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embolectomy. Vascular imaging should be performed if patient demonstrates unusual postoperative evolution.

**Key words:** balloon catheter embolectomy, peroneal artery pseudoaneurysm, coil embolization

### 17. LAPAROSCOPIC ANTI-REFLUX SURGERY IN A PATIENT WITH SITUS INVERSUS TOTALIS

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**Background.** Situs inversus totalis (SIT) is a rare congenital anatomical variant, characterized by the opposite arrangement of abdominal and thoracic organs. Open and laparoscopic surgical procedures in patients with SIT can create additional difficulties related to unusual anatomy.

**Case report.** In October 2011 in Department of General Surgery, Chisinau Municipal Hospital Nr.1, was admitted a woman 53 years, who knew about the presence of SIT. She is considered ill for 3 years, complaining heartburn, regurgitation, frequent nocturnal cough. Medical therapy eliminates symptoms incomplete and only for a short time. Endoscopic examination detected reflux esophagitis, grade III by Savary-Miller classification, opened cardia and a 2.5 cm sliding hiatal hernia. According 24-hour pH-metry, De Meester index was 49.93 (normal < 14.72). Laparoscopic Nissen fundoplication and posterior crural closure was performed. Five trocars were placed in mirror-like sites compared to normal anatomical position. The surgery lasted for 150 minutes. Postoperative period was uneventful, patient discharged at the seventh day, after radiological control. Permeability of fundoplication area for contrast material was satisfactory, dysphagia was not observed. On examination after two months, the complete disappearance of symptoms and absence of esophagitis at endoscopy was found.

**Conclusions.** Laparoscopic Nissen fundoplication is a standard method of surgical correction for symptomatic refractory gastro-oesophageal reflux and hiatal hernia. Technical difficulties caused by unusual anatomy in SI are not impassable and do not interfere the successful execution of surgical procedure.

**Key words:** situs inversus totalis, gastro-oesophageal reflux, laparoscopic anti-reflux surgery

## DEPARTMENT OF DERMATOVENEROLOGY

### 18. ACNE FULMINANS INDUCED BY ISOTRETINOIN: CASE REPORT

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**Background.** Oral isotretinoin, isomer of retinoic acid, has been used in the United States for the treatment of acne for >30 years, approved by the FDA for the treatment of severe

recalcitrant AV. It is recommended for the treatment of severe nodular acne, initiated at a starting dose 0.5 mg/kg/day for the first month, and then increased to 1.0 mg/kg/day thereafter as tolerated by the patient for dosing duration of 15-20 weeks. A lower relapse rate was seen for treatment with cumulative dose of  $\geq 120$  mg/kg. Side effects are hypervitaminosis A with mucocutaneous, musculoskeletal and ophthalmic systems involvement. Acne Fulminans (AF), the most severe form of acne, with an incidence of less than 1% of total acne cases, is commonly associated with fever, polyarthralgia and myopathy. Adolescent boys are the most susceptible group of patients. It is suspected that AF may be induced by low doses of isotretinoin. Treatment of AF is controversial, as there is no standard therapy. The use of corticotherapy to control AF is acknowledged, associated or not with low doses of oral isotretinoin.

**Case report.** A 16-year-old boy from Chisinau, Republic of Moldova, presented to the Hospital of Dermatology and Communicable Diseases with skin lesions on face and back. The first symptoms appeared one year before, including comedones, inflammatory papulo-pustules on forehead. The patient was diagnosed with Acne vulgaris, papulo-pustular form. He received the treatment with antibiotic for 4 weeks with no improvement, followed by Isotretinoin (Roaccutane) 0,4 mg/kg, associated with another antibiotic during 6 weeks. During treatment initial papulo-pustules transformed into abscesses with fever and arthralgia, the reason he was hospitalized with Acne fulminans (nodular-cystic form). Status localis: extensive red nodules greater than 5 mm in diameter on the face and upper thorax, with cyanotic undertone topped with pustules, solitary scars, oily skin, closed and open comedones. The history taking revealed a hereditary background of an acne in his grandmother. The patient was treated with antibiotics and on hospital release was advised with an early introduction of prednisone at a dose 0,5-1,0 mg/kg/day for 6 weeks, slowly decreasing later on and oral isotretinoin 0,5 mg/kg/day. By time, the acne reversed to a papulo-pustular and later to a comedonal form.

**Conclusions.** Using isotretinoin to treat AV has many benefits, despite the possibility of developing AF with cutaneous and systemic side effects. Clinicians should be aware of the risk of this complication to make the diagnosis and provide appropriate care, especially in young men, and prescribe treatment with antibiotics, steroids and suitable isotretinoin dosing.

**Key words:** isotretinoin; acne fulminans, nodular-cystic form.

## 19. OZONE THERAPY IN THE TREATMENT OF AN ACNE VULGARIS

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**Background.** Acne vulgaris is the formation of comedones, papules, pustules, nodules, and cysts as a result of obstruction and inflammation of pilosebaceous units (hair follicles and their accompanying sebaceous gland). This disease may be chronic with relapses.

**Case report.** I have evaluated the method of ozone therapy on the patient with acne vulgaris diagnosis. Such patient had been treated traditionally with insignificant results. The schedule of visits and possible combinations at treatment were discussed with the parents of the patients (5 teens at the age 12-16). Basic course of treatment consisted of 10 procedures twice a week. Each procedure included local intradermal face injections {15 mg/ml} and droppers with ozone