

abnormalities ( $p < 0.001$ ). While no direct causal relationship was established, further investigation into the association between fertilization month and genitourinary abnormalities is warranted.

**Conclusion.** This study reveals a significant link between the month of fertilization and the occurrence of cardiovascular and genitourinary congenital abnormalities in pregnancies terminated for medical reasons. Further research with larger, population-based studies and attention to environmental and nutritional factors is essential to understand the underlying mechanisms and develop preventative strategies. These findings underscore the need to consider seasonal influences in prenatal care and counseling.

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## SURGICAL STRATEGIES IN PATIENTS WITH ATHERODIABETIC DAMAGES OF THE LOWER LIMB VESSEL BED

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**Introduction.** Diabetes Mellitus (DM) is one of the most important risk factors for the development of atherosclerosis obliterans (AO). In the group of patients with diabetes, the prevalence of AO reaches 29% [1], and the risk of chronic lower limb ischemia increases by 3.5 times in men and 8.6 times in women [2]. When diabetes is combined with atherosclerosis of the lower extremities, the risk of high amputation of the lower extremity in patients increases 10 times [3].

**Aim of the study.** To improve the tactical and technical algorithm of surgical treatment in patients with atherosclerosis and concomitant diabetes mellitus by means of analyzing the results of an open surgical and endovascular interventions.

**Materials and methods.** As of January 1, 2024, we analyzed 163 lower limb revascularizations performed at Grodno University Clinic from 2018 to 2023 on patients with diabetes and atherosclerosis. Of these, 95 patients (54.91%) underwent Endovascular Intervention (EVI), while 68 patients (45.09%) had open surgery. The average follow-up duration was  $39.04 \pm 25.3$  months.

**Results and discussion.** The study included 163 patients with AO and DM, the mean age was  $64.7 \pm 7.6$  years (70.6% males). Angiography was performed in all patients, and depending on it, different types of revascularization were used. In the early postoperative period 2 (2.9%) patients after open surgeries and 5 (5.3%) patients after EVI needed reoperation ( $p=0.7003$ ). During first year (immediate postoperative period), 3 times (4.4%) after open surgeries and 13 times (13.7%) after EVI, reoperation was necessary ( $p=0.0625$ ). In long postoperative period, 11 (16.2%) reinterventions after open surgeries and 16 (16.8%) interventions after EVI were performed ( $p=1.0000$ ). There were no statistically important differences in the rate of amputations. The number of saved limbs were similar in both groups. 10 patients after open operations needed 11 reinterventions, and 24 patients from the EVI group needed a summary of 34 reinterventions. At the end of follow – up, 75 patients (53.99%) are alive, without differences between the groups ( $p=0.2344$ ). In both methods, the decrease in the number of patients with critical ischemia is noticeable without differences between groups. 7-year limb salvage after EVI was 77%, and after open surgeries, it was 85% ( $p=0.2310$ ). 7-year survival among patients after EVI was 52% and after open surgeries, 61% ( $p=0.0002$ ).

**Conclusion.** Both methods yield similar results for patients with atherosclerosis and diabetes. Open surgeries have more early postoperative complications due to their invasiveness, while endovascular methods, though requiring more repeat interventions, effectively preserve the limb like open surgeries.

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