1. Медиальный кожный нерв плеча встречается в 70% случаев, а в 30% - отсутствует. Иннервация кожи медиальной поверхности плеча в последнем случае осуществляется соседними нервами.

2. Выявлено 5 вариантов формирования медиального кожного нерва плеча:

- только из медиального пучка плечевого сплетения (в 36,3% случаев);
- из медиального пучка плечевого сплетения и межреберного нерва Th1 (16,6%);
- из медиального пучка плечевого сплетения и межреберного нерва Th2 (10%).
- из медиального пучка плечевого сплетения и межреберных нервов Th1 и Th2 (3,3%);
- из медиального кожного нерва предплечья (3,3%).

Список литературы:

1. Байтингер В.Ф. Функциональная оценка тактильной чувствительности сосково-ареолярного комплекса, кожи женской груди и потенциальной донорской зоны для реконструкции сосково-ареолярного комплекса/ Силкина К.А., Курочкина О.С.// Вопросы реконструктивной и пластической хирургии. - 2016. -С. 10–19.
2. Драчева Л.В. Реабилитация после мастэктомии / Л.В. Драчева // Медицинская сестра. – 2011. -№2. -С. 6–10.
3. Baglien P., Varacallo M. Anatomy, Shoulder and Upper Limb, Cutaneous Innervation / Baglien P., Varacallo M. // Treasure Island (FL): StatPearls Publishing. 2020; URL: https://pubmed.ncbi.nlm.nih.gov/31424833/ (accessed: 15.08.2020).
4. Banerjee S. Anatomic variations of the extrathoracic course of the intercostobrachial nerve and its clinical significance / Banerjee S., Nayak S. // Asian Journal of Medical Sciences. 2018; 9 (5): 77–80.
5. Thomas K. Anatomy, shoulder and upper limb, medial brachial cutaneous nerve / Thomas K., Bordoni B. //Treasure Island (FL): StatPearls Publishing. 2019; URL: https://www.ncbi.nlm.nih.gov/books/NBK539829/ (accessed: 25.03.2019).

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АНОМАЛИИ ПИЩЕВАРИТЕЛЬНОЙ СИСТЕМЫ

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ANOMALIES OF THE DIGESTIVE SYSTEM

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Аннотация. Аномалии пищеварительной системы по данным экспертов Всемирной организации здравоохранения занимают одно из ведущих мест, все это обусловлено образом жизни современного человека (стресс, нерациональное питание, гиподинамия, вредные привычки) загрязнением окружающей среды, увеличение в рационе питания некачественных и генномодифицированных продуктов питания.

Annotation. Anomalies of the digestive system according to experts of the World Health Organization occupy one of the leading places, all this is due to the lifestyle of modern man (stress, irrational nutrition, inactivity, bad habits), environmental pollution, an increase in the diet of low-quality and genetically modified foods.

Ключевые слова: аномалия, пищеварительная система, внутренние органы.

Key words: anomaly, digestive system, internal organs.

Введение.

Пищеварительная система имеет огромное значение в жизни человека. Изучение данной темы позволяет более детально рассмотреть происхождение органов пищеварительной системы в онтогенезе, показывает влияние развития пищеварительного тракта на организацию всего организма. В связи с загрязнением окружающей среды всё чаще наблюдаются аномалии развития пищеварительной системы у новорожденных. При нарушении процессов формирования пищеварительной системы возникают аномалии и пороки развития её органов.

Цель исследования – раскрыть клинические проявления патологических изменений в различных органах пищеварительной системы.

Задачи:

1.Уметь выявлять причины и условия проявления в организме патологических процессов

2.Изучить особенности протекающих процессов в организме

Introduction. The digestive system is of great importance in human life. The study of this topic allows us to consider in more detail the origin of the organs of the digestive system in ontogenesis, shows the influence of the development of the digestive tract on the organization of the entire body. Due to environmental pollution,

abnormalities in the development of the digestive system in newborns are increasingly observed.

In case of violation of the processes of formation of the digestive system, anomalies and malformations of its organs occur.

The embryonic development of the gastrointestinal tract is complex and it is perhaps unsurprising that abnormalities of development occur. They may be complex and multiple with more than one part of the gut affected or other systems involved.

The "simple tube" of the gastrointestinal tract and its associated organs has many different tract and organ specific gastrointestinal abnormalities. The gastrointestinal system begins function (digestively) postnatally, unless there is a determined genetic history within the family, several abnormalities only become evident postnatally (neonatal diagnosis), in particular, metabolic disorders often identified by the Guthrie test. [2]

Due to the complex nature (different germ layer contributions, organogenesis) of the growth, elongation and folding of the tract, there are also several mechanical disorders of folding (rotation, volvulus). Musculoskeletal abnormalities of the anterior body wall (gastroschisis, omphalocele) and diaphragm (congenital diaphragmatic hernia) can also result in gastrointestinal abnormalities. [3] Most of the tract is also dependent upon coordinated muscular contraction (peristalsis) and neural crest abnormalities can functionally impact upon this activity.

The digestive system represents approximately 6% of all major congenital abnormalities. One of the most common abnormalities occurring is Meckel's diverticulum.

Meckel diverticulum - congenital abnormality characterized by the outpouching or sac formation in the ileum. It is a remnant of the embryonic yolk sac in which the vitelline duct failed to close. During early gestation, the omphalomesenteric or vitelline duct connects the fetal yolk sac to the primitive gut. By 7-8 weeks of gestation, this duct is normally completely obliterated. A Meckel diverticulum results when this structure fails to resorb completely. [1]

In addition to Meckel's diverticulum, there are ranges of other vitelline duct abnormalities, which depend on the degree from a completely patent duct at the umbilicus to lesser remnants.

Congenital short bowel - Short bowel syndrome is a condition in which nutrients are not properly absorbed due to a congenital defect where a large part of the small intestine is missing.[7]

Short bowel syndrome is a group of problems affecting people who have had half or more of their small intestine removed. Short bowel syndrome is treated through changes in diet, intravenous feeding, vitamin and mineral supplements, and medicine to relieve symptoms.

Intestinal lymphangiectasia - is a pathologic dilation of lymph vessels of intestinal mucosa. [6]This results in lymph leakage into the small bowel lumen and responsible for protein-losing enteropathy. This is a rare disorder generally diagnosed before 3 years of age.

Volvulus of large intestine - volvulus is an abnormal twisting of the intestine around the axis of its own mesentery, resulting in obstruction of the more proximal bowel. Twisting of the mesentery may involve the mesenteric vessels and so make the involved loop particularly susceptible to strangulation and gangrene, with resulting perforation, peritonitis, and sepsis. The classical sites of large intestinal volvulus are the caecum and the sigmoid colon, although there are reports of volvulus of the transverse colon.

Atresia of small intestine. Jejunoileal atresias are major causes of neonatal intestinal obstruction. Atresia refers to a congenital obstruction with complete occlusion of the intestinal lumen. Four types of jejunoileal atresias are described.They can range from having a small area of blockage to missing large sections of the intestines. Intestinal atresia is one of the most frequent causes of bowel obstruction in the newborn. The ileal atresia is more common than jejunal atresia, and multiple foci are more common than isolated atresia. The most accepted theory regarding the etiology of jejunoileal atresia is that of an intrauterine vascular accident resulting in necrosis of the affected segment.

Congenital diverticulosis of small intestine - This refers to a condition characterized by the presence of congenital multiple sack-like mucosal herniations called diverticula through weak points in the wall or lining of the small intestine. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience pain or discomfort in the abdomen, bloating, and bleeding.

Ectopic anus. While children with imperforate or obviously mislocated anus are identified in the newborn period, some children with a very mild abnormality may escape identification until after the newborn period. This mild mislocation of the anus has been termed anterior ectopic anus. Anterior ectopic anus is different from imperforate anus with perineal fistula in that the anal opening is usually of normal size, and only mildly misplaced. Most of these children come to medical attention due to severe constipation.

The digestive system is a pretty important part of your body. Without it you couldn't get the nutrients you need to grow properly and stay healthy. Anomalies in the structure of the gastrointestinal tract are associated with a violation of embryogenesis at the stage of 4-8 weeks of pregnancy, when the opening of the digestive tube is formed. Initially, it ends at both ends, but by the end of week 8, the formation of channels occurs, and the mucous epithelium closes the lumen of the intestinal tube. The duodenum suffers the most, which is due to the peculiarities of its embryogenesis. 1/2 of cases are accompanied by defects of other internal organs — the heart, blood vessels, rectum, liver, stomach. Some cases are so severe that the baby will have to do a lot of operations during his life, and they will not be a guarantee of his normal existence.

Conclusion. Thus, having studied the literature sources, we have identified the causes and features of the processes occurring in the body, as well as revealed the clinical manifestations of these anomalies of the digestive system.

References:

1. Аномалии органов и систем органов человека: методические рекомендации / Богданова М. И., Пивченко П. Г. – Минск: БГМУ, 2014. – 60 с.
2.Громнацкий Н.И. Диагностика и лечение внутренних болезней. / Громнацкий Н.И. - М.: Миа, 2013. -522с.
3.Исакова Ю. Ф. Детская хирургия: учебник / Исакова Ю. Ф., Разумовского А. Ю. // - М.: ГЭОТАР-Медиа, 2015. - 1040 с.
4.Марк Х. Бирс. Руководство по медицине. Диагностика и лечение / пер. с англ. под ред. А. Г. Чучалина. - 2-е изд. - М.: Литтерра, 2011. - 3744 с.
5.Труфанова Г.Е., Фокина В.А. МРТ. Органы живота [Электронный ресурс] / - М.: ГЭОТАР-Медиа, 2019.
6. Robbins and Cotran Pathologic Basis of Disease.7th edition. By Vinay Kumar, Abul K. Abbas, Nelson Fausto. Elsevier, 2011
7. Pathology. The manual. Ed. by M. A. Paltsev, V. S. Paukov, E. G. Ulumbekov. - M.: GEOTAR-MED. - 2012. - 960 p.