manifestations' study in patients with WS. WS risk factors analysis. Study of classic brain CT use in WS diagnosis.

Materials and Methods: 60 patients with ischemic stroke (IS), with male-female ratio= 1:0,86, divided in 2 groups: main group-30 patients wuth WS, and control group-30 patients with classic IS. Comparative imaging, clinical, and paraclinical features, together with statistic analysis were provided.

Results: Inclusion criteria were the presence of 1 or 2 IS in past with a maximum of 3 years from the onset, the age ranking from 18 to 81, and CT-confirmed IS. Exclusion criteria were concomitant decompensated vascular pathologies, hemorrhagic stroke, and a period of more than 3 years from the first stroke. More frequently IS occurred in the middle cerebral artery territory, and more often it was primary, and bilateral or combined (involving 2 border zones at a time). The neurological deficit was found to be directly proportional with the proximity of the affected cerebral artery. Differences between neurological manifestations were found. In patients with WS they were characterizing generalized brain ischemic suffering (headache- 25,8%, dizziness- 27,3%, vision diminuation-6,6%, phosphenes-19,5%, tinnitus-20,8%). A higher rate of internal carotid artery (ICA) stenosis was found in patients from the main group (46,6% versus 40%), with an evident prevalence for patients with moderate stenosis (41,66% for 51-70% of ICA stenosis versus other degrees of stenosis). The types and morphology of atherosclerotic plaque (AP) also showed differences between those 2 groups: a higher frequency of „hard" (ateromatous) plaques was identified in patients with WS in comparison with those from control group (46,66% versus 43,33%), together with higher rate of calcificates and emboligen potential were found in WS patients. Cerebral lacunarism was found much more frequently in patients with WS, especially in those with ICA stenosis.

Conclusions: Neurological score in patients with WS is directly proportional with the proximity of the cerebral artery that was affected; Primary WS episodes have smaller neurological deficit score; ICA stenosis is a WS risk factor; AP has specific morphology in patients that underwent WS; Cerebral lacunarism development is directly dependent on the stenosis degree, being more frequently associated with WS; Neurological manifestations in patient with WS are specific for cerebral hypoperfusion state; Brain CT allows cortical WS diagnosis, but has some limitations in subcortical WS identification; The relationship between cerebral metabolism's modifications adapted to brain hypoperfusion, are still a domain of further research.

Keywords: Watershed, CT, Atherosclerosis

82. CLINICAL AND BIOLOGICAL FEATURES IN CHRONIC HEPATITIS D

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Introduction: Infection with hepatitis D virus (HDV) has a worldwide distribution, but areas of high prevalence include the Mediterranean Basin, inclusively Moldova. Most of the patients have progressive deterioration of liver function and increased risk of liver cirrhosis and end-stage of liver failure.

Purpose and objectives: To evaluate clinical features, paraclinical results and laboratory peculiarities of liver function in patients with chronic hepatitis D, in comparison with chronic hepatitis B patients.

Material and methods: Thirty-six patients, twenty with chronic HDV infection, with median age of 40.2 years, and other 16 with chronic HBV infection, with median age of 43,3 years, were investigated consecutively.

Results: The clinical presentation of patients with chronic hepatitis D shows the predominance of astheno-vegetative syndrome (100%), dull pain in right upper quadrant (83%), hepatomegaly (60%) and splenomegaly (33%). In patients with HDV was found veridical pronounced cytolytic syndrome, manifested by increase of ALT (97.55+8.5 U/l) and AST (78.83+6.2 U/l) compared with control group ($p<0.001$) and patients with HBV ($p<0.05$), also was determined tendency towards reduction of prothrombin and albumin compared with chronic hepatitis B. Research blood count revealed a white blood cell ($3.6+0.57 \times 10^9$/l) and platelet counts ($156.8+10.2 \times 10^9$/l) decreased truthful in HDV versus the control group ($p<0.01$), as well as to patients with HBV ($p<0.05$). In HDV patients we have detected the presence of HBsAg, anti-HBcor and anti-HDV in all patients (100%), HBeAg – in 30% of patients,

anti-HBe – in 70%. The HDV RNA was found present in all investigated patients with chronic hepatitis D, a low titre of HBV DNA was detected in 5 (25%) patients. Chronic hepatitis D patients had high viral level of HDV RNA, on average of 514038 IU/ml. Most of them had a negative HBV DNA - 76%, and just 24% had parallel HBV DNA and HDV RNA.

Conclusions: In patients with HDV infection was observed a higher frequency of clinical and paraclinical symptoms versus HBV alone, a more evident cytolytic syndrome, leukopenia and thrombocytopenia, ($p<0.01$). The majority of patients with chronic hepatitis D, have high viral level of HDV RNA, and therefore they require antiviral treatment.

Keywords: Chronic hepatitis Delta, treatment, antiviral

83. THE PREVALENCE OF STAPHYLOCOCCUS AUREUS CARRIAGE AMONGST MEDICAL PERSONNEL AND MEDICAL STUDENTS IN CLINICS FROM THE MUREŞ COUNTY EMERGENCY HOSPITAL

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Introduction: Staphylococcus aureus is a bacteria that is carried on the skin and and in the nose of healthy people on a common basis. Because it can easily acquire resistance to all classes of antibiotics can cause devastating infections in patients that contact the bacteria during their hospitalization.

Knowing the prevalence of the carriage of S. aureus amongst medical personnel is important to lower the S. aureus infections in inbound patients and also lower the cost and the number of hospitalization days.

Materials and methods: Nasal swabs were collected from each participant using sterile swabs. The nasal swabs specimens were transported to the laboratory and processed within 2 hours of collection. The swab was discharged on blood agar plate and also on manitol salt agar plate, incubated at 37°C and examined after 24h. The Fisher test was used to calculate the relative risk for the patients to acquire an S. aureus infection during their hospitalization.

The result of the discussion: From the 177 participants that were involved in the study the S. aureus colonization amongst them was of 18% of which 2% is represented by MRSA. Even if these values are not statistically significant ($p=0.8230$) the knowledge of the carriage on different departments of the medical unit helps improve the medical care.

Conclusion: Even though the MRSA carriage is only 2%, the nasal carriage can be a risk factor for nosocomial infections. It is important to comprehend the status of S. aureus carriers especially MRSA to prevent nosocomial infections.

Keywords: S. aureus, carriage, MRSA, medical, personnel

84. HEPATORENAL SYNDROME IN PATIENTS WITH CIRRHOSIS

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Introduction: Hepatorenal syndrome (HRS) represents a common complication of severe forms of cirrhosis, characterized by renal failure apparent with no specific cause, which is progressive and theoretical is reversible. After the diagnosis is being established, the probability that a cirrhotic patient would develop a HRS is 18 % in 10 years and 39% in 5 years. SHR develops usually in patients with cirrhosis, frequently with alcoholic etiology and already presents all the severe complications of the disease. The hepatorenal syndrome is a diagnosis of exclusion and is associated with a poor prognosis.

Methods: The study was carried out during a 5 year period (2007-2012). We selected 447 patients with different evolution stages of cirrhosis. The diagnosis was based on anamnesis, clinical