

classification. In the manuals of anatomy in English, French and Russian the same formations are specified differently. Thus, the prevertebral fascia is determined by the French anatomists as being aponeurosis. English anatomists name it – “*alar fascia*” and the Russian literature, which is based on the classification given in the manual of V. N. Shevkunenko, considers that it is correct to name it *fascia prevertebralis*, which participates in the formation of the respective muscle sheaths. Taking this fact into account the neck fascia needs to be regarded through the practical approach related to the clarification of the ways of purulent propagations and elaboration of surgical approach methods. It is well known that it is difficult to establish and systemize the number of fasciae on the neck, the fact which is determined by the age, physical development, gender, method of investigation etc.

Aim of the study. Thus, the goal of this work is the elucidation of author’s priorities in the study, description and classification of cervical fasciae.

Results. The main cause of the divergences and contradictions in the description of the neck fasciae is determined by the lack of common concepts, generally accepted, about the structure of fascia and other connective-fibrous formations. That is why practically each connective-fibrous structure in the working field can be named (and it is frequently named) fascia, also the passion for the “fasciology” led to the fact that the term fascia was assigned even to typical adventitia – coverings of organs and sometimes even a portion of the organ covering, for example the pharynx (*fascia faringobasilaris*). Thus, the additional searching for the “correct” names of neck fasciae and the copyright in their description seem to be inopportune because of the “limitation status”, including the incertitude of the main concepts (tissue, fascia, aponeurosis, laminae, plates, etc.). Now the term of “fascia” is unanimously accepted, notwithstanding that it has an indicative character over a concrete structure, but it corresponds sufficiently to the existent idea about fasciae as connectivefibrous coverings of different expression and character – from dense fibrous to thin, lax, cellulous tissue.

Conclusions. Now, there are a lot of vaguenesses regarding the anatomical terminology, but these historical “mistakes” do not influence significantly the practice. And the “reconciliation” of the parties can be reached by the strict observation of the unique anatomic law – *Nomina Anatomica*.

Key words: divergences, description, neck fasciae

262. UTERINE ARTERY ANATOMY

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Introduction. In developing countries, the main cause of death of women in the postpartum period is uterine bleeding (50.2%). In some cases, in the fight against bleeding, it is necessary to remove the uterus in young women, which extremely negatively affects the demografic growth in our country and in the world. The study of options branching for arterial vessels of the uterus is not only of theoretical interest, but also of great practical importance. It is important to know the sources of blood supply to the uterus, not only normal, but also with possible abnormal variants of branching and the location of arterial vessels.

Aim of the study. It was to establish different division of branches of the uterine arteries on anatomical internal reproductive organs complexes (such as uterus, fallopian tubes, ovaries, branch of the internal iliac artery)

Materials and methods. The material for the study was the female internal genital organs 10 complexes (18–40 years) who died from diseases not related to pathology of the reproductive system. To fulfill the research goal, a set of methods was used, which included anatomical preparation, injection of the uterine arteries with subsequent corrosion. To study the spatial distribution of the arterial bed of the uterus, the vascular bed was injected through the uterine arteries using a syringe and cannula with an injection mass based on the self-hardening dental plastic Protacryl M followed by preparation of corrosive preparations. After injection of dental plastic through the uterine arteries, the uterus with fallopian tubes and ovaries was placed in an acid solution for one day.

Results. The uterus is supplied by two pairs of uterine and ovarian arteries, small branches of the ovarian arteries and arteries of the uterine round ligaments. In 60% of cases, the uterine arteries were branches of the front trunks of the internal iliac arteries. In a number of observations, the uterine artery was a branch of the non-obiterated part of the umbilical artery (27%), inferior vesical (3%), middle rectal arteries (2%), and in rarer cases it could depart with a common trunk with the umbilical (1.8%), internal genital (1.6%), upper gluteal (1.6%), lower gluteal (1.6%) and superior vesical arteries (1.4%). When analyzing the corrosive preparations of uterine arteries in mature age women, it was found that the uterine artery spirally rise along the uterine body, departing from it 0.2-0.9 cm, in the thickness of the lateral perimetrium. Throughout its length, the uterine artery formed branches of various shapes. The ascending uterine artery, in most cases, had bends in the frontal, sagittal, planes. At the level of the internal orifice of uterus, the uterine artery formed the largest number of branches. Uterine artery gave in the thickness of the uterus 10-15 branches of the first order, with a third of the branches moving from the convex surface of uterus, and most of it from the concave surface of the uterine artery. The branches of the ascending uterine artery, corporal arteries, penetrated the uterine wall in an oblique direction at the level of the internal orifice of the uterus, and at level of the body area in the transverse direction relative to the longitudinal axis of the uterus.

Conclusions. Identified different anatomical variation of uterine arteries, right and left sided, the same like anteroposterior asymmetry in the arterial blood supply of the uterus by corrosive bodies of the uterine arteries should be taken into account when performing surgical approaches on the uterus.

Key words: uterine artery, types of anatomical peculiarities

263. THE CLINICAL ANATOMY OF THE ARTERIAL COLLATERALS OF THE LOWER LIMBS

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Introduction. The purpose of this research is anatomical-clinical selective study of arterial vascularization of the lower limbs, development of arterial collateral, the impact of occlusive arteriopathy in their development and their appearance at CT-high performance imaging investigation.