

## SOME CLINICAL AND EVOLUTIONARY ASPECTS OF TUBERCULOSIS IN CHILDREN

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**Background.** The WHO reports on tuberculosis (TB) for the 2022-2024 mention that COVID-19 pandemic has turned back the TB control by 10 years. TB in children as Results. of primary infection, reflects the general epidemiological situation. The diagnosis and evolution of TB in children presents particularities.

**Objective(s).** To assess the clinical manifestations, risk factors and evolution of TB in children in the years after the COVID-19 pandemic and to point the strengths for a correct tactic in these cases.

**Materials and methods.** A retrospective, selective study was conducted by analyzing 437 of children diagnosed with TB during the 2022-2024, hospitalized for treatment in the IMSP SCM Phthisiopneumology, Chisinau. Cases of children confirmed with TB have been analyzed according to the completed questionnaire corresponding to the proposed objective.

**Results.** Active detection constituted 332 (76%) cases. TB contact had 358 (82%), followed by social factors-271 (62%) and comorbidities-240 (55%) children. Age 13-18 years had 188 (43%), 0-5 years-101 (23%), 10-12 years-83 (19%) and 6-9 years-65 (15%) children. TB of the intrathoracic lymph nodes was established in 227 (52%), primary complex-122 (28%), infiltrative TB-79 (18%), other clinical forms-9 (2%) cases. In 70 (16%) cases, treatment for resistant TB was administered. With the qualification "New Case" were 410 (94%) children. Extensive processes recorded in 113 (26%), with destruction-104 (24%) cases. Therapeutic success was in 419 (96%) cases.

**Conclusion(s).** Children from TB contact are at major risk, with social conditions and comorbidities. Increased vigilance is required by adolescents and young children. Hilar localization was more common, while  $\frac{1}{4}$  - with pulmonary destruction. Children tolerate well the treatment and therapeutic efficacy is high.

**Keywords:** tuberculosis, children, factors, risk, diagnosis, cases

## CARDIOVASCULAR RISK ASSESSMENT IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS – BETWEEN TRADITIONAL AND IMMUNOLOGICAL FACTORS

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**Background.** Systemic lupus erythematosus (SLE) is strongly associated with increased cardiovascular (CV) risk, due to both traditional risk factors and disease - specific immune mechanisms such as endothelial dysfunction and antiphospholipid antibodies. Early and personalized assessment is essential.

**Objective(s).** To evaluate current evidence about the prevalence and mechanisms of CV risk in patients with SLE, with a focus on disease-specific immunological factors and their implications for clinical practice.

**Materials and methods.** A narrative review of the recent literature was conducted, including articles published between 2014 and 2023. Clinical studies and meta-analyses investigating the incidence of cardiovascular events in patients with Systemic Lupus Erythematosus, as well as both traditional and disease-specific risk factors, were analyzed.

**Results.** Patients with SLE have an increased risk of myocardial infarction and stroke, up to