42 persons, a person with mixed type of functional asymmetry (MTFA) - 26 people and those with socio-modified type of asymmetry (SMTA) - 20 persons. In the course of study a complex of techniques was used: exercise tolerance was assessed with the help of the cycle ergometer test with load dosage (400 W for midgets, 200 W for girls) at constant pedals rotary speed 60 rpm, the degree of the functional asymmetry was defined in complex: with the help of the questionnaire (subjectively) and objectively – when assessing the ability to keep balance standing on one foot with eyes closed (cycle ergometer test).

Results: According to the results of cycle ergometer test the highest level of exercise tolerance is observed in individuals with LTFA (142.1 sec.), individuals with MTFA and SMTA show more or less equal results (125.1 and 125.3, correspondingly), and the last follow the individuals with RTFA (111.5 sec.). The showings of the cycle ergometer test, which is based on the effectiveness of the central equilibrium control and muscle tone distribution, were distributed at rest in the following way: the most significant encephalic asymmetry of legs was demonstrated by individuals with SMTA (58.2%), and the least by individuals with RTFA (43.0%). Individuals with LTFA and MTFA had intermediate showings (46.0% and 48.3% correspondingly). Right after physical exertion individuals with MTFA showed the most significant functional asymmetry of legs (53.0%), while the least asymmetry was displayedby individuals with SMTA (41.2%). Individuals with LTFA and RTFA had intermediate showings (42.4% and 43.3%, correspondingly). It was found that 2 minutes after relaxation individuals with MTFA also showed the most MTFA of legs (51.1%), while the least was shown by individuals with LTFA (38.2%). Individuals with RTFA and SMTA had intermediate showings (45.4% and 39.7%, correspondingly).

Conclusion: 1.Individuals with Left type of functional asymmetry have the highest physical endurance. 2. Young people with Socio-modified type of asymmetry at rest showed the most significant encephalic asymmetry of legs. 3. Individuals with Mixed type of functional asymmetry, compared to individuals with socio-modified type of asymmetry and Left type of functional asymmetry, showed the most significant encephalic asymmetry of legs right after physical exertion and in two minutes after the rest.

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VENTRICULAR SEPTAL BLOOD SUPPLY

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Aim. This paper studies the sources of blood supply to the interventricular septum and the distribution of vessels in its various areas.

Material and methods. The study found that the septum of the heart, in most cases blood supply from both of the coronary arteries. In 25 of 96 observations occurred septum of the heart blood flow only through the branches of the left coronary artery. arteries that are sent to the septum of the heart, away from the front and posterior interventricular branches of the coronary arteries on all of their length. From anterior interventricular artery to the septum of the heart follow from 18 to 25 branches, which average diameter - 2-2.5 mm, then back - 10-18 mm. The diameter of these arteries varies between 1.5 to 1.8 mm.

Results. These arteries (septal branches of the coronary arteries) penetrates the septum from its front (anterior descending artery branches) and back (posterior interventricular artery branches) departments. Septal branches starting from the left anterior descending artery, can be divided into 3 groups: upper, middle and lower. Upper interventricular artery

in an amount of 5-8 away from primary department anterior interventricular artery, has diameter 1.5-1.8 mm. They are distributed in the ventral area of the upper septum. The average front septal branches in the amount of 8-13 begins at the middle parts of the interventricular sulcus. They had a diameter of 1.8-2 mm and followed in the anteroposterior direction, being distributed in the middle third of the ventral septum. Lower septal branches in an amount of 13-15 started from the left anterior descending artery in the cardiac apex. With a diameter of 0,13-0,35 mm these arteries, joining in the apex of the heart in his septum, had ascending direction. Posterior interventricular artery sends to the septum from 10 to 18 branches average diameter is 0.35-2 mm. From the initial posterior interventricular artery of the partition goes from 3 to 5 short branches, which entered into a partition, take the downward direction. On the remaining length from placed in the artery enters the partition 8-10 branches are distributed in the middle and lower back area of her department.

Conclusions. Thus, to the interventricular septum of the heart enter from 35 to 45 the arterial branches. In the thick of the interventricular septum the branches of anterior and posterior interventricular artery widely anastomose with each other, forming rete, hinges which have a polygonal shape and extended along the muscle bundles.

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MORPHOLOGICAL FEATURES OF UNICELLULAR GLANDS OF THE GASTROINTESTINAL TRACT

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Introduction: Most glands are formed during development by proliferation of epithelial cells so that they project into the underlying connective tissue. Some glands retain their continuity with the surface via a duct and are known as exocrine glands. Other glands lose this direct continuity with the surface when their ducts degenerate during development. These glands are known as endocrine glands.

Aim: To study unicellular glands of the GI tract, and to study the localization (anatomy) and the function of this glands .and to know some complication that can infect it

Materials and methods: biopsy for patient with diabetes mellitus and clinical renal impairment

Results: For the patient who suffer from diabetes mellitus had disturbance of the pancreas gland, and the complication was hereditary.

Conclusion: There are many causes of the disorders of the GIT glands for example genetic disorders, in addition to the possibility of a chronic inflammatory immune disease and the incidence of tumors.

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SURGICAL TREATMENT OF THE POSTSPLENECTOMY SYNDROME

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Introduction. Post-splenectomy syndrome is a group of symptoms and signs that often occur after the spleen removal surgery (splenectomy). This article is devoted to the prevention method of such complications as destruction of red blood cells, overwhelming post-splenectomy infection (OPSI), thrombocytosis, atherosclerosis, pulmonary hypertension. The most common complication of splenectomy is immunodeficiency that occurs in 7-10% or cases.