

the venous anastomoses showed 8 morphological types of distribution in the case of the venous intersegmentary anastomoses and 9 morphological types in the case of venous intrasegmentary anastomoses. The situation when the middle hepatic vein and the left hepatic vein form a common trunk of drainage into the inferior vena cava and the right hepatic vein drains alone favors the apparition of intra- and intersegmentary venous anastomoses. These anastomoses appear in the normal liver (without previous hepatic disease). Knowing these aspects of morphologic interrelation between the elements of origin of the hepatic veins could facilitate the planning of surgery for liver resection or transplant, considering that the venous anastomoses interconnect hepato-venous segments.

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\*Corresponding author  
E-mail: [niculescu.virgil@gmail.com](mailto:niculescu.virgil@gmail.com)

## Aspects regarding the morphological variability of superior thyroid artery

V Niculescu\*, P Matusz, A-M Jianu, MC Niculescu, I-C Ciobanu, L-G Stana, E Daescu

Department of Anatomy, Faculty of Medicine, University of Medicine and Pharmacy Victor Babes, Timisoara, Romania

Vascularization of the thyroid gland is realized by two superior thyroid arteries, which irrigate superior and anterolateral part of thyroid lobe and two inferior thyroid arteries, which irrigate inferior and inferomedial part of the gland. The study was made in the Laboratory of Anatomy at the University of Medicine and Pharmacy Victor Babes, Timisoara, on 120 corpses. To point out superior thyroid artery, we used the method of macroscopic dissection correlated with injection of colored plastic materials (latex). During the dissection we followed the origin, the line, the size and the connections of superior thyroid artery. We come up to the following conclusions: the missing of the superior thyroid artery, unilateral or bilateral, although is written in the anatomical literature. This absence isn't frequent and it exists when the lateral thyroid lobe is missing; the origin of the superior thyroid artery has its variability: 35,8% from the common carotid artery, 36,6% from the external carotid artery, 27,5% from the bifurcation of the carotid artery; the initial direction of the superior thyroid artery may present some variability: ascendant(17%), horizontal (39%) and descendant (44%); in one case we found a common trunk between superior thyroid artery and lingual artery, the origin of the common trunk, in this case, being situated above the carotid bifurcation.

\*Corresponding author  
E-mail: [niculescu.virgil@gmail.com](mailto:niculescu.virgil@gmail.com)

## The incisive canal – an obstacle in oral implantology?

V Nimigean\*, VR Nimigean, N Maru, MC Rusu, AC Didilescu, DI Salavastru

The Faculty of Dentistry, University of Medicine and Pharmacy, Bucharest, Romania

To assess whether the incisive canal and its content could represent an anatomic obstacle for implant prosthetic rehabilitation. This study was realised for determination of the accurate implants positioning in the anterior maxilla.

For the evaluation of the typical shape of the incisive canal and surrounding bone with respect to the presence or absence of upper incisors, we accomplished dissections on formalized human cadavers (25) and CT examinations on 15 young adult patients which needed implant prosthetic rehabilitation in the region of maxillary central incisors.

The alveolar bone quantity in the incisor region was significantly reduced in high at the level of the labial surface, the alveolar ridge being in a posterior and palatal position in the edentulous maxillae compared with the dentate ones. It was