

Conflicts of interest

The author has none to declare.

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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.

Conflicts of interest

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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