

Conclusions: Hypertension is a major risk factor for cardiovascular morbidity and mortality, particularly in elderly, so the correct treatment reduces death rates and rates of CV effects related to people over 65 and people aged over 80 years, the treatment does not appear to significantly reduce the overall rates of death, but decreases the risk of heart disease.

Key words: Arterial hypertension, elderly

74. THE ANALYSIS OF CLINICAL AND LABORATORY CHARACTERISTICS IN PATIENTS WITH LIVER CIRRHOSIS AFTER SURGICAL TREATMENT BY AZYGO-PORTAL DEVASCLARISATION AND SPLENECTOMY

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Introduction: Liver cirrhosis is one of the great problems of gastroenterological pathology, as well as a public health problem because of the high incidence, chronicity, severity of complications and high costs involved in the care of these patients. Approximately 77% of patients with hepatic cirrhosis have a severe hypersplenic syndrome with forecast reserved. Surgical approach has proven to be very effective in solving the severe hypersplenic syndrome.

Purpose and objectives: To analyze the clinical and laboratory characteristics in patients with cirrhosis of different etiology within 6 months to 3 years after surgery by azygo-portal devascularisation and splenectomy.

Materials and methods: We studied retrospective 47 patients with liver cirrhosis hospitalized in the department of hepatology and hepato-biliary surgery departments of IMSP - SCR, from 2010 to 2013, undergoing surgical treatment of solving the portal-hypertensive splenopathy. The diagnosis was confirmed clinically, biologically and imagistically. Clinical and laboratory results were analyzed using patient's clinical observation sheets from the archive of IMSP-Republican Hospital using Microsoft Office Excel 2007 and SPSS v. 17.0 programs.

Results: It has been found:

➤ a significant improvement of the asthenic, hemorrhagic, abdominal pain and dyspeptic syndromes;

➤ a statistically significant improvement for platelets, leukocytes, erythrocytes and an improvement of the hepatocellular insufficiency syndrome characterized by prothrombin and fibrinogen;

➤ many of the patients who gather the score for Child-Pugh class B before the surgery passed in class A after it, which shows an improvement in the clinical and paraclinical features;

➤ a significant decrease in the incidence of upper gastrointestinal bleeding (50% before and 10% after) and its severity after surgery.

Conclusions: This study showed the benefits of surgery by azygo-portal devascularisation and splenectomy in improving the clinical and paraclinical manifestations in patients with liver cirrhosis with portal hypertension.

Keywords: Hepatic cirrhosis, splenectomy, portal hypertension

75. CLINICAL ASPECTS IN CELIAC DISEASE

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Purpose and objectives: Celiac disease or gluten sensitive-enteropathy is a systemic disease with multiple manifestations. The aim of this study was to determine the most important clinical aspects in patients with severe celiac disease (MARSH III).

Material and methods: We conducted a retrospective study on a series of consecutive patients who underwent upper gastrointestinal endoscopy between 01.01.2009-31.12.2013 in Endoscopy Unit of Targu Mures County Clinical Emergency Hospital. We included newly diagnosed patients with celiac disease with histologic confirmation. At least two bioptic samples were obtained from the distal duodenum, which were submitted to histopathological examination and scored according to MARSH criteria in 3 degrees. We included in our study only patients with duodenal atrophy (MARSH III).

Results: During the studied period a number of 32 cases of celiac disease were histologically confirmed. We found a strong predominance of female, 28 cases (87.5%), with a female/male ratio of 7/1. The mean age at diagnosis was 39 years. Anemia was present in 18 patients (56.35%) with hypochromia in 14 cases (77.77%), and normochromia in 2 cases (11.11%). Other laboratory finding was elevated transaminases in 9 patients (20%) and diarrhea syndrome in 13 patients (40.62%). Diabetes mellitus was present in 3 (9.37%) patients.

Conclusions: Our data showed a low prevalence of celiac disease with histologically confirmation, but the list of those who could possibly have celiac disease can be extensive. Celiac disease is associated with a number of other medical conditions, many of which are autoimmune disorders: diabetes mellitus, but also with anemia syndromes with iron deficiency.

Key words: Celiac disease, anemia

76. ECOLOGICAL AND EPIDEMIOLOGICAL FEATURES NOSOCOMIAL INFECTIONS IN INTENSIVE CARE UNIT

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Introduction: Nosocomial infections complicate carrying out medical and diagnostic process, sharply reduce efficiency and enlarge hospitalization duration, raise lethality, leading as a whole to augmentation of economic expenses and causing essential social damage.

Purpose and Objectives: To analyze the ecological and epidemiological characteristics of pathogens causing nosocomial infections in the intensive care unit.

Material and methods: We examined analysis of 122 isolates from 42 patients aged 10 to 71 years, treated in an intensive care unit multidisciplinary hospital. The research materials are tracheal swabs, wounds, pressure sores, washouts from drainage tubes.

Results: In etiological structure of hospital infection in the ICU prevail gram-negative microorganisms (76,23%): *Enterobacter cloacae* (32,79%), *Pseudomonas aeruginosa* (21,31%) and *Acinetobacter lwoffii* (18,03%), predominantly in the form of monocultures. The microbial associations were found. Associations, circulating at the hospital, have low coefficient of associativity ($k_A = 25,66\%$), between microorganisms exist opposing relationship, therefore, they are unstable and capable to exist short time (Jaccard coefficient = 7,66%). To reduce the frequency of infectious complications must take into account the mechanisms of antibiotic resistance leading pathogens. Particular attention should be paid to resistance to Cefotaxime, Ceftazidime and Cefepime at the leading number of microorganisms. To *Pseudomonas aeruginosa* pay attention to resistance to Ciprofloxacin, as well as resistance to Imipenem, Meropenem and Carbenicillin. Clinical and epidemiological characteristics of nosocomial infections in ICU patients were: the senior age group of risk (50 years and over); leading purulent septic complications-purulent tracheobronchitis, bilateral pneumonia; higher frequency surgical interventions and the intensity of antibiotic therapy; prolonged hospitalization; the later dates of occurrence; conducted a large number of invasive procedures.

Conclusion: Nosocomial infections are one of the most serious problems in epidemiology. The epidemiological situation demands attentive studying and introduction of new systems of infectious control for modification in the style and operating mode in departments of resuscitation and intensive care.

Keywords: Nosocomial infections, intensive care unit, antibiotic resistance