

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.

OPG concentration in total group was 101.13 [87.373;178.135] pg/ml. We have analyzed the number of male and female patients based on their OPG concentration in picogram per milliliter in blood and assessed over three different concentration ranges as the concentration gradient is high. First concentration range varies from 40 to 100 pg/ml. There were 7 out of 17 males and no females. Second range varies from 100-200 pg/ml, where 4 of them are males and 3 of them are females. Third range varies from 200-350 pg/ml, where 2 of them are males and 1 is female.

ET-1 concentration in total group was 60.94 [44.105; 75.595] ng/l. We analyzed the distribution of male and female patients based on their ET-1 concentration levels in nanograms per liter in blood samples. The assessment was conducted across four distinct concentration ranges, considering the substantial concentration gradient. First concentration range varies from 30 to 40 ng/l. There were 3 out of 17 males and no females. Second range varies from 40 to 50 ng/l. There were 2 males and only 1 female. Third range varies from 50 to 70 ng/l and there were 4 males and 2 females. Fourth range varies from 70 to 90 ng/l and there were 4 males and only 1 female.

Conclusion. In our research we've found different OPG and ET-1 concentrations in males and females with colorectal cancer.

EVALUATION OF MICROROUGHNESS OF TOOTH ENAMEL SURFACE AFTER DEBONDING OF BRACKET

Hotait Andrei¹, Butvilovsky A.V.²

Dental Clinic "Creative", Vitebsk, Belarus¹, Vitebsk State Medical University, Vitebsk, Belarus²

Introduction. Debonding of the bracket system is the final stage of the orthodontic treatment. The main aim at that stage is removing of fixing composite from the enamel surface. There are a lot of methods of material removing, but there is no answer, which of those methods are most effective and safe to enamel.

Aim of the study. A comparative assessment of the efficiency of removing residual composite material for fixing brackets from the enamel surface was carried out using carbide finishers and diamond burs with red markings, as well as various polishing systems (single- and multi-stage systems, polishing rubbers and disks).

Materials and methods. A comparative assessment of the efficiency of removing residual composite material for fixing brackets from the enamel surface was carried out using carbide finishers and diamond burs with red markings, as well as various polishing systems (single- and multi-stage systems, polishing rubbers and disks). Determination of the microroughness of tooth enamel (n=60) was carried out using the contact profilometry method with