

evaluations.

**Results.** The patient's final diagnosis included severe purulent meningoencephalitis, right fronto-parietal subdural empyema, superior sagittal sinus thrombosis, and bacterial sepsis caused by *Staphylococcus* spp. Treatment involved craniotomy for neurosurgical drainage, targeted high-line antibiotic therapy based on antibiogram, anticonvulsant therapy, corticosteroids, and complex intensive care. Paraclinical investigations were essential in monitoring clinical progression. The patient's evolution was slowly favorable, with complete neurological recovery and no major sequelae at discharge, emphasizing the importance of a multidisciplinary approach.

**Conclusion(s).** Severe neurological complications of untreated sinusitis, such as subdural empyema and purulent meningoencephalitis, represent neurosurgical emergencies requiring prompt intervention and multidisciplinary management to reduce mortality and prevent permanent neurological sequelae.

**Keywords:** meningoencephalitis, sinusitis, sepsis, epilepsy, empyema.

## ADVANCES AND CHALLENGES IN MANAGING HEPATITIS D VIRUS

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**Background.** Hepatitis D virus (HDV) infection, dependent on Hepatitis B virus (HBV) for replication, causes the most aggressive form of chronic viral hepatitis. Despite its significant clinical impact, HDV remains underdiagnosed and is often neglected in both clinical practice and public health strategies.

**Objective(s).** To evaluate advances in HDV diagnosis and treatment, identify key challenges in clinical management, assess public health strategies to enhance detection, care and prevention of infection.

**Materials and methods.** This narrative review is based on an extensive analysis of peer-reviewed literature published between 2015 and 2025. Sources include PubMed, EASL and AASLD clinical guidelines, and findings from clinical trials evaluating both antiviral agents and host-targeted therapeutic approaches for the treatment and long-term management of HDV infection.

**Results.** Recent years have seen significant progress in managing HDV. The approval of bulevirtide, an entry inhibitor targeting NTCP (sodium taurocholate co-transporting polypeptide), is the first specific antiviral therapy for chronic HDV infection. Advances in diagnostics, including HDV RNA quantification and improved serological tests, have enhanced early detection and disease monitoring. Despite this, challenges remain: low global testing rates, limited physician awareness, restricted treatment access, and no effective curative combination therapy. A comprehensive multipronged approach is essential to reduce HDV's global burden.

**Conclusion(s).** Despite recent diagnostic and therapeutic advances, hepatitis D virus remains one of the major clinical challenges. Reducing its global burden requires improved awareness, broader access to diagnostics and treatment, and continued research into effective combination therapies.

**Keywords:** hepatitis D virus, bulevirtide, chronic liver disease