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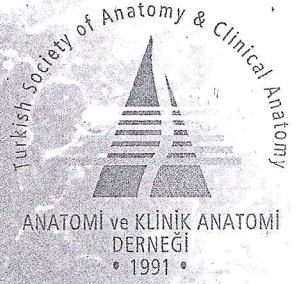
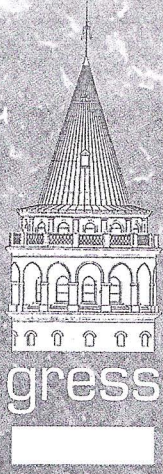
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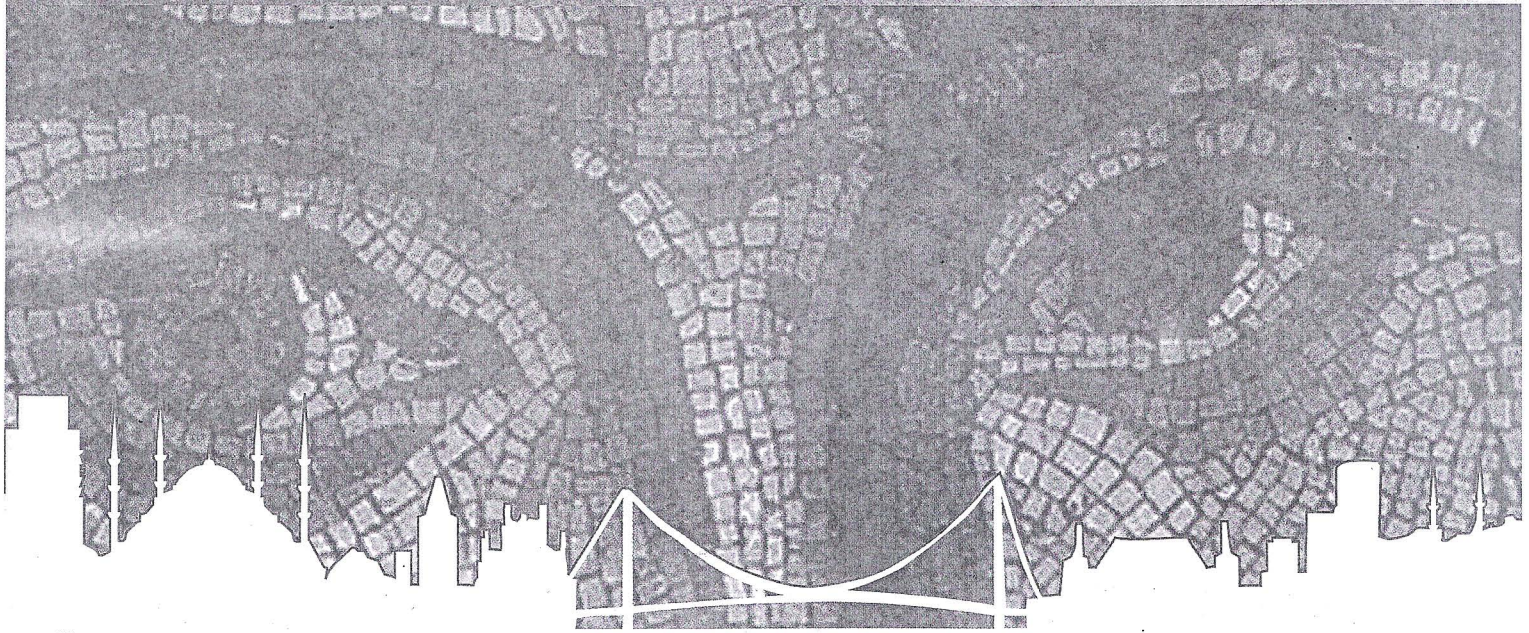
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Abstracts Book

Surgical Radiologic Anatomy

Journal of Clinical 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



were irradiated. For the rats in Group 2 and Group 4, *Giardia intestinalis* cysts were harvested from stool specimens, processed with water and sucrose and administered via oral gavage. For the rats in Group 3 and Group 4, irradiation was performed on a Cobalt-60 unit under anesthesia through parallel opposed pelvic portals using five fractions of 5 Gy on five consecutive days, starting at one week following oral gavage. The number of stool pellets was scored for the day that followed the completion of irradiation. The rats were weighed and sacrificed the next day. The intestinal transit time was measured and intestinal tissue samples were obtained for histological evaluation regarding overall intestinal damage score.

Results: Weight lost throughout irradiation was in 2.0 ± 1.3 g in Group 1, 26.9 ± 8.2 in Group 2, 35.7 ± 12.3 in Group 3 and 46.3 ± 7.2 in Group 4 ($p < 0.001$). The intestinal transit time was 2.7 ± 0.3 in Group 1, 1.7 ± 0.3 in Group 2, 1.7 ± 0.1 in Group 3 and 1.4 ± 0.2 in Group 4 ($p < 0.001$). The number of stool pellets was 46 ± 27 in Group 1, 89 ± 30 in Group 2, 89 ± 18 in Group 3 and 155 ± 23 in Group 4. The overall intestinal damage score 0.4 ± 0.2 in Group 1, 3.6 ± 0.4 in Group 2, 9.6 ± 0.8 in Group 3, 13.0 ± 0.7 in Group 4.

Conclusion: This study confirmed that concomitant *Giardia intestinalis* infection exacerbates acute gastrointestinal toxicity in rats undergoing pelvic irradiation. For patients undergoing pelvic irradiation that experience exacerbated acute gastrointestinal toxicity, the presence of a concomitant parasitic infection might be suspected.

PO-143. A RARE VARIATION IN THE FORMATION OF THE MEDIAN NERVE OF THE BRACHIAL PLEXUS

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A rare variation of the brachial plexus characterized by multiple end branches from the lateral cord and a communication of one of the these branches with the median nerve was observed during the dissection of a 73-year-old male cadaver. The lateral cord trifurcated after giving its lateral root for the formation of the median nerve. The first branch from the trifurcation was the only motor branch to the coracobrachialis muscle. The second was the true musculocutaneous nerve piercing the coracobrachialis muscle and giving its motor branches for the muscles of the anterior compartment of the arm except the coracobrachialis which then continued as the lateral cutaneous nerve of the forearm. The largest third branch also pierced the coraco-

brachialis muscle without giving any motor branches and communicated with the median nerve which was preformed in the usual way by roots from the medial and lateral cords. This communication was approximately at the midlevel of the arm.

PO-144. VARIATIONS OF SOME ANATOMICAL LANDMARKS OF THE MAXILLA AND THEIR PRACTICAL RELEVANCE

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Aim: The assessment, on dentate or partially or totally edentate maxillae, of some morphological peculiarities of some anatomical landmarks: incisors papilla, intercanine distance, height and length of the palate, infraorbital foramen.

Material and method: The study was performed by direct evaluation of dried samples, of the casts of maxillary prosthetic fields and also by the study of orthopantomograms.

Results: The study of the incisors papilla, related to the age and sex of the subjects, showed that, with age, the papilla moves from its palatine location towards a median position on the middle of the frontal edentate crest. The intercanine distance or the breadth at the canine level (CB) is an important marker of the development of the maxilla within children and decreases in total edentation due to the centripetal maxillary resorption. In female, the average intercanine distance is about 2 mm greater than the biggest of literature. In male, the same marker increases in concordance with the age of the edentation. The height of the palate decrease in concordance with the age of the edentation, the longer the edentation, the height of the palate decreases with up to 5 mm. The length of the palate decreases as the bony resorption accentuates; in female shows a constant decrease while in male, the length of the bony palate was larger about 2.5-3 mm. In relation with the supraorbital foramen, the suborbital foramen (round, oval or triangular) was quite often located laterally, even in relation with the mental foramen.

Conclusions: All the anatomical landmarks that we assessed were dominant in females, thus the therapy in such cases is more difficult, due to the fast bony resorption within regular treatments.

PO-145. MORPHOLOGICAL PECULIARITIES OF THE SKULL IN RELATION WITH SEXES AND THE ETHNIC GROUP

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