

**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

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**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.

According to the Framingham study, the TCLBBB appears at the same age as the permanent block, presents the same prognosis and can be associated with organic cardiac diseases. There are also numerous scientific papers supporting the absence of organic heart diseases in patients with TCLBBB.

**Purpose and objectives:** The comparative study of the intermittent block and the TCLBBB.

**Materials and methods:** We analyzed 2 cases of complete intermittent block and 2 cases of transient complete left bundle branch block.

**Results:** We observed that the TCLBBB presents the same features (dyspnea, palpitations at moderate exercise, specific ECG changes which resolves at rest). The exercise stress tests were stopped because the block appeared. The 24h ECG monitoring highlighted the appearance of TCLBBB at the heart rate (HR) higher than 65-70 beats/min and it's solving at a lower HR. In both patients the coronary circulation presents a predominant right type, without stenosis. In one patient, by the retrospective analysis of the coronary CT-perfusion, we detected a complete myocardial bridge on the lower third of the posterior interventricular branch with lower contrasting in the area under the bridge and an incomplete myocardial bridge on the middle third of the first marginal branch. The analysis of intermittent blocks also included two female patients with frequent heart palpitation and regular dyspnea at rest and little exercise. The repeated ECG showed on a background of atrial fibrillation the apparition of QRS series specific for complete blocks followed by normal QRS complexes. The 24h monitoring didn't show a correlation with the heart rate.

**Conclusions:** The transient complete left bundle branch block represents a multifactorial entity with a variable prognosis, from marker of myocardial ischemia to manifestation of increased heart rate. The differentiation of different forms of the TCLBBB can be done by 24h ECG monitoring with frequency limits specification and by coronarography to exclude myocardial ischemia.

## FREQUENCY OF PROTOZOAN AND HELMINTHIC INTESTINAL INFECTIONS IN EMERGENCY HOSPITAL FOR CHILDREN "ST. MARIA" IASI, ROMANIA

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**Introduction:** Intestinal parasites are an important health problem, as they affect a large number of individuals, resulting either in asymptomatic cases or in states of chronic diarrhea and malnutrition. This study had the objective of investigating the frequency of intestinal parasitic infection in children (0-16 years old) admitted in Emergency Hospital for Children "St. Mary" Iasi, Romania, as this is a pediatric tertiary care center for the Moldavia region and because there is no recent data in the literature about such investigation in this large area.

**Materials and methods:** A retrospective study was conducted using the stool microscopy results from January to December 2011 which were obtained from archived records of the Department of Parasitology of the Hospital. Intestinal parasitic infection was diagnosed by direct fresh parasitological examination of the stools. The stool samples were processed using saline and iodine mounts and examined microscopically for ova and cysts of parasites.

**Results:** Overall, female patients were more affected (58.23%). Among 1168 positive coproparasitological tests, 98.70% of patients had single parasitic infection, and 1.30% had more than two types of intestinal parasites. In double and triple parasitic infection (12 cases), there were associations be-