

depending on the patient's age, performance status and response to treatment, some cases of long term survival have been reported in the literature. The factors that influence long-term prognosis are not yet understood.

Clinical case: We report the case of a 63 year old man that gets diagnosed with Glioblastoma Multiforme (GBM), undergoes subtotal resection, but radiotherapy and chemotherapy are performed 4 months after the surgery due to patient non-compliance. In this 4 months the tumor increased in size becoming an inoperable tumor. After receiving adjuvant therapy consisting of radiotherapy concomitant with Temodal, followed by 12 courses of chemotherapy with Temozolamide, the tumor progression and size was reduced in the course of 27 months from 43mm to 35mm and is well managed today. The patient currently has an Eastern Cooperative Oncology Group (ECOG) score of 1 and has a rare 3-year long term survival as a result of the adjuvant therapy.

Conclusion: For a better understanding of the reasons behind long term GBM survivors, it is of vital importance to study and understand each and every case of the sort as it may provide crucial information for future treatment development.

Key words: Glioblastoma Multiforme, Long term survival, Temozolamide

18. EARLY PHYSICAL THERAPY IN INTENSIVE CARE UNIT IMPROVES OUTCOME IN AN ACUTE RESPIRATORY FAILURE DUE TO CHRONIC OBSTRUCTIVE PULMONARY DISEASE COMPLICATED WITH PNEUMONIA

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Introduction: Physical rehabilitation plays an important role in the management of critically ill patients. An early physical therapy intervention will improve mortality such as improving survival, the quality of life – prolonged bed rest will lead to muscle atrophy and functional impairment. In order to monitor the benefits induced by physical rehabilitation we monitor the arterial blood gases and at the admission in the ICU the APACHE II (Acute Physiology and Chronic Health Evaluation II) and SAPS (Simplified Acute Physiology Score) scores to determine the mortality risks and the SOFA (Sepsis-related Organ Failure Assessment score) score was used for the management of the outcome, being a prediction score.

Clinical case: A 73 years old female patient known with atrial fibrillation, cardiac failure, hypertensive and chronic obstructive pulmonary disease (COPD) was admitted in the Intensive care Unit (ICU) with an acute respiratory failure due to a pneumonia. At the admission the patient was on ventilatory support with a Glasgow Coma Scale of 13. The APACHE score was 17 with a predictive mortality of 22% and the SAPS score was 45 predicting a mortality of 34.8%. An individualised physical training was established. The end points of physical rehabilitation were: the maintaining of the pH to normal values, the lowering of the pCO₂ from hypercapnic to normal values, the amelioration of the

oxygenation values, the increasing of the pO₂, the increasing of the saturation level of oxygen (SaO₂) such the improvement of outcome. The SOFA score was 6 when starting the physical rehabilitation and was improved when scoring at day 7, 14, 22 and 28 decreasing by 4 points at day 7 and maintained. The evaluation of arterial blood gases showed at day 1 acidosis – ph: 7.31 and a normalized ph at day 28 of 7.43. The pCO₂ was improved as well from a value of 66.3mmHg to 47 at day 28 (a major improvement being seen at day 14 after physical rehabilitation pCO₂: 52.7 mmHg). The pO₂ was 71 mmHg normalized at day 28 – a pO₂ of 99.2.

Conclusion: The physical therapy played an important role in the management of the case, improving the outcome of the patient. At this moment there isn't a standardised international protocol concerning physical rehabilitation (percussion/vibration, limb exercise, posture) for the critically ill patients, even though different benefits were noticed. This case is part of a pilot study that aims to validate a physical rehabilitation protocol in ICU.

Key words: ICU, physical therapy, mechanical ventilation.

POSTERS

19. A SEVERE FORM OF HEMOPHILIA A ASSOCIATED WITH LEFT KNEE HEMARTHROSIS IN A CHILD

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Introduction: Hemophilia A, also called factor VIII (FVIII) deficiency is a genetic disorder caused by missing or defective factor VIII, a clotting protein. The gene for hemophilia is carried on the X chromosome. Although about 1/3 of haemophilia A cases are caused by a spontaneous mutation, a change in a gene. The severity of haemophilia A is linked with the level of FVIII in the blood - Severe: FVIII levels less than 1%; Moderate: FVIII levels of 1-5%; Mild: FVIII levels of 6-30%.

Objective: To present the case of a child suffering from a severe form of hemophilia A having the levels of FVIII less than 0,6% to which Associates multiple hematomas, knee hemarthrosis and subclavian giant bruise.

Clinical case: This is the story of a patient aged 1 year and 3 months, having a history with multiple bruises and hematomas occurred after repeated micro traumatism and epistaxis and no coagulopathy family history. He was brought by his presents at the emergency service for children for painful swelling in the left knee joint with functional impotence, in condition of apparent health. He was hospitalized in the Pediatric Orthopedic Surgery Department being suspected of septic arthritis, where he remains hospitalized for two weeks. During the hospitalization the doctors had decided the installation of a central venous catheter (CVC). After installing the CVC he develops a giant left subclavian hematoma, which is why it was raised the suspicion of a coagulopathy and he was transferred in our Pediatric Hemato-Oncology Department.

Results: There is a marked improvement in the current hemodynamic status as a comparison