JUGULAR FORAMEN MORPHOMETRY



Azzat Al-Redouan, Isabela Oliveira, David Kachlík



Department of Anatomy Second Faculty of Medicine Charles University



Department of Anatomy, Second Faculty of Medicine, Charles University, Prague, Czech Republic

INTRODUCTION

The jugular foramen (*foramen jugulare*, JF) is located on the skull base bilaterally, anteromedial to the mastoid process. A fibrous bridge connecting intrajugular processes of both sides splits the JF into two spaces: the anteromedial space conveying the glossopharyngeal (IX) nerve, and the posterolateral space carrying the vagus (X) and accessory (XI) nerves as well the internal jugular vein and posterior meningeal artery. Jugular foramen syndrome (JFS) is characterized by neurological symptoms of the passing cranial nerves IX, X, XI associated with some localized etiology at the jugular foramen.

PURPOSE

To assess the extent of JF variation to further understand its morphological relations to the JFS.

MATERIALS & METHODS

The jugular foramen was observed and measured by digital vernier caliper bilaterally in 135 dry skulls with opened cranial cavity.

PARAMETERS :

- External and internal maximum width (W) in a mediolateral dimension.
- External and internal maximum length (L) in an anteroposterior dimension.
- Depth: between the external plane of the JF and the jugular fossa (Ext-Fossa), and between the external plane and the internal plane of the JF (Ext-Int).

TYPING:

Based on the presence of intrajugular proces (*processus intrajugularis*):

- intrajugular bridge
- intrajugular incomplete bridge



Fig.o: Endocranial perspective. L – length, W – width, FM – foramen magnum. Lat – lateral, Med – medial, A – anterior, P – posterior

RESULTS & DISCUSSION

			Size (mm)				Shape			Size (r	nm) Shap		Shape
			Max	Mean	± SD	Min	%		Max	Mean	± SD	Min	%
Internal	Right	Width	20.78	12.6	4.31	6.93	0 68.4		23.29	13.79	4.77	8.61	0 68.1
		Length	18.97	9.14	3.14	2.33	Δ 3.4		17.64	9.56	2.79	4.68	Δ 26.1
							/ 28.2	rna					/ 5.8
	Left	Width	18.8	11.96	3.69	5.2	0 66.3	Exte	20.33	13.55	4.88	8.94	0 61.7
		Length	12.85	8.68	2.34	2.54	Δ 31.1		13.63	8.07	2.32	3.75	Δ 32.1
							/ 2.5						/ 32.1
Depth	Right	Ext-Fossa	18.44	11.36	3.67	4.17	I 35.7		Right Bridge			32.5	
		Ext-Int	17.79	11.67	2.82	6.68	/ 15.5	dge		Incomplete			4.1
	Left	Ext-Fossa	19.59	11.26	3.17	4.83	I 33.0	Brid	Left	Bridge			21.2
		Ext-Int	17.23	11.43	2.96	5.12	/ 15.9			Incomplete			2.4

The length of the canal represented by the depth of the JF seemed to be symmetrical.
The size of the JF is rather asymmetrical with a tendency to be larger on the right side.
The external aperture of the JF was found to be slightly larger than the internal one.
The shapes of the FJ showed disparity with oval being the dominate presentation.
The presence of a complete and an incomplete bridge could mean either a calcified fibrous bridge or an actual osteofibrous morphological variation.





Fig. 2: Endocranial perspective, showing varying complete bridging of the JF. FM – foramen magnum



Fig. 3.a: Endocranial perspective of a round shaped jugular foramen. Fig. 3.b: Endocranial perspective of a triangular shaped jugular foramen.





Fig 1.a: Endocranial perspective

OC FM OC

Fig 1.b: Exocranial perspective (FM – foramen magnum , OC – occipital condyle)



Fig 4.a: Endocranial perspective of bilateral incomplete bridging, resulting in the intrajugular processes. Fig 4.b: A larger process.

CONCLUSION

The JF can be thought of as a canal between the external aperture at the skull base and the internal aperture in the posterior cranial fossa and varies in alignment from a straight to a sloped line in direction. Whether or not these morphological observations play role in the JFS need to be investigated.

6. Matsushima K, Kohno M. Transjugular transsigmoid approach for triple dumbbell-shaped jugular foramen schwannomas. Acta Neurochir (Wien). 2019;161(4):739-743. REFERENCES 7. Vlajković S, Vasović L, Daković-Bjelaković M, Stanković S, Popović J, Cukuranović R. Human bony jugular foramen: some additional morphological and morphometric features. Med Sci Monit. 2010;16(5):BR140-BR146. 1. Gupta C, Kurian P, Seva KN, Kalthur SG, D'Souza AS. A morphological and morphometric study of jugular foramen in dry skulls with its clinical implications. 8. Basma J, Michael LM 2nd, Sorenson JM, Robertson JH. Deconstruction of the Surgical AGupta C, Kurian P, Seva KN, Kalthur SG, D'Souza AS. A morphological and Craniovert Jun Spine 2014;5:118-2 morphometric study of jugular foramen in dry skulls with its clinical implications. J Craniovert Jun Spine 2014;5:118-21. 2. Freitas CA, Santos LR, Santos AN, Amaral Neto AB, Brandão LG. Anatomical study of jugular foramen in the neck. Braz J Otorhinolaryngol. 2020;86:44---8. World 9. Freitas CA, Santos LR, Santos AN, Amaral Neto AB, Brandão LG. Anatomical study of jugular foramen in the neck. Braz J Otorhinolaryngol. 2020;86:44---8. World Neurosurg. (2019) 132:e40-e52. Neurosurg. (2019) 132:e40-e52. 3. Vogl TJ, Bisdas S. Differential diagnosis of jugular foramen lesions. Skull Base. 2009;19(1):3-16. 10.Basma J, Michael LM 2nd, Sorenson JM, Robertson JH. Deconstruction of the Surgical Approach to the Jugular Foramen Region: Anatomical Study. J Neurol Surg B Skull 4. Saliou G, Dirks P, Slater LA, Krings T. Is jugular bulb stenosis in vein of Galen aneurysmal malformation associated with bony remodeling of the jugular foramina? Base. 2019;80(5):518-526. VĚDECKÁ KONFERENCE Neurosurg Pediatr. 2016;18(1):92-96. 5. Liang L, Qu L, Chu X, et al. Meningeal Architecture of the Jugular Foramen: An Anatomic Study Using Plastinated Histologic Sections. World Neurosurg. 2019;127:e809-**Oct.2020 & NOC FAKULTY 2020** e817. 2. LÉKAŘSKÁ FAKULTA UNIVERZITA KARLOVA