

Record 1 of 10

1. Title: The combination of oligo- and polysaccharides and reticulated protein for the control of symptoms in patients with irritable bowel syndrome: Results of a randomised, placebo-controlled, double-blind, parallel group, multicentre clinical trial

Author(s): Alexea, O (Alexea, Octavian); Bacarea, V (Bacarea, Vlad); Pique, N (Pique, Nuria)

Source: UNITED EUROPEAN GASTROENTEROLOGY JOURNAL Volume: 4 Issue: 3 Pages: 455-465 DOI: 10.1177/2050640615615050 Published: JUN 2016

Abstract: Background: A medical device containing the film-forming agent reticulated protein and a prebiotic mixture of vegetable oligo-and polysaccharides has been developed, recently receiving European approval as MED class III for the treatment of chronic/functional or recidivant diarrhoea due to different causes including irritable bowel syndrome (IBS). In the present paper, we evaluate a protein preparation containing these components in comparison with placebo in adult patients with diarrhoea-predominant IBS.

Methods: In a randomised, placebo-controlled, double-blind, parallel group, multicentre clinical trial, patients were randomly assigned to receive the combination of oligo-and polysaccharides and reticulated protein and placebo (four oral tablets/day for 56 days). Demographic, clinical and quality of life characteristics and presence and intensity of abdominal pain and flatulence (seven-point Likert scale) were assessed at three study visits (baseline and at 28 and 56 days). Stool emissions were recorded on the diary card using the seven-point Bristol Stool Scale.

Results: A total of 128 patients were randomised to receive either tablets containing the combination (n = 63) or placebo (n = 65). Treatment with oligo-and polysaccharides and reticulated protein was safe and well tolerated. A significant improvement in symptoms across the study was observed in patients treated with oligo-and polysaccharides and reticulated protein between visit 2 and visit 3 in abdominal pain (p = 0.0167) and flatulence (p = 0.0373). We also detected a statistically significant increase in the quality of life of patients receiving the active treatment from baseline to visit 3 (p< 0.0001).

Conclusions: Treatment with oligo-and polysaccharides and reticulated protein is safe, improving IBS symptoms and quality of life of patients with diarrhoea-predominant IBS.

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Record 2 of 10

2. Title: Muscle Flaps and Thoracomyoplasty as a Re-redo Procedure for Postoperative Empyema

Author(s): Botianu, PVH (Botianu, Petre Vlah-Horea); Botianu, AM (Botianu, Alexandru Mihail); Bacarea, VC (Bacarea, Vladimir Constantin)

Source: THORACIC AND CARDIOVASCULAR SURGEON Volume: 64 Issue: 3 Pages: 252-257 DOI: 10.1055/s-0034-1387820 Published: APR 2016

Abstract: Background The role of muscle flaps and thoracomyoplasty in the treatment of postoperative empyema is controversial. The major difficulty is given by the sectioning of the muscular masses during the previous thoracotomy/thoracotomies, resulting in a limitation of the volume and mobility of the available neighborhood flaps.

Materials and Methods Between January 1, 2004, and January 1, 2012, we used muscle flaps and thoracomyoplasty as a re-redo procedure in seven patients having a history of at least two major procedures performed through thoracotomy (without considering tube thoracostomy and open thoracic window). In all the cases, the indication for thoracomyoplasty was the presence of an empyema which could not be controlled by the previous procedures. The principle of our procedure was to perform a complete obliteration of the cavity, closure reinforcement of the bronchial fistulae using muscle flaps (in four cases), drainage, and primary closure of the new operative wound.

Results We encountered no mortality, one bronchopneumonia requiring prolonged antibiotic treatment, and one intermuscular seroma; there was no need for prolonged mechanical ventilation or major inotropic support. In all the patients, we achieved complete obliteration of the cavity and per primam wound healing, with postoperative hospitalizations ranging between 30 and 51 days. At late follow-up (1-8 years), we encountered no recurrence and no major functional sequelae.

Conclusions Thoracomyoplasty may be a definitive solution in cases with recurrent postoperative complications. A careful analysis of the local anatomy allows the use of muscle flaps even after more procedures involving opening of the chest.

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Record 3 of 10

3. Title: Xyloglucan for the treatment of acute diarrhea: results of a randomized, controlled, open-label, parallel group, multicentre, national clinical trial

Author(s): Gnessi, L (Gnessi, Lucio); Bacarea, V (Bacarea, Vladimir); Marusteri, M (Marusteri, Marius); Pique, N (Pique, Nuria)

Source: BMC GASTROENTEROLOGY Volume: 15 Article Number: 153 DOI: 10.1186/s12876-015-0386-z
Published: OCT 30 2015

Abstract: Background: There is a strong rationale for the use of agents with film-forming protective properties, like xyloglucan, for the treatment of acute diarrhea. However, few data from clinical trials are available.

Methods: A randomized, controlled, open-label, parallel group, multicentre, clinical trial was performed to evaluate the efficacy and safety of xyloglucan, in comparison with diosmectite and Saccharomyces in adult patients with acute diarrhea due to different causes. Patients were randomized to receive a 3-day treatment. Symptoms (stools type, nausea, vomiting, abdominal pain and flatulence) were assessed by a self-administered ad-hoc questionnaire 1, 3, 6, 12, 24, 48 and 72 h following the first dose administration. Adverse events were also recorded.

Results: A total of 150 patients (69.3 % women and 30.7 % men, mean age 47.3 +/- 14.7 years) were included (n = 50 in each group). A faster onset of action was observed in the xyloglucan group compared with the diosmectite and S. boulardii groups. At 6 h xyloglucan produced a statistically significant higher decrease in the mean number of type 6 and 7 stools compared with diosmectite (p = 0.031). Xyloglucan was the most efficient treatment in reducing the percentage of patients with nausea throughout the study period, particularly during the first hours (from 26 % at baseline to 4 % after 6 and 12 h). An important improvement of vomiting was observed in all three treatment groups. Xyloglucan was more effective than diosmectite and S. boulardii in reducing abdominal pain, with a constant improvement observed throughout the study. The clinical evolution of flatulence followed similar patterns in the three groups, with continuous improvement of the symptom. All treatments were well tolerated, without reported adverse events.

Conclusions: Xyloglucan is a fast, efficacious and safe option for the treatment of acute diarrhea.

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Author Identifiers:

Author ResearcherID Number ORCID Number

Pique, Nuria 0000-0002-7308-030X

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Record 4 of 10

4. Title: Age cut-off for type 2 diabetes mellitus screening amongst young adults from Mures District, Romania - A pilot study

Author(s): Bacarea, A (Bacarea, Anca); Tarcea, M (Tarcea, Monica); Botianu, PVH (Botianu, Petre Vlah Horea); Ruta, F (Ruta, Florina); Bacarea, V (Bacarea, Vladimir)

Source: OBESITY RESEARCH & CLINICAL PRACTICE Volume: 9 Issue: 5 Pages: 527-530 DOI: 10.1016/j.orcp.2015.05.010 Published: SEP-OCT 2015

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5. Title: A Web-based Nutritional Assessment Tool

Author(s): Pop, RM (Pop, Raluca-Monica); Pop, M (Pop, Marian); Dogaru, G (Dogaru, Grigore); Bacarea, VC (Bacarea, Vladimir C.)

Source: STUDIES IN INFORMATICS AND CONTROL Volume: 22 Issue: 3 Pages: 307-314 Published: SEP 2013

Abstract: The aim of this study was to present a web-based nutritional assessment tool that offers the possibility to construct the personal food pyramid and interprets the metabolic profile of a patient. A web application was developed both for healthcare professionals and the general public that besides analyzing the eating habits also provides some specific recommendations for every user. After filling in some general information the user has the choice either to go to the interpretation or to complete a food frequency questionnaire that allows a thorough analysis of his/hers eating pattern. The advantages of this tool are its accessibility, the construction of the personal food pyramid and the fact that is developed in a home country.

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Record 6 of 10

6. Title: Real Time Biostatistics Software: Application in Acute Myeloid Leukemia Assessment

Author(s): Bacarea, A (Bacarea, A.); Haifa, BA (Haifa, B. A.); Marusteri, M (Marusteri, M.); Muji, M (Muji, M.); Schiopu, A (Schiopu, A.); Ghiga, D (Ghiga, D.); Petrisor, M (Petrisor, M.); Bacarea, V (Bacarea, V.)

Edited by: Vlad S; Ciupa RV

Source: INTERNATIONAL CONFERENCE ON ADVANCEMENTS OF MEDICINE AND HEALTH CARE THROUGH TECHNOLOGY Book Series: IFMBE Proceedings Volume: 36 Pages: 32-35 Published: 2011

Abstract: the aim of this paper is to present an useful software in medical research. The new concept proposed is "real time biostatistics" and its application in Acute Myeloid Leukemia. For this purpose open source software (wxWidgets, R and SQLite3) are used. The cases were patients with AML from Hematological Department, County Emergency Clinical Hospital Tirgu Mures. We created a friendly interfaced software that allows appropriate data collection and real time update of statistical parameters as each case is introduced.

The medical importance derives from the possibility to have valid study and to see in each moment a change in the evolution of patients.

Collaboration between specialists (hematologist, PC programmer, biostatistician and methodologist) was really important for accomplishing our goal.

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7. Title: Intrathoracic transposition of the serratus anterior muscle flap - personal experience with 65 consecutive patients

Author(s): Botianu, PVH (Botianu, Petre Vlah-Horea); Botianu, AM (Botianu, Alexandru Mihail); Dobrica, AC (Dobrica, Adrian Cristian); Bacarea, V (Bacarea, Vladimir)

Source: EUROPEAN JOURNAL OF CARDIO-THORACIC SURGERY Volume: 38 Issue: 6 Pages: 669-673
DOI: 10.1016/j.ejcts.2010.04.039 Published: DEC 2010

Abstract: Objective: The objective of our article is to analyse the results of intrathoracic transposition of the serratus anterior (SA) muscle flap for suppurative diseases. Method: We performed a retrospective

analysis of 65 consecutive patients operated upon in our unit between 1 January 2003 and 1 March 2009 in whom we used intrathoracic transposition of the SA muscle flap. The flap was used alone or in association with other flaps and/or thoracoplasty in patients not amenable to lung resection and/or decortication, including tuberculous (TB) lesions in 30 patients (46%), postoperative empyema in 12 patients (18%), frank intrapleural rupture of a pulmonary cavity in 13 patients (20%) and bronchial fistula(e) in 26 patients (40%). Many patients presented a combination of the afore-mentioned anatomico-clinical characteristics. The SA was used alone in 16 patients (25%) and in combination with other flaps in 49 patients (75%). In most cases (62 patients, 95%), the flap was mobilised using both the thoracodorsal branch and the lateral thoracic vessels. Associated limited rib resection was performed with an average of 4.9 +/- 1.6 resected ribs per patient. Results: In general, mortality was 5% (three patients) and other two patients (3%) presented recurrence of the intrathoracic infection requiring re-operation; minor local complications were encountered in three patients (skin necrosis two cases and external thoracic fistula one case). Postoperative hospitalisation ranged between 4 and 172 days, with a median of 34 days. We encountered a mild impairment of shoulder mobility in five patients, but no case of true-winged scapula. Analysis of the pre- and postoperative values of the vital capacity (VC) and forced expiratory volume in 1 s (FEV1) showed no statistically significant difference (paired t test $p > 0.05$). Conclusions: The SA muscle flap is very well suited for intrathoracic transposition. Its use is not associated with significant postoperative morbidity. (C) 2010 European Association for Cardio-Thoracic Surgery. Published by Elsevier B.V. All rights reserved.

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Author Identifiers:

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8. Title: Thoracodorsal versus reversed mobilisation of the latissimus dorsi muscle for intrathoracic transposition

Author(s): Botianu, PVH (Botianu, Petre Vlah-Horea); Botianu, AM (Botianu, Alexandru Mihail); Bacarea, V (Bacarea, Vladimir); Dobrica, AC (Dobrica, Adrian Cristian)

Source: EUROPEAN JOURNAL OF CARDIO-THORACIC SURGERY Volume: 38 Issue: 4 Pages: 461-465
DOI: 10.1016/j.ejcts.2010.02.026 Published: OCT 2010

Abstract: Objective: The objective of our study is to perform a comparative analysis of the mobilisation of latissimus dorsi (LO) muscle flap using the primary versus secondary blood supply. Method: Between 1 January 2003 and 1 March 2009 we used the LD muscle flap in 57 patients with different intrathoracic suppurations; these patients were divided according to the blood supply used for flap mobilisation. Group A consists of 26 patients in whom the LD was mobilised based on the thoracodorsal vessels (alone in eight patients, in combination with other flaps in 18 patients). Group B consists of 31 patients in whom the LD was mobilised based on the perforator branches from the last intercostals and lumbar vessels (alone in nine patients, in combination with other flaps in 22 patients). Statistical analysis was performed using the Graph Pad Prism 5 and EpiInfo 3.5.1 for Windows software. Results: The two groups were similar in age, sex distribution, incidence of tuberculosis, bronchial fistula, postoperative empyema and co-morbidities ($p > 0.05$). We found no statistically significant difference between group A and group B in terms of operative time group (176 +/- 33 min vs group B 170 +/- 40 min), mortality (4% vs 3%), infection recurrence (8% vs 3%), incidence of minor local complications (8% vs 6%) or hospitalisation 39 +/- 16 days versus 41 +/- 16 days ($p > 0.05$ for all the parameters). We encountered no significant functional sequelae in any of the 57 patients. Conclusions: Both modalities of mobilisation of the LD muscle flap are safe and allow easy transposition in any part of the chest; the choice of how to use this flap should be made based only on the location of the intrathoracic defect. (C) 2010 European Association for Cardio-Thoracic Surgery. Published by Elsevier B.V. All rights reserved.

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Conference Title: 23rd Annual Meeting of the European-Association-for-Cardio-Thoracic-Surgery

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9. Title: Comparing groups for statistical differences: how to choose the right statistical test?

Author(s): Marusteri, M (Marusteri, Marius); Bacarea, V (Bacarea, Vladimir)

Source: BIOCHEMIA MEDICA Volume: 20 Issue: 1 Pages: 15-32 Published: 2010

Abstract: Choosing the right statistical test may at times, be a very challenging task for a beginner in the field of biostatistics.

This article will present a step by step guide about the test selection process used to compare two or more groups for statistical differences. We will need to know, for example, the type (nominal, ordinal, interval/ratio) of data we have, how the data are organized, how many sample/groups we have to deal with and if they are paired or unpaired. Also, we have to ask our selves if the data are drawn from a Gaussian on no n-Gaussian population. A key question is, if the pro per conditions are met, should a one-tailed test or two-tailed test be used, the latter typically being the most powerful choice.

The appropriate approach is presented in a Q/A (Question/Answer) manner to pro vi de to the user an easier under standing of the basic concepts necessary to fulfill this task. So me of the necessary fundamental concepts are: statistical inference, statistical hypothesis tests, the steps required to apply a statistical test, parametric versus non parametric tests, one tailed versus two tailed tests etc.

In the final part of the article, a test selection algorithm will be proposed, based on a pro per statistical decision-tree for the statistical comparison of one, two or more groups, for the pur pose of demonstrating the practical application of the fundamental concepts.

So me much disputed concepts will re main to be discus sed in other future articles, such as outliers and their influence in statistical analysis, the impact of missing data and so on.

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Marusteri, Marius D-6009-2013

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10. Title: Multiparametric approach of prognostic factors in acute myeloid leukemia - a bicentric study

Author(s): Bacarea, A (Bacarea, Anca); Patiu, M (Patiu, Mariana); Cucuianu, A (Cucuianu, Andrei); Dima, D (Dima, Delia); Bacarea, V (Bacarea, Vladimir); Dorcioman, B (Dorcioman, Bogdana); Dobreanu, M (Dobreanu, Minodora); Oltean, G (Oltean, Galafteon)

Source: REVISTA ROMANA DE MEDICINA DE LABORATOR Volume: 14 Issue: 1 Pages: 41-48 Published: MAR 2009

Abstract: Acute myeloid leukemias (AML) are a group of malignant hematologic disorders with varying clinical, morphologic, immunologic and molecular characteristics. Prognostic factors evaluation remains an important subject of study in order to improve the outcome of patients with AML, a disease with poor prognostic by itself. Establishing prognosis at the time of diagnosis is expected in order to stratify treatment. The aim of this study is to evaluate some prognostic factors in AML: age, leukocyte count, platelet count, FAB (French-American-British Cooperative Group) subtype, LDH serum level, immunophenotype at diagnosis. We included 59 patients with primal), or secondary AML at the time of diagnostic, with complete investigation at the Hematology Department of Medical Clinic I in Tg-Murex and at the Hematology Department of "Ion Chiricuta" Cancer Institute Cluj-Napoca. Our results indicate that leukocyte count over 10000/ μ L, LDH serum activities over 1000 U/L and C34+CD56+ association are significant prognostic factors in AML at the time of diagnostic. FAB subtypes M0, M1, M4 significantly influenced complete remission. Due to the low number of cases prognostic evaluation of cytogenetics and molecular findings is not possible. These results represent an intermediary evaluation of patients, because the study is still underway.

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