

paraportal, superior, medial and inferior sectors. PAV of the paraportal sectors can be considered as external tributaries of CAV. PAV of superior, medial and inferior sectors more frequent on the left side.

**Conclusion.** Present study shows detailed anatomic classification of the adrenal vasculature based on 90 cadaveric specimens. Suprarenal arteries classified into -superior, middle, inferior; -main, accessory, aberrant; -solitary, supernumerary; -monopodial, dichotomous, terminal; -precapsular, capsular, cortical and medullary. The adrenal venous drainage is provided by central and peripheral veins. PAV classified into paraportal, superior, medial and inferior sectors according to their venous collector. CAV variations predict intraoperative bleeding during laparoscopic adrenalectomy and its conversion to open surgery. High incidence of PAV on the left can lead to revival of the adrenal gland after CAV embolization and spontaneous CAV thrombosis. The vascular adrenal architecture depends on adrenal gland topography and its relation to the main arterial sources and venous collectors.

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**ANATOMO-MORPHOMETRIC FEATURES OF HUMAN**  
**RENAL PYRAMIDS**

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Morphological material for study of individual variability renal pyramids of the lower end of 89 kidneys were isolated from cadavers of mature and elderly people of both sexes ages (52 – male and 37 – female), 45 of which were right and 44 – left. For research next methods were used: macroscopic dissection of kidney, injection of radiographic masses in calicopelvic complex, isolated kidneys Ru-graphy, perform plane-parallel sections of the lower renal end, makrofotography of received cuts, morphometry of renal pyramids of kidney lower end. Study of pyramids of the lower end of kidney was made in 2164 and calculated planar slices.

During study the human pyramids were found between 3 and 7 renal pyramids arranged singly or in groups and distributed more evenly, so that in some cases there are more renal pyramids on front and back surfaces of the of kidney lower end. Often tops of the pyramids on our sections are

located directly one by one. This suggests that they drain into one renal cup, after being combined with each other. For each group of the renal pyramids in each age (mature and older) we took next morphometric data: the diameter of the base of the pyramid, its height and volume.

We described that the largest average diameter of the base of renal pyramid, located in the lower end of kidney, is in the age from 31 to 40 years (16.86 mm), the lowest - in the age period from 60 to 74 years (11.37 mm) with an average diameter of pyramids in all age periods is 13.17 mm.

The maximal average height of the renal pyramids specified in the age period from 31 to 40 years is 16.01 mm. Minimal average elevation of renal pyramids observed age period from 21 to 30 years is 11.45 mm. The average height of the renal pyramids in all age periods is 12.84 mm. When comparing the average volume of the renal pyramids in different age periods (mature and older), we determined that the maximal average volume of the renal pyramids defined in the age from 31 to 40 years ( $1951.4 \text{ mm}^3$ ) and the minimal - in the age period from 60 to 74 years ( $1023.82 \text{ mm}^3$ ), while the average volume of pyramids in all age periods is  $1281.52 \text{ mm}^3$ .

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**ANATOMY OF THE LIVER IN THE SYSTEM TOPO-**  
**GRAPHIC COORDINATES**

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The results of studying the liver anatomy in the system of topological coordinates are presented in this research work.

The experimental material for this investigation 57 livers of adult people were either killed 111 accidents or those the death of whom was not resulted from liver diseases. The methods of the investigation included: geotopographical technique (marking meridians 011 liver surfaces), antropometry of the cadaver (measuring chest circumference, epigastral angle, distancio costarum, distancio spinarum), selective angiography, planimetric morphometry of liver lobes and segments, liver volumetric analysis, ultrasonic and computer tomography, live cartography, mathematical modeling of liver volume, lobes and segments, computer reconstructing of liver surface. In the result of this study it has been: