

axis and was the largest of its branch. Length of artery in average was 90 mm (limit values 70 – 190 mm). Mostly this index depends on age, the older you are the more curled are vessels. Up to 25-30 years the vessel is almost straight; after 30 years it becomes wavy or bow-shaped; after 40-50 its shape is twisted or spiroid. The more curled are vessels the longer they are. More constant is the diameter of the splenic artery. In average it is 7 mm (limit values 5 – 13 mm). Since in this case we refer to the outer diameter, age peculiarities little reflected on this indicator, although we had to detect atherosclerotic plaques that largely close the lumen.

From the celiac axis splenic artery goes to the left, some obliquely downwards, follows behind the stomach, settling mostly in the upper-back edge of the pancreas, rarely in the parenchyma or the front edge of it. Near the organ vessel division on branches occurs: in 86% of cases – at the middle third of spleen, in other cases with the same frequency at the upper or lower third of the organ. Distance from the division to the gates, on average, was 35 mm (limit values 5 – 80 mm).

Results. Branches of the splenic artery of the first order participate in blood supply of certain parts of spleen and, by analogy with other arteries of parenchymal organs (liver, lungs, kidneys), we have marked these branches by zonal arteries, and areas of their distribution by arterial zones. By the same analogy branching of zonal vessels happens - branches of the second order, which in this area vascularise a certain part of it - segment, we have marked by segmental arteries. During the preparation we focused on the nature of splenic artery branching. Following the standard classification of vessel division forms in our material, we identified the loose form in 82.8% cases, arterial form in 17.2%. Each of these forms has its special features and some options. Frequently observed loose form of splenic artery division in which the vessel is divided into 2 (74.1%) or 3-4 (8.7%) branches. The first variant we have marked as dichotomous, the second - as multi-barrelled. In the dichotomic division of artery two branches of first order are formed upper and lower zonal artery. In caliber they are approximately equal (41% of cases), or upper branch is a little more or less than lower branch (34% and 25% respectively).

Conclusion. *Escherichia coli* is essential.

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ANALYSIS OF SURVEY RESULTS OF HEALTHY VOLUNTEERS TO PARTICIPATE PHASE I CLINICAL TRIALS AND BIOEQUIVALENCE STUDY
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Introduction. Thanks to the increase of the requirements to the development and registration of original and generic drugs in Ukraine the number of Phase I clinical trials and bioequivalence study is rising. So one of the most important aspects in this sphere is organization and the procedure of holding clinical trials where participants are healthy volunteers.

Material and methods. During trials volunteers can feel discomfort caused by various factors. So an interview of volunteers' opinion pool and its analysis was

conducted. 99 volunteers who had experienced Phase I clinical trials or bioequivalence study were taking part in this interview.

Results. The analysis of the obtained data on age and gender showed that 50,51% of volunteers were men, 49,49% - women; the age of most men was 18-25 years and for women it was more than 40 years; the least number of volunteers were 25-30 years old. Most respondents have higher education (57,58%) and are employees (41,41%); 22,22% are students; 26,26% were taking part in trials the first time and 41,41% usually participate in clinical researches once a year. Further we analyzed the impact of age, gender, education, occupation frequency of participation and number of participations by the volunteers' attitude to some sides of trials. With the help of the statistical analyze ANOVA it was found that the criterion of age significantly affects on the volunteers' relation to the pharmacological group and dosage form of drug, number of hospitalization days, opportunity of side effects' emergency. Interestingly that opinion of volunteers aged 35-40 years was different from the other age groups. The criterion of frequency of participation in clinical trials has influence on the volunteers' relation to the opportunity of side effects' emergency. One of the questions in the form dealt with the importance of developing a compensation system for the inconveniences that can account for discomfort of healthy volunteers during the clinical research. Almost all the volunteers (97,98%) answered positively for this item.

Conclusion. As a result of the conducted survey important aspects of planning clinical trials that dealt with discomfort level for volunteers were identified. In plans we have expanding this analyze and making correlation on ratio experts' opinions that conduct such trial and volunteers.

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COMBINED ACTION OF GATIFLOXACIN WITH ESSENTIAL OILS ON STAPHYLOCOCCI

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Introduction. Staphylococci are the most common agents of infectious processes in the Surgery and Gynecology department. High prevalence of antibiotic resistance among staphylococci is associated with negative results of treatment leading to an increase in morbidity and mortality. Many infections (wound infections, gynecological infections) require combined use of systemic and topical antibiotics. Fluoroquinolones are systemic antibiotics with high antimicrobial activity against staphylococci. Some essential oils (Eos) also possess antimicrobial properties. Their advantage for topical use is not only antimicrobial activity of essential oils, but also their anti-inflammatory, and immune-modulatory properties. During systemic use, antibiotics are excreted in the site of inflammation with exudates in wound infections or vaginal secretions in gynecological infections. Because of this, it is important to know the effects of combining use of systemic antibiotics and used Eos. The purpose