

should be synergistic and complementary in their approach with the common goal of managing the obliteration of the aneurysm with minimal risk, both short-term and long-term, to the patient.

Keywords: aneurysm, clipping, endovascular techniques, bypass

68. ERECTILE DYSFUNCTION IN PATIENTS WITH NEUROLOGICAL DISORDERS

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Introduction: Erectile dysfunction (ED) is a common symptom in many neurologic diseases. This fact has led to the increasing involvement of the neurologists in the evaluation of ED.

Materials and Methods: 1. Bibliographic review on the topic: ED in patients with neurological disorders, - Ovid - 1995-2013, 40 selected sources, MedLine - 15 sources, HINARI - 20 sources; 2. Studying pathophysiological mechanisms of neurogenic ED; 3. Studying of medical cases of patients with neurological disorders and ED, in Neurology and Urology Clinics; 4. Evaluation of selected cases.

Results: The clinical case reported below, is to reveal the importance of the collaboration between andrologist and neurologist in managing a patient with neurologic ED. G. is a 38-year-old man first time to andrologist. He reports significant ED, progressed over the past few months, no spontaneous erections. Other complaints - back pain radiating to left leg, bilateral paresthesia. Symptoms started about 4 years ago. He consulted several urologists, and was diagnosed with chronic prostatitis and followed several treatments with transient temporary relief. Medical history - diagnosed with a herniated lumbar disc 5-6 mm - 2009, conservative treatment. Sexual history - single, stable sexual partner, psychological climate appropriate torque. SHIM questionnaire = 11 points (moderate ED). Physical examination - normal genitalia and prostate. Laboratory results - no abnormalities. Treatment recommendations - inhibitor PDE 5, with positive effect. But due to complaints of back pain radiating to left leg and bilateral paresthesia was recommended lumbar MRI - found discal herniation 18-20 mm. The patient was referred to neurosurgery for surgical treatment. After 6 months, he presented to andrologist for evaluation. SHIM questionnaire = 20 points - satisfactory sexual function with no PDE5 medication.

Conclusions: 1. The evaluation of ED causes needs a multidisciplinary cooperation between several specialists in urology, endocrinology, neurology, psychiatry, and others. 2. The reported clinical case shows the importance of right neurologic evaluation. And the professional treatment has resolved not only the neurological problem but the andrological problem.

Key words: Erectile Dysfunction, Neurological Disorder, SHIM

69. STATISTICAL AND CLINICAL ASPECTS OF GLAUCOMA IN THE NORTH OF THE REPUBLIC OF MOLDOVA

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Introduction: Glaucoma is a group of eye conditions resulting in optic nerve damage, which may cause loss of vision. It is one of the leading causes of blindness.

Objectives: To report on statistical and clinical aspects of glaucoma in the North of the Republic of Moldova, never studied before.

Materials and methods: A retrospective case series consisting of reviewing the medical notes of 518 patients (921 eyes) diagnosed with glaucoma in Bălţi Municipal Clinical Hospital P.H.A. covering the period 2009 to 2012. Patients were divided into 4 groups: 1st - patients with Primary Open - Angle Glaucoma (POAG), 2nd - Primary Angle - Closure Glaucoma (PACG), 3rd - Glaucoma Suspect (GS), 4th - Secondary Glaucoma (SG). t - Student test was used for statistical analysis of the results, if $p < 0,05$, then CI = 95%.

Results: During the study performed in the North of the Republic of Moldova it was revealed

that glaucoma represents 13%±0,58 of all patients with eye diseases. POAG is the most frequent type – 83,3%. The incidence of glaucoma rises with age. Women are at higher risks for PACG and GS. Significant attention should be given to patient's complaints: vision loss, blindness, periodical blurred vision, eye pain, tearing, photophobia, headache, or no complaints. Slit-lamp biomicroscopy showed: iris atrophy, corneal edema, rubeosis iridis in SG. Largest deviations from normal values at tonometry, visual acuity test and perimetry were detected in the patients with SG. Glaucomatous excavation is frequently seen in POAG eyes. Timolol was the most used medication in monotherapy; combination (Timololum + Pilocarpinum) + Dorzolamidum were often used in combined therapy. Common incisional surgery used in POAG and PCAG is Sinustrabeculectomy + Posterior Sclerotomy.

Conclusion: In frame of this study regarding statistical and clinical aspects of glaucoma realised in the North of the Republic of Moldova, the frequency, clinical manifestations and treatment of each type of glaucoma were demonstrated. The study shows a correlation between the obtained data and existing data in our country.

Keywords: Primary Open – Angle Glaucoma, Primary Angle – Closure Glaucoma, Glaucoma Suspect, Secondary Glaucoma, Bălți Municipal Clinical Hospital PHA

70. SEPTIC COMPLICATIONS OF HIP ARTHROPLASTY

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Introduction: Septic complications of hip arthroplasty present a complication that can be more critical than an infection. The incidence of this complications in Republic of Moldova is approximately 1-2 %.

Aim: We report 20 cases of infected hip arthroplasty.

Methods: This is a prospective and retrospective primary analysis of 20 patients, which were surgery-treated with hip arthroplasty in National Centre of Emergency Medicine, Chisinau, Moldova.

Result: The age of the patients were between 63-81 years. All the patients were assigned depending on the type of prosthesis: 6 of them had hip cemented prosthesis, 12 of them had non-cemented prosthesis and 2 of them had cervicocefalic prosthesis. Depending on the detection of infection was find: acute infection 6 cases (first 4 weeks); chronic infection 11 cases (4 weeks) and 3 cases detected intraoperatively. Depending on the pathogen agent, in patients with acute infection was present: 3 cases Staphylococcus Aureus, 1 case of E. coli and 2 cases of P. aeruginosa. The treatment of patients with acute infections was: antibacterial therapy according to preoperative antibiogram, debridement and lavage, maintaining the implant and postoperative treatment for 6 weeks. The treatment of patients with chronic infection was: revision, debridement, lavage, removal of prosthetic components and antibiotic cement spacer and after 6 months-arthroplasty.

Conclusion: The treatment in septic complications of hip arthroplasty depends on the general condition of the patient (age, comorbidity, immune response), the chronicity of infection and the bacterial sensibility. Revision is the best solution to chronic infections with the use of an antibiotic cement spacer. Early diagnosis allows to make the best treatment.

71. CORRELATION OF ANTIOVARIAN ANTIBODIES AND INFERTILITY OF UNEXPLAINED ORIGIN

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Introduction: In the structure of infertile marriage the main place has still been kept by a tubal factor. Frequency of this infertility factor reaches 18-73%.

Purpose and Objectives: To determine the level of antiovarian antibodies in the blood of women with tubal infertility.