Therefore, incorporating gender-specific analysis into routine ABPM interpretation could enhance cardiovascular risk assessment and support more individualized treatment approaches.

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M. K. F. Rashidha

Scientific supervisor: PhD, Associate Professor M. V. Masko

Educational Establishment
"Gomel State Medical University"
Gomel, Republic of Belarus

PARANEOPLASTIC DERMATOMYOSITIS ASSOCIATED WITH BREAST CANCER: A MULTISYSTEM CASE WITH NEUROMUSCULAR AND SYSTEMIC INVOLVEMENT

Introduction

Dermatomyositis (DM) is an idiopathic inflammatory myopathy characterized by proximal muscle weakness and pathognomonic cutaneous manifestations. In adults, 15–30% of cases are paraneoplastic, meaning they are triggered by an underlying malignancy. Breast cancer is one of the most frequent solid tumors associated with this syndrome. The pathogenesis involves immune cross-reactivity between tumor antigens and muscle or skin tissues, frequently mediated by anti-transcription intermediary factor 1-gamma (anti-TIF1-γ) autoantibodies, which serve as highly specific biomarkers for cancer-associated DM.

Goal

To present a comprehensive clinical analysis of a severe case of paraneoplastic dermatomyositis, highlighting the diagnostic challenges of multisystem involvement and the necessity of integrated oncologic and immunosuppressive management.

Material and methods of research

A retrospective clinical analysis was conducted on patient K., 52 years old, treated at the Vitebsk Regional Clinical Hospital. Data sources included electronic medical records, laboratory profiles (CK, CRP, ferritin and myositis-specific antibody panels), and functional diagnostics including Electroneuromyography (ENMG), CT imaging, and PCR viral testing.

The results of the research and their discussion

Patient K., 52 years old, was diagnosed with Stage III right breast cancer (T2N2aM0). Following a mastectomy and polychemotherapy, the patient developed progressive proximal muscle weakness (3/5), dysphagia, and classic poikiloderma.

Laboratory findings confirmed significant muscle damage: Creatine Kinase (CK) reached 367 U/L, CRP was 53 mg/L, and Ferritin was elevated at 1029 ng/mL. Systemic involvement was extensive, including myocarditis, esophagitis, and paraneoplastic polyneuropathy confirmed by ENMG. The clinical course was complicated by severe chemotherapy-induced leukopenia (WBC 0.37×10^9/L) and a concurrent Influenza A (H3N2) infection.

Treatment involved high-dose corticosteroids and intravenous immunoglobulin (IVIG). Due to the severity of systemic involvement, modern therapeutic strategies including B-cell depletion therapy (Rituximab) and consideration of Janus kinase (JAK) inhibitors were evaluated as steroid-sparing options. Despite the complexity of the viral infection and bone marrow suppression, the patient showed clinical improvement in muscle strength and skin lesions. This case reinforces that paraneoplastic symptoms often parallel the activity of the primary tumor.

Conclusions

1. The development of dermatomyositis in adults requires immediate and longitudinal oncological screening utilizing PET-CT and autoantibody profiling to exclude a paraneoplastic origin.

2. Involvement of the heart, peripheral nerves, and esophagus in DM indicates a severe systemic process requiring intensive, multidisciplinary care involving oncology, rheumatology, and cardiology.

3. Successful management of paraneoplastic DM is impossible without achieving control over the primary tumor combined with targeted immunotherapy.

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P. I. Rathnayaka, W. M. D. Kaldera

Scientific supervisor: Assistant Professor S. P. Tishkov

Educational Establishment
"Gomel State Medical University"
Gomel, Republic of Belarus

ASSOCIATION OF ACADEMIC STRESS WITH DIETARY HABITS, AND GASTROINTESTINAL SYMPTOMS AMONG UNIVERSITY STUDENTS

Introduction

One major psychological issue that university students around the world face is academic stress. Stress levels are frequently raised by academic expectations including tests, deadlines for assignments, a high workload, and peer competition. Chronic academic stress can have an impact on one's physical and mental well-being by influencing lifestyle choices, including eating habits and sleeping schedules. Stress has been demonstrated to change eating habits, frequently resulting in irregular eating schedules, an increase in fast food consumption, emotional eating, or decreased appetite. Gastrointestinal health may suffer because of these dietary adjustments. The intricate relationship between the central nervous system and the digestive tract-known as the brain-gut axis-makes the gastrointestinal system extremely vulnerable to psychological stress.