

**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

«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

10, 12, 17 лютого 2020 року

Чернівці – 2020

УДК 001:378.12(477.85)

ББК 72:74.58

М 34

Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

ББК 72:74.58

У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

Загальна редакція: професор Бойчук Т.М., професор Іващук О.І.,
доцент Безрук В.В.

Наукові рецензенти:

професор Братенко М.К.

професор Булик Р.Є.

професор Гринчук Ф.В.

професор Давиденко І.С.

професор Дейнека С.Є.

професор Денисенко О.І.

професор Заморський І.І.

професор Колоскова О.К.

професор Коновчук В.М.

професор Пенішкевич Я.І.

професор Сидорчук Л.П.

професор Слободян О.М.

професор Ткачук С.С.

професор Тодоріко Л.Д.

професор Юзько О.М.

професор Годованець О.І.

ISBN 978-966-697-843-4

© Буковинський державний медичний
університет, 2020



placenta in the combination of these conditions, we also studied the proliferation of the trophoblast of the chorionic villi of the placenta.

Material was fixed for 18-24 hours with a 10% solution of neutral buffered formalin and embedded in paraffin for immunohistochemical investigation. This study was carried out on 5 μ m thick sections placed on the adhesive glass. Monoclonal antibodies to the Ki-67 protein were used. Immune staining was visualized with the streptavidin-biotin method using the LSAB kit (DAKO, Denmark). After obtaining digital copies of the image, the optical density of the histochemical staining was measured by computer microdensitometry in relative optical density units in the environment of the ImageJ. The arithmetic mean and its error was calculated using the PAST 3.16 computer program. The discrepancy in average trends were carried out using bilateral unpaired student criterion. They were considered statistically significant at $p \leq 0.05$.

Based on an immunohistochemical study, quantitative parameters of cell proliferation processes were determined by determining the Ki 67 antigen by quantifying Ki 67 positive trophoblast nuclei of the chorionic villi of the placenta in acute chorionamnionitis in combination with IDA.

85 placentas were examined. Including the placenta of physiological pregnancy ($n=20$) and the placenta from women with IDA without inflammation ($n=21$) were studied for comparison. Accordingly, quantitative indicators of immunohistochemical staining for the Ki-67 proliferative antigen in the trophoblast of the chorionic villi of the placenta during physiological pregnancy amounted to 3 ± 0.9 , with IDA – 48 ± 2.9 , where $p < 0.001$ relative to the norm.

The optical density of the immunohistochemical image averaged 54 ± 2.3 in placentas with acute chorionamnionitis ($n=23$), which with a statistical discrepancy is greater than the placenta of physiological pregnancy ($p < 0.001$), and in combination with IDA ($n = 21$) – 56 ± 3.8 ($p < 0.05$ compared with inflammation without anemia).

Thus, after obtaining the results of the study, we learned that according to quantitative indicators of immunohistochemical studies proliferation processes grow at acute chorionamnionitis in the trophoblast of the chorionic villi of the placenta, however, comorbid iron deficiency anemia does not cause an intensification of these processes.

Kashperuk-Karpiuk I.S.

THE TOPOGRAPHO-ANATOMICAL FEATURES OF THE BUCCAL REGION OF HUMAN FETUSES

*Department of Anatomy, Topographic Anatomy and Operative Surgery
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»*

Buccal region is a complex of structures of soft tissues, anatomic components of which are in a close mutual position, while its shape is maintained of the external muscular-aponeurotic system. It consists of muscles, fascias and maintaining junctions, which come from deep and fixed structures to moved skin.

There are numerous anatomic structures located on relatively small area, including terminal segment (portion) of parotid duct, buccal fat pad, blood vessels, lymphatics and nerves. The lack of knowledge about the peculiarities of the structures of buccal region induce us to carry out new researches, which allows to improve the methods of diagnostics and surgical correction of congenital and acquired diseases of human face.

We have developed the scheme of topographo-anatomical coordinates of the boundaries of lateral and buccal areas of the face and imaginary line of the parotid duct. Parotid duct projection on the skin of buccal region passes from the auricle's tragus to the angle of the mouth.

The direction of the parotid duct is arched, with the convexity up, due to well developed buccal fat pad. The additional parotid duct is detected in 22% of cases. We have researched a variety of anatomical variants of syntopic interactions between the buccal fat pad and parotid duct or its shape variants. Duct either pierces the corpus buccal fat pad or passes it superiorly.



There was the 74 specimens of the buccal region of human fetuses aged from 4 to 9 months of the intrauterine development measuring 90,0-410,0 mm of parietal-coccygeal length (PCL) (35-man's and 39 - woman's) studied using complex of morphological methods which included morphometry, anthropometry, identification of body type, preparation, 3D-reconstruction and statistic analysis.

We have developed the scheme of topographo-anatomical coordinates of boundaries of lateral and buccal regions of the face and imaginary projectional line of the parotid duct.

We have researched the relationship between parotid duct and buccal muscle on macro- and microscopic levels. We suggest that peculiarities of these structures' syntopy provides sphincteric function, which prevents regurgitation of saliva.

We have researched a variety of anatomical variants of syntopic interactions between the buccal fat pad and parotid duct and its shape variants. Duct either pierces the corpus buccal fat pad or passes it superiorly. The structures of buccal region are singled out by the considerable anatomical variability. We take it for granted to find out spatiotemporal dynamics of their syntopy and special features of their spatial structure in the future researches.

Kavun M.P.

MORPHOGENESIS OF THE LIVER IN THE LATE FETAL PERIOD OF DEVELOPMENT AND NEWBORNS OF HUMAN

*M.G. Turkevich Department of Human Anatomy
Higher State Educational Establishment of Ukraine
„Bukovinian State Medical University”*

The study of the development and formation of the liver topography in the late fetal period of human ontogenesis and in newborns is necessary both for establishing the general patterns of histogenesis of the liver, and for the learn the content of the forming processes that lead to the congenital defects of the organ

The purpose of the investigation is to establish the common patterns of the development of the liver in the late fetal period of human ontogenesis determine the content of the processes that lead to the occurrence of congenital malformations of the liver.

We have studied the characteristics of liver in late fetal period of human ontogenesis on 10 human preparations fetuses of a different age groups by the methods of histology, making image reconstruction, by the methods of usual and subtle dissections and morphometry.

The liver in the late fetal period of human ontogenesis and in newborns reaches the lateral surface of the abdominal cavity by its lateral surfaces and covers the stomach, duodenum, transverse colon and loops of the small intestine in the front.

Thus, in fetuses of 8 - 10 months of development (fetuses of 270 – 375 mm of PCL) the length of the hepato-duodenal ligament is 6 – 10 mm, the width – 9 – 12 mm.

In its upper portion between the peritoneal layers there are cystic and common hepatic ducts, proper hepatic artery and portal hepatic vein. The vein is located behind the common hepatic artery.

The common bile duct is located in the inferior portion of the ligament, to the left from it on the distance of 0,7 - 0,9 mm – the common hepatic artery with its branches is located. Backward from the above structures directly close to the common bile duct on the distance of 0,2 - 0,3 mm to the left the portal hepatic vein is located.

HDL in neonates is of a trapezoid shape, turned to the hepatic portal area by its wide base. The length is from 8,0 - 16,0 mm, the width – 12 - 18 mm.

The cystic duct is located in the upper portion of the ligament close to its right border, the common hepatic ducts – to the left. The branch of the proper hepatic artery occupies the outside left position. The portal hepatic vein is located backwards from the common hepatic duct.

It should be noted that from the beginning of the fetal period the largest formation among the tubular structures of the above ligament is the portal hepatic vein.

The development of the tubular structures of the liver that are part of the glisson triad takes place in close correlative relationships, namely, the bile ducts and branches of the own hepatic