

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

Halamba Osini Senara Rathnasiri, Athukorala Kavindi Hiyantha

Grodno State Medical University, Grodno, Belarus

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

chronic gastritis was analyzed. The children were diagnosed and treated for chronic gastritis in the gastroenterology department of the Regional Children's Clinical hospital, Grodno in 2023. Analysis was performed using WHO Anthro II version 3.2.2 and WHO AnthroPlus version 1.0.4. This study uses software to calculate the indicators, height for age and BMI for age in analyzing the physical development of children with chronic gastritis. Microsoft Excel software was used in data distribution and analysis.

Results and discussion. From the hundred case reports, it was observed that the majority of patients were female, which is 76%. The percentage of male children with chronic gastritis was 24%. According to the age of the children treated, it was identified that children from 7 to 17 were present. The average age of all the children treated is 13 years. And the average weight, height, and BMI of this group of children are 54.89kg, 163.25cm and 20.2kg/m² respectively. 11% of the children were under the age category of elementary school. 30% were from middle school. 59% were under the age category of high school.

According to the z-scores obtained from the Anthro software for each child, the height-of-age and BMI-for-age of these children were analyzed. When considering the results of height for age, 43% of children got $\sigma \pm (0.0-0.9)$ SD (Standard Deviation), 40% got $\pm (1.0-1.9)$ SD, 16% $\sigma \pm (2.0-2.9)$ SD and 1% $\sigma \pm (3.0-3.9)$ SD. Hence, 43% of the children have normal values of height according to their age, while 57% are not in the standard range of height for their age. Out of the 57% of children who had deviations in height-for-age, 42% were girls and 15% were boys. 9% of boys and 34% of girls were in the normal height range.

Furthermore, the results of BMI for the age of these children are as follows; 57% of $\sigma \pm (0.0-0.9)$ SD, 34% of $\sigma \pm (1.0-1.9)$ SD and 9% of $\sigma \pm (2.0-2.9)$ SD. With that consideration, 57% is in the normal BMI-for-age. 43% have deviated values for BMI for their age. Out of the 43% of children who have deviations for BMI-for-age, 32% are girls and 11% are boys. 13% of boys and 44% of girls are in the normal BMI-for-age range. Out of the children who do not have median z-scores in BMI-for-age, 60% are overweight, and 40% are underweight.

Using the Anthro software, a graphical representation of this set of children's height-for-age compared with WHO growth standards was obtained. It was observed that there is a right shift of the curve representing these 100 children, from the WHO growth standard curve is centered around z-score 0. This suggests that the sample children are, on average, taller compared to the WHO standard reference population.

The results of the graphical representation from the Anthro software describing BMI-for-age is as follows. The curve of the sample data of this distribution is shifted slightly to the left of the WHO standard curve. This indicated that these 100 children, on average, have lower z-scores than the WHO standard BMI-for-age. Hence, it can be interpreted that the sample set of children, on average, has lower BMI values compared to the WHO standard reference population.

Conclusion. The majority (59%) of children with chronic gastritis are high school children.

The majority (57%) of the children were not in the normal range of height according to their age.

The majority (57%) of the children had normal BMI according to their respective ages.

Of the children with deviations of BMI (43%), the majority (60%) were in the overweight category.

DIFFERENCE IN CONCENTRATIONS OF OSTEOPROTEGERIN AND ENDOTHELIN-1 IN PATIENTS WITH COLORECTAL POLYPS DEPENDING ON THEIR SEX

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

Grodno State Medical University, Grodno, Belarus

Introduction. Osteoprotegerin, (OPG) which is also termed as tumor necrosis factor receptor superfamily member 11B, is a protein which is involved in bone remodeling by decreasing osteoclast activity that primarily increase bone strength and density. OPG has affinity towards OPG ligand; thereby binding it prevents osteoclast development. OPG also has been a predictive biomarker for colorectal cancer where colorectal polyps are known to be the precancerous lesions of colorectal cancer.

Endothelin-1 (ET-1) produced by vascular endothelial cells, cardiomyocytes and tubular cells in kidney. It plays a major role in mediating vascular tone through vasoconstriction. ET-1 proven to be involved in cancer development and progression through cell proliferation, reduction of apoptosis, invasion and tumor angiogenesis. Especially it promotes colorectal cancer by stimulating cancer cells growth and formation of tumor stroma by fibroblast.

Aim of the study. To examine Osteoprotegerin and Endothelin-1 levels in males and females with colorectal polyps

Materials and methods. A retrospective analysis of 17 case reports of patients admitted to the Grodno University Clinic for plan endoscopic polypectomy during the period of January to November 2024.

Descriptive statistic was presented as Me [Q1:Q3], where Me is the median, Q1, Q3 are the first and third quartiles respectively.

$P < 0.05$ - to test statistical hypothesis.

Results and discussion. According to the analytical data patients were 45-75 years old - 61 [55;64] years. Out of them 76% of the patients were males (13), while the rest 24% (4) were females.