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Aspects of the vascular disposal in the human rectal wall

R Cergan*, MA Banu, MC Rusu, RC Ciuluvica

Department of Anatomy, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

We used specimens from human fœtus (7 and 8 months aged) that have been injected with China ink and formalin 10%. We observed the following vascular features: a) the rectal submucosa presents two arterial plexuses-one at the junction with the muscular coat, that supplies the submucosa and the circular muscular fibres, the other at the junction with muscularis mucosa, which supplies the epithelium and the mucous glands; b) in the middle part of the submucosa there are large, longitudinal veins; c) in the muscular coat there are elongated capillaries, parallel disposed with the muscular fibres; d) at the level of the anal columns there are granular arterio-venous anastomoses, the rectal glomeruli.

*Corresponding author
E-mail: anatonon@gmail.com

Vascular pecularities in the human urinary bladder and vesicourethral junction

R Cergan*, MA Banu, MC Rusu, RC Ciuluvica

Department of Anatomy, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

We made our study on three human fetuses aged 29, 30 respectively 32 weeks, the vascular and muscular differentiations being in the final stage, in this period of the intrauterine development; the specimens have been injected with China ink and formalin 10%. Our attention was focused on the arrangement of the blood vessel in the wall of the urinary bladder and of the vesicourethral junction and we found two types of arterial disposal in the detrusor, due probably to the particular arrangement of the muscular fibers: a parietal type, in the wall of the urinary bladder and a junctional type, at the level of the vesicourethral junction.

*Corresponding author
E-mail: anatonon@gmail.com

Bilateral asymmetry in Subjects with cleft lip and palate

A Didilescu[1]*, V Nimigean[1], N Maru[1], V Nimigean[2], S Stratul[3], N Galie[1]

[1]Department of Anatomy and Embryology, Faculty of Dental Medicine, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania, [2]Department of Oral Rehabilitation, Faculty of Dental Medicine, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania, [3]Department of Periodontology, Faculty of Dental Medicine, Victor Babes University of Medicine and Pharmacy, Timisoara, Romania

Clefting of the lip and palate is one of the most frequent human major birth defects. All degrees of clefting may occur, ranging from the nondysfunctional submucous cleft to the major incapacitating forms of combined cheilouranoschisis. Facial clefts in humans are often associated with delayed development of dentition on the affected side comparing to the noncleft side as well as anomalies of number, size and shape of teeth on both sides (Larson et al. 1998; Harris 2002; Aizenbud et al. 2005). The aim of the present work is to provide a review of fluctuating and directional asymmetry in patients with cleft lip and palate, including features of tooth development. Several studies have demonstrated that lip-palate clefts are twice as common on the left side as the right (Sayetta et al. 1989; Vanderas and Ranalli 1989). The asymmetry that occurs in subjects with cleft lip palate can be explained by a hypothesis of Van Valen (1962). Bilateral asymmetry was classified into three kinds: (1) directional asymmetry, (2) antisymmetry, and (3) fluctuating asymmetry. Directional asymmetry occurs when a structure on one