

Results: The group studied consisted of women 44%, men 56%. BPI is a numerical scale of 0-10 assessing the degree of pain interference with the normal activities of the patient which it applies, to which is added information on the gradation of the pain, the pain at the time of examination. Starting from the order established after evaluation of maximum intensity of the pain score 6-30%, followed by the score 8-15%, scores 9 and 10 - 10-12%. When assessing the minimum level of pain intensity score of 2 to 23% and score 4 to 20 %, which ranks the most frequently encountered in patients investigated. Usual level of pain intensity score highlights the prevalence of 6 and 8 with 20%, followed by the score 5 to 18%, the other scores were determined from a minimum of patients. Depending on the type of treatment: 79% were receiving chemotherapy, chemo-radiotherapeutic treatment 5%, hormone therapy 2% and unspecified 14%. According to the step by step antalgic treatment, elaborated by WHO: analgesic stage administered -7% stage I, stage II- 23% and stage III - 70 %.

Conclusion: Analyzing all the features of chronic pain by using the BPI questionnaire in the study of cancer patients, we determined that although in theory the current therapeutic methods and applying rational (WHO principles) would allow excellent results in almost 95% of patients, but cancer pain remains untreated satisfactory in many situations

Keywords: Pain, score

110. HODGKIN LYMPHOMA AND SECONDARY METACHRONOUS TUMORS

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Introduction: Hodgkin lymphoma is a malignant tumor of the lymphatic system. Hodgkin's disease occurs predominantly in young adults and is one of the most curable malignancies. With current treatment approaches, most patients achieve a lasting complete remission, but there is a high risk of developing in these patients' secondary malignant tumors, and the mortality is associated with both radiotherapy and chemotherapy.

Purpose and objectives: Researching metachronous malignancies in patients with Hodgkin lymphoma and studying the frequency of their occurrence, depending of the age, sex, clinical stages, histological forms, the administrated treatment for Hodgkin lymphoma and also the time period for developing secondary malignancies.

Materials and Methods: Our study is based on 53 patients diagnosed and treated for Hodgkin Lymphoma in Oncological Institute of Republic of Moldova, all the patients where in complete remission when they developed secondary malignancy. In our study where 22 men and 31 women, with ages between 4 and 81 years.

Results: According to our study the number of patients diagnosed with Hodgkin's was the highest in the age of 11-21 for women (24,5%) and 21-31 for men (24,5%). The mix cellular form of tumors was the most frequent (43,39%). The metachronous tumors are mostly revealed in the stage IIA (39, 62%) of the disease. Our research carried out that there is a prevalence of a combined chemo-radiotherapy method of treatment (52.83%). The maximum risk of developing secondary metachronous tumors occurs over 11 to 20 years (46%), and the most frequently diagnosed tumors where lung cancer (22,64%), gastric cancer (16,98%), breast cancer(13,20%).

Conclusions: After treatment for Hodgkin's lymphoma in patients may develop secondary metachronous tumors that occur more frequently in women aged 21-40 years at diagnosis of Hodgkin lymphoma. Metachronous secondary tumors are identified mainly in patients diagnosed with stage IIA Hodgkin lymphoma, histological variant most commonly diagnosed as mixed cellularity. The method of treatment was chosen for the majority of patient's chemo-radiotherapeutic. Period of development of secondary tumors is 11-20 years after treatment for Hodgkin's lymphoma. Secondary malignancies after Hodgkin Lymphoma can have different location.

Keywords: Hodgkin Lymphoma, secondary metachronous tumors