

Conclusion(s). At 12-month follow-up, freedom from atrial arrhythmias was higher in patients undergoing left atrial appendage isolation compared to standard ablation, without an increase in procedural complications or stroke. However, additional studies in homogeneous populations are needed.

Keywords: atrial fibrillation, catheter ablation, left atrial appendage

CLOSTRIDIUM DIFFICILE INFECTION AS A COMPLICATION OF ANTI-TUBERCULOSIS TREATMENT

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Background. Clostridium difficile infection (CDI) is a potentially life-threatening complication associated with long-term antibiotic treatment. The frequency and developmental features of CDI occurring as a complication of antituberculosis treatment have been only sporadically reported in the literature.

Objective(s). To assess the frequency and aspects of clinical characteristics of Clostridium difficile in TB patients, who were hospitalized in a specialized tertiary medical institution.

Materials and methods. An observational, retrospective study was conducted including all tuberculosis (TB) patients hospitalized in the Institute of Pneumology “Chiril Draganiuc” of the Republic of Moldova between January 01, 2023 and December 31, 2023, who developed CDI. Clinical signs and diagnostic criteria of all CDI patients were analyzed.

Results. The study included 25 patients (16 males, 9 females), who were diagnosed with CDI during anti-TB treatment, mean age being 52 ± 12.4 years. Symptoms of CDI appeared after 15 [IDC 11-30] days, predominantly diarrhea (84%) and abdominal cramps (44%). Fever was present in 12% and leukocytosis in 68% of patients. In most of the cases the diagnosis of CDI was based on clinical criteria. Only 36% of patients had positive GDH test and 16% concomitant A/B toxin positive. Relapses occurred in 24% of patients. Discontinuation of antituberculosis treatment was required in 80% of the patients, median duration 8.5 [IDC 6-13] days.

Conclusion(s). In the majority of TB patients, CDI was mild or moderate, without having major impact on treatment. Diagnosis of ICD was predominantly based on clinical criteria, immunologic tests were often uncertain, necessitating the implementation of nucleic acid amplification tests.

Keywords: CDI, GDH test, A/B toxins, anti-TB treatment, clinical data

EFFECTIVENESS OF BIOLOGICAL TREATMENT IN RHEUMATOID ARTHRITIS THROUGH THE PRISM OF INFLAMMATION INDICES

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Background. Rheumatoid arthritis is a systemic autoimmune disease marked by chronic synovial inflammation, causing progressive joint destruction and disability. Biological treatments, especially targeted agents, have transformed disease management by effectively controlling inflammation and significantly reducing pain.

Objective(s). Evaluating the efficacy of biological treatment in RA through the dynamics of inflammatory markers, their correlation with disease activity (DAS28) and assessing their utility as monitoring biomarkers.

Materials and methods. The study included a group of 150 patients diagnosed with RA, treated with biological agents (anti-TNF α , tocilizumab, rituximab), within the Republican Clinical Hospital. Patients were evaluated initially and during treatment at regular intervals, monitoring clinical (DAS28, pain, mobility) and laboratory parameters (ESR, CRP, PLR).

Results. Biological treatment resulted in a significant decrease in inflammatory indices: ESR ($p < 0.01$), CRP ($p < 0.01$), NLR (from median 3.12 to 2.01, $p < 0.001$) and PLR (from 180.5 to 135.7, $p < 0.005$). The reduction of these markers correlated with improvement in DAS28 score, especially in the first 3–6 months of treatment. The most marked changes were observed in patients treated with tocilizumab and TNF α inhibitors. Significant correlations were identified between NLR and disease activity ($r = 0.79$, $p < 0.01$), and PLR proved useful in assessing chronic progression ($r = 0.65$, $p < 0.05$). Patients also reported a substantial reduction in pain.

Conclusion(s). Biological treatment in RA effectively reduces systemic inflammation, shown by decreased inflammatory markers and improved disease activity. NLR and PLR indices are useful, accessible biomarkers to monitor therapy effectiveness and disease progression, supporting personalized treatment plans.

Keywords: rheumatoid arthritis, biological treatment, inflammation

CONSERVATIVE TREATMENT OF OSTEOARTHRITIS – A MODERN ANALYSIS FROM THE PERSPECTIVE OF INTERNATIONAL CLINICAL GUIDELINES

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Background. Osteoarthritis is the most common degenerative joint disease, affecting elderly individuals and negatively impacting mobility and daily function. Conservative treatment aims to relieve symptoms, maintain joint function, slow disease progression, prevent complications, and improve quality of life.

Objective(s). To evaluate modern conservative treatment approaches for osteoarthritis based on disease stage, in line with international and national clinical guidelines, with emphasis on evidence-based methods.

Materials and methods. A review of updated clinical guidelines: EULAR (2019), OARSI (2020), and the National Clinical Protocol for Osteoarthritis (2018), enabled the detailed analysis of modern conservative treatment strategies. Kellgren-Lawrence radiological classification, WOMAC, VAS, and the 6-minute walk test were used for functional evaluation.

Results. Stages I–II (early): focus on progression prevention through physical exercise, weight reduction, orthoses, paracetamol (max 3g/24h), topical anti-inflammatory drugs, chondroprotectors (min 6 months), and intra-articular hyaluronic acid injections (<65 years, without synovitis). Stage III (intermediate): systemic NSAIDs (meloxicam), intra-articular corticosteroid injections, continuation of adapted exercise programs, cane support, and physiotherapy. Stage IV (advanced): pain control with NSAIDs/opioids, intra-articular platelet-rich plasma or corticosteroids, psychological support, orthopedic devices, and preparation for joint arthroplasty.

Conclusion(s). Conservative treatment of osteoarthritis requires an individualized approach based on disease stage and combining pharmacological and non-pharmacological methods. Adapting guidelines to each patient and ensuring active involvement improves treatment effectiveness and quality of life.

Keywords: osteoarthritis, personalized management, conservative treatment