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Anatomical study of Peroneus tertius

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Introduction: Peroneus tertius is an evolutionary muscle of anterior compartment of leg found exclusively in human being due to their erect posture.

Aim: The aim of present study is to highlight the variations of Peroneus tertius from academic, phylogenetic and clinical point of view.

Material and method: We dissected both the lower limbs of 50 embalmed apparently normal cadavers. Any variations in Peroneus tertius if observed were meticulously noted and photographs were taken.

Result: Absence of Peroneus tertius was seen in 11 cases. Peroneus tertius was replaced by additional slip from Extensor digitorum longus in 5 cases. Extensive origin was seen in 44 cases. Extended insertion was noted in 19 cases up to the shaft of fifth metatarsal.

Conclusion: Knowledge of such variations is important in various surgical procedures as peroneus tertius may be used for tendon transplantations, its correlation with stress fracture and treatment of ankle laxity.

Conflicts of interest

The authors have none to declare.

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A study of the incidence of the third trochanter of femur at RIMS

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Introduction: The third trochanter is a bony projection occasionally present on the proximal femur near the superior border of the gluteal tuberosity. It is usually oblong, rounded or conical in shape when present and sometimes continuous with the gluteal ridge. The incidence varies from 17–72% between ethnic groups and is more frequently reported in females. The present study was conducted to study the incidence of the third trochanter in the femur bones of the RIMS, Anatomy Dept.

Materials and methods: Ninety-five (95) dried adult femora of unknown age and sex were taken of which sixty (60) belonging to the right side and the rest being that of the left side. The femora were carefully inspected for the presence of third trochanter and if present, vertical and transverse dimensions were recorded using a digital vernier caliper. The study was conducted at the Department of Anatomy, RIMS, Imphal.

Results: Out of 95 study specimens 11 (eleven), i.e. 11.57% of femora had third trochanter. Of these 7.36% were on the right and 4.21% were on the left side. Maximum and minimum transverse diameters of the third trochanter were 17.56 mm and 3.73 mm respectively. Maximum and minimum vertical diameters were 47.65 mm and 17.54 mm respectively.

Conclusion: The third trochanter occurred more frequently on the right side in present study.

**Conflicts of interest**

The authors have none to declare.

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Incidence and morphology of the accessory head of the flexor pollicis longus muscle (Gantzer's muscle) in South Indian population

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Introduction: Anterior interosseous nerve syndrome/palsy in the forearm is believed to occur because of compression by the accessory head of flexor pollicis longus (Gantzer's muscle), also known as Kiloh-Nevin syndrome, is characterized by weakness of most of the muscles supplied by the anterior interosseous nerve, a branch of the median nerve, that innervates the flexor pollicis longus, the flexor digitorum profundus of the index finger and middle finger, and the pronator quadratus.

Aim and objectives: To study the accessory head of flexor pollicis longus muscle (ahFPL) and its relation with the anterior interosseous nerve.

Material and method: The study was performed on 58 upper extremities of 29 adult formalin embalmed cadavers in the Dept. of Anatomy, Shri B.M. Patil Medical College & Research Centre. In our dissection the prevalence and anatomical morphology of AHFPL including muscle shape, origin and insertion point and its relation to the anterior interosseous nerve (AIN) was examined.

Results: The AHFPL (Gantzer's muscle) muscle was found in 17 upper extremities (29.3%). It was bilateral in 7 cadavers (12.06%), and unilateral in 3 cadavers (5.17%). The muscle shape was spindle in 12 (20.68%), and papillary in 5 cadavers (8.62%). The AHFPL was originated from coronoid process of ulna in 11 (18.9%) upper extremities, and medial epicondyle of the humerus in 6 (10.38%) cases. The AIN passed anterior to the AHFPL in 1 (1.72%) case, lateral in 3 (5.17%) cases, posterolateral 4 (6.89%) cases and posterior in 9 (15.51%) cases.

Conclusion: The presence of Gantzer's muscle in the anterior compartment of the forearm may result in painful compartment syndrome due to a decreased availability of space. Our present study describes a rare finding of Gantzer's muscle and their potentially hazardous effects on the AIN. This report may thus provide radiologists and surgeons with relevant information necessary for differential diagnosis of AIN syndrome.

Conflicts of interest

The authors have none to declare.

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