tinuation of axillary artery & it divides into its terminal branches namely radial & ulnar arteries at the level of neck of radius in the cubital fossa.

Case report: The present case report was studied in Dr. S.N. Medical College, Jodhpur, Department of Anatomy was observed that the higher bifurcation of brachial artery was seen on the level of lower border of teres major muscle into radial & ulnar artery in the right upper limb of an old male cadaver.

Conclusion: Anomalies in origin & course of principal arteries have practical importance for orthopedicians, radiologist& vascular surgeons. Awareness of incidence of this variation is necessary to avoid complication during pre-operative procedures or surgeries in the upper limb.

Conflicts of interest

The authors have none to declare.

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Retrograde ileo-ileal intussusception in adult: a cadaveric case report

D. Sakore Shubhangi*, V. Ambiye Medha

Department of Anatomy, Topiwala National Medical College, Mumbai, India

Introduction: Intussusception is telescoping of a segment of gastrointestinal tract into adjacent one. It is uncommon in adults and its incidence is 5%. Retrograde intussusception in adult is extremely rare and the incidence is 0.2%. Adult intussusception contributes to only 1% of patients suffering from small bowel obstruction.

Method: During routine dissection, ileo-ileal retrograde intussusception was found about 15 cm proximal to ileo-ileal junction. The distal bowel was collapsed. The swelling was 6 × 4 cm in size. The intussuscipiens was formed by thickened dilated loop of ileum. The intussusceptum which was the distal loop had entered the proximal loop in retrograde fashion. On opening the affected segment, the lead point appeared to be normal.

Discussion: Among adults idiopathic enteric intussusception appears to be more common. Retrograde ileo-ileal type is rare in adults and is often associated with 'lead point' that may cause abnormal motility. Diagnosis of intussusception in adults is challenging, owing to varied presenting symptoms and time course.

Result and conclusion: The intussusception that occurs in human beings is relatively found higher in infants than in adults. Reduction of intussusception on cadaver coined good visual impact on first year medical students. Intussusception though rare in adults, should be considered in differential diagnosis of abdominal pain.

Keywords: intussusception, intussusceptum, intussuscepiens, ileo-ileal, retrograde.

Conflicts of interest

The authors have none to declare.

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Absence of horizontal fissure of right lung: a case report

Kumar Dinesh*, Kataria K. Sushma, Agarwal Ritu

Dr. S.N. Medical College, Jodhpur, India

Introduction: Right lung is heavier than the left lung. Normally right lung has one oblique fissure and one horizontal fissure and three lobes upper, middle and lower. It has both surgical and radiological importance. The fissures allows movement of lobes in relation to one another so that it can give space for greater distension during inspiration. During routine dissection in Department of Anatomy, Dr. S.N. Medical College, Jodhpur, we found the absence of horizontal fissure in right lung of male cadaver.

Case report: Anomaly was observed during routine dissection in the Department of Anatomy, Dr. S.N. Medical College, Jodhpur, in a male cadaver. Both lungs were observed. Photographs were taken.

Conclusion: Knowledge of variation of lung fissure may explain infrequent presentation of certain lung pathology. Anomaly of fissure and lobes are important for cardiothoracic surgeons performing lobectomies and segmental lung resection and also to radiologists for interpretation of X-rays, CT scans and MRI.

Conflicts of interest

The authors have none to declare.

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Acrocephalopolysyndactyly: a variant of apert crouzon syndrome

Nayak Sunita*, Panda Sitansu Kumar, Chinara Prafulla Kumar

IMS & SUM Hospital, Bhubaneswar, Odisha, India

Apert syndrome is a clinically distinct condition characterized by craniosynostosis, craniofacial anomalies and symmetrical syndactyly. Although apert syndrome is rare, it accounts for 4 to 5% of all cases of craniosynostosis. Prevalence is estimated at 1 in 65,000 live births. It is probably the most familiar and best-described type of acrocephalosyndactyly. It has no sex predilection. Apert syndrome is detected in the newborn period due to craniosynostosis and associated findings of syndactyly in the hands and feet.

30 yrs female, G3P3A1L0, third gravida at 30 weeks of gestational age came for antenatal ultrasonography checkup. USG revealed a single intrauterine live fetus with cephalic presentation. Anomalies detected on ultrasound: cranisynostosis, hypertelorism, proptopsis with exophthalmos, depressed nasal bridge, upper lip conical at philtrum, micrognathia, webbing of neck, narrow thorax but normal abdominal organs and limbs. The patient delivered a female baby weighing 2.9 kg who had multiple aforementioned congenital malformations. Because of absence of cardiac anomaly, abdominal anomaly and absence of polydactyly and syndactyly, this case is a variant of phenotypic expression of acrocephalopolysyndactyly syndrome which may fit in crouzon syndrome.