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 Chișinău, 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 cavitary 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.

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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. 18F-DOPA-PET/CT and gadoxetic 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