

(first generation H1A) – in 1 patient (1,88 %), intravenous for 5 days; bilastine (second generation H1A) – in 8 patients (15,1 %), orally for 1 month; levocetirizine and desloratadine (third generation H1A) – in 11 patients (20,75 %), orally for 1-2 months.

**Conclusion:** The role of classical H1-antihistamines in clinical practice remains still high. Second and third generations of H1A are more preferred in further ambulatory anti-allergic treatment, partly due to the absence of the sedative effect of the classical H1A, important for people who need increased attention in practicing their professions, and partly due to their prolonged time of action.

**Keywords:** allergic disorders, anti-allergic medication, third generation H1-antihistamines

### 37. CHANGES OF BONE LIPID COMPOSITION IN OXIDATIVE STRESS

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**Introduction:** Composition and bone metabolism is of particular interest due to high incidence of osteoporosis, frequent and serious complications of the disease and increased risk of death after osteoporotic fractures.

**The aim of the research:** Was to study the bone lipid composition in experimental oxidative stress induced by CCl<sub>4</sub> long term administration.

**Materials and method:** The study was conducted on a sample of 60 white laboratory rats of both sexes without pedigree. The animals were divided according to their age in 3 groups, each one consisted of 2 subgroups – control and with experimental oxidative stress. The level of total lipids, phospholipids, triglycerides, cholesterol (total, free and esterified) and total antioxidant activity were determined in the bone.

**Results:** Our studies had revealed ontogenetic and gender dependent changes of the bone lipid content in oxidative stress. In young male rats significantly decreased the amount of phospholipids (11%,  $p < 0,001$ ) and triglycerides (45%,  $p < 0,05$ ), while in female one – the content of phospholipids increased by 8% ( $p < 0,05$ ) and that of cholesterol – decreased by (36%,  $p < 0,05$ ). The oxidative stress did not induce important changes in lipid concentrations in bone of adult animals. An exception is the reduction of phospholipid concentration by 24% ( $p < 0,001$ ) and the increase of the esterified cholesterol level by 39% ( $p < 0,01$ ) in males. Oxidative stress did not induce any changes of the lipid content in bone in old animals. At this developmental stage were influenced only the concentration of total cholesterol (+13%,  $p < 0,05$ ) and phospholipids (-12%,  $p < 0,05$ ) in male rats. In experimental oxidative stress induced by long term CCl<sub>4</sub> intoxication ambiguous changes of total antioxidant activity were found in animals of different age and gender, but in all cases the total antioxidant activity was significantly higher than in the polar compartment compared in all studied groups.

**Conclusions:** In oxidative stress, regardless of the ontogenetic stage of development, the amount of total lipids did not change conclusively, but the general trend was of decreasing, especially due to the reduction of phospholipids and triglycerides levels and less of cholesterol. Deeper disturbances of the saponifiable lipids content may be a consequence of the intensification of lipid peroxidation in bone, due to the production of free radicals during the carbon tetrachloride metabolism which affect predominantly the unsaturated fatty acids of the bone lipids.

### 38. PREVALENCE OF SLEEP DISORDERS IN GENERAL PRACTICE AND MORBIDITIES ASSOCIATED WITH IT

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**Introduction:** Sleep disorders are a common health problem in our society, which unfortunately is usually ignored. The quality and quantity of one's sleep are affected by sleep disorders and many medical conditions, acute or chronic, causing daytime fatigue and working



ability impairment. Several epidemiological studies estimate the prevalence of insomnia in the general population from different countries ranging from 13,4% to 48%. According to a German study, the prevalence of sleep disorders in general practice is assessed at 58,5%; within the group of severely insomniac patients 35% were males and 65% females.

**Purpose and objectives:** Since in our country this has to be the first epidemiological study it has to outline the sleep characteristics, prevalence of sleep problems in general practice, the dependence on gender and age and association with various medical conditions.

**Materials and methods:** This study is based on questionnaires filled in by general practice physicians in 2 cities from Moldova (Bălți and Chişinău) during a week. There were interrogated 1967 patients, among which 67,9% were female and 32,1% male.

**Results:** The incidence of sleep disorders among patients that consulted a general practitioner are rated to 86,43%. The most common affected age is over 60 years- 29,5%; followed by the range of ages between 50 and 60 years-29,0%; 40-50 years-14,9%; 30-40 years-7,0%; 20-30 years-4,7%; 15-20 years-1,2% and <15 years-0,2%. It seems that women are more likely to suffer from sleep disorders than men: 68,45% of patients with sleep issues are females and 31,55% are males. The most common sleep disorder is the difficulty in falling asleep-23,9% cases, followed by intermittent sleeping in 19,8%, the same amount of patients related association of initial insomnia, intermittent sleeping and early awakening. 10,6% of patients with sleep disorders deal with early awakening; 6,2% have an early insomnia and intermittent sleeping, 3,6% associate the sleep onset insomnia with early awakening and 3,2 % of them complained of intermittent sleeping and early awakening. In 1698 cases there are noted connections with other morbidities. Thus, the most common medical conditions linked with sleeping disturbances are cardiovascular diseases- 23,4% followed by neurological disorders- 15,9%, respiratory system diseases- 3,7%, endocrine disorders 3,5% and other diseases -12,4%.

**Conclusion:** The high prevalence of sleep disorders in our population and the association with several morbidities underscore the importance of sleep problems, as indicators of health status.

**Keywords:** Sleep disorders, general practice, comorbidities

## 39. GREATER AND LESSER OMENTUM. CLINICAL SIGNIFICANCE

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**Introduction:** The first publications about using of the great omentum date back to the 19th century. The functions of these abdominal organs were studied experimentally and it was shown that in pathological conditions great omentum has such functions as: plasticity, hemostasis, revascularization, absorbing pathological fluid from the abdominal cavity, immunological reactivity. Free transposition of large omentum may be the only solution in difficult cases with severe bone or joint infections, and can save the patient from limb amputation. If the most tissues and systems have been studied for their structure and functions the greater and lesser omentum remain a question mark permanently. From "forgotten organ" to the most valuable autograft.

**Purpose:** The purpose of this study is to analyze and to structure information which is attributable to the medical significance of greater and lesser omentum .

**Results:** In thoracic surgery the greater omentum is widely used for filling cavities in empyema, pleural effusion, chest wall reconstruction after extensive resection, strengthening bronchus after surgical interventions, prevents dehiscence bronchial sutures in lung transplantation. The great omentum is mobile and has a large surface area which allows coverage of irregularly shaped defects, has antimicrobial properties, vascular rich lipid angiogenic factor, participates in the development of vessels, helps regeneration due to its high containing fibroblasts, covering functional and cosmetic defects. Free transposition of large omentum is also used in the reconstruction of soft tissue defects secondary open fractures of the leg. In this case omentoplastics is useful for covering large defects, the vessels are anastomosed to the recipient area. Unique characteristics of the omentum, including vascularization,