

LBW cases.

Hyponatremia (serum sodium <135 mmol/L) was reported in 55.8% of the LBW cases, with 17.4% being ELBW and 38.4% being LBW.

Hyperkalemia (serum potassium >6.0 mmol/L) was observed in 10.5% of the LBW cases, with 3.5% being ELBW and 7% being LBW.

Proteinuria was evident in 52.3% of the LBW cases, with 17.4% being ELBW and 34.9% being LBW.

Conclusion. This study highlights the importance of routine renal monitoring in ELBW and LBW infants diagnosed with congenital pneumonia to facilitate early detection and management of kidney dysfunction. The relationship between ELBW/prematurity and specific types of renal dysfunction warrants further investigation.

CLINICAL AND ELECTROCARDIOGRAPHIC PARAMETERS ASSOCIATED WITH OBSTRUCTIVE CORONARY ARTERY DISEASE

*Liyanage Vimansa Savindya, Santhiyapu Hewa Chamodya
Hemali Thathsarani*

Grodno State Medical University, Grodno, Belarus

Introduction. Electrocardiography (ECG) remains one of the most widely available methods for assessing the state of the cardiovascular system. In patients with coronary artery disease (CAD) myocardial ischemia is manifested not only by depression of the ST segment on the ECG, but also by an increase in the instability of cardiomyocytes in the phase of ventricular repolarization that is potentially characterized by such parameters as QT interval duration and Tpeak-end interval duration.

Aim of the study. To evaluate clinical and electrocardiographic parameters associated with obstructive coronary atherosclerosis in patients with CAD.

Materials and methods. The study included 63 patients with CAD and stable angina functional class III, referred for coronary angiography to verify the diagnosis of CAD. Patients with at least one stenosis, $\geq 50\%$ diameter, were classified as having significant CAD. At admission, a resting standard 12-lead ECG was recorded, taken at a paper speed of 50 mm/s. Statistical analysis was performed using the STATISTICA 12.0 software.

Results and discussion. According to the results of coronary angiography, 26 (41%) patients did not have hemodynamically significant CAD (stenosis $<50\%$) (Group 1), and 37 (59%) patients had significant CAD (stenosis $\geq 50\%$) (Group 2). Patients of both groups were comparable in age, prevalence of hypertension, obesity, diabetes mellitus and atrial fibrillation ($p>0.05$). However, patients of Group 2 were predominantly male (68% vs 42%, $p=0.04$) and more often suffered from myocardial infarction (MI) (35% vs 15%, $p=0.03$)

than patients of Group 1.

According to the results of ECG, patients of both groups didn't have significant differences in heart rate (65 [58; 72] vs 62 [56; 69] b.p.m., $p>0.05$), duration of P wave (96 [80; 115] vs 95 [80; 120] ms, $p>0.05$) and PQ interval (169 [140; 180] vs 170 [140; 180] ms, $p>0.05$). However, QT interval duration was longer in patients of Group 2 compared with Group 1 (405 [380; 420] vs 384 [360; 400] ms, $p=0.049$), as well as Tpeak-end interval duration (98 [80; 110] vs 86 [80; 100] ms, $p=0.019$).

Conclusion. Patients with significant obstructive CAD were predominantly male, more often suffered from prior MI, had higher values of QT interval and T peak-end interval ($p<0.05$) in comparison with patients without coronary atherosclerosis.

INFLUENCE OF LAPAROSCOPIC CYSTECTOMY DUE TO OVARIAN ENDOMETRIOMA ON THE FERTILE PROFILE OF PATIENTS

*Mapa Mudiyansele Shalini Prabodha Gawarammana, R B Singhaprathapa
Wanninayake Mudiyansele Pasan Manjitha Kokwewa, Victor Michel
Benadict Pavani Vihanga*

Grodno State Medical University, Grodno, Belarus

Introduction. Endometriosis has become one of the most common gynaecological diseases in females of reproductive age. It has become a leading cause of morbidity and low quality of life in women due to pronounced disorders of reproduction and pain syndrome. Endometriosis is found in up to 25-50% of women with infertility and up to 50% of women who have endometriosis have infertility. Ovarian endometriomas are benign ovarian cysts that occur in 17-44% of patients with endometriosis. Endometriomas compress the blood circulation to the ovarian cortex which leads to follicular loss. Further follicular damage happens due to the inflammation in the cyst wall. These factors lead to the reduction of ovarian reserve. The ovarian reserve is the number of remaining oocytes in the ovary.

The ovarian reserve is measured by serum follicle stimulating hormone (FSH), anti-Mullerian hormone (AMH), estradiol and inhibin B. An elevated level of FSh is observed in decreased ovarian reserve because a higher FSh stimulus is needed for folliculogenesis. AMH is produced by granulosa cells in women of reproductive age. AMH is the best indicator of ovarian reserve. Laparoscopic cystectomy using the strip method is the standard approach for treatment of ovarian endometrioma.

Although the rate of recurrence of cysts is minimal in this approach, it is associated with reduction of the ovarian reserve and causes infertility. It is mainly due to the healthy ovarian tissue removal and incidental damage to the