complications. The clinical course of CAP reveals a jumble of symptoms that vary in intensity and severity. The treatment course of this kind of patients is longer and requires special attention, especially in terms of sodium intake. These patients require longer hospitalization and the frequency of short-term death is higher among them.

Keywords: CAP, cardiovascular complications

86. COMMUNITY-ACQUIRED PNEUMONIA IN PACIENTS WITH LOW BODY MASS INDEX

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Introduction: Community-acquired pneumonia (CAP) represents a serious medical and social problem. The criteria that place it among the main respiratory syndromes are high incidence, risk of severe evolution and complications. Some studies about severe CAP suggest that a body mass index (BMI) <18,5 is an important risk factor that influences negatively clinical and paraclinical manifestations of pneumonia. There is lack of data about mild-to-moderate CAP in patients with low BMI.

Purpose and Objectives: Elucidation of etiological, clinical and paraclinical peculiarities of mild-to-moderate CAP in patients with low BMI.

Materials and methods: The study included 60 patients with mild-to-moderate CAP, divided into two groups, the first group included 30 patients with a BMI<18,5 and mean age 46,3±20,4 years and the second one included 30 patients with a BMI=20,0-24,9 and mean age 50,7±17,4 years (p>0,05). The patients were examined clinically, biologically, microbiologically and performed chest X-ray.

Results: The etiological agent was determined in 53,4% of patients with a low BMI and in 73,4% of those with a normal BMI, Streptococcus pneumoniae prevailed in both groups. We noticed a number of statistically significant differences between the two groups. The patients with a low BMI had a higher incidence of chest pain (23 (76,6%) vs 20 (66,6%) patients), a longer period of hospitalization due to a slower disappearance of symptoms and signs (10,9±3,6 vs 9,2±2,5 days), a lower percentage of lymphocytes (20,3±7,2 vs 25,5±11,8%), monocytes (6,1±3,4 vs 8,5±3,9 %), a lower number of erythrocytes (3,9±0,8 vs 4,3±0,4, $\times 10^{12}$/l), a lower quantity of hemoglobin (116,1±25,2 vs 127,1±14,9 g/l), fibrinogen (3,6±0,7 vs 4,1±1,0 g/l), total cholesterol (3,9±1,0 vs 4,5±1,0 mmol/l) and blood glucose (4,4±0,93 vs 4,9±0,7 mmol/l). There were not significant differences between the groups in localization, extension and resolution of pneumonia.

Conclusion: In our study no etiological and radiological peculiarities of mild-to-moderate CAP in patients with low BMI were found. The patients with a low BMI had a longer clinical course of CAP and a decreased systemic inflammatory response comparing to patients with a normal BMI.

Keywords: Community-acquired pneumonia, low body mass index

87. CLINICAL PROFILE, COMMON THROMBOPHILIA MARKERS AND RISK FACTORS IN 47 YOUNG PATIENTS WITH ISCHEMIC STROKE

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Introduction: Stroke is one of the most common causes of death worldwide, along with cardiovascular pathology and oncology. Hereditary or acquired thrombophilia is often associated with arterial-venous thrombosis. Ischemic stroke caused by thrombophilia has an incidence of approximately 1-4% of total cerebral vascular accidents, with a higher incidence in the period from 45 years old, representing a deficiency of antithrombin, protein C, protein S, factor mutations V Laiding, and associated risk factors.