

methods: fistulocholangiography - 76, ultrasound - 71 CT - 32, fistulocholangioscopy - 9, endoscopic retrograde cholangiopancreatography - 9, the definition of sterkobilina in feces and urine urobilin - 30, determination of bilirubin in the fistulous the discharge - 17, test with methylene blue - 16.

**Results:** One of the most informative methods for studying bile fistula is fistulocholangiography. With it identified: bile duct stones - for 74 people, cystic duct stone - 12, stenosis of the sphincter of Oddi - 48 people. Endoscopic retrograde pancreatography performed in 9 patients with follow-up and removal of stone papillosfinkterotomiei of choledochal - in 5. The accuracy of ultrasound in detecting choledocholithiasis was 86%, computed tomography - 92.3%. Fistulocholangioscopy with lithotomy was effective in 9 patients.

**Conclusions:** None of the methods of preoperative diagnosis of chronic external biliary fistula is universal. The most valuable diagnostic information about the state of the bile ducts give fistulocholangiography, endoscopic retrograde pancreatography in some cases supplemented by ultrasound or computed tomography.

**Key words:** external biliary fistula calculous etiology, fistulocholangiography, endoscopic retrograde pancreatography.

## THE ROLE OF CT AND BIOPSY IN THE ASSESSMENT OF NASOPHARYNGEAL CARCINOMA

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**Introduction:** Nasopharyngeal carcinoma is the most common cancer originating in the nasopharynx. However, the lack of symptoms makes it difficult to diagnose. It is most frequent in males and when it occurs in women, viral and genetic factors are involved.

**Methods:** We present the case of a female patient who was admitted to the hospital with severe headache and tinnitus. Symptoms started 3 months prior to hospitalization, but without response to analgesics. She was diagnosed in March 2011 with mild hypertension, but she did not follow any treatment.

We performed a complete examination of the patient. Except for high blood pressure (180 mmHg/70mmHg) and increased VSH the analyses were normal. In June 2011 the patient came to our clinic complaining of the same symptoms. During physical examination we discovered a latero-cervical nodular formation, not as a result of a number of diagnostic modalities were used in order to evaluate and determine the diagnosis: thyroid echography, barium examination of esophagus, stomach and duodenum, abdominal echography, CT.

**Results:** CT and the biopsy of the formation confirmed the diagnosis: nasopharyngeal carcinoma.

**Conclusion:** The paraclinical examination is fundamental and most valuable step in order to put the right diagnosis in this particular case.

**Key words:** carcinoma, CT, headache, hypertension.