

In the 4-month-old fetuses, flat articular fossa observed, the articular tubercle is not determined. A synovial membrane is formed in the cavity of the joint. Cartilaginous tissue embraces the outer edge of the condyloid process in the form of a strip. The density of the cartilaginous substance increases in the direction towards the surface of the condyloid process, it is difficult to dissect, the cartilage gradually turns into perichondrium and has the appearance of a dense plate. The border between cartilage and osseous tissue is uneven. The lateral pterygoid muscle is attached to the condyloid process from the front. The articular disc is formed by coarse fibrous connective tissue. The tissue of the articular disc is pierced through by single blood vessels. In certain areas, their number increases, but closer to the attachment of the articular disc to the anterior part of the articular capsule, the number of vessels decreases. Circumference at the level of glabella, parietal tubers, and inion (external occipital protuberance) is 132 ± 7.63 mm, the distance between the parietal tubers equals 36 ± 3 mm. The distance between glabella and inion in the sagittal plane is 43.3 ± 3 mm, the distance between the most remote points of the zygomatic arch is 31.6 ± 2.08 mm. The distance between the nasion and the gnathion (the lowest point of the midline of the mandible) is 21.6 ± 1.5 mm. In 4-month-old fetuses, the distance between the right and left mandibular processes is 28 ± 4.16 mm, between the right and left gonions – 23 ± 3 mm. The length of the body of the mandible is 15 ± 1.7 mm, the height of the ramus of the mandible constitutes 6 ± 0.9 mm. The distance between the right and left mental tubercles is 7 ± 0.8 mm, between the mandibular process and mental tubercle (the distance of the body of the mandible) – 20 ± 2 mm. The distance between the gonion and the pogonion is 19 ± 2 mm, the transverse width of TMJ – 1.62 ± 0.09 mm.

The obtained and systematized results of the study can be used in the laboratories for screening morphological material to estimate the degree of maturing, for predicting a body's vital capacity as well as diagnosing abnormalities in normal development with suggestions as to their correction.

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THE IMPORTANCE OF COMPUTED TOMOGRAPHY IN THE STUDY OF HUMAN LOWER JAW BONE TISSUE

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Digital methods for paraclinical, in particular, X-ray-anatomical CT scan, which is much broader than conventional clinical radiology, provide accessibility and the ability to obtain a quick result of the study of the dynamic system of bone tissue, which depends on the course of metabolic processes and the influence of factors of the internal and external environment, causing its pathophysiological and morphological changes, including the structural topographic features of the left and right mandibular canals, temporomandibular joints, coronary and articular processes of the lower jaw. The examination is carried out more thoroughly than when performing a series of images or the usual 3D software modeling in various projections or planes, using an even wider arsenal of devices. Computed Tomography makes it possible to establish the features of the topography of human lower jaw structures, obtain information about the structure of its external and internal cortical plates, and determine densitometric values that indicate qualitative characteristics that reflect the type of bone density, taking into account its age dynamics.

Widely used methods of flame atomic emission and atomic absorption analysis provide opportunities for modern researchers to study the features of the structure and quality of maxillofacial bones by considering the content of macro- and microelements. The results of such studies are often crucial for choosing effective methods of prevention and treatment and serve only as a small part in the implementation of the rehabilitation of dental patients.

To prove the prospects of using digital techniques for morphometric analysis of human lower jaw bone tissue in modern clinical and scientific studies.

Using the digital format in three planes: frontal, sagittal, and axillary, we got a proper visual understanding already during the analysis of CT images. Using the tools of the vertical and horizontal optional panels, we marked the morphological structures of existing inclusions,

determining their size, both in the body of bone tissue and outside it. At the same time, a 3D reconstruction model of X-ray, cartilage and bone mapping was recreated on the first day of clinical analysis. The high competitiveness of software added confidence and affirmation in their perfection, gave an impetus to fundamental and accurate implementations, and served as a support for conducting new scientific research.

Digital methods of morphometric analysis are a priority in terms of accessibility, economic validity and ergonomics of their use in clinical or scientific research.

