

years (group III). The study consisted of two parts, the first part included patients completing the questionnaires, based on their own subjective opinions. In the second study was conducted objectively, sweat gland function was examined by measuring skin moisture with a special device by "ARAM Huvis" in the following regions: center of the palm, foot, frontal region, left temple and right axillary and popliteal fossa, sternum, abdomen, lumbar and coccygeal regions.

Results: Measuring the skin humidity was observed that these patients have a higher skin humidity than healthy group in all measured regions. In patients with chronic migraine the degree of skin moisture is higher in the frontal region and foot, while those with chronic low back pain have higher skin humidity in the axillary and popliteal fossa and lumbar region. Presented differences are statistically proven to $P < 0.05$. Studying also the questionnaires Beck of depression and Spilberger of anxiety were obtained the following results: the value of reactive anxiety in-group I was 29.95 ± 1.42 in-group II was 22.40 ± 1.16 , being statistically significantly higher in the group with chronic migraine ($P = 0.002$ **). In group III reactive anxiety value was 1.56 ± 1.18 , which differs from group I and II, demonstrated statistically (between group III and II, $P = 0.000$ ***, and between group III and I, $P = 0.001$ ** *). Anxiety personality also presented significant statistical differences in group I 34.25 ± 2.2 22.15 ± 1.09 compared with group II ($P = 0.000$ ***) and also between Group I and III, group III value was 21.30 ± 2.19 ($P = 0.000$ ***). Between group I and II statistical difference there is not as $P > 0.05$. Studying the questionnaire Beck we assessed the level of depression and found that there are significant statistical differences here between groups I-III ($P = 0.000$ ***) and II-III ($P = 0.000$ ***), the results were 9.65 ± 0.72 8.95 ± 0.60 versus group I group II group III 0.62 versus 4.60 . Between group I and II statistical difference there is not as $P > 0.05$.

Conclusions: Our study confirmed certainly that patients with chronic migraine and chronic low back pain manifest a higher degree of skin moisture than healthy people group, there existing significant statistical differences. Depression and anxiety scales analysis noted that patients with migraine and low back pain are more anxious and the depressive syndrome is more pronounced compared to the control group.

Keywords: Hyperhidrosis, chronic migraine, chronic low back pain

128. HEALTHY SLEEP FIGHT AGAINST OBESITY

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Introduction: Sleep is a basic need of the body. In Europe the duration of sleep for adult person (18-55 years) is 7 hours, but more than third of adults sleep less than 6 hours per night. Several studies have shown an epidemiological association between short sleep duration and high body mass index (BMI) associated with obesity. In case when the sleep time is less than 5 hours at night, the risk of obesity increases by 60%. This impact is much greater than that of food intake or lack of physical activity.

Purpose and objectives: We evaluated the correlation between the sleep duration and body mass index, depended of the sex and age.

Materials and methods: Survey was attended by 80 people, aged 15-18 years. Volunteers were selected from two high schools: "Gheorghe Asachi" and, "Spiru Haret" Chișinău, Moldova. The questionnaire issued to participants consisted of several parts: name, age, sex, anthropometric data (the waist circumference, height, BMI, sleep time (in hour), the information about food (number of meals) and health problems, information about the parents of participants (body weight, height, BMI, age). In dependence of the duration of sleeping participants were divided into two groups: group A with sleep duration ≤ 8 hours and group B with sleep duration > 9 hours. Statistical analysis was performed using standard Excel functions. To characterize obesity, body mass index (BMI) which is calculated by dividing weight (in kg) by height (in meters) squared was used.

Results: Adolescents included in the study have had a mean age of 16.38 ± 0.5 years, 33 (41%) boys and 47 (58%) girls. Group A have included 43 (53%) teenagers and group B 19 - (23%) participants. In group A and B, the average age of boys and girls has been comparable. The average sleep duration has

been 7.25 ± 0.78 hours for group A and 10.31 ± 0.99 hours for group B. BMI among boys who sleep less than 8 hours has been greater than in case of the optimal sleep duration more than 9 hours (22.63 ± 3.59 vs. 20.41 ± 1.29 ; $p = 0.02$). We didn't find this difference in case of girls from the studied groups.

Conclusion: The anthropometric assessment of adolescents from Chisinau, allowed us to evaluate the correlation between duration of sleeping and body mass index. BMI was higher among boys with sleep duration less than 8 hours.

Key words: Sleeping, body mass index, short sleep duration, obesity

129. RARE CASE OF DRUG-INDUCED ALLERGY REACTION

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Introduction: Adverse drug reactions (ADRs) are broadly divided into predictable (related to pharmacological actions of the drug in otherwise normal individuals) and unpredictable reactions (related to individual's immunological response and, on occasion, to genetic differences in susceptible patients). Drug allergy is a type of unpredictable reaction. ADRs should be differentiated from adverse drug events (ADEs). ADEs extend beyond ADRs to include harm related to medication errors and drug/food interactions. While knowledge of ADEs is important in efforts to improve patient safety, ADRs are the primary focus of regulatory agencies and post-marketing surveillance.

Clinical case: We present a 73-year-old woman who was consulted in the Emergency Room and admitted in the Internal Medicine – Geriatrics Department because of a sudden syncope at home, associated with dyspnea at rest and high rhythm palpitations. Three months ago she was diagnosed with atrial fibrillation, but she stopped the treatment a week before coming to ER. The paraclinical tests showed no heart anomalies so it was decided to initiate the therapy with Propafenone. After 8 days the Propafenone is changed with Amiodarone because the EKG showed left bundle branch block (LBBB) and the laboratory analysis presented high values of cardiac enzymes, but the patient had a worsening general condition, associating dyspnea with nervousness, coughing and increased heart rate ($SO_2=80-82\%$, Pulse=130bpm), so she received oxygen therapy and a beta-blocker. On the next day she presented an allergic rash spreaded all over her body and so she received Hydrocortisone hemisuccinate, but her allergy persisted and even spreaded wider. We realized that she developed this abnormal reaction to Amiodarone, Metoprolol and later to all the administrated drugs, even on antiallergic one. Afterwards she reacted pretty well on antihistaminic medication, vitamin C and calcium. The paradox was that in absence of any medication the heart rate remained convenient.

Results: A study of 141 patients with suspected drug eruptions, including histological assessment, found that 24% were in fact reactive rashes or had other causes, suggesting that drug eruptions were overdiagnosed on clinical grounds alone. Of the confirmed drug-related eruptions, 39.8% were caused by antibiotics, 21.2% by anti-inflammatories, 7.6% by contrast media and 31.4% by others (oral antidiabetics, antimycotics, antipsychotics, anti-epileptics and others).

Conclusion: All drugs can cause an allergic reaction and despite the fact that allergic reaction to Amiodarone is very rare (under 1%), it still can occurs and it has to be considered when one presents immunological reaction to the treatment.

Keywords: drug allergy, adverse drug reaction

130. CUTANEOUS TUBERCULOSIS: DIAGNOSTIC CHALLENGES

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Introduction: Despite of a high incidence of pulmonary tuberculosis (114,3/100.000) the rate of extrapulmonary TB rests very low (1,3%). Cutaneous TB is often misdiagnosed due to confused clinical picture and none relevant bacteriological tools for detection of *M. tuberculosis*.