

Third Head of Biceps Brachii in a Female Cadaver – A Case Report.



Medical Science

KEYWORDS :

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ABSTRACT

Supernumerary heads of biceps brachii are very common. We encountered supernumerary head of bicep brachii in a female cadaver during routine dissection. It originated from the tip of coracoids process by a thin tendinous form and medial to the main bicep brachii muscle and got inserted into the medial intermuscular septum and medial epicondyle. Such variations may cause compression of neuro vascular structures hence these facts are not only important to anatomist but also for orthopedic and plastic surgeons.

INTRODUCTION

As implied by its name Bicep brachii typically arises by two heads - the long head which is intracapsular arises from the supraglenoid tubercle by means of a long tendon and then passes between the two humeral tubercles where it is held in place by weak transverse humeral ligament and is crossed anteriorly by tendon of pectoralis major. The short head is also tendinous at its origin and arises with the coracobrachialis from the tip of coracoid process¹. Biceps brachii gets inserted into ways - the tendon of bicep brachii passes deeply between flexor and extensor muscles into the cubital fossa and attaches to the posterior part of tuberosity ulna while the aponeurotic part which arises from the lower medial border of tendon joins the antebrachial fascia.

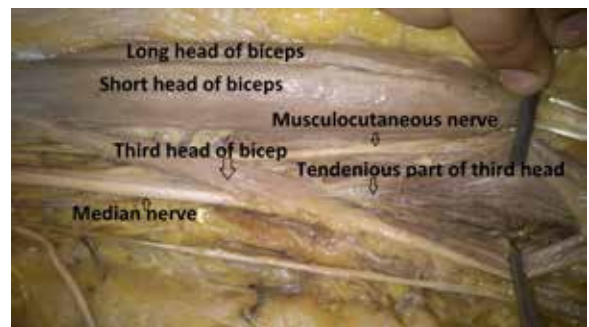
CASE REPORT

In the present study we have found a third head of biceps brachii in a female cadaver on left side. The long and short head of biceps brachii originated as usual but the third head took tendinous origin from the tip of the coracoid process along with short head and ran downwards medial to the short head. Musculocutaneous nerve was found below the third head. There was a main branch from the musculocutaneous nerve that divided into three twigs to supply long, short and third head of biceps brachii. In the upper part of the arm, median nerve and brachial artery was found to lie medial to this third head while in the lower part of the arm the third head covered the median nerve and brachial artery. Further the long and the short head inserted in a normal way while the third head became tendinous in the lower part and mingled with the medial intermuscular septum and antebrachial fascia.

DISCUSSION

Most common anomaly of biceps brachii is the presence of three or more heads. Many studies have been reported regarding the supernumerary heads of biceps brachii. In a study conducted by Ramakrishna Avadani on 48 arms, 16.67% of three headed biceps brachii were noted on the left side². Another study of Muktyaz Hussein reported third head of biceps brachii originating from pectoralis major muscle's tendon³. An accessory head of biceps

brachii overlying the brachialis muscle originated from antero-medial surface of humeral shaft and inserted along the common bicep tendon was also reported by Nuket Mas⁴. Baris Ozgur conducted a study where supernumerary head of biceps brachii were found to arise from medial and lateral lips of intertubercular groove⁵. The supernumerary head of biceps brachii and long head originating from deltoid and pectoralis major muscles are also reported by Nayak and Krishnamurthy⁶. A study was conducted on 350 arms by Rodriguez and the supernumerary heads of biceps brachii were classified into 3 different types as Superior, Inferomedial and Inferolateral humeral head⁷. According to Testut, the embryological reason for such supernumerary heads could be due to musculocutaneous nerve piercing the brachialis muscle or because of translocated insertion of brachialis muscle from ulna to radius. This supports the hypothesis of functional adaptation⁸.



CONCLUSION

Muscular system in man is subjected to multiple variations. Knowledge of such variations is important as these supernumerary heads may cause neuro vascular compression, they may give additional strength to the muscle and they are of more value to surgeons who are involved in performing flap and plastic surgeries. Hence the knowledge of supernumerary is important to prevent erroneous interpretations during surgical procedures.

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