

DEPARTMENT OF OTORHINOLARYNGOLOGY

153. CONTACT VIDEOENDOSCOPY IN THE DIAGNOSIS OF BENIGN LARYNGEAL PATHOLOGY

Author: **Doina Rusu**

Scientific adviser: Vasile Cabac, MD, PhD, Associate Professor, Department of Otorhinolaryngology, *Nicolae Testemitsanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Laryngeal stroboscopy: this examination is a specialized viewing of vocal fold vibration. Laryngeal stroboscopy involves controlled high-speed flashes of light timed to the frequency of the patient's voice. Images acquired during these flashes provide a slow motion-like view of vocal fold vibration during sound production.

Aim of the study. To study it innovative approach to rigid endoscopy of the larynx.

Results. For contact videoendoscopy, we start with a microcolpohysteroscope, 24 cm long, 4 mm in diameter, with an angle of 30°. When in contact with the tissues, it allows for magnifications of 60° and 150°. Presently, a prototype developed in collaboration with Karl Storz is being used. Contact endoscopy is performed after the assessment with the microscope and the telescopes. An autostatic device fixed to the operating table improves the manipulation of the contact endoscope, allowing for better control of movement along the superior surface of the vocal cord. Video and photographic documentation are obtained with the same equipment used in REMS procedure: With the contact endoscope close to the mucosal surface, allowing a panoramic view, the superior surface of the vocal cord is cleaned using Spongostan soaked in saline serum. After careful suction of the area, the vocal cords are stained with 1% methylene blue. The mucosa is gently touched with the tip of the contact endoscope, and the stained cells of the superficial layers of the epithelium become visible. The color lasts for approximately 4 to 5 minutes and gradually disappear, so staining is repeated periodically if longer assessment of the epithelium is needed. Later, contact videoendoscopic images are compared with histologic sections of the biopsied or excised lesions. Video recording allows for study and discussion of the images obtained by this in vivo and in situ study of the tissues. Laryngeal stroboscopy:

Conclusions. These technologies provide valuable practitioner and patient information. It allows recording images, video or other media formats, permitting examiners to review the images of the voice box frame by frame, capture still and close-up images, and re-review images with members of the voice care team.

Key words: videoendoscopy, vocal fold.

154. EMPTY NOSE SYNDROME - ENTITY AND KNOWLEDGES

Author: **Mariana Brunchi**

Co-authors: Dodon Lucia, Brunchi Liliana

Scientific adviser: Vasile Cabac, MD, PhD, Associate Professor, Department of Otorhinolaryngology, *Nicolae Testemitsanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Empty Nose Syndrome (ENS) is a complication of nasal surgery, an iatrogenic disease, where the nasal turbinates (especially the inferior turbinates) was damaged as a result of turbinate surgery which destroys the normal nasal physiology.

Aim of the study. The knowledge and information about this syndrome is necessary to pay special attention during nose surgery and awareness of the diagnosis of ENS for its prevention.

Materials and methods.. ENS symptomatology was evaluated using SNOT 20 or 22 (Sino-Nasal Outcome Test). Then SNOT-25 was used to evaluate symptomatology of ENS. New ENS6Q (Empty Nose Syndrome 6 Question-naire) was also used for evaluation. ENSIA proposed a modified fifty-five SNOT test (55) to evaluate ENS symptoms. This proposed SNOT-55 is based on SNOT-25 by adding thirty new articles.

Results. Empty nose syndrome affects a small number of the population. The incidence is not known, as there is no specific research in this area. The absence of incidence studies is directly related to the lack of awareness of ENS among health professionals. This resulted in the absence of diagnostic criteria and the omission of an ENS diagnosis in the patient records. ENS appears as a result of turbine surgery and may occur within a few months. Every turbinate procedure can cause ENS if it performed too aggressively. Some turbine interventions increase the probability by ENS, for example partial or total resection of the lower nasal turbinates or cauterization of the mucosal surface. At the moment, ENS can be diagnosed in the clinical setting and the diagnosis is able to be further supported by diagnostic tools available outside the clinical setting. The conservative management of the ENS is based on irrigation and hydration of the nose to maintain the remaining mucosa and should be performed to extend as best as possible the life of the patient. Permanent nose care is burdensome and time consuming.

Conclusions. The quality of life is significantly reduced in patients with ENS. ENS has an impact on employment, physical health, social and financial aspects of the patient's life. While nasal reconstruction operations and treatments with regenerative drugs can lead to symptom improvement, it is important to remember that turbine tissue cannot be replaced or recovered and there is no cure for ENS.

Key words: Empty Nose Syndrome (ENS), nasal surgery, nasal turbinates

DEPARTMENT OF PNEUMOPHTISIOLOGY

155. FEATURES OF PULMONARY LIMITED TUBERCULOSIS IN ACTUAL EPIDEMIOLOGICAL CONTEXT

Author: **Bogdan Cuşnir**

Scientific adviser: Niguleanu Adriana, PhD, University assistant., Department of Pneumophtisiology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. The limited forms of pulmonary TB are the clinical radiological forms that affect less than 3 pulmonary segments and these are: nodular pulmonary TB and the limited forms of infiltrative pulmonary TB - broncho lobular infiltrate, round and oval infiltrate.

Aim of the study. To assess the clinical and outcome features of pulmonary limited TB.

Materials and methods. A retrospective, longitudinal, selective study, which included 48 cases of pulmonary limited TB hospitalized in the Municipal Clinical Hospital of Phthisiopneumology during 2017.

Results. Limited forms of pulmonary TB are more frequently diagnosed among females 30 (62%) vs males 18 (38%), young people, aged younger 45 years old 32 (67%) vs 16 (33%) elder 45 years, and patients with urban residence 22 (46%) compared with rural ones 25 (53%).