



In order to determine the shape of the skull and its facial profile, the skulls of 35 adult cadavers aged from 22 to 60 years, without signs of mechanical damage and anomalies of the skeletal system were used as a research material. To study the asymmetry of the viscerocranium and the degree of its severity a "fan-shaped method" of morphometry was used [I. Haivoronsky, E. Dubovik, 2009]. The width-height parameters of viscerocranium were studied by the craniometry method, with the help of thickness caliper with millimeter scale graduations and technical trammels. To determine the spatial coordinates with by stereotopometry method, the craniostereobasiometer was used, the coordinates of craniometric points accurate within 0.05 mm according to their projection on the sagittal, frontal and Frankfurt planes were determined. The identification of patterns of relative shapes of the skull and facial profile in its basilar craniotypes was based on the conducted studies.

Thus, the mesoprosopic shape of the facial skull in half of the cases was observed in platibasylar (50.0%), - in medio- (44.5%) and flexibasylar craniotypes (40.0%). Leptoprosopic shape of facial skull was seen in 1/3 cases - in mediobasylar craniotype (33.2%), more often - in flexibasylar (40.0%) and the least - in platibasylar (23.0%).

The orthognathic facial profile shape was often seen in flexibasylar craniotypes (84.0%) and in 2/3 cases of mediobasylar (77.0%) and the least - in platibasylar (68.6%). Mesognathic shape of facial profile in 1/3 cases was defined in platibasylar craniotype (18.4%), and the least - in mediobasylar (11.1%) and in rare cases – flexibasylar craniotype (44.0%).

Prognathic shape of facial profile was observed in flexibasylar craniotype (10.0%) and in some cases - in medio-and platibasylar (less than 3.8%).

The study led to the conclusion that the correlation of the sizes of the facial skull such as distances from the point nasion to the point at the lateral edges of the piriform opening, the distance from the point nasion and the lowest point of the piriform opening allow to create mathematical models of the most important dimensions of facial skull.

**Popovych A.I.**

#### **ECTOPIC PREGNANCY NOWADAYS: PATHOMORPHOLOGICAL RESEARCH**

*Department of Pathological Anatomy  
Higher State Educational Establishment of Ukraine  
"Bukovinian State Medical University"*

In ectopic pregnancy the embryonic implantation occurs outside the uterus most commonly in the fallopian tube. Ectopic pregnancy is a medical emergency, if not treated in time can lead to fatal consequences. In normal pregnancy, the fertilized ovum enters the uterus through fallopian tube in uterine cavity and settles into the uterine mucosa where it has plenty of space for its growth and development. About 1% of all pregnancies are found to be in an ectopic location with implantation not occurring inside of the uterus. Of these ectopic pregnancies 98% occur in the fallopian tube. The incidence of ectopic pregnancy has markedly increased in the last decade.

The study was conducted on 20 patients aged between 28 to 40 and having ectopic pregnancy of 2-3 months of gestation. In addition to its presence, the location of corpus luteum was also considered. The excised part of the tissue was taken and fixed in 10% formalin solution and processed for light microscopy.

Ectopic pregnancy was found on the left side in 9 cases and on the right side in 11, but the corpus luteum was found in all cases by inspection. The lumen was found to be tortuous in eleven cases as compared to tubal lumen in the control tube removed in other benign surgical cases. All the tubes showed evidence of trophoblastic proliferation invading maternal tissues resulting in extravasation of a significant amount of maternal blood. The orientation of implantation with reference to the major blood vessel appeared to be random. On microscopic examination of the slides the predominant pattern of spread of trophoblast and hemorrhage could be classified as predominantly intraluminal, predominantly extraluminal or combined. The maternal blood vessels were invaded by trophoblast soon after initial implantation. In the majority of cases the tube was not ruptured and the blood often leaked out of abdomina ostium of the fallopian tube after filling the lumen.

The present study provided opportunity to extend some valuable information regarding tubal pregnancy, its mode of occurrence and mechanism of invasion and infiltration of the tubal wall. The mechanism of implantation is considered to be the following: the ovum is picked up by the fimbriated end of fallopian tube which is held in close contact with ovary by the fimbria ovarica which sweeps across the surface of the ovary during ovulation.

**Reshetilova N.B., Kulish N.M.\***

#### **MORPHOLOGY OF THE THIRD VENTRICLE DURING 16-20TH WEEKS OF PRENATAL PERIOD OF HUMAN ONTOGENESIS**

*Mykola Turkevich Department of Human Anatomy  
Department of internal medicine, physical rehabilitation and sport medicine\*  
Higher State Educational Establishment of Ukraine  
«Bukovinian State Medical University»*

The aim of our study was to examine the peculiarity of the formation of the third ventricle in different ontogenetic periods. Studies of the morphology of the walls of the third ventricle were conducted on 15 human cadavers by methods of histology, dissection and morphometry.

Most of the structures of the third ventricle are present at the 13th week of fetal development. The form of cavity is diamond. Its length is  $6,2 \pm 0,58$  mm, width -  $2,45 \pm 0,25$  mm. The roof consists of the medullar and mesenchymal layers. The depth of the epithelial plate is  $8,0 \pm 1,68$  mm. The mesenchymal layer of roof is thinner. It is