МІНІСТЕРСТВО ОСВІТИ ТА НАУКИ УКРАЇНИ СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ МЕДИЧНИЙ ІНСТИТУТ



АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА КЛІНІЧНОЇ МЕДИЦИНИ

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MORPHOLOGICAL FEATURES OF DISTRIBUTION OF BRANCHES OF THE ETHMOID ARTERIES ON FROM THE SHAPE OF THE ORBIT

Levchenko D.V.

D.M. Shiyan (associate professor, PhD)

Kharkiv national medical University, The Department of human anatomy

To study the topography of the lattice of the arteries of the labyrinth and their relationship to the form of the orbit was carried out anthropometric measurements by the method of V. N. Shevkunenko, A. M. Eselevich, T. V. Zolotareva, G. N. Toporov. To determine the shape of the orbit was measured by the following parameters: 1 - the height of the entrance to the eye socket - the distance between the upper and lower walls of the orbit; 2 - entrance width - the distance between the inner and outer walls of the orbit; 3 - the depth - the distance between the inner boundary of the entrance into the orbit to the optic canal.

On the basis of the data made the calculation of the index of the orbit. The manifestation of individual variability in the topography of the ethmoid artery was the fact that individuals with extreme forms of the orbit revealed two statistically different to the type of branching: main and extended. Trunk type is selected in the group of low-orbit and is characterized by a sharp angle of divergence from the main trunk; the number of ethmoid arteries strictly corresponds to the number of lattice channels, that is, the branches are virtually absent. In contrast, loose type set in a group of persons with high eye socket, characterized by a dull or a right angle of divergence, the number of branches of the ethmoid arteries is 3-4 times greater number of similar channels, i.e., to the entrance of the canal ethmoid artery is divided into 4 or more branches.

Thus, the variability observed in number of vessels, their calibre, the vastness of the anastomoses, the form and dimensions of the loops of arterial network and its topography. These include the middle ethmoid artery, which we described in 33 % of cases.

FEATURES OF DEVELOPMENT AND STRUCTURE OF THE MANDIBULAR CANAL

Litvichenko A.D.

Scientific supervisor - Shiyan D.M. (associate professor, PhD)

Kharkiv national medical University, The Department of human anatomy

Entry. It is well known that the channel of the lower jaw is located between two holes: inlet is located on the inner surface of the branches of the jaw, and the source is the mental foramen.

The purpose of the work. Explore the features of development and structure of the mandibular canal of a human in utero.

Materials and methods. Material for the study were the mandible with the corpses of 16 cm length up to the neonatal period. The research methodology was as follows. Pre veins the jaws of the injected contrast paint lead white or lead orange (two-sided fractional injection was carried out via the internal jugular vein), followed by radiography of the jaws and preparation. Were photographing and sketching of objects.

Results. In the period of embryonic development, the jaw is still insignificant. It is represented by bone tissue in the form of paired plates forming something that resembles a gutter. The rest of the outside of the gutter more soft consistency.

Conclusions. Thus, the jaw canal is a simple tube located in the interior of the jaw from the mandibular to the mental foramen. It represents a system of tubes of various diameters that lie in different direction along the lower jaw. Channels, including the anterior mandibular, start from different areas and come not from one but from many holes the jaw. A plurality of venous outflow, as shown by the observations associated with features of development of the jaw and is a determining factor in the result and pathological processes. On the other hand, draws attention to a peculiar device key point of the venous system in the region of the mental foramen.