

the left coronary artery of 0.5 mm larger in male than in female. Found that changes in the structure of the coronary arteries are found only in male. The nature of these changes depends on the type of body structure and the degree of physical activity performed.

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THE TOPOGRAPHIC CLASSIFICATION OF THE HUMAN RENAL PYRAMIDS

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The study of morphometry peculiarities, individual anatomical variability and sectoral coordinated topography of the human renal pyramids at mature and elderly ages was made. Taking into account the international age periodization, application of quantitative and descriptive anatomy and 3D computer reconstruction method 150 isolated kidneys were studied to reveal the age and individual anatomical peculiarities. Renal pyramids were examined on the isolated kidneys sections in the horizontal plane. Numbers, forms, structure of renal pyramids were studied, variation and average size of renal pyramids of the kidney were set. Sectoral coordinated topography of renal pyramids in system of topographic-anatomical coordinates by Burikh M.P. were analyzed. Topographic classification of renal pyramids at mature and elderly ages was proposed. This classification is based on the location of renal pyramids in parenchyma and on the draining with renal calices of the kidney. This classification includes:

pyramids of upper end of kidney (extremitas superior renalis): - superior medial (p_{ms}), - superior lateral (p_{ls}), - superior anterior (p_{as}), - superior posterior (p_{ps}), - anterior superior medial (p_{msa}), - anterior superior lateral (p_{lsa}), - posterior superior medial (p_{msp}), - posterior superior lateral (p_{lsp});

pyramids of middle part of the kidney (in projection of a renal gate [hilum renale]): - anterior superior gating (p_{hsa}), - anterior inferior gating (p_{hia}), - posterior superior gating (p_{hsp}), - posterior inferior gating (p_{hip});

pyramids of lower end of kidney (extremitas inferior renalis): - inferior medial (p_{mi}), - inferior lateral (p_{li}), - inferior anterior (p_{ai}), - inferior posterior (p_{pi}), - anterior inferior medial (p_{mia}), - anterior inferior lateral (p_{lia}), - posterior inferior medial (p_{mip}), - posterior inferior lateral (p_{lip}).

The analysis of the topographic localization of the human renal pyramids at mature and elderly ages in relation to the renal topographic sectors and parallels with the position of the individual anatomical variability.

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VASCULAR ARCHITECTURE OF THE HUMAN ADRENAL GLANDS

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Introduction. Vascular anatomy of the adrenal gland plays an important part in surgical treatment of adrenal disorders. Furthermore, usage of anatomical terms related to the adrenal arteries and veins such as v. centralis and v. suprarenalis is still ambiguous.

Material and methods. Present study is based on 90 cadaveric adrenal glands and their surroundings that also included inferior vena cava, inferior phrenic, hepatic and renal veins. Specimens were subjected to corrosion casting by silicone resin, formalin fixation and routine dissection. Finally, histological examination and light microscopy were performed. Linear parameters, topography and arising points of adrenal arteries and opening points of adrenal veins were investigated.

Results. Superior suprarenal artery (SSA) was identified in all cases and classified into two types of architecture: solitary and supernumerary, that predestines absence of the accessory SSA. Middle suprarenal artery was identified in 41,1% of cases and presented by single or duplicated trunk with all types of ramification. Inferior suprarenal artery was identified in 91,1% of cases and presented by single or duplicated trunk with the biggest average diameter ($1,94 \pm 0,26$ mm).

Adrenal veins were identified in all cases. Some of them arise at the hilum while other ones penetrated adrenal capsule and arise over its surface. The first one is known as a central vein. Central veins were presented by single or duplicated trunk that opened separately from each other to inferior vena cava (IVC).

Anatomy of the central adrenal vein (CAV) is presented on the right. The average length was $11,9 \pm 2,16$ mm, average diameter was $4,1 \pm 0,34$ mm. The direction of CAV was ascending. The duplicated trunk was seen in