



Pattern of Superficial Veins of Cubital Fossae in Punjabi Students

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ABSTRACT

Introduction: The superficial veins in the cubital fossae are of significant anatomical and clinical importance. Understanding the variations in these venous patterns is essential for accurately applying diagnostic, surgical, and therapeutic procedures.

Aims and Objectives: This study aims to identify superficial venous patterns in the cubital fossae of Punjabi students in Pakistan.

Place and Duration of Study: A cross-sectional study was conducted on 180 first- and second-year MBBS students at Akhtar Saeed Medical and Dental College, Lahore, Pakistan, from January to July 2024.

Materials and Methods: A cross-sectional study was conducted on 180 first- and second-year MBBS students at Akhtar Saeed Medical and Dental College from January to July 2024, yielding 360 samples from both upper limbs. Participants were randomly selected after obtaining IRB approval and informed consent. Demographic data and domicile were recorded. Data was analyzed using SPSS 22, and chi-square tests were applied to assess associations between venous patterns, body side, gender, and geographical location. A p-value <0.05 was considered statistically significant.

Results: Different venous patterns were identified. Pattern 2, an "M" shape, was the most common on both sides left (44.4%) and right (43.3%). A significant difference in venous patterns between the left and right arms of males and females was observed ($p \leq 0.001$ for both). Males showed a higher frequency of Pattern 2, while females predominantly exhibited Pattern 1. Other patterns accounted for less than 10% of cases, with no significant regional differences.

Conclusion: This study identified different patterns in the cubital fossa, with Pattern 2 being the most common and showing significant gender differences. Recognizing these patterns is crucial for improving procedural accuracy and reducing complications in clinical interventions.

Keywords: Vascular, Variations, Cephalic, Basilic, Upper extremity

INTRODUCTION

The venous configuration in the cubital fossa are of significant interest not only from an anatomical standpoint but also due to their clinical relevance. A comprehensive understanding of the various venous patterns in the cubital fossa is essential for diagnosis, surgery, and therapeutic procedures, making the study of their anatomical variations crucial.¹ Superficial veins are located just beneath the skin, within the subcutaneous tissue, and are often visible through the skin, especially in the upper limb.²

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Submission Date: 7th August 2024

1st Revision Date: 8th September 2024

Acceptance Date: 9th September 2024

These veins are of particular importance as arteries and nerves nearby may be at risk of injury during venipuncture or other procedures if not properly identified.³ The cephalic and basilic veins originate from the dorsal venous arch of the hand. The cephalic vein ascends along the lateral aspect of the wrist and forearm, crosses the elbow via the median cubital vein, and continues along the anterolateral aspect of the arm. It traverses through the deltoid and pectoralis major muscles within the gap between these two muscles, eventually entering the clavipectoral triangle where it joins the axillary vein after penetrating the costocoracoid membrane.

The basilic vein ascends medially along the forearm and lower arm, where it remains visible through the skin. It transitions into a deeper course near the mid-arm, running in parallel with the brachial artery and medial cutaneous nerve. The basilic vein merges with branches of the axillary vein to contribute to the formation of the axillary vein.² The median antebrachial vein originates at the base of the thumb, curving around the wrist and ascending along the front of the forearm. It often joins the median cubital vein to form an "N" shape.⁴ At times,

it divides into the median basilic and cephalic veins, resulting in an "M" shape configuration in the cubital region¹. These anatomical variations have been well documented in standard anatomical textbooks.^{1,5,6} Studies conducted on venous patterns in populations from various countries have revealed additional patterns that differ from textbook descriptions, further highlighting the diversity of venous configurations in the cubital fossa^{7,8,9}.

These variations underscore the need for region-specific research to better understand local population patterns. So we aim to identify the pattern of superficial veins in cubital fossae in Punjabi students in Pakistan.

MATERIAL AND METHODS

This is a cross-sectional study, which includes 180 students from First-year and second-year MBBS of Akhtar Saeed Medical and Dental College conducted from January 2024 to July 2024. Students were selected using simple random sampling, after obtaining permission from the IRB ethical review no. (M-19/037/-Anatomy) of the college, resulting in 360 samples from both upper limbs.

The sample size was calculated by entering values into an online tool (Raosoft software) with a 95% confidence interval and a 5 % chance of error.¹⁰ The superficial venous patterns in the cubital fossa, was documented by the anatomists, after obtaining written informed consent. Demographic data and domicile were also recorded. Inclusion criteria include all the students who are willing to participate and are from different regions of the province of Punjab. Exclusion criteria include obese subjects, those having any scar in the cubital fossa, and subjects from other provinces were excluded from the study.¹¹ Participants were divided into three zones of Punjab which included the central zone, the north zone, and the southern zone.¹² The six identified venous patterns are described as follows:

Pattern 1: The median cubital vein arises from the cephalic vein a few centimeters below the elbow and merges with the basilic vein a few centimeters above the elbow joint, forming an "N" shape. Additionally, it receives tributaries from the anterior forearm (refer to Figs. 1 and 2).

Pattern 2: This configuration features a single median antebrachial vein that splits in the cubital fossa, with one branch joining the basilic vein and the other connecting to the cephalic vein, creating an "M" shape (see Fig. 3).

Pattern 3: In this pattern, there is no connection between the cephalic and basilic veins (see Fig. 4).

Pattern 4: The cephalic and basilic veins are linked by an arched vein, with the concave side facing proximally. Two or more veins from the anterior forearm drain into this arch.

Pattern 5: This arrangement shows merely the presence of the basilic vein, with the absent cephalic vein.

Pattern 6: In this pattern, two median cubital veins connect the cephalic and basilic veins. The lower vein corresponds to the typical median cubital vein, while the upper vein forms an arch with its convexity directed proximally.⁸

Data collection Procedure: For observing the pattern of superficial veins in the cubital fossae of the subjects, informed written consent was taken and the procedure for observing the pattern was explained to the subjects. To record the observations, both upper limbs were exposed, and the elbow joint was placed in the supine position. The strap was applied 10 cm proximal to the elbow crease for about 3-4 minutes until the veins became prominent for observation¹¹. The arrangement of superficial veins in both arms of the subjects were noted. Various patterns on both right and left cubital fossae were observed and Photographs were taken by digital mobile camera. The arrangement of veins in each case was marked in the research tool Performa identified with the age, gender, and domicile of the subject.

Data analysis and Statistical analysis: Data was entered into SPSS 22. A descriptive statistical analysis was performed. values were expressed in frequencies, and the chi-square test was employed to assess the association of superficial venous arrangement in the cubital fossa with body side, gender, and geographical location. P-value <0.05 was considered as statistically significant.

RESULTS

Among the 180 participants, 105 (58.3%) were male, while 75 (41.7%) were female. A total of 360 patterns were observed on both sides. The average age of participants was 19.64 ± 4.23 years, and all participants were from the Punjab province. Pattern 2 was the most common type on both sides, appearing in 80 (44.4%) of left upper limbs and 78 (43.3%) of right upper limbs. Pattern 6 had the lowest frequency, with only 0.6% on the left side and none (0.0%) on the right side. (Table 1).

Table 1: Frequency of each Superficial venous pattern in the right and left arm

Patterns	Left arm Total 180	Right arm Total 180
1	63(35%)	67(37.2%)
2	80(44.4%)	78(43.3%)
3	33(18.3%)	31(17.22%)
4	2(1.1%)	1(0.6%)
5	2(1.1%)	2(1.1%)
6	0(0%)	1(0.6%)

The p-value of ≤ 0.001 in Table No. 2 indicates a statistically significant association between gender and the pattern of veins in the right arm. suggesting that the distribution of vein patterns significantly differs between males and females regarding the right arm.

Table 2: Frequencies and Chi-square comparison of right arm pattern with gender

The gender of the participants	Pattern 1 N=67	Pattern 2 N=78	Pattern 3 N=31	P-value
Male	38(56.7%)	51(65.4%)	12(38.7%)	<0.001
Female	29(43.3%)	2(34.6%)	19(61.3%)	

There is a statistically significant association between gender and the patterns observed for the left arm. p-value ≤ 0.001 . Males tend to exhibit Pattern 2 more frequently, while females exhibit Pattern 1 commonly. (Table 3)

Table 3: Frequencies and Chi-square comparison of left arm pattern with gender

Gender	Pattern 1 N=63	Pattern 2 N=80	Pattern 3 N=33	P-value
Male	36(57.1%)	54(67.5%)	12(36.4%)	<0.001
Female	27(42.9%)	26(32.5%)	21(63.6%)	

The Southern Punjab has the highest number of participants, with a total of 100 individuals. Among the participants from Southern Punjab, 61 are male, constituting 58.1% of the male participants, and 39 are female, making up 52.0% of the female participants. Central Punjab has 59 participants, accounting for 32.8% of the total participants. This

region has 30 male participants (28.6%) and 29 female participants (38.7%). North Punjab has the smallest number of participants, with 21 individuals. There are 14 males (13.3%) and 7 females (9.3%) from this region (Table 4).

Table 4: Showing geographical distribution of gender of the participants

The zones of Punjab	Gender of participants		Total
	male	female	
The Southern Punjab	61 (58.1%)	39 (52.0%)	100 (55.6%)
The Central Punjab	30 (28.6%)	29 (38.7%)	59 (32.8%)
The North Punjab	14 (13.3%)	7 (9.3%)	21 (11.7%)

There is no statistically significant difference in the arrangement of superficial veins in the cubital fossa of the right and left hand among the different zones of Punjab. (P-value ≤ 0.673 and ≤ 0.867) respectively.

Fig no. 1 shows pattern no. 1 having N formation

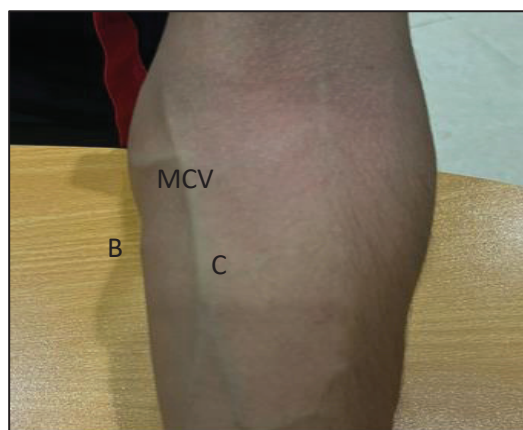


Fig .2: type 1 with N formation showing anti brachial vein draining in the median cubital vein

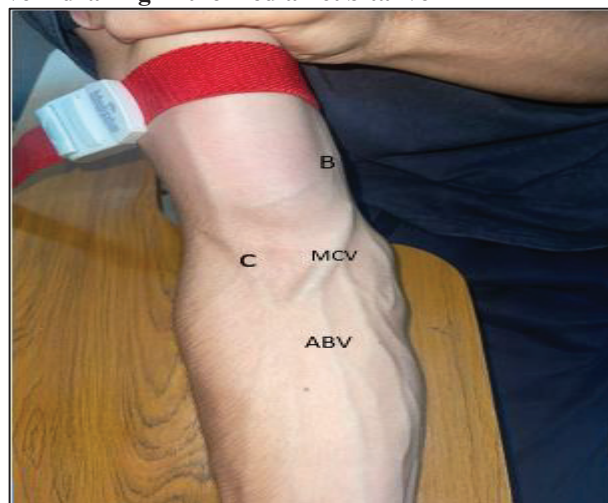


Fig no. 3 showing pattern 2

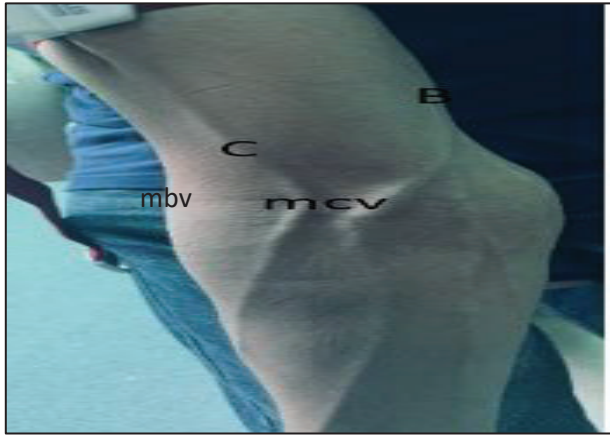
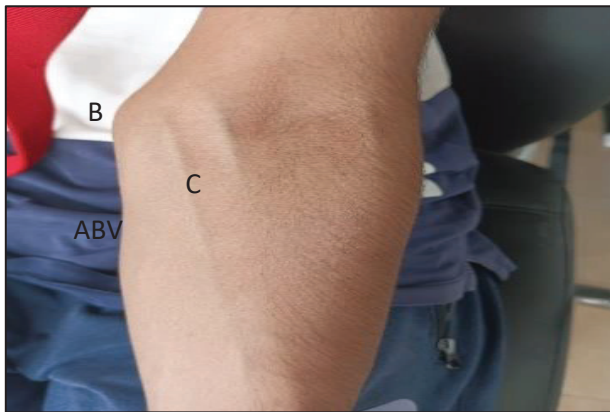


Fig no. 4. Showing pattern 3 shows no communication between basilic and cephalic vein



DISCUSSION

The study found that the most common venous pattern, pattern 2 (median antebrachial vein branching to both basilic and cephalic creating an M-like pattern) appeared 80 times (44.4%) on the left and 78 times (43.3%) on the right upper limbs. There was a statistically significant association between gender and vein patterns in the right arm, indicating that males were more likely to have Pattern 2, while females more often had Pattern 1. A p-value of 0.673 shows no statistically significant difference in the superficial vein patterns in the right hand's cubital fossa across different Punjab zones.

A study conducted on the population of Mithilanchal India, reported type 2 as the most common pattern of superficial veins which was also reported in our study.⁸ In another research conducted at Rama University Kanpur India, type 2 pattern was also the most common type observed.¹⁰ However, studies in other populations revealed differing results: in university students from

Ardabil, Iran, the N-type pattern was more common, especially in males (70.1%) compared to females (64.7%).¹³ Type 1 N pattern of the superficial vein was the most common pattern in both genders and pattern 2 M type was least common in students of Indian University of Srinagar, Indian Kashmir.¹¹ In the Nepalese population, the most common type of pattern is the Type 1 N pattern with (33.9%) in males and (43.6%) in females.⁷ In this study, there is a statistically significant association between gender and the patterns observed for the left arm. p-value \leq 0.001. Males tend to exhibit Patterns 1 and 2 more frequently, while females exhibit Pattern 3 more often. frequently. Patterns 4 and 5 have small frequencies, and Pattern 6 is not observed in either gender. In a study conducted on the Pattern of Superficial Veins in the Cubital Fossa of the Nepalese population, the M pattern was found to be predominant in both common type of pattern was N-type and there was no statistically significant difference between the left and right sides.¹⁴ The differences in the frequency of common venous arrangements observed across the studies may be due to racial variations among the populations. However, the study had several limitations, like this study was conducted only in one center so we cannot generalize our findings to entire Punjabi population still this study provides evidence guiding towards prevalent patterns. A larger sample size is necessary to assess patterns in a more diverse population. Our study was unable to detect small vessels and assess their relation with cutaneous nerves in the cubital area. To better visualize vascular patterns, the use of additional tools such as vein finders is recommended. Further cadaveric studies should also be conducted to examine the relationship between these vessels and cutaneous nerves.

CONCLUSION

Six distinct arrangements of superficial cubital veins were recorded, with the most common being the no.2, an M-shaped pattern formed by the median antebrachial vein branching into the basilic and cephalic veins. This pattern differed from those observed in other populations. Additionally, a significant gender difference was found in the left and right arms in our study. The distribution of vein patterns across three zones in Punjab showed no significant differences on either side. The study concludes that superficial vein patterns in the cubital fossa vary across populations, and understanding these patterns and their prevalence in our region is vital for healthcare professionals, particularly in

emergencies, to ensure safe and effective venous access.

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