

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

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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].

Target. To analyze the exact cause by necessary radiological studies to provide necessary emergency interventions.

Research methods. We studied 8 operated patients who were admitted to the Grodno University Clinic for emergency surgery in the suspicion of superior mesenteric arterial ischemia. Diagnosis of SMA ischemia included patient's complaints, physical examination, x-ray abdomen, ultrasound and CT angiography of coeliac trunk and SMA. All the patients were male and between the ages of 55-75.

Results and their discussion. Except for one patient, the other 7 patients were admitted after 3 hours of onset of symptoms, due to which they had increased risk of developing peritonitis. All the 8 patients performed x-ray of abdomen, 4 of them had undergone ultrasound of coeliac trunk and SMA and 6 of them had done a CT angiography. As final results after the investigations, 3 of them were diagnosed with SMA ischemia due to embolism without atherosclerosis and 5 of them with SMA ischemia due to thrombosis of SMA with atherosclerosis.

Conclusions. All the patients with acute abdominal ischemia of superior mesenteric artery needed emergency investigations and surgical treatment. The most accurate method of investigation is SMA angiography or direct CT angiography [4-5]. As for the better treatment option to remove the clot or the atherosclerotic plaque from SMA is open surgery.

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