nal ultrasound (high echogenicity, granular liver aspect, posterior attenuation suggestive for steatosis); there were 48 patients with various malignancies under or after chemotherapy, with tumor infiltration of the liver or hepatotoxicity related to cytostatic treatment and a number of 20 patients with various etiology of hepatopathy (viral hepatitis, acute toxic hepatitis, drug hepatotoxicity).Alanine transaminase(ALT, IU) was 19,56±8,67 SD in the control group, and 37,42±31,16 in the group of children with liver diseases, while aspartate transaminase (AST, IU) was 24,88±8.67 SD in the control group, and 39,92±20,12 in the group of children with liver inury.

As far as it concerns aspartate transaminase(AST, IU), in the control group it were, also, smaller levels than inthe groupofchildrenwithhepatopathies, the difference between AST mean for the two groups was, as for ALT, statistically extremely significant, with $p < 0.0001$ We searched for correlations between global SVW and other determined parameters (AST and ALT) in each group, but we obtained no statisticaly significant correlations between the assesed parameters, except that between SWV and AST, only for the group of children with liver injury (r = 0,54 and p = 0,01),statistically significant.

Conclusions: In normal conditions (children with free liver tissue), SVW was higher for the segment VIII compared to I, statistically significant, meaning that caudate lobe is "softer", difference that does not exist in the group of liver diseases.

SWV values in group of children with hepatopathies were found to increase particularly in the segment I (caudate lobe), which shows that it is first affected by any liver injury.

Key words: elastography, ultrasound, liver, children.

CHARACTERISTICS AND TREATMENT OUTCOMES OF PATIENTS WITH MDR TUBERCULOSIS

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Introduction: Multidrug-resistant (MDR) tuberculosis is a growing clinical and public-health concern. The treatment of patients with MDR- and XDR-TB is more complex, toxic and costly and less effective than treatment for other forms of TB. A better understanding of risk factors associated with poor treatment outcomes among MDR- and XDR-TB patients would be useful to provide better case management.

Objectives: The aim of this study was to determinate the characteristics, treatment outcomes and risk factors associated with poor treatment outcomes among patients who were treated for MDR-TB in intensive phase.

Methodology and materials: Retrospective study about all cases of MDR TB of patients hospitalized in the Phthisiopneumology Department of Municipal Hospital, Bălți, Moldova, between 2009-2010. Fifty patients were enrolled to the trial from June 2009 to August 2010. It was examined the group of patientsaccording tothe distributionofcasesbygenderaffiliation, age, location and living conditions, employment, harmfulhabits, associateddiseases, changesintreatment regimens, adverse effects, regimen and the influence of these factors on outcomes of treatment for MDR TB. The statistical analyses of the study results were done based on computer software specialized applications (Microsoft Excel 2007 for Windows).

Results: MDR TB is more common in men 84% than in women 16%, the most affected age is 19-49 - 80%, and the urban population is affected in 68% than rural 32%. According to the structure ofsocial

categories the damageoccursas follows: unemployed population 74%, the employees 12%, pensioner 4%, students 4%, disabled persons 4% and from the prison – 2%.

Associated diseases were represented by chronic toxic hepatitis 30%, cardiovascular failure 8%, viral hepatitis 8%, HIV infection 8%, after surgery 6%, encephalopathy of mixed etiology 6%, gastroduodenal ulcers 4%, and diabetes 2%. Among the studied patients 36% were new case, 64% retreatment. The harmful habits had 80%, the rest 20% were denied them. Among the harmful habits 60% were the use of alcohol, 30% – the use of tobacco, 10% - the use of narcotic substances.

The adverse effects were in 54% cases, the rest 46% tolerated well the treatment. The most frequentlyoccurring adverse effects were seizures 20%, insomnia 10%, gastroduodenaldisorders 14%, skinrash anditching each of 12%,arthralgia 10%.The most frequently adverse effects occurred in 50% of consumersof alcohol, 20% in consumers of tobacco, 10% consumers of narcotic substances and 20% in patientswho deny adverse effects.

The treatment regimen was complied in 58%, in the rest 42% it wasn't complied. The irregulartreatmentwaswidespread among 60% consumers of alcohol, 20% consumers of narcotics, 14% patients with adverse effects, 6% among others. The causes of noncompliance of treatment were drunkenness 60%, refusal to take drugs10%, absence from stationary 30%. The treatment time were: under the 6 months 10%, 6 months-68%, more than 6 months - 22%. Outcomes of treatment: 70% AFB -, 26% BK+, 4% deaths. Among BK+ there was 16% treatment failure, 10% abandonment.

Conclusions: Close attention needs to be paid to monitoring patients in order to ensure adherence of treatment, avoiding of harmful habits and to make an adequate changes in treatment when adverse effects occur.

Key Words: tuberculosis, multidrug-resistant, treatment outcome.

PECULIARITIES OF TUBERCULOSIS IN PREGNANT WOMEN AND WOMEN DURING OF THE FIRST 3 YEARS AFTER CHILDBIRTH

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Introduction: The problem of pulmonary tuberculosis in pregnancy has attracted the attention of doctors for many years and it is still a current issue. The disease is a significant contributor to maternal mortality and is among the three leading causes of death among women aged 15–45 years in high burden areas. The exact incidence of tuberculosis in pregnancy, though not readily available, is expected to be as high as in the general population. The clinical and laboratory diagnosis, and therapy during pregnancy and post partum period, deserve special attention. Also untreated pulmonary tuberculosis in a pregnant woman would be a definite risk for transmission of disease to the new born. Limitations in the diagnosis of tuberculosis during pregnancy, safety of antituberculosis therapy and the need for prophylaxis must be in the knowledge of all the physicians giving care to pregnant women.

Objectives: The aim of the study was to characterize the type and presentation of tuberculosis in pregnant women and women during of the first 3 years after childbirth. We also aimed to identify any problems and difficulties in the diagnosis and management of tuberculosis associated with pregnancy; evaluation of risk factors that lead to the development of tuberculosis in pregnant women and women during the first 3 years after childbirth