

защита докторской диссертации в 1965 году в Киевском медицинском институте, вскоре после чего, ему присваивается звание профессора (1966). В 1970 по инициативе и при непосредственном участии Ю.М.Островский в Гродно был создан Отдел регуляции обмена веществ АН БССР, который к началу 1980-х годов превратился в одно из крупнейших академических учреждений всесоюзного масштаба. В 1977 году Юрий Михайлович Островский был избран членом-корреспондентом АН БССР, а в 1979-м ему было присвоено почетное звание «Заслуженный деятель науки БССР». В 1985 году Отдел регуляции обмена веществ, была преобразован в Институт биохимии АН БССР, который еще долгое время был ведущим научным учреждением нашего региона. В 1986 году Ю. М. Островский получил заслуженное признание своих заслуг и достижений, и был избран академиком АН БССР.

Как результат, вдохновенного руководства и неутомимого труда, на базе Гродненского медицинского института и в Институт биохимии сформировалась Гродненская биохимическая школа – школа академика Ю. М. Островского. Данная школа дала отечественной науке и здравоохранению 70 дипломированных ученых, докторов и кандидатов наук, которые выросли под его научным руководством, а также продолжают его дело в настоящее время.

Академик Ю.М. Островский является автором около 500 научных трудов, в том числе 9 монографий, имел 15 авторских свидетельств на изобретения, длительное время руководил республиканским научным советом по биохимии животных и человека. 31 декабря 1991 года Юрия Михайловича не стало. А в 1995 году за цикл работ по метаболизму тиамина деятель белорусской науки Юрий Михайлович Островский был посмертно награжден премией Национальной академии наук Беларуси.

PECULIARITIES OF CHILDREN WITH WHOOPING COUGH

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Introduction. Pertussis is a respiratory tract infection that can occur at any age but is most common and most likely to be fatal in young children, particularly infants of first 6 months old. This infection is a vaccine-preventable childhood disease that is endemic throughout the world and has been increasing last years. Unprotected patients may become ill; furthermore, unprotected adolescents and adults are an important reservoir for *B. pertussis* and are thus often the source of infection for unprotected infants during

1 year (who have had the highest increase in annual incidence and the highest case fatality rate). Virulence of outbreak strains may be increasing. One attack does not confer lifelong natural immunity, but secondary attacks and infections in previously vaccinated adolescents and adults whose immunity has waned are usually mild and often unrecognized.

Aim of the study. To determine the peculiarities of whooping cough among hospitalized patients treated at the Grodno State Clinical Hospital between 2023-2024.

Materials and methods. A review of 113 medical records of patients discharged from the Grodno Regional Infectious Diseases Clinical Hospital with a verified whooping cough for the period 2023-2024 was performed. Statistical analysis was carried out using Google Colaboratory I, the "Statistics" package, v.10, and the Excel program.

Results and discussion. A clinical evaluation of 113 children (0-18 years) was done, where there were female 54.9% (62 patients) and male 45.1% (51 patients). Majority of patients were kids less 5 years old (total 62.8% – where, children 0-1 years 30.1% (34 patients), 1-5 years 32.7 % (37 patients). School-age children (6-10 years) were 23 (20.4%), Adolescents (11-17years) 19 patients (16.8%). In diagnosing whooping cough, PCR analysis confirmed *B. pertussis* and *B. parapertussis* DNA in 85.19% (1 case *B. parapertussis*, 7 cases – without verification but diagnosis was confirmed epidemiologically by close contacts (siblings). Additionally, 51.85% cases required an enzyme-linked immunosorbent assay (ELISA) to confirm the diagnosis. A clinical evaluation of 113 children revealed that 62.96% were appropriately vaccinated against Diphtheria, Tetanus & Pertussis (DTP), crucial for reducing morbidity and mortality. White blood cell counts indicated that 33.33% demonstrated a normal WBC count ($4-9 \times 10^9/L$). In contrast, 48.15% exhibited $\geq 10-19 \times 10^9/L$, 14.81% had levels ranging from $\geq 20-29 \times 10^9/L$ and in 3.70% had a markedly elevated count of $\geq 30 \times 10^9/L$. Additionally, in 29.63% cases had elevated erythrocyte sedimentation rates (≥ 11 mm/h), warranting further investigation. In terms of treatment, most children received appropriate antimicrobial therapy. 77.78% were given macrolide antibiotics, 18.52% kids did not receive antibiotics, raising concerns about their management.

Conclusion. More than 60% of patients with whooping cough were kids of 0-5 years old (62.8%). Adolescents – only 16.8%, but they could be an important reservoir for *B. pertussis* and are thus often the source of infection for unprotected infants.

The findings indicate that while a majority of the children were vaccinated and diagnosed with pertussis. Continuous Public health efforts must focus on confirming the importance of booster dose of DTP (or mono vaccine against whooping cough) around adolescent and pregnant women to prevent and protect the most sensitive to whooping cough groups (infants of first 6 months).

ЛИТЕРАТУРА

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MANAGEMENT OF ECTOPIC PREGNANCY

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Introduction. An ectopic pregnancy (EP) is defined as the implantation of a fertilized ovum outside the uterine cavity. EP occurs in 1-2% of all pregnancies, with the fallopian tube being the most common implantation site (90%). Other implantation sites include ovaries, cervix, abdominal cavity, myometrium, interstitial portion of the fallopian tube, and cesarean scar, rudimentary uterine horn. EP is a non viable pregnancy and is a medical emergency of the first trimester, due to higher risk of maternal morbidity and mortality rates. They account for 5%–10% of pregnancy-related deaths and are the leading cause of maternal mortality in the first trimester. Therefore, early diagnosis and treatment is essential for a positive outcome.

Aim of the study. Our target: to study cases of ectopic pregnancy, complications and treatment.

Materials and methods. We have examined 30 cases of ectopic pregnancy, their case histories, analysis results, hormonal status, courses of pregnancy, gynecological and extragenital pathology. The most common location was fallopian tubes. All that patients had an operative treatment. In 88% they had saved tube to have a possibility to be pregnant more.

Results and discussion. The reasons of EP are different. One primary cause is anatomical obstruction and tubal damage. Inflammatory conditions like Pelvic Inflammatory Disease (78%), endometriosis(32%), previous pelvic surgeries (10%) lead to formation of adhesions and endothelial damage. Procedures such as salpingostomy, sterilization, tubal reversal and intrauterine contraceptive device (IUD) can cause obstruction leading to risk of EP. Current standards of diagnosis rely on transvaginal ultrasound (TVUS) and β -human chorionic gonadotropin (β -hCG) monitoring. These tools are critical for early detection to reduce the morbidity and mortality associated with EP. In a normal intrauterine pregnancy, at the discriminatory zone level of serum β -hCG, intrauterine gestational sac (IUGS) should be visible. Absence of an IUGS with