

The further course and branching pattern of profunda brachii were normal.

Conclusions/clinical importance: The knowledge of these variations is of anatomical, radiological and surgical interest to explain unexpected clinical signs and symptoms. This variation may have important clinical implications while performing subclavian vein puncture for central venous line and brachial plexus blocks. Such variations are also important in interpreting images and in carrying out surgical and anaesthetic procedures involving axillary artery.

Conflicts of interest

The authors have none to declare.

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An anomalous branch of cavernous ICA

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Introduction: As part of project on studying morphology and morphometry of internal carotid artery an anomalous case of an aberrant branch of internal carotid artery was observed.

Case description: The aberrant branch of cavernous ICA observed, seemingly fed the posterior circulation. This has been referred to in literature as persistent lateral type of trigeminal artery which arises from the precavernous segment of the ICA and courses along the trigeminal nerve to anastomose with the basilar artery forming a carotid–vertebra–basilar anastomosis. Its occurrence is 0.1–0.6%.

Methods: Scalp and cranium were cut transversely and brain was removed as per the steps given in Cunningham's dissection manual, securing the anterior cerebral and middle cerebral arteries in the base of the skull.

Complete intracranial part of ICA of both sides was exposed by dissection done from carotid canal to its termination as follows:

- The anterolateral surface of petrous temporal bone was cut from superior aspect to procure the petrous part of the artery.
- The parasellar part of the artery was procured by dissecting the cavernous sinus.
- The artery was removed from the cranium.

Conclusions/clinical importance: Visualization and recognition of these arteries is essential because trans-sphenoidal surgery for pituitary adenoma is dangerous in patients who have this variant.

Conflicts of interest

The authors have none to declare.

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An unnoticed variant of sirenómelia with constellation of multiple anomalies

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Sirenómelia is the rare fatal congenital anomaly characterized by a single midline lower limb, urogenital anomalies, Potter's facies and a single umbilical artery. Around 400 cases have been reported in the literature. Based on a number of feet and degree of fusion of lower limb bones its classified into seven different types. Sirenómelia was reported with associated anomalies involving multiple systems mainly of urogenital, respiratory as well as the alimentary tract system. In our case, we are reporting an unnoticed variation in the fusion of lower limbs and its rare association with tracheoesophageal fistula.

Keywords: sirenómelia, mermaid syndrome, tracheoesophageal fistula, Potter's facies.

Conflicts of interest

The authors have none to declare.

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Osteogenesis imperfecta – a rare case report

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Objective: Osteogenesis imperfecta (OI) is a genetic disorder characterized by increased bone fragility and low bone mass. It is also associated with recurrent pathological fractures numerous extraosseous features like blue sclerae, dentinogenesis imperfecta (DI), hyper laxity of skin and ligaments, hearing impairment and presence of wormian bones in the skull.

Most patients have mutation in one of the two genes encoding alpha chains of collagen type 1 (COL1A1 AND COL1A2). Type I collagen fibers are found in the bones, organ capsules, fascia, cornea, sclera, tendons, meninges, and dermis. Type I collagen, which constitutes approximately 30% of the human body by weight, is the defective protein in OI. Presently medical management in the form of bisphosphonates are beneficial to the patients, though their overall efficacy is still in question. Other treatments include growth hormone, parathormone, bone marrow transplantation and gene based therapy.

Materials and methods: A female still born baby was born in the Dept of O & G at IMS and SUM Hospital Bhubaneswar by a primigravida mother of age around 22 years of low socioeconomic status by normal delivery. The limbs were soft with fragile bones. The X-ray of the baby was done.

Result: The X-ray shows fracture of the right humerus and left femur.

Conclusion: Patients with OI presented late, predominantly with fracture of long bones, deformities and blue sclerae. Pamidronate therapy remarkably decreased fractures and pain in these patients.

Conflicts of interest

The authors have none to declare.

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Study of an accessory mandibular foramen on the medial surface of mandibular ramus

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Objective: To study an accessory mandibular foramen on the medial surface of the ramus of mandible and determine its location from nearby anatomical landmarks.

Methods: An accessory mandibular foramen was observed on the medial surface of the left ramus of a mandible used for teaching osteology to first year MBBS students. Its distance was measured from nearby anatomical landmarks using digital Vernier Calipers. Metallic wires were introduced into the main and accessory mandibular foramina and radiographs were taken.

Results: The accessory mandibular foramen was found to be at a distance of 12.05 mm from the mandibular notch, 26.16 mm from the angle of mandible and 16.93 mm from the fully erupted third molar. The radiograph revealed that the accessory mandibular foramen led into a canal that terminated close to the third molar.

Conclusion: The knowledge of accessory mandibular foramina will be helpful for dental surgeons performing nerve block and radiotherapists in planning radiotherapy for tumors of the lower jaw.

Conflicts of interest

The authors have none to declare.

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A cadaveric case report on bilateral duplication of diaphragmatic crura

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Usually, the right crus of the diaphragm attaches onto the upper three lumbar vertebrae and the left crus attaches onto the upper two lumbar vertebrae. In the present case, bilateral duplication of the diaphragmatic crura was noted. The right crus duplicated into a right medial crus and a right lateral crus, separated by a right retrocrural space. The right medial crus attached to the upper three lumbar vertebrae and the right lateral crus attached to the fifth lumbar vertebra. The left crus also duplicated into a left medial crus and a left lateral crus, separated by a left retrocrural space. The left medial crus attached to the upper two lumbar vertebrae and the left lateral crus attached to the fifth lumbar vertebra. The splanchnic nerves passed through both the retrocrural spaces. A thorough knowledge of crural variations is necessary for the physicians and surgeons for surgical interventions in this region.

Keywords: bilateral, crura, diaphragm, lumbar vertebrae, retrocrural space.

Conflicts of interest

The authors have none to declare.

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A giant ureteric stone led dilated right ureter and severe hydronephrosis – a cadaveric case report

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Introduction: Ureter is a long muscular tube that conveys urine from the kidney to the urinary bladder. It shows five/three natural constrictions in its course, and these are the potential site for the impaction of the renal calculus. The stones below the size of 10 mm flush out automatically, and larger than 10 mm diameter often fail to pass. They are referred as the giant ureteral stones and associated with insidious growth and late presentation, often leading to renal failure.

Case report: During routine anatomical dissection for the undergraduate medical students in the Department of Anatomy, Kasturba Medical College, Manipal, India, we encountered an extremely rare condition in the right ureter of a 58-year-old male cadaver. In the present case we observed a huge ureteric stone obstructing the right ureterovesical junction. We also observed gross hydroureter distal to the impaction of the calculus, renal damage and severe hydronephrosis on the right side. Histological analysis showed conditions of arterio-nephro-sclerosis and eroded ureter secondary to the calculus.

Conclusion: As ureteric stones obstruction may result in hydroureter, hydronephrosis and progressive renal damage leading to irreversible renal function, impairment and complete loss of kidney function, clinicians should be equipped with the knowledge of preventive strategies to educate patients with previous calculi, or those that are susceptible to development.

Conflicts of interest

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Variation in the branching pattern of axillary artery

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A variation in the branching pattern of axillary artery was noted in a adult female cadaver, 60 years of age during routine dissection in both the upper limbs. First and second part of axillary artery had normal branching pattern in both limbs. Variation in branching was observed in third part in both limbs. Anterior and posterior circumflex artery branched from a common trunk and an additional branch was given by both anterior and posterior circumflex artery on right side. On left side anterior and posterior circumflex artery branched from a common trunk. An additional branch was observed from