

biopsy revealed squamous cell carcinoma. The surgery includes wide resection of the Achilles tendon and calcaneus bone, with the resulting defect of 12x16 cm. The reconstruction was performed with tendon-fasciocutaneous peroneal artery perforator flap, in a propeller manner translation, with good function of the limb with minimum recovery time.

Conclusions. The decision of the reconstructive technique should be taken into account regarding its consequences of the affected anatomical structures, the personal pathological antecedents and pre-existing lesions at the level of the donor area.

Key words. Reconstructive surgery, perforator flap, clinical case.

INTERNAL MEDICINE SECTION

DEPARTMENT OF DERMATOVENEROLOGY

132. PHENOTYPIC APPROACH OF TREATMENT IN ROSACEA

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Introduction. Rosacea is a chronic inflammatory disorder. The prevalence of rosacea is highest among fair-skinned individuals, and according to some studies constitutes up to 10% of the adult population. Although it is a common dermatologic condition, rosacea is shockingly overlooked. The aetiology, pathogenesis, the clinical manifestations and management of rosacea still remain disputed. The classic treatment, based on classification of rosacea in 3 successive clinico-evolutive forms (erythematous-telangiectatic, papulo-pustular and phymatosa) remains weak resulting for some patients.

Aim of the study. Development of an individualized treatment based on clinical assessment of phenotypic expressions in rosacea.

Materials and methods. Published literature of the last 5 years, involving the therapeutic behaviour in rosacea, was examined and summarized.

Results. Rosacea is a common cutaneous condition that is frequently overlooked. As a result of its multifactorial nature and characteristic relapsis and remissions, diagnosis is complex. Although rosacea is known to be an angio-neurosis, the types of skin haemodynamic disorders that are likely to induce different clinical manifestations of the disease have not been appreciated yet. In this study, was analyzed the therapeutic action of topical and systemic drugs used in rosacea and their efficacy according to the phenotypic expression of the disease. Were appreciated the therapeutic effects of topical drugs such as: Brimonidine, Oxymetazoline, Ivermectin, Metronidazole and Azelaic Acid , as well as systemic therapies with Azithromycin, Doxycycline, Propranolol, Sulodexid and Isotretinoin, for each phenotypic lesion separately. As a result, were determined the drugs that had the highest clinical efficacy for the control of erythema, telangiectasias, papules, pustules, granulomatous or phymatous-lesions of rosacea. Topically applied Brimonidine and Oxymetazoline have been shown to be more effective for controlling erythematous flushes than Metronidazole or Azelaic Acid. Ivermectin had good results in the control of papules and pustules for uncomplicated rosacea forms. Systemic therapy with Propranolol has good clinical efficacy and better result than Doxycycline in the control of

erythema and telangiectasias in patients with erythematous-telangiectatic and papulo-pustular rosacea. The phimosis monitoring in rosacea can be performed by systemic administration of Isotretinoin.

Conclusions. 1. Clinicians are encouraged to determine the lesion phenotype in patients with rosacea and to select an optimal individualized treatment. 2. The treatment of skin hemodynamic disorders in rosacea with vasoactive therapies with beta-blockers, antithrombotics and flavones, has a curative potential that should be studied.

Key words: Rosacea, erythema, papules, pustules, phenotypic

133. NAIL PSORIASIS - A REVIEW

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Introduction. Psoriasis is a chronic multi-system inflammatory skin disease with a strong genetic predisposition and autoimmune pathogenic traits, with a worldwide prevalence of 1–3%. Beyond the physical dimensions of disease, psoriasis has an extensive emotional and psychosocial effect on patients, affecting social functioning and interpersonal relationships (Kim WB1, Jerome D, Yeung J., 2017), mostly affecting the skin, its skin appendages and joints. Nail involvement is an extremely common feature of psoriasis, affecting 10–90% of adult patients with plaque psoriasis, and has been reported in 63–83% of patients with psoriatic arthritis (An Bras Dermatol., 2015). There have been reported twice as many patients with nail involvement suffering from psoriatic arthropathy. Because the Psoriasis Area and Severity Index (PASI) does not consider the severity of nail disease, a scale that assesses the extent of involvement of psoriatic nails is needed. A new grading system, the Nail Psoriasis Severity Index (NAPSI) has been proposed.

Aim of the study. To provide clinicians with an up-to-date and practical overview of the diagnosis and management of nail psoriasis and with a Nail Psoriasis diagnosis tool

Materials and methods. Fingernails of 11 patients with PsA were photographed and scored. Clinical data were collected. Each nail was divided into four quadrants and any nail plate (pitting, leukonychia, red spots on lunula, crumbling) and nail matrix alterations (onycholysis, splinter hemorrhages, subungual hyperkeratosis, oil stains) found were accounted for according to the following: 0 = none, 1 = presence in one quadrant, 2 = presence in two quadrants, 3 = presence in three quadrants, 4 = presence in all quadrants, generating a score that varies from 1-80 for fingernails. A median score has been calculated.

Results. Nail psoriasis mostly affects men, is more likely to be associated with severe skin psoriasis and is strongly associated with psoriatic arthritis, affecting almost 100% of Psoriasis patients.

Conclusions. The method was easy for assessment and of prompt execution while potentially bringing information about changes in nail plate and matrix, that can be further correlated with cutaneous and articular manifestation.

Key words: Psoriasis, Nail bed, Nail matrix, Nail psoriasis, NAPSI