

to investigate the variations in the division of the sciatic nerve at different levels with the clinical implications.

Material and methods: For the above study, dissections of 50 lower limbs conducted in the department of Anatomy, NRS Medical College, Kolkata, over two years, from December 2012 to November 2014. The relevant structures were observed carefully and photographs of interested findings taken.

Results: Out of 50 inferior extremities, sciatic nerve divided normal in the back of the thigh, near the apex of the popliteal fossa in 41 cases (82%). In 9 limbs (18% cases), the nerve divided higher than normal: in the sacral fossa (14% cases) and in the gluteal region (4% cases).

Conclusion: A high division of the sciatic nerve may produce damage to the nerve after deep intramuscular injections in the gluteal region, sciatica, piriformis syndrome etc. So this variation has importance in gross and clinical anatomy.

Conflicts of interest

The author has none to declare.

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Abnormal origin of sural nerve from sciatic nerve



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Aims and objectives: Usually sural nerve arises from tibial nerve in the popliteal fossa. It accompanies the small saphenous vein in the superficial fascia and distributed to the lateral border of foot both on the plantar and dorsal aspect. In this study we found the abnormal origin of sural nerve.

Material and methods: During our routine dissection over the period of 4 years from 2011 to 2015 in 20 cadavers, we found in 2 male cadavers of age around 50 years each, the sural nerve on the right side was found to be arising from the sciatic nerve at the root of the thigh. It had a long course, starting from the root of the thigh to its termination in the skin of the foot. In the popliteal fossa, the nerve becomes superficial by piercing the popliteal fascia. In the leg, it accompanied the small saphenous vein and had a usual course and relation up to its termination.

Results: The sural nerve on the right side was found to take origin from the sciatic nerve (abnormal origin) whereas on the left side, it originated from the tibial nerve (normal origin). This shows the variable origin of sural nerve.

Conclusion: The present study showed differences in the anatomy of sural nerve as its origin from sciatic nerve compared to earlier studies, warranting further studies in Indian population. The nerve is often used as an autologous peripheral nerve graft as it is easily harvested, easily identified and exclusively sensory.

Conflicts of interest

The authors have none to declare.

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Variation of branching pattern of arch of aorta in North Maharashtrans



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Aims and objectives: The variations of vessels arising from the aortic arch are numerous. The purpose of this study is the description of the variations on the branching pattern of arch of aorta, in order to offer useful data to anatomists, radiologists, vascular surgeons, neck and thorax surgeons in North Maharashtra subjects, and relating it with embryological basis.

Material and methods: Sixty-six arches of adult North Maharashtra cadavers were exposed and their branches examined during cadaveric dissection in the Department of Anatomy of MVPS Dr. Vasantrao Pawar Medical College, Nashik and PDDVPFs Medical College Ahmednager, Maharashtra.

Results: In this investigations three-branched aortic arch was found in 59 cadavers (89.39%); the 5 (7.57%), remaining aortic arch showed only two branches, out of which one was a common trunk, which incorporated the brachiocephalic trunk and left common carotid and other left subclavian artery and 2 (3.03%) aortic arches showed direct arch origin of the left vertebral artery.

Conclusion: The accurate information on this is vital for vascular surgery in the thorax, head and neck regions. Although, the variations are usually asymptomatic, they may cause dyspnea, dysphagia, intermittent claudication, misinterpretation of radiological examinations and complications during neck and thorax surgery. These observations are precious while invading the arch of aorta and its branches by instruments, as all areas are susceptible to surgical attack.

Conflicts of interest

The authors have none to declare.

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Gross study of intracranial part of internal carotid artery in humans



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Aims and objectives: To describe morphological features of various segments of intracranial part of ICA in foetuses and adults, and also to describe its relations to intracranial structures.

Material and methods: The study was conducted on 30 embalmed adult cadavers and 10 embalmed foetus of gestational age 20 weeks and above. The intracranial course of the internal carotid (ICA) was traced by dissecting the course of the artery from its entry in carotid canal in the petrous temporal bone thence cavernous sinus to its termination as anterior and middle cerebral arteries.

Results: The ICA in carotid canal runs upwards and forwards with two bends. In cavernous sinus it takes a serpentine course in vertical plane to pierce dura mater and enter subarachnoid space.