### Conflicts of interest

The author has none to declare.

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**41**

## Accessory brachial artery: a case report

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**Objective:** Brachial artery is the continuation of the axillary artey. 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.

### Conflicts of interest

The authors have none to declare.

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**42**

## 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 mesentry. 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.

### Conflicts of interest

The authors have none to declare.

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**43**

## 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 prehilar 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 anteromedially showed 5 prehilar 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 prehilar 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

The authors have none to declare.

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**44**

## 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

development the vein reduces in size and the adult venous system is formed. Persistent sciatic vein is most often associated with Klippel–Trenaunay syndrome. Our objective is to report a case of bilateral persistent sciatic vein in lower limbs and to add a light on its clinical significance.

**Material and methods:** During the routine dissection of a 45-year-old male cadaver, bilateral large sciatic veins were found at the back of thigh. The origin, course and termination along with the length of the veins were noted. The veins were cleared of all fascia and connective tissue and photographed for the record.

**Results:** Both the lower limbs showed the presence of sciatic veins in close relation to sciatic nerve. The sciatic vein was draining the popliteal vein into femoral on both sides. The sciatic vein was 35 cm on right side and 28 cm on left side. No other variation was seen.

**Conclusion:** The anatomical variations of the lower limb veins are common but persistent sciatic vein is less common. It may cause chronic venous failure so it must be investigated for proper surgical management. A persistent sciatic vein is considered as a rare congenital anomaly.

### Conflicts of interest

The authors have none to declare.

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**45**

## A morphometric study of acromion process of scapula and its clinical significance

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**Introduction:** The acromion is related to a variety of disorders in shoulder. Morphometry of acromion process of scapula is an important factor implicated in impingement syndrome of the shoulder joint.

**Aim and objective:** The aim of this study is to record and study all the morphometric parameters of the acromion process and its morphological features. To analyze and classify the acromion process of human scapulae.

**Material and methods:** The present study was conducted on 100 (49 left, 51 right) dry adult human scapulae of unknown age and sex from the Department of Anatomy, Narayana Medical College, Nellore. The length and breadth of acromion process were measured using Vernier calipers. The acromiocoracoid and acromioglenoid process were also measured. The shape, type of acromion process was noted.

**Results:** The mean length of the acromion process was 44.92 on right side and 44.90 on the left side. The breadth was 24.27 on left side and 25.37 on right side. The mean acromiocoracoid distance was 34.37 on right side and 32.96 on left side. The mean acromioglenoid distance was 27.69 on right side and 26.69 on left side. The commonest shape of acromion process.

**Conclusion:** A full understanding and knowledge is very much essential for the anatomists, clinicians, radiologists and orthopaedicians for carrying out surgeries in and around the shoulder joint.

### Conflicts of interest

The authors have none to declare.

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**46**

## Unilateral accessory foramen of mandible: an unusual variation

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In routine pre-clinical educational teaching of osteology specimens conducted in the Department of Anatomy of Government Medical College, Ambikapur (Surguja), Chhattisgarh revealed an unusual oval foramen (7 mm × 5 mm × 4 mm) in lower end of right myelohyoid grove of mandible, 1.6 cm below the socket of third molar tooth. This unusual foramen in right half of male mandible is 2.7 cm infero-medial to the mandibular foramen and 4.4 cm supero-laterally to the genial tubercle and nearly mid-way of inner surface of mandibular canal. The entity was perhaps developmental defects during formation of right sided mandibular canal which is an unusual variation.

### Conflicts of interest

The authors have none to declare.

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**47**

## Early diagnosis of body stalk anomaly – a rare case report

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Body stalk anomaly/limb-body wall complex is a rare developmental anomaly characterized by an enlarged abdominal wall defect, severe kyphoscoliosis and a rudimentary umbilical cord. Limb body wall complex was described for the first time by Van Allen et al. in 1987. Two of the three following anomalies must be present to establish the diagnosis: 1) Thoracic and/or abdominal celosomia. 2) Exencephaly or encephalocele with a facial cleft. 3) Anomalies of the extremities. Anomalies of the extremities affect primarily the lower limbs. Three main pathophysiologic theories of this syndrome: Exogenic theory, endogenous or vascular theory and Streeter's theory. Body stalk anomaly is a lethal condition with severe malformations of the fetus. It can be detected by ultrasonography early in the pregnancy. Recurrence risk for this condition is rare and it is not associated with abnormal karyotype.

We present a case of body stalk anomaly diagnosed at 11 weeks of gestation during sonographic evaluation in the first visit. Sonographic features are increased nuchal translucency, ectopia cardis, large abdominal wall defect with fetus adherent to placenta, cord insertion not found, spine abnormal, lower limbs not seen. Pregnancy was terminated at 16 weeks. Gross morphologic features of the fetus are encephalocele, kyphoscoliosis, evisceration of all abdominal contents and both the lower limbs folded back on the trunk.

### Conflicts of interest

The authors have none to declare.

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