

indexes in the normal range. In the control group were administered major analgesics, like promedol, schematically, and VAS score was 8-9 points and clues major objective, as was observed in 4 patients dyspeptic side effects.

Conclusion: We can say that acupuncture is a non-invasive method, followed by a stable postanesthetic period with persistent analgesia and postoperative evolving remarkably good, due to the absence of adverse effects such as nausea and vomiting, which include early enteral feeding, early mobilization and less adverse effects.

Keywords: Acupuncture, Visual-Analogue Scale (VAS), pain

18. THE OPPORTUNITY OF PERSISTENT VIRAL INFECTION IN CLINICAL AND IMMUNOLOGICAL MANIFESTATION OF COMMUNITY-ACQUIRED PNEUMONIA

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Introduction: Pneumonia is the cause of death of more than 2 mln children every year, which represents approximately 20% from all deaths. In RM the prevalence is 140-150 at 1000 of children. According to WHO, the mortality caused by herpetic infection is placed on 2nd place (15.8%) in group of viral infections, followed by H. influenzae. Death rate in CMV infection is evaluated at 30 %, and 80%-100% of the survivors will develop such sequelae as: progressive deafness, mental retardation, microcephaly. Affection of respiratory system at children with CMV infection is estimated at 49%, clinical manifested by respiratory distress syndrome and pneumonia.

Objectives: To highlight the risk factors and determine the clinical and immunological particularities of CAP associated with persistent viral infection.

Materials and Methods: 1. Examination of medical cards. 2. Paraclinical Examination (hemoleucogram, biochemical examination, immunological examination using the Mancini's method - IgA, IgG, IgM; anti - CMV serological examination, anti - CMV - IgA; 3. Screening methods: chest X-ray, internal organs Eco; 4. Consultation of Infectionist, gastroenterologist, psycho-neurologist, allergist, etc.; 5. The obtained investigations results were statistically processed by using variational and descriptive analysis in Microsoft Excel statistic programs. In each group we had the follow age structure: 1-6 months, 6-12 month, 1-3 years, and 3-5 years. The distribution in study groups was the similar as in the control one.

Results: From 106 children with CAP:

1st lot: Anti-CMV IgM positive, Anti-CMV Ig G positive - 31;

2nd lot: Anti-CMV IgM negative; Anti-CMV Ig positive - 44;

3rd lot: Anti-CMV IgM negative; Anti-CMV IgG negative - 31;

1. Risk factors that determine the severe evolution of CAP at infants with positive herpetic IgM or IgG are herpetic family history 61.3%, in special with MV 43.07 %.

2. Clinical diagnostic markers in suspicion of persistent viral infection - family persistent viral history, congenital pneumonia, prolonged neonatal jaundice, toxic hepatitis.

3. The association of CAP with IgM positive herpetic infection, appreciate the severity of disease ($35.48 \pm 1.4\%$, $p < 0.05$), its duration (more than 1 month, 2 week of hospitalization) and the presence of complications ($83.8 \pm 2.35\%$, $p < 0.005$) and comorbidities at this children.

Conclusions: The herpetic infection is an important risk factor that needs to be evaluated and be very seriously studied. Persistent herpetic viral infection can be qualified as a medico-social problem, because of its clinical and immunological manifestation, distribution, amplitude and comorbidities and we must take an attitude behind this problem, as soon as possible.

Keywords: Recurrent respiratory diseases, community-acquired pneumonia, persistent viral herpetic infection, children under 5 years