TWO DIFFICULT CASES IN OTORHINOLARYNGOLOGY

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Introduction. Case report will focus on mastoiditis and fibrous dysplasia. Mastoiditis is the inflammation of the temporal bone in the mastoid air cells. It's a rare complication of acute otitis media. Complications are meningitis, intracranial abscess, and venous sinus thrombosis. The mortality in children is 10%. Fibrous dysplasia is a rare bone disorder that replace normal osseous tissue by abnormal fibrous tissue. It leads to loss of vision, hearing, airway obstruction, anosmia, and numbness. Mostly occur 1 in5,000 to 10,000 children [1].

Aim of the study. Analyze 2 rare clinical cases who admitted to the Grodno University Clinic in the purulent otorhinolaryngology department

Materials and methods. The 14-year-old male presented with the pain in the right ear, swelling and tenderness in the left temporal region. He was ill for 4-5 days, and after taking the Amoxiclav, his condition worsened. The other, 16 year old male patient presented with difficulty in nasal breathing and frequent runny nose. Past medical history revealed acute exudative otitis media and sinusitis.

Results and discussion. The 14 year old patient felt pain in the right ear, swelling and tenderness in the left temporal region. Otoscopy revealed swelling in the left temporal region, pathological external discharge, hyperemic left eardrums and Bulging in the posterior-inferior quadrant. Palpation of the ear and the periauricular region was painful. Diagnosis: acute purulent otitis media and mastoiditis. Diagnostics revealed the presence of infection. Biochemical blood test results: MCHC – 356g/l, monocytes – 1.37*10^9/l, neut. % – 71.5%, MCV – 83.5 FL and lymph – 0.95 *10^9/l. General urine analysis; specific gravity – 1.015, ketones – 0.5, dark yellow color and slime was 9. CT scan showed a subtotal decrease in pneumatization of the mastoid cells of the left temporal bones. The cavities in the left middle ear were related to inflammatory process because of average otitis. There was a probability of erosion in the anterior wall of the mastoid process. Left tympanotomy was done using 2% lidocaine solution and the purulent discharge was aspirated. Treatment; anteromastoidectomy, zygomatotomy and tympanatomy of the left ear. Surgical biopsy revealed that tissue detritus with purulent inflammation and foci petrification.

16-year-old male patient had a difficulty in nasal breathing and frequent runny nose. Anterior rhinoscopy showed pale pink swollen mucosa and swollen turbinate. Nasal septum in cartilaginous part was displaced to the left.

Posterior rhinoscopy showed the adenoid tissue grown up to 1st degree. Diagnosis: chronic bilateral maxillary sinusitis, jaw dysplasia (concomitant), displaced nose septum and adenoid hypertrophy. Laboratory tests – Iserological blood test: A (□□) and Rhesus (+). Biochemical blood test-: urea – 8.6 mol/ l, CRP – 0.7, Glucose – 4.1 mol/l, AST – 48 U/l, AIAT – 25 U/l. CT scan showed signs corresponding to fibrous dysplasia of the upper jaw with transition to the wall of the left maxillary sinus. Treatment; septorhinoplasty, maxillary sinusotomy and adenotomy. Surgical biopsy revealed scanty scattered fragments of bone and fibrous tissue and scattered fragments of hyperplastic lymphoid tissue.

Conclusion. Despite the differences between the cases, they are united by the complexity of diagnosis and treatment. The treatment was successful and both patients were discharged with recovery.

ЛИТЕРАТУРА

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ULCERATIVE COLITIS ASSOCIATED WITH PYODERMA GANGRENOSUM

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Introduction. Pyoderma gangrenosum, or pyoderma, is a rare but serious skin disease that may develop due to ulcerative colitis (UC), causing painful ulcers on the skin. About 2 percent of individuals diagnosed with inflammatory bowel diseases, such as ulcerative colitis or Crohn's disease, will go on to develop pyoderma. Several factors contribute to the onset of pyoderma gangrenosum, and although its exact cause is unclear, it appears to be linked to abnormal immune-system response. Accordingly, experts often attribute autoimmune diseases as the cause of this skin condition. Chronic inflammation, along with immune-system overactivity, appears to be the primary risk factor for this skin disease [1].

Aim of the study. Ulcerative colitis (UC) is a chronic inflammatory bowel disease that can involve any area of the colon from mucosal inflammation in the rectum and extending proximally upto oral mucosa in a continuous fashion [2]. Though the name suggest, IBD is being proved as a multisystem condition that