

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  $9.08 \pm 1.01$  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  $\leq 40$  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  $25.46 \pm 2.09$  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  $53.57 \pm 0.63$  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  $62.12 \pm 0.98$  points. Only 12.77% of children had mild form of the diseases with a good score of  $78.0 \pm 1.30$  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 Targu Mures County Clinical Emergency Hospital in November or December 2015, January or February 2016. We included newly diagnosed patients with pneumonia and using SPSS

software, descriptive statistics were applied to summarize the demographic and clinical data with laboratory indicator levels and medical imaging data.

**Results:** We prospectively investigated 64 patients and found a predominance of male 57.8 % (37). The mean age at diagnosis was 50.03 months with a standard deviation:  $\sigma = 58.75$ , between 1 and 192 months old. The air sacs may fill with fluid or pus (purulent material), causing cough with mucus 53.1 % (34) or pus 15.6 (10 cases), fever for 60.9% (39 patients) with a mean of 38.05°C where the minimum is 37.0°C and the maximum is 40.0°C resulting in a total of 7.8% (5 cases) of convulsions in febrile context. They presented also chills 15.6% (10), tachypnea 32.8% (21), rhinorrhea 68.8% (44) and intercostal retraction 42.4% (27). A variety of organisms, including bacteria, viruses and fungi, can cause pneumonia. The average level of leukocytes (WBC) was  $13.75 \cdot 10^3/\mu\text{L}$  with a minimum at  $4.6 \cdot 10^3/\mu\text{L}$  and a maximum at  $35.0 \cdot 10^3/\mu\text{L}$  and a standard deviation of 6.27, the mean of neutrophil was  $7.59 \cdot 10^3/\mu\text{L}$  and for erythrocyte sedimentation rate (ESR) was 27.14 mm/h with a maximum at 108 mm/h. Pneumonia confirmation was performed using auscultatory examination and chest radiograph where we founded characteristic pathological changes. Malnutrition was present in 37.5% (24) of patients and other significant risk factors were a history of recurrent respiratory infections 26.6% (17) such us: bronchopneumonia, bronchiolitis or recurrent wheezing, chronic diseases 23.4% (15): congenital heart disease, asthma or diabetes mellitus. 12.5% (8) have the house heating with the wood fire, 14.1% (9) of children come from a difficult social environment and 12.5% (8) living in a institutional care.

**Conclusions:** In fact, children who suffer from underlying chronic disease (*e.g.* asthma, recurrent wheezing, congenital heart diseases, neuromuscular diseases and seizure disorders, chronic disorder of the nutritional status) or who living in a difficult social environment are at higher risk for acquiring pneumonia.

**Key words:** pneumonia, children, risk factors.

## 65. TREATMENT OF PANIC D ISORDER

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**Introduction:** The article addressed the treatment of panic disorders with the purpose of optimizing the methods of treatment in order to obtain good lasting results.

**Materials and methods:** 15 patients (men and women) with panic disorders of different age were tested. Testing was performed before and after pharmacological treatment using questionnaires, with a 3 week follow-up.

**Discussion results:** Before and after the treatment were observed the following results among the patients: Hamilton scale - severe and moderate depression (66%) with turn for lack of depression after treatment (73%); Taylor scale - very high and high anxiety (93%) with change to mean anxiety after treatment (80%); Spilberger scale - high stable anxiety (80%) and moderate (20%), high reactive anxiety (20%), moderate (67%), post-treatment evolution to stable moderate anxiety (80%) and low