

and heart involvement – 1 (2.4%) patient. Although in our cohort all the patients had lung involvement, only 18 (41%) of them needed corticosteroid treatment for pulmonary lesions. Detecting other organs affected by sarcoidosis imposed corticosteroid treatment for other 11 (26.8%) patients

Conclusions. Extrapulmonary lesions in sarcoidosis in our study group was a common finding, seen in more than a half of patients with pulmonary sarcoidosis. The most frequent extrapulmonary manifestation was the skin lesions seen in about 1/3 of patients. Recognizing extrapulmonary organs affected by sarcoidosis, indicating signs of organ damage, changed the management plan in almost a quarter of patients.

Key words: sarcoidosis, prevalence, extrapulmonary

157. THE IMPACT OF COMORBIDITIES ON THE OBSTRUCTIVE SLEEP APNEA

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Introduction. Obstructive sleep apnoea (OSA) is highly prevalent and there is considerable evidence supporting an independent association with a wide range of co-morbidities including cardiovascular, endocrine and metabolic, neuropsychiatric, pulmonary, and renal.

Aim of the study. The objective of this study is to assess the prevalence of major comorbidities associated with obstructive sleep apnea (OSA) and to examine the predictive role of Charlson comorbidity index (CCI) on mortality of patients with OSA associated with comorbidities.

Materials and methods. This is a cross-sectional study of 67 patients diagnosed with OSA based on anthropometric data, cardiorespiratory polygraphy and AHI. Inclusion criteria were patients with diagnosis of OSA, who were aged 18 and above and had comorbidities. We assess patients with comorbidities through Charlson index adapted to International Classification of Disease (ICD-10) codes. Charlson Comorbidity Index (CCI) (Charlson et al., 1987) quantifies an individual's burden of disease and corresponding 1-year mortality risk. Each comorbidity category has an associated weight (from 1 to 6), based on the adjusted risk of mortality or resource use, and the sum of all the weights results in a single comorbidity score for a patient. A score of zero indicates that no comorbidities were found. The higher the score, the more likely the predicted outcome will result in mortality or higher resource use.

Results. We evaluated 67 patients with OSA (51 men and 16 women) with a mean age of 53.9 years (range 25–76 years). The prevalence of comorbidities were: hypertension (91%), obesity (85%), congestive heart failure (65%), pulmonary hypertension (26%), diabetes mellitus (25%), coronary heart disease (22%), etc. Based on the Charlson index of comorbidity the weighted index of comorbidity were: 0 for 6 patients, 1 for 17 patients, 2 for 13 patients, 3 for 13 patients, 4 for 11 patients, 5 for 5 patients and 6 for 2 patients. Combined condition and age-related score were: 0 for 2 patients, 1 for 8 patients, 2 for 10 patients, 3 for 12 patients, 4 for 9 patients, 5 for 8 patients, 6 for 10 patients, 7 for 1 patient and 8 for 1 patient. Patients with combined condition and age related score of 0 (2) estimated 10 year survival was 98 %, 1 (8) was 96%, 2 (10) was 90 %, 3 (12) was 77 %, 4 (9) was 53 %, 5 (9) was 21 %, 6 was 2 %, 7 was 0 %, 8 was 0 %.

Conclusions. Our study revealed that exists a strength association between 10 year survival rate and other two factors: age related score and weighted index of comorbidity. The cardiovascular diseases are the most predominant comorbidities at OSA patients. The patients with higher CCI scores had higher risk of mortality. The impact of comorbidities on the obstructive sleep apnea is significant.

Key words: Obstructive sleep apnea (OSA), Comorbidity, Charlson index of comorbidity (CCI).

158. DISTINCTIVE FEATURES OF THE PULMONARY FUNCTIONAL STATUS IN PATIENTS WITH INTERSTITIAL LUNG DISEASE

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Introduction. Interstitial lung diseases (ILD) are a group of disorders that are generally thought to share a common pattern of physiologic abnormality characterized by a restrictive ventilatory defect and reduced diffusing capacity (DLCO).

Aim of the study. To find distinctive features of the pulmonary function tests results in different types of ILD.

Materials and methods. We have analyzed the data collected from 40 consecutive patients admitted to the Institute of Pthisiopneumology, Chisinau, Republic of Moldova, during January 2019 – February 2020. We have included patients with ILD that are different from a morphological and pathogenetical point of view and distributed the patients as follows: Sarcoidosis patients – 10 cases, Idiopathic pulmonary fibrosis (IPF) patients – 8 cases, Nonspecific Idiopathic Interstitial pneumonia (NSIP) patients – 7 patients, Hypersensitivity pneumonitis (HP) patients – 9 subjects and 6 Histiocytosis (Hx) cases. All patients have been evaluated by pulmonary function tests, 6MWT, SaO₂, MRC scale for dyspnea, etc.

Results. The mean age was 58.95 ± 14.1 years, having the oldest patients (mean 69.7 ± 8.3 years) in the IPF subgroup, and the youngest in the Hx group (mean 38.3 ± 15.6 years), $p < 0.001$. The majority of patients were women (55%), and non-smoker patients (75%). Overall, the sarcoidosis and HP patients were 100% non-smokers, while all Hx patients were ever-smokers, $p < 0.001$. The MRC dyspnea score median was 3 [2;3]. When compared by subgroups, the degree of dyspnea in sarcoidosis and in Hx patients was similar ($p > 0.05$). Moreover, IPF patients expressed significantly more dyspnea when compared to Sarcoidosis ($p = 0.01$), or the Hx subgroup ($p = 0.025$). Similarly, HP patients complained of more severe dyspnea when compared to sarcoidosis patients ($p = 0.029$). In terms of pulmonary function tests we found normal mean FEV₁ and FVC values (80.7 ± 21.7 and 78.4 ± 21.5 respectively), a slightly increased mean RV (127.5 ± 42.1), a mildly decreased mean TLC (88.8 ± 22.3) and a moderately decreased DLCO (52.6 ± 21.5). Analyzing PFT parameters within the subgroups we found a predominant restrictive pattern, when defined as FEV₁/FVC above 80%, in more than 70% of patients from all the subgroups. But when we applied the bodyplethismographic parameters, we have found that an air-trapping pattern, defined as an elevated RV combined with a normal TLC was identified in about 40% cases of patients with Hx, HP and sarcoidosis.