granulocytes 4090/mm^3, PLT 384.000/mm^3.

Conclusions: Due to the fact that the aplastic anemia is secondary to the treatment with Algocalmin occurred in a previously healthy young patient, the bone marrow rehabilitation was achieved with the right treatment.

After 6 months after the discharge, the patient had been declared completely cured having both aplastic anemia and systemic aspergillosis extinguished.

Key words: aplastic anemia, aspergillosis.

21. A RARE CASE OF MULTIPLE MYELOMA IN A PATIENT WITH AN UNRESPONSIVE TO CHEMO-AND RADIOTHERAPY FRONTOPARIETAL GYGANTIC PLASMACYTOMA

Mihai Stanca, Suzana Ina Radu, Alina Elena Ticalo, Denis Pasc

Scientific adviser: Dr. Candea Marcela, University Assistant, PhD, University of Medicine and Pharmacy, Targu Mures, Romania

Introduction: Multiple myeloma is a cancer of plasma cells, a type of white blood cell normally responsible for producing antibodies.

In multiple myeloma, collections of abnormal plasma cells accumulate in the bone marrow, where they interfere with the production of normal blood cells. Most cases of multiple myeloma also feature the production of a paraprotein - an abnormal antibody which can cause bone lesions and hypercalcemia. Plasmacytoma refers to a tumour consisting of abnormal plasma cells that grows within the soft tissue or bony skeleton in the context of multiple myeloma disease.

Objective: We will present the case of a 56 years old female patient admitted in the Medical Clinic I - Department of Hematology of Targu Mures, suffering from a rare hematological cancer - multiple myeloma of which onset was the appearance of a solitary extramedullary gigantic frontoparietal plasmacytoma which also did not responded at all to chemo-and radiotherapy treatment still increasing its size.

Clinical case: We monitored the patient over a period of 13 months and we will display the evolution chronologically.

Results: She was given 3 regimens of chemotherapy consisted in VAD, (Vincristine, Adriamycin, Dexamethasone), 7 regiments of PAD (Adriamycin, Epirubicin, Dexa.), one regimen of Velcade+Cytarabin+Dexamethasone in order to shrink the plasmacytoma but with no success. In the fall of 2015 she was presented at the oncology clinic for the administration of the radiotherapeutic regiments. After she recived a few radiotherapy still no reduction in the plasmacytoma volume. The oncologists stopped the therapy because the side effects were more significant than the improvements. The patient is currently hospitalized in our Hematology Clinic under the new treatment recently introduced with Caelix+Dexamethasone in order to reduce the level of plasma cells and the size of the frontoparietal plasmacytoma.

Conclusions: Usually radiotherapy provides excellent local and regional control of plasmacytomas, but in our case it had no positive effect. The patient is having an evolution which leads to an continue worsening without obtaining remission, therefore the long-term prognosis is reserved while the medium one is favorable.

Key words: multiple myeloma, plasmacytoma, radiotherapy, chemotherapy.

22. SEVERE ANEMIA OF UNE XPECTED CAUSE IN A FEMALE TEENAGER

R. Stanca, N. Gimiga, C. Olaru, S. Diaconescu

Scientific advisor: Smaranda Diaconescu, *Grigore T. Popa* University of Medicine and Pharmacy, Iasi, Romania

Introduction: In pediatric practice topiramate is used alone or with other medicines to treat certain types of seizures and to prevent migraine headaches in adolescents 12 years and older.

Clinical case: A14 years-old female was admitted into the ER Unit after voluntary ingestion of 30 capsules (3000 mg) of topiramate. The drug was prescribed by her neurologist for migraines; the suicidal attempt was determined by a conflict with her mother. At admission she had dizziness, drowsiness, speech disturbances,abnormal coordination, vomiting and abdominal pain. Laboratory data showed severe anemia (Hb=4,3 g/dl), normochrome and normocytic, severe metabolic acidosis(HCO_3^- = 6,6 mEq/L), hypoglycemia (37 mg/dl), hypercloremia(Cl^-=121,7 mEq/L), hypernatremia (Na^+= 150 mEq/L),hypokalemia (K^+ =1,71 mEq/L). The treatment included gastric lavage, activated charcoal, intravenous fluids, bicarbonate and blood transfusions. The clinical status improved within 24 hours, Hb level raise to 13,8 g/dl and no other laboratory abnormalities were found. The medical records of the patient showed she has no anemia previously. A CT scan performed in order to exclude an organic cause for her headaches was normal. The patient was dismissed after 10 days in good general condition; she presented mild epigastric pain and leave the hospital with proton-pump inhibitor and pshychologic counceling recommendations. Subsequently she had several hospitalisations for depression and suicidary thoughts treated with sertraline and she is followed by a pediatric psychiatrist.

Conclusions: This is a particular case of voluntary topiramate intoxication with particular side effects as severe anemia and metabolic disturbances, followed by long-term behavioral consequences.

Key words: seizure, topiramate, intoxication.

23. CLINICAL CASE. GRAVE S' OPHTALMOPATHY

Elena Suveico, Ana Rosca

Scientific Adviser: Cristina Rizov, University Assistant, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Graves' ophthalmopathy (GO) is an autoimmune inflammatory disorder Associated with thyroid disease which affects ocular and orbital tissues.