

suggested atopic dermatitis alone. Serum immunoglobulin E (sIgE) tests were performed using the ImmunoCap method. Pediatricians conducted regular examinations throughout the first two years.

Results and discussion. In a study of 212 infants, 53.77% were boys and 46.22% were girls. Among them, 27% were diagnosed with atopic dermatitis (AD), with 59.64% being boys and 40.35% girls ($p > 0.05$). Food allergies were present in 36.8% of those with AD. Delivery method showed that 52.63% were born vaginally and 47.37% by cesarean section ($p > 0.05$). Of the AD children, 61.4% were breastfed and 15.7% were formula-fed in the first month ($p = 0.07$). However, only 49.12% were breastfed up to 3 months, and 36.84% were formula-fed ($p > 0.05$). A family history of allergy also plays a role, but nowadays there are many cases of allergic diseases, that manifest in offspring from family with negative family history. Notably, 68.42% of AD children had a negative maternal history of allergic disease ($p = 0.009$).

Conclusion. The prevalence of atopic dermatitis in the studied population was 27%, with food allergy diagnosed in 36.8% of cases. Our study found no direct influence of gender, mode of delivery, or feeding type during the first three months on atopic dermatitis prevalence. Even infants born to mothers without allergic disease history are at a significant risk of developing atopic dermatitis.

EVALUATION OF MEDICAL REASONS FOR THE TERMINATION OF PREGNANCY IN THE FIRST TWO TRIMESTERS

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Introduction. The evaluation of medical reasons for pregnancy termination during the first and second trimesters is critical for understanding the complexities surrounding this decision. Still, advancements in ultrasound technology, allow earlier and more accurate diagnosis. The second trimester is particularly significant, as it is a period when many women are offered the option of termination upon the detection of fetal structural anomalies.

Aim of the study. Analyze the causes for the termination of pregnancy in the first and second trimesters in pregnant women, who reside in Grodno region for medical reasons.

Materials and methods. This study analyzed the medical records of 137 pregnant women hospitalized at Grodno Regional Perinatal Center in Belarus for pregnancy termination due to medical reasons and complications between 2022 and 2023. Cases of spontaneous abortion were excluded. The average age of the participants was 29.2 ± 0.417 years. Patient characteristics were recorded in a Microsoft Excel database, and statistical analysis was performed using the same software.

Results and discussion. The observation group included 137 married pregnant women aged 18 to 44, all without chronic diseases. Only one had a hereditary risk for type 1 diabetes. During the 10-12-week pregnancy period, one woman contracted COVID-19 and another had pyelonephritis; the others were healthy. Most medical issues leading to pregnancy terminations occurred between 12-15 weeks (36.5%) and 18-21 weeks (47.4%). The primary reasons for termination were Down syndrome (21.2%), other chromosomal disorders (8.1%), and congenital malformations, particularly in the central nervous system (22.6%), cardiovascular system (16.1%), musculoskeletal system (13.1%), gastrointestinal tract (5.1%), respiratory system (2.9%), urinary tract (3.6%), and multiple defects in 7.3%. These issues were identified during routine ultrasounds and evaluated by a multidisciplinary team. Four patients (2.9%) refused termination. All procedures were carried out using curettage, with no reported complications.

Conclusion. The common causes of termination of pregnancy during the first two trimesters concerning medical issues are chromosomal diseases in the first place and congenital malformations in the second place.

CLINICAL AND LABORATORY FEATURES OF PATIENTS WITH ST-ELEVATION MYOCARDIAL INFARCTION COMPLICATED BY VENTRICULAR ARRHYTHMIAS

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Introduction. Sudden cardiac death in the setting of an acute myocardial infarction (MI) is most frequently the result of ventricular arrhythmias. The appearance of a sustained ventricular arrhythmia following an MI, such as ventricular tachycardia (VT) or ventricular fibrillation (VF), in the early period post-MI may be the harbinger of ongoing myocardial ischemia, the development of proarrhythmic myocardial scar tissue, or an electrolyte disturbance, such as hypokalemia. In-hospital mortality approaches 20% in patients who develop VT or VF following an MI, therefore prevention and treatment of arrhythmias during and immediately after acute MI is extremely relevant.

Aim of the study. To identify clinical, anamnestic and laboratory features of patients with STEMI and ventricular arrhythmias compared to patients with uncomplicated STEMI.

Materials and methods. The study included 91 patients with STEMI, who were admitted to Grodno State Cardiological Center for treatment from February 2024 to February 2025. Group 1 included 64 patients with STEMI, while Group 2 included 29 patients with STEMI and ventricular arrhythmias (sustained VT or