

metastases - 26.55%. In the age range of 60-69 years in the group with metastases - 31.89% without metastases - 36.60%, and in the period of 70-79 years in the group with metastases - 13.4% and in the group without metastases - 20%. The result is that in the group with metastases up to 60 years, the percentage of women is almost twice the percentage of the group without metastases. After 60 years, the group without metastases takes the lead.

The risk of breast cancer metastasis depend on age, at a younger age there are more aggressive morphological forms of carcinoma, which may be explained by the earlier age of patients. Therefore, metastatic cancer is more common at a young age and attention to detection and timely treatment should be strengthened. However, at the age range of 50-59 years, the number of cases with and without metastases in both groups is similar.

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FETAL TOPOGRAPHY OF ANTEROLATERAL ABDOMINAL WALL NERVES' MUSCLES

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The polemic of incising the anterior abdominal wall in order to access the abdominal organs remains relevant until now. It should be noted that laparotomy and lumbotomy often damage the intercostal nerves and their branches, as well as the iliac branches, iliac nerves, which are involved in the abdominal wall innervation of the muscles and skin.

The aim of the investigation was to determine the sources of innervation of the muscles of the anterolateral abdominal walls in human fetuses 7-10 months. The study was performed on 24 preparations of human fetuses 7-10 months 231.0-375.0 mm parietal-coccygeal length without external signs of anatomical abnormalities or the skeleton irregularities of the chest, organs and thoracoabdominal structures cavities using macromicroscopic preparation, superficial staining of dissected nerves, as well as morphometry. The right and left intercostal nerves were studied along their entire length from the site of origin to the end branches in the muscles of the anterior-lateral parts of the torso. As a result, it was found that in the thickness of the muscles in abdominal anterolateral wall from the trunks of the intercostal nerves, iliopsoas and inguinal nerves depart at obtuse and acute angles of descending and ascending branches. The latter, in turn, are divided into branches of the 3rd and 4th orders, branching in the thickness of the abdominal muscles. In the studied fetuses, single and numerous connecting branches were observed mainly in the lower parts of the muscles of the anterior abdominal wall between the branches of one nerve trunk and between different nerves. This reveals the main and placer forms of branching of the main nerve trunks with irregular distribution of branches in the abdominal muscles. One should mention, that the concentration of nerves and their branches gradually increases in the caudal direction from the upper abdomen to the lower, as well as from the lateral side to the midline of the abdomen. When making incisions one should take into account the course and distribution of nerves and their branches in the upper anterior abdominal wall, where the connecting branches between the intercostal nerves, iliac and inguinal nerves are much smaller compared to the lower parts, where the neural network is developed better and more connecting branches, therefore, it is possible to make incisions that provide greater access to the organs of the abdominal cavity.

A variability of intercostal nerves topography, of iliopsoas and inguinal nerves and their number in the thickness of the muscles of the anterior and lateral walls of the abdomen was established. In particular, in some cases, in the innervation of anterolateral muscles of the abdomen walls involved VI (V) – XII intercostal nerves and iliopsoas nerve, and in other observations – VII-XII intercostal nerves, iliopsoas and iliac-inguinal nerve.

In the external and internal abdominal oblique muscles and the rectus abdominis, the nerves usually enter from the posterior surface, and the transverse abdominal muscle from the outer surface. Furthermore, in the external and internal abdominal oblique muscles, the nerves enter mainly at an obtuse angle to their longitudinal axis and at an acute angle relative to the muscle bundles. The nerves usually enter the transverse abdominal muscle and the rectus abdominis muscle

at right angles to their longitudinal axis. The direction of the nerves when entering the transverse abdominal muscle coincides with the course of the muscle bundles, and the nerves enter the rectus abdominis at right angles to them.

Data on the fetal topography of the intercostal nerves, iliac-peritoneal and iliac-inguinal nerves in anterolateral abdominal walls will help clinicians to decide on the shape and direction of incisions in different parts of the abdominal wall.

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**THE PECULIARITIES OF MORPHOGENESIS OF THE MAXILLARY SINUSES
DURING THE SECOND CHILDHOOD**

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According to modern views, the nasal cavity and paranasal sinuses are a single physiological system in which each anatomical formation carries a certain functional load. All paranasal sinuses are paired formations, they are connected to the nasal cavity by outlets. The largest sinus is the maxilla, it is located in the body of the maxilla. Numerous anomalies that occur in clinical practice can mostly be explained only by elucidating the origin and interaction of organs and structures, which over time acquire their characteristic shape, studying their unusual topography and deep understanding of the corresponding embryonic facts.

The study of peculiarities of development and formation of the walls of the maxillary sinuses during the second childhood of human ontogenesis was conducted on 28 preparations of the maxilla, skulls and autopsies of the head of corpses of people of the second childhood using histological research, dissection, CT-research, radiography and morphometry.

Based on research of biological preparations of the maxillofacial area of the second childhood (8-12 years), a change in the configuration of the maxillary sinuses and the final formation of its walls was established. The maxillary sinuses on all drugs are defined laterally near the base of the inferior nasal cavity. The inferior wall of the sinuses was wider. The medial wall corresponded to the middle nasal passage and is represented, as in previous stages of development, by duplication of the mucous membrane. The walls of the maxillary sinuses are covered with a mucous membrane. The mucous membrane is lined with a multi-row cylindrical ciliated epithelium, which is located on the basement membrane. The thickness of the mucous membrane reaches 1.0-1.65 mm. There are complex tubular-alveolar glands. The glands of the subepithelial layer of the mucous membrane of the maxillary sinuses are located in separate rows. The highest concentration of glands was found on the medial wall of the sinuses, which bordered on the glands of the mucous membrane of the middle nasal passage.

During the period of the second childhood there is an eruption of permanent teeth and, as is known, this period coincides with the period of puberty, so the changes in the sinuses are of particular interest both in terms of functional anatomy and the final formation of the skeleton. This age is characterized, although slower than the previous one, by a uniform growth of all the walls and volume of the sinuses. Its growth in height is especially noticeable. With the eruption of permanent teeth, which fall down, the sinus seems to be freed from the teeth, and every year its pneumatized part becomes larger.

So, based on the conducted research, it is possible to draw a conclusion that in the second childhood the configuration of the maxillary sinus's changes and the final formation of their walls occurs, there are changes mainly quantitative in nature (increasing the size of the maxillary sinuses), and this process continues in later age periods of ontogenesis.