

Results and discussion. An 11-year-old male was diagnosed with Ormond disease incidentally, presenting with left-sided hydronephrosis. Imaging showed ureteral obstruction due to kinking. A laparoscopic intervention found a mass in the retroperitoneal space. Histology indicated inflammation and fibrosis, but malignancy was ruled out. Imaging revealed extensive tissue growth around the abdominal aorta with elevated ESR and CRP levels suggesting a correlation with the incidence of RPF. Surgical excision of the tissue led to a definitive diagnosis. MRI and CT scans were effective for detection and monitoring. The predominance of left-sided involvement aligns with literature, attributing it to anatomical factors that make the left kidney more susceptible to compression by fibrous tissue. This case highlights the diagnostic challenges of Ormond disease, as its presentation can mimic other conditions.

Conclusion. This report emphasizes diagnostic and management complexities of Ormond disease in paediatric patients. Timely recognition and a collaborative approach are crucial for effective management and preventing complications like renal impairment. Ongoing follow-up with advanced imaging techniques, such as MRI and CT, is vital; Ormond's disease might have gone undetected without the patient's congenital ureter anomaly. Early monitoring of CRP and ESR levels has proven beneficial for early diagnosis, aiding long-term outcomes.

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THE USAGE OF FENOFIBRATES IN COMPLEX TREATMENT OF PROLIFERATIVE DIABETIC RETINOPATHY

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Introduction. The use of retinal laser coagulation is the main treatment method for diabetic retinopathy (DR). Despite this, the preservation of visual function at a high level remains unguaranteed. The best choice is a treatment aimed at preventing the

development of complications of DR. There are many drugs that prevent the development and stabilization of existing complications of diabetes mellitus (DM). Numerous studies prove that fenofibrates are a highly effective in the prevention and stabilization of DR.

Aim of the study. To study the effectiveness of fenofibrate in the treatment of patients with proliferative stage of diabetic retinopathy and its effect on visual acuity and functional parameters of the retina.

Materials and methods. We studied 30 patients (60 eyes) with proliferative stage of DR, including 20 men and 10 women aged from 50 to 75 years (mean age 62.1 years). All of the observed patients had type 2 DM. Based on the data obtained, 2 groups were formed: the main group (MG) – 15 patients (30 eyes) and the control group (CG) – 15 patients (30 eyes). In the control group, only laser coagulation of the retina was performed against the background of basic therapy. In the main group, along with laser coagulation of the retina, a drug of the fenofibrate group (Tricor 145 mg, 1 tablet per day for 3 months) was taken. All patients had standard ophthalmologic examination: visual acuity test, tonometry, biomicroscopy, keratorefractometry, ophthalmoscopy. The control examination was performed after 1 and 3 months.

Results and discussion. Prior to treatment, patients in both groups had pre- and intraretinal hemorrhages, retinal edema, and signs of proliferative diabetic retinopathy in the form of neovascularization during ophthalmoscopy. During treatment, minor improvements were noted in both groups in the 1st month: resorption of hemorrhages and reduction of retinal edema in 43% of cases. By the 3rd month after treatment, significant improvements were noticeable in the main group: complete resorption of hemorrhages in 96.3% and disappearance of neovascularization in 92.8% of cases. In the control group, the indicators were 89.7% and 86.4%, respectively, the improvement in the fundus condition is confirmed by the positive dynamics of visual acuity. The average index of initial visual acuity in both groups was 0.2 ± 0.14 . As a result of the treatment, visual acuity indicators increased by the 1st month and averaged 0.3 ± 0.11 and 0.4 ± 0.22 ($p \leq 0.05$), respectively, in the control and main groups. By the 3rd month of treatment, the average visual acuity in the main group was significantly higher than in the control group and amounted to 0.5 ± 0.04 and 0.3 ± 0.08 , respectively ($p \leq 0.05$).

Conclusion. The usage of fenofibrates in complex treatment of patients with proliferative stage of DR and LCS helps to stabilize the functional parameters of the retina and improve a visual acuity with prolonged use.

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A NEWBORN WITH CONGENITAL ADRENAL HYPERPLASIA EXHIBITS SIGNIFICANT RESISTANCE TO MINERALOCORTICIDS

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Introduction. Early initiation of CAH treatment prevents harmful causes due to salt wasting including adrenal crisis and helps in preventing life threatening conditions. Mineralocorticoid dosing, especially in newborns, needs to be adjusted so that the condition can be properly managed.

Aim of the study. To identify the individuality of the treatment in a rare case of congenital adrenal hyperplasia.

Materials and methods. A case study of 2 days old new born baby was taken, who was admitted to the Grodno regional children's clinical hospital. The baby was presented with not uniquely differentiated external genitalia, all the objective examinations including ultrasound scan and genetic tests and other subjective examinations was done. these results were thoroughly analyzed here to find the relationship between the laboratory investigations and treatment.

Results and discussion. Newborns often show resistance to mineralocorticoids. Fludrocortisone acetate was prescribed to the patient orally at a dose of 50-100 mcg. In this particular case, there has been a need for increase the dosage to 300 mcg per day. After the selection of the hormonal therapeutic dose the child showed body weight gain and a positive improvement in the ionogram. When the fludrocortisone dose was increased to 300 mcg the levels of sodium and potassium levels are respectively 131,0mmol/l and 4.90 mmol/l. The child's body weight on admission was 3350 g and it increased by 595 g at the time of discharge (3945 g) after three weeks.

Conclusion. Resistance to mineralocorticoids changes with age is most common in the neonatal period. The dosage of mineralocorticoids should individually altered for each case.