

chambers and for cardioangiography. The arrangement of the superficial veins in the cubital fossa, however, is subject to considerable variation^{2,3,4,5,6,7,8}. Different patterns of superficial cubital veins and their percentages of occurrence have been reported in various races^{9,10,11,12,13}. In the present work we did not find any report in the literature, describing superficial cubital venous patterns in Jordanians. The objective of this study is to determine the patterns of superficial veins of the cubital fossa among adult Jordanians.

Materials and Methods

This study is an observational study, which is purely descriptive. The subjects used in this study were 132 male and 132 female students from the University of Jordan. The subjects were aged between 18 and 25 years. All the subjects with prominent superficial veins were included in the study. The Excluded ones were those who have thick subcutaneous tissue or having cut wounds within the cubital fossa. Three to five minutes after application of tourniquet at the midarm level, the occluded superficial veins now were conspicuous and were diagrammatized and some were photographed. Each subject had two drawings, one for the right side and the other for the left side. The sex and age were recorded.

Statistical Analysis

All the data were organized and analyzed using **SPSS version 17** (IBM corporation USA). The variables were compared using the paired t test. P- Values < 0.05 were considered statistically significant.

Results

The cubital veins are classified into six main groups (A-F) based on the classification of Del Sol et al (fig .1).

In pattern (A) the median cubital vein arose from the cephalic vein a few centimeters below the elbow, joined the basilic vein a few centimeters above the level of the elbow joint and received tributaries from the front of the forearm. This pattern was more common in males (51.5%) than in females (45.4%) (Fig.1-A, table 1). Pattern (B) consisted of one median antebrachial vein branching into two in the cubital fossa with one branch ending in the basilic vein and the other branch in the cephalic vein. This pattern was also more frequent in males (18.2%) than in females (16.6%) (fig.1-B, table 1). In pattern (C) seen in 12.8% females and 13.6% males, there was no communication between the cephalic and the basilic veins (fig.1-C, table 1). In 11.4% females and 9.8% males, the cephalic vein and the basilic vein were connected by an arching vein with the concavity of the arch facing proximally into which drained two or more veins from the forearm (fig.1-D, table 1). This was pattern (D). Pattern (E) was found in 13.6% females and 5.3% males and showed only the presence of basilic vein, the cephalic vein was absent (fig.1-E, table 1). Pattern (F) was seen only in 2 male subjects (1.5 %) and no female subjects showed this pattern. Two median cubital veins were seen joining the cephalic and basilic veins. The distal of these two veins corresponded with the usual description of the median cubital vein (fig.1-F, table 1).