

pregnancy ended in a spontaneous miscarriage during the first trimester. The second pregnancy resulted in a term delivery complicated by the premature rupture of membranes, necessitating an emergency cesarean section; a healthy neonate weighing 3200g was delivered and is currently healthy. Her current pregnancy history includes, threatened miscarriage at 21 weeks gestation and pregnancy related hypertension at 26 weeks. She was referred to our hospital by her women's antenatal clinic. Routine antenatal screening done at her local antenatal clinic identified group B beta-hemolytic streptococcus infection for which she received treatment with azithromycin. Given the increased cardiovascular risk associated with TS pregnancy, a focused cardiac evaluation was reviewed. The patient had a known history of a bicuspid aortic valve and a coronary-pulmonary artery fistula, both previously assessed as hemodynamically insignificant on transthoracic echocardiography. Echocardiography revealed preserved left ventricular systolic function (ejection fraction 69%), with mild mitral and tricuspid regurgitation.

Conclusions. This case underscores that spontaneous conception, although uncommon in patients with TS, can occur even in the absence of assisted reproductive techniques. Cases like this are essential in modern literature as they broaden clinicians' understanding of the probability, counselling and management of spontaneous conception in TS patients- rather than dismissing it solely based on low population level statistics.

LITERATURE

1. Unexpected spontaneous pregnancy in women with Turner syndrome / A. M. Meijerink, D. E. Besselink, H. J. L. M. Timmers [et al.] // Nederlands Tijdschrift voor Geneeskunde. – 2024. – Vol. 168. – P. D7892.

ASSESSMENT OF RECURRING PREVALENCE AND NEW CASES OF INFECTIONS IN DIABETIC PATIENTS RECEIVING INSULIN THERAPY COMPARED TO THOSE ON ORAL HYPOGLYCEMIC AGENTS

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Relevance. Individuals with diabetes are highly susceptible to infections because persistent hyperglycemia weakens immune defenses. Respiratory illnesses such as pneumonia, tuberculosis, influenza and COVID 19 occur more frequently and with greater severity. Urinary tract infections are common, as glucose laden urine supports bacterial growth, leading to cystitis, pyelonephritis, or sepsis. Skin and soft tissue infections—including cellulitis, abscesses, and necrotizing fasciitis—affect nearly one third of patients. With diabetes prevalence rising in Sri Lanka, this study examines

infection patterns in patients treated with insulin compared to those on oral agents, aiming to inform preventive measures and improve clinical outcomes.

Target. To investigate the recurring occurrence and new cases of respiratory, urinary, and skin infections among individuals with diabetes, comparing those managed exclusively with oral antidiabetic agents to those receiving insulin therapy.

Research methods. The research will be undertaken at the medical clinics of Vavuniya. Ethical clearance will be obtained from the Faculty of Medicine, University of Peradeniya, along with formal approval from the respective consultants. The study population will consist of individuals aged 30–70 years diagnosed with type 1 or type 2 diabetes who have been receiving either insulin therapy or oral hypoglycemic agents for a minimum of one year [1].

Results and their discussion. A total of 415 diabetic patients were included in the study, comprising 3 individuals with type 1 diabetes and 412 with type 2 diabetes. The sample consisted of 132 men (31.8%) and 283 women (68.2%). Among men, 54.5% were managed with oral hypoglycemic drugs (OHD) and 45.5% with insulin, while among women, 51.5% used OHD and 48.5% insulin. Overall, 218 participants (52.5%) had been on OHD and 197 (47.5%) on insulin for at least one year. The highest proportion of combined OHD and insulin use was observed in the 60–70 age group (57.1%). The average duration of diabetes was longer in insulin users (14.9 ± 9.4 years) compared with OHD users (11.2 ± 7.8 years). Lifestyle factors showed that most patients were nonsmokers (93.7%) and nonalcohol consumers (89.6%), with similar trends across both treatment groups. Hospitalization due to hyperglycemia was relatively uncommon, reported by 18.2% of insulin users and 14.7% of OHD users.

Conclusions. Distribution in Skin and soft tissue infections were slightly more common among insulin users (31.0%) compared to OHD users (22.9%).

A minority of insulin users (11.2%) reported local injection site symptoms such as lumps, redness, or swelling, but the majority (88.8%) did not experience such issues.

RTI showed the highest recurrence, with 27.6% experiencing two episodes and 24.0% experiencing three or more within one year. Recurrence rates for UTI, RTI, and SSTI did not differ significantly between OHD and insulin groups.

LITERATURE

1. Shah, B. R. Quantifying the risk of infectious diseases for people with diabetes / B. R. Shah, J. E. Hux // *Diabetes Care*. – 2003. – Vol. 26, № 2. – P. 510–513. – doi: 10.2337/diacare.26.2.510.