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Effect of caesarean section upon subsequent implantation site: A radiological study

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Introduction: Implantation site of the blastocyst inside uterine cavity is determined by various anatomical and molecular factors. In our study we tried to find out whether the presence of previous caesarean section (CS) is one of those factors.

Material and methods: The study was conducted in Silchar Medical College over a period of 12 months. Total 61 cases were included in the study; all were multigravida within 6th to 12th week of pregnancy. Cases underwent per abdominal ultrasonography as routine or elective procedure. The position of implantation site was documented as respective walls of uterus as well as distance from internal os. Among all 61 multigravida cases 41 of them had previous history of CS.

Results: Most common site of implantation in CS and non-CS group were posterior wall (51%) and (45%) with more incidence in CS group. The incidence of distance of implantation site from internal os, in CS group (76% within 30–50 mm) was also more than the non-CS group (60% within 30–50 mm).

Discussion: One interesting finding in this study was that anterior wall implantation was quite less in CS group (10%) compared to non CS group (44%), similarly percentage of implantation in lower uterine section (0–20 mm from internal os) in CS group (7%) was less than that of non-CS group (35%). It can be postulated that the lower anterior wall scar in case of CS may have some effect on the site of implantation of blastocyst in future pregnancies.

Conflicts of interest

The authors have none to declare.

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Embalming with modified embalming machine and modified embalming fluid composition – SDMCMS&H, Dharwad experience

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Objective: To reduce the cost of embalming machine and embalming fluid.

Methods: A new embalming machine devised at SDMCMS&H Dharwad, used for embalming voluntarily donated cadavers with a modified cost effective embalming fluid. Totally 30 cadavers embalmed with this modified technique using modified embalming fluid.

Results: We have got good results with this modified embalming machine and modified composition of embalming fluid.

Conclusion: Certainly the cost of embalming a cadaver can be reduced by modified embalming machine and modified embalming fluid composition.

Conflicts of interest

The authors have none to declare.

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Macroscopic anatomy of the vascular foramina of human triquetrum bone

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Background: Triquetral bone is the second commonly fractured carpal bone. Its fracture can cause injury to the arteries and can lead to avascular necrosis. There is no data available about the vascular foramina of the triquetrum. The aim was to study the topography and number of vascular foramina in the triquetra of south Indian population.

Methods: The present study included 18 human triquetral bones, among them 11 belonged to left side and 7 were right sided. The triquetra were macroscopically observed for the location and number of the vascular foramina at each surface.

Results: The vascular foramina were observed in all the triquetral bones (100%). The number ranged between 8 and 20 in each triquetrum bone. They were ranged between 1 and 5 in number, over the palmar and 3–10 over the dorsal surfaces. The number ranged between 2–8 at the proximal surface and 0–4 at the medial surface.

Conclusion: The morphological knowledge of the vascular foramina, their location and number are essential to understand the concepts of non-union and avascular necrosis of the triquetrum bone. The data is enlightening to the plastic surgery and the operating hand surgeon.

Conflicts of interest

The authors have none to declare.

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Complete sella turcica bridges

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Introduction: Ossification of the interclinoid ligament connecting anterior and posterior clinoid processes is termed as interclinoid bars, interclinoid osseous bridges or sella turcica bridges (STB). Existence of these bony bridges may contribute in causing the compression, tightening or stretching of the clinoidal segment of the internal carotid artery.

Materials and methods: Gross examination of 264 parasellar sides of middle cranial fossa of cadaveric dry human bones were observed for the presence of sella turcica bridges which were grouped as complete, partially complete and incomplete categories.

Observations: Recorded the presence of 26/264 (9.84%) cases of osseous connections/extensions between the clinoid processes. 2/264 (0.757%) of these cases were forming the complete sella turcica bridges. Both these cases were of somewhat similar morphology having complete formation of sella turcica bridges on the