Aim: Assessment of pulmonary tuberculosis depending on the methods of screening.

Material and methods: Were assessed socio-economical, epidemiological and clinical features of 306 cases with pulmonary tuberculosis, divided in a study group (SG), composed of 242 patients, detected by passive way (investigation of symptoms) and a control group (CG), composed of 64 patients detected by active way (radiologicaly).

Results: Gender distribution assessed the predominance of men in both groups 2,41/1 in SG and 1,67/1 in CG, (p<0,01), with the same average age 1 38,98±12,83 years in SG and 40,35±13,58 years in CG. Socio-economical evaluation revealed the same conditions in both groups: urban residenship 73,55% vs. 64,06%, unemployment 72,72% vs. 82,81%, single civic state 48,76% vs. 68,75%(p<0,05), incomplete school level 24,79% vs.31,25%, bad living conditions 54,54% vs 43,75%. Tuberculous contact was established at the same scale in both groups 35, 96% vs. 41,90%. Clinical assessment estimated more precarious indicators for passive detected group: detected by family doctor 97,10% vs. 79,69% (p<0,05), late detected (more than 1 month form the onset) 69,01% vs 34,38% (p<0,001), with bilateral pulmonary localisation of specific process 67,35% vs. 24,36%, (p<0,001), extended to more than 3 lung segments in 97,35% vs. 35,67%, (p<0,001), complicated with hemoptysis in 5,78% vs. 1,25% cases.

Conclusions: Modification of screening methods according to WHO recommendations directly contributed to the increasing of late detected, bilateral extended pulmonary tuberculosis, worsened by specific related complications. We alert on the precarity of TB patients: unemployment, uncompleted school level, bad living conditions. The predominance of married patients in active way detected group, emphasizes the role of the family support in motivation of patients to perform radiological investigations for checking the status health. Low rate of tuberculous contact investigations in active detected group demonstrates the unsatisfactory active screening realized in epidemiological focuses.

106. CLINICAL, MICROBIOLOGICAL AND RADIOLOGICAL FEATURES OF SEVERE INFILTRATIVE PULMONARY TUBERCULOSIS WITHIN DOTS STRATEGY

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Introduction: Epidemiological state of tuberculosis in Republic of Moldova rests tensioned, with unsignificant deviation. Global incidence of tuberculosis (new cases and relapses), registered in 2011 is 114,3/100.000 populations, 37,4% of cases been very contagious, 38,0% with extensive destructions. In 2001 our country adopted DOTS strategy, recommended by World Health Organization in the control of tuberculosis, engaging the detection of least 70% of new cases of pulmonary tuberculosis by microscopy of the smear. As consequence, increased the rate of extensive tuberculosis with bilateral localizations, with lung destructions and dissemination, with vital complications, followed by the reduction of treatment success rate and increased of early mortality rate.

Purpose and Objectives: Assessment of clinical, microbiological and radiological features of severe infiltrative pulmonary tuberculosis within Directly Observed Treatment Short course chemotherapy strategy.

Material and methods: A total amount of 95 new pulmonary severe forms of tuberculosis were investigated, including gender and age features, clinical aspects, microbiological results of Ziehl Neelson staining, culture on Lowenstein Yensen medium and drug sensibility testing, diagnostics of co-morbidities and results of blood count.

Results: Men /female rate 1,5/1, average age 42,6 yrs, 68% were late detected (complaining more than 3 month from the onset), by general practitioner through the passive way. Intoxication sings revealed were: asthenia 99%, loss of weight 96%, loss of appetite 78%, nights sweats 67%, vesperal fever 45% cases. Broncho-pulmonary signs were established: cough 100%, muco-purulent expectorations 100%, thoracic pain 34%, hemoptysis 26% cases. Co-morbidities had 40% cases. Radiological aspects were established: bilateral localizations in 78% cases, extension to more than 3

pulmonary segments at 96% cases, all being in evolution phase, with destructions 98% and bronchogenic dissemination 87% cases. Microbiological analysis established smear positive results for Ziehl-Neelson staining in 83% cases, Lowenstein-Yensen culture being positive in 84% cases, showing any resistance to the first anti-tuberculosis drugs in 34% cases.

Conclusions: Assessment of clinical, microbiological and radiological features of severe infiltrative pulmonary tuberculosis within DOTS strategy revealed its predominance in male sex, in economicaly and reproductible age. Late detection by passive way, with well defined clinical signs, showing bilateral and extensive lung localizations, with high degree of bacilli emission, confers continuous epidemiological danger on health population. All enumerated characteristics are the consequence of the implementation of DOTS strategy in the control of tuberculosis in our country.

Innovative contribution: For the first time in R. Moldova was established the features of severe pulmonary tuberculosis, according DOTS strategy.

Keywords: tuberculosis, DOTS, management

107. CHRONIC LOW BACK PAIN. FACTORS OF CHRONICITY. LIFE QUALITY OF PATIENTS
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Introduction: Low back pain is the most common suffering which affects all ages and all sections of the population. It is considered that in over 80% of cases it is not known the precise cause and pathogenesis of symptomatology. It is correlated with an increased incidence of low back pain in certain sports, static load disturbances and even psychogenic stress, dissatisfaction, depression, anxiety.

Purpose and objectives: was to assess risk factors for low back pain, like bio-psychological factors.

Materials and methods: The trial was completed on 62 patients: the basis lot with chronic low back pain - 30 patients, the comparison lot with acute low back pain - 18 patients, the control group - 14 healthy people. Clinical evaluation of patients (medical history, objective, neurological status exam), evaluation of pain intensity through Visual Analogue Scale. Competency testing: Roland Morris Disability Questionnaire; Back Performance Scale; Beck Depression Test; Spielberger Anxiety Test.

Results: The evaluation risk factors of the patients with chronic low back vs. those with acute low back pain was observed: in 20% of cases the pain is aggravated by physical effort, 6,7% of cases-in the upright position, 10% of cases-long walks, 3.3% of cases-at the beginning of walking, but in 60% of cases factors that would lead to aggravation are stress, depression. Beck test data proved that 94% of surveyed patients suffer from some degree of depression, which is in full accordance with the literature. Patients with chronic low back pain proved statistically relevant by those with the presence of a acute low back pain by high levels of depression in their personal life (6.6% vs 0%), as well as moderate depression level was raised for them, but statistically insignificant (36.7% vs. 33.3%). The most common comorbid disorders for chronic and acute low back pain were studied: the most important comorbidities of chronic low back pain are affective disorders (anxiety, depression, phobias, etc.), being statistically more significant in patients with chronic low back pain in relation to patients with acute pain (80% vs. 61,1%), followed by algesic comorbidity (76,6% vs.72,2%), sleep disorders (73,3% vs. 22.2%) and decreased appetite (36.6% vs. 17.1%). Chronic syndromes localized at the level of the joints, abdomen and superior limbs have distinguished groups of patients with chronic and acute low back pain conclusively.

Conclusion: Patients with chronic pain have expressed a higher degree of depression and personal and reactive anxiety than patients with acute pain and subjects in the control group.

Keywords: Chronic low back pain, chronicity factors, quality of life