

Decreasing of Hcy levels during first 3 months is observed, and this decreasing is more in Group 1. But after 3 months period Hcy levels increase again and in 1 year period are more than preoperatively. In all periods Hcy levels in Group 2 are higher than Group 1.

Conclusion. Hcy level is higher in AS patients when T2DM is present. According to our studies patients Hcy levels in both groups are initially decreased after surgery but again it getting increased in later postoperative period. For further studies, it is important to control Hcy level in plasma of postsurgical T2DM patients with medications (such as Folic Acid, vitamins group B etc.) to prevent recurrence of peripheral vascular occlusions.

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EFFECT OF LAPAROSCOPIC CYSTECTOMY FOR OVARIAN ENDOMETRIOMA ON THE FERTILITY OF WOMEN OF DIFFERENT AGE CATEGORIES

R. B. S. W. M. Pasan M. Kokwewa,
M. M. Shalini P. Gawarammana, V. M. B. Pavani Vihanga

Grodno state medical university

Научный руководитель: MD, Professor Kazhyna M. V.

Introduction. Modern women prioritize their careers and financial independence choosing to postpone pregnancy until their late 30s. Endometriosis is one of the leading causes of infertility in women of reproductive age. Endometriosis is found in up to 25-50% of women with infertility and up to 50% of women who has endometriosis have infertility [1, 2]. Ovarian endometriomas are benign ovarian cysts that occurs in 17-44% of patients with endometriosis. Therefore, women with diagnosed endometriosis have a greater risk of infertility at late reproductive ages.

The ovarian reserve is the number of remaining oocytes in the ovary. The ovarian reserve is measured by serum follicle stimulating hormone (FSH), anti-Mullerian hormone (AMH). An elevated level of FSH is observed in decreased ovarian reserve because a higher FSH stimulus is needed for folliculogenesis. AMH is produced by granulosa cells in women of reproductive age. AMH is the best indicator of ovarian reserve. Laparoscopic cystectomy using the strip method is the standard approach for treatment of ovarian endometrioma. Although the rate of recurrence of cysts is minimum in this approach it is associated with reduction of the ovarian reserve and causes infertility [3, 4].

Aim of the study. To analyze the fertile profile in patients of different age categories with ovarian endometriomas before and after laparoscopic cystectomy.

Materials and methods. For this statistical research details of 30 patients who were consulted at the consultation center of Women's Health Clinic in Grodno, Belarus (**Клиника женского здоровья**) was selected. The data was obtained from a computerized database in the clinic.

The inclusion criteria were: women aged between 18-40 years, who have undergone laparoscopic cystectomy for ovarian endometrioma.

The absolute values of AMH and FSH were calculated before and after laparoscopic cystectomy.

All the patients were categorized according to the age as follows:

18-25 years – early reproductive age

26-34 years – middle reproductive age

≥ 35 years – late reproductive age.

Results and discussion. From the 30 patients the variation of AMH after the surgery depending on the age category was analyzed. The results depicted that the mean value of AMH is in the early reproductive age before the surgery was 4.162 ng/mL which reduced to 1.787 ng/mL after the surgery. In the middle reproductive age, the mean AMH level of 4.68 ng/mL reduced to 1.99ng/mL after the surgery and in the late reproductive age category the mean AMH level of 2.05 ng/mL reduced to 1.55ng/mL after the surgery.

Furthermore, the Variation of FSH depending on the age category was calculated. The mean value of FSH is in the early reproductive age before the surgery was 5.775 mIU/mL which increased to 8.75 mIU/mL after the surgery. In the middle reproductive age, the mean FSH level of 7.31 mIU/mL increased to 10.19 mIU/mL after the surgery and in the late reproductive age category the mean FSH level of 9.73 mIU/mL increased to 11.95 mIU/mL after the surgery.

Conclusion.

1. The mean AMH level of all patients decreased after the surgery irrespective of the age category. Furthermore, patients of late reproductive age has a decline in the AMH level compared with early and middle reproductive age women irrespective of cystectomy.

2. The mean FSH level of all patients increased after the surgery irrespective of the age category. Furthermore, the FSH level increases with advancement of age irrespective of surgery.

3. Fertility decreases with advancement of age and the surgery for endometrioma further declines it.

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INTERSTITIAL PNEUMONIA OF MIXED ETIOLOGY (PNEUMOCYSTIS JIROVECI & SARS COV-2) IN FEMALE PATIENT LIVING WITH HIV (CLINICAL CASE)

Rizni Fathima Shahani¹, Victor Micheal Benadict Lakshika
Ravihari Malwanage¹, Valiantsiukevich Vers²

Grodno state medical university¹, Grodno regional hospital of infectious diseases²

Научный руководитель: MD, Professor Matsiyeuskaya N. V.

Introduction. Pneumocystis pneumonia (PCP) is caused by pathogen Pneumocystis jirovecii. Even though the usage of highly active antiretroviral therapy for patients living with HIV has led to a decrease in cases of PCP, it remains the most common opportunistic infection in patients with AIDS [1].

Aim of the study. To present clinical case of interstitial pneumonia of mixed etiology (pneumocystis jirovecii & SARS CoV-2) in female patient living with HIV.

Materials and methods. Retrospective analysis of data from patients

Results and discussion. A 56-year-old female presented with the complains of slight dry cough, temperature up to 39.3°C, general weakness, difficulty in breathing. Patient took ibuprofen and azithromycin which made the condition worse. Patient hospitalized to pulmonology department in hospital no 2 where her PCR results were positive for COVID-19. The patient was transferred to regional infectious hospital. She has HIV infection during 15 years. She has not been taking ART regularly.

On the physical examination GCS score was 15 and speech is intelligible. She answers questions correctly with some delay due to age-related hearing loss. On palpation of lymph nodes, posterior cervical, submandibular are enlarged. Fungal