

The obtained data were processed using nonparametric statistical methods. The data in the work are presented as Me (25% and 75%). The level was considered reliable at $p < 0.05$.

Results and their discussion. Before treatment, indexes IA, Krebs, RI, Leukocyte to ESR, NMR, NLR, LMR all were significantly decreased from the norm. NSI, LII and LER were elevated before treatment, while the Garkavi index remained within normal limits.

After treatment, indexes IA, leukocyte to ESR, NLR, LMR showed a relative significant increase but remained below normal. RI relatively rose significantly to normal limits. Garkavi index was increased to a higher than norm value. Krebs index, NSI, NMR all showed a relative significant decrease from previous value. LII relatively decreased significantly but remained higher than the norm. Further, LER drastically increased.

The Spearman correlation coefficient showed a moderate positive relationship between PEF and LMR ($r=0.37$), and a weak positive relationship between PEF and NMR ($r=0.22$).

Conclusions. Elevated NSI and LII indicate endo-toxicosis, while high LII suggests a notable bacterial component in endogenous intoxication. The decrease of Garkavi index after treatment can be owed to the decrease of neutrophils or increase of lymphocytes. Significantly high LER indicates a higher probability of development of immediate hypersensitivity reactions.

LITERATURE

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CLINICAL PROFILE OF PATIENTS WITH MYOCARDIAL INFARCTION WITH AND WITHOUT ST SEGMENT ELEVATION

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Relevance. Acute coronary syndromes (ACS) encompass a range of conditions, including ST-elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (N-STEMI), and unstable angina. STEMI and N-STEMI differ primarily in their presentation, ECG findings, and laboratory markers, with STEMI typically

involving complete blockage of a coronary artery and N-STEMI involving partial occlusion or temporary blockage [1].

Target. To identify clinical profile differences between STEMI and N-STEMI patients.

Research methods. The study included 80 patients with ACS who were admitted to the Grodno Regional Clinical Cardiological Center for treatment from November 2024 to August 2025. Patients were divided into 2 groups according to the clinical symptoms, signs, ECG findings, and cardiac biomarker values: Group 1 included 40 patients with STEMI, while Group 2 – 40 patients with N-STEMI. All patients underwent coronary angiography with possible percutaneous coronary intervention (PCI) at the same center in the X-ray operating room. Statistical analysis was performed using the «STATISTICA 12.0» software package.

Results and their discussion. Patients with STEMI and N-STEMI were comparable in mean age (59.4 [52.7; 65.2] vs. 60 [56; 67] years, $p>0.05$). Patients of both groups were predominantly male (30 (75%) vs. 33 (82.5%), $p>0.05$). Patients of both groups were comparable in prevalence of hypertension (40 (100%) vs. 37 (92.5%), $p>0.05$), atrial fibrillation (5 (12.5%) vs. 4 (10%), $p>0.05$) as well as diabetes mellitus (8 (20%) vs. 7 (17.5%), $p>0.05$). However, body mass index was higher in patients with N-STEMI in comparison with STEMI (31.3 [28; 35] vs. 29.9 [25.3; 33.8] kg/m², $p=0.03$). It is interesting to note that the groups didn't differ in prevalence of obesity, which was present in more than a half of patients in each group (22 (55%) vs. 18 (45%), $p>0.05$). But patients with N-STEMI had a tendency to be overweight (15 (37.5%) vs. 7 (17.5%), $p=0.07$). There were no statistically significant differences in myocardial infarction localization, or most acute complications including pulmonary edema, ventricular arrhythmias, and cardiogenic shock ($p>0.05$). The rate of PCI and the median number of implanted stents were comparable between groups ($p>0.05$).

Conclusions. Our findings demonstrated that patients with STEMI and N-STEMI have similar clinical profiles, with higher incidence of comorbidities such as hypertension, obesity and diabetes mellitus. Reliability of the obtained results should be further checked on larger samples of patients.

LITERATURE

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