An accessory middle cerebral artery (AMCA) is a variation of the cranial vascular system. It usually originates from the anterior cerebral artery, particularly from its proximal part and supplies the orbitofrontal and prefrontal regions of the territory of the middle cerebral artery (MCA). It is reported in approximately 3% of dissections (Teal et al., 1973; Yasargil, 1984; Umansky et al., 1988; Tanriover et al., 2003). Whether an AMCA is a variant of Heubner’s recurrent artery has been debated (Takahashi et al., 1989). An associa-
tion between AMCA and aneurysms has been shown (Tacconi et al., 1995). In such cases, damage to the AMCA may lead to severe neurological deficits (Umansky et al., 1988).

A case of AMCA originating from callosomarginal artery, the first in the literature, has been presented. The study material was a fresh cadaveric cerebral hemisphere of a 47-year-old Anatolian male. The internal carotid artery (ICA) was injected with colored latex. The dissection was performed under a surgical microscope (Carl-Zeiss). The AMCA originated from proximal callosomarginal artery in the left hemisphere. It had a diameter of 1.5 mm and gave off a Heubner’s recurrent artery as it coursed into the Sylvian fissure. It passed over the frontal end of the insula following a tortuous course near the MCA and gave cortical branches to the area of the prefrontal artery (arrows) (Fig. 1). Lack of awareness of this variation may result in misdiagnosis based on angiographic studies, thus hindering safe surgery, particularly of aneurysms.

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