

Rare Variants of Obturatory Artery

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Even more often at performance of morphological researches it is possible to meet a variant of structure of certain organ, having differences from the classical description in textbooks and grants. In such cases it is expedient to inform on it applied medicine, in order to avoid difficulties and complications during diagnostics and treatment. The vascular channel, likely, concerns to most variable system in human body. Presence of "a death crown" is one of "nonclassical" variants of the given vessels. The obturatory artery was a subject of special attention of anatomists and surgeons after publication in the middle of XIX century of cases of its wound at operations concerning the restrained femoral hernias. On literary data the frequency of occurrence "abnormal" a. obturatoria, departing from branches of external iliac artery, can fluctuate from 1,3% to 25% of cases. The origin of the obturatory artery from inferior epigastric meets in 2,6-14,8%. On our data, the obturatory artery is considered one of the most variable pelvic vessels (variability coefficient - 11,6%). In most cases (66%) the given vessel concerns to the system of internal iliac artery, however, its most frequent source (33%) is inferior epigastric artery originating from a. iliaca externa. We find out a number of origins of the a. obturatoria, earlier not described in the literature: 1) a corner between internal iliac and umbilical arteries (in newborns); 2) one trunk with the inferior gluteal artery; 3) one trunk with a iliolumbal artery. Thus, results of our research have shown, that in spite of the fact that more often the obturatory artery originates from branches of the internal iliac artery; nevertheless the inferior epigastric artery is the most frequent source, of all possible. The given fact is necessary for considering, at carrying out of surgical manipulations in the region of a groin.

The origin of lymphatic vessels involved in metastasizing of neoplastic cells in squamous cell carcinoma of the uterine cervix

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In many human malignant tumors the lympho-vascular metastasizing represents the main way of tumor-modified cells spreading. Lymphatic vessels invasion by the neoplastic cells leads to the involvement of regional lymph nodes (RLN) in tumor process. It is well known that metastatic damage of RLN correlates with poor outcome. Tumor cells secrete biological active substances that lead to the appearance of newly formed blood network which keeps up the metabolic activity inside the tumor. Tumors also produce growth factors for lymphatic endothelial cells. Until now it is not clearly established, tumor cells invade the preexistent peripheral lymphatic vessels or invade the new-formed vessels which are formed during tumoral lymphangiogenesis. To establish the origin of lymphatic vessels (LM) involved in metastatic spreading of neoplastic cells in squamous cell carcinoma (SCC) of the uterine cervix. There were investigated the postoperative material taken from patients with SCC of the uterine cervix (n=39). All material was stained with hematoxylin Harris and eosin. For immunohistochemical (IHC) procedure were selected only the cases with intravascular tumor emboli (n=30). Two monoclonal antibodies were used: anti D2-40 (RTU clone, DakoCytomation, Denmark) to highlight the LV and anti Ki-67 (DakoCytomation Carpinteria, CA, USA) for identification of proliferated endothelial cells. The IHC reaction was performed in accordance with Avidin-Biotin technique (LSAB+/Double Stain). Nuclei were stained with Lillie's modified Hematoxylin. The entire IHC procedure was performed with DakoCytomation Autostainer.