

## POSTERE VARIA

### METABOLIC AND ANTHROPOMETRIC PARAMETERS IN PATIENTS AT RISK FOR DIABETES MELLITUS

Rucsandra Dănciulescu Miulescu 1,2, Denisa Margină 1, Roxana Corina Sfetea 1, Roxana Roșca 1,3, Cătălina Poiană 1,3

1 Carol Davila University of Medicine and Pharmacy, Bucharest

2 "N.C.Paulescu" National Institute of Diabetes, Nutrition and Metabolic Diseases Bucharest

3 "C.I.Parhon" National Institute of Endocrinology, Bucharest

#### Abstract

**Background and Aims.** The prevalence of impaired fasting glucose or impaired glucose tolerance and type 2 diabetes are increasing worldwide due to urban, sedentary lifestyle changes, ageing and obesity. At present the key factor in prevention of type 2 diabetes is considered lifestyle changes. The aims of the present study were to investigate the metabolic and anthropometric parameters in patients at risk for diabetes mellitus.

**Materials and Methods.** 46 patients (22 women and 24 men) with impaired fasting glucose or impaired glucose tolerance were recruited for this study. Body mass index (BMI-ratio between weight and square height), abdominal circumference (AC-measured between ribs and iliac crest), fasting glycemia and 2h OGTT (oral glucose tolerance test with 75 g glucose), total cholesterol, HDL (high-density lipoprotein), triglycerides was assayed in patients of study group and 38 age-matched subjects without risk for diabetes mellitus.

**Results.** The groups were similar in terms of age but there were statistically significant differences in the recorded parameters in diabetic patients compared with impaired fasting glucose or impaired glucose tolerance compared with subjects of control group. Characteristics of study and control group are shown in Table 1

**Table 1. Metabolic and anthropometric parameters of study and control group**

	Study group	Control group	p
Age (years)	56±2.11	56±1.99	NS
BMI (kg/m <sup>2</sup> )	34.21±3.25	29.88±1.41	p<0.05
AC (cm)	96.24±2.38	90.11±0.88	p<0.05
Fastig glycemia (mg/dl)	118.22±0.56	98.01±0.88	p<0.05
2h fasting TTGO (mg/dl)	156.23±1.23	129.34±2.33	p<0.05
Total cholesterol (mg/dl)	269.2±4.66	259.78±6.47	NS
Triglycerides (mg/dl)	312.32±6.36	226.32±5.54	p<0.05
HDL cholesterol (mg/dl)	41.56±2.33	42.06±1.98	NS

Comparison is significant at the 0.05 level: p<0.05

**Conclusion.** In this study we found significant differences for the BMI, CA and triglycerides levels between patients with impaired fasting glucose or impaired glucose tolerance compared with subjects of control group. Preventive means recommend lifestyle improvement by caloric intake decrease and intensify of physical effort.

**Key words:** impaired fasting glucose, impaired glucose tolerance diabetes mellitus, triglycerides levels.

### PREVALENCE OF HYPOGLYCAEMIA IN PATIENTS WITH TYPE 2 DIABETES MELLITUS TREATED WITH BASAL INSULIN ANALOGUE

Rucsandra Dănciulescu Miulescu 1,2, Denisa Margină 1, Roxana Corina Sfetea 1, Roxana Roșca 1,3, Cătălina Poiană 1,3

1 Carol Davila University of Medicine and Pharmacy, Bucharest

2 "N.C.Paulescu" National Institute of Diabetes, Nutrition and Metabolic Diseases Bucharest

3 "C.I.Parhon" National Institute of Endocrinology, Bucharest

**Background and Aims.** The associated risk of hypoglycaemia in patients with diabetes mellitus represents a relevant issue in management choice. Consequences of severe hypoglycaemia include: hospital and emergency

utilization and reduced quality of life. We investigated the prevalence of hypoglycaemia in routine clinical practice in patients with type 2 diabetes mellitus treated with basal insulin analogue.

**Materials and Methods.** 68 patients with 2 diabetes mellitus treated with basal insulin analogue were recruited for this study. Patient demographics, relevant concomitant illnesses and medical history were recorded. The medical history included the duration of diabetes, number of hypoglycaemic episodes, HbA<sub>1c</sub> (glycosylated hemoglobin), FPG (fasting plasma glucose) and PPPG (postprandial plasma glucose) measurements. Hypoglycaemic episodes were based on patient recollection (plasma glucose  $\leq$  70 mg/dl-3.9 mmol/l) and their clinical symptoms (symptoms of hypoglycemia include neurogenic symptoms-palpitations, tremor, hunger, and sweating or neuroglycopenic symptoms-behavioral changes, difficulty thinking, and/or frank confusion). Results were compared with the prevalence of hypoglycaemia in 59 patients treated with oral antidiabetics (sulfonylureas).

**Results.** Participants had mean age 56 years, diabetes duration 9.1 years, HbA<sub>1c</sub> 8.2%. The prevalence of symptomatic hypoglycaemia occurred in 12.4% of patients treated with basal insulins, glucose-confirmed hypoglycaemia in 10.2% (7 patients), repeated glucose-confirmed events in 5.8% (4 patients) and severe hypoglycaemia in 1.4% (1 patient). In this study we not found significant differences for the recorded parameters between diabetic patients treated with basal insulin analogue and patients treated with oral antidiabetics. Characteristics of diabetic patients treated with basal insulin analogue and oral antidiabetics are shown in Table 1. Risk factors for hypoglycemia include: a history of hypoglycemia, lower HbA<sub>1c</sub> levels, moderate or intensive exercise, renal failure.

Table 1. Characteristics of diabetic patients treated with basal insulin analogue and oral antidiabetics

	Patients treated with basal insulin	Patients treated with oral antidiabetics	p
HbA <sub>1c</sub> , (%)	8.01±0.8	7.99±0.9	NS
FPG (mg/dl)	212.1±8.8	199.8±9.1	NS
PPPG (mg/dl)	188.6±3.2	192.1±1.8	NS
Prevalence of confirmed hypoglycaemia (%)	10.2	10.1	NS

Comparison is significant at the 0.05 level:  $p < 0.05$

**Conclusion.** This study showed that basal insulin analogue treatment was efficacious in improving markers of glycemic control in diabetic patients, without increasing the incidence of hypoglycaemia compared with treatment with oral antidiabetics.

**Key words:** diabetes mellitus, basal insulin, hypoglycemia.

### PARALIZIA DIAFRAGMATICĂ, COMPLICAȚIE A TIROIDECTOMIEI: PREZENTARE DE CAZ

Camelia Diaconu<sup>1</sup>, Bianca Paraschiv<sup>2</sup>, Daniela Bartos<sup>1</sup>

<sup>1</sup>UMF Carol Davila, Spitalul Clinic de Urgență, București

<sup>2</sup>Institutul Național de Pneumologie Marius Nasta, București

Pacientă de 74 ani se prezintă pentru dispnee la eforturi mici accentuată progresiv până la dispnee de repaus în ultimele 12 ore. Din antecedentele patologice ale bolnavei am reținut o tiroidectomie subtotală pentru gușă plonjantă în urmă cu 15 ani, infarct miocardic anterior în 2011, cu angioplastie primară, fibrilație atrială paroxistică recurentă și fractură de col femural stâng recentă, pentru care s-a amânat intervenția chirurgicală. Examenul obiectiv la internare: afebrilă, tegumente palide, transpirate, dispnee cu ortopnee, murmur vezicular absent la nivelul hemitoracelui stâng, până aproape de apex, raluri crepitante și ronflante la baza hemitoracelui drept, SaO<sub>2</sub>=86% aa, fibrilație atrială, fără edeme gambiere. Biologic: citoliză hepatică ușoară, insuficiență respiratorie hipoxemică. Radiografia toracică decelează segmentul transvers al colonului ascensionat în hemitoracele stâng, până la nivelul apexului. Ecocardiografic: cavități nedilate, cetică ventriculară stângă bună, FE=55%, insuficiență aortică, mitrală și tricuspidiană ușoare, degenerative. Pacienta se internează în clinica de cardiologie cu suspiciunea de tromboembolism pulmonar. Tomografia pulmonară infirmă tromboembolismul pulmonar și obiectivează o importantă relaxare diafragmatică stângă, cu ascensionarea unghiului splenic al colonului, a stomacului și splinei până la nivelul de proiecție al hilului pulmonar stâng, atelectazie prin compresie extrinsecă a lobului inferior drept, proces de condensare alveolară postero-bazal drept; cord deplasat în hemitoracele drept. Pacienta devine obnubilată, febrilă, iar biologic apare leucocitoză. Se inițiază terapie antibiotică cu ameliorarea simptomatologiei respiratorii. Paraliza diafragmatică unilaterală este frecvent asimptomatică iar când sunt

prezente, simptomele depind de prezența unei boli pulmonare subiacente. În acest caz, injuria nervului frenic și paralizia diafragmatică au fost probabil traumatice, consecutive tiroidectomiei.

### **DIAPHRAGMATIC PARALYSIS, COMPLICATION OF THYROIDECTOMY: CASE PRESENTATION**

Camelia Diaconu<sup>1</sup>, Bianca Paraschiv<sup>2</sup>, Daniela Bartos<sup>1</sup>

<sup>1</sup>*UMF Carol Davila, Clinical Emergency Hospital of Bucharest*

<sup>2</sup>*National Institute of Pneumology Marius Nasta, Bucharest*

A 73 years old woman, presents with progressive dyspnea up to severe rest dyspnea, in the last 12 hours. She had a medical history of subtotal thyroidectomy for plunged goiter 15 years ago, myocardial infarction 2 years ago, treated with primary angioplasty, recurrent paroxysmal atrial fibrillation and a left femoral neck fracture recently, for which surgery was postponed. Physical examination at admission revealed an afebrile patient, with pale skin, diaphoresis, dyspnea with orthopnea, absent breath sounds in the left hemithorax, up to the apex, crackles in the right hemithorax, SaO<sub>2</sub> 84% while breathing ambient air, atrial fibrillation, no peripheral edema. The laboratory tests showed mild hepatic cytolysis, acute hypoxemic respiratory failure. Chest X-ray shows ascension of the transvers colon in the left thorax up to the apex. Echocardiography: non dilated cavities, good kinetics, EF=55%, aortic, mitral, tricuspidian mild, degenerative insufficiency. The patient is admitted in the cardiology section with the presumed diagnosis of pulmonary thromboembolism. CT-scan excluded the embolism and revealed left diaphragmatic relaxation, ascension of the splenic angle of the colon, stomach and spleen up to the projection of left lung hilum, atelectasis of the right lower lobe by extrinsic compression, right postero-basal alveolar condensation process, heart displaced in the right hemithorax. The patient becomes obtunded, her temperature rises, and leukocytosis appears. Antibiotic therapy is started with a good outcome of the respiratory symptoms. Unilateral diaphragmatic paralysis is usually asymptomatic, but when symptoms are present, they are induced by an underlying pulmonary disease. In this case the traumatic injury of the phrenic nerve and diaphragmatic paralysis were probably due to thyroidectomy

### **IDENTIFICAREA POLIMORFISMELOR SINGULARE IN REGIUNILE CONSERVATE PENTRU GENA TCF7L2**

Monica-Andreea Drăgan

*Catedra de Calculatoare, Universitatea Politehnica din București, [monica.dragan@cti.pub.ro](mailto:monica.dragan@cti.pub.ro)*

Prezenta lucrare propune o metodă pentru identificarea polimorfismelor singular (SNP) localizate în regiunile conservate inter-specii. Metoda poate fi folosită pentru identificarea unor noi asocieri între polimorfisme singular și anumite boli, putând evidenția contribuția factorului genetic implicat în patogenia acestor boli.

Cuvinte cheie : SNP, Regiuni Conservate, TCF7L2, Diabet tip 2

### **IDENTIFICATION OF SINGLE NUCLEOTIDE POLIMORPHISMS IN CONSERVED REGIONS FOR TCF7L2 GENE**

Monica-Andreea Drăgan,

*Computer Science Department, University Politehnica of Bucharest,*

[monica.dragan@cti.pub.ro](mailto:monica.dragan@cti.pub.ro)

This paper presents a computational approach for identification of the SNPs located in the regions conserved among different species. This method may identify novel associations between SNPs and certain diseases and would make evidence about the genetic factors involved in the pathogenesis of these diseases.

*Keywords: SNP, Conserved Regions, TCF7L2, Type 2 Diabetes*

### **THE RELATION BETWEEN ADHESION MOLECULES AND LIPIDIC METABOLISM IN DIABETES MELLITUS PATIENTS**

Ramona Gligor, Dana Zdremțan, Crîsnic Ioan, Adina Pop-Moldovan

*"Vasile Goldis" Western University of Arad*

**INTRODUCTION.** Diabetes mellitus can be defined as a metabolic disorder with multiple origins, characterized through chronic hyperglycemia with changes in the carbohydrates, proteins and lipids metabolism,

due to certain defects in the insulin secretion and/or insulin activity. The changes in the lipidic metabolism are more frequent in obese patients, thus also in diabetic patients, and manifest through the lipidic triad: hypertriglyceridemia, low HDL-cholesterol and the presence of some small and dense LDL particles. The association of the three risk factors: obesity, hypertension and dislipidemia represent a major danger for the cardiovascular pathology.

**Material and method.** We took into study 60 diabetes mellitus patients who were diagnosed with the condition for more than five years, and a control cohort of 20 clinically healthy, normal weight patients. In all patients there were determined the lipidic metabolism parameters through photometric and enzymatic methods as well as VCAM-1 and ICAM-1, as adhesion molecules, through ELISA method according to the working protocol attached to the kit. The changes appeared in the lipidic metabolism were studied according to the recommendations of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in adults (Adult Treatment Panel III)

**Results and discussion.** The serum cholesterol, triglycerides and LDLc values were significantly higher in diabetic in diabetes mellitus patients compared to the control cohort ( $p < 0,0001$ ).

#### Caracteristici metabolismului lipidic la loturile studiate

Parameters	Type 2 diabetes mellitus cohort (n = 60)	Control cohort (n = 20)
Cholesterol (mmol/l)	5,53±0,97	4,13±0,35
LDL-cholesterol (mmol/l)	3,62±0,81	2,17±0,42
HDL-cholesterol (mmol/l)	1,02±0,44	1,51±0,22
Triglycerides (mmol/l)	1,94±0,96	0,92 ± 0,31
Cholesterol/HDL	6,1±2,11	2,78±0,49
LDL/HDL	4,05±1.65	1,48±0,43

The HDLc value was significantly lower in diabetes mellitus patients. The values of the adhesion molecules showed statistically significant values higher in diabetes mellitus patients (VCAM - 1:1214, 39 ± 571,11 ng/ml vs. 404,01 ± 119,99 ng/ml, and ICAM-1 - 179,49 ± 121,02 ng/ml vs 58,73 ± 7,24 ng/ml). We observed positive correlation of VCAM-1 and ICAM-1 with total serum cholesterol and triglycerides. We didn't obtain correlation of HDLc with the two adhesion molecules. We also obtained statistically significant positive correlations between the adhesion molecules and the ratios total cholesterol/HDL and LDL/HDL. In the control cohort there weren't observed correlations between the parameters of the lipidic metabolism and the adhesion molecules. The high values of the adhesion molecules in diabetic patients show the high risk of developing atherosclerosis and cardiovascular disease explained also through the higher risk of developing disorders in the lipidic metabolism in these patients.

**Conclusions.** The increase of the vascular adhesion factors could be interpreted as being associated with the pro inflammatory reaction that appears in type 2 diabetes mellitus.

#### THE EFFECT OF ENRICHED BREAD WITH THE COMPLEX ANTIOXIDANT EXTRACT FROM THE SEEDS OF BLACK GRAPES

C. Ionescu Tirgoviste, D. Licaroiu, S. Carniciu, P.Gagniuc, G. Baltei

*National Institute of Diabetes, Nutrition and Metabolic Diseases "N.C.Paulescu"*

**Introduction:** The recent data of PREDATOR study carried out in various region of Romania showed a dramatically increased in frequencies of overweight/obesity and prediabetes/diabetes.

**Aims:** That increased has been related with modern life style (decreased in physically activity and increased in caloric intake based on saturated fat and low fiber intake).

Our previous study show that some plant extracts could decrease oxidative stress, in association with diet leading to a decrease in body weight. After several testing of natural products we concluded that best way to combat the pathogenic lifestyle is to add into the whole wheat black grape seed flour, in appropriate percentage resulting from many trials.

**Patients and Method:** The effect of rolls obtained using the above mentioned mixture of flours was tested 33 man and 33 female, from Outpatients Clinic of “N.C.Paulescu” Institute of Diabetes, Nutrition and Metabolic Diseases.

The main clinical and biochemical characteristics of the studied group before the rolls intake are given in the below table:

Sex	Total	Age	BMI	FBG	TG	HDLc	TG/HDLc
F	33	60.90	32.66	135.4	134.13	50.96	2.63
M	33	63.39	31.35	152.73	142.37	47.02	3.02

TG- Triglyceride, TG/HDLc ratio, FBG- fasting blood glucose

#### Results:

1. The test of rolls was appreciated by all patients.
2. Decreasing fasting blood glucose was noted after one week of rolls intake. This decreased was higher in man (from 152 to 139 mg/dl) and a lower in woman (from 135.4 to 127.6 mg/dl).

**Conclusion:** Taking to account the daily intake of the antioxidant compounds included in this rolls and having in mind their positive effects of parameters we considered this type of approach is the best way for the long term intervention.

### EVOLUȚIA HEPATITEI CRONICE VIRALE (VHC), SUB TRATAMENT ANTIVIRAL CU PEGINTERFERON ȘI RIBAVIRINĂ ÎN FUNCȚIE DE VALORILE VIREMIILOR ÎNȚIALE

Prof. dr. Leibovici B<sup>1</sup>., Biolog principal Vănan M<sup>2</sup>.

<sup>1,2</sup> Școala Sanitară Postliceală Sanitară Carol Davila Galați

#### INTRODUCERE

Virusul hepatitei C, (VHC) este cea mai importantă cauză de boală hepatică cronică. Seroprevalența bazată pe existența Ac anti-VHC pe Glob este estimată la ~ 3%, cu variație geografică marcată, între 0.4-1.8% în SUA și 9.6-13.6% în Africa. VHC produce 15% din hepatitele acute virale, 60-70% din hepatitele cronice și până la 50% din cirozele hepatice și carcinoame hepatocelulare.

În România, s-a estimat o prevalență de ~ 4.9%, virusul hepatitei C fiind primul ca și frecvență între virusurile cu tropism hepatic care dezvoltă boală hepatică cronică.

**Actualitatea temei.** Hepatitele virale sunt o problemă de importanță mondială, care atestă creșterea morbidității prin hepatitele virale C, B și D, preponderent a celor cronice.

Organizația Mondială a Sănătății (OMS) a declarat problema în cauză de o importanță primordială, iar cercetările efectuate în această patologie de o semnificație majoră.

#### SCOPUL STUDIULUI

Studiul reprezintă o analiză a evoluției hepatitei cronice virale C, la 50 de pacienți cu acest diagnostic, urmărindu-se parametrii paraclinici în evoluție: hemoglobină, leucocite, trombocite, TGP, ARN-VHC, înainte de tratament și după 3 luni de tratament cu Peginterferon (Pegasys) și Ribavirină (Copegus).

#### MATERIAL ȘI METODĂ

Studiul efectuat este de tip statistic retrospectiv fiind un studiu neintervențional, care respectă cerințele de confidențialitate și etică față de pacienți.

Prelucrarea statistică a fost realizată cu ajutorul programului Microsoft Office Chart 2007.

Datele statistice ale celor 50 de cazuri au fost prelucrate și interpretate statistic după următoarele criterii: vârsta, sex, parametrii paraclinici: hemoglobină, TGP, ARN VHC.

#### REZULTATE

Răspunsul la terapie a fost apreciat clinic, biochimic (normalizarea ALAT) și virusologic (diminuarea încărcăturii virale ARN-VHC).

S-au întâlnit modificări sanguine (prin depresia măduvei hematogene) care au modificat valoarea hemoglobinei la 60 % dintre pacienți, aceasta situându-se sub valoarea minimă.

Din schimbările biochimice se evidențiază: valori crescute ale TGP, la un număr de 37 pacienți, respectiv 74 %.

## CONCLUZII

La pacienții non responderi, studiul relevă faptul că există o corelație între valorile transaminazelor și valorile ARN-VHC.

Concluzia finală, fiind aceea că nu există o corespondență clară în ceea ce privește hepatita cronică VHC, între valorile TGP și ARN – VHC, cu excepția pacienților non responderi.

**Cuvinte cheie:** peginterferon; ribavirină; hepatită cronică virală VHC.

## EVOLUTION OF CHRONIC HEPATITIS (HCV) UNDER ANTIVIRAL TREATMENT WITH PEGINTERFERON AND RIBAVIRIN ACCORDING TO INITIAL VIRAL LEVELS

Prof. Dr. Leibovici Barbu<sup>1</sup>, Principal biologist Vănan Marcel<sup>2</sup>

### Introduction

Hepatitis C virus (HCV) is the most important cause of chronic liver disease. Based seroprevalence of anti-HCV Ac existence on Earth is estimated to be ~ 3%, with marked geographical variation between 0.4-1.8% in the U.S. and 9.6-13.6% in Africa. HCV produces 15% of acute viral hepatitis, 60-70% of chronic hepatitis to 50% of liver cirrhosis and hepatocellular carcinoma.

In Romania, it was estimated a prevalence of ~ 4.9%, hepatitis C virus as the first frequency between hepatitis viruses that develop chronic liver disease.

### Topicality.

Viral hepatitis is an issue of global importance, showing increased morbidity hepatitis C, B, D, leading to the chronic.

World Health Organization (WHO) said that this problem is of paramount importance, and the research conducted in the pathology is of major significance.

### Purpose of the study

The study is an analysis of the evolution of chronic hepatitis C in 50 patients with this diagnosis, monitoring the evolving paraclinical parameters: hemoglobin, leukocytes, platelets, TGP, HCV RNA before treatment and after 3 months of treatment with Peginterferon (Pegasys) and ribavirin (Copegus).

### Materials and Method

The study is retrospective statistical model is neinterventional study which meets the requirements of confidentiality and ethics to patients.

Statistical processing was performed using Microsoft Office Chart 2007.

Statistics of the 50 cases were statistically processed and interpreted according to the following criteria: age, sex, paraclinical parameters: hemoglobin, TGP, HCV RNA.

### Results

Response to therapy was assessed clinically, biochemically (normalization of ALT) and virological (HCV-RNA viral load reduction). They met blood changes (with bone marrow depression) that modified hemoglobin to 60% of patients, this being below the minimum. Of biochemical changes outlined: TGP elevated in a number of 37 patients and 74% respectively.

### Conclusions

In patients' non responders, the study reveals that there is a correlation between transaminase levels and HCV RNA. The final conclusion being that there is a clear correspondence regarding chronic HCV between TGP and values HCV - RNA, except in patients' non responders.

**Keywords:** peginterferon, ribavirin, HCV chronic hepatitis.

## MECANISME CELULARE PRIVIND EFECTUL PROTECTOR EXERCITAT DE UNII COMPUȘI POLIFENOLICI ASUPRA FUNCȚIEI CARDIO-VASCULARE

Denisa Margina<sup>1</sup>, Băcanu Cludia<sup>1</sup>, Rucsandra Danciulescu-Miulescu<sup>2</sup>, Marlena Pascu<sup>2</sup>, Mihalea Ilie<sup>1</sup>

<sup>1</sup> Universitatea de Medicină și Farmacie Carol Davila, Facultatea de Farmacie, str Traian Vuia, 6, sect 2, București, România

<sup>2</sup> Institutul Național de Diabet, Nutriție și Boli Metabolice, str N Ion Movilă, 5-7, sect 2, București

Activitatea biologică a flavonoidelor este dependentă de capacitatea de a interacționa cu membranele biologice, având în vedere faptul că astfel de compuși generează efecte fără a fi internalizați. Scopul prezentului studiu a fost acela de a identifică modificările biofizice care sunt induse la nivelul membranelor celulelor mononucleare din sângele periferic (PBMC), în cazul celulelor izolate de la pacienți hipercolesterolemici comparativ cu subiecți de control, după expunerea *in vitro* timp de 24h și 48h la acțiunea quercetinei și a galatului de epigallocatechină.

Valoarea inițială a anizotropiei membranare a fost mai mică pentru celulele izolate de la hipercolesterolemici, comparativ cu grupul de referință. Polifenolii au indus o reducere a anizotropiei și un efect hiperpolarizant la celulele izolate de la normocolesterolemici. Acest efect a fost indus la grupul hipercolesterolemic numai după 48h de incubare cu stimulii. Rezultatele *in vitro* au fost corelate cu nivelul produșilor de glicare avansată în probele de plasmă.

Rezultatele obținute sugerează faptul că efectele benefice ale administrării cronice a polifenolilor poate fi determinată de efectele induse de acești compuși la nivelul membranelor celulare. Astfel, studiile *in vitro* evidențiază faptul că polifenolii ar trebui administrați cronic, mai ales în cazul pacienților cu perturbări ale metabolismului lipidic, pentru a exercita efecte protectoare asupra activității cardio-vasculare.

### COMPORTAMENTE NEFASTE SANATATII IN RANDUL ADOLESCENTILOR BUCURESTENI

Milici Nicoleta<sup>1</sup>, Neagu Alexandra<sup>1</sup>

<sup>1</sup>Institutul de Antropologie "Francisc I. Rainer", Academia Romana, Bd. Eroii Sanitari 8, sector 5, C.P 35-13, 050474, Bucuresti, e-mail : [nicoletamilici@yahoo.fr](mailto:nicoletamilici@yahoo.fr)

**Obiectiv:** Relatia cu alcoolul si tutunul are loc foarte devreme in viata si aceste 2 comportamente sunt adesea legate. OMS-ul estimeaza ca in tarile cu venit scazut sau mediu, 14% dintre adolescente si 18% dintre adolescentii de 13-15 ani consuma alcool si pe plan mondial 150 milioane de tineri sunt fumatori.

Scopul acestui studiu a fost investigarea comportamentelor nefaste sanatatii precum consumul de alcool si tutun intr-un lot de adolescenti.

**Material:** 398 adolescenti (199 fete si 199 baieti) din mediul urban, cu varsta cuprinsa intre 14-19 ani, provenind din 2 licee din Bucuresti.

**Metodologie:** A fost aplicat un chestionar cu 41 *items*. Pentru determinarea statusului ponderal al adolescentilor s-au utilizat punctele de taietura pentru IMC ale lui Cole (2000).

**Rezultate si concluzii:** Cu toate ca majoritatea deceselor legate de fumat se produc la persoanele de varsta medie sau in varsta, fumatul ca comportament se formeaza in adolescenta. Tinerii fumatori dobandesc acest comportament si devin dependenti inainte de a atinge varsta adulta. In ceea ce priveste consumul de alcool majoritatea adolescentilor din lotul nostru (58%) beau cu anturajul si in familie (30,4%) unde alcoolul este in general consumat cu diferite ocazii (61,46%) sau saptamanal (22,41%).

### HARMFUL HEALTH BEHAVIORS AMONG ADOLESCENTS IN BUCHAREST

dr. Milici Nicoleta, drd. Neagu Alexandra

*Institute of Anthropology "Francisc I. Rainer", Romanian Academy*

**Objective:** Relationship with alcohol and tobacco occurs very early in life and these two behaviors are often linked. WHO estimates that in the low or middle income countries, 14% of teenage girls and 18% of adolescents 13-15 years old are alcohol consumers and worldwide 150 million young people are smokers.

The aim of this study was to investigate the adverse health behaviors such as alcohol and tobacco in a lot of teenagers .

**Material:** 398 adolescents (199 girls and 199 boys) in urban areas, aged 14-19 years from two high schools in Bucuresti.

**Methodology:** A questionnaire of 41 items was applied. To determine the weight status of adolescents were used the cut points for BMI of Cole (2000) .

**Results and conclusions:** Although most smoking-related deaths occur in people of middle age or older, smoking behavior is formed as a teenager . Young smokers acquire this behavior and become addicted before reaching adulthood. Regarding alcohol consumption most teenagers in our group (58 % ) drink with entourage and family (30.4 % ) where alcohol is generally consumed on different occasions ( 61.46 % ) or weekly ( 22.41% ).

### DISPNEE LA O PACIENTĂ TÂNĂRĂ: PREZENTARE DE CAZ

Bianca Paraschiv<sup>1</sup>, Camelia Diaconu<sup>2</sup>, Claudia Toma<sup>1</sup>

<sup>1</sup>Institutul Național de Pneumologie Marius Nasta, București

<sup>2</sup>UMF Carol Davila, Spitalul Clinic de Urgență, București

Astmul este o boală inflamatorie cronică a căilor aeriene cu o componentă genetică dovedită. Datorită faptului că această patologie este frecvent subdiagnosticată, tratamentul poate fi amânat în unele cazuri până la vârsta

adultă. De aceea, se recomandă efectuarea probelor respiratorii cu testarea reversibilității tuturor pacienților cu suspiciune de astm. Prezentăm cazul unei paciente cu un lung istoric de episoade de dispnee paroxistică. Pacienta în vârstă de 31 ani, cunoscută din 2007 cu chiloangiodisplazie, se internează pentru dispnee persistentă de 1 an de zile, cu episoade de exacerbare. În toată această perioadă, pacienta a urmat diferite tratamente antibiotice pentru așa-zise infecții respiratorii. La internare examenul fizic a relevat tuse seacă, dispnee, matitate bazală bilaterală, sibilante la nivelul hemitoracelui stâng, edem masiv al membrului inferior drept; saturația oxigenului în aer ambiental 85%. Testele paraclinice au evidențiat doar un ușor sindrom inflamator. Explorările funcționale au relevat un sindrom restrictiv. Pe tomografia computerizată toracică s-au evidențiat pahipleurită postero-bazală, revărsat pleural stâng, câteva adenopatii mediastinale, ca și câțiva noduli la nivelul splinei. Deoarece pacienta avea antecedente familiale de astm bronșic, s-a efectuat spirometrie cu test de reversibilitate, care a stabilit diagnosticul de astm bronșic. Sub tratament cu corticoizi inhalatori și cu beta-2 agoniști inhalatori cu durată lungă de acțiune, dispneea s-a ameliorat. În concluzie, diagnosticul de astm trebuie luat în considerare mereu atunci când există istoric familial de astm, chiar și în cazul pacienților care au o patologie ce ar putea explica existența dispneei.

### **DYSPNEA IN A YOUNG PATIENT: CASE PRESENTATION**

Bianca Paraschiv<sup>1</sup>, Camelia Diaconu<sup>2</sup>, Claudia Toma<sup>1</sup>

<sup>1</sup>*National Institute of Pneumology Marius Nasta, Bucharest*

<sup>2</sup>*UMF Carol Davila, Clinical Emergency Hospital of Bucharest*

Asthma is a common chronic inflammatory disease of the airways with a clear genetic component. Unfortunately this pathology is often underdiagnosed, and the specific treatment is delayed until adulthood. For this reason reversibility tests should be performed in all patients suspected of asthma. We present the case of a woman with a long history of persistent dyspnea. A 31 year old female patient, diagnosed since 2007 with chyloangiodysplasia, was admitted in our hospital for one year history of persistent dyspnea. During this period the patient followed different antibiotic treatments for so called respiratory infections. At admission, physical examination showed dry cough, dyspnea, bilateral basal dullness to percussion, sibilants in the left hemithorax, massive right limb edema; the oxygen saturation was 85% while breathing ambient air. Results of laboratory tests revealed only a mild inflammatory syndrome. Pulmonary function tests diagnosed a restrictive syndrome. Thoracic CT-scan revealed right thorax retraction, posterior and basal right pachypleuritis, left pleural efusion, mediastinal lymphadenopathy, several spleen lymph nodes. Because she had a family history of asthma, a spirometry with bronchodilator was performed. Surprisingly, reversibility was obtained and the patient was diagnosed with asthma. Treatment with inhaled corticosteroids and long acting beta-2 agonists was started, with improving dyspnea. In conclusion, the diagnosis of asthma should be taken into consideration even in patients with an underlying condition that can explain the dyspnea.