

relative risk (RR) was 0.98 (low), with CI=0.4 to 2.25, P=0.9. When we appreciated the risk of ulcers in dependence of disease duration (<or> than 12 month) relative risk was 1.75 with CI=0.72 to 4.2, P=0.2.

**Conclusion:** Oral ulcers are common manifestation in systemic lupus erythematosus and frequently can serve as one of the initial symptoms of the disease. This manifestation should be appreciated when other characteristic signs are present in diagnosis of LES and can be appreciated as criteria for disease activity and its presence in SLEDAI score as independent descriptor. When we analyze the effect of two factors - disease activity and duration on ulcer appearance we can conclude that 1: disease activity and oral ulcers are independent factors, 2: risk of oral ulcers appearance raises with disease progression, but not statistically semnificant.

**Key words:** early systemic lupus erythematosus, oral ulcers.

## 95. CARDIOVASCULAR MANIFESTATIONS IN PRIMARY HYPOTHYROIDISM

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**Introduction:** According to bibliographical sources (Bernadette B. 2012; Kleyln I. 2001; Andronati V. 2011) thyroid hormones have major effects on the cardiovascular system, being (representing) a major clinical problem. The aim of the current study is to highlight the cardiovascular events in patients with primary hypothyroidism.

**Materials and methods:** In the study were included 30 patients with primary hypothyroidism (HT), hospitalized in the department of endocrinology in the Republican Clinical Hospital. Methods: clinical, para clinical (ECG, EchoCG, lipidogram). The group of investigated patients: 90% - women, 10% - men, aged 20-60 years old. The average body mass index was 29.68 ( $\pm$  5.61) kg /m<sup>2</sup>, 6,7% of them - loss of weight, 3,3% - no change in weight and 90% - added weight. From the study were excluded patients with previous rheumatic and cardiac diseases, secondary HT, decompensated liver, lung, cancer, kidney diseases. The cause of HT in 63,3% of patients was autoimmune and 36,7% - postoperative. The mean duration of disease (hT) is 9,6 ( $\pm$  6,5) years old.

**Discussion results: From the cardiovascular** events were observed: dyspnea – 53,3% of patients, cardialgias (46,7%), pericardial effusion (26,7%), extrasystoles (3,3%), bradycardia (6,7%), tachycardia (0%), increased diastolic blood pressure (16,7%), deafened heart sounds (60%), heart failure (46,7%). Elevation of cholesterol (60%) and triglycerides (23,3%).

**Conclusions:** Significant changes in the cardiovascular system in patients with hypothyroidism according to incidence rank are: 1. deafened heart sounds, 2.dyspnea, 3.cardialgias and heart failure, 4. pericardial effusion. Also an important element in the diagnosis of impairment of the cardiovascular system in hypothyroidism is elevated cholesterol and less significant elevation of triglycerides. Early

identification ensures effective management of treatment with blurring or disappearance of cardiovascular manifestations.

**Key words:** primary hypothyroidism (HT), cardiovascular events.

## **96. IS EPSTEIN BARR VIRUS A RISK FACTOR FOR THE ONSET OF SYSTEMIC LUPUS ERYTHEMATOUS IN ADULT POPULATION?**

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**Introduction:** Epstein Barr virus is considered to be a risk factor for the onset of systemic lupus erythematosus (SLE). The epidemiology data are showing an estimated prevalence of Epstein Barr virus (EBV) of 4.471.110 referred to  $22 \times 10^6$  established population in Romania. The majority of the epidemiological studies published are showing a prevalence of 90% infections with EBV in paediatric population diagnosed with lupus. The main aim of our study was to evaluate the presence of EBV in adult patients diagnosed with SLE.

**Material and method:** A prospective, cross-sectional study was conducted. Twenty-six patients diagnosed with SLE passed the inclusion criteria. The variables monitored were: the presence of the IgG or IgM EBV, the onset of the disease, the presence of the antinuclear antibodies (ANA), DNAs antibodies, the anticardiolipin antibodies (ACL), the presence of cytopenia and the treatment followed.

**Results:** The mean age of the subjects involved in the study was 46.77 +/- 11.43 years old with a mean age at the onset of the disease of 39.04 +/- 10.51 years old and a disease onset of 8.173 +/- 5.975 years. We weren't able to prove a correlation between the presence of EBV and the disease ( $p > 0.001$ ) as well as with the presence of antibodies – ANA ( $p: 0.067$ ,  $r: 0.365$ ), DNAs antibodies ( $p: 0.463$ ,  $r: 0.330$ ), ACL ( $p: 0.779$ ,  $r: -0.040$ ). No correlations were found concerning the treatment ( $p > 0.001$ ) or the presence of cytopenia ( $p > 0.001$ ).

**Conclusion:** We couldn't prove the active role of EBV in the onset of SLE in adult population. It is to be considered different risk factors for the onset of the disease in adult populations versus paediatric ones.