Materials and methods: Experiments were performed on female mice ICR, aged 3-4 months. PRP received by treating peripheral blood Machinery Smart Prep (Harvester Corp.). Animals were divided into two groups. The first group in plot area for 10 days rubbed potassium dichromate, then locally, intradermal injected into the affected area PRP dose of 0.1 ml twice at intervals of 7 days. The second group of animals rubbed dichromate of potassium, during the same periodand then watched the self-healing skin. Animal deduced from the experiment on the 17th, 31st and 45th day. Conducted pathologic study involved skin using different methods of coloring material.

Results: Macroscopically, visible damages to skin were not observed at the animals of the first group. The skin was covered with hair. In the morphological study of the skin revealed the preservation of its layer structure, satisfactory vascularization of the zone lesions, expressed basal layer, the structure of hair is not changed. Macroscopically, the skin of the animals from the second group was thin, with varying degrees of proliferation of connective tissue. Microscopically we detected acanthosis, small spongiosis, without bubbles, leukocyte infiltration of various degrees of severity, extension of epidermal outgrowths, areas of parakeratosis and phenomenon of acantholysis. Blood vessels had a small caliber.

Conclusions: PRP promotes high quality and rapid reparative regeneration of skin, which helps preserve the morphological properties of tissue. The positive effect correction caused by several factors (cytokines and other biologically active substances), which enhance chemotaxis and proliferation of cellular elements in the lesion focus, and participate in the processes of adaptation.

CHARACTERISTICS OF DRUG RESISTANT TUBERCULOSIS IN CHILDREN

Zamornea Ala

Academic adviser: Kulcitkaia Stela, M.D., Ph.D., Professor, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Drug-resistant (DR) Mycobacterium tuberculosis (TB) infection represents a serious and growing problem. One of the greatest clinical challenges is the diagnosis and treatment of pediatric drug-resistant TB. There is a lack of diagnostic tools adapted to children, too little information on safe, effective treatment regimens and virtually no pediatric formulations of second line TB drugs available. Pediatric TB remains difficult to diagnose microbiologically, with the result that detection of drug-resistant TB in children is an ongoing challenge. Since children diagnosed with TB predominantly represent recently acquired TB infection, they provide an important indication of drug-resistant TB prevalence and transmission within their communities. Drug-resistant TB is essentially a man-made problem, which consumes large amounts of healthcare resources.

Purpose and objectives: evaluation the clinical features of drug-resistant TB at children and to establish the risk factors in the development of drug-resistant TB at children, to ensure optimization of early detection and improvement of control drug-resistant TB cases in children.

Methodology and materials: Retrospective study about 74 cases of drug-resistant TB at children, hospitalized at the Phthisiopneumology Hospital Chisinau, Moldova, between 2006-2011.

Results: The most common diagnosis established was a form of secondary tuberculosis - pulmonary infiltrative TB - 47 (63.52%). Risk factors of DR TB at children are: contact with TB patients, poor living conditions, lack of chemoprophylaxis, associated diseases, non-vaccination or low-quality vaccination BCG.

The way to detect drug – resistant TB children was passive in 45 cases (60,81%), by addressing the family doctor with characteristic clinical signs of tuberculosis. By the prophylactic examination of chil-

dren with risk factors, particularly examination of contacts with TB patients, were found 29 children (39,18%). Among the children active detected, in 18 cases (24,32%) were found clinical signs present or long time, in 3 cases were even hemoptysis, but only after laboratory investigations of suspecting tuberculosis, appeared the "concern" of parents about health of children. Only 11(14,86%) children at the time of hospitalization had no acute clinical signs.

The presence in family of an adult patient with pulmonary tuberculosis were found in 65 cases (87,83%) and 39 (60%) of these were already MDR confirmed, as a consequence of transmission of resistant strains from adults. By performing the tuberculin test with 2 TU were determined hyperergical reaction at 25 (33,78%) children with drug-resistant TB, in 36 (48,65%) cases determined normergical and at 13 (17.56%) children with drug-resistant TB TST Mantoux 2 TU were «negative.»

The result of treatment in children with resistant forms of tuberculosis was always positive.

Conclusions: Drug-resistance in children and teenagers frequently is primary, as a consequence of transmission of resistant strains from adults. TB drug resistance at children and teenagers require special attention and immediate action, because drug-resistance has a negative impact on TB treatment efficiency. MDR TB speaks of recent transmission in the community and therefore it is a failure of TB control program.

Key words: Mycobacterium tuberculosis, tuberculosis, resistance to drugs, children, diagnosis.

DETECTION OF TUBERCULOSIS IN YOUNG CHILDREN

Ribnova N.

Academic adviser: Vilc Valentina, M.D., Ph.D., Professor, State Medical and Pharmaceutical University "Nicolae Testemiţanu", Chisinau, Republic of Moldova

Introduction: About one million children develop tuberculosis (TB) annually worldwide, accounting for about 11% of all TB cases. The presence of TB in children is an important indicator of the overall status of health in a particular country. Children are highly susceptible to tuberculosis. Young children under 3 years have an immature (weak) immune system which is unable to control severe infections. A vast number of children infected remain undiagnosed – creating a reservoir of future adult disease. Diagnosis is difficult at children and often fatally delayed – early symptoms and signs of tuberculosis at children are common and easily missed. Knowledge on the factors that influences TB at children is of utmost importance to evaluate transmission in communities and to adjust TB control activities.

The main **purpose** of the present study is to establish the risk factors in the development of TB at children <3 years old, to ensure optimization of early detection methods and improvement of control activities for TB.

Objectives: Determining the efficiency of early detection of TB at children;

Evaluations of risk factors whitch are conductive to TB infection in children.

Methodology and materials: Retrospective study about all cases of primary TB at children <3 years, hospitalized in the Phthisiopneumology Hospital Chisinau, Moldova, between 2006-2010. The patients have been classified into two samples based on the principle of detection: groupI- 122 children diagnosed through active case finding (prophylaxis examinations) and group II - 47 children diagnosed through passive methodology (through addressing with symptoms characteristic to TB). The discriminator analyses have been applied to determine the risk factors that are conductive to development of TB in children.