

long time in the reproductive biology as well in studying of angiogenesis. Due to lack of immune system in early development and the absence of rejection reactions, CAM becomes the preferred model for studying of cancer and its metastasis process. The test consists by implantation of a culture of cells on the chorioallantoic membrane of the chick embryo. The incubation period ranges from 1-3 days, depending of the substances, after which angiogenesis can be quantified by the image analysis or by colorimetric methods of detection. Quantification of the angiogenic response is performed using the vascular scale (0 to 4). At the site of implantation, is identifying the vascular density (intensity of newly formed blood vessels) and the vascular index (highlighting of branching points in relation with overlapped ring).

**Conclusion:** CAM allows the study of tumor growth, of anti-tumor therapies, and of pro-tumor molecular pathways in a biologically relevant system, which is also an accessible and inexpensive model. Thereby, CAM is an excellent model to obtain information on partial questions still unresolved.

**Keywords:** Angiogenesis, Chorioallantoic membrane, Tumor growth.

### **305. CLINICAL ANATOMY OF THE LUMBAR REGION AND THE RETROPERITONEAL SPACE**

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**Introduction:** The knowledge of such aspects like clinical anatomy, skeletopy, syntopy and projection points of internal organs of lumbar region and retroperitoneal space has a big medical importance, being an indicator for diagnosis of multiple diseases. Retroperitoneal fat spaces can be compared with channels through which purulent collections can be spread and produce a great impact in clinical evolution and surgical approach in this region.

**Purpose and objectives:** Our study is based on revision of scientific literature which may define practical application and shows the value of the clinical anatomy, lumbar region and retroperitoneal space.

**Material and methods:** We studied and reviewed literary sources which highlight the importance of the clinical anatomy. For carrying out manipulations on the lumbar region and the retroperitoneal space, it is important to know the correlations between tissues, organs, and cellular spaces. Knowing the stratigraphy is paramount in diagnosing and addressing phlegmon and cold abscess, which is linked to the evolution and continuity of the fascia between regions.

**Results:** The analysis of results in the current study will contribute to increase the insurance of surgical techniques through the clinical importance of anatomical knowledge and relationships of anatomical formations in the lumbar region and the retroperitoneal space.

**Conclusion:** Knowledge of the lumbar region and the retroperitoneal space is very important to ensure patient safety and comfort. The practical value of the correlation between organs and retroperitoneal tissues increases the interest in understanding the evolution of purulent collections.

**Key words:** lumbar, retroperitoneal, skeletopy, syntopy.

### **306. DYSLIPIDEMIA IN PATIENTS WITH TYPE 2 DIABETES ACCORDING TO THE DEGREE AND TYPE OF OBESITY.**

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**Introduction.** By 2025, worldwide, approximately 300 million people is estimated to have type 2 diabetes. In 72-85% of cases the type 2 diabetes is Associated with atherogenic dyslipidemia, the important cardiovascular risk factor. It is characterized by elevated levels of TG, LDL-C and decreased level of HDL-C.

**Objective of the study.** Comparative analysis of the atherogenic lipid profile in patients with type 2 diabetes based on the degree and type of their obesity.

**Material and methods.** A retrospective, descriptive and analytical study was realized on 194 patients with type 2 diabetes, hospitalized in Republican Clinical Hospital, Department of Endocrinology, during february 2015-january 2016.

**Results.** The study included 83 men (42.8%) and 111 women (57.2%) with mean age of  $56.2 \pm 0.4$  years and mean duration of diabetes of  $10.5 \pm 0.3$  years. Patients were divided into 5 groups according to BMI: normal weight-25 patients (12.8%), overweight-52 patients (26.8%), obesity grade 1-63 patients (32.5%), obesity grade 2-39 patients (20.1%), obesity grade 3-15 patients (7.7%). The lipid profile of the groups was: to the group with normal weight: TG =  $2.06 \pm 0.05$  mmol / l, LDL-c =  $4.3 \pm 0.08$  mmol/l, HDL-c =  $1.079 \pm 0.01$  mmol/l. Group with overweight: TG =  $3.11 \pm 0.16$  mmol/l, LDL-C =  $5.25 \pm 0.14$  mmol/l, HDL-C  $1.04 \pm 0.02$  mmol/l. Obesity grade 1: TG =  $3.69 \pm 0.22$  mmol/l, LDL-C =  $5.62 \pm 0.13$  mmol/l, HDL-c =  $1.002 \pm 0.03$  mmol/l. Obesity grade 2: TG =  $4.47 \pm 0.18$  mmol/l, LDL-C  $6.51 \pm 0.10$  mmol/l, HDL-C  $0.99 \pm 0.02$  mmol/l. Obesity grade 3: TG  $6.31 \pm 0.29$  mmol/l, LDL-C =  $7.42 \pm 0.45$  mmol/l, HDL-C  $0.76 \pm 0.02$  mmol/l. So, a statistically significant difference was obtained ( $p < 0.001$ ) between the degree of obesity according to the lipid panel. Also the atherogenic index was calculated, which tended to increase depending on the degree of obesity, the highest value recorded to obesity grade 3 =  $14.70 \pm 0.91$ .

From the total amount, 122 patients (62.8%) have android obesity and 72 patients (37.2%) have gynoid obesity. Each group of 5 was divided into 2 subgroups according to type of obesity: android or gynoid. A statistically significant difference was obtained ( $p < 0.05$ ) between subgroups according to lipid profile.

**Conclusions.** In the lipid profile of patients with type 2 diabetes exist the difference according to BMI, a great severity of dyslipidemia is directly proportional to the degree of obesity. The type of obesity it's very important, more serious disorders of lipoprotein metabolism is registered in patients with android obesity.