

heart to the brain through the arteries must amount upward against gravity. Vascular bed from all cerebral segments, including that of the ventricles of the brain, is found in a confined space limited by rigid walls of the skull. Brain ventricles represent interconnecting cavities located in the brain lined with ependyma forming a whole network through which cerebrospinal fluid circulates. The lateral ventricle is located in the hemisphere, with a horseshoe or the letter "C" shape, acquired from the consecutive development of different compartments of the hemisphere and is distinguished by lower, anterior and posterior horn. Ventricular wall consists of the temporal lobe caudate nucleus and fornix. As a result of investigations were found different variations of form and structure of the lateral cerebral ventricles and their choroid plexus. These variabilities are dependent on age, level of development of the brain, the secretion of choroid plexus and of same neurological pathologies.

**Conclusion:** The development, form and structure of lateral cerebral ventricles and choroid plexus arise while developing brain microvascular network and indicating a correlation between them.

It is important to know the morphology and the variability of lateral ventricles and choroid plexuses in the field of neuroscience and neurosurgery, in order to establish a correct diagnosis and to indicate the effective treatment of neurological pathologies.

**Key words:** plexus, ventricle, brain, development.

## 299. STUDY ABOUT VARIABILITY OF THIGH VASCULARIZATION

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**Introduction:** Besides the rate of development, the XXI century also means the shift to individualized medicine, in all its areas and especially including surgery. Due to this, a bibliographical and practical study was elaborated in order to determine the variability of vascular branches of high caliber variability, in the region of anterior thigh, this being very important in achieving angiography, arterial punctures, local surgical maneuvers.

**Materials and Methods:** In order to achieve the proposed goal, a bibliographical study was elaborated with reference to blood vessels distribution, as well the several thighs dissection of cadavers with and different gender and constitution.

**Discussion and results:** The results of dissections give the right to mention that they coincided with the bibliographical result, which will be exposed. It was found a particular case, characterized by a circumarterial bifurcation of the femoral vein around a perforating branches of the deep femoral artery, it was also determined in some bibliographical sources that this case is common in 40% of cases. With reference to deep femoral artery, it may be defined by its direction: 48% of cases with a lateral or dorsal-lateral direction to femoral artery, in 40% it has a dorsal direction, 10% of cases, a medial or dorsal-medial orientation, and 2% of cases it may be double, medial and lateral directions. [T. F. Massoud si E.W.L. Fletcher (1997), Siddharth, P., Smith, N.L. s.a. (1885), Munich (1860)].

Referring to the same artery, it has also a huge variety according to its origin and its relation with adjacent vessels: in 58% of cases it has the same origin with circumflex femoral lateral and medial arteries, in 18% of cases it has a common trunk only with the lateral circumflex femoral artery, the medial one remains an independent branch of the femoral artery, in 15% of cases it has a common trunk with the medial circumflex femoral artery, the lateral one being independent, in 4% of cases the deep femoral artery has the origin on the femoral artery, in 3 % it has the same origin with lateral and medial circumflex femoral artery, but the lateral one has and individual branch, in 1% of cases the deep femoral artery has an independent trunk, in which the lateral and medial circumflex femoral artery have their origin as a common trunk. Also there are rare cases, such as: the deep femoral artery is a branch of external iliac artery and inferior epigastric artery, the medial circumflex artery is absent [T. F. Massoud si E. W.L. Fletcher (1997) ].

Referring to Lateral circumflex femoral artery (LCFA), exist information that: 1) LCFA takes origin from deep femoral artery, here also is included case when exist 2 LCFA, both with origin from deep femoral artery; 2) LCFA derives from femoral artery, above origin of deep femoral artery, 3) LCFA derives from femoral artery below deep femoral artery, 4) LCFA derives from femoral artery above deep femoral artery, but here also exists a middle branch of LCFA which derives from femoral artery, but lower than deep femoral artery, 5) A descending branch of LCFA derives from femoral artery, above the origin of deep femoral artery, another ascending branch takes origin from deep femoral artery, 6) LCFA derives from deep femoral artery, but exist a secondary branch of LCFA which derives lower than deep femoral artery [Hozumi Fukuda, Mitsutaka Ashida (2004)]. Also information about this theme is presenting in following table.

Author	Origin from femoral artery	Origin from Deep femoral artery
Lipshutz (11) (1916)(N = 100)	59%	36%
Clarke et. Al (4) (1993) (N = 40)	53%	40%
Dixit (7) (2001) (N= 48)	62.5%	20.63%
Tanyeli (21) (2006) (N = 100)	75%	15%
MB Samarawickrama (16) (2009) (N = 26)	62%	31%
Shiny Vinila B. H (17) s.a (2012) (N = 40)	65%	18.4%

**Conclusions:** Diversity of vascularization remains a fact, that study aimed at systematizing this information. It remains to determine diversity of vascular profile at other levels of the human body.

**Key words:** variants of vascularization, deep femoral artery, lateral circumflex femoral artery, medial circumflex femoral artery.

### 300. ULTRADIAN BIORHYTHMS' INFLUENCE IN CELL POPULATION. APPLICATIVE ASPECTS

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