

coronary angiography with possible percutaneous coronary intervention. Statistical analysis was performed using non-parametric methods with significance set at $p < 0.05$.

Results and their discussion. The two groups were largely comparable in terms of demographic and major cardiovascular risk factors. No significant differences were observed in male gender predominance (62.7% vs. 70.2%; $p > 0.05$), median age (65 [58; 72] vs. 67 [63; 72]; $p > 0.05$), prevalence of obesity, diabetes mellitus, or anemia ($p > 0.05$). Similarly, functional status as assessed by NYHA heart failure classification showed balanced distribution across classes 1–3 ($p > 0.05$).

Patients with MI demonstrated significantly higher leukocyte counts ($p = 0.005$), higher creatinine levels ($p = 0.01$), and significantly different total cholesterol values ($p = 0.0003$). Markedly higher troponin values in Group 1 in comparison with Group 2 ($p < 0.001$) strongly suggest greater myocardial necrosis in Group 1. Echocardiographically, patients with unstable angina showed larger left atrial dimensions ($p = 0.017$ and $p = 0.031$) and greater left ventricular end-diastolic diameter ($p = 0.033$). Left ventricular end-diastolic volume assessed by B-mode was also significantly higher in the unstable angina group ($p = 0.008$). No significant differences were observed in left ventricular ejection fraction.

Conclusions. Patients with NSTEMI-ACS who develop myocardial infarction exhibit more pronounced inflammatory activation and renal function impairment, whereas those with unstable angina demonstrate more prominent structural cardiac remodeling. These findings suggest that both inflammatory burden and cardiac structural characteristics may contribute differently to clinical outcomes in NSTEMI-ACS.

LITERATURE

1. Sandoval, Y. Using High-Sensitivity Cardiac Troponin T for Acute Cardiac Care / Y. Sandoval, A. S. Jaffe // The American Journal of Medicine. – 2017. – Vol. 130, № 12. – P. 1358–1365.

THE SECOND CHANCE: FUTURE OF FERTILITY IN BELARUS

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Relevance. According to WHO blocked fallopian tubes account for about 25-30% of female infertility cases. This research is retrospectively analyzing the success rate of reconstructive microsurgery for tubal infertility as a first line approach to achieving tubal reversal and pregnancy after tubal infertility. Tubal infertility represents a significant global health burden accounting for approximately 25-35% of cases worldwide. Tubal infertility has a great influence for every family during the

planning of the family. So diagnostics and treatment of infertility is one of the main problems in modern obstetrics and gynecology. There are a lot of methods of conservative and surgical treatment of infertility. We will pay attention on operations on fallopian tubes [1].

Target. To examine patients with tubal infertility in past and effects of different methods of treatment of infertility.

Research methods. Studying history cases of the patients with tubal infertility, results of hysterosalpingography, results of sonosalpingography, examining extra genital pathology and the results of laboratory analysis, results of ovarian functions by transvaginal ultrasound examination.

Results and their discussion. We have examined 96 patients with tubal infertility. They were referred during 2005-2014 for tubal reversal and all patients had their tubes ligated. Tubal obstruction was diagnosed either via clinical examination or hysterosalpingography and ovarian functions were assessed by transvaginal ultrasound examination. The average age of the patients was 32 ± 5 years. Based on our study, the patients had thyroid diseases (50%), kidney pathology (47%), obesity (33%).

Surgical Techniques. The surgical approach is categorized into three main techniques: microsurgical tubal reversal, tubo-cornual anastomosis, and microsurgical neosalpingostomy. In microsurgical tubal reversal, the entire affected scarred tubal segment was resected, and the remaining stumps were excised 1 cm from the tube to ensure healthy tissue for anastomosis. Tubo-cornual anastomosis involved the resection of the scarred uterine tube area followed by a spatulated incision of the tubal stump. Lastly, microsurgical neosalpingostomy was utilized for patients with ampullary level obstruction associated with fimbriae atrophy and proximal hydrosalpinx.

Surgical Outcomes and Patency Rates. A total of 96 microsurgical tubal reversals were performed during the study. The overall reversal success rate was high, with 81 out of 96 tubes remaining patent postoperatively. Specifically, bilateral patency was achieved in 79 patients, while 5 patients demonstrated unilateral patency.

Level of Obstruction and Ectopic Pregnancy. The level of tubal reconstruction significantly influenced the rates of ectopic pregnancy. Among the 7 recorded cases of ectopic pregnancy, the distribution based on the type of anastomosis was as follows: 4 cases occurred after infundibular anastomosis, 2 followed ampullary anastomoses, and 1 resulted from the replantation technique.

Conclusions. Tubal infertility has a high frequency. It has a problem in demography of every country. Surgical treatment has a high effect in gynecology to avoid problem of infertility and to solve the problem of demography.

LITERATURE

1. Role of Reconstructive Microsurgery in Tubal Infertility in young women / S. Barac, L. P. Jiga, A. Rata [et al.] // Journal of Clinical Medicine. – 2020. – Vol. 9, № 5. – Art. 1300. – doi: 10.3390/jcm9051300.