

# CURRICULUM VITAE

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**Dr George K. Paraskevas** born in Greece and works as Associate Professor of Anatomy at Department of Anatomy, Medical School, Aristotle University of Thessaloniki (AUTH), Thessaloniki, Greece. He received the Medical degree from Medical School, Aristotle University of Thessaloniki, attained the Ph.D. degree in 2000 (degree: excellent) and gained full qualification as specialist in orthopaedic surgery in 2005. In 2005 was appointed as Postdoctoral Lecturer at Department of Anatomy, AUTH and in 2010, G.K.Paraskevas served as Assistant Professor at the Department of Anatomy in Medical School of Aristotle University of Thessaloniki, Greece and since 2014 serves as Associate Professor.

## **Research and Scientific Fields of Interest**

Surgical anatomy and embryology of gastrointestinal tract, Congenital anomalies of bones and muscles, Entrapment syndromes of nerves and neuropathies, Variational anatomy of vascular system, Trauma and surgery, History of Anatomy, Anatomical nomenclature, Anthropometric studies

## **Educational activity**

- Assistant of Anatomy at the Department of Anatomy in Medical School of Aristotle University of Thessaloniki, Greece (1989-1994).
- Volunteer Scientific Fellow in Anatomy at the Department of Anatomy in Medical School of Aristotle University of Thessaloniki, Greece (1994-2004).

- Lecturer at the Department of Anatomy in Medical School of Aristotle University of Thessaloniki, Greece (2005).
- Assistant Professor at the Department of Anatomy in Medical School of Aristotle University of Thessaloniki, Greece (2010) (Teaching Anatomy for undergraduate students of Medicine and Dentistry).
- Volunteer Scientific Fellow in Anatomy at the Laboratory of Anatomy in Sports Science School of Aristotle University of Thessaloniki, Greece (1998-2004).
- Volunteer Scientific Fellow in 3<sup>rd</sup> Orthopaedic Clinic in Medical School of Aristotle University of Thessaloniki, Greece (2005-2006).
- Teaching Anatomy in Nursing Schools.
- Teaching Anatomy in Pharmacy School of Aristotle University of Thessaloniki, Greece (1994-2016).
- Teaching subjects of Anatomy as an invited educator-lecturer in Medical School of University of Thessalia (2002) and University of Ioannina (2005).
- Teaching Anatomy for Artists in School of Arts of Aristotle University of Thessaloniki, Greece (2005-2009).
- Teaching Surgical Anatomy to undergraduate medical students of 2<sup>nd</sup> Surgical Clinic of the Medical School of Aristotle University of Thessaloniki (1997-1999).

### **Postgraduate teaching activity**

- Teaching subjects of "Clinical, Surgical and Functional Anatomy" in programs of Postgraduate studies of the Medical School of Aristotle University of Thessaloniki, Greece (2001-2014).
- Participation as educator-trainer in 15 workshops-seminars of Surgical Anatomy undertaken in Greece.
- Participation as educator-lecturer in postgraduate lessons given for residents in various Clinics and Laboratories of Hospitals of Thessaloniki.

### **Postgraduate education**

To the Department of Anatomy, Faculty of Veterinary Medicine, University of Thessaloniki and Institute of Anatomy of Medical Faculty of University of Belgrade .

### **General scientific-academic activity**

Member of Organizing Committees and Scientific Committees of various national and international Congresses, Workshops, Seminars and Meetings mainly in the field of Anatomy, Orthopaedics and Surgery.

Member of 4 Medical Societies.

Supervisor and member of the advisory board of 15 dissertations (Ph.D Thesis) and 1 postgraduate diploma (Master of Science).

Participation in the examination committee of 8 dissertations.

Author of many papers published in various Greek journals.

Participation with oral announcements or posters in various national and international Congresses.

Participation as invited speaker with lectures given in congresses.

**Member of the Editorial Board of 141 international medical journals**

"Folia Anatomica\*", "Open Anatomy\*", "ISRN Anatomy", "Forensic Medicine and Anatomy Research", "OA Anatomy", "Anatomy and Physiology: Current Research", "Austin Journal of Anatomy", "Jacobs Journal of Anatomy", "MOJ Anatomy and Physiology", "International Journal of Anatomy and Applied Physiology", "JSM Anatomy and Physiology", "Cresco Journal of Anatomy and Physiology", "Global Scientific Research Journal of Anatomy", "Human Anatomy Open Access Journal", "Journal of Human Anatomy and Physiology", "The Scientific Pages of Anatomy and Physiology", "International Journal of Anatomical Variations", "SM Journal of Clinical Anatomy", "Anatomy and Physiology Open Access", "Journal of Molecular Histology and Medical Physiology", "Journal of Congenital Disorders", "Austin Forensic Science and Criminology", "Forensic, Legal and Investigative Sciences", "Journal of Forensic Research", "SM Journal of Forensic Research and Criminology", "International Journal of Forensic Sciences", "Annals of Forensic Research and Analysis", "NESSA Journal of Forensic Sciences and Crime", "Gavin Journal of Forensic Studies", "Journal of Advanced Forensic Sciences", "Journal of Forensic Medicine Forecast", "IL Journal of Forensic and Medicine", "OA Orthopaedics", "Journal of Rheumatology and Orthopaedics", "EC Orthopaedics", "Gavin Journal of Orthopedic Research and Therapy", "Orthopedic Research and Reviews", "Osteology and Rheumatology", "ARC Journal of Orthopedics", "Orthopedics Research and Traumatology-Open Journal", "International Journal of Orthopedics and Rehabilitation", "Journal of Bone Biology and Osteoporosis", "Journal of Foot and Ankle\*", "International Journal of Foot and Ankle", "JSM Journal of Foot and Ankle", "Foot and Ankle:Studies", "Journal of Autoimmune Diseases and Rheumatology", "Journal of Clinical and Experimental

Orthopaedics" , "SRL Orthopedics: Research and Therapy", "Journal of Muscle Health", "Source Journal of Rheumatology", "British Journal of Orthopaedics and Sports Medicine", "International Archives of Orthopaedic Surgery", "American Research Journal of Orthopedics and Traumatology", "Journal of Orthopaedics and Skeletal Medicine", "Clinical Archives of Bone and Joint Diseases", "The Scientific Journal of Orthopedics and Rheumatism", "Orthopaedic Surgery and Traumatology", "SciFed Journal of Bone and Spine", "SM Journal of Trauma Care and Treatment", "International Journal of Surgical Research Application" ,"ARC Journal of Surgery", "Clinics in Surgery", "Annals of Surgery International", "Global Journal of Surgery", "BAOJ Surgery", "American Journal of Medical Sciences and Medicine", "American Journal of Clinical Medicine Research", "Journal of Radiology Case Reports", "Journal of Research in Nursing and Midwifery", "Open Access Journal of Science and Technology", "Novus International Journal of Medical Science", "International Journal of Medical Imaging", "World Journal of Medical and Surgical Case Reports", "Basic Research Journal of Medicine and Clinical Sciences", "Medical Engineering in Clinic", "International Journal of Medicine", "International Journal of Medical Case Studies", "International Journal of Basic Sciences of Medicine", "Trends Journal of Sciences Research", "Annals of Cancer Research", "Advances in Life Science and Medicine", "JBR Journal of Clinical Diagnosis and Research", "International Journal of Case Reports and Images", "British Journal of Applied Science and Technology", "Breast Cancer Reports", "Archives of Clinical Hepatitis Research" ,"Open Medicine Journal", "Advances in Pharmacognosy and Phytomedicine", "International Journal of Multidisciplinary Research and Development", "Austin Cardio and Cardiovascular Case Reports", "Research Journal of Medical Sciences" , "Indian Journal of Case Reports", "Journal of Biology and Nature", "Journal of Case Reports and Studies", "ARC Journal of Clinical Case Reports", "Asian Journal of Current Research", "Insights in Internal Medicine", "Journal of Heart and Cardiology", "Cardiology and Cardiovascular Medicine", "International Journal of Cancer Research and Therapy" ,"Journal of Clinical Reviews and Case Reports" ,"Gavin Journal of Case Reports", "Journal of Renal Medicine", "JSM Oro Facial Surgeries", "International Journal of Medical and Health Research", "Open Access Journal of Endocrinology", "EC Dental Science", "Annual Research and Review in Biology", "ThinkerHubs Journal of Radiology", "Austin Head and Neck Oncology", "Journal of Dentistry and Oral Health Practice" , "International

Archives of Cardiovascular Diseases”, “Biomedical Journal of Scientific and Technical Research”, “Med One”, “EC Pulmonology and Respiratory Medicine” , “EC Cardiology”, “International Journal of Advances in Medical Sciences”, “SciFed Journal of Surgery”, “IL Journal of Clinical Case Reports”, “International Journal for Case Reports”, “International Archives of Clinical Physiology”, “Insights in Head and Neck Cancer”, “Annals of Cardiovascular and Thoracic Surgery”, “Interdisciplinary Journal of Gastroenterology, Hepatology and Endoscopy”, “Biomedical Journal of Science and Technical Research”, “Interdisciplinary Journal of Nursing and Critical Care”, “Integrated Medical and Clinical Case Reports”, “Scientific Journal of Pulmonary and Respiratory Medicine”, “Integrative Clinical Cardiology”, “IL Journal of Forensic Science and Medicine”, “The Scientific Journal of Bioengineering”, “Open Access of Cardiology”, “International Journal of Rare Diseases and Disorders”, “Research Journal of Oncology”, “SCIOL Biomedicine”, “International Archives of Vascular Medicine”, “SM Pregnancy and Care”, “GSC Biological and Pharmaceutical Sciences”, “International Journal of Medical Science and Health Research”, “SM Sports Medicine and Therapy”, [ with \* are indicated journals that are not published nowadays].

### **Reviewer of medical journals**

“Clinical Anatomy”, “Surgical and Radiologic Anatomy”, “Anatomy Research International”, “Journal of Orthopaedic Research”, “Aristotle University Medical Journal”, “International Medical Case Reports Journal”, “Orthopaedic Research and Reviews”, “Journal Bone and Joint Surgery”, “International Journal of Clinical Dentistry”, “Ippokratia”, “Journal of Cardiothoracic Surgery”, “Journal of Physical Education and Sport Management”, “Neurosurgery”, “Journal of Medicine and Medical Sciences”, “Bone and Joint Surgery”, “Medical Science Monitor”, “Anatomy and Cell Biology”, “Journal of Brachial Plexus and Peripheral Nerve Injury” , “Cases Reports in Surgery”, “Anatomical Sciences Education” and the journals in which I participate as member of the editorial board.

**Translations of Anatomy Textbooks and Atlases in Greek language** (Sobotta, Netter, Thiel, Whitaker-Borley, Jacob, Lippert, Tillmann, The World’s Best Anatomical

Charts).

### **Author of Textbooks of Anatomy in Greek language**

1. "*Essential Anatomy*", **G. Paraskevas**, L. Lazos. Textbook for educational purposes of the Pharmaceutical School of University of Thessaloniki (pages 255/ ed. 1996).
2. "*Neuroanatomy - Central Nervous System*", **G. Paraskevas**. Textbook of Anatomy for educational purposes of the students of Medical School of Aristotle University of Thessaloniki (pages 701/ ed. 2013).
3. "*Cardiovascular System*", P. Tsikaras, **G. Paraskevas**, K. Natsis. Textbook of Anatomy (pages 320/ ed. 2005).
4. "*Sensory Organs*", P. Tsikaras, K. Natsis, **G. Paraskevas**. Textbook of Anatomy (pages 262/ ed. 2006).
5. "*Introduction to human anatomy*", P. Gigis, **G. Paraskevas**. Textbook of Anatomy for educational purposes of the students of Medical School of Aristotle University of Thessaloniki (pages 461/ ed. 2002).
6. "*Congenital abnormalities of the extrahepatic biliary tract*", B. Papaziogas, **G. Paraskevas** (pages 295/ed. 2006).
7. "*History of Anatomy in Medical School of Aristotle University of Thessaloniki*", **G. Paraskevas** (pages 140/ ed. 2006).
8. "*Topographic Anatomy of the portals in arthroscopic surgery*", **G. Paraskevas** (pages 63/ ed. 2001).
9. "*Anatomy*", **G. Paraskevas**. Textbook of Anatomy (pages 380/ed.2008).

### **Collaboration with Clinics-Laboratories-Departments**

Laboratory of Anatomy of School of Sports Science of University of Thessaloniki  
Institute of Anatomy, Medical Faculty, University of Belgrade (with Prof. S. Malobabic and Prof. G. Teofilovski – Parapid)  
Department of Anatomy of Veterinary Faculty of University of Thessaloniki (with Prof. A. Karamanlidis)

Department of History of Medicine of Medical Faculty of University of Thessaloniki

B' Surgical Clinic, Medical Faculty of University of Thessaloniki

B' Surgical Clinic, Hospital "Papageorgiou", Thessaloniki (with Consultant K. Karamoschos)

Orthopaedic Clinic, Hospital "Panagia", Thessaloniki

3<sup>rd</sup> Orthopaedic Clinic, Medical Faculty of University of Thessaloniki

B' Neurosurgical Clinic of Medical Faculty of University of Thessaloniki

Department of Anatomy-Histology-Embryology, Medical Faculty, University of Ioannina, Greece

Department of Anatomy-Histology-Embryology, Medical Faculty, University of Bochum, Germany

B' Surgical Clinic, Hospital "Papanikolaou", Medical Faculty of University of Thessaloniki

# **A. PUBLISHED ARTICLES IN PEER-REVIEWED INTERNATIONAL JOURNALS**

## **1. Some remarks concerning clinical anatomical terminology**

G. Paraskevas, P. Gigis, S. Malobabic

*Folia Anatomica, 27(1): 71 – 75, 1999*

In this paper we present a problem about the clinical anatomical terms which are derived from the scientists who first described them. History of Anatomy has wrongly contributed to some anatomists the first description of the anatomical structures corresponding to some anatomical terms. Our attempt is to report such anatomical terms in order to present this problem and without making any

suggestions about their alteration. Such clinical anatomical terms are the following ones: glands of Cowper, Eustachian tubes, Fallopian tubes, antrum of Highmore, vein of Mayo, corpuscles of Pacini, Sibson's fascia, circle of Willis and cartilages of Wrisberg.

## **2. Primary malignant mesothelioma of the greater omentum**

C. Lazaridis, B. Papaziogas, A. Souparis, T. Pavlidis, R. Kotakidou, G. Paraskevas, H. Argiriadou, T. Papaziogas

*Arch. Gastroenterohepatol, 19(3 – 4):87 – 89, 2000*

Peritoneal mesothelioma is a rare neoplasm and forms about 10% of all mesotheliomas. We report on a case of a primary malignant mesothelioma of the peritoneum of the greater omentum in a 83 year old male, who presented with ascites weight loss, and symptomatic cholelithiasis. The diagnosis was set intraoperatively with biopsy of the greater omentum. Due to the advanced spread of the tumor, the advanced age of the patient and his poor general condition, no additive therapy was applied. The patient underwent postoperatively multiple palliative paracentesis of the ascites, and finally died 12 months after the diagnosis.

## **3. Preduodenal portal vein in the adult**

T. Papaziogas, B. Papaziogas, G. Paraskevas, C. Lazaridis, A. Patsas

*Morphologie, 84(266): 33 – 36, 2000*

We present three cases of preduodenal portal vein in adult people, which were diagnosed in our Department. All of them were identified during elective operation for cholelithiasis, caused some technical difficulties to the performance of the operation, but led to no major intraoperative or postoperative complications. None of them had any preoperative symptoms, which could be related to this anomaly. The preduodenal portal vein is a rare congenital anomaly, which is usually discovered in infants or children due to the obstruction of the duodenum. In adults, it is often asymptomatic, and is usually discovered as an accidental finding during laparotomy for other reason. The postcontrast CT can set the diagnosis, when this anomaly is suspected. Despite its rarity, this anomaly is of great surgical importance, because it can predispose to intraoperative complications including hemorrhage from the abnormal vein, or damage to the biliary tract or the distended duodenum.

#### **4. Embryology and clinical significance of the perforated diaphragm of pyloric antrum in adults**

G. Paraskevas, B. Papaziogas, T. Pavlidis, P. Xepoulas, P. Gigis, T. Papaziogas  
*Folia Anatomica, 28(1): 48 – 53, 2000*

In this paper we study the presence and clinical significance of a perforated diaphragm of the prepyloric region of the stomach in adult. We found such a diaphragm in a 52 year old female, who had pain in the epigastric region, feeling of fullness and tendency to vomit. The frequency of the congenital diaphragm of the antrum is 1 case in 1.000.000 births. Its frequency in adults is lower because that diaphragm is penetrated, allowing the gastric content to pass in the duodenum. We present the different types of gastric atresia, the theories about the formation of the perforated diaphragm, the position of the diaphragm, the accompanying symptoms and the methods of diagnosis and surgical treatment.

#### **5. Hippocratic views concerning the anatomical characteristics of «arteries» and «veins»**

H. Christopoulou – Aletra, P. Gigis, G. Paraskevas  
*International Angiology, 19(4):373 – 376, 2000*

The anatomical knowledge, described in the collection of books named after Hippocrates Hippocratic corpus, is usually vague and limited. This is mainly due to the respect that ancient people had for the dead. Though the Hippocratic books, for the first time, supported the rationality of the aetiology of diseases, and prognosis and treatment were based on the observation, the inability of inspecting – by using dissection – the inner parts of the body, restricted the means of obtaining knowledge on the subject, until almost the Renaissance. However, in some cases, surprisingly enough, this ignorance does not exist. In this essay we shall attempt to elucidate some of the Hippocratic views – either erroneous or up to date – concerning the anatomical information of the vascular system, especially the «arteries» and «veins».

#### **6. Variants of ulnar sulcus for the extensor carpi ulnaris and their clinical significance**

G. Paraskevas, P. Gigis, S. Malobabic, P. Xepoulias, D. Intzes, C. Gekas

*Folia Anatomica* , 28(1): 29 – 33, 2000

We studied the morphological features of the sulcus for the tendon of the extensor carpi ulnaris, in 176 dried ulnae. The great importance of the morphology of that sulcus is due to the fact that the tension of the previous tendon is an important factor for the stability of the inferior radio – ulnar joint. That sulcus which is situated on the dorsal aspect of the lower end of the ulna was classified into the following types: Type A, which is a deep sulcus was noticed in 49,4%, type B, which is a shallow sulcus with large styloid process of ulna was noticed in 29%, type C, which is a shallow sulcus with small styloid process was noticed in 15,4% and type D, which is a flattened sulcus with frequency 6,2%. We noticed that type A was more frequent in the right side, while type B and C are less frequent in the right side. Also, we found that the width and the length of the sulcus of types A, B, and C were obviously larger in the right side. Maybe, these notices could be attributed to the right handedness. We noticed, also, that as shallower is the sulcus, so longer and wide it is, in order to maintain the tendon of the extensor carpi ulnaris.

## **7. Annular pancreas in adults: embryological development, morphology and clinical significance**

G. Paraskevas, B. Papaziogas, C. Lazaridis, P. Gigis, T. Papaziogas

*Surgical and Radiological Anatomy*, 23: 437 – 442, 2001

We present three cases of annular pancreas, which were found and operated in our Surgical Clinic during the last three decades. The proportion between male and female patient was 2:1. The diagnosis was set with the contribution of the radiographic control and especially the sonographic and computed tomographic control. In two cases there was incomplete obstruction and in the other one the obstruction was complete. It is characteristic that in the case of complete obstruction the annular portion of the duodenum concluded to a circular band of connective tissue and in the other two cases of incomplete obstruction there was a complete ring of pancreatic tissue. This condition needs surgical intervention to restore the viability of the duodenal lumen. In the first case we performed gastroenterostomy and truncal vagotomy, in the second case latero-lateral duodenojejunosomy and in the third case latero-lateral antropyloroduodeno- jejunosomy. We studied and reviewed the embryology

and morphology of the annular pancreas, the morphology of its duct system, the diagnosis, the differential diagnosis and the surgical treatment of that rare condition.

### **8. Geometry of the articular surfaces of the glenohumeral joint**

V. Boulti, A. Mylonas, G. Paraskevas, P. Xepoulas, P. Gigis

*Folia Anatomica, 29(1): 43-50, 2001*

The purpose of this study is to provide accurate and quantitative information about the shape of the glenohumeral joint surfaces. On this purpose 7 glenoids and 7 humeral heads of cadavers were measured. The accurate shape of both surfaces was measured by the use of ultrahard plaster casts for the glenoid and of silicon sealant for the heads, which permitted us to depict the chosen sections. The sections were taken on the longitudinal and transverse axis and parallel to these axes, on both surfaces. All sections were approximated by a polynomial of second degree. The accuracy of this approximation ranged between 98% to 100%. The curvature of the transverse and longitudinal section of glenoid was .04 and .038 and for humeral head was .7 and .99, which indicates that humeral head is not a part of a sphere.

### **9. Os acromiale: morphological analysis and clinical significance**

G. Paraskevas, S. Papadopoulou, V. Boulti, S. Spanidou, A. Mylonas, P. Tsikaras

*Folia Anatomica, 29(1): 16-20, 2001*

We examined 46 scapular bones (from males) and 42 bones (from females) and we found that the frequency of os acromiale was significantly high, thus 13.64%. The bilateral frequency of os acromiale was 39.77%, while the mean length was 9.6 mm and the proportional length was 0.46. The appearance of os acromiale was 14.62% in men and 12.43% in women. The appearance of os acromiale was bilateral in 40.8% of men and in 39.3% of women. We discuss the development, the various types and the clinical significance of os acromiale.

### **10. Congenital double pyloric ostium in the adult**

A. Mylonas, G. Paraskevas, B. Papaziogas, E. Fragos, J. Koutelidakis, P. Gigis, T. Papaziogas

*Announcement: 11<sup>th</sup> World Congress of the International Association of Surgeons and Gastroenterologists, Heraklion, 1- 4 November 2001*

*Publication: a) (abstr.) Hepato – Gastroenterology, 48, supplement I, p. CCXIII, 2001. b) Surgical Endoscopy, p. 1-5, 2002*

We report on a case of a congenital double pylorus in an adult male, in the absence of chronic disease. A 64-year-old male presented with postprandial epigastric pain and vomiting. The endoscopy revealed the presence of a double ostium between the antrum and the duodenum, along with an inflammation of the antral mucosa. The endoscope passed easily through both openings in the duodenum. The mucosa of the duodenal bulb was normal. No signs of acute or chronic peptic ulcer were noted. The patient was treated with antiacids and gastrokinetics, with excellent results. The prevalence of this rare anomaly ranges from 0.02% - 0.13%. Double pylorus may be present in combination with a double antrum (true duplication), or in the presence of a single antrum. According to the grade of obstruction caused by this anomaly, the symptomatology may develop at any stage of life, or may present as asymptomatic finding during endoscopy or barium meal study.

### **11. Functional capacity of the thyroid autograft. An experimental study**

B. Papaziogas, A. Antoniadis, C. Lazaridis, J. Makris, R. Kotakidou, G. Paraskevas, T. Papaziogas

*Journal of Surgical Research, 103:223 – 227, 2002*

The aim of this study was to investigate the functional capacity of thyroid autografts after total thyroidectomy in a rabbit model. 38 rabbits underwent total thyroidectomy. One of the two thyroid lobes was cut into 1mm pieces and was introduced intramuscularly in: the right fourceps muscle, the right rectus abdominalis muscle, and the right sacrodorsalis muscle. Another group of 8 rabbits underwent total thyroidectomy without autologous implantation and served as control group of the study. The animals were observed for 8 weeks with weekly measurements of thyroid hormones. At the end of the 8<sup>th</sup> week, a scintigramm was performed. The autografts were removed two days later. The levels of the thyroid hormones showed a gradual decrease until the 2<sup>nd</sup> – 5<sup>th</sup> week after the implantation, which was followed by a gradual increase and establishment of euthyroid levels between 5<sup>th</sup> – 8<sup>th</sup> week. Respectively, an increase of thyreotropin hormone was noted with maximal values in the 4<sup>th</sup> week, which was followed by a gradual decrease until the end of the 8<sup>th</sup> week. The scintigramm at the end of the 8<sup>th</sup> week revealed the presence of functional

thyroid tissue in all cases. Functional thyroid follicles were found in all animals who survived. In 35,7% of the autografts, we noted the development of fibrous tissue and gigantocytic granulomas in the periphery, which could be interpreted as «foreign body» reaction. Conclusively, thyroid autografts can completely substitute thyroid function after total thyroidectomy.

## **12. Unusual variation of the extensor digitorum brevis manus: a case report**

G. Paraskevas, B. Papagiogas, S. Spanidou, A. Papadopoulos

*European Journal of Orthopaedic Surgery and Traumatology*, 12(3):158 – 160, 2002

An anomalous muscle, the extensor digitorum brevis manus (EDBM) was found at the dorsum of the right hand arising from the wrist capsule beneath the extensor retinaculum and inserting into the ulnar side of the basis of the proximal phalanx of the long finger. The EDBM was located superficial to the common extensor tendons of the fingers. We analyze the tendency of the dominant hand to be involved and the possible complications such as the appearance of the «fourth compartment syndrome» or the attrition ruptures of the common extensor tendons. We report the various applications of the EDBM in surgery such as its use as a flap in covering defects of the distal tibia. Finally, we present the different theories about the development of the EDBM and the treatment in symptomatic cases with division of the extensor retinaculum or complete surgical excision of the muscle.

## **13. An unusual case of retroperitoneal accessory spleen with vascular supply directly from the aorta**

A. Souparis, B. Papaziogas, A. Alexandrakis, J. Koutelidakis, G. Paraskevas, T. Papaziogas

*Minerva Chirurgica*, 57(4):513 – 515, 2002

We describe a case of an accessory spleen presenting as an retroperitoneal tumor. A 47-year old woman presented with a 6 months history of epigastric pain and intermittent nausea and vomiting. The CT scan revealed the presence of a retroperitoneal tumor between the spleen, left kidney and pancreas. The exploratory laparotomy showed the presence of a well-shaped accessory spleen, which received its vascular supply from retroperitoneal vessels, independent

from the splenic vessels. The presented case indicates that the surgeon should be aware of the possible existence of accessory spleens by the differential diagnosis of retroperitoneal tumors.

#### **14. Congenital web of the common bile duct in association with cholelithiasis**

B. Papaziogas, C. Lazaridis, J. Galanis, G. Paraskevas, T. Papaziogas

*Journal of Hepatobiliary Pancreatic Surgery, 9(2):271 – 273, 2002*

Congenital web formations are extremely rare anomalies of the extrahepatic biliary tree. The age of presentation as well as the clinical symptomatology of these anomalies depend on the grade of the biliary obstruction. We report on a case of a common bile duct septum in association with cholelithiasis in a 30 year – old woman. The diagnosis was made on preoperative MRCP and confirmed with intraoperative cholangiography. Since all known causes of acquired web formations were excluded, a congenital origin of the web was assumed. The patient was treated with a choledochoduodenostomy above the level of the septum. The embryological aspects of this rare anomaly are described.

#### **15. Evaluation of the failure strain of the human lateral collateral ligament of the knee**

V. Boulti, G. Paraskevas, I. Gigis, A. Mylonas

*Folia Anatomica, 30(1)19-22, 2002*

The aim of the present study was the evaluation of Young's modulus and the failure strain of the human lateral collateral ligament. On this purpose 23 ligaments, of the left knee, were tested, under uniaxial load, with a 200gr increase of the tensile force in every step of the experiment. During the experiment the temperature was 37° C. The average initial length of the ligaments was 5.39cm ± 0.46 cm. The maximal load ranged between 3800gr minimum and 10000 gr maximum. The maximal elongation was found to be the 11.19 ± 1.19% of the initial length (p<0.05). The Young's modulus was 3.5 10<sup>7</sup> gr/cm<sup>2</sup>. The histological study showed that collagen fibres were parallel to the longitudinal axis but in some cases, wavy course was found. There were no fibres at acute angle to the axis and some lesions were noticed in the ligament structure.

## **16.I incidence of the third head of biceps brachii muscle in Greek population**

G. Paraskevas, V. Boulti, B. Papaziogas, S. Spanidou, A. Brettakos, A. Mouratidis  
*Folia Anatomica, 30(1): 15-18, 2002*

The basic aim of that article was to examine the biceps brachii muscle with regard to the incidence of an accessory head in the Greek population. Dissection of 62 cadaveric arms fixed in a 10% formol solution were examined and revealed the presence of one biceps brachii muscle (1,613%) with accessory head. That third head of biceps brachii had an origin from the humeral shaft just inferior to the insertion of coracobrachialis muscle, and inserted into the conjoint tendon of biceps brachii. It is generally considered that this muscular anomaly is a rare – dependent variation. We refer to the relative literature, while simultaneously we study the various morphological features of that anomaly, its functional and clinical significance and the possible theories for its derivation.

## **17. The somatotype of Greek female volleyball athletes**

S. D. Papadopoulou, G. Galos, G. Paraskevas, A. Tsapakidou, A. Fachantidou  
*International Journal of Volleyball Research, 5(1): 22-25, 2002*

The aim of this study was the recording and the comparative evaluation of the somatotype of the Greek female volleyball athletes, according to their competitive level. The study included 229 female athletes (18 from the National team, 73 from the major A1, 52 from the minor A2, 79 from the B National league). For the calculation of the somatotype of these female athletes the method of Heath – Carter (1967) was used, according to which, 10 anthropometric measurements were taken and the values of the three components of endomorphy, mesomorphy and ectomorphy were calculated, on the basis of the respective Carter's functions (1998). All the divisions, as well as all the athletes were mostly classified to the endomorphic type. The National team was mostly endomorphic, with the balance of mesomorphy in relation to ectomorphy. This somatotype is different from the one that is internationally encountered in the high level teams, where the mesomorphic somatotype prevails. In conclusion, no differences occur in the somatotype according to the competitive level and the National team is presented more adipose and less

muscular in comparison to the internationally proposed somatotype model, which shows a rather poor selection of female athletes and of training process.

### **18. Anthropometric differences of top Greek and foreign women volleyball players**

S. D. Papadopoulou, S.K. Papadopoulou, G.Gallos, G. Likesas, G. Paraskevas, A. Fachantidou

*International Journal of Volleyball Research, 5(1): 26-29, 2002*

There is a lack of comparative studies concerning the anthropometrical features and body composition between top Greek female volleyball players and other top foreign players. For this purpose 30 women volleyball players, competing in the Greek National Women's Championship, were examined. 14 of them were members of the Greek National Team (GNT) and 16 were foreigners competing in the Greek A1 National Division (FAD). The total mean age of the female players was  $25,7 \pm 4.3$  years and the training age  $14.2 \pm 4.8$  years. The anthropometric measurements recorded were body height, weight, segment lengths, diameters and circumferences. Furthermore, the body fat percentage was calculated by using the skinfold method and the equation of Jackson et al. (1980). The mean height was  $183.3 \pm 5.9$ cm and the mean weight  $74 \pm 7.4$ kg. The GNT women players had significant differences compared to other players, in standing height, trunk index, iliac circumference, waist – hip ratio (WHR) and body mass index (BMI). There were no differences in body fat percentage between GNT and FAD athletes, as well as in fat free mass. Some morphological features differ between GNT and FAD players and these features could play a crucial role, especially in the course of the GNT.

### **19. Health status and socioeconomic factors as determinants of physical activity level in the elderly**

S.K. Papadopoulou, S.D. Papadopoulou, A. Zerva, G.Paraskevas, A. Dalkirani, I. Ioannou, A. Fachantidou

*Medical Science Monitor, 9(2): 79-83, 2003*

The aim of the study was to assess the health and the Physical Activity Level (PAL) of the elderly population and to determine the role of health status and socioeconomic factors in PAL. In this study 84 subjects participated. They were free-living, members of Centers of Rehabilitation of the elderly in

Thessaloniki. The data was collected in one – to – one interviews, of the use of a specific questionnaire regarding health status and PAL. The mean value of PAL was  $1,519 \pm 0,115$ . There was a significant positive correlation between PAL and educational level . Using t test for independent variables was found that illiterate persons had significant lower PAL compared to non – illiterate ones . As regards the relation of diseases to PAL, patients that suffer from heart arrhythmia and submitted to By Pass operation had higher PAL values compared to the non- sufferers. Depression at cancer affected PAL negatively. In conclusion, the elderly were spending most of their time with low – intensity activities and they were not participating in leisure activities of low or moderate intensity. The educational level was the only socio-economic factor that was correlated to PAL. The positive effect of certain diseases on PAL might be attributed to the patients' compliance to doctors' instructions. Further research is necessary.

## **20. Hypoplasia of the right hepatic lobe combined with floating gallbladder**

A.Kabaroudis, B. Papaziogas, K. Atmatzidis, G. Paraskevas, I. Galanis, Papaziogas

*Acta Chirurgica Belgica, 103(4): 425-427, 2003*

Agensis or hypoplasia of the right hepatic lobe combined with floating gallbladder is an extremely rare condition. We report on a case of hypoplasia of the right hepatic lobe, which was discovered in a sixty five year old female. The diagnosis was set with CT of the abdomen, which was performed for preoperative staging of a right colon cancer. The CT showed the presence of a hypoplastic right lobe, while the left lobe was diffusely enlarged. Further more, the gallbladder was described as floating with partially calcified walls. The diagnosis of this rare anomaly was confirmed intraoperatively. The patient underwent right hemicolectomy and cholecystectomy. Biopsies were taken from both right and left hepatic lobe, which revealed the presence of normal hepatic parenchyma. Since all causes of acquired atrophy of the liver had been ruled out, we considered this case to be of congenital origin.

## **21. Some remarks concerning coronary arteries and their branches' terminology**

K. Natsis, G. Iordache, G. Paraskevas, P. Tsikaras, P. Gigis

*Folia Anatomica, 31(1):5-12, 2003*

This article is an attempt to make a complete description of the coronary arteries "tree" in order to include most of the generally but not unanimously accepted branches and to identify all the different terms used by international authors for the same branch. Having as starting point the classical anatomy books, our research aimed at reviewing as many anatomy and clinical books as to make a complete coronary arteries' map.

## **22. Study of the carrying angle of the human elbow joint: A morphometric analysis**

G. Paraskevas, A. Papadopoulos, B. Papaziogas, S. Spanidou, A. Argiriadou, P. Gigis

*Surgical and Radiologic Anatomy, 26(1):19-23, 2004*

In that study we present the results of various measurements of the carrying angle of the elbow joint, which were carried out on 600 students, with the use of the supplementary angle. The mean value of carrying angle was  $12,88^{\circ} \pm 5,92$ . According to sex the mean value was  $10,97^{\circ} \pm 4,27$  in males and  $15,07^{\circ} \pm 4,95$  in females. The carrying angle changes with skeletal growth and maturity. That angle is always greater at the side of dominant hand. The fact of reverse proportionality between the value of the carrying angle and the intertrochanteric diameter is confirmed. Also, the type of constitution influences the value of the carrying angle, especially in females.

## **23. "Pes Anserinus" of the right phrenic nerve innervating the serous membrane of the liver: A case report**

K. Natsis, G. Paraskevas, B. Papaziogas, A. Agiabasis

*Morphologie, 88(283):203-205, 2004*

During the preparations of cadavers for educational purposes we followed the course of the right phrenic nerve. On one of them we found a branch arising from the thoracic portion of the rights phrenic and passing through the two layers of the falciform ligament distributed to the upper surface of the serous layer of the liver in the form of "pes anserinus". As it is known, pain referred from the diaphragmatic peritoneum is classically felt in the shoulder tip but pain from thoracic surfaces supplied by the phrenic nerve is usually located there albeit vaguely. We believe that the above anatomical finding is the explanation

of distinct radiating pain from the hepatic region to the right shoulder in some patients. The stimulations is carried through the phrenic nerve to the fourth cervical neurotome from were arise and the supraclavicular nerves which are distributed to the shoulder region.

#### **24. Disseminated abdominal echinococcosis as a late complication of traumatic echinococcal cyst rupture**

B. Papaziogas, J. Makris, A. Alexandrakis, I. Galanis, G. Chatzimavroudis, G. Paraskevas, J. Koutelidakis, G. Vretzakis

*Journal of Gastroenterology, 39(2):194-196, 2004*

Disseminated abdominal echinococcosis is an extremely rare complication of traumatic or intraoperative rupture of a hydatid cyst. We describe a case of disseminated echinococcosis of the abdomen in a 39-year-old man, which was diagnosed 9 years after rupture of an asymptomatic hepatic hydatid cyst in a traffic accident. The patient was submitted then to an emergency laparotomy, and the remainder of the rupture cyst was resected. The patient presented in our department nine years later with acute abdomen and septic fever. The sonography and CT of the abdomen revealed at least six echinococcal cysts with in a septic condition due. The patient was underwent emergency laparotomy. Four of the smaller cysts were resected, while the remaining two were submitted to external drainage. A cholecystostomy was also performed. The postoperative course of the patient was long but uneventful. After discharge from our department the patient received oral treatment with albendazole drug therapy.

#### **25.The persistence of the sciatic artery**

G. Paraskevas , B.Papaziogas , J.Gigis , A Mylonas , P.Gigis

*Folia Morphologica , 63(4):515-518, 2004*

The persistent sciatic artery (PSA) is a rare anatomical variant where the internal iliac artery and the axial artery of the embryo provide the major supply of the lower limb, the superficial femoral artery being usually poorly developed or absent. We describe an extremely large right PSA in a 79-year-old male cadaver during a medical gross anatomy course, with simultaneous existence of a hypoplastic superficial and deep femoral artery. The PSA, which was a continuation of the anterior division of the

right internal iliac artery, entered the buttock through the greater sciatic foramen situated in the gluteal region laterally to the sciatic nerve and in the mid thigh medially to the same nerve, becoming in the popliteal fossa the popliteal artery. Neither the superficial nor the deep femoral artery had communication with the popliteal artery. Because the PSA in our study was the only blood supply to the lower limb, we present the embryologic origins and the clinical anatomy of this artery.

## **26. Abnormal location of papilla of Vater: a cadaveric study**

G. Paraskevas, B. Papaziogas, K. Natsis, P. Gigis

*Folia Morphologica, 64(1):51-53, 2005*

We report a case of a male cadaver aged 72 years old with an ectopic location of the papilla of Vater. The ectopic papilla was situated at the superoposterior border of the third portion of the duodenum in a distance of 0,9cm from the limit of the second and third portion of the duodenum. The frequency of that anomaly fluctuates between 0-11,83% and when the papilla is located distal to its usual position the usual location is in the proximal 2cm of the third part of the duodenum. We refer to the possible difference of the papilla's location between patients and cadavers and call attention to the differential diagnosis with spontaneous or surgical fistulas.

## **27. Detection of tract formation for prevention of bile peritonitis after T- tube removal**

Ch. Lazaridis, B. Papaziogas, A. Patsas, E. Argiriadou, G. Paraskevas, T. Papaziogas

*Acta Chirurgica Belgica, 105(2):210-212, 2005*

Bile leakage after removal of t-tube is a relatively rare complication by inadequate tract formation around the tube. We report a case of bile peritonitis after removal of a latex t-tube. The patient underwent reoperation and a new t-tube was introduced. The t-tube was removed six weeks later. Immediately after removal of the tube, the cutaneous ostium of the tube was catheterized with a thin Nelaton catheter. The administration of gastrographin showed the presence of an intact tract. The removal of the t-tube was uneventful. We would propose this method for detecting the tract after removal of the t-tube in order to prevent severe bile leakage after inadequate tract formation.

## **28.Gross morphology of the bridges over the vertebral artery groove on the atlas**

G. Paraskevas, B. Papaziogas, C. Tsonidis, G. Kapetanos

*Surgical and Radiologic Anatomy, 27:129-136, 2005*

The bony bridges of the atlas over the "groove of the vertebral artery" are commonly seen in plain radiographs of the cervical spine, and it is a subject of controversy whether they cause compression of the underneath lying vertebral artery. To clarify this we examined a total of 176 dried and complete atlas vertebrae and found the presence of a "canal for the vertebral artery" (CVA) in 10.23% and an incomplete "canal for the vertebral artery" in 24.43%. The CVA and incomplete CVA is more common in males (11.11% and 24.9%) than in females (9.3% and 24.42%). We found a higher incidence of CVA in laborers (37.5%) than in nonlaborers (4.16%). The incomplete CVA appeared to be more characteristic in the age group of 5-44 years. In the age group of 45-90 years the CVA was characteristic, which probably means that an incomplete CVA is the precursor of a CVA. The superoinferior diameter of the CVA canal ranged from 5.1 to 6.1 mm at the right side and from 4.6 to 5.8 mm at the left side, while the anteroposterior diameter was 5.6-6.9 mm at the right side and 6.1-7.2 mm at the left side. We also found a high incidence of coexistence of CVA and the "retrotransverse foramen" (72.22%) which means that because of possible compression of the vertebral veins the blood flow is directed into the small vein of the retrotransverse foramen. Finally, in 93.5% of unilateral CVA a deeply excavated contralateral "groove of the vertebral artery" was found.

## **29.A variant of double gallbladder. A possible cause of cholelithiasis?**

B. Papaziogas, C. Lazaridis, G. Paraskevas, J. Koutelidakis, B. Oikonomou, G.Chatzimavroudis , K. Atmatzidis

*Folia Morphologica, 64(3):229-232, 2005*

Congenital duplication of the gallbladder is a rare anatomic malformation, which is usually discovered as incidental finding during cholecystectomy. We report a case of a double gallbladder in a 45-year old woman, which was discovered during laparoscopic cholecystectomy for symptomatic cholelithiasis. Due to inability to safely recognize the anatomical structures, the procedure was converted to open cholecystectomy. The inspection of the resected gallbladder

showed that it consisted of two chambers with separate cystic ducts, which communicated through an ostium. Both chambers contained multiple gallstones. The inadequate drainage of the second chamber could be considered as a predisposing factor for the development of cholelithiasis in this case.

### **30.Surgical management of cecal diverticulitis.Is diverticulectomy enough?**

B. Papaziogas , J. Makris , I. Koutelidakis , G. Paraskevas , B. Oikonomou , E. Papadopoulos, K. Atmatzidis

*International Journal Colorectal Disease, 20(1):24-27, 2005*

We present our experience from the surgical management of eight cases of cecal diverticulitis during a 25-year period. Five patients underwent diverticulectomy, two patients underwent ileocecal resection and one patient underwent suture of the perforated diverticulum. The postoperative course of all patients was uneventful. At long-term follow up none of the patients, who underwent diverticulectomy mentioned any symptom or complication. We conclude that diverticulectomy, if technically feasible could be considered as adequate therapy for cecal diverticulitis. Aggressive resection should be considered in cases of extensive inflammatory changes.

### **31.Primary echinococcosis of the kidney. Case report**

V. Katsikas , B. Papaziogas , G. Paraskevas , G. Hatzimaouroudis , I. Makris , K. Atmatzidis , K. Radopoulos

*Surg Chronicles, 11(1):72-76, 2006*

Carotid body tumors (paragangliomas) are neuroendocrine tumors related to the parasympathetic nervous system. They represent a rare entity that should be considered in the evaluation of every lateral neck mass. A case of a 41-year-old male patient with a left carotid body tumor that was treated surgically is presented. Successful preoperative embolization with coils during digital angiography preceded surgical excision and resulted in decreased tumor vascularity. Carotid body paragangliomas require surgical management due to potential malignant behavior. The most common postoperative complication is cranial nerve damage that produces significant morbidity.

### **32.Surgical images: soft tissue. Recurrent deep vein thrombosis caused by hypoplasia of the vena cava inferior**

K. Atmatzidis, B. Papaziogas, T. Pavlidis, G. Paraskevas, Ch. Mirelis, H. Argiriadou, T. Papaziogas

*Canadian Journal of Surgery, 49(4):285, 2006*

It is presented a 62-year-old male with relapsing episodes of deep vein thrombosis affecting both lower extremities. The patient presented dilated veins of the lateral abdominal wall as well as periumbilicaly, while there was chronic vein insufficiency of lower extremities with enlarged varicose veins. The CT of the abdomen showed absence of the inferior vena cava below the level of the liver. The MRI venography confirmed the presence of an extremely narrow structure below the confluence of the right renal vein to the vena cava inferior, which was considered as the continuation of the vena cava inferior (hyposystems as well as the left lumbar vein received enlarged collateral veins from the vena iliaca externa and vena femoralis communis). The patient was advised to continue the anticoagulant treatment. The incidence of congenital malformations of the vena cava inferior is approximately 2-3%, which reflects the complexity of its embryogenesis especially in its postrenal segment.

### **33.Exposition of the inferior alveolar neurovascular bundle in the atrophic mandible. Anatomical evidence and clinical restoration**

K. Natsis, T.Karanikola, G. Paraskevas , A. Tsirlis , P. Tsikaras

*Aristotle University Medical Journal, 33(2):1-14, 2006*

The mandible with the ageing process is susceptible to alterations in terms of its shape and size. At an old age, after the collapse of teeth, the alveolar process is absorbed and, as a result of this, the mandibular canal and the mental foramen are found to be close to the Superior border. The body of the mandible resembles the basic part of the mandible. There is reference to a case with an evident atrophic mandible and exposition of the inferior alveolar neurovascular bundle on an 81- year-old male cadaver who carried a complete denture in the mandible. The above case is also remarked on a 70- year-old-male patient who could not bear the denture for ten years. The patient rehabilitated with an implant-overdenture retained on two endosseous osseointegrated implants. The final result was functionally and esthetically a success. The exposition of the inferior alveolar neurovascular bundle in atrophic mandible is almost rare but it presents anatomical and clinical interest.

### **34.A study on the morphology of the popliteus muscle and arcuate popliteal ligament**

G. Paraskevas, B. Papaziogas, P. Kitsoulis , S. Spanidou

*Folia Morphologica, 65(4):381-384, 2006*

The aim of this study was to investigate the origins and morphological features of the popliteus muscle in cadavers. In a sample of 24 cadavers lower limbs the exact morphological features of the popliteus muscle were examined. Except the known femoral origin from the lateral femoral epicondyle, we noticed a fibular origin from the styloid process of the head of fibula directed obliquely in 100% of the studied cases and blending with the main femoral origin forming the arms of a Y-shaped structure. In all the cases a capsular origin was presented, while laterally to it an origin of the superior border of the posterior horn of the lateral meniscus was found in 91,67%. The previously mentioned capsular and meniscal origins formed the base of the Y-shaped structure, that correspond to the known arcuate ligament. We consider that the additional origins of the popliteus muscle form the arcuate ligament, which is not a distinct anatomical structure as it is described in classical anatomical textbooks.

### **35. About the origin of anatomical terms associated with general surgery**

B. Papaziogas , G. Paraskevas , K Atmatzidis

*Surgical Chronicles, 11(3):195-209, 2006*

This study presents the etymology and the first description of certain anatomical terms, which are in common use in general surgery. The possible origin of 79 anatomical terms are described based on informations derived from Homer, Hippocrates, Arsitoteles, Galenus, Rufus of Efesos, Soranos of Efesos, Ioulios Polidefkis, Efstathios, Erotianos, Leontas the medical philosoph, and Paul from Aegina or other significant greek medical philosophs. It that way the reader becomes familiar with the etymology and the evolutional course of different anatomical terms of general surgery, which are in common use in greek and also in the international medical literature.

### **36. Pancreatitis complicating mucin-hypersecreting common bile duct adenoma**

P.Katsinelos, G.Basdanis, G.Chatzimavroudis, G.Karagiannoulou, T.Katsinelos, G.Paroutoglou, B.Papaziogas, G.Paraskevas

*World Journal Gastroenterology, 14;12(30):4927-4929, 2006*

Villous adenomas of the bile ducts are extremely uncommon. We describe a 58-year-old man presenting with clinical signs and laboratory findings of acute pancreatitis and obstructive jaundice. Preoperative investigation demonstrated

a dilated papillary orifice with mucus exiting (fish-mouth sign) and a filling defect in the distal common bile duct. He underwent a modified Whipple operation and histological examination of the surgical specimen showed villous adenoma with rich secretion of mucus.

### **37. Choledochal cyst: Histological structure, classification and clinical significance**

G.Paraskevas, B.Papaziogas, K.Natsis, L.Lazos, S.Spanidou, D.Economou

*Aristotle University Medical Journal, 33(1):185-187, 2006*

We present a very rare case of a diverticulum arising from the posterior wall of the common bile duct, 1cm distal to the junction of the cystic duct. That diverticulum appeared a wide basis of communication with the common bile duct lumen and directed onto the right side without causing compression phenomena. Remarkable notice was the presence of ectopic tissue of gallbladder within the choledochal cyst wall fact which happens to be a very rare condition. We analyse and discuss the histology, pathogenesis, classification, implications and in general the possible clinical significance of that congenital abnormality.

### **38. High origin of a superficial ulnar artery arising from the axillary artery: anatomy, embryology, clinical significance and a review of the literature**

K.Natsis, A.Papadopoulou, G.Paraskevas, T.Totlis, P.Tsikaras

*Folia Morphologica, 65(4):400-405, 2006*

The Superficial Ulnar Artery (SUA) is an ulnar artery of high origin that lies superficially in the forearm. Its reported frequency ranges from 0.17% to 2%. During anatomic dissection in our department, we observed a unilateral case of SUA in a 75 year-old white male human cadaver. It originated from the right axillary artery at the level of the junction of the two median nerve roots and followed a looping course, crossing over the lateral root of the median nerve in the upper and middle thirds of the arm, whereas, in the inferior third of the arm, the SUA crossed over the median nerve and ran medially to it. In the cubital fossa, it passed superficially over the medial side of the ulnar aponeurosis and coursed subcutaneously in the ulnar site of the forearm, superficially to the forearm flexor muscles. Undoubtedly, the existence of a SUA

is of interest to the clinicians as well as the anatomists. This report presents a case of unilateral SUA along with a review of the literature, its embryologic explanation and an analysis of its clinical significance.

### **39. Persistent primitive hypoglossal artery: An incidental autopsy finding and its significance in clinical practice**

G.Paraskevas, P.Tsitsopoulos, B.Papaziogas, S.Spanidou

*FoliaMorphologica*, 66(2):143-147, 2007

Persistent Primitive Hypoglossal Artery (PPHA) is a recognized, although infrequent intracranial vascular anomaly usually detected during angiography. Its presence is associated with increased incidence of aneurysms, arteriovenous malformations and ischemic strokes. A unique case of PHHA discovered during autopsy is described. Additionally, the significance of PHHA in neuroscience is discussed in detail.

### **40. Three-headed reversed palmaris longus muscle and its clinical significance**

K. Natsis, S. Levva, T. Totlis, N. Anastasopoulos, G. Paraskevas

*Annals of Anatomy*, 189(1):97-101, 2007

After dissection of the left forearm of a female cadaver a reversed palmaris longus muscle was found. This means that the palmaris longus muscle was tendinous in its upper part and muscular in its lower part. Additionally, the muscle belly was triple, thus our finding was characterized as "three-headed reversed palmaris longus muscle". Rarely is the palmaris longus muscle double, whereas the three-headed reversed palmaris longus muscle is mentioned only once in the literature as a surgical finding, in a patient who suffered from edema and pain in the wrist. The overuse of the reversed palmaris longus muscle can lead to the muscle's local hypertrophy. According to the literature a reversed palmaris longus muscle may cause a compartment syndrome with pain and edema in the wrist's area, the carpal tunnel syndrome and Guyon's syndrome. The described variation is also useful to the hand surgeon, as the palmaris longus muscle is an anatomical landmark for operations at this area.

#### **41.Modifications of coagulation and fibrinolysis mechanism in laparoscopic vs open cholecystectomy**

B.Papaziogas, I.Koutelidakis, A.Kabaroudis, I.Galanis, G.Paraskevas, G.Vretzakis, T.Papaziogas

*Hepatogastroenterology, 54(77):1335-1338, 2007*

The aim of this study is to evaluate the alterations of the coagulation and fibrinolytic mechanism after laparoscopic vs open cholecystectomy. Forty-five patients, who were submitted to laparoscopic (LC-group) or open cholecystectomy (OC-group) were included in the study. Following parameters were measured preoperatively and 24h and 48h postoperatively: platelet count (PLT), prothrombin time (PT), partial thromboplastin time (PTT), fibrinogen (FG), d-dimers (DD) and antithrombin III (AT-III). The preoperative values were within the normal range and did not differ between the two groups. No significant alterations were noted concerning PT and PTT. FG and PLT were significantly increased in both groups at 24h and 48h compared to the baseline values, with no statistical significant difference between them at all time points. D-dimers were significantly elevated at 24h and 48h postoperatively in both groups. The LC-group showed significantly higher AT-III levels at 24h, and significantly lower DD- levels at 24h and 48h compared to OC-group. Laparoscopic cholecystectomy seems to induce a lower activation of the haemostatic mechanism compared to open cholecystectomy.

#### **42.Adamantinoma**

P. Kitsoulis, A. Charchanti, G. Paraskevas, A. Marini, G. Karatzias

*Acta Orthopædica Belgica, 73(4):425-431, 2007*

Adamantinoma is one of the rarest low-grade malignant bone tumours, representing less than 1% of them. It usually arises in the center of long bones, and 97% of all reported cases were in long tubular bones and mainly in the tibial mid shaft (80-85%). Other long bones not uncommonly affected are the humerus, ulna, femur, fibula and radius. Ribs, spine, metatarsal and carpal bones are very rarely affected. The symptoms are not specific but most frequently the patient complains about swelling, redness, pain and sensitivity of the bone that the tumour is located. The tumour usually spreads to the lungs, the regional lymph nodes, or other bones. Wide tumour excision and limb salvage reconstruction surgery, or an amputation, are the current surgical

treatment options. Radiotherapy and chemotherapy have not been shown to be effective modalities of treatment.

#### **43. An unusual case of intestinal obstruction caused by a Meckel's diverticulum**

B. Papaziogas, J. Makris, M. Grigoriou, P. Tsiaousis, G. Chatzimavroudis, G. Paraskevas, A. Giakoustidis, K. Atmatzidis

*Aristotle University Medical Journal, 34(1):55-59, 2007*

Meckel's diverticulum presents the most common congenital anomaly of the small intestine (1-4%). Estimates of the frequency, with which the symptoms develop range from 10-20%. We present an unusual case of intestinal obstruction caused by a Meckel's diverticulum. A 24-year old man with no previous medical or surgical history presented with a 24-hour history of intermittent abdominal pain, nausea and vomiting. Abdominal x-rays demonstrated multiple dilated loops of small bowel with air-fluid levels, while the white blood cell count was elevated. An exploratory laparotomy revealed a Meckel's diverticulum, at about 80 cm proximal to the ileocecal valve, the inflamed end of which adhered with the corresponding mesentery, forming a loop, which had clasped the distal part of the ileum, resulting to a closed-loop obstruction. Meckel's diverticulum was resected. We emphasize that a Meckel's diverticulum is an uncommon cause of intestinal obstruction, which should be taken into account in the differential diagnosis, especially in the absence of a patient's surgical history.

#### **44. An accessory double cystic duct with single gallbladder**

G. Paraskevas, B. Papaziogas, K. Natsis, S. Spanidou, P. Kitsoulis, K. Atmatzidis, P. Tsikaras

*Chirurgia, 102(2):223-225, 2007*

A case of double cystic duct was detected during preparation of cadavers for educational purposes in a 76 year old woman. The two cystic ducts formed a triangular formation with the common hepatic duct. That is the fifteenth reported case in the literature. We report on the exact description of the macroscopic anatomy of that rare congenital abnormality, the pathogenesis of that anomaly and the possible surgical implications following misdiagnosis of that anomaly.

**45.Ectopic papilla of Vater in the stomach, blind antrum with aberrant pyloric opening and congenital gastric diverticula. An unreported association**

P. Katsinelos , B. Papaziogas, G. Paraskevas, G. Chatzimavroudis, J. Koutelidakis, T. Katsinelos , G. Paroutoglou

*Surgical Laparoscopy Endoscopy Percutan. Tech., 17(5):434-437, 2007*

We present an extremely rare combined congenital anomaly consisting of ectopic drainage of the common bile duct in the lesser curvature of the stomach, congenital gastric diverticula, blind antrum with aberrant pyloric opening and redundant spleen. The diagnosis was made during routine endoscopy in a 35-year old woman, who presented complaining for regurgitation and retrosternal burning in the last four years. To our knowledge this is the first description of this rare combination of congenital anomalies. The possible embryogenetic backgrounds, as well as the possible clinical significance of this rare condition are discussed.

**46.An accessory middle scalene muscle causing thoracic outlet syndrome: a case report**

G. Paraskevas, O. Ioannidis, B. Papaziogas, K. Natsis, S. Spanidou, P. Kitsoulis

*Folia Morphologica, 66(3):194-197, 2007*

The aim of our study is to present a very rare accessory middle scalene muscle, leading to thoracic outlet syndrome. Particularly, a muscular bundle was discovered on a male cadaver interconnecting the middle portion of the middle scalene muscle with the anterior scalene muscle insertion to the tubercle of Lisfranc. That triangular accessory muscle and especially its sharp medial border compressed the middle and lower trunk of the brachial plexus and the subclavian artery. That anomaly is of great importance because it emphasizes the fact that it is not primarily the anterior scalene muscle producing symptoms of thoracic outlet syndrome but the anterior displacement of the middle scalene muscle or its accessory muscular bands. Moreover, we present the relative international literature and the clinical significance of our finding.

**47.Post-injection retroperitoneal abscess in a addicted patient. Case report**

B.Papaziogas, J. Makris, J.Koutelidakis, P.Tsiaousis, G.Paraskevas,  
B.Oikonomou, A.Giakoustidis, K.Atmatzidis

*Announcement:19<sup>th</sup> European Congress of Surgical Infections, Athens,25-28  
May 2006*

*Publication:a)Abstract book*

*b)Aristotle University Medical Journal, 34(1):71-74, 2007*

We describe a rare case of retroperitoneal abscess formation in a drug addicted patient after attempt of intravenous injection of morphine in the right femoral vein. A 22-year old male presented to our emergency department with high fever since two days. The patient mentioned that he was addicted to narcotics and that he used to make morphine injections in both femoral veins. The clinical examination revealed presence of an abscess in the right inguino-femoral region as well as a second in the left thigh. 80th abscesses were drained under sedation. However, despite drainage, the fever persisted over the next few days. The patient underwent computed tomography of the abdomen which showed the presence of a retroperitoneal abscess extending along the right psoas muscle and reaching the inguinal region. The patient was led again to the operating room, where the retroperitoneal abscess was drained through a right paramedian incision under general anesthesia. It is concluded that the extension of post-injection abscesses of the inguinal region in the retroperitoneal space is a rare but extremely life-threatening situation, which has to be diagnosed and treated abruptly.

#### **48.Appendiceal mucocele. A retrospective analysis of 19 cases**

B. Papaziogas, I. Koutelidakis, P. Tsiaousis, O.C. Goula, S. Lakis, S. Atmatzidis, J. Makris, G. Paraskevas , K.Atmatzidis

*Journal of Gastrointestinal Cancer 2007, 38(2-4):141-147*

Appendiceal mucocele is an infrequent well-recognized entity that can present in a variety of clinical syndromes or can be asymptomatic and discovered incidentally. Nineteen patients with a diagnosis of primary appendiceal mucocele treated in our institution between 1987, and 2006, were included in this retrospective analysis. The histological examination of the specimens revealed simple and hyperplastic appendiceal mucocele in nine cases (47%), mucinous appendiceal cystadenoma in eight cases (42%) and mucinous appendiceal cystadenocarcinoma in two cases (11%). Thirteen patients (68%) underwent appendectomy, five patients (26%) right colectomy, and two patients (6%) underwent right colectomy for invasive

appendiceal cystadenocarcinoma and at the same time right nephrectomy leading to individualized diagnosis and treatment and sigmoidectomy respectively for concomitant malignancy. Mucocele of the appendix may be related to a benign or malignant appendiceal process.

#### **49. Morphological parameters of acromion**

G. Paraskevas, A. Tzaveas, B. Papaziogas, P. Kitsoulis, K. Natsis, S. Spanidou

*Folia Morphologica 67(4):255-260, 2008*

The purpose of this study was to record the basic morphometric values of the acromion. Forty-four pairs of dried scapulas were reviewed. Acromial shape was evaluated in relation to sex, symmetry and presence of subacromial enthesophytes and classified according to Bigliani with the following results: type I (flat): 26.1%, type II (curved): 55.6% and type III (hooked): 18.1%. There was a greater percentage of type III in men (56.2% vs. 43.7%) and type I in women (56.5% vs. 43.4%). Acromial morphology was symmetric in 29 acromia (65.9%). Enthesophytes were most common in type III (75%). A rough inferior surface of the acromion was most frequently found in type III (81.2%). Nine other scapular osteological parameters were also measured. Many differences were noted between male and female scapulae. The great variety of morphological features is assumed to be related to rotator cuff pathology and other shoulder impairments.

#### **50. Carcinoma developing in ectopic pancreatic tissue in the stomach: a case report**

B. Papaziogas, I. Koutelidakis, P. Tsiaousis, K. Panagiotopoulou, G. Paraskevas, H. Argiriadou, S. Atmatzidis K. Atmatzidis

*Cases Journal 1:249, 2008*

In this study, we describe the first case of endoepithelial carcinoma arising in a gastric heterotopic pancreas of a 56-year old woman. She presented with epigastric pain, periodic nausea and vomiting. Esophagogastroduodenoscopy revealed an ulcerated lesion in the gastric antrum, biopsies of which showed intense epithelial dysplasia with incipient malignant degeneration. The pathology report of the distal gastrectomy specimen demonstrated a 2 cm in diameter ulcerative mass in the gastric antrum. Microscopically, an endoepithelial (in situ) carcinoma of the gastric antrum was determined, which in places turned into an microinvasive endomucosal adenocarcinoma. It also incidentally demonstrated heterotopic pancreatic ducts,

detected within the mucosa to the muscularis propria of the same region of the stomach, in which an endoepithelial (in situ) carcinoma was evolving. The follow-up course was uneventful 6 months postoperatively.

### **51.Osteochondromas: review of the clinical, radiological and pathological features**

P.Kitsoulis, V. Galani, K.Stefanaki , G.Paraskevas, G.Karatzias, N.Agnantis, M.Bai  
*In Vivo*, 22(5):633-646, 2008

Osteochondroma is as it is known the most common benign bone tumor and usually occurs in the metaphyseal region of the long bones. This tumor takes the form of a cartilage-capped bony outgrowth on the surface of the bone. The vast majority (85%) of osteochondromas present as solitary, nonhereditary lesions. Approximately 15% of osteochondromas occur as multiple lesions in the context of hereditary multiple osteochondromas. In the present paper the clinical, radiological, pathological and pathogenetic features and the treatment modalities of osteochondroma are reviewed.

### **52.Accessory muscles in the lower part of the anterior compartment of the arm that may entrap neurovascular elements**

G. Paraskevas, K. Natsis, O. Ioannidis, B. Papaziogas, P. Kitsoulis  
*Clinical Anatomy*, 21(3):246-251, 2008

The aim of this study was to evaluate the incidence of abnormal muscular bands of the anterior compartment of the arm that may compress the median, the ulnar and the medial antebrachial cutaneous nerve as well as the brachial artery and the brachial veins thus causing entrapment at and above the elbow. In the 72 upper limbs studied we found 3 abnormal muscles of the flexor compartment of the arm (4.17%) entrapping nerves and vessels. The first muscle was emerging from the tendon of long head of biceps brachii and coracobrachialis muscle insertion, meaning that this muscle should be derived from the coracobrachialis and biceps brachii muscle simultaneously. The second muscle inserted partially into the belly of biceps brachii and should be considered as a supernumerary head of biceps brachii. The third muscle in fact represents an accessory fascicle of the brachialis muscle that is an embryonic remnant of that muscle. Compression of the nerves and the vessels may be caused by additional muscular bundles that pass anterior to these structures. Such variations may have clinical implications and should be considered when in any

patient, a high median or ulnar or medial antebrachial cutaneous nerve paralysis exists with symptoms of lower brachial artery or brachial vein compression.

### **53.Morphological parameters of the superior articular facets of the atlas and possible clinical significance**

G. Paraskevas, B Papaziogas, A. Tzaveas, K. Natsis, S. Spanidou, P. Kitsoulis

*Surgical and Radiological Anatomy, 30(8):611-617,2008*

The superior articular facets of the atlas were studied in 86 dried vertebrae. Several morphologic parameters were measured, like presence of notches, grooves, complete or partial dissociation, rough surfaces as well as other morphology. No notch was found in 37.2% of the superior articular facets. The incidence of notch is decreased as the age progresses. No transverse groove was found in 24.4% and the presence is increased with the age. The incidence of complete and partial dissociations was also found to be in proportion with the age. The incidence of rough surfaces, which correspond to the site of maximum weight bear, was found to be increased in the older ages. We assume that the increase of the incidence of the dissociation and the rough surfaces could cause a restriction of the atlanto – occipital motion in the older ages.

### **54.Metastasis of bronchogenic carcinoma to the 5th metacarpal bone: A case report**

Tzaveas, G. Paraskevas, I. Pазis, A. Dimitriadis, P. Kitsoulis, A. Vrettakos

*Cases Journal, 30;1(1): 284,2008*

Metastatic lesions to the hand are very rare and represent 0.1% of all osseous metastases. We present a patient with metastasis of bronchogenic carcinoma of the lung to the 5th metacarpal to draw the attention for the potential of such lesions to be developed in this region. Due to the extensive metastasis to the hand the patient was referred to the oncologists. The surgeon should be cautious regarding the differential diagnosis, the usual poor prognosis of such patients and the questionable need for reconstructive surgery.

### **55.Evidence of a lateral antebrachial cutaneous nerve entrapment during autopsy**

G. Paraskevas, P.Ph. Tsitsopoulos, B. Papaziogas, K. Natsis, P. Kitsoulis

*Folia Morphologica, 67(3):218-220, 2008*

Compression of the lateral cutaneous nerve of the forearm is a rare clinical entrapment syndrome. This report describes the compression of the lateralantebrachial cutaneous nerve at the level of the lateral margin of the biceps brachii tendon identified during autopsy. This is the first cadaveric case reported in the literature. The anatomy, the possible areas of entrapment, the most frequent diagnostic problems and the main therapeutic options for this rare occurrence are also discussed.

### **56. Failure of palmaris longus muscle duplication and its clinical application**

G. Paraskevas, A. Tzaveas, K. Natsis, P. Kitsoulis, I. Spyridakis

*Folia Morphologica, 67(2):150-153, 2008*

A case of failure of palmaris longus muscle duplication was found in the left forearm of a male cadaver. Specifically, two distinct palmaris longus muscles failed to separate, being united to each other extending from the medial epicondyle to the palmar aponeurosis. We studied the exact morphology of the abnormal muscle, which, to our knowledge, hasn't been reported again in the literature. It also provided data for palmaris longus muscle morphology and possible clinical application as the knowledge of such an anomalous muscle should be useful for hand surgeons and radiologists.

### **57. An unusual bilateral sternalis muscle**

K. Natsis, K. Vlasis, T. Totlis, G. Paraskevas, P. Tsikaras

*Chirurgia, 103(2):231-232, 2008*

In the current study, we present a bilateral sternalis muscle, which was found during routine dissection of a 64 years-old Caucasian male cadaver. At the right side, the muscle had an unusual morphology, namely it consisted of three almost parallel strap-like muscle slips. Moreover, we discuss the innervation, origin and incidence of this variation, which are under controversy, as well as its clinical relevance.

### **58. Left common carotid artery arising from the brachiocephalic trunk : a case report**

Paraskevas, P. Agios, M. Stavrakas, A. Stoltidou, A. Tzaveas

*Cases Journal, 11;(1):83, 2008*

An abnormal origin of the left common carotid artery from the initial portion of the brachiocephalic trunk was found in the superior mediastinum in a 81-year-old Caucasian male cadaver during dissection practice. We report on the exact morphology of that variant that is appeared in an incidence of 0,2% in the literature. We discuss the relative literature and pay attention on the significance of such a variation for clinicians in its recognition and protection.

### **59. Kaplan anastomosis of the ulnar nerve: a case report**

Paraskevas G, Gekas C., Tzaveas A., Spyridakis I., Stoltidou A., Tsitsopoulos P

*Journal of Medical Cases Reports, 15(2):107, 2008*

We report the case of a rare ulnar nerve branch called a Kaplan anastomosis, which anastomosed the dorsal cutaneous branch with the ulnar nerve prior to its bifurcation into the superficial and deep ramus. Many authors have reported unusual ulnar nerve branches and knowledge of these anatomical variations is important for the interpretation of pain and sensory loss in the area sustained during injuries or surgical procedures. Our finding is the fourth case of a Kaplan anastomosis to be described in the literature.

### **60. Axial transformation of the profunda femoris vein: formation, relations and course in a cadaveric specimen**

K. Natsis, T. Totlis, G. Paraskevas, E. Papathanasiou, G. Sofidis

*Folia Morphologica, 67(4):1-3, 2008*

The profunda femoris vein provides an important collateral pathway when the femoral vein is obstructed by thrombosis. In such cases, the profunda femoris vein dilates to a variable extend and it may function as the main outflow source for the limb, which is called axial transformation of the profunda femoris vein. When operating on a transformed axial vein, a vascular surgeon should always be aware of the formation, the relations with the adjacent anatomical structures and the course of the transformed axial vein. The precise description of these anatomical features of the transformed axial vein is not feasible in an ultrasonographic, venographic or surgical study but only in anatomical studies. In the present study a case of axial transformation of the profunda femoris vein found in a 72-yearold male cadaver is presented, focusing on the anatomical features of the transformed axial vein.

### **61. Anatomical variation of co-existence of 4<sup>th</sup> and 5<sup>th</sup> short metacarpal bones, sesamoid ossicles and exostoses of ulna and radius in the same hand: a case report**

Tzaveas, G. Paraskevas, C. Gekas, A. Vrettakos, K. Antoniou, I. Spyridakis

*Cases Journal, 29;1(1):281,2008*

The anatomical variations of bones in the hand are common. The existence of exostosis and shortening of metacarpal bones has been described in the literature as part of the hereditary multiple exostosis syndrome but no case has been reported with the co-existence of sesamoid ossicles in the same patient. We report a case with co-existence of distal ulnar and radial exostoses, 4<sup>th</sup> and 5<sup>th</sup> short metacarpals and sesamoid ossicles in the wrist area. This variation may help the interpretation of pain or sensory disorders in the hand and wrist areas.

### **62. Variability in superior hypogastric plexus morphology and its clinical applications: a cadaveric study**

G. Paraskevas, P. Tsitsopoulos, B. Papaziogas, K. Natsis, S. Martoglou, A. Stoltidou, P. Kitsoulis

*Surgical and Radiological Anatomy, 30(6):481-488, 2008*

The superior hypogastric plexus was dissected in 35 formalized cadavers. A single nerve was found in 17.14% of subjects. The type of a wide reticular formation was observed in 28.57% of specimens. Interestingly, a band-like nerve trunk consisting of nerve roots surrounded by a common perineurium was evident in 22.85% of cadavers. Eventually, two distinct nerves at a short distance with each other were found in 31.44% of subjects. Furthermore, we found that branches of the major and minor splanchnic nerves contributed to SHP constitution. We provided, additionally, the topographic anatomy of the SHP with regard to the sacral promontory and the abdomen midline. A detailed knowledge of the course, the morphology, the various forms and the topography of the superior hypogastric plexus is of utmost significance for several clinical specialities.

### **63. Osseous variations of the hypoglossal canal area**

G. Paraskevas, P. Ph. Tsitsopoulos, B. Papaziogas, P. Kitsoulis, S. Spanidou, P. Tsitsopoulos

*Medical Science Monitor 15(3): BR 75-83, 2009*

One hundred sixteen (116) adult cadaveric dried skull specimens were analyzed. Several canal dimensions and distances from constant and reliable landmarks were calculated. The mean lateral length of the canal was 10.2mm, the mean medial length was 8.9mm, the mean transverse and vertical diameter of the internal orifice was 7.4 and 4.4mm respectively and the mean transverse and vertical diameter of the external orifice was 6.1 and 3.9mm respectively. The mean inclination of single hypoglossal canals was 42.3° and 32.4° in the right and left side respectively. One osseous spicule in the inner or outer orifice of the canal was present in 18.1% of specimens. Two or more osseous spurs were evident in 0.86% of the study material. On the other hand complete osseous bridging either in the outer or inner part of the canal was evident in 19.83%. Osseous bridging extending through the whole course of the canal was visible in 1.72% of the skulls. A detailed knowledge of the microsurgical anatomy and the possible osseous variants in this region is needed in order to perform an effective and reliable surgical operation in this area.

#### **64.Unilateral elongated styloid process: case report**

G.Paraskevas, A.Raikos, L.Lazos, P.Kitsoulis

*Cases Journal 3; 2:9135, 2009*

An unusual case of a unilaterally elongated styloid process with a length of 5.8 cm was found on a dry skull of a male cadaver. During his life the subject was complaining for reported ipsilateral otalgia presumably due to nerve compression from the elongated styloid process. The symptomatology appeared by such an anatomical variant as well as relative literature is discussed in this paper.

#### **65.Lumbosacral transitional vertebra causing Bertolotti's syndrome: a case report and review of the literature**

G. Paraskevas, A. Tzaveas, G. Koutras, K. Natsis

*Cases Journal 6;2:8320, 2009*

Lumbosacral transitional vertebra is an anatomical variation of the fifth lumbar vertebra in which an enlarged transverse process can form a joint or fusion with the sacrum or ilium. The association of that variant with low back pain and changes in the biomechanical properties of the lumbar spine is called Bertolotti's syndrome. We report a case of a male patient 40 years old with chronic low back pain especially located at the left buttock just above the ipsilateral sacroiliac joint. From the radiographic control an anomalous enlargement of the left transverse process of the

fifth lumbar vertebra was found forming a pseudarthroses with the infrajacent ala of the sacrum. We report on the type of applied conservative treatment and review the relative literature.

### **66.A rare case of bilateral supernumerary heads of sternocleidomastoid muscle and its clinical impact**

K Natsis, I.Asouchidou, M. Vasileiou, E. Papathanasiou, G. Noussios, G. Paraskevas  
*Folia Morphologica, 68(1):52-54,2009*

Variability of the SCM anatomy may cause complications while trying to access the vital elements that are located in the anterior suraclavicular triangle. This study aims to present a case of supernumerary heads of the sternocleidomastoid muscle and to discuss its clinical significance. The cervical region of an elderly male cadaver was dissected and the findings had been recorded and photographed. On both sides the SCM muscle had an additional sternal head and simultaneously there were three additional clavicular heads, four in total. These additional heads, the sternal and the clavicular one, reduced the interval between them causing significant stenosis of the anterior triangle. Sternocleidomastoid muscle variations with regard to the number of its heads are very rare in the literature, but this variation may cause severe complications. This triangle is important for the anesthesiologists because of the anterior central venous catheterization approach. Physicians should be aware of this anatomical variation in order to prevent complications.

### **67.Double common bile duct: A case report and review of the literature**

G. Paraskevas, B. Papaziogas, O. Ioannidis, P. Kitsoulis, S. Spanidou, P. Tsikaras  
*Acta Chirurgica Belgica 109(4):507-9, 2009*

The aim of our study is to present a double common bile duct case. Particularly, we found a common bile duct that was divided in two distinct ducts, one the main and the other the accessory duct, during its course downwards. The two bile ducts had a parallel course emerging from the common bile duct after its formation and reunited just above the head of pancreas. Finally, they drained into the second portion of the duodenum at the site of major duodenal papilla. This anomaly is of great importance because the duplication of the common bile duct can lead to severe intraoperative injury of one of the two common bile ducts, which can be mistaken as the cystic duct and be ligated. Moreover, we present the relative international literature and the clinical significance of our finding.

### **68. Adult Intestinal Malrotation: A Case Report**

B. Papaziogas, A. Patsas, G. Paraskevas , P. Tsiaousis, I. Koutelidakis, C. Christoforakis, K. Atmatzidis

*The Internet Journal of Surgery. 19 (2):1-9, 2009*

Midgut malrotation is an anomaly of intestinal rotation which occurs during fetal development and usually presents in the neonatal period. It is rare for malrotation to present in adulthood. We present a case of malrotation in an adult female patient who presented with cramping generalized right abdominal pain and vomiting of one day duration. A computed tomography abdominal scan and upper gastrointestinal contrast studies showed malrotation of the small bowel. The patient was consented for exploratory laparotomy during which typical Ladd's bands and a distended flabby third and fourth duodenal portion extrinsically obstructing the misplaced duodeno-jejunal junction were recognized. Detorsion of the twisted mesentery, lysis of the bands, appendectomy and a side-to-side duodeno-jejunal anastomosis were performed. Complete resolution of symptoms is noted in a two-year follow-up period.

### **69. Study of two cases of high-origin radial artery in humans**

Natsis K., Papadopoulou A.L., Papathanasiou E., Nousseios G., Paraskevas G., Lazaridis N.

*Eur J Anat, 13 (2): 97-103 ,2009*

Variations in the normal arterial anatomical pattern are very common and among them the high origin of the radial artery is the most frequent variation. We report two cases of a unilateral high-origin radial artery with different variations in each case in the course of the artery, along with a review of the literature. From an embryological point of view, the presence of a radial artery of high origin is established by developmental stage 18 and may be due to a differentiated hemodynamic predominance of the deep arterial segments over the superficial arterial network, chemical factors, foetal position in the uterus, developmental arrest in early stages, and genetic predisposition. Additionally, a high-origin radial artery may complicate medical procedures, leading to misdiagnosis and easier injury. Finally, we discuss the terminology problem we came across reviewing the literature because a number of studies refer to this variant using different terms.

### **70. Coracoclavicular joint: an osteological study with clinical implications**

G. Paraskevas, M-E. Stavrakas, P. Tsikaras

*Cases Journal 7;2:8715, 2009*

The presence of an anomalous coracoclavicular joint was studied in a human male skeleton aged 73 years old from the Osteology Collection of our Department. We describe the exact morphology of this variation that is occasionally reported as an anatomical or radiological curiosity in the literature (0,55-21%). Although coracoclavicular diarthrosis is of no significance other than academic, it is important to recognize this variation and the clinical symptoms that may occur, as it is a cause of shoulder pain and arthritis in this or the adjacent joints. Consequently, it is vital to apply the appropriate treatment.

### **71.A case of eosinophilic granuloma of the skull in an adult man: a case report**

P. Kitsoulis, G. Paraskevas, A. Vrettakos , A. Marini

*Cases Journal 4;2:9144,2009*

We report a case of 57 year-old man who gradually developed local pain at his skull and orbit. A soft, movable, palpable and tender mass was found at the left temporal bone. The pain deteriorated after an accidental injury at skull and remained so. The clinical examination revealed no pathological findings. X-rays and CT revealed a round lytic defect at the skull. Its borders were sharp and its size was 1.6 x 1.8 cm. No periostic reaction or bone formation was noted. Scintigraphy depicted a lytic lesion without radionuclide enhancement. Thus we suspected an eosinophilic granuloma. An attempt to excise the tumor failed as it had already eroded the underlying temporal bone. The external meningea was affected but not the internal one. Histological diagnosis with dominance of Langerhans cells set the diagnosis. A second surgery was done and the eosinophilic granuloma was extracted. After eight months the gap was bridged with plastic heterologous transplant. After the curettage the patient received antibiotics and five cycles of radiotherapy. The aesthetic result was excellent. The patient's head has a normal hairy appearance. No tenderness, swelling or recurrence is recorded until now. Eosinophilic granuloma is of unknown aetiology but uncontrolled proliferation of Langerhans cells, previous inflammations or tumors and autoimmune disorders are suspected. Due to the co-existence of psoriatic arthritis and eosinophilic granuloma to our patient we assume that an autoimmune mechanism is probable.

## **72.Persistent median artery in the carpal tunnel: anatomy,embryology,clinical significance and review of the literature**

K.Natsis, G.Iordache, I. Gigis, A. Kyriazidou, N. Lazaridis, G. Noussios, G. Paraskevas  
*Folia Morphologica 68(4):193-200, 2009*

The median artery usually regresses after the eighth week of intrauterine life, but in some cases it persists into adulthood. The persistent median artery (PMA) passes through the carpal tunnel of the wrist, accompanying the median nerve. During anatomical dissection in our department, we found two unilateral cases of PMA originating from the ulnar artery. In both cases the PMA passed through the carpal tunnel, reached the palm, and anastomosed with the ulnar artery, forming a medio-ulnar type of superficial palmar arch. In addition, in both cases we observed a high division of the median nerve before entering the carpal tunnel. Such an artery may result in several complications such as carpal tunnel syndrome, pronator syndrome, or compression of the anterior interosseous nerve. Therefore, the presence of a PMA should be taken into consideration in clinical practice. This study presents two cases of PMA along with an embryological explanation, analysis of its clinical significance, and a review of the literature. The review of the literature includes cases observed during surgical procedures or anatomical dissections. Cases observed by means of imaging techniques were not included in the study.

## **73.Combined anomalous origin of a left inferior thyroid artery and a left vertebral artery: a case report**

K. Natsis, M. Didagelos, G. Nousios, A. Adamopoulou, E. Nikolaidou, G. Paraskevas  
*Cases Journal 26;2:7400,2009*

An abnormal origin of a left inferior thyroid artery from the left vertebral artery that in turn originated from the aortic arch was observed on a 72-year-old Caucasian male cadaver during a dissection anatomy practice. We describe in detail the morphology of this extremely rare anatomical variation and refer to its clinical importance.

## **74.Excavated-type of rhomboid fossa of the clavicle: a radiological study**

G. Paraskevas, K. Natsis, S. Spanidou, A. Tzaveas, P. Kitsoulis, A. Raikos, B. Papaziogas, N. Anastasopoulos  
*Folia Morphologica 68(3):163-6, 2009*

A relative neglected anatomical structure, the rhomboid fossa of the clavicle was studied in routine chest radiographs, because its unilateral occurrence may be mistaken by the physician as avascular necrosis, osteomyelitis or even a tumor. The fossa was present in an incidence of 25.63%, appearing more frequently in males than in females. Also, the incidence of the fossa was greater on the right side than on the left (66.67% versus 33.33%). At last, the rhomboid fossae were present more frequently on the right side in right – handed specimens and on the left side in left – handed specimens. The high frequency of the fossae on the dominant hand support the mechanical theory of fossae formation.

### **75.Osteopoikilosis: a case report of a symptomatic patient**

G.Paraskevas, A.Raikos, M.Stavrakas, S. Spanidou, B. Papaziogas

*J Radiological Case Reports 3(12):38-43, 2009*

Osteopoikilosis is a very rare benign sclerosing bony dysplasia with an autosomal dominant inheritance. We describe the morphology of an osteopoikilosis male patient, associated with severe pain on wrist and hand joints, report on the relative literature and focus on clinical significance, due to mimicking capability of other more severe conditions such as bone metastases.

### **76.Co-existence of os acromiale with suprascapular osseous bridge: a case report and review of literature**

G.Paraskevas, A.Raikos, L.Lazos, Z.Economou, K.Natsis

*Folia Morphologica 68(2):109-112, 2009*

We report on a very rare case of co-existence of os acromiale with suprascapular osseous bridge in a dry scapula. The frequency of os acromiale alone ranges from 1.3 to 15%, while the frequency of suprascapular osseous bridge varies between 0.036% and 12.5%. We review the relative literature and emphasize the fact that such knowledge is important for a physician in order to avoid misdiagnosis of an acromion fracture and lytic lesion of the scapula.

### **77.Supracondylar process of the humerus – rare case with compression of the ulnar nerve**

A.Tzaveas, A. Dimitriadis, K. Antoniou, I. Pazis, G. Paraskevas, A. Vrettakos

*J. Plast. Surgery and Hand Surgery, 44(6):325-326, 2010*

A patient was presented with a 6-month history of numbness and pain in left forearm and hand with ulnar nerve distribution. Radiographs revealed a supracondylar process, which was removed surgically. Compression of the ulnar nerve was found. Patient is symptom free two months postoperatively.

### **78.The supratrochlear foramen of the humerus and its relation to the medullary canal: a potential surgical application**

G K. Paraskevas, B. Papaziogas, A. Tzaveas, G. Giaglis, P. Kitsoulis, K. Natsis  
*Medical Science Monitor, 16(4):BR119-123, 2010*

The septal aperture of the humerus found in the septum separated the Coronoid from the olecranon fossa was studied in 240 macerated adult humeri. The aperture was recorded in each sex and side as well its exact topographic anatomy viewing from the anterior and posterior aspect of the inferior end of the humerus. We attempted to enlighten the possible relationship of the aperture with the inferior edge of the medullary canal, as well the dimensions of that canal of humerus in comparison to the contralateral no aperture appearing humeri. Interestingly, we found that the medullary canal width at the entry point of a retrograde placed intramedullary nail was statistically lesser in humeri with aperture than in the humeri without aperture. Furthermore, we resulted that the medullary canal of the humeri with aperture ends more proximal than the canal of humeri without aperture. We support strongly that in cases of fractures of humeri with aperture, the surgeon must keep in mind than it is better to perform antegrade medullary nailing than retrograde due to the extremely narrow canal at the distal portion of humeri with aperture.

### **79.Abnormal muscles that may affect axillary lymphadenectomy: surgical anatomy**

K. Natsis, K. Vlasias, T. Totlis, G. Paraskevas, G. Noussios, PN. Skandalakis, J. Koebke  
*Breast Cancer Res Treat. 120(1):77-82, 2010*

The present study aimed at summarizing and presenting the anomalous muscles that a surgeon might encounter during axillary lymphadenectomy (AL). For this purpose, both the anatomical and surgical literature was reviewed and an anatomical study on 107 cadavers was carried out. Furthermore, based on the anatomical features of the anomalous muscles that came up during our study and taking into consideration the landmarks of the AL, we further analyzed the complications that may arise from each of these muscles, along with their preoperative and intraoperative recognition and

management. The literature review revealed that there are three supernumerary muscles that may affect the AL, namely the Langer's axillary arch, the pectoralis quartus and the chondroepitrochlearis muscles, as well as the aplasia of the lower part of the pectoralis major muscle. Eight out of the 107 (7.48%) cadavers that we dissected had such an abnormal muscle in the axilla. Specifically, the axillary arch was found unilaterally in five cadavers (4.67%) and the pectoralis quartus muscle was present unilaterally in three cadavers (2.8%). One cadaver had both an axillary arch and a pectoralis quartus muscle in the right side. The abdominal and almost the whole sternocostal portion of the pectoralis major as well the pectoralis minor muscle were absent in one cadaver (0.93%). The chondroepitrochlearis muscle was not found in any of the cadavers that we dissected. The present study offers the necessary preoperative knowledge for recognizing these muscles during AL, avoiding thus the complications that may arise from them.

### **80. Sister Mary Joseph's nodule as the sole presenting sign of gastric signet ring cell adenocarcinoma**

O. Ioannidis, A. Cheva, T. Stavrakis, G. Paraskevas, A. Makrantonakis

*Gastroenterol Clin Biol, 34(10):565-568, 2010*

The Sister Mary Joseph's nodule is a periumbilical metastatic tumor originating from advanced metastatic intra-abdominal and intrapelvic malignancies. It is an inconspicuous and uncommon clinical sign, which not only shows the presence of visceral malignancy but also reveals the poor prognosis of these malignancies. The majority of cases originate from gastrointestinal or ovarian cancer. We present a case of an 80-year-old woman with an umbilical nodule, which was the sole presenting symptom of advanced signet ring cell carcinoma of the stomach with generalized peritoneal carcinomatosis. There are very few cases of gastric signet ring cell adenocarcinoma presenting as a SMJN, a fact rather striking as signet ring cell gastric carcinoma has an increased frequency of peritoneal dissemination and carcinomatosis of the peritoneum.

### **81. Clinical study of the factors affecting radioulnar deviation of the wrist joint**

P. Kitsoulis, G. Paraskevas, K. Iliou, A. Marini

*BMC Musculoskeletal Disorders, 15;11:9, 2010*

The present study examined whether radioulnar deviation is affected by gender, manual labor, playing a musical instrument, playing sport, handedness, previous fracture or prior inflammation. The study used clinical findings based on anatomical landmarks. The ulnar, radial and total deviations for both left and right hands were measured in 300 subjects (157 men and 143 women) of mean age 21.7 years. The gender of each subject was recorded, and information on playing of sport, playing a musical instrument, manual labor, handedness, and history of fracture or inflammation was sought. No statistically significant difference ( $p$ -value  $> 0.05$ ) was found between those comparing groups except the total deviation of athletes' left hand versus the total deviation of non athletes' left hand ( $p$ -value  $0.041 < 0.05$ ) and the radial deviation of manual workers' left hand and non manual workers' left hand ( $p$ -value  $0.002 < 0.05$ ). This study was based on clinical findings using anatomical landmarks. We found that manual workers and athletes showed greater left hand flexibility. This suggests that activities that place chronic stress on the radiocarpal joint can independently affect radioulnar deviation.

## **82. Multiple variations in the branching pattern of the abdominal aorta**

A. Raikos, G. Paraskevas, K. Natsis, A. Tzikas, SN. Njau

*Rom J Morphol Embryol*, 51(3):585-587, 2010

We report on a unique clinically and surgically significant case of multiple abdominal aorta variations. Specifically, the left inferior phrenic, left gastric and splenic artery arose in common from the left aspect of the aorta constituting a common phrenogastrosplenic trunk, while the common hepatic artery originated separately from the midline of the anterior aspect of the aorta just inferiorly to the trunk. An accessory right hepatic artery arises from the right-anterior aspect of the abdominal aorta adjacent to superior mesenteric artery origin. On the left side, two renal arteries were observed. Moreover, the left gonadal artery exhibited a high origin, arising inferiorly to the upper left renal artery. We discuss about the embryological development of abdominal aorta arterial abnormalities and we attempt to sort the noticed variations according to existing classification in the literature. It is highlighted that the thorough knowledge of these arterial variations is important for the success of upper abdomen surgical operations such as liver and kidney transplantation, kidney preservation, abdominal aorta related vascular surgery, treatment of hepatocellular carcinoma by transcatheter arterial chemoembolizations as well as imaging interpretation of the region. Preoperative selective angiography or other

abdominal aorta imaging studies are helpful for arterial variation demonstration and a precious tool for appropriate surgery planning.

### **83.Supernumerary semitendinous muscle: a rare case presentation and its clinical significance**

G.Paraskevas, A.Raikos, O.Ioannidis

*Clin Anat, 23(8):909-910, 2010*

During routine dissection in the anatomy lab, of a 79-year-old Caucasian ethnic-group male cadaver, an aberrant muscle was noticed among the ham-string muscles of the left limb. This muscle took its origin from the lateral ridge of linea aspera and was located between the tendinous attachments of the short head of biceps femoris and adductor magnus muscle. The muscle had a cord-like appearance, with a total length of 34 cm and a diameter of 2.3 cm. As this muscle coursed distally, it was covered by the long head of biceps femoris muscle and the already bifurcated sciatic nerve. At its distal part,

the muscle had an oblique course running from lateral to medial, whereas at the popliteal fossa it was superficial to the popliteal artery and vein, adjacent to the upper corner of the popliteal fossa. The tendon of the muscle was inserted to the medial tibial condyle, medial to the tendon attachment of the semimembranosus muscle. We consider that our report represents a supernumerary semitendinosus muscle. The presence of supernumerary semitendinosus muscle and other aberrant hamstring muscles can interfere with the biomechanical features of the lower limb due to imbalance between anterior and posterior thigh muscles as a result of eccentric force load that may evoke gait abnormalities. Furthermore, the supernumerary muscle can possibly affect the adjacent anatomical structures such as the sciatic nerve and popliteal artery through compression mechanism, resulting in various differential diagnostic difficulties to the physician. Moreover, surgeons intervening to the posterior thigh area and to popliteal fossa must be aware of the possibility of the presence of an aberrant semitendinosus muscle. Although not always an easy task, such anatomical variation can be effectively diagnosed during the preclinical magnetic resonance imaging studies.

### **84.Accessory internal thoracic artery and its clinical significance**

G.Paraskevas, B. Papaziogas, K.Natsis, O.Ioannidis, S.Martoglou, D. Economou, P. Kitsoulis

*Chirurgia, 105(5):709-711, 2010*

The accessory internal thoracic artery is a relatively large branch of the initial part of the internal thoracic artery, which was found in 4.54% of 22 cadavers studied in the Institute of Anatomy of the Medical School of Aristotle University of Thessaloniki. The course of this artery lies usually in the inner surface of the anterolateral thoracic wall and its diameter is sometimes almost equivalent to that of the main trunk of the internal thoracic artery. We think, that the knowledge of this arterial branch is essential for the thoracic surgeon during the preparation of the internal thoracic

artery for coronary revascularization as well as for the surgeon during the placement of thoracic drainage for pneumothorax. Furthermore, it has to be kept in mind for the interpretation of angiographies of the subclavian artery.

### **85. Bilateral pectoral musculature malformations with concomitant vascular anomaly**

G. Paraskevas, A. Raikos

*Folia Morphologica, 69(3):187-191, 2010*

We report on a unique combination of multiple variations concerning the pectoral muscles and the left external jugular vein. Specifically, a bilateral hypoplasia of the medial clavicular portion of the pectoralis major muscle was noticed along with the coexistence of total right pectoralis minor aplasia, substituted by loose connective and fatty tissue. Simultaneously, a supernumerary anterior-placed external jugular vein was found, which, after its supraclavicular course, pierced the interval between the left clavicular and the sternocostal head, and drained into the left jugular junction. The combination of the above anomalies constitutes an atypical pattern of Poland syndrome. We discuss the related embryological development and the relative literature. Attention was paid to the clinical importance for plastic surgeons, general surgeons, and radiologists, facilitating them with accurate interpretation of anterior thoracic wall findings.

### **86. Cannieu-Riche anastomosis of the ulnar to median nerve in the hand: a case report**

G. Paraskevas, O. Ioannidis, S. Martoglou

*Chirurgia, 105(6):839-842, 2010*

We observed in a male cadaver the presence of a new type of very long Cannieu-Riche anastomosis between the proximal portion of the deep branch of the ulnar nerve for the adductor pollicis and ramus of the recurrent branch of the median nerve to the superficial head of the flexor pollicis brevis. The clinical relevance of such a communication is the possible preservation of the function of all or part of thenar muscles from the ulnar nerve in case of median nerve lesion. The ignorance of that anomaly can induce obscure clinical, surgical and electroneuromyographical findings. We report on the incidence, the double innervation and the clinical significance of Cannieu-Riche anastomosis and provide a new classification of the various types of this nerval connection.

### **87.Laparoscopic cholecystectomy in situs viscerum inversus partialis**

B.Papaziogas, I. Koutelidakis, P. Tsiaousis, G. Paraskevas ,G. Chatzimavroudis , S.Atmatzidis , K.Atmatzidis

*Surgical Chronicles, 16(3):174-177, 2011*

Since laparoscopic cholecystectomy has become the standard procedure for the treatment of gallstone disease, several cases have been reported in patients with situs viscerum inversus, a rare condition characterized by transposition of organs to the opposite side of the body. Herein, we report on a patient with symptomatic cholelithiasis and known situs viscerum inversus partialis. Successful laparoscopic cholecystectomy was performed and the patient recovered successfully. We further affirm the safety and efficacy of laparoscopy in the setting of situs viscerum inversus after giving due attention to the details of left-right reversal.

### **88.Sesamoid ossicles within the ligamentum nuchae.A report of two cases and review of the literature**

G. Paraskevas, A. Raikos, S. Martoglou, O. Ioannidis

*Journal of Radiology Cases Reports , 5(8):22-29 , 2011*

Sesamoid ossicles are ovoid or round nodular small bones found usually within a joint or tendon of the upper and lower limb and rarely at other regions. They are usually asymptomatic, resulting in an increased propensity to injuries. We report on two cases where sesamoid ossicles were detected within the nuchal ligament. The first one was a 55-years-old Caucasian male office employee, complaining of chronic pain in the cervical spine region accompanied by numbness of the left upper limb. During the routine lateral X-ray imaging two sesamoid ossicles were found within the nuchal ligament at the C4 and C5 spinous processes level. The second case was a 64-years-old Caucasian female store employee, complaining of chronic cervical spine pain. The routine lateral X-ray exhibited two sesamoid ossicles within the nuchal ligament at the C5 and C6 spinous processes level. Sesamoid ossicles found in the nuchal ligament in rare cases may become symptomatic and the pathogenesis mechanism should be differentially diagnosed by the physician. We discuss the precise morphology of the trait, the possible etiological mechanisms for their appearance, the histological features, as well as differential diagnosis.

### **89.Multiple aberrant coeliac trunk ramifications**

G.K. Paraskevas, A. Raikos

*Singapore Medical Journal* , 52(7):e147-9, 2011

This study describes a routine educational cadaveric dissection, where multiple aberrant coeliac trunk branches were noticed. Specifically, the accessory left hepatic artery emerged from the left gastric artery, while the left inferior phrenic artery originated from the coeliac trunk. The accessory left suprarenal artery was found to commence from the coeliac trunk, whereas two aberrant left suprarenal arteries branched separately from the origin of the left inferior phrenic artery. Finally, the accessory jejunal artery was observed to originate from the coeliac trunk. Anatomical variations of the coeliac trunk branches can significantly alter the surgical management of the upper abdomen; hence, clinicians and radiologists should be aware of such aberrant vascular anatomy so as to reduce the incidence of surgical complications.

### **90.Variable course and drainage pattern of the right testicular vein: embryological aspects**

G.Paraskevas, O.Ioannidis

*Clin Anat* , 24(8):988-990, 2011

A case of a triple right testicular vein (TV) was encountered in a male cadaver with a typical TV and an atypical TV bifurcated into a lateral vein draining into the right subcostal vein and a medial vein draining into the inferior vena cava. The possible embryologic origin as well the clinical significance of the finding is discussed.

### **91.Etiopathogenesis of hyperostosis frontalis interna: A mystery still**

Raikos, G.K. Paraskevas, F. Yusuf, P. Kordali, S. Meditskou, A. Al-Haj, B. Brand-Saberi

*Annals of Anatomy* 193(5):453-8, 2011

Hyperostosis frontalis interna is a morphological pattern characterized by single or multiple bony nodules situated on the inner lamina of the frontal bone. It is seldom found in males, but it is a common phenomenon among post-menopausal females in modern societies but relatively rare in antiquity. The etiopathogenesis of the trait is a matter of debate and ranges from genetic predisposition to epigenetic, while endocrine disturbances, aging, and dietary factors are also listed among the causes. We studied the frequency, characteristic features, and etiopathogenesis of the disease in recent cadaveric and dry skull specimens. The frequency of hyperostosis

frontalis interna in cadavers and dry skull materials was almost identical, 12.5% and 12.3%, respectively. In cadavers, 87.5% of severe hyperostosis frontalis interna cases were found in females over 65 years-old. Interestingly, in two cadavers we found hyperostotic lesions spreading onto adjacent tissues such as the dura and falx cerebri. We provide some new aspects that may help in better understanding of the etiopathogenesis of hyperostosis frontalis interna. Thereby, we discuss the various etiopathogenesis models found in the literature.

## **92.Human ligaments classification: a new proposal**

G.K. Paraskevas

*Folia Morphologica 70(2):61-7, 2011*

A high concern exists among physicians about surgically important ligaments such as cruciate and collateral ligaments of the knee, patellar ligament, tibiofibular syndesmosis, collateral ligaments of the ankle, and coracoclavicular ligament. However, the classification of the ligaments is insufficient in the literature, due to their origin from connective tissue. A new classification is proposed, based on various parameters such as the macroscopic and microscopic features, the function and the nature of their attachment areas.

## **93.Sternalis muscle: an underestimated anterior chest wall anatomical variant**

Raikos, G.K. Paraskevas, M. Tzika, P. Faustmann, S. Triaridis, P. Kordali, P. Kitsoulis, B. Brand-Saberi

*Journal of Cardiothoracic Surgery, 16;6:73, 2011*

Over the recent years, an increased alertness for thorough knowledge of anatomical variants with clinical significance has been recorded in order to minimize the risks of surgical complications. We report a rare case of bilateral strap-like sternalis muscle of the anterior chest wall in a female cadaver. Its presence may evoke alterations in the electrocardiogram or confuse a routine mammography. The incidental finding of a sternalis muscle in mammography, CT, and MRI studies must be documented in a patient's medical records as it can be used as a pedicle flap or flap microvascular anastomosis during reconstructive surgery of the anterior chest wall, head and neck, and breast. Moreover, its presence may be misdiagnosed as a wide range of benign and malignant anterior chest wall lesions and tumors.

#### **94. Signs and symptoms of temporomandibular joint disorders related to the degree of mouth opening and hearing loss**

P. Kitsoulis, A. Marini, K. Iliou, V. Galani, A. Zimpis, P. Kanavaros, G. Paraskevas  
*BMC Ear Nose Throat Disorders, 11:5:1-8, 2011*

The present study examined the relationship between signs and symptoms of temporomandibular joint disorders (TMD) and mouth opening, gender, joint and aural symptoms, and hearing loss. The study involved 464 healthy Greek university students (156 men and 308 women) with a mean age of 19.6 years. Age, gender and maximum mouth opening was recorded. An anamnestic questionnaire was used to stratify the subjects into four groups based on TMD severity. Aural symptoms and an audiogram were recorded for each subject too. The overall incidence of TMD signs and symptoms was 73.3%. The incidence and severity was greater in females than males. The number of aural symptoms was associated to the TMD severity as well as maximum mouth opening. Audiometry showed that moderate and severe TMD was associated with hearing loss of median and low tones respectively. TMJ pain (p-value  $0.0001 < 0.05$ ), TMJ ankylosis (p-value  $0.0001 < 0.05$ ), bruxism (p-value  $0.0001 < 0.05$ ) and ear itching (p-value  $0.0001 < 0.05$ ) were also found to be statistically different between TMD and non-TMD subjects. TMD signs and symptoms were more common and severe in females than males. TMD severity is correlated with the degree of mouth opening and the number of aural symptoms. The absence or presence of mild TMD are associated with normal audiograms while moderate and severe TMD are related to hearing loss in median and low tones respectively. Bruxism, joint ankylosis, joint pain and ear itching were more common in TMD than non-TMD patients.

#### **95. Acute respiratory failure caused by neglected giant substernal nontoxic goiter**

O. Ioannidis, E. Dalampini, S. Chatzopoulos, A. Kotronis, G. Paraskevas, A. Konstantara, N. Papadimitriou, A. Makrantonakis, E. Kakoutis  
*Arq Bras Endocrinol Metabol., 55(3):229-32, 2011*

Substernal goiter is usually defined as a goiter in which the thyroid mass has descended the plane of the thoracic inlet or if more than 50% of the thyroid mass is located below the thoracic inlet. Substernal goiters may be asymptomatic or may present with symptoms caused by compression of adjacent organs. Acute respiratory failure is rare in cases of substernal goiter. In cases of symptomatic substernal goiter

the treatment is surgical by thyroidectomy. We present a rare case of a giant substernal nontoxic goiter which caused acute respiratory failure which was treated by urgent thyroidectomy through a T-incision.

### **96. Emphysematous cellulitis of the left thigh caused by sigmoid diverticulum perforation**

O. Ioannidis, E. Kakoutis, G. Paraskevas, S. Chatzopoulos, A. Kotronis, N.

Papadimitriou, A. Konstantara, A. Makrantonakis

*Ann Ital Chir.* , 82(3):217-20, 2011

Necrotizing fasciitis and gas gangrene of the lower extremities are two life-threatening emergencies and are the most common causes of gas presence in the lower extremity. Rarely the gas presence is secondary to a perforated viscus and especially the colon. Large bowel diverticula are a quiet common disease in western countries and their prevalence increases with age. Also, the possibility of complications is greater in older patients. However, perforated colonic diverticulum seldom presents only with the presence of gas in the lower extremity. We report a case of emphysematous cellulitis of the left thigh caused by a sigmoid diverticulum perforation in a patient with peritoneal carcinomatosis.

### **97. Giant bilateral symptomatic adrenal myelolipomas associated with congenital adrenal hyperplasia**

O. Ioannidis, S. Papaemmanuil, S. Chatzopoulos, G. Paraskevas, A. Makrantonakis

*Pathol Oncol Res*, 17(3):775-778, 2011

We present a case of giant bilateral symptomatic adrenal myelolipomas associated with congenital adrenal hyperplasia. A 34 year old female, with congenital adrenal hyperplasia because of 21-hydroxylase deficiency, presented with diffuse abdominal pain and vomiting. Physical examination revealed hirsutism, pronounced virilization and palpable masses both on the right and left abdominal area. The abdominal CT demonstrated bilateral large masses in the anatomical position of the adrenal glands with densities indicating adipose tissue. The differential diagnosis was between myelolipoma and liposarcoma. For diagnostic and also therapeutical reasons, as the masses were large and symptomatic and causing pressure to the surrounding structures, the patient was submitted to laparotomy for bilateral excision. Histopathological examination established the diagnosis of adrenal myelolipoma.

### **98.Variable anatomical relationship of phrenic nerve and subclavian vein:clinical implication for subclavian vein catheterization**

G. Paraskevas, A.Raikos, K. Chouliaras ,B. Papaziogas

*Br J Anaesth, 106(3):348-351, 2011*

During subclavian vein catheterization, a potential, but rare, hazard is the phrenic nerve injury, which compromises respiratory function. We conducted a cadaver study focused on the possible anatomical relationships between the subclavian vein and the phrenic nerve. Forty-two adult cadavers (84 heminecks) were dissected. Special attention was given to the topography of the phrenic nerve and subclavian vein. In all but three cases (81 of 84), normal topography was present, that is, the nerve was posterior to the vein. In two cases, the phrenic nerve crossed anterior to the subclavian vein and in one case traversed the anterior wall of the subclavian vein. Variants of the relationship of the subclavian vein and the phrenic nerve should be familiar to anaesthesiologists during subclavian vein cannulation in order to achieve successful vein approach without causing phrenic nerve palsy.

### **99.High origin of a testicular artery: case report and review of literature**

G. Paraskevas, O.Ioannidis, A.Raikos, B.Papaziogas,K.Natsis,I.Spyridakis ,P.Kitsoulis

*J Med Case Reports, 23(5):75, 2011*

We report a very rare case of high origin of the left testicular artery in a 68-year-old Caucasian male cadaver. The artery originated from the anterolateral aspect of the abdominal aorta, 2 cm cranially to the ipsilateral renal artery. Approximately 1 cm after its origin, it branched off into the inferior suprarenal artery. During its course, the artery crossed anterior to the left renal artery. A knowledge of the variant origin of the testicular artery is important during renal and testicular surgery. The origin and course must be carefully identified in order to preserve normal blood circulation and prevent testicular atrophy. A reduction in gonadal blood flow may lead to varicocele under circumstances. A knowledge of this variant anatomy may be of interest to radiologists and helpful in avoiding diagnostic errors.

### **100.Sternalis muscle: a new crossed subtype, classification and surgical applications**

A.Raikos, G. Paraskevas, F.Yusuf, P.Kordal, O.Ioannidis, B. Brand-Saberi

*Ann Plast Surg ,67(6):646-648, 2011*

The sternalis muscle is an anatomic variation well known to anatomists, but relatively unknown to clinicians and surgeons. It is localized superficially to the pectoralis major and can cause a diagnostic dilemma during breast surgery, mammography, and computed tomography and magnetic resonance imaging scans, as its appearance mimics tumor pathology of the region. We studied the presence of longitudinally placed muscles in the anterior thoracic wall in 45 cadavers (90 hemithoraces). In an 83-year-old white male, a rare case of crossed-type sternalis was detected on the left side. The muscle originated from the sternal head of the right sternocleidomastoid, crossed into the opposite parasternal half, and split into 2 tendons and 2 muscle bellies that inserted into the left subcostal arch region. This variant was not included in the available sternalis classifications, and an update is suggested. The muscle is of utmost importance and diagnostic value in routine mammogram screening. Moreover, it is of great value for the plastic surgeon, because identification of the variant can aid the differential diagnosis among other regional lesions. Likewise, its superficial location makes it an ideal candidate for utilization as a muscular flap in plastic reconstruction of the head and neck region.

### **101.Mesothelial mesenteric cyst in patient with ascending colon cancer: case report**

O.Ioannidis , A. Cheva, E. Kakoutis, G. Paraskevas, A. Markantonakis  
*G Chir, 32(3):128-131, 2011*

Mesenteric cysts are rare cystic malformations of the mesentery. They are usually located at the iliac mesentery. Clinically most mesenteric cysts are asymptomatic, but sometimes they present with non-specific abdominal symptoms. Diagnosis can be aided using US, CT and MRI but careful interpretation of the images and high index of suspicion of this rare condition is essential for the correct diagnosis, which cannot always be preoperatively established. The therapeutic method of choice is complete surgical excision of the cyst which minimizes the possibility of recurrence. Histopathologically they are classified in six group. We present a case of a mesothelial mesenteric cyst in patient with colon cancer. The cyst was misdiagnosed as urinary bladder diverticulum in the preoperative CT scan.

### **102.Nutritional modulation of the inflammatory bowel response**

O. Ioannidis ,I Varnalidis, G. Paraskevas, D. Botsios

*Digestion, 84(2):89-101, 2011*

Crohn's disease and ulcerative colitis represent distinct phenotypic forms of inflammatory bowel disease and continue to be a common cause of morbidity. The corticosteroids and the immunomodulatory drugs, which are the basis of treatment for the inflammatory bowel diseases, do not assure always satisfactory outcomes. Nutrition has been used in order to modify the inflammatory response of various chronic inflammatory diseases, including Crohn's disease and ulcerative colitis. In the pathogenesis of inflammatory bowel diseases, the intestinal microflora and the intestinal mucosal disorders play a crucial role. Also, the release of reactive oxygen species is a significant factor of initiation and preservation of the inflammatory reaction in these diseases. The advantages of the nutritional treatment derive from the sequestration of intraluminal agents which may promote the inflammatory bowel response or, alternatively, nutrition is able to modify the immune response, reducing the uncontrolled inflammatory reaction. Furthermore, nutrition can enhance the mucosal barrier function and consists a significant source of antioxidants. This review focuses on certain nutritional components that modulate the inflammatory response of the bowel and aims to present a rational thesis regarding the use of nutritional agents in the management of inflammatory bowel diseases.

### **103.Pathologic rupture of spleen as the presenting symptom of primary splenic non-Hodgkin lymphoma**

O. Ioannidis, S. Papaemmanouil, G.Paraskevas, S.Chatzipoulos,E.Kakoutis

*J Gastrointest Cancer , 2011*

Pathologic splenic rupture is defined as the spontaneous rupture of a diseased spleen and is quite rare. It is usually associated with oncologic, infectious, and hematologic diseases and more seldom with other rare causes. Pathologic splenic rupture related to hematologic malignancy seems to be rare with only 136 cases reported from 1861 until 1996 and a few cases thereafter. Non-Hodgkin lymphoma and acute myeloid leukemia are most frequently reported followed by chronic myeloid leukemia and lymphoblastic acute leukemia. However, even in cases of non-Hodgkin lymphoma, pathologic splenic rupture as the presenting symptom of the disease is rare as is the presence of primary splenic lymphoma. Conservative treatment is not an option, while operative intervention and emergency splenectomy is the only feasible treatment. We present a very rare case of pathologic rupture of primary splenic lymphoma which was the presenting symptom of the disease.

#### **104. Accessory muscles around the superior radioulnar joint: Morphology and function**

G. Paraskevas, O. Ioannidis

*It J Anat Embryol, 116(1):45-51, 2011*

We made anatomical dissection in human elbow joints and we found supranumerary muscular fasciculi around the annular ligament, that are not reported in classic anatomical textbooks. The so called lateral tensor muscle of the annular ligament was presented in 55,55% of the studied cases and during its contraction it is supposed that retracts the annular ligament laterally in order to stabilize the superior radioulnar joint in rotation movements. The medial tensor muscle of the annular ligament was found in 11,11 % and during its contraction pulls the annular ligament medially and distally. At last, the accessory supinator muscle was presented in 44,44% and helps the supination of the radius.

#### **105. Morphological study of calcaneofibular ligament in cadavers**

P.Kitsoulis, A.Marini, A.Pseftinakou, K.Iliou, V.Galani, G.Paraskevas

*Folia Morphologica 70(3):180-184, 2011*

The aim of the present study was to investigate the anatomical and morphological characteristics and the maximum elongation of the calcaneofibular ligament (CFL) in cadavers. In a sample of 72 cadaveric lower limbs the mean values of length, width, thickness, and angle with the sagittal plane were recorded for the CFL. The mean ligament's length was 31.8 mm, and the mean width and thickness were 4.4 mm and 1.5 mm respectively. The mean angle with the sagittal plane was 51.11°. In 72.2% of the lower limbs studied, the ligament presented one band, while 22.2% and 5.6% of them were two-banded and three-banded respectively. A common origin with the anterior talofibular ligament (TFL) was found in 24 of the feet (33%). There were also 4 cases in which the anterior TFL was absent. Finally, we measured the maximal elongation of the ligament during extreme inversion and simultaneous dorsal flexion and found it to be 2.88 mm on average. We noticed and statistically verified that women presented a greater elongation compared to men. A precise knowledge of the origin, insertion, direction, and morphology of CFL is critical for ligament injuries in ankle sprains and during ankle reconstruction. Ligament elasticity plays an important role in the range of ankle motion and ligament shearing. Male and female

ankle joints differ in several anthropometric characteristics and thus the genre differences in ligament elongation are of great interest.

### **106.Omega 3 fatty acids supplementation has an ameliorative effect in experimental ulcerative colitis despite increased colonic neutrophil infiltration**

Varnalidis I, Ioannidis O, Karamanavi E, Ampas Z, Poutahidis T, Taitzoglou I, Paraskevas G, Botsios D.

*Revista Espanolade Enfermedades Digestivas, 103(10):511-518, 2011*

The purpose of the current study was to investigate the efficacy of omega 3 fatty acids in the treatment of experimental ulcerative colitis. Thirty-six Wistar rats were randomly assigned to group A or group B receiving 5% dextran sulfate sodium (DSS) in their drinking water for eight days. For the next eight days post-DSS, group A animals received tap-water, and group B animals were fed a nutritional solution containing high levels of omega 3 polyunsaturated fatty acids once per day, administered with a orogastric feeding tube. Animals fed an omega 3 rich diet exhibited a statistically significant increase in hematocrit and hemoglobin levels, compared to animals drinking tap water, and a trend towards histopathological and clinical improvement, with the administration of omega 3 fatty acids ameliorating epithelial erosion by day 8 post-DSS, but no statistically significant difference was observed between group A and group B animals at 4 or 8 days post-DSS. Also, a statistically significant increase in neutrophil infiltration was observed, as depicted by myeloperoxidase activity. Our findings support a positive role of omega 3 polyunsaturated fatty acids supplementation in an experimental model of ulcerative colitis despite the increased colonic neutrophil infiltration.

### **107.Long term follow up of eosinophilic granuloma of the rib**

Ioannidis O, Sekouli A, Paraskevas G, Chatzopoulos S, Kotronis A, Papadimitriou N, Konstantara A, Makrantonakis A, Kakoutis E.

*Klin Onkol. 24(6):460-4. 2011*

We present a case of eosinophilic granuloma of the rib with long term follow-up of 14 years which was treated with a combination of surgery and chemotherapy. Prognosis of adult eosinophilic granuloma is excellent and the recurrence rate is limited. All available treatment options, including surgery, chemotherapy, corticosteroids, radiation, and even palliative treatment have very good results and in

many cases the disease seems to heal spontaneously. However the disease, due to its rarity and unknown pathogenesis still remains an enigma for the clinical doctor.

### **108.Duplicated gallbladder: surgical application and review of the literature**

Paraskevas G, Raikos A, Ioannidis O, Papaziogas B.

*Ital J Anat Embryol. 116(2):61-6. 2011*

Duplicated gallbladder is a rare congenital anomaly, usually asymptomatic and occurring as incidental radiographic or surgical finding during upper abdomen, liver and extrahepatic biliary tract surgery. We report on a case of two separate gallbladders, one main and one accessory, each one with its own cystic duct. The main cystic duct drained into the common bile duct while the accessory bile duct extruded into the left side of common bile duct just inferior to the main cystic duct termination. Imaging advances such as computerized tomography, intraoperative endoscopic retrograde cholangiopancreatography and magnetic resonance cholangiopancreatography may aid in the establishment of accurate diagnosis. The anomaly is of great importance because the surgeon may miss the main or the accessory gallbladder and the patient may need to be re-operated in case of cholelithiasis.

### **109.Primary Signet Ring Cell Anal Adenocarcinoma**

Ioannidis O, Papaemmanouil S, Paraskevas G, Chatzopoulos S, Kotronis A, Papadimitriou N, Makrantonakis A, Kakoutis E.

*J Gastrointest Cancer. 43(1):S168-S170, 2012*

A very rare detected case of a primary signet ring cell anal adenocarcinoma in a female patient is presented. Its treatment as well as its pathogenesis and diagnosis is discussed.

### **110.Human body exhibitions: public opinion of young individuals and contemporary bioethics**

Raikos A, Paraskevas GK, Tzika M, Kordali P, Tsafka-Tsotskou F, Natsis K

*Surg Radiol Anat. 34(5):433-40. 2012*

The exhibitions of plastinated cadavers and organs have attracted millions of visitors globally, while raising serious controversy about their content and purpose of implementation. We performed a survey based study on 500 randomly chosen

individuals, aged 18- to 35-year old, in order to access their opinion regarding the conduction of such shows as well as body donation for scientific purposes. We found that 46.3% of the participants had moral concerns, and 46.1% did not. Religious and philosophical beliefs concerned 21.8% of the sample, while 28% believed that the exhibits may affect visitors' mental health. Human dignity violation was stressed by 21.6%, whereas 26.6% disagreed with body donation to science. The desire for qualitative-guided anatomy education is evident from the highly popular plastinated body and specimen exhibitions. Hence, additional focused effort could be provided to educate the public about normal and pathological anatomy in order to amend their life-style. This could be effected by certified anatomy demonstrators in graduated steps according to the cohort's age, education, occupation, and health status.

### **111. Intestinal metastasis of a primary lung carcinoma presenting as mechanical small bowel obstruction**

B.Papaziogas, I.Koutelidakis, P.Christopoulos, T.Doulia, G.Paraskevas, K.Atmatzidis

*J Gastrointest Cancer, 43(1):S13-S15, 2012*

Lung cancer is the leading cause of cancer mortality in the developed world, often metastasizing to the brain, adrenal glands, liver or bones, while metastasis to the gastrointestinal tract is quite rare. We present a case of a 68-year old man with known primary lung cancer, who presented with acute intestinal obstruction caused by a metastatic lesion to the first part of the ileum. The patient revealed no other metastatic lesions at the time of the operation and was treated with segmental resection of the small intestine. His postoperative recovery was uneventful and died months after the operation.

### **112. Topographic anatomy of the internal laryngeal nerve: Surgical considerations**

G.K. Paraskevas, A. Raikos, O. Ioannidis, B. Brand-Saberi

*Head Neck 34(4):534-540, 2012*

This study is focused on the topographic features of the internal branch of the superior laryngeal nerve (ibSLN) at the thyrohyoid membrane area using as anatomic landmarks the posterior border of the thyrohyoid muscle and the superior border of the thyroid cartilage. Thirty-six fresh adult cadavers were dissected to determine the topography and branching pattern of the ibSLN and the superior laryngeal artery. The

ibSLN prior to thyrohyoid membrane's penetration was divided into 3 or 2 branches, in 72.22% and 27.78% of cases. The trifurcated ibSLN was more common than the bifurcated in both sexes and in both sides of the neck. In over 80% of cases the ibSLN penetrated the thyrohyoid membrane 0.1 to 0.9 cm far from the posterior border of the thyrohyoid muscle and 0.1 to 1.2 cm far from the superior border of the thyroid cartilage. We provide a schematic overview of the ibSLN penetration zone at the thyrohyoid membrane, the so-called danger zone, to avoid ibSLN damage.

### **113. Recurrent small intestine intussusception in a patient with Peutz-Jeghers syndrome**

Ioannidis O, Papaemmanouil S, Paraskevas G, Kotronis A, Chatzopoulos S, Konstantara A, Papadimitriou N, Makrantonakis A, Kakoutis E.

*Rev Esp Enferm Dig. 104(1):37-9. 2012*

Peutz-Jeghers syndrome is characterized by the presence of extensive mucocutaneous pigmentation, especially of the lips and the occurrence of hamartomatous polyps throughout the gastrointestinal tract. Gastrointestinal hamartomas occur predominantly in the small intestine and can become symptomatic leading usually to intestinal obstruction and abdominal pain. We present a case of recurrent intestinal obstruction caused by small bowel intussusception treated by reduction, enterotomy and polypectomy and followed by intraoperative enteroscopy and endoscopic polypectomy.

### **114. Spontaneous cholecystocutaneous fistula draining from an abdominal scar from previous surgical drainage**

Ioannidis O, Paraskevas G, Kotronis A, Chatzopoulos S, Konstantara A, Papadimitriou N, Makrantonakis A, Kakoutis E.

*Ann Ital Chir. 83(1):67-9, 2012*

We present a rare case of cholecystocutaneous fistula draining from an old surgical scar in the right upper abdominal quadrant following chronic calculous cholecystitis. A 71 year old male presented to the emergency department with a persistent bilious drainage from an old surgical scare, from surgical drainage, of the right upper abdominal quadrant for about a week. Cultures from the draining fluid grew Staphylococcus hominis, Escherichia coli and Klebsilla pneumoniae and tige cycline 50 mg twice a day was administrated intravenously to the patient according to

sensitivity results. An abdominal US revealed the presence the gallbladder with calculi in a superficial position and the fistulogram revealed a cholecystocutaneous fistula arising from the fundus of the gallbladder. At laparotomy a fistula track was found connecting the gallbladder fundus to the skin, which was dissected and a cholecystectomy was performed. Spontaneous cholecystocutaneous fistula is rarely observed today, mostly as a complication of chronic calculous cholecystitis. Most often it arises from the gallbladder fundus and the clinical presentation is that of a painless draining sinus tract in the right upper quadrant. Diagnosis is aided by abdominal CT scan and ultrasound and treatment is with elective cholecystectomy and excision of the fistula.

### **115.Lymphoepithelioma-like gastric carcinoma presenting as giant ulcer of the lesser curvature: case report**

Ioannidis O, Pasteli N, Paraskevas G, Chatzopoulos S, Papadimitriou N, Kotronis A, Konstantara A, Makrantonakis A, Kakoutis E.

*G Chir. 33(1-2):21-3. 2012*

Lymphoepithelioma-like gastric carcinoma (LELGC) has special clinicopathologic features that differentiate it from the common gastric adenocarcinoma. LELGC is a rare neoplasm of the stomach with an incidence of 1-4% of all gastric cancers and is characterized by desmoplastic stroma uniformly infiltrated by abundant lymphocytes and plasma cells. LELGC is closely associated with the Epstein-Barr virus (EBV), with 80-100% of LELGC being EBV-positive. LELGC has a male predominance, occurs in elderly people and is usually located in the upper and middle portion of the stomach. We report a rare case of lymphoepithelioma-like gastric carcinoma located in the lesser curvature at the border of the gastric body to the pyloric antrum.

### **116.Anomalous muscle causing ulnar nerve compression at Guyon's canal:case report**

G. Paraskevas, O. Ioannidis, D. Economou

*J. Plast Surg Hand Surg, 46(3-4) :288-290 ,2012*

We report a rather rare anatomic variation of an anomalous muscle that is not frequently mentioned in the literature. This supernumerary accessory muscle originated from the tendon of the flexor carpi radialis proximal to the palmar ligament of the wrist and followed an oblique course crossing Guyon's canal superficially to the ulnar nerve and the ulnar artery. That muscle inserted into the

dorsal aponeurosis of the little finger and not to the ulnar aspect of the base of the fifth proximal phalanx as the abductor digiti minimi does. Aberrant muscles of the hypothenar region may cause under certain circumstances entrapment of the ulnar nerve in Guyon's canal.

### **117. Multiple desmoid tumors in a patient with familial adenomatous polyposis caused by the novel W421X mutation**

Ioannidis O, Paraskevas G, Chatzopoulos S, Kotronis A, Papadimitriou N, Konstantara A, Makrantonakis A, Kakoutis E

*Rev Esp Enferm Dig.*, 104(3):146-5, 2012

Familial adenomatous polyposis (FAP) is a rare syndrome characterized by the presence of hundreds to thousands of colorectal adenomas and is responsible for less than 1% of all colorectal cancers. The syndrome is also characterized by extra-colorectal features including amongst others upper gastrointestinal tract polyps and desmoid tumors. The syndrome is inherited by an autosomal dominant gene, the adenomatous polyposis coli (APC) gene. We present the physical history, clinical presentation, diagnosis and treatment of a patient with a novel germline APC mutation, the W421X mutation, which resulted in FAP presenting with about a hundred colorectal polyps, gastric hyperplastic polyps and multiple aggressive intra-abdominal and extra-abdominal desmoid tumors.

### **118. Duodenal gastrointestinal stromal tumor presenting with acute upper gastrointestinal bleeding treated with segmental resection**

Ioannidis O, Iordanidis F, Fidanis T, Chatzopoulos S, Kotronis A, Paraskevas G, Konstantara A, Papadimitriou N, Makrantonakis A, Kakoutis E.

*Klin Onkol.* 25(2):130-4. 2012

Gastrointestinal stromal tumours (GISTs) are considered to derive from the interstitial cells of Cajal or their precursors and are defined by their expression of c-kit protein (CD117) that is positive in 95% percent of cases. These are rare mesenchymatous tumours, while they represent the most common mesenchymal tumours of the alimentary tract. The majority of GISTs develop in the stomach and small intestine and more rarely in the rectum, colon, esophagus and mesentery; only 3-5% of all GISTs are located in the duodenum. The presenting symptoms include early satiation, dysphagia, bloating, abdominal pain and gastrointestinal bleeding, either acute or chronic. Surgery remains the mainstay of treatment for localized,

non-metastatic, resectable GISTs. We present a case of duodenal gastrointestinal stromal tumour of the third portion of the duodenum that presented with acute upper gastrointestinal bleeding treated with segmental duodenal resection.

### **119. Basosquamous Cell Carcinoma of the Anus**

Ioannidis O, Cheva A, Paraskevas G, Kotronis A, Papadimitriou N, Chatzopoulos S, Konstantara A, Makrantonakis A, Sakkas A, Kakoutis E.

*J Gastrointest Cancer.*, 2012

A very rare case of basosquamous cell carcinoma of the anus is presented. Its pathology, treatment as well as its differential diagnosis from the basaloid carcinoma of the anus is discussed.

### **120. Pseudomyxoma retroperitonei: report of 2 cases and review of the literature**

Ioannidis O, Cheva A, Paraskevas G, Papadimitriou N, Konstantara A, Chatzopoulos S, Kotronis A, Makrantonakis A, Kakoutis E

*Rev Esp Enferm Dig.*, 104(5):268-75, 2012

Pseudomyxoma peritonei is a rare clinical condition that is characterized by the presence of mucinous ascitis. It is believed to originate predominately from a mucinous neoplasm of the appendix including a heterogeneous group of tumours ranging from indolent to malignant. It was first described in the late 19th century. Pseudomyxoma retroperitonei is extremely rare with only 33 cases having been reported since the first description in the middle of the 20th century. We report two additional cases of pseudomyxoma retroperitonei and present a review of the literature.

### **121. Surgical management of severe spontaneous hemorrhage of the abdominal wall complicating acenocoumarol treatment**

Ioannidis O, Paraskevas G, Kotronis A, Chatzopoulos S, Konstantara A, Papadimitriou N, Makrantonakis A, Kakoutis E.

*Acta Medica* . 55(1):47-9, 2012

Acenocoumarol is a vitamin K antagonist that is used for the treatment of acquired and congenital, both arterial and venous, thrombotic diseases. Its use is complicated by the narrow therapeutic range. Bleeding following oral anticoagulation, despite rare, remains the major complication. Most cases of hemorrhagic episodes usually

require short hospitalization and transfusion, while surgical drainage of the hematoma is not recommended. However, in cases that conservative treatment isn't successful, surgical intervention remains an option. We present a case of severe spontaneous bleeding of the rectus abdominis muscle which was successfully managed surgically.

### **122. Abnormal origin of internal thoracic artery from the thyrocervical trunk: surgical considerations**

Paraskevas G, Natsis K, Tzika M, Ioannidis O, Kitsoulis P

*J Cardiothorac Surg.,29;7:63, 2012*

An unusual case of left internal thoracic artery (ITA) origin from the thyrocervical trunk (TCT) was detected during routine cadaver dissection. The variability of origin and course of ITA has less or more frequently been documented in the literature. However, the ITA origin from the TCT on the left side has been detected less commonly, making its dissection and preparation during coronary artery bypass grafting surgery more difficult. We discuss the ITA origin and course variability as well as clinical significance of the present variant, reviewing the relative literature. The objective of our study is to exhibit a rare ITA origin in order to provide a more accurate knowledge of such variations.

### **123. The accessory deep peroneal nerve: A review of the literature**

Tzika M, Paraskevas GK, Kitsoulis P

*Foot .22(3):232-4, 2012*

The accessory deep peroneal nerve (ADPN) is a common variant branch of the superficial peroneal nerve. It unrarely participates in the innervation of the extensor digitorum brevis muscle and interferes with the differential diagnosis of peroneal nerve lesions. Several electrophysiological and anatomical studies have been conducted in order to document the topography, characteristics and prevalence of ADPN, presenting significantly different results. ADPN existence is of great clinical and surgical importance, thus the aim of this study is to select and present all the relevant data available in the literature.

### **124. Menisofibular ligament: morphology and functional significance of a relatively unknown anatomical structure**

Natsis K, Paraskevas G, Anastasopoulos N, Papamitsou T, Sioga A.

*Anat Res Int. 2012;2012:214784*

A relatively unknown ligamentous structure of the posterolateral corner of the knee joint, the so-called menisofibular ligament (MFL), was investigated as regards its macroscopic morphology, its histological features, and its reaction to knee movements. MFL was exposed on 21 fresh-frozen unpaired knee joints. Its microscopic morphology was examined utilizing for comparison the fibular collateral and the popliteofibular ligament. MFL was encountered in 100% of the specimens as a thin striplike fibrous band extending between the lower border of the lateral meniscus and the head of the fibula. MFL was tense during knee extension and external rotation of the tibia, whereas its histological features were similar to those of fibular collateral and popliteofibular ligament. Its precise histological nature is studied as well as its tension alterations during knee movements. The potential functional significance of the MFL with respect to its role in avoidance of lateral meniscus and lateral coronary ligament tears is discussed. MFL presumably provides an additional protection to the lateral meniscus during the last stages of knee extension, as well as to the lateral coronary ligament reducing the possibility of a potential rupture.

### **125. Coexistence of multiple omphalomesenteric duct anomalies**

Ioannidis O, Paraskevas G, Kakoutis E, Kotronis A, Papadimitriou N, Chatzopoulos S, Makrantonakis A

*J Coll Physicians Surg Pak., 22(8):524-6, 2012*

The omphalomesenteric duct is an embryonic structure which connects the yolk sac to the midgut. The omphalomesenteric duct attenuates between the 5th and 9th week of gestation. Failure of the omphalomesenteric duct involution, either partial or complete, results in various omphalomesenteric duct remnants including Meckel's diverticulum, patent vitelline duct, fibrous band, sinus tract, umbilical polyp and cyst. Omphalomesenteric duct remnants are present in 2% of the population but related diseases have seldom been reported in adults. The simultaneous presence of sinus tract, omphalomesenteric cyst, fibrous ligament and Meckel's diverticulum has, according to authors' knowledge, never been reported. We present a case of a 23 years old male with persisting umbilical discharge for 2 years in whom there was coexistence of the above mentioned anomalies of the omphalomesenteric duct.

### **126. Abnormal bilateral drainage of testicular veins: embryological aspects**

### **and surgical application**

Paraskevas GK, Ioannidis O, Natsis K, Martoglou S.

*Rom J Morphol Embryol.*, 2012; 53(3):635-8

A combination of unusual bilateral drainage of the testicular veins observed in a male cadaver utilized for educational and research purposes is prescribed. In specific, the right testicular vein was terminated on the right renal vein at almost right angle, whereas the left testicular vein was bifurcated into a lateral component drained into the left renal vein and a medial component opened into the inferior vena cava close to its confluence with the left renal vein. Such a co-existence of bilateral testicular vein termination is very rarely presented in the literature. The main goal of this study is to provide an embryological development model for these variants and to highlight the likely occurrence of these anomalies to the surgeon of the region. The awareness of these venous anomalies can facilitate the surgeons in order to ligate properly and adequately the abnormal venous terminations and collaterals reducing that way the recurrence rate of varicocele.

### **127.Omental metastases from primary lung adenocarcinoma**

Ioannidis O, Iordanidis F, Paraskevas G, Chatzopoulos S, Kotronis A, Papadimitriou N, Konstantara A, Makrantonakis A, Kakoutis E.

*Rev Invest Clin.* 64(3):308-10, 2012

A rare case of a male patient with omental metastases from primary lung adenocarcinoma diagnosed incidentally during laparotomy. The surgical pathology as well the treatment of the condition is discussed.

### **128.Thoraco-abdominal injuries: the general surgeon's perspective**

Ioannidis O, Varnalidis I, Papapostolou D, Chatzopoulos S, Kotronis A, Paraskevas G, Konstantara A, Papadimitriou N, Makrantonakis A, Kakoutis E

*Rev Med Chir Soc Med Nat Iasi.* , 116(1):175-81, 2012

This study summarizes five years of our surgical department's experience in the diagnosis and management of thoracoabdominal trauma patients. Fifty-five patients were treated who suffered coexisting trauma of the thoracic and abdominal cavity. Males represented the majority of patients and mean age was 38.2 years. Traffic accidents were the major cause (55%) followed by criminal acts of violence (32%)

and falls (13%). The most common thoracic injuries were rib fractures (40%) and simple lung contusions (35%) and the abdominal organs most commonly injured were the spleen (35%), liver (25%) and kidney (20%). Surgical interventions were performed in 68% of patients, whereas the remaining patients were treated conservatively. Thoraco-abdominal injuries are characterized by high heterogeneity and can provide significant decision-making challenges. The accurate diagnosis of all coexisting injuries is critically important, as the diagnosis will determine surgical or non-operative management of these injuries.

### **129. Neuroendocrine tumor of the cystic duct**

Ioannidis O, Cheva A, Paraskevas G, Chatzopoulos S, Kotronis A, Papadimitriou N, Konstantara A, Makrantonakis A, Kakoutis E.

*Acta Gastroenterol Belg.*, 75(3):357-60, 2012

Neuroendocrine tumours of the extrahepatic bile ducts are extremely rare with less than 70 cases having been reported in the literature. Neuroendocrine tumours are neoplasms of variable malignant potential that arise from the embryonic neural crest cells. They most commonly occur in young females and usually present with painless jaundice. Preoperative diagnosis is seldom made and neuroendocrine tumours are usually incidentally found during abdominal surgical intervention for other indication. Due to their indolent biological behaviour aggressive surgical treatment is recommended. We present a case of an incidentally discovered neuroendocrine tumour of the cystic duct in a 41 year old woman following laparoscopic cholecystectomy for symptomatic gallbladder microlithiasis. The present case is the 8th case of cystic duct NET and the 63rd of extrahepatic bile duct NET. While a rare location for a NET, it is important to report cases of biliary tract neuroendocrine tumours in order for their pathogenesis and physical history to be clarified.

### **130. Intra-abdominal heterotopic ossification of the peritoneum following traumatic splenic rupture**

Ioannidis O, Sekouli A, Paraskevas G, Kotronis A, Chatzopoulos S, Papadimitriou N, Konstantara A, Makrantonakis A, Kakoutis E

*J Res Med Sci.* 17(1):92-5, 2012

Intra-abdominal heterotopic ossification is extremely rare with only approximately 30 cases having been reported. While most reported cases have involved the

mesentery, ossification of the peritoneum is even rarer. The pathogenesis remains undetermined but is generally considered a reactive process in response to various stimuli. Histologically, it is composed of a peripheral area with bone formation and a central area of reactive hypercellular fibrous tissue. We report a rare case of intra-abdominal heterotopic ossification of the parietal peritoneum following traumatic splenic rupture.

### **131. Incidentally discovered white subcapsular liver nodules during laparoscopic surgery: biliary hamartoma and peribiliary gland hamartoma**

Ioannidis O, Iordanidis F, Paraskevas G, Ntoumpara M, Tsigkriki L, Chatzopoulos S, Kotronis A, Papadimitriou N, Konstantara A, Makrantonakis A, Sakkas A, Kakoutis E.

*Klin Onkol.* , 25(6):468-70, 2012

During routine laparoscopic surgery, the surgeon may encounter the presence of small white subcapsular liver nodules, either solitary or multiple. The lesions may mimic liver metastasis and in many cases are not demonstrated in the preoperative ultrasound or computed tomography. The aim of this article is to familiarize the laparoscopic surgeon with the incidental discovery of these nodules which represent the two types of intrahepatic benign bile duct proliferations and include biliary hamartomas, which are usually multiple benign malformations of the intrahepatic bile ducts, and ,peribiliary gland hamartoma, which is usually solitary and consists of a benign epithelial tumor of the liver derived from bile duct cells.

### **132. Laparoscopic cholecystectomy in a "left sided" gallbladder**

Papaziogas B, Koutelidakis I, Papadakis G, Christopoulos P, Kaltsikis T, Paraskevas G, Makris I.

*Surgical Chronicles*, 17(4):289, 2012

A case of a left-sided gallbladder along with left common bile duct was discovered during laparoscopic cholecystectomy performed for symptomatic cholelithiasis. Its embryological development as well its surgical approach is discussed.

### **133. Humeral septal aperture associated with supracondylar process: a case report and review of the literature**

Paraskevas GK, Natsis K, Anastasopoulos N, Ioannidis O, Kitsoulis P.

*Ital J Anat Embryol.*, 117(3):135-41, 2012

The supracondylar process is usually a beak-like osseous prominence located at the anteromedial aspect of the distal portion of the humerus. It is usually asymptomatic but occasionally may compress underlying structures such as the median or ulnar nerve, the brachial artery or its branches. The term septal aperture defines an oval or round shaped bony defect of the septum that separates the olecranon from the coronoid fossa of the humerus. It is of significance for surgeons because it may alter the fracture pattern at the region and thus their management. We present a rare case of coexistence of supracondylar process and septal aperture in a macerated left humerus. The reported incidence of the supracondylar process alone varies from 0.28% to 2.78%, while that of the septal aperture from 6.9% to 60%. We have reviewed the literature and emphasized the radiological and surgical significance of the findings.

#### **134. Bilateral Supernumerary Sternocleidomastoid Heads with Critical Narrowing of the Minor and Major Supraclavicular Fossae: Clinical and Surgical Implications.**

Raikos A, Paraskevas G, Triaridis S, Kordali P, Psillas G, Brand-Saberi B

*Int. J. Morphol.*, 30(3):927-933, 2012

We report on a rare bilateral variant of the sternocleidomastoid muscle with aberrant and supernumerary muscular heads, observed in a cadaveric subject. On the right side of the neck, a typical sternomastoid head of the sternocleidomastoid muscle, and three aberrant clavicular heads of variable thickness, origin, and termination were noticed. On the left side, two sternomastoid heads were present; the medial one was of typical pattern, while the lateral was supernumerary. The cleidomastoid portion of the left sternocleidomastoid muscle was fused with the double sternomastoid segment. A strap-like muscle originating from the middle third of the clavicle and inserting onto the transverse process of the C3 vertebra was noticed. This is known as the cleidocervical muscle. On the right side of the neck, the posterior cervical triangle was diminished, the minor supraclavicular fossa was considerably narrow, whereas on the left, it was diminished in addition to a bilateral shortening of the major supraclavicular fossa minimizing space needed for potential surgical access. These findings are of prominent significance for anesthetists in ultrasound guided needle positioning in brachial plexus block, as well as in subclavian or external jugular vein catheterization, and in surgical interventions involving structures lying under the sternocleidomastoid muscle.

### **135. Primary gallbladder cancer discovered postoperatively after elective and emergency cholecystectomy**

Ioannidis O, Paraskevas G, Varnalidis I, Ntoumpara M, Tsigkriki L, Gatzos S, Malakozis SG, Papapostolou D, Papadopoulou A, Makrantonakis A, Makrantonakis N.

*Klin Onkol., 26(1):31-4, 2013*

The hospitalization and surgical records of our surgical department were examined from January 1992 to December 2001, searching for patients who had undergone cholecystectomy. Additionally, the histopathological diagnoses of the same period were studied searching for patients with the diagnosis of gallbladder cancer established post-operatively and not intraoperatively by frozen section. In the period of 1992-2001, a total of 1,536 cholecystectomies took place and 14 cases of gallbladder cancer were diagnosed postoperatively. The ratio of men to women is 3/11 with a mean age of 69.4 years. The clinical symptoms were nonspecific and mortality was 57%. In most cases gallbladder cancer is diagnosed after cholecystectomy and even in these cases it can be in an advanced stage and the prognosis of this rare neoplasm is poor.

### **136. Incidence and purpose of the clival canal, a "neglected" skull base canal**

Paraskevas GK, Tsitsopoulos PP, Ioannidis OM

*Acta Neurochir.155(1):139-40, 2013*

We present two very rare cases of a bony canal located at the inferior portion of the clivus of occipital bone in a total number of 100 crania and 100 atlases with coexistence of bilateral complete and incomplete retrotransverse foramen. Reporting on the relative literature, we discuss its possible terminology, study their morphology macroscopically and with the support of computed tomography images and make suggestions on the anatomical structures possibly traversing that canal. We conclude that a small vein connecting the basilar plexus and the internal vertebral plexus is passing through this canal and we report on its clinical significance.

### **137.Enlarged parietal foramina: a rare finding in a female Greek skull with unusual multiple Wormian bones and a rich parietal vascular network**

Piagkou M, Skotsimara G,Repousi E,Paraskevas G,Natsis K

*Anat Sci Int. , 88(3):175-80, 2013*

Enlarged parietal foramina (>5 mm) is an extremely rare developmental defect of the parietal bone, which is distinguished from the normal small parietal foramina, as genes associated with this entity have been identified, suggesting that it is hereditary in nature. We describe a dry skull of a 35-year-old female, with enlarged parietal foramina symmetrically situated bilaterally, oval in shape, measuring 4.5 × 9.3 mm (right) and 4.9 × 9.2 mm (left) in size. The foramina coexisted with multiple Wormian bones in several sites of the skull. On the inner parietal bone surface, the anterior, posterior and lateral foramina's rims carried grooves, which were continuous with the middle meningeal vessels' branches, indicating that a rich vascular network existed around the foramina. These vascular grooves also notched the external table at the margin of the foramina, which suggests a potential communication between the meningeal and the scalp vessels. In addition, this vascular variation should be taken into consideration when performing surgical interventions in the area, because the large vascular supply to the foramina is a possible source of extensive bleeding. Moreover, the interaction of intracranial and extracranial veins and the fact that the blood flows in them in both directions, as they are valveless, could represent a possible pathway for infections to spread in the cranial cavity.

### **138.The thyroid foramen: A systematic review and surgical considerations**

Raikos A, Paraskevas GK

*Clin Anat., 26(6) :700-708 ,2013*

This study presents an analytic review about the trait of the thyroid foramen. A detailed description about the demographics, frequency, embryology, morphometry, possible content, topography, clinical and surgical considerations is provided. The overall frequency was 28.3% in adults, 15% in children and neonates, 40.6% in embryos and fetuses. The content of the thyroid foramina was a neurovascular bundle in 41.2% of studies. An equal number of studies define a nerve as the common content, while only in 17.6% the usual content was a vessel. Interestingly, in 11.8% the content was just connective tissue or a pit. An updated classification is presented taking into account all the possible content that can cross through a thyroid foramen. The variant is of high interest for surgeons intervening in the larynx due to potential complications such as local bleeding and unwanted neural

impairment. The oblique line of the thyroid lamina acts as the best topographical landmark to identify any aberrant anatomy related to a thyroid foramen.

### **139. Multibranch anastomotic variant of the Lateral Femoral Cutaneous Nerve: possible implications in neurosurgical practice**

Paraskevas GK, Natsis K, Tzika M, Tsitsopoulos PP

*Acta Neurochir (Wien).*155(6):1151-2, 2013

A rare variant of a lateral femoral cutaneous nerve providing two accessory anterior femorocutaneous nerves and anastomosed with the genitofemoral nerve is presented. Below the inguinal ligament that nerve appeared as a multibranch octopus-like nerve formation. Its surgical applications are discussed.

### **140 .Metachronous early gastric adenocarcinoma presenting coinstantaneously with complete remission of stage IV gastric MALT lymphoma**

Ioannidis O, Sekouli A, Paraskevas G, Papadimitriou N, Konstantara A, Kotronis A, Chatzopoulos S, Makrantonakis A, Kakoutis E.

*Arab J Gastroenterol. , 14(1):20-3, 2013*

Adenocarcinoma and lymphoma represent the two most common malignant tumours of the stomach, with both neoplasms being associated with infection by *Helicobacter pylori*. However, the presence of lymphoma and adenocarcinoma in the same patient is a rare entity with synchronous neoplasms being more common than metachronous types. We report a case of stage IV gastric MALT lymphoma of the gastric angle with infiltration of the bone marrow successfully treated with chemotherapy and the occurrence of metachronous early gastric adenocarcinoma of the fundus presenting 1 year after the diagnosis of the lymphoma.

### **141. Mondino de Luzzi: a luminous figure in the darkness of the Middle Age**

Mavrodi A, Paraskevas G

*Croat Med J, 28;55(1):50-3,2014*

Over the years, investigators of medical history have strongly argued on the case of Mondino de Luzzi, the medieval anatomist claimed to have executed the first human dissection after Herophilus and Erasistratus. Mondino's prosecutors have doubted whether he did personally perform dissections or if he was just an observer

occupying the professional chair. Additionally, they have accused him of lacking the exploratory mood that accompanies every anatomist worthy of the name and they have criticised him for passively repeating the Galenic notions. The aim of this paper is to present Mondino's life and work within the medieval conditions of the exercise of medicine, in order to fully understand the difficulties which he had to overcome and estimate his whole contribution to the anatomical science.

#### **142. Potential Entrapment of an Accessory Superficial Peroneal Sensory Nerve at the Lateral Malleolar Area: a Cadaveric Case Report and Review of the Literature**

Paraskevas G, Natsis K, Tzika M, Ioannidis O

*Journal of Foot and Ankle Surgery, 53(1):92-5, 2014*

The superficial peroneal nerve presents great anatomic variability as regards its emergence from the crural fascia, course, branching pattern and distribution area. Entrapment neuropathy of the superficial peroneal nerve has been documented in the literature, resulting in pain and paresthesias over the dorsum of the foot. We report a case of a female cadaver in which an accessory superficial peroneal sensory nerve was encountered. The nerve originated from the main superficial peroneal nerve trunk proximal to the superficial peroneal nerve emergence from the crural fascia and followed a subfascial course. After fascial penetration, the supernumerary nerve was distributed to the skin of the proximal dorsum of the foot and lateral malleolar area. A potential entrapment site of the nerve was observed at the lateral malleolar area, as the accessory nerve travelled through a fascial tunnel while perforating the crural fascia and presented a distinct post-stenotic enlargement at its exit point. The likely presence of such a very rare variant and its potential entrapment is essential for the physician and the surgeon in order to establish a correct diagnosis and avoid complications during procedures to the foot and ankle region.

#### **143. The history and the art of anatomy: a source of inspiration even nowadays**

Mavrodi A, Paraskevas G, Kitsoulis P

*Ital J Anat Embryol, 118(3):267-276, 2013*

Ever since man started to study systematically medicine for the first time he recognized the value of the knowledge of Anatomy in order to safely cut and treat

the human body. However, over the centuries it has been proved that Anatomy is more than just a scientific field of medicine. The fact that Anatomy requires the use of human cadavers as an object to study brought to the surface many moral issues, which adumbrated its turbulent past. Additionally, Anatomy and its inextricable element, illustration, has many times been a source of inspiration for both the anatomists and the artists. This paper aims on the one hand to provide a condensed overview on the history of Anatomy and on the other hand to investigate the way Anatomy penetrates Art and conversely, the way Art penetrates Anatomy.

#### **144. An unusual origin and course of multiple branches of the median nerve to the thenar muscles: a case report**

Natsis K, Paraskevas G, Piagkou M

*Arist Univ Med J, 40(2):41-44, 2013*

Three supernumerary motor branches of the median nerve were found in the left thenar region of a male cadaver. In particular these branches were arising proximal to the carpal tunnel and after penetrating the flexor retinaculum, they were distributed to the thenar muscles. The main recurrent branch was observed surving around the distal border of the flexor retinaculum supplying the superficial head of the flexor pollicis brevis muscle. The three detected multiple motor branches of the median nerve supplied the thenar muscles as follows: the upper branch, innervated the opponens flexor pollicis brevis, the middle branch the abductor pollicis brevis and the lower branch the superficial head of the flexor pollicis brevis muscle. Such combination of multiple muscular branches of high origin from the median nerve constitutes a very rare anatomical variant. We attempt to highlight the significance of such variation for the hand surgeon in order to avoid undesirable implications such as iatrogenic injury of these aberrant branches.

#### **145. Anatomical variations between the sciatic nerve and the piriformis muscle: a contribution to surgical anatomy in piriformis syndrome**

Natsis K, Totlis T, Konstantinidis G, Paraskevas G, Piagkou M, Koebke J

*Surg Radiol Anat, 36(3):273-80, 2014*

Purpose of the present study was to detect the variable relationship between sciatic nerve and piriformis muscle and delineate the variations' clinical importance in the surgical anatomy of the piriformis syndrome. The gluteal region of 147 Caucasian

cadavers (294 limbs) was dissected. The anatomical relationship between the sciatic nerve and the piriformis muscle was recorded and classified according to the Beaton and Anson classification. The literature was reviewed to summarize the incidence of each variation. The sciatic nerve and piriformis muscle relationship followed the typical anatomical pattern in 275 limbs (93.6%). In 12 limbs (4.1%) the common peroneal nerve passed through and the tibial nerve below a double piriformis. In one limb (0.3%) the common peroneal nerve coursed superior and the tibial nerve below the piriformis. In one limb (0.3%) both nerves penetrated the piriformis. In one limb (0.3%) both nerves passed above the piriformis. Four limbs (1.4%) presented non-classified anatomical variations. A double piriformis muscle has always two distinct tendons, which may be found either in a superior-inferior or in a superficial-deep arrangement. When dissection of the entire piriformis is necessary for adequate sciatic nerve decompression, the surgeon should explore and dissect the second tendon as well.

#### **146. Anatomic variability in the relation between the retromandibular vein and the facial nerve: a case report, literature review and classification**

Piagkou M, Tzika M, Paraskevas G, Natsis K

*Folia Morphologica*, 72(4):371-5, 2013

The retromandibular vein is used as guide to expose the facial nerve branches inside the parotid gland, during parotid surgery and open reduction of mandibular condyle fractures. It is also used as a landmark for localization of the nerve and compartmentalization of parotid gland lesions preoperatively during CT, MRI and sonography. In this paper, the anomalous retromandibular vein was formed around the nerve, while the maxillary vein travelled medial to the facial nerve branches and superficial to the superficial temporal vein. Interestingly, the facial nerve temporofacial division crossed again the superficial temporal vein upwards, forming a "nerve fork". The incidence of the reported variability of the relationship between retromandibular vein and facial nerve are discussed with a detailed literature review; accordingly, the typical deep position of the retromandibular vein in relation to the facial nerve is estimated to 88.17% to all sides. Furthermore, an updated classification system is proposed, including four types and subtypes.

#### **147. Variable origin and ramification pattern of the lateral femoral cutaneous nerve: a case report and neurosurgical considerations**

Natsis K, Paraskevas G, Tzika M, Papathanasiou E.

*Turk Neurosurg, 23(6):840-3, 2013*

Variations in the anatomy of the femoral cutaneous nerve (LFCN) have been reported in the literature. LFCN is vulnerable to injury during several surgical operations, therefore any surgeon intervening in the area should be familiar to its topographic variability. Lesion of the nerve leads to a condition known as "meralgia paresthetica". We represent a cadaveric case of a variant LFCN where two LFCN branches are encountered arising from the lumbar plexus. In specific the anterior LFCN branch originated from the femoral nerve, whereas at the level of the inguinal ligament, four nerve branches were present. The existence of multiple LFCN branches could lead to diagnostic confusion in case of "meralgia paresthetica", while if the neurosurgeon is not aware of the potential variability during surgical decompression of the nerve, postoperative complications may occur. The supernumerary LFCN branches could be identified by ultrasound imaging and be used as optimum vascularized grafts for sensory nerve repair.

#### **148. Entrapment of the superficial peroneal nerve: an anatomical insight**

Tzika M, Paraskevas G, Natsis K.

*J Am Podiatr Assoc, 105(2):150-159, 2015*

Entrapment of the superficial peroneal nerve (SPN) is an uncommon neuropathy that may occur due to mechanical compression of the nerve mainly at its penetrating point from the crural fascia. The symptomatology includes sensory alterations and deficits over the SPN distribution area, while clinical examination, electrophysiologic findings and imaging techniques can establish the diagnosis. Variations in the SPN sensory innervation over the dorsum of the foot may lead to different results during neurological examination and variant symptomatology in cases of SPN entrapment or lesion, while knowledge of the SPN topography at the lower leg, foot and ankle is of essential significance for the surgeon while intervening in the area.

#### **149. Hernias mesh repair of the anterior abdominal wall and antibiotic chemoprophylaxis: Multiple doses of antibiotics failed to prevent or reduce wound infection**

Ioannidis O, Paraskevas G, Varnalidis I, Ntoumpara M, Tsigkriki L, Gatsos S, Malakozis S, Papapostolou D, Papadopoulou A, Makrantonakis A, Makrantonakis N.

*Chirurgia, 108(6):835-9, 2013*

We have studied retrospectively the patients who received surgical treatment in our department for anterior abdominal wall hernia during the period of January 1995-December 2004. Patients were divided into 3 groups based on the doses of antibiotics administered. In 780 out of 1245 cases, a mesh of propylene was used. We have studied the frequency of superficial and deep infections in correlation with the use of antibiotics (cephalosporin of second generation or a combination of ampicillin plus sulbactam). No difference was observed in the incidence of surgical trauma infection in relation to the duration and the doses of antibiotic cover. The wound infection rate in the current study does not support the use of multiple doses of antibiotics, as this rate does not differ from the rates of infection reported in the literature. Further studies are needed to clarify if antibiotic chemoprophylaxis with one dose or no chemoprophylaxis should be recommended.

#### **150. Pilonidal sinus: a comparative study of treatment methods**

Varnalidis I, Ioannidis O, Paraskevas G, Papapostolou D, Malakozis S, Gatzos S, Tsigkriki L, Ntoumpara M, Papadopoulou A, Makrantonakis A, Makrantonakis N.

*Journal of Medicine and Life, 15;7(1):27-30,2014*

Pilonidal disease is a very common anorectal problem without a clinical consensus on its optimal management. We have studied all the cases of patients with pilonidal sinus that were treated surgically in our clinic from January, 1997 to December 31, 1999. Results: A total of 111 patients were treated of whom 92 (82,8%) were men and 19(17,2%) were women. Of the 111 patients, 63 were treated with marsupialization and the remaining 48 were treated by excision (29 with open excision and 19 with the primary suture technique). One hundred and two (91,9%) patients were discharged from the hospital after the surgical procedure, while the remaining 9 patients were hospitalized for 24 hours. The healing time for marsupialization was 27,3 days, the primary suture technique was 11,7 days and the open excision method took 46,4 days. Recurrence was observed in 16 patients (14,4%). Recurrence appeared in 4 (6,35%) of the 63 patients subjected to marsupialization, 1 of the 29 patients subjected to open incision, and 11 (57,8%) of the 19 patients subjected to primary closure. In the absence of inflammation and/or recurrence, marsupialization is the surgical method of choice as it has a low percentage of recurrence and an acceptably short healing period. In apparently large, inflamed and recurrent situations, open excision is preferred.

### **151. Intraperitoneal administration of local anesthetics in laparoscopic surgery: pharmacological, anatomical, physiological and pathophysiological considerations**

Ioannidis O, Anastasilakis C, Varnalidis I, Paraskevas G, Malakozis S, Gatzos S, Papapostolou D, Makrantonakis A, Papadopoulou A, Makrantonakis N.

*Minerva Chirurgica, 68(6):599-612, 2013*

In laparoscopic surgery procedures, the reduction of postoperative pain is one of the biggest benefits compared with open surgery. However the pain is not completely absent after laparoscopic surgery. The intraperitoneal administration of local anesthetic intraoperatively in laparoscopic surgery can reduce the intensity of postoperative pain. This method has been in use since the early nineties and seems to be effective. The purpose of this review is to assess the pharmacology of local anesthetics, the anatomy and physiology of the peritoneum, the physiology of preemptive analgesia, and the pathophysiology of pain and review the data from the use of this method so as to make it more effective. For the safest and longest intraperitoneal administration of local anesthetics the following significant points must be taken into consideration: administration of local anesthetic should be done at the beginning, in short-term intervention and both at the beginning and end of surgery for long-term intervention, administration of local anaesthetic should be combined with a vasoconstrictor, usage of solutions of small volume and high concentration of local anesthetic, coverage of the greatest possible surface of the parietal peritoneum (by using a nebulizer), adherence to a waiting period of 10-15 minutes after administration of local anaesthetic and usage of a safe and longer duration local anesthetic like levobupivacaine.

### **152. Accessory cleido-occipitalis muscle: case report and review of the literature**

Paraskevas G, Natsis K, Ioannidis O.

*Rom J Morphol Embryol, 54(3):3-6, 2013*

An aberrant muscular fascicle, the so-called "accessory cleido-occipital muscle", originated from the anterior border of the cleido-occipital portion of the right trapezius muscle, was detected during a routine dissection of a female cadaver. The aforementioned muscular bundle coursing in the posterior cervical triangle, almost parallel to the anterior border of the trapezius muscle, inserted ultimately to the

clavicle's medial third. In addition, prior to its insertion, the muscle provided a fibrous arch attached to the midpoint clavicle and overlying the supraclaviculars' main trunk. We noted that during abduction of the right arm, the fibrous arch entrapped the supraclavicular nerve trunk, presumably leading to sensory disturbances in nerve's territory distribution. We review the relative restricted data in the available literature concerning that muscular variant and elucidate its importance during differential diagnosis of a mass and surgical exploration of the posterior cervical triangle.

### **153. Lumbosacral transitional vertebra associated with sacral spina bifida occulta: a case report**

Paraskevas G, Tzika M, Kitsoulis P.

*Acta Medica* , 56(3):126-129, 2013

Congenital malformations such as lumbosacral transitional vertebrae and spina bifida occulta constitute unrare anomalies and could affect the symptomatology of low back pain. A transitional vertebra is characterized by elongation of one or both transeverse processes, leading to the appearance of a sacralized fifth lumbar vertebra or a lumbarized first sacral vertebra. Furthermore, sacral spinal bifida occulta is a developmental anomaly that corresponds to the incomplete closure of the vertebral column. In the present case report, we describe a case of a dried sacrum presenting a partially sacralized fifth lumbar vertebra and total spina bifida, extended from first to fifth sacral vertebra. A pseudoarthrosis was formed on the left side and the specimen could be incorporated in Castellvi's type IIa. Moreover, the incidence morphology, clinical and surgical significance of these spinal malformations are discussed.

### **154. Evolution of the paranasal sinuses anatomy through the ages**

Mavrodi A., Paraskevas G,

*Anatomy and Cell Biology*, 46(4):235-8, 2013

The paranasal sinuses constituted a mysterious region of the human skull for the anatomists of the past. Their presence was for the first time in history recognized by the ancient Egyptians and later by the ancient Greek physicians. After a long period of no remarkable improvement of the understanding of their anatomy during the Middle Age, the anatomists of the Renaissance, Leonardo Da Vinci and Vesalius,

made their own contribution. Nathaniel Highmore's name is also associated with the anatomy of the paranasal sinuses as the first to describe the maxillary sinus.

### **155. Morphology of the heart associated with its function as conceived by ancient Greeks**

Mavrodi A, Paraskevas G

*Int J Cardiol., 172(1):23-28, 2014*

According to their writings, ancient Greek physicians had explored the anatomy of the heart. Although pre-Hippocratic medicine, which relied on religion and mysticism, has nothing more to present than implausible theories and speculations, younger physicians thanks to their animal dissections were able to depict the heart with detail. Hippocratic "On the Heart", Aristotle's, Herophilus', Erasistratus' and Galen's writings provide us with the necessary data to take a look at the anatomy of the heart as it was described back then. Despite of some confusing passages in their writings and some erroneous notions, the heart was described with relative accuracy. In the years after antiquity and in the Middle Age the only information about the anatomy of the heart could be derived from the ancient Greek works and only anatomists of the Renaissance managed to displace them. In this paper we present the knowledge of all known ancient Greek physicians about the heart, with emphasis on its anatomy.

### **156. Reliability of the posterolateral corner of the acromion as a landmark for the posterior arthroscopic portal of the shoulder**

Totlis T, Natsis K, Pantelidis P, Paraskevas G, Iosifidis M, Kyriakidis A  
*J Shoulder Elbow Surg. 2014, 23(9):1403-8*

The present study aimed to evaluate the variability of the posterolateral corner of the acromion (PCA) position in relation to the glenohumeral joint, in a craniocaudal direction, to assess whether the universal use of a certain distance from that point will always lead to a consistent placement of the posterior arthroscopic portal of the shoulder. The study used 140 dried scapulae (36 women and 34 men). Measurements included the glenoid height and the perpendicular distance between the PCA and the most superior point of the glenoid. The percentage of coverage of the glenoid by the acromion was defined as the ratio between the 2 measurements. The Student t test was used to examine for significant differences between the sexes and the Student paired t test between sides ( $P < .05$ ). The average glenoid height was  $3.37 \pm 0.29$  cm (range, 2.69-4.00 cm). The perpendicular distance between the PCA and the most superior point of the glenoid was  $0.82 \pm 0.69$  cm (range, -0.35 to 2.27 cm). The percentage of coverage of the glenoid by the acromion was  $24\% \pm 20\%$  (range, -10% to 64%). The position of the PCA in relation to the glenohumeral joint is quite variable. Therefore, the use of a universal distance from the PCA will not always lead to a consistent placement of the posterior arthroscopic portal of the shoulder. Future research is needed in this area to develop techniques to individualize placement of the posterior portal.

### **157. Effect of moxifloxacin on the survival, lipid peroxidation and inflammation of immunosuppressed rats with soft tissue infection from *Stenotrophomonas maltophilia***

Ioannidis O, Papaziogas B, Tsiaousis P, Paraskevas G, Giamarellos-Bourboulis EJ, Koutelidakis I.

*Microbiol Immunol.* , 58:96-102, 2014

In order to investigate the effect of moxifloxacin on the survival, lipid peroxidation and inflammation of immunosuppressed rats with soft tissue infection from *Stenotrophomonas maltophilia*, 144 white male Wistar rats were randomized into six groups: groups A and B received saline and moxifloxacin once per day respectively, group C and D received saline and moxifloxacin twice per day respectively, group E and F received saline and moxifloxacin three times per day respectively. Blood samples were taken at 6 hours and 30 hours after the administration of *S. maltophilia*. Malondialdehyde, white blood cells counts, bacterial tissue overgrowth, serum levels of moxifloxacin and survival were assessed. Survival analysis proved that treatment with moxifloxacin every 8 hours was accompanied by prolonged survival compared with all other groups. Tissue cultures 30 hours after bacterial challenge showed considerable reduction of bacterial overgrowth in the spleen and in the lung of moxifloxacin-treated animals but not in the liver. At six hours no statistically significant differences were observed between groups, but, at 30 hours, MDA concentrations showed statistically significant elevations ( $p = 0,044$ ) and white blood cell counts statistically significant reductions ( $p = 0,026$ ) in group D compared to C. In the other groups no statistically significant variations were observed. Moxifloxacin possibly stimulates lipid peroxidation and enhances phagocytosis, as depicted by MDA production and survival prolongation, without being toxic as depicted by white blood cell count. Therefore, moxifloxacin should take its place, under conditions, for the treatment of infections in immunosuppressed patients as well as infections caused by *S. maltophilia*.

### **158. Proximal ulna morphometry: which are the "true" anatomical preshaped olecranon plates?**

Totlis T, Anastasopoulos N, Apostolidis S, Paraskevas G, Terzidis I, Natsis K.

*Surg Radiol Anat.* 2014, 36(10):1015-22

To define the optimum design of the anatomical preshaped olecranon plate. The geometry of the proximal ulna was studied in 200 paired Caucasian ulnae, using a digital caliper and goniometer. Gender and side differences were analyzed. Results were compared with the corresponding geometrical parameters of three olecranon plates with different contour. All three plates were placed on the dorsal surface of a "model" ulna, i.e., a right dried ulna having osteometric parameters similar to the averages of our sample, and plate-to-bone fit was examined in two planes. The proximal ulna had an  $8.48^\circ$  ( $2.1^\circ$ - $15.7^\circ$ ) mean varus angulation and an  $8.49^\circ$  ( $1.70^\circ$ - $14.10^\circ$ ) mean anterior angulation, located on average 8.19 cm (5.68-11.66 cm) and 8.63 cm (5.28-11.92 cm) distal to the bone's most proximal point, respectively. The mean olecranon angle was  $110.34^\circ$  ( $98.70^\circ$ - $125.80^\circ$ ) and the olecranon length was 1.58 cm on average (1.20-2.12 cm). Only the plate having both varus and anterior angulation presented a good plate-to-bone fit in both planes. A "true" anatomical preshaped olecranon plate should have both varus and anterior angulation close to the average angulations of the normal ulna and located in a certain distance from its

proximal edge. The olecranon part of the plate should primarily not exceed the olecranon length and secondarily be close to the average olecranon angle. We believe that such a plate may facilitate intraoperative restoration of the proximal ulna complex anatomy, when dealing with comminuted or Monteggia fractures, thus leading to better postoperative results.

### **159. Loose peritoneal body found in the scrotum during operative repair of inguinal hernia**

B. Papaziogas, G. Papadakis, I. Koutelidakis, S. Laskou, A. Ananiadis, G. Paraskevas, I. Makris  
*Surg Chron, 18(4):231-232, 2013*

Peritoneal loose bodies or mice are benign, extremely rare lesions. Only a few cases have been reported. This is, to the best of our knowledge, the first case report describing this entity in the scrotum. We present a case of loose peritoneal body that was found in the scrotum during the repair of an inguinal hernia. A 48-year old-man was referred to the outpatient department of our hospital with a right sided inguinal hernia. He was scheduled for repair of his hernia. During the operation as the surgeon was mobilizing the hernia sac manipulating the hernia sac and separated the sac from the cord, a 1.5 cm, well- defined, whitish, oval shaped mass was found in the scrotum. The mass was firm and had no attachments to the surrounding tissues of the scrotum. It was removed and sent for histological examination. The histopathological examination showed the lesion consisted of laminated strands of a fibrinoid substance with a large amount of hyalinised fibrous tissue in the peripheral white part and saponified fat in the central yellow part. No signs of malignancy were observed. The diagnosis of a loose peritoneal body was set.

### **160. Bernardino Genga - the artistic nature of an anatomist**

A. Mavrodi, G. K. Paraskevas

*Hektoen International*

In that paper is analysed the most well-known drawing of Bernardino Genga's drawings included is his "Anatomia's" frontispiece , which irrefutably constitutes a real piece of artwork drawn by Errard. The center of the image is occupied by a large sphere resembling a heavenly body. In its inside which is exposed to view, someone can distinguish a heap of numerous human bodies suffering maybe the last moments of their lives. Some of them are skeletons, while others are so scrawny and dried that their bones can be clearly identified under their skin in great detail. The painting as a whole gives a sense of a three-dimensional statue and if we exclude the fact

that its protagonists are skeletons, their poses and the expressiveness of their bodies add an ancient Greek style in the composition. At the same time, the date of its creation places the work in the baroque period. The topics that usually covered baroque art were mainly derived by morality, religion and the continual conflict of life and death. All these aforementioned characteristics can be easily traced in the frontispiece of Bernardino's "Anatomia".

### **161. Multiple variations of the superficial jugular veins: case report and clinical relevance**

Paraskevas G, Natsis K, Ioannidis O, Kitsoulis P, Anastasopoulos N, Spyridakis I

*Acta Medica, 57(1):34-7, 2014*

The jugular venous system constitutes the primary venous drainage of the head and neck. It includes a profundus or subfascial venous system, formed by the two internal jugular veins, and a superficial or subcutaneous one, formed by the two anterior and two external jugular veins. We report one case of unilateral anatomical variations of the external and anterior jugular veins. Particularly, on the right side, three external jugular veins co-existed with two anterior jugular veins. Such a combination of venous anomalies is extremely rare. The awareness of the variability of these veins is essential to anesthesiologists and radiologists, since the external jugular vein constitutes a common route for catheterization. Their knowledge is also important to surgeons performing head and neck surgery.

### **162. Fascial entrapment of the sural nerve and its clinical relevance**

Paraskevas G, Natsis K, Tzika M, Ioannidis O

*Anat Cell Biol, 47(2):144-7, 2014*

Sural nerve presents great topographic variability and it is responsible for sensory innervation of the posterolateral side of the distal third of the leg and lateral aspect of the foot. Entrapment of the nerve could be caused by compression due to fascial thickening, while the symptomatology includes sensory alterations and deficits at the nerve distribution area. We report a cadaveric case of a variant sural nerve that presented a distinct entrapment site. A supernumerary sensory branch was encountered originating from the common peroneal nerve, while the peroneal component of the sural nerve was observed to take a course within a fibrous fascial tunnel 3.1 cm in length that caused nerve fixation and flattening. The tension applied to the aforementioned branch was shown to worsen during passive forcible foot plantarflexion and inversion. The etiology, diagnosis and the treatment options are discussed comprehensively.

**163. Bilateral double testicular arteries: a case report and review of the literature. Potential embryological and surgical considerations**

Paraskevas GK, Natsis K, Nitsa Z, Papaziogas B, Kitsoulis P

*Folia Morphol,73(3):383-8,2014*

The aberrancies concerning the number, origin and course of the testicular arteries are found in an incidence of approximately 4.7-20% in the literature and are documented less frequently than the respective variations of the homonymous veins. In the current study, a very rare complex of testicular arteries' variations is described, in which the occurrence of bilateral double testicular arteries is recorded. Particularly, apart from the normal testicular arteries on each side, we observed an additional right testicular artery originated from the ipsilateral renal artery and an additional left testicular artery taking its origin from the abdominal aorta just above the renal artery's origin site; the latter additional testicular artery arched above the left renal vein. Both, the bilateral double testicular arteries accompanied the testicular vein on each side as their satellite arteries. We discuss the potential embryological development of that complex of arterial variants, their likely clinical and surgical applications, as well as we proceed on a brief review of the relevant literature.

**164. Unusual morphological pattern and distribution of the ansa cervicalis: a case report**

Paraskevas GK, Natsis K, Nitsa Z, Mavrodi A, Kitsoulis P.

*Rom J Morphol Embryol,55(3):993-6,2014*

Ansa cervicalis presents great anatomic variability regarding its origin and formation, the number of its roots and its distribution, as well. In the current case, we report an aberrancy in the form and distribution of ansa cervicalis' branches to the infrahyoid muscles and the sternocleidomastoid muscle, which is unique, since, to the best of our knowledge, a similar case has not been recorded in the literature. During regular dissection, we detected that the ansa cervicalis' loop, which was formed underneath the superior belly of the omohyoid muscle, provided a branch for the sternothyroid muscle, from which two recurrent rami were arisen. These two rami joined together forming an unusual triangular nerve formation. The neural trunk formed by the union of the aforementioned two rami perforated the inferior belly of the omohyoid muscle and afterwards was directed towards the ipsilateral sternocleidomastoid muscle. The awareness of such an unusual variability to the surgeons of the head and neck region would be of great importance, since it is crucial not to damage the ansa cervicalis or its branches in order to prevent any possible phonation disorders. Additionally, ansa cervicalis is proved to be extremely useful in the re-innervation of the larynx following paralysis of the recurrent laryngeal nerve.

**165. A morphometric study of multiple renal arteries in Greek population and a systematic review**

Natsis K, Paraskevas G, Panagouli E, Tsaraklis A, Lolis E, Piagkou M, Venieratos D.

*Rom J Morphol Embryol,55(3 Suppl):1111-22,2014*

The aim of the study was to determine the distribution patterns of multiple renal arteries, evaluate how they are affected by gender and bilateral asymmetry and

proceed on a systematic review. Two hundred and six kidneys from 103 Greek cadavers (53 males and 50 females) were investigated. The number and pattern of multiple renal arteries were determined according to side, gender and level of origin. The distances between the main renal and first multiple renal arteries were also measured. Multiple renal arteries were present in 11.2% of the kidneys. No statistically significant difference was found between side and gender ( $p>0.05$ ). The incidence of multiple renal arteries was 87% unilaterally and 13% bilaterally. As regards the multiple renal arteries, a single artery was detected in 83%, two in 13% and three in 4.3%. In 30.4% (7/23) of the kidneys, there was a short common trunk (<1.5 cm), early dividing into the main renal artery and a thinner artery. Multiple renal arteries on the left side seemed to emerge lower than the right ones and displayed a greater variability at their origin. In the systematic review, we detected the patterns of multiple renal arteries which were classified according to population, gender, side and specimen (cadaveric, radiological or transplant). The awareness of morphology and topography of the multiple renal arteries is important in order to achieve a safe pre and intraoperative management of the renal vascular supply.

### **166. Osteogenesis Imperfecta Type I and Diverticular Disease of the Colon -Do They Relate? : Report of a Case**

B. Papaziogas, T. Doulias, P. Tsiaousis, P. Christopoulos, G. Paraskevas, I.Koutelidakis

*JSM Clin Case Rep, 2(1)1013, 2014*

Osteogenesis imperfecta is a heterogeneous group of genetic disorders that affect the integrity of the connective tissue. Manifestations of the disease include bone fragility, osteoporosis, dentogenesis imperfecta, blue sclera, easy bruising, joint deformity and scoliosis. On the other hand, colonic diverticular disease is the most common acquired disease of the large bowel in the western population. More recent studies propose that multiple factors among which also genetic influences on extracellular matrix molecules, could play a role in the genesis of colonic diverticula. We report the case of a 57 year old man with known Osteogenesis imperfect type I disease who presented with acute lower left abdominal pain due to sigmoid diverticulitis. We present the hypothesis that these two entities (Osteogenesis Imperfecta and diverticulosis), as diseases attributed to weakening of the connective tissue, could have a common causative relation.

### **167. Accessory mental foramen: an anatomical study on dry mandibles and review of the literature**

Paraskevas G, Mavrodi A, Natsis K.

*Oral Maxillofacial Surg, 19(2):177-81, 2015*

Since numerous surgical procedures in oral and maxillofacial surgery as well as several aspects of dental practice involve the mental region, the knowledge of its anatomical variations is essential for the clinician. Therefore, the aim of the present study was to evaluate the incidence and the anatomical features of the accessory mental foramen, which is occasionally traced additionally to the main mental foramen. Ninety-six dry human mandibles of a Greek population and of unknown sex and age were examined in order to notice the presence of possible accessory mental foramina. The frequency of the accessory mental foramen was calculated, and its dimensions and its topographical relationship to the teeth of the mandible and the

mental foramen were determined as well. A single accessory mental foramen was identified in 4.17% of the sample, while its mean transverse diameter was measured to be 1.09 mm and its mean distance from the mental foramen was 5.24 mm. The present study revealed an appreciable incidence of the accessory mental foramen in the Greek population, recognizably higher than the discovered incidence of past studies involving the Greek population. Consequently, the clinician should always be prepared to deal with an accessory mental foramen during surgical procedures.

### **168. Sternal foramina: incidence in Greek population, anatomy and clinical considerations**

Paraskevas G, Tzika M, Anastasopoulos N, Kitsoulis P, Sofidis G, Natsis K.

*Surg Radiol Anat*, 37(7):845-51, 2015

Sternal foramina represent developmental defects in the sternum, which occur due to incomplete fusion of the sternal ossification centers. Sternal foramina have been correlated with several clinical implications and constitute a subject of interest for the forensic practice. The aim of this study is to define their incidence in Greek population. The presence of midline foramen was studied in 60 dried, adult. Measurements were made with a 0.01-mm accuracy caliber and photographic documentation was obtained. Additionally, computed tomography scanning of the sterna was performed. Sternal foramina were found in 11 subjects, resulting in an incidence of 18.3 % over the total population. In 27.3 % of the subjects with sternal foramen, a single sternal foramen was observed in the body of the sternum, while in 45.5 % of the sterna presenting sternal foramina, multiple xiphoidal foramina were noticed. In two specimens, association of xiphoidal foramina with sternal cleft was documented. Sternal foramina are variant quite common in the population, with distinct imaging pattern and awareness of their existence is important for the physician.

### **169. Accessory branch of median nerve supplying the brachialis muscle: a case report and clinical significance**

Paraskevas G, Anastasopoulos N, Nitsa Z, Kitsoulis P, Spyridakis I

*J Clin Diagn Res*, 8(12):AD01-2, 2014

A very rare case of an accessory branch of the median nerve taking its origin in the region of the right arm was observed to supply the infero-medial portion of the brachialis muscle in a male cadaver. Simultaneously, the ipsilateral musculocutaneous nerve was innervating the muscles of the anterior compartment of the arm. Such an aberrant muscular branch of the median nerve for the brachialis muscle is very rarely reported in the literature. Lesion of the median nerve proximal to the branch's origin site could induce weak flexion of the elbow, whereas injury of the musculocutaneous nerve could lead to misinterpretation of symptoms. We discuss the patterns of brachialis muscle innervation as well as the clinical applications of such a variant.

### **170. Three superficial veins coursing over the clavicles: a case report**

Anastasopoulos N, Paraskevas G, Apostolidis S, Natsis K.

*Surg Radiol Anat, 2015*

We report a unique bilateral combination of multiple variations in the superficial venous system of the neck of a male cadaver. On the right side of the neck, the external jugular vein (EJV) crossed superficial to the lateral third of the clavicle constituting a common trunk with the cephalic vein (CV) that drained into the subclavian vein (SCV). On the left side the EJV descended distally, passed over the anterior surface of the medial third of the clavicle and drained into the SCV. The posterior external jugular vein (PEJV) crossed superficial to the lateral third of the clavicle and terminated into the CV, providing an additional communicating branch to the EJV. Knowledge of both normal and abnormal anatomy of the veins of the neck plays an important role for anesthesiologists or cardiologists doing catheterization, orthopedic surgeons treating clavicle fractures and general surgeons performing head and neck surgery, to avoid inadvertent injury to these vascular structures

**171. High or low incidence of the lateral thoracic artery's origin from the thoracoacromial artery?**

Paraskevas GK.

*Surg Radiol Anat, 37(7):887-9, 2015*

**172. Relationship between pedographic analysis and the Manchester scale in hallux valgus**

Iliou K, Paraskevas G, Kanavaros P, Gekas C, Barbouti A, Kitsoulis P.

*Acta Orthop Traumatol Turk, 49(1):75-9, 2015*

The aim of this study was to evaluate the correlation between the Manchester scale and foot pressure distribution in patients with hallux valgus deformity. The study included 152 feet of 87 patients with hallux valgus and a control group of 391 feet of 241 individuals without hallux valgus deformity. The severity of hallux valgus was determined using the Manchester scale grading system. Plantar loading patterns in 10 foot areas were determined for all participants. According to the Manchester scale, 72% of the participants had no, 12.9% mild, 10.7% moderate and 4.4% severe deformity. The Manchester scale grade was highly correlated with both hallux valgus angle and first intermetatarsal angle ( $p=0.00$ ). Significant differences between the four grades were present for mean pressure under the hallux and the first and second metatarsal heads only ( $p=0.00$ ). The load distribution under these areas was higher as the hallux valgus progressed from mild to more severe. In all groups, the highest pressure was observed under the second metatarsal head. The Manchester scale was strongly associated with both the hallux valgus angle and the first intermetatarsal angle. The progression from mild to moderate and severe deformation is associated with peak pressure raise at the hallux, first and second metatarsal heads. The Manchester scale appears to be a useful tool to provide information for the degree of deformity and the pressure under painful foot areas.

**173. Aberrant innervation of the sternocleidomastoid muscle by the transverse cervical nerve: a case report**

Paraskevas G, Lazaridis N, Spyridakis I, Koutsouflianiotis K, Kitsoulis P.

Two aberrant rami originating from the right transverse cervical nerve and innervated the midportion of the sternocleidomastoid muscle (SM) were detected during routine cadaver dissection. Although SM is commonly innervated by the accessory nerve, as well as by cervical nerves, it is likely to be innervated additionally by other nerves such as hypoglossal nerve, ansa cervicalis, facial or external laryngeal nerve. Some considerations as regards the possible composition of the aberrant rami of the transverse cervical nerve detected in the current study, as well as the relevant literature is discussed.

**174. What morphological pattern of "impressio ligamenti costoclavicularis" is the most predominant?**

Paraskevas GK

*Surg Radiol Anat, 2016 ;38(1):161-3*

**175. Association between the capitate-triquetrum distance and carpal collapse in scaphoid nonunion**

Dimitriadis A, Paraskevas G, Kanavaros P, Barbouti A, Vrettakos A, Kitsoulis P.

*Acta Orthop Belg, 81(1):36-40, 2015*

The effect of the lunate type on carpal collapse in cases of scaphoid nonunion has not been thoroughly investigated. The purpose of the present study was to determine whether any association exists or not between the capitate-triquetrum distance and occurrence of carpal collapse in cases of scaphoid nonunion. In a retrospective study, 76 patients with scaphoid nonunion formed two groups based on the capitate-triquetrum distance: forty-three patients with distance of less than 5mm and 33 patients with distance of 5mm or more. The two groups were comparable with respect to sex distribution, age, dominant hand involvement, manual labor, nonunion location and time from injury to final x-rays. Six patients (13.9%) in the capitate-triquetrum < 5mm group and 13 patients (39.4%) in the capitate-triquetrum ≥ 5 mm group had no signs of collapse, with significant difference (p < 0.05). Capitate-triquetrum distance could contribute in the decision making process for cases of scaphoid nonunion without straightforward indication for surgical intervention.

**176. Correlation between Manchester Grading Scale and American Orthopedic Foot and Ankle Society Score in Patients with Hallux Valgus**

Iliou K, Paraskevas G, Kanavaros P, Barbuti A, Vrettakos A, Gekas C, Kitsoulis P.

*Med Princ Pract, 2016;25(1):21-4*

To evaluate the correlation between Manchester grading scale and the American Orthopedic Foot and Ankle Society [AOFAS] preoperative score in patients with hallux valgus deformity. The study sample included 181 feet of 122 patients with hallux valgus and 424 feet of 212 individuals without hallux valgus deformity as a

control group. The severity of hallux valgus using the Manchester grading scale and the AOFAS score was determined on all individuals in the hallux valgus and the control group. Pearson correlation and the non parametric test Kruskal Wallis and Mann-Whitney were used for data analysis. The AOFAS total score in participants with no deformity was 99.14. In patients with mild or moderate deformity the total score was 86.20 and 68.19 respectively. In severe hallux valgus the total score has been found to be 44.69. Statistically significant differences between the four grades of Manchester grading scale were present for the AOFAS total score. In Pearson correlation, strong negative correlations were found between the AOFAS score and hallux valgus angle. Strong negative correlations were demonstrated between the AOFAS score and the first intermetatarsal angle as well. High negative correlation between Manchester grading scale and AOFAS score was observed, as the severity of hallux valgus is increased, the AOFAS score seemed to decrease.

### **177. Bilateral Osseous Interclinoid Bridges Associated with Foramina of Vesalius: A Case Report**

Paraskevas G, Nitsa Z, Koutsouflianiotis K

*J Clin Diagn Res, 2015;9(7): AD03-AD04*

The current study displays a very rare combination of ossified interclinoid ligaments at the sella turcica region associated with bilateral foramina of Vesalius. In a macerated skull four osseous bars interconnecting the clinoid processes bilaterally were detected. Specifically, two bilateral osseous bars were observed bridging the gap between the anterior and middle clinoid processes forming the so called caroticoclinoid foramen on each side and two additional osseous bridges linked the anterior and posterior clinoid processes, bilaterally. Furthermore, two distinct bilateral foramina of Vesalius were documented just anterior and medial to the foramen ovale. The awareness of the osseous sellar bridges is crucial for the physician and especially the neurosurgeon since their presence may complicate the removal of clinoid processes and induce damage of the internal carotid artery and oculomotor nerves. Furthermore, the likely existence of the foramen of Vesalius may lead to transfer of an infected thrombus into the cranial cavity and complicate a percutaneous trigeminal rhizotomy.

### **178. Knowledge of the anatomy and physiology of the spleen throughout Antiquity and the Early Middle Ages**

Paraskevas GK, Koutsouflianiotis KN, Nitsa Z, Demesticha T, Skandalakis P

*Anat Sci Inter, 2016 ;91(1):43-55*

The evolution of knowledge regarding the anatomy and physiology of the spleen throughout Antiquity and the Early Middle Ages is described, and general perceptions about this organ during different eras along this time line are presented. The original words of great physicians from the period of time stretching from Ancient Egypt to the Avicennan era are quoted and discussed to demonstrate how knowledge of the spleen has evolved and to present the theories that dominated each era. Furthermore, theories about illnesses relating to the spleen are reported, which show how this organ was perceived-in terms of its function and anatomy-during each era.

### **179. A Rare Case of Quadratus Femoris Muscle Rupture After Yoga Exercises**

Tzaveas A, Anastasopoulos N, Paraskevas G, Natsis K

*Clin J Sport Med, 2015*

We present a case of a female patient with left groin pain after intense yoga exercises. The patient presented abnormal pattern of gait with no swelling over the groin, thigh, or buttock. Magnetic resonance imaging demonstrated a tear of the quadratus femoris muscle with an associated extensive hematoma formation. Patient was treated with a rehabilitation program consisting of nonsteroidal anti-inflammatory drugs and physiotherapy. At the follow-up control, the patient had improved her pain and flexibility of the hip, and gradually she returned to daily activities and yoga exercises. Such an entity is a rare cause of hip pain after exercise and should be kept in mind by the orthopedic surgeon, in cases of gluteal pain after intense physical activity. Moreover, such a condition should be included in the diagnostic algorithm of unknown origin hip pain.

### **180. Giacomini vein: thigh extension of the small saphenous vein - report of two cases and review of the literature**

Natsis K, Paraskevas G, Lazaridis N, SofidisG, PiagkouM

*Ippokratia,2016*

Varicose vein surgery is very commonly performed. Also, it is very frequently employed for recurrent disease. The recognition of the normal or variant veins, inducing incompetency, is a prerequisite for effective treatment. The thigh extension of the small saphenous vein, the so-called Giacomini vein, was extensively described in 1873 by Carlo Giacomini in an incidence of 72%. However, such a vein is usually underestimated in classic surgical textbooks. We present two cases of Giacomini vein found in two cadavers, where the small saphenous vein displayed a thigh extension without terminating into the popliteal vein. In one case Giacomini vein drained into the large saphenous vein, while in the other the vein divided into two branches, separately draining into the large saphenous vein and the subcutaneous tissue of the gluteal region. Due to the fact that Giacomini vein could be incompetent, associated with or without varicose saphenous vein trunks, the vascular surgeon should keep in mind that anatomical entity, to include it in preoperative ultrasound scanning control. Moreover, this vein could be utilized as an autologous graft, when the large saphenous is not available.

### **181. Median nerve's loop in the arm penetrated by a superficial brachial artery: case report and neurosurgical considerations**

G Paraskevas\*, I Varnalidis, K Koutsouflianiotis

Median nerve is commonly formed by the union of the lateral and medial cord of the brachial plexus, which embrace the third part of the axillary artery. Formation of a median nerve's loop is a very rare condition. We present a cadaveric case, in which the right median nerve was found at the upper arm forming a fusiform neural loop penetrated by a superficial brachial artery, which continued over the forearm as the radial artery. The literature concerning nerve loops and traversing arteries is discussed, as well as the relevant embryology. We consider that such nerve loops constitute vulnerable sites of the nerve trunk since it is compressed by the pulsation of the abnormal traversing artery. Moreover, neurosurgeons should keep in mind that in case of existing arterial variation, variation of the associated neural structures may co-exist.

### **182. Double sternal foramina in a dried sternum: a rare normal variant and its radiologic assessment**

Paraskevas GK, Tzika M, Natsis K

*Surg Radiol Anat, 2016;38(1):161-3*

Sternal foramina (SF) constitute developmental defects of the sternum and are usually radiologic or postmortem accidental findings. A rare case is presented, concerning the dried sternum of Greek origin and unknown age. The manubrium, sternal body and xiphoid process were fused and ossified, while two SF of undocumented size were present. The proximal SF was located at the sternal body extending between the fourth and fifth intercostal spaces, whereas the distal SF was located at the xiphoid process being surrounded by a thin "ring-like" osseous rim. Computed tomography was utilized for further investigation. Awareness of this variation is essential for the radiologist to avoid misdiagnosis and interpret with accuracy the current combination of normal anatomic variants. Moreover, SF existence is associated with clinical and forensic implications that are shortly discussed.

### **183. What is the history of the first descriptions of the ventricular septal defects?**

G. Paraskevas

*Inter J Cardiol, 2016;220:616-7*

Prior to Henri Roger (1879) other scientists dealt with the existence of the ventricular septal defects, however, it is doubtless that Roger is the physician who must be considered as the first one providing a comprehensive approach of the clinicopathological features of the current congenital cardiac anomaly.

### **184. Five Roots Pattern of Median Nerve Formation**

Natsis K Paraskevas G Tzika M

*Acta Medica, 2016,59(1):26-8*

An unusual combination of median nerve's variations has been encountered in a male cadaver during routine educational dissection. In particular, the median nerve was formed by five roots; three roots originated from the lateral cord of the brachial plexus joined individually the median nerve's medial root. The latter (fourth) root was united with the lateral (fifth) root of the median nerve forming the median nerve distally in the upper arm and not the axilla as usually. In addition, the median nerve was situated medial to the brachial artery. We review comprehensively the relevant variants, their embryologic development and their potential clinical applications.

### **185. Unusual Origin of a Double Upper Subscapular Nerve from the Suprascapular Nerve and the Posterior Division of the Upper Trunk of the Brachial Plexus: A Case Report**

Paraskevas G, Koutsouflianiotis K, Iliou K Bitsis T, Kitsoulis P  
*J Clin Diag Res, 2016,10(6):AD01-2*

A double upper subscapular nerve on the right side was detected in a male cadaver, with the proximal one arising from the suprascapular nerve and the distal one from the posterior division of the upper trunk of the brachial plexus. Both of them penetrated and supplied the uppermost portion of the right subscapularis muscle. That anatomic variation was associated with a median nerve formed by two lateral roots. The origin and pattern of the upper subscapular nerve displays high variability, however the presented combination of the variable origin of a double upper subscapular nerve has rarely been described in the literature. The knowledge of such an anatomic variation is essential for the surgeon operating in the region especially in instances of brachial plexus' repair after any traumatic injury. Moreover, the awareness of the precise origin and topography of these nerves is important for the physician attempting to block these nerves or utilizing these nerves as grafts for neurotization of adjacent damaged nerves of the brachial plexus.

### **186. Abnormal Origin and Course of the Accessory Phrenic Nerve: Case Report**

Paraskevas G, Koutsouflianiotis K, Kitsoulis P, Spyridakis I

*Acta Medica 2016, 59(2):70-1*

In the current cadaveric study an unusual sizeable accessory phrenic nerve (APN) was encountered emerging from the trunk of the supraclavicular nerves and forming a triangular loop that was anastomosing with the phrenic nerve. That neural loop surrounded the superficial cervical artery which displayed a spiral course. The form of a triangular loop of APN involving the aforementioned artery and originating from the supraclavicular nerve to the best of our knowledge has not been documented

previously in the literature. The variable morphological features of the APN along with its clinical applications are briefly discussed.

### **187. The first descriptions of various anatomical structures and embryological remnants of the heart: A systematic overview**

Paraskevas G, Koutsouflianiotis K, Iliou K

*Int J Cardiol 2017, 227:674-90*

In the present study a brief overview of the history regarding the development of the knowledge of the macroscopic and microscopic anatomical elements of the heart along with some embryological remnants of the heart has been conducted. The evolution of the awareness as regards the various anatomical and embryonic structures of the heart began from Greek medico-philosophers, such as Hippocrates, Herophilus, Erasistratus and Galen, however, such knowledge was empowered from the meticulous study of philosophers and physicians until the era of modern anatomy. In specific, the following anatomical and embryological structures are displayed: aortic and pulmonary valve, auricles, bundle of Kent, cardiac nerves, conduction system of the heart, ductus arteriosus, intervenous tubercle of Lower, left atrial oblique vein and ligament of Marshall, limbus of fossa ovalis, mitral and tricuspid valve, nodes or nodules of Arantius, ovale foramen, septomarginal trabecula, sinus of Valsava, small cardiac veins or vessels of Thebesius, tendinous chordae and papillary muscles, tendon of the valve of the inferior vena cava and triangle of Koch, valve of the coronary sinus, valve of the inferior vena cava.

### **188. Accessory coracobrachialis muscle with two bellies and abnormal insertion - case report**

Paraskevas G Koutsouflianiotis K, Iliou K, Bitsis T Kitsoulis P

*Acta Medica Academica, 2016, 45(2):163-8*

In the current study a brief review is presented of the coracobrachialis muscle's morphological variability, action, embryological development and clinical significance. We report a case of a left-sided coracobrachialis muscle consisting of two bellies. The deep belly inserts into the usual site in the middle area of the anteromedial aspect of the left humerus, whereas the superficial belly inserts through a muscular slip into the brachial fascia and the medial intermuscular septum, forming a musculo-aponeurotic tunnel in the middle region of the left arm, for the passage of the median nerve, brachial artery and veins, medial antebrachial cutaneous nerve and ulnar nerve. Awareness of such a muscle variant should be kept in mind by physicians and surgeons during interpretation of neural and vascular disorders of the upper limb, since such a variant may potentially lead to entrapment neuropathy and/or vascular compression, predisposing to neurovascular disorders, as well as during preparation of that muscle in cases of utilizing it as a graft in reconstruction of defects.

### **189. Notes on the first descriptions of some anatomical structures and their improper clinical anatomical terms**

G. Paraskevas, E. Theodoraki, K. Koutsouflianiotis, K. Iliou, T. Bitsis, I. Spyridakis, B. Papaziogas, P. Kitsoulis

*Surg Chron, 2016, 21(2):104-106*

Many anatomical structures beyond their descriptive anatomical terms are characterized by the so-called clinical anatomical or eponymic terms. However, these eponymic terms sometimes are incorrect since the scientists who firstly designed, observed or described less or more analytically the relative anatomical elements are other than those referring to these terms. In that brief communication, an attempt was made to display the first descriptions of the following anatomical structures: anterior abdominal fat pad, cysto-duodeno-colic ligament, greater vestibular glands, lacteal veins of Aselli.

### **190. Internal hernias**

G. Chatzimavroudis, G. Kotoreni, I.Kontsidis, B. Papaziogas, I. Koutelidakis, T. Kaltsikis, M. Penlidis, G. Paraskevas, EC. Christoforidis

*Surg Chron, 2016, 21(4): 183-187*

Internal hernias consist a surgical condition that can cause intestinal obstruction. They can be congenital or acquired. The incidence of internal hernias becomes more and more common due to the increasing number of surgical procedures that cause defects in the abdominal cavity such as the bariatric surgical procedures. Their complications can lead to ischemia and necrosis of the intestine, so the early diagnosis is of significant importance. A high index of clinical suspicion is needed to detect internal hernias. Computed tomography is the most helpful imaging tool, to lead the differential diagnosis to internal hernias. Each type of internal hernias has its own characteristics but the treatment is common for all; surgical repair.

### **191.The Life and Work of Nikolai Ivanovich Pirogov (1810-1881): An Outstanding Anatomist and Surgeon.**

Koutsouflianiotis K, Paraskevas GK, Zagelidou E, Dimakopoulou K, Noussios G.

*Δημοσίευση: Περιοδικό Cureus 2018;10(10):e3424.*

Nikolai Ivanovich Pirogov is considered one of the most important anatomists and surgeons in the history of medicine. The Russian physician conducted more than 11,000 dissections and meticulously studied human anatomy, discovering important anatomical regions such as Pirogov's triangle. Pirogov developed surgical methods and techniques used by physicians for many decades such as Pirogov's amputation. Pirogov is also known for his contribution to war medicine, given his experience practicing medicine in the Crimean War as a surgeon, where he introduced innovative methods for the treatment of injured soldiers. Pirogov's most important contribution to the scientific community is his humanistic and democratic mentality-which he maintained until the end of his life-elements necessary for the evolution of every modern physician and scientist.

### **192.Iulius Casserius, a relatively underestimated anatomist: his contributions to brain's anatomy.**

Paraskevas G, Koutsouflianiotis K, Iliou K, Noussios G.

*Δημοσίευση: Περιοδικό Childs Nerv Syst. 2019 Mar 8. doi: 10.1007/s00381-019-04104-4*

Iulius Casserius is to be remembered for his excellent contributions in Anatomy and especially in Neuroanatomy. His persistent and meticulous scientific anatomical work resulted in the first record of the arterial circle of the brain 37 years before the comprehensive description by Thomas Willis. Casserius' great interest in the human brain led him to the discovery of plenty anatomical structures before their official documentation. Casserius was an excellent teacher and anatomist of a humble origin, who managed to be distinguished among other famous physicians of his era.

### **193.Illuminating the life and scientific work of Abraham Vater (1684-1751)** Konstantinos N. Koutsouflianiotis, George K. Paraskevas, Basileios

Papaziogas, Kalliopi Iliou, Nikoletta Kalitsa, Theodosios Bitsis, George Noussios

*Δημοσίευση: Περιοδικό Surg Chron 2017; 22(4): 232-234*

One of the most known clinical and surgical anatomical eponyms is that of the "ampulla of Vater" in recognition of the famous Anatomist Abraham Vater, who among others scientists discovered the hepatopancreatic ampulla. An effort is made in the current study to introduce the reader into the life, the scientific work and some personal aspects of Abraham Vater. The quality of the personality of the famous anatomist apart from his scientific discoveries could be an example to every modern scientist while seeking his path into the scientific community.

### **194.Historical aspects concerning the morphology and functions of the pericardium**

G. Paraskevas, K. Koutsouflianiotis, K. Iliou, T. Bitsis, G. Chatzimavroudis, B. Papaziogas

Aristotles in his work entitled "About the Histories of Animals, part A" wrote as concerns the pericardium: "... έχει δε υμένα πιμελώδη και παχύν, ην προσπέφυκε τη φλεβί τη μεγάλη και τη αορτή", that means "... (the heart) has a fatty, thick membrane at the place where it attaches to the great vein (superior vena cava) and the aorta". As regards the pericardium Hippocrates mentioned the existence of the pericardium as "a sheath of the heart" and described the particular structure with these words: "(the heart) is surrounded by a tissue, in which exists a small quantity of liquid as urine, thus it makes you think that the heart becomes a cyst. The purpose of that is to pulse strongly protected. It exists so much of the liquid in order to deal with excessive inflammation. This liquid is drunk by the heart and transformed into serum, the heart accepts it and consumes it, while it sucks the lung liquid". Regarding the pericardium Galen in his doctrine "On anatomical procedures" described it as follows: "The coat proper of the heart, called perikardion, differs from either of the others [i.e. from the pleurae]. It lies between them and is enclosed by them on either side. You will see this well in the dissection we are discussing, which is done on the dead animal. Above, extending to the clavicles, you will see the partitioning membranes [pleurae] in mutual contact. [Below] at the base of the heart (which some call it 'head') they surround the pericardium, embracing it, and each may be followed to its apex which is conical like that of the heart. The circular base [of the pericardium] surrounds the base of the heart like a crown, while the apex of its cone is in contact with the apex of the heart and united with the lower part of the sternum, at the end of which lies the xiphoid cartilage. This [outer] layer of pericardium is not united with the body of the heart, for there is throughout an appreciable interval [pericardial cavity] to allow for the movement of the heart. It is only at its circular base that it is united with the vessels springing from the heart. Of these you will learn more when you expose the whole [interior of the] thorax or remove the heart for separate dissection".

### **195. The Anatomist James Douglas (1675-1742): His Life and Scientific Work**

Konstantinos N. Koutsouflianiotis, George K. Paraskevas, Nikoleta Kalitsa, Kalliopi Iliou, George Noussios

*Δημοσίευση: Περιοδικό Cureus 11(1): e3919. doi:10.7759/cureus*

James Douglas (1675-1742) is considered one of the most important anatomists of the eighteenth century; he introduced meticulous and scientific methods for studying human anatomy. He is known for the "pouch of Douglas," but his contribution is much more important. He deepened our knowledge of the anatomy of the peritoneum, located new

muscles, and evolved the already recorded knowledge in a way that it could be implemented in surgery. Furthermore, he was such a famous obstetrician that even the Pope of his era admired him for his charisma.

### **196. Historical notes on the anatomy of the heart's lymphatic system**

G. Paraskevas, K. Koutsouflianiotis, K. Iliou, N. Syrmos, G. Noussios, T. Bitsis, N. Lazaridis

*Δημοσίευση: Περιοδικό Ital J Anat Embryol 2018*

The heart's lymphatic system has been under research for many years both in a microscopic and a macroscopic level. The results so far significantly trigger the modern cardiologists to attribute pathologies of the heart to disorders of cardiac lymphatics. The current review is an effort to display the progress of the knowledge regarding the heart's lymphatic system through mentioning the work of the scientists devoted to the specific field. The reader will gain detailed and up to date information and will be able to comprehend thoroughly the anatomy of the cardiac lymphatics.

### **197. What is the history of the term "azygos vein" in the medical terminology?**

George K. Paraskevas, Konstantinos N. Koutsouflianiotis, Michail Patsikas  
George Noussios

*Δημοσίευση: Περιοδικό Surg Radiol Anat.*

The term "azygos vein" is in common use in modern anatomical and cardiovascular textbooks to describe the vein which ascends to the right side of the vertebral column in the region of the posterior mediastinum draining into the superior vena cava. "Azygos" in Greek means "without a pair", explaining the lack of a similar vein on the left side of the vertebral column in the region of the thorax. The term "azygos" vein was utilized firstly by Galen and then was regenerated during Sylvius' dissections and Vesalius' anatomical research, where it received its final concept as an official anatomical term. The purpose of this study is to highlight the origin of the term "azygos vein" to the best of our knowledge for the first time and its evolution from the era of Hippocrates to Realdo Colombo.

**B. ABSTRACTS OF ANNOUNCEMENTS  
IN INTERNATIONAL CONGRESSES**

## **1. Abnormal origin of the inferior mesenteric artery from the superior mesenteric artery**

G. Paraskevas, P. Xepoulias, B. Papaziogas, K. Natsis, P. Gigis

*Announcement: 11<sup>th</sup> European Anatomical Congress, Timisoara, Romania, 10 – 13 September 1998*

*Publication: Abstracts Book*

A case in which the inferior mesenteric artery arose from the superior mesenteric artery is presented in the cadaver of a 73-year old Greek male. The superior mesenteric artery, having a diameter of about 11mm, arose normally from the aorta 2,4 cm below the origin of the celiac trunk and 13,1 cm above the aortic bifurcation. It descended about 40mm and then gave off the inferior mesenteric artery with a diameter of about 3,5 mm to the left and downward. An extensive search of the available literature revealed only six cases including the present one. Such a variation was previously described, though somewhat wrongly as an «absence of the inferior mesenteric artery», but we avoided this terminology, because all of the cases possessed an artery, which though arising from the superior mesenteric artery instead of the abdominal aorta, had the same branches as a normal inferior mesenteric artery. The variation can be explained as the result of an unusual development of the embryonic artery system, which comprises a number of ventral splanchnic arteries interconnected by longitudinal anastomotic channels to supply the primitive digestive tube. It is thought, that the longitudinal channel between the two mesenteric arteries

remains intact and the ventral splachnic artery originally growing into the ordinary inferior mesenteric artery loses its proximal portion.

## **2.Spiral cystic duct with abnormal course. Clinical signification**

T. Papaziogas, G. Paraskevas, B. Papaziogas, C. Lazaridis, T. Pavlidis

*Announcement: 5<sup>th</sup> Congress of the European Association of Clinical Anatomy, Constanza, Romania, 3 – 5 June 1999*

*Publication: a) Abstracts Book.b)(abstr.) Surgical and Radiological Anatomy (suppl.). 21:59*

During an elective operation for cholelithiasis in a 66-year old male Greek patient was identified a spiral cystic duct about 7 cm long passing back, down and to the left, crossing anteriorly to the common hepatic duct and joining, finally, at an acute angle the left face of the common hepatic duct. The way of junction of the cystic and common hepatic duct is described as angular (65%), parallel (25%) and spiral (10%). During its spiral course, the cystic duct is more often passing posteriorly to the common hepatic duct, joining finally the posterior of left surface of the latter one. Rarely, the cystic duct crosses anteriorly to the common bile duct, as it happens to our case. The knowledge of this abnormality may be possessed by the surgeon of the biliary tract, because it can predispose to intraoperatine complications such as injuring of bile duct of proximal ligation (closely to the gallbladder) of the cystic duct.

## **3.Anatomical and clinical aspects concerning the compression of common peroneal nerve**

G. Paraskevas, P. Xepoulias, L. Lazos, B. Papaziogas, P. Tsikaras, K. Natsis, P. Gigis

*Announcement: 5<sup>th</sup> Congress of the European Association of Clinical Anatomy, Constanza, Romania, 3 – 5 June 1999*

*Publication (abstr.): a)Abstracts Book.b)«Surgical and Radiological Anatomy» (suppl), 21:59*

The present study was conducted in order to observe the relationships of common peroneal nerve as it is winding round the neck of the fibula. After dissection of 28 cadavers (13 male and 15 female) in our Department we noticed the presentation of a thickened fascia extending between soleus and peroneus long, which was appearing in two male cadavers (7,1%). This

thickened fascia observed in 8,57% of cases. Such a fibrous arch is suggested that in certain cases of muscular contraction might be a causative factor involved in the compression of common peroneal nerve, since this fascia is continuous with the fascia over the surrounding muscles. So, in differentiate diagnosis of unknown causes of palsy of common peroneal nerve, such a fibrous band may be considered as one possible causative factor.

#### **4.Relations of internal laryngeal nerve and superior laryngeal artery on the thyrohyoid membrane**

G. Paraskevas, K. Natsis, P. Xepoulias, B. Papaziogas, P. Gigis

*Announcement :XV Congress of the International Federation of Association of Anatomists and 4<sup>th</sup> International Malpighi Symposium, Rome, 11 – 16 September 1999*

*Publication(abstr): Περιοδικό: «Italian Journal of Anatomy and Embryology», 104(1), 1999*

There are a few reports about the relations of the internal laryngeal nerve and the superior laryngeal artery on the thyrohyoid membrane as well as the sites of the thyrohyoid membrane perforation by that nerve and artery. During the dissection of 30 cadavers in our Department, we found that in 21 cadavers (70%) the internal laryngeal nerve was divided in three branches, in 5 cadavers (16,67%) it was divided in four branches and in 4 cadavers (13,33%) it was divided in two branches. In 26 cases (86,67%) the thyrohyoid membrane's penetration by the internal laryngeal nerve was situated 0,4 – 1,2cm behind the posterior border of the thyrohyoid muscle. In the remaining 4 cases (13,33%) the penetration was situated immediately behind this muscle. In 28 cases (93,33%) the penetration was found in the middle 1/3 of the distance between the hyoid bone and the superior border of the thyroid cartilage. In all cadavers we noticed that the orifice was limited by a semilunar repli with its convex looking forward. The superior laryngeal artery always penetrated the anterior – inferior quadrant of the thyrohyoid membrane adjacent to the superior border of the thyroid cartilage. Finally, we did not notice any significant differences between the two sides or the two sexes.

#### **5.Persistent median artery in the carpal tunnel. A case report**

K. Natsis, G. Paraskevas, A. Beletsiotis, P. Gigis

*Announcement: XV Congress of the International Federation of Association of Anatomists and 4<sup>th</sup> International Malpighi Symposium, Rome, 11 – 16 September 1999*

*Publication(abstr.):«Italian Journal of Anatomy and Embryology»,104 (1), 1999*

During the dissection of a female cadaver aged 58, we found an unusual anatomical variation which was a persistent median artery into the carpal tunnel. The artery originated by the trunk of the ulnar artery, it passed through the carpal tunnel and finally it gave off the first and the second palmar metacarpal artery. There are many different opinions about the frequency of the persistent median artery but all the authors agree that the presence of the artery into the carpal tunnel is of great clinical value. The Carpal Tunnel Syndrome (C.T.S) may be caused by a large persistent median artery, aneurysm, thrombosis and traumatic rupture of the median artery. The persistent median artery may cause a damage to the median nerve in two different ways: 1) Compression and 2) Ischemia. As treatment of the C.T.S. the authors always recommend the decompression of the carpal tunnel and the dissection of the persistent median artery; on the other side, they consider the excision of the vessel possible only when a sufficient anastomotic blood – supply is ensured.

## **6. Preaortic iliac venous confluence (Marsupial cava). Case report**

K. Natsis, P. Xepoulas, P. Tsikapas, G. Paraskevas, P. Gigis

*Announcement: XV Congress of the International Federation of Associations of Anatomists and 4<sup>th</sup> International Malpighi Symposium, Rome, 11 – 16 September 1999*

*Publication (abstr.):«Italian Journal of Anatomy and Embryology», 104(1),1999*

During the dissection of a female cadaver aged 67 years, we found an uncommon anatomical variation, in which there was a preaortic confluence of the two common iliac veins. This variation has been called «the marsupial cava». Studying the relevant international literature we found only a few similar cases, which all have been discovered with the help of computed tomography (CT). Our case is an anatomical finding. The appearance of this variation is due to the abnormal alternation of the venous system's formation during fetal life.

During the stage of venous system's formation, there is a progressive asymmetry of the longitudinal channels with a right – sided dominance in which some «channels» develop and others disappear. The knowledge of such a variation is very important especially to a surgeon, because it may cause some problems in the differential diagnosis from adenopathy. Also, it may cause some problems during the surgical treatment of abdominal aortic aneurysms.

### **7.Morphological study of the talar articular facets in human calcanei**

G. Paraskevas, A. Motoc, C. Gekas, S. Spanidou, A. Papadopoulos, V. Niculescu, P. Gigis

*Announcement: 1<sup>st</sup> Congress of the Anatomy Department of the Medical Union of Balkans and Black Sea Region Countries, Oradea, Romania, 2 – 4 June 2000*

*Publication: Abstracts Book*

We studied 78 calcanei in order to describe the facies articularis talaris. We found two types of calcanei: type A calcanei bear three facets for the talus (44%) and type B calcanei bear two facets for the talus (one facet for the head of the talus). The latter type was found in 56% of the studied cases. We couldn't observe the type C, in which there is a single facet only for the talus. The variations which have been previously described might be a consequence of anthropological factors such as the angle between the longitudinal axis of the talar body and the talar neck or the angle of declination of the talus in the adult or the angle of talar torsion. Because in the Nomina Anatomica, three articular facets (anterior, median and posterior) are referred to for the talus, we propose the use of the terms anterior and posterior facet with the notice that the median facet has lower frequency.

### **8.An uncommon case of a left sided cecum. Embryological and clinical significance**

G. Paraskevas, P. Tsikaras, A. Mylonas, B. Papaziogas, S. Spanidou, J. Koutelidakis, T. Papaziogas

*Announcement: 11<sup>th</sup> World Congress of the International Association of Surgeons and Gastroenterologists, Heraklion, 1 – 4 November 2001*

*Publication(abstr.): Hepato – Gastroenterology, 48, Supplement I, p. CCXLVIII, 2001*

In a female cadaver aged 68 years we found a very rare case of a cecum located to the left upper quadrant of the abdomen, which was produced by an abnormal rotation of the midgut loop. Specifically, the cecum measured 8.5cm in length and lay in the left lumbar region. The upper border of the cecum reached the lower surface of the transverse mesocolon and was overlapped by the left half of the transverse colon. The ascending colon measured 22cm, passed downwards and to the right, turned upward and finally ascended across the duodenum and lower pole of the right kidney to the hepatic flexure. In addition, a hepatomegaly was noted. According to the standard version of embryonic cecal migration, cecum descends from its position in the right upper quadrant to its terminal position in the right iliac fossa. We believe that in our case the enlarged liver forced the growing ascending colon and cecum downward into the pelvis. Thereafter the sigmoid colon forced the cecum and ascending colon into the left upper quadrant of the abdomen. It is obvious that the high location of the ascending colon in that case may cause great problems to the surgeons in the diagnosis of appendicitis or during laparotomy.

### **9. Congenital double pyloric ostium in the adult**

A. Mylonas, G. Paraskevas, B. Papaziogas, E. Fragos, J. Koutelidakis, P. Gigis, T. Papaziogas

*Announcement: 11<sup>th</sup> World Congress of the International Association of Surgeons and Gastroenterologists, Heraklion, 1- 4 November 2001*

*Publication: a) (abstr.) Hepato – Gastroenterology, 48, supplement I, p. CCXIII, 2001. b) Surgical Endoscopy, p. 1-5, 2002*

We report on a case of a congenital double pylorus in an adult male, in the absence of chronic disease. A 64-year-old male presented with postprandial epigastric pain and vomiting. The endoscopy revealed the presence of a double ostium between the antrum and the duodenum, along with an inflammation of the antral mucosa. The endoscope passed easily through both openings in the duodenum. The mucosa of the duodenal bulb was normal. No signs of acute or chronic peptic ulcer were noted. The patient was treated with antiacids and gastrokinetics, with excellent results. The prevalence of this rare anomaly ranges from 0.02% - 0.13%. Double pylorus may be present in combination with a double antrum (true duplication), or in the presence of a single antrum. According to the grade of obstruction caused by this anomaly, the

symptomatology may develop at any stage of life, or may present as asymptomatic finding during endoscopy or barium meal study.

### **10. Structure and formation of the vena caval foramen: A study in cadavers**

G. Paraskevas, B. Papaziogas, K. Natsis, P. Gigis, T. Papaziogas

*Announcement: 10th European Congress of Surgery, Lisboa, 2 – 7 June 2002*

*Publication: Abstracts Book*

Structural studies were made on 17 excised cadaveric diaphragms after fine dissection. We studied the superior diaphragmatic surface following ablation of pleural serous membrane that adheres intimately to the diaphragm. We noticed the presence of two fibrous planes, one superior and one inferior, which form a diaphragmatic canal. At the superior fibrous plane, we noticed that anterior margin was formed by two cruciate bands. That margin was crossed by an anterior branch of the right phrenic nerve, which was directed from right and anterior to left and posterior. The lateral and posterior margin was formed by fibers with the shape of a capital C, while the medial margin was formed by thick fibers of the anterior leaflet of the diaphragm. That circular fibrous foramen was complete in only 17.64% on the studied cases. At the inferior fibrous plane, we noticed the presence of thin fibers radiating from the posterior portion of the right leaflet of the diaphragm. It was characteristic that the right and posterior margin could always be separated to the left and anterior margin. In all cases the posterior margin was crossed by a posterior branch of the right phrenic nerve. The inferior fibrous plane obtained an elliptical foramen, while the latter foramen was complete in all cases. In all cases we found a nonadherent space at the anterolateral part of the foramen which contained adipose tissue. That space was crossed by branches of the right phrenic nerve and the right inferior phrenic vessels.

### **11. Post-injection retroperitoneal abscess in a addicted patient. Case report**

B. Papaziogas, J. Makris, J. Koutelidakis, P. Tsiaousis, G. Paraskevas, B. Oikonomou, A. Giakoustidis, K. Atmatzidis

*Announcement: 19<sup>th</sup> European Congress of Surgical Infections, Athens, 25-28*

*May 2006*

*Publication: Abstract book*

We describe a rare case of retroperitoneal abscess formation in a drug addicted patient after attempt of intravenous injection of morphine in the right femoral vein. A 22-year old male presented to our emergency department with high fever since two days. The patient mentioned that he was addicted to narcotics and that he used to make morphine injections in both femoral veins. The clinical examination revealed presence of an abscess in the right inguino-femoral region as well as a second in the left thigh. 80th abscesses were drained under sedation. However, despite drainage, the fever persisted over the next few days. The patient underwent computed tomography of the abdomen which showed the presence of a retroperitoneal abscess extending along the right psoas muscle and reaching the inguinal region. The patient was led again to the operating room, where the retroperitoneal abscess was drained through a right paramedian incision under general anesthesia. It is concluded that the extension of post-injection abscesses of the inguinal region in the retroperitoneal space is a rare but extremely life-threatening situation, which has to be diagnosed and treated abruptly

## **12. Accessory ostium of the maxillary sinus and its surgical implication- a cadaveric anatomic study**

Lazaridis N, Vasileiou M, Papathanasiou E, Paraskevas G, Vlasis K., Anastasopoulos N, Natsis K

*Announcement: 1<sup>st</sup> International Symposium of Clinical and Applied Anatomy, Novi Sad, Serbia, 17-19 Σεπτεμβρίου, 2009*

*Publication: Abstract book*

The aim of the current study was to record the frequency of an accessory ostium of the maxillary sinus and discuss its surgical implication in patients who undergo surgery for recurrent maxillary sinusitis. The research took place at the "Zentrum Anatomie II", Medical School of the University of Cologne in Germany. The study consisted of 75 human heads bisected at the midline sagittal plane, 30 were male (40%) and 45 were female (60%). Accessory ostia were recorded in 17.3%. 8 ostia were found in male cadavers (10.6%) and 5 ostia were found in female cadavers (6.6%). In patients with accessory ostia, middle meatal antrostomy should always include the natural ostium in order to prevent circular mucous flow between the natural and the accessory ostium.

### **13.Modification of the typical pattern concerning the origin and course of the deep palmar branch of the ulnar artery in relation with Guyon’s canal.**

Totlis T, Paraskevas G, Anastasopoulos N, Papathanasiou E, Vasileiou M, Lazaridis N, Natsis K.

*Announcement: 1<sup>st</sup> International Symposium of Clinical and Applied Anatomy, Novi Sad, Serbia, 17-19 Σεπτεμβρίου, 2009*

*Publication: Abstract book*

Most of the classic anatomical and orthopaedic books report that the deep palmar branch of the ulnar artery originates just distal to the pisiform bone and Guyon’s canal, along with the deep palmar branch of the ulnar nerve. The artery courses, along with the nerve, between the flexor digiti minimi brevis muscle and adductor digiti minimi muscle and then through or deep to opponens digiti minimi muscle. It anastomoses with the radial artery and contribute to the formation of the deep palmar arch. Observations 20 years old lead us to carry out a study of the origin and course of the deep palmar branch of the ulnar artery. We noted that in most cases (56%) the deep palmar branch of the ulnar artery originates more distal to the lower part of the pisiform bone and Guyon's canal. However, in such cases the artery does accompanies the deep palmar branch of the ulnar nerve, after the last courses between the hypothenar muscles, and contributes to the formation of the deep palmar arch. Our findings are in accordance with other literature studies [Coleman and Anson (1961), Hammer and Ebner (1988)] and alter the typical pattern concerning the origin and course of the deep palmar branch of the ulnar artery. The knowledge of the origin and course of this variation is useful for the orthopaedic surgeon during a procedure to the deep palmar structures, the Guyon’s canal and carpal tunnel when it is approached through the Guyon’s canal.

### **14.Supernumerary ossicles situated posterior to the cervical spine**

Paraskevas G., Raikos A., Tzika M., Martoglou S.

*Announcement: 3<sup>rd</sup> International Symposium of Clinical and Applied Anatomy, Maribor, 22-24 Ιουλίου, 2011*

*Publication: Abstracts book*

The study was conducted in 96 routine lateral plain radiographs of the cervical spine, free from any fracture or other pathology. In three cases (incidence 3.12%), nodular osseous formations were detected posterior to the cervical spine in the lateral

radiographs. These small bones were incidental findings during lateral radiographs of the neck in patients with chronic neck pain. In the first case, two round and one oval shaped ossicle were found posterior to the C3-C4-C5 spinous processes. In the second case, one round and one oval ossicle were situated posterior to the C5 and T1 spinous processes, whereas in the third case, two irregularly shaped ossicles were detected posterior to the C4-C5 spinous processes. Supernumerary ossicles, such as those found in our study, are usually painless and in the majority of cases are located at the C5-C6 or C6-C7 level. Usually, these small bones are produced after osseous metaplasia of calcified fibrocartilaginous nodules. The trait must be diagnosed separately from the wide range of mostly benign or malignant pathologies, while CT and MRI studies may aid in the accurate diagnosis of suspicious or symptomatic cases

### **15.High origin of the radial artery: anatomical study on 81 cadavers**

Natsis K, Papathanasiou E, Totlis T. Paraskevas G, Apostolidis S

*Announcement: 4<sup>th</sup> International Symposium of Clinical and Applied Anatomy, Ankara, 28 Ιουνίου- 1 Ιουλίου, 2012*

*Publication: Abstracts book*

Aim of the present study was to report the incidence of high origin radial artery along with its clinical impact during surgical approaches. The presence of the variant artery was examined during anatomy dissection of 81 formalin-embalmed Caucasian cadavers. A radial artery with high origin and superficial course was observed in 3/81 cadavers (4.94%). 1st case: a bilateral radial artery with high origin was observed in a 77- year-old female cadaver. It originated from the brachial artery, 2.2cm distal to the inferior border of the pectoralis major tendon. 2nd case: a unilateral high-origin radial artery was found in an 82-year-old male cadaver. The artery originated from the right brachial artery, 2.7cm distal to the inferior border of the pectoralis major tendon. 3rd case: a unilateral case of a high- origin radial artery was noticed in a 77- year-old female cadaver. It originated from the left brachial artery, approximately 2.5 cm below the inferior border of the pectoralis major tendon. The high origin of the radial artery is the most common arterial variation in the upper limb. During anterior approach of the cubital fossa, surgeons should bear in mind that the artery, when present, is at risk of injury.

## **16. Historical aspects of the macroscopic anatomy of the lymphatic system: from antiquity to the renaissance**

Paraskevas GK, Natsis K, Tzika M, Totlis T

*Announcement: 4<sup>th</sup> International Symposium of Clinical and Applied Anatomy, Ankara, 28 Ιουνίου- 1 Ιουλίου, 2012*

*Publication: Abstracts book*

Documentation of the lymphatic system exists in the literature before identification of the "lactiferous vessels" by Aselli in 17th century. The history starts in Ancient Greece in 5th B.C. century, where Hippocrates makes reference to "inguinal, axillary and jugular lymph nodes", "glands existing within the intestines" and vessels carrying "white blood", without being aware of the significance of his observations. Hippocrates also notices that tonsils enlarge after infection, while Aristotle mentions the presence of vessels containing "colorless liquid" and Platon seems to acknowledge the contribution of spleen to the immune system. 1800 years before Aselli's writings, Herophilus is proved more accurate in his descriptions, as he refers to "white vessels" and "glandular mesenteric structures". Hereafter, Fallopius observes the existence of veins "coursing over intestines full of yellow matter", whereas the thoracic duct is demonstrated by Vesalius as a "vena alba thoracis" before its documentation by Pecquet. Eustachius describes the thoracic duct too, although he hypothesizes that it is responsible for the thorax drainage. Since then, several physicians have contributed to the description of the lymphatic system; the present study aims to present the documented anatomical knowledge of the topography, morphology and function of the lymphatic system over the centuries.

## **17. Dual innervation of the trapezius muscle by the spinal accessory nerve and the cervical plexus: a case report**

Paraskevas GK, Tzika M, Totlis T, Anastasopoulos N, Natsis K

*Announcement: 5<sup>th</sup> International Symposium of Clinical and Applied Anatomy, Graz, Αυστρία, 24-26 Μαΐου 2013*

*Publication: Abstracts book*

During a routine dissection of a female cadaver for educational purposes, variability in the anatomy of SAN was observed over the right posterior triangle. In the presented case, two nerve branches were encountered exiting the posterior border of the sternocleidomastoid muscle and entering the trapezius. Both branches presented similar course and distribution to the SAN, although the antero-inferior

one was thicker and longer and eventually found to consist of C3 root fibers. It is well-documented in the literature that SAN may present various anastomoses and receive branches from the cervical plexus, while the existence of supernumerary large-sized branches involved in the trapezius nerve supply has been uncommonly described. In case that additional cervical nerve branches contribute to the muscle innervation, it is essential for head and neck surgeons to act more carefully, as the operation field is limited. Surgical preservation of the one branch identified as SAN could lead to iatrogenic injury of the other nerve branch, jeopardizing muscle palsy and postoperative pain. Surgeons of the neck area, particularly while performing modified radical and selective neck dissections, should acknowledge the contribution of the cervical plexus in trapezius motor supply and be aware of the anatomical variability of the region, in order to avoid postsurgical complications.

### **18. Historical overview of paranasal sinuses' anatomy**

Mavrodi A, Paraskevas G, Totlis T, Natsis K

*Announcement: 5<sup>th</sup> International Symposium of Clinical and Applied Anatomy, Graz, Austria, 24-26 Μαΐου 2013*

*Publication: Abstracts book*

The paranasal sinuses, and especially the maxillary sinus, have a long history in the field of anatomy. Between 3700 and 1550 B.C., ancient Egyptians were familiar with the structure of the maxilla. Astonishing is also the fact that in order to mummify human corpses they used

instruments to remove the brain through the ethmoid sinuses. Later, ancient Greek physicians, including Galen, identified the paranasal sinuses as a system of cavities draining the mucus produced by the brain. In the Middle Ages, the paranasal sinuses were thought to serve even more peculiar functions. Specifically, they were either thought to contain some kind of "grease" which facilitated the movements of the eyeballs, or to "drain from the brain its bad spirits" and provide them with a vent to the outer world. The first accurate anatomical description of the paranasal sinuses along with elaborate drawings, belongs to Leonardo Da Vinci (1452-1519). Leonardo pointed out the projection of the teeth into the maxillary sinus' floor and assumed that this sinus contained a humour which nourished the roots of the teeth. Soon after, Andreas Vesalius gave only a cursory description of the maxillary sinus in his "De Humani Corporis Fabrica" (1543), identifying its location and its contribution to the formation of the voice. Next stop was Nathaniel Highmore (1613-1685), who for

years was mistakenly believed to be the first to describe the maxillary sinus, still known as "Highmore's antrum". In his work, "Corporis Humani Disquisito Anatomica", Highmore described thoroughly the maxillary sinus and its relation with the dentition of the maxilla. After Highmore, in 1660, Schneider was the first to realize that the mucus in the paranasal sinuses was not a product of the brain but of the paranasal structures themselves. Until today, the anatomy of the paranasal sinuses and their surgery have been a subject of research for many investigators, like Drake and Cowper, Jourdain, Lamorier, Mikulicz-Radecki, Zuckerkandl, Messerklinger, Mosher and Proetz.

### **19.Ossified bony bridges of the middle cranial fossa in Greek skulls: Their clinical relevance**

K Natsis , P Skandalakis, G Paraskevas, V Protogerou, G Piagkos, M Piagkou

*Announcement: 5<sup>th</sup> International Symposium of Clinical and Applied Anatomy, Graz, Αυστρία, 24-26 Μαΐου 2013*

*Publication: Abstracts book*

Along with the pterygospinous and pterygoalar ligaments, the caroticoclinoid and interclinoid ligaments comprise a group of intrinsic ligaments of the sphenoid bone that occasionally ossified partially or completely. The aim of the study is to investigate the incidence of the sphenoid bony bridges, intracranially, their variations among Greeks and compare the results with those available for other populations. One hundred and fifty four Greek adult dry skulls of unknown sex (308 sides) aged between 18 and 90 years were investigated for the occurrence of the caroticoclinoid and interclinoid bony bridges. The complete caroticoclinoid bony bridge was observed in 8.4%- 13 skulls (in 9 skulls bilaterally, 2 on the right and 3 on the left) and incomplete in 1.3%- 2 skulls (in a skull bilaterally and in a skull on the right). The complete interclinoid bony bridge was present in 1.9%- 3 skulls (in two skulls bilaterally and in a single skull on the left) and incomplete in 0.6%- 1 skull bilaterally. Complete ossified caroticoclinoid and interclinoid bridges were detected in two skulls bilaterally (1.3%). The ossified ligaments of the skull are of great importance, when they tend to obstruct the surgical approach and when they appear on radiographs, they must be differentiated from some pathological processes. In addition, they may cause compression of the anatomic structures related to them, producing symptoms. The complex anatomy surrounding the clinoid processes is important for the neurosurgical approach to the cavernous sinus.

## **20. An anatomical study of the ossified sphenoid ligaments near the foramen ovale: their clinical relevance**

Natsis K, M Piagkou, K Vlasis, G Paraskevas, G Piagkos, P Skandalakis

*Announcement: 5<sup>th</sup> International Symposium of Clinical and Applied Anatomy, Graz, Αυστρία, 24-26 Μαΐου 2013*

*Publication: Abstracts book*

The ossified ligaments (pterygospinous and pterygoalar) in the extracranial region of the foramen ovale are bony formations located at the lateral lamina of the pterygoid process of the sphenoid bone. The aim of this study was to investigate the incidence and morphology of the pterygospinous and pterygoalar bony bridges, the foramina resulting and their variations among Greeks and compare the findings with those available for others populations, underlying their clinical relevance. 71 Greek adult dry skulls (41 males and 30 females) investigated for the presence of pterygospinous and pterygoalar bony bridges. Completely and incompletely ossified pterygospinous ligaments were found in 2.8% on the right, 4.2% on the left and in 8.4% on the right and in 7% on the left sides, respectively. Also completely and incompletely ossified pterygoalar ligaments were found in 2.8% on the right, 1.4% on the left, in 29.6% on the right and in 31% on the left sides, respectively. The pterygoalar and pterygospinous ligaments were completely ossified only in male skulls. Particularly, a completely ossified pterygospinous bar found in only one male skull, bilaterally. The knowledge of the detailed anatomy of these structures may increase the success of diagnostic evaluation and approaches to the region. The types of these osseous variations can cause mandibular neuralgia, impede anesthesia of the trigeminal ganglion, or cause entrapment of the lingual nerve and compression of the deep temporal, lateral pterygoid and buccal nerves, resulting in variant symptoms.

## **21. Incidence of the metopic suture in adult Greek population of the 20th century**

Piagkou M, P Skandalakis, G Paraskevas, E Repousi, G Piagkos, K Natsis

*Announcement: 5<sup>th</sup> International Symposium of Clinical and Applied Anatomy, Graz, Αυστρία, 24-26 Μαΐου 2013*

*Publication: Abstracts book*

The aim of this study is to investigate the incidence and morphological variations of the metopic sutures in relation to gender. 80 Greek adult dry skulls (40 males and 40

females) from the bony collection of our institutions were examined. The complete metopic suture was observed in 12.5% of the skulls (10/80), in 12.5% of males and females (5/40, respectively). The incomplete suture was found in 68.8% (55/80), with higher frequency in males, 72.5% (29/40) and in 62.5% of females (25/40). The incomplete suture showed morphological variations, the linear type being the most frequent, in 42.5% of the skulls (17/80), U-type in 12.5% (10/80), V-type in 11.25% (9/80), H-type in 10% (8/80), double type in 8.8% (7/80) and the Y-type in 3.8% of the skulls (3/80). The absence of metopic suture was seen in 20% of the skulls (16/80), 25% in female (10/40) and 15% in male skulls (6/40). Although in the majority of the skulls appeared sutural bones, no metopic sutures were associated with them.

Comparing our findings with those of other studies, we observed a higher incidence of the presence of the complete metopic suture, probably indicates racial variations.

## **22. Anatomical preshaped olecranon plates. Are they anatomical?**

Totlis T, Anastasopoulos N, Paraskevas G, Kiriakidis A, Natsis K, Koebke J

*Announcement: 14<sup>th</sup> EFFORT Congress, Instabul, Turkey, 5-8 June 2013*

*Publication: Abstract Book*

Purpose of the present study was to define the "true" anatomical preshaped olecranon plates.

Three linear and three angular measurements of proximal ulna were conducted, using digital instruments, in 200 paired Caucasian dries ulnae. Results were compared with the corresponding geometrical parameters of three olecranon plates with different contour; a straight plate having no angulations (a), a preshaped olecranon plate having only varus angulation (b) and a preshaped olecranon plate having both varus and anterior angulation (c). All three plates were placed on the dorsal surface of a "model" ulna and plate-to-bone fit was examined in the coronal and sagittal plane. A new "true" anatomical preshaped olecranon plate was designed according to the osteometric data. Proximal ulna has an 8.48° mean varus angulation and an 8.49° mean anterior angulation, located on average 8.19cm and 8.63cm distal to the bone's most proximal point, respectively. The mean olecranon angle was 110.34° and the olecranon height was 1.58cm on average. Out of the three plates studied only the one having both varus and anterior angulation (plate C) had a good plate-to-bone fit in both planes. Although the preshaped plates (plates B and C) presented different olecranon angle, they both fitted well on the superior

surface of the olecranon. However, the olecranon height of the plate B was greater than the average height of the bone sample as a result the tip of the plate was prominent. Only olecranon plates presenting both varus and anterior angulation, which are similar to the average angulations of the normal ulna, could be characterized as "true" anatomical preshaped olecranon plates. The standard length of the olecranon part of a "true" anatomical preshaped olecranon plate should primarily not exceed the olecranon height and secondarily be close to the average olecranon angle. A plate with an extended olecranon part, which reaches the olecranon tip, should change direction and bend inferiorly towards the tip. Otherwise, the olecranon part of the plate may be prominent complicating soft tissue healing and causing inconvenience to the patient. Elbow surgeons should be aware of the proximal ulna angulations averages in cases when intraoperative bending of a plate is required. The data of the osteometric study led to the design of a new "true" anatomical preshaped olecranon plate. We believe that clinical use of such a plate may facilitate intraoperative restoration of the proximal ulna complex anatomy, when dealing with comminuted fractures.

### **23. Reliability of the posterolateral corner of the acromion as a landmark for the posterior arthroscopic portal of the shoulder**

Totlis T, Natsis K, Pantelidis P, Paraskevas G, Iosifidis M, Kyriakidis A

*Announcement: 14<sup>th</sup> EFFORT Congress, Instabul, Turkey, 5-8 June 2013*

*Publication: Abstract Book*

The present study aimed to evaluate the variability of the posterolateral corner of the acromion (PCA) position in relation to the glenohumeral joint, in a craniocaudal direction, to assess whether the universal use of a certain distance from that point will always lead to a consistent placement of the posterior arthroscopic portal of the shoulder. The study used 140 dried scapulae (36 women and 34 men). Measurements included the glenoid height and the perpendicular distance between the PCA and the most superior point of the glenoid. The percentage of coverage of the glenoid by the acromion was defined as the ratio between the 2 measurements. The Student t test was used to examine for significant differences between the sexes and the Student paired t test between sides ( $P < .05$ ). The average glenoid height was  $3.37 \pm 0.29$  cm (range, 2.69-4.00 cm). The perpendicular distance between the PCA and the most superior point of the glenoid was  $0.82 \pm 0.69$  cm (range, -0.35 to 2.27 cm). The percentage of coverage of the glenoid by the acromion was  $24\% \pm 20\%$  (range, -10% to 64%). The position of the PCA in relation to the glenohumeral joint is quite variable. Therefore, the use of a universal distance from the PCA will not always lead to a consistent placement of the posterior arthroscopic portal of the

shoulder. Future research is needed in this area to develop techniques to individualize placement of the posterior portal.

## **BRIEF PRESENTATION OF SCIENTIFIC WORK**

**-Dissertation (Ph D Thesis): 1**

**-Publications in international scientific journals: 190**

**-Publications in English written Greek journals: 9**

**-Publications in Greek journals: 27**

**-Publications of abstracts of announcements in Greek Congresses: 132**

**-Publications of abstracts of announcements in International Congresses: 23**

**-Textbooks (written in Greek): 9**

**-Chapters in Textbooks: 2**

**-Translations (in Greek) of Anatomical Textbooks: 8**

**-Lectures in Congresses and Workshops: 11**

**-Designation of anatomical figures in Textbooks: 8**

<b>ORDER OF PARTICIPATION IN SCIENTIFIC WORKS</b>					
	<b>No</b>	<b>1<sup>st</sup> author</b>	<b>2<sup>nd</sup> author</b>	<b>3<sup>rd</sup> author</b>	<b>&gt;3<sup>rd</sup> author</b>
<b>Publications in international scientific journals</b>	<b>190</b>	<b>76</b>	<b>37</b>	<b>29</b>	<b>48</b>
<b>Publications in Greek journals</b>	<b>27</b>	<b>15</b>	<b>9</b>	<b>2</b>	<b>1</b>
<b>Publications in English written Greek journals</b>	<b>9</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Publications of abstracts of announcements in International Congresses</b>	<b>23</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>6</b>
<b>Publications of abstracts of announcements in Greek Congresses</b>	<b>132</b>	<b>35</b>	<b>46</b>	<b>11</b>	<b>40</b>
<b>Textbooks- Chapters in Textbooks</b>	<b>11</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>1</b>

## **ΔΗΜΟΣΙΕΥΣΕΙΣ ΣΕ ΔΙΕΘΝΗ ΠΕΡΙΟΔΙΚΑ: 190**

**A) Δημοσιεύσεις σε διεθνή περιοδικά του ISI (PubMed,Scopus): 172**

**B) Δημοσιεύσεις σε διεθνή περιοδικά εκτός ISI: 18**

**Γ)Συνολικό IMPACT FACTOR (IF): 132**

Folia Anatomica (x8):--

Folia Morphologica (x20): 0.469 (X20)=9.38

Morphologie (x2):--

Cases Journal (x9):--

In Vivo (x1): 1.219

Chirurgia (x5): 0.777 (X 5) =3.885

Journal of Medical Case Reports (x2): 0.36 (x2) =0.72

Clinical Anatomy (x4): 1.159 (x4) =4.636

Surgical Laparoscopy, Endoscopy and Percutaneous Techniques (x1): 0.876

Acta Orthopædica Belgica (x1): 0.401

Hepatogastroenterology (x1): 0.658

Annals of Anatomy (x2): 1.960 (x2) =3.92

World Journal of Gastroenterology (x1): 2.547

International Journal of Colorectal Diseases (x1): 2.238

Journal of Gastroenterology (x1): 3.788

International Angiology (x1): 1.462  
 Surgical and Radiologic Anatomy (x12):1.130 (X12) =13.56  
 Journal of Hepato-Biliary-Pancreatic Surgery (x1): 2.148  
 Acta Chirurgica Belgica (x3): 0.352 (x3) =1.056  
 Minerva Chirurgica (x2):0.394(x2) =0.788  
 European Journal of Orthopaedic Surgery and Traumatology (x1): 0.181  
 Journal of Surgical Research (x1): 2.018  
 Medical Science Monitor (x3): 1.35 (x3) = 4.05  
 International Journal of Volleyball Research (x2):--  
 Surgical Endoscopy (x1): 3.447  
 Canadian Journal of Surgery (x1): 1.631  
 Surgery Today (x1): 0.963  
 Archives of Gastroenterohepatology (x1):--  
 Journal of Gastrointestinal Cancer (x5):--  
 Journal of Plastic Surgery and Hand Surgery (x2): 0.017(x2)=0.034  
 BMC Ear Nose Throat Disorders(x1):--  
 Klinická onkologie(x4):--  
 Acta Neurochirurgica(x2): 1.546 (x2)=3.092  
 Anatomical Science International(x2): 0.625(x2)=1.25  
 Arab Journal of Gastroenterology(x1):--  
 Italian Journal of Anatomy and Embryology(x4):--  
 Surgical Chronicles(x5):--  
 Journal of Research in Medical Sciences(x1): 0.684  
 Acta gastro-enterologica Belgica(x1): 0.638  
 Revista medico-chirurgicală a Societății de Medici și Naturaliști din Iași(x1):--  
 Revista de investigación clínica (x1): 0.419  
 Romanian Journal of Morphology and Embryology (x6): 0.620 (X6) =3.72  
 Journal of College of Physicians and Surgeons Pakistan(x1):--  
 Anatomy Research International(x1):--  
 The Foot(x1):--  
 Journal of Cardiothoracic Surgery(x2): 0.9 (x2) =1.8  
 Acta Medica (Hradec Kralove)(x3):--  
 Revista Española de Enfermedades Digestivas(x4): 1.548 (x4)=6.192  
 Il Giornale di chirurgia(x2):--  
 Annali Italiani di Chirurgia(x2): 0.29 (x2) =0.58  
 BMC Musculoskeletal Disorders(x1): 1.577  
 Digestion(x1): 1.94  
 Annals of Plastic Surgery(x1): 1.384

British Journal of Anaesthesia(x1): 4.243  
Aristotle University Medical Journal (x5):  
Journal of Medicine and Life (x1):  
J Am Podiatr Assoc (x1): 0.768  
Turk Neurosurg (x1): 0.577  
The Journal of Foot and Ankle Surgery (x1): 0.860  
Croat Med J (x1): 1.25  
Int J Morphol (x1):  
Head Neck (x1): 2.833  
Pathol Oncol Res (x1): 1.555  
Arq Bras Endocrinol Metabol (x1): 0.879  
Singapore Medical Journal (X1): 0,73  
Journal of Radiology Case Reports (x2):  
Gastroenterol Clin Biol (x1):  
Breast Cancer Res Treat (x1): 4.469  
Eur J Anat (x1):  
The Internet Journal of Surgery (x1):  
Anatomy and Cell Biology (x2):  
Hektoen International(x1):  
Int J Cardiol (x1):4.036  
J Shoulder Elbow Surg (x1):2.289  
Microbiol Immunol (x1):1.242  
Oral Maxillofacial Surg(x1):  
J Clin Diag Res (x3):  
Acta Orthop Traumatol Turcica (x1):0.61  
Acta Orthop Belgica (x1):0.629  
Med Princ Pract(x1):1.34  
Clin J Sport Med (x1):2.268  
Ippokratia (x1):0.589  
JSM Clin Case Rep (x1):

## **CITATION INDEX (data until September 2013)**

### ***Total number of references***

**α) Βάση δεδομένων(Google): 702 (self-references: 57 )**

**β) Βάση δεδομένων(Scopus): 282 (self-references: 20 )**

### **Index HIRSCH (h)**

**a) Index h (Google): 12**

**b) Index h (Scopus): 7**

### **Analytical presentation of references per article**

• **Dissertation** is cited by:

- 1) Γιγής Π. και συν.: Εισαγωγή στην Ανατομία του Ανθρώπου
- 2) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005
- 3) Άγιος Α.: Ανατομική, το κινητικό σύστημα, 2002
- 4) Τσικάρας Π. και συν: Ανατομική, τα αισθητήρια όργανα, 2005

• **Elements of Anatomy (book)** is cited by:

- 1) Γιγής Π. και συν. Εισαγωγή στην Ανατομία του Ανθρώπου
- 2) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005

• **Inferior mesenteric artery** is cited by:

- 1) Γιγής και συν: Εισαγωγή στην Ανατομία, 2003
- 2) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005

• **Πρώτοι καθηγητές** is cited by:

- 1) Αντωνακόπουλος Γ.: Ο Καθ. Γ. Σκλαβούνος (1868-1954), Δέλτος, 33:11-38 (2007)
- 2) Ριαγκου Μ. et al: Ital J Anat Embryol, 2012; 117(1):8-12
- 3) Ηλιού Φ, Πολέμη Π: Ελληνική βιβλιογραφία 1864-1900, τόμος Γ, Ελληνικό, Λογοτεχνικό και Ιστορικό Αρχείο, Αθήνα, 2006 (ιστορία Ανατομίας)

• **Relations laryngeal** is cited by:

- 1) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005

• **Persist median** is cited by:

- 1) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005

• **Preaortic iliac** is cited by:

- 1) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005

• **Νευροανατομία (book)** is cited by:

- 1) Γιγής Π. και συν. Εισαγωγή στην Ανατομία του Ανθρώπου, 2003
- 2) Τσικάρας Π. και συν: Ανατομική, τ. ΙΙ, το κυκλοφορικό σύστημα, 2005
- 3) Paraskevas G. et al: Kaplan anastomosis, J. Med. Case Rep.
- 4) Σταυριανός Χ. και συν. (2011): Το πρόβλημα της μη αναισθητοποίησης των κάτω τομέων μετά από στελεχιαία κάτω φατνιακού, Στόμα 39:189-194.
- 5) Λίλλης Θ. και συν. (2010): Οστεοαισθητικότητα. Μια νέα έννοια στο χώρο της εμφυτευματολογίας, Στοματολογία 67(4):157-163.
- 6) Γώγου Μ και συν. (2012): Διαταραχές της δομής του μεσολοβίου. Κλινικές εκδηλώσεις σε παιδιά και εφήβους. Εγκέφαλος 49:4-17
- 7) Τότλης Τ. και συν. (2012): Δισκοκήλη, Ιατρικά (11-01-2012).
- 8) Τριαρίδης Σ. (2005): Επίδραση στην κορυφή του κόγχου κακώσεων του ζυγωματικού οστού και του μέσου τριτημορίου του προσώπου (διδακτορική διατριβή ΑΠΘ).
- 9) Adıperre Bekale FL (2011): Οι συνδέσεις του αμυγδαλοειδή πυρήνα μετά των δομών του διεγκεφάλου εις τον εγκέφαλο του ανθρώπου: μελέτη διά της μεθόδου του Nauta (διδακτορική διατριβή, ΑΠΘ).
- 10) Μανωλιάδης Ι. (2002): Ανατομική και ιστολογική μελέτη των ηβοπροστατικών συνδέσμων και η συμμετοχή τους στον σφιγκτηριακό μηχανισμό της ουρήθρας (διδακτορική διατριβή, ΑΠΘ).
- 11) Βρεττάκος Α (2010): Ανατομική του βραχιονίου πλέγματος και των περιφερικών νεύρων. Κλινική εκδήλωση των βλαβών τους. (μονογραφία) Θεσσαλονίκη
- 12) Γιγής Π. και συν. (2003): Το περιφερικό και το αυτόνομο νευρικό σύστημα (σύγγραμμα). Θεσσαλονίκη
- 13) Τσικάρας Π. και συν. (2006): Περιγραφική και εφαρμοσμένη ανατομική, Τα αισθητήρια όργανα, Ιατρ. Εκδόσεις Π.Χ.Πασχαλίδης, Αθήνα.
- 14) [www.el.wikipedia.org/κρνιακά\\_νεύρα](http://www.el.wikipedia.org/κρνιακά_νεύρα)
- 15) Στεργίου Β(2012):Νευρολογία,21(4):22-28
- 16) Μανωλιάδης Ι(2002):Ανήρ,2(4):51-58

• **Some remarks (FOL ANAT)** is cited by:

- 1) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005

• **Συνύπαρξη ενδοαυλικού** is cited by:

- 1) Paraskevas G, et al:Folia Morphol 2005;64(1):51-53

• **Preduodenal portal vein (MORPHOLOGIE)** is cited by:

- 1) Paraskevas G, et al: Surg Radiol Anat, 2001; 23(6): 437-442
- 2) Ayukawa F, et al: Japanese Journal of Clinical Radiology 2003; 48 (12): 1555-1559
- 3) John AK, et al: ANZ J Surg 2004; 74(11): 1032-1033
- 4) Yamazaki S, et al: Eur J Radiol 2005; 55(2): 59-61
- 5) Pathak D, et al: Indian J Pediatr 2006;73:423-425
- 6) Τσικάρας Π. και συν: Ανατομική, κυκλοφορικό σύστημα, 2005
- 7) Pey et al:Hepatologie 2007;1-18,7-042-A-10, Elsevier
- 8) Adsay NV et al:Seminars in diagnostic Pathology 2004;21(4)
- 9) Shukla RM et al:Indian J Surg 2011 ;75(1) :74-76

• **Hippocratic views (INTERN ANGIOL)** is cited by:

- 1) Βρεττάκος Α:Η κυκλοφορία του αίματος από τους προϊστορικούς χρόνους μέχρι την αναγέννηση (μονογραφία), Θεσσαλονίκη, 2003

- 2) Βρεττάκος Α.: Η εξέλιξη της ανατομίας από τους αρχαίους χρόνους μέχρι σήμερα (μονογραφία), Θεσσαλονίκη, 2003
- **Περί προελεύσεως όρων κινητικού** is cited by:
    - 1) Γιγής και συν: Εισαγωγή στην Ανατομία, 2003
    - 2) Αναστασόπουλος Ν. (2007): Μορφομετρική ανάλυση του άνω τριτημορίου του μηριαίου οστού στον ελληνικό πληθυσμό (διδακτορική διατριβή). Θεσσαλονίκη
    - 3) Βρεττάκος Α. (2003): Η εξέλιξη της ανατομίας από τους αρχαίους χρόνους μέχρι σήμερα (μονογραφία), Θεσσαλονίκη
    - 4) Βρεττάκος Α. (2009): Κατάγματα αστραγάλου (μονογραφία), Θεσσαλονίκη
    - 5) Βρεττάκος Α. (2009): Η επίδραση του κατάγματος του άνω τριτημορίου της κνήμης στο μήκος και στον άξονα του σκέλους στα παιδιά (διδακτορική διατριβή). Θεσσαλονίκη.
  - **Περί την καρδιά** is cited by:
    - 1) Κατσέα Γ. (2003): Οι περί καρδιαγγειακού γνώσεις των Ηρώφιλου και Ερασίστρατου (διδακτορική διατριβή ΑΠΘ).
  - **Περωνιαίο οστάριο** is cited by:
    - 1) Μπελετσιώτης Α (2006): Μελέτη των επικουρικών οσταρίων και των σφραμοειδών οστών χεριού και ποδιού στον ελληνικό πληθυσμό (διδακτορική διατριβή ΑΠΘ).
  - **Κυκλοφορικό (book)** is cited by:
    - 1) Σοφίδης Γ (2012): Ανατομική μελέτη των κοιλιοκοιλιακών βαλβίδων, των θηλοειδών μυών και των τενόντιων χορδών της καρδιάς στον ελληνικό πληθυσμό (διδακτορική διατριβή, ΑΠΘ).
    - 2) Άγιος Α. (2007): Γενική Ανατομική, University Studio Press, Θεσσαλονίκη.
  - **Ονοματοθεσία αυχενικών σπονδύλων** is cited by:
    - 1) Κονσολάκη Ε. και συν. (2011): Αρχαία ελληνικής στοματικής και γναθοπροσωπικής χειρουργικής, 12(2):101-111.
  - **Αδόκιμοι όροι ΩΡΛ** is cited by:
    - 1) Τσικάρας Π. και συν. (2006): Περιγραφική και εφαρμοσμένη ανατομική, Τα Αισθητήρια Όργανα, Ιατρ. Εκδόσεις Πασχαλίδης, Αθήνα.
- Annular pancreas (SURG RADIOLOG ANAT)** is cited by:
- 1) Thomson LDRS, Heffess CS. Chapter 35: "Pancreas", in Sternberg's Diagnostic Surgical Pathology, Lippincott Williams&Wilkins, 2004, p. 1604- 1655 (Ref. 11)
  - 2) O' Regan D. et al: Br J. Hosp Med 2006; 67(1): 8-13
  - 3) Wittingham-Jones K. et al: Ann R Coll Surg Engl 2004; 86: 1-3
  - 4) Γιγής και συν: Εισαγωγή στην Ανατομία, 2003
  - 5) Demir MK et al: British J Radiology 81(968):204-206, 2008
  - 6) Maeb B et al: 2006;2:2-8
  - 7) Haaga JR et al: CT and MRI of the whole body, 5<sup>th</sup> edition, 2008
  - 8) Desdicioglu K et al: Folia Morphologica 2010;69(4):216-224
  - 9) Mahdi B et al : Pan African Medical Journal 2011;10 :56
  - 10) Jarry J et al : JOP J Pancreas 2011;12(2) :155-157
  - 11) Jarry J et al : HPB 2010;12(3) :225
  - 12) Nayak S et al : Int j Morphol 2011 ;29(2) :559-561
  - 13) Rodriguez C et al : Revista Colombiana de Radiologia 2005 ; 16(1) :1697-1700
  - 14) Bancroft LW, Bridges MD: MRI Normal Variants and Pitfalls, Lippincott, Philadelphia, 2009 (textbook)
- **Τοπογραφική ανατομία πυλών (book)** is cited by:
    - 1) Γιγής και συν: Εισαγωγή στην Ανατομία, 2003
  - **Os acromiale (FOL ANAT)** is cited by:
    - 1) Γιγής και συν: Εισαγωγή στην Ανατομία, 2003

- **Double pyloric ostium (SURG END)** is cited by:
  - 1) Martinez -Lopez R, et al: Rev Cubana Med Milit 2005; 34(2):1-4
  - 2) Uraz S, et al: Dig Dis Sci 2007; 52(4): 1001-1003
  - 3) Andina FC, et al: Revistasciencias.com (Codigo ISPN de la Publicacio) 2005
  - 4) Martinez -Lopez R, et al: Rev Cubana Med Milit 2007; 36(2):1-4
  - 5) Almeida N et al:Rev Esp Enferm Dig 2008;100(9):592-601
  - 6)Arhan M et al:Surg Endosc 2010;24(1):244-245
  - 7)Saylir A et al:Gastroenterology Nursing 2011;34(5):401-402
  - 8)Fattahi M et al:Middle East J Digest Diseases 2012 ;4(2)
- **Thyroid (J SURG RES)** is cited by:
  - 1) Dobrinja C et al:Annali Italiani Di Chirurgia 2008;79(5):389-396
  - 2) Karaman M et al:Head and Neck 2012;34(5):702-708
  - 3) Tret'yak SI, et al: Belarus Med Fac 2005; 12(2) :1-6
  - 4) Hryshchanovich VY et al : Belarus Med Fac 2005,1-6
- **Extensor digit brevis manus (EUR J ORTHOP TRAYM)** is cited by:
  - 1) Γιγής και συν: Εισαγωγή στην Ανατομία, 2003
  - 2) Ranade AV et al: Hand 2008;3(4):320-323
  - 3) Jadhav SD et al: Int J Biol Med Res 2012;3(3):1942-1944
  - 4) Sangam MR et al: Ind J Basic and Applied Med Res 2013;6(2)507-509
  - 5) Sukumaran TT et al: Int J Anat Var 2011;4:93-94
- **Accessory spleen (MIN CHIR)** is cited by:
  - 1) Weiland G. et al: Der Chirurg 2003; 72(12): 1170-1177
  - 2) Lee, Joseph K. T., Sagel, Stuart S., Stanley, Robert J.,Heiken, Jay P. (editors): Computed Body Tomography with MRI Correlation (4th Edition), Lippincott Williams & Wilkins, 2006, Chapter 14: Spleen, pg. 974-1006, Ref. 300
  - 3) Nayak S. et al:The Internet J of Biological Anthropology 2008;Vol. 2(1)
  - 4) Kara A. et al: Textbook of Histology 'Damarlamna ve Histolojik...Olgu', 2005
  - 5) Nayak S. et al:Int J Morphol 2011;29(3):675-677
  - 6) Nayak SB. et al:Int J Anat Var 2012;5 :96-98
  - 7) Hussein M : Innovative J Medical and Health Sciences 2013 ;3(4) :190-192
- **Web of bile duct (J HEPATOBIL PANCR SURG)** is cited by:
  - 1) Gebu Jun et al: Journal of Hepatopancreatobiliary Surgery 2004; 16(3): 196-198
  - 2) Van Hoe L. et al (ed). "MR Cholangiopancreatography :Atlas with cross-sectional imaging correlation ", Part 3: Extrahepatic biliary tract, Springer Berlin Heidelberg 2006, 130-191
  - 3) Papaziogas B. et al: Folia Morphologica 2005; 64(3): 229-232
  - 4) Shera AH et al:Eur J Pediatric Surgery 2008;18(5):350-351
  - 5) Im YS et al: Korean J Gastrointest Endoscop 2008;36:181-186
  - 6) Journal of Tongji, University (Medical Science), 2005, 26(2)
  - 7) Tang H et al: Chinese J Digestive Endoscopy 2009;26(2)
  - 8) Chen Mingliang et al : J Laparoscopic Surgery 2012 ;17(11)
  - 9) Parsi MA et al : Clin Gastroenterol Hepatol 2013
- **Structure vena caval (CONGRESS)** is cited by:
  - 1) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005
- **Third head biceps (FOL ANAT)** is cited by:
  - 1) Paraskevas G. et al: Clin Anatomy 2008; 21(3): 246-251
  - 2) Γιγής – Παρασκευάς: Εισαγωγή στην Ανατομία
- **Somatotype (INT J VOL RES)** is cited by:
  - 1) Hoyo Lora M. et al:Revista Brasileira de Cineantropom e Desempenho Humano 2008;10(3):255-260

- 2) Malousaris GG. et al: J of Science and Medicine in Sport 2008;11(3):337-344
  - 3) Zary JCF. et al: Revista de Educacao Fisica 2004;129:37-40
  - 4) Fonseca CLT: Fitness and Performance 2008;7(1):35-40
  - 5) Pocek S et al: www.academia.edu 2013, p.75-81
  - 6) Pocek S: www.academia.edu 2013
- **Bifurcated brachioradialis (SC ANN FAC MED)** is cited by:
    - 1) Paraskevas G. et al : Aristotle Univ. Med. Journal 2002; 29(1): 59-61
    - 2) Paraskevas G. et al: Folia Morphol 2008;67(3):218-220
  - **Anthropometric (INT J VOL RES)** is cited by:
    - 1) Zhang Y: Master of Science Thesis, School of Health and Human Sciences, Southern Cross University, pages 254, Lismore
  - **Health status (MED SCIENCE MONIT)** is cited by:
    - 1) Grammatikopoulou MG. et al: J of Nutrition for the elderly 2007;26(1-2):131-146
    - 2) Gidlow C. et al: Health Education Journal 2006;65(4):338-367
    - 3) Papadopoulou SK. et al: Intern J of Food Sciences and Nutrition 2005;56(8):561-566
    - 4) Hassapidou M et al (2009): Hormones, 8(1):53-59.
    - 5) Krol-Zielinska M. et al. (2011): Archives of Gerontology and Geriatrics, 53(1):e10-e16.
    - 6) Storti KL. (2007): Dissertation (Thesis, PhD), University of Pittsburgh.
    - 7) Matejic B. et al. (2008): The international journal of Geriatrics and Gerontology, 4(1).
    - 8) Baena ACM et al. (2010): Cuadernos de psicologia del deporte, 10(2):57-75.
    - 9) Miller SC. (2011): Dissertations (Thesis, PhD), Texas State University-San Marcos.
    - 10) Talaei M. et al. (2013): ARYA Atherosclerosis, 2(1):51-60.
    - 11) Molina Garcia J (2007): Dissertation (Thesis, PhD), University of Valencia.
    - 12) Gidlow C et al (2006): Health Education Journal, 65(4):338-367.
    - 13) Lu T et al. (2004): Paper presented at the annual meeting of the Canadian Population Society, Winnipeg, June 2004.
    - 14) Brown JE. (2011): Nutrition through the life cycle, 4<sup>th</sup> edition, Wadsworth ed, Belmont (book).
    - 15) Sordo Freire JA. (2007): Dissertation Thesis, PhD), Universidade da Coruna.
    - 16) Παπαδοπούλου ΣΚ και συν: Αθλητιατρική, 2010 4(1):43-47.
  - **Coronary artery terminology (FOLIA ANAT)** is cited by:
    - 1) Rajkovic S et al: Medicinski Podmladak 2005; 56(1):5-11
    - 2) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005
  - **Carrying angle (SURG RADIOL ANAT)** is cited by:
    - 1) Tukenmez M. et al: Acta Orthop Traumatol Tur 2004; 38(4): 274-276
    - 2) Portus MR. et al: Sport Biomech 2006; 5(2): 215-230
    - 3) Chinese Journal of Clinical Anatomy 2004; 2(4): 452-453
    - 4) Zampagni ML. et al: Journal of Mechanics in Medicine & Biology 2006; (1): 1-11
    - 5) Golden DW. et al: Journal of Pediatric Orthopaedics B 2007; 16(2): 144-149
    - 6) Akgun U. et al: Knee Surgery, Sports, Traumatology, Arthroscopy, 2008; 16(5): 522-530
    - 7) Zampagni M., Tesi de Doctoratto, Universita di Bologna, 2007 (Ref.52)
    - 8) Zampagni M., et al: J Shoulder Elbow Surg 2008; 17(1):106-112
    - 9) Wang GH., et al: Journal of Clinical Rehabilitative Tissue Engineering Research 2007; 11 (35): 7098-7101
    - 10) Johanson DH, Pedowitz RA.: Practical Orthopaedic Sports Medicine and Arthroscopy. Lippincott, Williams & Wilkins 2006, Chapter 23. Elbow Injuries (Sugg. Ref. 6)
    - 11) Natsis K: "Geometry of the elbow joint - new aspects". In Schmidt Wiedhoff R (Hrsg): Spezialgebiete aus der Ellenbogen- und Schulterchirurgie. Steinkopff Darmstadt, p. 214
    - 12) Celli A.: Treatment of Elbow Lesions. New aspects of diagnosis and surgical techniques. Springer Milan, 2008
    - 13) Chang CW, et al: Clinical Orthopaedics and Related Research 466(9):2190-2195, 2008

- 14) Γιγής και συν: Εισαγωγή στην Ανατομία, 2003
- 15) Elli AC.: Anatomy and Biomechanics of the elbow, Springer,2007
- 16) Aginski KD et al. Br J Sports Med, 2008(in press)
- 17) Zampagni MA et al: Orthopedics, 2008; 31:370
- 18) Wikipedia : Term « elbow »,www.Wikipedia.org/wiki/Elbow
- 19) Mighell M et al (2010) : Journal of Shoulder and Elbow Surgery, 19(1) :38-45
- 20) Song Z et al (2012) : Journal of Medical and Biological Engineering, 32(5) :323-330
- 21) Rogers TL et al (2009) : Am J Phys Anthropol, 140(1) :143-148
- 22) Chappleau J et al (2011) : Clin Orthop Rel Res, 469(11) :3134-3140
- 23) Aginsky KD et al (2010) :British Journal of Sports Medicine, 44(6) :420-425
- 24) Kumar B et al (2010) : Rom J Morphol Embryol, 51 :525-526
- 25) Kitsoulis P et al (2010) : BMC musculoskeletal disorders, 11(1) :9
- 26) Tricot M et al (2012) : Acta Orthopédica Belgica, 78(538-542)
- 27) Park S et al (2009) : Acta Med Okayama, 63(6) :359-365
- 28) Ferreira LM et al (2011) : Journal of Orthopedic Research, 29(4) :596-601
- 29) Selby RM et al (2007) : Practical Orthopaedic Sports Medicine and Arthroscopy (book), 1st edition, Lippincott Williams and Wilkins, chapter : Elbow injuries
- 30) Kathapalli J et al (2013) : Internet J Current Research and Review, 5(7) :71-76
- 31) Holgado Moreno E et al (2012) : Revista Espanola de Cirugia Ortopédica y Traumatologia, 56(5) :361-368
- 32) Terra BB et al (2011) : Acta Orthopédica Brasileira, 19(2) :79-82
- 33) Eliakim-Ikechukwu C et al (2012) :Journal of Biology, Agriculture and Healthcare, 2(11) :157-162
- 34) Fohanno V et al (2013) : Journal of Biomechanics
- 35) Pal S (2014) : Design of Artificial Human Joints and Organs (book), chapter 8, p.149-157, Springer
- 36) McDonald CP et al (2012) : Journal of Biomechanical engineering, 134(12) :124502-124502
- 37) Cox C (2012) : Dissertation (PhD, Thesis), Oklahoma State University
- 38) Sonmez M et al (2012) : Folia Morphologica, 71(3) :172-173
- 39) Robert J (2009) : Dissertation (PhD, Thesis), Université de Montreal
- 40) Jacquier-Bret J (2009) : Dissertation (PhD, Thesis), Université du Sud Toulon-Var
- 41) Soumedhik D et al (2013) : Indian Journal of Basic and Applied Medical Research, 8(2) :823-830
- 42) Stanley D et al (2011) : Operative Elbow Surgery : Expert Consult : Online and Print (book), Elsevier Health Sciences, p.816
- 43) Brunet M (2010) : Special Needs of the Female Athlete (book) , Cengage Learning, Sports and Recreation, New York, p.368
- 44) Amis AA (2012) : Biomechanics of the Elbow, chapter 3, Elsevier, p.29-44
- 45) Morrey BF (2013) : The Elbow and its Disorders (book), chapter 2 : Anatomy of the Elbow Joint, Elsevier
- 46) Marx J et al (2013) : Rosen's Emergency Medicine-Concepts and Clinical Practice, Chapter 52, Humerns and Elbow, Elsevier Health Sciences, p.2808
- 47) Pal S (2012) : Indian Journal of Biomechanics, 3(1-2) :93-98
- 48) Udoaka AL et al (2009) : Afr J Med Phy Biomed Eng and Sc, 1 :18-20
- 49) Gopal Rana et al (2013) : Int Res J Pharm App Sci, 3(5) :50-52
- 50) Mendoza-Vazquez JR et al (2009) : Journal of Applied Research and Technology, 7(2) :113-123
- 51) www.shelf3d.com/elbow-joint
- 52) Sane AD et al (2009) :Tunisie Orthopedique, 2(2) :168-172
- 53) Dongmei Wu et al (2010) : 3rd International Conference on Biomedical Engineering and Informatics
- 54) www.mededucation.ne/1383-elbow
- 55) Dictionary (www.dictionary.sensagent.com/elbowjoint)
- 56) Neumann DA (2012) : Cinesiologia do Aparelho Musculoesquelético (book), Elsevier Brasil, p.768
- 57) Galeev FS (2005) : Dissertation (PhD, Thesis), Samara, p.142

- 58) Min Yi-jian (2010) : Research of the muscle biomechanical character based on muscle sound technique (710062)
- 59) Arroyo Diaz SA et al (2009) : International Conference on Electrical, Communications and Computers, 26-28 February, Cholula, Puebla Mexico
- 60) Cotten A et al (2008) : Imagerie musculosquelettique : Pathologies locoregionates (book), Elsevier
- **Pes anserinus (MORPHOLOGIE)** is cited by:
    - 1) Yan B, et al: Chinese Journal of Current Advances in General Surgery 2006; 9(3): 135-137.
    - 2) Shen FZ et al. (2010): J Exp Clin Canc Res, 29:24.
    - 3) Paraskevas G et al. (2011): British Journal of Anaesthesia, 106(3):348-351.
    - 4) Yan Bing Zhang (2006): Chinese journal of oral surgery, 17:38.
    - 5) Feng YJ et al. (2010): International Journal of Surgery, 37(7):73.
    - 6) Liu KP et al. (2011): International Journal of Surgery, 38(5).
    - 7) Lin Lin et al. (2009): Chinese Journal of Current Advances in General Surgery, 12(12).
    - 8) Feng YJ et al. (2012): Hepatobiliary and Pancreatic Diseases International, 11(4):418-423.
  - **Disseminated echinococcosis (J GASTROENTEROL)** is cited by:
    - 1) Gulalp B et al: Netherland J Med 2007; 65(3): 117-118
    - 2) Feleppa et al:Surgical Laparoscopy,Endoscopy and Percutaneous Techniques 2009;19(4):e140-e142
    - 3) Yilmaz M et al:Int Surg 2012;97(3):239-244
    - 4) Martino A et al:G Chir 2010;31(8/9):401-403
    - 5) Baki Yagci et al:www.flaptour.com.tr/turkrad 2006.org/e poster, 2006
  - **Sciatic artery (FOL MORPHOLOGICA)** is cited by:
    - 1) Τσικάρας Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005.
    - 2) Van Hooft IM et al. (2009): European Journal Vascular and Endovascular Surgery, 37(5):585-591.
    - 3) Wang B et al. (2011): International Journal of Surgeriy case reports, 2(8):309-312.
    - 4) Nanjundaiah K et al. (2012): Journal of Clinical and Diagnostic Research, 6(2):293-295.
    - 5) Jardanfar A et al. (2010): Western Journal of Emergency Medicine, 11(5):516-517.
    - 6) Tsilimparis N et al. (2013): Vascular and Endovascular Surgery, 47(3):250-253.
    - 7) Voboril R. (2008): Tepenne Variety a anomalie u cloveka (βιβλίο).
    - 8) Stoiko Y.O.M. et al. (2010) Flebologia, 1:4-10.
    - 9) Alliez A. et al. (2013): Annals de Chirurgie Plastique, 58(4):336-341.
  - **Papilla Vater (FOL MORPHOLOGICA)** is cited by:
    - 1) Tsou YK. et al:Gastrointest Endoscopy 2008;68(6):1232-1234.
    - 2) Saritas U et al. (2010): BMC Gastroenterology 10:2:1-8.
    - 3) Jin SG et al. (2009): World Journal of Gastroenterology 15(37):4729-4731.
    - 4) Katsinelos P et al. (2007): Surg Lapar Endosc Perc Tech, 17:434-437.
  - **Detection (ACTA CHIR BELG)** is cited by:
    - 1) Zhang GQ. et al: Hepatobiliary Pancreat Dis Int 2006; 5(4): 624-626
    - 2) Lazaridis C. et al: Surg Chonicles 2006; 11(2): 148-150
    - 3) Nolic M. et al:J. Med. Case Reports 2008;2(302)
    - 4) Martinez et al:J of Society o Laparoendosc Surgeons 2008;12(3):326-331.
    - 5) Daldonl S et al. (2012): Journal of visceral Surgery, 149(3):192-198.
    - 6) Soltani E et al. (2013): Indian Journal of Surgery, DOI: 10.1007/S12262-013-0958-5
    - 7) Yu Xia Feng, Qi Feng et al. (2009): Chinese Journal of Misdiagnostics, 9(34).
    - 8) Jian B, Pu Jian et al. (2012): Journal of Hepatobiliary Surgery, 20(5).
    - 9) Mullayanova Albina Zufarovna (2008): Dissertation (Thesis, PhD), p. 129.
  - **Atlas bridges (SURG RADIOL ANAT)** is cited by:
    - 1) Senoglu M. et al: J Neurosurg Spine 2006; 5(1): 50-52
    - 2) Tubbs RS. et al: J Neurosurg Spine 2007; 6(1): 31-34

- 3) Jae TH. et al: Journal of Neurosurgery: Spine 2008; 8(3): 230-236
  - 4) Τσικάρας και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005
  - 5) Hong JT. et al: J Neurosurg Spine 2008;8(3):230-236
  - 6) Senoglu M. et al: J Neurosurg Spine 2007;7:399-402
  - 7) Paraskevas G. et al: Surg Radiol Anat 2008;30(8):611-617
  - 8) Uzel M. et al: J Neurosurg Spine 2006;5:50-52
  - 9) Yamaguchi S. et al: J Neurosurg Spine 2008;9(2):167-174
  - 10) Hong JT. et al: J Neurosurg Spine 2006;4(2):154-159
  - 11) Krishnamurthy A et al. (2007) Rom J Morphol Embryol, 48(3) :263-266.
  - 12) Travan L et al. (2011): Surg Radiol Anat, 93:495-500
  - 13) Karau PB et al. (2010) : Clin Anat, 23(6) :649-653
  - 14) Schilling J et al. (2010) : Int J Morphol, 28(1) :317-322.
  - 15) Ulm AJ et al. (2010) : Journal of Neurosurgery : Spine, 13(4) :451-460.
  - 16) Zambare BR. et al. (2011) : Anatomica Karnataka, 5(2) :73-76.
  - 17) Brown M et al. (2009) : Plastic and Reconstructive Surgery, 124(5) :237e-239e.
  - 18) Sarita S et al. (2011) : Anatomica Karnataka, 5(1) :81-86.
  - 19) Karau Bundi P et al. (2010) : Int J Morphol, 28(4) :1019-1024.
  - 20) Vijayala Kshmi BN et al (2012) : Dissertation (Thesis, PhD), Rajv Gandhi University of Health Sciences Karnataka, Bangalore
  - 21) Bruneau M et al (2011) : Pathology and Surgery around the Vertebral Artery (book), Chapter : Anatomical variations, p.53-74
  - 22) Shanthi KC et al (2011) : National Journal of Basic Medical Sciences, 96
  - 23) De Carvalho MF et al (2012) : Rev Chil Neurocirugia, 38 :29-31
  - 24) Kuhta P et al (2010) : Journal of Chiropractic Medicine, 9(4) :162-165
  - 25) Skrzat J et al (2011) : Folia Morphologica, 70(4) :287-290
  - 26) Bruneau M et al (2011) : Chapter 25, p.329-359
  - 27) Shinde VS et al (2012) : Int J Morphol, 30(2) :557-558
  - 28) Patel Z et al (2012) : NJIRM, 3(2) :73-75
  - 29) Lu M et al (2012) : Chinese Journal of Postgraduates of Medicine, 35(31)
  - 30) Fan Guofeng et al (2012) : Journal of Hebei Medical University, 33(7)
  - 31) Fan Guofeng et al (2011) : Chinese Journal of Medical Science, 46(1)
  - 32) Shashi Munjal et al (2013) : National Journal of Medical and Dental Research, 1(3) :28-33
  - 33) Vandana M et al (2008) : International Medical Journal, 15(5) :371-374
- **Double gallbladder (FOLIA MORPHOLOGICA)** is cited by:
    - 1) Pujadas Z, et al: Revist de la Facultad de Medicina, 2006 29(2)
    - 2) (2010) : Clinical Misdiagnosis and Mitherrapy, 23(9).
  - **Cecal diverticulitis (INTER J COLORECT DIS)** is cited by:
    - 1) Moon HJ et al: Am Surgeon 2007 ; 73(12): 1237-1241
    - 2) Jenq T et al: Surgical Rounds 2007; 573-577
    - 3) Park HC et al: World J Gastroenterol 2010;16(38):4854-4857
    - 4) Zolezzi AM et al: Cirujano General 2009;31(3):192-195
    - 5) Saygin I : Cases Reports in Surgery 2012;1-4(ID:789397)
    - 6) Kamocki Z et al: Polish J Surg 2011;83(8) :461-464
    - 7) Tolino MJ et al : Revista Argentina de Cirugia 2007 ;92(1-2) :6-7
    - 8) Beltran MA : Revista Colombiana de Cirugia 2012 ;27(2) :129-138
    - 9) Chung Hoang Phuong et al : Y Hoc TP Ho Chi Minh 2009 ;13(6) :175-179
    - 10) Zhang S et al:2009;9:44:58
  - **Χοληφόρα (book)** is cited by:

- 1) Paraskevas G. et al: Aristotle Univ. Med. Journal, 2006; 33(1):185-188
  - 2) Τσικάρης Π. και συν: Ανατομική, το κυκλοφορικό σύστημα, 2005
  - 3) Chatzimavroudis G. et al: Aristotle Univ. Med. Journal, 2008, 35(2): 53-56
  - 4) Paraskevas G. et al: IJAE, 2011; 116(2):61-66
- **Surgical images (CAN J SURG)** is cited by:
    - 1) Konopka CL et al: J Vasc Bras, 2010;9(3):196-199
  - **Popliteus muscle (FOLIA MORPHOL)** is cited by:
    - 1) Chuncharunae A et al. (2012): Medical Hypothesis, 78(2):221-224.
  - **Three-headed palmaris (ANNALS ANATOMY)** is cited by:
    - 1) Park S. et al: Aesthetic Plast Surg 2008;32(4):614-619
    - 2) Paraskevas G. et al: Folia Morphol 2008;67(2):150-153
    - 3) Dimitriou et al: Clin Anat 2007;20(8):974-975
    - 4) Nayak SR. et al: Rom J Morphol Embryol 2008; 49(3):411-415
    - 5) Evans RC. (2008) : Illustrated Orthopedic Physical Assessment (book)
    - 6) Eric M et al. (2010) : Surg Radiol Anat, 32 :357-361
    - 7) Salgado G et al. (2012) : Folia Morphol, 71(1) :52-55.
    - 8) Campos D et al. (2010) : j Morphol Sci, 27(1) :30-31
    - 9) Menerse A (2011) : World Applied Sciences Journal, 12(1) :114-118
    - 10) Paraskevas G. et al (2012) : J Plast Surg Hand Surg, 46(3-4) :288-290
    - 11) Dagramaci Y et al (2010) : Turkiye Klinikleri J Med Sci, 30(5) :1561-1565
    - 12) Kumar V et al (2009) : IJAV, 2 :138-139
    - 13) Alshaham AA et al (2010) : Journal of Medical Cases, 1(2) :68-70
    - 14) Cope JM et al (2009) : Int J Anat Var, 2 :102-104
    - 15) Cherian SB et al (2009) : Int J Anat Var, 2 :7-8
    - 16) Natsis K et al (2009) : Hippokratia, 16(4) :378-380
    - 17) Albay S et al (2013) : Rom J Morphol Embryol, 54(1) :85-89
    - 18) Venter G et al (2013) : Clin Anat
    - 19) Koc H et al (2011) : Isokinetics and Exercise Science, 19(4) :305-309
    - 20) Cetin A et al (2013) : Hand, 8(2) :215-220
    - 21) Yammine K (2013) : Clin Anat, 26(6) :709-718
    - 22) Babinski MA et al (2008) : Acta Scientiae Medica (on-line), 1(2) :54-58
    - 23) (2009) : Orthopedic Journal of China, 17 (7) :557-558
  - **Osteopoikilosis (J RADIOLOGY CASE REPORTS)** is cited by:
    - 1) Aghdashi MA et al (2011) : Clinical Medicing Insights Arthritis Musculoskeletal Disorders, 4 :29-32
    - 2) Ogbonnaya A et al (2013) : Lancet
    - 3) Boyaci A et al (2013) : Journal of Bach and Musculoskeletal Rehabilitation, 26(3) :247-250
    - 4) Perez Ruiz J et al (2013) : Reumatologia Clinica
    - 5) Zhang XT et al (2013) : China Journal of Orthopaedics and Traumatology, 26(3)
    - 6) Ruiz JP et al (2013) : Reumatol Clin
    - 7) Osteopoikilosis: [www.lookfordiagnosis.com](http://www.lookfordiagnosis.com)
  - **Pancreatitis complicating (WORLD J GASTROENT)** is cited by:
    - 1) Kim BS et al: World J of Gastroenterol, 2008; 14(29):4705-4708
    - 2) Nallamotheu G: Gastrointestinal Endoscopy in the Cancer Patient, part 6 (authors: Deutsch JC, Banks MR), John Wiley, p.400 (book)
  - **Superficial ulnar artery (FOLIA MORPHOL)** is cited by:
    - 1) Wadha S. et al: Folia Morphol 2008;67(4):236-239
    - 2) Claassen H et al (2010): Annals of Anatomy, 192(3):151-155
    - 3) Shankar N et al (2009): IJAV, 2:24-26

- 4) Pulakunta T et al (2009): Bratisl Lek Listy 110(11):738-739
  - 5) Krstonosic B et al (2010): IJAV, 3:6-8
  - 6) Al-Fayez MA et al (2010): Int J Morphol, 28(3):659-665
  - 7) Natsis K et al. (2009): Eur J Anat, 13(2):97-103
  - 8) Vollala VR et al (2011): Chang Gung Med J, 34(6):39-42
  - 9) Paula RC et al (2013): J Vasc Bras, 12(1):53-56
  - 10) Atlasi MA (2013): Surg Radiol Anat, May 2013
  - 11) Shetty SD et al (2013): IJAV, 6:45-46
  - 12) Gupta G et al (2012): Folia Morphologica
  - 13) Erdil N et al (2010): Vascular and Endovascular Surgery 44(7):609-612
  - 14) Mitesh RD et al (2012): IJAV, 5:65-67
- **Hypoglossal artery (FOLIA MORPHOL)** is cited by:
    - 1) Guerri – Gutenberg RA: Surg Radiol Anat, 2009:31:311-315
    - 2) Silva CF et al (2013): BMJ Case Reports, May 2013
    - 3) Paraskevas G et al (2009): Medical Science Monitor, 15(3):BR75-BR83
    - 4) Silva CE et al (2013): Arquivos de Neuro-Psiquiatria, 71(3):194-197
    - 5) Τσιτσόπουλος ΦΔ (2009): Νευροχειρουργική (Βιβλίο), Κεφάλαιο 1 (τεχνικές θεωρήσεις-συνοπτική φιλοσοφία), σελ 325-326
  - **Modifications (HEPATOENTEROLOGY)** is cited by:
    - 1) Lao JX et al (2010): J South Med Univ, 30(2):338-340
    - 2) Ntourakis D et al (2011): International Journal of Surgery, 9(5):374-377
    - 3) Gu X et al (2009): J South Med Univ
    - 4) Li SD et al (2012): Modern Preventive Medicine, 39(10)
    - 5) Wang JF et al (2012): Modern Preventive Medicine, 39(10)
    - 6) Gagner M et al (2012): Surgery for Obesity and Related Diseases, 8(6):663-670
    - 7) Liu SI et al (2012): Modern Preventive Medicine, 39(10)
    - 8) Weinberg L (2011): Anaesthesia and Intensive Care ([www.thefreelibrary.com](http://www.thefreelibrary.com))
  - **Adamantinoma (ACTA ORTHOP BELGICA)** is cited by:
    - 1) Most MJ et al (2010): Journal of American Academy of Orthopedic Surgeons, 18(6):358-366
    - 2) Irie T et al (2010): Pathology International, 60(10):694-700
    - 3) Kitsoulis P et al (2009): Acta Chir Belg, 109:126-129
    - 4) Khemeri C et al (2011): BMJ Case Reports, Cdoi:10.1136/bcr.06.2011.4318
    - 5) Ramaswamy AS et al (2012): International Journal of Applied and Basic Medical Research, 2(2):132-135
    - 6) Napp M et al (2009): Der Chirurg, 80:241-244
    - 7) Morande SC et al (2010): Tumores oseos (book)
    - 8) Smelser CD (2011): Adamantinoma Imaging ([www.emedicine.medscape.com](http://www.emedicine.medscape.com))
    - 9) Veillette C, Pitcher JV (2011): Adamantinoma ([www.orthopedicsone.com](http://www.orthopedicsone.com))
    - 10) Canale T, Beaty JH (2012):Campell's Operative Orthopedics, 12<sup>th</sup> ed, Mosby ed.(book)
    - 11) Bullough PG (2010):Orthopaedic Pathology, Elsevier ed, New York, Section V (book)
  - **Meckel's diverticulum (ARIST UNIV MED J)** is cited by:
    - 1) Amit Kumar C Jain et al: Int J Case Rep Med, p.1-3 (ID: 820966)
  - **Double cystic duct (CHIRURGIA)** is cited by:
    - 1) Yoo J. et al:J Korean Surg Soc 2008;74(4):319-321
    - 2) Stancu B et al: Exp Med Surg Res, 2008
    - 3) Bratucu F et al (2012): Chirurgia, 107:646-651
    - 4) Stancu B et al (2007): Journal of Experimental Medical and Surgical Research, 4:156-166
    - 5) Oprea D et al (2010): Chirurgia, 105:267-269
    - 6) Joong Jae Yoo et al (2008): 74(4):319-321

- **Ectopic papilla vater (SURG LAP END PERC TECH)** is cited by:
  - 1) Saritas U et al: BMC Gastroenterology, 2010 ;10:2
  - 2) Guerra I et al :World J Gastroenterol,2009;15(41) :5221-5223
  - 3) Jin SG et al :World J Gastroenterol,2009;15(37):4729-4731
- **Middle scalene muscle (FOLIA MORPHOL)** is cited by:
  - 1) Miller DA et al: The neck. In: Bancroft LW, Bridges MD. MRI normal variants and Pitfalls, Lippincott, Williams and Wilkins, 2008 (p.76)
  - 2) Goubran E et al (2010): Clinical Chiropractic, 13(2):153-155
  - 3) Werden S (2013): Thoracic outlet syndrome, Chapter 18 (book)
  - 4) Dhlstrom KA et al (2012) Journal of Manipulative and Physiological Therapeutics, 35(5):396-401
  - 5) Sakamoto Y (2012): Annals of Anatomy, 194(4):381-388
  - 6) Candia-de la Rosa RF et al (2010): Cir Ciruj, 78:53-59
- **Ectopic pancreatic (CASES JOURNAL)** is cited by:
  - 1) Huang Q et al (2012):Human pathology, 43(6):911-920
  - 2) Mrak K et al (2010): Southern Medical Journal, 103(5):471-473
  - 3) Shiwani MH (2010): J Coll Physicians Surg Pak, 20(9):620-621
  - 4) Liu JT et al (2009):China Journal of Endoscopy, 15(11):1144-1147
  - 5) Stock C et al (2011): JOP. Journal of the Pancreas, 12(3):241-243
  - 6) Li Z et al (2010): Chinese Journal of Clinical Pathology, 37(17):1009-1012
  - 7) Trifan A et al (2012): Journal of Gastrointestinal and Liver Diseases, 21(2):209-212
  - 8) Fukino N et al (2012):Case Reports in Gastroenterology, 6(3):689-694
  - 9) Ugur Kantar F et al (2011): Turk J Gastroenterol, 22(4):426-429
  - 10) Fullum TM et al (2012): Bariatric Times Online Editor (October 16) (bariatrictimes.com)
  - 11) Ouro S et al (2011): Acta Medica Portuguesa, 24:361-366
  - 12) (2012): Chin J Clinicians (electronic edition), 6(11):3130-3131
  - 13) Fan B et al (2010): Journal of Practical Radiology, 26(7)
  - 14) Zawada I et al (2012): Pol. Merk. Lek, xxii, 190:246-249
  - 15) Cengiz C et al (2010): Endoskopi Dergisi, 18(2):41-43
- **Osteochondromas (IN VIVO)** is cited by:
  - 1) Ma X et al (2010): Cancer letters, 229(2):171-181
  - 2) O'Brien PJ et al (2011): Journal of Vascular Surgery, 53(3):811-813
  - 3) Kikuch R et al (2010): General thoracic and cardiovascular surgery, 58:588-591
  - 4) Anderson HC et al (2010):Bone and Development, 6:39-64 (book)
  - 5) Meyer CA et al (2011): Radiographics, 31:1425-1441
  - 6) Sharma S et al (2010): The internet journal of Orthopedics Surgery, 16(2)
  - 7) Raess PW et al (2011): Annals of Diagnostic Pathology, 15(6):431-435
  - 8) Sorensen BW et al (2012): The Journal of Foot and Ankle Surgery, 51(5):664-665
  - 9) Rowan FE et al (2013):European Orthopaedics Traumatology (DOI:10.1007/s12570-013-021-6)
  - 10) Kahveci R et al (2012): Turk Neurosurg, 22(3):386-388
  - 11) Cronin MV et al (2012): Applied radiology, 41(10):6-15 (www.appliedradiology.com)
  - 12) Smeds MR et al (2013):Pseudoaneurysm formation and thrombosis of the popliteal artery secondary to a femoral osteochondroma (www.isvs.com)
  - 13) Liu W et al (2013): The Annals of thoracic surgery, 96(2):675-677
  - 14) Roganovic J et al (Paediatrics Today, 7(1):1-9
  - 15) Spieler P et al (2012): Nongynecologic Cytopathology, Essentials of Diagnostic Pathology, Springer, Chapter 17 (book)
  - 16) Gouicem D et al (2013): Journal of Vascular Surgery, 57(3):845-847
  - 17) Al Mutani et al (2013): The Foot, 23(1):45-49

- 18) Niedzwiecka M et al (2013): *Bone*, 54(1):169-171
  - 19) Grunebaum E et al (2013): *British Journal of Haematology*, 161(3):446-448
  - 20) Talbot SG et al (2012): *Journal of Craniofacial Surgery*, 23(2):e115-e117
  - 21) Wengrowicz MD (2011): *University of Pennsylvania Orthopaedic Journal*. 21:73-76
  - 22) Gifre L et al (2011): *Reumatologia Clinica*, 7(1):79-80
  - 23) Z diesem Datensatz, [http://d\\_nb.info/1024550397](http://d_nb.info/1024550397)
  - 24) Roganovic J (2011): *Pedijatrija danas*, 7(1):1-9
  - 25) Dietrich M (2011): *Dissertation (PhD, Thesis)*
  - 26) Kahveci R et al (2013): *Acta Orthop Traumatol Turc*, 46(6):468-472
  - 27) Zhaoze L et al (2011): *China Journal of Oral Science Research*, 5(3):58-61
  - 28) Canete P et al (2013): *Revista Chilena de Radiologia*, 19(2):73-81
  - 29) Kokavec M et al (2011): *Acta Chirurgia Orthopaedicae et Traumatologiae CeChosl*, 78:583-585
  - 30) De Mirand AAM et al (2012): *Acta Reumatol Port*, 37:97-98
  - 31) Morande SC et al (2012): *Tumores Oseos*, (book)
  - 32) Moldova MSALR et al (2011): *Particularitati de diagnostic si tratament a coxa valga displazica la copii* (book)
  - 33) Hamed O et al (2011): *Frozen Section Library: Bone* (book), Springer, Pages:146
  - 34) Schnur J et al (2013): *Clinician Reviews*, 23 (7):38-47
  - 35) Thomas Stocker J et al (2011): *Pediatric Pathology* (book), 3<sup>rd</sup> edition, Lippincott ed, Philadelphia
  - 36) Bronner F et al (2010): *Bone and Development* (book), 3<sup>rd</sup> edition, Lippincott ed, Philadelphia
  - 37) Bronner F et al (2010): *Bone and Development* (book), Springer
  - 38) Wang Xudong et al (2011): *Chinese Journal of Stomatological Research*, 5(3):322-327
  - 39) Yang Zhan et al (2013): *American Journal of Medical Genetics*, 161(4):897-900
  - 40) Dickey ID (2013): solitary osteochondroma, ([www.medsuite.ir/medscape/a1256477-business.html#a01](http://www.medsuite.ir/medscape/a1256477-business.html#a01))
  - 41) Παπασωτηρίου Α και συν (2010): Οστεοχόνδρωμα μηριαίου σε στρατιώτη: αντιμετώπιση (σελ. 1-4) ([www.eposteronline.s3.amazonaws.com/milmed2010.029](http://www.eposteronline.s3.amazonaws.com/milmed2010.029))
  - 42) Marrero OM et al (2010): *Medicentro*, 14(2):154-157
- **Accessory muscles arm (CLIN ANAT)** is cited by:
    - 1) Krishnamurthy A et al (2010): *IJAV*, 3:180-181
    - 2) Wang P et al (2011): *Kaohsiung Journal of Medical Science*, 27(3):121-124
    - 3) Sawant SP et al (2012): *International Journal of Health Sciences and Research*, 2 (6):107-113
    - 4) Al-Kushi AG (2013): *Journal of Clinical Medicine and Research*, 5(4):47-52
    - 5) Sawant SP et al (2012): *Indian Journal of Basic and Applied Medical Research*, 5(2):457-459
    - 6) Piyawinijwong S et al (2011): *J Med Assoc Thai*, 94(11):1405-1409
    - 7) Sawant SP et al (2012): *Indian Journal of Basic and Applied Medical Research*, 1(4):351-356
    - 8) Sawant SP et al (2013): *International Journal of Analytical, Pharmaceutical and Biomedical Sciences*, 2(2):14-16
    - 9) Nobikov AB et al (2012): *Questions of Traumatology and Orthopaedics*, 3(4):34-38
    - 10) Sawant SP et al (2012): *Int J Biol Med Res*, 3(4):2636-2637
    - 11) Tonbul M et al (2009): *Klinik Gelisim*, 22(1):112-117
  - **Atlas facets (SURG RADIOL ANAT)** is cited by:
    - 1) Vyas K et al (2013): *National Journal of Integrated Research in Medicine*, 4(1):12-15
    - 2) Hallgran RC et al (2011): *The Spine Journal*, 11(3):241-244
    - 3) Taber's *Cyclopedic Medical Dictionary* (2009), issue 21, page 208 (book) (definition of term: atlanto-occipital)
  - **Bronchogenic carcinoma (CASES J)** is cited by:
    - 1) Rao C et al: *Indian J Surg Oncol*, 2011;2(3):202-204
  - **Lateral antebrachial nerve (FOLIA MORPHOL)** is cited by:
    - 1) Marx SC et al (2010) : *Clin Anat*, 23(6) :693-701

- 2) Ilanthodi K (2012) : Thesis in Manipal University of India
- 3) Seoighe DM et al (2010) : Orthopaedics and Traumatology : Surgery and Research, 96(5) :603-605
- **Palmaris longus (FOLIA MORPHOL)** is cited by:
    - 1) Georgiev GP et al (2009): Anatomy, 3:58-61
    - 2) Kedzia A et al (2009): Adv Clin Exp Med, 18(5):437-447
    - 3) Alsaham AA et al (2010): Journal of Medical Cases, 1(2):68-70
    - 4) Natsis K et al (2012): Hippokratia, 16(4):378-380
    - 5) Paraskevas G et al (2011): Italian Journal of Anatomy and Embryology, 116(1):45-51
  - **Bilateral sternalis (CHIRURGIA)** is cited by:
    - 1) Raikos A et al (2011): Annals of Plastic Surgery, 67(6):646-648
  - **Left common carotid (CASES JOURNAL)** is cited by:
    - 1) Shiva KGL et al (2010): Singapore Medical Journal, 51(11):e182-e183
    - 2) Fawcett SL et al (2010): Clinical Anatomy, 23(1):61-69
    - 3) Karabulat O et al (2010): Romanian Journal of Morphology and Embryology, 51(3):569-572
    - 4) Alsaif HA et al (2010): JKAU: Med Sci, 17(2):37-54
    - 5) Manayama M et al (2011): Journal of Cardiothoracic Surgery, 6:29:1-3
    - 6) Patil ST et al (2011): Anatomy and Cell Biology, 45(3):203-206
    - 7) Hosapatna M et al (2013): Research and Reviews: Journal of Medical and Health Sciences, 2(2):48-53
    - 8) Vinnakota S et al (2012): Journal of Clinical and Diagnostic Research, 6(7):1127-1131
    - 9) Rojas OJD et al (2009): Int J Morphol, 27(4):989-996
    - 10) Premakumari CR (2009): Dissertation (Thesis, PhD), University of Health Sciences, Karnataka Bangalore
    - 11) Kurt A et al (2009): Αξιολόγηση των διαμαρτιών των αγγείων του θώρακα σε CT (e-poster) (<http://www.flaptour.com.tr>)
  - **Profundus femoris vein (FOLIA MORPHOL)** is cited by:
    - 1) Koc et al (2013): SARA, June 2013
    - 2) KAcAR D et al (2012): Medical Journal of Islamic World Academy of Sciences, 20:2:70-72
  - **Sesamoid-exostoses (CASES JOURNAL)** is cited by:
    - 1) Amar E et al (2011): Clinical Anatomy, 24(2):183-187
    - 2) Weerakkody Y et al (2013): Short 4<sup>th</sup>/5<sup>th</sup> metacarpal ([www.radiopaedia.org](http://www.radiopaedia.org))
  - **Superior hypogastric plexus (SURG RADIOL ANAT)** is cited by:
    - 1) Moszkowicz D et al (2011): Surg Radiol Anat, 33:397-404
    - 2) Shiozawa T et al (2010): Eur J Obst Gynec Reprod Biol, 152(1):103-107
    - 3) Correia JAP et al (2010): Clin Anat, 23(8):962-970
    - 4) Cosma S et al (2013): Int Urogynecol J, (DOI: 10.1007/s00192-013-2077-z)
    - 5) Acar HI et al (2012): Diseases of the Colon and Rectum, 55(8):907-912
    - 6) Azais H et al (2013): Gynecologie Obstetrique et Fertilite, 41(3):179-183
  - **Hypoglossal canal (MEDICAL SCIENCE MONITOR)** is cited by:
    - 1) Τσιτισοπουλος ΦΔ(2009): Νευροχειρουργική: Κλινική και πρακτική προσέγγιση, Κεφάλαιο 1 (τεχνικές θεωρήσεις-συνοπτική φιλοσοφία), σελ.325
  - **Supracondylar process (J PLAST SURG HAND SURG)** is cited by:
    - 1) Liu Jinsong et al: International Medicine and Health Guidance News, 2011;17 (23)
    - 2) Paraskevas G et al: IJAE, 2012;117(3):135-141
  - **Appendicial mucocele (J GASTROINTEST CANCER)** is cited by:
    - 1) Moyle PL et al (2010): Radiographics, 30(4):921-936
    - 2) Vavilis D et al (2009): Clin Exp Obstet Gynecol, 36(2):135-136
    - 3) Caracappa D et al (2011): Ann Ital Chir, 82:239-245
    - 4) Zaharie F et al (2012): Chirurgia, 107:802-804
    - 5) Demetrashvili Z et al (2012): Int Surg, 97:266-269

- **Sternocleidomastoid muscle (FOLIA MORPHOL)** is cited by:
  - 1) Hasan T (2011):The Internet Journal of Human Anatomy,1(1):1-15
  - 2) Mehta V et al (2012):Anatomy and Cell Biology,45(1):66-69
  - 3) Hosaka F et al (2013):Anatomy and Cell Biology,46(1):49-56
- **Kaplan (JMCR)** is cited by:
  - 1) Ghabriel MN et al (2011): Int J Anat Var, 4:131-133
  - 2) Lama P et al (2009): Cases Journal, 2:9130:1-5
  - 3) Sawant SP et al (2012): International Journal of Health Sciences and Research, 2(6):100-106
- **Styloid process (CASES JOURNAL)** is cited by:
  - 1) Oztas B et al (2012) : Journal of Investigative and Clinical Dentistry, 3(1) :30-35
  - 2) Baig S et al (2012) : Journal of the College of Physicians and Surgeons Pakistan, 22(40) :258-260
  - 3) Morales R et al (2010) : International Journal of Odontostomatology, 4(3) :223-228
- **Bertolotti (CASES JOURNAL)** is cited by:
  - 1) Nardo L et al (2012) : Radiology, 265(2) :497-503
  - 2) Ramasubba C et al (2013) : Pain Physician, 1-6 :1-8
  - 3) Singh M et al (2012) : International Journal of Health and Applied Sciences, 1(4) :290-292
  - 4) Mellado JM et al (2011) : American Journal of Roentgenology, 197(1) :w114-w121
  - 5) Dong Zhen-hui et al (2010) : Journal of Clinical Rehabilitative Tissue Engineering Research, 14(15) :2744-2747
- **Double duct (ACTA CHIR BELG)** is cited by:
  - 1) Paraskevas G et al (2011) : It J Anat Embr, 116(2) :61-66
  - 2) Andren-Sandberg A et al (2010) : Review of Literature on Clinical Pancreatology, University of Karolinska (book)
  - 3) Hai Zhang Feng, Chen Yan et al (2013) : Chinese Journal of Bases and Clinics in General Surgery, 4 :432-437
- **Malrotation (INTER J SURG)** is cited by:
  - 1) Badea R et al (2012) : Mediccal Ultrasonography, 14(2) :164-167
  - 2) Au ACY et al (2010) : Journal of Surgical Case Reports, 8 :1-3
  - 3) Saxena P et al (2010) : The Internet Journal of Surgery, 26.1
- **Radial artery (EUR J ANAT)** is cited by:
  - 1) Nasr AY et al (2012) : Folia Morphologica, 71(4) :251-252
  - 2) Shubha R et al (2013) : IOSR Journal of Dental and Medical Sciences, 9(1) :68-75
- **Coracoclavicular joint (CASES JOURNAL)** is cited by:
  - 1) Morillo AJ et al (2011) : Presentacion des casos clinicos (www.es.scribd.com)
- **Skull granuloma (CASES JOURNAL)** is cited by:
  - 1) Rajput D et al (2010) : Journal of Pediatric Neurosciences, 5(1) :68-71
  - 2) Atalar B et al (2010) : Acta Orthop. Belgica, 76 :663-668
  - 3) Islam MDN et al (2008) : Bangladesh Journal of Radiology and Imaging, 16(1) :26-30
  - 4) Agarwal A et al (2012) : Cases Reports in Dentistry, 2012 :1-3
  - 5) Hasturk AE et al (2013) : Journal of Craniofacial Surgery, 24(3) :e214-e216
  - 6) Jones TL et al (2012) : Radiol Technol, 83 :349-369
  - 7) Martin RAJ et al (2012) : Rev Chil Neurocirurgia, 38 :47-51
  - 8) Najafi S et al (2012) : Journal of Army University of Medical Sciences of the I.R.Iran, 10(3) :256-260
  - 9) Eosinophilic granuloma. PORTNotes. In : Orthopaedics One-The Orthopaedic Knowledge Network Created Feb 16, 2009, 16 :41 (<http://www.orthopaedicsone.com>)
  - 10) Weerakkody Y et al (2013) : Geographic Skull, (www.radiopaedia.org)
- **Persistent median artery (FOLIA MORPHOL)** is cited by:
  - 1) Eid N et al (2011) : Clin Anat, 24(5) :627-633

- 2) Roll SC et al (2011): Journal of Diagnostic Medical Sonography, 27(2) :89-94
  - 3) Jelev L et al (2011) : Anatomy, 5 :39-43
  - 4) Natsis K et al (2012) : Folia Morphologica (median and ulnar nerves in palm)
  - 5) Heidemann M et al (2013) : Zeitschrift fur Gefassmedizin, 10(1) :13-15
- **Combined thyroid (CASES JOURNAL)** is cited by:
    - 1) Shetty K et al (2013) : International Journal of Biomedical Research, 4(5) :227-229
    - 2) Pushpalatha K et al (2010) : Anatomica Karnataka, 4(1) :53-55
  - **Rhomboid fossa (FOLIA MORPOL)** is cited by:
    - 1) Stacy GC et al (2011) : Radiologic Clinics of North America, 46(6) :1261-1286
    - 2) Rani A et al (2011) : Biomedical Research , 22(3) :349-354
  - **Osteopoikilosis (JRRCR)** is cited by:
    - 1) Aghdashi MA et al (2011) : Clinical Medicng Insights Arthritis Musculoskeletal Disorders, 4 :29-32
    - 2) Ogbonnaya A et al (2013) : Lancet
    - 3) Boyaci et al (2013) : Journal of Bach and Musculoskeletal Rehabilitation, 26(3) :247-250
    - 4) Perez Ruiz J et al (2013) : Reumatologia Clinica
    - 5) Zhang XT et al (2013) : China Journal of Orthopaedics and Traumatology, 26(3)
    - 6) Ruiz JP et al (2013) : Reumatol Clin
    - 7) Osteopoikilosis, www.lookfordiagnosis.com
  - **Supracondylar process (J PLAST SURG HAND SURG)** is cited by:
    - 1) Paraskevas G et al (2012) : IJAE, 117(3) :135-141
    - 2) Liu Jinsong et al (2011) : International Medicine and Health Guidance News, 17(23)
  - **Supratrochlear foramen (MEDICAL SCIENCE MONITOR)** is cited by:
    - 1) Krishnamurthy A et al (2011) : Int J Biol Med Res, 2(3) :829-831
    - 2) Soni S et al (2013) : OA Case Reports, 2(8) :75
    - 3) Sharmila Bhanu P et al (2012) : Narayana Medical Journal, 1(2)28-34
    - 4) Koyun N et al (2011) : Indian J Orthop, 45(5) :392-395
    - 5) Paraksevas G et al (2012) : Italian J Anat Embryol, 117(3) :135-141
    - 6) Issues in Discovery, Experimental and Laboratory Medicine, (2011), Scholarly Editions, 3453 pages (book)
  - **Axillary (BREAST CANC RES TREAT)** is cited by:
    - 1) Porzionato A et al (2012): Clinical Anatomy, 25(5):559-575
    - 2) Lama P et al (2010): Rom J Morphol Embryol, 51(2):395-397
    - 3) Paraskevas G et al (2010): Folia Morphol, 69(3):187-191
    - 4) Orhan M et al (2012): Int J Morphol, 30(1):272-278
    - 5) Natsis K et al (2012): Journal of Orthopedic Science, 17(2):186-188
    - 6) Mas NG et al (2012): Current Concepts in Plastic Surgery (book), chapter II, p. 211-234
    - 7) Efremidou EI (2012): Hellenic Journal of Surgery
    - 8) Totlis T et al (2012): Chirurgia, 107:397-398
    - 9) Orham M et al (2012): Int J Morphol, 30(1):272-278
  - **Sister (GASTROENTEROL CLIN BIOL)** is cited by:
    - 1) Serhrouchni KI et al (2013) : Pathology Discovery, DOI :10.7243/2052-7896-1-3
    - 2) Tunio MA et al (2013) : Scientific Journal of Medical Science, 2(6) :96-99
    - 3) Iavazzo C et al (2012) : Case Reports in Obstetrics and Gynecology, DOI :10.1155/2012/467240
    - 4) Akhtar K et al (2012) : Clinics and Practice, 1(1) :e6
    - 5) Zineb Benbrahim MD et al (2012) : Pan Arab Journal of Oncology, 5(4) :28-29
    - 6) Ashton Acton Q (2011) : Issues in Gastroenterology and Hepatology, Scholarly Editions, Atlanta, pages : 2069, chapter 6 (book)
  - **Abdominal aorta (ROM J MORPHOL EMBRYOL)** is cited by:
    - 1) Puelma F et al (2010) : Int J Morphol, 28(4) :1227-1234

- 2) Prakash VM et al (2011) : Folia Morphol, 70(4) :282-286
  - 3) Rajani T et al (2012) : Singapore Med J, 53(5) :329-331
  - 4) Ashok KR (2010) : Dissertation (Thesis, PhD), Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
  - 5) Alashkham A (2012) : 4(1) :1-4
- **Internal thoracic (CHIRURGIA)** is cited by:
    - 1) Paraskevas G et al (2012) : Journal of Cardiothoracic Surgery, 7 :63 :1-5
    - 2) Badoin SC et al (2013) : Chirurgia, 108 :443-445
  - **Pectoral musculature (FOLIA MORPHOL)** is cited by:
    - 1) Raikos et al (2011) : J Cardiothoracic Surgery, 6 :73 :1-4
    - 2) Raikos et al (2011) : Annals of Plastic Surgery, 67(6) :646-648
    - 3) Yusuf F et al (2012) : Histochemistry and Cell Biology, 138(2) :187-199
    - 4) Huber KM et al (2012) : Eplasty, 12 :e44 :383-389
  - **Cannieu-riche (CHIRURGIA)** is cited by:
    - 1) Tyser AR et al (2012) : Current Orthopaedic Practice, 23(1) :29-33
    - 2) Rovers JMP et al (2013) : BMJ Case Reports
    - 3) Gonzalez-Torres LA (2013) : Dissertation, (Thesis, PhD), Universidad Industrial de Santander, Bucaramanga
  - **Sesamoid (JRCCR)** is cited by:
    - 1) Naha K et al (2013) : BMJ Case Reports
  - **Right testicular vein (CLIN ANAT)** is cited by:
    - 1) Paraskevas G et al (2012) : Rom J Morphol Embryol, 53(3) :635-638
  - **Hyperostosis frontalis (ANNALS OF ANATOMY)** is cited by:
    - 1) Marsh HE (2013) : Dissertation, (Thesis, PhD), University of Iowa
    - 2) Attanasio F et al (2013) : Journal of Clinical Endocrinology and Metabolism, 98(2) :453-457
    - 3) Suminska-Ziemann B et al (2012) : Arch Med Sad Kryminol, LXII :226-232
  - **Ligament classification (FOLIA MORPHOL)** is cited by:
    - 1) Koebke J, Sioga A, Tsitouridis I : The Human Knee : Gross, Micr, Surgical and Radiological Anatomy
    - 2) Benninger B et al (2012) : Anatomy Research International, 1-7
  - **Sternalis muscle (J CARDIOTHORACIC SURGERY)** is cited by:
    - 1) Yusuf F et al (2012) : Histoshemistry and cell biology, 183(2) :187-199
    - 2) Anjamrooz SH et al (2013) : J Cardiothorac Surg, 8 :38 :1-4
    - 3) Nguyen DT et al (2012) : Eplasty, 12 :e36 :332-338
    - 4) Hao Howe LIU et al (2012) : Int J Anat Var, 5 :59-61
    - 5) Simhadri D et al (2012) : Anat Physiol, 2 :5
    - 6) Hung LYK (2013) : University of Toronto Medical Journal, 90(2) :30-33
    - 7) Ge Z et al (2013) : Surgical and Radiologic Anatomy
    - 8) Redler LH et al (2012) : The American Journal of Sports Medicine, 40(9) :2149-2153
    - 9) Singla RK et al (2012) : Journal of Clinical and Diagnostic Research
    - 10) Chaijaronkhanarak W et al (2013) : Srinagarind Medical Journal 28(1) :62-65
    - 11) Da Silva RG (2013) : Variacao anatomica do musculo esternal : anatomia clinica e revisao de literatura (monografia), Salvador, Universidade Federal da Bahia
    - 12) Shankar VV et al (2013) : National Journal of Clinical Anatomy, 2(1) :41-43
  - **Signs (BMC EAR NOSE THROAT DIS)** is cited by:
    - 1) Akhter R et al (2013) : BMC Musculoskeletal Disorders, 14 :58
    - 2) Lago-Rizzardi CD et al (2013) : Journal of religion Health, (DOI :10.1007/s10943-013-9768-0)
    - 3) Machado De Carvalho G et al (2013) : Revista Espanola de Chirugia Oral y Maxillofacial, (DOI :10.1016 /j.maxilo.2012.06.006
    - 4) Cavalcanti M et al (2011) : Rev Gancho Odontol, 59(3) : 351-356

- 5) Jimenez Silva AR (2013) : Dissertation (PhD,Thesis), Facultad de Odontologia de la Universidd de Chile
  - 6) Lazaro A et al (2012) : Dissertation, (Thesis, PhD), Facultad de Medicina Dentaria da Universidade do Porto
  - 7) Janaine A.L. Salmos-Brito et al (2012) : Journal of Cranio-Maxillary Diseases, 1(2) :86-87
  - 8) Schmid-Schwap M et al (2013) : Journal of Orofacial Pain, 27(1) :42-50
  - 9) Sanders C (2013) : Master of Science in Physiology (Msc), University of Texas At Arlington
  - 10) Antunes DP et al (2012) : UNOPAR Cient Cienc Biol Saude, 14(4) :207-210
  - 11) Arcos AE (2012) : Revision Bibliografica. Patologia articular (www.portalesMedicos.com)
  - 12) Gempita AS Nengsih et al (2012) : Asia Pacific Dental Students Journal, 3(2) :109-117
  - 13) Catarina Isabel Oliveira BC (2011) : Dissertation (PhD, Thesis), Universidade Fernando Pessoa, Faculdade Ciencias de Saude, Porto
  - 14) Timofti AE (2011) : Dissertation (PhD, Thesis), Universitatea de Medicina si Farmacie, Iasi
  - 15) Cherubini Venezian G (2012) : Dissertation (PhD, Thesis), Faculdade de Odontologia de Ribeirao Preto da Universidade de Sao Paulo, Ribeirao Preto
- **Acute respiratory (ARQ BRAS ENDOCRINOL METABOL)** is cited by:
    - 1) Yazicioglu A et al (2013) : J Clin Anal Med, 4(5) :400-403
    - 2) Fernandes Sanches FS et al (2012) : Revista Medica de Minas Gerais, 22(1) :109-112
    - 3) Braverman LE et al (2012) : Wermer and lungbar's The Thyroid (book), Lippincott ed, pages : 912
  - **Giant (PATHOL ONCOL RES)** is cited by:
    - 1) Mc Geoch SC et al (2012) : Journal of Clinical Endocrinology and Metabolism, 97(2) :343-344
    - 2) Cha JS et al (2011) : Korean J Urol, 52(8) :582-585
    - 3) Babinska A et al (2012) : Pol J Pathol, 1 :45-48
    - 4) Kim YM et al (2012) : Ann Pediatr Endocrinol Metab, 17(4) :244-248
    - 5) Tanaka S et al (2011) : Endocrinr Practice, 17(3) :e73-e78
    - 6) Saunders RN (2013) : The American Journal of the Medical Sciences, 346(1) :82-85
    - 7) Sancak S et al (2013) : Acta Endocrinologica (Buc), 9(1) :109-120
    - 8) Advances in Inborn Errors Steroid Metabolism Research and Treatment (2012) : Scholarly editions, Pages :20 (book), Atlanta
  - **Phrenic (BR J ANAESTH)** is cited by:
    - 1) Ahn JH et al (2012) : Korean J Anesthesiol, 63(2) :183-184
    - 2) Armstrong JD (2012) : The New England Journal of Medicine, 366(21) :2036-2037
    - 3) Jiang S et al (2011) : Anat Sci Int, 86 :225-231
    - 4) Hwang GS (2012) : Korean J Anesthesiol, 63(2) :101-102
    - 5) Li H et al (2012) : Anatomy and Clinics, 17(2)
  - **Testicular artery (JMCR)** is cited by:
    - 1) Prakash VM et al (2011) : Folia Morphologica, 70(4) :282-286
    - 2) Li J et al (2012) : Rom J Morphol Embryol, 53(2) :427-429
    - 3) Filipovic B et al (2012) : Journal of Medical Case Reports, 6 :267 :1-3
    - 4) Mamatha H et al (2012) : Indian Journal of Surgery
    - 5) Anjamrooz SH et al (2013) : Italian J of Anatomy and Embryology, 118(1) :128-135
    - 6) Kantha L et al (2013) : International Journal of Research in Medical Sciences, 1(3) :308-312
    - 7) Nayak SB et al (2013) : Anat Sci Int, 88 :230-233
    - 8) Panagonli E et al (2012) : Int J Morphol, 30(4) :1316-1320
  - **Sternalis (ANN PLAST SURG)** is cited by:
    - 1) Raikos A et al (2011) : Journal of Cardiothoracic Surgery, 6 :73
    - 2) Yusuf F et al (2012) : Histochemistry and Cell Biology, 138(2) :187-199
    - 3) Anjamrooz SH (2013) : Journal of Cardiothoracic Surgery, 8 :38
    - 4) Shiotani M et al (2012) : Jpn J Radiol, 30(9) :729-734
    - 5) Nguyen DT et al (2012) : Eplasty, 12:e36

- 6) Landshov BV et al (2013) : Int J Anat Var, 6 :107-108
- 7) Salval A et al (2012) : Aesthetic Surgery Journal, 32(7) :903-905
- 8) Ge Z et al (2013) : Surgical and Radiologic Anatomy, (DOI :10.1007/s00276-013-1175-4)
- **Nutritional (DIGESTION)** is cited by:
    - 1) Bassaganya-Riera J et al (2012) : Clinical Nutrition, 31(5) :721-727
    - 2) Wang Moon (2011) : National Integrative Development strategy Seminar China Association of Integrative Medicine
    - 3) Magrone T et al (2013) : Current Pharmaceutical Design, 19(7) :1329-1342
    - 4) Yang et al (2012) : Chinese General Practice, 15(20) :2319-2322
    - 5) Sung MK et al (2013) : World Journal of Gastroenterology, 19(7) :994-1004
    - 6) Mellaerts R et al (2013) : RSC Advances, 3(3) :900-909
    - 7) Biasi F et al (2013) : Antioxidants and redox signaling, (DOI :10.1089/ars.2012.4530)
    - 8) Magrone T et al (2013) : Immunity and Ageing, 10(1) :31
    - 9) Meir R (2011) : Digestion, 84(2) :85-88
    - 10) Zhen Gao et al (2012) : Traditional Chinese Medicine, 53(22) :1927-1929
    - 11) Cazarin CBB (2011) : Dissertation
    - 12) Vasquez A et al (2012) : Gen, 66(3) :207-212
    - 13) Rodriguez Ramiro I (2013) : Dissertation (thesis, PhD), Universidad Complutense de Madrid
    - 14) Gonzalez-Isabel C (2013) : Revista Espanola de Nutricion Comunitaria, 19(1) :44-52
    - 15) Yang et al (2012) : Traditional Chinese Medicine, 22 :20
    - 16) Rok Orel et al (2012) : Food and Intestinal microorganisms, chapter 7, p.99-114 (book) (www.intechopen.com)
    - 17) Nallely Bueno Hernandez MC (2011) : Rev Gastroenterol Mex, 76(2) :32-33
    - 18) Cassia Borges de Castro Rita (2013) : www.nutritotal.com.br
    - 19) Morbus Crohn (2013) : www.phytodoc.de/erkrankung/morbuscrohn/literatur
    - 20) DDale Kiefer (2012) : Crohn's Disease, (www.healthline.com/health/crohns-disease/eating-in-public)
  - **Rupture spleen (J GASTROINTESTINAL CANCER)** is cited by:
    - 1) Healy NA et al (2011) : Rare Tumors, 3(2) :e25
    - 2) Dayama AP et al (2011) : Mediterranean Journal of Hematology and Infectious Diseases, 3(1) :e20110
    - 3) Agrawal SC et al (2012) : Austral-Asian Journal of Cancer, 11(3) :217-220
  - **Intestinal metastasis (J GASTROINTESTINAL CANCER)** is cited by:
    - 1) Huang YM et al (2012) : Oncology Letters, 4(3) :517-520
  - **Calcaneofibular ligament (FOLIA MORPHOL)** is cited by:
    - 1) Cho KE et al (2013) : J Korean Soc Magn Reson Med, 17(2) :110-122
  - **Radioulnar (BMC MUSC DIS)** is cited by:
    - 1) Covill LG et al (2012) : Physiotherapy theory and practice, 8(7) :535-541
    - 2) Ashton Acton Q (2011) : Issues in Orthopedics and Occupational and Sports Medicine, Scholarly Editions, Medical, pages :3196
  - **Omega (REV ESP ENFERM DIG)** is cited by:
    - 1) Talero E et al (2012) : Current Pharmaceutical Design, 18(26) :3939-3965
    - 2) Nanau RM et al (2012) : Digestive Diseases and Sciences, 57(11) :2786-2810
    - 3) Bosco N et al (2013) : Lipids in Health and Disease, 12(1) :81
    - 4) Sung MK et al (2013) : World Journal of Gastroenterology, 19(7) :994-1004
    - 5) Guagnozz D et al (2012) : Rev Esp Snferm Dig, 104(9) :479-488
  - **Exhibitions (SARA)** is cited by:
    - 1) Raikos A et al (2013) : Anatomical Sciences education, DOI :10.1002/ase.1361
    - 2) Schuck RI et al (2013) : Globalizations, 10(4) :603-617
    - 3) Alvarez-Diaz JA (2012) : Patologia, 50(4) :311-319

- 4) Ashton Acton Q (2013): Issues in Surgical Research, Techniques and Innovation (book), Chapter Z, Scholarly editions, p.1167
- **Laryngeal (HEAD AND NECK)** is cited by:
    - 1) Goyal N et al (2013) : Head and Neck (DOI :10.1002/hed.23418)
  - **Lymphoepithelioma (G CHIR)** is cited by:
    - 1) Feng Yan et al (2012) : Chongqing Medicine, 41(29) :3033-3034
    - 2) Li Shuguang et al (2013) : Journal of Gastrointestinal surgery, 16(3) :287
    - 3) Young China et al (2012) : China Journal of General Surgery, 6(4) :58-60
  - **Guyon (J PLAST SURG HAND SURG)** is cited by:
    - 1) Bordoni B et al (2013) : Journal of Multidisciplinary healthcare, 6 :87-91
  - **Duodenal tumor (KLIN ONCOL)** is cited by:
    - 1) Arvind M et al (2013) : Intern J Surgical Res, 2(3) :16-20
    - 2) Sushkou SA et al (2012) : History Surgery, 21(1) :3-14
    - 3) Michael A et al (2013) : www.csamm.asmm.org.my (congress announcement)
    - 4) Chen Yonghua (2012) : Pharmacoepidemiology,21.010 :480-481
  - **Pseudomyxoma (REV ESP ENFERM DIG)** is cited by:
    - 1) Park KS et al (2013) : chonnam Medical Journal, 49(2) :81-86
    - 2) Diaz-Zorrilla C et al (2013) : BMJ Case Reports, (DOI :10.1136/bcr-2012-007702)
    - 3) Min HS et al (2012) : Chonnam Medical Journal, 49(2) :87-90
    - 4) Gariani J et al (2013) : www.eurorad.org/case phd=10592
  - **Internal thoracic (J CARDIOTHOR SURG)** is cited by:
    - 1) McMaster KS et al (2013) : Proceedings (Bayl Univ Med Cent), 26(3) :283-284
    - 2) Jiang S et al (2012) : Surgical and Radiologic Anatomy, 35(5) :451-453
    - 3) Ashton Acton Q (2013) : Advances in Surgery Research and Application (book), Scholarly Editions, Atlanta, chapter 6 (Dissection), p.497-498
  - **Omphalomesenteric (J COLL PHYS SURG PAK)** is cited by:
    - 1) Guerron AD et al (2013) : Journal of Pediatric Surgery Case, 1(8) :223-225
    - 2) Ashton Acton Q (2013) : Issues in National, Regional and Environmental Health and Medicine (book), chapter 3, Scholarly Editions, p.781
  - **Bilateral testicular veins (ROM J MORPHOL EMBRYOL)** is cited by:
    - 1) News Rx website (2012) : Neurology, Atlanta
  - **Sternocleidomastoid (INT J MORPHOL)** is cited by:
    - 1) Yusuf F et al (2012) : Histochemistry and Cell Biology, 138(2) :187-199
  - **Εισαγωγή στην Ανατομία (book)** is cited by:
    1. Γιαννούλα Α (2007): Επιδημιολογία των διαθλαστικών ανωμαλιών σε σχέση με τα ανθρωπομετρικά χαρακτηριστική και τις οφθαλμικές διαστάσεις εφήβων μαθητών (διδακτορική διατριβή), Θεσσαλονίκη
    2. Τότλης και συν (2012): Δισκοκήλη, Ιατρικά (11-01-2012)
    3. Βρεπτάκος Α (2003): Η εξέλιξη της ανατομίας από τους αρχαίους χρόνους μέχρι σήμερα (μονογραφία), Θεσσαλονίκη
    4. Κατσέας Γ (2003): Οι περί του καρδιαγγειακού γνώσεις του Ηρόφιλου και Ερασίστρατου (διδακτορική διατριβή, ΑΠΘ)
    5. Μπελεσιώτης Α (2006): Μελέτη των επικουρικών οσταιρίων και των σησαμοειδών οστών χεριού και ποδιού στον ελληνικό πληθυσμό (διδακτορική διατριβή, ΑΠΘ)
    6. Βρεπτάκος Α (2010): Ανατομία του βραχιονίου πλέγματος και των περιφερικών νεύρων, Κλινική εκδήλωση των βλαβών τους (μονογραφία), Θεσσαλονίκη
    7. Τότλης Τ (2010): Ανατομικές παραλλαγές και οστικές ανθρωπομετρικές παράμετροι των οστών της ωμικής ζώνης και των μακρών οστών του άνω άκρου (διδακτορική διατριβή, ΑΠΘ)

8. Τσικάρας Π και συν (2006): Περιγραφική και Εφαρμοσμένη ανατομική, Τα Αισθητήρια Όργανα, Ιατρ. Εκδόσεις Πασχαλίδης, Αθήνα
9. Τσικάρας Π. και συν: Ανατομική, τ. ΙΙ, το κυκλοφορικό σύστημα, 2005
10. Βρεπτάκος Α (2009): Η επίδραση του κατάγματος του άνω τριτημορίου της κνήμης στο μήκος και στον άξονα του σκέλους στα παιδιά (διδακτορική διατριβή), Θεσσαλονίκη

• **Acromion (FOLIA MORPHOL)** is cited by:

- 1) Leyes M, Forriol F: Partial tear of the rotator Trauma Fund MAPFRE, 2012, vol.23, Suppl 1, 39-56
- 2) Baumgarten KM et al (2011) : HSS Journal 2011, 7 :218-222
- 3) Collipal E et al (2010) : Int J Morphol, 28(4) :1189-1192
- 4) Schetino LPL et al (2013) : J Morphol Sci, 30(2) :98-102
- 5) Gumina et al (2012) : Musculoskeletal Surg, 96(1) :541-545
- 6) Mansur DI (2012) : Kathmandu University Medical Journal, 38(2) :33-36
- 7) T. Chen et al (2012) : Chinese Journal of Orthopaedic Trauma, 14(1) :R68

• **Hypoplasia (ACTA CHIR BELG)** is cited by:

- 1) Agarwal V et al (2011) : Indian Journal of Nuclear Medicine, 26(2) :120-122
- 2) Rather TA et al (2013) : World Journal of Nuclear Medicine, 12(1) :41-44