

The role of the social risk factors was diminished by low life conditions in 28(58%) patients. Active smoking was identified in 26 (54%), heavy alcohol consumption was established in 8 (17%). The most of the patients 14 (29%) were detected by passive way, of which 12 (25%) cases were symptomatic. Screening of the high risk groups allowed the detection of 10 (21%) cases performed by the general practitioner and of 4 (8%) by the pulmonologist. All cases have never been treated for TB previously. Microbiological investigation revealed acid-fast-positive cases in 4 (8%) and GeneXpert in 5 (10%) cases. Epidemiological risk factors, such as TB contact and the membership of an infectious clusters were established in 8 (17%) and, accordingly, in 4 (8%) cases. The clinical-radiological diagnosis of pulmonary infiltrative was established in most cases 32(67%), with predominant localization in the upper segments S1 and S2 in 27 (56%) cases. All patients were treated using the first anti-TB drugs. Successfully treated were 40 (92%) and 4 (8%) were lost to follow-up due to improvement of the general state and lack of desire to complete the treatment.

**Conclusions.** Most patients with pulmonary TB with limited forms encountered the social vulnerability. However, they timely contacted healthcare services, especially a general practitioner. Limited forms were localised predominantly in the upper segments, had a low indicator of microbiological positive results. Early detection of limited forms of TB has improved the outcome of the disease and can serve as a good example of an efficient case-management.

**Key words:** limited tuberculosis (TB), screening, outcome.

## DEPARTMENT OF PNEUMOLOGY AND ALLERGOLOGY

### 156. EXTRAPULMONARY MANIFESTATIONS IN SARCOIDOSIS PATIENTS

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**Introduction.** Sarcoidosis is a systemic granulomatous disorder of unknown cause that predominantly affects the lungs, more commonly seen in young adults. Considering the systemic character of the disease and that a great proportion of patients with sarcoidosis don't present any symptoms, it is important to actively screen for other organ involvement

**Aim of the study.** To identify the rate of extrapulmonary manifestations in patients with pulmonary sarcoidosis.

**Materials and methods.** We have analyzed 41 consecutive sarcoidosis patients admitted to the Institute of Pthisiopneumology Hospital, Chisinau, Republic of Moldova within 2017-2019 years.

**Results.** In our study group the mean age was  $54.5 \pm 6.3$  years, most of them were women (27 (68.8%)), predominantly non-smokers (39 (78%)). We found extrapulmonary manifestations in more than a half of patients (25 (60.9%)). 11 out of 25 (44%) had 2 extrapulmonary manifestations. The most frequent extrapulmonary manifestation was skin lesions, found in 13 (31.7%) cases, joints involvement manifested by arthralgia and joint pain has been registered in 7 (17%) cases. Other manifestations were: eye lesions –found in 4 (9.7%) patients, peripheral lymph nodes – 4 (9.7%) individuals, liver involvement manifested as hepatomegaly – in 2 (4.8%) cases, 3 (7.3%) patients had hypercalciuria, 3 (7.3%) patients had spleen enlargement

and heart involvement – 1 (2.4%) patient. Although in our cohort all the patients had lung involvement, only 18 (41%) of them needed corticosteroid treatment for pulmonary lesions. Detecting other organs affected by sarcoidosis imposed corticosteroid treatment for other 11 (26.8%) patients

**Conclusions.** Extrapulmonary lesions in sarcoidosis in our study group was a common finding, seen in more than a half of patients with pulmonary sarcoidosis. The most frequent extrapulmonary manifestation was the skin lesions seen in about 1/3 of patients. Recognizing extrapulmonary organs affected by sarcoidosis, indicating signs of organ damage, changed the management plan in almost a quarter of patients.

**Key words:** sarcoidosis, prevalence, extrapulmonary

## 157. THE IMPACT OF COMORBIDITIES ON THE OBSTRUCTIVE SLEEP APNEA

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**Introduction.** Obstructive sleep apnoea (OSA) is highly prevalent and there is considerable evidence supporting an independent association with a wide range of co-morbidities including cardiovascular, endocrine and metabolic, neuropsychiatric, pulmonary, and renal.

**Aim of the study.** The objective of this study is to assess the prevalence of major comorbidities associated with obstructive sleep apnea (OSA) and to examine the predictive role of Charlson comorbidity index (CCI) on mortality of patients with OSA associated with comorbidities.

**Materials and methods.** This is a cross-sectional study of 67 patients diagnosed with OSA based on anthropometric data, cardiorespiratory polygraphy and AHI. Inclusion criteria were patients with diagnosis of OSA, who were aged 18 and above and had comorbidities. We assess patients with comorbidities through Charlson index adapted to International Classification of Disease (ICD-10) codes. Charlson Comorbidity Index (CCI) (Charlson et al., 1987) quantifies an individual's burden of disease and corresponding 1-year mortality risk. Each comorbidity category has an associated weight (from 1 to 6), based on the adjusted risk of mortality or resource use, and the sum of all the weights results in a single comorbidity score for a patient. A score of zero indicates that no comorbidities were found. The higher the score, the more likely the predicted outcome will result in mortality or higher resource use.

**Results.** We evaluated 67 patients with OSA (51 men and 16 women) with a mean age of 53.9 years (range 25–76 years). The prevalence of comorbidities were: hypertension (91%), obesity (85%), congestive heart failure (65%), pulmonary hypertension (26%), diabetes mellitus (25%), coronary heart disease (22%), etc. Based on the Charlson index of comorbidity the weighted index of comorbidity were: 0 for 6 patients, 1 for 17 patients, 2 for 13 patients, 3 for 13 patients, 4 for 11 patients, 5 for 5 patients and 6 for 2 patients. Combined condition and age-related score were: 0 for 2 patients, 1 for 8 patients, 2 for 10 patients, 3 for 12 patients, 4 for 9 patients, 5 for 8 patients, 6 for 10 patients, 7 for 1 patient and 8 for 1 patient. Patients with combined condition and age related score of 0 (2) estimated 10 year survival was 98 %, 1 (8) was 96%, 2 (10) was 90 %, 3 (12) was 77 %, 4 (9) was 53 %, 5 (9) was 21 %, 6 was 2 %, 7 was 0 %, 8 was 0 %.