

## Original Research Article

# MORPHOMETRIC AND TOPOGRAPHICAL STUDY OF THE NUTRIENT FORAMINA IN FEMUR- OF CENTRAL INDIAN POPULATION

Ashwini Kudopa<sup>1</sup>, Sandeep Marskole<sup>2</sup>, Nazia Quadir<sup>3</sup>, Ranjana Agrawal<sup>4</sup>

<sup>1</sup>Assistant Professor, Department of Anatomy, Gandhi Medical College Bhopal, Madhya Pradesh, India.

<sup>2</sup>Associate Professor Department of Anatomy, Gandhi Medical College Bhopal, Madhya Pradesh, India.

<sup>3</sup>Demonstrator Department of Anatomy, Gandhi Medical College Bhopal Madhya Pradesh, India.

<sup>4</sup>Assistant Professor Department of Anatomy, Gandhi Medical College Bhopal, Madhya Pradesh, India.

Received : 15/11/2023  
Received in revised form : 19/12/2023  
Accepted : 03/01/2024

**Corresponding Author:**

**Dr. Ranjana Agrawal**  
Assistant Professor Department of  
Anatomy, Gandhi Medical College  
Bhopal, Madhya Pradesh, India.  
Email: ranjanagmc@gmail.com.

DOI: 10.5530/ijmedph.2024.1.7

Source of Support: Nil,  
Conflict of Interest: None declared

Int J Med Pub Health  
2024; 14 (1); 38-43

## ABSTRACT

**Background:** The nutrient foramina are cavities contain nutrient arteries and peripheral nerves. The present study was done in Department of Anatomy, L.N. Medical College and Research Centre, Bhopal with 100 dry human femurs. there were 149 foramina in 100 femurs. Mean length of femur 435mm, most frequently seen on Linea aspera of femur foramina index mean was 44.3403 for femur. Right side femur foramina index range 28.52-63.86, left side bone foramina index range 30.65-61.42. Information about number, location, position and direction of nutrient foramina important clinically in orthopedic procedures such as joint replacement therapy, fracture repair and preserving blood supply of graft during vascularized bone grafting.

**Keywords:** Nutrient foramina, Femur, Nutrient artery, long bone.

## INTRODUCTION

The skeletal system is composed of highly specialised forms of supporting/connective tissue, based on collagen and acellular matrix Bone is a complex tissue whose character is dominated by the inorganic salts that give it rigidity.<sup>[2]</sup> All bones are derived from mesenchyma. Bones are structures that adapt to their mechanical environment and from a fetal age adapt to the presence of naturally occurring holes. These holes or nutrient foramina, allow blood vessels to pass through the bone cortex. In long bones, there are generally three sets of arteries the diaphyseal, metaphyseal and epiphyseal arteries. The diaphyseal nutrient artery is the main source of blood supply to the long bones. The external opening of the nutrient canal, usually referred to as the nutrient foramen.<sup>[32]</sup> The nutrient foramina is distinguished from any other foramen by the presence of distinct vascular groove outside the nutrient foramina. The nutrient foramen was at the site of original centre of ossification. [32, longia] The major blood supply for long bones originates from the nutrient arteries, mainly during the growing period and during the early phases of ossification.<sup>[30,17,36,22]</sup> Nutrient artery arises from adjacent arteries outside the periosteum. supplying

bone marrow, spongy bone and deeper portion of the compact bone. vascularization of the long bones generally is given by one or two diaphyseal nutrient arteries. End of the bones are supplied by metaphyseal and epiphyseal arteries. [Kith and moore] In cases where the nutrient arteries are absent, periosteal vessels become the sole source of blood to the diaphysis of the long bones.<sup>[36,6]</sup> Nutrient arteries do not branch in their canals but divide into ascending and descending branches in the medullary cavity. [gray] The direction of the nutrient foramina is determined by the growing end of the bone. Most of the nutrient arteries follow the rule “to the elbow I go, from the knee I flee” but they are variable in position this is because one end of the limb bone grows faster than the other.<sup>[8]</sup> The growing end is supposed to grow at least twice as fast as the other end. As a characteristic, the diaphyseal nutrient vessels move away from the growth extremity dominant in the bone.<sup>[6]</sup> Nutrient foramina in long bones occupy their flexor surface.<sup>[4]</sup> Loss of arterial supply to an epiphysis or other parts of a bone results in the death of bone tissue this is avascular necrosis. [kith and moor] An understanding of the location and number of nutrient foramina in long bones is, therefore important in orthopaedic surgical procedures such as joint

replacement therapy, fracture repair, bone grafts and vascularized bone microsurgery, as well as in medicolegal cases (Longia et al., 1980;). Investigations on the vascular anatomy of long bones tended in the past to be confined to rabbits, rats and dogs. This study is of utmost importance to human because it is relevant to fracture treatment. Combined periosteal and medullary blood supply to the bone cortex helps to explain the success of nailing of long bone fractures particularly in the weight bearing femur.<sup>[2]</sup> A considerable interest in studying nutrient foramina resulted not only from morphological, but also from clinical aspects. Knowledge about location of these foramina is useful in certain operative procedure to preserve the circulation.<sup>[6]</sup> Variations have been described in the direction of nutrient foramina only in the lower limb bones (Longia et al., 1980). there is a need for a greater understanding of the direction, location and number of nutrient foramina in femur bone.

## MATERIAL AND METHODS

In this study 100 adult clean and dried Femur bones belonging to central Indian were taken. The bones were obtained from osteology section of Department of Anatomy, L.N. Medical College and Research Center, Bhopal.

The bones were randomly selected without taking age and sex into consideration. All bones were macroscopically observed for nutrient foramina with the help of a hand-lens. Only well-defined foramina on the diaphysis were accepted. Foramina at the ends of the bone were ignore.<sup>[6]</sup>

The bones having regular shape and devoid of deformities and any pathological changes were selected. The bone that were damaged fractured or had some degenerative changes were excluded. Foramina within 1mm from any border were taken to be lying on the border.<sup>[8,6]</sup>

The number and topography of the foramina in relation to specific borders or surfaces of the diaphysis were analyzed. In bones where there was doubt as to the nature of a foramen, a fine wire was passed through it to confirm that it did enter the medullary cavity. To describe the position of the foramina bones were divided into three parts each.<sup>[6]</sup> Instruments 1. Osteometric board, 2. Magnification hand lens, 3. Digital vernier caliper, 4. Hypodermic needles 18G (1.2 mm) 20G (0.9 mm) 22G(0.70mm) 24G (0.55 mm) 26G (0. mm).

### Parameters

#### Metrical:

1. Total length of the bone.
2. Distance between upper end to nutrient foramen
3. Foramina index.

#### Non-metrical

1. Number of nutrient foramina
2. Direction and obliquity was noted.
3. Size

### Methodology The following data were studied on the diaphyseal nutrient foramina of bone

A. Number of nutrient foramina: - Bone was examined for the number of nutrient foramina.

B. Position of nutrient foramina: - Determination of the total length of the femur bone Determination of the total length of bone: Determination of the total length of the individual bone was taken as follows: Femur: the distance between the proximal aspect of the head of the femur and the most distal aspect of the medial condyle.

#### Calculation of the Foramina index

Foramina index =FI<sup>[17]</sup>  $FI = DNF / TL \times 100$ (Hughes, 1952)

-Total length of bone =TL

-Distance from the proximal end of the bone to nutrient foramina =DNF

C. Subdivisions of position of foramina according to FI

The position of the foramina was divided into three types according to FI as follow:

Type 1 -FI up to 33.33, the foramen was in the proximal third of the bone.

Type 2- FI from 33.33 up to 66.66, the foramen was in the middle third of the bone.

Type 3 -FI above 66.66, the foramen was in the distal third of the bone.

D. Size of nutrient foramen Hypodermic needles with the caliber of 18G (1.2 mm),20G (0.9 mm), 22G (0.70mm),24G (0.55 mm),26G (0. mm) sizes passed through each foramen to confirm their patency and nutrient foramen Caliber. Nutrient foramina smaller than a size 24 hypodermic needles were considered as being secondary nutrient foramina.<sup>[17,31]</sup> while those equal or larger were accepted as being dominant nutrient foramina.<sup>[17]</sup>

Nutrient foramina divided into three sizes by using Caliber of needles Large size foramen: diameter  $\geq$  0.91mm,

Medium size foramen: 0.91mm > diameter  $\geq$  0.55mm, Small size foramen: > 0.55mm.

E. Direction of nutrient foramina: - Direction of nutrient foramina also noted it's may be directed towarded the growing end or away from the growing end.

F. Obliquity of nutrient foramina: - The obliquity of nutrient foramina was also noted and categorized into:1. Horizontal direction 2. Upper oblique direction 3. Lower oblique direction.

## RESULTS

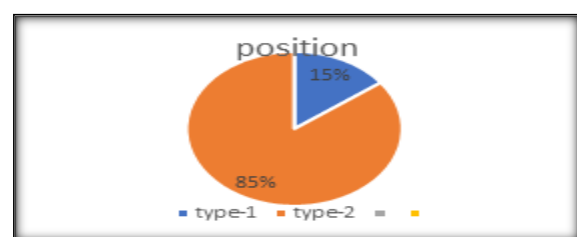
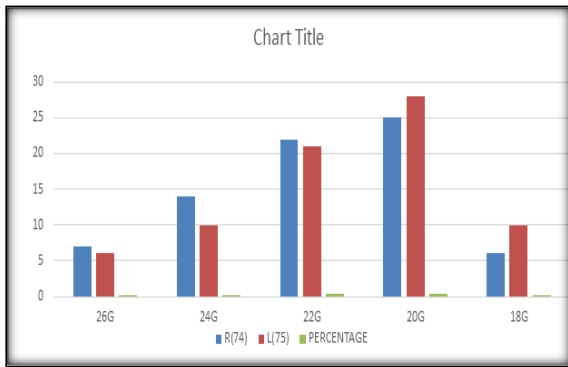
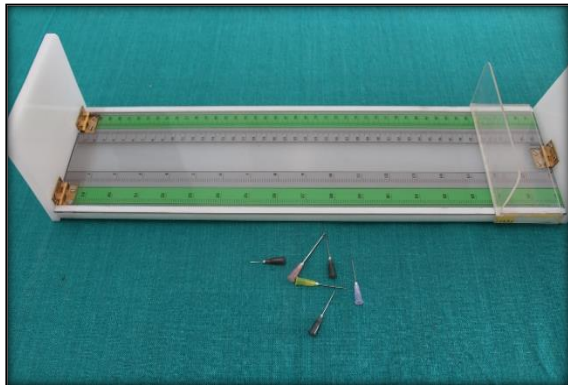


Figure 1: Pie Chart Showing Foramina Mostly Present in Proximal Part of Femur Bone.



**Figure 2: Column Chart Showing Different Size of Foramina Present in Femur Bone**



**Figure 3: A photograph of Osteometric board instrument used for measuring the length of the bone**



**Figure 4: Lower limb bones showing direction of nutrient foramina**



**Figure 5: Upward direction of foramen toward the hip joint**



**Figure 6: Digital vernier caliper**



**Figure 7: A photograph of femur showing double nutrient foramina on the posterior Surface**



**Figure 8: Femur bone showing two nutrient foramens close to each other**

In 100 femur bone have 149 foramina ,127 (85.23%) foramina seen middle third of bone and 22 (14.76%) seen on proximal third of bone 127 (85.23%) take TYPE-2 position and 22 (14.76%) are TYPE-1 position. There were no foramina in the distal third (Type-3). Mean length of the bone=435, 50 bones had single NF ,48 double NF, only 2 bone show absent of foramen and 1 had 3 NF.

Femur bone foramina index rang, mean and standard deviation calculating according to surface and border. Femur 100bones have 149 foramens, 136 are dominant foramina and 13 secondary foramina. The nutrient foramina were located along the middle third of the femur with the foramen index ranging between 29.81 and 62.65% of the bone length. Of all femoral foramina, 12(25%) were on the medial lip of the linea aspera, 9(18.75%) on the

lateral lip of linea aspera, 8(16.6%) on Nutrient foramina of most commonly present on the medial-to-medial lip of linea aspra 34 (28 were dominant foramen,6 secondary foramen) and between the two lips of linea aspera 31were second most common position (30 were dominant foramen,1 secondary foramen)gluteal tuberosity 4(2.68%) medial to spiral line and 13(8.7%) on the posterolateral surface 34 (22.81%) medial to medial lip of linea aspre 28 (18.7%)

The nutrient foramina in all femora examined, were directed proximally There was no change in the obliquity of the foramina, whether they were in the centre of the bone or nearer to the ends.

### Statistical Analysis

The collected data was summarized by using frequency, percentage, mean & S.D. To compare the

qualitative outcome measures Chi-square test or Fisher's exact test was used. To compare the quantitative outcome measures independent t test was used. The t-value is 0.53825, p-value is 0.295611.the result is not significant at  $p < .05$  right FI mean  $\pm$  SD  $44.67 \pm 10.96$  and left FI mean  $\pm$  SD  $43.72 \pm 9.86$  p value was marginal significant on the right side of bone and not significant on the left side of bone. Right side femur foramina index range 28.52-63.86and P value  $< 0.0000$  was significant for location and foramina index left side bone foramina index range30.65-61.42. If data was not following normal distribution, Mann Whitney U test was used. SPSS version 22 software was used to analyse the collected data. p value of  $< 0.05$  was statistically significant.

**Table 1: Number of Nutrient Foramina Observed in Femur Bone**

Bone	Number of bone	Number of foramina	Percentage
Femur(n=100)	2	0	2%
	50	1	50%
	48	2	48%
	1	3	1%

**Table 2: Position of Foramen**

Bone	No of Bone	Foramen	Position			Direction	P-Value
			TYPE-1	TYPE-2	TYPE-3		
Femur	R (50)	74	13	61	-	Proximally	0.67123269
	L (50)	75	9	66	-		
Total	100	149	22 (14.76%)	127 (85.23%)	-		

**Table 3: Range, Mean and Standard Direction of Nutrient Foramina**

Position	Side	Range	Mean $\pm$ SD	P-value
Between the two lips of linea aspera	R	34.33-59.01	41.078 $\pm$ 6.359	0.0001
	L	32.124-57.34	39.062 $\pm$ 5.365	
Medial lip of linea aspra	R	34.62-63.86	53.836 $\pm$ 10.432	
	L	38.513-60.40	52.44 $\pm$ 6.66	
Lateral lip of linea aspra	R	36.185-55.464	40.857 $\pm$ 8.23	
	L	36.244-39.29	37.77 $\pm$ 1.253	
Medial to medial lip of linea aspra	R	34.709-61.392	53.137 $\pm$ 6.866	
	L	36.649-61.427	53.908 $\pm$ 7.047	
Posterior surface	R	29.88-34.351	32.236 $\pm$ 1.553	
	L	30.65-35.40	33.52 $\pm$ 1.459	
Gluteal tuberosity	R	30.120-32.013	31.0667 $\pm$ 1.3385	
	L	35.636-36.676	36.156 $\pm$ 0.735	
Medial to spiral line	R	28.527-35.433	32.168 $\pm$ 1.899	
	L	32.48-36.275	34.012 $\pm$ 1.606	
Lateral to lateral lip of linea aspra	R	43.058-59.78	50.211 $\pm$ 5.648	
	L	50.66-58.890	54.32 $\pm$ 4.188	

**Table 4: Size of Nutrient Foramen on Femur Bone**

No. of foramen	Small		medium	Large	
	26 G	24 G	22G	20 G	18 G
R (74)	7	14	22	25	6
L (75)	6	10	21	28	10
Percentage	8.7%	16.10%	28.85%	35.57%	10.7%

**Table 5: Position and Number of Dominant and Secondary Foramine Seen on Femur**

Position	Side	Total number of foramina	%	Number of foramina						
				Single		Two		Three		
				DF	SF	DF	SF	DF	SF	
Between the two lips of linea aspera	R (12)	31	20.8	14	-	6	1	-	-	p-value 0.484 t-test 1.76
	L (19)									
Medial lip of linea aspra	R (10)	28	18.7	7	-	19	1	1	-	
	L (18)									
Lateral lip of linea aspra	R (5)	9	6.04	3	-	4	1	1	-	

	L (4)								
Medial to medial lip of linea aspra	R (22) L (12)	34	22.8	6	1	21	5	1	-
Posterior surface	R (8) L (13)	21	14.09	8	-	13	-	-	-
Gluteal tuberosity	R (2) L (2)	4	2.68	1	-	3	-	-	-
Medial to spiral line	R (9) L (4)	13	8.7	5	2	4	2	-	-
Lateral to lateral lip of linea aspra	R (6) L (3)	9	6.04	3	-	6	-	-	-

## DISCUSSION

**Number of nutrient foramina:** In this study, 60% of the femora examined possessed double nutrient foramina, while 40% had only one nutrient foramen. In the previous literatures, a discrepancy was noticed regarding the number of nutrient foramina in the femora. Many authors stated that the majority of femora studied had double nutrient foramina (Mysorekar, 1967; Forriol Campos et al., 1987; Nagel, 1993; Gumusburun et al., 1994; Collipal, 2007), while others reported the presence of a single foramen in most specimens (Lutken, 1950; Laing, 1953; Longia et al., 1980; Sendemir and Cimen, 1991; Motabagani, 2002; Kizilkanat et al., 2007). Three nutrient foramina were observed in a small number of femora (2.19% - 10.7%) by many authors (Lutken, 1950; Longia et al., 1980; Forriol Campos et al., 1987; Nagel, 1993; Gumusburun et al., 1994; 56 Collipal, 2007). It was interesting to find studies reporting a number of nutrient foramina as high as six (Gumusburun et al., 1994) and up to nine (Sendemir and cimen, 1991), while others confirmed the absence of nutrient foramina in some femora (Mysorekar, 1967; Gumusburun et al., 1994; Motabagoni, 2002). In this study, the whole series of tibiae examined had a single nutrient foramen

**Position of nutrient foramina:** In this study, 58.33% of the nutrient foramina of the femora were located mainly around the linea aspra and along a narrow strip on either side of it. These results were similar to those of Lutken (1950), Laing (1953), Longia et al. (1980), Sendemir and Cimen (1991) and Gumusburun et al. (1994) who stated that most of nutrient foramina were concentrated along the linea aspra.

**Size of nutrient foramina:** Sendemir and Cimen (1991) stated that there was no femur without a dominant nutrient foramen. Such statement was applicable in the present study, only in case of femora with a single nutrient foramen. **Direction of nutrient foramina** Hughes (1952) stated that anomalous canals were found frequently in the femur, which might be the cause of the latter findings.

**Obliquity of nutrient foramina:** Femur examined, there were no changes in the obliquity of the foramen whether it was in the centre of the bone or nearer the ends. Such results were in agreement with those of Mysorekar (1967). 149 foramina on femur

dominating foramen seen mostly seen on medial to medial lip of linea aspra means nutrient foramen related with linea aspra on femur bone.

## CONCLUSION

Femur showed single and double nutrient foramen with almost equal frequency located around the linea aspra. The foramens were mainly medium size and directed upward toward the hip joint.

### Declarations

**Funding:** None **Conflicts of interest/Competing interests:** None **Availability of data and material:** Department of Anatomy, L.N. Medical College Bhopal (M.P.) **Code availability:** Not applicable **Consent to participate:** Consent taken **Ethical Consideration:** There are no ethical conflicts related to this study. **Consent for publication:** **Consent taken.**

## REFERENCES

- Pereira gm, lopes ptc, santos ampv, silvera F.H.S. Nutrient foramina in the upper and lower limb long bones: Morphometric study in bones of southern Brazilian adults. *Int J Morphol*, 2011; 29: 514-520.
- Al-Motabagani M.A.H. The arterial architecture of the human femoral diaphysis. *J Anat Soc India* 2002; 51:27-31.
- Sharma M, Prashar R, Sharma T, Wadhwa A, Kaur J. Morphological Variations of Nutrient Foramina in lower limb long Bones. *Internat J Med Dent Sci* 2015;4(2): 802-808.
- Pedzisai Mazenganya. Morphometric studies of the nutrient foramen in lower limb long bones of adult black and white South Africans. *Eur. J. Anat.* 2015; 19 (2): 155-163.
- Shamsunder RV, Jyothinath K. The diaphyseal nutrient foramina architecture: a study on the human upper and lower limb long bones. *J Pharm Biol Sci* 2014; 1:36-41.
- Mysorekar, V. R. (1967). Diaphyseal nutrient foramina in human long bones. *Journal of Anatomy* 101, 813-822.
- Swati Gandhi, Rajan K Singla, Rajesh K Suri, Vandana Mehta; Diaphyseal nutrient foramina of adult human tibia—Its positional anatomy and clinical implications; *Rev Arg de AnatClin*; 2013; 5 (3):222-228.
- Murlimanju BV, Prasanth KU, rabhu LV, Saralaya VV, ai MM, Rai R. Morphological and topographical anatomy of nutrient foramina in human upper limb long bones and their surgical importance. *om J Morphol Embryol* 2011;52(3):859-862.
- Nirmalya Saha., Moirangthem Matum Singh, Ningthoujam Damayanti Devi. Diaphyseal Nutrient Foramina in Human Femur. *Journal of dental and medical sciences*. 2015;14 (4):24-26.
- Kumar R, Mandloi RS, Singh AK, Kumar D, Mahato P. Analytical and morphometric study of nutrient foramina of

- femur in Rohilkhand region. *IJMHS* 2013 March-April;3(2):52-54.
11. Aliya Zahi Morphological and Topographical Anatomy of Diaphyseal Nutrient Foramina of Dried Pakistani Fibulae. *Journal of the College of Physicians and Surgeons Pakistan* 2015; 25(8): 560-563.
  12. K. Udhaya, K.V. Sarala Devi, J. Sridhar, Analysis of nutrient foramen of tibia-South Indian population study, *Int J Cur Res Rev*, 2013; 5(8), 91-98..
  13. Ukoha UU, Umeasalugo KE, Nzeako HC, Ezejindu DN, Ejimofor OC, Obazie IF. Study of nutrient foramina in long bones of Nigerians. *Natl J Med Res*2013; 3:304-8.
  14. Shital T. Shah. Study of Diaphyseal Nutrient Foramen in Human Tibia in People of Gujarat. *GCSMC J Med Sci* 2015;4(1):37-39.
  15. Poomima B and Angadi A V. A study of nutrient foramina of the dry adult human femur bones. *International Journal of Biomedical Research* 2015; 6(06): 370 -373.
  16. Md. Shahajahan Chowdhury. Morphometrical and Topographical Anatomy of Position of Nutrient Foramen on Fully Ossified Left Femur. *Delta Med Col J. Jan* 2013;1(1):13-15.
  17. Kizilkanat, E.; Boyan, N.; Ozsahin, E. T.; Soames, R. & Oguz, O. Location, number and clinical significance of nutrient foramina in human long bones. *Ann. Anat* 2007; 189:87-95.
  18. Bridgeman, G. and Brookes, M. Blood supply to the human femoral diaphysis in youth and senescence. *Journal of Anatomy* .1996;188: 611-621
  19. Sabah Yaseen. Morphological and Topographical Study of Nutrient Foramina in Adult Humerii. *International journal of innovative research & development* 2014;3(4):7-10.
  20. Gupta Rakes. Morphological Study of Nutrient Foramen in Human Fibulae of North Indian Region. *Int J Med Health Sci. April* 2013;2(2):205-209.
  21. Vrinda Hari Ankolekar, Lydia S. Quadros, Antony Sylvan D'souza. Nutrient foramen in tibia- A study in coastal region of Karnataka. *IOSR Journal of Dental and Medical Sciences*, Volume 10, Issue 3 (Sep-Oct. 2013), 75-79.
  22. Satish M. Patel. Anatomical study of nutrient foramina in long bones of human upper limbs. *IAIM*, 2015; 2(8): 94-98.
  23. Chandrasekaran S, Shanthi KC. A study on the nutrient foramina of adult humeri. *J Clin Diagn Res* 2013;7(6):975-977.
  24. Manjunath S Halagatti, Pramod Rangasubhe. A study of nutrient foramina in dry adult humeri of south Indian subjects. *National Journal of Clinical Anatomy*. 2012; 1 (2): 76-80.
  25. Carroll, S. E. (1963) A study of the nutrient foramina of the humeral diaphysis. *J. Bone Joint Surg. Br.*, 45-B:176-81.
  26. Tejaswi, H. L., Krishnanand Shetty, and K. R. Dakshayani. Anatomic Study of Nutrient Foramina in the Human Tibiae and Their Clinical Importance. (2014); 9(3); 334-336.
  27. Gopalakrishna K, Sreekala MA, Rathna BS. A study on the incidence and direction of nutrient foramina in south Indian humeral diaphysis and their clinical importance. *Res Rev J Med Health Sci* 2014; 3(S1): 71-6.
  28. Lewis, O. J. The blood supply of developing long bones with special reference to the metaphyses. *J. Bone Joint Surg.*, 38B:928-33, 1956.
  29. Payton CG. The position of the nutrient foramen and direction of the nutrient canal in the long bones of the madder-fed pig. *J Anat* 1934;68(Pt4):500-510.
  30. Thammaroj, T.; Jianmongkol, S. & Kamanarong, K. (2007) Vascular anatomy of the proximal fibula from embalmed cadaveric dissection. *J. Med. Assoc. Thai.*, 90:942-6.
  31. Henderson RG. The position of the nutrient foramen in the growing tibia and femur of the rat. *J Anat* 1978; 125:593-599.
  32. Prashanth KU, Murlimanju BV, Prabhu LV, Kumar GC, Pai MM, Dhananjaya KVN. Morphological and topographical anatomy of nutrient foramina in the lower limb long bones and its clinical importance. *AMJ* 2011;4(10):530-537.
  33. Patake, S. M. & Mysorekar, V. R. Diaphyseal nutrient foramina in human metacarpals and metatarsals. *J. Anat.* 1977; 124:299-304.