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, 19 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

Mihaela Bogulean

Scientific advisor*:* Moisei Mihaela, MD, Associate Professor, Faculty of Medicine and Pharmacy, Galati, Romania

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. Aphtosis 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 lession 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, apthosis 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 aphtosis lesions, once every 3 days, for a total of 2 weeks.

The patient used ozonated water for mouth rinsing for 10 consecutive days and she also used an ozone-based toothpaste for her daily oral hygiene.

The results of the conventional histopathological exam of the harvested tissue fragment showed half-viabile and non-viabile squamous epithelial inserts and acute inflammatory modifications. After the ozone therapy, we observed the disappearance of the lesion and a reversion to normal of the oral mucosa tissue.

Conclusion: The treatment of the oral mucosa conditions has to be quickly installed after establishing the correct and complete diagnosis. In contrast to the traditional medicine and other methods of treatment, such as using antibiotics and antiseptics, the alternative therapies are less expensive, conservative, easily accepted by patients and they restore the balance of the structures of the oral mucosa, leading to the improvement of the general health of the patient.

Key words: recurrent aphthous stomatitis, ozone therapy.

4. ESOPHAGOGASTRIC ADENOCARCINOMA

Andreea Simina Chibulcutean, Claudia Mihaela Cimpan

Scientific advisor: Petre Gabriel, University Assistant, *Iuliu Hatieganu* University of Medicine and Pharmacy, Cluj, Romania

Introduction: The adenocarcinoma of esophagogastric junction includes three anatomical entities which have in common parietal extension and lymphatic dissemination both to the mediastinum and abdomen. Due to the dramatically increasing incidence, Siewert & Stein described and classified the disease as a tumor located 5 cm above and under the anatomical cardia, in order to lead to an optimal surgical treatment.

Clinical case: A 71 years old male presented to C.F. Cluj - Napoca Hospital complaining about progressive dysphagia, loss of appetite, postprandial regurgitation with fetid halitosis. In association, the patient presented fatigability and weight loss (4-5 kg in the last 3 months).
The patient history reveals the existence of multiple cardiac pathology, such as atrial fibrillation, atrioventricular block grade III, right bundle branch block, aortic regurgitation grade II and mitral regurgitation grade II.

The results of the paraclinical tests lead us to the following diagnosis: adenocarcinoma of esophagogastric junction type II Siewert- Stein, pT4N1M1. Taking into account the cardiac pathology, the optimal treatment in this case is a gastrostomy.

Conclusion: The particularity of the case consists in choosing the most appropriate surgical therapy considering the advanced stage of the tumor and the Associated comorbidities.

Keywords: esophagogastric adenocarcinoma, gastrostomy, multiple cardiac pathology.