

40 выпусков Гродненского медицинского института и университета. Выступал с обобщающими докладами по вопросам физиологии кровообращения на пленумах отделения физиологии АН СССР (1973, 1978). Принимал активное участие в работе Центральной проблемной учебно-медицинской комиссии по физиологии МЗ СССР и международной комиссии по координации преподавания физиологии в социалистических странах, неоднократно выступал с докладами на Всесоюзных семинарах и совещаниях заведующих кафедрами физиологии СССР. С 1999 г. член-корреспондент Международной Академии Геронтологии. И. К. Жмакин руководил подготовкой 7 кандидатских и 1 докторской диссертаций по разным аспектам физиологии и патофизиологии кровообращения. На протяжении многих лет был заместителем председателя физиологического общества Беларуси и председателем его Гродненского отделения.

После ухода на заслуженный отдых И. К. Жмакин продолжал интересоваться жизнью кафедры, встречаться с учениками и коллегами. Вклад профессора И. К. Жмакина в развитие и становление кафедры нормальной физиологии очень значим. Заложенные им основы и традиции продолжают развиваться и преумножаться нынешним коллективом кафедры.

CLINICAL AND ELECTROCARDIOGRAPHIC PARAMETERS IN PATIENTS WITH PAROXYSMAL ATRIAL FIBRILLATION AND CORONARY ARTERY DISEASE

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Relevance. Atrial fibrillation (AF) is a form of atrial arrhythmia that frequently occurs in clinical practice. Electrocardiography (ECG) is a simple, cost-effective, and non-invasive modality for diagnosing cardiovascular diseases and has excellent potential to estimate the risk of AF [1 c.142]. Selected ECG parameters, especially heart rate (HR), and corrected QT (QTc) interval independently predict risk of and mortality owing to coronary artery disease (CAD) in U.S. adults at high risk.

Target. To evaluate clinical and electrocardiographic parameters in patients with paroxysmal AF and CAD.

Research methods. The study included 53 patients with CAD and paroxysmal AF who were admitted to Grodno Clinical Cardiological Centre for treatment from January to December 2023. Patients included in the study underwent instrumental and

laboratory research methods. According to the results of ECG, 24 patients had paroxysmal AF (Group 1), and 29 patients had sinus rhythm (Group 2). Upon admission, a resting standard 12-lead ECG was recorded. ECGs were taken at a paper speed of 50 mm/s and calibration of 10 mm/mV. Statistical analysis was performed using the STATISTICA 12.0 software.

Results and discussion. Patients in both groups were comparable in age ($p>0.05$) and gender, with male gender predominant in both groups ($p>0.05$). There were no significant intergroup differences in the prevalence of such comorbidities as hypertension, obesity, myocardial infarction history and diabetes mellitus ($p>0.05$). It is interesting that patients of both groups 1 and 2 had no significant differences in all studied electrocardiographic parameters, including QT interval duration, as well as corrected QT interval according to both Bazett and Fridericia formulas. The only ECG parameter that was higher in patients with AF was PQ interval duration (176.3 [160; 180] vs. 153.5 [140; 180] ms, $p=0.003$). When conducting a univariate ROC analysis, it was found that with a PQ interval value of more than 180 ms, a high probability of developing paroxysmal AF is determined with sensitivity of 66.7%, and specificity of 72.4%. The area under the ROC curve was 0.74 (95% CI 0.60–0.88), $p=0.012$.

Conclusions. Our study showed that PQ interval prolongation >180 ms is independently associated with the development of AF, particularly in specific population of patients with CAD. This highlights that the further study of clinical and ECG characteristics in paroxysmal AF should be conducted.

LITERATURE

1. Thomas, M. R. Novel Risk Markers and Risk Assessments for Cardiovascular Disease / M. R. Thomas, G. Y. Lip // Circ Res. – 2017. – Vol. 120, № 1. – P. 133–149.

CLINICAL AND ECHOCARDIOGRAPHIC FEATURES OF ELDERLY PATIENTS WITH MYOCARDIAL INFARCTION

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Relevance. Acute myocardial infarction (MI) represents a intense injury to the myocardium. The clinical presentation, risk factor profile, and prognosis of MI, however, they vary across all age groups. Elderly patients, who represent a larger part of the MI population, present a distinct clinical picture compared to their younger counterparts [1 c. 1].