139. ROLE OF THE RISK FACTORS IN CLINICAL COMPLICATIONS AND TYPES OF ACUTE MYOCARDIAL INFARCTION

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Introduction: Acute Myocardial Infarction (AMI) is a major cause of death and disability worldwide. The diagnosis of acute MI is a clinical diagnosis based on patient symptoms, ECG changes, and highly sensitive biochemical markers, as well as information gleaned from various imaging techniques. It is important to characterize the type of MI as well as the extent of the infarct, residual LV function, and the severity of CAD and other risk factors, rather than merely making a diagnosis of MI. The ideal management of ST-segment-elevation Myocardial Infarction (STEMI) and Non- STEMI involves early diagnosis followed by rapid reperfusion therapy (PCI).

Purpose and Objectives: Highlighting of importance correlation factors between, type of AMI, factors of risk and complication in patients without reperfusion therapy (PCI).

Materials and methods: The retrospective research was based on the archive data of the Municipal Hospital Clinic "Sfânta Treime". Patients (N=71) had a mean age of 64,3 years, diagnosis of different type of MI and history of hospitalization in "Intensive Care Unit". There were 2 periods of analysis (01.09.2012 to 31.10.2012 and 01.10.2013 to 31.12.2013). For data analyzes SPSS version 17 was used, p< 0,05 considered statistically significant.

Results: From 71 patients that were examined, were identified **common risk factor** for type 2 of AMI in 56 patients which are: Arterial Hypertension (HT) 2-3rd in 85.7%, diabetes type 2 in 35.7%, dyslipidemia in 28,6%, Chronic Heart Failure NYHA 2-3 in 23.2%, anemia in 7.1% and ischemic cardiomyopathy in 7.1%. For type 3 of AMI in 10 patients HT in 70%, diabetes type 2 in 40%, dyslipidemia in 10%, and type 1 of AMI 5 patients without known risk factors.

Also were identified **complication** for type 1 of AMI 5 patients: discirculatory encephalopathy in 40%, Killip 2, 3 and 4 each 20%. For type 2 of AMI 56 patients: Killip 2 in 50%, Killip 3 in 19.6%, Killip 4 in 10,8% other complications in 19,6%. For type 3 of AMI 10 patient: Killip 4 has 100%. The most common encountered complication for type 2 of AMI is Killip 2-findings of mild to moderate heart failure in 50%, and in type 3 are Killip 4 - cardiogenic shock in 100%.

Conclusion: HT is a common risk factor in more than 50% in type 2 and 3 of AMI in Intensive Care Unit. HT is a prevalent risk factor in type 2 and 3 of AMI. Therefore patients in Intensive Care Unit with HT 2-3rd degree must be treated as patients with high risk for developing type 3 of AMI and Killip 4. According to data we can assume that patients with advanced metabolic syndrome (characterized by dyslipidemia, hypertension and diabetes mellitus) mainly develop type 2 AMI.

Keywords: Killip, type of AMI, HT, Diabetes mellitus.

140. CONTACT DERMATITIS: ASPECTS OF ETIOLOGY, CLINICAL EVOLUTION AND THE TREATMENT

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Introduction: Contact dermatitis is a type of skin inflammation. It results from exposure to allergens (allergic contact dermatitis) or irritants (irritant contact dermatitis). Phototoxic dermati-tis occurs when the allergen or irritant is activated by sunlight. Contact dermatitis occurs twice as frequently in women as in men and often starts at a young age, with a prevalence of 15% in 12-16 years old.

Purpose and Objectives: Studying the aspects of etiology, clinical evolution and the treatment of contact dermatitis.

Materials and methods: The study was conducted on a sample of 334 patients with contact

dermatitis, hospitalized in IMSP Hospital Dermatology and Communicable Diseases during January 2013 – December 2013.

Results: In the study was revealed the predominance of contact dermatitis in women – 208 patients (63%) as in men - 166 patients (37%), ratio M:F=1:1,65. The maximum number of cases refers to the age group 13-21 years (23,65%) and 51-65 years (20,36%), this is probably linked to the association of contact dermatitis with concomitant skin diseases characteristic for these groups (acne vulgaris, rozacea). Was observed the predominance in all age groups the drug reactions – 200 cases (59,88%). Cosmetic use (decorative cosmetics, creams, masks etc.) – 59 cases (17,66%) results in the appearance contact dermatitis in women after 13 years and is rare in children. Various chemicals – 11 cases (3,29%), disinfectants – 4 cases (1,20%), detergents – 6 cases (1,8%), contact with plants – 18 cases (5,39%) have a smaller share in the etiology of contact dermatitis. The majority of patients had localized skin process (72%) with skin rush in the form of papules and macules. The main subjective symptom is the itching – 311 cases (93%). Therapeutic success of contact dermatitis is the identification and discontinuation of contact with substance, desensitization therapy, antihistamines preparations and appropriate topical aplications.

Conclusion: The contact dermatitis is a pathology with an increased incidence and prevalence. Is necessary as early as possible to recognize the disease and to identify the etiological agent. Timely and adequate treatment will improve the quality of life of patients and reduce the number of relapses of the contact dermatitis.

Keywords: allergic, contact, dermatitis, etiology, treatment.

141. ANTIBIOTIC SUSCEPTIBILITY OF BACTERIAL STRAINS ISOLATED FROM URINARY TRACT INFECTIONS

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Introduction: Urinary tract infections (UTIs) are one of the most common bacterial infections in humans both in the community and hospital setting. In almost all cases there is a need to start treatment before the final microbiological results are available. Area-specific monitoring studies aimed to gain knowledge about the type of pathogens responsible for UTIs and their resistance patterns may help the clinician to choose the right empirical treatment. Many different antimicrobial agents are available in Republic of Moldov, always on physician prescription, for the treatment of UTI. Furadonin, ciprofloxacin, norfloxacin, nitrofurantoin, first and second-generation cephalosporins and semi- synthetic penicillins with or without inhibitors and fosfomycin trometamol are the most commonly used antibacterial drugs in the treatment of UTI outside of the hospital.

Aim: The aim of this study was to obtain data on susceptibility patterns of major pathogens from both community and hospital UTIs in Republic of Moldova to antimicrobial agents currently used in the treatment of UTI.

Materials and methods:

The bacterial strains (n-1329) were isolated from urine specimens from 1101 patients who were hospitalized in Republican Clinical Hospital. Only patients who had pyuria and significant bacteriuria obtained from a clean-catch midstream urine sample were included in the microbiological analysis. Local laboratories performed identification to species level and antibiotic susceptibility testing by disc diffusion.

The antibiotics tested were ampicillin, amoxiclav, ceftazidime, ceftriaxone, meropenem, cefepime, doxycycline, netilmicin, norfloxacin, ciprofloxacin, nitrofurantoin, fosfomycin and others.

Results:

Results of antibiotic susceptibility testing of the isolated bacterial strains

1) **Escherichia coli.**

The antibiotic susceptibility rates for Escherichia coli were: ampicillin (47,3%), amoxiclav (54,7%), cefixime (71,5%), cefazolin (12,5%), ceftazidime (38,3%), ceftriaxon (73,6%),nalidixic acid (63,7%), norfloxacin (82,9%), ciprofloxacin (74,8%), fosfomycin (99,2%), gentamicin (56,1%) and others.