

GERDQ has strong correlations with BMI for Romanians but not for French patients ($r = 0.45$ vs. $r = -0.21$). The most powerful positive correlation was between GERDQ and the alcohol consumption ($r = 0.428$) especially for the Romanian patients.

Epworth was correlated with BMI for the whole group ($r = 0,3$) and with the age ($r = 0.34$), especially for the French group. ($r = 0.65$)

Also GERDQ and Epworth scale were negatively correlated with Dijon scale.

DISCUSSIONS. Researchers in North Carolina conducted a study in 181 patients with sleep apnea and nighttime GERD symptoms in 2003 and the conclusion was that the treatment with nCPAP decreased the frequency of nocturnal GERD by 48%. Also there are studies suggesting that the treatment with IPP for GERD decreases the number of apneas.

Conclusions

1. Obesity is a main risk factor for OSA and GERD.
2. Men present more severe GERD and OSA than women for the Romanian group.
3. GERD is more severe at the Romanian patients who drink more alcohol.
4. GERD is more severe if the patients have more severe OSA.

Key words. GERD, OSA, Pearson, BMI

115. CLOSTRIDIUM DIFFICILE INFECTION IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE: RISK FACTORS

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Introduction. Recent epidemiologic studies have shown that patients with inflammatory bowel disease (IBD), ulcerative colitis (UC) or Crohn's disease (CD) are at increased susceptibility Clostridium difficile infection (CDI) compared with the general population. The objectives of this study were to assess the incidence and risk factors for CDI in UC patients in a tertiary center from North-Eastern Romania.

Material & Methods. Data of all UC and CD patients admitted at the Institute of Gastroenterology and Hepatology, Iasi, Romania between January 2014 and December 2014 were analyzed. In patients with concomitant CDI, risk factors for CDI were identified.

Results. A total of 56 UC and 45 CD patients were included in this study, among whom 7 with UC and 5 with CD were identified as having a concomitant CDI. The incidence of CDI in UC patients was 12.5 %, and 11.1% in CD patients. Most of the patients with UC included in the study were men (78.5%) and had active left side colitis. On univariate analysis, age > 60 years (OR = 2.76; CI=1.45-29.6, $p = 0.023$) and hemoglobin < 10 mg/dl (OR = 1.93; CI=1.19-18.5, $p = 0.043$;) were Associated

with CDI and UC. Most of the patients with CDI and CD were older and had an active colonic form, anemia and increased level of leucocytes.

Conclusion. CDI was detected in one of fourth patients admitted with a UC or CD flare. Older age and anemia could represent risk factors of CDI in patients with inflammatory bowel disease.

116. COMPLICATIONS OCCURRENCE DURING METHOTREXATE THERAPY IN RHEUMATOID ARTHRITIS

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Introduction: Methotrexate (MTX) is now considered the first-line DMARD agent for most patients with Rheumatoid Arthritis (RA). It has a relatively rapid onset of action at therapeutic doses (6-8 weeks), good efficacy and ease of administration. But it can also determine the appearance of side-effects, especially pulmonary and haematological. The objectives of the study are to reveal the most frequent complications that occur during the treatment.

Materials and methods: The research is based on the information from medical records of patients that have been hospitalized at Clinical Republican Hospital during 2015. A cohort of 50 RA patients (47 women, 3 men), aged between 32-74 years (with a mean age of 53 years), was studied for the occurrence of side-effects. 37 patients (74%) were on MTX treatment.

Discussion results: Adverse broncho-pulmonary side-effects were observed in 7 patients (18,9%), with a mean disease duration of 5 years. All of the cases were confirmed by the X-ray. Anaemia was present at 14 patients (37%), only 4 of them (28,5%) presented mild anaemia and 10 patients (71%) – moderate anaemia. The mean disease duration was of 6 years.

Four patients (10,8%) abandoned the treatment, three of which (8,1%) developed drug intolerance, and in one case for an unknown reason.

Conclusion: Pulmonary, haematological and other side-effects are not a rare event during MTX therapy in RA. Improved education of patients and physicians should certainly lead to a decreased number of complications by stopping the treatment as soon as the early symptoms of damage occur.

Key-words: Methotrexate, Rheumatoid Arthritis, side-effects.

117. HIGH-RESOLUTION CT QUANTIFICATION OF BRONCHIE CTASIS: CLINICAL AND FUNCTIONAL CORRELATION

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