left side and also forming the anterior interclinoid (caroticoclinoid) foramen and posterior interclinoidal foramen with the contribution of middle clinoid process. While in both cases there were incomplete formation of the right sella Turcica Bridge just beyond the middle clinoid process and thus forming the anterior interclinoid (caroticoclinoid) foramen only.

Conflicts of interest

The author has none to declare.

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An osteologic study of cranial opening of optic canal

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Background: Optic canal is a bony canal situated in between the roots of lesser wing of sphenoid, lateral to body of sphenoid transmitting optic nerve and ophthalmic artery; surrounded by meninges. Various authors have studied variations in skull foramina and correlated them clinically, as variations in foramina of skull have been found to be associated with many inherited or acquired diseases.

Materials and methods: Total 150 dry adult human skulls of Gujarat region have been studied to observe variations in size, shape, presence or absence and duplication or multiplications bilaterally. Unusual features such as recess, fissure and notch were also observed bilaterally. The data was statistically analysed.

Results: Optic canal was present in all 150 skulls studied bilaterally. The mean maximum diameter of the canal at cranial opening was 5.03 ± 0.72 mm on right side and 5.02 ± 0.76 mm on left side. Duplication of optic canal was present in one skull on left side. Recess, fissure and notch were found in 105 (35%), 20 (6.67%) and 30 (10%) sides of total skulls respectively.

Conclusion: The optic canal showed variability in various parameters. Knowledge regarding variations in size, shape and unusual features on cranial opening of optic canal can be helpful to clinicians while approaching optic canal for various invasive procedures such as optic nerve decompression.

Conflicts of interest

The author has none to declare.

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A study on variations of profunda femoris artery and its branches

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Introduction: Anatomical knowledge of variations of the profunda femoris artery is of great significance to minimize the complications of various surgical procedures, and understanding the collateral circulation. Bergman et al. describes that various vessels of the profunda complex may more or less dissociate, one or another of them having an independent origin from the femoral artery. J. Perara in 1993 found that the left circumflex femoral artery arose from the femoral artery in 14.6% of cases. In 2001 Dexit DP, Mehta LA and Kothari ML dissected and found that the lateral circumflex femoral artery on the right side was arising from the femoral artery in 8.3% cases, on the left side the lateral circum flex femoral artery was arising as a common stem with profunda femoris artery in 8.3 cases.

Materials and methods: This study was performed on 19 embalmed lower limbs. Femoral artery, profunda femoris artery and its medial and lateral circumflex branches were exposed. The pattern of origin of profunda femoris artery and its branches were studied.

Results and conclusion: The profunda femoris artery originated from the femoral artery at its postero lateral aspect in 17 specimens. The lateral circumflex femoral artery originated from the femoral artery in one specimen, the medial circumflex femoral artery was lower in origin in 5 specimens, and slender in origin in 2 specimens with additional branches arise from the profunda femoris artery at lower part of the thigh. The study will be continued.

Conflicts of interest

The authors have none to declare.

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A study on variations of coracobrachialis muscle along with variations in biceps brachii muscle

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Aims and objectives: The study of variations in coracobrachialis and biceps brachii muscles was done to observe the normal alignment of muscle belly, nerves around them, their possible supply by those nerves, functional capacity in case of extra bellies and compression of nerves by accessory muscle bellies.

Materials and methods: 28 Upper limbs of properly embalmed formalin preserved cadavers were dissected during regular graduation course.

Results: In all arms except one, coracobrachialis takes origin as one belly from tip of coracoid process with conjoint origin of short head of biceps brachii muscle. In one left arm of a female cadaver coracobrachialis presented an accessory belly originating from medial epicondyle and inserting into main coracobrachialis muscle belly. This belly is pierced by ulnar nerve. The belly fuses with medial head of triceps brachii muscle obliterating the medial intermuscular septum. Biceps brachii muscle presents two separate heads up to cubital fossa and thereafter forms a very short tendon to be inserted into radial tuberosity.