

**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.

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ISBN 978-617-519-077-7

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classification of the mandibular canal with bone atrophy caused by the loss of the masticatory teeth for implementation in daily clinical practice.

Material and research methods. To clarify these features, we conducted a study with the analysis of 2457 3D digital images and a detailed morphometric study of 136 CT scans with the creation of 3D reconstruction models of the mandibular canal(s).

Research results. The results of our previous studies describing and 3D reconstructing the variability of the mandibular canal(s) (see Classification of the topography of the human mandibular canal in case of bone atrophy caused by the loss of bone tissue of the masticatory teeth, 2022 (Oshurko AP, Oliinyk IYu & Kuzniak NB)) led to the creation of a new anatomical and topographic classification of the mandibular canal, which combines into a universal diagnostic criterion, that covers the topographic features of the canal (canals) in the edentulous segments of the body of the atrophied bone tissue of the mandible of patients concerning their age and morphometric characteristics of the orientation of the topography of the canal (canals) relative to the edge of the mandibular base, the edges of the buccal and lingual surfaces, as described below.

Anatomical and topographic classification of the mandibular canal

(Oshurko AP, Oliinyk IYu & Kuzniak NB, 2023):

I. By anatomical variation:

- Single-canal type (single-tube; bifurcation; trifurcation);
- Polycanal type (two-canal, multi-canal).

II. By topographic ratio:

First class (I-cl, <45 years old):

- RMB, distance from the ridge of the mandibular base to the mandibular canal - 7.2 (≈ 7.0) mm;
- BR, distance from the ridge of the buccal surface to the mandibular canal - 4.8 (5 5.0) mm;
- LR, distance from the ridge of the lingual surface to the mandibular canal - 2.9 (≈ 3.0) mm.

Second class (II-cl, > 45 years old):

- RMB, distance from the ridge of the mandibular base to the mandibular canal - 8.0 mm;
- BR, distance from the ridge of the buccal surface to the mandibular canal - 5.3 mm;
- LR, distance from the edge of the lingual surface to the mandibular canal - 3.3 mm.

Note: (≈ ...) - a sign approaching a specific number.

Conclusion. A detailed study of the topography of the mandibular canal about the buccal, lingual surfaces or the edge of the human mandibular base using computed tomography and 3D reconstruction models has convinced us that it is advisable to present an anatomical and topographic classification of the mandibular canal in edentulous patients concerning their age and morphometric characteristics for practical use by dentists.

Proniaiev D.V.

ANATOMY OF THE FEMALE FETUSES' INTERNAL REPRODUCTIVE ORGANS

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Intoduction. In recent years clinical medicine has been approaching to consider more clearly anatomical-physiological peculiarities of age, and apply appropriate methods of diagnostics and treatment. Along with the surgery of the adult and children neonatal surgery, surgery of the elderly and senile ages, and even surgery of fetuses has appeared. Detection of the morphological peculiarities of human ontogenesis is not only of a topical theoretical but also of an important practical value, as the awareness of the development of the tissues, organs and the body as a whole enables us to find a number of pathological diseases, it is the base to improve and elaborate new rational methods of prevention, diagnostics and treatment.

The aim of the study to investigate the peculiarities and morphometric parameters of female fetuses' genital organs.

Materials and methods. The study was conducted on 40 samples of dead fetuses (from 7 to 10 months) without any external signs of anatomical deviations or abnormalities. Within the scope of the contract on scientific cooperation certain specimens of fetuses were studied at Chernivtsi

Regional Pathologic Anatomy Bureau. The materials were distributed into four groups with 10 specimen each according to the age of fetuses from 7 to 10 months. In the process of conducting the given research up-to-date adequate anatomical and morphostatistical methods were combined with the estimated probability of the obtained results including macro- and micropreparation under the control of microscope, injection of vessels with further preparation, contrast angiography and morphometry.

Results. Characteristic signs of the fetal uterus enabling to detect its peculiarities are morphometric parameters, syntopy and the relief of its walls. The uterine shape of the majority of the examined 7-8-month-old fetuses is flat. In 9-10-month-old fetuses the uterus becomes rather thick. The ventral-dorsal uterine size in 7-10-month-old fetuses was found to enlarge more intensively than the bilateral one. The uterus is located in the cavity of minor pelvis, its anterior wall borders upon the posterior wall of the urinary bladder, and its posterior wall – upon the anterior wall of the rectum. Umbilical arteries are located on both sides. The ovaries in most cases (19 of 30) are located on both sides of the rectum touched by their lower part. In 5 cases the ovaries were found to be located entirely behind the uterus. In 4 cases the right ovary was in the ascending position and located in the right inguinal area, in 2 cases the left ovary was located in the left inguinal area respectively. In our opinion, during perinatal period gradual descending of the ovaries to the uterine fundus or their lowering into the rectal-uterine depression takes place. These are the processes we have observed while examining 7-10-month-old fetuses. In all the cases, the uterine vertical axis was somewhat dislocated in the horizontal and frontal planes. In 18 out of 30 examined fetuses the uterine vertical axis deviated ventrally to the left, in 12 cases – ventrally to the right. As far as we're concerned, this topographic feature is indicative of a disproportional development of the uterine round ligaments, but it is a norm for this period of development. The uterus is always deviated to the side of a shorter round ligament. In sagittal plane the uterus was deviated forward in all the cases. We have detected peculiarities of dynamic changes of the uterine fundus during 7-10 months of the intrauterine development. In 7-month-old fetuses the relief of the uterine floor was the most variable. In one case (out of ten examined 7-month-old fetuses) the sulcus along the center of the uterine fundus was found as if dividing the uterus into the right and left portions. The fetus in this case is viable. We consider examination of anatomical-physiological peculiarities of the uterus during postnatal period of premature delivery to be rather promising.

Conclusions. 1. Thus, in 7-10-month-old fetuses the ventral-dorsal uterine size enlarges more intensively than the bilateral one. 2. In the period from 7 to 10 months of the intrauterine development the uterine shape changes from grooved to convex one. 3. During perinatal period the ovaries descend gradually to the uterine fundus level, or into the rectal-uterine depression.

Protsak T.V.

TOPOGRAPHO-ANATOMIC FEATURES OF THE MAXILLARY SINUSES IN ELDERLY AND SENILE PEOPLE

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Introduction. The increase in the number of diseases of the nose and paranasal sinuses in recent years has caused a natural scientific interest in this topic, forcing scientists to find new approaches to diagnosis and treatment, as well as to improve existing ones.

The aim of the study. To find out the development of the maxillary sinuses in elderly and senile people.

Materials and methods. The study of the topographical and anatomical features of the maxillary sinuses was carried out on 26 preparations of the upper jaws, skulls and autopsies of the heads of the corpses of elderly and senile people by the methods of dissection, morphometry, radiography.

Results. In the senile period of human ontogenesis, the maxillary sinus is the most pronounced cavity and is located in the body of the upper jaw. It has the shape of an irregular quadrangular pyramid, the base of which is formed by the side wall of the nasal cavity, and the apex