

therapy involving atezolizumab has demonstrated promise in enhancing response rates among patients with advanced NSCLC. Previous research highlights that immune checkpoint inhibitors can synergistically improve outcomes when paired with traditional chemotherapeutics [2]. Our case highlights the benefit of combining immunotherapy, specifically the PD-L1 inhibitor atezolizumab, with standard treatment to manage complex cancer stages effectively. The results reflect a positive trend in tumor size reduction and patient recovery, supporting further investigation into this therapeutic combination.

Conclusions. The treatment regimen appears to provide a promising avenue for improving clinical outcomes in advanced lung cancer. Further research is warranted to corroborate these findings and optimize treatment protocols.

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A CLINICAL CASE OF A YOUNG PATIENT WITH POST-MYOCARDITIS ATRIAL FIBRILLATION AND HEART FAILURE WITH REDUCED EJECTION FRACTION

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Relevance. Myocarditis is defined as inflammation of heart myocardium due to numerous causes [1]. Initial clinical presentation may manifest chest pain, shortness of breath, fatigue and history of a recent upper respiratory infection [2]. Clinical course can be unpredictable as some of the patients might not need any sort of treatment and on the other hand some patients might even require heart transplantation due to severe heart failure [3].

Target. To discuss a case study of a young patient with post-myocarditis complications.

Research methods. Case report. 26 year old male. Previous ECG: Sinus rhythm (1 year ago). Presented with poor exercise tolerance, shortness of breath, fatigue following a severe cold. Fever: 39°C for 4 days, dry cough, runny nose. Smoking: 10 years. HR: 97 bpm (irregular) BP: 105/80. Heart dilatation, muffled sounds,

murmur. Moist rales in lower lung lobes. ECG Findings: AF, heart rate 92 bpm, left ventricular hypertrophy, T-wave inversion.

Laboratory results:

Slightly elevated INR, APTT, prothrombin time;

NT-proBNP: 2530.

Echocardiography:

Chamber dilation, LVEF: 28% (M-mode), 27% (B-mode).

Mitral/tricuspid regurgitation, stage 1 pulmonary hypertension (44 mmHg).

Patient treatment at admission included standard quadruple HFrEF therapy: sacubitril/valsartan, spironolactone, metoprolol, and empagliflozin. Also, included amiodarone and rivaroxaban for AF.

Electrical cardioversion was performed due to prevailing AF and HFrEF, under intravenous sedation of Propofol 200 mg. sinus rhythm was restored, heart rate 68 bpm.

Holter monitoring: 6 ventricular extrasystoles and 25 supraventricular extrasystoles. With sinus rhythm mostly.

The final diagnosis of the patient was: Severe form of acute myocarditis. Mitral insufficiency stage 2-3, tricuspid insufficiency stage 2, aortic insufficiency stage 1. Pulmonary hypertension stage 1. Persistent form of AF, tachysystolic variant, first diagnosed. Sinus rhythm from 04/14/2025 (electrical cardioversion). Supraventricular extrasystoles. HF with reduced ejection fraction (LVEF 27/28%). NYHA Functional Class III. Bilateral hydrothorax. Hydropericardium.

The dynamics of the echocardiography parameters returned to normal within 3 months of treatment.

Patient's NT-proBNP returned to normal levels (267 pg/ml).

With drug therapy, a significant clinical improvement in the patient's condition was noted: exercise tolerance increased, and NYHA functional class improved from III to II. Increase in LVEF from 27% to 65%, and a decrease in NT-proBNP levels from 2530 to 267 pg/ml.

Results and their discussion. Appropriate investigations and prompt treatment has resulted in a positive outcome of the patient and decreased the morbidity from the disease. The above case discusses a rare complication in a young patient with myocarditis and the diagnosis and treatment of the complications in the Grodno Cardiology Center.

Conclusions. The presented clinical observation of a young patient testifies to the objective difficulties not only of timely diagnosis of myocarditis, but also of treatment of its consequences including HFrEF and AF.

LITERATURE

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CLINICAL AND ANGIOGRAPHIC FEATURES OF PATIENTS WITH LEFT MAIN CORONARY ARTERY DISEASE

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Relevance. The left main coronary artery (LMCA) disease is the highest-risk lesion subgroup among the different types of obstructive coronary artery disease (CAD) and is associated with poorer outcomes [1]. Coronary artery bypass grafting (CABG) is the «gold standard» in the treatment of LMCA disease. Despite its clinical significance, uncertainties persist regarding the optimal management strategy for patients, particularly given its phenotypic variations.

Target. This study was aimed to identify clinical and angiographic features of patients with LMCA disease.

Research methods. The single-center study included 106 patients with chronic coronary syndrome, who were admitted to the Grodno Regional Cardiological Center for diagnostic coronary angiography from January 2023 to December 2025. Patients were divided into 2 groups according to the coronary angiography results: Group 1 included 46 patients with LMCA disease (>50% stenosis), while Group 2 – included 60 patients with non-LMCA disease defined as obstructive stenosis in one or more epicardial coronary arteries not involving the LMCA.

Patients underwent coronary angiography with possible percutaneous coronary intervention (PCI) in the X-ray operating room on the Philips Azurion angiographic unit. Statistical analysis was performed using the Statistica 12.0 software.

Results and their discussion. Patients of both groups were comparable in age ($p>0.05$); with male gender being more common in patients with LMCA (80.4% vs. 60%, $p=0.034$). There were no significant intergroup differences in the prevalence of hypertension, diabetes mellitus and prior myocardial infarction ($p>0.05$).

Angiographic decision of CABG was three times more common in LMCA stenosis group (65.2% vs. 20%, $p<0.001$), while in patients with non-LMCA disease PCI was prevalent (58.3 vs. 26.1%). In patients with LMCA disease approximately half of patients had proximal and ostial involvement – 22 (47.8%) while 24 (52.2%) had middle part and distal stenosis. 20 patients with proximal LMCA affection undergone