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) pharmakinetics 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 17β-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.

Due to the main aims of gynecologists (reduction of a painful syndrome, eradication of heterotopic foci, antirecurrent therapy) in treatment of endometriosis the choice of continuous regimen of drug administration within 3-4 months without 7-day breaks is the most useful. Such approach to treatment is justified by the fact that many women during 7-day breaks with hormonic drug administration have follicle gestation. Shortening or the lack of intervals leads to more controlled inhibition of ovary function and consequently provides more stable ovulation block. The reduction of menstrual excretions or their absence as well as controlled unovulation promote reduction of prostaglandins secretion, that results in decrease of frequency and amplitude of uterus muscle contractions at the background of reducing the threshold of sensitivity, intrauterine pressure decreasing and dismenorrhae disappearing or manifestations diminishing.

The investigations aimed at studying efficacy of Janin administration in the continuous regimen in patients suffering from genital endometriosis have been undertaken. The obtained results witness that Janin administration in the mentioned regimen promoted the reduction and relief of a painful syndrome, algodismenorrhea, dyspareunia in most patients. The significant decrease of menstrual blood losses has been noted as well.

Our obtained results as well as the researches of other investigators confirm the positive effect of prolonged administration of Janin on the function of the brain and emotional state due to the improvement of memory and mood, that is especially important for women suffering from endometriosis in combination with the syndrome of pelvic pains. It is so, because estrogens, contained in Janin, decrease the concentration of monoaminooxydase contribute to the increase of serotonine level, excitability of the brain and mood improvement.

Our research proves the safety of prolonged Janin administration as a selective combined oral contraceptive (COC), including dienogest as the first line drug for treatment of endometriosis.

ЯДРЫШКИ ГЕПАТОЦИТОВ, КАК МАРКЁРЫ АКТИВНОСТИ БОЛЕЗНИ ПРИ ХРОНИЧЕСКОМ ГЕПАТИТЕ С.

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Гепатит С представляет серьезную проблему общественного здравоохранения. Это обусловлено катастрофическим ростом инфицированности вирусом населения и особенно молодежи. Терапия этой болезни связана с большими затратами и относительно низкой частотой благоприятных исходов. Инфицирование вирусом приводит к развитию острого гепатита С. Примерно 15-25% больных выздоравливают спонтанно, у остальных развивается хронический гепатит С (ХГС). У 25-35% больных хроническим гепатитом в течение 10-40 лет заболевание прогрессирует в фиброз печени и может наступить смерть от цирроза или гепатоцеллюлярной карциномы, которая развивается в 30-40% случаев у больных хроническим гепатитом и циррозом. Высокий уровень заболеваемости, тяжелые исходы, огромные экономические потери для государства обусловливают актуальность изучения различного аспекта вопросов, возникающих в связи с ХГС.

Определение активности болезни является важным моментом в лечении пациентов с хроническим гепатитом С. Анализ литературных источников позволяет сделать вывод, что в настоящее время не существует надежного морфологического критерия отдаленных результатов терапии ХГС. В связи с этим в данной работе