CADAVERIC ANATOMY AND RELATIONSHIP OF PHRENIC NERVE AND SUBCLAVIAN VEIN

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Abstract
Introduction: Deep knowledge of anatomy is an essential part of surgical practice. Students of medical sciences gain knowledge and theoretical data through actual visualization of anatomic structures of the cadavers also anatomic relations can be studied more efficiently by practicing on cadavers. As phrenic nerve may be damaged during subclavian vein catheterization the relationship between the phrenic nerve and the subclavian vein is of clinical interest. During the subclavian vein catheterization analogous variable relationships are helpful to explain and prevent damage to the phrenic nerve.

Material and Methods: Dissection was started from the root of the neck. No surgical scars, gross anatomical and morphological abnormalities was noted on the cadaver. Measurements were taken during the anatomical dissections.

Results: Of the 36 cadavers dissected in 34 (94.44%) cases phrenic nerve was found posterior to the subclavian vein and in 2(5.56%) cases found anterior to the subclavian vein of which one case was male and the other was female. In the male case in which phrenic nerve was passing anterior to the subclavian vein, it was adherent to the anterior wall of the subclavian vein and was not piercing the vein wall.

Conclusion: The cannulating needle may damage the phrenic nerve which is adherent to the subclavian vein. So, the puncture site should be more laterally at the outermost portion of the subclavian vein. Anatomical variants during invasive practical procedures should be always kept in mind.

Keywords: phrenic nerve, subclavian vein, phrenic nerve palsy, catheterization.

Introduction:
Deep knowledge of anatomy is an essential part of surgical practice. The main teaching modality in anatomy education was cadaveric which was introduced in the ancient times. From the viewpoint of anatomy and physiology in the 3rd century AD, the first human cadaveric dissections were performed in Greece by Herophilus of Chalcedon and Erasistratus of Chios to understand the whole body. However, religious and moral attitudes and taboos towards physicians and medical schools had many detrimental effects on the scientific value of cadaver-based education. Students of medical sciences gain knowledge and theoretical data through actual visualization of anatomic structures of the cadavers also anatomic relations can be studied more efficiently by practicing on cadavers.

As phrenic nerve may be damaged during subclavian vein catheterization the relationship between the phrenic nerve and the subclavian vein is of clinical interest. The phrenic nerve usually enters the thoracic cavity posterior to the subclavian vein⁴. The terminal branches of phrenic nerve pierce the diaphragm and travel on the abdominal surface of the diaphragm supplying the parietal peritoneum through connections with branches of celiac plexus⁵. During the subclavian vein catheterization analogous variable relationships are helpful to explain and prevent damage to the phrenic nerve.

Material and Methods:
Present study was carried out in the department of Anatomy in K.M. Medical College and Hospital, Mathura (UP). During dissection of 36 cadavers, 25 male and 11 female we found the topographical
relationship of the subclavian vein and the phrenic nerve at the thoracic outlet. Dissection was started from the root of the neck. Nosurgical scars, gross anatomical and morphological abnormalities was noted on the cadaver. Measurements were takenduring the anatomical dissections.

Results:
36 cadavers dissected in 34 (94.44%) cases phrenic nerve was found posterior to the subclavian vein and in 2(5.56%) cases found anterior to the subclavian vein of which one case was male and the other was female. In the male case in which phrenic nerve was passing anterior to the subclavian vein, it was adherent to the anterior wall of the subclavian vein and was nor piercing the vein wall.

Discussion and Conclusion:
The phrenic nerve is sole motor supply to the corresponding half of the diaphragm, and it sends afferent fibres from the diaphragm, pericardium, pleura, and peritoneum.

Commonly phrenic nerve arises from the 4th cervical root with occasional contributions from 3rd and 5th cervical root. It almost descends vertically on the outermost portion of the subclavian vein. Anatomical dissections are important in improving surgical and technical knowledge for surgery residents. Detailed practice dissection of surgical procedures prior to live patient operations, increase the confidence levels and surgical skills.

There can be compression of the phrenic nerve by the rigid tip of the venous catheter without perforating the subclavian vein can occur and Phrenic nerve palsy generally represents an immediate complication of subclavian venepuncture. Also, large needle size and repeated attempts are predominant factor for more severe nerve injury.

An accessory phrenic nerve is present in about 61.8% to 75% of the people. Loukas et al in their study reported that in 45% cases, the loop between the phrenic and accessory phrenic nerve involved the subclavian vein. Codesido and Guerri-Gutenberg reported a case of accessory phrenic nerve passing through an annulus of the subclavian vein located 1 cm away from the jugulosubclavian junction.

In our study of 36 cadavers, 34 (94.44%) cases phrenic nerve was found posterior to the subclavian vein and in 2(5.56%) cases found anterior to the subclavian vein of which one case was male and the other was female. In the male case in which phrenic nerve was passing anterior to the subclavian vein, it was adherent to the anterior wall of the subclavian vein.

The cannulating needle may damage the phrenic nerve which is adherent to the subclavian vein. So, the puncture site should be more laterally at the outermost portion of the subclavian vein. Anatomical variants during invasive practical procedures should be always kept in mind.

References:


