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High bifurcation of brachial artery with superficial radial artery in the left upper limb

Mahato Madhumita*, Mandal Subhra

Medical College, Kolkata, West Bengal, India

Variations in the vascular pattern of upper limb are very common. Brachial artery which is a continuation of Axillary artery, it divides into its terminal branches namely radial and ulnar arteries in the cubital fossa. In the present case, Brachial artery bifurcated at its commencement below the lower border of teres major and the superficial radial artery came out from between the two roots of origin of Median Nerve. Details of the variation as well as it's embryological and clinical significance have been discussed in the poster presentation. Knowledge of these variations is important during vascular and reconstructive surgery and also in evaluation of angiographic images.

Keywords: Variations, Brachial artery, Superficial radial artery.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.213

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Horse shoe kidney – a case report

M.K. Dehury*, S.K. Mishra, B.K. Dutta

VIMSAR, Burla, India

Objective: To find out the abnormalities found in Kidney.

Methods: During routine anatomical dissection classes we found a case of horse shoe kidney.

Results: The two lower poles were joined by a connective tissue band and it's position connective in kidney was at the level of L3 vertebra just below the origin of inferior mesenteric artery. The hilum of the kidney was placed anteriorly with all the structures entering into it. The right side kidney was supplied by 3 arteries and left side by two arteries. The main artery was from abdominal aorta arising at the level of L1 and the accessory arteries on the right side were from abdominal aorta; one entering at the upper pole and the other at the lower pole. On the left side, the main artery was normal in position with the accessory artery arising from the abdominal aorta entering into the upper pole. The renal veins were normal draining into the inferior venacava. Two ducts leaving the major calyces in the upper and lower part of the kidney joined in the anterior surface of the kidney to form the ureter. Rest of the course of the ureter were normal.

Conclusion: The embryological basis of this abnormality was studied and discussed. The band connecting the lower poles was dissected and examined. No glandular tissue was present, which was made up of only connective tissue. The distance between the upper poles were very much away from each other in comparison to the lower poles.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.214

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Biometric assessment of neurovascular bundle to acetabulum of hip joint

N. Mangla*, S.S. Das, S. Mishra, N. Vasudeva

Maulana Azad Medical College, New Delhi, India

Introduction: Iatrogenic injury is most common cause of injuries to superior gluteal neurovascular bundle. Approximately 75% of patients have electromyographic evidence of subclinical neuropathy after hip arthroplasty. Posterior approach to hip is most commonly used, however exposure is limited superiorly by this neurovascular bundle. Prevalence rate of neurologic injury after primary hip arthroplasty is estimated as 0.7–3.5% and 7.6% after revisional hip arthroplasty. Extensive reconstruction of acetabulum or hip arthroplasty in patients with dysplastic hips may lead to injury to this nerve. Keeping this clinical scenario in mind, present study was done to investigate distance of superior gluteal neurovascular bundle from acetabular rim.

Materials and methods: A total of 200 hip bones were used from osteological collection of Maulana Azad Medical College. Using Image J software, distance from acetabular rim to plane passing through anterior inferior iliac spine (which corresponds to plane passing through roof of the greater sciatic notch) was measured and compared.

Results: Distance from acetabular rim to plane through anterior inferior iliac spine was found to be higher in males than females and also marginally higher on right side as compared to left.

Conclusion: To minimize iatrogenic neurovascular injuries it is essential to have accurate knowledge of the anatomical structures. This study will make surgeons better equipped to localize and hence protect superior gluteal neurovascular bundle.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.215

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A rare high division of brachial artery and its variation in relation to median nerve: a case report

D. Dhurandhar*, M. Chatterjee

Pt. J.N.M Medical College, Raipur, India

Objective: To report a High division of brachial artery and its variation in relation to median nerve.

Introduction: Brachial artery is the artery of the arm. It is the direct continuation of Axillary artery, beginning at the lower border of Teres Major and enters into Cubital fossa accompanying the Median nerve. Under the cover of Bicipital aponeurosis, it divides into a larger Ulnar artery and smaller Radial artery at the level of neck of the radius. Common Interosseous artery arises from the ulnar artery which again redivides into Anterior and Posterior Interosseous arteries.

Methods: The anomalous High division of Brachial artery along with other abnormal findings were detected during routine cadaveric dissection in the Department of Anatomy of Pt. J.N.M. Medical College, Raipur.

Results: In the present case, there is higher division of brachial artery, 14 cms above an imaginary line joining the Medial epicondyle and Lateral epicondyle into thicker lateral branch and

a thinner medial branch. Median nerve compresses the medial branch which may produce ischemic effects.

Conclusion: Knowledge of such variation is important for carrying out surgical procedure in the arm. It is also important for clinicians in day to day practice for measurement of blood pressure using sphygmomanometer cuff in the arm.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.216

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An heteroclite dual left anterior descending artery case report

A. Divia Paul*, Ramakrishna Avadhani, K. Subramanyam

Yenepoya Medical College, Karnataka, India

Presence and absence of myocardial ischemia forms the basis for categorising coronary artery anomalies. The left main coronary artery (LMCA) which takes it origin from left posterior aortic sinus bifurcates in to left anterior descending artery (LAD) and left circumflex artery (LCx) branches. The term anomalous origin earns its relevance when right or left coronary artery arises from the opposite sinus (ACAOS). The incidence of anomalous origin of the left coronary artery from the right sinus were 0.15% among a total incidence of 1.07% for ACAOS (Angelini P, 2007). Variations in the origin and branching patterns of coronary arteries are significant to cardiologists, surgeons and anatomists. This case report describes the presence of dual LAD arising as a slender branch of LMCA from left aortic sinus and as a major branch from right aortic sinus. The LAD from left posterior aortic sinus had a major diagonal branch and the LAD arising from right anterior aortic sinus served the major role of the anterior descending artery. The area of supply appeared as normal though the course of the artery were stenosed at the proximal part. The left circumflex artery appeared to have normal course and branches forming a 'corona' along with its counterpart from right side. The above observations were noted during the prospective interpretation of angiogram images of a 60 year old Indian male who exhibited with clinical symptoms, ECG and ECHO abnormalities. Informed consent was obtained from the patient before reporting the case. The clinical significance of the anomalous origin will be explained in detail.

Keywords: Anomalous origin of coronary artery, Dual left anterior descending artery, Corona, Angiogram report

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.217

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Situs inversus totalis – a case report

Chakraborty Kushal*, Chatterjee Manik

Pt J N M Medical College, Raipur, India

Objective: Situs Inversus is a congenital condition in which the positions of viscera are reversed giving an appearance of a mirror image of their normal anatomical positions. An individual with situs inversus usually remains asymptomatic throughout life. The diagnosis is usually made when one seeks medical attention. An autopsy case of hanging is reported where the rare phenomenon of 'complete situs inversus' was observed as an incidental finding.

Materials and methods: A dead body of 22 year male was brought to the mortuary of Pt J N M Medical College, Raipur for autopsy in suspicion of suicidal hanging.

Result: Thoracic Cavity: The heart was present a bit right to the midline with the apex pointing to the right side. Dextro positioning of great vessels was also noticed. Right lung had two lobes, while the left lung had three lobes. Abdomen: Oesophagus entered abdominal cavity through right crus of diaphragm and stomach was completely inverted in right subphrenic space. Spleen was also seen on right side of abdomen. Liver with gall bladder was seen in the left side. Caecum with appendix was located in the left iliac fossa.

Conclusion: About 25% of individuals with situs inversus have an underlying condition known as primary ciliary dyskinesia (PCD). PCD is a dysfunction of the cilia that manifests itself during the embryologic phase of development. Normally functioning cilia determine the position of the internal organs during early embryological development, and so embryos with PCD have a 50% chance of developing situs inversus.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.218

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Abnormal pattern of right renal vein – a case report

V. Vijaynath*, Maya Mukundan

Govt. Ayurveda Medical College, Tripunithura, Ernakulam, Kerala, India

Introduction: Variations in renal vascular morphology with supernumerary vessels are relatively common. Knowledge of such anomalies is important for urologists with regard to renal transplantation, nephrectomy, vascular anastomosis, selective catheterization and other renal surgical procedures.

Objective: To report on a case of duplication of the right renal vein and its clinical and surgical implications.

Case report: During the routine dissection of a 65 year old male cadaver, we have noticed two tributaries of the right renal vein draining the right kidney emerging from the hilum, joining together to form the common right renal vien and meet the inferior vena cava. The attachment of the right common renal vein is superior to the attachment of left renal vein.

Conclusion: Information about these variations is useful for urologists, vascular surgeons and radiologists, given that performing angiography prior to surgical interventions in the retroperitoneal space avoids complications, especially with regard to kidney transplantation.

Conflicts of interest

The authors have none to declare.

https://doi.org/10.1016/j.jasi.2018.06.219