Results and Discussion. All measured dimensions increased linearly till the end of puberty but they didn't increase at the same rate. Growth rates for all dimensions were similar in the first year of life but after that period growth rates of vertical dimensions became much higher compared to those of longitudinal and transversal dimensions. The highest growth index was observed for vertical dimensions (C3=3.37; C2=3.19; C4=2.6; C1=2.57)while for the other dimensions growth index was moderate (between 1.79 and 1.97).

Conclusions. During postnatal development of upper jaw there is biggest increase in vertical dimensions while longitudinal and transversal dimensions increase at almost the same rate. The increase in vertical dimensions growth rate after the first year of life correlates with the teeth eruption and maxillary sinus pneumatization. Understandingnormal development of maxilla is important in maxillofacial surgery and diagnosis of upper jaw malformations.

SOME ASPECTS OF ADAPTATION OF THE FOREIGN STUDENTS ON THE EXAMPLE OF ANATOMY TEACHING

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Key words: *adaptation, English medium education, teaching Anatomy, language problems*

Aim. Analysis of the problems associated with psychological readiness of foreign students to study at a medical university on the example of studying anatomy.

Material and Methods. Survey of 55 1st year students from non-CIS countries and CIS countries (average age — 21 and 19.5 years, respectively), qualitative analysis of the answers to the questionnaire and their quantitative statistical processing using MS Excel.

Results and Discussion. The main questions in the questionnaires were aimed at identifying three groups of factors affecting the adaptation processes: psychophysiological, educational and socio-cultural. Students from India, Egypt, Syria, Lebanon, Iraq, studying in English, noted the presence of difficulties in all three groups. The most commonly they mentioned underdeveloped English-speaking environment (complexity in the explanation of their condition in the university clinic (87%), the librarians who are not proficient in spoken English (67%), not enough English-speaking physicians leading in the clinical practice (34%)). Students from India noted a shortage of English-speaking workers in shops (29%), passers-by on the street, etc. Students from Arab countries noted difficulties in preparing a large amount of material for classes (42%), due to insufficient knowledge of English (23%), and a shortage of English literature on the specialty in the University library (37%). Students from the CIS countries (Tajikistan, Turkmenistan, Uzbekistan) also unanimously note the language problems while communicating with doctors in the university clinic (82%) and the need to read a large amount of educational information (47%). Unlike English-speaking students, they study in mixed groups, often calling relations with Russian-speaking students in the group to be problematic (21%).

Conclusions. Thus, the trial survey shows the need to improve the existing English-speaking environment and special measures to facilitate the psychophysiological and socio-cultural adaptation of foreign students regardless of the language of instruction.

SURGICAL INTERVENTIONS WITH PHLEGMONS OF DEEP CELLULAR SPACES OF THE HEAD AND NECK COMPLICATED BY MEDIASTINITIS

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Key words: *phlegmon, mediastinitis, computed tomography, mediastinotomy, drainage*

Aim. Improving the effectiveness of surgical treatment of phlegmon deep cell tissue spaces of the head and neck complicated by mediastinitis.

Material and Methods. Over the past 20 years, 82 patients with phlegmons of deep cell spaces (CP) of the head and neck were on treatment. Sources of phlegmon: peritonsillar abscess (n=30), epiglottis abscess (n=27), odontogenic (n=14) and traumatic causes (n=14), adenophlegmons (n=5).

Results and Discussion. Mediastinitis developed in 52 patients. X-ray of chest organs was performed by all patients with neck phlegmon. In 30 observations she allowed to identify, and in 10 — to suspect the presence of mediastinitis. Computed tomography in all cases allowed diagnosing phlegmon of the neck and revealing mediastinitis. All patients are operated under intravenous anesthesia with artificial ventilation. With a sharp edema of the larynx, intubation was performed under the control of the bronchoscope, which allowed to avoid tracheostomy and development of purulent tracheobronchitis. In the presence of phlegmon of the neck — a cortical mediastinotomy according to V. I. Razumovsky, which allows to widely open and drain all the anatomical spaces of the anterior region of the neck and deep spaces of the head. The wound was not closed for subsequent stage necrectomy. With odontogenic phlegmon,