

moniae, Enterococcus, and rarely other pathogens. From the group of children examined to the presence of fungi in pharynx, *Candida albicans* was found in 15,8% cases.

The examination of sensitivity to the main groups of antibiotics of the agents detected in the pharynx, it was established that in most cases the microbial flora is sensitive to the group of B lactamic antibiotics (Amoxicillin/clavulanic acid and amoxicillin), it is less sensitive to the cephalosporin group, and less sensitive to the macrolide group. The highest resistance of the microbial agents it was shown to be to the penicillin and trimethoprim/sulfametazon.

Keywords: Microbial flora, chronic compensated tonsillitis, children, antibiotics, fungi.

THE FACTORS INCREASING RISK OF MORTALITY IN THE PELVIO-ABDOMINAL TRAUMATISM

Paladii Irina, Vizitiu Aliona, Sor Elina

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

Introduction: The associated pelvio-abdominal trauma shows an unfavorable prognosis for survival. Predictors of mortality in pelvis fracture patients should be available early in the course of treatment in order to be useful.

Aim: The objective of this study was to establish the factors increasing risk of mortality in the pelvio-abdominal traumatism.

Material and methods: The study includes 195 victims with blunt trauma: 152 patients with pelvic ring fractures and 43 patients without pelvic ring fractures. Data were collected regarding: mechanism of injury, Algover's shock index (SIA), associated injuries, Injury Severity Score (ISS), Glasgow Coma Scale (GCS), Revised Trauma Score (RTS), Trauma and Injury Severity Score (TRISS) and mortality. Statistical analysis was performed with Kaplan-Meier method, log rank test and Cox regression analysis for the survival functions.

Results: Study group (SG)-152 patients with pelvic ring fractures. M/W- 2,16. Mean age $38,81 \pm 16,03$ years. ISS = $38,84 \pm 6,76$ points, RTS- 6.16 points, TRISS- 71,35%. Mortality 41,44% (63 patients). Pelvic fractures were classified according to the system proposed by Tile. Of 152 patients the number and proportion of observations with pelvic fractures: type A constituted 58 (38,15%), lethality - 27,58% (16 patients); type B- 40 (26,31%), lethality 45% (18 patients); type C- 54 (35,52%) patients, lethality 53,7% (29 patients). The mortality was significantly higher in patients with unstable fracture patterns. The control group (CG)-43 patients with associated abdominal trauma, without damage to the pelvis. M/W-5,1. Mean age $41,37 \pm 16,74$ years. ISS = $29,51 \pm 15,78$ points, RTS- 6.53 points, TRISS- 71,1%. Lethality- 20, 93% (9 patients). Brain trauma: SG-73,02%; CG- 51,16%. Chest trauma: SG- 76,31%; CG- 72,09%. Hemopneumothorax: SG- 40,13%; CG- 6,97%. Fracture of extremities: SG- 45,39%; CG- 16,27%. Abdominal trauma: SG- 97,36%; CG- 100%. Multiple trauma was more frequent in study group than in control group. The highest mortality rate was observed in the 60-71 age group. With Cox regression analysis, the parameters such as: pelvic ring fracture, patient age >60 years, Injury Severity Score >25, Glasgow Coma Scale score of <9, shock on admission, multiple injury of internal organs were factors increasing risk of mortality.

Conclusion: The factors increasing risk of mortality in the pelvio-abdominal traumatism included: pelvic ring fracture, patient age >60 years, Injury Severity Score >25, Glasgow Coma Scale score of <9, shock on admission, multiple injury of internal organs.