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Oral Presentations

CLINICAL AND IMAGISTIC FEATURES OF HYDATID CYST RELATED TO IMMUNODEFICIENCY VIRUS

MANUELA ARBUNE

Objective. The objective of the study is to assess clinical and imagistic features of hydatid cyst (HC) in HIV patients from Galati county.

Material and methods. Case series based on the retrospective evaluation of medical records and imagistic.

Results. The prevalence of HC among HIV patients from Galati in 2016 is 0.87% (3/346), comparative with 4.6% estimated prevalence of the general population in south-east of Romanian. They are 2 girls and a boy, all of them on age 27, from rural area, with HIV diagnostic over 5 years, classified in C3-CDC stage. The current immunity according with LCD4 was 144/mm³, 183/mm³ and 533/mm³. Hydatid cysts were found previous HIV in 2 cases, relapsed after the surgical treatment during the childhood. One case was diagnosed 3 years after HIV evidence, in a severe immunosuppressed patient, non-adherent to antiretroviral treatment. The HC diagnostic method was echography with computer tomography confirmation. The liver location was the common feature of HC. The male patients has a single HC of 18 cm diameter, while a woman with LCD4>500/mm³ had multiple cysts of the liver and another woman has disseminated cysts in the liver, spleen, uterus and lungs, with variable diameters, from 13 to 64 mm. All HIV patients received multiple courses of treatment with Albendazole in the last 3 years, but there are not significant changes of the cysts. According to Gharbi classification, they are predominant type III a-b cysts. The multiple liver cysts were surgically cured, although difficulties of surgical procedures and postoperative complications were noted.

Conclusions. The HC is rare in HIV patients and seems to be an accidental association, depending on the prevalence of HC in the general population. The extension of HC is more severe in immunosuppressed patients. The efficiency of multiple Albendazole courses is limited in HIV patients and require a deep evaluation of surgical benefits and risks.

CLOSTRIDIUM DIFFICILE INFECTION IN PATIENTS TREATED FOR SUSPECTED LYME BORRELIOSIS

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Objectives. *Clostridium (C.) difficile* represents the main etiological pathogen of antibiotic-associated diarrhea and *C. difficile* infection (CDI) occurrence during antibiotic therapy is of great concern. Our objective was to evaluate the incidence of CDI in patients treated with antibiotics for suspected Lyme borreliosis (LB).

Materials and methods. All adult patients hospitalized for the treatment of LB between 01.01.2012-31.05.2016 in the Teaching Hospital of Infectious Diseases Cluj Napoca, Romania, were retrospectively investigated. CDI developed during LB antibiotic treatment or in the following 12 weeks was evaluated. *C. difficile* Glutamate Dehydrogenase Antigen (CerTest, Biotec, Spain) and/or Vidas *C. difficile* toxin A+B detection assay (BioMérieux, France) were used for diagnostic in patients that developed diarrhea [1]. Use of probiotics during antibiotic treatment to prevent CDI was evaluated and the association between probiotics use and CDI was tested using Fisher exact test.

Results. A total of 421 inpatients were treated for LB during the study period. The sex ratio was 275:146 (F:M), the mean age 46.35 ± 13.93 years (range 17-85). The clinical manifestations of LB in the study group were: 66 patients (15.6%) presented erythema migrans, 317 patients (75.3%) neurological manifestations, 192 patients (45.6%) musculoskeletal manifestations, 10 (2.37%) ocular and 4 patients (0.95%) cardiac manifestations. More than one organ manifestation was present in 160 patients. Patients were treated for LB in repeated or associated antibiotic courses with Ceftriaxone (372 patients), Cefotaxime (75 patients), doxycycline (180 patients), Amoxicillin (14 patient), Azithromycin (4 patients), Clarithromycin (2 patients), Cefuroxime (4 patients), Cefadroxil (1 patient), Cefixime (2 patients), Minocycline (3 patients), Amoxicillin/clavulanate (1 patient). In 43 patients a probiotic was associated to antibiotic therapy. Diarrhea developed in 15 patients and CDI, moderate disease, was confirmed in 5 patients (1.18%). CDI developed during Ceftriaxone or Cefotaxime therapy. All patients had a favorable outcome after cessation of LB antibiotherapy and under specific CDI therapy. Three patients presented recurrences (one patient with two recurrences). None of the 5 CDI patients received probiotics with LB antibiotherapy, but a significant statistical difference between patients that took /didn't take probiotics and occurrence of CDI could not be proven ($p=1$).

Conclusions. A small number of patients treated for LB developed CDI (1.18%). The percentage is much smaller than in the study of Puri et al., 2015 (3 from 43 patients, 6.5%) [2]. To our knowledge, this is the largest study on CDI in LB treated patients.

NEUROIMAGING OF AIDS-ASSOCIATED COMORBIDITIES

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Background. Central nervous system impairment in patients infected with human immunodeficiency virus (HIV) represents a continuous challenge in terms of positive and differential diagnosis, to which an important contribution is brought by neuroimaging techniques. The most significant lesions depicted on neuroimagistic examination are focal lesions, with or without contrast enhancement and mass effect.

Objectives. To assess the role of neuroimaging by cerebral computed tomography (CT) and magnetic resonance (MRI) in HIV-infected patients.

Material and methods. We present a series of clinical case reports – HIV-infected patients with neurological symptoms, for whom neuroimaging examinations brought important contributions to establishing the positive diagnosis.

Results. First case – 21 year-old female patient, with sudden onset of disease, with pyramidal syndrome, for whom the emergency cerebral CT scan raised the suspicion of brain abscess. Stereotactic biopsy was performed without significant results. Repeated contrast-enhanced cerebral CT scan depicts multiple focal lesions with enhancement and surrounding edema, raising the suspicion of cerebral toxoplasmosis and HIV immunodeficiency. Second case – progressive multifocal leukoencephalopathy in a newly-diagnosed HIV-infected female patient with recently initiated antiretroviral therapy, who developed immune reconstitution inflammatory syndrome with neurological symptoms, diagnosis defined with the help of cerebral MRI examination. Third case – young patient, admitted for sudden onset of focal neurological signs and mental status impairment. Emergency cerebral CT scan emphasized a parenchymal lesion with mass effect located in the caudate nucleus. Stereotactic biopsy and histopathologic exam confirmed the diagnosis of large B cells primary cerebral lymphoma, appeared in the context of a newly-diagnosed HIV infection.

Conclusions. Similar neurological symptoms in HIV-infected patients may be tributary to a wide variety of conditions, for whose diagnosis an essential role is played by neuroimaging techniques.

ACUTE EXACERBATIONS OF COPD - GENE POLYMORPHISMS: DIAGNOSTIC AND PREDICTIVE TOOL?

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Introduction. Chronic Obstructive Pulmonary Disease (COPD) is associated with high mortality and morbidity and is projected to be the third most common cause of death worldwide by 2020. Exacerbations of COPD (AECOPD) are defined as sustained worsening (acute in onset) of a patient's condition beyond normal daily variations, that may require a change in medication and/or hospitalization. Cigarette smoking has been proposed as the most important environmental risk factor for COPD, together with indoor and outdoor air pollution, but only a minority of smokers develop the disease. It is known also that familial aggregation is present in COPD. These observations indicate that genetic components contribute to the development of COPD. Gene polymorphism represents the point mutation of DNA, or the allelic variation, and it includes single-nucleotide polymorphism (SNP).

Objective. The aim of this study is to determine if gene polymorphisms can influence the development of COPD, and also to establish a potential relationship between COPD severity and frequency of exacerbations and gene polymorphisms.

Methods. Database including PubMed, EMBASE, MEDLINE and GeneReviews were searched to find relevant studies. We also present a part of our personal research protocol on gene polymorphisms in COPD.

Results. COPD susceptibility was associated with different SNPs in Alpha 1-antitrypsin (AAT) gene, Tumour necrosis factor (TNF α) genes, microsomal epoxide hydrolase (EPHX1) gene, Glutathion S-transferases (GSTs) genes, Transforming growth factor – beta(1) (TGF- β 1), and other genes. COPD patients with AA homozygous at position -308 on the TNF α gene had less reversible airflow obstruction and a significant higher mortality. Various SNPs in the promoter and genomic regions of TGF β 1 were significantly associated with low values of FEV1 (pre- and postbronchodilatation). Four SNPs in ADAM33 were associated with lung function abnormalities. On the other hand, some studies failed to demonstrate an association between SNPs and COPD. Infective exacerbations of COPD were more frequent and severe in patients with SNPs in the Mannose-binding lectin (MBL) gene.

Conclusions. Preventing infective exacerbations in COPD patients can reduce associated morbidity and subsequent healthcare costs. Several biomarkers of inflammation and SNPs can help to identify patients with a frequent exacerbator phenotype, exacerbations most likely to respond to oral corticosteroids and antibiotics, and for whom preventive treatment is appropriate. More large-sized and strictly controlled (also prospective confirmatory studies) are necessary to prove the relationship between SNPs and the COPD susceptibility, the severity of COPD, phenotypes and acute exacerbations of COPD.

COLISTIN'S USE NEEDS A STRICTLY RESPECTED NATIONAL PROTOCOL NEXT YEARS? THE RULES

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In a period in which the discovery of a new class of antibiotics represents an ordinary fact, Colistin hasn't been an exception to the rule and has almost gone unnoticed, having a minor role in this kind of therapy. A series of adverse effects and the numerous options of antibiotics in a world in which the resistance to anti-microbial substances was just a future fear have made this Polimixina be less and less used towards the end of the 80s, until the middle of 2000 (20 years) [1].

However, almost a decade ago, Colistin came back and not anyhow, but representing a rescue therapy, often unique, in severe infections with BGN multiresistant (E. Coli, Acinetobacter, Klebsiella, etc.). Unfortunately, its reappearance on the market with the goal of being used and with a relatively acceptable cost of the therapy have made this real "pearl" from the antibiotics category be overused in the latest years [2].

As it often happens, this is the "safest" way for the appearance of resistance, which could bring about the concept of pandrug-resistance (PDR), extended to threatening proportions on all the meridians, involving severe infections in which an antibiotic cannot intervene any longer.

Considering that the appearance on the market of an antibiotic similar to Colistin cannot be foreseen in the following five years, its usage needs to be rationalised, in all the medical services in Romania, based on an accepted unique national protocol or based on international guides unanimously approved in the country. This protocol should clearly evaluate those medical situations in which the medicine has to be used, the way it should be taken, its doses and adjustments made to the doses, according to certain parameters, as well as the duration of the therapy [3].

Of course, this decision has to represent a joint final opinion of specialists from several medical fields and it should be taken during the next year. It is possibly the only way through which we can save "an antibiotic which is a rescuer itself", being able to prevent the expanding of the number of "pandrug resistance" cases.

VARICELLA - RARE COMORBIDITIES

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Introduction. Varicella is generally a benign, self-limited disease in immunocompetent host, but the primary infection with the varicella zoster virus can induce a temporary depression of the immune system. A notable complication of cutaneous lesions is secondary bacterial infection, often caused by gram-positive organisms.

Material and methods. From this perspective we present a series of clinical cases of varicella superinfected with various pathogens, a case with streptococcal toxic shock (a rare but potentially lethal complication of varicella) and a case with necrotizing fasciitis.

Results. In a patient in the blood culture there was identified *Cronobacter sakazakii*, a gram-negative bacteria that exists in the environment and which can survive in very dry conditions. In two patients group A B-hemolytic streptococci were identified in different biological products. One patient died under 3 hours of hospitalization due to streptococcal toxic shock.

Conclusions. Serious complications of varicella are rare in the immunocompetent child. Bacterial infections complicating varicella cause significant morbidity and mortality (streptococcal toxic shock–like syndrome, necrotizing fasciitis). A possible relationship can be between the use of nonsteroidal anti-inflammatory agents, such as ibuprofen, and the development of necrotizing fasciitis during varicella infection.

CLOSTRIDIUM DIFFICILE INFECTION, SEROTYPE 027. CASE REPORT

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Clostridium Difficile Infections have become a major public health problem. They are correlated with health services and consumption of antibiotics.

Objectives. To identify *Clostridium Difficile* genotypes circulating in Romania and their correlation with clinical forms of the disease.

Material and method. We present a patient aged 81, hospitalized for acute pneumonia treated with ceftriaxone. One day after completing antibiotic treatment he appear diarrhea and quick test for *Clostridium difficile* is positive. It was identified by Real Time PCR the genotype.

Results. Real Time PCR analysis revealed Genotype 027 / NAP1 / B1 (tcd & 117).

They were detected following sequences:

- TcdB - at the level of the toxin B gene
- cdt - in the binary toxin genes
- 117 nt deletion - in the gene tcdC

Under treatment with vancomycin evolution was favorable. Clinical form of the disease was average.

Conclusions. *Clostridium difficile* (027 genotype) infections may induce severe clinical. The case presented to the developed a mild form of the disease.

We discusse about the particularity of the isolated genotype.

ANTIMICROBIAL CONTROL PROGRAMME - 2 YEARS OF EXPERIENCE IN AN INFECTIOUS DISEASES HOSPITAL IN ROMANIA

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The aim of the study. The antimicrobial resistance became an important problem for the health care system (1). Antimicrobial control programmes (ACP) were recommended by WHO to minimize microbial resistance, provide best therapy for patients, at the lowest cost for the healthcare institution (2). The first ACP in Romania was introduced in 2004, in Clinic County Hospital Brasov (3). We analyze the antibiotic consumption in Brasov Clinic Infectious Diseases Hospital, during last two years and we compare it with the consumption in the Clinic County Brasov Hospital (a multidisciplinary one) (4).

Method. We have calculate, monthly antibiotic consumption (Define daily dosage/100 bed days-DDD/100BD), using ABC.calc.2b. We made trends. We made the top of the first 5 most used antibiotics in our hospital, using the medium value of DDD/100 BD, for each class of antibiotics. We also compared the results with DDD/100 BD published 2010 about the antibiotic consumption in the multidisciplinary hospital in Brasov.

Results. Fluoroquinolone consumption increasing: the 3-rd place in 2014-(17,5 DDD/100BD) the first one in 2015 (23,4 DDD/100BD); third-generation cephalosporins was the first on the top in 2014 (26,3 DDD/100 BD) and became the second in 2015 (22,5 DDD/100 BD); so, the most dangerous antibiotics regarding *Clostridium difficile* selection, are frequently prescribed by infectious diseases doctors. GP prescription is also high (13,4 DDD/100 BD in 2014 respectively 18,8 DDD/100 BD in 2015); Vancomycin represents the great majority of GP (9 DDD/100 DB in 2014, respectively 16 DDD/100 BD during 2015). Comparing, medium value of GP prescription in ICU (Clinic County Hospital Brasov), during 2005, was 4,5 DDD/100BD.

Conclusions. The efficacy of ACP in an Infectious Diseases Hospital is lower than in other hospitals.

BACTERIOPHAGES AND ENZYBIOTICS IN THE TREATMENT OF BACTERIAL INFECTIONS: PRESENT AND THE FUTURE

DUMITRU CÂRSTINA, CRISTIAN JIANU, ȘERBAN TOMESCU

The alarming increase in antibiotic resistance of pathogens has led to the search for new alternatives for controlling bacterial infections. In this context the phage therapy - widely used long ago – has come to the forefront, as the biology of bacteriophages has been known. Phages infect bacteria (in order to reproduce) within which they go through multiple sequences for replication. At the end of this process (which lasts about 30 minutes) the bacterial cell is “loaded” with us new mature phages, ready to get out of the bacterial cell.

But to get out of the bacterial cell, the new phages must cross morphological structures which ensure the morphological integrity of the bacteria, ie: internal membranes, cellular wall (rich in peptidoglycan), external membrane.

To this end the bacteriophages induce (code) two proteins (enzymes): holin and lysin (hydrolase). They act at the end of the replicative cycle, as follows: holin creates pores in the cytoplasmic membrane (internal) through which lysin reaches the peptidoglycan (from the cell wall), which it disintegrates (via hydrolysis) and thus the bacterial cell “explodes” and release the newly formed phages. This phenomenon is possible mainly for Gram +, while in case of Gram - this is prevented by existing external membranes. To destroy the external membrane as well, it requires the production of an enzyme called spanin that permeabilizes the external membrane.

By the action of the two proteins (holin and lysin), the bacteria is destroyed **from the inside**. After assiduous research such enzymes (lysine) were obtained and purified by genetic recombination and they have been used experimentally in vitro and in vivo with very good results, similar to those by entire bacteriophage. In order to create their “aura” these were called “ENZYBIOTICS”. Their external administration also produces the bacterial lysis (“lysis from without”).

Among the pioneering researchers in this area we note V. A. Fischietti, who used such lysine to treat respiratory infections, mucosal decolonization, as well as in severe infections: sepsis, pneumonia, endocarditis (along with antibiotics) with significantly better results.

By fusion with other molecules, compounds with high activity were obtained, such as: Chimeolysin or Artylisin (by fusion with antibacterial peptide which disrupt the cytoplasmic membrane, favoring the outside action of the enzybiotic).

A few conclusions:

- Enzybiotics have a targeted effect, aimed strictly towards a specific bacteria, without influencing other bacteria
- Are rapidly bactericidal, destroying germs both in the growth phase, as well as in the stationary one
- Act synergistically with some antibiotics
- No resistance to lysine has been described
- Favors the return to sensitivity of previously resistant germs
- They can be used, such as entire bacteriophages, in the treatment of wounds, burns, in surgery as well as in systemic infections.

THE IMPORTANCE OF IMAGING EXAMINATION IN THE DIAGNOSIS OF SEVERE PSEUDOMEMBRANOUS COLITIS

IRINA MAGDALENA DUMITRU, AURELIA HANGAN, ANDRA ELENA PETCU, RAZVAN POPESCU, SORIN RUGINA

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Toxic megacolon is defined as a severe episode of colitis with segmental or total dilatation of the colon. It is typically a complication of antibiotic-related pseudomembranous colitis and other colitis like **ulcerative colitis** or **Crohn disease**. The mechanisms involved in development of toxic megacolon are not entirely clear, although chemical mediators such as nitric oxide and interleukins are thought to play a pivotal role in its pathogenesis. The **colon** becomes dilated to at least 6 cm (usually greater). There is additional loss of **haustral markings**, with **pseudopolyps** often extending into the lumen. **Thumbprinting** from mucosal oedema may be present. The diagnosis is usually based on thorough clinical history taking and physical examination combined with imaging examination. Conventional radiography is usually diagnostic although CT scans are frequently obtained to rule out complications such as perforation.

We present three cases diagnosed with antibiotic-related pseudomembranous colitis (*Clostridium difficile* diarrhea) and toxic megacolon with favorable outcome under medical treatment. In all three cases, CT examination performed immediately had a decisive role in the establishment of early medical treatment.

MYCOBACTERIAL INFECTIONS IN HIV INFECTED PATIENTS: EXTRA PULMONARY INVOLVEMENT

IRINA FILIPESCU, CORINA ITU, CRISTIAN JIANU, CRISTIAN MARCU, ROXANA IUBU, MIHAELA LUPSE

Introduction. Tuberculosis is considered to be one of the most important public health problems around the world. At the end of 2015, Romania was on the sixth place in Europe regarding the number of cases of tuberculosis.

For the HIV/AIDS infection, tuberculosis is the second defining clinical condition at the moment of the diagnosis, reaching 38-40%, after the wasting syndrome.

In 2014, in Central and Eastern Europe, among the HIV positive people the percentage of pulmonary tuberculosis was 28.5% and 10.3% for mycobacterial extra pulmonary involvement. In Romania, at the end of 2015, from 698 new HIV infections diagnosed cases, 160 cases had pulmonary tuberculosis (22.9%), 38 cases had extra pulmonary involvement and 22 cases had disseminated mycobacterial infection, total percentage of extrapulmonary mycobacterial infections being 8.59%.

Aim. To assess the prevalence of mycobacterial infection and the clinical manifestations in patients that are in evidence in Anti AIDS Centre Cluj.

Material and method. We performed a retrospective study based on evaluating the charts of the patients admitted in Anti AIDS Centre Cluj (AAC) between 2007 and 2015 to establish the frequency and the impact of mycobacterial infection on HIV infected patients. In December 2015, AAC Cluj had in active evidence 447 HIV infected patients with 370 patients receiving ART and with 61 new cases diagnosed in 2015.

Results. During 2007 and 2015 there were 30 patients with mycobacterial infection: pulmonary and extra pulmonary tuberculosis and disseminated mycobacterial infection.

The medium age for the adults was 35, with limits between 20-64 years old, with 18 males and 12 females. Also there were 2 cases of pulmonary tuberculosis in children under 10 years old. 8 patients belonged to the Romanian cohort.

91% of the patients were in AIDS C3 stage at the moment of HIV diagnosis, for 30% of the patient the mycobacterial infection was the opportunistic inaugural infection. 41% of the patients presented extra pulmonary localization of mycobacterial infection and 9% presented associated pulmonary tuberculosis. The rest of the patients developed only pulmonary tuberculosis.

The medium CD4 count at the moment of diagnosis of extra pulmonary mycobacterial infection was 69 cells/cmm, and the medium viral load was 456763.54 copies/ml, with one case with viral load up to 4.5 million copies/ml.

In all cases of extra pulmonary infections, *Mycobacterium tuberculosis* was identified through specific culture: sputum, blood, biopsy tissue.

All of the patients received ART and specific anti tuberculous treatment, between 7 to 12 months, with favorable clinical evolution of the acute episode.

4 patients presented relapses also with extra pulmonary localization, because of the lack of adherence to ART with 2 death due to cerebral localization of tuberculosis.

Discussions. In AAC Cluj, during the last 8 years, the number of *Mycobacterium tuberculosis* infections was low, but 50% was represented by extrapulmonary localization, which shows the severe immunosuppressed status of the patients, caused by lack of adherence in polyexperimented ART patients, or because the infection was the inaugural opportunistic infection for the AIDS diagnosis.

UP TO DATE IN MICROBIOLOGY

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Abstract

Microbiology is a quickly developing discipline that has great potential to solve big problems and answer fundamental scientific questions. Every year there are significant events in microbiology.

Emerging and old pathogens pose problems for diagnosis and therapy. Ebola and Zika are two emerging viruses that in recent years have taken the headlines.

The ability of Zika to be passed through mosquito bites and sexual contact, as well as the consequences the virus poses for pregnant mothers has made the possibility of a global epidemic to be cause for concern throughout the world.

Clostridium difficile cause antibiotic-associated and nosocomial diarrhea. Despite effective antibiotic treatments, recurrent infections are common.

Over the past years growing antimicrobial resistance has become a global problem, requiring a quick response. A question increasingly appeared in the scientific community. Which therapy methods can be alternatives to antibiotics in the future?

Colistin is an antimicrobial used as a last-resort drug to treat patients with multi-drug resistant infections such as *Klebsiella pneumoniae*, *Acinetobacter baumannii*, and *Pseudomonas aeruginosa*.

Last year, Chinese researchers have discovered a new mechanism of resistance through which bacteria can pass on colistin resistance properties to other bacteria. This discovery triggered much discussion on the use of colistin in agriculture, animal production facilities and treatment.

In addition specialists have found that detection methods used in the laboratory for resistance to colistin do not provide accurate results.

In the clinical microbiology laboratory, classical culture and identification methods are rapidly giving way to new techniques with many benefits for clinicians and patients.

NEW IMPORTED DISEASES IN ROMANIA

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Imported tropical diseases are a permanent category of infectious diseases admitted and treated in our clinic since 1970.

Starting then, the profile of the patients and the types of diseases slightly changed, mainly after 1990, due to rising immigration of the Romanian workers, the decrease of the foreign students in Romania (who were the main category before 1990), and the emergence of new diseases, like dengue fever, visceral leishmaniasis, zika virus infection. In the mean time, the profile of the classical imported diseases, like malaria, changed due to the fact that it affects mainly Romanian travellers, with no/incorrect prophylaxis and no premunition.

In this general trend of emergent and reemergent infectious diseases, as well as increasing mobility of our population, along with climate changes, mainly global warming, we have to stay alert and connected to international reports regarding infectious diseases outbreaks. Recent CCHF cases from Spain (with local transmission), as well as the Ebola danger in the last year, are a proof of that.

PROGNOSTIC FACTORS ASSOCIATED WITH THE SEPTIC ICU PATIENT PROFILE

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Objective of the study. Describing epidemiologic, clinical and biological risk factors associated with hospital mortality in patients with hospital-acquired sepsis.

Material and methods. Prospective study between January and November 2014 in ICU I Clinic Tîrgu Mureș; inclusion criteria: patients hospitalized with sepsis. The collected data included demographics, clinical data (source of infection, comorbidities), laboratory data – complete blood count, biochemical tests, microbiological tests, serum biomarkers (PCT, CRP, supari), SOFA, APACHE II and SAPS II severity scores; hospital mortality.

Results. 49 of 1617 patients hospitalized met sepsis criteria at admission, amounting to of 30.3/1000 patients admitted/year; sex distribution – 24 males (48.9%)/25 females (51.1%), average age in the cohort 71.81 years (SD±14.6). Hospital mortality was 77.5% (38 patients). Average age was 73.47 years (SD±13.8) in the deceased versus 63.7 years (SD±16.8) in survivors (p=0.05); male mortality was 70.83% and female mortality was 84% (p=0.26).

The patients were initially admitted for several reasons: a medical pathology in 34 patients (69.4%), scheduled surgery in 3 patients (6.1%) and unscheduled surgery in 12 patients (24.5%). Mortality in the medical group was 76.5 % (26/34), 75% (9/12) and 100% (3/3) in the unscheduled surgery group and the scheduled surgery group respectively (p=0.75). The primary site of the infection was pulmonary – 29 patients (59.1%), digestive – 6 (12.2%), urinary – 5 (10.2%), cutaneous/soft tissue – 7 (14.2%), articular and peritoneal – one patient each (2%). The highest mortality was found in the group with a cutaneous/soft tissue entry point (83.3%) (5/6) followed by pulmonary 82.7% (24/29). The mean APACHE score was 31.8 in deceased and 26.1 in survivors (p=0.04), SOFA 9.09 vs 8.58 (p=0.31), SAPS II 52.8 vs 47.9 (p=0.06). Median serum BM values in deceased versus survivors were: suPAR 12.7 vs 8.5 (p=0.04), PCT 22.08 vs 6.1 (p=0.005), CRP 178.4 vs 161.8 (p=0.70). Average/median values of biological indicators in the two subgroups were: INR 1.66 vs 1.51 (p=0.51), creatinine 4.98 vs 2.29 mg/dl. (p=0.04), white blood count 21.1×10^3 vs 18.9×10^3 (p=0.57).

Conclusions. Mortality in critical septic ICU patients is very high, being influenced by: advanced age, the value of severity scores (APACHE II being the best predictor) and serum BM (suPAR, PCT) as well as the degree of renal impairment; mortality seems to be higher in respiratory and cutaneous sepsis but is not influenced by sex, admission reasons or other biological parameters.

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PREVALENCE OF ANTI-TOXOPLASMA ANTIBODY AND ASSOCIATED RISK FACTORS AMONG PREGNANT WOMEN

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Introduction. Toxoplasmosis is a zoonosis, caused by infection with *Toxoplasma gondii* (*T. gondii*) and is prevalent worldwide under various climatic conditions. Maternal primary infection during pregnancy may lead to fetal complications. The risk of transmission and the severity of fetal disease depend on the gestational age at the time of infection. Maternal infection acquired before pregnancy does not affect the foetus. The diagnosis of the infection is based on serological tests that search for specific IgG and IgM anti *T. gondii* antibodies. These tests are used to confirm the infection due to their high sensitivity and specificity.

Aims. This study was conducted to determine the prevalence of *T. gondii* infection among pregnant women and to assess possible risk factors associated.

Methods. This study design was cross sectional and was conducted over a period of one year in the Infectious Diseases Hospital from Cluj-Napoca, Romania. Demographic characteristics were documented for each study participant. Using a structured questionnaire, data on exposure to possible risk factors were collected. The IgG and IgM anti *T. gondii* antibody levels were assessed using CMIA method (Architect I 200, Abbott Labs, USA) to 947 pregnant women. The SPSS (v.15) program was used for the statistic analysis and the description of the data.

Results. In the present study the age of our patients ranged from 16 to 46 years with mean age of 29.68 ± 4.63 years. The seroprevalences of IgG antibody against *T. gondii* were 28.19% (95% CI - 31.78–25.34). Borderline toxoplasma antibody result was detected in 0.63% (95CI -1.37-0.23) of cases. Of the 573 study participants 78.18% (95CI - 81.50-74.57) were at 1st trimester, whereas 19.54% (95CI - 23.03-16.37) and 2.27% (95CI - 1.37-0.23) respectively were in their 2nd and 3rd trimester of pregnancy. The sero-prevalence of *T. gondii*-specific IgG antibodies was higher in pregnant women residing in urban (76.36%, 95 CI 79.02-73.05) than those in rural areas (23.65%, 95CI 26.49-20.98). The highest prevalence rate of IgG antibodies (74.15%, 95CI - 79.30-68.46) was detected in the age group of 25-34 years. A significant association (RR-1.28; 95CI -1.14-1.63, $p < 0.05$) was also found between seroprevalence of infectious and rural area. In the present study no significant association ($p > 0.05$) was observed between seroprevalence and ingestion of raw meat/vegetable or contact with cats.

Conclusions. Over 70% of women screened for IgG anti *T. gondii* antibodies in the present study were seronegative and they have a risk of contracting primary infection during pregnancy. Screening of this infections during antenatal care should be considered as the strategy to minimize congenital toxoplasmosis.

CORTICOSTEROIDS FOR MANAGING TUBERCULOSIS

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Although the role of corticosteroids is controversial, they are commonly used as an adjunct to antituberculous drugs for the treatment of certain forms of tuberculosis (TB), like meningitis, pleuresy, pericarditis. Concern also exists regarding the potential adverse effects of corticosteroids, especially in HIV-positive people; nevertheless corticosteroids are used in immune reconstitution inflammatory syndrome (IRIS) associated with TB especially in IRIS involving central nervous system (CNS) with more severe symptoms and with potential life threatening complications.

Our aim was to review the literature regarding the use of corticosteroids in different forms of TB, in HIV negative and positive patients.

A Cochrane review showed that the use of corticosteroids in TB meningitis reduces the risk of death and is associated with a lower rate of residual neurological deficit [1].

There are not sufficient data to support evidence-based recommendations regarding the use of adjunctive corticosteroids in people with TB pleurisy [2].

Analysis of patients with effusive and constrictive pericarditis suggests that steroids may be associated with fewer deaths, but there was a wide confidence interval including one. On the other hand, the group receiving steroids had fewer poor outcomes, but there was not a statistically significant association [3].

In TB associated IRIS the use of systemic corticosteroids is based on the previously accepted role for immune modulation in some forms of TB. There are not clearly defined criteria for initiating corticosteroids in TB associated IRIS, nor for the duration or dose.

The use of corticosteroids (prednisone) (1.5 mg/kg/day for 2 weeks, followed by 0.75 mg/kg/day for 2 weeks) has been shown in a double-blind placebo-controlled randomized clinical trial (RCT), Meintjes et al. to reduce the need for hospitalization and procedures, and to improve symptoms without an excess of corticosteroid side effects or severe infections in TB meningitis [4]. HAART should be continued in all cases where the inflammatory reaction does not immediately threaten mortality or result in significant morbidity.

By suppressing the immune response, corticosteroids can also cause harm. They may promote an unchecked growth increasing bacterial load despite suppressing the symptoms of TB infection. They can also cause gastrointestinal haemorrhage, electrolyte imbalance, hyperglycaemia, and infections from fungi or bacteria.

ANTIBIOTIC THERAPY OR MOLECULAR DIAGNOSIS OF INFECTIONS?

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The aim of the study. The overuse of antibiotics is one of the cause of increasing rezistence of bacteria. The number of positive cultures is low when the antibiotic treatment was started before taken samples. RT-PCR is a new method that improve the diagnostic of infections. We present hear positive results using RT-PCR cheking viral and bacterial antigens in BAL, blood and pus; also we had a look to see antibiotics discontinuation when the results were negative.

Method. We have made a review of patient records who performed a moleculer test (RT-PCR) for rapidly detection (6 hours) of microbial antigens. Automatic extractor (SeeGene) was used. Amplification was made with We used separate panels for virus and bacteria. We can check for minim 7 bacteria or viruses in the same time. We count the pacients with antibiotic discontinuation when a negative RT-PCR was obtained.

Results. 120 respiratory samples ware screened for viruses or bacteria; all the patients were admitted for fever; 10 positive samples were found using RT-PCR. The positive results for Influenza was salvatory for one ventilated pacient admitted in ICU who can get tamiflu; unfortunately, all the other 110 pacients continuu the antibiotic therapy, regardless the RT-PCR negative results. The evaluation of RT-PCR for blood and pus, is at the begening in this moment, in our laboratory.

Conclusion. Doctors, including infectious diseases, have more trust in antibiotic prescription than in molecular diagnosis. A change of this situation is necessary.

SERODISCORDANT COUPLES - THE REAL LIFE

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The aim of the study. It is well known that the main transmission route of HIV is sexually, and the disease is socially very stigmatizing even in our days. Despite of this, the number of serodiscordant couples is increasing. The objective of this presentation is to show how these couples are formed.

Material and methods. Case series.

Results 1) 28 year old male patient from Romanian cohort, diagnosed with HIV infection in 1993, very adherent to antiretroviral treatment (ARVT), introduced in 1999, with last CD4 cell count: 1466/µl, undetectable viral load (UVL). Married in 2008 with a seronegative female after 2 years' courtship. They have a 4 years old seronegative daughter, they are together and live and work in Honolulu. 2) 27 year old female from Romanian cohort, with HIV infection since 1990, adherent to ARVT from 2000, with last CD4 cell count: 826/µl, UVL. Married in 2013 with a seronegative partner. They have a 3 years old seronegative son. She is not employed and without scholar education. 3) 24 year old female patient, diagnosed with HIV infection in 2014, screened during pregnancy, adherent to antiretroviral treatment, introduced immediately for prophylaxis of materno-fetal transmission, with last CD4 count: 1018/µl, UVL. At the moment of diagnosis, she had with her seronegative partner a seronegative daughter. Affirmatively the couple's life was stable, that's why the transmission is unknown. The second born child is seronegative too. 4) 28 year old male patient, diagnosed with HIV infection in 2000 by screening at a blood donation, very adherent to antiretroviral treatment, introduced in 2000, with last CD4 cell count: 722/µl, UVL, he is just married in 2016 with a seronegative female after 3 years partnership. 5) 34 year old female patient, diagnosed with HIV infection in 2014, because of wasting syndrome and severe anemia, very adherent to antiretroviral treatment, introduced in 2014, with last CD4 cell count: 391/µl, UVL. At the moment of diagnosis, she was married for many years with a 13 year old seronegative daughter and seronegative husband. Their marriage is stable with no other partners, the way of transmission of HIV unknown.

Conclusions Independent from gender, age, social status, HIV transmission, seronegative individuals often accept seropositive partners by their own will or they stay in a stable relationship with newly diagnosed HIV positive partner. Even without sexual risk factor regarding couples the importance of HIV screening is underlined by unknown transmission route.

OLDER PATIENT, COMORBIDITIES AND HIV INFECTION. CHALLENGES ASSOCIATED WITH TREATMENT

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Background. Due to the success of ART, increasing numbers of patients with HIV infection are older than 50 years of age. In addition, it is estimated that worldwide 120,000 people aged 50 years and older acquire HIV each year. As people age, they experience changes in renal function and more frequently develop conditions such as bone mineral density loss, cardiovascular disease, diabetes, and malignancies, all of which will affect the choice of first-line ART. (Anton Pozniak 2015). In this setting of comorbidities, drug-drug interactions are important.

Methods. We conducted a cross sectional study during 2015 in HIV infected adults above 50, from the Cluj AIDS Regional Center. The objective was to identify comorbidities, daily dose of medicines for chronic diseases in HIV infected patients under antiretroviral therapy (ART) and analyze drug-drug interactions. The tool we used was HIV Drug Interactions Charts from University of Liverpool (www.hiv-druginteractions.org).

Results. In the Cluj Regional Center at the end of December 2015 were followed up 446 patients; 370 were under antiretroviral therapy (ART). Above 50 years old there were 66 patients. We selected 60 patients, 59 with ART. Average age was 57; 19 were females. 34 from 60 were in stage C (56%). Average CD4 cell count value was 503/cmm.

28 from 60 patients have had comorbidities (46%): 32 dyslipidemia (12 women), 16 gastrointestinal and 14 cardiovascular morbidities. Only 7 patients with dyslipidemia were on lipid-lowering drug: 5 with statines and 2 with fibrates. Gastrointestinal medication was represented by histamine H2 antagonists (14), proton pump inhibitors (3). Cardiovascular were antiarrhythmic drugs (11), vasodilators (7) and antianginal therapy drugs (3). ART was represented by protease inhibitors (PIs) in 32 cases, nonnucleoside reverse transcriptase inhibitors (NNRTIs) in 18 cases and integrase inhibitors (IIs) in 9 cases. Daily dose of medicines for chronic diseases was 2.5 and for HIV infection 4.2. Interactions are found between boosted PIs and statins and boosted PIs and proton pump inhibitors.

Conclusions. The main comedication was for gastrointestinal comorbidities (26%) and for cardiovascular diseases (23%). PIs are used in 54% for HIV treatment. A drug-drug interaction regards usually the metabolism through cytochrome P450. We must use the interactions charts in the presence of comorbidities that require more medications. Some of drugs should not be coadministered, others have potential interactions, and others have no clinically interactions expected.

INFLAMMATORY POLYRADICULONEVRITIS – INAUGURAL MANIFESTATION IN PEOPLE LIVING WITH HIV INFECTION. 2 CASES PRESENTATION

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Background. Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) is a rare manifestation in HIV infection, but it is meeting more often in HIV infected patients than in seronegative people. CIDP is diagnosed in one third of HIV-seropositive patients referred for peripheral nerve diseases. While CIDP was more frequent than acute inflammatory demyelinating polyradiculoneuropathy (AIDP) in 2 European and North American reports, the converse was true in a larger series of African patients: 16 AIDP but no CIDP patients were found (1,2,3)

Material and methods. The first case: patient of 38 years old with 5 episodes of herpes zoster (1992, 1995, 1996, 1997, 1998) was admitted in our hospital in 2003 for decrease of muscular force from inferior limbs from 2001. Lumbar puncture revealed increased level proteins (120 mg/dl), normal level of glucose (42 mg/dl), 5-6 cells/mm³. Electromyography was suggestive for chronic polyradiculonevritis and HIV test was reactive. Ly T CD4 was 161 cells/cmm. Patient was treated with corticosteroids, acyclovir and milgamma. The antiretroviral therapy was initiated and well tolerated. The outcome was good, the patient was recovered in 3 months.

The second case: patient of 48 years old was admitted in our hospital in november 2015 for weakness in inferior limbs for 2 weeks. Lumbar puncture revealed increased level of proteins (229.8 mg/dl), normal level of glucose (55 mg/dl), 32 cells/mm³ with intranuclear inclusions suggestive for toxoplasmosis. Ly T CD4 was 515/cmm. Patient was treated with trimethoprim/sulphamethoxazol, corticosteroids and intravenous immunoglobulin. The antiretroviral therapy was initiated. The outcome was favorable, the patient recovered in 1 month.

Conclusions. These are two cases with inaugural neurological manifestation of HIV infection. Inflammatory demyelinating neuropathies are usually caused by HIV itself. In these cases the ethiological suspicion was herpes virus and toxoplasmosis.

NEOPLASIA ASSOCIATED WITH HIV - REGIONAL CENTRE HIV/AIDS IASI'S EXPERIENCE DURING A PERIOD OF 30 MONTHS

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Objective. Patients infected with HIV have an increased risk of developing any type of cancer due to immunosuppression, frequent oncogenic viruses coinfection and risk behaviors like smoking and alcohol, but some particular types of cancers can have the same frequency as in general population. This study aims to analyze HIV-infected patients who have been diagnosed with cancer in the last 2 years and a half.

Materials and Methods. We retrospectively analyzed the medical records of hospitalized patients in the Regional HIV/AIDS Center Iași, for a period of 30 months (January 2014 - June 2016). We followed viro-immunological parameters, the type of cancer developed and the level of adherence of patients to antiretroviral therapy.

Results: During the mentioned period, 37 patients were admitted, with a total of 65 hospitalizations. From the group of studied patients 43.24% are women and 56.75% men; 35.13% belong to the "pediatric cohort" (born between 1988-1989); 62.16% were older than 30 and 2.7% younger than 27 years. The types of cancer identified in the study group were non-Hodgkin's lymphoma (32.43%), Hodgkin's disease (13.51%), Kaposi's sarcoma (13.51%), hepatocellular carcinoma (8.1%), brain tumors (8.1%), rectal cancer (2.7%), testicular cancer (2.7%), kidney cancer (2.7%), trachea cancer (2.7%), breast cancer (2.7%), cervical cancer (2.7%), uterine leiomyosarcoma (2.7%), myeloid leukemia (2.7%) and refractory agranulocytosis (2.7%). CD4 cell count value at the time of admission was less than 50 cells/mm³ for 43.24% of the patients, and less than 200 cells/mm³ for 56.75% of them, indicating a high degree of immunosuppression. Viremia was detectable for the entire group. All seropositive patients with malignancies which were enrolled in the study were non-adherent and noncompliant to HAART due to depressive episodes, ethanol addiction or other psychiatric disorders. Patients who abandoned HAART benefited of sustained psychological support and the treatment was resumed. Initiation of therapy and substituted psychotherapy has resulted in improved viro-immunological parameters, giving the patient an adequate clinical-biological status for cancer surgery and chemotherapy initiation. During the study period, 5 deaths were recorded. Patients who died were aged between 27 and 47 years and all of them were in C3 stage of HIV disease.

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

CLINICO - EPIDEMIOLOGICAL ASPECTS AND PSYCHOSOCIAL HIV INFECTION OF A PATIENT IN THE PERIOD OF FERTILE AGE - HIV- AIDS EXPERIENCE, REGIONAL CENTRE, IASI

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The objectives of the study. Highlighting specific aspects, clinico-epidemiological and psychosocial of HIV infected patients admitted to the Infectious Diseases Hospital Iasi between 01.01.2015-31.01.2015.

Materials and methods. Medical documents of HIV positive patients were analyzed in the retrospective, hospitalized, emphasizing the main diagnosis and associated diseases.

Results. In the mentioned period for the 669 HIV infected patients monitored in HIV/AIDS Regional Center Iasi were registered 999 presentations, which is representing 1.45 for a patient presentations. 39 of pregnant women were hospitalized of 669 in total, which is 5.8%, 22 of which belong to the 'pediatric cohort' (children born between 1988-1990), which represents 56% of pregnant women. Also, were analyzed administration of antiretroviral therapy of pregnant patients, frequency of administration in first trimester of pregnancy, all period of pregnancy or just in the last trimester, as well as pregnant, who was not compliant and adherent to the ARV treatment (1 case). It were investigated genital ecosound of abdomino-pelvin, supplementary biological tests, associating the most common neoplasia: cervical, breast and lymphoma Hodgkin. It was realized psychological support to HIV infected patients, as well as the caregivers.

Conclusions. HIV positive woman raises multiple medical problems, psychological, emotional and complex management. An important role has her family, being on the base of psycho emotional and social support together with a psychologist, who can solve multiple problems of patients with HIV infected.

HIV/AIDS EPIDEMIC IN EUROPE 2016

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In June 2016 The United Nations General Assembly adopted a Fast-Track Strategy to put an end to AIDS epidemic by 2030. The main objectives are: the reduction of new HIV infections to less than 50.000 cases by 2020, decline in the AIDS-related deaths below 50.000 by 2020 and elimination of HIV- related stigma and discrimination by 2020.

In this context, the Global AIDS Update Report released the status of HIV in 2015, enhancing both the progresses and the remaining barriers in achieving the abovementioned HIV/AIDS targets. Thus in 2015, approximately 33 million people were living with HIV/AIDS globally. Of them, about 1.5 million persons were reported in Eastern Europe and Central Asia and 2.4 million in Western and Central Europe and in North America. In terms of access to treatment, the evidence suggests 46% coverage worldwide, with 21% coverage in Eastern Europe and Central Asia and in Western and Central Europe and North America approximately 50%. From the standpoint of new infections, the figures suggest a total of 1.9 million new infections annually.

On the other hand, at the end of 2014 as ECDC' Surveillance Data Report reveals, Europe has registered the highest number of HIV infections, namely 142.000 cases, since the beginning of the reporting back in 1980s. Late diagnosis is also of concern in WHO European Region, as the percentages for 2014 indicate 48% late diagnosed cases.

Given the figures above and the objectives formulated by UNAIDS, those involved in the fight against HIV/AIDS must evaluate their resources as well as the general perception around the epidemic and design realistic strategies to achieve the Fast Track Goals. Furthermore, one of the main desired actions to be taken is providing free access to antiretroviral therapy and integrated medical services.

MANAGEMENT OF THE HIV INFECTED CHILD. INTERNATIONAL THERAPEUTIC GUIDELINES' RECOMMENDATIONS

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Antiretroviral therapy for children infected with HIV/AIDS has improved gradually and significantly since its' in early 2000. The regimens include, at least, three therapeutic agents from a minimum of two classes, thus ensuring life expectancy by an improved quality of life. However many paediatric patients experience long and short term toxicity, with impact on their development as teenagers.

ART resistance in children develops more rapidly than in adults, mainly due to problems associated to resistance, sub optimal levels, followed by incomplete viral suppression.

The essential criteria for selecting an optimal HIV regimen are, as Penta 2015 and WHO Guidelines suggest: age (especially young ages), stage of disease, drug formulations, complexity of medication that consists in both ART drugs and drugs for associated diseases, importance of the first therapeutic regime, co-morbidities (such as: Tuberculosis, HBV, HCV, Chronic liver and kidney affections), adherence/compliance of the family or caregivers of the HIV infected child to the care plan.

A common element for international guidelines is adherence to ART, especially at the time of initiation which has significant impact on the patient's quality of life. The younger an infant or child is adherence directly depends on the socio-economic status of his family or caregivers as well as on their ability to understand the importance of treatment. The relatively limited number of paediatric drug formula, taste, high number of pills, frequency of doses administration, diet restrictions bare strong implications on adherence. For Eastern and Central Europe the challenge revolves around mother to child transmission of HIV which is strongly influenced by: women who use drugs/i.v. drugs, co-infections: HIV/HBV/HCV/TB/STDs, possibility of providing all paediatric formulations on a constant basis with universal access.

UP TO DATE IN INFECTIOUS DISEASES

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Abstract

This review emphasizes the most important changes that are taking place within the field of infectious diseases over the year 2016.

C. difficile continues to be a top priority in 2016 for prevention, which should be achievable with a good antibiotic control. Most of the excitement in this field is in management of relapsing disease with stool transplant; stool samples can now be obtained commercially; they are conditioned for use as oral capsules and the success rate for relapsing infection is 86%. The extensive results with stool transplant have established its effectiveness but far more interesting are the long-term medical outcomes based on changes in the microbiome.

Another priority for 2016 is represented by the infection with Zika virus, which like many new pathogens is not totally sorted out, but we know that it is neurotrophic and sexually transmitted, poses the greatest threat to pregnant women, and shows expanding geography. The good news is that the public health response has been fast and multidimensional.

Regarding the field of bacterial infections we are now witnessing some alarming infections for which we have no antibiotic treatment options. Until now, polymyxin resistance has involved chromosomal mutations but has never been reported via horizontal gene transfer. The emergence of the first plasmid-mediated polymyxin resistance mechanism, MCR-1, in Enterobacteriaceae was reported for the first time from a pig specimen in China. Recently the MCR-1 gene was identified in a clinical sample from a urinary tract infection from a patient in USA. These findings emphasise the urgent need for coordinated global action in the fight against pan-drug-resistant Gram-negative bacteria.

MULTIPLEXING THE PCR DIAGNOSTICS: PROMISES AND LIMITS

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PCR has been used in molecular diagnostics for several decades. It provides unparalleled sensitivity, specificity and speed and therefore it is a widespread diagnostic tool in infectious diseases. Furthermore, in recent years the costs have been dropping and the complexity of the hands-on activities has been significantly decreasing so that some formats are close to being point-of-care. Another development that gained momentum is the integration of several PCR reactions into multiplex formats. Most of them are subject to a syndromic approach. The most common panels of such PCR tests are devised to investigate respiratory, gastrointestinal and central nervous samples. While the concept is straightforward, the technical difficulties of developing a multiplex test can be significant and its sensitivity for the several targets can be uneven. The broadest level of multiplexing aims at identifying all the pathogens in a particular sample - be it respiratory, blood, CSF or other normally sterile fluids and tissues. The fine tuning of such systems is extremely complex and the results are sometimes surprising and difficult to interpret requiring interdisciplinary expertise.

THE ROLE OF MAGNETIC RESONANCE IMAGING IN DIAGNOSIS OF MUSCULOSKELETAL INFECTIONS

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Magnetic resonance imaging (MRI) represents the modality of choice for accurate evaluation of soft tissue changes due to its superior contrast resolution. Prompt diagnosis and accurate evaluation of complications of musculoskeletal infections through MRI examination are essential for accurate treatment and follow-up of these patients.

The presentation describes in introduction technique protocol of MRI examination for evaluation of patients suspected of musculoskeletal infections, then presents a wide-spectrum of MRI aspects in musculoskeletal infections through case examples and clinico-imagistic correlations. Common MRI findings in cellulitis, pyomyositis, septic arthritis, spondylodiskitis and osteomyelitis are described and some problems of differential diagnosis with inflammatory conditions are reviewed.

Necrotizing fasciitis is a special indication for MRI in emergency because it represents a rapid progressing infection with extensive necrosis of superficial and deep anatomical planes, accompanied by severe systemic toxicity and high mortality rate. In these cases, the prompt imagistic diagnosis is essential for correct treatment. The role of MRI in necrotizing fasciitis is to evaluate the extent and depth of the process and the involvement of adjacent structures and to follow-up for assessment of late development of necrosis.

In conclusion, MRI represents the imagistic modality of choice for diagnosis and accurate evaluation of complications of musculoskeletal infections and should be promptly indicated by clinicians in protocol of investigations of the patients suspected of developing musculoskeletal infections.

ANTIBIOTIC CONSUMPTION IN ROMANIA AND TARGETS IDENTIFICATION FOR IMPROVEMENT IN ANTIBIOTIC USE

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Introduction. The abuse and the misuse of antibiotics are involved in the emergence of antimicrobial resistance and of Clostridium difficile infection (CDI). We analyzed the pattern of antibiotic consumption in Romania in order to identify the main areas of intervention.

Methods. Analysis of national antibiotic consumption in Romania for 2011-2015: sales data provided by IMSHealth Romania and reimbursement data provided by NHIH.

Description. With 31.5-34 DDD/1000inh/day, Romania was for the last five years one of the top antibiotic consumption countries from European Union, with a rising tendency, $R^2 = .72$. The greatest part of this consumption, 57-60% was not-reimbursed. The differentiation hospital versus outpatient consumption was not possible, as indicated by the 23-29% of injectable antibiotics being sold in community, probably for hospital patients' treatment (including carbapenems, colistin, and linezolid). The CDI high risk antibiotics (quinolones, 2nd to 4th generation cephalosporins and carbapenemes) represented 22-28% of total antibiotic consumption, with an increasing trend, $R^2 = 0.82$; the percentage of these antibiotics are greatest in hospitals (46.1% of reimbursed hospital consumption). The high level of these groups consumption could be associated with increasing level of antimicrobial resistance for quinolones and cephalosporins in Enterobacteriaceae. Opposite, the consumption of tetracycline was one of the lowest in Europe (23-26st) although these antibiotics are associated with a diminished CDI risk. The broad- to narrow-spectrum index increased from 6.5 (2011) to 11.9 (2014); in the salvage antibiotic therapy significant increasing trends were registered in 2015 for carbapenems (more 70% than in 2014) and colistin (95% more than 2011); the Klebsiella pneumoniae and for non-fermenters antimicrobial resistance surged for both cited antibiotics. MRSA remains an issue with 56-65% of invasive S aureus infections.

Discussions. The level of the antibiotic consumption is one of the highest in Europe and the use of second line and salvage antibiotics is frequent. One explanation is related with prescribing medical education and habits: some prescribers have outdated information; they have low uncertainty avoidance and they are influenced by decisions of department head, by patients and directly by pharmaceutical companies. All these reasons are related to poor governance and corruption.

Conclusions. The level of antibiotic consumption in Romania is high and raising in the last years; it is associated with a frequent usage of broad spectrum and of high risk CDI antibiotics. In order to alleviate this phenomenon we need to implement antimicrobial stewardship programs in hospitals and antimicrobial treatment guidelines in ambulatory care.

ENCEPHALITIS AND MENINGITIS UNEXPECTED ETIOLOGIES

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Evaluation of a patient with suspected central nervous system (CNS) infection needs a complex differential diagnosis. Besides signs, symptoms, cerebrospinal fluid abnormalities and magnetic resonance imaging other data like geographic area, season, contacts with animals and vectors can bring important information to identify the etiologic agent. We will describe few cases of CNS infections with unexpected etiologies. These surprises can mean unexpected etiology or unusual bacterial resistance to antibiotics and extremely severe outcomes.

THE TREATMENT AND SECONDARY PROPHYLAXIS OF *CLOSTRIDIUM DIFFICILE* INFECTION IN PATIENTS WITH ANTITUBERCULOSIS TREATMENT

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Introduction. The principal cause for the *Clostridium difficile* infection (CDI) is represented by the administration of antibiotics. Fluoroquinolones and rifampicin, utilized as antituberculosis agents, induce a high respectively medium risk for CDI. We have analyzed patients with pulmonary TB in treatment and infection with *Clostridium difficile*.

Methods. Case series description.

Description. We describe a series of 9 patients with CDI discovered while receiving antituberculosis drugs, admitted in INBI “Matei Bals” between the years 2015-2016. The aim is to describe the relationship between long treatment with anti-TB and the emergence of CDI.

All the patients were receiving regimens which included rifampicin. CDI therapy was dictated by the severity of the disease; six patients received oral vancomycin, for two other patients vancomycin was associated with metronidazole i.v. (complicated form of disease) and in one case tigecycline was administered due to a severe form of CDI associated with bacterial cellulitis. Two patients died; they had comorbidities: cellulitis and sepsis, respectively drug addiction.

To prevent CDI relapses, 5 patients received oral vancomycin another 7-14 days after discharge, and one patient received vancomycin po 125mg/day throughout the duration of tuberculosis therapy. The only patient who has not relapsed is the one who received continuous secondary prophylaxis; the remaining patients had relapsed 2-4 times during tuberculosis treatment.

Discussions. Although we described only a case series of patients, we found that almost all patients with pulmonary tuberculosis have developed CDI recurrences, despite the period of CDI treatment. Secondary prevention with low-dose administration of vancomycin throughout the tuberculostatic treatment could be an effective intervention.

Conclusions. Pulmonary tuberculosis patients with CDI have a high risk of CDI relapse during the antituberculosis treatment. Low doses of daily vancomycin administration could represent an efficient secondary prophylaxis of CDI relapses and requires further evaluation.

EMERGENCE OF AMR IN *KLEBSIELLA PNEUMONIAE* STRAINS ISOLATED BETWEEN 2009-2016 AT THE NATIONAL INSTITUTE OF INFECTIOUS DISEASES „PROF. DR. MATEI BALS ” (NIID)

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Objective. To evaluate the resistance of *Klebsiella pneumoniae* strains isolated in the Microbiology laboratory of NIID “Prof. Dr. Matei Bals” between 2009-2016.

Methods. A total of 1871 non-duplicated strains of *Klebsiella pneumoniae* were identified and tested for antimicrobial resistance in automated systems Vitek2C (BioMerieux), MicroScan (Beckman Coulter); Sensititre (Thermo Scientific) and Etest (BioMerieux) were also used for AST according with CLSI and EUCAST.

Results. Comparing results of 2009 with 2016 we concluded that:

Resistance of *Klebsiella pneumoniae* has increased for the majority of antimicrobials: amoxicillin/clavulanat (31.0-62.1%), ceftazidime (33.5-59.0%), ciprofloxacin (40.9-64.1%), imipenem (0.5-21.8%). ESBL for *Klebsiella pneumoniae* varied between 34.6% and 52.3%. For aminoglycosides we have noticed an increase of resistance especially for amikacin from 4.9% in 2009 to 21.3% in 2016. Carbapenemase producing strains of *Klebsiella pneumoniae* has increased from 0% in 2009 to 1.3% in 2011 and reached to 24.5% in 2016. *Klebsiella pneumoniae* showed rapid increasing resistance to colistin, from 0% in 2009, to 2.5% in 2012 and 28.5% in 2016.

Conclusions. The results of antibiotic susceptibility testing shows worrying increasing of resistance for all *Klebsiella pneumoniae* at most of antimicrobials, including colistin used in recent years as election treatment for MDR *Klebsiella pneumoniae* strains.

ETIOLOGY AND OUTCOMES IN THE INTENSIVE CARE UNIT, THE TEACHING HOSPITAL OF INFECTIOUS DISEASES, 2014-2015

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Objectives. To evaluate the characteristics and prognosis in critical patients with infectious pathology.

Methods. We conducted a retrospective observational study of patients who were admitted in the medical intensive care unit (ICU) of the Hospital for Infectious Diseases Cluj-Napoca from 2014 to 2015. We included all consecutive cases with hospitalization for at least 7 days in ICU, in order to eliminate sudden deaths and limited etiological evaluation. Statistical analysis was performed with GraphPad Prism software.

Results. We included 231 cases, median age 68 years (interquartile range 58 to 78), gender ratio M:F = 1.48 with 67 deaths (29%), median hospital stay of 14 days (for deceased and survivors), median comorbidities number 5 ± 3.4 . Lower respiratory infections were dominant (41%), followed by sepsis and septic shock (38%), infective endocarditis (5.6%), meningitis/encephalitis (6%), and other infections (8.6%). We isolated from the blood and/or other types of culture: staphylococci (49 strains - 73% MDR), *Acinetobacter baumannii* (44 strains - 84% XDR), *Pseudomonas aeruginosa* (25 strains - 88% MDR or XDR), *Klebsiella pneumoniae* (25 strains - MDR or XDR 92%), enterococci (17 strains - MDR or XDR 41%), *Clostridium difficile* (37 strains). No statistically significant differences were found for age, gender, number of comorbidities, cancers, diabetes mellitus, cardiovascular disease, septic shock, procalcitonin, C-reactive protein, white blood cells, platelets, creatinine level in the deceased to survivors. The proportion of deaths was 22.5% in culture-negative patients, 32% in culture-positive patients and 35.2% in bacteriemic patients (statistically not significant). The risk of death was associated with age over 65 years (OR 2.85, 95% CI 1.62 to 5.03), positive blood cultures (OR 2.16, 95% CI 1.14 to 3.92), commonly isolated pathogens (staphylococci, enterococci, *Klebsiella pneumoniae*, *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, *Enterobacter spp.*) (OR 6.1, 95% CI 2.52 to 15.1), identification of drug-resistant bacteria (MDR) or extensively resistant bacteria (XDR) (OR 3.87, 95% CI 1.99 to 7.53), at least two bacterial species consecutively isolated (OR 2.21, 95% CI 1.24 to 3.96), the presence of a healthcare-associated infection (OR 2.35, 95% CI 1.32 to 4.21), SOFA score at admission > 7 (OR 1.88, 95% CI 1.04-3.38). Culture negative patients cultures had fewer comorbidities, APACHE and SOFA scores significantly smaller and tend to have a lower risk of death (OR 0.56, 95% CI 0.29 to 1,075). Ninety-four patients (40%) received carbapenems at admission without significant risk of *Clostridium difficile* enterocolitis.

Conclusions. Increased mortality was associated with older age, multiple comorbidities, disease severity and health care associated infections. The resistance profiles of identified pathogens involve major therapeutic difficulties.

PROCALCITONIN AS A PROGNOSTIC BIOMARKER IN SEPTIC PATIENTS ADMITTED IN THE INTENSIVE CARE UNIT

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Background and purpose. Sepsis is a continuous challenge in the field of infectious diseases. Procalcitonin, among the novel biomarkers, has gained widespread use in clinical practice. We aim to study the way procalcitonin correlates with prognosis in septic patients admitted in the intensive-care unit of a tertiary-care hospital.

Material/methods. We conducted a descriptive retrospective study on patients admitted in the intensive-care unit of the Clinical Hospital of Infectious Diseases Cluj-Napoca between January 1st 2015 and May 31st 2016. We included patients who fulfilled sepsis criteria, based on the 2001 consensus definition. Procalcitonin at admission and procalcitonin kinetics were evaluated, with death as the main outcome.

Results. Mean value of procalcitonin at admission was 16.35, with a median of 2.03. At the second measurement, procalcitonin shows an increase in values with mean=21.3, median=5.94, although the number of assays decreases. Death was more frequent in patients with procalcitonin increase.

Conclusions. Procalcitonin concentration varied with the evolution of sepsis and its ascending kinetics shows increased risk of unfavourable outcome.

IMAGING STUDIES IN THE DIFERENTIAL DIAGNOSIS OF FEVER SYNDROMES

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Introduction. Infectious disease pathologies are an important diagnostic problem because of the variation in clinical manifestations. Modern elaborated methods of diagnosis involve important socio-economic implications in regards to hospitalization costs, especially when these involve imagistic methods. Through imagistic examinations, some infectious diseases can be confirmed easily, which supports the importance of these techniques in patient evaluation.

Materials and Methods. The study presents the result of a retrospective study on 164 patients hospitalized at Victor Babes Infectious and Tropical Diseases Hospital in Bucharest between 01.01.2015 and 31.12.2015, who filled the following diagnostic criteria: infectious endocarditis, osteodiscitis, cerebral abscess, liver abscess.

Results. Average age was over 60 years old, ranging from 1 year to 89 years. Predominant gender was male (72.6%). The presence of a febrile syndrome was observed in every disease taken into account, predominantly in endocarditis cases (45.7%). Associated pathological antecedents were represented by diverse digestive track pathologies, surgical operations of the spine, as well as associated renal, cardiac, metabolic and other surgical pathologies. The imagistic methods used in the diagnosis of infectious diseases were echocardiography (transthoracic and transesophageal echocardiogram), computed tomography and magnetic resonance imaging.

Conclusions. The diagnosis of infectious diseases is, both now and in the future, powerfully influenced by imaging studies which help us, along with bacteriological lab studies, in the confirmation of the correct diagnosis.

RESISTANCE OF BACTERIAL AGENTS INVOLVED IN SISTEMIC INFECTIONS

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Background. Sepsis has become a global health problem due to increasing pathogenic agents' resistance, morbidity and mortality recorded in recent years.

Objective. The aim of this study is to assess the etiology and resistance to therapy of patients with systemic infections.

Material and Method. We performed a retrospective observational study, conducted during one year, 2014, on a sample of 40 patients diagnosed with sepsis and treated at the Infectious Diseases 1 Clinic, Tirgu Mureș. We analyzed the following variables: age, gender, area of residence, entry gate of the pathogenic agent. The diagnosis of sepsis was confirmed by the clinical and biological data: systemic inflammatory response syndrome (SIRS), fibrinogen, C-reactive protein (CRP), procalcitonin test (PCT) and white blood cells (WBC). In order to identify the pathogenic agent involved and its resistance to antibiotics, at least three sets of appropriate blood cultures (aerobic and anaerobic environments) were analyzed in an automated microbial detection system BacT/ALERT® system (BioMérieux, USA) and associated antimicrobial susceptibility were analyzed by disc diffusion method.

Results: Most of the patients were aged over 70 years (38%). Majority of the cases were represented by men (55% of cases) compared to women (45% of cases), and more than half of the patients came from urban areas (70% of cases) as opposed to rural areas (30% of cases). The entry gate of the pathogenic agent was: cutaneous (30%), unknown (25%), respiratory (20%), urinary (12.5%), digestive (7.5%), osteoarticular (2.5%) and central venous catheter (2.5%). Most frequent pathogens involved were: unknown (35%), Methicillin-resistant *Staphylococcus aureus*/MRSA (15%), *Escherichia Coli* (12%), Methicillin-susceptible *Staphylococcus aureus*/MSSA (10%), Methicillin-resistant *Staphylococcus epidermidis* (7.5%). Seven out of the forty patients developed irreversible complications.

Conclusions. The frequency of sepsis was increased at the extremes of age. The pathogenic agent most frequently involved and with the highest antibiotic resistance was Methicillin-resistant *Staphylococcus aureus* but with susceptibility to glycopeptide.

CXCL13 LEVELS IN CEREBROSPINAL FLUID AND PLASMA IN A GROUP OF PATIENTS WITH CENTRAL NERVOUS SYSTEM INFECTIONS

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Background. During the acute inflammatory process, the CXCL13 chemokine plays an important part in B cells recruitment at the central nervous system (CNS) level.

Objective. The study's objective consisted of CXCL13 chemokine cerebral spinal fluid (CSF) and plasma levels' evaluation in patients with acute infectious and noninfectious neurological diseases.

Material and method. this retrospective study was conducted over one year period (1.01.2015-31.12.2015) and included a number of 76 patients.

Forty-two patients (55.3%) with acute viral and bacterial meningoencephalitis and 34 patients (44.7%) with noninfectious neurological diseases, that were admitted in the Infectious Diseases I Clinic and Neurology I Clinic – Targu Mures.

CXCL13 chemokine CSF and plasma levels were determined through the ELISA technique with the Human CXCL13/BLC/BCA-1 (Quantikine R&D Systems MN SUA) kit.

The CSF's cell count, glucose and protein levels along with anti-Borrelia Antibodies using the ELISA kit 14 KDa + OspC IgM; IgG+ VIsE technique were monitored.

Results. CXCL13 chemokine levels of patients with acute infectious neurological diseases showed a mean value of 23.07 pg/ml (0.49-470.1), higher in comparison with the mean value of 11.5 pg/ml (1.14-171.5) of patients with noninfectious neurological diseases.

CXCL13's mean plasma concentration in patients with infectious neurological diseases was 140.8 pg/ml (0.50-458.5), in comparison with the second patient category, 50.7 pg/ml (1.0-173.2) (P=0.03).

A significantly statistical association between the CXCL13's concentrations and CSF cell count was noted.

The higher the CXCL13 chemokine level was, the higher the cell count was.

Conclusions. It was noted that CXCL13 proved to be a major determiner of B cell recruitment in the central nervous system in the case of different inflammatory neurological diseases. The CXCL13 high concentration reflects more of a humoral immune response than a specific one for a defined disease.

EVOLUTIVE FEATURES IN PATIENTS NEWLY DIAGNOSED WITH HIV INFECTION BETWEEN 2013-2015

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Background. According to ECDC, in Europe 80 people are diagnosed with HIV infection every day. In Romania, in the last five years, approximately 700 new HIV cases were diagnosed each year.

Objectives. The aim of this study was to evaluate the epidemiological and clinical features of newly HIV diagnosed patients in the Cluj Regional HIV/AIDS Centre between 2013 -2015.

Material and methods. All newly diagnosed patients with HIV –infection were identified from the HIV/AIDS confirmation charts. Epidemiological, clinical and immunological data were recorded.

Results. A total of 168 patients older than 15 years were included. Among these 45 patients (26.78%) were diagnosed in 2013, 61 patients (36.30 %) were diagnosed in 2014 and 62 patients (36.90) in 2015. The mean age of the patients was 32.91 years (range 16 - 68 years) with a male predominance (sex ratio M/F=2.8). The majority of patients, 113 (67.26%) , came from urban area . Probable route of transmission was: sexual in 167 cases (99.40%) from which man sex with man transmission (MSM) in 55 cases (32.73%), and unknown in 1 (0.60%) cases. At the time of the first hospital visit one third of the patients (30.18%) had CD4 cell count less than 200 cells/mm³. According to CDC classification almost one quarter (25%) from the adult patients were in the asymptomatic stage A1. The most frequent associated symptoms/ diseases at the time of presentation were: oropharyngeal candidiasis in 34 (20.23%) cases, wasting syndrome in 16 (9.52%) cases, persistent diarrhea in 9 (5.35%) cases, shingles in 8 (4.76%) cases, pulmonary tuberculosis in 7 (4.16%) cases, extrapulmonary tuberculosis in 5 (2.97%) cases and Pneumocystis jirovecii pneumonia in 5 cases. Combined antiretroviral therapy was started in 65.47% patients. Death occurred in 14 (8.33%) patients. Causes of death were: extrapulmonary Cryptococcosis 3 cases, cerebral toxoplasmosis 2 cases, Kaposi sarcoma 2 cases, Burkitt lymphoma 2 cases, splenic lymphoma 1 case, HIV encephalopathy 1 case, pneumocystosis 1 case, disseminated Mycobacterium avium complex infection 1 case and hepatic cirrhosis 1 case.

Conclusion. One third of the newly diagnosed HIV infections are related to MSM transmission route. Asymptomatic stage was diagnosed in one quarter of the cases. Immunological status at the time of first hospital visit reflects a delay in the diagnosis of HIV patients. Early diagnosis and improving prevention measures is necessary among high - risk group population.

REVIEW & UPDATE OF THE INDICATIONS OF NEUROIMAGING PRIOR TO EARLY LUMBAR PUNCTURE IN ADULT BACTERIAL MENINGITIS

IULIA TRIFU

Background. In the evolution of modern evidence based medicine a controversy has been depicted when referring to the timing and necessity of cerebral computerized tomography (CT scans) prior to lumbar puncture (LP) in patients with acute bacterial meningitis (ABM), since the developing of LP-induced cerebral herniation is a concern.

Nowadays many clinicians routinely order cerebral CT before performing a LP, but this implies a risk of delayed treatment of ABM, wich is still associated with a mortality of about 10-30% and a high risk of neurological deficits, despite the possibilities of advanced intensive care and modern antibiotic treatment.

Aim. Therefore, we aim to shed a light onto this topic by rigorously analyzing the literature published since 1999 and by reviewing the current international recommendations and present the updated guidelines (2016).

Methods. The scientific data was identified by inquiries of Medline, PubMed and Science Direct from 1999 to 2016. Furthermore, scientific literature conferring the chosen topic has been revised and synthetized in order to present a clear guidance on the indications, the limits and the timing of neuroimaging and LP in adults with suspected ABM.

Conclusions. CT is performed too often before LP, despite it cannot discard increased intracranial pressure (ICP) or herniation. According to the latest guidelines, neuroimaging investigations should not delay the LP unless clinical “red flag” features, consented as contraindications to immediate LP, are depicted. The ultimate reason to perform CT before and not after LP should not be to detect morphological abnormalities per se, but rather to reveal findings contraindicating the LP.

Nevertheless, empiric antibiotic therapy and corticosteroids should be administered before neuroimaging scans without delay, coupled with blood samples first.

THE ROLE OF IMMUNE MEDIATORS IN COMMUNITY ACQUIRED PNEUMONIA

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Community acquired pneumonia remains a major cause of morbidity and death worldwide, despite advances made in diagnostic methods, antimicrobial and intensive care therapy. This is due to the toxic inflammatory response that may accompany bacterial or viral pneumonia, especially influenza.

Effective host defense against bacterial infections in pneumonia is dependent on the activation and recruitment of phagocytic cells, which is tightly regulated by cascades of cytokines. These cytokines are produced by the immune system in response to an invading pathogen.

The factors responsible for lung injury and poor outcome in pneumonia are not yet fully understood. It is known that an effective and timely inflammatory response is necessary to eliminate the invading respiratory pathogens. Nevertheless, a prolonged inflammatory response, including increase neutrophil activation, may result in lung injury and poor outcomes even in patients receiving complete and correct medical care.

The objective of this present essay is to understand the dynamics of the cytokines response, and the role of other immune mediators in community acquired pneumonia, keeping in mind that the immunologic manipulation of cytokines expression is likely to become an important adjuvant therapy in the treatment of severe pneumonia.

FEATURES OF VIRAL HEPATITIS A IN PATIENTS OVER 35 YEARS AT THE INFECTIOUS DISEASES HOSPITAL OF IAȘI

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Viral hepatitis A (HAV), a vaccine-preventable disease, continues to be present at regional and national level and the number of cases has increased significantly in recent years.

Material and Methods. We compared the demographic, clinical, biochemical variables and evolution of patients diagnosed with HAV older than 35 years (group 1) to the first 34 younger patients with the same diagnosis (group 2) during 2015 at the infectious Diseases Hospital of Iasi.

Results. the 28 cases of group 1 represents 7% of all cases of HAV in our hospital diagnosed in 2015 (down from previous years - 9.8% in 2014, 21.7% in 2013 and 14.3% in 2012). The mean age of group 2 patients was 8.9 vs 40.3 years in group 1, the oldest patient was 58. Patients over 35 years came more frequently from urban areas (78 vs 25%, $p=0.0001$). During the onset of the disease, abdominal pain was observed more frequently among patients in group 2 ($p=0.06$). The maximum ALAT values were comparable in the 2 groups. The proportion of anicteric cases was significantly higher in group 2 (44.3% vs 3.6%, $p<0.0001$); among those with jaundice, the cholestasis syndrome was more pronounced in adults (maximum total bilirubin 9.1 vs 4.1 mg/dL, $p<0.0001$). Group 2 patients had more frequent markers of severity and a longer duration of hospitalization (16.9 vs. 11 days, $p=0.001$). The source of virus has been identified more commonly among patients in group 2 (57.2 vs 14.3%, $p=0.006$). In the first month after discharge in group 1 were identified more patients with a relapse of symptoms or hepatocytolysis (21.4 vs 2.8%, $p=0.04$).

Conclusions. Adults over 35 years represent only a minority of the patients diagnosed with HAV in our hospital, often having a different clinical and laboratory picture compared with pediatric patients; they are distinguished by a more important cholestasis syndrome, prolonged, sometimes severe or undulant evolution.

AN AUTHENTIC CHALLENGE IN CHILDREN EXPOSED PERINATAL HIV - MYCOBACTERIUM TUBERCULOSIS INFECTION

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Background. Romania remains on top in Europe in terms of the incidence of tuberculosis, which has an alarming spread in our country. Children exposed perinatal HIV infection are a special category, referring to the positive epidemiological investigation, TB disease severity in the context of the degree of immunosuppression, often multi-drug resistant forms.

Methods. In the period 01.01.2011-01.06.2016, Department of immunosuppressed children of INBI „Prof. Dr. Matei Balș” analyzed the evolution of 401 perinatally HIV exposed children, aged 0-4 years. We refer mainly to children belonging patient cohort (born 1989-1993) with resistant forms of the disease because of poor adherence to treatment of their parents, in particular, but also included children exposed HIV of mothers recently diagnosed infected sexually or iv drug use.

Results. Of the total children exposed HIV have been diagnosed with tuberculosis 6.98%, most of which were diagnosed in first stage TB, respectively 85.72% and 14.28% secondary TB. Of all cases of TB, we have dealt with 10.71% multi-drug resistant forms. All cases have positive family occurred and epidemiological investigation, however, only 14.28% of close contacts received prophylactic tuberculosis.

Conclusions. The increased incidence of TB in the general population, and particularly the children of mothers with HIV, achieve significant percentages. TB increased about 100 times when associated with HIV infection at the same risk being exposed to HIV positive mothers and children from HIV. The difficulty of eradication is a public health problem in the current epidemiological context of Romania.

Poster presentations

INFECTIVE ENDOCARDITIS WITH ENTEROCOCCUS FAECALIS DIAGNOSED LATE

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We present the case of a patient diagnosed late with infective endocarditis with *Enterococcus faecalis* due to the numerous septic complications: cerebral abscess, 3 repeated episodes of sepsis with the same germ. The symptoms began one month post heart surgery for mitral valve metal insertion, with an urinary tract infection with *Enterococcus faecalis*.

The 66 years old patient, with prosthetic mitral valve associating atrial fibrillation, antibiotic treated for urinary tract infections with *Enterococcus faecalis* after surgery, presented in the following 4 months, 3 consecutive blood cultures of the same bacteria, treated with antibiotics. 18 months after the surgery, he is diagnosed with cerebral abscess with *Enterococcus faecalis*. After many antibiotics treatments, he develops *Clostridium difficile* enterocolitis. After 22 months from the heart surgery, the patient goes to the hospital with chills and profuse night sweats. It is raised the suspicion of infective endocarditis, confirmed by the transesophageal echocardiography which shows a mobile growth measuring 10/16 mm at the mitral prosthetic ring. The patient is then transferred into our clinic.

The clinic exam highlights systolic murmur at the mitral valve, no fever, pale skin, without changes in bowel habits and/or diuresis. Initial biological triage shows a moderate inflammatory syndrome with C-reactive protein = 12.1 mg/l, a negative procalcitonin and 6 positives blood cultures with *Enterococcus faecalis* sensitive to ampicillin and high gentamicin resistance.

During hospitalization a treatment is established with Ampicillin 12 g/day and Ceftioxona 4 g/day, transesophageal cardiac ultrasound is performed repeatedly highlighting the decrease in size of vegetation but also the appearance of paraprotectic regurgitation. The patient's evolution was favorable, being discharged with the recommendation for cardiac surgeon consult.

Thirteen days after discharge, he returns with re-infection with *Clostridium difficile* and during the admission a colonoscopy is performed, describing a polyp at sigmoidian colon. A positive blood culture with *Enterococcus faecalis* proves without clinical impact. Transesophageal echocardiography describes the reappearance of vegetation at prosthetic valve level, inflammatory syndrome without biological or other clinical complaints. He is sent for cardiovascular surgery consult, with unfavorable response.

Our case shows the importance of preoperative patient testing, harvesting rectal, genital, urinal and blood cultures, tropisms knowledge and investigating bacterial target organs. In this case, the isolation of *enterococcus faecalis* demands a cardiac inspection at first, considering its tropism for heart valves. The prosthetic valve replacement is very important after its sterilization with antibiotics. The peculiarity of the case is the use of two beta-lactams for the treatment of *Enterococcus faecalis* endocarditis, with results comparable to those of combination of ampicillin and aminoglycosides.

LEVEL OF DEPRESSION AND ADHERENCE TO ARV TREATMENT AMONG PEOPLE LIVING WITH HIV

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Background and aim. Depression has been shown to adversely affect the adherence to treatment among patients with chronic illness. Depression was associated with poorer adherence in cross-sectional and longitudinal studies, in both resource-rich and resource-poor settings, and in all populations affected by HIV. The purpose of this study is to examine the association between depression and adherence to ARV treatment in patients with HIV, enrolled in The Immunodepression Department of The Clinical Hospital of Infections Diseases in Cluj Napoca.

Materials and methods. Baseline data was collected on 142 patients, 67% males and 33% females, from the total of 186 persons receiving ARV treatment until December 31, 2015. Depression was measured using the Center for Epidemiologic Studies Depression (CES-D) questionnaire, and adherence to treatment, using the Adherence to ARV Treatment Questionnaire (AARVTQ).

Results. The prevalence of depression in this population was 20.42%. High CES-D scores were associated with low AARVTQ scores to ($p < 0.001$). The relationship between depression and the adherence to ARV treatment was significant ($p < 0.001$), indicating that as depression increases, adherence to treatment decreases.

Discussion. We identified a significant relationship between depression and adherence to ARV treatment in this group of patients. This indicates that any treatment initiated for the patients should include assessment of mental state and specific intervention in reducing depressive symptoms to ensure adherence to treatment and thus to allow the patient a normal life. Many studies have looked at the relationship between depression and poor adherence to HIV therapy, but until now there has been no meta-analysis of their results, evaluating the strength and consistency of their findings. This study is not able to show how depression affects adherence. It could be related to its impact on concentration, appetite, self-worth, or self-care. It can be the purpose of a future study. During the time, the researchers concluded, "novel approaches to the successful management of these linked problems could have significant public health benefits for patients living with HIV/AIDS

SOCIAL BENEFITS FOR PEOPLE LIVING WITH HIV, A COMPARISON BETWEEN NATIONAL AND SUB-NATIONAL DATA

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Background and aim. Besides health care services addressed to people living with HIV, current legislation comprises a distinct package of social benefits offered to these patients. There are two social benefits offered to people living with HIV, disability allowance and food allowance (1). Food allowance is exclusively given to people living with HIV as an additional support to enhance the effectiveness of antiviral treatment. The main goal of the study was to evaluate the access to social welfare system of HIV patients enrolled in the Regional Centre for Evaluation and HIV Monitoring of Cluj.

Material and method. The study had a comparative design, and it had aimed at analyzing national and regional data on access to social benefits for people living with HIV. The data were collected from yearly reports released by the National Institute of Statistics and quarterly reports issued by the National Authority for People with Disabilities.

Results. In 2015, food allowance was the most accessed social benefit both locally and nationally. In 2015, a number of 320 patients out of the total number of 377 patients registered in the Regional Centre of Cluj, were granted this benefit, 85%. National data indicated that 9.350 patients out of the entire number of 13.766 registered patients, were given this allowance, 68% (2). About access to disability allowance, the data from the Regional Centre of Cluj showed that in 2015 there were 221 infected patients getting this benefit, 50%. National data displayed a number of 7.034 HIV-infected people receiving disability allowance, 51% (3).

Conclusion. The data on access to food allowance pointed that the percentage of people living with HIV from the Regional Centre of Cluj were higher than the national average, 85% versus 68%. This finding may be explained because most patients were informed by psychosocial professionals in respect to their social welfare rights. Access to disability allowance is lower, both national and regional data indicated that 50% of patients were receiving this benefit. This could be explained by fear of patients not to be discriminated due to their seropositive and disability status.

CURRENT ETIOLOGICAL ASPECTS AND TREATMENT OPTIONS IN URINARY TRACT INFECTIONS IN BRASOV COUNTY

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Objectives. Evaluation of the current antibiotic susceptibility of *Klebsiella* spp., *Proteus* spp. and *Pseudomonas aeruginosa* strains, involved in producing urinary tract infections, in national and international context characterized by marked bacterial resistance to antibiotics, with major implications for the etiological treatment options and for the increases of nosocomial infections incidence.

Materials and methods. Retrospective study, based on the analysis performed on 87 bacterial strains (*Klebsiella* spp. – 41, *Proteus* spp. – 34, *Pseudomonas aeruginosa* – 12), isolated in significant positive urine culture in patients admitted with urinary tract infections in the Infectious Diseases Hospital of Brasov during 2014-2015. Susceptibility to antibiotics was evaluated by disc diffusion method and it was carried to the next group of antibiotics: fluoroquinolones (Ciprofloxacin), three generation cephalosporin (Ceftriaxone, Ceftazidime) Amoxicillin/Clavulanic acid, Trimethoprim/Sulphamethoxazol, aminoglycosides (Gentamicin, Amikacin), Colistin, carbapenems (Meropenem).

Results. Susceptibility to ciprofloxacin was 56.76% - *Klebsiella* spp., 50% - *Proteus* spp., 4/9 strains - *Pseudomonas*; to amoxicillin/clavulanic acid were 39.29% susceptible strains of *Klebsiella* spp., 25% of the *Proteus* strains and none of *Pseudomonas*; Ceftazidim sensitivity was found to 69.44% - *Klebsiella* spp., 65.52% - *Proteus* spp. and to 4/11 strains of *Pseudomonas aeruginosa*. Were obtained high values of sensitivity to Amikacin (92.31% - *Klebsiella*, *Pseudomonas* 5/7 strains, 67.7% - *Proteus*), Colistin (95.83% - *Klebsiella* spp. and *Pseudomonas* strains 7/11) and Meropenem (93.75% - *Klebsiella*, 93.33% - *Proteus*). Sensitivity to Trimethoprim/Sulfamethoxazole was medium for *Klebsiella* spp. - 60% and very low for *Proteus* - 16.67%. For strains tested for five classes of antibiotics resistance to 2 classes has been found in 12% cases to *Klebsiella* spp. and *Proteus* spp., to 3 antibiotics in 19% of tested strains of *Klebsiella* and in 28.83% from those of *Proteus*. Sensitivity to all the five classes of antibiotics tested were revealed in 50% of the *Klebsiella* strains.

Conclusions: 1. In most strains of *Klebsiella* spp. isolates in urine sensitivity remains high to Amikacin, Colistin and Meropenem, medium for Ciprofloxacin, Ceftazidim and Trimethoprim/Sulphamethoxazol and low to Amoxicillin/clavulanate. 2. To *Proteus* spp. was found a very good sensitivity only to Meropenem, medium for Ciprofloxacin, Ceftazidim and Amikacin and very low for Colistin and Biseptol. 3. Strains of *Pseudomonas* isolated were few, susceptible to Amikacin, Colistin and Meropenem.

ANTIMICROBIAL RESISTANCE OF E. COLI AND KLEBSIELLA PNEUMONIAE ISOLATED FROM BLOODSTREAM INFECTIONS IN "PROF. DR. MATEI BALȘ" NATIONAL INSTITUTE OF INFECTIOUS DISEASES IN 2015

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Background. E. Coli and Klebsiella pneumoniae are the main gram negative bacilli involved in the etiology of bloodstream infections, with increasing antimicrobial resistance during the past years. According to the most recent report of European Antimicrobial Surveillance Network, Romania is one of the countries with the highest antimicrobial resistance rates of these pathogens (1).

Objective. To analyse the antimicrobial resistance of E. Coli și Klebsiella pneumoniae strains isolated from bloodstream infections.

Material and Methods. We retrospectively analysed the antimicrobial susceptibility tests of E. Coli and Klebsiella pneumoniae isolates from blood between January 1st – December 31st 2015 in "Prof. Dr. Matei Balș" National Institute of Infectious Diseases. Antimicrobial susceptibility tests were performed with semiautomated methods and interpreted according to CLSI criteria. ESBL presence was confirmed by difuzimetric method.

Results. We identified 59 isolates of E. Coli and 37 isolates of Klebsiella pneumoniae, representing 43.24% of all gram negative bacilli isolated from blood.

For E. Coli the highest antimicrobial resistance rate was noticed for aminopenicillins (67.8%), followed by trimethoprim-sulfamethoxazole (44.83%) and fluoroquinolones (35.56%). The resistance rates to third and fourth generation cephalosporins was the same (23.73%). For piperacillin-tazobactam and aminoglycosides the resistance rates were lower: 12.56% and 15.25%, respectively. There were no resistant isolates to carbapenems and colistin. 25.42% of E. Coli strains were ESBL positive, most of them being also resistant to fluoroquinolones and almost half of them being resistant to piperacillin-tazobactam and aminoglycosides. 6 isolates were multidrugresistant.

Among Klebsiella pneumoniae isolates, 29.72% were resistant to third and fourth generation cephalosporins, respectively; 24.32% to piperacillin-tazobactam; 27.02% to fluoroquinolones; 26.47% to trimethoprim-sulfamethoxazole; 21.62% to gentamicin; 8.11% to amikacin. We identified one strain resistant to colistin and carbapenems, respectively. 29.72% of Klebsiella pneumoniae strains were ESBL positive, most of them being also resistant to fluoroquinolones, aminoglycosides and piperacillin-tazobactam. 8 isolates were multidrugresistant.

Conclusions. E. Coli și Klebsiella pneumoniae strains isolated from bloodstream demonstrate significant resistance to antibiotics that we use as empiric treatment in infections in which we suspect the involvement of these pathogens: third and fourth generation cephalosporins, fluoroquinolones.

Piperacillin-tazobactam has a good activity against E. Coli, but Klebsiella pneumoniae strains display a higher resistance.

The presence of ESBL positive strains and their increased resistance to many antibiotic classes complicates the therapeutic management of these patients.

Although with low incidence, the presence of carbapenems and colistin resistant strains rises a concerning problem for public health and hospital-acquired infections control.

ANTIBIOTIC SUSCEPTIBILITY ANALYSIS OF ENTEROCOCCUS SPECIES ISOLATED FROM VARIOUS PATHOLOGICAL PRODUCTS

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Objective. The aim of the study was to determine the sensibility to antibiotics of the enterococcus species isolated from different pathological products.

Material and methods. This study was realized on 313 stems of enterococcus spp. from different pathological products such as: urine, blood, secretions from surgical wounds, vaginal secretions, and urethral secretions during a period of 12 months, from January to December 2015. The isolates identified through morphological and biochemical characteristics were tested for sensibility to antibiotics by using the Kirby – Bauer method in the microbiology laboratory of the Mures County Clinical Hospital. We analyzed comparatively the sensibility to main antibiotics such as: Ampicillin, Ciprofloxacin, Gentamicin, Vancomycin, Nitrofurantoin, Linezolid.

Results. A total of 313 isolates, 48.08% from urine, 5.43% from blood cultures, 7.98% from urethral and vaginal secretions and 37.69% from secretions of the surgical wounds were included in the study. The enterococcus spp. stems isolated from secretions of the surgical wounds were resistant to Ampicillin in a proportion of 34.75% comparatively to those isolated from urine culture with a resistance of 11.11%, to those isolated from blood cultures which a resistance of 23.52% and to those isolated from vaginal and urethral secretion which had a sensibility of 100% to Ampicillin.

As far as the sensibility to Ciprofloxacin is concerned, it was of 52.54% to the enterococcus stems isolated from the secretions of surgical wounds, 41.17% to the stems isolated from blood cultures, 24% isolated from the vaginal and urethral secretions.

Conclusion. The resistance to Vancomycin was sporadically seen in only 6.77% of the cases and only at the stems isolated from secretions of the surgical wounds at patients treated at the Surgery and Intensive Care Unit. Ampicillin and Nitrofurantoin remain a therapeutical option for urinary infections. The present study showed as a first option therapy the association of a β -lactam with an aminoglycoside (Ampicillin and Gentamicin) in the treatment of infections with enterococcus species. The therapy with Vancomycine and Linezolid must be wisely used and especially in the case of patients infected with multidrug resistant stems only.

HIV ASSOCIATED LYMPHADENOPATHY – WHAT IS BEHIND?

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Objectives. Lymphadenopathy is frequent in HIV positive patients, it could either be caused by various infectious or malignant diseases, or by HIV infection itself. The aim of this study is to present a series of cases of HIV positive patients with enlarged lymph nodes.

Material and methods. A retrospective chart review was performed using the data of five HIV positive patients admitted to the 1st Infectious Diseases Clinic of Tg. Mures during May 2015-May 2016.

Results. Case 1: 26-year-old male patient diagnosed HIV positive and with pulmonary tuberculosis 3 months before the onset of lymphadenopathy. The T CD4+ lymphocyte count was 117/mm³. The patient received antiretroviral therapy. The lymph node biopsy revealed diffuse large B cell lymphoma. The patient passed away before getting the result of biopsy.

Case 2: 31-year-old male patient, admitted for fever, weight loss and lymphadenopathy, with a lymph node biopsy showing reactive hyperplasia, was found HIV positive. The T CD4+ lymphocyte count was 175/mm³. The repeated lymph node biopsy revealed ganglionic tuberculosis. Despite the sensitivity of *Mycobacterium tuberculosis* (MTB) to Isoniazid and Rifampicin, and appropriate antiretroviral and tuberculostatic therapy the patient developed cold abscess.

Case 3: 34-year-old male patient, with chronic hepatitis B, lymphadenopathy, was found HIV positive. The T CD4+ lymphocyte count was 12/mm³. The lymph node biopsy revealed reactive lymphadenopathy, smears and cultures for MTB were negative. The lymphadenopathy resolved with antiretroviral therapy, the T CD4+ lymphocyte count increased to 133/mm³ in six months.

Case 4: 26-year-old female patient, known HIV positive since her childhood, without antiretroviral therapy in the last 5 years due to nonadherence, restarted therapy in 2015. Her T CD4+ lymphocyte count was 184/mm³. She was readmitted after 2 months due to lymphadenopathy. The lymph node biopsy revealed diffuse large B cell lymphoma. The outcome was undulatory after repeated courses of cytostatic therapy.

Case 5: 26-year-old female patient known HIV positive since her childhood, with HIV encephalopathy, chronic alcohol intake, nonadherent to antiretroviral therapy, developed laterocervical lymphadenopathy. Her T CD4+ lymphocyte count was 23/mm³. The Ziehl Neelsen smear performed from the lymphonodular biopsic material of the lymph node showed acid fast bacilli. The outcome of ganglionic tuberculosis was favorable under antiretroviral and tuberculostatic therapy.

Conclusions. The most frequent cause of lymphadenopathy in HIV positive patients can be HIV infection itself, however there are frequent cases of ganglionic tuberculosis and lymphomas also. The lymph node biopsy represents the gold standard for diagnosis.

A CASE OF METHICILLIN-SUSCEPTIBLE STAPHYLOCOCCUS AUREUS SEPSIS ASSOCIATED QUADRIpareSIS

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Background. QuadripareSIS associated with staphylococcal sepsis is rare; only few cases have been reported, related to meningoradiculitis, polyradiculoneuritis, transverse myelitis or cerebritis with bilateral lesions of the premotor areas (one case report).

Materials and methods. We present the case of a 60 years old woman, alcohol consumer, admitted to N.I.I.D „Prof. dr. Matei Bals” with a diagnosis of spondylodiscitis at the L1–L2 level, with intra-canal abscess and psoas muscle microabscess following a local infiltration performed in another unit, non-neurosurgical case in the absence of functional impairment. Initially, the evolution was unfavorable, under broad-spectrum antibiotic therapy, after three days of hospitalization, patient developed acute meningoencephalitis, severe sepsis and septic shock and multisystem organ failure (MSOF) and was transferred to the intensive care unit (ICU) of our hospital. Methicillin-susceptible *Staphylococcus aureus* was isolated in blood and CSF (collected via suboccipital puncture) cultures. Broad spectrum antibiotic therapy was applied in the ICU leading to the complete restoration of vital functions, but with progressive quadripareSIS. Transthoracic echocardiography revealed no suggestive changes of bacterial endocarditis. Neurological examination on return to the ward revealed: quadripareSIS, unaltered state of consciousness, unaffected cranial nerves, no urinary or defecation dysfunction, no sensory disturbance. A cervical spine magnetic resonance imaging (MRI) rule out the diagnosis of myelitis and a brain MRI allowed us to establish the cause of quadripareSIS: cerebritis with bilateral lesions of the premotor areas. A favourable clinical outcome was noticed with neurological improvement (more brachial) under intravenous antistaphylococcal antibiotic therapy with good CNS penetration given for 4 weeks. Damage of the vertebral bones was the main reason we decided to extend the antibiotic treatment up to 2 months.

Currently, the patient find herself at home following oral antibiotic therapy, a motor rehabilitation program and she will be reassessed imaging (MRI) and neurosurgical in order to remove the septic focus (spondylodiscitis).

Conclusions. Our case highlights the importance of a multidisciplinary approach in a critically-ill patient with sepsis and MSOF originating from spondylodiscitis, and the importance of imaging studies (MRI) in order to establish the cause of sepsis associated quadripareSIS.

THERAPEUTIC PROBLEMS IN PATIENT WITH MARKED IMMUNOSUPPRESSION ASSOCIATING SEVERE SEPSIS AND PULMONARY TUBERCULOSIS

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Objective. To assess the presence and treatment of opportunistic infections in an HIV-positive patient under marked immunosuppression.

Materials and methods. We present the case of a patient from the “pediatric cohort”, diagnosed with HIV infection stage C3, during her first pregnancy, at a 5 monthsgestational age. During her puerperal period, she was diagnosed with miliary tuberculosis (positive sputum culture exam for *Mycobacterium tuberculosis*) for which antituberculosis therapy was given in the pneumology service. Shortly postpartum, she developed a state of marked immunosuppression which contributed to the development of a severe sepsis with *Enterococcus faecium* (with positive hemoculture and urine culture), adding positive lochiaculture with *Escherichia coli*. The evolution was worsened by multiple complications including hepatotoxicity and depressive episodes.

Results. Considering the symptoms and positive *Escherichia coli* cultures, antibiotherapy was initiated. As the general state of the patient was rapidly worsening, she was transferred to our service, where quadruple anti-TB and proper antibiotherapy were initiated. The combined medication was the leading cause to hepatotoxicity, therefore, the therapy needed some improvements. Despite severe immune depression, with ARV therapy and psychological counselling, the evolution was favorable, with an increase of CD4Ly and undetectable viremia.

Conclusions. The appearance of the depressive syndrome in a puerperal HIV-positive patient contributed to treatment non-adherence which led to the development of a hard to treat opportunistic infection. Therapeutic strategy in the patient with AIDS, tuberculosis and sepsis creates problems because of the cumulated side effects of medication. Therapeutic success is conditioned by the patient’s compliance to treatment, adding to the existence of effective collaboration between multiple medical specialists.

ANTIMICROBIAL RESISTANCE OF NONFERMENTATIVE BACTERIA SPECIES ISOLATED FROM ICU PATIENTS

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The aim of the study. In this study we analyzed resistance profile of nonfermentative Gram - negative bacilli isolated from ICU patients.

Material and method. We analyzed 37 nonrepetitive strains of nonfermentative Gram - negative bacilli isolated from ICU hospitalized patients between September 2014 – February 2015. Their identification was achieved with automatic system Vitek® 2 Compact (bioMérieux, Marcy - l'Étoile, France) with GN cards. Antibiotic susceptibility testing was performed with automatic system VITEK® 2 Compact and disc diffusion method. Antibiotic susceptibility for *Stenotrophomonas maltophilia* was done by disc diffusion method with Levofloxacin 5 µg., Minocycline 30 µg. and Sulphamethoxazol-Trimethoprim 1.25/23.75 µg. Interpretation sensitivity testing was done according to current CLSI.

Results. The isolated species were: *Pseudomonas aeruginosa* (n=34, 91.9%), *Chryseobacterium indologenes* (n=2, 5.4%), and one strain of *S. maltophilia* (2.7%). Strains were isolated from: urine (3), sputum (2), tracheal secretion (11), pus (15), central venous catheter (1), other specimens (3). Patients were 17 female (48.6%) and 18 men (51.4%), aged between 46 and 81 years [mean: 63.5 years].

The antimicrobial resistance profile for *P. aeruginosa* was: 94.1% to ticarcillin, 91.2% to piperacillin and their association with beta-lactamase inhibitors: ticarcillin+clavulanic acid, piperacillin+tazobactam, 58.8% to ceftazidime and 100% to cefepime, 88.2% to imipenem and 94% to meropenem. To aminoglycosides resistance was 20.6% to amikacin, 94.1% to gentamicin and 70.6% to tobramycin. *P. aeruginosa* strain showed 61.8% resistance to ciprofloxacin. We found 2 strains resistant to colistin (5.9%). Both strains of *C. indologenes* were resistant to all tested antibiotics, except minocycline, sulphamethoxazol – trimethoprim and fluoroquinolones (ciprofloxacin and pefloxacin). *S. maltophilia* was sensitive to tested antibiotics.

Conclusions. Among nonfermentative gram - negative bacilli, *P. aeruginosa* was the main pathogen isolated. The resistance level of *P. aeruginosa* was high to anti-pseudomonal penicillins and carbapenems, aminoglycosides and fluoroquinolones. We noticed 2 strains colistin resistant. Were isolated other nonfermentative species with high level of intrinsic resistance. It is necessary the introduction of a bacterial screening for patients admitted to ICU to limit multidrug resistant infections.

RESISTANCE TO CHEMOTHERAPIC AGENTS OF *ENTEROCOCCUS* STRAINS ISOLATED FROM HOSPITALIZED PATIENTS

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The aim of the study. The present study has proposed analysis of enterococci species involved in infectious pathology and determining their antibiotic resistance.

Material and method. We conducted a retrospective study, following the strains of *Enterococcus* spp. isolated from hospitalized patients in surgical and ICU wards in RIGH „Prof. Dr. O. Fodor” Cluj-Napoca during July–December 2012. Identification and antibiotic susceptibility testing was performed using Vitek® 2 Compact automated system.

Results. We analyzed 47 strains of enterococci isolated from different pathological products: urine (14), fluid puncture (7), tracheal secretion (4), pus (15), central venous catheter (5), blood (1), bile (1). The isolated species were *E. faecalis* (29, 61.7%) *E. faecium* (13, 27.6%), *E. gallinarum* (2, 4.3%), *E. avium* (1, 2.1%), and *E. durans* (2, 4.3%). The study of antibiotic resistance of *E. faecalis* strains showed the following values: resistance to penicillin and ampicillin - 31%, to aminoglycosides high (high AG - 48.3%), to fluoroquinolones (FQ) - 51.7%, to erythromycin (Ery) and quinupristin - dalbopristin (QD) - 44.8%, to tetracycline (TE) - 31%, and 3.4% were intermediate to tigecycline (TIG). 3.4% of strains showed VanA phenotype being resistant both to the vancomycin (VA) and the teicoplanin (TEC). The antimicrobial resistance profile for *Enterococcus faecium* was: 30.8% to β -lactams, 53.9% to AG high and FQ, 61.5% to Ery and QD, 46.2% to TE, 15.4% to vancomycin (vanB phenotype). *E. gallinarum* strains were resistant to β -lactams, AG high, FQ, Ery and TE. Strains of *E. avium* and *E. durans* were sensitive to all tested antibiotics. Strains isolated from urinary tract infections showed a 28% level of resistance to nitrofurantoin.

Conclusions. The most common species isolated were *E. faecalis* and *E. faecium*. Romania has not reported data on antibiotic resistance of enterococci species in EARSS system (2012). We find one *E. faecalis* strain resistant to glycopeptides (VanA phenotype) and two strains of *E. faecium* showed vanB phenotype. We noticed a high level of resistance to aminoglycosides associated with resistance to β -lactams, and a level resistance of 50% to FQ. All the strains were susceptible to linezolid.

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA WITH CERVICOTHORACIC COLLECTIONS AND SEVERE INTRAINFECTIOUS HEMOLYTIC ANEMIA

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We present the case of a 60 year old man who underwent total left hip arthroplasty 10 month before admission. From his medical history we mention a right hip prosthetic implant 10 years ago and ischemic cardiac disease.

The patient presented with fatigue, asthenia and the biologic trial highlighted severe anemia with Hb=5.5 g/dl. He was admitted in the hematology clinic. Additional investigations frames the anemia as megaloblastic. After that jaundice, haemolysis and colesthasis panel appear. The case is reconsidered and dexamethasone therapy is initiated. Hemoglobin values, despite all therapy remained low. During hospitalization the patient developed acute pain in his cervico-dorsal spine and in his left hip with minimal response to anti-inflammatory therapy. Three sets of hemoculture were taken in absence of fever in which methicillin resistant *Staphylococcus aureus* was identified. Linezolid therapy was initiated. In this stage the cause of the anemia was considered to be most probably due to the infectious process so the patient was transferred in our clinic. We have to mention that during hospitalization in the hematology clinic and also in our clinic the patient was afebrile.

Biological and microbiological investigations confirmed anemia, haemolytic panel and MRSA septic process. Lumbar puncture showed slightly opalescent and hypertensive cerebrospinal fluid, with 19 cells/mm³, increased proteins (2.5 x N), normal glucose, slightly elevated lactic acid. The CT scan identified paravertebral fluid collections from C7 to T4. Identification of IgG immunoglobulins and anti- C3d complement on the surface of erythrocytes through Coomb's test supported acute haemolysis surface. He received replacement therapy with red blood cells units, dexamethasone and human immunoglobulin. Given the sensitivity spectrum of MRSA in glycopeptide, fluoroquinolones, rifampycin and clindamycin we initiated vancomycin, adjusted to residual concentration and moxifloxacin

Under targeted antibiotherapy with regression of biological inflammation and maximal hematologic therapy the anemia persisted up to 3.8 g/dl. The patient was retransferred in the hematologic unit from where he returned after 3 weeks to continue antibiotic therapy. They managed restoration of hemoglobin value up to 11 g/dl but still under decreasing cortisone therapy.

INFLUENZA AND PREGNANCY POSSIBLE DEADLY ASSOCIATION

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Influenza is an infectious respiratory diseases, an important global source of morbidity and mortality. Pregnant women can have serious complications when they contact influenza. Every year during influenza season we observed a high rate of mortality in pregnant women with influenza. This increased risk was correlated with physiological and immunological changes during pregnancy. Influenza vaccination for pregnant women is safe for both mothers and their fetus, and is recommended for all women who are pregnant during influenza season. Antiviral treatment or prophylaxis with neuraminidase inhibitor becomes an important consideration.

COMORBIDITIES HIV - EARLY MARKER FOR STATUS SITE AT AGE PEDIATRIC HIV

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Background. In recent years, in Romania, at the age pediatric HIV infection has a different trend compared to epidemiologic 1989 event - 1993. We refer to children exposed perinatally HIV cohort having genitors belonging therapeutic multiexperimentate, on the one hand, on the other hand to those who are diagnosed because of conditions that draw attention to HIV immunosuppression by train or recurrent character.

Methods. In the Department of Children's immunosuppression INBI „Prof. Dr. Matei Balș”, we analyzed a sample of 71 children aged 0-18 years who were diagnosed with HIV infection from 01 September 2001 - June 1, 2016. In children exposed perinatally HIV in most cases, detection it was early in the first days or months of life, while in other cases the pathology digestive, respiratory, hematologic, cardiac, dermatological, ocular represented a warning to immunodeficiency.

Results: Of the children diagnosed with HIV infection, 38.02% had lingering enterocolitis, candidiasis digestive or malabsorption syndrome, bronchiolitis and pneumonia repeated 33.8%, 8.45% impaired hematologic lines, 7.04% heart disease, 5.63% dermatological and also 5.63% ENT diseases, a rate of 1.4% eye damage.

Conclusions: The test of pediatric pathology train, digestive or respiratory recurrent episodes child requires HIV testing, thorough history is the foundation of an early diagnosis, which offers a chance of survival in addition, under current antiretroviral therapy.

Case Presentations for Residents

A MULTIDRUG-RESISTANT URINARY TRACT INFECTION IN AN IMMUNOCOMPROMISED PATIENT

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Introduction. Renal transplant recipients (RTR) with immunosuppressive treatment shows increased tendency to develop urinary tract infections (UTI) with extended spectrum beta lactamase (ESBL) producing bacteria. An appropriate management ensures long term success in allograft function and in patient's outcome.

Case description. A 40-year-old male patient, with congenital vesicoureteral reflux, who have received a kidney transplant in 2000, underwent left radical nephrectomy and developed secondary hypertension, hyperparathyroidism and anemia. The patient is on routine immunosuppression protocol consisting of cyclosporine, mycophenolate and prednisone. At admission he presented right lumbar dull pain, subfebrility (37.7°C), cold shivers and dysuria. Laboratory tests revealed leucocytes: 24440/mm³, neutrophils: 22320/mm³, blood pressure: 130/60 mmHg, heart rate: 84 bpm, breathing: 20/min, urea: 133 mg/dl, serum creatinine: 3.02 mg/dl, glomerular filtration rate (GFR) (calculated with Modification of Diet in Renal Disease equation): 23 ml/min/1.73m², erythrocyte sedimentation rate (ESR): 30 mm/h. Urinalysis showed: 500 leukocytes, positive nitrite test, pH: 5, 50 erythrocytes. Abdominal echography showed the renal graft 130 mm, increased cortical echogenicity. Chest X-ray, thoracoabdominal CT scan revealed pleural effusion in the left costodiaphragmatic recess. Empirically treatment was started with Meropenem in renal dose for suspicion of UTI. The patient developed fever which persists even on the 5th day from admission, ESBL producing *Escherichia coli* (*E. coli*) grows from the hemoculture and the urine culture, resistant to SMX-TMP, ciprofloxacin, gentamicin, tetracycline, ampicillin and amoxicillin/clavulanic acid. At this moment he had GFR: 14 ml/min/1.73m², Meropenem's dose was increased and Amikacin was associated. In that moment we considered that he developed urinary sepsis. The patient improved progressively and on the 15th day was discharged with better kidney function, GFR: 34 ml/min/1.73m².

Discussion and conclusions. Our patient with Carmeli score 3, developed urinary sepsis with a multidrug resistant *E. coli*, according to the European Centre for Disease Prevention and Control (multi-drug resistance is defined as non-susceptibility to at least one agent in three or more antimicrobial categories). In recent studies carbapenems are considered as the preferred drug of choice for infections with ESBL producing gram negative bacteria, our case is particular, because we associated a possible nephrotoxic drug, aminoglycoside to our renal transplanted patient. Only after introducing higher dose of Meropenem with Amikacin was effective, with remission of symptoms. Regardless of the 16th year after transplant, and the multidrug resistant sepsis with *E. coli*, the patient was discharged with an acceptable renal function.

A POSSIBLE ASSOCIATION BETWEEN PROTON PUMP INHIBITORS USE AND THE RISK OF STREPTOCOCCUS AGALACTIAE MENINGOENCEPHALITIS. CASE REPORT

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Streptococcus agalactiae is recognized as the etiologic agent of newborn and infant's meningitis, aged up to 90 days and rarely is responsible for meningitis in infants, up to 7 months.

We present the case of a male Caucasian infant, aged 9 months and 3 weeks, with a gastroesophageal reflux disease in treatment with proton pump inhibitors, which is brought to the emergency room for fever 40°C, right hemi body motor deficit and superficial coma. A transfontanelar puncture was performed, and revealed a purulent cerebrospinal fluid (CSF), with 310 elements/mm³, a glucose of 5 mg/dL, and a protein of 28.35 g/L. On growth medium *Streptococcus agalactiae* was isolated. The antibiogram revealed the sensitivity to ampicillin, linezolid, vancomycin, teicoplanin, trimethoprim/sulfamethoxazole, and ciprofloxacin. Laboratory investigations revealed the following alterations: leukopenia – white blood cells 2.6 x 10⁹/L, 88.2% neutrophils, hemoglobin 9.9 g/L, hematocrit 28.8%, platelets 133 x 10⁹/L, blood protein 5.74 g/dl, C-reactive protein 215 mg/L, and procalcitonin 10 ng/ml. A cranial CT scan revealed a diffuse cerebral edema with a wide left parietal hypodense area. A cerebral MRI scan was also performed, the conclusion of the MRI was: the described aspect corresponds to a meningoencephalitis. A chest radiography was performed and revealed an emphasized bilateral infrahilar and hilar interstitial drawing. Leukopenia in our case suggests a lack of defense by phagocytosis, which allowed the presence of bacteremia and subsequent the crossing of blood-brain barrier by *Streptococcus agalactiae*. It is possible that the damages in the leukocytes functions and an decrease bactericidal activity to be associate with an increased risk of enteric infections, a upper gastrointestinal tract colonization, a loss of bacterial diversity, with oropharyngeal and pulmonary translocation. His response to the therapy was slowly favorable, the survival being associated with motor and psychological sequelae.

In conclusion, the use of PPI in infants for over a month should be closely monitored in the light of changes in the oropharyngeal tract colonization, potentially with pathogenic flora.

TUBERCULOUS MENINGITIS IN HIV PATIENT, DEVELOPED DURING APPARENTLY EFFICIENT TREATMENT FOR PULMONARY TUBERCULOSIS

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We present the case of a 27 years old patient, with AIDS stage C3, who was diagnosed with pulmonary tuberculosis (TB), subsequently confirmed Isoniazid resistant and whom under treatment with Rifampicin, Pyrazinamide and Ethambutol developed TB meningitis, despite the favourable clinical and bacteriological evolution of the pulmonary ailment. At the 6 months check-up (from the initiation of directly observed treatment), *Mycobacterium tuberculosis* was negative in sputum, the pulmonary symptomatology withdrew and the patient continued to follow the treatment.

On the 7th month of treatment, the patient presents visual impairment and the dilated fundus examination establishes the possibility of CMV retinitis. Consequently, the treatment with i.v. Ganciclovir was proposed.

In 2 weeks' time, the patient presents new symptoms: fever, intense headache, photophobia, vomiting and the lumbar puncture establishes the diagnosis of TB meningitis. At the initial scheme of anti-tuberculous treatment (which included Rifampicin, Pyrazinamide and Ethambutol) there was added Moxifloxacin and Clarithromycin, alongside Dexamethasone and Mannitol. After 5 days the treatment with i.v. Ganciclovir for the CMV retinitis was initiated.

The unfavourable evolution, with the development of TB meningitis was correlated with the appearance of Efavirenz resistance, through low adherence (CD 4 has fallen to 36 cells/mm³); this fact imposed changing the antiretroviral treatment – from Abacavir, Lamivudine and Efavirenz, to Abacavir, Lamivudine and Raltegravir.

Regardless the favourable evolution of the pulmonary TB under treatment, there can appear a new infection site, in our case, TB meningitis. Also, there needs to be taken into consideration the possibility of TB retinitis, as the symptomatology and the aspect on the dilated fundus examination are similar to the ones in CMV retinitis.

DIAGNOSTIC AND EVOLUTIVE PARTICULARITIES IN A SEVERE CASE OF ACUTE MULTIVALVULAR ENDOCARDITIS IN A SPLENECTOMISED HOST

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Introduction. Multivalvular infectious endocarditis occur with a lower frequency compared with univalvular endocarditis, which accounts for 15% of all endocarditis. Involvement of three or four valves is an extremely rare entity. The extension of the valvular lesions predispose to severe repercussions of cardiac function, multivalvular endocarditis lead to an increased risk of cardiac failure that implied high rates of morbidity and mortality.

Objective. Case report:

We present the case of a female patient aged 51 years with history of idiopathic thrombocytopenic purpura, splenectomised seven years ago, with recent hospitalizations and antibiotic treatment for pneumonia and spinal infiltrations for lumbar discopathy. She was admitted in the Clinic of Infectious Diseases I of Targu-Mures, displaced from an Extraterritorial Hospital for a meningeal syndrome, with altered sensorium, fever and with a cerebrospinal fluid analysis suggestive of bacterial meningoenzephalitis, but the bacteriological investigations were negative. Bronchopneumonia was confirmed on the chest x-ray. The treatment was performed with broad spectrum antibiotics- Cefotaxime and Vancomycin. The evolution was unfavorable, she developed hypotension and renal failure and required transfer to an Intensive Care Unit. Transthoracic echocardiography showed aortic valve endocarditis. The patient condition worsening, she develop venous thrombosis, acute respiratory distress syndrome, multiple organ failure, she died after nine days of hospitalization. Pathological examination evidence acute endocarditis of the aortic and tricuspid valve and of right atrial wall.

Conclusions. Multivalvular endocarditis is an extremely severe entity with an important lethal potentially. In our case, post-mortem diagnosis concluded the multivalvular achieve of infective endocarditis. The splenectomy led to the immune suppressed condition of the patient that predispose to a severe prognosis. The unfavorable evolution under the treatment with Vancomycin give rise to the differential diagnosis of the etiological agent. It is necessary to deepen bacteriological and molecular diagnostic techniques. Cases of severe systemic infections require interdisciplinary management and the echocardiography is necessary to perform routinely to confirm an early diagnosis of infectious endocarditis.

BOTULISM WITH TYPE B TOXIN – DIAGNOSIS DIFFICULTIES

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The Botulism is a rare disease that occurs naturally or can be caused by accidental or intentional exposure to botulinum toxin. In 2015 the incidence rate of confirmed botulism cases was 0.09‰₀₀₀, which is higher in the central and western regions. In general, the cases, occur in small family outbreaks due to improperly preserved food, with an exception - the year 2007, when industrial processed food was involved.

We present a case of a 51-year-old male patient diagnosed with botulism, acute right pneumonia, and acute enterocolitis with *Clostridium difficile*. The patient was hospitalized in Slatina for diplopia, left palpebral ptosis, hoarseness, difficulties in swallowing and later associated fever. Blood serum has been analyzed in order to detect botulinum toxin, and it is confirmed the botulinum toxin type B. The patient was transferred to „Dr. V. Babes” Clinical Hospital of Infectious and Tropical Diseases for specific treatment and intensive care support. ABE botulinum antitoxin is administered with prior testing and desensitization, associated with antibiotic treatment for the additional pathologies and also supportive and symptomatic treatment, with subsequent favorable evolution.

Diagnosis and treatment at an early stage of the disease are extremely important. In Romania, botulinum type B infection is more common, the ratio being 55:1 - B:E, which explains the less severe forms of the disease due to the involvement of the autonomic nervous system prevalent in type B botulism.

LISTERIA MONOCYTOGENES: UNCOMMON CLINICAL FEATURES. CASE REPORT

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Abstract

Introduction. *Listeria monocytogenes* is a gram-positive rod-shaped bacterium that can grow under either anaerobic or aerobic conditions. It is provided a general discussion on the uncommon clinical features of this common cause of bacterial meningitis. In addition, the epidemiology and mechanism of disease of this unique pathogen are addressed.

Methods. A 61-year-old man with rapidly progressive decline in his mental status was transferred to our institution from a surgical ICU.

Initially, the patient had upper gastrointestinal hemorrhage and was emergency hospitalized in a surgery ward, but further on, fever arised; it preceded mental status deterioration. His history is significant for recent ear pain with minimal otorrhea, chronic alcohol consumption and dietary habits involving unpasteurized dairy products.

In light of the patient's age, the decline in his mental status, the presence of fever and the history of untreated diabetes mellitus, routine haematology and biochemistry were done on peripheral blood and a lumbar puncture was performed.

Results. The patient presented with stupor and generalized seizures with the necessity of protective endotracheal intubation. CSF results were significant for elevated protein level, marked pleiocytosis with neutrophilic granulocytes, but Gram, ZN, India Ink stains and cultures were negative. Therefore a CSF analysis (Iridica) was performed and *L. monocytogenes* was identified. The report of brain MRI was as follows: no acute injuries; no signal abnormalities in the supratentorial area; left mastoid fluid accumulation signal; bilateral maxillary sinus mucosal thickening. The empiric antimicrobial treatment included ampicillin, ceftriaxone, vancomycin, fluconazole and intravenous dexamethasone.

Conclusion. A high index of suspicion in patients with risk factors for this infection is the key to ensure the timely initiation of appropriate empirical antibiotic therapy in the setting of life threatening neurological disorders.

TREATMENT PROBLEMS IN A PATIENT WITH PULMONARY TUBERCULOSIS AND CONCOMITANT CLOSTRIDIUM DIFFICILE INFECTION

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Introduction: the patient who is undergoing anti-tuberculous treatment is at risk of developing a Clostridium Difficile infection, as in the treatment scheme there are included antibiotics which favor the infection (such as Rifampicin or quinolones, used for MDR tuberculosis).

We present the case of a 34 years old patient diagnosed in May 2015 with pulmonary TB, who received treatment with HIN+RIF in 3/7 scheme. Under anti-tuberculous treatment, the evolution was favorable. After 5 months of treatment, the patient developed an infection with Clostridium Difficile – binary toxin producing strain.

He was treated with Vancomycin for 21 days for Cl. Difficile, while the treatment for TB continued unmodified. Initially, the evolution was favorable but in 4 weeks' time, a relapse occurred. The second episode was treated with Vancomycin for 24 days.

The patient continued the anti-tuberculous treatment with the same doses, having a good response. There was no other relapse of CDI throughout the complete course of treatment for tuberculosis.

Conclusions:

1. In a patient under treatment for pulmonary TB, the treatment must not be stopped even if there is a concomitant Clostridium Difficile Infection.

2. In case of a concomitant CDI, there is no unique anti-tuberculous treatment scheme. It must be chosen accordingly with the patient's evolution, trying to keep Rifampicin in the scheme.

SHOULD NATIONAL INTERFERON FREE HEPATITIS C POST-TRANSPLANT PROTOCOL NEED SOME CHANGES TO FACILITATE PATIENTS ADHERENCE?

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The infection with the virus of C hepatitis - a real pandemic - affects approximately 3% of the world's total population. The blood transfusion has represented the main mechanism of transmitting this disease before the blood donors' screening was obligatorily introduced [1]. The risk of the post-transfusion infection before the testing was introduced had been >5% / transferred blood unity, decreasing after that to approximately 0.2% / transferred blood unity; at present a risk of maximum 0.001% / transferred blood unity is acceptable (1/100,000 cases per transferred blood unity). However, the risk of transmitting the virus through other different ways stays high, in a direct report with the absence of the vaccination possibility [2].

We are presenting the case of a 54 year old patient from a city, having had B chronic hepatitis since 1987, in 2004 having had the virus D isolated (overinfection), for which he was treated with Intron for 12 months in 2005 (swaying evolution, maintaining the cytolysis), diagnosed with cirrhosis of the liver and oesophageal varices in 2012. In March 2014, he was hospitalised in Fundeni Clinical Institute with the diagnosis of cirrhosis of the liver VHB+VHD minimum decompensated portal and parenchymal and dysplastic nodules which are seen with X-rays (from 2012-in observation HCC grafted on cirrhosis) and is included on the waiting list for a liver transplant. In June 2014 he had the first TACE session and in August 2014 he had the second session of chemoembolization (after the procedure he developed hypothyroidism.)

Two more TACE sessions followed, in November 2014 and January 2015 and in March 2015 he is orthotopically transplanted a whole liver from a brain dead donor. The further monitoring of the patient does not highlight special changes regarding the serologic profile or tests modified after the transplant in the first 6 months. The appearance of an important cytolytic syndrome required the investigation of the cause, both serologically and also of the level of plasma viremia (investigations EBV, CMV, HVB, HVD etc are recommended).

As the patient lives in Iasi, he went to the Infectious Diseases Hospital, as the serology for the Hepatitis C virus was positive. Correlated with the values of the high viremia, I considered the IFN therapy to be necessary, but, unfortunately, according to the CNAS protocol, this therapy can be initiated and monitored only in the centre where the transplant was made.

Conclusions. Long distances and longer IFN-free periods of treatment (6 months), as well as the necessity of a twice per month monitoring (at least) ask for the inclusion of access to therapy in the University centers nearest to where the patients live (not interfering with the post-transplant supervision), facilitating thus, from many points of view, a good carrying out of the therapy and a high degree of comfort for the patient.

TORACAL OSTEOMYELITIS COMPLICATED WITH MEDIASTITIS. CASE REPORT

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Introduction. Multi-drug-resistant *Staphylococcus aureus* remains a major cause of gram- positive wound infectious. Toracal osteomyelitis determines rarely the compression mediastinal syndrome.

Case report. We report a case of a 46-years-old male, with post vertebral traumatism status in the toracal level about 10 months ago, is hospitalized in the neurosurgical department for spastic paraparesis, fever, chills, toracal pain with gradually intensity evolving undulant which has consulted and treated in various medical services. A vertebral osteomyelitis is diagnosed with multiple localization and the neurosurgical intervention is warranted, the wound is left open. In our hospital it is highlighted *Staphylococcus aureus* from the wound receives appropriate antibiotic treatment. After the antimicrobial therapy is transferred to the neurosurgical department for the closure of the healed wound. The patient recovered without any complications. The infection was successfully eradicated.

Conclusions. Collaboration between surgery and infectious diseases is extremely important in case of patients with vertebral osteomyelitis.

MEASLES MYOCARDITIS IN A 6 MONTH OLD INFANT. CASE REPORT

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Introduction. Myocarditis is uncommon in children and is even rarely in infants; when it occurs, usually a viral infection is the cause, but drug toxicity and hypersensitivity reactions can also produce myocarditis. Our case is truly a rarity because nowadays measles occur only in sporadic outbreaks (0.24 cases per 100000 people - 2014, Romania) due to vaccination (only 85% of children in 2014). Myocarditis in measles is very rare too. Infants with myocarditis have a poor prognosis: 75% of cases in newborns do not survive, but the prognosis is improving in older age: 25% of cases in older children will die. There are other complications with myocarditis, as well as chronic myocardial pain.

Presentation. We present the case of a 6 month old infant who was admitted with fever while he was recovering after a rotavirus enterocolitis. The next day he presented respiratory distress and after that skin rash and oral ulcerations appeared. Few days after, he developed heart failure (hepatomegaly, tachycardia, arrhythmia, anorexia) and he was admitted to the intensive care unit. His blood tests showed leucopenia with neutropenia, GOT increased and no sign of inflammation. The serology showed positive antibodies for measles virus. On ECG was detected supraventricular tachycardia and atrial premature contractions; echocardiography showed left ventricular dysfunction. Treatment was started with NSAIs, steroids, beta blockers and intravenous immunoglobulins. The heart function and the general condition of the patient slowly improved and after some time he was discharged.

Discussions. This case is a particular one because his both conditions are very rare: measles and myocarditis and the association of this two is even rarer. Usually infants are more affected by myocarditis because their immature myocardial tissue can't fight against the infection. Our patient had a critical myocardial involvement but with good outcome and no complications.

FULMINANT INFECTIVE ENDOCARDITIS WITH NEGATIVE BLOOD CULTURES**LACRAMIOARA ELIZA POP¹, VIOLETA SILADI², ROXANA IUBU²**¹**Children Emergency Hospital, Cluj-Napoca, Romania**²**Infectious Diseases Hospital, Cluj-Napoca, Romania****Corresponding author: Lacramioara Eliza Pop, e-mail: lacri_lizy@yahoo.com*

Introduction. Infective endocarditis is one of the infections that are very difficult to diagnose especially in children. The diagnosis is established through modified Duke Criteria. Blood cultures are negative when antibiotics were used before, in infections with microorganisms that grow hard in vitro or in fungal infections. Fungal infections are hard to diagnose because the specificity of blood cultures for fungi is very low.

Presentation. We present the case of a ten year old girl that developed an upper airways infection that evolved into otitis treated by the general practitioner with antibiotics. The outcome was poor and the otitis transformed into meningoencephalitis. The girl was admitted and treated with broad spectrum antibiotics and her condition improved. But after 7 days, fever reappeared. The girl presented a valvulopathy and for that reason infective endocarditis was suspected. An echocardiography was done but there were no signs of vegetation, only a dysplastic aortic valve was found. The antibiotic therapy went on and the next week the girl's condition improved, but in the evening she still presented fever up to 38 degrees. At 7 days after the echocardiography was done the girl went suddenly into cardiac arrest and died. The autopsy discovered aortic and tricuspid immense vegetations and rupture of interventricular septum. The microscopic examination discovered fungi in the cardiac tissue and the valve cultures were positive for *Candida albicans*.

Discussions. This case was difficult because all the microbiologic test were negative (CSF probe and 7 blood cultures). The evolution was fulminant with development of massive vegetations that destroyed the valves. We did not have enough Duke criteria to diagnose an infective endocarditis when the patient was in hospital and the real diagnosis was established after autopsy.

NECROTISING FASCIITIS: A MULTIDISCIPLINARY CHALLENGE

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Introduction. Necrotising fasciitis is a rapidly progressive inflammatory and infectious disease of the fascia with secondary necrosis of the subcutaneous tissues. The treatment must be initiated without delay. Due to its complexity a team approach is required for the management of this disease.

Case presentation. We present the case of 54-year old male patient recently diagnosed with diabetes mellitus type II, admitted for an atone wound of the left lower extremity, 10/10 cm in diameter, with necrosis, purulent discharge, positive Celsian signs, bilateral onychomycosis. Because of this clinical presentation and laboratory findings such as inflammatory syndrome, leucocytosis, anemia and bacteriological results he was diagnosed with necrotising fasciitis caused by methicillin sensitive *Staphylococcus aureus*, superinfected with *Candida parapsilosis*. After initiation of antibiotic, antifungal and symptomatic treatment he was admitted to the surgery department. Early surgical debridement of necrotic tissue was performed, followed by repeated dead tissue debridement. 20 days later he was transferred to the plastic surgery department where *Alcaligenes faecalis* and *Pseudomonas* spp. were isolated from the wound. Skin reconstruction was performed, supportive and antibiotic treatment was administered, with favorable outcome.

Conclusion. Necrotising fasciitis can progress rapidly towards systemic complications, therefore an urgent multidisciplinary approach providing appropriate treatment is required.

DIFFERENTIAL DIAGNOSIS OF FEVER – OFTEN THINK OF A RARE DISEASE

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Background. Kawasaki disease (KD) is an acute febrile vasculitis, with an incidence in Europe ranging from 4.9 to 15.2/100.000 children younger than 5 [1]. Despite being a rare disease, in developed countries it appears to have replaced acute rheumatic fever as the leading cause of acquired heart disease in children [2].

Case presentation. We report the case of a 10-months old male patient, who presented with loss of appetite, followed by fever and right cervical swollen lymph node; after being treated by the ER physician with amoxicillin clavulanate, the patient was still febrile and developed a macular rash of the trunk, and face, diarrhoea and marked irritability; serum levels of acute-phase reactants were high and he had important cytotoxicity. Also, the history revealed that the patient had an uncle who had recently travelled to the Middle East. Given the circumstances, on the second day of the fever he was admitted with high suspicion of infectious mononucleosis. He was given antibiotic and anti-inflammatory treatment, with little clinical progress, persistence of fever and increase of acute-phase reactants, including C-reactive protein.

During the following days, the patient also developed congestion of the conjunctive and of the lips, strawberry tongue, erythema and desquamation of the hands and soles. Serology tests were negative for EBV, CMV-virus infection, and also for hepatic viruses. Therefore, considering the fever associated with the clinical syndrome consisting of cervical lymphadenopathy, exanthema, desquamation of hands and soles, conjunctival congestion, strawberry tongue, Kawasaki disease was considered.

Echocardiography was performed, which showed dilation of the left coronary artery. Therefore, diagnostic criteria for Kawasaki disease were met and in the fifth day after the apparition of fever, treatment was started with intravenous immunoglobulin and high dose of aspirin with favourable outcome.

Conclusion. Kawasaki Disease is a rare illness, with no precise known incidence on our territory. The cytotoxicity associated with rash appearance after the administration of amoxicillin clavulanate made the mononucleosis infection highly plausible. Yet the persistence of fever and irritability imposed for a continuous search for a diagnosis. The fact that the patient received immunoglobulin treatment early, in day 5 of fever is a marker of good prognosis, especially regarding the vasculitis of the carotid arteries.

ACUTE MENINGITIS AT A IMMUNOSUPPRESSED PACIENT WITH MULTIPLE COMORBIDITIES

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Introduction. Bacillary meningitis is one of the most severe forms of extrapulmonary manifestations of tuberculosis, commonly in immunosuppressed patients, associating a high mortality rate, the development and emergence of important neurological sequelae, despite the specific treatment being properly initiated and in time.

Materials and methods. We present the case of a 58 years old patient, diabetic with cardiac pathology, in immunosuppressive therapy with Humira for psoriatic arthritis, periodically investigated in pulmonology service for the pulmonary tuberculosis screening. The beginning of the symptoms was insidiously two weeks before the admission, with fever, changed general state, night sweats, right axillary adenopathy, dry cough, and she was guided by the pulmonologist to Marius Nasta Hospital, where lymph node biopsy and thoracic CT were performed and they showed miliar pulmonary infiltration image, axillary, laterotraheal and pretraheal lymphadenopathy, further worsen the condition neurologically associating dizziness and myoclonus and is transferred to our clinic. Since the admission day the immunosuppression treatment got interrupted, lumbar puncture was performed. At the admission, the patient presented myoclonus, stiff neck, photophobia, the CSF aspect being suggestively for bacillary meningitis. Tuberculosis treatment was initiated, with slowly and favorably evolution. Negative PCR BK, negative smear Ziehl-Nielsen and BK positive cultures were found.

Conclusions. Bacillary meningitis at immunosuppressed patients frequently has an unfavourable prognosis, on the background of difficult etiologic diagnosis, neurological complications, association with other extrapulmonary manifestations and adverse effects of prolonged tuberculostatics therapy.

SEPTIC ARTHRITIS INDUCED BY STAPHYLOCOCCUS AUREUS IN A PATIENT WITH UNBALANCED TYPE II DIABETES MELLITUS

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Introduction. Septic arthritis, also known as infectious arthritis, may represent a direct invasion of joint space by various microorganisms, most commonly caused by a variety of bacteria. However, viruses, mycobacteria, and fungi have been implicated. Bacteria are the most significant pathogens in septic arthritis because of their rapidly destructive nature.

Case report. We present the case of a 43-year-old male with uncontrolled type II diabetes mellitus (complicated with diabetic polyneuropathy and retinopathy) who complains of pain, swelling and functional impotence in his right elbow and right hip, accompanied by low-grade fever and chills, approximately 2 weeks after noticing a wound on the medial side of his left big toe. An echographic image of his right elbow joint showed a hypoechoic fluid collection of 30/16 mm, extended periarticular with liquid films with a maximum diameter of 8 mm down to the inferior region of the joint. A contrast MRI image of his pelvic region showed fluid collections (with a diameter of up to 46/39 mm) located at the distal third of the gluteus medius muscle.

Methicillin-resistant *Staphylococcus aureus* was isolated from the wound on his left toe and also from the fluid collection in his right elbow joint. The patient was diagnosed with septic arthritis.

Conclusions. Uncontrolled type II diabetes mellitus, especially when it presents with complications, can be an important contributing factor in the occurrence of severe community-acquired infections.

ENDOCARDITIS WITH KLEBSIELLA PNEUMONIAE ON CARDIAC STIMULATION ELECTRODES HEALED THROUGH PHARMACOTHERAPY

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We present the case of a 78 years old female patient, with permanent bicameral artificial cardiac pacemaker since 2008, who in July 2015 had an episode of urosepsis with *Klebsiella pneumoniae*. In August 2015 the fever reappeared and she was diagnosed with infectious endocarditis: objectified by positive blood cultures for *Klebsiella pneumoniae* - drug tolerant strain (to all tested antibiotics) and the presence of microbial vegetation on the cardiac stimulation electrodes. Ceftriaxone therapy was initiated, under which she remained sub-feverous; there were made evaluations for secondary septic sites and there were identified through transesophageal echocardiography, the microbial vegetation on the cardiac stimulation electrodes and there was added to the initial treatment, Gentamycin. The evolution was favourable with the remission of fever and reduction of inflammation, but there were adverse effects of therapy: acute renal failure, which imposed changing Gentamycin with Cotrimoxazole, and afterwards digestive intolerance which led to changing Cotrimoxazole with Amikacin after complete remission of the acute renal failure. There was a total of 42 days of antibiotic treatment involving Ceftriaxone in different antibiotic associations. The vegetation was completely gone under antibiotic treatment, even if there were modifications dictated by the side effects. This situation is rarely found, as normally there is need for surgical treatment also (extraction of the infected foreign material). Four months from the end of antibiotic treatment, the patient is asymptomatic, without any signs of infectious endocarditis recurrence. Although the rule in infectious endocarditis on foreign material is combined treatment: antibiotic and surgical, in this case there was obtained complete remission solely through pharmacotherapy. This type of response is described for 15-20% of cases of infectious endocarditis on foreign material.

MYCOBACTERIUM TUBERCULOSIS THE SILENT KILLER OF HIV INFECTED PATIENTS

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Introduction. The infection with Human Immunodeficiency Virus (HIV) and Mycobacterium tuberculosis (TB) is a fatal combination. Tuberculosis is the most common comorbidity in HIV infected patients. This pathology has a global impact, represents a serious epidemiological concern. Approximately one third of HIV infected patients died from TB coinfection. Frequently the TB symptoms raise the first suspicion for HIV infection.

Case report. We present the case of a 27-year-old male patient known and treated with pulmonary miliary tuberculosis since 2014. In May 2015 he developed a relapse and was diagnosed with HIV infection, classified in stage C3 (CD4 lymphocyte count: 8 cells/mm³, CD8: 584 cells/mm³, CD4/CD8: 0.01). The evolution on tuberculostatic (Isoniazid+Rifampicin+Pyrazinamide+Ethambutol+Streptomycin) and antiretroviral treatment (ARVT) (lamivudine+abacavir+raltegravir) was favorable. Two months later he was hospitalized for wasting syndrome, oral and esophageal candidiasis. His paraclinical findings were: increased interstitial markings on the chest X-ray, negative Ziehl Neelsen stained sputum sample. Six months later his status deteriorated, developed fever, weight loss, productive cough, chest pain, fatigue, and he was readmitted with the suspicion of TB reactivation. The patient was nonadherent to the treatment. The sputum and later the urine smears and cultures revealed multidrug resistant (MDR) Mycobacterium tuberculosis. The CT (Computer tomography) scan showed multiple mediastinal necrotic adenopathies and multiple pulmonary caseous necrosis, interpreted as TB reactivation. The patient developed a disseminated multiorgan MDR-TB infection affecting the lung, mediastinal lymph nodes and the kidneys. A new treatment plan was introduced with second-line tuberculostatic drugs (Pyrazinamide + Ethambutol + Streptomycin + Prothionamide + Ofloxacin + Kanamycin) and ARVT (raltegravir + emtricitabine + tenofovir). His immunological status improved progressively, CD4: 20 cells/mm³, CD8: 781 cell/mm³, later CD4: 44 cells/mm³, CD8: 650 cells/mm³. In evolution he developed a left sacral hemorrhagic herpes zoster infection, IRIS (Immune Reconstitution Inflammatory Syndrome) was suspected. The patient's status was undulatory, he presented either subfebrility or fever every day. During therapy he was discharged at request, at his own risk. Two months later the patient died.

Discussion and conclusion. The TB infection or its relapse can be the first sign of HIV/AIDS disease. The unfavorable evolution, or a reactivated TB raises the suspicion of MDR-TB infection. The antiretroviral therapy can lead to IRIS. We underline the importance of adherence in the management of HIV-TB co-infections.

SEPTIC ARTHRITIS INDUCED BY STAPHYLOCOCCUS AUREUS IN A PATIENT WITH UNBALANCED TYPE II DIABETES MELLITUS

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Abstract

Introduction. Septic arthritis, also known as infectious arthritis, may represent a direct invasion of joint space by various microorganisms, most commonly caused by a variety of bacteria. However, viruses, mycobacteria, and fungi have been implicated. Bacteria are the most significant pathogens in septic arthritis because of their rapidly destructive nature.

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**DERMATOMYOSITIS ACCOMPANYING INFECTIOUS ENDOCARDITIS
WITH STAPHYLOCOCCUS AUREUS. CASE REPORT****DALILA-ANA TOMA, CĂTĂLIN APOSTOLESCU, C. CIUCĂ, C. ROȘCULEȚ, A. ROGOZ,
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Introduction. The aim of our study is to shed a light upon the way unspecific symptoms may conceal an unexpected chain of events. We have decided to put forward the unusual case of a 65 year old man, admitted to our clinic for fever, myalgia and rash whose true diagnosis concealed sepsis, infectious endocarditis accompanied by dermatomyositis.

Materials and Methods. We have analysed the clinical evolution of a 65 year old man, who was admitted to our clinic for fever, pustular skin lesions surrounded by erythematous halo on the lower limbs, associated with the gradual onset of important muscular weakness emerged 2 days before. The patient had undergone surgery 2 months before for colon cancer (splenic angle) and 2 weeks before admission a subcutaneous port had been placed through subclavian venous access for ease of chemotherapy administration.

Results. On admission, blood and urine samples were taken. The patient was started on antimicrobials, high dose corticosteroids, fluid and electrolyte administration and symptomatic therapy. A muscle biopsy was performed. Blood cultures came back positive for methicillin sensitive *Staphylococcus aureus* (MSSA). The subcutaneous port was surgically removed and the intravenous catheter tip cultures came back positive for *Staphylococcus aureus*, thus confirming the source of the bloodstream infection. The transesophageal echocardiography identified an oscillating intracardiac mass consistent with valvular vegetation accompanied by aortic valve perforation leading to the diagnosis of infectious endocarditis. A surgical approach was considered inappropriate at the moment taking into account the patient's comorbidities.

The antibiotic therapy was adjusted according to the antibiogram with the continuation of the corticosteroid therapy, with a favourable clinical evolution. The histopathological assessment of the muscle biopsy was highly suggestive of dermatomyositis.

Conclusions. Dermatomyositis may be associated to the inflammatory response triggered by endocarditis. The decision of placing a subcutaneous port through central venous access must be accompanied by a thorough risk assessment thus lowering the incidence of nosocomial infections.