

asked to discontinue amiodarone and was prescribed methylprednisolone 16 mg per day in the morning after breakfast for 3 months. He was advised to control blood pressure and heart rate, and to follow with CT of chest once in 3 months. He was also asked to visit for follow-up once in 2 weeks to correct the dose of methylprednisolone by 4mg every 2 weeks. After several months, a CT was done after initiation of treatment. The CT showed positive dynamics. Large parts of ground-glass opacity areas previously determined on both lungs were not visualized with only residual non-intensive areas of ground-glass opacity. General condition of the patient improved and he felt much better. He was advised to continue the treatment prescribed. Based on improvement of symptoms upon discontinuation of amiodarone, he was finally diagnosed with amiodarone induced pulmonary toxicity.

Conclusion. It is important to monitor carefully and do regular follow-ups for patients taking amiodarone, and to take into consideration that amiodarone induced pulmonary toxicity could occur in those patients. For early diagnosis of amiodarone induced pulmonary toxicity, it is important to educate patients about potential adverse effects and importance of prompt reporting of any new symptoms to their physician before starting treatment with amiodarone. There are no specific diagnostic criteria for amiodarone induced pulmonary toxicity. In the present case, the patient was diagnosed based on his medical history, clinical symptoms, radiographic findings along with progressive improvement of patient's condition after discontinuation of amiodarone from his treatment plan.

C-REACTIVE PROTEIN/ALBUMIN AND D-DIMER AS BIOMARKERS OF SEVERE SEPSIS

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Introduction. According to the WHO, from the data collected in 2020 there were 48.9 million cases and 11 million sepsis related deaths worldwide. Infection is a powerful trigger of inflammation, and studies have been reported correlating CRP with severity and long-term mortality in patients with sepsis at discharge. CRP/albumin will be a better prognostic marker than CRP alone. The prognostic value of D-dimer in sepsis remains controversial.

Aim of the study. To establish the serum CRP/albumin ratio and D-dimer as useful markers for predicting prognosis in 20 critically ill ICU patients who were admitted in Grodno Regional Infectious Disease Hospital between the year 2023 and 2024.

Materials and methods. 20 medical cases of patients hospitalized with a diagnosis of sepsis in the ICU department were analyzed. Statistical processing of the material was carried out using the StatTech v. 4.7.2 software package,

Russia, using nonparametric methods and Excel.

Results and discussion. Of 20 patients in sepsis, 12 were males (60%) and 8 were females (40%). Mean age was 56.5 [32.0;63.0]. Mean bed-day was 15.5 [12.75;25.0]. 35% of the patients were documented to have pyretic fever (39-39.9%), 40% had headache, 85% weakness, 90% with sore throat, 15% with rash, 5% with cough, 10% cases with hypotension, 25% patients required mechanical ventilation. According to the review, GCS score 3-8 (5.0%), in 50% cases a PaO₂ less than 75 mmHg, Me SOFA was 4.0 [3.0;6.5], n=19. 65% of the patients had at least one organism isolated from either the blood culture, throat culture sputum culture, urine culture, stool culture, rectal smear, and CSF culture. Some patients had organisms isolated from different sources while some had multiple organisms isolated from the same source. Out of the twenty patients, 5 (25%) of them died.

An inverse correlation was established between SpO₂% and CRP / albumin=0.482 (p=0.37) and a direct correlation between ESR and CRP/albumin, r 0,544 (p=0.013). A significant direct correlation was established between CRP/albumin and d-dimer=0.591 (p=0.013). According to the obtained data, when comparing d-dimer depending on gender, we found statistically significant differences and Me was higher in female patients 19.58 [3.56; 21.60], (p=0.025), Mann-Whitney U-test. D-dimer is a statistically significant predictor of sepsis severity depending on gender (AUC=0.829; 95% CI: 0.613 1.000, p=0.025). Severe condition was predicted with a d-dimer value 19.58 (Youden index). The sensitivity and specificity of the resulting model were 57.1% and 100.0%, respectively.

Conclusion. CRP/albumin ratio is a biomarker for predicting prognosis in patients with severe sepsis. A significant direct correlation was established between d-dimer and CRP/albumin. Severe condition in female patients was predicted with a d-dimer value 19.58. Therefore, studies on a larger number of patients are needed to confirm these results and establish the serum CRP/albumin ratio as a useful marker for long-term prediction of mortality in ICU patients.

MUSCULAR MANIFESTATION OF MILD ANXIETY AND MILD STRESS IN STUDENTS

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Introduction. A review of scientific literature shows that moderate anxiety is a prerequisite for good academic performance and responsibility in everyday life.

Mild anxiety and mild stress can have not only mental but also physical manifestations.