# INTEGRAL INFLAMMATION SCORE (YBI) IN POSTOPERATIVE MANAGEMENT OF PATIENTS AFTER EMERGENCY GYNECOLOGIC INTERVENTIONS USING ARGON PLASMA COAGULATION (APC)

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**Abstract:** *Postoperative recovery in emergency gynecology largely depends on the intensity of the systemic inflammatory response and endogenous intoxication, which calls for clinician-friendly tools for risk stratification. We developed a practical monitoring model - the Integral Inflammation Score (YBI) - based on clinical and laboratory parameters of the early postoperative period. The following YBI thresholds are proposed: 8-12 points (low activity; standard follow-up), 13-17 points (moderate activity; expanded monitoring and reassessment at 3 months), and ≥18 points (high activity; enhanced follow-up, therapy adjustment as needed, and reassessment every 2 months during the first 6 months).*

**Keywords:** *YBI, postoperative monitoring, inflammation, endogenous intoxication, emergency gynecology*

**Introduction**. Even after successful intraoperative hemostasis, unfavorable outcomes in emergency gynecology are often associated with postoperative inflammatory complications. From a clinical standpoint, a simple algorithm is needed that uses readily available indicators from the early postoperative period to identify patients at risk and to allow timely adjustment of management.

Methodological Basis of Monitoring. Inflammatory activity can be assessed using clinical and laboratory markers: complete blood count parameters, C-reactive protein (CRP), lactate dehydrogenase (LDH), neutrophil count, and the Leukocytic Intoxication Index (LII) calculated using the Ya.M. Kalinkin formula. LII is calculated on postoperative day 1 and before discharge (usually on days 3-5). Immunological markers (TNF-α, IL-4, IL-10) may be used additionally to refine the systemic response when clinically indicated.

YBI Scale and Follow-up Strategy. The Integral Inflammation Score (YBI) sums key clinical and laboratory parameters into a single estimate of inflammatory response activity. For practical use, the following risk categories are proposed:

- 8-12 points - low inflammatory activity: the postoperative course is considered favorable; routine follow-up; a control visit at 6 months.
- 13-17 points - moderate activity: dynamic clinical and laboratory monitoring is required in the early period; hospital stay may be extended; control assessment at 3 months.

- ≥18 points - high activity: increased risk of a complicated course; enhanced monitoring, possible therapy adjustment (including infusion and antibacterial therapy), and broader evaluation (including an immunological profile); follow-up every 2 months during the first 6 months.

Practical Algorithm for Use

The YBI algorithm can be implemented as a standard after emergency interventions: (1) calculate YBI on postoperative day 1; (2) repeat the assessment before discharge; (3) assign the patient to a risk category; (4) define the scope and timing of follow-up. The combination of optimized APC as a tissue-sparing method of hemostasis and risk-oriented monitoring creates prerequisites for reducing complications and, according to dissertation research, may reduce adverse outcomes when management is standardized.

**Conclusion.** YBI is a convenient clinical tool that helps standardize the assessment of inflammatory activity and individualize postoperative follow-up in emergency gynecology patients. Introducing the YBI scale together with optimized APC may improve treatment safety and help standardize outpatient follow-up pathways.

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