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.

Results. The only curative treatment is allogeneic hematopoietic stem cell transplantation, with transplant indications determined based on prognostic scoring systems (DIPSS, MIPSS70+, GIPSS). In young patients, CALR mutations are more frequently encountered and are associated with a favorable prognosis; the presence of high-risk mutations requires a more aggressive therapeutic strategy. JAK inhibitors (ruxolitinib, fedratinib, momelotinib) are used to control symptoms and splenomegaly and also serve as bridging therapy before transplantation. Questions remain regarding optimal treatment duration, tolerability, and the long-term impact on survival.
Conclusion(s). The treatment of primary myelofibrosis in young patients requires a personalized approach based on molecular profiling and prognostic stratification. Additional studies are needed to assess the long-term efficacy of these modern therapeutic strategies in this age group.
Keywords: primary myelofibrosis, treatment, young patients, transplant

ALTERATION OF THE MENTAL STATUS IN PRIMARY HYPOTHYROIDISM

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Background. Thyroid hormones are essential for the optimal functioning of the central nervous system. Their deficit has well-documented adverse effects on cognitive and emotional functioning. People with hypothyroidism commonly experience symptoms such as impaired attention and memory, anxiety, depression.
Objective(s). To assess the prevalence and characteristics of cognitive and affective disorders in people with primary autoimmune hypothyroidism, according to their age and gender group.
Materials and methods. A cross-sectional study was conducted at the Endocrinology Clinic of the "Timofei Moşneaga" RCH. The study cohorts included 40 people with primary hypothyroidism and 40 people from the control group. Cognitive and affective status were assessed using the MMSE, the HADS and the Landolt-C test. Thyroid hormones and lipid profiles were analyzed.
Results. 70% of the people with autoimmune hypothyroidism had anxiety, and 72.5 % – depression. 35% of the people were identified with mild cognitive impairment, and 17.5% had a decreased level of concentration of attention. The disorders prevailed in the female gender group. Anxiety (87.5% of the people) and depression (75% of the people) had a higher prevalence in the 40-49 years old age group, compared to the other age groups. The highest percentage of people with mild cognitive impairment and decreased level of concentration of attention was found in the 60-69 years old age group, having an TSH level of 95.52 ± 5.24 μIU/ml.
Conclusion(s). Central nervous system impairments in people with autoimmune hypothyroidism comprise affective dysfunctions and mild cognitive disorders. The alterations prevailed in the female gender group and in the elder. These impairments can be detected using the MMSE, the HADS and the Landolt-C test.
Keywords: hypothyroidism, cognition, memory, attention, anxiety, depression