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.

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

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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

2025 with newly diagnosed acute MI. Inclusion criteria were: age ≥18 years; confirmed acute MI based on the criteria of the fourth universal definition of MI; coronary angiography within 24 hours of symptom onset. All patients underwent coronary angiography according to the Judkins technique (1967) in a catheterization lab using Philips Azurion 7 angiographic system. Statistical analysis was performed using the STATISTICA 12.0 software.

Results and their discussion. Based on the coronary angiography data, two groups of patients were formed: 1) with obstructive coronary artery disease (stenosis ≥50% in one or more coronary arteries – MI-CAD – 50 patients); 2) with non-obstructive coronary artery disease (stenosis <50% – MINOCA – 46 patients). The median age of patients in the MINOCA group was 62.7 [57; 68] years, compared to 58.1 [47.2; 67] years in the MI-CAD group, p=0.040. The gender structure in the both groups was comparable, with the prevalence of male gender (69% vs 72%, p>0.05). MI-CAD group had a significantly higher prevalence of obesity (p=0.034), as well as a greater incidence of diabetes mellitus (p=0.017) compared to Group 2. In MI-CAD group patients, troponin level was significantly higher than in the MINOCA group (p=0.005). However, no statistical difference was found for the level of another myocardial necrosis biomarker, CPK-MB (p>0.05). Laboratory tests also revealed a statistically significant increase in total cholesterol levels in patients with MINOCA compared to patients in MI-CAD (p=0.04). No significant differences were found in other lipid parameters, including LDL (p>0.05).

Conclusions. Patients with MI-CAD were more likely to have «classic» risk factors for coronary atherosclerosis, such as obesity and diabetes mellitus, while patients with MINOCA have a characteristic risk profile, with a lower prevalence of «classic» risk factors. The results of the analysis require further research to develop diagnostic strategies for this group of patients.

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