gin), which was supplying the left lobe of liver and the cardiac end of stomach.

Conclusion: This case report presents additional information on the branching pattern of left gastric artery. Due to increase number of transplantation surgeries, the knowledge of deviations from the normal arterial pattern of gastrointestinal tract is of immense significance for surgical and radiological procedures pertaining to the liver and adjacent viscera.

Conflicts of interest

The authors have none to declare.

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Morphometric study of optic strut and it's relation with anterior clinoid process

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Introduction: In the parasellar region, anterior clinoid process (ACP) with its supporting structures like optic strut (OS), medial part of lesser wing of the sphenoid and roof of the optic canal are certain bony landmarks related to important elements like the cavernous sinus, internal carotid artery (ICA), optic nerve (ON) and the pituitary gland. Optic strut is a small bony pillar which connects the body of sphenoid to the infero–medial aspect of base of anterior clinoid process and is often removed during anterior clinoidectomy and optic canal decompression.

Materials and method: In the present study 25 dry skulls of North Indian adults were used from the Department of Anatomy, School of Medical Sciences, Sharda University, Greater Noida, UP. Broken bones were discarded and not used in the study.

Following morphometric measurements were taken on dry skulls using manual calipers and recorded:

1) Length of OS of both sides
2) Relation of location of OS with ACP

Statistical analysis was done and the results were tabulated.

Results: Length of optic strut was measured from the side of body of sphenoid to the ACP. Maximum and minimum length on right and left side were 6.0 mm, 2.0 mm; 6.1 mm, 2.0 mm, respectively. In most of the case OS was related to the anterior 2/3 of ACP.

Conclusion: This study provides the length, location and relation of OS with ACP in human skulls of Indian origin to provide a data for neuro-surgeons planning a procedure of parasellar region.

Conflicts of interest

The authors have none to declare.

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A study of the incidence of fifth pair of sacral foramina

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Low backache is a common condition affecting majority of the population. One of the causes is sacralization of lumbar vertebra. These are called lumbosacral transitional abnormalities which occur as a result of congenital anomaly in the segmentation of the lumbosacral spine. It includes either the involvement of L5 in sacrum or S1 into the lumbar vertebrae Bertolotti first observed the LSTV and stated that these abnormal vertebrae may produce low back pain due to arthritic changes which occur at the site of false articulation. LSTV are common with the prevalence ranging from 1% to 20%.

Context and purpose of the study: Lumbosacral transitional vertebrae occur as a congenital anomaly in the segmentation of the lumbosacral spine. Some previous workers have suggested the role of LSTV in low back pain, whereas others have contradicted the role of LSTV. This study helps clinicians to rule out LSTV/sacralization while diagnosing a case of low back pain. Presence of 5 pairs of ventral and dorsal sacral foramina has been observed. Such an increase in the number of foramina has been noticed quite frequently, hence the present study.

Results: Additional sacral foramina were found in 07 sacra.

Clinical implications: Sacralization is not related to low backache, it can remain asymptomatic for many years, however sometimes, it gives rise to pain which begins slowly and gradually gets worse which may be due to actual pressure on nerve/nerve trunks; ligamentous strain; compression of soft tissues between bony joints; by an actual arthritis if a joint is present; by bursitis if a bursa if present. There is no difference between the two sexes in the prevalence of sacralization contradicting previous claims that neither is more common in females nor was spondylolisthesis found more frequently in men. Investigations to diagnose such condition in clinical practice are plain X-rays, CT scan, and MRI.

Keywords: low backache, lumbosacral transitional vertebrae, sacralization, lumbarization.

Conflicts of interest

The authors have none to declare.

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Axillary artery branch variation – a case report

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Introduction: The axillary artery is a direct continuation of the subclavian artery. The axillary artery is usually described as giving off six branches. Variation in the branching pattern of axillary artery is not uncommon.

Case details: We report here an anomalous origin of profunda brachii as continuation of an arterial trunk arising from 3rd part of the axillary artery. This common trunk at its commencement passed between 2 roots of median nerve and gave branches of 3rd part of axillary artery before it continued as profunda brachii artery.