



The results were tabulated as below :

Spine of the sphenoid :

Absent	=	07 (10.6%)
Shape		
<i>Pointed</i>	=	28 (42.4%) Grooved anteriorly : 01 (3.5%) (Range of length 02 cm to 12 cms, mean 07 cm)
<i>Plate</i>	=	16 (24.2%) (range of length 0.2cm to 1.2cms means 0.7cm)
<i>Spicule</i>	=	12 (18.2%)
Ossified Pterygospinous ligament	=	03 (4.5%)

DISCUSSION

Our results on pterygospinous ligament in three out of 66 cases were in agreement with the study done of the spine of sphenoid by Synder and Blank² where the authors mention the ossification of the pterygospinous ligament with a forament in the ossified ligament which allows the passage of the nerves and the vessels

for the medial pterygoid muscle.

The anterior ligament of the malleus and the speno-mandibular ligament, both are remnants of the sheath of intermediate part of the Meckel's cartilage^(3,4). Since both these ligaments are attached to the intervening spine of sphenoid, it may be conjectured that this spine also develops from the Meckel's cartilage. {This fact has been shown only by Halim (illustration no. 24.4 on page 218 of his textbook of anatomy (volume 3). The pull of the two ligaments, in different directions may be responsible for varying shape of size of the spine, which in tum can cause pressure on the two nerves related on either side of the spine.

REFERENCE

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- 3 Williams, PL; bannister, LH; Berry, MM; Collings, P; Dyson, M; Dussek, JE; Ferguson, MWJ. Gray's Anatomy. In: Embryology and Development. 38th Edition, Edinburgh : Churchill Livingstone, pp. 278 1995)
- 4 Williams, PL; bannister, LH; Berry, MM; Collings, P; Dyson, M; Dussek, JE; Ferguson, MWJ. Gray's Anatomy. In : Skeletal system. 38th Eition, Edinburgh : Churchill Livingstone, pp. 586-87. (1995).

Compiled by Dr. P. Chhattree

Literature Review

Thirteen years experience of treatment of renovascular hypertension with transluminal angioplasty shows that this is a feasible treatment option.

K.A. Overhus et al, 15th Scientific Sessions, ESH, Milan, 2005.

Percutaneous transluminal renal angioplasty (PTRA) is a feasible treatment option to achieve control of renovascular hypertension, as per a study reported at the just concluded scientific session of ESH. In this follow-up study 121 patients with renal artery stenosis treated with PTRA in the period from 1991 to 2003 were selected. The methodology adopted by the study authors is described as follows: (a) screening with conventional renography with Tc- DTPA; (b) in cases with positive screening renography, the examination was repeated with/ without ACE - Inhibition; (c) plasma renin was measured before/after ACE - Inhibition; (d) If relative renal function was changed by the administration of ACEI or plasma renin increased more than 4 fold, renal angiography was performed. Based on above data the patients were further treated: (i) PTRA was performed if renal artery stenosis was found. (ii) The blood pressure and anti hypertensive medications were recorded before and after PTRA and at 1 month, 6 month, 1 year and the latest follow-up; (iii) The patients were divided into three groups: *Group 1* : normotensive without medication, *Group 2* : improved blood pressure control, *Group 3*: unchanged blood pressure. **Renal artery stenosis dilated with PTRA in 121 patients (72 men, 49 women);** stent was implanted in 71 patients. At the end of the follow-up period (*mean 41 months, 1 1/2 - 155 Months*) Patients numbers in various group : *Group i* = 13 Patients; *Group ii* = 96 Patients; *Group iii* = 12 Patients; managable complications with this treatment The authors concluded that PTRA is a feasible treatment of renovascular hypertension as 90% of the patients treated had better blood pressure control, and 11% were normotensive without medication throughout the follow-up period.

Use of Tamsulosin results in stone expulsion in almost all patients allowing complete home treatment *Dellabella M, Milanese G, Muzzonigro G J Urol. 2005 Jul; 174(1):167-72*

Recent studies show the interesting efficacy of different drug combinations for the spontaneous expulsion of distal ureteral stones. We performed a randomized, prospective study to assess and compare the efficacy of 3 drugs as medical expulsive therapy for distal ureteral calculi. A total of 210 symptomatic patients with distal ureteral calculi greater than 4 mm were randomly allocated to home treatment with phlorogucinol, tamsulosin or nifedipine (groups 1 to 3, respectively). Each group was given a corticosteroid drug and antibiotic prophylaxis with an injectable nonsteroidal anti-inflammatory drug was also used on demand. The primary end point was the expulsion rate and the secondary end points were expulsion time, analgesic use, need for hospitalization and endoscopic treatment as well as the number of workdays lost, quality of life and drug side effects. The expulsion rate was significantly higher in group 2 (97.1%) than in groups 1 (64.3%, P<0.0001) or 3 (77.1%, p<0.0001). Group 2 significantly achieved stone passage in a shorter time than the other 2 groups and showed a significantly decreased number of hospitalizations as well as a better decrease in endoscopic procedures performed to remove the stone. The control of renal colic pain was significantly superior in group 2 compared with the other groups, resulting in fewer workdays lost. Compared with group 1. No difference in side effects was observed among the groups. Medical expulsive therapy should be considered for distal ureterolithiasis without complications before ureteroscopy or extracorporeal lithotripsy. The use of tamsulosin in this treatment regimen produced stone expulsion in almost all cases in a short time, allowing complete home patient treatment.