

THE IMPACT OF UTERINE CONGENITAL MALFORMATIONS ON THE PSYCHOLOGICAL STATUS OF PATIENTS

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Relevance. The variety of possible uterine congenital anomalies has a different impact on reproductive function. However, the psychological problems experienced by this category of patients concern not only reproductive status.

Target. To characterize the possible psychological problems of patients with congenital malformations of the genital organs.

Research methods. Using as an example the most severe pathology – uterine aplasia.

Results and their discussion. Mayer-Rokitansky-Küster-Hauser syndrome is a congenital disorder characterized by aplasia of the uterus and upper part of the vagina. The diagnosis of this anomaly is usually established in young age, after 16 years of life. The external genitalia in these patients are developed correctly; endocrine function is not impaired; karyotype is normal. This is the first starting point for the emergence of psycho-emotional problems. It can be very difficult to adequately perceive information about the presence of such a pathology in adolescence (Herlin 1). Besides, this defect occurs sporadically. In this regard, teenagers may develop a negative self-esteem towards their own health and personality. Negative reactions may certainly arise due to the need for additional instrumental and laboratory research methods to establish an accurate diagnosis. Further problems may arise from the need to perform differential diagnosis with conditions that have similar symptoms.

Following diagnosis, many patients face significant challenges with identity, future sexuality, and infertility. The scientific studies pay attention also on low self-esteem, depression, and anxiety. Four main problems have been identified: limited independence, a sense of being different from others, difficulties managing intimate relationships, and a threat to female identity. This last moment can serve as the impetus for gender reassignment. The availability of qualified specialists capable of providing psychological support specifically to this category of women is crucial.

Numerous surgical and non-surgical methods have been proposed for correcting this syndrome. However, this is a prolong process associated with certain complications. It is important to emphasize that surgical treatments still require a number of specific interventions after treatment.

Uterine transplantation is intended to resolve the problem of infertility, replacing surrogacy. Transplantation techniques, immunosuppression regimens, and postoperative monitoring protocols have been optimized nowadays. There are reports of the birth of healthy offspring after uterine transplantation. However, the impact of uterine transplantation on the psychological state of patients has not been studied [1].

Conclusions. A full range of psychological problems can also occur in patients with less severe anatomical changes. Every case is individualized both in terms of obstetric and gynecological care and in terms of psychological support for these patients.

LITERATURE

1. Herlin, M. K. Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome: a comprehensive update / M. K. Herlin, M. B. Petersen, M. Brännström // Orphanet Journal of Rare Diseases. – 2020. – Vol. 15, № 1. – P. 214.

COMPARISON OF CLINICAL AND ANGIOGRAPHIC PROFILE IN OBESE AND NON-OBESE PATIENTS WITH ST-ELEVATION MYOCARDIAL INFARCTION

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Relevance. Obesity is a well-established cardiovascular risk factor and is strongly associated with metabolic dysregulation, systemic inflammation, and accelerated atherosclerosis [1]. However, its influence on clinical presentation, laboratory parameters, and coronary angiographic characteristics in patients with ST-elevation myocardial infarction (STEMI) remains controversial.

Target. To compare clinical, laboratory and coronary angiographic profile in obese and non-obese patients presents with ST-Elevation Myocardial Infarction

Research methods. The study included 75 patients with STEMI who were admitted to the Grodno Regional Cardiological Center for treatment from July to October 2025. Patients underwent coronary angiography with possible percutaneous coronary intervention at the same center in the X-ray operating room on the Philips Azurion 7 and GE Innova 3100 IQ angiographic units. The patients were further stratified according to their BMI values. Group 1 included 37 patients with obesity stage 1-3 (BMI ≥ 30.0 kg/m²), Group 2 included 38 patients with BMI ≤ 29.9 kg/m². Statistical analysis was performed using the Statistica 12.0 software.

Results and their discussion. Obese patients had a significantly higher prevalence of diabetes mellitus compared with non-obese patients (35.13% vs 7.89%, $p=0.04$). They also demonstrated a distinct metabolic profile characterized by higher triglyceride levels ($p=0.001$) and lower HDL cholesterol concentrations ($p=0.037$), despite lower total cholesterol levels ($p=0.034$). No significant differences were observed in cardiac biomarkers, renal function parameters, or inflammatory markers. Angiographically, involvement of the left anterior descending artery ($p=0.025$) and left circumflex artery ($p=0.03$) was more frequent in obese patients. The rate of