

gional clinical hospital from 2013 to 2014. The number of women was 6 (15,38%), men - 33 (84,62%) aged 29 to 82 years. The average age of women was $65,5 \pm 0,57$ years. The average age of men was $59,9 \pm 0,55$ years. All patients had concomitant diseases: ischemic heart disease – 82,05%, hypertension – 74,36%, arrhythmia – 28,21%, diabetes – 10,26%, so many patients have to limit the scope of revascularization due high risk of fatal complications. The distribution of the severity of chronic lower limb ischemia by Fontaine-Pokrovsky: IIB - 17,95%, III - 48,72%, IV - 33,33%.

Results and discussion. 30 (76,92%) of the 39 endovascular surgical interventions performed on the crural arteries; 2 (5,13%) had isolated percutaneous angioplasty of the popliteal artery; 7 (17,95%) cases of distal operations were carried out in conjunction with revascularization of the popliteal artery. Immediate angiographic success was achieved in all endovascular interventions. In the immediate postoperative period in 7,69% of patients was developed a complication in the form of rethrombosis with decompensation limb ischemia, leading to amputation in 2 patients at the level of the middle third of the thigh, and one - the lower third of the thigh. Results in a remote postoperative period (up to 1 year) were able to trace in 89,74% of patients. Questionnaire "Quality of life in patients with chronic lower limb ischemia" proposed by V.V. Savin was applied in order to assess the quality of life. In the postoperative period, 11,43% of patients had a complication in the form of thrombosis with decompensation limb ischemia, leading to amputation in 2 cases at the bottom third of the femur, and in 2 cases - middle thigh. These patients had multistory occlusive-stenotic lesions of many vascular highways. Results of the conducted questionnaire: 40,0% of the operated note a good quality of life, 42,86% of respondents note a satisfactory quality of life, 17,14% of people note poor quality of life-with .

Conclusions. Full and adequate tactical techniques of endovasal corrections of occlusive-stenotic lesions of infragenicular major vessels determine a comfortable social functioning in 82,86% of cases in the long-term (up to 1 year) time.

Literature:

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SCORE AND ANALYZE THE CAUSES OF STILLBIRTH IN THE GRODNO REGION

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Background: Stillborn is a baby that born after 22 weeks of gestation, length more than 25 cm and weight minimal 500g and don't shows any sign of life, such as voluntary movement, heartbeat, or pulsation of the umbilical cord, breath. Stillbirth rate is defined by the number of stillborn per 1000 births.

Stillbirth rate in relation to the total number of births reflects the level of country development and shows the development of the healthcare system. This dependence is also affected by: general health status of the population, the system of medical consultations, organization of obstetric aid, bad habits of the population, state of the environment.

Aim of the study: To compare the number of stillbirths and their causes from 2009 to 2014.

Methods: A statistical analysis of the autopsy reports of the children's department of "Grodno Regional Postmortem Bureau" and the information that was obtained in the Regional Statistic Department for the period from 01.01.2009 till 31.12.2014.

Results: In 2014 in Grodno region 13,253 children were born. This is 297 less than in the same period of 2013 (01.01.2013-31.12.2013 – 13,550 births). After analyzing of the birthrate in this region since 2009, we got the following numbers: 2009 -12,463, 2010 – 12,215, 2011- 12,562, 2012 – 13,208, 2013- 13,550, 2014 – 13,253. After analyzing the information of Child Pathology Department and data from Regional Statistic Department of stillbirths it was found that in 2009 38 cases of fetal death were recorded (stillbirth rate (SR) per 1,000 live births was 3.0), in 2010 - 23 (1.9), 2011 - 28 (2.2) 2012 - 36 (2.7), 2013 - 36 (2.6), 2014 - 35 (2.6). It was found that the main cause from 2009 to 2014 was intrauterine asphyxia, which averaged 74% over the years, with some growth in 2013 to 83%. The second leading cause of stillbirth steadily occupied congenital malformations. So from 2009 to 2012, they accounted for about 10% with a decrease in 2013 to 6% and a decrease in 2014 to 2.9% (1 case). Practically constantly revealed were the deaths due to acute blood loss in the fetus, which made 1 or 2 occasions a year and ranged from 3% to 8%. Stillbirths from haemolytic disease were recorded only on 2 occasions in 2012 and 2013. Intrauterine pneumonia was noted in 1 case in 2011.

Conclusions: After analysis of the data we made the following conclusion: the most common cause of stillbirth from 2009 to 2014 was fetal asphyxia (averages 74%), due to the pathology of the placenta.

By the level of stillbirths and infant mortality in 2013 Belarus ranked 18th (The list is based on data of CIA World Factbook). Infant mortality and stillbirth coefficient in Belarus for 2013 was 3.7 (world average index was 49.4). In 2006 Belarus ranked 54th with the coefficient of 9.0.

DEATH OF A LIVE-BORN BABY WITHIN THE FIRST SEVEN DAYS OF LIFE IN THE GRODNO REGION.

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Background: Early neonatal mortality is the death of a child less than seven days. Childhood mortality is the death of a child before the child's fifth birthday. National statistics tend to group these two mortality rates together. Globally, ten million infants and children die each year before their fifth birthday; 99% of these deaths occur in developing nations. Death in during the first seven days composes 15% of