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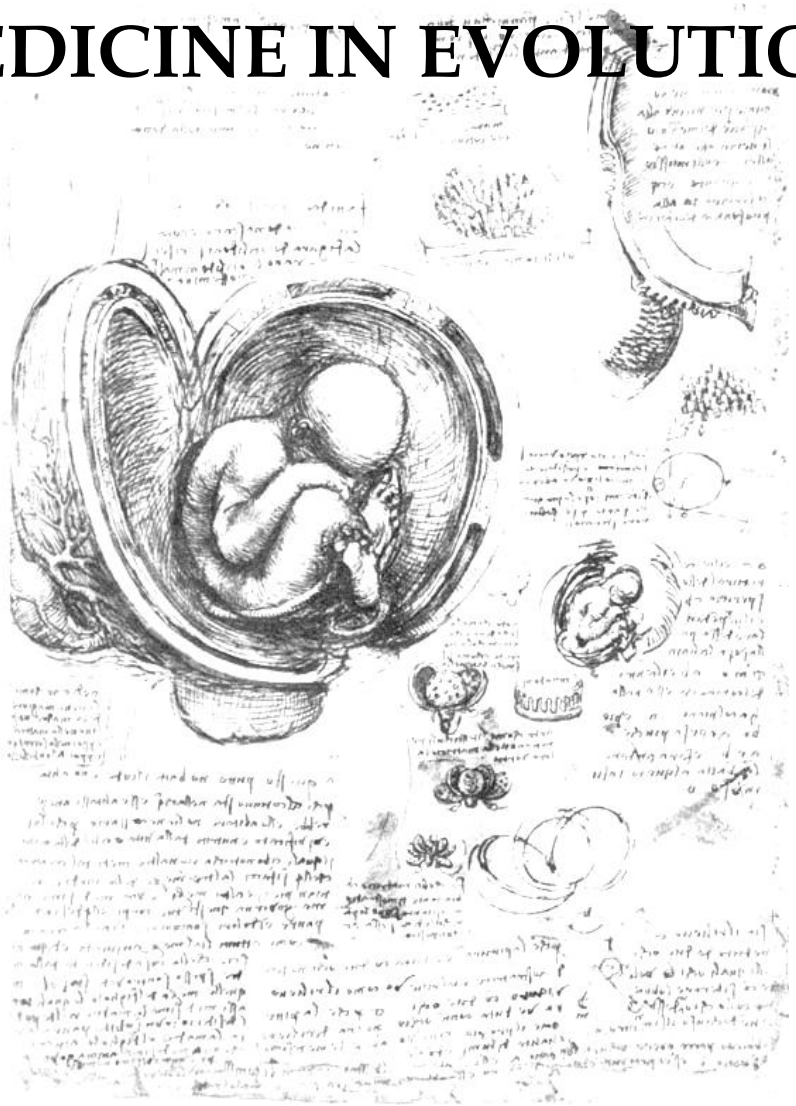

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ABSTRACTS

EPIDEMIOLOGICAL FEATURES OF NEW HIV INFECTIONS IN 2015 IN THE WESTERN PART OF ROMANIA

VOICHIȚA LĂZUREANU[*], TEODORA MOISIL[**], MUSTA VIRGIL[*], NARCISA NICOLESCU[*], RUXANDRA LAZA[*], MARIA CERBU[**], VALERICA BICA[**], DANIELA BIRIȘ[**], GÎNDAC CIPRIAN[**], MIRELA POROSNICU[**], CRIȘAN ALEXANDRU[*]

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Background: Identification of new HIV-infections is important for describing HIV epidemic. HIV incidence is the best measure of prevention & treatment programs. We conducted a study to describe new identified HIV infections and estimate HIV incidence within the adult population in the western part of Romania.

Methods: We analised all new cases of adult HIV infection identified in 2015 in 4 counties from the western part of Romania (Arad, Caras-Severin, Hunedoara and Timis). We assessed the patients by age, gender, transmission, place of living, CD4, viral load and HIV treatment.

Results: 50 new cases of HIV infections were identified in the 4 counties during 2015 as follows: 24 in Timis, 12 in Caras-Severin, 10 in Arad and 4 in Hunedoara, and distribution on gender is as follows in figure 1.

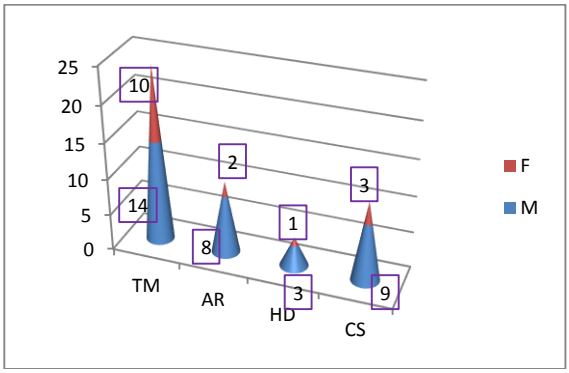

Figure 1.

From this 50 new patients 3(6%) were diagnosed with pulmonary tuberculosis. 16 (32%) are women and 34 (68%) are men. From the 34 men: 22 (65%) are between 30-67 years old; 12 (35%) are between 17-29 years. 13 (38%) are MSM; 21 (62%) are heterosexual, no intravenous drug abusers. From the 16 women: 10 (63%) are between 30-65 years and 6 (37%) are between 29-20 years old, all are heterosexual. At HIV diagnosis median CD4 count is 247 cel/µl and median viral load is 224.387 cópies/ml. 10 patients refused treatment or their adherence is still low and they are all in psychological counseling, 40 patients (80%) initiated HAART as follows: 10 (25%) with INNRT, 12 (30%) with INSTI, 18(45%)with PI.

Conclusions: Incidence of HIV infection in the western part of Romania is low (50 new HIV cases in 2015 and a total 913 patients with HIV infection). We need to test more persons and target specific populations: MSM, inmates, intravenous drug abusers, pregnant women for voluntary and repeated testing. Treatment initiation, after psychological counseling is very important in preventing HIV transmission.

Key words: new HIV infections, incidence, treatment initiation

CONTINUUM OF HIV/AIDS CARE- BETWEEN MYTH AND REALITY

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Objectives

In 2014, UNAIDS established several targets to be reached by countries' AIDS national response, namely by 2020: 90 -90-90 PLWHA in treatment, 500.000 new infections among adults and zero discrimination and by 2030: 95-95-95 PLWHA in treatment, 200.000 infections among adults and zero discrimination. In order to reach these targets, two elements must be taken into consideration: each country to know their epidemic and knowing the response each health system can provide. HIV continuum of care was developed so that each country has the means to meet these targets.

Material and methods

Assessment of data on HIV/AIDS collected in the National HIV/AIDS Data Base (1985-established at the Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania- INBI "Prof. Dr. Matei Bals", Bucharest: epidemiological and clinical data, laboratory (Elisa, Western Blot, CD4, V.L., STIs, HBV, HCV, TB IDUs) treatment, staging data (CDC Atlanta, adults and children), social services, adherence and in the National Registry of HIV pregnant women and of perinatally exposed children. We compared UNAIDS' definitions regarding: data collecting, PLWHA, diagnosed, linked to care, retained in care, on treatment, viral suppression with the Romanian system of surveillance. The latter one consists in an estimated number of PLWHA (from Spectrum- UNAIDS estimates), PLWHA registered in the National HIV Data Base (with a code of registration), PLWHA in active surveillance, patients in treatment (with a code of registration), CD4 >500 cells (in patients under treatment), viral load <50 copies (in patients under treatment).

Results

At 31 December 2015, an estimated number of 14.000 were people living with HIV/AIDS (Spectrum-UNAIDS estimates), 13.766 PLWHA (98,3%) were registered in the National HIV/AIDS Data Base, 12.096 (87,7%) were patients in active surveillance, 10.551 (87,2%) PLWHA were in treatment, 6014 (57%) had CD4>500 mm3 (in patients under treatment) and 5386 (51%) had viral load <50 copies/ml (in patients under treatment).

Conclusions

Continuum of HIV/AIDS care is an active surveillance tool of AIDS epidemic, at both national and international levels. The main targets are identifying the gap between diagnosed and undiagnosed persons, access to public health services and the response of the national health programmes that should provide intervention coverage, quality of services, outcomes and impact. Despite the performance of this surveillance system that encompasses many elements vital for an accurate survey of AIDS epidemic it must be taken into consideration that each country has its own monitoring system, based on specific epidemic characteristics, which currently faces difficulties in harmonising the international requests with the local data.

Key words: HIV continuum of care, national surveillance syst5em, national AIDS response

ANTENATAL SURVEILLANCE OF PREGNANT WOMEN WITH RISK BEHAVIOR IN ROMANIA AND ITS IMPACT ON MOTHER TO CHILD TRANSMISSION OF HIV

MARIANA MĂRDĂRESCU[*,], CRISTINA PETRE[*], MARIETA IANCU[**], ALINA CIBEA[*], RUXANDRA DRAGHICENOIU[*], RODICA UNGURIANU[*], ANA MARIA TUDOR[*], DELIA VLAD[*], SORIN PETREA[*], CARINA MATEI[*], DAN OȚELEA[*], CARMEN CRĂCIUN[*], CRISTIAN ANGHELINA[*], ALEXANDRA MARDĂRESCU[*]**

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Background

Surveillance of HIV mother to child transmission in Romania has a significant impact on the targets set by UNAIDS's Fast Track- Ending the AIDS Epidemic by 2030, released in 2014. In this context, since 2011 the Romanian HIV antenatal-screening surveillance, sustained by the Public Health authorities and by the Romanian Infectious Diseases Network has registered an increase in the number of HIV infected women-IDUs, due to the consumption of synthetic cannabinoids and cathinones, also known as the former "legal highs". Furthermore, the share of new IDU/HIV cases raised from 2, 8% in 2010 to 20% in 2015 while most women consumers are found in Bucharest and its surrounding areas.

Methodology

During January 2012 until 1 May 2016 the Immunodepression Department for Children and Adolescents and the Paediatric Day Care Unit in National Institute for Infectious Diseases "Prof. Dr. Matei Bals", Bucharest surveyed 421 newborns exposed to HIV of which 62 (14,7%) were perinatally exposed to "new drugs" due to their mothers' use. However, the national rate of HIV mother to child transmission at the end of 2015 continues to maintain at the same rate of 2, 3%.

For mothers we focused the time of screening for HIV, time of HIV diagnosis, age, antenatal care, time of entering active surveillance, treatment/prophylaxis, type of birth, type of consumed drugs and screening for co-infections (HBV, HCV, STIs). In what concerns the children, we took into consideration their sex, age, time of diagnosis, ART prophylaxis, type of birth, type of feeding, neurological assessment, CD4 count, VL, ultrasound evaluation.

Results

In terms of the HIV time of detection in IDU/HIV mothers, during the four-years period of surveillance: 25 out of 62 tested mothers (40%) were detected with HIV prior to pregnancy, 7 (11,2%) during pregnancy, 26 (41%) during delivery and 4 (6,4%) during the first 24 hours after birth.

Although all newborns perinatally exposed to HIV/IDU benefitted from post partum prophylaxis and received artificial nutrition (formula) 9 out of 62 (14,5%) exposed to drug use were HIV infected.

All children were found with neo-natal problems of adaption, especially a severe withdrawal syndrome from the early hours of life which represents a real challenge for their upcoming development. Thus 40 newborns from an overall 62 observed (57%) presented this syndrome while more than 50% were discovered with neurological lesions.

Conclusions

Most pregnant women who are HIV positive and drug consumers (especially "new drugs") are not reached or do not access antenatal care services, which leads to late discovery of HIV and other STIs, specifically during the third pregnancy trimester. Moreover, if they are diagnosed with HIV during pregnancy they are reluctant in taking the specific treatment.

The use of synthetic cannabinoids and cathinones by pregnant women infected with HIV has significant effects on newborns and their subsequent development which represents a real challenge for the post-partum surveillance system.

From the social standpoint, these women have poor background, lack a support system from their families and are hardly reached by HIV screening or prevention programmes which need to be adapted to their needs and status.

Key words: HIV surveillance, injecting drug users, synthetic cannabinoids and cathinone

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV – AN OVERVIEW

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Even if new HIV infections among children were reduced by 58% from 2000 to 2014, mother-to- child transmission (MTCT) remains an important route of HIV transmission, especially in countries from sub-Saharan Africa. New HIV infections among children were reduced by 58% from 2000 to 2014, however 220,000 children became newly infected with HIV in 2014 worldwide.

Only 73% of pregnant women living with HIV had access to ART (antiretroviral treatment) to prevent transmission of HIV to their babies in 2014.

The lack of testing and retesting during pregnancy and postpartum represents a missed opportunity to identify women who have recently acquired HIV infection and have an increased risk of MTCT because of their high HIV viral loads during incident infection.

In the absence of ART, the likelihood of HIV passing from mother-to-child range from 15% to 45%, while it's reduced to less than 0.1% in treated mother - infant pairs. Perinatal HIV-1 transmission is virtually zero in mothers treated since conception who maintain plasma viral suppression near delivery. The most important maternal and neonatal factors that can increase the risk of transmission are: high maternal viral loads at delivery, low CD4 cell counts, presence of sexually transmitted infections, prolonged rupture of membranes or prolonged labor, chorioamniotitis, invasive delivery procedures, preterm delivery, long duration of breastfeeding, breast abscesses, oral diseases in the baby and CMV shedding in the breastmilk.

ART in pregnant women must be individualized based on main factors as: potential teratogenic and/or adverse events in infants, experience in pregnancy, woman's ART history, result of genotypic resistance testing and prior exposure, potential drug-drug interactions, comorbidities, PK changes in pregnancy and ability of the woman to adhere to the treatment. Latest versions of the EACS and DHHS guidelines recommend triple therapy for all HIV infected pregnant women, as soon as HIV infection is diagnosed and not later as the beginning of the second trimester. As sooner ART is started, as greater the chance to achieve earlier viral suppression associated with lower risk of HIV transmission. Scheduled caesarian section is recommended only in women with detectable viral load at delivery. Breastfeeding is not recommended for HIV-infected women, including those receiving ART.

Antiretroviral therapy (ART) and retention in care are essential for the prevention of mother-to-child HIV transmission. Detection and prevention of incident HIV in pregnancy/postpartum should be prioritized, and is critical to decrease MTCT and to achieve the UNAIDS targets of zero vertical transmissions.

PSYCHOLOGICAL ASPECTS IN TERMINAL HIV INFECTION

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Purpose: This study aims to highlight the main features of the type of terminal care and support for HIV infected patients.

Methods: We retrospectively analyzed the cases of patients who died in the HIV compartment over a 24 month period, from January 1, 2014 - December 31, 2015.

Results: In the mentioned period, 15 patients died, with a frequency of less than one patient per month. All were assigned to stage C3 AIDS disease. Six patients were part of "pediatric cohort" (born between 1988-1989); the median age was 33.2 years, the oldest patient being 69 years; 2 patients were naive to antiretroviral therapy, AIDS symptoms relevant disease is respiratory failure (pneumocystosis); 13 of the patients were non-adherent to therapy, with abandonment of therapy for 12-36 months. Patients with respiratory failure were assisted in the intensive care department; one patient died of liver failure with high acute hepatitis B. Psychological support was offered to patients and caregivers, according to the principles of bioethics in terminal illness, analyzing each case and with the most appropriate response in terms of psycho-emotional comfort.

Conclusions: The psychosocial and intensive care department provide specialized assistance to terminally ill patients with AIDS. Regarding HIV, we registered a shift in the median age toward the adult group, 2015 being the first year in which patients from the "pediatric cohort" are fewer than 50% of all patients with HIV infection. Psychological approach is the most appropriate manner of individualized management for patients and caregivers.

THE ISSUE OF LATE HIV DIAGNOSIS IN ROMANIAN CHILDREN

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Introduction. Percentage of mother-to-child transmission of HIV has remained below 4% in the past few years in Romania, at the same level as reported in the European Union. This is due to a continued National Program of Prevention and Control of HIV infection in Romania.

Yet, there are still children diagnosed with HIV infection late, after the first month of life.

Objective. The evaluation of pediatric cases diagnosed with HIV late, after the neonatal period.

Material and method. We analyzed medical records of 13 children hospitalized in NIID "Prof. Dr. Matei Balş" between January 2013 and October 2015. Age at diagnosis ranged from 3 months to 9 years. Parameters monitored: age at diagnosis, the HIV status in child's family, associated HIV diseases, CDC stage of HIV infection at diagnosis, the number of previous periods of hospitalization in paediatric clinics, and the evolution of patients with antiretroviral treatment.

Results. Out of 13 children, 10 (77%) were diagnosed with HIV in advanced stage of infection. 5 of these (50%) were hospitalized (for over a week) more than 5 times before diagnosis. Associated diseases before diagnosis (mostly opportunistic infections): tuberculosis, fungal infections, pneumocystosis.

Conclusions. The percentage of perinatally acquired HIV infection in Romania is low, due to enforcement of the prevention of mother-to-child HIV transmission program. Nevertheless, there are children who are still diagnosed late. Several factors contribute to that: lack of compliance with medical care during pregnancy - the pregnant woman and the new born are not tested, lack of routine HIV testing for children with multiple confinements for various intercurrent illnesses.

Key-words: HIV, late diagnosis, children

TONSILAR AND APPENDICULAR INFECTION WITH ACTINOMYCES

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Actinomycosis is a granulomatous chronical disease, caused by Actinomyces spp., an anaerobic Gram-positive bacteria. It normally colonizes the human oral cavity, the rest of the digestive and genital tract. In particular cases it can develop loco-regional infection and it can disseminate and cause infection in almost any part of the body. This bacteria is very hard to grow, therefore the etiologic diagnosis is deficient. At the infection site necrosis occurs with sulfur granules and filaments, where microscopically the bacteria can be highlighted, the histological examination has decisive value.

In this regard we present two clinical cases of Actinomycosis, localized in the tonsils and appendix. The first case, a 37 years old female patient addresses the hospital for odynophagia, dysphagia, low grade fever, all being sympyoms lasting for the past 2 months. For these symptoms she received treatment with amoxicilin and clarithromycin, with partial local improvement, but the low grade fever remained. The oral cavity exam revealed hypertrophic and hyperemic tonsils and also cervical adenopathy. The started treatment included ampicilline 3 gram/day, but without noticeable remission of symptoms, and for that reason a tonsillectomy was performed. The anatomo-pathological examination reveals the presence of dilated crypts in both tonsils removed, which contain in lumen colonies of Actinomyces, surrounded by neutrophilles. The microscopic examination has basically established the etiological diagnosis.

The second case is a 32 years old female patient with pain in the right iliac fossa. After the clinical and ultrasound examination an appendectomy is decided. The anatomo-pathological examination has described an aspect of Actinomycosis. For this reason she is transferred to the infectious-diseases hospital, where she is treated with Ampicillin 10gr./day, with a favorable evolution. The same treatment is to be followed for 21 days.

Comments: Actinomycosis is considered as a rare disease, but in fact it is poorly diagnosed due to the atypical forms which mimic many other diseases, such as TB or malignancies. The most frequent are the cervicofacial forms ("lumpy jaw syndrome") within odontogenic infections, which sometimes can drain to the exterior and sulphuric granules may be found in the secretion product. Digestive infection with Actinomyces has been quite frequent during the last few years. The diagnosis is often postoperative. The most frequent location is in the ileocecal area, colonic, anorectal, as well as gastric and of the bile duct (infection of the stent). Respiratory and genital impairment (at women using IUD) has also been described. Our paper brings into attention a poorly diagnosed disease and shows the importance of the microscopic exam in establishing the diagnosis, an essential factor because it requires a long-term treatment (6-12 months) with beta-lactam antibiotics.

Key words: actinomycozis, diferential diagnosis, treatment

CONSIDERATION ON A CASE OF HAEMORRHAGIC FEVER WITH RENAL SYNDROME

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We shall present the case of MI, male, aged 53, from Teasc/Dolj county, admitted in September 2014 with fever, jaundice, myalgias, epistaxis and diffuse petechiae. From the epidemiological point of view the patient worked as a farmer, he was recently gone for fishing (he was in contact with stagnant water) and he admitted to have mice in the household. Biological explorations revealed leukocytosis with lymphocytosis, monocytosis and plasmocytosis, trombocytopenia, increased total bilirubin level (mainly with the conjugate component), increased BUN and creatinine levels. We have suspected a case of leptospirosis and the patient started antimicrobial therapy with Ampicillin, 6g/day, i.v. Serological tests for leptospirosis, infectious mononucleosis, HIV infection and acute hepatitis A/B/C were negative. Medulogram showed an important percentage of plasmocytes (20%), while immunoelectrophoresis revealed increased IgM level, which raised the suspicion of multiple myeloma, but the hypothesis has been invalidated by a flowcytometry examination. Finally, the serology for hantaviruses was positive (IgM+ for Dobrava-Belgrade strain).

Discussion: infections due to hantaviruses are less known / described in our country, however this infection should be suspected in cases of haemmorhagic fever with renal syndrome and negative serology for Leptospira spp. Haematologic features of this infection might also resemble the suspicion of lymphocytic leukaemia, multiple myeloma or heavy chain disease.

Conclusion: in cases with epidemiological and clinical features suggestive for leptospirosis, but with negative serology it is recommended to search for hantavirus infection.

Keywords: haemmorhagic fever with renal syndrome, hantavirosis, Dobrava-Belgrade strain

RARE LOCALIZATION OF BGN/ANAEROBIC INFECTION DURING AN UROSEPSIS

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Intra-abdominal infections frequently encountered in medical practice represent a major cause of morbidity and mortality. However, splenic abscesses are rare found entities, having different causes, most oftenly associated with trauma or septic outbreak (typhoid, malaria, urinary tract infection.)

Clinical manifestations of splenic abscesses usually include abdominal pain, more intensely in the upper-left-quadrant area. Fever, nausea, vomiting and anorexia may also be present in various combinations.

A 33-year-old woman was admitted during the 12th day of disease in our hospital, clinical signs including moderate fever, disuria, nausea, abdominal pain and diarrhea with mucus. Examination revealed T 37,6°C, dehidratation wtih persistent skin fold, paleness, abdominal pain, especially in the left-upper-quadrant area of the abdomen and tenesmus. She had no history of recent surgery and did not suffer from diabetes, any immunodeficiency or other infection that would justify a degree of immunosuppression.

Laboratory investigations revealed leukocytosis, increased CRP and ESR, urine cultures isolating E.coli. Patient reported therapy with Ciprofloxacin 7 days before, related to the urinary tract infection symptomatology. Because of the trenant diarrheic symptomatology, enterocolitis with Clostridium difficile was suspected, with negative results. Blood cultures isolated E.coli ESBL (resistant to fluoroquinolones, cephalosporins) identical with urine culture isolate. Carbapenem therapy (Tienam 2g/day) was began without expected results in the next 14 days (still fever 37°C-38°C, abdominal pain). Even though abdominal ultrasound and thoracic X-ray were normal at admission, an abdominal CT had to be considered (showing multiple spleen abscesses but no other modification).

Parenchymal localizations, possibly associated with anaerobic germs, required adding of Metronidazole 1,5g/zi/i.v to the treatment. Clinical and biological evolution was favorable, patient being released after 34 days of hospitalization in good general condition.

Metronidazole may be useful in association with carbapenems during infection dissemination of abdominal organs.

Keywords: urosepsis, splenic abscesses, diarrhea, Metronidazole, anaerobic germs

HCV CIRRHOSIS CURED – CLINICAL CASE PRESENTATION

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Introduction: The purpose of the presentation is to follow the course of therapy and follow up 12/24 weeks to a cirrhotic HCV Peg + RBV experimented patient, treated with Exviera + Viekirax +/- ribavirin

Methods: 58 years female patient with blood transfusion in 1978, with multiple comorbidities (ischemic heart disease, essential hypertension, cholecystectomy, obesity gr. I, type 2 diabetes) and concomitant therapies (Preductal, Nitromint, Tertensif, Propranolol, Betaserc), is diagnosed in May 2012 with HCV Cirrhosis (Fibroscan 32 kPa). It manages 48 weeks with PegIFN + RBV therapy (November 2012 - October 2013). Evolution: relapse.

In June 2015 is revalued to therapy with IFN- free Exviera + Viekirax + RBV: genotype 1b IL28B-TT

Fibrotest: 0,81 (F4) **Fibroscan: 25,7 kPa (F4)** **APRI: 1 (N < 0,5)**	
HCV- RNA = 603341 UI/ml (5,78 log)	
ALT = 27 U/l (0-47), AST = 44 U/l (0- 37)	
L= 4230/µl, Hb= 13,3 g/dl, Plt= 119 000/µl	
Creatinine = 0,72 mg/dl Cl cr = 114 ml/min	
Albumin	**43 g/l**
Bilirubin total/direct/indirect	14 (0-19)/5 (0-3)/9 (0-15) µmol/l
INR	1,10
Alfa feto proteine	13,3 UI/ml (0,5-5,5)
Scor Child Pugh	A5
Other semnificative investigation	Glucose = 144 mg/dl

Therapy is initiated on July 14, 2015, with Viekirax + Exviera + RBV 1.2 g / day. After 4 weeks Hb falls below 10 g / dl, forcing RBV dose reduction to 1 g / day (August 6) and then 0.8 g / day (August 14), followed by total cessation of RBV (September 3). HCV-RNA is undetectable in 4 and 12 weeks of therapy, followed by undetectable values at 12 and 24 weeks of follow up.

Conclusions: Assessment of 12/24 weeks of follow up show sustained viral response, regression of fibrosis from F4 to F2, normalization of blood glucose and increased platelet value.

THE RETURN OF ZIKA VIRUS

LUCIAN NEGRUȚIU
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Abstract:

Is the Zika virus an re-emergent pathogen wich provide a re-emergent infectious disease? Identified in the late 1940s in Africa, Zika virus was first confirmed in Brazil in May 2015. Now, he is identified in more than 27 countries and territories in the region. Spread to the Americas was predicted because of the abundance of the mosquito vector, Aedes aegypti. Some Brazilian regions experiencing outbreaks of Zika infection have reported an apparent increase in congenital microcephaly and post-infective neurological syndromes, particularly Guillain-Barré syndrome.The World Health Organization declared the recent, 2016, a cluster of microcephaly and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, a public health emergency of international concern. If Zika virus infection is confirmed to cause congenital microcephaly, this could lead to a large international burden of infant neurological morbidity. Zika virus infection should be considered in people presenting with compatible symptoms, who have recently returned from countries where outbreaks of the infection are occurring. Our work is a review wich provides up to date information on Zika virus infection.

Key words: Zika virus, microcephaly, Guillain-Barré syndrome

EXTRAHEPATIC MANIFESTATIONS IN CHRONIC HEPATITIS B – THE EXPERIENCE OF THE IASI INFECTIOUS DISEASES HOSPITAL BETWEEN 2013-2015

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Abstract: Hepatitis B virus (HBV) leads to a number of hepatic complications, from acute to chronic hepatitis, cirrhosis and hepatocellular carcinoma, is a well-established fact. Upcoming clinical research, over the years, associates numerous extrahepatic sydromes: vascular, renal, and cutaneous manifestations, essential mixed cryoglobulinemia, and neurological phenomena.

Aim: Our study proposes an approach to the extrahepatic manifestations of chronic hepatitis B as it has been shown that the persistent production of immune complexes induces extrahepatic lesions.

Material and Methods: In the interval 2013-2015 180 cases of chronic hepatitis B were admitted to the Iasi Infectious Diseases Hospital.

Results: The mean age of the study patients was 41 years, most patients being male (65%) and living in urban areas (70%). Cutaneous manifestationsof chronic HBV infection were present in 62% of patients and consisted in: rash (25%), Gianotti-Crosti syndrome (15%), cryoglobulinemia (21.11%) and Henoch-Schonlein purpura (12.22%). Panarteritis nodosa (PAN) with a prevalence of 9%, and renal manifestations – glomerulonephritis (2.77%) and nephrotic syndrome – were present. Also reported were neurological manifestations (peripheral neuritis, Guillain-Barre syndrome) in 11.1% of the cases, endocrine manifestations (impaired glucose metabolism, and hypothyroidism) in 19.4%, hematological (thrombocytopenia, hemolytic anemia, aplastic anemia) and cardiovascular manifestations.

Conclusions: In our study group the extrahepatic manifestations often complicated the course of chronic HBV infection with a wide range clinical forms involving many organs or systems (skin, joints, nervous, renal, cardiovascular and hematologic systems).

Keywords: chronic hepatitis B, extrahepatic manifestations, autoimmunity

THE INTERFERON - FREE THERAPY EXPERIENCE IN HOSPITAL OF INFECTIOUS AND TROPICAL DISEASES ' DR. VICTOR BABES ' BUCHAREST DURING DECEMBER 2015- APRIL 2016 - POSITIVE AND NEGATIVE ASPECTS!

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Introduction: In Romania HCV prevalence is 3.2 %; with values of 1.5 % (18-29 years) to 6.5 % (60-69 years). Of total: 90 % replicative infection. HCV infection is the leading cause of liver cancer Europe and indication for liver transplantation. The efficacy of the treatment of HCV infection increased remarkably in the last 5 years so that new molecules can eradicate HCV infection in propotion of 98-100 %. Eradication of HCV infection leads to healing and recovery of patients with chronic HCV hepatitis with the possibility of their social reintegration in the vast majority of the cases. In present in our country, the DAA therapy is refund for patients with compensated cirrhosis and those with severe fibrosis (F3) with certain contraindications to Interferon.

Objectives: Analysis of a lot of cirrhotic HCV or severe fibrosis (F3) patients treated for 12 weeks with Viekirax, Exviera and Ribavirin.

Methods: retrospective study of 76 patients with HCV cirrhosis CHILD A or F3 fibrosis, genotype 1b treated in hospital " Dr. Victor Babes ' Bucharest during December 2015 - April 2016.

Results: We treated 38 men and 38 women with liver cirrhosis HCV CHILD A, aged between 39 and 83 years, with an average age of 60 years. 44 % of patients showed cardiac disorders, gastrointestinal and biliary disorders in 16% cases, 25% diabetes type II and 7% were diagnosed with depression. At the start of the treatment about half of patients had splenomegaly and a quarter of them had esophageal varices grade I or II. Patients with other comorbidities were treated with cardiology medication, anti-depressant and anti diabetic therapy.

During the treatment 37 % of patients experienced anemia, which required ribavirin dose reduction and in 4 cases we stopped the ribavirin therapy. In 31 % of cases, total bilirubin increase was observed, in 7 cases total bilirubin increased more than 4 times than ULN. The most common symptoms occurring during therapy were asthenia (36 %), pruritus (16 %), followed in approximately equal percentages of unbalanced diabetes, loss of appetite, epygastralgia and vertigo. Antiviral medication was generally well supported, but a number of 7 patients experienced bouts of hypertension difficult to controll. 9 patients experienced serious adverse effects, that required hospitalization, therapy was halted in one case and one death was recorded 6 days after treatment. All patients had undetectable HCV RNA at the end of therapy.

Conclusions: The new DAA therapy has been very effective for the 76 patients treated, all patients had undetectable HCV RNA at the end of therapy. Treatment was generally well tolerated by patients, the most common symptoms appear to be mild and did not require further hospitalization. Ribavirin resulted in anemia in 37 % of cases and probably to epygastralgia. RBV dose modification or discontinuation did not alter therapeutic response. However 9 patients experienced serious adverse events, one death was recorded post treatment which proves the need for enhanced surveillance and a better knowledge of the new treatments available.

Key words: liver cirrhosis with hepatitis C, antiviral therapy with Viekira, Exviera, RBV

MULTIDISCIPLINARY APPROACH IN A PATIENT WITH HIV-ASSOCIATED HODGKIN'S LYMPHOMA

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Background

Combined antiretroviral therapy significantly improved the prognosis and the life expectancy of HIV patients. Along with this, the profile of HIV associated malignant pathologies has changed. Among these, Hodgkin's lymphoma, with a higher incidence than in general population, is an important cause of mortality and morbidity in HIV infected people. It also represents one of the pathologies that requires an extensive panel of investigations and close interdisciplinary collaboration.

Material and Methods

We present the case of a 27 years old patient who was diagnosed with HIV at the age of three. Over the time, the patient underwent multiple antiretroviral therapy treatments. In the last year he developed discordant immunologic and virologic response to the treatment (very low CD4 lymphocytes count and undetectable viral load). While being admitted to our clinic for further evaluation, he developed fever, multiple lymphnodes and hepato-splenomegaly. These manifestations constituted the trigger for extensive multidisciplinary investigations which conducted to the diagnosis of stage IV Hodgkin's lymphoma. The patient was started on chemotherapy; he has had 4 cycles so far and a good evolution. He also continued antiretroviral treatment with an association that is potent, well tolerated and with as little as possible interactions with his chemotherapy treatment.

Conclusions

HIV-associated lymphomas manifest in various forms in clinical setting.

Unlike in general population, HIV-associated lymphomas are usually more aggressive and they have a poor prognostic. Therefore they must be included into the differential diagnosis panel in patients presenting with sudden increase in lymphnodes.

Although HIV-associated Hodgkin's lymphoma tends to manifest in higher CD4 count, an abrupt decrease in CD4 lymphocytes count should be the trigger for further investigation, because lymphocytopenia is one of the hematological manifestation in Hogdkin's lymphoma.

HIV-associated lymphoma requires exhaustive medical investigations and a close interdisciplinary cooperation during the entire time of diagnostic and therapeutic procedures

STAPHYLOCOCCUS AUREUS SEPSIS WITH MULTIPLE DISSEMINATIONS

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Introduction: Staphylococcus aureus infection, accompanied by a high drug-resistant, represents a higher risk of morbidity and mortality compared with other pathogens. Although in most cases are involved less severe infections, there are cases of sepsis: pneumonia, bone or joint infections.

Aim: To present the case of a patient with Staphylococcus aureus sepsis with multiple disseminations: gastrointestinal, meningitis and pneumonia.

Material and methods: Female patient V.A., 6 years old, rural area, addmited in our clinic between 25.02.2016 – 25.03.2016, transfered from Pediatric surgery with diagnosis: Acute meningitis, Interstitial pneumonia, Postoperativ care for appendectomy.

Results: 12 hours after appendectomy the patient presents: psychmotor agitation, irritability, tachypnea and stiff neck. Laboratory findings: neutrophilic leukocytosis, elevated inflammatory syndrome, lumbar puncture: 318 elements (80% PMN). Positive blood culture with Staphylococcus aureus. Antibiotic therapy (Vancomycin and Meropenem) was initiated. Initiall evolution was favorable, but after 10 days of treatment the patient presents fever, dry cough and chest pain. Chest radiography: excavated pulmonary nodules; chest CT scan: bilateral excavated pulmonary nodules. A second antibiotic therapy is started (Gentamicin, Amoxicillin+Clavulanic acid, Sulfamethoxazole+trimethoprim) with further favorable evolution.

Conclusions: Initial onset with digestive signs, suggestive for acute appendicitis, transformed into a severe Staphylococcal sepsis. Although the antibiotic therapy was complex, the evolution was biphasic with multiple fever climbs.

Key words: meningitis, pneumonia, staphylococcus

MULTIDISCIPLINARY APPROACH TO HIV

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Objectives:HIV infection is a systemic disease with multi-organic manifestations, thus the management must be multidisciplinary. The aim of this study is to underline the necessity of interdisciplinary collaboration for the correct therapy of the patients.

Material and methods: A cross sectional study was performed at the 1st Infectious Diseases Clinic of Targu Mures, HIV compartment during the following period: 01.11.2015-30.04.2016. Patients admitted at the HIV ward were included in the study. Demographic data, primary and secondary diseases associated with HIV infection, check-ups from different specialities which were needed for the diagnosis, differential diagnosis and complications were followed. We compared the principal comorbodity for which the patients were admitted with the transmission route (cohort and non-cohort group). Fischer`s test was used for statistical analyses.

Results: 136 admissions, 84 patients, 48 female, average age 28 years (extremes: 3, 52), A 1-2:2, B1-3:21, C1-3:61 patients. 55 (65%) belong to the Romanian national cohort. The main comorbidities associated with HIV infection which leaded to admission were: respiratory (17 tuberculosis, 11 pneumonia), 20 gastrointestinal (chronic viral hepatitis B, enterocolitis, diarrhea, parasites), 17 hematological (anemia, thrombocytopenia, lymphoma, etc), 11 neuro-psychical (panic attack, behavioral disorders), 12 STDs (syphilis, condylomatosis, herpes). From 136 admissions we found 86 times hepatic disorders, 80 modifications of hematological parameters, 68 metabolic, 66 gastrointestinal tract, 63 respiratory system disorders. Imagistics: 82 (52 X-ray, CT, MRI, 31 ultrasonography). Leading investigations from other specialities: 24 ophtalmology (fundoscopy included), 20 pnemophtisiology, 17 dermatology, 14 gynecology. 2 patients deceased. We found statistically significant difference between the cohort and non-cohort group only regarding the haemathological disorders (p= 0.0085).

Conclusions: In the last 6 months HIV infected patients were admitted mostly for respiratory disorders. The majority had multiple comorbidities. They needed medical imaging and the most required check-ups were ophtalmology, pneumophtiziology, dermato-venerology, gynecology.With this multidisciplinary approach the evolution was 97% favorable. Although the main diseases associated with HIV were not properly infections, they were managed by infectious diseases specialists.

Keywords: HIV, comorbidities, multidisciplinary approach

THE INFLUENCE OF EMOTIONAL TRAUMA ON THE ADHERENCE OF HIV POSITIVE PATIENTS

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Emotional trauma is represented by any event that can be encountered by us at any given moment of our lives and that exceeds our adaptability boundaries. This affects the way in which we successfully cope with stressful situations and leads to excessive sensitivity in facing future emotional situations. Childhood emotional traumas are having an effect on the adult and for HIV positive patients these can have negative effects on the adherence to the antiretroviral therapy.

Difficult situations encountered by HIV positive patients have negative and traumatic effects on the psychic of the patient, but emotional trauma experienced during childhood has devastating effects later on in life. The influence of emotional trauma on the adherence of HIV positive patients can be noticed in two case studies from the patients that have discontinued their antiretroviral treatment when they faced emotionally traumatic experiences as adults.

It is surprising both for the patients and the doctors that emotional trauma represents a barrier of non-adherence. The maladjustment patterns developed in the interaction with family members during childhood are later on in life reapplied in the relationship with the partner, friends, etc.

Healing emotional trauma through finding self-esteem, activating positive thoughts and emotions as well as with the help of motivational therapy transforms the human being in an active and selective subject having internal determinism in choosing and triggering actions.

Childhood emotional trauma suffered by an HIV positive patient is a predictable factor of non-adherence, therefore, detecting traumatic events and healing these emotional wounds through developing decision-making skills can prevent the abandon of treatment.

Key words: emotional trauma, HIV positive, adherence, self-esteem, healing

IDENTIFICATION OF POTENTIALY NOSOCOMIAL STRAINS FROM NEUROLOGICAL INPATIENTS

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The Aims:Identification of bacterial strains with nosocomial potential at the Neurology Department of Arad County Hospital; testing their sensitivity to antibiotics in order to identify efficient therapy; analyzing resistance phenotypes.

Material and Method: Cases tracked in the Neurology Department of Arad County Hospital between January 1, 2015 and December 31, 2015. 230 patients were admitted with a clinical diagnosis other than urinary infection, evolving on a background of neurological pathology.

Isolation, identification and testing of bacterial strains conformed to standard laboratory methodology.

Results: We identified the symptoms present on admission and some biological data: dysuria, nocturia, oliguria, increased serum urea and serum creatinine. Possible factors leading to urinary infection: prolonged bed rest, repeated bladder catheterization, lack of proper sanitation, urinary incontinence / diapers.We isolated 48 strains with nosocomial potential: 37 strains of ESBL producing Enterobacteriaceae, 2 strains of MRSA.

Conclusions: The frequently oligosymptomatic clinical picture of neurological patients requires the performance of urine culture, in order to establish etiological diagnosis and adequate therapy. We notice the presence of multi-resistant strains (resistant to almost all chemotherapy drugs in hospital equipment). The strains are selected with increased frequency and become dominant nosocomial microbial populations. In these cases, the collaboration between clinician and laboratory-based physicians is both necessary and useful.

Key words: uroculture, nosocomial infection, neurological status

CURRENT CLINICAL-EVOLUTIONAL ASPECTS IN CONVULSIVE COUGH

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Introduction: The incidence of convulsive cough dropped after the vaccination programs have been introduced, but in the last years, due to multiple reasons, a "trend" unfavorable to vaccines in general has emerged, this being a factor in the growth of the number of measles, convulsive cough, rubeola etc. cases

Material and method: We have performed a retrospective study regarding 120 convulsive cough cases admitted into the Clinic II Infectious Diseases of the Victor Babes Hospital Timisoara within the last 6 years, analyzed according to various criteria: gender, age group, background, personal antecedents including vaccines, associated diseases, disease form, treatment schemas, laboratory investigations, evolution.

Results and conclusions:

1. The number of convulsive cough cases has gone up within the last years in our country, with differences and depending on the counties, Timis county has been the third one in 2014 case number-wise.

2. The most cases – 25 – have been registered in 2015.

3. The most affected age group is the one under 2, but the disease can occur both in teenagers and in adults.

4. Convulsive cough can be prevented through vaccination, some countries currently vaccinate even the adult population (England, Belgium).

Key words: convulsive cough, incidence, retrospective study

FULMINANT MENINGOCOCCEMIA

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Objectives: Quick diagnosis and therapeutic conduct in emergency of fulminant meningococcemia.

Materials and method: A female patient, 2 years old, rural area, without significant pathological problems, admitted in 2nd Clinic of Infectious Diseases and Pneumology "Victor Babes" Timisoara, between 07.04.2016 – 18.04.216, with the symptomatology: high fever, vomiting and loss of appetite, symptoms appeared with 12 hours before admission.

Results and conclusions: The positive diagnose of fulminant meningococcemia was established based on: sudden onset of the disease associated with clinical elements and bacteriological results. In front of this case, for etiological diagnose, the blood culture is very important, before started any antibiotic therapy, because in some cases the CSF culture may be negative. Although a complex antibiotic therapy was initiated, from the admission in hospital, pro-inflammatory cytokines cascade lead to a fulminant evolution. Meningococcemia continues to be a disease with severe evolution, even lethal, despite keeping the meningococcus sensibility to Penicillin.

Key words: meningococcemia, meningoencephalitis, bacteriological diagnose, multiple organ dysfunction syndrome, death

CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME IN A YOUNG GIRL WITH LUPUS END SEPTIC SHOCK – CASE REPORT

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Case report about a successfully treated patient with catastrophic antiphospholipid syndrome (CAPS) in a young girl with lupus and septic shock.

INTRODUCTION: Catastrophic antiphospholipid syndrome, also known as Asherson`s Syndrome, is an acute, rare and complex biological process that leads to occlusion of small vessels of various organs. CAPS has a mortality rate of about 50% and more than 200 cases are reported all over the world. The mechanism involves a cytokine storm, low platelet count, history of lupus.

CASE REPORT: A 19-year-old girl, with history of lupus, was admitted in the Intensive Care Unit (ICU) at Clinical Hospital for Infectious Diseases and Pneumology Timisoara for suspicion of respiratory failure due to flu virus, with septic shock (acute renal failure, liver failure, severe metabolic acidosis). She has a short history of unclear sepsis with fever more than 39 grades Celsius possible from a gynecological starting point. She presents decreased responsiveness and profound weakness, dyspneea, an intensive generalized rash and bruises at the foot fingers reflecting peripheral thrombosis (Figure1) and vaginal discharge. She had hypotension (sustained with norepinephrine), high lactate levels, low SpO2 (65%), oliguria and hypoglycemia.

Blood tests revealed leukocytosis (14,77x10^9/L) with granulocytes, procalcitonin> 100ng/ml, C-reactive protein (CRP) 118=mg/ml, liver failure (elevated liver enzymes, coagulation disorders, hypoglycaemia), acute renal failure (BUN= 105mg/dl, creatinine=4,69mg/dl). From the vaginal discharge we identified Escherichia coli (resistance to amoxicillin + acid clavulnic, tripethoprim-sulfamethoxazol) and candida albicans sensitive to flucanozol. All blood cultures were negative. We started treatment with antibiotics (meropenem, linezolid), antifungal (fluconazol), antiviral (oseltamivir), anticoagulant (heparin), corticosteroids, diuretics, hepatoprotective drugs etc.

Fig. 1 Peripheral thrombosis

5 Hours after admission on ICU, clinical statement and laboratory analyses worsened, we initiated continuous renal replacement therapy (CRRT) with heparin as anticoagulation: FR (filtration rate was 25%) and effluent (30 ml/kg/h). It lasts more than 36 hours and the results are presented in the table 1.

Tabel 1. Blood tests influenced by hemofiltration

	CRRT							
	0 h	**24 h**	**48 h**	**72 h**	**96 h**	**Day 5**	**Day 6**	**Day 7**
Leukocytes	14,77	25.65	20.54	17.75	10.80	5.24	5.84	4.49
Procalcitonine (PCT) ng/ml	**>100**	**26.47**	**11.17**	**10.01**	**6.25**	**1.48**	**0.5**	**0.4**
Noradrenaline .µg/kg/min	0.33	0.33	0.5	0.33	0.16	0	0	0
C-reactive protein mg/l	**118.9**	**224.9**	**132.4**	**59.21**	**32.63**	**14.64**	-	
Platelets	240	141	**62**	**32**	**19**	38	60	73
Unconjugated bilirubin mg/dl	105	64.7	71.4	141	148.4	117.4	-	97.4
Creatinine	4.69	1.88	1.75	1.83	1.33	0.73	-	0.61
Total bilirubin mg/dl	0.63	0.55	0.69	0.95	0.92	0.7	-	-
Fibrinogen	2.52	1.59	0.96	0.76	0.96	1.01	-	1.6
Lactate	5.58	2.19	2.25	2.01	1.32	1.30	1.28	1.01

Clinical features showed from the beginning MSOF (multiple severe organ failure): respiratory, neurological, liver and renal failure with Apache II score=27 (mortality=62%). Cerebral MRI was normal at admission.

The radiologic image was of acute respiratory distress syndrome (ARDS).

In the next days the pacient developed pleural, cardiac and peritoneal effusion. After 10 days the patient presented seizures and MRI indicated extensive cerebral edematous lesions (.>4cm, bilateral) in temporal (1,3 cm) and cerebellar hemisphere (0,8cm).

Immunological blood test were performed after CRRT with following values: positive antinuclear antibodies, positive nRNP/Sm and border values of antiphospholipidandic antibody.

DISCUSSION: Diagnostic of Catastrophic antiphospholipid syndrome and septic shock is sustained by clinical feature with cytokine storm, high level of procalcitonine, peripheral thrombosis, multiple organ failure and history of lupus. Treatment includes use of antibiotics, heparin, high doses of corticoids, continuous hemofiltration.

The efficacy of CRRT is proved by biomarkers shown in table 1. Clinical statement improved, procalcitonin decreased, unconjugated bilirubin and creatinine decreased. Hemofiltration was active by 2 mechanisms: the use of heparin (aPTT in range70-90 sec) and the continuous elimination of cytokines in this period.

CONCLUSSION: CAPS associated with lupus is an extremely rare, distinct cause of multiple organ failure resulting in widespread thrombosis. The diagnostic and treatment remains challenging for physicians. Multimodal therapies including anticoagulation, corticosteroids and hemofiltration may be life-saving for these particular patients.

Keywords: Catastrophic antiphospholipid syndrome, continuous renal replacement therapy, lupus, septic shock

POSTER SESSION

CLOSTRIDIUM DIFFICILE PARTICULARITIES INFECTION IN HAEMATOLOGICAL PATIENTS

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Introduction: Clostridium difficile is the most common enteric pathogen, which is associated with medical care, antibiotics, PPIs or immunosuppressive treatments, particularly in patients over 65 years with comorbidities.

Purpose and Objective: The aim of this study was to analyze the particularities of clinical course and treatment in patients with hematological diseases hospitalized for the treatment of the underlying disease and who were diagnosed with Clostridium difficile infection. We followed the clinical and paraclinical aspects that point out the severity of the infection and also the evolution under treatment and the number of relapses.

Material and methods: This study included 51 patients with hematological diseases and Clostridium Difficile infection, who were hospitalized into Infectious Diseases, Hematology and Internal Medicine Department, at the Emergency Clinical County Hospital Sibiu, between 01.01.2011 - 01.01.2016. We tried to find the factors contributing to the occurrence of Clostridium Difficile infection in all patients. All patients were etilogical evaluated through testing the toxin A / B of Clostridium difficile; renal, hepatic, hematologic and inflammatory tests were also performed. Also, comorbidities and relapses were registered.

Results and discussions:

1) *52.94% of the patients were female, with the age between 60-70 years old;*
2) *The hematological diseases were: 23,52 % Non hodgkin's lymphoma, 17,64% Chronic lymphocytic leukaemia, 17,64% MMM, 11,70% Biermer Anemia;*
3) *the most common co-infections were: Candida albicans / glabrata (35.29%), Enterobacter (23.52%), Acinetobacter baumannii (11.76%) and Staphylococcus aureus MRSA (11.76%);*
4) *the associated pathology was: COPD (29.41%), CIC (23.52%), Hypothyroidism (23.52%), organic brain syndrome (23.52%), obesity (23.52%), transient ischemic attack (17.64%);*
5) *the biological inflammatory syndrome was supported by two means: C-reactive protein - 66.64 and fibrinogen 361.1 mg / dl;*
6) *11% of the patients (21) of the total 51 patients received the following treatment: Vancomycinum + Metronidazolum + Rifaximinum alfa, only 12 had relapses. The patients who have benefited from faeces transplant (6) showed no relapses.*
7) *the average hospitalization period was 12,23 days*

Conclusions: Patients with haematological disorders are more susceptible to infections with Clostridium difficile, due to immunosuppression and associated opportunistic infections.

Keywords: Clostridium difficile, immunosuppression, haematological patientscs

RAMSAY-HUNT SYNDROME. ORAL CANDIDOSIS. III RD DEGREE ARTERIAL HYPERTENSION, HIGH CARDIOVASCULAR RISK. CHRONIC ISCHEMIC CARDIOPATHY

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Introduction: it is estimated that approximately a third of the population develops zoster herpes in their lives. The number of new cases per year varies between 1,2-3,4 to 1000 amongst healthy individuals and 3,9-11,8 up to 1000 in individuals aged over 65.

Material and method: we present to you the clinical case of a female patient aged 72, admitted into the Infectious Diseases Clinic of the Victor Babes Hospital Timisoara between 7-11.03.2016 with the following diagnosis:

- Ramsay-Hunt Syndrome.

- Oral candidosis.

- IIIrd degree arterial hypertension, high cardiovascular risk.

- Chronic ischemic cardiopathy.

Results: Initially the patient was evaluated in the Dermatology and Maxilo-Facial Surgery Clinic where she had been diagnosed with right submandibular tumoral formation and deep labial herpes, ulteriorly being directed to our clinic. At the clinic exam the patient presented vesicular lesions grouped in bouquet on right mandibular level, on the background of an intense erythematous plaque; intraoral lesions on the palatal, tonsillar fossa, oral planus, pain at the level of the right ear pavilion, satellite right submandibular adenopathy.

Conclusions and discussions: in the case of the mentioned pathology differential diagnosis if very important in order to provide the appropriate treatment, fact that demonstrates the necessity of a good collaboration between different specialists.

Key words: Ramsay-Hunt Syndrome, vesicular lesions, ear pain

PSYCHIATRIC DISORDERS IN HIV INFECTED PATIENTS

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Introduction Antiretroviral therapy has decreased the HIV disease-related mortality and illness severity. Despite this, neurocognitive disturbance caused by HIV still persists as a complex and clinically important challenge. The underlying mechanisms leading to neurocognitive impairment are now better understood. Longitudinal cohort observations have shown, that many patients with suppressed viral load and asymptomatic neurocognitive impairment become symptomatic.

Case description The case of a 27-year-old female patient, diagnosed with HIV infection in 2003 (CD4: 599/mm3, VL: 813.517 copies/ml) from the historic cohort of Romania is presented. She comes from a half-orphan family, has been institutionalized from childhood. She was diagnosed HIV positive and with a chronic hepatitis B during an episode of herpes zoster at the age of 14. Since her HIV diagnosis she developed dyslipidemia, obesity and lipodistrophy.

The neurocognitive impairment started in 2004 with dysharmonic personality development, and anxiety. Impulsive and emotionally unstable personality disorder was diagnosed. Since then this psychiatric disorder has been worsening, her status has been deteriorating due to major depressive components and suicidal tendencies. For many years she had been in social placement at a family house in Sibiu, than in Mures county. However, her hetero-aggressive behaviour in conflictual situations made not possible this any longer. In present she has no fixed abode. She is under psychiatric treatment, admitted to the Infectious Diseases Clinic of Tg. Mures. The patient does not require long-term hospitalization in the clinic, her clinical status is appropriate at the moment, but she needs special care in a specialized psychiatric disorder placement.

Discussion HIV-associated neurocognitive disorders impair the patient's daily life and healthcare professionals' work. We underline the importance of institutional care in specialized residence homes for HIV infected patients with psychiatric disorders.

Keywords: HIV, depression, HIV-associated neurocognitive disorder, institutionalization

A PERMANENT CHALLENGE: OPPORTUNISTIC INFECTIONS IN HIV-POSITIVE PATIENT WITH ONGOING PREGNANCY

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Objective: assessing the presence and treatment of opportunistic infections in HIV-positive pregnant patient that is categorized as "late presenter".

Materials and methods: We retrospectively analyzed the observation charts of successive admissions for O.C. patient, aged 27, on the records of the Regional Centre for HIV/AIDS Iaşi diagnosed with AIDS disease stage B3.

Case report: O.C. patient is diagnosed with AIDS disease in 2008 at the age of 18, in the course of the first pregnancy, during which she also developed pulmonary tuberculosis for which was initiated anti-tuberculosis therapy. Shortly postpartum she was transferred to our service with a state of severe immunosuppression, which contributed to the installation of a severe sepsis with Enterococcus faecium. During the evolution, she has developed multiple complications: drug induced hepatopathy, pleural TB, cachexia, oropharyngeal candidiasis, giant genital warts, TIA and depressive episodes.

Results: Despite immune depression after the initiation of HAART, the clinical, biological, virological and immunological evolution were favorable. Because the liver toxicity was severe, it was decided to change the tuberculostatics scheme. Subsequently, the patient became noncompliant due to depression and presented recurrent pneumonia with Gram-negative bacilli.

Conclusions: The success of antiretroviral therapy associated with tuberculosis medication is conditioned by the patient adherence and compliance to treatment and also by the existence of close collaboration between infectious disease specialist, pneumophtisiologist and psychologist.

Keywords: AIDS disease, pregnancy, opportunistic infections

CEREBELLAR ATAXIA

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Introduction:

Cerebellar ataxia represents a neurological complication of varicella often found in the medical practice with a benign evolution.

Material and methods:

We present the case of the a pacient, male, 4 years old, born on urban teritory, hospitalized at Clinic II Infectious Diseases of the Victor Babeș Hospital Timișoara, between 1st. December 2015 and 14th.December 2015, with the following diagnostics: Cerebellar ataxia, Varicella, Acute dehydration syndrome, Mixed anemia, Anxiety disorder in observation.

Results and conclusions:

1. The anamnestic dates, clinical examination and paraclinical tests, helped establish the positive diagnostic.

2. The evolution of the case, while the pacient was under a complex treatment(antiviral drugs, depletive therapy, corticosteroids) was favorable.

3. The pacient also presented anxious disorder, probably in the familial context.

4. The electroencephalogram modifications were the reason why a Pediatric and Infant Neurologic reevaluation was recomended.

5. Cerebellar ataxia is a complication of varicella with an evolution of 2 to 4 weeks.

Key words: Cerebellar ataxia, Varicella, neurological complication

INTERDISCIPLINARY MANAGEMENT OF A PATIENT WITH SEVERE HIV IMUOSUPRESSION

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Purpose: This paper aims to highlight the importance of a multidisciplinary approach in a serious case of HIV infection in a naïve patient, and its management.

Methods: We retrospectively analyzed patient observation charts from the detection of the HIV infection.

Results: A male patient, born in 1980, transferred to the Regional Center for HIV / AIDS from a local clinic in August 2013. The reasons for hospitalization were: weight loss, fatigue, impaired general condition, acute respiratory failure, perioronasal and extremity cyanosis, with maintained consciousness; his body weight decreased progressively, 12 kg in 4 months; in the last 10 months, he developed lenticular brown spots on the skin, diffused on the trunk, abdomen, and upper right eyelid; hemoglobin 10.8 g / l, the appearance of " mat glass " of chest radiograph and positive ELISA test for HIV 1 and 2. The viro-immunological tests show a profound immunosuppression with CD4 2 cells/mmc and a viral load of 518000 copies/ml. The dermatological clinical examination established the diagnosis of Kaposi's sarcoma; the major suspicion in the context of pulmonary respiratory failure was pneumocystosis and therapy was initiated with cotrimoxazole 8 tablets/day, intermittent oxygen, steroids (dexamethasone) in decreasing dosage. Combination antiretroviral therapy has been established with the co-formulation of lopinavir + ritonavir and lamivudine + zidovudine and enfuvirtide (Fuzeon T20). The pulmonary phenomena resolved slowly, with the possibility of transfer within 30 days to the oncology ward of the county hospital, where he received specific therapy for sarcoma Kaposi. Throughout the hospitalization, the patient benefited from psychological counseling and support after diagnosis disclosure in order to ensure compliance and adherence to ARV therapy. After clinical and biological fluctuations in October 2015, the patient had 78 kg, gaining 25 kg from the time of presentation, sarcomatous lesions in remission, CD4 undetectable viral load 258 copies/mmc.

Conclusions: The success of a case with severe immunodeficiency, sarcoma and acute respiratory failure has been possible with the contribution of all specialties: infectious diseases, clinical virology, intensive care, oncology and psychological support for good compliance and adherence to ARV therapy.

Keywords: HIV / AIDS, pneumocystosis antiretroviral therapy, psychological counseling

OBESITY AND INFECTION

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Objectives: Obesity is a pathological condition. The obese body with its associated chronic pathology is vulnerable to infections, develops more likely commonly-acquired and nosocomial infections, wound superinfections, or other complications, than the body of normal weighted people. Therefore the morbidity and the mortality is higher in this population. In the adipose tissue there is a persistent low grade inflammation. The role of fat cells in the body is the production of hormones, metabolically active substances, inflammatory peptides, cytokines, procoagulant factors, etc. These substrates are responsible for diabetes, metabolic X syndrome, hypertension, atherosclerosis.

Material and methods: Case series

1. A 39-year-old female patient with BMI (Body Mass Index): 44, known with diabetes, hypertension, gigantic umbilical hernia, was admitted for pronounced fatigability, a neglected painful, purulent skin wound on the left elbow, functional impotence, a local cellulitis with tendency to sepsis. Methicillin-Sensitive Staphylococcus Aureus (MSSA) was isolated from the wound exudate. After the surgical intervention, her convalescence was slowly favorable under appropriate treatment (20 days).

2: A 56-year-old female patient with BMI: 40, hypertensive, was admitted for fever, progressive pain of lumbar spine, hyperemic skin lesions. The lumbar spine MRI described T12-L1 intervertebral diskitis and a paravertebral abscess. From the blood cultures an MSSA was isolated. The newly discovered diabetes prolonged the remission time, it was a long process with the conservative, elective treatment. The prognosis is unpredictable.

3: A 51-year-old male patient with BMI: 56, diabetic, hypertensive patient known with COPD (Chronic Obstructive Pulmonary Disease) was treated for a respiratory failure (complication of a viral respiratory infection) in the ICU (Intensive Care Unit) for 27 days. He developed a nosocomial bronchopneumonia with Methicillin Resistant Staphylococcus Aureus, because his extubation was difficult due to a mucosal edema and local massive adipose tissue.

4: A 41 years old male patient with BMI: 51 known with ischemic heart disease, hypertension, diabetic, presented for dyspnea, fever, retrosternal chest pain in the emergency unit. Within 24 hours he developed a heart failure and a cardiorespiratory arrest, therefore he was transferred to ICU. Few days later his condition became critical, developed a severe nosocomial sepsis (Acinetobacter spp, Enterococcus faecalis). Due to the prolonged immobilization skin decubitus ulcers developed, which were superinfected with Klebsiella BLSE. The evolution under appropriate therapy was ondulatory, but the patient died after 66 days of intensive care.

Discussion: The obese patient`s care is multidisciplinar, it requires prolonged hospitalization. These patients develop several complications, the disease prognosis is usually unpredictable.

Key words: obesity, diabetes, nosocomial infection, sepsis

DYSLIPIDEMIA AND CARDIOVACULAR RISK IN HIVINFECTED PEOPLE

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Background. Among traditional cardiovascular risk factors in HIV infected people (PIH), dyslipidemia could be particularly prevalent since virus, treatment and host factors may be involved in its development. The aim of this study was to determine the prevalence of dyslipidemia, characteristics of lipid profiles and the long-term risk of coronary heart diseases (CHD) in experienced PIH.

Material and methods. Study was conducted between 01January and 31 December 2015, and included PIH from Craiova HIV/AIDS Regional Center, older than 20 years, treated for a minimum of one year with antiretrovirals (ART). Serum lipid profiles were determined after overnight fasting and dyslipidemia was assessed according to the National Cholesterol Education Program Adult Treatment Panel-III guideline. Overall CHD risk was calculated using age, sex, total cholesterol, HDL, smoking history and systolic blood presure (BP) on the Framingham On-line calculator.

Results: 221 PIH were included, 112 (50.7%) were male, with median age 31 years (IQR 20; 73) and median time of ART 10 years (IQR 1; 19). 163 PIH (73.7%) had at least one laboratory abnormality, which is compatible with a diagnosis of dyslipidemia. Total cholesterol (TC) ≥ 200 mg/dl occurred in 38.9% of PIH, whereas HDL-cholesterol below 40 mg/dl occurred in 31.6%. The LDL-cholesterol ≥ 100 mg/dl occurred in 52.9% of PIH, while triglycerides ≥ 150 mg/dl occurred in 40.2% of PIH; 93 PIH (42.1%) were current smokers and 8.1% had hypertension. The majority PIH were classified as having low risk for CHD. Framingham risk showed 1.4% prevalence of high CHD risk within the next ten years. After univariate analysis age, sex, TC/HDL ratio, HDL and systolic BP were associated with medium to high risk of CHD.

Conclusions. Dyslipidemia, especially increases in LDL-cholesterol and TG levels, is highly prevalent in our PIH. The lipid profiles should be performed periodically through treatment follow-up to monitor any rising trends.

Keywords: HIV, dyslipidemia, cardiovascular risk

VARICELLA-ZOSTER VIRUS - CLINICAL MANIFESTATIONS AND EVOLUTION - CASE REPORT

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Introduction: VZV causes primary, latent, and recurrent infections. Varicella is the result of a primary infection and it is followed by a lifelong latent infection of the sensory fibers of spinal and cranial lymph nodes. Reactivation of a latent infection, most often caused by a decrease in immunity, causes herpes zoster. Sometimes it can evolve with a secondary generalization of the eruption and generalization of infection.

Objectives: Management of the patient with VZV infection with Herpes Zoster manifestations and generalized infection. The mother was diagnosed with varicella in the 20th week of pregnancy.

Material and methods: Female patient, 1 year and 3 months old, urban environment, presenting erythemato-vesicular lesions with a bouquet disposition, localized on the right side of the thorax and fever (T = 40 ° C), admitted in the 2nd Clinic of the Infectious Diseases and Pneumology Clinical Hospital "Victor Babes" Timisoara, during 10.02.2016-19.02.2016.

Results: Initially the clinical manifestations showed erythematous lesions with right lateral-thoracic disposition, lesions of the corners of the mouth and aphthous lesions of the oral mucosa. These were specific to Herpes Zoster. HIV and RFC adenovirus serology were negative. The expansion of the eruptive elements, surpassing the single metameric distribution and the midline brought to our attention the generalization of the infection.

Conclusions: Varicella acquired during pregnancy can result in the transplacentar transmission of the virus. Herpes zoster is caused by reactivation of a preexisting infection with varicella-zoster virus, in our case through maternal-fetal transmission of the virus. In some cases this may evolve with secondary generalization of the exanthema.

Keywords: varicella, herpes zoster, exanthema

NEPHROLITIASIS ASSOCIATED WITH ATAZANAVIR USAGE IN AN HIV POSITIVE PATIENT – CASE REVIEW

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Objectives: Antiretroviral therapy has to be individualized according to the necessities, specific status of each patient, and the occurring side effects. Unlike the other protease inhibitors, atazanavir does not cause important dyslipidemia. The most common side effect associated with atazanavir is unconjugated hyperbilirubinemia. Nephrolithiasis is a very uncommon side effect of this drug.

Material and methods: We report the case of a 27 years old male patient known HIV positive since the age of 4. In his personal history HIV encephalopathy, wasting syndrome and esophageal candidiasis were noted. His nadir T CD4 lymphocyte count was 7 cells/mm3. The patient was lost to follow up for 11 years, agreed to take antiretroviral therapy starting with 2006. Lopinavir/ritonavir+stavudine+lamivudine therapy was introduced, and the immunovirological status of the patient improved significantly. However severe dyslipidemia appeared after 2 years of therapy, therefore the regimen was switched to atazanavir/ritonavir+abacavir+lamivudine. After 5 years of therapy the patient was admitted to the hospital complaining left lumbar pain, vomiting, fever and pollakiuria. The urinary pH was 8, the abdominal ultrasound revealed a stone in the left kidney. Conservative therapy was introduced, however the stone migrated into the left ureter, and left kidney hydronephrosis developed. Retrograde ureteropyelography was perfomed, autostatic ureteral stent and urinary catheter was introduced. Urinary pH modifier therapy was administered, the antiretroviral regimen was switched to raltegravir+abacavir+lamivudine. A urinary tract infection with Proteus mirabilis was diagnosed. The outcome under therapy was favorable.

Results and conclusions: Nephrolithiasis can appear during atazanavir therapy, it can be associated with renal colic, high urinary pH, and long term usage of atazanavir. Invasive and non-invasive therapies can be applied, the switch of atazanavir to other antiretroviral might be recommended.

Key words: kidney stone, HIV, antiretroviral therapy, dyslipidemia

SEVERE HAEMORHAGIC VARICELLA IN A CASE OF EWING SARCOMA- CASE REPORT

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Introduction: Varicella, an infectious disease commonly found during childhood, may present as a severe condition in immunocompromised hosts.

Case presentation: We present the case of a 3-year-old male patient, previously diagnosed with Ewing's sarcoma, with chemotherapy discontinued 1 month before, presenting for fever, dyspnea, cough, oliguria and a generalized pruriginous rash – vesicles with haemorrhagic content, symptoms whose onset was placed 2 weeks before. He was diagnosed with severe haemorhagic varicella, superinfected with ESBL-producing Escherichia coli and Enterococcus sp. The patient developed respiratory and kidney failure, either in the context of severe varicella or due to a systemic bacterial infection with skin entry gate, while blood cultures revealed a Staphylococcus epidermidis strain. Sepsis could not be ruled out, since the patient's immune suppression predisposed to severe infections with commensal bacteria. He was admitted to the intensive care unit, received antiviral and broad-spectrum antibiotic treatment, with adjustment of doses according to creatinine clearance, as well as supportive therapy, with initially favorable evolution and remission of respiratory and kidney failure, but with persistent fever. Chest X-ray depicted opacity in the right cardio-diaphragmatic angle, initially interpreted as varicellous pneumonia, but thoracic CT scan eventually diagnosed a pleural metastasis. After remission of varicella, the patient was undertaken by pediatric oncologists for further treatment of the metastatic Ewing's sarcoma.

Conclusion: Varicella presents as a severe illness in immunocompromised hosts, with potential respiratory complications and bacterial superinfections. Persistent fever in a patient diagnosed with neoplasia as well as viral and bacterial infections raises diagnostic problems

Key words: Ewing sarcoma, haemorrhagic varicella, chemotherapy

LIVER FAILURE AFTER ANTIVIRAL TREATMENT WITH INTEREFERON FREE DIRECT ACTION

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Introduction: In the 27 years that followed the identification of the hepatitis C virus (Choo G. L., 1989), the therapeutic act had the purpose of preventing the evolution of the hepatic disease, acquiring a long-lasting viral suppression or even viral eradication.

Available therapeutic means between 1995-2015 have been limited to the exploitation of the action mechanism of 3 medicine group:

-antiviral and immunomodulatory potential of conventional and pegylated interferons;

-inhibition of viral replication by ribavirin through the reduction of guanosine triphosphate reserves, as a consecuence of the inhibition of inosine monophosphate dehydrogenase, the key enzyme in guanosine monophosphate's metabolism;

-the proteasis inhibitory effect produced by Boceprevir and Telaprevir (1st generation)

Within the last two years in Europe 14 new 2nd generation protease and polymerase inhibitory molecules have been acknowledged, whose therapeutic efficiency proved to be of 95-98%.

Material and method: The patient subject to our presentation has been admitted and followed a Viekirax treatment (Ombitasvir, Paritaprevir, Ritonavir) + Exvira (Dasabuvir) + Ribavirin.

Discussion: Administration of the new molecules with direct action (DAA) has been associated with a progressive alteration of the general condition starting from day 10 of treatment and with further unfavourable evolution after interrupting anti-VHC medication.

Conclusions: The efficiency score obtained with the new molecules of protease and polymerase inhibitors, together with the signaled data in the presented patient lead to the necessity of further analyzing selection criteria and signaling possible therapeutic risk factors.

Key words: antiviral treatment, IFN free, acute liver failure

CASE STUDY: RARE ETIOLOGIES IN INFECTIOUS ENDOCARDITIS

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Introduction: Infectious endocarditis represents an important emergency pathology in infectious diseases, as well as rasing problems in both diagnosis and treatment.

Objectives: Two case studies of patients without prior pathological antecedents with infectious endocarditis of rare etiology on native valves.

Materials and methods: Two patients of 43 and respectively 42 years of age, without any prior pathologies or risk factors, who presented with native aortic valve endocarditis. The patients initially presented to the ER for fever of unknown origin. The clinical and bacteriological diagnosis was given after a positive blood culture for Actinomyces odontoliticus, and positive serological testing for Coxiella Burnetti respectively.

Under appropriate treatment, both patients had a favorable medical evolution.

Conclusions: Quick diagnosis and the correct initiation of therapy led to a favorable outcome for both cases.

Keywords: endocarditis, diagnosis, therapy

SEVERE INFECTIONS IN PATIENTS WITH DIABETES MELLITUS

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Introduction: Severe infections, regardless of their localization, represent one of the most frequent complications in patients with diabetes mellitus, unrelated to age. The infections can affect all organs and systems, therefore the morbimortality of the patients increase potentially.

Objectives: The presentation of etiology, development and therapeutic aspects of severe infections in patients with diabetes mellitus.

Materials and Methods: A retrospective study on109 patients, hospitalized between 01.06.2015 and 12.12.205 at Victor Babes Infectious and Tropical Diseases Clinic. The cases involved in the study were selected in accordance with the following case definition: patients with severe infections and diabetes mellitus.

Results:

The study included 109 patients with known diabetes mellitus who were hospitalized in our clinic with a newly onset infection of meningitis, osteodiscitis, septicemia, urinary tract infections, Clostridium Difficile enterocolitis or skin infections.

The gender distribution was almost equal (female- 53,21%), and up to 62% of the patients were over 60 years of age. Most of the patients came from urban environment (75,23%).

The most frequent asociated pathologies mentioned were heart diseases, followed by the patients with previous history of renal, neurological, metabolic or hepatic pathologies.

The pathogenic agent most frequently identified was Clostridium Difficile (25,68%), followed by Staphylococcus aureus (12,84%) and Escherichia coli (7,33%). Out of the studied group, the most common complications in patients diagnosed with severe infections and diabetes mellitus were acute dehydration (33.94%), anemia (18.34%), urinary tract infections (15.59%) and pneumonia (9.17%).

Conclusions: Severe infections are a reality in modern medical practice, raising higher therapeutic problems in diabetic patients.

Keywords: diabetes mellitus, infections, therapy

CHICKENPOX WITH STAPHYLOCOCCUS EPIDERMIDIS SECONDARY INFECTION IN AN ADULT FROM A FAMILY OUTBREAK

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Objectives: the presentation of a clinical case of chickenpox in an adult male, imunocompetent who developed secondary infection of the skin lesions.

Patients and methods: the authors present the case of a 32 year old male patient, who has been hospitalized in the Clinic of infectious diseases with chickenpox.On admission the patient accused fever, chills, generalized pruritic rash. For about 2 days prior to the admittance, the skin lesions have the tendency to confluence, the aspect of the vesicles containing serous fluid is highlighting the suspicion of a secondary infection. The physical examination showed severe general condition, pruritus, facial edema, generalized polymorphic macular-papular-vsicular eruption on the face, scalp, chest and limbs, with the tendency to confluence. The vesicles contain a yellowish liquid. The BP= 135/85 mm Hg, HR= 78 b/min, the patient wasn't known with other illnesses.

Results: WBC 8.490/µL, ESR 15 mm/1h, Fibrinogen 3,61g/L, CRP 30,7mg/L, TGP 28,7 U/L, TGO 16,6 U/L, Amylasemia 46, 7U/L, serum urea 20,5 mg/L, serum creatinine 0,94 mg/dL, serum uric acid 3,82 mg/dL. The culture of wound secretion revealed Staphylococcus epidermidis.

The treatment consisted in antiviral medication (Acyclovir orally (800 mgx5/day), HHC (100 mg/day) only for 4 days in order to reduce the edema. For the secondary infection of the skin lesions, antibiotics were associated according to the antibiogram-Gentamicin (80mg x 2/day) and Oxacilin (1 gx3/day). Under the treatment, the evolution was favorable, with the impovement of the patient's general condition. He did not develop other complications that may occur within the chickenpox at an adult age.

Conclusions: the detection of IgG VZV Ab is important in order to diagnose an infection with varicella-zoster virus and in the evaluation of the immune status. According to the result, the phisician can recomend vaccination in order to avoid the complications due to chickenpox in adult patients.

Keys words: Chickenpox, adult, treatment

HCV CIRRHOSIS COMPLICATED WITH ACUTE LIVER FAILURE WITH UNFAVORABLE OUTCOME

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Objective: Presentation of a clinical case, diagnosed with VHC cirrhosis, being treated with Exviera and Viekirax, complicated by liver failure and kidney failure.

Patients and methods: The authors present the clinical case of a 59 years old patient, known with VHC Cirrhosis diagnosed in 2015, non responder to therapy with Peginterferon and Ribavirin. Patient is under treatment with Exviera and Viekirax for 3 weeks. When he presented in our Clinic he had a history of 4-5 days presented with nausea, dysphagia for solids and liquids, marked asthenia, headache, joint pain, insomnia. The patient is admitted in the Infectious Diseases Clinic Timisoara in 28.01-03.02.2016. Clinical examination on admission: general state moderately influenced, state of consciousness intermittently kept alternating with periods of dizziness and delirium, mild jaundice, portal encephalopathy, etc. In 2015 the patient had also presented an episode of drug induced AKI issued after a food poisoning.

Results: L=16700/µL, H=3160000/µL, Hb=9.8 g/dL, Ht=28.1%, Tr=224.000 µL, VSH=80 mm/1h, PT=16.1 sec, TGO=39.4 U/L, TGP=67.9 U/L, uree=113.5 mg/dL, BT=4.67mg/dL, creat=0.88 mg/dL, colinesteraza=1087 U/L, AFP=4.9, FibroScan examination=35,3 KPa. Urocultura: E. Coli pozitiv >100000 UFC/ml. Abdominal ultrasound: big liver, granular, micronodular, splenomegaly 13 cm, marked venous dilatation in the splenic hilum, without ascites, localized without trial, Rd-Rs with sharp stasis. H`is general state is worsening, he is presenting now inspiratory dyspnea, oxigeno-therapy is administered, hepatic encephalopathy is present. Antiviral therapy is interrupted. Patient becomes difficult Cooper clouded. Patient's condition worsens by the hour, becomes uncooperative, responds to painful stimuli only, jaundice is present. Patient becomes depply comatose, fetor hepatic intense. Administrated treatment: diurectics, rebalancing hydro electrolytic solutions, hepatoprotectors, corticosteroid therapy, complex vitamins. Tutors patient requested discharge the patient on his own risk. The patient evolutions was unfavorable.

Conclusion: HCV liver cirrhosis may decompensate at any time even if they are being treated with antivirals and may have an adverse outcome.

Keywords: hepatitis, antiviral, therapy, liver failure

TYPE B BOTULISM ASSOCIATED WITH LEFT MEDIO-BASAL PNEUMONIA WITH A FAVORABLE EVOLUTION

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Objectives: the presentation of a clinical case of type B botulism associated with medial basal left pneumonia with Hafnia alvei.

Patients and Methods: The authors present the case of a patient of a 64 years old male, coming from the rural area, admitted in the Clinic of Infectious Diseases in Timisoara on 30.12.2015 with suspected botulism. According to the patient, he ate food from domestic production in 12.19.2015. and in 12.21.2015 accuses numerous vomiting, abdominal cramping. Two days later, the patient accuses nausea, vomiting, abdominal pain. One day later, the digestive symptoms disappear, but the patient presents progressively loss of appetite, dry mouth, double vision, constipation. One week later, the patient is taken to the emergency room in the County Hospital Timisoara where he is consulted by a hepatologist and a neurologist. After wards the patient is referred to the Clinic of Infectious diseases with suspected botulism. The physical examination at admission showed: fever, dry mucous membranes, dysphagia, mild mydriasis; muco-purulent coughing, without pulmonary rales; painless abdomen, recently installed constipation.

Results: WBC=11780/µL, PMN=91.5%, RBC=3.77 million/µL, Hb=12.9 g/dl, ESR=75 mm/1h, CRP=301.74 mg/dL; the seric neutralization reaction in vivo in mice made with the help from the National Research Institute Canatcuzino revealed the presence of type B botulinic toxin. The chest radiography describes infiltrative opacities in the left medio-basal pulmonary lobe. The sputum culture revealed Hafnia alvei (80%). The etiological treatment was instituted using A, B, E antibotulinic serum with prior desensitisation, associated with intravenous antibiotics (Ceftriaxone 2x2 g/day and Ciprofloxacin 2x200 mg/day), antiinflamatories, laxatives, antispastic medication, intravenous solutions for nutrition and electrolytic rebalance with a favorable evolution of the patient. We highlight that the patient was cooperative and there were no adverse reactions to the treatment consisting in A, B, E antibotulinic serum.

Conclusions: Although type B botulism was associated with medial basal pneumonia with Hafnia alvei, by appropriate hygienic-dietary, symptomatic, etiological and pathogenic treatment, the clinical and biological evolution of the patient was favorable.

Keywords: botulism, Havnia alvei, antibotulinic serum

CYTOMEGALVIRUS INDUCED HEPATITIS WITH JAUNDICE IN A PATIENT WITH HIV/AIDS STAGE C3

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Objectives: the presentation of a clinical case with Cytomegalvirus induced hepatitis with jaundice in a patient with HIV/AIDS stage C3

Patients and methods: PM, a 27 years old patient, male, married, coming from the urban area, known with HIV/AIDS stage C3 and pulmonary tuberculosis under individulised treatment, smoker, was admitted in the Clinic of Infectious Diseases. The physical examinationat admission showed severe general condition, cachexia, scleral and skin jaundice, dehydration, dry lips, generalized lymph adenopathy; asthenic chest, etc. The patients medication consisted in the antiretroviral therapy (Combivir 2x1 cp/day, Nevirapine 2x1 cp/day) and individualised tuberculostatic therapy (Rifampicin 450 mg/day and 1,200 mg Ethambutol cp/day), but his adherence was reduced, due to his recalcitrant and uncooperative behaviour. In the last year, he admitted the usage drugs (smoking cannabis).

Results: WBC 2700/µL, PMN 79.6%, PLT 172,000/µL, RBC 2520000/µL, Hgb 8.7 g/dL, Hct 24.8%, ESR 55 mm/1h, ALT 114 U/L, AST 76 U/L, TB 10.8 mg/dL, GGT 174 U/L, the FA 234 U/L, PT 17 sec., cholinesterase 1553 U/L, Calcium 6.93 mg/dL. The lingual swab revealed Candida >10 CFU/mL, reactive CMV IgM Ab, negative HAV IgM Ab, negative HBs Ag, negative HCV Ab. The chest radiography reveales multiple nodular opacities of varying sizes inhomogeneous, sometimes with a tendency to confluence, disseminated on both lung areas. The treatment consisted in Aspatofort, Arginine-Sorbitol, calcium gluconate, Fluconazole, antispasmodic, analgesic, solutions for hydro-electrolytic rebalancing, in addition to ART and tuberculostatics. After 12 hours, the patient becomes agitated, vomits, accuses auditory and visual hallucinations, the SaO2 decreases (84%), BP 83/54 mm Hg, HR 86 b/min, the patient does not respond to auditory stimuli, becomes comatose and dies.

Conclusions: Acute hepatitis due to CMV infection in patients with HIV/AIDS and pulmonary TB can lead to acute liver failure, a condition that can precipitate the evolution of the patient to death.

Keywords: hepatitis, CMV, HIV/AIDS, liver failure

INFLUENZA A/H1 FLU COMPLICATED WITH ACUTE RESPIRATORY FAILURE AND BRONCHOPNEUMONIA ASSOCIATED WITH DIABETES AND HCV CIRRHOSIS WITH FAVORABLE EVOLUTION

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Objectives: the presentation of a clinical case with Influenza A/H1 flu complicated with acute respiratory failure and bronchopneumonia associated with diabetes and HCV cirrhosis with favorable evolution.

Patients and methods: A female patient, V.L., 57 years old, coming from the urban area was admitted between 17.02-22.02.2016 at the Emergency Hospital in Petrosani. At the admitance she acused: fever, headache, dyspnea, asthenia, hemoptoic sputum. During the hospitalization the dyspnea becomes severe, bronchopneumonia occurs with acute respiratory failure. The phisician decides to transfer the patient in the Clinic of Infectious Diseases Timisoara. The physical examination on admission showed severe general condition, fever, bronchial rales disseminated, dyspnea, hemoptoic sputum, etc. The patient is known with multiple comorbidities: painful ischemic heart disease, old anterior myocardial infarction, angina, grade II hypertension with very high cardiovascular risk, heart failure, type 2 diabetes treated with oral antidiabetic medication. The biological samples were collected and the patient continued the treatment for the comorbidities along with the necessary therapy for bronchopneumonia and acute respiratory failure.

Results: 3240 WBC/mm3, 70.7% neutrophils, ESR 30 mm/lh, Hb 9.3 g/dL, bloodglucose 174 mg/dL, TGP 56.6 U/L, TGO 78.3 U/L, cholinesterase 4448 U/L, PT 13.6 sec., FA 284 U/L, negative HBs Ag, positive HCV Ab, seric albumin 50%, negative blood cultures. The RT-PCR for Influenza virus A/H1 was positive. The chest tomography revealed bronchopneumonia. The biological samples confirmed influenza virus A/H1 and HCV cirrhosis besides the associated known pathology. Under complex therapy for known comorbidities the phisician associated broad-spectrum antibiotics, steroidal antiinflamatories, diuretics, omeprazole, aerosols, etc. The clinical and biological evolution of the patient was favorable.

Conclusions: Adult patients with multiple comorbidities and suppressed immune system represent a risk group for an infection with influenza virus A/H1, requiring a rigorous clinical and biological monitoring along with a comprehensive and effective therapy.

Keywords: Influenza, comorbidities, therapy, risk

ACUTE HEPATITIS A, A SEVERE CHOLESTATIC AND JAUNDICE FORM WITH FAVORABLE EVOLUTION IN AN ADULT PATIENT

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Objective: the presentation of a clinical case with acute hepatitis A, a severe cholestatic and jaundice form in an adult pacientof 26 years old.

Patients and methods: The authors presents a case of an 26 years old pacient, male, presenting three days prior to admission: fatigue, loss of appetite, nausea, vomiting, dark urine, skin and sclera jaundice, pain in the right upper quadrant. The patient was brought to the Clinic of Infectious Diseases from the Emergency Unit with diagnostic of hepatocitolitic syndrome. Physical examination on admission: general state moderately influenced, skin and sclera jaundice, BP 116/70 mmHg, HR 66 b/min, abdomen painful to palpation in right upper quadrant, liver 2 cm below the costal margin, dark urine.

Results: WBC, RBC, PLT normal; ALT 8927 U/L; AST 2423 U/L; BD 6.87 mg/dL; BT 7.16 mg/dL; GGT 281.5 U/L; AF 215.1 U/L; PT 13.1 sec.; albumin 47.8%; IgM HAV Ab positive; Urinary bilirubin 100µmol/L. Abdominal ultrasound: liver with homogenous structure, caudate lobe: 17 mm, thickened gallbladder walls up to 9-10 mm,without being able to view the content, PV 11 mm, right kidney,left kidney, bladder-normal, no ascites.The treatment consisted in: symptomatic agents, solutions for hydro-electrolytic rebalancing, vitamins of group B, hepatoprotective agents, anticonvlsants. The evolution of the patient was favorablewith gradually diminishing skin and sclera jaundice, decreasing transaminases, bilirubin, and alkaline phosphatase, but during hospitalization patient develops anemia secondary to acute hepatitis.

Conclusion: Acute hepatitis A occurred in adulthood manifests like a severe cholestatic and jaundice form, but early treatment confers a favorable evolution of the disease.

Keywords: cholestatic, jaundice, adult, acute A hepatitis

SACRAL HERPES ZOSTER, A HYPERALGESIC CLINICAL FORM ASSOCIATED WITH HIV/AIDS STAGE C3

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Objective: We report a clinical case of HIV late presenter associated with sacral Herpes Zoster with a hyperalgesic form with unfavorable evolution.

Methods: The authors present the case of a patient of 35 years, known as a HIV late presenter, with mental retardation, esophageal candidiasis and gallstones, who was hospitalized in the Clinic of Infectious Diseases Timisoara forfever, maculo-papular-vezicular rash metameric disposed, with burning sensation and sharp pain, sacral eschar, marked asthenia. The onset is acute two days before hospitalization with chills, malaise, painful skin rash with blisters involving in sacral area. Based on the clinical accusations as sociated with biological samples (number of leukocytes, erytrocite sediment ratio (ESR), C reactive protein (CRP), serum glucose, blood culture,CD4, viral load (VL), sacral wound secretion culture, etc.) and the results of paraclinic investigations (chest radiography).

Results: leukopenia (3330/µL), increased ESR (130 mm/1st hour), CRP 82.04 mg/L, Hb 7.9 g/dL, platelet (49000/µL), total protein (4.93 g/dL), CD4 15 cell/µL, VL 457825 copies/mL; urine culture, present Escherichia coli 100.000 UFC/mL; wound secretion culture present Staphylococcus aureus meticilino rezistent and Acinetobacter baumannii, with sensitivity at Ceftriaxone, Amikacin and Sulfamethoxazole/Trimethoprim. Under treatment with antibiotics, antivirals, analgesics, NSAIDS, infusion solutions and antipyretics, injuries eruptive continued their evolutionary cycle eruptive, but the pain persists throughout the affected dermatomes (S1-S5). It was established antiretroviral treatment with: TDF 1/day+FTC 1/day+RAL 2x1/day. There were no reported adverse drug reactions, and patient showed good adherence to treatment.

Conclusions: Severe immunosuppression of HIV infection C3 stage may favor the occurrence of infections with Herpes Zoster. Are required clinical, biological and therapeutical monitoring for early diagnosis of opportunistic infections in patients with HIV/AIDS and the establishment of appropriate therapy.

Keywords: HIV, Herpes Zoster, immunosuppression

TUBERCULOUS MENINGOENCEPHALITIS ASSOCIATED WITH PULMONARY TUBERCULOSIS IN A PATIENT RECENTLY DIAGNOSED WITH HIV INFECTION STAGE C3

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Objective: We intend to approach a clinical case of acute tuberculous meningoencephalitis associated with pulmonary tuberculosis in a patient recently diagnosed with HIV infection stage C3, who presented a favorable evolution, despite the complications that occurred during hospitalization.

Methods: The authors present the case of a patient of 36 years, recently diagnosed with HIV infection stage C3, in history with ganglionar tuberculosis and pulmonary tuberculosis, who was hospitalized in the Clinic of Infectious Diseases "Victor Babes "Hospital Timisoara.We mention that the patient is transferred from the Hospital Arad where she was admitted with Tuberculous meningoencephalitis. Symptoms started with malaise, fever, T=38,5°C, intense headache, neck stiffness, photophobia, diplopia, left eye ptosis, cachexia, muscular system: hypokinetic, conscious, respiratory and hemodynamic balanced, AP=130/80 mmHg, diuresis present on the bladder probe.

Results: On admission was performed a lumbar puncture, that revealed: CSF opalescence, normotensive, increased protein level, low glucose level, increased lactate. The CSF culture results and blood culture, collected at admission was negative, so we continued the therapy antituberculous initiated in the Hospital Arad with: Inbutol 1000 mg 1fl/day in NaCl 0,9% fl 250 mg, Bitub 500 mg, 1/2 f in NaCl 0,9% fl 100 ml, Streptomicina 1g 1f/day i.m., Rifampicina 300 mg, 1cpr/day, Rifamipicina 150 mg 1cpr/day, Roclarin 500 mg 2x1/day. During hospitalization we performed MRI brain control which revealed: Periventricular white matter changes relative inflammatory symmetrical. During hospitalization were also performed 2 additional lumbar punctures, that have revealed an xantocrom appearance, low glucose level and increased protein level, but with a favorable evolution in the dynamics. The last lumbar puncture was in the normal range.

Conclusions: In contrast to other cases in the literature, we can say that, despite the severity of acute tuberculous meningoencephalitis, the patient's evolution was favorable, with remission of symptoms.

Keywords:Tuberculous meningoencephalitis, HIV, acute meningitis, hydrocephalus

CHICKENPOX WITH STAPHYLOCOCCUS EPIDERMIDIS SECONDARY INFECTION IN AN IMMUNOCOMPROMISED ADULT

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Objectives: presentation of a clinical case with sigmoid colon cancer st IIB chemo and radiotherapy with lung metastases that developed chickenpox after chemotherapy session.

Patients and methods: The authors present the case of a patient of 35 years old hospitalized in Emergency Clinic of Infectious Diseases with the eruption of skin and eyelid edema occurred a day after the cycle 7 chemotherapy, collateral family history at child and wife who had chickenpox 3 weeks ago. On admission the patient accuse fever, chills, dysphagia, generalized pruritus, asthenia, fatigue. Physical examination detect: general state influenced, skin and mucosae pale, dry lips, roasted, enanthema mouth, sores of genital outline cyclical rash, generalized eruption macular-papular-vesicular, yellowish liquid, cloudy, swelling eyelid bilateral emphasized the right, causing the impossibility of opening eyelid, pustule, etc. Results: WBC 5.060/µL, Erythrocyte 4.24 millions/µL, Hemoglobin 12.1 g/dL, Hematocrit 34.6%, VSH 25 mm/1h, GOT 91.3 U/L, GPT 81.9 U/L, GGT 556.8 U/L Phosphatase 321.2 U/L, CRP 21.47 mg/L, CMV IgG positive, wound secretion Staphylococcus epidermidis methicillin resistant (sensitive to Ciprofloxacin). Medication was administered with acyclovir 5x400 mg/day, Ciprofloxacin 2x200 mg/day, Algocalmin 1g/2ml 1f/day, HHC 100 mg/day, Dasselta 1cp 5mg /day, solution infusion with 500 ml of NaCl 0.9%, Ringer solution 500 ml, 500 ml of 10% glucose, favorable evolution is slow, after discharge in the first days the patient shows fever temperature 38 °C, blistering and crust stage persists till for 4 weeks.

Conclusions: Chickenpox associated with eyelid edema and superinfection with Staphylococcus epidermidis in a patient with immunocompromised receiving chemotherapy, who didn't developed the disease in childhood, located in a family with chickenpox, whose evolution is slow favorable.

Keywords: Chickenpox, Acicloriv, Immunosuppressed, Eyelid edema

SEVERE INFLUENZA AH1 AT AN ADULT WITH CHRONIC HEPATITIS B

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Objectives:The presentation of a clinical case with severe Influenza AH1 at an adult recently diagnosed with Chronic Hepatitis B.

Patients and methods: The authors the case of 48 years patient with severe Influenza AH1 at an adult Chronic Hepatitis B, from urban environment, Timis country, emergency boarding at Timisoara Pulmonology II Clinic, with the diagnosis of Left Medial-Basal Pneumonia, Acute Respiratory Failure. Debut of five days with fever, chills, sweating, mixed dyspnea at rest, irritating cough.Clinical examination on admission: general state influenced T=37,5˚C, bilateral basal crackles, SaO2=86%, oral cyanosis, TA=114/71 mmHg, AV=105 b/min. During hospitalization the patient become agitates, shows alternating with dry cough sputum, SaO2=72%. It is decide the transfer in Intensive Care Infectious Diseases, because it present general state influenced, dyspnea, tahypnea, coughing, bronchial rales, bilateral basal crackles.

Results: WBC=17.620/µl, RBC=3.900.000/µl, PLT=136.000/µl, HGB=13g/dl, Lymph=12,5%, Neut=81%, AST=142 U/L, ALT=47 U/L, serum creatinine=1,39 mg/dl, cholinesterase=5160 U/L, BD=0,23 mg/dl, serum urea=51mg/dl, serum c-reactive protein=70,51 mg/l, glycemic=187 mg/dl, Ag HBs positive, AH1 influenza virus (RT-PCR)=positive. Chest radiograph ½ clouding left lateral basal. During the hospitalization in Intensive Care Infections Diseases the patient has made jumps intermittent invasive ventilation CPAP mode, the patient has made Angio-CT thorax and it was excluded the diagnosis of Thromboembolism.The treatment was started with hydro-electrolyte rebalancing solutions, broad spectrum antibiotics, antivirals, corticosteroids. The patient evolution was favorable with the improvement of clinical and biological parameters.

Conclusions: The detection of AH1 Influenza to a young man without pulmonary antecedents with Chronic Hepatitis B recently diagnosed, it can contribute to an unfavorable evolution of the patients.

Keywords: Influenza, A /H1, Chronic Hepatitis B, evolution

SEVERE JAUNDICE LEPTOSPIROSIS IN AN ADULT PATIENT WITH PROFESSIONAL RISK

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Objective: the presentation of a clinical case with severe jaundice leptospirosis in an adult patient with professional risk.

Patients and methods: G. M., 58 years old male, coming from urban area, without any associated comorbidities was admitted in the Surgery Clinic of Municipal Emergency Hospital Timisoara for the following symptoms: abdominal pain, nausea and vomiting, diarrhea, scleral and tegumentary jaundice. After multiple lab tests, the patient was diagnosed with leptospirosis and the physician decided to transfer the patient in the Clinic of infectious disease for appropriate treatment. The physical examination showed: severe general condition, conscious patient, cooperative, with scleral and tegumentary verdin jaundice, dry lips, abdominal and muscular pain, accusing nausea, diarrhea, vomiting, SaO2 97%, BP 90/55 mm Hg, HR 98 b/min.

Results: The clinical diagnosis was difficult because of the varied and non-specific symptoms. WBC=21590/µL, ESR=100 mm/1h, RBC=4.26x106/µL, Hb=12.1 g/dL, PMN=77.5%, GOT=58.2 U/L, GPT=66.7 U/L, seric urea=251.7 mg/dL, seric creatinine=3.57 mg/dL, TB=49.25 mg/dL, DB=40.37 mg/dL, C reactive protein=19.56 mg/L, procalcitonin=5.65 ng/mL, positive IgM for leptospirosis. The patients medication consisted in antibiotics (Penicilin G 1 million IU/6 h, Amoxicillin 1g/8h, Linezolid 600mg/12h, Imipenem/Cilastatin 500/500mg/12h), associated with diuretics, corticosteroid anti-inflammatories, hepatoprotectors, analgesics, intravenous solutions for hydro-electrolytic rebalancing. The evolution of the patient was favorable concerning the lab tests in the first days with the decrease of the bilirubin, serum creatinine and serum amylase, thrombocytopenia, leukocytosis, and the slow remission of the tegumentary jaundice, but in the following days his general condition worsens, he becomes sleepy, uncooperative, and according to the laboratory tests he developed hyperkaliemia, uremic encephalopathy, hepatic and renal failure. The patient was transferred in the Hemodialysis Clinic for appropriate management.

Conclusions: The adult patient with professional risk developed a severe form of leptospirosis, complicated with hepatic and renal failure, a condition that can precipitate the evolution of the patient to death.

Keywords: leptospirosis, professional risk, renal failure

LYMPH NODE TUBERCULOSIS ASSOCIATED WITH HIV/AIDS STAGE C3

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Objectives: Presenting a case of HIV infection associated with oropharyngeal candidiasis, cachexia, extrapulmonary TB (lymph node tuberculosis).

Material and methods: We report the case of a 26 years old male patient diagnosed with HIV infection in 1993, admited in 02.2016 at I'st Clinic of Infectious Diseases forfever, rightlaterocervical lymphadenopathy with a diameter of 4-5 cm, hard at palpation and painless, right submandibular lymphadenopathy, weight loss, weakness, fatigue. Physical exmination revealed: wasting syndrome, oropharyngeal candidiasis, right laterocervical and submandibular lymphadenopathy. Investigations showed white blood cell 5040/mm3, haemoglobin 10,1 g/dl, plateletes 232000/mm3, ESR 115 mm/1 hour, CRP: 65,5 mg/dl, LTCD4: 39/µl, HIV-ARN: 62401 copies/ml, bloodculture negative, chest x-ray was normal, direct examination of the needle aspirate from infected lymph nodes was positive (TB); cultures (after biopsy) wasalso positive for TB. The patient stopped antiretroviral medication 10 months before admission to the hospital. The patient was treated with Ethambutol 1200 mg/day, Isoniazide 300 mg/day, Rifampin 600 mg/day, Pyrazinamide 1500 mg/day, Raltegravir 1600 mg/day bid, Tenofovir 245 mg/day, Emtricitabine 200 mg/day, vitamins, glucose i.v., antipyretics, etc.

Results: After the patient started treatment the evolution was slowly favorable with the remission of symptoms. The treatment of coinfected patients requires antituberculosis and antiretroviral drugs to be administered concomitantly; challenges include pill burden and patient compliance, drug interactions, overlapping toxic effects, and immune reconstitution syndrome. The dual HIV and TB epidemic poses one of the greatest challenges for public health and the clinical treatment of HIV infected persons.

Conclusions: Tuberculosis remains the leading cause of death among HIV-positive people; in addition, HIV infection is a risk factor for the development of resistance to isoniazide and rifampicin (MDR TB).

Keywords:HIV, tuberculosis, lymph node, immunodepression

MENINGOCOCCAL MENINGITIS WITH MENINGOCOCCEMIA, A SEVERE CLINICAL FORM WITH FAVORABLE EVOLUTION IN A YOUNG ADULT

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Objectives: To present a case of meningococcal meningitis with meningococcemia in a young adult.

Material and methods: We report the case of a 24 years old patient admitted in 04.2016 at I'st Clinic of Infectious Diseases presenting high fever, headache, confusion, dysphagia, myalgia, purpuric lesions in the upper and lower limbs, chest and abdomen. Physical exmination revealed: photophobia, neck stiffness, tachycardia. Cerebral CT was normal. Blood examination: hemoglobin 12,5 g/dl, white blood count 11940/mm3 (93% neutrophyls), platelets 98000/mm3, ESR 60 mm/1 hour, C reactive protein 457.88 mg/L Procalcitonin 45.69 ng/ml, blood culture Neisseria meningitidis. CSF examination: turbid with 4400 leucocytes (100% neutrophyls), glucose 33 mg/dL, proteins 312.8 mg/dL, Pandy reaction ++++, latex agglutination detected Neisseria meningitidis group C, Gram Stain was negative but culture grew Neisseria meningitidis. The patient was treated with ceftriaxone, dexamethasone, mannitol, fraxiparine, glucose, NaCl 0,9%, paracetamol.

Results: Due to appropriate antibiotic therapy the clinical and biological evolution was favorable. Meningococcemia is associated with serious outcomes, such as death and long-term sequeals. Even when the disease is diagnosed early and adequate therapy is instituted, the case-fatality rate in meningococcal meningitis ranges from 5-10%; it may exceed 40% in patients with meningococcal sepsis. Fulminant meningococcal septicemia occurs in 5-20% of the patients affected and is characterized by petechial rash which can progress to hypotension, acute adrenal failure (Waterhouse–Friderichsen syndrome), coagulopathy and multiorgan failure.

Conclusions: Meningococcal disease is a life-threatening condition because she can become fatal in short period of time if not diagnosed and treated promptly.

Keywords: bacterial meningitis, meningococcemia, neisseria meningitidis

STEVENS JOHNSON SYNDROME INFECTED WITH ESCHERICHIA COLI, PSEUDOMONAS AERUGINOSA, STAPHYLOCOCCUS EPIDERMIDIS AND STREPTOCOCCUS VIRIDIANS WITH FAVORABLE EVOLUTION

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Objectives: the presentation of a clinical case with Stevens Johnson syndrome with secondary infection with Escherichia coli, Pseudomonas aeruginosa, Staphylococcus epidermidis and Streptococcus viridians with favorable evolution.

Patients and methods: B.A. a 58 years old male, married, from the rural area, presents nonpruritic purpuric rash in the groin area which later generalizes, fever, chills, headache and infected blisters in the lower abdominal region. The patient was treated for allergic dermatitis in Italy. When he came back he went to the emergency room at the County Hospital Timisoara from where he is guided to the Clinic of infectious diseases. The physical examination at admission showed: influenced general status, nonpruritic purpuric generalised rash with ulcerative and hemoragic lesions in the oral cavity, infected blisters in the groin and lower abdominal region, and a stung wound in the left heel, multiple vesicles at the feet, tongue with whitish deposits.

Results: WBC=18210/µL, RBC=5.05x106/µL, Hgb=15.2 g/dl, Hct=43%, ESR=35 mm/1h, serumurea=82 mg/dL, CRP=31.7 mg/L, culture secretion from the groin region showed Escherichia coli and Pseudomonas aeruginosa, the culture secretion from the lips detected Staphylococcus epidermidis and Streptococcus viridans, the culture secretion from the stung wound in the left heel revealed Escherichia coli and Enterobacter aerogenes. The treatment was instituted immediately using Meropenem 1g/8h, Fluconazole 200mg/day, pain killers, antipyretics, antihistamines, corticosteroid therapy, gastric antisecretories, intravenous solutions, vitamin C, with the decrease of the temperature and the partial cure of the skin lesions. After wards, the antibiotic treatment was substituted with Ciprofloxacin orally 500 mg/12h for 5 days according to the culture from the stung wound in the heel, for which was performed antitetanic vaccination. The evolution of the patient was slowly favorable. Conclusions: The severity of Stevens Johnson syndrome in a patient without known comorbidities with multibacterial infections, can be cropped by an early and effective antibiotic therapy.

Keywords: Stevens Johnson syndrome, secondary rinfection, rash

ACUTE VIRAL HEPATITIS A, A CHOLESTATIC FORM IN AN ELDERLY PATIENT

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Objectives: The presentation of a clinical case of an acute viral hepatitis A, a cholestatic form, found in an elderly patient without any other comorbidities.

Patients and methods: The authors present the case of a 69-year-old woman, admitted in the Infectious Diseases Hospital. During the admission, the pacient has accused significant fatigue 5 days prior to that day, loss of appetite, pain in the liver area, hyperchromic urine, acholic stools and skin pruritus on the anterior thorax. The physical examination detected: severe general condition, normal weight, skin pruritus, dehydrated tongue, persistent skin fold, dry lips,sensitive abdomen at palpation in the right upper quadrant, regular acholic bowels;palpable liver at about 4 cm below the costal margin presenting regular organ consistency and anunpalpable spleen.

Results: WBC: 5690/µL (N: 66.9%; Ly: 20.2%; Mo: 12.7%); C-Reactive Protein: 8,82 mg/L; TGP: 2011 U/L; TGO: 1740 U/L; Total bilirubin: 13,3mg/dL; Direct bilirubin: 11,7mg/dL; Amylasemia = 15,5U/L; Creatinine = 0.25 mg/dL; IgM HAV Ab: positive; HBS Ab: negative; HCV Ab: negative. The treatment consisted in Arginine-Sorbitol (500 ml/day), Aspatofort (2x10 ml/day), digestive enzymes, gastric protectors and hepatoprotective diet.

The clinical and biological evolution has been slow, due to the cholestatic nature of the hepatitis, associated with the age related diseases of the pacient. The authors highlight that the patient did not present other comorbidities.

Conclusions: Elderly patients may develop cholestatic forms of acute viral hepatitis A with a slow evolution, that can be associated with age related diseases.

Keywords: hepatitis, cholestatic form, therapy

ERYSIPELAS ASSOCIATED WITH VARICOSE ULCERS OF THE LEG IN A PATIENT WITH DIABETES AND ENTEROCOLITIS WITH CLOSTRIDIUM DIFFICILE

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Objectives: Presenting a clinical case of erysipelas of the leg to diabetes and elderly patients with multiple cardiovascular comorbidities.

Patients and Methods: The authors present the case of an elderly patient from the rural area, with permanent atrial fibrillation, chronic anticoagulant therapy, type 2 diabetes treated with oral antidiabetic medication, grade II hypertension with very high risk, stage CEAP 5 chronic venous insufficiency in the lower limbs, withan erythematous swelling, painful rash, fever, chills, headache and vertigo. The symptoms had started about two weeks prior to admission in the clinic. The clinical examination at admission revealed influenced general condition, slightly disoriented, pale mucosae, dystrophic appendages, painful skin rash, 3/2 cm varicose ulcers in the lower third straight shank. In the 10th day of hospitalization, the patient presents a diarrhea episode. Stool samples are tested in the laboratory.

Results: WBC 6130/µL; PMN 78.4 %; RBC 3,650,000 µL; Hb 10.1 g/dL; Ht 30.7 %; ESR 30 mm/1h; CRP 28,49 mg/L; INR 2.90; glycemia 151mg/dL. The wound secretion cultures reveal Corynebacterium spp. and Staphylococcus epidermidis; positive A/B toxins for Clostridium difficile. The treatment consisted in hygienic-dietary regimen (hypoglucidic, hypolipidic, salt restriction); bed rest with the right leg at a higher level, but with the avoidance of maintaining it in the same positions (prevention of bedsores), sterile dressing daily. The etiological treatment consisted in Penicillin G 2million IU/8h for 2 weeks, Oxacillin 1g/8h for 14 days, Metronidazole 500mg/8 h for 10 days, associated with antipyretics, analgesics, gastric antisecretories, intravenous solutions for hydro-electrolytic rebalancing with favorable clinical and biological evolution.

Conclusions: Elderly patients with multiple comorbidities and land forms immunocompromised may develop extensive lower limb erysipelas, requiring specialist treatment in Infectious Clinics Diseases.

Keywords: erysipelas, immunocompromised, streptococcal infection, nosocomial infection

CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME (ASHERSON) IN A YOUNG PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Introduction: Systemic lupus erythematosus (SLE) is a disease of unknown etiology, characterized by a chronic systemic inflammatory process associated with the production of antibodies against nuclear, cytoplasmic and membrane antigens. Catastrophic antiphospholipid Asherson syndrome is a hypercoagulable status mediated by antibodies, characterized by recurrent venous or arterial thrombosis.

Material and Methods: We are presenting the case of a female patient, age 19, diagnosed 6 years ago with SLE, in treatment with sulfate hydroxychloroquine, which she lately interrupted, then presented herself at the Infectious Diseases Hospital in a critical state, superficial coma, respiratory distress syndrome, cold extremities, threadlike pulse, tachycardia, purplish macular elements on fingers and both lower 1/3 distal limbs, symptoms that began two days ago with fever, headache, dry cough, muscle pain and shortness of breath that progressively widened. 2 days after admission a pulmonary sepsis starting point was suspected: the right basal bronchopneumonia, biological: thrombocytopenia, kidney failure, liver failure, acidosis. O2 therapy is instituted, hemofiltration, anticoagulants, antibiotics, antifungal, diuretics, protective agents, rebalancing electrolyte solutions and the nephrologist indicated supplementing a Solu-Medrol therapy, with a slowly favorable evolution. One week later she developed LES complications: pleural, cardiac and peritoneal effusion; seizures and MRI showed extensive edematous lesions of both cerebellar hemispheres.

Conclusions: Systemic lupus erythematosus is a systemic disease manifested by a chronic inflammation that interests the entire body, most seriously affecting blood vessels, as it happened in our case regarding the tissue injuries: necrosis of the leg fingers, with the prognosis of surgical amputation.

Keywords: Asherson Syndrome, Sepsis, Systemic lupus erythematosus, Hemofiltration