

95. CLINICAL FEATURES AND THE COURSE OF MYASTHENIA GRAVIS IN THE ELDERLY PATIENTS

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Introduction: Myasthenia Gravis (MG) in the elderly is defined as onset after the age of 50 years. The incidence of late-onset MG without thymoma has been increasing in the last 20 years, in the USA and Europe. The increase is mainly found in patients over the age of 50 years. Recent data indicate that MG may still be substantially underdiagnosed in very old people (70 years).

Purpose and objectives: To study the clinical features and the course of MG in elderly patients by performing a clinical trial and reviewing the medical literature.

Material and methods: The clinical trial is based on 14 patients, older than 50 years old, with MG. It is a retrospective study, which included patients with MG, admitted to the Institute of Neurology and Neurosurgery between January 2009 and February 2014.

Results and Conclusions: (1) Late-onset MG is seen more often in men than in women. The female-to-male ratio is near to 3:1 in late-onset MG. (2) Patients with late-onset MG exhibit few distinct clinical features that distinguish them from the early onset. (3) Although the disease activity tends to be lower and the prognosis favorable, they have a higher mortality than patients with early-onset MG, and full remissions are rare. These findings probably relate to the presence of other comorbid conditions in the overall impact of MG in these patients.

Keywords: Myasthenia gravis, elderly, clinical features

96. STUDY OF A FAMILY OUTBREAK WITH ACUTE TYPE A VIRAL HEPATITIS

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Introduction: AVH is characterized by a ubiquitous spread record on all continents around the globe, predominantly in childhood and representing 75-80% of all cases of AVH. According to WHO estimates, over 1,4 million people get sick with hepatitis A each year. Type A Viral Hepatitis is the most common type of viral hepatitis in children, mostly being affected children in communities. In 2013, in our country, it was noted an increase of morbidity of this malady with an increase of incidence in prolonged and severe forms.

Material and methods: It was studied retrospectively 11 medical observation sheets of patients diagnosed with acute hepatitis being hospitalized in IMSP SCRBI „Toma Ciorbă” that are part of a family outbreak. There were tracked dynamically clinical, epidemiological, biochemical and serological data.

Results: The study included 11 patients aged between 2-18 years, diagnosed with Acute Viral Hepatitis, all coming from rural areas of a family. The route of transmission of infection it was assumed to be fluid and habitual. Of those hospitalized, only 5 children are enrolled in community. All children were addressed during the state of the disease. It should be noted that, from all the family members only the children have endured the disease. Clinical manifestations of disease (dyspeptic syndrome, catarrhal syndrome, hepatosplenomegalia syndrome, astenovegetativ syndrome, jaundice) were present in 9 patients. Jaundice was supported by 7 patients. 5 children had the severe form of prothrombin index with the value between 51,3 to 63%. Hypertransaminasemia and significant increase of thymol test was recorded in 10 children, one child showing normal biochemical values at admission and during hospitalization. IgM anti AVH was positive in all patients. Duration of hospitalization varied between 10 and 38 days (average period - 24 days). The prolonged duration of hospitalization was due to the fact that these children had concomitant diseases, as intestinal parasitosis being present in 10 children. The evolution of the disease has been favorable, there were no registered severe complications.