Thus, the results our research showed that the incidence by ascaridosis among the adult population from 2000 till 2008 tends to increase, and revealed cyclical with period of 4 years.

All this testifies to the unfavorable epidemiological situation in central Kazakhstan on ascaridosis, as well as the poor quality of insufficient medical care, and highlights the need for further study of this topic.

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TOPOGRAPHY OF MESENTERIC LYMPH NODES IN RAT

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Mesenteric lymph nodes (MLN) of white rat may be divided on central (or own) MLN, which are lied near trunk of cranial mesenteric artery, and peripheral MLN, which are lied near terminal branches of cranial mesenteric artery, the central MLN – on the proximal (parapancreatic) and the distal (paracolic), and the proximal MLN – on two groups:

- 1) paraaortic MLN (retropancreatic 2, oval or bean's shape), lymph flows out from they into preaortic lymphatic plexus and/or into left lumbar trunk, which skirting aorta from ventral side, or cisterna chyli;
- 2) interintestinal MLN (pancreaticoduodenal 3–4, oval, round or bean's shape), lie on the ventro-caudal side from pancreas, between duodenojejunal flexure (dorsal and left side) and crossing of middle, saggital segment of ascend colon in distal, frontal loop of colon (ventral and right side).

Distal central MLN (4–5 shape likely beans or coffee beans) as chain of different solidity extend in common root of mesentery and mesocolon, under vascular bundle, into thickness of fat tissue of root body in mesentery. The root body consists of solid interweaving of different vessels and nerve fibres dipping into fat tissue. The body has shape of direct or curved cylinder, which extend along middle segment of ascend colon on the right side or on both sides from it. The last two of distal central MLN (terminal central MLN) lie on left side from crossing of ventral, transverse loop of ascend colon in its middle segment, on both sides from branching of iliocolic artery from cranial mesenteric artery. The peripheral MLN are:

- 1) iliocolic (oval 3–4 nodes of different sizes lie as compact group along iliocolic artery);
- 2) iliocaecal (large node with bean's shape lies over ending of ilium).

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LYMPHOMA AND HERMAPHRODITISM, AS THE VARIANT OF CLINICAL DISPL AYS IN STRUCTURAL REORGANIZATION OF THE X-CHROMOSOME

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The follicular lymphoma is a monoclonal tumor from the mature B-cells occurring from the follicular center of lymph nodes. A follicular lymphoma – a most often meeting variant among lymphoma.

According to the literature, loss of a part of a X-chromosome, and also the genes located on it which are responsible for formation of immunity and a hormonal background, can lead to occurrence of hemoblastoses.

The true hermaphroditism (syndrome of bisexual gonads) among other forms of anomalies of sexual development meets seldom enough. Characteristic basic line of this pathology is presence at an individual simultaneously both man's, and female elements of a gonad. The pathology can be suspected at the child already at a birth owing to an uncertain structure of external genitals.

However the histological conclusion is the basic criterion for the definitive diagnosis.

For an illustration of the told it is resulted following observation.

Patient K., 21 year (a genetic card № 28 569). Was born from II births in time at the young parents consisting in not related marriage. Mass at a birth 3000,0 g, the length of a body – 52 centimeters. According to mum, the proband floor at a birth raised the doubts, but has been defined as female, and the child was brought up as the girl. Proband development didn't differ from age criteria. Sexual development proceeded on female type. A menarche since 15 years, regular, very plentiful.

From 20 years the proband is observed by a hematologist with the diagnosis the Follicular lymphoma. Notes insignificant augmentation of peripheric inguinal lymphonoduses which tend to decrease and again to arise. The patient of specific treatment didn't receive, the doctor had been chose tactics of active observation.

At the age of 21 years of the patient concerning a purulent peritonitis the laparotomy has been spent. The purulent tumor of an ovary on the right is found out. The Suppurative focus has been removed. Histological research of a sexual gland is conducted.

Result of histological research № 40849-53 from 19.10.2000. The fine fragment of cortical substance of an ovary with an individual cavity is defined. The cavity has one layer of flat follicular cells. And also there is a clump luteocytic – a fragment of a menstrual yellow body. Cellular elements of atypical character in a remote material it is not taped.