

Results of research: correlation coefficients of a. uterina parameters¹ can be presented in the table:

Parameter of correlation	a. uterina parameters		
	Length	Diameter	Variant of beginning
Level of bifurcation of a. iliaca communis	-0,47**	0,03	0,23
Diameter of a. iliaca communis	0,46**	0,10	-0,03
Diameter of anterior trunk of a. iliaca interna	0,80	-0,80	-0,77
Length of anterior trunk of a. iliaca interna	0,60	-1,00***	-0,26
Diameter of a. sacralis lateralis	-0,10	0,03	0,54**
Length of a. glutea superior	0,16	0,27	0,45*
Length of a. vesicalis superior	0,45**	0,44*	0,02
Length of a. vesicalis inferior	0,18	0,49**	0,16
Length of a. glutea inferior	0,73***	0,06	0,19
Length of a. pudenda interna	0,66**	0,09	0,06
Presence of "corona mortis"	0,19	0,38*	-0,25

The note: 1 - factor Spearman R was used

* - $p < 0,05$

** - $p < 0,01$

*** - $p < 0,001$

Thus, analyzing the received results, it is possible to make *conclusion* on presence of correlation of a. uterine parameters with parameters of some vessels of the pelvis. So, having established diameter and a level of common iliac artery bifurcation, length of the anterior trunk of internal iliac artery, superior and inferior vesical arteries, inferior gluteal and internal pudendal arteries it is possible to indirectly know parameters of a. uterina.

ANATOMIC FEATURES OF A DEEP ARTERY OF HIP

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Variations of branches of femoral artery, including deep artery of hip, has big medical importance. Increasing amount of obliterating diseases of arteries of pelvis and lower extremity, and also increasing attention to femoral artery both with diagnostic and therapeutic purposes show increased research of ilio-femoral arterial pool.

During investigation, the lower extremities of 6 human corpses were used.

It was revealed that more often, the deep artery of hip with diameter 0,6-0,8 cm departs from posterior or postero-medial circumference of the femoral artery 3-5 cm below inguinal ligament. In one case the deep artery of hip departed more distally: 8 cm below inguinal ligament.

In 3 cases the studied artery originated from lateral surface of the femoral artery, passed behind of it, gradually deviating medially. It is necessary to note, that in the literature such topographical relations were not described.

In one case the deep artery of hip departed from the femoral artery together with lateral and medial circumflex arteries of femur. On one case the medial circumflex artery of femur was absent, but the lateral one departed from femoral artery.

We noted that diameter of circumflex arteries varied from 0,38 to 0,65 cm. In two cases from the deep artery of hip the a. circumflexa femoris lateralis with diameter 0,35 cm arises. Lateral artery originated 1-1,5 cm below this artery having the same direction. The variant of beginning of a. circumflexa femoris medialis from the femoral artery (in 2 cases) 2,5 cm below inguinal ligament was found. However, the descending a. circumflexa femoris medialis departed from the deep artery of hip at level of origin of a. circumflexa femoris lateralis. Thus, if a. circumflexa femoris medialis being absent, only its branches independently depart from the femoral artery and deep artery of hip.

Thus, as a result of research many anatomic features of branches of the femoral artery that can be used both in anatomy and surgery has been established.

RESULTS OF JANIN (VELVET) ADMINISTRATION IN THE CONTINUOUS REGIMEN FOR TREATMENT OF GENITAL ENDOMETRIOSIS

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Medical therapy of endometriosis is characterized by great complexity and requires an individual approach to each patient depending of age and subjective clinical manifestations.

In combination of 2 mg of dienogest with 0,03 mg of aethinylestradiol (Janin) pharmacokinetics values are similar to ones when using only “pure” dienogest. And it’s the main advantage in administration of this oral contraceptive for treatment of different forms of endometriosis.

Dienogest has strong gestagen activity like that of 19-nortestosteron, having no estrogenic, antiestrogenic and androgenic activity. Dienogest has extremely rare and very important property – antiandrogenic activity, that significantly extends the field of its administration in clinical practice.

Being hybrid gestagen, dienogest has all advantages, which are typical of 19-nortestosteron and progesteron compounds such as high bioavailability, marked gestagenic effect on endometrium and therefore on endometrioid heterotopia. It reliably suppresses ovulation and controls a menstrual cycle in combination with aethinylestradiol. At the same time it has no androgenic effect but it has moderate antigonadotropic action, well marked peripheral anti ovulation action due to inhibition of pre-ovulation peak of 17 β -estradiol, minimal influence on metabolism indices. High concentration of dienogest free fraction as compared with other gestagens explains its considerable antiproliferated activity.

The effective choice of Janin as an effective drug for treatment of endometriosis first of all depends on the dose of dienogest equal to 2 mg a day that corresponds to required therapeutic dose of gestagen for inhibition of endometrioid heterotopia growth. Under the influence of Janin the focuses of endometriosis at first undergo decidualization and then atrophy. During the experiments it has been proved that dienogest considerably reduces the volume of grafts, i.e. it has a direct inhibition effect on the proliferation of ectopically located endometric tissue, its action being specific that distinguishes it from other progestagens.