

In **conclusion** even if we considered all aspects and risk factors related to the patient's disease, when we prescribe Alprostadilum we should expect to face a tragic outcome.

Key words: alprostadilum, scleroderma, organ dysfunction.

2. GESTATIONAL GIGANTOMASTIA SURGICAL TREATMENT PROCEDURE

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Introduction: Physiological enlargement of the breasts occurs at puberty and during pregnancy. It is known as gestational gigantomastia when enlargement in pregnancy becomes excessive, uncomfortable and embarrassing. Gestational gigantomastia may have far reaching effects for the mother and fetus. This rare condition is associated with considerable morbidity but may be associated with good fetal outcome. Our case was very special in the surgical approach. Gestational gigantomastia is a very rare condition and only about 100 cases have been reported in the literature. The breasts are of vital importance to the newborn child, particularly in developing countries where breast feeding is common. Breast feeding confers numerous advantages on the infant including reduced mortality rate and improved neurological development. Physiological enlargement of the breasts occurs at puberty and during pregnancy, when it starts very early and is sustained until delivery. The factors controlling breast growth are complex and not completely understood, although estrogens, progesterone, prolactin, growth hormone and adrenal steroids are all known to play a role. Sometimes this process goes wrong resulting in an excessively large and painful breast called gestational gigantomastia (gravidia gigantomastia, mammary hyperplasia of pregnancy) or virginal hyperplasia when it occurs at puberty. This rare but important condition of the breast not only interferes with breast feeding but may cause severe maternal morbidity and even mortality.

Clinical case: Gestational gigantomastia is a very rare condition and only about 100 cases have been reported in the literature. The breasts are of vital importance to the newborn child, particularly in developing countries where breast feeding is common. Breast feeding confers numerous advantages on the infant including reduced mortality rate and improved neurological development. Physiological enlargement of the breasts occurs at puberty and during pregnancy, when it starts very early and is sustained until delivery. The factors controlling breast growth are complex and not completely understood, although estrogens, progesterone, prolactin, growth hormone and adrenal steroids are all known to play a role. Sometimes this process goes wrong resulting in an excessively large and painful breast called gestational gigantomastia (gravidia gigantomastia, mammary hyperplasia of pregnancy) or virginal hyperplasia when it occurs at puberty. This rare but important condition of the breast not only interferes with breast feeding but may cause severe maternal morbidity and even mortality.

Discussion: Gestational gigantomastia was first described in 1684 by Palmuth, and is very rare. An incidence of 1 in 28.000 to 1 in 100.000 pregnancies has been quoted. It is a severely debilitating condition in which massive enlargement of the breasts may be accompanied by thinning of the skin, tissue necrosis, infection and hemorrhages. Movement and respiratory difficulty and emotional, social

and psychological problems may also occur. There is no universally accepted definition. Some authors have suggested the amount of breast tissue removed at surgery should determine the definition.

The etiology is unknown but various factors have been proposed. These include over-sensitivity to or over- production of hormones such as estrogen, human chorionic gonadotrophin, human placental lactogenic and prolactin.

Conclusion: This fortunately rare condition is particularly important in developing countries as it prevents breast feeding, which is crucial for the development of the infant, and prevents effective contact between mother and baby, thus making bonding difficult. Gestational gigantomastia does not preclude a normal delivery, although in this case caesarean section was carried out for obstetric reasons. Severe anemia secondary to hemorrhage from the lesion in this case could have caused maternal death. Surgical management is critical for the safety of mother and the newborn.

Key words: gigantomastia, pregnancy, surgical.

3. OZONE THERAPY IN THE TREATMENT OF RECURRENT APHTHOUS STOMATITIS

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Introduction: The pathology of the oral mucosa is very broad and the lesions can have a polymorphic aspect, due to the specific histopathological characteristics, the presence of saliva and the mechanical trauma during the mastication process. The tissue damage is produced by the microorganisms from the biofilm of the dental plaque, but also by the immunologic and inflammatory response of the body. Aphthosis is a frequent lesion that can affect about 20-50% of the population, depending on the type of population, the socio-economic or professional standard. The lesion can affect people of all ages, most frequently women, and depends on the weather and on the immunologic status of the patient. Normally, after a few days, aphthosis heals itself without leaving any marks, even if it's not treated with any medication.

Clinical case: I have evaluated the case of a patient diagnosed with recurrent aphthous stomatitis, whose suffering started about a year and a half ago. Dental plaque and restorative dental materials were considered local irritative factors, so the first part of the treatment included professional teeth cleaning and removal of the fixed dental bridges. Despite the professional and individual treatment, the disease reappeared. The patient also collaborated with the dermatologist, who decided to establish a local treatment with cortisone-based ointments. It was observed an improvement of the symptomatology during the therapy, but the symptoms have increased one month after the completion of the treatment. It was decided to perform a biopsy.

With the patient's consent, we started an alternative treatment based on ozone therapy. Infiltrations with ozone were made on the aphthosis lesions, once every 3 days, for a total of 2 weeks.