Conclusion.

- 1. The main changes in the general blood test were leukocytosis with moderate lymphocytosis.
- 2. The main drugs for the treatment of pertussis infection were macrolide antibiotics, "Tussikod" and phenobarbitals, while other drugs were used less frequently.

ЛИТЕРАТУРА

- 1. Bouchez , V. Genomic Sequencing of Bordetella pertussis for Epidemiology and Global Surveillance of Whooping Cough / V. Bouchez , J. Guglielmini , M. Dazas [et al.] // Emerg Infect Dis. $-2018.-Vol.\ 24(6).-P.\ 988-994.$
- 2. Kaplina T.A., Timchenko V.N. Problems of clinical and laboratory diagnosis of whooping cough in children / T.A. Kaplina, V.N. Timchenko // Pediatrician. 2010. Vol.2. P. 25-30.

ANALYSIS OF BIOMARKERS IN PATIENTS WITH OVARIAN ENDOMETRIOMA BEFORE AND AFTER LAPAROSCOPIC CYSTECTOMY

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Introduction. Endometriosis is a leading gynecological disease among the women of reproductive age. The problems of genital endometriosis is not only medically related but also effects women on a social aspect since this disease accompanies pronounced disorders of reproduction, pain syndrome and changes to the quality of life of women. Ovarian endometriomas are benign ovarian cysts that occurs in 17-44% of patients with endometriosis. The diagnosis of endometriosis is relatively problematic [1, 2]. Transvaginal ultrasound and MRI imaging are useful in detecting endometriomas. Relatively specific tests to diagnose endometriosis is serum CA-125. The ROMA index is used to differentiate endometriosis from EOC (Epithelial Ovarian Cancer) most accurately. 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 biomarkers of endometriosis in patients 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 (Клиникаженскогоздоровья) 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 CA-125, HE4, and ROMA index were calculated before and after laparoscopic cystectomy.

Results and discussion. From the 30 patients, the percentage variation of the CA-125 was analyzed. The results depicted that the CA-125 level is decreased after the surgery. In 13% of the patients the CA-125 is reduced by 0-24.99% after the surgery, in 47% of the patients the CA-125 is reduced by 50-74.99% and in 23% of the patients the CA-125 is reduced by more than 75% after the surgery. In 17% of patients CA-125 level is increased after the surgery.

The percentage variation of the HE4 was also calculated . In 33% of the patients the HE4 is reduced by 0-24.99% after the surgery, in 50% of the patients the HE4 is reduced by 25-49.99% after the surgery and in 7% of the patients the HE4 is reduced by 50-74.99%. The HE4 is increased after the surgery in 10% of patients.

Further, the percentage variation of the ROMA index was analyzed. According to the results, in 17% of the patients the ROMA index is reduced by 0-24.99% after the surgery, in 20% of the patients the ROMA index is reduced by 25-49.99% after the surgery, in 43% of the patients the ROMA index is reduced by 50-74.99% and in 10% of the patients the ROMA index is reduced by more than 75% after the surgery. the ROMA index is increased after the surgery in 10% of patients.

Conclusion.

- 1. In 87% of the patients the CA-125 is reduced after the surgery.
- 2. In 90% of the patients the HE4 is reduced after the surgery.
- 3. In 90% of patients the ROMA index is reduced after the surgery.
- 4. The most sensitive biomarker is CA-125.

ЛИТЕРАТУРА

- 1. Course of pregnancy and labor outcomes in women with genital endometriosis. Павловская М. А., Гутикова Л. В., Кухарчик Ю. В (2020)
- 2. CA 125 Relatively Specific for Diagnosing Endometriosis. LINDA SPEER, MD, Professor and Chair, Department of Family Medicine, University of Toledo, Toledo, Ohio. Am Fam Physician. (2017)
- 3. Analysis of falsely elevated risk of ovarian malignancy algorithm in women with ovarian endometrioma. Jae Jun Shin, Ye Ji Lee, Ranah Kim, Da Yong Lee, Kyu-Hee Won, and Byung Chul Jee. Published online 2016.
 - 4. Diagnosis of endometriosis. Robert Z Spaczynski, Antoni J Duleba (2003)