EVOLUTION OF UNDIFFERENTIATED CONNECTIVE TISSUE DISEASE

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Introduction. Undifferentiated connective tissue disease (UCTD) is characterized by symptoms of autoimmune disease that do not meet the criteria for any specific connective tissue disease (CTD). Understanding the progression and potential outcomes of UCTD is critical for patient management and prevention of progression to a differentiated autoimmune disease. **Material and methods.** Data from longitudinal and retrospective studies on patients with UCTD followed over several years were used. The studies assessed clinical symptoms, serological markers (e.g., ANAs, specific autoantibodies like anti-Ro and anti-La), and genetic predisposition (e.g., HLA typing) to identify factors influencing disease progression or stabilization. Therapeutic interventions included immunosuppressive agents (e.g., hydroxychloroquine, methotrexate) and regular clinical monitoring. **Results.** Approximately 30-40% of UCTD patients remain in a stable state without progression to a specific CTD over a follow-up period of 5-10 years. Around 20-30% of patients progress to well-defined autoimmune diseases, with lupus, scleroderma, and polymyositis being the most common. Progression predictive factors include high titers of specific autoantibodies, severe initial clinical manifestations (e.g., arthritis, serositis), and certain genetic markers (HLA-DRB1*03). Early intervention with immunosuppressive therapy was associated with better outcomes, reducing the likelihood of progression in high-risk patients. **Conclusions.** UCTD exhibits a variable clinical course. Identifying patients at high risk for progression through serological and genetic markers is crucial for targeted management. Early therapeutic interventions with immunosuppressive agents and continuous monitoring can significantly improve patient outcomes and prevent disease progression. Future research should aim to refine risk stratification methods. **Keywords:** Undifferentiated connective tissue disease, autoantibodies.

THE EVOLUTION OF TUBERCULOSIS IN CHILDREN WITH IRON DEFICIENCY ANEMIA

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Background. Pediatric tuberculosis (TB) has a primary character from a pathogenetic point of view, being the disease developed as a result of the first contact with an adult sick with contagious pulmonary TB. The evolution of TB in children greatly depends on the presence of comorbidities, among which Iron deficiency anemia is significant. **Objective of the study.** Analysis of the evolutionary characteristics of TB in children with Iron deficiency anemia. **Material and methods.** A retrospective study was carried out, by analyzing 92 medical records of children (age 0-18 years) diagnosed with TB and with different degrees of anemia, admitted for treatment in the children's ward of the Municipal Clinical Hospital of Phthisiopneumology during the years 2023. The particularities of the TB and the effectiveness of the administered treatment were evaluated. **Results.** Children aged ≤ 10 years predominated 41 (45%), followed by children aged 11-15 years 18 (20%) and 16-18 years 33 (35%). Severe degree of anemia was found in 14 15%) of children diagnosed with TB, grade II and I anemia were 16 (18%) and 62 (68%), respectively. Detection of TB by prophylactic examination as being from contact and/or the presence of other risk factors for TB was in 74 (80%) cases. TB of the intrathoracic lymph nodes was established in 68 (64%), Primary Complex - 24 (36%) children. From the "frequently ill child" group, the majority – 80 (87%) - were appreciated. Treatment for susceptible TB was administered in 85 (92%). All children received treatment for iron deficiency. The improvement of hemogram indices over 20 days of treatment was in 41(45%) and the normalization over a month of treatment with iron preparations-in all cases. The effectiveness of the TB-treatment made up 95% cases. **Conclusion.** Iron deficiency anemia is frequently found in children diagnosed with TB. Active detection of TB prevailed in children who had anemia. The administration of iron leads to the effective treatment of TB in children. **Keywords:** tuberculosis, iron, anemia, children.