Prevalence of foramen arcuale and its clinical significance: A meta-analysis of 55,985 subjects

Przemysław A. Pękala1,2, Brandon Michael Henry1,2, Jakub R. Pękala1,2,∗, Wan Chin Hsieh1,2, Jens Vikse1,2, Beatrice Sanna3, Jerzy A. Walocha1,2, R. Shane Tubbs4,5, Krzysztof A. Tomaszewski1,2

1 International Evidence-Based Anatomy Working Group, Krakow, Poland
2 The Brain and Spine Lab, Department of Anatomy, Jagiellonian University Medical College, Krakow, Poland
3 First Faculty of Medicine, Charles University, Prague, Czech Republic
4 Faculty of Medicine and Surgery, University of Cagliari, Sardinia, Italy
5 Seattle Science Foundation, Seattle, Washington, USA
E-mail address: jr.pekala@gmail.com (J.R. Pękala).

Aim: The aim of this study was to deliver the most complex study on the prevalence of the FA and its clinical significance.

Introduction: Foramen arcuale (FA) is an osseous prominence formed in place of a sulcus for the vertebral artery on the posterior arch of the atlas. The presence of an FA can make a threat during neurosurgery by giving a false notion of a wider posterior arch when viewed dorsally during C1 lateral mass screw insertion.

Results: A total of 13 (7.34%) patients underwent unplanned early reoperation. Those patients significantly more often had retromastoid craniotomy (25.00% vs. 6.40%; \( p = 0.047 \)). And significantly more often suffered from ischemic heart disease (66.67% vs. 6.64%; \( p < 0.01 \)) and atrial fibrillation (60% vs. 6.25%; \( p < 0.01 \)). Reoperated patients also more often took heparin (50% vs. 6.74%; \( p < 0.01 \)) and anticoagulants (66.67% vs. 6.21%; \( p < 0.01 \)). In multivariate logistic regression analysis anticoagulants intake (OR: 31.463; 95% CI: 1.139–868.604; \( p = 0.04 \)) and retromastoid craniotomy (OR: 6.642; 95% CI: 1.139–38.73; \( p = 0.034 \)) remained independently associated with higher risk of early reoperation.

Conclusion: Patients who underwent retromastoid craniotomy, those with history of ischemic heart disease or atrial fibrillation and those who take heparin and anticoagulants are more likely to require early reoperation. Retromastoid craniotomy and anticoagulants intake are independent risk factors for early reoperation.

Acknowledgements: To our Tutors: Jarosław Polak, MD, PhD and Roger Krzyżewski, MD.

http://dx.doi.org/10.1016/j.pbj.2017.07.035

PS095

Quality of Life and aortobifemoral bypass – Importance of the hypogastric arteries

C. Braz∗, R. Castro-Ferreira, P. Dias, S. Sampaio, J. Teixeira

Faculdade de Medicina da Universidade do Porto, Portugal
E-mail address: carolina.c.braz@gmail.com (C. Braz).

Aim: Evaluate SD after AFB and assess the importance of patent hypogastric arteries before the procedure.

Introduction: The aortobifemoral bypass (AFB) is one of the best options to revascularize patients with Aortoiliac Occlusive Disease (AIOD). The impact of this procedure in sexual function (SF) is unpredictable, with 20–80% of the patients reporting sexual dysfunction (SD) after surgery. There’s still insufficient data to safely predict the development of SD after AFB and what the role of hypogastric arteries.

Methods: The study includes only male population submitted to AFB due to AIOD. Patients with major amputations after the surgery were excluded. The development of SD was evaluated by phone call. The quality of life before and after the procedure was evaluated by a standardized index score questionnaire (ISD). Pre-operative potency of hypogastric arteries was appraised by assessing the patients imaging file. The arteries with direct anterograde flow were considered patent.

Results: Of a total of 53 patients, 40 were included in the study – exclusion causes were intrahospital death, natural cause death and major amputation. In the included group, 37% reported worsening, 26% improved and 37% did not notice any change in SF after surgery. If at least one of the hypogastric arteries was patent before surgery, 58% described worsening in SF compared to only 13% in the group with no sustained anterograde flow to the hypogastric arteries. 92% of the patients was not warned of the possibility of SD after surgery, being that 26% of these would have refused the procedure if they knew.

Conclusion: SD is a prevalent and often overlooked complication after open aortoiliac revascularization and it remains a major taboo in the surgeon/patient relation. The existence of at least one hypogastric artery with preserved anterograde flow before
surgery can strongly predict a higher risk of sexual dysfunction after surgery.

http://dx.doi.org/10.1016/j.pbj.2017.07.037

PS197

Compensatory renal overgrowth after unilateral nephrectomy in children

Krzysztof Kopyt 1,∗, Aleksandra Gauden 1, Michal Ebisz 1, Michal Jurczyk 1, Adam Olesiak 1, Piotr Soltysiak 2, Wojciech Gorecki 2

1 Student Research Group – Jagiellonian University Medical College, Krakow, Poland
2 Pediatric Surgery Clinic, Jagiellonian University, Krakow, Poland
E-mail address: krzysztof.kopyt@student.uj.edu.pl (K. Kopyt).

Aim: The aim of the study is to investigate the intensity of renal overgrowth after unilateral nephrectomy in children’s population, as well as to check dependency between kidney’s dimensions and patient’s age.

Introduction: Solitary kidney after unilateral nephrectomy tends to overgrow. In adult population the dynamic of overgrowth and maximal dimensions are identified. In childhood there are no described patterns of the process of solitary kidney overgrowth.

Methods: Patients who had undergone unilateral nephrectomy in the University Children’s Hospital of Cracow were enrolled. The length of the solitary kidney was compared with control group which was based on ultrasound examination of the kidney (left n = 1601, right n = 1635) performed in the same clinic in children without kidney disease. All examinations were carried out with Philips Epiq 5G ultrasound unit with convex probe C5-1 MHz by a single physician (PS).

The comparison was analysed with t-student test for one or two means. 18 children (7 males) from the birth to the age of 17 who underwent in total 48 ultrasound examination after the nephrectomy were enrolled.

Results: There was significant difference between the mean of the kidney’s length in patients after unilateral nephrectomy and control group. The difference was the most explicit in the groups at the age from 8 to 12 for the left kidney (difference range from 11 to 19 mm, p < 0.05) and in the groups at the age from 8 to 12 for the left kidney (difference range from 11 to 19 mm, p < 0.05). Solitary kidney in children after nephrectomy is significantly larger than in the control group.

Conclusion: The dynamic of solitary kidney overgrowth in children should be taken into consideration while performing the sonographic examination. Chronic kidney disease may be suspected when overgrowth of the solitary kidney is not present. Further research dealing with the dynamic of compensatory kidney overgrowth in children is indicated.

http://dx.doi.org/10.1016/j.pbj.2017.07.038