

β -HCG above the discriminatory zone, should raise suspicion for an EP or non-viable intrauterine pregnancy. Therefore, high index of suspicion is essential while screening all the patients in their reproductive years who presents with abdominal pain, cramping, or vaginal bleeding for pregnancy. In patients with a pregnancy of unknown location (PUL), 50%–70% are found to have either an EP or miscarriage, while the remaining 30% may have a normal intrauterine pregnancy. A rise less than 35% in 2 days suggests EP with an accuracy of 80.2%.

Conclusion. So ectopic pregnancy is severe complication in obstetrics and gynecology. Usually we have not a lot of time to treat conservatively. But we have to think about the future of the patient.

ЛИТЕРАТУРА

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PARAMETERS OF RETICULOCYTE HEMOGLOBIN CORRESPONDING TO PREMATURE NEWBORNS OF GRODNO REGION

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Introduction. Preterm born infants are at a high risk of developing iron deficiency anemia. Reticulocytes derives from erythroblasts which follows synthesis of hemoglobin and transform into mature red blood cells in 1-2 days. Therefore. Ret-He is the fastest way to identify hemoglobin synthesis. This parameter allows the early diagnosis of iron deficiency anemia and even the early restorative effects of iron therapy. Ret-He allows to detect changes in the current iron supply and the quality of the cells early.

Aim of the study. To evaluate information obtained from the anemnesis, clinical profile, laboratory data – capillary blood Ret-He value.

Materials and methods. Collective analysis of 67 case reports of pre-term babies admitted in the Grodno Regional Children's hospital during the period of January 2024 to November 2024 were studied. Applications used for statistical analysis were "STATISTICA 10.0" and "EXCEL".

Results and discussion. According to the analysis of the case reports, 47% were boys, while the remaining 53% were girls. It was reported as 60[89.6%] were delivered through c-section while 7 [10.4%] were vaginal deliveries. The average birth length of the babies were 45 [41; 47] cm, average birth weight was 1950 [1420; 2410] g, while average head circumference was 31 [28; 32] cm. The gestational age of the pre-term babies was 33 [30-36] weeks. During the pregnancy the mothers have showcased the listed complications: threatened miscarriages was diagnosed in 22 (32.8%) cases, pre-eclampsia – in 11 (16.4%), acute respiratory diseases – in 22 (32.8%), other diseases – in 62 (92.5%) cases. Mothers with anemia was total of 24[35.8] %. 16 [23.9%] of the babies were receiving only breast milk, while 28[41.8%] and 23 [34.3%] were receiving both expressed breast milk and formula at the time of the study.

Considering complications of the babies, congenital infection was established in 53 (79.1%) pre-term newborns, respiratory distress syndrome – in 48 (71.6%), central nervous system depression syndrome – in 29 (43.3%), intrauterine hypoxia – in 19 (28.4%), heart failure – in 6 (9%). After evaluating ultrasound investigations there were 19 babies (28.4%) recorded with the widening of the posterior horns of lateral ventricles on the sagittal plane. Total of 23 babies with signs of brain cysts, 17 (25.4%) with choroid plexus cysts and 6 (9%) with subependymal cysts were visualized. 30 babies from the total (44.8%) had signs of immaturity of the cerebral structures. Commonest condition that was recorded in the echocardiogram was atrial septal defect (ASD) – 27 [40.3%] while 5 [7.5%] were recorded with ventricular septal defect (VSD). Under the provided chest x-rays 12(17.9%) had sign of pneumonia on their lung.

Upon admission to the hospital according to the laboratory studies in 12 premature babies the level of Ret-He was determined in complete blood count at the age of 6 (4,0; 8,0) days and was equal: 33,6 (32,15; 35,15) pg which corresponded to normal values in the first weeks of life. Reference values for Ret-He in premature infants are 27-34 pg.

Conclusion. During the assessment at the time of admission to the hospital, Ret-He levels in premature babies met age standards, allowing early determination of iron deficiency anemia.

ЛИТЕРАТУРА

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A CASE-BASED ANALYSIS OF INDIVIDUALISED TREATMENT IN ISCHAEMIC STROKE

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Introduction. An ischaemic stroke occurs when a blocked cerebral artery limits blood flow, resulting in neurological abnormalities such as paralysis, speech difficulty, and visual alterations. Significant risk factors include hypertension, diabetes, and smoking. The diagnosis is based on imaging, with CT ruling out haemorrhage and MRI evaluating infarcts. Treatment options include thrombolysis within 4.5 hours, mechanical thrombectomy for major occlusions, and long-term prophylaxis using antiplatelets, statins, and lifestyle modifications. However, care frequently necessitates tailored adaptations based on patient comorbidities and resource availability.

Aim of the study. This study will investigate the importance of individualised care in ischaemic stroke by examining instances in which conventional treatment guidelines were changed based on patient-specific characteristics such as comorbidities, contraindications, and diagnostic constraints.

Materials and methods. This study examined 2023 patient case reports from the Grodno University Clinic, focussing on ischaemic stroke symptoms, comorbidities, and treatment restrictions. It emphasises the importance of individualised care based on patient-specific characteristics.

Results and discussion. Patient A suffered a minor cardioembolic stroke (NIHSS 5) with partial sensory aphasia and pyramidal insufficiency. Aspirin, antihypertensives, and physiotherapy were used to manage the condition. Anticoagulation was considered after additional assessment. Patient B suffered a mild