



SEXUAL DIMORPHISM IN CORPUS CALLOSUM

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ABSTRACT

INTRODUCTION: The shape and size of corpus callosum varies according to gender, age and races. Therefore, morphometric measurements are necessary to calculate normative value for a comparative study.

METHODS: The quantitative MRI study reports measurements of corpus callosum taken from mid-sagittal brain images in 50 men and 50 women.

RESULTS: The mean length of corpus callosum in males was 7.27cm and females was 6.93cm. The mean height of corpus callosum in males was 2.56cm and in females was 2.31 cm. Thickness of body at midpoint was 0.65cm in males and 0.60cm in females.

CONCLUSIONS: The Length of corpus callosum (Lc), minimum thickness(Tmi), thickness of rostrum(Tr), thickness of splenium(Ts) were significantly greater in males. The distances genu to Fornix Length(G-F), Genu to Anterior Commissure Length(G-C), Shortest distance of anteriormost point of corpus callosum to cortical surface(A-S), Shortest distance of posterior most point of corpus callosum to cortical surface(P-S), Length of brain(LB), distance of occipital pole to posteriormost point of corpus callosum(O-P) were also significantly greater in males.

KEYWORDS : Corpus callosum, MRI, Sexual Dimorphism.

INTRODUCTION:

Corpus callosum represents the major cerebral commissure connecting the homotopic and heterotopic cortical regions of both hemispheres.^(1,2) Corpus callosum is of interest not only because of its key role in normative processes of hemispheric communication and specialization⁽⁶⁾ but also because of its vulnerability to white matter diseases like multiple sclerosis⁽⁴⁾ and toxins like alcohol^(5,7). Lesions of corpus callosum are accompanied by apraxia⁽⁸⁾, diminished temporal^(9,10) and spatial⁽¹¹⁻¹³⁾ coordination of bimanual movements.

Sexual dimorphism of corpus callosum has been a debatable topic in literature. Several studies have mentioned significant difference in length and shape of corpus callosum in males and females while others have condemned it⁽¹⁴⁻¹⁷⁾. MRI is the latest form of brain imaging that can provide the slice images of the brain in any plane using non-ionising energy. Contrast between white and gray matter on MRI enables one to identify all discrete nuclear structures and lesions⁽¹⁸⁾. MRI typically uses a single midsagittal slice and different approaches to measure area, shape and defining different subregions of corpus callosum. Accurate measurements of size and subregions of corpus callosum in healthy adult individuals of either sex can help us to estimate the sexual differences and provide the norms against which any deviation to normal can be compared.

Many such studies have been conducted in Caucasian population, but we came across few such studies in India viz on preserved brains by Banka et al(1996), on MRI scans by Suganthy et al(2003), including both MRI and preserved brains by Gupta T et al(2009) and on MRI by Gupta T et al. Hence the purpose of this study is to observe the sexual dimorphism in individuals between 20-60years in our country.

AIMS AND OBJECTIVES

To compare morphometric parameters of corpus callosum in healthy individual of either sex on MRI between age group 20-60 years.

MATERIALS AND METHODS

This study was carried out in the Department of Anatomy and Radiology at Dr.RKGMC Hamirpur, Himachal Pradesh. Total

of 100 healthy individuals (50 females and 50 males) aged between 20-60 years who consented to the study were included in the study and MRI of the brain was done. Midsagittal section of MRI brain showing corpus callosum was subjected to analysis.

THE FOLLOWING MORPHOMETRIC MEASUREMENTS WERE DONE:(Fig 1-4)

1. Length of corpus callosum (Lc).
2. Thickness of body of corpus callosum at mid point (T).
3. Maximum thickness of rostrum (Tr).
4. Maximum thickness of splenium (Ts).
5. Height of corpus callosum (Hc)
6. Maximum and minimum thickness of body of corpus callosum (Tmax and Tmi).
7. Maximum thickness of anterior half of corpus callosum body (TBA).
8. Maximum thickness of posterior half of corpus callosum body (TBP).
9. Genu-Fornix Length (G-F).
10. Genu-Anterior Commissure Length (G-C).
11. Shortest distance from anterior most point of corpus callosum to cortical surface (A-S)
12. Shortest distance from top most point of corpus callosum to cortical surface (T-S).
13. Shortest distance from posterior most point of corpus callosum to cortical surface (P-S).
14. Length of brain (LB): From frontal pole to occipital pole of brain in midsagittal section.
15. Distance from frontal pole of brain to anterior most point of corpus callosum (F-A).
16. Distance from occipital pole of brain to posterior most point of corpus callosum (O-P).

FOLLOWING RATIOS WERE CALCULATED:

1. Length of corpus callosum /Length of brain (Lc/LB).
2. Splenial Thickness /Length of corpus callosum (Ts/Lc).
3. Splenial Thickness /Length of brain (Ts/LB).
4. Thickness of body at mid point/Length of corpus callosum (T/Lc).
5. Thickness of body at mid point/Height of corpus callosum (T/Hc).

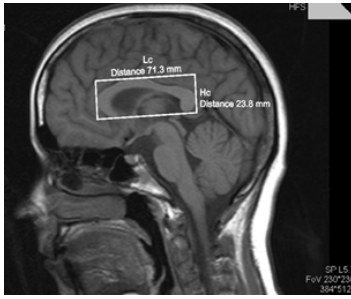


Fig.1:MEASUREMENT CALLOSUM (MIDSAGITTAL MRI)

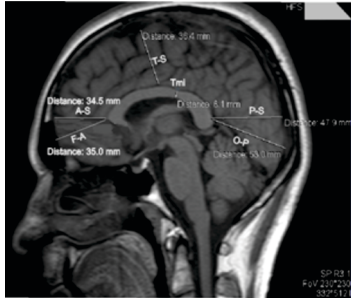


Fig. 2: MEASUREMENT OF CORPUS CALLOSUM (MIDSAGITTAL MRI)

- A-S: Shortest distance from anterior most point of corpus callosum to cortical surface
- F-A: Distance from frontal pole of brain to anterior most point of corpus callosum
- T-S: Shortest distance from top most point of corpus callosum to cortical surface
- Tmi: Minimum thickness of body of corpus callosum
- P-S: Shortest distance from posterior most point of corpus callosum to cortical surface
- O-P: Distance from occipital pole of brain to posterior most point of corpus callosum

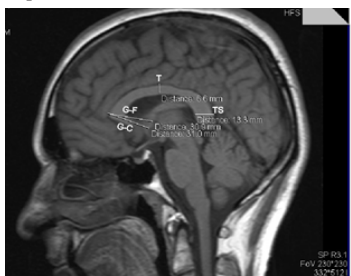


Fig. 3: MEASUREMENT OF CORPUS CALLOSUM (MIDSAGITTAL MRI)

- G-F: Genu-Fornix Length
- G-C: Genu-Anterior Commissure Length
- T: Thickness of body of corpus callosum at mid point
- Ts: Maximum thickness of splenium



Fig. 4: MEASUREMENT OF CORPUS CALLOSUM (MIDSAGITTAL MRI)

- TBA: Maximum thickness of anterior half of corpus callosum body
- Tr: Maximum thickness of rostrum

TBP: Maximum thickness of posterior half of corpus callosum body

STATISTICAL ANALYSIS

The statistical analysis was carried out using unpaired T-Test for results comparison between corpus callosum of males and females.

RESULTS

CC PARAMETER	MALE		FEMALE		P VALUE
	MEAN	STD DEV	MEAN	STD DEV	
Lc	7.2796	0.604277	6.9392	0.392089	.001**
Hc	2.5608	0.641261	2.3168	0.607086	.054
T	0.6516	0.152869	0.6088	0.132859	.138
Tmax	0.8412	0.153552	0.8256	0.170679	.632
Tmi	0.481	0.103278	0.4374	0.098723	.033*
Tr	1.1262	0.229764	1.0076	0.133333	.002*
Ts	1.139	0.193573	1.059	0.186046	.038*
TBA	0.7514	0.152891	0.803	0.228091	.187
TBP	0.7694	0.18246	0.7092	0.186404	.106
G-F	2.7528	0.461289	2.4232	0.32583	.001**
G-C	2.8176	0.302031	2.6464	0.274589	.004**
A-S	3.4358	0.31963	3.2528	0.343416	.007**
P-S	4.498	0.533096	4.3002	0.412748	.041*
T-S	3.6476	0.449015	3.6588	0.406471	.896
LB	15.9424	1.040562	15.2366	0.517559	.001**
F-A	3.580417	0.481703	3.424	0.318914	.060
O-P	5.742292	0.615924	5.31	0.494835	.001**
Lc/LB	0.457256	0.034547	0.455788	0.027681	.815
Ts/Lc	0.156931	0.027308	0.152535	0.0246	.400
Ts/LB	0.071653	0.012508	0.069584	0.012469	.410
T/Lc	.090124	0.022792	0.087836	0.019017	.587
T/Hc	0.266572	0.082574	0.273197	0.069187	.665

1. Lc, Tmi, Tr, Ts, G-F, G-C, A-S, P-S, LB, O-P were significantly greater in males with a 'p' value of <0.05 (fig.5)
2. Hc, T, Tmax, TBP, F-A were more in males, while TBA, T-S were more in females although statistically non-significant.

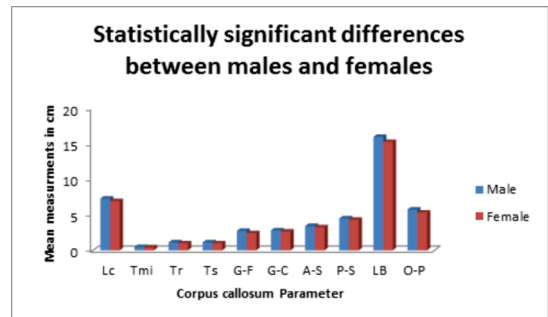


Fig.5: STATISTICALLY SIGNIFICANT DIFFERENCES BETWEEN MALES AND FEMALES

DISCUSSION

The results from this study show that morphometric differences do exist in anatomy of corpus callosum between males and females aged 20-60years. These morphometric parameters may be taken as standards to find any deviation from normal. In the present study sexual dimorphism was observed in the following parameters:-

1. Larger Lc in males compared to females ('p' value 0.001). Same results were also reported by Gupta T et al¹⁹, Suganthy et al¹⁴ and Elster et al²⁰.
2. Distance between Genu and Fornix (G-F), occipital pole to posteriormost point of corpus callosum (O-P) were same as in accordance with the study conducted by Gupta T¹⁹.
3. Length of brain were significantly greater in males ('p' value 0.001) as compared to females as also reported by Gupta T¹⁹.

4. No significant differences ('>p' value 0.005) in splenic thickness of either sex were found in this study unlike that reported by Bishop & Wahlstein²¹, Luders et al²², Witelson²³, Suganthy et al and Banka et al²⁴ where significant difference was found.

REFERENCES

- Pandya DN, Seltzer B. The topography of commissural fibres. In: Lepore F, Ptito M, Jasper HH, eds. *Two Hemispheres-One Brain: Functions of corpus callosum*. New York: Alan R. Liss, Inc, 1986: 47-74
- Lent R, Schmidt SL. The ontogenesis of forebrain commissures and the determination of brain asymmetries. *Prog Neurobiol* 1993; 40: 249-76
- Trevarthen C. Integrative functions of cerebral commissures. In: Boller F, Grafman J, eds. *Handbook of Neuropsychology*, Vol 4. Amsterdam: Elsevier Scientific Publishers B.v. 1990: 49-83
- Barkhof FJ, Elton M, Lindeboom J, Tas MW, Schmidt WF, Hommes OR. Functional correlates of callosal atrophy in relapsing - remitting multiple sclerosis patients. A preliminary MRI study. *J Neurology* 1998; 245: 153-5
- Estruch R, Nicolas JM, Salameo M, Aragon C, Sacanella E, Fernandez J et al. Atrophy of corpus callosum in chronic alcoholism. *J Neurol Sci* 1997; 146: 145-51
- Kohler CG, Ances BM, Coleman AR, Ragland JD, Lazarev M, Gur RC. Marchiafava-Bignami disease: literature review and case report. *Neuropsychiatry neuropsychology and Behavioural Neurology* 2000; 13: 67-76
- Pfefferbaum A, Lim KO, Desmond J, Sullivan EV. Thinning of corpus callosum in older alcoholic men: a magnetic resonance imaging study. *Alcohol Clin Exp Res* 1996; 20: 752-57
- Geschwind N. The apraxias: neural mechanisms of disorders of learned movements. *Brain* 1965; 63: 188-95
- Preilowski BFB. Possible contribution of the anterior forebrain commissures to bilateral motor coordination. *Neuropsychologia* 1972; 10: 267-77
- Kennerly SW, Diedrichsen J, Hazeltine E, Semjen A, Ivry RB. Callostomy patients exhibit temporal uncoupling during continuous bimanual movements. *Nat Neurosci* 2002; 5: 376-81
- Zaidel D, Sperry RW. Some long-term effects of cerebral commissurotomy in man. *Neuropsychologia* 1977; 15: 193-204
- Degos JD, Gray F, Louran F, Ansquer JC, Poirer J, Brabizet J. Posterior callosal infarction. *Brain* 1987; 110: 1155-71
- Eliassen JC, Bayness K, Gazzaniga M. Direction information coordinated via the posterior third of corpus callosum during bimanual movements. *Exp Brain Res* 1999; 128: 573-77
- Suganthy J, Raghuram L, Antonisamy B, Vettivel S, Madhavi C, Koshi R. Gender and age related differences in morphology of the corpus callosum. *Clin Anat* 2003; 16: 396-403
- Sullivan EV, Pfefferbaum A, Adalsteinsson E, Swan GE, Carmelli D. Differential rates of regional brain change in callosal and ventricular size: A four year longitudinal MRI study of elderly men. *Oxford University Press*, 2002: 438-45
- Utamsing L, Holloway R. Sexual dimorphism in human corpus callosum. *Science* 1982; 216: 1431-32
- Takeda S, Hirashima Y, Ikeda H, Yamamoto H, Sugino M, Endo S. Determination of indices of the corpus callosum associated with normal aging in Japanese individuals. *Neuroradiol* 2003; 45: 513-18
- Adams RD, Victor M. Special techniques for neurologic diagnosis. In: William J, Lamback, Navrozov M, eds. *Principles of neurology*, 5th ed. New York, Mc Graw Hill. 1993: 17
- Gupta T, Singh B, Kapoor K, Gupta M, Kochhar S. Age and sex related variations in corpus callosal morphology. *Nepal Med Coll J* 2008; 10(4): 215-21
- Elster AD, Dipersio DA, Moody DM. sexual dimorphism of human corpus callosum studied by MRI imaging: fact, fallacy and statistical confidence. *Brain Dev* 1990; 12(3): 321-25
- Bishop KM, Wahlsten D. Sex differences in human corpus callosum: myth or reality? *Neurosci Behav Rev* 1997; 21: 581-601
- Luders E, Rex DE, Narr KL, Woods RP, Jancke L, Thompson PM et al. Relationships between sulcal asymmetries and corpus callosum size: gender and handedness effects. *Cerebral Cortex* 2003; 13: 1084-93
- Witelson SF. Hand and sex differences in the isthmus and genu of human corpus callosum. A postmortem morphological study. *Brain* 1989; 112: 799-835
- Banka S, Jit I. Sexual dimorphism in the size of the corpus callosum. *J Anat Soc of India* 1996; 45: 77-85