A RARE CASE OF ECTOPIC PREGNANCY IN A PATIENT WITH COMBINED PELVIC ORGAN ANOMALIES

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Relevance. The incidence of congenital anomalies of the female reproductive organs is up to 7% in the general population [1]. Some anomalies are asymptomatic, while others can cause serious complications.

Target. To describe a rare case of ectopic pregnancy in a patient with combined anomalies of the uterus, fallopian tube, and kidney.

Research methods. Clinical case. A 30-year-old patient was admitted to the emergency department with a suspected ectopic pregnancy. At the age of 12, the patient was diagnosed with pelvic dystopia of the right kidney. Interestingly, her paternal grandfather also had a similar renal malformation. Her obstetrical history includes one term, uncomplicated vaginal delivery.

On admission, the patient complained of retained menstruation and moderate vaginal bleeding. She had a positive HCG test. An ultrasound revealed no gestational sac in the uterine cavity, the presence of fluid in cul-de-sac and pelvic dystopia of the right kidney. A diagnostic laparoscopywas performed to clarify the diagnosis. The uterus and left adnexa were found to be normal. The right fallopian tube and right ovary were absent in their typical place – right adnexa were locatedat the level of the pelvic inlet, approximately 10 cm fromthe uterus. The right fallopian tube was cyanotic and enlarged. A salpingectomy was performed. Histological examination confirmed the diagnosis of tubal pregnancy.

Results and their discussion. This type of ectopic pregnancy is possible due to transperitoneal migration of the fertilized egg. At the same time, we had to exclude the presence of rudimentary horns, through which sperm could reach the ectopically located fallopian tube. At diagnostic hysteroscopy, only the left fallopian tube orifice was visualized, and no signs of the right fallopian tube orifice. One year later patient had a successful uterine pregnancy. She was delivered at term by cesarean section due to breech presentation. At operation, we revealed a retroperitoneal connective tissue cord extending from the lower uterine segment to the right ovary along the upper pole of the right ectopic kidney [2]. A postpartum ultrasound examination was performed, which specifically visualized this connective tissue cord (rudimentary uterus) no more than 3-10 mm in diameter without an endometrial cavity inside. So, the final diagnosis of congenital abnormality was a unicornuate uterus without a rudimentary cavity, combined with pelvic kidney dystopia.

Conclusions. Some congenital anomalies of woman reproductive tract are difficult to diagnose. In spite of significant anatomical changes, the described case demonstrated no reproductive problems. At the same time, the anomaly was the reason for a rare variant of ectopic pregnancy.

We suppose that in our clinical case, pelvic dystopia of the kidney has a genetic basis, while the presence of reproductive organs is sporadic.

LITERATURE

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DIAGNOSIS AND TREATMENT OF ACUTE RIGHT SIDED HEMI-SINUSITIS AND ITS COMPLICATIONS IN A 11-YEAR-OLD BOY

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Relevance. In this report we will go through Acute right sided hemi sinusitis of a boy who had Acute inflammation of the sinus mucosa on the right side of the head. Hemisinusitis is unilateral and like the most common cold-related sinusitis which may be bilateral, suggesting a more intense, localized, or obstructive process. At the time of admission, the patient was experiencing swelling in the eyelids, bulging of the eye, unable to move the eye properly, and fever [1, 2].

Target. We present a common medical case of a young 11 years old boy, who was brought to the Purulent Otorhinolaryngology Department for children at the Grodno University Clinic. The child was suffering from Acute right sided hemi sinusitis which had led to complications such as retrobulbar cellulitis, reactive eyelid edema, and an orbital abscess. Throughout this article we will go over the diagnosis and about the treatment plan which was a sequence of endoscopic sinus surgeries and orbitotomy. The article also enlightens us on the role of prompt surgical treatment in saving the patient's eyesight and clearing the infection.

Research methods. A 12-year-old male, Kuzmitsky KV was admitted on 10/28/2025 to otorhinolaryngology department for children with an increase in body temperature to 39, headache with nasal congestion. Due to the swelling, he had pain in right eye when moved. His mother reported he had headache and weakness which appeared on 10/26/25, fever increased on 10/27/25, and swelling of the right eye.

A MRI of the facial skull was performed on 04/10/2025 and 04/11/2025. In the right eye socket, along the medial wall, a fluid formation with inflammatory contents is determined upto 21*8.5*28 mm, pushing back the medial ocular muscle, the cellular tissue of the orbit is infiltrated in the upper medial region with diffuse thickening of