implication of perinatal stem cells in pathological conditions including cardiovascular and metabolic disorders as well as inflammatory, autoimmune, musculoskeletal and degenerative diseases.

Target. To examine the effect of application of amniotic membrane on the scar of the uterus during the operation cesarean section.

Research methods. Studying history cases of the patients with cesarean section and application of amniotic membrane on the scar of the uterus during the operation cesarean section, analysis results, ultrasound examination, statistic methods.

Results and their discussion. We have examined 30 cases of application of amniotic membrane on the scar of the uterus during the operation cesarean section. The indications to the operation cesarean section were the scar on the uterus after previous cesarean section. The average age of the patients was 31±4 years. Based on our study, the patients had arterial hypertension (30%), kidney pathology (35%), obesity (20%).We have analyzed the sickness of the lower segment of uterus where is the scar in 7 days and 3 month after the operation. The results were that the sickness of the lower segment of uterus where is the scar in 7 days after the operation cesarean section with application of amniotic membrane on the scar was more on 3.5 mm that at the patients with classic operation cesarean section without using of amniotic membranes. At 3 months after operation this result was also on 2mm more that at the patients with classic operation cesarean section without using of amniotic membranes.

Conclusions. Using amniotic membranes helps in regeneration of the scar on uterus after the operation. The amniotic membrane is a promising and ethically non-controversial source of multipotent stem cells (hAESCs). A preliminary study of 30 cases applying the membrane to a cesarean scar showed positive results, with follow-up examinations of the uterine segment at 7 days and 3 months post-operation.

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EARLY DIAGNOSIS OF ENDOMETRIAL CANCER

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Relevance. One in 12 women will die from cancer. Endometrial cancer (EC) is the most and second most common gynecological malignancy in developed and developing countries, respectively. So the EC, breast and the colorectal cancers this affects the different part of the body only one thing is common in them is risk factors and the possibility of early detection. Hormones, reproductive history, physical

activity, and weight all play a role in who gets these cancers and who does not. We should know the what are the “red flag” the patient generally talk about above our theoretical knowledge [1]. The majority of EC are diagnosed due to the presence of abnormal uterine bleeding. The existing literature however contains only little data regarding the prevalence of such symptoms compared to patients with no or benign pathology. Therefore, it is actual to determine the significance of various clinical signs and symptoms predicting EC.

Target. To study the risk factors and early symptoms of EC.

Research methods. The retrospective study is based on the analysis of data from the Belarussian cancer registry and electronic medical records of 48 patients with EC All women underwent surgery at the Grodno University Clinic between January 2025 and January 2026. Eligibility criteria included women with histologically confirmed EC who underwent surgery. Exclusions were made for those with a history of other malignancies.

Results and their discussion. The study encompassed a cohort of 48 participants with a median age of 61,8 years. Staging, as per the FIGO, revealed a majority of patients being situated at stage I during the time of surgery (88%). There were 37 patients with T1aN0M0 (78%), 5- with T1bN0M0 (10%), 3- with T2N0M0 (6%), 3- with T3N1M0 3 patient (6%). Predominantly, the cohort presented with a diagnosis of endometrioid carcinoma (85%). The average BMI was 30,9. Among the comorbidities, the most common were cardiovascular pathology, anemia, gastrointestinal pathology, obesity, diabetes mellitus, urinary system pathology. The patients complained of pelvic pressure, urinary symptoms, vaginal discharge and abdominal pain. Abnormal bleeding was the cardinal symptom in the majority of our patients. The presence of anemia before the diagnosis of endometrial cancer and intake of oral iron preparations was estimated in 9 patients. So, patients with anemia and obesity should be evaluated for potential endometrial cancer. In primary care it is essential to be aware of associated presenting symptoms since most of the diagnoses can be made at an early stage of disease due to their presence.

Conclusions. According to our data, EC is detected at early stages of development. This allows for timely treatment and creates a favorable background for complete recovery from this disease. Risk factors for endometrial cancer include lipid metabolism disorders, obesity and anemia.

LITERATURE

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