difficulty in nasal breathing for 4 years, displacement of the left eyeball for 1 year. Since 2016 she was treated for the chronical polypous-purulent hemisinusitis. On the CT of the facial skull of 15/05/2018: total filling of the left maxillary and frontal sinus with a tissue component, filling of anterior ethmoid bone cells with destruction of the septa, destruction of the medial wall of the orbit, spread of the tissue component into the cavity of the left orbit, dislocation of the left eyeball anteriorly and laterally. Radical operation was performed in this patient with histological study of removed tissue. The final diagnosis was Desmoid fibromatosis of nasal cavity and paranasal sinuses on the left side.

Discussion. Desmoid fibroma of nasal cavity is a dangerous tumor because of its aggressive local growth and localization near anterior cranial fossa and skull base. Clinically and radiologically it was considered as inflammatory process and only histologically a final diagnosis was set.

Conclusion. There is no generally accepted treatment method due to the rarity of the pathology. In this case only surgical treatment was performed. The recurrence rate is 27-72%. CT and endoscopic control was recommended to the patient to reveal the first signs of relapse.

PLASTIC SURGERY OF DEFECTS OF THE FRONTAL SINUS IN THE GRODNO UNIVERSITY HOSPITAL

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Introduction. The frequency of facial skull injury has increased in recent years. Moreover the destruction of the walls of the frontal sinuses also occurs during polyposis processes. The aim of surgery is not only a cosmetic issue, but also, the repair of these defects helps to overcome the psychological issues of a person and helps to facilitate his social interactions. There are a lot of different types of materials which are used to repair frontal sinus defects, for example, demyelinated bone matrix, polytetrofluoroethylene and others. But there is still no consensus about the best material.

Purpose. Describe the methods of reconstruction the frontal sinus defects on the example of cases in our clinic.

Materials and Methods. Medical records and results of computed tomography of patients from the purulent otorhinolaryngological department for adults, Grodno University Hospital, period from 2020 to 2021.

Discussion. During this period, we have had 3 cases of frontal sinus plastic surgery- Endoscopic surgery on the paranasal sinuses of the third level of complexity: endoscopic revision frontotomy with plastic of the frontal sinus with auto graft. It

should be mentioned, that one of the ways to prevent the retraction of the frontal area tissues are revision, the removal of the entire sinus mucosa with obliteration of the lumen of the frontal sinuses by the patient's own adipose tissue, which contributes to the sinus overgrowth with scar tissue. After such interventions, the frontal sinuses as anatomical and functional formations of the facial scull don't exist. In the preoperative period, all patients had computed tomography (CT) that was the necessary condition for determining the degree, localization and boundaries of the destructive process. The monitoring of the patient's condition was after 3, 6 months.

Conclusion. After all surgical interventions, there was a positive clinical effect: exclusion of recurrency of pathology, inflammation and a good significant aesthetic result.

RECONSTRUCTIVE MICROTIAS` OTOPLASTY. CLINICAL CASE

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Introduction. According to WHO, the number of congenital defects of the ear development hasn`t reduced during last years. According to the domestic and foreign authors, 1 from 7000-15000 newborns have congenital defects of the outer and middle ear. Several teratogenic factors are identified to influence on the ear defects development: exogenous, biological, psychogenic, endogenous.

Research objectives. Evaluation of the ear defects (microtia) development surgical treatment effectiveness by performing reconstructive otoplasty.

Materials and methods. Medical records of 7-32 year old inpatients with congenital defects of the ear, which were operated on the basis of the Otorhinolaryngology Department of the Healthcare Establishment «Grodno University Hospital».

Results. There were performed 4 three-stage Brentuotoplastys and 13 two-stage Nagata otoplastys. At the first stage, the cartilage has been harvesting, the auricle has been simulating. In the postoperative period, the auricle was formed correctly and was in line with other anatomical landmarks.

Conclusion. For patients who underwent three-stage reconstructive otoplasty, it was possible to form an absent auricle and its various anatomical structures (tragus, antihelix, lobe). The use of various modifications of the Brent and Nagata methods for the auricle reconstruction in case of its development defects makes it possible to obtain a positive psychoemotional result for the patient