of thoracic trachea with the formation of false way into mediastinum. Mediastinitis. Tracheostomy. Chronic tracheobronchitis». The stage of withdrawal of the thyreotrial complex was carried out according to the developed protocol. Perfusion of the organ was made with a solution of «Custodiol». The recipient stage of transplantation consisted of a resection of a cicatricial trachea. The upper border of resection was at the level of the first intercropping interval, the lower one — along the upper right edge of the last cartilaginous half-ring, the resection of the tracheobronchial angle was performed along the left wall. Further, caudal and cranial tracheotraal anastomoses were performed between the donor complex and the trachea of the recipient. To restore blood circulation an anastomosis of the left and right lower thyroid arteries with a brachiocephalic trunk of the recipient was performed in the type of «end-to-side». The bloodstream was restored by an anastomosis of the lower thyroid vein of the donor with the left brachiocephalic vein of the recipient. In the postoperative period were prevented infectious complications and rejection. When analyzing the structure of the tracheal part of the graft, the preservation of the mucosa and the cartilaginous carcass was revealed in the near and distant periods after the operation, while maintaining a satisfactory lumen of the respiratory tract. At present, after 12 years the recipient is alive, breathing is satisfactory. In the late period, the development of malacia trachea was diagnosed. This required the stenting of the trachea, which the patient carries well. Thus was made a preclinical study devoted to the solution of tracheal transplantation. The implementation of the proposed technique of thyrotrheic transplantation in a clinic with a good long-term result and a follow-up period of 12 years showed the validity of the method in the treatment of patients with extensive tracheal lesion with the impossibility of alternative treatment. Disadvantage should be considered the need for immunosuppressive therapy.

PECULIARITIES OF 1D: 3D AND 2D: 4D FINGER INDICES IN DEPENDENCE ON GENDER AND TYPE OF THE CONSTITUTION

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Key words: *hand, finger indices, constitution, gender, handscaner*

Background. The study of morphology and functions of the hand is realized in everyday practice in various medical spheres.

Aim. The purpose of our research is to determine finger indexes of the hand 1D:3D and 2D:4D in adolescent people considering typological aspects, sexual dimorphism and bilateral asymmetry. 1D:3D and 2D:4D finger ratios of a hand are widely used for research in the field of predisposition of the individual to certain somatic diseases. 299 young people were surveyed in total with the calculation of the Pignet index, using a flatbed scanner and the author's program HandScaner.

Results and Discussion. As part of the study, it was identified that the finger indices of 1D: 3D in young men is significantly greater than that of girls in the hypersthenic group by 2% ($p<0.05$). Finger index of 1D: 3D is more by 1% in young men in the normosthenic group, in the asthenic group, the finger index of 1D: 3D is more in girls by 1% ($p>0.05$). When studying the index 2D: 4D, there were no statistically significant differences between the left and right hands in young men and women ($p>0.05$), as well as the relationship with the type of body build.

Conclusions. Despite this, many foreign authors note the presence of this connection in males and females in other age groups. In addition, according to foreign authors, this index, as well as in our study, is more in girls in comparison with young men.

CONDITION OF THE MUSCULAR SYSTEM IN PATIENTS WITH DENTOALVEOLAR PATHOLOGIES

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Key words: *dentofacial anomaly, neurogenic titania, pericranial musculature*

Aim. Substantiation of the need for preliminary evaluation of the tone of chewing, mimic and pericranial muscles in orthodontic patients with clinical manifestations of the phenomenon of increased neuromuscular excitability or neurogenic titania.

Material and Methods. In the clinic of orthodontics were examined 30 patients (18–36 years) without a somatic pathology: with the pathology of the dentoalveolar system (n=18) and without it (n=12). The tone of the masseter, temporal, SCM, m. obricularis oris was determined with the help of myotonometry. For all patient clinical examination was carried out, including assessment of occlusion, articulation, opening of the mouth and position of the tongue, swallowing test, the shape of the hard palate. To assess the increased neuromuscular excitability,