

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 PATIENTS 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, ×10<sup>12</sup>/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.

**Purpose and objectives:** In the period 2008-2012, a retrospective study was conducted on 47 patients, who have been identified and treated at the county hospital "Nicolae Oblu" from Iasi, Romania. Arterial thrombosis may occur as a result of hereditary or acquired thrombophilia associated with an increase of fibrinogen and dyslipidemia levels, along with the risk factors.

**Materials and methods:** Of the study was to identify the prevalence of thrombophilia associated to the risk factors, present in case of 47 patients, who experienced at least one episode of arterial thrombosis.

Forty-seven patients from Iasi, older than 45 years, who had at least one episode of ischemic stroke, were studied for three markers of thrombophilia (protein C, protein S and antithrombin III), the plasma levels of fibrinogen and lipoproteins, and risk factors. There were used basic methods of coagulation and the Clauss method for fibrinogen determination. This study included patients who experienced at least one episode of arterial thrombosis until the age of 45 years. Two patients, who are 47 and 50 years old, were included in the study because of the fact that the first episode of ischemic stroke occurred when they were younger than 45 years. We have also taken into account the presence of risk factors, such as smoking, dyslipidemia, family history, etc. The study excluded the patients younger than 45 years, and also other causes of hypercoagulability such as hypertension, liver disease, nephritic syndrome, malignancy, polycythemia, thrombocytosis, contraceptive use, hormone replacement, etc.

**Results:** There were 47 patients (M / F 18/29) with an average age of 35.6 years (ranging from 18 to 50 years). From a total of 47 patients, 35 had their first episode of stroke, and 12 experienced at least the second one. 21 of the patients showed no abnormalities of the anticoagulation factors, 5 patients had protein C deficiency, 8 of them had protein S deficiency, 5 of them had an antithrombin III deficiency, 11 patients showed increased levels of fibrinogen, and 8 patients had dyslipidemia. Concerning the risk factors, 18 patients were smokers and 6 patients had a family history of arterial thrombotic accidents.

A combination of thrombophilia markers and risk factors was seen in case of 24 of the 47 patients. The prevalence of risk factors: smoking 40%, the increased levels of fibrinogen and lipoprotein, about 17%, and family history 12%. Only two patients have shown a deficiency of anticoagulation markers in case of an experienced episode of cerebral-arterial thrombosis.

**Conclusion:** The routine testing of fibrinogen could have a positive influence on the early recognition of young patients, who experienced an episode of cerebral-arterial thrombosis, recognition for the deficit of anticoagulation factors, since the presence of thrombophilia markers alone can very rarely be a factor for an ischemic stroke.

**Keywords:** Ischemic stroke, thrombophilia, protein C, protein S, antithrombin III

## 88. EXTRAGASTRIC MANIFESTATIONS OF HELICOBACTER PYLORI INFECTION IN ROMANIAN POPULATION

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**Introduction:** *Helicobacter pylori* (H. pylori) is one of the most frequent causes of gastrointestinal infections worldwide. It is known that the immunological response evoked by the bacterium is an important determinant of gastric mucosal damage. Epidemiological studies have investigated H. Pylori as a pathogenic determinant of some extragastric disorders due to low-grade inflammatory state, molecular mimicry mechanisms, interference with the absorbance of nutrients and drugs possibly influencing the occurrence or the evolution of many diseases. The main burden of infection is in the developing countries possibly reflecting the presence of geographical variability in the prevalence of both H. pylori infection and the considered extradigestive disorders.

**Purpose and objectives:** The aim of this study is to determine the prevalence of systemic hypertension (HTA), ischemic cardiomyopathy (IC), dyslipidemia, type 2 diabetes mellitus (T2DM) and *chronic obstructive pulmonary disease* (COPD) in a series of patients with *Helicobacter Pylori* infection and explore the possible etiopathogenetic link between them.