

UROGENITAL TUBERCULOSIS

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Introduction. Urogenital tuberculosis, a type of non-pulmonary tuberculosis, is a significant health issue as it affects the urinary and reproductive systems. *Mycobacterium tuberculosis* is the major causative agent, usually transmitted through the bloodstream following a prior infection in the lungs. **Objective of the study.** To analyze the clinical manifestation, diagnostic methods, and treatment outcomes of urogenital tuberculosis. **Material and methods.** To find the pertinent studies on urogenital tuberculosis, a literature study was done. Articles from online databases (PubMed, Google Scholar) that were published between 2019 and 2024 were included in the search. **Results.** The findings revealed that the main symptoms were dysuria, hematuria, and flank pain. The urinalysis showed the presence of ster-

ile pyuria, whereas imaging studies often detected cavitory lesions in the kidneys. The diagnosis was verified by methods like urine culture, polymerase chain reaction and histological investigation. The treatment included the administration of mixture of antitubercular drugs for a period of six to twelve months, and in certain situations, surgical intervention was necessary. Most patients responded favorably to the medical therapy excluding some exhibited drug resistance necessitating alternative treatment. **Conclusions.** Timely identification and proper management of urogenital tuberculosis are essential for favorable prognosis and averting complications. **Keywords:** urogenital tuberculosis, *Mycobacterium tuberculosis*, extrapulmonary tuberculosis, diagnosis, treatment.

CLINICAL CHARACTERISTICS OF COMORBID CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND HEART FAILURE

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Background. Cardiovascular diseases (CVD) and respiratory diseases are the leading causes of mortality and morbidity in most countries. Of them, chronic obstructive pulmonary disease (COPD) and chronic heart failure (CHF) are considered to be the most frequent. Purpose of the research. **The goal** of the research is to evaluate the clinical picture of patients with chronic obstructive pulmonary disorder and heart failure. **Material and methods of research.** The descriptive retrospective study included 52 patients with the clinical diagnosis of COPD and heart failure, examined between May 2022 and Jan 2024. Patient data were collected based on medical records from Pulmonology Department of the *Holy Trinity* Municipal Clinical Hospital and were analyzed based on the investigation of paraclinical data, including spirometry, echocardiography, biomarker measurements, imaging studies. **Results.** During the study period, 52 cases clinically diagnosed as COPD and heart failure and HF without COPD were analyzed. Of the 52 patients, 28 (53.8%) were males and 24 (46.1%) females. According to our study, there was an increasing trendline by age for COPD

patients with HF. The least number of patients were seen in individuals of less age while the most were in 65+ individuals. In our patients with COPD and HF: shortness of breath, especially with physical activity in 50 (96,15%), cough that produces mucus in 51 (98,08%), wheezing in 35 (67,31%), chest tightness or heaviness in 31 (59,62%), palpitations in 29 (55,77%), peripheral edema 23 (44,23%) were detected. The findings showed that 9.62% (5) of females and 5.77% (3) of males experienced I HF of NYHA. 30.77% (16) men and 26.92% (14) women experienced II HF of NYHA. 7.69% (4) males and 13.46% (7) females experienced III HF of NYHA. 3.85% (2) males and 1.92% female (1) experienced very severe - IV HF of NYHA. **Conclusions.** Patients with both COPD and heart failure often struggle with similar symptoms such as dyspnea and fatigue, making it difficult to diagnose and treat each condition separately. This combination leads to more frequent health crises, higher risk of death, and complicated treatment plans, emphasizing the need for a personalized approach to care. **Keywords:** Chronic obstructive pulmonary disease, heart failure.