

CLINICAL AND MORPHOLOGICAL ANALYSIS OF LUNG CANCER

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Relevance. Lung cancer is a malignant lung tumour characterized by uncontrolled cell growth in tissues of the lung. It arises from transformed, malignant cells that originate as epithelial cells, or from tissues composed of epithelial cells.

Lung cancer occupies one of the leading places in the structure of oncological morbidity and mortality among men and women in the world [1]. According to the World Organization health care, lung cancer is the leading cause of cancer death in men and the second cause of death after breast cancer in women.

In time, this uncontrolled growth can metastasize by direct extension, by entering the lymphatic circulation, or via hematogenous, bloodborne spread – into nearby tissue or other, more distant parts of the body.

Worldwide in 2020, lung cancer occurred in 2.2 million people and resulted in 1.8 million deaths. The main risk factor is tobacco smoking, which is associated with 80% of lung cancer cases [2].

Object. Clinical and morphological analysis of lung cancer according to the autopsy protocols of the State Healthcare Institution "Grodno Regional Clinical Pathological and Anatomical Bureau" (GUZ "GOKPAB") for 2022 year.

Research methods. Retrospective analysis of the results of histopathological examination of lung tumors.

Results and discussion. In 2022, 47 cases were detected in the State Healthcare Institution "GOKPAB", where lung cancer was the main disease that led the patient to death, which accounted for 1.95% of the total autopsies. In 42 (89.36%) cases there were men and 5 (10.64%) women. Average age of death was 63 and 78 years respectively.

Depending on localization- in 37 (78.72%) cases central cancer was detected, 8 (17.02%) – peripheral and 2 (4.26%) – massive. In 33 (70.21%) cases the tumour affected the right lung, 10 (21.28%) cases affected the left lung and 4 (8.51%) cases affected both lungs.

Microscopic examination revealed squamous cell carcinoma in 35 (74.47%) observations, of which with keratinization – 4 and without keratinization – 31; adenocarcinoma – 8 (17.02%); small cell carcinoma- 4 (8.51%) cases.

Metastases were detected in 29 (61.7%) cases. In 22 cases not noted in metastases. Lymph nodes metastases (bifurcation, paratracheal, peribronchial, mediastinal). Hematogenous metastases most often in the liver – in 11 cases, the brain – 2 cases, adrenal glands – 2 cases, kidneys – 1 case, head of the pancreas – 1

case. Tumour invasion into lung tissue 2 cases, trachea – 5 cases, aorta – 2cases, thyroid gland – 1 case.

The causes of death of patients were severe intoxication – 63.8%, pulmonary-heart failure -44.6%, associated purulent bronchopneumonia – 31.9%, as well as cachexia – 10.6% of cases. In 4 cases, the cause of death of patients was pulmonary bleeding due to severe necrosis and vascular erosion.

In 4 (8.5%) cases the diagnosis was combined with acute myocardial infarction (1 case), postinfarction cardiosclerosis (1 case), chronic obstructive pulmonary disease (2 cases). In 21 (44.7%) cases lung cancer developed against the background of chronic bronchitis.

Conclusions. Thus, lung cancer continues to occupy one of the leading places in the structure of oncological morbidity and mortality among men (8 times more often than women. There is an association with smoking. According to the data of the above-mentioned analysis highest percentage of carcinoma can be seen centrally (78.72%) and most affected to the right lung. Highest number of carcinomas was Squamous cell carcinoma (74.47%). Most of the death have been reported by intoxication (68.8%).

ЛИТЕРАТУРА

1. Lung Carcinoma: Tumors of the Lungs / Merck Manual Professional Edition, Online edition. – July 2020. – Retrieved 21 July 2021.
2. Cancer of the lung / NL Henry [et al.] // Abel off's Clinical Oncology. – 6th ed. – Philadelphia, Pa: Elsevier; 2020.

CHARACTERISTIC OF CARDIAC AND NEUROLOGICAL FORMS OF NON-POLIO ENTEROVIRUS INFECTION

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Relevance. Enteroviruses are small, and icosahedral in shape. The genus *Enterovirus* belongs to the family of *Picornaviridae* and the order *Picornavirales*.¹ One of the most severe forms of EVI is generalized, which proceeds as sepsis leading to multiple organ failures and in some cases concludes with an unfavorable outcome.^{2,3,4} Although fatal outcomes in patients with EVI are extremely rare,⁴ in the literature, cases with fatal outcomes are described, especially in children with immunodeficiency states and newborns.^{5,3} The most adverse complications of EVI are encephalitis, myocarditis, and sepsis.^{6,7,8} Myocarditis is a