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

echinococcus in the patient's left lung, but no parasite cysts were seen in the brain. In the whole blood test, seven patients with hepatic echinococcosis had an elevated ESR, and the blood leucocyte formula had more eosinophils. In nine instances, biochemical testing revealed that an increase in all immunoglobulin types led to an increase in total blood plasma protein. To find antibodies to echinococcus antigens, ELISA was used to analyze blood samples from 24 patients. In the whole blood test, seven patients with hepatic echinococcosis had an elevated ESR, and the blood leucocyte formula had more eosinophils. Biochemical testing revealed that in nine of the cases, a rise in all types of immunoglobulins was responsible for an increase in total blood plasma protein. ELISA was used to analyze blood samples from 24 patients in order to identify antibodies.

Results and discussion. There were 17 women and 10 men among the 27 patients that took part in this study. The patients ranged in age from 18 to 83 years old. Three people were referred to the "Minsk Scientific and Practical Centre for Surgery, Transplantation and Hematology" because they had significant liver cysts. The cysts of the two individuals were 160x105 mm and 104x86 mm. The third patient was transferred after undergoing two liver surgeries. Liver resection procedures were performed using a water jet dissector, LigaSure technology, and an ultrasonic scalpel. In cases when serious bleeding is possible, patients were prepared for total vascular isolation of the liver before surgery, which helps minimize blood loss. This method generally involves separating and removing the hepatoduodenal ligament and the lower hollow vein in its supra and subhepatic sections on the turnstiles. According to these tomograms, the liver's postoperative hypertrophy left lobe is sufficiently massive to guarantee the organ's regular operation. On days 12-18 all patients were released for outpatient therapy; there were no postoperative complications or deaths in our instances.

Conclusion. Regardless of the size and location of the cysts, patients with echinococcosis should have surgical treatment. Minimally invasive surgical techniques cause the least amount of trauma. The two most reliable diagnostic tests for echinococcosis are ultrasound and MRI. Total vascular isolation is preferred to regulate blood loss during operation

COMPARATIVE STUDY OF THE FREQUENCY OF ATRIAL FIBRILLATION IN PATIENTS WITH HYPERTENSION OF VARYING SEVERITY

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Introduction. Atrial fibrillation (AF) is the most common arrhythmia among patients with hypertension, which significantly increases the risk of stroke, heart failure, and other cardiovascular complications. Studies show that up to 40% of patients with hypertension may develop AF. This disease is