years. Comorbidities were presents in 10 cases, most frequent being hypertension (6 cases) and obesity (4 cases). The mean time from onset of symptoms to admission RCH was 6,5 days (range 3-13). The mean time from onset of symptoms to death, and from hospitalization to death was 16,91(range 3-27 days) and 10,39 days (range 3 hours-23 days) days respectively. All patients had clinical criteria for SDRA and required mechanical ventilation during the first 24 hours of hospitalization. Chest radiographs demonstrated, in all cases, bilateral, confluent, patchy opacities with subtotal or total extent. In 3 cases was detected spontaneous pneumotorax. Bacteriological exam in 7 of 8 sputum specimen revealed Pseudomonas aeruginosa. Histopathologic changes consist of focal to extensive diffuse alveolar damage (DAD) in 12 patients often associated with marked hyaline membrane formation. Four of these 12 DAD cases showed only acute DAD. Three of 12 cases showed acute and organizing DAD. Five of 12 cases had fibrosing and organizing DAD. Autopsy evidence of mixed bronchopneumonia (viral + bacterial), predominantly with total extent, were observed in all decedents. In 11 cases was present predominantly a purulent exudate and in 4 cases - predominantly hemorrhagic. Acute desquamative tracheobronchitis was observed in all patients. In 10 of these cases was found a serohemorrhagic component, in 3 cases a fibrinopurulent component and necrotizing one in 2 cases. Desquamative bronchiolitis with metaplasia of bronchial epithelium were observed in 3 cases. Serofibrinous pleurisy was found in 6 decedents. In conclusion we say that pulmonary pathological changes in fatal cases, caused by 2009 A H1N1 influenza virus, were similar to those described in the past pandemics. Superimposed bacterial infection of the respiratory tract was common. Comorbidities and pregnancy can be risk factors for death.

Current Concepts in the Treatment of Hepatopulmonary Syndrome

Olga Ciobanu

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

The aim of the present review is to cover various aspects of treatment of pulmonary dysfunctions in patients with hepatopulmonary syndrome (HPS), which represents important complication to cirrhosis and portal hypertension. For the articles and reviews about pulmonary dysfunction and it treatment in HPS was searched HINARI and MedLINE. The keywords were: pulmonary dysfunction in HPS, treatment of HPS. Multiple medical therapies have been investigated for the treatment of HPS in small studies but with low answer to medical therapy. An investigation into the efficacy of pentoxifylline, a nonspecific phosphodiesterase inhibitor that is recognized to block effects mediated by TNF-a in inflammatory and endothelial cells, has been shown improvement of intrapulmonary vasodilatation and gas exchange abnormalities. Other studies have looked at the contribution of somatostatin analogs, amiltrine, indomethacin and blockers of AT-II like losartan show benefits in arterial oxygenation. Liver transplantation is considered to be the definitive treatment of HPS with often successful reversal of hypoxemia; however other treatments have been trialed about mediators (nitric oxide) disorder in lung vessels and block synthesis of vasodilatationvasoconstrictive substances at liver level. Currently, no effective medical therapies for the hepatopulmonary syndrome exist, and liver transplantation is the only successful treatment. It is necessary to study efficiency of the new drugs in lung vascular disorders in liver cirrhosis.