

chronic diseases such as inflammations and infections (14.20%), eating and metabolic disease, obesity (8.57%) and hypothyroidism (5.71%).

In this study the most prevalent complications caused by these causes in pregnancy were premature rupture of membrane (31.42%) and false contractions (48.57%). These complications acted as the indications for emergency (8.57%) or planned deliveries by cesarean section (71.43%). About 17.14% of the examined patients were treated with artificial insemination. All the newborns of the studied patients were with an Apgar score of 8/8 and 8/9, with an average weight of 3.3 kilograms, average height 52 centimeters. All the complications were compensated with conservative treatment.

Conclusion. Thus, taking into account the results and findings of our research, we concluded that infertility is common in women more than 30 years of age. Disease of the uterus and chronic infections are the most common factors contributing to infertility. The pregnancies are often complicated with premature births and false contractions. Considering the effectiveness of the treatment above, early diagnosis and appropriate method of treatment will help in conceiving and delivering healthy newborns.

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A RETROSPECTIVE STUDY IN RESULTS OF SURGICAL CORRECTION OF RECURRENT LOWER LIMB ISCHEMIA AFTER VASCULAR RECONSTRUCTION

Himershi Kawya G. H. M., Jahas Ahamed M. J.

Grodno state medical university

Научный руководитель: PhD in M, Associate Professor Vasilevsky V. P.

Introduction. Chronic limb-threatening ischemia (CLTI), the most severe pathology of peripheral arterial disease, is characterized by ischemic foot pain at rest, ischemic ulcerations, or gangrene [1, 2]. Patients who have CLTI, require timely endovascular surgical reconstruction interventions or endovascular procedures in order to prevent disease worsening leading to amputations [3, 4].

Aim of the study. To study the immediate results of repeated reconstructive operations for re-occlusive lesions of the aorta and great arteries of the lower extremities with relapse of severe tissue ischemia.

Materials and methods. Over the past 9 years, primary arterial reconstructions have been performed in 627 patients. During this time period, repeated vascular operations due to recurrence of lower limb ischemia were performed in 146 patients. In 61 patients, the primary operation was performed in the aorto-iliac region, in 63 in the femoro-tibial region, and another 12 patients underwent a “two-staged” reconstruction. Thrombosis and re-occlusion developed within 1 month to 17 years after the initial operation. In 47 patients thrombosis was developed presenting with a clinical picture of acute arterial insufficiency and in the remaining 99 patients the clinical progression was manifested by the development of chronic critical limb ischemia. The choice of method used in repeated reconstruction depends on the individual case, determined primarily by the nature of the primary operation, the state of the distal vascular bed, as well as the severity of tissue ischemia and the somatic status of the patient.

Results and discussion. The main causes of thrombosis and re-occlusions were atherosclerotic progression with damage of primary reconstructed region, ways of “inflow” and “outflow” and the intimal hyperplasia in anastomotic zones. All the patients had secondary operations after the primary surgery. Repeated surgical management of the patients could be divided into several significant groups such as:

- 1) Restorations of blood flow in the lower limbs through the deep femoral artery.
- 2) Bypasses from the higher portion to the lower level of the basal artery.
- 3) The infra-inguinal reconstructions of the femoro-tibial arterial segment.

In the early postoperative period, 24 operated patients (16.4%) developed complications that required repeated surgical interventions (1 bleeding from the anastomosis, 22 thrombosis, 1 distal embolism). The bleeding was stopped by placing additional sutures. In case of early thrombosis of the reconstruction zone, repeated thrombectomies were performed to improve the outflow tract. In 12 patients, adequate revascularization of the limb was not achieved, and amputation was performed (8.2%). The limb was preserved in a functional state in 129 cases (88.3%), Mortality was 3.4% (5 cases). The cause of death was acute cardiovascular failure, acute renal failure, multiple organ failure, haemorrhagic shock and progressive intoxication. The above indicators (percentage of complications, percentage of amputated limbs, mortality) were higher than those in the group of patients who underwent primary reconstruction (8.4%, 3.2%, 1.6%, respectively)

Conclusion. Active surgical tactics in patients with recurrence of severe ischemia has a success rate of 88.3% to save a limb in critical stage from undergoing amputation. A considerable level of postoperative complications and mortality indicate the relevance of the problems and the need for further optimization of the tactical algorithm to improve the results of repeated vascular reconstructions in management of recurrent severe lower limb ischemia.

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STUDY OF ARTERIAL STIFFNESS PARAMETERS AND ENDOTHELIAL VASOMOTOR FUNCTION IN PATIENTS WITH JOINT HYPERMOBILITY SYNDROME

Karpovich Y. L., Rodrigo A. A. I., Samarakoon E. P. J. A.,
Sathiyeswaran R.

Grodno state medical university

Introduction. Arterial stiffness plays a central role in hemodynamic dysfunction characterized by excess pulsatility; specifically, it leads to heart failure, cerebrovascular disease, and chronic kidney disease [1]. Joint hypermobility syndrome (JHS) is based on genetic disorders of collagen synthesis, which develop tissue weakness and fragility, and can lead to various clinical consequences that resonate far beyond the musculoskeletal system. Detecting of arterial stiffness and other early indicators of cardiovascular disease is a reasonable first-level approach to medical management of people with heritable disorders of connective tissue who are at risk of cardiovascular events [2].

Aim of the study. The purpose of this research was to study of arterial stiffness parameters and endothelial vasomotor function in patients with JHS.

Materials and methods. Study population included 105 adults with JHS (90 women and 15 men aged 22 [21; 23] years) and 57 age-, gender-, height-, weight-, body mass index and blood pressure matched healthy controls. The Brighton criteria