

with the eye opening and the initiation of vision. We present additional evidence, that the localisation of caveolin-1, src, rhodopsin-kinase and rhodopsin show a similar pattern. The arrangement is similar not only at the location of the synthesis, but also during the intracellular transport. Double-label immunocytochemistry and immunoprecipitation were used to prove the colocalization of these molecules. Since caveolin-1 and src, typical components of lipid rafts, are also associated with this complex, presumably these molecules are connected by lipid rafts and their transport to the outer segments is modulated by caveolin-1. This latter protein may also have a role in the regulation of phototransduction.

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Anatomical features of the aberrant extensors to the index finger and its clinical importance

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Independent ability to extend the index is necessary to know the existence of some variant muscles including, extensor indicis proprius (EI), extensor medii proprium (EMP) and extensor indicis medii proprium (EIMP) to the index finger. The EI, EMP and EIMP transferred for conditions such as lost function as a result of trauma, rheumatoid arthritis, ulnar nerve palsy, cervical spinal cord injury, and hypoplasia of the thenar muscle.

Fifty-four dissected hands were examined to study of the aberrant extensor tendons to the index finger. The aberrant tendons were classified the arrangements into six types from A to F.

In all 54 hands, a tendon originated from EI muscle belly and was inserted into ulnar side of the extensor digitorum (EDC) tendon for the index finger at the level of the metacarpal head. In 36 specimens (66.7%), only this tendon was found, and thus this type regarded Type A. In Type B, both of the bifurcated slips were situated on the ulnar side of the EDC tendon of the index finger in one case (1.85%). In four specimens (7.4%), the aberrant second tendon attached to the radial side of the dorsum of the index finger in Type C. In Type D, the radial tendon in the other case bifurcated at the middle level of the metacarpus specimens in two (3.7%) specimens. One of these slips was inserted into the radial side of the dorsum of the index finger. The other attached to the tendon of the extensor pollicis longus. In Type E, the Type D was added the EMP in two specimens (3.7%). In Type E, the supernumerary tendon as EMP was Type A in nine specimens (16.6%). In 12 hands (22.2%), the tendons of EMP was found. The EIMP was detected in a specimen (1.85%).

The existence of the supernumerary tendons of the index fingers is more frequently encountered on the ulnar side of the extensor digitorum-index than on the radial side. Knowledge of variant muscles and tendon multiplicity has clinical importance in cases of traumatized hand requiring tendonplasty or tendon transfer operations.

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