

EVALUATION OF CLINICAL-PARACLINICAL PARTICULARITIES OF FRAILTY SYNDROME IN THE ELDERLY

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Background. The aging process presents a series of age-related physiological and pathophysiological changes, including geriatric syndromes, such as frailty syndrome (FS), which is characterized by a decrease in functionality accompanied by increased vulnerability, with multiple etio-pathogenesis mechanisms.

Objective(s). The purpose of the research work was to evaluate the clinical and paraclinical particularities of frailty syndrome in the elderly patients institutionalized in geriatric wards.

Materials and methods. The descriptive epidemiological study included 613 elderly patients (72.76 ± 0.26 years), aged ≥ 65 years, evaluated according to clinical examination, complex geriatric assessment (CGA), FS screening - Fried Frailty Criteria, FS severity - by CFS, as well as laboratory investigations. The results were analyzed in Soft Statistica 7.

Results. According to Fried criteria, the general group was divided into 3 groups: frail elderly - 47.53%, pre-frail - 29.39%, robust - 23.07%. The EGC results showed the lowest values for the frail elderly group: Katz - 9.69 ± 0.12 , Lawton - 10.89 ± 0.23 , Tinetti - 17.56 ± 0.35 , MMSE - 24.09 ± 0.20 , Hamilton - 8.71 ± 0.20 , cardiovascular pathology prevailed - 96.05%, neurological - 96.05%, osteo-articular - 90.13% and digestive - 39.80%; laboratory parameters examined: serum albumin - min. 23 g/l, creatine kinase - max. 347 U/L, 25-OH-Vitamin D value min. - 4.98 ng/ml, parathyroid hormone max. - 229 pg/ml, highly sensitive PCR - 0.27-12.9 mg/L.

Conclusion(s). The study results reveal physical, cognitive and psycho-emotional decline in elderly people with FS, with altered autonomy and reduced functionality. FS presents an increased prevalence among the elderly with associated comorbidities and a risk factor for a low quality of life.

Keywords: frailty syndrome, aging process, elderly people, frail

CLINICAL AND PARACLINICAL PARTICULARITIES IN BILATERAL INFILTRATIVE PULMONARY TUBERCULOSIS WITH DESTRUCTION

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Background. Early detection and prompt initiation of antiTB treatment represent the cornerstone of therapeutic success, especially in progressive forms of tuberculosis with multiple localizations and a high complication rate. This also helps prevent the persistence of an active infectious reservoir in the community.

Objective(s). To present a complex clinical case of bilateral infiltrative pulmonary tuberculosis with destructive lesions and extrapulmonary involvement in a socially vulnerable patient.

Materials and methods. The case of a 50-year-old male patient, hospitalized as scheduled in the Phthisiopneumology Clinical Municipal Hospital, Chişinău, with newly diagnosed