28%). The average age was 73 years. One half, 43 (46%) were detected by the family doctor through the examination of symptomatic cases and through the active screening - 12 (13%) cases. Pulmonologist detected 15 (16%) investigating the symptomatic cases and 10 (18%) through the radiological screening. Were addressed to the specialized hospital 12 (13%) cases. Associated to tuberculosis were diagnosed in 87 (94%) one or more comorbidities. Distribution by groups depending on the type of case: new cases 64 (70%), cases of relapse 18 (19%), recovered after loss of supervision 6 (6%), after therapeutic failure 4 (5%). Distribution

according to the social economical level identified that 70 (76%) were retired individuals. People with disabilities were 10 (11%). No financial support was established in 12 (13%) cases. Harmful habits were established in 38 (42%) cases with active smoking. Chronic alcohol consumption was identified in 18 (20%) cases. Intravenous drug use in anamnesis was established in 1 (1%) cases. Were in tuberculous contact 12 (13%) cases. Assessing the tuberculosis anamnesis was detected a previsous antituberculosis treatment in 28 (30%). The majority 78% were diagnosed with infiltrative form, however sever, extended with bilateral localisation were diagnosed in 33 (36%) cases. Microbiological positive were 25 (27%), however the conventional cultures established mycobacteria in 45 (49%) cases. All patients were treated with first line antituberculosis drugs which conducted to a successful outcome in 70 (75%). Low outcome included death 6 (6%), failure 3 (2%) and lost to follow up of 6 (6%).

Conclusions. People older than 65 years are an age group affected by TB if there are several common risk factors established: male sex, social vulnerable state, harmful habits (active smoking, alcohol consumption) and comorbidities. One third of the group resulted in poor treatment outcome. It can be concluded that a complex approach to patients older than 65 should be done, not only in mun. Chisinau, considerating the epidemiological state of tuberculosis in the Republic of Moldova.

Key words: Tuberculosis, comorbidities

DEPARTMENT OF NEUROLOGY

142. YOUNG ADULTS WITH ISCHEMIC STROKE IN THE REPUBLIC OF MOLDOVA`S TERTIARY NEUROLOGY CENTER

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Introduction. Ischemic stroke in young adults is a rising health problem with multiple risk factors and a big socio-economic impact.

Aim of the study. The aim of the study was to characterize the cohort of Moldovan young ischemic stroke patients.

Materials and methods. Was done a retrospective medical records evaluation of 1687 patients with ischemic stroke treated in tertiary neurology center from January 2018 till December 2019. Were identified 59 patients aged 50 and less and included in the study. To all the study patients was analyzed the risk factors profile, clinical presentation, neuroimaging, and comorbidities.

Results. The study cohort consists of 67.9% men and 32.1% women, mean age – 42.95±6.7. In 82.1% was the first-ever stroke and 17.9% - recurrent. The middle cerebral artery territory was affected by 76.8%, mostly in the left hemisphere – 46.4% and posterior territory – 19.6% with brainstem location in 12.5%. The first clinical presentation was motor deficit – 60.7%, speech impairment – 23.2%. NIHSS was 10.03±5.14. Neuroimaging shows: ischemic lesion – 94.6%, concomitant lacunar infarcts/leukoaraiosis – 28.6%, old strokes – 19.6%. Large vessel occlusion was documented in 12.5% (left side – 75%), stenosis – 30.4% (mean 43.5±15.7%)