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**Case Report**

# A Potentially Hazardous Superficial Ulnar Artery, Supernumerary Lung Fissures, Undescended Caecum and Many More – A Cadaveric Case Report of Multiple Anomalies

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## ABSTRACT

**Introduction:** Anatomical anomalies, though often isolated, can occasionally present as multiple deviations within a single individual, offering valuable insight into the complexity and diversity of human anatomy.

**Case report:** This cadaveric case report details a rare combination of anatomical variations observed during routine dissection at a tertiary care medical college in Chennai in 2025. A 68-year-old male cadaver was found to have four distinct anomalies: a superficial ulnar artery (SUA) arising from the axillary artery; a supernumerary fissure in the right lung creating a fourth lobe; an undescended caecum and appendix located in the subhepatic region; and bilateral absence of the plantaris muscle. The superficial ulnar artery followed an unusual superficial course, increasing the risk of iatrogenic injury during procedures such as venipuncture or intravenous cannulation. The supernumerary fissure, categorized under Craig & Walker Type II classification, divided the inferior lobe of the right lung, a variation that may complicate pulmonary surgery. The subhepatic positioning of the caecum and appendix, while often asymptomatic, could mimic hepatobiliary pathology and present diagnostic challenges in cases of acute appendicitis.

**Conclusion:** This report contributes to the growing body of literature on anatomical variations by documenting a unique confluence of multiple anomalies not previously reported together. Recognition and understanding of these variations are crucial in preoperative planning, imaging interpretation, and surgical safety.

**KEY WORDS:** Superficial Ulnar Artery, Sub Hepatic Caecum, Accessory Lobes In Lung, Multiple Anomalies.

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## INTRODUCTION

Anomalies in human anatomy are relatively rare and provide valuable insights into the variations and complexities of the human body. While some anatomical deviations are isolated, others may present in conjunction with multiple anomalies, complicating both diagnosis and treatment. A "multiple anomaly" refers to the occurrence of two or more abnormalities in the same individual, which can be congenital or acquired, and

may affect various organ systems. These variations may result from a genetic condition, syndromic or non-syndromic, where anomalies arise independently without a shared aetiology etc. The understanding of multiple anomalies has evolved over time, with earlier studies primarily focusing on isolated anomalies [1], while recent research has expanded to document cases of complex combinations [2].

This case report focuses on an instance where multiple anomalies were identified in the same cadaver, which were not previously documented in this specific combination. The abnormalities included anomalous origin of right ulnar artery (superficial ulnar artery), super-nummary fissures in the right lung, undescended caecum and appendix, bilateral absence of plantaris muscle. The anomalies observed can serve as a valuable contribution to the understanding of anatomical diversity. may offer a broader perspective for clinicians when confronted with rare or complex cases. The significance of such findings lies not only in their rarity but also the potential risks it imposes during the procedures.

## CASE REPORT

During routine dissection, for under graduate phase 1 students, in a tertiary care medical college in Chennai, in 2025, multiple anomalies were noted in the same cadaver. This cadaver was of a 68 year old male, embalmed and stored in formalin since 2 years. The first anomaly was noted during the dissection of the upper limb, the right ulnar artery was seen to arise from the third part of Axillary artery, in the axilla. The artery had a superficial course hence literatures call it the 'superficial Ulnar Artery"[3]. The superficial ulnar artery emerged between the two roots of the median nerve and passed medially in the arm along the course of the median nerve, entered the forearm by crossing roof of cubital fossa. In the forearm it gave a few branches to the muscles of the forearm and courses distally to anastomose with radial artery to form the superficial palmar artery in the palm. On inspection the artery was thin walled than that of left ulnar artery. The brachial artery in the cubital fossa divided into the radial and posterior interosseous artery. The ulnar artery of the left side was found to be normal, arising from the brachial artery at the level of the neck of the radius. [Figure 1]

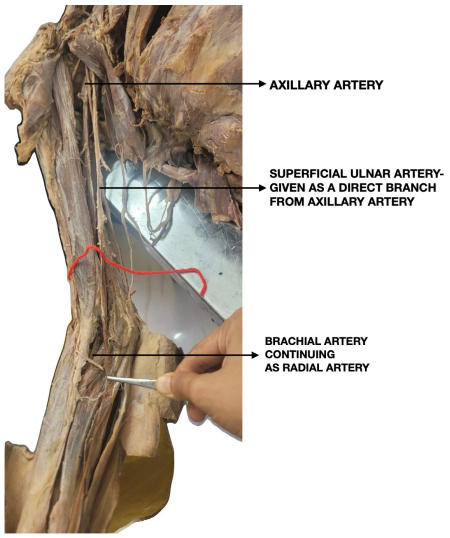


**Fig. 1:** superficial ulnar artery branching directly from axillary artery.

The thoracic region dissection in the same cadaver showed that the right lung had four lobes. The inferior lobe of the right lung had an anomalous incomplete fissure, which divided the inferior lobe into two smaller lung lobes. This belongs to the category II according to Craig & Walker classification of lung lobes [4]. The fissure measured 7.5 cm in length and there was parenchymal communication at the base of the cleft. This additional lobe looked similar to the other lobes. [Figure 2]

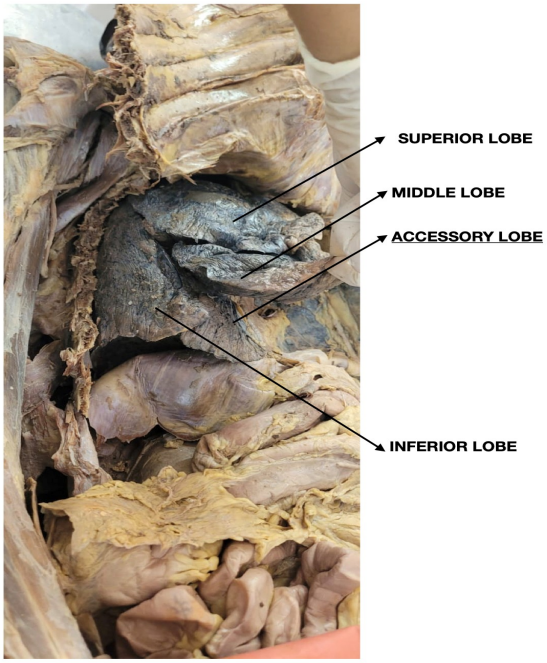


**Fig. 2:** Figure showing right lung with four lobes.

During dissection of the abdominal region the caecum and appendix was abnormally located in the subhepatic region unlike the normal location in

the right iliac fossa. The appendix was directed towards the inguinal region. The ascending colon was short. There was no other anomaly observed in any other part of the gut. [Figure 3] Absence of the plantaris muscle was noted in both lower limbs.

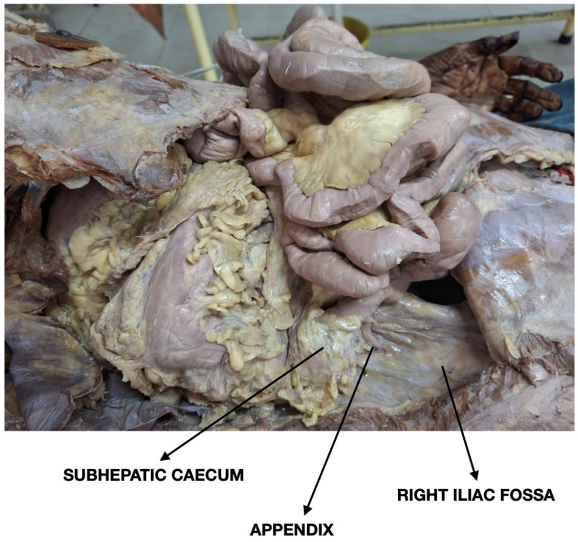


**Fig. 3:** Caecum and appendix located in the sub hepatic region.

## DISCUSSION

As cadaveric studies continue to play a vital role in medical education, reporting cases with multiple anomalies provides a valuable resource for healthcare professionals in navigating the complexities of human anatomical variations [5]. The superficial ulnar artery (SUA) is an anatomical variant of the ulnar artery, arising from the brachial or axillary artery and coursing superficially along the forearm. In the present study it was found to arise from the axillary artery in the axilla. While rare, with an incidence reported between 0.7% to 9.4% in cadaveric and angiographic studies, its presence holds significant clinical relevance, especially in surgical and invasive procedures involving the forearm and hand [6-8]. The clinical relevance of this aberration has been discussed in various studies, hence its importance is evident [9-14]. This aberrant positioning places the artery at increased risk during venipuncture, intravenous cannulation, or trauma [15]. This is because from a clinical perspective, the SUA may be mistaken for a vein due to its superficial location, particularly at the level of the cubital fossa. Unintentional intra-arterial injections can lead to arterial spasm, thrombosis, or distal limb ischemia [16]. Furthermore, the SUA may serve as a vital collateral in cases of arterial occlusion or be incorporated into vascular grafting or flap surgeries. Awareness of this variant is thus crucial during preoperative planning and intraoperative navigation [17].

**Table 1:** Comparative analysis of Aberrant Superficial Ulnar Arteries in previous studies (2007–2025).

| | Author(s), Year | Sample Size / Type | Methodology | Key Findings | Clinical Relevance |
|---|---|---|---|---|---|
| 2007 | Senanayake KJ, Salgado S, Rathnayake MJ, Fernando R, Somarathne K, 2007 [9] | 1 cadaver | Anatomical dissection | Superficial ulnar artery originating from brachial artery; superficial course in forearm | Highlights potential for vascular injury during surgical procedures; importance of preoperative imaging |
| 2018 | Sato K, Murakami K, Mimata Y, Kikuchi Y, Oikawa R, Doita M, 2018 [10] | 1 cadaver | Anatomical dissection | Superficial ulnar artery crossing over palmaris longus tendon at the wrist | Emphasizes risk of misidentification during tendon grafting or flap harvesting |
| 2022 | Pattani S, Irshad S, Sewo L, Dacquel M, Narayan V, Dhiman S, 2022 [11] | 1 cadaver | Anatomical dissection | Superficial ulnar artery originating directly from brachial artery; superficial course | Highlights potential risk of injury to patients during surgery; importance of awareness in surgical planning |
| 2023 | Azuma S, Nakamura M, Sato K, Honda T, Sakuraba M, 2023 [12] | 1 clinical case | Microsurgical repair | Superficial ulnar artery laceration requiring vascular anastomosis under microscope | First clinical case of recognizing and repairing superficial ulnar artery anomaly; important for hand surgeons |
| 2021 | Sakulsak N, Phuapittayalert L, 2021 [13] | 1 cadaver | Anatomical dissection | High origin of superficial ulnar artery; bitendinous palmaris longus | Important for surgical procedures involving forearm flaps and tendon grafting |
| 2021 | Clarke E, 2021 [14] | Historical specimens | Anatomical review | Variations in superficial ulnar artery observed in historical specimens | Provides insight into the embryological development and classification of arterial variations |
| 2025 | Present Case Report | 1 Cadaver | Anatomical Dissection | Superficial Ulnar Artery Is A Branch Of Axillary Artery, Goriginating From The Axilla, Crossing The Cubital Fossa Superficially | Pose A Significant Risk During Venupuncture. May Lead To Inadvertant Intra Arterial Injections |

**Table 2:** Comparative analysis of Aberrant subhepatic caecum in previous studies (2021–2025).

| | | Author(s), Year | Sample Size / Type | Methodology | Key Findings | Clinical Relevance |
|---|---|---|---|---|---|---|
| 1 | 2021 | Palle P, Ramavath K, Sindhu N, et al., 2021 [25] | 1 clinical case | Laparoscopic surgery | Subhepatic acute appendicitis; managed successfully via laparoscopic appendectomy | Demonstrates feasibility of laparoscopic approach in managing subhepatic appendicitis |
| 2 | 2021 | Sekendar Ali SK, Mukhopadhyay NN, 2021 [26] | 1 clinical case | Exploratory laparotomy | Subhepatic perforated appendicitis with abscess formation; surgical management | Emphasizes the importance of high clinical suspicion and timely surgical intervention |
| 3 | 2021 | Ali SKS, Mukhopadhyay NN, 2021 [26] | 1 clinical case | Exploratory laparotomy | Subhepatic appendicitis with perforation and abscess; managed surgically | Highlights the rarity and diagnostic challenges of subhepatic appendicitis |
| 4 | 2022 | Papageorgopoulou C, Nikolakopoulos K, Seretis C, 2022 [27] | 1 clinical case | Laparoscopic surgery | Acute appendicitis in undescended cecum; laparoscopic appendectomy with repositioning | Discusses surgical approach and anatomical considerations in managing undescended cecum |
| 5 | 2022 | Yousef A, Suleimanov M, 2022 [28] | 1 clinical case | Ultrasound & CT imaging | Subhepatic appendicitis causing recurrent abdominal pain | Emphasizes role of imaging in atypical right upper quadrant pain |
| 6 | 2022 | Malik S et al., 2022 [29] | 1 clinical case | Open surgery | Subhepatic appendix in child with typical symptoms | Highlights pediatric surgical implications of cecal malposition |
| 7 | 2024 | Anelay BA, Chekol AM, Tigabie W, et al., 2024 [30] | 1 clinical case | Surgical exploration | Malrotated subhepatic cecum with gangrenous appendicitis; laparotomy performed | Highlights diagnostic challenges and surgical considerations in atypical appendicitis cases |
| 8 | 2024 | Hansraj S et al., 2024 [31] | 1 clinical case | Laparoscopic surgery | Long subserosal subhepatic appendix with recurrent pain | Diagnosing recurrent appendicitis requires awareness of unusual positions of appendix |
| 9 | 2024 | Anelay J et al., 2024 [32] | 1 clinical case | Surgical exploration | Subhepatic gangrenous appendicitis with cecal malrotation | Important differential in acute abdomen with upper quadrant symptoms |
| 10 | 2024 | Charo Q et al., 2024 [33] | 1 clinical case | Case report with imaging | Subhepatic cecum involved in colonic volvulus | Cecal volvulus diagnosis complicated by anatomical displacement |
| 11 | 2025 | Shetty RR et al., 2025 [34] | 1 cadaver | Anatomical dissection | Subhepatic cecum with multiple associated anomalies | Highlights rare but important anatomical variation for surgeons and radiologists |
| 12 | 2025 | Present case report | 1 | Anatomical dissection | Subhepatic cecum with multiple associated anomalies | Highlights the importance of knowledge of anatomical anomalies and to be aware of probable associated anomalies |

Embryologically, the variation arises from atypical development or persistence of the superficial brachial artery, a transient structure in early limb bud vasculature. Its persistence and anastomosis with the distal ulnar artery form the basis for the SUA [18]. Imaging modalities such as Doppler ultrasonography, CT angiography, or MR angiography are invaluable tools for pre-procedural detection of the SUA. Routine use of Doppler assessment before cannulation in the cubital fossa can prevent inadvertent arterial injury, particularly in settings where arterial anomalies are suspected or prevalent [19].

**Supernummary Lung Fissures:** In typical human anatomy, the right lung is divided into three lobes (upper, middle, and lower) by the horizontal and oblique fissures, whereas the left lung has two lobes (upper and lower) separated by a single oblique fissure. Accessory fissures arise from incomplete fusion of adjacent bronchopulmonary segments and can result in partial or complete division of these segments [20]. The most common types of supernumerary fissures include:

- **Azygos fissure**: Most frequently observed, resulting from an abnormal lateral course of the azygos vein through the right upper lobe, forming a characteristic curved line on imaging.
- **Superior accessory fissure**: Separates the superior segment of the lower lobe from the basal segments.

· **Inferior accessory fissure**: Divides the medial basal segment from the other basal segments.

· **Left horizontal fissure**: A rare finding that mimics the right horizontal fissure on the left side.

**The fissure in the present study comes under inferior accessory fissure.** Knowledge of accessory fissures can influence the surgical approach during procedures such as segmentectomy or lobectomy, where unrecognized fissures may lead to incomplete resection or postoperative complications like air leaks [21].

**Undescended Caecum:** During normal embryogenesis, the midgut undergoes a 270° counterclockwise rotation around the superior mesenteric artery (SMA), followed by the descent of the caecum from the subhepatic region to the right iliac fossa by the 9th–12th week of gestation.[22] Failure of this descent results in the caecum remaining in a subhepatic, mesogastric, or epigastric location [23]. This condition may or may not be associated with malrotation of the entire midgut.

An undescended caecum is typically asymptomatic but may be discovered incidentally during imaging or surgery. However, it becomes clinically relevant in certain conditions especially **Acute Appendicitis.** Atypical location of the caecum can alter the position of the appendix, potentially leading to diagnostic confusion. For example, a subhepatic caecum may result in right upper quadrant pain, mimicking cholecystitis or hepatobiliary pathology [24]. The table of comparison between the previous cases of subhepatic caecum and the present id tabulated, it clearly shows the clinical relevance and importance of knowing such an anatomic variation is possible [25-35]. In the present case report the undescended caecum and appendix is subhepatic position (lumbar caecum). This was not associated with any other anomalies in the gut.

Although often isolated, an undescended caecum may be associated with **Midgut malrotation**, **Congenital bands or adhesions** and/or **Internal hernias or volvulus**, especially if associated with other malfixation anomalies [35].

## CONCLUSION

In conclusion, the superficial ulnar artery, abnormal lung fissures and lobes and undescended caecum are clinically important anatomical variants that can significantly impact procedural safety and surgical outcomes. Surgeons, anaesthetists, and interventional radiologists must maintain a high index of suspicion for these variations during procedures. Preoperative imaging and meticulous anatomical knowledge remain the cornerstones of preventing iatrogenic complications.

## Author Contributions

**Rahe Rajan:** Cadaveric dissection, identification of anomalies, Manuscript writing. **Renuka Devi M.R:** Manuscript writing, expert opinion. **Durga Devi G:** Cadaveric dissection, expert suggestion. **Devaki P.R:** Manuscript evaluation. **Jinu Merlin Koshy:** Cadaveric dissection, photography, and manuscript evaluation

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## Conflicts of Interests: None

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