The statistical analyses of the study results was done based on computer software applying variation analyses in specialized applications (Microsoft Excel 2002 for Windows).

Results: The highest share of TB has been registered in the 2 - 3 age group and it was the same for both samples (42,6 ± 6,7% vs 42,6± 7,5%, p>0,05). The structure of the clinical forms in both samples show a higher degree of presence of TB of intrathoracic lymph nodes, the share reaching higher values in sample I (1,5 times higher) (85,2 ± 4,8% vs 55,1 ± 7,6 %, p<0,001).

Advanced forms of TB with complications more often have been registered when addressing and consulting doctors in 31,9 ± 7,1%, p<0,01 compared with 8,2 ± 3,7 registered in prophylaxis examinations. A small share of children were under surveillance of phtiziopneumologists or family doctors before diagnosed with TB in 60,7 ± 6,6% in sample I and in 29,8 ± 6,9% in sample II (p<0,05), which demonstrates an inefficient work in high risk groups. As a rule, the source of infection represented the parents, either mother or father, nearly in equal proportions; rarely grandmother, grandfather or other relatives, neighbors.

The analyses showed that the highest canonic correlation of risk factors is the following: contacts with TB patients; unsatisfactory life conditions; non-appliance of chemoprophylaxis; associated diseases; irregular administration of chemoprophylaxis; incomplete families; lack of vaccination or low quality of BCG vaccination; TB death outbreaks; parents abusing alcohol.

Conclusions: Active TB case finding in children is predominant – 72,19%. Control of TB in children requires identification and treatment of all sources of TB among adults. To improve the early detection of TB in children it is necessary to increase the awareness at family doctors and physicians on the etiology of the diseases; conducting a more profound analysis of anamnesis data; increase knowledge on TB symptoms which can take the mask of other diseases and ensuring timely examination of risk groups.

Keywords: tuberculosis; children; detection; diagnosis

COPD ASSESSMENT TEST – NEW TOOL FOR EVALUATION OF COPD

Slutu Victoria

Academic adviser: Corlateanu Alexandru, M.D., Ph.D., Associate Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Background: A short, easy-to-use health status questionnaire is needed in the multidimensional assessment of chronic obstructive pulmonary disease (COPD) in routine practice. The COPD assessment test (CAT) is a short, easy-to-complete health status tool that has been developed to help patients and their clinicians assess, quantify the symptoms and impacts of COPD and enable better communication between patients and physicians about these consequences of their disease. It was demonstrated that it has good measurement properties, is sensitive to differences in state and should provide a valid, reliable measure of COPD health status.

The aim of this study was to detect the factors that can predict HRQL in patients with COPD.

Methods: Into the study were enrolled 60consecutive COPD patients. They were analyzed age, gender, anthropometric, pack years, spirometry, BODE index. Health-related quality of life was assessed by the CAT and the St. George Respiratory Questionnaire (SGRQ).

Results: 60 COPD patients were studied, mean age was 60.2±7.5 years, mean FEV1, % was 34.6±11.3%. Patients across all stages GOLD/ATS/ERS classification had similar age and pack/years (p>0.01). Pearson correlation coefficient analysis demonstrates in COPD patients a significant positive correlation be-

tween the CAT and the total score of the SGRQ (r=0.59, p<0.01). Also correlations between CAT and MRC score are significant (r=0.48, p<0.01). CAT score correlated negatively with 6 MWD (r = -0.52, p<0.01). The forward stepwise regression analysis shows that the age, dyspnea and oxygen saturation are important predictors of HRQL in COPD patients which explains 58% of the CAT score.

Conclusion: The CAT is a simple and easy-to-use questionnaire that distinguishes between patients of different degrees of COPD severity. Age, dyspnea and oxygen saturation in patients with COPD are independent risk factors for worsening of HRQL.

ASSESSMENT OF LUNG FUNCTION AND FUNCTIONAL CAPACITY IN PATIENTS WITH LIVER CIRRHOSIS

Corlăteanu Olga

Academic adviser: Tcaciuc E., M.D., Ph.D., Associate Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Background: Various changes can be detected by pulmonary function tests at patients diagnosed with chronic hepatic diseases. These changes characterize the "hepatopulmonary syndrome" result in hypoxemia and affect one-third of all patients diagnosed with cirrhosis.Hepatopulmonary syndrome is defined by liver disease, intrapulmonary vasodilatation at the capillary and pre-capillary levels, and impaired arterial oxygenation.

The aim of this study is to assess and compare the pulmonary function and physical capacity in patients with liver cirrhosis according to the Child-Pugh score and to correlate these variables within each group.

Methods: Into the study were enrolled 40 patients with liver cirrhosis. Spirometry, hemoglobin levels, dyspnea by BORG scale, exercise capacity by 6-min walking test (6MWT), blood gas analysis were evaluated. Blood gases were measured in supine and sitting positions.

Results: The patients were classified into three groups, according to cirrhotic severity, using Child's-Pugh classification (A - 7 patients; B – 24 patients; C - 9 patients). There were significant differences (p < 0.01, ANOVA) in FEV1 between 3 groups: there was observed a decrease of pulmonary function with progression of cirrhosis from 107 ± 13.1% in group Child's-Pugh A to 89 ± 17.4% in group Child's-Pugh C. Also there was detected a diminution of PaO2 in supine and sitting positions with progression of cirrhosis. The longest 6-min walking distance (6MWD) was 435 ± 17.8 m by group A, then group B (354.6 ± 43.4 m), and group C (310 ± 63.6 m). There was a strong negative correlation between 6MWD and Child-Pugh classification (r = -0.55, p< 0.01).

Conclusion: 6MWT is a useful tool for assessing physical function in chronic liver disease patients. The progress of liver disease contributes to the onset of several complications which together appear to contribute to the reduction of pulmonary function and functional capacity of patients.

RELATIONS: ENDOGENOUS INTOXICATION SYNDROME–OXIREDOX AND NITRIC OXIDE

Grițco Ludmila

Academic adviser: Cerempei Liudmila, M.D., Ph.D., Proffesor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova