

Founded 1897 • New Series

Vol. CXIX • Suppl./2016 • September

Romanian Journal of Military Medicine



REVISTA DE MEDICINĂ MILITARĂ



Spitalul Universitar de Urgență
Militar Central “Dr. Carol Davila”

TRADIȚIE | ÎNCREDERE | PROFESIONALISM

185 ani de excelență în
medicina militară
1831-2016



Conferința “Zilele Spitalului Militar
Central Dr. Carol Davila” | ediția a VI-a

28 septembrie - 1 octombrie 2016

www.zilelesuumc.ro

6th Edition

*Carol Davila University Central Emergency
Military Hospital Scientific Days*

September 28 – October 1, 2016

Bucharest

Journal included in Ulrich's Periodicals Directory database, Scientific World Index, Science Library Index, Directory of Open Access Journals, Directory of Research Journals Indexing and Open Academic Journals Index.

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Romanian Journal of Military Medicine (RJMM) is included in Romanian College of Physicians Medical Publications Index and credited with 5 CME credits.

www.revistamedicinamilitara.ro

Romanian Journal of Military Medicine, New Series, vol. CXIX, Suppl./2016, September
ISSN-L 1222-5126; eISSN 2501-2312; pISSN 1222-5126

RJMM

Romanian Journal of Military Medicine

Edited by the Romanian Association of Military Physicians and Pharmacists.



Founded 1897 • New Series

Vol. CXIX • Suppl./2016 • September

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EDITORIAL

The 6th Edition of Carol Davila University Central Emergency Military Hospital Scientific Days

Florentina Ioniță Radu

Prestigious and distinguished guests from home and abroad

On behalf of the Organizing Committee of the 6th Edition of the Carol Davila University Central Emergency Military Hospital Scientific Days, with the theme "185 Years of Excellence in Military Medicine," I have the great pleasure and honor to welcome you all at this scientific event which managed to enroll on the map – not so large – including manifestations that have specialized audience.

As an organizer, I can only be honored by the fact that the need for support and development of military medicine was identified as a theme in the goals and concerns of the decision structures, the event being under the patronage of the Minister of National Defence. We also have partners from the civil society, recognized – both in the country and abroad – for their work in the academic field, in the field of medical innovation, namely Carol Davila University of Medicine and Pharmacy and Titu Maiorescu University.

The anniversary, on September 13th, of 185 years since the decree for the set up of the Central Military Hospital was issued, by Alexandru Ghica, ought to be shared today with the whole modern Romanian society, mentioning all its implications – tradition, vision, determination, professionalism and academic excellence.

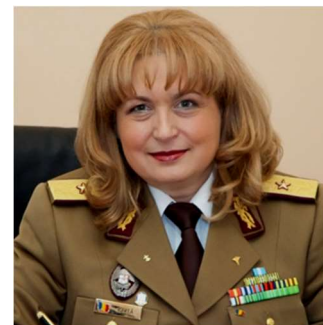
Central Military Hospital was born with a predetermined destiny, that of being a landmark of Romanian society, a melting pot that mixes souls and crystallizes the purest form of science, loaded on a chosen structure, an alert and firm spirit, respecting the historical values of the Hippocratic Oath and especially the oath for the country.

During its 185 years of existence, the Central Military Hospital has gone through many difficult times, that is why I need to point out a few of these moments, because only by

understanding the past you value more the present and the future and only by respecting your forebears, you have the power to face the unknown times that will come.

We must not forget, not even for a single moment, that in our present professional experience, lies the memory of all those who have come with their lives, during the 185 years of existence of the Central Military Hospital, those who, on the battlefield of the two World Wars, served or were sacrificed, trying to save the lives of their comrades; those who have struggled with their limits to face the victims of the earthquake that shook Bucharest in March 1977; those who treated the young soldiers, victims of the works of construction of Transfăgărășan, Danube-Black Sea Canal; those who provided care in operation theaters, in the Euro-Atlantic partnerships that Romania has committed with military forces to preserve peace and, more recently, those who have gone through the human and professional challenge, following the tragic fire from Club Colectiv.

During 185 years, we have been beside the Romanian army, in the service of the country and of the population, we did our best in doing our duty with: modesty, professionalism and team spirit. We did not pose as mentors, although here, in this area of health, the foundations of medicine, pharmacy and medical education in Romania were laid. Medical and surgical specialties such as: thoracic surgery, urology, epidemiology, which are considered today to be common



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RADU**

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medical specialties, were born here. These should be considered gifts from our ancestors, military doctors.

If we appeal to history, we should evoke an overwhelming number of personalities, founders of Romanian culture and science, as well as those great men who thought and achieved, with other visionaries, the independence and state organization of modern Romania. It is not easy to resist to the temptation to evoke exhaustively these big names in an anniversary moment, to propose a speech focused on certain fundamental benchmarks: the legacy of the historical past, the critical analysis of the present, the identification of future trends.

Between historical tradition and heritage and the innovations of the modern space, apparently, the Central Military Hospital was meant to reshape and transform itself each time, not as a citadel, but as an open door to knowledge, to the generations of tomorrow, which contrary to all pessimistic opinion trends, will continue to have double qualification – physicians and militaries.

With a background of 185 years, the Carol Davila University Central Emergency Military Hospital returns in force, as an important player on the market of medical services in Romania and elsewhere, proving that, to the three qualities that have pierced the veil of history – TRADITION, TRUST, PROFESSIONALISM – the key to success, to ensure the development of this type of institution, lies in flexibility, predictability and responsiveness to the emergence of a crisis or disaster.

Both as a doctor, and especially as the manager of the Carol Davila University Central Emergency Military Hospital I understand that the expectations of the whole society, from military medicine, are very high, whether we speak of peace or war. People expect us to be an excellent regional hospital, to ensure safe and high standards, an excellent medical act comparable to that granted by a specialty hospital from abroad, while in wartime, to become an elite military

medical facility, ROL 4, able to provide medical care to the standards required by our NATO allies. I believe that, with you, dear colleagues, under the patronage of the Ministry of Defence, these goals are on track to be achieved!

The Scientific Days of the Carol Davila University Central Emergency Military Hospital is, as usual, a unique opportunity for physicians of various specialties, academics and university leaders, opinion leaders from the pharmaceutical industry and health systems, to discuss the prospects and challenges of the medical world in the new context of the dynamics of the security environment.

The way of gathering in workshops and conferences, of specialists in emergency medicine and disaster, highly specialized surgeons (robotics, neurosurgery, orthopedics, ophthalmology, oro-maxillo-facial surgery, dermatology-oncology, etc.), practitioners in the field of internal diseases and infectious diseases, clinicians specialized in imaging, functional exploration and laboratory, provides the pillars of strength of the platform for dialogue, exchange of information and "codes of good practice" needed in the perfection process of professionalization of the medical act provided to the patient at high quality standards and technological performance and know-how.

At the same time, by involving the student community at sessions of the work of the sixth edition of the Conference Days of the Central Military University Emergency Hospital "Dr. Carol Davila", we want the conference to become a landmark for future generations, with particular significance for their social, professional and cultural identity.

My dear colleagues, regardless of your age and grade, you and your professional success represent the strongest argument in demonstrating the truth that Romania has a future!

Have confidence in your forces, in your profession and do not forget the teachers who have trained you for knowledge and for life through science and education!

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ORAL PRESENTATIONS

Spitalul Universitar de Urgență Militar Central "Dr. Carol Davila"

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OP session MD1

Tuberculosis – a diagnostic challenge in Romania. Considerations on a clinical case

G. Stoicescu, L.M. Ciobîcă, Daniela Anghel, S. Stanciu, Iolanda Sârbu, Ancuța Coca

A 42 years old patient present cough, respectively a productive mucopurulent sputum, in a small quantity and asthenia. From her medical history we retain a diagnostic of uterine tumor, about seven years – therapeutic neglected and a recent asthma – 2 months ago, in a normal clinical exam context and a normal radiologic examination.

Clinic, without elements of bronchospasm, without bronchospasm seizures in the last 2 months and an abdominal pelvic tumor at the 1st palpation.

We performed a chest radiograph which highlighted several mild nodular opacities and a hydroaeric image of 4/2 cm in the right base. Respiratory functional tests were normal and the bronchoscopy with lavage, highlighted an intense mucosal congestion in basal segments. The cultures from the sputum and tracheobronchial aspirate, haven't evidentiate the BAAR presence. The hemoleucogram indicates a medium ferriprive anemia and martial treatment was followed. Detailed exam of the pulmonary CT bring in discussion, suspicion of a nodular and ulcerative pulmonary TBC – multiple and bilateral.

In this context, after pulmonology exam the patient is guided in a specialized department. The BK culture result at 2 months has come positive.

As a particularity of the case, the TBC pulmonary with a fast evolution toward a pulmonary abscess, in less than 2 months, after a pulmonary exam with normal pulmonary radiography. The patients were not in a clinic or biological context of immunosuppression.

Improving treatment adherence in schizophrenia diagnosed patients by using long acting injectable antipsychotics

O. Vasiliu, D. Vasile, A.G. Mangalagiu, B.M. Petrescu, C. Tudor, C. Cîndea, R.E. Bazac-Bratu, F.T. Androne, A.F. Alboaie, M. Pătrașcu, E.A. Morariu

Treatment adherence in psychotic disorders is an important factor that correlates with disorder's prognosis, risk of complications, duration and frequency of hospitalizations, social and professional reinsertion.

Long acting injectable treatments are available and their administration could improve patients' adherence to antipsychotics. From the clinician's perspective, long acting injectable antipsychotics are preferred to oral medication due to a more accurate way of treatment monitoring and to the maintaining of stable active drug serum concentrations throughout the treatment duration, therefore avoiding high drug levels associated with adverse events, but also lower drug levels which could be responsible for relapses.

From the patients' perspective, fewer presentations to the physician could be perceived as a benefit. From the caregivers' point of view, a lower rate of relapse and fewer visits with the patient to the physician could reduce the disease burden.

Several options are currently available in clinical practice – risperidone microspheres could be administered every 2 weeks, aripiprazole monohydrate is recommended for administration every 4 weeks, olanzapine pamoate every 2 or 4 weeks, and paliperidone palmitate every 4 weeks. Other formulations are FDA approved but not yet marketed in Europe, like aripiprazole lauroxil (administered every 4 or 6 weeks) and paliperidone palmitate with a longer, 12 weeks, effect.

A trend to develop drug formulas with longer intervals between injections is observed and this is good news regarding the problem of treatment adherence in schizophrenia.

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Osler-Weber-Rendu Disease – familial case report

Cristina Vîrlan, Florina Topliceanu, Lavinia Bârsan, M. Şotcan, E. Dănăilă

Introduction: Osler-Weber-Rendu disease (OWRD, also known as hereditary hemorrhagic telangiectasia) is a rare autosomal dominant disease, which manifests through mucous-cutaneous telangiectasia and arteriovenous malformations, a potential source of serious morbidity and mortality. Recurrent and severe epistaxis is the most common presentation, frequently leading to severe anemia that necessitates transfusion.

Material and methods: A 40 year-old woman presented to our clinic with recurrent epistaxis. Clinical examination revealed mucous-cutaneous telangiectasia. Imaging studies showed ectasias of portal and splenic veins. She confirmed that her mother had also had recurrent mucosal and oral bleeding, but she has not investigated them. The diagnosis of OWRD was established as all the criteria were met.

Results: As the OWRD is a hereditary disease, we investigated the first-line blood relatives of the patient. One of her two sons presented the same symptoms and was also diagnosed with OWRD. Currently, the patient and her son are periodically evaluated and treated for anemia. There was no need for surgical intervention, as the arteriovenous malformations were minimal and not life-threatening.

Discussion: Symptom onset may be delayed until the fourth decade of life (~90% of patients manifest by age 40 years) or later. Screening family members for signs of OWRD is reasonable and should include a complete history, physical examination, chest radiography, and arterial blood gas testing (with measurement of the shunt fraction).

Macroamylasemia – a source of confusion in clinical practice

V. Smedescu, Alexandra Gireadă, Corina Taubner, I. Copaci

Introduction: Macroamylasemia represents the presence of circulating complexes, consisting of amylase bound to immunoglobulins (IgA or IgG), not filtered by the kidney, generating increased amylase serum levels.

Materials and methods: We mention the case of a 44 year old woman who presented with a dyspeptic syndrome and whose laboratory tests indicated an increased amylase serum level with a normal lipase serum level. In the absence of another cause of hyperamylasemia (an intraabdominal or salivary condition or renal failure), macroamylasemia was

suspected.

Results: The diagnosis was confirmed by the amylase creatinine clearance ratio (ACCR), less than 1%.

Discussions: Macroamylasemia is encountered in about 2.5% of hyperamylasemic patients and in 1% of healthy individuals. There are three types of macroamylasemia. In the first, most common type, the amylase activity is increased in serum and decreased in urine. In the second type, the ratio macroamylase/normal amylase in serum is lower than in the first type and the urinary amylase is increased. The third type is characterized by normal serum and urine amylase activity.

As a conclusion, in some cases, like ours, the diagnosis can be confirmed by the ACCR, but sometimes the detection of macroamylase in serum may be necessary.

Holistic approach of the bacterial resistance to antibiotics phenomenon

V. Ordeanu

The main objective of this work is how to investigate the microbial resistance and, in particular, the bacterial resistance to antibiotics (AB) as it is a worrying phenomenon for the public health, globally, in all WHO regions. The spread of this phenomenon leads to the risk of not being able to control infectious diseases, described as "the end of the antibiotics era" that would lead to "the end of modern medicine."

In order to prevent this public health's major risk, we study the phenomenon scientifically and exhaustively, interdisciplinary and multidisciplinary, bio-medically and socio-economically, in order to identify critical points and propose concrete measures of action.

The "One health" innovative Concept of the WHO allows, for the first time, to bring together the bacterial and antibiotic resistance in human medicine, military medicine, veterinary medicine, zootechnics, pharmacy, environment etc., being appropriate for studying and fighting against this dangerous to public health phenomenon.

The innovative holistic approach to medical and paramedical aspects of the microbial resistance, a subject in which our team already has a long experience, will constitute a useful database for scientists, practitioners and healthcare policymakers. This project was proposed and accepted of Grand Challenge at Bill and Melinda Gates Foundation, USA, 2016.

Primary prevention in unipolar depression

A. Nistor, T. Hara, C. King, F. Blebea, A. Iftodi, Corina Tudor, O. Vasiliu, D. Vasile

The concept of primary prevention in psychiatry remains controversial, met with skepticism even today. Goldstein (1977) sees it as an idea that is ripe to become practice, and a possible achievement of modern psychiatry, Cummings (1972) sees more costs versus benefits in its implementation, Henderson (1975) judges it to be an illusion, Erlenmeyer-Kimling (1977) as something that belongs in the distant future, while those responsible for allocating funds for its realization, consider it a luxury. These are points of view still present when we try to explain the passive attitude of our communities regarding this field.

Nevertheless, medical progress in the field of psychiatry brings hope that primary prevention in mental health can prove to be effective, with unipolar major depression being the most researched topic, as depression is among the leading contributors to the global burden of illness-related disability, and is predicted to be the greatest contributor to the illness burden by 2030.

There is a paucity of primary preventive programs aimed at the general population. Therefore, it is a matter of public health to find ways to implement timely and effective strategies to prevent major depression. As primary prevention addresses the healthy individual, a collaborative multi-disciplinary approach focused on universal primary prevention (Shinn and Toohey-2001) that would target the communities in their entirety would be most successful.

Rare cause of a severe coagulopathy

Anca Manolache, V. Duțescu, Elena Busuioc, I. Copaci, V. Smedescu, V. Balaban

We report a case of a 40 year old man who presented himself in emergency department for multiple spontaneous ecchymoses and hematomas over the last 12 hours. He had been prescribed NSAID for renal colic 3 days before presentation. In the beginning, biological tests showed inflammatory syndrome without anemia.

Clinical exam revealed pale teguments and mucosa, ecchymosis and diffuse tenseness to the right forearm, left and right leg.

Laboratory results showed a prothrombin time of 21 msec and an activated partial thromboplastin time of 98 seconds. Platelets were normal and hemoglobin level was 7.2g/dl. The patient presented also hypoproteinemia, hypocalcemia and

hypokalemia associated with severe inflammatory syndrome (fibrinogen 875 mg/dl, ESR 90 mm/1h).

Because the patient became unstable due to fast progression of anemia (Hb5g/dl) over 4 hours associated with the extension of hematomas and with a slow response of the treatment, we decided the admission in the intensive care unit.

We continued to investigate the coagulopathy and we excluded the acute promyelocytic leukemia. We excluded a possible organophosphate poisoning after the cholinesterase level came out normal. We took blood test for hemophilia as per indication of the hematologist.

The CT scan showed intestinal walls thickened due to possible hematomas at this level.

After we started treatment with FFP, vitamin K, the coagulation parameters became normal. Because hydroelectrolytic disturbance persisted and patient continued to present modification of intestinal transit (one/two soft stools per day), it rose the suspicion for celiac disease. We performed an esophagogastroduodenoscopy that revealed a typical pattern for celiac disease. Also the serology was positive with an increased level of antitransglutaminase IgA antibody (320 U/ml).

After we started the free gluten diet, the clinical and biological evolution of the patient was favorable.

Symptomatic coagulopathy represents a very rare manifestation of celiac disease, in this particular case revealed by the consumption of NSAIDs medication.

Noninvasive ventilation in obesity hypoventilation syndrome

I. Jascu, Ioana Ștefănescu, C. Ioniță, E. Firoiu, Claudia Popovici, Gabriela Andraș

Introduction: Obesity hypoventilation syndrome (OHS) is a condition in some obese people in which poor breathing leads to lower oxygen and higher carbon dioxide levels in the blood. This syndrome arises from a complex interaction between sleep-disordered breathing, diminished respiratory drive, and obesity-related respiratory impairment, and is associated with significant mortality and morbidity.

Material and methods: In the last year we investigated several obese patients for OHS presenting with acute to chronic respiratory failure. In most of the cases the diagnosis was confirmed and many patients were diagnosed or already had obstructive sleep apnea or COPD too. We initiated noninvasive ventilation (NIV) in daytime in three periods of

two hours and six hours in the night. Few of them, who came with severe condition, were admitted in the Intensive Care Unit and needed tracheal intubation and mechanical ventilation. After improving, they were transferred in our department and continued NIV.

Results: The patients had a good and rapid recovery with carbon dioxide level lowered almost to the normal values and concomitantly with oxygen partial pressure growth. Severe patients could be mobilized after a few days and in 7-10 days were discharged. Most of them now use NIV only in the night and have a better quality of life.

Conclusions: Patients with OHS can be treated with NIV during an episode of acute hypercapnic respiratory failure. NIV introduction in our department practice determined a faster recovery of severe patients with shortening hospital admittance and costs lowering.

Malabsorption and hematuria – what is the connection

Anca Manolache, V. Duțescu, Elena Busuioc, I. Copaci, V. Smedescu, L. Eftimie, G. Beceanu

We present the case of a 60 years old woman which was sent from the Psychiatric Department to our establishment to investigate a malabsorption syndrome. For 4 months the patient presented symptoms of asthenia, fatigue and modified stools associated with weight loss of approximately 10 kg.

The clinical exam showed low weight (BMI 17 kg/m²), pale teguments and mucosa, cutaneous hyperpigmentation, leg edema and absent bilateral vesicular murmur on the base of the lungs.

Since the beginning, the exams were showing severe feriprive anemia, hypocalcemia, hypoproteinemia with moderate inflammatory syndrome and also with negative serology for celiac disease. Urinary samples detected microscopic hematuria with 20% dysmorphic red blood cells, leucocyturia in the presence of positive urine cultures for *Escherichia coli*, without nephrotic or nephritic proteinuria.

We repeated the upper and lower endoscopy. After the esogastroduodenoscopy we've suspected the presence of intestinal lymphoma, subsequently denied by the histopathological exam. Ultrasonographic exam shows the presence of polyserositis.

The CT scan discovered in addition abdominal lymphadenopathies and bilateral renal cortical densification. After all the common causes were excluded, the persistence of hematuria and malabsorption lead us to investigate

another rare cause like Whipple disease.

We repeated the upper gastro endoscopy with multiple biopsies samples for PAS coloration. The results were positive and confirmed by PCR exam for *Tropheryma whippelli*.

After we initiated the specific antibiotic treatment, the patient evolution was favorable with the remission of the malabsorption syndrome, hematuria and negativity of the PCR for *T. whippelli*.

The renal disorder due to Whipple disease it's very rare, a few cases were described in the literature of interstitial chronic nephritis and kidney failure due to renal amyloidosis.

A case of H1N1 flu complicated with bronchopneumonia, acute respiratory failure and BOOP

C. Ioniță, Ioana Ștefănescu, I. Jascu, E. Firoiu, Claudia Popovici

H1N1 is a flu virus. When it was first detected in 2009, it was called swine flu because the virus was similar to those found in pigs. The H1N1 virus is currently a seasonal flu virus found in humans, who spreads between people in the same way that seasonal flu viruses spread.

We present the case of a 49 years patient, non-smoker, with no medical history, presented in ER with: high fever, inspiratory dyspnea, productive cough (purulent sputum) and intense fatigue. Physical findings: bilateral intense crepitation, SaO₂ between 70% and 73% without oxygen, polypnea (34/minute). The chest X-ray revealed a mixt (alveolar and interstitial) pattern spread in both lungs, while the laboratory revealed leukopenia (3.700/mm³) and increased values of Urea (67 mg/dl), Creatinine (1.75 mg/dl) and AST (92 U/l), the patient being positive for H1N1 flu.

The patient was admitted in ICU, where he was intubated and mechanical ventilated (for three weeks), treated with large spectrum antibiotics and Tamiflu, with the persistence of respiratory failure (SaO₂ 88% - 89% without O₂) and a mild improvement of the chest X-ray aspect. Due to the last aspect, a BAL (bronchoalveolar lavage) was performed, it's results being characteristic for BOOP (bronchiolitis obliterans organizing pneumonia), which determined the introduction of corticotherapy (Prednisone – 70 mg daily as initial dose, for about three weeks, followed by reduction with 5 mg every three weeks).

After four months of corticotherapy, despite the clinical and chest X-ray initial improvement, the prognosis remain reserved (the patient still presents shortness of breath, still

uses O₂ from time to time, stationary aspect of the chest X-ray in the last 3 months).

OP session MD2

The value of Wells score in pulmonary embolism management in the ED

C. Florea, C.B. Teușdea, G. Ifrim, Alexandra David, Anca Arsene

The diagnosis of pulmonary embolism (PE) in the emergency department is challenging due to the wide range of non-specific symptoms, imperfect investigations and lack of clinical diagnostic criteria.

There are various scoring systems in an attempt to limit unnecessary investigations in those with low risk of PE. The Wells score for pulmonary embolism provides an estimated pre-test probability of pulmonary embolism and allows the clinician to exclude with some measure of accuracy those patients who are at very low risk of PE and for whom further testing and observation is not necessary.

The presenting symptoms are common and non-specific varying from shortness of breath chest pain, cough and hemoptysis, to syncope and cardiac arrest. There is a high false positive rate with non-invasive testing (D-dimmers) but relatively significant potential adverse events (radiation and contrast associated complications) with more invasive testing such as Computed Tomography Pulmonary Angiogram (CTPa).

While the original intent of this tool was to determine which patient was low risk enough to rule out testing with D-dimmers it is considered safer to use the three tier model which uses the score and d-dimmers testing as well as performing CTPa on all high risk patients regardless of D-dimmers results.

We analyzed the way our ER department currently manages pulmonary embolism cases and if our protocols could be further improved by introducing the Wells score. We aimed to increase documentation of pre-test probability and reduce inappropriate investigations.

<http://www.zilelesuunc.ro/>

Cardiac markers - "odd" laboratory results

Alexandra Gireadă, V. Smedescu, Corina Taubner, I. Copaci

Introduction: CK-MB is an essential cardiac marker used in the diagnosis of several acute cardiac syndromes, however there are several scenarios in clinical practice when it can create confusion.

Materials and methods: The presentation illustrates the case of a 78 year old man who was admitted for atypical chest pain and had a CK-MB level of 999 U/l and a total CK level of 764 U/l with normal troponin levels. An acute cardiac illness or rhabdomyolysis were excluded. The final diagnosis was urinary bladder neoplasm.

Results: The laboratory picture suggested the presence of macro CK in the serum of this patient.

Discussions: Usually, in cardiac patients, both CK and CK-MB levels are increased and the CK-MB/CK ratio is also modified (from its normal values of between 3% and 5% to 15-30% in certain clinical scenarios). When this ratio increases to values higher than 30%, other conditions must be considered. A laboratory result of > 100% is highly characteristic for the presence of macro-creatine kinase complexes (macro-CK), which are aggregates formed between CK isoenzymes, often involving immunoglobulins. They are usually generating false increases in the CK and CK-MB concentrations.

In conclusion, sometimes unusual laboratory findings can announce the presence of important pathological processes.

Difficulties of clinical classification in a case of aortitis and large vessels vasculitis

A. Ionescu, Roxana Diaconu, Denise-Ani Mardale, V. Smedescu, Oana Stancu, Magda Iriciuc, I. Copaci, C. Jurcuț

We present the case of a 22-year-old woman, diagnosed with Takayasu arteritis four years earlier, who recently started to complain of fatigue, claudication of the left arm and weight loss of about 7 kg in the last months. Her physical examination revealed signs of anemia, multiple bruits,

asymmetrical arterial blood pressure with a colder left arm with no signs of acute ischemia, while her laboratory investigations showed moderate anemia with signs of systemic inflammation.

We performed a computed tomography angiography which described thickening of the wall of the entire aorta, with smoothly tapered luminal narrowing to a minimum of 9 mm, also involving most major branches of the aorta. At this point, the patient meets the classification criteria for Takayasu arteritis, established by the ACR in 1990. However, the laboratory work-up showed the positivity for specific systemic lupus erythematosus (SLE) antibodies. Thus, the possibility of aortitis in the context of SLE was suggested.

However, in the absence of direct histological examination, this differential diagnosis was not possible. No other causes for the patient's anemia, other than the chronic inflammatory state, were uncovered and a net improvement of her condition was observed after systemic glucocorticoids therapy (pulse therapy of methylprednisolone followed by oral prednisone) and IV iron supplement, the patient being stable thus far.

This case report emphasizes the difficulties of correct classification in patients with large vessels vasculitis in daily clinical practice.

Severe mitral regurgitation in young woman – when to search for a systemic cause

Denise Mardale, Roxana Diaconu, A. Ionescu, V. Smedescu, Oana Stancu, M. Œotcan, D. Cârpaçiu, I. Copaci, C. Jurcuț

We report the case of a 29-year-old woman followed in the department of cardiology for severe mitral regurgitation. During the follow-up she developed deep vein thrombosis at the level of left upper limb (subclavian and jugular vein) associated with mild pulmonary hypertension, polyserositis, lymphadenopathies and anemia. The computed tomography confirmed the presence of deep vein thrombosis, bilateral pleural and pericardial effusion, the polyadenopathies and the hepatosplenomegaly. We performed the biopsy of an axillary adenopathy which was negative for any specific infectious, neoplastic and hematological diseases.

An extensive laboratory work-up was performed revealing the high level of anti-dsDNA antibodies associated with positivity for antiphospholipid antibodies and microcytic anemia. The other causes for anemia were carefully excluded. No other clinical signs (i.e. arthritis or skin lesions)

of systemic lupus erythematosus (SLE) were observed. A diagnosis of SLE was made and a treatment with hydroxychloroquine, systemic glucocorticoids (prednisone) and oral anticoagulants was started with the remission of serositis, lymphadenopathies and anemia. Taking into account the severity of mitral regurgitation, the surgical valve replacement was planned.

This case emphasized the need for screening for systemic diseases (i.e. SLE) in young patients with cardiac valvular lesions without a clear etiology. Moreover, the antiphospholipid antibodies were reported to be associated with cardiac valvular lesions in patients with SLE and should be evaluated in these patients.

Pre-analytical variables in coagulation testing

Corina Taubner, Rodica Zemba, Irina Butte, Clara Neguț

Introduction: The most commonly performed tests in the coagulation laboratory are the Prothrombin Time and the Activated Partial Thromboplastin Time. Coagulation tests results are important in the diagnosis and treatment of patients with bleeding or clotting disorders and also in monitoring the efficiency of anticoagulant therapy.

Materials and methods: The elements of the laboratory quality system, internal quality control and external quality assurance provide information on the analytical phase of the testing process by assessing the precision, sensitivity, accuracy of the testing method and by evaluating the long-term laboratory performance. Although significantly improved analyzers were developed and highly sensitive reagents are routinely used, samples for coagulation testing are particularly susceptible to pre-analytical errors.

Results: The pre-analytical variables such as specimen collection and handling account for up to 75% of errors within the diagnostic process and cannot be detected by current control quality control procedures. The activity of the coagulation laboratory was assessed regarding the quality and integrity of the coagulation samples affected by inappropriate specimen collection or handling. The identified errors include samples that are hemolysed, heparin contaminated, clotted or insufficient collected.

Discussion: Understanding the sources of the pre-analytical errors is a prerequisite for implementing measures in order to control the assay performance and lead to reliable test results that actually represent the clinical status of the patient and not just the status of a clinical sample received and tested.

OP session MD3

AVC recovery to youth

A. Iliuță, D. Nedelescu, Paulina Vintilă, Simona Ionescu

Stroke is an acute, serious neurological disorder resulting from blockage of blood supply to an area of brain or from cerebral hemorrhage.

Worldwide, stroke is the leading cause of morbidity and mortality because annual "kill" five million people and causes five million other severe disabilities.

Prospective studies show that this disease increases from year to year, both the incidence and prevalence, appreciating the World Health Organization experts, the stroke will become by 2030 the leading cause of mortality.

In Europe, the incidence of stroke varies from country to country, estimated between 100 and 200 strokes per 100,000 inhabitants annually in November.

Stroke is the main etiological factor of installing long-term disability in developed countries constituting the third leading cause of death after heart disease and neoplasms

Romania is in the top ten in the world in terms of the incidence of stroke by stroke. Mortality is three - four times higher in our country than in EU countries and six – seven times higher than the United States America. Maximum age on the incidence of strokes occur in 75% of cases after 65 years.

Patients who survive a stroke often show symptoms like persistent paralysis of motor function, sensory deficits, and deficits in perception, balance, aphasia, depression, dementia or other deterioration of cognitive function.

A neurologically ill health is a long process, continuously for life. Problems actual recovery will put just as long as there are signs of improvement and hopes for compensation or gain functional.

Particularities of diagnosis and treatment of cervical spine pain in medical rehabilitation

D. Nedelescu, A. Iliuță, Paulina Vintilă, Simona Ionescu

Cervical spine pain is a symptom that most people experienced in their lifetime.

Knowledge of spinal biomechanics and pathophysiology helps determine the most likely pain generators in each case. A variety of spinal structures can produce overlapping or

obscure symptomatology. An accurate diagnosis provides the best opportunity for effective treatment. The purpose of this presentation is to show the particularities of diagnosis and treatment of major degenerative diseases of the cervical spine: 1. Chronic pain of the cervical spine; 2. Acute torticollis; 3. Cervical-cephalic pain syndrome; 4. Brachial neuralgia cervical; 5. Cervical spinal stenosis; 6. Syndrome Barre-Lieou. It is important to view the patient as a whole, and institute physical, pharmacologic, behavioral, and interventional treatments in the broad context of achieving what is best for the patient's physiologic and psychologic well-being.

Rehabilitation of patients with severe burns – our experience

Anca Sălceanu, G. Teodoru, Cristina Gorgonețu

The recent achievements in the multidisciplinary approach and starting intensive care treatment since the pre-hospital phase caused the increase in the number of survivors from fires involving large numbers of casualties how was the dramatic "Colectiv" nightclub fire almost a year ago. This approach brought great challenges in the rehabilitation of patients with severe functional deficits that in the past would not have survived until this phase.

In this paper we share our experience and results obtained in the treatment of patients with severe burns.

The medical rehabilitation principles is mandatory to be applied since the early postsurgical phase with functional positioning and avoiding complications of bed rest and should be continued for a long time until to complete the process of scar remodeling.

To obtain better outcome, patients should be regularly reassessed by all clinicians involved in their care and their treatment must be customized for each patient and each evolutionary stage.

Truth and myth in rehabilitation of patients with multiple sclerosis

Anca Sălceanu, G. Teodoru

Multiple sclerosis (MS), an inflammatory autoimmune disease is the most common demyelinating disease of the

central nervous system. That is the second leading cause of disability of young adults after trauma.

The main problem of these patients is the inability to properly perform usual daily activities as a consequence of multiple neurological deficits.

For physical medicine and rehabilitation doctors the treatment of these complex patients represents a real challenge.

Management of them involves an interdisciplinary approach that requires close cooperation with neurologist, psychologist, physiotherapist, kineo-therapist, masseur, urologist and specialist in diet and nutrition.

For many years, patients with MS were advised to avoid exercise because of risk of increased neurological impairment, so for many years, and from our experience and in our days, many people with MS have limited their physical activity because of the fear of increased disability.

The goal of this paper is to show, with several surveys, the benefits of physical training, with improvements in aerobic capacity, gait parameters and fatigue, and an influence on quality of life and less impact on fatigue.

Verrucous carcinoma arising in an area of necrobiosis lipoidica

Mihaela Georgescu, Viorica Marinescu, D.A. Chiriță, Florina Vasilescu

Introduction: Necrobiosis lipoidica is a granulomatous condition presenting as indolent atrophic plaques, often on the lower extremities, mostly in diabetic patients. It may

occasionally be complicated by squamous cell carcinoma. This association is rare.

Case report: We present the case of a 69 years old female patient that was admitted with a verrucous, ulcerated tumor, of 4/3 cm, developed on a scleroderma like plaque, localized on the right ankle. The local examination showed the presence of large atrophic plaques with the center of porcelain color and erythematous-violet margins, with the diameter of 20/15 cm, on the 1/3 inferior part of the leg. The lesions were several years old.

The general physical examination was normal.

The primary clinical differential diagnosis was verrucous carcinoma developed on a lichen sclerosus lesion or a necrobiosis lipoidica lesion.

A biopsy was performed and the result was verrucous carcinoma (in situ squamous cell carcinoma) arising in an area of necrobiosis lipoidica.

Considering the high risk of metastasis of a squamous cell carcinoma, the tumor was completely excised. The necrobiosis lipoidica lesions were treated with topical corticosteroids and pentoxifylline 2 tb daily, with a mild favorable evolution.

Discussion: Only fifteen cases have been reported to date in the literature, regarding the development of a tumoral transformation on a classical necrobiosis lipoidica plaque.

Conclusion: Considering the association of verrucous carcinoma with necrobiosis lipoidica, clinicians should have a high index of suspicion when consulting a patient with a tumoral lesion arising within a plaque of necrobiosis lipoidica.

OP session MD4

Interferon-free treatment for chronic hepatitis C – efficacy in a small cohort

Florentina Ioniță Radu, Andrada L. Popescu, I.P. Nuță, Raluca S. Costache, Mariana Jinga, Săndica Bucurică, B. Macadon, M. Pătrășescu, Maria M. Chereja, A.I. Gavrilă

Introduction: The objective is to present our department's experience in treating chronic hepatitis C patients with the new "interferon-free" regimen which became available in our country in the fall of 2015.

Materials and methods: Chronic hepatitis C affects

approximately 3% of the world's population and represents a significant global health issue especially due to its complications: cirrhosis and hepatocellular carcinoma. The hepatitis C virus (HCV) treatment landscape has greatly changed over the past years, with the development of direct-acting antiviral (DAA) drugs that target various steps in the HCV lifecycle.

Older interferon-based regimens were complex and full of side-effects; they required 6–12 months of therapy, with cure rates averaging around 45–50% for HCV genotype 1. DAA-based regimens have short durations, minimal side

effects and efficacy approaching 90–100%.

In this small cohort study we aim to present our gastroenterology department's experience in treating patients with advanced but compensated chronic hepatitis C – genotype 1b (Romanian population being very homogenous regarding hepatic C virus genotype infection), using an oral combination of ombitasvir, paritaprevir, ritonavir, dasabuvir and ribavirin; this being the only regimen that is available in our country at this time.

Results and conclusion: DAA-based regimen are a breakthrough in the long-term goal of eradicating hepatitis C, as more and more clinical studies confirm their very high efficacy, but the same clinical studies tell us that patients with sustained virologic response remain at risk for developing hepatocellular carcinoma, thus the need to further keep these patients under watch.

Rocky liver mass in HCV infected patient – a case report

Florentina Ioniță Radu, Andrada L. Popescu, I.P. Nuță, Mariana Jinga, Raluca S. Costache, Sândica Bucurică, B. Macadon, M. Pătrășescu, M. Șotcan, C. Bețianu, Maria M. Chereja, A.I. Gavrilă

Introduction: Hepatocellular carcinoma is the fifth most common type of cancer and third most common cause for related cancer death with an increasing incidence worldwide.

Highly calcified hepatocellular carcinoma is considered a relatively rare condition, going to misleading diagnosis, since this is a common finding in granulomatous diseases or hydatid cysts.

Materials and methods: We present a unique case of extensive calcified liver mass. A 69-year old man with diabetes and HCV infection presented with nocturnal diuresis in the past three weeks.

Computed tomography showed a 13/11 cm highly calcified mass in the right hepatic lobe on a background of cirrhotic parenchyma, accompanied with multiple retroperitoneal masses.

On the contrast enhancement the mass didn't have enhance in the arterial phase, nor portal venous and delayed phase washout, despite elevated alpha-fetoprotein level.

The liver mass had poorly defined margins, extensive psammomatous calcification, with dilatation of intrahepatic bile ducts and altered perfusion of the adjacent parenchyma. Ultrasound guided liver biopsy of the mass was performed with difficulty due to massive calcification. Microscopically,

the liver mass was composed of tumoral hepatoid large cells with granular eosinophilic cytoplasm disposed in trabeculae and cords.

The cells were diffuse immunoreactive to Glypican 3, to anti hepatocyte specific antigen antibody and focally positive for cytokeratin 7, but negative for cytokeratin 20 and antigen carbohydrate 19-9.

Results and conclusion: A calcified hepatocellular carcinoma is not such a rare condition, but it can be a challenge of diagnosis even in the presence of modern imaging techniques.

A challenge in finding cause of extensive portal vein thrombosis with hepato-splenic infarction

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Introduction: Portal vein thrombosis represents a blockage or narrowing of the portal vein by a blood clot.

In adults, cirrhosis is the major etiology. Neoplasms are another major cause, with hepatocellular carcinoma and pancreatic carcinoma, extrinsic compression or direct invasion of the portal vein and lead to thrombosis by inducing a hypercoagulable state.

Myeloproliferative disorders and inherited or acquired coagulation disorders are also incriminated, but in 8-15 % of cases have been reported to be idiopathic in the recent literature.

Case report: We report the case of a 52-year-old female, non-smoker, which denies completely alcohol consumption, with known hypertension, dyslipidemia, ischemic heart disease, stent on the coronary arteries, under treatment with beta blockers and antiplatelet, presented into the ER with a moderate to high intensity diffuse abdominal pain, nausea and vomiting, for at least 10 days.

The diagnosis was confirmed on a CT scan which showed thrombosis at all levels of portal venous system with LSH and spleen infarction.

We have started to investigate this patient for autoimmune, neoplastic, hematologic and hepatic diseases, in which all tests were resulting negative.

Conclusions: Portal vein thrombosis on a middle age woman without evident cause, as the etiology of the abdominal pain is very uncommon and raises a hard question: what are the etiologies and prevalence of this disease at non-cirrhotic patients?

Self-expandable metallic stents – an efficient palliative treatment for inoperable esophageal malignant tumors

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Esophageal self-expandable metallic stents (SEMS) are frequently used in digestive oncology endoscopy for palliative treatment concerning malignant stenosis that are not suitable for surgical treatment. The most frequent symptom to be treated is severe dysphagia that hampers oral nutrition.

The complications associated with the use of SEMS may be early (within 2-3 weeks) or late. Early complications appear in 30% of patients and comprise of: migration of the stent (the most frequently encountered), prolonged retrosternal pain (12), severe hemorrhages (1%) and mediastinal perforation (rarely). The current paper reveals our 4 case experience of esophageal malignant stenosis.

The palliative treatment of dysphagia alleviates the degree of severity of this symptom from grade 4 (no esophageal passage of food) to grade 2 (passage of semisolids) (Nuehau classification). The deployment and the patency of the stents were performed under radiology and endoscopy control.

The most frequently encountered side effect was retrosternal pain, swiftly responsive to medical treatment with Metamizol.

A rare case of acute liver failure caused by hepatitis E virus infection in a neoplastic patient

Andrada Popescu, A.I. Gavrilă, I.P. Nuță, Raluca S. Costache, Mariana Jinga, Sândica Bucurică, B. Macadon, M. Pătrășescu, Mirela Chereja, Florentina Ioniță Radu

Introduction: We are presenting a case of acute liver failure, in a hospitalized patient with two neoplasia.

Case report: A 77-year-old male ex-smoker with lower lip squamous cell carcinoma diagnosed in 2014, came to our gastroenterology unit for jaundice, pruritus, fatigue and dysphagia, accompanied by acholic stools.

The patient had an acute hepatocytolytic syndrome (AST = 3010 UI/ml, ALT = 2559 UI/ml), a cholestatic syndrome and coagulopathy.

Viral markers were taken and send to laboratory for testing (IgM and IgG immunoglobulins for HAV, HEV, CMV, EBV, AgHBs and HCV antibodies), and supportive hepatic

treatment was immediately conducted. We asked for the infection disease doctor opinion and took also the leptospira IgM antibodies.

After a few days the hepatocytolytic syndrome improved, we performed a gastroscopy and found a medium esophageal tumor. The thoracic-abdomen CT scan confirmed the esophageal tumor with lung metastases.

The laboratory tests showed rapid increase of cholestatic enzymes (TBil = 34 mg/dl, NCBil = 21.23 mg/dl), although the hepatocytolytic syndrome significantly improved (AST = 371 U/L, ALT = 449 U/L), and confirmed hepatitis E virus acute infection. Unfortunately the patient had signs of acute liver failure, encephalopathy and made also acute pancreatitis and IDC (he died in less than one month after the onset of symptoms despite the intensive hepatic treatment).

Results and conclusion: Acute viral hepatitis due to HEV is usually an acute, self-limiting illness, with bad evolution in pregnant women and chronic liver disease.

When complications occur – acute liver failure, the goals of treatment are to prevent further deterioration in liver function, reverse precipitating factors, and support failing organs.

Inflammatory bowel disease in neoplastic patients – a diagnosis and therapeutic challenge

Geanina Spulber, R. Mateescu, Florentina Ioniță Radu, Mariana Jinga, Raluca S. Costache, M. Pătrășescu, P. Nuță, Andrada Popescu, B. Macadon, Sândica Bucurică

Introduction: Inflammatory bowel diseases are a group of lifelong diseases arising from an interaction between genetic and environmental factors, and also they are complex disorders reflected by wide variation in clinical practice observed predominantly in the developed countries of the world.

Patients may live with a considerable symptom burden despite medical treatment in the hope that the etiology of ulcerative colitis will shortly be revealed and a cure emerge, and clinicians have to advise patients on the basis of information available today. Despite randomized trials there will always be many questions that can only be answered by the exercise of judgement and opinion. This leads to differences in practice between clinicians.

Case report: A 55 year-old male with a history of ulcerative colitis for 6 years in therapy with Salazopirine 4g/day, left inferior limb condrosarcoma in multiple sites for which he suffered a thigh amputation and chemotherapy diagnosed 3 years prior to presentation for flare of UC and cortico-

dependent disease.

Discussion: There are a few studies addressing the overall cancer risk associated with thiopurine treatment in patients with IBD found no significantly increased risk but they have limited power, lack adequate control groups, present a limited degree of detail regarding drug exposure, or represent restricted populations.

Conclusion: Inflammatory bowel diseases represent a diagnostic challenge for gastroenterologist because of their pleomorphic manifestations which exposes a wide area for differential diagnosis and also they are a therapeutic challenge especially in neoplastic patients in which we have to estimate of the overall risk associated with the appropriate therapy we need to support clinical decision making in weighing the benefits against risks of therapy.

HCV infection - where do we stand?

Florentina Ioniță Radu, Andrada Popescu, Mirela Chereja, A.I. Gavrilă

Introduction: Our objective is to review current international data regarding hepatitis C virus infection, current incidence and prevalence, importance of early detection and treatment and global burden.

Materials and methods: Hepatitis C virus (HCV) is a leading cause of chronic liver disease, cirrhosis and hepatocellular carcinoma, with approximately 170 million (~3% of the global population) being affected.

Transmission of HCV is primarily through exposure to infected blood (transfusion before 1990's, intravenous drug use, high-risk sexual activity, solid organ transplantation from an infected donor, occupational exposure, hemodialysis) and 70-85% of infected individuals develop chronic liver disease.

Taking into consideration that acute and chronic compensated hepatitis are asymptomatic in most patients, screening for infection using enzyme immunoassay to detect the HCV antibody is of great importance. Unfortunately, despite the fact that new direct antiviral drugs with success rates of over 90% are available, not all patients can have access to them via the national health system.

Our wish is that, in the near future, all chronic hepatitis cases can benefit from the best treatment available, as this is the best way to prevent natural evolution to cirrhosis and hepatocellular carcinoma, but also lower prevalence and ideally, some day, eradicate this disease.

Results and conclusion: Unfortunately, in the XXI's century,

despite the incredible scientific progress that allows easy diagnosis and next to ideal treatment of this viral infection, morbidity and mortality due to complications of chronic C hepatitis are still high, but the future seems bright.

Quality in colonoscopic screening

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Introduction: For a long period of time the only method of screening in colorectal cancer was the guaiac fecal occult blood test. Colonoscopy has been taken into consideration more and more, having a higher specificity and sensitivity. Early detection of cancer increases the chance of successful treatment.

Studies show that screening colonoscopy reduces cancer incidence by 74% and right-sided cancer by 64%. There are plenty of risk factors in colorectal cancer, some that might be diagnosed endoscopically: polyps, prior colorectal cancer, familial adenomatous polyposis, inflammatory bowel disease or hereditary non-polyposis colon cancer. Combining the two diagnosis tests: fecal occult blood test and colonoscopy is a possible screening strategy, more effective than the tests conducted alone.

Patients and methods: We performed a retrospective study between January 5th and May 5th 2016 and included 171 patients diagnosed by colonoscopy with colon tumor (benign or malignant). Moreover, histopathological examination was made on the masses taken through biopsy.

Results: The median age of our patients was 64.22 years, with a male prevalence of 72.51%. A total of 209 tumors were diagnosed, most of them in the descending colon, followed by rectal masses. Only 6.7% on the tumors were present in the cecum. Most of the tumors were under 1 cm (141). Most of the benign tumors (63%) were low grade dysplasia, 34% of the tumors were medium-grade dysplasia and only 7.3% are high-grade dysplasia. 29 out of 171 patients were diagnosed with adenocarcinoma.

Conclusion: Colonoscopy has become fundamental in the screening of colorectal cancer. There are many factors that influence the quality of colonoscopy: preparation, endoscopy unit and examiner. Determining the pathology of polyps has been the focus of many studies throughout the years.

The effectiveness and tolerability of DAA regimen (Viekirax+Exviera±Ribavirin) in patients

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Introduction: This study evaluates the effectiveness and tolerability of IFN-free therapy (Viekirax+Exviera±Ribavirin) in subjects with chronic HCV infection with genotype 1b and high degree of fibrosis (F3, F4).

Materials and methods: We included 30 patients (18 men + 12 women) with chronic HCV genotype 1b infection, aged 43 to 77 yo, with hepatic fibrosis F3/F4 (1 subject with F3 + 29 subjects with F4) and HCV RNA ranging from 20580 to 6500842 IU/ml, of whom 20 had been previous relapsers, 4 non-responders, and 6 naive.

Patients received Viekirax 12.5/75/50 mg + Exviera 250mg (subjects with F3) + Ribavirin 1/1.2g, according to the patient's weight (subjects with F4), daily for 12 weeks. Blood samples were collected at 4, 12, and 24 weeks.

We determined sustained virological response (SVR), treatment discontinuation rates and the occurrence of adverse events.

Results: Of 30 patients enrolled, SVR occurred in 28 (93.33%). The SVR rates among subgroups were: 100% in cases of cirrhosis, 100% in previous non-responders, 95% in previous relapsers, and 83.33% in naive patients.

Two patients discontinued treatment (6.66%) – the only patient having liver fibrosis F3, but serious comorbidities, died and another suffered a stroke because of uncontrolled hypertension.

Among the rest, the most frequent adverse events were fatigue (83.33%), pruritus (76.66%), nausea (56.66%) and 10 patients (33.33%) developed anemia.

Conclusions: IFN-free therapy has significantly improved SVR rates in patients with chronic HCV genotype 1b infection, reaching an almost unbelievable level of 96.66% in patients with fibrosis F4, with acceptable adverse events and tolerability for most subjects.

Gastric xanthomas – clinical and endoscopic characteristics in a large volume center

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Introduction: Gastric xanthomas are yellowish plaques characterized by the presence of lipid-laden histiocytes, located in the gastric mucosa or submucosa. Although their significance is not clearly known, some reports have associated them with mucosal injury and even premalignant conditions of the stomach. Our aim was to evaluate the clinical and endoscopic characteristics of gastric xanthomas in our endoscopy setting.

Methods: We retrospectively evaluated all upper gastrointestinal endoscopies performed in our high-volume center during the last three years (June 2013-June 2016). We selected patients in whom a xanthoma was described in the endoscopy report and confirmed by biopsy.

Results: Altogether 43 patients, 32.56% female, mean age 58 ± 11 years, had at least one xanthoma described in their endoscopy report. Among them, 11 were not biopsy-confirmed, and 6 were not biopsied. 26 patients were included in the final analysis – 11.5% had multiple xanthomas (range 2-5), while the others were single lesions. Regarding their distribution, 38.5% were located in the fundus, 19.2% in the body and 42.3% in the antrum. 20/26 (76.92%) of patients had associated gastritis – mostly erythematous-exudative (70%) and atrophic with/without metaplasia (15%). H. Pylori was tested in 14/26 patients and was positive in one third of them. Almost half of patients (46.15%) had associated dyslipidemia, mostly hypertriglyceridemia. Only 7.69% had cholestasis.

Conclusions: In our cohort, gastric xanthomas were mostly solitary lesions, located in the fundus or antrum, associated with gastritis and dyslipidemia.

OP session MD5

Not all you see is a tumor

C. Sandu, Mihaela Gheorghiu, B. Teodorescu, M. Ștefănescu, F. Năftănăilă

Cerebellar abnormalities have a wide spectrum and can reveal us a surprising appearance and behavior, often becoming an interdisciplinary challenge.

The frequency and importance of the cerebral posterior fossa assessment have increased over the last years, having a close connection with the development of magnetic resonance technique.

The differentiation between tumor or non-tumor lesions requires a multimodal diagnostic approach, especially for the tumor-like forms of vascular, inflammatory and developmental abnormalities, that makes the definitive diagnosis difficult.

There are still problems to classify these potentially pathological features into certain groups. A good example could be dysplastic cerebellar gangliocytoma (Lhermitte-Duclos disease, part of COLD syndrome), a borderline disorder with slowly progressive tumor, hamartomatous and malformative elements, whose pathogenesis remains unknown. Recognition of this disease could help us to detect concomitant malignancies in these patients.

Posterior fossa lesions may influence prognosis and quality of life similar to supratentorial structures and we should always offer the same consideration to assessment.

Evaluation of 3D conformational techniques for breast cancer radiotherapy

Alina Tănase, M. Dumitrache, Ș. Vlad

Introduction: High incidence of breast cancer and anatomical variations from one case to other, led to different approaches for treatment planning, in order to fulfill QUANTEC dose constraints. Patients anatomy show a large variation in terms of geometry, and flexibility of a single technique is limited. In general, if we use photon tangential beams (internal – external) to get a homogeneous dose distribution, fluency must be modeled using filters or field in field technique. For patients with small breasts or chest wall with important concavity, classic technique is not always suitable due to the relatively high dose received by ipsilateral lung.

Materials and methods: For treatment planning evaluation we selected a case which has a relatively pronounced concave chest wall. A dose reduction was investigated in the ipsilateral lung through a different approach (3-4 fields) related to target volume. We analyzed the dose – volume histogram (DVH) obtained for the case under discussion, 3D dose distribution, homogeneity and conformity indices for the two different treatment planning methods.

Conclusion: In some cases the classical approach (tangential beams) is not appropriate, especially for pronounced concave geometry; the study shows that we can get a dose reduction to the ipsilateral lung using three fields technique, but with the disadvantage of a slight fall of dose homogeneity in the target volume. Meanwhile, according to conformity index (CI), this technique shows higher values of CI, compared to the classical approach.

Evaluation of lymph nodes using ultrasound

Carmen Tipar, Valerica Voicu, C. Mazilu, Raluca Mititelu

Introduction: Ultrasound evaluation of lymph nodes is an extension of the clinical examination. Detection and characterization of nodules is very important given the number of bodies who may be inflammatory or neoplastic diseases. Lymph nodes may be inflammatory, reactive, tumor or mixed.

Aim: Ultrasound's contribution is to highlight the semiological characterization of lymph nodes and the role it has in differentiating benign from malignant lymph nodes.

Material and method: A retrospective study of patients who came to our department was performed to carry out an ultrasound ganglion (lateral-cervical, axillary, and inguinal). The study comprised a total of 15 patients.

Results: Of the total number of patients 6 showed with benign lymphadenopathy, while the rest had malignant lymph trait, their trait was later confirmed by pathological examination. Patients showed semiologic elements consistent with benign and malignant adenopathy.

Conclusion: Ultrasound imaging is useful exploring lymphadenopathy, and features standard ultrasound and color Doppler examination that are useful in their analysis. Ultrasound allows differentiation of metastatic lymph nodes reagents with a specificity of 83% and sensitivity of 95%.

Smoldering systemic mastocytosis

Florina Topliceanu, Cristina G. Vîrlan, M. Şotcan, E. Dănăilă

Introduction: Systemic mastocytosis, often termed systemic mast cell disease (SMCD), is a myeloproliferative neoplasm characterized by infiltration of clonally derived mast cells in different tissues, including bone marrow, skin, the gastrointestinal tract, the liver, and the spleen.

Manifestations of systemic mastocytosis may include the following: anemia, coagulopathy; GI symptom (abdominal pain); gastroesophageal reflux disease (GERD); pruritus, flushing, anaphylactoid reaction.

The major diagnostic criterion for systemic mastocytosis is the presence of dense infiltrates of mast cells in bone marrow or other extracutaneous tissues. Mast cells should be seen in aggregates of 15 or more.

Material and method: We present the case of a 68 years old men who was admitted on general surgery for abdominal pain in the left flank and left iliac fossa, weakness and weight loss.

Results: We started the investigation by performing a thoraco-abdomino-pelvic tomography which identified hepatic hilar and great omentum lymphadenopathy and hepatosplenomegaly. A lymph node biopsy was performed and histological and immuno-histochemical exams revealed systemic mastocytosis. A bone marrow biopsy was also performed which revealed mast cells infiltration of 45-50% thus confirming the diagnosis of systemic mastocytosis.

Discussions: Given the presence of B-findings (splenomegaly, lymphadenopathy) and none of the C-findings (organ failure) the patient is diagnosed with smoldering systemic mastocytosis. Under corticosteroid (Medrol) treatment the patient's condition has improved. The patient will always have on him an epinephrine pen (high risk of anaphylaxis).

Hodgkin lymphoma – prognosis and management

Cristina Vîrlan, Florina Topliceanu, E. Dănăilă, M. Şotcan

Introduction: Hodgkin lymphoma is a potentially curable lymphoma. Prognosis depends upon a large number of variables, including the stage of disease, presence or absence of B symptoms, age of patient and biological determinants, so the overall 5-years survival can go from 91% to 41%.

Material and methods: This is a case report of a 42 years-old man that presented to our clinic with high, prolonged fever, night sweats and weight loss. Together with the laboratory

and imaging work-up, the diagnosis was strongly suggestive for Hodgkin Lymphoma, but the patient refused any further investigation.

Results: After 6 months from the initial presentation, the worsening state of the patient encouraged him to continue the management. The diagnosis of Hodgkin lymphoma was certified by the histopathological studies. Imaging studies showed general involvement of ganglia and dissemination to extranodal organs (liver and spleen). Chemotherapy was started. After 3 cycles, a CT-scan was performed that showed favorable evolution. An intermediate PET-CT evaluation presented complete remission.

Discussion: Even though Hodgkin lymphoma is a curable cancer, delay of treatment and spreading of the disease can bring a very low prognosis. Correct chemotherapy and supportive treatment may change the odds and result in complete remission.

Common errors in doctor-patient communication in oncology

Ş. Vlad, M. Matei, G. Bălaşa

Objectives: Doctor-patient communication is essential in medicine. Communication aspect of the physician-patient relationship is very important in oncology, where diagnosis, prognosis and treatment decision are difficult tasks for oncologists. We try to identify, first the most frequent errors and the barriers in communication with patient in oncology, and second the interventions to enhance patient-centered communication and patient satisfaction and outcomes.

Methods: We identify the most frequent errors in communication with cancer patients: communicating in medical jargon, insufficient time for preparing communication of the cancer diagnosis or to discuss the prognosis, the use of internet in healthcare, not listening for patient's emotions and fears, the symptom-focused nature of actual communication in oncology. We present the most efficient interventions to eliminate this errors and to enhance the doctor-patient relationship.

Conclusions: Having good communication skills, knowing the errors and barriers for efficient communication with cancer patients is essential to establish a good doctor-patient relationship. Efficient communication is important because it improves patient satisfaction, compliance with oncological treatment and patient's emotional and functional status.

Retrospective analysis of patients with cancer of the cervix attending radiotherapy department – statistical analysis of DVH

Maria Vlăsceanu, Alina Tănase, M. Dumitrache, Ș. Vlad, G. Bălașa, M. Matei

Aim: It is well known that, the cervix cancer continues to be one of the most common gynecologic malignancy not only in Romania, but around the world. The aim of this study was to investigate the side effects of the small bowel in cervix cancer RT treatments, using 3D CRT technique, in accordance with our protocols.

Materials and methods: 177 selected patients were treated using box (four field) technique. Prescribed doses to PTV were between 45 Gy and 54 Gy with a fractionation of 1.8 - 2.0 Gy/session.

Treatment planning was done using Eclipse ver.11 with AAA algorithm and delivered by a UNIQUE medical accelerator with 80 leaves MLC.

3D reconstruction was based on a CT SIM SOMATOM Spirit from SIEMENS. For all patients we have used specific immobilization systems from Q-fix. Onboard imaging orthogonal technique was used for optimum positioning of every single case, starting with 3 consecutive verification and rechecked every two days along the whole treatment. Almost 95% of the patients in this study finished their RT treatment without any major complication.

Results and conclusion: The analysis was performed mainly on small bowel Dmax and V45. The delineated volume considered was the potential space within peritoneal cavity (OAR). In cases where radiotherapy was delivered concurrently with chemotherapy were observed side effects (e.g. nausea, vomiting, and diarrhea) for Dmax exceeding 48-50Gy. On the other hand, no statistical correlation between V45 and major side effects were observed for OAR volumes between 100-600 cc.

Ultrasonography importance in parotid lithiasis

Valerica Voicu, Carmen Tipar, Raluca Mititelu, C. Mazilu

Introduction: Sialolithiasis is caused by the obstruction of a salivary gland or its excretory duct by formation of calculi. It commonly involves the submandibular gland (80-95%), less frequently the parotid (5-20%) and the sublingual glands (1-2%). Parotid lithiasis usually appears on male patients between the age of 30 and 60. Calculi affecting the parotid gland are usually small, unilateral, and are located in the

duct.

Material and methods: A 54 years old male came to the maxillofacial department of our hospital because he accused acute pain and unilateral inflammation in the left cheek region. The pain aggravated at mealtimes. There was no history of trauma at this level. Because ultrasound represents an excellent diagnostic technique, it was the first investigation for which he has opted.

Results: Ultrasound revealed a dilated duct with a relatively sinuous path along the entire length of 14 mm, with 8 mm diameter calculi.

Discussions and conclusion: The etiology and pathogenesis of salivary calculi is not known. Several hypotheses put forward to explain the etiology of these calculi include: mechanical, inflammatory, chemical, neurogenic, infections, strange bodies. Traditional theories suggest that the formation of sialoliths occur in two phases: formation of a central core and a layered periphery. Whereas parotid sialoliths are thought to be formed around a nidus of inflammatory cells or a foreign body.

Usually the parotid sialolithiasis are unilateral and they predominantly affect the salivary duct than the gland. Treatment depends on size and location of sialolith.

The incidence of tracheoesophageal fistulas and its major determinant factors

B. Petre, Denisa Ghinescu, Ioana Oprea, O. Bratu, N. Tănase, D. Corneci, Mirela Bidilică, L. Ene

A tracheoesophageal fistula is a congenital (frequency 1-5000) or acquired communication between the trachea and esophagus. This condition often lead to severe and fatal pulmonary complications.

In congenital condition diagnostics was made immediately following birth or during infancy.

Acquired tracheoesophageal fistula occur secondary to malignant infection, disease, trauma, and ruptured diverticula. In ICU characteristic is post-intubation tracheoesophageal fistula following prolonged mechanical ventilation with an endotracheal or tracheostomy tube.

If the tube cuff is overinflated, this will leads to compression of the rear wall membranous trachea, which in time goes to ischemia and necrosis, forming an abnormal communication between the trachea and esophagus. Another complication of the overinflated tube overinflated are tracheal stenosis or bleeding.

If cuff pressure is too low then air leaks can appear or

microaspiration. This is the reason that cuff pressure must be kept within an optimal range (20-30mmHg) that ensures ventilation and prevents aspiration while maintaining tracheal perfusion.

Besides this major determinant factor – cuff pressure, are described many precipitating factors like age, nutritional status of the patient, presence or not of sepsis, hemoglobin, steroids, presence of gastric tube.

Appear of pulmonary fistula and subsequent contamination of the lung may lead in suppurative complication. This increase the use of antibiotics and prolong ICU stays.

The occurrence of this complication in the evolution of hospitalized patients in ICU have a negative prognostic and is associate with an increase in mortality, in spite of fast diagnostic and rapid therapeutic approach. Extremely important it is to prevent this complication by identifying and removing risk factors.

Daily cuff pressure measurement and reducing period of mechanical ventilation are the keys in preventing this complication.

A rare diseases in adult – pulmonary Langerhans cell histiocytosis, case report and literature review

Claudia Popovici, Gabriela Andraş, Ioana Ştefănescu, C. Ioniţă, I. Jascu, E. Firoiu, Florina Vasilescu

Cigarette smoking has a clear epidemiological association with lung diseases, characterized by chronic inflammation of

both the bronchiolar and interstitial lung compartments.

Adult pulmonary Langerhans' cell histiocytosis (PLCH) is a rare disorder of unknown etiology that occurs predominantly in young smokers, with an incidence peak at 20–40 years of age.

High-resolution computed tomography (HRCT) of the chest is essential to the diagnosis. A high macrophage count in broncho-alveolar lavage (BAL) fluid is a common but nonspecific finding that merely reflects exposure to tobacco smoke.

BAL is useful for eliminating infections and the other infiltrating lung disorders that can be seen in young adults. Langerhans' cells can be identified in BAL fluid, but, in contrast to what was initially hoped, this test shows a very low sensitivity and is rarely useful in the diagnosis of the disease.

The definite diagnosis of PLCH requires identification of Langerhans' cell granulomas, which is usually achieved by surgical lung biopsy at a site selected by chest HRCT. In practice, however, lung biopsy is performed on a case-by-case basis.

No effective treatment is available to date, and improved understanding of the mechanisms involved in the pathogenesis of PLCH is urgently needed, and should help in the development of specific therapeutic strategies for patients with this orphan disease.

Smoking cessation may prove to be the most important and effective therapeutic option for patients with “smoking-related ILD,” and should be strongly encouraged.

OP session MD6

Random and systematic positioning error study in radiotherapy of cervix – Emergency Central Military Hospital experience

V. Bălăbăneanu, M. Dumitrache, Alina Tănase, Maria Vlăsceanu, Ş. Vlad, M.C. Matei, G. Bălaşa

Introduction: The purpose of this paper is to analyze and recommend an appropriate method for taking into account geometric uncertainties during RT treatments of cervix cancer, based on verification using MV Portal Imager and to provide guidelines for the local clinical implementation at Emergency Central Military Hospital” Dr. Carol Davila”.

Materials and methods: During this study we identified 26

cases between 2014 and 2016, treated using 3D CRT box technique. Doses prescribed to PTV were between 46-50.4Gy (1.8-2.0 Gy/fraction). Treatment planning was performed using Eclipse v.11 and delivered by an UNIQUE medical accelerator. The patient positioning was based on EPID orthogonal images technique and offline reviewed in ARIA environment, where shifts for all 3 axis were determined for data study set. Specific immobilization tools from Q-fix were used in all cases.

Results and conclusions: It is well known that the overall mean set-up error is an indicator of any unwanted systematic component acting on all studied patients. Therefore, analyze is based on the individual mean set-up

and random error calculated using shifts from offline review in order to determine the optimum PTV margins. By implementing the study results, our opinion is that it can be achieved better coverage for target volumes for cervical cancer in clinical daily practice.

Percutaneous core needle biopsy under CT-guidance

Alexandra Calu, M. Curea, L. Eftimie, Rodica Bulata, Liana Toma, Florina Vasilescu, C. Bețianu, M. Dumitrescu

Introduction: The treatment of cancer has significantly changed over recent years, with the advent of numerous targeted therapies, therefore a more complex approach of pathological diagnosis is being necessary.

Additional tests such as immunohistochemistry and molecular biology became almost indispensable and increased the need for adequate tumor samples. For this purpose, percutaneous core needle biopsy under image guidance has become widely accepted.

It is the baseline method when surgery is not possible nor indicated, offering a more adequate sample than fine needle aspiration.

Objectives: The aim of this report was to analyze the degree of concordance between the computed tomography and histopathological results in a cohort of patients undergoing a percutaneous needle biopsy under CT-guidance. We also wanted to provide information on our experience with CT-guided biopsy and to evaluate the accuracy and utility of this procedure.

Materials and methods: We retrospectively analyzed the results of CT-guided biopsies performed between January 2015 and July 2016 at the Central Military Emergency University Hospital "Dr. Carol Davila", collected from the hospital's database. Variables such as gender, age, CT findings, and histopathological features were assessed.

Conclusions: Percutaneous core needle biopsy under CT-guidance is a useful, minimally invasive and less expensive procedure, with a high rate of accuracy in the diagnosis of malignant lesions, providing adequate tissue specimens for the complete spectrum of the histopathological, immunohistochemical and molecular tests in different cancers in order to guarantee best patient care.

Cancer is not a matter of age... Case report and literature review

M. Curea, O.C. Voinea, Florina Vasilescu, L. Eftimie, Liana Toma, Rodica Bulata, M. Dumitrescu

Objectives: Metastases are a common cause of death in oncologic patients. When are found at first presentation for cancer diagnosis, life expectancy is very poor. This issue presents 3 problems: 1. the asymptomatic but rapid progression in some of the malignant proliferative lesions. 2. The attention by the general practitioner at the periodic exams; 3. The medical education of people

Methods: We present the case of a 29 years female, who died in the Neurology Department of our hospital. At presentation she came with signs of a stroke, but the medical papers revealed that the patient had been diagnosed a week before in another hospital with multiple tumors involving liver (for which she received emergency surgery), kidney, spleen, brain (cerebellum) and interventricular septum of the heart, without knowing the primary site. An autopsy was performed.

Results: The autopsy revealed the presence of tumors in the above mentioned organs and a tumor process involving the left ovary, adhering to the mesenteric and intestinal structures.

Conclusion: This case is a proof of the autopsy exam importance in explaining the thanatogenesis. Even postmortem, for medical knowledge and for the deceased's family, the histopathological diagnostic must be completed. It is also educational for general physicians to be aware of this issue. And it is important to keep in mind that some lesions may progress in a rapid but silent manner.

Is the tissue always necessary – correlations between cytological and histological changes in pathology

L. Eftimie, M. Curea, Rodica Bulata, Liana Toma, Florina Vasilescu, A. Calu, O.C. Voinea, M. Dumitrescu

Introduction: The clinical and imagistic diagnosis of malignancy must be confirmed in pathology departments. Histopathological diagnosis has evolved during years with the use of immunohistochemistry and molecular biology. However, histopathology and cytopathology are the main tools utilized in the diagnosis of cancer.

Objective: The aim of this study was to compare the accuracy between cytopathology and histopathology used in the diagnosis of cancer at the same patient, knowing that the

costs for histological studies are higher than cytology.

Materials and methods: Medical records of patients requiring biopsy and cytology for diagnosis that were studied between August 2015 and July 2016, were retrospectively evaluated. Cytology samples were obtained by liquid aspirated from different parts of body and histopathologic samples was made by biopsy (less invasive, surgical techniques or at necropsy). Coloration methods was standard – Hematoxylin and Eosin (H&E) for histology and Papanicolau for cytology. On the cytology cases studied, we have noticed presence or absence of atypical neoplastic cells which we have correlated with biopsy diagnosis.

Conclusions: This study confirmed that cytological examination is a reliable and useful procedure only for rapid diagnostic and staging of malignant tumors (tumor invasivity) due to faster results, lower cost and lower invasiveness. However, cytology is not always sufficient without biopsy for a complex oncological treatment.

Role of pelvic MRI in establishing the clinical target volume in radiotherapy treatment of localized prostate cancer

M.C. Matei, Ș. Vlad, G. Bălașa, Manuela Bărnă

Purpose: To compare the prostate volumes defined on magnetic resonance imaging (MRI) and non-contrast computerized tomographic (CT SIM SOMATOM Spirit - SIEMENS) scans used for three-dimensional (3D-CRT) treatment planning.

Methods and materials: Eight patients were simulated for treatment using standard immobilization devices from Q-fix. 3-D images were used to compare prostate volumes defined by MRI (4–6 mm thick slices) and CT images (3-5 mm thick slices). Segmentation ability of the following pelvic structures: prostatic apex (PA), prostate, rectum, bladder, and seminal vesicles (SV) were evaluated by four independent observers. Prostate volumes were calculated in cm³ using Eclipse ver.11 3D planning system. MRI/CT images were merged using bony anatomy to define the regions of discrepancy on prostate volumes.

Results: The mean prostate volume was 16 % larger (range 5% to 29%) when defined by non-contrast CT compared to MRI. The areas of non-agreement tended to occur in three distinct regions of discrepancy: (a) the posterior portion of the prostate, (b) the posterior-inferior-apical portion of the prostate, and (c) the apex.

Conclusion: There is a tendency to overestimate the prostate volume by non-contrast CT compared to MRI. Awareness of

this tendency should allow us to be more accurate in defining the prostate volume during 3-D treatment planning.

Use of lymphoscintigraphy in detection of sentinel nodes

C. Mazilu, Raluca Mititelu, Valerica Voicu, Carmen Tipar, B. Marinescu

Introduction: Regional lymph node involvement in oncologic patients is a very important prognostic factor, decreasing the 5-year survival rate. This has led to elective lymph node dissection in an effort to better classify patients for prognosis and treatment regimens. In complete lymphadenectomy, short-term complications include seroma, wound infection and breakdown, lymphedema, and paresthesia; long-term complications include lymphedema, paresthesia, and hernia formation.

Therefore, lymphoscintigraphy could help identify the lymph node at highest risk for metastasis, obviate radical lymph node, and possibly prolong survival in such patients.

Material: Lymphoscintigraphy for detection of sentinel nodes in patients with breast cancer or malignant melanoma was performed using intra-dermic peritumoral injection of Tc-coloidal agent (Nanocoll). We administered 2 mCi of radiotracer (4 sites x 0.5 mCi each). Dynamic and static acquisitions were performed using a gamma camera with double-header (PICKER AXIS). Sentinel node resection was performed after at least 6 hours following tracer administration.

Method: According to suspected pathology, planar and dynamic images were centered on injection site, with images of sentinel node - first lymph node which shows a communication with suspected/confirmed tumor location. Initial anterior and posterior images were completed with lateral and oblique images, obtained later. Sentinel node resection was performed in some cases in Plastic Surgery Department, using an intraoperative gamma probe, followed by resection of the lymph node(s) with highest count activity.

Results: In most of the cases, sentinel node was detected in expected area – popliteal and inguinal region for foot/leg lesions, ipsilateral axilla for trunk lesions. Some patients revealed more than one sentinel nodes, located in the same/different lymph nodes stations. Due to guided surgical intervention and minimal post-surgery effects, lymphoscintigraphy is very useful in targeted lymph node resection in selected patients.

OP session MD7

A rare cause of rheumatoid syndrome

Oana Stancu, V. Smedescu, I. Copaci, M. Șotcan, C. Jurcuț

Establishing the etiology of a rheumatoid syndrome represents a challenge in daily clinical practice. Beside the common causes it is important to take into account the unusual etiology when we organize the imaging techniques and laboratory work-up.

We present the case of a 52-years-old, admitted in our department for diffuse bone and joint pain accompanied by important morning stiffness, involuntary weight loss and normochromic anemia of unknown etiology. Laboratory tests were negative for markers of autoimmune or neoplastic diseases. Moreover, upper and lower endoscopy were negative for any relevant disease. We performed a computed tomography which revealed: small lymph nodes <2cm and mixed bone lesions (appearance also revealed by bone scintigraphy). Serum protein electrophoresis and immune-fixation were normal. We performed flow cytometry examination of the peripheral blood that suggested the diagnosis of mantle cell lymphoma with minimal peripheral discharge. The next step was osteomedular biopsy with histopathology and immune-histochemical examination showing a hyper-cellular bone marrow with the presence of common focal infiltrates consisting of atypical mast cells. At immune-histochemical examination, aberrant presence of CD25 was showed. The final histopathological appearance was of systemic mastocytosis. Regarding the positive diagnosis of systemic mastocytosis we met the World Health Organization criteria. In patients with bone and joint symptoms without a very evident cause, the systemic mastocytosis might be taken into account.

What surprises can hide subacute infective endocarditis

Oana Stancu, C. Jurcuț, V. Duțescu, Anca Manolache, V. Smedescu, I. Copaci

Introduction: Acute mesenteric ischaemia (AMI) represents an important surgical emergency, which has a high morbidity and mortality. The most frequent causes of AMI are represented by arterial emboli, which are derived from cardiac sources, rarely in infective endocarditis (IE).

Material/methods: We present the case of a 67-year old man, smoker, known with arterial hypertension and COPD, who presented in our department for fever, marked fatigue, diffuse abdominal pain, and right upper limb paresthesia, started 5 days before admission. Three weeks before, he was admitted in another department for fever and cough, diagnosed as pneumonia and treated with antibiotics. During the hospitalization he presented acute abdominal pain, was diagnosed with acute mesenteric ischemia and an enterectomy with termino-terminal anastomosis was performed. Later, he showed transient clinical signs of acute right upper limb ischaemia. Transthoracic cardiac ultrasound was normal but transesophageal revealed a large vegetation on the aortic valve with no signs of regurgitation. Blood cultures were negative. After one week of afebrility fever reappears, despite antibiotic treatment, generated by an abdominal collection who was surgical treated and an ileostomy was performed. The evolution was favorable, but after 3 weeks of treatment he accused fever and chills, developing right jugular and subclavian veins thrombosis. We started anticoagulation therapy with NOAC with complete resolution.

Discussion/conclusions: IE is a complex disease, with various symptomatology, with many potential complications, very well illustrated by this case.

Ultrasound Power Doppler evaluation in patients with rheumatoid arthritis with anti TNF treatment

Dana Anghel, M.L. Ciobîcă, N.C. Anghel, G.D. Stoicescu, A. Anghel, Maria M. Negru, C.V. Jurcuț, Ancuța Coca

Background: The goals of treatment for patients with rheumatoid arthritis are remission or decreased disease activity, stopping the rate of joint damage. The subclinical synovitis is associated, despite clinical remission, with progression of structural damage. Imaging technique such ultrasound is capable to provide a more accurate measure of disease activity.

Objectives: To assessed in patients with rheumatoid arthritis in clinical remission the presence of subclinical synovitis by ultrasound.

Methods: The study included 60 patients with RA (ACR/EULAR 2010 criteria) in clinical remission. Medium age is 45 (range 30-59) years. The patients was in clinical remission (DAS<2.6); 81% are female; 65% are positive for

rheumatoid factor and 85% for ACCP (anticitrullinate peptide antibody). PDUS examination was performed using Esaote US machine equipped with linear probes (5-12MHZ). PDUS (power Doppler ultrasound signal) investigated metacarpophalangeal and proximal interphalangeal joints and wrist symmetrical. PDUS used 4 grade (semi quantitative score) from grade 0 to 3. PDUS was performed at baseline and after 6 months to beginning of treatment. Furthermore, DAS 28 and laboratory data (ESR, CRP) were obtained at baseline and after 6 months to beginning treatment and clinical remission.

Results: All patients were in clinical remission after 6 months of treatment. PDUS were used as a measure of active disease. Synovitis grade 0 has been found in 28 patients (remission) PDUS grade 1 has been found in 13 patients, PDUS grade 2 in 9 patients and no PD grade 3 has been found after 6 months. PDUS was more frequently observed in the wrists (40%), MCP 2 (24%), PIP 3 (9%).

Conclusion:

1. The results of study confirm that clinical remission doesn't reflect an absence of synovial inflammation.
2. PDUS is useful in assessing of patients considered to be in remission. PDUS detected subclinical synovitis in the small joints of hands.
3. The other parameters don't show an evident association with the presence or absence of PDUS.

Mixed connective-tissue disease

L. Ciobîcă, I. Sîrbu, Ancuța Coca, F. Bergeha, Alexandra David

Mixed connective-tissue disease (MCTD) has been more completely characterized in recent years and is now recognized to consist of the following core clinical and laboratory features: Raynaud phenomenon, swollen hands, arthritis/arthralgia, acrosclerosis, esophageal dysmotility, myositis, lung fibrosis, pulmonary hypertension, high level of anti-U1-RNP antibodies, antibodies against U1-70 kd small nuclear ribonucleoprotein.

We are presenting the case of a 63 years old man who presented in our department for acrosclerosis affecting his upper arms and mostly his hands. The symptoms began 2 years ago with mild Raynaud phenomenon and the patient ignored them. His medical history includes cardio-vascular diseases and strokes (2 transient and one ischemic) in the last 3 years.

On the clinical exam we found acrosclerosis on the upper and the lower limbs, clinical signs of pulmonary emphysema and normal blood pressure.

Biological: he had inflammatory syndrome with normal CBC.

We've continued our investigation with capillaroscopy and nuclear antibodies. An echocardiography and computer tomography of his chest were also performed.

After all the data were obtained the diagnosis of mixed connective tissue disease was sustained.

Sepsis – what we know by now

S. Dogaru, C.B. Teușdea, M. Toma

Sepsis is an increasing pathology on admission in emergency departments and intensive care units (about 20 %) being a major cause of mortality. Sepsis is also a major problem of public health (over 20 billion \$- 5, 2% of admission funds in US). The heavy morbidity in growing old population let the sepsis survivors with long term physical, psychological and cognitive disabilities.

Increasing incidence and costs burden shifted the focus on algorithmic approach (the Surviving Sepsis Campaign guidelines), revised definitions and to early diagnosis.

Presepsin is used as one of the early inflammation markers. Increasing evidence suggest that presepsin compared to reactive C protein, procalcitonin, lactate or the newly introduced suPAR, sTREM1 or pre- adrenomedulin is at least a promising lead. Greater accuracy is obtained by combining sepsis with a score – MEDS, CURB65, or the newly introduced qSOFA. There are also problems to be solved – age and renal failure correlations.

OP session MD8

5 years in Romanian national program for interventional therapy in ST-elevation myocardial infarction

Alice Munteanu, S. Dumitrescu, L. Chiriac, D. Niță, R. Roșulescu, Nicoleta Avram, Irina Florescu

Cardiovascular diseases (CVDs) represent the main cause of death globally, being responsible for 1/3 of all deaths, more than cancer, chronic respiratory failure or diabetes mellitus. CVDs are a major cause of disability requiring high costs for monitoring, treatment and long-term care at home. Almost 17 million people die annually from CVDs. The total number of deaths from CVDs is estimated to reach 25 million by 2020. Every five seconds a death occurs as a result of a myocardial infarction.

Acute ST-elevation myocardial infarction (STEMI) is characterized by prolonged (15-20 minutes), severe chest pain nonresponsive to nitroglycerin administration. ECG shows ST-segment elevation ≥ 0.2 mV in V2-V3 and/or ≥ 0.1 mV in other derivations or new onset left bundle branch bloc. Biochemistry shows: increasing of cardiac enzymes (troponin, CK / CK-MB) showing myocardial necrosis.

A national program called RO-STEMI started in Romania in 2010 in 12 centers organized in a 24/7 system in five regional networks. The implementation of the program had significantly reduced the number of patients treated conservatively (32%). 63% of patients with STEMI were referred to myocardial primary angioplasty, facilitated or delayed, and only 5% received thrombolysis (RO-STEMI register). The number of patients with primary PCI was 10 times higher in 2011 compared to 2007 (SD Kristensen et al Eur Heart J 2014 August 1 35 29 1957-1970). AMI mortality rate decreased significantly, from 13% to 7.55% (RO-STEMI register). The mortality rate was approximately 4.4% in patients admitted for primary PCI, 8.3% in patients receiving thrombolysis and 17.1% in those treated conservatively. (Kristensen SD et al Eur Heart J 2014 August 1 35 29 1957-1970).

Vasile Candea Emergency Clinical Centre for Cardiovascular Diseases is part of the national program RO-STEMI for 5 years. During this period 3453 patients were admitted with STEMI. 2952 patients received primary PCI. 33.1% of the patients were brought to the ER directly by ambulance, 31.1% were transferred from other hospitals in Bucharest, 8.4% were transferred from hospitals at a distance <50 km, 10.2 % from a distance <100 km, 4.9% <150 km, 4.7% <200 km and 7.6% > 200 km. The average time from the onset of

pain until calling to the emergency medical system was 3 hours, with a median of 2.5 ore. Only 21% of patients called the emergency medical system within 60min from the onset of chest pain. The time from first medical contact to balloon inflation was less than 90 min in 29% of patients.

The results regarding procedures performed were: 14.5% were not admitted to angiography, 4.4% received only PCI without stent, 52.6% of patients received one stent, 21.5% 2 stents, 6.4% 3 stents and 0.6% 5 stents. The vessel responsible for STEMI was in 57% of cases LAD, in 30.2% was RCA, in 11% was CXA and in 1.7% was not specified. 43.6% of patients had single-vessel lesion, 38.1% had two-vessel lesions, 10.8% had three-vessel lesions/multivessel, 5.8% had non-obstructive coronary artery disease and 1.7% had permeable coronary arteries.

The rate of early complications after angiography was 9.3%: 3.5% of patients suffered acute stent thrombosis, 3.2% of patients had pseudoaneurysm, 1.7% of patients had procedural failure and 0.9% had coronary dissection. At discharge 71.5% of patients had not had symptoms of heart failure. 25% of patients showed signs of left heart failure and 3.5% of patient admitted in program died.

Acute myocardial infarction without chest pain

D. Negoită, C.B. Teușdea, L. Demiraș, Ana M. Demiraș

Acute myocardial infarction (AMI) can present itself without chest pain. This happens more often in the elderly, diabetics and women. We present the case of an elderly male patient who came to the ER with abdominal discomfort after an episode of faintishness. Careful history taking, physical examination, ECG (without STEMI criteria) and blood tests helped to establish the diagnosis. With this case we want to emphasize that a high index of suspicion for AMI is necessary in the elderly. Proper ECG interpretation of subtle ST changes is also mandatory.

Difficulties in diagnosis and treatment between STEMI and myocarditis

Alice Munteanu, L. Chiriac, R. Roșulescu, Irina Florescu, Cristina Calcan

A national program called RO-STEMI started in Romania in 2010 in 12 centers organized in a 24/7 system in five regional

networks. Our hospital is part of this program for 6 years, under which we receive patients with criteria of STEMI for interventional myocardial revascularization.

We present a 59 years old female, hypertensive, obese (BMI 32,3kg/m²), non-smoker, accusing the first episode of typical chest pain, started 2 hours before the presentation in ER. The diagnosis of STEMI was supported by electrical, biological and echocardiographic criteria. The drug therapy was initiated according to guidelines with double antiplatelet therapy, heparin and morphine. Emergency coronary angiography was performed distinguishing permeable epicardial coronary arteries.

We had to decide if it was STEMI with permeable coronary arteries or myocarditis. For a certain diagnosis she needed a cardiac MRI as soon as possible. In the meantime we had to decide the right treatment for this patient. Considering that we couldn't exclude the diagnosis of STEMI we decided to continue the specific treatment for myocardial infarction – notice that this diagnosis has a worse prognosis vs. myocarditis.

After 3 months the patient was asymptomatic, ECG was normal, echocardiography showed normal systolic function, without parietal kinetic disorder. Cardiac MRI sustains the diagnosis of STEMI, so the patient continues the previous medication.

In conclusion, we had a patient with cardiovascular risk factors, with all criteria for STEMI but without coronary lesions. The differential diagnosis was challenging, but the decision of treating like a STEMI was right, this having the worst prognosis.

Cardiac investigation of the young patient with stroke

A. Anghel, S. Stanciu, Ioana Răduță, L. Ciobîcă, Lorena F. Davidescu

Stroke is the third cause of mortality and morbidity all over the world, but the number in the young patients is low but with major impact on the invalidity.

The strokes in young are ischemic and hemorrhagic

Most of the strokes in young patients are produced by cardiovascular pathologies, many of them unknown at the moment of the diagnosis.

Causes of strokes in young patients are:

1. Cardio embolic
 - a. cardiac malformations (DSA, DSV)
 - b. arrhythmias (atrial fibrillation, atrial flutter)

- c. endocarditis
 - d. cardiac tumors
2. Atherosclerotic
 - a. familiar dyslipidemia
 - b. vasculitis
3. Hemorrhagic stroke
 - a. hypertension (secondary?)
 - b. vascular malformation

Cardiac investigation of the young patient with stroke must be complete including morphological exploration (trans-thoracic, trans-esophageal ultrasound, arterial or venous Doppler ultrasound), monitoring (ECG and TA monitoring) and, if necessary advanced imaging methods (angio TC, angio MRI).

Because of the importance of the disease and the age of the patient the cardiac investigation is mandatory in the diagnosis but also in secondary and primary prevention.

Multiple etiology of deep venous thrombosis

L. Chiriac, R. Roșulescu, Alice Munteanu, S. Dumitrescu, Adriana Gârjău, Magda Gurzun

We would like to report a case of a male patient of 43 years old who was admitted at the emergency room of the Emergency Military Hospital in Bucharest accusing severe localized pains on the right leg which was swollen and presented all the acute inflammatory characteristics.

The clinical exam revealed severe unilateral edema in the right inferior limb associated with extreme pain and functional impairment. The cardiovascular and respiratory function of the patient were stable. Also hemodynamics wasn't affected.

The ECG was without anomalies.

The suspected diagnosis was profound venous thrombosis of the right inferior limb and confirmed by performing a venous compression ultrasonography and a Doppler exam.

To refine the etiology of the thrombosis the patient has performed a thoracic-abdominal CT scan native first which revealed no other morphological anomalies but a left retroperitoneal solid mass.

The thoracic-abdominal CT scan with intravenous and oral contrast revealed the absence of the inferior vena cava and identified the existence of a hypertrophic azygos and hemiazygos veins. The retroperitoneal solid mass was confirmed as a hypertrophy of the paravertebral venous plexus anomalies which would indicate a compensatory morphological and functional adjustment to the congenital

agenesia of the inferior vena cava.

The patient received anticoagulant therapy represented by high molecular mass heparin having an interval between 50 – 70 seconds as target APTT.

From this case is important to draw the conclusion that it may be important to think at the possibility of an anti-phospholipidic syndrome even in patients who have morphological congenital anomalies of the vascular system and proceed with the specific tests that will confirm or rule out this syndrome.

Is it a place for cardiac MRI in acute clinical settings

Maria Gurzun, Lavinia Florea, Raluca Popescu, G. Neagoe, Ana-Maria Cincă, R. Boiangiu, Ileana Hanțulie, Smărăndița Lacău, S. Dumitrescu

Multimodality imaging became mandatory in cardiac patient management nowadays. Among new imaging modalities cardiac MRI became very important during the last years. However, the long-time necessary for examination, the low availability and the high price make it a method less used in acute settings.

The purpose of this communication is to present a short case series for emphasis the utility of cardiac MRI in patient management during the acute phase.

The reported patients were admitted in cardiac care unit for chest pain, shortness of breath with EKG changes and elevated troponin levels. The two patients were angiographically explored and the coronary artery disease was excluded. The cardiac MRI performed during the first three days excluded the myocarditis for the first patient and confirm it for the second one. The second patient received conservative treatment, having a good recovery. During the hospitalization the first patient presented several hypertensive crises and pheochromocytoma was suspected and confirmed by biomoral markers and abdominal computer tomography.

Therefore, cardiac MRI was essential in patients' management: in the first case excluded myocarditis and suggest another pathology involved, permitting the establishing of correct diagnosis; in the second case myocarditis was confirmed and the patient received the correct treatment.

To conclude cardiac MRI can be a useful tool for cardiac patient management even in acute clinical settings.

TILT table test

V. Ilieșe, R. Bolohan

Head-up tilt table test is used for the evaluation of the syncope, it starts to be used by Kenny and colleagues in 1986 like passive head-up posture.

The tilt testing is used for the evaluation of the reflex syncope and to discriminate between reflex, orthostatic hypotension syncope and jerking movement from epilepsy.

Preparation before the test, patients must be secured, should have a venous access, should fast 2-3 hours, they may continue their usual medication such as diuretics and antihypertensive. Beta-blockers and other medications for the treatment of syncope must be stopped at least 5 times half-life. The pre-test phase usually takes 5-20 minutes. After that the patient is put to 60-80 degrees; this is the passive phase of a minimum 20 minutes maximum 45 minutes, while the blood pressure and the heart rate is monitored from 5 to 5 minutes and from 1 min in case of symptomatology occurrence.

The pharmacologic provocation uses nitroglycerine and isoproterenol.

The response to tilt test is classified in type 1: mixed in which the heart rate and blood pressure decreases without asystole of <3 second; type 2 – cardio inhibitory 2A – without asystole an 2B – with asystole >3 seconds blood pressure decrease coincides with or occurs before the heart rate decrease; type 3: vasodepressor.

This year, in the first 6 months we performed 12 tests, out of which 3 were carotid sinus syndrome with asystole >3 seconds, 4 were with a mixed response, 5 were negative.

In 2014 we had a case of a 31 years old women, without any cardiovascular pathology, who followed medication for the epilepsy 1 month, she did not feel well, TILT test was positive, type 2B cardio inhibitory with a pause of 30 seconds, and as a consequence we implanted a permanent pacemaker.

Cardiac permanent pacing

V. Ilieșe, I. Țintoiu, R. Bolohan, D. Niță, D. Săvoiu, D. Cîrpaciu, L. Chiriac, Adriana Gîrjău, Andreea Teodorescu, Simona Almarichi, Alice Munteanu, L. Demiraș, Ana Demiraș, R. Roșulescu, G. Neagoe, S. Dumitrescu, Magdalena Gurzun, Ileana Hăntulie

Cardiac permanent pacing is an option for treatment of slow usually symptomatic rhythm. The recommendations for

permanent cardiac pacing are well detailed in the ESC Guidelines on cardiac and cardiac resynchronization therapy 2013.

As of the beginning of 2016 we implanted 180 VVI; 56 DDD; we use the access from the left side usually horizontal cut. We always try to use the cephalic vein; other options can be the subclavian, axillary, jugular vein; the leads can be with active and passive fixation.

The leads are placed under radiologic guidance; for each lead we have to measure the threshold; wave amplitude; impedance; slew rate.

We use the active leads for the ventricular usually in the septum and the right appendage; the passive leads are used in old patient with low physical activity.

We choose the programming parameters according to patient pathology.

The ECG is the most useful method for the follow up.

The most common complication that we met is the local hematoma that usually doesn't need an intervention. For the lead dislodgment we had 4 cases.

Cardiac resynchronization therapy

I. Țintoiu, R. Bolohan, L. Chiriac, G. Neagoe, S. Dumitrescu, D. Niță, V. Ilieșe, Magdalena Gurzun, E. Pande, L. Demiraș, D. Săvoiu, S. Cîrpaciu, Alice Munteanu, Andreea Teodorescu, R. Roșulescu, Adriana Gîrjeu, Simona Amarichi, Ana Demiraș, Ileana Hăntuție

Cardiac resynchronization therapy is an electrical therapy option for patients with heart failure with reduced ejection fraction (FE<35%) and a wide QRS duration (LBB>130ms & non-LBB >150ms), also in patients with reduced ejection fraction who need permanent right ventricular pacing (ESC Guideline: "Heart Failure 2016")

Response to cardiac resynchronization therapy is about to 60-70 % the non-responders are patient with ischemic cardiomyopathy and those with non-LBB:

Approach for the cardiac resynchronization: therapy can be done on the left or right side via subclavian incision. This is the most common procedure. For the venous axes we always use the subclavian vein with two punctures and one puncture we use for coronary sinus lead.

The most difficult part is usually the cannulation of the coronary sinus. There are two methods: the electrophysiological approach and the hemodynamic approach.

The electrophysiological approach uses the EP catheter

suitable for the coronary sinus. The cannulation is done in the LAO 30° projection. Once the EP catheter is in the coronary sinus the guiding sheath is advanced in the coronary sinus and after that we do the venography of CS.

The hemodynamic approach can use the guiding sheath or the left Amplatz 2 catheter.

The CS lead can be unipolar, bipolar or quadripolar lead. The quadripolar lead allow us to do multisite pacing.

We have 8 cases of cardiac resynchronization: 4 were ischemic and 4 non ischemic; the patients also met the echocardiographic criteria for the atrio-ventricular, inter-intra-ventricular dys-synchrony; 1 was non responder he was an ischemic non-LBBB; 5 was responders with improvement of the clinical and echocardiographic parameters.

The principal tool that we use for programing CRT is the ECG. It can show you the site of pacing, the location of the lead and the fusion proportion.

For future we can ensure more CRTs provided that we have the necessary equipment.

Inflammation, periodontal disease and subclinical vascular injury

S. Dumitrescu, L. Chiriac, Maria M. Gurzun, Ileana Hăntuție, R. Boingiu, S. Stanciu, D. Săvoiu, Raluca Popescu, H. Barbu

Introduction: There is a unanimously accepted connection between inflammation and periodontal disease (PD) and between hs-CRP levels and atherosclerosis, nevertheless there are few studies connecting all three.

Objective: We planned to investigate the relationship between inflammation, subclinical vascular disease and the periodontal disease (PD) status.

Methods: We evaluated 190 individuals in the course of a cardiovascular primary prevention program. Risk factors data were collected using an individual assessment sheet and through measurement of laboratory parameters (hs-CRP, lipid profile, blood glucose) in a period of +/- 3 days from the baseline clinical and echo evaluation. Vascular ultrasound data was collected on examinations made in the same day: brachial artery flow mediated dilatation (FMD) and carotid artery intima media thickness (IMT). Data on PD status were collected through a clinical exam performed in a period of +/- 7 days from the baseline evaluation and categorized the study group in a subgroup of normal periodontal status (NPS= 69 persons; 36,3%) and periodontal disease subgroup (PD= 121persons; 63,7%) which was further divided into a gingivitis subgroup (G=95 persons;

50%), mild to moderate periodontal disease subgroup (PM=19 persons; 10%) and severe periodontal disease subgroup (PS=7 persons; 3,7%).

Results: After data collection we compared the mean values for hs-CRP and vascular ultrasound measurements according to PD status. The persons with periodontal disease have an increased level of inflammation and vascular dysfunction ($p < 0,001$). Accordingly, there is a significant correlation between hs-CRP level and both FMD ($r = -0,785$, $p < 0,001$) and IMT ($r = 0,360$, $p < 0,001$). Subclinical vascular disease is widespread in subjects with abnormal PD status and

inflammation (hs-CRP > 1 mg/dl), 111 (92%) persons out of 121 having at least one type of subclinical injury. We calculated concordance coefficient for group classification based on inflammatory status (low risk: hs-CRP < 1 mg/dl, moderate risk: hs-CRP = $1 - 3$ mg/dl and high risk: hs-CRP > 3 mg/dl) compared with classification based on PD status and we found Kappa=0.715, (95%CI = 0.632-0.799; high concordance).

Conclusions: Our study confirms the connection between inflammation and periodontal disease and links both of them with evidence of subclinical vascular injury.

OP session MD9

Soft palate paralysis – a misleading onset of invasive mucormycosis involving nasopharynx and paranasal sinuses

V. Gheorghită, R. Hainăroșie, R. Vasilescu, Eliza Grămadă, C. Socoliuc, Mona Popoiu, I. Ștefan, F.A. Căruntu

Introduction: Mucormycosis (MCM) is a life-threatening invasive fungal infection caused by fungi belonging to the Mucorales order. Despite aggressive therapy, the overall mortality rate remains unacceptably high (around 50%).

Material and methods: A 56-years-old diabetic male patient was referred to the "Matei Bals" National Institute for Infectious Diseases on August 7th, 2014 with suspicion of nasopharyngeal (N-Ph) MCM. The disease had been started 8 days before with severe odyno-dysphagia, regurgitation of liquids through the nose, right ear pains and headaches without fever. Laboratory analysis found hyperleukocytosis ($21,651/\text{mm}^3$), inflammatory biological syndrome (CRP 269 mg/L) and hyperglycemia (448 mg/dL). ENT check-up revealed an intense erythema of the posterior pharyngeal wall with a slight bleeding in the cavum and the right nasal fossa. The symptoms have improved under antibiotics (Ceftriaxone + Metronidazole + Levofloxacin), antifungals – Fluconazole and steroids treatment. In 6 days the initial lesions progress to the black necrotic eschar. The tissue biopsy was performed. Cerebral and facial CT scan showed maxillary, ethmoidal and sphenoidal right sinusitis, without brain lesions. We started treatment with combination of lipid formulation of amphotericin B (AMB 5 mg/kg/day) and posaconazole (POS-oral suspension, 800 mg/day) for 13 days, followed by POS monotherapy. Glycemic control was achieved with insulin therapy. Histopathological exam and

culture confirmed MCM. Mucor was identified as *Rhizopus oryzae* by molecular methods. Resection of necrotic tissue was delayed until the 18th day of antifungal treatment.

Conclusion and discussions: In the high risk group of patients this clinical onset (with soft palate palsy) could be indicative for MCM. The early diagnosis was clearly associated with favorable outcome.

Thyroid dysfunction in sepsis in a prospective study

V. Gheorghită, Alina E. Barbu, Monica L. Gheorghiu, I. Ștefan, A. Streinu-Cercel, Ruxandra Moroti, F.A. Căruntu

Introduction: The objective of our study was to evaluate the thyroid function during sepsis in order to identify a possible correlation with severity and final outcome of sepsis in a prospective on-going study.

Material and methods: A prospective, non-interventional cohort study was conducted in Matei Bals National Institute for Infectious Diseases between January and June 2015. Inclusion criteria included sepsis caused by bacterial infection in HIV negative adult patients who signed informed consent. Apart from demographics, clinical and microbiological data we measured serum thyroid hormones (TSH and ft4) and procalcitonin (PCT) at four different times: T0-admission, T1-24 hours, T2-72 hours and T3-7th day.

Results: 27 patients met the inclusion criteria. The median age was 67 years, (IQR, 57-78) and 55.5% (n=15) were male. 40.7% (n=11) of patients had severe sepsis and 18.5% (n=5) septic shock. The median value of PCT at diagnosis was 48.8 ng/mL, (IQR, 10.7-88.04). In 48.1% (n=13) of patients the

etiology was established. The gram negative bacilli were identified in 84.6% (n=11) of cases. Thyroid dysfunction was present in 29.6% (n=8) of patients, 62.5% (n=5) having hypothyroidism. The median value of TSH in patients with hypothyroidism was 5.134 U/ml, (IQR, 4.224-6.137). 75% (n=6) of patients with thyroid dysfunction had more severe disease at baseline. The mortality was 37.5% (n=3) in patients with thyroid dysfunction compared to 18.5% (n=5) in the whole cohort, p=0.32.

Conclusion: Thyroid dysfunction was diagnosed in about quarter of patients with sepsis and seems to correlate with the severity of sepsis and poor prognosis.

Psychiatry and terrorism

C. Căndea, D. Vasile, O. Vasiliu, B. Petrescu, A. Mangalagiu, Irina Căndea, A.M. Badic

Terrorism has dominated the domestic and international landscape since 9/11. Like other fields, psychiatry was not well prepared. It is time to consider what can be done to prepare before the next event. Much has been learned to provide knowledge and resources. The roles of psychiatrists are challenged by what is known of the causes of, consequences of, and responses to terrorism. Reflecting on knowledge from before and since 9/11 introduces concepts, how individuals become terrorists, how to evaluate the psychiatric and behavioral effects of terrorism, and how to expand treatments, behavioral health interventions, public policy initiatives, and other responses for its victims. New research, clinical approaches, and policy perspectives inform strategies to reduce fear and cope with the aftermath. This article identifies the psychiatric training, skills and services, and ethical considerations necessary to prevent or reduce terrorism and its tragic consequences and to enhance resilience.

Transcultural psychiatry

C. Căndea, D. Vasile, O. Vasiliu, B. Petrescu, A. Mangalagiu, Irina Căndea, A.M. Badic

This article deals with the main concepts of Transcultural Psychiatry and their applications to everyday psychiatric practice. Transcultural psychiatry has undergone a conceptual reformulation in the last two decades. Having started with a comparative approach, which focused on the diverse manifestations of mental disorders among different societies, it broadened its scope, aiming at present to

incorporate social and cultural aspects of illness into the clinical framework. Therefore, transcultural psychiatry now focuses more on what is called the illness experience than on the disease process, the latter understood as illness as it is viewed by health practitioners. Western medicine, of which psychiatry is a part, is grounded in positivist epistemological principles that stress the biological processes of disease. The intention of the paper is to develop an interest in alternative but also complementary ways of thinking. Modern transcultural psychiatry interprets some epidemiological and clinical aspects of major mental disorders (such as schizophrenia and depression) in a different light. However, it also distances itself from the absolute relativism of antipsychiatry, centering on clinical facts and helping clinicians in their primary task of alleviating suffering. An important contribution in addressing this task is the formulation of a cultural axis within the DSM model of multiaxial evaluation. A clinical vignette of a cultural formulation applied to a clinical discussion of a case is described.

Expeditionary modular systems for sampling, detection and identification of CBRN agents

V. Ordeanu, I. Savu, A. Vladimirescu, Lucia E. Ionescu, Victoria G. Dumitrescu, Diana M. Popescu, Nicoleta S. Bicheru, M. Necşulescu, A.G. Corlan, M.S. Tudose

The research, development and implementation of a modular expeditionary systems for sampling, detection and identification of CBRN agents, that is useful for providing information about the potential CBRN contamination, will ensure the samples necessary to perform the identification and confirmation testing's in specialized fixed and mobile laboratories with additional protection of the operators.

The novelty of the project proposal consists in designing and developing an integrated expeditionary systems, that can be transported by land, air, sea etc. and which will be provided with a remote drones for recognition of high risk areas and sampling.

Implementation of projects will follow defining the composition of the expeditionary modular system, depending on the missions of the mobile intervention teams, establish methods of sampling and integrating executed modules, making the decontamination devices of the remote drones and of the foldable mini-aerodrome, integration of the components and execution of an experimental model of the expeditionary modular systems, testing the modules under laboratory conditions in order to verify their correct functionality within the system, testing

the experimental functional model on the site. The partners have experience in making kits and sampling kits for transport and testing of agents, explosives etc. The system does not exist in the manufacturing or marketing phase, in the proposed configuration.

The transfer for industry of the scientific and technological results is provided by industrial partner's capabilities, which has experience in the production of CBRN defense equipment, as a developer and supplier for beneficiaries of the national security system.

A rare case of hypokalemia – case report

V. Smedescu, Roxana Diaconu, Denise A. Mardale, Cristina Spiroiu, E. Firoiu, Anca Manolache, Mihaela Enache, I. Copaci, C. Jurcuț

We report the case of a 57-year-old woman, who is hospitalized for abdominal pain and jaundice with a one month onset.

The clinical exam further revealed hepatomegaly, dark urine and pale stools. Laboratory exams showed neutrophilic leukocytosis, hepatic cytolysis, cholestasis syndrome and severe hypokalemia.

The upper and lower gastrointestinal endoscopies were within normal parameters, while the chest and abdominal computed tomography showed a left lower lobe pulmonary tumor, multiple mediastinal and abdominal adenopathy and also liver and bone metastasis.

The pulmonary tumor was biopsied and small cell lung cancer was diagnosed. Despite treatment with oral and intravenous potassium salts the hypokalemia persisted, while the patient subsequently accused abdominal cramps and loose stools.

We did further tests which showed high serum levels for cortisol, chromogranin A and serotonin and also high urinary values for 5-HIAA, thus confirming the presence of two paraneoplastic syndromes: secondary Cushing syndrome and carcinoid syndrome.

The particularity of the case is represented by the rare association of these two paraneoplastic syndromes in this type of neoplasia and the discordance between the high hormonal values and the presence of minimal specific symptoms.

An unusual case of palpebral swelling and erythema

V. Smedescu, Oana Stancu, Anca Manolache, D. Chiriță, I. Copaci, C. Jurcuț

We report the case of a 47-year-old woman who presents with fever, left palpebral and zygomatic swelling and erythema, cervical adenopathy, hepatosplenomegaly and erythema nodosum on the right arm. The patient was treated with broad spectrum antibiotics without any improvement.

The laboratory exams showed an inflammatory syndrome, moderate anemia, thrombocytopenia, lymphopenia and mildly elevated aminotransferase levels. The tests for infectious diseases and tumoral markers were normal, while the screening for SLE, Sjogren syndrome and vasculitis was negative. The cerebral and cervical MRI revealed left lacrimal gland and periorbital subcutaneous fat inflammatory infiltrates. The thoracic and abdominal computed tomography showed hepatosplenomegaly and multiple mediastinal and intraabdominal adenopathy. The bone marrow examination was normal, while the pathological exams of an excised lymph node supported the diagnosis of reactive adenitis. A skin biopsy was performed which established the diagnosis of lupus erythematosus tumidus (LET). The symptoms were considerably improved after systemic course of glucocorticoids without recurrence at one year of follow-up. LET is a rare form of cutaneous lupus erythematosus, recently being redefined as an independent entity.

The particularity of this case is the association of LET with several systemic manifestations, however without enough criteria to support the diagnosis of systemic lupus erythematosus.

OP session MD10

Metformin effects on endometrial hyperplasia in women of reproductive age with PCOS

A. Ranetti, Anca Pati-Cucu

Background: Polycystic ovarian syndrome (PCOS) a metabolically determined gynecologic disorder with an incidence of 4 to 184% in women of reproductive age. PCOS diagnosis is set based on Rotterdam criteria, including hyperandrogenism, chronic anovulation and typical ultrasound appearance. Endometrial hyperplasia occurs in 1 to 48% of women with PCOS and can progress to endometrial cancer.

Material and method: 20 non-diabetic women between 25-35 years old, with PCOS untreated prior to presentation, with a BMI>30 kg/m², were included in a pilot study. Endometrial hyperplasia was defined as endometrial thickness more than 15 mm in the secretory phase. Endometrial biopsy in all women showed a simple hyperplasia without atypia. 10 women chose progestin-only treatment along with diet (non-Met-group) and 10 started a 6 months therapy with diet and metformin administered daily on a weekly increased dose up to a total of 2 g/day (Met-group). None of the patients were on a meat and dairy free diet. We also reviewed metformin influence on reproductive function with emphasis on endometrial effects.

Results: The Met-group had a significant weight reduction and a decreased endometrial thickness compared to non-Met and also ovulation occurred faster in Met-group.

Conclusions: Metformin, a biguanide used in treatment of type II diabetes mellitus, could be used single or in association with oral contraceptives or progestins in non-diabetic patients with EH. Still, further studies including larger cohorts of patients are needed.

The role of computed tomography (CT) in the evaluation of acute abdominal pain in patients without trauma

C. Sandu, Mihaela Gheorghiu, Cristina Sandu, Diana Soloman Năftănăilă, F. Năftănăilă

Non-traumatic abdominal pathology is one of the most common reasons for admission to the emergency department. Accurate and rapid diagnosis of these conditions helps in reducing related complications. Clinical assessment is often difficult due to availability of over-the-

counter analgesics and self-medication practice, leading to less specific physical findings.

Laboratory and conventional radiographic findings are in many cases unhelpful. Thus, cross-sectional imaging plays a crucial role for initial evaluation and management of acute abdomen. Multidetector computed tomography is the primary imaging modality used for these cases due to fast image acquisition. There is no evidence of using one single strategy tool. The clinician may choose either routine ultrasound (US) evaluation complemented by CT in case the US is inconclusive or first-choice CT.

The usual causes of non-traumatic acute abdomen are bowel obstruction, acute pancreatitis, gastrointestinal perforation, diverticulitis, appendicitis, and cholecystitis. Less frequent, but also important causes are ruptured abdominal aneurysm, spontaneous abdominal bleeding due uncontrolled anticoagulant therapy, acute mesenteric ischemia or mesenteric venous thrombosis.

The role of ultrasound guided trans-bronchial puncture in diagnosis of lung cancer

Ioana Ștefănescu, E. Firoiu, Ioana Oprea, Florentina Vasilescu, Chim Aneta Șerbescu

Introduction: Endobronchial ultrasound (EBUS) is a minimally invasive but highly effective procedure used to diagnose lung cancer and other diseases causing enlarged lymph nodes in the chest. Although the method appeared in the late 90s, emerged in Romania for several years, initially in Iasi, after that in Cluj-Napoca. The Military Hospital is the first hospital in Bucharest that brought this technique in December 2015.

Materials and methods: We conducted a study in the Department of Pneumology of SUUMC on the patients with radiologic suspicion of pulmonary cancer, investigated between December 2015 - June 2016 by EBUS-TBNA, with moderate sedation (Midazolam and Propofol).

Results: All the patients were imagistic diagnosed with pulmonary tumors and mediastinal lymph nodes. The majority of patients with diagnostic imaging of lung tumors were confirmed by EBUS-TBNA both cytology and histopathology (cell block).

Conclusions: EBUS-TBNA is a minimally invasive method, with small risk, highly effective in the diagnosis and staging of lung cancer. This method could replace in some cases

mediastinoscopy as a method of diagnosis of lung cancer, especially in patients with severe comorbidities. This technique can be improved by using thicker needles, although procedural risks may grow.

Multiple trauma diagnosis and treatment algorithm in ED

B. Teușdea, M. Toma, S. Dogaru

Trauma is in Romania a problem of public health, and it has the highest mortality in the population with ages between 15 and 44 years. Multiple trauma (MT) represents an acute severe status appeared after a mechanic, thermal, chemical or electrical impact, status characterized by multiple lesions at organ and body systems. Lesions that affect more than one organ are characteristic and are frequently fatal, in patients suffering from MT under different disasters /war, therefore this kind of patient needs a prioritization of the lesions, in order to treat them, and he represents a challenge for the trauma team.

The traumatized patient has an unpredictable evolution because it synthesizes multiple traumatic sites, with an immediate and delayed reaction, having a great potential for developing MSOF (syndrome of multiple organ failure). This type of patient develops shock of various origins with high severity. That's why a well-organized chain of medical aid increases the survival of patients with multiple trauma and decreases mortality and morbidity.

Emergency physicians play a vital role in the stabilization, diagnostic and initial treatment of MT patient at ED level. MT patients' management implies complex, time-dependent, decision-making, leadership capability and technical skill. Therefore at ED level we need instruments - algorithms that facilitate the diagnosis and treatment of MT patients. In this paper we present the algorithm for the diagnosis and treatment of MT patient because we consider that an algorithm, using ATLS principles, is necessary to guide management of this type of patients.

Our experience with point of care testing analysis in the Emergency Department

B. Teușdea, M. Toma, S. Dogaru, Luminița Popa

For emergency medicine, about 70% of the decisions, made by the physicians working in the ED and the physicians on duty, regarding admission, discharge and medication are

based on lab results. In the last few years, Point of care testing (POCT) in the Emergency Department (ED) is becoming a lot more common.

POCT instruments are used every day in our ED for biomarkers determination, such as cardiac biomarkers (CK-MB, troponine I, NTproBNP etc.), sepsis biomarkers (presepsin), blood gas analysis (PaO₂, PaCO₂, pH etc.) and also for blood tests – blood cell count, biochemistry and urine tests (toxicology).

We made a comparison between the blood test results obtained on POCT instruments (biochemistry) and the blood tests obtained in the Central Laboratory of the hospital. The final result was a little difference between the 2 lab tests, but with no statistical significance.

The urosepsis

Ioana Oprea, Denisa Ghinescu, B. Petre, O. Bratu, D. Corneci, Mirela Bidilică, L. Ene

Sepsis is a life-threatening problem that leads to increase the mortality, morbidity and costs of healthcare services. In spite of huge efforts up to now, have no reached to safe therapy with reproducible effects systematically.

Within sepsis, interleukins, cytokines and other factors of inflammation reach to significant serum concentration and affect all organs and body systems, getting to acute dysfunctions and shortfall of these. According to Surviving Sepsis Campaign 2012, sepsis is defined as documented or suspected infection, accompanied by various laboratory or clinical variables. Due to major implications arose in the context of the diagnosis and complex therapeutic approach of affected patients, worldwide appear new ideas, concepts and assumptions with frequent updates in order to optimize the septic patient approach with or without associated organ dysfunction.

Medical approach must be multidisciplinary one, targeted both on the treatment of the cause (initial infection), but also to maintain internal homeostasis simultaneously with decreasing the damage of other organs and systems.

When the starting point of sepsis is an infection within the urinary tract, it is called urosepsis. This could be life-threatening, if emergency treatment is not carried out. Statistically, urosepsis accounts for approximately 25% of all cases of sepsis.

The urosepsis remains a challenge for the urologist, intensive care doctor, radiologist and microbiologist. It is very important to have a good cooperation between these specialties and teamwork.

Threat of Burnout Syndrome in the Emergency Department – our experience

B. Teușdea, M. Sălceanu

Burnout Syndrome is defined as a psychological syndrome that occurs among the employees who work in a stressful environment and as a result of an imbalance between expectations and resources. This syndrome is more than an extreme fatigue and involves emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment with a secondary disengagement that occurred among different professionals who work with other people in challenging situations.

Through this paper we hope to raise awareness about this danger and we try to identify how this syndrome affects our staff in Emergency Department at Central Emergency Military University Hospital "Carol Davila" Bucharest.

For this purpose we use a new instrument called "The Oldenburg Burnout Inventory" (OLBI), applied to all our staff members, that includes positively and negatively statements to assess the two core dimensions of burnout: exhaustion and disengagement (from work). We found interesting data and correlations in matter of age, gender and level of qualifications.

Moreover we suggest methods of prevention and treatment in order to increase the quality of life and satisfaction both for employees, employer and the beneficiaries of the medical services that we offer.

Percutaneous tracheostomy – the experience in SUUMC ICU

Ș. Zahiu, L. Ene, Mirela Bidilică

Percutaneous dilatational tracheostomy (PDT) is a minimally invasive, rapid, bedside technique, elective procedure used in Critical Care services to create a stoma between skin and trachea. Its popularity has partly been due to the procedure being more readily available with less restraints from theatre availability, accessing surgeons, cost and time involved in coordinating patient transfer compared to a standard surgical tracheostomy (SST).

The main indications are: 1. Mechanical obstruction of the upper airways, 2. Protection of tracheobronchial tree in patients at risk of aspiration, 3. Respiratory failure, 4. Retention of bronchial secretions, 5. Elective tracheostomy.

Modern PDT was described in 1955 and in 1969. The dilating tracheostomy forceps were developed in 1989 and further

by Griggs in 1990 who introduced the use of a guidewire. The most commonly used PDT kits are available from Cook Critical Care and Sims Portex.

In ICU/SUUMC we began the use of PDT in 2015 and up to August 2016 we performed 23 such procedures. The kits we used are Portex percutaneous tracheostomy with a special forceps that allows the passage of a guiding wire. Bedside bronchoscopy performed by pneumologists was mandatory pre-procedural during procedure and as a control after having performed the operation. There was one case when Ear-Nose-Throat specialist had to perform hemostasis 4 hours after tracheostomy.

PDT is a reliable procedure in ICU, performed by ICU physician, ICU nurse and pneumologist.

The post-streptococcal syndromes as border pathology – an infectious diseases practitioner point of view

B. Cîrciumaru

Background: The post-streptococcal syndromes are the sequelae of the streptococcal infections that frequently occur during childhood. They are borderline pathology within internal medicine specialties (including the infectious diseases) and a quite common condition for our country, thus organizing the clinical forms and therapeutically approaches becomes a necessity.

Materials and methods: I retrospectively studied, the post-streptococcal syndromes admitted into the Army's Infectious Diseases Ward, within the last 10 years. Most of the patients were monitored twice yearly, and treated, sometimes, medical and surgical (e.g. for endocarditis). In order to have a consistent view of the problem, I had discussions with different specialists, including family doctors.

Results: I described the forms of the streptococcal infections (self-limiting) as well as the post-streptococcal syndromes (monophasic and multi-recurrent) and I determined reasonable therapeutically conducts for the antibiotic treatment and the prophylaxis.

Conclusions: The antibiotic treatment is essential in order to eradicate the remnant infectious focuses: as using two doses of Benzathinpenicillin G every 5-7 days, and every 10-14 days for the secondary prophylaxis. The length of the secondary prophylaxis remains controversial, monitored by the clinical improvement, biological markers (e.g. the reduction of the inflammatory phenomena, the ASO dropping tendency) and other investigations. I presented my opinion regarding the

monitoring and the antibiotic therapy, as part of multi-disciplinary approach. I support the inclusion of the conclusions within the Hospital Guidelines.

A complicated case report associated with rheumatoid arthritis

L. Ciobîcă, Daniela Anghel, S. Stanciu, Raluca Lutuc, I. Sârbu, Ancuța Coca

A 43 years old patient, diagnosed at age 16 with JIA and at 23 years with Hashimoto's autoimmune thyroiditis. Three years later she was diagnosed with seronegative RA, for which she followed the classical remission therapy without an effect. Beside the existing autoimmune pathologies, she added a type 1 insulin-necesitant diabetes, shortly complicated with retinopathy, mixed neuropathy and gastropathy.

Over the last 10 years appear recurrent episodes of iridocyclitis, the reason why we considered to initiate the biologic therapy with Etanercept, without final, due to a

pulmonary tuberculosis diagnosed by tests according to the protocol. Subsequently the patient develop a secondary sicca syndrome, complicated with corneal ulcer paracentral wich became infected, for that we practiced the enucleation of OS (March 2015).

Consequently of the unbalanced diabetes (HGA1c = 17.6%), the patient developed an infected interdigital ulcer in the IV-V fingers foot, complicated with a shore perforating plantar right which became infected.

The patient showed a varied clinical picture, and the laboratory indicated a microcytic hypochromic anemia, a moderate inflammatory syndrome, a positive FR, ACPA = 103.3 IU/ML and not least a coproparazitologic exam - Positive for Clostridium difficile. At the ophthalmic reevaluations, the acute iridocyclitis was in a healing process, but with a complicated cataract and a proliferative diabetic retinopathy.

As a particularity of the case, a patient with mixed autoimmune pathologies, followed by a fulminant evolution which was therapeutic neglected. Recurrent episodes of iridocyclitis, infectious complicated, by an enucleation of the right eye.

OP session MD11

Sarcoidosis – challenging diagnosis

L. Ciobîcă, I. Sîrbu, Ancuța Coca, Alexandra David

Sarcoidosis affects people of all racial and ethnic groups and occurs at all ages, although it usually develops before the age of 50 years, with the incidence peaking at 20 to 39 years. The presentation in sarcoidosis varies with the extent and severity of organ involvement. Asymptomatic – incidentally detected on chest imaging ~ 5% of cases, systemic complaints: fever, anorexia ~ 45% of cases, pulmonary complaints: dyspnea on exertion, cough, chest pain ~ 50% of cases; Löfgren syndrome (fever, bilateral hilar lymphadenopathy, and polyarthralgias): common in Scandinavian patients, but uncommon in African-American and Japanese patients.

We are presenting 3 types of clinical presentation of sarcoidosis with rare onset of the diseases. They were in the age incidence peaking, one of them had unilateral ankle swelling, the other one had a single erythema nodosum and the last one had been diagnosed with pulmonary

carcinomatosis.

After performing the investigations in our clinic all of them were diagnose with sarcoidosis.

Catheter sepsis in patient with rituximab treatment for non-Hodgkin lymphoma

C. Bănică, I. Ștefan, B. Cîrciumaru, S. Ionescu, O. Dunăreanu, I. Pandrea, O. Călina

Introduction: Catheter-related bloodstream infections accounts for 5 to 20% of hospital-acquired infection. Frequently, catheter-sepsis is caused by multidrug-resistant micro-organisms: gram-positive cocci like *S. aureus*, *Enterococcus* or gram-negative bacilli – *Pseudomonas aeruginosa*, *Acinetobacter baumannii*, *Enterobacter*. In immune-depressed patients fungal or polymicrobial infection have been reported. These patients are also at risk for severe evolution.

Presentation: We present the case of a 62 years-old female

with non-Hodgkin lymphoma under treatment with Rituximab – the second therapeutic cycle. She got a port-a-cath device on her left subclavian vein. The patient was admitted in our department, after the Rituximab cycle, with high fever, chills, deterioration of the general status and she was diagnosed with catheter-related sepsis. Under large spectrum antibiotics the fever persisted. The patient recovered quickly only after the removal of the intravascular device. All the blood cultures were negative, although the catheter tip culture was positive for *Enterococcus faecalis*.

Conclusions: The use of central venous catheters is part of the modern practices in critically-ill patients. In neoplastic patients, with fragile peripheral veins, intravascular devices are useful for giving intravenous treatment, blood transfusions or taking blood tests, but they raise the risk for catheter-related infections. In these immune-depressed patients, multidrug-resistant bacteria or fungi can lead to severe sepsis and metastatic infectious complications.

Methods of evaluation for cardiovascular continuum state in type 2 diabetes mellitus patients

C. Constantin, Georgiana Constantin, A. Ranetti, C. Serafinceanu

Introduction: During life time, a patient with type 2 diabetes mellitus (T2DM) could develop complications and an adapted tool should be used for evaluate the cardiovascular risk. There are some score risks present in clinical practice and each of them are developed using some characteristics of patient. This presentment will develop tools for evaluation cardiovascular risk in different situation of T2DM patient.

Material and method: This presentation summarizes the most important evaluation tools for cardiovascular risk in T2DM patients. A real trained practioner use the appropriate score and short and long therapeutic attitude should be adapted using the best medical guidelines. The case management implications and also the vital risks will be appropriate evaluated and presented during an acute event (stroke, acute coronary syndrome, acute peripheral artery obstruction etc.) and could demonstrate the best predictive value for prediction of long-term mortality and morbidity in T2DM patients.

Results: There is not a single and a general available score to evaluate and to be used during lifetime of a T2DM patient. A real and integrated score risk is – in fact – a proper score applied at a proper moment.

Discussions: This short presentation will try to clearly

describe these tools and the best moment when that tool should be applied. A lot of actual tools are present in cardiovascular risk market, but a clearly used algorithm for application of these scores should be implemented.

Fluid, gas, fibrosis, blood, calcifications and tumors in the retroperitoneal space. Imaging evaluation

D. Cuzino, Oana Baston, C. Blaj, F. Năftănăilă

Introduction: Retroperitoneal space is a challenging zone for imaging diagnosis. The lesions in this area can arise from the retroperitoneal organs but also from outside.

Material and method: We have revisited our cases in the last three years and we found diverse infectious, inflammatory, tumoral, traumatic and congenital lesions. All of these cases were explored first of all using CT. Some of these cases have been also explored using MRI for a better characterization of the lesion extension.

Conclusion: The complexity of the retroperitoneal lesions need anatomical and semiological analysis.

Imaging diagnosis also need to be interpreted in a strong correlation with the physio-pathological understanding of the region.

Infections in rheumatologic disorders

L. Ciobîcă, Daniela Opreș, Alexandra David

Arthritis tuberculosis has its origins in hematological spread due to activating sites, in the first stage of the disease. Extra-pulmonary infection with *Mycobacterium tuberculosis* has musculoskeletal involvement in up to 19% of cases. The most involved joints are: the spine, hip and knee. There is no specific clinical manifestation. The symptoms vary from night sweats, cough, and weight loss, with or without joint manifestation: rubor, calor, dolor and in some rare cases evacuation of caseum from a joint fistula.

We report a case of a 79 old female patient who presented in the emergency department for polyarthralgia with onset of symptoms in the last 3 weeks. The right shoulder joint was tender, swollen and red, no fever at the moment nor in the last half of the year. There was no recent history of trauma, of respiratory, infective, or joint disease; because the pain was not improving after usually non steroid drugs she was given for the last 10 days dexamethasone 8 mg/day. She was also known with splenic lymphoma, interstitial pulmonary disease and cardiovascular pathology.

Monitoring biological therapy – a continuous challenge

L. Ciobîcă, Daniela Anghel, D. Stoicescu, Iolanda Sirbu, A. Dumitru, S. Stanciu, Ioana Răduță, Ancuța Coca

Biological therapy has revolutionized the treatment of rheumatic diseases in the past decade improving not only the health of the patient but their quality of life.

However, monitoring the progressions of the disease and the possible side effects of the drugs can sometimes become a challenge.

We would like to bring to your attention the case of a 62 year old male with ankylosing spondylitis (HLAB 27+), type II

diabetes and hypertension.

10 years after the onset of the disease he is started on etanercept and a few months later the patient presents with pain in the low back region.

The differential diagnosis is now important for excluding neoplastic lesions, tuberculous spondylodiscitis and bacterial spondylodiscitis and the Andersson lesion in ankylosing spondylitis.

The Andersson lesion is an inflammatory involvement of the intervertebral discs in spondyloarthritis. It is a non-infectious condition that occurs in about 8% of patients with ankylosing spondylitis.

OP session MD12

The Chicago classification and its contribution to high resolution esophageal manometry studying

Florentina Ioniță Radu, Andrada Popescu, Maria M. Chereja, A.I. Gavrilă

Introduction: This publication aims to summarize the state of our knowledge of the third Chicago classification criteria for esophageal motility disorders published by the International HRM Working Group, as well as the classification's usefulness in clinical high resolution esophageal manometry studying.

Materials and methods: The primary objective of the Chicago classification (CC) is to categorize esophageal motility disorders in individuals with non-obstructive dysphagia and/or esophageal chest pain by applying standardized high resolution manometry (HRM) marks. The study is based on the standard HRM test in which the patient is asked to perform ten 5-ml swallows of water. On the color pressure topography plots that result, the software is able to define a set of parameters that are used in the classification and these are: contractile deceleration point (CDP), distal contractile integral (DCI), distal latency (DL) and integrated relaxation pressure (IRP).

The metrics obtained from the HRM study can be used to characterize individual test swallows (in terms of integrity of contraction, contraction pattern and intrabolus pressure pattern), but most important, they can define esophageal motility disorders and classify them in a) achalasia and EGJ (eso-gastric junction) outflow obstruction, b) major

disorders of peristalsis and c) minor disorders of peristalsis.

Results and conclusion: The Chicago classification is a useful tool that can guide course of treatment in patients with esophageal motility disorders, despite the fact that metrics and criteria it uses can be hard to understand. It is an evolving process, with its third version incorporating recent advances in the understanding of esophageal motility pathology.

The impact of bariatric surgery on upper gastrointestinal symptoms in obese patients – the role of esophageal manometry

Andrada Popescu, A.I. Gavrilă, I.P. Nuță, Raluca S. Costache, Mariana Jinga, Săndica Bucurică, B. Macadon, M. Pătrășescu, Mirela Chereja, Florentina Ioniță Radu

Introduction: The role of this paper is to point out the importance of GI functional testing (especially esophageal manometry) before bariatric surgery, in order to reduce the prevalence of GERD symptoms, and the need for a medical protocol regarding this issue.

The literature data available reveals that the prevalence of GERD is higher in obese patients compared with normal weight controls, with an increased risk of 2.5 of developing symptoms and erosive esophagitis. This is most likely related to increased esophageal acid exposure. Several pathophysiological mechanisms may be involved: transient lower esophageal sphincter relaxation (TLESR), lower

esophageal sphincter (LES) pressure, altered esophageal motility, presence of hiatal hernia and esophageal factors such as poor esophageal clearance, altered gastroesophageal pressure gradient and delayed gastric emptying. In morbidly obese patients, some of these mechanisms may occur increasing the risk of developing severe GERD, but they can be established with esophageal manometry.

We know from other studies that the Roux-en-Y gastric bypass is considered an effective method to alleviate symptoms of GERD, whereas laparoscopic sleeve gastrectomy appeared to increase the incidence of the disease. Adjustable gastric banding was seen to initially improve the symptoms of GERD; however, a subset of patients experienced a new onset of GERD symptoms during long-term follow-up. Thus performing esophageal manometry and pH-metry before bariatric surgery can give important information and help in choosing the right type of surgical intervention, reducing the prevalence of upper GI tract symptoms.

Conclusion: Careful medical assessment is mandatory before performing any type of bariatric surgery in obese patients, especially for those who already have GERD.

Update in the management of uncomplicated acute pancreatitis

Cătălina Diaconu, Gaudia Avram-Mănescu, Laura Voicu, Florentina Ioniță-Radu, Mariana Jinga, D.O. Costache, Raluca S. Costache

Acute pancreatitis represents the inflammation of the pancreas, inflammation that can be localized to the gland or it may extend to peripheral tissues or distant organ systems.

The treatment in acute pancreatitis is directly aimed at relief of symptoms. Fluid repletion, glucose repletion/nutrition and analgesia are the main pillars in managing acute pancreatitis. Studies show that early fluid resuscitation with 5-10 ml/kg/h is imperative in the first 12 to 24 hours. Moreover crystalloids are the first choice, rather than colloids. Ringer lactate was proven to have lower risk in developing systemic inflammatory response syndrome (SIRS) and might reduce the risk of metabolic acidosis and non-anion gap when compared to chloride-rich solutions (saline). The goals in fluid repletion are: to decrease of hematocrit and blood urea nitrogen and to maintain normal levels of creatinine. In patients with acute pancreatitis and cholangitis endoscopic retrograde cholangio-pancreatography (ERCP) is mandatory in the first 24 hours.

Antibiotherapy is not recommended as a routine treatment and should be reserved in infected pancreatic or extrapancreatic necrosis that fails to improve after 7-10 days of hospitalization and extrapancreatic infections (cholangitis, pneumonia, bacteriemia, catheter-acquired infection). In these cases carbapenems, quinolones and metronidazole are the treatment of choice. Antifungal agents are not recommended as prophylaxis.

Since severe abdominal pain is the main symptom, analgesia should be taken into consideration: opioids (fentanyl or hydromorphone). Enteral feeding is essential in acute pancreatitis, regardless the severity, once the symptoms subside. Even though most guidelines in the past recommended NPO (nothing by mouth) nowadays studies have shown that enteral nutrition is feasible and improves outcome and can be performed via nasogastric or nasojejunal tube and use low-fat semielemental formulas.

Hereditary hemochromatosis: pathogenesis, diagnosis and treatment

Gaudia V. Mănescu-Avram, Cătălina Diaconu, Laura Voicu, Florentina Ioniță-Radu, Mariana Jinga, D.O. Costache, Raluca S. Costache

Hereditary hemochromatosis is an autosomal recessive genetic disorder often determined by mutations in the HFE gene (typical patients have inherited a C282Y mutation in the HFE gene from each parent) and less commonly by mutations in the genes for hemojuvelin, hepcidin and ferroportin which implies abnormal accumulation of iron in parenchymal organs, leading to organ toxicity.

The classic description of the disease also called "bronze diabetes" implies cirrhosis, diabetes mellitus and cutaneous hyperpigmentation. A recent study of C282Y homozygotes in Australia suggested that 28% of men and only 1% of women have iron related symptoms, influenced by age, sex, dietary iron intake, alcohol, blood loss in menstruation and pregnancy. Symptoms usually appear after the fourth decade of life or when the stores of iron are 15-40 g. Hemochromatosis has multiple manifestations, but the major consequence remains the development of hepatocellular carcinoma (HCC) which appears in one third of patients with hemochromatosis and cirrhosis. An ultrasonography should be made every 6 months in these patients to screen for HCC. For the diagnosis of this affliction clinical, laboratory, genetic testing and pathology criteria are needed. Laboratory tests reveal increased serum transferrin saturation, which is often elevated in patients with HFE-linked hemochromatosis, with a sensitivity over 90% and

increased serum ferritin level (but ferritin may also be elevated in various infections and inflammatory conditions). Liver biopsy is recommended in C282Y homozygotes patients or compound heterozygotes if liver enzymes are elevated or if ferritin is higher than 1000 µg/L. Response to phlebotomy may confirm the diagnosis and MRI can show moderate to severe iron overload.

It is recommended to initiate the treatment of hemochromatosis with phlebotomy (removal of 500 mL blood) before the development of cirrhosis and/or diabetes with an important reduction of morbidity and mortality. Phlebotomies should be done weekly/biweekly until serum ferritin reaches 50-100 µg/L, then 3-4 phlebotomies/year are recommended for maintenance.

Hematologic abnormalities in cirrhotic patients, a challenging diagnosis: case report

Florentina Ioniță Radu, M. Șotcan, Andrada Popescu, A.I. Gavrilă, Maria M. Chereja

Introduction: Cirrhosis is responsible for various hematological abnormalities. Different mechanisms are implied such as hypersplenism, hemolysis, altered synthesis of clotting factors and trombopoietin, nutritional deficiency of folate, B12, B6 and iron, variceal bleeding or drug induced bone marrow toxicity.

Identifying the real cause require a careful approach and must take into consideration other severe hematological diseases.

Materials and methods: We present the case of a 69 year old man with Child C cirrhosis secondary to VHC infection who developed progressive leucopenia and thrombocytopenia. Leucopenia with neutropenia were confirmed on peripheral blood count, without any pathological findings on blood smear. A moderate enlargement of the spleen was found on abdominal ultrasound. The leucopenia got worst two months later, associating severe megaloblastic anemia (6 g/dl). As the dosage of folate and B12 were normal and no gastroesophageal bleeding had occurred we continued further hematological investigations. Bone marrow aspiration showed hypercellularity, few blastic cells, mild erythroblastopenia, megakaryocytar hyperplasia and dysplasia of megakaryocytes and erythroblastes. A marrow bone biopsy was performed. Blastic cells, found in a percent of 20-22%, were CD 34 positive (stem cell marker) and negative for CD 61 (megakaryocyte marker). The histopathological aspect was compatible with an acute myeloblastic leukemia secondary to a myelodysplastic

syndrome.

Conclusion: A myelodysplastic syndrome can be hidden behind hematological abnormalities found in cirrhotic patients. A strong collaboration between hepatologist and hematologist is needed to identify as early as possible the correct cause and implement appropriate therapy.

Novel indicators for quality in endoscopy

D.V. Balaban, Iulia Enache, Alice Farcaș, Cătălina Diaconu, Andrada Popescu, M. Pătrășescu, B. Macadon, Sândica Bucurică, Raluca S. Costache, P.I. Nuță, Florentina Ioniță Radu, Mariana Jinga

Quality standards of endoscopic procedures have been a constant concern among endoscopy services and regulation authorities in the last years. Although several quality indicators have been previously validated for colonoscopy, new ones have emerged recently and considerable attention has been paid to indicators for upper GI endoscopy also.

Along with the traditional quality metrics (cecal intubation rate, withdrawal time, adenoma detection rate, interval cancers), colonoscopy examinations are also being assessed by the number of polyps per patient; this new indicator is trying to differentiate endoscopists who are detecting one adenoma (and after identifying this one lesion continuing with less careful examination of the colon) from those who detect more than two adenomas/patient, thus being a good predictor of missing rates.

Regarding upper digestive endoscopy, several indicators have been proposed: inspection time, photo documentation of certain landmarks and lesions, use of mapping and scoring tools for premalignant conditions such as atrophic gastritis, gastric intestinal metaplasia or Barrett's esophagus and application of biopsy protocols for these conditions.

Development, validation and implementing of such indicators for endoscopic procedures is a good quality measure for endoscopic services, making them available for internal and external auditing and thus providing improved medical care for patients.

Relationship between helicobacter pylori infection and digestive oncological pathology

P. Nuță, Roxana Călin, A. Lungu

Helicobacter pylori infection is the most frequent infection, its high prevalence being higher in developing countries. H.

pylori colonizes the stomach and duodenum, and it is localized in the areas of gastric metaplasia. The inflammatory process associated with the presence of bacteria destroys acid secreting glands and lead to hypoacidity, favoring the emergence of gastric ulcers and gastric cancer.

Helicobacter pylori is a group I carcinogen (shown carcinogenic agent in humans), and is proven correlation between infection with the microorganism, in particular cagA + strain, and gastric adenocarcinoma. Helicobacter pylori infection increases the risk of gastric cancer for 8 times, except tumors located at cardial level. Also, Helicobacter pylori was detected in 75% of patients with MALT lymphoma (mucosa-associated lymphoid tissue),

eradication of microorganism causing various degrees of tumor regression in 70-80% of patients. The role of Helicobacter pylori eradication therapy in reducing the risk of gastric cancer is undeniable.

Although Helicobacter pylori infection has been incriminated in the occurrence of gastric cancer, it seems that it has protective against esophageal malignancies. One explanation is the appearance of atrophic gastritis with achlorhydria and consequent reduction of acid reflux into the esophagus. Another hypothesis is the induction of apoptosis of atypical cells in patients with Barrett's esophagus associated esophageal reflux.

The link between Helicobacter pylori infection and other digestive cancers is controversial.

OP session SG1

Management of complications in laparoscopic pyeloplasty for ureteropelvic junction obstruction

A. Aungurenci, A. Rădulescu, D. Spînu, C. Iatagan, O. Pacu, C. Stănescu, S. Ioniță, A. Iliescu, F. Rusu, V. Botea, M. Dinu, V. Mădan, D. Mischianu

Introduction: In the last two decades the laparoscopic approach for ureteropelvic junction obstruction replaced the classical open surgery. But there are still specific complications that can jeopardize the final result of the operation. The aim of our study is to assess our main complications of laparoscopic pyeloplasty and their management.

Materials and method: We analyzed a series of 45 patients admitted in our clinic between January 2010 and December 2015 that underwent laparoscopic pyeloplasty. In all cases we used the transperitoneal approach. Heynes-Anderson pyeloplasty was performed in 43 cases while in the other 2 cases we performed Foley (Y-V) pyeloplasty. Postoperative complications were assessed according to Clavien-classification.

Results: The main postoperative complications encountered in our clinic were: urine leakage (6%) and recurrence of the pelviureteral obstruction (4.4%). Except for the patients with restenosis that was managed by open surgery, in all other cases were performed minimally invasive and endoscopic procedures. Conversion rate was approximately 9%, due to intraoperative complications that made impossible the laparoscopic approach, but this was recorded only in the first three years.

Conclusions: In our experience, the complications of laparoscopic pyeloplasty can be managed with minimal invasive techniques that ensured the same functional results as in uncomplicated cases. The restenosis of the ureteropelvic junction should be managed by open surgery.

Refractory priapism – case presentation

D. Marcu, D. Spînu, O. Bratu, A. Aungurenci, V. Mădan, I. Armand, A. Rădulescu, R. Popescu, D. Mischianu

Introduction: A rare health problem which untreated on time can have a devastating impact on the health status of an individual and, last but not least on the status of his private life.

Material and method: We present the therapeutic approach

in the case of a patient who was admitted to the emergency clinic of urology of the Carol Davila SUUMC accusing penile pain and the presence of erection for more than 30 hours. Local examination, clinical and paraclinical confirmed the presence of venous priapism. Emergency surgical procedures consisting in Winter shunts and epinephrine injections were undergone for 3 times with a momentary therapeutic success. Open glandular shunts were the saving procedure in this particular case.

Results: Post-operative evolution was favorable, the patient presented at 2 and 4 four weeks without any local problems but also without any erectile function.

Conclusions: At 58 years old a man is still sexual active. Given the fact that no serious comorbidities affected this patient the cause remains unknown. What goes more than 6 hours of erectile function is in most cases irretrievable. Not only the sexual function could have been lost but his life could have been in danger.

Upper lumbar ureteral lithiasis – therapeutic approach

A. Păun, L. Chirilă, O. Pacu, F. Rusu, A. Iliescu, V. Botea, C. Stănescu, A. Aungurenci, V. Mădan, M. Dinu, D. Mischianu

Introduction: Urinary stones is a disease known since ancient times. This is an important health problem worldwide with a prevalence in the general population estimated at 2-3% and a recurrence rate during lifetime of 50 %. The apparent increase in incidence may be real, but also secondary to high rate detection through high performance investigations. The incidence of urinary stones is about 3 times higher in men.

Material and methods: The study included a total of 149 patients admitted in our clinic between January 2013 and December 2015 with a diagnosis of upper ureter lumbar lithiasis > 1cm. Surgical approach was open, laparoscopic, ureteroscopic or ESWL.

Results: Were made 82 ureteroscopy with lithotripsy laser "in situ" (\pm stent JJ), 11 laparoscopic ureterolithotomy, 19 open ureterolithotomy and in 20 cases ESWL was performed per primam (18 cases a stent JJ was placed first, then after normalize biological constants, ESWL was performed).

In patients with open or laparoscopic ureterolithotomy percentage of "stone free" was 100 %.

Of the 82 ureteroscopy, in 43 cases other secondary procedures were needed (URSR, double J stent placement,

ESWL).

In patients in whom ESWL was first procedure, stone-free rate was 55 % after a single session.

Conclusion: Lumbar ureteric stones needs a multimodal treatment. In our study, the most effective methods for achieving the goal of "stone-free" were ureterolithotomy both the classical and laparoscopic approach.

It is important to notice that we have only analyzed the stone-free rate after the first procedure; hospitalization time and cost, postprocedural pain have not been analyzed.

Surgical challenges in kidney infections

D. Marcu, O. Bratu, D. Spănu, I. Oprea, M. Dinu, R. Popescu, A. Rădulescu, D. Mischianu

Introduction: Kidney infections should not be neglected, this pathology often leading to significant morpho-functional alterations and even to the loss of kidney function.

Material and method: We present the therapeutic approach that we have adopted in three patients with renal infectious pathology. The first patient presented for a renal cystic tumor, case in which the laboratory investigations lead to the diagnosis of renal hydatid cyst (increased titer of antiechinococcus granulosus antibody). In the second case we have practiced a lumbar nephrectomy for a lithiasic destroyed kidney, but the histopathological examination revealed that it was renal tuberculosis. The third patient was admitted for a gigantic renal cystic tumor for which we have practiced nephrectomy and the histopathological result was papillary carcinoma.

Results: Postoperative evolution was favorable in the first two patients, but in the case of the third patient secondary lung determinations were encountered at six months after the nephrectomy (CT scans).

Conclusions: In the absence of a correct diagnosis and a proper treatment, kidney infections may have a fatal trend, leading to the appearance of urosepsis, impaired renal function and even to the loss of the kidney.

The difficult vaginal hysterectomy

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Our present work represents an overview of difficult surgical cases of vaginal hysterectomy that have been performed in

our clinic.

The main criteria we have established when considering a vaginal hysterectomy to be a difficult one were: the increased volume of the uterus, the modified anatomy of the bony pelvis, previous caesarian section as well as other pelvic surgical interventions, obese patients and cases that have associated cervical elongation.

Our debate has focused on how a proper surgical technique that has accordingly adapted to each case previously mentioned together with the skills of a well-trained surgeon in the field of vaginal surgery can shift an absolute contraindication into a relative one when considering the vaginal approach of a hysterectomy.

Adiponectin blood level in patients with prostate cancer

F. Rusu, O. Pacu, A. Iliescu, A. Păun, M. Dinu, Lavinia Chirilă, V. Botea, V. Jinga, Emilia Rusu, Gabriela Radulian, D. Mischianu

Introduction: Recent data suggests that obesity can influence the incidence, progression and mortality of prostate cancer through hormonal changes, through insulin resistance, increasing production of inflammatory markers etc. Aside these factors, obese patients with PCa are more difficult to diagnose as they have mostly low serum PSA level and a higher prostate volume. Although, the effects of adiponectine on normal prostate cells are at the moment not understood, indirect evidence suggests an antiproliferative effect in prostate tissue. The present study assesses the level of adiponectine on the subjects with prostate cancer.

Material and method: The 414 selected patients were divided in 2 groups: group A: 381 patients with obesity, without PCa (O. PC(-)) and 33 patients with obesity and prostatic cancer (O. PC(+)). Specific anthropometric parameters were analyzed (height, weight, body mass index (BMI), waist circumference), blood tests (fasting blood glucose – (BPG), fasting insulinemia (FPI), HbA1, total cholesterol, triglycerides, HDL cholesterol, adiponectin, leptin, TNF alpha, IL -6, prostate specific antigen (PSA), free PSA (F-PSA), testosterone).

Results: The study results shows statistically significant differences in terms of age, BMI, PSA level, Free-PSA level, FPG, FPI, adiponectin, leptin, TNF- α , IL-6, testosterone and prostate volume in patients from the two groups (all values $p < 0.05$). In terms of the abdominal circumference and diastolic blood pressure there were no differences in the two groups. Plasma adiponectin level was lower in patients with

PCa than the control group ($p < 0.001$) and also in patients with those with aggressive disease (1.23 ng/ml in patients with Gleason score < 7 vs 0.64 ng/ml for Gleason score 8-10) (the difference remained statistically significant after logarithmic transformation).

Conclusions: The results of the present study indicates that patients with prostate cancer have a lower plasmatic adiponectin level and are also associated with histological grade and disease stage. Further prospective studies are recommended to asses any causal relation between prostate cancer and plasmatic concentrations of adiponectin.

OP session SG2

Principles and techniques in cheek reconstruction – a review of cases

Monica Dărmănescu, V. Trifu, A.M. Țilea, Raluca I. Săftoiu

The cheek is the broadest subunit of the face, in close proximity to aesthetically important regions such as eyelids, nose and mouth. In most cases the extensive mobility of cheek skin provides for relatively simple closures following tumor extirpation, but in case of larger defects, those located near free margins, or those within areas of decreased skin laxity may require a more complicated approach.

We review the principles of cheek reconstruction, from the simplest option (primary closure) to more complex methods (grafts, flaps), with special considerations to specific reconstructive options. An essential principle of cheek reconstruction is to provide an accurate skin color and thickness match with locally recruited tissues, avoiding distortion of the facial free margins (lower eyelid, upper lip and oral commissure).

Each case must be approached with a unique plan for the defect and the patient, with a non-geometrical and three-dimensional design for every case in order to have very good aesthetic and functional outcomes.

Reconstruction of the cheek requires a thoughtful approach to the etiology of the defect, the functional status of the patient, and the best solution with the least morbidity. The dynamic function and contour of the cheek make it a challenging structure to repair.

Principles and techniques in forehead and scalp reconstruction – a review of cases

Monica Dărmănescu, V. Trifu, A.M. Țilea, Raluca I. Săftoiu

Reconstruction of scalp and forehead defects is a complex

field; we have a broad variety of reconstructive options. A thorough understanding of the anatomy of anatomic structures of the scalp and forehead is paramount to optimal surgical result.

A case series of regional reconstruction of scalp and forehead area is presented, with a variety of reconstructive techniques. The anatomy of the region is reviewed; it is important to preserve the function of motor and sensory nerves, although aesthetic concerns are of great importance in scalp and forehead reconstruction. Respecting the normal position of facial landmarks such as the eyebrows and hairline can be challenging during reconstruction.

We review the principles of forehead and scalp reconstruction, from the simplest option (primary closure) to more complex methods (flaps).

Each case must be approached with a unique plan for the defect and patient, with a non- geometrical design, in order to achieve excellent aesthetic and functional outcomes.

Pigmented basal cell carcinoma – clinical and dermoscopic clues

M. Țilea, Mihaela Georgescu, Monica Dărmănescu, V. Trifu

Introduction: Pigmented basal cell carcinoma (pBCC) can pose a real dilemma even to the most skilled clinician. Clinical similarities with pigmented seborrheic keratosis (pSK) and pigmented cutaneous melanoma (PCM) can be misleading and may result in some unfortunate therapeutic approaches.

Case presentations: We present a series of cases of pigmented basal cell carcinomas that were diagnosed and treated in our clinic. While in some cases the diagnosis was established clinically, in other cases dermoscopy proved to be a valuable tool for reaching the correct diagnosis. All cases were confirmed with histopathology.

Discussion and conclusions: The clinical aspect of a pBCC is usually straightforward. The classical clinical signs of e.g., greyish translucent aspect (pearls in the periphery of a superficial lesion), the arborizing telangiectasias and the periods of clinical improvement alternating with periods of clinical deterioration (bleeding), can in most cases lead the clinician to the correct diagnosis. In our experience there is also another important clinical clue for the diagnosis of a pBCC – punctate pigmentation in the periphery of the lesion. The colour of the pigmentation can range from dark grey to brown to blue-black. The corresponding dermoscopic structures are: blue-grey ovoid nests and globules, leaf-like structures and spoke-wheel like structures. This clinical clue does not appear in pSK or in PCM.

A solid clinical diagnosis, aided by dermoscopy, can help a surgeon to better manage these tumors and as such to deliver a disease free, functional and aesthetical result.

A simple cataract procedure in a complex ophthalmic patient – case report

G. Anghel, O. Mușat, M. Zemba, C.H. Manole, Mioara L. Macovei, Liliana Pulbere, Monica M. Armegioiu, C.G. Ștefan, Daniela Șelaru, Camelia Constantin, Corina Cernat, D.C. Luncă

We report the case of a 65-year-old male, who is hospitalized for a slow progressive decrease in visual acuity over the past years. The clinical exam revealed: OU: primary open angle glaucoma (POAG) – (bilateral trabeculectomy in 1999) compensated under medical therapy, OD: pulsatile exophthalmia, exposure keratitis, paracentral vascularized leukoma, posterior chamber IOL, OS: complicated cataract, sectorial optic nerve atrophy, sequel of superior branch retinal vein occlusion. Past medical history: arterial hypertension, type 2 diabetes, gout, dyslipidemia. The visual acuity was OD: hand motion (HM), OS: counting fingers (CF) and the ocular pressures TOS=20 mm Hg NCT, TOD=similar digital tone as the left eye. The cranial computed tomography revealed the absence of the superior wall of the right orbit with direct communication between the cranial cavity and the right orbital content, after neurosurgery for right orbital cellulitis, in the early '90s. Given all these findings, the therapeutic intervention with the greatest benefit was considered to be the cataract procedure in the left eye.

The patient underwent uneventful phacoemulsification with posterior chamber intraocular lens implantation. The post-operative visual acuity was VOD=0.8 without correction.

The particularity of this case is represented by the

association of multiple conditions that threaten sight and the pulsatile exophthalmia caused by the CSF pulsation transmitted through the bone defect of the right superior orbital wall.

Complex clinical association – Rhegmatogenous retinal detachment after perforant keratoplasty and psudofak

O. Mușat, G. Anghel, C. Ștefan, M. Zemba, H. Manole, Liliana Pulbere, Monica Armegioiu, Laura Macovei, Daniela Șelaru, Corina Cernat, Camelia Constantin, Uliana Ochinciuc

The paper reports the case of a 62 years old patient with a history of keratoplasty surgery after a concussion ocular trauma with central corneal leucoma, posttraumatic iris atrophy.

The patient underwent posttraumatic cataract surgery with artificial lens implant.

About 6 years later he developed rhegmatogenous retinal detachment, which was treated surgically: posterior vitrectomy, laser photocoagulation, silicon oil tamponade with no intraoperative complications and good final outcome.

This paper reports the particularities and difficulties of such a complex case.

Glaucoma after chemical burns

C. Ștefan, Cristina M. Timaru, G. Anghel, M. Burcea, Daniela Șelaru, O. Mușat, M. Zemba, H. Manole, Liliana Pulbere, Laura Macovei, Monica Armegioiu

Introduction: Glaucoma after chemical burns and radiation is a secondary, posttraumatic, open angle glaucoma. It is a frequently seen complication of chemical burns that can occur in the acute stage or as a late complication.

Material and method: This study is a presentation concerning glaucoma after chemical burns, coupled with a case study presentation of a female patient who suffered from a right eye chemical burn. The management of this case along with diagnosis and treatment are presented in this article.

Results and conclusions: Although it is not a frequently seen pathology, it is important to know how to diagnose and treat glaucoma after chemical burns. There are various options available for treatment, but choosing one is difficult because

of the possible complications and scarring caused by the chemical substance.

Extensive corneoconjunctival tumor – a therapeutic challenge

M. Zemba, G. Anghel, O. Musat, H. Manole, Laura Macovei, Liliana Pulbere, C. Ștefan, Daniela Șelaru, Monica Armegioiu, M. Dumitrescu

Purpose: to show the surgical solution for a giant corneoconjunctival tumor.

Methods: the surgical technique is shown in a video film; we insisted on correct oncologic excision and ocular surface restoration.

Results: the visual acuity increased from light perception to 1 without correction.

Conclusions: a correct technique and suitable solutions for ocular surface restoration allow a fast and complete recovery for eyes apparently with very bad prognosis.

Peripheral nerve injury and neuron regeneration

Andreea Benga, F. Zor, A. Korkmaz, B.M. Marinescu

Peripheral nerve injuries can be most disabling, resulting in loss of sensitivity, motor function and autonomic control in the involved anatomical segment. Although capable of regeneration there is still no optimal solution for their reconstruction. Nerve regeneration has several vulnerable points that could be addressed to improve outcome: (1) neuron survival after trauma, (2) gap crossing and orientation of neurites, (3) neuroma formation, (4) target-organ trophicity.

Inflammation is an important sequence in nerve regeneration. Cytokines released by macrophages and fibroblasts have mitotic effect on Schwann cells. Fibroblasts are present in epineurium, perineurium and endoneurium. If they proliferate extensively, scar formation occurs that impedes nerve regeneration. Scar tissue contains repulsive proteoglycans (such as chondroitin sulfate) and semaphorins that inhibit neurites' elongation.

Nerve repair still faces two immense challenges: fascicules

orientation that could be addressed by improving the surgical technique and the time race against fibrosis and end-organ atrophy amenable to pharmacological therapy.

The aim of this study is to review the literature for the most frequent chemicals used in experimental studies to address neuron survival, reduce scar formation and improve overall nerve regeneration.

Hydrosurgery – an effective method of wound debridement

B. Marinescu, Andreea Benga

Subject: The aim of the paper is to demonstrate the efficacy of using hydrosurgery in debridement of complex wounds.

Material and method: The method was used in 8 patients, treated in our clinic with wounds of different etiologies: burns, chronic, infected or post-surgical wounds. The hydrosurgical system permits simultaneously, an accurate ablation and aspiration of the nonviable tissue from wounds.

Results: In all of our cases the debridement was made rapidly and very precise. Direct closure of the wounds or skin grafting were performed in the same time.

Conclusions: Hydrosurgery represent an effective and selective method of debridement for difficult wounds. It minimize the tissue damage, preserve the healthy tissue and leave a clean and well vascularized wound bed.

Minim invasive solution for treatment of an intraocular lens subluxation

M. Zemba, G. Anghel, O. Mușat, H. Manole, Laura Macovei, Liliana Pulbere, C. Ștefan, Daniela Șelaru, Monica Armegioiu

Purpose: to show the surgical solution for a traumatic subluxation of a posterior chamber intraocular lens.

Methods: the surgical technique is shown in a video film.

Results: the visual acuity increased from 0.03 to 0.5 without correction.

Conclusions: a minim invasive technique may allow to obtain very good results, with fast recovery and low costs.

OP session SG3

Intralobar lung sequestration – thoracoscopic surgical procedure

A. Ciuche, C. Nistor, D. Marin, D. Pantile, Laura M. Constantin, Roxana Brîncoveanu

Introduction. The authors present the case of a 37 years old male admitted for a left lower lung lobe tumor identified on a standard chest X-Ray.

Material and method. First we present the radiological findings and then intraoperative images. Using minimally invasive thoracic surgery we managed to diagnose a left lower lung lobe sequestration (highlighting the vascularization of the sequestered lung territory from the descendent aorta, right above the diaphragm), and to perform a thoracoscopic wedge resection of the lesion, clipping the aberrant vessel.

Results. With favorable surgical outcome, several aspects are being detailed: postoperative evaluation, as well as the radiological findings one-month postoperative.

Conclusion. Minimally invasive thoracic surgery has permitted a better exposure of this rare lung malformation, allowing at the same time a better diagnosis and treatment procedure (thoracoscopic wedge resection), with a fast and complete postoperative recovery of the patient.

Thoracoscopic resection of a bronchogenic esophageal cyst

A Ciuche, C. Nistor, D. Pantile, D. Marin, Olivia Arhire, A. Tudose, Săndica Bucurică, C. Bețianu, Roxana Brîncoveanu

Introduction: Esophageal bronchogenic cyst is an uncommon entity and surgical experience of their removal by thoracoscopic surgery is limited.

Material and method: We present our patient outcome and surgical thoracoscopic technique in the treatment of an esophageal bronchogenic cyst.

The study included 1 patient, male, 52 years with important obesity. The only clinical manifestation was intermittent dysphagia. Some imagistic findings at CT scan and transesophageal echography suggest the presence of a solid intraparietal benign esophageal tumor.

The intervention was performed using 4 thoracoscopic entry points. Thoracoscopic removal of the cyst needed careful manipulation and subsequent dissection of the cyst sac from

the structures to which it was attached (esophageal wall and mediastinal pleura). The intramural esophageal localization with local esophageal mucosa being intact and the particular aspect of the tumor (filled with mucoid material and contain cartilage fragments) were able to make the positive diagnosis (cystic intramural esophageal tumor) and eliminated the preoperative diagnosis (solid intramural esophageal tumor).

Results: The patient had a favorable outcome, without any complications and was discharged the 3rd day after surgery. The dysphagia was relieved immediately after the operation. The follow-up was well 6 months after the surgery.

Discussions and conclusions: The preoperative computed tomography and endoscopic ultrasound had some limits in this case (distinguishing between cystic and solid tumor was difficult).

Standard surgical treatment is removal of the cyst by thoracotomy. While difficulties in removal and possible complications and recurrence are similar to those of classical posterolateral thoracotomy, video-assisted thoracoscopy offers clear postoperative advantages.

Mediastinal paraganglioma – a surgical challenge

C. Grozavu, M. Iliș, D. Pantile

Introduction: A paraganglioma is a rare neuroendocrine neoplasm that may develop at various body sites (including the head, neck, thorax and abdomen). Paragangliomas originate from paraganglia in chromaffin-negative glomus cells derived from the embryonic neural crest, functioning as part of the sympathetic nervous system.

Material and method: A 34-year-old woman came to our department with previous history of bilateral carotid glomic tumor. First, the right common carotid tumor has been surgically removed, followed one year later by the removal of the left common carotid tumor. Five years later the patient reported to the vascular surgery department, and after several investigations she was referred to our thoracic surgery department.

Results: On the basis of the symptoms and the previous surgical history we decided to operate on the patient.

We attempted and succeeded to dissect the tumor from the aorta, the left common carotid artery and the left subclavian artery and then resect the full tumor with acceptable blood loss.

Discussion: The treatment of choice for paragangliomas is, where possible, complete surgical resection.

Middle mediastinal paragangliomas are extremely rare, approximately 30 cases have been reported in the literature since 1959.

Conclusion: The surgical intervention was the appropriate approach for this case. When gently maneuvering the tumor, alterations of blood pressure can be avoided. Also, by performing a careful dissection and resection, the blood loss is acceptable and transfusion is not mandatory.

Laparoscopic hormonal suppression in breast cancer

N. Niculescu, O. Nicodin, B. Panaite, C. Pârvulescu, Ioana Niculescu

Objective: To compare the surgical laparoscopic hormonal suppression to the classical treatment, in the treatment of breast cancer.

Method: A retrospective study of 124 patients operated at the Gynecology Department of SCMC for breast cancer. From the patients who have had surgical intervention for hormonal suppression, 13% have had laparoscopic procedures.

Results: The average operative time for the classical approach was 40 minutes and the hospitalization time of 3-5 days. The laparoscopic approach for hormonal suppression took an average 14 minutes, and for bilateral laparoscopic oophorectomy followed by vaginal hysterectomy 63 minutes. The hospitalization time was 2 and 3 days respectively.

Conclusions: The surgical hormonal suppression is an effective complementary therapy in the complex management of breast cancer. The laparoscopic approach resulted in a reduced hospitalization time, a better cosmetic outcome and a quicker return to work for patients, therefore a better postoperative quality of life.

Right chylothorax – minimally invasive approach

C. Nistor, A. Ciuche, D. Pantile

Introduction: The authors present two cases, one of a 47 old woman, 3 years after mitral valvular replacement operation, presented with a postoperative pleural chylous effusion repetitive evacuated and recidivated, and another one of a man with an incidental radiological finding.

Materials and method: The authors presented a short review of the recent information about the pleural chylous effusions and the commonly therapeutically approach in these cases. They presented in details the thoroscopic approach of the thoracic duct which was used in these cases.

Results: Postoperative evolution was favorable, with complete pulmonary expansion and complete resolution of the pleural chylous effusion.

Conclusions: The thoroscopic approach, even if more difficult, allowed a good exposure of the thoracic duct, and also a fast and complete postoperative recovery.

“Refined” optical methods in pharyngolaryngeal tumor diagnosis

C. Romanițan, R. Costin, G. Ganea

The expression "optical biopsy" has entered everyday language for the last 2 decades, being imposed by biomedical researchers in the field of optics. It is a paradox, a word that joins two terms with meanings willed otherwise, "biopsy" meaning harvesting a tissue fragment, which does not happen in optical biopsy. This actually refers to a series of physical measurements using the optical properties of light and the interaction thereof with tissues, to allow the doctor the diagnosis of certainty in real time, in vivo, in situ and noninvasive (or minimally invasive).

It should be noted that it is widely accepted among ENT specialists that the "gold standard" in the diagnosis of malignant process is the histological examination by a pathologist made after harvesting the tumor tissue fragment. The biopsy itself may be simple, readily available to every ENT specialist in easily accessible areas (oropharynx, nasal passages) or difficult, sometimes requiring endoscopic technique under general anesthesia (cavum, hypopharynx, and larynx).

To overcome these drawbacks and anesthetic-surgical risks, to speed diagnosis of certainty and lower costs, we have developed new methods of exploration, that try to provide the clinician with new criteria to differentiate between healthy tissue/benign tumor/malignant tumor. New technical developments in the field of optical fibers, light sources, sensors, led to the unprecedented development of various optical methods which substantially improve visualization and diagnostic evaluation of the epithelium in vivo. These try to improve image resolution, contrast, and deep tissue penetration to standard endoscopic techniques, offering molecular and biochemical information about mucosal lesions.

Under the name "optical biopsy" there's actually: fluorescent spectroscopy, optical coherence tomography, narrow-band imaging and confocal endomicroscopy.

This paper describes bio-physical principles of interaction of light with tissues. It also compares the advantages and disadvantages of each optical methods used in ENT and brings statistical data from the literature.

Past and perspectives of local anesthesia in dental medicine and BMF surgery

A. Nistor, A. Diaconeasa Maier

Anesthetic substances plays an important role in pain management of various disease involving treatments in the oral-maxillofacial regions. Properly administered local or loco-regional anesthesia is the safest way to minimize the effects of various painful conditions or treatment regimens.

In this article there are evaluated the main types of anesthetic substances which are used most frequently in the current period. There are briefly set out the main characteristics of the major anesthetics used in dentistry and oral surgery regardless of technical management. Also, there is a highlighted focus of the advantages of using Articaine as a main anesthetic, adverse effects compared with other substances existing in current literature and personal considerations.

The main interventions of surgery and oral implantology, which were listed, are most indicated with the use of specific type of anesthesia but also come with some inconveniences and difficulties. Each anesthetic substances has an order of potential, toxicity and specific indications for use alone or in combination with Articaine.

Practical conclusions: Any dental surgery should not be accompanied by pain regardless of its intensity – the „pain management” is very important to be taken into account. Effectiveness of local anesthesia with Articaine, regardless of the concentration of vasoconstrictor is superior to all current anesthetics. The efficiency of Articaine allow it to be use in any dental intervention; Neurological disorders consecutive anesthesia with Articaine are statistically lower compared to the rest of dental anesthetics.

Surgical treatment of orbital blowout fractures

A. Gabără, Liliana Moraru, A. Căruntu

Introduction: The isolated blowout orbital fractures occur when traumatic agents that are comparable to the size of its aperture frontally hit the orbit. The traumatic energy is transmitted to eyeball, which transmits it to orbital walls that fracture easily, thus sparing visual analyzer. The symptoms are influenced by the displacement of the fracture, ranging from periorbital bruise to diplopia. Since orbital walls cannot be directly examined, many cases go undiagnosed and heals in a vicious manner being accompanied by atrophy and scarring of soft tissue thus making surgery difficult.

Methods: We retrospectively reviewed cases with blowout orbital fractures with secondary diplopia treated surgically in our unit over the last two years.

Results: Compared with recent fractures, treatment of viciously consolidated orbital blowout fractures though identical (reconstruction of orbital walls with preformed low profile titanium mesh), was more difficult and required more time in the operating room. The interventions resulted in remission of diplopia shortly after surgery without complications, but couldn't equally correct enophtalmia.

Conclusions: Viciously consolidated orbital blowout fractures can be successfully treated in terms of eyeball functionality, but technically more difficult, with potentially higher perioperative risks and variable aesthetic results. Therefore proper diagnosis and early treatment are preferred.

Discussions: The use of computer assisted intraoperative navigation as well as 3D printers before surgery for better surgical outcome.

The management of the major burnt patient with associated airway injury in the clinical context of multiple casualty's incident

B.M. Marinescu, Penelopia Marinescu, Ioana Tuhar, Andreea Benga, F. Popescu, T. Oprea

Purpose: The objective of this study is to present the outcomes of the correct management of the burned patient, and to share the experience acquired secondary to this event.

Methods: The case sample included 12 patients from the same multiple casualties' incident, with the severity of the burn lesions varying between IIb-III degrees and between 5-

50% body surface, mainly affecting the upper half of the body (thorax, upper limbs, head and neck). As a common determinant all the cases presented respiratory tract lesions due to the nature of the event-fire in enclosed space followed by toxic fumes inhalation.

The surgical team involved was able to ensure in less than 10 hours the emergency surgical primary care for all of the 12 patients admitted.

Discussion: The distinctiveness of the presented cases consists in the great number of patients simultaneously admitted and treated.

Results: We can report a 100% survivability, at 50 days all patients being discharged only with minor granulating areas left to heal spontaneously under local treatment.

Most of the studies that we have found and we could refer to, on the matter of proper airway burn injuries and toxic fume inhalation did not statistically differ from our outcomes, even compared with consecrated burn centers from Western Europe.

Conclusions: The good overall results can be related to the interdisciplinary approach, right from the admission of the patients.

Our hospital is a level I medico-military unit, conceived from the beginning to provide emergency medical assistance for the most complex cases.

Bisphosphonate related osteonecrosis of the jaw – role of surgery

A. Gabără, Liliana Moraru, C. Dumitru, A. Căruntu, C. Becheanu

Introduction: Recently described pathological entity, Bisphosphonate Related Osteonecrosis of the Jaw (BRONJ), although with low incidence in population needs, to be known and understood in health care system (especially among dental specialists), given the complexity of its treatment.

Methods: This article aims to review existing data in literature, along with the presentation of our conclusions from a retrospective analysis of patients treated in our department from 2003 till present day with and without use of PRF during surgical procedure

Results: All patients, except one, were treated for different malignancies with i.v. Zoledronic Acid. They have developed the disease about 1.5 years after the initiation of this therapy.

The mandible body was more affected than the upper jaw. At admission in our department, all patients presented advanced stages of disease. Surgical treatment consisted in limited bone debridement or sequestrectomy with watertight wound suture and since last year, local placement of PRF. In two cases, radical maxillary sinus surgery was performed. In one third of cases redo surgery was necessary before using PRF.

The condition was cured in all patients, except one. Bisphosphonate therapy was stopped by prescribing physician for all patients.

Conclusions: Although prevention still remains the “best treatment” the use of PRF is a helpful tool in surgical management of BRONJ.

Discussions: The role of PRF in prevention of BRONJ.

OP session SG4

Lumbar spinal stenosis – surgical decompression

I. Cusciac, E. Popa, M. Mitrică

Object: Patient inclusion criteria were lumbar canal stenosis, no degenerative lumbar spondylolisthesis and no previous history of lumbar surgery.

Methods: 30 patients with LSS who have been operated between 2014 and 2015 were included in this analysis.

Results: At 25 of the patients the functional improvement was very good, at 4 patients was good and at one patient with polineuropathy there was no significant differences in the clinical outcome.

Conclusions: Surgical decompression is the intervention of

choice for lumbar spinal stenosis when nonoperative treatment has failed.

Modern methods in the treatment of fractures of the spine

C. Năstase, M. Marinescu, M. Mitrică

Introduction: This study has the task of exposing modern methods in the treatment of fractures of the spine. The main neurosurgical treatment methods are: vertebroplasty technique and fusion.

Methods: Between January, 2014 and July 2016 a total of 35 patients received treatment with fusion, using titanium screws mounted transpedicular with different sizes and titanium rods, and "space-er" for the fusion between vertebral bodies (interbody fusion). In the same period, 15 patients experienced the beneficial effects of vertebroplasty treatment which consisted of injecting a cement with special properties under fluoroscopic control, this method is a minimally invasive method. Clinical aspects were: subjective (pain) and objective (clinical examination of the patient: static and dynamic examination of the spine, gait examination, neurological examination).

Results: After using fusion, we have notice the reduced misalignment, restoring physiological curves, fixing segmentation in multipoint attachment compression and restoration of vertebral body height. Regarding vertebroplasty technique except that it's a safe and effective method, its benefit lies in improvement until pain accompanied by increasing mobility. There were no complications occurred. (Nerve compressions, thrombophlebitis, deep wound infections or local).

Conclusion: Vertebroplasty technique is used in elderly patients with vertebral compression due to osteoporosis. The treatment is effective in relieving pain and improving function of the spine, in such cases, without complications.

Surgical management of spondylolisthesis – case report

O. Sîrbu, A.V. Chirteş, M. Mitrică

Surgical management of spondylolisthesis has become increasingly common in spine surgery. A variety of pedicle screw systems have been described and new systems are being developed every day.

Spondylolisthesis represents an anterior subluxation of one

vertebral body on another. Most commonly it occurs in lumbar region involving L5-S1 or L4-L5. Spondylolisthesis classification comprises five types: dysplastic, isthmic, degenerative, traumatic, and pathological and is divided into four levels depending on the percentage of subluxation. The clinical presentation may include back pain, radicular syndrome or cauda equine syndrome. Treatment is determined in relation to the presence of symptoms, extent and evolution of slipping.

In our neurosurgery department in the past 8 years we have gradually shifted from orthopedic – conservative treatment to the surgical approach. We will highlight through this case report the most important aspects of the surgical management of spondylolisthesis.

Magnetic resonance imaging evaluation of the cystic lesions of the knee

I. Codorean, I.B. Codorean, M. Ştefănescu, F. Năftănăilă

Objective: The objective of this study is to present and illustrate the spectrum of cystic lesions aspect, or "cyst like" revealed incidentally, in a group of patients investigated MRI for acute or chronic knee injury, suspected tumor lesions, inflammatory or infectious.

Material and method: This paper is a retrospective study conducted over a period of 8 years between - April 2007 - May 2015, and refers to a group of 2691 patients examined MRI. Age limits the patients were in the range of 14-77 years. The study group included 1851 (69%) men and 840 (31%) women.

Results and discussions: Of the 2691 patients were identified lesions in 197 patients with cystic appearance (7.32%). The shows and will illustrate the type of lesion identified, the location and appearance of articular MRI.

Conclusion: Magnetic resonance imaging is the method of choice in the study developed cystic lesions in the knee because it enables the detection, location, extent and relationship to adjacent structures.

Magnetic resonance imaging evaluation of the knee synovial pathology

I. Codorean, I.B. Codorean, M. Ştefănescu, F. Năftănăilă

Objective: The objective of this study is to present and illustrate aspects highlighted incidental pathological synovial knee in a group of patients investigated MRI for knee injuries

acute or chronic, degenerative lesions, suspected tumor lesions, inflammatory or infectious.

Material and method: This paper is a retrospective study conducted over a period of 10 years within - April 2006 - December 2015, and refers to a group of 5776 patients examined the MRI. Age limits the patients were in the range of 14-87 years. The study group included 3638 (63%) men and 2138 (47%) women.

Results and discussions: Identified the following spectrum of synovial pathology: traumatic synovitis, infectious and inflammatory nonspecific synovitis, pigmented villonodular

synovitis, localized and diffuse forms, condromatosis and osteocondromatosis as well as synovial tumors. In semiology terms, impaired MRI synovium, expressed, variable, in relation to disease stage, accumulation fluid articular in different quantities and locations, distension of the joint capsule, thickened synovium, synovial nodules, deposits of hemosiderin, bodies free joints.

Conclusion: Magnetic resonance imaging is the method of choice in the evaluation of native and contrast material of synovial pathology.

OP session SG5

Dunbar's syndrome – case presentation

A. Dima, C. Mitru, D. Bădănoiu

A 33-year-old woman was investigated for persistent symptomatology as follows: post-prandial abdominal pain in the upper abdomen, constipation, and significant weight loss.

The computed tomography examination identified an almost complete stenosis of the celiac trunk by low arcuate median ligament insertion.

The imagistic aspect sustained the diagnosis of Dunbar's syndrome (celiac artery compression syndrome or median arcuate ligament syndrome), a very rare pathology.

It was so performed the surgical management of the celiac trunk stenosis by laparoscopic arcuate median ligament release.

Post-operative follow-up was uneventful and patient was discharged at day 3 after surgery.

At 1, 2, and 3 months after the intervention controls, the patient was free of symptoms.

Myths among patients in laparoscopic cholecystectomy

C. Duțu, Andreea Gherghe, Andreea Rusu, Elena Stîrcu, F. Săvulescu

This presentation addresses a problem commonly encountered in the General Surgery ward, the one of patients' myths related to the surgical treatment of

gallstones. By listing the main misconceptions, the purposes of the paper are to identify them, to understand the causes of their occurrence and to find solutions in order to avoid their appearance in the future.

Two groups of patients with gallstones and their respective complications have been studied: 50 patients hospitalized at "Dr. Carol Davila" Central Military Emergency University Hospital, in the department of surgery II and 50 patients who have not received surgical treatment for this pathology. The patients were asked to answer a survey consisting of 9 questions to assess their knowledge regarding the treatment of their pathology.

There have been identified, among others, situations such as: confusion of the laparoscopic cholecystectomy with „the laser surgery”, distrust of the laparoscopic technique, aversion to surgery itself, a preference for dangerous and ineffective natural treatments, misunderstanding the term of cholecystectomy and confusing it with gallstones' removal procedure (cholecystolithotomy). The ones who have consulted direct or online sources of general surgery and have received treatment present a lower risk of complications from therapeutic means set properly, while those who have sought information from nonsurgical sources are more prone to complications by delaying or refusing surgery.

Being part of the therapeutic arsenal for over 20 years and imposed as a "gold standard" in the treatment of gallstones, the laparoscopic cholecystectomy can still offer surprises in terms of its understanding and acceptance by patients. A correct information of the patients from authorized medical sources can reduce the rate of late-stage presentations and, consequently, morbidity and mortality.

Types of first artery approach in the head of pancreas cancers

A. Dima, T. Artenie, C. Mitru, F. Bold, D. Bădănoiu, I.P. Oprea

The „first artery approach” is the only currently recommended approach in cases of cancers of the head of pancreas. There are six types of first artery approach described in pancreatic head cancer, the choice and the combination of these techniques facilitates good surgical results.

All techniques are meant to primary assess the integrity of the superior mesenteric artery in regard with the tumor in order to establish the resectability.

We present here our case series of patients in which this approach was performed, with good results comparable with those reported in literature.

In regard with the tumor localization, the combination of various types of artery first approach, it allows a safe radical pancreatic resection. The use of „first artery approach” requires a highly trained team in pancreatic surgery.

Complex treatment of advanced locally colorectal carcinoma

C. Drăgan

The colorectal carcinoma may require not only an appropriate colonic resection, but also a block resection of additional affected, invaded organs and tissues.

Objective: The objective of the present summary is to provide an overview on the surgical methodology and experience available at the Department of Surgery, University Military Emergency Hospital „Dr. C. Davila”, concerning the treatment of locally colorectal carcinoma in advanced stages, their radicalism as well as immediate and long-term postoperative outcomes of surgical intervention.

Background: The carcinoma of the colon in its advanced stages is defined as a malignant neoplasia of the colon, which may appear locally or in a metastatic manner, invading other organs and tissue.

The local extension paths of the colon carcinoma are circular, as they follow the local lymphatic vessels, other paths of the carcinoma progress such as parallel or perpendicular path to the intestinal wall as well as perineural paths are rather seldom.

Methodology: Various cases with a diagnosis of local colorectal carcinoma in advanced stage, which were

surgically treated at our Department, were assessed and discussed.

Results and conclusions: Our experience indicates that a (preventive) multi-organ resection performed in the cases of local colorectal carcinoma in advanced stage is the most reliable and safe methodology of surgical treatments. Because the palliative resection cannot predict or exactly determine the degree of tumoral metastasis, an ample tumoral resection is strongly indicated in order to improve the oncologic outcome, despite an increased risk of morbidity.

Particularities of myxopapillary ependymoma

R. Nica, C. Mușat, Alexandra Mihai, Florina Vasilescu, C. Pleșa, Diana Alexe, F. Săvulescu

The paper aims to highlight the particularities of tumor formations (lack of symptoms – even in the presence of tumor formation, at the location of the gluteal, but also the similarity in the clinical context with a pilonidal cyst), histologically diagnosed as myxopapillary ependymoma at a 22 years women.

Histopathological examination reveals tissue fragments with tubular and bulgy structures which reveals at Androgen receptor, S 100 immuno-histochemical tests – positive tumor cells.

The presentation contains images that shows the patient illness evolution from the beginning until the postoperatively status.

Radical antegrade modular pancreateosplenectomy

A. Dima, T. Artenie, C. Mitru, D. Bădănoiu, F. Bold, I.P. Oprea

The radical antegrade modular pancreateosplenectomy was for the first time proposed by Strasberg SM et al in 2003 in cases of pancreas body and tail malignant tumors.

The oncologic results of this technique are superior to other types of approach (i.e. posterior approach) especially due to a more efficient associated expended regional lymphadenectomy.

We present the results of a case series of six patients (ages 39 – 73 years) to whom this approach was applied, of which two laparoscopic interventions. There were registered no early or tardive complications.

The benefits of this method are represented by increased

visibility in the dissection area, a better resectability of the ganglionic station N1, as well as the possibility of a posterior dissection with early vascular approach. Radical antegrade modular pancreatosplenectomy proved to be feasible and efficient in selected patients.

The therapeutically attitude in advanced abdominal cancer

T. Rogin, O. Albița, D. Orosan, C. Duțu, R. Nica, C. Mușat, F. Săvulescu

The purpose of this paper is to provide information about how pluri-visceral resection in intra-abdominal neoplasm, used together with oncological treatment, can improve survival rates in selected cases.

The paper presents the therapeutic attitude in abdominal neoplasms with pluri-visceral invasion, cases of multiple and serial resections in a number of patients with neoplasms in stages III and IV, with pursuing the cases over several years.

On our cases, we observed through imagistic methods surprisingly longer periods of time without recurrence of the disease in the abdominal region.

In conclusion, surgery remains the main approach for treating advanced intra-abdominal neoplasm and, together with complementary oncological treatment, can obtain greatly improved survival rates. We consider that maximal invasive surgery is justified.

Peritonitis localized through ileal perforation – case presentation

F. Săvulescu, C. Cârlan

In this paper we present the case of a woman, 50 years old, investigated in different hospital units, who consistently presented colicative pain localized at the level of the right iliac fossa. The particularities of the case are related to the fact that the patient showed a complex associated pathology that could justify the symptoms. Resorting to complex investigation methods, the diagnosis of ileal perforation by foreign body was established. This paper is accompanied by imagistic proof, images and videos that depict the diagnostic and therapeutic stages of the patient.

A giant recurrent liposarcoma of the retroperitoneal and peritoneal cavity

V. Ștefănescu, C. Mitru, F. Macău

Liposarcomas belong to the very seldom occurring group of malignant tumors of the retroperitoneal cavity. Usually they develop in adult patients. The pathogenic factors are still unknown. Growth of this type of tumor is slow and spreading. They can achieve very large sizes. The basic diagnostic examinations are ultra-sonography and tomography of the abdominal cavity. The basic treatment of liposarcoma is surgery, if possible radical resection of the whole tumor and organs involved, if possible. In this case, the tumor removed by our medical group weighed 11.5 kg in one part. It occupied not only the retroperitoneal cavity but also the whole abdominal cavity. Despite the removal of such a gigantic tumor, this kind of intervention is hard to consider as very radical. Literature data indicate that one of the essential risk factors of tumor recurrence is the size of the tumor. We would like to present the described case with regard to the rarity of occurrence: the enormous size, asymptomatic course of the disease, and recurrence 6 years after primary surgical treatment.

OP session SG6

A prospective multicentric randomized study comparing TAPP vs TEP

V. Ștefănescu, D. Moga, V. Oprea, C. Mitru, F. Macău

Background: Laparoscopic inguinal hernia repair has the advantage of lesser pain, early recovery and lesser wound morbidity.

There is no consensus on the best groin hernia repair.

There are two standard techniques of Laparoscopic Inguinal hernia repair – Total Extra Peritoneal repair (TEP) and Trans – Abdominal Pre-Peritoneal repair (TAPP).

There are not many trials available comparing the two techniques and questions remain about their relative merits and risks.

Method: Randomization plan was generated in November 2013; surgical interventions were performed in three military hospitals since January 2014 to august 2015 according randomization plan (49 TEP and 50 TAPP).

Results: Both TEP and TAPP mesh repair techniques were comparable in terms of operative time, intraoperative complications, and conversion to open, post-operative pain, time to resume normal activity and recurrence.

Conclusion: Laparoscopic repair of inguinal hernias is associated comparable results in both techniques, TAPP and TEPP and choice between TAPP and TEPP is a personal choice of concerned surgeon and/or surgical service.

The management of locally advanced gastric cancer

M. Tănase, I.P. Oprea

Worldwide, gastric cancer represents the fifth most common cancer and the third leading cause of cancer deaths. Although the overall 5-year survival for resectable disease was more than 80% in some countries due to the implementation of screening programs resulting in detection of disease at earlier stages, in Europe more than two thirds of gastric cancers are usually diagnosed in advanced stages with a survival rate of only 25%.

Surgical resection with extended lymph node dissection remains the only curative therapy for advanced gastric cancer, while adjuvant chemotherapies can improve the outcomes aimed at the reduction of recurrence and extension of survival.

In our surgical department' statistics, the locally advanced gastric cancer represents 71% of gastric cancer cases.

The objective of the presentation is to develop an attitude in view of early diagnosis and extension of survival regarding locally advanced gastric cancer.

Vaginal hysterectomy on cicatricial uterus

B. Panaite, O. Nicodin

This presentation is based on a study developed in the Gynecology Clinic of Central Military Hospital- Bucharest „Carol Davila”- there have been analyzed 50 cases of vaginal hysterectomy which followed a caesarian delivery which 10 presented also a history of a vaginal delivery, 9 patients had a history of two or more cesarean sections. We have compared the percentage of bladder injuries to the simple vaginal hysterectomies (which had no history of cesarean section). There have been also analyzed: the operative time, the blood loss, the admission time, other complications.

Results: There haven't been found significant differences between the two groups.

Incidentaloma – Bartholin's gland adenocarcinoma case report

Mădălina Prună, C. Mitru, N. Tănase, C.I. Bețianu, I.P. Oprea

Background: Malignant tumors of the Bartholin glands are very uncommon, with a reported incidence of 0.1 cases per 100,000 women.

Case: A 40 years old woman attended our clinic complaining of a painful, tender lump in the right side of her vulva. The immediate clinical suspicion was of a Bartholin's gland abscess. Incision, drainage and marsupialization were carried out, but after 4 months she returned with a recurrent abscess, treated with right Bartholin's gland excision. Pathological examination revealed a well-differentiated papillary adenocarcinoma originating in the Bartholin's gland. Our patient underwent wide local re-excision, bilateral pelvic and inguinal dissection. There was no metastases in the lymph nodes and the margins were free of tumor. According to the FIGO classification, the patient was diagnosed with stage I vulvar cancer. At 1 year after surgery

there is no evidence of recurrence.

Discussion: In cases of recurrent vulvar abscess, even in young patients, complete excision should be done in order to prevent delay in diagnosis of a cancer. The therapy of this rare tumor has many controversial issues and there is no consensus regarding the optimal treatment.

Patient specific instruments for complex tumor resection – reconstruction surgery within the pelvis

E. Cernat, P.L. Docquier, L. Paul, X. Banse, I.B. Codorean

The pelvis bone resection-reconstruction surgery is one of the most challenging fields in orthopedics. Being applied for tumors, as for other complex reconstruction cases, this type of surgery needs careful planning and is time consuming, in order to obtain proper accuracy.

Unfortunately not all the time the expected accuracy is met, with consequences for the patients. PSI proved to provide good cutting accuracy during simulated tumor surgery within the pelvis. This article present a series of 4 patients operated in our department between June 2014 and Mars 2015 for tumors resection-reconstructions.

The patients were imaged using a CT and an MRI scan and the images were reconstructed in 3D. According to the bone bank stock, the most similar allograft was chosen and the stored CT scan was reconstructed in 3D.

Patient specific instruments (PSI) were designed and manufactured using rapid-prototyping technology for the resection of the native tissues as for the resection of the careful selected hemipelvic allografts. Allografts' fitting to the pelvis of the patients was excellent and allowed stable osteosynthesis.

Role of radical pelvic and paraaortic lymphadenectomy in utero-ovarian neoplasia

A.C. Dima, O. Florea, T. Artenie, C. Mitru, F. Bold, D. Bădănoiu, I.P. Oprea

The radical pelvic and paraaortic lymphadenectomy is indicated in endometrial, ovarian, and cervical cancer when diagnosed in advanced, but resectable stages.

This approach is laborious, with associated good results when the indications are respected and when it is correctly and completely realized.

There are presented here the data of a case series of 9 patients, ages between 42 and 71 years, with genital neoplasia to whom this approach was applied.

Radiotherapy, chemotherapy or radio-chemotherapy in neoadjuvant setting was done before surgery. In all cases, hysterectomy with bilateral salpingo-oophorectomy, combined with pelvic and paraaortic lymphadenectomy was performed.

In three cases, there was imposed a multi-organ resection was imposed. In two cases, an anterior pelvectomy was performed, and in one case a rectosigmoidectomy.

Even if these interventions were very laborious (with surgery time between 5 and 8 hours), the post-operative morbidity was highly acceptable.

Laparoscopic surgical technique in the conservative treatment of tubal pregnancy

N. Niculescu, O.V. Nicodin, B. Panaite, C. Pârvulescu, Ioana Niculescu

Objectives: Establishing the indications of conservative treatment in ectopic pregnancy.

Materials and methods: Between 2012 and 2014, thirteen patients with ectopic pregnancy have been treated with conservative surgical techniques.

Pre- and intraoperative exclusion criteria were: ectopic gestational sac size exceeding 6 cm, fetal heart activity, β -hCG serum levels > 20,000 mIU/ml, previous surgery on the affected fallopian tube, isthmic ovular implantation.

Thus were selected the following cases: absence of the controlateral fallopian tube/functional compromised, gestational sac un-ruptured and ampulo-pavilionar implantation; we decided to apply laparoscopic linear salpingotomy, gestational sac extraction with bipolar hemostasis.

Results: We have obtained five intrauterine pregnancies and two ectopic pregnancies which required radical treatment (salpingectomy). Two pregnancies have been completed with gestation carried to term. There were no favorable results in patients who had other associated factors of infertility.

Conclusions: In selected cases laparoscopic surgery allows the anatomical and functional restauration of the fallopian tube affected by pregnancy and offer a chance in getting a desired pregnancy.



OP session NS1

Extracorporeal circulation

Florentina Rizea, Marinela Bosincianu, Elena Iftode, Gabriela Batan, Andreea Teodorescu

A procedure in which blood is taken from a patient's circulation to have a process applied to it before it is returned to the circulation. All of the apparatus carrying the blood outside the body is termed the extracorporeal circuit.

The basic role of CPB is to maintain the systemic circulation at physiological parameters during the cardiac arrest and in the hipocontractility period (reperfusion).

The adequate organ perfusion it's realized by maintaining the cardiac output and the perfusion pressure.

The blood flow through the arterial line, and therefore in the systemic vascular bed, is generated mechanically by a pump and it is not pulsatile. There are also technical devices that allow pulsatile flow generation. During CPB the organs vulnerable to hypoperfusion and hypotension should be especially protected (brain, kidneys).

CPB components: venous drainage; arterial cannula; venous reservoir; the actual pump; the oxygenator; heat exchanger; accessories; priming.

The perfusionist is the person in charge for the CPB functioning and who is endorsed on the type of the surgical intervention and patient's medical data. He is the one who calculates according to the patient's body surface, the priming necessary, the cardiac output (in order to avoid hemodilution) and selects the cannulae to be used.

The CPB starting is made on the surgeon's demand, who is maintaining a clear and bilateral communication with the perfusionist. The perfusionist repeats and confirms the surgeon's orders, informing him permanently on its activities.

The CPB exit (CPB-OFF)

It is initiated after the cardiac electric activity restore, after a reperfusion period, adequate to the surgical intervention's length. The perfusionist is gradually clamping the venous line and reduces the pump output, allowing to introduce the

venous blood in the patient's circulation.

The blood pressure (BP) and heart filling (central venous pressure) are carefully monitored. If the Bp and heart filling are optimal, the CPB can be stopped.

The role of the professional nurse in the intraoperative care of the patient undergoing open heart surgery is beneficial for obtaining a positive outcome for the patient.

D vitamin or hormone

Florentina Dumitru, Mihaela Andreev

Through the ages, medical knowledge have evolved with the science and technology progress. A number of substances considered in a certain way then and there, turned out to fit into other classes of drugs nowadays.

Vitamins have diverse biochemical functions. Some, such as vitamin D, have hormone-like functions as regulators of mineral metabolism. Vitamin D promotes calcium absorption and maintains adequate serum calcium and phosphate concentrations to enable normal mineralization of bone and to prevent hypocalcemic tetany.

Many scientific evidence confirm that "D-vitamins" act as a hormone in the body: modulation of cell growth, neuromuscular and immune function, and reduction of inflammation. Many genes encoding proteins that regulate cell proliferation, differentiation, and apoptosis are modulated in part by vitamin D.

These facts corroborate by the discovery of receptors of active form of vitamin D (1.25-dihydroxy-cholecalciferol) across cells in several types of tissues and organs, justify the new classification.

From the pharmaceutical point of view there are many different types of formulation and concentrations, each of them with its specificity and indications.

The new approach should be: What is more useful for us? A classification or the understanding and application of new

medical knowledge in daily pursuits for everyone?

Cancer patients' rights

Elena Coman, L. Onel, Mădălina Ciobănescu

1. Right to early detection, diagnosis and treatment: All cancer patients, irrespective of age, sex, or various social conditions have rights to early disease detection, best methods of diagnosis and treatment available.
2. Quality of care: Quality of care should be the result of a comprehensive approach that responds to the particular needs of patients and their families, to promote improved quality of life and lead to more efficient use of resources.
3. Patient-health professional relationship: This relationship should develop in terms of mutual respect and trust and rely on well-defined rights and responsibilities.
4. Patient information: Access to information for patients and their families must be promoted to a better understanding of the disease and treatments, in order to decrease anxiety and to browse in a less stressful this stage of life.
5. Psychological support for patients and their caregivers: Psychological support is essential for the emotional needs of patients and their families at all stages of the disease, during and after treatment.
6. Socially and financially support
7. Rehabilitation and reintegration into society: Restoring physical and mental health and quality of life requires a complex, multidisciplinary approach (physical, social, occupational, psychological and spiritual).
8. Palliation: Patients' rights to medical care, which aim to improve the quality of life in advanced stages of malignant disease.
9. Social consultancy of patients: Concept established colloquially as "advocacy", which means all actions taken individually or through organizations, which aim primarily ever more active involvement of patients in medical decisions, but also in promoting health programs and policies.

Ebola

M. Leatham, K. Higgins

Following the United Nations declaration that the Ebola virus outbreak was a public health emergency in March 2014 the

United Kingdom made commitment to provide support including providing care for the people in Sierra Leone. An international response involving WHO, US and British governments, the UK Department of Defense designed and oversight of the building of several Ebola Treatment Centers and Training Academy and provided logistic and planning support. In addition, approximately 800 Defense personnel were deployed to Sierra Leone including nurses, doctors and laboratory staff.

Based upon their current experience, skills and knowledge, two personnel from the British Army reservists were selected and deployed from 207 Manchester Field Hospital. Following further specialist training to ensure they could work in austere conditions treating people with this hemorrhagic viral disease that that claimed up to 11,325 lives of many civilians Lieutenant Colonel Marian Leatham and Major Kath Higgins work and lead a teams of nurses, combat medical technicians and healthcare workers to provide care and treatment for patients with confirmed or suspected Ebola.

This presentation gives an account of their experiences and the importance of team work and leadership from two different roles, one as a team leader the other as the Senior Nursing officer for the hospital in dealing with previously untested challenges in infection control and patient and personal safety during their time in Kerrytown Ebola Treatment Centre in Sierra Leone.

The nurse-patient relation

Florica Cristea

To practice medicine correctly, means to respond promptly, honestly, and with empathy, to the certain needs required by the medical act, always accompanied by a great sense of ethics.

The disease implies firstly a disturbance in the patient's inner equilibrium, which translates in physical or a mental disorder, a maladjustment to a new definitive or temporary situation. A person "enters in the disease" with a certain psychic, temperament, character and intelligence, with preconception and cultural horizon and that is why the patients assumes a certain attitudes towards the disease but also towards the medical team: trust, esteem, sympathy, but also possibly doubt, fear, hate and contempt.

The nurse has to treat all patients unconditionally. Also, the nurse-patient relation does not have to be with only about treatment but also connecting and understanding the patient in these difficult moments. Communication with the

patient has to be in consonance with his sate, his has to be in consonance with his sate, his understanding and has to be associated with aiding elements of his ailment. The care of medical ethics consists of a member of more and professional traits regarding the nurse: honesty, altruism, a giving sense, respect, solicitude, comprehension.

This is way the medical profession has to be exercised with patience, generosity, passion, honesty, the central focus of all, being the patient who has to be understood and accepted as he is.

Laboratory investigations of autoimmune hemolytic anemia

Eva Dincă, Verginica Săvoiu, D. Săvoiu

Autoimmune hemolytic anemia is a condition in which effectors of the immune system erroneously attack own red blood cells, thus leading to lysis thereof.

Blood samples were collected from three patients suffering from immune hemolytic anemia. Vacutainers required for blood collection and Coombs kits, as well as microscope slides, thoroughly cleaned, degreased and dried have been used.

A complete blood count was performed, along with the leukocytic formula and a direct Coombs test.

Compared to normal values, all patients presented low values of the plasma concentration of HGb, Hct and of the erythrocytes count.

Elevated bilirubin, GOT, D-dimers and fibrinogen values were recorded.

A positive result of the Coombs Test confirms the autoimmune hemolytic anemia diagnosis.

Effect of Algisyl ventriculoplasty on functional status of patients with advanced heart failure

Daniela Nae, Magdalena Petrea, Iulia Dragomir, Iuliana Gheorghediac, Ileana Hăntuție, S.I. Dumitrescu

Study objective: Evaluation of functional status in the first six months after implantation of a new device, in first 10 patients of our center, randomized to the surgical arm of AUGMENT-HF clinical trial.

Methods: AUGMENT-HF clinical trial is a randomized, controlled study to evaluate the safety and cardiovascular effects of Algisyl-LVR™ as a method of LV augmentation in patients with chronic heart failure due to ischemic or non-ischemic dilated cardiomyopathy. Algisyl-LVR™ is a biopolymer classified as medical device by regulatory authorities that is implanted in free wall of the left ventricle aiming to alleviate LV dysfunction through a left thoracotomy followed by 10 - 19 biopolymer implants. Subsequently to device implantation the patients were evaluated by complex monitoring of clinical, laboratory and laboratory parameters comparing the surgical arm with the standard treatment arm.

Results: Assessment of clinical status at randomization and follow-up visits was done by NYHA class evaluation, 5-minute walk test and Kansas City cardiomyopathy Questionnaire.

	NYHA II/III/IV	6MWT	KCCQ
Randomization	0/7/3	271 ± 83	46 ± 21
3 months	2/6/2	302 ± 89	52 ± 24
6 months	3/5/1	311 ± 82	62 ± 27

Conclusions: The surgical procedure to implant the biopolymer alginate resulted in improved functional status in patients with advanced heart failure.

OP session NS2

Essential arterial hypertension

Elisabetha M. Ionescu, Petruța Zărnescu, Laurenția Leonte, V. Ilieșe

Introduction: The Task Force for the management of arterial hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC).

Hypertension is defined as systolic BP ≥ 140 mmHg and/or diastolic BP ≥ 90 mmHg. The diagnosis of hypertension should be based on at least two BP measurements in the sitting position per visit on at least two visits.

Risk factors: Include age, male sex, smoking, dyslipidemia, glucose intolerance, obesity and family history of premature CVD. Asymptomatic organ damage mainly involves left ventricular hypertrophy, evidence of vascular damage and

microalbuminuria.

Cardiovascular risk factors: Total, LDL and HDL cholesterol, and fasting triglycerides and glucose are considered routine tests in all hypertensive patients.

Treatment approach: Lifestyle changes. Appropriate lifestyle changes are the cornerstone for the prevention of hypertension and are also important for its treatment. The following lifestyle measures are recommended:

- Salt restriction to 5-6 g/day.
- Moderation of alcohol consumption (<20-30 g of ethanol per day in men and <10-20 g in women).
- Increased consumption of vegetables, fruits and low-fat dairy products.
- Reduction of weight to BMI of 25 kg/m
- Regular exercise (≥30 min of moderate dynamic exercise on 5-7 days per week)
- Smoking cessation
- Prompt initiation of antihypertensive drugs is recommended in patients at high or very high CV risk in elderly patients drug treatment is recommended when systolic BP is 160 mmHg, or ≥140 mmHg if younger than 80 years and treatment is well tolerated.

Conclusions: Diuretics, beta-blockers, calcium antagonists, ACE-inhibitors and angiotensin receptor blockers are all suitable for the initiation and maintenance of antihypertensive treatment, either as monotherapy or in combination therapy. Lifestyle changes. Appropriate lifestyle changes are the cornerstone for the prevention of hypertension and are also important for its treatment.

Blood investigations in Hodgkin Lymphoma

Cătălina Mihăilescu, Matilda Marinache, Constantin Coman

Introduction: Lymphoma is a cancer that starts in lymphocytes of the immune system and appears as a solid tumor of lymphoid cells. These cells developed abnormal come from lymph nodes and spread outside the lymph system.

Thomas Hodgkin lymphoma published the first description in 1832, as called after him, Hodgkin lymphoma.

Material: Dynamics were followed in 2 patients diagnosed with Hodgkin lymphoma after about 10 years. Patients came for full blood regularly.

Explorations Blood: complete blood count with differential white blood count, erythrocyte sedimentation rate determination, and puncture and bone marrow biopsy performed iliac crest, ESR.

Biochemical explorations: liver function tests, electrophoresis, serum lactate dehydrogenase, serum calcium, urinary calcium, cupremia.

Biological sampling was done following bioethics standards, rules and norms aseptic SSM.

Method: Immunological abnormalities may occur. Such known cell-mediated immunity deficiency characterized by negative tuberculin skin test.

Results and discussions: Hemoglobin concentrations were slightly lower for patients investigated.

Leukocyte number was slightly increased.

The percentage of eosinophils was close to the maximum limit.

This Hodgkin's disease is suspected lymphadenopathy occurs when accompanied by fever, night sweats and weight loss.

To confirm the diagnosis of disease, it is necessary to carry out investigations where there Blood hemoglobin decreased, elevated ESR and fibrinogen for Epstein-Barr virus may increase the risk of lymphoma.

Diagnosis of the disease can be achieved after puncture ganglion; smear analysis reveals the presence of Reed-Sternberg cells, but for a diagnosis of certainty node biopsy is needed.

Advanced Parkinson's treatments and therapies

Olguța Preda-Cârșote, Violeta Gâlcă, Mioara Girea

Parkinson's disease is a chronic and progressive movement disorder, meaning that symptoms continue and worsen over time. The cause is unknown, and although there is presently no cure, there are treatments options such as medication and surgery to manage its symptoms. As Parkinson disease progresses, the amount of dopamine produced in the brain decreases, leaving a person unable to control movement normally. Medication is the main treatment used for the movement symptoms of Parkinson's The term 'advanced Parkinson's' usually refers to a time when symptoms are more complex and have more often an effect on patients' day-to-day life. In the later stages of Parkinson's, when non-motor symptoms begin to dominate quality of life, it may be appropriate for some drugs to be withdrawn.

There are few advanced therapies for patients with Parkinson disease when symptoms don't respond well to oral medication.

1) Apomorphine – an injection or infusion of dopamine agonist under the skin levodopa/carbidopa gel inserted into

your stomach by a tube. The dopamine agonist apomorphine provides relief from off periods when administered as a subcutaneous injection. When applied continuously via a portable pump, oral medication can often be reduced considerably and dyskinesia improve in many patients. Continuous duodenal levodopa infusion it is used in treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results. Duodopa is a gel for continuous intestinal administration.

2) Deep brain stimulation (DBS) is a surgical procedure used to treat a variety disabling neurological symptoms of Parkinson disease such as tremor, rigidity, stiffness, slowed movement and walking problems. At present, the procedure is used only for patients whose symptoms cannot be adequately controlled with medications. The majority of patients with Parkinson disease develop motor fluctuation and dyskinesia as their condition progress.

There are a number of therapies that can help people with Parkinson's and offer advice on ways to help manage symptoms. Therapists and nurses are trained to provide advice and recommend exercises and treatments to keep them active and healthy. They are part of a team that can help patients manage their condition. The main therapies includes: occupational therapy, speech and language therapy, physiotherapy, seeing a dietitian and complementary therapies.

As a conclusion, Parkinson's disease does not just affect the person living with it – it affects the entire family and an extended community of friends and loved ones.

Epilepsy (seizures disorders)

Cristina Lixandra, Oana Rada

Epilepsy is a syndrome of various etiologies caused by excessive neuronal discharges having a paroxysmal, transient, intermittent and interactive mechanism, characterized by sudden seizures of intermittent disorder of brain function often involved with loss of consciousness.

Antenatal causes: exogenous factors that deal with the mother during the pregnancy; abdominal trauma; maternal infections; toxic causes such as alcohol, professional noxae and so on.

Natal causes: difficult deliveries; fetal injuries during delivery or Rh incompatibility.

Postpartum causes: brain injuries; allergic factors; calcium and glucose metabolism disorders.

People with seizure would be classified according to the type of crisis, underlying cause, epileptic syndrome and episodes occurred during and around the crisis. Seizure types are classified depending on location or source of epileptic seizure (local seizures) or its distribution (grand mal seizures) in the brain. There are a number of factors contributing to the installation of the status epilepticus such as antiepileptic drug withdrawal; metabolism disorders; stroke or cerebral infarction; CNS infections, trauma or tumors.

Psychosocial effects of epilepsy include depression, anxiety disorders, migraines and attention deficit hyperactivity disorder. The symptoms vary according to the scale of seizure (partial seizures – affecting only one brain area or grand mal seizures – affecting large areas of the brain, located in both cerebral hemispheres).

They appear like small contraction localized in a small body segment or a series of abnormal perception of the environment, either visually or auditory perception. Clinical manifestations are very different because of the epileptogenic focus – “that small area of the brain where the seizures come from”.

Medication include anticonvulsant drug therapy and it is designed to reduce the frequency of epileptic seizures but it may also lead to their disappearance. The therapy for epileptic seizures is a specific one. Each patient, in terms of right chosen treatment and depending on the particular disease, about a third of them as an average, may not do the seizure or do them rarely.

So, they have the opportunity to conduct a normal life with a balanced diet and right behavior.

Penile tumor. Nursing for patients with penile tumor

A. Bozieru, Agnes Ciucă, D. Spînu, D. Mischianu, F. Rusu

Introduction: Penile tumors are a rare pathology that unfortunately remain untreated or treated late. A misunderstood sense of shame is often the biggest culprit for the late presentation to a doctor.

Material and method: We present the therapeutic approach adopted in the case of a patient with penile tumor, evolving for about ten years, hospitalized in the department of urology „Carol Davila” Hospital. The patient, male aged 78 years old, presented in our service complaining about diffuse left inguinal pain. Local exam confirmed the presence of a left groin palpable lymphadenopathy and a tumor involving the Glans with a minimal extension to the penian shaft. Biopsy confirmed low grade squamous cell carcinoma. Partial amputation of the penis and bilateral inguinal

limfodissection was performed. Pathology result confirmed negative penian resection limits, but with left inguinal lymph nodes invaded (3/6).

Results: Postoperative evolution was favorable. Three months after surgery, a dilatation of the urinary meatus was necessary. He is now under oncological treatment.

Conclusions: The delay of the diagnosis due to a false sense of shame represents one of the largest mistakes. In the case of this patient, the neoplasia type has allowed and allows palliative treatment efficiency, unfortunately most often we come to cases of aggressive neoplasia that once metastatic dramatically reduces the life expectancy.

The role of nurses caring for patients in renal colic section of urology

Iulia Ene, Liliana Dogaru, Gabriela Pînzariu

Definition: Renal colic is a painful paroxysm with anteroinferior location for lumbar and iliac fossa irradiation, testis and scrotum in men and vulva in women, presenting an undulating, with maximum painful lull. It is a medical emergency and urological. Maximum intensity is usually located in costovertebral angle and lower right rib area XII, can have headquarters variable depending on the location of the obstacle.

The main cause of renal colic is represented by the sudden onset of a barrier to evacuate urine – kidney cavity, ureter, uretero-bladder junction which sharply increases the pressure in the pielo-uretero-caliceal system and renal receptors produce excitation preso-pain. Sudden obstacle that blocks urine is most often a stone, but may be just as likely, a clot (reno-ureteric bleeding) home suppuration material failure (renal TB). Other reasons: neighborhood processes (inflammation, tumors) extrinsic compression, causes iatrogenic following therapy (surgery, lithotripsy, radiotherapy) renal infarction.

Clinic: the patient shows paroxysmal pain, sudden onset, sometimes apparently in full health. The patient seeking a position analgesic that cannot find; useful element in the differential diagnosis with other abdominal pain syndromes that often immobilizes the patient.

Renal colic is accompanied by:

- Digestive symptomatology: nausea, vomiting, ileus, pseudoclozive syndrome - retro-peritoneal irritation signs;
- Neuropsychiatric -signal: agitation, extreme anxiety;
- Cardiovascular symptomatology: usually shows no changes

in BP and pulse.

- Fever association can quicken the pulse and BP lowering in this case suggests a UTI;

- Signal urination: Colic can be followed by hematuria which can be caused by a migrated stone, then became obstructive. Urine may be clear or cloudy excluding kidney affected by opposite kidney pain with hematuria and renal colic. The association with hematuria and histuria at the diabetic patient or consumer of analgesics can suggest papilar necrosis. The symptoms depends on the location of the obstacle: high obstacle will produce maximum pain, iliac fossa irradiation and genitals;

The role of nurses caring for patients in renal colic section of Urology:

Monitoring: assessment of vital signs (blood pressure, pulse, respiration, urine output, temperature) and physician reports the changes; assessment of pain characteristics and macroscopic appearance of urine; administration of treatment; follows the investigation indicated by the doctor; explain to the patient how to collect urine and urinate through cheesecloth (we could recover calculation for chemical analysis); obtaining blood and urine samples, prepare the patient for uiv ; treating the patient who shed; give moral support to the patient and family.

Transurethral bladder tumor resection

Adriana Ursu, Claudia Dumitru, Mihaela Marin, Angelica Mălăescu, Gina Popescu

Bladder cancer is a very common malignant affection which has a high rate of recurrence.

79% - 85% of the patients with bladder cancer are in an evolutionary stage of non-invasive bladder tumors, while the proportion for the recurrence is very significant.

On a global scale, the mortality caused by this disease is 2-10 men and 0.5-4 women out of 100.000 citizens per year. Bladder cancer is 3 to 4 times more frequent in men rather than in women.

In order to determine the right diagnosis, a transurethral tumoral resection has to be performed under spinal anesthetic agent.

Due to the risk of recurrence and progression, the patients with non-invasive bladder tumors have to be carefully monitored and the frequency and duration of the cystoscopy exams need to reflect the risks for every patient.

OP session NS3

The implementation of the protocol concerning the communication of bad news in the nurse's practice

B. Silveșan, Lucia E. Istrate

Bad news may be defined as "any information which adversely and seriously affects an individual's view of his or her future"

It is difficult and uncomfortable to deliver bad news in all medical areas especially in oncology even though we are referring to diagnosis, reoccurrences, disease progression or transition to palliations treatment. In any situation, this is a difficult and stressful task.

Studies showed that a significant part of the medical team experiment a strong emotion after communicating bad news, and the effect of stress lasts for hours and even days.

To realize an efficient communication there have been adopted a series of international protocols that can be used. One of them, named

S-P-I-K-E-S protocol, a recent but largely used strategy, that approaches the establishment of an appropriate context, checking the patient's perception; determines the amount of information known, desired and that will be transferred; the knowledge of medical realities before discussion; exploring the emotions that might appear during the interview and the establishment of a support strategy.

The role of palliative care for patients with severe chronic diseases

Ani Ivan, B. Silveșan

Palliative care is the active and total care of patients whose disease is not responsive to curative treatment. The control of pain and of other symptoms, the psychological, social and spiritual assistance are of major importance.

It is a benefit not just to those suffering from: cancer; HIV; progressive neurological disease; renal, cardiac, hepatic insufficiency or other diseases that cannot be cured, but also for their families considering that palliative care is very complex, it is a holistic care, is not only a medical work.

The goal of palliative care is to ensure the best possible quality of life for patients and their families.

Bone densitometry (DEXA, DXA)

Nicoleta Tudora, Cristina Popa, Carmen Hărdău

Bone Densitometry (DEXA = Dual-energy X-ray absorptiometry) is a paraclinic procedure which measure bone' density and osteoporosis detection, this phenomena appear especially in menopause women. Osteoporosis treatment prevents the risk factors, which improve the bones resistance.

DXA is recommended in 65 old women menopausal and with previous pathological fractures. Also in women with multiple risk factors (like familial vertebral fractures history) and in long periods of treatment with corticosteroids.

These examination is recommended for lumbar spine: 4 lumbar vertebrae L1 to L4, to coxofemoral joint (hips and pelvis) and forearm. For a complete test is necessary to exam 3 regions, but for a correct diagnostic 2 regions are enough.

DEXA is a simple, fast and noninvasive procedure. During the examination time, a very small dose of radiation is used. We mentioned that are no previous preparations for the patients and we can perform at any time of day. The patient can remain clothed during the examination, except them which contain metals things.

The patient should be lying on the table, between X ray and detector. The detector in moving in the part interested, without pain, bites or discomfort. Entire examination is finished in 5- 10 minute.

DEXA provides us 2 important results: T score and Z score. T score: provides the result of a comparison between the patient bone density and a maximum bone density (in a 30 years old man, young and healthy). A T score less than -1 or more is NORMAL. The values between -1 and -2.5 suggest the osteopenia and less than - 2.5 means OSTEOPOROSIS.

Z score: compare the patient bone density with a bone density in a person with the same age, this appreciate the damaged/lost grade of bone tissue. A negative Z score means that the patient is having fragile bones, and a positive score means that the patient is in normal limits.

Is snoring dangerous?

Ileana M. Mateș

Snoring is a sleep disorder which often precludes overnight rest, but it is especially important as a symptom of more

serious respiratory disorders, such as the Syndrome of Sleep Apnea (SSA), the Obstructive Sleep Apnea (OSA) or the Syndrome of the Upper Airway Resistance (SUAR).

Snoring occurs when there is an obstruction to the flow of air into the area behind the nose and mouth, where the upper part of the pharynx and base of the tongue meet the soft palate and the uvula.

Severe snoring is often the symptom of serious health problems, with grave long-term effects, such as the obstructive sleep apnea (SAS).

In the sleep medicine a scale is commonly used to assess the degree of daytime sleepiness, called the Epworth Sleepiness Scale.

Hypertension and heart diseases are more common with people who snore, both men and women; moderate snoring involves a partial airway obstruction, and so an insufficient oxygenation during sleep – a fact which has serious consequences on the cardiovascular system.

In Western countries there is a wide range of products against snoring.

There are devices which prevent sleeping on the back or devices which change the position of the mandible.

If the snoring is very strong, an ENT doctor/otorhinolaryngologist will examine the nose, mouth, soft palate and throat and will indicate if it is necessary to correct a nasal obstruction (deviated septum or polyps). An examination in the sleep lab may be necessary in order to determine how serious the snoring is and if it is coupled with sleep apnea thus affecting the patient health.

Meniere's disease

Mihaela Arghir

Meniere's disease is a disorder of the inner ear, whose causes are not fully known. It is characterized by the build-up of fluid in the inner ear, caused by either anxiety, high blood pressure or excessive salt consumption.

An acute episode of Meniere's is characterized by the following symptoms: dizziness, nausea, vomiting, hearing loss, ringing in the ears, low tolerance for loud noises, headaches and a sensation of "full ears", sometimes before the episode begins.

Diagnosing Meniere's disease is managed by an otorhinolaryngologist, using techniques such as: tonal audiogram, electrocohelegraphy, CT scans.

The treatment for Meniere's usually starts by using drugs which lower the fluid quantity in the inner ear, and thus the

pressure build up (diuretics).

The nurse – patient relationship

Georgeta Porojan, Alina Ispas

All medical care takes place in the framework of the nurse-patient relationship.

Communicating with the patient can bring together two people from different backgrounds, with different personalities, and different ways of seeing things. Therefore, the nurse-patient relationship is characterized through individuality and specificity.

The multiple times I've been the patient myself have given me the opportunity to better understand the point of view through which we, as medical professionals, are perceived. These experiences have also allowed me to ask myself about the ways we can better respond to the expectations a patient may have from the people who are in charge of their health care. This includes both the relationship between a single medical professional and a patient, and one between a team of health care professionals and a single patient. In spite of any differences, there's always a basic way to communicate with the patient, which answers most of their expectations: empathy.

I have had experiences in which I first focused on the "disease" before the patient. In order to avoid this situation, I considered six steps that I must always follow in order to see the patient as more than just a medical condition. These steps are: awareness, acceptance, responsibility, trust, purpose and integrity. Used in integrative psychotherapy, these six steps can provide an excellent framework for communication between medical professionals and patients.

Management of AAA – endovascular repair

Marinela Bosincianu, Elena Iftode, Mihaela Apostol, Roxana Constantin

Introduction: Abdominal aortic aneurysm is a multifactor disease that usually occurs in cardiovascular high risk patients and leads to death by rupture if not fixed on time. They are hemodynamic unstable, they need inotropic support and diagnostic is based on ultrasonography and computed tomography.

Objectives: Managing AAA needs pertinent screening and patient evaluation, in order to offer the best treatment,

providing a safe and cost effective operation, with the best long term quality of life.

Method: Between 2015 and 2016 were selected a total of 6 patients with AAA who presented a high risk to the classic operation and the surgical treatment options for AAA was EVAR.

EVAR is performed by an interventional radiologist and a vascular surgeon, using x-rays to guide medical instruments inside the arteries. The benefits of EVAR over traditional surgery are: no large abdominal surgical incision, no sutures (stitches), or sutures only at the groin area, faster recovery and shorter time in the hospital, no general anesthesia (in most cases), less pain, reduced complications.

Results: Was analyzed the postoperative evolution, showing the special role of nurses in intensive care.

Conclusions: The results show that in the modern era of AAA treatment, EVAR is a safe and effective in patients with high-risk short and medium term.

Healthcare of patients with TAVI

Marinela Bosincianu, Elena Iftode, Roxana Tudor, Elena Anghel

Introduction: Aortic stenosis is a narrowing of the valve orifice that is responsible for forming a barrier against

ventricular ejection during systole. Transcatheter aortic valve implantation (TAVI) involves inserting a new artificial heart valve inside the old tight valve using a balloon catheter.

The valve is made up of a metal frame (stent) and the outer lining (pericardium) of a cow's heart.

Objectives: TAVI is a new technique with the potential for transforming the treatment of patients with aortic stenosis, who are at high risk for conventional open heart surgery or considered inoperable.

Working method: Case of Study-in period 2015-2016 in our clinic have conducted a number of 8 (3 transapical si 5 transfemoral)

Results: Stenotic aortic valve disease distribution by age and gender, low rate of hospitalization days.

Conclusion: Cardiovascular surgery is performed by more modern methods that greatly reduce trauma, postoperative pain and risk of infection.

During the interventions of cardiovascular surgery plays an important role. The intervening period is shorter, the patient's chances of recovery are higher. In this type of implant, shorter hospital stay and faster recovery.

The role of nurses in health postoperative cares of patients, supervision and monitoring with TAVI, and to educate patients and learn, to lead a healthy life it is very important.

OP session NS4

Transverse myelitis

Daniela I. Bradea, Mihaela Ivănică, Ioana Catalina, Oana Iliășii

Transverse myelitis is a neurological condition in which the spinal cord is inflamed. The inflammation damages nerve fibers, and causes them to lose their myelin coating leading to decreased electrical conductivity in the central nervous system. Transverse implies that the inflammation extends across the entire width of the spinal cord.

Although it is a very rare affliction, with an incidence rate of 1.34 in a million (according to Association for Transverse Myelitis), this syndrome can strike at any age in both women and men, but it's mostly encountered between 10-19 years and after 40.

The patients who suffer from transverse myelitis recover differently depending on cause and severity of the illness. Almost 1/3 of these patients are completely recovered, for other 1/3 the results are average and for the last 1/3 the results are very low. The recovery is most efficient in the first 3-6 months after a transverse myelitis crisis and some of the patients need a few years for a total or partial recovery.

Benefits of the exploratory laparoscopy in acute surgical abdomen therapy

Claudia Buzatu, Daniela Mihai, Anca Pologea

With progress in methods of investigation and diagnosis, most of cases which goes to the hospital in emergency,

receiving preoperative indication of their disease. There are some cases in which preoperative was set just it's an acute surgical abdomen and that have operated. Here is where exploratory laparoscopy finds utility.

Also the exploratory laparoscopy contributes to complete partially elucidate preoperative diagnoses but with clear surgical indication.

In our general surgery department are operated in emergency between 250-300 patients with acute surgical abdomen. 15-20% of them receive benefits of exploratory laparoscopy.

This paper is a retrospective study of 684 patients operated in our service, in emergency conditions, in the last three years. 147 of them occurred through laparoscopic approach and laparoscopy was completed in 86 cases.

The paper is an according debate between pre and postoperative diagnosis, distribution by type of pathology and diseases in which laparoscopy had higher success rate.

Discussions aimed at length the advantages of exploratory laparoscopy in emergency conditions and diagnostic doubt.

The end of paper presents the conclusions that bring to the fore: shortening surgery; shortened hospitalization; rapid reintegration into family and society.

Gastroesophageal reflux disease

Alina Dinu, Anișoara Graure, Cristina Ioncescu

GERD has long been recognized as a significant public health concern in USA generating along the time, many discussion between gastroenterologists and surgeons. Once antireflux barrier was identified, and mechanism of reflux established, GERD can be defined as the failure of the antireflux barrier (represented especially by the lower esophageal sphincter, by gastric empty of gastric contents into the esophagus), allowing abnormal reflux of gastric contents into the esophagus. Positive diagnosis is setting by the presence of documented esophageal mucosal injury (esophagitis) or excessive reflux during 24 hours intra-endophageal pH monitoring. Medical treatment is efficient in acid suppression, but does not address the mechanical etiology, is too expansive and affect the quality of life of patients. Miniinvasive surgery was a boom in management of GERD, offering great satisfaction to patients, low costs and rapid social integration.

We present the role of surgery in GERD, therapy GERD which occur 85-93% control of reflux symptomatology, providing data from the literature on the techniques used, their

advantages and limitations.

Ovarian cancer

Luciana Cristache, Costinela Lazăr, Ștefania Aldea, Claudia Rădulescu

Ovarian cancer represents one of the most common malignancies that affect women. It has a high death rate because the symptoms are nonspecific and is diagnosed in very advanced stages when the tumor has already evolved and metastasized.

The surgical treatment for ovarian neoplasm includes surgical intervention in early stages, laparoscopic exploration in order to staging and harvesting tissue for biopsy and procedures for tumoral mass reduction.

Surgery for breast cancer

Florina Aslan, Luminița Ștefan-Dragomir, Viorica Gogor

Through this study I want to make a presentation about the surgery and its indications for breast cancer.

Most women with breast cancer have some type of surgery as part of their treatment. Depending on the situation, surgery may be done for different reasons. For example, surgery may be done to: remove as much of the cancer as possible (breast-conserving surgery or mastectomy); find out whether the cancer has spread to the lymph nodes under the arm (sentinel lymph node biopsy or axillary lymph node dissection); restore the breast's shape after the cancer is removed (breast reconstruction); relieve symptoms of advanced cancer.

There are two main types of surgery to remove breast cancer: breast-conserving surgery, mastectomy.

The study includes a short review about the breast cancer, describing the surgical procedure, its indications, surgical technique, incidents, complications, results, conclusions.

Bariatric surgery in the management of the cardiometabolic risk of extremely obese patients – case report

Tatiana Onofrei, Florentina Rogojină, Constanța Bandulea

Obesity has serious consequences on health and mortality. The general goals of every weight-loss program is to reduce

and maintain a lower body weight, or prevent further weight gain in individuals who cannot lose weight. The treatment options are lifestyle modification (diet, exercise, and behavioral modification), pharmacotherapy and bariatric surgery. The three most commonly performed bariatric procedures are laparoscopic adjustable gastric banding, laparoscopic sleeve gastrectomy and the Roux-en-Y gastric bypass.

Objective: we present the case of a woman with extreme obesity, poor controlled diabetes mellitus – treated with insulin, dyslipidemia and coronary artery disease. She was submitted to bariatric surgery – laparoscopic sleeve gastrectomy. After surgery she lost more than 30 kilograms, with a good glycemic control on metformin only. Hypertension, dyslipidemia and her heart condition improved.

Conclusions: surgery is the most effective means of inducing significant weight loss in individuals with extreme obesity who are at greater cardiometabolic risk.

Longer the waist line, shorter the lifeline – obesity associated comorbidities

Nicoleta Mavriș, Aglaia Nedelcu, Florentina Rogojină

Overweight and obesity are associated with the development of a number of comorbidities and increased mortality. Hypertension, dyslipidemia, coronary artery disease, congestive heart failure, stroke, diabetes mellitus, non-alcoholic fatty liver, sleep apnea, gallstones, polycystic ovarian syndrome, osteoarthritis and cancers are more frequent in obese patients.

Objective: to evaluate the prevalence of comorbidities in obese patients admitted in our department during the last 5 years.

Results: diabetes mellitus, cardiovascular and cerebrovascular diseases are the most frequent obesity associated comorbidities. These diseases have a major impact on mortality.

Menopause – between physiology and pathology

Andreea Serafim, Ancuța Istrate, Carmen Miron

Menopause and menopausal transition are physiologic, but symptoms are frequent and often require medical attention. Approximately 60% to 80% of menopausal women experience hot flashes at some point during menopausal

transition. They are more likely to develop anxiety symptoms at perimenopause and postmenopause and depressive symptoms or clinical depressive disorders in late perimenopause. Sleep disturbances are frequent.

Vaginal dryness and genital atrophy can cause sexual dysfunction. Lately, postmenopausal osteoporosis leads to increased morbidity and mortality as well as an important reduction of the quality of life as a consequence of fractures.

We present our experience with menopausal patients seeking medical attention in our department.

Macroprolactinoma in a diabetic patient with morbid obesity

Daniela Buzatu, Nicoleta Mavriș, Nicoleta Vale

Prolactinomas are prolactin secreting pituitary tumors that can occur between both sexes „the men’s unlike women’s macroprolactinomas predominates”. Clinical manifestations are given of prolactin hypersecretion „galactorrhea and gonadal dysfunctional”, related to tumor mass effect compression (neurologic and visual disturbances) and impairment of the other pituitary function.

We present a case of a 36 years old patient with macroprolactinoma and with 2 diabetes and morbid obesity, who has been presented for metabolic imbalance and visual disorder. The clinical exam was galactorrhea; disturbances of ocular motility and ptosis right eye, reduced visual acuity left eye; obesity (BMI = 42 kg/m²), erysipelas right leg. Endocrine profile: prolactin, FSH, LH, TSH, serum cortisol, ACTH, testosterone, showed: hyperprolactinemia (5960.62pg/ml) and hypogonadotropic hypogonadism. CT and MRI brain showed a voluminous sellar mass by 42.5/39/32 mm, with invasion of right cavernous sinus; optic chiasma and right orbital apex compression. The patient started treatment with: dopamine agonist drug – cabergolin in high dose and testosterone, treatment hypogonadotropic hypogonadism, treatment for diabetes mellitus for erysipelas.

After 1 month has a good evolution with remission the visual acuity (left eye), MRI – showed a reduction of 1 cm pituitary tumor size, and prolactin decreased to 2950 pg/ml.

Nurse involvement in breast cancer prevention

Margareta Popa

In the last 20 years, breast cancer failed to be an incurable disease, being considered lately as a chronic disease, a

curable disease and more important a disease which can be prevented.

Unlike other types of cancer, where a healthy style of life can prevent 70-80% of diseases, breast cancer has been always an exception.

There are many factors of risk coming into being breast cancer, factors we cannot control by our decisions: age over 50, blood relatives suffering from this disease, other breast previous diseases, excessive irradiation of mammary gland, precocious puberty (the first period before the age of 12), the late menopause (after 55), age of 30 for the first pregnancy, no birth, no nursing, contraceptive pills usage in the last 10 years, therapy for estrogen substitution, made more than 5 years in the last 10 years.

Nurse can have an important role in this, explaining all the risks the patients are exposed by ignoring the physician's

advice regarding breast cancer prophylaxis.

Ignorance, fear of diagnosis, lack of sanitary education, lack of determined programs for prevention and screening, in our country, lead to discover the diagnosis in an advanced stage of the disease, when the treatment is useless. In this case the patient sufferance is enormous.

Breast cancer is a disease which can be activated no matter when, to whom and no matter social status or how rich you are. We cannot blame God, the people around us, or us for this disease. In our era, in 21st century, breast cancer is a curable disease, especially if it is traced in an early stage.

Physicians as well as nurses are involved in the fight against breast cancer, and our task, the nurse's task is to penetrate the science, as close as she can, to the patient heart and conscience, offering them the strength for fighting against the disease and beating death.

OP session NS5

Infections with human papilloma virus (HPV)

Cristina Râșnoveanu

Human papilloma virus (HPV) is a very common virus that is spread through sexual contact.

The majority of sexually active people (about 75%) will have a HPV infection sometime during their life.

Most HPV infections go away by themselves. However, some „high risk” types of HPV might cause changes in cervical cells that might lead to cervical cancer.

With proper screening and early detection, cervical cancer has a high rate of cure. In order to diagnose early stages of cervical abnormalities we perform cervical smear (Pap-Test), HPV genotyping, colposcopy and guided biopsy.

Prevention and treatment of cervical cancer

Daniela Cuculea

Cervical cancer is a disease than can affect women of any age.

Cervical cancer is the second leading cause of cancer after breast cancer at women under age 45 years worldwide. Cervical cancer occurs more often at women who have started their sexual life earlier, living in an environment with

poor intimate hygiene and those who have multiple sex partners.

Cervical cancer can be prevented by regular testing (PAP smear test) and by anti-HPV vaccination. Cervical cancer should be diagnosed intraepithelial carcinoma phase, thus reducing the prevalence of invasive cancer and mortality.

It easier to detect cervical cancer than to treat.

Decentralizing public health service

Gabriela Amoșei

Once the society started to develop it has emerged the notion of public service.

The notion of public service is legal conceptualized by Article 4, paragraph c, of Law no. 178/2010, according to the public service is " all actions and activities which ensure the needs of general public interest or local collectivities."

The public service is organized and operates according to principles, namely: the principle of continuity; the principle of equality; the principle of adaptability.

Under these principles enters public health service, because this is vital for the community and must be provided continuously and permanently to every individual person regardless of nationality, age, gender, religious beliefs.

For a proper functioning of public services it has developed principles decentralization. Decentralization has occurred due to the fact that no matter how strong is the government, would not have a clear picture of all the problems facing the local community in each hand. Local communities, enjoying autonomy manage to identify best which are the needs of society and allocate the necessary resource where needed.

The legal provisions for decentralization of public service are found in the Article 195/2006, timber whom "Decentralization is the transfer of financial and administrative powers to the provision of public services from the central public authorities at the local government or the private sector."

In 10th of May 2009, the Government adopted the Strategy on decentralization in the health system. Decentralization in health care law provides for the establishment of The Regional Institutes of Emergency under the Ministry of Health, which provides that certain emergency hospitals will go into the structure of these institutes. In exchange, the hospitals and the public health departments, converted in Directions of Nursing, will be transferred to the administration of the local authorities.

After decentralization, the county hospitals will pass administered by county councils, the municipal administration ones into the municipal councils, and town and village hospitals in the local council administration. Subordinated to Ministry of Health will remain national research institutes, clinical institutes, regional hospitals and some hospitals declared of national interest, where advanced medical acts performed.

Two of the principles underlying the strategy to achieve the objectives of health refers to placing the patient, and citizens in general, in the center of the health system, along with the responsibility for the decision makers before it. This implies a major change in the decision-making mechanisms and accountability, so that the decision can be taken as close to where they are provided and used health services. In this way ensures a better fit for the health needs of the population along with direct accountability to those who take decisions in the community.

Simultaneously central structures, particularly the Ministry of Health which is retreating from local management, can focus on strategic functions, i.e. development of sectoral policies, supervision and guidance of the entire system, including outside activities that impact on health and developing cross-sectoral cooperation mechanisms and structures. This requires increasing the institutional capacity of the Ministry of Health, to meet these new roles and develop new structures at central and local level, along with the modification status of health units.

In this context it provides a strategy of decentralization of healthcare that responds to the goals of the Government Program and conducive to achieve effective right to healthcare provided by the Constitution. In analyzing the decentralization of the health units, there is a greater interference of politics in the act reorganization, so we can appreciate the decentralization of hospital administration as a win for Romania.

In conclusion, decentralization is a major challenge for healthcare delivery in general. The active involvement of managers in developing reforms based on decentralization, standardization of financial allocations, international norms and standards and impact monitoring is essential to ensure equity and quality medical services and to improve efficiency.

Liver's tumors

Imola Grigore, Liliana Badea, Mihaela Moscaliuc, Carmen Florea

Definition : It's the most frequently form of primary hepatic tumors (80-90%); for children is on second place after hepatoblastoma; it's more frequently met on men than women; it can be developed either on a normal liver or a cirrhotic liver (B or C virus)

The liver's anatomy: the largest gland in human body; it is formed by two lobes (left and right) and about eight segments
Favorable factors: consumption of anabolic steroids, cirrhosis, B or C hepatitis, low immunity, obesity, smoking (especially to people who is infected to B or C hepatic virus), poisoning with arsenic.

Signs and symptoms: loss of weight, loss of appetite, strong pains in the upper abdomen, nausea and vomiting, weakness and general fatigue, grown liver, swollen abdomen, whitish feces

Etiology: most frequently met: chronic liver disease and cirrhosis (about 60-90%), chronic hepatitis with B virus, chronic hepatitis with C virus, chronic hepatitis with both viruses, chronic hepatitis with alcohol intake etiology, negative viral markers; most rarely met: hereditary hemochromatosis, porphyria, autoimmune hepatitis, primary biliary cirrhosis, Wilson disease, steroid oral contraception.

Diagnostic: blood analyses, imagistic tests (CT, MRI), and liver's biopsy.

Treatment: surgical (partial hepatectomy), liver transplant, cryoablation and thermotherapy, chemoembolisation,

radiotherapy, pharmaceutical treatment (with Soranfenibul).

Nurse's role: takes biological samples, prepares the patients for radiology test, abdominal puncture, laparoscopy liver's biopsy and paracentesis, has to recognize and to watch for evolution and/or complication (hepatic coma or bleeding coma), and has to announce the doctor for any change or suspicions

Prevention: moderate alcohol consumption, to maintain the weight, vaccination against B/C viruses, personal hygiene measures.

Never use already used needles.

Communication in medical facilities

Nicoleta Voinea, Cristina Soare, Lucica Poenaru

Communication in medical facilities is a key component of public health and of the health care system. It comprises: patient-centered communication, communication between members of the same team, bedside manners (the ability of communicating with the patient), communication in emergency situation, communication in conflict situations.

We may consider that the three pillars of effective communication are: clear communication of the message, the patient's perfect understanding of what he is told and the patient's feeling that he is respected by the doctor.

Team communication is also very important, because members of a team working in a proper work environment can easily achieve their goals and have good results.

The best communication skills are: attention and sensitivity, empathy, respect, support and promoting partnership.

Emergency situation communication is critical and complex due to the dynamic and high level of stress atmosphere.

Conflict-situations communication is often difficult due to cultural differences and different perception of others and of the environment.

Communication in medical facilities is essential and leads to improvement of the population's health state.

Osteoporosis

Elena I. Vasilăţeanu, Daniela Cernat, Florentina Socol

Osteoporosis is a progressive bone disease that is characterized by a decrease in bone mass and density which can lead to an increased risk of fracture. It is a major health

problem and it affects especially older people.

Fractures are the most dangerous aspect of osteoporosis. The most common osteoporotic fractures are those of the wrist, spine, shoulder and hip.

The disease may be classified as primary type 1, primary type 2, or secondary. The form of osteoporosis most common in women after menopause is primary type 1 which is the osteoporosis of the spongy bone or post menopause osteoporosis. Primary type 2 osteoporosis or senile osteoporosis occurs when the patient is older than 75 years and is seen in both female and males are ratio of 2:1. Secondary osteoporosis may arise at any age and affects man and women equally. This form results from chronic predisposing medical problems or diseases or prolonged use of medication such as glucocorticoids.

There are many illnesses which can lead to osteoporosis:

- Endocrine disorders – hypothyroidism, type 1 diabetes;
- Hematologic disorders – multiple myeloma, leukemia;
- Gastrointestinal disorders – malabsorption, primary biliary cirrhosis;
- Medication – L thyroxin, Heparin, Methotrexate;
- Rheumatologic disorder – rheumatoid arthritis, ankylosing spondylitis;
- Smoking, excessive alcohol consumption.

The diagnosis of osteoporosis has few clinical signs but can be diagnosed using: Conventional radiography, measuring bone mineral density. Dual-energy X-rays absorption – the gold standard for the diagnosis of osteoporosis.

Medication: drug for osteoporosis are useful in decreasing the risk of future fractures by increasing bone synthesis and decreasing reabsorption:

Fosamax – once a day at the beginning, and then once a week, and then once a month;

Bonviva – once a day;

Fosavance – contains fosamax and alfa D3;

Prolia – can be helpful for preventing osteoporotic fragility fracture and decreasing the risk of vertebral and non-vertebral fractures.

Nurse perception of bispectral index monitoring during general anesthesia

Mariana Ilie

Introduction: Bispectral index monitoring system (BIS) is a technology used to monitor depth of anesthesia.

Material: BIS monitoring is used to measure the effects of anesthetic and sedative drugs on the brain and to track changes in the patient's level of sedation and hypnosis. BIS

monitoring provides information clinically relevant to the adjustment of dosages of sedating medication.

Method: The BIS monitor provides a number, which ranges from 0 (equivalent to EEG silence) to 100. A BIS value between 40 and 60 indicates an appropriate level for general anesthesia.

The essence of BIS monitoring is to take a complex signal (the EEG), analyze it, and process the result into a single number. When a patient is awake, the cerebral cortex is very active,

and the EEG (electroencephalography) reflects vigorous activity. When asleep or under general anesthesia, the pattern of activity changes.

Results: The advantages of using BIS monitoring are numerous, including a decrease in time to extubation, use of hypnotic anesthetic drugs, incidence of nausea and vomiting, and occurrence of intraoperative awareness.

It can help the nursing personnel in preventing under- and over sedation during general anesthesia.

OP session NS6

Spinal injury nursing assistance

V. Rădăuceanu, Stela Platon

Spinal injury is a spinal cord or trauma accompanied by total or partial compromise of the affected spinal segment function. Such deficiencies are installed and vegetative, motor and sensory reflexes.

Medullary tissue destruction is caused by trauma or disease of spinal cord injury spinal (accidents, falls, blows to the spine) acting in tissue degenerative medullary (transverse myelitis, multiple sclerosis etc) compression by tumors, vascular disorders, thromboembolism.

Platelet rich plasma PRP

Maria Sandu

PRP is the acronym for Platelet Rich Plasma. It is a concentrated source of autologous platelets containing several different growth factors that can stimulate healing of bone and soft tissue.

PRP is made from patients own whole blood. The whole blood contains plasma, red blood cells, white blood cells and platelets. Platelets are small discoid cells that contain clotting and growth factors. Blood typically contains 6% platelets whereas PRP has a significantly increased platelet concentration. Although this level can vary depending on the method of extraction and equipment, studies have shown that clinical benefit can be obtained if the PRP used has an increased platelet concentration of 4 times greater than normal blood.

The product is obtained by collecting a small amount of

whole blood from the patient which is afterwards centrifuged several times (depending on the method). The finite product (platelets enriched plasma) is then injected in the chosen area.

PRP is, in fact, an old therapy used in orthopedics, dentistry or sports medicine.

But only in the recent years has become well-known for the large public especially for its use in aesthetic medicine and surgery (the famous “vampire therapy”).

Inhaled medication

Adriana Chiru, Marinela Matei

The efficiency of a medication depends in equal measure, the preparation bioavailability and patient adherence to prescribed rules for its management.

If the oral preparations (solutions, tablets, etc.) the administration is relatively simple and well known, there are cases in which the patient must receive prior notice and sometimes even a practical demonstration to learn the correct administration of the product prescribed.

Inhaled pharmaceutical preparations, widely used for the treatment of acute or chronic respiratory diseases are a good example in this respect. Using the airway allows the administration of active substances with sympathomimetic bronchodilators such action mainly local or anticholinergic inflammatory or fixed combinations of those mentioned.

Inhaled medication has two major advantages: act very fast, very shortly after the drug reaches the bronchi; required much lower doses with fewer side effects, the same medication administered in tablets or injections.

There are several types of devices for administering drugs by inhalation such as sprays, dry powder inhalers, nebulizers.

Whatever type of device indicated for administration of inhaled medication, the patient must know exactly how to use it. Considering that the same active substance may be conditioned for various types of devices (e.g. Salbutamol - pressurized inhaler salbutamol – for nebulizer solution) to release the prescription the patient must receive all information regarding the administration technique. Careful reading of the instructions, followed by sequencing simulation management practice leads to learning the correct use of these devices and thus ensuring therapeutic efficiency act.

Nursing interventions in obstructive sleep apnea

Cristina Radu, Gabriela Drilea, Mariana Lazurcă

Sleep apnea is a breathing disorder and it occurs during sleeping. The condition is characterized by stoppage of breathing for ten seconds or longer and at least five times per hour. Sleep apnea is becoming a major health problem all over the world. Officially, about 800.000 adults in Romania have sleep apnea and in the same time many people may have the illness but they don't know it.

The nurses have an increased responsibility in the identification the symptoms, education and management of patients who are suffering from sleep apnea.

CPAP (Continuous Positive Airway Pressure) is the most effective form of treatment for sleep apnea but intolerance and incomplete compliance has made it difficult for efficacy. The most common interventions are related to CPAP equipment and physical, psychological and social-economic side-effects. Some important aspects of nursing interventions are referred to change the patient's lifestyle because many of them are obese, smokers.

Nurses' awareness and good knowledge help to increase the compliance to the treatment and minimize the side effects because can be a real risk that a patient with a negative experience may not persevere with the treatment plan for long-term period.

Sputum prelevation in tuberculosis diagnosis

Simona Bran, Mădălina Preda, Mihaela Mirea

Sputum represents all that is expelled secretions in the airway by coughing. Sputum represents the best product for

finding Koch's bacillus in the diagnosis of pulmonary tuberculosis.

Harvesting sputum in the morning, before eating or drug administration gives the highest rate of positivity in the diagnosis of pulmonary tuberculosis, even in patients who don't cough and cough up a little. Getting positive diagnosis in Tuberculosis increases if 2-3 sputum samples, collected within 24-48 hours, are examined.

In people who do not cough, or swallow the sputum, special techniques are applied to produce and collect sputum: aerosol, larynx - tracheal lavage with sterile saline, gastric tubing using probes Nelaton or Einhorn, bronchial aspirate or broncho-alveolar lavage by fibrobronchoscopy.

A properly pathological material consists of a recently removed from the bronchial tree, with minimal amounts of oral or nasal secretions, and of satisfactory quality on the presence of a mucoid or mucopurulent material in an amount of at least 1.3 ml.

Transport to the laboratory must be immediately after harvest or maximum 24h after.

What are the potential complications of bronchoscopy?

Tatiana Lazăr, Mirela Barbu, Luminița Atudori

Bronchoscopy is a procedure during in which an examiner uses a viewing tube to evaluate a patient's lung and airways including the larynx, trachea, and many branches of bronchus.

Bronchoscopy is usually performed by a pulmonologist or a thoracic surgeon. Although a bronchoscope does not allow for direct viewing and inspection of the lung tissue itself, samples of the lung tissue can be biopsied through the bronchoscope for examination in the laboratory.

Bronchoscopy can be used for diagnosis or treatment.

Complications of bronchoscopy are relatively rare and most often minor. It is important to realize that all procedures may involve risk or complications from both known and unforeseen causes, because individual patients vary in their anatomy and response to medications.

Therefore, there is no guarantee that a procedure can be free of complications. The following is a list of potential complications: vocal cord injury, irregular heartbeats, lack of oxygen to the body's tissues, heart injury due to medications or lack of oxygen, bleeding from the site of biopsy, punctured lung (pneumothorax), and complications from pre-medications or general anesthesia.

Exacerbation of chronic obstructive bronchopneumopathy

Vasilica Ionescu, Mariana Tănăsescu, Doina Andrei

Obstructive chronic bronchopneumopathy is an illness characterized by the limitation of the airways' airflow, incompletely reversible, limitation which is usually progressive and is accompanied by a systemic and pulmonary abnormal inflammatory answer regarding harmful particles or gases, especially the cigarette smoke.

COPD exacerbation is defined as an acute event in the natural evolution of the illness characterized by the modification of the dyspnea degree, of the cough and/or of the patients' expectorations, besides the daily variations which lead to the modification of the medication.

Exacerbations are important events during the evolution of the illness because it affects patients' life quality in a negative way, it requires weeks of recovery, accelerates the declining rate of the pulmonary functions, and are associated with a high rate of mortality, especially for those who need hospitalization which consequently implies high economic and social costs.

The treatment of exacerbation consists in oxygen therapy, inhalator bronchodilators administration with the help of a spacer or nebulization, oral corticosteroids or i.v. and antibiotics when there are signs of bacterial infection.

Patients' education represents an important method to improve their capacity of understanding this illness, to successfully make them give up smoking, to make them understand the aspects of their changing health in order to easily deal with exacerbations.

Minimally invasive repair for pectus excavatum

Emilia G. Raicu

Pectus excavatum is an abnormal development of the rib cage in which the breastbone (sternum) grows inward, which causes a sunken chest wall. Sometimes called "funnel chest," pectus excavatum is often present at birth (congenital) and can be mild or severe. If left untreated, pectus excavatum can sometimes cause compression (pressure) of the heart and lungs.

Pectus excavatum occurs in approximately 1 out of 400 children and is three to five times more common in males than females and it is diagnosed at birth or in the first year of life.

Genetic predisposition and stuffy sternum is sometimes

associated with scoliosis, Marfan syndrome, Poland Syndrome, Noonan Syndrome, Turner Syndrome, Marfan syndrome.

The actual process of correction is minimally-invasive procedure, invented in 1987 by Dr. Donald Nuss for treating pectus excavatum.

After the Nuss procedure, children will return to school after two – three weeks and once fully recovered can return to daily activities.

Nuss procedure is an effective method with good aesthetic and functional results.

Preparing for digestive endoscopy

Aurica Avram, Mariana Moldoveanu, Monica Nicolescu, Daniela Tanasov

Preparing for digestive endoscopy includes general measures, necessary for all the endoscopic procedures and specific measures, related to the examined segment and the endoscopic procedures provided.

The first step in preparation is to establish the indication for the investigation.

Depending on the indication, the nurse is preparing the endoscopic accessories needed- biopsy forceps, polypectomy loops, variceal banding devices, etc. The discussion with the patient needs to address investigation purpose, description and estimated duration, the risks and benefits. An informed consent needs to be signed.

Before and during endoscopic procedures, medication may be used to diminish gastrointestinal motility, decrease the patient's anxiety or discomfort, and provide amnesia of the stressful intervention.

Before starting endoscopy, the medical personnel needs to be prepared to monitor vital signs (heart rate, oxygen saturation, blood pressure), especially in patients with cardiorespiratory pathology.

As a specific measure for the upper gastrointestinal endoscopy, patients shouldn't ingest any solids for at least 6 hours before the procedure. For the colonoscopy, the colon needs to be cleansed of fecal material before the examination.

An oral purge with 2 to 4 liters of electrolyte lavage solution, after a short period of dietary restriction, and in some cases followed by enemas, results in adequately prepared colons.

Issues in caring for patients with gastrostomy

Liliana Ghinea, Corina Marcovici, Petrica Gheorghe

Endoscopic gastrostomy is an intervention consisting in the creation of a direct link between the gastric cavity and the external environment through a catheter insertion.

Gastrostomy is a technique of nutrition “in- extremis”, which in limited situation such tumors of the head and neck, radiation therapy of the head and neck region, head and neck trauma, nutritional difficulties after stroke, demyelination disease, dementia, allows life to continue, and leads to a relative normality feeding patient with fragmented, soluble food. The feeding tube can be temporary or permanent, depending on the reason of the intervention.

Innovation and continuity – attributes of gastrostomy – two words that apparently can’t be places in the same sentence

– are working together this time. The innovation in medicine through this technique supports life patient to continue his living and give back the person to society. The individual may conduct his existence in the familial environment and not laying on a hospital bed connected to infusion and nasogastric feeding tube, waiting for a lifesaving surgery or the end.

The endoscopic gastrostomy was first performed in 1980 by Gauderer and Ponski, and has the following advantages versus the surgical gastrostomy: short mounting time, elimination of general anesthesia, it lowers the risk of complication and has a good rapport cost/efficiency. It has a success rate of 95% of the cases.

The medicine comes again with solutions to the need of feeding and hydration the patient and the role of medical team is to ease the patient’s situation with such problems for short or long term.

OP session NS7

Erysipelas – dermatologic emergency

Liliana Lăța, Dana Papa

Definition: Erysipelas is a localized skin infection caused by bacteria (β hemolytic group A Streptococcus, Staphylococci).

Pathogenesis: Skin infection can occur due to: a breach in the skin barrier (wounds, fungal infections, burns, venous leg ulcers); an infected nearby mucosa (pharyngitis, rhinopharyngitis, and suppurative otitis media); lymphatic dissemination (streptococcal lymphangitis); hematogenous dissemination – exceptionally (septicemia).

Symptoms: sudden onset with fever (39-40 degrees Celsius) and chills; erythematous plaque of erysipelas appears 6 to 12 hours from onset.

How should the nurse manage the case: immediately after recognizing the signs of the infection, let the doctor know in order to plan the therapeutic management; meanwhile, the nurse applies a protective wet dressing with antiseptics locally (Rivanol, 2% boric acid solution); the nurse should administer antipyretic medication and closely monitor the patient’s temperature, pulse, blood pressure and the overall health state; explain to the patient what is going on, that the temperature and chills are part of the disease’s clinical manifestations and what the possible future reactions are; educate the patient regarding the body’s hygiene.

Sepsis – nurse’s role in managing septic patient

Liliana Mocanu, M. Stanciu, E. Fărcășanu, C.B. Teușdea, S. Dogaru

Sepsis is a main presentation reason for reporting to the emergency department and hospital admission, being one of the major causes for death in non-cardiac intensive care units. Costs are increasing and reported incidence is higher than ever due to longer life span. Sepsis survivors have often long-term physical, psychological and cognitive comorbidities.

Time is essential in this equation and fast response to organ dysfunction is a key component for sepsis management. Septic patient is always an unpredictable one and nurse’s role is essential in diagnosis and treatment optimization.

What you need to be an emergency nurse within the Emergency Department

Liliana Mocanu, M. Stanciu, M. Fleican, E. Fărcășanu, M. Toma, C.B. Teușdea

A question is always is rise: the real emergency nursing seems with a television program? Anyone can do this job?

My answer is NO. The emergency nursing is unpredictable, dramatic, challenging, and requires a team effort. As will present the emergency nursing is for some of us, and clearly not for everyone.

What you need to be an emergency nurse within the Emergency Department? Consider the following factors: 1. know yourself, 2. must have good assessment skills, 3. strong knowledge base in every area of nursing, 4. Critical thinking and sharp decision making, 5. Good communication skills.

As the health care system and technology advance, there will always be a need for emergency care and emergency nurses.

Current standards for non-invasive assessment of liver fibrosis

Magdalena Chiriac, Veronica Niculiță, Liliana Bulat

Chronic liver diseases of various etiology (viral, alcoholic, and metabolic) constitute a significant proportion of pathology seen in a gastroenterology department. By complications that arise in their evolution, chronic liver diseases are an important cause of morbidity and mortality and carry a significant burden for health systems. According to the latest epidemiological data, in Romania there is a high prevalence of hepatitis B and C infections, 4.2% and 5.6% respectively, but much of the chronic liver diseases are caused by chronic alcohol intake and recently there has been an increase in the frequency of fatty liver disease (encompassing steatohepatitis, steatofibrosis and ultimately cirrhosis).

For staging of the disease, assessment of fibrosis severity and guiding treatment decisions, the gold standard until a few decades ago was represented by liver biopsy. The maneuver is invasive, carries risk of complications (bleeding, infection, damage to nearby organs), has come contraindications (coagulopathy, severe thrombocytopenia, ascites) and evaluates fibrosis in only one point in the liver parenchyma; however, considering the heterogeneous distribution of fibrosis in the liver, biopsy may underestimate the overall hepatic fibrosis.

In this setting a particular interest emerged to develop non-invasive methods for the quantification of liver fibrosis and there are now several diagnostic tools available: algorithms based on serum markers (Fibromax), transient elastography (Fibroscan, Echosens, Paris) ARFI elastography (Acoustic Radiation Force Impulse imaging), shear-wave elastography and not least magnetic resonance elastography.

Fibromax is a combination of 5 noninvasive tests (Fibrotest, ActiTest, SteatoTest, NashTest, AshTest) to assess fibrosis, steatosis and necro-inflammatory activity of the liver. The

method involves the collection of blood and dosing of some surrogate markers of fibrosis, which are introduced into an algorithm with high diagnostic accuracy for fibrosis.

Fibroscan is a method of elastography which involves the transmission of pulses by means of a transducer to the hepatic parenchyma, and assesses fibrosis based on the reflection speed of these waves transmitted to the liver. The method is simple, quick, non-invasive, repeatable and painless. In addition, the add-on module CAP (Controlled Attenuation Parameter) can also give an estimation about the degree of hepatic steatosis.

These tests are available in our clinic and there is a rich experience with their use in patients with chronic viral hepatitis (B, C), as well as in those with alcoholic liver disease. As the literature has shown a good concordance of these non-invasive tests with liver biopsy, they can be used with confidence for fibrosis evaluation and monitoring of patients with chronic liver diseases.

Hemoptysis

Marcela Brighiu, Camelia Militaru

Introduction: Hemoptysis is the expectoration of varying amounts of blood from the airways. Hemoptysis is manifested by eliminating blood through the mouth (mixed with air, so "frothy with mucus") from the airways.

Material and method: This paper presents the classification, etiology, symptomatology, differential diagnosis, treatment indications and the treatment for hemoptysis.

Discussion: It is desirable for the treatment of hemoptysis to be applied at the place where hemoptysis occurred, avoiding the transportation (jerks, agitation), whatever the means of transport at hand. Best for the patient is to sit quietly and not to move, unless he receives emergency healthcare or is transported to a medical facility. Transportation will nevertheless be required if the doctor considers that a medical intervention cannot be performed without an emergency and surgery service, equipped with the appropriate equipment.

Conclusion: Hemoptysis is a medical emergency, even in small quantity. Its evolution may be serious or even critical.

Clostridium Difficile infection – a nurse`s point of view

Mariana Bogriceanu, Elena Zanfir, Stela Belea

Introduction: Our objective is to review current guidelines in managing Clostridium difficile colitis and our department`s experience in this field.

Materials and methods: Clostridium difficile is a Gram-positive spore-forming anaerobe that was identified, beginning with 1978 as the causative pathogen in the majority of antibiotic-associated diarrhea and colitis cases. It is believed that a small percent of healthy individuals have this bacterium in their colon, but it is more often found in the ground, water, animal or human feces, C. difficile being a growing cause for nosocomial disease.

The most common risk factor for C. difficile infection is the use of antibiotics, as they can disrupt the normal microbial balance in the colon.

This bacterium is dangerous because it can secrete two toxins (A and B) that cause inflammation of the colonic mucosae, which can lead to moderate diarrhea, pseudomembranous colitis (most frequent form) or fulminant colitis. If the physician suspects a C. difficile infection, it is the nurse`s task to explain to the patient how to collect a stool sample and take it as fast as possible to the laboratory.

After infection is confirmed, it is up to the nurse to assure contact precautions: isolate the patient with single use gowns and gloves being available at room entrance; environmental disinfection; explaining the importance of hand hygiene and of course making sure that the patient takes his medication correctly, according to the physician`s recommendations.

Results and conclusion: C. difficile colitis has become the most frequent infectious cause of healthcare-associated diarrhea, causing high morbidity and mortality, mainly because of the use of broad-spectrum antibiotics.

The team working in the recovery of hemiplegic patients after stroke

Ecaterina Dane, Natașa Corpodeanu, Laura Iosif

Stroke is a brain infarction in ischemia or hemorrhage leading to discontinuation function.

Stroke is installed suddenly and is characterized by a neurological deficit, hemiparesis or hemiplegia known as half a body, depending on severity. 80% of strokes occur in the carotid arterial distribution and consist of muscle

weakness of a body part (face, arm or leg, in any combination).

The incidence of stroke has declined in recent years, despite the aging of the population due to changing lifestyle, use of antiplatelet and proper treatment of heart disease. Yet the incidence of stroke increases with age. Risk factors for the disease include age, high blood pressure (hypertension), heart deficiency, history of stroke, transient ischemic attacks, diabetes.

Post-stroke recovery involves using compensatory techniques for mobility, the use of daily activities or ADL (activities of daily living) and promoting communication. AVC limited prognosis for recovery is given by the following elements: severe memory problems, the inability to understand commands, medical or surgical instability, previous stroke, sphincter incontinence, visual spatial deficits.

Routine diagnostic evaluation include: CT scan (computerized axial tomography) of the cephalic extremity, electroencephalogram (EEG), MRI, carotid Doppler studies, assessment of heart (echocardiogram, EKG), blood tests routinely. Patients post-stroke recovery starting in the acute phase and the recovery post-stroke uncomplicated, stable medically is done using passive and the active mobilization helped (assisted daily), tilting the bed and identifying communication deficits. Subsequently, the patient is sent to physiotherapy or occupational therapy wheelchair. Inpatient practicing transfer activities (in bed in a wheelchair and back), the preparatory activities for walking, daily activity or practicing self-care ADL and coating, communications training, following a therapy that addresses swallowing.

The effect of application interference current in scapulohumeral periarthritis

Georgeta Matei, Margareta Bărgăoanu, Laura Iosif

Periarthritis scapular humeral is a clinical syndrome characterized by pain in the shoulder and by stiffness caused by degenerative lesions and inflammation of the tendons and exchanges of the second joint of the shoulder, accompanied by limited arm movement, no signs of damage to the joint scapular humeral. After rheumatologist French Seze describing these clinical forms: simple shoulder pain, acute painful shoulder, shoulder blocked, pseudoparalytic shoulder joint and shoulder. Treatment aims to relieve the pain, combat inflammation and fibrosis trend, to improve joint mobility. It includes: segmental rest, anti-inflammatory and analgesic drugs, hydrotherapy, electrotherapy

analgesic, massage, physical therapy.

Electrotherapy physiotherapy is part of the physical agent that uses artificial electric current applied to the body, either directly or indirectly.

Medium frequency currents are AC (sinusoidal) whose frequency is the thousands of hertz (1000-50000) and tens of thousands of Hz.

Interferential current effects: excitomotor – on striated muscle; muscle relaxant – obtained by average frequency (12-35 Hz) especially variable frequency between 0 - 100 Hz; analgesic effect; action on smooth muscles excitomotorie;

Contraindications: The application of medium frequency currents in the chest region; Neoplastic processes (electrotherapy represents an excitation, so worse malignant process); in acute inflammatory processes in first states, where the decompensated heart disease and hypertension age; in scapulohumeral rheumatoid disease, the patient is applied on the painful shoulder type plate electrodes that are introduced in size synthetic coating texture previously dampened appropriate, may also apply vacuum or suction cup electrodes.

After treatment with interferential current combined with a program of analytical kinesiology, joint pain and inflammation disappears in all cases.

Nursing essentials for patients with lung cancer

Niculina Predescu

Treating patients with lung cancer can give a nurse one of the biggest professional satisfactions, in spite of the disastrous evolution of this disease.

Novel surgical techniques made possible an increase of these

patients' survival rate.

This paper describes the most important aspects in the nursery of these patients: anatomy and physiology of the respiratory system; diagnosis of lung cancer; treatment and surgical techniques; nursing of patients with lung cancer

Despite a sustained work for over 25 years, lung cancer still represents a terrible killer. This is the reason why the nurses are actively involved in the nursing team, their actions being mandatory in order to have a long lasting recovery for these patients.

The nurse's role in cardiac rhythm disorders management in the ED

Tatiana Pană, Beatrice Ibănescu, Steluța Petrescu, Geanina Durlea

The nurse's role in early detection of cardiac rhythm disorders is extremely important considering the fact that in most cases the nurse is the first person who comes into contact with the patient and also the one who manages monitoring.

It is crucial for nurses to be educated and able to assess the gravity of the situation, especially in the ER department where time is of the essence. Education of course starts in nursing school but must be continued throughout the whole career.

The purpose of the present paper is to make a review of the most important cardiac rhythm disorders, the most common that present in the ED and the symptoms that are usually associated with them as well as taking a look at the types of patients that require cardiac monitoring and the methods that we use to ensure their proper care.

OP session NS8

Romanian medical team experience in field operations

Vasilica Mihis, Liliana Mocanu, M. Stanciu, M. Fleican, E. Fărcășanu, C.B. Teușdea

Since 1991 the Romanian army participated in missions under UN auspices to create a new architecture for peace, cooperation and stability in the world. That's why a

Romanian field military hospital participated in mission in Iraq during the first Gulf War in 1991, but only for a month.

The first test took place after two years, when the field Romanian military hospital participated in the mission in Somalia (UNOSOM II) which was intended to treat military personnel involved in the peace mission, but treated and civilians (approx. 80 % of patients) victims of civil war.

Medical teams have performed medical triage, primary

survey, resuscitation, secondary survey, surgical interventions and intensive treated patients who had or were brought to the ED of the field Romanian military hospital.

Kaposi sarcoma patients nursing – a challenge for quality care

Ioana Moisei, Andreea Mihai, Irina Vaciu

Definitions: Kaposi sarcoma is an endothelial cells neoplasia presenting with multiple vascular nodules, affecting both skin and other organs.

Clinical aspects: Kaposi sarcoma may be classified in four types: epidemic (HIV infection associated), immune-compromised, classical (sporadic) and endemic.

Kaposi sarcoma appears as red-purpuric macules or papules/nodules at any level of skin or mucous membranes. Initially, the lesions are small, painless, but may evolve with ulceration and became painful. Usually first lesions appear at legs, most of the times associating edema.

Treatment: nursing interventions are based mostly on: pain monitoring (pain killer drugs administration and comfortable body positions) and skin integrity monitoring. Digestive and respiratory functions also must be monitored. The nurse also monitors chemotherapy and radiotherapy side effects (nausea, anorexia, diarrhea and dizziness).

Kaposi sarcoma may have a favorable evolution. Yet, internal lesions can promote bleeding, sometimes massive, obstructions or organ perforations, amputations.

Kaposi sarcoma is an incurable disease but that may be controlled.

Actinic keratosis – real danger of today?

Irina Vaciu, Lucața Teșă, F. Pieptea

Definition: Actinic keratosis (AK), also known as solar keratosis, is a precancerous lesion of the skin, usually appearing on long time sun exposed skin, mostly involving upper and lower limbs, face, nose and ears.

Clinical aspects: actinic lesions appear as keratotic plaques, yellowish-dark, 0.5 to 1.5 cm in diameter, either plane or slightly elevated.

Pathologic examination may show any of the following aspects: hypertrophy, akantolysis, atrophy, Bowenoid aspect or pigmentations. It may also define malignant

transformation in spinocellular carcinoma.

Nursing roles are: prophylaxis, education, diagnostic (signs of infection, irritation), topical treatment correct application.

Complications may be present: bleeding secondary to electrocoagulation treatment, hard to cooperate with patients (self-medication such propolis, plants, tinctures etc, that may complicate post-operative plagues), extended and hard to reach areas.

A history of anesthetic practice

Tudora Băraru

The presentation have assayed to review briefly the history of anesthesia specialty and to define the scope of anesthesiology, which even seems secure, but not yet mature and fully differentiated. Anesthesia is considered an American invention, although anyone who examines history will understand that innovation of such significance can hardly have arisen spontaneously.

In addition to the concept of standard of care, another kind of standards has grown in evidentiary importance. Organizations such as European Society of Anesthesia and the Romanian Society of Anesthesia as well as hospitals and departments, promulgate standards and procedural manuals or directive.

Operations had been performed over the centuries but always for simple affections such as fractures, amputation, cataract extraction, trephination of the skull, or removal of bladder calculus. After 1960, in our country, valuable anesthetic practice developed and even improved due to the technological progress of medical and monitoring equipment along with medical substances.

Cardiovascular diseases

M. Lefter, V. Scarlat, N. Vasile

The term "cardiovascular disease" (CVD) is attributed to a multiple diseases affecting the heart and blood vessels, and among them an ischemic cardiomyopathy (IC), cerebrovascular disorder, (high blood pressure) or peripheral arterial disease (PAD).

Other cardiovascular disease are myocarditis (heart condition causes rheumatic fever) and congenital heart disease (heart malformations present at birth).

CVD is associated with heart attacks (myocardial infarction), angina and stroke.

Obstructive sleep apnea

M. Lefter, Mirela Barbu, M. Ene

Obstructive sleep apnea, is also known as apnea-hypopnea syndrome and obstructive sleep (SAS) – is a sleep disorder that involves substantial diminution or cessation of airflow inspired.

This is the most common type of sleep disorder and is characterized by recurrent episodes of airway blockage during sleep for 10 seconds more, leading to significant reductions in blood oxygen levels.

As a result, shallow sleep or waking phase comes total increases muscle tone in the throat and larynx to restore patency.

Status is followed by a series of deep breaths, usually with loud snoring. SAS patients have increased risk of developing heart diseases, hypertension, diabetes, disorders of potency.

Daytime sleepiness, memory and attention disorders can cause a car or work accident.

Tongue cancer

Nicoleta Ghica, Dorina Dumitru, Valentina Budai

Among all etiological factors potentially existent in the western world, tobacco and tobacco derivate use is primarily associated with the tongue cancer.

Tongue cancer represents the most frequent malignant oral form, having a more prognosis, especially in cases which are not discovered in earlier stages.

Tongue cancer requires specific client investigations.

Inner portion mandible abscess

Camelia Preda, Andreea Badea, Nicoleta Călin

Submaxillary area is situated in the inner horizontal arm of the mandible, having the mylohioidian, hypoglossal muscles and the mouth floor mucosa as the upper and medial limits.

Below and downwards is limited by the superficial cervical fascia.

Inner portion mandible abscedates as a result of septic

processes developed in the inferior molars.

Clinical manifestations induced by teeth recesses are extremely varied and the treatment may be either very simple, either very difficult sometimes, requiring large surgical procedures, interdisciplinary assessment, specific medical treatment and a close patient care.

Biological treatments in R.A. (Abatacept)

Liliana I. Predescu, Aura Mandachi, Gina Pană

Rheumatoid arthritis is an autoimmune disease of the connective tissue of unknown etiology with a sampler of about 1% in the general population. Featuring through a symmetrical synovitis erosive, deforming and destructive arthropathy by systemic and extra-articular manifestations (rheumatoid nodules). The evolution of chronic, fluctuating disease, untreated can lead to progressive joint destruction, deformity accompanied by permanent joint with a motor deficits and reduction of life expectancy.

The advent of biological therapy within rheumatological was the beginning of a new era because the treatment had on hand until then it was limited.

Abatacept in combination with methotrexate is indicated for the treatment of active moderate/severe R.A. on adult patients who have insufficient response or intolerance to other disease-modifying anti-rheumatic drugs.

Abatacept (SC): each pre-filled syringe contains 125 mg of abatacept in 1 ml solution for injection. The content must be clear, colorless to pale yellow and is administered once a week.

Keep in the original packaging, protected from light, refrigerated (2-8° C), do not freeze. The liquid level must be above the line of control.

Preparing injection site: 30-60 minutes prior to administration remove the pre-filled syringe from refrigerator and leave at room temperature. Do not use heat sources to accelerate the heating of! Avoid region diameter of 5 cm around the navel. Do not inject into areas where the skin hypersensitivity, damage or crusting, swelling, tissue endured.

Choose a different place for the next administration injections (at least 3 cm from the previous).

Wipe in a circular motion the place chosen for injection with a pad soaked in rubbing alcohol and allow to dry.

Undesirable effects: headache, nausea and upper respiratory tract infections, fatigue, asthenia, erythema, pruritus, dyspnea.

OP session NS9

Schizophrenia

Lidia Dobrinescu, Cecilia Bizon

Schizophrenia involves a range of signs and symptoms including disturbances in sense of self and interpersonal communication. Deficits in functioning are observed in daily living family life, social interactions and employment.

Schizophrenia is an endogenous psychosis that most commonly occurs in late adolescence and early adulthood (15-40 years) affecting the self-identity, social interactions and interpersonal relationships.

People diagnosed with schizophrenia usually experience a combination of positive symptoms (hallucinations, delusions, transparency-influence syndrome), negative symptoms (low energy, lack of emotions, poor or nonexistent social functioning) and cognitive symptoms (disorganized thoughts, speech and behaviors).

Continuous signs of the disturbance persist for at least 6 months. The course of schizophrenia is typically marked by alternating periods of remission and relapse. Episodes of relapse have significant implications both in terms of cost of health care as the personal implications of loss of functioning for the individual.

Schizophrenia is often described in terms of positive, negative and cognitive symptoms.

Positive symptoms include: transparency-influence syndrome, hallucinations, and delusions.

Negative symptoms include: apathy, depersonalization, ambivalence, social withdrawal, disorganized thinking and behaviors, deficits in attention, working memory, deficits in processing speed, verbal fluency, disorganized thinking: derailment or loose associations, abnormal social behavior; suicide attempt, homicide pyromania; theft.

The panic attack and panic disorder

Nicoleta Ene, Valentina Dinoiu, D. Vasilache

The panic attack is a sudden burst of fear or anxiety (an affective state which is characterized by psychomotor restlessness and unknown fear, without object) which causes patients alarming symptoms, but is not life threatening: accelerated heart rate, difficulty to breathe, a feeling of losing control or imminent death. Usually, it lasts from 5 to 20 minutes, and can be caused by stressful

situation or it can appear unexpectedly.

Panic disorder are diagnosed when a person has repeated panic attacks, is concerned about having a new one, and so avoids places that could trigger one. There is a possibility that a person could have panic attacks without it becoming a panic disorder, these attacks appear with anxiety disorder.

Causes: the exact cause of panic disorders is unknown. It is believed that is because of a chemical imbalance in the brain (neurotransmitters).

Risk factors: a history of panic disorders in the family, alcohol consumption, mitral valve prolapsed, previous sudden panic attacks.

Symptoms: the most important symptom of all is feeling of overwhelming fear and anxiety, along with other physical symptoms.

Pathophysiological mechanism: panic disorder can be diagnosed after some sudden panic attacks and continuous fear.

Treatment: initial treatment, maintenance treatment, ambulatory treatment.

Prophylaxis: panic disorders cannot be prevented. The bare avoidance of situation and places cannot guarantee that a panic attack will not happen under new circumstances.

The benefits of breast feeding

Ionela Brăiloiu

For most of us, breast feeding is one of the earliest events that helped determine our health for the rest of our lives. And while this is in the past for us and cannot be changed, it is yet to be determined for today's and tomorrow's babies. In this presentation, we look at the importance of breast feeding, the proper ways to breast feed including the correct positions for the mother and the baby and dietary tips for the mother.

We also discuss the medical and social benefits of breast feeding for the mother and for the baby, as well as pointing out problems that may arise during breast feeding, together with methods of avoiding or diminishing their impact. The first months of a baby's life is one of the most important periods for him or her, and also for the new mother – let's do it the right way.

Zika virus

Roxana Vasilescu

Zika virus is a mosquito-borne illness that is spread by the two *Aedes* species of mosquito – *Aedes albopictus*, known as the Asian Tiger mosquito, and the *Aedes aegypti* species. This species is mostly active during the day. These mosquitoes can survive in both indoor and outdoor environments.

Zika virus cases typically occur in tropical climates such as Brazil, Colombia, Paraguay, Suriname, Venezuela and French Guiana. The World Health Organization (WHO) declared that the Zika virus outbreak constituted a Public Health Emergency of International Concern on 1 February 2016.

Signs and symptoms of Zika virus are vague and can last for up to a week. Diagnosis of the virus is typically confirmed with a blood test.

Zika infection can spread from a mother to a fetus during pregnancy. What is also of great concern is that the virus can be transmitted by sexual intercourse.

A growing concern that is currently under investigation is a possible link between maternal Zika virus infection and infant microcephaly. Brazil in particular has seen a surge in infants born with microcephaly.

At present, there is no special treatment for the virus and avoiding mosquito bites is a key aspect of prevention. There is currently no vaccine to protect against the disease.

Romania's Health Ministry has received a confirmation of a three cases of Zika virus infection of a Romanian citizens outside the country: a young women coming from Martinica, a 10 year-old boy who lives with his family in French Guyana and a men return from Dominic Republic – people traveling to areas with Zika.

Global alert about Zika virus requires special measures in Romania. Institute of Public Health has asked all municipalities to take a combination of methods to prevent and control mosquitoes that spread viruses.

Doppler ultrasound in thyroid pathology

Daniela Zavragiu, Paula Sima, Cătălina Bejan Borangic

Ultrasonography or Ultrasound is a method of imaging examination that uses ultrasounds reflected by the human body as a vector of medical information.

The Doppler Effect is a physical effect described by Christian Andreas Doppler (1803-1853) in 1842.

This effect defines the wavelength behavior of the incoming

wave when the wave source and the receiver wave are moving in relation to each other.

The Doppler effect is used both in radioastronomy to study celestial bodies moving with the aid of electromagnetic waves, and in industry and medicine where applications relate primarily to sound waves. In the human body the target being studied using the Doppler Effect is the blood flow.

The Doppler method in thyroid pathology allows for the assessment of the hypervascularity of the thyroid parenchyma, the absence or presence of arterial vascular signal at nodular level. The type of vascularization can also be used to guide treatment. Ultrasonography (ultrasound) opens new perspectives in evaluating the Doppler imaging of the thyroid.

Thyroid scintigraphy

Mariana Ciușescu, Eugenia Rusu, Veronica Nicolau

Thyroid scintigraphy, nuclear medicine technique, is one of the oldest methods of imaging diagnosis, being in clinical practice from early 60's. This technique is based on the thyroid property to extract from the circulatory system the administrated radiopharmaceutical and up taking it by an active transport mechanism, without involving it in the iodine intrathyroid cycle or up taking and processing it by the thyroid follicles.

By detecting at the surface the radiation emitted by the radiotracer can be assessed both the morphology (dimensions, localization, shape) and the thyroid gland function (overall and potential nodular structures). Thereby, the assessment of the morpho-functional variants of normal thyroid include: position (retrosternal, laterocervical or sublingual), the number of thyroid lobes (accessory lobe, lobe agenesis), the gland's shape (oval, U-shaped or V-shaped) and possible radiopharmaceutical uptake asymmetry (preferential uptake in only one lobe).

Thyroid scintigraphy is usually performed with Tc99m-petechetate, it implies the intravenous administration of a minimal quantity of radiotracer (with a minimum of radiation and after about 20 minutes from the administration, the acquisition of an thyroid gland image is performed (which takes about 5 minutes).

The thyroid scintigraphy's indications are multiple:

The assessment of thyroid tissue function:

- a) Diffuse or nodular goiter;
- b) Function assessment of an singular nodule (cold, hot,

fiery);

c) Indication of possible function autonomy of a fiery nodule;

d) The detection of ectopic thyroid tissue (lingual, substernal);

e) The assessment of the remaining thyroid tissue after a subtotal thyroidectomy, radioiodine treatment or cervical lodge irradiation.

Challenges in accurate positioning for head and neck cancer patients in 3D-conformal radiotherapy

A. Toma, N. Bocăniă

Objectives: Radiotherapy is part of the multimodal treatment of head and neck cancer. Accurate positioning of the patient during CT simulation and treatment is essential, since a lot of critical organs surround the tumor target volumes. We try to identify the most frequent challenges in

positioning our head and neck cancer patients during radiotherapy, as the setup can result in underdose the tumor or overdose the critical organs.

Methods: We start 3D-conformal radiotherapy in Radiotherapy Department, Carol Davila Central University Emergency Military Hospital in 2014. We use a Siemens CT Simulator for treatment planning and Unique Varian linear accelerator for treatment, and for positioning Aquaplast RT mask (Q-Fix, USA) custom-made by simulation. We analyze 12 patients with various head and neck cancers, treated in our department in 2015-2016 and in which cases we found image-guided setup errors during radiotherapy and need a second CT simulation.

Conclusions: The most frequent causes of inaccurate positioning during radiotherapy for head and neck cancers are: neck edema, tumor growth or important tumor regression, evolution of cervical adenopathy, patient cachexia.

OP session NS10

Pharmacotherapy in major depressive disorder

A. Meliaca, Stelica Fărcășanu Zoica

Depression is a major psychiatric disorder marked by sadness, loneliness, despair, low self esteem and self-reproach. Associated features psychomotor agitation or retardation, low social interactions and symptoms like insomnia, anorexia and pain.

Types of depression: depression with noradrenaline deficit; depression with serotonin deficit: anxious type, hostile type; depression with dopamine deficit; depression with GABA deficit and mixed depression: depression with serotonin/noradrenalin deficit, depression with serotonin and/or noradrenalin deficit associated with dopaminergic hyperactivity.

Severity scale: mild depression episode, moderate depression, severe depression without psychotic features, severe depression with psychotic features.

Minimal natural length for a depression episode is 3 to 9 months. The course is quite variable: isolated depressive episode; from one to three depressive episodes in the course of life; multiple episodes.

Initiating treatment with antidepressants drugs associates

specific risks for each antidepressant class, requiring a thorough selection based on medical criteria and potential risks evaluation. Throughout the treatment the patient will be strictly monitored to prevent the risk of serotonergic syndrome cardiovascular changes (hypo and hypertension, QTc prolongation, dyscrasic blood changes and hepatic enzymes changes).

Recent studies signal the presence of metabolic syndrome in patients with depression undergoing antidepressant treatment. Taking this information to consideration, we recommend as precaution to enforce a monitoring algorithm similar to the one used for the antipsychotic treatment.

Psychiatric nursing strategies for alcohol consumption

Alina Popa, Elena Țolea, C. Gâlcă

It is very possible to have a drinking problem that is not defined or described as "Alcoholic".

Although most people do not become addicted to alcohol on their first drink, a small proportion do. Many people who have experienced a strong liking of alcohol from their very

first exposure then gone on to become addicted to it. At present it cannot be predicted who these people will be, so any exposure to alcohol has the risk of producing addiction in some users.

Many people use alcohol to cope with stress but do not realize that it exacerbates the problems in their lives. People drink to socialize, celebrate, and relax. There is drink of joy, sadness, out of habit, drink without reason, simply drink.

Alcohol enters the bloodstream from the first sip. Alcohol's immediate effects can appear within about 10 minutes. As you drink, you increase your blood alcohol concentration (BAC) level, which is the amount of alcohol present in your bloodstream.

Alcohol often has a strong effect on people – and throughout history we've struggled to understand and manage alcohol's power.

Alcoholism is a disease not a vice, it is a progressive disease, incurable, marked by the obsession to drink despite physical harm produced.

There are techniques and therapies available to help lessen the dependence on alcohol and rediscover balance in life.

Incompatibilities between drugs which are administered intravenous in the Intensive Care Unit

Mirela Bidilică, Gabriela Amoșei, N. Tănase, L. Ene

In ICU there are many drugs which, by their mixing in the same infusate solution, may determine incompatibility reactions, by chemical or physical mechanism. The incompatibility may appear as precipitation, chemical reactions, antagonism, and decomposition of biological molecules or the appearance of gaseous compounds.

Even though it is recommended the visual analysis of the admixture/carrier solution before its use in order to determine the precipitation, the color modification or the appearance of turbidity, not every incompatibility can be visually observed.

We will present the main mechanisms of intravenous drugs incompatibilities, their causes and consequences (sometimes severe) involving the patient and also some preventive strategies.

In order to reduce the risk associated with the intravenous drugs which are used in the ICU we have implemented in our unit the using of a two dimensional chart which contains recommendations for dissolving and compatibilities between every drug commonly used in our department.

Nursing files

Gabriela Dediu

Considering that the healthcare system is undergoing a continuous transformation process, the quality of healthcare is often used a reference point for the evaluation of the medical act. Furthermore, it provides an accurate reflection of the quality of the patient care processes, while also bearing into consideration the latest technological and therapeutic developments.

The nurse's duties are to enact the doctor's recommendations, working towards improving the patient's health, while respecting safety regulations that have been certified, approved, understood and consented to, so that the quality of the medical act is ensured.

Evaluating the quality of the healthcare act implies assessing multiple aspects, such as: the efficaciousness, efficiency and the continuous nature of the healthcare procedures; patient safety; the competences of the medical team; patient satisfaction, as well as the satisfaction of the medical personnel.

In conclusion, it can be argued that the purpose of the standards guiding the activity of the medical personnel is to establish a set of criteria and optimal working conditions necessary for achieving the required quality in the healthcare system, while at the same time respecting the patient's life, dignity and individuality. These standards are fully documented in the nursing dossier.

The intraoperative nursing for surgical procedures longer than 3 h

Mariana Stoian, Voichița Militaru, Mihaela Mușat, Teodora Vasile, Adriana Oprea, Cornelia Nițu, B. Iordache, I. Cristea

The surgical procedures lasting longer than 3 h are highly difficult, regardless they are open-surgery or minimally-invasive (laparoscopic). They require special high-skilled nursing measures. We organized these special measures in an internal protocol adapted to the type of surgery.

The protocol involves measures dedicated to the patient:

- Invasive and non-invasive monitoring.
- Electrolytic acid base, hematologic equilibrations.
- Preventing and treating hypothermia.
- Preventing thrombo-embolic complications.
- Preventing prolonged immobilisations

Measure for the preparation of the operating room:

- Aseptic and anti-septic measures
- The preparation of the medical devices, medications in sufficient quantities
- The registration of the medical activities according to internal protocols.

Our experience comprises approximately 1000 longer than 3 hours procedures, due to the surgical complexity and the application of the internal protocol contributed to surgical success, led to the important reduction of the post-operating, complications and in reducing the operative time.



Course – Modern multidisciplinary approach on hepatic carcinoma

Hepatocellular carcinoma – a short review

Florentina Ioniță Radu, Andrada Popescu, A. Gavrilă, Maria M. Chereja

Introduction: Our objective is to review current international data regarding hepatocellular carcinoma.

Materials and methods: Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer with an incidence ranging from 6.5 % in women to 7.9 % in men.

HCC has a high mortality rate being the third leading cause of cancer-related death worldwide, responsible for ~ 700,000 deaths annually. Regardless of the cause, cirrhosis is the most important risk factor for the development of HCC with an annual risk of 2-7%.

Biannual surveillance using both AFP and abdominal ultrasound remains the gold standard for HCC screening in cirrhotic patients even if they are not very sensible for early HCC detection. Other biomarkers, such as des γ carboxy-prothrombin (DCP), AFP-L3, and cross sectional imaging are of great interest, but there is insufficient evidence to consider using them for routine screening.

Radiological imaging is the primary tool used in HCC diagnosis, without a need for biopsy when typical appearance exists. Recent findings in genomics could provide new tools in HCC diagnosis.

Although there are many staging systems for HCC, the Barcelona Clinic Liver Cancer is the most widely accepted since it contains an evidence-based treatment algorithm.

There are multiple treatment options for HCC

depending on patient performance status and liver dysfunction degree. There is a tendency in expanding the actual criteria for liver transplantation, but recent data show a higher posttransplant mortality.

Results and conclusion: Hepatocellular carcinoma is an aggressive solid tumor with a high mortality rate. Even if there are multiple treatment options, surveillance and detection of early HCC is the best option in increasing survival rate.

The hepatocellular carcinoma – what we know from guides

Gaudia Mănescu, Cătălina Diaconu, D.O. Costache, Raluca S. Costache

Hepatocellular carcinoma is a malignant tumor that is the fifth most common type of cancer, the third leading cause of cancer-related death globally (preceded only by the lung and the stomach cancers) and the most common primary liver cancer. HCC was thought to be a special type of cancer prevalent only in the Southeast Asia and Africa, but it has become in a short time more common in other regions, especially in Europe and the United States, which has led to greater interest in the diagnosis and treatment of HCC worldwide.

90% of patients with hepatocellular carcinoma associate cirrhosis. Chronic viral hepatitis (hepatitis B is an independent predictor of HCC development), hemochromatosis and alcoholic cirrhosis are the most frequently associated with HCC.

The pathogenesis of HCC is not fully understood, but

most probably are implicated the activation of proto-oncogenes, deactivation of tumor suppressor genes (e.g. p53 and pRb), changes in growth factor or growth factor signaling processes (e.g. IGF, TGF), changes in telomeric length and activity or microsatellite instability.

Symptoms of HCC are commonly related to those of their chronic liver disease and include weakness or fatigue, weight loss, anorexia, pain in the upper abdomen usually in the right hypocondrium, bloating or jaundice.

Diagnosis is usually made by history, physical examination, laboratory studies (aminotransferase levels, alkaline phosphatase, serum bilirubin and optionally elevated serum AFP (> 400 ng/ml), because AFP is elevated in only 50-75% of cases), MRI or CT scan showing a liver mass consistent with HCC.

The treatment should be discussed and planned by a multidisciplinary team. The applicable treatment possibilities include surgical (liver resection, liver transplantation-OLT), ablative (percutaneous ethanol injection, transarterial chemoembolization, radiofrequency ablation) and systemic therapy (tyrosine-kinase inhibitor – Sorafenib).

The treatment is established using the Barcelona-Clinic Liver Cancer (BCLC) staging system which defines very early stage cancer (single nodule, <2 cm, Child-Pugh A) as stage 0, early stage cancer (1-3 nodules, <3 cm each, Child-Pugh A-B) as stage A, intermediate stage for multinodular HCC (stage B), advanced stage which involves vascular invasion or extrahepatic spread (stage C) and terminal stage at patients with Child-pugh C cirrhosis. Resection, ablation and transplantation is recommended for stage 0 and A, transcatheter arterial chemoembolization for stage B, Sorafenib – stage C and best supportive care for terminal stage.

Surgical treatment of the hepatocellular carcinoma (HCC) – review

L. Mosoia

Hepatocellular carcinoma (HCC) is a rising cause of cancer related mortality and viral causes of cirrhosis appear to be a major cause. The data work stress out that surveillance helps to detect early stage disease and treatment options are determined by stage of presentation. Different classifications of HCC and specific treatment are presented.

Three potentially curative options are tumor resections, liver transplantation and radiofrequency ablation/cryotherapy.

Emerging therapies such as drug eluting beads – transarterial chemoembolizations, radioembolization or Sorafenib treatment will continue to advance options in HCC.

Early experience with laparoscopic bipolar radiofrequency device for liver resection in hepatocellular carcinoma

L. Mosoia, V. Ștefănescu, F. Măcău, C. Mitru, V. Dumitrașcu

Laparoscopic liver resection remains a surgical procedure of great challenge because of the risk of massive bleeding during liver transection and the complicated biliary and vascular anatomy in the liver. Various techniques and energy-based devices have been used to minimise the blood loss during transection of the liver parenchyma laparoscopically.

Methods.

The laparoscopic Habib™ 4X is a bipolar radiofrequency device consisting of a 2x2 array of needles arranged in a rectangle. It produces coagulative necrosis of the liver parenchyma sealing biliary radicals and blood vessels and enables bloodless transection of the liver parenchyma.

Two patients underwent laparoscopic liver resection in a period of 6 months. Indications for liver resection were marginal hepatocellular carcinoma (3.7/3.1cm

and 8/7 cm) in 2 cirrhotic patients. Technical aspects were analysed.

Results. One patient underwent S6 resection, the other one underwent S2-S3 resection. Pringle manoeuvre was not used in any of the patients. Mean operative time was 180 minutes (range, 160–200 minutes). Bleeding control along the transection line was satisfactory. No conversion to laparotomy was required. Operative blood loss was minimal. No blood transfusion was recorded. The postoperative period was uneventful. Median postoperative hospital stay was 3 days. Histopathology revealed that the margins were disease free.

Conclusion. Laparoscopic liver resection can be safely performed with laparoscopic Habib™ 4X with a significantly low risk of intraoperative bleeding or postoperative complications.

Two stage surgical treatment for giant right hepatic hepatocellular carcinoma

L. Mosoia, T. Artenie, A. Dima, C. Mitru, V. Dumitraşcu, Florina Bold, Irina Zahiu, C. Beţianu

Hepatocellular carcinoma (HCC) is a primary tumor of the liver, usually associated with chronic liver disease, is less common in non-cirrhotic livers. In this report, we present a 75 yrs old patient who came to our attention one month after the initial ultrasound with palpable hepatomegaly.

The CT showed a hypervascularized solitary liver lesion measuring 22/18 cm originated from right hepatic lobe, with small for size left hemiliver at volumetry. Laboratory data showed normal liver function and hepatitis B and C serologies were negative. Serum tumor markers including CEA, CA 12.5, CA 19.9 were within normal range while AFP was elevated, > 500. Due to the insufficient future liver remnant, we performed right portal vein ligation (PVL) in the first

instance, to convert the unresectable tumor to resectable for potential cure. We record the success of PVL with compensatory hypertrophy in the left liver, seen at seven weeks after PVL.

The patient underwent planned laparotomy and right hepatectomy with uneventfully postoperative follow-up and discharge in day 9.

The case presented, indicates that surgical resection for giant HCC is possible in selected patients, even if initially, the future liver remnant does not allowed surgical therapy.

Alternative treatment options for inoperable primary and secondary liver tumors

Săndica Bucurică

The treatment protocols proposed by EASL and AASLD are similar and it are made (based on Barcelona Clinic Liver Cancer staging) according to disease stage. As for early stages there are curative treatments for advanced stages (as inoperable, vascular invasion, extrahepatic spread, poor clinical and biological patient status).

It is considered that hepatic resection, liver transplantation (in carefully selected individuals), and radiofrequency ablation are considered curative.

Treatments that consider best supportive care for terminal-stage HCC, but not intend to be curative are transarterial chemoembolization, radioembolization, and systemic chemotherapy such as with sorafenib.

The goals of trying to treat inoperable hepatic tumors is desirable in order to obtain a longer time of progression, the extension of survival with a better life quality by minimizing the symptoms or to obtain regression of tumors sizes for ablation, resection or transplantation.

ADMINISTRATIVE ISSUES

Guidelines for authors

Thank you for your interest in *Romanian Journal of Military Medicine*. Please read the complete Author Guidelines carefully prior to submission, including the section on copyright.

To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. Note that submission implies that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium. Once you have prepared your submission in accordance with the Guidelines, manuscripts should be submitted online at rjmilmed@yahoo.com.

We look forward to your submission.

EDITORIAL AND CONTENT CONSIDERATIONS

Aims and Scope

Romanian Journal of Military Medicine (RJMM) is the official journal of the Romanian Association of Military Physicians and Pharmacists. The Journal publishes peer-reviewed original papers, reviews, metaanalyses and systematic reviews, and editorials concerned with clinical practice and research in the fields of medicine. Papers cover the medical, surgical, radiological, pathological, biochemical, physiological, ethical and historical aspects of the subject areas. Clinical trials are afforded expedited publication if deemed suitable. RJMM also deals with the basic sciences and experimental work, particularly that with a clear relevance to disease mechanisms and new therapies. Case reports and letters to the Editor will not be considered for publication.

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The acceptance criteria for all papers and reviews are based on the quality and originality of the research and its clinical and scientific significance to our readership. All manuscripts are peer reviewed under the direction of an Editor. The Editor reserves the right to refuse any material for review that does not conform to the submission guidelines detailed throughout this document, including ethical issues, completion of an Exclusive License Form and stipulations as to length.

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Principles for Publication of Research Involving Human Subjects

Manuscripts must contain a statement to the effect that all human studies have been reviewed by the appropriate

ethics committee and have therefore been performed in accordance with the ethical standards laid down in an appropriate version of the Declaration of Helsinki (as revised in Brazil 2013), available at <http://www.wma.net/en/30publications/10policies/b3/index.html>. It should also state clearly in the text that all persons gave their informed consent prior to their inclusion in the study. Details that might disclose the identity of the subjects under the study should be omitted. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

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We strongly recommend, as a condition of consideration for publication, registration in a public trials registry. Trials register at or before the onset of patient enrolment. This policy applies to any clinical trial. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration with a registry that meets the following minimum criteria:

- (1) accessible to the public at no charge;
- (2) searchable by standard, electronic (Internet-based) methods;
- (3) open to all prospective registrants free of charge or at minimal cost;
- (4) validates registered information;
- (5) identifies trials with a unique number; and
- (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

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These are invited by the Editor-in-Chief or their delegated editor, and should be a brief review of the subject concerned, with reference to and commentary about one or more articles published in the same issue of RJMM. Editorials are generally 1200–1500 words, may contain one table or figure and cite up to 15 references, including the source article [this should be cited as *Military Med.* Today (year); (vol): [this issue].

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RJMM welcomes original articles concerned with clinical practice and research in the fields of medicine. Papers can cover the medical, surgical, radiological, pathological, biochemical, physiological, ethical and/or historical aspects of the subject areas. Clinical trials are afforded expedited publication if deemed suitable. RJMM also deals with the basic sciences and experimental work, particularly that with a clear relevance to disease mechanisms and new therapies. Original articles are limited to 3000 words, with an abstract of up to 250 words and up to 50 references and 3–7 figures and tables.

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The Editors welcome contributions to the Education and Imaging section. The purpose is to present imaging for the evaluation of unusual features of common conditions or diagnosis of unusual cases. Contributions will be reviewed by the Education and Imaging Coordinating Editors. The format of the Images pages involves two parts, each of which will occupy up to one journal page. In part 1, a case will be described briefly, including a summary of the presentation, clinical features and key laboratory results. One to two key images will then be presented. It is helpful to the reader if

the author responds to questions that follow from the images of the case, such as ‘What is your diagnosis? What are the features indicated on the CT scan? What is the differential diagnosis?’ Part 2 will briefly describe the imaging features, particularly those that lead to diagnosis or which are critical for management. Differential diagnosis should be mentioned. It will be useful to include either further images or pathological details that validate the imaging diagnosis. Occasionally, presentation of analogous cases or related images from a similar case might be appropriate. Please include between one and three references to definitive studies and appropriate reviews of the subject. The format of the Images page involves a brief background to and description of the disorder of interest together with two figures of high quality. Colored photographs are encouraged. The submission may take the form of a case report or may illustrate particular features from more than one patient.

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Manuscripts should follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors’ revised ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication’, as presented at <http://www.ICMJE.org/>.

Spelling. The journal uses US spelling and authors should therefore follow the latest edition of the Merriam-Webster’s Collegiate Dictionary.

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Abbreviations should be used sparingly and only where they ease the reader’s task by reducing repetition of long technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation.

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The manuscript should be submitted in separate files: title page; main text file; figures.

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Disclosure statement

The source of financial grants and other funding should be acknowledged, including a frank declaration of the authors’

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Acknowledgments

The contribution of colleagues or institutions should also be acknowledged. Thanks to anonymous reviewers are not allowed.

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As papers are double-blind peer reviewed the main text file should not include any information that might identify the authors. The main text of the manuscript should be presented in the following order: (i) abstract and key words, (ii) text, (iii) references, (iv) tables (each table complete with title and footnotes), (vii) figure legends. Figures and supporting information should be submitted as separate files. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

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Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶ should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

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Romanian Journal of Military Medicine
New Series, Vol. CXIX, Suppl/2016, September
ISSN-L 1222-5126; eISSN 2501-2312; pISSN 1222-5126