

(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

pneumonia in several aspects. The most important risk factors for this NP are: age > 60 years old, important comorbidities (COPD, diabetes mellitus and heart failure), prior antibiotic treatment, the use of nasogastric tube and length of hospitalization > 11 days.

Purpose and Objectives: To analyze the known risk factors important for non-ICU HAP.

Materials and methods: Our study was performed in the medical and surgical wards of the Republican Clinical Hospital and the Institute of Phthisiopneumology “Chiril Draganiuc” and included 22 patients: 13 (59,1%) were from general wards and 9 (40,9%) - from surgical wards.

Results:

Risk factors	Cases, No. (%)
Surgical manipulations	9 (40,9%)
Nasogastric tube	4 (18,2%)
Prior AB therapy	9 (40,9%)
Length of hospitalization	16 (72,7 %)
1 underlying disease	7 (31,8 %)
2 and more underlying disease	14 (63,6 %)
Heart failure	14 (63,6 %)
Diabetes mellitus	7 (31,8 %)
Neurological disorder	3 (13,6 %)
Neoplasm	2 (9,1 %)
Renal failure	4 (18,2 %)
Hepatic cirrhosis	7 (31,8 %)
Chronic obstructive pulmonary disease (COPD)	2 (9,1 %)
Age > 60 years old	16 (72,7 %)

Conclusion: The most frequent risk factors for non-ICU NP observed in our study were similar to those considered in the literature. Most patients were older than 60 years old, had 2 and more comorbidities, mainly heart failure and diabetes. We also frequently found some extrinsic risk factors that have been described as very important for colonization with resistant microorganisms: prior AB treatment, surgery and prolonged hospitalization. We consider that the small number of patients is a considerable limitation for our study.

Keywords: nosocomial pneumonia, non-ICU nosocomial pneumonia, risk factors

122. HEADACHES IN PEOPLE WITH TMJ DYSFUNCTION

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Introduction: TMJ dysfunction is a collective term that meets a wide variety of clinical problems including masticatory muscle problems, TMJ and associated topographic anatomical structures problems. Dysfunctions are only a subset of a larger group of craniofacial pain and dysfunctions, which includes somatic, psychological and neuropathic pain. The complexity and difficulty of the sensitive and motor innervation of TMJ elements and muscles as well as connections and interrelations of various cranial nerves, highlights the importance of the CNS in achieving lower jaw function and at the same time causes difficulties in the differential diagnosis of pain symptoms in the craniofacial area.

Purpose and Objectives: (1) To describe the relation between craniofacial pain and TMJ disorders. (2) The use of new diagnostic methods and technologies in patients with TMJ dysfunction, allowing early detection of pathological changes in stomatognathic system.

Materials and methods: 2 questionnaires: 1-headache questionnaire; 2-TMJ Health Questionnaire (BioRESEARCH Associates, Inc.). 20 patients aged between 18-50 with TMJ dysfunction accusing headache and orofacial pain were examined. Paraclinic diagnostic methods used: JVA- Joint Vibration