

**Abstracts of the Meeting
The Centennial of the Romanian Internal Medicine
in Cluj**

**24 – 26 October 2019
Cluj-Napoca**

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MPR - Medicine and Pharmacy Reports

Supplement No. 4, Vol. 92, 2019

e-ISSN 2668-1250

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”Medicine and Pharmacy Reports”

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RO-400609 Cluj-Napoca, România
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Publisher

Iuliu Haţieganu Medical
University Publishing House

Foreword

This is the abstract volume of the posters submitted and accepted for presentation at the meeting: “The Centennial of the Romanian Internal Medicine in Cluj-Napoca 1919-2019”.

After the end of World War I the need for medical education in Romanian became very important and therefore the new Romanian authorities decided to establish in Cluj the Faculty of Medicine as part of the King Ferdinand University. Its first Dean was Iuliu Hatieganu, who, on the 7th of November 1919, delivered the first ever medical course in Romanian in Transylvania: “The catarrhal jaundice“ (now “Acute hepatitis”). The lecture was given in the ward of internal medicine (Clinica Medicala) located in the pavilionary hospital built during the Austrian-Hungarian Empire. Therefore November 7 became the celebration day of the Medical Faculty and of the First Department of Internal Medicine in Cluj.

With the progress, a need for development became obvious and extension was necessary. The new art deco building destined to receive more students beside more patients was inaugurated on 29 October 1939. This was named Clinica Medicala II and was led by Ioan Goia, founder of the education of medical semeiology.

After the World War II, extension became again necessary and the old Jewish Hospital was enlarged and transformed into the 3rd Department of Internal medicine (Clinica Medicala III). Soon a fourth department of internal medicine (Medicala IV) was inaugurated in the Hospital of the Railways. And in the 1970s the 5th Department was created on the industrial platform of the city (Medicala V).

Beside these wards, internal medicine and its subspecialities was and is practiced in ambulatory units and in the Military Hospital.

Thus, despite impressive changes in the content and management of internal diseases, internal medicine remains “The Queen” of medicine.

We are proud to celebrate its first centennial and are confident that the internal medicine in Cluj-Napoca and in Romania will have a bright future.

May we wish you an interesting and pleasant reading of this abstract book.

Prof. Dan L. Dumitrașcu

1. Chromoendoscopy with acetic acid in the diagnosis of Barrett esophagus – poster

Nicolae Bodrug, Viorel Istrate, Anatolie Scorpan, Adriana Botezatu

“Nicolae Testemițanu” State University of Medicine and Pharmacy, Republic of Moldova, Advanced Digestive Endoscopy Laboratory (LEDA) CM “Excellence”, Chisinau, Republic of Moldova

Introduction. Contemporary standards for the diagnosis of Barrett’s esophagus (BE) require confirmation of specialized intestinal metaplasia (SIM) in the esophagus, the detection and characterization of dysplasia and early neoplasia areas, accurate biopsy of the endoscopic phase.

Material and methods. A total of 28 patients with columnar-lined esophagus (CLE) were screened through 2 successive methodologies (1) ME-WLE-NBI and (2) ME-WLE-NBI-CAA. Examination time for each mode was a minimum of 1 min/cm CLE. ECM. Prague C & M Criteria: $C_{med} = 0.61$ cm, $M_{med} = 2.25$ cm. Endoscope GIF HQ190 Olympus. Magnification - the Near Focus regime. For chromoendoscopy 2% acetic acid solution (CAA) was sprayed on the mucosa with PW-5V-1 Olympus catheter. To stabilize the magnified image, all investigations were performed with transparent distal attachment D-201(Olympus). *Pit pattern* and *vascular pattern* were characterized as ME-WLE/NBI in ME-WLE/NBI-CAA mode. Changes in the CLE have been classified into 5 types: (A) round pits with regular microvasculature, (B) villous/grown pits with regular microvasculature, (C) absent pits with regular microvasculature, (D) distorted pits with irregular microvasculature, (E) distorted pits, disordered microvasculature, under/over denivelation, demarcation line.

The classification was compared with the histopathological diagnosis in the statistical analysis. Biopsy mode: target biopsies with CAA guidance plus the Seattle protocol.

Results. Distribution in groups: A - 13(46.4%), B - 6(21.4%), C - 6(21.4%), D - 2(7.1%), E - 1(3.6%). Histologically: gastric metaplasia (GM) total -16(57.2%), stratified: A – 12(75%), B - 2(12.5%), C - 2(12.5%); SIM total - 12(42.9%), stratified: A – 1(8.3%), B - 4(33.3%), C - 4(33.3%), D - 2(16.7%), E – 1(8.3%); LGD - 10 (into the GM - 2(20%), into the SIM - 8(80%)); stratified: B - 5(50%), C - 4(40%), D – 1(10%); HGD – 5 (into the SIM), stratified: C -1(20%), D -4(80%); early adenocarcinoma-1 (in MIS, E group). The Seattle biopsy differentiated only the metaplasia type (GM/SIM) and did not identify dysplastic and neoplastic changes.

Conclusion. Chromoendoscopy with acetic acid, associated with the stage algorithm (1) EM-WLE/NBI and (2) EM-WLE/NBI-CAA, allows the stratification of CLE endoscopic stigmas in 5 distinctive groups of clear predictive value for the diagnosis of dysplasia and neoplasia in the BE.

Keywords: Barrett’s esophagus, chromoendoscopy

2. Satisfaction of elderly patients with arterial hypertension – the provision of medical services – poster

Nicolae Bodrug, Doina Barba, Tofan Elena, Mariana Negrean

“Nicolae Testemițanu” State University of Medicine and Pharmacy, Republic of Moldova, Center of excellence in medicine and pharmacy „Raisa Pacalo”

Introduction. The overall prevalence of arterial hypertension (AH) was estimated at 1.13 billion in 2015, with a prevalence of over 150 million in Central and Eastern Europe. According to data from the National Center for Geriatrics and Gerontology (NCGG) in 2014, in the Republic of Moldova the number of elderly patients with hypertension - 64%.

Material and methods. In the NCGG, 65 elderly patients with AH were evaluated, ranging in age from 62 to 82 years (mean age 70.00 years), 33 female, 32 male. The satisfaction assessment regarding the quality of the medical services provided was done by questioning the beneficiaries with the application of 6 items.

Results. As a result: 86% stated the accessibility of specialized geriatric healthcare, 78.46% confirmed that the management of the hospitalization process is ensured by hospitalization planned by the family doctor. In 98% of cases, the relationship with the actors of the multidisciplinary team is good and very good.

Conclusions. The satisfaction of the patients with AH regarding the quality of the medical services provided is ensured by all the actors of the multidisciplinary team, and the efforts of the medical personnel ensure the motivation of the patients aiming at the continuation of the treatment in ambulatory conditions.

Keywords: arterial hypertension, elderly patient, satisfaction

3. Premalignant lesions and gastric cancer – poster

Nicolae Bodrug, Valeriu Istrati, Viorel Istrate, Natalia Antonova, Adriana Botezatu

State University of Medicine
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Moldova

Introduction. Chronic atrophic gastritis (AG), intestinal metaplasia (IM) and mucosal dysplasia are considered precancerous conditions. Annually 0% -1.8%, 0% -10% and 0% -73% of the patients with AG, IM and dysplasia, respectively, progress to gastric cancer (CG).

Material and methods. There were analyzed 43 cases with AG, ranging in age from 39 to 68 years (mean age 53.5 years), 20 females, 23 males. All patients were morphologically evaluated by biopsies, guided NF-NBI +, according to the Sydney protocol and examined histologically after OLGA classification. Confirmation rate was calculated by pathomorphologic analysis of the endoscopic diagnosis.

Results. Out of the 43 cases, there were determined 15 cases of AG OLGA I / II and 28 cases of atrophy OLGA III / IV. 76% were located in the antrum, 16% in the bottom and body and 8% diffuse. In 4 cases the endoscopic examination did not coincide with the pathomorphological examination (being forms of gastric dysplasia). Of the 43 patients - 38 were with H. pylori positive. 20 of them smokers and 14 consumers of smoked products.

Conclusions. CG remains an important medical and social problem; AG, IM, dysplasia and H. pylori infection are the most important risk factors for the development of gastric adenocarcinoma; endoscopic follow-up in high-risk patients and H. pylori eradication are effective approaches for reducing the incidence of CG.

Keywords: Chronic atrophic gastritis, gastric cancer, OLGA

4. The efficiency of ursofalk and mucofalk administration in the complex therapy of patients with non-viral chronic hepatitis – poster

Nicolae Bodrug, Natalia Antonova, Doina Barba, Valentin Calancea, Elena Tofan

“Nicolae Testemițanu” State
University of Medicine and
Pharmacy, Republic of Moldova

Introduction. In the last years, the increase in morbidity due to non-viral chronic hepatitis (CH) has been determined on earth. This is caused by: unfavorable ecological status, drinking water and non-qualitative food products, widespread use of pesticides, unreasonable medicines administration. The elaboration of new schemes in the complex treatment of CH is actual.

Materials and methods: 37 patients diagnosed with CH were supervised. The basic group patients (20) received traditional therapy in combination with Ursofalk - 500 mg/24 hours and Mukofalk - 15 gr/24 hours. The control group patients (17) received traditional therapy. All patients passed clinical examination, general blood analysis, functional liver tests, blood glucose, creatinine, urogram, ultrasonography of internal organs.

Results. Before the treatment were established increased liver size, jaundice, asthenic syndrome, intestinal dyspepsia, hepatic steatosis, elevated bilirubin and γ GTP level.

On the background of treatment (24 days) in the basic group were noted: sleep normalization – in 100%, complete work capacity restoration – in 95%, disappearance of intestinal dyspepsia – in 100%, decreasing liver size to normal limits – in 60%, normal ALT, bilirubin levels – in 90%, γ GTP normalization - in 75% patients. In the control group, the obtained results were inconclusive and less expressed.

Conclusion. Due to hepatoprotective and choleric effects of Ursofalk and detoxifying action Mucofalk, their administration in the complex therapy scheme in patients with non-viral chronic hepatitis allows to obtain more positive results with a longer duration.

Keywords: chronic hepatitis, Ursofalk, Mucofalk

5. Diagnostic difficulties of a rare disease – poster

Adriana Botan, Monica Copotoiu

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Introduction. Adult-onset Still's disease (AOSD) is a rare systemic autoinflammatory disease, usually difficult to diagnose owing to its polymorphous clinical manifestation and the lack of specific serological biomarkers. High spiking persistent fever, joint pain and a salmon colored distinctive rash are part of its characteristic classic triad. Due to their high sensitivity the 1992 Yamaguchi criteria are the most utilised diagnostic tools.

Material and Methods. A 19-year-old male with no significant past and family medical history, was admitted in the infectious disease department after the lack of response to antibiotic therapy of the suddenly installed symptoms:odynophagia, dysphagia, arthralgias and myalgias.

Results. During his first hospitalization in the infectious disease department the presence of an inflammatory syndrome associated with fever and leukocytosis was observed. Blood cultures were negative and he tested negative for procalcitonin. Due to symptoms persisting in spite of antibiotic therapy, pulse corticosteroid therapy with methylprednisolone was initiated, the fever being thus controlled. The solicited interclinical consultations (rheumatology, endocrinology, ophthalmology, cardiology, hematology) could not find the cause of the inflammatory syndrome, but ruled out an acute endocarditis or a malignant hemopathy. Immunological testings were negative: rheumatoid factor, anti-citrullinated protein antibodies, anti-double stranded DNA antibodies and the antinuclear antibody panel. On the second rheumatological evaluation the diagnosis of atypical rheumatoid arthritis was established, thus sulfasalazine and methylprednisolone were initiated. Because he developed side effects to sulfasalazine (fever, nausea, rash, pruritus, dark urine, yellowing of the sclera) the diagnosis was reconsidered and so AOSD was the final diagnostic choice. Elevated transaminase and ferritin levels made cyclosporine the optimal treatment.

Conclusions. This case highlights the importance of taking into consideration AOSD in the presence of a febrile syndrome of unknown etiology in a young adult, and also considering cyclosporine when there is liver function impairment.

Keywords: fever, adult-onset Still's disease, Cyclosporine

6. Molecular epidemiology to characterize the antibiotic resistance of *Escherichia coli* invasive strains – poster

Irina Brumboiu

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Introduction. The *Escherichia coli* strains cause infections with different anatomical locations and clinical gravity. As etiological agent, these strains are commonly transmitted from one person to another and win easy resistance to antibiotics.

In this study we aimed to analyze the profile of antibiotic resistance, for the *Escherichia coli* isolates, which showed invasive characteristics.

Material and methods. A survey targeting *Escherichia coli* invasive strains we have conducted for a period of 20 months, between September 2016 and April 2018. For each bacterial strain, data collected were the patient's age and gender and the sensitivity to the antibiotics for which were tested. The descriptive statistics we have done with XLSTAT software.

Results. During the survey period, 77 strains were identified, being in 61% (confidence interval for 95%: 50.15-71.93) of cases, isolates from female patients, which significantly exceeded (p-value 0.008) the proportion (39%) of male patients. The mean age was lower for women (65.4 years) than for men (72.5 years), with a difference at the limit of the statistical significance, for a p-value of 0.058. The enzyme, extended spectrum beta-lactamase was produced by 27.3% (confidence interval for 95%: 17.3-37.2) of strains. The highest resistance was to ampicillin (79.2%) and all the strains manifested sensitivity to meropenem. A similar sensitivity pattern was shown to gentamycin, tobramycin and cefotaxime and another one to ciprofloxacin and levofloxacin.

Conclusions. The epidemiologically important *Escherichia coli* strains were more present in female, at a lower age than in male patients. The molecular epidemiology in a descriptive approach provides to clinicians valuable information about the strains resistance and the pattern, which is a practical support for the selection of the most appropriate antibiotic treatment for the infections with resistant strains.

Keywords: molecular epidemiology, antibiotic resistance

7. The colloquia and the meetings of gastroenterology and hepatology specialists in Bistrița

Mircea Gelu Buta, Radu Lezeu

County Emergency Hospital, Bistrița,
Romania

Starting with 1978, the town of Bistrița hosted seven successive editions of the “Colloquia of gastroenterology” în memoriam Prof. Dr. Octavian Fodor and Dr. Gheorghe Nicoară. The initiative and the organization of the first two editions is due to the doctor Mihai Belășcu; after his move to Ploiești, this task was transferred to the younger Dr. Radu Lezeu, specialist in gastroenterology at the County Hospital Bistrița-Năsăud. Gaining notoriety, these symposia succeeded in bringing outstanding specialists from all main university centers and county hospitals of this country.

After the year 1989, USSM (the Union of the Medical Scientific Societies), Bistrița branch, led by the same Dr. Radu Lezeu as chairman beside Dr. Mircea Gelu Buta, secretary, has continued to maintain the County Hospital from Bistrița in the center of the attention of the medical community in Romania. In October 1992 we organized in cooperation with the Romanian Society of Pediatric Gastroenterology and Hepatology chaired by Professor and later Dean Nicolae Miu, and secretary Mircea Gelu Buta, the International Symposium “Update in the liver pathology of the children and young adult” endorsed by the Iuliu Hatieganu University of Medicine and Pharmacy Cluj-Napoca. This meeting was repeatedly organized every 2 years involving top specialists from this country and abroad. Starting with 1998, this Symposium became the National Congress of the Romanian Society of Pediatric Gastroenterology and Hepatology with French speaking participation. This meeting had three editions all in Bistrița, the last organized in 2005.

Starting with the year 2002, Prof. Dr. Mircea Gelu Buta has organized with the Metropolitan ÎPS Bartolomeu Anania, seminaries of Medicine and Theology, a multidisciplinary event organized yearly and which reached its 18th edition.

Keywords: medicine, colloquia, congresses

8. Heart rhythm disorders in patients with stable chronic obstructive pulmonary disease – poster

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Pharmacy, Chisinau, Republic of
Moldova

Background. Cardiovascular diseases, including arrhythmias, are among the leading causes of death in patients with chronic obstructive pulmonary disease (COPD).

Goal. To study the heart rhythm disorders and variability of cardiac rhythm in chronic obstructive pulmonary disease (COPD).

Material and methods. The study included 31 patients with COPD st. II-III, 26 men and 5 women, mean age $58,4 \pm 4,7$ years, and 15 healthy subjects, comparable by age and sex. Holter ECG recording and analysis of heart rate variability were performed.

Results. In patients with GOLD st. II and III of stable COPD the following heart rhythm disorders were recorded: sinus tachycardia in 25% and 60% of cases, respectively; premature atrial contractions (PACs) in 50% and 86.6% of cases, of which rare PACs (frequency below 30/hour) in 29.1% and 20% of cases; frequent PACs (with frequencies above 30/hour) in 8.3% and 13.3% of cases; PACs in groups in 12.5% and 26.7% cases, respectively. Supraventricular tachycardia (SVT) was observed only in 12.5% of patients with GOLD stage II and in 33.3% of patients with GOLD stage III of COPD. Premature ventricular contractions (PVCs) were detected more frequently in patients with stage III COPD (46.7%) than in those with stage II (20.8%), and were represented mostly by PVCs grade I by Lown-Wolf.

We determined SDNN decrease by 14.4% ($p < 0.05$), RMSSD by 23.8% ($p < 0.01$), VLF by 2.1% ($p < 0.01$); increase in LF by 10.6% ($p < 0.05$) and LF/HF ratio by 11.8% ($p < 0.05$), which suggests a significant disturbance of the autonomic nervous system balance.

Conclusion. The predominance of sympathetic over parasympathetic influences of the autonomic nervous system shows an unfavorable prognosis of the disease and led to increased risk of arrhythmias and sudden death.

Keywords: COPD, cardiac arrhythmias, incidence, diagnosis

9. Liver scintigraphy: an old forgotten friend, still useful in diagnosing liver nodules – poster

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2) Dept. of Nuclear Medicine, Regional Institute of Gastroenterology and Hepatology Cluj-Napoca, Romania

Introduction. The aim of this study was to evaluate the utility of liver scintigraphy (LS) today and to create a diagnostic algorithm of imaging techniques in liver focal lesions.

Material and methods. All patients with conditions mentioned below have been submitted to single photon emission computed tomography (SPECT) with sulfur colloid and some of them underwent also “*in vivo*” labeled-RBC scintigraphy (n=188), and liver angioscintigraphy (LAS, n=136). We evaluated the contribution of LS alone or followed by other techniques (CEUS, CT, MR, diagnostic laparoscopy, histology) in the assessment of liver tumoral vascularization in normal and chronic liver diseases (CLD) mainly by the hepatic perfusion index (HPI) at liver angioscintigraphy (LAS).

Results. 238 patients with 261 liver tumors were examined, including: hemangiomas, focal nodular hyperplasias (FNH), adenomas, cysts, abscesses, dysplastic nodules, neuroendocrine tumors, pseudotumors, hepatocarcinomas (HCC), metastases. No statistically significance between ultrasonography and scintigraphy was found, except hemangiomas (p=0.045) and cysts (p=0.000), where a trend toward a higher efficiency of Doppler ultrasonography diagnosis was observed. The classic SPECT criteria of increased blood stasis was found in 81.19% hemangiomas. Conventional scintigraphic methods were considered nonspecific in FNH, adenomas, abscesses, cysts and pseudotumors, if not correlated to: LAS, the follow-up, clinical and biological context. False-positive diagnosis of hemangiomas was found in: HCC, metastases, FNH, abscesses and fatty-free areas. Non-hemangiomatous tumors diagnosed wrong in hemangiomas on CLD was caused by fibrosis. Benign tumors, but also metastases from carcinoid tumors were characterized by HPI values $\leq 45\%$, corroborated with SPECT (with colloid and RBC).

Conclusions. Typical hemangiomas were diagnosed with accuracy by scintigraphic methods. False positive diagnosis of malignant tumors was established by increased HPI values in voluminous benign tumors.

10. Stress among foreign medical students

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Medicine and Pharmacy, Cluj-
Napoca, Romania

Introduction. Numerous studies from various countries have reported high stress levels in medical students. We aimed to assess the stress level among 3rd year medical students of the English section of the University of Medicine and Pharmacy Cluj-Napoca.

Material and methods. A cross-sectional observational study including 90 students has been performed. A questionnaire including general data (age, gender, country, average mark) and the English version of The Kessler Psychological Distress Scale (K10) instrument were administrated. K10 contains 10 items, each of these being scored from 1 to 5, and scores are summed to provide a total score; scores of 20 to 24 are considered as mild stress, scores of 25 to 29 as moderate stress, and scores of 30 to 50 as severe stress.

Results and Conclusions. Out of 90 students, 75 students (44 female and 31 male) provided complete answers and the further analysis included only them. Stress was found in 44% of students. The mean score was 20.38. Mild stress was found in 22.66% of students (11 female and 6 male); moderate stress was found in 6.66% of students (all female) and severe stress in 14.66% of students (8 female and 3 male). Overall, female students presented a score of 22.18, significantly higher than males, 17.84. Although limited by the sample size and the assessment only of the level of stress without the analysis of potential causes, our study shows that almost half of the students perceived stress and the female medical students presented highest levels of stress. This may suggest the importance of implementation of stress management education especially for female medical students.

Keywords: stress, medical students

11. The multidisciplinary management of obesity hypoventilation syndrome

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Obesity Hypoventilation Syndrome (OHS) is a complex pathology with a prevalence that tends to increase globally, which by its associated multiple comorbidities represents an important disease with high morbidity and mortality. We are presenting the case of a 38 years old female patient with a known history of pulmonary tuberculosis and multiple metabolic and cardiovascular pathologies, which addressed to the Pneumology department for dyspnea at rest, excessive daytime sleepiness, loud snoring, alteration of mental status, peripheral edemas, symptoms which started 8 months ago with progressive aggravation. The case history and the objective examination revealed a patient with chronic exposure to toxic pollutants, a BMI > 40 kg/m², wheezing, SpO₂=70% in ambient air and high blood pressure. Biologically the patient presents marked inflammatory syndrome, mixed dyslipidemia and elevated blood glucose levels. The arterial blood gas test showed respiratory failure type II with respiratory acidosis. To complete the investigations, the nocturnal cardiorespiratory polygraphy was performed which diagnosed a severe obstructive apnea syndrome with important desaturations. Due to its altered clinical status, nocturnal events and based on arterial blood gas parameters, the noninvasive ventilation was initiated during the hospitalization and at home beside oxygen therapy. At the subsequent follow-up visits we tracked the patient's evolution which consisted in a weight loss of 58 kg with an improvement in symptomatology, arterial blood gas parameters, nocturnal events, cardiovascular and metabolic status. To conclude, OHS is a complex pathology which requires a multidisciplinary approach.

Keywords: multidisciplinary, obesity, hypoventilation

12. Irritable bowel syndrome, vertigo and depressive disorder in an elderly female patient

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2) University of Medicine and Pharmacy Craiova, Romania

Irritable Bowel Syndrome (IBS) is a frequent functional disorder described as a modification of digestive transit-diarrhea, constipation or alternation of diarrhea and constipation, plus abdominal discomfort till recurrent abdominal pain, with an onset of more than two months.

We describe the case of C.E. patient - 71 years old, who was admitted through Emergency Room of The County Hospital of Craiova, in Internal Medicine Department between 07/10 to 07/23/2019 for: right lumbar pain, marked physical asthenia, nausea, vomiting, abdominal flatulence and the alternative constipation and respectively, diarrhea. From her medical history we remarked that the patient is treated for depressive disorder, and the changes in intestinal transit had the onset a few months ago.

From physical exam, were noted the following pathological aspects: pale skin and mucous membranes, hypotonic and hypokinetic musculature, easy increased sensitive pressure of abdominal palpation, Giordano sign (+) on the right, low mental-intellectual reactivity. The neurological examination established the diagnosis of “nonspecific Vertigo syndrome”. Two renal microstones were revealed by abdominal echography and a 3mm polyp was found in gastric body by endoscopy. Lab tests revealed anemia and thrombocytopenia. Because the colonoscopy had shown normal aspects, the diagnosis of IBS was established, which can be associated with depressive disorder.

As the peculiarity of the clinical case, we noticed, in addition to the advanced age of the onset of IBS, the association of diseases with a psychogenic vertigo syndrome (PVS) too.

The recommendations for discharge included drugs as Betaseric, Magnerot, Cystone and continuation of psychiatric treatment (also for decreasing the perception of symptoms transmitted through the digestive tube), considering that the healing of depression with the increase in quality of life will lead to relief of IBS and PVS. Behavioral therapy should be recommended complementary to integrative treatment.

Keywords: depressive disorder, irritable bowel, vertigo syndrome

13. The fourth medical clinic – past, present and future

Vasile Negrean

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The IVth Medical Clinic operates within the premises of the CF (Railway Company) University Hospital, being established in 1964, as a base of higher medical education for the students of the Faculty of Dentistry. The first head of Discipline was Professor Aron Faur, from 1964 till 1976. He was followed by Professor Nicolae Dorca and Associate Professor Zoe Baci. Starting with 1986, since the appointment of Professor Marius Motocu as Chief of Clinical Department, it started the teaching curricula for students of the Faculties of General Medicine and Pharmacy. Constantly improving, our Clinic was appointed by our University to also educate students from the English and French sections. Between 1997 - 2009, the Department was supervised by Associate Professor Vasile Chira, Professor Anton Drăghici and Professor Monica Lencu. Since 2009 till today, the Chief of Discipline is Associate Professor Dorel Sâmpolean, supervising a teaching staff of 18 people, all of them with a rich activity on all three domains: teaching, medical and clinical research.

The chiefs of our clinic had permanently refreshed the breath of the teaching staff, bringing young university assistants to the discipline. Their adaptation is easily done, the members of the discipline forming a united group. The same connection is formed with our students, also reflected by their very good results and by the excellent annual assessments of the students on the quality of the teachers and the teaching process.

The future will bring us into a new era, in which we will have to adapt to scientific and technological progress. Also, we shall have to surpass the already raised level of expectations from our University regarding the quality of the scientific research and publishing, keeping the quality of the teaching above the expectations of our students.

14. Maximum tolerated volume in water loading tests and a nutritional solution for the diagnosis of functional dyspepsia

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Introduction. Gastric perception is initiated by the stimulation of tension receptors in the intestinal mucosa. Nutrients have been shown a sensitizing effect, increasing the sensation of gastric distension. Patients with functional dyspepsia (FD) have an abnormal abdominal wall response to food intake. The drink test has proved to be a non-invasive, simple method used in the evaluation of gastric perception and accommodation.

Hypothesis. Nutrient ingestion induces a local gastric response (gastric accommodation) and a sensitive response (conscious sensations).

Objectives. Drink test evaluation with water and a nutritional solution to differentiate patients with FD from healthy volunteers (HV).

Methods. The study included 30 patients with FD and 30 HV. We used two drinks: Nutridrink (1.5 kcal / ml) and Water (0 kcal / ml). Each drink was administered orally at a rate of 40 mL / min until participants reported maximum level of one of the tested symptoms.

Results. Both FD and HV ingested larger amounts of water than nutrient drink. FD patients had significantly higher scores for evaluated symptoms in water and nutrient loading tests compared to HV.

Conclusions. The water or nutrient drink test may discriminate patients with FD from HV.

15. A history of the department of family medicine in Cluj-Napoca

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Since its establishment in 1961, the Department of Family Medicine needed several steps in order to become what it is today. At first, being founded in close connection with the Department of Internal Medicine, by Prof. Stefan Hărăguș, and being named Medical Polyclinic, it was the first department of its type in Romania. The first Romanian handbook concerning the outpatient care will follow a few years later.

The main role in the development of the new discipline, renamed Outpatient Medicine, was played by Prof. G. Văgăonescu (1970-1983) and Prof. V. Postolache (1983-1994). Primary and secondary prophylaxis of diseases and monitoring chronic patients were the main concerns and students were assigned to practicing in outpatient clinics.

In 1994, the chair of Outpatient Medicine incorporated the chair of Pediatric Polyclinic (founded in 1978), and in 1998 it became the Department of Family Medicine and Prof. I.S. Oprea was appointed as its first head of department.

Since 2015, the department has been run by Dr. Mira Florea, associate professor, and focuses on the implementation of the European curricula for residents in order to increase the quality of the medical training for future family doctors.

Keywords: outpatient care; family doctor; history of Medicine

16. Assessment of abdominal motility in the irritable bowel syndrome

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Introduction. Abdominal bloating is a common and embarrassing problem reported by up to 30% of the general population and 60% of patients with irritable bowel syndrome. Electromyography (EMG) is the technical process that uses electrodes to detect currents created by muscular contraction. Surface EMG can provide valuable information from muscular tissue, that can be correlated with the mechanical effect. Surface electrodes are used to evaluate the activity of the thoracic, anterior abdominal and diaphragm muscles.

Hypothesis. In patients with bloating, the abdominal accommodation reflex is abnormal - paradoxical diaphragmatic contraction and relaxation of the anterior abdominal wall muscles in response to increased intra-abdominal volume.

Objectives. Recording of the muscular activity of the abdominal walls and the correction of the abdominal-fenic incoordination in patients with bloating.

Methods. Electromyographic recording was performed using the ASE 16, PRIMA Biomedical & Sport electromyographic system. 12 healthy subjects and 12 patients with bloating were included. Biofeedback treatment consisted of a series EMG monitored abdominal breathing exercises.

Results. At the end of the treatment, a normalization of the activity of the abdominal and thoracic muscles is observed. The post-treatment evolution was favorable with the improvement of the symptoms and the disappearance of the post-prandial bloating.

Conclusions. EMG studies allow an objective diagnosis of abdominal bloating as well as monitoring the response to biofeedback treatment.

17. Lung ultrasound alteration in critically ill patients – poster

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Introduction. The lung was considered a poorly accessible organ during the first sonographic efforts in lung imaging. However, in recent years the value of transthoracic ultrasonography has been re-evaluated and it is now considered a rapidly evolving method in assessing diseases of lung and pleura.

Material and methods. This is a cross-sectional study, that included 25 patients, hospitalized in the ICU department. Inclusion criteria were: intubated patients, diagnosed with acute or chronic respiratory failure during the stay in the ICU who underwent pulmonary ultrasound. The following data were collected: lung sliding, the ultrasound structure of the lung, the pleural effusion, A-lines, B-lines, blood gases, water balance and data from the patients' monitor.

Results and Conclusions. several negative moderate statistically significant correlations were found between: the B lines on the right lung and PaCO₂, the B lines distances and patients' weight, the number of B lines on left lung and on right lung, and the values of pH and PaCO₂. Lung ultrasound is a fast, cheap and non-invasive method, beneficial to the patients admitted to the ICU department because they are bedridden. Ultrasonographic evaluation of the lung is important for early diagnosis of pulmonary pathologies. Pulmonary ultrasound can be positively correlated with blood gas levels.

Keywords: ultrasound, respiratory failure, lungs

18. Genetic factors in IBS

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The complex etiopathogenesis of the irritable bowel syndrome (IBS) requires supplementary studies (despite impressive recent progress). One still needs to better know how the genetic factor influences the clinical presentation, evolution and therapeutic response.

The genetic load has an essential role in the pathogenesis and clinical expression of IBS. Investigations on monozygotic twins compared to dizygotic twins reveals distinct features for all the IBS subtypes. The genes control the intestinal barrier, the immune and inflammatory response to microbiota, the psychological changes and the response to therapy.

Unfortunately, the number of SNP studies is limited and not always reproducible. In this review we present the correlation between polymorphisms and phenotypes that were presented in at least five original studies each. Each of the studies had to include at least 20 subjects with IBS (either consecutive or selected from a certain file or data base).

The main limitation in the studies of genetic determinism is the reduced number of subjects in most studies. From a genetic point of view, the IBS subtypes are not enough well characterized to identify distinct phenotypes, nor does allow therapeutic suggestions.

The exact mechanisms responsible for the development of different IBS subtypes are not fully understood. However it is established that genetic factors are responsible for different stress response, depressive mood or anxiety. These data endorse the biopsychosocial model of IBS.

19. Preventing measures against antineoplastic drugs cardiotoxicity in cancer patients

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Modern cancer chemotherapy in different malignancies significantly improved patients' survival, but these patients are at increased risk of adverse secondary effects, one of major importance being the late dilated, congestive cardiomyopathy. In the present paper we consider the cardiotoxicity of some classic antineoplastic drugs such as the anthracyclines or fluorouracil (type 1), but also that produced by tyrosine kinase inhibitors, like imatinib, or by monoclonal antibodies - trastuzumab (type 2). If anthracyclines and monoclonal antibodies (trastuzumab) have adverse effects such as hypertension, arrhythmias, myocarditis, heart failure, the tyrosine kinase inhibitors (imatinib, sunitinib, sorafenib) can generate dilated cardiomyopathy or severe hypertension. The class of bevacizumab (anti endothelial growth factor) is engrafted by thrombo- embolic episodes, pulmonary edema, pulmonary and intestinal hemorrhages. Aromatase inhibitors (tamoxifen) may provoke pulmonary embolism and strokes.

In the present paper we discuss main adverse secondary effects of these antineoplastic drugs in oncologic patients: heart failure during treatment of breast cancer with anthracyclines and trastuzumab, dilated cardiomyopathy in patients with myeloproliferative malignancies treated with imatinib, respectively cardiovascular complications in kidney cancer treated with everolimus or sunitinib, or in lung cancer treated with gefitinib.

We also present our experience with drugs useful in preventing cardiotoxicity, the classes we used in our department being the angiotensin converting enzyme inhibitors, beta-blockers and statins. In 70 patients with different malignancies, we documented an altered left ventricular diastolic performance during and after cancer chemotherapy. By concomitant administration of ACEI or a combination of ACEI with a beta blocker or statin, in some of them we obtained a significant improvement of left ventricular performance.

Keywords: cancer, cardiotoxicity, cardiotoxicity prevention

20. Immunotherapy-induced pneumonitis in cancer patients. A case report and actual data from the literature – poster

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Introduction. Immunotherapy has become nowadays an important approach in cancer patients treatment. Because of the constantly expanding indications which led to a more frequent use of the immune checkpoint inhibitors (ICPi), it is essential to be aware of the management of endocrine-related side effects.

Material and methods. We used PubMed as the main search database. After introducing the keywords “immunotherapy-induced endocrine side effects”, “immunotherapy-induced pneumonitis immunotherapy” and applying the including and excluding criteria we have selected a number of 17 articles, most relevant to our topic. We would also like to present a case report from our daily practice.

Results. Our patient is a 67 years old male diagnosed with stage IV melanoma who underwent treatment with Pembrolizumab, an immune checkpoint inhibitor of programmed-cell death 1 (PD-1). The treatment was well-tolerated for 9 cycles, when he has presented an episode of fever (T=38.1 Celsius), worsened performance status due to asthenia, weight loss, dry cough and mild intermittent dyspnea. The patient performed a chest X-ray with no signs of pneumonia and a chest CT scan with nonspecific interstitial fibrosis pattern, which has risen the possibility of an immune-related pneumonitis. According to the guidelines, this is a differential diagnosis with heterogeneous radiological appearance, so we have decided to hold ICPi, to prescribe oral corticosteroids with a dose of 1.5 mg/kg along with gastric protection, prophylactic antibiotics for 7 days, followed by corticosteroid tapering for 6 weeks, with the complete resolution of the symptomatology and the improvement of clinical status.

Conclusions. According to the literature data, immune-mediated pneumonitis is a rare side effect in melanoma patients treated with Pembrolizumab, with an incidence rate under 5% but with fatal potential. Due to the new class of adverse events the need of implementing a multidisciplinary treatment team is indispensable.

Keywords: pneumonitis, immunotherapy, side effects

21. Internal medicine in the practice of occupational medicine. Arguments for an extension of the training duration in the residential curriculum

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Introduction. Currently, in the occupational medicine departments, first and foremost, diagnosis and treatment of occupational diseases are being pursued. Internal medicine advocates the integrative approach of pathologies to the patient regarded as a unitary whole. With all these, curricula of residency in the specialty of occupational medicine, it provides an internship in internal medicine of only 2 months and 2 weeks!

Material and methods. The presence of functional gastrointestinal disorders (FGGID) in patients hospitalized in the occupational medicine department were evaluated using Rome III Diagnostic Questionnaire for the Adult Functional GI Disorders. At a gymnasium school, the results of the anamnesis, the clinical examination and the WAI (Work Ability Index) questionnaire were compared, out of 106 employees, 83 participated voluntarily.

Results and Conclusions. In occupational medicine department, between 2010-2018, annually a number of more than 900 patients were hospitalized with occupational diseases of which over 95% presented comorbidities, by frequency, respiratory, cardiovascular, digestive etc.). In January 2017 out of 52 patients, 33 presented with FGGID and in February 2018 out of 52 patients admitted, 33 presented with FGGID. At school, anamnestic 31 patients reported 14 functional digestive disorders etc., the clinical examination found the presence of the disease in 47 patients (14 dysmetropia, 5 cardiovascular etc.) and by WAI 31 patients mentioned various diseases (27 osteomuscular, 7 digestive etc.). Gastrointestinal functional symptomatology is undervalued and comorbidities are the rule in hospitalized patients in the occupational medicine department. In the practice of the supervision of the workers the accuracy of the anamnesis, the clinical examination and the evaluation of the capacity of work represent quality criteria of the medical care. The data presented emphasize the importance of the training occupational medicine specialists through an extended internship in the field of internal medicine within the residency curriculum of occupational medicine.

