

Conflicts of interest

The authors have none to declare.

<http://dx.doi.org/10.1016/j.jasi.2016.08.084>

77

Normal anatomy and variations of sino-atrial nodal artery in north Indian population: A study by 64 slice computed tomographic coronary angiography



Sushma Tomar^{1,*}, P. Manik², P.K. Sharma², P. Aga², A.K. Srivastava²

¹ Gold Field Institute of Medical Sciences & Research, Chhainsa, Ballabgarh, Faridabad, Haryana, Uttar Pradesh, India

² King George's Medical University, Lucknow, Uttar Pradesh, India

Aims and objectives: This prospective study was done to evaluate the anatomic characteristics and the variations of the sino-atrial nodal artery (SANA) in the north Indian population using an electrocardiographic (ECG)-gated multi-detector CT (MDCT).

Material and methods: The ECG-gated MDCT coronary angiograms of 50 subjects [32 males (14–75 years) and 18 females (12–70 years); mean age 51.36 ± 14.07 years, age range 12–75 years] were analyzed prospectively. Each angiogram was visualized to see the origin of SANA and to determine its number. The correlation of origin of SANA with coronary dominance was also determined.

Results: A total of 50 coronary angiograms were analyzed. Single sino-atrial nodal artery was seen in 45 (90%) cases and two sino-atrial nodal arteries were seen in 2 (4%) cases. In 3 (6%) cases, SANA was not visualized. Out of 45 subjects having single SANA, 36 (72%) subjects had origin of SANA from the right coronary artery (RCA), in 2 (4%) cases, the SANA was seen arising from anterior aortic sinus (AAS) and in 7 (14%) cases the SANA arose from left circumflex (LCX) artery. In one case of SANA arising from AAS, it was anomalous and aneurysmally dilated, forming a fistulous tract communicating with the right atrial cavity. In subjects having two sino-atrial nodal arteries, one arose from RCA and second from LCX artery. SANA was a branch of the dominant artery in 70% cases.

Conclusion: The frequency of origin of SANA from RCA is consistent with the reports of most of the studies done for the origin of SANA. The frequency of origin of SANA from anterior aortic sinus is greater than that is reported in previous studies conducted on populations of other ethnicity than Indians. This finding can make us to consider it as characteristic of north Indian population. This study can provide basic data on normal anatomy and variations of SANA in the North Indian population.

Conflicts of interest

The authors have none to declare.

<http://dx.doi.org/10.1016/j.jasi.2016.08.085>

78

Study of prevalence of metopic sutures attending department of radiology in Assam Medical College



Ankita Borah^{*}, A. Tanti, S. Deka, S. Rubi, G. Kusre, J. Lahon

Assam Medical College and Hospital, Dibrugarh, Assam, India

Aims and objectives: Metopic suture is formed due to failure of union of the two halves of the frontal bone. Usually the suture disappears by early childhood, but in some cases it persists as complete or incomplete metopic suture. The objective of this study is to describe the prevalence of metopic suture in all the cases coming to the Department of Radiology, Assam Medical College.

Material and methods: The present study is carried out using plain X-rays of skulls collected from the Dept. of Radiology, Assam Medical College & Hospital, Dibrugarh, Assam. Total no of X-rays studied in 110 cases.

Results: In our study, total no. of metopic suture was detected in 17 out of 110 cases (15.45%). Total no. of incomplete metopic sutures was present in 14 cases and no. of complete metopic sutures present in 3 cases.

Conclusion: Metopic suture can be misdiagnosed as a vertical fracture of the frontal bone in patients with head injury. In our study, metopic suture was detected in 15.45% cases. The data obtained from our study will be compared with previous literatures and will be discussed during conference.

Conflicts of interest

The authors have none to declare.

<http://dx.doi.org/10.1016/j.jasi.2016.08.086>

79

Ultrasonographic measurement of liver in Manipuri adult population



N. Saha^{1,*}, M.S. Moirangthem²

¹ Tripura Medical College & Dr. BRAM Teaching Hospital, Manipur, India

² Regional Institute of Medical Sciences, Imphal, Manipur, India

Aims and objectives: Variations in the sizes of the liver among different ethnic groups are an established fact. There was no comprehensive anthropometric study on normal measurement of liver by ultrasonography in adults of Manipuri population. Therefore, this study was conducted in the Department of Anatomy, RIMS, Imphal to assess the ultrasonographic measurement of liver in Manipuri adult population.

Material and methods: This cross-sectional study was conducted among 108 individuals; age ranged from 15 to 85 years, after taking formal permission from the Institutional Ethics Committee, RIMS and consent from the concerned individual. Medison SONOACE X8 with 3.5 MHz sector curvilinear transducer probe was used to measure the longitudinal and anteroposterior dimensions of liver in right midclavicular line.

Results: In the present study, 45.37% were males and 54.63% were females. The mean right midclavicular longitudinal and anteroposterior diameters of liver were 12.63 ± 1.26 cm and 8.76 ± 1.39 cm respectively. The longitudinal diameter in males and females ranged from 10.48–16.62 cm with mean