

**Purpose and Objectives:** To find out the diagnostic challenges of cutaneous tuberculosis.

**Material and methods:** Two patients, a 40 years old female patient and a 6 years old boy with Cutaneous TB were studied.

**Results:** The 40 years old patient with alopecia areata since the age of 9, presented nodular hypodermitis on the posterior aspect of both legs for 17 years without any treatment, complaining it steadily progression in cold seasons. It was performed an esthetic intervention on the nasal pyramid after a facial traumatism. The post-intervention lesion failed to heal extended to brownish-red plaque covered by a scale with red borders, on both cheeks, with more evident extension in cold seasons. There were taken 2 biopsies from the face and left leg showing tubercle granulomas with wide areas of caseation, foreign body and giant cells Langerhans. No acid-fast bacilli were found on Ziehl-Neelson staining, classic culture on solid medium was negative for M.Tuberculosis (MTB), but PCR detected specific fragment for MTB DNA from facial lesions. The patient had TB contact in childhood, multiple post-primary quiescent lesions in both hills and pulmonary parenchymas on chest XRay and a peripheral adenopathy. Diagnosis of Lupus vulgaris for facial lesions and indurated Erythema Basin for nodular hypodermitis was established. The antiTB treatment for new case was started with no evident clinical improvement. The second clinical case presents a 6 years old boy with an unestablished immune disorder with reduced immunity and sensitivity to MTB antigens proved by a hyperergic Mantoux reaction. He complains a large deep brownish plaque, on the nose and both cheeks with steadily progression and contraction of nasal fossaes, with polycyclic outlines and smooth surface, alopecia areata, dorsal kyphoscoliosis, drummer fingers and abdominal distention. It was revealed 2 groups of multiple papules and macules with squamous surface on the left part of hemithorax and abdomen. From the anamnesis it was revealed a surgical intervention for adenopathy in the left axilla at the 4 months age. The cutaneous byopsia revealed tubercle granulomas with wide areas of caseation and giant Langerhans cells. No one specimen at Ziehl-Neelson staining, solid and liquid cultures and PCR was positive. Lupus vulgaris was established for facial lesion and papula necrotic tuberculides for abdominal lesions, as focal post-BCG complication. The antiTB treatment according DOTS standard was started with local application with Rifampicin ointment that contributes to a slow regression.

**Conclusion:** Lupus vulgaris is chronic, mutilating extrapulmonary TB, appearing in moderate immunity and previously sensitive individual, often very late detected due to absence of a proper diagnosis and without specific appearance. Pathogenetically is a feature of a quiescent post-primary sequelae showed in first case, or follows after BCG inoculation, as in child case.

**Innovative value:** This study increases awareness of the re-emergence of cutaneous tuberculosis imposing the using of the proper diagnosis tools for a early diagnosis and case management.

**Keywords:** Tuberculosis, diagnosis, management

## 131. PRURITUS- ESSENTIAL SYMPTOM IN DERMATOLOGY

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**Introduction:** Pruritus is a symptom frequently reported in dermatological consultations. It is a subjective skin reaction leading to a need, which varies in intensity, to scratch oneself. This may be localized or generalized to the whole of the body, may be physiological and temporary, and may vary in its severity. It is extremely irritating and may reveal a pathological condition. Diagnosing pruritus is still a constant problem because the frequently use of self-medication and harmful cultural practices which may delay the diagnosis.

**Purpose and Objectives:** Studying the aspects of etiology, clinical evolution of pruritus in a specialized environment.

**Materials and methods:** The study was conducted on a sample of 1337 patients whose main accuse was itching, hospitalized in IMSP Hospital Dermatology and Communicable Diseases during January 2013 – December 2013.

**Results:** Over the study period, 1337 patients (whose the main accuse was pruritus), were drafted into the study of a total of 2441 (who were hospitalized in 2013). This concerned 634 women (47%) and 704 men (53%), which was a gender ratio M:F=1,12:1. The age of patients varied from 18 to 87 years, the majority of patients with itching refers to the age group 46-62 years (39,41%), residing in a urban environment 58,1% (777 cases). Was observed the predominance of pruritus in summer 29,84% of cases, this is probably linked to the summer temperature, UV-razes and transpiration. In this study was revealed the prevalence of moderate pruritus in 77% of patients, which in dependence of period of appearance was temporary 38%, with the most severe cases in summer 33,49%. The majority of patients had generalized skin process 60,73%, the most affected region was the scalp-32,38%, this was probably linked to the high-frequency of Acnes Vulgaris, Psoriasis, Rosacea, Allergic contact dermatitis. Pruritus is related in 43,83% cases of Skin diseases of unknown etiology, allergic disorders (Dermatitis, Urticaria, Prurigo, Eczema) represented 33,96%. The most severe cases with pruritus were reported at the patients with allergic disorders.

**Conclusion:** Pruritus is the most common symptom reported in dermatological consultations, approximately every second patient accuses itching. It reveals a pathological condition, and may affect unfavorably the quality of life. It is very important to identify its etiology, and to begin an adequate treatment that will improve the quality of patient's life.

**Keywords:** Pruritus, itching, skin, prevalence, scratch

## 132. CLINICAL AND EVOLUTION PARTICULARITIES OF PANDEMIC INFLUENZA A(H1N1) IN PREGNANT WOMEN

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**Introduction:** Influenza A (H1N1) it is acute infectious disease caused by a new type of virus emerged after the combination of three viruses: human, swine and avian global pandemic. Changes in the immune, cardiac and respiratory systems are likely reasons that pregnant women are at increased risk for severe illness with influenza. During previous pandemics, mortality rates among pregnant women appeared elevated, and data from seasonal influenza demonstrate that pregnant women are at higher risk for the life of the pregnant woman and fetus. H1N1 infection in pregnancy with increase in mortality rate (25% versus 8% in nonpregnant women).

**Purpose and objectives:** Evaluation of the clinical, epidemiological and evolutionary particularities of influenza A (H1N1) in pregnant women in different trimesters of pregnancy.

**Materials and methods:** I realized a retrospective study on the 42 pregnant women hospitalized in the IMSP Municipal Maternity Nr.2, Chișinău, during 2009-2011. The average age of pregnant women with influenza A (H1N1) included in the study was about 23±4,1 year, the average of gestation period 20,7±6,2 weeks. Pregnant women were investigated clinically and laboratory (PCR).

**Results:** Influenza A (H1N1) has similar clinical symptoms to seasonal flu with the symptoms: asthenia (95,2%), fever (90,4%), headache (83,3%), myalgia (21,4%), arthralgia (11,9%), dry cough (78,5%), moist cough (21,4%), retrosternal pain (7,1%), rinorea (76,2%). Dyspnea symptom- in 3 cases 7,1%. Complications in pandemic influenza in pregnancy: early miscarriage 5 (11,9%), late miscarriage 2 (4,7%), imminence of premature labor 8 (19,1%). Pulmonary complications: laryngotracheitis 4 (9,5%), bronchitis, 13 (30,9%), bronchopneumonia - 5 (11,9%), pneumonia, two (4,8%) pregnant women and others complications: exacerbation of chronic pyelonephritis - 7 pregnant women (16,7%).

**Conclusions:** Respiratory pathology involves a two fold risk for mother and child lives. Results of studies demonstrated the impact of the virus A (H1N1) on pregnancy outcome having miscarriage effect in early/ late terms of pregnancy and imminence of premature labor in the 2 and 3 trimester.

**Keywords:** Influenza A (H1N1), complications PCR