артерії ранніх плодів є віялоподібний тип. Тобто – від одного стовбура на одному рівні відходять: права, ліва та проміжна печінкові артерії, жовчноміхурова артерія, права шлункова артерія. В такому випадку власна печінкова артерія відсутня. 2. Топографічно ворітна печінкова вена завжди займає найкаудальнішу позицію в товщі печінково-дванадцятипалокишкової зв'язки. Артерії розміщені між ворітною печінковою веною та позапечінковими жовчними шляхами, які завжди займають найвентральнішу позицію. 3. Найширшою варіабельністю галуження володіє жовчноміхурова артерія, яка може брати початок як від правої печінкової артерії так і від загальної печінкової.

Перспективи подальших досліджень. Вважаємо за доцільне дослідити та порівняти анатомічні особливості галуження як судинних так і протокових компонентів печінково-дванадцятипалокишкової зв'язки у пізніх плодів.

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SPATIAL-MORPHOMETRIC CHARACTERISTICS OF THE HUMAN RENAL PYRAMIDS OF THE UPPER END

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Introduction. 150 kidneys of human in mature and elderly age of both sexes died after accidents or with diseases not associated with the pathology of the urinary system were used to study topography and morphometry of the upper end of the pyramids of the kidney. Next indicators of renal pyramids were examined: diameter of the base of renal pyramid, the diameter of the renal papilla, the height of the renal pyramids, the volume of renal pyramids.

Methods. Standard methods of anatomical study were used: preparation, macroscopy, morphometry of native kidneys, morphometry of renal pyramids in upper end based on plane-parallel topographical anatomical sections of kidney, comparative digital morphometry based on digital calibrated plane-parallel topographical anatomical sections of the upper end of the kidney, statistical processing and mathematical analysis of the data obtained.

Results. It was found 634 pyramids in the upper end of 150 kidneys. There were found from 3 to 8 renal pyramids in the upper end of kidney, an average of 4.22±0.15. All pyramids structurally divided into two groups: 1) single (solitary), which independently form the renal papilla and drain into a minor renal calyces; 2) group (fusion), a compound of two or more single renal pyramids or large renal pyramids that looked split, since the renal papilla. Number of single renal pyramids from 3 to 8, on average (4.0±0.54). Number of group renal pyramids from 0 to 4, an average (2.0 ± 0,65). Depending on the drain place in the minor renal calices and the location in renal parenchima all pyramids were classified as follows: pyramids of the superior minor renal calyces: superior medial pyramid, superior lateral pyramid, anterior superior pyramid, posterior superior pyramid; pyramids of anterior superior minor renal calyces: anterior superior medial pyramid, anterior superior lateral pyramid; pyramids of the posterior superior renal calyces: posterior superior medial pyramid, posterior superior lateral pyramid. Constant superior medial pyramid (p_{ms}) - the largest significantly more than any other pyramids for all measured parameters (diameter of the base, the diameter of the renal papilla, height and volume of the pyramid). Commonly found superior lateral pyramid (p_{ls}) – has less than the previous in diameter of the base, the diameter of the renal papilla and height, but more in height. Superior anterior pyramid (pas) and superior posterior pyramid (p_{ps}) – commonly found, all parameters less than the previous two pyramids, average values of parameters differ slightly. Anterior superior lateral pyramid (p_{lsa}) and posterior superior lateral pyramid (p_{lsp}) - rare pyramids, all parameters less than the previous two pyramids, average values of the parameters differ slightly. Anterior superior medial pyramid (p_{msa}) and posterior superior medial pyramid (p_{msp}) - rare pyramids, all parameters less than the previous two pyramids, the average values of the parameters differ slightly.

Conclusion. Perspective study the topography of the upper end of the human renal pyramids on the basis of the proposed classification based on their location in relation to the renal sector and parallels. Also, the classification of the pyramids, tied to small renal cups can also be used for other parts of the kidney.

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VARIATIONS OF THE COURSE AND NUMBER OF THE TEMPORAL AND MARGINAL MANDIBULAR BRANCHES OF THE FACIAL NERVE AND THEIR CONNECTIONS TO THE TRIGEMINAL NERVE BRANCHES

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Many scientific papers describe the variability of the extratemporal portion of the facial nerve [1-3], but nevertheless, there are many cases of unusual and unpredictable course and branching of the extracranial divisions of the facial nerve after its exit from the stylomastoid foramen. Taking into consideration the topography of the temporal and marginal mandibular branches of the facial nerve and their vulnerability to iatrogenic injures in maxillo-facial surgery, some new data regarding variants of the course and divisions of the temporal and marginal mandibular branches of the facial nerve still are of clinical significance in OMF surgery.

Aim of study. To highlight variations of the course and number of the temporal and marginal mandibular branches of the facial nerve and their connections to the trigeminal nerve branches.

Material and methods. The formalin fixed cadaveric semiheads from the Department of Human Anatomy of Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova were dissected and the course