

Conflicts of interest

The authors have none to declare.

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Accessory sulci and segmentation on the surface of the liver: a clinical pitfall



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Introduction: Diaphragmatic surface of liver is usually smooth but sometimes it is well marked by the sulci or indentations. Sometimes these sulci were so deep to be termed as fissures as they divide the lobe of liver into different segments. We report the case of accessory sulci along the anterosuperior surface of the right lobe associated with Reidel's lobe along the inferior border of the left lobe of same specimen. In another specimen, the sulci were so deep to be termed as fissures, which divides the caudate and quadrate lobe. Knowledge about the accessory sulci and lobes were necessary as they may appear as incidental finding during the laparoscopic examinations. Hence, it is very much promising to know about these sulci and lobes for hepatobiliary surgeons, anatomists and radiologists.

Observation/Result: During routine dissection classes conducted for first-year MBBS students in the Department of Anatomy, All India Institute of Medical Sciences, New Delhi, India, we encountered the presence of indentation or furrows on the anterosuperior surface of the right lobe of the liver in male cadaver aged 60 years and the division of caudate and quadrate lobe in female cadaver aged 55 years.

Discussion: Accessory lobe in present case report is Riedel's lobe in one of the cadaver, is clinically very important lobe resulting in misdiagnosis. Hence, it should always be considered in patients undergoing the cross-sectional studies. It may be a port of disease that might not be demonstrated until and unless the inferior border of the liver was examined.

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Insular cortex: variation in pattern of gyri with interhemispheric difference



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Background and aims: Variations in the morphological pattern of gyri of insular cortex is very common. Usually insular cortex represents 5 to 7 gyri, sometimes with bifid/trifid or hypoplastic gyrus. During the routine thesis related dissection we got a rare variant having hypoplastic gyrus on right side and trifid gyrus on left side.

Materials and methods: The study includes 20 formalin fixed human cadaveric brains (40 cerebral hemispheres) in the Anatomy Department, Gandhi Medical College, Bhopal. Measurements were

taken with the help of digital vernier caliper (in mm with 2 decimal), thread, artery forceps. We measured the insular cortex peripheral sulci (anterior, posterior, superior, inferior) and central insular sulci. Then all 7 gyri—transverse gyrus (TG), accessory (ACG), anterior short gyrus (ASG), middle short gyrus (MSG), posterior short gyrus (PSG), anterior long gyrus (ALG), posterior long gyrus (PLG) lengths and pattern (absent gyrus, bifid, trifid, hypoplastic) were studied and recorded.

Results: common variant with all 7 gyri on both sides. The rare variant represents with hypoplastic MSG on right side and bifid ASG on both side and trifid PSG in left side cerebral hemisphere.

Conclusion: The insula shows unique pattern in every individual, having significant interhemispheric variation and it is also declared morphologically most variable structure of brain with great clinical and neurosurgical significance. Trans insular and trans sylvian approach is very common in neurosurgical assess and it is essential to highlight every variable and interhemispheric difference as we studied through our neuroanatomical parameters observational records.

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Anomalous branching pattern from aortic arch: a case report



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Increasing in the fields of cardiac and vascular surgery has served to revive interest in the developmental and adult anatomy of the aortic arches and the great vessels derived from the area. Under normal circumstances, three branches originate from the aortic arch: the brachiocephalic trunk, left common carotid artery, and left subclavian artery, in about 80% of individuals. Branches originating from the aortic arch may show different configurations. As far as the branches of the aortic arch are concerned, there are numerous possible variations in the origins of these branches. The anatomic and morphologic variations of the aortic arch branches are important for diagnostic. The knowledge of the branching pattern of aortic arch is important during supra-aortic angiography, aortic instrumentation, thoracic and neck surgery. The purpose of this study is to describe different branching patterns of arch of aorta in order to offer useful data to anatomists, radiologists, vascular surgeons doing surgical procedures in the head and neck region while relating it to the embryological basis.

In the present study, left internal carotid artery, left external carotid artery and left subclavian artery had an aberrant origin, however, the anatomical courses of these arteries were found normal. Details will be discussed in full length paper.

An abnormal origin of the left common carotid artery from the initial portion of the brachiocephalic trunk was found in the superior mediastinum in a 81-year-old Caucasian male cadaver during dissection practice. We report on the exact morphology of that variant that is appeared in an incidence of 0.2% in the literature. We discuss the relative literature and pay attention on the significance of such a variation for clinicians in its recognition and protection.

Keywords: developmental anatomy, variations, vascular surgery.

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Accessory brachial artery: a case report

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Objective: Brachial artery is the continuation of the axillary artery. Variations in the upper limb arteries have been frequently observed, however brachial artery variations are less common. A detailed knowledge of variation of branching pattern of vessels is essential for providing accuracy during vascular diagnosis and reconstructive surgery and also in evaluation of angiographic images.

Method: During routine cadaveric dissection of upper limb for undergraduate medical students in the Department of Anatomy, AIIMS, Jodhpur, we detected a case of accessory brachial artery on right side in a middle aged male cadaver.

Result: Accessory brachial artery was noted to be arising from the brachial artery at the lower one third of arm along with main brachial artery in the male cadaver. Accessory brachial artery was placed superficially and medially, compared to main brachial artery, which was placed deeply and laterally. Accessory brachial artery was continuing in the forearm as superficial accessory ulnar artery, whereas the main brachial artery was dividing into radial and ulnar arteries in the cubital fossa.

Conclusion: An accurate knowledge of anatomical variation of the brachial artery course, branching, bifurcation/termination and the course of its terminal branches, their relationship with the surrounding structures is a prerequisite for vascular and reconstructive surgeries of arm and forearm.

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Double inferior vena cava: a case report

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Double inferior vena cava is a relatively uncommon condition with a reported incidence of 0.2% to 3%. It is a congenital anomaly resulting from persistence of the embryonic venous system. The majority of cases are clinically silent and diagnosed incidentally on imaging for other reasons.

20 yrs male patient presented with pain in right lower abdomen for last 3 days along with nausea and occasional vomiting. On examination his vitals were stable and there was mild tenderness in right lower abdomen. There was no past history of similar pain, jaundice, altered bowel habits, haematemesis and malena. A provisional diagnosis of acute appendicitis was made. Patient was investigated for complete blood count showed total leucocyte count of 9000/cu mm showing polymorphs. High resolution USG was done which could not identify appendix and there was no fluid collection

in the lower abdomen and pelvis. There was mild probe tenderness at Mc Burney's point keeping a strong possibility of appendicitis. A contrast enhanced CT scan was planned which incidentally showed double inferior vena cava and there were no features suggestive of appendicitis. Few subcentric lymph nodes were seen in the mesentery. The patient was managed for symptomatic treatment.

The finding of double inferior vena cava has significant clinical importance especially during retroperitoneal surgery and in the treatment of thromboembolic disease.

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Multiple renal vascular variations

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Objectives: To find variations in renal arteries and renal veins of kidneys of resected specimens.

Methods: This study was conducted on 44 resected specimens of kidney in Department of Anatomy, All India Institute of Medical Sciences, Jodhpur (Rajasthan) during routine anatomy practical sessions of MBBS students.

Results: We found variations in renal artery in 3 kidneys out of total 44 resected specimens.

One kidney of the right side showed variation in renal artery where the main renal artery divided into one anterior and one posterior trunk in the hilum. The anterior segment divided further into 2 branches with presence of two other prehilary branches. One polar artery was seen at the lower pole. Renal veins were also two in number and the pelvis of ureter was present between the two veins.

The second lobulated kidney (right) with hilum facing antero-medially showed 5 prehilary branches. On the anterior surface, towards the upper pole, superior polar artery was seen.

Another lobulated kidney (left) showed variations of renal artery as well as renal vein. The main renal artery showed four branches in hilar area whereas on the upper pole of kidney one artery was present which was branch of renal artery itself. Renal vein showed its 3 tributaries as segmental vein in prehilary region

Conclusions: Variations were found in renal arteries and renal veins. The knowledge of these variations will be useful in surgical interventions during renal surgeries.

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Persistent bilateral sciatic veins – a rare variation

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Background and objective: During embryonic period, the sciatic vein is the main lower limb collector of blood. With the