

assesses the phenomenon related to inappropriate prescription of medications in the elderly population, over 65 years of age. Many factors contribute to the overall quality of medication prescribing: avoidance of inappropriate medications, appropriate use of indicated medications, monitoring of side effects and drug levels, avoidance of drug-drug interactions, patient involvement, and integration of patient values. Treatment compliance decreases when the patient is uninformed or unmotivated, and when the therapeutic regimen is complex.

**Conclusion(s).** The family doctor must integrate these concepts into daily practice, leading to an increase in the quality and efficiency of treatment. The application of questionnaires for compliance and periodic review of therapeutic regimens represents a consultation in itself that takes place in the GP's office.

**Keywords:** compliance, inappropriate prescription, family medicine

## CHARACTERISTICS OF "CLINICAL MASKS" IN PEDIATRIC TUBERCULOSIS

**Mustafa Almdallal, Stela Kulcițkaia**

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

**Background.** The rate of pediatric tuberculosis (TB) is in different countries between 3% and 25%. Diagnosing TB in children is difficult due to numerous barriers. An impediment to recognizing TB in children is the absence of pathognomonic symptoms, the clinical manifestation of the disease in children is particular interest.

**Objective(s).** To evaluate the characteristics and degree of clinical manifestations in children diagnosed with different forms of tuberculosis, in order to adjust a prompter diagnosis.

**Materials and methods.** A retrospective and selective study was conducted that included the analysis of 610 cases of patients aged 0-18 years, diagnosed with different clinical forms of pulmonary tuberculosis, hospitalized for treatment in the children's ward of IMSP SCM Phthisiopneumology, Chisinau between 2019 and 2023, data from medical records.

**Results.** TB was diagnosed more frequently in the age group 0-9 years-250 (41.0%). Although the active detection prevailed-in 476 (78%) cases, clinical manifestations of varying degrees of intensity were appreciated in 488 (80%) children. The "clinical masks" of TB were: IRVA-68 (14%), bronchitis-112 (23%), pneumonia-210 (43%), anemia-87 (18%), others-11 (2%). Infectious impregnation syndrome was presented by 476 (78%), broncho-pulmonary syndrome-397 (65%) children. TB of the intrathoracic lymph nodes prevailed - 353 (58%), followed by infiltrative TB - 146 (24%) cases, primary complex - 91 (15%) and other clinical forms-20 (3%) cases.

**Conclusion(s).** Pediatric tuberculosis does not possess pathognomoncity. The clinical manifestations of TB in children are diverse, through two syndromes - infectious impregnation and broncho-pulmonary and involve a laborious diagnosis. Children with persistent clinical manifestations require increased vigilance.

**Keywords:** tuberculosis, children, clinic, diagnosis