25% of the testicular dimensions and the improvement of biological balance under the glucocorticoids treatment, the diagnosis was in favor of TART.

143. QUALITY OF LIFE IN 1ST YEAR MEDICAL STUDENTS
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Introduction. Quality of life refers to psychological, social and physical state of individuals and their ability to function in everyday life. Professional training affects students quality of life. Simultaneously, health and welfare of students are prerequisite for good medical education outcomes.

Purpose. Evaluation of subjective perception of health related to the quality of life in the 1st year medical students.

Materials and methods. The study sample was comprised is 727 students enrolled in 2011 to the State University of Medicine and Pharmacy "Nicolae Testemitanu". Subjective health estimates were obtained using SF-36v2 (36-*Item Short-Form Health Survey*) questionnaire.

Results. The participants were between 18 and 26 (mean age 19,63±1,75). The sample consisted of 523 females (71,9%) and 204 males (28,1%).

The highest means' scores were obtained in *Physical Functioning* (PF) M-91,91 vs. F-87,74; *Bodily pain* (BP) - M-84,24 vs. F-73,79 scales. The lowest means' scores were in *General Health* (GH) - M-62,59 vs. F-55,23; *Vitality* (VT) - M-64,46 vs. F-57,04; and *Mental Health* (MH) -M-66,66 vs. F-60,06 scales. Mean PF scores, being the highest, varied from 83,53 in Dentistry students to 91,8 in Public Health students. The biggest difference was on BP scale (from 65,8 in Public Health to 82,88 in Pharmacy students). The GH scale got the lowest scores in entire sample (52,5 in Public Health, 56,41 in Dentistry, 57,19 in General Medicine, and 61,23 in Pharmacy).

Based on the scores obtained using 8 scales, mean scores for *Physical component summary* (PCS) and *Mental component summary* (MCS) were calculated. The mean values of the PCS were lower both in males 46,90 and females 43,04, than those of the MCS (48,13 and 44.15 in males and females respectively).

PCS mean values in our sample were the highest in Dentistry students 41,29 and the lowest in Pharmacy students 44,70. MCS mean values were the lowest in Public Health students 42,05, and the highest in Dentistry students 47,99.

Conclusions. Our results support the need for both subjective and objective health state screening immediately after the enrollment. The results of such screening will serve for planning timely prevention and treatment, and for health promotion activities as well.

Key-words: quality of life, health, medical students.

144. EVOLUTIVE PARTICULARITIES OF GASTROINTESTINAL STROMAL TUMORS (GISTs)
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INTRODUCTION: GISTs are the most common mesenchymal tumors specific to the GI tract, generally defined as KIT CD117 and CD34 positive tumors with specific histological features. They derive from Cajal cells or their precursors, most commonly occur at the age >50 years in the stomach, small intestine, rectum and colon <10%, and less than 5% in esophagus, and can be malignant or benign.The symptomatology is non-specific, being diagnosed by the complications:hemorrhage, intestinal obstruction or perforation.

METHODS: We have selected 10 cases of GIST hospitalized in the last four years with the same evolutionary feature: an acute complication that required emergency intervention. A positive diagnosis was established with postsurgicalimmunohistochemical tests, using antibodies antiCD117, CD34, Ki67 and vimentin.

DISCUTIONS: GIST were recently defined as a separate histopathological entity and therefore, there is no standart protocol for its diagnosis and treatment. In 70% of cases the clinical signs are present the rest being asymptomatic discovered within a complication with intra/extra luminal bleeding, perforation or occlusion. Presurgicalhistopathological confirmation is not mandatory due to a high risk of dissemination and hemorrhages. Our10 cases started with an acute complication that needed an emergency surgery: 8 with upper GI bleeding, 1 perforation, 1occlusion. The diagnosis was established using immunohistopathological examination with antibodies anti CD117, CD34, actin and vimentin. According to the mitotic index(Ki67+) and tumor size we have included them in Fletcher classificationof malignancy evolution. The GIST evolution is inpredictable and requires an oncological monitoring of all patients.

CONCLUSIONS: GISTs are part of intestinal mesenchymal tumors that can clinically evolve with a complication such as: occlusion, bleeding and perforation. The immunohistochemical test are necessary in order to establish a possitive diagnosis and prognosis. The surgical act is the only treatment and folowed by a long observation by oncologists.

Keywords: GISTs, evolution, acute complications, markers.

145. NOSOCOMIAL PNEUMONIA: AETIOLOGICAL AGENTS IN DIFFERENT DEPARTMENTS OF ONE HOSPITAL

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Background: Nosocomial pneumonia (NP) remains to be in top of the hospital-acquired infections and leads with high mortality. The initial empiric therapy recommendations require modification based on knowledge of the main bacterial infection patterns and local antibiotic resistance which are specific for different clinical departments.

Objectives: To determine the differences of aetiological pathogens of nosocomial pneumonia (NP) in patients of surgical and medical departments.

Materials and methods: We have studied 58 cases of nosocomial pneumonia in patients from the Clinical Republican Hospital who met the criteria issued by Centers for Diseases Control and Prevention (CDC) and were divided in two groups: Group A (35 cases) from medical departments and Group B (23 cases) from surgical departments. In these groups the quantitative deep tracheal aspiration and sputum cultures were used to diagnose agents responsible for NP.

Results: In most cases in both groups the sputum cultures were positive for two and more pathological agents: group A – 77,1% (27/35), group B – 86,9% (20/23). The main aetiological pathogens isolated in these groups you can see in Table 1.

Table 1. **Aetiological agents isolated in patients with NP from medical and surgical departments**

Aetiological agents	Patients from medical departments n = 35	Patients from surgical departments n = 23	p
Str.pneumoniae	10 (28,6%)	3 (13%)	>0,05
Str.viridans	**20 (57,1%)**	7 (30,4%)	**<0,05**
Ps.aeruginosae	6 (17,1%)	**10 (43,5%)**	**<0,05**
Acinetobacter spp.	4 (11.4%)	**9 (39,1%)**	**<0,05**
Staph.aureus	5 (14,3%)	7 (30,4%)	>0,05
Klebsiella pn.	9 (25,7%)	7 (30,4%)	>0,05