

## PREVALENCE AND VARIATIONS OF CARTILAGO TRITICEA

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### ABSTRACT

**Background:** Text-books in Anatomy describe the presence of 'small and unimportant cartilage triticea (like a wheat grain)'. The lateral portion of thyrohyoid ligament is round cord like and very elastic and in its upper part contains a small nodule. The cartilage triticea probably reinforce the thyrohyoid ligament. It presumably adds to the strength of ligament.

**Objective:** The objective of this study was to determine the prevalence of triticeous cartilage and to study its shape, dimensions and weight.

**Material and method:** The study was carried out on 50 Laryngeal preparations from cadavers of both sexes. Presence/Absence of cartilage triticea was observed. The cartilages were cleaned and preserved in 5% formalin. Dimensions (length and diameter) of triticeous cartilages were measured with the help of digital Vernier caliper. The measurements were taken to the nearest 0.01 mm. The cartilages were weighed on Single pan electronic balance (sensitive to 0.01 gm).

**Result:** In the present study prevalence of triticeous cartilages was 58 % (40% bilaterally and 18% unilaterally). The shapes varied from oval (44%) to spindle shaped (8%). Its length varied from 3.37 to 13.94 mm. Its diameter 2.4 to 4.79 mm. In one case unilaterally two cartilage triticea were found. Very interesting variation in lateral thyrohyoid ligament were observed varying from its complex absence due to the union of superior cornu of thyroid to greater cornu of hyoid. The weight of cartilage triticea was varying from 11 mg to as much as 109 mg.

**Conclusion:** It seems that the prevalence of triticeal cartilage is quiet variable in studies carried out in the different population. Knowledge of shape size and location of cartilage triticea can be of great help in differentiating it from carotid atheroma and other dystrophic calcifications of soft tissue.

**KEYWORDS:** Cartilago triticea, Prevalence, Variations.

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### INTRODUCTION

Triticeous cartilages are bilateral ovoid structures that are part of a complex of structures found in the area of the laryngeal skeleton. Text-books in Anatomy describe the presence of 'small and unimportant cartilage triticea (like a wheat grain) [1,2,3]. The lateral portion of thyrohyoid ligament is round cord like and very elastic and in its upper part contains a small nodule of cartilage known as the cartilago triticea [4].

The cartilage triticea probably reinforce the thyrohyoid ligament. It presumably adds to the strength of ligament [3]. Differential diagnosis of the structures that constitute the carotid region is extremely important. It is necessary to have extensive knowledge of all anatomical structures that may produce radiographic images similar to carotid atheroma, such as the hyoid bone, the epiglottis, calcified stylomandibular and stylohyoid ligaments, and the