



PERCUTANEOUS VERTEBROPLASTY IN THE TREATMENT OF VERTEBRAL HEMANGIOMAS: CLINICAL EXPERIENCE AND RECENT DATA

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Spinal hemangiomas are benign tumors. They are common and sometimes can be very aggressive, with pain, instability or neurologic damage, however they often asymptomatic. Percutaneous vertebroplasty (VP) is a minimally invasive method - applied to stabilize the affected vertebrae and relieve symptoms. To evaluate the efficacy and safety of percutaneous vertebroplasty in the treatment of symptomatic vertebral hemangiomas according to clinical experience and recent literature. Clinical data of patients with symptomatic vertebral hemangiomas who were treated by VP between 2023-2024 were analyzed. The intervention involves the injection of acrylic cement (PMMA) into the affected vertebral body, a procedure performed with image guidance. Pain (VAS), neurologic function and postoperative complications were assessed. Significant improvement was reported in all patients in postoperative pain, also in recovery time and time to resumption of daily activities. No major complications were reported; only isolated cases of bone cement extravasation. These cases were asymptomatic and without any clinical impact. Literature sources attest that percutaneous vertebroplasty is a highly effective method in reducing pain and stabilizing vertebrae. The results are superior to the conservative treatments. The procedure is performed under local anesthesia, and is well tolerated by patients, including older patients, with minimal associated risks. Percutaneous vertebroplasty is an effective and safe therapeutic option for symptomatic vertebral hemangiomas. With this procedure, pain is relieved and vertebral stabilization is achieved. The safety profile is favorable, low complication rate and rapid functional recovery.

POSTNATAL DEPRESSION CLINICAL MANIFESTATIONS AND TREATMENT OPTIONS.

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Postnatal depression is a major public health concern, with a global prevalence estimated between 10% and 20%. Early identification and effective management of postnatal depression are essential for the mother's mental health and the child's optimal development, reducing long-term associated risks. Analysis of the specialized literature concerning the clinical characteristics of postnatal depression, as well as the identification of appropriate and effective treatment options. The study involved a systematic literature review, selecting relevant articles from databases : PubMed, Scopus, NCBI, and Web of Science. A total of 31 scientific articles published in the last five years were analyzed, covering both theoretical aspects and clinical research on risk factors, clinical manifestations, and therapeutic strategies. The analysis revealed that the main symptoms of postnatal depression include persistent sadness, anhedonia, emotional lability, insomnia, chronic fatigue, irritability, anxiety, sudden outbursts of anger, feelings of guilt, suicidal thoughts, fear of harming the child or oneself, and a lack of interest in the infant. In mild forms of postnatal depression, brief psychological interventions and psychotherapy are generally recommended, while in moderate to severe cases, first-line treatment is pharmacological—preferably with a selective serotonin reuptake inhibitor. Electroconvulsive therapy is indicated in treatment-resistant depression. Postnatal depression presents with a broad spectrum of clinical manifestations, reflecting varying degrees of severity. Accurate identification of these forms allows for optimized therapeutic strategies and individualized interventions tailored to the patient's clinical needs.