EVALUATION OF CLINICAL AND PARACLINICAL MANIFESTATIONS IN PSEUDOMEMBRANOUS COLITIS

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Background. Pseudomembranous colitis is a severe inflammation of the colon, most associated with Clostridioides difficile infection, particularly following the use of broad-spectrum antibiotics. Diagnosis is based on the correlation of clinical symptoms with specific paraclinical and imaging investigations.
Objective(s). To highlight the main clinical and paraclinical features of pseudomembranous colitis in order to improve early diagnosis and appropriate therapeutic management.
Materials and methods. A comprehensive review of scientific articles published between 2019 and 2024 was conducted using medical databases such as PubMed and Google Scholar. Studies addressing symptomatology, laboratory analyses, imaging techniques, and endoscopic evaluations were included. In addition, current clinical guidelines and observational studies.
Results. The common symptoms of pseudomembranous colitis include persistent watery diarrhea, moderate to high fever, diffuse or localized abdominal pain, marked leukocytosis, and severe dehydration. In complicated cases, paralytic ileus, toxic megacolon, and even intestinal perforation may occur, often requiring emergency surgical intervention. Paraclinical investigations reveal elevated CRP levels, leukocytosis, hypoalbuminemia, and significant changes in stool tests. Diagnosis is confirmed by the detection of toxins A and B, PCR testing for Clostridioides difficile, and colonoscopy, which reveals characteristic pseudomembranes.
Conclusion(s). Pseudomembranous colitis requires early recognition and prompt, appropriate treatment. Diagnosis relies on correlating clinical symptoms with paraclinical and imaging data. A multidisciplinary approach is essential to reduce the risk of severe complications.
Keywords: pseudomembranous colitis, Clostridioides difficile,

CURRENT THERAPEUTIC STRATEGIES IN THE MANAGEMENT OF PRIMARY MYELOFIBROSIS IN YOUNG ADULTS

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Background. Primary myelofibrosis (PMF) is a Ph-chromosome-negative myeloproliferative neoplasm. In young patients (<40 years), PMF is rare and presents with diverse clinical manifestations, but it is characterized by a longer life expectancy, which necessitates a personalized therapeutic approach.
Objective(s). The aim of this paper is to analyze treatment strategies for PMF in young patients, considering the molecular features, established prognostic models, and available therapeutic options.
Materials and methods. A literature review was conducted using the PubMed, Scopus, and Web of Science databases over the past 10 years. Modern therapeutic strategies used in the treatment of PMF were analyzed and systematized, with particular attention given to the molecular features of the disease and their impact on clinical course and therapeutic management.