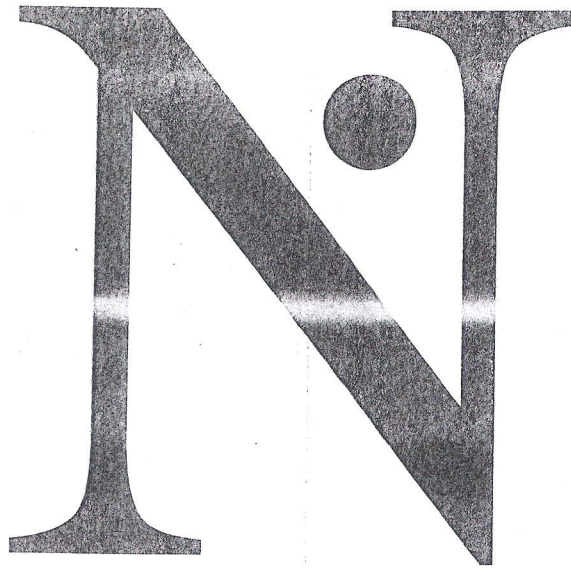


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## ABSTRACT BOOK

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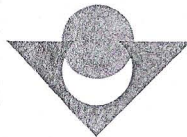
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We classified the terminal branching patterns of the recurrent laryngeal nerve in five groups: 1) The nerve had no extralaryngeal branches. 2) It gave 2 laryngeal and 1 to 3 extralaryngeal branches. 3) The nerve had 3 laryngeal branches and 1 or 1 extralaryngeal branches. 4) The nerve had many branches surrounding the inferior thyroid artery. 5) Non-recurrent inferior laryngeal nerve giving laryngeal and extralaryngeal branches.

Depending on our results, we suggest that the term "inferior laryngeal nerve" would be more accurate and the term "recurrent laryngeal nerve" should be removed from international anatomical nomenclature. Additionally, in our opinion, the inferior laryngeal nerve should be evaluated in two parts as "recurrent" and "ascending".

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#### Determination of normal values of calves and ankles in medical students

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Aesthetics is the study of beauty and beauty is difficult to describe. Ricketts analyzed structure, harmony and proportions of human body. Moreover, the ideal length proportions of the calves were described by Howard using with the drawings of Leonardo da Vinci. The present study was undertaken to determine the mean values of surface measurements from right and left calves and ankles. These measurements were taken from 150 second-year medical students (75 women, 75 men) ages 18 to 23 years using a flexible standard measuring tape. The results showed the mean values for calf circumference, length of the medial head of the gastrocnemius muscle, length between the inferior border of the medial head of the gastrocnemius muscle and medial malleolus of tibia and ankle circumference to be respectively, 33.8±2.4 cm, 17.8±1.1 cm, 20.1±1.3 cm and 21.9±1.3 cm for the right leg and 34.0±2.5 cm, 17.8±1.2 cm, 20.0±1.5 cm and 21.9±1.3 cm for the left leg in the young women. However, in the young men, these values were respectively, 35.9±2.4 cm, 18.8±1.3 cm, 22.2±1.7 cm and 23.6±1.5 cm for the right side and 35.8±2.4 cm, 19.1±1.3 cm, 22.0±1.7 cm and 23.4±1.5 cm for the left side.

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#### Morphologic and morphometric characteristics of foramen obturatorium

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A detailed knowledge of the morphologic features of foramen obturatorium (FO) is vital for morphologists and surgeons, since various surgical procedures near these areas may traumatize important neural or vascular structures.

In this study, 100 coxae (from 50 male and 50 female), providing 100 foramen obturatorium were studied quantitatively using a compas device. A total of six (four morphometric and two morphologic) parameters were assessed. The long diameter of foramen obturatorium (LDFO), the short diameter of foramen obturatorium (SDFO), and foramen index (FI) as a ratio of LDFO/SDFO, the width of sulcus obturatorius (WSO), the presence of the tuberculum obturatorium posterius (PTOP) and tuberculum obturatorium anterius (PTOA) of the coxae were calculated. Afterwards, all morphometric parameters were compared between sexes by using t-test.

In our study, the LDFO was 49.27 mm in females, 51.95 mm in males and 50.61 mm in mean value for both gender. The mean values of SDFO for females, males and both gender were 31.16 mm, 32.07 mm, and 31.61 mm, respectively. Mean values of FI were 1.58 mm in females, 1.61 mm in males, and 59 mm for both gender. The WSO in females, in males and both gender mean values were 11.99 mm, 12.22 mm, 12.10 mm, respectively. The tuberculum obturatorium posterius was absent on the right side in 15 coxae (female 1, male 11) and on the left side in 15 coxae (female 4, male 11). The tuberculum obturatorium anterius was absent on the right side in 3 coxae (female 2, male 1). Both sexes had a tuberculum obturatorium anterius on the left side. When the morphometric features were compared with regard to sex, a significant difference was found in the LDFO ( $p=0.002$ ,  $p<0.05$ ). However, there has been no statistically significant differences in terms of the SDFO,

FI, and WSO ( $p>0.05$ ). On the other hand, significant differences were found in the FI and WSO of the each side in both sexes.

Based on the result of all morphometric evaluations of FO, we suggest that our findings may be useful guide for surgical procedures directed to pelvic in clinical practice. Given the clinical importance of the pelvic bone and the problems faced in surgical applications, there is no doubt that a thorough knowledge of the morphologic and morphometric characteristics will contribute greatly to surgery.

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#### Investigation of the accessory tendinous slips of extensor hallucis longus muscle in fetuses

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The tendon of the extensor hallucis longus (EHL) muscle is given as attached to the dorsum of the base of the distal phalanx in classical textbooks. It has been also noted that it may send accessory tendinous slips to the first metatarsophalangeal joint capsule. However, there are conflicting data about the frequency of these slips. Furthermore, the function of the accessory tendinous slip is unclear. The aim of the present study is to determine the frequency and morphometric features of the accessory tendinous slips of the EHL in fetuses as well to discuss its possible function.

45 (26 females and 19 males) fetuses were used in this study. Fetuses were grouped as A (16-21 weeks), B (22-27 weeks) and C (28-34 weeks) according to their age. Accessory tendinous slips were encountered in 23 out of 45 fetuses (51%). The accessory tendinous slips were bilaterally found in 15 fetuses (65%) while in 8 fetuses (35%) it was unilateral [6 (75%) in the right foot and 2 (25%) in the left foot]. 52% of the fetuses in group A, 43% of group B and 67% of group C had accessory slips. Regardless of being uni- or bilateral, accessory tendons were encountered in 14 female (54%) and 9 male (47%) fetuses. The width of the EHL tendon was significantly increasing with age. When the widths of the accessory tendinous slips of fetuses were evaluated according to age, there was only significant difference between group A and B, but there were no significant differences between groups A and C and B and C.

In all cases, the accessory tendinous slips were always found within the same tendinous sheath of the EHL tendons and it was possible to observe them throughout their course within this sheath. They were always diverging to the medial side of the EHL tendons and were always attaching to the metatarsophalangeal joint capsule distal to the joint space. The mean distance between the medial sides of the EHL and accessory tendinous slips was 1.17±0.54mm.

Thus, one of the possible functions of the accessory tendinous slip may be to stretch the joint capsule during the dorsiflexion of the great toe by the EHL muscle. Secondly, it may help the EHL muscle to maintain a powerful dorsiflexion of the great toe by anchoring its tendon to the joint capsule.

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#### Parcellation of the orbital-frontal cortical subfields and their relationship to attention/concentration

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The orbital frontal cortex plays an important role in the etiology of many cognitive and psychiatric disorders such as schizophrenia, obsessive compulsive disorder, depression, autism, substance abuse, and antisocial behavior. The aim of this study was to provide a rapid and reproducible method to divide orbital frontal region to its subfields based on gyral/sulcal pattern and explore the relation between volumes of the cortical subfields and attention/concentration. The Cavalieri method and point counting were used to estimate the volumes of anatomically defined subfields of the orbital frontal cortex based on landmarks visible on T1-weighted magnetic resonance (MR) images. Twenty right-handed, healthy participants aged between 19-30 years were studied. Regional orbital frontal cortex volume estimates derived from point counting methods were reproducible between raters (Intra-class Correlations (ICC): 0.92-0.95) and repeatable within rater (ICC: 0.93-0.99).