

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**105-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
присвяченої 80-річчю БДМУ  
05, 07, 12 лютого 2024 року**

Конференція внесена до Реєстру заходів безперервного професійного розвитку,  
які проводитимуться у 2024 році № 3700679

**Чернівці – 2024**

УДК 001:378.12(477.85)

ББК 72:74.58

М 34

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.

ББК 72:74.58

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.

Загальна редакція: професор Геруш І.В., професорка Грицюк М.І., професор Безрук В.В.

Наукові рецензенти:

професор Братенко М.К.

професор Булик Р.Є.

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професорка Годоріко Л.Д.

професор Юзько О.М.

професорка Годованець О.І.

ISBN 978-617-519-077-7

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університет, 2024

restoration of the lumen of organs and ducts - fetuses 24-37 mm PCL. 3rd - the process of restoring the lumen of organs and ducts - pre-fetuses 29-39 mm PCL.

**Boichuk O.M.**

## **MORPHOGENETIC CHARACTERISTICS OF HUMAN PARASITE SINUSES**

*Mykola Turkevych Department of Human Anatomy*

*Bukovinian State Medical University*

**Introduction.** According to the literature, the development of the sinuses begins at 5-17 weeks of prenatal development, they form as a result of the growth of the mucous tunic of the nasal passages into the adjacent tissue. In the development of each sinus, two phases are actually distinguished. The first phase is characterized by ingrowth of the mucous tunic of the nasal cavity into the cartilaginous capsule of the nose where there are individual concavities and clefts at the site of cartilage resorption. However, this phase is quickly replaced by the next one, which differs from the first only in that the growth of the mucous membrane now occurs in the developing bone. Acute diseases of the paranasal sinuses are one of the most widespread pathologies in the practice of pediatric otolaryngologists. According to the literature, the frequency of acute ethmoiditis is 17%, and in combination with damage to other sinuses - 25%. Sphenoiditis in children practically does not occur independently, but more frequently in combination with ethmoiditis. Starting from the age of 5, there is a significant development of the acute frontitis. New technologies make it possible to conduct an examination of the sinuses and to receive the data on their condition.

**The aim of the study.** To find out the age-related changes in the structure and topographic-anatomical connections of the paranasal sinuses between each other and adjacent formations in human ontogenesis.

**Materials and methods.** The research was carried out on 25 specimens of the facial area of corpses of people of all age groups, as well as by studying 80 computer tomograms of the human head. A series of histological sections from the museum of Mykola Turkevych Department of Human Anatomy of Bukovinian State Medical University had been used for the research.

**Results.** The conducted studies have shown that at the age of 2-3 years, the sphenoid sinus has a rather pronounced shape and size. In adults, the shape of the opening of the sphenoid sinus is round, sometimes the size is equal to the needle head. In sinuses of medium size, the shape of the opening is oval. The slit-like shape of the openings is found in very large sinuses. The ethmoidal labyrinth cells are well marked in newborns. Their number is relatively stable in all age periods. Due to a more expedient anatomical location, the frontal sinuses are affected by the inflammatory process rarer than others. However, the significant variability of their anatomical structure defines the variety of clinical symptoms of frontitis. Frontal sinuses are characterized by the pronounced asymmetry. Due to the wide variety of shapes and sizes of the frontal sinuses, it is very difficult to apply a standard section of the trepanation hole.

**Conclusions.** In elderly and older people, the clinical symptoms of sinus pathology are very minor, which may be explained by the reactivity of harmful substances.

**Garvasiuk O.V.**

## **DIAGNOSTICS OF PRETERM MATURING OF CHORIAL PLACENTAL TREE AGAINST IRON-DEFICIENCY ANEMIA OF GRAVIDAS IN GESTATIONAL ASPECT**

*Department of Pathological Anatomy*

*Bukovinian State Medical University*

**Introduction.** Iron-deficiency anemia in pregnant women can complicate the diagnosis of processes affecting the maturation of the chorial placental tree (premature maturation of chorial villi, delayed maturation of chorial villi, formation of abnormal types of chorial villi).

**The aim of the study.** To provide recommendations for the diagnosis of disturbances in the maturation of the chorial placental tree, particularly preterm maturation against the background of iron-deficiency anemia in pregnant women.

**Material and methods.** The study focused on preterm maturation of the chorial placental

tree at gestational ages of 29-32 and 33-36 weeks, combined with iron-deficiency anemia in pregnant women. The investigation was based on histological preparations stained with hematoxylin and eosin. In each placenta, 400 chorial villi were examined in random fields of view and classified according to criteria, resulting in the percentage ratio between different types of chorial villi. The mean arithmetic value and its standard error were calculated for each study group. Statistical analysis of the digital data was performed using the two-sided unpaired Student's t-test. Differences with  $p \leq 0.05$  were considered statistically significant.

**Results.** Taking into account the study results, we obtained digital parameters, or other norm criteria for cases of preterm maturation against IDA. Specifically, for the gestational age of 29-32 weeks: For stem "early" chorial villi, the criterion should be 2.4-5.8% instead of the norm of 0.7-4.1%. For stem "late" chorial villi, the criterion should be 5.5-13.3% instead of 1.6-9.4%. For intermediate immature chorial villi, the criterion should be 9.6-19.8% instead of 4.5-14.7%. For intermediate mature chorial villi, the criterion should be 14.0-37.6% instead of 25.8-49.4%. For terminal chorial villi, the criterion should be 10.6-36.0% instead of 23.3-48.7%. For terminal "specialized" chorial villi, the criterion should be 0.8-3.8% instead of 2.3-5.3%.

For the gestational age of 33-36 weeks: For intermediate immature chorial villi, the criterion should be 3.1-7.1% instead of 1.1-5.1%. For intermediate mature chorial villi, the criterion should be 16.8-30.4% instead of 8.4-32.4%. For terminal "specialized" chorial villi, the criterion should be 1.2-9.1% instead of 4.2-14.0%.

**Conclusions.** The obtained results of our study can be used as practical recommendations for the diagnosis of preterm maturation of the chorial placental tree against the background of iron-deficiency anemia in pregnant women.

**Karatieieva S.Yu.**

## **COMPARISON OF ANATOMICAL PARAMETERS OF FOOTBALL PLAYERS OF BUKOVYNA**

*Department of Anatomy, Clinical Anatomy and Operative Surgery  
Bukovinian State Medical University*

**Introduction.** In our opinion, although many methods are currently available to assess the anatomical parameters of the body, there is no criterion methodology specifically defined for football players. Any coach wants to achieve the maximum possible result, especially in football.

**The aim of the study.** To establish the anatomical parameters of the "University" football masters team of Ukraine,

**Material and methods.** A study was conducted on 32 respondents aged from 16 to 18 years. The main group was made up of 16 players of the "University" football team of masters of sports of Ukraine. The control group consisted of 16 young boys that are studying at a higher education institution in Bukovyna. The representatives of the main group were practically healthy, masters of sports of Ukraine, who systematically trained intensively and participated in championships of Ukraine among higher educational institutions, under the leadership of the team coach. Training took place 3-4 times a week, 1.5 hours on average. The subjects of the control group were also practically healthy young men and additionally did not play sports. Anthropometric examination included determination of total (body length and body weight) parameters and partial (length of upper and lower limbs, thigh length, thigh circumference in the upper third, in the middle and lower third).

**Results.** According to the results, the length of the right upper limbs is on average  $78.50 \pm 2.02$  cm, the left -  $78.75 \pm 2.02$  cm. The length of the right lower limbs is  $92.63 \pm 2.06$  cm, the left -  $92.44 \pm 2.06$  cm. The average length of the right and left thigh is  $52.25 \pm 2.04$  cm. The circumference of the thigh in the upper third on the right is  $55.31 \pm 2.03$  cm, on the left -  $54.18 \pm 2.03$  cm, in the middle third on the right thigh, the indicator was  $49.13 \pm 2.01$  cm, on the left -  $52.44 \pm 2.01$  cm, in the lower third on the right, the average indicator is  $44.31 \pm 2.06$  cm, while on the left -  $45.00 \pm 2.06$  cm.