

In terms of treatment, most children received appropriate antimicrobial therapy. 77.78% were given macrolide antibiotics, 18.52% kids did not receive antibiotics, raising concerns about their management.

Conclusion. More than 60 % of patients with whooping cough were kids of 0-5 years old (62.8%). Adolescents made only 16.8 %, but they could be an important carrier for *B. pertussis* and are thus often the source of infection for unprotected infants.

The findings indicate that while a majority of the children were vaccinated and diagnosed with pertussis. Continuous public health efforts must focus on confirming the importance of booster dose of DTP (or mono vaccine against whooping cough) around adolescent and pregnant women to prevent and protect the most sensitive to whooping cough groups (infants of first 6 months).

SUBCUTANEOUS DIROFILARIASIS IN A 60-YEAR OLD FEMALE IN GRODNO REGION, BELARUS

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Introduction. The vector-borne zoonotic helminth illness dirofilariasis, which is caused by *Dirofilaria immitis* and *Dirofilaria repens*, is a significant concern in the European Union, particularly in such countries as Belarus, Russia, and Ukraine. The symptoms appear due to the movement of immature helminths in human tissues or because the internal organs have a lengthy course and progressive maturation.

Aim of the study. This case study hopes to bring more awareness and understanding about human subcutaneous dirofilariasis. Also, it is important to suspect the presence of dirofilariasis even in non-endemic areas when the patient comes with a similar clinical presentation as we have discussed here.

Materials and methods. A 60-year-old woman was diagnosed with a spherical, elastic, smooth, and painless tumor-like formation in her scalp. The tumor was asymptomatic and spherical. The patient underwent surgical intervention, including excision of the tumor-like formation, under local anesthesia. The wound was treated with hemostasis, sutures, and a small amount of fluid was released.

Results and discussion. A patient in Belarus was diagnosed with dirofilariasis of the subcutaneous fat of the right temporal region after undergoing surgery. The condition is rare in Belarus, but there is a high probability of autochthonous transmission due to the discovery of an adult heartworm in a wild wolf and increasing human cases in mosquitoes. Diagnosis involves clinical indicators, parasitological, serological, histological,

ultrasonography, and molecular approaches.

Conclusion. Dirofilariasis of the subcutaneous fat is a rare zoonotic helminth disease in Belarus. A patient was initially diagnosed as an epidermal cyst, but a preoperative ultrasound examination and blood count led to the suspicion of dirofilariasis of the subcutaneous fat, where the postoperative pathohistological examination confirmed the diagnosis. Early diagnosis is crucial to reduce patient suffering and raise awareness about this rare helminth disease.

EXPERIENCE IN THE TREATMENT OF LIVER ECHINOCOCCOSIS IN GRODNO REGION, BELARUS

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Introduction. The tapeworm echinococcus causes liver echinococcosis, a parasitic hydatid disease that is a global health concern. The larval stages of taeniid cestodes belonging to the Echinococcus family are the cause of echinococcosis, a serious liver disease. Although six species have been identified, four *Echinococcus granulosus*, *Echinococcus multilocularis*, *Echinococcus vogeli*, and *Echinococcus oligarthrus* are of general concern for human health. Recently, two novel species have been identified: *Echinococcus felidis* in African lions and *Echinococcus shiquicus* in small vertebrates from the Tibetan level. Humans occupy a middle position in the life cycle of parasites, and the clinical signs can vary and be non-specific depending on the size and intensity of the cyst. The complications include bleeding, perforation, suppuration, cyst rupture, mechanical jaundice, and portal hypertension.

Aim of the study. Surgical analysis of treatment.

Materials and methods. Instrumental and laboratory diagnostic methods were used for every patient. The tests include a general blood test, a biochemical blood test (IFA) to identify antibodies to the echinococcus antigen, abdominal ultrasound and MRI, retroperitoneal area CT of the belly and chest, and a brain scan to look for further echinococcus foci. Ultrasonography clarifies the presence of problems, particularly in liver and lung diseases, as well as the internal structure, number, and location of cystic structures. The hydatid cysts were discovered to be hypoechoic, double-configured forms on ultrasonography. The external hyperechogenic layer was represented by a fibrous capsule composed of fibrous tissue. The innermost layer of hyperechogenic tissue was called the chitinous shell. From 40.6-36.4 mm to 160-105 mm, the echinococcal cysts' sizes varied. The liquid of the hypoechoic layer was visible in the space between the two forms. Hyperechogenic inclusions, which are components of the echinococcus germ, were also discovered inside the cyst. It was demonstrated that the parasite cysts generated both hyperintense and hypointense MRI echoes. A CT scan revealed one