

correlations between parameters EF, SF, MPI and the severity of CHF (NYHA / Ross). The clinical and paraclinical examination of patients determined: male predominance (73%). 63.3% of patients had severe HF (3-4 NYHA / Ross). Echocardiographic index values: Ao (16 ± 2.03 , $p = 0.03$), LAD (32 ± 1.9 , $p = 0.0002$), LVDD (46 ± 4 , $p < 0.001$), LVSD (40 ± 3.3 , $p < 0.0001$), RVD (14 ± 2.1 , $p = 0.0001$) are significantly increased compared with normal values reported to BMI. EF (38 ± 3.6 , $p < 0.0001$), SF (19 ± 2.1 , $p < 0.0001$) are reduced. Myocardial performance index values (0.76 ± 0.06 , $p < 0.0001$) are enlarged. 36% of patients on the background of a normal EF ($53 \pm 2.35\%$), show the increased Tei index (0.57 ± 0.0095). Initial clinical presentation in children with DCM is mostly serious HF (63.3% with FC NYHA / Ross III-IV). EcoCg parameters reported to the BMI are more relevant in diagnosis of dilated cardiomyopathy. Mentioning, that Tei index allow more objective appreciation of function of heart muscle contraction, even in cases with EF and SF preserved, which allows early initiation of appropriate treatment.

Heart Abnormalities in Children with Neuromuscular Diseases

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Neuromuscular diseases are a large group of diseases that are characterized by defective functions of peripheral nervous system, neuromuscular junction and/or muscle. Due to the similar structure of skeletal and cardiac muscles it is possible to associate neuromuscular diseases with cardiac disorders. The aim of the work was to identify the incidence rate of cardiovascular abnormalities in children with neuromuscular diseases. During the period from January to December 2008 at the Clinic of Neurology and Psychiatry for children and Youth the Faculty of Medicine in Belgrade, 44 patients with neuromuscular diseases had cardiovascular examination (physical, electrocardiographic and echocardiographic). All of the examined patients fell ill before turning 18 years of age. The patients' ages (M: 25, F: 19) ranged from 3 to 38 years ($X = 16 \pm 8.35$) at the time of cardiovascular examination. High incidence rate of mitral valve dysplasia, without haemodynamic changes, has been diagnosed (38.6%). Patients with dystrophinopathy are often referred to cardiovascular examination. Five (26.3%) of the patients with dystrophinopathy have dilated cardiomyopathy, and two patients with dystrophinopathy have congenital heart disease and diseases of the valve. One of the examined patients had congenital heart disease as well as nondystrophinopathic dystrophy (LGM.D.), and spinal muscular atrophy (SMA) while patients with peripheral neuropathy hadn't been diagnosed with pathological cardiovascular findings. Two out of five examined patients with disease of neuromuscular junction had results of the cardiovascular examination that matches the ones found in heart valve diseases. Dilated cardiomyopathy, isolated or associated with other cardiology abnormalities can only be diagnosed in dystrophinopathy. In other forms of dystrophy, as well as other neuromuscle diseases occurrence of described diseases of valve and congenital heart diseases has been diagnosed.

Pharmacoepidemiologic Investigation in Acute Renal Cholic in Children

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Acute renal colic is one of the most intense pains in pathology and represents a urologic and nephrologic emergency. This exploratory study was performed on 86 patients with a ages between 10

and more than 18 which completed a questionnaire consisting of some questions about intensity of acute renal colic measured with the visual analogue scale (range=0-10), associated symptoms and the drugs used to reduce pain. In summary this study shows that in most of the patients the pain significantly affects the normal daily activities. Drug therapy plays an important role in pain management. Renal colic pain management consists especially in using spasmolytic drugs and their association with analgesics or anti-inflammatory drugs.

Nitric Oxide as a Clinical Guide for Asthma Management in Children

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Asthma is a chronic inflammation of both large and small airways. The treatment of asthma has undergone a number of evolutions over the last several decades, nowadays consisting in bronchodilators and corticosteroids to reduce the inflammation. Exhaled nitric oxide, an easily and rapidly obtained noninvasive study, is a potential surrogate for measuring airways inflammation. The study was conducted at the Clinical Pediatric Hospital “St. John” from Galati where using a FeNO (fractional exhaled nitric oxide) detector, a number of 53 children already diagnosed with asthma were analyzed. The method is noninvasive and cost-reductive compared to other methods used in these cases. A number of 53 were tested using fractional exhaled nitric oxide. From this number, 36 children presented elevated FeNO values (>20 ppb) while 17 of them presented normal values. After the corticosteroid treatment, all the children had lower values. Measuring fractional exhaled nitric oxide (FeNO), a marker of airway inflammation, is useful in the early confirmation or exclusion of asthma in children, especially in cases where the diagnosis is not clear at presentation. FeNO is elevated in untreated or under-treated asthma and decreases in a dose-dependent manner with the use of inhaled corticosteroids.

Surgical Findings in Tympanic Cavity of Children Suffering from Otitis Media

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Surgical intervention should be considered when observation and medical therapy fail to demonstrate timely resolution of the effusion. Myringotomy with insertion of ventilation tubes was found by many authors to be most effective in preventing and treating of different forms of OM. The purpose of our research is to describe and compare the surgical findings in children suffering from different forms of OM who underwent Myringotomy with Tympanostomy tubes insertion. The research was carried out in ORL Clinic, Republican Hospital for children “Em. Cotaga”. The study involved 38 patients at the age from 1 mo to 18 years with different forms of otitis media – otitis media with effusion (OME) and recurrent acute otitis media (RAOM) in remission. The Work up included: anamnesis, pneumatic otoscopy, otomicroscopy, conventional audiometry, impedance audiometry otomicroscopy during surgery, examination of surgical findings and analysis of morphological changes in tympanic cavity, cytological and histological results. In additional rhinoscopy, oropharyngoscopy and posterior rhinoscopy were performed. Tympanic membrane (TM) appearance (color, transparency, dullness, opacity, thickness, visibility of main points, presence of