

corresponding to the size of the granules. The secretion processes take place in turn in separate groups of glandular sections. Secretory granules are more common in the cells of the epithelium of the glandular ducts than in the terminal sections. The fetal of 20-25 weeks is marked by a further increase in the number of secretory departments. During this period they reach the extreme parts of the gland. The average size of their diameter increases. From the 29th week there has been a slight slowdown in the growth rate of the prostate gland. There is an in-depth specialization of tissues aimed at preparing for the performance of the organ-specific functions, although the growth processes continue. One of the features of epithelial cells of the prostate gland is the process of keratinization, which appears in fruits at the age of 29 weeks. Epithelial components of the prostatic gland of fruits of 27-29 weeks are prone to severe proliferative changes associated with the continuing specialization of glandular sections and excretory ducts. We can assume that certain phases of differentiation of the epithelium are accompanied by a change in the secretory processes. From the 29th week there has been a slight slowdown in the growth rate of the prostate gland. In the ultramicroscopic study, secretory clusters are represented as granules in the cytoplasm of cells and mucous clots in the lumen of the secretory and excretory divisions. Conclusions. Differentiation of epithelial tissue of the gland, first of all, is manifested in the appearance and gradual growth of the secretory activity of epithelial cells. The prostate gland in the embryonic period of ontogeny can be considered as one of the endocrine formations of the fetus.

### **PATHOHISTOLOGICAL CRITERIA FOR SERRATED POLYPS IN THE COLON**

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Serrated polyps (SP) are divided into major subtypes: hyperplastic polyp (HP), sessile serrated adenoma/polyp (SSA/P) and traditional serrated adenoma (TSA). The method for differentiating of subgroups of SP is based on differences in the spread of proliferation zones. HP characterized by straight crypts with a slight extension in their upper third without significant distortion of their shape and tend to have small sizes (<5 mm). Zones of enhanced proliferation are observed at the base of the crypts, and the cells mature toward the outer surface, as it used to be in normal glands. HP are histologically divided into microvesicular (MVHP), goblet cell-rich (GCHP) and mucin-poor (MPHP). Histologically SSA/P resemble HP with prolonged increase of proliferation and serrated changes which propagate to the basal segment of the crypts. SSA/P are characterized by dilatation of crypts and their branching horizontal growth with distorted crypt architecture, commonly with dilated, mucus-filled, L-shaped and T-shaped crypts with mature cells. The secretion of mucus is usually observed, and this leads to the fact that formation has a distinctive "cap" of mucus. Histologically TSA is characterized by the villiform structure with the prevalence of cells with elongated nuclei and eosinophilic cytoplasm, nuclear stratification in 2–3 lines and the formation of false ectopic crypts. A typical feature of the TSA is that ectopic proliferative crypts are perpendicular to the direction of growth villiform structures and is not in contact with the muscularis mucosae. It was noted, that carcinomas in the right parts of the colon arise from serrated formations, that's why SP should be removed in a timely manner.

### **CARDIOTECTIVE EFFECTS OF MODULATORS OF THE ESTROGEN RECEPTORS IN THE CONDITIONS OF EXPERIMENTAL ACUTE MYOCARDIAL INFARCTION**

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According to modern ideas, in myocardial infarction, a cascade of pathobiochemical reactions is triggered directly in the ischemic focus, leading to a disturbance in the metabolism of cardiomyocytes, the launch of "parasitral" energy-producing reactions, the development of mitochondrial dysfunction, the complete blockade of the synthesis of macroergens, and as a result,