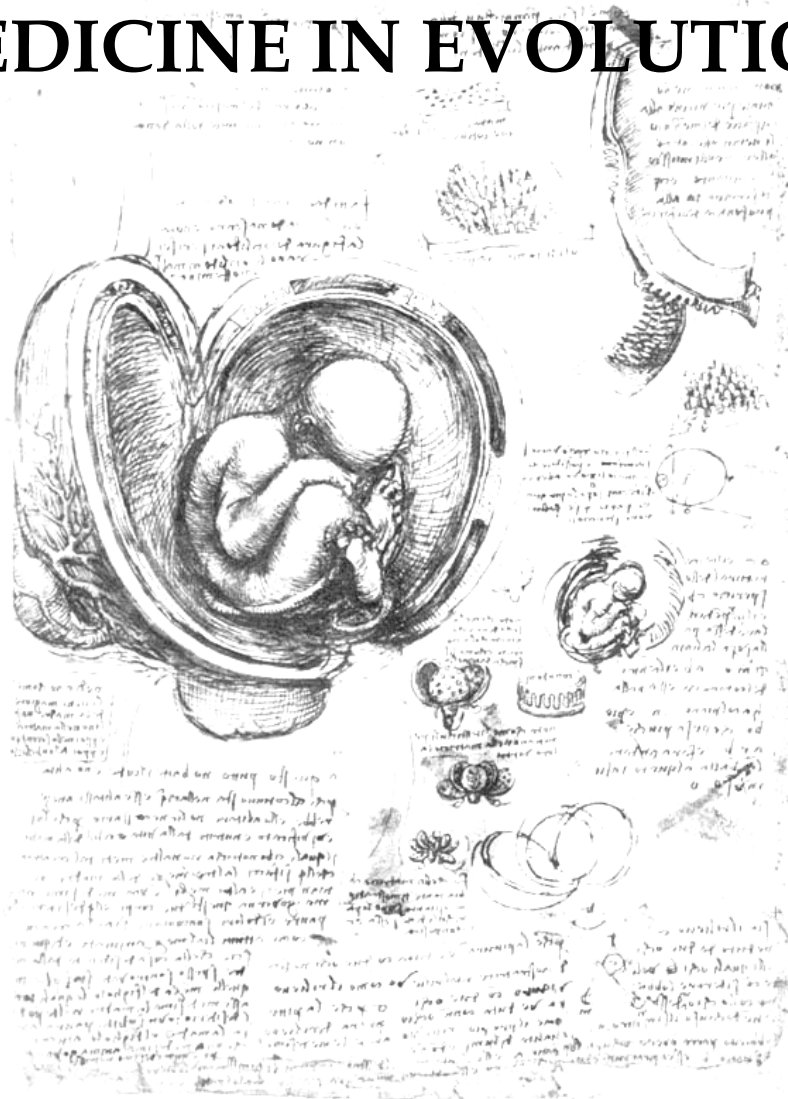


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ANTI-INFECTIVE THERAPY PARADIGMS AND PERSPECTIVES

**National Conference of Infectious Diseases
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Timisoara, Romania**

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ABSTRACTS

ADHERENCE TO CART= CRUCIAL IMPORTANCE IN ANTIRETROVIRAL TREATMENT



VOICHITA LAZUREANU*, TEODORA MOISIL **, DANIELA BIRIS, VALERICA BICA**, EMILIA NICOARA*, V. MUSTA*, NARCISA NICOLESCU*, RUXANDRA LAZA*, A. CRISAN***

***University of Medicine and Pharmacy “Victor Babes” Timisoara**

****Clinical Hospital for Infectious Diseases, Timisoara**

The most important factor in winning the battle against HIV/AIDS is for sure adherence to antiretroviral medication. If patients understand the importance of correct self-administration of antiretroviral drugs then life expectancy is equal to non-infected population.

Material and method: The study is retrospective over the period 01.01.2013-31.12.2013 and was done in the Clinical Hospital for Infectious Diseases Timisoara on a total number of 848 patients with HIV/AIDS, whom we evaluated the adherence to treatment with the help of our psychologist. Different questionnaires of self-evaluation and evaluation by the psychologist where performed.

Results: From the 848 patients with HIV/AIDS, 625 have consented to apply the questionnaires and the results where are follows: new diagnosed patients who recent begun treatment have a median adherence to cART of 98%; the patients from the romanian cohort- poliexperienced - have a median adherence of 48%. This reduced adherence is responsible for the decrease of CD4 limfocytes, increase of viral load, appearance of resistant mutations, opportunistic infections - sometimes extremely severe- and/or numerous admissions in the hospital. So quality of live decreases, sometimes death occurs (2%). Decrease of adherence is due to: therapeutic fatigue (80%), side effects (24%), lake of medication (11%), forgetting (16%), short trips (5%) but also well-being (14%).

Conclusions: Improving adherence to antiretroviral therapy should remain priority in the battle against HIV/AIDS. Tight collaboration patient-psychologist-physician is very important, but we also need new strategies in improving adherence, like: telephone applications for remaining the precise hours of medication or focus-groups in order to permanent remain the patients the correct way of administrating cART.

PROLONGED FEBRILE SYNDROME WITH AN UNEXPECTED END – CASE REVIEW



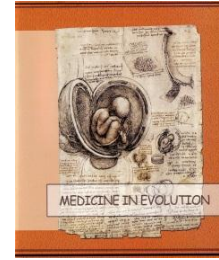
ANDREI VÂȚĂ*, DANIELA LECA***, ANCA IRICIUC*, LAURA GHIBU***, DENISA COVACIUC**, CARMEN MANCIUC***, CĂȚĂLINA MIHAELA LUCA***, CARMEN DOROBĂȚ*****

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****Infectious Diseases Hospital Iasi**

A wide range of infectious and noninfectious diseases may be at the origin of a prolonged febrile syndrome, a phenomenon that has both fascinated and frustrated practicing physicians since the dawn of modern medicine. We proposed the presentation of a 49 years old, previously healthy, patient who is admitted in the 7th day of illness with fever (38 - 39°C), back pain radiating to the legs, dry cough, diarrhea, loss of appetite, with a relatively normal clinical examination and evolving with intense jaundice, severe hemolytic anemia, thrombocytopenia, weight loss. The patient had fever every other day, up to 39°C for 22 days, despite broad-spectrum antibiotic and antifungal therapy. At 6 months after discharge the patient feels good and the clinical examination and laboratory investigations show no pathological changes. A multidisciplinary approach and appeal to modern methods of diagnosis and treatment are essential for a favorable outcome in such cases

EVOLUTION OF CEREBRAL TOXOPLASMOSIS ANTERIOR AND POSTERIOR CART ERA



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DALIA SORINA CARP^{**}**

***Faculty of Medicine "Ovidius"University, Constanta**

****Clinical Infectious Hospital of Constanta**

Introduction:

*Toxoplasmosis, a disease caused by intracellular parasite *Toxoplasma gondii* is considered one of the most frequent opportunistic cerebral infections in HIV-AIDS patients. Toxoplasmosis can occur either as a result of exposure to the parasite or as a reactivation of a latent infection, when CD4 count drops below 100 cells /mmc. Although the most common manifestation is cerebral toxoplasmosis there's extracerebral toxoplasmosis locations such as eye or lung damage. A disseminated manifestation of toxoplasmosis with systemic involvement is described in HIV positive patients.*

Case series

We present two cases of females diagnosed with HIV infection since childhood. The first case is a 26 years old patient diagnosed with HIV at age of 14, after brain surgery for a suspected brain tumor. Following histopathological examination the diagnosis of cerebral toxoplasmosis and then HIV were established. In the past 12 years she received combined antiretroviral therapy (cART), and clinical evolution is favorable for immunological and virological point of view. The only disadvantages are the adverse reactions to cART: dyslipidemia and lipodystrophy.

The second case is a patient aged 22 years, diagnosed with HIV infection in childhood. Over the years was noncompliant to cART. 16 years after HIV diagnosis she was diagnosed with acute viral hepatitis type C and acute liver failure requiring hospitalization for a period of about three months. After discharge was with relatively good general condition for a period of about a month and later emerged left hemiparesis, impaired speech and vision. She was diagnosed with cerebral toxoplasmosis, but despite the specific treatment she died after 20 days. Postmortem histopathological diagnosis was disseminated toxoplasmosis with systemic impairment: central nervous system, lung, heart, and lymph nodes.

Conclusions:

Immunosuppressed patients with Toxoplasmosis can present polymorphic clinical manifestations and requires careful investigation because the diagnosis can be confused with other illnesses.

Evolution of immunosuppressed patients with Toxoplasmosis is closely correlated with good adherence to antiretroviral therapy.

HIV-HEPATITIS B VIRUS (VHB) CO-INFECTION, FACTORS WHO INFLUENCE IMMUNOLOGICAL, VIROLOGICAL EVOLUTION AND LIVER FIBROSIS



ELENA DUMEA^{*,**}, SIMONA CLAUDIA CAMBREA^{*,**}, LUCIAN CRISTIAN PETCU^{*}, SORIN RUGINA^{*,**}, ADRIAN STREINU CERCEL^{***}

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^{***}University "Carol Davila" Bucharest

Objective: Evaluation of virological, immunological evolution and hepatic fibrosis in HIV+HBV patients and regimens influences.

Methods: Observational study on 71 patients with HIV infection, born 1985-1990, who were registered in our Clinic in past with a positive HBsAg test (during 2005-2013). Evaluation was made by assessing CD4, viral levels of HIV and VHB, serological markers, liver fibrosis (measured by Fibroscan), therapeutical regimens.

Results: Currently 76.05% of patients are treated with 3TC. After 8 years of evaluation, 62 patients are HBsAg(+), 9 patients HBsAg(-), of which 4 were seroconverters in the system "s". The mean \pm SD of Fibroscan® in the group HBsAg(+) was 6.86 ± 3.36 kPa and in the group HBsAg(-) 5.03 ± 1.24 kPa, $p = 0.005$.

15 patients are HBeAg(+), 43 are HBeAg(-) and 13 not tested for HBeAg. Seroconversion in the "e" sistem was present in 5 patients, all being treated with 3TC and a small number of schemes (maximum 3). There are significant differences between these groups according to mean Fibroscan HBeAg (+)/(-) ($p = 0.047$), and HBV DNA ($p = 0.001$). Association between variables HBV DNA intervals (0-2000 UI/ ml) / ($> 2,000$ UI/ ml) and the presence of HBeAg: $p < 0.001$ with a relative risk $RR = 0.2099$ (95% CI, -0.4329 0.1018) and between variables intervals HIV RNA (0-400copies/ml) and (> 400 copies/ml) and the presence of HBeAg, $p = 0.018$, $RR = 0.3636$ with a (95% CI, 0.1607 - 0.8231).

Conclusions It is important and it must to monitor fibrosis in patients co-infected HIV/VHB for customized antiviral regimens.

METABOLIC AND MORPHOLOGICAL CHANGES IN HIV INFECTED PATIENTS TREATED WITH ANTIRETROVIRALS



DUMITRESCU FLORENTINA^{*,**}, CUPȘA A^{*,**}, STOIAN ANDREEA CRISTINA^{*,**}, GIUBELAN L^{*,**}, CUPȘA DINA MARIA^{**}, NICULESCU IRINA^{*,**}, ROMANESCU AMALIA^{**}, STĂNESCU MARIANA^{**}

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Objective: to evaluate the metabolic and changes in fat distribution in HIV infected patients (Px) under antiretroviral treatment (ART).

Methods: retrospective study (January–December 2013); we have included 133 Px monitored by the Craiova AIDS Regional Center, infected with HIV in early childhood, following ART; we have evaluated clinical and antropometrical data, metabolic parameters, immunological and virological data, ART history.

Results: characteristic of the patients: average age=24.8 ± 0.6 years, imunological and/or clinical AIDS stage -133 Px (84.9%), average ART duration 12.8 ± 4.2 years, average number of ART regimens 4.3 ± 2.1. Prevalence of dyslipidemia: total cholesterol (CT)> 200 mg/dl-33 Px (24.8%), triglycerides (TG)> 150 mg/dl-66 Px (49.6%). Borderline blood-glucose levels have been recorded for 11 Px (8.3%). Abnormal fat redistribution have been noted in 91 Px (68.4%): lipoatrophy-43 Px (32.3%), lipohipertrophy-11 Px (8.3%), mixed lipodystrophy-37 Px (27.8%). Px treated with protease inhibitors (PIs) showed higher values of CT compared with those naive to PIs, however without statistical significance (p Student = 0.17). Higher TG levels have been noted in Px exposed to PIs (p=0.0005) and stavudine (p=0.003). Lipoatrophy has been associated with stavudine exposure (p=0.0001), while mixed lipodystrophy was frequently encountered in Px with more than 4 ART regimens in their history (p=0.001). There was no associations between immunological/virological data and metabolic parameters.

Conclusion: there was a high prevalence of dyslipidemia and abnormal fat redistribution in Px infected with HIV in early childhood, probably due to the HIV infection itself, as well as different antiretrovirals and duration of exposure to ART.

ANTIBIOTHERAPY – FROM FLEMING TO PANRESISTANCE – THE EXTINCTION OF A GREAT EXPECTATION?



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85 years after discovery of Penicillin and about 70 years since started the current use, facts began a different turnover: what seemed and even represented one of the most important steps forward in medicine for mankind, can run against it ourdays- after even a shorter period of time than the actual average life time of an individual, living a great competition with those who had to be the main beneficiaries of the “miracle”.

Even more true were Fleming’s visionary thoughts in 1945 ,when he received the Nobel award: “ it’s not difficult to induce resistance in the laboratory exposing microbes to insufficient antibiotics concentrations without killing them.....This is the great danger of the ignorant, those who are underdosing antibiotics”. The prediction was correct: even since 1940 resistant Staphylococcus colonies appeared , Shigella resistance to Tetracycline in 1959, resistance to Erythromycin 15 years after its discovery, meticillinoresistancy in 1962 (2 years after discovery of meticiline), and so on ,up to resistant colonies including Linezolid and Daptomycin at the beginning of the 3^d millennium.

However, all second half of the twentieth century existed an exuberant enthusiasm among the pharmaceutical markets into creating a large number of newer and newer antibiotics.

Once with the beggining of the new millennium could be observed a major discrepancy between manufacturing costs for launching into market a new antibiotic (approximately 1 billion dollars), and shortening of the time of real utility, because of the quick appearance of resistance;so,the pharmaceutical industry has lost a lot of the interest shown before, ourdays existing fewer and fewer antibiotics in the study.Dixit Thomas Frieden, U.S.C.D.C. manager;“if we are not paying attention ,we will wake up soon in the postantibiotic era, for some patients and some treads, it’s presence being already an objective fact”.

Unfortunately, evolution from resistance to multidrug resistance (MDR), extended resistance (XDR) and panresistance (PDR) was fast-less than 2 decades- beggining with 2009 being identified in different parts of the world the first panresistant infections in patients with some specific profile.

Using antibiotics on a large scale (80% of the delivery is used into zootechnical industry), had a negative influence on their utility.

Is this the end of the road? It would be a disaster, but practice proves that in countries like Denmark, Norway or The Netherlands, where new clear rules of human/non-human usage of antibiotics have been introduced, things took a new,good turn, , noticing a lower level of resistance among humans.

Ourdays,courageous decisions should be taken, even though ,sometimes ,they are not pleasing patients or health care professionals.

NEW APPROACH TO THE MANAGEMENT OF ACUTE CHOLANGITIS



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Introduction: Acute cholangitis is a serious complication that can occur in patients with biliary obstruction. Current treatment guidelines recommend for these patients empirical antibiotic therapy and biliary drainage. The frequent use of broad-spectrum antibiotics in the last years has led to the selection of many antibiotic resistant bacterial species. The widespread of these strains can make empirical therapy ineffective.

Objective: We intend to present the current standards of diagnosis and treatment for the patients with acute cholangitis and the importance of obtaining bile cultures in these patients.

Materials and methods: Current guidelines for diagnosis and treatment in acute cholangitis were reviewed.

We studied patients with cholangitis evaluated by endoscopic retrograde cholangiography (ERCP) in the Digestive endoscopy Laboratory of "Floreasca" Clinical Emergency Hospital Bucharest during January 2013 - June 2014. In these patients we performed a microbiological analysis of bacterial strains isolated directly from bile collected during the endoscopic procedure.

Results: According to current guidelines the bacteria most commonly involved in cholangitis are Escherichia, Klebsiella, enterococci, Enterobacter, and anaerobes. Standard empirical therapies in these cases include piperacillin, ampicillin with an aminoglycoside or cephalosporins.

In our study 58 positive bile cultures from 60 patients were obtained. The most commonly isolated organisms were Klebsiella species (38%) and Pseudomonas aeruginosa (30%). The strains isolated were most frequently sensitive to Cefoperazone with Sulbactam and to Piperacillin with Tazobactam. Escherichia coli and Klebsiella isolates showed a high resistance to second generation cephalosporins and to quinolones.

Conclusions: In patients with acute cholangitis empirical antibiotic treatment should cover the spectrum of Gram-negative bacilli. Bacteriological studies of the bile obtained during ERCP may lead to the adjustment of the initial antibiotic therapy. These results can also be used to update local antibiotic guidelines for patients with cholangitis.

ACKNOWLEDGEMENT: This paper is supported by the Sectoral Operational Programme Human Resources Development (SOP HRD), financed from the European Social Fund and by the Romanian Government under the contract number POSDRU/159/1.5/S/137390/

IMMUNIZATIONS EXPOSED PERINATALLY HIV FROM THEORY TO PRACTICE



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RUXANDRA NEAGU DRĂGHICENOIU*, RODICA UNGURIANU*,
SORIN PETREA*, ANA MARIA TUDOR*, ALINA CIBEA***

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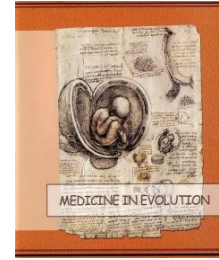
Background: Increased vulnerability to HIV infected children in numerous infections argues vaccination to protect them. Lately we faced with diseases preventable by vaccination in children perinatally exposed to HIV infection and, prematurity, abandonment, social condition, lack of understanding, drug mothers are among the causes that prevent children from immunization HIV-positive women.

Method: During 01.01.2011 -31.12.2013, in the department of immunocompromised children the National Institute of Infectious Diseases Prof Dr Matei Bals we conducted an analysis of immunizations to 198 children exposed perinatally HIV infection aged 0 -18 months. Data from medical records and history refers to the share of vaccinations starting maternity and continuing thereafter through family physicians or paediatricians within hospital units caring for these children. A major role is parents avoidance to health services. Most of them rely on various reasons to avoid contact with health workers, so that most children do not benefit from prevention through vaccination.

Results: A percentage of 93,43% were vaccinated in hospital. Only 66,16% were BCG vaccinated, prematurity and knowing immunological status (CD4) representing key factors deprivation BCG vaccination. Optional vaccinations are hard Supported by parents, such as 5.94% children were vaccinated flu, RSV, 3.96%, 1.98% and Prevenar Rotarix. We found an increased incidence of RSV, rotavirus enterocolitis, pneumococcal pneumonia and otitis, and measles, often evolving severe.

Conclusions: HIV perinatally exposed infants need protection against vaccine-preventable diseases. Immunization does not influence disease progression, but the lack of vaccination can lead to severe infection, potentially fatal.

CL. DIFFICILE INFECTION IN PATIENTS FROM INFECTIOUS DISEASES HOSPITAL OF IASI



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Cl. difficile infection becomes in the last years more and more frequent, represented almost 30% of diarrhea cases associated to antibiotic therapy

and not only; being today one of the most frequent etiology of diarrhea in medical services.

Objectives: The analysis of epidemiologic, clinic and laboratory findings of the digestive infections with Cl.difficile in patients hospitalized in Infectious Diseases Hospital of Iasi, between 1.01.2013-31.03.2014.

Results: The age of patients varried between 22 and 78 years, with the prevail of the medium age, of the female (61,44%) and of the urban residence medium (59%). We found a growing tendency of the number of cases in the last 4 months, especially at imunodepressed patients (neoplazic, diabetus, chronic renal insuficiency). 48% of cases appeared in patients with surgeries, and 27% were from medical services. Investigations on groups of antibiotics releavs that the higher risk is induced by using fluorochinolons, followed by cephalosporins.

Relapses were met in 18,67% of the cases, and the treatment was realized with: Metronidazol (66,26%), Vancomicine (5,42%) and Vancomicine + Metronidazol (28,31%).

Conclusions: The analysis of the cases with Cl. difficile infection represented an alarm signal on the unjustified and irrational antibiotic consume of antibiotics, especially in primary medicine and on the risk of nosocomial infections.

TEENAGER-LOVER-WIFE-MOTHER

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LĂZUREANU



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From the first days of our lives the soul is enriched with emotional experiences and the result of their behavior. We learn the difference between pleasant and unpleasant emotions, positive and negative, but we are not taught how to manage them.

Lonela and Corina, two teenagers, students in the XII grade, have wishes, dreams and hopes for their future, they are friends from childhood, but their destinies are different. The difference is that a result changes everything, it changes a life, Lonela's life. Being seropositive, diagnosed when she was 10 years old, she learned to live with her chronic disease daily and with the emotional problems it generates. During her adolescence her emotions and the desire to be loved became a challenge in simultaneously managing the medication, school, colleagues and boyfriend. Marriage and the sublime happiness of becoming a mother is a period full of fears towards the partner, the pregnancy, giving birth, the health of the baby and hers. All these stages of life make Lonela have certain feelings and a different behavior from her seronegative friend Corina.

We all go through moments when we are dissatisfied of our situation and we wish to have more, but Lonela, a real case, is an example many seropositive patients should follow because whatever challenges she encountered she is thankful for every day she lives.

THE WAY TO: ZERO NEW CASES OF HIV INFECTION, ZERO NEW CASES OF HIV MATERNO FETAL TRANSMISSION, ZERO DISCRIMINATION. NEW TRENDS IN THE ROMANIAN HIV/AIDS EPIDEMIC



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Since the early 1990s Romania has made important progresses in the HIV/AIDS area, also recognised by the international community. These steps forward concern treatment and care for people living with HIV/AIDS (PLWHA) and prevention of HIV transmission among young people and vulnerable groups. However, the global economic crisis has generated a behavioural change especially among the young population. In this context, data released by National Institute for Infectious Diseases “Prof. Dr. Matei Balș” in 2013 revealed changes in HIV trends, with an increase in transmission through unprotected sexual contact (54,5% of new cases) and i.v. drug use (29,3% of new cases). In what concerns mother to child transmission (MTCT), regardless of economic and social trends, the rate has been kept at a low level, namely <5% (2,64% in 2013) (1,2).

Romania is the only country from the Central and Eastern European countries with a particular HIV epidemic. At the end of 2013, a total of **19,261** cases of HIV and AIDS infection were registered and **12,273** persons were living with HIV/AIDS. Most cases were diagnosed when they were children (<14) and have experienced more than 17 treatment schemes. (2)

Currently, Romania has a large number of survivors, mostly in the 20-24 age groups. Out of 12,273 people living with HIV, 46% are women; 1664 aged 20 – 24, followed by 1523 women aged 25-29. People infected with HIV from the long term survivors’ cohort, now in their reproductive age, have started having children and need prenatal, postnatal treatment and care to prevent transmission from mother to child (MTCT) (2, 3, 4)

Among the general population, national data suggest that pregnant women are the second highest population category tested for HIV. In 2013, **129,131** pregnant women were HIV tested of whom 128 tested positive (0,1%). The largest number of positive tests was identified for the 20-24 (0,13%) and 25-29 (0,13%) age groups.

Since 2011, the national response to HIV has weakened as a consequence of the economic crisis which affected especially the prevention programmes for most-vulnerable-populations (IDUs, MSMs). Hence, we registered an increase of the new IDU-HIV cases, from **14 cases (3%) in 2010 to 233 (29,23%) in 2013**. During the same time we detected a growth in the share of children born from women using drugs, including women living with HIV, children who are abandoned in maternities after birth. For the same category of persons we identified 76.83% HCV co-infections, 11% HBV-HCV co-infections. (2, 3, 7)

The rising number of pregnant women, addicted to drugs is directly proportional to the expanding figures of drugs and new drugs (ethnobotanicals) users. If women who use intravenous drugs are diagnosed with HIV during pregnancy they usually refuse to take specific treatment. Most of them do not go to routine check-ups, this explaining their absence from records as drug users. Cares provided to newborns from mothers who use i.v drugs and new drugs (ethnobotanicals), perinatally exposed to HIV are usually associated with hepatitis B, C and with syphilis. (5, 7)

In this context, the programmes preventing HIV mother to child transmission in Romania must ensure a wider access of pregnant women, including high risk groups and vulnerable groups (sex workers, drug users) to HIV testing services. Also, policies and protocols should identify the gaps and barriers in ensuring universal access to prevention, treatment and care for women living with HIV/AIDS. Furthermore, specific programmes should target and reach disadvantaged communities. Last but not least, the collaboration between the medical networks involved in cares provided to HIV infected patients should be strengthened, in order to respond to the new trends and social realities. (8)

BACTERIAL MENINGITIS IN ELDERLY PATIENTS – SPECIFIC FEATURES



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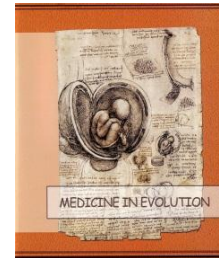
Objectives: To analyze clinical and biological particularities of bacterial meningitis in patients aged > 60 years.

Material and methods: We performed a retrospective study on a cohort of 86 patients aged more than 60 years diagnosed with meningitis and hospitalized in the Hospital of Infectious Diseases during the period 2008-2012.

*Results: The majority of patients were between 60 and 70 years (72%); the most frequently noted comorbidities were: cardio-vascular diseases (58%), chronic hepatitis, liver cirrhosis (41%) and diabetes mellitus (20%). The admission within the first 3 days of the onset was noted in 73% of cases. The most frequent clinical manifestation at the moment of admission were: neurological symptoms (88%) (23% among them were with different degree of coma), meningeal irritation syndrome (69%), fever (63%), respiratory manifestations (33%) and digestive symptoms (39%). Blood cultures were positive only in 15% of cases, and inflammatory biological syndrome was mentioned in 85% of patients. One third of patients had a pleocytosis less than 500 leucocytes /mmc (33%), CSF albumin and glucose being normal in 15% and 47% cases, respectively. Direct exam of CSF was positive in 16% of cases, and cultures were positive in 35%. The most frequent etiologic agent was *S. pneumoniae* (15%), followed by *Staphylococcus aureus* (5%), and Gram-negative bacilli (5%). The outcome was poor, with complications and transfers in neurosurgical/ICU services in 13% of cases and 12% of patients died.*

Conclusion: Clinical manifestations were dominated by neurological features from the onset and less frequently fever was the first sign: by consequence the initial diagnosis was of vascular stroke in this group of age. The rate of microbiological documentation of meningeal infection was low due to previous antibiotic treatment in ambulatory (in 29% of patients).

TROPICAL DISEASES -REEMERGING IN THE ERA OF GLOBALIZATION



CATALIN APOSTOLESCU

Bucharest

With globalization and increasing movement of people, both in volume and speed the tropical diseases cease to preserve certain climatic or economic development zones and began to afflict Europe.

Schistosomiasis is the second tropical parasitosis after malaria affecting every year about 200 millions of people. Cases in Europe after 2000 exceeded 300, both tourists and immigrants.

*The same situation is seen in the case of trypanosomiasis, although the number of cases is much lower. Instead, there were reported cases of infection with *T. evansi* in animals imported into Europe.*

In 2012 it's been reported an outbreak of dengue fever with local transmission in Portugal.

In these circumstances, although the number of cases is low, the infection diseases specialists must be prepared and take into account in the differential diagnosis these etiologies too.

THE UTILITY OF ULTRASONOGRAPHY ELASTOGRAPHIC TECHNIQUES IN THE INITIATION AND MONITORING OF ANTIVIRAL THERAPY IN CHRONIC VIRAL HEPATITIS



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The evaluation of liver fibrosis is essential for the correct management of chronic viral hepatitis. Liver biopsy is without any doubt the method that offers the most complete information regarding the etiology and extension of a liver disease, but the method is not perfect, having possible risks and being possible subject of errors. This is why probably in the last 10 years the medical world witnessed a real explosion of noninvasive techniques meant to replace liver biopsy in the evaluation of the severity of liver fibrosis.

There are two main classes of noninvasive methods for the evaluation of liver fibrosis which have demonstrated in trials a good ability to correctly identify the stage of the liver disease: on one hand the serological/biochemical markers and the imaging methods (elastographic techniques) on the other hand.

Of the imaging techniques, the ultrasound based elastography has known probably the largest development, with many approaches based on different physical phenomenon, all the methods trying to complete the same task: the measurement of the elasticity of a tissue or organ. In parallel, ultrasonography itself has evolved, in some of the cases the results being truly spectacular.

The data from literature are extremely numerous, putting in some instances even the most experienced practitioners of ultrasonography in the position of having difficulties in extracting and organizing the available information in order to use this technique at its best efficacy.

In the presented material we try to organize the data from literature up to date and to establish the value of ultrasound elastography in the diagnostics, staging and monitoring of chronic viral hepatitis.

HEPATO-RENAL FAILURE DUE TO TOXIC - CASE REPORT



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Introduction: Acute liver failure is a rapid deterioration of liver function, which causes alteration of the mental status and coagulation disorders in apparently healthy patients. The causes of acute liver failure include: drug poisoning, viral hepatitis, autoimmune damage, shock or hypoperfusion, but in over 20% of cases the cause can't be identified. Because of the small number of cases, controlled trials regarding therapy couldn't be conducted, therefore current protocols offer only a few suggestions concerning management of diagnosis and therapeutic approach.

Material and methods: We present the case of a 58 years old man, admitted in the II Clinic of Infectious Diseases Timisoara in March 2013. Admittance reasons were: nausea, loss of appetite, subsequently vomiting and jaundiced sclera and skin. Affirmative he is taking very often Paracetamol for joint pains. Patient himself presents numerous associated diseases: obesity I degree, essential hypertension, dyslipidemia, chronic consume of alcohol.

Discussions: The disease has evolved in several stages: the initial clinical picture was dominated by phenomena of liver damage, then those of renal impairment (oliguria), then polyuria-polydipsia syndrome and metabolic acidosis, refractory to treatment. Following therapy, the patient's condition improved.

Conclusions: hepatorenal failure due to toxics is a rare pathology, which requires a multidisciplinary approach and a complex treatment precociously initiated.

PROLONGED FEBRILE SYNDROME



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ALEXANDRA TOMA**, **VOICHIȚA LĂZUREANU***, **NARCISA
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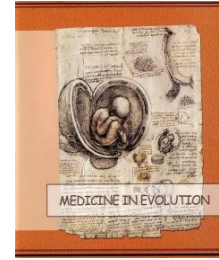
Introduction: Febrile syndrome considering its frequency , the potential severity that it can accumulate through the myriad etiologies involved raises real difficulties in diagnostic and often requires interdisciplinary collaborations. Accepted as a intermediate stage diagnostic febrile syndrome oblige the effort of determining the etiologic diagnosis-the only one that can lead to proper treatment

Material and methods: In a retrospective study the authors have proposed to analyze the peculiarities of cases with prolonged febrile syndrome admitted to the Infectious Diseases Clinic II during 01.2010-01.2014.

Results and discussion: Fever , although it remains a cardinal manifestation of the infection can be caused by multiple and various noninfectious causes: autoimmune diseases, solid malignancies. hematologic malignancies. If prolonged febrile syndrome has a longer duration before admission the chance to identify a infectious etiology decreases. “Cryptogenic ” prolonged fever or of unidentified cause still holds a percentage of 5-10%.

Conclusions: Causes of prolonged febrile syndrome are more common atypical presentations of common deseases than extremely rare disease that present themselves in a typical forms. There is a trend towards the change of the etiological spectrum of prolonged febrile syndrome in the sense of a decrease of infectious causes and an increase of neoplastic and collagen deseases.

LIPIDS



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Lipids are fatty, organic substances, insoluble in water but soluble in most organic substances containing hydrocarbon group. They have diverse biological functions and play an important role in the composition of the living matter. Some go into the cell membrane (phospholipids, cholesterol, Sphingo-, glycolipids), others are raw materials for the synthesis of biologically active substances (steroid hormones, biliary acids). They are also the major storage form of energy in the body (triglycerides). Serum cholesterol comes from the diet and the body's own synthesis (almost all tissues can synthesize cholesterol). It is the most important component of the cell membrane in eukaryotes, the raw material in the synthesis of all steroid hormones and key link in the synthesis of bile acids and vitamin D. Cholesterol is determined not to diagnose a disease but to highlight how big the risk of developing vascular disease is and to determine whether the administration of drugs to reduce cholesterol levels is necessary. Serum cholesterol values above 200 mg / dl are associated with increased risk of cardiovascular disease. The risk increases with the concentration of cholesterol, and the combination of other risk factors: obesity, hypertension, smoking, diabetes. The central role of atherogenesis is LDL-cholesterol. Triglycerides (neutral fats) are esters of glycerol with three fatty acids; they are stored in fat tissue and they are the main source of energy in the body. Triglycerides are determined: for the diagnosis of primary or secondary hypolipoproteinemia; for primary or secondary prevention of cardiovascular disease; for Friedewald formula to calculate LDL and for dietary therapy and drug control.

POSTER SESSION

GLOBAL RESISTANCE TO ANTIBIOTICS OF THE MOST FREQUENT GRAM (+) AND (-) BACTERIA INVOLVED IN INFECTIOUS DISEASES, BETWEEN 1999- 2013, IN „DR. V. BABES” HOSPITAL



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Objectives: surveillance of the global resistance to antibiotics of the most frequent Gram-negative and Gram-positive bacteria involved in human infectious pathology.

Methods: the antibioresistance profiles of bacterial strains isolated from inpatients of Infectious and Tropical Diseases „Dr. V. Babes” Hospital, between 2009- 2013, were identified by the Disc Difussion Standard method and CMI values by VITEK2C and E-test, according to CLSI. Internal quality control: Staphylococcus aureus ATCC29213, Streptococcus pneumoniae ATCC49619, E. coli ATCC25922, Pseudomonas aeruginosa ATCC27853.

Results: Between 1999- 2013 the incidence of MRSA strains was 12,7% in 1999 and 42,7% in 2013; the resistance to ciprofloxacin for all St. aureus strains was between 7,9% and 20,2% for the same period. The resistance to erythromycin In Str. pyogenes strains was 0- 2,5% between 1999- 2009; 3,2% in 2010 and 11,2% in 2013. The total resistance (TR) to penicillin G of Str. pneumoniae strains was 45,3%- 54,5% until 2009 and 2,7% in 2013 (CLSI 2008- 2013/ non-meningitis infections; S/CMI \leq 2 μ g/ml; I/CMI=4 μ g/ml; R/CMI.=8 μ g/ml). The high resistance (HR) to penicillin G of Str. pneumoniae strains was 7,8% in 2003 and 0,9% in 2013. For Enterococcus spp. strains isolated from urine cultures, the resistance to ciprofloxacin was 12 % in 1999 and 76% in 2013; the resistance to vancomycin was 1,5%(for patients treated with vancomycin for Clostridium difficile infections). The incidence of ESBL(+) Klebsiella pneumoniae strains was between 17,6%- 54,4% in 2000- 2013 and for E. coli 3,2%- 27,0% in the same period. 9,5% Klebsiella pneumoniae isolates were carbapenemase producers. The resistance to meropenem was 37,5% and to imipenem 36,5% in Pseudomonas aeruginosa strains (2013). The resistance to carbapenems of Acinetobacter baumannii strains was: 65,4% for meropenem and 60% for imipenem in 2013.

Conclusions: The surveillance of antibioresistance in our geographical area is very important to start the correct antibiotic treatment and for a good policy of the fight against antibioresistance.

THERAPEUTIC INTERFERENCE IN IMMUNOCOMPROMISED PATIENTS



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***University of Medicine and Pharmacy "Victor Babeș", Timișoara, Clinical Division II of Infectious Diseases**

****Hospital of Infectious Diseases and Pulmonology "Victor Babeș", Timișoara**

*****Children's Clinical Hospital of Emergency „Louis Țurcanu", Timișoara**

******Children's Department in Timișoara County Clinical Hospital of Emergency**

Introduction: During last years there was a significantly increased number of patients with secondary immunodeficiency by multiple causes, which creates difficulty in treatment of diseases associated with these types of patients.

Objectives:

- Complex analysis of those patients with secondary immunodeficiency.*
- Studying groups with the most common problems: blood (aplastic anemia, leukemia, myeloma, patients with splenectomy), renal (nephrotic syndrome, renal failure), digestive (enteropathy with protein loss, intestinal lymphangiectasia, liver failure, etc.), endocrine (diabetes mellitus), iatrogenic (corticosteroids, chemotherapy, radiation therapy, immunosuppression, post-transplant, etc.).*
- Consideration of all drugs in these patients to limit the possible side effects, taking into account the interference treatment (antivirals, immunosuppressants, cytostatics, antibiotics, antifungals, etc.)*

Results and conclusions:

- 1. In recent years, there were reported a significantly increased number of patients with secondary immunodeficiency or leukemia, lymphoma, chronic kidney disease, stem cell transplant or organ, etc.*
- 2. These patients may be found more frequent suffering by infections of various etiologies, requiring complex care.*
- 3. Special care must be considered for possible therapeutic interference, avoiding cumulative effects.*

ANTIBIOTIC TREATMENT IN PATIENTS WITH CHRONIC KIDNEY DISEASE



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******County Emergency Clinical Hospital Timisoara**

The purpose of this review is to highlight the importance of judiciously using antibacterial agents when CKD is also part of the clinical context. It is mandatory to follow the latest therapeutic guidelines in order to reduce the possible side effects that may affect the kidney.

The latest studies have shown that not all doctors calculate creatinine clearance before prescribing antibiotics, particularly in patients with chronic renal failure. It is preferable to estimate the renal function by calculating creatinine clearance Cockcroft-Gault formula in order to adjust the dose of antibiotic (the dose can be reduced up to 25-75% depending on the stage of CKD). Cockcroft-Gault formula is calculated as follows: $CrCl (ml / min) = F \times (140 - age) \times weight (kg) / serum\ creatinine (mmol / L)$, where $F = 1.23$ in men, 1.04 in women, respectively. For obese patients with $BMI > 20\%$, it is indicated to initially calculate ideal body weight and then use creatinine clearance formula. In order to assess the degree of antibiotic dose adjustment in patients with renal impairment, a study among residents showed that only 5% of them have requested dose adjustment and 35% of the interviewed doctors modified the therapeutic dose only when serum creatinine levels were over $1.7\ mg / dL$. Certain antibiotics such as vancomycin, gentamicin, foscarnet, ganciclovir, valganciclovir always need dosage adjustment based on creatinine clearance before prescribing them.

In this review, we tried to make a summary of the most common antibiotics used in infectious diseases, in accordance with the correct dose adjustment for creatinine clearance. Given the complexity of antimicrobial therapy, especially the frequent introduction of new drugs, dose adjustment is constantly required, so as to reduce the cost of therapy, hospitalization mortality and to improve therapeutic efficacy.

PNEUMOCOCCAL MENINGITIS IN ELDERLY PATIENT – THERAPEUTIC APPROACH CASE REPORT



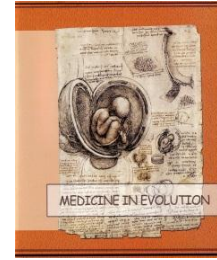
ISABELA IOANA LOGHIN*, VLAD URSĂRESCU*, CARMEN MIHAELA DOROBĂȚI*,**

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**University of Medicine and Pharmacy “Grigore T. Popa”, Iasi

The recent literature describes in adults, Streptococcus pneumoniae involved in 80% of cases of bacterial meningitis. In Romania, the mortality is superior to other European countries, in Europe being estimated at 38%. We report the case of an obese elderly patient with significant cardiovascular pathology, admitted to the Intensive Service Care of Infectious Diseases Hospital, presenting fever, confusional syndrome, vomiting, headache, right ear pain and otorrhea, with insidious onset of 7 days. Clinically, the patient present coma Glasgow score 3 to 4, bilateral basal bronchial rales, atrial fibrillation, headache, neck stiffness. APACHE II score: 25. Laboratory findings present important inflammatory syndrome and neutrophilic leukocytosis. Lumbar puncture revealed purulent CSF with 4300 nuclear cellular elements, with predominance of polymorphonuclears. It is formulated the diagnosis of bacterial meningitis, probably with an ORL starting point. The first intention antibiotherapy associates Ampicillin 12g and Ciprofloxacin 400 mg, acid-alkaline and electrolyte rebalance solutions, brain antiedematous, glucocorticoids, insulin. On the 5th day of admission, in CSF culture it is identified penicillin-resistant Streptococcus pneumoniae. Blood cultures remain negative after 7 days of incubation, and an ORL examination objectified bilateral acute media otitis, left tympanic membrane congestion, mesotympanitis bilateral perforations. Chest x-ray shows a right apical tuberculom of 1cm and mild homogeneous opacity infrahilar. It is now state the certain diagnosis: Pneumococcal Meningitis, Bilateral Acute Media Otitis, Right Pneumonia, Ischemic Cardiomyopathy, Permanent Atrial Fibrillation, Right Apical Tuberculom, and Grade II Obesity. The antibiotherapy is established with Vancomycin 2g and Cefotaxime 3g. On the 8th day, the patient with slowly favorable course, no longer requires Intensive Care assistance, being transferred to the sector. ORL control describes the resolution of perforated media acute right otitis and the perforated persistence of left media acute otitis. The control of lumbar puncture revealed clear CSF with 33 elements. In the day 21 of treatment, the patient is discharged with relatively good performance status, and normalization of laboratory parameters. Conclusions. Pneumococcal meningitis is a redoubtable complication that undiscovered and treated properly, can lead throughout life to damage brain. Of great importance is therefore penicillin-resistant Streptococcus pneumoniae which requires a safe therapy with a high rate of success, especially in complicated cases.

INFECTIOUS MONONUCLEOSIS ON ADULTS



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Objective: The aim of the study was to make a comparative analysis of clinical, epidemiological, prognosis and laboratory parameters of infectious mononucleosis on children and adults.

Method: The study included 82 cases (55 children and 27 adults) of infectious mononucleosis admitted in the Infectious Diseases Hospital of Iasi between 1st of January 2010 and 31 of December 2012.

Results: On male patients, the incidence of infectious mononucleosis was 2 times higher in the group of 16-20 years old patients and exclusively between 21 and 25 years old patients. On female patients prevailed the group 11-15 years old patients. There weren't significant differences between children and adults regarding the presence of fever ($p=0,89$), hepatomegaly ($p=0,08$), digestive disturbances ($p=0,274$), skin rash ($p=0,410$), or respiratory symptoms ($p=0,148$). Splenomegaly was more frequent on adults ($p=0,034$) and lymphadenopathy was more frequent on children ($p=0,001$). Thrombocytopenia was comparable between the two groups (7,21% vs. 8,41%, $p=0,982$). There weren't differences regarding the incidence of interstitial pneumonia. Average length of hospitalisation was 9 days, being prolonged especially on adults. ($p=0,019$).

Conclusions: Infectious mononucleosis may evolve atypical on adults, with feverish or prolonged febrile syndrome associated with splenomegaly and quasi-constant hepatic disturbances.

VIRAL MENINGITIS –CLINICAL, LABORATORY AND EVOLUTIVE CONSIDERATIONS ON CHILDREN AND ADULTS



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Objective: The aim of the study was to analyze the epidemiological, clinical, laboratory and prognosis parameters of viral meningitis on children and adults in 2012, in Iasi county.

Materials: The study included 90 patients with viral meningitis, admitted in the Hospital of Infectious Diseases Iasi between 1st January and 31st of December 2012. We made a comparative analysis of clinical, prognosis and laboratory parameters on pediatric patients (57 cases) and adult patients (33 cases).

Results: The incidence of viral meningitis was high between July and September, on children (75%) and males patients (63,7%). The main clinical findings were altered general status (98%), headache (92%), fever (88%), meningeal syndrome (82%), and vomiting (77,7%). Fever and abdominal pain were more frequent on children 1-5 years old ($p=0,002$); fever, headache, and photophobia on patients 16-20 years old, ($p=0,003$), and myalgia on patients 21-30 years old. The CSF was predominantly clear (82%), with lymphocytic pleocytosis, with high values of albumin, glucose and chlorine in CSF in over 60% cases.

High values of albumin concentration in CSF was more frequent in patient 16-30 years old.

Serological tests were positive (Coxsackie virus) in 20 cases (of 39 made), despite sex or age.

The evolution was benign with mild complications (anemia, interstitial pneumonia, oral candidiasis). There was not registered neurological complications.

Conclusions: In 2012, viral meningitis cases in Iasi county had a high incidence between July-September, on children, with variable clinical findings, depending on age. CSF laboratory findings were atypical. The evolution of cases was benign, without neurological complications.

CURRENT STATUS OF ANTIFUNGAL THERAPY



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*****Children's Division of Timișoara County Emergency Clinical Hospital

Introduction: Pathology of infectious fungal agents has been identified as a topical issue by the significant number of patients with manifest mycosis, increasing resistance to antifungal therapeutics and the presence in population of a much larger number of undiagnosed cases. We have mentioned an increased predisposition to this pathology among immunosuppressed patients (congenital immunodeficiency, onco-haematological diseases, HIV / AIDS, prolonged antibiotic therapy, etc.)

Objectives:

- *A systematic presentation of fungal pathogens by category in relation to the forms of the manifest disease.*
- *Bridging the current therapeutic agents available in Romania to Sanford Guide 2013 recommendations.*
- *To evaluate costs of most common antifungal therapeutic agent.*

Conclusions:

- *Oral and parenteral antifungal treatment raises medical difficulties by increased resistance to antifungal treatment.*
- *The long period of therapy and the cost of treatment attracts low adherence of patients to the shown schedule.*
- *Any uniform and impartial presentation of pharmaceuticals meets the administrative and financial shortcomings.*

ANTIBIOTICS AND PREVALENCE OF CLOSTRIDIUM DIFFICILE (ICD) IN DEPARTMENT OF INFECTIOUS DISEASES I ORADEA



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Background: Clostridium difficile infection (CDI) is the most common cause of nosocomial infection and it is associated with increasing morbidity and mortality. The study aimed to evaluate the CDI incidence and the relapse associated risk factors in our service.

Method This is a retrospective analysis of the cases with Clostridium difficile infection from 01 January 2012 to 31 March 2014, admitted to the Infection Diseases Department. Demographic and clinical data and risk factors (antibiotic use, underlying malignancy, chemotherapy, corticosteroids, proton-pump inhibitors – PPI – use) were noted.

Results: In the above-mentioned time span, there were 107 cases of patients with CDI. We excluded all cases where data were not sufficient to support CDI diagnosis. Out of the total cases, 55,14% were female and the majority from Oradea. Most cases were elderly people, 74 of them (69,15%) over the age of 56, and 73.83% had a recent history of surgery or in-hospital treatment. Over 16,83% followed antibiotic treatment and/or PPI at home. Confirmation of the diagnosis was made by the quantitative (53 cases) or qualitative toxin A & B (54 cases). There were different forms of the disease, ranging from mild gastroenteritis to colitis, pseudomembranous colitis and toxic megacolon, some with fatal outcome (2 case). Therapy included rifaximin and metronidazole (oral) for mild cases (21 cases), glycopeptides (oral) ± metronidazole oral/intravenously for moderate or severe cases. There were 26 cases with recurrence (24,29%).

Conclusion: The CDI incidence increased dramatically in our service in the last semester of 2013 and first semester of 2014 compared to 2012/2013. The statistically significant associated risk factor for CDI relapse was a history of prolonged hospitalization.

CORRELATIONS PROGRESSION OF HEPATIC FIBROSIS IN CHRONIC VIRAL HEPATITIS C



MIRELA INDRIEȘ

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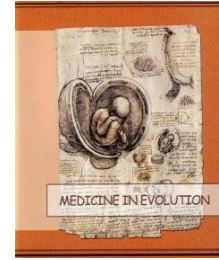
Introduction: Infection with hepatitis C virus (HCV) is a major public health problem worldwide due to asymptomatic evolution to cirrhosis and liver cancer. In patients with chronic liver disease, the precise definition of the stage of hepatic fibrosis is important for prognosis and monitoring the evolution of liver disease. Activation of stellate cells (HSCs) and transformation into myofibroblasts is the central event in liver fibrosis.

Material and Methods: Establishing correlations progression of liver fibrosis in chronic C virus infection is the aim of this study. The study was based on clinical and laboratory data recorded in a group of patients admitted to the Emergency County Hospital Oradea, Department of Clinical Gastroenterology. The study included 274 patients after clinical and laboratory examination, including histology, was diagnosed with chronic hepatitis C.

Results: The group includes 274 patients aged 19 to 69 years, mean age 46.03 ± 10.02 years, with slight predominance of the female gender (58.76 %) and about two thirds (66.06 %) have ages between 36 and 55 years. Liver were collected cylinders length between 0.5 cm and 3 cm, with an average of $0.53 \text{ cm} \pm 1.6 \text{ cm}$. Were examined between 4-24 porta spaces, with an average of 7.8 ± 3.82 porta spaces. Most patients were at the first puncture (88.32 %), 9.49 % in the second puncture, at 5 patients were performed 3 or 4 punctures (1.82%). The majority of patients enrolled in the study had Metavir fibrosis F1 (40.51 %), F2 (36.5 %) and F3 (16.79 %). No fibrosis was only 6.2 %. While gradually increases in the average age of 41.29 years in non fibrosis, up to 50 years for patients with severe fibrosis, fibrosis emphasis level does not correlate with gender or age groups of patients ($p < 0.005$). Progression of fibrosis is accompanied by the decrease of the average number of platelets, but is correlated with grades hepatocytolysis syndrome ($p < 0.005$) and GGT ($p < 0.005$). Evaluation of necro- nflammatory activity grades of chronic hepatitis C mild, moderate and severe by METAVIR score is not influenced by the number of areas examined and the length of vein harvested biopsy cylinders, but the correct classification of fibrosis depends on the quality of the biopsy fragment.

Conclusion: The progression of fibrosis is for the clinician, the true parameter of evolution of liver disease.

STAPHYLOCOCCUS AUREUS SKIN AND SOFT TISSUE INFECTIONS VERSUS SYSTEMIC INFECTIONS



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Introduction: Staphylococcus aureus is responsible for a wide range of infections, from minor, localized skin and soft tissue (SSTI) infections to life threatening systemic ones. The increasing methicillin resistance rate in S. aureus (MRSA), which makes all beta-lactam antibiotic inefficient, is a current problem.

Material and methods: We have investigated the S. aureus strains isolated from SSTI and systemic infections in the Infectious Diseases Hospital „Sf. Parascheva” Iași, between 2008-2012. Antibiotic susceptibility tests were performed by disk diffusion and E-test methods, according with CLSI standards. Presence of pvl genes was detected by real-time PCR.

Results: The MRSA rate was 39.4%; there were significant differences among MRSA rate in S.aureus strains isolated from SSTI infections (44.3%) and from systemic infections, respectively (31.1%). This rate increased in SSTI over the years, while in systemic infection it decreased, reaching the lowest level, 23.1% in 2012. There were no glycopeptid or linezolid resistant strains between 2008-2012. The next antibiotic with lowest resistance rate was cotrimoxazole (1.8%) 1.8% rate in SSTI infections versus 1% rate in systemic infections. Clindamycin resistance is still low, with no statistically significant differences between SSTI and systemic strains (4.5% and 2.8%, respectively), but with a threatening additional 27.3% and 26.4%, respectively for inducible clyndamycin resistance. Most of the PVL-producing strains originated from SSTI infections (21.6%) comparing with 5% from systemic ones.

Conclusions: Cotrimoxazole is a very good option in MRSA infections, as glicopeptides and linezolid as well. There are significant differences in antibiotic susceptibility and PVL rate between SSTI and systemic S. aureus strains.

ACUTE FUNGAL MENINGITIS WITH A FATAL EVOLUTION ASSOCIATED WITH A RECENTLY DIAGNOSED HIV INFECTION



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Objective: the presentation of a clinical case with stage C3 HIV infection, diagnosed during the occurrence of an opportunistic fungal neuroinfection.

Patients and methods: The authors present the case of a 24 years old patient, male, known with chronic hepatitis B and mental retardation, coming from the rural area in Timis County. The patient was brought to the Clinic of Infectious Diseases from the Emergency Unit with the suspicion of acute meningoencephalitis. The symptoms appeared 12 hours earlier and consisted in severe headache, followed by comatose state associated with neck stiffness and hypothermia. The physical examination on admission in the hospital showed severe general condition, 34.4 °C hypothermia, coma grade II, inefficient spontaneous breathing, discrete bronchial rales disseminated on both lung areas, blood pressure 150/90 mmHg, present diuresis, wearing an urinary catheter, neck stiffness. The physician decides to transfer the patient in the Intensive Care Unit Infectious Diseases.

Results: The CT scan made in the Emergency Room revealed cortical atrophy. The laboratory blood tests indicated: Leucocytes=3790/ μ L, positive Ag HBs, Alkaline phosphatase=203.1 U/L, TGP=115.4 U/L, TGO=84.1 U/L, GGT=491.4 U/L, CRP=65.24; the lingual swab indicated Candida albicans. The cerebrospinal fluid was sanguinolent; Proteins=12.28 g/L, Glucose=5 mg/dL, Lactate=101.57 mg/dL, CSF elements=300 leucocytes/ mm^3 . The meningogramme: 80% polynucleate and 20% lymphocytes; CSF direct examination: many levuric cells, round, encapsulated. CSF cultures identified Cryptococcus neoformans; positive HIV serology. CD4 lymphocytes=4 cel/ μ L. Viral load=22 499 copies/ml. The treatment consisted in antibiotics, antifungal agents, anticoagulants, gastric antiseptics, anti-inflammatory agents, hepatoprotective agents, antiretroviral agents, cerebral volume depletion fluids, mucolytic agents, solutions for hydro-electrolytic rebalancing and parenteral nutrition. The patient's evolution was unfavourable.

Conclusion: Late detection of AIDS disease during an outbreak of a severe opportunistic fungal neuroinfection may contribute to the unfavourable evolution of the patients.

ALLERGIC RASH DUE TO ENFUVIRTIDE ADMINISTRATION IN A PATIENT WITH HIV INFECTION



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Objective: the presentation of a clinical case with stage C3 HIV infection that developed an allergic reaction after the first administration of enfuvirtide.

Patients and methods: The authors present the case of a 25 years old patient, female, with HIV infection, stage C3, followed by the physicians from the Clinic of Infectious Diseases Timisoara since 2007. From the medical history we highlight: acute tonsillitis, acute bronchitis and recurrent pneumonia, acute herpes zoster, lingual candidiasis, etc. The patient has received multiple schemes of treatment, and recognizes that didn't follow the recommended therapy regularly. Between April 2011 and November 2011, the patient interrupted the antiretroviral therapy. Because of the treatment failure (suboptimal virological, immunological and clinical status), the physicians attempted the introduction of a new class of ARV, fully active, that wasn't used before, associated with the optimized basic therapy (2INRT + 1IP/r).

Results: After one year of treatment with 2 INRT+1IP/r, when the patient was admitted in the hospital, the laboratory tests showed viral load higher than 10 000 copies/ml and CD4 lymphocytes lower than 50/mm³. When the first subcutaneous injection with enfuvirtide (Fuzeon 1fl=90 mg/ml) was made, the patient presented a generalised tegumentary rash (on the face, neck, chest, abdomen, upper and lower limbs), associated with moderate tegumentary prurigo. Antihistaminic medication and calcium gluconate was administrated and the rash was reduced. It was decided to stop the therapy with enfuvirtide, in order to make a test of resistance for the antiretroviral medication that was administrated before. This way, the physicians can establish a new therapy that will include a fully active antiretroviral.

Conclusions: when antiretroviral therapy is administrated to the patients with HIV infection/AIDS, it can produce multiple side effects that need a rigorous clinical and biological follow up, associated with an individualized and efficient therapy.

EPIDEMIOLOGIC PARTICULARITIES OF INFECTION WITH “CLOSTRIDIUM DIFFICILE” IN “VICTOR BABES” CLINICAL HOSPITAL OF INFECTIOUS DISEASES AND PNEUMOPHTISIOLOGY TIMISOARA



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This study was conducted in “Victor Babes” Clinical Hospital of Infectious Diseases and Pneumophtisiology Timisoara and included a number of 264 patients diagnosed and hospitalized with Clostridium Difficile Enterocolitis between 1.04.2014- 30.04.2014. The disease affected patients with immunosuppression generated by other diseases and being treated for their main illness in Emergency Hospitals in Timisoara and transferred to “Victor Babes” Clinical Hospital afterwards; 9 patients contacted the infection from our hospital.

The infection appeared mainly after abusive use of antibiotics and, thus, this matter require much more limitation and caution in prescribing them. Also it requires collection and analysis of biological samples for Clostridium Difficile from the surfaces in contact with the patients.

CURRENT ETIOPATHOGENIC AND THERAPEUTIC ASPECTS IN ACUTE ENTEROCOLITIS



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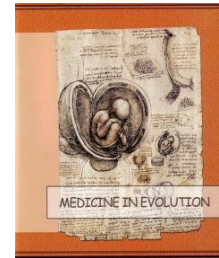
Introduction: Currently, acute enterocolitis is a major cause of morbidity in the general population, requiring a study to determine the incidence/etiology and the most efficient diagnostic and treatment protocol.

Methods: A retrospective study for September 2012-August 2013 (11 months) was conducted using data from 722 admitted patients diagnosed with acute enterocolitis in Clinical Hospital of Infectious Diseases and Pneumology Victor Babes Timisoara. The study took into account the following parameters: age, gender, rural/ urban origin, seasonal incidence, clinical symptoms, laboratory investigations: complete blood count, inflammation markers, coproantigen for Rotavirus, Clostridium difficile stool toxin, previously used antibiotic treatment during hospitalization and the clinical evolution of the cases.

Results: Patients were divided into age groups: infants 0-12 months, children 1-18 years, adults 18-65 years, elderly > 65 years. Our results revealed seasonal variations in the onset of enterocolitis 389 patients (53.87%) were diagnosed in the spring-summer months. Regarding distribution by gender, there is a highest rate in females 374 (51.8%) compared to 348 male patients (48.1%). The survey data showed that the invasive model diarrheal stools (mucus, bloody streaks) were present in 120 patients (16.6%). Fever accompanied 73% of cases in infants, 74% in subgroup 1 to 18 years, 31.5% among 18-65 years, 14% in the age group over 65 years. Bacteria isolation was done using standard microbiological procedures; the antibiogram indicating a sensitivity to the following antibiotics: Nalidixic acid and trimethoprim sulphamethoxazole 94% sensitivity, third-generation cephalosporins and fluoroquinolones 88%, Ampicillin 63%, Amoxicillin 50%, Ampicillin-Sulbactam and Doxycycline 6, 25%. Among the 722 patients diagnosed with acute enterocolitis, death rate was 0.83%, recorded in patients with comorbidities.

Conclusions: Antibiotic susceptibility testing revealed increased sensitivity of germs in bacterial enterocolitis to nalidixic acid / quinolones, trimethoprim- sulphamethoxazole and third generation cephalosporins. The small number of positive samples of coprocultures decreases the efficiency of etiotope therapy in acute diarrheal disease. The study identified the risk factors that induce an increase in the healing period and hospitalization days: the previously used antibiotic treatment, comorbidities, especially at extreme, ages and low levels of health education and hygiene. Based on data obtained in this study we suggested a therapeutic protocol in case of acute enterocolitis.

HIV-HBV CO-INFECTION AND LACK OF ADHERENCE - A FATAL COMBINATION



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Serological markers of infection with hepatitis B virus (HBV) are present in 90% of HIV (human immunodeficiency virus) positive patients, 5-15% of which have chronic infection. HIV-HBV co-infection has a high prevalence in the Romanian historical cohort. The interaction of the two viral pathogens creates complex problems for both clinicians and patients. Material and methods. Case report. Male patient, born in 1989, in Mureș county, was confirmed infected with HIV in 2001, being infected also with HBV, the infection was probably nosocomial. The baseline T CD4 positive cell count was 33cells/μl. He received antiretroviral treatment, the T CD4 lymphocyte count was 665cells/μl in 2007. Since 2008 adherence problems have appeared, the patient disappeared from the hospital's evidence for 5 years. He was admitted to our hospital in 2013 with right paracardiac pneumonia, bullous dermatitis, active parenchymal decompensated chronic hepatitis B (the prothrombin index was 44%), and wasting syndrome. After balancing the vital functions antiretroviral treatment was initiated, but the patient stopped therapy and periodic checks in June. He was readmitted in emergency way in January 2014, with vascular and parenchymal decompensated HBV cirrhosis, portal encephalopathy, hypersplenism, oral candidiasis, Enterococcus spp. balanitis, giant perianal warts, wasting syndrome, the T CD4 lymphocyte count was 22cells/μl. Despite of intensive supportive treatment (liver protectors, plasma and platelet transfusion and antibiotics) he repeatedly required paracentesis. In the 51th day of hospitalization the patient became febrile, comatose with respiratory and cardiac failure and death. Conclusions: Patients with severe immunodeficiency, non-adherent to antiretroviral therapy, co-infected with HBV and decompensated liver cirrhosis have very low quality of life, and despite the financial and human efforts they cannot be saved.

STAPHYLOCOCCUS AUREUS STRAINS ISOLATED IN INFECTIOUS DISEASES DEPARTMENT FROM CRAIOVA: A COMPARISON OF ANTIMICROBIAL SUSCEPTIBILITY IN CARRIERS VERSUS IN-PATIENTS



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Objective: to compare the antimicrobial susceptibility of Staphylococcus aureus strains (isolated in Infectious Diseases Department from Craiova) in carriers versus in-patients.

Methods: retrospective study (January – December 2013); we have compared the antimicrobial susceptibility (determined by Kirky-Bauer method) for 68 nasopharyngeal carriers and 88 patients with staphylococcal infection; statistical significant differences have been determined based on the χ^2 test results (with $p < 0.05$).

Results: we have recorded the following data (carriers vs in-patients) regarding susceptibility to antimicrobials: Amikacin 100% vs 92.8%, Amoxicillin/Clavulanate 35.2% vs 29.4%, Cefaclor 92.3% vs 77.78%, Cefazidime 17.7% vs 11.1%, Ceftriaxone 76% vs 65.7%, Cefuroxime 96.6% vs 75% ($p=0.044$), Clarithromycin 45.8 vs 40%, Clindamycin 89.2% vs 78.5%, Gentamicin 96.9% vs 87.2%, Levofloxacin 97.5% vs 88.8% ($p=0.02$), Linezolid 97.1% vs 90.7%, Meropenem 92.3% vs 79.4%, Moxifloxacin 95% vs 74.4% ($p=0.02$), Oxacillin 82.3% vs 64.7% ($p=0.02$), Penicillin G 20.5% vs 26.1% și Vancomycin 96.9% vs 90.7%.

Conclusion: we have found percentage differences of susceptibility to antimicrobials (both for “old” and “new” antibiotics), suggesting differences in antimicrobial exposure of carriers (community environment) vs in-patients (hospital environment); due to the small number of strains analyzed, the threshold for statistical significance has been obtained only for Cefuroxime, Levofloxacin, Moxifloxacin and Oxacillin. Further analysis is required.