

Conflicts of interest

The authors have none to declare.

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Split right inferior belly of omohyoid with suprascapular artery in between it



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Inferior belly of omohyoid is use as a landmark for endoscopic exploration of the brachial plexus. Variation of inferior belly of omohyoid muscle has immense clinical significance because of its relation to brachial plexus, external jugular vein, suprascapular nerve, vessels and phrenic nerve. The need to understand muscular variation is of greater importance because of the increased number of endoscopic surgeries and images for diagnosis.

A number of variations of omohyoid muscle such as the absence of muscle, unusual sites of origin and insertion, and multiple bellies have been reported. Doubling or splitting of superior belly of the omohyoid was reported several times. However the splitting of the inferior belly of the omohyoid muscle is rarely reported. Here-in we report a case of unusual splitting of inferior belly of omohyoid muscle. During the dissection for undergraduate students at AIIMS, Bhubaneswar, unusual morphology of inferior belly of omohyoid muscle has been observed in formalin embalmed 60 year old male cadaver. The inferior belly of omohyoid was split. Another important finding observed was suprascapular artery entrapment between the split upper and lower parts of belly of inferior omohyoid with slight indentation mark on the artery suggestive of chronic compression. This muscle is used for various important clinical procedures and is an important landmark for radical neck dissection so the knowledge of possible anomalies of omohyoid is important.

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Ossification of falx cerebri: a case report



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Objective: To study ossification of falx cerebri which is rare but can be associated with various medical conditions. In accidental finding of ossification of falx cerebri in CT scan or MRI further work up should be carried out to rule out the various pathological causes.

Method: The variation was observed during routine osteology tutorial. The same is being presented.

Result: Complete ossification of falx cerebri is observed during routine osteology tutorial most likely physiological.

Conclusion: Ossification of dural folds is very rare and falx ossification is seen in 0.7% of patients. It can be physiological or pathological as associated with many medical conditions. Since falx cerebri is derived from embryonic mesenchymal cells, occasional ossification might be seen due to friction, haemorrhage or trauma, which results in some osteogenic change leading to formation of membranous bone. It can be physiological as found in old age or

pathological. Incidence of ossification of falx has been reported in medical disorders such as endocrine disorder (hyperparathyroidism), vitamin D intoxication, chronic renal failure, basal cell nevus syndrome (Gorlin-Goltz syndrome), hypertelorism, psuedoxanthoma elasticum, Chavany-Brunhes syndrome, etc.

Keywords: falx cerebri, ossification, Chavany-Brunhes syndrome, Gorlin-Goltz syndrome.

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Parametric analytical study of human hip bone



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Introduction: Hip bone usually displays differences in morphology in two sexes due to different reproductive functions, which are influenced by sex hormones. Therefore, shapes of hip bone are different in males and females that make it interesting anatomically and anthropologically. Though non-metric methods such as visual examination of bone morphology for sex determination is entirely dependent on experience and expertise but anthropometry plays some role in creating a data which can be useful for sex determination.

Aim: Present study was done to find out sexual dimorphism in hip bones with respect to ischio-pubic and chelotic indices.

Materials and methods: For the present study, hip bones were retrieved from Department of Anatomy, PGIMS, Rohtak were used. In the present study, 100 adult human hip bones of known sex were studied out of which 66 were males and 34 were females. From these two groups, bones were studied for metrical parameters of hip bone as pubic length, ischial length and ischio-pubic index and also chelotic index.

Results: In this study it was observed that pelvic segment of chelotic line is greater in females than in males. While sacral segment was found more in males than in females. Chelotic index was found more in males (mean = 135.98 ± 15.79 mm) than in females (mean = 131.54 ± 18.46 mm) while ischial length of males was more than that of females and pubic length was less in males. Ischio-pubic index was found less in males (mean = 100.72 ± 4.53 mm) than in females (mean = 113.00 ± 7.69 mm)

Conclusion: Sexual dimorphism as well as bilateral asymmetry of hip bones is observed by these variables.

Keywords: chelotic line, chelotic index, sexual dimorphism, ischio-pubic index, asymmetry of hip bones.

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