



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.