

of wound defects of a crotch is developed. The anatomical parameters of the perineum, allowing to calculate the size of the moved skin-fascial flaps and the probability of necrosis and ischemia of the flaps in the postoperative period, were determined. Identified areas of high risk for suturing tissues and this morphological substantiation of application of surgical and microsurgical operative techniques stitches in different parts of the wound.

Conclusions. These studies expand the understanding of anatomy and morphometric characteristics of female perineum tissues and can be used in the planning and individualization of perineal plasty, which improves the long-term results of surgical treatment and the quality of life of patients.

EXAMINATION OF THE ORIGIN OF THE SUPERIOR CEREBELLAR ARTERY BY DIGITAL SUBTRACTION ANGIOGRAPHY

Dodevski A. ^{1}, Papazova M. ¹, Zhivadinovik J. ¹, Matveeva N. ¹, Chadikovska E. ¹, Stojanoska Bojadzieva B. ¹, Lazareska M. ², Stojovska Jovanovska E. ², Kostov M. ³*

¹ Institute of Anatomy, Medical Faculty, Ss. Cyril and Methodius University, Skopje, Republic Macedonia;

² University Clinic of Radiology, Skopje, Republic Macedonia; ³ University Clinic of Neurosurgery, Skopje, Republic Macedonia

* a.dodevski@medf.ukim.edu.mk

Key words: superior cerebellar artery, anatomy, variations

Aim. Currently the superior cerebellar artery attracting the attention of neurosurgeons, radiologists and anatomist because of its variations. The aim of this study was to investigate the anatomy and variations of the superior cerebellar artery in the Macedonian population and to emphasize their clinical significance.

Material and Methods. We examined radiographs of 55 patients who had DS angiography undertaken for a variety of clinical reasons, performed as a part of their medical treatment at the University Clinic for Radiology in Skopje, Republic Macedonia. The study population included 27 male and 28 females, age range from 18–79, mean age 51.09 years.

Results and Discussion. In 90.9% of the patients superior cerebellar artery have origin from the distal portion of the basilar artery on both sides as a single vessel. The most common variations of the superior cerebellar artery were duplication (frequency 5.45%) and origin from posterior cerebral artery (frequency 3.63%). We found unilateral duplication on the right side in two patients and on the left side in one patient.

Conclusions. Although anatomically interesting, an awareness of the superior cerebellar artery anatomy and variations is clinically important for save performance of diagnostic and interventional procedures in radiology and for surgeons during planning and accomplishing surgical interventions.

GEOMETRICAL ANALYSIS OF INTRACRANIAL ARTERIES COURSES IN COORDINATE SYSTEM IN THE AIM OF ANATOMICAL NOMENCLATURE OF ARTERIAL WALLS USING 3 DIMENSIONAL AXIS-PLANE METHOD

Dogan Ihsan ¹, Comert Ayhan ², Ugur Hasan Caglar ¹

¹ Ankara University, School of Medicine, Department of Neurosurgery; ² Ankara University, School of Medicine, Department of Anatomy

Key words: blood vessel, blood supply, anatomical nomenclature

Background. Anatomic names of the intracranial arterial walls have been widely used in mainly microneurosurgical operations and cadaveric studies principally to provide spatial orientation. In literature, on the basis of which criterias are considered to define the surface anatomy of blood vessels never been described before.

Aim. The objective of the current study was to effectuate and clarify a method to determine the anatomic surfaces of the intracranial arteries.

Material and Methods. An axial feature of a blood vessel named luminal axis is defined and placed in coordinate system schematically. The angles between the luminal axis of a blood vessel and three anatomical axes are measured in MR Angiographic images in which anatomical coordinate system situated. According to the angulation between the luminal axis and anatomical axes, anatomical surfaces of intracranial arteries are defined and named.

Results and Discussion. Angulation of the luminal axis of an arter with sagittal axis smaller than the other anatomical axes has medial, lateral, superior, inferior walls; angulation of the luminal axis of an arter with vertical axis smaller than the other anatomical axes has medial, lateral, anterior, posterior walls; angulation of the luminal axis of an arter with transverse axis smaller than the other anatomical axes has anterior, posterior, superior, inferior walls.

Conclusions. «3 Dimensional Anatomical Axis-Plane method» based on numerical dates' obtained from geometrical measurements in coordinate system is a reliable and scientific method for determining and anatomical nomenclature of the arterial surfaces.