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GENDER DIFFERENCES IN PATIENTS WITH CHRONIC HEART FAILURE WITH REDUCED VENTRICULAR EJECTION FRACTION

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Relevance. Heart failure (HF) is one of the major health threats to women and men, particularly at old age. HF is classified into HF with reduced ejection fraction (HFrEF) and HF with preserved ejection fraction (HFpEF) [1]. In western populations, HFpEF has a greater prevalence in women and HFrEF in men. However, most HF studies worldwide were conducted on men, and information collected about men with HF cannot be assumed to apply equally to women [2].

Research objective. Aim of study was to evaluate gender differences in patients with chronic heart failure with reduced ventricular ejection fraction

Research methods. The study included 85 patients with HF with reduced LVEF (<50%). Group 1 included 45 (52.9%) male patients, while group 2 consisted of 40 (47.1%) female patients. The inclusion criteria were patients with HFrEF diagnosed based on ESC (2021) guidelines [2], age > 18 years and agreement to participate in the study. The exclusion criteria were patients with congenital heart disease, primary valve disease, massive pericardial effusion, patients with acute coronary syndrome, or who had pacemakers. All patients underwent a comprehensive clinical examination, as well as standard echocardiography. Statistical analysis was performed using the STATISTICA 12.0 software.

Results and its discussion. Male patients were generally younger than females (65 [60; 73] vs 70 [66; 74] years, $p=0.013$). Patients of both groups were comparable in body mass index (30 [25; 33] vs 32 [27; 36], $p=0.503$), and almost a half of patients in each group had obesity (46.6% vs 47.5%, $p=0.939$). Also patients of both groups were comparable in prevalence of coronary artery disease (38 (84.4%) vs 33 (82.5%), $p=0.81$), as well as hypertension (40 (88.9%) vs 31 (77.5%), $p=0.258$) and diabetes mellitus (9 (20%) vs 7 (17.5%), $p=0.58$).

9 (20%) of male patients a history of myocardial infarction (MI) while in female group it was registered in 4 (10%) of patients, $p=0.052$). It should be noted that female patients were more likely to have anemia (11 (27.5%) vs 4 (8.9%), $p=0.025$). 31 (77.5%) of women had atrial fibrillation vs 32 (71.1%) in men ($p=0.503$).

It is interesting to say that 6 male patients and only 1 female patient with HFpEF had history of myocarditis ($p=0.012$).

Conclusion. Male patients with HFrEF were younger, had a higher rate of MI and myocarditis, however female patients were more prone to anemia. Reliability of the obtained results should be further checked on larger samples of patients.

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FEATURES OF PATIENT PREPARATION FOR EMERGENCY LAPAROSCOPIC SURGERY

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Relevance. Emergency laparoscopic surgery has revolutionized acute surgical care in recent decades, offering reduced surgical trauma, faster recovery, and shorter hospital stays compared to traditional open procedures. However, the preparation of patients for urgent laparoscopic interventions remains a significant challenge in modern surgery. The increasing prevalence of acute surgical conditions suitable for laparoscopic approach, combined with the technical complexities of emergency procedures, necessitates a systematic analysis of patient preparation protocols. Current statistics indicate that up to 30% of all laparoscopic procedures are performed in emergency settings, highlighting the critical importance of optimized preparation strategies.

Research objective. To analyze and systematize the key features of patient preparation for emergency laparoscopic surgery, focusing on the development of an optimal algorithm that ensures both patient safety and procedural efficacy within the constraints of urgent care.

Research methods. The analysis encompasses a comprehensive review of current protocols and practices in emergency laparoscopic surgery, including: systematic review of contemporary medical literature (2015–2024) analysis of preparation protocols from leading surgical centers evaluation of outcome data related to different preparation approaches assessment of risk stratification methods in emergency settings review of technical requirements and equipment standardization

Results and its discussion. The research revealed several critical components of successful patient preparation: