

the intracellular content of the main cytotoxic substances eosinophils (cationic protein, peroxidase).

The results: The analysis found that none of these criteria have sufficient sensitivity, specificity, to be used independently for the production or exclude the diagnosis of asthma. Multivariate analysis of clinical - laboratory data allowed to identify the major components of the factor structure of clinical - para-clinical "image" of asthma in young children. Based on a study of the factor loading main components of multi-factor matrix was established a factor structure of the image of Asthma: $Asthma = 0,6 F1 + (-0,3) F2 + 0,3 F3$, where F1 - particularly the immune status of the child in the form of increasing the content of blood CD4 - lymphocytes and decreased CD8, as well as improve the immuno-regulatory index (CD4/CD8) greater than 2.0. Factor loadings of the indicator 0,72; F2 - negative reserve oxygen-dependent metabolism of eosinophilic granulocytes of peripheral blood according to the spontaneous and stimulated NBT test, reduced the intracellular content of cationic proteins (<1.4 USD) and peroxidase (<1.7 USD). Factor loadings of these indicators were within 0,84 - 0,86; F3 - rates the severity of airflow obstruction syndrome during the first three days of treatment in the hospital. Factor loadings measure severity of broncho-obstructive syndrome in the first day of hospitalization was - 0.91 for the second - 0.94, on the third - 0.88;

Conclusion: Thus, our multivariate analysis using the principal component analysis allowed establishing the factor structure of diagnosis "bronchial asthma".

Key words: asthma, children under 3 years of age, clinical - immunological tests.

THE IDENTIFICATION OF INDEPENDENT PROGNOSTIC FACTORS FOR ELDERLY PATIENTS WITH RELAPSED AND/OR REFRACTORY MULTIPLE MYELOMA

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Introduction: Multiple myeloma (MM) is a malignant plasma cell disorder. It is regarded as an incurable disease with typical complications which in particular are anemia, kidney failure and congestive heart failure (CHF). Cardiac natriuretic peptides BNP and NT-proBNP can be used to screen for left ventricular systolic dysfunction in patients with symptoms suggestive of heart failure. The aim of the present study was to examine if the levels of BNP and NT-pro-BNP predicts mortality in patients with MM and concomitant CHF.

Material and method: The study population included 45 (m-16, f-30) adult patients (pts) with refractory or relapsed/refractory MM. The subjects satisfy the following criteria to be enrolled in this study: (1) availability of proven CHF with New York Heart Association (NYHA) grades I-III; (2) must be documented diagnosis of MM and estimated about its chemotherapy; (3) the presence of anemia with Hb less than 8.0 mg /dL (4) ECOG performance status score not more than 2; (5) basic therapy for CHF (inhibitor APF \pm diuretic) was spent not less than within last 2 weeks. The study did not include pts with NYHA grade IV, the constant form of atrial fibrillation, heart diseases and/or a heavy arterial pathology. For the treatment of MM 28 (62 %) pts have received "salvage" chemotherapy with bortezomib, 15 (33 %) - alkylate drug therapy and 2 (5 %) - high doses of dexamethasone. Levels of NT-proBNP and a BNP-fragment in blood serum have been defined by ELIZA at the moment of enrolling in the study. ROC-curves were used to calculate the threshold concentrations of BNP and NT-proBNP. Overall survival (OS) was estimated using Kaplan-Mayer method.

Results and discussion: The age median of patients at the enrollment was 66 (range 42-83) years. 3 (7 %) pts had IIA stage on Salmon-Durie, 22 (49 %) – IIIA and 20 (44 %) – IIIB. 33 (73 %) pts had evidence of CFH grade I, 9 (20 %) – II and 3 (7 %) – III. An objective response on MM treatment was reached 26 (58 %) pts, including complete response (CR) and very good partial response (VGPR) - 7 (16 %) pts. 33 (73 %) pts were alive with a median follow 11 months. The predictive values of BNP-fragment levels on OS were not detected. Analysis of the activity of NT-proBNP allows detecting of a significant correlation with grades of CFH and OS ($p < 0.05$). The levels of NT-proBNP more than 0.93 ng/ml (sensitivity 82%, specificity 62%) was identified as a predictor of the likely risk of mortality. 1-year OS of pts with proBNP levels in the blood above 0.93 was 53% versus 78% ($p < 0.05$) for subjects with a lower level of this peptide.

Conclusion: NT-proBNP levels in blood serum ≥ 0.93 ng/ml were identified as the adverse factor for patients with MM and concomitant CHF. BNP-fragment levels in this clinical situation have not predictive value.

VIRAL HEPATITIS B, C, AND D IN CHILDREN - CLINICAL, EPIDEMIOLOGICAL AND EVOLUTION ASPECTS

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Introduction: B, C and D viral hepatitis infection remain to be a serious global problem of Public Health and a major cause of chronic hepatitis, cirrhosis and hepatocellular carcinoma. Despite the implementation of an effective vaccine, HBV infection still remains an important, worldwide cause of chronic viral hepatitis.

Aim: to determine the epidemiological, diagnostic, clinical, developmental aspects and treatment of viral hepatitis B, C and D in children.

Objectives:

- to assess the role of the source in the transmission of infection with hepatitis B, C and D viruses in children.
- to estimate evaluating the clinical and diagnostical particularities in patients with viral hepatitis B, C, D.

Materials and methods: the study included 40 patients diagnosed with acute/chronic HBV, HCV and HDV infection during the years 2001-2011, treated in IMSP Municipal Hospital of Contagious Diseases in Children, Chișinău. Patients were subjected to clinical examination, biochemical and serological analysis and to ultrasonography of the abdominal cavity organs, to establish clinical diagnosis.

Results: the study included 22 girls and 18 boys, average age $10,4 \pm 5,1$ years. According to the etiology, the clinical diagnosis of HVB was established in 28 (70%) cases, HVC in 8 (20%) cases and HVD in 4 (10%) cases. Typical type (icteric) was determined in 22 children, and the atypical type in 18. According to the evolution, there were determined the following types: acute in 24 (60%) cases, subacute in 4 (10%) cases and chronic in 12 (30%). Out of 37 children aged over 6 months, 8 (21,6%) children presented an anamnesis of surgical procedures, dental consultations and blood transfusions during the last 6 months and 2 teenagers had unprotected sexual relations with more than one partner. Epidemiological investigation in the context of maternal-fetal and habitual routes of transmission was relevant in 12 (30%) children.