

**Objective:** SCORAD index assessment in AD clinical evolution in children.

**Materials and methods:** The study group consisted of 30 patients with AD (10 males, 20 females) with the age range between 2 months and 14 years. The diagnosis was based on patients' history, clinical and laboratory investigations. The dynamic of SCORAD index, total Ig E, CIC were assessed. SCORAD index was calculated in points, includes the evaluation of the process progression (affected area), the intensity of skin manifestations (erythema, oedema/papules, moist/crusted areas, excoriations, lichenification, xerosis) and the accuracy of subjective signs (itching, sleep disturbances), thus reflects the gravity of the process. The patients were divided into 3 groups by SCORAD index: I group- 8 patients with the index points below 20 (mild form), II group- 12 patients with SCORAD index ranged between 20 and 30 (moderate form), III group- 10 patients with the index >30 pts. (severe form). AD therapy included: diet therapy, local treatment with specific remedies of daily skin care, local anti-inflammatory and antihistamines remedies. Therapeutic efficacy was based on SCORAD index further determination.

**Results and discussions:** The average SCORAD index for all the groups of study was 35,0 pts., in I group of study- 19,8 pts., II group-28,0 pts., III group-59,0 pts.. At the first reexamination in 7 days, average SCORAD index was 22,0 pts. (the index decreased with cca. 33%), after 12 days it consisted 10,4pts. (77% decreased from initial values). Xerosis extinction and clinical remission induction was noticed in 20 patients. In 10 patients (4 from II group and 6 from III group), a slow decreasing, till 30%, of the clinical signs was noticed. The individual analysis of these patients showed the presence of comorbidities (chronic amigdalitis, adenoiditis, gastroduodenitis), that needed prolonged further treatment.

**Conclusion:** This study sustains the efficiency of the SCORAD index's prediction value in AD evolution assessment. SCORAD index decreasing in the study group reflects the treatment's efficacy. The presence of digestive system's disturbances and of infections with focal chronic inflammation leads to a prolonged inflammatory dermic process and a prolonged therapy.

**Keywords:** SCORAD index, predictive value, atopic dermatitis

## 36. QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND PULMONARY INVOLVEMENT

**Cebanu Mariana, Sadovici Victoria**

*Scientific advisor:* Mazur Minodora, Ph.D., University Professor, USMF "Nicolae Testemitanu", Chisinau, Republic of Moldova

**Introduction:** The influence of systemic lupus erythematosus (SLE) on the quality of life (QoL) is an important principle in the management of patients with SLE.

**Purpose and objectives:** Evaluation of QoL in patients with SLE and pulmonary involvement.

**Material and Methods:** The study included a group of consecutive patients who meet the SLICC, 2012 criteria of SLE classification. The disease activity was assessed by SLEDAI and SLAM, organ damage – by SLICC Damage Index. Evaluation of lung involvement was performed by St. George Respiratory Questionnaire, imaging (Rx, ECHO, HRCT) and functional respiratory tests (spirometry, DLCO). QoL was assessed by the SF-36 questionnaire, which includes eight areas summed to Physical Component Summary (PCS) and Mental Component Summary (MCS). The correlation between variables was calculated by Pearson coefficient.

**Results:** The study enrolled 30 patients with mean age  $42.3 \pm 11.64$  yrs, the disease duration  $7.29 \pm 7.1$  yrs, mean age at onset –  $34.43 \pm 11.4$  yrs, female:male ratio 9:1. The average of SLICC classification criteria was  $6.2 \pm 1.64$ . The activity, assessed by SLEDAI was  $12.33 \pm 8.07$  and by SLAM –  $13.63 \pm 6.41$  points, respectively, SLICC DI was  $2.13 \pm 2.45$  points. Thirteen (43.3%) patients had pulmonary implications: 6 with pleurisy, 3 – pulmonary hypertension, 1 – shrinking lung syndrome, 1 – interstitial pneumopathy, 1 – pulmonary embolism and 1 – lupus pneumonitis. The comparative analysis of patients with and without lung disease showed a decrease in the quality of life in both groups. In the group of patients with pulmonary involvement was obtained a lower summary score of physical

component (31.6 vs 36.4) and a higher score of mental component (39.0 vs 36.5) compared with patients without lung involvement. Correlation analysis between QoL in patients with lung disease showed a negative, moderate correlation between the PCS and the disease activity SLAM ( $r = -0.69$ ,  $p < 0.05$ ) and SLEDAI ( $r = -0.56$ ,  $p < 0.05$ ), while the MCS had a weak negative correlation with SLEDAI ( $r = -0.33$ ,  $p < 0.05$ ) and did not correlate with SLAM. In patients without lung disease, was identified a weak negative relationship between SLAM and PCS ( $r = 0.40$ ,  $p < 0.05$ ). Simultaneously, was established an inverse correlation between the PCS and the organ damage index (SLICC DI) in both groups ( $r = -0.52$ ,  $p < 0.05$ ) and in patients without lung injury also with MCS ( $r = -0.38$ ,  $p < 0.05$ ).

**Conclusion:** In patients with SLE was found a diminished QoL. In the group with pulmonary involvement was established a reduced physical component score, which correlated inversely with disease activity. In patients without pulmonary involvement, the QoL was reduced also, with an inverse moderate correlation with SLICC DI and a less significant correlation with disease activity.

**Keywords:** Systemic lupus erythematosus, Quality of Life

### 37. CORRELATION BETWEEN PAIN, FUNCTIONAL DISABILITY AND DISEASE ACTIVITY IN PSORIATIC ARTHRITIS PATIENTS WITH AXIAL INVOLVEMENT

Cerlat E., Rotaru T.

*Academic adviser:* Mazur-Nicorici Lucia M.D., Ph.D., Assistant lecturer, State medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

**Summary:** Psoriatic arthritis is an inflammatory arthritis that is associated with psoriasis. Early objectification joint pathology and conditioning treatment, slows progression of the disease and its unfavorable prognosis. Clinicians pay great attention to psoriatic arthritis, which is motivated by certain tendencies within global growth over the past three decades between 0.3 - 1% in population in general. The aim of this research was to assessment the correlation between pain intensity, functional disability and disease activity in psoriatic arthritis (PsA) patients with axial involvement. There were examined 47 patients suffering from psoriatic arthritis, with average age of  $43.8 \pm 1.6$  years.

**Material and Methods:** The study included a cohort of patients selected according to the ASAS criteria for PsA. The pain intensity was assessed by Visual Analog Scale (VAS) for pain. The disease activity was estimated using the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), and the functional disability was evaluated by Bath Ankylosing Spondylitis Functional Index (BASFI)

**Results:** We studied 47 patients, 44.1% females with mean age of  $\pm$  SD  $43.8 \pm 1.6$  years, and disease duration of  $\pm$  SD  $11.0 \pm 1.2$  years. The pain intensity by VAS and functional disability by BASFI was  $6.7 \pm 2.4$  and respectively  $5.4 \pm 1.2$  points. The disease activity was estimated at  $5.7 \pm 0.8$  points, being appreciated as moderate-severe.

		BASDAI	BASFI	VAS
BASDAI	Correlation Coefficient		0,844	0,807
	Significance Level p		< 0,0001	< 0,0001
BASFI	Correlation Coefficient	0,844		0,650
	Significance Level p	< 0,0001		< 0,0001
VAS	Correlation Coefficient	0,807	0,650	
	Significance Level p	< 0,0001	< 0,0001	

Was established a strong significance positive correlation between VAS and BASDAI ( $p < 0.0001$ ), BASDAI and BASFI ( $p < 0.0001$ ). The VAS and BASFI had a moderate positive interdependence, as shown in the table.

**Conclusion:** The Pain Intensity and Functional Disability Index have a high significance positive correlation with the disease activity while between VAS and BASFI was revealed a moderate positive correlation in psoriatic arthritis patients with axial involvement.

**Key words:** axial disease, disease activity, functional disability