# DEPARTMENT OF TOPOGRAPHIC ANATOMY AND OPERATIVE SURGERY

### 260. CLINICAL ANATOMY OF THE AXILLARY REGION

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**Introduction.** This research aims at the anatomical-clinical selective study of the anatomical structures of the axillary region, the vascular elements, lymoh nides of soft tissue intact and affected by some nozologists, the aspect of these at high performance investigations like CT and MRI.

**Aim of the study.** The purpose of the work is to investigate from an anatomical point of view-clinically the axillary region, which is rarely affected primarily, but is involved in many diseases of organs, vessels, soft tissues, lymph nodes, vicinity.

**Materials and methods.** As a study material, the results of the imaging investigations were served by CT and native and constrast MRI, angiography regim

**Results.** They were divided into three groups: 1. The appearance of soft tissues and lymph nodes, described in patients without disseases in the axillary region. 2. Lymphatic nodules in patients with diseases of the neighboring organs (mammary gland) 3. The study ogf blood vessels, their collaterals, their anatomical variety. These results revealed the involvement of the axillary lymph node groups in breast cancer, which are then to be surgically removed during surgery in the mammary gland affected by malignant tumors or for puncture-biopsy to determine the morphological form of the cancer and the degree of differentiation. The architecture of the axillary artery and its branches that change in cases of arterial thrombosis or compression.

Conclusions. This anatomical region had a particular importance for clinicians, images and morphopathologists aslike. It is the area where inflammatory processes (lymphadenitis), hydrosadenitis, boils or abcesses can develop, and through the communication pathways that occur between it and the neighboring regions, the process can be spread. For this reason it is necessary to know the relationship and communications of the anatomical and neurovascular structures as well as the variations of the axillary artery with its branches. The imaging aspect of the axillary anatomical formations involved in a pathological process (tumor, inflammatory process, vascular injury), allows later to establish a more rational approach and surgical procedure.

**Key words:** axillary fossa,lymph nodes,collateral,mammary gland

### 261. CLASSIFICATION OF CERVICAL FASCIAE

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**Introduction**. Study of cervical fasciae represents major difficulties, because the authors did not synchronize over the time a common opinion about the fascia and terminology's

classification. In the manuals of anatomy in English, French and Russian the same formations are specified differently. Thus, the prevertebral fascia is determined by the French anatomists as being aponeurosis. English anatomists name it – "alar fascia" and the Russian literature, which is based on the classification given in the manual of V. N. Shevkunenko, considers that it is correct to name it fascia prevertebralis, which participates in the formation of the respective muscle sheaths. Taking this fact into account the neck fascia needs to be regarded through the practical approach related to the clarification of the ways of purulent propagations and elaboration of surgical approach methods. It is well known that it is difficult to establish and systemize the number of fasciae on the neck, the fact which is determined by the age, physical development, gender, method of investigation etc.

**Aim of the study.** Thus, the goal of this work is the elucidation of author's priorities in the study, description and classification of cervical fasciae.

Results. The main cause of the divergences and contradictions in the description of the neck fasciae is determined by the lack of common concepts, generally accepted, about the structure of fascia and other connective-fibrous formations. That is why practically each connective-fibrous structure in the working field can be named (and it is frequently named) fascia, also the passion for the "fasciology" led to the fact that the term fascia was assigned even to typical adventitia – coverings of organs and sometimes even a portion of the organ covering, for example the pharynx (fascia faringobasilaris). Thus, the additional searching for the "correct" names of neck fasciae and the copyright in their description seem to be inopportune because of the "limitation status", including the incertitude of the main concepts (tissue, fascia, aponeureosis, laminae, plates, etc.). Now the term of "fascia" is unanimously accepted, notwithstanding that it has an indicative character over a concrete structure, but it corresponds sufficiently to the existent idea about fasciae as connectivefibrous coverings of different expression and character – from dense fibrous to thin, lax, cellulous tissue.

**Conclusions**. Now, there are a lot of vaguenesses regarding the anatomical terminology, but these historical "mistakes" do not influence significantly the practice. And the "reconciliation" of the parties can be reached by the strict observation of the unique anatomic law - *Nomina Anatomica*.

Key words: divergences, description, neck fasciae

### 262. UTERINE ARTERY ANATOMY

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**Introduction.** In developing countries, the main cause of death of women in the postpartum period is uterine bleeding (50.2%). In some cases, in the fight against bleeding, it is necessary to remove the uterus in young women, which extremely negatively affects the demografic growth in our country and in the world. The study of options branching for arterial vessels of the uterus is not only of theoretical interest, but also of great practical importance. It is important to know the sources of blood supply to the uterus, not only normal, but also with possible abnormal variants of branching and the location of arterial vessels.

**Aim of the study.** It was to establish different division of branches of the uterine arteries on anatomical internal reproductive organs complexes (such as uterus, fallopian tubes, ovaries, branch of the internal iliac artery)