Conclusion. Regular menstrual cycle is very important to save the health of every woman. But as a result of our examination we have high level of menstrual cycle disorders. So we have to think about the examination of diseases and about correct treatment.

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INTEGRATING ADVANCED IMAGING TECHNIQUES IN THE DIAGNOSIS AND TREATMENT OF MIRIZZI SYNDROME

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Introduction. Mirizzi syndrome is a rare but serious complication of gallstone disease, which causes the compression of the common hepatic duct, potentially leads to strictures or Cholecystobilliary fistulas. The results shows that incidence of MS has increased due to rising prevalence of gallstone disease and also due to delay in surgical intervention. It occurs in 1-5%of patients post cholecystectomy, with having a mortality rate of 11-14%. Preoperative diagnosis is often missed in this case but with only 12-22% correctly identified.

Aim of the study. Analysis of the results of treatment of patients with Mirizzi Syndrome.

Materials and methods. We present our clinical observation. Patient a 66-year-old woman, was admitted to the surgical department of GRCH with a diagnosis of "Gallstone disease: chronic calculous cholecystitis, choledocholithiasis" for further examination and surgical treatment. Ultrasound examination revealed the "Gallbladder: wrinkled, with a 15 mm calculus in its projection; intrahepatic ducts are not dilated", magnetic resonance imaging MRI was performed.

Results and discussion. A decision was made to initiate surgical intervention with laparoscopy to clarify the diagnosis. The intraoperative diagnosis was "Cholelithiasis: chronic calculous cholecystitis. Sclerotic (Wrinkled) gallbladder. Mirizzi syndrome type I." After laparotomy, the gallbladder was detached from the duodenum, revealing a stone in its neck and an ulcer between Hartmann's pouch and the common hepatic duct. The ulcer defect exceeded 2/3 of the hepatic duct circumference, with a 1.5 x 1 cm stone

protruding. The common hepatic duct and bile duct below measured 0.5 cm in diameter. Both lobar ducts were patent with no stones. A hepaticojejunostomy was performed using 5.0 monofilament sutures. Mirizzi syndrome was suspected via ultrasound and MRI and confirmed during laparoscopy.

Conclusion.

1.Visualization of the "wrinkled gallbladder" with an enlarged proximal part of the d. hepaticocholedohus allows one to suspect Mirizzi syndrome when performing an ultrasound, magnetic resonance imaging helps to clarify the diagnosis before surgery. If necessary, perform magnetic resonance cholangiopancreatography, retrograde cholangiopancreatography, cholangioscopy, intraoperative cholangiography.

2. Roux-en-Y hepaticojejunostomy is one of the acceptable operations that allow to achieve a favorable result in the surgical treatment of Mirizzi syndrome.

3. Timely diagnosis of Mirizzi's syndrome can prevent intraoperative iatrogenic lesions of the bile ducts.

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VARIATIONS IN OSTEOPROTEGERIN AND ENDOTHELIN-1 CONCENTRATIONS BY GENDER IN PATIENTS WITH COLORECTAL POLYPS

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Introduction. Tumor necrosis factor receptor superfamily member 11B is another name for osteoprotegerin (OPG). This protein contributes to bone remodeling by reducing osteoclast activity, which mostly increases bone density and strength. Because