

Наряду с линейными показателями изучали АрЕп. Полученные результаты обрабатывались общепринятыми статистическими методами.

Результаты. Логистическая регрессия выявила взаимосвязь между значением АрЕп и давностью ФП ($B=-0,28$, $p=0,016$). У пациентов с исходным уровнем АрЕп $<0,93$ рецидивы ФП в течение года после госпитализации наблюда-

лись в 70% случаев, тогда как при АрЕп $>0,93$ – лишь у 34% пациентов ($p=0,0045$).

Выводы. Уровень АрЕп $<0,93$ ассоциируется с более частыми рецидивами ФП. Полученные данные указывают на существование взаимосвязи между показателем АрЕп и особенностями клинического течения пароксизмальной и персистирующей форм ФП.

INTRAMURAL COURSE AS AN ANOMALY OF THE CORONARY ARTERY DEVELOPMENT

¹Dechko S. V., ¹Statkevitch T. V., ¹Kabak S. L., ²Yurlevich D. I., ¹Mitkovskaya N. P.

¹ Belarusian State Medical University, Minsk, Belarus

² 9th City Clinical Hospital, Minsk, Belarus

Introduction. The contraction of muscle fibers surrounding the tunneled segment of a coronary artery leads to blood flow disturbance and can result in myocardial infarction or sudden cardiac death in patients of younger and middle age groups.

Aims: to examine the structural and functional condition of the coronary arteries in patients with revealed intramural course of a coronary artery.

Materials and methods. Reports of percutaneous coronary intervention performed in the catheterization laboratory of the 9th City Clinical Hospital in Minsk between years 2012 and 2016 were analyzed with the SPSS Statistics 21.0 software.

Results. One hundred fifty one cases of the intramural course of a coronary artery were

reviewed, 115 (76.2%) males, aged 32 to 83 years. The length of the intramural passage in studied patients ranged 5 mm to 50 mm (median 20 mm, interquartile range 15-25 mm). Median stenosis was 50%, interquartile range 40-75%. There was no evidence of atherosclerotic lesions in coronary arteries in 70 (46.3%) patients.

Conclusion. Intramural course of a coronary artery is a congenital condition, which often manifests itself in males of the middle age group. Average length of the intramural passage is about 21 mm. In the every second patient with such anomaly of coronary arteries it is not accompanied by atherosclerotic coronary lesions.

USE OF BETA-BLOCKERS IN THE TREATMENT OF PREMATURE HEARTBEATS IN PREGNANT WOMEN

¹Zazdravnov A. A., ²Pasiyeshvili N. M.

¹Kharkiv National Medical University, Kharkiv, Ukraine

²Kharkiv Regional Clinical Perinatal Center, Kharkiv, Ukraine

Introduction. Hemodynamic and neurohormonal changes during pregnancy render the heart vulnerable for arrhythmia. Premature atrial contractions (PACs) and premature ventricular contractions (PVCs) are the second most common arrhythmia after sinus arrhythmia during pregnancy.

Aims: to evaluate the efficacy of cardioselective beta-blocker bisoprolol fumarate (BSF) in pregnant women with PACs and PVCs and without structural heart disease.

Materials and methods. Twenty six women at a gestation period of 28-36 weeks with symptomatic PACs and PVCs were treated. They did not have any structural heart diseases. Premature heartbeats were first diagnosed during pregnancy in 11 patients; they existed before pregnancy in 15 patients.

Results. Premature atrial contractions were detected in 12 patients, PVCs – in 14 patients. Patients complaints included palpitations, sensations of

irregular heartbeats, chest discomfort, and anxiety. Sedative herbal medications (e.g., *Valeriana officin.*, *Mentha piperita*, *Melissa officin.*) as well as KCl and MgSO₄ were used as part of patients treatment. This was effective in 42.3% patients: 5 (41.7%) women with PACs and in 6 (42.9%) women with PVCs. In 5 (41.7%) women with PACs and 6 (42.9%) women with PVCs BSF 2.5-5.0 mg qd was administered. The advantage of BSF over other antiarrhythmics is the proven absence of fetotoxic effects (in an animal experiment). BSF was effective in 6 (85.7%) patients with PACs and in 6 (75%) patients with PVCs. All patients who received herbal medications, electrolytes and BSF gave birth to full term healthy babies.

Conclusion. Bisoprolol fumarate may be the drug of choice for the empirical antiarrhythmic therapy in pregnant women with PACs and PVCs and without structural heart disease.