

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

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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