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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Regional Pathologic Anatomy Bureau. The materials were distributed into four groups with 10 specimen each according to the age of fetuses from 7 to 10 months. In the process of conducting the given research up-to-date adequate anatomical and morphostatistical methods were combined with the estimated probability of the obtained results including macro- and micropreparation under the control of microscope, injection of vessels with further preparation, contrast angiography and morphometry.

Results. Characteristic signs of the fetal uterus enabling to detect its peculiarities are morphometric parameters, syntopy and the relief of its walls. The uterine shape of the majority of the examined 7-8-month-old fetuses is flat. In 9-10-month-old fetuses the uterus becomes rather thick. The ventral-dorsal uterine size in 7-10-month-old fetuses was found to enlarge more intensively than the bilateral one. The uterus is located in the cavity of minor pelvis, its anterior wall borders upon the posterior wall of the urinary bladder, and its posterior wall – upon the anterior wall of the rectum. Umbilical arteries are located on both sides. The ovaries in most cases (19 of 30) are located on both sides of the rectum touched by their lower part. In 5 cases the ovaries were found to be located entirely behind the uterus. In 4 cases the right ovary was in the ascending position and located in the right inguinal area, in 2 cases the left ovary was located in the left inguinal area respectively. In our opinion, during perinatal period gradual descending of the ovaries to the uterine fundus or their lowering into the rectal-uterine depression takes place. These are the processes we have observed while examining 7-10-month-old fetuses. In all the cases, the uterine vertical axis was somewhat dislocated in the horizontal and frontal planes. In 18 out of 30 examined fetuses the uterine vertical axis deviated ventrally to the left, in 12 cases – ventrally to the right. As far as we're concerned, this topographic feature is indicative of a disproportional development of the uterine round ligaments, but it is a norm for this period of development. The uterus is always deviated to the side of a shorter round ligament. In sagittal plane the uterus was deviated forward in all the cases. We have detected peculiarities of dynamic changes of the uterine fundus during 7-10 months of the intrauterine development. In 7-month-old fetuses the relief of the uterine floor was the most variable. In one case (out of ten examined 7-month-old fetuses) the sulcus along the center of the uterine fundus was found as if dividing the uterus into the right and left portions. The fetus in this case is viable. We consider examination of anatomical-physiological peculiarities of the uterus during postnatal period of premature delivery to be rather promising.

Conclusions. 1. Thus, in 7-10-month-old fetuses the ventral-dorsal uterine size enlarges more intensively than the bilateral one. 2. In the period from 7 to 10 months of the intrauterine development the uterine shape changes from grooved to convex one. 3. During perinatal period the ovaries descend gradually to the uterine fundus level, or into the rectal-uterine depression.

Protsak T.V.

TOPOGRAPHO-ANATOMIC FEATURES OF THE MAXILLARY SINUSES IN ELDERLY AND SENILE PEOPLE

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Introduction. The increase in the number of diseases of the nose and paranasal sinuses in recent years has caused a natural scientific interest in this topic, forcing scientists to find new approaches to diagnosis and treatment, as well as to improve existing ones.

The aim of the study. To find out the development of the maxillary sinuses in elderly and senile people.

Materials and methods. The study of the topographical and anatomical features of the maxillary sinuses was carried out on 26 preparations of the upper jaws, skulls and autopsies of the heads of the corpses of elderly and senile people by the methods of dissection, morphometry, radiography.

Results. In the senile period of human ontogenesis, the maxillary sinus is the most pronounced cavity and is located in the body of the upper jaw. It has the shape of an irregular quadrangular pyramid, the base of which is formed by the side wall of the nasal cavity, and the apex

is the zygomatic process of the maxillary bone, and it is limited by the front, top, back, middle and bottom walls. The front wall of the maxillary sinus is located between the infraorbital edge of the eye socket and the cellular process of the upper jaw. It is covered with a cheek. On the outer surface of the bone wall, under the infraorbital hole, there was a canine fossa, the depth of which was equal to 5.2-8.3 mm. The height of the front wall of the sinus was 27.0-35.0 mm. Its transverse size ranged from 18.0 mm to 23.0 mm. The upper wall of the maxillary sinus is formed by the orbital surface of the maxillary bone, which is also the lower wall of the eye socket. The medial edge of the projected sinus was located on the border between the inner edge of the lower and medial walls of the eye socket. Its lateral edge corresponded topographically to the inferior orbital fissure on 20 preparations (80%). The posterior wall of the maxillary sinus corresponded topographically to the maxillary hump. In 22 preparations (88%), the posterior upper edge of the sinus adjoined the posterior cells of the lattice labyrinth. On one preparation (4%), it was located near the wall of the sphenoid sinus. The lower wall of the maxillary sinus is formed by the cellular process of the upper jaw. Depending on pneumatization, its bottom was located at different levels relative to the lower wall of the nasal cavity.

The medial (nasal) surface of the maxillary sinus simultaneously formed part of the side wall of the nasal cavity. In the thickness of its anterior part, there was a nasolacrimal duct, which ended in the lower nasal passage under the lower concha. If in the area of the lower nasal passage the medial wall of the sinus is represented by bone tissue and is covered with a mucous membrane, then in the middle nasal passage, in its middle part, the bone tissue is significantly thinned and even absent. The bony walls of the maxillary sinuses atrophy. The spongy substance is sharply reduced. Maxillary sinus height ranged from 27.0 mm to 37.0 mm, width from 21.0 mm to 26.0 mm, and anteroposterior dimension from 27.5 mm to 33.0 mm. On the basis of radiological data, it can be concluded that in elderly people, more often than in the previous age period (mature), thinning of the walls of the maxillary sinuses can be traced: in the mature period - in more than 1/2 of the cases, and in the elderly - in 3/ 4 cases. At the end of the summer period, there is a decrease in the height of the sinuses by 0.7 mm, which reaches an average of 34.5 mm; the depth of the sinus is 42.0 mm and the width is 25.2 mm. On the radiographs of the elderly, as in the previous age group, the difference between the pneumatized and non-pneumatized areas of the upper jaw is smoothed out, the borders of the maxillary sinuses are very unclear, the projections of the shadows of the skull bones, which are layered on the sinuses, are barely noticeable.

Conclusions. So, on the basis of the conducted complex of morphological research methods, it was established that during elderly period of a human life, reverse processes of human ontogenesis occur, involutional changes occur in the walls of the maxillary sinuses.

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THE IMPORTANCE TO STUDY VASCULAR AND NERVE FORMATIONS OF THE PELVIS IN FETUSES

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Introduction. The human body possesses a certain degree of variabilities and structural variants, especially at different stages of its development. Anatomical variants are extremely interesting and worthy of special consideration by anatomists, forensic pathologists and clinicians. Many anatomical variants do not require special clinical attention, but some of them may present diagnostic problems or cause adverse clinical symptoms.

The aim of the study is to make a literature review on the issues of the topographical and anatomical features of the vascular and nerve formations in the pelvis presenting a variety of topographical positions.

Materials and methods. Authentic English articles and the works of Ukrainian researchers on the issues of topographic anatomy of the vessels and nerves in the pelvis were reviewed by means of analytical, descriptive and comparative methods.