

115. DIAGNOSTIC ISSUES OF PULMONARY LESIONS IN PATIENTS WITH AIDS RELATED KAPOSI SARCOMA

Gîncu Zinaida, Sava Ruslan

Academic adviser: Chesov Dumitru, MD, Assistant Professor, State Medical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: AIDS-related Kaposi sarcoma is the most common presentation of Kaposi sarcoma. Lesions in Kaposi sarcoma may involve the skin, oral mucosa, lymph nodes, and visceral organs. Most patients present with cutaneous disease, although visceral disease may occasionally precede cutaneous manifestations. Pulmonary lesions may be an asymptomatic radiographic finding, as well as associated with respiratory clinical signs. Radiographic findings in patients with Kaposi sarcoma are variable and nonspecific. That could lead to important issues in differential diagnosis with AIDS associated pulmonary abnormalities of other etiologies, in special infections.

Purpose and Objectives: To discuss the differential diagnosis difficulties of pulmonary lesions in AIDS related Kaposi sarcoma, based on two cases from our experience.

Clinical cases: The first case is 36 years old, HIV positive, man with history of prior cured pulmonary tuberculosis (PTB), and actual level of CD4⁺ of 82 cells/ml. At current admission, he presented multiple diffuse papules on skin, consistent with cutaneous Kaposi sarcoma, and respiratory symptoms associated with bilateral confluent nodular opacities on his chest X ray. The sputum microbiological test for bacterial and fungal flora was negative as well as for *Mycobacterium tuberculosis* (MBT). Despite the fact that HRCT images were mostly suggestive for Kaposi sarcoma, the past history of pulmonary TB corroborated with low sensitivity of microbiological tests for MBT in this group of patients, lead to many concerns how to rule out the MBT etiology of the pulmonary abnormalities. The second case describe a similar situation in a 39 years old, HIV positive patient, with a CD4⁺ level of 50 cells/ml, without past history of tuberculosis. Despite the negative results of microbiological tests for MBT, during the current admission, he was diagnosed with PTB mainly based on clinical a radiological signs. At the same time, the skin lesions in this case were mostly absent, being represented only by two tiny small papules on his thorax, ignored during the physical examination. The case had a fatal course. The necropsy didn't confirm the PTB, but pulmonary Sarcoma Kaposi was established.

Conclusion: Pulmonary lesions in patients with AIDS related Kaposi sarcoma could be challenging and requiring a broad differential work up.

Keywords: Kaposi sarcoma, pulmonary lesions in AIDS

116. ALARMING INCREASE IN HIV INFECTION, HEPATITIS AND TUBERCULOSIS IN INJECTING DRUG USERS

Grigore Florina, Grigoras Oana, Costeschi Alexandu

Academic adviser: Oprea Cristiana, M.D., Ph.D, Department of Infectious Diseases, Victor Babes Clinical Hospital, Bucharest

Background: In the last years we observed an alarming increase in the number of newly diagnosed HIV infected intravenous drug users (IDUs) co-infected with hepatitis viruses or with severe bacterial infections. The aim of our study was to assess the prevalence, the demographic and clinical characteristics and the outcome of IDUs diagnosed with HIV, hepatitis and tuberculosis (TB).

Materials and Methods: Prospective study on HIV infected IDUs with HCV and TB admitted at "Victor Babes" Clinical Hospital between January 2009 and December 2013.

Results: Out of 457 HIV infected IDUs, 126 (27.5%) were co-infected with HCV and MTB. The majority were males (84.7%), from urban areas (89.3%), unemployed (81%), with low education level (88%) and a mean age at diagnosis of 30 years (range 16-56). The mean CD4 cell count was 196/mm³ (range 2-1988). Serological markers for HBV were found in 12 patients (9.52%) and for HDV 2 (1.6%). MTB cultures were positive in 61 (48.4%) patients and 2 (1.7%)

had multidrug resistant TB. Disseminated and/or extra-pulmonary TB was diagnosed in 45 patients (35.7%). The mortality rate was 11%, higher in patients with disseminated TB and severe immunosuppression.

We noticed an important increase in IDUs among newly diagnosed HIV cases, from 3.4% in 2009, to 52.7% in 2013 ($p < 0.001$) and in HIV infected IDUs with TB from 0% in 2009, to 30.2% in 2013 ($p < 0.001$).

Conclusions: The incidence of TB in HIV/HCV co-infected IDUs was high with an ascendant trend in the last years. Most of IDUs with HIV/HCV and TB were males, with a low education level and unemployed. The apparently low proportion of patients co-infected with HBV may be due to insufficient testing for other markers of HBV. TB infection was more frequent in patients with severe immunosuppression, especially in IDUs with disseminated and/or extra-pulmonary disease.

In Romania, IDUs are important candidates for acquiring and transmitting HIV infection, viral hepatitis and TB, being difficult to control due to their high risk behaviors. Strengthening of HIV transmission prevention strategies, particularly in identified risk groups, is mandatory.

Keywords: HIV, IDU, coinfection

117. CLINICAL MANIFESTATIONS OF UNBROKEN ANEURYSMS. CLINICAL AND NEUROIMAGING STUDY

Groza Marina

Academic adviser: **Moldovanu Ion**, M.D., Ph.D., Academician, Department of Neurology, State University of Medicine and Pharmacy "Nicolae Testemițanu" Chișinău, Republic of Moldova

Introduction: An intracranial aneurysm is a cerebrovascular disorder in which weakness in the wall of a cerebral artery or vein causes a localized dilation or ballooning of the blood vessel. Cerebral aneurysms are part of the "silent killer" disease, is the main cause of SAH. About 10% of people with SAH die before getting medical assistance, 25% die within the first 24 hours, 40-49% die within 3 months. The peak age of SAH, due to aneurysms, is in the range 35-60 years. In all type of cerebral aneurysmal pathology has tried various methods to exclude intracranial aneurysm, but the big problem is in the identification of these aneurysms before they cause a drama.

Purpose and Objectives: Studying the spectrum of clinical manifestations of unbroken cerebral aneurysms. Assess the correlation between peculiarities of headache and presence of unbroken aneurysm.

Materials and methods: The study was based on analysis of 50 patients with unbroken cerebral aneurysms. The study has two parts: clinical and neuroimaging. For this purpose we investigated all patients and analyzed imaging aneurysms.

Results: Unbroken aneurysms are considered asymptomatic. The aneurism is usually diagnosed accidentally, but in our scientific research have been determined some specific symptoms through clinical evaluation of results. The most characteristic sign is migraine pain present in 82% of patients. Other symptoms are: pain on the top and back of one eye, a pupil dilation, disturbances or double vision, numbness, weakness or paralysis on one side of the face, drooping eyelids. The results of clinical study showed also the factors contributing to the development of brain aneurysms, these are: smoking, hypertension, traumatic brain, congenital resulting from inborn abnormality in artery wall, family history of brain aneurysms and age over 40. The neuroimaging study has determined the configuration, dimensions and location of the aneurysm. The study also determined the specific symptoms depending on every one location.

Conclusion: A headache different from other previous headaches or accompanied by visual changes especially at young people would have suspected an aneurysm. These symptoms may be a warning sign of an impending rupture, as 10% to 43% of patients with SAH report experiencing a "sentinel" headache for two month preceding the rupture.

Keywords: Aneurysm, SAH, "sentinel" headache