

Conclusion(s). Farh's disease is a rare neurological condition, diagnosed radiologically, which can lead to severe movement disorders and early dementia. The presence of underlying metabolic or autoimmune disorders, associated with typical CT signs excludes the primary disease and is called Farh's syndrome.

Keywords: Farh's syndrome, brain computed tomography, Farh's disease

CASE REPORT ON ACUTE WARFARIN OVERDOSE AND ITS CLINICAL MANAGEMENT

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Background. Studies on long-term warfarin therapy have shown a significantly higher incidence of adverse reactions in patients over 65 years old, with approximately 10% having a documented history of multiple hospitalizations due to severe hemorrhagic events directly caused by anticoagulant overdose.

Objective(s). To present a clinical case illustrating the progression of warfarin overdose in a patient, focusing on symptoms, possible complications, and effective management strategies.

Materials and methods. Extensive clinical and paraclinical information was gathered from patient X's medical records, encompassing a thorough medical history, laboratory findings, imaging examinations, and clinical progression. Moreover, an in-depth review of the existing literature on comparable cases of warfarin overdose was performed to support the analysis.

Results. Patient X, 67 years old, presented with constrictive retrosternal chest pain, moderate exertional dyspnea, and palpitations. Her history includes rheumatic valvular heart disease, mitral valve replacement, tricuspid valve annuloplasty, and paroxysmal atrial fibrillation. She was on warfarin 7.5 mg/day. Laboratory tests revealed critical values: prothrombin index 0%, INR 12.10, APTT 94.8 seconds, platelets $299 \times 10^9/L$, and ESR 48.21 mm/h. Frozen plasma transfusion was indicated. During hospitalization, the prothrombin index and INR gradually improved from 0% to 25.8% and from 12.1 to 2.64, respectively; APTT at discharge was 36.2 seconds.

Conclusion(s). The presented case emphasizes the crucial role of regular monitoring of both the prothrombin index and INR levels in preventing serious hemorrhagic complications. Timely medical intervention and proper management of anticoagulant overdose significantly improve patient survival rates.

Keywords: prothrombin time, warfarin, overdose, bleeding, plasma

C3 GLOMERULOPATHY. CLINICAL PREDICTORS OF LONG-TERM OUTCOMES

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Background. C3 glomerulopathy is a rare glomerular disease characterized by dysregulation of the alternative complement pathway. Its clinical course is often unpredictable, with an increased risk of progression to chronic kidney disease. Identifying prognostic factors is essential for disease management.

Objective(s). To systematically review the literature to identify clinical and laboratory predictors of long-term prognosis in C3 glomerulopathy in both pediatric and adult populations.

Materials and methods. A systematic search was conducted in PubMed, Scopus, and Web

of Science, including articles published between 2005 and 2024. A total of 42 studies were selected that reported the clinical course of patients with C3 glomerulopathy in relation to clinical, histological, and laboratory parameters associated with the disease.

Results. A comparative review of selected studies reveals that proteinuria over 3.5 g/day, reduced eGFR (<60 ml/min/1.73 m²) at diagnosis, and persistently low serum C3 levels are strongly associated with adverse renal outcomes. Chronic histological changes, such as interstitial fibrosis and tubular atrophy, significantly correlate with the risk of progression to end-stage renal disease. Favorable response to immunosuppressive treatment was mainly seen in cases with early clinical remission and normalized complement levels. Recent research also supports the relevance of complement activation biomarkers for risk stratification and monitoring.

Conclusion(s). Clinical and paraclinical predictors such as severe proteinuria, reduced glomerular filtration, and persistent hypocomplementemia are relevant predictors of renal prognosis. Their regular evaluation may guide therapeutic decisions and long-term monitoring in C3 glomerulopathy.

Keywords: C3 glomerulopathy, kidney function, glomerulus, complement

EFFICACY OF OZONE THERAPY AS A COMPLEMENTARY TREATMENT IN CHRONIC HEPATITIS B

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Background. Chronic hepatitis B is a severe liver infection with potential progression to cirrhosis and hepatocellular carcinoma. Medical ozone therapy is being investigated as a complementary treatment due to its antioxidant and immunomodulatory effects and its ability to reduce viral replication.

Objective(s). The aim of this paper is to analyze the efficacy of ozone therapy as a complementary treatment in chronic hepatitis B, through critical interpretation of current scientific data.

Materials and methods. A randomized clinical study published in the PubMed database was analyzed, including 42 patients diagnosed with chronic hepatitis B. They were randomly divided into two groups: one received standard antiviral therapy, while the other received standard therapy combined with medical ozone therapy, administered for 8 weeks.

Results. After 8 weeks of treatment, significant improvements in liver function were observed in both groups. In the ozone therapy group, 10% of patients achieved complete response and 35% partial response, compared to 4.6% and 13.6% in the control group ($p < 0.05$). The data demonstrate superior therapeutic efficacy in the group receiving ozone therapy, with both clinical and biochemical improvement. The therapy helped normalize hepatic enzyme levels, reduce inflammatory activity, and enhance the immune response. It was well tolerated, with no significant adverse effects, and contributed to faster liver recovery and better overall functional status.

Conclusion(s). Ozone therapy, used as a complementary treatment in chronic hepatitis B, proved effective in improving liver function, overall condition, and inflammatory markers. Its good tolerability, absence of adverse effects, and positive impact on quality of life support its clinical usefulness.

Keywords: ozone therapy, complementary treatment, chronic hepatitis B