

is streamlined. Moreover there is considerable need to encourage medical students to participate in awareness programs towards whole body donation.

#### Conflicts of interest

The authors have none to declare.

<http://dx.doi.org/10.1016/j.jasi.2016.08.031>

24

#### Ultrasonographic measurement of splenic length in relation to age in adults of Manipur



S.D. Gangte\*, N.S. Singh, M.M. Singh, W.J. Singh

Regional Institute of Medical Sciences, Imphal, Manipur, India

**Aims and objectives:** To correlate the splenic length with age and to compare the splenic length of males and females of adults in Manipur.

**Material and methods:** Cross sectional study of 200 adults of Manipur – 84 males and 116 females between the ages of 20–70 years. The splenic length is measured between the most superomedial and the most inferolateral margins, at the level of the hilum by Ultrasound machine.

**Results:** There was a significant correlation between the splenic length and age ( $p < 0.05$ ). Males have statistically significant longer spleen than females.

**Conclusion:** The study noted that the splenic length decreases with increase in age of an individual.

#### Conflicts of interest

The authors have none to declare.

<http://dx.doi.org/10.1016/j.jasi.2016.08.032>

25

#### Morphological and morphometrical analysis of the mitral valve complex in normal individuals by 2-D echocardiography



Abhijeet Yadav

Gandhi Medical College, Bhopal, India

**Aims and objectives:** To study: (i) the morphology and morphometry of the mitral valve complex in normal individuals by 2-D echocardiography, and (ii) to gain knowledge about mitral valve complex, which will help cardiothoracic surgeons at the time of mitral valve surgeries.

**Material and methods:** ACUSON Ultrasound and Echocardiographic system advanced model of ASPEN was used. All the individuals were subjected to 2-D echocardiography in the department of cardiology, GMC, Bhopal. All echocardiograms were recorded in supine and left lateral position in parasternal long axis view. The values measured by the cardiologists were recorded and analysed statistically.

**Results:** The diameter of annulus in parasternal long axis view in cases of normal adult males and females ranged from 23 to 36 mm and 23 to 32 mm respectively. The anterior mitral leaflet length in

cases of normal adult males and females ranged from 20 to 30 mm and 19 to 30 mm respectively. The posterior mitral leaflet length in cases of normal adult males and females ranged from 11 to 19 mm and 12 to 19 mm respectively.

**Conclusion:** The parameters measured by 2-D echocardiography in the present study is less than that documented by some; while it is also in line with the observations made by other authors, while they are more than the observations previously made by some authors.

#### Conflicts of interest

The author has none to declare.

<http://dx.doi.org/10.1016/j.jasi.2016.08.033>

26

#### Anomalous origins and branching patterns in coronary arteries – An angiographic prevalence study



Divia A. Paul<sup>1,2,\*</sup>, A. Ramakrishna<sup>1</sup>, K. Subramanyam<sup>2</sup>

<sup>1</sup>Yenepoya Medical College, Karnataka, India

<sup>2</sup>Department of Cardiology, K.S. Hegde Medical Academy and Hospital, Karnataka, India

**Aims and objectives:** The study was aimed at finding out the prevalence of anomalous origin and branching patterns of coronary arteries, among a west coastal population of Kerala and Karnataka.

**Material and methods:** The angiograms were obtained from the Department of Interventional Cardiology, K.S. Hegde Medical Academy and Hospital, Karnataka after obtaining the ethical clearance through proper channels. Five hundred angiograms of patients who present with the clinical symptoms, ECG and ECHO abnormalities were studied prospectively. Informed consent was obtained from the patients. Exclusion criteria's were post CABG and PTCA stent placed patients with or without in-stent restenosis. The parameters were assessed and categorised as percentages of presence of anomalous origins, branching patterns, presence of clinical abnormalities, e.g. cameral fistulas, myocardial bridging, ectasia in coronary arteries. The cardiac dominance and the normal and diseased coronaries among the above mentioned parameters were also analysed.

**Results and conclusions:** Presence of anomalous origins was seen in 20 cases, difference in branching pattern in 31 cases. The presence of ramus intermedius branch was seen in 51 cases: cameral fistulae in 5 cases, myocardial bridging in 29 cases and ectasia in coronary arteries in 8 cases. Cardiac dominance was seen as right in 405 cases, left in 44 cases, co-dominant in 29 cases. 298 cases had diseased coronaries among the study group. 22 cases were excluded. The reported incidence percentage, computation of percentages and correlations in the present study, applied aspects will be discussed in detail at the time of presentation.

#### Conflicts of interest

The authors have none to declare.

<http://dx.doi.org/10.1016/j.jasi.2016.08.034>