

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Cephalic Vein Variation.

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ABSTRACT

In a study done on 10 cadavers in Department of Anatomy Madras Medical college and hospital, Chennai. In two bodies two large communicating veins found connecting median cubital vein with cephalic vein, the Knowledge of variations in cephalic vein is helpful in conducting surgeries in that part of the upper limb.

Keywords: Cephalic vein, Median cubital vein, upper limb.

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INTRODUCTION

The knowledge of cephalic vein is helpful in giving intravenous injections, blood transfusions and construction of arteriovenous fistula in the wrist. Now days, Pacemaker defrillator implantation is done through cephalic vein.

MATERIALS AND METHODS

A study of cephalic vein was done in 10 cadavers in department of Anatomy, Madras Medical college and hospital, Chennai. In two bodies two large communicating veins found connecting medial cubital vein with cephalic vein.

Observation

In one cadaver a vein of 4.8 cm length and 0.35cm diameter was found to communicate with median cubital vein at level of 3.8 cm below lateral epicondyle with cephalic vein at level of 1cm above lateral epicondyle. This communicating vein from median cubital vein ascended upwards to join the cephalic vein.

In another cadaver a vein of 12 cm length and 0.36 cm diameter was found to communicate median cubital vein at level of 1 cm below medial epicondyle to cephalic vein at level 13.5 cm above lateral epicondyle. This communicating vein from median cubital vein ascended upwards and joined with cephalic vein.

DISCUSSION

The cephalic vein usually forms over the anatomical snuff box from the over the radial end of the dorsal venous plexus, then it ascends in front of elbow, superficial to a groove between brachioradialis and biceps, crosses superficial to lateral cutaneous nerve of forearm. Then it enters the infraclavicular fossa, pierces deep fascial layer, crosses axillary artery and joins axillary vein.

In a study done on superficial patterns of cubital in Indians in 546 subjects both living and dead, the brachial portion of cephalic vein was absent in 15 cases, rudimentary (11 cases) or taken by and accessory cephalic vein (78 cases) in one dissection it was found that a deep vein piercing the deep fascia in front of the elbow joint and extended upwards as cephalic in the arm. These patterns accounted for 105 of the 536 cases. In 67 cases cephalic vein and basilica vein had no direct communication with each other in the elbow.

In one study done on 40 cadavers to know if there are more lateral branches than medial branches to cephalic vein in the deltopectoral groove, it was found that lateral branches are more than medial branches. In another study on cephalic vein grafts there was only once absence of cephalic vein noted [1-6].

CONCLUSION

Knowledge of such communicating branches connecting median cubital vein with cephalic vein is helpful for surgeons in conducting surgeries in the part of upper limb.

REFERENCES

- [1] Williams Peter L and Dyson Mary. Gray's Anatomy 37th edition Edinburgh Churchill Livingstone 1989; 506 – 807 pp.
- [2] Chen JY, Chang KC, Lin YC, Chou Ht and Hung. J Intery Card Electrophysical 2005; 12(1); 75-81.
- [3] Johnson David, Ellis Harold and Collins Patricia Gray's Anatomy 39th edition Elsevier; Churchill Livingstone; 856 – 857pp.
- [4] Halim A and Abdi SHM. Indians Anat Res 1974; 178; 631 – 636.
- [5] Radowski CA, et al. Clin Orthop Rajat Res 2006: 442; 13042.
- [6] Reid CD, Taylor GI. Br J Plast Surg 1974; 37; 194 – 211.