52. SOME ASPECTS OF OTOGENIC MENINGITIS

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Introduction: Otogenic meningitis is the commonest intracranial complication of suppurative otitis media and continue to be an important cause of morbidity and mortality despite the availability of effective treatment. It is an inflammatory process of pia mater, arachnoid and cerebrospinal fluid in the subarachnoid space due to middle ear pathology that is very dangerous to patients lives caused by symptoms and association with other intracranial otogenic complications. Otogenic meningitis are not frequently encountered in practice but should be known by specialists (internists, ENT, infectionists, pediatrics, emergency medicine physicians, etc.) because these neuroinfections constitute major medical emergency and requires prompt medical intervention.

Materials and Methods: In this study was analysed relevant articles on the topic, using PubMed, Hinari data base and other internet and literary sources. The study was conducted on a group of 165 pacients with intracranian otogenic complication of ENT clinic for the period of 10 years (2001-2010). Data were processed using computer programs Microsoft Word, Excel, Stats Direct Statistical Software Version 1,9,5.

Results: Patient age was between18-70 years and average of 41,23(±1,98). 55,75% (92) of them were males and 44,25% (73) were women. Isolated otogenic meningitis was determined in 38 (23% ± 3.28) patients and 112 (68% ± 3.63) patients - otogenic meningitis associated with intracranial otogenic complications. Symptoms of complications was headache (100%), fever (97%), photophobia (26%), irritability (78%), drowsiness (16%), vomiting (16%), neurological signs (100%).

Conclusion: We determined the following aspects:

1. Otogenic meningitis is one of the most current problem in otolaryngology
2. Otogenic meningitis incidence is an index reflecting the otorhinolaryngology medical assistance and health culture of the population
3. Isolated otogenic meningitis is rarely encountered, more frequently are meeting associated with intracranial otogenic complications

53. EARLY PRENATAL DETECTION OF FETAL ABNORMALITIES

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Introduction: Prenatal screening for chromosomal abnormalities has become standard practice in many countries worldwide. Second-trimester risk evaluation is a frequent demand of prenatal ultrasound screening in many obstetric units.

Objective: To investigate the performance of first trimester ultrasound and biochemical examination in the prediction of fetal structural anomalies and aneuploidy.

Methods: This was a prospective study of 902 pregnant women with increased fetal malformation risk in the I and II trimesters of pregnancy. Selection criteria of pregnant women at risk were: advanced maternal age, pathological obstetric and family history.

Results: The analysis of ultrasound fetal abnormalities in pregnant women assessed in the first trimester (83 cases), concluded that most frequently was noted increased nuchal translucency and cystic hygroma - in 53 (63.8%) cases, followed by hypoplasia of nasal bones, dismorfic profile, modified facial angles - 23 cases (27.7%, $p < 0.01$). Rarely were detected ductus venous pathology - in 2 cases (2.4%), omphalocele (1.2%), exencephaly (1.2%) and spinal pathology, represented by the absence of intracerebral clarity - in one case. Nuchal fold and nasal bone hypoplasia were the single most sensitive parameters to identify fetuses with trisomy 21. In 2 of 4 cases, cystic hygroma caused was combined with fetal hydrops in one case (2.04 %) and unique umbilical artery - in 3