Anexa 5

STANDARDELE MINIMALE, NECESARE ȘI OBLIGATORII

PENTRU ÎNSCRIERE LA CONCURS

pentru ocuparea postului de Asistent Universitar

perioadă nedeterminată

- Deținerea diplomei de Doctor în domeniul postului[1]/Adeverinței Școala Doctorală
  ADEVERINȚA ȘCOALA DOCTORALĂ NR. 1213/20.05.2026
- Deținerea titlului de medic rezident sau a unui titlu medical superior la disciplinele de concurs cu corespondent în Rețeaua Sanitară, în specialitatea postului
  MEDIC PRIMAR ALERGOLOGIE ȘI IMUNOLOGIE CLINICĂ CONFORM CERTIFICAT M.S. SERIE PI NR. 022094/13.10.2020
  MEDIC SPECIALIST ALERGOLOGIE ȘI IMUNOLOGIE CLINICĂ CONFORM CERTIFICAT M.S. SERIE SI NR. 025426/1.04.201
- Minimum 2 lucrări în reviste din domeniul postului pentru care candidează (medicină, medicină dentară, farmacie sau științe inginerești, în conformitate cu postul scos la concurs), in extenso, dintre care 1 articol în reviste cotate ISI, prim autor sau autor corespondent, 1 articol în reviste BDI, prim autor.

Lucrări în revistă cotată ISI[2]

1. URDEA D., MEREUȚĂ V.D., IORGA R.E., PAVEL-TANASA M. Concurrent hereditary angioedema type I and common variable immunodeficiency presenting as suspected antibiotic hypersensitivity: Case report and literature discussion. WORLD ALLERGY ORGANIZATION JOURNAL (2026) 19: 101407 F.I. 4,7 http://doi.org/10.1016/j.waojou.2026.101407 (în dosarul electronic - folder „Articole")
2. URDEA D., SEVERIN F., COSTAN V.V., MEREUȚĂ D.V. Ulleryersson-Rosenthal syndrome in an allergic patient successfully treated with fresh frozen plasma. Arch Clin Cases. 2026; 13(2): 26-29. F.I. 0,9 doi: 10.22551/2026.51.1302.10337 (în dosarul electronic - folder „Articole")

Lucrări în revistă indexată BDI[3]

3. .....—.....
4. .....—.....

Pentru posturile de asistent, altele decât cele din domeniul sănătate și științe inginerești (educație fizică, psihologie, limbi moderne), echivalarea standardelor minimale se face conform art.29, al.(9) din Metodologie.

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[1] *Nume diplomă, serie, număr*
[2] *Autori, titlu articol, nume revistă, volum, număr, paginație, factor de impact al revistei pentru anul publicării articolului, link*
[3] *Autori, titlu articol, nume revistă, volum, număr, paginație, numele bazei internaționale de date, link*

Urdea et al. World Allergy Organization Journal (2026) 19:101407
http://doi.org/10.1016/j.waojou.2026.101407

WORLD ALLERGY ORGANIZATION JOURNAL

Open Access

Concurrent hereditary angioedema type I and common variable immunodeficiency presenting as suspected antibiotic hypersensitivity: Case report and literature discussion

Delia Urdea, MD[a], Deniss V. Mereuta, MD, PhD[a], Raluca E. Iorga, MD, PhD[a] and Mariana Pavel-Tanasa, MD, PhD[a,b]*

ABSTRACT

Hereditary angioedema (HAE) and common variable immunodeficiency (CVID) are rare disorders with heterogeneous clinical presentations that pose significant diagnostic challenges. HAE is characterized by recurrent episodes of subcutaneous or submucosal edema affecting the skin, gastrointestinal tract, or airway, whereas CVID presents with variable immune dysfunction, recurrent infections, and impaired vaccine responses. The clinical manifestations of these conditions can mimic allergic reactions, drug hypersensitivity, mast cell disorders, autoimmune diseases, and other immunodeficiencies, making careful differential diagnosis essential. Here, we present an exceptionally rare case of a patient with concurrent HAE type I and CVID, initially evaluated for suspected antibiotic hypersensitivity, highlighting the complexity of diagnosis and therapeutic decision-making. Laboratory findings confirmed both conditions, showing low C1 inhibitor levels and activity, markedly reduced serum concentrations of immunoglobulin G (including subclasses G1, G2, and G4), immunoglobulin A, and immunoglobulin M, along with a poor specific antibody response to vaccines. Skin allergy and oral provocation tests were negative, effectively ruling out antibiotic hypersensitivity. The genetic analysis identified a heterozygous pathogenic *SERPING1* variant, c.498C > A (p.Asn166Lys), previously reported in 1 Romanian and 1 Czech case, confirming the diagnosis of HAE. Human leukocyte antigen (HLA) genotyping revealed HLA-B*35:01 and B*44:01, with homozygosity for HLA-C*04:01, alleles previously associated with increased susceptibility to CVID. Using this case as a framework, we review the literature on coexisting HAE and CVID, examining clinical presentations, diagnostic approaches, biomarker profiles, and reported HLA associations. The review highlights the critical importance of a comprehensive and personalized therapeutic approach, combining prophylactic and on-demand treatment for HAE with individualized immunoglobulin replacement for CVID. Integrating detailed clinical assessment with immunologic and genetic testing is essential for the management of rare, complex disorders, and further studies are needed to clarify potential immunogenetic links between HAE and CVID.

[a]Grigore T. Popa University of Medicine and Pharmacy Iasi, 700115 Iasi, Romania
*Corresponding author. Grigore T. Popa University of Medicine and Pharmacy Iasi, 700115 Iasi, Romania. E-mail: mariana.pavel-tanasa@umfiasi.ro
Full list of author information is available at the end of the article

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CASE REPORT

Melkersson-Rosenthal syndrome in an allergic patient successfully treated with fresh frozen plasma

Delia Urdea[1,2,*], **Florentina Severin**[3], **Victor V. Costan**[4], **Deniss V. Mereuta**[5]

[1] Department of Immunology, Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania. [2] Department of Allergy and Clinical Immunology, Sf. Spiridon Clinical County Hospital, Iasi, Romania. [3] Department of Otorhinolaryngology, Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania. [4] Department of Oral and Maxillofacial Surgery, Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania. [5] Department of Anatomy, Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania.

*Correspondence: Delia Urdea, Grigore T. Popa University of Medicine and Pharmacy, Str. University, no. 16, Iai, Postal Code 700115, Romania. Email: urdea.delia@d.umfiasi.ro

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ABSTRACT

Melkersson-Rosenthal syndrome (MRS) is a rare and often challenging condition of unknown etiology, typically defined by a clinical triad of peripheral facial nerve palsy, recurrent orofacial edema, and fissured tongue. Its variable presentation and overlap with allergic reactions, mast cell-mediated disorders, and drug hypersensitivity reactions can delay diagnosis and appropriate management. We report the case of a 43-year-old man with a personal long-standing history of recurrent hemifacial and lip swelling associated with facial nerve palsy and a plicated tongue, fulfilling the complete clinical triad of MRS. Extensive laboratory, immunological, infectious, and allergological investigations ruled out alternative diagnoses, including hereditary angioedema and drug hypersensitivity. Histopathological examination of a lip biopsy did not reveal granulomatous inflammation. The disease was refractory to multiple standard therapies, including antihistamines, corticosteroids, epinephrine, antibiotics, and immunomodulatory agents. Administration of fresh frozen plasma at a dose of 10 ml/kg resulted in a rapid and marked clinical improvement within 6 hours. This case highlights a rare complete presentation of MRS and underscores the challenges in diagnosis and management. The favorable response to fresh frozen plasma suggests a potential therapeutic option in refractory cases; however, further studies are required to clarify its role and mechanism of action in Melkersson-Rosenthal syndrome.

KEYWORDS: Melkersson-Rosenthal syndrome; allergy; angioedema; hypersensitivity; fresh frozen plasma

INTRODUCTION

Melkersson-Rosenthal syndrome (MRS) is a rare and diagnostically challenging disorder of unknown etiology. It is predominantly a clinical diagnosis based on the presence of a characteristic triad of facial nerve palsy, recurrent or persistent orofacial edema, and fissured (plicated) tongue. These symptoms may occur either synchronously or metachronously.

Clinical diagnostic patterns are: the complete form with the presence of all three components of the triad, the oligosymptomatic form with two of the features and the monosymptomatic form usually with recurrent or persistent lip or facial edema which is clinically identical to orofacial granulomatosis [1,2]. Because the complete triad occurs in only 8-25% of cases, most diagnoses rely on partial clinical presentations.

Histopathological findings play a supportive but non-mandatory role in diagnosis. Lip biopsy may show non-caseating granulomas, perivascular lymphocytic infiltration, edema and fibrosis. The last two clinical patterns need the evidence of granulomatous cheilitis on biopsy to support the diagnosis.

Given the limited therapy options for MRS and the frequent occurrence of treatment-refractory cases, reporting novel therapeutic approaches is of particular importance. In this context, the rapid response observed following fresh frozen plasma (FFP) administration in our case, highlights a potential new treatment avenue and suggests the involvement of alternative pathophysiological mechanisms warranting further investigation.

CASE PRESENTATION

We describe the case of a 43-year-old male whose symptoms began approximately 30 years prior (around age 14) with peripheral facial paralysis, representing the first manifestation of MRS. Subsequently, he developed recurrent episodes of lip and right hemifacial edema, occurring 2-3 times per week, each lasting 48-72 hours, without urticaria. Over time, these episodes persisted and progressively

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Article

Evaluation of Visual and Optical Coherence Tomography Outcomes in Patients with Leber's Hereditary Optic Neuropathy Treated with Idebenone

Raluca Eugenia Iorga [1], Andreea Dana Moraru [1,*], Răzvana Sorina Munteanu-Dănulescu [2], Delia Urdea [3] and Ciprian Danielescu [1]

[1] Department of Surgery II, Discipline of Ophthalmology, "Grigore T. Popa" University of Medicine and Pharmacy, Strada Universitatii No. 16, 700115 Iași, Romania; ralucadanulescu@yahoo.com (R.E.I.); ciprian.danielescu@umfiasi.ro (C.D.)

[2] Department of Gastroenterology, "L. Pasteur" Clinical Hospital, 28630 Le Coudray, France; razvanadanulescu@yahoo.com

[3] Discipline of Alergology, Doctoral School "Grigore T. Popa" University of Medicine and Pharmacy, Strada Universitatii No. 16, 700115 Iași, Romania; deliaurdea@yahoo.com

* Correspondence: oftalmoconsultiasi@yahoo.ro

Abstract

The aim of this paper is to present our experience with the diagnosis and management of nine patients diagnosed with Leber's hereditay optic neuropathy. Materials and methods: We conducted a prospective, observational study that included nine patients treated with idebenone, followed for a period of 18 months. Results: Our findings suggest that the impact of treatment varies significantly depending on the disease phase. In the acute phase, visual acuity deteriorated from 0.67 logMAR at onset to 0.97 logMAR at 3 months, followed by a slight improvement to 0.88 logMAR at 9 months. In the chronic phase, average values decreased progressively from 1.44 logMAR at onset to 1.26 logMAR at 12 and 18 months. We also observed a consistent treatment benefit over time in eyes harbouring the m.11778 G > A mutation. Although the most powerful predictor of visual outcome remains the mtDNA genotype, young age at onset is correlated with a better prognosis. In the acute phase, more cases of a clinically relevant benefit were observed than expected (33.33% versus 22.22% expected), and fewer clinically relevant worsening cases were observed (0% versus 11.11% expected). Regarding OCT measurement, our study highlighted a significant difference in peripapillary retinal nerve fiber layer thickness between the initial evaluation and the 6-month follow-up (100.83 µm ± 30.2 at baseline versus 96.7 µm ± 24.8 at 6 months). Conclusions: Our paper demonstrates the benefit of idebenone treatment in improving visual acuity in patients with Leber hereditary optic neuropathy. We highlighted the importance of long-term treatment, emphasizing that extended administration is key to achieving favorable outcomes.

Keywords: Leber hereditary optic neuropathy; idebenone; clinically relevant benefit; optic coherence tomography

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1. Introduction

Hereditary optic neuropathies are a heterogeneous group of genetically determined diseases that affect the optic nerve [1]. The two most common inherited optic neuropathies are Leber's hereditary optic neuropathy (LHON) and dominant optic atrophy (DOA).

Revista Română de Anatomie funcțională și clinică, macro- și microscopică și de Antropologie

Vol. XXI – Nr. 4 – 2022 **REVIEW**

ANATOMO-SURGICAL PLANS IN THE PAROTID GLAND SURGERY

V.D. Mereuta[1*], Anca Sava[1], V.V. Costan[2,3], Alexandra Manolache[4], Delia Urdea-Rotaru[5]

"Gr.T. Popa" University of Medicine and Pharmacy, Iasi

1. Faculty of Medicine

Department of Morphofunctional Sciences I

2. Faculty of Dental Medicine

Department of Oral and Maxilo-Facial Surgery

3, 4. "St. Spiridon" Hospital

Oral and Maxilo-Facial Clinic

5. "St. Spiridon" Hospital Iasi

Immunology and Allergology Clinic

ANATOMO-SURGICAL PLANS IN THE PAROTID GLAND SURGERY **(Abstract):** Although several reports in the literature have documented the anatomo- surgical plans in the parotid gland surgery, in this article we want to reiterate the importance of understanding the anatomy of the parotid region with the specificity of each individual patient, for a good surgical technique with the use of multiple anatomic landmarks. **Key-words**: ANATOMO-SURGICAL PLANS, PAROTID GLAND SURGERY

INTRODUCTION

A parotidectomy is the surgical removal of a part(partial parotidectomy) or all of the parotid gland.

Parotidectomy is indicated in tumors which are the most common cause for this surgery. The vast majority of primary parotid tumors are benign, but approximately 20% are found to be malignant. In addition, regional and distant disease can metastasize to the parotid and necessitate removal for diagnosis or cure. Inflammatory processes (eg, chronic parotitis, deep salivary calculi, or parotid abscess) are occasionally treated with total parotidectomy, with the recognition that surgery in an inflamed two lobes: the superficial lobe and the deep lobe. There are two types of parotidectomy, depending on which lobe is affected:

- Superficial parotidectomy: Surgery to remove a tumor superficial to the facial nerve.
- Total parotidectomy: Surgery to remove a tumor only in the deep lobe or in both the deep and superficial lobes.

MATERIALS AND METHODS

The parotid region marks the transition area between the face, the neck, and the cranial vault. Superiorly, the parotid gland is bounded by the zygomatic arch, but also the temporomandibular joint and the external auditory mea-