

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 ($p>0.05$).

Patients of both groups didn't have significant differences in number of WBCs ($p=0.93$). Number of RBCs ($p=0.002$), and hemoglobin ($p<0.001$) were higher in male patients. Interesting to say, that ESR was higher in females (19.8 [10.5; 24.7] vs 13.9 [5; 15.5] mm.h, $p=0.003$).

In biochemical blood test male patients had higher levels of creatinine ($p=0.014$), however their urea levels were comparable ($p=0.91$). There were no intergroup differences in values of total cholesterol ($p=0.78$), triglycerides ($p=0.53$) and low density lipoproteins ($p=0.84$), however high density lipoproteins were higher in females, almost reaching statistical significance level ($p=0.06$). High-sensitive troponin I levels were comparable between two groups (5291 [303; 4209] vs 5321 [127; 3769] ng/L, $p=0.12$), as well as such biomarkers as lactate dehydrogenase ($p=0.09$) and creatine phosphokinase MB ($p=0.98$).

Conclusions. Female patients with NSTEMI-ACS were older, and had higher BMI. In laboratory tests females were characterized by lower levels of RBCs, hemoglobin and creatinine, and higher levels of ESR and low density lipoproteins ($p<0.05$). Cardiac biomarkers in both groups showed no statistical difference ($p>0.05$), despite higher incidence of unstable angina diagnosis in female patients ($p<0.001$).

LITERATURE

1. Kinsara, A. J. Gender differences in patients presenting with non-ST segment elevation myocardial infarction in the STAR registry / A. J. Kinsara, Y. M. Ismail // The Egyptian Heart Journal. – 2021. – Vol. 73, № 1. – Art. 54.

A CASE STUDY OF A YOUNG PATIENT WITH RECURRENT MYOCARDIAL INFARCTION

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Relevance. Among adults aged 35-70 years, cardiovascular disease is the leading cause of death worldwide [1, 2]. The issue of MI is highly relevant due to rising morbidity and mortality rates in individuals with acute and chronic coronary heart disease globally [3], which is associated with an increase in the main risk factors for atherosclerosis [4].

Target. To present a case of recurrent myocardial infarction in a young adult and evaluate the role of SPECT and PCI in diagnosis, treatment planning and follow-up.

Research methods. Patient S., born in 1983, was admitted on 02/10/2019 with chest pain and high blood pressure (170/90). Risk factors included smoking, obesity, and inactivity. Examination showed moderate condition (BP 150/80). ECG indicated