Purpose and objectives: In the period 2008-2012, a retrospective study was conducted on 47 patients, who have been identified and treated at the county hospital "Nicolae Oblu" from Iasi, Romania. Arterial thrombosis may occur as a result of hereditary or acquired thrombophilia associated with an increase of fibrinogen and dyslipidemia levels, along withthe risk factors.

Materials and methods: Of the study was to identify the prevalence of thrombophilia associated to the risk factors, present in case of 47 patients, who experienced at least one episode of arterial thrombosis.

Forty-seven patients from Iasi, older than 45 years, who had at least one episode of ischemic stroke, were studied for three markers of thrombophilia (protein C, protein S and antithrombin III), the plasma levels of fibrinogen and lipoproteins, and risk factors. There were used basic methods of coagulation and the Clauss method for fibrinogen determination. This study included patients who experienced at least one episode of arterial thrombosis until the age of 45 years. Two patients, who are 47 and 50 years old, were included in the study because of the fact that the first episode of ischemic stroke occurred when they were younger than 45 years. We have also taken into account the presence of risk factors, such as smoking, dyslipidemia, family history, etc. The study excluded the patients younger than 45 years, and also other causes of hypercoagulability such as hypertension, liver disease, nephritic syndrome, malignancy, polycythemia, thrombocytosis, contraceptive use, hormone replacement, etc.

Results: There were 47 patients (M / F 18/29) with an average age of 35.6 years (ranging from 18 to 50 years). From a total of 47 patients, 35 had their first episode of stroke, and 12 experienced at least the second one. 21 of the patients showed no abnormalities of the anticoagulation factors, 5 patients had protein C deficiency, 8 of them had protein S deficiency, 5 of them had an antithrombin III deficiency, 11 patients showed increased levels of fibrinogen, and 8 patients had dyslipidemia. Concerning the risk factors, 18 patients were smokers and 6 patients had a family history of arterial thrombotic accidents.

A combination of thrombophilia markers and risk factors was seen in case of 24 of the 47 patients. The prevalence of risk factors: smoking 40%, the increased levels of fibrinogen and lipoprotein, about 17%, and family history 12%. Only two patients have shown a deficiency of anticoagulation markers in case of an experienced episode of cerebral-arterial thrombosis.

Conclusion: The routine testing of fibrinogen could have a positive influence on the early recognition of young patients, who experienced an episode of cerebral-arterial thrombosis, recognition for the deficit of anticoagulation factors, since the presence of thrombophilia markers alone can very rarely be a factor for an ischemic stroke.

Keywords: Ischemic stroke, thrombophilia, protein C, protein S, antithrombin III

88. EXTRAGASTRIC MANIFESTATIONS OF HELICOBACTER PYLORI INFECTION IN ROMANIAN POPULATION

Popovici Mihaela, Teodora Alexescu - "Iuliu Hatieganu" University of Medicine and Pharmacy, Otorhinolaryngology Department, Cluj-Napoca, Romania

Introduction: *Helicobacter pylori* (H. pylori) is one of the most frequent causes of gastrointestinal infections worldwide. It is known that the immunological response evoked by the bacterium is an important determinant of gastric mucosal damage. Epidemiological studies have investigated H. Pylori as a pathogenic determinant of some extragastric disorders due tolow-grade inflammatory state, molecular mimicry mechanisms, interference with the absorbance of nutrients and drugs possibly influencing the occurrence or the evolution of many diseases. The main burden of infection is in the developing countries possibly reflecting the presence of geographical variability in the prevalence of both H. pylori infection and the considered extradigestive disorders.

Purpose and objectives: The aim of this study is to determine the prevalence of systemic hypertension (HTA), ischemic cardiomyopathy (IC), dyslipidemia, type 2 diabetes mellitus (T2DM) and *chronic obstructive pulmonary disease* (COPD) in a series of patients with Helicobacter Pylori infection and explore the possible etiopathogenetic link between them.

Materials and method: A total of 100 participants were divided into two groups according to the presence (n=45) or absence (n=55) of Helicobacter Pylori infection. The detection of bacteria was assessed by upper endoscopic gastric biopsies. The presence of HTA, IC, dyslipidemia, T2DM and COPD were investigated in the medical history of both groups.

Results: One hundred patients (47 men, 53 women), aged 30-85 years (the mean 58.1) were included; 55% of patients were positive for H. pylori infection. Twenty-two (51%) of patients with H. Pylori infection presented HTA, compared to 24 (42%) subjects of H. Pylori negative, without semnificative difference between the two groups. (p=0.65). The presence of IC was significantly higher (46%) in H. Pylori positive group than (25%) of the group without infection (p=0.003). Nineteen patients (34%) H. pylori positive had T2DM, while 10 patients (23%) were found in the H. Pylori-negative group, the difference being statistically insignificant (p=0.58). The most frequent extragastric manifestation for patients infected with H. Pylori was dyslipidemia (29.7%). The patients with H. Pylori had significantly higher levels of dyslipidemia (62%) compared with the non-infected group (25%) (p=0.002). Sixteen (25%) cases of COPD were found in H.Pylori positive group and 10 (26%) in the H. Pylori negative group without reaching statistically significant levels (p=0.71).

Conclusion: The association between H. pylori infection and ischemic cardiomyopathy and dyslipidemia was revealed in this study. Although some authors found convincing evidence of the involvement of Helicobacter pylori as one possible cause of systemic hypertension, type 2 diabetes mellitus and chronic obstructive pulmonary disease, our results have failed to confirm the existence of this etiological association. Hence, the precise processes remain unclear and require further studies.

Keywords: *Helicobacter pylori*, systemic hypertension, ischemic cardiomyopathy, dyslipidemia, type 2 diabetes mellitus, *chronic obstructive pulmonary disease*, epidemiology

89. CLINICAL MANIFESTATIONS, CONTEMPORARY DIAGNOSIS AND TREATMENT OF CHRONIC MYELOID LEUKEMIA

Procopciuc Vitalie

Academic adviser: **Musteaţă Vasile**, M.D., Associate Professor, State University of Medical and Pharmacy "NicolaeTestemitanu", Chişinău, Republic of Moldova

Introduction: Chronic myeloid leukemia (CML) is a myeloproliferative disorder that results from the reciprocal translocation of the *ABL1* gene on chromosome 9 with the BCR gene on chromosome 22, leading to the formation of the chimeric fusion oncogene. This myeloproliferative malignancy accounts 15–20% of leukemias in adults. The course of CML istriphasic: chronic phase (asymptomatic in approximately 30% of cases) followed by an advanced accelerated phase and/or blast crisis, which may prove fatal. The treatment of CML has evolved over the years and currently includes oral tyrosine kinase inhibitors, immunotherapy and bone marrow transplantation. Imatinib was the first tyrosine kinase inhibitor to be introduced as first-line therapy.

Purpose and Objectives: Evaluation of clinical manifestations, contemporary methods of diagnosis, assessment of therapeutic possibilities and treatment outcomes in patients with CML.

Materials and methods: The study was based on the analysis of the clinical observation sheets of 50 patients diagnosed with CML.

Results: The study included 50 patients aged from 20 to 81 years: 28 men (56%) and 22 women (44%). According to the study, CML starts most frequently at the age of 46-50 years (18%). 46 (92%) patients were diagnosed with CML in chronic phase. Only 3(6%) patients were diagnosed during the acceleration phase and1 (2%) patient - during the acute phase. 9 (18%) patients were asymptomatic at the moment of diagnose. At least 35 (70%) patients presented a certain degree of splenomegaly; 40 (80%) patients-asthenia, 37 (74%) patients– pressure in the left hypochondrium; 15 (30%) patients– bodyweight loss. 46 (92%) patients received chemotherapy, 37 (74%) patients (74%) were treated with Imatinib. Only 2(4%) patients received Imatinib as a first line therapy. 36 (72%) patients had a complete remission (68% ensured by Imatinib); 14 (28%) patients – partial remission (ensured by conventional therapy). In the first 6 months of treatment, Imatinibdetermined