

Material and methods: We conducted a retrospective study on a series of consecutive patients who underwent upper gastrointestinal endoscopy between 01.01.2009-31.12.2013 in Endoscopy Unit of Targu Mures County Clinical Emergency Hospital. We included newly diagnosed patients with celiac disease with histologic confirmation. At least two bioptic samples were obtained from the distal duodenum, which were submitted to histopathological examination and scored according to MARSH criteria in 3 degrees. We included in our study only patients with duodenal atrophy (MARSH III).

Results: During the studied period a number of 32 cases of celiac disease were histologically confirmed. We found a strong predominance of female, 28 cases (87.5%), with a female/male ratio of 7/1. The mean age at diagnosis was 39 years. Anemia was present in 18 patients (56.35%) with hypochromia in 14 cases (77.77%), and normochromia in 2 cases (11.11%). Other laboratory finding was elevated transaminases in 9 patients (20%) and diarrhea syndrome in 13 patients (40.62%). Diabetes mellitus was present in 3 (9.37%) patients.

Conclusions: Our data showed a low prevalence of celiac disease with histologically confirmation, but the list of those who could possibly have celiac disease can be extensive. Celiac disease is associated with a number of other medical conditions, many of which are autoimmune disorders: diabetes mellitus, but also with anemia syndromes with iron deficiency.

Key words: Celiac disease, anemia

76. ECOLOGICAL AND EPIDEMIOLOGICAL FEATURES NOSOCOMIAL INFECTIONS IN INTENSIVE CARE UNIT

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Introduction: Nosocomial infections complicate carrying out medical and diagnostic process, sharply reduce efficiency and enlarge hospitalization duration, raise lethality, leading as a whole to augmentation of economic expenses and causing essential social damage.

Purpose and Objectives: To analyze the ecological and epidemiological characteristics of pathogens causing nosocomial infections in the intensive care unit.

Material and methods: We examined analysis of 122 isolates from 42 patients aged 10 to 71 years, treated in an intensive care unit multidisciplinary hospital. The research materials are tracheal swabs, wounds, pressure sores, washouts from drainage tubes.

Results: In etiologial structure of hospital infection in the ICU prevail gram-negative microorganisms (76,23%): *Enterobacter cloacae* (32,79%), *Pseudomonas aeruginosa* (21,31%) and *Acinetobacter lwoffii* (18,03%), predominantly in the form of monocultures. The microbial associations were found. Associations, circulating at the hospital, have low coefficient of associativity ($k_A = 25,66\%$), between microorganisms exist opposing relationship, therefore, they are unstable and capable to exist short time (Jaccard coefficient = 7,66%). To reduce the frequency of infectious complications must take into account the mechanisms of antibiotic resistance leading pathogens. Particular attention should be paid to resistance to Cefotaxime, Ceftazidime and Cefepime at the leading number of microorganisms. To *Pseudomonas aeruginosa* pay attention to resistance to Ciprofloxacin, as well as resistance to Imipenem, Meropenem and Carbenicillin. Clinical and epidemiological characteristics of nosocomial infections in ICU patients were: the senior age group of risk (50 years and over); leading purulent septic complications-purulent tracheobronchitis, bilateral pneumonia; higher frequency surgical interventions and the intensity of antibiotic therapy; prolonged hospitalization; the later dates of occurrence; conducted a large number of invasive procedures.

Conclusion: Nosocomial infections are one of the most serious problems in epidemiology. The epidemiological situation demands attentive studying and introduction of new systems of infectious control for modification in the style and operating mode in departments of resuscitation and intensive care.

Keywords: Nosocomial infections, intensive care unit, antibiotic resistance