

anti-HBe – in 70%. The HDV RNA was found present in all investigated patients with chronic hepatitis D, a low titre of HBV DNA was detected in 5 (25%) patients. Chronic hepatitis D patients had high viral level of HDV RNA, on average of 514038 IU/ml. Most of them had a negative HBV DNA - 76%, and just 24% had parallel HBV DNA and HDV RNA.

**Conclusions:** In patients with HDV infection was observed a higher frequency of clinical and paraclinical symptoms versus HBV alone, a more evident cytolytic syndrome, leukopenia and thrombocytopenia, ( $p < 0.01$ ). The majority of patients with chronic hepatitis D, have high viral level of HDV RNA, and therefore they require antiviral treatment.

**Keywords:** Chronic hepatitis Delta, treatment, antiviral

### 83. THE PREVALENCE OF STAPHYLOCOCCUS AUREUS CARRIAGE AMONGST MEDICAL PERSONNEL AND MEDICAL STUDENTS IN CLINICS FROM THE MUREȘ COUNTY EMERGENCY HOSPITAL

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**Introduction:** Staphylococcus aureus is a bacteria that is carried on the skin and in the nose of healthy people on a common basis. Because it can easily acquire resistance to all classes of antibiotics can cause devastating infections in patients that contact the bacteria during their hospitalization.

Knowing the prevalence of the carriage of *S. aureus* amongst medical personnel is important to lower the *S. aureus* infections in inbound patients and also lower the cost and the number of hospitalization days.

**Materials and methods:** Nasal swabs were collected from each participant using sterile swabs. The nasal swabs specimens were transported to the laboratory and processed within 2 hours of collection. The swab was discharged on blood agar plate and also on manitol salt agar plate, incubated at 37°C and examined after 24h. The Fisher test was used to calculate the relative risk for the patients to acquire an *S. aureus* infection during their hospitalization.

**The result of the discussion:** From the 177 participants that were involved in the study the *S. aureus* colonization amongst them was of 18% of which 2% is represented by MRSA. Even if these values are not statistically significant ( $p = 0.8230$ ) the knowledge of the carriage on different departments of the medical unit helps improve the medical care.

**Conclusion:** Even though the MRSA carriage is only 2%, the nasal carriage can be a risk factor for nosocomial infections. It is important to comprehend the status of *S. aureus* carriers especially MRSA to prevent nosocomial infections.

**Keywords:** *S. aureus*, carriage, MRSA, medical, personnel

### 84. HEPATORENAL SYNDROME IN PATIENTS WITH CIRRHOSIS

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**Introduction:** Hepatorenal syndrome (HRS) represents a common complication of severe forms of cirrhosis, characterized by renal failure apparent with no specific cause, which is progressive and theoretical is reversible. After the diagnosis is being established, the probability that a cirrhotic patient would develop a HRS is 18 % in 10 years and 39% in 5 years. SHR develops usually in patients with cirrhosis, frequently with alcoholic etiology and already presents all the severe complications of the disease. The hepatorenal syndrome is a diagnosis of exclusion and is associated with a poor prognosis.

**Methods:** The study was carried out during a 5 year period (2007-2012). We selected 447 patients with different evolution stages of cirrhosis. The diagnosis was based on anamnesis, clinical

examination, biological explorations and imaging scans. Our study group was analyzed from demographical point of view and also etiological and compensation type. The severity was evaluated with Child-Pugh-Turcotte score, being dosed serum albumin and protrombine time. On the basis of these criteria was elaborated the prognosis.

**Results and discussions:** The HRS is a frequent complication in cirrhosis evolution. The most common progression of cirrhosis, no matter the etiology or Child score, is to HRS type 2. Death in 6 months usually occurs in patients with ethanolic cirrhosis. It generally emerges in male patients from urban environment. HRS type 2 develops in male with Child C class cirrhosis and is usually followed by death.

**Conclusions:** HRS is present in the evolution of any patient with cirrhosis, independent of the etiological factors and environment. Child score is not influenced by cirrhosis etiology, but it might complicate the disease during its evolution. With nowadays therapeutical methods, cirrhosis complication succeeded by HRS has a low chance of survival improvement. Death is the most common form of evolution of HRS.

**Keywords:** Hepatorenal syndrome, ethanolic cirrhosis, death

## 85. COMMUNITY ACQUIRED PNEUMONIA AND CARDIOVASCULAR COMPLICATIONS

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**Introduction:** Community- acquired pneumonia (CAP) is one of the leading causes of mortality and morbidity, both inside the country and around the world, affecting children, youngsters, adults and the elderly alike. CAP incidence varies throughout the world, 5 to 12 cases being reported per 1000 patients. This number increases significantly in older patients and those debilitated, reaching up to 25-40 in 1000. Cardiovascular complications increase the risk of short-term mortality, reduce the quality of life of these patients and prolong the hospitalization period, hence have as well an economic impact.

**Purpose and Objectives:** To evaluate the particularities of the clinical course and course for treatment in patients with CAP who developed cardiovascular complications.

**Materials and methods:** This is a retrospective study that included 68 patients with confirmed CAP admitted to the Municipal Hospital N3 „Sfinta Treime” during the period of 1.01.2013-1.01.2014. The patients were divided into two groups: group I included patients admitted with CAP that developed cardiovascular complications; group II included patients with CAP alone. All the data was statistically processed in Excel, applying Student T Test and *Fisher's exact test* for contingency tables.

**Results:** During our study we've looked for cardiovascular complications in patients with CAP: new or worsening arrhythmias, new or worsening heart failure, or both. Our study revealed that 17,7% (12/34) of patients we've examined presented with new or worsening arrhythmias, 20,6% (14/34) presented with new or worsening heart failure, and 11,8 % (8/68) presented with both. Following a careful analysis of the acquired data we've established there is a statistically significant difference between the two groups considering the average age of the patients ( $64.74 \pm 12.21$  – I group,  $49.46 \pm 20.58$  – II group). Patients from the I group presented more frequently with COPB (50%, 17/34), hypertension (67,7%, 23/34), chest pain (53%, 18/34), heart failure (53%, 18/34). There was a difference in the clinical manifestations of the patients from the two groups. The first group presented with dyspnea in 97% of cases (33/34) vs the second group where dyspnea was reported in 85,3% (29/34). Also patients from the first group presented more frequently with sweating 50% (17/34) vs 35,3% (12/34). It takes longer for the clinical parameters to normalize in patients from the first group. Also the average period of hospitalizations was longer for the patients from the first group ( $10,1 \pm 2,3$  days) vs patients from the second group ( $8,9 \pm 2,1$  days).

**Conclusion:** Patients with CAP that developed cardiovascular complications present more frequently with comorbidities that are risk factors for the onset of their cardiovascular