

Original Research Article

The Indore population's morphometric study of the nutrient foramina of the dried radius

Pawika Singh¹, Vimal Modi¹, Anand K. Singh^{2*}, Nirmal R. Singh³

¹Department of Anatomy, Index Medical College, Indore, Madhya Pradesh, India

²Department of Anatomy, Mayo Institute of Medical Sciences, Barabanki, Uttar Pradesh, India

³Department of ENT, District Hospital, Azamgarh, Uttar Pradesh, India

Received: 02 November 2023

Accepted: 18 November 2023

*Correspondence:

Dr. Anand K. Singh,

E-mail: anadsingh19@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Bone formation, growth and its vitality necessitates blood supply. Nutrient artery is the key source of blood supply to the long bone apart from the other important sources like periosteal, metaphyseal and epiphyseal arteries. Nutrient foramina allow nutrient artery. Typically, the direction of the nutrient foramina is towards the elbow joint in radius, away from its growing end. Knowledge of foramen index, number, direction and size of the nutrient foramina assists the surgeon to take an exact section of bone in case of bone resection and transplantation techniques. The aim of the present study is to determine the number, position, size direction of the nutrient foramina and the Foramen Index of the human dry radius bones.

Methods: In the present study, 100 radius bones of unknown age and sex were taken into consideration from the department of anatomy Index Medical College, Indore (MP), India.

Results: Most of the foramen was observed on the anterior surface of the bone. Nutrient foramina was found to be absent in 4 right sided and 3 left sided bones. The foramen index on right side was 34.92 ± 4.97 cm whereas on the left side 34.79 ± 4.43 cm. The nutrient foramen was directed towards the proximal end of radius in all the bones studied.

Conclusions: In the present study the average length of the bone and foramina of the size larger are more on the right side when compared to the left side. The foramina are located mostly in the middle third of the bone of the anterior surface. This study may add to the present statistical data available on foramen index number of foramen and their location in the population of Indore region, during recent orthopaedic techniques like bone resection and transplantation.

Keywords: Nutrient foramina, Radius, Foramen index, Nutrient artery

INTRODUCTION

Bone formation, growth and its vitality necessitates blood supply. Nutrient artery is the key source of blood supply to the long bone apart from the other important sources like periosteal, metaphyseal and epiphyseal arteries. According to Trueta, nutrient artery supplies about 80% of blood to the growing long bone, in whose absence the periosteal arteries take active role to nourish the bone.¹ Nutrient foramina allows nutrient artery along with the corresponding peripheral nerve to enter the bone at an

angulations typically.²⁻⁵ The direction of the nutrient foramina is towards the elbow joint in radius, away from its growing end.⁶ The location direction and number of nutrient foramina usually do not change with age or length of the bone however, variations in the location, direction and number of nutrient foramina has been reported.⁷⁻⁹ Knowledge of foramen index, number, direction and size of the nutrient foramina assists the surgeon to take an exact section of bone in case of bone resection and transplantation techniques.

Aim

The aim of the present study is to determine the number, position, size, direction of the nutrient foramina and the foramen index of the human dry radius bones.

METHODS

The present study was conducted in the Department of Anatomy, Index Medical College, Indore (MP), India. This study was approved by the Institutional Research and Ethics Committee (NO. MU/Research/EC/PhD/2021/161, date 23 November 2021), Malwanchal University, Indore. In the present study, 100 (50 right side and 50 left sided) radius bones of unknown age and sex were taken into consideration. All selected bones were normal with no appearance of pathological changes length of the bone was calculated by an osteometric board. Total length was calculated as the distance between the proximal aspect of the head of the radius and the most distal aspect of the styloid process. Foramen index (FI) was calculated using the formula, where DNF=the distance from the proximal end of the bone to the nutrient foramen, and TL=total bone length. Hand lens was used to observe the nutrient foramina.^{7,10}

$$FI = (DNF / TL) \times 100$$

Size of foramina (SF) was measured using hypodermic syringe needles of various gauges. Foramina of size less than 24 gauge were not taken into account.

SF-1 (large)

The size of the 18 gauge hypodermic needle was estimated to be 1.27 mm or greater.

SF-2 (medium)

The size of the 20 gauge hypodermic needle was estimated to be between 0.90 mm and 1.27 mm.

SF-3 (small)

Size of the 22 gauge hypodermic needle was estimated to be between 0.71 mm and 0.90 mm.

SF-4 (extra small)

Size of the 24 gauge hypodermic needle was estimated to be between 0.55 mm and 0.71 mm.

RESULTS

Direction of the nutrient of foramina

In all the bones of both right and left side, the nutrient foramen was directed proximally.

Incidence of nutrient foramen

Out of 100 radius, single nutrient foramen was observed in 93% of the bones and double nutrient foramina were observed in 3% of the bones, 3% absent foramina observed (Table 2). Out of 50 right sided bones, the nutrient foramina were not at all found in the shaft of two radius bones. Only one bone showed two foramina, all the other bones have single nutrient foramina. Whereas on the left side, out of 50 bone, 1 bone is found without nutrient foramina, three bones showed tow foramen and the remaining bones showed single nutrient foramina. (Table 2).

Total length of the bone

Distance from the upper end to proximal nutrient foramina and foramina index are shown in the Table 1. Segmental position and location of nutrient foramen of the bone and the size for foramina are shown in the Table 3-5 and Figure 1-4.



Figure 1: Nutrient foramen on the anterior surface of radius.



Figure 2: Nutrient foramen on the posterior surface of radius.



Figure 3: Nutrient foramen on the anterior boarder of radius.



Figure 4: Nutrient foramen on the interosseous boarder of radius.

Table 1: The length of the bone, distance of the proximal nutrient foramina from the upper end and foramen index.

| Parameters | Total length of the bone | | Distance from upper end to NF | | Foramen index | |
|--------------|--------------------------|--------------|-------------------------------|--------------|---------------|--------------|
| | Median | Mean with SD | Median | Mean with SD | Median | Mean with SD |
| Right (n=50) | 24 | 23.72±1.93 | 8 | 8.26±1.18 | 33.91 | 34.92±4.97 |
| Left (n=50) | 23.75 | 23.35±1.75 | 8.1 | 8.12±1.18 | 34.39 | 34.79±4.43 |

N=Total number of bones, SD=standard deviation, NF=nutrient foramina

Table 2: Incidence of nutrient foramen.

| No. of foramina | Right (n=50) | | Left (n=50) | | Total radius (n=100) | |
|-----------------|--------------|-----|-------------|-----|----------------------|-----|
| Zero NF | 2 | 4% | 1 | 2% | 3 | 3% |
| One NF | 47 | 94% | 46 | 92% | 93 | 93% |
| Two NF | 1 | 2% | 3 | 6% | 3 | 3% |

Table 3: Segmental position of nutrient foramen.

| Situation | Right radius (n=50) | | Left radius (n=50) | | Total radius (n=100) | |
|-----------------|---------------------|-------|--------------------|-------|----------------------|-------|
| | No. of NF | (%) | No. of NF | (%)- | No. of NF | (%) |
| Proximal 1/3 | 19 | 39.58 | 15 | 30.61 | 34 | 35.05 |
| Middle 1/3 | 29 | 60.42 | 34 | 69.39 | 63 | 64.95 |
| Distal 1/3 | - | - | - | - | - | - |
| Total no. of NF | 48 | 100 | 49 | 100 | 97 | 100 |

Table 4: Location of nutrient foramen on the bone.

| Side of radius bone | Total no. (n) of bone | Total no. of NF | Surface of radius bone | | | | | | | | | |
|---------------------|-----------------------|-----------------|------------------------|--------|-----------|-------|---------|-------|---------------------|-----------------|-------|-------|
| | | | Anterior | | Posterior | | Lateral | | Interosseous border | Anterior border | | |
| Right | 50 | 48 | 36 | 75% | 1 | 2.08% | 0 | 10 | 20.83% | 1 | 2.08% | |
| Left | 50 | 49 | 37 | 75.51% | 1 | 2.04% | 1 | 2.04% | 7 | 14.29% | 3 | 6.12% |
| Total | 100 | 97 | 73 | 75.26 | 2 | 2.06% | 1 | 1.03% | 17 | 17.53% | 4 | 4.12% |

Table 5: Size of the nutrient foramen.

| No. of NF | Size of the nutrient foramina | | | | | | | |
|--------------|-------------------------------|--------|-----|--------|-----|--------|-----|--------|
| | SF1 | SF2 | SF3 | SF4 | SF5 | SF6 | SF7 | SF8 |
| Right (n=48) | 8 | 16.67% | 11 | 22.92% | 19 | 39.58% | 10 | 20.83% |
| Left (n=49) | 4 | 8.16% | 9 | 18.37% | 9 | 18.37% | 27 | 55.10% |
| Total 97 | 12 | 12.37% | 20 | 20.62% | 28 | 28.87% | 37 | 38.14% |

Size of nutrient foramina

Observed extra small size nutrient foramina was observed 38.17%, small size was observed 28.87%, medium sized was observed 20.62% and large size was observed 12.37% (Table 5).

DISCUSSION

In embryonic period all the nutrient arteries course caudally. This is true in hemodynamic point of view to force the blood from cephalic to caudal side.¹¹ This agrees with adult rules “towards the knee and away from elbow”. This is said to be to unequal growth of the ends of the long bones.

Developmentally, a periosseal bud excavates the newly formed bone to allow the nutrient artery to enter the calcified matrix, whose opening later remains as nutrient canal.¹² Nutrient artery is the chief source of blood to long bones, about seventy to eighty percent during growth and development, along with the periosseal, diaphyseal and epiphyseal arteries.¹³

Direction of nutrient foramina

Growing end of a long bone can be determined by the direction of nutrient foramina. The hemodynamic flow of blood from cephalic to caudal direction forces the nutrient foramina. The hemodynamic flow of blood from cephalic to caudal direction forces the nutrient artery to course caudally. Due to differential growth of the two ends of a long bone, the nutrient artery is directed away from the growing end.¹⁴ However, a few studies have shown that the direction of the nutrient foramina is at variance in mammals.¹⁵ In the present study all the nutrient foramina are directed away from the growing end, towards proximal.

Positions of nutrient foramina

The position of the foramina was observed consistently on anterior (flexor) surfaces as it is true even in case of the present study.^{15,16} The results in the present study (right radius:75%, left radius: 75.51%) (Table 4) are in consistent with the results of the other authors such as Kizilanat et al (96.8%), Pereira et al (73.2%), Arora (77.98%), Murlimanju et al (72.23%), Anusha et al (72.2%), Ukoha et al (91.4%), Sharma et al (72.75%) Pramod et al (91.3%), Solanke et al (73.75%), Patel et al (87.5%) Meenakshiet al (72.23%), Anjana et al (88%), and Udayasree et al (100%).^{17-25,27-30}

As it is shown in the Tables 1, 3 and 6 most of the foramina on radius are located in the middle third of the bone. In the present study the foramen index is 34.86±4.7 cm, with the average length of bones as 23.48±2.8 cm, indicating the location of the foramina in middle third of the bone.

However, Ukoha et al, Pramod et al and Anjana et al observed that the nutrient foramina in radius are mostly located in the upper one third of the bone.^{22,24,29} No foramina are found in the lower one third.

Size of foramina

In the present study, the size of the majority of nutrient foramina was small in radius (Table 5). However, Pramod et al observed that the size of nutrient foramina in radius majority was medium.²⁴

Number of nutrient foramina

As stated in the table no. 7 the present study showed single nutrient foramen in more than 93% of the bones similar to the other previous studies. Present study did not show any nutrient foramina in 3% of bones corresponding to the results of Anusha et al, Murlimaju et al, Sharma et al, Solanke et al, and Meenakshi et al but as study by Ukoha et al in 50 radii of Nigeria population reported that only 68% bones have single nutrient foramina and 32% of bones are without any nutrient foramina.^{19,20,22,23,25,28}

The knowledge of position of nutrient foramina is important in case of orthopaedic techniques like fracture repair, bone graft transplantation and resection. This knowledge also serves the surgeon to be careful enough during surgical procedures to prevent post – surgical fracture non-union. The foramen may be a possible location of weakness in some people, and when stressed due to increased physical activity or poor bone quality, the foramen could lead to the onset of a fracture. The position of the fracture relative to the nutrient foramen of the long bone and the patterns of edoema are secondary indicators in the key to the diagnosis of this type of fracture.³¹

Table 6: Comparison of segmental position of nutrient foramen by various authors.

| Author | Year | Upper 1/3 rd (%) | Middle 1/3 rd (%) | Lower 1/3 rd (%) |
|-----------------------------------|------|-----------------------------|------------------------------|-----------------------------|
| Anusha et al ²¹ | 2013 | 38.5 | 61.50 | - |
| Ukoha et al ²² | 2013 | 57.10 | 42.90 | - |
| Pramod et al ²⁴ | 2013 | 66 | 34 | - |
| Solanke et al ²⁵ | 2014 | 22.50 | 72.50 | - |
| Bichitrananda et al ²⁶ | 2015 | 24.32 | 75.67 | - |
| Patel et al ²⁷ | 2015 | 42.50 | 57.50 | - |
| Anjana et al ²⁹ | 2016 | 76 | 24 | - |
| Udayasree et al ³⁰ | 2018 | 15.38 | 84.61 | - |
| Naveen et al ³¹ | 2018 | 36.16 | 63.82 | - |
| Present study | 2023 | 35.08 | 64.95 | - |

Table 7: Comparison of number of nutrient foramen observed by various authors.

| Author | Year | 0- NF (%) | 1 NF (%) | 2 NF (%) |
|------------------------------------|------|-----------|----------|----------|
| Emine et al. ¹⁷ | 2007 | | 98.92 | 1.07 |
| Periera et al. ¹⁸ | 2011 | | 99.36 | 0.63 |
| Mani arora et al. ¹⁹ | 2011 | | 98.20 | 1.80 |
| Murlimanju et al. ²⁰ | 2011 | 4.16 | 94.44 | 1.39 |
| Anusha et al. ²¹ | 2013 | 2 | 92 | 6 |
| Ukoha et al. ²² | 2013 | 32 | 68 | - |
| Sharma et al. ²³ | 2013 | 5 | 80 | 15 |
| Pramod et al. ²⁴ | 2014 | | 97 | 3 |
| Solanke et al. ²⁵ | 2014 | 5 | 92.50 | 2.50 |
| Bichitrananda et al. ²⁶ | 2015 | - | 97.29 | 2.70 |
| Patel et al. ²⁷ | 2015 | | 100 | |
| Meenakshi et al. ²⁸ | 2016 | 4.16 | 94.44 | 1.39 |
| Present study | 2023 | 03 | 93 | 03 |

CONCLUSION

In the present study the average length of the bone and foramina of the size larger are more on the right side when compared to the left side. The foramina are located mostly in the middle third of the bone of the anterior surface. The study supported prior findings about the number and location of nutrient foramina in the long bones of the limbs. It also provided significant information about the clinical significance of the nutrient foramina. As micro vascular bone transfer becomes more widespread, the anatomical data of this subject may add to the current statistical data available, particularly in the Indore region.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Trueta J. Blood supply and the rate of healing of tibial fractures. Clin Orthop Rel Res. 1953;105:11-26.
2. Lewis OJ. The blood supply of developing long bones with special reference to htemetaphyses. J Bone Jt Surg. 1956;38:928-33.
3. Brookes M. Blood supply of long bones. Br Med J. 1963;2:1064-5.
4. Sendemir E, Cimen A. Nutrient foramina in the shafts of lower limb longs bones: situation and number. Surg Radiol Anat. 1991;13:105-8.
5. Gumusburun E, Yucel F, Ozkan Y, Akgun Z. A study of the nutrient foramina of lower limb long bones. Surg Radiol Anat. 1994;16:409-12.
6. Datta AK. Principles of general Anatomy. 6th edition. Kolkata, India: Current books international. 2010;75-7.
7. Shulman SS. Observations on the nutrient foramina of the human radius and ulna. Anat Rec. 1959;134:685-97.
8. Patake SM, Mysorekar VR. Diaphysial nutrient foramina in human metacarpals and medatarsals. J Anat. 1977;124:299-304.
9. Mysorekar VR. Diaphysial nutrient foramina in human longs bones. J Anat. 1967;101:813-22.
10. Hughes H. The factors determining the direction of the canal for the nutrient artery in the long bones of mammals and birds. Cata Anat (basel). 1952;15:261-80.
11. Mathur A, Sharma MD. Study of Nutrient Foramina of Fibula with Other Long Bones: A Central Rajasthan Study. Int J Med Res Prof. 2016;2(3):155-7.
12. Datta AK. The sclerous tissue. In: Principles of General Anatomy, 6th edition. Chapter 6. KP Basu publishing Co, Kolkata. 2005;68-73.
13. Forriol Campos F, Gomez L, Gianonatti M, Fernandez R. A study of the nutrient foramina in human long bones. SurgRadiolAnat 1987;9:251-5.
14. Mysorekar VR, Nandedkar AN. Diaphysial nutrient foramina in human phalanges. J Anat. 1979;128:315-22.
15. Henderson RG. The position of the nutrient foramen in the growing tibia and femur of the rat. J Anat 1978;125:593-9.
16. Longia GS, Ajmani ML, Saxena SK, Thomas RJ. Study of diaphyseal nutrient foramina in human long bones. Acta Anat (Basel). 1980;108:399-406.
17. Kizilkanata E, Boyana N, Ozsahina ET, Soamesb R, Oguza O. Location, number and clinical significance of nutrient foramina in human long bones. Ann Anat. 2007;189:87-95.
18. Pereira GAM, Lopes PTC, Santos AMPV, Silvera FHS. Nutrient foramina in the upper and lower limb long bones: Morphometric study in bones of Southern Brazilian adults. Int J Morphol. 2011;29(2):514-20.
19. Arora M. Morphometric study of nutrient foramina of human radii and their surgical importance. Indian J Basic Appl Med Res. 2011;1(1):86-91.
20. Murlimanju BV, Prashanth KU, Prabhu LV, Saralaya VV, Pai MM, Rai R. Morphological and topographical anatomy of nutrient foramina in human upper limb long bones and their surgical importance. Rom J Morphol Embryol. 2011;52(3):859-62.
21. Anusha P, Naidu MP. A study on the nutrient foramina of long bones. J Med Sci Tech. 2013;(3):150-7.
22. Ukhoha UU, Umeasalugo KE, Nzeako HC, Ezejindu DN, Ejimofor OC, Obazie IF. A study of Nutrient Foramina In Long Bones of Nigerians. Nat J Med Res. 2013;3:306-8.
23. Sharma T, Wadhwa A. Morphological Variations of Nutrient Foramina in upper limbs longs bones. Int J Med Dent Sci. 2013;2(2):177-81.

24. Rangasubhe P, Sivan S. A study of nutrient foramina in dry adult radii of south Indian subjects. *Nat J Clin Anat.* 2014;3(2):71-5.
25. Solanke KS, Bhatnagar R, Pokhreal R. Number and position of nutrient foramina in Humerus radius and ulna of human dry bones of Indian origin with clinical correlation. *OA Anatomy.* 2014;2(1):4.
26. Roul B, Goyal M. A Study of Nutrient Foramen in Long Bones of Superior Extremity In human Being. *Int J Curr Res Life Sci.* 2015;4(4):94-8.
27. Patel SM, Vora RK. Anatomical Study of nutrient foramina in long bones of human upper limbs. *IAIM.* 2015;2(8):94-8.
28. Parthasarathy M, Sharmadhakl, Pushpalatha M, Parthasarathy K, Krishnargun P, Tulasi RP. Morphological and Topographical Anatomy of Nutrient Foramina In human Upper Limb Long Bones And Their Surgical Importance. *IOSR J Dent Med Sci.* 2016;15(8):X:80-5.
29. Udayasree L, Ravindranath G, Maheswari KB. Anatomical study of nutrient foramina in dried human upper limb bones and their clinical significance. *J Evol Med Dent Sci.* 2017;6(2):110-3.
30. Kumar NB, Jayashree A, Kumar UP, Sree. RA. Morphometric study of the Nutrient foramina in Dry human radius bones of Telangana region. *Int J Anat Res.* 2018;6(2.1):5122-6.
31. Craig JG, Widman D, van Holsbeeck M. Longitudinal stress fracture: patterns of edemaandthe importance of the nutrient foramen. *Skeletal Radiol.* 2003;32:22-7.

Cite this article as: Singh P, Modi V, Singh AK, Singh NR. The Indore population's morphometric study of the nutrient foramina of the dried radius. *Int J Res Med Sci* 2023;11:4379-84.