

137. HAND ECZEMA – ETHIOPATHOGENIC AND CLINICAL

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Introduction. Hand eczema is one of the most frequent allergic dermatoses, which constitutes 20-30%. It is based on common clinical manifestations, and it is attributed to the same histopathological pattern. It includes several clinical forms, which involve different triggering factors and different ethio-pathogenetic sequences. In this aspect, studying the incidence of triggering factors in correlation with different clinical forms of hand eczema remains an important objective of study.

Aim of the study. Estimating the incidence of the trigger factors that influence the appearance of different forms of hand eczema.

Materials and methods. I have done a retrospectively study that included 68 diagnosed patients, with different types of hand eczema, hospitalized to the IMSP Hospital for Dermatology and Communicable Diseases over two years (2018-2019).

Results. The group of 68 patients included – 51 (75%) men and – 17 (25%) women. In 8 (11.7%) cases the patients could not identify the factor that triggered the eczematous process. Among the triggered factors we can mention the physical factors - 26 (38%), chemical factors - 22 (32%) and biological factors - 12 (18%). From the physical factors (high temperatures, water and mechanical factors) the most frequent registered was the mechanical factor - 9 (34%). From the chemical factors were registered drugs, construction materials, petroleum products, polygraphic materials, detergents, cosmetics products, the most frequently were incriminated building materials - 7 (31%). The biological factors were presented exclusively by bacterial and fungal infections. Under the action of physical factors only irritant contact dermatitis appeared - 19 (27.9%), while the chemical factors were incriminated in both irritant contact dermatitis - 6 (8.8%) and contact allergic dermatitis (eczema) - 10 (14.7%). Bacterial biological factors were responsible for the infection eczema - 19 (27.9%), while the mycotic factors generated dyshidrotic eczema in 6 (8.8%) cases.

Conclusions. The most common forms of the hand eczema remain the irritant and allergic contact dermatitis where the physical and chemical trigger factors are the most important.

Key words: Hand eczema, trigger factors

DEPARTMENT OF ENDOCRINOLOGY

138. GLYCEMIC CONTROL AND DYSLIPIDEMIA IN CHILDREN AND ADOLESCENTS WITH TYPE 1 DIABETES

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Introduction. Dyslipidemias are complex qualitative or quantitative alterations of lipid metabolism. Their prevalence in children and adolescents with type 1 diabetes reaches up to 39%, depending on the glycemic control.

Aim of the study. To evaluate glycemic control in children and adolescents of different ages and its correlation to dyslipidemia.

Materials and methods. The retrospective study included 203 patients aged between 1 and 17, treated in “Institutul Mamei si Copilului” hospital during January - July 2019. Data collected: age, sex, duration of Diabetes mellitus type 1 (DM1), glyated haemoglobin (HbA1c), basal blood glucose, postprandial blood glucose, total cholesterol, β - lipoproteins, triglycerides (TG).

Results. Patients were classified into 4 groups, according to age: younger than 7 years old: 38 patients, between 8 and 11: 65 patients, between 12 and 15: 64 patients, older than 15: 36 patients. The oldest children had the worst control of diabetes: the average value of HbA1c was $10,0 \pm 1,9$ % in group of children older than 15 and $9,5 \pm 1,8$ % in children between 12 and 15 years old. We compared basal and postprandial glycemia from hospitalization to discharge in each age group and found that the best results were obtained in children between 8 and 11 years old, where basal blood glucose decreased by 3,8 mmol/l on average ($p < 0,01$) and postprandial blood glucose decreased by 3,9 mmol/l on average ($p < 0,05$). Even though patients aged 12 to 15 had poor diabetes control, they also obtained good results after treatment: blood glucose decreased by 3,0 mmol/l ($p < 0,05$) and postprandial blood glucose decreased by 2,9 mmol/l ($p < 0,05$). In the other groups, the changes were less significant.

Dyslipidemia was detected in 71 patients (34,9%), including 20 patients with hypercholesterolemia; 10 with hyperbeta lipoproteinemia; 11 with hypertriglyceridemia; 30 with combined hyperlipidemia. We determined that 48 patients (67,6%) with dyslipidemia had a poor glycemic control, 13 patients (18,3%) had a suboptimal glycemic control and 10 (14,1%) had an optimal control. Dyslipidemia was most common in the last 2 groups of children. The value of Pearson correlation coefficient between HbA1c and β -lipoproteins level was +0,33, which means there is a moderate positive correlation between the value of HbA1c and the frequency of dyslipidemia.

Conclusions. Children older than 15 years and children between 12 and 15 years old have the worst control of diabetes. There is an association of dyslipidemia with poor metabolic control. It's recommended to determine the lipid profile in patients with type 1 DM.

Key words: type 1 diabetes mellitus, dyslipidemia, glycemic control

DEPARTMENT OF GASTROENTEROLOGY

139. THE EVOLUTION OF LIVER FIBROSIS IN PATIENTS WITH CHRONIC HEPATITIS C VIRUS (HCV) INFECTION AFTER INTERFERON-FREE THERAPY.

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