

An Anatomical Study on Variations in Relation to Musculocutaneous and Median Nerve of Upper Limb

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Abstract

Background: Variations in the formation of brachial plexus and in the course of its branches are not as uncommon as was once thought. Anatomical knowledge of the variations about formation, course, termination of median and musculocutaneous nerve is extremely important in surgical exploration and administration of neuromuscular blocks in axillary region. This awareness helpful while planning reconstructive flap surgeries and treatment of fracture of humerus. Materials and Methods: This study was carried out on 40 normal formalin fixed upper limb specimens of 20 cadavers. Dissection was performed according to standard techniques. Variation in the origin, course, branching pattern, termination and relationship between median and musculocutaneous nerve were noted and documented. Results: In the present study, out of 40 specimens absence of musculocutaneous nerve was noted in 5

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Index terms— musculocutaneous nerve, median nerve, brachial plexus. Shoulder and Elbow joint, its cutaneous supply includes skin over anterolateral aspect of fore arm till the base of Thenar eminence. [1] II.

1 Materials and Methods

Forty limbs(Rt: 20; Lt: 20) from 20 embalmed cadavers were utilized during the study period of three years. The pectoral region, the axilla, the arm, cords and the branches of the infraclavicular part of the brachial plexus were dissected. The variations of median and musculocutaneous nerve were noted.

Observations: The musculocutaneous nerve was absent in 2 upper limbs of the same cadaver, median nerve showed varied anatomical pattern in respect to origin, course and termination. In left upper limb, the musculocutaneous nerve was found absent and median nerve was arising from three roots (2 from lateral cord and 1 from medial cord of brachial plexus), during its course in arm it was observed that nerve giving one proximal and one distal branch. Proximal branch supplying coracobrachialis, biceps brachii, and brachialis. Distal branch arises from lateral side of nerve and passes below the biceps brachii to continue as lateral cutaneous nerve of forearm.

2 Discussion

Multiple variations of Brachial plexus have been documented by Henry Hollinshead in 1969 [2]. Uzan [3] found three Roots from Lateral Cord and one Root from Medial Cord. These roots united to form Median nerve.

In the present study one specimen shows two roots from lateral cord and one from medial cord. Jahanshahi M [4] described absence of Musculocutaneous nerve and muscles normally supplied by it were supplied by Median nerve, however the Median nerve was formed in normal way. In our case Median nerve has three Roots, which is a variation, as Median nerve is normally formed by two Roots. Satyanarayanan N [5] describes three unilateral cases of variations in the formation of Median nerve. In the first case, the Median nerve was formed on the medial side of Axillary artery and also at a higher level. Later the Median nerve continued behind the Brachial artery

4 CONCLUSION

42 and received a communicating branch from Lateral Cord of Brachial plexus. In the second case, formation of
43 Median nerve was by three Roots, two Roots from Lateral Cord and one Root from Medial Cord. In the third
44 case, Median nerve was formed by four Roots, three Roots from Lateral Cord and one root from Medial Cord.
45 We have found three Roots of Median nerve in one left limb specimen which was in agreement with second case
46 of above mentioned author. The musculocutaneous nerve (C4-C6), a mixed peripheral nerve, arising from the
47 lateral cord of the brachial plexus in the axilla, usually innervates the muscles of the anterior compartment of
48 the arm and then continues as the lateral cutaneous nerve of the forearm [6] . PrasadaRao [7] reported two
49 cases of absent musculocutaneous nerve from the lateral cord of the brachial plexus. In the present study, the
50 absence of the musculocutaneous nerve was observed in 2 specimens of same cadaver. Ihunwo et al [8] reported
51 a case of the bilateral absence of the musculocutaneous nerve from the lateral cord of the brachial plexus, with
52 four branches arising from the lateral sideof the median nerve. This report was in correspondence with that of
53 the present study with little anatomical variations. Combination of absence of Musculocutaneous nerve and three
54 roots of Median nerve as seen in the present case is a rare occurrence. Knowledge of this variation is crucial while
55 performing block dissection of Axilla, reconstructive flap surgeries, treating Humeral fractures by open reduction
56 and even while performing incision and drainage of an Axillary abscess. Presence of such variation should always
57 be kept in mind while testing of muscle after administration of neuromuscular block.

58 3 a) Embryological Explanation

59 William Larsen [9] quotes that ventral column motor axons sprout from spinal cord in craniocaudal direction
60 around day 30 in a developingembryo. An apical structure "Growth Cone" is formed at the growing tip of axon.
61 The Growth Cone decides the path to reach the target organ. Filopodia present on Growth Cone grow towards
62 the target organ by sensing molecular markers secreted by surrounding tissue. Location and innervations of the
63 target organ (muscle, joint, skin) is dependent on secretion of certain tropic substances by target organs and its
64 identification by growing axon. Absence of Musculocutaneous nerve in the present case can be explained that
65 growth cone Filopodia of ventral column motor axon sprouting from C5, C6 and C7 spinal segments took an
66 unusual path and travelled from Lateral Cord to form Median nerve via Lateral Root of Median nerve. However
67 the growth cone recognized Median nerve had two medial roots because fibres from C8 and T1 spinal segments
68 joint lateral root of median nerve separately.

69 IV.

70 4 Conclusion

71 Roots of brachial plexus seen in root of neck in way to axilla where they form chords. So any surgeries involving
72 axilla and posterior triangle of neck needs utmost care and sufficient knowledge of formation of median nerve and
73 variation in origin of musculocutaneous nerve. Although musculocutaneous nerve found absent in bilateral side
74 of specimen surgeon should need to know about multiple variation of this nerve which have clinical significance
75 in posttraumatic evaluations and exploratory innervations of the arm for peripheral nerve repair. Even though
76 median nerve is main nerve of forearm it supplies arm when absence of musculocutaneous nerve, so it is necessary
77 to gain awareness about such variations before any interventions in treatment of fracture of Humerus and surgeries
78 related to elbow joint. ¹



Figure 1: Introduction



Figure 2: VFig. 1 :



Figure 3: Fig. 2 :Fig. 3 :



Figure 4: I

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