МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

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the branches, and runs in an upward direction towards the diaphragm. The opening of the venous duct corresponded to that of the umbilical vein.

Conclusions. Intra hepatic bile ducts are represented by the right and left hepatic ducts and their branches II-rd and III-rd order during the fourth month of fetal development. Starting from the 4-month intrauterine development, three main hepatic veins are clearly identified: right, middle and left.

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FETAL TOPOGRAPHY OF THE GREAT SAPHENOUS VEIN

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Introduction. The great saphenous vein is often used as a material for shunting and transplantation. However, superficial vein grafts of the lower extremities are sometimes unsuitable for surgical interventions due to some anatomical variants. There are only fragmental data in the literature about the variant anatomy of the great saphenous vein in people of different age groups, despite the urgency of the need and the development of additional examination methods.

The aim of the study is to find out the topographical and anatomical features of the great saphenous vein in human fetuses of 4-6 months.

Material and methods. The study of the topography of the great saphenous vein was carried out on specimens of the lower limbs of 15 human fetuses of 81.0-230.0 mm parietal-coccygeal length (PCL) by the methods of thin dissection, vascular injection and morphometry.

Results. In human fetuses of 4-6 months, the great saphenous vein passes directly under the fascia of the lower leg, partly in the subcutaneous tissue, since the formation of the fascia is continuing at this stage of ontogenesis. In the lower leg, the great saphenous vein runs along the medial edge of the tibia and receives superficial veins from the anteromedial surface of the portion. In the knee area, the great saphenous vein goes behind the medial condyle of the femur and is located outside of the sartorius muscle, passing to the anteromedial surface of the thigh. After going in the canalis cruro-popliteus, the great saphenous vein turns deep through the perforated fascia, goes around the lower horn of the sickle-shaped edge of the subcutaneous solution and flows into the femoral vein from its anteromedial side.

Commonly, the great saphenous vein is a continuation of the median marginal vein. In a fetus of 195.0 mm PCL, the left great subcutaneous vein is formed by three tributaries of the medial marginal vein, which, in turn, is a continuation of the posterior venous network of the foot. In the area of the lower leg, the great saphenous vein is presented by the main trunk. At the level of the transition of the tibial area into the knee area from the main trunk of the large saphenous vein at an angle of 45°, the posterior additional saphenous vein originates, which anastomoses with the small saphenous vein. In a fetus of 220.0 mm PCL, the tributaries of the lateral and medial marginal veins participated in the formation of the left anterior additional subcutaneous vein. The great saphenous vein in its initial part anastomosed with the medial marginal vein and went up above the medial bone of the tibia. An asymmetry of the topography of the subcutaneous veins of the right and left lower limbs was revealed in a fetus with a 265.0 mm PCL. The right large saphenous vein anastomoses with the right small saphenous vein at the level of the lower corner of the popliteal fossa. A posterior additional subcutaneous vein was found on the left lower limb of this fetus. At the level of the middle third of the lower leg, two anastomoses were found between the posterior additional and left small subcutaneous veins.

Conclusions. In the fetal period of human ontogenesis, the anatomical variability of the great saphenous vein was established, which is characterized by the variability of the topography, bilateral asymmetry of its inflow and the formation of venous anastomoses. The revealed variants of the fetal topography of the great saphenous vein are important for the correct interpretation of phlebographic research data and the individual choice of the most rational method of surgical intervention.