

originating from the left superior lateral segment of the liver was observed. Laparoscopic resection of the 2nd segment of the liver was performed along with the mass. The mass was removed from the abdominal cavity and due to diagnostic uncertainty, after the resection it was sent for histological analysis.

Results and their discussion. Histological analysis confirmed it as a hepatic lymphangioma. In the post-operative period, the patient's general condition was satisfactory, was hemodynamically stable, complains of minor pain in the postoperative wound area. The prognosis of our patient was favorable and the patient was discharged with conservative therapy and recommendations; restriction of physical activity for 3-6 months, further follow-up and treatment by a local surgeon.

Conclusions. Hepatic lymphangioma is rarely seen in our clinical practice and could be mistakenly diagnosed as liver malignancies or hepatic cystic diseases and the diagnosis can only be confirmed by surgical pathology. Due to its low incidence and few experiences in management, no consensus or guideline is available at present.

LITERATURE

1. Lee, H. Case report of solitary giant hepatic lymphangioma / H. Lee, S. Lee // Journal of Hepato-Biliary-Pancreatic Sciences. – 2016. – Vol. 20, № 2. – P. 71–74.
2. Solitary hepatic lymphangioma mimicking liver malignancy: A case report and literature review / X. Long, L. Zhang, Q. Cheng [et al.] // World Journal of Clinical Cases. – 2020. – Vol. 8, № 19. – P. 4633–4643.
3. Solitary hepatic lymphangioma: a One-Case report / M. Ramraoui, I. Boujguenna, F. Elmouhafid [et al.] // Saudi Journal of Medical and Pharmaceutical Sciences. – 2025. – Vol. 11, № 2. – P. 91–93.

TUBAL INFERTILITY: METHODS OF DIAGNOSTICS AND TREATMENT

Talpe Hewage Dilini Madushika, Dulani Dasunika Nanayakkara

Grodno State Medical University

Scientific supervisor: PhD, Assoc. Prof. Smolei N. A.

Relevance. Tubal infertility represents a significant global health burden accounting for approximately 25-35% of cases worldwide. Tubal infertility has a great influence for every family during the planning of the family. So diagnostics and treatment of infertility is one of the main problems in modern obstetrics and gynecology. There are a lot of methods of conservative and surgical treatment of infertility. We will pay attention on operations on fallopian tubes [1].

Target. To examine patients with tubal infertility in past and effects of different methods of treatment of infertility.

Research methods. Studying history cases of the patients with tubal infertility, results of hysterosalpingography, results of sonosalpingography, examining extra genital pathology and the results of laboratory analysis.

Results and their discussion. We have examined 19 patients with tubal infertility. The average age of the patients was 32 ± 5 years. Based on our study, the patients had thyroid diseases (50%), kidney pathology (47%), obesity (33%).

Regarding tubal patency, 16 out of 19 patients completed the procedure, and patency was successfully observed in 11 patients (68.75%). The conception rate was achieved in 6.25% of the cases. Common complications reported by patients included lower abdominal pain and per vaginal bleeding, with a potential risk of urogenital infections during and after the procedure. Several factors affected success: 5 patients did not achieve results, including 2 cases with a history of PID and 3 cases with a 14-year history of chronicity. Other excluded factors were heavy menstruation and contagious diseases such as hepatitis B, STDs, and HIV. As for precautions, patients were advised to avoid a spicy diet and prohibit coitus. Finally, the probable mode of action involves the scraping and removal of obstructing substances from the endometrial lining of the tubes and uterus, indicating both antiseptic and anti-inflammatory effects.

Conclusions. Tubal infertility has a high frequency. It has a problem in demography of every country. Hysterosalpingography achieves excellent safety profile with minimally invasive cost effective option where tubal patency has been achieved in 68.75% of patients. Hence it may be replace as a microsurgery for the management of tubal infertility in future.

LITERATURE

1. Baria, H. P. Efficacy of Yavakshara Taila Uttarabasti in the management of fallopian tube blockage / H. P. Baria, S. B. Donga, L. Dei // AYU. – 2015. – Vol. 36, № 1. – P. 29–32.

CLINICAL AND LABORATORY FEATURES OF PATIENTS WITH MYOCARDIAL INFARCTION WITH NON OBSTRUCTIVE CORONARY ARTERIES

Thenabadu Hashini Promodhya

Grodno State Medical University

Scientific supervisor: PhD Kalatsei L. V.

Relevance. Myocardial infarction with non-obstructive coronary arteries (MINOCA) is denoted as a syndrome in which the myocardial infarction (MI) criteria is fulfilled but in the background of coronary arteries with negligible occlusion (stenosed less than 50%) [1]. Given the nature of the diagnosis of MINOCA, coronary angiography provides limited information about prognosis and risk stratification for future major adverse cardiovascular events [2].

Target. To reveal clinical and laboratory features of patients with MINOCA.

Research methods. This retrospective study included 96 patients hospitalized to the Grodno Regional Cardiological Centre between January 2024 and September