

LITERATURE

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DIAGNOSTIC CRITERIA FOR HEPATOSIS IN PATIENTS WITH OVERWEIGHT OR OBESITY AND ARTERIAL HYPERTENSION

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Relevance. Hepatosis presents in patients with overweight or obesity [1]. These conditions lead to metabolic imbalances that cause to liver fat buildup and inflammation, potentially declining the liver to severe liver damage if left undiagnosed [2]. Excess weight and metabolic disorders are also risk factors for the development of arterial hypertension (AH). The coexistence of both conditions can have a mutually aggravating effect and lead to more pronounced liver changes in these patients

Target. To explore and refine the diagnostic criteria for hepatosis in patients with overweight or obesity and AH.

Research methods. The study was conducted at the State Healthcare Institution «City Clinical Hospital N 2 of Grodno». A comprehensive analysis was carried out involving 73 patients with arterial hypertension and overweight or obesity (mean age – 49.8 ± 7.7 years). The patients were divided into groups by gender: Group 1 – 49 male patients and Group 2 – 24 female patients. The groups were comparable by age and BMI. We measured neck, waist, and hip circumferences and ratios. Additionally, the following indices were calculated: FIB 4 index, lipid accumulation product (LAP), visceral adiposity index (VAI), body adiposity (BA), abdominal volume index (ABI), body roundness index (BRI), hepatic steatosis index (HSI). The obtained data were processed using nonparametric statistical methods. The data in the work are presented as Me (25% and 75%). The level was considered reliable at $p < 0.05$.

Results and discussion. According to analysis, men exhibit a significantly larger waist circumference (110 (102; 116) cm) than women (99 (94,5; 104) cm, higher waist-to-hip ratio (men – 0,96 (0,95; 1); women – 0,85 (0,80; 0,94), $p < 0.05$). It can

indicate a great tendency for central fat distribution among men. Women have significantly higher BA (35,37 (31,54; 40,05)) than men (30,72 (26,80; 32,96)), $p < 0.05$. Men demonstrate significantly higher values for both the AVI (men – 24,23 (20,83; 26,93); women – 20,21 (17,96; 22,20)), $p < 0.05$ and BRI (men – 5,91 (5,06; 6,86); women – 5,34 (4,62; 6,04)), $p < 0.05$. Although HSI was higher than normal level for both groups (men – 43,03 (41,01; 48,57); women – 42,25 (38,18; 46,50)), there was no statistically significant difference, showing a similar risk of steatosis in both genders. When calculating the Spearman correlation coefficient, a positive medium strength relationship was established between HSI with waist circumference ($r=0.67$), hip circumference ($r=0.59$), AVI ($r=0.68$) and a strength relationship with the ratio of waist/height ($r=0.70$) and BRI ($r=0.70$). Besides, a positive medium-strength relationship was established between neck circumference with HSI ($r=0.39$), BRI ($r=0.49$) and a strength relationship with AVI ($r=0.73$).

Conclusions. The study results reveal differences in fat distribution between men and women, despite their overall metabolic risk levels. Women had a higher overall fat mass index, while men had larger neck and waist circumferences. The differences between the sexes are primarily structural, not metabolic. Men and women with AH and excess weight face an equal risk of liver complications.

LITERATURE

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DIAGNOSTIC CHALLENGE OF ESTHESIONEUROCYTOMA PRESENTING AS A PARAPHARYNGEAL MASS AND PERITONSILLAR INFILTRATE IN A PEDIATRIC PATIENT: A CASE STUDY

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Relevance. Esthesioneurocytoma also known as olfactory neuroblastoma (ONB) is a rare malignant tumor of neuroectodermal origin. It typically arises from the specialized olfactory epithelium in the superior nasal vault, cribriform plate and superior turbinates [1]. Accounting for approximately 2-3% of all malignant tumors of