investigations should be indicated not in the acute stage since the values may be increased due to a transient picture of visual disturbances without a need in treatment but only with concern of future evaluation.

Key words: traumatic brain injury, visual disorders in children, vision loss after head trauma.

209. THE PATTERNS OF COXOFEMURAL PAIN

Author: **Ion Spînu**
Scientific advisers: Vladimir Iacomi Ninel Revenco Rodica Eremciuc Stela Kulcițcaia Constantin Iavorschi Evghenia Crivceanscaia, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background. Hip pain is a common complaint that can be caused by a wide variety of problems. These problems include:problems within the hip joint ,problems with muscles, ligaments, tendons and other soft tissues that surround our hip joint.Hip pain can sometimes be caused by diseases and conditions in other areas of our body. This type of pain is called referred pain.According to Doctor Peter A Negrovic we can classify hip pain into specific patterns: Infectious, Inflammatory ,Orthopedic and Neoplastic. This raport puts into comparison 2 types of hip pain patterns, Infectious and Neoplastic.

Case report. Fisrt case. Boy,11 years old ,presents to the doctor with left hip pain and pathological gait.Anamnesis vitae:ill for about 1 year,acute debut.;Orthopedic evaluated with gypsum immobilization and NSAIDs per os.Anamnesis vitae:contact TB infection with grandfather in 2016; incomplete chemoprophylaxis ,3.5 months H 0.25 x 1 daily with milk, polyvitamin, hepatoprotective. Status praesens:cachexy ,arthralgia and limited mobility in the left hip joint; flexion contracture, internal rotation, 20 mm shortening and left lower limb hypotrophy,left knee and talocrural arthralgia,VAS=70 mm . Presumptive diagnosis:coxarthrosis /JIA? .Paraclinical examination: ESR=24mm/h; CT=suggestive imaging data for left coxo-femoral arthritis ; Mantoux test = 30 mm(hyperergic).From the following considerations:presence of contact; Mantoux test=30 mm(hyperergic) and characteristic symptoms for TB;we can make the clinical diagnosis : left tuberculous coxitis. Second case.Boy,4 years old,presents to the doctor with fever(38.5 C)right hip pain and diffiuculty in walking.Anamnesis vitae:ill for about 2 weeks,acute debut.;Orthopedic evaluated and NSAIDs per os. Status praesens:cachexy ,arthralgia and limited mobility in the right hip joint; extension contracture,nocturnal pain,VAS=80 mm . Presumptive diagnosis:coxarthrosis /JIA? .Paraclinical examination: ESR=33mm/h; CRP=48;LDH=616;CT=the presence of the tumor formation in the region of the superior posterior mediastinum on the left site with extension in the carotid space on the left site, at the C8-T4 level, of size 4.5*1.6*4.3 cm+liver metastases confirmed after biopsy;histopathological test:lymphoproliferative tumor.Taking into account the above we can make the clinical diagnosis of: posterior mediastinal malignant tumor,liver metastases.

Conclusions. According to the different patterns of hip pain presentation, our goal is to examine and treat patients holistically and comprehensively. Referring to the cases presented above, patients may present with referred hip pain, and treatment of the underlying disease, relieves hip pain.

Key words: Hip pain ,patterns ,TB,diagnosis.