# Original Article

# Study of Diameter of Inferior Cerebellar Peduncle in Bangladeshi Cadaver

Haque AQMA<sup>1</sup>, Khalil M<sup>2</sup>, Sultana SZ<sup>3</sup>, Ahmed MS<sup>4</sup>, Hossain M<sup>5</sup>, Uddin MM<sup>6</sup>, Ara A<sup>7</sup>

#### Abstract

**Background:** The cerebellum is a very important part of central nervous system. It is involved in the maintenance of balance and posture, coordination of voluntary movements, motor learning and cognitive functions such as language. Inferior cerebellar peduncle connects the spinal cord and medulla oblongata with the cerebellum and carries unconsciousness proprioceptive information from body and limb. The mean diameter of inferior cerebellar peduncle at birth is only a fraction of the adult diameter then diameter increases up to certain age and decreases in old age.

**Objectives:** The present study was done to observe the diameter of the inferior cerebellar peduncle in different age groups of Bangladeshi cadaver which will serve as a baseline data for clinician about the neurological disorders in our country.

Materials and Methods: A cross sectional, analytical type of study was carried out in the department of anatomy, Mymensingh Medical College, Mymensingh from April'2009 to September'2009. A total of 63 cerebellums were collected of which 40 (male 25 and female 15) were from during postmortem of unclaimed Bangladeshi cadaver aged between 5 to 60 years and 23 (male 14 and female 9) were from caesarian section of dead fetuses aged between 34 wks to 42 wks. of gestation. The collected sample was grouped into three age groups like Group A (34 to 42 weeks of gestation), Group B (5 to 30 years) and Group C (31 to 60 years). The diameters of the inferior cerebellar peduncles were measured by using slide calipers and expressed in millimeter (mm).

**Result:** The mean ( $\pm$ SD) diameter of right inferior cerebellar peduncle was in Group A 5.40 $\pm$ 1.13, B 7.72 $\pm$ 1.18 and C 6.77 $\pm$ 1.68 mm respectively and the mean ( $\pm$ SD) diameter of left inferior cerebellar peduncle was in Group A 5.20 $\pm$ 1.09, B 7.59 $\pm$ 1.23 and C 6.66 $\pm$ 1.58 mm respectively.

**Conclusion:** From the present study it is observed that the mean diameter of the inferior cerebellar peduncle increased with age upto certain level then slightly decreased in the late age. The result of the present study will enrich the information pool on diameter of the inferior cerebellar peduncle of Bangladeshi people.

Key words: Inferior cerebellar peduncle, Diameter, Bangladeshi cadaver.

**Date of received:** 15.03.2016 **Date of acceptance:** 05.05.2017

## Introduction

The cerebellum is a very important part of central nervous system. It unconsciously controls the smooth

contraction of voluntary muscle and carefully coordinates their action<sup>1</sup>. The cerebellum is the portion of brain lying behind and below the cerebrum,

- 1. Dr. A.Q.M. Ataul Haque, Associate Professor & Head, Department of Anatomy, KYAMC, Enayetpur Sharif, Sirajgonj.
- 2. Prof. Dr. Mohsin Khalil, Professor & Head, Department of Anatomy, Mymensingh Medical College, Mymensingh.
- 3. Dr. Seheli Zannat Sultana, Professor, Department of Anatomy, Mymensingh Medical College, Mymensingh.
- 4. Prof. Dr. Md. Shameem Ahmed, Professor, Department of Anatomy, KYAMC, Enayetpur Sharif, Sirajgonj.
- 5. Prof. Dr. Muazzem Hossain, Professor, Department of Anatomy, Kumudini Women's Medical College, Mirzapur, Tangail.
- 6. Dr. Md. Mesbah Uddin, Associate Professor, Department of Anatomy, Kumudini Women's Medical College, Mirzapur, Tangail.
- 7. Dr. Anjuman Ara, Assistant Professor, Department of Anatomy, Community Based Medical College, Bangladesh, Mymensingh.

Correspondence: Dr. A.Q.M. Ataul Haque, M. Phil. Associate Professor & Head, Department of Anatomy, Khwaja Yunus Ali Medical College, Enayetpur Sharif, Sirajgonj. Phone: 01711273335, Email: atauldr@yahoo.com

it serves to coordinate both voluntary movements and muscle functions in the maintenance of normal posture<sup>2</sup>. The human cerebellum is an enormously impressive organ<sup>3</sup>. Cerebellum is the largest part of hindbrain, situated in the posterior cranial fossa, behind the pons and the medulla oblongata<sup>4,5,6,7</sup>. The cerebellum is a central part of the major circuit that links sensory to motor areas of the brain and is required for the coordination of fine movement. In health, it provides corrections during movement, which are the basis for the precision and accuracy and it is critically involved in motor learning and reflex modification. It receives sensory information through spinal, trigeminal and vestibulocerebellar pathways and via the pontine nuclei, from the cerebral cortex and the tectum. Cerebellar output is mainly to those structures of the brain that control movement. Cerebellum enlarges enormously during first year of life after then the rate of growth is slow. The increase in volume is partly due to increase in the size and not in number of the nerve cells and partly by the growth of the blood vessels, but it is mainly affected by the progressive myelination of the nerve fibres<sup>7</sup>. Cerebellar cortex consists of three layers - outer molecular, intermediate Purkinje and inner granular<sup>7</sup>. Four pairs of deep cerebellar nuclei in the medullary core of white matter form the output neurons, which are named from medial to lateral side as the nucleus fastigii, nucleus globosus, nucleus emboliformis and nucleus dentatus<sup>7</sup>. These nuclei consist of multipolar neurons and receive axon terminals of Purkinje cells from the cerebellar cortex and collaterals from climbing and mossy fibres. The axons of the deep cerebellar nuclei are projected as the final efferent pathways, through the superior and inferior cerebellar peduncles to the thalamus, red nucleus, brain stem reticular nuclei, inferior olivary and vestibular nuclei. Such output fibres do not provide collaterals to the neurons of the cerebellar cortex. Each dentate nucleus presents a crenated nuclear mass with the hilum directed ventromedially. It belongs to the neocerebellum and receives projections from the hemispheric or lateral cortex. The axons of dentate nucleus leave through the hilum and the superior cerebellar peduncles and form dentatorubrothalamic fibres, which decussate in the tegmentum of the lower mid brain and connect with the intermediate (lateral) ventral nucleus. It contains more nerve cells (neurons) than all the rest of the brain combined, on an average 50 billion neurons<sup>3,5,7</sup>. Purkinje cells form the center of a functional unit of the cerebellar cortex. The total number of neurons in human cerebellum during development decreased significantly

from early maturity to old age<sup>8</sup>. Studies of the structuralfunctional organization of different parts of the cerebellum continue to be relevant. The variety of cerebellar functions and the conditions associated with their impairments have led to multilateral studies of this organ. The neuronal organization of the cerebellum has been studied in detail by a number of authors. However, despite the significant number of reports addressing the structural organization of the cerebellum, most of these have been performed on animals but diameter of the inferior cerebellar peduncle in humans remains inadequately studied. It has been observed by various workers that dimensions of different organs in Bangladeshi population vary from those of Western population. With the above evidences, the aim of the present work was done on diameter of the inferior cerebellar peduncle to make a standard for Bangladeshi population.

#### **Materials and Methods**

The study was done by examining 63 (sixty three) cerebellum out of them 40 postmortem human cerebellum collected from Bangladeshi cadavers of both sexes (male 25 and female 15), age ranging from 5 to 60 years and 23 cerebellums from caesarian section of dead fetuses of both sexes (male 14 and female 9), age ranging from 34 wks to 42 wks. of gestation. Specimen containing cerebellum was collected from dead bodies autopsied on different dates from April' 2009 to September' 2009 at the autopsy laboratory of department of Forensic Medicine and Gynaecology and Obstetrics Department of Mymensingh Medical College, Mymensingh. All the collected specimens of postnatal cases were from medico-legal cases (suicidal, homicidal, or accidental death) and the specimen of foetus from intra-uterine death cases (eclampsia, antepartum haemorrhage, obstructed labour). Grossly injured cases involving head-neck region and cerebellum of decomposed bodies were excluded. The specimen was labeled with a specimen number, recording age and sex of the cadaver and then fixed in 10% formalin solution, by floating freely in a suitable container with a lid. The specimen was allowed to fix for a period of one or two weeks. The present study was done with these fixed specimens in spite of some hardening and shrinking of tissue brought about by fixation. These could not be avoided at the brains, because in fresh state, they were too soft to handle. It took one to two weeks for them to get sufficiently hard to allow normal handling and dissection to be carried The collected sample was grouped into three age groups like Group A (34 to 42 weeks of gestation), Group B (5 to 30 years) and Group C (31 to 60 years). The diameters of the cerebellar peduncles of both cerebellar hemispheres were measured by using slide calipers. The measurement was taken after fixation into 10% formol saline. Before measuring sample it was dried with tissue paper. The diameter of the cerebellar peduncle was expressed in millimeter (mm). Mean values were put down in a tabulated form for convenient processing which led to a conclusion. Appropriate statistical analysis was done using computer based statistical package, SPSS (Statistical Package for Social Science) to evaluate the significance of variance between the different findings.

#### Result

The maximum diameter of right inferior cerebellar peduncle was in Group A 9.0, B 10.0 and C 12.0 mm respectively. The minimum diameter of right inferior cerebellar peduncle was in Group A 4.0, B 5.0 and C 4.5 mm respectively. The mean (±SD) diameter of right inferior cerebellar peduncle was in Group A 5.40±1.13, B 7.72±1.18 and C 6.77±1.68 mm respectively (Table-I, Figure 1) and it was also observed that mean diameter of right inferior cerebellar peduncle increased with age upto certain level then slightly decreased in the late age Group C. The mean diameter of right inferior cerebellar peduncle was maximum in Group B (7.72 mm) and was minimum in Group A (5.40 mm). The mean difference of mean diameter of right inferior cerebellar peduncle between Groups A&B was statistically highly significant and between Groups A&C moderately significant and mean differences between Group B&C was statistically significant at p < 0.05 level.

**Table-I:** Diameter of the Right Inferior Cerebellar Peduncle in Different Age Groups.

Age Group	Number of		Diameter (mm)
	specimen	Mean ± SD	(Minimum - Maximum)
Α	23	5.40 ± 1.13	(4.0 - 9.0)
(28-42 weeks of gestation	۱)		
В	23	7.72 ± 1.18	(5.0 – 10.0)
(Upto 30 years)			
С	17	6.77 ± 1.68	(4.5 – 12.0)
(31 to 60 years)			

**Table-II:** Comparison of diameter of right inferior cerebellar peduncle among the age Groups

	n between iables	Mean Difference	(±SE)	P	Level of significance
A	В	2.33	0.39	.000	Highly Significant
A	С	1.37	0.42	.002	Moderately significant
В	С	0.96	0.42	.027	Significant

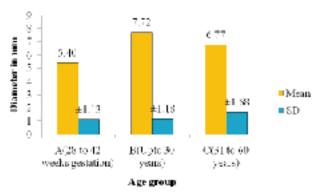
**Table-III:** Diameter of the Right Inferior Cerebellar Peduncle between Both Sexes

Sex	Number of	Mean diameter	(±) SE
	specimen	in mm	
Male	39	6.43	0.28
Female	24	6.92	0.31

**Table-IV:** Comparison of mean diameter of right inferior cerebellar peduncle between both sexes

Mean	Std. Error	t value	p value	Level of
difference	difference			significance
0.49	0.43	1.16	.251	Not significant

Table-III depicts that the mean diameter of right inferior cerebellar peduncle was higher in female  $(6.92 \pm 0.31 \text{ mm})$  than that of in male  $(6.43 \pm 0.28 \text{ mm})$  but statistically was not significant, where t = 1.16 and p = .251.



**Figure-1:** Diagram showing the diameter of right inferior cerebellar peduncle in different age Groups

#### Mean diameter of left inferior cerebellar peduncle

The maximum diameter of left inferior cerebellar peduncle was in Group A 8.0, B 10.0 and C 11.5 mm respectively. The minimum diameter of left inferior cerebellar peduncle was mm in Group A 3.5, B 5.0 and C 4.5 respectively.

The mean (±SD) diameter of left inferior cerebellar peduncle was in Group A 5.20±1.09, B 7.59±1.23 and C 6.66±1.58 mm respectively (Table-V, Figure 2) and it was also observed that mean diameter of left inferior cerebellar peduncle increased with age upto certain level then slightly decreased in the late age Group C. The mean diameter of left inferior cerebellar peduncle was maximum in Group B (7.59 mm) and was minimum in Group A (6.66 mm). The mean difference of mean diameter of left inferior cerebellar peduncle between Groups A&B was statistically highly significant and between Groups A&C moderately significant and mean differences between Group B&C was statistically only significant at p < 0.05 level.

**Table-V:** Diameter of the Left Inferior Cerebellar Peduncle in Different Age Groups

Age Group	Number of		Diameter (mm)
	specimen	Mean ± SD	(Minimum – Maximum)
A	23	$5.20 \pm 1.09$	(3.5 - 8.0)
(28 - 42 weeks of gestation)			
В	23	$7.59 \pm 1.23$	(5.0 - 10.0)
(Upto 30 years)			
С	17	$6.66 \pm 1.58$	(4.5 – 11.5)
(31 to 60 years)			

**Table-VI:** Comparison of mean diameter of left inferior cerebellar peduncle among the age Groups

Relation	n between	Mean	(±SE)	P	Level of significance
Var	iables	Difference			
A	В	2.40	0.38	.000	Highly Significant
A	С	1.46	0.42	.001	Moderately significant
В	С	0.94	0.42	.027	Significant

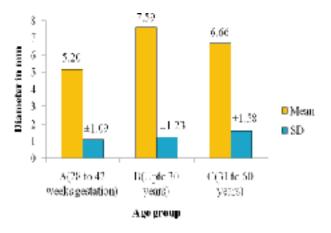
**Table-VII:** Mean Diameter of Left Inferior Cerebellar Peduncle between Both Sexes

Sex	Number of specimen	Mean diameter in mm	(±) SE
Male	39	6.29	0.27
Female	24	6.76	0.33

**Table-VIII:** Comparison of mean diameter of right inferior cerebellar peduncle between both sexes

Mean	Std. Error	t value	p value	Level of
difference	difference			significance
0.48	0.43	1.12	.269	Not significant

Table-VIII depicts that the mean diameter of left inferior cerebellar peduncle was higher in female (6.76  $\pm$  0.33 mm) than that of in male (6.29  $\pm$  0.27 mm) but statistically was not significant, where t = 1.12 and p = 0.269.



**Figure-2:** Diagram showing the diameter of left inferior cerebellar peduncle in different age Groups

**Table IX:** Mean Diameter of Inferior Cerebellar Peduncle of Right and Left Side

Side	Number of specimen	Mean diameter in mm	(±) SE
Right	63	6.62	0.21
Left	63	6.46	0.21

**Table-X:** Comparison of mean diameter of inferior cerebellar peduncle between right and left side

Mean	Std. Error	t value	p value	Level of
difference	difference			significance
0.16	0.30	0.53	.598	Not significant

Table-X depicts that the mean diameter of the inferior cerebellar peduncle was higher on right side (6.62  $\pm$  0.21 cm) than that of on left side (6.46  $\pm$  0.21 mm) but statistically was not significant, where t = 0.53 and p = 0.598.

## **Discussion**

In present study, it was found that the mean (±SD) diameter of right inferior cerebellar peduncle was in Group A (28 to 42 weeks of gestation) 5.40±1.13, B (upto 30 years) 7.72±1.18 and C (31 to 60 years) 6.77±1.68 mm respectively. The mean diameter of right inferior cerebellar peduncle was maximum in Group B and minimum in Group A. It was also observed that the mean diameter of right inferior cerebellar peduncle was increased with age upto Group B then slightly decreased in late age Group C. Mean differences of diameter statistically was highly significant between Group A&B and moderately significant between Groups A&C and significant between Group B&C. Szabó et. al. (2003) observed that there were no significant differences between cerebellar volumes regarding handedness or sex. In the present study it was found that the mean diameter of right inferior cerebellar peduncle was higher in female than that of in male but statistically was not significant. In present study, it was found that the mean (±SD) diameter of left inferior cerebellar peduncle was in Group A (28 to 42 weeks of gestation) 5.20±1.09, B (upto 30 years) 7.59±1.23 and C (31 to 60 years) 6.66±1.58 mm respectively. The mean diameter of left inferior cerebellar peduncle was maximum in Group B and minimum in Group A. It was also observed that the mean diameter of left inferior cerebellar peduncle was increased with age upto age Group B then slightly decreased in late age Group C. Mean differences of diameter statistically was highly significant between Groups A&B and moderately significant between Groups A&C and significant between Groups B&C. Szabó et. al.9 (2003) observed that there were no significant differences between cerebellar volumes regarding handedness or sex. In the present study it was found that the mean diameter of left inferior cerebellar peduncle was higher in female than that of in male but statistically was not significant. It was also observed in present studies that mean diameter of right inferior cerebellar peduncle was higher than that of mean diameter of left inferior cerebellar peduncle but statistically was not significant.

Fitz Gerald<sup>10</sup> (2006) described that the middle cerebellar peduncle was the largest of three. In the present study it was found that the mean diameter was 6.05, 9.71 and 6.54 mm in superior, middle and inferior cerebellar peduncle respectively which correspond with the finding of the above mentioned authors.

#### **Conclusion**

The result of the present study will enrich the information pool on diameter of inferior cerebellar peduncle of Bangladeshi people. To establish a standard for Bangladeshi people, further study is required by using large number of samples from different parts of Bangladesh.

# Acknowledgement

At first I expressed my profound gratitude to Almighty Allah for giving me the opportunity and patience to carry on this study. I would like to express my earnest thanks and deep gratitude to Late Professor Dr. Mansur Khalil, Principal and Head of the Department of Anatomy, Shahid Syed Nazrul Islam Medical College, Kishoregoni, for his valuable advice. I extend my thankfulness to Dr. Kamrunnahar, Head of the Department of Gynaecology and Obstetrics and the staff of Gynaecology and Obstetrics Department of Mymensingh Medical College, Mymensingh, for their help and co-operation in collecting the stillborn infant from their department. I extend my thankfulness to Dr. Manjurul Kadir and Dr. Akhteruzzaman of Forensic Medicine Department of Mymensingh Medical College for their help and co-operation in collecting the specimens from the morgue. I am grateful to the librarians of Mymensingh Medical College Library, Bangladesh National Scientific and Technical Documentation Center (BANSDOC) for their cooperation in finding out relevant books and literatures. My thanks go to all staff of the Department of Anatomy, Mymensingh Medical College, Mymensingh, for their assistance in different aspects of this study. I thankfully acknowledge the use of information and figures from the different text books and articles; I remain indebted to the authors, editors and publishers of their literatures. Lastly, my deepest gratitude and sincerest prayers for the departed soul of those individuals whose organs made the present study possible.

#### References

- 1. Snell RS. Clinical Neuroanatomy, 8<sup>th</sup> ed. Baltimore: Lippincott Williams and Wilkins, 2008; p. 219-40.
- Ross MH, Kaya I G, Pawlina W. Histology: A Text And Atlas, 5<sup>th</sup> ed. Philadelphia: Lippincott Williams & Wilkins, 2006; pp. 322-3,360
- 3. Leiner HC and Leiner AL, 'The Treasure at the Bottom of the Brain', New Horizons for Learning, 1997; Also available at http://www.newhorizons.org

- Fitz Gerald Turlough MJ, Neuroanatomy. In: Gray's anatomy: the anatomical basis of clinical practice, 39<sup>th</sup> ed, London: Churchill Livingston, 2005; p. 353-368.
- 5. Chaurasia BD, Human Anatomy Regional and Applied, Vol. 3, 4<sup>th</sup> ed, Bangalore: CBS Publishers and Distributor, 2007; p. 233-6.
- 6. Sinnatamby CS. Last's Anatomy: regional and applied, 11<sup>th</sup> ed, London: Harcourt Publishers Limited, 2006; p. 479-81.
- 7. Datta AK, Essentials of Neuroanatomy, Part-4. 4<sup>th</sup> ed, Kolkata: Current Books International, 2005; p. 159-73.

- 8. Khutoryan BM. 'Quantitative Characterization of the Cellular Elements of Human Cerebellar Nuclei at Different Ages', Springer. 2003; 124(4), 35-7.
- Szabó CA, Lancaster JL, Xiong J, Cook C, Fox P. MR Imaging Volumetry of Subcortical Structures and Cerebellar Hemispheres in Normal Persons. AJNR 2003; 24: 644-7.
- 10. FitzGerald Turlough MJ. Gray's anatomy: the anatomical basis of clinical practice, 39<sup>th</sup> ed, Churchill Livingston, London, 2005, p. 353-368.