

118. PRIMARY GASTRIC NON-HODGKIN LYMPHOMA: CLINICAL ASPECTS, DIAGNOSIS, TREATMENT

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Introduction: NHL (non-Hodgkin lymphomas) are malignant tumors that develop from hematopoietic cells located extramedullary, heterogeneous in terms of morphology and biology. They are the most common malignancies of the hematopoietic system. Of all primary tumors recorded annually, NHL are diagnosed in 5% of males and in 4% of females. Impairment in primary gastric NHL meets quite often. Extranodal location of NHL is recorded in 42% of cases. One of the most eliminates frequent extranodal localization is the gastrointestinal tract (13.3%). Different effect on different compartments eliminates frequent gastrointestinal tract: the stomach eliminates frequent being affected - in 70-75% of cases.

Purpose and Objectives: to study the clinical aspects and treatment results in impaired primary gastric NHL.

Materials and methods: The outpatients records were studied in 84 patients diagnosed with non-Hodgkin lymphoma (NHL) with primary involvement of the stomach, which is registered by the haematologists at the Institute of Oncology in the period 2000 - 2013. Of 84 patients diagnosed with primary gastric NHL, females with 48 and males – 36, with a median age of 57 years.

Results: NHL with primary involvement of the stomach developed frequently in people aged between 51-70 years (50%) and were rarely diagnosed at the age 19-30 years (3.6%). The common location of gastric NHL, was the stomach body (42.8%). In the primary NHL damage of the stomach have been mainly developed aggressive variants (85.7%). Regardless, morphological structure, gastric NHL initially spread in to the lymph abdominal nodes. Extranodal metastases occurred mainly in the liver, spleen, different regions of the tract gastrointestinal. The efficacy of the treatment in gastric NHL depended on the stage of tumor. Gastric resection is an important component in the combined treatment of primary gastric NHL damage.

Conclusions: In primary gastric NHL damage regardless, morphological variant, age and disease stage optimal method of management is combined treatment: Surgical + Radiotherapy + Combined chemotherapy.

Keywords: non-Hodgkin lymphoma, combination therapy

119. ULCERATIVE COLITIS - CLINICAL AND PARACLINICAL FEATURES

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Introduction: Ulcerative colitis (UC) represents a major problem in modern gastroenterology, mostly due to the incomplete knowledge on its etiology and pathogenesis and a lack of a "Gold Standard" regarding diagnosis and treatment.

Purpose and objectives: To study the signs and symptoms and the main complications, to appreciate the social impact of the disease, to evaluate the level of accuracy of the paraclinical tests in determining the UC phenotype (extension, activity).

Materials and methods: This is a retrospective study, which focused on the clinical aspects of UC in 105 patients hospitalized between 2011 and 2013 in the Gastroenterology Department of the Republican Clinical Hospital. The precision of the inflammatory markers (erythrocyte sedimentation rate - ESR, C reactive protein - CRP) in appreciating the UC activity was studied on a cohort of 44 cases. The level of UC extension was determined in 49 cases, comparing two methods - colonoscopy and irrigography.

Results: UC affects primarily people of childbearing age and labor force (76.2% - less than 40 y.o.), has a long course (average duration - $4,6 \pm 3,9$ years) and a high level of impairment

(37.1% have a certain degree of disability, out of them 79.4% are less than 40 y.o.). The patients are presenting mostly with local symptoms (abdominal pain 85.7%, bloody diarrhea 80%, tenesmus 68.5%). These are associated with general symptoms (fatigue 100%, weight loss 21.5%, high/slight fever 16.2%). The only extraintestinal manifestation observed was the arthralgia (8.5%). The most frequent complication in UC is anemia (27.6%), which significantly correlates with disease activity ($r = 0,59$, $p < 0,01$). CRP has a higher correlation with UC activity, compared with ESR ($r = 0,78$ versus $r = 0,69$, $p < 0,01$). Colonoscopy has a higher accuracy in determining the level of macroscopical lesions, especially in extended forms of UC (the error rate in irrigography - 33.3%).

Conclusion: UC affects equally both men and women, but has a high predominancy in young people, has a long course of the disease and imposes long-term disability. Any case of UC must be phenotyped, i.e. appreciating the extension, activity and longitudinal pattern. CRP proves to be more informative marker in regards to disease activity. In order to determine the macroscopic extent, it is recommended to use colonoscopy rather than irrigography.

Keywords: Ulcerative colitis, phenotype, erythrocyte sedimentation rate, C reactive protein, colonoscopy, irrigography

120. CLINICAL AND PARACLINICAL FEATURES OF RELAPSED CHRONIC URTICARIA ASSOCIATED WITH HELICOBACTER PYLORI INFECTION

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Introduction: Initial studies, performed to check the interference between relapsed chronic urticaria (RCU) and positive *Helicobacter pylori* (HP), showed high prevalence of *Helicobacter Pylori* infection in patients with RCU and high rates of remission of urticaria after eradication therapy.

Purpose and Objectives: Evaluation of clinical and paraclinical features of relapsed chronic urticaria associated with *Helicobacter pylori* infection.

Materials and Methods: The retrospective study of 60 patients with RCU hospitalized in the Allergy Department of the Republican Clinical Hospital was performed. FEGDS with biopsy and histological detection of HP infection was obligatory for all patients.

Results: No particularities of eruptive syndrome were found in the study group in comparison with control group. Prevalence of dyspeptic syndrome was equally high in both groups. The presence of the relationship between gastro-duodenal mucosa inflammation and increased titers of anti *H. pylori* IgG was determined. In patients with RCU and HP infection were observed simultaneous inflammatory gastro-duodenal pathology in 100%. The rate of erosive-ulcerous affectations was similar in the comparison groups (13.3% and 20%).

Conclusions: The clinical manifestations are similar in patients with RCU and HP infection and in the control group without HP. In both investigated groups the changes of gastro-duodenal mucosa according to FEGDS data are similar: edema inflammatory injuries and hyperemia prevail mainly on the erosive-ulcerative injuries. Anti-HP IgG in high titer correlates with edema inflammatory injuries and hyperemia of the gastro-duodenal mucosa, unlike erosive-ulcerative injuries, in which the values of anti-HP IgG are not high.

Keywords: Relapsed chronic urticaria, *Helicobacter Pylori*, clinical and paraclinical features

121. THE RISK FACTORS IMPORTANT FOR NON – ICU NOSOCOMIAL PNEUMONIA

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Introduction: Nosocomial pneumonia (NP) is the 2nd most frequent cause of nosocomial infection. About half of the cases of NP occur outside ICU and differ from ventilator-associated