МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Results. As a result of the study, additional muscles of the infrahyoid area were found in 6.67% of the fetuses, and fetal anatomical variability of some surface muscles of the neck was established. In a fetus of 196.0 mm TCL, an additional muscle was found – the hyothyroidglandular, which begins with a thin tendon from the body of the hyoid bone, passes through the upper edge of the thyroid cartilage and is attached to the base of the pyramidal lobe of the thyroid gland with a muscle belly. The hyothyroiglandular, muscle is located deeper than the sternohyoid and sternothyroid muscles, but more superficial to the thyrohyoid and cricothyroid muscles. In a fetus of 205.0 mm TCL, the hyothyroidglandular, muscle was found, which starts from the lower edge of the lateral part of the body of the hyoid bone and is attached to the capsule of the left lobe of the thyroid gland, the latter having an inherent crescent shape. The length of this muscle is 3.9 mm, the width in the middle part of the abdomen is 2.6 mm, and the thickness is 0.4 mm. In a fetus of 188.0 mm TCL, the right thyrothyroidglandular muscle was found, which starts from the upper edge of the right plate of the thyroid cartilage and attaches to the capsule of the right lobe of the thyroid gland. In a fetus with 248.0 mm TCL, the left thyrothyroidglandular muscle was also detected, which starts from the outer surface of the left plate of the thyroid cartilage and attaches to the capsule of the left lobe of the thyroid gland. Blood supply to the identified additional muscles is provided by additional branches of the right and left superior thyroid arteries. In one case (fetus 370.0 mm TCL), a tendon membrane was found in the right sternohyoid muscle. The main source of blood supply to the sternohyoid muscle is the superior thyroid artery. The upper and lower thirds of the sternohyoid muscle are best supplied with blood and innervated. As a rule, one nerve enters the sternohyoid muscle at the border of its upper and middle third, and the lower nerve enters the lower third of the muscle. In most cases of observation, the nerves together with the vessels enter through the lateral edge of the middle third of the sternothyroid muscle. The blood supply of the sternothyroid muscle is provided by the branches of the superior and inferior thyroid arteries. The left thyrohyoid muscle was absent in a 240.0 mm TCL fetus. In a fetus of 179.0 mm TCL, the medial and lateral crus of the left sternohyoid muscle were detected; the left thyrohyoid muscle is absent in a 240.0 mm TCL fetus; in the fetus of 310.0 mm TCL the right sternocleidomastoid muscle began with three crura: medial, intermediate and lateral.

Conclusions. In human fetuses, additional muscles and anatomical variability of some superficial muscles of the neck are found. The loose form of the intramuscular branching of the nerves of the ansa cervicalis in the infrahyoid muscles of the neck was established, with the exception of the inferior belly of the omohyoid muscle, where the main form was found. The distribution of nerves in the thickness of the infrahyoid muscles is uneven: the smallest number of nerve branches is found within the middle third of the sternohyoid muscle and the upper third of the sternohyoid muscle. Arteries in the thickness of the infrahyoid muscles mainly branch in the main form.

Oliinyk I.Yu.

ANATOMICAL AND TOPOGRAPHIC CLASSIFICATION OF THE MANDIBULAR CANAL IN CASE OF BONE ATROPHY CAUSED BY THE LOSS OF THE MASTICATORY GROUP OF TEETH FOR PRACTICAL USE

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Introduction. We stated the need to develop a topographic classification of the mandibular canal in edentulous patients for practical use by dentists and expressed our opinion (February 2023) in the materials of the 104th final scientific and practical conference with the international participation of the teaching staff of Bukovinian State Medical University. The loss of teeth leads to disorders of the maxillofacial system, primarily causing bone atrophy, which, by its destructive and morphological changes, affects the anatomical and topographic features of the mandibular canal(s), causing a vector of restrictions in planning the rehabilitation of such patients.

The aim of the study. Based on the identified anatomical variants and our attempt to systematize them, this study aimed to develop an informative anatomical and topographic

classification of the mandibular canal with bone atrophy caused by the loss of the masticatory teeth for implementation in daily clinical practice.

Material and research methods. To clarify these features, we conducted a study with the analysis of 2457 3D digital images and a detailed morphometric study of 136 CT scans with the creation of 3D reconstruction models of the mandibular canal(s).

Research results. The results of our previous studies describing and 3D reconstructing the variability of the mandibular canal(s) (see Classification of the topography of the human mandibular canal in case of bone atrophy caused by the loss of bone tissue of the masticatory teeth, 2022 (Oshurko AP, Oliinyk IYu & Kuzniak NB)) led to the creation of a new anatomical and topographic classification of the mandibular canal, which combines into a universal diagnostic criterion, that covers the topographic features of the canal (canals) in the edentulous segments of the body of the atrophied bone tissue of the mandible of patients concerning their age and morphometric characteristics of the orientation of the topography of the canal (canals) relative to the edge of the mandibular base, the edges of the buccal and lingual surfaces, as described below.

Anatomical and topographic classification of the mandibular canal
(Oshurko AP, Oliinyk IYu & Kuzniak NB, 2023):

I. By anatomical variation:
- Single-canal type (single-tube; bifurcation; trifurcation);
- Polycanal type (two-canal, multi-canal).

II. By topographic ratio:

First class (I-cl, <45 years old):
- RMB, distance from the ridge of the mandibular base to the mandibular canal - 7.2 (≈ 7.0) mm;
- BR, distance from the ridge of the buccal surface to the mandibular canal - 4.8 (5 5.0) mm;
- LR, distance from the ridge of the lingual surface to the mandibular canal - 2.9 (≈ 3.0) mm.

Second class (II-cl, > 45 years old):
- RMB, distance from the ridge of the mandibular base to the mandibular canal - 8.0 мм;
- BR, distance from the ridge of the buccal surface to the mandibular canal - 5.3 mm;
- LR, distance from the edge of the lingual surface to the mandibular canal - 3.3 mm.

Note: (≈ ...) - a sign approaching a specific number.

Conclusion. A detailed study of the topography of the mandibular canal about the buccal, lingual surfaces or the edge of the human mandibular base using computed tomography and 3D reconstruction models has convinced us that it is advisable to present an anatomical and topographic classification of the mandibular canal in edentulous patients concerning their age and morphometric characteristics for practical use by dentists.

Proniaiev D.V.

ANATOMY OF THE FEMALE FETUSES' INTERNAL REPRODUCTIVE ORGANS

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Intoduction. In recent years clinical medicine has been approaching to consider more clearly anatomical-physiological peculiarities of age, and apply appropriate methods of diagnostics and treatment. Along with the surgery of the adult and children neonatal surgery, surgery of the elderly and senile ages, and even surgery of fetuses has appeared. Detection of the morphological peculiarities of human ontogenesis is not only of a topical theoretical but also of an important practical value, as the awareness of the development of the tissues, organs and the body as a whole enables us to find a number of pathological diseases, it is the base to improve and elaborate new rational methods of prevention, diagnostics and treatment.

The aim of the study to investigate the peculiarities and morphometric parameters of female fetuses' genital organs.

Materials and methods. The study was conducted on 40 samples of dead fetuses (from 7 to 10 months) without any external signs of anatomical deviations or abnormalities. Within the scope of the contract on scientific cooperation certain specimens of fetuses were studied at Chernivtsi