

of the respiratory distress syndrome (RDS), which leads to a deficit in the respiratory system of the surfactant. If a child is born much earlier than the term, then he is prescribed for administration a surfactant, which will make up for the lack of his synthesis in the body, and which will facilitate the breathing of the baby. It is injected through special tubes inserted into the respiratory system of the fetus, and from there it is already distributed into the lungs. In some cases, for some time, it is necessary to connect to the artificial lung ventilation (ALV), the use of artificial respiration apparatus. In the case when the respiratory center in the brain is still inadequately controlling the process of breathing, apnea syndrome may occur. Children who are born at the time of deep prematurity may develop chronic lung diseases or develop a bronchopulmonary dysplasia condition. In this condition, children are not discharged from the hospital, but transferred to another ward under supervision, and further development of respiratory infections and bronchial pathologies will be dangerous for such children. According to the data, 432 newborns were needed to replace respiratory functions in 2015, 364 in 2016, and 311 in 2017. Of these, premature babies were 267 (62%), 241 (66%), 233 (75%) and full-term babies 165 (38%), 123 (34%) and 78 (25%) respectively.

Conclusions. Thus, if the future mothers are as much as possible aware of what factors can lead to the birth of premature babies, what problems in the health of premature babies are possible, this will help the child's birth on time, and in the case of premature birth will help to cope with the difficult situation.

SEXUAL DIFFERENCES IN STRUCTURE OF *CRANII OSSA*

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Introduction. The human *Cranii ossa* undergoes significant changes in ontogeny and has age and sex characteristics.

Aim. The aim of this study was to identify the characteristic differences between male and female bones of the facial and brain sections of the *Cranii ossa*.

Materials and methods. Having studied the anthropometric indices of the structure of the *Cranii ossa* bones on the preparations, it was possible to distinguish the male *Cranii ossa* from the female one. These include: the degree of manifestation of tuberosity and roughness in the places of attachment of muscles; the degree of development of the external occiput and mastoid processes; development of superciliary arches; character of nosolobnogo angle; shape and nature of the structure of the eye sockets; the degree of the upper jaw; shape and nature of the corners of the lower jaw; configuration of the cranial vault; inclination of the forehead, etc.

Results and discussion. Differences in the male and female bones of *Cranii ossa* are manifested in the following:

- the size of the male *Cranii ossa* is larger than the female, and this applies equally to *Fornix* and *Basis cranium* sizes.

- *Oculi ostium tabernaculi* are lower for males, their upper edge is thickened, obtuse; *Oculi ostium tabernaculi* are higher for females, have round or oval shape, their upper edges are more thin and sharp compared to the male.

- *Protuberantia occipitalis*, *superciliis denudanda*, *intercilium* more developed on males' *Cranii ossa*, *frontal* and *parietal tubercles* - on females'.

- Mastoid processes on the male *Cranii ossa* are more developed than on the female.

- The lower jaw of males is bigger and heavier than females.

- Chamfered to the rear forehead turning into a rounded crown is more characteristic for the male; for females the forehead is more vertical, turning into a flat crown.

- the facial part of the *Cranii ossa* relative to the brain in men is somewhat more developed, it is longer and wider than in women.

Conclusions. Comparative analysis of the *Cranii ossa* of men and women showed significant differences in their structure, which with a high probability makes it possible to determine their sex.