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,

relative risk (RR) was 0.98 (low), with CI=0.4 to 2.25, P=0.9. When we appreciated the risk of ulcers in dependence of disease duration (<or> than 12 month) relative risk was 1.75 with CI=0.72 to 4.2, P=0.2.

Conclusion: Oral ulcers are common manifestation in systemic lupus erythematosus and frequently can serve as one of the initial symptoms of the disease. This manifestation should be appreciated when other characteristic signs are present in diagnosis of LES and can be appreciated as criteria for disease activity and its presence in SLEDAI score as independent descriptor. When we analyze the effect of two factors - disease activity and duration on ulcer appearance we can conclude that 1: disease activity and oral ulcers are independent factors, 2: risk of oral ulcers appearance raises with disease progression, but not statistically semnificant.

Key words: early systemic lupus erythematosus, oral ulcers.

95. CARDIOVASCULAR MANIFESTATIONS IN PRIMARY HYPOTHYROIDISM

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Introduction: According to bibliographical sources (Bernadette B. 2012; Kleyn I. 2001; Andronati V. 2011) thyroid hormones have major effects on the cardiovascular system, being (representing) a major clinical problem. The aim of the current study is to highlight the cardiovascular events in patients with primary hypothyroidism.

Materials and methods: In the study were included 30 patients with primary hypothyroidism (HT), hospitalized in the department of endocrinology in the Republican Clinical Hospital. Methods: clinical, para clinical (ECG, EchoCG, lipidogram). The group of investigated patients: 90% - women, 10% - men, aged 20-60 years old. The average body mass index was 29.68 (± 5.61) kg /m^2, 6,7% of them - loss of weight, 3,3% - no change in weight and 90% - added weight. From the study were excluded patients with previous rheumatic and cardiac diseases, secondary HT, decompensated liver, lung, cancer, kidney diseases. The cause of HT in 63,3% of patients was autoimmune and 36,7% - postoperative. The mean duration of disease (hT) is 9,6 (± 6,5) years old.

Discussion results: From the cardiovascular events were observed: dyspnea – 53,3% of patients, cardialgias (46,7%), pericardial effusion (26,7%), extrasystoles (3,3%), bradycardia (6,7%), tachycardia (0%), increased diastolic blood pressure (16,7%), deafened heart sounds (60%), heart failure (46,7%). Elevation of cholesterol (60%) and triglycerides (23,3%).

Conclusions: Significant changes in the cardiovascular system in patients with hypothyroidism according to incidence rank are:1. deafened heart sounds, 2.dyspnea, 3.cardialgias and heart failure, 4. pericardial effusion. Also an important element in the diagnosis of impairment of the cardiovascular system in hypothyroidism is elevated cholesterol and less significant elevation of triglycerides. Early