Introduction. Molecular diagnostic tests have greatly increased our understanding of the role of viruses in pneumonia, and findings indicate that the incidence of viral pneumonia has been underestimated. Depending on the virulence of the organism, as well as the age and comorbidities of the patient, viral pneumonia can vary from a mild, self-limited illness to a life-threatening disease.
Aim of the study. The aim of study is to highlight the etiological pecularities of community-aquired viral pneumonias.
Materials and methods. In the study were included the patients admitted to Sfanta Treime Municipal Hospital during the year 2019 with community-acquired pneumonia (CAP) and tested for viral infections. The patients were chosen based on the clinical criteria: the presence of fever, acute onset, asthenia, myalgia, headache, cough, expectoration and dyspnea. The testing methods included detection of respiratory viruses in nasopharyngeal swabs by PCR and microbiological testing by blood and sputum cultures.
Results. Of 52 patients with CAP tested, the viral etiology was found in 42.3% (22/50). The most common was influenza A (H1N1) virus – 77.3% (17/22). Other detected viruses were rhinovirus 13.6% (3/22), metapneumovirus - 4.5% (1/22) and influenza A (H3N2) virus – 4.5% (1/22). In the majority of cases CAP had mixed viral and bacterial etiology. The most frequent association was with streptococci (Streptococcus viridans and Streptococcus beta-haemolyticus). The CAP caused by influenza A (H1N1) virus was frequently associated with severe evolution - 54.5% (12/22) and in 9.1% cases (2/22) it even lead to lethal outcome.
Conclusions. Viral etiology of community-acquired pneumonia is frequently detected, especially in patients with severe pneumonia. In many cases there is a mixed viral and bacterial infection.
Key words: community-acquired pneumonia, virus, evolution

183. SEVERE COMMUNITY-ACQUIRED PNEUMONIA: CLINICAL MANIFESTATIONS IN OBESE PATIENTS

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Introduction. Community-acquired pneumonia is a leading cause of morbidity and mortality worldwide, and is strongly influenced by comorbid conditions. Obesity is associated with higher mortality rate directly proportional to higher body mass index. Obesity is also associated with an increased risk of acquiring infections such as community-acquired pneumonia.
Aim of the study. To evaluate the obesity influence on clinical manifestations in patients with severe community-acquired pneumonia.
Materials and methods. The retrospective case-control study was based on case histories analysis of patients hospitalized with severe community-acquired pneumonia in the Department of Internal Medicine, Sfânta Treime Municipal Hospital between years 2018 and 2019. The study were included 82 patients aged between 34 and 83 years, divided in two groups: group 1 (41 patients with obesity) and group 2 (41 normal weight patients).
Results. Inavasive ventilation was necessary in 34% (28/82 patients), 16 patients with obesity and 12 normal weight patients (19% vs 15%) ($p>0.05$). The mean duration of inavasive

ventilation was 5.7±2.5 days in obese vs 5.5±3.7 days in normal weight patients. Among 82 patients, the main duration of hospitalization was 14.5±5.2 days. The obese patients lengths of hospital stay was 15±3.2 days vs 13±2.4 days in normal weight patients ($p<0.05$). Duration of antibacterial therapy was 19.3±7.3 days in obese and 18.2±5.8 days in normal weight patients ($p<0.05$). The group of obese patients consisted of obesity class 1- 24.4% (10/41 patients), class 2 - 26.8% (11/41 patients) and class 3 - 48.7% (20/41 patients). The presence of complications in obese was reported in all the cases, of them - 100% of acute respiratory failure, 14.6% of ARDS, 39% of pleural effusion, 22% of cardiogenic pulmonary edema, 7% of sepsis and 12% of multiple organ dysfunction syndrome.

Conclusions. The study revealed that obesity was positively associated with a longer hospitalization stay and longer duration of antibacterial therapy. No association was found between obesity and more frequent need for mechanical ventilation. The most severe complications were registered in patients with class 3 obesity.

Key words: community-acquired pneumonia, obesity, complications

DEPARTMENT OF INTERNAL MEDICINE AND SEMEIOTICS

184. DIFFERENTIAL DIAGNOSIS OF ASCITES

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Introduction. The ascites is a pathological accumulation of fluid in the peritoneal cavity, which causes severe pathology and requires urgent involvement in the diagnosis and treatment of this disease.

Aim of the study. To review the literature for determining the clinical and paraclinical picture of each cause of ascites.

Materials and methods. The following research was carried out using PubMed (MEDLINE) database, by searching such medical keywords as "Ascites" and "Etiology". The paper was supplemented with references from various books and articles found at the State University of Medicine and Pharmacy *Nicolae Testemițanu* Library.

Results. We have reviewed 23 sources, of which 6 books and 17 articles. We have found that the pathophysiology of ascites is most often different. It may develop acutely and slowly, usually accompanied by edema of the lower limbs and scrotal edema. Given the common clinical condition of ascites, the diagnostic approach is based on the biological study of the abdominal fluid, in particular the protein concentration and the albumin gradient between serum and fluid.

Conclusions. In most cases, ascites are caused by liver cirrhosis. It is possible to be present in other diseases, for example, it can be cancerous, tuberculous, cardiac, nephrotic, pancreatic or other origins.

Key words: Ascites; Etiology;