patients ascaris lumbricoides (asocieted with toxocara canis). The study included 19 men (47.5%) and 21 women (52.5%). The age of the patients varies from 18 to 63, the average age being 39 years. Patients were investigated clinically and paraclinically for the exclusion of other causes of musculoskeletal impairment and for the evaluation of pathological changes.

Results. In the group of analyzed subjects 27 patients (67,5%) presented diffuse myalgia; 26 patients (65%)-localized muscle pain; 36 patients (90%)—joint pain of which 19.4%-monoarthritis, 55.6%-oligoarthritis, 25%-polyarthritis; 14 patients (35%) had swollen joints; 8 patients (20%)-reduction of joint mobility; 20 patients (50%) experienced bone pain and 95% (38 patients) had marked fatigue. From the monitored laboratory tests we mention: Level of total immunoglobulin E was greater than 240 ng/ml in 29 (72,5%) of subjects; total protein C was greater than 5 mg/l in 32 (80%); ESR was increased in 24 (60%) patients; eosinophils with values greater than 5% were in 38 (90%) subjects.

Conclusions. The pathology of the locomotor system is found in parasitosis having as substrate inflammatory, immune and allergic changes with various sites of musculoskeletal pathology. In cases of musculoskeletal impairment of non-elucidated etiology, parasitic investigation should be considered for prompt decision of therapeutic management.

Key words: Musculoskeletal Parasites

174. THE ROLE OF INFECTION IN THE DEVELOPMENT OF RHEUMATIC DISEASES

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Introduction. The etiology of rheumatic diseases is not absolutely clear and a lot of genetic and environmental factors are considered to be involved. The triggering factors for the development of rheumatoid diseases are considered to be: genetic predisposition, injuries of the musculoskeletal system, different pathogens, metabolic diseases, bad habits, etc.

Aim of the study. In this work, "The Role of Infections in the Development of Rheumatic Diseases," a case-control study investigated the presence of infection in a particular category of rheumatic diseases.

Materials and methods. Thus, of the 500 studied cases, the infection was present in 347 cases, which is 69.4%. The data for the statistical study were taken from the patient history of the rheumatology department for January-October 2017.

Results. The distribution among the studied cases is the next one: ankylosing spondylitis - 59 cases (11.8%), the presence of infection in 29 cases (8.35%), reactive arthritis - 70 cases (14%), the presence of infection - 57 (16.45%), seronegative undifferentiated arthritis - 46 cases (9.2%) with signs of infection (6.9%), psoriatic arthritis 118 cases (23.6%) with infection - 98 cases (28.2%), rheumatoid arthritis 137 (27, 4%) the presence of infection in 101 (29.2%) cases, systemic lupus erythematosus 18 cases (3.6%), the presence of infection in 13 cases (3.74%), gout 17 cases (3.4%), with infection 9 cases (2.59%), undifferentiated connective tissue diseases 6 counts (2.6%) with infection 4 cases (1.2%), scleroderma 13 cases (2.6%) with infection 7 cases (2%), Vasculitis 10 cases (2%) of which 5 cases (1.45%) with infection. The most common signs of the disease are rheumatoid factors - in 123 cases 35.4%, CRH-150 cases (43.2%), ASLO-88 cases (25.3%), Anti Hb core sum-83 cases (23.9%), frequent

tonsillitis in the anamnesis of 69 cases (19.8%), pharyngeal smear of 49 cases (14.1%), genitourinary infection of 48 cases (13.9%).

Conclusions. Based on the obtained results we can confirm the presence of infection is two thirds of the total cases.

Key words: rheumatic diseases, ankylosing spondylitis,reactive arthritis,seronegative undifferentiated arthritis,Vasculitis ,scleroderma,systemic lupus erythematosus,psoriatic arthritis.

175. THE CLINIC AND PARACLINIC PARTICULARITIES OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Introduction. Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that can affect any organ or system. It is found in all geographical areas. The incidence is 1: 10000. About 15% of all patients must be diagnosed before 18 years. Women of childbearing age (15-45 years) are the most affected.

Aim of the study. Purpose: To represent the particularities of the systemic disorder in SLE. • Objectives: Elucidation of the incidence of SLE for age and sex groups. Highlighting multiorgan disorders in the case of SLE. Determination of paraclinical changes in SLE.

Materials and methods. The present research was focused on studying 94 electronic files of the Hospital Medical Information System (SIA AMS) of the Public Medical-Sanitary Institution Clinical Republican Hospital (IMSP SCR) "T. Moșneaga". The discharge records for the year 2019 were selected from the section Atrology and Rheumatology, that had the diagnosis of systemic lupus erythematosus after CIM-10 (code M32).

Results. 11% (N = 11) and 83% women (N = 88) were in the study. The average age of the people in the hospital with systemic lupus erythematosus was 51.27 ± 12.43 years. The average diagnostic age of SLE was 44.18 ± 14.22 years. Articular impairment is found in 98%, neurological affects 58%, hematological affects 88%, serositis 29%, skin disorders 89%, kidney damage 65%, double-stranded DNA antibodies detected at 70%.

Conclusions. Based on the results obtained, you can conclude that LES is a multi-organ autoimmune disease frequently encountered. The incidence is higher for women. The average age of the patients interned with SLE - 51.27 and those diagnosed - 44.18 years. From a systematic point of view, most frequently encountered is the articular (98%), hematological (88%) and tegumentary (89%) disease.

Key words: Systemic lupus erythematosus

176. TREATMENT IN A COHORT OF PATIENTS WITH GOUT

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