

prevalent resistance pattern was HRES in 10(22%) cases. Treatment success achieved in 27(60%) patients, 5(11.1%) patients died.

**Conclusion(s).** Management of TB in the presence of coexisting diabetes mellitus is difficult. Patients are more sensitive to TB infection and at high risk of developing TB, with more rapid progression of disease, raised likelihood of drug resistance, poor treatment outcomes, therapeutic failure and death.

**Keywords:** drug resistant tuberculosis, management, diabetes mellitus.

## THE ROLE OF DERMOSCOPY IN THE DIAGNOSIS OF CUTANEOUS TUMORS

*Eugen Gorgos, Mircea Bețiu*

Catedra de dermatovenerologie, Facultatea de Medicină nr.2, USMF “Nicolae Testemițanu”, Republica Moldova

**Background.** Cutaneous tumors have a major impact on morbidity and mortality, especially malignant ones. Clinical diagnosis is challenging, particularly in the early stages. Dermoscopy, a non-invasive skin examination method, significantly increases diagnostic accuracy compared to simple clinical examination.

**Objective(s).** To highlight the role of dermoscopy as an essential tool in the diagnosis and classification of cutaneous tumors, with a major impact on therapeutic decisions and patient prognosis.

**Materials and methods.** The paper presents a narrative analysis of the scientific literature on dermoscopy in the diagnosis of cutaneous tumors. Data from clinical studies, meta-analyses, and European guidelines are synthesized, highlighting the accuracy of the method by analyzing its sensitivity and specificity in detecting various types of tumors.

**Results.** Dermoscopy has been shown to significantly increase the diagnostic accuracy in differentiating between benign lesions (melanocytic nevi, dermatofibroma, seborrheic keratosis, solar lentigo) and malignant ones (melanoma, basal cell carcinoma, and squamous cell carcinoma). By identifying specific structures such as atypical pigment network, pseudopods, crystalline lines, blue-white veil, arborizing vessels or ulcerations, dermoscopy allows for the selection of suspicious lesions for excision and biopsy. In addition, the regular use of this method contributes to reducing unnecessary excisions and enables dynamic monitoring of lesions over time.

**Conclusion(s).** Dermoscopy is essential for the early detection of skin tumors, improving diagnostic accuracy and guiding the excision of suspicious lesions. Its systematic use reduces costs and the number of unnecessary invasive procedures, while continuous training of specialists remains a priority.

**Keywords:** dermoscopy, melanoma, basal cell carcinoma, diagnosis

## PRIMARY DIAGNOSED DIABETES MELLITUS IN PATIENTS WITH MULTIDRUG-RESISTANT TUBERCULOSIS

*Ana-Maria Bucico, Dumitru Chesov*

Disciplina de pneumologie și alergologie, Facultatea de Medicină nr.1, USMF “Nicolae Testemițanu”, Republica Moldova

**Background.** The association between tuberculosis (TB) and diabetes mellitus (DM) is characterized by a more severe clinical course of both conditions, potentially prolonged treatment duration, and an increased risk of both pulmonary and metabolic complications, thus increasing the risk of mutual aggravation.

**Objective(s).** To assess the prevalence of DM and the frequency of newly diagnosed DM among patients with multidrug-resistant pulmonary tuberculosis (MDR-PTB), and to

estimate the severity of the comorbidity.

**Materials and methods.** The study that was performed is a retrospective, observational cohort study. The study included all the patients that were diagnosed with MDR-PTB and were hospitalized in the MDR-TB department of the "Chiril Draganiuc" Institute of Pneumology in Chişinău, Republic of Moldova, during the following period: January - April 2022.

**Results.** The study cohort included 57 patients with MDR-PTB, of whom 10 (17.5%) had DM. In 4 of the 10 cases (40%), DM was newly diagnosed at the time of MDR-PTB diagnosis was established in these patients. Patients with DM had similar demographic characteristics to those without DM, indicating a clear predominance of males (8/10 [80%] vs. 35/47 [74.4%],  $p=1.0$ ) and comparable age distribution (median age 50 [IQR 37–66] vs. 40 [IQR 25–47] years,  $p=0.6$ ). At the same time, patients affected by both MDR-TB and DM had a significantly higher rate of cavitory lesions detected on chest X-ray (9/10 [90%] vs. 15/47 [31.9%],  $p=0.001$ ).

**Conclusion(s).** DM is a frequent comorbidity among patients with MDR-TB, with a concerning proportion of cases being newly diagnosed. The radiological presentation of MDR-PTB in patients with DM is more severe. These two aspects support the necessity for systematic screening for DM in patients with MDR-TB.

**Keywords:** tuberculosis, diabetes mellitus, screening, primary, frequency

## **MEDULLARY THYROID CANCER: DIAGNOSIS AND TREATMENT.**

*Revathi Koonancheri, Andrei Tibirna*

Catedra de oncologie, Facultatea de Medicină nr.1, USMF "Nicolae Testemiţanu", Republica Moldova

**Background.** Medullar thyroid cancer, rare neuroendocrine malignancy from parafollicular C-cells, remain 1–5% of thyroid cancers. early metastasis association with hereditary syndromes like MEN 2A/2B and resistance to conventional therapies pose diagnostic and therapeutic challenges. This study focusses on these challenges.

**Objective(s).** To assess medullary thyroid cancer's current diagnostic methods and therapeutic approaches, with an emphasis on imaging, biomarkers, and treatment

**Results.** To find efficient treatment methods for MTC.

**Materials and methods.** A literature review analyzed 30 peer-reviewed studies (2000–2024) from PubMed, PMC, and the American Thyroid Association, focusing on MTC diagnosis (USG, PET/CT, calcitonin screening) and treatment (surgery, targeted therapies). Diagnostic accuracy, sensitivity, and treatment outcomes, including survival rates and biochemical cure, were assessed.

**Results.** USG detects MTC nodules and lymph node metastases with 85–90% sensitivity, but specificity requires fine-needle aspiration. Serum calcitonin and CEA are sensitive biomarkers, with calcitonin doubling time predicting progression. <sup>18</sup>F-DOPA-PET/CT and gadoteric acid-enhanced MRI improve metastasis detection. Total thyroidectomy with neck dissection achieves biochemical cure in 60–70% of early-stage cases. In metastatic MTC, vandetanib and cabozantinib extend progression-free survival by 11–14 months. Selpercatinib, for RET-mutated MTC, shows a 70% response rate. Radiotherapy reduces local recurrence by 50% in unresectable cases.

**Conclusion(s).** Advances in calcitonin screening, RET testing, and imaging enhance MTC diagnosis, enabling early intervention. Surgery remains curative, while tyrosine kinase inhibitors improve outcomes in metastatic disease. Future research must refine imaging for micrometastases address resistance to targeted therapies.

**Keywords:** medullary thyroid cancer, RET mutation, calcitonin, treatment