

PRIMARY MULTIPLE GYNECOLOGIC MALIGNANCIES

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Relevance. Cancer survivorship has improved substantially over recent decades due to advances in early detection, surgical techniques, and adjuvant therapies. As a result, clinicians are increasingly encountering patients who develop more than one distinct primary malignancy during their lifetime. The phenomenon of multiple primary cancers, first systematically described by Warren and Gates, refers to the occurrence of two or more histologically distinct malignancies arising independently in the same individual, excluding recurrence or metastatic disease. Primary cancers frequently coexist in the endometrium and ovary, with synchronous carcinomas occurring in approximately 10% of all women with ovarian cancer and 5% of all women with endometrial cancer. Furthermore, there have been reports of synchronous malignant neoplasms of the ovary and cervix, as well as the endometrium and cervix [1]. Several mechanisms have been proposed to explain the occurrence of multiple primary gynecologic cancers. These include shared embryological origins of the Müllerian tract, common hormonal and environmental exposures, underlying genetic susceptibility, and treatment-related factors such as radiotherapy or chemotherapy-induced secondary malignancies. However, the relative contribution of each factor remains incompletely understood.

Target. To investigate the structure and clinical features of primary multiple gynecological malignancies, as well as to identify patterns of multiple tumor development in the female reproductive system.

Research methods. The study included 80 patients of Slavic origin from the Grodno region with polyneoplasia. Data from medical records, questionnaires, and classical criteria for primary multiple tumors were used.

Results and their discussion. 80 patients included in the study were diagnosed with 179 malignant tumors. Primary multiple synchronous cancer was diagnosed in 25 of them (31%). The primary multiplicity of neoplasms was represented by two sites (69 cases), less commonly by three (11 cases). Breast cancer co-occurred with ovarian cancer in 54% of patients, endometrial and ovarian cancer – in 26%, ovarian and colorectal cancer – in 12%. The average age of patients involved in the study was 52,4 years. In 60% of cases primary multiple synchronous cancer was diagnosed between the age of 50 to 60. Every fourth patient had an aggravated medical family history of breast cancer and/or ovarian cancer in the first or second degree relatives. Analysis of clinical data showed that in the group of primary multiple metachronous cancer patients the age of women at the time of detection of the first tumor ranged from 37 to 70 years. A notable correlation exists between age and the location of the first tumor. Nineteen of the 32 breast cancer cases were diagnosed before the age of 50.

The average age of onset of breast cancer was 49 years, in a group of 19 women with endometrial cancer – 57 years.

Conclusions. This study demonstrates a high frequency of polyneoplasia in the Belarusian population. The obtained data justify the need to develop personalized monitoring and prevention programs for patients with the cancer in the anamnesis.

LITERATURE

1. Risks and cancer associations of metachronous and synchronous multiple primary cancers: A 25-year retrospective study / P. Tanjak, B. Suktitipat, N. Vorasan [et al.] // BMC Cancer. – 2021. – Vol. 21, № 1. – Art. 1045.

GENDER DIFFERENCES IN PATIENTS PRESENTING WITH NON-ST ELEVATION ACUTE CORONARY SYNDROMES

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Relevance. Acute coronary syndromes (ACS) remain a leading cause of morbidity and mortality worldwide [1]. ACS encompasses three related clinical conditions along a continuum of severity: unstable angina, non-ST elevation myocardial infarction (NSTEMI), and ST elevation myocardial infarction [1]. The development of NSTEMI-ACS in women, risk factors, clinical course, structure of complications and prognosis has their own characteristics, although most of the generally recognized risk factors remain common for both genders.

Target. To identify clinical and laboratory differences in male and female patients presenting with NSTEMI-ACS.

Research methods. The single-center retrospective study included 96 patients with NSTEMI-ACS, who were admitted to the Grodno Clinical Cardiological Center from January 2025 to October 2025. Patients were divided into 2 groups according to their gender: Group 1 included 49 male patients (51%), Group 2 included 47 female patients (49%). In this study, patients underwent clinical and laboratory investigation, including high-sensitive troponin I/T test upon admission and / or in 1 hour. Statistical analysis was performed using the STATISTICA 12.0.

Results and their discussion. Female patients were significantly older ($p=0.005$); and more often had obesity (40% vs. 18%, $p=0.02$). There were no significant intergroup differences in the prevalence of hypertension, diabetes mellitus, and incidence of prior myocardial infarction (MI) ($p>0.05$). Female patients were significantly more diagnosed with unstable angina (32% vs. 4%, $p<0.001$), while in male patients MI diagnosis was more common (96% vs 68%). There were no significant differences in MI localization, with inferior MI being the most common in both groups ($p>0.05$).