

Results and their discussion. Small molecules that block the MYCN gene, like inhibitors of PI3K and GSK3, have been found to reduce the survival of cells that have amplified MYCN genes. These GSK3 inhibitors affect many neuroblastoma cells and can lead to their death. Treatment for low-risk neuroblastoma usually involves surgery to remove the tumor and standard chemotherapy. For high-risk neuroblastoma, treatment is divided into three phases: induction, consolidation, and maintenance. During the induction phase, chemotherapy drugs like etoposide, vincristin, doxorubicin, and cyclophosphamide are used.

Conclusions. In summary, there is a lot of variation in the MYCN gene, and this variation often leads to high-risk neuroblastoma. The MYCN gene is also linked to various other genes and molecular pathways.

LITERATURE

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CHRONIC MESENTERIC ISCHEMIA

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Relevance. Chronic mesenteric ischemia (CMI) is a condition characterized by inadequate blood flow to the small intestine, primarily caused by stenosis or occlusion of the mesenteric arteries [1-2]. This condition often presents with postprandial abdominal pain, weight loss, and risk of progression to bowel necrosis. The diagnosis and management of CMI are complex, involving various imaging and surgical techniques. Understanding the clinical and anatomical features of CMI is essential for timely intervention and improved patient outcomes [3].

Target. To analyze the clinical features, diagnostic approaches, and surgical outcomes of 16 patients diagnosed with CMI at the Grodno University Clinic.

Research methods. Patients underwent physical examinations, duplex ultrasound, multidetector computed tomography (CT), magnetic resonance imaging (MRI), and angiography. The severity of the disease was classified based on clinical symptoms and anatomical findings. Treatment strategies included conservative management, endovascular revascularization, and open surgical procedures, with follow-up assessments to evaluate efficacy.

Results and their discussion. Patients ranged from 45 to 60 years of age, with a predominance of males (11 out of 16). The majority of patients exhibited postprandial

pain lasting from 3 to 5 years. Diagnostic imaging revealed single-vessel disease in 12 patients and two-vessel disease in 4 patients, primarily involving the superior mesenteric artery. Duplex ultrasound identified significant stenosis ($\geq 70\%$) in the majority of cases. All patients underwent either endovascular or open surgical revascularization, with no fatal outcomes or major complications reported. Postoperative follow-up indicated significant symptom relief in most cases, with recurrence managed through further interventions.

Conclusions. Chronic mesenteric ischemia often involves stenosis of one or more mesenteric arteries, with the superior mesenteric artery being most frequently affected. Diagnostic imaging, particularly duplex ultrasound and angiography, plays a crucial role in confirming the diagnosis. Both endovascular and surgical revascularization are effective treatment options, with favorable outcomes and symptom relief. Early diagnosis and appropriate intervention are vital to prevent progression to bowel necrosis and improve patient prognosis.

LITERATURE

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COMPARISON OF TUBERCULOSIS INCIDENCE IN SRI LANKA AND BELARUS IN PERIOD 2010 – 2024

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Relevance. Tuberculosis (TB) remains a pressing public health issue. Detecting, treating, and preventing TB imposes significant human and economic costs. Progress in the fight against TB varies across countries [1].

Target. To compare TB incidence trends in Sri Lanka, and Belarus, over the period 2010–2024, to understand the impact of differences in healthcare systems, economic status and the implementation of TB control programs on incidence dynamics [2].

Research methods. A retrospective comparative analysis of TB incidence data from WHO global TB reports in Sri Lanka and Belarus (2010–2024) was conducted.

Results and their discussion. Sri Lanka demonstrated stability: its incidence rate decreased –from 88 in 2010 to 70 in 2015 to 55 in 2020 to 59 in 2024