

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.

Results and discussion. Patients with hypertension and sinus rhythm were younger than patients with AF (44 [38; 52] vs 48 [43; 54] years, $p=0.03$), however their gender structure was the same (male patients predominated, 84% vs 76%, $p>0.05$). Patients of both groups had no differences in their body mass index (31.3 [28.4; 34.1] vs 31.5 [27; 30.6] kg/m², $p>0.05$) and around a half of patients in each group had obesity (57% vs 48%, $p>0.05$). Patients of both groups had no difference in prevalence of diabetes mellitus and anemia ($p>0.05$).

Laboratory parameters of patients didn't demonstrate any significant differences. According to the results of transthoracic echocardiography, patients with hypertension and AF had significantly higher left atrial diameter (41.0 [38; 44] mm vs 36.0 [34; 38] mm, $p=0.001$) than patients with sinus rhythm.

Also patients with AF showed a significant increase in left ventricle (LV) end-systolic volume ($p=0.012$) and decrease in LV ejection fraction (LVEF) values (60 [57; 65] vs 65 [63; 69] %, $p=0.013$). Patients of both groups didn't have differences in values of systolic diameter of interventricular septum ($p=0.214$) and LV posterior wall ($p=0.052$), however both diastolic diameters were higher in AF patients ($p=0.047$ for interventricular septum and $p=0.038$ for LV posterior wall).

No significant differences were found in other echocardiographic parameters.

Conclusion. Comparative analysis of echocardiographic characteristics showed that linear and volumetric characteristics of the left atrium and left ventricle of the patients with combination of hypertension and AF exceed similar parameters in patients with hypertension and sinus rhythm. A possible connection between the obtained results and future adverse outcomes of AF requires further study.

HEART FAILURE WITH REDUCED EJECTION FRACTION: DIFFERENCES BETWEEN ATRIAL FIBRILLATION AND SINUS RHYTHM

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Introduction. Atrial fibrillation (AF) is a common comorbidity in chronic heart failure (HF) patients, with a prevalence that has been reported from 10% up to 50-60%, depending on age and severity of HF. The majority of current data suggest that AF is associated with increased mortality in patients with HF and preserved ejection fraction and in those with reduced ejection fraction (HFrEF). By contrast, the HF long-term registry of the European Society of Cardiology showed that AF was not associated with poor outcomes in patients with HFrEF, which makes our research relevant.