Morphological Study of Accessory Heads of Deep Flexor Muscle of Forearm

Authors
Amrita Kumari, Sanjay Kumar, Md Jawed Akhtar, Ruchi Ratnesh, Vinod Kumar
IGIMS Patna
Corresponding Author
Sanjay Kumar

Abstract

**Background:** The anatomical variations of muscles and nerves in the forearm and wrist are common. Gantzer’s muscle is the accessory belly in the flexor compartment of forearm frequently arises from the medial epicondyle and inserted into the one of the deep muscle of forearm.

**Material and Methods:** Present study was conducted in department of anatomy, Institute of medical science, Banaras Hindu university, Varanasi, UP and Indira Gandhi institute of medical sciences, Patna, Bihar. The present study consist of 48 upper limb.

**Result:** Incidence of accessory muscle belly was detected in 20 (41.66) out of 48 upper limb. 16 of these cases have two accessory belly and 4 have single muscle belly. All are arises from medial epicondyle of humerus below the flexor digitorum superficialis and inserted in to flexor digitorum profundus.

**Conclusion:** Knowledge of accessory muscle belly is important not only for anatomist but also for surgeon. Variations of muscle belly kept in mind while approaching the forearm for flexor digitorum superficialis tendon transfer and other surgical procedures in the flexor compartment of forearm and hand.

**Keywords:** Flexor digitorum superficialis, Gantzer’s muscle.

**INTRODUCTION**

The anatomical variations of muscles and nerves in the forearm and wrist are common. Such variations are reported by two sources- anatomical dissections and clinically reported cases. Since most of the modern book usually do not describe the common variations in the muscles and tendons, students often believe that they have discovered a new muscle or tendon. Therefore the muscle and tendon in the forearm and hand are studied to determine which variations occurs most frequently and to use these findings to supplement textbook description. In 1813, Gantzer described an accessory muscle in the forearm, this muscle could join the one of the deep flexor muscle of forearm. However, Kaplan described that this muscle was described almost a century before by Albinus. Gantzer described two accessory belly in the forearm which was named Gantzer’s muscle. This muscle mostly arises from the medial epicondyle of the humerus or from the under surface of flexor digitorum superficialis and inserted either in to flexor digitorum profundus or flexor pollicis longus muscle. Gantzer’s muscle has clinical importance because it may compress the median nerve or its branch anterior interosseous nerve.
Anterior interosseous nerve syndrome is very rare condition characterized by flexor pollicislongus, flexor digitorum of index and middle fingers and the pronator quadratus muscle of forearm producing a square pinch deformity [7-9]. Knowledge of muscle variations are important not only for the anatomists but also for the surgeons. Such type of variations can lead to error in both diagnosis and treatment. Such variations of muscle belly kept in mind while approaching the forearm for flexor digitorum superficialis tendon transfer and other surgical procedure in the flexor compartment of forearm [6].

MATERIAL AND METHODS

Present study was conducted in the department of anatomy, Institute of medical science, Banaras Hindu university, Varanasi, UP and Indira Gandhi institute of medical sciences, Patna, Bihar. The present study consist of 48 upper limbs which were used for undergraduate and postgraduate students. All the limbs were without any obvious pathological deformities. Both the sexes were included in this study. There were 46 males and 2 females upper limbs.

The skin was removed from the forearm and hand to expose the superficial fascia. Superficial fascia was removed. Deep fascia was incised and it was reflected to expose the muscles of forearm. Anterior compartment of forearm muscles were arranged in three groups: superficial, intermediate and deep. The muscles of each group were identified from their origin and their tendons were traced for insertion in hand. Superficial muscles were cut through middle to expose the intermediate layer which have only one muscle flexor digitorum superficialis. After cutting the flexor digitorum superficialis, deep layer of muscles was exposed in which flexor digitorum profundus and flexor pollicislongus were lying in the plane and pronator quadratus muscle was identified deep to them.

RESULTS

In this study we found the accessory belly in 20 (41.66%) out of 48 upper limb. 16 out of these have double muscle belly and 4 have single muscle belly. All the Gantzer muscles arises from medial epicondyle of humerus and lies below the flexor digitorum superficialis. All the Gantzer muscles inserted into flexor digitorum profundus. 16 accessory belly fused with the index finger and 4 with the middle finger of flexor digitorum profundus.

---

**Fig. 1.** Two accessory muscle belly  
1. Flexor digitorum superficialis  
2. Flexor digitorum profundus  
A1. Lateral belly of accessory muscle  
A2. Medial belly of accessory muscle

**Fig. 2.** Insertion of muscle belly

---
DISCUSSION

Occurrence of Gantzer muscle is due to incomplete differentiation during development. Initially a common flexor mass is formed in embryo which further differentiates into superficial, intermediate and deep layer. Superficial layer further develops in to Pronator teres, Flexor carpi radialis and Palmaris longus. Middle layer gives rise to Flexor digitorum superficialis. Deep layer further develops into the Flexor digitorum profundus, Flexor pollicis longus and Pronator quadratus [10,11].

In this study, incidence of Gantzer muscle was recorded in 20 (41.66%) out of 48 specimen. This result is very close to percentage observed by Dykes and Anson (53.3%) [12], Malhotra et. al (54.2%) [13], Dellon and Mackinnon (45%) [14], Al Qattan (52%) [15], Jones et al. (55%) [4], Shirali et al. (55%) [16], Gunnal et al. (51.1%) [17] and Temang et al. (43%) [18].

Some authors reported different results regarding the presence of this muscle. Mangini et al. (71%) [19], Hemmady et al. (66.7%) [20] and Oh et al. (67%) [21]. Dykes and Anison in their study showed the distribution of Gantzer muscles to be 28% on the right side and 25% on the left side. In the present study we found 14 (29.16%) muscles on the right side and 6 (12.5%) on the left side.

The result of this study is same of that of most authors who stated the most frequent site of Gantzer’s muscles is medial epicondyle of humerus.

In this study, we found the insertion of Gantzer’s muscles in flexor digitorum profundus in 100%. Al Qattan reported that in all dissected forearm the Gantzer muscle was inserted in to flexor pollicis longus muscle [15].

CONCLUSION

Although superficial muscle were reported in the past but they were many rare anatomical variation of flexor digitorum thought to have no clinical significance. In the recent time, these variations
have gained clinical significance due to its close proximity to median nerve and anterior interosseous nerve.

Apart from the anatomical interest the accessory flexor muscle have been implicated in the anterior interosseous syndrome resulting in burning pain. Knowledge of such variations are important not only for anatomist but also for the surgeon. Such type of variations can lead to error in diagnosis and treatment. Variations of muscle belly kept in mind while approaching the forearm for flexor digitorum superficialis tendon transfer and other surgical procedure in the flexor compartment of forearm and hand.

REFERENCES

18. Tamang BK, Sinha P, Sarda RK, Shailo P, Murthimajju BV. Incidence and morphology of accessory head of flexor

