

recording the values of R_a (the arithmetic mean deviation of the profile), R_z (the height of profile irregularities at ten points - 5 largest protrusions and deepening's), R_q (the standard deviation of the profile)

Results and discussion. These values were determined initially, after grinding and after polishing. It was found that in subgroups 1 and 2 of group 1 (diamond finishing bur + single-stage polishing system and diamond finishing bur + multi-stage polishing system) after polishing, a decrease in the arithmetic mean deviation of the profile, the height of profile irregularities at ten points and the mean square deviation of the profile was revealed. The initial values of the studied surface microroughness indices (R_a , R_q and R_z) did not differ from those after polishing in subgroup 3 of group 1 (diamond finishing bur + polishing discs) and in the subgroups of group 2 (a combination of carbide finishers with a single- and multi-stage polishing system, as well as with polishing discs).

Conclusion. The study revealed the most promising combinations of burs and polishers for removing residual composite material and adhesive system from the surface of tooth enamel. However, it needs to be continued in the direction of studying the mass of the samples initially and after grinding and polishing, which will allow us to establish whether the alignment of the profile is accompanied by removal of the surface layer of enamel. The data obtained as a result can serve as a basis for developing an algorithm for removing the remains of the fixing material at the stage of debonding the bracket system, which will become the object of our further research.

THE IMPACT OF EPONYMS ON MEDICAL TERMINOLOGY: STANDARDIZATION VS. LEGACY

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Introduction.

Eponyms, proper names used in medicine, have been common for centuries but are now debated for their effectiveness. While over 8,000 anatomical eponyms exist, opinions vary: some value them for honoring contributors and saving time, while others highlight ethical concerns and confusion.

Aim of the study.

- Assess the overall impact of eponyms on medical terminology.
- Determine if eponyms remain essential in medical language.
- Evaluate their role in preserving legacies amid Latin standardization.

Materials and methods.

The study examined various eponymic anatomical, histological and other medical terms from the International Anatomical Nomenclature (FIPAT). Eponyms were analyzed for their equivalents, categorization as replaceable or

irreplaceable, and arguments for discontinuation.

Results and discussion.

Supporters argue eponyms ensure brevity, consistency, and global recognition while honoring pioneers. However, critics highlight ambiguity, multiple meanings (e.g., Muller's muscle), and redundancy (e.g., the ileocecal valve with various names). Despite a decline in usage, peaking from 1969-1999 eponyms persist due to historical and practical value. Modern texts now feature both Latin and English terms, reflecting a shift while maintaining legacy.

Conclusion.

Eponyms have shaped medical terminology, offering both benefits and challenges. While institutions push for standardization, primarily through Latin, a balanced coexistence seems most practical, where eponyms continue in English alongside standardized Latin terminology.

IMPACT OF ATRIAL FIBRILLATION ON LABORATORY AND ECHOCARDIOGRAPHIC PARAMETERS IN PATIENTS WITH HYPERTENSION

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Introduction. Hypertension and atrial fibrillation (AF) are two important public health priorities. Their prevalence is increasing worldwide, and the two conditions often coexist in the same patient. Hypertension ultimately increases the risk of AF, and because of its high prevalence in the population, it accounts for more cases of AF than other risk factors. Among patients with established AF, hypertension is present in about 60% to 80% of individuals. Despite the well-known association between hypertension and AF, several pathogenetic mechanisms underlying the higher risk of AF in hypertensive patients are still incompletely known.

Aim of the study. To evaluate clinical, laboratory and electrocardiographic differences in patients with hypertension and AF in comparison with sinus rhythm.

Materials and methods. The study included 68 patients with hypertension who were admitted to the Grodno State Cardiological Center for treatment from September to December 2024. Group 1 included 42 (61.7%) patients with hypertension and paroxysmal or persistent form of AF while Group 2 included 26 (38.3%) patients with hypertension and sinus rhythm.

Exclusion criteria from the study were: acute myocardial infarction, unstable angina, valvular pathology of the heart requiring surgical correction, prosthetic heart valves, oncological diseases and severe concomitant extracardiac pathology. All patients underwent clinical, laboratory, and instrumental studies, including transthoracic echocardiography. Statistical analysis was performed using the STATISTICA 12.0 software.