bolii atât la pacienții copii, cât şi la adulti. Activitatea medie la debutul LESp a fost 21,18±4,6 puncte, pe când la adulți 17,3 ±6,4 puncte. La copii indexul lezării SLICC la debut a fost estimat la 0 puncte pe când la momentul studiului s-au înregistrat 2 puncte (prin osteoporoză, fractură patologică şi necroză avasculară). Debutul bolii cu nefrita a fost la 5 copii, afectare vasculară – la 3, afectare cutanată -10, afectare articulară - la 7 copii. Sindromul antifosfolipidic a fost evidențiat la 5 pacienți (38,5%). Dintre 13 pacienți supravegheați, 3 au decedat; până la un 1 an -1 pacient, după 5 ani de la debut -2 pacienți. Cauza deceselor a fost afecatrea renală progresivă în 2 cazuri şi complicațiile sindromului antifosfolipidic (tromboze) - un caz. Pe durata supravegherii au survenit 15 sarcini, cu consecințele: 2 - avorturi medicale, 6 - avorturi spontane, s-au născut 7 copii sănătoşi de la 6 femei cu LESp.

Concluzii

Lupus Eritematos Sistemic pediatric s-a remarcat prin evoluție clinică agresivă şi activitate înaltă la debut. Indexul lezarii organice pe parcursul evoluției bolii a fost determinat în special prin afectarea țesutului osos. Sindromul antifosfolipidic secundar a fost depistat la 38,5%, în corelatie strânsă cu rata mortalității (r=0,83) pacienților.

Mihu Ion, Clichici Diana

THE CORELATION BETWEEN ENDOSCOPIC AND HISTOLOGICAL CHANGES IN THE DIAGNOSIS OF CELIAC DISEASE TO CHILDREN

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Background. Depending on the clinical form, the intake of gluten and celiac disease stage of the histological changes are diverse and irregular, with a maximal manifestation in the duodenum and proximal jejunum from the undamaged mucous membrane to the entire vilar atrophy.

Objectives. Assessing histological changes of the children with celiac disease.

Material and methods. Based on a retrospective study conducted in the Gastroenterology Department of the Mother and Child's Institute, during the years 2000 – 2006, based on Marsh's endoscopic and histological criteria, 84 children with celiac disease were examined.

Results. The endoscopic examination revealed a lightish mucous to 19 children (22.61%), thickened intestinal vilosities with a chorionic height decreases to 21 children (25%), moderate villous atrophy 13 children (15.47%), the slightly disorganized vascular network is damaged to 12 children (14.28%) and no endoscopic changes to 24 children (28.57%). Histological changes Marsh 0 (normal mucous or preinfusible phase) to 29 children (34.52%), Marsh I (intraepithelial lymphocytes infiltrated in vilosital epithelium) - 31 cases (36.9%), Marsh II (crypts hyperplasia) - 11 cases (13.09%), Marsh III (moderate vilozital atrophy) - 9 children (10.71%), Marsh IV (total vilosital atrophy) – any subject.

Conclusion. For definitive diagnosis of celiac disease, the histological examination could be considered the gold standard because in 48 of subjects (57.14%) the endoscopic examination showed a intact mucous membrane.

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EFFICACY OF SILDENAFIL THERAPY IN CHILDREN WITH PULMONARY HYPERTENSION SECONDARY TO CONGENITAL HEART DISEASE

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Purpose: pulmonary hypertension (PH) resulting from congenital heart disease (CHD) remains one of the most difficult childhood illness to treat. Sildenafil, a selective inhibitor of phosphodiesterase-5, is known as an effective and promising pulmonary vasodilator, with minors and insignificant reverse effects.

Methods: we have evaluated the efficacy and the tolerability of sildenafil in chidren with advanced PH secondary CHD with shunts (simple (14 pts), mixed (35 pts) and complex (28 pts). In this monocentric, double-blind, placebo-controlled study we randomly assigned 77 pts with advanced PH (35 with repaired shunts, 31-palliative procedure and 11 inoperable pts) to placebo or Sildenafil orally, with the dose of 1-2 mg/kg/day each 8h for 6-12 months. The Sildenafil group consisted of 38 pts (mean age 19,9±5,3 months: 16 boys/22 girls) and the placebo group – 39 pts (mean age 21,7±7,8 months: 22 boys/17 girls). The study protocol included: functional class (FC) NYHA/Ross; O2 saturation; 6-min walk test; transthoracic echocardiogram (mean PAP, tricuspid annular plane systolic excursion (TAPSE), myocardial performance index (MPI or Tei index), right cardiac catheterisation, measuring pulmonary vascular resistance (PVR). In addition a special questionnaire of evidence of adverse reactions was available.

Results: at the patients treated with Sildenafil was observed an improvement of FC NYHA/Ross from 3,16±0,1 to 2,15±0,1 ($p<0,001$); O2 sat (+3,1±0,5%) comparing with placebo (+0,6±0,3%), ($p<0,001$); an effort tolerance estimated