and vertebral artery hypoplasia – 25%. In 55.4% of patients, the sedimentation rate was elevated and in 26.8% - leukocytosis. Only 41.1% of patients were on anterior treatment and 7.1% had anticoagulant drugs. In 26.8% patient different types of infection were documented prior to stroke onset.

Conclusions. Moldovan cohort of young adults with ischemic stroke presents the same risk factor profile as older adults with the trigger role of infections in the stroke onset.

Key words: stroke, young adults, risk factors

143. THE INFLUENCE OF PSYCHOLOGICAL FACTORS ON THE ABILITY TO EXPERIENCE ORGASM IN WOMEN OF REPRODUCTIVE AGE

Author: **Maria Bodnari**

Scientific adviser: Ion Moldovanu, MD, PhD, University Professor, Department of Neurology *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Female sexuality is a controversial issue due to its embarrassment, great complexity, and scarcity of scientific research. About 44% of women suffer from sexual dysfunctions and 15-20% have orgasm difficulties (Shifren, 2008). Due to the complexity of the factors that influence the female sexual response, including sexual desire and arousal, emotional intimacy, general and sex-specific anxiety, and distress about the situation, it is hard to establish the etiology of anorgasmia in women. However, it was found that the most important risk factor for female sexual dysfunction is impairment of mental health, especially affective disorders (Rosen, 2009; Pedersen, 2017). Lack of subjective arousal and pleasure are linked to anxiety, whereas depression has negative effects upon orgasmic experience. Often neglected by clinicians, female sexual dysfunction has a significant impact on interpersonal functioning and overall quality of life

Aim of the study. To determine psychological disturbances which can have a significant impact on the ability of women to experience orgasm

Materials and methods. In this study participated 129 women of reproductive age (18 to 47 years), from which a sample of 29 women was selected based on the criteria of being sexually active in the last 4 weeks. The study was based on self-report questionnaires: Symptom Checklist-90 (SCL-90) and the Female Sexual Function Index (FSFI). The selected women were separated in 2 groups: who have orgasm most of the time and with orgasm difficulties, based on the results of FSFI. A comparative analysis was performed and Student T-test was applied in order to confirm the statistical significance of clinical findings.

Results. We have found that women from the group with orgasm disorder had significant ($p<0.05$) higher values on 3 scales – hostility, obsessive-compulsive and phobic in comparison with those who can experience orgasm. However, there were no statistical differences in the dimensions of anxiety and depression, although in the literature there is evidence that these can limit women's arousal and therefore frequency of orgasm.

Conclusions. It can be concluded that women who have difficulty in experiencing orgasm are more aggressive, have thoughts which they don't have control over and have irrational fears. This leads to difficulty in having sexual fantasies, experiencing relaxation and pleasure. Due to the negative thoughts and fear, they can't express their feelings and can't communicate their sexual needs and preferences with their partner. In addition, they might have a misinterpretation of sensations perceiving them as threatening rather than pleasurable, which will sabotage the

ability to reach peak pleasure or orgasm (Bradford, 2006). However, further research is required in order to find other factors that can also affect female orgasm.

Key words: Female sexual dysfunction, anorgasmia, depression, anxiety

144. FRONTAL LOBE ORIGIN IN MYOCLONIC SEIZURES: A HIGH-DENSITY EEG STUDY

Author: **Anatolie Vataman**

Co-authors: Chiosa Vitalie, Ciolac Dumitru

Scientific adviser: Groppa Stanislav, Academician of the Academy of Sciences of the Republic of Moldova, MD, PhD, Professor, Neurology Department, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova.

Introduction. Myoclonic seizures are classified as generalized seizures, engaging bilaterally distributed networks and displaying primary generalized discharges on conventional electroencephalography (EEG). However, emerging data point towards a presumed focal origin of these discharges.

Aim of the study. In the current study, we aimed to determine the cortical sources of the interictal generalized discharges in patients with myoclonic seizures by employing high-density EEG (HD-EEG).

Materials and methods. For this study, 40 patients (mean age ± standard deviation: 25 ± 7 years; 14 males) with myoclonic seizures were included. All participants were scanned with a 3T MRI machine and 256-channel EEG recording. The EEG electrodes were placed according to the international 10/5 system and included in a special net with a 20–25 mm interelectrode distance. For spatio-temporal source reconstruction, LORETA (low resolution brain electromagnetic tomography) solution was applied to first spikes of the interictal generalized discharges.

Results. In all cases the MRI and neurological exams were normal. Overall, 820 interictal generalized discharges were registered. In all 40 patients, the electric sources of interictal generalized discharges were detected in the frontal lobe. In 17 (42%) patients the origin of discharges was in the middle frontal gyrus (Brodmann Area (BA)-9 in 7 patients, BA-10 in 3 patients, BA-6 in 4 patients and BA-8 in 3 patients). In 13 (33%) patients the origin was identified in the superior frontal gyrus (BA-6 in 9 patients, BA-10 in 3 patients and BA-8 in 1 patient). In 10 (25%) patients the source was localized in the inferior frontal gyrus (BA-11 orbital part in 8 patients and BA-46 in 2 patients).

Conclusions. The results of HD-EEG suggest that myoclonic seizures are not truly generalized seizures in the sense of global activation of the cortex, but rather restricted networks of cortex are involved in the discharges and primarily recruit the frontal lobe networks. This data cannot be visualized with conventional EEG.

Key words: myoclonic seizures, high-density electroencephalography.