

clinical and paraclinical picture, as it may represent the first indicator of a life-threatening systemic disorder.

Keywords: hyperkalemia, Addison disease, food poisoning, cortisol

IMAGING DIAGNOSIS OF EMPHYSEMATOUS NECROTIZING PANCREATITIS

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Background. Emphysematous necrotizing pancreatitis (ENP) is a severe form of acute pancreatitis, characterized by infected necrosis and accumulation of intra- and peripancreatic gas. Early diagnosis via computed tomography (CT) is essential for evaluating inflammation extent and guiding therapy.

Objective(s). To evaluate the performance of computed tomography in diagnosing emphysematous necrotizing pancreatitis and to compare its effectiveness with other imaging methods used in clinical practice.

Materials and methods. A retrospective observational study was conducted, based on CT image analysis and clinical data of patients diagnosed with emphysematous necrotizing pancreatitis. Methods included contrast-enhanced CT, abdominal ultrasound, and magnetic resonance imaging. Necrosis, gas, fluid collections, and inflammation extent were analyzed.

Results. CT is the gold standard in imaging evaluation of emphysematous necrotizing pancreatitis because it rapidly and accurately detects inhomogeneous parenchymal necrosis, intrapancreatic and peripancreatic fluid collections, and air in infectious foci. Abdominal ultrasound is limited by intestinal gas and reverberation artifacts, while magnetic resonance imaging, though offering excellent tissue resolution, is less accessible. Contrast-enhanced CT provides essential data for assessing inflammation severity, staging necrosis, and identifying complications. Recent studies confirm contrast-enhanced CT as the reference standard in ENP management.

Conclusion(s). Early and accurate diagnosis of emphysematous necrotizing pancreatitis by contrast-enhanced CT is an essential element in assessing the extent of necrosis and associated complications. Recent studies reinforce the role of CT as the imaging method of reference, superior to other techniques.

Keywords: emphysematous necrotizing pancreatitis, CT, medical imaging

IMAGING DIAGNOSIS OF INTRAHEPATIC VOLUME FORMATIONS

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Background. Liver nodules can occur both on the background of non-cirrhotic and cirrhotic liver. Early diagnosis through CT and MRI imaging examinations of benign and malignant liver lesions is essential for evaluating imaging criteria, assessing the extent of the tumor process, and establishing therapeutic management.

Objective(s). Evaluation of imaging performance by CT and MRI in the diagnosis of benign and malignant liver tumors and comparison of the efficiency of each imaging method in current clinical practice.

Materials and methods. In a retrospective, observational study, 200 patients with benign and malignant liver formations were selected from January 2021 to January 2025. The imaging criteria included: dimensions, structure, extension of the tumor process and vascular invasion in malignant tumors. Sensitivity, specificity, PPV and NPV were evaluated.

Results. Differences in sensitivity and NPV were statistically significant ($P < 0.05$). There was no statistical significance for specificity and PPV ($P > 0.05$). The diagnostic efficiency of MRI is better than that of CT diagnosis, but they often complement each other. The diagnostic efficiency of MRI is better than that of CT diagnosis, but they often complement each other. The performance was poor for masses < 1 cm and had better results for masses ≥ 2 cm. Pitfalls: lesions too small < 1 cm difficult to evaluate including on MRI, focal intrahepatic lesions with poor contrast, perfusion abnormalities of the liver parenchyma or focal fatty infiltration.

Conclusion(s). The study confirms that MRI examination is the examination of choice for liver tumors < 2 cm, but often these two methods (CT and MRI) are complementary. The evaluation of liver volume formations in complexity through imaging characteristics allows the indication of a correct therapeutic strategy.

Keywords: MRI, CT, benign hepatic tumors, malign hepatic tumors

CRITICALLY LOW TREATMENT SUCCESS RATE IN EXTENSIVELY DRUG-RESISTANT TUBERCULOSIS PATIENTS IN THE REPUBLIC OF MOLDOVA

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Background. The updated definition by WHO global TB programme of XDR-TB refers to TB that is resistant to minimum one fluoroquinolone and with addition of one Group A anti-TB drug, highlights increasing emergence of resistance to new drugs, threat to global efforts, treatment complexities and poor treatment outcomes.

Objective(s). To examine the Final treatment outcomes in adult patients of XDR-TB treated under the Moldova national tuberculosis control programme from January 2017 to December 2023.

Materials and methods. A retrospective cohort observational study was conducted among adult patients of XDR-TB who had treatment between 2017-2023 in the Republic of Moldova. The updated definition by WHO in 2021 of XDR-TB was applied on clinical and microbiological extracted data from the SIME-TB national database and the variables were analyzed descriptively.

Results. The study included 66 patients of XDR-TB treated between 2017-2023, the mean age was 46.68 ± 1.62 years, the majority were males comprising 77.3 % of the sample. Resistance to bedaquiline was observed in 33 patients (50%), and resistance to linezolid was observed in 47 patients (71.2%). Treatment outcome revealed that success was observed in only 15 patients (22.7%), Treatment failure was seen in 17 patients (25.7%) and 28 patients died (42.4%). The rate of treatment success recorded in the current cohort study was considerably lower than the national average for the same time, which typically falls between 49% to 70%.

Conclusion(s). The findings of study reveal a critically low treatment success rate among the Moldovan patients with extensively drug-resistant tuberculosis (XDR-TB), clearly highlighting the pressing need for effective tools for timely detection of additional resistance in mycobacterium tuberculosis strains.

Keywords: XDR-TB, treatment outcomes, drug resistance, tuberculosis