

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



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**107-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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central nervous system remain unproven. The human VNO is most likely not a vital organ for human existence but rather a functional evolutionary remnant.

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STRUCTURE AND TOPOGRAPHICAL-ANATOMIC RELATIONSHIPS WITH ADJACENT FORMATIONS OF THE NASAL SEPTUM IN ADULT PEOPLE

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Introduction. Recently, doctors around the world have been facing the problem of diseases of the upper respiratory tract, in particular, pathologies of the nasal cavity and sinuses. Over the past 10 years, there has been an increase in the number of these diseases worldwide. In terms of its anatomical structure, the nasal cavity is quite complex in the human body. A large number of works published by scientists around the world indicate excessive interest in this problem. However, at the same time, this indicates the lack of a common consensus on the anatomical structure, in the process of establishment, development, functioning, gender-age changes of the nasal septum, etiology and pathogenesis of its most common diseases and the choice of the optimal type of correction.

The aim of the study. To study the structure, topographic-anatomical features and syntopy of the nasal septum in people of mature age

Materials and methods. Using classical morphological research methods (microscopic, histological, macroscopic, radiological), the features of the structure and syntopy of the structures of the nasal septum were studied on 40 preparations and computer tomograms of people of mature age.

Results of the study. The medial wall of the nasal cavity is formed by the nasal septum, represented by cartilaginous and bone parts. The cartilaginous part is formed by the cartilage of the nasal septum, which has the shape of an irregular quadrangular plate. The anteroposterior dimension of the cartilage is 29.0 ± 0.42 mm, the vertical dimension is 26.0 ± 0.56 mm, and the thickness is 3.2 ± 0.02 mm. Its posterior-inferior edge, in the form of a small process, is wedged between the anterior edge of the perpendicular plate of the ethmoid bone and the anterior edge of the cochlea.

The bony part of the nasal septum is formed by the perpendicular plate of the ethmoid bone and the cochlea. The anteroposterior dimension of the perpendicular plate is 36.0 ± 1.6 mm. The vertical dimension near the anterior end of the plate is 24.0 ± 0.63 mm, and near the posterior end is 18.0 ± 0.14 mm. The thickness of its bone wall is 3.0 ± 0.07 mm. The median branch of the ethmoid artery horizontally goes to the nasal septum (while intersecting the trunks of the olfactory nerves at right angles), and then has a descending direction.

In the nasal septum, the vessels are divided into 5-8 branches of the third order, which diverge in a fan-shaped manner. The latter are divided into branches of the following orders. Their numerous trunks are found in the mucous membrane of the nasal septum. The sphenopalatine artery enters the posterior nasal cavity through the sphenopalatine foramen. At a distance of 12.0-16.0 mm anterior to the sphenopalatine foramen, the latter gives off 2-4 main branches to the lateral wall of the nose and one, larger, to the nasal septum - the posterior septal artery.

The posterior septal artery on all preparations has a horizontal direction, in the posterior part of the nasal septum it is dichotomously divided into second-order branches: upper and lower. The upper one goes forward, divides into tertiary branches, which anastomose with the posterior ethmoid arteries. The lower one is closer to the lower edge of the nasal septum. On its way, it gives off third-order branches, which anastomose with each other and form loops of various shapes and sizes. In addition, the above branches give numerous thin branches to the epithelial lining. In the latter, they form a dense vascular network.

Conclusions. The greatest concentration of the arterial network on the studied preparations is found in the anterior lower part of the nasal septum. Topographically, the most superficially located small network of blood vessels, then - medium-caliber vessels and, finally, large vascular trunks have the deepest position. The mucous membrane of the posterior parts of the nasal septum is

penetrated by the middle upper posterior nasal branches, which rise from the pterygopalatine node. They follow a straight course and are found in the mucous membrane of the nasal septum.

Garazdiuk M.S.

FEATURES OF TRAINING AND CERTIFICATION OF FORENSIC NURSES IN UKRAINE: INTERNATIONAL CONTEXT

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Introduction. The modern system of providing assistance to victims of violence in Ukraine needs to be improved, in particular through the separate provision of forensic medical examination and medical care. This approach is not trauma-oriented and does not meet international standards, enshrined, in particular, in the Istanbul Convention. One of the ways to solve this problem is the implementation of the specialty “forensic nurse”.

The aim of the study. To investigate the possibilities, features and conditions of certification of forensic nurses in Ukraine, based on the analysis of international experience, in particular, training programs in the USA.

Material and methods. The work is based on an analysis of literary sources and the “Final Report on the Assessment of Needs in Forensic Nursing in Ukraine” of the International Association of Forensic Nurses (IAFN). Analytical, descriptive and bibliographic research methods were used.

Results. It was established that the educational training of forensic nurses should be based on a multidisciplinary approach involving specialists in forensic medicine, law enforcement agencies and human rights organizations. The most effective model is postgraduate education after obtaining a basic certificate in the specialty “Nursing”. Key requirements for certification, according to international standards (for example, SANE), include: a valid license, clinical experience, completion of a specialized theoretical course (at least 40 hours) and supervised clinical practice (about 300 hours).

Conclusions. The introduction of the forensic nursing specialty in Ukraine is a promising direction for improving the quality of care for victims of violence. This requires legislative consolidation of the role of such a specialist, the development of adapted training programs, and the implementation of a certification system that meets international standards.

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STUDY OF THE REGULATION OF PROLIFERATIVE ACTIVITY AND TROPHOBLAST CELL DEATH

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Introduction. Damage to the surface of the trophoblast induces stimulation of proliferative processes. Researchers suggest that iron deficiency anaemia in pregnancy (IDAP) leads to hypoxia and, consequently, to alterations in the trophoblast surface.

Aim of the study. To determine the adaptive and compensatory mechanisms of the trophoblast in response to chronic hypoxia.

Material and methods. The study design consisted of two main groups and a control group. A series of immunohistochemical reactions was performed using mono- and polyclonal antibodies (DakoCytomation, Denmark–USA): pro-apoptotic protein Bax (Polyclonal Rabbit Anti-Human Bax); anti-apoptotic protein Bcl-2 (Monoclonal Mouse Anti-Human BCL2, Clone 124); proliferative nuclear antigen Ki-67 (Monoclonal Mouse Anti-Human MIB-1). Statistical significance was determined at $p \leq 0.05$.

Results. The proportion of Ki-67–positive nuclei in the trophoblast of chorionic villi (CV) was significantly higher at both gestational ages studied compared with physiological pregnancy ($p < 0.001$). Between the two gestational periods, Ki-67–positive nuclei in trophoblasts also differed significantly ($p < 0.001$). The highest frequency of Ki-67–positive trophoblast nuclei was observed