

abdominal CT: normal right kidney, left kidney 70 mm, 5 mm cortical thickness, normal shape, position, secretion and excretion. Angiography showed two left renal veins, one of them over the artery, but with normal caliber of the left renal artery.

Conclusions. BP values occurred in conditions of a job with a lot of stress to a young patient with a left kidney malformation, but with normal renal function. Stress is responsible for a lot of physiological changes, including constant increase in blood pressure. The scale of cardiovascular risk should be reevaluated to young people through proper trials.

Key words: hypertension, young people, hypercholesterolemia.

30. A POST-TRAUMATIC MACULAR HEMORRHAGE OCCURED ON A IDIOPATHIC CORIORETINEAL SCAR

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Background. Macular haemorrhage can be caused by multiple factors such as sustained exposure to high altitude conditions, retinal artery aneurysm rupture or choroidal vasculopathy and also by trauma. Its origin is mandatory to be adequately described in order to ensure an accurate and complete differential diagnosis. Most traumatic lesions left untreated have an adverse prognostic due to mechanical damage caused by fibrinous infiltration of the retina.

Case report. We present a case of a 34 years old patient diagnosed with a traumatic right ocular lesion caused by an elastic chord on a cicatricial terrain. On admission he reported ocular redness, pain and loss of sight, with a visual acuity of 0.1. The local ophthalmological evaluation shows a profound amblyopia caused by an important vicious refraction (anisotropy) in the left eye. A paracentral corneal erosion (1.5 mm) of the right eye was also observed.

In addition to retinal photography, A and B mode echography, angiofluorography, optical coherence tomography, the following laboratory tests was performed: IgM and IgG antibodies for toxoplasmosis, toxocara, cytomegalovirus, measles, as well as for the exclusion of other rare diseases that affects the posterior uvea. Ophthalmological imagistics showed hemorrhage in the deep layers of macula, with the post-traumatic detachment of neuroepithelium, a hyperecogenous area with a maximum thickness of 0.4 mm and an absolute central scotoma of 5 degrees in diameter. Local treatment with Atropine, Indocollyre, Azopt, artificial tears and systemic treatment with Etamsylate, Dexamed and Mannitol was administrated during hospitalization. On the discharge day an improved visual acuity (0.5) of the right eye was observed. Ophtalmological reevaluation after 1 week was recommended. The vasoformative membrane lack in the macular zone, the local hypertrophy of the pigmentary epithelium and identification of a toxocara infection guided us to prescribe topic treatment with anti inflammatory and midriatic drugs and systemic treatment with anti inflammatory, anti toxocara and ocular hypotonic drugs.

Conclusions. In order to establish a good prognosis in a relatively short time, and to assure a proper therapy, the importance of ophthalmic imaging as well as serological results is crucial.

This case was considered a challenge in making the therapeutic decision, taking into account the important post-traumatic visual deficiency on the right eye with the other eye being affected by deep amblyopia.

Key words: OCT, macular, hemorrhage, traumatic, angiofluorography

31. CHRONIC MYELOID LEUKEMIA ASSOCIATED WITH EARLY LYMPHOBLASTIC CRISIS

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