

**ABSTRACTS
CLINICAL CASES SECTION**

DEPARTMENT OF HUMAN ANATOMY

1. MULTIPLE ABNORMALITIES OF THE RENAL PEDICLE

Author: **Arina Pogostin**

Scientific adviser: Angela Babuci, MD, Assistant professor, Department of Human Anatomy, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background. Abnormalities of the renal pedicle appear as a result of embryogenesis disturbances. Supernumerary vessels and topographic variations are explained by persistence of the pro- and mesonephros segmental arteries during late stages of development.

Case report. By routine anatomical dissection of a male cadaver multiple variants of origin, number and topographic relationships of the left renal pedicle were revealed. The architectonics, number and topography of components of the left renal pedicle were atypical. From the abdominal aorta three renal arteries originated. The superior renal artery (SRA) had a diameter of 5 mm, but at a distance of 8 mm after its origin the SRA suddenly narrowed up to 2 mm for a distance of 13 mm, and then it recovered its lumen. Close to the superior pole of the left kidney the SRA bifurcated. The middle renal artery derived from the aorta at 63 mm below the SRA running on the external surface of the kidney and at a distance of 18 mm from the lateral margin of the kidney, it penetrated the renal parenchyma with two branches. Functionally the most significant was the inferior renal artery. It originated from the abdominal aorta at a distance of 80 mm below the SRA and divided into two branches, one of which was twice larger and three times longer. The superior left renal vein drained into the left colic vein, and the inferior one drained into the left common iliac vein. The ureter and renal pelvis with the greater calyces were located in front of the renal veins and arteries.

Conclusions. The left kidney was vascularized by three renal arteries, but the main arterial load was on the inferior renal artery. Double renal veins realized the venous drainage from the left kidney: the superior renal vein drained into the left colic vein, and the inferior one drained into the left common iliac vein.

Key words: kidney, renal pedicle, abnormality, variants

DEPARTMENT OF BIOCHEMISTRY AND CLINICAL BIOCHEMISTRY

2. BIOCHEMICAL MECHANISMS IN NUCLEOTIDE REPAIR

Author: **Sergiu Gavriliuc**

Scientific adviser: Leonid Lîsîi, MD, PhD, University Professor, Department of Biochemistry and Clinical Biochemistry, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova