surrounding ovarian tissue or the blood supply during surgery. Inflammation and scar tissue formation also affects the ovarian function. Overall laparoscopic cystectomy although minimally invasive, leads to reduction of ovarian reserve and overall fertility of women. So, it is crucial for early detection and treatment of endometriomas to preserve the maximum ovarian function and low occurrence of complications.

Aim of the study. To analyze the fertile profile in patients with ovarian endometriomas before and after laparoscopic cystectomy.

Materials and methods. For this statistical research details of 30 patients who were consulted at the consultation center of Women's Health Clinic in Grodno, Belarus were selected. The data was obtained from a computerized database in the clinic. The inclusion criteria were: women aged between 18-40 years, who have undergone laparoscopic cystectomy for ovarian endometrioma. The absolute values of AMH and FSH were calculated before and after laparoscopic cystectomy.

Results and discussion.

- From the 30 patients the percentage variation of AMH after the surgery was analyzed. We revealed the decreasing of AMH after surgery. In 7% of the patients the AMH level has reduced by 0%-24.99%, in 3% of patients the AMH level has reduced by 25-49.99%, in 30% of patients the AMH level has reduced by 50-74.99% and in 30% of patients the AMH level has reduced by more than 75% after the surgery. In 30% of patients the AMH level has increased after the surgery.
- The percentage variation of the FSH levels demonstrates the next results. In 3% of patients the FSH level has reduced after the surgery. In 30% of patients the FSH level has increased by 0-24.99% after the surgery, in 33% of patients the FSH level has increased by 25-49.99% after the surgery, in 17% of the patients the FSH level has increased by 50- 74.99% after the surgery and in 17% percent of the patients the FSH level has increased by more than 75%.

Conclusion.

- Laparoscopic cystectomy led to the decrease in the AMH level in 70% of the total 30 patients.
- Laparoscopic cystectomy led to the increase in the FSH level in 97% of the total 30 patients.
- Therefore, laparoscopic cystectomy for ovarian endometriomas caused reduction in the ovarian reserve of patients.

ON THE ORIGIN OF CATACROTS (EXPERIMENTAL STUDY)

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Introduction. There are currently several methods available for investigating the state of the reflected wave occurring in the vascular system.

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These methods include rheography, plethysmography, etc. Each method has its own advantages.

Aim of the study. The aim of this work is to compare the changes in the dicrotic rise above muscular-type vessels (both large and small) studied using impedance rheography after a pharmacological test with amlodipine.

Materials and methods. Measurements were conducted using a rheographic device. Amlodipine, a calcium channel blocker, was chosen as the drug affecting the vascular system. It has a vasodilating effect, reducing the vascular muscle tone.

A pilot study was conducted on a 19-year-old male without any cardiovascular dysfunction. Electrodes were first placed on the upper limbs and then on the lower limbs. After the first recording was made, he was administered amlodipine. One hour later after taking the medication we repeated it.

Results and discussion. Upper limb

Parameter	Hand		Shoulder	
	Before the medication	After	Before the medication	After
Heart Rate(bpm)	63	54	63	54
Rheographic Index	1.21	0.97	0.30	1.08
Time of Slow Filling(s)	0.062	0.062	0.064	0.133
Venous Outflow(%)	52	23	52	28
Dicrotic Index(un.)	0.03	-3.85	-0.04	-0.41
Diastolic Index(un.)	0.29	-2.37	-0.02	-0.50

Lower limb

Parameter	Foot		Shin	
	Before the medication	After	Before the medication	After
Heart Rate(bpm)	68	101	68	101
Rheographic Index	0.48	0.24	1.48	0.61
Time of Slow Filling(s)	0.057	0.056	0.097	0.121
Venous Outflow(%)	175	58	128	29
Dicrotic Index(un.)	0.03	-0.77	0.47	-1.82
Diastolic Index(un.)	0.46	0.61	0.87	8.91

Amlodipine increased the amplitude of the reflected wave over the distribution vessels (forearm, shoulder and shin), while decrease in muscle tone led to the decrease in the amplitude of the dicrotic rise above the resistance vessels (hand and foot).

Conclusion. Finally, it can be stated that the mechanisms of forming the reflected wave over the distribution and resistance vessels are different. The

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reflected wave over the distribution vessels is due to reflection from the aortic valve, while over the resistance vessels, there is a dependence on the muscular component of the vessel wall. Thus, the reflected wave depends not only on cardiac output and peripheral vascular resistance, but also on the structural and functional characteristics of larger arteries.

GLYCOGEN STORAGE DISEASE TYPE 1A; A CASE OF UNUSUAL PHYSICAL DEVELOPMENT

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Introduction. Glycogen storage disease (GSD) type I is an autosomal recessive group of rare inherited metabolic diseases including types Ia and Ib, characterized by poor tolerance to fasting, growth retardation and resulting from a defect in the glucose-6-phosphatase system that is required for the hydrolysis of glucose-6-phosphate (G6P) into glucose and inorganic phosphate.

Suspicion and diagnosis of GSD Ia is based on clinical features revolving around doll face, hepatomegaly, fasting intolerance, growth retardation, sometimes followed by nephromegaly, osteopenia and osteoporosis. The disease commonly manifests, between the ages of 3 to 4 months and is confirmed by genetic testing. Here we are discussing a case of accelerated growth in a child affected by GSD Ia that is atypical for this disease.

Aim of the study. To bring awareness of atypical overgrowth in GSD Ia.

Materials and methods. Information extracted from a case report.

Results and discussion. CASE PRESENTATION;

At birth, the baby was macrosomic (4.69kg) with length and head circumference within normal ranges. By day 3, hypoglycemia was detected. Frequent feeding was suggested. By 2 months hepatomegaly and nephromegaly were detected.

During 1^{st} month he gained only 300g through breastfeeding. Later he gained more than 1kg per month through milk formula. By 8 months he had a weight of 11.2kg, height of 73cm and BMI of 21.1. However, by age 4 all indexes except weight reduced from 97^{th} to 50^{th} percentile.

From infancy, he suffered from recurrent respiratory infections (acute bronchitis, pneumonia, acute laryngotracheitis), otitis media, atopic dermatitis, multiple dyspepsia and oral candidiasis. Even though the child was suspected of having GSD when he was 3-4 months, his mother mentioned his excessive sweating and occasional sluggishness with intervals more than 3 hours between feeding that lead to hospitalization. Contrainsular hormone deficiency was excluded. First genetic consultation (TMS) was performed and he was evaluated for metabolic diseases; Lysosomal diseases were undetected. Till 8 months, he

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