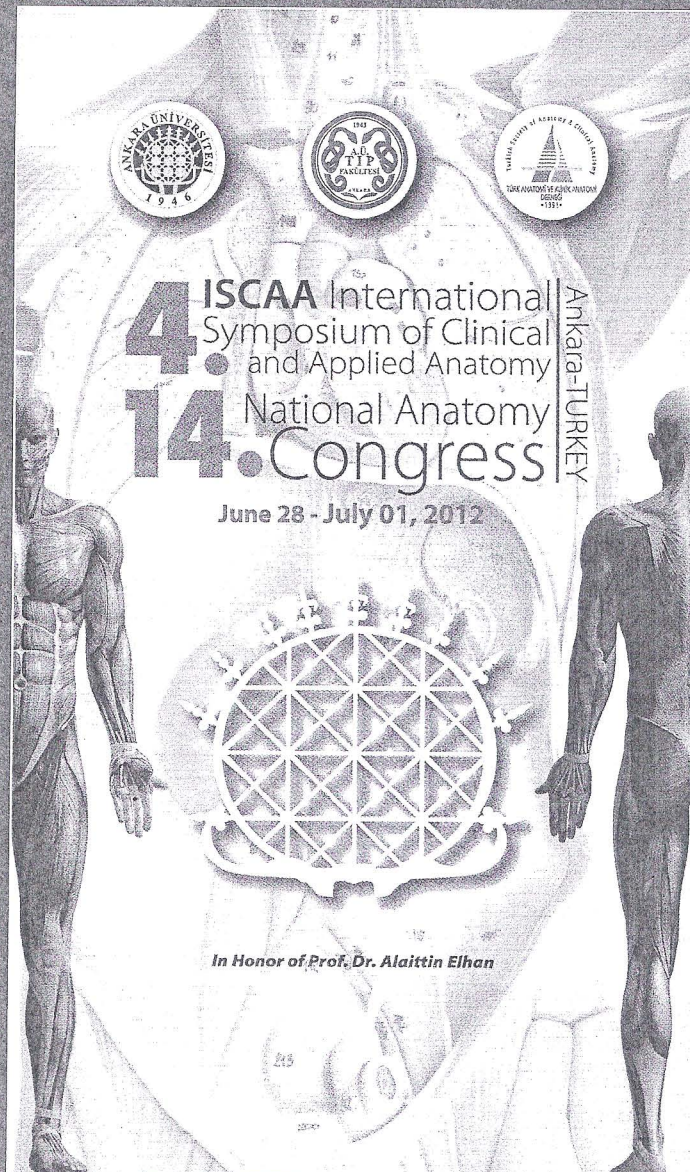


# anatomy

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explained in both studies. These studies were not able to comprehensively describe in details and the results were not compatible with each other. Therefore, the aim of this study was to (re) evaluate PMCA in details. Thirty adult human brains (60 hemispheres) were obtained in routine autopsies. Cerebral arteries were separately cannulated and injected with colored latex and the brains fixed in formaldehyde. The dissections were carried out using a surgical microscope (Carl-Zeiss, Opmi 99, Germany) with microdissection technique. In our study, the average diameter of PMCA was 0.85 mm. In a half of the brains, PMCA originated from P1 and P2A, and the diameters were significantly higher in these specimens. During interventions to the pathologies of proximal PCA or to the important vascular pathologies of this region as posterior communicating artery aneurysms damaging PMCA is possible. Therefore, it should be kept in mind that the territory of PMCA supplying area may be harmed not only on the CP, but also on the splenium and on pineal gland.

**Keywords:** Posteromedial choroidal artery, posterior cerebral artery, clinical anatomy

#### P-182

##### Morphometric evaluation of the relationship between the spine of sphenoid bone and the surrounding structures in dry skulls

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Spine of sphenoid bone (SOS) has close proximity to several structures within the middle cranial and infratemporal fossa which should be protected during surgical interventions. Thus, it is essential to know the distances between this spine and the surrounding bony structures and foramen in terms of constituting surgical pathways and preventing complications. In this study, bilateral measurements of the distances between SOS and the foramen spinosum (FS), foramen ovale (FO), external opening of carotid canal, articular tubercle (AT) and mastoid process as well as the diameters of these foramen were performed using surgical microscope, ocular micrometer and digital caliper in 20 skulls. Statistical analyses were performed. No significant differences were found between the left and right sides in terms of the distances between SOS and the surrounding structures. The longest diameter for FO was found mostly on the right side ( $p=0.037$ ). Negative correlation was detected between the SOS-FS distance and FS-FO distance (on the right,  $p=0.02$ , on the left  $p=0.008$ ). Slightly positive correlation was only found between the left side FO-SOS distance and FO-FS distance ( $p=0.034$ ). Strong positive correlations were found between the SOS-AT distance and SOS-FO distance ( $p=0.008$ ) and the FS diameter and FO shortest diameter ( $p=0.009$ ) while strong negative correlation was detected between the FO longest diameter and FO shortest diameter ( $p=0.001$ ). SOS is a surgical reference point due to its structure

and location. Morphometric results obtained in this study will provide surgeons more reliable and safe data while operating in the middle cranial and infratemporal fossa.

**Keywords:** Spine of sphenoid bone, foramen spinosum, foramen ovale, external opening of carotid canal

#### P-183

##### The relation of axillary nerve with coracoid process and its anatomical branching pattern in human fetuses

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Surgeons have long known that the axillary nerve can be damaged during open surgical procedures or arthroscopies of the shoulder. A thorough knowledge of axillary nerve anatomy is crucial to avoid complications during shoulder surgery. The aim of the study was to draw attention to the surgical importance of the axillary nerve course and to enlighten its distribution patterns in human fetuses and to provide some morphometric knowledge with related structures and especially with coracoid process. Course and branches of the axillary nerve were dissected on 15 fetuses (aged between 23. and 37. week). Closest distance between the axillary nerve and the coracoid tip was measured. This nearest point was referred as a landmark to measure the length of the axillary nerve from its origin, and the distance the branching point where it gives its first branch. All measurements were performed using digital caliper. Anatomical variations of the branching patterns were briefly noted. The axillary nerve has an oblique course in front of the subscapularis muscle. The means of the nearest distance between the axillary nerve and the coracoid tip was  $11.27 \pm 1.41$  mm. The nerve distance from coracoid tip to its branching point was  $14.53 \pm 2.01$  mm. The nerve was passing 2.76 mm under the glenoid labrum. Knowledge of the anatomical relationship of the axillary nerve and its branches in fetal period can be of benefit to understand its relations in early childhood. This can provide an improved understanding of the pattern and course of the axillary nerve in fetuses and in adults and can provide better surgical outcomes.

**Keywords:** Axillary nerve, fetuses, cadaver, anatomical variations

#### P-184

##### Embryonic stem cell-derived germ cells do not contribute to oogenesis in the adult chemotherapy-treated recipient female mice ovaries

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Despite of a basic dogma proposed most mammalian females lose the capacity of germ cell renewal and oogenesis during fetal