

Results. It was found that 42 patients (67.7%) presented biological barriers, highlighted by comorbidities and associated chronic conditions. Psychological factors, such as anxiety and pain catastrophizing, were identified in 45 patients (72.6%). Social barriers, reflected by insufficient family support and financial difficulties, were reported by 28 patients (45.2%). The application of the Chi-square test revealed a statistically significant difference between the types of barriers identified ($\chi^2 = 47.68$, $p < 0.001$), suggesting that each category of barriers exerts a distinct impact on the effectiveness of rehabilitation.

Conclusion(s). The impact of biological, psychological, and social factors on the rehabilitation process plays a major role in compromising the effectiveness of rehabilitation in patients with chronic musculoskeletal pain. Recognizing and addressing these barriers is crucial to enhancing recovery outcomes.

Keywords: rehabilitation, chronic musculoskeletal pain, barriers

MEDIASTINAL LYMPHOMAS: CLINICAL PRESENTATION, DIAGNOSIS AND MULTIDISCIPLINARY APPROACHES

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Background. Mediastinal lymphomas belong to a major group of malignant thoracic tumors, mainly involving the prevascular compartment. Their anatomical location and insidious progression often lead to nonspecific clinical manifestations, significantly delaying the establishment of a definitive diagnosis.

Objective(s). This study aims to analyze the specific symptoms of mediastinal lymphomas, highlight diagnostic challenges, and outline the patient’s management pathway within a multidisciplinary framework.

Materials and methods. This research is based on a review of recent scientific literature (2014–2024), sourced from databases such as PubMed, StatPearls, and Radiopaedia. Relevant retrospective studies and systematic reviews on clinical features and diagnostic methods were included, accessed via platforms like NCBI, SpringerLink, and ScienceDirect.

Results. Mediastinal lymphomas frequently present with symptoms such as dyspnea, persistent cough, retrosternal chest pain, superior vena cava syndrome, and lymphadenopathy. Nevertheless, 30–50% of patients are asymptomatic at onset, with the lymphoma often detected incidentally during imaging performed for unrelated conditions. Systemic symptoms such as fever, night sweats, and unintentional weight loss typically indicate widespread disease. CT and PET-CT imaging play a crucial role in determining the location and extent of the tumor mass. Excisional biopsy remains the preferred method for accurate histopathological and immunohistochemical diagnosis.

Conclusion(s). Diagnosing mediastinal lymphomas is a complex process requiring the integration of clinical, imaging, and morphological data. Interdisciplinary collaboration among pulmonology, hematology, oncology, and radiology is essential for optimal therapeutic strategies and improved patient outcomes.

Keywords: mediastinal lymphoma, symptoms, mediastinal compression