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.

ЛИТЕРАТУРА

1. Abdullayev, D.A., Kurbnov, K.M., et al. "Surgical Treatment of Patients with Complicated Forms of Cholelithiasis." Journal of Surgery named after I.I. Grekov, 2007, vol. 166, no. 2, pp. 68-71.

2. Borisov, A.E. Guide to Liver and Biliary Surgery. St. Petersburg: Skifiya, 2003, vol. 1, p. 448.

3. Vakulin, G.V., Novoseltsev, A.E., Gviniashvili, G.G. "Experience in the Treatment of Patients with Mirizzi Syndrome." Annals of Surgical Hepatology, 2006, vol. 11, no. 3, p. 74.

4. Galperin, E.A., Akhaladze, G.G., Kotovsky, A.E., et al. "Mirizzi Syndrome: Diagnostic and Therapeutic Features." Annals of Surgical Hepatology, 2006, vol. 11, no. 3, pp. 7-10.

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

Handunsooriya K. M. H. Mudiyanselge Takura Shevins, Isuru Sampath Kulathunga, Malwattage Jeewanthi Peiris, Melewwe Thanthri Chethani Samathiththika Amaraweera, Najeeb Khan Mohamed Sajathkhan, Panagoda Acharige Ravindi Dhammadinna

Grodno state medical university

Научный руководитель: Obuhovich A. R.

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

OPG binds to OPG ligand with affinity, osteoclast formation is inhibited. While colorectal polyps are recognized as the. Vascular endothelial cells, cardiomyocytes, and kidney tubular cells all generate endothelin-1 (ET-1). It has a significant impact on vasoconstriction, which mediates vascular tone. Through cell proliferation, decreased apoptosis, invasion, and tumor angiogenesis, ET-1 has been shown to have a role in the initiation and spread of cancer. In particular, it stimulates the proliferation of cancer cells and the production of tumor stroma by fibroblasts, which leads to the promotion of colorectal cancer.

Aim of the study. To assess the levels of endothelin-1 and osteoprotegerin in both males and females with colorectal polyps.

Materials and methods. A review of 17 case reports of patients who were hospitalized to the Grodno University Clinic between January and November 2024 in order to have endoscopic polypectomy. The descriptive statistic, Me (Q1; Q3), was displayed. Me is the median, while Q1 and Q3 are the first and third quartiles, respectively. A statistical hypothesis is tested if $P \leq 0.05$.

Results and discussion. As per the analytical data, the patients ranged in age from 45 to 75 years, with 61 (55;64) years being the oldest. Seventy-six percent of the patients were men (13) and the remaining twenty-four percent (4) were women. OPG levels in the entire group were 101.13 (87.373;178.135) pg/ml. According to the OPG concentration in picograms per milliliter in blood, we have counted both male and female patients and evaluated them across three distinct concentration ranges because of the strong concentration gradient. The range of the first concentration is 40-100 pg/ml. Seven of the seventeen were males, and no females were discovered. The second range is between 100 and 200 pg/ml, and there are three females and four males. Two of them are male, and one is female, while the third range is between 200 and 350 pg/ml. In the entire group, the concentration of ET-1 was 60.94 (44.105; 75.595) ng/l. Based on blood samples' ET-1 concentration levels in nanograms per liter, we examined the distribution of patients by gender. The evaluation was carried out over four different concentration ranges in order to account for the significant concentration gradient. The first concentration range is 30–40 ng/l. Out of 17 males, 3 were found, and no females. Two of them are male and only one is female, and the second range ranges from 40 to 50 ng/l. The third range is between 50 and 70 ng/l, and there are two females and four males. There was just one female and four males in the fourth range, which ranges from 70 to 90 ng/l.

Conclusion. According to our research, males and females with colorectal cancer had differing levels of OPG and ET-1

ЛИТЕРАТУРА

1. Endothelin – 1 Shane Perrine, in xPharm: The Comprehensive Pharmacology Reference, 2007