observations, in 34.4% of cases it decreased, and in 6.2% it remained without dynamics. Venous pain was present in 87.5% of patients. Its average intensity before the start of treatment was 4 points on the CIVIQ scale. On the 15th day, the pain syndrome decreased to 2 points on the CIVIQ scale.

Conclusion. 1. NEURODENS is an effective and pathogenetically substantiated method of treating CVD, related to the 3rd clinical class (chronic venous edema) according to the international classification CEAP with the implementation of NEURODENS

2. The use of NEURODENS for 15 days is well tolerated by patients, gives a pronounced clinical effect, turning into a 3-month remission in 59.4% of cases.

3. The overwhelming majority of patients withstand the recommended NEURODENS schedule without adjusting their usual work activities.

4. NEURODENS after sclerotherapy can be used in the complex conservative treatment of patients with varicose veins. However, the small volume of studies and the lack of an adequate control group do not allow us to draw final conclusions. Therefore, the studies will be continued.

GENDER DIFFERENCES IN PATIENTS WITH ST-ELEVATION MYOCARDIAL INFARCTION

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Introduction. Acute coronary syndrome refers to a group of conditions that causes reduced blood flow to the heart. Some conditions include ST-elevation myocardial infarction (STEMI), Non-ST-elevation myocardial infarction, and unstable angina. Common risk factors include smoking, hypertension, diabetes, high cholesterol and family history; however, age and sex have a major impact on the severity and prognosis of STEMI. According to the recent studies, younger women have a higher risk of mortality from STEMI than men, when the comorbidities are unadjusted, and older women have a lower risk of adverse outcomes when compared with older men.

Aim of the study. To establish clinical, anamnestic and laboratory differences in male and female patients with STEMI.

Materials and methods. The study included 100 patients with STEMI who were admitted to the Grodno State Cardiological Center for treatment from January to November 2024. Group 1 included 50 female patients, while Group 2 included 50 male patients. All patients underwent clinical, laboratory, and instrumental studies, including coronary angiography. Statistical analysis was performed using the STATISTICA 12.0 software.

Results and discussion. Female patients were significantly older than males (62.1 ± 9.1 vs 57.6 ± 9.2, $p=0.017$). Both groups were comparable in prevalence of hypertension (94% vs 96%, $p>0.05$), obesity (54% vs 48%,

p>0.05), and atrial fibrillation (0% vs 8%, p>0.05). However male patients more often had diabetes mellitus (36% vs 26%, p=0.047) and higher heart failure NYHA class (Class 3-4 in 58% of males and 28% of females, p<0,01).

It is interesting to note, that females more often had anterior STEMI (52% vs 36%, p=0.03), while males had inferior one (34% vs 48%, p=0.04). There were no differences in prevalence of other localizations of MI.

According to the results of clinical blood count, patients of both groups didn't have significant differences in number of WBCs (8.1 [6.9; 9.2] vs 8.2 [6.5; 9.2] *10x9, p=0.87). Number of RBCs (4.6 [4.3; 5.1] vs 4.2 [3.8; 4.6] *10x12, p=0.04), hemoglobin (145 [137; 155] vs 125 [118; 134], p=0.027) and ESR (20.5 [10; 30] vs 15.3 [6; 20] mm/h, p=0.017) were higher in male patients. Interesting to note, that number of platelets was higher in females (291 [245; 325] vs 252 [190; 284] *10x3, p=0.04).

In biochemical blood test male patients had higher levels of urea (p=0.039) than females, however their creatinine levels were comparable (p=0.53). There were no intergroup differences in values of total cholesterol (p=0.23), triglycerides (p=0.54) and low-density lipoproteins (p=0.45), however high-density lipoproteins were higher in females than in males (1.08 [0.82; 1.19] vs 0.89 [0.73; 1] mmol/L, p=0.034). Also male patients with STEMI had significantly higher troponin levels (8427 [570; 9963] vs 11192 [151.5; 13656] ng/L, p<0.001).

Conclusion. Male patients with STEMI were younger, more often had diabetes mellitus and higher heart failure NYHA class. In laboratory tests males were characterized by higher levels of urea, glucose and troponins and lower levels of low-density lipoproteins (p<0.05).

EARLY DIAGNOSIS OF AGE-ASSOCIATED HEARING IMPAIRMENT IN ELDERLY PATIENTS

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Introduction. Age-associated hearing impairment is based on dystrophic and atrophic changes from the auditory analyzer that decrease in sensory cells and neurons in the spiral organ and cochlea. Changes are necrosis of the nuclei, reducing bundles and fibers in the centers and conductive pathways up to the auditory zone of the cortex. From apparatus: rigidity of the main lamina, stiffness of the joints of the auditory ossicles due to increased viscosity of the synovial fluid, atrophy of ligaments and muscle mass reductions are noted. This affects the quality of life, cause loneliness, depression, slowing down the dynamics of mental activity, deterioration of memory and attention.

Aim of the study. To improve the efficiency of hearing impairment by using the Petralex software