

of drug-sensitive TB constituted 75.6%, the rate of success in case of MDRTB constituted 46.2%. 91.9% of the women included in this study decided to maintain their pregnancy (72.1% of them delivered children at term; 20.6% had preterm delivery and 7.3% had natural abortion). **Conclusions.** In a country with high TB incidence, such as the RM, the physicians shall manifest an increased vigilance to pregnant women showing the suggestive symptoms of TB.

**Key words:** tuberculosis, pregnancy

## DEPARTMENT OF INTERNAL MEDICINE, GASTROENTEROLOGY

### 106. ENDOTHELIAL DYSFUNCTION IN PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE WITH CONCOMITANT DIABETES MELLITUS TYPE 2

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**Introduction.** Endothelial dysfunction (ED) is a key moment in the development of some manifestations of diabetes mellitus (DM) and the main cause of concomitant vascular complications of the disease.

**Aim of the study.** To estimate the functional state of endothelium in gastroesophageal reflux disease (GERD) in patients with concomitant DM type 2.

**Materials and methods.** We have examined 42 patients: those suffering from erosive form of GERD (EGERD) and DM type 2 were included into the first experimental group (14 patients), those with non-erosive form of GERD (NGERD) combined with DM type 2 formed the second group (13 patients); the third group consisted of patients with isolated EGERD (7 patients) and the fourth group comprised 8 patients with NGERD. The control group consisted of seven practically healthy individuals (PHI). The functional state of the endothelium was studied using a color duplex scanning of the brachial artery, by the number of endothelin-1 in plasma and by the content of stable metabolites of nitrogen monoxide (NO).

**Results.** It was established that during the tests with reactive hyperemia and nitroglycerin, all patients, except those from the fourth group, showed significant impairment of vasomotor endothelial function, which was reliably different from the data in PHI ( $p < 0.05$ ). The reliable reduction of NO metabolites in blood was found in patients from the 1st and the 2nd groups, namely by 63.4% ( $p < 0.05$ ) and 40.8% ( $p < 0.05$ ) whereas the level of NO metabolites 3 in the third and the fourth groups increased compared to PHI by 54.8% ( $p < 0.05$ ) and by 18.4% ( $p < 0.05$ ) respectively. We observed an increase in endothelin-1 content in the blood serum of patients from the first group by 10.9 times compared to PHI ( $p < 0.05$ ), patients in group 2 - by 5.4 times ( $p < 0.05$ ) of those in the 3rd group by 5.9 times ( $p < 0.05$ ), while the patients from the 4th group - only by 2.3 times ( $p < 0.05$ ).

**Conclusions.** Thus, our studies indicate the presence of ED in patients with GERD, which was more pronounced in the patients with EGERD and NGERD combined with DM type 2, which induces the necessity of new approaches to their treatment.

**Key words:** gastroesophageal reflux disease, diabetes mellitus type 2, endothelial dysfunction

### 107. GASTROESOPHAGEAL REFLUX DISEASE ASSOCIATION WITH VIRAL HEPATITIS B

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**Introduction.** Gastro-esophageal reflux disease (GERD) is a common health problem nowadays. GERD strongly affects the quality of patients' life and increases the risk for esophageal adenocarcinoma, affects the public health and leads to a permanent increase of economic burden. At the same time, all over the world, a huge number of people are infected with viral hepatitis B, and nearly 400 million are chronic carriers of this virus. Thus, viral hepatitis B is still a serious danger regarding public health.

**Aim of the study.** To discover the relationship and possible interactions between this two entities.

**Materials and methods.** Our study has evaluated a group of 321 outpatients, 93 (28,9%) were diagnosed with GERD. From 197 with viral hepatitis 56 (28,4%) have associated GERD.

**Results.** Out of 131 patients with viral hepatitis B, 53 (40,46%) had GERD. This last group (patients with GERD and chronic viral hepatitis) were analyzed more detailed, in order to look for the possible risk factors (such as increased body mass index, infection with *Helicobacter pylori*, sex, and age), concomitant diseases or other factors which could elucidate how viral hepatitis B can lead to appearance or aggravation of GERD. Additional, we have studied a group of patients just with GERD, without any hepatic pathology, in order to see the difference between these two groups.

**Conclusions.** Our data suggest a significant association between chronic viral hepatitis and GERD.

**Key words:** hepatitis B, GERD, co-morbidity

## 108. LIVER PATHOLOGY IN THIRD TRIMESTER OF PREGNANCY

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**Introduction.** Liver disease can cause significant morbidity in both pregnant women and their infants. We discuss clinical conditions that are seen only in pregnant women and affect the liver: from Intrahepatic Cholestasis of Pregnancy (0.5% - 1.5% prevalence), to the more frequent condition of preeclampsia (10% prevalence) and its severe form; haemolysis, elevated liver enzymes, and a low platelet count syndrome (12% of pregnancies with preeclampsia) - HELLP syndrome. The pathogenesis is not completely known, there are theories. Anyway all of them suggest the changes in the maternal body due to the change of pregnancy hormones. These conditions affect not only the mother but also the baby. It is important to make an early diagnosis and prevent the outcomes with simple medication.

**Aim of study.** The study of clinical and paraclinical features in women with different types of hepatic pathology in the third trimester of pregnancy.

**Material and methods.** The study is retrospective, based on the results of the medical records; year 2016-2017; Therapy Department, Obstetrical Emergency Department, Intensive Care Department; Public Health Institution, Mother and Child Institution. The study group consists of 43 pregnant patients: 12 patients with preeclampsia, 12 patients with HELLP syndrome, 19 patients with intrahepatic cholestasis of pregnancy. The control group consist of 10 patients with gestational hypertension.

**Results.** Basic clinical symptoms were found: headache, edema, visual disorders, epigastric pain, HTA characteristic for preeclampsia and HELLP syndrome; pruritus characteristic for intrahepatic cholestasis of pregnancy. A significant statistical difference was observed between urinary protein and lactate dehydrogenase ( $r=0.64$ ;  $p<0.05$ ) in HELLP syndrome. Pruritus