Conflicts of interest

The authors have none to declare.

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Study of an accessory mandibular foramen on the medial surface of mandibular ramus

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Objective: To study an accessory mandibular foramen on the medial surface of the ramus of mandible and determine its location from nearby anatomical landmarks.

Methods: An accessory mandibular foramen was observed on the medial surface of the left ramus of a mandible used for teaching osteology to first year MBBS students. Its distance was measured from nearby anatomical landmarks using digital Vernier Calipers. Metallic wires were introduced into the main and accessory mandibular foramina and radiographs were taken.

Results: The accessory mandibular foramen was found to be at a distance of 12.05 mm from the mandibular notch, 26.16 mm from the angle of mandible and 16.93 mm from the fully erupted third molar. The radiograph revealed that the accessory mandibular foramen led into a canal that terminated close to the third molar.

Conclusion: The knowledge of accessory mandibular foramina will be helpful for dental surgeons performing nerve block and radiotherapists in planning radiotherapy for tumors of the lower jaw.

Conflicts of interest

The authors have none to declare.

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A cadaveric case report on bilateral duplication of diaphragmatic crura

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Usually, the right crus of the diaphragm attaches onto the upper three lumbar vertebrae and the left crus attaches onto the upper two lumbar vertebrae. In the present case, bilateral duplication of the diaphragmatic crura was noted. The right crus duplicated into a right medial crus and a right lateral crus, separated by a right retrocrural space. The right medial crus attached to the upper three lumbar vertebrae and the right lateral crus attached to the fifth lumbar vertebra. The left crus also duplicated into a left medial crus and a left lateral crus, separated by a left retrocrural space. The left medial crus attached to the upper two lumbar vertebrae and the left lateral crus attached to the fifth lumbar vertebra. The splanchnic nerves passed through both the retrocrural spaces. A thorough knowledge of crural variations is necessary for the physicians and surgeons for surgical interventions in this region.

Keywords: bilateral, crura, diaphragm, lumbar vertebrae, retrocrural space.

Conflicts of interest

The authors have none to declare.

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A giant ureteric stone led dilated right ureter and severe hydronephrosis – a cadaveric case report

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Introduction: Ureter is a long muscular tube that conveys urine from the kidney to the urinary bladder. It shows five/three natural constrictions in its course, and these are the potential site for the impaction of the renal calculus. The stones below the size of 10 mm flush out automatically, and larger than 10 mm diameter often fail to pass. They are referred as the giant ureteral stones and associated with insidious growth and late presentation, often leading to renal failure.

Case report: During routine anatomical dissection for the undergraduate medical students in the Department of Anatomy, Kasturba Medical College, Manipal, India, we encountered an extremely rare condition in the right ureter of a 58-year-old male cadaver. In the present case we observed a huge ureteric stone obstructing the right uretrovesical junction. We also observed gross hydroureter distal to the impartion of the calculus, renal damage and severe hydronephrosis on the right side. Histological analysis showed conditions of arterio-nephro-sclerosis and eroded ureter secondary to the calculus.

Conclusion: As ureteric stones obstruction may result in hydroureter, hydronephrosis and progressive renal damage leading to irreversible renal function, impairment and complete loss of kidney function, clinicians should be equipped with the knowledge of preventive strategies to educate patients with previous calculi, or those that are susceptible to development.

Conflicts of interest

The authors have none to declare.

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Variation in the branching pattern of axillary artery

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A variation in the branching pattern of axillary artery was noted in a adult female cadaver, 60 years of age during routine dissection in both the upper limbs. First and second part of axillary artery had normal branching pattern in both limbs. Variation in branching was observed in third part in both limbs. Anterior and posterior circumflex artery branched from a common trunk and an additional branch was given by both anterior and posterior circumflex artery on right side. On left side anterior and posterior circumflex artery branched from a common trunk. An additional branch was observed from