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ABSTRACTS

SISTEMIC DYSFUNCTION IN HIV INFECTION

CARMEN MIHAELA DOROBĂȚ

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The current approach of the HIV infection can be made by understanding the multisystem impairment of our patients who, due to their treatment, have an increased lifespan.

In this context, it is important to know the possible various impacts on HIV patients and get used to work in a wider interdisciplinary team that involves collaboration between cardiologist, dermatologist, neurologist, nephrologist.

Both, for the poly-experienced patient, who has been in our evidence for many years, with multiple ARV regimens, and for the late-presenter naive patient, a clinical and laboratory assessment of all the systems is required.

Hence comes the necessity of affiliation to the Romanian National Antiretroviral Therapy Guide, of a correct and simple evaluation schemes of various organ dysfunctions.

ANALISIS OF THE CASES OF MEASELS ADMITTED IN THE CLINICAL HOSPITAL FOR INFECTIOUS DISEASES"DR.V.BABES" TIMISOARA DURING THIS MEASELS OUTBREAK IN ROMANIA

VOICHIȚA LĂZUREANU*, V.MUSTA*, TEODORA MOISIL **, NARCISA NICOLESCU*, MARIA CERBU**, RUXANDRA LAZA*, ADELINA MARINESCU*, C. GÂNDAC***, MIRELA POROȘNICU**, NICOLETA COTAIA **, A.CRIȘAN*

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Measels is a infectious, very contagious disease of the childhood, which could be eradicated by vaccination. The low rate of anti-measels vaccination in our country lead to this outbreak in Romania. 5290 cases of measels were declared in 38 counties in Romania by 05.05.2017. 2903 cases are from the western part of the country (counties Timis, Arad, Caras-Severin, Hunedoara). Distribution on age is as followed: 18% under 1 year, 39% 1-4 years, 18% 5-9 years, 7% 10-15 years, 5% 16-19 years, 13% over 20 years. 1030 cases were admitted in the Clinical Hospital for infectious Diseases"Dr.V.Babes" Timisoara over the period 01.01.2016-30.04.2017. 77% of these patients were admitted for complications: 52% pulmonary, 13% sepsis, 4% ear, 1% intestinal. 29 patients had severe forms of disease, with respiratory complications and were admitted in the intensive care unit for infectious diseases. These patients were hospitalized between 1 and 31 days in the intensive care unit. 11 of them died, age between 5 months and 27 years. 8 from these patients were from Timis county, 2 from Caras-Severin county and 1 from Arad county. All deaths were due to respiratory insufficiency with acute respiratory distress syndrome (ARDS) on bronhopneumonia. 10 out of this 11 dead patients were intubated, between 1 and 28 days. All 19 patients that survived were diagnosed with bronhopneumonia with respiratory insufficiency without ARDS, 6 of them needed intubation between 5 and 9 days. Following antibiotics in association were used in the intensive care unit: carbapenems (meropenem, imipenem), antistaphylococcal (vancomycin, linezolid), antipseudomonas (colistin) and antifungal: fluconazol.

This outbreak of measles in Romania is growing, from 675 declared cases in 23 counties in June 2016 to 5903 declared cases in May 2017, mainly in the western part of the country (2903 patients) and we are seeing an increase of cases in people over 20 years (from 6% to 13%). 18% are children under the age of measles vaccination. 1030 cases (from 18 counties) were admitted in the Clinical Hospital for Infectious Diseases"Dr.V.Babes" Timisoara, with ages between 2 months and 49 years, representing 19% from the total of declared national cases. All 11 deaths were 100% due to acute respiratory distress syndrome (ARDS) with respiratory insufficiency due to bronhopneumonia, in ages between 5 months and 27 years. 9 out of them had important comorbidities. Vaccination of all children that have no contra-indication for vaccination is the only solution for decreasing the number of illnesses and deaths due to measles and stopping this current outbreak.

Keywords: measles outbreak, bronhopneumonia, deaths, vaccination

THE EMERGING INTEREST FOR TRAVEL MEDICINE

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With a record of 1186 million international tourist arrivals in 2015¹ and with a multitude of health and safety risk confronting travelers today, travel medicine it's an increasingly complex field. Travel medicine has traditionally focused on preparing the traveler to reduce their individual risk of illness, especially infectious diseases, but travelers might either import non-endemic diseases into their country of origin or export non-endemic diseases to the country they visit.

Accurate risk assessment in travel medicine relies on the quality of the information obtained from the traveler during the pre-travel consultation. The main elements of a pre-travel consultation include the following: evaluate the ability to travel, immunization by required and recommended vaccines, malaria chemoprophylaxis, self-treatment, especially for travelers' diarrhea, recommendations on preventing sexually transmitted diseases and protection measures against insect bites.

Although the number of Romanian tourists travelling abroad has doubled in the past years, with a total number of international trips reported in 2015 of 1.186.452², only a small part of travelers went to a pre-travel consultation. Also, Romanian travelers have a low perception and knowledge level regarding health problems associated with travel and also a low vaccination coverage³.

Travel medicine is a constantly changing and developing domain, addressing the needs of each traveler, regardless of where they come from or where they are going.

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WHY TO SCREEN FOR HIV INFECTION?

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Objectives

Most often seropositive patients presents at a very late stage of the infection, they are called "late presenters" (LP). Their CD₄ lymphocyte number are below 350 cells/ μ L and/or have a manifest AIDS disease at the time of HIV diagnosis. In Europe they still constitute more than half of all patients. The main objective of this study is to estimate the incidence of late presenters in our clinic and to propose screening strategies.

Material and methods

The prevalence of LP was investigated in a retrospective and cross-sectional study from January 2011 to February 2017, at the 1st Infectious Diseases Clinic of Tîrgu Mureș. We included in our group 57 patients with mean age of 29, 18 women (32%) and 39 man (68%). We excluded from the group the patients who don't have valid identity card or passport and those who were infected vertically. Data were analyzed with MS Excel and GraphPad (Mann Whitney, Fischer's test, $p < 0.05$).

Results and conclusions

From the study group 55% of the patients were LP. The majority of them were male, most of them unemployed. The infection was sexually transmitted in 68% (39 patients). The mortality was significantly higher in the LP than in early presenters. For the early presenters at the moment of the diagnosis the CD₄ count was higher, these patients were more adherent, they have less complications and comorbidities, the treatment is easier with better efficiency and outcome. We underline the importance of screening for HIV infection (not only for blood and organ donors, patients with tuberculosis, sexually transmitted diseases, pregnant woman) by other medical specialties, because in this case the patient's management is much easier and this is the only way to stop the spread of HIV infection in general population.

Keywords: HIV, late presenter, screening.

HEALTHCARE ASSOCIATED INFECTIONS - A CHALLENGE OF THE HEALTH SYSTEM

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Healthcare Associated Infections (HAI) continues to show interest for the Health System, the decision-makers and the community. In the context of current medicine, but also with regards to the future challenges, the risks of occurrence for these infections will always be up to date. Thus, the premises are that this issue should be followed continuously and with great responsibility. The financial efforts for sustaining the Health System and the problems of this type of infection are considerable, but the expected benefits of the prevention and control programs encourage the adoption of coherent clinical management policies. Early identification and diagnosis of HAIs based on standardized definitions is the first step for the correct management of these cases, but the need to report them to better understand the magnitude of the phenomena and to rigorously apply the appropriate measures should not be ignored. The legislation must contribute to the achievement of the proposed HAI prevention and control objectives direct linked with the ability to implement all the established provisions, and those involved in the fight against these infections, as well as the population, are sure that the patient's safety is put on the first place in the Romanian health policy, the expertise of the specialists, the guidelines and the standards regarding the quality of the healthcare offer the premises for a rigorous and consistent allocation of resources, both human and material, in the achievement of the desiderata related to this pathology that will permanently remain in the actuality. The challenge created by HAI is the result of some inconsistencies noted between legislative regulations or that underpinning working methodologies and what is being done in the current practice. These are more or less generalized but each one contributes to maintaining the unfavorable situation at the level of the Health System.

PARTICULARITIES OF PEDIATRIC SEPSIS

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Objectives

To study the recent findings about the definition and characteristics of pediatric sepsis.

Material and methods: We reviewed the studies and guidelines regarding the physiological, clinical characteristics and antibiotic management of pediatric sepsis. It has been recently accepted that pediatric sepsis has a distinct definition and management comparing with adult sepsis.

Results

Sepsis is defined as the systemic inflammatory response in the presence of a proven or probable infection. Recognition and early therapy remain the most important targets in the management of pediatric sepsis. A broad spectrum of etiology is responsible for this syndrome: viruses, bacteria, fungi and parasites. The misbalanced immunological response induces cellular injury and organ failure. Age specific comorbidities, genetic particularities, host immunity and the virulence of the pathogens are important factors correlated with the severity of the infection. Optimal and early antibiotic therapy (< 1 h) is crucial in the management of bacterial sepsis. Particular pharmacokinetics in children requires optimization of antibiotic treatment. Broad spectrum antibiotics should be used as first line considering the high risk of multidrug resistant pathogens and the immunosuppression. Association of antibiotics in neutropenic septic patients, respiratory failure and septic shock are recommended. Broad spectrum cephalosporin drugs are first option in children with community acquired respiratory sepsis. Carbapenems and glycopeptides are recommended for health care associated sepsis. Clinical evaluation, microbiological testing and sensitive biomarkers (C reactive protein, procalcitonin), are used in evaluating the treatment efficacy.

Conclusions

Early recognition of sepsis and adequate antibiotic therapy in hospital are essential for improving outcome.

Keywords: sepsis, pediatric, antibiotics, pharmacokinetics

LATE DETECTION OF HIV INFECTION IN CHILDREN CASE STUDY

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Background

The number of HIV vertical transmission cases in Romania has continued to decrease since the early 2000s when the peak of the rate was 45%- to under 2% at the end of 2016. As the national mother to child transmission protocol establishes- perinatally HIV exposed newborns undergo a specific assessment during the first 72 hours of life. Late detected cases with implicitly deferred introduction of specific therapy associate severe opportunistic infections and neurological impairment.

Material and method: We present the case of a paediatric male patient, late detected with perinatally acquired HIV infection in January 2015, at the age of 18 months, following several admissions in paediatric clinics, for intercurrent conditions. The HIV staging during his hospitalisation on the Paediatric and Adolescents Immunodepression Department was symptomatic HIV infection, stage 3.

Following the establishment of his diagnosis, we initiated the specific antiretroviral treatment based on the recommendations of the National Antiretroviral Treatment Guidelines. 18 months after his diagnosis the child presented: relatively rapid neurological impairment, drowsiness, intense headache, mobility and talk impairment, facial asymmetry.

The head MRI evinced two types of lesions: acute/active lesions, with perilesional oedema and other subacute/chronic lesions with no post-contrast changes, all located in the white matter.

The diagnosis of HIV infection-associated diseases indicated either progressive multifocal leukoencephalopathy -a commonly associated illness- or acute disseminated encephalomyelitis.

Results

The patients' evolution was relatively favourable, due to a new antiretroviral therapeutic scheme, with strict monitoring of ART adherence, followed by complications difficult to manage at this age: hypertension, heart failure, hyperlactatemia.

Conclusions

Late detection of perinatally acquired HIV in children imposes a standard protocol that includes imaging screening- transfontanellar ultrasound, CT/MRI, in order to rapidly identify neurological impairment and introduce a potent antiretroviral regime.

Keywords: HIV, paediatrics, hyperlactatemia, disseminated encephalomyelitis, progressive multifocal leukoencephalopathy

PSYCHOSOCIAL STATUS AND TREATMENT ADHERENCE IN HIVINFECTED PEOPLE

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Background. Adherence to medical regimens is extremely important for HIV infected people (PIH). Among individual characteristics related to adherence, psychosocial problems have frequently been cited as barriers to adherence.

Objective. The aim of this study was to evaluate the psychosocial factors that influence the adherence to combination antiretroviral therapy (cART) in PIH.

Material and methods. Study was conducted between 01 January and 31 December 2016 and included PIH from Craiova HIV/AIDS Regional Center (only from Dolj county) receiving cART. Patients were excluded if they were less than 18 years of age or were on cART for less than 6 months. The sociodemographic data, clinical status, biological markers and psychological aspects were submitted to variable frequency analysis.

Results: 231 PIH were included, 118 (51.1%) were female, median age 28 years (IQR 20; 74). A significant proportion (78.4%) of our PIH reported adherence to cART. 131 PIH (56.7%) were either cohabiting or married. In term of education level, 75 PIH (32.5%) had completed high school and 38 PIH (16.4%) had completed college. With regards to employment status, 148 PIH (64.1%) were unemployed. Only 11.2% of PIH reported alcohol use and 5.2% had depression. Our analysis suggested no differences between adherent and nonadherent PIH when evaluated by sex, age, marital status, employment status. The result point to an association between social support, education level, active alcohol use and adherence ($p < 0.001$)

Conclusions. Psychosocial factors are important for adherence to cART and it is necessary to develop psychosocial intervention for PIH.

Keywords: HIV, cART, adherence, psychosocial factors

NEOPLASIA ASSOCIATED WITH HIV - REGIONAL CENTRE HIV / AIDS IASI'S EXPERIENCE DURING A PERIOD OF 32 MONTHS

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Objective:

Patients infected with HIV have an increased risk of developing any type of cancer due to immunosuppression, frequent oncogenic viruses coinfection and risk behaviors like smoking and alcohol, although the frequency of some type of malignancies is equal to that of the general population. This study aims to analyze HIV-infected patients who have been diagnosed with cancer in the last 2 years and 8 months.

Material and Methods:

We retrospectively analyzed the medical records of hospitalized patients in the Regional HIV / AIDS Center Iasi, for a period of 32 months (January 2014 - August 2016). We followed viro-immunological parameters, the type of cancer developed and the level of adherence of patients to antiretroviral therapy.

Results and conclusions:

During the mentioned period, 37 patients were admitted which resulted in a total of 65 hospitalizations. From the group of studied patients 43.24% are women and 56.75% men; 35.13% belong „pediatric cohort”; 62.16% were older than 30 and 2.7% younger than 27 years. The types of cancer identified in the study group were non-Hodgkin's lymphoma (32.43%), Hodgkin's disease (13.51%), Kaposi's sarcoma (13.51%), hepatocellular carcinoma (8.1%), brain tumors (8.1%), rectal cancer (2.7%), testicular cancer (2.7%), kidney cancer (2.7%), trachea cancer (2.7%), breast cancer (2.7%), cervical cancer (2.7%), uterine leiomyosarcoma (2.7%), myeloid leukemia (2.7%) and refractory agranulocytosis (2.7%). CD4 cell count value at the time of admission was less than 50 cells/ mm³ for 43.24% of the patients and less than 200 cells / mm³ for 56.75% of them, indicating a high degree of immunosuppression. Viremia was detectable for the entire group. All seropositive patients with malignancies which were enrolled in the study were nonadherent and noncompliant to HAART due to depressive episodes, ethanol addiction or other psychiatric disorders. Patients who abandoned HAART benefited of sustained psychological support and the treatment was resumed. Initiation of therapy and substituted psychotherapy has resulted in improved viro-immunological parameters, giving the patient an adequate clinical-biological status for cancer surgery and chemotherapy initiation. During the study period, 5 deaths were recorded. Patients who died were aged between 27 and 47 years and all of them were in stage C₃ AIDS disease.

The long-term evolution of HIV under noncompliant and non-adherent antiretroviral therapy favors the emergence of malignancies difficult to treat. Multidisciplinary collaboration is essential for managing such complex cases. Early initiation and adherence to antiretroviral therapy may decrease the incidence of cancer in HIV infected patients.

Keywords: AIDS, cancer, noncompliance/nonadherence, psychotherapy

PREP OR EARLY TREATMENT AS HIV PREVENTION STRATEGY FOR MSM COMMUNITY FROM CONSTANTA?

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*Objectives: To analyze the local situation of HIV infections in Constanța MSM community
To establish the most efficient strategy to prevent new HIV cases.*

Material and methods

We performed a retrospective analysis of new HIV infections in MSM community with a view to: demographic data, moment of infection, type of infection (acute or chronic), CDC classification, epidemiological data (previous HIV test, number of partners, partners tested), HIV clade, resistance pattern for TDR, co-infections, time from first test to access cART, actual status (CD4 count, HIV-RNA), methods used for prevention. Also, we applied a questionnaire trying to assess the patient's knowledge in terms of HIV prevention.

Results and conclusions

We identified 86 cases of HIV infections in Constanța MSM community, most of them associated with other co-infections as HCV, syphilis, HPV and in A1/A2 CDC classification stage. The most common clade in our MSM community is F1 (34 out of 44 strain) followed by B, C, G. No major resistance mutations have been detected even if genotyping test was performed in acute/early infection. The time-span between which the patients are diagnosed and are given ARV therapy varies from less than a month to 40 months. At this point, only 51 out of 86 are in cART in Constanța, 50 have HIV-RNA less than 40 copies/ ml and one just started treatment. Another 6 are treated in other countries, all undetectable, and 14 patients are lost from follow-up.

80% of the patients who were given the questionnaire do not have any knowledge of what PrEP means. The best prevention method in the MSM community seems to be "treatment as prevention". It has become necessary to inform the community about PrEP as condoms are not usually used.

Keywords: HIV, MSM, PrEP, treatment as prevention

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY AT A HIV POSITIVE PATIENT

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Objectives

Neurological manifestations at an HIV positive patient occur frequently and they have various infectious and non infectious etiologies. Among the infectious etiologies progressive multifocal leukoencephalopathy (PML) is one of them. PML is a rapidly advancing demyelinating disorder of the central nervous system's white matter due to John Cunningham virus(JCV). The diagnosis of PML in the absence of brain tissue biopsy histopathological examination can be sustained by characteristic clinical manifestations and cerebral IRM findings and by the evidence of the CSF JCV PCR.

Materials and methods

We present the case of an 38 years old, caucasian, heterosexual male, known as HIV positive since 11 years, who refused the HAART, admitted at the National Institute of Infectious Diseases „Prof Dr. Matei Bals” Bucharest for balance disturbances, astasia-abasia, speech impairments and amnesia, with insidious debut and progressive worsening.

Results

At the admission moment: CD4=117cells/mm3, blood HIV-ARN =227566 copies/ml.

Cerebral RMN findings discloses irregularated areas of white matter in T2 and FLAIR hypersignal, T1 hyposignal, with maximum diameters of 2.5 cm projected in the cerebel bilateral, left middle cerebellar peduncle and bilateral posterior pontin peduncle.

CSF obtained from lumbar puncture shows a clear, normotensive fluid, with an elevated protein level of 100 mg/dl. India ink test and cryptococcal antigen were negative. BK, fungal and bacterial cultures were negative. BK PCR was also negative.CSF ARN-HIV= 60552 copies/ml. CSF JCV DNA PCR by IRIDICA technology was positive.

HAART with high CSF penetration was initiated, with initially stationary evolution, subsequently during the next months the neurological simptomatology got worse progressively, the neurological examination showing right central facial palsy, swallowing difficulties for liquids, astasia-abasia, global muscle strenght decrease, cerebellar syndrome with bilateral intention tremor while the cerebral IRM findings shows in comparison with the previous examination: the extension of the T2 and FLAIR hyperintense, T1 hypointense lesions,some contrast screen spots at the jonction with the normal cerebral parenchyma situated in the white matter bilaterally and left middle cerebellar peduncle. The conclusion is the worsening of the neurological simptomatology and cerebral lesions in the context of immune reconstitution inflammatory syndrome (IRIS).

Conclusions

A good LEMP diagnostic method in an HIV positive patient, in the absence of the brain biopsy, is the presence of CSF JCV DNA along with neurological manifestations corresponding to areas of demyelination highlighted on the cerebral IRM.

Taking into account that HAART is the only therapy which improves the immune status and diminishes the viral replication, the delay or lack of adherence to HAART increases the risk of the neurological manifestations occurence due to the JCV.

Keywords: Progressive multifocal leukoencephalopathy (PML), Polyomavirus John Cunningham virus (JCV), cerebral IRM; Consent for publication; Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

THE BEHAVIOUR AND CAPACITY OF THE SEROPOSITIVE PATIENT TO ADAPT FROM THE STATE OF HEALTH TO THE STATE OF ILLNESS

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The state of health is represented by the structural equilibrium of the person, in what concerns the physical/biological and mental consciousness of the adaptive equilibrium between the individual and his/her environment.

The individual responsibility for maintaining a state of health is connected to the behaviour and lifestyle of each person. The incipient phases of the state of illness, chronic disease, accepting the diagnosis and adapting to such a situation leads to changes in the lifestyle and behaviour of the patient. Adapting to such circumstances refers to the behaviour that protects people from the unpleasant and difficult experiences that they need to go through by using their own resources and to describe the reactions of the patient to being chronically ill.

The HIV infected patient from the cohort that has been raised and developed with the disease built a particular lifestyle through developing coping mechanisms and accepting the disease, in comparison with a patient that is newly diagnosed with HIV and who goes through a process of changing their lifestyle and activates resources to adapt to the disease, one that they may accept or not.

An event is in a way any experience that is part of our lives which requires us to adapt and leads to significant changes of our lifestyle. It is a discontinuity, a brutal rupture during the course of our existence and the attitude that each person chooses is in fact the sum of the choices we make every day.

Keywords: health, disease, lifestyle, behaviour, seropositive patient, attitude

THE IMPACT OF SOCIAL SERVICES IN MANAGING THE PATIENT DIAGNOSED WITH HIV/AIDS

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Understanding the complex issue of HIV/AIDS and its impact towards the concerned person, his/her family life, the community and the society represents the premise for completing the medical care with the social and psychological assistance of the patient diagnosed with HIV/AIDS.

The purpose of the social services provided to a person diagnosed with HIV/AIDS and who is in a difficult situation is his/her adjustment to the status of a person living with HIV, the maintenance of the autonomy and functionality for as long as possible, the improvement of the difficult situation, and finally, the increase of the quality of life.

Social, supportive, preventative and informative counseling regarding the ARV treatment and legal counseling for the HIV-positive patient helps to improve the patient's social status and to the development of a responsible behavior regarding the treatment as well as the development of certain coping skills.

Keywords: social services, counseling, adjustment.

INTESTINAL TUBERCULOSIS IN A HIV-POSITIVE PATIENT

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Objectives:

We present the case of an HIV-positive female patient that presented in our clinic for high fever, persistent diarrhea, enlarged cervical lymph nodes, abdominal pain, jaundice and generalised rash. Two weeks prior to the admission she was started on antiretroviral treatment (ARVT): abacavir + lamivudine + darunavir/ritonavir.

Material and methods:

The laboratory findings showed mild hepatic cytolysis syndrome, mild hepatic cholestasis syndrome, moderate anemia. The stool sample showed red bacilli at Ziehl-Neelson Stain, the abdominal CT scan revealed multiple abdominal necrotic lymph nodes, hepatosplenomegaly, and the bronchoalveolar lavage PCR assay tested negative for Mycobacterium tuberculosis. Therefore, the preliminary diagnosis was ARVT intolerance, intestinal tuberculosis with possible ganglionic tuberculosis.

After the cessation of ARVT, she was started on isoniazid, rifampin, ethambutol, pyrazinamide, but the hepatic dysfunction worsened; thus, she was transferred to the intensive care unit, the anti-tuberculosis treatment was entirely stopped. The liver function was mostly restored after she underwent liver dialysis and plasma exchange.

Result and conclusions:

HIV/AIDS is accompanied by rare infectious diseases, that prompt for high standard diagnostic measures. Because of their adverse effects, ARVT and anti-tuberculosis therapy can be challenging, but it's imperative to find alternatives.

Keywords: AIDS, intestinal tuberculosis, acute liver failure.

HEPATITIC DISFUNCTION IN MEASLES

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Introduction and objectives:

Measles is an eruptive contagious flu which affects especially children, being challenged by a virus from Paramyxoviruses type. It currently represents a great important topic in the medical practice, both by the great number of illnesses, and by the possible complications and unfavorable evolution towards death.

Materials and method:

I performed a transversal-observational retrospective study towards a number of 808 children diagnosed with measles, admitted in the "Victor Babes" Infectious Diseases and Pneumophysiology Hospital from Timișoara, Infectious Diseases Section II, during the period 01.05.2016 -24.04.2017.

The study was based on the following aspects: structure on age groups. Presence of possible befriending conditions for potentiating the disease aggressiveness, vaccine antecedents, given the dynamic of the disease, the role of the blood table in profiling the hepatic cytolysis syndrome, the immune humoral response as diagnosis support; the comparing of the current data to those obtained in the previously performed study in the clinics which is the pandemic top from 1993 (18% children with hepatic diseases).

Results and discussions:

Out of a number of 2065 patients during the reminded period measles represented a percentage of 39.12%. The hepatic cytolysis syndrome was highlighted at 54 (6.68%) by patients with measles. The most increased incidence was to the age group 1-4 years: 29 (53.7%).

Conclusions:

We notice in the last year an increase of the hepatic cytolysis syndrome, to the children diagnosed with Measles. The most affected being the females and the age group 1-4 years old. The obvious growth of the number of illnesses, signaled in the last year is the consequence of the exhaustion of the protective effect of the vaccination-prevention and accumulation of disease receptive population. The serious types, the complications involved impose the extension of the hospitalization and implicitly the higher hospitalization costs.

Key words: measles, hepatic cytolysis syndrome, pandemic

MEASLES AND IMMUNOLOGICAL DISEASES

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Objectives

A human paramyxovirus, the measles virus has been studied as a potential antitumor agent for lymphoid malignancies. The measles virus may be particularly promising as an oncolytic virus for the treatment of lymphoid malignancy.

Material and method

We performed a longitudinal study for a period of one year (01.05.2016-01.05.2017), in full measles epidemic in Timiș County.

Results

A number of 795 cases of measles (children and adults) were admitted to the "Victor Babeș" Clinic of Infectious Diseases from Timișoara, the total number of cases being much higher. There were 11 deaths due to measles complications (9 children and 2 adults).

A peculiarity of the epidemic is interdisciplinary cases, including cases of immunological diseases that have been affected by measles.

Case 1. A 9-year-old male with diagnosis non-Hodgkin II A Stage Lymphoma and Aplastic anemia in cytostatic treatment develops measles complicated with Viro-Bacterial Mixed Pneumonia and Hepatocytolysis Syndrome.

Case 2. Male 17-year old male with the diagnosis of Hodgkin's Lymphoma, which develops Measles, complicated with Acute Pneumopathy and Pulmonary Vein Thrombosis.

Conclusions

Lymphoid organs are preferred sites for the replication of measles virus. Live measles attenuated with measles virus derived from the Edmonston-B strain have been used for over 30 years.

There are ongoing studies to develop measles virus that oncolytic therapy for B cell non-Hodgkin's lymphoma

Key words: antitumor agent, malignant lymphoma, oncolytic virus.

PARTICULARITIES IN THE EVOLUTION AND TREATMENT OF MEASLES COMPLICATIONS IN CHILDHOOD - PEDIATRIC APPROACH

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Objectives.

Evaluation of measles complications and estimation of their evolution under treatment.

Background. Measles is frequently complicated in children with malnutrition and in infants. Malnutrition favors viral proliferation through enhanced cellular immunodepression. The most common complications of measles are: diarrhea, vomiting and dehydration, pneumonia, otitis media, conjunctivitis, laryngitis, febrile seizures. In 50% of patients with measles, interstitial pneumonia is present already in the prodromal stage. The pneumonia may be caused by direct viral invasion of the lungs, or may be a consequence of bacterial superinfection. In the post-eruptive period, the convalescent is exposed to bacterial complications. Pneumonia by bacterial superinfection occurs in 7-50% of cases, often has a mixed character and prolonged evolution and it may be severe, with high mortality. Of 10 children with measles pneumonia, 6 are at risk of death.

Material and methods.

We present a suite of 25 consecutive cases admitted in our pediatric department between August 2016 and May 2017 where we analyzed the complications of measles. The evaluation was performed by anamnesis, clinical examination and paraclinical investigations (biological and imaging).

Results

The patients belong to both sexes, with a net predominance of girls. No patient was vaccinated against measles. More than 50% of cases come from disadvantaged social categories. All age groups are represented in the study group, 2/3 being infants and toddlers. Nutritional deficiencies are present in 80% of cases. 15 cases were hospitalized during the pre-eruptive period and the rest in convalescence. The most common complication was gastroenteritis with dehydration (64% of cases), followed by pneumonia (60%), otitis media (16%), febrile seizures (20%), sepsis, conjunctivitis and rhinitis. The radiological aspect in most cases was bronchopneumonia. All patients received pathogenic and symptomatic treatment and most of them required antibiotic therapy for bacterial superinfection. Treatment of sepsis with a pulmonary origin was done in Pediatric Intensive Care Unit. In one case, assisted ventilation has been established. The hospitalization period was over 10 days to more than 75% of the patients in the post-eruptive period. Three patients died, all known for malformative (cardiac, digestive) diseases and nutritional pathology.

Conclusions

Pneumonia was the most serious complication in our study. Nutritional and malformative pathology facilitate the installation of severe measles complications. Their prophylaxis can be achieved by systemic and mass anti-measles vaccination.

Keywords. Measles complications, children

ANTIMICROBIAL RESISTANCE, A PUBLIC HEALTH PROBLEM

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Objectives:

Analysis of germs circulation and their resistance to antibiotics in patients admitted to the Clinical Hospital of Infectious Diseases Constanța.

Material and method. Between March 2016 and March 2017, 181 positive biological samples from 176 patients admitted to the Clinical Hospital of Infectious Diseases Constanta were analyzed.

Results:

The pathogens analyzed were mainly from urocultures (99 samples), coprocultures (26 samples), sputum (17) and infected plague secretions (15). Escherichia coli was the most commonly involved germ (74 strains), of which 28 ESBL positive and negative carbapenemase strains (37.83%). 43 strains of Staphylococcus aureus with a MRSA positivity of 67.44% (29 strains) and 3 VRSA strains (6.97%) were identified. Of Gram negative bacteria, Klebsiella pneumoniae (29 strains, 10.34% ESBL positive and 13.79% carbapenemase positive) prevailed, as well as Pseudomonas aeruginosa, Acinetobacter baumannii, and Enterococcus faecium with multi-resistant strains.

Conclusions:

Resistance to common antibiotics is increasing in patients admitted to the Clinical Hospital of Infectious Diseases Constanta, especially in the case of Staphylococcus aureus strains. Clinical-epidemiological anamnesis revealed that the origin of the strains involved is predominantly nosocomial and less community-based. It is necessary to implement antibiotic therapy policies not only in hospitals, but especially in the family doctors network.

Key words: resistance, antibiotics, nosocomial

THE RESISTANCE PROFILE TO ANTIBIOTICS OF SOME GERMS INVOLVED IN THE PEDIATRIC INFECTIOUS DISEASES.

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Objectives: The study of the resistance spectrum to antibiotics of the bacterial species involved in the infectious diseases in children: ●bacilli Gram negative – E. coli, Proteus mirabilis, Klebsiella pneumonia, Klebsiella oxytoca, Enterobacter cloacae, Citrobacter amalonaticus, Serratia marcescens, Serratia fenticola, Providencia rettgeri, Morganella morganii, Hafnia alvei, Acinetobacter baumannii, Acinetobacter calcoaceticus, Pseudomonas aeruginosa and cocci Gram positive – Staphylococcus aureus, haemolytic streptococcus – Streptococcus pneumonia, Enterococcus sp.

Material and Methods: The analytical and retrospective bio-clinical study of cohort type to certain antibiotics highlights the behavior of the isolated species from various pathological products – urine, secretions from various surgical wounds, peritoneal fluid, otic secretions, conjunctival secretions, umbilical secretions, gastric aspirations, from the children hospitalized at The County Emergency Clinical Hospital from Arad, between 01.2016-04.2017. We used the classic diffusion method and the automated method VITEK (CMI).

Results:

- *E. coli ESBL strains +: 12 strains isolated from urine*
- *Klebsiella pneumonia ESBL +: 2 strains from urine*
- *Proteus sp.: 2 strains from urine resistant to ceftriaxone*
- *A Serratia marcescens strain (from otic secretion) resistant to ceftriaxone*
- *2 strains of Providencia rettgeri (MDR), isolated from urine, resistant to cephalosporins, aminoglycosides, fluoroquinolones, carbapenems, bisepitol, penicillin + β - lactamase inhibitors*
- *A strain of Morganella morganii (otic secretion) resistant to aminoglycosides, cephalosporins and penicillin + β - lactamase inhibitors*
- *The incidence of MRSA 78 strains/116, of which 47 isolated from secretions from surgical wounds, 12 MRSA from otic secretions.*
- *The pneumococcus resistance to Penicillin from conjunctival secretions – 1 strain*
- *The beta haemolytic streptococcus resistance to Erythromycin isolated from otic and conjunctival secretions – 3 strains*
- *Enterococcus sp.: resistance to Ciprofloxacin – 3 strains from urine and a strain from each surgical wound and peritoneal fluid*

Conclusions: The need of identification of the bacterial species and of surveillance of their resistance to antibiotics, in the hospital, are essential in order to administer the efficient first-line treatment, contributing to the adoption of an antibiotic therapy policy in the hospital.

Keywords: bacteria, resistance, children

ANTIBIOTIC RESISTANCE OF E.COLI

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Background:

Antibiotic therapy is the key to successful treatment, which is why is needed a constant monitoring of antibiotic sensitivity of the involved bacteria. Objectives: *Escherichia coli's* phenotype analysis of antibiotics sensitivity.

Methods: retrospective study between the periode 01/01/2015-31/12/2016, realised in Clinical Infectious Diseases Hospital from Craiova and Clinical Neurology Hospital from Craiova, on the evolution of *E.coli's* sensitivity. There were considered multiresistant strains those that showed resistance of at least 3 different antibiotics. Differences were considered statistically significant for a threshold of $p < 0.05$ and the regression coefficient (R). Results: In Clinical Infectious Diseases Hospital from Craiova was identified 494 strains of *E.coli* with the following rate of resistance: ceftriaxone 14.4%, ceftazidime 14.2%, trimethoprim-sulfamethoxazole 32%, gentamicin 9.95%, moxifloxacin 31%, norfloxacin 16%, levofloxacin 19%, amoxicillin-clavulanate 52%, ampicilline-sulbactame 21%, colistin 4%, meropenem 1.7%, nitrofurantoin 14%. In Clinical Neurology Hospital from Craiova was identified 213 strains of *E.coli* with the following rate of resistance: ceftriaxone 11.3%, ceftazidime 16.66%, trimetoprim-sulfametoxazol 29.7%, ciprofloxacin 27.2%, levofloxacin 33.3%, norfloxacin 33.3%, amoxicillin-clavulanate 58%, ampicilline-sulbactame 17.7%, imipenem 0%, nitrofurantoin 3.5%. In Clinical Neurology Hospital a number of 18 strains (8.45%) of *E.coli* showed beta-lactamase secretion resistance versus 27 strains (5.47%) of *E.coli*, in Clinical Infectious Diseases Hospital ($p \geq 0.05$). Multiresistant strains were observed in 59 cases (11.94%) in Clinical Neurology Hospital versus 61 cases (12.34%) in Clinical Infectious Diseases Hospital ($p \geq 0.05$).

Conclusions: There were registered the following changes in the phenotype of sensitivity to antibiotics of *E.coli*: similar rates of reduction of sensitivity to quinolones, aminopenicillines in both hospitals.

Keywords: antibiotic, *E.coli*, sensitivity

LIVER FIBROSIS MONITORING BY NONINVASIVE METHODS IN PATIENTS WITH CHRONIC C HEPATITIS TREATED WITH DIRECT ACTING ANTIVIRALS

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Background and objectives:

In 2015/2016, in Romania, treatment with ombitasvir/paritaprevir/dasabuvir/ritonavir was available for patients with Hepatitis C compensated cirrhosis. We monitored 43 patients with noninvasive methods (imaging and biochemical) for the evaluation of the liver fibrosis, aiming to demonstrate that liver fibrosis is reversible even in cirrhotic patients.

Material and methods:

43 patients (27 females) were included in the study. Fibroscan, APRI FIB4, CBC and liver function tests were performed at the beginning of the treatment, one month later, 3 months later (end of treatment (EOT)) and 6 months after EOT. At the first visit, liver ultrasound with ARFI and Fibrotest were also available. Patients ages were between 36 and 79, with a mean of 64.6 +/- 8.2 years.

Results:

Noninvasive tests agreement at first visit: Fibroscan was strongly correlated ($p < 0.01$) with spleen length and ARFI and had a good correlation ($0.01 < p < 0.05$) with Fibrotest, FIB4, platelets and prothrombin index. Fibrotest was strongly correlated ($p < 0.01$) with FIB4 and prothrombin index and had a good correlation ($0.01 < p < 0.05$) with Fibroscan, APRI and platelet count. Parameters evolution in time: There was a decrease of liver stiffness value from the first visit to the end of treatment of 7.45 (STDEV = 6.88, $p < 0.01$) and of 8.8 (STDEV = 8.37, $p < 0.01$) from the first visit until 6 months after EOT. APRI showed a similar evolution, with a decrease of 1.04 (STDEV = 0.97, $p < 0.01$) at the EOT and of 0.8 (STDEV = 0.5, $p = 0.024$) at 6 months from the first visit.

Conclusions:

There is an improvement in the noninvasive tests for liver fibrosis at the end of treatment and 6 months later in patients with liver cirrhosis, in some cases showing even reduction of the stage of fibrosis below Metavir 4. The agreement of the imaging methods with the biochemical ones was satisfactory in this study in staging liver fibrosis.

Keywords: Liver fibrosis, Hepatitis C, Elastography, Fibroscan, ARFI

HCV HEPATITIS - FROM CLINICAL TRIALS TO THE REAL WORLD OF PATIENTS

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Introduction:

In Romania the prevalence of HCV is 3.23% with an increasing incidence of infection. In HCV infected patients, the risk of hepatic cirrhosis, liver cancer and extrahepatic complications is high. In Europe, the main cause of liver cancer and indication of liver transplantation is HCV infection. The effectiveness of HCV treatment has increased remarkably over the past 6 years, with new molecules being able to eradicate HCV infection with a probability of 98-100%. In our country, within the national program of 2015-2016, the treatment with DAA was strictly addressed to patients with hepatic cirrhosis with HCV class A HCV and patients with chronic hepatitis with severe fibrosis (F3) hepatitis.

Objectives:

Analysis of a lot of cirrhotic HCV or chronic hepatitis- (F3) patients treated for 12 weeks with Viekirax, Exviera +/- Ribavirin.

Methods:

Retrospective study of 292 patients with HCV hepatic cirrhosis CHILD A, treated in hospital "Dr. Victor Babes" Bucharest during December 2015 - February 2017.

Results:

We treated 153 men and 139 women with liver cirrhosis HCV CHILD A, aged between 39 and 83 years, with an average age of 60 years. 38 % of patients showed cardiac disorders, 19% diabetes type II and 9% 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.

During the treatment 16 % of patients experienced anemia, which required ribavirin dose reduction and in 29 cases we stopped the ribavirin therapy. In 16 % 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 (32 %), pruritus (18 %), followed by loss of appetite, epigastralgia and vertigo. Antiviral medication was generally well supported, but a number of 21 patients experienced bouts of hypertension difficult to control. 21 patients experienced serious adverse effects, that required hospitalization. Therapy was halted in one case and 3 deaths were reported after stopping treatment.

At the end of therapy: RNA-HCV was undetectable in 289 patients and 2 patients had detectable viraemia, 1 patient discontinued treatment;

At 12 weeks post-treatment: HCV RNA was undetectable in 288 patients (98.63%) and there was a relapse.

Conclusions:

The new DAA therapy was very effective, with a healing rate of 98.63% for the 292 treated patients. The treatment was generally well tolerated by patients. Dose modification or discontinuation of RBV administration did not alter the therapeutic response. 21 patients experienced serious adverse effects and 3 post-treatment deaths were recorded, indicating the need for strict patient follow-up both during treatment and post-treatment.

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

CLOSTRIDIUM DIFFICILE INFECTION AT PATIENTS ADMITTED IN "SF. PARACHEVA" INFECTIOUS DISEASES HOSPITAL, IASI BETWEEN 01.07.2016-31.12.2016 – RELAPSES

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Objective:

The paper intends to conduct a retrospective study of patients hospitalized in the period 01.07.2016 - 31.12.2016, in "Sf.Parascheva" Infectious Diseases Hospital, aiming the relapse incidence of Clostridium difficile infections.

Materials and method:

Were included 195 patients diagnosed with Clostridium difficile colitis, admitted to our clinic between July to December 2016, of which 46 presented relapsed disease.

They were included in the analysis the reasons for hospitalization, previous medical history, treatment, and treatment before the onset of the infection, the biological changes, the possible presence of other underlying disease and surgery.

Results and conclusions:

There were 46 recurrences, 25 male and 21 female patients, of which 63% were at first relapse, 28.26% at second and 8.74% at the third. Three of them had unfavorable evolutions, death occurred. There were 55.55% urban, 44.44% rural, and 86.67% are retirees.

Analyzing the observation sheet it was found that all patients had specific symptoms, 8 (17.4%) of them have shown nausea and loss of appetite, 5 (10.9%) accused vomiting and fever and 2 (4.37%) have shown vertigo and abdominal distension.

Both toxins were positive in 80.43% of the cases, 10.9% of which was identified only toxin A, in 19.5% the GDH antigen and 2.17% non-toxigenic. Among previous medical history:

- gastrointestinal (67.4%),*
- cardiovascular (54.34%),*
- nephrology (23.91%),*
- diabetes (19.56%)*
- other diseases (rheumatological, neurological, psychiatric).*

34.78% had undergone surgery and in 21.73% cases oncologic pathology was found.

The therapy was with Vancomycin (80.43%), Metronidazole (34.78%), or combinations. 67.4% have benefited from the treatment of the underlying disease.

Anemia, hypokalemia, hypoproteinemia, hypochloremia and hyponatremia disorders were found in the biological assays.

In conclusion disease recurrences are commonly seen, and represent a major problem in clinical management of patients with CDI. Clostridium difficile infection is often found in patients with multiple comorbidities, in particular surgical and gastrointestinal ones, an additional risk factor being advanced age and oncological antecedents.

Key words: Recurrence of Clostridium difficile infection, Vancomicine, Metronidazole, comorbidities

PROBLEMS ON DIFFERENTIAL DIAGNOSIS IN ACUTE MENINGOENCEPHALITIS- CASE PRESENTATION

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Objectives

Sinusitis is an important chapter in Otolaryngology pathology. Untreated, sinusitis may become chronic and may cause complications of proximity (orbital-ocular, meningitis, meningo-encephalitis, intracranial processes) or general septic complications.

Intracranial processes may be the result of direct frontal sinus enlargement, the subdural abscess being the most common complication, with a higher frequency in males aged 20-40 years. Cerebral empyema accounts for approximately 15-22% of all intracranial infections, predisposing factor being sinusitis.

Materials and Methods

We present the clinical case of a 16 years old child from urban environment, hospitalized to the "Victor Babes" Clinic of Infectious Diseases from Timisoara between 19.02.2016 and 05.04.2016.

Results and Conclusions

The patient is hospitalised with headache, fever, right hemiparesis and aphasia. Laboratory analyses reveal a very well-expressed inflammatory syndrome. Imaging investigations reveal a subdural collection that fuses the fronto-parieto-occipital interhemispheric suggesting subdural empyema and left acute pansinusitis. After ORL inspection is carried out revealing the need of surgery-release of the left nasal fossa, respiratory stage through septal resection and left maxillary sinus puncture-there was a permanent drain tube placed.

Under the surgical treatment in association with antibiotic therapy and symptomatic treatment the progression was favorable.

Intracranial complications of pansinusitis require interdisciplinary management in the team: infectious physician, neurosurgeon, radiologist, otorhinolaryngologist, microbiologist and neurologist.

Keywords: meningitis, empyema subdural, pansinusitis

A CASE OF BOUTONNEUSE FEVER - UNEXPECTED EVOLUTION

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Introduction:

Boutonneuse fever is a zoonosis caused by Rickettsia conorii, transmitted by the dog tick. Among this infection's clinical aspects are the black spot at the site of the bite, accompanied by fever and maculopapular rash.

Materials and Methods:

We bring forward the case of a 67 year old female, with no known comorbidities, admitted to our clinic for high fever, generalized maculopapular rash and a black lesion on the neck, emerged 7 days earlier, 48 hours after she was bitten by an unknown insect. The General Practitioner prescribed her Cefuroxime, but her condition worsened.

On admission, the patient was conscious, with encephalopathy, jaundice, generalized maculopapular rash, a lesion on the right side of the neck, tachycardia, hepatomegaly and oliguria. Blood samples were taken, revealing lymphopenia, severe thrombocytopenia, an important inflammatory and nitrogen retention syndrome, hepatic cytolysis. The chest X-ray showed bilateral alveolitis.

Results and conclusions:

The diagnosis of septic shock with MSOF in a case of suspected boutonneuse fever was considered and the patient was started on broad-spectrum antimicrobials, corticosteroids, fluid and electrolyte administration and symptomatic therapy. In the first 48 hours after admission, the patient's condition worsened dramatically. Tracheal intubation and advanced support of vital functions were performed, with state-of-the art techniques of hemodialysis with extracorporeal cytokine adsorber.

In the 3rd day after admission, the sudden appearance of anisocoria and right hemiparesis lead to an emergency brain CT scan, which confirmed a pituitary haemorrhagic lesion.

The patient regained consciousness, but, after 30 days, though the septic process seemed controlled, a sudden cardiac arrhythmia lead to a fatal outcome. The presence of antibodies against Rickettsia conorii was acknowledged through immunofluorescence testing, thus confirming our diagnosis.

In conclusion, a simple tick bite should not be neglected since it can lead to Rickettsia conorii infection. In this case, the absence of immediate prophylaxis marked the fatal outcome.

Key words: tick bite, Rickettsia conorii infection, sepsis, MSOF, pituitary haemorrhagy

THE DIAGNOSIS DILEMMA IN THE CASE OF A PROLONGED FEVER SYNDROME

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Hyperthyroidism is an endocrine disorder determined by a hyper function of the thyroid gland, characterized by an excessive production of the thyroid hormones.

We are presenting the case of a 55 year old patient, initially admitted in the Internal Medicine Department of Botosani Hospital for: abdominal above umbilical pains, loss of weight (13 kg), physical asthenia, diminished appetite for meat (for approximately 2 months) and chills, fever (40° C), dyspnoea, coughing with a quantitatively reduced expectoration, Polydipsia (for about a week) prior to the admission. From the collateral hereditary predecessors we can mention the death of his daughter, a few years before, having been diagnosed with acute lymphoblastic leukemia, which had started with a fever.

The clinic exam at the admittance showed a bad general status, axillary adenopathy diameter 2 cm, strengthened bilateral vesicular murmur, predominantly over dorsal bilaterally, tachycardia, FC= 100/min, TA=160/80mmHg, discreet functional systolic murmur, spontaneous painful abdomen and painful when touched in the epigastrium, headaches, shivering of the extremities.

The laboratory tests highlighted: inflammatory syndrome, thrombocytopenia, total Ca=8, 4 mg/dl

Ca ionic= 3mg/dl, Mg=1,8 mg/dl, Cholesterol =110 mg%, Ag HBs, Ac anti VHC – absent test Helicobacter pylori- negative. Thoracic radiology: strengthened bilaterally hilar basal interstitial drawing.

After 6 days of hospitalization, period in which he was initially treated with Augmentin and Gentamicine for four days and after that with Timentin, antipyretic but with the persistence of fever and with an unfavourable evolution, it is decided for the patient to be transferred to the Infectious Diseases Hospital Iasi.

The patient had at admittance a generally bad state, pale skin and mucous, rales crepitation in the inferior 1/3 of the right hemi thorax, AV= 95/min, TA= 110/60 mmHg, discreetly congestive pharynx, sensitive abdomen in the right hypochondrium and epigastrium, headaches.

Thoracic radiology: cord and lung radiologically normal, abdominal X-rays: increased liver LHD 170 mm, hyperechoic, discreetly diffuse; VB dilated, without calculi; normal CBP, CBIH, VP; spleen 147 mm, normal kidneys, pancreas, test QuantiFeron TB Gold- positive.

The patient has an axillary adenopathy of 2 cm. A thyroid and axial X-rays were made, which raised the suspicion of a possible hyperthyroid.

After collaborating with the endocrinologists the diagnosis of fever syndrome prolonged by endocrine etiology, hyperthyroid (thyrotoxicosis) is established and at the same time the transfer to the Endocrinology Clinic is decided in order to continue the investigations and the synthesis anti-thyroid treatment.

Keywords: fever, hyperthyroid, adenopathy

EPIDEMIOLOGICAL AND CLINICAL CHARACTERISTICS OF THE 2016-2017 INFLUENZA SEASON IN THE CLINICAL INFECTIOUS DISEASES HOSPITAL OF BRASOV

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Despite national and international vaccination programs, influenza still causes significant morbidity and mortality worldwide.

Objectives:

The analysis of some epidemiological and clinical aspects of influenza in patients hospitalized for this disease during the cold season 2016-2017 in the Clinical Infectious Diseases Hospital of Brasov.

Material and Methods:

Retrospective study conducted on influenza cases hospitalized from November 2016 to April 2017, using data from patients' medical records.

Results:

During the above mentioned period, 284 patients with influenza were hospitalized in the Clinical Infectious Diseases Hospital of Brasov; the first case occurred at the end of November 2016; 54,5% were males and 74,5 % from urban areas; 186 (65,7%) patients were children, of which 27,9% under the age of two and 15 patients under the age of 6 months old. Most cases were detected in January (153 cases – 53,9%). Hospitalizations for influenza type A were more frequent between December and February, followed by influenza B in March and April. Five pregnant women was hospitalized with influenza A and one with influenza B. The most common symptoms were fever and coughs (90% cases), followed by headache (50%), myalgia (50%), sore throat (45%) and vomiting (30%). Chest radiography showed interstitial opacities in 40,5 % of cases and alveolar condensation in 6,3 % of the patients. Evolution was favorable in almost all patients, only one patient required intensive care support and was admitted in an intensive care unit.

Conclusions:

From December 2016 to April 2017 in the Clinical Infectious Diseases Hospital of Brasov were hospitalized many patients with influenza, A and B type, more frequent in children and to a larger extent in those younger than 2 years of age. Influenza represents a significant public health threat, so it is important to perform vaccination in all groups of population including children.

Key words: influenza, vaccination

ROTAVIRUS GASTROENTERITIS IN CHILDREN – PREVALENCE AND CLINICAL ASPECTS

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Objectives:

Diarrhea remains one of the most common cause of hospitalization among children below 5 years of age. Rotavirus appears to be the most important etiological agent (40-60% of cases) of acute gastroenteritis. This study was carried out to evaluate the burden of Rotavirus gastroenteritis among pediatric hospital admissions.

Matrrial and methods:

An observational, retrospectiv study was carried out to determine the prevalence of Rotavirus infection amongst children presenting with diarrhea, for a 5 month period (1st october 2016- 28th february 2017). Detection of Rotavirus antigen in stool was the inclusion criteria. The clinical profile of the children, amoung white cells count, blood levels of hemoglobin, potasium and proteins, stool frequency at admision time, number of days until normalization, number of days of hospitalization and other related diseases were analyzed from the patients sheet.

Results:

Out of a total of 788 hospitalized children under the age of 4, 22% (175) were diagnosed with Rotaviral infection and only 4 pacients were over the age of 5. A number of 170 diagnosed children respected the inclusion criteria and data revealed that the infection was more common in children younger than 2 years old (35% were younger than 12 months, 81% between 12-24 months and 17%> 24luni); the highest proportion were male (62%), while 38% were female. 56% live in rural areas and 44% in urban areas. Regarding the nosocomial transmision 63 (37%) were referred from Spitalul Clinic de Urgență pentru Copii”Sf. Maria” Iași and 15 (9%) were discharged less than 5 days before admision. The average length of hospitalization period is 4.87days, with a maximun of 11 days, mentioning that children aged between 6-12 months required a longer hospitalization – on average 5,39 days. The average stool frequency was 3,88 at admision time, with a maximum of 15, the most affected group range was 0-6months old (5 average stools at admision time). Fever was prezent in 133 (78%) cases and 143 (84%) exhibit vomiting. Most children associted anemia 76 (45%), recurent respiratory infection 17 (10%) or allergic-immune dissorders 8 (5%).

Conclusions:

Our study emphasizes that Rotavirus is an important cause of acute gastroenteritis in children, witch can lead to dehydration- requiring hospitalization, diagnosis and appropriate treatment.

Keywords: Rotavirus, gastroenteritis, children, anemia, hospitalization

CEREBROVASCULAR ACCIDENTS IN SMALL CHILDREN

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******“Louis Turcanu” Emergency Hospital for Children Timisoara, Romania**

Objectives

We tried to identify predisposing factors and the causes which concur to the apparition of CVA in children and whether they are common in the descriptions present within the last year in specialty literature.

Material and methods

We have performed a retrospective study regarding a number of 3181 admitted children into Clinic II Infectious Diseases of the Victor Babes Hospital in Timisoara between 01.01.2015-01.05.2017. They were analyzed according to various criteria: age, sex, background, personal physiological and pathological antecedents, debut of current disease, condition on admission etc.

Results and conclusions:

- 1. CVAs in children, although rare, are possible, increasing especially within the last years.*
- 2. In our study there were 7 children with CVA of various causes.*
- 3. Multiple paraclinical and imagistic investigations are necessary (less accessible) for diagnosis and management of these affections.*
- 4. Collaboration between pediatrician, neurologist, imagistic specialist, infectionist, AIC and family doctor is imposed.*
- 5. To be considered as diagnosis a potential cerebrovascular accident in young patients with generally influenced condition without a well-defined cause (pulmonary, digestive etc.).*

Keywords: etiologies, infant stroke, predisposing factors

UPDATE ON THE REGULATORY T CELLS (TREGS) IMPLICATION IN SOME INFECTIOUS DISEASES

LUCIAN NEGRUȚIU

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CD4, CD25 + FoxP3 + regulatory T cells (Tregs) are the great players for maintaining the human immune tolerance. Tregs are a very important factors for reducing the inflammation-mediated tissue damage following infection. Tregs also suppress the protective immune responses to pathogens, including virus, bacteria, parasites fungi and vaccines and enhance pathogen persistence by inhibiting the activation and functions of both innate and adaptive immune cells such as dendritic cells, macrophages, T and B lymphocytes and by promoting immunosuppressive environment. The equilibrium in the Treg number and function is important to ensure pathogen clearance and protection from infection-associated immunopathologies. Our work represent a review of recent data - concerning the advances in understanding of Treg influence on the outcome of infection, which open a new ways to target them. Various small molecules, pharmacological inhibitors, and monoclonal antibodies therapy are utilised in experimental models to study the Tregs responses to this modern active molecules.

BACTERIOPHAGES AND ENZYBIOTICS – A PROMISE IN THE ANTIBACTERIAL TREATMENT

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The alarming increase in antibiotic resistance of pathogens requires finding new therapeutic alternatives. For this reason, we have reverted to the old method of bacteriophage therapy. Nowadays the mechanisms by which bacteriophages destroy bacteria are known. The replicative cycle of bacteriophages in the bacterial cell takes about 30 minutes. Bacteriophages destroy the bacteria at the end of the replicative cycle, in order for it to get out of the bacterial cell. For this purpose they induce the formation of enzymes (hydrolases) by which they destroy the peptidoglycan contained in the bacterial cell wall, so the bacteria is destroyed "from the inside". The phenomenon is possible mainly for Gram + germs. Recently, such enzymes (hydrolases, lysines) have been synthesized, which can be administered from the outside and have the same effects as the therapy with whole bacteriophage, they destroy the bacteria from the outside. These enzymes have been called "enzybiotics". The association of these enzymes with antimicrobial peptides with a superior effect has also been achieved (e.g. ARTYLISIN, CHIMEOLYSIN).

A few conclusions:

- 1. Enzybiotics have a targeted effect, aimed strictly towards a specific bacteria, without influencing other bacteria,*
- 2. Are rapidly bactericidal, destroying germs both in the growth phase, as well as in the stationary one,*
- 3. Act synergistically with some antibiotics,*
- 4. No resistance to lysine has been described,*
- 5. Favors the return to sensitivity of previously resistant germs,*

They can be used, such as entire bacteriophages, in the treatment of wounds, burns, in surgery as well as in systemic infections.

PARTICULARITIES OF SEVERE SYSTEMIC INFECTIONS IN ONCOLOGICAL PATIENT

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The bacterial infectious pathology represents the main complication with vital risk that is often met in patients with neoplasia in spite of the prophylactic and therapeutic progresses.

Material and methods: This study included 33 patients diagnosed with severe sepsis of confirmed etiology who associated oncological pathology (solid tumors, malignant hemopathy) and were hospitalized in the Clinical Infectious Diseases Hospital “Saint Paraschieva” from Iași between 2013-2016.

Results and discussions

During this study we have noticed an increased incidence of neoplasia as immunesuppressive factor met in patients who developed severe sepsis. Among the 100 immunesuppressed patients with severe systemic infections 33% associated malignant pathology with different locations: 10 cases of breast cancer, 7 cases of lung cancer, 5 cases of cervical cancer, 4 cases of colon cancer, 4 cases of chronic lymphatic leukemia and 3 cases of Hodgkin lymphoma. A number of 25 patients presented neutropenia in the context of chemotherapy. Five patients were following radiant therapy cures before their hospitalization and only three of them weren't under any immunesuppressive therapy at the moment they have been diagnosed with severe sepsis. The etiologic agents isolated from the oncological patients' blood cultures were Staphylococcus aureus, Enterococcus sp., coagulase-negative staphylococci, Pseudomonas aeruginosa, Klebsiella pneumoniae, Acinetobacter baumannii and Serratia marcescens. The mortality rate was about 43% and death occurred because of the multiple organ dysfunction.

Conclusions

Patients known with malignant diseases had an infectious risk higher than those who associated other causes of immunedepression. Chemotherapy induced neutropenia has significantly decreased the patients' responsivity to antimicrobial treatment, having a negative influence on their general outcome.

Key Words: Severe Sepsis, Immunedepression, Neoplasia.

POSTER SESSION

BACTERIOLOGICAL AND THERAPEUTIC CONSIDERATIONS IN POST SURGICAL BACTERIAL MENINGITIS

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Objectives

In the last years, recent studies describes few cases of post surgical bacterial meningitis, as a complication of spinal surgery or related to intraoperative incidental durotomy. Anyway, we believe that is essential, for patients who have the clinical triad of fever, neck stiffness and consciousness disturbance during the postoperative period, to establish as soon as possible a right diagnostic, followed by a proper antibiotherapy, in order to obtain a good management of these cases. The objectives of this study are to report the clinical features, laboratory evaluations, treatment course and prognosis of patients with post surgery meningitis.

Material and Methods

We performed a retrospective study of post-surgical meningitis cases that were hospitalized in Clinical Hospital of Infectious Diseases from Iași between January 2012 and January 2017. In these patients we evaluated the etiology, post-surgical context, clinical signs and symptoms, paraclinical parameters, therapy and response to treatment by comparing certain parameters of evolution, using statistical study (t Student test and SPSS 4.0).

Results and Conclusions

We have included 52 cases of postoperative meningitis. The patients were aged from 3 to 79 years old, with an average age of 41 years. The analysis of the gender distribution showed the predominance of the male sex (39 cases) and the environment origin was mostly rural (29 cases) and 3 cases were from placement centers. Clinical symptoms, consciousness disturbance and meningeal signs accompanied by fever were present in most of the cases (47). The patients presented a varied neurosurgical context, predominantly tumor pathology. The etiological spectrum was established in 9 cases and was Methicillin-resistant Staphylococcus aureus and coagulase-negative Staphylococcus and three case the etiology was Streptococcus pneumoniae. The APACHE II scor was related to severity of the cases (in 29 of cases was between 20-29). Hepatic, renal, cardiac dysfunctions were often present in patients with tumor neurosurgical interventions. The corticotherapy was associated to specific antibiotherapy (as a prime option the association of carbapenems with fluoroquinolones and third generation cephalosporins with fluoroquinolones).

Keywords: postoperative meningitis, APACHE scor, antibiotherapy, meningeal signs, neurosurgical context.

THE PROFILE OF ACUTE VIRAL HEPATITIS NON A-C IN THE MUNICIPAL CLINICAL HOSPITAL ORADEA DR.G.CURTEANU

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Introduction:

Acute viral hepatitis is the consequence of infection of the organisms with one of the hepatitis A, B, C, D, E, F, G, TTV, SEN viruses. Besides these viruses there are also other viruses that cause secondary acute hepatitis, in systemic diseases: Epstein-Barr virus, cytomegalovirus, herpes simplex virus, varicella vesicle virus, measles virus, rubella virus and adenoviruses. Unfortunately, many acute viral hepatitis remain uncolled, interpreted as non-A-C.

Objectives:

The purpose of this paper is to evaluate the prevalence of acute viral hepatitis without etiology in Infectious Disease I in the last 3 years, as well as to highlight clinical and laboratory particularities.

Material and Method: For this purpose, we performed a retrospective study based on the observation sheets of patients admitted to the Infectious Diseases Department of the Municipal Clinical Hospital of Oradea between January 2014 and March 2017. Diagnosis of non-A-C virus viral hepatitis was performed by eliminating all other causes of hepatic impairment, including by negating all repeat viral markers. All patients were followed for 12 months.

Results:

Of the 94 patients diagnosed with acute viral hepatitis, approximately 16 patients (16.6%) remained without etiology and gender differences. Approximately 2/3 of patients were younger than 30 years of age. As the evolution, most were average forms. Paraclinic parameters assessment revealed an important hepatocytolysis syndrome with 40-50xNV, with an average of 1967U / L for ALAT and 1226U / L for ASAT. Of the 16 cases of nonA - C hepatitis, 10(62,5%)were jaundiced and 6 cases with anicteric form. In those with jaundiced form, total bilirubin recorded an average of 8.36.

Conclusions:

The data presented above reveals that about 1 out of 5 patients with acute viral hepatitis remain without etiology. Due to frequent cases of unspecified etiology, it would be necessary to introduce other viral markers besides the usual viral markers (hepatitis G, TTV, SEN) or because of immunological pressure there are new "wild" viruses.

THE PROFILE OF AN TRICHINELLOSIS OUTBREAK IN BIHOR COUNTY IN 2017

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Introduction:

Trichinellosis is the disease caused by a Trichinellidae nematode, the Trichinella genus, the T. spiralis species. Romania has a leading position in Europe as regards outbreaks of trichinosis due to the country's socio-cultural peculiarities. In December 2016, 14 outbreaks of trichinosis were reported nationwide; As such, in 2017 the evolution of trichinellosis continues, including at the level of Bihor County and hence in 3 European countries: Germany, Belgium and Ireland.

Objectives:

To evaluate the clinical, paraclinical and epidemiological parameters of a trichinosis outbreak.

Material and Method: We conducted a retrospective study in the Infectious Diseases Department of the Municipal Clinical Hospital of Oradea during January-February 2017 on a trichinosis outbreak caused by infected pigs, untested by trichineloscopy. The suspicion of diagnosis was based on epidemiological and clinical criteria and confirmation was relatively late only by testing Trichinella IgG.

Results:

There were 54 patients, mostly female (64%), predominantly young (2/3 of patients up to 30 years of age). As a development, most were light and medium forms. Clinically, patients experienced fever, myalgia (50% of cases with myositis), edema of the cephalic extremity, dyspeptic disorders. The evaluation of paraclinic parameters revealed important leukocytosis ($V_{max} = 28,000 / mm$), eosinophilia (2/3 of cases). A small number of patients also experienced complications of trichinosis (18%), such as myocardial damage, hepatic impairment.

Conclusions:

The data presented above support the epidemiological and clinical urgency of trichinosis. Due to the persistence of trichinosis outbreaks in our country as well as the country's cultural peculiarities it is necessary to improve the disease prophylaxis measures in collaboration with DSP and DSV.

Key words: trichinellosis, IgG Trichinella.

INCIDENCE AND EPIDEMIOLOGICAL FEATURES OF ACUTE VIRAL HEPATITIS

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Background:

Viral hepatitis are a globally health issue and they are frequently seen in our casuistry. The most common etiological forms found in our country are infections caused by Hepatitis A Virus (HAV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV).

Objective:

The aim of this study is to identify the clinical and epidemiological aspects of the three types of viral hepatitis in our geographical area.

Material and method: The study performed was retrospective and it was based on a comparison between the three groups of patients diagnosed with HAV, HBV and HCV who were hospitalized in the Clinic of Infectious Diseases II, Tîrgu-Mureș, between 01st of January 2015 and 31st of December 2016. The diagnosis was established using epidemiological, clinical and biochemical data. Serological markers of hepatitis infection were identified using ELISA technique.

Results:

Those 320 patients studied with viral hepatitis were divided the following way: 120 patients (37.5%) with HAV, 112 patients (35%) with HBV, 88 patients (27.5%) with HCV. HAV was more frequent under the age of 20 years (70.8%), HBV and HCV between 50-59 years. Male gender was commonly associated with HAV (51.7%), HBV (63.4%) while HCV infection predominated in female gender (67%), statistically significant difference ($p < 0.01$). HAV and HBV were most frequent in patients from rural areas (76.7% - HAV and 55.4% - HBV) and HCV predominated in urban areas (53.4%), significant correlation ($p < 0.01$). Most of the HAV (91.7%) and HBV (61.9%) infections were mild clinical forms. A frequent route of transmission was represented by invasive procedures, which in case of HBV were 39,3 % and regarding HCV 51,1%. Surgery interventions predominated in patients with HCV (46.6%) compared to HBV (36.6%). A lower incidence of HAV and HBV was observed in 2016 (7.98%) compared to 2015 (17.6%).

Conclusions:

The incidence of acute viral hepatitis remains high due to non-compliance with preventive measures.

Key words: acute viral hepatitis, infection, incidence, epidemiology.

CARDIOVASCULAR RISK ASSESSMENT IN HIV-INFECTED PATIENTS

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Objectives

Many studies have shown a higher cardiovascular risk in HIV-infected patients comparative to the other counterparts. The current recommendations for cardiovascular (CV) follow-up in seropositive patients contains an annual cardiac check-up, resting ECG and cardiovascular risk estimation based on risk score calculators. The aim of our study is to observe the risk estimation in HIV-infected patients, with some of these online available calculators.

Material and methods

The study was retrospective and cross-sectional. We selected 60 HIV-positive patients attending the clinics of Mureș County Clinical Hospital, 1st Infectious Diseases Clinic of Tîrgu Mureș. We included patients between 19-56 year (mean age: 31,3 year), on antiretroviral therapy, majority (38 patients) from the historic cohort of Romania, 21 women (35%), 39 man (65%), without any other acute infections. For risk assessment we used online calculators: Framingham, PROCAM (Prospective Cardiovascular Munster), SCORE (European High Risk Chart), and Pooled Cohort Risk Assessment Equation. Our results were compared according to gender, age and other risk factors.

Results and conclusions

Estimating CV risk with PROCAM equation, we found 3 patients (5%) with 5-10% risk and 6 patients (10%) with 2-5% risk. Because of the age restriction we calculate Framingham score only for 15 patients. 7 patients (11.6%) have >5% risk (none of them was from Romanian cohort) for myocardial infarction (MI) or death within ten years, respective 2 patients (3.3%) over 15% CV risk (they have >45 year). With Pooled Cohort Risk we found that only 3 patients (5%) have elevated cardiovascular risk. In conclusion, we observed CV risk estimation is a particular problem in young people, we obtained different results depending on the type of used equations. Further screening investigations may allow a better identification of high risk groups. Lifestyle changes can reduce the risk, which increases with ageing.

Keywords: HIV, cardiovascular risk estimation, scores.

TOXOPLASMOSIS. STARTING POINT IN IDENTIFYING HIV INFECTION?

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Introduction

Toxoplasmosis it's a parasitary disease produced by Toxoplasma gondii, that in imunodepressed patients can reactivate itself, developing into Cerebral Toxoplasmosis, wich later may determine the patients death.

Method and material

We present the case of a 32 years old patient, sex masculin, addmitted in our service between 3.01-19.01.2017, transfered from the departament d of Neurosugery

Clinical exam:

influenced condition. Cooapertive. Temporal-Spacial desoriented. Exoftalmia. Candidiasis deposits on the tongue left latero-cervical adenopathy with positive Celsiens signs. No signs of meningeal irritation.

Results:

Inflammatory sindrom, hepatocitolisis sindrom, IgM Toxoplasma gondii-positive, Elisa HIV 1+2- positive, Western-Blot-positive. Viral load=2137736 copies/mL. T helper lymocities, CD4= 6 u/L, Pharyngeal exudate-Candida albicans, secretion wound culture- Staphilococcus epidermidis, meticolino-rezistent phenotype.

The evolution of the case during the period when the patient was under complex therapy (antibiotics, antifungal therapy, depletive therapy, corticotherapy) was favorable.

Conclusions:

1. Toxoplasmosis iss among the most common oportuniistic infections in imunodepressed patients,its presence signifying definitory SIDA illness.

2. In order to establish HIV infection, the patient had to go through 3 medical services.

3. Due to CD 4 and Viral load value, we may suppose that the patient presented himself late in a medical service.

Key words: Toxoplasmosis; HIV-SIDA; Adenopathy.

THE INFLUENCE OF ASSOCIATED COMORBIDITIES - AN UNFAVORABLE PROGNOSIS IN A CHILD DIAGNOSED WITH MEASLES

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Introduction:

Measles is a contagious infection disease caused by the measles virus, which can lead to complications and deaths, as can be seen in association with Down syndrome, which presents in proportion of 40-50% complex cardiac malformation.

Case presentation:

We present the case of a girl, 9-year-old, unvaccinated, with a rich pathological personal history: Down syndrome (with atrial septal defect, ventricular septal defect and persistent arterial canal), severe pulmonary hypertension, flaccid paraparesis, cerebral atrophy, hospitalized for measles suspicion in 2nd Clinic of Infectious Diseases, Timișoara, following a transfer from Emergency Hospital for Children "Louis Țurcanu", where she presented for febrile syndrome.

Results and conclusions:

Clinical examination revealed pathological: a critical but stable general state, febrile, congested pharyngeal, ragged lips, erythematous-macular rash on the face and thorax, palpebral edema, expiratory dyspnea, intercostal draft, polypnea, oxygen saturation= 80% without oxygen on the mask, disseminated crackles on both pulmonary areas, grade III/IV left paramediastinal systolic breech. Biologically, inflammatory syndrome, anemic syndrome and elevated liver hepatitis have been reported. Chest x-rays described: multiple alveolar areas of condensation, bilaterally arranged with apical- basal mood (aspect of bronchopneumonia). The sustained critical condition required the patient to be transferred to the Infectious Disease Intensive Care Unit, where non-invasive ventilation was required. Establishing a rebalancing with oxygen therapy, broad spectrum antibiotics in association, antifungal, corticosteroids, diuretic, anticonvulsant, blood preparation and hydro-electrolytic rebalancing solutions was necessary. The respiratory status of the child worsened, evolving towards acute respiratory distress syndrome, with maintenance of alveolar lesions, which even extended up to two-thirds of both lung areas. On the 13th day of admission, the child presented a bradycardic episode, is intubated orotracheal, but followed by cardiac arrest, that did not respond to atropine administration and resuscitation measures. Bronchopulmonary complications remain one of the main causes of death among measles patients. Down syndrome with complex cardiac malformations associated with measles complications such as acute respiratory failure due to bronchopneumonia, can sometimes have a reserved prognosis. Intensive vaccination support even in children with chronic illnesses could help modify the outcome measles epidemic.

Key words: measles, Down syndrome, bronchopneumonia, death.

THE STORY OF A HAPPY CASE - ENDOCARDITIS WITH ALPHA-HEMOLYTIC STREPTOCOCCUS

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Objectives:

We present the evolution of a patient with Endocarditis with Alpha-hemolytic Streptococcus who was treated at "Sf.Parascheva" Infectious Diseases Hospital.

Materials and methods:

Case report of a patient diagnosed with Endocarditis with Alpha-hemolytic Streptococcus.

In the analysis were included: hospitalization's reasons, previous medical history, treatment before the onset of the infection and during hospitalization, the biological changes, the possible presence of underlying diseases and surgeries.

Results and conclusions:

While analyzing the medical files, it was found that the patient, transferred from Bacău Emergency Hospital, presented clinically: fever, chills, dyspnea during medium intensity efforts, weight loss (14 kg in 2 months). The blood tests revealed: first 3 positive hemocultures with Alpha-hemolytic Streptococcus, vegetation on the mitral and aortic valve with regurgitation. The symptoms initially started two weeks prior the admission in our clinic.

Initial therapy started with Gentamicin and Vancomycin. Subsequently, a cardiological consultation was performed by transthoracic and transesophageal echography, which confirmed valvular lesions. The antibiotic treatment was changed to Penicillin and Gentamicin, due to an allergic reaction to the administration of Vancomycin, after 18 days.

Despite changing the initial antibiotic treatment the patient experienced nonspecific reaction of intolerance this time to Penicillin administration, causing kidney failure(creatinine values at the upper limit). The next medical decision was to substitute the Penicillin with Ceftriaxone and Gentamicin. Starting with the 34th day of hospitalization the patient presented diarrheal syndrome, fever, neutrophilic leukocytosis and rising nitrogen retention syndrome. Due to the clinical and biological evaluation at the time it was imperative to request for a faeces examination: Clostridium difficile toxins A and B being detected in faeces. For a better result the antibiotic therapy was changed to Cefort in microperfusion, which led to a rapid recovery of the patient. However, the vascular lesions required cardiological surgery wich was performed at Clinical Hospital "Dr. C. I. Parhon" Iași. Although the surgery was successful the patient had to return periodically to our clinic for a health review.

In conclusion, early diagnosis (by clinical, echocardiographic and laboratory criteria) and appropriate treatment resulted in an increased survival rate.

Keywords: Endocarditis, Alpha-hemolytic Streptococcus, Antibiotic therapy, Clostridium difficile

HHV 6 INFECTION DIAGNOSED IN TWO IMMUNOSUPPRESSED PATIENTS

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Objectives:

Our aim is to present the cases of two immunosuppressed patients that presented with high fever and non-specific clinical and laboratory findings.

Material and methods:

Patient 1, an adult male, was admitted to the intensive care unit (ICU) of the National Institute of Infectious Diseases Prof. Dr. Matei Balș for severe headache, dysphasia, dizziness, facial asymmetry. A lumbar puncture is performed and the laboratory assessment of the cerebrospinal fluid (CSF) shows 20 elements per mm³, CSF: serum glucose ratio of 1:3, high protein level, negative bacterial culture, the PCR assay was negative for bacteria, including Mycobacterium tuberculosis, but positive for Roseolovirus – HHV 6. The CT scan revealed a frontal lobe cortico-subcortical lesion. During his antiviral, dexamethasone and mannitol treatment, the neurological symptoms improved and the subsequent CSF findings were normal, except for low glucose levels, for which a malignancy can be a differential diagnosis. We directed the patient in an oncology unit, where the bronchoalveolar lavage revealed non-small cell lung cancer. Retrospectively, we can consider CSF alteration as the result of a cerebral malignancy and a superimposed viral infection.

Patient 2, a 82-year old male, recently diagnosed with lymphoblastic leukemia, with no specific treatment was admitted for persistent high fever and coughing, for which he underwent antibiotic treatment. He was not receiving antiviral or antibiotic prophylaxis. Initial laboratory findings included inflammatory syndrome, and the PCR assay detected HHV 6 in a blood sample.

He was redirected to a haematology ward for specific treatment with the recommendation of antiviral treatment.

Results and conclusions: HHV 6 – Roseolavirus can be incriminated as the infectious agent in various immunosuppressed patients bearing a possible fatal outcome.

Keywords: HHV6, immunosuppression, meningitis, leukemia

MENINGITIS OR MENINGISMUS? – DIFFICULTIES IN DIAGNOSIS CONFIRMATION IN A 6 YEAR-OLD CHILD

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Introduction: Meningitis is a severe, acute inflammation, of the protective membranes covering the brain and spinal cord, known collectively as the meninges. Meningeal inflammation represents a major medical emergency, even fatal without adequate therapy. Moreover, in cases in which a bacterial cause is suspected, it is essential to select the right moment for broad spectrum antibiotic administration, in order to obtain proper cultures, which are of the utmost importance for diagnosis confirmation and case classification.

Material and method: We aim to present the case of a 6 year-old boy, from the urban area, with incomplete vaccination (no administration of MMR vaccine*) and no significant personal history, who was brought to „Louis Țurcanu” Clinical Emergency Hospital for Children, with altered general state, high fever (39.5°C), chills, severe headaches, vomiting, that started approximately 12 hours before. A few hours before presenting into hospital, purpuric lesions developed on the superior and inferior limbs, bilaterally. Anamnestic data showed recent contact of the patient with his cousin who was recently diagnosed with acute meningitis and isolated in the Clinic for Infectious Diseases. Biological investigations were performed, Ceftriaxone is administered in a dose of 100 mg/kg and the patient was transferred to „Victor Babeș” Clinical Hospital for isolation and treatment.

Results and conclusions: After admission, clinical examination reveals a severely altered general state, low fever (due to previous antipyretic administration), intense headaches, purpuric rash on the superior and inferior limbs with a tendency for extension on the thorax and abdomen, photophobia, as well as meningeal signs: nuchal rigidity, positive Brudzinski's neck sign and abnormal posture – lying on the side, arched back with the legs and thighs flexed on the abdomen. Biological determinations revealed an acute inflammatory syndrome, metabolic acidosis and prolongation of prothrombin time. A lumbar puncture was performed in order to obtain cerebrospinal fluid (CSF) samples. The fluid was hypertensive, with a clear aspect, a slight increase in glucose and lactate levels and negative Pandy reaction. CSF cultures, direct bacterioscopy and blood cultures were not able to reveal the presence of bacteria, despite the severe clinical presentation, that pleaded for a diagnosis of meningitis. Due to the altered general state of the patient, broad spectrum antibiotic therapy, along with corticotherapy, depletive medication and hydroelectrolytic solutions were administered. After ten days of treatment, the meningeal signs regress. However, the purpuric rash was followed by deep ulcerations and necrosis, from which cultures were obtained, that showed the presence of three different bacterial agents, requiring immediate modifications regarding the chosen antibiotic association. The clinical evolution was slowly favourable with culture sterilization and tissue recovery. The first important aspect regarding the case is the obvious discrepancy between the clinical symptoms and the negative results of CSF cultures, CSF direct bacterioscopy and blood cultures. To this point, a major issue is the administration of antibiotics an hour prior to lumbar puncture, which most likely has caused a sterilization of the obtained cultures, making the suspected diagnosis impossible to confirm. Therefore, it is essential to follow a strict protocol regarding culture obtaining in cases with suspected bacterial meningitis, before antibiotic administration, in order to reach a correct diagnosis and apply the best therapeutic management.

Key words: meningitis, purpuric rash, antibiotic therapy

*MMR vaccine (Measles, Mumps and Rubella vaccine)

LEUCOPENIA IN MEASLES- DIAGNOSIS TRAP IN ADULT PATIENTS

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Objectives

The measles remains a significant infecto-contagious disease on children and is associated with transient immunosuppression, apparently by functional impairment of lymphocytes or cells presenting with antigens, caused by infection or exposure to the measles virus. The "measles paradox" consists in the fact that the measles virus infection also causes a robust measles immune responses. Analyzing the number of white cells on the macaque during the acute infection has demonstrated a profound but transient leukopenia coinciding with the peak of the viremia. There was a relative decrease in the size of the CD45RA-CD4 + and CD8 + and TCM and TEM populations, suggesting that the leukopenia was linked to the depletion of measles virus infected cells.

Material and method

We conducted a case study on an adult patient (aged 43) admitted to the "Victor Babeș" Clinic of Infectious Diseases Timișoara in 2016.

Results

Reasons for admission are: 2-week lombalgia and fatigue. Subsequently, the patient presents fever, oculo-nasal mucosa, generalized macro-maculo-papular eruption and spasms.

Laboratory analyzes highlight leukopenia with neutropenia, raising diagnostic problems. The hematological consultation (including bone biopsy puncture) is required to diagnose the condition; Moderate leukopenia, common in measles. Serum for measles is positive.

Conclusions

The infection with measles virus destroys the immunological memory, leaving people susceptible to opportunistic infections. The infection with measles virus causes a transient leucopenia followed by massive lymphocyte expansion. Leukocyte counts returned rapidly to pre-infant levels.

Key words: transient immunosuppression, leukopenia, serology.

DIAGNOSTIC AND PROGNOSTIC ASPECTS IN POLYRADICULONEURITIS-CASE REPORT

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Introduction

Polyradiculoneuritis or Guillain-Barré syndrome is an acute, usually rapidly progressive but self-limited inflammatory polyneuropathy characterized by muscular weakness and mild distal sensory loss. Cause is thought to be autoimmune and diagnosis is clinical.

Case presentation

We present the case of a fourteen year old boy first admitted in our clinic in 2015, for ataxia, paresthesias, dizziness, headache, chills, symptoms accompanying a febrile syndrome with acute onset. On clinical examination he had lower limb muscle weakness, abolished abdominal cutaneous reflexes, central left facial paralysis, Romberg test was positive, also Babinski and Pussep, with no meningeal signs. Laboratory tests revealed leukocytosis, elevated ESR, and high protein levels in the cerebrospinal fluid. Based on these, the initial diagnosis was of acute polyradiculoneuritis, and intensive treatment with antibiotics and corticosteroids was initiated with good clinical response. One year later, he was readmitted with progressive, ascending muscle weakness, paresthesia and bowel incontinence following a viral upper respiratory tract infection. Because of the aggravating symptoms, further investigations were requested. MRI revealed the presence of multiple lesions located in the brain stem and the left inferior temporal lobe, and oligoclonal bands were present both in cerebrospinal fluid and blood. These findings confirmed our suspicion of multiple sclerosis.

Conclusion

Differential diagnosis of polyradiculoneuritis is often difficult, similar acute weakness also being present in myasthenia gravis, botulism, poliomyelitis, neuroborreliosis, West Nile virus infection, and metabolic neuropathies. Also 85% of multiple sclerosis cases are relapsing-remitting forms. Concomitant bacterial or viral infections can mislead positive diagnosis of a more severe autoimmune disease.

MENINGITIS WITH ENTEROCOCCUS FAECALIS - CASE PRESENTATION

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Enterococci are part of the normal intestinal flora of humans and animals. They have been long recognized as important human pathogens and are becoming increasingly so. The genus Enterococcus includes more than 17 species, although only a few cause clinical infections in humans.

Enterococcus faecalis and Enterococcus faecium are the most prevalent species cultured from humans, accounting for more than 90% of clinical isolates. Enterococcal meningitis is an uncommon disease usually caused by Enterococcus faecalis and is associated with a high mortality rate. We report a case of meningitis caused by Enterococcus faecium that was successfully treated with Meropenem and Moxifloxacin. A 65-year-old female was admitted with High fever, headache and disturbances of consciousness. Lumbar puncture revealed (aspectul LCR). Enterococcus faecalis was resistant to Azithromycin, Ceftriaxone, and Clindamycin; the cultured organism was also high-level gentamicin resistant and sensitive to Ampicillin, quinolones, vancomycin, linezolid, carbapeneme and tigecycline.

Key words: Enterococcus faecalis, meningitis

DIAGNOSTIC CHALLENGES IN A DIABETIC PATIENT WITH ACUTE DIARRHEAL DISEASE

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Introduction:

The aim of our study is to shed a light upon the way common symptoms may conceal severe medical conditions. We have decided to put forward the case of a 53 year old man, admitted to our clinic for diarrheal syndrome, whose true diagnosis concealed sepsis and multisystem organ failure (MSOF) in the setting of type 1 diabetes.

Materials and Methods:

We have analysed the clinical evolution of a 53 year old man, who was admitted to our clinic for frequent small volume stools, chills and vomiting emerged 30 days before. The onset of the symptoms had followed the ingestion of a burger and had been accompanied by fever, which led to being admitted for a few days in an infectious disease clinic, where he received antibiotic and symptomatic therapy. The symptoms persisted and increased in severity.

On admission, the patient was conscious, with encephalopathy, tachycardia, hypotension, abdominal pain and distension, diuresis – present. Biological samples were taken, revealing an important inflammatory syndrome, important syndrome of nitrogen retention and high blood lipase level. The cytologic examination of the stool was normal and the cultures and PCR test for Clostridium difficile were negative. The abdominal CT scan revealed signs of distension and inflammation of the right hemi-colon and the presence of a proliferative mass close to the splenic angle.

Results and conclusions:

The diagnosis of sepsis with MSOF was considered and the patient was started on antimicrobials, corticosteroids, fluid and electrolyte administration and symptomatic therapy. Advanced ICU techniques were employed given the acute renal insufficiency. A colonoscopy was performed and the pathological assessment of the biopsy specimen was highly suggestive of adenocarcinoma. The patient was transferred and an emergency surgical intervention was performed successfully.

In conclusion, an apparently simple case of diarrheal syndrome in a diabetic patient should not be neglected, even though it appears to be caused by alimentation, since it may lead to severe complications.

Key words: diarrheal syndrome, type 1 diabetes, multisystem organ failure, sepsis, neoplastic process.

THERE IS STILL HOPE - NEVER GIVE UP!

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Objectives

Nowadays the HIV infection became a chronic, but treatable disease, due to the antiretroviral therapy. However, almost one-third of patients are still being diagnosed with HIV infection at a late stage of their disease. Missed opportunities to diagnose HIV infection earlier contribute to a high proportion of so-called 'late presenters'. Late presentation is associated with increased morbidity and mortality.

Material and methods

We present a 36-year-old patient, men who have sex with men (MSM), with no personal medical history, he was admitted in May 2014 for headache, asthenia, confusion with balance disorders and fever at 1st Infectious Diseases Clinic of Tîrgu Mureș. The cranial magnetic resonance imaging (MRI) scan showed multiple cerebral abscesses and focal regions of cerebritis. Paraclinical investigations revealed two positive ELISA tests for HIV, the number of CD4 lymphocytes were 26/mm³ and his viral load (VL) was 579.292 copies/mL. Cerebral toxoplasmosis was suspected and further confirmed by positive therapeutic probe, concomitant he was diagnosed with pulmonary tuberculosis, tuberculous and cryptococcal meningoencephalitis. After initiating a complex antiretroviral (ARV) therapy (Emtricitabine, Tenofovir, Isentress), tuberculostatic, antibiotic and antifungal treatment, the patient has favorable clinical outcome. In July presented herpes zoster on the maxillary/nasolabial area which entirely recovered under Acyclovir. In August accused of fever, transpiration, dry cough, pronounced asthenia, the thoracoabdominal computer tomography (CT) showed a bronchopulmonary tumor on the left, with pleural invasion and pericarditis, this later was excluded by the negative histopathological exam and negative tumor markers. In present he is on ARV therapy, resumed his physical activity, he has normal life in good general conditions, highlighted by the continuous increasing number of CD4 lymphocytes, the last determination was in October 2016, CD4: 376/mm³, VL: 252 copies/mL. At the moment the patient is without any active pleuropulmonary lesions, meningeal irritation signs or neurological disorders!

Results and conclusions

Despite severe and life-threatening comorbidities, with HIV infection, our patient got his life back, this provides that physicians should never give up.

Keywords: AIDS, cerebral toxoplasmosis, pulmonary tuberculosis, meningoencephalitis.

ENCEPHALITIC SYNDROME- CLINICAL EXPRESSION OF THROMBOPHILIA-CASE PRESENTATION

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Objectives:

Authors aim to present a less outlined aspect of the cerebrovascular pathology for which, at the present, deciphering is significantly related to the progress recorded in neuroimaging exploration (CT, MRI) and to the wide extension of laboratory investigations, in the sphere of infections, of immune pathology and of coagulation disorders, as well as in molecular genetics.

Material and methods:

We present the case of a 2 years and 4 months old child admitted into Clinic II Infectious Diseases in November 2016 with suspicion of encephalitis.

Results and conclusions:

Child with no significant personal or heredocollateral pathological antecedents, presents 5 days of fever, diminished appetite and, since one day, obvious somnolence, left palpebral ptosis. CT highlighting on native skull of a hemorrhagic suffusion in the left temporal white substance formulated the imagistic suspicion of encephalitis. Cerebral contrast MRI highlighted thrombosis at the level of the superior bulb of the jugular vein, of the sigmoid sinus and of the superior sagittal sinus. With the diagnosis of sinovenous thrombosis, the child is transferred to Pediatric Haematology.

In the evaluation of the cerebrovascular pathology, MRI imagistic holds an important role in imagistic orientation and in therapeutical guidance.

Keywords: encephalitic syndrome, thrombophilia, neuroimaging

ROTAVIRUS INFECTION, A POSSIBLE CAUSE OF INTESTINAL INTUSSUSCEPTION IN CHILDREN

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Objectives

To evaluate the etiological factors of intestinal intussusception in a toddler with potential viral gastroenteritis.

Background

Intussusception is the most frequent cause of intestinal obstruction during the first two years of life. In some cases coexisting respiratory and/or gastrointestinal infections, including rotavirus induced, can be diagnosed. Acute diarrhea is common among children and major etiological agents are viral infections. Rotavirus is responsible for up to 50% of acute infections of the gastrointestinal tract in children under 5 years of age, particularly between 6 months and 2 year of age. It would be a peak in cases of intussusception in the winter months (December- January) that coincides with the peak of rotavirus diarrhoea. Vaccination is the most effective measure in preventing severe Rotavirus disease in young children and infants.

Materials and methods

We present two girls aged 1 year and 9 months, twin sisters, hospitalized for altered general condition, fever and vomiting. Patients were assessed by anamnesis, clinical examination, paraclinical investigations (biological, imagistic, functional) and interdisciplinary consultations.

Results and conclusions

The patients come from healthy parents and a normal pregnancy, the family having a good socio-economic level. Without a significant pathological history, they presented fever, diminished appetite, and vomiting for three days prior to admission. At the presentation, both sisters were obviously ill, apathetic, with moderate dehydration, and loss of appetite. In the first 48 hours, one of the girls presented a semiconsistent stool and subsequently rebel constipation, requiring evacuation enema. From the fourth day of hospitalization the transit was accelerated and gastroenteritis with Rotavirus was diagnosed. In the twin sister, who had febrile seizures at home, the general condition progressively worsened during hospitalization. Absence of intestinal transit and abdominal distension have suggested intestinal obstruction, and biological changes (leukocytosis with neutrophilia, thrombocytopenia, high levels of serum C-reactive protein, procalcitonin, D-dimers and creatinine) and lethargy have been arguments for sepsis. Imagistically, intestinal occlusion was confirmed and surgery was performed. Intraoperative intestinal ileo-ileo-cecocolic intestinal intravasation was identified on the Meckel diverticulum. Ileo-ileal intestinal resection with termino-terminal anastomosis, cecopexia and tactical appendectomy was made. The postoperative progression was favorable.

Conclusions. It is possible that the rotavirus infection, which was diagnosed only in the twin sister, was the triggering factor of intestinal intussusception in the presence of the Meckel diverticulum.

Keywords: Rotavirus infection, intestinal intussusception, children.

TETANUS IN CHILDREN-CASE PRESENTATION

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Introduction

Tetanus represents an infectious disease, non-contagious, which can be prevented by correct vaccination. The specific pathogenesis is represented by tetanospasmin, an exotoxin which is neurotoxic, produced by the bacillus *Clostridium tetani*, following contamination of a cutaneous plague, with neurological manifestations: generalized muscular contractions accompanied by violent muscular spasm.

Material and Methods

We present the case of patient C.A.C, sex M, age 10 years and 2 months, admitted at Victor Babes Hospital of Infectious diseases and Pneumophthiziology from 23.03.2017 to 26.04.2017.

Results and Discussions

On 17.03.2017 the patient suffers a trauma by sting at the level of the right plantar part of the foot and on 18.03.2017 was administered ATPA. On 21.03.2017, the patient presents trismus; and on admission to the hospital altered general state with trismus, generalized muscular hypertonia, with generalized muscular spasm, opisthotonus, sweating tachycardia (130-140bpm). The patient was transferred at I.C.U.I.D, where he was clinically and paraclinically investigated but because of the serious general condition, oro-tracheal intubation was decided. The patient is given hydro-electrolytic rebalancing solutions, blood derivatives, anti-tetanus specific immunoglobulin, broad spectrum antibiotic, gastric protectors, opioid and non-opioid sedatives, muscle relaxants, antipyretics, anticonvulsants, prokinetics and aerosols. During the patient's hospitalization, multiple Pediatric Surgery consultations were needed during which plague cultures were harvested, and a drainage tube was placed which is suppressed after 3 weeks.

Criteria of severity and prognosis: shortening the interval between the production of the trauma and the occurrence of neurological symptomatology.

- wound production (March 17, 2017) - trismus (March 21, 2017)
- trismus (21.03.2017) - generalized contraction (23.03.2017)
- frequency of accompanied contractions(interval of 15 minutes)

Conclusions

Occurrence of disease due to inappropriate vaccination; Intradisciplinary collaboration between Pediatric Surgery, ICU and Infectious Diseases, vital to the favorable evolution of the case; These criteria keep their validity on the severity of evolution and prognosis

Keywords: tetanus; wound plague; muscle contraction; trismus; inappropriate vaccination; interdisciplinary collaboration

ACUTE PNEUMOCOCCAL MENINGOENCEPHALITIS- EVOLUTIVE PECULIARITIES- CASE PRESENTATION

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Objectives

Of the total number of purulent meningitides, pneumococcal meningitis occupies a 5-25%. It can appear in 3 forms, the recidivistic form being the most frequently met in medical practice.

Material and methods

We present the clinical case of a 3-month old nursling, male, rural background. The case presentation contains 3 successive admissions: one in November 2016, a second one in December 2016 and the last one in January 2017.

Results and conclusions

At the first admission we have a nursling redirected from UPU (Unit for incoming emergencies) Louis Turcanu with the anterior fontanelle inflamed, sick for 3 days (since 16.11.2016). Current disease debuted with T-40.2°C fever, refused allimentation, psychomotor agitation alternated with subsided convulsions. At the emergency hospital lumbar puncture is performed; opalescent liquid, Pandy +++++, 11.951 elements, LCR culture pathogen flora: streptococcus pneumonia. Under the treatment urgently instituted in our clinic the evolution of the nursling was good, being discharged after 15 days, in afebrile conditions, no seizures, with complete somatic and motor recovery. At the second admission 08.12-23.12.2016, sick for 2 days (06.12.2016), debut with T-40°C fever, cough, nasal obstruction. As of one day (07.12.2016) maculopapular rash elements appeared on his face and anterior thorax. Laboratory analyses were performed, measles virus IgM-pozitive. On 04.01.2017, basically at 11 days since the second admission, the nursling enters the clinic with T-40°C fever, subsided seizures at home (remitted under treatment with Desitin intrarectal), post-alimentation vomiting, Laboratory analyses reveal evident inflammatory syndrome (VSH=130 mml/h, CRP=74.2 mg/L), contrast cranial MRI – subdural fronto-parieto-temporal collections, bilateral – most likely subdural chronic subdural hematomas, inactive triventricular hydrocephalus, pachymeningitis. On 17.01.2017 (12 days since admission) neurosurgical treatment is applied. Post-operative evolution is favourable.

In the absence of a suppurative hotspot, of any structural flaws of communication between the subarachnoid space with the outside, in our case, meningeal determination is primary.

Measles within the presentation can be assimilated as nosocomial infection – unvaccinated child – young age, fed only with formula milk since birth.

Neurosurgical intervention with the evacuation of subdural hematomas created the premises of a favourable prognostic, both immediate and in time.

Keywords: meningitis, pneumococcus, measles, chronic subdural hematoma

MEASLES COMPLICATED WITH PNEUMOTHORAX- CASE PRESENTATION

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Objectives

Young and otherwise healthy patients can tolerate the main physiologic consequences of a decrease in vital capacity and partial pressure of oxygen fairly well, with minimal changes in vital signs and symptoms, but those with underlying lung disease may have respiratory distress.

Material and methods

We present the clinical case of a 5-month-old nursling, female, rural background, admitted between 15-22.04.2017 into the Victor Babes Clinical Hospital of Infectious Diseases from Timisoara with the diagnosis of measles complicated with acute respiratory failure.

Results and conclusions

The nursling was admitted 10 days before in another hospital for acute otitis and urinary infection. At the moment of admission into our clinic he had already been sick for 4 days (11.04.2017), with high fever, cough, nasal obstruction. 1-day-old maculopapular rash on the face and front thorax (14.04.2017). At admission without any cardio-pulmonary stethacoustic modifications, O₂ dependent, SaO₂=84-92%, without mask O₂, stable from the cardiac point of view. Pulmonary X-ray showed a partial left pneumothorax, with partial collapse of the parenchyma. Surgical treatment was applied: minimal pneumonectomy, left intercostal V space on the axillary line. Good post-surgery evolution of the nursling SaO₂=98-99% with mask O₂, but on the second day post-operative high fever reappears. On the third day after surgery the nursling presents non-resuscitation cardiac arrest.

Anatomopathologically, the diagnosis of massive cerebral softening was placed, drained left pneumothorax, bronchopneumonia.

The evolution of pneumothorax is variable and depends on its intensity, nature and complications, being of severe prognostic the younger the child.

Keywords: pneumothorax, measles, cerebral softening, complication

PARTICULAR CASE OF ROTAVIRUS ENTEROCOLITIS IN CHILDREN

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Background and objectives

Rotavirus is one of several viruses known to cause gastroenteritis in babies and young children. It is classified in the Reoviridae family and it usually affects children between the ages of 6 and 24 months of age. Commonly is a self-limited infection.

The first signs are usually fever and vomiting. Within 12 to 24 hours, children start to pass large amounts of watery diarrhea. Severe diarrhea and dehydration are the most common symptoms of Rotavirus.

We want to draw attention to the fact that there are cases of rotavirus infection that can evolve with serious complications in a patient without underlying pathology.

Material and methods

We present a 1 year old boy with upper respiratory tract infection followed by invasive Rotavirus enterocolitis, hematochezia and septicemia. He is the product of an uncomplicated full-term pregnancy, without significant pathological history. He started the rickets prophylaxis at 11 months. Full evaluation (history, clinical examination, biological, imagistic tests and interdisciplinary check-ups) was done.

Results and conclusions

The child was hospitalized in another hospital for acute erythematous angina, followed by enterocolitis with Rotavirus (diarrhea without vomiting). After one episode of large fresh blood in the stool he was transferred in our hospital. The biological investigations have found severe anemia that required blood transfusion and septicemia with methicillin-resistant *Staphylococcus Aureus* with an undefined starting point. As the patient continued to present hematochezia, the Meckel diverticulum was suspected and exploratory laparotomy was performed, but nothing pathological was found. Under antibiotic and pathogenic treatment the evolution was good with improvement of clinical and biological parameters and the disappearance of bloody stools. We mention that he has a twin brother who presented in the same period Rotavirus enterocolitis but with self-limited evolution.

The particularity of this case is the totally different evolution of Rotavirus infection in two healthy twins, without any other serious medical problems in the past.

Keywords: twins, invasive Rotavirus enterocolitis, hematochezia, *Staphylococcus septicemia*

CLINICAL AND EPIDEMIOLOGICAL ASPECTS OF CASES OF ACUTE ENTEROCOLITIS WITH ROTAVIRUS HOSPITALIZED IN THE CLINICAL HOSPITAL OF INFECTIOUS DISEASES CONSTANTA IN 2017

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Objectives

The viral etiology of acute diarrhea has increased in Romania. The aim of this study was to evaluate the clinical characteristics and epidemiological aspects of enteritis with Rotavirus at children hospitalized in the Clinical Hospital of Infectious Diseases Constanta during the first months of 2017.

Material and methods

We conducted an observational, prospective study that included children with ages between 4 months and 12 years, hospitalized for acute diarrhea. We analyzed the medical records of the patients and extracted personal data, temperature, frequency and duration of diarrheic stools and vomiting, degree of dehydration, duration of parenteral rehydration and hospitalization, and the association with other pathologies.

Results

Most cases of acute diarrhea with Rotavirus were recorded from January to April, with the highest percentage in March. From the total number of cases, respectively 124, 16 were recorded in January, 21 in February, 44 in March and 43 in April. The majority were male. Related to the environment, 78 were from urban areas and 46 from rural areas. Compared to other years and the studied period, the number of nosocomial infections with Rotavirus was very low, about 2 cases were reported. The majority of cases that were recorded were cases of preschool children.

Conclusions

Rotavirus is one of the most important causes of severe diarrhea at infants and children with ages between 1-2 years. To prevent an epidemic evolution, especially in a community, a solution would be to introduce vaccination into the national immunization program.

Keywords: Rotavirus, enterocolitis, children, immunization

ACUTE RESPIRATORY FAILURE DUE TO BRONCHOPNEUMONIA IN A CHILD WITH MEASLES

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Introduction

Measles represents an acute, extremely contagious infectious disease, caused by the measles virus, commonly encountered in children. Studies have shown that the measles virus infection was the most important cause for the increased morbidity and mortality in respiratory-related illnesses in children.

Material and method

We aim to present the case of a girl, with an age of 1 year and 3 months, that lived in the urban area, non-vaccinated, with no significant personal history, which has been admitted into the Infectious Disease Clinic of "Victor Babes" Clinical Hospital of Infectious Diseases and Pneumoftiziologie Timisoara, following a transfer from "Louis Turcanu" Clinical Emergency Hospital for Children Timisoara, where the patient was examined clinically (rash syndrome), biologically and imaginatively (chest X-rays showed multiple opacities with a tendency for confluence, located on the right lung).

Results and conclusion

The patient is admitted in the Infectious Disease Clinic during the fifth day of clinical evolution, with a suspicion of measles. She presented altered general state, SaO₂ = 79-80% without oxygen therapy, tachycardia (HR=100 bpm), fever (38.5°C), dyspnea, cough, oculo-nasal catarrh, oral candidosis, positive Koplik sign, maculo-papular rash located on the face, neck, thorax, abdomen and superior limbs, increased breath sounds bilaterally, no meningeal signs. The following day, the patient's general state worsens with severe dyspnea and tachypnea, perioral cyanosis, spastic cough, increased usage of intercostal muscles, drowsiness alternating with restlessness. Repeated chest X-rays show extended condensation regions throughout the entire right lung and multiple opacities in the upper left pulmonary lobe. An Intensive Care consult was solicited and the patient was transferred into the Intensive Care Unit for Infectious Diseases, where oro-tracheal intubation was necessary. Oxygen therapy, broad spectrum antibiotics in association, immunoglobulins, corticosteroids, gastric protectors, antipyretic, analgesic therapy was applied, and the evolution was slowly favourable. The onset of infectious diseases caused by a low rate of vaccination, has created the premises for increased virulence of the pathogenic agent, with aggressive forms of disease, that give severe complications, which are more difficult to treat. In the present measles epidemic, respiratory complications (pneumonia, bronchopneumonia) represent the lead regarding the clinical illness in children, which proves once again that MMR vaccination is of outmost importance.

Key words: measles, acute respiratory failure, bronchopneumonia

*Measles, Mumps and Rubella vaccination

A CASE OF MENSTRUAL TOXIC SEPTIC SHOCK SYNDROME

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Background

Based on its etiology, toxic shock syndrome (TSS) can be classified as menstrual and non-menstrual, these two entities having approximately equal frequency. Menstrual TSS is usually caused by *Staphylococcus aureus* mainly through its exotoxin, TSS-toxin1 and is associated with the use of tampons with high absorbance, tampons used for more days and worn for longer periods of time. Recently there were reported cases of TSS associated with the use of menstrual cups.

Material and methods

We report the case of an 18 years old woman who presented to our clinic with high fever, chills, myalgia, headache and a macular erythematous rash on the forefeet, ankles and the cubital fossae started 24 hours previously. The patient was undergoing gynecologic investigation for menorrhagia, for which she reported using high absorbant internal tampons for long periods of time. On submission to our clinic the patient was found hypotensive (systolic blood pressure = 80 mmHg), pyrexia (temperature 39°C), tachycardic (heart rate = 140 bpm), with a disseminated macular erythematous skin rash and lower limbs tenderness. The blood tests revealed: leukocytosis, inflammatory syndrome, mild thrombocytopenia, normocytic normochromic anemia, hypokaliemia, hepatic cytolysis, hypoprothrombinemia. The diagnosis of TSS was established based on Center for Disease Control case definition criteria (1). Rapid aggressive resuscitation, supportive management, source control and antibiotic treatment (parenteral Clindamycin 600 mg tid) have been initiated, with rapid favorable evolution. On the sixth day the patient developed desquamation on both hands and soles, and this fact added further to the definition criteria that supported the diagnosis.

Conclusions

The incidence of menstrual TSS has declined due to changes in female sanitary products, however the illness still occurs and internal tampon use remains a high risk factor. Therefore, once again the importance of the anamnesis is highlighted in this case, and the clinicians facing differential diagnosis difficulties must take into consideration the possibility of internal tampons use in female patients, as the TSS mortality is high and a favorable prognosis depends on prompt and aggressive therapeutic management.

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A RETROSPECTIVE ANALYSIS OF SPONDYLODISCITIS CASES ADMITTED TO THE NATIONAL INSTITUTE FOR INFECTIOUS DISEASES "PROF. DR. MATEI BALȘ" IN 2016

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Introduction

Even though spondylodiscitis represent only 4% of all bone infections, nowadays despite all progress they still represent a diagnosis and management challenge for the clinicians, requiring prolonged antibiotherapy and a multidisciplinary approach. (1)

The purpose of this paper was to analyse the main risk factors, most frequent etiologies, treatment and clinical evolution of spondylodiscitis cases.

Materials and methods

This study was performed in the National Institute for Infectious Diseases "Prof. Dr. Matei Balș". Medical records of the patients diagnosed and treated for spondylodiscitis in 2016 were reviewed.

Results

We evaluated 31 patients with spondylodiscitis, of which the majority were males 17 (54,83%) with an age range between 18-86 years old and a mean average of 62,1 years old. The most frequent risk factors identified were cardiovascular diseases in 19 (61,29%) cases, followed by diabetes mellitus in 5 (16,13%) cases. Back pain was the first symptom of the disease in all the cases and the lumbar spine was the most common site of infection. We were able to identify the etiology in only 18 (51,06%) cases, *Staphylococcus aureus* was the most incriminated bacteria. Other pathogens isolated were *Mycobacterium tuberculosis* and *Streptococcus Spp.* Antibiotic therapy was promptly initiated, glycopeptide and fluoroquinolone association being the most used association. The average treatment period was 44,90 days. In 8 (25,80%) cases the evolution under treatment was not favourable patients developing local infections or neurological complications requiring surgical intervention.

Conclusions

The increasing incidence of spondylodiscitis cases, nowadays, is correlated not only to longer life expectancy of patients with risk factors for this pathology, but also to the increasing number of spine neurosurgical interventions.

This pathology must be taken into consideration as a possible diagnosis everytime we are facing a patient with back pain, especially in those with diabetes mellitus or cardiovascular diseases. For the management of spondylodiscitis patients is necessary an interdisciplinary approach in order to properly identify the etiologic agent, which insures an appropriate antibiotic therapy, as well as to monitor and identify any possible complication that would require surgical intervention.

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LACK OF MMR VACCINATION – INCREASED EPIDEMIOLOGICAL RISK FOR MORBIDITY AND MORTALITY IN PATIENTS WITH COMORBIDITIES

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Introduction

The measles is a 90% contagious disease. At patients with comorbidities most often leads to complications caused by the viruses such as meningoencephalitis or the pneumonias developed often with respiratory and bacterial deformation such as: bronchopneumonia, meningitis.

In the last 5 years, in Timis county, the MMR vaccination coverage rate has dropped below 60%. This decreasing is leading to the triggering of the measles epidemic, which is steadily rising since September 2016. The subject of the study is the analysis of the risk of morbidity and mortality of children with comorbidities, which contraindicates the MMR vaccination, in the context of measles epidemic occurred due to lower vaccination rates below 60%.

Material and methods

We performed a retrospective study on a total of 954 cases of measles in Timis County over a period of 1 year (May 2016 - May 2017), hospitalized at the Infectious Disease Clinic II and Pneumology “Dr. Victor Babes” Timisoara of which 10 were fatalities.

Results

Of the 954 cases, 60% developed complications. All 10 cases of death were presenting important comorbidities, namely: spastic tetraparesis, cardiac malformations, severe retard psycho-motor, Down syndrome of gastrostoma.

Conclusions

The decrease of MMR vaccination has caused the measles epidemic that is steadily increasing. At the beginning of May 2017, 5293 cases were declared nationwide, out of which 27 deaths. In Timis County were 954 cases confirmed, including 10 deaths. Among patients with significant comorbidities death rate was 50%. Vaccination policy should be mandatory and sustained both by family doctors and pediatricians as well as by the media, to prevent infections of infants and patients who are contraindicated for vaccination due to comorbidities.

Key words: epidemic, measles, vaccination, complications

COMPLICATED MEASLES IN INFANT – CASE REPORT

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Objectives

The main objective of our clinical presentation is to present a case of severe measles in an infant, with fulminant evolution, and the potential complications of this disease.

Material and methods

A nine-months old male infant, previously known with bronchial hyperresponsiveness, who was admitted to the Infectious Diseases Clinic I Tîrgu-Mureş for fever, dry cough, purulent conjunctival secretions, followed by a maculo-papular erythematous rash. Due to a rapid decline of the general status, with respiratory failure, the patient was transferred to the pediatric Intensive Care department. During hospitalization in the Intensive Care Unit, the patient experienced an episode of seizures, with oculocephalogyric deviation followed by short periods of apnea and the appearance of right hemiparesis. Cranial CT scan depicted oto-mastoiditis and sphenothmoidal sinusitis, cerebro-spinal fluid was clear, with 4 lymphocytes/ μ L. Chest X-ray revealed bronchopneumonia. Evolution under antibiotic, corticosteroid, anticonvulsant and symptomatic treatment was favorable.

Results and conclusions

Based on anamnestic, clinical and laboratory data, we interpreted the case with the diagnosis of measles, severe clinical form, complicated with bronchopneumonia and encephalitis, in a 9-month-old infant. Reduced rate of anti-measles vaccination in the general population is associated with disease cases in infants, younger than vaccination age. This could result in long-term complications and even death for this vulnerable population. In conclusion, this case presentation brings once again to our attention a childhood illness, with potentially severe complications.

Keywords: measles, encephalitis(complications), bronchial hyperresponsiveness

RAPID AND SUDDEN PROGRESSION OF THE LIVER DISEASE IN HIV/HCV COINFECTION

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Background:

Twenty-five years ago researchers were willing to understand the mechanism of HIV infection, but nowadays, after the introduction of HAART (Highly-Active Anti-Retroviral Therapy), they are facing a completely different concept: the ageing HIV patient with multiple comorbidities.

Another challenge for infectious diseases physicians is the HIV/HCV co-infection, which is well known for leading to an accelerated progression of liver disease, being also hard to manage due to drug-drug interactions.

Materials & Methods:

We present the case of a 59 year-old male, known with HIV and HCV co-infection since 18 years ago, infection caused by unprotected sexual contact. As behavioral risk factors we mention smoking and occasional alcohol drinking, with no familial cardiovascular risk factors.

Results:

In early stages of the disease, the patient wasn't adherent to antiretroviral (ARV) therapy, having persistent high viral load and very low CD4 cell count. Due to low adherence profile, his therapy schemes have been often changed and the newest molecules have been added. In this context, chronic hepatitis C could not be treated with standard of care therapy available at that time (pegylated interferon, ribavirin).

Adding protease inhibitors to his scheme led to a spectacular change in the course of the disease. At the age of 50, he was diagnosed with obliterating arteriopathy and essential high blood pressure.

The association of darunavir/ritonavir, etravirine and raltegravir appeared to be a successful ARV scheme, with no HIV-related morbidity and an increase in CD4 cell count (908 cells/mm³) and a decrease in the viral load (90 copies/mL). At the same evaluation, the patient had high HCV-RNA of 20 000 000 IU/mL with moderate grade fibrosis (F2) and TT genotype for IL28B. Despite the spectacular increase in CD4 cell count, chronic hepatitis C wasn't treated with standard therapy due to the low sustained response and also direct acting antiviral drugs (DAA) represented a challenge due to drug-drug interactions.

At the age of 59, with all comorbidities controlled, he presented to the hospital with massive epistaxis and fatigue, being cachexic with jaundice, with sunken cheeks and important hepatosplenomegaly. The lab tests revealed severe thrombocytopenia, low level of hemoglobin, hypoalbuminemia and coagulation disorder. Despite an adequate treatment and a controlled HIV infection (304 cells/mm³ and low persistent viral load), his clinical state worsened and quickly emerged to severe liver failure and encephalopathy with rapid degradation of both biological and clinical state, leading to death within one month.

Conclusions:

HIV/HCV co-infection and chronic inflammation due to persistent low level HIV viremia despite adequate treatment reinforces the theory that HIV accelerates the liver disease with rapid progression to hepatic failure.

While introduction of HAART decreased HIV related mortality and increased life expectancy, premature aging process became the new challenge for modern medicine. In this case, ageing with HIV included the cardiovascular comorbidities identified at a relatively young age in a patient with no familial risk factors.

INFLUENZA ASSOCIATED WITH SEPSIS AND PULMONARY TUBERCULOSIS IN A HIV INFECTED ADULT, WITH FATAL OUTCOME

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Background

A clinical case of a patient recently diagnosed with HIV infection stage C3 complicated with influenza, sepsis and pulmonary TB, with fatal evolution.

Patients and Methods

The authors present a clinical case of a 64 year old patient known with congenital haemolytic anemia and hemoglobinopathy recently diagnosed in Timișoara Hematology Clinic with HIV infection. At the time of his admittance in the Infectious Diseases Clinic the patient presented fever, chills, headaches, dizziness, sweating, productive coughs, loss of appetite, fatigability. In order to confirm the diagnosis a number of tests were made (complete blood count, GOT, GPT, alkaline phosphatase, serum urea, serum creatinine, ESR, glycemia, CRP, hemoculture, PCT, HIV test, CD4, viral load, GeneXpert TB test, sputum culture, urine culture, etc.) and paraclinical investigations (chest radiography, thorax CT).

Results

HIV combi PT reactive, thorax CT with contrast shows lymph nodes and mediastinal lymphadenopathy, chest X-ray shows miliary opacities on both pulmonary areas, sputum microscopic examination AFB positive. Real-time PCR influenza virus tip B positive, pharyngeal and tonsillar exudate with Candida >10CFU, PCT 17.05 ng/ml, CRP 295.51 mg/L, hemoculture Clostridium difficile A, B toxin positive, leucocytes 32540/μL. While hospitalized the patient's overall status declined having fever, chills, nausea, bronchial rales, swollen ankles, dry cough, anuria, hypotension, tachycardia, pharyngeal mucopurulent discharge, bradycardia and finally the patient entered a comatose state. Although treatment was initiated with ARV, TSS, antibiotics, antifungal drugs, haemostatic drugs, oxygen and aerosol therapy with corticotherapy, NSAID, pain killers, antipyretics, antispasmodic drugs, fluid and electrolyte balance, erythrocyte concentrate, blood concentrate, the patient's evolution was fatal.

Conclusions

Late diagnosis of HIV infection may lead to multiple and sever comorbidities with fatal evolution of the patient.

Key words: influenza, pulmonary TB, sepsis

MEASLES COMPLICATED WITH SUBCUTANEOUS EMPHYSEMA IN AN IMMUNOCOMPETENT PATIENT

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Objectives

Presentation of a clinical case with measles during the status period develop pneumomediastin, pneumothorax and secondary subcutaneous emphysema.

Patients and methods: the authors present the case of a 33 year old hospitalized in the Infectious Diseases Clinic with generalized maculo-papular eruption, oculo-nasal catarrh, pharyngolaryngo-trachitis, right palpebral edema. Upon admission, the patient feels fever, chills, dyspnea, dry cough, dysphagia, dysphonia, nausea, loss of appetite, rash. Objective examination reveals: influenced general condition, pale teguments and mucosae, dry and roasted lips, maculo-papular rash with tendency to confluence of discrete brown appearance, bilateral laterocervical adenopathy, right palpebral edema with the impossibility of opening the palpebral slit with crepitation touch, on lung auscultation: decreased vesicular murmur bilateral hilar, no over-addition rales, SO₂= 90% oxygen therapy, cardiovascular apparatus in normal parametres, spontaneous painless abdomen and palpitation, present diuresis, Giordano negative on both sides, conscious, cooperative, without signs of meningeal irritation.

Results: WBC 8120/μL, RBC=5560000/μL, Hemoglobin 16.4 g/dl, Erythrocyte sedimentation rate 15 mm/1h, platelets 120000/μL, GOT 58 U/L, GPT 39.1 U/L, CRP 60 mg/L; in the first 12 hours the subcutaneous edema of the face, neck and chest is extended. Thoracic Surgery is required where left axial pleurotomy is practiced and later cervicotomy is then transferred to Intensive Care. Medicamentation treatment with Meronem 3x1 g/day, Vancomycina 2x1 g/zi, Dexamethasone 2x8 mg/day, Fraxiparin 0,8 ml/day, atropine sulphate, gastroprotective, aminoacidis, oxigen theraps, aerosoli, solution NaCl 0.9% 500 ml, Solution Ringer 500 ml, Glucose 10% 500 ml, evolution is favorable.

Concluzii

Adult measles patients may develop severe complications requiring rigorous clinical and therapeutic monitoring in infectious disease on intensive care clinics.

Key words: measles, subcutaneous emphysema, intensive care

ACUTE HEPATITIS E COMPLICATED WITH MODERATE LIVER FAILURE WITH FAVORABLE EVOLUTION

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Objectives

Presentation of a clinical case about acute hepatitis E with moderate liver failure in an adult patient with favorable evolution.

Materials and methods

The authors present a case of a 54 year old patient, admitted urgently in Clinica de Boli Infecțioase with intense sclero-tegment jaundice, hyperchromic urine, marked asthenia, loss of appetite, liver pain, abdominal discomfort. From his personal history: stage II hypertension, under treatment and grade II of obesity. About 2 months before, the patient has been in Turkey. Clinical manifestations: influenced general state, intense icteric skin and mucosa, dry lips, aloin tongue, pulmonary without added rales, balanced cardio-vascular, sensitive abdomen in the right hypochondrium, liver at 4.5-5-5 cm under right costal margin, consistency of organ, spleen with palpable lower pole, 2 cm under left costal margin, slow intestinal transit, acholic stools, present diuresis, hyperchromic urine, negative Giordano bilateral, conscious, cooperative, without signs of meningeal irritation. Biological samples were taken and abdominal ultrasound was performed.

Results

WBC 9000/μL, RBC 5380000/μL, Hemoglobin 15.7 g/dl, Hematocrit 45.8%, ESR 10 mm/1h, Platelets 471000/μL, GOT 1544 U/L, GPT 3152 U/L, BT 28.4 mg/dl, BD 23.56 mg/dl, GGT 257.4 U/L, AP 284.3 U/L, AFP 63.67 U/L, Cholinesterase 4206 U/L, PT 16.7 sec, AP 53%, positive HEV IgM Ab. A hepato-protective diet is established, isolation and medical treatment with Ampicilina 2x1g/day, Normix 3x200 mg/day, Fenobarbital 100 mg/day, Fitomenadion 10 mg/day, Triferment 275 mg/day, Fiobilin 2x1 cp/day, vit B6, B12, Ranitidina 2x1 f/day, Lactuloza, Hepamertz, Glucoza 10% 500 ml, Arginina sorbitol 500 ml. The evolution is slowly favorable, with decreased transaminase levels, bilirubin and increased prothrombin activity.

Conclusion

Adult patients with acute hepatitis E may develop clinical forms with liver failure, requiring specialized clinical and therapeutic monitoring.

Key words: hepatitis, liver failure, icter, treatment

FATAL AH3 INFLUENZA IN AN IMMUNOCOMPROMISED ADULT PATIENT

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Objectives

To present a clinical case with influenza A subtype H3 in a patient with systemic lupus erythematoses, chronic renal failure, vascular decompensated hepatic cirrhosis and parenchymatous hepatic cirrhosis.

Patients and methods

The authors present the case of a 41 year old patient hospitalized in the Infectious Diseases clinic with insufficient respiratory, fever, chills, sweating. Upon admission, the patient accuses influenced general condition, fever, chills, sweating, headache, vertigo, dyspnea, vomiting, dysphagia, dysphonia, psychomotor agitation, dry cough.

Objective examination

Influenced general conditions, dry skin and mucous, persistence of the skin fold, roasted lips, tongue with whitish deposits, on lung auscultation: there are not rales, SO₂ 82 % in atmospheric air, cardiovascular apparatus in normal, abdomen stretched by volume through ascites fluid, sensitive to right hypochondria, hepatomegaly, present diuresis, Giordano negative on both sides, conscious, heavily cooperative, agitated psychomotor without signs of meningeal irritation.

Results

WBC 13300/μL, RBC 3720000/μL, Hemoglobin 11.6 g/dl, Hematocrit 34.4%, Erythrocyte sedimentation rate 90 mm/1h, Platelets 161.000/μL, GOT 62 U/L, GPT 59 U/L, BT 1.23 mg/dl, GGT 279.3 U/L, FA 248.6 U/L, Cholinesterase 1541 U/L, INR 1.89, PT 19.9 sec, Procalcitonin 54.95 ng/mL, Pharyngeal exudate present influenza A subtype H3. Evolution is unfavorable, unstable hemodynamic and respiratory patient, transferred to Intensive Infectious Disease under treatment with Meropenem 3x2 g/day, Vancomycin 2x1 g/day, Tamiflu 2x75 mg/day, corticosteroids therapy, hemostatic, albumin, vaso-active support, Glucose 10 % 500 ml, NaCl 0.9 % 500 ml. Six days after admission, the patient died by cardiopulmonary arrest.

Conclusions

In immunocompromised adults with multiple comorbidities, influenza can develop severe clinical forms, complications and fatal outcome.

Key words: influenza, death, comorbidity, immunosuppressed.

KAPOSI'S SARCOMA IN THE STADIUM OF STAIN TO A PATIENT WITH AIDS C3 STADIUM

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Objectives

The presentation of a Kaposi's sarcoma case tracked in an adult AIDS patient, stage C3.

Patients and methods: The authors present the case patient of a 28-year-old sexually-known sex at risk, multiple sexual partners and unprotected sexual intercourse, he presents himself to the family doctor for facial and submammary lesions. He is instructed to test himself for the HIV infection and he done consult Infectious Diseases. The first HIV test performed in a private lab was positive. He was presented at the Infectious Diseases Clinic for clinical-biological evaluation and repeat HIV testing.

Results

HIV RNA 165,690 copies/ml, CD4 46 cellules, WBC 4740/μL, PMN 26%, RBC 5110000/μL, HGB 13.9 g/dl, Ht 41 %, PLT 194000/μL, ERS 2 mm/1h, Cholesterol 222 mg/dl, Triglycerides 215 mg/dl, lingual exudate present Candida. Histopathological examination at the dermatologist's recommendation: a skin fragment that in the superficial dermis shows a proliferation consisting of small, ectazial blood vessels disposed parallel to the epidermis with a single row of hypertrophied endothelial cells with a hyperkeroma nucleus. The blood vessels are surrounded by several atypical fusiform cells with eosinophilic cytoplasm, fibrillation, and hyperkeroma nucleus. Associated, discrete inflammatory cytoplasmic lympho-plasmocite infiltrate and moderate interstitial deposition of hemosiderin pigment. During the internment was established the HAART therapy with Tenofovir 1 cp/day, Emtriva 1 cp/day, Prezista 600 mg 2x1 cp/day, Norvir 100 mg 2x1 cp/day and therapy antifungal.

Conclusions

Correct dispensarisation of HIV/AIDS patients together with the collaboration of family physicians with infectious and dermatologist specialists can provide early detection of Kaposi's sarcoma in these patients.

HBV CIRRHOSIS COMPLICATED WITH HEPATIC FAILURE IN AN IMMUNOCOMPROMISED PATIENT, WITH FATAL OUTCOME

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Objectives

To present a clinical case with HCV hepatic cirrhosis complicated with hepatic failure with fatal outcome in a 31-years-old immunodepressed patient.

Patients and Methods

The patient was recorded in our clinic since 2008 with the diagnosis of cirrhosis VHB + VHD, he was treated with standard Interferon, then Peginterferon, at the end of both complete cure being non-responder. He develops a bacillary pleuresy for which he was admitted to the Pneumology Clinic. From the first day of admission, besides respiratory symptoms, he presents sclero-tegumentary jaundice, oedema, ascites and fatigue. Paracentesis was performed and 500 ml of peritoneal fluid was evacuated. Two days later he was admitted to Infectious Diseases Clinic where hepatic insufficiency occurred. Physical examination on admission: general state moderately influenced, intense sclero-tegumentary jaundice, without pathological pulmonary sounds, rhythmic heart sounds, enlarged abdomen due to ascites. The patient is known with type 1 diabetes and autoimmune thyroiditis.

Results

WBC 7 020/μl, RBC 4 290 000/μl, PLT 111 000/μl, Hemoglobin 12.5 mg/dl, Hematocrit 35%, TGP 309.1 U/L, TGO 697.6 U/L, GGT 218.6 U/L, BT 17.7 mg/dl, BD 13.47 mg/dl, urea 63.2 mg/dL, creatinine 1.83 mg/dl, Colinesterase 1 744 U/L, HBs Ag positive, HVD Ac positive. Abdominal ultrasound: abundant ascites, small, micro-macro-nodular liver, LHL 6.7 cm, RHL 11.5 cm, a relatively well defined slightly hypoecogenic, non-homogeneous formation (4,6/3,6 cm) is visualised in RHL, spleen 16.7 cm with pronounced dilatations in hillum. Abdominal puncture: 3L of hyperchromic and slightly haemorrhagic fluid was evacuated. The treatment consisted in: Cefort 1g, 2x2 g/day, Furosemid 2x2 f/day, Fenobarbital 1 tb/day, NaCl 0.9%, 2 fl/day. Evolution of the patient was unfavorable, with increased jaundice, lower limb edema, vomiting, dyspnea, and death on day 5 of hospitalization.

Conclusions

In immunocompromised patients, non-responders to antiviral treatment, HBV hepatic cirrhosis associated with virus D coinfection has a fatal evolution at young age, in most cases.

Keywords: cirrhosis, immunodepressed, liver failure

MENINGOCOCCAL MENINGITIS WITH FAVORABLE EVOLUTION IN AN IMMUNOCOMPETENT ADULT PATIENT

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Objectives

The authors present a clinical case of meningococcal meningitis in a young patient without a history of pathological personal history, which showed a rapid favorable progression despite the complications that occurred during hospitalization.

Materials and methods

Patient F.A. aged 19 years, a medical student, is found in a coma at home, feverish, agitated psychomotor. It is transported to UPU SCJUT where, following the biological, imagistic and interdisciplinary investigations conducted, it is directed at the Infectious Diseases Clinic. Due to the serious condition it is placed directly on the Intensive Care Unit of Infectious Diseases. On admission, the patient presented a general altered state-coma (GCS: 7), high fever, balanced cardio-pulmonary, coma (GCS: 7), present stiff neck, present reflexes, pupil reflex present.

Results

Lumbar puncture was performed at admission, which detected: opalescent, hypertensive cerebrospinal fluid (CSF), high protein, low glucose, high lactate, meningogram with 95% polymorphonuclear. Biologically, we noticed an intense leukocytosis (22,000/ mm³), along with very high inflammatory markers and a 10 ng/ml procalcitonin. Hemoculture and CSF culture that were harvested at admission revealed *Neisseria meningitidis* (gr C). Antibiotic therapy has been instituted with: Meronem 1g, 2g at 8h, Cefort 1g, 2g at 12h, to get her with hydro-electrolytic and acido-basic re-balancing solutions, depleting, anti-thermic, NSAIDs, gastric protectors and sedative. Imaging investigations (brain CT and cerebral MRI) have been performed to help diagnose the disease.

Conclusions

In contrast to other cases in literature, we can say that despite the severity of the meningococcal disease associated with meningococcemia, the patient's progression was favorable, with the remission of the symptomatology.

Keywords: Meningococcal meningitis, meningococcaemia, acute meningitis, sepsis

TRIPLE VALVE INFECTIVE ENDOCARDITIS WITH ENTEROCOCCUS IN AN ADULT IMMUNOCOMPROMISED PATIENT

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Objectives

The authors present a clinical case of trivalent infectious endocarditis with Enterococcus faecalis in a alcohol consumer patient who despite an antibiotic therapy developed an abscess under the aortic valve requiring surgery.

Materials and methods

The P.F. patient, aged 62 years, newly diagnosed with bacterial endocarditis on the mitral, aortic and tricuspid valves, is sent from the SCJUT Cardiology Clinic for admission to the Infectious Diseases Clinic with the following symptomatology: altered general condition, marked asthenia, inappetence. Up on admission, moderate-influenced patient, clinically at heart auscultation was a holosystolic apical murmur with irradiation in the axilla, and a murmur heard at Erb's Point. Was continued on antibiotic treatment, initiated at SCJUT Cardiology Clinic, and at the end of therapy it was biologically and cographically re-evaluated.

Results

At the hospitalization, biological investigations were performed that detected a moderate anemia and the markers of inflammation were elevated (C-reactive protein and erythrocyte sedimentation rate). Antibiotic therapy was instituted with 80 mg Gentamicin, 1f at 8 hours (3x1 f /day) and Ampicillin 1g, 2 f at 4 hours, 12 f /day for 31 days according to the antibiotic positive hemocultures for Enterococcus faecalis harvested in the Cardiology Clinic. On March 22, 2017, due to a slight increase in serum creatinine, the Gentamicin dose is reduced to 1f at 12 hours. The cardiological reassessment revealed the presence of an abscess-shaped area between the aortic valve and the left atrium, with surgical treatment being recommended.

Conclusions

Adult patients immunocompromised with bacterial endocarditis affecting several heart valves may develop complications that requires subsequent surgery.

Key words: infectious endocarditis, mitral valve, tricuspid valve, aortic valve, enterococcus faecalis

ACUTE HEPATITIS B COMPLICATED WITH ACUTE LIVER FAILURE IN AN ADULT WITH FAVORABLE EVOLUTION

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Objectives

Presentation of a clinical case with acute hepatitis B complicated with acute liver failure in an adult with slowly favorable evolution.

Materials and methods

The authors present a case of a 64 year old patient, admitted in Infectious Diseases Clinic with generalized sclero-tegment jaundice, hyperchromic urine, marked asthenia, fatigue, loss of appetite, nausea, vomiting, 3 aqueous diarrhea stools per day, fever, chills, diffuse abdominal pain. From her personal history we know: uterine neoplasm operated in 2000, total hysterectomy and radiotherapy, Parkinson's disease, Anxiety-depressive disorder, cervical spondylosis, osteoporosis. The patient had a dental treatment 5 weeks before admission. Clinical manifestations: altered general state, icteric skin and mucosa, aloin tongue, supple abdomen, sensitively diffused at palpation in the right hypochondrium, liver at 1-1.5 cm under right costal margin, present intestinal transit, acholic stools, present diuresis, hyperchromic urine. Biological samples were taken and abdominal ultrasound was performed.

Results

WBC 15680/ μ L, Neutrophils 73.9%, RBC 3960000/ μ L, Hemoglobin 10.4 g/dl, Hematocrit 29.5%, GOT 1755 U/L, GPT 2691 U/L, BT 22.88 mg/dl, BD 19.38 mg/dl, GGT 354.4 U/L, AP 194.5 U/L, Cholinesterase 3674 U/L, PT 15.2 sec, AP 60%, positive IgM HBc Ab, positive HBs Ag. Treatment is established with Lamivudină 1x1 cpr/day, Metoclopramid 1f/day, Zymogen 3x1cpr/day, No-spa 1f/day, Liv 2x2 cpr/day, Dexametazonă 1f/day, Arnetin 1f/day, Ursofalk 2x1cpr/day, Fenobarbital 100 mg/day, Fiobilin 2x1 cp/day, vitamina B6, B12, Ranitidină 2x1 f/day, Glucoza 10% 500 ml, Arginina sorbitol 500 ml, NaCl 0.9% 500 ml. The evolution was slowly favorable, with decreased transaminase levels, bilirubin and prothrombin time and increased prothrombin activity.

Conclusions

Acute hepatitis B in elderly patients with multiple comorbidities may be complicated with acute liver failure, influencing the evolution and prognosis of the disease.

Key words: acute hepatitis B, acute liver failure, sclero-tegment icter, treatment

ACUTE MENINGOENCEPHALITIS WITH GEMELLA MORBILLORUM AND FAVORABLE EVOLUTION IN AN IMMUNOCOMPETENT ADULT PATIENT

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Objectives

To present a clinical case of acute meningoencephalitis given by a pathogenic opportunistic germ in an immunocompetent adult patient.

Methods

The authors present the case of an 18-year-old in rural area with no known pathological history admitted on March 15, 2017, at the Infectious Diseases Clinic I Timisoara, with suspicion of acute meningoencephalitis. Acute 7 hour onset of incoercited vomiting, headache, followed by a confusional syndrome associated with neck blinkers, then coma. They are hospitalized in the Intensive Care Infectious Diseases department.

The clinical examination at admission reveals a serious clinical condition $T=36,6^{\circ}$ C, intermittently sedated, equally reactive pupils, outlines stiff neck, spontaneous breathing, $SaO_2 = 99\%$ on the mask, pulmonary acoustic without crackles, haemodynamic stable, $TA = 130/88$ mmHg, $AV = 99$ bpm, free abdomen, present diuresis, normochrome urine on bladder probe.

Results

Leukocytes = 34300 m / L, neutrophils = 94.7%, creatinine = 1.09 mg / dl, glycemia = 170 mg / dl. CSF Examination: blood-laying, glucose = 40 mg / dl, protein 6,10 g / l, erythrocytes = 1600 μ L, leukocytes = 4750 μ L. CRL culture - present Gemella Morbillorum. Exam BK culture, microscopy + Gene X pert - negative.

Treatment was established with Meronem 2g / 8h, Vancomycin 1g / 12h, Levofloxacin 500mg / 24h, sedatives, depletion brain, corticosteroides, gastric antisecretory, hydroelectrolytic rebalancing solutions with favorable clinical and biological evolution.

Conclusions

Gemella Morbillorum is part of commensal flora of the upper respiratory tract and may be involved as etiological agent in endovascular infections mainly endocarditis and in acute invasive infections such as septic arthritis, meningitis and septic shock.

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY AND PNEUMONIA IN LATE-PRESENTER HIV-PACIENT WITH FATAL EVOLUTION

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Objectives

The authors present a clinical case of Progressive multifocal leukoencephalopathy associated with pneumonia, to a HIV late-presenter patient with fatal evolution despite treatment established.

Materials and methods

Patient N.V., 27 years old, diagnosed with HIV infection stage B3 (05.2008), with no evaluation for 7 years and no ARV therapy for 8 years, is presented in the Lugoj Hospital for motor disorder installed progressively since December 2016, clumsiness gradually installed in the month of December 2016, low grade fever, asthenia, fatigue. He was sent in our Clinic and admitted for further investigation and medical treatment. Clinical examination on admission revealed influenced general state, pallor skin, bilaterales latero-cervicales adenopathies, preserved vesicular murmur, without abnormal breath sounds, right abolition of osteotendinous reflexes, without meningeal irritation signs.

In evolution, the general condition progressively deteriorated, with acute respiratory failure, coughing with bloody expectoration, accentuation of motor deficit.

Results

No pathological changes in laboratory tests were found, but the sputum culture was positive for Acinetobacter baumannii and imunologic tests showed a CD4 count 2 cel/mm³ and viral load (VL) 76906 copies/ml.

The imagistic evaluation, MRI, highlighted the injuries of in context of immunosuppression; chest-ray was suggestive for a left lobar consolidation.

There was initiated antiretroviral therapy with Combivir 150/300 mg 2x1cp/day and Kaletra 200/50mg 2x2 cp/day, antibiotic treatment based on antibiogram results, antifungal, nonsteroidal anti-inflammatory drugs, gastric protection drugs, B vitamin komplex but the evolution was unfavorable leading to patient death.

Conclusions

Late-presenter HIV infected patients with interruption of ARV treatment and severe immunodepression are exposed to frequently severe opportunistic infections and finally associated with worse prognosis.

Keywords: HIV late-presenter, Progressive multifocal leukoencephalopathy, Acinetobacter baumannii, pneumonia

CUTANEOUS KAPOSII'S SARCOMA IN A PATIENT WITH HIV INFECTION - CASE PRESENTATION

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Objectives

To present a case of Cutaneous Kaposi's sarcoma in a patient with HIV infection.

Material and methods: We report the case of a patient diagnosed with HIV infection in September 2016. He was tested for HIV because he had esophageal and oral candidiasis, splenomegaly, epigastralgia, generalized lymphadenopathy and wasting syndrome. At that time the patient was immunocompromised: CD4 173 cells/ μ l, CD8 912 cells/ μ l, CD4/CD8 0.19; HIV ARN 295037 copies/ml. Although he was diagnosed in September 2016, the patient was not present at the hospital until November 2016 when he was admitted for the following symptomatology: fever, dysphagia, dry cough, generalized pruritic erythematous tegumentary eruption. Physical examination revealed: generalized lymphadenopathy, generalized pruritic erythematous tegumentary eruption, oral candidiasis, basal crackles at pulmonary auscultation. He was treated with antibiotics, antihistaminic, antifungal and started TARV with TDF + FTC + ATV/r with favorable evolution. He was readmitted in January 2017 for dyspnea, fever, dry cough, erythematous-violaceous papular eruption in the lower and upper limbs.

Results

Patient was diagnosed with cutaneous Kaposy sarcoma, bronchopneumonia, severe anemia, thrombocytopenia. At that time CD4 374 cells/ μ l, CD8 1106 cells/ μ l, CD4/CD8 0.34; HIV ARN 1475 copies/ml. In the presented clinical case, the patient's cutaneous lesions were evident approximately 8 weeks after initiating HAART. Despite the administration of treatment, the evolution was unfavorable leading to the death of our patient.

Conclusions

Treatment of KS-IRIS is a challenge because this entity is rarely recognized and its appropriate therapeutic management is still unclear.

Keywords: Kaposi's sarcoma, HIV, HAART, IRIS

ACUTE HEPATITIS B COMPLICATED WITH HEPATIC FAILURE IN AN IMMUNOCOMPETENT ADULT PATIENT, WITH FATAL OUTCOME

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Objectives

We present a clinical case with acute hepatitis B complicated with hepatic failure with fatal outcome, in an immunocompetent adult patient.

Patients and Methods

The authors present the case of a 44-years-old patient who was admitted to Infectious Diseases Clinic accusing fever, nausea, vomiting, dark urine, fatigue, productive cough, symptoms that started three days ago. Physical examination on admission: general state moderately influenced, sclero-tegumentary jaundice, cardio-respiratory imbalanced, painless abdomen, liver at 2 cm below the costal rebord, dark urine, BP= 103/72 mmHg, HR= 91 b/min, SaO₂= 98%.

Results

WBC=11 220 / μ L, RBC=2 770 000 / μ L, PLT=27 000 μ L, Lymphocytes=25.3%, Hemoglobin=8.2 mg/dl, Hematocrit=25.9%, ALT=7 740 mg/dl, AST=5 270 mg/dl, BT=25,97 mg/dl, BD=21,59 mg/dl, Urea=127,5 mg/dl, PT=19.1 sec, APTT=45.4 sec, Cholinesterase=2 931 U/L, Ag HBs=Positive, Ac HCV=Negative, IgM HAV=Negative, Ac HVD=Negative; Abdominal ultrasound: enlarged, highly hyperechoic, homogenous (cholestasis) liver, LHL=10.5 cm, RHL=16.1 cm, spleen=14.5 cm with venous dilation in hilum.

Treatment with: Ampicillin 3x1g/day, Arginine 2x250 ml/day, anti-emetics agents, gastroprotectives agents, hepatoprotective agents, digestive enzymes, vitamins of group B, solutions for hydro-electrolytic rebalancing. The patient's evolution was unfavourable, with fever, vomiting, repeated epistaxis which required local tamponing. The therapy was supplemented with antihemorrhagic agents, corticotherapy, Lamivudine and the patient was transferred to Intensive Care Compartment where he was clinically and paraclinically monitored, an oro-gastric tube was mounted, oro-tracheal intubation and hepatic dialysis was performed. Patient's condition gradually degraded and he died on the 19th day of hospitalization.

Conclusion: Evolution of acute hepatitis B can be fatal even in immunocompetent patients and despite early treatment.

Keywords: hepatic failure, immunocompetent, acute hepatitis B

PULMONARY AND PERIPHERAL LYMPH NODE TUBERCULOSIS IN A PATIENT WITH HIV/AIDS AND SYPHILIS, WITH SLOW FAVORABLE EVOLUTION

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Objective

Presentation of a clinical case of pulmonary and peripheral lymph node tuberculosis in a patient with HIV/AIDS and syphilis with slow favorable evolution.

Patients and methods

A male patient, 39 years old, recently diagnosed with HIV infection and syphilis (January 2016) was hospitalized in Infectious Diseases Clinic II, Timisoara, for marked asthenia, fatigue, dyspnoea, weight loss (15 kg in 2 months), persistent fever (39 °C), irritable cough, generalized adenopathy. Entrance examination: W 78 kg, H 180 cm, moderately influenced general condition. Patient was conscious, cooperative, bradycardic, bradypneic, with sweaty facies, tired, he could only move with help. Bilateral laterocervical, supraclavicular and axillary lymph nodes were present. Sabural tongue, dehydrated lips. A tattoo on the right shoulder. Rhonchi, wheezes and crackles were present in the pulmonary area, SO₂= 99% without oxygen mask, rhythmic cardiac noises, tachycardic, HR 120 b/min; BP 89/54 mmHg.

Results

WBC 6.640/mm³, erythrocyte sedimentation rate 160 mm/h, Hb 7 g/dL, glucose 112 mg/dL, TGP 42,4 U/L, TGO 75,8 U/L, alkaline phosphatase 284 U/L, urea 89,1 mg/dl, creatinine 1,19 mg/dl, GGT 171,8 U/L, ASLO 569 UI/ml, RPR pozitiv, T.P.H.A. pozitiv 1/160, Ag HBs negativ, Ac HCV negativ, VL 949231 copies/ml, CD4 292 cel/μl, pharyngeal exudate: present Staphylococcus aureus, fungus culture: present Candida albicans. Sputum exam: BK positive in direct microscopy. Direct ganglionic secretion: positive BK microscopy. Therapy is initiated with: antalgic, antipyretic, vitamin therapy, diuretics, hepatoprotective; antivirals (Epivir, Isentress) antibiotics (Cefort, Sumetrolim, Clarithromycin, Moldamin), antifungal (Fluconazole), tuberculostatic, hydroelectrolytic rebalancing solutions, blood transfusions, with slow favorable evolution.

Conclusion

Patients with HIV/AIDS require rigorous clinical and biological monitoring to allow early detection of opportunistic infections that may influence the progression and prognosis of these conditions.

Key words: tuberculosis, HIV, syphilis, therapy

PULMONARY TUBERCULOSIS IN A PATIENT WITH HIV/AIDS AND CHRONIC HEPATITIS C, WITH SLOW FAVORABLE EVOLUTION

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Objective

Presentation of a clinical case of Pulmonary tuberculosis in a patient with HIV/AIDS and chronic hepatitis C, with slow favorable evolution.

Patients and methods: A 41-year-old male patient is hospitalized by transfer from the Petrosani Emergency Hospital to Timisoara Infectious Diseases Clinic. Entrance examination: influenced general condition, fever (38.5 °C), pale dehydrated skin, oral cavity with whitish deposits, dehydrated lips, marked cachexia, W 48 kg, H 182 cm. Bilateral axillary lymph nodes that are painless and mobile. Normal lung sounds, SO₂ 95% without oxygen mask, rhythmic cardiac noises, tachycardic, HR 143 b/min, BP 64/46 mmHg. Supple abdomen, mobile with breathing, with no spontaneous or palpation pain, slow intestinal transit. Free kidney loins, bilateral negative Giordano sign, physiological urination. Patient was conscious, cooperative, oriented, with no clinical signs of meningeal irritation. Could not move without help and support because of plant level paresthesia.

Results

WBC 3300/mm³, erythrocyte sedimentation rate 80 mm/h, Hb 8,1 g/dL, TGP 17,6 U/L, TGO 28,5 U/L, LDH 266 U/L, Ag HBs negativ, Ac HCV pozitiv, VL 25831 copies/ml,

CD4 13 cel/μl. Hemoculture: absence of microbial growth. Semi-quantitative BK culture: A positive expression 1-30; B positive 1-30. Note that the patient refuses the lymph node biopsy. Treatment with: antalgic, hydrocortisone hemisuccinate, diuretics, antituberculous treatment (Rifampicin, Isoniazid, Pirazinamide, Etambutol), antiretrovirals (Viread, Entriva, Isentress) antifungal therapy (Fluconazole), hydroelectrolytes, blood transfusions. The evolution of the case was slowly favorable.

Conclusion

Early detection of pulmonary tuberculosis in immunosuppressed patients with HIV/AIDS, together with effective clinical-therapeutic monitoring may influence the progression and prognosis of these severe conditions.

Key words: Pulmonary tuberculosis, HIV, HCV hepatitis

MEASLES IN AN ADULT PATIENT UNDER TUBERCULOSTATIC TREATMENT

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Objectives

To present a clinical case with measles in an adult patient being treated for pulmonary tuberculosis, with favorable evolution.

Patients and methods

The authors present the case of a 24 years old female patient from rural environment, admitted to the Infectious Diseases Clinic with measles and pulmonary tuberculosis under tuberculostatic treatment. At admission the patient presented: fever, fatigue, dysphagia, inappetence, rhinorrhea and erythematous maculopapular eruption disseminated on the face and trunk. The positive diagnosis was established based on clinical elements (fever, dysphagia, rhinorrhoea, anorexia, asthenia, dry cough, etc.), physical examination data (erythematous maculopapular eruption disseminated on the face and trunk, hiperemic conjunctiva, etc.), laboratory data (leukocyte count, erythrocyte sedimentation rate, C reactive protein, fibrinogen, summary urine test, throat swabs, sputum culture, ALT, AST, HBs Ag, HCV Ab, IgM HAV, IgM HBc, IgM CMV, serum urea, serum creatinine, etc.) and the results of chest radiography.

Results: WBC 4120/μL, RBC 5560000/μL, Hemoglobin 16.4g/dl, ESR 25 mm1h, PLT 155000/μL, AST 138 U/L, ALT 219 U/L, CRP 20 mg/L, HBs Ag negative, HCV Ab negative, HAV IgM negative, HBc IgM negative, CMV IgM negative, anti-measles IgM positive. Chest radiography: nodulo-cavity conglomerates in upper lobes, bilateral. During hospitalization, the patient develops moderate reactive measles hepatitis which did not required lowering of tuberculostatic doses. Under treatment with antipyretics, antihistamines, vitamin C, hepatoprotective agents, Glucose 5%, Vitamin B6, along with tuberculostatic treatment continued, clinico-biological evolution was favorable. The patient stated that she had not received anti-measles vaccination.

Conclusions

Adult, immunodepressed, unvaccinated against measles patients may develop severe clinical forms of measles requiring admission and appropriate treatment in infectious diseases clinics.

Keywords: measles, pulmonary tuberculosis, treatment, eruption

ENDOCARDITIS WITH *STREPTOCOCCUS GALLOLYTICUS* IN A PATIENT WITH MITRAL AND AORTIC INSUFFICIENCY WITH FAVORABLE EVOLUTION

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Objectives

The presentation of a clinical case of bacterial endocarditis in an immunocompetent adult patient without significant pathological history, which had a favorable evolution.

Patients and Methods

The authors report the case of a 63-year-old patient who was admitted to the Infectious Diseases Clinic with bacterial endocarditis. Upon admission, the patient accused fever (38.6 °C), chills, marked asthenia, fatigue, inappetence, weight loss (10 kg in 1 month). The patient has conducted multiple investigations, including a cardiac echocardiography, following which multiple vegetation between 0.4-0.6 cm was observed at the aortic valve cavity.

Objective examination

General influenced state, inappetence, facies tempered, palpitations, pale skin and membranes, systolic murmur in mitral and aortic focus, BP 155/88 mmHg, HR 98 b/min, SpO2 99%. The patient was unaware of other associated diseases. To confirm the diagnosis it was necessary biological samples, including 3 hemocultures.

Results

*WBS 11.030/μL, VSH 75 mm/h, Fibrinogen 3.83 g/L, CRP 76.77 mg/L, TGP 23.4 U/L, TGO 25.5 U/L, Amylazemia 46.7 U/L, Serum Urea 34 mg/L, Creatinine 0.99 mg/dL, Urinic acid 3.82 mg/dL, Procalcitonin 0.46 ng/ml, in blood cultures was present *Streptococcus gallolyticus*. *Streptococcus gallolyticus*, was sensitive to: Vancomycin, Gentamycin, Clindamycin, Erythromycin, Ampicillin, Penicillin. Complex therapy with antipyretics, analgesics, gastric protector, Gentamycin (3x80 mg/day) and Cefort (2x2 g/day) was instituted. Ultrasound control after completion of antibiotic therapy confirms the absence of vegetation in the aortic valve. The clinical and biological evolution (with negative hemocultures at the completion of therapy) was favorable without complications.*

Conclusions

Early diagnosis of bacterial endocarditis in immunocompetent adults, followed by appropriate clinical-therapeutic monitoring may influence the progression of the disease.

Key words: endocarditis, streptococcus gallolyticus, antibiotics, treatment

SEVERE ANEMIA IN A PATIENT WITH COMPENSATED HCV CIRRHOSIS UNDER TREATMENT VIEKIRAX AND EXVIERA

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Objectives

To present a clinical case diagnosed with HCV liver cirrhosis A6 Child Pugh Score, being treated Exviera and Viekirax, complicated by severe anemia.

Methods

The authors present the clinical case of 55 years old patient, known with HCV Cirrhosis diagnosed, non responder to therapy with Peginterferon and Ribavirin. The patient was in treatment with Exviera (2 cp/day) and Viekirax (2 cp/day) without ribavirin and after 3 weeks of therapy present shows marked asthenia, loss of appetite, headache, palpitations, weight loss, dizziness, insomnia, hemoglobin level falls from 11.5 g/dL to 6.2 g/dL. Clinical examination on admission: general state moderately influenced, mild jaundice, skin spots, hypotension, BP=95/60 mmHg, HR=68 b/min, abdomen painful on palpation, liver 3.5 cm below the costal margin line as medioclaviculara left, sharp edges with lower pole palpable spleen.

Results

Blood tests: WBC 3.280/μL, PMN 57,1 %, RBC 2880000/μL, HGB 6,2 (g/dL), HCT 19,6 (%), PLT 120000/μL, ALT 15 U/L, AST 20,4 U/L. Discharge: WBC 6.890/μL, PMN 75.1 %, RBC 3200000/μL, HGB 11.5 g/dL, HCT 36.2 %, PLT 130000/μL, ALT 19 U/L, AST 22 U/L. Fibro Scan examination in 15.10.2015- 26.6 KPa, in 15.06.2016 – 16.1 KPa, Fibro Max A2F4 (nov 2015), genotip 1, subtype b. Abdominal ultrasound: big liver, granular, micronodular, splenomegaly 17 cm, without ascites. Administrated treatment: diurectics, rebalancing hydro electrolytic solutions, hepatoprotectors, corticosteroid therapy, complex vitamins and 6 units CER. Evolution: development was favorable to remission of symptoms and anemia syndrome.

Conclusion

The clinical and therapeutic rigorous monitoring of patients with compensated HCV cirrhosis in therapy with Exviera and Viekirax and allow early detection of adverse effects which can negatively influence the therapeutic evolution of patients and compromise the results of therapy instituted.

Key words: liver cirrhosis, Fibro Scan, Fibro Max, therapy