Artery at the level of intervertebral disc between C3 & C4 in the cervical region, posterolateral to External Carotid Artery, another terminal branch of the Common Cartid Artery. It ascends upwards vertically in the neck without giving any branches to enter the carotid canal at the base of the skull. Sometimes the artery shows a curve or a kink in its course. The aim of the study was to measure the length in the neck region and to identify any variation in the course.

Materials & Methods: The study was done on 54 bisected head and neck specimen of adult human cadavers. The artery was dissected from its origin till it entered the carotid canal and its course was studied.

Results: The mean length of Internal Carotid Artery was on right side – 8.4 cm, on the left side – 8.8 cm. Data were analyzed for male and female specimen and for right and left side separately. In about 6 specimens, the artery showed a curved course, which is a variant from normal course, & one specimen showed complete loop formation.

Conclusion: The Internal Carotid Artery is related to various structures in its course & forms an important source of blood supply to brain. Any variation in its course influences the blood flow to the brain. Hence, its knowledge is important for the clinicians.

66. Morphometric study of internal laryngeal nerve

Jitendra Singh Yadav, Antony Sylvan D'Souza, Anne D. Souza, Mamatha Hosapatna, Vrinda Hari Ankolekar

Department of Anatomy, Kasturba Medical College, Manipal University, Manipal, India

Objectives: To study the morphometry of internal laryngeal nerve (ILN) which is a branch of superior laryngeal nerve (SLN) and its location from important anatomical landmarks.

Materials and Methods: This study was carried out on the 15 cadavers in Dept. of Anatomy, KMC, Manipal University, Manipal. The parameters measured are length of SLN and ILN, level of origin of ILN, distance from level of origin of ILN to the anterior surface of corresponding intervertebral disc, distance between origin of ILN and bifurcation of common carotid artery (CCA), distance between the point of piercing of thyrohyoid membrane (TM) by ILN and CCA bifurcation.

Results: The mean and standard deviation of the length of SLN was 20.25 ± 7.3 mm, length of ILN was 38.50 ± 5.29 mm, distance from level of origin of ILN to the outer surface of corresponding intervertebral disc was 30.50 ± 3.56 mm, distance between origin of ILN and bifurcation of CCA was 28.20 ± 5.65 mm, distance between the point of piercing of TM by ILN and CCA was 28.90 ± 4.58 mm and the level of origin of ILN was C2-C3 in 95% cases and C1-C2 in 5% cases.

Conclusion: The study reveals that ILN descends anteromedially and pierces thyrohyoid membrane. Hence, ILN may get injured during cervical spine and thyroid surgery or injury to anteromedial aspect of cervical spine. Thus, this study helps the surgeons who intervene in this region.

67. Surgical anatomy of common peroneal nerve

Nivedita Nayak, Antony Sylvan D'Souza, Vrinda Hari Ankolekar, Mamatha Hosapatna, Anne D. Souza

Department of Anatomy, Kasturba Medical College, Manipal University, Manipal, India

Objectives: To study the morphometry of common peroneal nerve (CPN), which is derived from the dorsal branches of the ventral rami of fourth and fifth lumbar and the first and second sacral nerves.

Materials and Methods: The study was done using 20 cadavers in the Dept. of Anatomy, KMC, Manipal. The parameters measured in this study are the level of origin of CPN (in the thigh), distance of CPN from iliac crest, greater trochanter and ischial tuberosity, length of CPN (origin to bifurcation), distance from bifurcation of CPN to biceps femoris tendon and lateral tibial condyle.

Results: The mean and standard deviation of the distance of origin of CPN from iliac crest was 42.36 ± 5.92 cm, greater trochanter was 28.62 ± 7.20 cm and ischial tuberosity was 26.14 ± 6.66 cm, length of CPN was 18.45 ± 8.79 cm, distance from bifurcation of CPN to biceps femoris tendon was 2.48 ± 0.37 cm and lateral tibial condyle was 5.23 ± 0.68 cm and the level of origin of CPN was upper 1/3 in 10% cases, middle 1/3 in 25% cases and lower 1/3 in 55% cases.

Conclusion: This study defines the anatomic course of the CPN and helps the surgeons to avoid CPN injury in arthroscopic techniques (arthroscopic lateral meniscus repair).

68. Superficial branch of radial nerve: A morphometric study

Aparna Verma, Antony Sylvan D'Souza, Mamatha Hosapatna, Vrinda Hari Ankolekar, Anne D'Souza

Dept of Anatomy, Kasturba Medical College, Manipal University, Manipal, India

Objective: Radial nerve (RN) is the largest branch of the brachial plexus. It divides anterior to the lateral epicondyle (LE) of humerus, into a deep branch and a superficial branch (SBRN) which supplies lateral 3 ½ or 2 ½ of the dorsum of hand.

Materials & Methods: The study was done in 24 upper limbs (13 left, 11 right) obtained from Department of Anatomy, Kasturba Medical College. Different parameters studied were: division of RN with reference to LE and distribution of SBRN. Distances were measured from radial styloid process (RSP) as the reference point of-SBRN becoming subcutaneous, branching of SBRN, cephalic vein crossing SBRN. Communication with other cutaneous nerves was looked for.

Result: In 13 specimens RN bifurcated at the level of LE, in 8 below the LE and in 3 above LE. Mean Distance from RSP of where SBRN became subcutaneous was 12.29 cm, SD(1.53), range:10-14.5 cm, of origin of 1st branch of SBRN was 6.62 cm, SD(2.43);range:2-10 cm and of Cephalic vein crossing SBRN was 6.31 cm;SD(2.16) range:3.5-10 cm. SBRN was supplying