

## 104. MODERN APPROACH TO EPILEPSY TREATMENT

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**Introduction:** Long regular use of antiepileptic drugs aimed at reducing frequency of seizures or stopping them completely without any significant side-effects is by far the main principle of epilepsy treatment. Attention is drawn to the issues of tolerability of antiepileptic therapy and compliancy, mutual understanding between the physician and the patient.

**Purpose and Objectives:** To determine the response to treatment of patients presenting with different types of seizures and the possibility of efficient therapeutic care of patients with epilepsy.

**Materials and methods:** This study is based on retrospective analysis of medical documentation of patients hospitalized in IMSP SCP. The study group was represented by 36 patients (19 men and 17 women) diagnosed with epilepsy.

**Results:** During this study, we have evaluated the response to antiepileptic treatment given to patients presenting with different types of seizures. 21 patients (58%) had polymorphic seizures and 15 patients (42%) generalized tonic-clonic seizures. 26 patients (72%) received monotherapy and 10 patients (28%) were treated using polytherapy. Carbamazepine was used as monotherapy in 88% (23 patients) and valproate in 12% of the cases (3 patients). The polytherapy included double-therapy in 25% of cases (9 patients) and triple-therapy in 3% of the cases (1 patient). As the end result of the treatment in patients with epilepsy, we have obtained an adequate control of seizures (absence of seizures) in 36% of the cases (13 patients). A reduction of seizures' frequency by more than 50% was observed in 36% (13 patients) and the seizures' frequency was unchanged in 28% of the cases (10 patients). Reported treatment failure was most likely due to the short term of treatment, although refractory epilepsy in these patients is not excluded. Analyzing the adherence to treatment in ambulatory conditions, we found that 24 patients (67%) complied with the recommendations and continued treatment at home, while 12 patients (33%) dropped out of therapy.

**Conclusions:** The study shows that polymorphic seizures are better controlled by monotherapy (37.5%-complete control) versus polytherapy (16.6%-complete control), whereas generalized tonic-clonic seizures show positive response to polytherapy (50%) versus monotherapy (30.7%). Polymorphic seizures have a good response (reduction of >50% of seizures' frequency) with polytherapy (50%) versus monotherapy (37.5%), whereas generalized tonic-clonic seizures, show similar response to both monotherapy and polytherapy. We've concluded that polymorphic seizures have a better response to treatment when compared with generalized tonic-clonic seizures, both in monotherapy and in polytherapy.

**Keywords:** antiepileptic drugs, efficacy of therapy

## 105. FEATURES OF PULMONARY TUBERCULOSIS DEPENDING ON THE METHODS OF SCREENING

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**Introduction:** Epidemiological indicators of tuberculosis in R. Moldova falled down during the period 1970-1990 (from 97/100.000 in 1970to 39,6/100.000 in 1990), due to the improvement of general economical state of the country and active screening of tuberculosis. The most important role in detection was released to medical radiophotography, so called fluorography performed annually to the entire population. By microbiological method were detected only 37% of TB patients. Socio-economical challenges started in 1990 changed the roles of screening metods. Implementation of DOTS strategy imposed the detection by passive way (microbiological method) at least 70% of TB patients and only 30% cases from risk groups were detected radiologically. As a result: increased the number of new detected cases with severe TB, decreased succes rate and increased mortality rate.

**Aim:** Assessment of pulmonary tuberculosis depending on the methods of screening.

**Material and methods:** Were assessed socio-economical, epidemiological and clinical features of 306 cases with pulmonary tuberculosis, divided in a study group (SG), composed of 242 patients, detected by passive way (investigation of symptoms) and a control group (CG), composed of 64 patients detected by active way (radiologically).

**Results:** Gender distribution assessed the predominance of men in both groups 2,41/1 in SG and 1,67/1 in CG, ( $p < 0,01$ ), with the same average age 1 38,98±12,83 years in SG and 40,35±13,58 years in CG. Socio-economical evaluation revealed the same conditions in both groups: urban residenship 73,55% vs. 64,06%, unemployment 72,72% vs. 82,81%, single civic state 48,76% vs. 68,75% ( $p < 0,05$ ), incomplete school level 24,79% vs. 31,25%, bad living conditions 54,54% vs 43,75%. Tuberculous contact was established at the same scale in both groups 35, 96% vs. 41,90%. Clinical assessment estimated more precarious indicators for passive detected group: detected by family doctor 97,10% vs. 79,69% ( $p < 0,05$ ), late detected (more than 1 month form the onset) 69,01% vs 34,38% ( $p < 0,001$ ), with bilateral pulmonary localisation of specific process 67,35% vs. 24,36%, ( $p < 0,001$ ), extended to more than 3 lung segments in 97,35% vs. 35,67%, ( $p < 0,001$ ), complicated with hemoptysis in 5,78% vs. 1,25% cases.

**Conclusions:** Modification of screening methods according to WHO recommendations directly contributed to the increasing of late detected, bilateral extended pulmonary tuberculosis, worsened by specific related complications. We alert on the precarity of TB patients: unemployment, uncompleted school level, bad living conditions. The predominance of married patients in active way detected group, emphasizes the role of the family support in motivation of patients to perform radiological investigations for checking the status health. Low rate of tuberculous contact investigations in active detected group demonstrates the unsatisfactory active screening realized in epidemiological focuses.

## 106. CLINICAL, MICROBIOLOGICAL AND RADIOLOGICAL FEATURES OF SEVERE INFILTRATIVE PULMONARY TUBERCULOSIS WITHIN DOTS STRATEGY

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**Introduction:** Epidemiological state of tuberculosis in Republic of Moldova rests tensioned, with insignificant deviation. Global incidence of tuberculosis (new cases and relapses), registered in 2011 is 114,3/100.000 populations, 37,4% of cases been very contagious, 38,0% with extensive destructions. In 2001 our country adopted DOTS strategy, recommended by World Health Organization in the control of tuberculosis, engaging the detection of least 70% of new cases of pulmonary tuberculosis by microscopy of the smear. As consequence, increased the rate of extensive tuberculosis with bilateral localizations, with lung destructions and dissemination, with vital complications, followed by the reduction of treatment success rate and increased of early mortality rate.

**Purpose and Objectives:** Assessment of clinical, microbiological and radiological features of severe infiltrative pulmonary tuberculosis within Directly Observed Treatment Short course chemotherapy strategy.

**Material and methods:** A total amount of 95 new pulmonary severe forms of tuberculosis were investigated, including gender and age features, clinical aspects, microbiological results of Ziehl Neelson staining, culture on Lowenstein Yensen medium and drug sensibility testing, diagnostics of co-morbidities and results of blood count.

**Results:** Men /female rate 1,5/1, average age 42,6 yrs, 68% were late detected (complaining more than 3 month from the onset), by general practitioner through the passive way. Intoxication sings revealed were: asthenia 99%, loss of weight 96%, loss of appetite 78%, nights sweats 67%, vesperal fever 45% cases. Broncho-pulmonary signs were established: cough 100%, muco-purulent expectorations 100%, thoracic pain 34%, hemoptysis 26% cases. Co-morbidities had 40% cases. Radiological aspects were established: bilateral localizations in 78% cases, extension to more than 3