

DISTRIBUTION OF MEDICO-SURGICAL CASES IN THE YELLOW ZONE OF THE EMERGENCY MEDICINE DEPARTMENT AT INSTITUTE OF EMERGENCY MEDICINE

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Background. The yellow zone of the Emergency Medicine Department manages patients with acute but stable conditions. This study analyzes the distribution of medico-surgical cases in this zone at the Institute of Emergency Medicine, highlighting common pathologies and the importance of efficient management.

Objective(s). Evaluation of the distribution of medical-surgical cases in the yellow zone of the Emergency Medicine Department, highlighting types of pathologies, frequency, and optimization of clinical management.

Materials and methods. The study is descriptive, observational, retrospective, based on clinical data collected from the yellow zone of the DMU of the Institute of Emergency Medicine. The data were analyzed for the period of one year in 2024, providing a representative picture of the distribution and typology of medical-surgical cases in this area.

Results. The majority of cases in the yellow zone were cardiovascular pathologies (43%), acute abdominal conditions (26%), and moderate trauma (19%). Proper application of the triage protocol reduced the time to intervention. The implementation of checklists and standardized scales increased the efficiency of medical care and reduced errors. Most referrals were in the blue zone (43.72%), followed by green (35.66%), yellow (19.55%), and red (1.06%). The surgical, urological, and neurological profiles have increased in recent years. These results require continuous adaptation of resources and protocols to ensure efficient management.

Conclusion(s). Efficient management in the yellow zone requires standardized procedures, continuous staff training, close interdisciplinary collaboration. These measures contribute to reducing errors, optimizing intervention times, and improving the quality of care for patients with complex medico-surgical.

Keywords: triage, ambulance, algorithm, medicine, surgery, yellow

ORPHAN DISEASES IN ALLERGOLOGY - MELKERSSON-ROSENTHAL SYNDROME

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Background. Melkersson-Rosenthal Syndrome (MRS) is a rare neurological disorder characterized by hypertrophy and fissures of the tongue, recurrent long-lasting facial paralysis and chronic orofacial edema. Edema is the most common initial finding and can mimic both allergic and nonallergic angioedema.

Objective(s). To present the clinical features, diagnostic and therapeutic challenges and to emphasize the importance of multidisciplinary collaboration in the management of Melkersson-Rosenthal syndrome.

Materials and methods. The clinico-paraclinical data of a case of chronic angioedema of the face, resistant to treatment with systemic corticosteroids and antihistamines, were analyzed. At the same time, literature data were also studied for the differential diagnosis and treatment options, including surgery options in Melkersson-Rosenthal syndrome.

Results. M, 61 years old, mentions the fissured appearance of the tongue since childhood. From the age of 25 years, he noticed episodes of edema of the nasal pyramid and facial

neuritis. After a decade, relapsing edema of the upper lip occurs, for which he is treated with systemic CS and antihistamines. In the absence of positive effect, he is referred to the neurologist, who highlights left facial palsy. Hereditary angioedema and sarcoidosis were excluded by normal values of angiotensin-converting enzyme, C1-esterase inhibitor, complement fractions, and unchanged pulmonary radiologic examination. The Results. s supported the suspicion of MRS.

Conclusion(s). MRS is a rare neurologic disorder (0.2-80/100000) of unknown cause. The diagnosis is clinical with a multidisciplinary approach. In the absence of drug treatment, surgical treatment is applied for facial nerve decompression or cosmetic correction of persistent lip edema.

Keywords: Melkersson-Rosenthal syndrome, recurrent lips edema

EFFECTIVENESS OF METHOTREXATE IN THE TREATMENT OF OSTEOARTHRITIS: MODERN VIEWS

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Background. Methotrexate (Mtx) is known for its disease-modifying potential in the treatment of rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis, systemic vasculitis. There are attempts to use Mtx also in other rheumatic diseases, particularly in non-immune diseases such as osteoarthritis.

Objective(s). To determine the efficacy of methotrexate indication in the complex treatment of osteoarthritis of the hand and knee joints according to recent studies (within the last 5 years).

Materials and methods. The medical search engine of reputable databases PubMed, ScienSearch, Lancet, Google Scholar were searched and 265 publications were found, of which 6 were classified as randomized controlled trials evaluating the efficacy of methotrexate in the treatment of osteoarthritis of the hands and knees compared with placebo.

Results. In a double-blind, randomized, placebo-controlled study conducted in 2023, of the 202 participants assessed for eligibility, 97 (48%) were randomized to receive methotrexate (n=50) or placebo (n=47). The results of the study demonstrated that treatment of osteoarthritis of the hand with synovitis with 20 mg of methotrexate for 6 months had a moderate, but potentially clinically significant, effect in reducing pain. A meta-analysis conducted in 2025 with 465 patients from 5 randomized clinical trials concluded that this drug demonstrates efficacy at the end of the follow-up period regarding pain and stiffness in osteoarthritis of the knee.

Conclusion(s). Methotrexate has demonstrated some favorable clinical results in diminishing the intensity of pain syndrome and stiffness in the joints of the hands and knees, especially in clinical variants with inflammatory phenotype (reactive synovitis) of the primary osteoarthritis.

Keywords: methotrexate, osteoarthritis, reactive synovitis, knees