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A CLINICAL STUDY OF A GASTROCNEMIUS VARIANT HEAD

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ABSTRACT

The area on the popliteal surface of the femur behind the medial condyle and behind the adductor tubercle. The lateral head is linked to the lower section of the supracondylar line and the lateral surface of the lateral condyle. The inferolateral and inferomedial boundaries of the popliteal fossa are formed when the two heads meet at the inferior boundary of the popliteal fossa. The tendinous attachments spread to cover the posterior surface of each head with an aponeurotic sis, from which muscle fibers emerge on the anterior surface. Muscle fibers begin to enter into the broad aponeurosis as the muscle descends, which contracts and receives the soleus tendon on its deep surface to create the Calcaneal or Achilles tendon. The tibial nerve supplies the gastrocnemius muscle. The gastrocnemius muscle was found to be particularly massive. Along with the lateral and medial heads of the gastrocnemius, an accessory head was seen on the lateral side, forming the inferolateral and inferomedial boundaries of the popliteal fossa. As illustrated in the accessory head originated from the lateral femoral condyle and the adjacent region of the lateral supracondylar line. After reviewing the literature and comparing the current case, we have determined that this is a case of the third/accessory head of the gastrocnemius muscle, which originates from the popliteal surface of the femur and attaches distally to the junction of the medial and lateral heads of the gastrocnemius. It's likely that this variant muscle compresses the tibial nerve and popliteal arteries, and that being aware of this could avoid radiologists and surgeons from misinterpreting it as a pathological structure.

Keywords: Variant Head of Gastrocnemius, Pathological, Lateral Supracondylar Line.

INTRODUCTION

The area on the popliteal surface of the femur behind the medial condyle and behind the adductor tubercle [1]. The lateral head is linked to the lower section of the supracondylar line and the lateral surface of the lateral condyle. The inferolateral and inferomedial boundaries of the popliteal fossa are formed when the two heads meet at the inferior boundary of the popliteal fossa [2]. The tendinous attachments spread to cover the posterior surface of each head with an aponeurotic sis, from which muscle fibers emerge on the anterior surface. Muscle fibers begin to enter into the broad aponeurosis as the muscle descends, which contracts and receives the soleus tendon on its deep surface to create the Calcaneal or Achilles tendon [3].

The tibial nerve supplies the gastrocnemius muscle. It has its own Sural artery for blood supply [4, 5]. These arteries are popliteal artery branches. Plantar flexion is aided by this muscle. Extra muscles or muscle slips in the extremities are quite prevalent [6, 7]. Some of them may constrict movement or compress nerves and arteries, while others may increase muscular activity. A tiny percentage of them, however, may go undiscovered [8, 9]. Plastic surgeons need to know about these different muscles when performing various reconstructive procedures, and doctors need to know about them when managing pain [10-12].

Case Presentation:

The gastrocnemius muscle was found to be particularly massive. Along with the lateral and medial heads of the gastrocnemius, an accessory head was seen on the lateral side, forming the inferolateral and inferomedial boundaries of the popliteal fossa. As illustrated in the

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