ORIGINAL RESEARCH PAPER

A RARE VARIATION IN THE BRANCHING PATTERN OF FEMORAL ARTERY ON LEFT SIDE

KEY WORDS: Trifurcation, Lateral Circumflex Femoral Artery, Angiographies

Anatomy

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Background: The Femoral artery is the principle artery of the lower limb. It is the continuation of the external iliac artery and enters the anterior compartment of the lower limb through femoral triangle behind the inguinal ligament at the mid inguinal point. It is commonly accessed for angiographies, insertion of central lines, ultrasound & Doppler imaging, digital subtraction angiography, magnetic resonance imaging and other various investigative and diagnostic procedures. Lateral circumflex femoral artery and its branches are used as grafts in various bypass surgeries in iliofemoral region as well as in cranial cavity. Precise knowledge of anatomical variations of femoral artery is important for clinicians in the present modern era of interventional radiology. In the present study, a case of trifurcation of branching pattern was seen between femoral artery, profunda femoris artery and lateral circumflex femoral artery. **Methods:** During the routine dissection of 30 cadavers, the case was seen in the left limb of one male cadaver in the Department of femoral artery profunda femoris artery and artery. **Conclusion:** The knowledge of the variation in the branching pattern of femoral artery and lateral circumflex femoral artery. and lateral circumflex femoral artery and its angiographic applications which may reduce the complications during interventional procedures of femoral artery.

INTRODUCTION

ABSTRACT

The femoral artery is a major blood vessel of the lower limb. It is the continuation of the external iliac artery in the lower limb. It starts posteriorly to the inguinal ligament midway between the anterior superior iliac spine and pubic symphysis then continues along the anteromedial part of the thigh in the femoral triangle and enters the adductor canal through the adductor hiatus and becomes the popliteal artery near the junction of middle and distal 3rd of the thigh. [1]. Histological is the type muscular artery and tunica intima and tunica media in the ratio of 1:1. [2]. Its gives off various branches including superficial branches and deep branches in the thigh. Among the deep branches the profunda femoris artery is the chief branches of femoral artery. From the profunda femoris artery there are 2 major vessels which arise namely medial circumflex femoral artery from medial aspect and lateral circumflex artery from lateral aspect. The lateral circumflex artery lies on the lateral aspect and is present between the anterior and posterior division of femoral nerve. [3]. Sometimes a variation is seen in which the medial and lateral circumflex arteries arise directly from the femoral artery. In our case a trifurcating branching pattern was observed between profunda femoris artery femoral artery and lateral circumflex femoral artery. The reason for the variation of branching pattern of femoral artery lies in the embryology development of the arteries of the lower extremities. Normally in the foetal life, the sciatic artery, a branch of the internal iliac artery, is initially responsible for the vascularisation of the entire lower limb; however, when the foetus is eight weeks old and 10 mm long, it regresses and this function is taken over by the FA, a branch of the external iliac artery. [4]. Any variation in this process of development will lead to the variation in the branching pattern of femoral artery. This knowledge on the branching pattern of the arteries of lower limb provides a leading edge in various inventional procedures like arterio-venous fistulas, anterolateral thigh flaps and coronary artery byepass grafts.

[5]. Lateral circumflex femoral artery and its branches are used in various bypass surgeries in iliofemoral region as well as in cranial cavity. [6].

MATERIAL AND METHODS:

During the routine dissection of 30 cadavers in the year 2022, the case was seen in one male cadaver aged between 60-70 years in the Department of Anatomy, Armed Forces Medical College Pune.

OBSERVATION:

A trifurcation pattern was seen between femoral artery, lateral circumflex femoral artery and profunda femoris artery. The lateral circumflex artery is originating from femoral artery from the lateral aspect about 2 cm below the midinguinal point and above the origin of profunda femoris artery.



Fig 1 Showing Trifurcation Between Femoral Artery Profunda Femoris Artery And Lateral Circumflex Artery

DISCUSSION

The origin of lateral circumflex artery directly from the www.worldwidejournals.com

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femoral artery has been observed in many studies. Some of studies are given in table 1.

Table 1 Comparison Of Studies Showing Origin Of Lateral Circumflex Femoral Artery

Study	From femoral	From profunda
	artery	femoris artery
Fakuda et al 2005 [7]	21.4%	78.6%
Uzel M et al 2008 [8]	22.7%	77.3%
Prakash et al 2010 [9]	18.75%	81.25%
Sinket et al 2012 [10]	13.1%	65.55%
Manjappa et al 2014 [11]	Right side: 20%	Right side: 80%
	Left side: 30%	Left side: 70%
Tzouma G et al 2020 [12]	12.12%	74.92%

According to William et al study, both circumflex arteries were originating from femoral artery in only 56 % of cases. A case report was noted in a study by Savithri et al in which a similar trifurcation was seen between femoral artery, profunda femoris artery and lateral circumflex femoral artery. The trifurcation was located approximately 7 mm below the inguinal ligament. Lateral circumflex femoral artery originated with an external diameter of 5 mm. In addition to that the artery branched in to ascending, transverse, descending and muscular arteries. [13]. According to Choi SW et al the origin of lateral circumflex femoral artery from femoral including common stem is seen in 13.2% of cases [14]

CONCLUSION

The knowledge of anatomical variations of the branching pattern of femoral artery and its branches is very helpful in this modern era of interventional radiology. The circumflex vessels from femoral artery not only acts as a branching vessels but also as collateral vessels in case of occlusion of the femoral artery to restore the blood supply of lower limb. The application of this knowledge is helpful in avoiding iatrogenic femoral arterio-venous fistula formed during puncture of femoral artery. In addition, the knowledge of origin of lateral circumflex femoral artery can be helpful in surgeries of iliofemoral region and also can be used in creating antero lateral thigh flaps and in coronary bye – pass graft surgeries.

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