

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

Analyzis; EMG- Electromyography; Quadra TENS- Transcutaneous Electrical Neural Stimulator; T-Scan - Occlusal analyzis system designed to measure and record relative bite forces over time.

**Results:** According to data with clinical and laboratory investigations mentioned, most patients who presented with headache were diagnosed with TMJ dysfunction (disc displacement with/without reduction, degenerative processes, etc.). TMJ dysfunction prevalent in patients aged 35-50 years, affected the feminine sex. Explanation: estrogen through PNS affects blood flow in the TMJ. This in turn reduces the patient's ability to repair damage caused in the joint capsule. Lack of estrogen affects permeability of magnesium in the cell wall, while magnesium is a mineral involved in the production of synovial fluid. The decrease of it means low lubrication of the joint and that low levels of estrogen decreases the pain threshold of the patient and makes them more sensitive to discomfort. The usefulness of these investigations helped early diagnosis of TMJ diseases with further development of treatment plan properly and efficiently. In 15 patients following treatment performed was observed improvement of dolor symptoms in orofacial region and decrease headache. The other 5 patients, through interdisciplinary collaboration (dentist, neurologist, psychiatrist, rheumatologist) were subjected to further investigation to determine the etiopathogenetic polymorphism of headache.

**Conclusions:** In patients who presented in the dental office with headache and oro-facial pain, most are of joint pain, a smaller percentage representing another cause pain. TMJ disorders are encountered more often in women being criminalized hormonal and psycho-emotional factors. Also, low quality dental restorations and incorrect orthodontic procedures can complicate and even initiate TMJ dysfunctions. The investigations carried out have helped diagnose the TMJ disease itself with a plan for effective treatment and relief of dolore symptoms.

**Keywords:** TMJ, CNS, PNS, Stomatognathic System

## 123. CLINICAL FORMS OF THE PSYCHOORGANIC SYNDROME

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**Introduction:** Organic mental disorders are among the most common psychiatric disorders and ranks 4<sup>th</sup> in the structure of global prevalence. Today about 430 mln people suffer from 1 or more mental disorders. 13,4% of these suffer from psychoorganic syndrome. In the US 75mln cases are registered annually. In RM during '05-08 there was an increase in the incidence of mental illness by 9,5%. In 2010 there were 98564 patients with mental illness. More than 60% of patients with organic mental disorders develop psychoorganic syndrome. In separate studies the incidence of psychoorganic syndrome was studied, ranging from 15,2% to 32%.

**Purpose and objectives:** To study the clinical variants of the psychoorganic syndrome, to estimate its evolution and methods of treatment.

**Material and methods:** The basic methods used were: clinical and statistical methods. The clinical method included: history taking, observation and description of clinical manifestations. To assess the memory process the method of memorizing 10 words was used. Miller's rule was applied. To assess thinking disorders the following were used: association between objects and their significance, explaining metaphors and proverbs.

**Results:** We studied the incidence of etiological factors. We correlated the syndrome form with: degree of education, relationships with close people, ability to work etc. We highlighted the most frequent clinical manifestations.

**Conclusions:** The psychoorganic syndrome is aver frequent disorder, which limits the ability to work, affects the relationships with family and friends and the general condition of the patient. Patients should be diagnosed carefully based on clinical findings in order to choose the most adequate treatment and improve the patients' quality of life.

**Key words:** Psychoorganic syndrome, thinking disorders, memory process, attention decrease, apathetic/ asthenic/ euphoric/ explosive variants