PACEMAKER DYSFUNCTIONS AND THEIR IMPACT ON PATIENTS WITH CONGENITAL HEART CONDITION

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Introduction. Ebstein Anomaly (EA) is a rare congenital heart defect with tricuspid valve malformation, affecting about 1 in 200,000 live births. It can lead to complications like arrhythmias and heart failure, presenting as cyanosis in neonates and exercise intolerance in older patients. Diagnosis typically uses advanced imaging, such as echocardiography and cardiac MRI. Management often requires surgical interventions, including valve repair or replacement, especially in adults. Pacemaker implantation is essential but poses challenges due to the altered right heart anatomy, increasing risks of dysfunction and complications. A multidisciplinary approach is crucial for optimal care.

Aim of the study. Highlighting the complexities of managing a patient with Ebstein Anomaly, focusing on the challenges of multiple cardiac interventions and device implantation.

Materials and methods. This case report details the clinical management of a 33-year-old female patient with Ebstein Anomaly, focusing on the diagnostic and therapeutic strategies utilized. The patient, with a history of multiple cardiac interventions and mechanical tricuspid valve prosthesis, presented with sharp Electric shock-like epigastric pain, shortness of breath, weakness, and heavy menstrual bleeding. She underwent a single-chamber pacemaker implantation in 2007 and transitioned to a dual-chamber pacemaker in April 2024, with regular checks for electrode functionality. Imaging, including X-rays and echocardiography, confirmed atrial electrode dislocation and assessed cardiac function. Laboratory tests monitored inflammatory markers and renal function. A multidisciplinary team developed a tailored management plan, adjusting warfarin therapy and initiating low molecular weight heparin (LMWH) to balance thrombotic and bleeding risks. Postoperative care included close monitoring, pain management, and antibiotic therapy (teicoplanin) alongside anti-inflammatory medication (colchicine) for suspected infections and pleural effusion. A structured follow-up protocol ensured regular visits and INR monitoring to prevent complications.

Results and discussion. A 33-year-old female with Ebstein Anomaly presented to Grodno State Clinical Cardiology Center with sharp Electric shock-like epigastric pain, shortness of breath, weakness, and heavy menstrual bleeding. Her cardiac history included multiple interventions: biological tricuspid valve prosthesis in 2001, mechanical St. Jude prosthesis in 2006, and a single-chamber pacemaker in 2007 for AV block. She had a pacemaker re-implantation in 2013 and experienced atrial flutter, treated with cardioversion in 2020 and 2022 following COVID-19.

In April 2024, she was admitted for dual-chamber pacemaker re-implantation. Although symptoms improved initially, she experienced recurrent pain in September 2024, leading to the discovery of atrial electrode dislocation. Investigative tests revealed grade 2-3 tricuspid regurgitation and dilation of the right ventricle. Due to high thrombotic risk, atrial electrode re-implantation was successfully performed on September 19, 2024.

Postoperatively, mild pain and fever were noted, prompting antibiotic therapy for suspected infection. By September 26, her condition improved. Upon discharge, she received follow-up recommendations, including regular cardiology visits and ongoing management with warfarin and colchicine, ensuring structured care for her complex condition.

Conclusion. This case report highlights the complexities of managing a patient with Ebstein Anomaly and multiple cardiac interventions. The experience of atrial electrode dislodgment underscores the necessity for vigilant monitoring and timely interventions to address complications related to mechanical heart valves and pacemaker systems. It emphasizes the importance of a multidisciplinary approach to optimize patient outcomes, particularly in managing anticoagulation and thromboembolic risks. Future research should focus on establishing standardized protocols for monitoring pacemaker electrodes and improving fixation techniques to enhance device stability and care for patients with complex cardiac histories.

ANALYSIS OF ASSESSMENT OF PHYSICAL DEVELOPMENT IN CHILDREN WITH CHRONIC GASTRITIS

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Introduction. Gastritis is an inflammation of the mucous membrane of the stomach that can appear in acute, chronic, or particular forms and is characterized by mucous lining atrophy, disorders of physiological regeneration, and secretory insufficiency. To obtain a final diagnosis of chronic gastritis, histopathological evidence of abnormal mucous membrane of the stomach due to inflammation is essential, while endoscopy and radiology can be used for further investigations.

Usually, in the assessment of the growth of a child, the child's weight, height, and length are compared according to the growth standard. A child’s actual size and his/her rate of growth are influenced by genetic and exogenous factors. Previous and current diseases can be included in these criteria of exogenous factors that affect physical development.

Aim of the study. To assess the correlation between physical development and chronic gastritis in children.

Materials and methods. Physical development of 100 children with