МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

М А Т Е Р І А Л И

107-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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«АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ (ФУНДАМЕНТАЛЬНОЇ), ЕКСПЕРИМЕНТАЛЬНОЇ ТА КЛІНІЧНОЇ МЕДИЦИНИ: АНАЛІЗ ТА УЗАГАЛЬНЕННЯ НОВИХ ФУНДАМЕНТАЛЬНИХ (ТЕОРЕТИЧНИХ) І КЛІНІЧНИХ (ПРИКЛАДНИХ) РЕЗУЛЬТАТІВ ВИКОНАННЯ НАУКОВО-ДОСЛІДНИХ РОБІТ У БУКОВИНСЬКОМУ ДЕРЖАВНОМУ МЕДИЧНОМУ УНІВЕРСИТЕТІ»

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Матеріали підсумкової 107-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету «Актуальні питання теоретичної (фундаментальної), експериментальної та клінічної медицини: аналіз та узагальнення нових фундаментальних (теоретичних) і клінічних (прикладних) результатів виконання науково-дослідних робіт у Буковинському державному медичному університеті» (м. Чернівці, 02, 04, 09 лютого 2026 р.) – Чернівці: Медуніверситет, 2026. – 425 с. іл.

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+ β2 + 0.465w, where Cpl is the circumference of the thigh in the upper third (left), w is body weight, β1= (25.736 for girls and 20.147 for boys), β2= (–1.333 for the football group; –0.515 for the handball group).

The model for predicting the circumference of the thigh in the middle of the right: Cmr=β1 + β2 + 0.460w – 0.183h, where Cmr is the circumference of the thigh in the middle of the right, W is body weight, H is height; β1= (52.567 for young girls and 48.930 for young boys), β2= (–2.235 for the football group; –1.968 for the handball group); on the left: Cml=β1 + β2 + 0.449w, where Cml is the thigh circumference in the middle of the left, w is body weight; β1= (20.716 for young girls and 20.943 for young boys), β2= (– 0.254 for the football group; –1.405 for the handball group). The model for predicting the circumference of the thigh in the lower third of the right: Cdr=β1 + β2 + 0.418w, where Cdr is the circumference of the thigh in the lower third of the right, w is body weight, β1= (25.560 for young girls and 20.165 for young boys), β2= (– 0.039 for the football group; 0.061 for the handball group); on the left: Cdl=β1 + β2 + 0.387w, where Cdl is the thigh circumference in the lower third on the left, w is body weight; β1= (24.638 for young girls and 18.523 for young boys), β2= (– 0.379 for the football group; –0.261 for the handball group).

Conclusions. So, it is established that for significant predictors for predicting thigh circumference on the right in the upper and middle third are gender, sport, height and body weight, in the lower third are gender, sport and body weight, on the left are gender, sport and body weight.

Lavriv L.P.

MORPHOLOGICAL CHARACTERISTICS OF THE PAROTID GLAND

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Introduction. Formation of the organs is a very complicated process which is not definitively studied nowadays. It is very important to study the structure of the organs and systems in association with the basic processes of morphogenesis on the basis of the findings of embryogenesis. The study of the development and forming of the topography of the parotid gland during the prenatal period human ontogenesis is of great importance for integral understanding of the structural and functional organization of the salivary apparatus and the oral cavity on the whole. The analysis of scientific literature dealing with the parotid gland anatomy is indicative of a fragmentariness and discrepancy of the data, pertaining to the syntopy and chronology of the topographic and anatomical changes during the fetal period of human ontogenesis.

The aim of the study. The objective of the study was to investigate variant anatomy as well as topographic and anatomical peculiarities of the human parotid gland and surrounding structures in fetuses.

Material and methods. The parotid gland was examined in 25 human fetuses, 130,0-375,0 mm of the parietal and coccygeal length (PCL). Methods applied in the course of the study were thing section of the parotid gland and parotid-masticatory area under the control of a binocular magnifying glass; macro- and microscopy; morphometry; computed 3-D design.

Results. The parotid gland is found to be located in fetuses with 130,0-375,0 mm of PCL in a deep depression posteriorly the branch of the lower jaw, in the posterior mandibular fossa. A greater part of the gland is located between the mandible and sternocleidomastoid muscle penetrating deeply between these structures. The skin of this particular region is thin, movable. The subcutaneous pot is thin and fused with the skin. The structure of the parotid gland of 4-10month human fetuses is anatomically changeable which is manifested by different shape (oval, leaf-shaped, horseshoe-like, triangle, irregular tetragonal), location and syntopy. Computed 3-D design of the gland presents its volumetric description which is the most practical one – in the shape of trilateral pyramid turned to the malar arch by its base, and to the mandibular angle – by its apex. A number of structures pass through the tissue of the parotid gland including facial nerve, posterior mandibular vein, external carotid artery, auricular-temporal nerve. The parotid duct is formed due to the fusion of two extra-organ lobular branches which in their turn are formed by means of fusion of several upper and lower lobular ducts emerging from the gland tissue passing through its capsule.

The direction of the parotid gland is arch-like, with upward convexity. Passing along the external surface of the mastication muscle the parotid duct touches the upper extremity of the adipose body of the cheek and penetrates through the buccal muscle into the oral vestibule where it opens in the shape of a papilla of the parotid duct. The length of the parotid duct in the fetuses of the third trimester is 8,0-26,0 mm, diameter of the lumen is within 0,8-2,5 mm. The parotid duct is projected on the skin of the face from both sides along the line from antilobium to the mouth angle. The wall of the parotid duct consists of the connective tissue rich in elastic fibers and epithelium lying the lumen of the duct. The epithelium consists of two layers, deep cubic and superficial cylindrical.

Conclusions. So, morphogenesis and topographic formation of the human parotid gland in fetuses are influenced by a total effect of spatial and temporal factors associated with the dynamics and close syntopic correlation of organs, vascular-nervous formations and fascial-cellular structures of the parotid area. At the end of the 10^{th} month of the prenatal development the parotid gland under the microscope demonstrates its practically definite shape, although histological processes of differentiation in it are not completed yet. A study of the specific characteristics and consistent patterns of the morphogenesis and dynamics of the spatiotemporal changes of the salivary glands will make it possible to reveal new findings, pertaining to the emergence of variants of their structure, the preconditions of the onset of the congenital malformations and acquired diseases.

Pankiv T.V.

STRUCTURAL ORGANIZATION OF SUBCUTANEOUS ADIPOSE TISSUE OF THE ANTEBRACHIAL REGION IN EARLY HUMAN FETUSES UNDER NORMAL AND PATHOLOGICAL CONDITIONS

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Introduction. Disturbances in adipose tissue formation during intrauterine development may serve as early markers of metabolic and connective tissue pathologies. The study of morphological features of the subcutaneous adipose tissue in the fetal forearm allows the identification of structural alterations that reflect pathological processes at the early stages of ontogenesis.

The aim of the study. To clarify the morphological features of the structure and topography of adipose tissue in the antebrachial region of human fetuses at 5–6 months of gestation in order to clarify normal developmental parameters and identify possible variants or abnormalities.

Material and methods. A microscopic examination of preparations of the upper, middle, and lower thirds of the antebrachial region of 11 human fetuses with a parietal-coccygeal length (PCL) of 136.0-230.0 mm was carried out. Staining of histological sections with hematoxylin and eosin was used. According to Mikel Calvo's method, a histochemical study of the protein with bromophenol blue was used to better contrast the protein elements of the structures. The percentage of multilocular cells was calculated on digital copies of optical images in the environment of the computer program ImageJ 1.53t (2022) with subsequent statistical processing of quantitative data using the open software "PAST" (Paleontological statistics, version 4.9 2022).

Results. In the examined human fetuses with a parietal-coccygeal length (PCL) of 136.0–185.0 mm, adipocytes were not observed in the upper, middle, or lower thirds of the antebrachial region. Occasional hair follicles were noted within the well-developed dermis. In 6-month-old fetuses, adipocytes appeared in the upper third of the antebrachial region as isolated small, flat plaques arranged in a single row. Multilocular adipocytes predominated, accounting for 91.8±0.87% (confidence interval 90.1–93.4%, p=0.05), whereas the remaining cells were unilocular. Initial clusters of adipocytes were located in proximity to blood vessels. In the middle third of the antebrachial region, the number of plaques increased, their contours became indistinct, and their shapes irregular; occasionally, plaques were arranged in two rows. The proportion of adipocyte types changed slightly, with multilocular cells comprising 72.3±0.85% (confidence interval 70.6–73.9%, p=0.05). In this age group, adipocytes were absent in the lower third of the antebrachial region. Disturbances in adipose tissue development can lead to the formation of benign