



twice that in males (112.5%), where the mistakes average in females is (1.7) and in males is (0.8), and that females act faster (average 25.7 sec) than males (27 sec in average- which is longer in 4.8%), In addition the results of oculo- cardiac reflex test show that the mean HR in males in rest state was 67.2 bpm and that of females was 70.8 bpm, taking into account the same duration of pressing on the eyeballs (5-7 sec), this value decreased in males to 61.2 bpm (reduced by 6 bpm- 8.9%), and that for females to 60 bpm (reduced by 10.8 bpm- 15.2%).

Conclusions. 1. Our study shows that in females compared to that in males, which can be seen in the mistakes average in females (1.7) and in males (0.8), probably because females tend to act faster (average 25.7 sec) than males (27 sec in average- which is longer in 4.8%), because the HR and BP rise more in females the activity of these cortices is higher and the error rate is higher. 2. The autonomic supply and reactivity of the autonomic nervous system is higher in females as it can be seen by more “effective” results in oculo-cardiac reflex test, where the HR in females decreases 1.7 times more than males.

Mosina N.

AGE FEATURES AND BLOOD SUPPLY OF THE THYMUS

Kharkiv National Medical University, Kharkiv, Ukraine,

Department of human anatomy

Scientific adviser: as. Ghranyna E.

Introduction. Thymus – thymus is the central organ of the immune system (lymph immunotsitopoez), located in the anterior upper mediastinum behind the breastbone, speaking on the jugular notch at the bottom reaches 3-4 ribs, occupying the top interpleural field. At the top of the thymus juts out into the neck where it can come into contact with the thyroid gland, and it reaches the bottom of the pericardium and covers it on a different length. Gland located behind the trachea and large blood vessels (brachiocephalic vein, superior vena Vienna, aortic arch and its branches). Most of its front and lateral surfaces covered with pleura.

Thymus gland has the following age-related features: formed before other organs of the immune system and the time of birth has a significant weight -in average 13.3 g (7.7 to 34.0 g). After the birth during the first 3 years of life thymus grows more intense. In the period from 3 to 20 years is quite stable thymus weight (average 25,7-29,4 g, according to VI Puzik). After 20 years of thymus weight gradually decreases due to age involution. Older people and old people, the weight of the thymus 13-15 with increasing age changes the microscopic structure of the thymus. The reseach revealed that after birth (about 10 years) cortex is prevails in the thymus. Parenchyma of thymus takes up 90% of the body. For 10 years the size of the cortex and medulla are approximately equal. In the future, the zone of the cortex becomes thinner, reduces the number of thymocytes. In the body grows fat tissue with connective tissue in people older than 50 years, it is up to 90 . Parenchyma of the thymus in the age involution does not disappear completely, and is stored in the form of islands surrounded by fatty tissue that lies behind the breastbone. Thymus is supplied with blood vessels such: -a.a. thymici from a.thoracica interna from a. subclavia; -r.r. thymic a.a. intercostales (posteriores), departing in their final part in the sternum – branches of pars thoracica aortae descendens; -a.a. thymici of truncus brachiocephalicus (often absent)

Blood flow occurs by name in the arteries veins v. thoracica interna et v. brachiocephalica.



Innervation of the thymus carried out following nerve fibers: - afferent (bulbar) and parasympathetic - provided n. laryngeus inferior (branch n. laryngeus recurrens) - a branch of n. vagus. - afferent (spinal) - provided by ganglion cervicale medius and, to a lesser extent, from the ganglia cervicalia superius et inferius truncus sympathicus mainly along the arteries supplying the gland. Lymph drainage is carried out in nodi lymphoidei mediastinales anteriores, tracheales, tracheobronchial, bronchopulmonales et cervicales profundi.

Conclusion. Consequently, the size and structure of the thymus change significantly with age. Its largest size with respect to the body weight is observed in the fetus and infants of the first two years of life. Then the thymus continues to grow, reaching a maximum of the beginning of puberty, after which begins its involution. Breast tissue largely replaced by adipose tissue often forms, retaining the same organ. Under stress, due to deterioration of the corticosteroids small and medium thymocytes occurs devastation crust - accidental involution.

Mustafa M. Alhaad, Kudina O.V.

NEW THERAPY FOR THE TREATMENT OF ULCERATIVE COLITIS AND CROHN'S DISEASE

**Kharkiv National Medical University, Kharkiv, Ukraine,
Department of pharmacology and general prescription**

Introduction. The incidence of IBD has risen with the tide of civilization. Once thought of as a psychosomatic illness arising in individuals with passive personalities with a tendency to suppress personal conflicts, the cause of IBD remains elusive. Crohn's disease and ulcerative colitis are the two most severe digestive afflictions. They cause life-impairing symptoms, necessitate long-term dependence on powerful drugs, and often result in debilitating surgery and even death. Current treatment options include corticosteroids, 5-aminosalicylates, immunosuppressants, and TNF α antagonists. However, these are frequently ineffective in achieving sustained response and remission over time.

Aim. To review the evidence for the safety and efficacy of Entyvio in IBD, in order to ascertain patients likely to benefit from therapy and to integrate Entyvio into clinical practice.

Material and methods. Vedolizumab [Entyvio[®] (US, Europe)] has received its first global approval for the treatment of ulcerative colitis and Crohn's disease in the US and Europe. Entyvio is an integrin receptor antagonist, blocks the interaction of a specific integrin receptor with a specific protein, and thereby blocks the migration of those circulating inflammatory cells across those blood vessels and into areas of inflammation in the gastrointestinal tract.

Entyvio for ulcerative colitis was studied in two clinical trials involving approximately 900 patients and in three clinical trials involving approximately 1,500 patients for Crohn's disease. Patients were evaluated for measures of stool frequency, rectal bleeding, endoscopic findings, and a physician's overall assessment.

Results. A greater percentage of participants treated with Entyvio compared to a placebo achieved and maintained clinical response, achieved and maintained clinical remission, achieved corticosteroid-free clinical remission, and as seen during endoscopy, had an improved appearance of the colon.