Introduction. In patients with chronic hepatitis C, the viral infection is a constant trigger of inflammation, which subsequently induces formation of fibrosis (Sangiovanni A, 2006), which lead to portal hypertension and hepatocarcinogenesis (Pungpapong S, 2007). Until recently, liver fibrosis and cirrhosis were regarded as irreversible processes (Bonis PA, 2001), however, several studies have reported that regression of liver fibrosis can be achieved using potent antiviral agents (DAA) in patients with chronic hepatitis C by improving hepatic necroinflammation and alleviating damage.
Aim of the study. This review aims to summarize current researches that assessed the impact of HCV direct-acting antiviral (DAA) therapy on changes in liver fibrosis (stiffness – LS) measured by transient electrography.
Materials and methods. A literature review of the articles published on HINARI and Pubmed databases between 2014 and 2020 years was done. To identify relevant studies on this topic we used the key words: „hepatitis C", „ direct-acting antiviral", sustained virological response", „hepatic fibrosis", "and liver stiffness". We analyzed about 40 different researches and compared the results that they provide.
Results. We compared fibroscan data of different studies that were collected at the baseline (T0) and at the end of interferon-free treatment (EoT) in patients with HCV infection. SVR was reached in about 97.5% cases. On the whole, LS decreases by 15-35% at the EoT (Bachofner JA, 2017, V. Knop, 2016). One year after treatment, LS decreases by an additional 15%, suggestive of fibrosis regression (Laursen, et al., 2019). Factors associated with a reduction in fibrosis as measured were lower BMI, bilirubin, FIB-4, and LS by transient elastography, as well as higher liver fibrosis value at registry enrollment (Ira Jacobson, 2019), SVR was associated significantly with this reduction (Dolmazashvili E, 2017). Failure to achieve improvement in liver stiffness were associated with relapses, low baseline liver stiffness measurement (A. Elsharkawy, 2017), baseline high glucose, low ALT, low platelets, presence of esophageal varices (Persico M, 2018).
Conclusions. In HCV patients with advanced fibrosis, pretreatment LS significantly reduced during DAA therapy, SVR was the only independent factor associated with this regression.
Key words: hepatitis C, direct-acting antiviral, sustained virological response, hepatic fibrosis, liver stiffness

DEPARTMENT OF FORENSIC MEDICINE

140. ESTIMATING THE TIME OF DEATH IN THE FORENSIC MEDICAL PRACTICE

Author: **Laurita Gavril**
Scientific adviser: Vasile Șarpe, MD, PhD, Associate professor, Department of Forensic Medicine, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. The positive diagnosis of death is an important task in forensic medicine. It can be established by the forensic doctor or any other doctor of another specialty. The pathologist is often asked for an opinion on postmortem interval (PMI) based on the pathological findings. Estimating the time of death is of a great importance for the criminal investigation bodies, in regards to the possibility of justifying a version of actions, to gather evidence that can support or deny the states of action of suspect in a crime.
Aim of the study. Finding the best methods that can provide us with accurate information regarding the estimation of death time.

Materials and methods. Bibliographic sources (Hinari, Goali, Medscape, University Library, Color Atlases).
Results. The time of death can be approximately estimated based on the supravital reaction (mechanical or electrical muscular excitability, pharmacological excitability of the iris muscle); cadaverous changes: early (dehydration, cooling, livor mortis, rigor mortis) and belated changes (putrefaction), destruction by animals or insects/entomology studies (flies); biochemical changes (level of potassium in the vitreous body or CSF). There are a lot of extrinsic (temperature, humidity, environment) and intrinsic (cause of death, weight, comorbidities) factors that influence the process of estimating the postmortem interval and the error ranges for the majority of these approaches are uncomfortably large.
Conclusions. The exact time of death can not be estimated. For a better result it is advised to use more than one method at a time. While none of the changes after death is capable of providing a precise marker of time since death, the most reliable would appear to be related to the cooling of the body after death, using Henssge`s Nomogram (which can be used at the death scene). The more time passes, the difficult it is to determine the PMI. For bodies older than 3 days it is the best to determine the time of death by using the entomology research, using the stages of evolution of the insects.
Key words: forensic medicine, postmortem interval, Henssge`s Nomogram, entomology

DEPARTMENT OF FAMILY MEDICINE

141. FEATURES OF PATIENTS OLDER THAN 65 YEARS WITH PULMONARY TUBERCULOSIS

Author: **Andrian Andreev**
Scientific adviser: Jucov Artiom, PhD, MD, Associate Professor, Department of Family Medicine, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. The distribution of patients with tuberculosis in age groups is very heterogenous worldwide. It reflects the social inequalities, barriers in health care accessibility and the rate of comorbid groups. Individuals older than 65 years are more predisposed for the sickness in countries with low burden of tuberculosis and those younger than 35 years–in high burden countries.
Aim of the study. To study the particularities of patients with pulmonary tuberculosis older than 65 years and to identify the final outcome in mun. Chisinau.
Materials and methods. A retrospective, longitudinal and selective study which included 92 patients diagnosed with tuberculosis during 2018 in Chisinau was performed.
Results. Assessing the gender distribution men were 66 (72%) and women 26 (28%). The average age was 73 years. One half, 43 (46%) were detected by the family doctor through the examination of symptomatic cases and through the active screening - 12 (13%) cases. Pulmonologist detected 15 (16%) investigating the symptomatic cases and 10 (18%) through the radiological screening. Were addressed to the specialized hospital 12 (13%) cases. Associated to tuberculosis were diagnosed in 87 (94%) one or more comorbidities. Distribution by groups depending on the type of case: new cases 64 (70%), cases of relapse 18 (19%), recovered after loss of supervision 6 (6%), after therapeutic failure 4 (5%). Distribution