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 afected by deep amblyopia.
Key words: OCT, macular, hemorrhage, traumatic, angiofluorography

31. CHRONIC MYELOID LEUKEMIA ASSOCIATED WITH EARLY LYMPHOBLASTIC CRISIS

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Background. The blastic crisis of chronic myeloid leukemia (CML-BC) is usually the final phase of the disease, in which the percentage of the young, often undifferentiated cells, known as blastocytes gets above 20%. Nowadays, in the era of the therapy with Tyrosine Kinase Inhibitors, the transformation from CML to CML-BC occurs much later and more rarely.
Case report. We present the case of a 71 year old male, admitted in July 2017, to the Haematology Unit of Mures County Emergency Hospital presenting severe anemia, leukocytosis, leukocyte left shift, absence of the leukemic hiatus and thrombocytopenia. Splenomegaly (7 - 9 cm) was also found. Cytogenetic examination revealed the presence of Philadelphia chromosome and real-time PCR showed 87% positivity for BCR-ABL. Chronic Myeloid Leukemia was the diagnosis and treatment with Dasatinib was initiated. A month after the patient develops severe thrombocytopenia and hemorrhagic purpura. Treatment was interrupted until the platelet count was restored and continued after with smaller dosage. Erythrocyte mass was transfused in order to correct the anemia. Three months after the diagnosis with CML, spleen expansion and hyperleukocytosis was observed. The peripheral blood smear indicated high blastocyte percentage (88%) and the patient was admitted and diagnosed with CML-BC. The diagnosis was confirmed, RT-PCR still showed positivity for BCR-ABL in 48%. Induction treatment for Acut Lymphoblastic Leukemia with adapted protocol for elderly patient with comorbidities was initiated. In December 2017 the patient refuses further treatment and unfortunately passes away.
Conclusion. Chronic myeloid leukemia is a condition with a high survival rate, especially after introducing the tyrosine kinase inhibitors, but when the blastic transformation occurs, many patients are lost due to infections and hemorrhagic complications.
Key words: myeloid, leukemia, lymphoblastic, tyrosine, kinase.

32. PARTIAL 13 MONOSOMY WITH CORPUS CALLOSUM AGENESIS AND OTHER CONGENITAL ABNORMALITIES – A CASE REPORT

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Background. The corpus callosum comprises the largest tract of nerve fibres in the human brain. It is developed from the telencephalon starting in the 11th week of foetal life. Partial or complete agenesis of the corpus callosum is a rare developmental anomaly of unknown cause. A case of corpus callosum agenesis is described.
Case report. The patient was a small for gestational age (1950g) female infant delivered at 35 weeks. In view of multiple congenital abnormalities (bilateral choanal atresia, atrial septal defect, ventricular septal defect and facial dysmorphism), chromosome studies were done and showed partial monosomy of chromosome 13 (46,XX, del (13)(q22q33)). Head ultrasound and cranial CT scan was performed which found appearances typical of agenesis of the corpus with ascension of the third ventricle and increased distance between lateral ventricles, cerebellar hemispheres and vermis atrophy, cisterna magna and fourth ventricle dilatation. After the surgical intervention for bilateral choanal atresia, a cranial ultrasound was performed and confirmed the atresia of the corpus callosum, but the path of anterior cerebral artery showed on