

between comorbidities and different aspects of HRQoL in patients undergoing treatment for hypertension.

Patients and Methods: A questionnaire-based study was conducted in a group of 50 unselected patients treated of hypertension. To assess the 10-year survival rate in patients with several comorbidities, we used the Charlson Comorbidity Index (CCI) scoring system. HRQoL was evaluated using the Medical Outcomes Study 12-item Short-Form Health Survey (SF-12).

Results: The study group consisted of 29 men (58%) and 21 women (42%), having the mean age of $63,5 \pm 8,7$ years. Coexisting diseases were reported in 47 patients (94%), including dyslipidemia (20,8%), coronary artery disease (CAD; 19,8%), COPD (10,9%) diabetes (9,4%) and myocardial infarction (8,3%). The average of 10 years survival rate, according to CCI represents 77,5% and 42,3% for age related CCI. The correlation analysis between hypertension levels and physical functioning revealed a weak, negative association ($r=-0,2$). There is a strong, positive association between CCI and physical functioning as a dimension of HRQoL ($r=0,73$), meaning that 53% out of the physical functioning is determined by the comorbidity index variation. Also, the correlation analysis suggests a moderate, positive association between mental health and CCI ($r=0,58$), resulting that 34% of mental health as a dimension of HRQoL depends on comorbidity index variation. Women reported higher HRQoL in both dimensions assessed by the SF-12 form: physical functioning (43,2% vs. 40,7%) and mental health (46,4% vs. 44,7%).

Conclusions: Chronic diseases concomitant with arterial hypertension affect negatively all of the HRQoL dimensions. The presence of complications and comorbidities influences the HRQoL in hypertensive patients more than hypertension itself. These findings suggest that prevention, early diagnosis and effective treatment of chronic diseases are important to preserve the HRQoL in patients with hypertension.

Key Words: arterial hypertension, comorbidities, health-related quality of life.

79. CYTOMEGALOVIRUS INFECTIONS IN CHILDREN

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Introduction. Cytomegalovirus Infection (CMV) is one the most common congenital viral infection and an important public health issue, which is widely spread in newborns, about 0.3% - 2.4%, characterized by symptomatic infection, clinical polymorphism, severe evolution and irreversible sequelae (mental retardation, hepatitis and deafness), persistent viral infections Associated with risks of reactivation of immunosuppressed states. The objective of the research is to study and highlight the clinical and diagnostic peculiarities of CMV infection in infants and young children.

Materials and methods. A retrospective study was performed on a group of 42 children at ages 1month-3years, most of them (29 children-69%) aged under 12 months were from rural areas. Presence

of specific anti CMV IgM and IgG (ELISA test) in serum and CMV DNA in serum or urine by means of PCR were confirmed in diagnosing CMV infection.

Results. The study results proved the presence of high risk perinatal factors for antenatal fetal infection in over 53% of pregnant women: area of origin, low socioeconomic level, previous abortions or mortality cases, infections during pregnancy, premature births in medical history. The current gestation ended with premature birth in 10 (23%) cases, 12 cases of born at term infants (35.5%) showed retarded intrauterine development. The clinical features of congenital CMV infection was multiforme-like. The reason for hospitalization was neurological, pulmonary and liver impairment. Neurological examination revealed the presence of a neuro-psychological retardation of varying degrees in 21 (50%) cases, periventricular calcifications in 10 (23.8%) children, microcephaly in 5 (12%) children. Liver damage was characterized by hepatosplenomegaly and cytolysis in 2/3 of children. The ophthalmologic examination revealed chorioretinitis in 5 (12%) children and optic nerve atrophy in 2 children. One child was diagnosed with sensorineural deafness. Most children suffered from interstitial lung- pneumonia. The disease diagnosis was confirmed by the presence of CMV-DNA in the serum of 7 children out of 11 investigations and DNA in the urine of 10 children out of 11 investigated ones. The serologic test results were positive for CMV IgM antibodies in 23 (55%) cases and anti CMV IgG in 27 (64%) cases.

Conclusions. According to the survey, more than 53% of cases resulted from pathological pregnancies. Interstitial pneumonia, hepatomegaly and cytolysis, periventricular calcification and microcephaly, chorioretinitis and optic nerve atrophy were the most common clinical manifestations of congenital CMV infection. The serologic positive results confirmed the diagnosis by presence of CMV IgM and IgG antibodies and CMV DNA in serum or urine.

Key words: CMV congenital infection, hepato-splenomegaly, intracranial calcifications, chorioretinitis.

80. RESULTS OF THE STUDY OF INTESTINE BIOCEANOSIS IN CHILDREN

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Introduction. Changes in intestinal microbiocenosis play an important role in the development of functional disorders of the digestive tract in children. The aim of the study was to determine the diagnostic value of bacteriological studies of intestinal dysbiosis.

Patients and methods. We performed a retrospective analysis of 127 results of fecal survey on dysbiosis in children aged 1 to 17 years with impaired bowel function, that turned to the Odessa Regional Children's Clinical Hospital in 2014-2015.

Results. According to our research, more of the analysis on dysbiosis was conducted in patients of younger age group of 1 to 3 years — 68,8% of all cases. In the same age group, 81.4% examined children were bacteriological signs of dysbiosis of transient nature. There was a seasonal correlation of the research, since 44.8% of analyzes were carried out in the period from February to April, due to an increase in functional disorders of the digestive tract in children during this period. For the majority of