

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 ($\text{BMI} \geq 30.0 \text{ kg/m}^2$), Group 2 included 38 patients with $\text{BMI} \leq 29.9 \text{ kg/m}^2$. 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

percutaneous coronary intervention and the number of implanted stents were comparable between groups.

Conclusions. Obesity in STEMI patients is associated with a higher burden of metabolic disturbances and more frequent multi-vessel coronary involvement, particularly affecting the left coronary system. These findings highlight the complex interaction between adiposity, metabolic dysregulation, and atherosclerotic severity in acute coronary syndromes.

LITERATURE

1. 2023 ESC Guidelines for the management of acute coronary syndromes / R. A. Byrne, X. Rossello, J. Coughlan [et al.] // European Heart Journal. – 2023. – Vol. 44, № 38. – P. 3720–3826.

HEPATIC LYMPHANGIOMA: A RARE BENIGN TUMOR OF THE LIVER

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Relevance. Lymphangioma of the liver is a rare benign tumor of the lymphatic system, mostly due to congenital lymphatic malformations or proliferation of lymphoid tissue cells. They are mostly solitary, often located in the right lobe of the liver, and pathologically show single or multiple cystic solid lesions in the liver parenchyma containing lymphatic fluid [1]. Intra-abdominal cases account for less than 5% of all lymphangiomas [2, 3].

Target. Presentation of the result of surgical treatment of a 23-year-old male with lymphangioma of the liver.

Research methods. We present through this work the clinical case of a 23-year-old male with complaints of pain in the right hypochondrium and the presence of a tumor-like formation in the epigastric region who was admitted in Grodno university clinic. He has considered himself ill for about 6 years since this formation was first detected on ultrasound and it was gradually increasing in size. The main diagnosis upon admission was cystic formation of the abdominal cavity.

MRI of the abdomen was done and showed a normal sized liver, with regular contours and a freely lying mass about 12 cm in diameter.

A puncture of the cyst was performed under ultrasonic guidance and the collected hemorrhagic fluid was sent for cytological analysis. The cytological analysis report stated that it is a structureless mass, erythrocytes, single histiocytes and no atypical cells detected.

Laparoscopic inspection of the abdominal cavity was performed to detect the originating mass and the volume of surgery was depended on the intraoperative finding. Upon inspection of the abdominal cavity, a freely lying mass 12cm in diameter