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Background. Ovarian cysts are met in women of various ages, most commonly occurring during a woman's childbearing years, pregnant women not being an exception. Moreover, studies conclude that ovarian cancer is among top five types of cancers detected during pregnancy. The latest data show that the incidence of ovarian cysts in pregnancy varies from 0.15 to 5.7% malignancies ranging from 0.8 to 13%. Their evolution is frequently hard to predict, some cysts stop growing or disappear, while other may rupture, torsion or cause the obstruction of the delivery pathways. Only ovarian cysts at risk of complication are to be considered. These are mainly ovarian cysts, which, whatever their echogenic features, have a size ≥5 cm. Their prevalence is estimated between 0.5 and 2 per thousand of pregnancies.
Case report. Patient X, 21 y.o., primigesta, pregnant 36-37 w. a., underwent a routine gynecological and ultrasonographic examination, during which she was firstly diagnosed with a giant 195x115 mm cyst in the projection of the right adnexa, supposedly originating from the ovary. Considering the gestational term and the lack of data for cyst complications, an expectative management was chosen and a re-evaluation was scheduled in two weeks. Consequently, the woman was admitted to the IMSP IM and C 3rd level hospital for further monitoring, investigations and establishing the optimal birth management. The next performed USG showed that the dimensions of the cyst have grown to 223x123 mm, it was mainly situated in the subhepatic space, it's precise origin was hard to determine. It was decided to finish the pregnancy via caesarean section and invite a general surgeon to the intervention, in case other surgical manipulations would be needed. The tumoral markers were determined, with no deviations found: CA125 – 13,5 (N≤ 35); HE4 – 35 (N≤70); ROMA index – 3,4 (N 0 – 11,4%).
At the term of 38-39 w.a. an elective caesarean section was performed. It was established that the cyst had an ovarian origin and was fully extracted. The abdominal cavity was drained. Total haemorage-800 ml. The woman and the newborn were discharged home on the 4th postoperatory day. The histological exam revealed an ovarian dymorphus sero-mucinous cystadenome, with a 2+ to 3+ mucin reaction, follicular cysts and lonely, distrofic primordial follicles.
Conclusions. Though ovarian cysts are seldom met in pregnancy, their presence may have serious repercussions on the evolution of the pregnancy and on the fetus. This is why, even in the absence of symptoms, an USG supervision combined with other methods for diagnostic is necessary. The decision upon the optimal birth way should be taken individually in each case, the histological exam being crucial for establishing the final diagnosis.
Key words: ovarian cyst, pregnancy

DEPARTMENT OF INFECTIOUS DISEASES

17. DENGUE INFECTION: A CASE PRESENTATION

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Background. Dengue disease is an acute viral illness with the common symptoms, such as: high fever, muscle and joint pain, myalgia, cutaneous rash, hemorrhagic episodes. According to the WHO, the number of cases increased to 390 million per year in more than 100 countries, especially in the tropical and subtropical regions.

Case report. A 35-year-old woman from Chisinau, Republic of Moldova presented to the Hospital of Infectious Diseases "T. Ciorba" with weakness, rash, fever 39C and pronounced sweating. The first symptoms appeared on 21.01.2016 including strong headache and fever 38.4C. Then scarlatiform maculopapular rashes occurred on the upper chest, on the sternum, and on shoulders. The eruption was red, confluent and without hemorrhagic component. On the fifth day appeared myalgia in the thoracic region and in the iliac region. On the sixth day of illness, the scarlatiform maculopapular rashes spread throughout the body. Bleeding signs were not detected. On 26th January the patient addressed at Medpark hospital, where she had her blood tests taken and was directed to the Hospital of Infection Diseases "T. Ciorba". Epidemiological anamnesis: on the 18th January 2016 the patient returned from Bali, Indonesia, where she spent 12 days with her girlfriend and girlfriend's husband, who are from Moscow. She reported that they were bitten by mosquitoes. Exactly the same day as the patient got sick, her girlfriend started having fever and skin rash. On 27th January she addressed to the Infectious Disease Hospital in Moscow, where the diagnosis of Dengue Fever was established to her. Laboratory investigations: General blood analysis-erythrocytopenia (2.9*1012/L), leucocytopenia(2.3*109/L) and lymphocytosis (51.7%). The biochemical analysis of the blood didn't show any pathological changes, as well as didn't the general urinalysis.
Conclusions. Dengue Virus belongs to the same family of Flaviviridae as Zika Virus, also both of them are tropical infections, spreaded in the same areas and transmitted by the same mosquitoes. The vaccine was developed, but it's not available in our country so for this patient it's important to avoid reinfection with other serotypes of the virus, which can therefore lead to the development of Dengue shock syndrome. Early diagnosis of travel-imported cases is important to reduce the risk of localized outbreaks of tropical arboviruses such as Dengue Virus and the risk of local transmission from body fluids or vertical transmission.
Key words: dengue Virus, case report, infection.

DEPARTMENT OF NEUROSURGERY

18. ISOLATED POST STROKE EPILEPTIC SEIZURES IN WOMEN

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Introduction. Seizures are a known complication of stroke. They may increase the cerebral lesions and induce epileptic status or encephalopathy. The correlation between brain structural damage, epileptic foci, antiepileptic drugs and clinical outcome is unknown. Late-onset seizures are thought to be caused by gliosis and the development of a meningocerebral cicatrix. Changes in membrane properties, deafferentation, selective neuronal loss, and collateral sprouting may result in hyperexcitability and neuronal synchrony strong enough to cause seizures. Can we consider as Epilepsy one grand-mal seizure after a massive ischemic stroke?
Case report. A 41 year – old woman with a history of thrombosis of the right coronary artery, myocardial infarction at the age of 35, was confirmed with primary antiphospholipid syndrome. After two years, she developed cerebral infarction in MCA territory, and with mild left hemiparesis she was hospitalized at the Neurological Institute. The 3T cerebral MRT was performed on Siemens Magnetom Skyra 3T, and confirmed a large cerebral infarction in the right hemisphere with a density of 12 UH, dimensions 9.0 x 5.0 x 6.0 cm without mass effect. She continued anticoagulation therapy – warfarin – under the INR (2.0 - 2.5) control. At the age of 39 the patient developed a single generalized tonic - clonic epileptic seizure. Routine EEG, prolonged EEG (2 hours) at the Nicolet EEG Wireless Amplifier System were performed. EEG