pulmonary segments at 96% cases, all being in evolution phase, with destructions 98% and bronchogenic dissemination 87% cases. Microbiological analysis established smear positive results for Ziehl-Neelson staining in 83% cases, Lowenstein-Yensen culture being positive in 84% cases, showing any resistance to the first anti-tuberculosis drugs in 34% cases.

Conclusions: Assessment of clinical, microbiological and radiological features of severe infiltrative pulmonary tuberculosis within DOTS strategy revealed its predominance in male sex, in economicaly and reproductible age. Late detection by passive way, with well defined clinical signs, showing bilateral and extensive lung localizations, with high degree of bacilli emission, confers continuous epidemiological danger on health population. All enumerated characteristics are the consequence of the implementation of DOTS strategy in the control of tuberculosis in our country.

Innovative contribution: For the first time in R. Moldova was established the features of severe pulmonary tuberculosis, according DOTS strategy.

Keywords: tuberculosis, DOTS, management

107. CHRONIC LOW BACK PAIN. FACTORS OF CHRONICITY. LIFE QUALITY OF PATIENTS Ciobanu Renata

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Introduction: Low back pain is the most common suffering which affects all ages and all sections of the population. It is considered that in over 80% of cases it is not known the precise cause and pathogenesis of symptomatology. It is correlated with an increased incidence of low back pain in certain sports, static load disturbances and even psychogenic stress, dissatisfaction, depression, anxiety.

Purpose and objectives: was to assess risk factors for low back pain, like bio-psychological factors.

Materials and methods: The trial was completed on 62 patients: the basis lot with chronic low back pain - 30 patients, the comparison lot with acute low back pain - 18 patients, the control group - 14 healthy people. Clinical evaluation of patients (medical history, objective, neurological status exam), evaluation of pain intensity through Visual Analogue Scale. Competency testing: Roland Morris Disability Questionnaire; Back Performance Scale; Beck Depression Test; Spielberger Anxiety Test.

Results: The evaluation risk factors of the patients with chronic low back vs. those with acute low back pain was observed: in 20% of cases the pain is aggravated by physical effort, 6,7% of cases-in the upright position, 10% of cases-long walks, 3.3% of cases-at the beginning of walking, but in 60% of cases factors that would lead to aggravation are stress, depression. Beck test data proved that 94% of surveyed patients suffer from some degree of depression, which is in full accordance with the literature. Patients with chronic low back pain proved statistically relevant by those with the presence of a acute low back pain by high levels of depression in their personal life (6.6% vs 0%), as well as moderate depression level was raised for them, but statistically insignificant (36.7% vs. 33.3%). The most common comorbid disorders for chronic and acute low back pain were studied: the most important comorbidities of chronic low back pain are affective disorders (anxiety, depression, phobias, etc.), being statistically more significant in patients with chronic low back pain in relation to patients with acute pain (80% vs. 61,1%), followed by algesic comorbidity (76,6% vs.72,2%), sleep disorders (73,3% vs. 22.2%) and decreased appetite (36.6% vs. 17.1%). Chronic syndromes localized at the level of the joints, abdomen and superior limbs have distinguished groups of patients with chronic and acute low back pain conclusively.

Conclusion: Patients with chronic pain have expressed a higher degree of depression and personal and reactive anxiety than patients with acute pain and subjects in the control group.

Keywords: Chronic low back pain, chronicity factors, quality of life