Materials and methods: The study was open prospective and included 126 patients with IBD (56% female, age of 18-67 years) who were treated in Republican Clinical Hospital in 2015. Diagnosis of ulcerative colitis or Crohn's disease was confirmed endoscopically and histologically. The following methods were used to diagnose extraintestinal manifestation: clinical, ultrasonography, X-ray, biochemical tests, immunological markers etc.

Discussion results: 114 (90,5%) patients were diagnosed with UC, 11 (8,7%) with CD and 1 (0,8%) with IBD type unclassified (IBDU). The most frequent extraintestinal manifestation was liver pathology, diagnosed in 30 (23,8%) patients. The spectrum of diseases was broad and included: chronic viral hepatitis B and C – 12 (9,5%), liver steatosis – 9 (7,1%), nonspecific reactive hepatitis - 5 (4,0%), drug induced hepatitis 2 (1,6%), primary sclerosing cholangitis – 1 (0,8%) and primary biliary cirrhosis 1 (0,8%).

Arthropathy was diagnosed in 18 (14,3%) patients. Peripheral arthropathy was more frequent than central arthropathy: peritheral oligoartritis – 5 (4,0%), poliartritis 7 (5,6%) in comparison with sacroiliitis – 5 (4,0%) and ankylosing spondylitis – 1 (0,8%). Skin and mucosal affectations were observed in 6 (4,8%) patients: aphthous stomatitis – 3 (2,4%), pyoderma gangrenosum – 1 (0,8%), nodular erythema – 1 (0,8%), and Sweet syndrome – 1 (0,8%). Ocular affectation was diagnosed in 4 (3,2%) cases. Extraintestinal manifestations were more frequent in association than as mono extraintestinal disorder – 22 (17,5%) and 12 (9,5%) patients respectively, and the common associations were liver-articular, skin-articular. It was not revealed significant interrelation between activity/ extention/localization of IBD and severity of extraintestinal manifestation. Exception have made nonspecific reactive hepatitis, peritheral oligoartritis, and pyoderma gangrenosum which was characteristic for a severe debut of IBD.

Conclusion: An essential number of IBD patients have Associated extraintestinal pathology (27%). Liver diseases were diagnosed more often and skin and ocular lesions less frequent in comparison with literature data.

Key Words: inflammatory bowel disease, extraintestinal manifestation

87. EVOLUTION OF RESISTANCE TO CEFEPIME IN PATIENTS WITH URINARY TRACT INFECTION

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Introduction: Urinary tract infections (UTIs) are among the most common infectious diseases occurring in either the community or healthcare setting.[1] Uncomplicated UTIs typically occur in the healthy adult non-pregnant woman, while complicated UTIs (cUTIs) may occur in all sexes and age groups and are frequently Associated with either structural or functional urinary tract abnormalities. Examples include foreign bodies such as calculi indwelling catheters or other drainage devices, obstruction, immunosuppression, renal failure, renal transplantation and pregnancy

Aim: The purpose of our study is to highlight the alarming evolution of the resistance at Cefepime(the only cephalosporine of fourth generation) in patients with urinary tract infection.

Material and Methods: Records from 1041 patients where retrospectively reviewed. Antibiotic susceptibility of the isolated pathogens was tested for commonly-used antibiotics(including Cefepime) by Kirby-Bauer technique according to NCCLS guidelines. All statistical analyses were performed SPSS software. Statistical significance was considered for a p value < 0.05(for Pearson Chi-Square test), and all p values were 2-sided.

Results: In 2012 Cefepime resistance was 31,85%, in 2013: 32,46% and in 2014 36,17%. Cefepime has good efficiency on urinary tract infection caused by E.coli comparing with the other cephalosporines($p<0.0001$) but for Klebsiella pneumoniae Cefotaxime has the best results.($p<0.0001$).

Conclusions: Cefepim resistance increased almost 5 percent these years. And this is a very big problem because is the only fourth generation cephalosporin that we have. In literature empirical treatment and self-medication is incriminated but we need further studies to provide accurate information.

88. IS PSORIATIC ARTHRIT IS A RISK FACTOR FOR DIABETES MELLITUS?

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Introduction: Three meta-analyses evaluated the role of psoriasis and/or psoriatic arthritis in the development of type 2 diabetes mellitus. The difference of the three studies consisted in evaluating different parameters involved alongside psoriasis (Ps) and/or psoriatic arthritis (PsA) in the onset of diabetes. The aim of our study is to find if psoriatic arthritis is an independent risk factor.

Material and Method: We enrolled 330 patients diagnosed with psoriatic arthritis according with CASPAR criteria in our observational study. The following variables were monitored: the presence of diabetes pre or post onset of psoriasis or psoriatic arthritis, the onset of the disease, the gender, the treatment – classical or biological disease disease-modifying anti-rheumatic drugs (DMARDs), corticotherapy, body mass index, alcohol intake, smoking habits, dyslipidaemia, active or inactive status in society. Graph Pad Prism 6.0 software was used to assess the statistically the data.

Results: Two-hundred and eighty-seven patients (pts.) with psoriatic arthritis and lack of diabetes were enrolled to the control group. Forty-three patients were associating type 2 diabetes mellitus. In the control group, we found a positive association between overweight (p: 0.008, r: 0.159), obesity (p:0.020, r: 0.138) and glucose intolerance and a protective role of methotrexate (p: 0.023, r: -0.134). In the study group, according with the statistics, all the patients that developed diabetes were obese and the onset was correlated with the skin lesions (p: 0.038, r: 0.317).

Conclusions: Obesity and skin disease seemed to play an important role in the onset of type 2 diabetes mellitus. A nutritionist should be involved in the management of the disease.