

250. RELATIONSHIP BETWEEN PERSONALITY DISORDERS AND HEADACHES

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Introduction. Studies on the specificity of migraine headache in patients with personality disorders are multiple. Results are often contradictory, which may be explained by psychological, socio-cultural, economic and purely individual differences of subjects.

Aim of the study. The study of the importance of the personality disorders degree and his influence on the clinic profile of the patients with migraine and tension-type headache.

Materials and methods. 28 patients from the Department of Headache and Autonomic Disorders of the Institute of Neurology and Neurosurgery (Chisinau, Republic of Moldova) were evaluated in this study, in 2 stages: psychometric testing using Personality Inventory Disorders for DSM-5 (PID-5) in 1st stage and data collection, headache intensity assessment and Headache Questionnaire in 2nd stage.

Results. The results of psychometric test allowed to separate the examined subjects in 3 groups according to numeric values of facets of PID-5: group I - Normal (0-1), group II - Accentuated Personality (1 – 1.66), group III - Personality Disorder (>1.66), and these results were correlated with intensity and frequency of headache. The analysis of 25 facets of PID-5, which are included in 5 domains of higher order: Negative Affection, Antagonism, Disinhibition, Detachment and Psychoticism, divided the domains into 3 groups: Internalization, Externalization and Psychoticism. These values were correlated again with intensity and frequency of headache.

Conclusion. Female gender has a higher introversion tendency than males, introversion and neurosis is more common among women with migraine; the onset of personality disorders occurs during early youth.

Key words: personality disorder, PID-5, headache

DEPARTMENT OF HUMAN ANATOMY

251. MODERN STRATEGIES OF DIAGNOSIS IN GENITAL PROLAPSE

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Introduction. Statistics shows that women's health in Republic of Moldova is alarming, given the fact that genital prolapse in the structure of gynecological diseases ranges from 11 to 38.9%, it continues to increase. The pelvic floor is a funnel-shaped musculature structure. It is important in providing support for pelvic viscera (organs). The damage to the pelvic floor contributes not only to urinary incontinence but can lead to pelvic organ prolapse; the first ranges from 11 to 38.9%, it continues to increase with prevalence of severe forms. The pelvic floor dysfunction is a big problem because this can have a negative impact on the activity and quality women's life, because of this it should be studied.

Aim of the study. Identifying morphofunctional characteristics of the pelvic floor of women with genital prolapse.

Materials and methods. In this project was made a retrospective study of 103 cases of genital prolapse. Were investigated 289 women who were hospitalized in Medical Center "Galaxia",

gynecology department, Chisinau city, during 2009-2013 years and represents 35.6% of them. **Results.** The analysis shows that the 33,9 % of the women who were diagnosed with genital prolapse have Grade I of this disease; 66,1%-Grade II-III; 30,8% of them, this disease was associated with urinary incontinence. By number of clinical symptoms patients with Grade I of genital prolapse manifest in 68.57% of cases one symptom and two symptoms in 31,43% of cases; those with II-III Grade manifest in 14,7% of cases one symptom; in 70,5% of cases-two symptoms; 10,29%-three; 4,41%-four. As methods of investigation of functional perineum insufficiency was used in most of cases transvaginal ultrasound. Comparative analysis of the perineal echogenic parameters has demonstrated that all patients with genital prolapse identified the thinning of asymmetrically arranged muscular fascicles relative to the tendon center of the perineum, reduction of the thickness of it's muscles and their deterioration.

Conclusions. 1. Genital prolapse is a consequence of the pelvic floor integrity disorder that includes wide spectrum of disorders from an abnormally modified vaginal anatomy and clinical asymptomatic to a complete eversion associated with severe urinary disorders and sexual dysfunction. 2. Transvaginal ultrasound establishes early structural and functional modifications of the pelvic floor.

Key words: pelvic floor, genital prolapse, transvaginal ultrasound

252. MORPHOCLINIC CORRELATIONS IN GASTROESOPHAGEAL REFLUX DISEASE

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Introduction. The esophageal junction (the epifrenic, intrahiatal and abdominal portions of the esophagus and the cardia) was highlighted by the medical community as a remarkable segment of the digestive tract and as a distinct anatomical-clinical entity. Lately, several pathologies have been completed with a morphopathological substrate as this anatomical area, including gastroesophageal reflux disease, hiatal hernia, Barrett's esophagus. Gastroesophageal reflux disease is the most common pathology of the digestive tract, being considered "21st Century Disease".

Aim of the study. Evaluation of morphoclinic peculiarities of the esophagogastric junction in patients with gastroesophageal reflux disease.

Materials and methods. The study lot consisted of 273 patients diagnosed with gastroesophageal reflux disease, which represents 9.12% of a total of 2997 patients admitted to the gastroenterology department of IMSP SCR "Timofei Moşneaga" during 2009-2012. Modern methods of investigation always highlight the morphopathological substrate in this pathology.

Results. The endoscopic examination revealed the presence of erosive esophagitis in 18.32% of cases and the Barrett esophagus - 5.78%; the incompetence of the inferior esophageal sphincter of 1st grade was determined in 28.35% cases, the second degree - 33.87% and the third degree - 37.78%. Radiological examination identified hiatal hernia in 7.75% of cases and gastroesophageal reflux: high (cardia-to C VI) in 29.45% cases; medium (up to T VI) - 47.28% and down (up to T XI-XII) - 23.25%.

Conclusios. Incompetence of the lower esophageal sphincter and gastroesophageal reflux forms explains the extent of lesions on the esophageal mucosal surface while also arguing for atypical symptoms (cervical, respiratory and cardiac) in gastroesophageal reflux disease. Based on the results of the study, we can conclude that gastroesophageal reflux disease is manifested when incompetence of antireflux mechanisms arises.

Key words: gastroesophageal reflux disease, esogastric junction