MANAGEMENT OF THE METASTATIC RENAL CELL CARCINOMA: WHAT WE WORKING WITH AND FUTURE DIRECTIONS

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SUMMARY

The management of metastatic renal cell carcinoma is currently an empiric sequence of monotherapies. Limited data exist to support one sequence of agents over another, and initial therapy with a less-toxic albeit less-effective agent warrants investigation given the noncurative nature of existing treatments.

Several active agents are now available, such as immunotherapy and targeted agents, to treat patients with metastatic renal cell carcinoma. However, these agents are largely unable to produce durable complete responses, thereby necessitating chronic therapy in the majority of patients. For this reason, the benefits from the use of these systemic agents must be weighed against the overall burden of treatment, such as acute and chronic toxicity, time commitment, and cost.

There is likely a subset of metastatic renal cell carcinoma patients with low-volume, slow-growing disease for whom the overall goal of controlling tumor burden and maximizing quality of life may be achieved more successfully by refraining from initiating systemic therapy until evidence of disease progression has occurred.

Additional investigation into combinations of targeted agents is ongoing. Some combinations have not been shown to be tolerable at the lowest dose levels, others are only tolerable at reduced doses, and few are tolerable at full monotherapy doses. The utility of combination therapy over sequenced monotherapy will require careful prospective investigation.

THE HEMOGLOBIN LEVEL AS A PROGNOSTIC FACTOR IN PATIENTS WITH NON SMALL CELL LUNG CANCER TREATED WITH GEMCITABINE AND CIS-PLATINUM

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SUMMARY

Objective: Anemia is observed in various malignancies including non small cell lung cancer /NSCLC/ and is considered to be a poor prognostic factor. The aim of this study is to investigate whether there is a correlation between anemia, other clinico- pathological factors and survival in patients with advanced NSCLC treated with Gemcitabine / cis- Platinum- containing chemotherapy.

Methods: Seventy eight consecutive patients with advanced NSCLC treated in Department of chemotherapy, UMHAT- Dr. G. Stranski, Medical University- Pleven between 2006- 2008 were retrospectively analyzed. Of those, 27 patients /34, 6%/ had low hemoglobin /HB/ level (<120 for man and <110 for women) prior to start chemotherapy. The HB levels were obtained at the time of their first visit to the hospital. All patients received chemotherapy regimen consists of intravenous administration of Gemcitabine 1250 mg/m2 day 1 and 8 and cis- Platinum 80mg/m2 day1 with repetition over 21 days. Survival analysis was evaluated by Kaplan- Meier test.

Results: The median survival time for all patients was 9,5 months. The median survival time for patients with low HB levels was 7,6 months versus 11,3 months in patients without anemia /p<0.05/. There was a significant correlation between anemia and age or performance status /p<0.05/.

Conclusions: These results indicate that patients without anemia have significantly higher survival rate. Pretreatment HB level appears to be a useful prognostic indicator for survival in patients with inoperable NSCLC treated with chemotherapy.

Key words: Hemoglobin, Prognostic factors, Non small cell lung cancer, Chemotherapy, Survival.
A CASE OF LONG TERM SURVIVAL IN WOMAN WITH METASTATIC BREAST CANCER TREATED WITH TRASTUZUMAB
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SUMMARY:
Intravenous Trastuzumab is an effective treatment for metastatic breast cancer after failure of first-line chemotherapy for patients with human epidermal growth factor 2 (HER-2) positive receptor. The aim of this study is to present a case of long time survival woman with metastatic breast cancer. The case is a 55-years old female. She underwent left mastectomy with axillary lymphadenectomy for breast cancer. Histological examination showed invasive ductal carcinoma, grade III, estrogen and progesterone receptor-negative, HER2-positive receptor status. Radiotherapy and six courses with antracyclines were performed as adjuvant chemotherapy. One year after the operation she was diagnosed to have lung metastases. Treatment was initiated with Trastuzumab 8 mg/kg for first dose and 4 mg/kg next doses every week. Treatment was continued for more than two years. Control computer tomography indicates stable disease. No adverse events were reported for twenty four months of Trastuzumab treatment. Treatment was stopped due to patients withdrawn. Overall survival was 31 months. This case indicate that long term Trastuzumab would be an optimal treatment for HER2-positive breast cancer patients.

Key words: Long term survival, Metastatic breast cancer, Trastuzumab

CLINICALLY NONPALPABLE FINDINGS OF THE BREAST – BEHAVIOR AND RESULTS IN 29 PATIENTS
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SUMMARY:
The importance of the mammographic examination is associated with early detection and accurate diagnosis of breast cancer, especially clinically occult cancers. It’s now known that mammography can detect early cancer 1.5-2 years before it becomes palpable tumor.

The aim of this study is to analyze the behavior and results in clinically nonpalpable but mammographically found lesions.

Subject of the study were 29 patients diagnosed and treated for 1.5 year period in the thoracic surgery clinic-MMA Sofia. Mammographic abnormalities included 23 cases with micro calcifications, 12 with locally increased tissue density and 6 cases with both symptoms. Preoperative fine needle aspiration biopsy was performed in all the cases and in 10 of them was done subsequent punch biopsy. All the 29 patients carried out diagnostic excision with histologic verification of the findings.

According to their preoperative diagnosis, the patients were grouped as having: 4 carcinoma, 11 suspected for neoplasm and 14 benign.

The final post-operative histological diagnosis found 20 cases with carcinoma (5 of which are invasive and 15 in situ) and 9 benign breast disease.

Nonpalpable findings remain dilemma for clinicians. In such cases, the standard behavior involves diagnostic excision followed by histological examination.

Key words: Breast, Nonpalpable, Cancer

LEGAL ASPECTS OF DIRECT-TO-CONSUMER GENETIC TESTS
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SUMMARY:
Direct-to-consumer (DTC) genetic testing is a growing phenomenon. The advent of DTC genetic testing has sparked considerable alarm among geneticists, public health and consumer advocates, and governmental bodies. DTC genetic testing have raised a number of concerns: the quality of the tests, the accuracy and adequacy of the information provided by companies, and the risk that consumers may be misled by false or misleading claims and may make harmful healthcare decisions on the basis of test results. These concerns have
formed an opinion asserting that genetic testing should take place with adequate counseling and only through a healthcare provider.

Conversely, in favour of DTC genetic testing, it has been stressed out that direct-to-consumer approach enables greater consumer awareness of and access to tests. People expressing this opinion explain that these kind of tests can help them improve their health and make beneficial treatment and lifestyle decisions.

It is important though to keep in mind that little empirical evidence exists regarding the impact of DTC testing on the public.

Although the nature of DTC marketplace is dynamic, most genetic tests are not subject to any type of government review before they are made available to the public. Overall, requirements for genetic testing laboratories are general in nature and do not set specific standards for genetic tests. The commercial allure of DTC testing, coupled with the lack of regulatory barriers to market entry, has led to a steady stream of new entrants. Over two dozen DTC companies exist worldwide.

Given the expansive potential of DTC genetic testing, it is important to understand the regulatory framework in which DTC genetic tests are offered and the regulatory approaches that different countries have adopted.

The fact that number of genetic tests are available for more than 1000 diseases, as well as the lack of internationally agreed upon definition of the term “genetic test”, shows that policy approaches need to be taken with respect to DTC testing.

The term “direct-to-consumer” has been used variously to refer to both advertising and sale of genetic tests. In the first instance, the availability of a test is advertised to the public, but the test must be ordered by, and the results delivered to, a healthcare provider. In the second instance, genetic tests are not only advertised directly to consumers, but the purchase of genetic testing services also is initiated at the consumer’s request, and the results are delivered directly to the consumer, without the involvement of the consumer’s healthcare provider.

The majority of tests advertised DTC also are sold directly to consumers, showing that lines between DTC advertising and DTC sale have become blurred.

Since direct-to-consumer genetic testing first began around 2003, both the number of companies and the variety of tests offered have grown. Fueled by the diminishing cost of performing DNA microarray analysis and the rapid pace of scientific discovery in genome-wide association studies, companies in the United States and Europe are offering tests based on data from very broad panels of SNPs that provide information about a variety of common diseases.

Although DTC testing companies maintain information regarding the number of consumers using their services, little is known about consumer awareness and uptake of DTC genetic tests. Understanding the level of consumer awareness and interest would be useful in considering the need for and appropriate tailoring of policy responses.

The rise of DTC genetic testing raises concerns about both consumer harms and social costs. Genetic test must provide information that is helpful to the individual being tested (e.g., in diagnosing, treating, or preventing the disease or condition) but potential consumer harms include discrimination and stigmatization.

If the privacy of results is not adequately maintained, increased anxiety and needless medical interventions based on erroneous or misinterpreted test results that indicate increased risk of disease, and failure to take preventive measures based on false reassurance that one is at low risk of disease.

DTC testing could pose an additional social cost in wasted scarce health resources if it leads to unnecessary visits to healthcare providers and genetic counselors and unnecessary medical tests and procedures.

**Key words:** Direct-to-consumer genetic testing, regulatory framework, consumer awareness.

**SUMMARY:**

Many kinds of medical information, especially genetic data, that resides in computer databases (or paper files) can be damaging to a person if they were to get into the wrong hands—an employer, an insurance company, or the press.

These are some of the key arguments that have been raised about genetic data, all of which also apply to other kinds of medical data:

It is predictive—but so is testing for any kind of infection or condition with a long latency for the development of symptoms such as routine cancer screening or cholesterol levels.

Privacy/confidentiality is important—but obviously this applies for all medical information, including such routine information as family medical history and sexually transmitted diseases.
It involves risk factors and probability—but ordinary testing for cholesterol level implies a risk for heart disease. It has social/family/insurance/discrimination impact—but so does psychiatric disease, AIDS, and sexually transmitted disease.

However, there are important concerns about informed consent for medical genomics that do require special attention from medical professionals. This is particularly true when genetic tests can reveal potential risk factors that do not indicate that a person currently has a disease, and in fact may never develop it; or a test that may indicate the presence of a disease for which there is no treatment. In fact, it may be quite sensible for a person to choose not to have a genetic test that might predict a future disease for which there is no cure and no preventive measures. The key issue here revolves around providing enough information to the patients so that they can make a truly informed decision about whether to undergo a genetic test (informed consent).

There is also a strong requirement for careful communication of test results to the patients so that they can fully understand the implications and make informed decisions about their healthcare, about communicating this information to family members, and so on.

Not only must the patient be educated in the relevant molecular biology in order to understand the nature of a deleterious allele and the mechanics of the test by which it is identified; they must also be led to understand the nature of risk and probability. There is a substantial body of social science studies showing that people tend to misinterpret statistical information and make demonstrably poor choices that work against their own interests (e.g., public lotteries and other games of chance). It is not at all clear whether a physician (or genetic counselor) can ever provide enough information to patients to allow them to make a truly informed choice for their own best interests in regard to a genetic test. Furthermore, no healthcare professional ever enters a discussion with a patient without some subtle bias as to what course of action would be best for that patient. Again, the bias of the professional often strongly influences the decision of the client.

One concern that is particularly enhanced in the era of genetic testing is the persistence of genetic data and the ease by which many tests can be applied to a tiny sample, or that genetic information gathered for one purpose can later be reanalyzed to reveal other information about a person. In the era of medical genomics, a routine blood or tissue sample taken for some innocuous purpose (such as a pharmacogenomic test in order to prescribe a drug) can provide a complete genetic profile of a person. Even if the sample is destroyed, the DNA sequence information obtained in one test may reveal other sensitive information—for instance, a gene form that causes susceptibility to a particular drug side effect may also be linked to a higher risk of some form of cancer.

Clearly there is a need for strong laws backed up by well-executed policies and procedures to prevent unauthorized genetic testing of people or of access to their genetic information, where it may exist, in patient records, computer databases, and so on.

Key words: patient, medical information, genetic testing, confidentiality, risk factors.

**SUMMARY:**

Introduction: Regardless of the efforts made during recent years antimicrobial agents still continue to be used irrationally to a significant extent. This is mainly represented by wrong drug selection, wrong dosing regimens and length of administration and is associated with increase in antibiotic resistance, increase in the risk of occurrence of adverse drug reactions and significant and unnecessary increase in treatment costs. The practice at the hospitals shows that published guidelines often remain on paper only.

Objectives: To develop and implement into the clinical practice a local hospital surgical antibiotic prophylaxis program at the University Hospital “Tsaritsa Yoanna – ISUL” in Sofia.

Methods: The program was developed and implemented under the leading role of a clinical pharmacologist and based on 4 main cornerstones: training, restriction, monitoring and feedback. Initially a local guideline for rational prophylactic antibiotic prescribing was developed, tailored towards the specificity of the clinic of surgery together with a corresponding checklist for monitoring. The antibiotics selected were based on the current hospital antibiotic list. Extensive training of the medical staff was performed, by means of lectures and seminars. Routine (monthly) monitoring visits were performed, followed by feedback information to the medical staff and hospital management.

Results: The rate of rational prescribing antimicrobial
agents at the clinic of surgery for prophylactic purposes while keeping the said guideline for one year increased essentially from below 20% to above 80%. Additionally- significant savings of money took place amounting up to 30,000 BGN per year.

Conclusions: Our experience shows that the presence of: 1. Developed local guidelines of rational antimicrobial agents use; 2. Hospital antibiotics expert team consisting of at least a clinical pharmacologist and a microbiologist; 3. Support by the hospital management; 4. Cooperative relations established between the antibiotics expert team and the attending physicians at the respective hospital are prerequisite to the successful implementation of rational antimicrobial agents use at hospital facilities.

Key words: Local Hospital Surgical Antibiotic Prophylaxis Program

PRESENTATION OF A CLINICAL CASE OF SQUAMOUS PAPILLOMA
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SUMMARY:
Squamous papilloma is a tumor of epithelial origin. There are different localization in the oral cavity and mainly affects people of fertile age. It is a tumor with benign course of development. We present macroscopic and histological characteristics of squamous papilloma in a patient of 65 years of age. Localization of the tumor is on the edge between hard and soft palate. Tumors misconfiguration is on wide base with the presence of lesions in grainy surface caused by the constant irritation of the prosthesis structure. Tumor was thickened and painful. Histology revealed massive leukocyte and lymphocyte infiltration. For the demonstration of connective tissue fibers we used the staining method of Azan.

HISTOLOGICAL PRESENTATION OF A CLINICAL CASE WITH NEVROFIBROM USING SCHULTZE-STOHR METHODS OF STAINING
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SUMMARY:
Neurofibroma are tumors originating from nervous tissue. Localized along the peripheral branches of the facial, and trigeminal nerve sublingual. Clinically manifested by slow pace of development dense-elastic consistency without prominent complaints. In the later stage of evolution, depending on the location appear a variety of clinical symptoms. We present histological picture of neurofibroma. The material was taken from the Department of General Pathology, as a proof was used the Schultze-Stohr method of staining.

HISTOLOGICAL REPRESENTATION OF CUTANEOUS BASAL CELL CARCINOMA WITH DIFFERENT METHODS OF STAINING
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SUMMARY:
Cutaneous basal cell carcinoma is the most common malignant tumor of the skin (60-80%). Characterized by local invasive growth and tendency to frequent relapses. Metastasize at a very late stage of development. We present ulceroinfiltrative form cutaneous basal cell carcinoma with different histological staining methods. The material was taken from the Department of General Pathology the method of Azan was used for prooving, for demonstration of connective tissue strands. Impregnation of the connective tissue with the Bielschowsky method and demonstration of nerve fibers with the method of staining Schultze-Stohr.
SUMMARY:
Looking mesencephal trigeminal nucleus (MTN), we can say that it is one of the sensory nuclei of V cranial brain nerve directly responsible for the transmission of deep (proprioceptive) information from orofacial complex (Bellauci et al. 2006). Morphological nucleus is longitudinal column of pseudounipolyar neurons. It is located in the rostral part of the bridge and along the whole rostro-caudal extent of the midbrain, near the central gray brain matter. Sensory receptor cells are located in the jaw, the external eye muscles and periodontal tooth. In construction MTN is the only core consisting of primary neurons with afferent pseudounipolyar form located in the brain, a structure resembling the sensory ganglia. From the morphological point of view, neurons located in MTN are considered indentic to the cranial and spinal gangliini cells (Freeman 1925).

Schematic presentation of the kernel and the links which it carries out to different brain structures.

SUMMARY:
Sensory ganglia with mesencephal trigeminal nucleus represented as an extremely important link in the nervous system. Based on the fact that mesencephal trigeminal nucleus is a frequent object of interpretation in clinical medicine, in effect by stem processes. Knowledge of it by cytochemical nature would contribute to a proper treatment of the problem of its treatment. In this sense, the results of our lightmicroscopic study of mesencephal trigeminal nucleus in human have come to the conclusion that the issue of clarifying the detailed mechanisms of transmission of sensory information from orofacial region is still looking for definitive decision. Despite progress in clarifying the morphological characteristics and neurochemical identity of the afferent neurons, revealing the intimate mechanism of transduction and transmission of cellular and molecular level is the subject of future studies. Featured cytoarhitektonic of neurons in the trigeminal mesencephal nucleus in human, by means of impregnation by Golgi.
HIGH PREVALENCE OF HBSAG CARRIERS IN A SPECIFIC COMMUNITY IN BULGARIA

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SUMMARY:
Objective: HBV infection is intermediate-endemic in Bulgaria. The epidemiological data of last two decades clearly suggest a trend for decreasing of HBsAg carrier rate in Bulgaria from 5.1% for blood donors in 1985 and 3.9% for the total population in 1999 to 2.2% for blood donors in Sofia in 2009. However, the prevalence of HBsAg carriers still remains higher in some specific ethnic communities compared to general population. Current data regarding high endemic sources of HBV infection in our country are still limited. The actual impact of implemented total HBV vaccination of all new borns remains unclear in such specific communities.

Methods: Prevalence of HBsAg carrier rate was studied in specific ethnical community of peoples from village of Ablaniza situated at South-Western part of Bulgaria. Six hundred and seventy-six subjects were tested for HBsAg and anti-HCV. They were divided in two subgroups: 412 adults and 264 adolescents. All adolescents were born after 1992, i.e. were covered by the National vaccination program for total HBV vaccination of all newborns (started in 1991).

Results: Thirty-one out of 412 adult subjects (7.5%) were HBsAg (+) indicating high endemic prevalence of HBV among inhibitors of studied village. The observed HBsAg carrier rate was more than three folds higher than general Bulgarian population. In contrast HBsAg carrier rate was very low (0.7%) among adolescents. Only 2 out of 264 adolescents were HBsAg-positive. They both were born from HBsAg-positive mothers. Anti-HCV-positive subjects have been found neither among adults nor among adolescents.

Conclusion: Our results confirmed existence of separate high-endemic sources of HBV infection despite of decreeing prevalence of HBsAg carriers in general Bulgarian population. HBV vaccination program is highly effective even in such specific subgroups and resulted in marked decrease of HBsAg carrier rate among vaccinated adolescents.

Key words: HBV epidemiology, HBsAg prevalence, ethnic groups, HBV vaccination

DEMOGRAPHIC PROFILE OF CHRONIC HBV AND HCV INFECTION IN BULGARIA

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SUMMARY:
Background: Baseline viral load does not correlate with the degree of liver damage, but it is an important predictor of treatment selection. The demographic patients’ profile might differ in the remote counters worldwide.

Objective: To evaluate the demographic profile of chronic HBV and HCV infected subjects in Bulgaria.

Methods: Samples obtained from 220 treatment-naive patients with chronic HBV-infection (147 males and 73 females; aged 18-55 years) and 169 with chronic HCV-infection (91 male and 78 female; aged 18-52 years) were tested for viral load (Appl. Biosystems 7500 Real Time PCR system, USA). Correlations between viral load and patients’ age, gender and HBeAg status were studied.

Results: HBV DNA levels in the group varied from 3 to 9 log10, 31 % of them were with HBV DNA < 4.3 log10 (100 000 cop/ml). A slight, but significant correlation was found between serum HBV DNA and patients’ age (r = -0.181; p = 0.012). Males and females chronically infected with HBV were with similar age and there were no difference in veremia in terms of gender. Anti-HBe(+) were 70% and they were older then HBeAg(+) with median age: 46.5 vs 31 years (p<0.001). In addition anti-HBe(+) were with more then 1 log10 lower viral load.

HCV RNA levels among 169 HCV infected patients (72.5% genotype 1, 10.5 % genotype 2 and 3 and mixed genotypes 17%) varied from 50 to 40.8 x 10^6 IU/ml. 57 % of them were with viremia < 800000 IU/ml. There was a significant difference in age between females and males with median age: 45 vs 34 (p<0.020). The mean age of patients with viremia <
METABOLIC FACE OF CHRONIC HEPATITIS B AND C IN BULGARIA
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SUMMARY:
Background: It is well known that NAFLD, as well as diabetes mellitus (DM), correlated with the progression of liver fibrosis in chronic hepatitis C (CHC). The impact of NAFLD overlap in chronic hepatitis B (CHB) is not well established.

Objective: In this study we compared the prevalence of NAFLD and related metabolic parameters in CHC and CHB, and their relationship with disease activity and fibrosis.

Methods: The parameters of metabolic syndrome (MetS), glucose, insulin, HOMA-IR and histological features of steatosis / steatohepatitis were investigated in total of 700 patients with chronic viral hepatitis - CHB (n=334) and genotype 1 CHC (n=366). Glucose and insulin were also assessed during OGTT (60 and 120 min.) in 100 cases with CHB and 100 – with CHC.

Results: Nonalcoholic metabolic related steatosis was more frequent (62% v/s 48%) and severe in CHC compared to CHB (p<0.01). MetS (51% v/s 33%), and DM OGTT (30% v/s 20%) were found also in higher frequency in CHC than in cases with CHB (p<0.001). In the both type hepatitis insulin resistance was associated with disease activity. In CHC, but not in CHB, a positive correlation between the degree of steatosis and the activity score was found (r = 0.322, p<0.05). In 70% of the cases with CHB and severe steatosis (>66%) HBV DNA was negative or <10 000 copies/ml. The advanced liver fibrosis (F3-F4) was associated with moderate or severe steatosis (CHC), as well as with the glucose levels, markers of insulin resistance, and presence of DM (p<0.001), but not with the other components of metabolic syndrome.

Conclusion: Nonalcoholic metabolic related steatosis, diabetes mellitus and insulin resistance are associated with the both viral hepatitis, but the prevalence is higher in chronic hepatitis C. The degree of steatosis correlates with the activity grade and stage of fibrosis only in patients with chronic hepatitis C. Insulin resistance and diabetes mellitus are associated with more advanced liver fibrosis in the both viral hepatitis.

Key words: chronic viral hepatitis, NAFLD, steatosis, fibrosis

PREDICTORS OF SUSTAINED RESPONSE TO INTERFERON BASED THERAPY IN CHRONIC HEPATITIS B
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SUMMARY:
Objective: IFN-based therapy induces long-term remission only in approximately 25% of subject with chronic hepatitis B. Identification of favorable predicting factors of long-term sustained treatment response is of great clinical importance.

Methods: We studied 168 patients with chronic HBV infection (51 of them HBeAg-positive) who were treated with conventional IFN a2a (112 pts) or Peg IFN a2a (56 pts). Predictors of virological response (defined as HBV DNA < 10,000 cp/ml) at the end of treatment (ETR) and one year post therapy (sustained viral response - SVR) were identified by using nonparametric chi-square test and correlation analysis.

Results: ETR was found in 98/168 of subjects (58%). The rest 70/168 of patients (42%) were non-responders. Both low baseline HBV DNA (< 50,000,000 cp/ml) and high ALT level (> 4x above upper limit of normal) were predictors of good ETR. Low viral load was more important predictor than high ALT level, but if both factors exist the probability of ETR was 92%. Twelve months post therapy 39/168 of patients (23%) were with SVR. The rest 59/168 of subjects (35%)
PREDICTORS OF SUSTAINED VIROLOGICAL RESPONSE TO PEG-IFN ALPHA AND RIBAVIRIN IN PATIENTS WITH CHRONIC HEPATITIS C

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SUMMARY:
Objective: The combined PEG-IFN alpha and RBV therapy achieved SVR in 42 - 46% of patients infected with HCV genotype 1. Identification of baseline virological and host parameters predicting SVR will be useful to tailor therapy.

Methods: We studied 71 patients (35 males and 36 females) with chronic HCV genotype 1 infection who were treated with PEG-IFN alpha2a and RBV for 12 months. Liver cirrhosis was proved in 9 of treated patients. Predictors of SVR (defined as an undetectable HCV RNA level (<50 IU/ml) 24 weeks after treatment withdrawal) were analyzed by using nonparametric correlation test.

Results: SVR was found in 57/71 of subjects (80,3%). The rest 14/71 of patients (19,7%) were non-responders or relapsed after stopping of therapy. The significant differences in baseline level of HCV RNA, sex, age, baseline ALT and presenting of liver cirrhosis between the investigated patients relapsed after treatment discontinuation. In HBeAg-negative SVR correlates significantly with young age (< 40 years) before therapy, evidence of early viral response at 3rd treatment month, lack of advanced fibrosis (F < 3 according to META VIR) and prolonged treatment duration. In end of treatment responders patient gender, baseline viral load and ALT levels as well as type of IFN (conventional IFN or Peg IFN) were not predictors of SVR in both HBeAg-negative and HBeAg-positive subjects. HBeAg seroconversion up to 6 months post therapy was the strongest predictor of SVR in HBeAg patients.

Conclusion: Higher rate of SVR with IFN based therapy could be achieved by precise pretreatment selection according to patients’ age, baseline viral load, ALT levels and absence of advanced liver fibrosis. Extension of treatment course in subjects with early virological response may consolidate the initial ETR and enhance the long-term sustained response rate.

Key words: CHB, IFN, Peg IFN, predictors of treatment response

CHRONIC VIRAL HEPATITIS B AND C IN PATIENTS WITH ULCERATIVE COLITIS

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SUMMARY:
Objective: Ulcerative colitis (UC) is chronic inflammatory disorder of the large intestine which represents with constant exacerbations and remissions. Few of these patients also have chronic Hepatitis ‘B’ (HBV) or chronic Hepatitis ‘C’ (HCV) infection. Treatment of moderate and severe forms of UC require immunosuppression, whilst interferon therapy for HBV- and HCV-infections stimulates the immune system. There is still not enough experience in treatment of such patients. Our aim is to present the interaction between UC and chronic HBV- and HCV-infections.

Materials and Methods: Six patients with UC were included. Three with HBV-infection (males) and three had
HCV-infection (2 males and 1 female). Mean age was 43.1±12.6. Patients were treated with specific antiviral therapy, as well as, with immunosuppressant medications (Corticosteroids and Azatioprine) for UC.

**Results:** Patients with chronic HBV-infection: after reaching prolonged remission in the first patient, we have initiated Pegylated interferon-treatment. The other patient is treated with Lamivudine and the UC is kept under control with Mesalazine, Dehydrocortison and Azatioprine. The last patient, while on treatment with Pegylated Interferon, had exacerbation of the ulcer.

Patients with chronic HCV-infection: one of them was with mild UC, the other two were with severe disease. In all of the patients, first of all stable remission of the UC was achieved, afterwards they were all treated for HCV-infection with Pegylated Interferon and Ribavirin. During the antiviral treatment the UC did not exacerbated in any if the patients.

**Conclusions:** Before starting interferon treatment in patients with UC who have HBV and HCV-infection, remission of the UC must be achieved. Nucleotide/side analogues in chronic HBV-infection allow rigorous immunosuppressive treatment of UC. All HBsAg(+)positive patients with UC, regardless of their replication rate, who will undergo immunosuppressive therapy must be treated with Nucleotide/side analogues.

**Key words:** Ulcerative colitis, chronic Hepatitis ‘B’ infection, chronic Hepatitis ‘C’ infection.
first and second day after the manipulation the IL-6 levels raised significantly compared to the basal levels (p=0.017, p=0.017 and p=0.013, respectively). On the seventh day IL-6 levels began to fall but did not reach the basal levels (p=0.037). IL-6 level in patients with liver cancer are higher than in the healthy controls (p=0.01). There is no difference between IL-6 level and patients with HCC or liver metastasis (p=0.831), also, there is no difference in IL-6 levels between the used treatment techniques (p=0.210).

**Conclusions:** During destruction of liver tumors, the serum levels of IL-6 show similar and significant changes both in patients with HCC and liver metastasis

**Keywords:** HCC, liver metastasis, ablation, IL-6

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**SUMMARY:**

The authors examine the dependence between reaction time as an indicator of change at cerebral level and H-reflex amplitude change being a relative index of excitability level in the spinal cord during the preparation of a simple voluntary movement in thyrotoxicosis patients. They are diagnosed on the basis of anamnesis, clinical examination, hormonal dosage, thyroid gland echoscopy, etc. Electrophysiological investigations are carried out after identifying the disease and prior to the beginning of causal therapy. Patients are comfortably seated on a chair in a dark room and respond to light signal from a blitz-lamp. According to preliminary instruction, motor response consists in right heel lifting from a button with maximal speed. Button is linked with an apparatus for reaction time measurement. It is started simultaneously with light signal presentation and then stopped when heel is lifted from the button. Simultaneously with light signal presentation, n. tibialis in the popliteal fossa of the same leg is excited to evoke H-reflex. It is registered from the lateral belly of m. gastrocnemius of the leg. This muscle is an agonist of forthcoming voluntary movement. One-day signal programme consists of a total of 120 light signals divided into three equal blocks. Prior to and after every block H-reflex is fourfold evoked without light signal presentation. Mean amplitude value of these H-reflexes is considered a control H-reflex amplitude at rest. H-reflex amplitude evoked only once for every light signal is compared with control H-reflex amplitude. Its decrease or increase is read. Reaction times are grouped according to the extern of corresponding H-reflex amplitude increase or decrease. Data obtained serve to construct relation curve between reaction time and H-reflex amplitude changes. This relation curve differs in nature from the curve when healthy subjects under the same experimental conditions are tested.

**SUMMARY:**

The authors present a distraction external pelvic fixation technique which they use in pelvic fractures caused by a lateral compression. They consider the indications and mounting techniques.

The authors recommend the early movement activities (on the 3rd - 5th day) after the external fixator placement. This method had been used in 8 patients and 3 cases are analyzed in details.

The priority of this technique over open reduction and internal fixation (ORIF) mainly are:

1. The implementation of good reduction of the fracture preventing the risks of ORIF;
2. The possibility for "early" movement activities of the patient.
SUMMARY:

The authors make a review and present their experience with the use of percutaneous external fixation techniques in pelvic fractures: (1) Transiliac placement (classic method—through the wings of iliac bones, behind anterior superior iliac spine); (2) Sub-Iliac Crest technique (beneath and along the length of iliac crests); (3) Supra-acetabular Method (Frontal, antero-inferior). They review as well different variants of nail placement techniques and analyze the final results of external pelvic fixation study including 65 patients for 10 years period. The authors recommend more frequently usage of antero-inferior technique (supra-acetabular). According to them this method exceeds the other techniques by many criteria.

SUMMARY:

Various psychotic disorders develop often at different stages of Alzheimer’s disease (AD). Estimates of their frequency differ in a broad range. A comprehensive approach of type, frequency and clinical aspects of the psychotic symptoms in AD patients can optimize management of these conditions. Objectives: We examined 120 patients, admitted at the gerontopsychiatry department of MHAT “St. Marina”-Varna.

Methods: Patients were diagnosed according to the criteria of ICD-10, DSM-IV and NINCDS/ADRD criteria for probable AD. The routine clinical examination and observation were used to delineate the most common psychotic symptoms.

Results: Psychotic symptoms in AD (represented by the occurrence of delusions and hallucinations that had their onset after the appearance of the dementia syndrome) have been found in the explored patients as follows: delusions of harm in 36.6%; delusions of theft in 34.16%; delusions of reference in 13.33%; hypochondriacal delusions in 12.5%; delusions of poisoning in 7.5% and delusions of infidelity in 5.83% patients. Regarding hallucinations, verbal were found in 13.35%; visual in 12.5% and tactile (mostly genital)-in 10%; misidentification syndromes were identified in 17.5%. Misidentification syndromes often are disputable or have been classified as delusions or hallucinations, depending on interpretation of psychotic phenomena. Out of them we elicited in 5% Capgras symptom- the misidentified person is accepted as looking exactly the same as their “double”. We discuss other forms of misidentification too. Concerning hallucinations, one has to have in mind, that visual may be exaggerated by impaired visual acuity. The delusions are often short lived. They lack complexity of that seen in schizophrenia. In number of cases they are difficult to be distinguished from confabulations. The presence of psychotic symptoms predicts the occurrence and frequency of different forms of aggression and destructive behavior.

Conclusion: Psychotic symptoms are often in AD. They are especially frequent during the initial years of development of AD. The purpose of their more careful and profound research is to find adequate and optimal therapeutical approaches.

key words: psychotic disorders, Alzheimer’s disease
SUMMARY:

Delusions of being controlled are psychotic symptoms, playing an important role among the group of characteristic symptoms of schizophrenia.

The aim of our study was to explore the dynamic of paranoid syndromes in schizophrenia in dependence on delusions of outside control.

The objects of our study were 160 patients (68 males, 92 females), aged 18-65 years.

Based on the analysis of data we distinguished, under condition, three consecutive, but not obligatory stages in the syndrome dynamic. In some cases the clinical picture of the syndrome remains on same stage during the whole period of the illness, while in other- a consecutive transition from one to another stage is observed.

The first stage is characterized by sense of “loss of Ego-control” on separate psychic functions, not engaged with a concrete outside influence, but only suspected by some indirect signs. The loss and the affiliation to own psychic functions and acts coexist.

On the second stage the sense of “loss of Ego-control” concretizes and forms delusional conception of outside influence and control.

On the third stage Ego-control of one’s own psychic processes and acts is totally destroyed. It is replaced by delusional conviction of outside control. One is “a marionette” in the hands of an outside power. A total depersonalization in the frame of paranoid syndrome is observed.

Conclusion: The clinical peculiarities of each stage of paranoid syndromes in dependence on the delusions of influence testify, to some extent, to one or other progression of schizophrenic process and could have a relatively prognostic value

key words: paranoid syndromes, schizophrenia, outside control, depersonalization

SUMMARY:

Patients with low rectal cancer represent a staging and therapeutic challenge as the surgeon needs to balance the often competing requirements for an oncologically sound procedure with the desire to perform a sphincter-sparing procedure. Such a patient will benefit from multidisciplinary team input as accurate preoperative imaging; the judicious use of neoadjuvant therapy and reassessment after therapy will help determine the appropriate surgical approach. This approach will help optimize the individual patient’s function and outcome. While we should always strive to offer a patient sphincter-saving surgery, a technically proficient but functionally poor result may not be in the best interests of the patient. Patients with low rectal tumors who undergo neoadjuvant therapy and a low stapled or coloanal anastomosis have a high incidence of the functional symptoms of low anterior resection syndrome. It is interesting to note that according 24% of the patients at follow-up reported incontinence with a mean Wexner score of 15. Careful patient assessment and education are essential in counseling the patient on the risks and benefits of therapy.
NEW STRATEGIES IN LIVER SURGERY IN IV STAGE METASTATIC COLORECTAL CANCER
N. Kolev, A. Tonev, K. Ivanov, V. Ignatov, G. Ivanov, A. Zlatarov
Medical University of Varna

SUMMARY:
With recent advances in chemotherapy, traditional clinicopathological factors should not be used to exclude otherwise resectable patients from surgery. Pathological or clinical response to chemotherapy has become valuable in determining the treatment for individual patients. Portal vein embolization and two-stage operation with ablative therapy and preoperative chemotherapy should be considered for unresectable liver metastases located in a liver remnant that is at the minimum volume required for survival. The recent E0RTC 40983 trials regarding preoperative chemotherapy for resectable CLM have failed to demonstrate a clear significant advantage. However, patients with a low clinical risk score for the recurrence, such as several metastases of less than 4 cm, and who are fit candidates for liver resection are often offered immediate surgery. Patients at high clinical risk should also be considered for neoadjuvant chemotherapy. One forthcoming and appealing strategy is to adapt postoperative treatment according to tumor response as evaluated by neoadjuvant chemotherapy or by the presence of individual tumor biomarker such as the Kras mutation or single-nucleotide polymorphisms. This could avoid the overtreatment of nonresponsive patients and enable a more tailored approach to treat an individual patient’s disease. The treatment paradigm for CLM is rapidly changing with the development of newer anticancer chemotherapeutic agents.

INFLUENCE OF THE FDG-PET/CT ON THE DIAGNOSE AND STAGING OF COLORECTAL CANCER
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SUMMARY:
INTRODUCTION: In patients with colorectal cancer (CRC), preoperative evaluation and staging should focus on techniques that might alter the preoperative or intraoperative surgical plan. Conventional imaging methods (CT, MRI) have low accuracy for identifying the depth of tumour infiltration and have limited ability to detect regional lymph node involvement. The aim of this study was to evaluate the utility of FDG-PET in the initial staging of patients with CC in comparison with conventional staging methods and to determine its impact on therapeutic management. METHODS: In First Clinic of Surgery at University Hospital “St. Marina” one hundred and four patients with a diagnosis of CRC (53 males and 51 females; mean age 66.76± 12.36 years), selected prospectively. All patients were studied for staging using a standard procedure (CT) and FDG-PET. The reference method was histology. The effect of FDG-PET on the diagnose and the operative treatment was studied. RESULTS: In 14 patients, surgery was contraindicated by FDG-PET owing to the extent of disease (only 6/14 suspected by CT). FDG-PET revealed four synchronous tumours. For N staging, both procedures showed a relatively high specificity but a low diagnostic accuracy (PET 56%, CT 60%) and sensitivity (PET 21%, CT 25%). For M assessment, diagnostic accuracy was 92% for FDGPET and 87% for CT. FDG-PET results led to modification of the therapy approach in 17.85% of the patients with rectal cancer and in 14.8% of the patients with colon cancer. CONCLUSION: Compared with conventional techniques, FDGPET appears to be useful in pre-surgical staging of CC, revealing unsuspected disease and impacting on the treatment approach.
**INTERSPHINCTER RESECTION IN THE ERA OF LAPAROSCOPY**
K. Ivanov, N. Kolev, V. Ignatov, A. Tonev, G. Ivanov, A. Zlatarov
*Medical University of Varna*

**SUMMARY:**
BACKGROUND: Laparoscopic surgery has been reported to be one of the approaches for total mesorectal excision (TME) in rectal cancer surgery. Intersphincteric resection (ISR) has been reported as a promising method for sphincter-preserving operation in selected patients with very low rectal cancer. METHODS: We try to underline the important surgical issues surrounding the management of patients with low rectal cancer indicated to laparoscopic intersphincteric resection (ISR). From January 2007 till now, 22 patients with very low rectal cancer underwent laparoscopic TME with ISR. We report and analyze the results from them RESULTS: Conversion to open surgery was necessary in one (2%) patient. The median operation time was 293 min and median estimated blood loss was 40 ml. The pelvic plexus was completely preserved in 32 patients. There was no mortality. Postoperative complications occurred in three (9%) patients. The median length of postoperative hospital stay was 11 days. Macroscopic complete mesorectal excision was achieved in all cases. Complete resection (R0) was achieved in 21 (91%) patients.

**COMPARATIVE STUDY OF THE EFFECTIVENESS OF DIFFERENT ANTIBACTERIAL AGENTS IN THE TREATMENT OF URETHRITIS WITH DIFFERENT ETIOLOGY**
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**SUMMARY:**
For more than 25 years Tetracyclines were the first choice for treatment of Chlamydia, Mycoplasma and mixed urethritis. Some adverse reactions / hepatotoxicity, photosensitivity/, as well as the developing resistance, imposed the introduction of new medicines which improved the therapeutic opportunities. The recently introduced Macrolides took advantage of the Tetracyclines because of their higher effectiveness. The new quinolones Levofloxacin and Moxifloxacin gain a substantial therapeutic progress in the therapy of Chlamydia urethritis, as well as Gonococcal infection, which makes them the first choice against mixed Gonococcal and Chlamydia infection. 283 patients with urethritis were followed in our study. They were examined microscopically, with microbiological cultures, serologically and with PCR. Chlamydia trachomatis, Mycoplasma genitalium, S. aureus, S. epidermidis, Enterococcus, E. coli, N. gonorrhoeae, Proteus, Klebsiella, Pseudomonas, Gardnerella vag., Clostridium were isolated as etiological causes. We applied Doxycyclin, Azitromycin, Ciprofloxacin, Moxifloxacin under different therapeutic schemes for a period of 7 to 14 days depending on the severity of the disease. The analysis of our summarized data from the comparative study of the effectiveness of the applied therapeutic agents toward the most common causes is the following:

- **Chlamydia trachomatis** - Doxycyclin 81%, Azitromycin 87%, Ciprofloxacin 67%, Moxifloxacin 87%.
- **Mycoplasma** - Doxycyclin 40%, Azitromycin 75%, Ciprofloxacin 45%, Moxifloxacin 100%.
- **Bacteria** - Doxycyclin 66%, Azitromycin 73%, Ciprofloxacin 80%, Moxifloxacin 88%.
- **Mixed** - Doxycyclin 77%, Azitromycin 78%, Ciprofloxacin 50%, Moxifloxacin 100%.

These results reflect a regular tendency of the effectiveness and clinical and laboratory correlation of the medicines towards different etiological causes. The conventional application of some therapeutic schemes without the relevant precise diagnostics leads to chronification of the cases and failure of the outcome of the infection.

**Key words:** urethritis, chlamydia trachomatis, antibacterial agents
ERYSIPELAS PENIS
Bakardzhiev I, Pehlivanov G
Resort Polyclinic - Varna, University Clinic of Dermatology and Venereology - Alexander's Hospital – Sofia

SUMMARY:
Erysipelas is an acute streptococcal bacterial infection of the skin. Bacterial inoculation into an area of skin trauma is the initial event in developing erysipelas. Thus, local factors, such as venous insufficiency, stasis ulcerations, inflammatory dermatoses, dermatophyte infections, insect bites, and surgical incisions, have been implicated as portals of entry. The most common localizations of the disease are the lower extremities, face, trunk. We present a 28 years old man with complaints of erythema, oedema, pain in the region of penis and raising temperature after sexual intercourse. The patient doesn’t inform about any diseases of his partner. Two days later urethral secretion appeared. Clinical diagnosis – Erysipelas penis. The microbiological cultural examination found Streptococcus gr. B in the secretion. The therapy with Moxifloxacin 400 mg daily resulted in full recovery of the erysipelas as well the urethritis. In conclusion we represent a rare localization of erysipelas in combination with non-gonococcal urethritis.

Key words: Erysipelas penis, non-gonococcal urethritis, moxifloxacin

CONDYLOMATA ACUMINATA AND BOWENOID PAPULOSIS - DIFFERENTIAL DIAGNOSIS AND THERAPY
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SUMMARY:
Some of the most common manifestation of HPV – infection in venereology are Condylomata acuminata and Bowenoid papulosis. These diseases are often difficult to dermatologists obstetricians and gynecologists, urologists in their diagnosis.
Condylomata acuminata are caused by serotypes 6,11,16,18,26-32,39-44,53-55,58,59,64,67. Bowenoid papulosis considered for clinical form of Condylomata acuminata and caused by serotype 16,18,33,34,42,55. They are brown papules with violet shade which more resemble seborrheic warts than condyloma.

The transmission of these infections occurred more frequently in sexually active individuals, use of oral contraceptives or immunodeficiency states.
In some cases the diagnosis of Bowenoid papulosis causes difficulty, because it is rare and has different clinical picture than that of Condylomata acuminata. Differential diagnosis is made with Condylomata lata, Verruca seborrhoica, M. Bowen, Molluscum contagiosum, neoplastic processes.

Key words: Condylomata acuminata, Bowenoid papulosis

BALANITIS AND BALANOPOSTITIS IN DERMATOLOGICAL PRACTICE
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University Clinic of Dermatology and Venereology - Alexander's Hospital – Sofia, Resort Polyclinic - Varna,

SUMMARY:
The combination of inflammation of glans penis (balanitis) and so on prepution (postitis) is designated as Balanopostitis. Such conditions often present in the practice of dermatologists, but to them interested urologists, obstetricians and gynecologists and general practitioners. Balanopostitis are divided into infectious and noninfectious. Infectious balanopostitis are caused by bacteria, protozoa, viruses, chlamydia. Noninfectious balanopostitis are divided into mechanical, allergic, associated with some dermatoses or any – of unknown etiology. Balanopostitis may be one of the first signs of Urethral
OWN EXPERIENCE WITH CO-2 LASER MULTI FUNCTIONAL FRACTIONAL CO2 LASER SYSTEM (MULTIXEL) IN DERMATOLOGY, VENEREOLOGY AND AESTHETIC MEDICINE

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SUMMARY:
The quest for beauty has existed for millennia and is done by different methods. In 1903 English dermatologist Georges Mackee used phenol in acne scars. Later cosmetic peeling developed from La Gasse, Eller and Wolff and Urkov. Chemical peels are used in Acne vulgaris, Acne rosacea, Xanthelasma, Hyperpigmentations, wrinkles, Keratosis actinica. Dermoabrasion has indications similar to chemical peels. The quantum model of atomic physics, created by Einstein in the early 20 – century proposed a new method of controlled skin damage. Carbon dioxide lasers were first developed over 60-years of last century and became the most frequently used skin lasers. The authors describe their experience with the operating mode resurfacing in 22 patients (17 females and 5 males) with acne scars, large pores and capillaries, photodamaged skin, actinic heilitis. It was also reported the authors experience with surgical operating mode for the treatment of Condylomata acuminata and Bowenoid papulosis.

LICHEN SCLEROSUS ET ATROPHICUS

Argirov A, Pehlivanov G, Bakardzhiev I, Bardarov E, Etugov D
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SUMMARY:
Lichen sclerosus is a lymphocyte-mediated cutaneous disorder with a predilection for the vulva. It has a chronic course and shows a tendency to scarring or contractures. In adults lichen sclerosus is a potentially premalignant condition as squamous cell carcinomas may arise in typical sclerotic lesions. The gold standard treatment for lichen sclerosus is ultrapotent topical corticosteroids but calcineurin inhibitors also appear to be effective.

A 70-year-old woman presented with an 18 months history of redness and itching in the genital area. She also felt a burning sensation during urination. The clinical examination revealed sclerosis and atrophy of the labia majora and partial atresia of introitus vaginae. No leukoplakia, perianal or truncal lesions were found. A histopathological examination was performed, which showed hyperkeratosis, vascular degeneration of basal cells, collagen hialynization and lymphocite infiltrates. The diagnosis of lichen sclerosus was made based on the clinical and histopathological findings. The patient was treated with local pimecrolimus for one month b.i.d., followed by three months q.d., which reduced the infiltration and itching significantly. We present a case of lichen sclerosus of the vulva which responded well to a local therapy with a calcineurin inhibitor.

Key words: Lichen sclerosus et atrophicus, Kraurosis vulvae, pimecrolimus, calcineurin inhibitor

Key words: Balanitis, Balanopostitis
**ABSTRACT:**

We present clinical study of 68 patient / male, mean age 38.5 yr / s applied early loading and functional treatment following percutaneous suture of Achilles tendon. Postoperatively were followed clinically and sonographic 3-6-12 meters of the results defined / visual analog scale / VSA in the score. In all patients there are normal physical activity without significant differences in the mobility of the ankle joint. Not seen repeated ruptures. We agree that early mobilization and functional treatment did not increase the risk of reruptured and leads to excellent early function parameters of plantar flexion.

Key words: percutaneous suture, functional treatment and protocol

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**ABSTRACT:**

Traumatic ruptures of Achilles tendon become more frequent in the last few decades because of the increased sport activities. This fact urges the orthopadics to search for more effective methods with lower patient morbidity and shorter period for recovery. The conclusions of the study prove very low complication rate, short period for recovery and patient satisfaction after any of the presented miniinvasive techniques. It makes percutaneous miniinvasive Achilles tendon suture preferable method in the daily traumatology practice.

Key words: Achilles tendon, miniinvasive techniques

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**ABSTRACT:**

Objectives: During a routine blood examination for her pregnancy, a 20-year old female patient presented with elevated white blood cells count (over 275x10^9/l) and splenomegaly without any other complaints. The diagnosis of Ph+ CML was confirmed by cytology and PCR (presence of bcr/abl transcripts). Since she was in her 6th month of pregnancy, abortion or conventional treatment (tyrosine kinase inhibitors, chemotherapy and/or allogeneic haematopoietic stem cell transplant) were contraindicated due to the high risk for both the mother and the fetus.

Methods: The patient was treated with leukapheresis for two consecutive days and after that once weekly until the day of delivery for about 3,5 months. Each procedure included processing of 1000-1200 ml of whole blood with separation of around 600 ml white blood cell concentrate and plasma. The patient’s WBC count was kept between 170 and 270 x 10^9/l until the day of delivery, and, immediately after that, therapy with imatinib mesylate was initiated.

Results: A healthy male child with weight 2.250 kg and height 46 cm was born. The mother achieved hematologic and molecular remission within the next 6-9 months after initiation of tyrosine kinase inhibitor therapy.

Discussion: The classical treatment for the CML includes tyrosine kinase inhibitors, chemotherapy and /or allogeneic haematopoietic stem cell transplantation. All of these approaches have teratogenic potential and therapeutic schemes should involve contraception. In cases with existing advanced pregnancy therapeutic leukapheresis is a valid option for controlling WBC counts until delivery date.
**PARENT’S COMPLIANCE IN TREATMENT OF CONGENITAL HAND SYNDACTILY**

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**ABSTRACT:**  
Syndactyly is one of the most common congenital malformation of the upper limb. Syndactyly can be simple or complex and complete or incomplete. Traditionally, operation was postponed until age 3-4 years but currently many surgeons do release at age 9 months to 1 year. There are many reasons for the duration of its surgical correction. We examine the compliance of parents of patients with syndactyly. We present a case of syndactyly with brahidaktyly.  
Keywords: Syndactyly, Congenital, Brahidaktyly, Surgical correction.

**ULTRASOUND IN NORMAL SHOULDER ANATOMY**

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**ABSTRACT:**  
Recently, ultrasonography is the new trend in orthopedics and traumatology. It is effective in the evaluation of joint involvement in patients with different orthopedic diseases, and may be useful in diagnosis and in monitoring the soft tissues. The method as non-invasive, accurate and convenient one, directs the orthopedist to a quick and cost effective method of evaluation. The aim of our report is to present the echographic anatomy of shoulder joint, an anatomic area that often produces pain and the exposure to trauma agents is not unusual. As mentioned above, the range of sonography is wide, so we are going to describe only the echographic anatomy of the shoulder joint. Understanding of the echographic anatomy of the shoulder joint is paramount for the sonographer as it provides anatomic/sonographic correlation throughout, helping him obtain the optimal field of view.

**DISTRIBUTION OF ATRIAL FIBRILLATION AMONG HYPERTENSIVE PATIENTS**

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**ABSTRACT:**  
Background and aim: Arterial hypertension is associated with early and rapid progressive atrial remodeling and atrial fibrosis, which is a prerequisite for the morphological manifestation of atrial fibrillation. A survey on the distribution of atrial fibrillation (AF) in patients with essential hypertension who were treated at Department of Cardiology and Rheumatology Prof. K. Chichovski “MU Pleven for the period 01-Jan-2010 - 30-Jun-2010, was conducted.  
Results: Total number of patients - 954, of whom 918 were diagnosed with hypertension. Of the total number of patients - 324 were with atrial fibrillation - 34%. From the patients with atrial fibrillation (n = 324), with AH were 306 (94.4%) and those without hypertension were 18 (5.6%). Of the total number of patients with atrial fibrillation (AF) with paroxismal AF were 102 (31%) and 222 (69%) with persistent or permanent AF. Among patients with paroxismal AF 60 are men (59%) and among patients with persistent or permanent AF 108 are men (49%). From the total number of patients with paroxismal AF 54 (53%) have over 5 year duration of AH and 48 (47%) have less than 5 year duration of AH. From the total number of patients with persistent or permanent AF 174 (78%) have over 5 year duration of AH, 30 (13%) have less than 5 years of duration of AH and 18 (9%) have no history and physical data for AH. The average age of patients with paroxismal AF was 59.5. The average age of patients with persistent or permanent AF was 71.8.  
Conclusions: The arterial hypertension is a major predisposing factor for the development of atrial fibrillation.
Almost all patients with atrial fibrillation are hypertensive. In the early stages of the development of hypertension there is a lower degree of remodeling and fibrosis of the atria when atrial fibrillation occurs, that determines the easier conversion to sinus rhythm.

Key words: atrial fibrillation; arterial hypertension

**ABSTRACT:**

The metabolic syndrome has been recently recognized as a multiplex risk factor for cardiovascular disease. According of ATP III, a person is diagnosed with metabolic syndrome if any three of the following five criteria are met: abdominal obesity, serum triglycerides, low HDL cholesterol, high blood pressure, elevated blood glucose.

Purpose: to analyse the epidemiology of metabolic syndrome among hospitalized patients with newly diagnosed ischaemic heart disease. Ischaemic heart disease was diagnosed based on the following criteria: previous myocardial infarction, angina pectoris, or ischemic changes in electrocardiogram.

Results: 225 consecutive patients were hospitalised with newly diagnosed ischaemic heart disease for a period of 1 year. Among them 99 (44%) were diagnosed with metabolic syndrome. Impaired glucose tolerance was present in 27 of the patients with metabolic syndrome (27.3%). 54 patients (54.5%) were diabetics. All of them were hypertensive. 90 patients (90.9%) had abdominal obesity. 36 of the patients (36.4%) had high triglyceride levels and 63 (63.6%) had low HDL levels.

Conclusions: High prevalence of metabolic syndrome is a high predictive factor for developing ischaemic heart disease.

Key words: metabolic syndrome, ischaemic heart disease, prevalence

**ABSTRACT:**

Background: Atrial fibrillation (AF) is the most commonly seen arrhythmia in clinical practice. Most frequently atrial fibrillation is associated with an underlying structural heart disease such as valvular problems, heart failure with chamber dilatation, coronary artery disease, congenital heart disease, hypertrophic or dilated cardiomyopathy, and atrial septal defect. Atrial fibrillation may be secondary to reversible causes, and treatment of the underlying diseases usually terminates the arrhythmia.

Purpose: to analyse the prevalence of different etiologic factors in patients with non-valvular atrial fibrillation. Results: 324 consecutive patients with non-valvular atrial fibrillation were evaluated. In 204 (63%) the primary reason for atrial fibrillation was arterial hypertension. 80 - (25%) were diagnosed with ischaemic heart disease as a primary reason for AF. Ischaemic heart disease was diagnosed based on the following criteria: previous myocardial infarction, angina pectoris, or ischemic changes in electrocardiogram. 40 - (12%) of the patients were with thyroid gland disorder.

Conclusions: Arterial hypertension is the primary reason for atrial fibrillation due to early and rapid progressive atrial remodeling and atrial fibrosis, which is a morphological prerequisite for the manifestation of atrial fibrillation.

Key words: atrial fibrillation, etiology, morphological changes
MANAGEMENT OF THE METASTATIC RENAL CELL CARCINOMA: WHAT WE WORKING WITH AND FUTURE DIRECTIONS
Orlin Savov, Birgit Beiche, Krassimir Janev, Marin Georgiev, Vladimir Mladenov, Dimitar Mladenov

THE HEMOGLOBIN LEVEL AS A PROGNOSTIC FACTOR IN PATIENTS WITH NON SMALL CELL LUNG CANCER TREATED WITH GEMCITABINE AND CIS-PLATINUM
Deyan Nikolov Davidov

A CASE OF LONG TERM SURVIVAL IN WOMAN WITH METASTATIC BREAST CANCER TREATED WITH TRASTUZUMAB
Deyan Nikolov Davidov

CLINICALLY NONPALPABLE FINDINGS OF THE BREAST – BEHAVIOR AND RESULTS IN 29 PATIENTS
A. Dimitrova*, Tsvevanov S., Branchevski E., Inkov I., Baichev G.

LEGAL ASPECTS OF DIRECT-TO-CONSUMER GENETIC TESTS
M. Yaneva – Deliverska

MEDICAL DATA PROTECTION IN RELATION TO HUMAN GENETIC DISCRIMINATION
M. Yaneva – Deliverska

DEVELOPMENT AND IMPLEMENTATION OF A LOCAL HOSPITAL SURGICAL ANTIBIOTIC PROPHYLAXIS PROGRAM
Emil Gatchev*, Andrey Petrov

PRESENTATION OF A CLINICAL CASE OF SQUAMOUS PAPILLOMA
Nikolai Krasiev, D. Krasiev, T. Valkov

HISTOLOGICAL PRESENTATION OF A CLINICAL CASE WITH NEVROFIBROM USING SCHULTZE-STOHR METHODS OF STAINING
Nikolai Krasiev, D. Krasiev, T. Valkov

HISTOLOGICAL REPRESENTATION OF CUTANEOUS BASAL CELL CARCINOMA WITH DIFFERENT METHODS OF STAINING
Nikolai Krasiev, D. Krasiev, T. Valkov

MESENCEPHAL TRIGEMINAL NUCLEUS-NORMAL AND PATHOLOGICAL
Dimo Krasiev, N. Krasiev

SENSORY NEURONS PLACEMENTS MESENCEPHAL TRIGEMINAL NUCLEUS AND TRIGEMINAL GANGLION PERFORMANCE
Dimo Krasiev, N. Krasiev

MESENCEPHAL TRIGEMINAL NUCLEUS-LIGHTMICROSCOPIC CHARACTERISTICS
Dimo Krasiev, N. Krasiev

HIGH PREVALENCE OF HBSAG CARRIERS IN A SPECIFIC COMMUNITY IN BULGARIA
Z. Kralev1, I. Stoev2, D. Jelev1*, A. Ivanova1, K. Antonov1, L. Mateva1

DEMOGRAPHIC PROFILE OF CHRONIC HBV AND HCV INFECTION IN BULGARIA
A. Ivanova, D. Jelev*, K. Antonov, Z. Kralev

METABOLIC FACE OF CHRONIC HEPATITIS B AND C IN BULGARIA
K. Antonov1, D. Jelev1, R. Ivanova2, S. Dragneva1, L. Mateva1

PREDICTORS OF SUSTAINED RESPONSE TO INTERFERON BASED THERAPY IN CHRONIC HEPATITIS B
D. Jelev*, K. Antonov, A. Ivanova, Z. Kralev

PREDICTORS OF SUSTAINED VIROLOGICAL RESPONSE TO PEG-IFN ALPHA AND RIBAVIRIN IN PATIENTS WITH CHRONIC HEPATITIS C
K. Antonov*, D. Jelev, A. Ivanova, Z. Kralev

HYALURONIC ACID – AGE RELATED LIVER FIBROTIC MARKER

INTERLEUKIN-6 LEVELS DURING LIVER TUMORS ABLATION
B Tomov, A. Alexiev, D. Popov, Z. Kralev

DEPENDENCE BETWEEN REACTION TIME AND H-REFLEX AMPLITUDE CHANGES DURING PERFORMANCE OF A SIMPLE MOTOR TASK IN THYROTOXICOSIS PATIENTS.
Marinov M., Petrova M., Koeva L., Tzekov Tz., Radev R.

DISTRACTION EXTERNAL FIXATION IN PELVIC FRACTURES
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