

surgery. The elective method in treatment of complex forms of urolithiasis is PCNL through: minimal invasion, reduction of hospitalization and morbidity, decreased complication rates. PCNL is useful in many cases of urolithiasis, in all ages.

Key words: nephrolithiasis, urolithiasis, PCNL, ESWL, URS.

211. CHRONIC FUNGAL RHINOSINUSITIS

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Introduction: Fungal rhinosinusitis, long regarded as a rare pathology, is recognized and reported with increasing frequency in the last two decades throughout the world. The purpose of the paper is to highlight the characteristics of chronic fungal sinusitis and determine fungal ball's etiological, pathological, clinical and treatment aspects.

Materials and Methods: To achieve the objectives of the work was carried out a study which included 12 patients diagnosed with fungal-ball, hospitalized in Otorhinolaryngology Department of the Municipal Hospital "Sfinta Treime" during the period 2014-2015, data were taken from observations sheets of patients in hospital archive. For statistical processing of the data was used Microsoft Office Excel 2013.

Results: According to the distribution of patients by age, we find that 41.66% who are aged between 50-55 years suffer from fungal-ball, between 45-50 years-25%, between 40-45 years-16.66% of patients. Meets lower incidence in patients aged 35-40 years and 25-35 years- 8.33% each of all patients with mycetoma. At the age up to 25 years it has not been found no patient with mycetoma. According to the distribution of patients by gender, there was a predominance of the female-66.66%, the male gender- 33.33%. According to the involved sinus, we find that most commonly affected is the maxillary sinus, being affected in 75%, followed by sphenoid sinus which was affected in 16.66%, only 8.33% was found the affection of ethmoidal sinus. The frontal sinus was not affected in any patient of these examined. Based on the batch of 12 patients, we observed specific symptoms of mycetoma: facial pain, encountered in all patients- 100%, followed by difficult nasal breathing- 91.66%, rhinorrhea- 83.33%, headache- 75%, anosmia- 58.33%, cough-16.66%, epistaxis- 8.33%. Has revealed that the pathogen most often implicated in the appearance of mycetoma is *Aspergillus fumigates*, met in 75%, followed by *Aspergillus Niger*- 16.66%, and *Aspergillus Flavus*- 8.33%.

Conclusions: Fungal rhinosinusitis has approximately 10% of patients requiring surgery on the nasal cavity and sinuses, and between 13.5 and 28.5% of all sinusitis are caused by fungi or combination of bacteria and fungi. I noticed that mycetoma meets more often in older people, between 45-55 years. By gender, it was observed a predominance of the female gender (2: 1). According localization is determined that most often affected is maxillary sinus. From the obtained results we concluded that the most common symptoms are: facial pain, difficult nasal breathing, rhinorrhea, headache; the most rarely encountered are anosmia, cough; and from the nonspecific rarely encountered it is epistaxis. Mycological

examination revealed that the pathogen most often implicated in the appearance of mycetoma is *Aspergillus fumigatus*.

Keywords: chronic fungal rhinosinusitis, fungal- ball, mycetoma, sinus.

212. CHRONIC HYPERTROPHIC NON-ALLERGIC RHINITIS

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Introduction: Chronic hypertrophic non-allergic rhinitis is an important public health problem that affects about 5% of world population. The evolution of chronic hypertrophic rhinitis is slow and gradual, sometimes occurring complications that lead to respiratory, emotional and social failure, and to prevent this, it is necessary to identify risk factors and to apply proper treatment, as early. Purpose: to detect high-risk factors in the development of chronic hypertrophic non-allergic rhinitis, contemporary useful and appropriate treatment.

Materials and methods: In the ward „Otorhinolaryngology”, „Em. Cotaga” Clinic, between 2011-2015 were hospitalized 84 children with chronic hypertrophic non-allergic rhinitis, with ages between 0-18 years. Based on patient records from the archive „Em. Cotaga” Clinic was effectuated a retrospective study determining risk factors and methods of treatment for hypertrophic rhinitis. The children were treated surgically: to 48 children (57%) was performed electric cauterization, to 22 children (26%) was carried out conchotomy, to 13 children (16%) was performed vasectomy, and 1 child (1%) was applied to laser therapy.

Results: The patients with chronic hypertrophic non-allergic rhinitis are affected by environmental factors as: place of residence (urban: 56 children- 67%), the result is conditioned by the fact that air pollution in cities is due to a higher level of exhaust gases and of chemicals from factories, due to dust's nefarious action, due to reduced green spaces; the cigarette smoke (smoking parents to 59 children- 70%), it's a clear relationship between rhinitis prevalence and presence of cigarette smoke; the temperature and humidity (winter and spring were hospitalized 52 children- 62%), specific for chronic hypertrophic non-allergic rhinitis is seasonal exacerbation during the change of temperature and humidity. An essential role in the rhinitis' pathogenesis have concomitant diseases that favor or complicate its development (45 children- (54%) with chronic hypertrophic non-allergic rhinitis, also suffer from deviation of the nasal septum). The surgery is the first choice in chronic hypertrophic non-allergic rhinitis because drug treatment, often, is administered improperly inducing secondary drug rhinitis, complicating the first one. The intervention of choice in chronic hypertrophic non-allergic rhinitis in children is electrical cauterization, because this method preserves the integrity of mucosa and allows maintaining normal function of the respiratory epithelium.

Conclusion: We can conclude that chronic hypertrophic non-allergic rhinitis is a frequent pathology in adolescents. An important role in promoting, producing and developing chronic hypertrophic non-allergic rhinitis have environmental factors. The way of solving the respiratory problem in hypertrophic rhinitis is surgery.