77. ACUTE HEPATITES C IN PREGNANCY-A CASE REPORT

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Introduction: Expressed cytolytic syndrome in quarter 2-3 of pregnancy may create great difficulties in diagnostic and therapeutic approaches. Potential prognostic risk increases the importance of detailed differential diagnosis and adequate therapeutic conduct.

Material and methods: A case report of acute hepatitis C, with onset in the 22nd week of gestation, that put issues of early diagnostic and management. 34 years old woman has been addressed to the SCR, Chisinau with the diagnosis of reference: intrahepatic cholestasis of pregnancy; chronic hepatitis of unidentified etiology, high activity. Fourth pregnancy with normal obstetrical history.

Results: The only accuse was persistent cutaneous pruritus which disrupts sleep. Gravidarum dermatitis was suspected before the hospitalization in the department of infectious diseases. In the referral: ALT – 526.8 U/l, AST – 482.7 U/l, total bilirubin – 30,5 mmol/l, conjugated bilirubin – 23.2 mmol/l, the viral hepatitis markers was negative. The patient was hospitalized in the hepatology department, where ALT was 426.7 U/l, AST – 307.1 U/l , total bilirubin– 24.4 mmol/l, conjugated bilirubin – 15.1 mmol/l, biliar acids – 6.2 mmol/l, aldolase – 12 U/l. Cutaneous pruritus intensity decreased after beginning the treatment with ursodeoxycholic acid. Acute hepatitis C was established after repeated tests for viral hepatitis markers.

Conclusion: Etiology of liver disease in pregnancy may present diagnostic difficulties. It's very important to know the features of possible liver pathologies caused by pregnancy and to remember about the possible association with pregnancy independent conditions.

Keywords: Acute viral hepatitis C, pregnancy, pruritus

78. THE ROLE OF CURB-65 SCORE IN EVOLUTION OF COMMUNITY-ACQUIRED PNEUMONIA

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Introduction: Community-acquired pneumonia (CAP) is a cause of considerable morbidity and mortality in adults, leading to high rates of hospitalizations, especially in the elderly. The 6-point CURB-65 score, one point for each of: Confusion, Urea >7mmol/l, Respiratory rate ≥30/min, low systolic (<90 mmHg) or diastolic (≤60 mmHg) Blood pressure, age ≥65 years, enabled patients to be stratified according to increasing risk of mortality into different management groups. There are 3 groups: 0-1 points–low severity, these patients may be suitable for treatment at home, 2 points – moderate severity, short-stay inpatient treatment or hospital-supervised outpatient treatment, and ≥ 3 points–high-severity, inpatient treatment, and for the patients with score 4 or 5 treatment in ICU **Purpose and objectives:** To assess the usefulness of the CURB-65 score in the management of CAP, and to determine the outcome in relation to the degree of severity using CURB-65.

Materials and Methods: 90 patients admitted to the Institute of Phthisiopneumology "Chiril Draganiuc" with CAP were studied retrospectively. The study group was formed by 43 (47.8%) women and 47 (52.2%) men. The average age was 58.89 ± 18.45 (95 % CI: 55.02 – 58.99) years. The study is based on the analysis of the CURB-65 score to predict the mortality and the need for hospital or ICU admission of patients with CAP, correlated with local criteria for hospital admission and intensive care unit (ICU) admission.

Results: 17 patients (18.9%) were with CURB-65 score 0, 30(33.3%) with score 1, 31 (34.4%) with score 2, 8(8.9%) with score 3, 3(3.3%) with score 4 and 1(1.1%) with score 5. The ICU admission rate, based on presence of 2 or more criteria for ICU admission from the national guideline for CAP was 30% (27 patients), 6 of whom (22.2 %) required mechanical ventilation. 7 patients (7.8%) died, one of them had the CURB-65 score of 2, 3 - score 3, 2 – score 4, and 1 – score 5.