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

Evstratii Ecaterina

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

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

Methodology and materials: This retrospective study was conducted at the thePhthisiopneumology Hospital from Chisinau and Institute of Phthisiopneumology from Moldova between 2001-2010. A total of 66 women diagnosed as having pulmonary TB were included in the study. These were divided into two groups: I – 33 cases of pregnancy associated with pulmonary tuberculosis and II – 33 cases of pulmonary tuberculosis in women during of the first 3 years after childbirth. Both the groups have been compared according to age, type of disease, extent of disease. Where possible the diagnosis was confirmed by culture of *Mycobacterium tuberculosis*. Otherwise, patients were diagnosed on clinical and radiographic evidence and response to treatment.

Results: Has been found that most of pregnant women suffering from pulmonary TB included age between 25 - 34 years (66,7%) and women during the first 3 years after childbirth with active TB – 18 - 24 years (48,5%). Pulmonary TB was found at pregnant women more frequently in the third trimester of pregnancy – 57,6%; in group II in the first 12 months after labor – 63,7%. The common causes for a delay in diagnosis were late presentation and non-specific symptoms. TB in pregnant women were detected more frequent by active method (72,7%), in group II – in 57,6% cases, $p> 0.05$. The structure of the clinical forms in I group show a higher degree of presence Pulmonary infiltrative TB (39,4%) and Pleural TB (39,4%), in II group predominated Pulmonary infiltrative TB – 84,8%, $p<0.001$. In most cases (72,7%), TB was diagnosed on the background pregnancy. 8 women (24,2%) from I group and 16 (48,5%) women from II group had a positive contact history of TB. The majority of women delivered at term – 87,9%, 12,1% of pregnancies ended in abortion, including two for medical reasons, one initiated by the patient and one pregnancy ended in miscarriage. The main factors to development of tuberculosis among women in both groups had contact with patients with active tuberculosis and concomitant diseases.

Conclusions: These findings necessitate more serious thought on the issue of targeted TB screening during pregnancy, postpartum period keeping in mind the consequences of late diagnosis, the nonspecific presentation of the disease during pregnancy and the specific needs and vulnerabilities of both mother and fetus.

Key words: pregnancy, tuberculosis.

CLINICAL CASES OF TRANSIENT AND INTERMITTENT COMPLETE LEFT BUNDLE BRANCH BLOCK

Taşnic Mihail, Cozma Constantin, Costru-Taşnic Elena

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

Introduction: The transient complete left bundle branch block (TCLBBB) represents an important marker of myocardial ischemia. Although its low incidence, it must be distinguished from other similar forms, like: intermittent block (manifested in rest), exercise-induced transient block (block of the 3rd phase of the action potential) which appears at increased heart rate (95-126 contraction/min. in average) and transient block induced by bradycardia (block of the 4th phase of the action potential.)

The actual attitude to intraventricular blocks isn't rigid and doesn't require an obligatory association of an organic heart disease. Frequently, the coronary angiography and the ventriculography in patients with TCLBBB are normal, although there are cases with significant coronary lesions. In patients with „clean" coronary arteries we can suppose the disparity of the refractory phases of the Hiss bundle branches, the fibrosis of the cardiac conduction system in different infectious diseases. The significance and the prognosis of the intermittent block and the exercise-induced block are controversial.