

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

the sinonasal tract, it exhibits a bimodal age distribution with peaks occurring in the second and sixth decades of life. Its occurrence in young children is exceedingly rare.

Target. To describe a clinical case of rare Stage 3 esthesioneuroblastoma in a 9-year-old patient and to highlight the importance of a multidisciplinary approach and broad differential diagnosis when throat-related symptoms are unresponsive to standard antibiotic therapy.

Research methods. Patient was hospitalized on December 16, 2025, at Grodno University Clinic's Pediatric Purulent Otolaryngology Department for progressive sore throat, dysphagia, nasal voice, and right parotid/submandibular swelling unresponsive to Augmentin. Admission findings included moderate severity 37.2°C, trismus, right palatine edema, tonsil displacement, and tender lymphadenopathy. Preliminary diagnosis was right otitis media with peritonsillar infiltrate. For the diagnostics examinations, Neck Ultrasound was done and it showed multiple nodes ($\leq 11 \times 5$ mm); 58×60×51 mm right submandibular mass with mixed Doppler flow. The labwork showed leukocytes $6.85 \times 10^9/L$, Hb 126 g/L, CRP 1.4 mg/L; peripheral blood cytology showed non-epithelial malignant cells and Contrast CT neck/chest illustrated 45×50×56 mm hypodense right nasopharyngeal mass deforming oropharynx, adjacent to pterygoids. MRI brain/neck showed 59×44×63 mm heterogeneous mass distorting nasopharynx (lumen 9 mm), narrowing carotid/jugular vessels. Surgical biopsy confirmed esthesioneuroblastoma (T3N1M0, Stage 3). Patient stabilized and transferred for oncotherapy.

Results and their discussion. According to the diagnostics, US showed 58times; 60times; 51 mm vascular right submandibular mass; enlarged nodes. Laboratory findings were mild leukocytosis; blood cytology with malignant neuroectodermal cells. CT/MRI confirmed 45-59 mm nasopharyngeal mass narrowing airway, encasing carotid/jugular. Biopsy revealed monomorphic hyperchromatic cells confirming olfactory neuroblastoma. There was no pus on surgery. The use of a multidisciplinary diagnostic algorithm confirmed the diagnosis of ONB which mimicked a peritonsillar abscess. Early imaging and biopsy in unsolved cases prevents delay of complications and results in good prognosis

Conclusions. The presented case highlights the diagnostic complexity of pediatric Esthesioneurocytoma, particularly when it clinically mimics an acute peritonsillar abscess. It shows the importance of maintaining oncological vigilance in the setting of asymmetric tonsillar displacement, trismus and parapharyngeal masses that do not respond to standard antimicrobial protocols or fail to yield purulent fluid upon surgical drainage. Early utilization of MRI and prompt histological examination are critical for achieving a favorable prognosis and facilitating timely, life saving oncological intervention.

LITERATURE

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