development the vein reduces in size and the adult venous system is formed. Persistent sciatic vein is most often associated with Klippel–Trenaunay syndrome. Our objective is to report a case of bilateral persistent sciatic vein in lower limbs and to add a light on its clinical significance.

Material and methods: During the routine dissection of a 45-year-old male cadaver, bilateral large sciatic veins were found at the back of thigh. The origin, course and termination along with the length of the veins were noted. The veins were cleared of all fascia and connective tissue and photographed for the record.

Results: Both the lower limbs showed the presence of sciatic veins in close relation to sciatic nerve. The sciatic vein was draining the popliteal vein into femoral on both sides. The sciatic vein was 35 cm on right side and 28 cm on left side. No other variation was seen.

Conclusion: The anatomical variations of the lower limb veins are common but persistent sciatic vein is less common. It may cause chronic venous failure so it must be investigated for proper surgical management. A persistent sciatic vein is considered as a rare congenital anomaly.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.198

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A morphometric study of acromion process of scapula and its clinical significance

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Introduction: The acromion is related to a variety of disorders in shoulder. Morphometry of acromion process of scapula is an important factor implicated in impingement syndrome of the shoulder joint.

Aim and objective: The aim of this study is to record and study all the morphometric parameters of the acromion process and its morphological features. To analyze and classify the acromion process of human scapulae.

Material and methods: The present study was conducted on 100 (49 left, 51 right) dry adult human scapulae of unknown age and sex from the Department of Anatomy, Narayana Medical College, Nellore. The length and breadth of acromion process were measured using Vernier calipers. The acromiocoracoid and acromioglenoid process were also measured. The shape, type of acromion process was noted.

Results: The mean length of the acromion process was 44.92 on right side and 44.90 on the left side. The breadth was 24.27 on left side and 25.37 on right side. The mean acromiocoracoid distance was 34.37 on right side and 32.96 on left side. The mean acromioglenoid distance was 27.69 on right side and 26.69 on left side. The commonest shape of acromion process.

Conclusion: A full understanding and knowledge is very much essential for the anatomists, clinicians, radiologists and orthopaedicians for carrying out surgeries in and around the shoulder joint.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.199

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Unilateral accessory foramen of mandible: an unusual variation

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In routine pre-clinical educational teaching of osteology specimens conducted in the Department of Anatomy of Government Medical College, Ambikapur (Surguja), Chhattisgarh revealed an unusual oval foramen (7 mm × 5 mm × 4 mm) in lower end of right myelohyoid grove of mandible, 1.6 cm below the socket of third molar tooth. This unusual foramen in right half of male mandible is 2.7 cm infero-medial to the mandibular foramen and 4.4 cm supero-laterally to the genial tubercle and nearly mid-way of inner surface of mandibular canal. The entity was perhaps developmental defects during formation of right sided mandibular canal which is an unusual variation.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.200

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Early diagnosis of body stalk anomaly – a rare case report

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Body stalk anomaly/limb-body wall complex is a rare developmental anomaly characterized by an enlarged abdominal wall defect, severe kyphoscoliosis and a rudimentary umbilical cord. Limb body wall complex was described for the first time by Van Allen et al. in 1987. Two of the three following anomalies must be present to establish the diagnosis: 1) Thoracic and/or abdominal celosomia. 2) Exencephaly or encephalocele with a facial cleft. 3) Anomalies of the extremities. Anomalies of the extremities affect primarily the lower limbs. Three main pathophysiologic theories of this syndrome: Exogenic theory, endogenous or vascular theory and Streeter's theory. Body stalk anomaly is a lethal condition with severe malformations of the fetus. It can be detected by ultrasonography early in the pregnancy. Recurrence risk for this condition is rare and it is not associated with abnormal karyotype.

We present a case of body stalk anomaly diagnosed at 11 weeks of gestation during sonographic evaluation in the first visit. Sonographic features are increased nuchal translucency, ectopia cardis, large abdominal wall defect with fetus adherent to placenta, cord insertion not found, spine abnormal, lower limbs not seen. Pregnancy was terminated at 16 weeks. Gross morphologic features of the fetus are encephalocele, kyphoscoliosis, evisceration of all abdominal contents and both the lower limbs folded back on the trunk.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.201