

the KP of the bottom of the oral cavity, the intertice gap, and the retromandibular fossa were additionally opened and drained. With total anterior mediastinitis (n=4), the anterior mediastinum was drained by its own technique: resection of the xiphoid process, tunnel behind the sternum, drainages to the anterior mediastinum. In 2 cases, the anterior mediastinum was drained according to Sazonov. With total and total posterior mediastinitis — thoracotomy (n=7).

Conclusions. Improving the results of surgical treatment of neck phlegmon complicated by mediastinitis is facilitated by early diagnosis based on clinical signs and radiation methods of the study, full preoperative correction of homeostasis, wide opening and draining of all cell spaces of the neck, adequate drainage of the mediastinum, tracheostomy application only in exceptional cases, open wound management.

ANATOMIST AND STUDENT PERCEPTIONS OF ANATOMY TEACHING TOOLS IN THE MODERN MEDICAL CURRICULUM

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Background. Dissection has long been viewed as the «gold standard» for imparting anatomical knowledge and impacting students' professional formation.

Aim. This pilot study aims to explore medical students' views of the most efficient teaching methods to deliver learning outcomes in comparison to that of anatomists.

Material and Methods. A total of 44 anatomists from the United States of America and 38 medical students (18 male and 20 female) from different academic terms in St. George's University, Grenada, completed a matrix survey designed to measure how well 10 different teaching tools employed in anatomy relate to 18 learning outcomes. Participants were asked to allocate a value ranging from 0 to 5 representing how useful they perceived the method in achieving the learning outcome.

Results and Discussion. Students perceived anatomical models as the most important tool to teach and learn anatomy, followed by pre-dissected projections/plastinates and imaging modalities such as radiographs and CT scan. There is a significant difference between student and anatomist perceptions of the educational value of dissection with regard to imparting anatomical knowledge. Although

ranked differently, there was no significant difference in the students' perception of ultrasound vs other imaging modalities whereas; anatomists viewed the two tools significantly different in relation to teaching and anatomy integration. (p-values<0.05).

Conclusions. Despite single method being found to fit all needs of the modern medical curriculum, anatomists continue to champion dissection. There is a clear gap between student and anatomist perceptions of the most effective teaching method warranting further exploration of students' perception and outcome measures.

AN ANATOMICAL INTERPRETATION OF OUTER AND INNER MUSCLE BUNDLE GROUPS IN MALE PELVIC FLOOR MUSCLES

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Key words: *pelvic floor muscles, perineal muscles, levator ani muscle, external anal muscle*

Background. Many findings of the connections among the perineal skeletal muscles in males have been reported recently. However, the detailed connections in the outer aspects have been still unclear.

Aim. In the present study, we examined these muscles both from the outer and inner aspects minutely.

Material and Methods. In the present study, we used sixteen pelvic halves from ten male cadavers (average 78 years old). The muscles of the pelvic floor and the perineal muscles were removed from the pelvis en bloc. The organs, connective tissues, vessels and nerves were carefully removed to examine the connections among the muscles.

Results and Discussion. On the lateral aspects of the perineal muscles, outer muscle bundles of external anal sphincter (EAS) connected with those of the bulbospongiosus (BS). The superficial transverse perineal muscle adjoined with the outer bundles of EAS and BS. Outer muscle bundles of the levator ani (LA) connected with the posterior part of BS, and with the superior part of EAS. Outer bundles of EAS with a part of LA posteriorly gathered together to attach to the anococcygeal ligament. On the medial aspects, inner parts of EAS and BS were separated each other. The deep muscle bundles of EAS together with the bundles of LA formed the circular sphincter muscle.

Conclusions. The perineal muscles were classified into outer and inner groups. The muscle bundles of the outer group were connected each other, while those of the inner group were divided into the anterior muscle (BS) and the posterior muscle (EAS).