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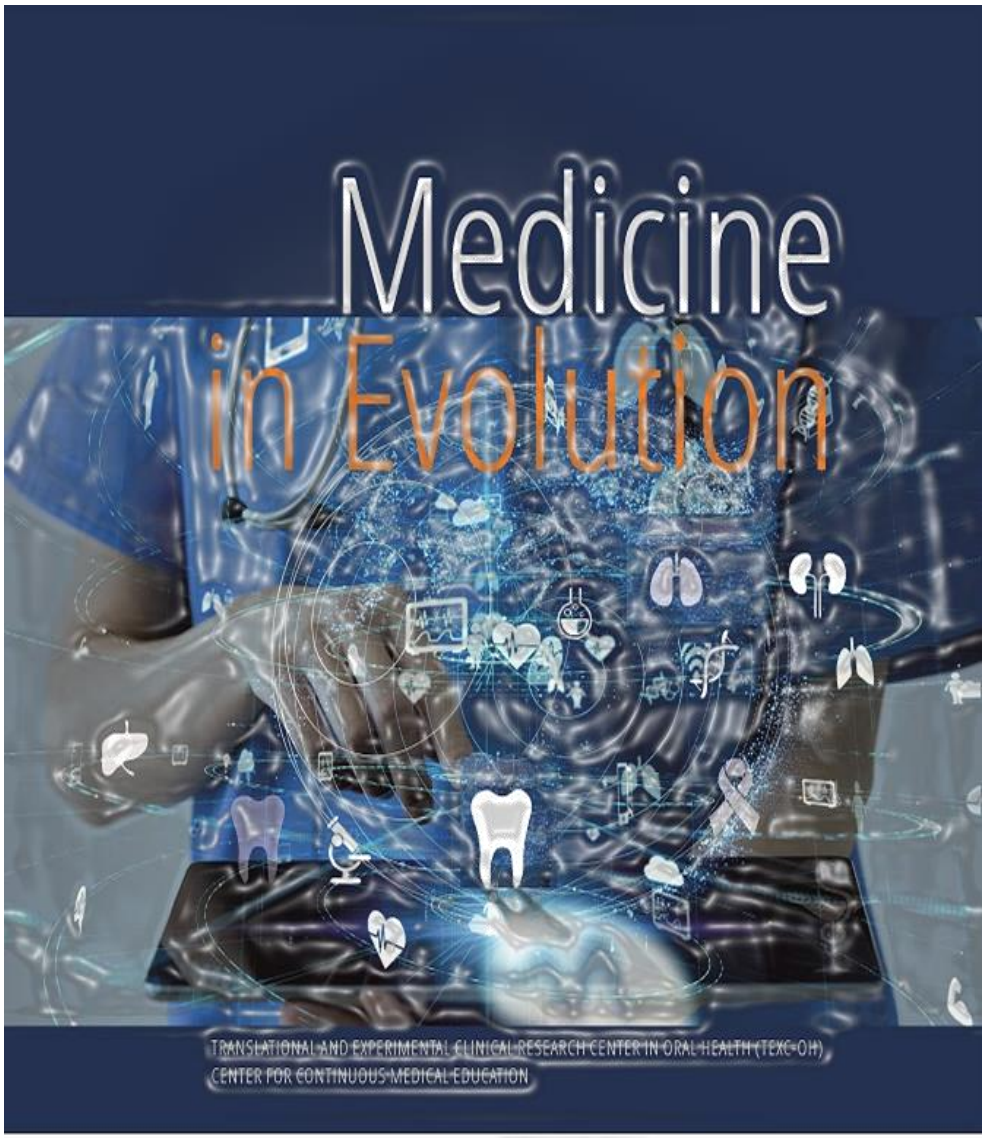

TRANSLATIONAL AND EXPERIMENTAL CLINICAL RESEARCH CENTRE IN ORAL HEALTH

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OPEN GATES TO THE FUTURE

National Conference of Infectious Diseases
14-16 May 2025
Timișoara, România

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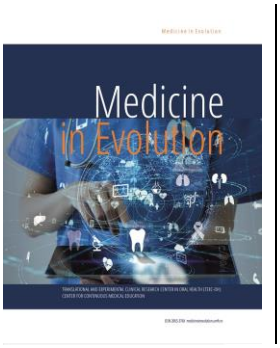
INTRODUCTION



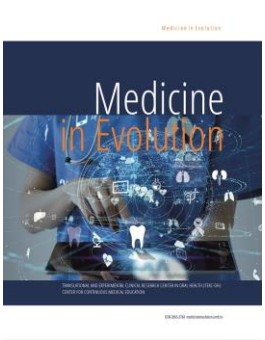
We are pleased to present this ***Supplement to Volume XXXI, No. 1/2025*** *of the journal Medicine in Evolution, a special collection of scientific contributions dedicated to current challenges and advances in the field of infectious diseases, immunization, and antimicrobial therapies. This supplement brings together high-impact topics at the forefront of medical research and clinical practice.*

The thematic focus includes the persistent global challenge of HIV/AIDS, centered around a critical question: Can we stop the pandemic? Other articles explore the real-world difficulties encountered in the treatment of acute and chronic viral hepatitis, addressing both therapeutic barriers and innovative solutions. Vaccination is also prominently featured, with perspectives combining long-term experience and cutting-edge innovation. Furthermore, this supplement covers modern strategies in antibiotic, antiviral, and antifungal therapy, reflecting the ongoing need to combat resistance and improve therapeutic efficacy.

A dedicated ***Varia*** *section provides additional original contributions spanning a wide range of medical disciplines and interests.*

We gratefully acknowledge the leadership of ***Prof. Univ. Dr. Voichița Lăzureanu****, President of the Conference, whose commitment and expertise have been essential in curating this scientific endeavor. Our sincere appreciation also goes to* ***Prof. Univ. Dr. Adrian Streinu-Cercel****, Honorary President, whose remarkable contributions to infectious disease research and public health continue to inspire generations of medical professionals.*

We hope that this supplement will serve as a valuable resource for researchers, clinicians, and public health specialists, fostering dialogue and advancing knowledge in the pursuit of better health outcomes worldwide



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ABSTRACTS

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CLOSTRIDIOIDES DIFFICILE INFECTIONS - CURRENT KNOWLEDGE AND FUTURE PERSPECTIVES

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Clostridioides difficile infection (CDI) is the most common infectious cause of healthcare-associated diarrhea and can also be present in the community. Risk factors for CDI include being 65 years or older, use of certain antibiotics (particularly clindamycin, cephalosporins, and fluoroquinolones), and inpatient exposures.

Management of CDI includes limiting antibiotic exposure, contact isolation, and treatment with vancomycin or fidaxomicin. Fidaxomicin is now recommended as the standard of care for CDI and when there is a high risk of disease recurrence. Recurrence of CDI continues to be a common phenomenon among patients treated with standard of care antibiotics, with a 10% to 25% risk of recurrence after treatment for a first episode of CDI and up to 65% risk of recurrence in patients who have already experienced a recurrence.

Therapeutic adjunctive agents that can aid in restoring the normal gut flora is another treatment modality in CDI, which include fecal microbiota transplantation, standardized microbiota replacement therapeutics, probiotic bacteriotherapy and non-toxigenic C. difficile. Immunization strategies targeting toxin A and B are currently under different phases of clinical trials. Preclinical studies with phages and their derivatives have demonstrated their specific activity against C. difficile, confirming the feasibility of this approach for the treatment of CDI. Non-antibiotic small-molecule agents against C. difficile inactivate toxins, activate immune signaling pathways, bile acid synthesis, or have other mechanisms of action.

Antibiotics remain essential treatment for CDI, but novel agents with various mechanisms of action hold promise for effective complementary treatment and prevention of recurrent CDI in the future.

Keywords: Clostridioides difficile, treatment, novel agents

THERAPEUTIC CHALLENGES IN INFECTIVE ENDOCARDITIS DUE TO BIOFILM PRESENCE

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Objectives

Infective endocarditis (IE) is associated with a high mortality rate. Approximately 25% of patients during hospitalization and up to 40% within the first year have an unfavorable outcome. Globally, more than 253,000 cases of IE are reported annually, with incidence on the rise due to the widespread use of invasive cardiovascular procedures, hemodialysis, and intravascular catheterization.

Material and Methods

From an etiological perspective, the most frequently identified pathogens remain Staphylococcus aureus, oral streptococci, Streptococcus gallolyticus, enterococci, and members of the HACEK group.

Results and Conclusions

A major contributor to the therapeutic challenges in IE is the presence of microbial biofilm on the endocardial surface. Biofilm formation is responsible for antibiotic tolerance, restricted nutrient and oxygen access and impaired antibiotic penetration at the site of infection. These factors often necessitate surgical intervention in addition to antimicrobial therapy.

The most effective treatments for staphylococcal IE associated with biofilm include teicoplanin, fusidic acid, or oxacillin. For infections caused by S. gallolyticus or Enterococcus faecalis, ampicillin or ampicillin-sulbactam is recommended. Emerging adjunctive strategies, such as the use of dabigatran and hyperbaric oxygen therapy, have shown potential to favorably influence the clinical course of infective endocarditis.

Keywords: Infective endocarditis - Biofilm-Treatment

INFLUENZA IN ELDERLY IN 2024-2025 SEASON – CLINICAL ASPECTS AND FINANCIAL IMPACT

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Introduction: Influenza remains an important global public health problem due to persistent annual morbidity with a seasonal character and significant economic impact. Immunosenescence increases the risk of illness, with multiple complications and the need for hospitalization. An effective prophylactic measure is vaccination, fully financially compensated for the elderly by current legislation in the field. The objective of this study was to evaluate some epidemiological and clinical aspects of influenza in elderly patients hospitalized in the 2024-2025 season, as well as the financial impact of hospitalizations.

Material and method: Retrospective, observational study, conducted on influenza cases, confirmed by rapid antigen test, in elderly patients (at least 65 years old), admitted to the Clinical Hospital for Pneumophthisiology and Infectious Diseases in Braşov between November 2024 and March 2025.

Results: 133 adult patients with influenza were hospitalized, of which 29.32% were elderly, with the extreme being 91 years old; 61.54% were women, 84.62% from urban areas, most hospitalizations in January 2025 – 48.72% cases, influenza A virus identified in 87.18% of cases. The average length of hospitalization was 9.36 days. Patients presented bacterial pneumonia in 84.62% of cases and 69.32% had associated acute respiratory failure; 25.64% of patients required temporary hospitalization in the Intensive Care Unit of the hospital. The evolution was favorable in 97.44% of cases and 1 patient required transfer to a higher Intensive Care Unit due to worsening of the disease. The cost of hospitalization of the patients was 107240.31 Euro, with an average of 2749.75 Euro/patient.

Conclusions: Vaccination remains the basic intervention for preventing influenza illness, hospitalizations, complications, and increased costs for the appropriate management of each patient.

Keywords: seasonal influenza, elderly, influenza vaccination, financial costs

RESPIRATORY SYNCYTIAL VIRUS INFECTION IN ELDERLY

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Objectives. Respiratory Syncytial Virus (RSV) represents one of the most common infections during childhood, but is also associated with a significant burden in older adults. This study presents the characteristics of elderly patients admitted with RSV infection.

Material and Methods. In a retrospective cross-sectional study, we enrolled 18 patients aged 60 years and older, tested positive for RSV and admitted to the 1st Infectious Disease County Hospital Târgu Mureş from Jan 2023 – April 2025. Age, sex, length of stay, comorbidities, coinfections, complications and outcome were followed.

Results. The median age was 76 years (min 63–max 87), 12 (66,6%) females, with an average hospitalization length of 11,9 days. The majority of the study group presented pre-existing chronic conditions, of these 16 (88,8%) cardiovascular, 9 (50%) respiratory and 7 (38,8%) renal diseases. One coinfection was noted with influenza A, 14 (77.7%) patients developed respiratory failure, no one died.

Conclusions. In our elderly group with multiple comorbidities, RSV infection were mostly associated with respiratory failure and required hospital admission. These results emphasize the necessity for vaccination of these vulnerable population.

Keywords: RSV, elderly, morbidity, characteristics

THE BURDEN OF INFECTIVE ENDOCARDITIS IN PANDEMIC AND POST-PANDEMIC YEARS IN A MULTIDISCIPLINARY HOSPITAL: CHALLENGES AND PERSPECTIVES ON MANAGEMENT AND PROGNOSIS

ADELINA MARIA RADU[1,2], I.F. TALPOȘI[2], R.E. ȚOȚOIU[2], R. BERBECARU[2], A.F. COSTEA[2], M. POPESCU[2], M.I. CISMARU[2], C.M. VACAROIU[2], VIOLETA MELINTE[1,2], VALERIU GHEORGHIȚĂ[1,2]
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Objectives

Infective endocarditis (IE) remains a highly lethal disease with an overall mortality rate of ~25%. The number of IE cases and deaths has risen sharply over the past 30 years. COVID-19 has had a major impact on healthcare, but its impact on the management of infective endocarditis (IE), including valve surgery, is yet to be seen.

Matherial and Metods

We are conducting an ongoing comparative cohort study of the trends in admissions, aetiology, management, including the need for surgery, and outcomes of IE during and after the COVID-19 outbreak using cases of IE admitted to the "Prof. Dr. Agrippa Ionescu" Clinical Emergency Hospital in Bucharest between 2020 and 2026.

Results

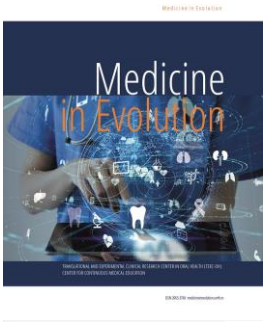
The result observed so far showed that there were more valve-related surgical admissions in the COVID-19 period, but the overall incidence was doubled in the post-COVID-19 period. In the matched analysis for all admissions, in-hospital mortality decreased after COVID-19, also observed in surgical admissions. Regarding the aetiology, we observed a significant increase of Enterococcus spp. cases in the post-pandemic period. As a result of these findings, we have developed our local protocol for periprocedural antimicrobial prophylaxis in cardiovascular interventional procedures.

Conclusion

In conclusion, in the post-pandemic period, we see an increase in incidence, a greater diversity in aetiology with a peak in Enterococcus species, and a significant decrease in morbidity and mortality. Whether these changes are related to the COVID-19 outbreak remains to be seen.

Keywords: infective endocarditis, COVID-19, valve surgery, outcome

ANALYSIS OF THE GUT MICROBIOME –NEW DISCOVERIES



ALEXANDRA ROTARU[1,2], BIANCA BĂLAŞ-MAFTEI[1,2], CARMEN ELENA FLOREA[1,2], ERIKA IRIMIE-BĂLUȚĂ[1,2], CARMEN MANCIUC[1,2]
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Introduction

Understanding the mechanisms by which microorganisms interact with each other, with the host, and the changes in microbiota structure and composition as a consequence of the inflammatory response leads to new therapeutic and behavioral perspectives.

Materials and Methods

A review of published studies on changes in the gut microbiota and their implications in the pathophysiology of infectious diseases was conducted. Keywords such as dysbiosis and infection were used to search specialized platforms like PubMed, Google Scholar, and Scopus.

Results

The oral microbiota plays a role in the immune mechanism by inhibiting microbial colonization through competition and immune system stimulation. Pathogens induce oral dysbiosis, which contributes to disease progression by blocking immune mechanisms. Advanced scientific research has identified that the microbiota may influence susceptibility to COVID-19 infections and reduce respiratory complications. A recent study involving patients with mild to moderate SARS-CoV-2 who underwent fecal microbiota transplantation reported improvements in diarrhea and neuropsychiatric symptoms. Analytical data suggest that a balanced gut microbiota reduces the risk of ventilator-associated pneumonia and alleviates gastrointestinal symptoms associated with COVID-19 infection.

Conclusions

A thorough study of microbiota changes in populations with various infectious diseases can serve as a starting point for investigating medical barriers that hinder effective therapeutic measures. The ultimate goal is to ensure high-quality patient care.

Keywords: microbiome, infection, dysbiosis, analysis

2024-2025 FLU SEASON IN 1ST INFECTIOUS DISEASES CLINIC, MUREŞ COUNTY HOSPITAL

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Objectives. In this season, influenza A and B virus subtypes co-circulated in Europe. The proportion of influenza B cases varied considerably, from 2% to 37% of the cases. Severe cases appear among patients with multiple comorbidities, immune depression and aged over 65 years.

Material and Methods. We performed a retrospective cross-sectional study conducted on 197 patients, confirmed with influenza virus infection and admitted to the 1st Infectious Disease County Hospital Târgu Mureş from 1 October 2024 – 31 March 2025. We followed age, sex, type of influenza virus, length of stay, hospitalization cost, comorbidities, complications and outcome.

Results. In the study group the mean age was 47 years, 111 (56.0%) were female, in 116 (58.5%) cases were identified influenza A, in 69 (35%) type B, in 9 cases was not specified, 3 patients were found with VSR, SARS-CoV-2 and influenza A+B coinfection. The average hospitalization time was 7.36 days, and the average cost of hospitalization was 7772.96 lei. Three most common comorbidities were cardiovascular, neurological and diabetes; 58 (29.4%) cases were complicated with pneumonia, from these 46.5% had flu B; 81 (41.1%) patients developed respiratory failure, 14.8% had type B. Overall 14 (7.1%) patients died, one of them with influenza B.

Conclusions. Influenza B virus accounts for about 35% of all flu cases in our study group. Compared flu A with flu B pulmonary complications were almost equal, the severity and mortality were lower in flu B. In 2024-2025 flu season influenza B virus contributes significantly to the annual flu burden and remains a persistent public health concern.

Keywords: influenza season, complications, severity, outcome

BACTERIAL ENDOCARDITIS MASKED BY COVID-19

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Objectives: Infective endocarditis (IE) represents a rare complication among patients infected with severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). Also, neurologic events are frequent causes of ICU admission in patients with IE. They can arise through various mechanisms consisting of stroke or transient ischemic attack, cerebral hemorrhage, mycotic aneurysm, meningitis, cerebral abscess, or encephalopathy.

Material and methods: The current study presents the case of a 67-year-old woman, with no previous medical history, who was admitted to the Department of Infectious Diseases in the Clinical Infectious Diseases Hospital (Timişoara, Romania) due to SARS-CoV-2 and sepsis presented with unusual neurological symptoms.

Results: Although the patient's evolution was favorable, on the 4th day of hospitalization, the blood culture result revealed the presence of Staphylococcus aureus, which is why a cardiology consultation was performed, objectifying an echographic visualization of a round, hyperechoic, mobile formation attached to the mitral ring, measuring approximately 1.8-2 cm. After 4 weeks of intravenous antibiotics, the patient was transferred for surgery at Cardio-Thoracic Institute with favorable outcome.

Conclusion: we discuss the diagnostic difficulties as well as the management of this complication in the COVID-19 era. As a physician, one must remain alert to this dreaded complication, especially in patients with no medical history, in order to prevent it, detect it early, and manage it in time.

Keywords: Staphylococcus aureus; coronavirus disease 2019; infective endocarditis; positive blood culture; severe acute respiratory syndrome coronavirus-2

INFLUENZA-INDUCED MYOSITIS: ANALYSIS OF HOSPITALIZED CASES IN THE CURRENT FLU SEASON

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Objectives

This study aims to examine the epidemiological, clinical, and laboratory findings of hospitalized patients with influenza-associated myositis during the current influenza season and compare these findings with existing literature.

Materials and Methods

This descriptive study included 13 patients diagnosed with influenza using rapid antigen tests for Influenza A/B and myositis, confirmed by correlating clinical findings (myalgia, varying degrees of muscle weakness) with laboratory parameters (elevated creatine kinase levels, aspartate aminotransferase/alanine aminotransferase ratio ≥2). Patients were admitted to the Clinical Hospital of Pulmonology and Infectious Diseases in Braşov between November 1, 2024, and March 31, 2025. Demographic, clinical, and laboratory data, as well as information regarding treatment, were collected. The results were compared with similar studies.

Results and Conclusions

During the current influenza season, 334 patients were hospitalized with confirmed influenza, of whom 13 (3,9%) presented with influenza-associated myositis. The majority of these patients were children (92.3%), with a mean age of 8 years (median age: 5 years). The male gender predominated (92.3%). The highest hospitalization rates occurred in January and February. The average length of hospitalization was 4.6 days. Of these patients, 70% tested positive for Influenza B, while 30% were infected with Influenza A. Common symptoms at admission included fever and myalgia associated with functional impairment, particularly in the lower limbs. The most frequent hematological abnormalities included leukopenia (38.4%) and lymphocytopenia (92.3%). Inflammatory markers were elevated in 53.8% of cases. All patients exhibited elevated levels of aspartate aminotransferase, and 46% also had increased alanine aminotransferase levels. Creatine kinase levels were elevated in all patients tested. All patients received antiviral treatment with Oseltamivir (5 days, weight-adjusted dosing), corticosteroid therapy and supportive care. The clinical outcomes were favorable, with complete resolution of muscular symptoms and no renal complications. In comparison with other studies, our data confirm that influenza-associated myositis is primarily a pediatric manifestation, more frequently observed in males, and is more commonly associated with Influenza B infection. Additionally, muscular symptoms were self-limiting and responded favorably to antiviral and anti-inflammatory therapy, in line with previous reports.

Influenza-associated myositis represents a rare complication, and timely recognition, accurate diagnosis, and early initiation of appropriate therapy are crucial for ensuring a favorable clinical course and preventing potential complications.

Keywords: seasonal influenza, Influenza A/B virus, myositis, rhabdomyolysis

THE MICROBIOME AND LONG COVID SYNDROME: FROM IMBALANCE TO THERAPEUTIC STRATEGY

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The SARS-CoV-2 infection represented a huge challenge for humanity, a major public health problem due to the prolonged pandemic evolution, the dramatic number of human lives lost and important economic consequences. As time passed, the number of COVID-19 cases began to decrease significantly, so that WHO declared the end of the public health emergency of international concern in May 2023. But the world is beginning to face another health threat, namely long COVID. WHO and CDC have defined long COVID as a distinct condition with a chronic course, characterized by the continuation or development of new symptoms 3 months after the initial infection with SARS-CoV-2, lasting at least 2 months, without another explanation. This pathological condition was identified in at least 10% of patients who had COVID-19, regardless of the patients' age or the severity of the clinical form of COVID-19. Pathogenesis of long COVID is complex and includes several, still incompletely identified, intertwining mechanisms, mainly represented by immune system disorders, including autoimmunity, endothelial abnormalities, coagulopathy and the occurrence of dysbiosis at the microbiota level. The role of the human microbiota in modulating immune responses is of increasing scientific interest. Numerous studies have identified correlations between microbiota composition and susceptibility to viral infections, including SARS-CoV-2. The gut microbiota shows changes in patients with COVID-19, with a decrease in bacterial diversity and a preponderance of pathogenic species, elements that contribute to the maintenance of chronic inflammation. These disturbances are long-lasting, also identified in patients who have developed long COVID. Dysbiotic changes have also been described at the level of the oral and nasopharyngeal microbiota (the initial site of viral multiplication), with an increase in pathobionts and oral bacterial flora, again favoring the persistence of inflammation. Research on the possibilities of therapeutic intervention in long COVID has also considered the use of probiotics, with the aim of restoring the balance of the intestinal microbiota and improving the immune response.

Keywords: microbiome, long covid syndrome, symptoms, imbalance, therapeutic strategy

INFECTIVE ENDOCARDITIS WITH ATYPICAL LOCALISATION AND PARTICULAR CHALLENGES IN SOURCE CONTROL

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Objectives: Cardiac implantable electronic devices (CIED) are increasingly used worldwide, becoming reliable and essential tools in managing arrhythmias and improving hemodynamics. On the other hand, infections associated with these devices are one of the most feared complications, as they require prolonged hospitalization and antibiotic treatment, while also being linked to high morbidity and mortality rates. Moreover, CIED infections (CDIs) present different clinical scenarios, from pocket infection to infective endocarditis. The diagnosis of CDIs poses a significant challenge for physicians, requiring a multidisciplinary approach.

Material and Methods: We present a case of a 75-year-old patient with multiple cardiac comorbidities, including valvular disease with an aortic prosthesis and a cardiac peacemaker, that undergoes a routine follow-up evaluation and battery replacement. A moderate elevation in inflammatory markers is detected, while the only complaint was a chronical lumbar pain. The positive blood cultures obtained at the time of the hospital admission pointed towards a possible diagnosis of infective endocarditis on the cardiac stimulator, which was subsequently confirmed by transesophageal echocardiography. Additionally, taking into consideration the patient's anemia and the positive fecal occult blood test, Upper and Lower Gastrointestinal Endoscopies were performed, revealing findings consistent with sigmoid adenocarcinoma. Furthermore, contrast-enhanced computer tomography identified inflammatory area in the L3 vertebral body.

Results: The outcome was favorable under the appropriate antibiotic regimen, resulting in the patient's discharge after 42 days. Weighing the risks and benefits of surgically extracting the previous device, a multidisciplinary committee concluded to implanting a new cardiac stimulator, without removing the previous one.

Conclusions: This case highlights the importance of early recogninizing CDIs in a paucisymptomatic patient and adequate anti-microbial treatment. Source control does not always require removal of the prior device.

Keywords: cardiac implantable device infection, endocarditis, source control

CONSERVATIVE TREATMENT OF HEPATIC ABSCESS CAUSED BY KLEBSIELLA PNEUMONIAE – CASE REPORT

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Objectives:

Hepatic abscess is caused by bacteria such as Klebsiella pneumoniae (KP), Escherichia coli, Streptococcus spp., and has a mortality rate ranging from 2.8% to 31.8%. Patients with KP-related liver abscess are at risk of abscess dissemination in 3.5% to 20% of cases. The standard treatment for liver abscesses includes appropriate antibiotic therapy and percutaneous or surgical drainage. Carbapenems are the first-line empirical therapy in septic shock. In cases where drainage is not feasible, conservative antibiotic treatment is required.

Material and methods:

We present the case of a 48-year-old male, non-smoker, with no allergies or significant medical history, and no chronic medication, who presented with self-reported fever (39°C), chills, muscle aches, joint pain, and headache, symptoms lasting for 3 days. Upon admission, laboratory tests revealed neutrophilia, mild thrombocytopenia, a severe inflammatory syndrome, and hepatocytolysis syndrome. To investigate the febrile syndrome, molecular tests for genetic detection (Respiratory Panel and atypical bacteria) were performed, which were negative. Blood cultures later tested positive for KP, without resistance genes. A contrast-enhanced CT scan of the chest, abdomen, and pelvis revealed mediastinal and hilar lymphadenopathy and a non-homogeneous, hypovascular hepatic lesion near a branch of the right suprahepatic vein, raising suspicion of a thrombosed vascular branch.

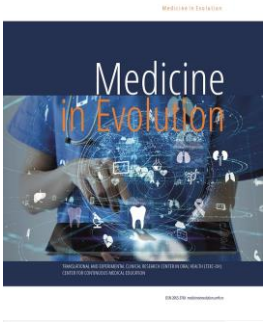
Results and conclusions:

An attempt at percutaneous drainage was unsuccessful, so conservative antibiotic therapy was initiated for 5 weeks. The patient's condition fluctuated but showed clinical and biological improvement, with progressive regression of the lesion on imaging. After 5 weeks of antibiotic treatment, the patient returned for clinical, biological, and imaging reevaluation with no clinical complaints, an almost normal complete blood count, improvement in the inflammatory syndrome, and regression of the hepatic lesion.

Although the standard treatment protocol involves a combination of antibiotics and percutaneous or surgical drainage, in certain specific cases where effective drainage is not possible, a favourable outcome can still be achieved with a targeted antibiotic regimen.

Keywords: hepatic abscess, Klebsiella pneumoniae, conservative treatment, antibiotic therapy

DIAGNOSTIC APPROCH TO HEPATIC LESIONS IN A POSTPARTUM PATIENT



CRINA-LAURA PÎRVAN, MARIANA CĂTANĂ-HORESCU, ROBERTA GALE, DANIELA DIACONU, SORINA ROXANA IONIȚĂ, ANDRADA ANA-MARIA MAGDĂU, GHEORGHE DARIUS SIMION, ALEXANDRA MARIANA SPĂTARU, MIHAELA MARIA UNGUREAN, OANA-ANCA VIȚĂLARU, MARIA CERBU

"Victor Babes" Clinical Hospital of Infectious Disease and Pneumophtisiology, Timisoara

Objectives: illustration of a complex case, a real challenge in terms of diagnosis and management. A step-by-step approach needed in managing such scenarios.

Methods and Material: retrospective chart review of a patient with recurring fever, acute onset of upper abdominal pain and persistent radiology finding of liver lesions

A 33-year-old patient, 2 weeks post partum, presented to the hospital with severe acute upper abdominal pain, fever with chills and rigors. Patient underwent thorough investigations, including bacterial, viral, fungal and parasitic work-up – all being negative. Routine laboratory tests showed markedly elevated inflammatory markers, however liver function analysis and tumour markers were within normal limits. Radiological imaging revealed multiple hypodense hepatic lesions which raised the suspicion of liver abscesses. All cultures were negative (including blood cultures, sputum, urine & stool cultures).

A multidisciplinary approach was needed in order to rule out infective endocarditis, tuberculosis and haematological, gynaecological and endocrine malignancy.

Ultrasound guided biopsy of the liver lesions confirmed collection of suppurative inflammatory material, in keeping with a potential abscess. Therefore, she was initially treated with a course of Meropenem, Vancomycin, single dose Gentamycin and got discharged home on Moxifloxacin.

Second readmission happened 7 days post initial discharge with similar symptomatology Radiological findings showed persistence of the hepatic lesions. The whole infectious

work-up remained negative, with the exception of the urine culture, which was positive for Enterococcus sp.

She was commenced on a two-week course of Imipenem, Linezolid and Caspofungin with improvement in her clinical condition, being discharged home with recommendation of Itraconazole and continuation of treatment with Linezolid for another month.

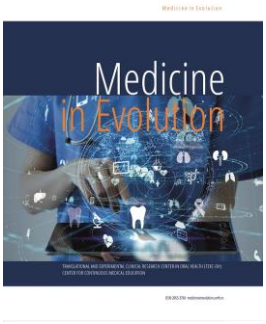
Third readmission happened mid- February 2025 with the same pattern of symptoms, similar abdominal US and MRI findings. However, the fungal work-up showed minimal raise in Candida antibodies IgG, she completes a 3-week course of Caspofungin + Ampicillin/ Sulbactam + metronidazole and aminoglycoside treatment. Post treatment, the imaging shows fewer hepatic lesions with reduction in size of the ones remaining.

One month later, in March 2025, while being abroad, she becomes unwell and gets admitted at a hospital in the United Kingdom, where an ultrasound guided biopsy is done and high suspicion of either atypical mycobacterial infection or fungal disease is being raised. Currently results are being awaited.

Conclusion: Multidisciplinary approach is the key in these complex cases. Furthermore, the biopsy of hepatic lesions is helpful when these keep recurring and are being difficult to treat

Keywords: liver lesions, postpartum, infectious work-up, fever, abdominal pain

CASE REPORT: SEVERE GENERALIZED TETANUS



ANDREEA FLORUNCUȚ[1,2], ALEXANDRA HERLO[1,2], TALIDA NOVĂCESCU[1,2], IOANA LUPUȚ[1,2], ADINA ILAȘ[1,2], ANDRA SAIZU[1,2], ALISIA ILISOI[1], ADELINA-RALUCA MARINESCU[1,2], ELENA-VOICHIȚA LĂZUREANU[1,2]

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Objectives

Tetanus is an acute infectious disease, potentially fatal, caused by Clostridium tetani, an anaerobic bacterium that produces neurotoxic toxins. It affects the central nervous system, causing severe muscle spasms and autonomic dysfunctions. Although preventable through vaccination, tetanus remains a public health issue in regions with insufficient vaccination coverage.

Material and methods

The following presentation is about the case of a patient admitted to the Infectious Diseases Clinic II of the "Dr. Victor Babeș" Hospital in Timișoara from 01.02.2025 to 20.03.2025, diagnosed with generalized severe tetanus.

Results and conclusions

The patient, a 12-year-old child with no significant personal medical history, presented to the Emergency Unit in Drobeta Turnu-Severin on 23.01.2025 after a puncture wound to the left heel, sustained on 22.01.2025. The patient was sent home with antibiotic and analgesic treatment, but persistent pain led to hospitalization in the Pediatric Surgery Department on 27.01.2025. The patient was discharged on 31.01.2025 with improved general condition. On the evening of discharge, the patient developed thoracic muscle contractions, which became generalized on 01.02.2025, prompting readmission to the Emergency Unit, where tetanus was suspected, and the patient was transferred to the Intensive Care Unit of "Dr. Victor Babeș" Hospital in Timișoara. Upon admission, the patient was conscious, hemodynamically stable, with generalized muscle spasms triggered by auditory and light stimuli. Treatment with tetanus immunoglobulin, antibiotics, and supportive care was started, however on 02.02.2025, the patient experienced respiratory deterioration, requiring endotracheal intubation and mechanical ventilation. The evolution was slowly favorable, therefore extubation was performed on 22.02.2025, followed by progressive recovery and transfer back to the ward on 04.03.2025 for further treatment. The patient's progress was favorable, and on 20.03.2025, the patient was discharged in relatively good general condition.

Keywords: Tetanus, Clostridium tetani, Intensive Care Unit, Tetanus vaccine

POSTINFECTIOUS SUBACUTE TYROIDITIS -CASE PRESENTATION

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National Institute for Infectious Diseases "Prof.Dr. Matei Balş", Bucharest, Romania

Subacute thyroiditis is a painful inflammationof the thyroid gland, believed to be triggered by a viral infection such as mumps, adenoviruses, ECHO viruses and Coxsackie viruses.

It is more common in women between the ages of 20-50 years. Most individuals have a history of recent upper respiratory tract infections.

The authors present the case of a 49-year-old female diagnosed with subacute thyroiditis following a viral infection, outlining the diagnostic methods, treatment and evolution in collaboration with the endocrinologist.

Keywords: Subacute thyroiditis, respiratory infections, endocrinologist

FULMINANT EVOLUTION OF A MULTICENTRIC HEPATOCARCINOMA IN AN HIV-POSITIVE PATIENT – CASE REPORT

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[1]Clinical Hospital of Pneumology and Infectious Diseases Braşov

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Introduction:

Co-infection with hepatitis B and D viruses leads to a rapid and severe progression toward liver cirrhosis and hepatocellular carcinoma. HIV infection, through progressive immunosuppression, increases the risk of hepatic decompensation and reduces the effectiveness of oncological and antiviral treatments. The overlap of these three pathologies can result in a severe clinical picture, with high complication and mortality rates. We present a case with fulminant evolution, despite a multidisciplinary therapeutic approach.

Material and Method:

We present the case of a 49-year-old male patient known with HIV infection (since 2018, on antiretroviral therapy with Biktarvy), liver cirrhosis due to HBV and HDV, and multicentric hepatocellular carcinoma (stage B), treated by transarterial chemoembolization (in December 2023 and October 2024). The patient was admitted to the Immunodeficiency Unit of the Clinical Hospital of Pneumology and Infectious Diseases in Braşov, reporting abdominal distension, leg edema, and marked asthenia. Clinical, laboratory, and imaging data were analyzed retrospectively.

Results:

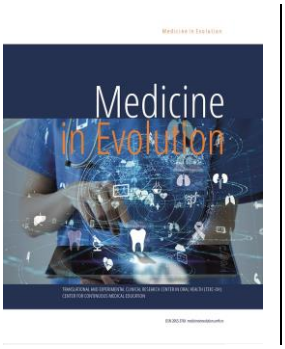
At admission, the patient presented with altered general condition, massive ascites, and signs of hepatic decompensation. Contrast-enhanced abdominal CT imaging revealed two hepatic nodules (47 mm and 37 mm), consistent with multicentric hepatocarcinoma. Due to clinical deterioration, including grade 2–3 hepatic encephalopathy and severe hypokalemia, the patient was transferred to the ICU, where he received complex therapy: hepatoprotective and hepatotropic treatment (Aspatofort, Silymarin, Arginine, N-acetylcysteine), corticosteroids, albumin, diuretics (Furosemide), hydro-electrolyte rebalancing, antibiotic prophylaxis, antifungal treatment, and paracentesis. The initial evolution was slightly favorable, followed by progressive deterioration: recurrence of hepatic encephalopathy, persistent hypofibrinogenemia, progressive hepatic cytolysis, severe cholestasis, and onset of sepsis originating from the lungs and urinary tract (urinary tract infection with Enterococcus faecium MRD). Despite intensive therapeutic interventions and vital support, the evolution was unfavorable, leading to multiple organ dysfunction and death.

Conclusions:

This case highlights the severity of the HIV–HBV–HDV triad, combined with an advanced neoplastic process. The management of such patients requires a multidisciplinary approach, with interventions tailored to the complications. However, in the presence of advanced pathology, the prognosis remains poor, even under intensive care. The reporting and analysis of such cases contribute to a better understanding of clinical complexity and the refinement of therapeutic approaches.

Keywords: Multicentric hepatocarcinoma, HBV and HDV coinfection, HIV, liver failure, hepatic encephalopathy, multiple organ dysfunction

CHARACTERISTICS OF PATIENTS IN THE EVIDENCE OF THE IAŞI REGIONAL HIV/AIDS CENTRE



ISABELA IOANA LOGHIN[1,2], ŞERBAN-ALIN RUSU[1], IRINA CRISTINA NICOLAU[1], ION CECAN, AMELIA-ANDREEA MIHĂESCU[1], CARMEN MIHAELA DOROBĂŢ[1]
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Introduction: Globally, there are approximately 39.9 million people living with HIV, the human immunodeficiency virus becoming a public health issue. It is the causative agent of acquired immunodeficiency syndrome. Numerous opportunistic infections, such as tuberculosis, candidiasis, Kaposi's sarcoma, chronic hepatitis B or C, and neurological conditions, are caused by and exacerbate HIV infection.

Material and Methods: HIV-positive patients admitted to the Regional HIV/AIDS Center Iaşi until December 31, 2024, were evaluated in order to observe the frequent conditions associated with HIV infection. The purpose of this study is to observe the current profile of patients admitted to the clinic.

Results: Out of a total of 1780 patients registered at the Regional HIV/AIDS Center Iaşi, 62.10% (1106 patients) were diagnosed with HIV infection, and 37.9% (674 patients) presented symptoms suggestive of the AIDS stage. HIV infection was more common in men (828 cases, 74.9%). Most patients were young adults, aged between 31–40 years (545 patients, 46.4%), the most frequent comorbidity being oropharyngeal candidiasis (198 patients, 16.6%), followed by chronic hepatitis B or C (170 patients, 14.2%) and pulmonary tuberculosis (24 patients, 2.0%).

Conclusions: A key factor in improving survival treatment and future prognosis of patients is the management of HIV infection complications. The main objective for improving the future quality of life and prognosis of HIV-positive patients is the care of comorbidities in collaboration with doctors from different hospital departments.

Keywords: HIV infection, opportunistic infections, pulmonary tuberculosis, Kaposi sarcoma

UNEXPECTED MULTIPLE COMPLICATIONS IN A PATIENT WITH STREPTOCOCCUS PNEUMONIAE INFECTION

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Introduction: Sepsis caused by Streptococcus pneumoniae is a potentially life-threatening condition based on a primary infection, such as pneumonia or other localized infections, and is more frequent in immunodepressed patients. Vaccination can reduce the global burden of the disease, but suboptimal vaccination coverage remains a significant worldwide problem.

Case presentation: We present the case of a 60 years old male patient, with unremarkable preexisting medical conditions, that was admitted for high fever, myalgia, productive cough and dyspnea, that started 7 days prior to admission. He was unvaccinated against seasonal influenza or pneumococcal disease. Upon clinical examination, the patient was in a severe clinical state, of which dyspnea and respiratory failure that required oxygenation with facial mask, and diffuse bilateral crackles more pronounced in the right pulmonary field were the most notable findings. Marked inflammatory syndrome in association with neutrophilia and lymphopenia, as well as other biological disturbances were noted, and chest X-ray revealed by-lateral pneumonia with massive involvement of the right pulmonary field. He later tested positive for Streptococcus pneumoniae in a nasopharyngeal PCR sample. The Gram smear of his sputum also showed frequent lancet-shaped, in diplo, Gram-positive cocci. Other relevant samples were two blood cultures positive for serotype 3 Streptococccus pneumoniae. Initial antibiotic therapy consisted of Meropenem, Vancomycin and Doxycycline association, with later de-escalation to Ceftriaxone, in accordance with the antibiogram. Initially the acute respiratory failure worsened, which required high-flow nasal oxygenation using AIRVO2, with slow subsequent regression of respiratory failure, and gradual overall clinical improvement. Appearance of an atrial fibrillation episode, which latter conversion to sinus rhythm under treatment with Amiodarone, in accordance with cardiological consults, also complicated disease course. Later-on, throughout the course of admission, the inflammatory syndrome showed progressive accentuation, for which other microbiological samples were taken, but with negative results, and thoracic computer tomograph scan was performed which revealed a massive cavity (97/55mm) with anfractuous walls, in the middle pulmonary lobe, suggestive for pulmonary abscess, that was treated with progressive association of broad-range antibiotics that led to re-association of Vancomycin and Meropenem, and was continued in the pneumology department up to 4 weeks, with slow clinical improvement and amelioration of the lesion diameter, as well as favorable outcome upon latter follow up after discharge.

Conclusions: The case particularity is that it highlights a broad range of complications of pneumococcal infection in an unvaccinated, immunocompetent patient, including lung abscess formation, new-onset atrial fibrillation, and severe respiratory failure, that required prolonged hospitalization and multidisciplinary challenges, but with a favorable outcome.

Keywords: Streptococcus pneumoniae, sepsis, vaccination, lung abscess

NEUROLOGICAL MANIFESTATIONS AS FIRST SIGNS OF ACUTE RETROVIRAL SYNDROME: A CASE REPORT

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Clinical Hospital of Infectious Diseases, Cluj-Napoca

Objectives:

Acute retroviral syndrome (ARS) is a transient, flu-like illness that may occur during primary HIV infection. This case report describes a 24-year-old man who has sex with men (MSM) with a history of allergic bronchial asthma, presenting with acute neurological and systemic symptoms, leading to the diagnosis of ARS with central nervous system (CNS) involvement.

Material and methods:

The patient developed sudden-onset fever, intense occipital headache, photophobia, fatigue, and gastrointestinal symptoms. Initial evaluations revealed leukopenia, mild inflammatory syndrome, and a discrete hypodensity in the left temporal lobe on cerebral computed tomography (CT) scan. Neurological examination suggested meningeal irritation, prompting a lumbar puncture, which showed mild pleocytosis and elevated cerebrospinal fluid (CSF) protein and glucose. Further investigations, including HIV testing, revealed a high viral load and a CD4 count of 294 cells/mm³, consistent with ARS. CSF analysis revealed a high HIV RNA load (38,000 copies/mL), confirming CNS involvement.

Results:

Empirical broad-spectrum antibiotics, systemic antivirals, and intravenous corticosteroids were initiated but later adjusted after diagnostic confirmation. The patient was rapidly started on combination antiretroviral therapy (Emtricitabine/Tenofovir and Dolutegravir). Clinical improvement was observed, with resolution of headache, fatigue, and neurological symptoms, and the patient was discharged in stable condition with outpatient follow-up after one month.

Conclusions:

This case underscores the need to consider acute retroviral syndrome in the differential diagnosis of encephalitis in young, sexually active patients with unexplained systemic and neurological symptoms. Early recognition and prompt initiation of antiretroviral therapy are essential for improving outcomes.

Keywords: HIV, Acute retroviral syndrome, encephalitis, MSM, CSF, antiretroviral therapy

GRAM-NEGATIVE INFECTIVE ENDOCARDITIS: A RARE ENTITY IN INFECTIOUS DISEASES – CASE REPORT

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Clinical Hospital of Infectious Diseases, Cluj-Napoca

Objectives:

Infective endocarditis (IE) is a life-threatening condition that requires prompt diagnosis and treatment. Gram-negative IE is rare and typically associated with urinary or digestive pathologies. This case report describes a 70-year-old man with a history of chronic alcohol consumption, initially suspected of having acute coronary syndrome (ACS) but later diagnosed with infective endocarditis associated with dilatated cardiomyopathy, bicuspid aortic valve and an ascending aortic aneurysm.

Material and Methods:

The patient presented with dyspnea and constrictive chest pain, prompting admission for suspected ACS. Coronary angiography ruled out ACS, but further evaluation revealed a significant inflammatory response (CRP 20 mg/dL, PCT 32.78 ng/mL) and echocardiographic findings suggestive of infective endocarditis on the native aortic valve, along with significant aortic regurgitation and an aneurysmal dilatation of the aorta. Angiographic computed tomography confirmed an ascending aortic aneurysm (52 mm) with bilateral alveolar consolidations. Blood cultures obtained during a febrile episode revealed Escherichia coli as the causative pathogen. The patient developed atrial fibrillation, which was successfully converted to sinus rhythm.

Results:

Empirical broad-spectrum antibiotics (Ceftriaxone, Vancomycin, and Gentamicin) were initiated. After culture results, therapy was narrowed to Ceftriaxone (2g/day for 35 days) and Gentamicin (160mg/day for 14 days). The patient received supportive care, including anticoagulation and management of alcohol withdrawal symptoms. Despite underlying structural cardiac abnormalities, he remained hemodynamically stable, afebrile, and showed clinical improvement throughout hospitalization.

Conclusions:

This case underscores the diagnostic complexity of infective endocarditis, particularly in elderly patients with pre-existing cardiovascular conditions. Effective management requires multimodal imaging, blood culture analysis, and prolonged antibiotic therapy. A bicuspid aortic valve and an aortic aneurysm further complicate the prognosis, necessitating close monitoring and long-term follow-up.

Keywords: endocarditis, gram-negative, rare condition, blood cultures, antibiotic therapy, follow-up

MYCOPLASMA PNEUMONIAE PNEUMONIA (MP) IN AN HIV-INFECTED PATIENT – CASE REPORT

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[1] Galati Infectious Diseases Clinical Hospital
[2]"Dunarea De Jos" University Galati

Introduction: Mycoplasma pneumoniae (Mp) infection has experienced a post post-pandemic reemergence, explained by the appearance of new genotypes and the increased circulation of respiratory pathogens following the COVID-19 isolation period. Among community-acquired pneumonias, Mp etiology accounts for 4–8% in adults and is the most common cause in children aged 5 to 15 years. In 2024, four adults with confirmed pneumonia by Mp were hospitalized at the Clinical Hospital for Infectious Diseases. The characteristics of pneumonia with Mp in HIV-positive individuals have been insufficiently studied to date.

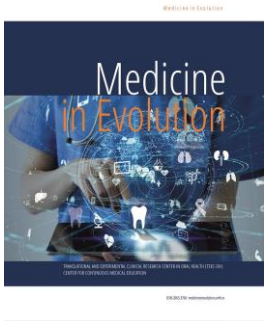
Material and Method: Clinical case study.

Results: A 42-year-old male patient, smoker, with a history of fibrosarcoma (surgically treated and cured), known hypertensive, diagnosed with AIDS (C2) since 2011, presented with fever (38°C), chills, headache, myalgia, and productive cough with mucopurulent sputum, with a 7-day onset and no improvement under outpatient Augmentin therapy. On antiretroviral treatment with DLG/LAM, the patient had complete viral suppression and a CD4 count of 550/mm³. Clinical examination revealed afebrility (36.7°C), BP 158/88 mmHg, HR 116 bpm, RR 18 breaths/min, SpO_2 96% on room air, BMI 23.5 kg/m²; without pulmonary auscultatory abnormalities, in contrast to the intensity of the cough and extrapulmonary symptoms. Imaging showed nodular opacities with a "tree-in-bud" pattern, subsolid nodules, bronchial dilations, and a condensation focus with irregular margins in the right lower lobe. Laboratory findings revealed an inflammatory syndrome without hematologic changes, proteinuria, elevated ASLO and TPHA. Respiratory panel was positive for Mp. Sputum test was negative for TB bacilli, but Klebsiella pneumoniae (Kp) was isolated. Syphilitic infection was ruled out, interpreting the positive TPHA as a false-positive reaction associated with Mp infection. The evolution was favorable, but requires monitoring for post-infectious complications.

Conclusions: HIV-associated pneumonias, especially atypical ones, present a diagnostic challenge. A positive sputum culture for Kp must be cautiously interpreted in clinical context. The course of Mp pneumonia in the HIV-infected patient under antiretroviral therapy was classic.

Keywords: Mycoplasma pneumoniae, immunosuppression, Klebsiella pneumoniae

HEPATITIS A VIRUS INFECTION IN THE PEDIATRIC POPULATION: A RETROSPECTIVE STUDY AT "DR. VICTOR BABES" HOSPITAL, BUCHAREST, 2024



ADINA-ALEXANDRA NANU, ANA DRAGOMIRESCU, MIRUNA LAZAR, IULIA GRIGORE, MARINA MARINESCU, CRISTINA LAMER, DANA ISPAS, NICOLETA TUDOR, CLAUDIA CHIRILA, RALUCA BONTEA, CRISTINA SANDU, GETA VANCEA, SIMIN-AYSEL FLORESCU
"Dr. Victor Babes" Clinical Hospital, Bucharest

Objective

The aim of this study is to characterize hepatitis A virus (HAV) infection in the pediatric population from an epidemiological, clinical, and paraclinical perspective.

Material and Methods

We conducted a retrospective study including 94 hospitalized patients diagnosed with acute hepatitis A between March and October 2024 in the pediatric infectious diseases department of the "Dr. Victor Babes" Clinical Hospital for Infectious and Tropical Diseases. Demographic, epidemiological, clinical, and paraclinical data were collected from patient observation records.

Results and Conclusions

Hepatitis A virus infection remains a public health concern despite improved hygiene conditions and the availability of a vaccine with 95% efficacy.

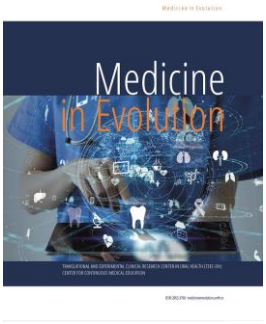
Between March and October 2024, 94 children were hospitalized, with an average hospital stay of 7 days. The median age was 10 years, and males predominated (57.4%). Epidemiologically, most patients were from Calarasi County (55.3%), with the highest number of cases recorded in August (27.65%). Regarding risk factors, none of the children were vaccinated against HAV, a familial outbreak was identified in 54% of cases, and 23% reported consuming water from private household sources.

The most common symptoms were nausea, vomiting, anorexia, abdominal pain, fever, and flu-like syndrome. Objectively, the most frequent findings were hepatomegaly, jaundice, and hyperchromic urine. Biologically, the main variables studied were hepatocellular damage and the degree of liver failure. The average serum transaminase levels at admission were 1296 IU/L (ALT) and 1005 IU/L (AST), decreasing to 310 IU/L and 154 IU/L at discharge, respectively. The total bilirubin level averaged 4 mg/dL at admission and 1.6 mg/dL at discharge. Liver failure, biologically quantified by prothrombin concentration, was present, regardless of severity, in 42% of the studied patients. Patients who presented with jaundice, vomiting, hemorrhagic syndrome, or serum transaminase levels above 1000 IU/L at admission had a higher risk of prolonged hospitalization.

Medical treatment included intravenous fluid and electrolyte rebalancing, corticosteroids (3%), and vitamin K (1%). All patients showed favorable evolution and were discharged in improved condition.

Keywords: Acute hepatitis, hepatitis A virus, vaccination, hygiene

THE IMPACT OF PRIOR BACTERIAL COLONIZATION IN THE DEVELOPMENT OF CRE KLEBSIELLA PN. INFECTIONS



CRISTIANA PENEA[1], CRISTINA VACAROIU[1], TIBERIU HOLBAN[1], ANAMARIA DOBROTA[1], MIRIANA CISMARU[1], ADELINA RADU[1,2], VIOLETA MELINTE[1,2], VALERIU GHEORGHITA[1,2,3]
[1]Infectious Diseases Department of the Emergency Hospital „Prof. Dr. Agrippa Ionescu"
[2]"Carol Davila" University of Medicine and Pharmacy, Bucharest

This presentation tackles the subject of Klebsiella pneumoniae multidrug resistance in healthcare settings, with high rates of nosocomial infections, treatment failure, and stands out as one of the most virulent and frequent causes of death globally, being responsible for 20% of deaths attributed to multi-resistant bacteria. According to a study conducted by WHO in 2022, 70% of all nosocomial infections could have been prevented by respecting the hygiene measures of the staff in health care units.

Objectives: We selected all the cultures positive for Klebsiella pneumoniae, collected in our hospital between 1st of January and 1st of March 2025, in order assess the local epidemiological context and to highlight the relationship between the carriage of resistant bacteria and the development of active infections in hospitalized patients.

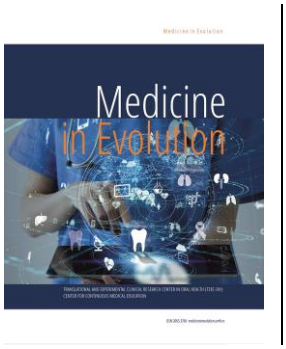
Materials and methods: In our hospital we performed cultures from different body sites with identification and antibiotic susceptibility testing interpreted in accordance with EUCAST 2024 criteria, using automated methods and biochemical tests (disk diffusion and microdilution methods). For aztreonam/avibactam synergy testing we performed double disk diffusion. Confirmation of carbapenemase production was obtained by immunochromatographic direct detection and real time PCR method.

Results: A total of 82 patients had K.pn positive cultures collected from different sites (urine, blood stream, skin and soft tissue lesions, intra-abdominal collections, upper and lower respiratory tract, medical devices) and 38 rectal swabs were performed for bacterial colonization testing. Out of the total K.pn positive cultures, we recorded 10 MDR, 16 XDR and 1 PDR strain. From the total of 38 rectal swabs 7 were positive for MDR, 10 for XDR and 1 for PDR strain. Half of the positive cultures were associated with urinary tract infections but almost 10 % of the patients had multiple site infections.

Conclusions: One of the greatest risks of bacterial colonization is that of developing active infection. In the current scenario, multi-drug resistance makes these infections a burden for the public health system. Optimal use of old and novel antibiotics or synergistic combinations should be advocated for, in association with better infection prevention and control programs.

Keywords: Klebsiella pneumoniae, CRE, multi-drug resistance, MDR carriage, urinary tract infections

PARTICULARITIES OF THE REEMERGENCE OF WHOOPING COUGH IN GALAȚI COUNTY



CĂTĂLINA-ELENA RADU, DANIELA-RENATA SANTEA, SABINA-LUCIA GANEA, MANUELA ARBUNE
Infectious Diseases Clinic Hospital Galati
"Dunarea de Jos" University from Galati

Introduction: In the context of the increasing incidence of whooping cough in the EU/EEA, in 2024 in Romania, 2,866 confirmed cases of whooping cough were reported, including 5 deaths. In Galati County, 62 confirmed cases were reported, corresponding to an incidence rate of 12.9/100,000. The number of cases increased significantly compared to 2023 (16 cases) and the average of 93 cases in the 5 pre-pandemic years (2015–2019).

Materials and methods: A retrospective study of hospitalized cases diagnosed with whooping cough in the period from September 2024 to February 2025 at SCBI-GL. The cases were selected from reports provided by the hospital's managerial information program, according to DRG code – A37.

Results: We identified 6 cases confirmed by RT-PCR tests from respiratory secretions, representing about 10% of the cases reported in Galati County during the same period. The age of the patients ranged between 2 and 8 years, most were girls (5/6), came from rural areas (5/6), and were incompletely/unvaccinated (6/6). A family cluster was identified with 4/6 cases. Clinical characteristics included presentation after multiple hospital visits/consultations, ≥2 weeks after onset, afebrile state, with characteristic coughing fits ending in vomiting in one case. Notable was the concurrent presence of other confirmed infections: COVID-19 (3/6), varicella (1/6), adenovirus/enterovirus (1/6). Biological findings revealed leukocytosis with lymphocytosis (4/6) and normal inflammatory markers (6/6). 5/6 cases were treated with TMP-SMX, with a favorable evolution in all cases.

Conclusions: Hospitalization for whooping cough was required for preschool children. The hospitalized cases presented with delayed diagnoses, were moderate forms of the disease, and were associated with other viral co-infections, which contributed to modifying the diagnostic criteria. The reemergence of whooping cough is favored by the decline in vaccination coverage, highlighting the need for interventions to raise awareness of the benefits of vaccination.

Keywords: Whooping cough; vaccination coverage; viral co-infections

SEVERE STAPHYLOCOCCAL TOXIC SHOCK SYNDROME ASSOCIATED WITH CHRONIC ERYTHRODERMIC DERMATOSIS: A CASE REPORT

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Introduction: Staphylococcal toxic shock syndrome (TSSS) is an acute-onset condition characterized by fever, hypotension, rash, and multi-organ involvement. It is caused by toxigenic strains of Staphylococcus aureus, whose toxins act as superantigens. These lead to excessive activation of cytokines and inflammatory cells avoiding the normal pathway of T-cell activation. Cutaneous infections are the most frequent sources of TSSS.

Material and Method: Clinical case presentation

Results: A 56-year-old male patient from an urban area, unemployed, smoker, chronic ethanol consumer, under dermatological observation since 2010 for small plaque parapsoriasis (histopathological reconfirmed in 2023 and 2024), was hospitalized two months prior for MRSA sepsis. He is readmitted with fever, erythroderma, and skin desquamation. He is treated with corticosteroids, after discontinuation methotrexate. Physical examination revealed fever >38°C, vital signs within normal limits, gluteal suppuration, paronychia, generalized desquamation with skin fissures on an erythrodermic background, and polyarthralgia, most intense in the right shoulder. Two blood cultures were positive for MSSA. After 24 hours, his general condition deteriorated; he became confused, with a rapid drop in blood pressure to 70/50 mmHg, tachycardia, and tachypnoea, accompanied by biological alterations (elevated inflammation markers, coagulation disorders, increased lactic acid, hyperbilirubinemia). Treatment included linezolid, corticosteroids, fluid and metabolic resuscitation, with clinical improvement. Recurrence of fever after three days required further investigations. CT examination revealed a fluid collection under the right scapula, right-sided pleural effusion, nodular and cavitary lesions in the upper right lung, consistent with septic dissemination. Clinical and biological evolution was favourable following pleural drainage, but persistent right shoulder pain, functional impairment, and erythroderma remained. The differential diagnosis of the chronic dermatologic condition considered parapsoriasis, chronic spongiotic-allergic dermatitis, and early-stage mycosis fungoides, necessitating immunohistochemical examination.

Conclusion: Early recognition and antibiotic administration are essential for the prognosis and survival of patients with TSSS.

Keywords: Staphylococcal toxic shock syndrome, erythroderma, sepsis, MSSA

ASPECTS OF OPTIONAL VACCINATION IN THE INFECTIOUS DISEASES OUTPATIENT CLINIC

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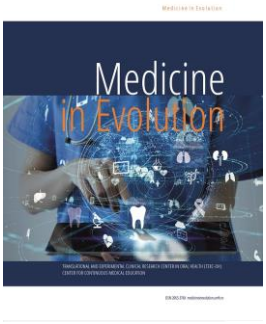
Objectives:
To analyze the vaccination rate within an Infectious Diseases Medical Office.
Material and Method:
Retrospective study conducted between 01/03/2024 and 28/02/2025, in the Medical Office of Dr. Andreea Cristina Stoian in Craiova and the "Regina Maria" Private Healthcare Network in Craiova, on a group of 88 patients (Px) who were vaccinated upon request.
Results:
During the study period, out of a total of 1358 Px, 88 (6.49%) were vaccinated. Demographic data of the vaccinated Px: gender distribution – 46 F/42 M; environment of origin – 53 urban/35 rural; age range: 9–71 years.
Vaccinations were administered against hepatitis B virus – 47 Px (53.41%), hepatitis A virus – 4 Px (4.55%), human papillomavirus (HPV) – 4 Px (4.55%), seasonal influenza – 2 Px (2.27%), yellow fever – 13 Px (14.78%), typhoid fever – 5 Px (5.69%), pneumococcal infection – 5 Px (5.69%) and meningococcal meningitis – 8 Px (9.09%). Vaccinations for travel purposes were recorded in 36 Px (40.91%), including 13 for yellow fever, 5 for typhoid fever, 9 for hepatitis B, 5 for meningococcal meningitis and 4 for hepatitis A.
Minor adverse reactions were recorded in 14 Px (15.91%), all reversible within 24–48 hours. Of the 47 Px vaccinated against hepatitis B virus, 7 (14.89%) were healthcare workers ($p = 0.658$), and 22 (46.81%) were direct contacts of patients diagnosed with hepatitis B ($p < 0.0001$).
Conclusions:
The highest vaccination rate was against hepatitis B virus, followed by yellow fever. Direct contacts of patients with hepatitis B had a significantly higher vaccination rate. Travel to endemic-epidemic areas represented a significant trigger for individuals to seek vaccination.
Keywords: vaccination, hepatitis B virus, travel

PROGRESS AND BREAKTHROUGHS IN HIV THERAPY AND PREVENTION



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Vaccination in the context of hiv management

The development of an effective HIV vaccine has been a persistent challenge due to the virus's genetic variability and its ability to evade immune responses. However, recent advancements in biotechnology, immunology, and global collaboration have reshaped the potential of vaccines as critical tools in HIV prevention and management. Collaborative efforts are accelerating progress. For example, the Mosaico trial, complementing Imbokodo, continues to inform vaccine design. Organizations like the International AIDS Vaccine Initiative (IAVI) and the Coalition for Epidemic Preparedness Innovations (CEPI) are leading global partnerships to ensure equitable vaccine access [89], particularly in low-income regions where HIV prevalence remains high. Vaccines, whether preventive or therapeutic, could revolutionize HIV management when combined with existing strategies like ART and pre-exposure prophylaxis (PrEP). With continued innovation and collaboration, vaccines hold the potential to significantly reduce new infections and improve the quality of life for people living with HIV.

Advances in antiretroviral drug development

Advances in antiretroviral therapy (ART) continue to revolutionize HIV treatment, focusing on improving efficacy, tolerability, and patient adherence. In recent years, emerging antiretroviral medications have introduced innovative solutions and more convenient approaches for the long-term management of HIV infection. One of the most promising directions is the use of long-acting injectable formulations.

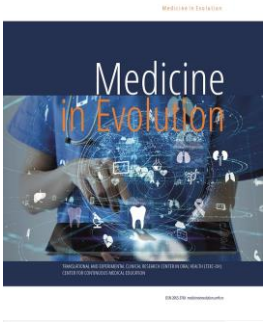
Innovative drug delivery systems in ART

Transdermal drug delivery systems have undergone significant advancements in ART, providing a non-invasive alternative to oral and injectable regimens. Recently, hydrogel-forming microneedle (HFM) patches have gained attention due to their ability to facilitate controlled and sustained release of antiretroviral agents into systemic circulation.

Recent advancements in transdermal drug delivery systems have introduced innovative approaches to enhance patient adherence and minimize systemic exposure ART.The advancement of long-acting ART formulations – including transdermal patches, subcutaneous implants, vaginal rings, and biodegradable drug depots – represents a transformative shift in HIV treatment and prevention. These delivery systems offer the potential to enhance adherence, reduce dosing frequency, and minimize systemic toxicity. However, challenges related to implant removal, localized tissue reactions, and manufacturing feasibility must be addressed before widespread clinical implementation. Ongoing research and clinical trials will determine the future role of these technologies in achieving global HIV control and improving patient outcomes.

Keywords: HIV, therapy, ART

INFANTILE HEMORRHAGIC VARICELLA COMPLICATED WITH RESPIRATORY FAILURE AND SUSPECTED HYPERSENSITIVITY REACTION



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Objectives:

This report describes the clinical progression and multidisciplinary management of a severe case of hemorrhagic varicella in an otherwise healthy infant, complicated with a suspected severe hypersensitivity reaction to Acyclovir, associating acute respiratory failure. The case illustrates the diagnostic and therapeutic challenges in severe varicella infections from the early infancy period.

Material and Methods:

A 7-month-old male previously healthy infant, was admitted for a four-day history of generalized maculo-papulo-vesicular rash, low-grade fever, vomiting, anorexia, and dry cough. Initial management included oral Acyclovir, rehydration therapy and symptomatic support, but within 24 hours, the patient developed a rapidly progressive palpebral and facial edema, raising the suspicion of an adverse drug reaction or angioedema, thus forcing the discontinuation of the antiviral therapy. Later, due to the worsening of the cutaneous lesions and the hemorrhagic character of the rash, intravenous antiviral therapy, immunoglobulin and broad-spectrum antibiotics were initiated. The patient's clinical deterioration continued, with the addition of respiratory distress, the worsening of the edemas, conjunctival secretions from which MRSA was cultivated, hypoalbuminemia, worsening hyponatremia and severe somnolence, hence being transferred to the Pediatric ICU, where Ceftriaxone and Vancomycin were introduced, as well as depletive therapy, corticosteroids, albumin, and oxygen support.

Results:

Over the following days, the patient shown a gradual stabilization and was transferred back to the Infectious Diseases clinic. Recovery was marked by the diminishing of edemas, respiratory function normalization, the correction of electrolyte and metabolic imbalances as well as the crusting of skin lesions. The patient was discharged in good general condition after 13 days of hospitalization

Conclusions:

This case emphasizes the potentially severe evolution of varicella during infancy, including rare complications such as hemorrhagic rash, respiratory failure and possible adverse drug reactions. Early recognition, escalation to intensive care and multidisciplinary management are essential in ensuring the maximization of favorable outcomes.

Keywords: Varicella, Infant, Respiratory Failure, Hemorrhagic Rash

POSTOPERATIVE WOUND INFECTION WITH PSEUDOMONAS AERUGINOSA AND CANDIDA AURIS – CHALLENGING PATHOGENS, CHALLENGING THERAPY

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Introduction:

Postoperative wounds represent an important risk factor for the development of serious local infections, especially with improper care. During medical assistance, the patient can acquire different pathogens, some with serious treatment resistance. Examples of said pathogens are Pseudomonas aeruginosa and Candida auris.

Case description:

A 72 years old patient was admitted to the National Institute for Infectious Diseases "Matei Bals" complaining of pain, swelling and redness of the right forefoot. Clinical examination revealed a recent hallux amputation, that was inappropriately cared for by the patient, resulting in a serious localized infection. Microbiological tests from swab cultures previously performed in another hospital had identified Pseudomonas aeruginosa and Candida spp.

Blood tests revealed severe anaemia, severe thrombocytopenia, elevated inflammation markers. Peripheral blood smear was highly suggestive for a myelodysplastic syndrome.

A new sample from the amputation site came back positive for Pseudomonas aeruginosa and Candida auris.

The patient began antibiotic treatment, with intravenous Meropenem and Levofloxacin, taking into consideration the susceptibility tests performed in the previous hospital. After 4 days, due to XDR profile of the isolated Pseudomonas aeruginosa, the treatment was updated to intravenous and topical Colistin. However, the patient developed Colistin-induced acute kidney failure and the treatment was ceased. In addition, he also developed Clostridioides difficile colitis which also further damaged his kidney function.

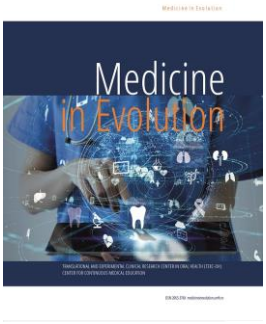
Intravenous Caspofungin for a total of 14 days was administered for Candida auris and iodine-based antiseptics were locally applied. Other antiseptics, such as betadine, sodium hypochlorite and silver sulfadiazine cream were used against Pseudomonas aeruginosa, that also greatly accelerated wound healing.

Conclusion:

During complex antibiotic therapy, due to XDR pathogens, elderly patients should be closely monitored for drug-related adverse reactions and for Clostridioides difficile infection. We also need to emphasize the importance of adequate wound care, after surgery and during hospital stay, especially when systemic treatment options are limited.

Keywords: candida auris, pseudomonas, infection

COVID-19 WEST NILE COINFECTION – CASE REPORT



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Objectives. We describe a peculiar combination of West Nile (WNV) and SARS-CoV-2 infection suggesting crucial clinical implications for diagnosis and management.

Material and Methods. Case presentation. We present a case of a 57 years old woman, with past medical history of end stage renal disease, on chronic hemodialysis and arterial hypertension. She was admitted for a 5-day history of fever, headache, vomiting, psychomotor slowing, a diffuse tremor on the four limbs and diarrhea. Evaluation revealed neutrophilic leukocytosis, hemoglobin level of 10.5g/dL, elevated CRP (60 mg/L), serum creatinine of 13.4 mg/dL with hyperpotassemia. Neurologic exam revealed neck stiffness, confusion with motor aphasia, bradylalia, bradypsychia, global hyperreflexia, diffuse tremor and unstable walking. Brain CT described a calcified temporo-lateral meningioma, CSF examination revealed colorless appearing, 560 leucocytes/3microL (97% lymphocytes), 848 mg/L proteins, glycorrhachia: 54 mg/dL (serum glucose: 101 mg/dL), with negative result of multiplex Real-Time PCR. On the second day of admission, she was tested positive for COVID-19. Therapy with remdesivir, ceftriaxone, dexamethasone and clexane was started. Adequate hemodialysis sessions were performed. On day 8 WNV infection was diagnosed by positive serology and CSF (IgM antibodies).

Results. After 15 days of hospitalization, she was discharged in a good clinical condition, except for mild tremor on the limbs.

Conclusions. Periodic epidemic bursts of WNV infection are reported in Mures County, but present coinfection remains an unusual combination. We were unable to make the diagnosis if we don't follow meningoencephalitis investigation protocol.

Keywords: COVID-19, West Nile virus, coinfection, case report

RISK FACTORS FOR SURGICAL SITE INFECTIONS FOLLOWING COLORECTAL SURGERY: A PROSPECTIVE STUDY

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Objectives: To assess the incidence and risk factors for surgical site infections (SSIs) in patients with elective colorectal surgery for cancer, and the appropriateness of perioperative antibiotic prophylaxis (PAP) according to current international guidelines.

Material and Methods: We performed a prospective, observational study enrolling adults with colorectal cancer and elective surgical treatment between May 2023 and May 2024. Active follow-up was performed on day 7, 14 and 30 after surgery to record SSIs. The PAP was considered inappropriate if either the antibiotic and/or the duration was not according to the current guidelines.

Results: A total of 161 patients were included, with a median age 69 (23, 90) years, of which 95(59%) were male. SSIs were recorded in 15 (9.3%) and Clostridoides difficile infection in 3 (1.86%) patients. Microbiological tests were performed in 4 (26.66%) SSIs and only Enterobacterales species were isolated. Antimicrobials used for PAP were appropriate according to guidelines in only one third of patients, Patient characteristics according to the presence of SSIs are presented in table.

Characteristic	***Total n = 161***	***No SSI n = 146***	***SSI n = 15***	***p-value[1]***
Age Median (IQR) (years)	*69 (23, 90)*	*69 (36, 90)*	*70 (23, 84)*	*0.8*
Sex (male) N (%)	*95 (59)*	*85 (58.2)*	*10 (66.7)*	*0.5*
BMI N (IQR)	*25.7 (17, 36.4)*	*25.8 (17, 36.4)*	*24.2 (18.4, 28.1)*	*0.1*
Diabetes N (%)	*25 (15.5)*	*24 (16.4)*	*1 (6.7)*	*0.4*
Treatment in the past 3 months N (%)				
• ***none known***	*122 (75.8)*	*117 (80.1)*	*5 (33.3)*	*0.003*
• ***chemotherapy***	*5 (3.1)*	*5 (3.4)*	*0*	*1*
• ***radiotherapy***	*31 (19.3)*	*22 (15.1)*	*9 (60)*	***0.003***
• ***antibiotics***	*3 (1.9)*	*2 (1.4)*	*1 (6.7)*	*0.2*
PAP according to guidelines N (%)				
• ***antimicrobial use***	*130 (80.8)*	*118 (80.8)*	*12 (80)*	*1*
• ***duration***	*73 (45.3)*	*65 (44.5)*	*8 (53.3)*	*0.5*
• ***antimicrobial and/or duration***	*55 (34.2)*	*48 (32.9)*	*7 (46.7)*	*0.2*
Reasons for prolonging PAP N (%)				
• ***intra-op. findings of inf***	*4 (4.4)*	*3 (3.6)*	*1 (12.5)*	*0.3*
• ***suspected early post-op inf***	*13 (14.3)*	*7 (8.4)*	*6 (75)*	
• ***unknown***	*74 (81.3)*	*73 (88)*	*1 (12.5)*	
Surgery duration Median (IQR) (h)	*3.7 (0.9, 9.8)*	*3.7 (0.9, 8)*	*4.1 (2.8, 9.8)*	*0.1*

Tabel: Patient characteristics according to the presence of SSIs

[1]Wilcoxon rank sum test; Pearson's Chi-squared test; Fischer's exact test

In univariate analysis SSIs were associated with radiotherapy three months previous surgery and the multivariate analysis confirmed this association.

Conclusion: High incidence of SSIs and the low compliance with international guidelines for PAP remains a challenge, requiring further education and surveillance.

Keywords: elective colorectal surgery, surgical site infection, perioperative antibiotic prophylaxis

POSTER SESSION

OSTEODISCITIS AND MULTIPLE INTRAMUSCULAR ABSCESSES IN AN IMMUNOCOMPETENT PATIENT – CASE REPORT

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Objectives: Osteodiscitis is an infection of the spine that involves adjacent vertebral bodies and the intervertebral discs. In some cases, it may also extend into the paraspinal and epidural soft tissues.

Material and Methods: We present the case of a 47 years old patient, known with intellectual disability, who presented in December 2023 in an Emergency Hospital for severe lumbar pain and lower limb paresteshia. The onset of the symptoms was one month before the presentation and there was a progressive aggravation, with important mobility limitation and abscesses in the iliopsoas muscles. A drainage procedure was performed and the the pus culture identified Staphylococcus aureus.

Results and conclusions: Blood tests in "Dr. Victor Babeș" Clinical Hospital revealed leukocytosis with neutrophilia, anemia and a moderate inflammatory syndrome. The lumbar spine MRI exam described L1-L2 osteodiscitis with paravertebral and massive bilateral iliopsoas abscesses. Antibiotic therapy with Ceftriaxone and Vancomycin was initiated. Under this treatment, the patient presented febrile episodes and there was an increase in the inflammatory markers, so the Ceftriaxone was changed to Meropenem.

The blood cultures taken at the moment of the admission were negative, while the urine culture was positive for Acinetobacter baumannii OXA-23. According to the antibiogram, Colistin was added to the therapeutic scheme. After two weeks of hospitalization, the patient was transferred to a Neurosurgery Department for specialized investigations and treatment. The antibiotic therapy was also continued.

The patient was evaluated in our clinic two months later and the blood tests and ultrasound scan were normal. Clinically, the evolution was also a favourable one, with gradual recovery of the mobility.

Treatment of osteodiscitis is a long-term one and a multidisciplinary team is needed in order to ensure the best management of the patients.

Keywords: osteodiscitis, Staphylococcus aureus, abscesses, multidisciplinary team

MENINGEAL FUNGAL INFECTION IN LATE PRESENTER PATIENT

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Introduction: Cryptococcosis is a clinically significant invasive fungal infection caused by Cryptococcus species. It has the potential to progress to meningitis or meningoencephalitis. Cryptococcal meningitis caused by Cryptococcus neoformans and Cryptococcus gattii species complexes is associated with high mortality and morbidity rate, predominantly affecting patients with severe immunosuppression, most commonly individuals living with HIV/AIDS.

Material and Methods: We present the case of a 40-year-old patient with no known medical history who was admitted to the Emergency Department of "N. Oblu" Clinical Emergency Hospital with complaints of frontal and retro-orbital headache, chills, and physical fatigue, with symptom onset approximately five days prior. A multidisciplinary clinical and laboratory evaluation revealed leukocytosis in the absence of an inflammatory syndrome, leading to the patient's referral to our department for further management.

The second case we present is that of a 26-year-old patient with a known history of late latent syphilis, who experienced symptom onset five days prior, characterized by general condition deterioration, headache, and confusion syndrome. Subsequently, the patient developed right-sided hemiparesis and motor aphasia. A comprehensive clinical, laboratory, and imaging evaluation – including a non-contrast cranial CT scan and native and contrast-enhanced brain MRI – excluded a neurosurgical emergency. Consequently, a lumbar puncture was performed, revealing 3,500 leukocytes, hypoglycorrhachia, hypoproteinorrhachia, and hypochloridorrhachia. Based on these findings, the patient was referred to the "Sf. Parascheva" Clinical Hospital for Infectious Diseases for further investigations and specialized therapeutic management.

Results: In the first patient, lumbar puncture revealed the presence of Cryptococcus neoformans, prompting HIV 1/2 serological testing, which returned positive. A comprehensive clinical, biological, and viro-immunological assessment confirmed severe immunosuppression, with a CD4+ T lymphocyte count of 10 cells/mm³ and an HIV plasma viral load of 420,000 copies/mL.

In the second case, clinical and laboratory evaluation identified Cryptococcus neoformans in the cerebrospinal fluid, along with a positive HIV 1/2 serology. Viro-immunological assessment revealed a CD4+ T lymphocyte count of 12 cells/mm³ and an HIV plasma viral load of 30,300 copies/mL.

In both cases, antiretroviral therapy was initiated alongside pneumocystosis prophylaxis and antifungal treatment. Additionally, corticosteroid therapy, cerebral anti-edematous agents, and hepatoprotective medication were administered as part of the comprehensive management approach.

Conclusions: Cryptococcal meningitis remains a significant challenge in infectious diseases, particularly for immunocompromised patients, especially those HIV-positive. Despite advances in diagnosis and therapy, cryptococcosis is still linked to high mortality, especially in resource-limited regions. The severe prognosis of this condition highlights the need for an integrated approach that includes early diagnosis, improved access to effective antifungal treatments, and appropriate preventive measures to reduce the global burden of the disease.

Keywords: HIV infection, meningitis, Cryptococcosis, Cryptococcal meningitis, immunosuppression

THE ILLUSION OF SUSCEPTIBILITY: UNDERRECOGNIZED THREAT OF CARBAPENEM RESISTANT KLEBSIELLA PNEUMONIAE HETERORESISTANCE IN URINARY TRACT INFECTION

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Objectives: Antimicrobial resistance represents an escalating global health concern, necessitating multidisciplinary approaches for effective detection and management. While antibiotic susceptibility testing remains a cornerstone for determining resistance profiles, it may not always be sufficient. Heteroresistance, characterized by the presence of a subpopulation of bacterial cells exhibiting a higher minimum inhibitory concentration (MIC) than the predominant population, is a common phenotype in numerous pathogens and poses challenges in both detection and investigation.

Klebsiella pneumoniae (K. pn.) is among the most frequently implicated pathogens in urological infections. The rising prevalence of antimicrobial resistance in K. pn. strains, coupled with the heteroresistance phenotype, has been linked to an increased risk of recurrent infections, substantial constraints in therapeutic options, and, in some cases, antibiotic treatment failure.

Material and Methods: We present the case of a 45-year-old male patient with poorly controlled type 2 diabetes and a history of urogenital tuberculosis, complicated by urethral and ureteral strictures requiring chronic catheterization. Due to multiple comorbidities, the patient developed recurrent K. pn. infections with varying resistance profiles. Testing identified strains harboring NDM, OXA-48 like, and KPC resistance genes, necessitating reconsideration of therapeutic strategies.

Results and Conclusions: This case underscores the significant challenges posed by K. pn extensively drug-resistant (XDR) infections, particularly when heteroresistance mechanisms contribute to therapeutic failure. Despite an initial transient response to high-dose tigecycline, infection recurrence suggested an adaptive resistance phenotype. The removal of the catheter and subsequent treatment with ceftazidime/avibactam initially yielded a favorable response. The subsequent isolation of an XDR K. pn strain – completely resistant to ceftazidime/avibactam – demonstrates the rapid adaptability of resistance mechanisms and the constraints of current antimicrobial therapies. The persistent susceptibility to fosfomycin allowed successful eradication of the infection, enabling definitive surgical intervention with sustained microbiological cure.

Heteroresistance remains a major barrier to effective treatment, complicating detection and delaying optimal therapy. As resistance among Enterobacterales continues to rise, improving diagnostic capabilities and developing alternative therapeutic strategies are crucial to managing refractory infections.

Keywords: MDRO, heteroresistance phenotype, urinary tract infection.

ONE INFECTION, FOUR TERRITORIES – MULTISYSTEMIC IMPACT OF KLEBSIELLA PNEUMONIAE

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Introduction and Objectives: Klebsiella pneumoniae is a Gram-negative bacillus with high invasive potential, responsible for severe infections, especially in patients with comorbidities. Hypervirulent strains can cause pyogenic liver abscesses and multisystemic hematogenous dissemination. This paper presents a case of systemic infection in a patient with type 2 diabetes mellitus, originating from the digestive tract and progressing to a liver abscess caused by Klebsiella pneumoniae, with hematogenous dissemination to the eye (endogenous endophthalmitis), kidneys, and lungs. The severe evolution despite antibiotic susceptibility suggests the involvement of a hypervirulent strain. The case highlights the importance of rapid diagnosis, early initiation of treatment, and interdisciplinary collaboration, emphasizing the essential role of the ophthalmologist in integrating ocular symptoms into a systemic infectious context, which impacts visual prognosis.

Materials and Methods: A 64-year-old male patient, active chronic smoker (40 pack-years), with essential hypertension and a history of acute hepatitis B diagnosed in 1986 without chronic evolution, was recently diagnosed with type 2 diabetes mellitus in the context of severe ketoacidosis. He presented with fever, chills, and dysuria for 7 days, followed by ocular symptoms in the left eye (conjunctival hyperemia, ptosis) unresponsive to prior symptomatic treatment.

Results: Upon admission, the patient had leukocytosis (21,400/µL), neutrophilia, CRP of 14 mg/dL, procalcitonin 0.51 ng/mL, and a negative urine culture. The inflammatory response peaked on day 2 (L 30,600/µL, CRP 19.5 mg/dL), then gradually decreased. Ophthalmologic evaluation raised suspicion of endogenous endophthalmitis. Imaging revealed a liver abscess and hematogenous dissemination to the lungs and kidneys. Blood cultures were positive for Klebsiella pneumoniae (ESBL-negative). Meropenem and Vancomycin were initiated, followed by targeted therapy with Meropenem and Levofloxacin (persistent low-grade fever). Local treatment included topical therapy and intravitreal Ceftazidime injection. Due to unfavorable ocular evolution, vitrectomy was performed. Dissemination was favored by diabetes, in the context of a systemic infection with a highly virulent pathogen.

Conclusions: Although the Klebsiella pneumoniae strain was community-acquired and antibiotic-sensitive, it displayed hypervirulent behavior, characterized by multiple hematogenous disseminations and severe ocular involvement. This case underscores the pathogenic potential of hypervirulent strains, independent of antibiotic resistance profiles.

Keywords: Klebsiella pneumoniae, liver abscess, endogenous endophthalmitis, hematogenous dissemination, diabetes mellitus

AT THE CROSSROADS OF SPECIALTIES: RHEUMATOLOGY, ENDOCRINOLOGY AND INFECTIOUS DISEASES

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Introduction: Wegener's granulomatosis (granulomatosis with polyangiitis) is a rare systemic vasculitis characterized by necrotizing inflammation of small- and medium-sized blood vessels, often affecting the upper respiratory tract, lungs, and kidneys. Diabetes insipidus is an endocrine disorder characterized by massive polyuria and polydipsia, caused by either a deficiency in antidiuretic hormone (ADH) or renal resistance to ADH.

Material and Method: A 71-year-old female patient with a history of multiple cardiovascular conditions (hypertension, dyslipidemia, type 2 diabetes), multinodular goiter with hypothyroidism, and ENT pathology (acute exacerbated ethmoid sinusitis, chronic mastoiditis, bilateral external otitis), diagnosed with Wegener's granulomatosis, presents to the emergency department in September 2024 with fever, semi-productive cough, and confusion. The patient's medical history indicates independence up to 4-5 days before presentation.

Results: Upon admission, the patient exhibits a fair general condition, total aphasia, neck stiffness, and fever. Paraclinical examinations reveal normocytic normochromic anemia and biological inflammatory syndrome. The performed lumbar puncture revealed Pandy 2+, 320 elements, 60% polymorphonuclear cells. Antibiotic therapy with Meropenem IV, Vancomycin IV, was initiated, along with corticosteroid therapy, oxygen therapy, and insulin therapy. The clinical evolution was favorable under the administered treatment, with improvement in inflammatory markers and general clinical status. However, the patient experiences episodes of diffuse abdominal pain and alternating bowel movements (constipation followed by soft stools). Abdominal X-ray shows hydro-aeric levels, and surgical consultations exclude acute surgical abdomen. Later, the patient develops an episode of desaturation to 88% in ambient air, requiring oxygen supplementation. Microbiological examinations reveal Candida glabrata in urine culture, and antifungal treatment with Anidulafungin is initiated.

Due to the patient's extreme diuresis (over 20 liters/day) developed, Diabetes insipidus was suspected and she was transferred to the Endocrinology department for further evaluation.

Conclusions: The differential diagnosis included severe infections, metabolic disorders, and endocrine conditions, requiring a multidisciplinary approach. The patient's clinical progression was favorable, but massive polyuria persisted, necessitating transfer to an endocrinology center for further investigation into the suspected diabetes insipidus. The complexity of this case lies in the overlap of multiple autoimmune, infectious, and metabolic conditions, which required a comprehensive medical management approach. Furthermore, the extreme polyuria, correlated with a history of uncontrolled diabetes, raises the suspicion of a rare endocrine disorder, requiring additional investigations.

Keywords: polydipsia, polyuria, Wegener's granulomatosis

MULTIDISCIPLINARY APPROACH IN THE MANAGEMENT OF HERPES SIMPLEX CNS INFECTIONS

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Introduction

Herpes simplex viruses HSV–1 and HSV-2) are DNA viruses belonging to the Herpesviridae family. Although they typically cause localized skin infections with favorable outcomes, HSV can also cause severe infections with poor prognosis (eg. Herpes simplex encephalitis - HSE).

HSE, predominantly caused by herpes simplex virus type 1 (HSV-1), has an incidence of 1 - 2 cases per million people, each year. It is the most common cause of sporadic viral encephalitis with a mortality rate of up to 70% if left untreated. Although targeted antiviral treatment (acyclovir) has significantly improved the outcome, the mortality rate remains high (up to 30%). Furthermore, nearly half of survivors experience long-term neurological sequelae.

Prompt diagnosis, followed by immediate treatment, as well as a multidisciplinary approach (Neurology, Infectious Diseases, Medical Imaging, and Intensive Care physicians) are mandatory for optimal management of HSE. In this regard, we present a case series of HSE caused by HSV-1 to emphasize this fact.

Materials and Methods

We conducted a retrospective study on a series of acute HSE cases managed at the National Institute for Infectious Diseases "Prof. Dr. Matei Balş" over two years. We gathered demographic and epidemiological data from medical files, including patients' age, sex, background, and comorbidities. The diagnosis of HSE was established based on clinical manifestations (fever, headache, confusion, seizures), imaging features (brain MRI), and laboratory tests. The etiology was confirmed by a positive PCR assay of HHV-1 DNA in cerebrospinal fluid samples (CSF).

Results

Our case series, comprised of five adult patients diagnosed with HSE, reveals a slight predominance of female patients living in urban areas. On admission, all patients complained of fever and headache. 4 of them developed seizures. CSF HSV-1 DNA was detected in all cases. All patients benefited from multidisciplinary care and had an average hospital stay of 29 days. One patient died, leading to a cumulative mortality rate of 20%, consistent with previously established data.

Discussion

HSE diagnosis and treatment remain challenging. Early use of systemic corticosteroid therapy is controversial, having both potentially important benefits (decreased inflammation, prevention of cerebral edema, and milder long-term neurological impairment) but also significant risks (immunosuppression leading to enhanced viral replication and detrimental side effects of systemic corticoid therapy).

Conclusions

HSE remains a severe disease associated with high mortality and significant neurological sequelae, even with readily available antiviral treatments. Effective management requires close collaboration between multiple medical specialties to ensure early diagnosis and appropriate therapeutic intervention. The presented case series further emphasizes the critical importance of a multidisciplinary approach in improving the prognosis of HSE patients, providing a solid foundation for developing specific clinical guidelines that can optimize patient outcomes.

Keywords: encephalitis, herpes, HSV - 1, HSV – 2

CLINICAL AND EVOLUTIONARY CHARACTERISTICS OF PATIENTS WITH WHOOPING COUGH AND MYCOPLASMA PNEUMONIAE IN 2024

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Objectives: Although vaccination is the main preventive method for Whooping Cough, cases continue to occur, sometimes in association with other atypical infections, such as Mycoplasma pneumoniae. This study retrospectively analyzes the clinical-epidemiological characteristics of patients diagnosed with Whooping Cough in the Infectious Diseases Department of the Victor Babeș Clinical Hospital of Infectious Diseases and Pneumoftiziology in Timișoara.

Materials and Methods: The study included 144 patients admitted to the Infectious Diseases Clinic II between January 1st and December 31st 2024 diagnosed with Whooping Cough. The analyzed data included distribution by sex, age, association with other atypical infections, such as Mycoplasma pneumoniae, vaccination status, the period from the onset of symptoms to hospitalization, clinical presentation, antibiotic treatment administered, and the duration of hospitalization.

Results and Conclusion: Of the 144 patients, 25 (17.36%) had a concomitant Mycoplasma pneumoniae infection. Only 15 patients (10.42%) were vaccinated against Whooping Cough, while 129 (89.58%) were either incompletely vaccinated or not vaccinated at all. The predominant symptoms were spasmodic coughing fits, post-cough vomiting, fever, perioral cyanosis, and rhinorrhea. The disease mainly affected unvaccinated children, and most patients presented to the hospital within the first 7 days of symptom onset. The association with Mycoplasma pneumoniae infection was identified at a significant rate, which influenced the therapeutic management.

Keywords: whooping cough, Mycoplasma pneumoniae, vaccination

MDR-TB IN HIV/AIDS PATIENTS – CHALLENGES IN MULTIDRUG-RESISTANT TUBERCULOSIS AND THERAPY MANAGEMENT

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Objectives HIV-TB co-infection is well known for its high prevalence and its substantial impact on patient outcomes, where it significantly increases morbidity and mortality. This case emphasizes the importance of early diagnosis, tailored treatment, and specialized referral to improve patient outcomes.

Material and Methods We present the case of a patient diagnosed with HIV infection and multidrug-resistant tuberculosis. The case of a 44-year-old Russian male with chronic hepatitis C and post-traumatic spastic paraparesis, who was admitted with persistent fever, productive cough, and asthenia. He was newly diagnosed with HIV infection (CD4 = 36 cells/mm³; viral load = 2,400,000 copies/mL) confirmed by Western Blot, and later confirmed with MDR pulmonary tuberculosis based on imaging and microbiological tests.Chest CT revealed nodular consolidation in the right upper lobe, miliary micronodules, necrotic mediastinal and intra-abdominal lymphadenopathies, and hypodense splenic lesions, suggestive of disseminated tuberculosis. GeneXpert testing detected Mycobacterium tuberculosis with low bacillary load and confirmed rifampicin resistance, indicating MDR-TB. The patient received empirical antibiotic therapy and was started on antiretroviral treatment (initially DRV/RTV/Truvada later modified to Raltegravir and Truvada) according to current guidelines. Anti-TB therapy initially included Isoniazid, Rifampicin, Pyrazinamide, and Ethambutol, but Isoniazid and Rifampicin were discontinued upon confirmation of resistance. The patient was referred to a national MDR-TB center for further management.

Results Initial antimicrobial therapy included Trimethoprim/Sulfamethoxazole, Levofloxacin, and Fluconazole. Antiretroviral therapy was initiated with DRV/RTV/Truvada and later modified to Raltegravir + Truvada. Upon confirmation of MDR-TB, treatment with Ethambutol and Pyrazinamide was initiated, while Rifampicin and Isoniazid were discontinued. The patient was referred to the national MDR-TB center for further management and inclusion in the specialized therapeutic program, where specific second-line MDR-TB therapy was initiated according to the resistance profile. Potential drug-drug interactions between the antiretroviral regimen (Raltegravir + Truvada) and second-line anti-TB drugs (e.g., Levofloxacin, Linezolid, Bedaquiline, Delamanid) were reviewed using the HIV Drug Interactions database. While most combinations showed low to moderate risk, close clinical monitoring was recommended to assess therapeutic efficacy and potential adverse effects in the immunocompromised host.

Conclusions This case emphasizes the importance of early HIV testing and TB screening in patients with prolonged systemic symptoms. Delayed diagnosis, language barriers, and comorbidities can complicate treatment and prolong hospitalization. Integration into national MDR-TB programs and tailored antiretroviral therapy are key to improving prognosis and limiting disease transmission.

Keywords: HIV, MDR tuberculosis, co-infection, immunosuppression, antiretroviral therapy, case report

INCIDENTAL DIAGNOSIS OF HIV INFECTION IN OPHTHALMIC PRACTICE

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Objectives: To describe the outcomes of late diagnosis of CMV retinitis in a HIV positive patient.

Methods and material: A retrospective review of medical record was performed in a patient with AIDS related CMV retinitis to determine baseline characteristics, treatment course and ocular outcomes.

A 32-year-old female, presented to the local hospital early December 2024 with photophobia, pressure and pain in both eyes, epiphora and headaches, after being reviewed she was initially started on systemic steroids, antibiotic treatment with Moxifloxacin, antiviral treatment with Acyclovir and topical treatment with regular reviews by the local ophthalmology team.

Later on, despite having received treatment, her symptomatology persisted. Moreover, she developed blurred vison and late February 2025 she went to the Ophthalmology Emergency Room in Timisoara, with severe vision loss in both eyes.

Ophthalmology exam revealed changes consistent with CMV retinitis which were more pronounced in the left eye describing retinal vasculitis with panuveitis accompanied by retinal detachment compared with the right eye describing anterior uveitis. She was immediately started on pulse therapy with methylprednisolone 10mg/zi/ day for 3 days and retrobulbar injection with Dexamethasone in both eyes to prevent permanent damage to her vision, and continued topical treatment. After excluding other potential causes of retinitis, suspicion of HIV infection was raised and when checked the HIV antibodies were positive. She was redirected to the Infectious Disease Hospital where the lab tests showed a CD4+ cell count of 105cells/□L and HIV viral load of 107.000 copies/ mL. Furthermore, serology revealed reactivation of cytomegalovirus. She was started on Ganciclovir, with commencement of the antiretroviral after completing 21- day course of systemic Ganciclovir.

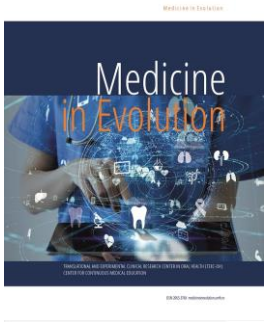
One month ophthalmology review showed no further progression of retinitis with resolution of some of the lesions.

Conclusion: Patients may have long-standing retinitis before they are diagnosed with HIV infection. Therefore, early recognition of potential CMV retinitis with prompt treatment may help prevent morbidity and vision loss.

Consideration of intravitreal Ganciclovir administration for patients with CMV retinitis on top of systemic antiviral treatment

Keywords: CMV infection, CMV retinitis, HIV infection

THE PEDIATRIC PATIENT WITH WHOOPING COUGH – THE IMPACT OF VACCINATION ON CLINICAL OUTCOME



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Objectives: Whooping cough is an acute infectious disease that affects the respiratory tract, characterized by spasmodic paroxysmal coughing predominantly occurring at night, in bouts or fits, often associating vomiting and cyanosis. It is specific to humans, with a self-limiting course, and the main causative agent is the bacterium Bordetella pertussis. The infection can also be caused by other pathogens such as Bordetella parapertussis, but this is rare (14% of cases). The disease can be prevented through active immunization, with the anti-pertussis vaccine included in the current national vaccination programme. However, immunization is effective only for cases caused by Bordetella pertussis. The vaccination coverage in Romania reported in 2023 for the Diphtheria-Tetanus-Pertussis vaccine is 82% for the first dose and only 78% for the third dose, the lowest since 1990. In comparison, the coverage in Europe is 97% for the first dose and 95% for the third dose.

Materials and Methods: We present a statistical analysis of pediatric patients hospitalized in the Infectious Diseases Clinic of the Dr. Victor Babes Clinical Hospital of Infectious Diseases and Pneumophthisiology in Timisoara, between January 2024 and March 2025, diagnosed with whooping cough caused by Bordetella pertussis.

Results and Conclusions: The study group included 158 patients with an age range from 1 month to 16 years. The gender distribution is similar (47% female, 53% male), but the age distribution shows a higher number of hospitalized children aged between 1 and 6 years (89) compared to the other age groups (69). A large percentage of the children had not received any doses of the DTP vaccine (92%). Of the total patients, 37% presented complications during hospitalization (pulmonary, ocular, and ENT-related), and of these, only 8.5% were immunized according to the national vaccination schedule with the DTP vaccine. Among the unvaccinated patients, pulmonary complications predominated (94%) compared to ocular (2%) or ENT-related complications (4%). In the unvaccinated group, severe forms of the disease were more frequent among children under 1 year old, specifically 18 out of 47 patients (38%). With increasing age, the severity of the disease tends to lessen, with severe cases making up 13% of the total in the 7 to 16 year old group. There is a downward trend in vaccination coverage in recent years, with an increased risk of the disease and associated complications in patients younger than 6 months, who are considered the most vulnerable age group.

Keywords: pertussis, Bordetella pertussis, vaccination, complications

DIAGNOSTIC CHALLENGES IN INFECTIVE ENDOCARDITIS: TWO PATHOGENS, ONE DISEASE

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Objectives

This report presents a case of infective endocarditis (IE) caused by Streptococcus oralis in a patient with congenital heart defects and a recent history of acute Q fever. The report aims to highlight the diagnostic complexity of IE, particularly when misleading findings such as past infection with atypical organisms may obscure the actual etiology.

Material and Methods

We present the case of a 33-year-old female with a history of ventricular septal defect, patent foramen ovale, and mild mitral and aortic regurgitation, along with a previous episode of infective endocarditis of unknown etiology (2006), admitted with persistent constitutional symptoms including asthenia, loss of appetite, myalgia, arthralgia, fever (38°C), chills, headache, paresthesia in the upper limbs and a weight loss (4 kg), over the past 4 months. Initial serology revealed positive IgM phase II antibodies against Coxiella burnetii, and outpatient doxycycline was initiated for 2 weeks. Due to recurrence of symptoms (asthenia, myalgia, arthralgia and fever), further investigations were performed: blood cultures, echocardiography, and serological reassessment. Transesophageal echocardiography showed a vegetation attached to the tricuspid valve. Blood cultures were positive for Streptococcus oralis, and Coxiella burnetii serology remained positive (phase I IgG >1:1024, phase II IgG >1:512, indirect immunofluorescence).

Results and Conclusions

Under treatment with ampicillin/sulbactam, cefotaxime, gentamicin, doxycycline, for four weeks, the clinical course was favorable. Inflammatory markers normalized (CRP 0 mg/dL), anemia improved. Follow-up transesophageal echocardiography showed partial calcification of the vegetation. Serial serological tests at 3 and 6 months after discharge revealed persistently elevated IgG titers against Coxiella burnetii (phase I IgG >1:1024, phase II IgG >1:256), suggesting a previous infection with a sustained immune response.

This case highlights the diagnostic and therapeutic complexity of infective endocarditis in patients with multiple predisposing factors and a complicated medical history. The identification of Streptococcus oralis as the causative agent, along with elevated serological titers of Coxiella burnetii, raised an important differential diagnosis. Ultimately, clinical and microbiological data confirmed Streptococcus oralis as the etiologic agent, while Coxiella burnetii seropositivity was attributed to a previous, resolved infection with no indication for further specific treatment. This case underlines the importance of integrating clinical and laboratory data to avoid diagnostic and therapeutic errors. Comprehensive management, including appropriate antibiotic therapy and long-term follow-up, is essential to prevent recurrence and ensure favorable outcomes.

Keywords: Infective endocarditis; Streptococcus oralis; Coxiella burnetii; IgG antibodies; Q fever; positive blood cultures; valvular vegetation; differential diagnosis; sustained immune response

SILENT MIGRATION OF DANGER: ACUTE HEPATITIS A AND ASCARIASIS AS TRIGGERS IN ACUTE NECROTIC-HEMORRHAGIC PANCREATITIS IN CHILDREN

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Objectives

The importance of a correct and rapid diagnosis of the complex association between acute viral hepatitis A, ascariasis and necrotic-hemorrhagic pancreatitis in children, as well as therapeutic challenges generated by these multiple conditions.

Material and method

Presentation of a severe and complex pediatric case, generated by the interaction between three simultaneous pathological entities: severe acute viral hepatitis A, ascariasis and acute necrotic-hemorrhagic pancreatitis with common pathogenic mechanisms, factors favoring disease progression and associated therapeutic challenges.

Results

A 7-year-old patient, without significant pathological history, from an HAV-A outbreak, was admitted one week after the onset of asthenic, dyspeptic syndrome, and later icteric syndrome. Balanced cardiopulmonary function, hepatomegaly of 3 cm below the costal margin, palpable spleen at the lower pole, hypocolic stools and hyperchromic urines, and biologically: minimal eosinophilia, intense hepatocytolysis syndrome, cholestasis syndrome, positive IgM HAV, normal lipase values at admission; in the course of the disease, he developed a vomiting syndrome, with the elimination of live Ascaris lumbricoides in the vomit, with intense epigastralgia, hepatopriv syndrome, with increased serum lipase and ascaris eggs on the coproparasitological examination with an appearance of acute pancreatitis on imaging, in the course of the disease, secondary ileus and acute abdomen; surgical intervention was performed, but with the development of a residual pancreatic fistula treated endoscopically.

Discussion

In the clinical case presented, hepatic inflammation favors a systemic proinflammatory state, predisposing the patient to complications. Ascariasis, migration of these larvae or duodenitis secondary to the elimination of these parasites, including at the level of the ampulla of Vater, probably determined the obstruction of the pancreatic duct and premature activation of pancreatic enzymes.

Conclusions

The presented case highlights the complex interaction between a self-limiting viral infection, a frequently underdiagnosed intestinal parasitosis and a potentially lethal digestive condition. A medical triad, rarely encountered in the specialized literature, which underlines the importance of early diagnosis and integrated management in such cases.

Keywords: acute viral hepatitis A, ascariasis, necrotizing-hemorrhagic pancreatitis, pancreatic fistula, lipase

CUTANEOUS - ONSET SEPSIS - A REPORT OF TWO CASES

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Objectives

The skin is the largest organ of the human body, colonized by a diverse environment of microorganisms, most of which are beneficial to their host. The development of molecular methods for microorganism identification has led to an emerging view of the skin's resident bacteria as being highly diverse and variable.

Materials and Methods

We present the clinical cases of two patients hospitalized in the Infectious Diseases Clinic of Dr. Victor Babes Hospital in Timisoara in December 2024, who exhibited similar symptoms but belonged to opposite age groups.

Results and Conclusions

The first case involves a 67-year-old patient, with multiple comorbidities (cardiac, vascular and pulmonary pathology), who presents to our clinic with fever and pruritic pustulocrustaceous lesions that upon scratching, became ulcerative on the lower limbs. The symptoms onset is 14 days prior to hospital admission. Biologically, we identified leukocytosis, neutrophilia, and a well-expressed inflammatory syndrome. Interdisciplinary assessments (dermatology and vascular surgery) and coronary angiography of the abdominal aorta and lower limbs were performed. Wound drainage specimens for cultures were collected and first-line antibiotic therapy was initiated according to the guidelines. Culture results revealed the presence of Proteus vulgaris, and therapy was adjusted based on the antibiogram.

The second case involves a 7-year-old patient with no significant personal medical history or known risk factors, presented with fever and pruritic erythematous maculopapular lesions, later ulcerative and well-defined, on the shins. The symptoms onset is 10 days prior to hospital admission. The patient had been treated with antibiotics at the family doctor's recommendation, but the symptoms persisted, leading to hospitalization. Biologically, we identified leukocytosis, neutrophilia, and a well-expressed inflammatory syndrome. Wound drainage specimens for cultures were collected, and first-line antibiotic therapy was initiated. The culture results revealed the presence of Pseudomonas aeruginosa, and therapy was adjusted based on the antibiogram.

In both cases, despite the extreme age differences, the clinical evolution was favorable. Continued microbiological testing and therapy adjustment based on the antibiogram remain the "gold standard" for therapeutic success.

Keywords: skin, Pseudomonas aeruginosa, Proteus vulgaris, infection, microbiome

HEPATITIS B EXACERBATION: A DIAGNOSTIC WAKE-UP CALL FOLLOWING ANTIVIRAL DISCONTINUATION

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Background

Chronic hepatitis B virus (HBV) infection remains a major global health issue, with significant risks for cirrhosis, liver failure, and hepatocellular carcinoma. Entecavir (ETV) is an effective antiviral therapy used to suppress HBV replication and improve long-term outcomes. However, treatment discontinuation, especially without close monitoring, can lead to the exacerbation of the disease, as viral replication can resume.

Objective

We report a case of acute exacerbation of HBV cirrhosis in a patient following unsupervised discontinuation of entecavir therapy.

Materials and Methods

A 58-year-old male with a known history of compensated HBV cirrhosis, previously achieving undetectable viremia under entecavir therapy for 6 years, presented to the hospital after self-discontinuation of antiviral treatment in the last 6 months. He reported symptoms of physical asthenia, fatigue and jaundice. Laboratory investigations revealed elevated serum aminotransferase (>10x N), hyperbilirubinemia, coagulation disorders, HBV viral load of 24,700 IU/mL, negative anti hepatitis D virus (HDV)antibodies with seroconversion from anti-Hbe to HBe antigen.

Results

The absence of other hepatotoxic exposures or co-infections reinforced the causative role of treatment interruption. Hospitalization was required for acute hepatitis management. Entecavir therapy was reinitiated, and supportive care provided. Liver function improved gradually over four weeks, and HBV DNA levels declined significantly.

Conclusion

This case highlights the potentially severe consequences of antiviral therapy cessation in chronic hepatitis B patients. It underscores the importance of patient education, adherence counseling, and regular follow-up to mitigate the risk of HBV reactivation and liver injury.

Keywords chronic hepatitis B, entecavir, antiviral discontinuation, hepatic flare, patient adherence

WHEN THE SILENT VIRUS STRIKES BACK: HBV REACTIVATION AFTER IMMUNOSUPPRESSIVE THERAPY - A CASE REPORT

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Objectives

The aim of this case study is to highlight the importance of monitoring and management chronic hepatitis B virus (HBV) infection in immunocompromised patients, especialy those undergoing chemotherapy for hematologic malignancies. This report emphasizes the need for early screening and prophylaxis to prevent HBV reactivation.

Material and Methods

We present the clinical course of a 69-year-old female patient with a complex medical history, including a suspected acute hepatitis B infection in youth, non-Hodgkin lymphoma, prolonged immunosuppressive therapy (R-CHOP and Polivy). The patient was admitted with jaundice, fatigue, and encephalopathy. Biological and imaging investigations confirmed HBV reactivation with severe hepatic cytolysis and cholestasis.

Results

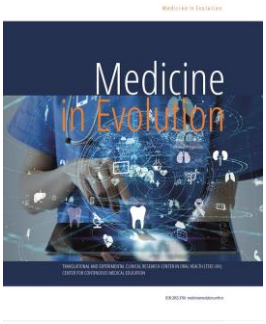
HBV reactivation was confirmed by presence HBsAg and HBeAg, absence of anti-HBs antibodies, and an inscreased (over 230.000.000 IU/mL). The reactivation occurred in the context of an aggressive lymphoma and intensive chemotherapy, in absence of other hepatotropic viruses. The antiviral therapy was initiated. The clinical evolution required intensive care measures and raised the possibility of liver transplantation due to liver failure.

Conclusions

Chronic HBV infection can remain latent with reactivation under immunosuppressed conditions, causing major complications. Screening for HBV and antiviral prophylaxis are essential before starting immunosuppressive or biologic therapies in patients with hematologic disorders. Continuous monitoring and prompt intervention can prevent severe complications.

Keywords: HBV reactivation, immunosuppression, antiviral therapy

MULTIPLE OPPORTUNISTIC DISEASES IN AN HIV-INFECTED LATE PRESENTER PATIENT



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Objectives: Presenting a case of an HIV-infected late presenter patient.

Material and methods : Evaluation of the clinical and paraclinical data recorded in the medical documents of a 31-year-old patient, diagnosed with HIV infection, miliary tuberculosis (TB) and esophageal candidiasis 5 years ago and diffuse large B-cell non-Hodgkin lymphoma (LMNH), from Craiova Regional Centre.

Results: The patient was diagnosed with HIV infection and miliary TB in 2020, during the COVID-19 pandemic (sexual transmission of HIV). At the time of diagnosis, immunovirological evaluation revealed a CD4 count of 268 cells/mm3 and HIV viral load=945210 copies/ml. Antiretroviral treatment and anti-TB therapy were initiated, with favorable clinical and immunovirological evolution. In June 2023, the patient was admitted in our clinic for severe abdominal pain, abdominal computed-tomography scan showed multiple mesogastric and hypogastric lymphadenopathies raising suspicion of a lymphoprolipherative disorder. The exploratory laparoscopy revealed multiple adenopathies in the transverse mesocolon and the root of the mesentery, as well as purulent fluid in the Douglas pouch. A lymph node biopsy was performed from the root of the mesentery, with suspicion of high-grade large B-cell lymphoma based on histopathological examination, but the immunohistochemical test does not allow differentiation between the reactive and tumoral, lymphomatous nature of the B immunoblasts. In October 2023, considering the patient's history, laparoscopic aspect, and immunohistochemistry results, anti-TB treatment was initiated. In December 2023, in Italy, an ultrasound-guided biopsy of the body of the pancreas and liver was performed, which did not reveal any neoplastic processes. In February 2024, the exploratory laparoscopy was repeated, and the histopathological and immunohistochemical aspects of the mesenteric adenopathy were compatible with diffuse large B-cell lymphoma, and chemotherapy was initiated. After two months, imaging investigations showed numerical, dimensional, and metabolic progression of the lymphomatous lymph nodes and hepatic lesions, as well as the appearance of metabolically active pleural and peritoneal lesions. The chemotherapy regimen was changed, but the patient's condition deteriorated, and she passed away in December 2024.

Conclusions: HIV-infected late presenter patients have an increased risk of opportunistic infections and diseases regardless of their immunovirological status after the initiation of antiretroviral therapy.

Keywords: HIV, opportunistic, late presenter

INFECTION WITH STREPTOCOCCUS PYOGENES. FROM BOOK TO REALITY - CASE PRESENTATION

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Objectives: impetigo is a highly contagious skin infection caused when bacteria enters damaged or broken skin and is most common in young children aged up to four years.

Material and Methods: we present the clinical case of a 3-year-old male patient hospitalized in the Infectious Diseases Clinic of the Victor Babes Infectious Diseases and Pneumophthysiology Hospital in Timisoara between 22-28.01.2025. Upon admission, the child had an altered general condition, fever T=38 degrees C, inappetence, drowsiness, generalized eruptive lesions in different evolutionary stages macules, papules, vesicles, crusts on the skin and oral mucosa, with an onset of 4-5 days. The child was seen by the family doctor where he was diagnosed with chickenpox. Biologically, leukocytosis with neutrophilia, well-expressed inflammatory syndrome, negative chickenpox serology, Streptococcus pyogenes present in the pharyngeal exudate and pustular secretion. Under the established treatment, the evolution was favorable.

Results and Conclusions: streptococcal impetigo occurs on exposed areas of the body, most frequently on the lower extremities or face. The lesions remain well localized, but frequently appear in multiples. Although regional lymphadenitis may occur, systemic symptoms are not ordinarily present.

Keywords: Streptococcus pyogenes, bullous impetigo, skin lesions, systemic symptoms

RIME SYNDROME: A SEVERE MUCOCUTANEOUS COMPLICATION OF MYCOPLASMA PNEUMONIAE INFECTION

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Introduction: Mycoplasma pneumoniae infection is a common cause of atypical pneumonia, but it can progress with severe complications, including mucocutaneous manifestations. RIME syndrome (Reactive Infectious Mucocutaneous Eruption) is a rare but serious complication that may arise following such infections. RIME partially overlaps with erythema multiforme and Stevens-Johnson syndrome but is distinguished by its predominant mucosal involvement and infectious association.

Objectives: This paper presents three cases of patients with Mycoplasma pneumoniae infection who developed RIME syndrome, highlighting the diagnostic complexity and therapeutic challenges encountered.

Material and Methods:

Patient 1, a 1 year and 9 months old male, presented with persistent fever and a varicella-like rash, later developing severe oral ulcerative lesions and meliceric crusts. The final diagnosis of Mycoplasma pneumoniae infection was confirmed serologically. Treatment with azithromycin and antifungals led to favorable evolution.

Patient 2, a 12-year-old male, presented with persistent, emetic cough, and two weeks after symptom onset developed severe oral mucositis and penile gland ulcers. Behçet's disease and Stevens-Johnson syndrome were excluded. Both serological tests and PCR confirmed Mycoplasma pneumoniae infection. He was treated with azithromycin and antifungal therapy for stomatitis, with a favorable outcome.

Patient 3, a 12 years and 10 months old male, presented with emetic cough, fever, and severe mucositis. Nasopharyngeal swab PCR confirmed Mycoplasma pneumoniae infection. He also developed an erythematous maculopapular rash and bilateral conjunctivitis. Azithromycin, antifungals, and fluid/electrolyte support led to symptom resolution.

Conclusion: RIME syndrome is a rare but potentially severe manifestation of Mycoplasma pneumoniae infection, with a marked male predominance and characterized by predominant mucosal and, less frequently, cutaneous involvement – distinguishing it from Stevens-Johnson syndrome. Early diagnosis through serological and/or molecular confirmation, along with prompt initiation of specific treatment, is essential for favorable patient outcomes.

Keywords: Rime syndrome, mucocutaneous, mycoplasma pneumoniae infection

OPPORTUNISTIC INFECTION AND NEOPLASIA IN A PATIENT WITH HIV INFECTION - CASE PRESENTATION

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Objectives: Highlighting the relationship between non-adherence to antiretroviral therapy (ART) in HIV-infected patients and the risk of developing opportunistic infections and malignancies.

Material and method: We analyzed the clinical and paraclinical data of a patient diagnosed with HIV infection who was non-adherent to antiretroviral therapy.

*Results: We present the case of a 32-year-old patient diagnosed with HIV infection in 2015, transmitted sexually, with poor adherence to antiretroviral therapy (ARV therapy was discontinued by the patient's own initiative 7 years ago), who presented in February 2025 to the Immunodeficiency Department of the "Victor Babeş" Clinical Hospital for Infectious Diseases and Pneumophthisiology, Craiova, complaining of headache, dizziness, marked physical fatigue, loss of appetite, upper abdominal pain, symptoms that began 7 days prior and progressively worsened. Laboratory tests showed a white blood cell count (WBC) of 4.17*10³/µL, normal leukocyte formula, red blood cell count (RBC)=3.92*10⁶/µL, hemoglobin 11.03 g/dL, immuno-virological evaluation: CD4+ lymphocyte count 252 cells/mm³, HIV viral load=201,000 copies/mL. Computer tomography examination of the chest, abdomen, and pelvis revealed diffusely disseminated mediastinal and abdominal lymphadenopathies, with a tendency to confluence and formation of adenopathic blocks. Also hypodense areas with diffuse inhomogeneous iodine uptake were found in segment VII of the right hepatic lobe, multiple hypocaptant formations located in the splenic parenchyma, and normal cranial CT examination. The bone marrow biopsy showed: hematogenous marrow with rich cellularity (90% cellular composition) with the presence of all series: normoblastic erythroid series, normal G/E ratio, present granulocytic maturation, normal-sized megakaryocytes, frequent interstitial plasma cells. Immunohistochemical examination: CD138 is positive in 17-18% plasma cells, grouped interstitially; kappa/lambda ratio of approximately 5-6/1, the histopathological aspect being suggestive of a kappa-type monoclonal plasma cell gammopathy. During hospitalization, the patient became febrile, refused lumbar puncture, and empirical antibiotic therapy (Meropenem, Vancomycin) and antifungal treatment were instituted. Antiretroviral therapy was resumed with Biktarvy 1 tablet/day. He was discharged after 10 days of hospitalization, afebrile, with improved general condition. In March 2025, the patient returned to our clinic complaining of subcortical hypodensity measuring 20/18.1 mm, located in the left lenticular nucleus and external capsule. A lumbar puncture was performed, revealing 353 elements/mm³, 75% lymphocytes, CSF glucose 4.95 mg/dL, CSF protein 86.3 mg/dL, CSF chloride 91.9 mmol/L, positive Pandy reaction, positive GeneXpert for Mycobacterium Tuberculosis, negative microscopy. Anti-tuberculosis treatment was initiated, antiretroviral therapy was changed to Tivicay and Tenofovir/Emtricitabine, with planned hematological re-evaluation.*

Conclusions: We emphasize the importance of adherence to antiretroviral therapy in patients with HIV infection in order to reduce the risks of opportunistic infections and hematological diseases.

Keywords: HIV, ART, opportunistic infection

NECROTIZING PNEUMOCOCCAL PNEUMONIA – A CHALLENGING DISEASE

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Objectives: The objective of this poster is to describe the diagnostic and treatment challenges encountered during the management of an unvaccinated middle-aged woman presenting with a rare case of necrotizing pneumococcal pneumonia.

Case description: The patient is a 66 years old female high school teacher complaining of persistent, productive cough (3 weeks) that also developed, 4 days before admission, fever and chest pain. Initial lab work revealed leukocytosis with high neutrophil count, high fibrinogen levels, positive urinary pneumococcal antigen, negative blood cultures. Chest X-ray showed right middle lobe consolidation and pleural effusion. The patient received antibiotic treatment (intravenous Ceftriaxone, 2 grams daily) with unsatisfactory progression of disease. Contrast enhanced CT scan revealed pulmonary lesions suggestive of neoplasia. Differential diagnosis included pulmonary neoplasm, pulmonary thromboembolism, pulmonary tuberculosis. Bronchoscopy was performed, with lavage and aspiration of retained secretions and mucous plugs. Both endoscopy and pathology exam were consistent with necrotizing pneumonia. The patient had favorable outcome and was monitored for 6 months after hospital discharge.

Discussion: This clinical case highlights a rare complication of pneumococcal pneumonia that can affect patients even in the absence of significant preexisting health conditions. However, according to European and Romanian vaccination guidelines, the patient could benefit from a conjugated pneumococcal vaccine.

Conclusion: Close collaboration between Infectious Diseases specialists, radiologists, pneumologists, pathologists and microbiologists was crucial to the favorable outcome of the patient.

Keywords: Streptococcus pneumoniae, pneumococcal pneumonia, necrotizing pneumonia, pneumonia differential diagnosis, therapeutic bronchoscopy

PARTICULARITIES OF INFLUENZA VIRAL INFECTION DURING THE EPIDEMIC 2024-2025 ANALYSED AT HOSPITALIZED PATIENTS IN THE CLINICAL HOSPITAL OF INFECTIOUS DISEASES TIMISOARA

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Objectives: To analize the caracteristics of flu in 300 patients, hospitalised in Clinical Hospital of Infectious Diseases during the epidemic 2024-2025 and to determine some particularities.

Material and Methods: A statistic analyse of the main clinico-biological and imagistic parameters like fever, headaches, odynodysphagia, mialgias, cough, digestive symptoms, inflammatory and etiological tests, radiography, in patients diagnosed and hospitalised with influenza infection in the Clinical Hospital of Infectious Disease and Pneumoftisiology "Dr. Victor Babes,, Timisoara- within 01.10.2024-31.03.2025.

Results: From the total number of 300 hospitalized patients diagnosed with influenza, more than half of them developed pneumonia. Pulmonary complications of influenza are most common in children and include both viral and secondary bacterial pneumonia. It was found that neurological complication of flu are more common in children. In adults, extrapulmonary complications include liver dysfunction with elevated liver enzymes. Myositis and rhabdomyolysis have been rarely reported associated with either influenza A or B. The mild hepatic involvement in these patients was probably related to viral infection, amplified the cytokine dysregulation, plus hypoxia and liver hypoperfusion. It should be mentioned that 50% of hospitalized patients with influenza A were observed to have increases in creatine phosphokinase. Although influenza frequently exacerbates underlying heart problems, such as congestive heart failure and ischemic heart disease, direct cardiac complications are considered uncommon. All the adult hospitalized patients, presents comorbidities: diabetes mellitus, obesity, chronic pulmonary and cardiovascular diseases.

Conclusion: Clinical and paraclinical examination of hospitalized patients revealed as particularities marked odynodysphagia, the main and constant symptom associated with the appearance of hepatocytolysis syndrome. Most patients developed muscular (myositis) and pulmonary involvement in a proportion of 50% (pneumonia). Of the total number of patients who developed the disease, more than half are vaccinated.

Keywords: Pneumonia, hepatocytolysis syndrome, cardiac complications, odynodysphagia

VIRAL MENINGOENCEPHALITIS: DIAGNOSTIC CHALLENGES IN THE CONTEXT OF METAPNEUMOVIRUS INFECTION

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Objectives

This report presents a rare case of acute viral meningoencephalitis caused by human metapneumovirus (hMPV) in an adult. Discovered in 2001, hMPV is primarily a respiratory pathogen, commonly affecting young children, older adults, and immunocompromised individuals, causing mild-to-severe acute respiratory infections. Its neurological implications remain poorly understood. This case highlights the diagnostic challenges of viral meningoencephalitis, the role of molecular testing in detecting uncommon pathogens, and the need of an effective management, in the absence of targeted antiviral therapy.

Material and Methods

We present the case of a previously healthy 64-year-old female presenting with one-week history of fever, headache, myalgia, dry cough, nausea, and vomiting. The day before admission, she suddenly became non-responsive. Initial laboratory tests showed mild lymphopenia, a minimal inflammatory syndrome and hyperglycemia. Cerebral CT scan ruled out ischemic or hemorrhagic stroke. On admission to the ward, GCS was 11/15, with signs of global aphasia, photophobia, neck stiffness; breath sounds present bilaterally with diffuse bronchial rales.

Results and Conclusion

Further laboratory tests including respiratory Multiplex PCR testing was positive for hMPV A+B, while negative for Adenovirus, Bocavirus, Coronavirus, Influenzae, Parainflenzae, RSV, Enterovirus, SARS-COV2, B. pertussis, C. pneumoniae, M. pneumoniae, L. pneumophila. CSF cytologic analysis showed lymphocytic pleocytosis and minimal elevated protein levels, but no detectable bacterial or other viral pathogens. CSF Multiplex PCR testing was negative for Enterovirus, HSV 1&2, human Parechovirus, HHV 6, VZV, S. pneumoniae, N. meningitidis, S. agalatiae, L. monocytogenes, H. influenzae, E. coli, S. pyogenes, M. pneumoniae, C. neoformans/gattii. Cerebral MRI imaging showed no findings suggestive of meningoencephalitis. On admission, empirical broad-spectrum antibiotics, antiviral therapy (Acyclovir), corticosteroids, were initiated. The patient had gradually neurological improved, with recovery of consciousness and resolution of meningeal signs within two days of hospitalization. She remained hemodynamically stable throughout admission and was discharged on the 14th day of the hospitalization without neurological deficits, with full recovery.

This case reinforces the potential of hMPV to cause meningoencephalitis in adults, aligning with previous literature (1,2). As no specific antiviral treatment or vaccine exists, early recognition and supportive care remain key to favorable outcomes. Clinicians should include hMPV in the laboratory tests and differential diagnosis of viral meningoencephalitis, particularly in patients with prior respiratory symptoms.

Keywords: Human Metapneumovirus (hMPV); Viral Meningoencephalitis; Central Nervous System; Respiratory Infection; Multiplex PCR; Aphasia; Photophobia; Neck Stiffness; Empirical Antibiotic Therapy & Antiviral Therapy (Acyclovir); Neurological Recovery; Diagnostic

NOCARDIOSIS: A RETROSPECTIVE DIAGNOSTIC JOURNEY

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Background

Nocardiosis is a rare opportunistic infection caused by Nocardia species, predominantly affecting immunocompromised individuals. It can manifest with pulmonary, cerebral, or disseminated involvement, often mimicking other infectious or neoplastic conditions, which contributes to diagnostic delays.

Objective

We report the case of a 37-year-old male in whom the diagnosis of nocardiosis was established retrospectively through histopathological re-evaluation of brain tissue.

Materials and Methods

The patient had a history of chronic alcohol use and smear-negative pulmonary tuberculosis treated over a 6-month course. In the late december 2024 had been treated for pneumonia of the left inferior lobe and in early 2025, he presented with generalized tonic-clonic seizures and was diagnosed with alcohol-related status epilepticus. During the neurological episode, he exhibited signs of Gerstmann syndrome and subsequently imaging studies raised suspicion of a pulmonary malignancy with cerebral metastasis. The patient underwent neurosurgical intervention in February 2025 and intraoperative findings ruled out metastatic disease, confirming instead the presence of a cerebral abscess and the patient was treated with a 14 day course of antiobiotics therapy.

Results

Given the atypical evolution and diagnostic uncertainty, a retrospective histopathological re-evaluation of the paraffin-embedded cerebral abscess specimen was conducted, revealing morphological features consistent with Nocardia spp. infection bassed on typically weakly acid-fast after traditional carbol-fuchsin staining and positive on modified acid-fast staining. Unlike mycobacteria (also acid-fast positive), Nocardia has a "beaded" appearance on acid-fast staining.

Conclusion

In conclusion, this case highlights the challenges in diagnosing cerebral nocardiosis. It underlines the need to consider Nocardia in differential diagnoses, especially in patients with risk factors like chronic alcoholism and previous lung disease, and the value of histopathological reassessment in identifying difficult-to-detect pathogens for effective treatment.

Keywords: nocardiosis, cerebral abscess, retrospective diagnosis, chronic alcoholism, tuberculosis, diagnostic mimicry

CHALLENGES IN THE MANAGEMENT OF NECROTIZING LIVER ABSCESSES - FROM DIAGNOSIS TO TREATMENT

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Introduction

Hepatic abscesses represent a challenging pathology in current medical practice, with increasing incidence in recent years, up to 2.3 cases per 100,000 individuals, with males being the most frequently affected. Necrotizing liver abscess is a relatively rare disease, but with a significant mortality and morbidity. It is most often associated with extensive tissue necrosis with difficulties of interventional approach. Among the most common etiologies causing unfavorable evolution with liver tissue necrosis are Klebsiella oxytoca strains. In this work, we aimed a comparative analysis of cases diagnosed with hepatic abscesses in terms of the stages of diagnosis and subsequent management, highlighting the role of individualized treatment.

Materials and methods

A retrospective analysis of cases of liver abscesses admitted to the "Agrippa Ionescu" Emergency Clinical Hospital "Agrippa Ionescu" in Bucharest, between 2023-2025, was performed, regarding etiology, treatment, evolution, need for surgery and prognosis.

Results

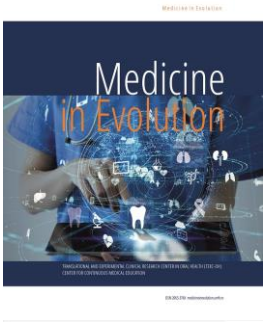
There were analyzed 5 cases with certain imaging and biological diagnosis of liver abscesses, aged between 48 and 82 years.2 cases presented single localization with dimensions of more than 5 cm, the other 3 patients presented multiple abscessed lesions with different dimensions up to 12 cm. Regarding the etiology, in 3 cases different strains of Klebsiella pneumoniae and multisusceptible oxytocans were isolated, both in blood cultures and in the collection drained. Treatment was individualized, consisting of different antibiotic regimens. In relatively large necrotizing-prone abscesses of relatively large size percutaneous or surgical drainage could not be performed, the patients were treated only conservatively with favorable outcome. In contrast, for one patient, despite laparoscopic and percutaneous drainage, the prognosis remained poor, and he subsequently died.

Conclusions

In conclusion, the standards of care for the patient with liver abscess remain early diagnosis and prompt institution of appropriate conservative and surgical treatment. However, the management remains challenging, in view of the absence of targeted therapy and the architectural changes of the liver tissue with a tendency to necrotizing that make the interventional approach difficult.

Keywords: hepatic abscess; diagnosis; Klebsiella pneumoniae

KAPOSI'S SARCOMA – CLINICAL MANIFESTATION IN A NEWLY DIAGNOSED PATIENT WITH HIV/AIDS



ŞERBAN ALIN RUSU[1], ISABELA IOANA LOGHIN[1,2], IRINA CRISTINA NICOLAU[1], ION CECAN[1], AMELIA MIHAESCU[1], CARMEN MIHAELA DOROBAȚ[1]
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Abstract

Objectives. HIV/AIDS infection is frequently associated with other conditions due to a deficient immune status. Kaposi's sarcoma is a frequently encountered complication in the evolution of AIDS, as well as other immunodeficiency states. Antiretroviral therapy and multidisciplinary case management guarantee a favorable prognosis and evolution of cases.

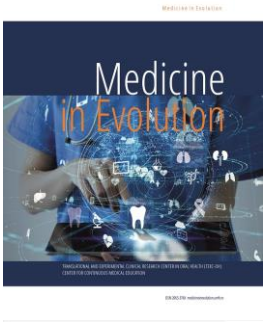
Material and method. We present the case of a patient admitted to the Regional HIV/AIDS Center within the "Sf. Parascheva" Clinical Hospital for Infectious Diseases in Iaşi.

Results. The patient clinically presented multiple skin small flat spots or patches with irregular shapes. At admission the number of Ly T CD4 was 303 cells/ mmc, and HIV viremia was 871.000 copies/ml. He was referred to the Oncology clinic for puncture-biopsy and immunohistochemical examinations to confirm the suspicion of Kaposi's sarcoma. Antiretroviral therapy was initiated in accordance with the therapeutic plan of the oncologists, and the subsequent prognosis was favorable, with virological suppression at the one-month reevaluation.

Conclusions: In order to refer the patient to specialized services later on, it is critical to identify Kaposi's sarcoma. The management of seropositive patients is complex, often requiring additional investigations and multidisciplinary evaluations. The prognosis is favorable under conditions of adherence to antiretroviral treatment regimens.

Keywords: HIV/AIDS, Kaposi's sarcoma.

MULTIDISCIPLINARY APPROACH IN DIFFERENTIAL DIAGNOSIS: FROM VIRAL INFECTION TO ENDOCRINE PATHOLOGY – CASE REPORT



ANDRA SAIZU[1,2], ELENA-VOICHIȚA LAZUREANU[1,2], RUXANDRA LAZA[1,2], ALEXANDRA HERLO[1,2], NARCISA DANIELA NICOLESCU[2], TALIDA NOVACESCU[1,2], IOANA GRADIȘTEAN[1,2], CRISTINA ANA-MARIA BOSOANCA[1], ADINA ILAȘ[1,2], ADELINA-RALUCA MARINESCU[1,2]
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Objectives: In medical practice, diagnosis and therapeutic management rely on a comprehensive patient evaluation. These steps represent the fundamental pillars of the diagnostic process and the ongoing monitoring of both acute and chronic pathologies.

Materials and Methods: We present the clinical case of a 15-year-old female patient hospitalized in the Victor Babeș Infectious Diseases Clinic, Timișoara, between 08-17.12.2024. Prior to admission to our clinic, the patient was under the supervision of the Infectious Diseases Department at Arad Hospital (19-29.11.2024) for lumbar herpes zoster.

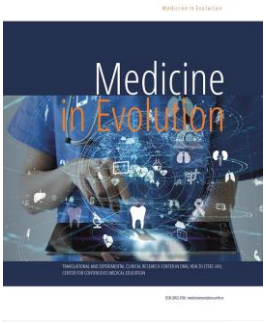
Results and Conclusions: Upon admission, the patient was conscious, cooperative, and hemodynamically stable but exhibited postural and gait instability. She presented with severe frontal headache, photophobia, and vertigo. Physical examination revealed a residual herpes zoster lesion on the right flank and nuchal rigidity. Laboratory and imaging investigations were within normal limits. A lumbar puncture was performed with no significant findings, and multiplex CSF testing was negative.

During the first 72 hours of hospitalization, the patient experienced a nonspecific cephalalgic syndrome, refractory to analgesic treatment, associated with tachycardia, vertigo, and panic attacks, prompting neurology and ENT consultations. Serum tests for free thyroxine (FT4) and thyroid-stimulating hormone (TSH) revealed significant abnormalities, while thyroid ultrasound showed thyroid hypervascularization, suggestive of an active functional process. Consequently, the patient was transferred to the endocrinology department with suspected autoimmune thyroiditis.

Conclusions: The correct integration of anamnesis, clinical examination, and paraclinical investigations is essential for establishing an accurate differential diagnosis, properly assessing the patient's condition, and initiating appropriate treatment. Although distinct, these steps are interdependent and significantly contribute to optimal medical management, directly impacting prognosis and the quality of care provided to the patient.

Keywords: Herpes zoster, lumbar puncture, thyroid hypervascularization

BARTONELLOSIS, A CONDITION NOT SO RARE IN CHILDREN



ELENA-CRISTINA SANDU, DANA ISPAS, NICOLETA TUDOR, ADINA NANU, CLAUDIA CHIRILA, RALUCA BONTEA, NICOLETA VOICU-PARVU, MARIA VATRA, ANDREEA STOENESCU, ANDREEA BLIDARU, ILINCA OLTEANU, CATALIN IACOB, VERONICA ZISU, ALEXANDRA VIERU, DRAGOŞ BUDEA, GETA VANCEA, SIMIN FLORESCU
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Objective

Bartonella infection can lead to a wide range of clinical manifestations, among which Cat Scratch Disease commonly presents in self-limiting, typical forms that usually resolve without prolonged treatment. However, in approximately 10-15% of cases, the infection can evolve into atypical, extra-ganglionic forms, or be complicated by severe conditions such as granulomatous hepatitis or splenitis. Neurological or ophthalmological manifestations can also occur, which may complicate diagnosis and treatment.

Materials and methods

We present the case of a 12-year-old boy admitted to the clinic for fever (Tmax=39.8°C), bilateral laterocervical lymphadenopathy, hepatosplenomegaly with a history of approximately 5 days prior to admission.

Results and conclusions

The clinical examination upon admission identified the presence of a right submandibular adenopathy of about 3 cm and the right lower liver margin 1 cm below the costal margin. Laboratory investigations revealed mild normochromic, normocytic anemia and a significantly elevated C-reactive protein level, 18 times the upper limit of normal values. Serological tests excluded etiologies such as Epstein-Barr virus (EBV), cytomegalovirus (CMV), HIV, as well as acute viral hepatitis types B and C. Abdominal ultrasound revealed a hypoechoic image of 6/6 cm located at the inferior splenic pole. Upon further questioning, it was found that the patient does not own pets but frequently visits his grandparents' house, where there are several cats with which he comes into contact. Given the history and clinical context, a suspicion of Bartonella henselae infection (Cat Scratch Disease) was raised. Serological samples for Bartonella henselae IgM and IgG were collected, and treatment with Azithromycin was initiated for 7 days. A contrast-enhanced computed tomography scan was also performed, revealing the spleen with several native hypodense, non-iodophilic images at the upper and mid-hilar poles, measuring a maximum of 4/3 mm, with three to four lesions at the upper splenic pole. The diagnosis of Bartonellosis was confirmed through positive IgM and IgG Bartonella henselae serology. Treatment with Azithromycin was continued for 4 weeks, with Rifampicin added. Under this therapeutic regimen, the patient's condition improved, with complete resolution of lymphadenopathy and splenic findings, as evidenced by follow-up ultrasound.

Keywords: Bartonella, hepatosplenomegaly, zoonosis

STRANGE CASE OF MYCOPLASMA PNEUMONIAE

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Objectives

Mycoplasma Pneumoniae is a type of bacteria that causes respiratory infections, most commonly "walking pneumoniae", a milder form of pneumonia. Unlike typical bacteria, Mycoplasma Pneumoniae lacks a cell wall, which makes it resistant to certain antibiotics like penicillins and cephalosporins.

Matherial and method

This study was conducted in the "Dr. Victor Babeş" Clinical Hospital for Infectious Diseases and Pneumophthisiology. From 31 October 2024 to 20 November 2024 in Infectious Diseases I a patient with atypical pneumonia of unknown cause was hospitalized. The patient presented fever at home (>38.7 degrees Celsius), headache, nausea, vomiting symptoms started 5 days ago. During the day of November 01, 2024, the patient experiences a serious general condition, hypotension, fever. ASTRUP is harvested and contacted by the Intensive Care department and decided to transfer to Intrensive Care. The following treatments were used: vasopressor support, oxygen therapy and antibiotic therapy (from the broad-spectrum like macrolides and fluoroquinolones), solutions for hydro-electrolyte and protein-calorie rebalancing, anticoagulant, liver protectors. The patient also benefited from physiotherapy sessions. From November 1, 2024 to November 13, 2024, patient in the intensive care unit with favorable evolution and positive response to antibiotic treatment.

Results

The diagnosis of a patient with atypical pneumonia is made through clinical, laboratory, biological and imaging examination, taking into account the patient's comorbidities and the occurrence of the infectious process. The imaging diagnosis of a patient with pneumonia is based on methods such as chest radiography (Rx) and computed tomography (CT). We must not forget about the collection of biological samples and blood cultures in the febrile attack. The patient received antibiotic treatment according to the protocol. Important: do not forget about interdisciplinary collaboration (Anesthesia and intensive care if the patient deteriorates, Pneumology and dispensary of associated pathologies) for effective treatment and therapeutic conduct.

Conclusions

On November 20, 2024, the patient was discharged from the Infectious Diseases department with remission of clinical symptoms and improvement in clinical status.

Keywords: Clinical diagnosis is very important, treatment should be approached interdisciplinary taking into account the drug therapy in the infectious diseases clinic.