Materials and methods: Descriptive study about the children from the centre of the tuberculosis,wich includes the analysis of 81 children from the centre of the tuberculosis from IMSP the municipal clinical hospital of the phtisiopneumology.

Results: The study result demonstrated that most of the children suffering from tuberculosis were diagnosed at contact prophylactic control. It was detected by prophylactic examination that intrathoracic lymph node TB prevails-54 (67%)children,followed 21 (26%)children with infiltative pulmonary TB and 6 (7%) children with primary complex TB. The biggest coeficients had the risk factors as: contact with tuberculosis patients-81 children (28%), non-chemoprophylaxis - 76 children (27%),concomitant diseases - 42 children (15%),unsatisfactory conditions - 30 children (10%), incomplete families - 23 children (8%), lack of vaccination and bad vaccination - 11 children (4%), outbreaks of death - 10 children.Contact in home with parents and brothers - 75 cases (75%). Contact with mother has been found most frequently - 40 children (41%),with father-26 children (26%),with brothers-9 children (9%). Close contact was found at 24 cases (25%).The most frequent contact is with the grandparents - 12 children. Through prophylactic examination it was found that 75% of children are with a single post-vaccination scar, 15%-with 2 post-vaccination scars, but at 13% information is missing. The post-vaccinatio scar prevailed $\geq$ 4 mm to 50% of children.

Conclusion: Has been estabilished that most of the children with complex tuberculosis were found out by examination as contacts with people wich are sick of TB disease - 100% of cases. In the clinic structure of the extrapulmonary tuberculosis prevails the tuberculosis of the ganglia lymph intrathoracic-54 cases (67%). In 4% of the casesthe children weren't vaccinated BCG after different medical indications.

93. THE HEREDITARY HEMOCHROMATOSIS HAS CHANGED OVER THE TIME?

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Background. Being a genetic malady, clinically expressed during the adulthood years and frequently confused with other maladies, this disease creates a substantial medical-social impact. In this study we are approaching the old problem, revealed in 1935 by Sheldon, confronting it with the new clinical observations and scientific data, at the same time we'll try to define some practical and utile ideas for diverse specialists in the early screening of this disease.

The goal and the objectives: the clinical and paraclinical evaluation of the patients with hereditary hemochromatosis and the determination of the evaluative features of these maladies.

Material and methods: In the study have been involved 9 patients with hereditary hemochromatosis, who have been identified, during 2014 - 2015, of a sample of 105 patients with hypertransaminazemia and hyperferitinemia. All the patients have been screened for HBV, HCV, alcohol intake, hepatic steatosis. The patients who have had the serum ferritin level higher than 1000

ng/ml, have been done the saturation coefficient of transferrin, and those with a coefficient higher than 45 have been tested genetically.

Results: there have been identified 9 patients with hemochromatosis (including two brothers), the average age was 43.5 ± 2.4 y.o, men/women -– 8/1, with the bronz skin was 2/9, with VHC positive – 3 patients. Clinically the hepatomegaly has been noticed in 6/9 patients, splenomegaly 2/9, arthralgia 2/9, cardiomyopathies 1/9 pacients. The laboratory paramethers have dentified the high ALT level at 7/9 patients, elevated alkaline phosphatase 3/9, increased total bilirubin – 5/9, hyperglycaemia 2/9, increased serum iron 5/9, anemia 4/9, low seric albumin 4/9. The genetical testing has identified the homozygous mutation for C282Y – 3/9, heterozygous mutation for C282Y 4/9, heterozygous H63D – 2/9.

Conclusions: According to our results the hereditary hemochromatosis is necessary to be screened in all the categories of patients, especially with hyperferritinemia higher than 1000 ng/dl and saturation coefficient higher than 45, independently of the patient's age, the color of his skin, the presence of absence of diabetes or any other extrahepatic manifestations.

Key words: Hemochromatosis, genetics, mutation.

94. ORAL ULCERS AS EARLY MANIFESTATION OF SYS TEMIC LUPUS ERYTHEMATOUS

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Introduction: Systemic lupus erythematosus (SLE) is an autoimmune disease which develops at the base of imperfect immunoregulatory processes, genetically determined and Associated with overproduction of autoantibodies. The symptoms are heterogeneous and each of those present has a major importance for the diagnosis and prognosis of disease. Oral ulcers were included in the criteria for classification of SLE, SLICC 2012, representing one of the most frequent mucocutaneous manifestation at the onset of the disease. According to the latest scientific evidence, skin involvement represented by oral ulcers, acute and chronic cutaneous lupus are present in the initial stages of SLE in 19-30% cases.

Materials and methods: In performed cross sectional study were included patients that fulfilled SLICC classification criteria, 2012 and had a duration of the disease not more than 2 years. We were interested to find out the frequency of oral ulcers as initial sign of disease and its correlation with disease activity by SLEDAI. Patients were evaluated for the presence of oral ulcers as initial manifestation of the disease and correlated with disease activity at the moment of study entry.

Discussion results: In our study were included 51 patients, mean age of patients at study entry was 37.2±13.2 (range 18-67) years, 83.2% were female and mean disease duration was 9.3±8.7 months. The frequency of the oral ulcers was 33.3%. The mean SLEDAI activity of a disease was 11.4±6.2 points (high), but it didn't correlated with the duration of disease r=(-0.016), P=0.9. We also were interested to evaluate if disease activity can be a risk factor for oral ulcers in early lupus if we divide our patients in 4 groups – with oral ulcers and without/ low and high disease activity (<or> than 8 points). In the result,