

lobectomy was performed. According classification by Stocker (1977), our patient had CCAM, tip I.

**Conclusions.** Long term outcome is good in surgically managed asymptomatic patients with some studies showing only slight decrease in lung volume. Congenital cystic adenomatoid malformation of lung can cause severe respiratory distress but early diagnosis and surgical intervention can improve the condition and prevent death due to respiratory failure. The potential postnatal complications of CCAM include spontaneous pneumothorax, haemopneumothorax and pyopneumothorax, increased likelihood of malignancies such as bronchoalveolar carcinoma.

**Key words:** congenital cystic adenomatoid malformation, diagnosis, pneumothorax

## DEPARTMENT OF ANESTHESIOLOGY AND INTENSIVE CARE no.2

### 36. ANESTHETIC AND INTENSIVE CARE MANAGEMENT IN A TRANSORAL SURGICAL APPROACH OF A PATIENT WITH ATLANTOAXIAL DISLOCATION

Authors: Cotorcea Iana<sup>1,2</sup>, Gutium Corina<sup>1,2</sup>, Ciochina Eugen<sup>1,2</sup>, Ursul Sergiu<sup>1</sup>, Botizatu Alexandru<sup>1</sup>, Borodin Sergiu<sup>1,3</sup>

Scientific advisers: Aurel Bodiu<sup>1</sup>, MD, PhD, Professor, Victor Cojocaru<sup>1</sup>, MD, PhD, Department of Anesthesiology and Intensive Care no. 2

<sup>1</sup> Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

<sup>2</sup> Clinical Republican Hospital, Department of Anesthesiology and Intensive Care

<sup>3</sup> Clinical Republican Hospital, Department of Neurosurgery

**Background.** Transoral approach is an advanced neurosurgical technique in the treatment of atlantoaxial dislocation with spinal cord compression. Good cooperation between the surgical and the anesthetic teams during the treatment of this pathology plays a key role in achieving a positive result.

**Case report.** Child M, 7 years old, presented with dyspnea at rest, pain in the cervical region, lower limbs, headaches, upper limbs plegia, lower limbs paresis. Diagnosis: Osteoblastic/lithic process of C1 - C2 vertebrae with C2 fracture, with anterior and left paravertebral solid conglomerate, stenosis of the magnum foramen, compression of the medulla oblongata, signs of poststenotic myelopathy. The patient had a BMI of 16.5, severe spastic tetraplegia with an upper limb accent, cervical myelopathy and moderate hypercapnic respiratory failure, a positive bilateral Babinski sign and bilateral plantar clonus. The decision of performing a medullary decompression with spinal stabilization was taken. The monitored values were those of patient's: BP (invasive), CVP, HR, Ps, SpO<sub>2</sub>, diuresis, ABB, ionogram, coagulogram, and the results of neuromonitoring. Ist stage of the surgery was the occipito-cervical internal segmental fixation of C0-C1-C3-C4, with open C1-C2 distension, laminectomy and TIVA (14 hours). A volume of 2400 ml of blood was lost. The IInd stage of the surgery was performed after 12 days, and consisted of C1 and C2 corpectomy, with transoral cranio-cervical prosthesis and TIVA (12 hours). The patient was discharged after 21 days from the 2nd surgery.

**Conclusions.** An acute respiratory failure developed as a result of the postoperative polyneuropathy (the right hemithorax did not participate in the respiratory act, the left one showed only low amplitude trips). The ventilator weaning was difficult and was successful only after tracheostomy was installed and only when a combination of cholinolytic and anticholinesterasic therapies was used.

**Key words:** atlantoaxial dislocation, case report

## INTERNAL MEDICINE I

### ENDOCRINOLOGY

### 37. ARTERIAL HYPERTENSION AT THE PATIENTS WITH DIABETES

Author: **Iulian Stefaniuc**

Scientific adviser: Tamara Tudose, MD, PhD, Associate professor, Department of Endocrinology

*Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

**Introduction.** Arterial hypertension within diabetes is an interdisciplinary subject of interest for cardiology and endocrinology. This topic is of major importance, taking into account the number of diabetic patients in association with hypertension is progressively increasing, and this worsens the microvascular and macrovascular complications outcomes, and increases the mortality rates.

**Aim of the study.** Study of the frequency of high blood pressure of people with type 2 diabetes, the risk factors for developing it, and the impact of hypertension on diabetes complications.

**Materials and methods.** The study sample included 120 patients with type 2 diabetes treated in the Endocrinology section of the Republican Clinical Hospital during 2017. We assessed tension values, body mass index, and the stress level in all patients using a questionnaire. The examination quotient was divided into groups depending on the presence or absence of hypertension (HT).

**Results.** Out of the total number of patients 47.5 % were women aged between 39-70, the average age being 56.05 years, and 52.5 % men aged between 39-73 with average age of 54.76 years. The average values for SBP were 146.75 mmHg, and 89mmHg for DBP. Hypertension was determined in 75% of patients, 25% being normotensive. The anamnestic data revealed that in 45% of the HT patients, the diagnosis of HT preceded that of diabetes; in 23% HT was diagnosed concomitantly with diabetes and in 32% HT occurred during the course of diabetes. According to the HT classification we determined that 57% had first degree HT; 30% - second degree HT, and 23% - third grade HT. In the non-HT group 73% patients were non-obese (normoponderal and overweight), 27% were obese, while in the HT group 42% were non-obese patients, and 58% - obese. There is a statistically significant correlation between BMI and HT ( $p < 0.05$ ). By analysing the data, we noted that neuropathy was present in 100% patients with HT and 93.33% normotensives; retinopathy - in 30% of the HT group, and 20% in the normotensive group; cardiopathy in 33.33% with HT, and in 23.33% normotensives; nephropathy in 6.42% with HT, and in 4.44% normotensives. The questionnaire compared the level of stress between normotensives and HT, and determined that 34% nonHT patients had a medium stress level, 23% high stress levels, and 8% an exaggerated stress level. Out of the HT patients 66% had a medium stress level, 77% a high stress level, and 82% an exaggerated stress level.

**Conclusions.** Our results confirmed the results of existing research data regarding the high incidence of hypertension in patients with type 2 diabetes. Obesity has a major negative impact on the onset and evolution of hypertension. Most complications have been observed in HT patients, and therefore we can not state what was the negative impact of hypertension on diabetes complications. Prevention of stress situations has a beneficial effect on blood pressure.

**Key words:** hypertension, diabetes, risk factors, complications.

### 38. INDICATORS OF IMMUNE INFLAMMATION IN PATIENTS WITH DIABETIC NEPHROPATHY AND ASSOCIATED OBESITY

Author: **Nitish Gupta**

Scientific advisers: M.S. Berezova, T.O. Bezruk, K.A. Chimpoy, S.O. Akentiev  
Bukovinian State Medical University, Chernivtsi, Ukraine