

that glaucoma represents $13\% \pm 0,58$ of all patients with eye diseases. POAG is the most frequent type – 83,3%. The incidence of glaucoma rises with age. Women are at higher risks for PACG and GS. Significant attention should be given to patient's complaints: vision loss, blindness, periodical blurred vision, eye pain, tearing, photophobia, headache, or no complaints. Slit-lamp biomicroscopy showed: iris atrophy, corneal edema, rubeosis iridis in SG. Largest deviations from normal values at tonometry, visual acuity test and perimetry were detected in the patients with SG. Glaucomatous excavation is frequently seen in POAG eyes. Timolol was the most used medication in monotherapy; combination (Timololum + Pilocarpinum) + Dorzolamidum were often used in combined therapy. Common incisional surgery used in POAG and PCAG is Sinustrabeculectomy + Posterior Sclerotomy.

Conclusion: In frame of this study regarding statistical and clinical aspects of glaucoma realised in the North of the Republic of Moldova, the frequency, clinical manifestations and treatment of each type of glaucoma were demonstrated. The study shows a correlation between the obtained data and existing data in our country.

Keywords: Primary Open – Angle Glaucoma, Primary Angle – Closure Glaucoma, Glaucoma Suspect, Secondary Glaucoma, Bălți Municipal Clinical Hospital PHA

70. SEPTIC COMPLICATIONS OF HIP ARTHROPLASTY

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Introduction: Septic complications of hip arthroplasty present a complication that can be more critical than an infection. The incidence of this complications in Republic of Moldova is approximately 1-2 %.

Aim: We report 20 cases of infected hip arthroplasty.

Methods: This is a prospective and retrospective primary analysis of 20 patients, which were surgery-treated with hip arthroplasty in National Centre of Emergency Medicine, Chisinau, Moldova.

Result: The age of the patients were between 63-81 years. All the patients were assigned depending on the type of prosthesis: 6 of them had hip cemented prosthesis, 12 of them had non-cemented prosthesis and 2 of them had cervicocefalic prosthesis. Depending on the detection of infection was find: acute infection 6 cases (first 4 weeks); chronic infection 11 cases (4 weeks) and 3 cases detected intraoperatively. Depending on the pathogen agent, in patients with acute infection was present: 3 cases Staphylococcus Aureus, 1 case of E. coli and 2 cases of P. aeruginosa. The treatment of patients with acute infections was: antibacterial therapy according to preoperative antibiogram, debridement and lavage, maintaining the implant and postoperative treatment for 6 weeks. The treatment of patients with chronic infection was: revision, debridement, lavage, removal of prosthetic components and antibiotic cement spacer and after 6 months-arthroplasty.

Conclusion: The treatment in septic complications of hip arthroplasty depends on the general condition of the patient (age, comorbidity, immune response), the chronicity of infection and the bacterial sensibility. Revision is the best solution to chronic infections with the use of an antibiotic cement spacer. Early diagnosis allows to make the best treatment.

71. CORRELATION OF ANTIOVARIAN ANTIBODIES AND INFERTILITY OF UNEXPLAINED ORIGIN

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Introduction: In the structure of infertile marriage the main place has still been kept by a tubal factor. Frequency of this infertility factor reaches 18-73%.

Purpose and Objectives: To determine the level of antiovarian antibodies in the blood of women with tubal infertility.

Materials and methods: A clinical-laboratory examination has been made of 109 women which were divided into 2 groups: 1 group (main) – 58 women with infertility of tubal origin; 2 group (control) – 51 women. Antiovarian antibodies were determined by means of immunofluorescent set made by the firm Bioserv Ovari-Antibodi ELISA for determination in the blood serum of autoantibodies directed against ovarian antigens.

Results: 30 women have been examined and divided in two groups in our study. The first group included 20 women with infertility of tubal origin. The second group consisted of 10 healthy women with a preserved reproductive function. The average age of women in the main group didn't differ from the women's age of the control group. Significant majority in the number of women with chronic salpingoophoritis in the main group (6 times more) testified to the possibility of autoimmune salpingoophoritis initiation in the group under study. Level of antiovarian antibodies was equal to $7,1 \pm 0,9$ and in the main group – $4,1 \pm 0,5$, which is 1,7 times less than in the control group.

Conclusions: (1) The level of antibodies in the main group of women under study and rise of the level have been determined in patients with a secondary infertility who didn't impregnate for more than 5 years and underwent the following surgery; tubectomy, cystectomy, adnexectomy. (2) On the contrary, the decreased level of antiovarian antibodies has been discovered in patients with a primary infertility that did not impregnate for 5 years as well as in women with uterine pathology and myoma.

Keywords: Antiovarian antibodies, infertility, salpingoophoritis

72. THE PRINCIPLES OF TREATMENT IN THE URETERAL STONES

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Introduction and objectives: It hasn't been decided yet the place of modern (endoscopic, ESWL) and traditional methods of therapeutical treatment of ureteral stones. The aim of this study was to improve the treatment of ureteral stones with the creation of a therapeutic algorithm.

Material And Methods: In this study we analyzed a group of 325 patients with ureteral stones, treated in a conservative (47), endoscopic (65), surgical (71) and ESWL (142) way. Age range from 23 to 67 years old, with an average of 45 years. There were 173 (53,2%) females and 152 (46,8%) males. The stones were localized in 77 (23,8%) of cases – lumbar floor, in 50 (15,4%) of cases – iliacus, in 175 (54,0%) of cases – pelvic and in 22 (6,8%) of cases – intramural. The diameter of the stones ranged from 0,3 to 2,0 cm (3-20mm). The staying time for the stones in the ureters varied from 7 days to 2 years. Ten (4,7%) of the patients had ureteral catheter, 56 (28,0%) – had ureteral autostatic stent, 159 (75,0%) – ESWL, 13 (4,0%) percutaneous nephrostomy, 8 (1,5%) open nephrostomy, 72 (22,2%) – ureterolithotomy, 60 (18,5%) – ureteroscopy, meatotomy – 5 (1,5). The patients were followed up for a range of period from 3 months to 2 years. The analyzing criteria of the results were: success rate, fail number, complications and the way of their solving.

Results: We have studied the results of the ureteral stones treatment, which was a basis for creating a therapeutical algorithm, according to the size, localization and time of staying in ureter. A differential application of these therapeutic methods allows to improve considerably the data. The success rate was of 86,9%; complications were noted in 13,1% of cases.

Conclusions: The utilization of therapeutical algorithm allows to choose the optimal therapeutic method of treatment in ureteral stones.

Keywords: Ureteral stones, ESWL, complications