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

data showed focalized slow spike – wave: theta waves right F – C – T and T posterior spike. Hyperventilation has induced F bilateral extension, without secondary generalization. Photic stimulation test maintains focalized epileptic activity. Lamotrigine was initiated in increasing doses reaching the therapeutic dose – 200 mg/24 hours. Epileptic seizures have not recurred. Free period of seizures - 3 years with antiepileptic treatment. EEG and cerebral MRI monitoring were performed regularly, once a year over the last 3 years. Cerebral MRI did not reveal adjacent lesions. EEG showed the disappearance of sharp waves and the persistence of slow F – C right waves.

Conclusions. According to the literature data, the seizures could repeat at any time, i.e. over 5 years or 10 after the stroke. In the 3-year period without seizures probably there was no transformation of a structurally damaged brain into an epileptic one. The last definition of epilepsy by R. Fisher confirmed that one epileptic seizure cannot be epilepsy. The severity and location of the infarction advocates a vascular epilepsy, not epileptogenic foci.

Key words: stroke, seizures, antiepileptic drugs

19. TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA – A DIFFICULT CHOICE FOR SEVERE COMPLICATIONS: A CASE REPORT

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Background. Chronic lymphocytic leukemia (CLL) is the most common form of adult leukemia in the western European countries and is characterized by the relentless accumulation of monoclonal B cells with the appearance of small mature lymphocytes and with a characteristic immunophenotype. Even with the right treatment, this disease is known to have a variable course: some patients die within one year after diagnosis while others live for longer than ten years.

Case report. A 59-year-old female with a past medical history of ischemic cardiopathy and hypothyroidism was admitted to the Haematology Unit of Mures County Emergency Hospital with severe anemia, chronic fatigue and leukocytosis. After the anemia was corrected, the diagnosis of chronic lymphocytic leukemia was confirmed by complete blood count and immunophenotyping for which the patients was only observed for 2 years. Due to the secondary severe anemia the treatment with Fludarabine is started as monochemotherapy first line treatment. After one month the patient is hospitalized with severe anemia with Coombs' test positive for which methylprednisolone is administered for one week and COP chemotherapy is induced. Because of the gastrointestinal side effects, the COP chemotherapy is ceased and Fludarabine treatment is reintroduced. The treatment is continued for one year but the multiple side effects (hemolytic anemia, herpes zoster, Listeria meningitis) determined cessation of Fludarabine and Chlorambucil treatment was introduced. The treatment with Chlorambucil was continued for 3 years. Even though the patient supported well the treatment, the splenomegaly has progressively increased (from 3 cm to 8 cm) and the infectious diseases appeared (Acinetobacter pneumonia and pharyngeal candidiasis).

Conclusions. Even though the treatment is accordingly to the actual international guides, the individual responsibility to the drugs and the unpredictable evolution of this disease may be a challenge in treating chronic lymphocytic leukemia.

Key words: chronic lymphocytic leukemia, treatment, drug selection, side effects

20. FORENSIC ASPECTS OF NON-TRAUMATIC INTRACEREBRAL HEMORRHAGE: A CASE REPORT