

Conclusions: Usually radiotherapy provides excellent local and regional control of plasmacytomas, but in our case it had no positive effect. The patient is having an evolution which leads to an continue worsening without obtaining remission, therefore the long-term prognosis is reserved while the medium one is favorable.

Key words: multiple myeloma, plasmacytoma, radiotherapy, chemotherapy.

22. SEVERE ANEMIA OF UNE XPECTED CAUSE IN A FEMALE TEENAGER

R. Stanca, N. Gimiga, C. Olaru, S. Diaconescu

Scientific advisor: Smaranda Diaconescu, *Grigore T. Popa* University of Medicine and Pharmacy, Iasi, Romania

Introduction: In pediatric practice topiramate is used alone or with other medicines to treat certain types of seizures and to prevent migraine headaches in adolescents 12 years and older.

Clinical case: A 14 years-old female was admitted into the ER Unit after voluntary ingestion of 30 capsules (3000 mg) of topiramate. The drug was prescribed by her neurologist for migraines; the suicidal attempt was determined by a conflict with her mother. At admission she had dizziness, drowsiness, speech disturbances, abnormal coordination, vomiting and abdominal pain. Laboratory data showed severe anemia (Hb=4,3 g/dl), normochrome and normocytic, severe metabolic acidosis (HCO₃⁻ = 6,6 mEq/L), hypoglycemia (37 mg/dl), hypercloremia (Cl⁻=121,7 mEq/L), hypernatremia (Na⁺= 150 mEq/L), hypokalemia (K⁺ =1,71 mEq/L). The treatment included gastric lavage, activated charcoal, intravenous fluids, bicarbonate and blood transfusions. The clinical status improved within 24 hours, Hb level raise to 13,8 g/dl and no other laboratory abnormalities were found. The medical records of the patient showed she has no anemia previously. A CT scan performed in order to exclude an organic cause for her headaches was normal. The patient was dismissed after 10 days in good general condition; she presented mild epigastric pain and leave the hospital with proton-pump inhibitor and pshyologic counseling recommendations. Subsequently she had several hospitalisations for depression and suicidary thoughts treated with sertraline and she is followed by a pediatric psychiatrist.

Conclusions: This is a particular case of voluntary topiramate intoxication with particular side effects as severe anemia and metabolic disturbances, followed by long-term behavioral consequences.

Key words: seizure, topiramate, intoxication.

23. CLINICAL CASE. GRAVE S' OPHTALMOPATHY

Elena Suveico, Ana Rosca

Scientific Adviser: Cristina Rizov, University Assistant, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Graves' ophthalmopathy (GO) is an autoimmune inflammatory disorder Associated with thyroid disease which affects ocular and orbital tissues.

The objective was to present a clinical case of patient with Graves' disease and GO.

Clinical case: Patient V.P. (45 years) was hospitalized in the Department of Endocrinology on the 16.03.16, with clinical manifestations: painful feeling behind the globe, redness of the conjunctiva, hyperlacrimation, exophthalmos and diplopia. In July 2014, patient was diagnosed with Graves' disease, treatment with ATS was initiated. In April 2015, supports a viral infection that leads to worsening general appearance of exophthalmos, decreased eyes motility, sensation of "sand" in the eyes, hyperlacrimation and decreased visual acuity. Patient diagnosed with GO and oral Prednisone was given in decreasing doses: 30 mg for the first week, after the dose was tapered off by 5 mg per week and GO ameliorates. In September 2015, after a virosis, clinical signs of GO becomes more severe and the patient resumes treatment with Prednisone. As a result of recently appeared flu (2-3 weeks), GO worsens and patient is hospitalized for pulse therapy. Clinical activity score was appreciated according to CAS=6. Family history: patient's sister and brother have Graves disease with severe GO. Hormonal tests: **05.15** FT4-16,8 pmol/L (*normal values range* = 12-22 pmol/L); **07.15** FT4-33,2 pmol/L; TSH <0,005 mIU/L (*normal values range* 0,27- 4,2 mIU/L); **09.15** FT4-10,8 pmol/L; TSH 0,011 mIU/L; **11.15** FT4-12 pmol/L; TSH 0,185 mIU/L; **01.16** FT4-58,5 pmol/L; TSH <0,005 mIU/L; **03.16** TSH 0,011 mIU/L; FT4 11,24 pmol/L; FT3 4,32 pmol/L (*normal values range* 3,1-6,8). MRI of the orbit: diffuse thickening of: m.rectus inferior to 1,0 cm (*normal values range* 0,49-0,57 cm), m. rectus medial to 0,85 cm (*normal values range* 0,41-0,46 cm), m. rectus laterale to 0,7 cm (*normal values range* 0,29-0,35 cm), m. rectus superior to 0,75 cm (*normal values range* 0,38-0,45 cm) with signs of edema.

The CAS wasn't determinate before and after Prednisone treatment and we can't appreciate the success of suppressive treatment. In etiology an important role has genetic predisposition (20-60% of affected individuals have a positive family history of thyroid disease), 21 % of the risk for developing GD is attributable to environmental factors (infectious agents). To confirm the genetic predisposition it would be ideal to identify the cytokines: HLA-DR3, CTLA4, PTPN22, CD40, IL-2RA, FCRL3, and IL-23R. Also, we can't ignore the influence of other factors in the pathogenesis of GO, such as female gender and the age 45 years.

Conclusion:

1. It is important to appreciate the clinical activity score of Graves' ophthalmopathy before and after the suppressive treatment.
2. Environmental factors, like viral infections had an important role in the evolution and severity of Graves' ophthalmopathy.

Key words: Graves' ophthalmopathy, Graves' disease, score CAS.

24. HYPOPITUITARISM SECONDARY TO UNRUPTURED INTRACAVERNOUS CAROTID ANEURYSM WITH SELLAR EXTENSION ASSOCIATED WITH IPSILATERAL BRAIN ABSCESS: A CASE REPORT

S. Toma, A. Sumleanski, S. Borodin

Scientific advisor: Bodi Aureliu, MD, PhD, Professor, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova