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Case Report

A case report on variant termination of the brachial artery.

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During routine dissection, of the right upper limb of a 70 years old donated embalmed male cadaver in the Department of Anatomy, K.J. Somaiya Medical College, Sion, Mumbai, India, we observed a high level trifurcation of the brachial artery into the radial, ulnar and common interosseous arteries. The brachial artery trifurcated above the cubital fossa in the lower part of the arm. The ulnar artery travelled downward superficial to the superficial flexor muscles of the forearm. The common interosseous artery was longer in length. The common interosseous artery divided at unusual site in the cubital fossa into the anterior and posterior interosseous arteries. There were no associated altered anatomy of the nerves observed in the specimen. The variations were unilateral and the left upper limb was normal. The photographs of the high level trifurcation of the brachial artery into radial, ulnar and common interosseous artery were taken for proper documentation. Topographical anatomy of the normal and abnormal variations of the axillary artery are clinically important for surgeons, orthopaedicians operating on the supracondylar fracture of humerus and radiologists performing angiographic studies on the upper limb.

Keywords: Brachial Artery, Trifurcation, Radial Artery, Ulnar Artery, Common Interosseous Artery, Surgeons, Orthopaedicians, Radiologists, Angiographic Studies.

INTRODUCTION

The brachial artery ends in the cubital fossa by dividing into the radial and ulnar arteries. The ulnar artery, the deeper and the larger of the two terminal branches of the brachial artery, begins a little below the bend of the elbow, and, passing obliquely downward, reaches the flexor carpi ulnaris muscle in its middle third, whereas the ulnar nerve is covered by the muscle throughout its entire course running under the tendon in the wrist region. It then runs along the ulnar border up to the wrist, crosses

the transverse carpal ligament on the radial side of the pisiform bone, and immediately beyond this bone divides into two branches, which enter into the formation of the superficial and deep palmar arches. The common interosseous artery is a short branch of the ulnar, about 1 cm. in length, arises immediately below the tuberosity of the radius from the Ulnar artery. It passes back to the upper border of the interosseous membrane and divides into anterior and posterior interosseous arteries. Anterior interosseous artery descends on the anterior aspect of the interosseous membrane with the median nerve's anterior interosseous branch. Median artery, a slender branch from anterior interosseous artery, accompanies

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and supplies the median nerve (Williams et al., 1999). The radial artery appears, from its direction, to be the continuation of the brachial, but it is smaller in caliber than the ulnar. It commences at the bifurcation of the brachial, just below the bend of the elbow, and passes along the radial side of the forearm to the wrist and take part in the completion of the superficial and deep palmar arches.

CASE REPORT

During routine dissection, of the right upper limb of a 70 years old donated embalmed male cadaver in the Department of Anatomy, K.J. Somaiya Medical College, Sion, Mumbai, India, we observed a high level trifurcation of the brachial artery into the radial, ulnar and common interosseous arteries. The brachial artery trifurcated above the cubital fossa in the lower part of the arm. The ulnar artery travelled downward superficial to the superficial flexor muscles of the forearm and reached the flexor carpi ulnaris muscle in its middle third, whereas the ulnar nerve was covered by the muscle throughout its entire course running under the tendon in the wrist region. It then ran along the ulnar border upto the wrist, crossed the transverse carpal ligament on the radial side of the pisiform bone, and immediately beyond this bone divided into two branches, which entered into the formation of the superficial and deep palmar arches. The common interosseous artery was longer in length. The common interosseous artery divided at an unusual site in the cubital fossa into the anterior and posterior interosseous arteries. The radial artery travelled downward along the radial side of the forearm to the wrist. There were no associated altered anatomy of the nerves observed in the specimen. The variations were unilateral and the left upper limb was normal. The photographs of the high level trifurcation of brachial artery into radial, ulnar and common interosseous artery were taken for proper documentation.

DISCUSSION

The brachial artery commonly terminates into radial and ulnar arteries proximal or distal to intercondylar line. But the trifurcation of the brachial artery into radial, ulnar and common interosseous arteries are not common (Williams et al., 1999). In the present case the brachial artery trifurcates into the radial, ulnar and common interosseous arteries above the supracondylar line in the lower part of the arm. The supernumerary branches of brachial artery may be the radial recurrent artery or the median artery (Huber 1930). Various authors have made studies on termination of brachial artery (Williams et al., 1999; Huber 1930; Massie 1944; Thorek 1951; Anson and Maddock 1952; Anson 1966; Boyd et al., 1956; Lockhardt

et al., 1959; Romanes 1964; Patnaik et al., 2001). It may bifurcate proximally and reunite to form single trunk. Sometimes ulnar artery arise proximally. Rarely there may be a communicating vessel connecting axillary artery and brachial artery (Williams et al., 1999). The radial recurrent arising from the lower part of brachial artery separately but not as a one of the terminal branch is reported in literature (Huber 1930). The trifurcation of brachial artery into ulnar, radial, and radial recurrent arteries in a right superior extremity of fifty years old male cadaver during dissection is documented in literature. The third branch was radial recurrent artery and the common interosseous artery was given off from the ulnar artery, which divided into anterior and posterior interosseous arteries. The radial artery was normal in that study (Patnaik et al., 2001). Arteries in the right upper limb. There were no communicating branches seen between radial and ulnar arteries. In high termination of brachial artery if one of the two arteries lies superficial to the superficial flexor group of muscles. The other artery is taking the usual course is crossed superficially by the median nerve (Hollinshead 1962). In the present the ulnar artery was present superficial to the superficial flexor muscles of forearm and no aberrant artery was observed. The ulnar artery may take origin from the brachial artery proximally and then the brachial artery terminates into the radial artery and the common interosseous artery in the cubital fossa (Aharinejad et al., 1997). The radial artery also may take origin proximally from the brachial artery running superficial to forearm flexors or deep fascia or rarely subcutaneous. The common interosseous artery may take origin proximally (Celik et al., 2001). Sometimes the radial artery may be absent (Suganthi et al., 2002) and even the brachial artery may be absent (Clerve et al., 2001).

Developmental Basis

The seventh cervical intersegmental artery forms the axis artery of the upper limb and persists in the adult to form the axillary, brachial, and interosseous arteries. Transiently, the median artery arises as a branch of the interosseous artery, begins to regress and remains as a residual artery accompanying the median nerve (Singer 1933). The radial and the ulnar arteries are later additions to the axis artery. The ulnar artery and the median artery are branches of the axis artery (Rodriguez-Baeza et al., 1995). The superficial brachial artery is a consistent embryonic vessel, coexisting or not with the brachial artery (Tountas and Bergman 1993). It has two terminal branches, lateral and medial. The lateral continues as a part of the definitive radial artery (Vancov 1961) and the medial i. e. superficial antebrachial artery, which divides into the median and ulnar artery branches, which are the trunks of origin of the median and ulnar arteries. The arterial pattern of the upper limb develops from an initial

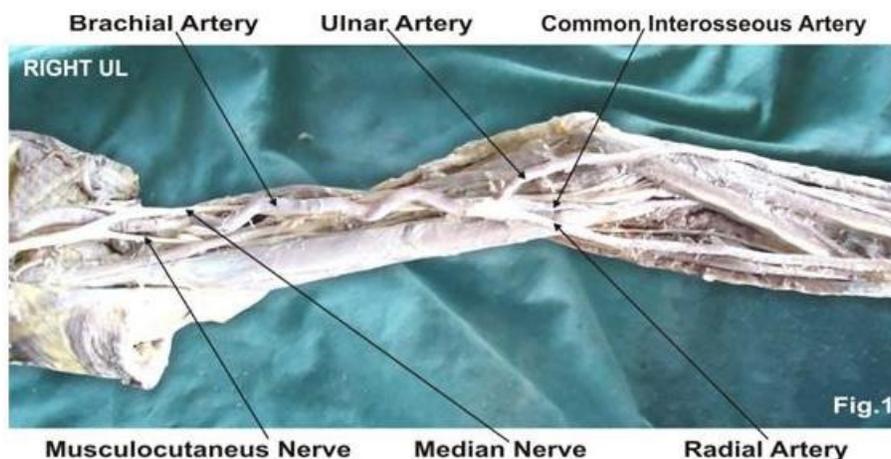


Figure 1. The photographic presentation of high level trifurcation of brachial artery into radial, ulnar and common interosseous artery. The ulnar artery travelled downward superficial to the superficial flexor muscles of the forearm. The common interosseous artery was longer in length.

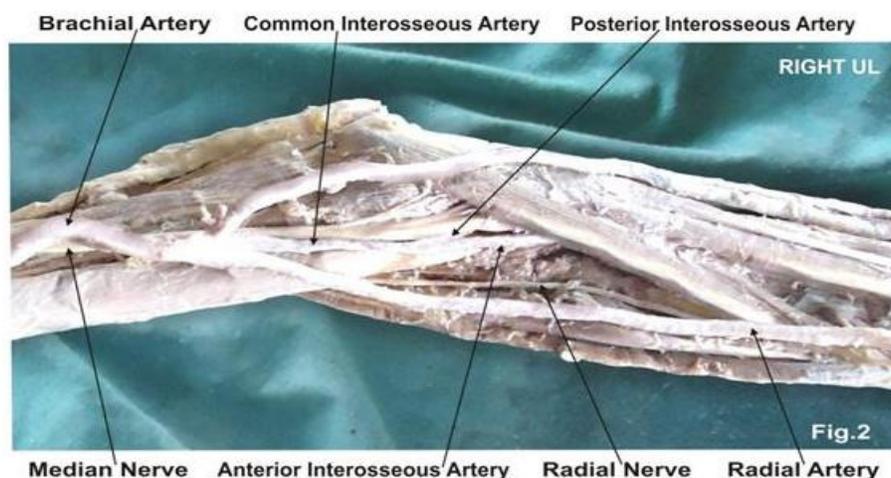


Figure 2. The photographic presentation of larger and superficial ulnar artery, smaller radial artery and unusual termination of the common interosseous artery into the anterior and posterior interosseous arteries in the cubital fossa.

capillary plexus by a proximal and distal differentiation, due to maintenance, enlargement and differentiation of certain capillary vessels, and the regression of others. The number of upper limb arterial variations arise through the persistence, enlargement and differentiation of parts of the initial network which would normally remain as capillaries or even regress (Rodriguez-Baeza et al., 1995; Chummy 2001; Moore and Persand 2003; Hamilton and Mossman 1978).

Clinical significance

The knowledge of presence of the unusual high level trifurcation of brachial artery is clinically important for clinicians, surgeons, orthopaedicians and radiologists performing angiographic studies. Undoubtedly, such variations are important for diagnostic evaluation and

surgical management of vascular diseases and injuries. Therefore both the normal and abnormal anatomy of the region should be well known for accurate diagnostic interpretation and therapeutic intervention.

CONCLUSION

These variations are compared with the earlier data & it is concluded that variations in termination in brachial artery are a rule rather than exception. The high level trifurcation of brachial artery in the lower part of arm may result in excessive haemorrhage during supracondylar fracture of the humerus. A lack of knowledge of such type of variations with different patterns may complicate the surgery and may cause unnecessary bleeding.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

SPS wrote the case report, performed the literature review and obtained the photograph for the study. RMM performed the literature search and assisted with writing the paper. STS conceived the study and helped to draft the manuscript. All authors have read and approved the final version manuscript.

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