Volume 31 · Supplement 1 · September 2009

anatomist 2009

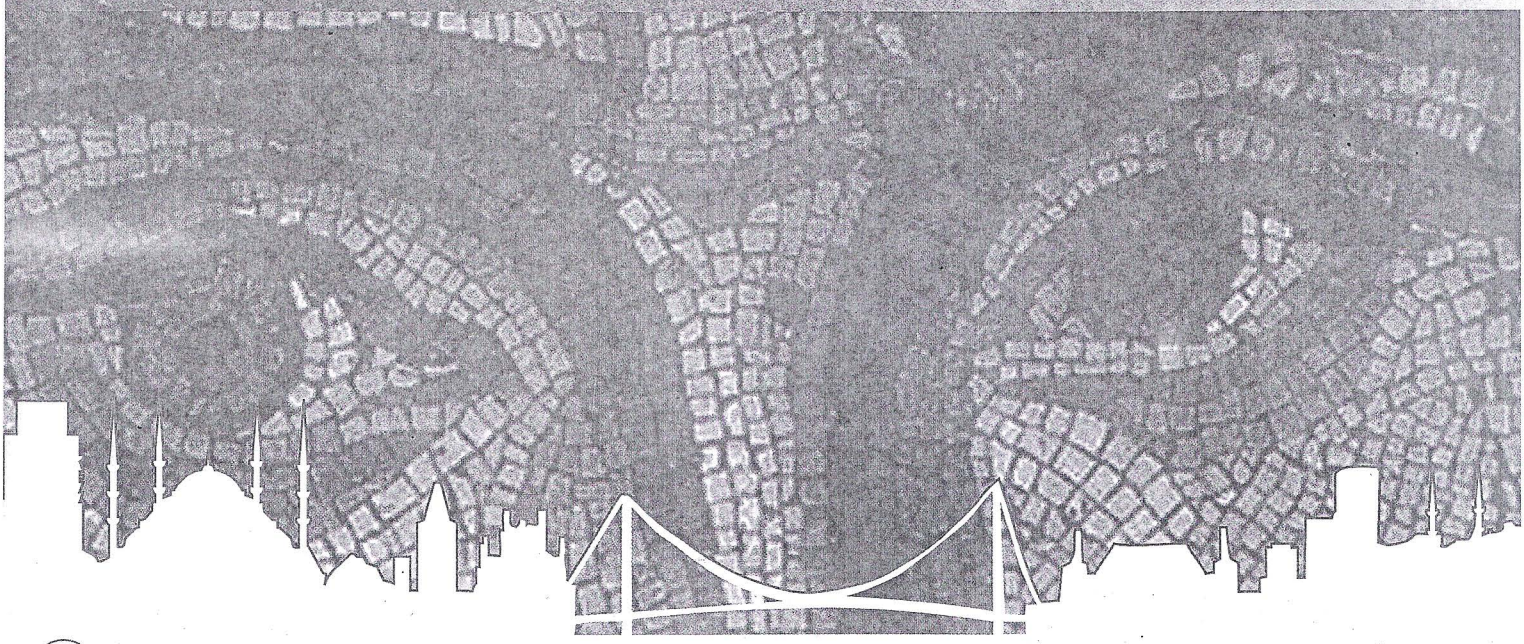
10th Congress of European Association of Clinical Anatomy

EACA

Turkish Society of Anatomy & Clinical Anatomy

ANATOMİ ve KLİNİK ANATOMİ DERNEĞİ

• 1991 •



TÜBİTAK

Abstracts Book

Surgical Radiologic Anatomy

Official Organ of the European Association of Clinical Anatomy, the Collège Médical Français des Professeurs d'Anatomie, Official Cooperative Organ of the Section of Clinical Anatomy of the Chinese Association of Anatomy

Journal of Clinical Anatomy

Springer

Control group (CG) was fed with a standard rat chow; fatty diet-fed group (FDG) of obesity model was given a high-fat diet (30% fat) for eight weeks. Naso-anal length and body weight of the animals were measured periodically to calculate "body mass index" (BMI). After 8 weeks, adrenals were removed from the sacrificed rats. Volume of fresh gland pairs in each animal was estimated using "water-immersion method". After processing the samples with routine histological method, sections were examined under a light microscope.

Results: Mean BMI values were 4.331±0.36 kg/m^2 in CG and 5.623±0.21 kg/m^2 in FDG. BMI of FDG was signiŞcantly higher than that of CG ($p<0.01$). Mean volume of adrenal glands in CG and FDG were 0.045 ml and 0.095 ml, respectively. The difference between gland volumes of CG and FDG was statistically significant ($p<0.01$). Lipid droplet-rich spongious cells were much more hypertrophied in the pale-stained external part of the cortex in FDG. Cellular swelling characterized with loss of the cytoplasmic content especially around the nucleus and dissolution of the cellular carcass were observed in the zonae glomerulosa and fasciculate of FDG. Many dark asidophilic stained pyknotic cells were seen around the highly dilated sinusoids of zona reticularis.

Conclusion: Our findings suggested that obesity can alter adrenal structure by both stimulating cortical steroidogenesis and triggering cellular injury.

Acknowledgment: This study was supported by the 2008/20-numbered scientific research fund of our university.

PO-80. ABSENCE OF THE LATERAL AND THIRD VENTRICLES ASSOCIATED WITH HOLOPROSENCEPHALY

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A new variant of holoprosencephaly has been reported recently where there is an absence of the ventricles and is termed as aventriculi. To our knowledge, only three holoprosencephaly cases with aventriculi have been reported in the literature. Here, we presented a case demonstrating aventriculi associated with holoprosencephaly. A 6-month-old boy suffering from motor and mental retardation was referred to our university hospital for further investigation. He was born after an uncomplicated and a full term pregnancy. Birth weight was 3250 gr, but there was no data about head circumference at birth. Family history was unremarkable; the parents were 4th degree consanguineous. On admission, weight and height values (8000 g and 68 cm, respectively) were at the normal percentile. His head circumference was 40 cm (<3rd percentile). His head control was poor and he was not able to sit with support. He was hypertonic and deep tendon reflexes were hyperactive. He was conscious, but he was not able to follow visual and aural stimuli. Other neurologic and systemic examinations were normal. In laboratory examination, complete blood count, serum biochemical and urine analysis, thyroid functions were within normal limits. Abdominal ultrasonography was normal. The 5th wave was not detected in auditory brainstem response test (ABR). Karyotype analysis was normal (46, XY). The magnetic resonance imaging (MRI) of the brain revealed absence of the lateral and third ventricles. The thalami were fused and the corpus callosum was absent. The interhemispheric fissure and falx cerebri was formed. There was abnormal oriented sulcus at the vertex on the left. The posterior fossa and fourth ventricle were normal. The orbital MRI was also normal. All radiological features were suggestive of holoprosencephaly with no identifiable lateral or third ventricle. It is concluded that aventriculi and further anatomic variation like only thalamic fusion in our case may be seen in holoprosencephaly as a variant.

PO-81. AN UNUSUAL CASE OF A TORTUOUS ABDOMINAL AORTA WITH A COMMON CELIACOMESENTERIC TRUNK DEMONSTRATED BY ANGIOGRAPHY

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During the coronary angiography of a 58-year-old female patient, the catheter was blocked in the abdominal aorta. Angiography and CT angiography of the abdominal aorta demonstrated a tortuosity as a horizontally U shaped course which hindered the catheter to move on proximally. There was no anomaly in the region causing such a tortuosity. Additionally, a common celiacomesenteric trunk proximal to the tortuosity was observed which is seen 0,2% in the population. This unusual case is discussed on the clinical and embryological basis.