



RESEARCH ARTICLE

MULTIPLE ANATOMICAL VARIANTS-HIGH DIVISION OF BRACHIAL ARTERY, SUPERFICIAL ULNAR ARTERY AND ANOMALOUS ORIGIN OF COMMON INTEROSSEOUS FROM RADIAL ARTERY

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ABSTRACT

Variation of vasculature in the upper limb has been infrequently reported. In the present case we report the high division of brachial artery above the cubital fossa, superficial course of ulnar artery associated with the origin of common interosseous artery from the radial artery in a male cadaver. Knowledge of anomalous origin is of significant importance to perform invasive surgical procedures and for vascular surgeons.

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INTRODUCTION

Axillary artery continues as the brachial artery at the lower border of teres major muscle. And terminates at the level of neck of radius in the cubital fossa by dividing into radial and ulnar arteries (Standring, Borley and Collins 2008). Usually, the ulnar artery gives off the common interosseous artery that divides into the anterior and posterior interosseous arteries. The ulnar artery passes deep to the superficial flexor muscles and runs with the ulnar nerve in the forearm. If the ulnar artery takes a high origin that lies superficially in the forearm it is known as superficial ulnar artery, the incidence of which is reported to be 0.7 to 7% (Senanayake, Salgado, Rathnayake, Fernando, Somarathne; 2007). Origin of common interosseous from radial artery has been rarely reported in previous studies (Bergman, Afifi, Miyauchi 2004).

Case report

During routine dissection for medical undergraduates at Kakatiya medical college, India high division of brachial artery above the cubital fossa, and superficial course of ulnar artery that is superficial ulnar artery, was observed in the right arm of an adult male cadaver of approximately 60 years of age. The radial and ulnar artery arose at the level of insertion of the

coracobrachialis muscle (Figures 1 and 2). Further the origin of common interosseous artery was from the radial artery rather than the ulnar artery. Course and branching patterns of the radial and ulnar arteries in the palm were usual. The left arm revealed no unusual vascular observations.

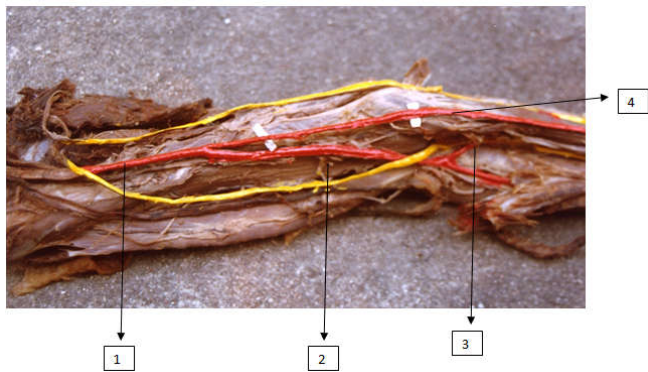
DISCUSSION

The brachial artery terminates into radial and ulnar artery at the neck of the radius in the cubital fossa. Various authors have studied the termination of brachial artery (Suatkeskin, Zeynepkeskin, M AkifTeber, 2013). Pokhrel R, bhatnagar R. in the year 2013 reported an unusually high origin of radial artery, that is brachioradial artery in the left arm of an adult male cadaver of approximately 60 years of age. Sawant SP in the year 2013 studied 200 adult specimens and revealed that the brachial artery bifurcated in the upper part of the arm in 12 specimens, in the middle part of the arm in 8 specimens and the brachial artery bifurcated above the cubital fossa in the lower part of the arm in 22 specimens. The brachial artery trifurcated in 6 specimens. He also observed that the radial artery gave origin to the common interosseous artery in the cubital fossa which terminated into anterior and posterior interosseous arteries. Variation in the branching pattern of the brachial artery is of considerable significance during cardiac catheterization for angioplasty, pedicle flaps, arterial grafting or brachial pulse. (Ghosh *et al.*, 2016). Ulnar artery variations are reported due to its high origin from axillary artery or from

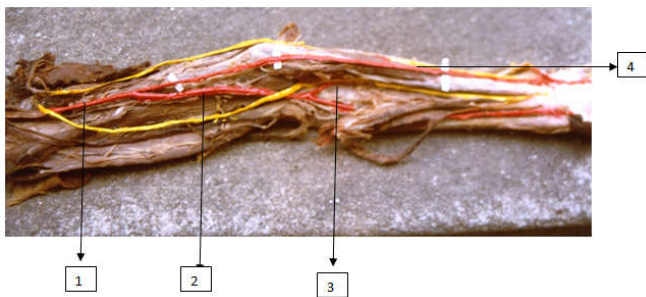
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brachial artery in the arm and its superficial course in the arm and forearm (Bhat, Potu, Gowda, 2008; Kithsiri, Senanayake, Rathnayake *et al.*, 2007).



**Figure 1. High division of brachial artery, superficial course of ulnar artery and origin of common interosseous from radial artery. 1. Brachial artery 2. Radial artery 3. Common interosseous artery 4. Superficial ulnar artery**



**Figure 2. High division of brachial artery, superficial course of ulnar artery and origin of common interosseous from radial artery. 1. Brachial artery 2. Radial artery 3. Common interosseous artery 4. Superficial ulnar artery**

The possibility of superficial arteries getting mistaken for superficial veins is also well reported (Kithsiri, Senanayake, Rathnayake *et al.*, 2007). Waseem al Talalwah, Dereje Getachew and Roger Soames 2015 reported that common interosseous artery was absent in 32.4% of 34 adult cadavers studied. Anomalous origin of common trunk of common interosseous, anterior and posterior ulnar recurrent arteries from the radial artery with ulnar artery presenting a superficial course was reported by (Srinivasaraosirasaganandla *et al.*, 2016). The number of upper limb arterial variations take place through the persistence, enlargement and differentiation of parts of the initial network which would normally remain as capillaries or even regress (Moore and Persaud, 2003).

## Conclusion

The knowledge of presence of the unusual high level bifurcation of brachial artery, superficial course of ulnar artery and origin of common interosseous from radial artery is clinically important for physicians, surgeons, orthopaedicians and radiologists performing different diagnostic and

therapeutic procedures. Undoubtedly, such variations should be well known for ensuring proper treatment without any complications.

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