Key words: renal vascularization, dissection, angiography

257. PARTICULARITIES OF SPLENOPANCREATIC COMPLEX

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Introduction. In the last years, there is an increase in the number of complex surgical procedures on the spleen and pancreas. This process couldn't have gone unnoticed and eventually caused a growth of interest toward this abdominal cavity organ.
Aim of the study. To evaluate the particularities of splenopancreatic complex.
Materials and methods. The study was conducted using macroscopical dissection, abdominal ultrasonography (USG) and abdominal computer tomography (CT). The total number of dissected organs was 118 and included the spleen, pancreas and duodenum. Abdominal USG was performed in 239 patients and abdominal CT - in 257 patients who didn't have splenic or pancreatic pathology.
Results. The length of the pancreas correlated with the presence of accessory spleen (AS) ($r=0.39$; $p=0.02$) and inferior polar artery ($r=0.37$; $p=0.037$). Inferior polar arteries predicted the length of the pancreas although only a small number of cases could be explained by this model ($R2=0.127$, Adjusted $R2=0.098$; Betta=0.357; $t(50)=2.091$; $p=0.045$). The dimensions of the pancreas assessed by USG correlated significantly with the dimensions of the spleen. The tail of the pancreas had the strongest correlation ($r= 0.33$, $p<0.001$). During the anatomical dissection of 118 organ complexes, we encountered 12 cases of AS, which represents 10.6% of the total number of cases. The mean length was 1.67±1.03 cm, width 1.47±0.8 cm and thickness 0.87±0.52 cm. Among the 257 patients who had abdominal CT – 79 (30.73%) had AS (4 patients had two accessory spleens, 2 patients had three AS). Thus, from 79 patients – 92.4% had one AS, 5.1% had two AS and 2.5% had three AS.
Conclusions. There are several important variants of development, which should be taken into consideration while operating in the region and AS and the presence of inferior polar arteries are one of them. The reason for this relationship is the presence of common vascular supply as well as common embryology.
Key words: dissection, pancreas, spleen, splenic artery

DEPARTMENT OF MYCROBIOLOGY AND IMUNOLOGY

258. ACTUAL DIAGNOSTIC METHODS USED IN NONTUBERCULOUS MYCOBACTERIA INFECTIONS

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Introduction. Nontuberculous mycobateria, also called atypical mycobacteria, for a long period of time, were considered to be inoffensive for humans. Nowadays they are considered to be very wide spread and responsible for many atypical clinical manifestations such as localized lymphadenitis, tuberculosis like extrapulmonar lesions, disseminated form and so on. There a known more species today than 30 years ago, and all of them are classified in Ernest Runyon classification which dates from 1959.It includes four groups of atypical mycobacteria in dependence of coloration and rapidity of growth:

group I-photochromogens;
group II-cotochromogens;
group III-nonchromogens;
group IV-rapid growing.
These mycobacteria live in water, air and soil, that's why they can contaminate organisms throughout airflow, via parenteral and enteral way. The diagnosis is not so hard, but in many cases irrelevant because of the possibility of atypical mycobacteria to contaminate containers for sputum collection.
Aim of the study. To analyse the actual situation of atypical mycobacteria diagnosis in our country, the diagnostic methods used for confirmation here and abroad.
Materials and methods. The diagnosis of nontuberculuos mycobacteria is based on 3 criteria:
1) Clinical criterion: cough, fever, dyspnea and fatigue;
2) Radiologic criterion: persistent nodular infiltration;
3) Microbiologic criterion: positive culture and positive microscopic view. Each positive culture is the confirmed via GenoType® Mycobacterium CM test. 201 cases of nontuberculous mycobacteria infections were confirmed in 2015-2017 in Republic of Moldova. All of them were confirmed from sputum.
Results. Most of the cases could be found in presenile patiens, mostly in women and high incidence of species m. fortuitum followed by m. kansasii is revealed
Conclusions. The only method of diagnosis available at this moment in our country and abroad ,to confirm the atypical mycobacteria infection was GenoType® Mycobacterium CM test. Most of the cases could be found in presenile patiens, almost in women. A high incidence of species *m.fortuitum* followed by *m.kansasii* was found in our country which leads to the most common transmition way of non-tuberculous mycbacteria.
Key-words: nontuberculous mycobacteria, clinical manifestations, diagnostic criteria

259. CONTEMPORARY DIAGNOSIS OF ONCOVIRUSES

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Introduction. The topic of this paper is the contemporary diagnosis of the oncoviruses. The general objective of our research is to develop and deepen the concept of oncoviruses. The key concepts we have worked with are the following: malignant transformations, skin tumors, DNA genome, Epstein-Barr virus, B or C hepatitis virus, human papilloma virus, cervical cancer, Papanicola test and HPV test.
Aim of the study. Identification and analysis of infectious origin of oncoviruses, contemporary diagnosis of oncoviruses, and especially HPV has been investigated. This review summarizes the molecular testing methods currently used for the detection and genotyping of HPV DNA and discusses future potential approaches.
Materials and methods. Investigational protocol included: General Blood Test and Biochemical test, Antigen Antibody Test for Epstein-Barr Virus, Abdominal Ecography, CT with Contrast Substances, MRI, Babes Papanicolau Test, HPV Test, Colposcopy, Cervical Biopsy.
Results. The results of the study indicate a modern approach with the inclusion of a new research vision in the field of oncoviruses and the determination of a correct diagnosis.
Conclusions. Finally, in our opinion, much more information is needed on the prevalence of globally high-risk oncogenic serotypes, information needed both to implement a screening program that includes diagnostic tests for the most prevalent serotypes, as well as for the