

(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

**Hapun Diana**

*Academic adviser:* **Onu Vera**, M.D., Ph.D., associate professor, State University of Medicine and Pharmacy "Nicolae Testimțanu", Chișinău, Republic of Moldova

**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

**Iosip Natalia, Barcari Alexandr**

*Academic adviser:* **Toma Cristina**, university assistant, State Medical and Pharmaceutical University "Nicolae Testemitanu" , Chisinau, Republic of Moldova

**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