



shoulder was divided into a number of branches. In two cases, this muscle was innervated by different branches of the nerve.

Talking about separate heads of biceps muscle of arm, its short head got 1-3 branches, and its long head 1-2 branches. The one, which goes to long head of the biceps muscle, on the level of upper third of shoulder went through the thick of this muscle, and gave three branches to the last one and on the level of middle of length of biceps muscle went out on its posterior surface. On the level of middle third of shoulder this branch connected with the common trunk of musculocutaneous nerve. Lateral cutaneous nerve of forearm in all cases sends branches to skin of anterior-lateral forearm surface. In three cases cutaneous nerves reached the level of radiocarpal articulation, in two - region of thenar, and in one - dorsal surface of the nail phalanx of the first finger. On our preparations, we observed connections of musculocutaneous nerve with a median nerve in the shoulder area and the terminal branches of the radial nerve - in the region of forearm. On the shoulder these connections go from the musculocutaneous nerve to the median nerve: in three cases at the level of the upper third of the shoulder, in one - on the level of its lower third and in one case - in the antecubital fossa.

**Conclusion.** In 4 cases we observed discharge of connecting branches from lateral cutaneous nerve to radial nerve. On the structure of preparations prevails cord of nerves in upper third of shoulder in shape of network in that medium-caliber loops prevail. In middle and lower third of shoulder nerve often looks like network that consists of large caliber loops.

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### **INDIVIDUAL DIFFERENCES IN STRUCTURE OF HUMAN'S CELIAC TRUNK**

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**Materials and methods.** The individual differences of anatomic structure of celiac trunk were researched by us on 100 bodies of people of both sexes from 20 to 83 years old with a method of injection into vessels with radiography.

**Results.** The researches have shown that the level of ramification of celiac trunk from aorta in different people is varied. So, the level of celiac trunk's appearance in people with ectomorphic body shape against spinal cord ranges from a intervertebral cartilage between XII thoracic and I lumbar vertebrae to lower third of body of I lumbar vertebrae. Level of ramification of celiac trunk in people with endomorphic body shape is located within lower third of XI thoracic vertebra to level of intervertebral cartilage between XII thoracic and I lumbar vertebrae; level of ramification of celiac trunk in people with mesomorphic body shape matches with body of XII thoracic vertebra (from its upper end till lower end).

The corner of ramification of celiac trunk from aorta can be sharp, straight and blunt. Celiac trunk was completely absent in 3 preparations of 100 and his branches retreated from abdominal aorta by themselves. Diameter of celiac trunk is different in people of different age and body complection. Length of celiac trunk varies from 11 to 54mm; in people with endomorphic body complection it is 11-42mm, ectomorphic – 15-54, mesomorphic – 15-20mm. Dependence between diameter of celiac trunk and it's length isn't identified. The



number of branches, retreated from celiac trunk isn't constant: in 7 preparations there were 2 branches retreated from it; in 4 preparations – 4 branches; in other 36 preparations celiac trunk divides into three branches.

**Conclusions.** The celiac trunk in people with ectomorphic body complection, as usual, divides into three usual branches, and with endomorphic body complection, moreover, the division of celiac trunk into 2 or 4 branches is detected.

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**IMPROVING TREATMENT COMPLIANCE IN CORNEAL ALKALI BURN  
INJURY BY MEANS OF COMBINED DRUGS**

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**Introduction.** Injuries to the eye are most often the cause of visual impairment and blindness, and injuries caused by chemical burns to the cornea warrant particular attention. Successful treatment depends on choosing appropriate NSAIDs to combat inflammation, corneal infiltration and cell death, and antioxidant therapy to limit oxidative stress and to stimulate regenerative processes in the tissues.

**Aim.** To determine the most effective combination of NSAIDs and antioxidants for treatment of chemical injury to the cornea: 0,1% Diclofenac +1% Thiotriazolin (comb #1); 0,1% Diclofenac+1% Methylethylpiridinol(comb#2); 0,1% Diclofenac + 1% Taufon (comb#3).

**Materials and methods.** The experiment was performed on 15 chinchilla rabbits split up into 3 groups; each was assigned its respective treatment combination. 6-mm standardized alkali burn injuries were made in all groups. Treatment commenced one hour post-injury. The 3 groups of animals received instillations of 1 drop QID of their respective combinations of agents for 1 week. Conjunctival hyperemia, edema and corneal defect were then evaluated with a slit lamp at 12, 24, and 72 hours and on the 5th, and 7th days post-injury.

**Results.** At 72 hours post-treatment all animals within the 3 groups exhibited severe conjunctival hyperemia, except 2 individuals, treated with comb1, who exhibited moderate hyperemia. On day 7, 2 rabbits treated with comb1 exhibited mild hyperemia, while the rest of the animals maintained moderate hyperemia. At 72 hours post-treatment 3 rabbits treated with comb1, 1 rabbit treated with comb3, exhibited moderate conjunctival edema. The rest of the animals exhibited severe conjunctival edema. On day 7 no changes were observed.

At 72 hours 4 rabbits treated with comb1 and 3 rabbits treated with comb3 exhibited moderate improvement of the corneal defect. The rest of the animals remained in the severe category. On day 7 3 rabbits in the group treated with comb1 were promoted into the mild category, with the rest of the group remaining in moderate. 1 rabbit in the group treated with comb2, and 4 out of 5 rabbits in groups treated with comb3 promoted to the moderate category.

**Conclusions.** The combination of 0.1% diclofenac + 1% thiotriazoline has the highest anti-inflammatory and healing effects and can be used to treat corneal alkali burn injury.