

(per 100,000 people). Belarus has reduced its burden. Its incidence rate decreased from 81 in 2010 to 54 in 2015 to 26 in 2020 to 17 in 2024 (per 100,000 people). A significant progress was observed from 2014 to 2018. In 2010, TB incidence rates in both countries were virtually identical. By 2023, the rate in Belarus was more than half that in Sri Lanka. The decline in TB incidence since 2014 demonstrates an effective national TB control program, including improved diagnosis, treatment, patient monitoring, and preventive measures, thereby breaking the chain of transmission. Belarus has maintained its TB control system, adapted it to changing conditions, and provided sufficient government financial support. Belarus has a high prevalence of multidrug-resistant TB (MDR-TB). Despite significant reductions in incidence, MDR-TB remains a serious problem. As a lower-middle-income country, Sri Lanka faces risk factors such as poverty, malnutrition, and overcrowding, which contribute to the transmission and progression of TB. Therefore, epidemic control in this setting requires long-term, large-scale public health measures. Sri Lanka has a low prevalence of both TB among HIV-infected individuals and MDR-TB. This means its TB program can focus on treating drug-susceptible TB in the general population, a simpler task.

Conclusions. Although the TB epidemics in Sri Lanka and Belarus began around the same time in 2010, due to different response measures—both objective and subjective—the results 15 years later have been different. Belarus is an example of successfully controlling an epidemic. The decline in incidence demonstrates the effectiveness of the TB control program. Socioeconomic factors in Sri Lanka significantly hinder progress in this context.

LITERATURE

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STEMI VERSUS N-STEMI: CLINICAL AND ANGIOGRAPHIC DIFFERENCES

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Relevance. Myocardial infarction (MI) is classified as ST-segment elevation MI (STEMI) when patients present with new ST-segment elevations in two or more contiguous leads or new bundle branch blocks with signs of ischemic repolarization. Conversely, when ST-segment elevation is absent at presentation, the condition is

typically identified as non-ST-segment elevation MI (NSTEMI) [1]. In recent studies, patients with STEMI have shown a higher short-term mortality tendency, whereas those with NSTEMI have demonstrated a tendency toward higher long-term mortality.

Target. To identify clinical and angiographic differences between STEMI and N-STEMI patients.

Research methods. The study included 97 patients with acute MI who were admitted to the Grodno Regional Clinical Cardiological Center for treatment from January to December 2025. Patients were divided into 2 categories: Group 1 included 48 patients with STEMI, while Group 2 – included 49 patients with N-STEMI. In this study, patients were diagnosed with MI based on clinical symptoms, signs, ECG findings, and cardiac biomarker values, and they underwent coronary angiography with possible percutaneous coronary intervention (PCI) at the same center in the X-ray operating room on the Philips Azurion angiographic unit. Statistical analysis was performed using the STATISTICA 12.0 software

Results and their discussion. The median age of patients in the STEMI group was 63.8 [57; 71.5] years, compared to 65.3 [58; 71.2] years in the N-STEMI group, $p>0.05$. The gender structure in the both groups revealed the prevalence of male gender in the STEMI group vs. NSTEMI (81.3% vs 55.1%, $p=0.008$). N-STEMI group had a significantly higher prevalence of diabetes mellitus (30.6% vs. 12.5%, $p=0.04$), as well as anemia (16.3% vs. 2.1%, $p=0.03$) compared to STEMI patients. There were no intergroup differences in other comorbidities including hypertension and obesity ($p>0.05$).

The coronary angiography showed absence of significant differences in the distribution of the involved vessels among the major coronary arteries, which included the left main, left anterior descending, left circumflex, and right coronary arteries ($p>0.05$). Stenting was the main strategy in the both groups (66.7% vs. 61.3%, $p>0.05$).

Conclusions. Despite different management, patients with STEMI and NSTEMI have similar clinical and angiographic profiles, with PCI being the main strategy in the both groups. This highlights that the further study of clinical and instrumental characteristics of STEMI vs. NSTEMI should be conducted.

LITERATURE

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