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

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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 its 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.

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**Horse shoe kidney – a case report**

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**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 its 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.

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**Biometric assessment of neurovascular bundle to acetabulum of hip joint**

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**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.

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

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**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