

# A rare anatomical variation of the origin and insertion of the extensor pollicis et indicis communis muscle

## ABSTRACT

The extensor compartment of the forearm is a site with frequent anatomic variation that are encountered during examination with radiologic imaging, surgery, and general cadaver dissections. While many of these variations involving the tendons or additional musculature have been described in different literature, the prevalence of the extensor pollicis et indicis communis (EPIC) remains at 0.5 to 4% in the global population (4). Our group at PCOM South Georgia encountered this anatomical variation during a routine dissection of 12 cadavers obtained through the body donor program at PCOM Georgia. While performing dissection of the forearm, the extensor pollicis et indicis communis muscle was encountered on the posterior aspect of the right forearm between the extensor pollicis longus and extensor indicis. The muscle belly has a proximal insertion on the proximal <sup>1</sup>/<sub>2</sub> of the ulna and a distal insertion on the proximal phalanx of the pollex as well as the indicis. This case study aims to describe this rare variation as knowledge of the extensor pollicis et indicis communis is paramount in avoiding and preventing injury during a surgical intervention of the hand and wrist.

### INTRODUCTION

The prevalence of EPIC is 0.5-4% within the global population (4). This anatomical variation was found during a routine dissection within the extensor compartment of our donor's right arm.

The origin and insertion of the muscle as well as tendon lengths were documented after this discovery was made during dissection (Table 1).

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RESULT

Origin Insertions

Length of Muscle Belly

Length of Tendon: Muscle Belly to Bifurcatio

**Bifurcation to Pollicis Insertion** 

**Bifurcation to Indices Insertion** 

**TABLE 1: Character** 



FIGURE 1: Image of extensor pollicis et indicis communis muscle with highlight showing origin, insertion, and points added for Table 1.

'S		
	Proximal 1/2 of the ulna	
	Proximal phalanx of pollex	
	Distal phalanx of indices	
	5.72 cm	A -> B
on	7.62 cm	B -> C
	8.26 cm	C -> D
	12.70 cm	C -> E
ristic	cs of EPIC	



FIGURE 2: Image of extensor pollicis et indicis communis muscle.

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# **DISCUSSION & CONCLUSIONS**

is important to describe the anatomical variations extensor muscles of forearm and hand that are oserved in modern human populations. The key ndings in this case study include:

Prevalence of the EPIC is anatomically important in radiographic imaging as well as during surgery This EPIC variation was only present in 1 out of 12 cadavers.

The EPIC origin and insertion is typically on the distal <sup>1</sup>/<sub>3</sub> of the ulna

Other related variations have been reported in the medical literature (1-3).

### REFERENCES

1. Casanova-Martínez, D., Valdivia-Gandur, I. & Golanó, P. Extensor pollicis et indicis communis with triple slips in a bilateral case of accessory muscles of the hand. Anat Sci Int 89, 250–254 (2014). ttps://doi.org/10.1007/s12565-

1. Cauldwell, E. W., Anson, B. J., & Wright, R. R. (1943). The extensor indicis proprius muscle - a study of 263 consecutive specimans. Quarterly Bulletin of the Northwestern University Medical School, 17(4), 267–279.

1. Klena, J. C., Riehl, J. T., & Beck, J. D. (2012). Anomalous extensor tendons to the long finger: a cadaveric study of incidence. The Journal of hand surgery 37(5), 938-941. https://doi.org/10.1016/j.jhsa.2012.02.014

1. Yammine K. (2015). The prevalence of the extensor indicis tendon and its variants: a systematic review and meta-analysis. Surgical and radiologic anatomy : SRA *37*(3), 247–254. https://doi.org/10.1007/s00276-014-

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