

OBSTRUCTIVE SARCOIDOSIS

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Introduction: Sarcoidosis is a multisystemic granulomatous disease of unknown cause, that mainly affects the lungs. Being an interstitial lung disease, it is generally accepted that sarcoidosis demonstrates mostly a restrictive pattern in pulmonary function tests. Some authors mention that sarcoidosis could show an obstructive pattern also, but to a lesser extent.

Aim: to assess the frequency of the obstructive and restrictive patterns in patients with pulmonary sarcoidosis using pulmonary function tests.

Materials and methods: We performed an analysis of 95 patient's clinical records with biopsy proven or highly suggestive of sarcoidosis, cases registered in a third level medical institution, during year 2011. All the patients underwent chest X ray and pulmonary function tests.

Results: Our study group consisted of 74 (77,9%) females and 21 (22,1%) males, mean age $49,5 \pm 9,0$. In our group, 86 (90,5%) were non-smokers, ex-smokers - 4 (4,2%), and current smokers - 5 (5,3%). According to the radiological stages we had 25 (26,9%) subjects in stage I, 49 (52,7%) in stage II, 13 (14,0%) - stage III and stage IV - 6 (6,5%) patients. We found decreased FEV1 and decreased FEV1/FVC only in 8 (8,4%) cases, but we have also found other functional signs of obstruction, like decreased MMEF_{25-75%} in 51 (53,7%) cases, suggesting small airway obstruction; increased RV in 40 (42,1%) cases - corresponding to the air-trapping phenomenon, and increased TLC in 20 (21,3%) cases - suggesting hyperinflation.

In contrast, we found only 15 (15,7%) cases of concomitant decrease of FVC and normal or increased FEV1/FVC, suggestive of restrictive pattern, also decreased TLC in 8(8,5%) subjects, decreased RV in 4(4,3%) cases; concomitant decreased FVC, increased FEV1/FVC and decreased TLC - in 8 (8,5%) cases.

Conclusion: Our study showed that pulmonary sarcoidosis determines more obstructive defects than restrictive, depending on how we define obstruction.

Key words: sarcoidosis, obstruction, restriction, pulmonary function tests

CORRELATIONS COMORBIDITIES ON QUALITY OF LIFE IN PATIENTS WITH COPD

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Introduction: Chronic Obstructive Pulmonary Disease (COPD) is characterized by limited airflow that is incompletely reversible, can progress and may be associated with an abnormal inflammatory response of lungs to irritants. COPD is a major cause of morbidity in the elderly, affecting about 15% of the population aged over 65 years.

Material and Methods: In the questionnaires the following indices were studied: age, 6 minutes walk test (6MWD), index smoker - pack / year, Health - related quality of life (HRQL) instruments included: Saint George's Respiratory Questionnaire (SGRQ), Clinical COPD Questionnaire (CCQ), and comorbidities evaluated by Charlson and CDS index. The study was conducted on a group of 60 patients (30 men and 30 women) aged between 50-80 years and average of $64.45 (\pm 8.59)$.

Results: Average data obtained from analyzing questionnaires were: 18.05 (± 19.45) package /year – index smoker, 245.30 (± 89.88) - 6MWD. Correlational analysis showed that there was no correlation between Charlson index 2.43 (± 1.52) and 6-minute walk test $p = -0.41$, index smoker $p = 0.04$, Health – related quality of life instruments: CCQ 64.03 (± 11.14), $p = 0.25$, SGRQ 2.86 (± 0.78), $p = 0.31$, as well as between CDS 4.33 (± 2.52) and 6MWD $p = -0.35$, index smoker $p = -0.01$, CCQ 64.03 (± 11.14), $p = 0.29$, SGRQ 2.86 (± 0.78), $p = 0.38$.

Conclusion: Analyzing the impact of comorbidities on quality of life, we found a significant contribution to pathologies associated quality of life in elderly patients. The results tell us that COPD patients differentiate specific allegations of complaints characteristic of other diseases and can be used as specific tools for measuring quality of life of COPD.

Keywords: COPD, Charlson index, CDS index.

THE RELATIONSHIP BETWEEN BODY MASS INDEX AND HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH COPD

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Introduction: Chronic obstructive pulmonary disease (COPD) is a progressive illness, which affects public health due to its exacerbations and can reduce the life - threatening risks from a sudden flare of its symptoms. It is one of the leading cause of chronic morbidity and mortality worldwide, that's why, the assessment of the life quality is used on a large scale in clinical trials. **The aim** of the study was to analyze the influence of body mass index (BMI) on quality of life in patients with COPD.

Materials and methods: 60 patients with COPD were enrolled into the study: 30 men and 30 women, mean age was 64.45 ± 8.5 years. The following parameters were studied: age, the spirometric data (FEV1%, FVC, FEV1%/FVC), BMI, health-related quality of life (HRQL) by Saint George's Respiratory Questionnaire (SGRQ) and Clinical COPD Questionnaire (CCQ).

Results: The mean FEV1 was $45.34 \pm 12.94\%$, the mean FVC was $55.77 \pm 17.12\%$; the mean FEV1/FVC was $59.03 \pm 11.71\%$. The mean body mass index (BMI) was 29.12 ± 6.89 kg/m². We detected severe deterioration of quality of life in patients by SGRQ and CCQ. The mean total score of SGRQ was 64.03 ± 11.14 ; symptoms score was 78.88 ± 12.39 ; activity score was 59.02 ± 14.33 ; impact score was 62.24 ± 11.09 . Also CCQ demonstrated deterioration of quality of life. There were no significant correlations between HRQL and BMI.

Conclusions: COPD is an important cause of severe deterioration of quality of life. The correlation analysis didn't show any relationship between BMI and HRQL. Further investigation of the relationship between BMI and HRQL would be useful.

Key words: COPD, BMI, HRQL.