

The objective of the study: The aim of this study was to examine whether the neutrophiles spectrum changes in different types of sepsis, thus being presumed the evolution of septic process.

Materials and methods: A retrospective study was performed on a total of 22 files, aged between 30 -68 years, hospitalized in surgery section "Sf. Treime" hospital from Chisinau in the period 2008 -2010. The analysis of 22 patients who have developed different types of sepsis was made. Patients were divided into three groups: abdominal sepsis (8 files), pulmonary sepsis (8 files) and nephrogenic sepsis (6 files)

Results and discussion: Comparative assessment of white blood cell count between abdominal, pulmonary, and nephrogenic sepsis reveals the mild deviation of the formula to the left till myelocytes 25%(3) and metamyelocytes 20% (2.5) in the group with abdominal sepsis 36,3% (8). This may mean that abdominal sepsis activates to a large extent in the regenerative processes of the bone marrow, that is accompanied by further depletion due to rapidly recruited bloodstream to the site of acute inflammation where they die in a large number.

The second place is held by both nephrogenic 27,4 % (6) and pulmonary 36,3% (8) sepsis with minimal deviation of leukocytosis to the left. At the same time patients with abdominal sepsis reveal the marked lymphopenia 13,9 which denotes excessive consumption of immunocompetent cells with the subsequent installation of lymphocytopenia. Lethality in the group of patients with abdominal sepsis is clearly increased (75%), indicating the installation of immunodeficiency and determined by lymphocytes anergy and apoptosis, compared with nephrogenic and pulmonary sepsis. This anergy could be explained by depletion of feed-back relation between lymphocytes activity and regenerative capacity of bone marrow. The analysis of the septic process denotes installation of immune disorders within 24 hours of onset whatever the sepsis type.

It was mentioned there are no crucial difference of prevalence of one or another type of sepsis.

Conclusion: The deviation of WBC to the left characterizes decreased phagocyte capacity of immature in spite of observed leukocytosis. This failure leads to a worsening of septic process. Such patients with primary infectious focus in the abdomen, prevents major risk of septic complications in structure of sepsis morbidity and lethality.

ANALYSIS OF THE IMPACT OF ADVERSE FACTORS OF THE PERINATAL PERIOD ON THE BIRTH OF PREMATURE INFANTS

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Introduction. For the past two years increased frequency of perinatal pathology is marked around the world, which causes risk of developing further children's disability. One of the main objects of perinatal pathology is premature babies.

Objectives:

1. Identify the relationship of perinatal outcomes of preterm delivery with special medical history, pregnancy, and gestational age.
2. To analyze the state of premature infants.

Materials and methods: A retrospective analysis of 60 premature infants, divided into 4 groups was made: from 35-37 weeks - I degree of prematurity was observed 30% children, with 32-34 weeks - II degree of prematurity - 36.7% children, with 29-31 per week - III and <28 weeks of IV degree of prematurity - 26.7% and 6.7% children, respectively. We used a questionnaire consisting of 100 questions.

Results: In the treatment groups indicated a direct relationship between preterm birth and a history of maternal guidance on abortion ($r_{xy}=0,3$), a threat to abortion ($r_{xy}=0,3$), intrauterine infection ($r_{xy}=0,45$), anemia, pregnancy ($r_{xy}=0,3$) ($p<0,05$). Deferred during pregnancy, maternal infections can cause miscarriages ($r_{xy}=0,42$); threat of termination of pregnancy has a close relationship to abortion and respiratory viral infections of the mother ($r_{xy}=0,7$) ($p<0,01$). We have traced the impact of adverse perinatal factors on the formation of gestational age in preterm infants. The results obtained during studying the pregnancies showed that the pathological conditions were observed in 91% (46) of the patients ($p<0,01$). In the most cases, the pregnancy of the mother proceeded in a background of aggravated obstetric history and a chronic placental insufficiency, however, the qualitative characteristics of these indices among the different periods of gestation have significant differences.

Repeated cases of spontaneous abortion were registered 2 times more often likely in the history of very preterm patients - 45% ($p<0,05$) among this category of children more often were indicated intrauterine infections (25 and 44% respectively in the third and 4th sub) ($p<0,05$).

Extragenital pathology of the mother is a substantial proportion of the causes of miscarriage in the 1st and 2nd subgroups of patients (43.2 and 30.4% respectively). Influence of different kind of bad habits during pregnancy is more frequently observed in very preterm patients - 24% ($p<0,05$).

Conclusions.

1. Risk factors of having children with I-II degree of prematurity include: the number of repeat pregnancies of up to 3 (33.3%), repeated abortion numbers up to two (10.2%), stillbirths (3.3%), spontaneous abortions (57%), toxemia (34.7%) and the threat of termination of pregnancy in the I half (10%), respiratory-viral infections (16.2%), bad habits (10%). Risk factors for delivery of very preterm children (III-IV degree) are the number of repeat pregnancies over 3 (40%), repeated abortions more than two (16%), repeated spontaneous abortions (10%), multiple pregnancy (12%), secondary infertility (3.9%) at $p<0,05$.

2. Factors contributing to the increase of severity of the ground state in preterm patients with all stages of gestations the pocket of chronic infection of mother and fetus (chronic pyelonephritis, intrauterine infection), anemia during pregnancy, the use of benefits of intrapartum period.

Keywords: Adverse factors of perinatal period, premature infants.

SELF-EXPANDING METAL STENT FOR REFRACTORY BLEEDING ESOPHAGEAL VARICES – SINGLE CENTER EXPERIENCE

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Introduction: Bleeding esophageal varices (EV) is a severe and life threatening complication of portal hypertension (PH), while endoscopic failure to control hemorrhage is even a more dramatic situation.

Aim: To assess self-expanding metal stent (SEMS) haemostatic efficacy in severe variceal hemorrhage in patients with bleeding EV and endoscopic treatment failure.

Material and Methods: A total of 12 patients, ($M=8$) with the mean \pm SD age – 46.92 ± 3.09 (24-62 years) and liver cirrhosis induced bleeding EV ($n=8$) and esophageal post-banding ulcers ($n=4$) were enrolled in the study. The main selection criteria was endoscopic treatment failure. A removable covered SEMS (SX-ELLA stent Danis, 135×25 mm, ELLA-CS, Hradec-Kralove, Czech Republic) was used in all cases. The mean SEMS used per patient was 1.25 ± 0.18 (1-3). All definitions were used according to Baveno Consensus (I-V) conferences.