HEPATIC VEINS IN ANATOMICAL-SURGICAL ASPECT

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Background. Currently, complex liver pathology has imposed an increased need for surgical interventions at this level, which has required a detailed knowledge of hepatic blood circulation. An important place in this study belongs to the efferent venous circulation. Under normal conditions, the liver accumulates about 20% of the circulating blood volume and directs up to 1,200 ml of blood per minute into the inferior vena cava, which represents 50% of the breast volume returned through this vein. The advances made lately in knowing the anatomical distribution of the components of the hepatic, arterial and venous vascular tree have allowed a systematization of knowledge in the field of liver segmentation.The purpose of the present paper is to study the anatomical and surgical peculiarities of hepatic veins.

Material and methods. To establish the morphology of hepatic veins, the study was performed on a number of 11 macroscopic liver preparations. Macropreparations were taken from cadavers of both sexes who died at different ages, in which no diseases of the hilar or cavale area of the liver.

As working methods were used: plastic injection, which has solvent dust and green, yellow, blue and red paint, and corrosion step in hydrochloric acid solution.

Results. The trunks of the hepatic veins in all given cases are located intraorganically and flow into the inferior vena cava in its subdiaphragmatic portion. Depending on the size of the veins, large hepatic veins with a diameter of 7-18 mm and small diameters of 2-6 mm can be highlighted. The number of hepatic veins flowing into the inferior vena cava is variable.

Conclusions. The casts of the venous elements of the liver, obtained by polychrome injection and corrosion are very informative.

Keywords: liver, hepatic veins, plastic injection, corrosion.