66. MECHANICAL VENTILATION ASSOCIATED PNEUMONIA: THE IMPACT OF HOSPITAL MOBIDITY AND MORTALITY IN THE PACIENTS WITH SEVERE CRANIAL AND CENTRAL NERVOUS SYSTEM INJURY

Popova Oxana

Academic adviser: **Belii Adrian,** M.D., Associate Professor, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Ventilator associated pneumonia is one of the most frequent complication in mechanically ventilated critical patients from developing countries. The impact on morbidity, mortality and general treatment costs is undeniable.

Purpose and objectives: (1) To highlight the rate, risk factors, causative bacteria and their resistance to antibiotics, and (2) To estimate additional morbidity, mortality and treatment costs in patients with severe traumatic brain injury (STBI) with ventilator associate pneumonia (VAP).

Materials and methods: Were included all mechanically ventilated for more than 48 hours patients with STBI (n=253), admitted in Intensive Care Unit of National Scientific and Practical Center of Emergency Medicine during 2012 year. Registered parameters were: patient's comorbidities, potential risk factors for VAP, bacterial spectrum and resistance, and hospitalization costs.

Results: Almost a half of STBI patients who were ventilated for more than 48 hours developed VAP. Thirty-seven percents of them had left ventricular hypertrophy, 22% - arterial hypertension, 22% – ischemic heart disease, 19% - hepatitis.

Confirmed risk factors, that significantly increased VAP prevalence, were: hemodynamic instability, hypovolemia, severe bleeding, femur or tibia fracture, broken ribs, pleurisy, and pneumothorax. The bacterial agents causing VAP in study group where: *Acinetobacter* (25%), *Pseudomonas aeruginosa* (19%), *Streptococcus epidermidis* (17%), *Proteus mirabilis* (15%), *Klebsiella pneumoniae* (15%), *Enterococcus faecalis* (9%); all of them where antibiotic resistant. Length of stay in intensive care unit was: for STBI with VAP – 18 days vs. 12 days, in case of STBI without VAP. Hospitalization costs in VAP (+) group was three times higher. Registered extra-morbidity in STBI patients with VAP was 22%.

Conclusion: (1) VAP is caused by multi resistant to antibiotics nosocomial flora. (2) In STBI patients, VAP was associated with an important extra morbidity, extra mortality and costs of care. (3) Most of mentioned risk factors are manageable, so, VAP is a highly preventable nosology.

Keywords: severe traumatic brain injury, ventilator associated pneumonia, mortality

67. ADVANCES IN MULTIMODALITY TREATMENT OF CEREBRAL ANEURYSMS

Ion Preguza, Sergiu Borodin, V.Andonachi , Grigore Zapuhlîh

Background: The treatment of intracranial aneurysms has undergone a paradigm shift such that endovascular therapy has emerged as a viable treatment regimen. Thus, microsurgery techniques have become less invasive, more appealing to patients, lower risk, and efficacious for complex aneurysms, particularly those unfavorable for or failing endovascular therapy.

Methods: We reviewed literature and emphasized major modern techniques used in complex aneurysm treatment. Also we present several cases of minimal invasive supraorbital „keyhole'' craniotomy, used in treatment of anterior circulation aneurysms and a case report of a giant cavernous carotid aneurysm resolved with an extra-intracranial high-flow bypass and trapping of parent vessel.

Results: Multimodality treatment of cerebral aneurysm provided by literature can be divided in two major groups: microsurgery and endovascular techniques. Microsurgery include: direct clip occlusion via a large or minimal invasive craniotomy, clip occlusion after coil extraction and bypass techniques; while endovascular techniques embrace: coiling, stent/balloon-assisted coiling and pipeline endovascular device flow diverter.

Conclusion: Contemporary management strategies should involve all aspects of neurovascular care, including neuroendovascular physicians, neurocritical care, and neuroanesthesia. All of these specialties

should be synergistic and complementary in their approach with the common goal of managing the obliteration of the aneurysm with minimal risk, both short-term and long-term, to the patient.

Keywords: aneurysm, clipping, endovascular techniques, bypass

68. ERECTILE DYSFUNCTION IN PATIENTS WITH NEUROLOGICAL DISORDERS

Stavila Natalia

Academic adviser: **Dumbraveanu Ion,** M.D., Ph.D., Associate Professor, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Erectile dysfunction (ED) is a common symptom in many neurologic diseases. This fact has led to the increasing involvement of the neurologists in the evaluation of ED.

Materials and Methods: 1.Bibliographic review on the topic: ED in patients with neurological disorders,- Ovid - 1995-2013, 40 selected sources, MedLine - 15 sources, HINARI - 20 sources; 2. Studying pathophysiological mechanisms of neurogenic ED; 3. Studying of medical cases of patients with neurological disorders and ED, in Neurology and Urology Clinics; 4.Evaluation of selected cases.

Results: The clinical case reported below, is to reveal the importance of the collaboration between andrologistand neurologist in managing a patient with neurologic ED. G. is a 38-year-old man first time to andrologist. He reports significant ED, progressed over the past few months, no spontaneous erections. Other complaints-back pain radiating to left leg, bilateral paresthesia.Symptoms started about 4 years ago. He consulted several urologists, and was diagnosed with chronic prostatitis and followed several treatments with transient temporary relief. Medical history- diagnosed with a herniated lumbar disc 5-6 mm - 2009, conservative treatment. Sexual history- single, stable sexual partner,psychological climate appropriate torque. SHIM questionnaire = 11 points (moderate ED). Physical examination - normal genitalia and prostate.Laboratory results– no abnormalities.Treatment recommendations – inhibitor PDE 5, with positive effect. But due to complaints of back pain radiating to left leg andbilateral paresthesiawas recommended lumbar MRI - found discal herniation 18-20 mm. The patient was referred to neurosurgery for surgical treatment. After 6 months, he presented to andrologist for evaluation. SHIM questionnaire = 20 points – satisfactory sexual function with no PDE5 medication.

Conclusions: 1.The evaluation of ED causes needs a multidisciplinary cooperation between several specialists in urology, endocrinology, neurology, psychiatry, and others. 2. The reported clinical case shows the importance of right neurologic evaluation. And the professional treatment has resolved not only the neurological problem but the andrological problem.

Key words: Erectile Dysfunction, Neurological Disorder, SHIM

69. STATISTICAL AND CLINICAL ASPECTS OF GLAUCOMA IN THE NORTH OF THE REPUBLIC OF MOLDOVA

Tumuruc Irina

Academic adviser: **Bendelic Eugen,** Ph. D., University Professor, Ophthalmology Department, State Medical and Pharmaceutical University "Nicolae Testemiţanu", Chişinău, Republic of Moldova

Introduction: Glaucoma is a group of eye conditions resulting in optic nerve damage, which may cause loss of vision. It is one of the leading causes of blindness.

Objectives: To report on statistical and clinical aspects of glaucoma in the North of the Republic of Moldova, never studied before.

Materials and methods: A retrospective case series consisting of reviewing the medical notes of518 patients (921 eyes) diagnosticated with glaucoma in Bălţi Municipal Clinical Hospital P.H.A. covering the period 2009 to 2012. Patiens were divided into 4 groups: 1st– patients with Primary Open – Angle Glaucoma(POAG), 2nd – Primary Angle – Closure Glaucoma(PACG), 3rd– Glaucoma Suspect(GS), 4th– Secondary Glaucoma(SG).t – Student test was used for statistical analysis of the results, if $p < 0,05$, then CI = 95%.

Results: During the studyperformedin the North of the Republic of Moldovait was revealed