

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

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

Mohamed Irshad Ahmed Affiq,  
Jayasooriya Kankanamge Tashmi Chamodhya Jayasooriya

Grodno State Medical University

**Scientific supervisor:** MD, Prof. Khorov O. G.

**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

the mucous membrane in all paranasal sinuses on the right, with the presence of fluid without limiting diffusion in the right half of the frontal sinus.

**Results and their discussion.** Meropenem, Metronidazole, Xylin, Infusion therapy, Levomycetin, Ibuprofen, Paracetamol, Promedol, Azithromycin and Ketorol was given as treatment. During discharge the general condition was satisfactory. Temperature 36.4c. Absence of meningeal signs and dizziness. Nasal mucosa was pink and nasal passages were free, the drainage was good, hemorrhagic discharge. The drainage from the HPV was removed. Eyelids were not swollen, there was no exophthalmos. Recommendations were given

**Conclusions.** The effective treatment outcome for this case highlights the need for a dual therapeutic approach for the treatment of complicated cases of acute sinusitis. The surgical approach for the treatment of the complications was effective in draining the infection site and reducing orbital pressures. The magnetic imaging scan was effective in determining the extent of the abscess, thereby reducing the risk of blindness and intracranial complications. This case highlights the need for an approach between otorhinolaryngologists and ophthalmologists in the treatment of orbital complications due to sinusitis. This approach ensures effective functional recovery for the patient.

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## ACUTE ABDOMINAL ISCHEMIA OF SUPERIOR MESENTERIC ARTERY

Mohamed Najath Fathima Noora,  
Rachael Shannon Dantanarayana,  
Weheragoda Abeysinghe Mudiyanse Lage Chathmini Disara  
Kumarihami Abeysinghe

Grodno State Medical University  
**Scientific supervisor:** MD, Prof. Ioskevich N. N.

**Relevance.** Sudden reduction or cessation of blood flow through the superior mesenteric artery, resulting in ischemia of the small intestine and, variably, the proximal colon [1-2]. Mainly arterial embolism and thrombosis results in superior mesenteric arterial insufficiency, cause specific treatment options are proposed accordingly [1]. It can be either through endovascular approach or open surgery [1, 3-4]. However, all patients should undergo immediate investigations and emergency surgery before complicated by peritonitis [2, 4].