

Introduction. Glaucoma represents a group of diseases defined by optic neuropathy, determined by structural change and functional deficit. It is a significant public health problem, being the leading cause of irreversible visual loss, affecting subjects older than 40 years. By the year 2020 it is estimated that there will be almost 80 million affected people in the world. The treatment strategy is influenced by patient's life expectancy, disease status, progression rate and visual function. When conventional therapies and classic surgery have failed or it is expected to be no success, the latest solution is the implantation of artificial implants. There is a multitude of drainage devices. Drainage implants have surgical and postoperative complications similar to trabeculectomy, but there are other unique complications associated with their use.

Aim of the study. Point out the most frequent outcomes after drainage implants use.

Materials and methods. A literature review of the articles published on Pubmed from 2007 to 2017 years was done. The comparisons between various drainage implants are difficult because most clinical data are derived from retrospective studies with different study populations, follow-up periods, and criteria defining success.

Results. Complications such as hypotony, diplopia, strabismus, endophthalmitis are all important (Sarkisian, 2009), but their incidence decreased with the passage of time due to implantation techniques improvement. Jong's study (2011) reported that by the end of the third year after surgery IOP remained better controlled by antiglaucomatous device (Ex-press) than by trabeculectomy. The success rates of the different valves (Krupin and Ahmed) are about equal at approximately 70% with a mean IOP lowering of at least 50% from the pre-operative IOP. Unfortunately, the failure rate is about 10% per year, leading to only 50% functional drainage devices in 5 years (Patel, 2010, Budenz, 2011). An important outcome is pointed to the total protein abundance levels that were increased in eyes with glaucoma surgery shows Rosenfeld (2015) and Freedman's (2013) research. The findings (increase in protein and their alteration impact on the pathways) helped explain why glaucoma filtering surgeries are associated with endothelial cell failure and increase corneal decompensation in virgin corneas and after transplantation. A prospective evaluation of corneal endothelial cell loss within the first 2 years after Ahmed aqueous shunt implantation made by Lee (2009) found increasing cell loss: 15% at 12 months and 19% at 24 months. Other factor that causes the corneal decompensation is the direct contact between the tube and the endothelium (Kim, 2016).

Conclusions. Glaucoma drainage implants are a good tool in preventing blindness; however, they have specific complications and controversy.

Key words: glaucoma, drainage implants

DEPARTMENT OF HAEMATOLOGY

84. AGE RELATED NON-HODGKIN LYMPHOMAS WITH PRIMARY ABDOMINAL LYMPH NODES INVOLVEMENT

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Introduction. Non-Hodgkin's Lymphomas (NHL) are a heterogeneous group of malignant tumors of the lymphatic tissue that can develop from B or T, rarely from NK, cells. NHL may develop in any tissue or organ containing lymphatic tissue. One of the primary localizations of NHL are the abdominal lymph nodes, with a primary involvement rate of 7.6 to 8.2%. Due to the topographic and anatomical features of this localization, in most cases the generalized stages of the disease are diagnosed, which negatively influences the outcome of treatment and prognosis. Therefore, studying the clinical aspects of NHL with primary abdominal lymph nodes involvement is topical.

Aim of the study. To assess the clinical and morphological features of NHL with primary abdominal lymph nodes involvement depending on age.

Materials and methods. Clinical and morphological features were studied in 67 patients with NHL with primary abdominal lymph nodes involvement, who were hospitalized at the Haematologic Clinic of the Oncological Institute from Republic of Moldova. The age of the patients included in the study ranged from 2 to 73 years old as follows: children 0-18 years old – 15 cases, adults: 19-39 years old – 2 cases, 40-59 years old- 34 cases and over 60 years old - 16 cases. In all cases, the diagnosis was morphologically confirmed. Determining the degree of the tumoral process spreading was performed according to the International Classification, developed at Ann-Arbor (USA), 1971. We performed a retrospective descriptive study.

Results. Studying the NHL with primary abdominal lymph nodes involvement showed that the onset of NHL in abdominal nodes occurred more frequently in the age group of 40-59 years old (50.7%), followed by the patients over 60 years old (23.9%), children (22.4%) and rarely, patients from the age group 19-39 years old (3%). In all age groups men predominated (70.1%). The morphological examination determined that aggressive variants (77.6%) were more common than the indolent ones (22.4%). Stage I was found in 3 patients (4.5%), Stage II in 10 patients (14.9%), stage III in 14 patients(20.9%) and stage IV in 40 patients (59.7%). Most extranodal metastasis areas were spleen (62.5%), liver (45.0%) and bone marrow (32.5%). Less often extranodal areas were: nasopharynx (10.0%), pulmonary tissue (10.0%), pleura (7.5%) and rarely other tissues or organs.

Conclusions. NHL with primary abdominal lymph nodes involvement developed more frequently in people that were 40-59 years old, predominantly in males. Aggressive variants of NHL predominated. The most frequent extranodal metastasis areas were spleen, liver and bone marrow.

Key words: NHL, abdominal lymph nodes, age

INTERNAL MEDICINE II

OBSTETRICS AND GYNECOLOGY no.1

85. PREECLAMPSIA AND FUTURE CARDIOVASCULAR RISK

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Introduction. Preeclampsia is a pregnancy-specific disorder resulting in hypertension and multiorgan dysfunction. There is growing evidence that these effects persist after pregnancy.

Aim of the study. To evaluate and quantify systematically the evidence on the relationship between preeclampsia and the future risk of cardiovascular diseases and to determine the association of preeclampsia and future cardiovascular risk and to explore the potential management options for these high-risk women.

Materials and methods. Study of obstetrical history of patients with an ischemic cardiovascular disease. The study performed in the Cardiology department of IMSP SCM-3 of the during 2014-2016. The study also included 98 pregnant women whose pregnancy was complicated by preeclampsia of various degrees of severity during 2010-2012, analyzed after 5 years.

Results. The study found that 42 patients out of 52 had complicated pregnancies with preeclampsia, accounting for 80.76% and 19% - 10 patients had a physiological pregnancy. Preeclampsia is a major risk factor for developing cardiovascular complications 3 times more frequently than uncomplicated pregnancies (OR 17.62; 95% CI 6.65 to 46.4) P < 0.001. Women