by irritant spray-gas inhalation of the respiratory organs and 24 children (25.8%) with dimethoate insecticide intoxication. The classification by age category; 15 children (16.1%) between 8-12 years old; 78 children (83.8%) between 13-18 years old. After the epidemiological research there has been specified the inhaled or ingested toxic substance, the treatment was initiated in the precocious and respective terms according to the protocol. The study has determined the circumstance of intoxication occurrence of 100 percent that took place in public environment: school, school yard and playground. We have also found out voluntary intoxication in 52 cases (55.9%) and the incidental intoxication in 41 cases (44.0%). The clinical manifestations had a wide variation depending on the toxicity entered the child's body. Of the total number of children we have noticed respiratory clinical signs in addition to the digestive and minor neurological ones in 54 cases (58.0%); neurological symptoms including hallucinations, seizures in 14 cases (15.0%); we have noted signs of damage to the cardiovascular system in 12 cases (12.9%). Of the total number of children with dimethoate intoxication 14 children (15.0%) who manifested the clinical signs of intoxication have required the antidote administration. The duration of treatment of children in the Emergency Department (54 children (58.0%)) was on the average of 1.5 ± 0.5 days, and in the pediatric resuscitation and toxicology unit it was of 3.5 ± 0.55 bed days. All the children were of school age and they have missed the school classes on the average of 4.7 days. The children in the study group had missed the teaching material of approximately 35 academic hours, and the material damage aside from the children's treatments that included the research, decontamination of areas, investigation committees, are difficult to determine. During this period from collective intoxication no child has died. From the abovementioned we can conclude the following:

Conclusions:

1. The clinical manifestations in collective intoxication are diverse and require a correct triage along with the decontamination of victims and spaces.

2. The material, social and intellectual damages aside from the treatment of children with collective intoxication, which included the research, decontamination of areas, investigation committees and the missed teaching classes are difficult to determine**.**

Key words: children, collective intoxication, manifestation, intellectual damage.

63. ASSESSMENT OF CYSTIC FIBROSIS SEVERITY

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Introduction. Cystic fibrosis (CF) is one of the most common hereditary diseases and being characterized by chronic lung injury, exocrine pancreatic insufficiency and nutrition disorders. In this disease the mutation of the CFTR gene lead to changes of sodium chloride metabolism inside and outside epithelial cells found in he lungs, liver, pancreas, digestive tract and reproductive system. Thus, the result of this malfunction is represented by sticky and thick mucus, salty taste of the sweat and thickened digestive juices which can clog the lumen and alveoli of the lungs (clinically difficult breathing, formation of the environment proned to bacteria growth) or may disturb (when the pancreas is mainly involved) the process or proper digestion and absorbtion of nutrients, leading even to organ failure in

severe cases (lungs, pancreas). Pulmonary involvement in CF reflects the severity of the disease and represents the major cause of death. Major criteria used to assess CF severity are based on the evaluation of the lung function.

Materials and methods. Our study included 60 patients (the average age 9.08±1.01 years) diagnosed with cystic fibrosis. CF severity was assessed using Shwachman-Kulczycki score, which is based on the following criteria: overall activity of the patient, physical examination results, nutritional status, and data of the chest X-ray examination. Each category was assigned from 1 to 25 points, while the total score ranged from 4 to 100 points maximum (severe ≤40 points, 40-55 points – moderate; mild – 56-70 points, 71-85 points – good, and excellent – 86-100 points).

Results and discussions. The Shwachman-Kulczycki score of just 25.46±2.09 points, that indicates a severe evolution of CF, was registered at 46.81% of children with severe malnutrition, but also in older patients with advanced lung diseases. For 25.92% of children the score was 53.57±0.63 points, that means moderate evolution of cystic fibrosis. In 15.6% of patients the Shwachman-Kulczycki score showed a favorable clinical evolution, with a summary of 62.12±0.98 points. Only 12.77% of children had mild form of the diseases with a good score of 78.0±1.30 points. In the study group there were no children identified to have with excellent clinical condition, because of the presence of changes in clinical status and paraclinical tests.

Conclusion. The Shwachman-Kulczycki score that includes clinical and imaging criteria, is a very simple to use tool, demonstrated to be highly informative in assessing the clinical status of patients with cystic fibrosis and is recommended to be used in the work of specialists in pediatrics.

Keywords: Cystic fibrosis, CFTR gene, pediatrics.

64. RISK FACTORS FOR COMMUNITY-ACQUIRED PNEUMONIA IN CHILDREN

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Introduction: In the last years our knowledge on epidemiology of community-acquired pneumonia has revealed: the number of annual community-acquired pneumonia (CAP) cases is difficult to estimate. Pneumonia is an infection that inflames the air sacs in one or both lungs. This disease can range in seriousness from mild to life-threatening. It is most serious for infants and young children, people older than age 65, and people with health problems or weakened immune systems.

Methods*:* Risk factors for community-acquired pneumonia were studied by collecting data and achieving a prospective study of 64 children, age ranged between 1-192 months, hospitalized in the Paediatrics I Clinic of Tirgu Mures County Clinical Emergency Hospital in November or December 2015, January or February 2016. We included newly diagnosed patients with pneumonia and using SPSS