**Objective:** Anthropometric study of Halba Tribes in Gariyaband, District of Chhattisgarh state.
**Method:** The present study was carried out on 100 Halba Tribes of Gariyaband Block Chattishgarh region. The following data taken in to consideration, body weight, stature, height tragus, head length, head breath, head circumference, Physiognomic superior facial length, nasal breadth, nasal height, nasal depth, ear length, ear breadth external ocular breadth inter ocular breadth, bigonial breadth, bizygomatic breadth.
**Result and Conclusion:** The Anthropometric measurements found that Halba Tribes are short to below medium in height having a mean value of stature as 161.312 cm. They have got mesocephalic head (49%) but the percentage of Dolichocephalic element (41%) is also quite high. They are characterised by Mesorhinae (56%) nose. Halbas in general have broader faces as evident by their upper facial indices.

## 73. Anatomical variations in the pattern of the right hepatic veins draining the posterior segment of the right lobe of the liver

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**Background:** The drainage pattern in the right posterior lobe of liver varies considerably. The knowledge of this variation is very important while performing various surgeries on the right posterior lobe.
**Aim:** A study was conducted to see variations in pattern of drainage of posterior segment of the right lobe of liver. The aim was to see the variations of right hepatic vein and small accessory hepatic veins draining the posterior segment, the presence of which led to modifications in drainage of posterior segment.
**Material & methods:** Sixty formalin-fixed adult human liver specimens were dissected manually.
**Results:** According to the pattern of drainage of tributaries of right hepatic vein, the right hepatic vein was classified into type I, type II, type III and type IV. According to presence of inferior right hepatic vein, three types of drainage of posterior lobe were seen: Type I, (76.36%) right hepatic vein was large, draining wide area of posterior segment with a small inferior right hepatic vein. In Type II, (19.92%) both right hepatic and inferior right hepatic veins were medium sized draining the posteroinferior segment of the right lobe. In Type III, (32%) accessory veins, the middle right hepatic veins drained the posterosuperior (VII) and posteroinferior (VI) segment. In one specimen, there were numerous middle right hepatic veins draining the right posterior segment.
**Conclusions:** For safe resection of the liver, the complex anatomy of the distribution of the tributaries of the right hepatic vein and the accessory veins have to be studied prior to any surgery done on liver.

## 74. The association of small for gestation age babies, preterm births and foeto-placental weight ratio in preeclampsia in Sikkimese population

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**Background:** Preterm birth accounts for more than 75% of perinatal mortality and more than half long-term morbidities. Despite of being the leading cause of newborn deaths it was not considered as a public health hazard until May 2012, when WHO and partners published a report, "Born too soon", the latest contribution to the UN Secretary General's Global Strategy for Women's and Children's Health, aiming to save 16 million lives by 2015. Preterm birth is associated with respiratory, gastrointestinal and neurodevelopmental anomalies in children and small for gestation babies. Preeclampsia is a placental-based complication and a leading cause for iatrogenic or spontaneous preterm delivery.
**Method:** A prospective case control study of 150 pregnant women to record the association between premature deliveries, small for gestation age babies and the morphometric alterations of the placenta in preeclampsia in an indigenous Sikkimese population for advancement of solutions to minimize the deleterious effects. Amongst these, 50 pregnancies with preeclampsia comprised the "Cohort group" while 100 pregnant women without any complications comprised the "Control".
**Results:** The proportion of preterm deliveries ($p$-value 0.001), low birth weight ($p$-value 0.0093) and small for gestation age ($p$-value 0.0046) babies is significantly higher in preeclamptic patients. The placental weight ($p$-value 0.012), volume and foeto-placental weight ratio was significantly lower in preeclampsia. The foeto-placental weight ratio was 5.5 in preeclampsia and 5.8 in normotensive patients.
**Conclusion:** Preeclampsia is associated with a significantly higher proportion of small for gestation age and low birth weight babies and smaller placentae.

## 75. Gestation specific reference values of amniotic fluid index in second and third trimester by real time ultrasonography in Chhattisgarh women

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**Objective:** To obtain gestational reference range for the Amniotic Fluid Index among Chhattisgarh women.
**Method**: An analysis of AFI and Gestational age estimations was undertaken in 200 Chhattisgarh women with normal singleton pregnancy between 20 to 36 weeks of gestation. Women with fetal anomalies, PIH, Diabetes mellitus, and other maternal complications were excluded from the study. The study was conducted in Department of Anatomy in close association with the Department of Radiodiagnosis, Pt.J.N.M. Medical

College, Raipur. Each parameter recorded was compared with its respective standard chart.
**Result:** The results were stratified by weeks of gestation from a median of 13.2 cm at 20 weeks of gestation, the AFI rose progressively to a maximum median of 14 cm at 28 weeks. The index then gradually declined to a median of 13.0 cm by 36 weeks gestation. All gestation specific AFI values were minimal lower in the studied population of Chhattisgarh women compared with standard AFI chart values.
**Conclusion:** Amniotic Fluis Index values differ in different population, and we standardized the reference values for normal AFI in Chhattisgarh women. We found that they are lower in the population studied compared with normal standard chart.

## 76. An anthropometric study of Cephalic Index in south Indian students

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**Aims & Objectives:** The Cephalic Index (CI) is the ratio of the maximum breadth of head to its maximum length. Cephalic Index is very useful anthropologically to find out racial differences and sexual differences. The objectives of the present study are to know the mean cephalic index and variation within the same population and gender differences.
**Methods:** The present study was done on 200 medical students of DM WIMS College, Meppadi, Kerala. The study included students of south Indian origin and was from all religions, with age group between 18 and 22 years. Instruments used in the study were manual spreading calipers and pencil. Cephalic index was calculated using the formula: Cephalic index = head breadth/Head length $\times$ 100.
**Results:** Mean Cephalic Index of the students of south Indian origin was 80.64. There was predominance of Mesocephalic phenotype in both the sexes. Mean Cephalic Index among males and females was 79.66 and 81.26, respectively. The results revealed no significant difference in the cranial index between male and female subjects.
**Conclusion:** The human body dimensions are affected by ecological, biological, geological racial, sex, and age factors. The observations and results of this study may provide platform for similar extended cephalometric studies based on various geographical zones.

## 77. Incidence of anencephaly in foetal autopsy cases – A retrospective study

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**Introduction:** Anencephaly is a neural tube defect, which is due to defective closure of cranial neuropore. This neural tube defect is associated with other congenital anomalies in most of the cases. This study was undertaken to determine incidence of anencephaly among congenital malformations seen at autopsy. Attempt was made to correlate the incidence with associated systemic anomalies, maternal age, birth order and sex of the foetus.
**Material and Methods:** Data were tabulated on 520 foetal autopsies conducted in the Department of Anatomy at Government Medical College and teaching hospital for a period of 3years from August 2011 to July 2014.
**Results:** CMF were observed in 187 (36%) foetuses obtained from spontaneous/therapeutic abortions. Out of these115 (61.4%) cases showed neural tube defects. Anencephaly (meroenencephaly) was the most prevalent anomaly observed in 69 cases (60%). In 40 cases (58%), anencephaly was associated with other systemic anomalies including rachischisis, GIT defects and polycystic kidneys. No significant statistical correlation could be established regarding the sex of the anencephalic foetus. However, mothers in the age group of 20–25 years reported higher number (54.4%) of anencephalic foetuses.
**Conclusion:** Prenatal screening of the foetus is of utmost importance to rule out the presence of any CMF.
To prevent NTD, dietary supplements should be provided to low socio-economic pregnant females.

## 78. Morphometric study of human foetal testes of north west region of India in second trimester

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**Objective:** To study the co-relation of increasing gestational age with location, length, breadth, thickness, weight and volume of testis in second trimester of pregnancy.
**Methods:** The study was based on 20 aborted foetuses that were normal, i.e. total 40 testes taken out during routine foetal autopsy performed in Department of Anatomy, Government Medical College, Chandigarh. Foetuses were divided into 4 age groups of 12–16, 16–20, 20–24 and 24–28 weeks. The location was noted. Vernier calliper was used to measure the length, breadth, thickness of the testis, weight by electronic weighing machine and volume by water displacement method.
**Result:** The observations were made regarding the location of testis in 12–16 weeks was at iliac fossa and after 16 week it was above the deep inguinal ring. The mean length of testis increases with increasing gestational age; in 12–16 weeks it was 4.26 mm (right side) and 8.60 mm in the age group of 24–28 weeks. The mean breadth in 12–16 weeks on right side was 2.38 mm and at 24–28 weeks it was 4.38 mm. Similarly an increase was observed in other parameters including thickness, weight and volume in co-relation with increasing gestational age.
**Conclusion:** As the gestational age increases the length, breadth, thickness, volume and weight increase; however, the rate of increases in different gestational age group is not uniform. A spurt was noted in the growth of testis after 20+ weeks