Thematic plan of seminar-type classes

on the subject "Clinical anatomy. Clinical anatomy of the head and neck"

for students of 2024 admission under the educational program

31.05.03 Dentistry, (specialty),

full-time form of study for the 2025-2026 academic year

№	Thematic blocks (TB)	Practical training in TB	Hours (academic)
	3 semester		
1.	Introduction. Definition of the content of the subject of clinical anatomy. Objectives and tasks. Research methods. Historical outline of the development of the discipline. The relationship of clinical anatomy with surgery. Clinical and anatomical substantiation of the stages of performing operations, approaches, surgical techniques, completion of the operation.		2
2.	General and special surgical instruments..Groups of general surgical instruments, Rules of use. Examples. Knitting knots. Suture technique. Types of knots and sutures in surgery. Clinical and anatomical substantiation of types of hemostasis in surgery. Master manual skills: tying knots, suturing.	PC PC	2 2
3.	Clinical anatomy of the chest. Upper and lower apertures. Features of the structure of the sternum, ribs and thoracic spine. Standard lines of the chest. Clinical anatomy of the intercostal space. Primary surgical treatment of penetrating wounds of the chest wall, puncture and drainage of the pleural cavity, thoracotomy. Diaphragm. The concept of diaphragmatic hernias. Mammary gland, operations on it.		2
4.	Clinical anatomy of the mediastinum and its sections. Mediastinal organs: heart, pericardium (skeletotopy, holotopy, syntopy, blood supply, innervation, lymph drainage), vessels and nerves of the anterior mediastinum. Mediastinal organs: thoracic trachea and esophagus (skeletotopy, holotopy, syntopy, blood supply, innervation, lymph drainage), vessels and nerves of the posterior mediastinum. Clinical and anatomical rationale for cardiac tamponade and pericardial puncture. The concept of mediastinitis. Lungs.		2
5.	Definition of death, types of death: clinical, biological, social. Principles and technique of performing cardiopulmonary resuscitation. Indications for performance. Criteria of effectiveness. Typical errors in performance. Stages of CPR.		2
6.	7. Clinical anatomy of the anterolateral abdominal wall. Division into regions. Projections of abdominal organs. Topography of the rectus sheaths. Anatomy of the white line of the abdomen, 2 Umbilical ring. Clinical anatomy of the inguinal canal.		2

7.	Clinical anatomy of hernias of the anterior abdominal wall. Clinical and anatomical substantiation of the occurrence of external abdominal hernias. The process of testicle descent into the scrotum, features of congenital inguinal hernia. The concept of sliding hernias. Clinical and anatomical substantiation of herniotomy according to Girard-Spasokukotsky, Kimbarovsky, Postempsky, Bassini, Lexer, Mayo, Sapezhko.		2
8.	Clinical anatomy of the abdominal cavity. Peritoneum: floors, sacs, canals, sinuses, their clinical significance. Laparotomy (types, technique). Clinical and anatomical basis for laparocentesis, sequence of abdominal cavity revision. The concept of Douglas pouch puncture.		2
9.	Clinical anatomy of the stomach. Skeletotopy, holotopy, syntopy. Relationship to the peritoneum. Blood supply, innervation, lymph drainage. Clinical and anatomical substantiation of gastric bleeding, perforated ulcer of the stomach and duodenum. Substantiation of suturing a perforated ulcer of the stomach. Clinical and anatomical substantiation of gastric resections according to Bilroth I, II.		2
10.	Clinical anatomy of the upper abdominal organs. Liver (holotopy, skeletotopy, syntopy, innervation, lymph drainage). Gallbladder (holotopy, skeletotopy, syntopy, innervation, lymph drainage). Clinical and anatomical rationale for emergency conditions: cholecystitis, cholangitis. Rationale for cholecystectomies, cholecystostomy, choledochotomy.		2
11.	The duodenum, sections, importance in digestion. Pancreas (holotopy, skeletotopy, syntopy, innervation, lymph drainage). Spleen (holotopy, skeletotopy, syntopy, innervation, lymph drainage). Portal venous system, importance. Definition of portal hypertension, types, causes, methods of surgical treatment.		2
12.	Organs of the lower abdominal cavity. Types of intestinal anastomoses, the concept of intestinal sutures. Appendix, anatomy and physiology. Appendectomy, principles of implementation.		2
13.	Retroperitoneal space, cellular spaces, organs: kidneys, ureters, large blood vessels: aorta, inferior vena cava. Kidney surgeries.		2
14	Pelvis. Floors of the pelvis. Pelvic organs: urinary bladder, uterus, rectum, prostate gland. Operations on them.		2
15	Skin plastic surgery in maxillofacial surgery. Clinical and anatomical substantiation of skin plastic surgery in maxillofacial surgery. Classification of methods. Main methods: Reverden, Thiersch, Dregsted-Wilson, Yanovich-Chainsky, Dzhanelidze, Limberg, Filatov, Italian method. Formation of a stalk flap according to Filatov. Clinical and anatomical substantiation of flap operations for periodontosis, frenuloplasty		2
4 semester			

16	Clinical anatomy of the cerebral region of the head. Fronto-parietal-occipital region borders, layers, blood supply, innervation, lymph outflow). Temporal region (borders, layers, blood supply, innervation, lymph outflow) Justification of scalped head wounds. Features of the structure of the bones of the cranial vault in newborns. Clinical and anatomical substantiation of flat bone fractures in children and adults. Operative surgery of the cerebral part of the head. Open and closed, penetrating and non-penetrating wounds of the cranial vault. Clinical anatomy of the meninges and inter-meningeal spaces. Topography of the meninges and inter-meningeal spaces of the brain. Ventricles of the brain. The system of cerebrospinal fluid circulation. The concept of hydrocephalus and ventriculostomy. Venous sinuses and their specific structure. The circle of Willis. The routes of intracranial infection. Features of PHO of head wounds. Justification of the use of trepanation, types of trepanation. Clinical and anatomical justification of the use of the cranial-cerebral topography scheme		
17	Clinical anatomy of the facial region of the head. Division into regions. External landmarks. Clinical anatomy of the parotid-masticatory region. Parotid salivary gland. Masticatory muscles (their function). Clinical anatomy of the buccal region. Facial muscles of the face (their functions). Features of arterial, venous blood supply and lymph drainage of the face. Connection of superficial veins with the sinuses of the dura mater. Clinical anatomy of the cellular spaces of the deep region of the face. Clinical anatomy of the cellular spaces of the deep region of the face. Infratemporal fossa (borders, contents). Pterygopalatine fossa (borders, contents). Pterygomandibular cellular space (borders, contents). Peripharyngeal cellular space (borders, contents). Clinical and anatomical substantiation of the routes of spread in phlegmon and adenophlegmon. Features of opening, sanitation and drainage of abscesses and phlegmons of the cellular spaces of the deep area of the face.		4
18	Clinical anatomy of the trigeminal and facial nerves. Primary surgical treatment of facial wounds. Topography and function of the trigeminal and facial nerves. Innervation zones. Location of branches. Clinical and anatomical rationale for topical diagnostics of facial nerve branch damage. Rationale for surgical incisions on the face. Features of primary surgical treatment of facial wounds. Lamellar suture. Clinical and anatomical rationale for surgical treatment of parotid salivary gland diseases.		4

	Clinical anatomy of the orbit1. Clinical anatomy of the orbit. Eyelids and proper area (borders, walls, contents, blood supply, orbital nerves, topical diagnostics of their injuries, lymph drainage, communications with neighboring areas). Structure of the eyeball. Lacrimal organs. Clinical and anatomical substantiation of eye symptoms in orbital injuries. Clinical and anatomical substantiation of the occurrence of abscesses, routes of spread of phlegmon, connection with infectious and inflammatory diseases of the oral cavity. Substantiation of rational incisions for opening abscesses and phlegmon. Master manual skills: Technique for performing rational incisions for opening abscesses and phlegmon.		
19	Clinical anatomy of the upper and lower jaw, temporomandibular joint1. Clinical anatomy of the upper jaw (blood supply, innervation, lymph drainage). Clinical and anatomical substantiation of upper jaw fractures (Le Fort classification) and methods of their reposition and immobilization. Features of zygomatic bone and zygomatic arch fractures, clinical and anatomical substantiation of surgical treatment methods. Clinical anatomy of the lower jaw (blood supply, innervation, lymph drainage). Substantiation of lower jaw fractures and methods of reposition and immobilization of fragments. Clinical anatomy of the temporomandibular joint (blood supply, innervation, lymph drainage). Clinical and anatomical substantiation of lower jaw dislocations (methods of their reduction), joint dysfunction syndrome. Orthopedic mouth guards. Clinical and anatomical substantiation of resections of the upper and lower jaw. Clinical and anatomical substantiation of anesthesia on the upper jaw (tuberal, infraorbital, anesthesia in the area of the greater palatine and nasopalatine nerves). Clinical and anatomical substantiation of anesthesia on the lower jaw (mandibular, torus anesthesia, anesthesia in the area of the buccal and lingual nerves). Substantiation of anesthesia according to Bershe, Bershe-Dubov, Bershe-Dubov-Uvarov and subzygomatic-pterygoid anesthesia according to Weissblat. Master manual skills: Methods of reposition and immobilization of the upper and lower jaw in case of fractures. Methods of reduction of dislocations of the lower jaw. Technique of conduction anesthesia on the upper and lower jaw (tuberal, infraorbital, torusal, mandibular anesthesia, anesthesia in the area of the buccal, lingual nerve, greater palatine and nasopalatine nerves). Technique of anesthesia according to Bershe, Bershe-Dubov, Bershe-Dubov-Uvarov and subzygomatic-pterygoid anesthesia according to Weissblat.		4
20	Clinical anatomy of the nasal cavity and its paranasal sinuses. Clinical anatomy of the nasal cavity (blood supply, innervation, lymph drainage). Clinical and anatomical rationale for examining the nasal cavity to detect nosebleeds, foreign bodies, inflammation. Paranasal sinuses: maxillary (maxillary), main, frontal, ethmoid labyrinth. Walls, structure, excretory ducts.		4

	Infectious and inflammatory diseases of the paranasal sinuses, routes of spread. Opening of the maxillary sinus according to Caldwell-Luc. Opening of the frontal sinus according to Killian.		
21	Clinical anatomy of the oral cavity. Anatomy of the lips. Blood supply, innervation, lymph drainage. Vestibule of the oral cavity. Oral cavity proper. Clinical anatomy of teeth (quantity, shape, functional affiliation). Dental formula. Primary and permanent teeth. Timing of tooth eruption. Structure of teeth: enamel, dentin, cement, pulp, supporting apparatus of teeth. Blood supply, innervation, lymph drainage. Clinical anatomy of the salivary glands. Clinical and anatomical substantiation of sialoadenitis and salivary stone disease, surgical methods of their treatment. Substantiation of the elimination of salivary fistulas. Clinical anatomy of the hard and soft palate, floor of the mouth, tongue. Clinical anatomy of the hard and soft palate. Congenital defects of the hard and soft palate, principles of uranoplasty. Topographic anatomy of the tongue: sections, papillae, muscles, blood supply, innervation, lymph drainage. Anatomy of the lingual artery, lingual and hypoglossal nerves. Operations for a short frenulum of the tongue. Clinical anatomy of the floor of the mouth: myloglossal groove, sublingual region.		4
22	Clinical anatomy of the neck. Triangles of the neck. Borders. External landmarks. Triangles of the neck: mental, submandibular, carotid, scapular-tracheal, scapular-trapezoid, scapular-clavicular, Pirogov's triangle. Area of the sternocleidomastoid muscle. Their layered structure, contents, clinical significance. Operative surgery of the neck. Ligation of the lingual artery in the Pirogov triangle. Technique of rational incisions during opening, sanitation and drainage of phlegmon of the neck. Congenital median and lateral cysts of the neck. Surgical treatment. Cyst of the submandibular salivary gland, treatment. Clinical and anatomical rationale for ligation of the common carotid and external carotid arteries, distinctive features of the external and internal carotid arteries, development of collateral circulation after ligation, possible complications. Cervical vagosympathetic block. Clinical and anatomical rationale for drainage of the pulmonary venous system. Puncture and catheterization of the subclavian vein. Master manual skills: Technique of rational incisions during opening, sanitation and drainage of abscesses and phlegmons of the cellular spaces of the neck. Technique of performing ligation of the lingual artery in the Pirogov triangle. Technique of ligation of the common carotid and external carotid arteries. Technique of cervical vagosympathetic blockade according to A.V. Vishnevsky. Technique of drainage of the thoracic lymphatic duct. Puncture and catheterization of the subclavian vein2.		4
23	Clinical anatomy of the neck organs. Clinical anatomy of the larynx, trachea. (holotopy, skeletotopy, syntopy, blood supply, innervation, possible routes of metastasis). Clinical and anatomical rationale for tracheotomy (upper, middle, lower), tracheostomy, possible complications.		4

	Crico-conitotomy. Clinical anatomy of the pharynx, esophagus (holotopy, skeletotopy, syntopy, blood supply, innervation, possible routes of metastasis). Waldeyer-Pirogov lymphoid ring. Operations on the cervical esophagus due to localization of foreign bodies. Master manual skills: Technique of tracheotomy, tracheostomy and crico-conitotomy. Technique for removing a foreign body from the esophagus. Clinical anatomy of the neck organs. Clinical anatomy of the thyroid and parathyroid glands (holotopy, skeletotopy, syntopy, blood supply, innervation, possible routes of metastasis). Clinical and anatomical rationale for strumectomy, hemistrumectomy, subtotal, subfascial resection of the thyroid gland, enucleation.		

Considered at the meeting of the Department of Operative Surgery and Topographic Anatomy
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The head of the Department  А.А.Воробьев