

increased from C₃₋₄ to C₆₋₇ and then a slight decrease was observed ($p < 0.05$) from C₆₋₇ to C_{7-T1}. Disc was less convex from C₃₋₄ to C₅₋₆, while disc convexity index increased from C₆₋₇ to C_{7-T1} ($p < 0.05$). We quantified normal relationships of adjacent intervertebral spaces with the use of established radiological indices.

Conclusions. We documented the α factor for anterior, posterior and mean height on normal subjects as baseline values for future reference.

FUNCTIONAL AND ANATOMICAL CONDITIONS FOR THE PORTO-SYSTEMIC SHUNT IN PATIENTS WITH ASCITES

Gadzhieva F. G., Lemeshevskaya Z. P., Kizyukevich O. V.

El Grodno State Medical University, Grodno, Republic of Belarus
amitaf@mail.ru, lemeshevskayazp@tut.by

Key words: porto-systemic shunt, ascites, cirrhosis

Aim. The aim of the study was to identify functional and anatomical conditions for the portosystemic shunt surgery in patients with ascites.

Material and Methods. 14 patients with liver cirrhosis and refractory ascites underwent a portosystemic bypass surgery. Quality of life was assessed by SF-36 at admission and after 1 and 3 years of surgical treatment. There were 2 groups of patients: 7 with absolutely refractory ascites (no effect of 400 mg of spironolactone and 160 mg of furosemide); and 7 with relatively refractory ascites (prescription of the maximum doses of diuretic drugs was restricted by side effects (encephalopathy, exacerbation of gout, collapse, etc.).

Results and Discussion. Patients with absolutely refractory ascites showed improvement of life quality after 1 year but significant decrease in 3 years: in 70% of cases ($p < 0.002$) liver transplantation was required. Patients with relatively refractory ascites needed transplantation in 10% of cases, the quality of life significantly improved after 1 and 3 years ($p < 0.0001$). In one year after surgery patients with relative refractory ascites changed the severity of cirrhosis with Child-Pugh score to B and A ($p < 0.001$). The values of SF improved.

Conclusions. Venous system of liver gives anatomical possibilities for the surgical treatment in people with decompensated cirrhosis. According to the obtained data 90% of patients with relatively refractory ascites can delay liver transplantation for 3 years after porto-systemic shunt surgery.

TOPOGRAPHY AND ANATOMY OF THE LYMPH NODES OF THE ABDOMINAL CAVITY IN THE INTERMEDIATE FETAL PERIOD OF HUMAN ONTOGENY

Galeeva E. N., Isengulova A. Yu., Kubagusheva A. N.

Orenburg State Medical University, Russia

Key words: human fetus, topography and anatomy, lymph nodes

Aim. Identify the patterns of the formation of topography and anatomy of the lymph nodes of the abdominal cavity in the intermediate fetal period of human ontogeny.

Material and Methods. Torsos of 100 human fetuses of both sexes, aged 16 to 22 weeks, were used. Methods: macromicroscopic dissection; cuts to N. I. Pirogov; histotopographic; study of projection anatomy of the lymph nodes of the abdominal cavity; description of quantitative topography, variational-statistical analysis.

Results and Discussion. The features of parietal and visceral lymph nodes of the abdominal cavity of the fetus at 16–22 weeks of ontogenesis are shown, variants and frequency of their occurrence are described. The character of changes in the holotopic projections of lymph nodes was first established, the dynamics of changes quantitatively described, the range of anatomical differences in skeletal projection was determined, and details of their relationships with surrounding structures were described.

Conclusions. Obtained data on topography and anatomy of the lymph nodes of the abdominal cavity in the fetal period can serve as a basis for the analysis of monitoring of fetal development in later stages of ontogenesis. The suggested skeletotypic levels of the best visualization of the lymph nodes should be used in clinical practice as informative standards for the accurate verification of the findings. Information on quantitative holotopia and projection anatomy of the lymph nodes of the abdominal cavity allows optimizing the performance of diagnostic and therapeutic manipulations in deeply premature newborns and constitute the anatomical basis of developing fetal surgery.

ANATOMICAL PATTERNS OF THE ARTERIO-VEINUS TRIANGLE (BROCQ–MOUCHET) IN THE ADULT HUMAN HEART

Gaponov A. A.¹, Dmitrieva E. G.²

¹ Ural Federal University, Yekaterinburg, Russia;

² Ural State Medical University, Yekaterinburg, Russia
anmayak@mail.ru

Key words: coronary arteries, great cardiac vein, arterio-venous triangle

Aim. The purpose of this study was to describe the relationship between the branches of the left coronary artery with the great cardiac vein (GCV).