

## POSTERS

**P1. SUN, LUXI<sup>1,2</sup>, MUNTADHIR AL-UZRI<sup>1,3</sup> and CECILIA BRASSETT,** <sup>1</sup>Human Anatomy Teaching Group, Department of Physiology, Development and Neuroscience, University of Cambridge, Cambridge, UK; <sup>2</sup>Clinical Fellow in Plastic & Reconstructive Surgery, Cambridge University Hospitals NHS Trust, Cambridgeshire, UK; <sup>3</sup>Clinical Fellow in Trauma & Orthopaedic Surgery, Cambridge University Hospitals NHS Trust, Cambridgeshire, UK. **A Superficial Ulnar Artery and a Common Radio-Interosseous Trunk: Variation in Forearm Vasculature and its Clinical Significance**

The anatomical variant of a superficial ulnar artery (SUA) is described as highly unusual in the literature, and relates to the position of the ulnar artery compared to the superficial muscles in the anterior compartment of the forearm. The ulnar artery is typically described as passing between the intermediate and deep layers of anterior forearm muscles which are flexor digitorum superficialis (FDS) and flexor digitorum profundus respectively. It then emerges superficial to flexor carpi ulnaris (FCU) and medial to the FDS tendons. We present the case of an SUA with interesting features in a cadaveric prosection of the right forearm of an 87-year old man. The SUA originated from the brachial artery 3.39cm distal to the transepicondylar line of the humerus, passing superficially to the forearm muscles to lie medial to the FCU tendon at the wrist. This was associated with a common radio-interosseous trunk (CRIT), which divides into the radial artery anteriorly and common interosseous artery posteriorly, the latter usually arising from the ulnar artery. Awareness of such vascular variations has significant clinical applications. These include identification of a likely bleeding source in forearm lacerations, internal fixation of forearm fractures, or reconstructive surgery when harvesting ulnar artery free flaps.