

## 16. PILOT HEARING SCREENING IN SCHOOL AGE CHILDREN IN REPUBLIC OF MOLDOVA Skarżyński P.H., Pavlovschi D., Piłka A., Ludwikowski M., Pierzyńska I., Żelazowska M.

**Introduction:** Many countries have implemented newborn hearing screening programs, resulting in early intervention and therapy. In spite of that, there is a significant number of schoolchildren with hearing problems. Hearing loss is a common and considerable disability that harms educational performance of schoolchildren in developing countries. Lack of a simple and practical screening protocol often deters routine and systematic hearing screening at school entry.

**Purpose and Objectives:** The pilot study assessing the hearing in the population of pupils who begin their education in five random primary schools in Moldova.

**Material and Methods:** Hearing screening was conducted in a group of 179 children from three primary schools in Chisinau in Republic of Moldova. Screening was performed using the Sense Examination Platform; on the basis of the audiometric procedure of measuring the hearing threshold. Positive result of hearing screening was defined as equal as or more than 25dB at least at one frequency in either ear. Additionally subjective assessment was carried out on the basis of parents questionnaires.

**Results:** The study was performed in 3 schools: in the 1st were examined 69 children, from which a positive result was at 8.7%, in the 2nd - 52 (25% positive) and in the III-rd - 58, with positive result at 10.34%. A total of 179 children were examined, out of which at 13.97% - a positive test result. All children with positive results of hearing screening were examined by local otolaryngologists.

**Conclusions:** The obtained results confirm the significant prevalence of hearing problems in school-aged children. Based on the results, the implementation of hearing screening as a routine procedure in the medical care in schools is strongly recommended.

**Keywords:** Hearing screening programs, hearing loss, school-children.

## 17. ACUPUNCTURE AS A METHOD OF ANALGESIA

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**Introduction:** Acupuncture as a therapeutic method of treatment comes from China and is becoming more widespread in Europe nowadays. It is based on the meridian theory and assumed mechanisms of action: autonomic, neuroendocrine and bioenergetical. The needles are pierced at specific points of the body, placed along the meridian line of movement which on the body of energy. If at their path appears an exciting form of stinging or pressure, then it can reduce pain and improve body condition that was affected.

**Purpose and Objectives:** The effectiveness of acupuncture in postoperative analgesia, which was conducted in the National Scientific and Practical Center for Emergency Medicine (IMSP CNSPMU) Microsurgery Department.

**Material and Methods:** We selected 20 patients between 20 and 50 years, suffer from skin trauma, soft tissue and vascular structures in the mining regions, which underwent a microsurgical intervention. They were divided into two groups of 10 patients each. Patients of the first group received 3 sessions of acupuncture and analgesic medication. The second group had only two analgesic drugs. All patients were analyzed according to subjective criterias: Visual-Analogue Scale (VAS), personal comfort and the objective criterias: blood pressure, temperature, respiratory rate, heart rate. The materials used were: set of individualized acupuncture needles, Visual- Analogue Scale, tensometer, thermometer, assessment questionnaire for postoperative pain management, patient satisfaction questionnaire for assessing the management of acute postoperative pain, patient informed consent about participating at the study.

**Results:** The study showed that the first group which received minor analgesics, like sol. baralgin in combination with acupuncture by demand, a value of 5-6 points at VAS and objective

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 2<sup>nd</sup> 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:

1<sup>st</sup> lot: Anti-CMV IgM positive, Anti-CMV Ig G positive – 31;

2<sup>nd</sup> lot: Anti-CMV IgM negative; Anti-CMV Ig positive – 44;

3<sup>rd</sup> 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 ( $35.48 \pm 1.4\%$ ,  $p < 0.005$ ), 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