

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ  
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**101 – ї**

**підсумкової наукової конференції**

**професорсько-викладацького персоналу**

**Вищого державного навчального закладу України**

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The formation time of the primary ossification centers of carpal bones, metacarpals and phalanges was established. The data concerning the secondary centers of ossification and the terms of their merging with primary ossification centers. We have described a rare case of malformation of the bones of the hand.

**Navarchuk N.M.**

### **ANATOMIC FEATURES OF THE FACIAL NERVE IN PRENATAL PERIOD OF THE HUMAN ONTOGENESIS**

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The embryology of the seventh cranial nerve, especially its peripheral development, has received little attention in man in comparison to the important role it plays in postnatal life.

The specimen of 21 embryos and 23 pre-fetus were selected to be the materials of the research.

Following investigational methods have been used: macroscopy, microscopy of consecutive histological sections series, conventional and thin preparations.

In a 4.2 mm embryo, the facial nerve arises in common with the eighth cranial or acoustic nerve and is attached to the metencephalon just rostral to the otic vesicle. This facioacoustic primordium (acusticofacial crest) is fibrous at its attachment, but soon becomes cellular as it courses ventrally. It passes rostral to the otic vesicle and, at the lower part of the vesicle, the acoustic division arises. The major division of the primordium (facial part) continues ventrally, becomes more cellular and compact, and appears as a column of cells. In 4.8 to 6.5 mm embryos the facial division of the facioacoustic primordium is less cellular than the acoustic division and, as it courses ventrally, it is partially surrounded by the developing acoustic ganglion. The facial division separates into two almost equal parts. The caudal part, which constitutes the main trunk of the facial nerve, shortly disappears into the surrounding mesenchyme. The rostral part enters the mandibular arch by passing ventral to the first pharyngeal pouch and will become the chorda tympani nerve, the first branch of the facial nerve to develop. The proximal part of the facioacoustic primordium begins to separate into two distinct nerves in 8.0 to 10.6 mm embryos. A complete separation appears at 14.0 mm and a discrete nervus intermedius is present at 16.5 mm, In 18.0 mm embryos the nervus intermedius is considerably smaller than the motor root of the facial nerve and is arranged as one or two main bundles that pass from the geniculate ganglion to the brainstem between the motor facial root and the acoustic nerve. In pre-fetuses 20.2 - 41.0 mm the facial nerve becomes proportionally smaller in relation to the total cranial region and its peripheral branches gradually approach the definitive condition. Proximally the facial nerve is round or oval on transverse section although peripherally, in some areas of the face, it is flat.

**Nazymok Y.V.**

### **RADIOANATOMY AND MORPHOMETRY OF THE SIGMOIDRECTAL SEGMENT IN NEWBORNS**

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Pathology of a distal portion of the digestive tract is most often determined in the first days of a newborn life. The result of treatment depends on timely diagnostics and adequate surgical correction of a congenital defect. Each portion of the digestive system possesses its anatomical and functional peculiarities. Therefore, specification of morphometric parameters of the sigmoidorectal segment in newborns and investigation of its radioanatomy is a topical issue of present colonoproctology.

Objective: to determine morphometric parameters and skeletotopic projection of the sigmoidorectal segment of newborns.