

Patients presented with RS a mean of $4,1 \pm 1.2$ years after the diagnosis of RA.

Conclusion. The prevalence of secondary RS depends upon the underlying disease. RS secondary to autoimmune disease are more common in women than in men. In SSc the evolution of RS depends on the anti-centromere and anti-Scl70 antibodies. The triphasic feature of RS in SSc was found in only 11,1% patients. RS appears to develop relatively soon after RA and SLE diagnosis in the majority of cases.

Key words: Raynaud's Syndrome, systemic sclerosis, systemic lupus erythematosus, rheumatoid arthritis, digital ulcers.

98. EXTRINSEC DETERMINANTS OF PULMONARY TUBERCULOSIS

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Background: Tuberculosis (TB) represents a classic example of an infectious disease linked with the social determinants of the health.

The aim of the study is the assessment of social, demographic, economical and hygienic characteristics of patients with pulmonary tuberculosis according to the spectrum of drug-resistance.

Material and methods. It was realised a retrospective and selective case-control study of 82 patients with pulmonary TB registered in the Municipal Hospital of TB during the period 1.1.2014 to 1.3.2014. Including criteria in both groups were adult patient (age > 18 years), the diagnosis of the new patient with pulmonary TB. Study design consisted in the division of cases in two groups: first group – included 49 drug susceptible TB; second group - 33 MDR-TB cases.

Results and discussions. Distributing patients by sex established the predominance of men in comparison with women in both groups: 32 (65.31%) men vs 17 (34.69%) women in 1st group, as well as in the 2nd group 19 (57.57%) vs 14 (42.42%) women, $p < 0,001$. Patients younger than 44 years prevailed in both groups 39 (79.59%) vs patients older than 44 years 10 (20.41%) in 1st group and 24 (72.72%) cases vs 9 (27.27%) cases in the 2nd group, $p < 0.001$. Low educational level prevailed insignificant in the 1st group 19 (38.78±6.96%) vs 11 (33.33%) in the 2nd group. Economically disadvantaged groups were most prevalent in both samples: 41 (83.67%) in the 1st group vs 26 (78.78%) in the 2nd group; single-civil status prevailed in the 2nd group 18 (54.54%) vs 12 (24.49±6.14%) in the 1st group. Tobacco smokers were two third of the patients: 38 (77.55%) in the 1st group and 24 (72.72%) in the 2nd group. Alcohol abusers were 12 (24.49%) in the 1st group and 4 (12.12%) in the 2nd group. Lack of health insurance was revealed at 32 (65.31%) cases in the 1st group and 20 (60.61%) patients in the 2nd group.

Assessing the type of household was revealed bad conditions in both groups: bad state private apartment owned 24 (48.98%) in the 1st group and 11 (33.33%) cases in 2nd group and old house in bad state 8 (16.32%) in the 1st group and 7 (21.21%) in 2nd group.

Multivariate logistic regression model assessing risk factors of drug susceptible/MDR-TB established that risk for developing drug susceptible TB: male sex OR=1.55 (95%CI:0.72-3.32), low educational level OR=4.56 (95%CI: 2.07-10.08); alcohol abuse OR=4.21 (95%CI:1.41-12.54) and for developing MDR-TB age<44 years OR=1.79 (95%CI: 0.78-4.09).

Conclusions: social interventions for reducing the risk of TB developing must target all social disadvantaged groups, especially men, young aged individuals, low educated, alcohol abusers.

Key words: tuberculosis, risk factors, social determinants.

99. FEATURES OF PULMONARY TUBERCULOSIS IN ELDERLY

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Introduction. At elderly pulmonary tuberculosis develops most often due to the reactivation of endogenous tuberculous infection, but the exogenous infection predisposes the reactivation of latent TB infection. Diagnosis difficulties and errors, as well as comorbidities and hospital care worsen epidemiological indices.

Objective of the study. Assessment of clinical, paraclinical and treatment outcomes of pulmonary tuberculosis at elderly.

Material and methods. A retrospective, descriptive and selective study was realized on 95 new pulmonary tuberculosis elderly patients is > 65 years old, treated in IMSF SMF during 2013 year.

Results. Distribution by sex revealed a non-significant predominance of men (71,7%) vs women (28,3%). Case management established that the most of them were detected by passive way (68,5%), with an AFB positive smear only in 27,2% cases. Pulmonary infiltrative TB was diagnosed at 79,3%, fibrocavitary TB – 1,1% at and disseminated TB at - 17,4%, with parenchymal destructions at 37,5%, affecting both lungs in 31,5% cases. The most frequent clinical errors were bronchitic (26,8%) and pneumonic (19,6%) masks, that determined the transfer from somatic hospitals into pneumophysiological services. Bacteriologically was identified positive results on conventional medium at 48,9% cases, with molecular-genetic positive test GeneXpert RIF at 30,4% cases. Treatment outcomes reflect the epidemiological situation of tuberculosis, so successfully treated were 67,4%, lost from follow up-5,4%, dead-9,8% cases.

Conclusions. diagnosis difficulties and errors, expressed by high rate of passive detected cases and low rate of microscopic AFB identification demonstrates the epidemiological danger of elderly patients, worsened by the medical care in other than pneumophysiological services.

Key words: tuberculosis, elderly.