Comparative Study of Foramen Magnum in Dry Cadaveric Skull and 3D CT Images

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ABSTRACT

Background: The anatomical knowledge of foramen magnum is helpful for forensic investigations, anthropological identification of unknown individual and intracranial surgeries. The aim of our study was to provide morphometric data of foramen magnum in dry human skulls and CT images, which can be applied for many invasive surgical as well as diagnostic procedures carried out in the brain.

Methods: In this study, 50 adult human skulls and 50 CT images were taken. The various parameter of the foramen magnum was calculated using a vernier caliper to an accuracy of 0.01 mm and the same parameters were also evaluated in adult CT brain images. The distributions of shapes were also assessed visually in foramen magnum of dry skull and CT images.

Results: In our study on 50 dry skulls, the mean antero-posterior diameter, transverse diameter were 34.08±2.25 mm and 28.17±2.85 mm as well as the same diameters in 100 CT images was 34.95±2.42 mm in males and 32.64±1.89 mm in females. The mean area of the foramen magnum in dry skull was 757.41±115.09 mm² and in CT images was 788.95±95.71 mm² in males and 681.22±66.97 mm² in females. This data was then compared and analyzed with the various other studies.

Conclusion: The dimensions in CT images were significantly higher than the dry skull. The commonest shape found was oval followed by irregular; least was round in both dry skull and CT images. Hence, further study is required as foramen magnum has great clinical significance.

Key-words: Antero posterior, Foramen magnum, Morphometric dimensions, Transverse, Skull

INTRODUCTION

The knowledge of foramen magnum is of great importance for neurologist as well as radiologist as it is very important land mark due to its close relationship with brainstem and spinal cord. The margins of the foramen magnum are interiorly encroached by the occipital condyles, which articulate with the superior articular facets of the atlas [¹]. The foramen magnum is protected by Soft tissue mass inferiorly [²,³]. This makes it difficult to assess lesions in case of fractures etc but with CT imaging techniques a comparison between the dried skulls and CT images can help in more precise localization of lesion. The morphometric data of foramen magnum can be used for diagnosis of various congenital diseases such as Arnold Chiari malformation in which expansion of transverse diameter more than antero-posterior diameter [⁴]. The diameter of the foramen magnum is also needed before the surgery of the posterior cranial fossa lesions as greater contra lateral exposure required, where antero-posterior diameter is more. The morphological parameters of the foramen magnum are more in males than in females which can be utilized for differentiation of sex in various medico legal conditions [⁵]. Various studies of foramen magnum shown that the antero-posterior and transverse diameter is 3.5

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cm and 3 cm. Compression of brainstem due to various pathological conditions causes life threatening respiratory complications ⁶,⁷. The craniometric points can be located and accurate measurements are achieved from CT scan images than on conventional radiographs ⁸. CT scan has minimal superimposition of structures and allows better visualization of minute differences of density. The existing literature reveals numerous studies on dry skull using foramen magnum but very few have reported using CT scan. Sexual dimorphisms of the FM in three-dimensional (3D) CT have 81% accuracy in determining the Gender ⁹.

Further, foramen magnum parameter index is also utilized for differentiations of races among skull as there exist some racial relationships among different shapes of foramen magnum ¹⁰. Thus considering the above importance of foramen magnum, we calculate the antero-posterior diameter, transverse diameter along with the measurement of area of foramen magnum in both dry human skull and CT images. We also analyzed variations of its shape which can be utilized by Clinicians for various surgical and diagnostic procedures.

MATERIALS AND METHODS
The present study of the foramen magnum was done on 50 dry skulls and 50 CT images in the Department of Anatomy, Rama Medical College, Hapur, India from February 2017 to August 2017. 

Three dimensional CT head images were taken from O. P. Gupta Imaging Centre, Meerut, India. Complete dry skulls of age group between (18–70 yrs) were taken from department after taking ethical clearance from ethical committee. The skulls that are broken or incomplete and those of children and old age were excluded from the study. All dimensions of foramen magnum in dry human skulls were measured with the vernier calipers with an accuracy of 0.01 mm. All dimensions were measured by two observers to prevent inter-observer error. The dimensions measured were included the following:

Antero-posterior diameter / Foramen magnum length (FML)- Antero posterior diameter was measured by taking a point on the middle of anterior margin to the point on the middle of posterior margin of the foramen magnum as shown in Fig. 1.

Transverse diameter/ Foramen magnum width (FMW)- The width of foramen magnum was taken by measuring most prominent parts of the lateral curvature as straight transverse diameter (Fig. 2).

Fig. 1: Measurement of Antero posterior diameter

Fig. 2: Measurement of Transverse diameter

The two prongs of vernier calipers were fixed with screw over bony margins of foramen magnum then the length and width were recorded over the graduated metallic scale.

Foramen magnum Area (FMA)- The area of the foramen magnum was calculated as described by Kumar et al. ¹¹ using Radinsky’s formula:

Radinsky’s formula (FMA)= 1/4 x π x FML x FMW

whereas, π= 22/7, FML= Foramen magnum length, FMW= Foramen magnum width
Variations in Shapes of foramen magnum– The frequency of distribution of various types of shapes were recorded. (Fig. 3 to Fig. 6).

The same parameters were also be evaluated in 100 CT Head images by the help of CT Machine Optima 660 GE 3D reconstruction was done with each slice thickness of 0.625 mm.
Statistical Analysis- The data were collected, tabulated and statistically analyzed using the SPSS program and the appropriate test was applied.

RESULTS
The various parameters of foramen magnum recorded in 50 dry skulls and 50 CT images were represented in below given Table 1.
Table 1 shows the parameters of the foramen magnum was slightly higher in CT images as compared to dry cadaveric skull p-value was <0.001, which were statistically significant.

Table 1: Morphometric data of foramen magnum in CT images of males and females and Dry cadaveric skull

| Parameters | Dry skull (mm) | CT Images | P value |
|------------|----------------|-----------|---------|
|            | Male (mm)      | Female (mm)|         |
| AP         | 34.08±2.25     | 34.95±2.42| 32.64 ±1.80| <0.001 |
| TR         | 28.17±2.85     | 28.64±2.21| 26.73±2.50| <0.001 |
| AREA       | 757.41±115.09  | 788.95±95.71| 681.22±66.97| <0.001 |

P-value (<0.001)= Significant , AP= Antero posterior, TR= Transverse diameter

Table 2: Percentage of occurrence of various shapes of foramen magnum in dry bones and CT images

| S.No. | Shapes | Dry skull (%) | CT images |
|-------|--------|---------------|-----------|
|       |        | Male          | Female    |
| 1     | Oval   | 29(58)        | 23        | 25        |
| 2     | Irregular | 0(0)        | 01        | 02        |
| 3     | Hexagonal | 05(10)      | 05        | 04        |
| 4     | Tetragonal | 0(0)        | 00        | 00        |
| 5     | Pentagonal | 02(4)       | 07        | 05        |
| 6     | Round   | 06(12)        | 12        | 07        |
| 7     | Diamond | 08(16)        | 02        | 07        |

Table 3: Comparison of distribution of morphological types of shapes in foramen magnum with previous studies

| Types of foramen Magnum | Murshed et al. [12] | Chethan et al. [13] | Radhakrishna et al. [14] | Radhika et al. [15] | Present Study |
|-------------------------|---------------------|---------------------|--------------------------|---------------------|---------------|
| Oval                    | 9(8.1%)             | 8(15.1%)            | 39(39%)                  | 60(40%)             | 29(58%)       |
| Round                   | 24(21.8%)           | 12(22.6%)           | 28(28%)                  | 30(20%)             | 6(12%)        |
| Tetragonal              | 14(12.7%)           | 10(18.9%)           | 19(19%)                  | 9(6%)               | -             |
| Hexagonal               | 19(17.2%)           | 3(5.6%)             | -                        | 9(6%)               | 5(10%)        |
Table 4 shows that the data obtained from the present study was compared with reports from different authors. The measurement of antero-posterior dimension and transverse dimensions were the same as done by Borelli et al. [16], Kanchan et al. [17]; Santosh et al. [18].

Table 4: Comparison of morphological parameters of foramen magnum in various studies

| Previous studies (Year) | Antero-posterior diameter (mm) | Transverse Diameter (mm) |
|-------------------------|--------------------------------|--------------------------|
| Murshed et al. [12]     | 35.9                           | 30.45                    |
| Borelli et al. [16]     | 34.08                          | 28.01                    |
| Gapert et al. [2]       | 35.91                          | 30.51                    |
| Suazo et al. [6]        | 36.05                          | 30.05                    |
| Chethan et al. [13]     | 31                             | 25.2                     |
| Radhakrishna et al. [14]| 34.04                          | 28.63                    |
| Kanchan et al. [17]     | 34.51                          | 28.98                    |
| Santhosh et al. [18]    | 34.37                          | 28.98                    |
| Radhika et al. [15]     | 35.3                           | 29.4                     |
| Kumar et al. [11]       | 36.78                          | 30.05                    |
| Present study (2018)    | 34.08                          | 28.17                    |

Table 5: Interpretation and analysis of area measurement with other studies on foramen magnum

| Authors (Year) | Foramen magnum area (mm²) |
|----------------|---------------------------|
| Murshed et al. [12] | 931.7                     |
| Acer et al. [21]  | 760                       |
| Gapert et al. [2] | 862.41                    |
| Ukoha et al. [23] | 857                       |
| Singh and Talwar [20] | 733                     |
| Shepur et al. [19] | 748.6                     |
| Kumar et al. [11] | 876.88                    |
| Present study (2018) | 757.41                    |

**DISCUSSION**

Foramen magnum is a passage between the cranial cavity and vertebral canal. It is formed by the interaction of bony ligaments and muscular structures forming the complex cranio vertebral junction. Bony parameter of foramen magnum is needed for transcondylar approach. Morphometric dimensions of foramen magnum also have an etiological significance in herniation of cerebellar tonsil, in various intracranial surgical approaches, to identify fire victims in forensic medicines. Understanding the importance of foramen magnum the findings of the present study were compared with previous studies. In our study of foramen magnum, the mean antero-posterior and transverse diameters in 50 skulls were 34.08±2.25 mm and 28.17±2.85 mm similar to study on Brazilian skulls, which also shown that the mean antero-posterior diameter was 35.22±3.3 mm and...
the mean transverse diameter was 30.3±2.0 mm [22]. Our morphometric study of foramen magnum showed slightly fewer dimensions than the study done on 100 Nigerian skulls in 2011, which showed a mean Antero-posterior diameter of 36.2±2.3 mm and a transverse diameter of 30.0±2.5 mm [23]. This result shows variations in our studied due to racial differentiation. Various other morphometric measurement of foramen magnum also revealed that antero posterior diameter is more than the transverse diameter as in our study. The measurement of antero-posterior and transverse diameter in our study were same as previous studies done by Borelli et al. [16], Kanchan et al. [17], Santosh et al. [18]. Measurement of an area on foramen magnum in our study was 757.41 mm², which was similar to morphometric previous study done by Shepur et al. [19], Singh and Talwar [20] and Acer et al. [21]. Uthman et al. [24] also reported that foramen magnum area was the best discriminant parameter for sex determination with accuracy of 69.3%. Foramen magnum undergoes various evolutionary changes due to its different osteological features [25]. There were great variations in morphological shapes of foramen magnum. The morphological variations of the foramen magnum found in our study were oval (48%), rounded (19%), hexagonal (9%), pentagonal (12%), diamond (9%) and irregular (3%) shapes. Radhika et al. [15] also observed oval as main type 64%, while it is tetragonal in other studies. Knowledge of this morphological shape is very important as for surgeons as it was difficult to explore anterior portion of foramen magnum in ovoid type [26]. In some other study of Mushed et al. [12], Chetan et al. [13], Radhakrishan et al. [14] the round shape was commonly observed. A study done on CT images by Edril et al. [27] showed CT images parameters are higher in males as compared to females similar to our findings. This type of prospective studies gives a morphometric references to various types of foramen magnum in Indian population, as there is a great variations regarding literature available on the morphological dimensions of foramen magnum.

CONCLUSIONS
The morphometric knowledge regarding foramen magnum is very important for various surgical procedures of posterior cranial fossa. This type of morphometric study gives us significant parameters to determine feasibility of transcondylar approaches to prevent complications like hemorrhage and injury to vital structures.

Studies of foramen magnum in skull is very important in various field due to its great clinical significance but the available data is scanty and is at variance with one another so additional studies are required to form some standard parameters.

CONTRIBUTION OF AUTHORS
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