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**MACRO MICROSCOPIC ANATOMY AND INTRATRUNKAL STRUCTURE**  
**HEPATIC PLEXUS NERVES**

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**Introduction.** Macromicroscopic study of anatomy of extra- and intra-organic nerves of the liver and bile ducts showed that the sources of innervation of the liver are the celiac plexus and branches of the vagus nerve, abdominal rami of phrenic nerve (lower phrenic plexus), as well as branches of the upper gastric plexus. In the innervation of the liver also participate sympathetic nerves, which are the parts of greater and lesser splanchnic nerves. Their fibers reach the liver as part of the hepatic plexus. Given the literature on options for the branch of the celiac trunk (Rio Branso, 1912; NI Odnoralov, 1965 et al.), As well as differences in the structure of the hepatic plexus (IL Raigorodskii, 1928; V.N.Shevkunenko, 1949; Baljet B., Drukker J., 1980), we have identified four basic forms in the topography of the nerve of this plexus depending on the variability of arterial trunks.

**Results.** In the first form, the most frequently observed (43 drug - 70%), hepatic artery is a continuation of the common hepatic artery. Division of hepatic artery on its terminal branches is relatively distally - near the gate of the liver, and throughout her accompany trunks anterior hepatic plexus, which at the gate of the liver respectively divided into right and left hepatic plexus.

In the second form of hepatic artery divided into its terminal branches are not at the gate of the liver, and the more proximal (more on the distance from the middle of the celiac trunk to the gates of the liver); these preparations hepatic plexus is also divided into plexus is right and left branches of a a/h.p. This embodiment we observed in 7 (12%) specimens. In the third form in the liver-gastric ligament has an additional (left) hepatic artery from the left gastric artery, which is involved in the blood supply of the left lobe of the liver. The total number of trunks of plexus around this additional artery very significant. This form was observed at 6 (10%) specimens.

The fourth form has additional(right) hepatic artery extending from the superior mesenteric artery. In this form of the liver receives an additional innervation from the superior mesenteric plexus. Perivascular plexus of this artery has no connection with the posterior hepatic plexus, is involved in the innervation of the gallbladder and the right lobe of the liver. The greatest practical importance, a third form, in which a hepat-gastric ligament has expressed perivascular plexus around additional (left) of the hepatic artery. In these preparations are also branches of the anterior vagal trunk. If hepat-gastric ligament has artery it is perivascular plexus has extensive connections branches of upper gastric plexus and branches of coeliac plexus. In those preparations in which liver-gastric ligament is no additional artery is determined only by a small number of nerve branches From the front of the trunk of the vagus (4-6).

The data can be viewed not only in theory but also in terms of surgical tactics in different types of vagotomy. As you know, in the surgical treatment of gastric ulcer produced stem, selective, selective proximal vagotomy and other types. In the guidelines, published under the editorship of AA Shalimova (1979), as well as in other manuals (YM Panzer, A. Greenberg, 1979; W. Sibul, 1985; AA Shalimov, V.F.Saenko, 1987) provides a detailed assessment of the said above types of vagotomy. Thus, when stem vagotomy



dissected the main trunks of the vagus nerves, which is almost completely deprives organs upper abdomen parasympathetic innervation. Selective vagotomy wandering trunks, right and left, cross distal to othozhdenkya branches to the celiac plexus and liver. Surgeons believe that these types of vagotomy lead to parasympathetic denervation of the stomach all but saved innervation of other abdominal organs, particularly the liver.

Selective proximal vagotomy selectively denerviruet branch going to the cardiac department, the bottom and the body of the stomach, but saved the branches supplying the antrum, which, according to clinicians, allows to keep the greatest motor-evacuation function of the stomach.

**Conclusions.** Without giving an overall assessment of the benefits of different types of vagotomy (they have, no doubt, their indications and contraindications), should only be noted that, in terms of anatomy, stem vagotomy inevitably damage the branches reaching to the liver, whereas other types of vagotomy, especially selective proximal, largely retains branch heading from wandering trunks to the liver.

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**ROLE OF OPPORTUNISTIC MICROORGANISMS AS MAJOR PATHOGENS OF INFLAMMATORY DISEASES IN NON-INFECTIOUS MULTIFIELD HOSPITAL**

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**Introduction.** The study of an etiology of inflammatory diseases is the actual medical problem especially to microbiology.

**Aim.** The purpose of this study was to investigate the etiology of pyoseptic complications in patients from various departments who were treated at multifield hospital.

**Materials and methods.** 3030 strains of opportunistic microorganisms were isolated from patients who were being treated in hospital. There are 1764 gram-positive strains (58.22%) and gram-negative - 591 strains (19.51%) among them. Also 297 strains of *Candida* fungi (9,14%) and 398 strains of anaerobic microorganisms (13.14%) were isolated, but their study was not part of our investigation.

**Results.** Gram-positive microflora was presented by: *S.aureus* - 529 strains (17,46%), *S.pyogenes* - 452 strains (14,92%), *S.haemoliticus* - 152 strains (5,02%), *S.pneumoniae* - 155 strains (5.12%). Among Gram-negative microorganisms were isolated: *E.coli* - 290 strains (9,57%), *P.aeruginosa* - 119 strains (3,93%), *Klebsiella* spp. (including *K.pneumoniae*, *K.ozzaenae*, *K. rhinoscleromatis*) - 117 strains (3,86%), *Proteus* spp. (including *P.mirabilis*, *P.vulgaris*, *P.penneri*, *P.rettgeri*) - 25 strains (0,83%), *E.cloacae* - 29 strains (0,96%), *E.aerogenes* - 11 strains (0.36%).

2578 strains (85 % of the total number of bacteria) were allocated in monoculture, and 452 strains (15 %) were allocated in associations.

Grampositive microflora (*S.aureus*, *S.pyogenes*, *S.haemoliticus*) dominated in pulmonology, surgery and gynecology departments, gram-negative bacteria (*E.coli*, *Klebsiella* spp., *P.aeruginosa*) prevailed in therapy department.

**Conclusions.** Knowledge of these information is a practical value for doctors and for scientists who wants to improve and develop new drugs to prevent the occurrence of pyoseptic complications and the develop new approaches to the treatment.