

their physically challenged possibilities just before the MCR academic course and through the month have been authentically much better (e.g. $59,3 \pm 2,4$), than just before the MCR academic course $52,2 \pm 2,5$ (e.g. $p=0,039$). The EF under-aged children with their physically challenged possibilities just after the medical treatment have been authentically much better (e.g. $69,5 \pm 1,8$), than just before their rehabilitation $55,1 \pm 2,1$ (e.g. $p \leq 0,001$). So, the difference between the SF under-aged children with their physically challenged possibilities at the beginning of the medical treatment (e.g. $48,8 \pm 1,9$) and through the month (e.g. $54,3 \pm 1,7$) has also been authentic (e.g. $p=0,016$). The LS under-aged children with their physically challenged possibilities has been considerably improved from $49,7 \pm 1,7$ up to $52,3 \pm 1,6$ just after the MCR academic course finishing, in the comparison with the given indices just before academic course beginning indices (e.g. $p \leq 0,001$).

Thus, according to the secondary school (SS) or the high school (HS) scale data, by the children themselves valuation, their LQ has already been improved with the time, against the background of the MCR academic course passing.

So, the medical and social rehabilitation (MSR) academic course is making positively its direct influence upon the under-aged children with their physically challenged possibilities the vital functions and the vital activity physical, the emotional, and the social sides, that is being revealed in all the scales indices further improvement, having characterized their LQ.

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RECOMBINATORY MORPHOGENESIS OF LYMPHATIC SYSTEM IN PRENATAL ONTOGENESIS OF HUMAN

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Morphogenesis of lymphatic system is the result of interactions of different uneven increasing vessels, its forms change such as structure and topography of vessels and their combinations:

1) differential morphogenesis of primary venous bed – its division on secondary veins

(magistrals) and lymphatic chinks with tributaries (collaterals) after this anlage lymphatic sacs and primary vessels in the result of interactions of arteries with primary veins;

2) transformatory morphogenesis of primary lymphatic bed – its conversion into secondary lymphatic bed, when are passed anlage of lymph nodes in the result of interactions of arteries and veins with primary lymphatic vessels;

3) modificatory morphogenesis of secondary lymphatic bed – its modification by means of uneven growth and deformation of its walls with various appearance of valves and intervalvar segments, smooth myocytes. For instance pressure of aorta and its branches on some parts of thoracic duct causes increased formation of valves and smooth myocytes in these parts – they limit reverse lymph flow and support direct lymph flow. These processes can pass consecutively as stages of lymphatic system morphogenesis or parallelly and even in intimal relation especially last two processes. Thus morphogenesis of lymphatic system passes as process of recombination of arteries and veins and then lymphatic vessels, is manifestation of autodifferentiation of cardiovascular system when its parts enter into reinteraction including after their transformation.

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MULTI-LEVEL SEGMENTARY ORGANIZATION OF THE LYMPHATIC BED

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Lymphatic bed (LB) is the part of whole cardiovascular system but has specific construction. LB consists of different segments which organize flow out of surplus of tissue fluid as lymph in conditions of deficit of lymph flow energy. Multi-level segmentary organization of the LB includes its (kwazy) segmentary connection with arteries in the nerve-vascular bundles of different organs and regions of human body and fold construction of LB walls. Segments of LB can divide on general or intersystem (LB and blood bed) and special or intrasystem (intervalvar), general segments – on regional or periarterial, organic or