

been 7.25 ± 0.78 hours for group A and 10.31 ± 0.99 hours for group B. BMI among boys who sleep less than 8 hours has been greater than in case of the optimal sleep duration more than 9 hours (22.63 ± 3.59 vs. 20.41 ± 1.29 ; $p = 0.02$). We didn't find this difference in case of girls from the studied groups.

Conclusion: The anthropometric assessment of adolescents from Chisinau, allowed us to evaluate the correlation between duration of sleeping and body mass index. BMI was higher among boys with sleep duration less than 8 hours.

Key words: Sleeping, body mass index, short sleep duration, obesity

129. RARE CASE OF DRUG-INDUCED ALLERGY REACTION

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Introduction: Adverse drug reactions (ADRs) are broadly divided into predictable (related to pharmacological actions of the drug in otherwise normal individuals) and unpredictable reactions (related to individual's immunological response and, on occasion, to genetic differences in susceptible patients). Drug allergy is a type of unpredictable reaction. ADRs should be differentiated from adverse drug events (ADEs). ADEs extend beyond ADRs to include harm related to medication errors and drug/food interactions. While knowledge of ADEs is important in efforts to improve patient safety, ADRs are the primary focus of regulatory agencies and post-marketing surveillance.

Clinical case: We present a 73-year-old woman who was consulted in the Emergency Room and admitted in the Internal Medicine – Geriatrics Department because of a sudden syncope at home, associated with dyspnea at rest and high rhythm palpitations. Three months ago she was diagnosed with atrial fibrillation, but she stopped the treatment a week before coming to ER. The paraclinical tests showed no heart anomalies so it was decided to initiate the therapy with Propafenone. After 8 days the Propafenone is changed with Amiodarone because the EKG showed left bundle branch block (LBBB) and the laboratory analysis presented high values of cardiac enzymes, but the patient had a worsening general condition, associating dyspnea with nervousness, coughing and increased heart rate ($So_2=80-82\%$, $Pulse=130bpm$), so she received oxygen therapy and a beta-blocker. On the next day she presented an allergic rash spreaded all over her body and so she received Hydrocortisone hemisuccinate, but her allergy persisted and even spreaded wider. We realized that she developed this abnormal reaction to Amiodarone, Metoprolol and later to all the administrated drugs, even on antiallergic one. Afterwards she reacted pretty well on antihistaminic medication, vitamin C and calcium. The paradox was that in absence of any medication the heart rate remained convenient.

Results: A study of 141 patients with suspected drug eruptions, including histological assessment, found that 24% were in fact reactive rashes or had other causes, suggesting that drug eruptions were overdiagnosed on clinical grounds alone. Of the confirmed drug-related eruptions, 39.8% were caused by antibiotics, 21.2% by anti-inflammatories, 7.6% by contrast media and 31.4% by others (oral antidiabetics, antimycotics, antipsychotics, anti-epileptics and others).

Conclusion: All drugs can cause an allergic reaction and despite the fact that allergic reaction to Amiodarone is very rare (under 1%), it still can occurs and it has to be considered when one presents immunological reaction to the treatment.

Keywords: drug allergy, adverse drug reaction

130. CUTANEOUS TUBERCULOSIS: DIAGNOSTIC CHALLENGES

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Introduction: Despite of a high incidence of pulmonary tuberculosis (114,3/100.000) the rate of extrapulmonary TB rests very low (1,3%). Cutaneous TB is often misdiagnosed due to confused clinical picture and none relevant bacteriological tools for detection of *M. tuberculosis*.

Purpose and Objectives: To find out the diagnostic challenges of cutaneous tuberculosis.

Material and methods: Two patients, a 40 years old female patient and a 6 years old boy with Cutaneous TB were studied.

Results: The 40 years old patient with alopecia areata since the age of 9, presented nodular hypodermatitis on the posterior aspect of both legs for 17 years without any treatment, complaining it steadily progression in cold seasons. It was performed an esthetic intervention on the nasal pyramid after a facial traumatism. The post-intervention lesion failed to heal extended to brownish-red plaque covered by a scale with red borders, on both cheeks, with more evident extension in cold seasons. There were taken 2 biopsies from the face and left leg showing tubercle granulomas with wide areas of caseation, foreign body and giant cells Langerhans. No acid-fast bacilli were found on Ziehl-Neelson staining, classic culture on solid medium was negative for M.Tuberculosis (MTB), but PCR detected specific fragment for MTB DNA from facial lesions. The patient had TB contact in childhood, multiple post-primary quiescent lesions in both hills and pulmonary parenchymas on chest XRay and a peripheral adenopathy. Diagnosis of Lupus vulgaris for facial lesions and indurated Erythema Basin for nodular hypodermatitis was established. The antiTB treatment for new case was started with no evident clinical improvement. The second clinical case presents a 6 years old boy with an unestablished immune disorder with reduced immunity and sensitivity to MTB antigens proved by a hyperergic Mantoux reaction. He complains a large deep brownish plaque, on the nose and both cheeks with steadily progression and contraction of nasal fossaes, with polycyclic outlines and smooth surface, alopecia areata, dorsal kyphoscoliosis, drummer fingers and abdominal distention. It was revealed 2 groups of multiple papules and macules with squamous surface on the left part of hemithorax and abdomen. From the anamnesis it was revealed a surgical intervention for adenopathy in the left axilla at the 4 months age. The cutaneous byopsia revealed tubercle granulomas with wide areas of caseation and giant Langerhans cells. No one specimen at Ziehl-Neelson staining, solid and liquid cultures and PCR was positive. Lupus vulgaris was established for facial lesion and papula necrotic tuberculides for abdominal lesions, as focal post-BCG complication. The antiTB treatment according DOTS standard was started with local application with Rifampicin ointment that contributes to a slow regression.

Conclusion: Lupus vulgaris is chronic, mutilating extrapulmonary TB, appearing in moderate immunity and previously sensitive individual, often very late detected due to absence of a proper diagnosis and without specific appearance. Pathogenetically is a feature of a quiescent post-primary sequelae showed in first case, or follows after BCG inoculation, as in child case.

Innovative value: This study increases awareness of the re-emergence of cutaneous tuberculosis imposing the using of the proper diagnosis tools for a early diagnosis and case management.

Keywords: Tuberculosis, diagnosis, management

131. PRURITUS- ESSENTIAL SYMPTOM IN DERMATOLOGY

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Introduction: Pruritus is a symptom frequently reported in dermatological consultations. It is a subjective skin reaction leading to a need, which varies in intensity, to scratch oneself. This may be localized or generalized to the whole of the body, may be physiological and temporary, and may vary in its severity. It is extremely irritating and may reveal a pathological condition. Diagnosing pruritus is still a constant problem because the frequently use of self-medication and harmful cultural practices which may delay the diagnosis.

Purpose and Objectives: Studying the aspects of etiology, clinical evolution of pruritus in a specialized environment.

Materials and methods: The study was conducted on a sample of 1337 patients whose main accuse was itching, hospitalized in IMSP Hospital Dermatology and Communicable Diseases during January 2013 – December 2013.