

Aim of the study. To analyze the bibliographic data with reference to the epidemiology, the causes, the risk factors, the clinical presentation and the evolution of the ischemic stroke determined by the occlusion of the carotid artery.

Materials and methods. Were analyzed 40 bibliographic sources from the Hinari, PubMed, Medline database.

Results. Atherosclerosis is the leading cause of carotid artery occlusion. Since the 1950s it has been shown that the predominant localization of atherosclerosis is the origin of cervical internal carotid artery. In young patients, the occlusion is often caused by carotid artery dissection. Carotid artery atherosclerosis is more common in men and the prevalence increases with age. The non-modifiable risk factors are: age, gender, genetic predisposition, and modifiable risk factors are: high blood pressure, smocking, hypercholesterolemia, diabetes. Atherothrombosis with thromboembolism is considered the major pathological determinant of ischemic stroke. The atheroma progressively deteriorates, due to the growth of atherosclerotic plaque and the formation of thrombi above the plaque. Eventually, the thrombi migrate, occluding the distal cerebral vessels. Atheromatous or cholesterol embolism is less common. Thrombosis in situ causes occlusion by adhesion, activation and aggregation of platelets. Clinically we determine the disorder of consciousness; homonymous hemianopia; contralateral motor deficit-hemiparesis, hemiplegia; disorders of language- motor, sensitive aphasia and dysarthria. We can determine the carotid occlusion by Doppler examination. Cerebral angiography is the gold standard for the determination of atherosclerotic stenosis, and presents risks of arterial injury, embolism. Treatment options are drugs, endarterectomy and carotid stenting.

Conclusions. Carotid occlusion is responsible for an imposing number of ischemic strokes in both the elderly, predominantly caused by atherosclerosis and in young people, being caused by carotid dissection, and the basic risk factors are male sex, high blood pressure, smocking and dyslipidemia. It can be prevented by managing risk factors.

Key words: internal carotid artery, occlusion, ischemic stroke

150. POSTURAL DISORDERS IN PARKINSON'S DISEASE AND THEIR RESPONSE TO INTERVENTIONS

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Introduction. Postural disorders are typical in Parkinson's disease (PD) and are increasing with progression of the disease. Although many studies concentrate on posture and gait, postural alignment is seldom studied.

Aim of the study. The aim of this study was to investigate the reliability of a standardized postural rating tool and to examine the immediate and long-term effects of medication and deep brain stimulation (DBS) in the subthalamic nucleus on postural alignment in PD.

Materials and methods. Two independent raters assessed three angles: total camptocormia (TCC), upper camptocormia (UCC) and Pisa angle of 192 PD patients and 78 HC with the free downloadable NeuroPostureApp. The photos of PD patients were made before and after the DBS surgery. The patients were tested with and without medication pre-surgical and retested

post-surgical (6–24 months) in all treatment combinations of medication and DBS regarding the on and off conditions. Three subgroups were defined according to normative values of healthy controls and according to clinical criteria: patients with normal posture, with stooped posture, and with postural disorders.

Results. For the interrater reliability, intra-class coefficients (ICCs) were 0.95 (95% CI: 0.94-0.95), 0.83 (95% CI: 0.80-0.84) and 0.71 (95% CI: 0.67-0.74) for the TCC angle, UCC angle and Pisa angle assessment, respectively. This indicates excellent interrater reliability for the TCC angle, good reliability for the UCC angle and moderate reliability for the Pisa angle assessment. In 82 % of patients a stooped posture was observed with respect to the TCC angle and in 54 % with respect to the UCC angle, 62% had an abnormal Pisa angle. Camptocormia was diagnosed in ~7% and a Pisa syndrome in 1% of the patients. Medication and DBS both significantly improved postural alignment in the entire cohort.

Conclusions. The non-commercial NeuroPosturApp© assessed is a reliable and easy to handle tool for measuring postural alignment in healthy subjects and people with PD. The App proved to be capable of describing the total and upper camptocormia angles, and the Pisa angle. Both medication and stimulation improved postural alignment in anteroposterior and mediolateral direction in PD.

Key words: Parkinson's disease, deep brain stimulation, posture, camptocormia, Pisa

DEPARTMENT OF REHABILITATION AND PHYSICAL THERAPY

151. ACUPOINT THREAD IMBEDDING THERAPY IN TREATMENT OF SCIATIC NEUROPATHY

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Introduction. This literature review aims to evaluate the efficacy and safety of acupoint thread embedding therapy in sciatic nerve neuropathy.

Aim of the study. This literature review aims to evaluate the efficacy and safety of acupoint thread embedding therapy in sciatic nerve neuropathy.

Materials and methods. In order to achieve our main goal articles containing the key words were selected from PubMed, Hinari, Scopus, and ScienceDirect databases. For advanced selection of literature sources, the following filters were applied: articles published after January 2002 and just articles in English. Original research articles were selected (preclinical, clinical and experimental studies). The information and main aspects of acupoint thread embedding therapy in sciatic neuropathy were systematized.

Results. Sciatic neuropathy is one of the most common neuropathies of the lower extremities and a common cause of foot drop. Sciatic nerve neuropathy can be caused by traumatic, compression, ischemic, neoplastic or idiopathic etiology. Symptoms of sciatic neuropathy can be very diverse. But all signs are characterized by acute pain along the sciatic nerve and dysfunction of the lower limbs. Acupoint thread embedding therapy is a type of acupuncture and alternative treatment that inserts medical threads into skin, subcutaneous tissue or muscles at specific points. The absorbable surgical thread, a foreign protein, can induce allergic reactions and the combined effects of proteolytic enzymes and macrophage action against the