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I. CASE PRESENTATIONS

1. Skin infections in adults - current clinical - evolutional aspects

Author: Abăitancei Anastasia
Co-authors: Blehuiu Bogdan-Ionuț, Cocuz Iuliu Gabriel, Păduroiu Ioan Sabin
Coordonator: Cocuz Elena Maria, MD, Ph.D.
Transilvania University of Brasov, Faculty of Medicine

Background: Cutaneous infections are skin diseases commonly found in medical / clinical practice, which have infectious factors involved such as bacteria (staphylococcus, streptococcus), viruses (herpes simplex) and fungi (candida), each requiring a specific therapeutic intervention. Risk factors for the development of skin infections include, on one hand, poor personal hygiene, comorbidities and close contact with a person with such an infection and, on the other hand, various epidermal lesions / diseases and patient underlying illnesses conditions .

Objectives: The aim was to evaluate some epidemiological, clinical and therapeutic aspects in a group of patients hospitalized with different skin infections.

Material and method: A retrospective study performed on a group of 131 patients admitted to the Clinical Hospital of Infectious Diseases from Brasov in 2017. The medical data were obtained from the general clinical observation sheets of the patients.

Results: In the study group, 48.1% of the patients were female, 25.2% came from rural areas and 61.60% were over 55 years old. Cellulite was found in 93.89% of the patients, located in the lower limb in 76.42% of these cases. Sepsis showed 5.34% of the patients. Patients have associated diabetes in 36.7% cases and cardiovascular disease in 83.54% cases. The etiology was established in 19.08% of the patients with a 72% staphylococcal etiology. Treatment was performed with antibiotics alone or with combination therapy; the most commonly used antibiotics were Cefuroxime - 45.04% cases and Fluoroquinolones - 31.3% cases; 93.13% of patients were discharged healed

Conclusions: The admissions for cutaneous infections prevailed in urban patients over the age of 55 with frequencies of both sexes. Cellulite was the most common clinical form with predominant localization in the lower limb. The etiology of cutaneous infections was established in a small proportion of cases dominated by staphylococcus. Sepsis has rarely been met. Appropriate antibacterial treatment determined favorable progression in most patients.

Keywords: skin infections, cellulitis

2. Acute meningitits in a 10 years old child with slight mental retardation. Case report.

Author: Adelina Elena Cîrstian
Co-authors: Victor Chisăliță, George Bojescu, Paul S. Cotoi
Coordonator: dr. Daniela Chisăliță
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: The enterovirus is a non-polio virus of the family of Picornaviridae family and is the most common cause of viral meningitis, resulting in an acute inflammation with a mild to moderate leptomeningeal lymphocytic infiltrate. It can cause severe complications in people with a low immune system, such as slowing down cognitive processes due to the compression of the brain by the edema.

Case Presentation: We follow the case of a 10 years of child who attended the emergency room acusing: fever, vomiting, diarrhea, dry cough, dysphagia, general influenced state, headache. From the anamnestic data is was revealed that the child had a slight delay in mental development, and from the background medication we learn that he was administered Ercefuryl (an antibiotic with nifuroxazide as an active substance).

By perfoming clinical and paraclinical examinations, the following diagnoses have been established: acute meningitis with clear cerebrospinal fluid positive for enterovirus, acute enterocolitis, erythematous angina, moderate acute deshidratation, secondary transient leucopenia, lingual candidiasis due to the antibiotic administration in the context of viral infection, hypocalcaemia and hypomagnesaemia. During hospitalization, he was administred Ceftriaxone, anti-edematous medication (mannitol), symptomatic medication and a diet was recommended for the condition in question.

Conclusion: The patient had a positive response and has been discharged with a generally improved condition. It was prescribed treatment with Eficef 100 mg 2 cps/day, 7 days; Cavit junior 1cps/day, 10 days; Magne B6 1f/day, 10 days; Calciu lactic 2 cps/day, 10 days; Enterol 1cps/day, 10 days. Beside treatment, buccal badigeonnage with glycerin and stamicin has been recommended, as well as avoidind cold and moisture.

Keywords: acute meningitis with clear cerebrospinal fluid, enterovirus, acute enterocolitis, slight mental retardation.

3. Corticosteroid-induced mania in type I bipolar disorder: case report

Author: Ana Vlădescu
Co-author: Andrada Elena Nechita
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Corticosteroids, which are widely used in medical practice, are prescribed for a large variety of pathologies and known to have both somatic and neuropsychiatric side effects.

Case Presentation: We describe the case of a 48-year-old male patient known to have type I bipolar disorder, stable under ambulatory treatment, presenting two manic decompensations over the past year. In both cases, the symptomatology that required emergency hospitalization was dominated by: irritability, irrascibility, racing thoughts, ideas of greatness, paranoid delusions of poisoning, of persecution, of injury, affective inversion, sexual disinhibition, rhythm associations and decreased need for sleep. All of those were triggered by oral administration of 20mg/day of Dexamethasone for ten days, following his dermatologist's advice, for his associated pathologies. The symptoms have been improved suddenly within the first 48 hours after hospitalization and initiation of the treatment with high doses of valproic acid (Orfiril 1000mg 3x1 / day), but the delusional ideas have prolonged the hospitalization.

Conclusion: In our case, in addition to initiating aggressive treatment with Valproic Acid, we also opted for complete elimination of Dexametasone.

4. The disease of 1000 faces - Lyme disease/Maladi Lyme

Author: Andrea Farcaș
Co-authors: Chelaru Irina-Ioana,Furdui Ioana Monica, Focșa Ionuț-Alexandru
Coordinator:Dr. Adina Stoian - dr.primary neurologist
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: A pathology with a controversial name, "the disease of 1000 faces", given by the fact that this disease mimisc the symptoms of many diseases, and is manifested differently from one person to another, which makes it difficult to diagnose. Borreliosis, also known as Lyme disease, is caused by the bacterium Borrelia Burgdorferi and is transmitted to humans by the bite of infected tick. The incidence of this criminal disease is steadily increasing in Romania. In 2017, 939 patients were diagnosed with this disease.

Case Presentation: A female patient aged 55, from Luduș, Mureș county, presents at the neurology department of Emergency Hospital in Târgu Mureș on the 4th of May, 2018, accusing dizziness and paraesthesia of the left upper limb.

Two days before, the patient was admitted at the hospital in Ludus, where at the previous simptoms add a sudden decrease in muscle power in the lower limbs, symptom for which the patient was directed to our clinic.

The anamnesis reveals a positive response from the patient regarding a tick bite. It is also worth mentioning that the woman has psychiatric history and arrives on the department in a state of psychomotor agitation, which makes diagnosing harder.

Conclusion: Following the multiple investigations that have been effectuated during the admission were discovered IgM anti-Borrelia antibodies, which led to the establishment of antibiotic treatment (Cefort), and during the admission a significant improvement in the patient’s state was observed.

On discharge, the woman was able to stand up and take a few steps (with assistance).

5. How significant is the sudden cardiac death risk due to mitral valve prolapse – a review of the literature

Author: Lupu Aurica
Co-author: Vlaicu Tudor
Coordonator: Sanjay Gupta- Cardiology Consultant, York Hospital UK
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Mitral valve prolapse(MVP) occurs when the leaflets of the mitral valve prolapses into the heart's left atrium during the heart's contraction.

This 65-year-old gentleman was admitted following a loss of consciousness preceded by mild right shoulder discomfort. At admission was found MVP, AF with 90 bpm, mildly raised troponin, coronarography showed no limiting flow disease, slightly raised D-dimers and CTPA was negative.

The aim of this study was to evaluate the last studies in order to determinate which are the categories of patients with MVP who can develop a syncopal episode or SCD.MVP associated with arrhythmia commonly happen in young female patients and it usually has a benign course, but can occasionally be associated with serious complications. There is an increased risk of SCD 1-2.5% in MVP patients even in the absence of heart failure or significant MR(mitral valve regurgitation). All mechanisms described (mechanical contact from the prolapsing leaflets which triggers arrhythmia, mitral annulus disjunction, Barlow's disease, fibrosis in the base of papillary muscles, infero-basal wall underneath the posterior mitral valve(MV) leaflet) are studied on asymptomatic patients without mild-severe MR, chordae tendineae rupture or other cardiac disease except MVP. Possible methods of specific treatment in SCD due to MVP are: MV repair, ICD, catheter ablation, medications.

We think that MVP was not the cause of black out. All studies we summarised show that the young women with fewer cardiovascular risk factors and bileaflet MVP, biphasic T waves in the inferior leads and frequent complex ventricular ectopic activity with documented ventricular bigeminy or VT with origin in papillary muscle are the patients at greater risk for SCD. In conclusion, the most powerful diagnosis is new onset of slow rate AF and MVP that caused the black out.

Keywords: MVP, SCD, old male

6. Hypereosinophilic syndrome in women

Author: Aurica Lupu
Co-author: Tudor Vlaicu
Coordonator: Sanjay Gupta – Cardiology Consultat, York Hospital UK
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Hypereosinophilic syndrome is a heterogeneous group of diseases with a rare incidence, characterized by persistent eosinophilia that is associated with damage to target organs. Clinical manifestations appear on skin, heart, nervous system, lungs but can affect any organ.

Case Presentation: A 58-year-old woman is admitted for abdominal pain, bloating, change in bowel habit (more frequent). On admission it was found that eosinophil count was significantly raised at 12.9% rising to 19.9% the next day with IgE more than 5000 kU/L. The patient has a background of asthma and had mildly raised eosinophils 9 years ago for which she was treated. The CT result shows marked diverticular disease of the sigmoid colon, and Echocardiography shows right ventricular apical thrombus with mild right ventricular impairment. Clinical examination reveals paresthesia in the left leg, as well as left median nerve paresthesia, but no adenopathies or hepatomegaly was found. The etiological investigation excluded the parasites infection, medication therapy, neoplasia, allergy or autoimmune disease. Therefore, the patient was started on 12.500 units of Dalteparine subcutaneous and 65 mg Prednisolone PO.

Conclusion: Although the patient was admitted for gastroenterological symptoms, clinical investigations reveal this hypereosinophilic syndrome and also the cardiac manifestations. This kind of disease is rare in women but it has frequently cardiac implication as Leoffler endocarditis which has a poor prognosis and increased mortality. Even though the ventricular thrombus is nearly half of right ventricular area, the ventricular function is preserved. The diagnosis and treatment on time with Prednisolone prevented the endocarditis effects and improved the patient lifestyle.

7. Infant's acute bronhopneumonia, rose rash contact, West syndrome. Case Presentation

Author: Sd. Cap. Bojescu George
Co-authors: Chisăliţa Victor, Cîrstian Adelina Elena, Andreiță Beatrice Ștefania
Coordinator: Dr. Chisăliţă Daniela
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Bronchopneumonia is an acute inflammation of the lungs and bronchioles, usually being the result of the spread of localized infection in the upper respiratory tract to the lower respiratory tract. Although bronchopneumonia resembles pneumonia, it may be more dangerous, thus requiring differential surveillance and treatment.

Case Presentation: 10-month-old female infant known with West syndrome in treatment with Prednison and Depakine is being hospitalized with fever, spastic coughing and difficulty in breathing. The patient arrived with a feverish condition, dry warm pale skin, dry lips, white tongue, congested pharynx, serous rhinorrhea, suprasternal intercostal circulation.

FR - 50-60 / min, SpO2 - 90% aa, pulmonary: MV with extended expiration, with subcrepit rhythms and wheezing, rhythmic cardiac noises, AV - 140 / min, tachycardia, depressible abdomen, accelerated intestinal transit, with no signs of meningeal irritation.

Management and Results: Clinical examination, paraclinical data, ENT and neurological examinations resulted in the following diagnoses: acute pneumonia, acute respiratory failure, rose rash (clinical and epidemiological), West syndrome, normocytic normochromic anemia, infantile cerebral palsy, lingual candidosis, secondary diarrhea , acute dehydration syndrome due to lack of intake and dental eruption.Treatment with Ceftriaxone, subsequently reshaped with Tagremin, rehydration, bronchodilators, asymptomatics, and a dietary regime was instituted.

Conclusions: Evolution under treatment was slowly favorable with ameliorated coughing, but the patient maintained inconsistency and somnolence, requiring perfusions and hydroelectrolytic rebalancing. The patient is released in good general condition, present appetite, dental eruption, pale, warm and elastic teguments, rare cough, supple, depressible abdomen and normotensive FA.

Keywords: acute bronchopneumonia, rose rash, West Synrome, infant.

8. Chronic Pancreatitis Acute Exacerbation Complicated with Deep Vein Thrombosis of Vena Cava and Pancreatic Pseudocysts - Severe Aute Exacerbation in Case of a Young Patient

Author : Cerciu Iulia – Ștefana
Co-author : Ciornei Mădălina – Dumitrița
Coordinator : Cerghizan Anda
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction : Acute pancreratitis is a sudden inflammation of the pancreas that can cause severe complications in the regional tissues and can trigger a systemic inflammatory response. Common complications are hemorrhage into a pseudocys, pseudoaneurysm and thrombosis of the portal venous system due to hypercoagulable states, but inferior vena cava (IVC) thrombosis is a very rare condition associated with pancreatitis and this is the novelty of our case.

Case Presentation : A 46 years old male patient, known alcoholic, with previous episode of edematous acute pancreatitis with nutritional etiology 3 months back, presented with diffuse upper abdominal pain that radiates into the back aggravated by eating. Blood examination revealed mildly elevated serum amylase level and leukocytosis.After antisecretory, antispasmodic and rehydration treatment the patient started oral refeeding which caused severe abdominal pain and also a very fast elevation of amylase and leukocytes values.

Ecographic report showed an atrophic pancreas, a transonic structure 24/17 mm and a hyperechoic structure 31/20 mm with a central transonic area about 5mm.

The computed tomography of the inferior vena cava clearly showed substantial compression by the pseudocyst (60mm/53mm/53mm) with suggestive changes of thrombosis.

Indications in this case are surgical treatment, exploratory laparotomy, anterior gastrectomy, cystogastrostomy and subhepatic drainage.

Conclusions : Deep vein thrombosis is a rare but life-threatening complication of acute pancreatitis. If clinically suspected, necessary investigations should be arranged.

Keywords : Acute pancreratitis, Pancreatic Pseudocysts, Thrombosis

9. Kienböck's disease – Case report

Author: Chelaru Irina – Ioana
Co-authors: Farcaș Andrea, Furdui Ioana Monica, Focșa Ionuț – Alexandru
Coordinator: Prof. Dr. Tudor Sorin Pop – orthopedics - traumatology department chief
Dr. Cristian Trâmbițaș – orthopedics-traumatology surgeon
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Kienbock's disease, or avascular necrosis of the lunate bone, is a rare but debilitating condition which consists of a progressive bone destruction following a local impairment of blood flow. Although many theories regarding etiology have been formulated, the disease remains idiopathic. There are, though, certain risk factors such as cubital variations, repeated trauma, a low number of blood anastomoses and venous stasis. It is interesting to mention an association with cerebral palsy, which probably occurs due to permanent hand flexion and prolonged muscle contraction.

Case Presentation: A 32 years old female patient shows at the orthopedics department complaining of wrist pain, swelling and mobility decrease, without significant history. On 08.10.2018 a MRI exam is performed, based on which are discovered fracture lines without displacement, a subchondral cyst of 3.5 mm in diameter and diffuse edema in the lunate bone. To these aspects add microcysts in the scaphoid bone and cysts of the radiocarpal joint. Based on the investigations the patient is diagnosed with Kienbock's disease. On 31.10.2018 core decompression is performed on the lunate bone of the patient at the orthopedics department in Târgu Mureș in order to allow the restoration of arterial blood flow.

Conclusion: Following the surgical intervention the patient's state is good, and the evolution favorable. The medication consists of anti-inflammatory, pain management and antibiotic treatment. Depending on the evolution it will either be established that the patient is cured, or that further surgical interventions are needed in order to remove the necrotic bone and replace it with a bone graft.

10.HOCM FINAL DIAGNOSTIC?

Author: Ciacâru Andreea-Gabriela
Coauthors: Pop Marian Md Phd; Opriș Mihaela Md Phd; Chiriac Mădălina-Paula
Coordinator: Sîrbu Ileana Voichița Md Phd
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: The obstruction of the ventricular ejection tract can be placedat the aortic valve level, subvalvular, and rarely supravalvular. The subvalvular aortic stenosis can be fixed (membrane/ridge) or dynamic (HCM) and in rare cases associated.

Case Presentation: A 44-year-old female, known with grade I obesity, feripriva anemia and uterine fibroids, is being hospitalized for the following symptoms: fatigue and dyspnea at moderate effort.

The clinical examination shows the following changes: systolic murmur grade IV / VI at the aortic focal point,with irradiation on the carotid arteries , BP 140 / 90mmHg, SpO2 98%, HR 84/ minute.

It was performed an echocardiography which revealed: HOCM with concentric left ventricular hypertrophy, predominantly septal, most marked in the left ventricular ejection tract and 58/44mmHg gradient. A particular aspect of the continuous Doppler anvelope that mimics an aortic stenosis has been noted.

The transesophageal echocardiography showed: thickened interventricular septum, especially basal, with hyperecogenic thickened endocardus, from which starts a structure that raises the suspicion of a fibromuscular ridge.

At the MRI has been identified the presence of two systolic flows, compatible with the acceleration of the flow due to the LVOT obstruction. The images sketch a fibromuscular ridge located on the interventricular septum that produces ejection tract narrowing and a flux acceleration phenomena.

The recommended treatment in this case is the surgical one- myomectomy associated with the removal of the fibromuscular ridge from the LVOT.

Conclusions: This case illustrates the difficulty of establishing a concrete diagnostic, especially in the rare cases of dynamic obstruction associated with a fixe obstruction. As a result, performing multiple imaging investigations is the key in differential diagnostic, respectively in establishing appropriate therapeutic indications.

Keywords: HOCM; Subvalvular aortic stenosis; Fibromuscular ridge.

11. PUR-foam dressings – an alternative to the classic treatment of acute and chronic wounds

Author: Cighir Anca
Co-authors: Iurian Diana-Ramona, Cîmpian Dora Mihaela, Cimpoieru Andreea
Coordinator: Boțan Adrian
University of Medicine, Pharmacy, Sciences and Technology of Târgu-Mureș

Introduction: The main component of the PUR-foam dressings is a synthetic foam made from PUR (polyurethane) having a "honeycomb" spatial structure (containing 96-98% air). This special structure gives a huge elasticity of the foam which, when applied on the wound surface, does a permanent micro-massage of the vascular structures in the wound bed stimulating exudation, capillary budding, vasodilatation and consequently enhancing oxygen and nutrient intake.

Objective: The objective of our paper was to underline the benefits of using the PUR-foam dressings in the healing process of different types of acute and chronic wounds: leg ulcers, deep burns and soft tissue infections.

Material and methods: This paper deals with 3 cases (leg ulcer, deep burn, soft tissue infection) for which the PUR-foam dressings were used in order to facilitate the autolytic debridement and help the removal of the necrotic tissues, stimulate the granulation process and prepare the wound bed for grafting.

The same therapeutic algorithm was used in all patients: preparing the wound bed by autolytic debridement using the PUR-foam dressings for about 6-8 weeks (to encourage the formation of the granulation tissue) followed by the surgical debridement of the remaining necrotic tissues and grafting by a STSG sutured by resorbable or unresorbable sutures.

Results: The results obtained by this procedure were excellent; after using the PUR-foam dressings for 6-8 weeks, the wound bed was almost completely cleaned from all necrotic tissue and bacterial burden, preparing the wound bed for grafting. The healing process was a lot shorter; patients were almost completely healed in approximately 2 months.

Conclusions: PUR-foam dressings can be considered "the dressings of the future" for a few reasons: they are cheap, do not have contraindications (can be used in patients where surgical debridement is not possible due to their comorbidities), they shorten the time necessary for healing and are easy to use.

Keywords: PUR-foam dressings, acute wounds, chronic wounds, passive autolytic debridement

12. Pulmonary Cancer with Non-small Cells in Case of a Patient with Primary Myelodysplastic Syndrome

Author: Ciornei Mădălina Dumitrița
Co-authors: Cerciu Iulia Ștefana, Abalaşei Bianca Larisa, Rotaru Carmen-Ioana
Coordinator: Cerghizan Anda
University of Medicine, Pharmacy, Sciences and Technology - Tg. Mureș

Introduction: In the context of cancer-specific mortality, bronchopulmonary neoplasm occupies the first place in men and third place in women. About 90% of the mortality due to bronchopulmonary cancer in men and 80% in women is attributed to smoking.

In Romania, bronchopulmonary cancer records a mortality of 59.29/100.000 inhabitants/ year in men and respectively 12.4/100.000 inhabitants/ year in women.

Case Presentation: I shall present the case of a male patient, smoker, aged 68, from urban area, with MDS-RAEB history (myelodysplasticsyndrome, refractory anaemia with excess blasts) since 2015 and diagnosed in 2017 with right bronchopulmonary adenocarcinoma, non-small cells (T4N2M1). The patient was asymptomatic during diagnostic and subsequently, undergoing chemotherapy. He presents himself on the 15th of October 2018 at the emergency room within SMURD UPU service, complaining about marked dyspnoea, sweating, fatigability and presenting a forced position, in right lateral decubitus.

As a result of the pulmonology consultation and paraclinical examinations, it has been established the presence of a right pleural collection, in medium average and oxygen saturation of 86%. In October 17th 2018 the patient is admitted within Medical Clinic I with the diagnostic acute respiratory insufficiency. Evacuator and diagnostic thoracocentesis is performed, followed by pleurostomy with drainage due to rapid restore of liquid quantity.

Cytological examination of punctured liquid describes groups of cells with marked cytonuclear atypia, and CT scan reveals an expansive bronchopulmonary process, post-drainage residual pleurisy, ganglion mass situated in anterior, middle and posterior mediastinum, hepatic and renal metastases, hepatic-renal serous cysts, inhomogeneous structures in bones which plead for secondary determinations.

Conclusions: Pulmonary neoplasm with non-small cells comparative to small-cells neoplasm is less aggressive, belatedly invading and rendering metastasis. Case particularity resides in the fact that the patient presented in a short time, under chemotherapy, an aggressive evolution and secondary determinations in multiple organs.

Keywords: pulmonary neoplasm, non-small cells, computer tomography

13.Dermatomyositis - the rare disease in daily casuistry

Author: Ciuban Maria
Coauthors: Edit Colceri, Cojocaru Mariana Camelia
Coordinator: Dr.Nagy-Finna Csilla
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Case Presentation: The 45-year-old J.I.T patient, known for chronic autoimmune thyroiditis (Levotiroxina), is presented in midsummer and pelvic mucus at 05.2015 with a slow onset of progress in a few weeks. In the objective exam, helicotrope rash and sign Gottron, decreased muscle strength of the belts, associated with muscle pain these headquarters. Biological samples are collected, growth of enzymes of muscular origin (CK, LDH, GOT), marked inflammatory syndrome (VSH = 49 mm / h, PCR) are recorded. There is a suspicion of a myositis, which is why EMG is performed - a miogenic pattern is described, and MRI is described as myositis alterations. For the final diagnosis and the establishment of the therapeutic course, muscular biopsy - chronic myositis with adipose substitution was performed, respectively screening for neoplastic diseases. The gynecological consultation reveals cervical colic, after the cytology examination it is recommended to conize, histopathologically described is collinear lesion with high grade CIN / III H-SIL intraepithelial lesion distal to the surgical resection margins (09.2015). Initiation of corticosteroid therapy - Prednisone 0.75 mg / kg body weight, with slow relief, arthralgia with inflammatory character, which is why the route is associated.basically with Methotrexate in progressively increasing doses. Currently the patient is on the track. with MTX 20 mg / week. associated with folic acid, in clinical-biological remission.

14. Hyperandrogenism in the context of a polycystic ovarian syndrome associated with occipital arteriovenous malformation

Author: Colceri Edit
Co-authors: Cojocaru Mariana-Camelia, Ciuban Maria, Coman Iulia-Veronica
Coordinator: Dr. Gliga Camelia
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Case Presentation: Patient T.A.M. aged 25 years diagnosed with chronic autoimmune thyroiditis under 25 μg Eutyrox treatment, gradually increased to 75μg until April 2018 and Selenium for 6 months in 2016, has presented herself for an endocrinological consultation showing weight gain, menstrual cycle disorders, and pilar virilism.

She has been diagnosed with hyperandrogenism ,with polycystic ovarian syndrome etiology. The patient had the following accusations: Headache with pronounced visual disturbances in the last two years, which was why in May 2018 MRI and cerebral angiography was performed, where right occipital arterio-venous malformation was observed. Due to the association of the cerebral arteriovenous malformation, conventional treatment with oral contraceptives could not be instituted so treatment with Spironolactone and Metformin was started. In July 2018, the arterio-venous malformation was embolized. Results of hormonal analyzes following drug treatment reveal: testosterone 52.97 ng / dl, LH: 10.42 mIU / ml, FSH: 3.62 mIU / ml, prolactin: 14.48 ng / ml, cortisol: 16,70 μg / dl.

Currently the patient has a favorable progression, she will have to return to endocrinological control over 4 months and periodic neurosurgical control.

15. Abdominal aortic aneurysm with bilateral renal artery stenosis, endovascular approach (EVAR and left renal artery stent)

Author: Cotruș Maria Teodora
Co-authors: Grecu Radu Ștefan, Cotoi Paul Sorin
Coordinator: dr. Mureșan Adrian Vasile
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Abdominal aortic aneurysm is a localized increase in the luminal diameter of the abdominal aorta, more than 50% of the normal diameter. It appears as a complication for coronary pathologies, hypertension, hypercholesterolemia. It may also occur in genetic syndromes (Marfan). It requires surgical treatment to prevent aortic dissection. Renal artery stenosis occurs in most cases due to atherosclerosis or fibromuscular dysplasia. Rarely it can be caused by an aortic aneurysm. It is the main cause of hypertension. Bilateral renal artery stenosis is associated with renal pathology.

Objectives: The aim of the paper is to demonstrate the efficacy of the endovascular approach and renal artery prosthesis.

Materials and method: A 60 years old female pacient is known to have hypertension with chronic ischemic heart disease, mitral valve and tricuspid valve failure, chronic renal failure, chronic peripheral venous insufficiency. The angiographic examination revealed an abdominal aortic aneurysm with bilateral renal artery stenosis, followed by angioplasty and endovascular prosthesis. The puncture of the bilateral common femoral arteries and the right axillary artery was performed following the Seldinger technique, the left kidney artery was catheterized, followed by the implantation of a Bentley stent graft. A Pigtail catheter was passed through the aortic aneurysm,followed by the implantation of an aortic endoprosthesis with prolongation on both common ilian arteries and balloon postdilation. While injecting the control substance, the prosthesis was permeable.

Results: Following the intervention, the pathology of the patient was improved. There have been no complications due to the intervention.

Conclusions: Endovascular approach to aneurysm or stenosis is the new minimally-invasive alternative to vascular surgery, much more attractive compared to laparotomy, with extremely favorable results.

Keywords: Aortic aneurysm, renal artery stenosis, endovascular prostheses.

16. Otogenic pneumococcal meningoencephalitis - particularities in evolution. Clinical Case presentation

Author: Cucoranu Dragoș Constantin
Co-authors: Gîrbovan Anamaria Hermina, Laszlo Sergiu-Ştefan
Coordinator: Gîrbovan Cristina Elena
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Streptococcus pneumoniae remains the major etiologic agent of acute bacterial meningoencephalitis in adults.

Case Presentation: A 64-year-old patient known for hypertension who was admitted to Tîrgu Mureş Infectious Diseases Clinic on 18.10.2018 with fever, vomiting, altered consciousness, hearing loss and bilateral otorea appeared 24 hours prior to admission. Lumbar puncture revealed an opalescent CSF with a 32640 leukocyte pleiocytosis, with a 20 mg/dl glycorrhachia, 3350 mg/l proteinorachia. From CSF culture and bacterial examination of otic secretion, Streptococcus pneumoniae with the same resistance profile to Penicillin G, Clindamycin, Trimethoprim / Sulfamethoxazole, Erythromycin was isolated. Antibacterial therapy was performed, according to the antibiotic sensitivity test, with Ceftriaxone and Vancomycin for 14 days the clinical evolution was favorable and the laboratory values of the CSF returned to normal. The cranial CT examination performed at admission confirmed bilateral acute otomastoiditis and also raised the suspicion of a cerebral abscess, at the right middle cranial fossa, adjacent to the mastoid bone, and after 10 days the cranial CT scan confirmed the suspicion of bilateral acute otomastoiditis and the patient was directed to the ORL department for surgical treatment.

Conclusions. Otogenic pneumococcal meningoencephalitis represents a life treating emergency due to the potential evolution to cerebral abscess without antibiotic treatment. The therapy of first choice for streptococcus pneumoniae consists of the association between Vancomycin and Ceftriaxone or Cefotaxim due to the high resistance reported to Penicillin G.

Keywords: Streptococcus pneumoniae, Otogenic meningoencephalitis

17. Fistulised appendicular plastron

Author: Danilescu Gabriel-Daniel
Co-authors: Gaban Bianca, Cobdrea Andreia Mihaela, Dascalasu Ionela
Coordinator: Lecturer Derzsi Zoltán, MD-PhD, Assoc.Prof. Horea Gozar, MD-PhD
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: The appendicular plastron is a localized form of peritonitis due to the complication of an acute appendicitis. Elements in the periappendicular space: the omentum, intestinal loop, parietal peritoneum forms a pseudotumor of varying dimensions at the level of the caecal region, imprecisely defined, painful, firm consistence, fixed into the deep layers, being more frequent among children and elderly.

Case Presentation: A 4-year-old patient was admitted under emergency with abdominal colic, fever, vomiting, accelerated intestinal transit being suspected of acute appendicitis. Following the clinical examination, correlated with the imaging and laboratory explorations, an appendicular plastron was revealed, reasoning for which the surgery was delayed and antibiotic therapy was recommended, as well as symptomatic and antialgic treatment.
As the sympthtome was not responsive to the treatment , surgery was performed under AG by IOT. Intraoperatively there was a fistulised abdominal pendicular plastron, for which reason appendectomy, lavage and drainage of the peritoneal cavity were performed. Slightly favorable postoperative progression, with subfebrility. The surgical plaque with minimal inflammation has been cured without complications, followed by antibiotic therapy as well as symptomatic and antialgic treatment.
It is excreted 20 days after surgery in a good condition featuring clean and healed surgical wounds.

Conclusions: The increase in the number of patients with appendicular plastron correlates with the treatment of antibiotics in pediatrics clinics. Careful attention should be paid to an appendicular plastron for intervention in case of abduction, and avoiding such an undesirable situation.

18. A case report of metastatic lung cancer unresponsive to primary treatment

Author: Dea Dobre
Co-author: Petra-Caroline Mayaya
Coordinator: dr.Simona Ruxandra Volovăț
University of Medicine and Pharmacy „Grigore T. Popa" Iași

Introduction: Lung cancer is the most frequently occurring type of cancer, having the highest mortality rate. Signs and symptoms of the disease are not specific therefore leading to diagnosis in the later stages, when only 20-25% of cases still apply for surgical treatment. However, in the absence of treatment the life expectancy of patients with this diagnosis is approximatively one year.

Case Presentation: We present the case of T. I. 68 years of age, ex-smoker suffering of Chronic Obstructive Pulmonary Disease and Hypertension that seeks out a consultation at the Regional Institute of Oncology in Iași to investigate a malignant lung tumor EGFR and ALK negative and PDL1 positive, identified through a CT scan. Further investigations reveal a secondary tumor of the left lung, liver metastasis as well as renal nodules. The patient follows up in a clinical trial where he is attributed treatment corresponding with PDL1, but the disease progresses developing anemia and a bone metastasis on the right shoulder. Given the circumstances the patient leaves the trial and is treated following the existing protocol for chemotherapy with Cisplatin and Pemetrexed, that unfortunately lead to the hepatic progression of the metastasis after 6 courses. A secondary line of chemotherapy is initiated using Docetaxel following which the patient develops further mediastinum, pulmonary, hepatic and bone metastasis, as well as complete dysphagia needing the insert of esophageal stents. Seeing as the patient's general condition is rapidly degrading the chemotherapy is stopped and palliative treatment is recommended instead.

Conclusion: A complex case of metastatic lung cancer that did not respond to any kind of treatment be it chemotherapy or immunotherapy and kept progressing in various locations. Identifying specific biomarkers to evaluate chemo and immunotherapy response is necessary for a better prognosis.

19. Infarcted pituitary macroadenoma associated with transient hypopituitarism - a case report

Author: Diana-Ramona Iurian
Co-Authors: Anca Cighir, Diana-Maria Popovici, Roxana-Adriana Cioflînc
Coordinator: Lecturer Camelia Gliga
University of Medicine, Pharmacy, Sciences and Technology of Târgu-Mureș

Introduction: Pituitary adenomas (PA) are frequent benign tumors that account for 10-15% of all intracranial tumors. When dimension of PA exceeds 10 mm they are defined as macroadenomas.

Due to its continuous and excessive growth, macroadenoma can develop ischaemic necrosis as a consequence of its surpassed blood supply. The infarction is followed by haemorrhage and a sudden enlargement of the pituitary mass resulting in compression of the structures adjacent to the sella.

Objectives:The aim of our presentation is to highlight that a good prognosis depends on the promptitude of the neurosurgical intervention.

Material and Methods: We present the case of a 58-year-old female patient who was admitted in emergency department due to sudden onset of headache and visual disturbance. The patient has a medical history of multinodular goiter, chronic autoimmune thyroiditis and primary hypothyroidism under a treatment with 100 ug/day LT4.

Sella MRI revealed a 30x18x19 mm-sized partially necrotic mass lesion which was in contact with the optic chiasm, therefore further investigations in Endocrinology department were conducted.

Endocrine studies showed pituitary insufficiency with a pluritrop (gonado-thyro-corticotrop) decreased secretion and hormone replacement therapy with Prednisone was associated.

Prompt Transsphenoidal Adenomectomy (TSA) was intended and histopathological examination revealed a pituitary macroadenoma with focal signs of ischemic necrosis. The diagnosis of hypopituitarism caused by partial tumor infarction was established.

Results: Postoperatory evolution was favourable. Hormone values were normalized, therefore the substitution treatment with Prednisone was interrupted. Currently, the patient has a long-term follow-up with periodically appropriate endocrinological examinations.

Conclusions: Macroadenoma can have severe outcomes such as irreversible hypopituitarism and visual loss as a consequence of its compressive effect on the surrounding structures, but early surgical treatment can lead to immediate recovery of pituitary function.

Keywords: infarcted pituitary macroadenoma, hypopituitarism, pituitary adenoma

20. Non STEMI in a woman with peripheric ankylosing spodylitis, long-term sulfasalazine treatment and corticotherapy

Author: Dragomir Andrei-Calin
Co-authors: Dr. Suciu Claudia, Dr. Varga Andreea
Coordinator: Conf. Dr. Țilea Ioan
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Peripheric ankylosing spondylitis (pAS) is characterized by a high prevalence of HLA-B27 gene, inflammatory markers and clinical manifestations that include peripheral joint arthritis, enthesitis, dactylisis, uveitis and sacroiliitis. Specific treatment varies according to disease severity and includes limited options such as nonsteroidal antiinflammatory drugs, glucocorticoids, sulfasalazine, biologic therapy. As a consequence, these patients are subjected to a high risk for atherosclerotic disease. Sheehan's syndrome (SS) is a parturition-related pituitary insufficiency that requires substitution of each deficient hormone, particularly for adrenocorticotropic hormone and thyroid hormones deficiency. Patients associating both pAS and SS are at a particular high risk for developing important atherosclerotic disease.

Case Presentation: A 58-year-old Caucasian woman presenting long history of smoking, 30 years treatment for ACTH deficiency and pAS that implied long-term treatment with sulfasalazine and glucocorticoids, developed Non-ST elevation Myocardial Infarction (nonSTEMI). In addition to smoking, she had a history of secondary Cushing syndrome, no previous documented heart involvement, nor a remarkable dyslipidemic profile. Considering the atherosclerotic risk factors, the nonSTEMI event, could be linked to specific related disease risk factors, specific SS and pAS treatment along with traditional risk factors, as smoking.

Conclusions: Our patient’s case serves as a reminder not to overlook the adverse effects, associated with certain immunosuppressive drugs, particularly atherosclerotic risk as these adverse effects often represent the cause of high morbidity, with and without supplementary traditional risk factors for atherosclerosis.

Keywords: Atherosclerosis, Non stemi infarction Sulfasalazine, Glucocorticoids,

21. Tracheal laceration as a complication of emergency tracheal intubation and secondary pneumomediastinum in a patient with COPD

Author: Enache Mihai-Alexandru
Coordinator: Nedeloiu Tiberiu, MD, PhD
Transylvania University of Brasov- Faculty Of Medicine

Introduction: Upper airway injuries (membranous part of the trachea and bronchus) produced during intubation are relatively frequent, especially when the maneuver is performed under difficult conditions. In a "system review", Minambres reports 27.4% of bronchial tracheal lesions during emergency intubation associated with increased mortality. After Lamp, under hospital conditions, the rate of iatrogenic lesion of the trachea is much more rare, of 1: 20,000 intubations .

Case Presentation: We will present a case of a obese female patient known for COPD with imminent respiratory arrest intubated in the UPU.

A 59-year-old patient with a therapeutically neglected COPD with Grade III obesity, with grade II Trial Levels of about 5 years, on 6-month treatment with calcium channel blocker and diuretic, calls for an ambulance for dyspnea at minimal effort, insidiously installed during the last month, accentuated for 2-3 days when it is accompanied by edema gambiere.

Pulmonary X-ray in dorsal decubitus is performed at the UPU and emergency analyzes are collected. Because the general condition rapidly deteriorates through respiratory failure and hypervapenic encephalopathy with imminence of respiratory arrest, the patient is intubated difficult due to local anatomical conditions (obesity, chest phlegm) and mechanical ventilation is established.

After repeating pulmonary radiography, it is possible to describe the periorrhagic extended pneumomediastinum and the thoracic CT confirms the massive presence of air in the subcutaneous structures at the upper thoracic, mediastinal and periaortic chest. In addition, the insertion of the intubation cannula beyond the tracheal carina in the right bronchus is highlighted.

Conclusions: Lacerations greater than 2 cm are accompanied by extensive subcutaneous emphysema with or without respiratory failure have surgery indication, but the deflation of the cannula followed by distal swelling of the cannula can be as effective.

22. Abdominal pain from simple to complex, diverticular disease and colon polyps

Author: Erdely Emese
Co-authors: Dragomir Andrei, Cîrstian Adelina, Laszlo Sergiu
Coordinator: Dr. Pușcaș Monica
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Diverticular disease(DD) is characterized by the presence of sac-like protrusions(diverticula) which form through defects in the muscle layer of the colon wall. Diminutive polyps are protusions of 5 mm in diameter or less.

Case Presentation: A 60-year-old woman with a heredo-collateral history of colon cancer, hypertension and hypercholesterolemia is admited because of severe abdominal pain manifested in the right flank. As a first treatment it's recommended to change her diet, continuing with several investigations including: parasitosis, helicobacter testing and gynecological examinations, but the results are inconclusive. The next step was to perform a colonoscopy, considering the history. In the transverse colon, a sesil diminutive polyp is detected and excised by biopsy. At 50cm from the anal margin, numerous diverticular holes are discovered with a diameter up to 10mm, some with coprostasis, but no inflammatory signs. The anal canal has haemorrhoidal dilations. Following the colonoscopy, Normix and Hemorzon are prescribed as treatment until the histopathological results arrive. The histopathological examination has the conclusion of mixed hyperplastic colon polyp and tubular adenomatosis with low dysplasia rate. On the basis of the investigations, the diagnosis is made of: diminutive transversal colon polyps, sigmoid diverticulosis and hemorrhoidal disease. The recommendations are to continue the treatment with Normix and repeat the colonoscopy after 1 year.

Conclusion: The attention of physicians must be increased even in the case of an ilness that might seem simple, such as severe abdominal pain, but may have a much worse cause than figured initially. The neoplastic polyps are of primary importance because they harbor a malignant potential, and their early detection is necessary.

Keywords: colon, polyp, diverticulosis.

23. Cribriform Comedo-Type Adenocarcinoma - Rare histological version of colorectal carcinoma

Author: Focşa Ionuţ- Alexandru
Co-authors: Farcaş Andrea, Chelaru Irina-Ioana, Furdui Ioana-Monica
Coordinators: Dr.Fülöp Emőke, Dr.Pataki Simona
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Colorectal carcinoma (CRC), the third type of cancer as a frequency, is a heterogeneous disease involving several histological subtypes, with various morphological aspects associated with unfavorable prognostic factors, according to WHO 2010 classification. Comedo-type cribriform adenocarcinoma accounts for less than 1% of CRC. It usually occurs in the proximal colon of the elderly and is associated with reduced survival, extended lymphovascular invasion and metastasis in the lymph nodes.

Objectives: The presentation of two rare cases of comedo-type cribriform adenocarcinoma located at the colorectal level.

Material and methods: The histopathological evaluation and diagnosis of the two pieces after surgical resection of colorectal tumors was performed at the Pathological Anatomy Department of Emergency County Mures Hospital and microscopically examined with the immunohistochemical method.

Results: The first case was diagnosed as a cribriform-comedo-type adenocarcinoma variant, with cecal wall infiltration in its entire thickness, direct infiltration of the ileum, and lymph node metastasis. The second case is a cribriform-comedo type adenocarcinoma that concerns all the thickness of the rectal wall, with lymphatic, vascular and perineural invasion, with positive resection and metastases present in 7 lymph nodes. The immunohistochemical profile was similar in both cases, the tumor cells being intense and diffuse positive for CDX2, positive for CK20 and negative for CK7.

Conclusions: Comedo-type cribriform adenocarcinoma is a histologically and clinically distinctive tumor subtype. From the Histopathological point of view, the term "cribriform" describes neoplastic epithelial proliferation, which is associated with strong indicators of aggressive behavior. Therefore, the identification of such CRC subtypes may have practical prognostic implications for pathologists and oncologists.

Keywords: colorectal carcinoma, comedo-type cribriform adenocarcinoma, immunohistochemistry

24. Stenosing malignant rectosigmoid neoplasm – Case report

Author: Focşa Ionuţ- Alexandru
Co-authors: Furdui Ioana-Monica,Chelaru Irina-Ioana, Farcaş Andrea
Coordinators: Dr.Fülöp Emőke, Dr. Pataki Simona
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: It is a frequent condition localized especially in the digestive tube, particularly at the level of rectosigmoid junction, an area that is prone to early development of various neoplasm types.

The pathology can occur from 18 to 85 years, more frequently in the elderly, and has a gender repartition of 54.5 % in women and 45.5% in men.

Besides the multiple complications and metastases, the disease also has an increased chance of recurrence (especially in the 3^{rd} and 4^{th} stages).

Case Presentation: A patient aged 76, living in an urban environment, shows at the emergency department of the Emergency Hospital in Targu Mures on 22.07.2018, complaining of severe rectal hemorrhage, fatigability and diffuse abdominal pain.

Following the clinic and paraclinic investigations a tumoral formation is discovered at the level of rectosigmoid junction, accompanied by subcentimetric circular formations in the liver. The patient is directed to the surgery department and on 24.07.2018 he undergoes surgical intervention for rectosigmoid resection. The resected piece is sent to the pathology department for diagnosis.

On 31.07.2018 the result of the histological analysis reveals the diagnosis of cribriform adenocarcinoma type comedocarcinoma, with a component of micropapillary carcinoma (under 5%) which infiltrates the entire rectal wall and perforates through the visceral serosa. Metastases are present in 5 out of 7 resected lymphonodules, and 7 tumoral deposits in the perirectal fat tissue along with hepatic metastases.

The tumor stage is pT4aN2a (Dukes-MAC C3).

Conclusion: The patient is hospitalized in the Oncology clinic from Targu Mures for treatment, psychological support and follow-up.

25. Complex and difficult case- therapeutic succes thanks to a multidisciplinary approach

Author: Furdui Ioana-Monica
Co-authors: Farcaş Andrea, Chelaru Irina-Ioana, Focşa Ionuţ- Alexandru
Coordinator: Lecturer Tătar Maria Cristina
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Coronary artery disease represents the main cause of death in the last decade, but due to the latest inovations in medicine, with surgical, interventional and pharmaceutical treatment, depending on the particularity of the case, many lives can be saved. Today,coagulase-negative staphylococci, represents one of the major nosocomial pathogens, especially S.epidermidis si S. haemolyticus.

Case Presentation: We present the case of a 75 y.o. patient known with anterior MI (june 2018) with multiple coronary disease, atrial flutter electrically converted to sinus rhythm (august 2018), triple antithrombotic therapy,with an episode of unspecified infectious enterocolitis and rectoragia (july 2018), shows up at emergency room accusing macroscopic hematuria, fever and shivers,accompanied by vomiting episodes and nausea, abdominal pain, swelling and pain at the level of right knee, dizziness and dispnoea and is admitted at Medical III Clinic of Emergency County Mures Hospital. Clinical examination showed: 4/2 cm bruising in the left lumbar region, temperature 38,5 °C, pain at superficial and deep palpation of the abdomen in the epigastric ,lumbar and hypogastric regions, Giordano positive bilaterally. A series of paraclinical investigations (laboratory tests, echocardiography, abdominal ultrasound, gastroscopy, colonoscopy) and specialized consults (rheumatological, urological) have been carried out.

Conclusions: Based on the anamnesis, clinical examination and specialized investigations we interpret this case as a dicumarinic overdose at a pacient with triple antithrombotic therapy(Vitamin K antagonists, Aspirin, Ticagrelor) not recommended by the cardiologist but followed by the patient due to low adherence to the prescribed treatment; in parallel the worsening of chronic renal malfunction due to dehydration/fever at a patient with severe cardiovascular disease, who presented a significant right knee pathology- reactive arthritis from a bacterial infection with possible intestinal origin, coagulase-negative staphylococcic bacteriemia. The evolution is excellent thanks to a multidisciplinary approach: cardiological, infectious, rheumatological and urological assesments.

26. Advantages of elastic titanium nails in tibial fracture

Author: Grama Andreea-Maria
Co-author: Dr. Mărginean Răzvan, Popovici Diana-Maria
Coordinator: Dr. Derzsi Zoltan
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: The purpose of this paper was to assess the use of titanium elastic nails in the tibial fracture that requires operative stabilization. The aim of TEN, a minimally invasive fracture treatment is to achieve a level of reduction and stabilization.

Case Report: A 3-year-old boy, was involved in a collision with a parked car and he was admitted to our hospital 72 hours after the accident. X-ray images revealed a right tibial spiral fracture with displacement. The surgery underwent under radiological control. There was performed an orthopedic reduction and percutaneous osteosynthesis with titanium elastic nails (TEN). The evolution during the admittance was favorable, the surgical wound is in the process of healing, with no inflammatory signs, the breast is mobile. Postoperative radiography showed good fracture focal reduction.

Conclusion: In the pediatric tibial fractures, titanium elastic nails are an effective treatment to obtain and maintain alignment and stability. The advantages of using titanium elastic nails are:minimally invasive intervention, rapid healing with reduced incidence of postoperative infections, does not require cast, the fracture site is closed, pain is significantly reduced, low cost, healing is faster and aesthetically pleasing.

27. Sudden onset paraplegia in a patient with ischemic stroke

Authors: Ioana Ioniță
Co-authors: Amalia Porumb, Ștefan Dumitrache
The National Institute of Neurology and Neurovascular Diseases, Bucharest

Introduction: Acute ischemic stroke is a sudden onset cerebrovascular condition determined by focal vascular perturbances and leading to focal disorder of motor or sensory function. Paraplegia in a hemiparetic patient who has an acute ischemic stroke brings a new clinical element that requires more investigations in order to establish the aetiology and topography of the lesions responsible for the newly developed symptoms.

Case presentation: We present the case of a 69 year old patient, hospitalized in the clinic of Neurology of INNBN Bucharest for acute ischemic stroke in the territory of left ACA, who develops paraplegia, myoclonic movements and abolished reflexes of both lower limbs, associated with T4 sensory level. The pulmonary radiography, required in the context of acute respiratory symptoms and inflammatory syndrome, reveals a large opacity in the right lung apex, while the spine MRI examination, required as a further investigation of his paraplegia and considering the result of the pulmonary radiography, finds a large mass in the right lung apex, invading the thoracic wall, the brachial plexus and the T2, T3 and T4 vertebrae, with involvement of the thoracic spine, which was in fact the source of the newly installed neurological deficits.

Conclusions: To conclude, we are facing the case of a patient initially hospitalized for focal neurological syndrome in ACA territory, who suddenly associates medullar syndrome, without any correlation between the two clinical presentations, guiding us, after completing the investigations, towards the actual cause – a large pulmonary mass of the right lung apex, invading the thoracic vertebrae and with secondary myelopathy.

28. A rare association: rheumatoid arthritis and Pierre Marie-Bamberger syndrome

Author/Coordinator: Conf. Dr. Rezus Elena
Co-author: Ionita Elena-Iuliana, Resident doctor rheumatology, 1st year
Clinical Hospital for Rehabilitation, Iasi

Introduction: Rheumatoid arthritis, one of the most frequently diagnosed diseases in rheumatology clinics, is characterised by symmetrical, destructive arthritis involving small joints, associating also systemic manifestations (cardiovascular, neurological, renal manifestations). Pierre Marie-Bamberger syndrome is a paraneoplastic syndrome associated with pulmonary cancers, especially non-small cell lung carcinoma. The typical signs are periostosis of long tubular bones, arthritis, thickening of the skin and clubbed fingers.

Case Presentation: We present the case of a 57 years old patient, ex-smoker, previously diagnosed with rheumatoid arthritis, who presented with generalised inflammatory arthalgias, joint swelling, morning stiffness lasting approximately 12 hours and productive cough.

The clinical examination showed an influenced general state, with an ill-looking patient, palmoplantar hyperhidrosis, pachydermia of the face, palms and soles, clubbed fingers, swelling and tenderness of the upper and lower limbs joints, reduced active and passive joint movements. Biological tests revealed an important inflammatory syndrome, anemia, high alkaline phosphatase and imaging investigations showed typical radiographic signs of rheumatoid arthritis and also radiographic abnormalities suggestive of Pierre Marie-Bamberger syndrome. The patient was referred to a thoracic surgery clinic, where a lesion biopsy was performed, showing a papillary adenocarcinoma. Consequently, the patient was admitted into an oncology clinic for further treatment.

Conclusions: The aim of this presentation was to disclose the rare association between rheumatoid arthritis and Pierre Marie-Bamberger syndrome. Although, at first glance, the clinical presentation of the patient was typical of rheumatoid arthritis, a deeper examination revealed a more severe diagnosis, which was established though a routine thoracic radiography, but delayed, showing an advanced stage of cancer, with a poor prognosis.

29. Colonial polyposis - inherited or acquired?

Author: Isac Dragoș-Constantin [3]
Co-authors: Serițean-Isac Petronela-Nicoleta [2]
Sararіu Valentina [3]
Burlacu Ioana-Teodora [3]
Coordinator: MD PhD BĂRBOI Oana-Bogdana [1 2 3]
[1]Emergency Clinical Hospital "Sf. Spiridon" Iași
[2]Institute of Gastroenterology and Hepatology Iași
[3]University of Medicine and Pharmacy „Grigore T. Popa" Iași

Introduction: Colonic polyps are benign tumors, most frequently asymptomatic, randomly diagnosed during colonic investigations. Solitaires or multiples, polyps have a high frequency in the general population. Familial adenomatous polyposis is a hereditary condition characterized by the presence of more than 100 adenomatous polyps in the colon. One third of the diagnosed patients have no family history. The process of polyposis begins in the first decade of life, but the diagnosis is usually established around the age of 25 in the screening programs.

Case Presentation: The 22-year-old patient from the urban area without significant personal or family medical history was admitted in the Institute of Gastroenterology and Hepatology Iași for diarrhea with rectal bleeding (4 soft stools / day) and diffuse abdominal pain. The haematological and biochemical balance revealed moderate iron anemia (Hb = 9.5g / dl, Fe = 20mg / dl). The rest of the parameters were within normal limits. Colonoscopy was performed, which emphasized many polyps (> 100) all over the colon. Multiple biopsies were taken from several of these. The anatomopathological exam revealed tubulo-villous type of polyps, some of them with high-grade dysplasia. The patient was reffered to the Surgery Service where total colectomy and resection of 12 cm of ileum with terminal-lateral ileo-recto-anastomosis was performed. The anatomopathological examination of the resection piece targeted multiple sessile and pediculous polyps, with the size ranged between 0.5-3 cm. No tumoral aspects were found. Upper digestive endoscopy was also performed but there weren't identified any similar lesions in the upper tract. The evaluation of family members (parents, brother) identified a single adenomatous polyp of 0.5 cm in diameter without dysplasia at the colonoscopy of the father. Genetic tests for familial adenomatous polyposis are still under way.

Conclusions: Symptomatic familial adenomatous polyposis is usually diagnosed around age of 35, with incidence of malignant transformation increasing with age.

Keywords: colon polyps, familial adenomatous polyposis, colonoscopy, total collectomy.

30. Otogenic pneumococcal meningoencephalitis - particularities in evolution. Clinical Case presentation

Author: Cucoranu Dragoș Constantin
Co-authors: Gîrbovan Anamaria Hermina, Laszlo Sergiu Ștefan
Coordinator: Gîrbovan Cristina Elena
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Streptococcus pneumoniae remains the major etiologic agent of acute bacterial meningoencephalitis in adults.

Case Presentation: A 64-year-old patient known for hypertension who was admitted to Tîrgu Mureș Infectious Diseases Clinic on 18.10.2018 with fever, vomiting, altered consciousness, hearing loss and bilateral otorea appeared 24 hours prior to admission. Lumbar puncture revealed an opalescent CSF with a 32640 leukocyte pleiocytosis, with a 20 mg/dl glycorrhachia, 3350 mg/dl proteinorachia. From CSF culture and bacterial examination of otic secretion, Streptococcus pneumoniae with the same resistance profile to Penicillin G, Clindamycin, Trimethoprim / Sulfamethoxazole, Erythromycin was isolated. Antibacterial therapy was performed, according to the antibiotic sensitivity test, with Ceftriaxone and Vancomycin for 14 days the clinical evolution was favorable and the laboratory values of the CSF returned to normal. The cranial CT examination performed at admission confirmed bilateral acute otomastoiditis and also raised the suspicion of a cerebral abscess, at the right middle cranial fossa, adjacent to the mastoid bone, and after 10 days the cranial CT scan confirmed the suspicion of bilateral acute otomastoiditis and the patient was directed to the ORL department for surgical treatment.

Conclusions: Otogenic pneumococcal meningoencephalitis represents a life treating emergency due to the potential evolution to cerebral abscess without antibiotic treatment. The therapy of first choice for streptococcus pneumoniae consists of the association between Vancomycin and Ceftriaxone or Cefotaxim due to the high resistance reported to Penicillin G. The aim of this paper is to highlight the infection of the nervous system caused by streptococus pneumonyae which started as a pneumococic otomastoiditis and also the necesity of a multidisciplinar approach for this case.

Keywords: Streptococcus, pneumoniae, Otogenic, meningoencephalitis

31. Cervical limfonodular metastase of negative PSA prostate carcinoma: Diagnostic Trap

Author: Liță Norbert
Co-author : Moțoc Ioana-Florina
Coordinator: Conf. Dr. Horváth Emöke
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: The increase in size of cervical lymph nodes in adults raises the suspicion of a malignant lymphoproliferative process versus metastasis. The patient's clinical examination, imaging investigation and laboratory test results are indicative, but definite diagnosis is the result of the histopathological examination, which must be strengthenedbyphenotyping of the tumor cells in order to establish the origin of the malignant process.

Case report: A previously healthy 47-year-old patient was referred to surgery following sixmonths history of repeated urinary infections associated with cervical adenopathy. A Hodgkin's lymphoma was suspected and the involved lymph node was removed. Histopathological examinations refuted theclinical diagnosis, the structure of the lymph node show a malignant tumor proliferation with suggestive appearance for carcinoma metastasis, without definitely excluding the origin of germ cells or lymphoid cells. A large immunohistochemistry panel was helpful in achieving differentiation of these conditions. The non-epithelial origin of the tumor cells was excluded by strong expression of panCK, but no reaction for TTF-1, p63, PSA, AMACR, Hep Spec Antigen and EMA. The urological examination performed in parallel with the histopathological examination reveals the modification of the prostate structure. In the prostate biopsy specimen shows a tumor infiltrate similar to lymph node was detected with identical morphology and immunophenotype (except AMACR). In this condition, the NKX3.1 reaction was performed. The positivity of the tumor cells for this antigen has demonstrated their prostatic origin, establishing the histopathological diagnosis of lymph node metastasis of prostate carcinoma.

Conclusion: On this case, we discuss issues related to the diagnosis of PSA negative prostate carcinoma with low AMACR positivity in relatively young patients.

32. Von Recklinghausen disease associated with malignancy – Case Report

Author: Mărginean Claudia Raluca
Couthors: Mariean-Schiopu Alexandru, Tiuca Oana Mirela, Tiuca Robert Aurelian
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Von Recklinghausen disease, also called Type I Neurofibromatosis,is a heterogeneous genetic abnormality with autosomal dominant transmission or due to sporadic mutation of NF-1 gene.
It has multiple cutaneous, neurological, orthopedic and ocular changes associated.
The evolution of diagnosed patients ranges between a large spectrum. Generally,it is benign, but in rare cases malignancy occurs and radio-chemotherapy is needed.

Case Presentation: A 40-year-old male,suffering of Recklinghausen Disease from childhood presented himself in Emergency twice over the past year,complaining of pain and functional impairement of the left inferior limb.
His medical history revealed diffuse pain and edema in the left lower limb, then pain in the left popliteal fossa, associated with altered general condition.
Clinical examination revealed numerous sessile and pediculous tumors on the chest, upper limbs, left ankle, subcutaneous and at bilateral the nerve roots, both extra and intraforaminal, extra and intraretroperitoneal.
Paraclinical investigations applied were complex (laboratory,EKG,chest X-Ray,abdominal and musculo-scheletal ultrasound,thoracic and abdomino-pelvic computed tomography).
Musculoskeletal ultrasound revealed a tumor in the lower-third of the left thigh,with Doppler signal and increased suspicion of malignancy.
Thoracic CT-scan revealed a nodule in the 5^{th}-6^{th} left intercostal space.
Abdomino-pelvic CT scan revealed non-homogeneous,hypervascularized masses,retrovezically and in S1-S2 foraminal space with associated malignant degeneration.
Several processes of thrombosis were found bilaterally in the common iliac veins and internal and external left iliac axes,with cranial extension in inferior vena cava.

Conclusion: During hospitalization,the patient received complex anticoagulant treatment,initially with vitamin K inhibitors, later with low molecular weight heparines.
He was discharged with an improved condition.
The particularity of this case results from the unfavourable association of NF1 with two high suspicious malignant processes located in pelvis and left popliteal fossa. An aggressive pro-coagulant status with multiple thrombotic processes in iliac, femoral and lower vena cava multiplied the gravity of this case.

33. Otomastoiditis as a complication in pediatric practice

Author: Mărginean Claudia Raluca
Coauthors: Mariean-Schiopu Alexandru, Tiuca Oana Mirela, Tiuca Robert Aurelian
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Otomastoiditis represents the inflammation of mastoid air cells,being frequently the consequence of the otic infectious process which has spread towards the mastoid.
The rational use of antibiotics has led to a decrease of otomastoiditis as a complication of acute otitis media from 20-50% to less than 1%.
This case presents an inappropriate evolution with spreading of the infection at mastoid level, leading to a bilateral acute inflammatory process, despite antibiotic therapy.

Case Presentation: Small child, female gender of 1 year and 4 months old had the onset of the current disease 10 days prior to admission, complaing of intense right ear pain. Antibiotic treatment with Cefuroxime was instituted for 7 days.Despite antibiotics,the patient developed right retrouricular swelling associated with slightly influenced general condition and was directed to Pediatric Clinic of Targu Mures.
General examination revealed an eutrophic patient with a generally mildly influenced state, without any signs of meningeal irritation.
Local examination revealed the presence of right retrouricular tumefaction and hyperaemia associated with pain at palpation of mastoid process and right auricular pavilion.
The required paraclinical examinations revealed leukocytosis with neutrophilia, eosinophilia and basophilia, thrombocytosis, mild anemia and positive inflammatory evidence.
Computed tomography established the positive diagnosis of bilateral otomastoiditis and right maxilo-sphenoidal sinusitis.
Antibiotics(Ceftriaxone and Clindamycin i.v) for 7 days, painkillers for 5 days associated with antipyretics, probiotics, saline solution and careful monitoring of temperature were indicated.

Conclusions: Acute bilateral otomastoiditis is a rare complication in pediatric patients after antibiotics.
The particularity of this case refers to the bilateral spread of infection at mastoid level, despite the correct antibiotic treatment administered at first.
The importance of diagnosis and early medical treatment in pediatric pathology is highlighted, with the aim of avoiding the necessity of mastoidectomy as a curative alternative.

34. Antipsychotic-induced hyperprolactinemia - Case Presentation

Author: Matei Lavinia Andrada
Coordinators: Mihai Gabriela MD, Nasalean Anisie MD, Pascanu Maria Ionela MD PhD
University of Medicine, Pharmacy, Sciences and Technology of Târgu Mures

Introduction: Olanzapine is a second generation antipsychotic used in the treatment of schizophrenia. One of the side effects is an increased level of prolactin The initial step in the management of antipsychotic-induced hyperprolactinaemia involves the exclusion of other causes of hyperprolactinemia.

Case Presentation: Patient B.E., 17 years old, diagnosed since June 2018 with catatonic schizophrenia for whom treatment with Olanzapine 10 mg has been initiated. After initiation of treatment, the patient reports irregular menstrual cycles, bradimenorrhea, which is why it the endocrinology consult was requested. Clinically, the patient is pituitary tumor free, without galactorrhoea. Hormonal investigations revealed a mild hyperprolactinemia of 44.44 ng / mL nv (5.6-26.53 ng / mL) and mild central hypothyroidism. FT4: 0.75ng / dL nv (0.8-2.2) TSH: 1.76μUI / mL nv (0.39-6.16) In this context, MRI of the hypothalamic-pituitary unit reveals normal sella turcica, pituitary gland and pituitary stalk with normal positions and dimensions, transabdominal ultrasound does not reveal micropolycystic shaped ovaries.

Results: In the context of Olanzapine-induced hyperprolactinaemia, it is advisable to change treatment for Aripiprazole, an antipsychotic with a minimal effect on prolactin.

Conclusion: Pharmacological treatment of hyperprolactinemia is achieved with dopaminergic agonists that may interfere with the action of antipsychotics in patients with schizophrenia. Aripiprazole is an antipsychotic with a minimal effect on Prolactin, representing an optimal choice in patients with schizophrenia and hyperprolactinemia.

Keywords: Antipsychotics, Schizophrenia, Hyperprolactinemia

35. Challenges in the diagnosis of pulmonary thromboembolism - Case Report

Author: Mădălina-Cristina Fotea
Co-authors: Ruxandra Cecilia Ionescu, Dea Dobre, Petra Caroline Mayaya
Coordinators: Lecturer Victorița Șorodoc, MD, PhD; Teaching Assistant Alexandr Ceasovschih, MD;
"Grigore T. Popa" University of Medicine and Pharmacy Iași, "Sf. Spiridon" Hospital Iași

Introduction: Pulmonary embolism (PE) is a prevalent and potentially life-threatening cardiovascular condition characterized by numerous clinical manifestations which are the result of a complex interplay between different organs, that may be difficult to diagnose due to a wide spectrum and often nonspecific characteristics.

Case Report: We present the case of a 43-year-old male patient, smoker of 20 packages/year, without any significant hero-collateral and pathological antecedents, which presented himself at the Emergency Hospital at St. Spiridon Hospital in Iași for bilateral basal thoracic pain, more intense during deep inspiration. The clinical examination revealed the presence of a tapering vesicular murmur without any added sounds such as rales or wheezes. Blood tests confirmed a discreet leukocytosis with neutrophilia, while the radiology showed a highlighted pulmonary pattern and dorsal osteoarthritis. Following the investigations and the results, the diagnosis of dorsal spondylartrose and tabacular bronchitis were established. The patient was sent home under treatment with Clarithromycin, Diclofenac and Omeprazole. Following one month, the patient returns because of persistent pains with similar specifications. Clinical examination, EKG, blood tests, thoracic radiography, venous Doppler scan and abdominal and pelvic ultrasound did not show abnormal features, only a slight dilatation of the right cavity with grade II tricuspid insufficiency was noticed during echocardiography. Despite a reduced clinical probability of pulmonary thromboembolism, it has been decided to perform thoracic angiographic tomography following which the diagnosis was confirmed: multiple pulmonary infarction with PE. Immediate treatment was undertaken so any complications were averted.

Conclusion: Despite the scores with low PE diagnosis probability : Wells (0), Geneva (0) and the atypical symptomatology, the role of pulmonary CTA was essential in averting any complications for the patient. PE is a complex interplay between several different symptoms that can lead to a potentially life-threatening cardiovascular condition that may be difficult to diagnose. Critical thinking is necessary to improve patient evaluation and help clinical decision-making in orderto provide the best possible care.

36. A rare case of hepatic abscess in child

Author: Mădălina-Paula Chiriac
Co-authors: Răzvan Mărginean Md; Andreea-Gabriela Ciacâru; Petronela-Cristina Buzilă
Coordinator: Zoltàn Derzsi Md Phd
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Liver abscess - a purulent collection located in the hepatic parenchyma, with a fibrous capsule- is a severe infectious disease commonly caused by Escherichia coli, with a non-specific symptomatology and an insidious onset. This is an important cause of mortality in children, with complications such as abscess rupture, acute generalized peritonitis, retroperitoneal abscesses, piothorax, sepsis.

Case Presentation: A 6-year-old male, known with moderate mental retardation, treated two weeks ago with antibiotics for a gastroenteritis, presented with episodes of nausea, vomiting, diarrhea, inappetence, fatigue and fever. The patient returned to the physician with poor general condition and feverish syndrome.An abdominal ultrasound was performed and a relatively well-defined, 97 mm area with peripheral vascularization was detected in the liver; an image that raised the suspicion of a tumor mass. The CT showed the presence of a 70/100/65 mm multilocular hepatic abscess in the V / VIII segments.

After the failure of the drug treatment, a right subcostal minilaparotomy with evacuation incision, lavage and drainage of the abscess cavity was performed; a therapeutic decision guided by the multicameral aspect of the cavity. The bacteriological examination showed the presence of a pure culture of Escherichia coli, the final diagnosis being piogenic liver abscess of unknown cause.

Two weeks after surgery and medicamentous treatment, the patient was discharged. The follow up ultrasound examination, at 4 weeks postoperatively, showed no pathological changes of the abscess cavity.

Conclusion: The particularity of this case is the presence ofan extremely large abscess, without clear symptomatological aspects, with masked laboratory results by previously antibiotic treatment and accidentally detected. This case highlights the importance of imaging investigations in diagnosis and specific therapy.

Keywords: Liver Abscess, Pyogenic Abscess, Surgical Drainage, Escherichia coli.

37. Osteogenesis Imperfecta – Diagnosis and Therapeutic Approach to Frequent Complications

Author: Mihaela Andreia Condrea
Co-Authors: Bianca Găban, Daniel Gabriel Danilescu, Mădălina Maria Voicu
Coordinators: LecturerDerzsi Zoltán, MD-PhD, Assoc.Prof. Horea Gozar, MD-PhD
University of Medicine, Pharmacy, Science and Technology Târgu Mureş

Introduction: Osteogenesis Imperfecta represents a monogenic disease, with a dominant autosomal transmission, having a reduced incidence in the wide population. The overall conjunctive tissue is suffering irreversible damages due to the mutations of the coding gene for type I procollagen. Therefore, skeletal fragility, with high tendency of spontaneous fractures and minor injuries may occur.

Case Presentation: Patient aged 1 year and 10 months, known with clavicle fracture (at 6 months), abdominal wall hematoma, femoral fracture (at 7 months) and left tibial diaphyseal fracture with dislocation (at 9 months), suspected of osteogenesis imperfecta, has been presented in the emergency department, complaining about forearm pain, swelling and impotence, after an accidental fall in the house. The clinical examination reveals high tenderness at palpation, along with deformations of the affected area. The radiologic examination of the left forearm emphasizes the diagnosis: radial and ulnar comminuted diaphyseal fracture with dislocation through falling from the same level. Therefore, it is being indicated the immediate surgical approach of the condition. An open fracture reduction and osteosynthesis with a centromedular brooch for left radius and ulna is performed under general anesthesia, with orotracheal intubation, following gypsum immobilization. The postoperative evolution proves to be favorable, with no signs of fever, pain under the gypsum or post mobilization edema.

Conclusions: Considering the history of the patient, with multiple fractures, of which the radiological images reveal mild scoliostosis and reduced fibular diaphysis diameter, as well as macroscopic analysis, during surgical interventions, the patient is suspected of osteogenesis imperfecta. Subsequently, the diagnosis is confirmed by a genetic test. The absence of a curative treatment guides the therapeutic plan towards improving the patient's quality of life, in order to reduce the complications of this disease.

38. Sphenoid Meningioma – from clinical investigations to surgical treatment

Authors: Mihai-Stelian G. Moreanu[1]
Co-authors: Marina Cozma, Andrei Mosor, Iulia Moineagu[1]
Coordinators: Dr. Sandu Aura[2], Dr. Giovani Andrei[2]
[1]University of Medicine and Pharmacy "Carol Davila", Bucharest, Romania
[2] Department of Neurosurgery, Bagdasar Arseni Hospital, Bucharest, Romania

Introduction: Meningiomas are benign extra-axial tumors, originating from the meningeal arachnoidal cells, making up 20% of the intracranial primary tumors. Surgical management of meningiomas is one of the most challenging procedures posing a high risk of affecting the critical neurovascular centers of the brain.

Case Presentation: This paper attempts to identify the way paraclinical brain investigations coupled with a well-established surgical procedure lead to an efficient and strategic treatment of meningioma, starting with a real case of a 50-year-old woman. The clinical background of the patient was represented by frontal headaches, rare epileptic crisis, sudden dizziness, blurry vision, loss of equilibrium and exhaustion. The paraclinical investigation included contrast MRI showing a homogenous irregular expanding tumor process in the frontal-orbital left space. Localization, depth, diameters were also shown on MRI. Moreover, Digital Angiography was used to identify the source of vascularisation, highlighting a slight displacement of the arterial irrigation of Willis Polygon towards the tumoral process. These symptoms and investigations led to diagnosing a sphenoid left wing meningioma. The treatment was mainly focused on the neurosurgical intervention, having several purposes: rejecting the meningioma, establishing the anatomopathological diagnosis, developing the therapeutic plan. The surgical procedure included the following steps: positioning, incision, craniotomy, tumor exposure, devascularisation, decompression, extracapsular dissection, tumor removal, closure. The surgical approach was on the frontotemporal side and after a step-by-step incision, the tumor was exposed. The excision strategy was focused on fragmentation and mild dissection of the surrounding brain tissue. Also, while the tumor surface coagulated constantly, it lost volume and allowed an easy dissection. The final result was favorable – the patient regained her balance.

Conclusion & Significance: Getting a better understanding of the neurosurgical steps of treating meningiomas will lead to finding strategies that will improve the patient's treatment and his quality of life.

39. Management of tertiary hyperparathyroidism in dialysis patients

Author: Mocanu Florentina Irina
Co-authors: Matei Lavinia Andrada, Voicu Madalina Maria.
Coordinators: Mihai Gabriela MD, Nasalean Anisie MD, Pascanu Maria Ionela MD PhD
University of Medicine, Pharmacy, Sciences and Technology, Târgu Mures.

Introduction: Tertiary hyperparathyroidism (THPT) consists of an excessive increase in Parathormon, most commonly in the context of secondary hyperparathyroidism with long evolution in chronic renal failure.

Case Presentation: G.K. the 59-year-old known for severe stage 5 renal insufficiency, dialyzed since 2013, is hospitalized for an endocrinology consult. Laboratory analyzes performed revealed a PTH: 2236 pg / ml (N.V 15-65 pg / mL), Total Calcium of 9.8mg / dL (Nv 8.8-10.2mg / dL) and Phosphorus 3.10mg / dL (NV 2.3-4.7mg / Mister). Thyroid ultrasound reveals LTL node 1.10 / 0.85 / 0.47 cm V 0.233 ml in the anterior 1/3 with intra and perinodular vascularization, RTL 2 small nodular formations <0.5 cm. Parathyroid scintigraphy with Sestamibi visualizes parathyroid hyperplasia of right inferior and left inferior, adjacent to the thyroid lobes. Considering the THPT complications, the performed DEXA reveals: spinal osteopenia (T Score L1-L4 -2.033 :) and Right Hip Osteoporosis (T score: -2.9 DS).

Result: Considering the complications involved, the surgical procedure opts for surgery with the removal of 3 parathyroid glands and ½ of the 4th subcutaneous implant of one of the 3 extirpates. Caution is recommended for Hungry Bones syndrome and postoperative monitoring.

Conclusion: The management of tertiary hyperparathyroidism includes, in the first stage, synthetic analogs of vitamin D, calcimimetics (Cinacalcet). The particularity of the case is that the patient did not show an improvement of the symptomatology and a normalization of the parathyroid hormone values due to the medical treatment, which was why the surgical intervention was recomended, for which she fulfills the criteria of the guideline: young patient <65 years with complications (osteoporosis, renal lithiasis)

Keywords: tertiary hyperparathyroidism, parathormon, renal failure

40. Acromegaly and its secondary co-morbidities - Case Report

Author: Mădălina-Maria Mogan
Coordinator: Professor Ionela Maria Pașcanu
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Acromegaly represents the growth hormone (GH) hypersecretion, usually caused by a pituitary adenoma, which over the years it is susceptible to lead to many secondary disorders. Apart from cardiovascular disfunctions, which are the most common, in acromegaly, thyroid papillary cancer is a notable disorder to be considered. The purpose of this case is to present the evolution of a patient with acromegaly, the insulin growth factor -1 (IGF-1) and GH values under treatment and the influence of uncontrolled disease on co-morbidities.

Case Presentation: A 54 years old hypertensive patient who was diagnosed in 1994 with GH–secreting pituitary adenoma and in 1998 transsphenoidal intervention was processed, developed over the years diabetes mellitus, ulcerative colitis, multinodular goiter, laterocervical lymphadenopathy, stroke and epilepsy. Thyroid papillary carcinoma was identified in 2014, when the tumor was excised and radio-iodotherapy(70mCi) was administered. After 2 years the computed tomography (CT) revealed multiple increased ganglions in the cervical and thoracic region. In 2016 the lymphadenopathy extirpation was processed and one ganglion from fifteen analyzed, presented thyroid papillary carcinoma metastasis. Another dose of radioactive iodine (97.5mCi) was administered and in 2017 the positron emission tomography investigation did not detect any pathological changes, despite high level of thyroglobulin. Under the medication with somatostatin analog the level of IGF-1 decreased but not as proposed, so it has been decided the addition of dopaminergic agonist and recentlty GH receptor agonist.

Conclusions: The excess of GH regardless of its origin beside its cardiovascular, metabolic and systemic effects, can easily lead to thyroid malignancy and to aggravate the evolution of the main illness.

41. Intestinal occlusion by ileal mecano-inflammatory stenosis in the context of Crohn's disease

Author: Monica Dugăeșescu
Co-authors: Anda Mioara Chivu, Andra Daiana Duță, Florina Roxana Neamțu
Coordinator: Dr. Nădrăgea Alexandru Mihai[1]
University of Medicine and Pharmacy Carol Davila, Bucharest

Introduction: Crohn's disease is a chronic inflammatory disease that can affect the intestinal tract at any level. The most common localizations are the distal portion of the small intestine and the colon. Frequent clinical manifestations are: fever, abdominal pain, diarrhea, asthenia, weight loss, and anemia. Among complications we mention intestinal obstruction, toxic megacolon, perforation, abscess, malabsorption, malignancy. The main causes of intestinal obstruction are strictures and adhesions.

Case Presentation: We present the case of a 63 year-old female patient who complained about weight loss, diarrhoea episodes that alternated with constipation and vomiting. Clinical examination revealed distended abdomen, painful on palpation, empty rectal ampulla. CT exam described an important distension of the entire intestinal tract, except for the last loop of the ileum, where a stenosis was identified, small locoregional lymphadenopathies, thickened intestinal walls, mesenteric hyperaemia and mesenteric adenopathies, hydroaeric images, important fluid stasis and collapsed frame of the large intestine. No mucosal lesions were identified at the endoscopic examination. A surgical intervention was performed and an intestinal occlusion caused by complete ileal inflammatory stenosis accompanied by multiple mesenteric adenopathies and by a portion of approximately one meter of small intestine with ischemic lesions were revealed intraoperatory. A segmental enterectomy was performed with the inclusion of both the stenotic and the ischemic lesions, accompanied by exteriorization of the remaining enteral heads in an ileostoma.The histopathological examination has established Crohn's disease as the aetiology.

Conclusions: The diagnosis of this case of Crohn's disease was a difficult process, lacking suggestive signs, both on the endoscopic and intraoperatory examination. The cause of the intestinal oedema that produced the stenosis was established with the participation of four pathologists, the microscopic aspect not being characteristic for this inflammatory bowel disease.

Keywords: Crohn’s disease, intestinal occlusion, intestinal oedema.

42. Severe short stature: GH hormone deficit or genetic syndrome?

Author: Motoi Cristina
Co-authors: Mogan Madalina-Maria, Zagan Catalin Andrei
Coordinator: Professor Ionela Pascanu
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Although they are directing the diagnosis for an endocrine disorder, the major growth deficit and gonadal dysgenesis may suggest a genetic syndrome. Associated with a varied clinical picture, Turner syndrome is the only viable monosomy for humans, being characterized by the complete or partial absence of the X chromosome.

Objectives: The purpose of this case report is to highlight the importance of early diagnosis in a patient with Turner syndrome, whose development may be favorable in the presence of the appropriate treatment.

Case Presentation: This case is about a 20-year-old female, known with moderate mental retardation, convergent strabismus, congenital nystagmus, who is hospitalized in our clinic for endocrinological evaluation, accusing primary amenorrhea. General clinical examination reveals hyposthenic structure, triangular facies, ogival palate, short dimensional reduction of the first, 4th, 5th metacarpus and deformed thorax with rickets sequelae - pectus excavatum. Endocrinological exam marked out amastia, increased intermamelonary distances, minimal axillary tenderness and primary amenorrhea. The clinical picture raises suspicion of Turner syndrome, confirmed in august 2018, by cytogenetic analysis –karyotype: 45, X.
In the absence of the correct diagnosis until this age, the therapeutic options are limited. The patient starts estrogen replacement therapy for hypergonadotropic hypogonadism.

Conclusions: Symptoms of Turner syndrome are varied and can be overlapped with hormonal dysfunctions. As such, differential diagnosis should be considered whenever a genetic syndrome is suspected.

Keywords: growth deficit, primary amenorrhea, karyotype

43. Cutaneous malignant melanoma: a possible mimetism of a malignant limfoproliferative process

Author: Moțoc Ioana-Florina
Co-authors: Dr. Török Árpád, Liță Norbert
Coordinator: Conf. Dr. Horváth Emőke
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Malignant melanoma is accepted in literature as being a tumor that, through its varied architectural appearance, is able to mimic any malignant lesion that produces metastases in different organs. In this context, in the case of metastases with unknown primary tumor, is on top of the list of tumors reviewed. In the case of a primary skin tumor, the positive diagnosis based on the morphological aspect and the malignant cell immunophenotype is not difficult in most cases, however, under certain conditions, the low antigenicity of the malignant cells and the pseudoclonality of the reactive T-cell infiltrate, represent a major diagnostic trap.

Case Presentation: We present the case of a 67-year-old patient without significant past medical pathological history, who is presented at surgery with an unique, grayish-white nodular tumor localized on the scalp. The microscopic examination of the tumor suspected a relatively well circumscribed mature T-cell lymphoproliferative process, without epidermotropic phenomena. CD3 lymphocytes predominated (with CD8 subtype predominance) , and were admixed with B lymphocytes, histiocytes and many plasmocytes. In this infiltrate few medium-sized atypical cells were identified with irregular, vesicular nuclei and evidente nucleoli. These cells were negative for lymphocytic markers, which orientated the diagnosis towards an epithelioid sarcoma, histiocytary, or malignant melanoma, all these infirmed by the negative reactions to: anti-pan CK, HMB45, Melan A, CD34, CD68, CD21, CD1a, fascin, inil and EMA. The neoplastic cells strongly are expressed only the S100 protein. The molecular genetic testing of the lesion revealed the monoclonal rearrangement of TcR-gamma and IgG immunoglobulin heavy chains. Subsequently, the Sox-10 reaction was performed. The positivity of the tumor cells has demonstrated their melanocytic origin.

Conclusions: In this case, we discuss problems related to the diagnosis of negative HMB45 malignant melanoma and the pseudoclonality of peri and intratumoral reactive lymphocytic infiltrate associated with solid tumors.

44. Mitral prostethic valve endocarditis: borderline between surgery and medication

Author: Nechita Andrada- Elena
Co-authors:Vlădescu Ana , Liță Norbert
Coordinator: Lecturer Dr. Tătar Maria –Cristina
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Infective endocarditis (IE) is a microbial infection of the endothelium, the inner lining of the heart,in which the main lesion is represented by vegetation. This is a frequent complication of the patients with valvular prosthesis, that can have an acute or subacute manifestation and a bad outcome in most of the cases.

Case Presentation: This is a case report of a 69 years old female patient, known with mecanichal prosthetic aortic valve replacement and tissue mitral valve replacement in July 2017, severe tricuspid insufficiency and an episode of pneumonia in april 2018, treated with Levofloxacin, with chronic treatment respected, who came in the emergency room complaining of asthenia, severe fatigue and melena. The gastroscopy examination revealed multiple duodenal ulcer. Due to the fact that one of the ulcers was bleeding, we decided to put two hemoclips. After a few days, the clinical status of the patient became worse with more severe symptoms: severe fatigue, nausea, emesis, low grade fever (37,5) suggestive for IE, confirmed by transthoracic and transesophageal echocardiography. We also performed multiple blood cultures which unfortunately were negative.

Conclusion: According to clinical examination and paraclinic investigations,we considered the case to be a mitral valve endocarditis. At imagistic evaluation we could visualised a vegetation localised on the anterior mitral cusp, and after a few days, a new vegetation had appeared on the posterior mitral cusp. The Department of Infectious Diseases recomended antibiotic treatment with Ceftriaxone, Vancomycin and followed by Teicoplanin with favorable response. Despite the fact that in most of the cases of prosthetic endocarditis the surgical method is considered to be more successfull, in this case, the good outcome of the patient and the lack of prosthetic valve dysfunction allowed us to continue with the medical treatment which seemed to be a real success.

45: Post-op neurological dysfunctions : the unseen face of janus in the surgical treatment of aortic disection

Author : Petra-Caroline Mayaya
Co-authors : Dea Dobre, Mădălina-Cristina Fotea, Ruxandra-Cecilia Ionescu
Coordinators : Lecturer Dr. Victorița Șorodoc, Assistant Professor Dr. Mihai Constantin
University of Medicine and Pharmacy "Gr. T. Popa" Iași, Romania

Introduction : At the moment, the treatment for aortic dissection could be perceived as being Janus-faced, by reason of saving lives, but at the same time, because through the imposed deep hypothermic arrest and extracorporeal circulation, it often leads to neurological dysfunctions.

Case Presentation : We present the case of a 66 years old man with retrosternal pain radiating towards the mandible, without ECG signs of distress or enzymatic changes. Compliant to angina treatment, the pain reappears radiating in the interscapular vertebral region after an episode of high BPA (value BPA = 200/110 mmHg), for which a CT is ordered. The CT reveals an aortic dissection, extended from the origin of the aorta to the common iliac arteries. The surgical treatment imposed by the gravity of the diagnosis is immediately carried out, over a course of 11h, during which the patient undergoes extracorporeal circulation in deep hypothermia and cardiac arrest for 50 minutes. Post-operatory convulsions necessitate the continuous sedation of the patient and a 9 days induced coma, after which the man presents a series of neurological dysfunctions (right hemiplegia, bradylalia, bradypsychia, time and space disorientation as well as self-disorientation), which under neurotrophic treatment and physical therapy partially remit.

Conclusion : The particularity of this case is represented by the positive outcome of the neurological dysfunctions imposed by the necessity of the deep hypothermic arrest during the surgical intervention for treating aortic dissections.

46. Oncological Rara Avis : Endometrial carcinoma implanted within a cesarean section scar

Author : Petra-Caroline Mayaya
Co-author : Dea Dobre
Coordinator : Assistant Professor Dr. Simona Volovăț
University of Medicine and Pharmacy "Gr. T. Popa" Iași, Romania

Introduction : Endometrial cancer is frequent in post-menopausal women, in rare cases, having as origin even endometriosis foci, migrated post-operatory on cesarean section scars. Neoplasia development on endometrial foci represents both a diagnosis as well as a treatment challenge, since the management of these patients is complex, in view of the rarity of these cases (under 20 cases reported worldwide).

Case Presentation: We present the case of a 55 years old patient who came in to check a recently developed growth on a cesarean section scar, 20 years after the surgical intervention took place. The CT exam reveals a tumor growth on the abdominal wall of the hypogastric region, on the left rectus abdominis muscle, with no adenopathy and thus, the decision was to excise the lump. The anatomopathological examination reveals a grade 3 carcinoma with clear cells. Redirected to the Regional Institute of Oncology in Iasi, the patient has an MRI done, which reveals multiple cystic lesions, consistent with a chronic endocervicitis, supposition confirmed by the anatomopathological report, with no tumor morphology. The established course of action is a total hysterectomy, bilateral adnexectomy and systematic pelvic lymphadenectomy. Post-operatory, the patient undergoes adjuvant chemotherapy following the protocol Carboplatin and Paclitaxel, the therapeutic approach being consistent with the aggressiveness of the tumor.

Conclusion : The particularity of this case lies in the aggressiveness of the endometrial cancer with clear cells and the difficulties of the treatment imposed by it. The management of this type of cancer is similar to the management of aggressive endometrial tumors, for the reason that cases of endometrial cancer with clear cells are scare, leaving no possibility for randomized study trials.

47. Cat Scratch Disease - a diagnostic challenge

Author: Petronela-Cristina Buzilă
Co-authors: Dr.Mărginean Răzvan, Diana-Ramona Iurian, Andreea-Elena Ciobanu
Coordinator: MD Derzsi Zoltan,PHD
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Cat Scratch Disease is an infectious disease that is transmitted through skin inoculation from a scratch or bite of cats carrying Barthonella Henselae bacteria. The most important manifestation is the lymphadenopathy that appears after 1-4 weeks. The diagnostic criteria include: contact with cats, regional adenopathy, excluding other causes of adenopathy, lymph node biopsy with histopathological examination, skin test on CDS antigen. Most cases do not require a specific treatment.

Case Presentation: We present the case of a 15-year-old boy who arrives at the emergency room accusing a right axillary tumoral formation, appeared about a month later after he was bitten by a cat. We retain that in the past he was treated with Oxacillin, but in evolution the formation increased in size, which is why the patient is hospitalized on the Pediatric section, where the suspicion of the cat scratch disease arises. The patient received antibiotic therapy with Ciprofloxacin, without favorable response. At the time of admission to Surgery, the objective clinical examination highlights a right axillary tumoral formation and a I-II interdigital tumoral formation at the right hand. Following the examinations, a suspicion of a cold abscess arises, which is why the incision and drainage was performed. The culture from the drained pathological product had no bacterial growth. Postoperative evolution is good.

Conclusion: Although the clinical and serological examination direct the diagnosis to Cat Scratch Disease, the absence of response to antibiotic therapy and the absence of bacterial growth on culture from the drained pathological product creates problems in establishing a definite diagnosis. The particularity of the case is that the patient shows celsius signs 2 days before surgery.

48. Papillary fibroelastoma of the aortic valve: case presentation

Author: Popescu Andreea
Co-authors: Pricope Stefana Florina, Rosu Roxana-Mihaela, Slavnicu Diana-Ioana
Coordinator: Dr.Mathe Zsombor
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Papillary fibroelastoma is one of the most common benign tumors of the heart, after mixoma and lipoma, localized predominantly in the valvular system, and can be accidentally discovered during routine echocardiography, surgery, or necropsy.
Aortic valve is most commonly affected, followed by mitral valve, tricuspid valve and pulmonary valve. It can also be found in the left atrium, interatrial septum, atrium as well as the right ventricle.
The clinical presentation of papillary fibroelastoma varies from asymptomatic to severe embolic complications with stroke or myocardial infarction.depending on the size, mobility and location of the tumor.
Herein, we present the case of a 45-year-old patient who was diagnosed with papillary fibroelastoma in the aortic valve during a routine echocardiography. Although asymptomatic, due to the increased embolism risk, it was proposed for cardiovascular surgery in which the tumor abscission was performed , with replacement of the aortic valve in extracorporeal circulation, the patient being discharged 6 days postoperatively without any other accusations.
Although it is considered by some authors to be rather an organized thrombus than a tumor, it is noteworthy that papillary fibroelastoma due to its friable consistency can cause embolism, stroke and coronary artery occlusion.

Keywords: papillary fibroelasoma, aortic valve, aortic prosthesis, cardiac tumor.

49. Indications for surgical treatment in paediatric clavicle fractures

Author: Popovici Diana-Maria
Co-authors: Dr. Mărginean Răzvan, Grama Andreea-Maria, Iurian Diana-Ramona
Coordinator: Dr. Derzsi Zoltan
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: The clavicle is the first bone to begin ossification and the last to complete ossification and it is constantly affected by bending forces. Clavicle fractures are common in pediatric populations due to the child's gentle skeletal system and more frequent injury exposure. Most of them heal uneventfully and can be treated nonoperatively. Surgical treatment with open reduction and internal fixation is occurring more often, however, because of potential long-term concerns with functional outcome and decreased range of motion.

Case Presentation: A 16-year old boy, allegedly involved in a bicycle accident, was admitted to our hospital 6 hours after the accident, with complaints of pain in the left shoulder. There was no loss of consciousness, no shortness of breath or chest pain. He was able to move all fingers, both wrists and elbows, and no other significant injuries were noted. On physical examination, the left clavicle was tender, prominent and there were no neurovascular injuries.

His chest and shoulder radiographs showed left comminuted midshaft clavicle fracture with a bone fragment separated from the main fracture. The patient was offered emergency surgical intervention. He underwent left clavicle plating under general anesthesia. Postoperative radiographs showed good fracture reduction.

Conclusions: The indications for surgical intervention for pediatric clavicle fractures are: comminuted fractures, open fractures, impingement of soft tissue/potential risk for skin perforation, severe shortening of the shoulder girdle, displaced fractures with risk to neurovascular or mediastinal structures. Surgery should also be considered if the patient is an athlete.

50. ALCAPA syndrome

Author: Pricope Florina-Ştefana
Coauthor: Popescu Andreea, Boghiţoiu Tudor Gabriel, Roşu Roxana-Mihaela.
Coordinator: Dr. Mathe Zsombor
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

ALCAPA syndrome (the abnormal origin of the left artery coronary artery) is a rare congenital malformation involving the ectopic origin of the left coronary artery in the pulmonary artery. This disease can lead to complications such as congestive heart failure, myocardial infarction or sudden death during the early infantile period. In this paper we will describe a rare case of a 45-year-old female patient admitted in our service for surgical treatment. The patient has a known history of stable angina pectoris, old apical myocardial infarction and she is also a chronic tobacco smoker. The patient was diagnosed with ALCAPA syndrome following a coronary computed tomography angiography. There are still controversies about how to correct adult ALCAPA patients but the vast majority recommends surgical treatment. Following surgical interventions with the aorto-coronary bypass surgery using isolated autologous saphenous venous graft reversed on the anterior descending artery and marginal artery and closure of the aberrant opening of the left coronary artery in the pulmonary artery trunk in extracorporeal circulation. After the patient's operation, she suffered the following complications: atrial fibrillation with high ventricular rate alternating with sinus tachycardia and arterial hypotension. Complications have been successfully treated. The patient was discharged 7 days postoperatively without any other symptoms. This case is particularly rare because ALCAPA is a life-threatening condition rarely found in adults. Also the surgery was done by using a venous graft, for surgical revascularization, because of the increased diameter of the saphenous vein compared to the internal mammary artery, even though the gold standard consists of using the left internal mammary artery.

Keywords: ALCAPA syndrome, saphenous vein graft, cardiac malformation.

51. Right subclavicular artery stenosis, interventional approach and endovascular resolution

Author: Grecu Radu Ștefan
Co-authors : Cotruș Teodora Maria , Grecu Sabina Irina
Coordinator : dr. Mureșan Adrian Vasile
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Subclavian artery stenosis causes notable morbidity due to symptomatic ischemic effects of interest to the head, brain, and heart of the affected individual. Atherosclerosis is the most common cause of this pathology. Other etiologies include: arteritis, inflammation caused by radiation exposure, compressive syndromes, fibromuscular dysplasia and neurofibromatosis.

Objectives: In this presentation, it is desired to demonstrate the efficacy of the endovascular approach with angioplasty, regarding the treatment the subclavian artery stenosis.

Methods and Materials: A 43-year-old male patient, known for atherosclerosis, was diagnosed with right subclavian stenosis (90%), mixed hyperlipidemia and right internal carotid artery stenosis (30%), following clinical and paraclinical examinations. It was performed the angiography with angioplasty of the right lower limb. The brachial artery and the right common femoral artery were punctured by the Seldinger technique. The stenotic lession was crossed at the level of the right subclavicular artery, followed by dilation with balloons with sizes of 3x30 mm and 4x20 mm. Control injection reveals increased vessel size by stenosis and improved angiographic flow.

Results : Following the intervention, the condition of the patient was improved, with no other comorbidities registered. The patient was advised the following: avoiding excessive physical effort, hypolipidic and salt-restrictive regime, keeping blood pressure at normal values and periodic carotid ultrasound.

Conclusions: Endovascular approach to arterial stenosis is a new technique in minimally-invasive vascular surgery, being on the verge of becoming a technique of choice. The results are particularly favorable.

Keywords : Subclavian artery stenosis, Endovascular resolution, Angioplasty

52. Painless acute aortic dissection presenting as positional syncope

Authors: Raluca Merinde
Co-authors: Diana-Hanelore Olaru
Coordinator: Lecturer Dr. Mariana Floria
University of Medicine and Pharmacy "Gr. T. Popa" Iași

Introduction: Aortic dissection usually presents with sudden severe chest pain, which may be described as tearing or ripping in nature.

Case Presentation: We described an unusual presentation of thoracic aortic dissection in an 86 year old man. Known with arterial hypertension, the patient was admitted to hospital with faintness, pleuritic chest pain and dyspnea in left lateral decubitus. Examination on admission was normal apart from signs of chronic heart failure and high value of blood pressure. Chest X ray showed cardiomegaly and widening of the right mediastinum. Bedside transthoracic echocardiogram showed a moderate pericardial effusion at the posterior wall and a mild proximally dilated aorta. After the first 48 hours he presented an episode of transient hypotension and bradycardia, without any chest pain. After another 24 hours, during a reevaluation by transthoracic echocardiography, he has had syncope immediately after his positioning in left lateral decubitus. Computed tomography examination of the thorax diagnosed aortic dissection with an intramural hematoma of the proximal aortic wall and a flap of 26 mm and false lumen on the descending aorta who occupied 25% of the aortic lumen. It also confirmed pericarditis with about 25 mm of pericardial effusion on posterior wall. After a heart team discussion, he and his family denied emergency surgery. Next day his clinical state deteriorated with hemodynamic instability and cardiac tamponade from which resuscitation was without success.

Conclusion: Painless acute aortic dissection is rare, as well as positional syncope. Bradycardia and hypotension is a reflex accompanying right common carotid artery dissection.

53. Infiltrative neuroendocrine carcinoma

Author: Rosu Roxana- Mihaela
Co-authors: Popescu Andreea, Slavnicu Diana- Ioana, Pricope Stefana Florina
Coordinator: Dr. Anca Elena Negovan
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Neuroendocrine differentiation carcinoma is a rare neoplasm with a high risk of malignancy, being part of the Neuroendocrine Neoplasm group and it consists of cells expressing neuroendocrine markers, marked cellular atypia, and proliferative activity. The malignancy is due to their poor differentiation and an increased rate of lympho-vascular invasion, most of them being diagnosed in advanced stages presenting with metastases and thus poor prognosis. We will present the case of a 66-year-old hypertensive diabetic patient known to have aortic stenosis and valvular cardiomyopathy with surgical indication presenting in the clinic with a history of melaena and abdominal colic pain three to four months ago. The investigations showed severe anemia with hemoglobin of 6.4 g / dl with 3.2 μmol / L sideremia, with the objection in colonoscopy of a proliferative form with infiltrative appearance and partial stenosis effect, haemorrhage, at the level of hepatic flexion associated with liver metastases objectified on ultrasound and CT scan. The histopathological examination targets infiltrative carcinoma with neuroendocrine differentiation, which explains the aggressive clinical behavior of the tumor without the secretory tumor specific symptomatology in this category. The clinical progression of the patient was stationary under supportive, substitution and symptomatic treatment until referral to the oncology service.
Tumor localization and clinical picture with predominance of anemic syndrome and absence of suggestive symptomatology for neuroendocrine tumor,
has made the histopathological examination represent a diagnostic surprise that explains the behavior of the tumor and condition treatment.

Keywords: neuroendocrine carcinoma, colon, hepatic flexion, infiltrative, metastasis

54. Lumbosacral epidural lipomatosis: a rare cause of progressive flask paraparesis

Author: Rotaru Carmen-Ioana
Co-authors: Vascul Rares-Florin, Ciornei Mădălina Dumitrița
Coordinator: Assistant Lecturer Dr. Maier Smaranda
University: University of Medicine, Pharmacy, Sciences and Technology - Targu Mures

Introduction: Epidural lipomatosis, a rare and complex pathology, is characterised by hypertrophy of adipose tissue at the level of epidural space and it shows through progressive neurological deficits, which can be found under the form of progressive compressive myelopathy, radiculopathy or cauda equina syndrome. A series of situations are involved in the pathogenesis of this disorder, as well as prolonged use of steroids, endogen production of steroids in endocrinopathies, prolactinoma, obesity, and apparition of this disorder as idiopathic entity is rarely reported.

Case Presentation: The female patient aged 31, smoker, with neoplasm of uterine cervix operated in 2013, radio and chemo treated presents in September 2014 dysesthesia in bilateral gambier, and starting from February 2016 and up to now, paresthesias in lower limbs with progressive diminution of muscle force. Nuclear magnetic resonance of dorsal-lumbar vertebral spine describes expanded post radic lesions in L5 and sacral, lumbosacral epidural lipomatosis. Electroneuromyography pleads for a slowly evolving disorder of peripheral motor neuron at the proximal level. Laboratory analyses do not confirm the presence of endocrine dysfunctions. The patient is diagnosed with progressive flask paraparesis, consequence of lumbosacral epidural lipomatosis, the diagnostic being well supported both clinically and imaging-based. The patient is receiving treatment with vitamins in B group and she is performing kynesitherapy in neuromotor rehabilitation centre.

Conclusions: It is necessary to consider lumbosacral epidural lipomatosis as differential diagnostic in cases of progressive flask paraparesis. The disorder can appear even in absence of the most common incriminatory factors, such as this patient's case, and the prompt diagnostic through imaging examination as nuclear magnetic resonance is essential, as the studies showed that minor symptoms can be remitted through conservatory treatment, while advanced and progressive disease requires surgical intervention.

Keywords: epidural lipomatosis, paraparesis, lumbosacral.

55. Therapeutical approach - a challenge in rheumatoid arthritis?

Author: Roxana-Adriana Cioflînc
Co-authors: Andreea-Elena Ciobanu, Mădălina-Paula Chiriac, Diana-Ramona Iurian
Coordinator: Anna-Julianna Bíró MD PhD
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Rheumatoid arthritis is a chronic arthropathy, of unknown etiology, with progressive, destructive and distorting character which can affect any peripheral joints with the exception of distal interphalangeal joint. Biologic therapies have revolutionised treatment of patients with rheumatoid arthritis.

Case Presentation: We present a case of a 62 years old patient who has been diagnosed with rheumatoid arthritis for 34 years, subsequently developing interstitial pulmonary fibrosis, secondary Sjögren syndrome, drug-induced gastritis, hepatic steatosis and post-infectious state with seropositive B hepatitis virus. The patient accuses intermittent, mixed polyarthralgia, in the small joints of both hands and feet, accompanied by approximately 5-10 minutes of morning stiffness. Laboratory results show rheumatoid factor seropositivity and anti-CCP antibodies. At present time, the disease reaches stage III/IV according to clinical and radiologic criteria. Starting from 2013 patient undergoes biological therapy with Rituximab, well tolerated and efficient at the time, previously undergoing other therapeutical schemes with limited efficiency (NSAI, Metrothrexate, Medrol, Arava, Arcoxia and Tocilizumab). During therapy with Rituximab the patient was also administered Prednison, Metothrexate and lately Leflunomide due to gastric intolerance to Metothrexate. Previous to the last cycle of I.v Rituximab, laboratory findings shown a lymphocyte value of 1020 μ/L and after two weeks, patient develops lymphopenia with a decrease in lymphocyte value up until 840 μ/L. Therapy with Rituximab is further stopped and haemathological control required. Further recomandations include treatment with Prednisone and Leflunomide and clinical/biological reevaluation in the event of a new therapeutical approach.

Conclusion: Rheumatoid arthritis is strictly customised, individualised and adapted to clinical forms, disease stages and each patient's particularities. Regular monitorization of disease evolution and adverse reactions allows proper intervention concerning appropriate therapeutical approach.

Keywords: Rheumatoid arthritis, rheumatoid factor, Rituximab, lymphopenia, customised treatment

56. A therapeutical dilemma : is there a choice between the risk of thrombosis and the risk of hemorrhage ?

Author : Ruxandra Cecilia Ionescu
Co-authors : Mădălina Cristina Fotea, Dea Dobre, Petra Caroline Mayaya
Coordonators : Lecturer Victorița Șorodoc, MD, PhD, Teaching Assistant Mihai Constantin, MD
University of Medicine and Pharmacy ”Grigore T. Popa” Iași

Introduction : The anticoagulant medication represents the key therapy in preventing thromboembolic events in patients with atrial fibrillation, as well as avoiding the reccurences in pacients with venous thromboembolism.

Case Presentation: A 78 years old patient presented to the emergency department with fever, irritative cough, dyspnea, fatigability, myalgia and edema of the lower limbs, symptoms which started 2 weeks earlier. The personal pathological background showed hypertension, permanent atrial fibrillation since 2009 and 2 episodes of pulmonary thromboembolism in 2012 and 2013. Her regular medication included an oral anticoagulant (Acenocumarol). The clinical examination suggested the diagnosis of lobar pneumonia, confirmed by thoracic radiography, and also cardiac decompensation of the underlying condition, the ecocardiography showing biatrial enlargement, diffuse hypokinesis and moderate systolic disfunction of the left ventricle. The patient`s evolution was initially favorable under treatment with antibiotic, aerosol, antipyretic, betablocker, statin and anticoagulant. In the 5th day of hospitalization, the patient complained of pain in the left iliac region, and an expansive pseudotumoral mass was found, confirmed by CT scan as a hematoma in the sheath of the left Rectus Abdominis muscle, with no signs of active bleeding. In addition, thrombosis of the left superficial femural artery was observed. In this context, it was decided the discontinuation of the anticoagulant treatment for 48 hours, with the re-introduction of Clexane in a reduced dose (0,6 ml in 12 hours) under hemodynamic and ecographic surveillance, considering the high thromboembolic risk (CHADS VASC=8) and the thrombosis found in the superficial femural artery.

Conclusion : The presented case emphasises the necessity of continued anticoagulant therapy in a complex patient with atrial fibrillation and with previous thromboembolic events, but who also presents a high hemorrhagic risk (HAS BLED=4), as well as a hematoma in the sheath of the left Rectus Abdominis muscle.

57. A surprising case of Kallmann Syndrome

Author: Stanciu Mirela Emanuela
Coordinator: Dr. Sabina Oros
University of Medicine and Pharmacy "Carol Davila", Bucharest

Introduction: Although adolescence is a difficult time for all children, for those who do not have proper development can be much more tough. Kallmann's syndrome is a genetic disease that associates hypogonadotropic hypogonadism with anosmia or hyposmia. It has some phenotypic characteristics that, if detected early, can be improved and so the individual will be able to lead a normal life.

Case Presentation: A 23-year-old patient with 10 years history of hypogonadotropic hypogonadism, left olfactory bulb hypoplasia, congenial lymphedema is presented in the endocrinology department for endocrine-metabolic reevaluation and therapy effectiveness.

He accuses a good tolerance to treatment, reduced facial hair.

The patient is in therapy with testosterone for a long time. Osteodensitometry revealed an improvement in bone mass, and the X-ray for fist and knee (2015) revealed closed growth cartilage. Testicular ultrasound revealed hypoplasic testicles, homogeneous ecostructure, normal vasculature.

The objective exam reveals a tall, underweight man with BMI = 17.62kg / m2 (183cm height, 59kg weight), reduced hairiness, sexualized penis G4, testicular volume about 5 cm, soft testicles. The appearance is a clearly eunucoid and hypogonadic.

The patient is cardiopulmonary balanced, EKG SR unchanged, urine summary in normal range. Paraclinically, the blood count is within normal limits, the biochemistry shows increased HDL cholesterol.

The CT examination from this admission revealed a double lesion: a left-lateral micronodule - and a right lateral micronodule (0.46 / 0.37).

The endocrine cause of hypoanabolic syndrome is eliminated by normal TSH and normal fT4. Within range TSH, fT4, cortisol and testosterone levels advocate for adequate substitution.

Conclusion: Our patient, well-substituted for years, leads an absolutely normal life, without psycho-affective changes, with reproductive function and increased quality of life. Although the risks of complications are important, they are reduced to close to 0 by a good substitution and adequate therapeutic behavior.

58. Takotsubo cardiomyopathy in men – an underdiagnosed condition

Author : Tudor Vlaicu
Co-author: Aurica Lupu
Coordinator: Sanjay Gupta – Cardiology consultant , York Teaching Hospital
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

An 82 year old man was admitted with chest pain which was relieved by sublingual GTN. Serial ECGs showed flattening of T- waves in the lateral leads,troponin was 775 (ng/L), coronary angiography showed non flow-limiting disease, echocardiography revealed moderate left ventricular systolic dysfunction with apical hypokinesis. Given the patient's age, we felt that the most likely diagnosis was a Non ST elevating myocardial infarction secondary to acute plaque rupture and he was therefore managed as such with dual antiplatelet therapy and long term statins in addition to beta blockers and ACE inhibitors. We organised an outpatient MRI scan which showed normal LV function with no regional wall motion abnormality or scar. In view of the absence of scar and normalisation of LV function, the final diagnosis was changed to Takotsubo cardiomyopathy. In conclusion this case and review highlights the importance of considering Takotsubo cardiomyopathy in the differential diagnosis in men. This is important because Takotsubo patients do not benefit from dual antiplatelet therapy or long term statins which may be otherwise prescribed in this patient group. It is vital to perform an echography soon after admission, therefore reducing the risk of such a serious disease remaining under-diagnosed.

Keywords: takotsubo, old man, chest pain, clear MRI scan.

59: The impact of chemoembolization and systemic chemotherapy combination over hepatic metastasis.

Author : Tudor Vlaicu
Co-author : Aurica Lupu
Coordonator: Dr. Lucian Marginean
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction:Most liver metastases from colorectal cancer (CRC) are unresectable at diagnosis. Systemic chemotherapy allows secondary surgical resection in 10 to 20% of patients. Arterial chemoembolization treatments could enhance tumoral response rate thus facilitating the resection.

Case Presentation: A 54-year-old male was operated for an occlusive sigmoid adenocarcinoma. CT scan showed 4 bilobar liver metastasis. The patient was considered as non-eligible for surgery initially. Patient was administrated FOLFOX systemic chemotherapy and 2 sessions of transarterial chemoembolization, with a quite good tolerability. Post-treatment evaluation showed a partial response and sufficient tumor shrinkage to make liver metastasis resectable. The PET-CT scan shows no captation of FDG.

Conclusion: Combination of transarterial chemoembolization with FOLFOX could increase tumor shrinkage leading to secondary resection of liver metastases from CRC. This combination may also, as shown here for the first time in a patient with unresectable liver metastases, induce complete response, known to be associated with better outcome. Our case also emphasizes the difficulty to assess the response and the need for new tool to better select patients who should be resected.

Keywords: chemoembolization, hepatectomy, metastases, complete response.

60. Pseudomonas aeruginosa pneumonia in a 13 year old patient diagnosed with pilocytic astrocytoma

Author: Ungureanu Elena Larisa,
Co-authors: Chițescu Roxana Maria, Lorentz Andra Maria,
Coordinator: Vodă Daniela MD
Transilvania University of Brasov, Faculty of Medicine

Introduction: Pseudomonas aeruginosa, a gram-negative bacterium,is known as a resistant, omnipresent pathogen with multiple advanced antibiotic resistance mechanisms , associated with critical medical conditions such as nosocomial infections and sepsis.
A 13-year-old patient, diagnosed with a brain tumor for which she has received treatment (surgery and chemotherapy), chronic respiratory failure, tracheostomised, on mechanical ventilation is admitted at Clinical Pediatric Hospital of Brasov for apathy, lethargy, without a fever.
She was diagnosed in 2008 with a brain tumor, cerebellar, juvenile pilocytic astrocytoma treated with a partial resection of the cerebellar area and chemotherapy but with a progressive clinical evolution, right facial paresis, right-sided hemiparesis,right torticollis.

Materials and methods: The clinical examination has shown poor general condition. The patient is afebrile, with pallor, cushingoid appearance, facial asymmetry, sagging of the left corner of the mouth, right-sided facial paresis.
The respiratory examination has shown mixed dyspnea, diminished bilateral vesicular murmur, rare rhonchi sounds and normal respiratory rhythm, normal abdominal wall movement without hepatosplenomegal . The patient also has bilateral convergent strabismus and optokinetic nystagmus.
Paraclinical tests show leukocytosis with neutrophilia , mild anemia , mild thrombocytosis, inflammatory syndrome and mild electrolyte imbalance.

Results: Tracheal and nasopharyngeal fluid cultures are positive for Pseudomonas aeruginosa. The hemocultures are negative. ENT, ophthalmology and neurology consultations have been done. Chest x-ray, abdominal echography and cranial, cervical CT are performed.
The antibiotic treatment initiated at the admission with intravenous Ceftamil and Colistin is continued for 11 respectively 6 days. The patient is discharged with an improved general condition and enteral nutrition.

Conclusion: The infection with Pseudomonas aeruginosa led to the exacerbation of a chronic respiratory failure of a tracheostomised patient on mechanical ventilation. This leads to a further, aggravated clinical decline in a patient for which the therapeutic means of recovery were already exhausted.

Keywords: P. aeruginosa, pneumonia, pilocytic astrocytoma, mechanical ventilation

61. Reflux nephropathy – the consequence of undiagnosed multiple urinary infections in children

Author: Vascul Rares-Florin
Co-author: Rotaru Carmen-Ioana
Coordinator: Conf. Dr. Duicu Carmen
University of Medicine, Pharmacy, Sciences and Technology of Targu Mures

Introduction: Vesico-ureteral reflux (VUR) represents the retrograde flow of urine from the bladder into the upper urinary tract, resulting in an increase of pressure in the ureters during micturition which facilitates the passage of the bacteria from the bladder to the kidney. VUR represents the most encountered malformative substrate in children with urinary tract infections (UTI) associated with recurrent fever episodes.

Case Presentation: We present the case of a 6 years old girl known with multiple fever episodes considered to be acute infections of the respiratory tract treated with antibiotheraphy, which were kept under control only during the antibiotheraphy. As she was suspected of right renal hypoplasia during an occasional abdominal ultrasonography, she is submitted to the pediatric nephrology department for specialty investigations. The abdominal ultrasonography revealed right renal hypoplasia, renal duplicity and left compensatory renal hyperplasia. The cystography revealed bilateral passive reflux III/IV degree on the right and II degree on the left with an important increasment degree on the right side during micturition. The imaging exams will continue with renal scintigraphy DMSA scan for a precise assessment of the damaged kidney function. The treatment cosists of chronic prophylaxis for the prevention of recurrence UTI and surgical treatment (minimally invasive-periostial injection or classic-ureterovesical reimplantation), nephrology follow-up.

Conclusions: Although, acute respiratory tract infections are the main reason of fever episodes on children, we must keep in mind and rule out a potential UTI in case of fever episodes on infants and kids.

62. Paramyxoviridae infection in a patient with nephrotic syndrome

Author: Victor Chisăliță
Co-authors: Adelina-Elena Cîrstian, George Bojescu, Raluca Miclea
Coordinator: Dr. Daniela Chisăliță
University of Medicine, Pharmacy, Sciences and Technology Târgu Mureș

Introduction: Measles is an infection caused by Paramyxoviridae, its very contagious and is spread by coughing and sneezing via close personal contact or direct contact with secretions. Subacute sclerosing panencephalitis(SSPE) is commonly associated with the measles virus. It has a mortality rate of 0.1% according to the National Institute of Public Health.

Case Presentation: 3 year-old, male pacient, admitted with high fever, frequent inefficient coughing, retroauricular erythematosus maculo-papular enanthem, superior trunk, no family history, with the following personal pathologic history: allergic to Augmentin, Pneumonia, diagnosed with nephrotic syndrome for which he was prescribed Prednison 15mg/24h single dose, Dipiramidol 50mg/24h and Vigantolluten 1000mg/24h.

The patient presents itself with overall general condition of impaired person, feverish 39,2^{o}, inflames eyes, conjunctival congestion, jugular, pharyngeal, amygdalineal mucosa congestion, with positive Koplick's sign, erythematous maculo-papular rash located at the cefalo-cervical extremity, superior trunk and the humeral and axillar regions.

On admission, have been collected biological samples: blood, urine, pharyngeal effusion.

Biochemical exam: Hb=14g/l; Ht=42%; L=10.000/m^3 high leucocytes in the context of dehydration;

Fibrinogen=463mg%. Because of the nephrotic syndrome, nephrotic syndrome biologic samples: urea=32mg%; creatinine=0,52%;total protein=6,3g/dl.

End diagnosis: Interstitial pneumonia, Measles medium form, Acute dehydration syndrome medium, Nephrotic syndrome, Viral Keratine, Oral candidiasis, Acute adenoiditis.

Conclusions: The evolution under symptomatic treatment was progressively favorable. Viral keratine has produced photophobia and inflamed eyes. Bacterial adenoiditis has sustained the fever more days than it was foreseen, and induced mucopurullent rhinorrhea. This imposed an antibiotic treatment, with a positive outcome. It's discharged with an ameliorated condition, overall general condition improved, with good appetite, and pale teguments.

Keywords: Measles; Acute pneumonia; Nephrotic syndrome; Subacute sclerosing panencephalitis(SSPE); Pediatrics

63. Melanonychia in a pacient with Lichen Planus

Author: Victor Chisălița
Co-authors: Adelina-Elena Cîrstian, George Bojescu, Andrei-Florin Seimeanu
Coordinator: Dr. Luminița Decean
University of Medicine, Pharmacy, Sciences and Technology Târgu Mureș

Introduction: Melanonychia is a black or brown hyperpigmentation of the nail plate as a result of trauma, systemic deficiency, medication or the after result of a postinflammatory event in the case of Lichen Planus.

Case Presention: A 73-year-old female pacient, conscious, cooperative, without fever, overweight, came with 10 years ago with a generalized cutaneous rash, pruritic, autoimmune thyroiditis, for which she as hospitalized in the Dermathologic Clinic of Târgu Mureș.

Arterial pressure 140/80mmHg with systolic murmur at Basis cordis, known with arterial high pressure of 3rd degree; systolic rithm of 86 bpm. She suffered multiple relapses with pruritic papules located at the extremities and at lumbar level, as well as lesions at the oral mucosa. Following the biopsy sample from a lumbar lesion we have found: ortokerosis hyperkeratosis, hypergranulosis, acanthosis, raised papules lesions, deformed dome shaped or chainsaw teeth, with hydrophobic degeneration of the basal layer and deeply infiltrated in the epidermis.

The pacient came in the clinic for a clinic-biological re-evaluation with positive diagnosis for: Lichenus Planus; chronic venous insufficiency stage C4a, pigmentary and purple dermatitis with pain at the spinal cord percussion.

Differential diagnosis: Laugier-Hunzinker syndrome; Peutz-Jegers syndrome; alkaptonuria; deficiency of B12 vitamin; hemosiderosis; acral malign melanoma; Addison disease and Cushing syndrome.

Conclusions: Following the treatment with Novothyral 1/day, Milurit 100mg/24h single dose, Aspirina 75mg/24h single dose, Gabapentin 300/24h single dose, Detralex 2/24h, Noliprel 1/24h, LIV52. The patient's chronic evolution has a good functional prognosis, yet aesthetically reserved.

Keywords: Melanonychia, Lichen Planus, Hemosiderosis, Pigmentary dermatitis, Painful spinal cord

64. A rare case of tonsillar lymphoma at a child

Author: Mădălina Maria Voicu
Co-Authors: Norbert Wellmann, Florentina Irina Mocanu, Lavinia Andrada Matei
Coordinators: Andreea Dincă, MD, Lecturer Mihaela Chinceșan, MD, PhD, Assoc.Prof.Emoke Horvath, MD, PhD
University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș

Introduction: Lymphomas are among the most common oncological pathologies of interest for the pediatric population. Non-Hodgkin's lymphomas make up 7-10% of all malignant tumors that develop in children and are more frequently located in the Weldeyer ring.
Case presentation:

The 11-year-old patient known for repeated upper respiratory tract infection and recurring tonsillitis presents the onset of the current illness with the following complaints: fever, chronic nasal obstruction, dysphagia. Following an ENT consultation which is showing a tonsillar asymmetry, it is recommended to perform a cervical MRI which is showing an asymmetric bilateral palatine tonsil hypertrophy with an inhomogeneus structure, therefore, classical adenoamigdalectomy is being performed. The histopathological examination reveals the diagnosis of Diffuse Large B-Cell Tonsillar Lymphoma. The PET-CT examination does not reveal other hypercaptation lesions or tumoral remnants.

Conclusion: The poor symptomatology that mimics Acute angina, as well as the low prevalence of the disease in the ENT sphere, are the particularities of this case. Despite the favorable prognosis, the diagnosis requires a cytostatic treatment according to the guidelines.

65. Nephroblastoma- a diagnostic challenge

Author: Zlotu Iulia-Alexandra
Coordinators: Andreea Dincă, MD, Lecturer Mihaela Chinceșan, MD, PhD, Assoc.Prof.Emoke Horvath, MD, PhD
University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș

Introduction: Nephroblastoma(Wilms tumor) is a common oncology pathology among children, with an increased incidence up to the age of 5. In most cases it affects a kidney, rarely describes bilateral lesions(10%).
Case presentation :

A male patient aged 1 year and 2 months, who is known to be premature, shows the onset of the current illness three weeks prior to admission.The symptoms were: persistent fever(more than 2 weeks) inattentiveness, altered general condition. Following a pediatric consultation conducted at the County Hospital of Suceava, the laboratory tests revealed marked hepatic cytolysis and positive EBV serology(positive IgM and IgG) and the abdominal ultrasound suggested the existance of an intraabdominal tumor mass. He is guided to the county hospital in Targu Mures, where he is admitted on the haemato-oncology department for investigations and specialized treatment.

During the admission, the doctors performed an abdominal CT, showing a left kidney tumor(71/60/83mm(AP/LL/CC)) and determined the vanilmandelic acid from 24 hours urine and Neuron-Specific Enolase(29,63 ng/ml). Taking into account the clinical and paraclinical picture, the case was interpreted to be stage I nephroblastoma. The pre-operative cytoreductive treatment will be performed for 4 weeks, followed by surgery and postoperative cytostatic treatment according to SIOP 93 protocol.

Conclusion: The particularity of the case is that, initially , the disease begins with mononucleosy hepatitis symptomatology, which turned out to be stage I Nephroblastoma with possible positive serology in the context of immunosuppresion due to oncological pathology.

66. Immune thrombocytopenic purpura in children. Case report.

Author: Zoldan Ioana-Alexandra
Coordinator: Vodă Daniela, MD
Transilvania University of Brașov, Faculty of Medicine

Introduction: Immune thrombocytopenic purpura (ITP) is a bleeding dissorder that usually results from development of an autoantibody directed against a structural platelet antigen, and it is characterized by cutaneous, mucosal and visceral hemorrhagic manifestations, thrombocytopenia (<100,000 / mm³) and normal or increased megakaryocyte count in the haematogenous marrow.

A 7-year-old patient presents at the hospital for: epistaxis, purpura and petechial elements on the chest and face, fever: 39 ° C, symptomatology that debuted a day ago. Two weeks ago, he presented coughs and rhinorrhea, ameliorated following administration of Amoxicillin and Robitussin.

Objectives: Presenting the ITP features.

Materials and Methods: Clinical examination reveals: fever 39.8 ° C, multiple post-traumatic ecchymoses, purpura and petechial elements, posttraumatic left frontal hematoma, tongue hemorrhage, gingivoragival bleed, bilateral submandibular adenopathies. Bioumoral: mild normochromic normocytic anemia, severe thrombocytopenia (5000 / mm³), normal leukocyte count, no inflammatory biological syndrome, normal coagulogram, prolonged bleeding time (> 10 minutes), isolated platelets.

Results: Negative results for: cultures, viral markers and antinuclear antibodies and double-stranded anti-DNA, Coombs test. Following treatment (antibiotic therapy, platelet mass transfusion, i.v. immunoglobulin, i.v. corticotherapy), evolution is favorable. Bone marrow aspiration and biopsy is performed due to decreased platelet count (30,000 / mm³) on day 10 of hospitalization. Medullogram: no pathological changes of the erythrocyte and leukocyte series, presence of thrombocytogenic and non-thrombocytogenic megakaryocytes. Immunoglobulin i.v. is administered again with a slight increase in platelet count. At discharge: good general condition, no fever, good appetite, absence of purpura and petechial elements.

Conclusions: Following an infectious episode, the patient presents ITP with severe thrombocytopenia and specific symptomatology, but responds well to treatment with a favorable evolution, so outpatient treatment and monitoring is continued.

Keywords: thrombocytopenic purpura, infection, petechiae, anemia.

II. CLINICAL STUDIES

1. The antioxidant effect of the ascorbic acid and ginkgo biloba detected by biosensors

Author: Anamaria ȘIȘMAN
Co-author: Nicoleta TAUS
Coordinator: Prof. Dr. Badea Mihaela
Transilvania University of Brasov, Faculty of Medicine

Generalities: Oxidative stress plays an important role in chronic neurodegenerative diseases such as Alzheimer s, Parkinson disease and also in ageing processes.

The current study analises the antioxidant action of ascorbic acid and ginkgo biloba.

Purpose of the study: In this study it will be experimentally analized if ginkgo biloba and the ascorbic acid have antioxidant action,using biosenzors,demonstrated through the changes of oxidative stress,detected from human serum.

Working method: Using the SCORE O_2 device the total antioxidant capacity from the serum in the presence of the antioxidants has been studied. This experimental study has been carried out in the biochemistry laboratory of the Faculty of Medicine-University of Transilvania,Brasov. SCORE O_2 allows the observation of the antioxidant capacity with the help of a sensor which detects in less than thirty seconds the EDEL score.This device is based on the detection of antioxidant defense capacity of the organism(AOX).1 EDEL corresponds to 1 nW(nanowatt) and represents the equivalent antioxidant power of a solution of 1micromol of vitamin C.

Results: The statistic analysis has been performed using the SAS 8.0 software.The data is expressed as average values ± standard deviation (X±SD). The statistic meaning for all the tests is evaluated from a level of probbability of $p<0,05$.The antioxidant activity of the serum in the presence of gingko biloba is detected with values from 285 and 690 EDEL,with the corresponding concentrations of 10 μg/ml-170 μg/ml,with an average of 503.95 EDEL. the antioxidant capacity of the serum in the presence of ascorbic acid is identified as following:slight increase in the 200 μg/ml – 500 μg/ml range and fast increase in the 100 – 250 μg/ml range.After the concentration of 250 μg/ml a plateau activity of the serum′s capacity of antioxidation in the presence of vitamin C is observed.

Conclusions: The antioxidant capacity of the gingko biloba and the ascorbic acid is clearly observed .The clinical implications of this study results from the high prevalence of diseases based on the oxidative stress and from the necesity of trying new therapeutical alternatives.

Keywords: oxidative stress,ascorbic acid,ginkgo biloba

2. Risk factors in recurrent urinary tract infections in adults

Autor: Simina CARAGAȚĂ (căs. CRIȘAN).
Coordinator: Conf. univ. dr. med. Ioan SCÂRNECIU
Transilvania University of Brasov, Faculty of Medicine

Introduction: Urinary tract infections (UTI) are among the most prevailing infectious diseases, with a high recurrence rate, thus beeing a substantial financial burden on society. UTI are defined as the colonization and multiplication of bacteria in the urinary tract. [1] [2]
PURPOSE: Improving the quality of life of patients presenting rUTI by preventing or treating them.
Objectives: Determining the risk factors (RF) that lead to the occurrence of rUTI in adult patients; helping them understand their health status and assess their lifestyle, in order to make the necessary changes.
Materials and Methods: The study was conducted in Braşov, at the hospitals: Tractorul, Militar, Mârzescu, between August 2016 and November 2017. The number of patients enrolled in the study were 312. Study: analytic-descriptive, case-control; longitudinal, retrospective. Inclusion criteria: UTI in male and female adult patients. Exclusion criteria: urinary tract malformations, pregnant women, adults without UTI.
The case group, consisting of 50 patients with rUTI and the control group, 262 patients with one episode of UTI.
Statistical tests performed in SPSS were: Hi square, Mann-Whitney, Logistic regression (OR, CI).
The methods used were the questionnaire (29 questions, 89 followed items) and the observation sheet.
Results: RF that can cause rUTI, with high statistical significance are: obesity (p=0.000), urinary tract operations (p=0.003, OR=5.098, 95%CI=1.83-14.2), DM (p=0.001, OR=1.180, 95%CI=0.06-0.48), urinary complications (p=0.000, OR=89.02, 95%CI=0.00-0.29), BPH (p=0,041, OR=0.721, 95%CI=1.31-1.64); hyperproteic diet (p=0.015, OR=1.682, 95%CI=1.22-2.08); lack of exercise (p=0.019), tobacco dependence (p=0.012, OR=2.175, 95%CI=1.10-7.0).
CONCLUSIONS: Patients in the case group had more frequent UTI rates than the control group. By using statistics, the results were generalized and to the RF that exists in the scientific literature, can be added these also. Through the questionnaire, patients were aware of there state of health and an adequate lifestyle, thus preventing or even treating the affection.
Keywords: recurrent urinary tract infections, risk factors for recurrent urinary infections, analytical study, case-control.

Abbreviations: UTI – urinary tract infections**,** rUTI – recurrent urinary tract infections
RF – risk factors, DM – diabetes mellitus, BPH – benign prostatic hyperplasia
OR – odds ratio ,CI – confidence interval

3. Neurofibromatosis type 1

Author: Costin-Gabriel Boerasu[1),]
Coordinators: dr. fiz. Iulian Boerasu[2)], S.L. dr. Sebastian Toma[1)]
[1)] Transilvania University of Brasov, Faculty of Medicine
[2)] Institutul Național pentru Fizica Laserilor, Plasmei și Radiației, Magurele-Bucuresti

Neurofibromatosis type 1 (NF1) is the genetic condition with the highest incidence in the group of neurofibromatoses. NF1 is an autosomal dominant disorder, caused by a mutation in the NF1 gene which resides in the chromosome region 17q11.2.
The symptoms cover a wide range of clinical manifestations, which may differ from one person to another. NF1 is usually characterized by the presence of the café-au-lait maculae and by the growth of tumours along the cutaneous nerves. NF1 manifestations include skin disorders, neurological dysfunctions – caused by neurofibromas -, as well as bone dysplasia.

This paper is a review of the results reported in the specialised literature regarding both non-neurological symptomatology, and the impact of NF1 over the nervous system. We will also attempt to convey the importance of using related investigative techniques i.e. biochemical analysis, advanced imaging or genetic testing, in early diagnosis, which are essential for the avoidance of possible complications and for the improvement in the prognosis of patients.

Keywords: Neurofibromatosis type 1, Recklinghausen, neurofibroma, cafe-au-lait spot, tumour suppressor.

4. The secrets of an old friend!

Author: Covaciu Alexandru
Transilvania University of Brasov, Faculty of Medicine

Introduction: Low response to aspirin, aspirin resistance, high platelet reactivity on aspirin treatment are similar names for lack of response to block arachidonic acid induced aggregation with aspirin therapy and have an important role in the evolution of coronary artery disease (CAD) withthrombo-embolic events.

Objectives: Evaluate the correlation between low response to aspirin in CAD patients risk factors and biomarkers.

Materials and methods: 400 pts with CAD – were divided in 8 groups of study, consistent with the type of CAD and low response to aspirin. Cardiovascular risk factors and biomarkers - including some of high platelet reactivity, endothelial dysfunction, hypercoagulability, oxidative stress - were evaluated in correlation with low response to aspirin - defined as on treatment Aspirin Test (ASPItest) >30U by multiple electrode platelet aggregometry.

Conclusion: In CAD patients, low response to aspirin was significantly corelated with age older than 65, smoking, presence of diabetes mellitus, body mass index >25, hypertension, previous aspirin treatment, low response to clopidogrel, high mean platelets volume and von Willebrand factor activity, low flow mediated vasodilation and total antioxidant status ($p<0,01$).. In UA patients low response to aspirin was significantly correlated with male gender ($p< 0.03$). Incidence of other hypercoagulability biomarkers – S Protein, C Protein, Antitrombin III, V Factor Leiden resistance to activated protein C - was low and not correlated with low response to aspirin.

Keywords: platelet reactivity, coronary artery disease, low response to aspirin, low response to clopidogrel

5. Bone age assessment in growth failure: Importance, Methods, Sources Of Error

Author: Orzan Rareș-Ilie[1]
Coordinator: Prof. Dr. Pașcanu Ionela [2 3]
[1]. University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș
[2]Endocrinology Compartment, County Hospial Mureș, Târgu Mureș
[3]Endocrinology Department, University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș

Introduction: Bone age assessment is a time-consuming method with a high variability rate, therefore it was proposed 30 years ago to replace the manual rating with an automated, computerized method. In 2008 BoneXpert was developed, an automated method which appears suitable for clinical use.

Objectives: The aim of the study is to determine the correlation in bone age assessment between the BoneXpert software and two human raters, using the Greulich Pyle method. Materials and methods: A total of 58 hand radiographs of pediatric patients with growth failure were selected. The radiographs were rated with the Greulich-Pyle method by an apprentice, an expert rater and by the BoneXpert method.

Results: Out of the 58 selected cases, 5 were rejected due to poor quality. 60% of the cases were young female patients with a mean age of 9.85 and 40% were young male patients with a mean age of 9.93 years. The correlation between the standard and the automatic ratings for the GP method was 0.90 for the apprentice-BoneXpert and 0.96 for the experienced user-BoneXpert. The average time needed to perform the ratings was 2.12 min for the apprentice, 0.4 min for the experienced rater and 0.07min for the BoneXpert method.

Conclusions: The BoneXpert automated method proves to be able to analyze bone age, the results being very close to those of the experienced user. An advantage of the automated method is the very short time needed for analysis compared to the accuracy. Although it allows a good appreciation of bone age, the disadvantages of the automatic method include the need for a good quality radiograph in which the bones of the hand are properly exposed and the price.

Keywords: Bone age, Greulich-Pyle, BoneXpert

6. Risk factors in ectopic pregnancy occurrence: A case-control study

Author: Aciubotaritei Alteea;
Co-author: Simion Anastasia;
Coordinator: PhD. Cozlea Alexandra
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: An ectopic or extrauterine pregnancy occurs when the blastocyst implants anywhere else than in the endometrial lining of the uterine cavity. Extrauterine pregnancy is associated with the highest morbidity and mortality in the early phase of pregnancy. Purpose of investigation: To evaluate risk factors in patients with ectopic pregnancy, emphasizing the clinical presentation and management.

Materials and methods: 35 patients with ectopic pregnancies (Study Group) were included in a retrospective case-control study between January and December 2017. Patients' socio-demographic features, personal and pathological background were assessed in relation to 91 patients with spontaneous first trimester abortions, randomly selected (Control Group), in order to determine the main risk factors for EP.

Results: Was observed a tubal localization (97%), without a significant side preponderance of the ectopic pregnancy, associated in most cases with vaginal bleeding (71%) and leukocytosis (57.14%). Main identified risk factors were previous ectopic pregnancies (OR = 4.50), history of laparotomy (OR = 7.333), history of appendectomy (OR=11.125), tubal damage (OR = 12.852). Most patients underwent laparoscopic surgical treatment (88.57%), associated with a shorter hospital admission (p = 0.0001).

Conclusion: Considering the risk factors, the physician could establish an accurate diagnosis in less time, avoiding complications by performing a suitable surgical intervention.

Keywords: ectopic, pregnancy, tubal, laparotomy, abortion

7. Impact of socio-demographic factors and personal history on elective abortion: Case-control study

Author: Anastasia Simion
Co-author: Alteea Aciubotăriței
Coordinator: PhD. Alexandra Cozlea
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Elective abortion is a pregnancy interruption on the patient's request. This can be done for pregnancies under 14 weeks according to the legal framework in our country.

Objective: The purpose of the study is to assess the impact of the socio-demographic risk factors on abortion on demand.

Materials and Methods: A retrospective case-control study was performed in the First Obstetrics and Gynecology Clinic of the Emergency Clinical County Hospital Tg. Mures, including 127 patients who requested pregnancy interruption between January and April 2018. The socio-demographic, personal and pathological features were evaluated in relation to 270 patients with term deliveries.

Results: The analized socio-demographic factors indicated that women over the age of 40 presented more often for abortion on demand (OR = 1.62), while employed patients were more likely choose delivery (OR = 0.47), relationed to the vast majority of students who requested the interruption of the pregnancy (OR = 15.69). The education factor assessment showed that abortion was an option for women with vocational education (OR = 2.03), but not for those with higher education (OR = 0.17). Multigravidas who had more than 5 prior pregnancies (OR = 2.52), patients who had an abortion history (OR = 3.80), but also patients who have a history of cesarean sections (OR = 7.64) requested more frequent a pregnancy termination.

Conclusions: Abortion on demand is an important public health issue due to the decreased level of sexual education among women in our country. Exceeding the age of 40, and previous abortions are main risk factors for choosing a pregnancy termination.

Keywords: pregnancy, abortion, education, term, employment

8. Immunoterapy based on monoclonal antibodies in Alzheimer

Author: Telișcă Mădălina
Coordinator: Ciocoiu Manuela MD,PhD
University of Medicine and Pharmacy „Grigore T. Popa" Iași

Introduction: Alzheimer's is the most common form of dementia accounting for half of all cases of dementia. The incidence of disease increases from year to year: 14,000-15,000 people in Europe suffer from this disease whose etiology is not known for sure.
The most studied and plausible at present is the hypothesis of β-amyloid accumulation.

Obiectives: PRIME is an ongoing Phase 1b study evaluating safety, tolerability, pharmacokinetics, and pharmacodynamics of immunotherapy based on human monoclonal antibodies(Aducanumab).

Study showing that Aducanumab selectively react with Aβ aggregates, including soluble oligomers and insoluble fibrils.

In mouse preclinical studies, it was observed that the antibody crosses the hemato-encephalic barrier, binds to the cerebral parenchymal amyloid plaque and reduces it directly proportional to the administered dose.

The primary objective of the study is to evaluate the safety and tolerability of multiple doses of Aducanumab in patients with prodromal or mild dementia of Alzheimer's disease.

Materials and Methodes

165 patients were randomized and treated between October 2012 and January 2014: received intravenous infusions every 4 weeks, placebo or Aducanumab at 1,3,6 or 10 mg / kgc for 1 year. Of these, 125 completed treatment, and 40 discontinued, 20 due to adverse effects and 14 by withdrawal of consent. Qualified participants may continue treatment in the long-term extension of the study, which involves 112 additional doses, one dose per 4 weeks.

Results: In 54 weeks of Aducanumab treatment at doses of 1,3,6 and 10mg / kgc, a significant decrease in amyloid was observed in PET. Patients receiving Placebo did not show any PET change at the end of treatment.

Conclusion: The PRIME study shows that Aducanumab penetrates into the brain and diminishes amyloid plaques in patients with Alzheimer's in a time and dose-dependent manner.

Keywords: Aducanumab, Alzheimer, clinical trial.

9. Minilaparotomy in aortobifemoral bypass

Author: Zagan Catalin Andrei
Co-author: Motoi Cristina
Coordinator: Assistant professor Cosarca Mircea Catalin
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Aortobifemal bypass is indicated in bilateral occlusions or advanced stenosis of the common iliac artery or infrarenal aorta and in Leriche sindrome which implies the obliteration of the aortic bifurcation. Minilaparotomy is a minimally invasive technique for this type of procedure with multiple postoperative advantages.

Objectives: The aim of this study is to highlight the benefits of the transperitoneal approach of infrarenal aorta and the placement of a graft between this and the common femoral arteries with a short term of aortic clamping and surgical intervention. This intervention can be performed also in the ileofemoral variant.

Materials and methods: The study followed the postoperative evolution of 20 minilaparotomy interventions in aortobifemoral bypass from our clinic in the last two years. The operation was performed under general anesthesia with endotracheal intubation. It was carried out a paraombilical mini-incision of about 4-6 cm and an easy aortic clamp tought another incision of about 1.5-2 cm upstream of the laparotomy and two infrainghinal incisions allowing access to the femoral arteries.

Results: Applying these techniques, was found an average duration of 50-85 minutes with an aortic clamp between 4 and 8 minutes.

Conclusions: Following the study, 18 of the 20 patients under observation resumed their intestinal transit (auscultatory investigation) on the day of the operation,they benefited from hydric diet on the first day after surgery, and the average of hospitalization time was 4 days with rapid recovery and minimal pain.

Keywords: Minilaparotomy, aortic occlusive disease, aortobifemural bypass.

10. Acute pancreatitis

Author: Ioana Stiuj
Co-authors: Asist. univ. Dr. Russu Cristian, Asist. univ. Dr. Gherghinescu Mircea, Teodora Sibinovska
Coordinator: Conf. Dr. Molnar Călin
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Acute pancreatitis (AP) is an inflammatory process of the pancreas, caused by the intra-glandular pancreatic enzyme activation. Severe forms of AP are associated with an increased rate of morbidity and mortality. A surgical treatment is indicated in severe AP cases and addresses their complications in particular.

Objectives: The aim of the paper is to evaluate the clinical and biological parameters of the patients treated surgically for AP and their post-operative evolution and establish the correlations in order to assess the effectiveness of the prognostic scores.

Materials and methods: We performed a retrospective observational study on a series of 60 patients operated for AP in the Surgical Clinic I of the Tirgu Mures Clinical Emergency County Hospital between 2012 and 2018. Clinical and biological parameters were evaluated, the prognostic scores were calculated, and the results were analysed in correlation with the patients' postoperative evolution, using a Microsoft Excel database and a statistical analysis program - IBM SPSS Software.

Results: In the group of 60 patients participating in the study, the mean age was 52 years, with a gender ratio of 2: 1 in favor of male gender. In only 8 cases the etiology was biliary lithiasis. The length of hospitalization varied widely, with a minimum of 5 and a maximum of 90 days. Postoperative morbidity was 36.6%, with 12 patients requiring more surgical interventions. Postoperative mortality in the study group was 20%.

Conclusions: PA is a severe diagnosis with unpredictable evolution. Treatment is complex, requiring individual adaptation. Prognosis in severe AP is often unfavorable, associating a high degree of morbidity and mortality.

Keywords: acute pancreatitis, prognostic score, surgical treatment

11. Analysis of clinical and biological parameters of patients in whom hemodialysis was initiated

Author: Zokarias Dan-Sebastian
Coordonators: Lecturer Szántó Annamária MD, PhD, Asst. Lecturer Hosu Ioan MD, PhD
University of Medicine, Pharmacy, Sciences and Technology of Tîrgu-Mureș

Introduction: Hemodialysis (HD) is one of the three methods of renal function replacement therapy which can be applied either chronically, in patients with final stage of chronic kidney disease (CKD) or in acute renal impairment (AKI).

Objective: The aim of this study is to analyse the clinical and biological parameters of different patient groups in which HD was applied.

Material and Methods: We analyzed the data of 115 patients admitted to the Nephrology Compartment – County Emergency Clinical Hospital of Tîrgu-Mureș, between 2016-2018. Based on the type of nephrologic pathology, we grouped the patients in three categories: group 1: patients regularly monitored with CKD (37 patients), group 2: patients known with CKD without nephrological dispensarization (57 patients) and group 3: patients with LAR (21 patients). The data obtained was statistically processed with GraphPad program.

Results: The mean age of enrolled patients was 61.44 years, with male dominance (74 patients). The comparative analysis of the three groups showed a statistically significant difference regarding hemoglobin level ($p<0.0001$), uric acid ($p=0.0015$), serum protein ($p=0.04$), serum albumin ($p=0.017$) levels and the parenchymal index (right kidney $p= 0.04$, left kidney $p= 0.01$).
Other investigated parameters (creatinine, uremia, eGFR, calcemia, phosphatemia, serum iron, urinary infections) did not showed significant alterations.

Conclusions: There are important differences between the three investigated groups, thus every patient needs an individualized medical approach.

Keywords: hemodialysis, chronic kidney disease, acute renal injury, paraclinical parameters

12. Puerperium in women with thrombophilia: early complications and risk factors

Author: Căşvean Elena-Amalia [1]
Co-author: Moldovan Oana-Laura [2],
Coordinator: Lecturer Dr . Molnar Varlam Claudiu
1. Emergency County Hospital of Târgu-Mureş
2. University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Thrombophilia is an acquired or hereditary condition that increases the risk of thrombosis, due to the imbalance between pro-coagulation and anti-coagulation factors. The puerperium period is physiologically associated with a hypercoagulability state, but when we encounter women who also have thrombophilia as a diagnosis, the risk of thromboembolic events is even higher.

Objective: Our aim was to preform a statistical analysis in order to respond to the following questions: Is puerperium normal or abnormal in women with thrombophilia? Are there any complications? What are the risk factors?

Material and methods: The retrospective conducted study enrolled 55 postpartum women with thrombophilia and 55 postpartum women with similarities regarding age and rural or urban environment, but without this abnormality of the blood coagulation. The information was procured from the observation charts and registers of the patients who were admitted in the Obstetrics and Gynecology Clinic I of the Emergency Clinical County Hospital in Targu Mures from January 2017 -august 2018. The data were collected with Microsoft Excel program and statistically processed.

Results: The median age was 31± 5 years in patients with thrombophilia (group 1) and 28±6 years (p=0.019) in patients without thrombophilia (group 2). Complications during puerperium in group 1 vs group 2 (p=0,1613). The correlation between risk factors and complications during puerperium in group 1 (p = 0,2112). Trombembolic events 1,65% and hemorrhagic complications 0,55% in group 1.

Conclusion: The are no statistically differences between the complications during puerperium in women with thrombophilia than in women without this pathology. The frequency of any possible complications is not influenced by the risk factors we studied.

Keywords: thrombophilia, puerperium, thrombosis,

13. The prevalence of West Nile virus infection in patients with acute meningitis with clear cerebrospinal fluid: a retrospective study of 98 cases

Author: Maria-Flavia Rădulescu [1],
Co-author: Felicia Toma [2]
[1] University of Medicine, Pharmacy, Sciences and Technology of Tîrgu Mureș, Romania
[2] Microbiology Department, University of Medicine, Pharmacy, Sciences and Technology of Tîrgu Mureș, Romania

Introduction: Acute meningitis is rapidly developing inflammation of the meninges that cover the brain and spinal cord and of the subarachnoid space. West Nile Virus (WNV) is transmitted to humans by mosquitoes, being maintained in a mosquito-bird-mosquito transmission cycle. It is a member of the genus Flavivirus, in the family Flaviviridae and in humans, there are various symptoms, from unapparent infection to mild febrile illness, meningitis, encephalitis or death. Infections attributable to WNV have been reported in many countries and it is thought that the migratory birds are responsible for virus spreading and reintroduction of WNV from endemic areas into regions with sporadic outbreaks.

Objective: The purpose of this study was to investigate the prevalence of West Nile virus infection in patients with the diagnosis of diagnosis of acute meningitis with clear cerebrospinal fluid (CSF).

Material and method: A retrospective study was preformed using the files of patients hospitalized at the Infectious Clinic of Braila between 2012 and 2017 with the diagnosis of acute meningitis with clear cerebrospinal fluid (CSF). Afterwards, a part of them were tested for anti-West Nile virus antibodies, IgG and IgM.

Results: Only 45 out of 98 patients (38,73% females and 61,27% males) were tested for anti-WNV antibodies and 31,26% of them were positive tested. There was no significant difference concerning the age between the positive and the negative patients. Also, males and people living in the contryside have a higher risk to develop an WNV infection (all $p>0.05$).

Conclusion: Females are less likely to suffer from acute meningitis with clear CSF than males. The highest number of positive tested patients was found in 2016, between August and September. This study also reveals that people from the countryside are more likely to suffer from WNV meningitis.

Keywords: West Nile, meningitis, frequency, infectious disease

14. The modern treatment of aortic aneurysms

Author: Tomac Andrei-Alexandru
Co-authors: Sasca Maria-Andrada, Borodi Paul-Gabriel, Baciu Madalina-Cerasela
Coordinator: Assistant Professor Cosarca Mircea-Catalin
University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș

Introduction: An aneurysm refers to a distension of an artery caused by weakness in the arterial wall. Aneurysms can happen to anyone at any age, and most of the time, they have no symptoms or warning signs. Endovascular aneurysm repair(EVAR) consists in inserting a graft within the aneurysm through small incisions using X-ray guidance to put the graft into place. When it comes to aortic aneurysms, it involves the insertion of an expandable stent graft - a fabric tube supported by metal wire stents that reinforces the weak spot in the aorta - without operating directly the aorta. In 2003, EVAR surpassed open aortic surgery as the most used technique for repairing the aortic aneurysms, and in 2010, EVAR was performed in 78% of the cases.

Objectives: The purpose of this study is to analyze the efficiency of an alternative method of treatment when it comes to aortic aneurysms.

Material and methods: We included a number of 9 patients with aortic aneurysms, treated with EVAR in Surgical Clinic no.1 Tg. Mures, between March 2017 – October 2018, in a retrospective descriptive study. First, the surgeon inserts a catheter into the upper thigh and tries to thread it into the aneurysm. After that, using X-ray guidance, he threads the graft into the aortic aneurysm. To form a stable channel for the blood flow, the graft is expanded into the aorta. It reinforces the weakened section in order to prevent the aneurysm from rupturing, which could cause a fatal bleeding.

Results: The treatement was performed in every case once. We recorded a favorable postoperative evolution in all 9 patientes. After an average of 7 days of hospitalisation, all patientes were discharged.

Conclusions: The main advantage of this type of procedure is that there is no need of abdominal surgery. It is much more safer than the traditional intervention, the patient will recover within a few days, and he will be discharged sooner.

Keywords: EVAR, aortic aneurysms, modern treatment

15. Usefulness of vectorcardiography in patient selection for cardiac resynchronization therapy

Author: Sabina-Ioana Dumitru[1]
Coordinator:Paul-Adrian Călburean[2,3].
[1]University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș, Faculty of Medicine.
[2]University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș, IOSUD.
[3]Emergency Institute for Cardiovascular Diseases and Transplantation of Tîrgu Mureș, Department of Cardiology.

Introduction: Cardiac resynchronization (CRT) is the elective therapy for congestive heart failure with ejection fraction below 30% and delayed activation of lateral wall of the left ventricle (LWLV). Delayed activation of LWLV is evaluated electrocardiographically by increased duration, above 150 miliseconds, of the QRS complex, caused most frequently by a left bundle branch block (LBBB). Vectorcardiographic parameters can also identify delayed activation of LWLV.

Objectives: Our objective was to investigate the utility of the vectorcardiography in patient selection for CRT.

Materials and methods: Using relevant databases, such as PubMed and Cochrane, a total number of 8 articles related to usefulness of vectorcardiography in CRT were identified.

Results: QRS area (AQRS) determined by vectorcardiography has a better performance in diagnosis of LBBB compared to duration and morphology analysis of QRS complex. Usage of AQRS instead of QRS duration lowers percentage of non-responders, estimated at 30%. AQRS identifies eligible patients for CRT even in non-LBBB contexts, such as right bundle branch block or non-specific intraventricular conduction delay, which have a high incidence, but rarely associates with delayed activation of LWLV. Difference between AQRS pre- and post-CRT is directly proportional with improvement of ejection fraction. AQRS can guide optimization of cardiac stimulation intervals, improving furthermore ejection fraction in CRT. Vectorcardiographic parameters have the advantage of being objectively determined.

Conclusions: AQRS determined by vectorcardiography identifies better delayed activation of LWLV, even if substrate is LBBB or non-LBBB intraventricular conduction delay. Vectorcardiography can anticipate and optimize clinical response in CRT.

Keywords:Vectorcardiography, cardiac resynchronization therapy, left bundle branch block.

16. Mitral and aortic valvulopathy in young adult - Clinical and paraclinical aspects.

Author: Văcar Anda Valeria
Coordinator: Asst. Lecturer Macarie Cosmin MD, PhD
University of Medicine, Pharmacy, Sciences and Technology of Tîrgu Mureș

Introduction: Valvulopathies are classified as regurgitation or stenosis, impling a specific hemodynamic profile, dependent on the affected valve. Mitral and aortic valvulopathies represent the majority of valvular disease, and in the last decades, a change in etiology has been noticed: rheumatic etiology decreased detrimental to degenerative causes.

Objective: The aim of this study is to find significant clinical and paraclinical correlations in patients under 50 years old, with aortic and mitral valvulopathies, and to compare the results with current medical literature.

Material and Methods: We conducted a retrospective study which included 115 patients between 18-50 years old, admitted to Cardiology department in Targu Mures during 2016-2017, and diagnosed with significant hemodynamic aortic or mitral valvulopathy. Patients had been subjected to cardiac ultrasound and EKG examination, and tracking parameters were obtained from patients' observation sheets.

Results: Statistical analysis showed that the predominant valvulopathy was mitral regurgitation MR (74.8%), followed by aortic regurgitation AR (12.2%), aortic stenosis AS (10.4%) and mitral stenosis MS (2.6%). Among patients with mitral stenosis, 66.7% are in the third decade of life, while other valvular disease have maximal incidence in the forth decade (p=0.008). Predominant types in each valvulopathy are: functional MR (63%), congenital AR (29%), congenital AS (42%) and rheumatic MS (100%) (p=0.001). It is relevant that younger age correlates with rheumatic etiology (50%), while advanced age correlates with functional etiology (74%) of valvular heart disease VHD (p=0.006).

Conclusion: VHD represent an important cause of heart failure in young adults, its prevalence increasing with age. This study indicates that the predominant valvulopathy is functional MR, followed by congenital aortic valvulopathies. It was also observed that congenital etiology is frequent in younger age, while functional and degenerative ethiologies are predominant in advanced age.

Keywords: valvular heart disease, mitral valve, aortic valve

17. Recurrent intussusception in child and infants

Author: Ududoi Teodora Maria
Co-authors: Blehuiu Bogdan-Ionut, Barbu Alina-Elena-Cristina, Piță Oana-Roxana, Bărbulescu Diana Elena
Coordinator: Ksia Amine
University of Medicine and Pharmacy Craiova; University of Monastir, Faculty of Medicine Monastir; Fattouma Bourguiba Hospital from Monastir, Tunisia, pediatric surgery department

Introduction: Acute intussusception is the most common abdominal emergency among infants. Most cases in early childhood are idiopathic. Recurrent intussusception in child and infants are problematic and there are controversies about its management. The aim of this study is to determine the details of the clinical diagnosis of recurrent intussusception and to determine the etiology of recurrent intussusceptions.

Material and Methods: It's a retrospective study of 28 cases of recurrent intussusception treated in the pediatric surgery department of Monastir (Tunisia) between January 1998 and December 2011. The clinical signs, imaging data and the results were collected from the files and encoded on cards and computer equipment using SPSS 18ML.

Results: During the study period, 505 patients were treated for 544 episodes of intussusception, there were 39 episodes of recurrent Intussusceptions in 28 patients, the rate of patients with recurrence was 5.5%. With comparison to the initial episode, clinical features were similar to the recurrent episode except bloody stool that was absent in the recurrent group (p=0,016). Only one patient had a pathologic local point.

Conclusion: In recurrent intussusception, patients are less symptomatic and consult quickly. Systematic surgical exploration is not needed as recurrent intussusceptions are easily reduced by air or hydrostatic enema and is not associated with a high rate of pathologic leading points (tumor, polyp, or Meckel's diverticulum).

Keywords: child, surgery, recurrent intussusception

18. Clinical picture and laparoscopic approach in the context of pheochromocytoma

Author: Găban Bianca
Co-Authors: Mihaela Andreia Condrea, Daniel Gabriel Danilescu, Gîdea Rebeca
Coordinator: MD-PhD Lecturer Chibelean Bogdan-Călin
University of Medicine, Pharmacy, Science and Technology of Târgu Mureș

Introduction: Pheochromocytoma is a neuroendocrine tumor that originates in the chromaphine cells of the adrenal medulla. There can be benign or malignant tumors in association with other endocrine system diseases: paragangliomas, MEN, Von Hippel-Lindau syndrome, neurofibromatosis.

Presentation: 44-year-old female patient with pheochromocytoma, non-responsive HTA (since 03.2018), primary hyperparathyroidism, autoimmune thyroid disease, prediabetes, hypercholesterolemia and severe episode of nodular erythema (treated) in the personal medical history, presents at the urology department accusing fatigue, asthenia, headache, dizziness. At the clinical exam findings are the following: altered general state, paleness, scratching marks in the lower limbs. CT exam reveals an enlarged right adrenal gland with a maintained contour but inhomogenous structure and with a maximum diameter of 64/55/50 mm (AP / LL / CC). Catecholamine metabolites in 24h urine revealed normal metanephrine levels (93.78µg / 24h; normal 39-256µg / 24h) while the normetanephrines had elevated pathologic values (5605.20µg / 24h, normally 92-604µg / 24h). At the endocrinologist's indication, pre-treatment with alpha blockers and beta blockers (10-14 days) is initiated. Laparoscopic adrenalectomy was performed to stabilize blood pressure (postsurgical BA average =110 / 60mmHg) and postop following of associated pathologies is required .

Conclusions: In the context of a well-outlined pheochromocytoma, by its clinical aspects and associated pathologies, efficient preoperative treatment with alpha- and betablockers is an important indication regarding the laparoscopic approach.

19. INDUCTION OF ALTERED STATES OF CONSCIOUSNESS THROUGH BINAURAL BEAT STIMULATION ON HEALTHY SUBJECTS, A PILOT STUDY

Author: Babcinschi Octavian
Coordinator: Moldovanu Ion, MD, PhD, Associate professor, Department of neurology no.1 USMF,,N.Testemițanu" University

Introduction : Altered State of Consciousness (ASC) is a phenomenon of major interest in the domain of modern neurosciences. Millennial experience and recent research provide convincing evidence that ASC such as trance, hypnosis, meditation, Samadhi and other ASC obtained through the use of oriental techniques are effective in the treatment of various diseases. (Moldovanu,Vovc , 2015)
The hypothesis of the study is that of proving the ability of modelling ASC using state-of-the art methods of brain neurostimulation with the aim of improving the therapeutic practices during treatment of chronic pain.
Purpose of the study: Studying the possibilities of ASC induction through Binaural Beat Stimulation (BBS).
Materials and Methods:
Stages of the study:

1. Pre-stimulation: Data collection through questionnaires with the aim of testing the psychological condition of the subjects.
2. Stimulation: performing BBS with 1-13Hz as well as the Placebo test.
3. Post-stimulation: evaluating the 5D-ASC questionnaire (5-Dimensional Altered States of Consciousness Rating Scale) with the aim of identifying and grading the ASC immediately after BBS. (A.Dittrich, 2010)

Results: To summarize the 5D-ASC analysis performed on a subset of healthy subjects, two classes have been identified:
1.Affected by the ASC stimulation: 4 subjects (based on the inventory, average score of 5D-ASC > 10%, corresponding with the > 10mm threshold of the 100mm visual analog scale, as 100%)
The differences are noticeable across all 5 scales of the 5D-ASC inventory, particularly on the VRS scale (Visionary restructuralization):
Binaural beat stimulation: 31.50 vs Placebo: 13.75
Therefore, it can be concluded that the visual aspect of the ASC has been predominant.
2.Not affected by the ASC stimulation: 4 subjects
Conclusion
50% of the healthy subjects are susceptible to the induction of altered states of consciousness through binaural beat stimulation. Further study is required in order to identify the susceptibility cause of particular subjects upon their induction into an ASC as well as validating the efficiency of the aforementioned states during the treatment of chronic pain together with other neurological and somatic pathologies.

Keywords: Altered State of Consciousness, neurostimulation, Binaural Beat stimulation