

Laryngotracheitis was present in 13%. There were some diseases as complications: Reactive unspecific hepatopathy (26%), Toxicoinfectious cardiopathy (9%), Reactive pancreatitis (7%) and chronic gastroduodenitis in acute stage (7%). The most frequent pathologies, that had been the in past, from the anamnesis, were: Obstructive bronchitis (32%) and Pneumonias (24%). Ig E total and specific has high rates (76%) and cutaneous test was positive in 54%.

**Conclusions:** Asthma is common and in the Republic of Moldova (8-15,4 cases at 10000 children). Pathology of Asthma encourages the creation of the frequent ill children before the diagnostic of itself. The confirmation of diagnostic is made with the help of positive cutaneous tests (54%) and high rates of IgE total and specific (76%). Heredo-collateral anamnesis to allergic diseases is positive (13%). Manifestation of Asthma is preceded by the presence of allergic diseases in the child anamnesis: Atopic dermatitis (10%), frequent acute respiratory diseases (63%) and Allergic rhinitis (15%).

**Keywords:** Asthma, frequent ill children, IgE, acute respiratory diseases.

## ASSESSMENT OF EFFECTIVENESS IN ANTIRETROVIRAL THERAPY WITH FIRST-LINE REGIMENS IN HIV-INFECTED PATIENTS

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**Introduction:** The HIV/AIDS infection in the Republic of Moldova is a priority public health problem. In the Republic of Moldova, after the onset of HIV/AIDS (1987) until 2011 were registered 7125 people infected with HIV. In 2011 were detected 721 new cases of HIV (13.87 to 100000 population), in 2010 to 704 cases. In 2011 were stricken with AIDS 420 persons (2010 - 290). The most frequent AIDS related conditions are pulmonary infection with Mycobacterium tuberculosis – 49,19%, esophageal candidiasis – 20% and the HIV fatigue syndrome (wasting syndrome) – 6,66%. International and national guidelines recommends that any patient with T-lymphocyte number  $CD4 < 350$  cells/ $\mu$ l, should receive HAART (Highly Active Antiretroviral Therapy), whether it is asymptomatic, and the number of T-lymphocytes with  $CD4 < 200$  cells/ $\mu$ ml are with advanced HIV infection should receive immediate HAART. In addition, patients with  $CD4$  between 350-500 cells/ $\mu$ l and HIV RNA  $> 100.000$  copies/ml should receive HAART. In the Republic of Moldova is provided universal access to HAART for people with HIV/AIDS, which started to be applied since 2003. Currently in HAART are included 1606 people with HIV/AIDS, out of which 771 people started HAART in 2011.

**Objectives:** assessing clinical, immunologic and virologic evolution in naive HIV-infected patients, which received HAART 36 weeks (9 months).

**Materials and methods:** We followed up 40 adult patients diagnosed with HIV/AIDS infection (average age 36,4 years), supervised in the specialized department and territorial cabinet of the Clinical Hospital of Infectious Diseases „Toma Ciorba”, of which, 19 (47,5%) patients initiated HAART with AZT(zidovudine)+3TC(lamivudine)+EFV(efavirenz) (I regimen) and 21 (52,5%) patients with TDF(tenofovir)+FTC(emtricitabine)+EFV(efavirenz) (II regimen), were evaluated during the first 36 weeks.

**Results:** Out of the 40 patients who have initiated HAART, 28 (70%) patients were detected late with a number of  $CD4 < 350$  cells/ $\mu$ l, out of which 18 (64,2%) patients were detected very late with a number of  $CD4 < 200$  cells/ $\mu$ l. The most frequent opportunistic infections were present in the patients of our group, consisting of oropharyngeal candidiasis - 45%, pulmonary tuberculosis – 37,5%, Herpes Zoster – 7,5%, HIV fatigue syndrome (wasting syndrome) – 7,5% and HIV encephalopathy – 7,5%.

At initiation of HAART, 75% of the investigated patients were in AIDS stage (A3 – 7,5%, B3 – 25%, C2 – 7,5% and C3 – 35%). The average CD4 value at HAART initiation was: I regimen – 214,11±16,77 cells/μl and II regimen – 146,61±22,92 cells/μl ( $p < 0.05$ ). The average of viral load at HAART initiation was: I regimen – 1502,6±523,5 copies/ml and II regimen – 1623,5±794,5 copies/ml ( $p < 0.05$ ). When assessed at 12 weeks 13 patients had undetectable viral load (I regimen - 7 (36,8%), II regimen - 6 (28,6%)), at 24 weeks - 9 patients had undetectable viral load (I - 5 (26,3 %), II - 4 (19,04%)) and at 36 weeks - 9 patients had undetectable viral load (I - 7 (36,8%), II - 2 (9,5%)). The increase in CD4 was for I regimen to 222,11±32,45 cells/μl, maintaining at the same level with the baseline, and for II regimen – 200,42±43,36 cells/μl (to 53,8 cells/μl - of 1,36 times from baseline) ( $p < 0.05$ ).

**Conclusions:** This study showed that: 1. Over two thirds (70%) of HIV/AIDS – infected patients were detected late, with the number of T-lymphocytes  $CD4 < 350$  cells/μl, with or without AIDS related conditions, fact that leads to the need of improving HIV testing strategies. 2. Effectiveness of ART regimen applied appreciated in terms of virological response is higher for I regimen (3TC+EFV+AZT), and in terms of immunologic response is higher for II regimen (TDF+FTC+EFV). The dissociated virological and immunological response at HAART, registered for some of the patients, in many cases is the result of insufficient adherence to treatment, which increases the risk of progression of the disease.

**Key words:** HIV/AIDS infection, antiretroviral therapy (HAART), late diagnoses.

## VARICELLA COMPLICATED WITH LOBAR PNEUMONIA AND PARAPNEUMONIC PLEURISY

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**Introduction:** Chickenpox is an acute, benign, highly contagious disease characterized by generalized vesicular exanthema with self-limited evolution. Pneumonia is the most serious complication of varicella, occurring more frequently in adults (>20%) than in children. An outbreak of the disease started in late autumn 2011 in Romania and continues at present.

**Case report:** The authors present the case of a 4 years old boy admitted into the Infectious Diseases Hospital with chickenpox. On the 4-th day of the disease high fever, dyspnea with tachypnea, intercostal retractions, pleuritic pain and cough appeared and the patient was transferred to the Children Hospital.

Clinical examination showed abolished left basal vesicular breath sound with wet crackles in the middle and superior lung area; chest X-ray revealed inferior left lobe pneumonia and mild pleural effusion. Tracheal aspirate culture was negative. Leucokytosis with neutrophilia and increased ESR and C-reactive protein was found.

Broad spectrum antibiotherapy was started with favourable evolution after 3 weeks.

**Discussions:** Among the most serious complications of varicella is pneumonia; it is less common in children than in adults but it may lead to death. However, the epidemic status in Romania in 2011-2012 was associated with an increased number of viral pneumonias; in our case the radiological aspect was highly suggestive for a secondary bacterial infection even with negative aspirate culture (explained by prior antibiotherapy). The history for chickenpox vaccine was negative in our patient. In Romania, chickenpox immunization is not included in the National Programme of Immunisations at this moment.