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parts of AA. However second part is the most. These emergences are reported by Huelke, Adachi, DeGaris, Swartey and Pelelgrini in 52.2%, 40%, 55.9%, 55.9%, 70% respectively. The variations in AA have importance in aspect of breast and axilla surgery furthermore in plastic surgery flaps, so we hope that this case will help clinicians and anatomists as well.

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Age and sex related changes in the craniofacial region in 7-11-year-old Turkish children

Ulcay T*, Sarsılmaz M**, Uzun A***, Öğetürk M****

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Knowledge of the rate of the growth of the head and face in a healthy population can help the surgeon evaluate variations from normal, understand altered proportions, and select an optimal time for correction of cranial and facial deformity. Age-related growth changes in the face and relationships between its parts were calculated by using one vertical, two horizontal and three sagittal surface measurements from face. Five surface measurements of the head were taken between 7 year and 11 years of age in 265 (145 male, 120 female) Turkish children. A rapid rate of growth in face height was observed in both sexes between 10 and 11 years. The mandible width and the sagittal surface measurements (upper face depth, maxillary depth and mandibulary depth) showed a moderate level of development in both sexes. The height of the head showed the highest level of development in both sexes (male: 12.8%, female: 12.1%). Cranial base width of the head showed the lowest level of development in both sexes of this preadolescent period (male: 1.8%, female: 2.1%). Growth trends and relationships between aspects of the head and face based on anthropometric findings are predictable. The data obtained from this study can be used for planning the timing and type of reconstructive surgery in patients with cranial and facial growth disturbance.

Keywords: Craniofacial anthropometry, mandible depth, maxillary depth

P-249

The effect of coracoid process transfer on the surgical procedures of shoulder instability

Çırpan S*, Büdeyri A**, Özkan M***, Kiray A*

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Introduction: Bone loss of the anteroinferior rim of the glenoid is observed in shoulders with recurrent anterior dislocation. In such shoulders, the size of the defect affects the degree of shoulder instability. Thus, before coracoid process (CP) transfer procedures are attempted, the need for bone grafting is a major clinical concern and depends at least partly on the size of the glenoid defect. After the CP transfer is performed, the effect of this procedure on surface area of the glenoid cavity (GC) is need to be quantified. The purpose of this study, therefore, was to determine the effect of CP transfer on surface area of the GC of cadaveric shoulders in the surgical procedures of shoulder instability.

Study Design: A cadaveric laboratory study.

Methods: After the shoulder dissection, osseous defects of 21% and 34% of anteroinferior part of the glenoid surface area were created stepwise in 30 cadaveric scapulae, and Latarjet procedure was performed, respectively. Intact and postoperative surface area of the GCs were photographed, with Canon 400B (55 mm objective) and with a scale placed next to each specimen to indicate its relative size on the photographs. The images were loaded on a computer. The surface area of the photoghraphed GCs were calculated with use of UTHSCSA Image Tool 3.0 software.

Results: The mean surface area of intact GC was 969.98+ 129.95 mm^2. The postoperative mean surface area of 21% and %34 defective GC were 1133.80+119.65 mm^2 and 1006.50 + 110.69 mm^2, respectively. There was a statistically significant difference between the means of surface area of intact GC and postoperative surface area of 21% and %34 defective GC, ($p=0.000$, $p=0.025$; respectively).

Conclusion: CP transfer (Latarjet procedure) significantly increases surface area of GC

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Rib aplasia: a case report

Keskin İ*, Ülkü R**, Tacar O*, İskenderoğlu AY*, Demirant A*, Karabulut Ö*

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Objectives: Rib aplasia and hypoplasia is a rare deformity of the chest wall deformities. Rib fusions, bridging between two ribs, cervical and pelvic ribs, pseudoarthrosis of the first ribs, bifid ribs other rib abnormalities are known. These abnormalities and anatomic variations occur 0.15 to 0.31% in of the society. Rib variations may be member of components of the metabolic syndrome or a congenital disease. Particularly twelfth costal aplasias are common and the incidence of Down syndrome has been reported with aplasia in 11-33%. Poland syndrome is characterized by unilateral aplasia or hypoplasia of the ribs. Besides, it is availiable unilateral of the absence the pectoralis major and minor muscles, lack of axillary hair, splint or