

International Conference on

ANATOMY AND PHYSIOLOGY

August 11-13, 2016 Birmingham, UK

Pelvic nerve injury during radical hysterectomy for cervical cancer: Key anatomical zone

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Objectives: By using 3D reconstruction, to provide key-points of surgical neuroanatomy of the female pelvis to improve nerve-sparing radical hysterectomy is the objective of the present study.

Method: Computer-assisted anatomical dissection of three human female pelvis fetus of 12, 15 and 24 weeks of gestation, a classic dissection of an 88-years-old woman and a review of the surgical literature on Medline were performed.

Results: The superior hypogastric plexus (SHP) divides underneath the promontory into two hypogastric nerves (HN). HN descends along the lateral side of the rectum, then run postero-medially to the ureter and in the lateral part of the uterosacral ligament till the superior angle of the inferior hypogastric plexus (IHP). Pelvic splanchnic nerves (PSN) emerge from ventral rami of S2, S3 and S4 and run on the posterolateral side of the rectum till the posterior edge of the IHP. IHP extends from the anterolateral face of the rectum and passes lateral to the cervix and the vaginal fornix. Efferences of the IHP are constituted by vesicle, vagino-rectal and inferior rectal plexus.

Discussion: Preservation of SHP necessitates an approach on the right side of the aorta and a blunt dissection of the promontory before lomboaortic lymphadenectomy. To preserve HN, only the medial fibrous part of the uterosacral ligament should be resected. The middle rectal artery, the deep uterine vein and the ureter should be identified to preserve PSN and IHP during resection of paracervix. Vesicle branches can be preserved by blunt dissection of the posterior layer of the vesicouterine ligament after identifying the inferior vesicle vein.

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Level of uric acid in athletes

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The study was performed on the sportsmen of Aligarh Muslim University, Aligarh, India who were regularly involved in various sports activities like short and long events of race like marathon. The blood sample of these sportsmen was collected in the beginning of their start of activity i.e. beginning of the session and after six months of sports activity. The result of activities were quite alarming as they got improved in there lipid profile but there was change in the level of blood urea and serum creatinine. There was significant change in the level of serum uric acid. The aim of the present study is to discuss the effect of mild long-term and heavy long-term exercise.

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