



Oral Presentations

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A cadaveric study on the variant branching pattern of internal iliac artery

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Aims and objectives: Internal iliac artery one of the terminal branches of common iliac artery, has a large territory of distribution like all pelvic viscera, gluteal region and the posterior and antero-medial compartments of thigh through its visceral and parietal branches. The variations in branching pattern are clinically significant. The objective is to study the variant branching patterns of internal iliac artery.

Material and methods: The study included 60 human bisected pelvises irrespective of their side and sex. The course and branching pattern of iliac artery was studied by routine dissection method. The branching patterns were studied as per Adachi classification.

Results: The type I pattern of the internal iliac artery was most common (80%). In one pelvis a rare variant branching pattern of posterior division was noted. The posterior division of Internal iliac artery immediately at its origin trifurcated into (i) lateral sacral artery, (ii) superior gluteal artery, (iii) a common trunk, which further subdivided into iliolumbar, obturator and inferior gluteal arteries, (iv) variant origins of obturator artery were also observed. In one pelvis, variant formation of the inferior gluteal and the internal pudendal arteries by the contribution of both the anterior and posterior divisions of the internal iliac artery was also noted.

Conclusion: To avoid accidental hemorrhage during pelvic surgeries and for interpretation of angiograms, it is necessary to have a sound knowledge of variations of internal iliac artery and its branches for surgeons and radiologists.

Conflicts of interest

The authors have none to declare.

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Topography of the greater palatine foramen in north Indian population: Key to successful maxillary nerve block

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Aims and objectives: Detailed knowledge of the anatomy of the greater palatine foramen (GPF) is of immense importance as regards maxillary nerve block for various dental procedures and craniomaxillofacial surgeries. The aim of this study was to analyse the topography of the GPF with respect to well established bony landmarks.

Material and methods: The present study included 110 north Indian dried skulls using direct measurements with vernier calipers and computerized image analysis followed by statistical analysis. The values were compared with other studies on Indian skulls and skulls of different ethnical origins.

Results: The GPF was situated opposite the 3rd maxillary molar in majority of cases (70.83%). The direction of opening of the foramen onto the hard palate was anteromedial in 54.17% cases. The mean distances of the GPF from the midsagittal plane, incisive foramen and the posterior border of hard palate were 14.17 mm, 34.26 mm and 4.3 mm, respectively. The mean angle between the midsagittal plane and the line joining GPF and incisive foramen was 22.45°. The number of lesser palatine foramen was variable with a maximum of three in 20.7% skulls. The mean palatine length was 39.96 mm.

Conclusion: This study would serve as a guide to the clinicians in localizing the GPF with greater accuracy and improve the success rate of maxillary nerve blocks.

Conflicts of interest

The authors have none to declare.

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