

ablation of visible endometriosis or diagnostic laparoscopy only. They were followed for 36 weeks after the laparoscopy or, for those who became pregnant during that interval, for up to 20 weeks of pregnancy. In the intervention group, 50 of the 170 women became pregnant in the follow-up period, compared with only 29 of 169 in the diagnostic laparoscopy group.

**Conclusion.** Infertility is a gynecological pathology that can be the complication of different diseases and disorders. So to save reproductive health is very important to normalize menstrual cycle, to treat all extragenital and gynecological diseases and to prevent infertility.

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## THE MAIN FEATURES AND INDICATIONS FOR PLATELET TRANSFUSION IN CHILDREN

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**Background.** Platelets play a crucial role in the primary hemostatic process, and their deficiency or dysfunction can lead to an increased risk of bleeding. In children, thrombocytopenia can occur due to a variety of conditions, including infections, autoimmune disorders, cancer, and congenital abnormalities. Platelet transfusion is an essential part of treatment for stopping or preventing bleeding, and it is widely used in clinical practice, especially for children.

Platelet mass is a concentrated form of platelets derived from a single donor's whole blood, containing a high number of these cells that help normalize blood clotting and maintain hemostasis. [1] However, platelet transfusions in children require careful consideration of indications, protocols, and potential risks, as recommended by the American Society of Hematology, which only recommends transfusions for life-threatening bleeding or prior to surgery [2].

**The aim of the study** – to consider the main features and indications for platelet transfusion depending on the children gender and age.

**Research methods.** A retrospective cohort study of 27 children (age 1-15) who underwent platelet transfusion in Grodno Children Hospital during the year 2023-2024.

The research included a scientific, theoretical, and comparative analysis of medical literature, as well as statistical data processing using traditional methods of variational statistics on a personal computer with the help of the StatSoft Statistika 10.0 program.

**Results and discussion.** During the analyzed time period, 27 patients required platelet transfusions, most of the children (85%) were male and the rest of the children (15%) were female.

According to the age of the platelet transfusion children were divided into groups as follows: from 1 to 3 years – 8 children (28%), from 3 to 7 years – 6 subjects (23%), from 7 to 11 years – 7 children (27%), from 11 to 15 years – 6 patients (23%).

Platelet transfusions are administered to prevent or treat bleeding in thrombocytopenic pediatric patients.

The indication for platelet transfusion were a low platelet count in the total blood count, which was associated with cancer, prophylaxis in chemotherapy-induced bone marrow suppression, treatment of active bleeding due to thrombocytopenia or platelet function disorders, support during invasive procedures or other life-threatening conditions.

The underlying conditions that required transfusion were congenital megakaryocytic thrombocytopenia (1 case), polytrauma (7 cases), oncological diseases (6 cases), hemolytic uremic syndrome (2 cases), chronic inflammatory bowel diseases (3 cases), sepsis (4 cases), acute blood loss due to surgical interventions (4 cases).

A total of 67 units of thromboconcentrate were administered to children with different blood types. The majority of recipients – 15 people – had blood type group A(II) Rh+, 7 patients had group B(III) Rh+, and 2 patient each had blood types group O(I) Rh+ and AB(IV) Rh+.

**Conclusion.** Platelet transfusion is an important treatment for thrombocytopenia and other platelet-related conditions in children.

Approximately 28 % of all platelet transfusions were given to children from 1 to 3 years and most of the them were male. There was no statistically significant effect of gender on the immediate efficacy of transfusion.

However, for girls, especially in prepubertal and pubertal age, a more thorough assessment of the risk of Rh- sensitization and alloimmunization to platelet antigens should be carried out.

Most often, platelets of the 2-nd blood group were transfused. Transfusion of ABO-identical platelets is standard, as it significantly reduces the incidence of acute and delayed immune responses.

The platelet transfusion strategy for therapeutic indications (in the presence of clinically significant bleeding events) demonstrates an advantage over prophylactic transfusion in stable patients. Prophylactic transfusion is justified only in high-risk children.

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## ПРЕДИКТОРЫ ГЕМОРРАГИЧЕСКОЙ ТРАНСФОРМАЦИИ ИШЕМИЧЕСКОГО ИНСУЛЬТА ПОСЛЕ ТРОМБОЛИТИЧЕСКОЙ ТЕРАПИИ

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**Актуальность.** Геморрагическая трансформация (ГТ) – осложнение реперфузионной терапии ишемического инсульта (ИИ), ухудшающее прогноз, ограничивающее возможности лечения и реабилитации. Для достижения более высоких показателей эффективности и безопасности при проведении тромболитической терапии (ТЛТ) у пациентов в острейшем периоде ИИ показан персонализированный подход, включающий выявление прогностически неблагоприятных предикторов (клинических, лабораторных, нейровизуализационных), определяющих исход заболевания [1].

**Цель** – проанализировать и оценить роль клинико-anamnestических, лабораторно-инструментальных предикторов ГТ ишемического очага после ТЛТ.

**Методы исследования.** Были изучены истории болезни пациентов с ИИ, которым выполнена системная ТЛТ. Группа пациентов с ГТ ишемического очага после ТЛТ – 35 человек. На основании нейровизуализационных данных согласно классификации ECASS II (European Australasian Cooperative Acute Stroke Study Group) проведено разделение ГТ на геморрагические инфаркты 1 типа (петехии по краям инфаркта) и 2 типа (сливные петехии на протяжении инфаркта) (ГИ-1 и ГИ-2), паренхиматозные гематомы 1 типа (менее 30% области ишемии с незначительным масс-эффектом) и 2 типа (более 30% зоны инфаркта с существенным масс-эффектом) (ПГ-1 и ПГ-2). Проанализированы клинико-anamnestические, лабораторные, нейровизуализационные факторы риска ГТ. Для статистической обработки использованы программы Microsoft Excel 2013, Statistica 10.0.