

histopathological architecture), although other primary sites of origin were described: gallbladder, stomach, pancreas, colon, uterus, fallopian tubes, urinary bladder, breast and lungs. There are still ongoing discussions in the literature about PMP, especially regarding the origins, histopathology and adequate treatment. The biological potential of the lesions depends on several factors which may be determined at the morphological examination. The primary aim is to identify the primary lesion site. In majority of PMP cases the primary lesion is originating from appendix. In some cases, though, there may be metastases to the ovaries, which need to be differentiated from primary mucinous ovarian lesions, especially in condition of grossly normal appendix. Taking in consideration all mentioned above, epithelium from different sites manifest different immunohistochemical expressions and this may help to identify the primary lesion site. Ovary epithelium and majority of tumors originating from the ovary manifest positive expression for cytokeratin 7 (CK 7) and are negative for cytokeratin 20 (CK 20), while appendiceal epithelium and tumors originating from appendix and colon are positive for CK 20 and negative for CK 7. Another specific immunohistochemical marker for colorectal and appendiceal origin tumors is the carcinoembryonic antigen (CEA).

Materials and methods: Current paper included two cases of ovarian mucinous cystadenoma, two cases of PMP of appendiceal origin (mucinous cystadenocarcinoma) and one case of appendiceal mucinous cystadenocarcinoma.

An immunohistochemical profile including CK 7, CK 20 and CEA for all the specimens was performed.

Results: For cases of PMP of appendiceal origin (n=2) and appendiceal mucinous cystadenocarcinoma (n=1) a positive expression of CK 20 and CEA was obtained, manifested by moderate and/or intense reaction in cytoplasm and membrane of majority of tumor cells (C++/+++; M++/+++). Reaction for CK 7 was negative.

For cases of ovarian mucinous cystadenoma (n=2) a positive expression of CK 7 was obtained, manifested by intense reaction in cytoplasm and membrane of the tall prismatic epithelium (C+++; M+++). Reaction for CK 20 and CEA was negative.

Conclusion: Results obtained within the current study showed a difference of the immunohistochemical profile of the mucinous lesions of appendiceal and ovarian origin, thus confirming the available data. These findings prove that the immunohistochemical profiling may help to identify the origin of the primary lesion and this have an impact on the subsequent management of these patients

Keywords: Mucinous lesions, pseudomyxoma peritonei, immunohistochemistry

46. HEALTH-RELATED QUALITY OF LIFE ASPECTS IN PATIENTS WITH VESTIBULAR DISORDERS

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The purpose of this study was to describe issues regarding the quality of life in a group of patients (n=60) suffering from vestibular disorders and their self-rated disease, specific symptoms, disability and general functioning in everyday life, using two different self-rated instruments: the Dizziness Handicap Inventory (DHI) questionnaire and the Vestibular Activities of Daily Living Scale (VADL) questionnaire.

The results showed that the physical aspects (DHI average scale score 1.84) of dizziness mostly influenced the quality of life, followed by functional aspects (DHI average scale score 1.76) and by the emotional ones (DHI average scale score 1.35). The worst functional impairment rated by the patients from our data are in the psycho-social area such as the feeling of a restricted situation and anxiety about the dizziness and symptoms' consequence, which leads to avoidance of many activities like reading and being at high altitude. Physically, our patients were most affected by the quick movements of the head, by bending over and by looking down.

Conclusions. Our results revealed that from emotional point of view the patients presented frustration; impaired concentration and the feeling of depression. However, several impairments in daily life were not related to the disease itself. Dizziness is common in all age groups and seems to

have a significant impact on an individual's well being. Self-rated questions are an easy and inexpensive tool to identify people in need of skilled clinical examinations.

Keywords: dizziness, vestibular disorder, quality-of-life

47. SEXUAL HEALTH OF PEOPLE WITH LOCOMOTOR DISABILITIES – A COMPREHENSIVE STUDY

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Introduction: Sexuality and sexual health of people with disabilities have been neglected by the health care system across the country and region for a long period of time. Disabled people face dominant social norms that primarily hold them to be asexual and childlike, without any desire and undesirable. Although some physical disabilities directly affect sexuality by disablement of genital function, most of them do not. At national level, sexual health statistics for disabled people are almost non-existent.

Purpose of the study: To identify and define the mechanisms which affect sexual function in pathologies related to locomotor disability and to develop a patient-centred assessment algorithm regarding sexual health for people with locomotor disabilities.

Materials and methods: Evidence from all the relevant articles and bibliographic sources referring to sexual health of disabled people has been analyzed and reviewed.

Results: The study identified specific and nonspecific mechanisms affecting sexual function in people with locomotor disabilities. Specific mechanisms, such as neuro-autonomic mechanism and neuromuscular mechanism have been determined. Impairment of sexual function through neuro-autonomic mechanism occurs in transverse spinal cord injuries and in other pathologies involving the sympathetic and parasympathetic spinal center segments, reflex pathways and sensory pathways. Additionally, for a better understanding of the neuro-autonomic mechanism and a more effective evaluation of sexual function, the study suggests a diagnosis orientation focused on bony landmarks of the spine (superior injury – upper Th10 vertebra, intermediate injury - between Th10 and L1 vertebra and inferior injury – lower than L1 vertebra) not on medullar parts that physiopathology of sexual function focuses on. Through neuromuscular mechanism, the importance of motor control on sexual function was recognized. The impairment of motor control has been identified at three levels: cerebral motor neuron damage (cortical and subcortical), spinal motor neuron damage and lesions of peripheral nervous structures and muscles. More than that, neuromuscular mechanism was identified to be responsible for affecting sexual function of people with locomotor disabilities in most of the cases, neuro-autonomic mechanism being an optional one, met mostly in transverse spinal injuries. Regarding nonspecific mechanisms, the following ones were defined: genital mechanisms, complementary pathological mechanisms, psychosocial mechanisms and iatrogenic mechanisms. Thus, based on specific and nonspecific mechanisms, the patient-centred assessment algorithm on sexual health for people with locomotor disabilities was developed.

Conclusions: Existing studies on sexual health of people with locomotor disabilities are limited and statistics are almost non-existent, most of them approaching this issue from social perspective rather than from a medical one. Most studies emphasize the need of sexual health services for people with disabilities, pointing, in the same time, at the low competence of health care providers. Identification of the two specific mechanisms affecting sexual function (neuro-autonomic and neuromuscular) greatly facilitates the interpretation of sexual disorders associated to locomotor disabilities. Defining the mechanisms which affect sexual function in people with locomotor disabilities and developing the patient-centred assessment algorithm on sexual health for people with locomotor disabilities represent a special practical interest both in clinical practice as well as for further studies on patients.

Keywords: Sexual health, locomotor disabilities