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

1. Horov O. G., Bucel A. Ch., Kunicky V. S., Shlaga I. D., Timoshenko P. A. Otorhinolaryngology. Minsk; 2020. 413 p. (in Russian)

ULCERATIVE COLITIS ASSOCIATED WITH PYODERMA GANGRENOSUM

Naveen D. K. N. Direcksze, Mahima Isiwara, Thilini Lamahewa

Grodno state medical university

Научный руководитель: Lemeshevskaya Z. P.

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

predominantly affects the gastrointestinal,ocular, musculoskeletal and cutaneous systems. The that arise outside the intestinal inflammation of IBD are known as extraintestinal manifestations (EIMs) of IBDAs in this case, most EIMs are directly associated with an ongoing intestinal flare. The main objective of this study is to discuss the correlation of ulcerative collitis & pyoderma gangrenosum as an EIM & acknowledge the medical community to take pyoderma gangrenosum when comes with association of ulcerative collitis as a single management disease[3,4].

Materials and methods. The overall incidence and prevalence of UC is reported to be 1.2-20.3 and 7.6-245 cases per 100,000 persons/year respectively. UC has a bimodal age distribution with an incidence peak in the 2nd or 3rd decades and followed by second peak between 50 and 80 years of age. The key risk factors for UC include *genetics, environmental factors, autoimmunity and gut microbiota.*

UC is diagnosed based on the combination of clinical presentation, endoscopic findings, histology, and the absence of alternative diagnoses. In addition to confirming the diagnosis of UC, it is also important to define the extent and severity of inflammation, which aids in the selection of appropriate treatment and for predicting the patient's prognosis. Ileocolonoscopy with biopsy is the only way to make a definitive diagnosis of UC [5].

The literature suggests that PG occurs more often in women, is associated with IBD in more than 50% of cases, and shows a predilection for ulcerative colitis (UC). The incidence of PG has been reported to be approximately *5% in patients with UC* and between 1 and 4% of patients with Crohn's disease (CD)(6). Pyoderma gangrenosum is the second most common dermatological manifestation of inflammatory bowel disease after erythema nodosum.

Results and discussion. A 71 year old women is admitted to the Department of Purulent Surgery with presence of long-term non-healing ulcer of lower limb,pain in the region of ulcer and impaired walking due to this pain. The patient had complaints of diarrhea with blood prior to these symptoms and she was diagnosed with non-specific ulcerative colitis. She was treated with vancomycin 1000mg bid orally and fluconazole 150mg once orally.

CBC and Biochemical Values

- Erythocyctes – 3.8*10^12/l*
- Haemoglobin – 112g/l***
- Leucocytes – 14.56*10^9/l***
- MCV (Average volume of red blood cells) – 88.2 fL
- MCH (hemoglobin content in erythrocytes) – 29.5 pg
- C-reactive protein – 30.2 mg/l ***
- Total bilirubin – 12 mmol/l
- Blood Glucose – 8.7 mmol/l ***

Microbiological examination

Indicates signs of contamination with the presence of *Kocuria kristinae in an amount of 10^4 microorganisms in the biopsy taken from the pyoderma gangrenosum.(region of ulcer in the left shin).*

Rectosigmoidocolonoscopy

A small amount of mucus and fecal matter was found in the lumen of colon. The mucous membrane of the examined areas were diffusely hyperemic,erosive,sharply edematous with a crimson shade and overlaid with white fibrin. No oncopathologies were detected in the examined areas. This endoscopic picture shows a non-specific ulcerative colitis.

Pathohistological examination

Colon mucosa was violated with penetration of neutrophils into the surface epithelium which led to formation of erosions and destruction of the epithelium of crypts.

Pathohistological conclusion – Erosive crypt-destructive terminal colitis,which is more characteristic feature of ulcerative colitis. According to *Nancy index* of histological assessment,Grade 04 was determined with high activity.

In the above literature, we have discussed about how Ulcerative colitis becomes a key point in diagnosing patients with undefined pyoderma gangrenosum without any skin-related conditions. Furthermore, one of the most common extraintestinal manifestation is pyoderma gangrenosum,which was seen in this patient during the physical examination. The patient was treated with vancomycin due to the contamination of the pyoderma gangrenosum by *Kocuria kristinae to prevent any further complications like sepsis,necrosis of the affected area. The endoscopic findings coupled with pathohistological findings further depicted the nature of the disease as ulcerative colitis. Therefore,the patient was advised to go-on an low-fiber diet as an diet and lifestyle management for better prognosis of the disease.*

Conclusion. In summary, pyoderma gangrenosum is an inflammatory neutrophilic dermatosis associated with many systemic diseases including IBD. This clinical research of PG is a great example that shows ulcerative colitis and female sex to be more strongly associated with PG than IBD phenotype. Therefore, it is essential to take into account Ulcerative colitis for suspected PG caused without skin diseases or infections as the underlying source. Underlying intestinal disease activity is often well treated. Effective treatment of PG usually requires augmentation of multiple immunosuppressive agents over a prolonged duration.