

Materials and methods: The study group included 42 patients with acute pyelonephritis (22 with DM, 20 without DM). There were 28 women (15 with DM, 13 without DM) and 14 men (7 with DM and 7 without DM) with age from 26 till 75 years (the average age 51,8 years). The distribution by the type of diabetes: 16 patients had Type 2 diabetes and 6 patients had Type 1 diabetes.

Results: The clinical manifestations were dominated by general signs of toxicity (weakness, headache, fever) inclusively nausea, with scarce local manifestations. The diagnosis was confirmed using laboratory and instrumental methods: besides the classical methods (urine analysis, urine culture etc.), a major role in early establishing of diagnosis had ultrasonography (100% of patients), intravenous urography (27,2%) - these had an important role in the differential diagnosis of non-destructive and destructive-purulent pyelonephritis. Also the computed tomography (22,7 % of patients) was very useful – it was important in difficult cases for the differentiation of serous and purulent forms of acute pyelonephritis. For diabetic patients was typical the prevalence of destructive-purulent forms (77,2%) compared to serous forms. The treatment was conservative and surgical (the conservative treatment: urinary drainage with ureteral catheter “Pigtail”(45,4%), antibacterial therapy, detoxifying therapy, antidiabetic therapy and the plasmapheresis (35% of patients) has proved its efficacy with a decreased mortality compared with the control group. The basic criterion of differential diagnosis of purulent forms of acute pyelonephritis in patients with DM is the efficacy of conservative treatment. The absence of positive dynamics usually indicate a purulent complication and requires surgery on the affected kidney. Eight (40%) patients with purulent complications were operated–nephrectomy-4 patients(18,2%), the drainage of kidney abscess–3 patients(13,6%), the drainage of paranephrium -1 (4,5%).

Conclusion: Pyelonephritis in patients with DM is a complex problem with an increased rate of purulent complications which aggravate the patient’s condition, with a poor prognosis. The diagnosis plan at these patients requires simultaneous use of clinical, laboratory and instrumental methods for the appreciation of kidney’s function disorders and for early detection on purulent complications. The use of plasmapheresis in the complex treatment of these patients has significantly contributed to the increasing of the treatment efficacy, which justifies it’s practical application.

Keywords: Pyelonephritis, diabetes mellitus, diagnosis, treatment.

199. RENAL CALCULI CHEMICAL COMPOSITION

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Introduction: Nephrolithiasis is a multifactorial pathology, placed first among urinary tract pathologies. Increased incidence of urolithiasis is determined by multiple factors such as lifestyle, diet, migration of population from rural areas cooler in warmer urban areas. The method of surgical treatment of urolithiasis previously applied, may also influence the risk of disease, more than how both patients with fragments outstanding calculi in the kidneys have a higher risk of recurrence. Although the incidence pathology is very high, some patients may produce only a single stone in their lifetime. It's

important knowledge of regional peculiarities of the chemical composition of kidney stones, to select the correct therapeutic strategy. The impact of the disease can be reduced by administering a prophylactic treatment of patients with recurrent urolithiasis. For now, there is no information about the characteristics of the chemical composition of urinary calculi in the Republic of Moldova. Aim of the study: Calculi chemical composition research in patients with recurrent urolithiasis in the Republic of Moldova.

Material and methods: Prevalence descriptive study. 160 kidney calculi were analyzed using chemically modified method by Hodgkinson and infrared Spectroscopy with Fourier transformant.

Results: Phosphate stones have been identified in 33 (20.9%) cases: calcium phosphate - 15 (9.37%), struvites - 17 (10.62%), brushitis - 1 (0.62%) cases. Calcium oxalate calculi (n=61, 42.49%): whewellites - 39 (24.37%); weddelites - 22 (13.75%) were determined, being followed in frequency of uric acid-42(26.25%). In 24 (15%) cases calculi of mixed composition: whewellites + apatite carbonate - 6 (3.75%), whitlockites + protein - 6 (3.75%), whitlockites + weddelites 2 (1.25%), whewellites + uric acid - 6 (3.75%) cases were detected. Other calculi types were rarely found (2,5%).

Conclusions: Kidney calculi from calcium oxalate, uric acid and calcium oxalate and uric acid mixed calculi are the most frequently found in Moldova. Relatively high incidence of infected calculi (27.4%) justifies the necessity of appropriate antibacterial therapy in the pre- and postoperative period. Addressing a healthy lifestyle and instructing patients using this information a substantially improve the results of primary and preventive measures to prevent recurrence of urolithiasis. The information obtained about chemical composition of kidney stones, identifying specific risk factors for Moldova would benefit and healthcare professionals in planning preventive measures to reduce the high incidence of this disease.

Keywords: chemical composition, recurrent urolithiasis, infrared Spectroscopy.

200. IMPORTANCE OF THERMOMETRY IN MONITORING OF THE FLAPS

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Introduction: Complications highlighted in the postoperative period remains to be one of the current problems of reconstructive surgery, which has a relatively increased incidence (5-17%). Aim: evaluation of diagnostic value of local thermometry of flaps for early detection of complications.

Material and methods: The study group was 36 patients treated in the period 2014-2015 within the IEM, women - 10 (27.8%), men - 26 (72.2%). The limits of age were 16-70 years, with mean age 44.7 years. The thermometry was performed with an electronic thermometer with an accuracy of 0.1 0C and the data were recorded in the form of thermal curves. The temperature of the receiving areas were considered baseline values that were compared to the thermometric values of the flaps. Duration of monitoring was from 1 postoperative day to 1 year, at 2-3 months range. Data were statistically analyzed using the "step by step regression" with truthful coefficients.