

imaging study using the angio-CT method enabled us to establish the real topography of the main arteries and their branches, and the 3D reconstruction revealed their origin.

Results. The following arterial variants were identified by anatomical dissection carried out on 14 upper limbs, 9 of those samples were dissected on male cadavers (6 right and 3 left) and 5 on female cadavers (3 right and 2 left). In 3 cases only one arterial variant was determined, whereas at the remaining 11 samples there were multiple variations (about 2-3), revealed bilaterally in 3 and unilaterally in 12 cases. The most variable artery of the upper limb proved to be the brachial artery in 18 cases; numerical variants of the collateral branches – 6 cases; variants of high origin of its terminal branches – 3 cases; presence of common arterial trunks – 4 cases; there were marked out 4 atypical topographical variants and 1 case of brachial artery trifurcation. The axillary artery with branching variants was detected in 9 male and 3 female upper limbs; the bilateral presence was determined in 2 cases and unilateral in 10 (6 right and 4 left); among variants the numerical and common trunks prevalence was highlighted. The angiographic study pointed out anatomical variants in 12 cases; mostly in males (10 cases) and predominantly on the right – 7; the most common was high bifurcation of the brachial artery and common arterial trunks.

Conclusions. The variants of the upper limb arteries have undoubted practical significance for diagnostics and surgical management.

Key words: arterial variants, brachial artery

256. RENAL VASCULARIZATION: DESCRIPTIVE STUDY USING ANGIOGRAPHY AND DISSECTION

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Introduction. Variants of blood supply to the kidneys were always at special attention. In many aspects, the relevance of the topic can be explained by the presence of a large number of surgical and non-surgical procedures performed on this organ, the number of which continues to grow.

Aim of the study. Variants of blood supply to the kidneys.

Materials and methods. The study was performed on 54 kidneys that were preserved in 10% formaldehyde solution and then carefully dissected; and 94 aortography's, obtained from patients, who did not suffer from any renal disease. The obtained data was analyzed using descriptive statistics.

Results. One renal artery was found in 45 cases (80.1%) based on dissection and in 63 cases (67.74%) according to angiography. Two renal arteries were found in 11 cases (19.58%) according to the dissected specimens and in 30 cases (32.4%) according to the aortography data. Presegmental division of the renal artery into two branches in 3 cases (5.34%) and three branches - 2 cases (3.56%). Based on the angiography data, presegmental division into two branches was detected in 6 cases (6.45%) and in three branches in 1 case (1.08%). Extrarenal division occurred in 10 cases (17.8%). The superior polar arteries were recorded in 12 cases (21.36%) based on dissection. During angiography the superior polar arteries were in 5 cases (5.38%) and inferior polar arteries as well in 5 cases (5.38%). In comparison with arteries, variants of development of veins are much less common. Accessory right renal vein was detected in 5 cases (9.9%). Late venous confluence was in seven cases (12.46%). We also had a rare case where the adrenal vein drained directly into the upper pole of the kidney (1.78%). In one case (1.78%) we found a left renal vein, which had a retroaortic location. We also found one case (1.78%) of an additional vein on the right and an additional artery on the left.

Conclusions. Based on our results renal artery variants are more frequent than venous variants. Accessory renal artery and presegmental branching are seen more often on the right side.

Key words: renal vascularization, dissection, angiography

257. PARTICULARITIES OF SPLENOPANCREATIC COMPLEX

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Introduction. In the last years, there is an increase in the number of complex surgical procedures on the spleen and pancreas. This process couldn't have gone unnoticed and eventually caused a growth of interest toward this abdominal cavity organ.

Aim of the study. To evaluate the particularities of splenopancreatic complex.

Materials and methods. The study was conducted using macroscopical dissection, abdominal ultrasonography (USG) and abdominal computer tomography (CT). The total number of dissected organs was 118 and included the spleen, pancreas and duodenum. Abdominal USG was performed in 239 patients and abdominal CT - in 257 patients who didn't have splenic or pancreatic pathology.

Results. The length of the pancreas correlated with the presence of accessory spleen (AS) ($r=0.39$; $p=0.02$) and inferior polar artery ($r=0.37$; $p=0.037$). Inferior polar arteries predicted the length of the pancreas although only a small number of cases could be explained by this model ($R^2=0.127$, Adjusted $R^2=0.098$; $Betta=0.357$; $t(50)=2.091$; $p=0.045$). The dimensions of the pancreas assessed by USG correlated significantly with the dimensions of the spleen. The tail of the pancreas had the strongest correlation ($r=0.33$, $p<0.001$). During the anatomical dissection of 118 organ complexes, we encountered 12 cases of AS, which represents 10.6% of the total number of cases. The mean length was 1.67 ± 1.03 cm, width 1.47 ± 0.8 cm and thickness 0.87 ± 0.52 cm. Among the 257 patients who had abdominal CT – 79 (30.73%) had AS (4 patients had two accessory spleens, 2 patients had three AS). Thus, from 79 patients – 92.4% had one AS, 5.1% had two AS and 2.5% had three AS.

Conclusions. There are several important variants of development, which should be taken into consideration while operating in the region and AS and the presence of inferior polar arteries are one of them. The reason for this relationship is the presence of common vascular supply as well as common embryology.

Key words: dissection, pancreas, spleen, splenic artery

DEPARTMENT OF MYCROBIOLOGY AND IMUNOLOGY

258. ACTUAL DIAGNOSTIC METHODS USED IN NONTUBERCULOUS MYCOBACTERIA INFECTIONS

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Introduction. Nontuberculous mycobacteria, also called atypical mycobacteria, for a long period of time, were considered to be inoffensive for humans. Nowadays they are considered to be very wide spread and responsible for many atypical clinical manifestations such as localized lymphadenitis, tuberculosis like extrapulmonar lesions, disseminated form and so on. There a known more species today than 30 years ago, and all of them are classified in Ernest Runyon classification which dates from 1959. It includes four groups of atypical mycobacteria in dependence of coloration and rapidity of growth: