

UNIVERSITAS CAROLINA PRAGENSIS

Charles University in Prague - 1st Faculty of Medicine



Muscles of the thorax, abdomen, inguinal canal

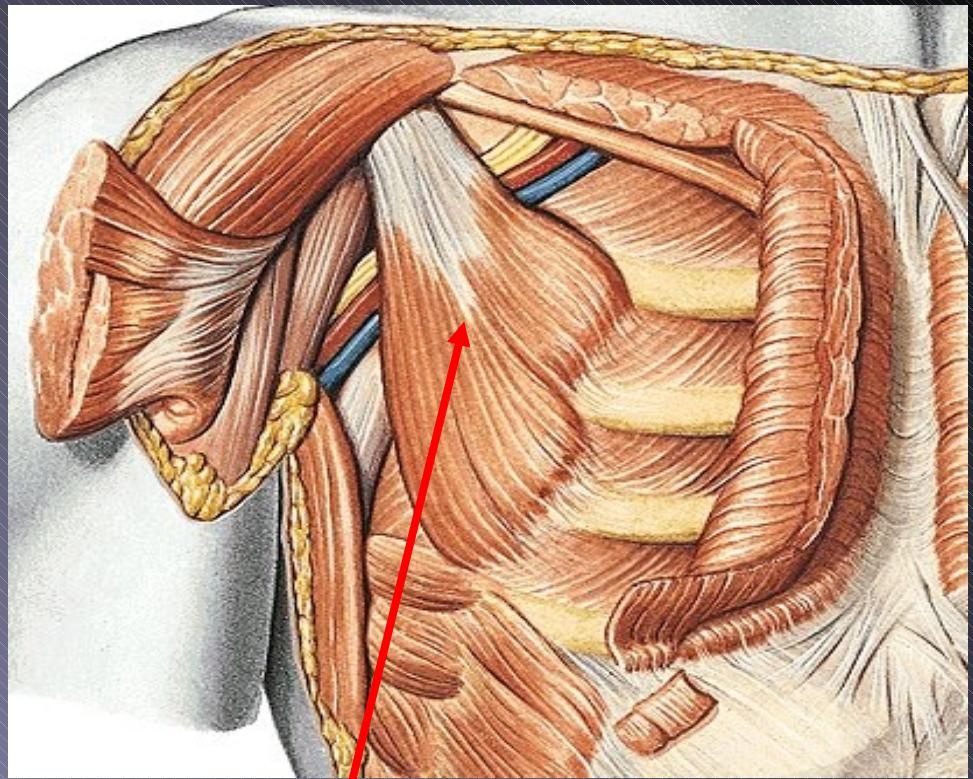
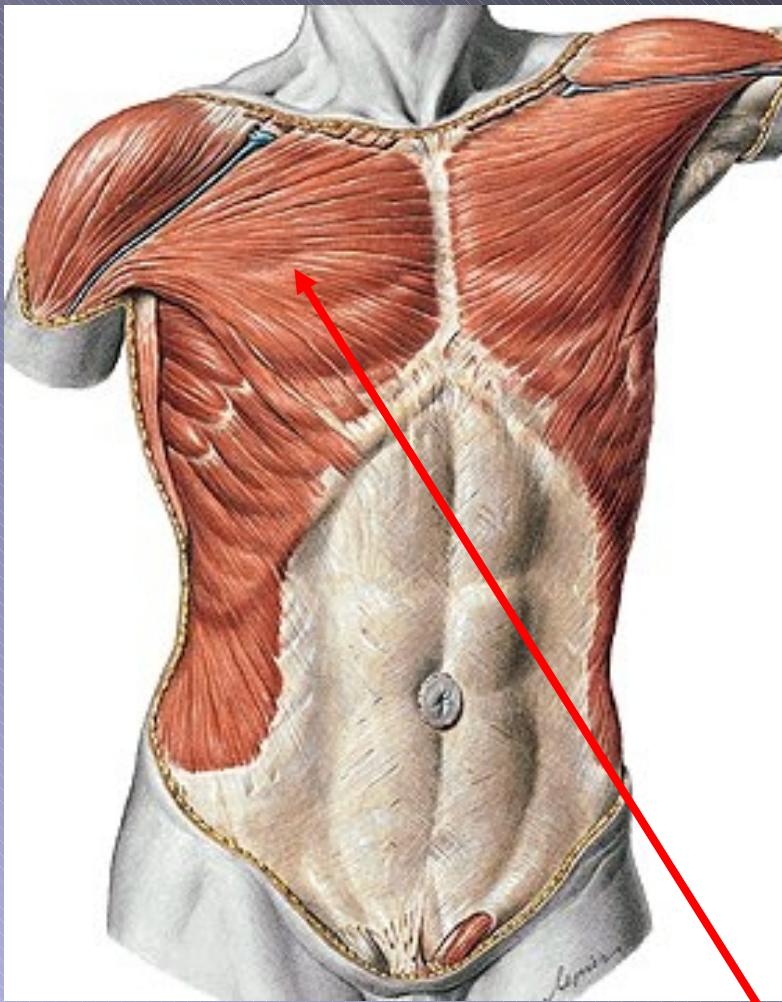
Institute of Anatomy

Author: Oldřich Eliška

Subject: General Medicine - Anatomy 1

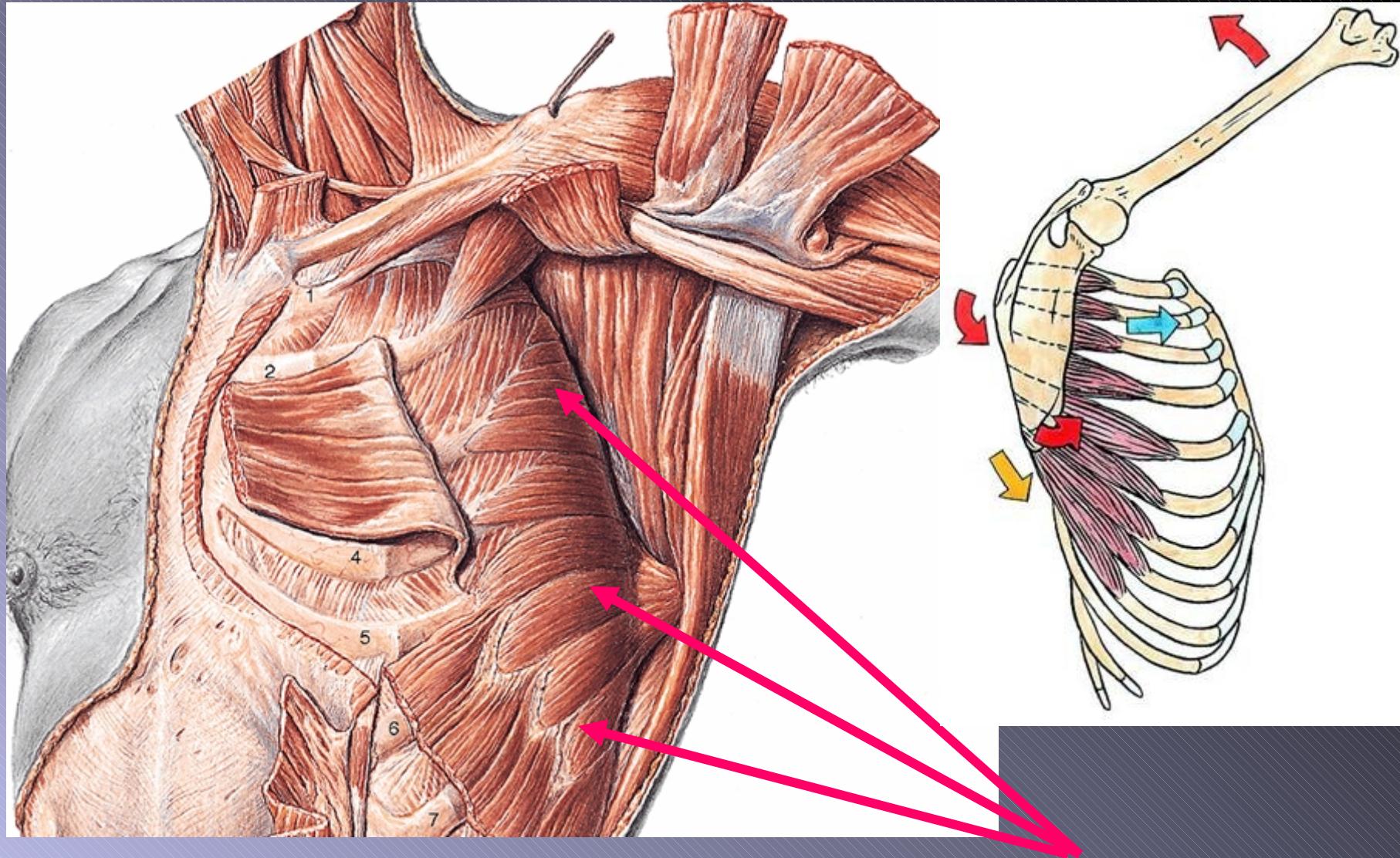
Muscles of the chest

- thoraco-humeral muscles
pectoralis major and minor
subclavius m., serratus anterior m.
- proper chest muscles
external, internal and innermost
intercostal mm., subcostal mm.,
transversus thoracis m.
- diaphragm



pectoralis major and minor

Innervation: medial and lateral pectoral nerves



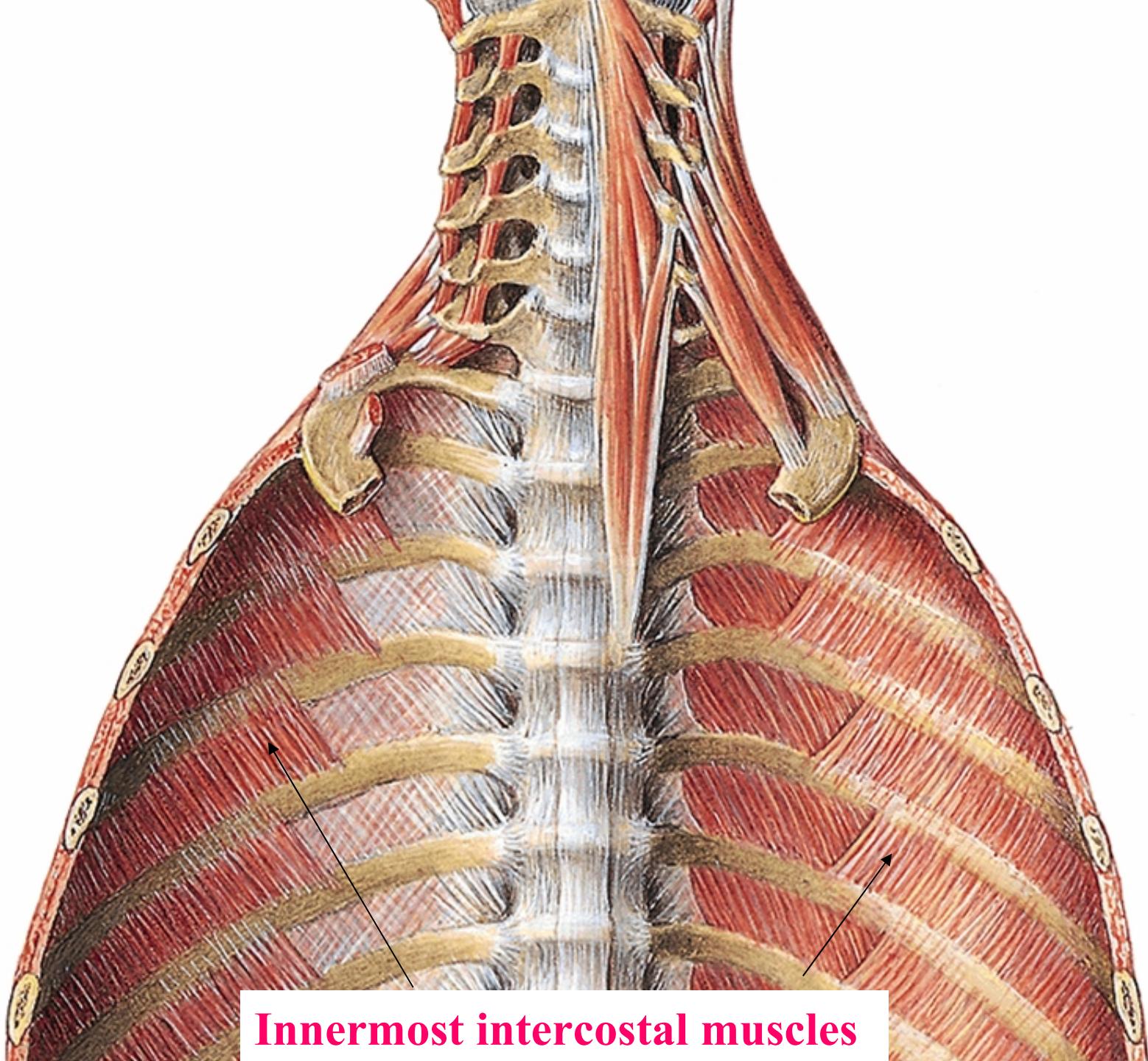
**serratus anterior muscle – from
medial margin of scapula to 1st – 9th rib**
In. Long thoracic nerve – palsy: winging scapula



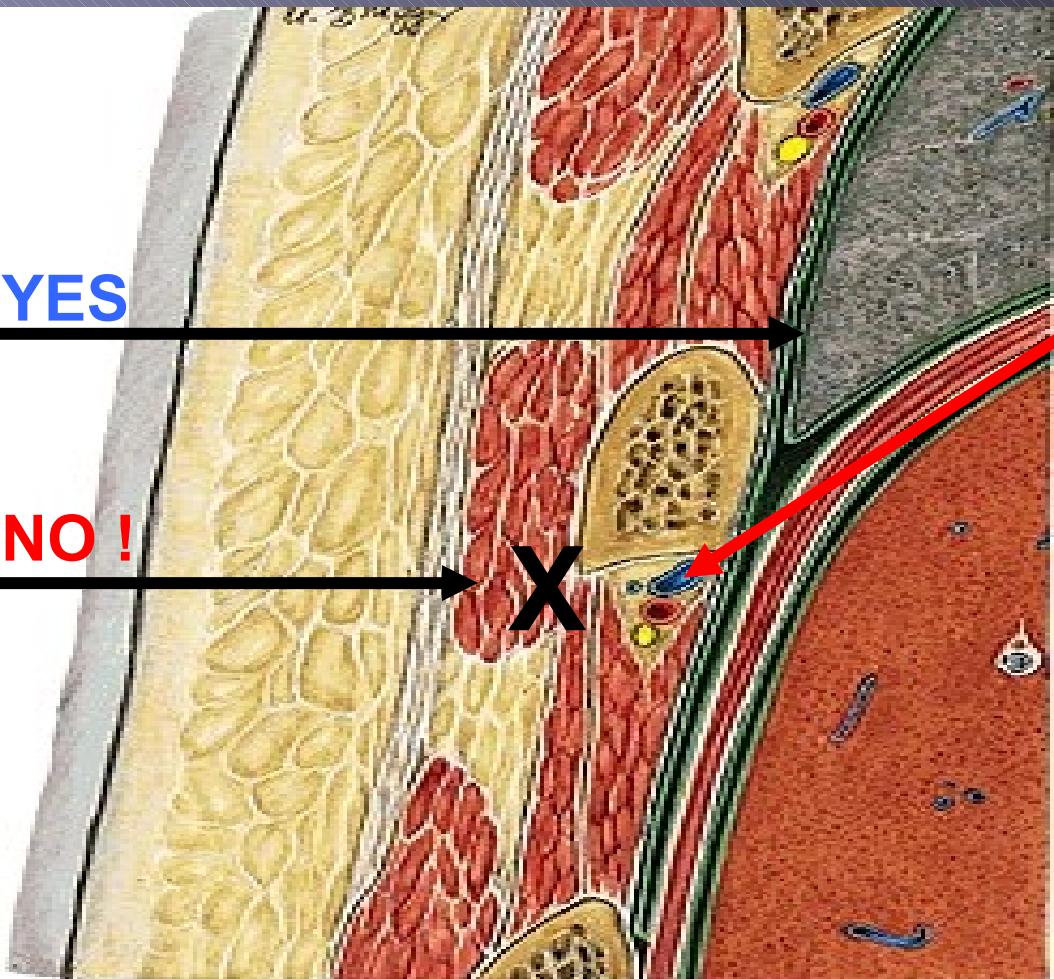
**External, internal and
innermost intercostal
Muscles**

**Internal and external
intercostal membrane**

**intercostal nn. Th1 -
Th12**



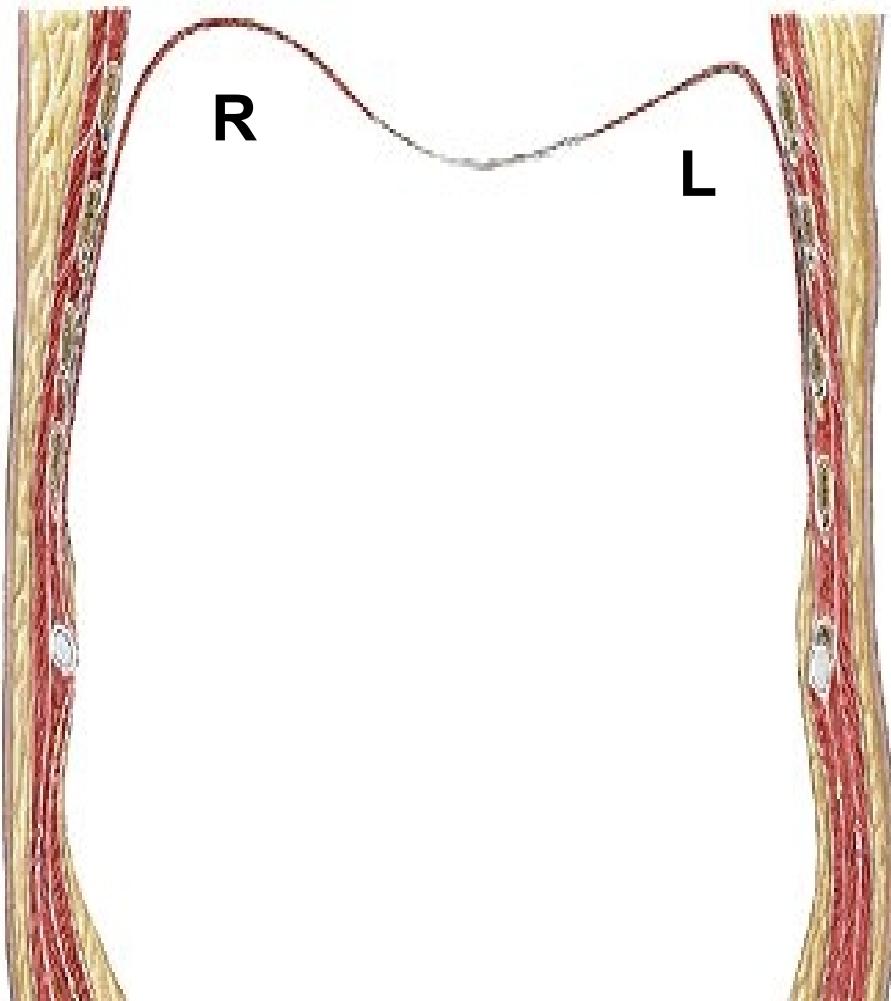
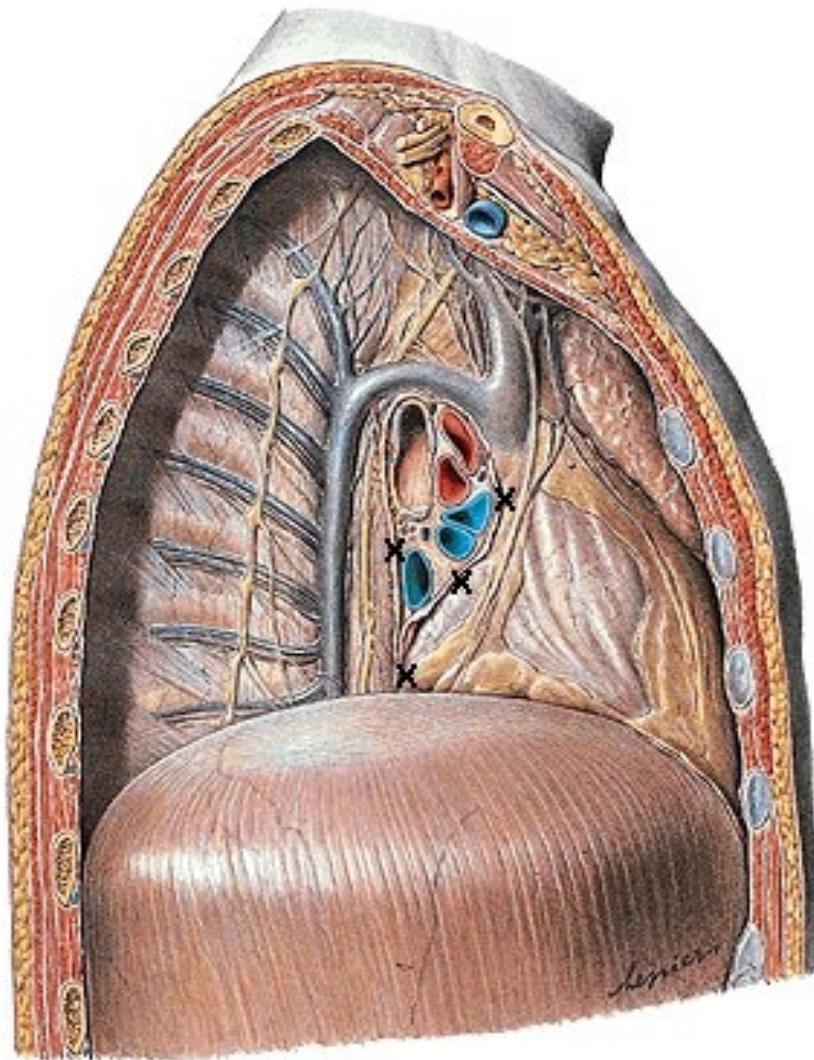
Innermost intercostal muscles



Intercostal
neurovascular
bundle:
v. + a. + n.
intercostalis
(VAN)

Pleural tap –
posterior
axillary line, 8th
intercostal
space

The Diaphragm



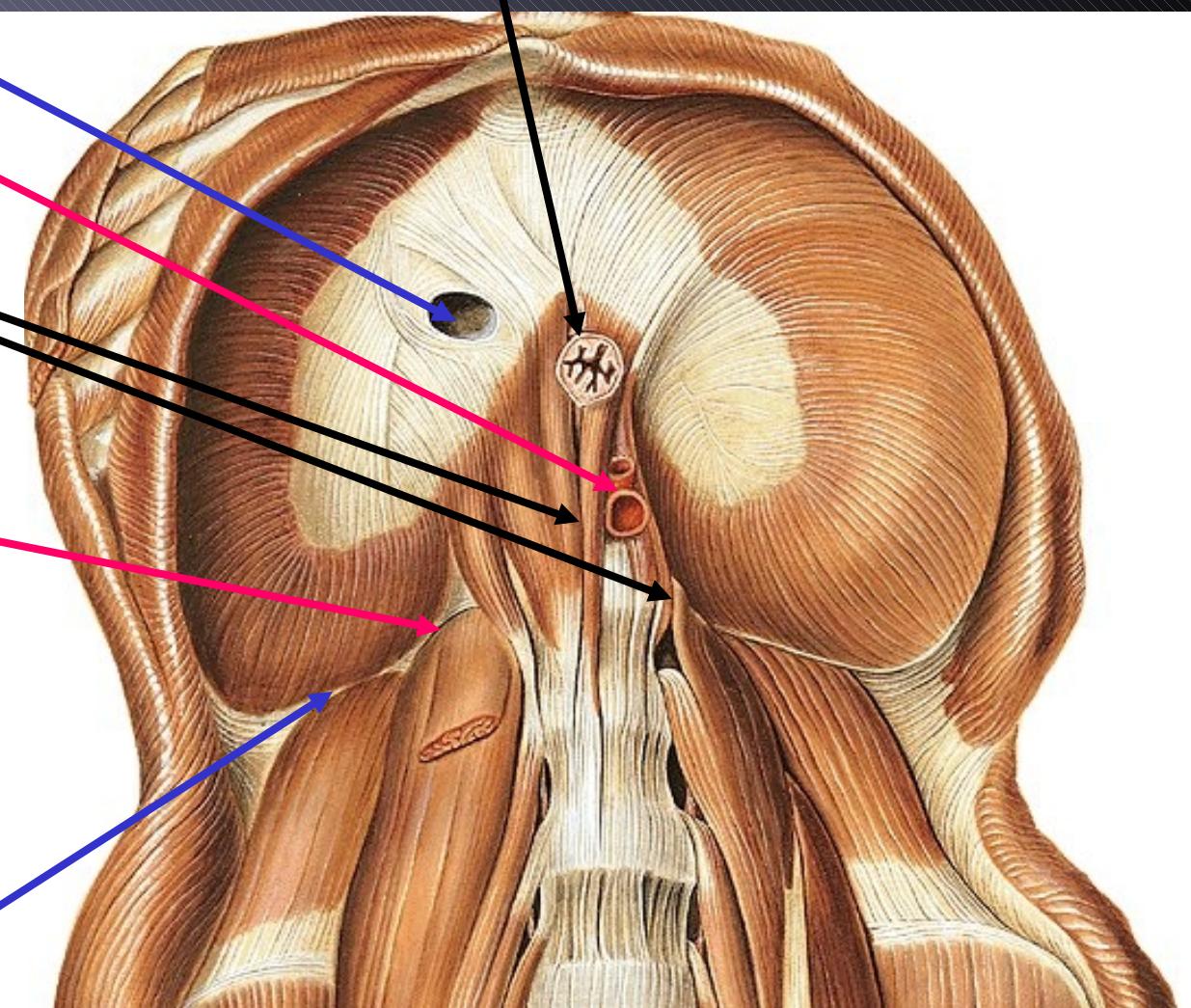
Domes of the diaphragm:
Right side – 4th intercostal space, left – 5th

Sternal, costal, and lumbar part; centrum tendineum
Foramen venae cavae, hiatus oesophageus,
hiatus aorticus

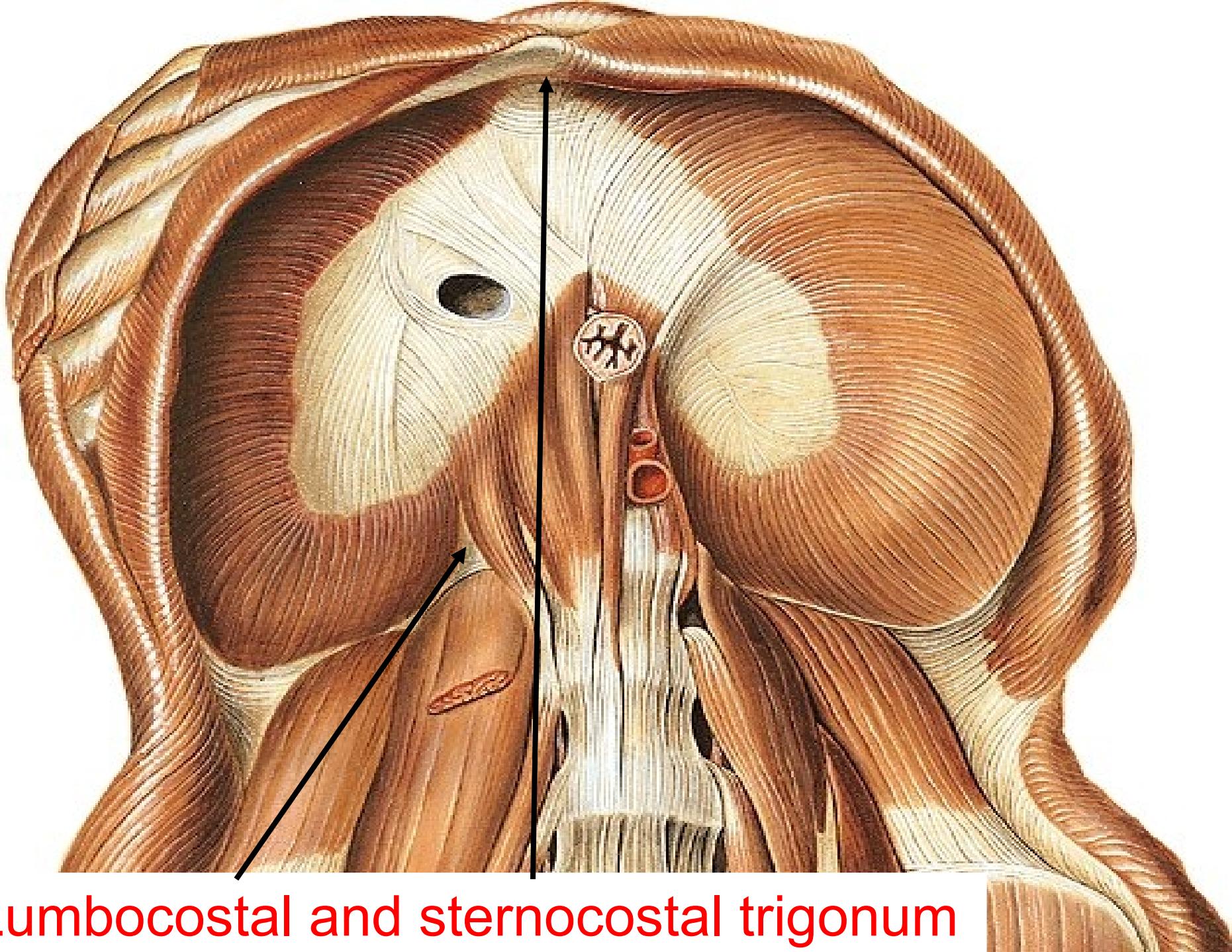
Right and left crus

Medial arcuate
ligament
(psoatic arcade)

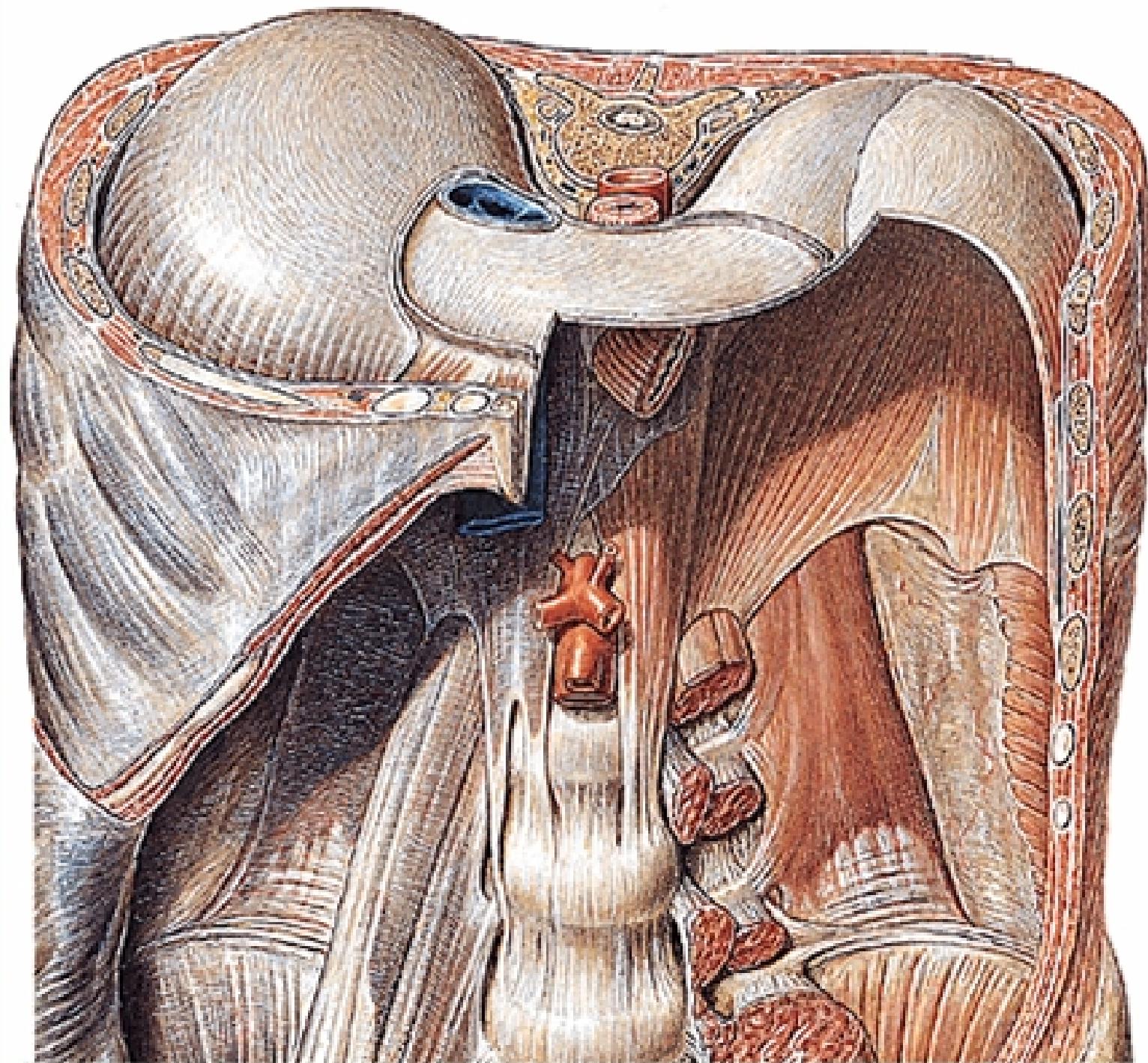
Lateral arcuate
ligament
(over quadratus
lumborum)

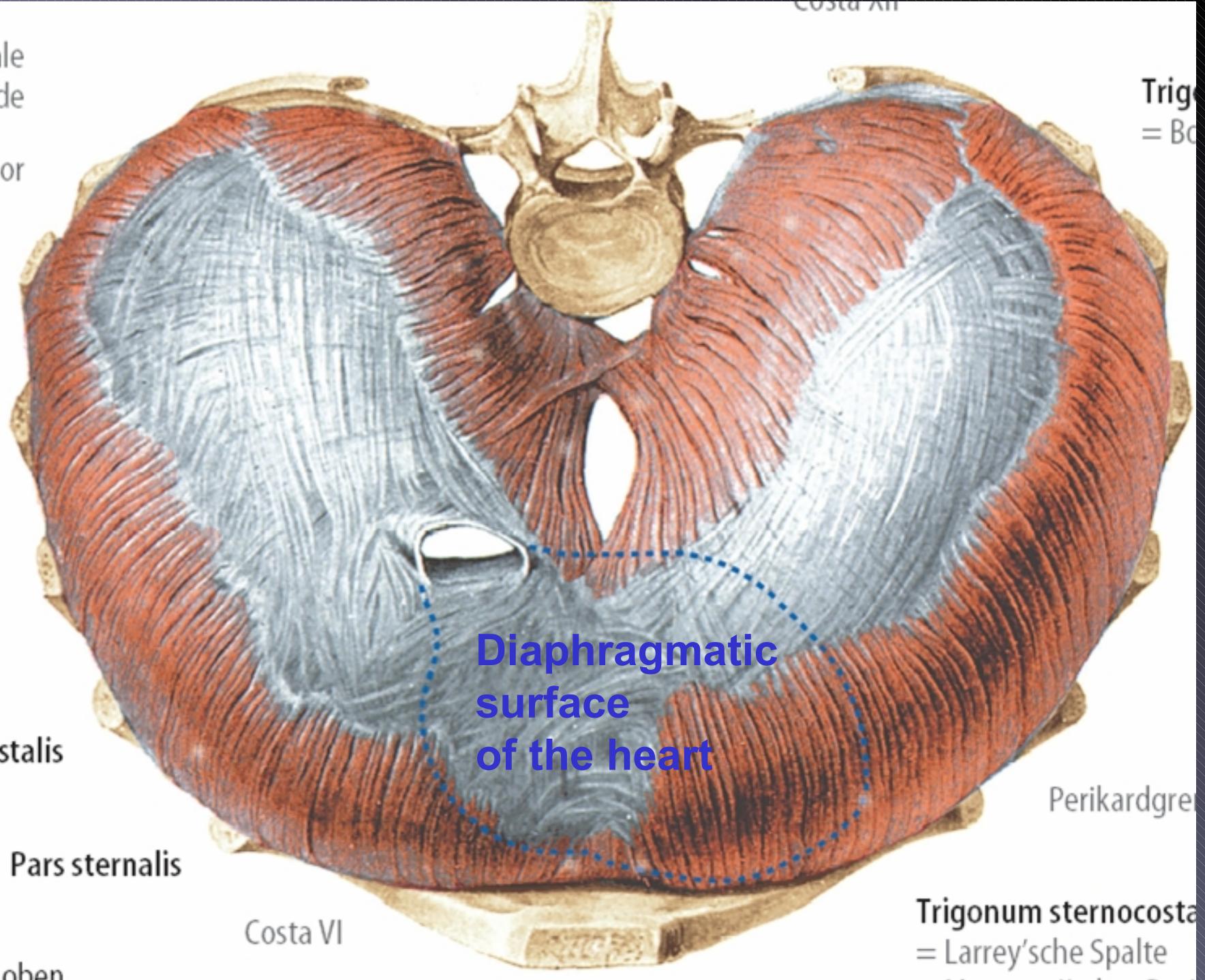


Inn. by phrenic nerve (C3 – C5)



Lumbocostal and sternocostal trigonum





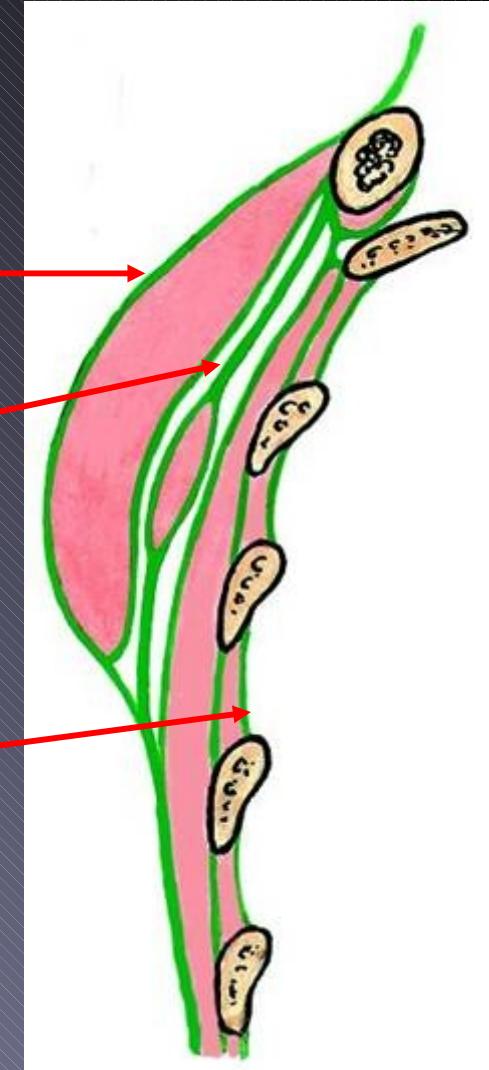
Fascias of the chest

Superficial pectoral fascia

Clavipectoral fascia

– fossa ovalis infraclavicularis

Endothoracic fascia
(Sibson's)



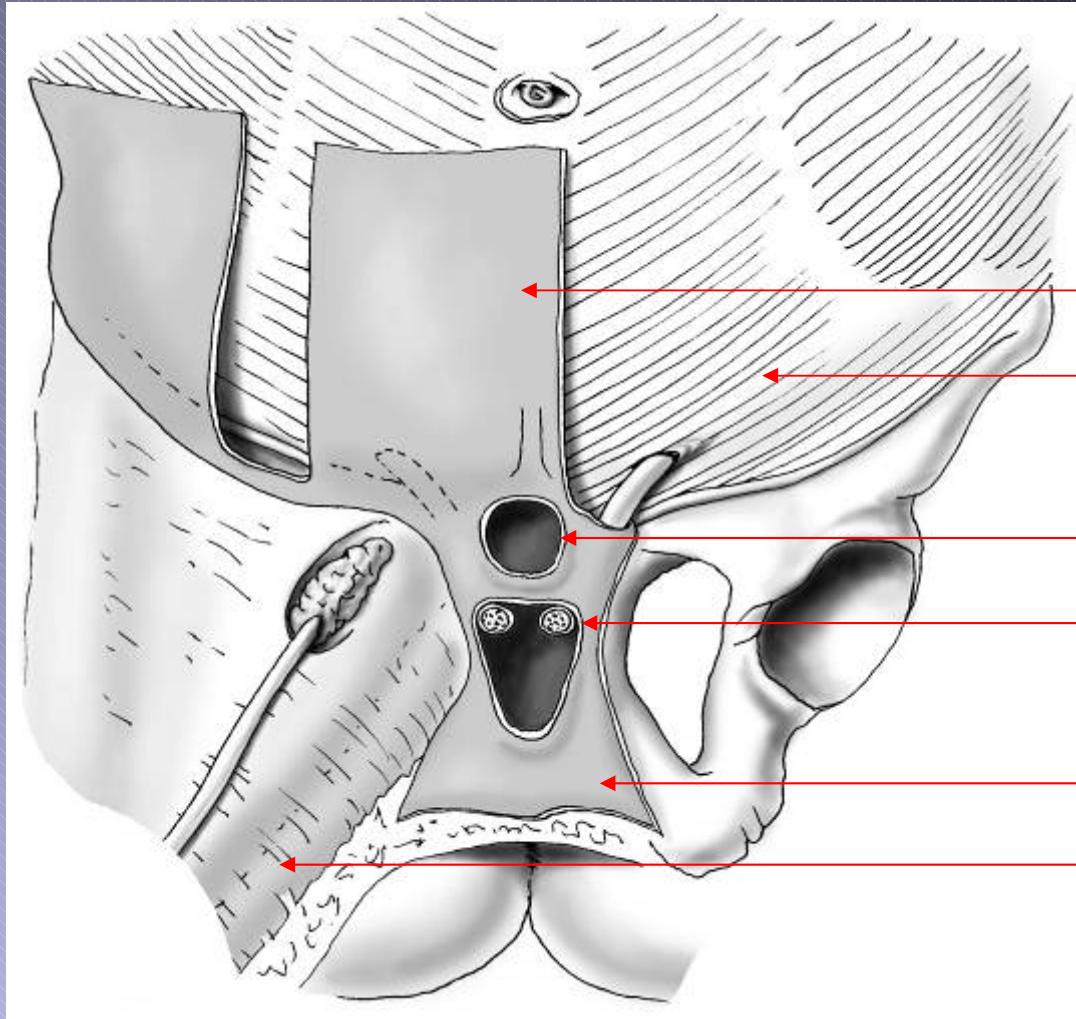
Muscles of the abdomen -
inguinal canal.

Surgical approaches to the
abdominal cavity.

Vessels and nerves of
abdominal wall.

Abdominal fascias

- Camper's fascia
- Fascia abdominis subcutanea (Scarpe's fascia) – superficial, continues as f. perinei superficialis.
- Fascia abdominis superficialis => fascia spermatica externa
- Fascia transversalis (endoabdominalis) – septum femorale – fascia spermatica interna



fascia abdominis subcutanea

fascia abdominis superficialis

fascia penis superficialis

transition to tunica dartos

fascia superficialis perinei

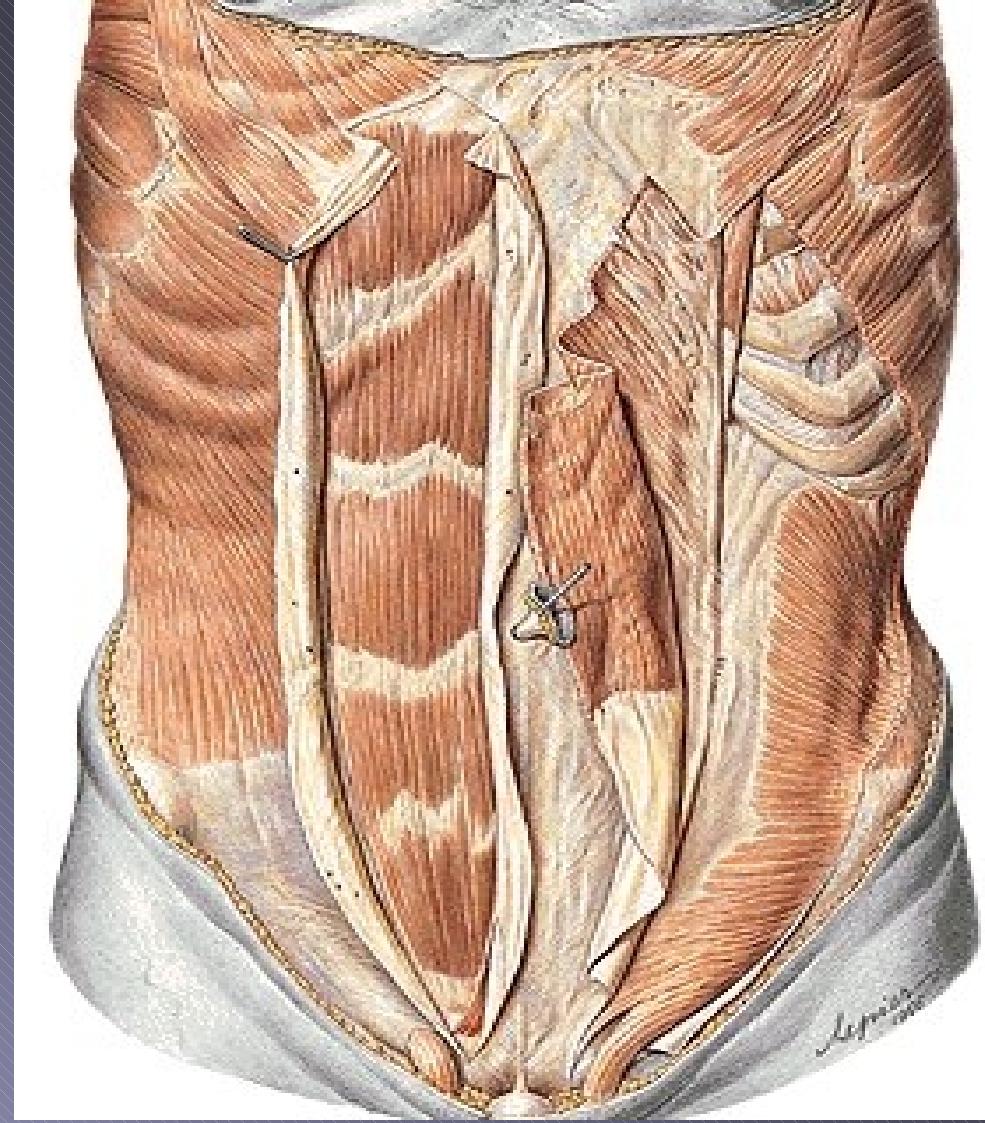
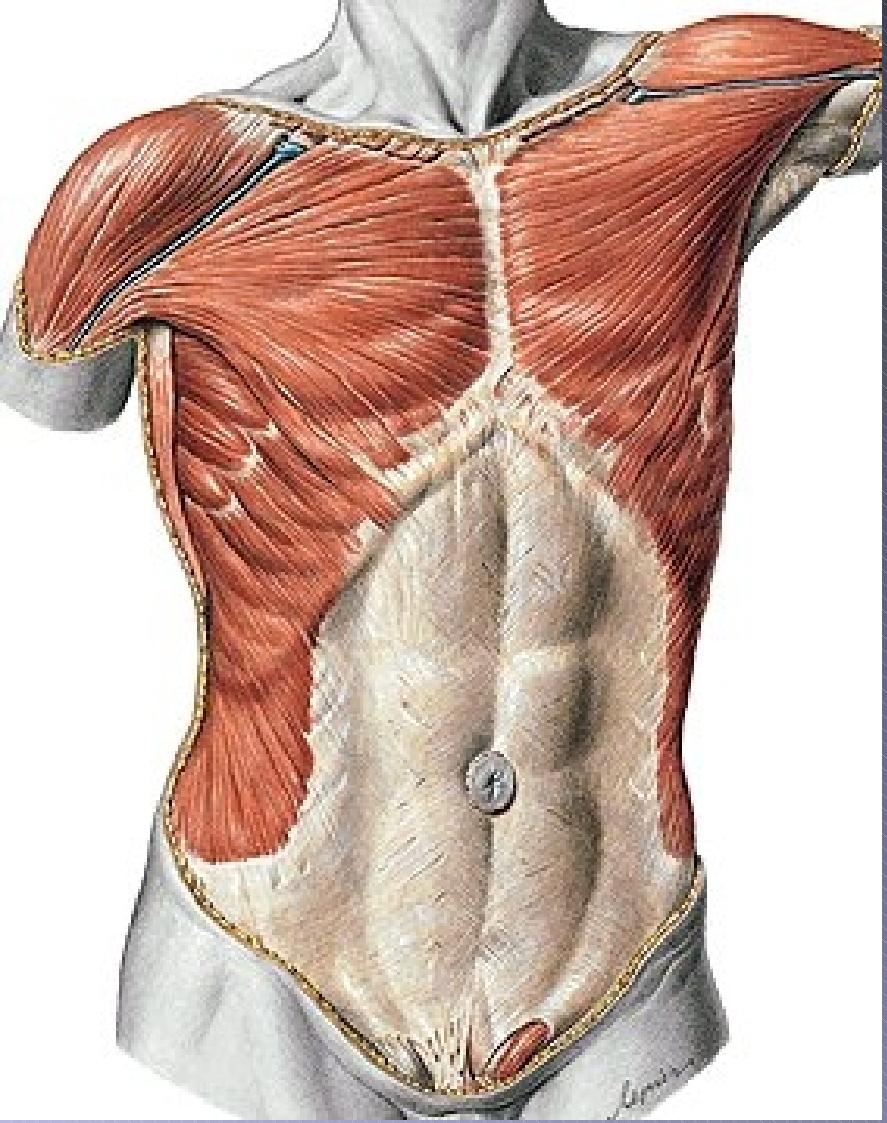
fascia lata femoris

Muscles of the abdomen

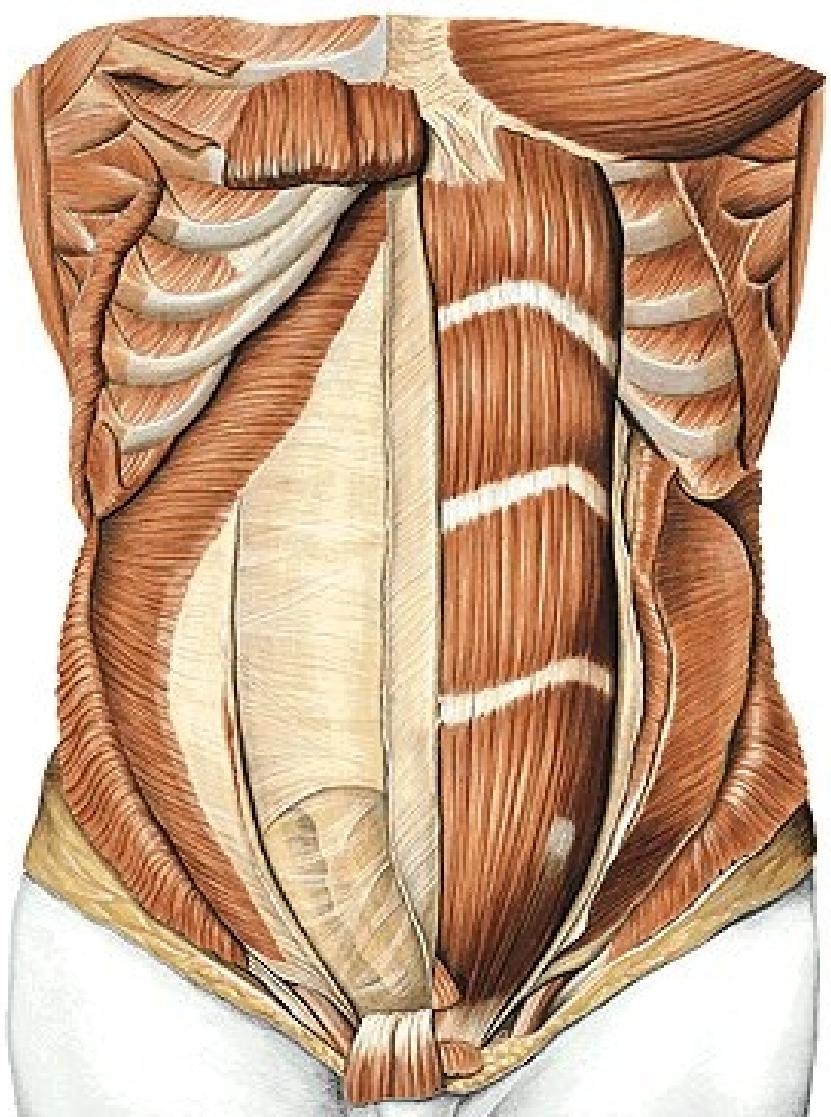
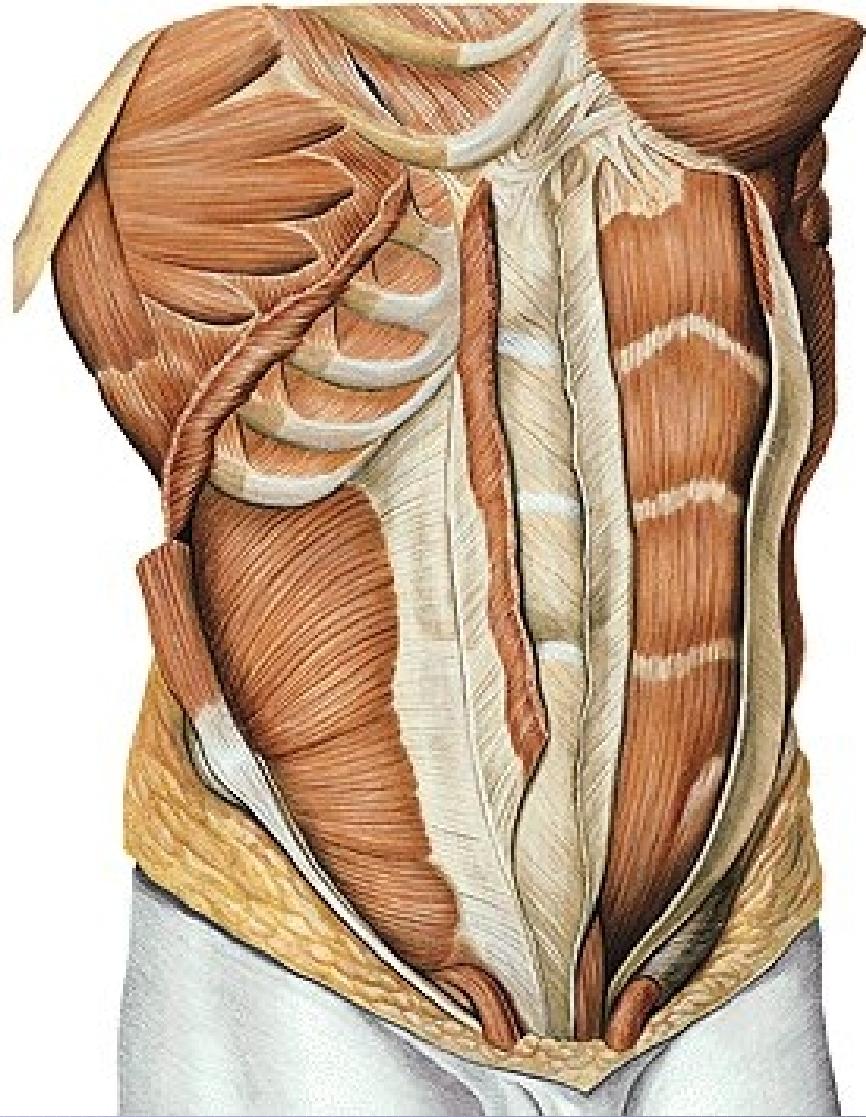
ventral – m. rectus abdominis,
m. pyramidalis

lateral – m. obliquus abdominis
externus et internus,
m. transversus abdominis

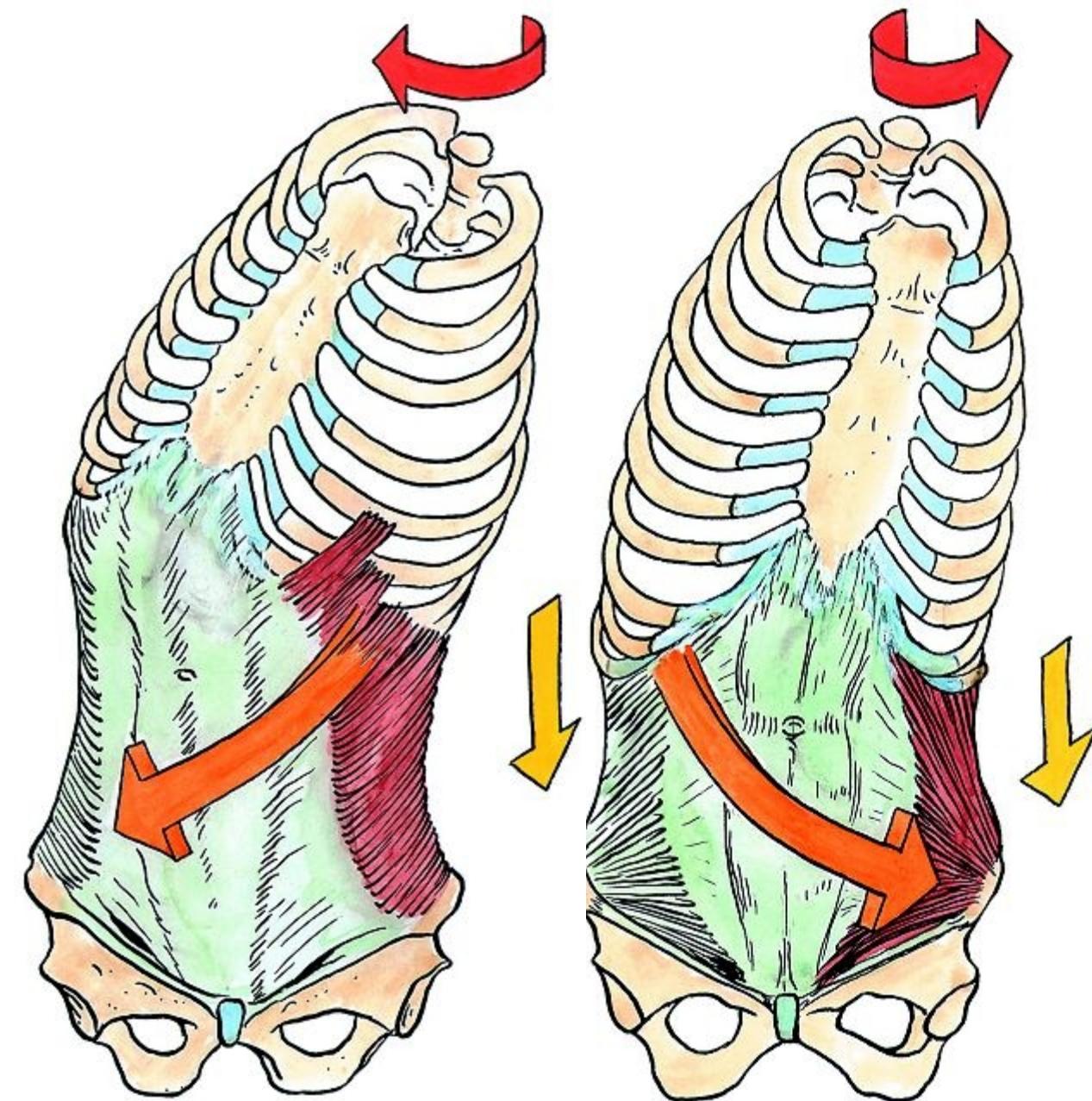
dorsal – m. quadratus lumborum



m. rectus abdominis, vagina mm. recti abdominis
m. obliquus abdominis ext.

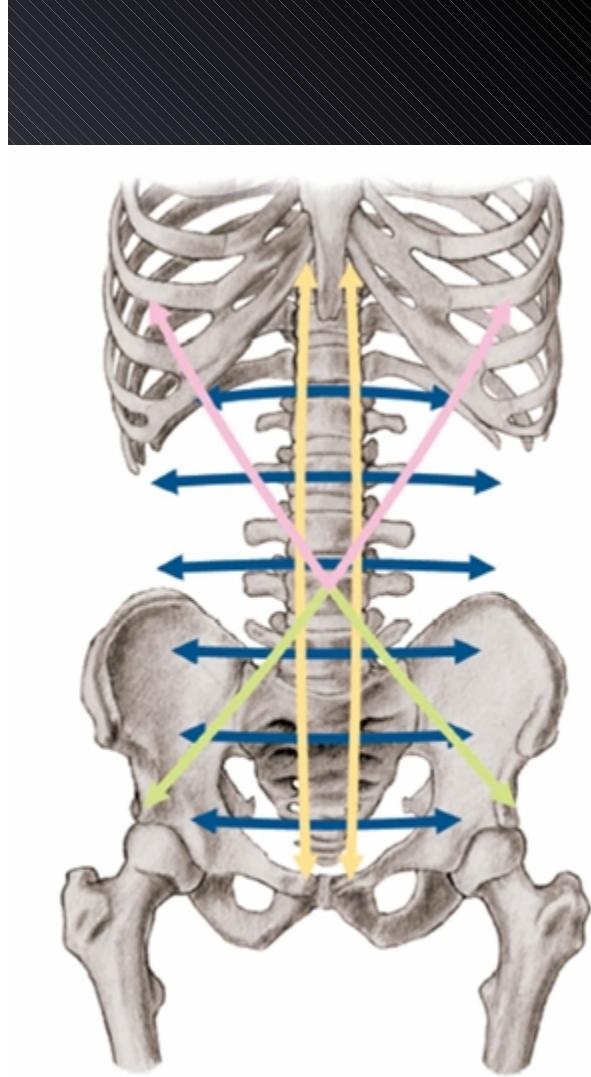


m. obliquus abdominis internus
m. transversus abdominis

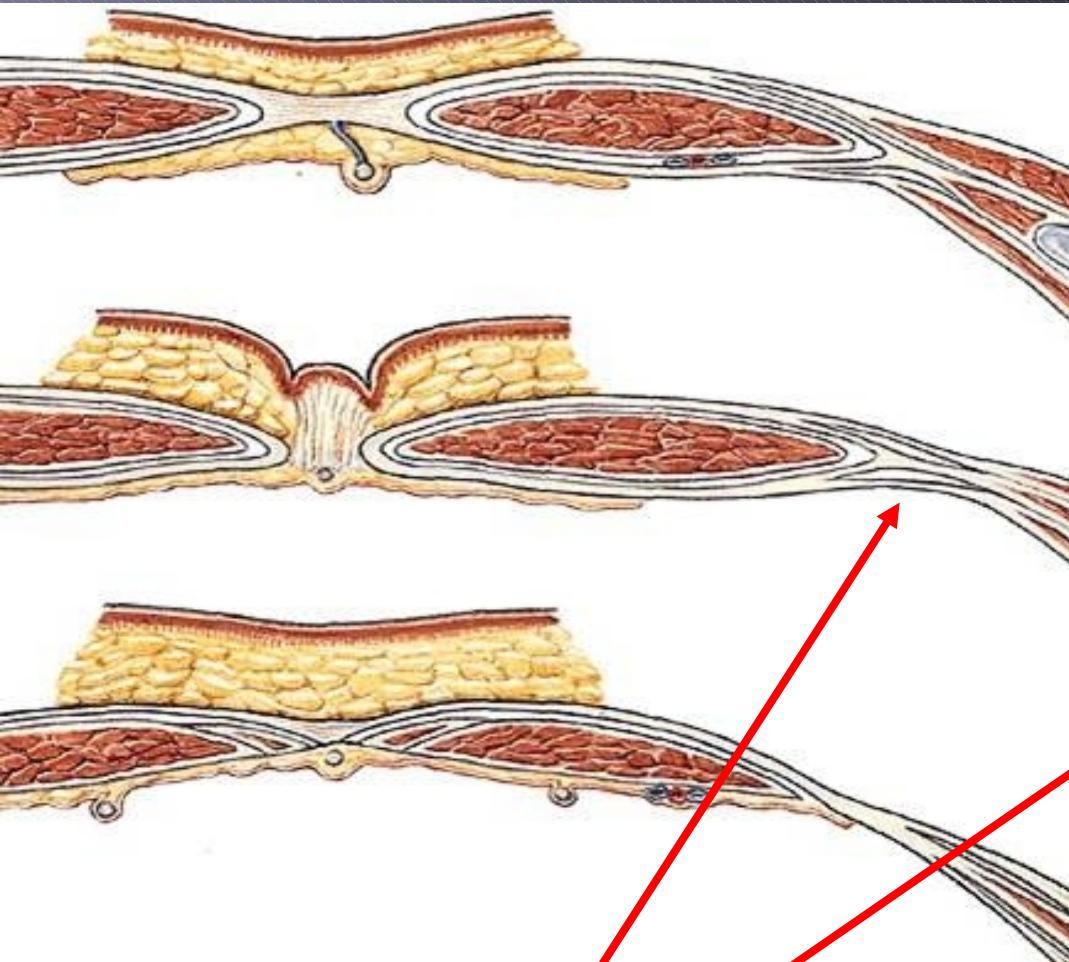


m. obliquus abdominis externus

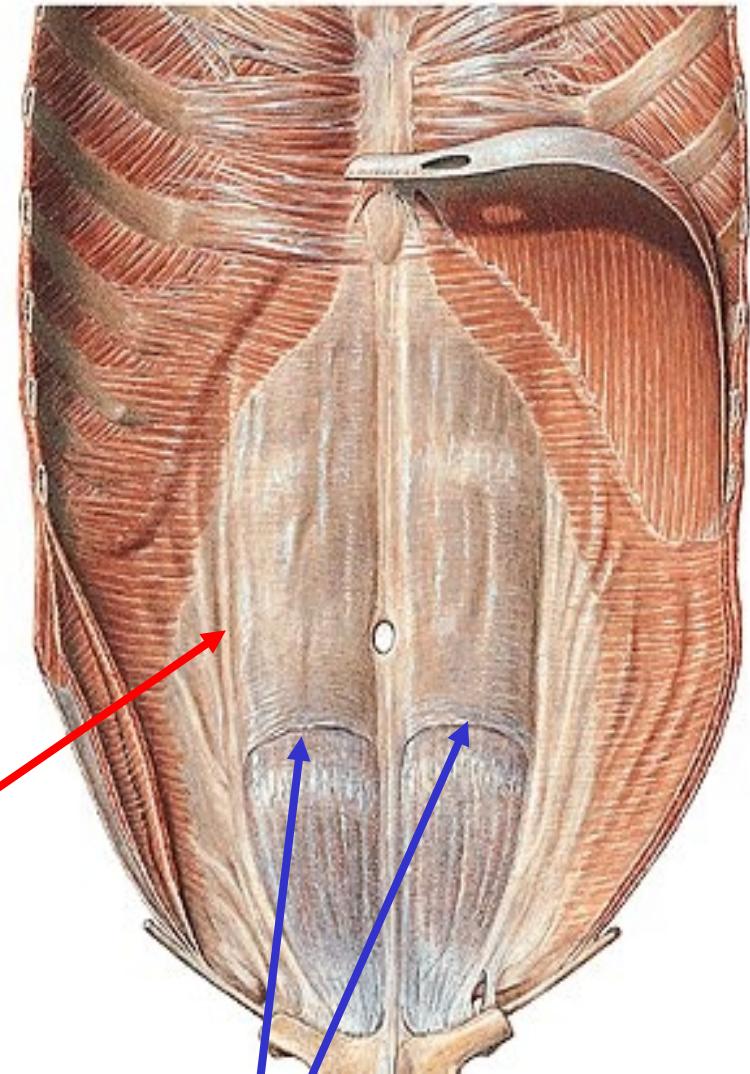
m. obliquus abdominis internus



**Muscular corset
Countering the
back muscles**



Linea semilunaris



Linea arcuata (semicircularis)

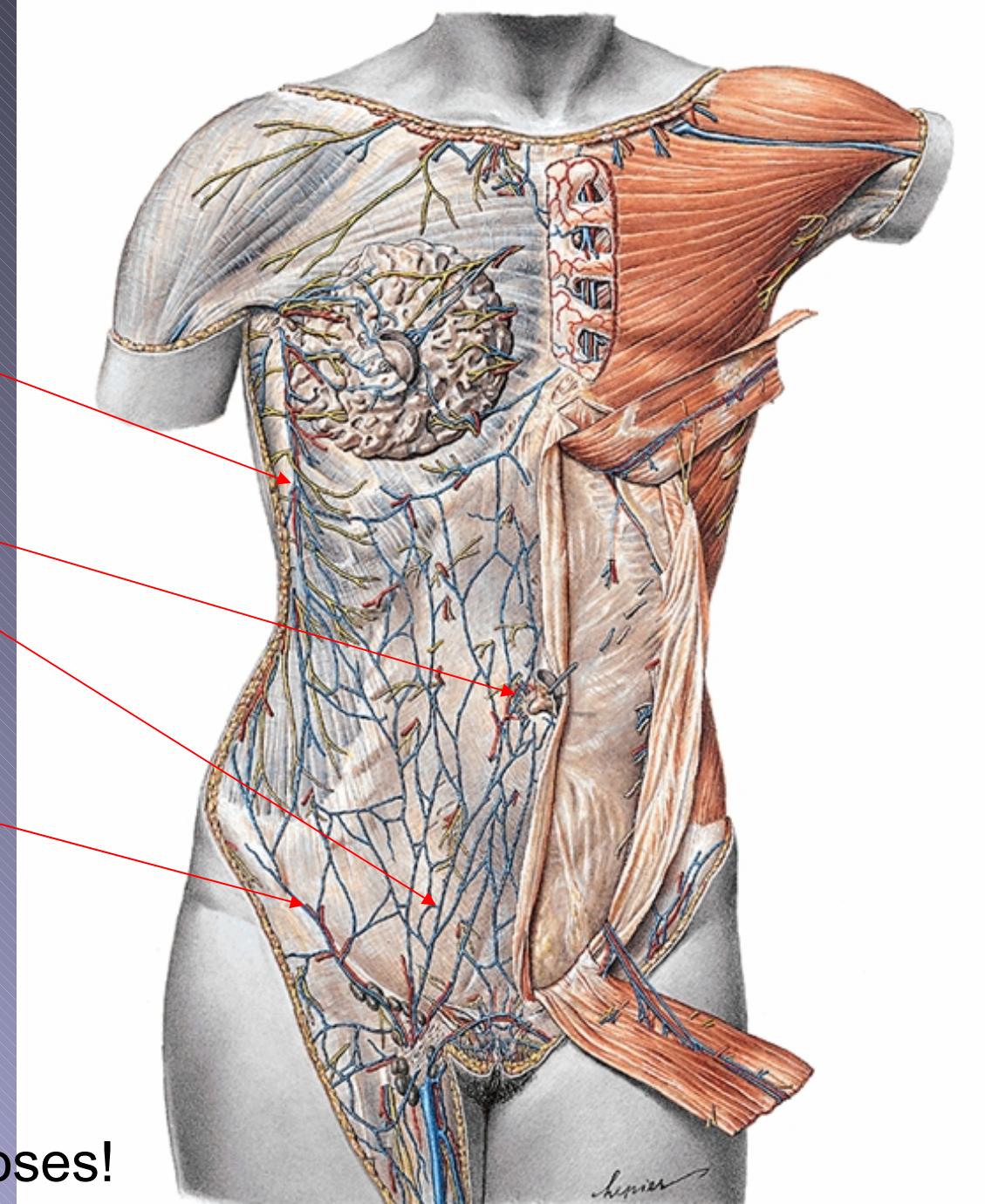
Vessels of the abdominal wall (superficial)

v. thoracoepigastrica

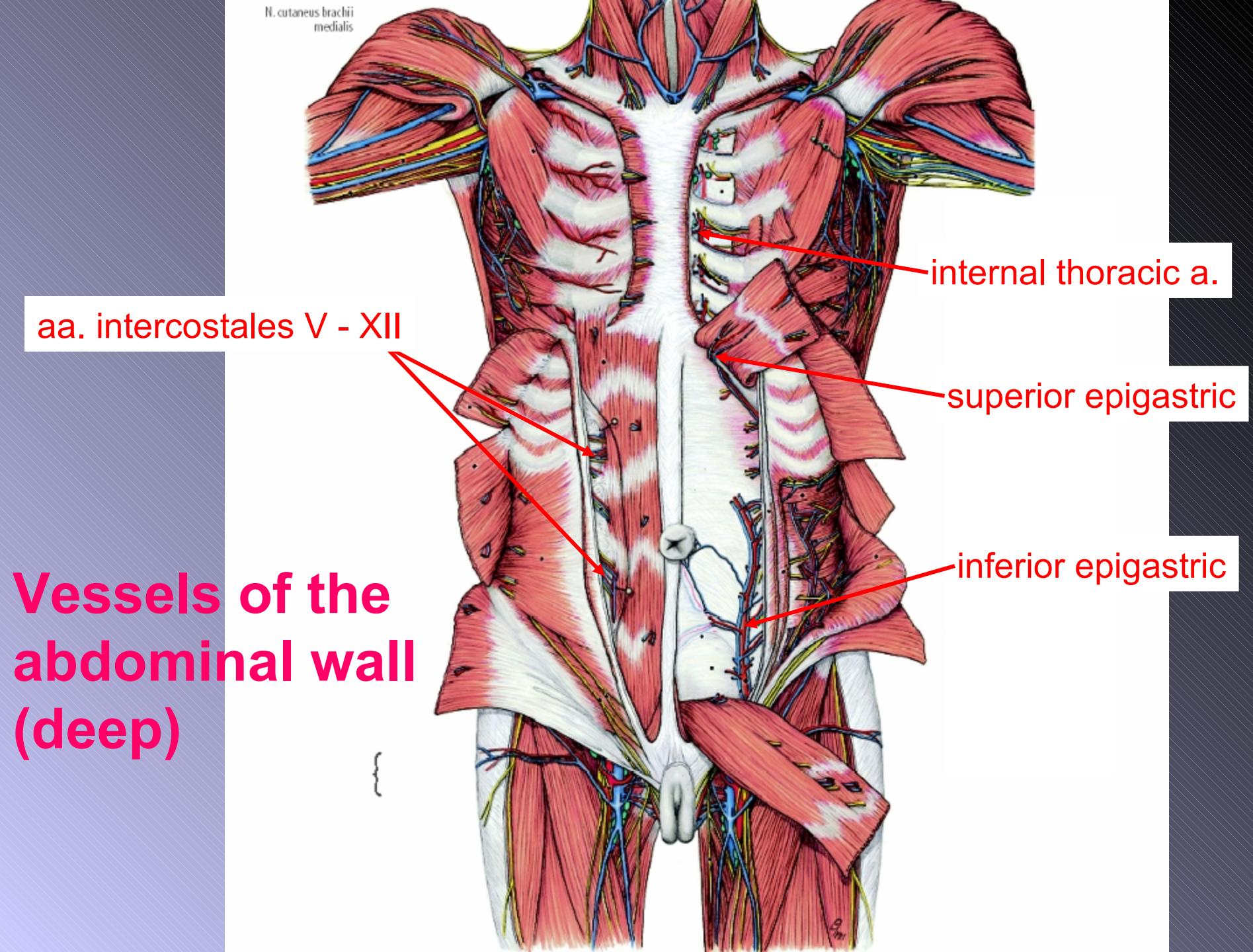
vv. paraumbilicales

v. epigastrica superficialis

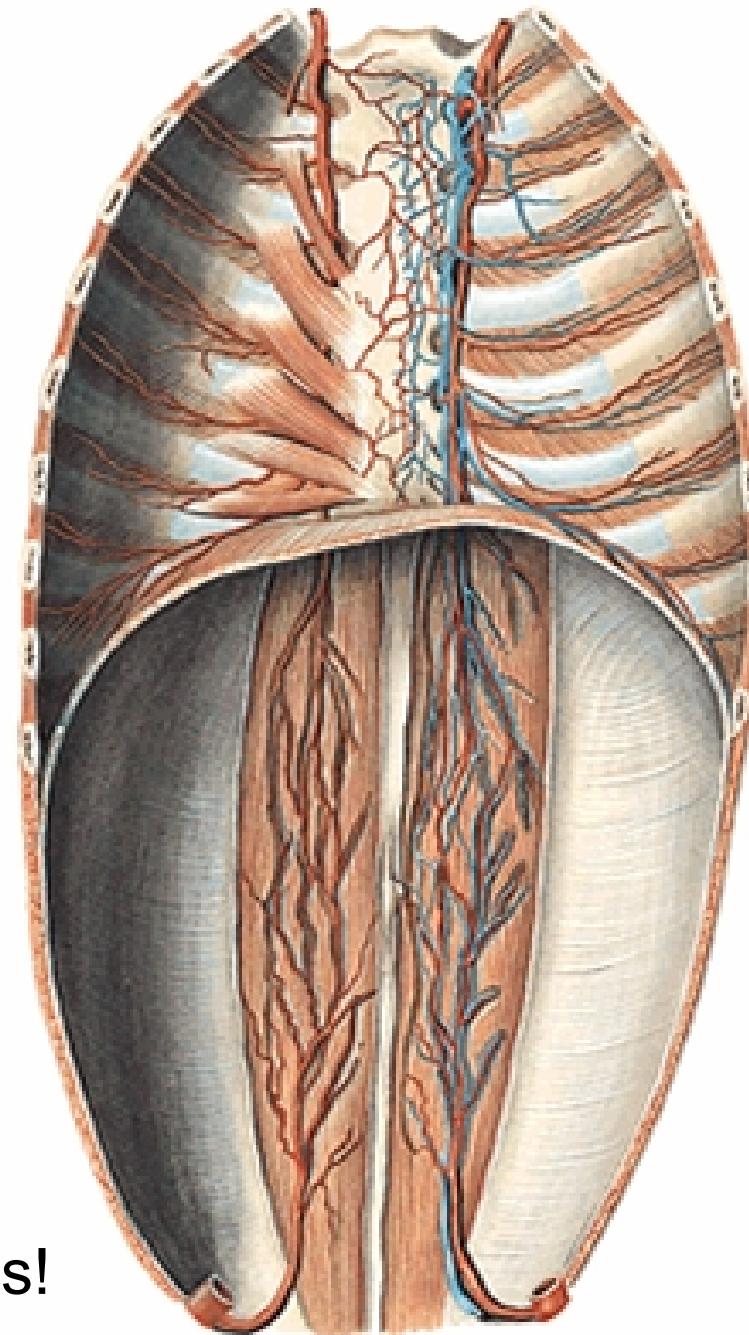
v. circumflexa ilium
superficialis



=> cavo-caval anastomoses!

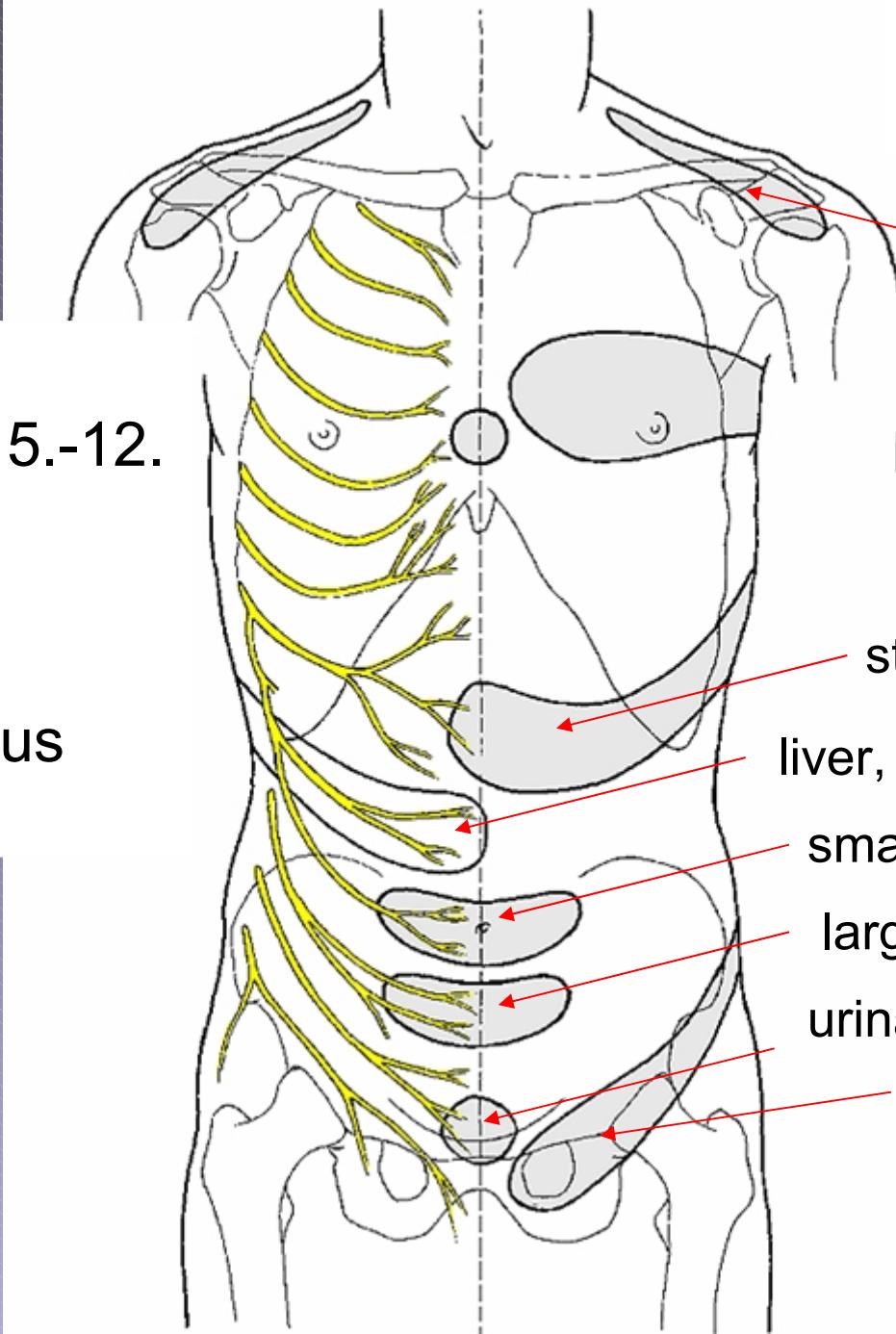


Vessels of the abdominal wall (deep) -inside view



=> cavo-caval anastomoses!

Head's zones of referred pain



Innervation:

nn. intercostales 5.-12.

pl. lumbalis:

n. subcostalis

n. iliohypogastricus

n. ilioinguinalis

Surgical approaches to the abdominal cavity

Midline laparotomy

- superior
- inferior

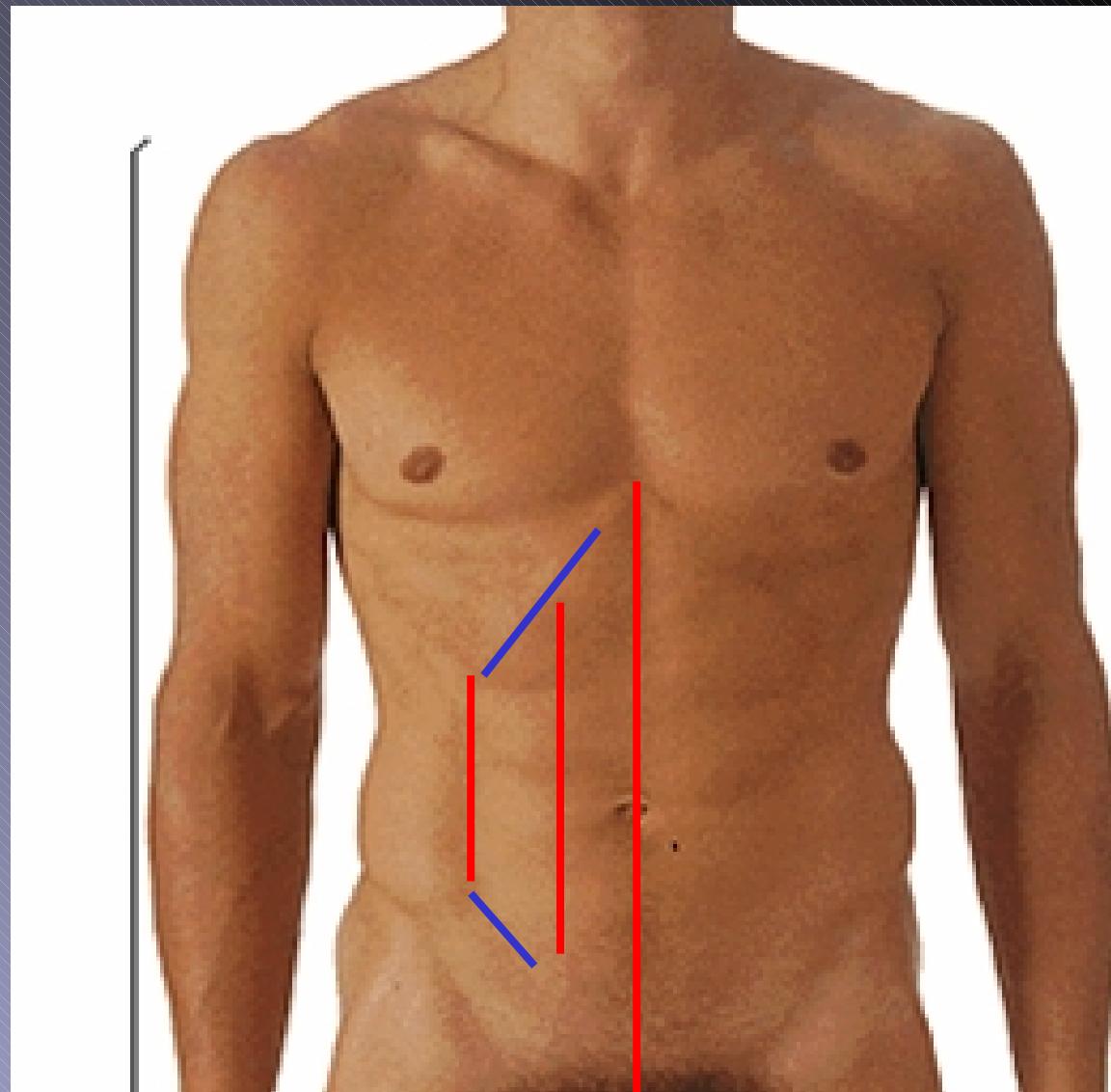
Transrectal approach

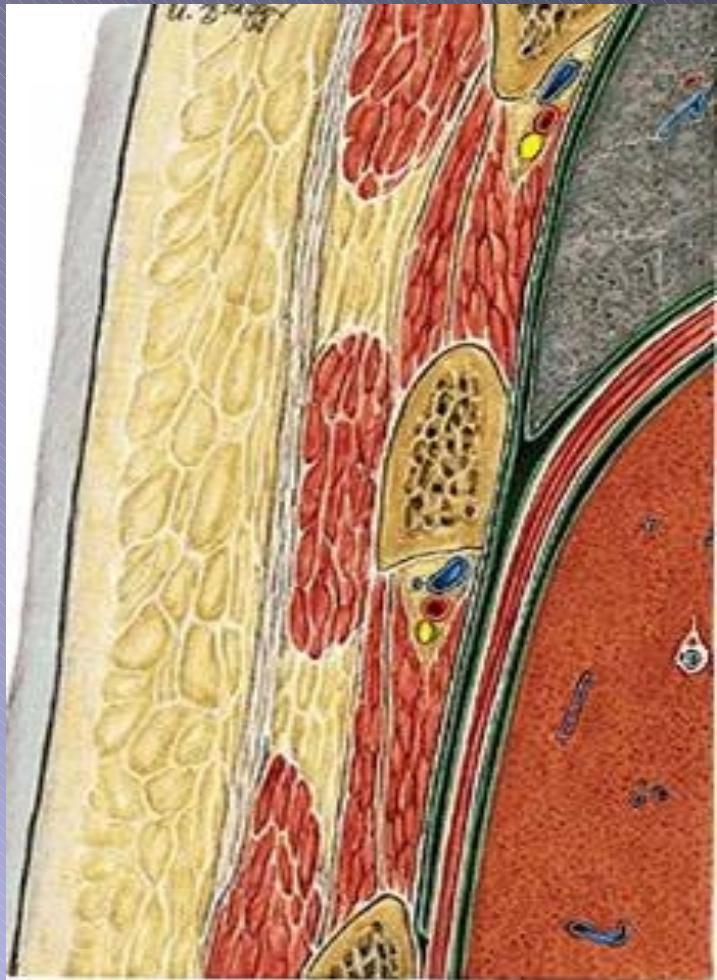
Pararectal approach

Alternating approach

Sprengel-Mc Burney

Subcostal approach





Paracentesis Puncture & Drainage

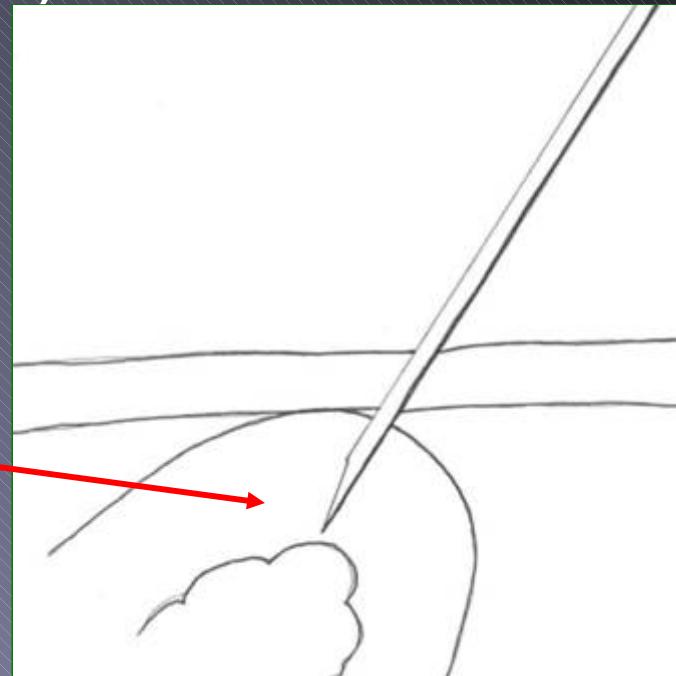
Beware of topography
and possible injury to the
pleural cavity (recesses)

Laparoscopy

Needle puncture – Veressi needle
applied kapnoperitoneum - CO₂
to create some “wiggle room”,
air is not used (danger of embolism)

Possible complications:

Injury to epigastric vessels,
or intestinal loop,
Rare but serious:
- aortic puncture (possibly lethal)

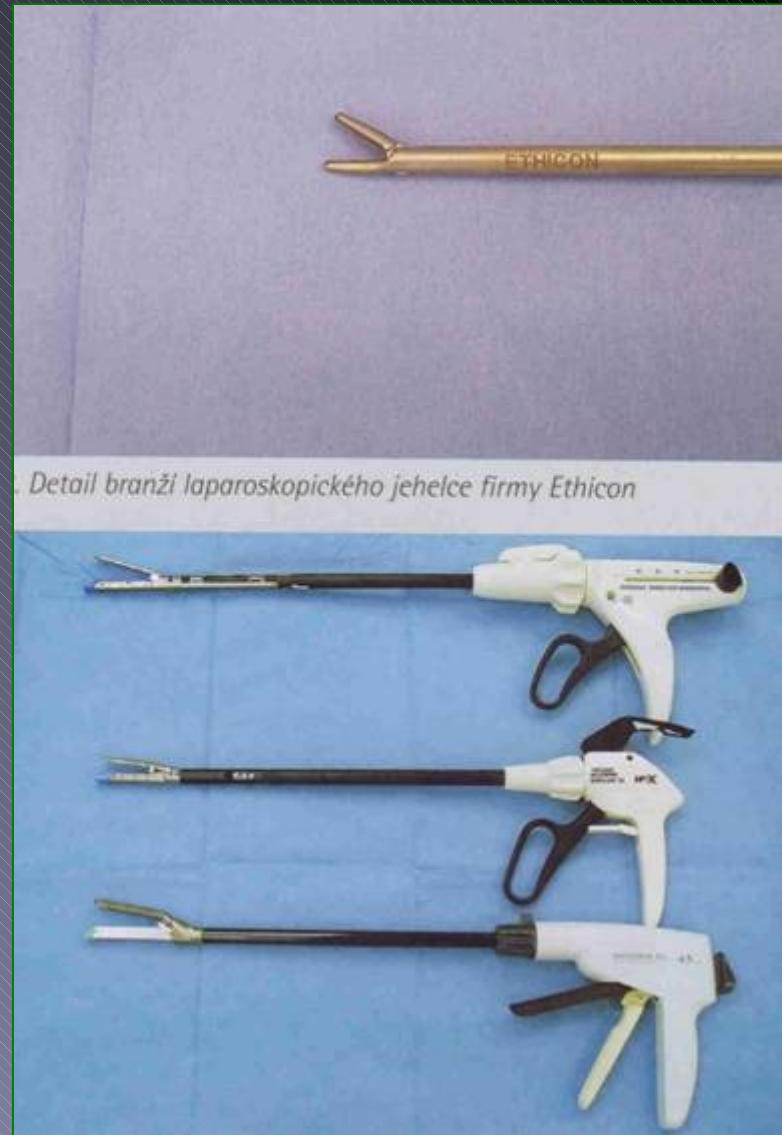




Obr. 3. Laparoskopická věž firmy Wolf

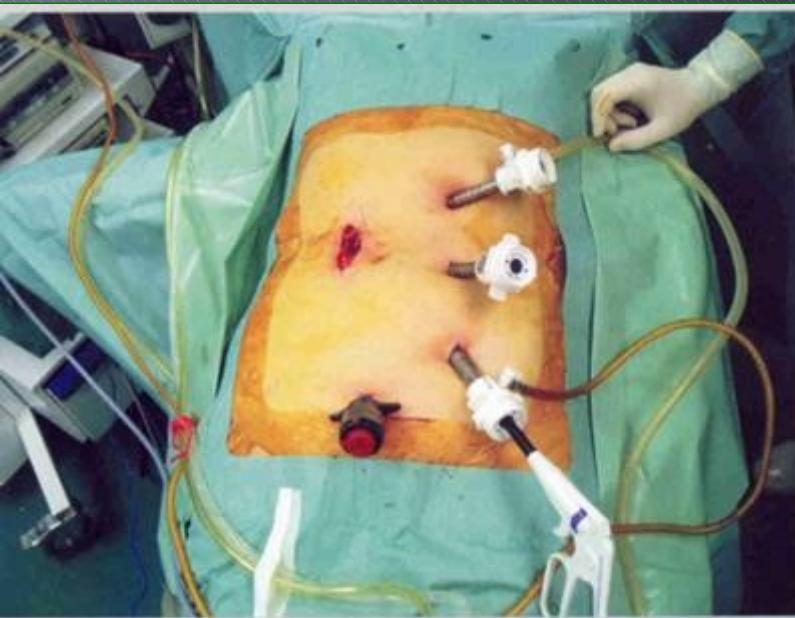


Obr. 4. Laparoskopická věž firmy Olympus



. Detail branží laparoskopického jehelce firmy Ethicon

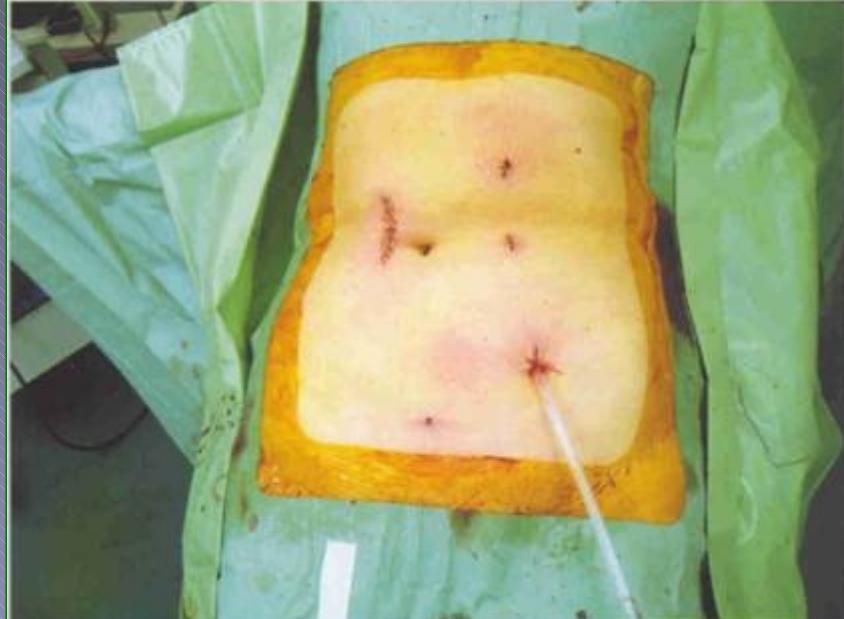
Equipment for laparoscopic surgery

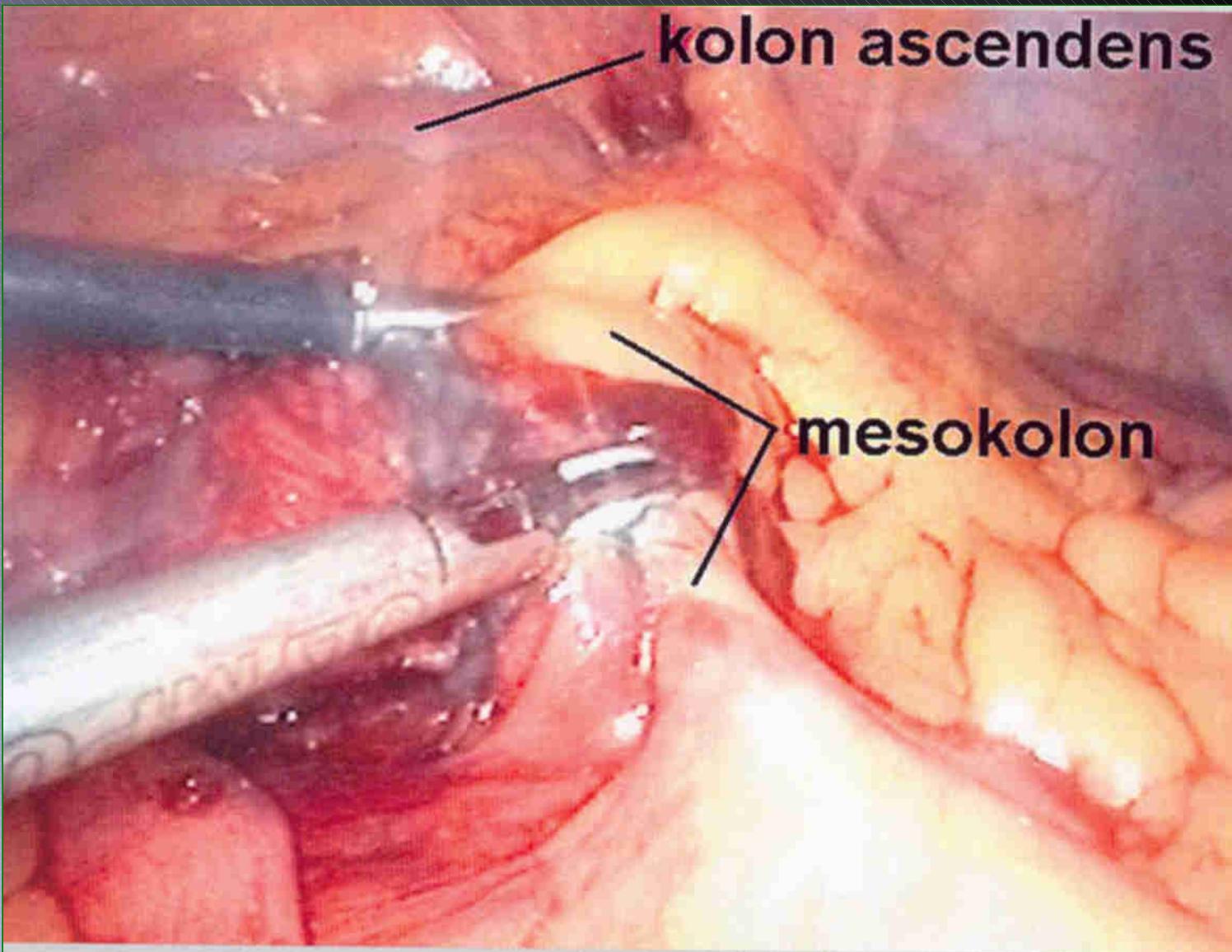


Obr. 42. Minilaparatomie



Obr. 45. Ileo-tranzverzoanastomóza





Obr. 40. Protinání mezokola kolon ascendens harmonickým skalpelem

Advantages of laparoscopy

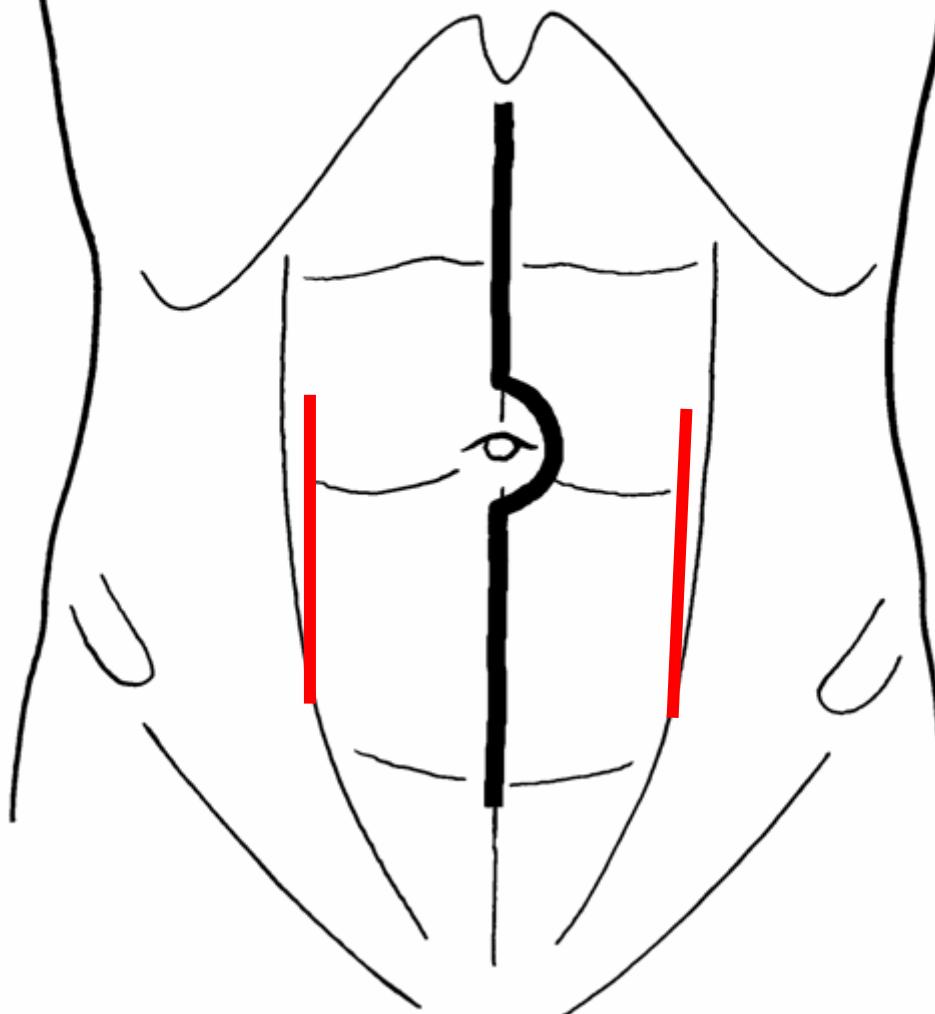
Early –

less pain, faster healing, collaboration,
rehabilitaton

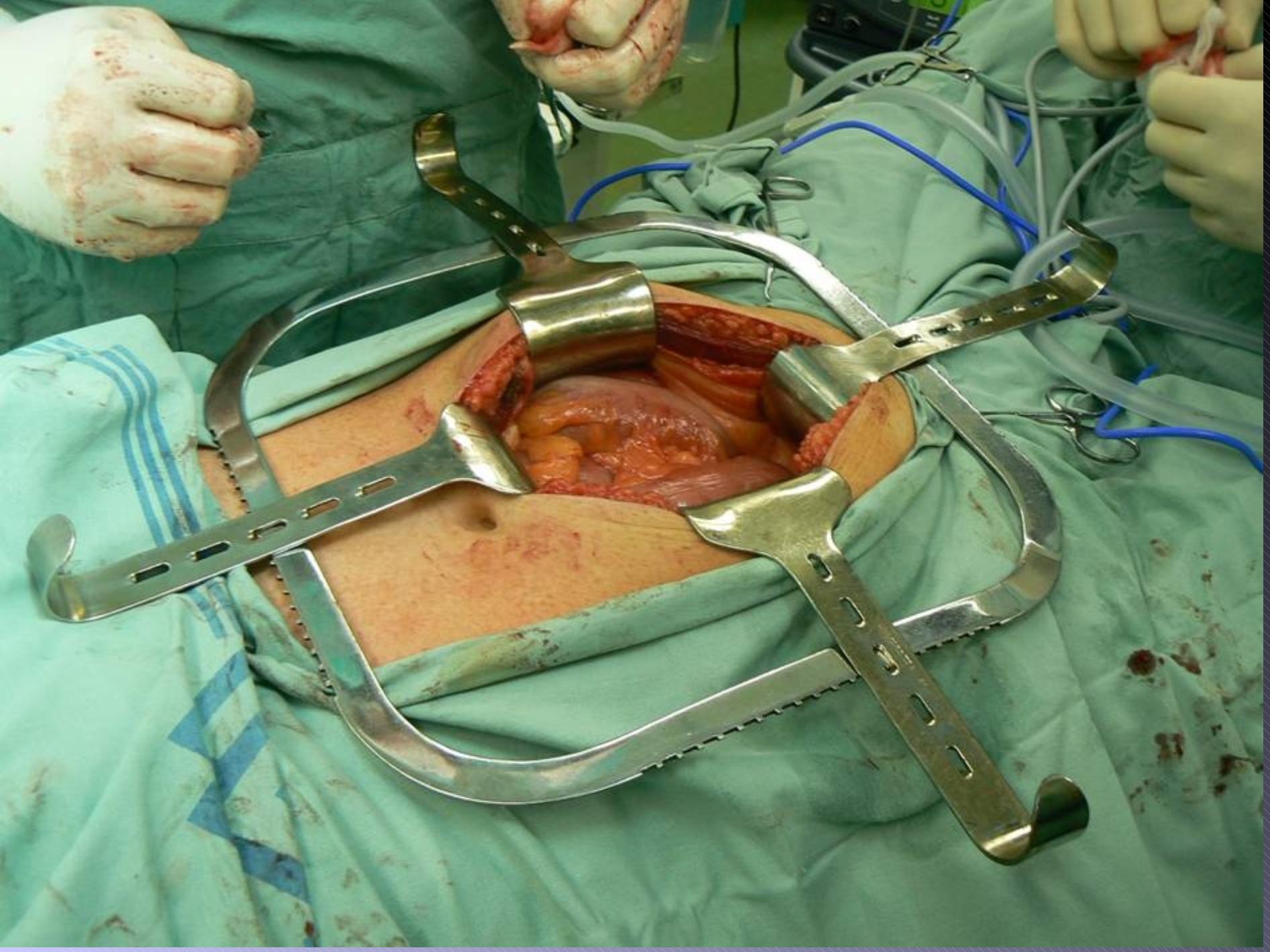
Long-term -

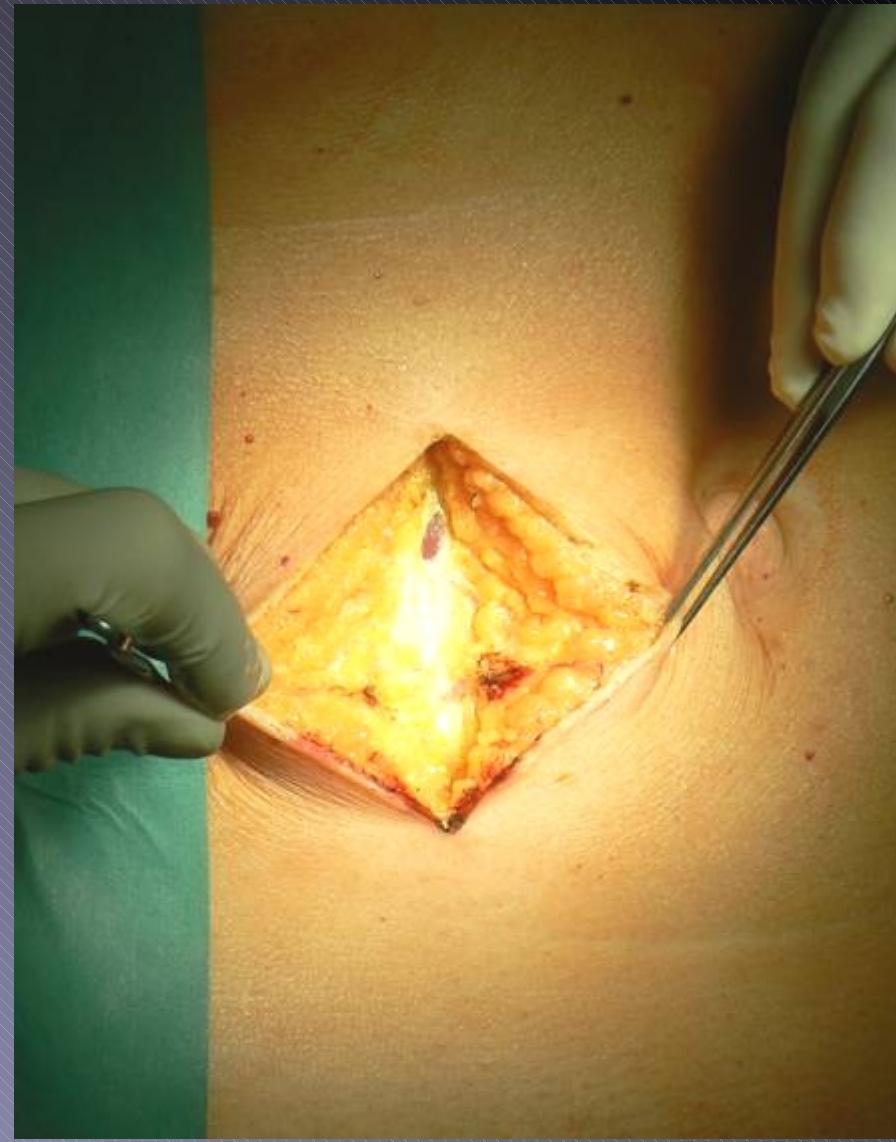
Preserves integrity of abdominal wall,
less scarring, adhesions, hernias in
scar

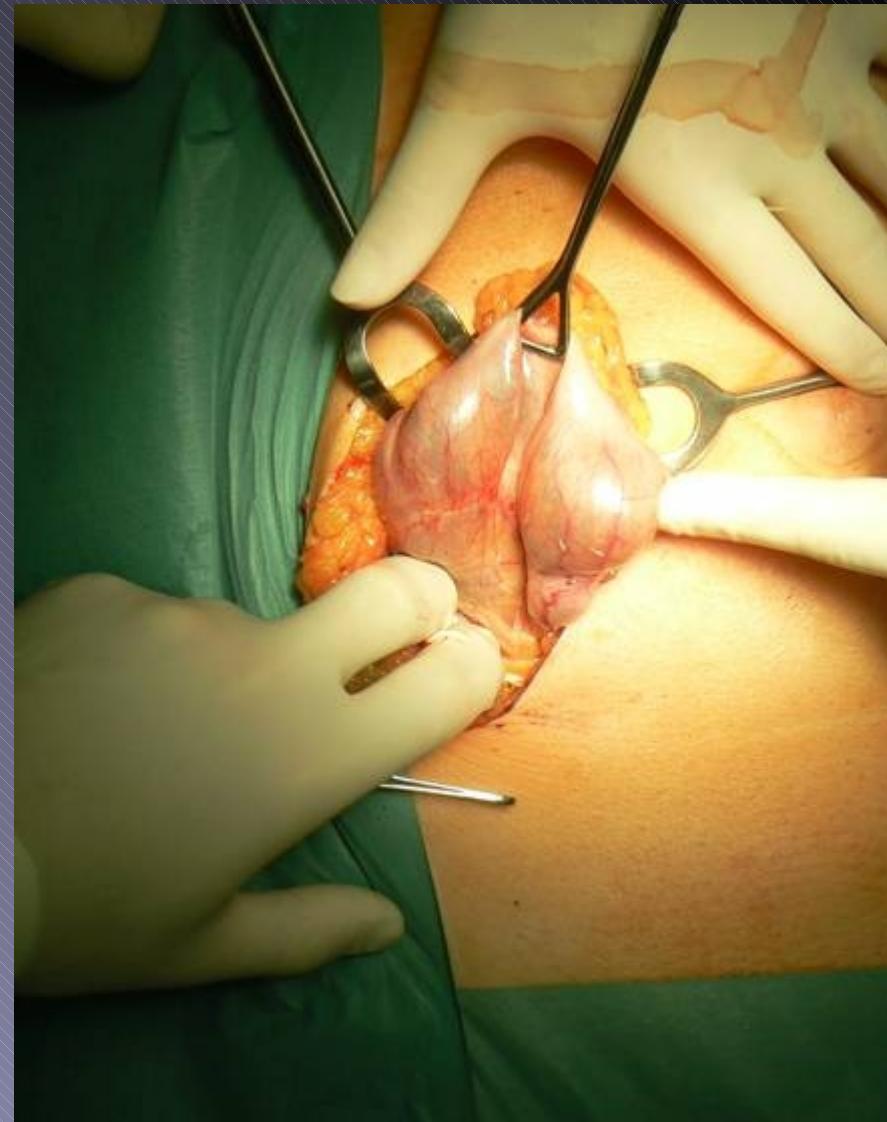
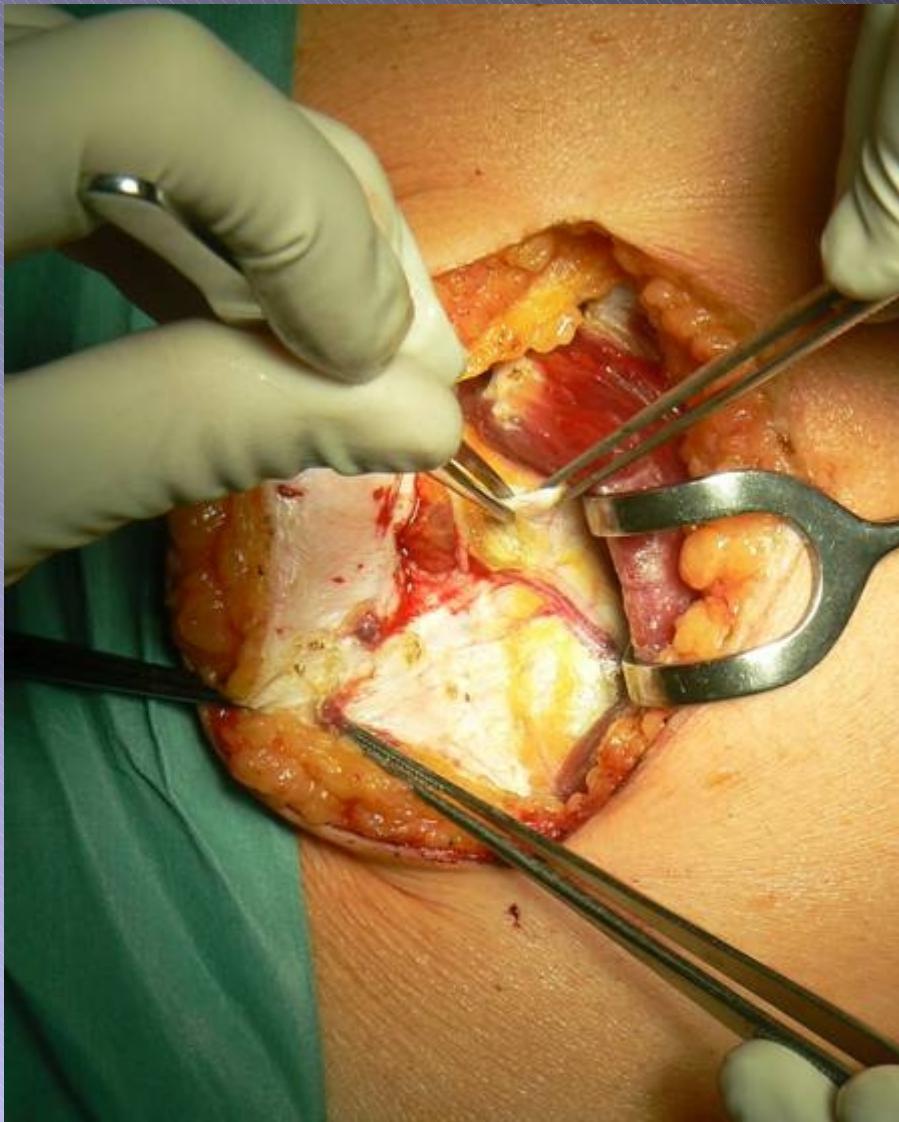
Midline laparotomy Pararectal incision



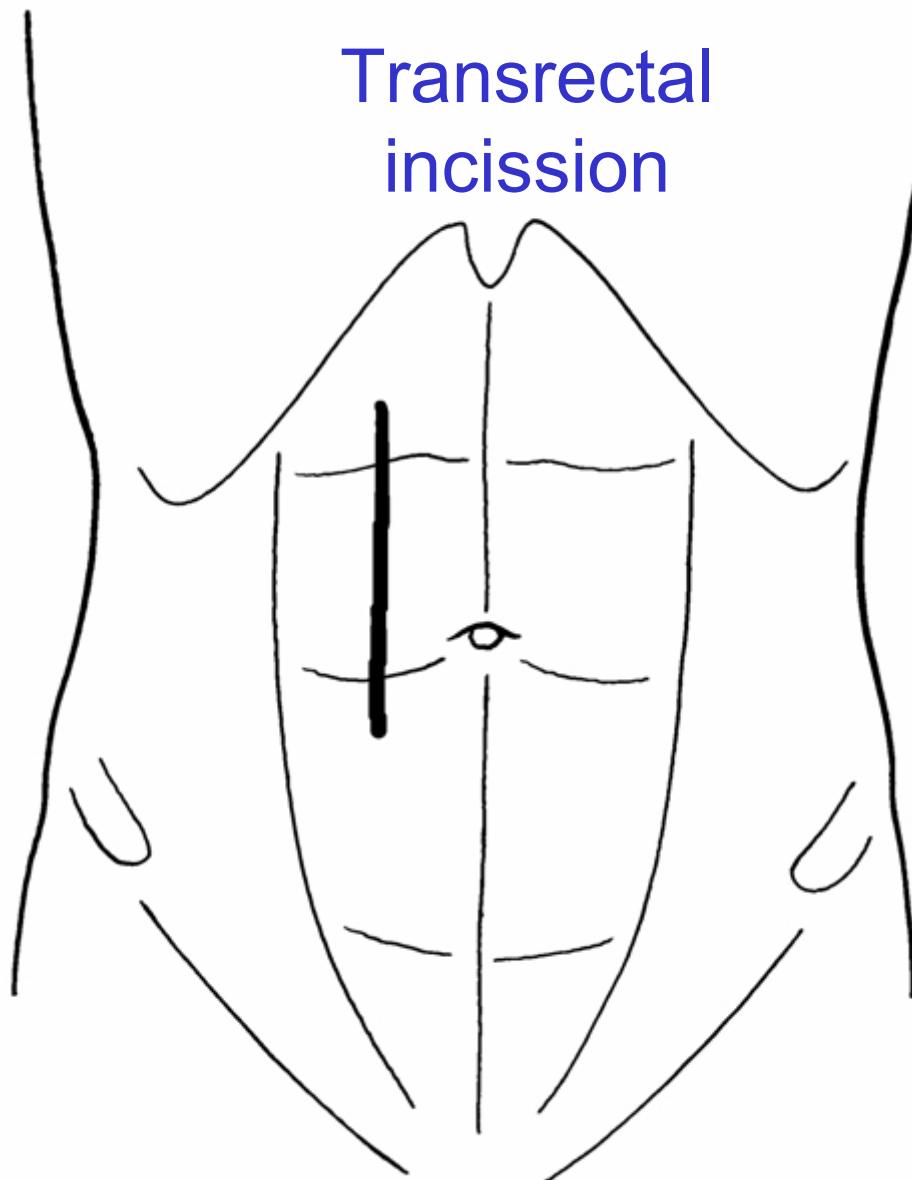
Pararectal incision: what are the pitfalls?



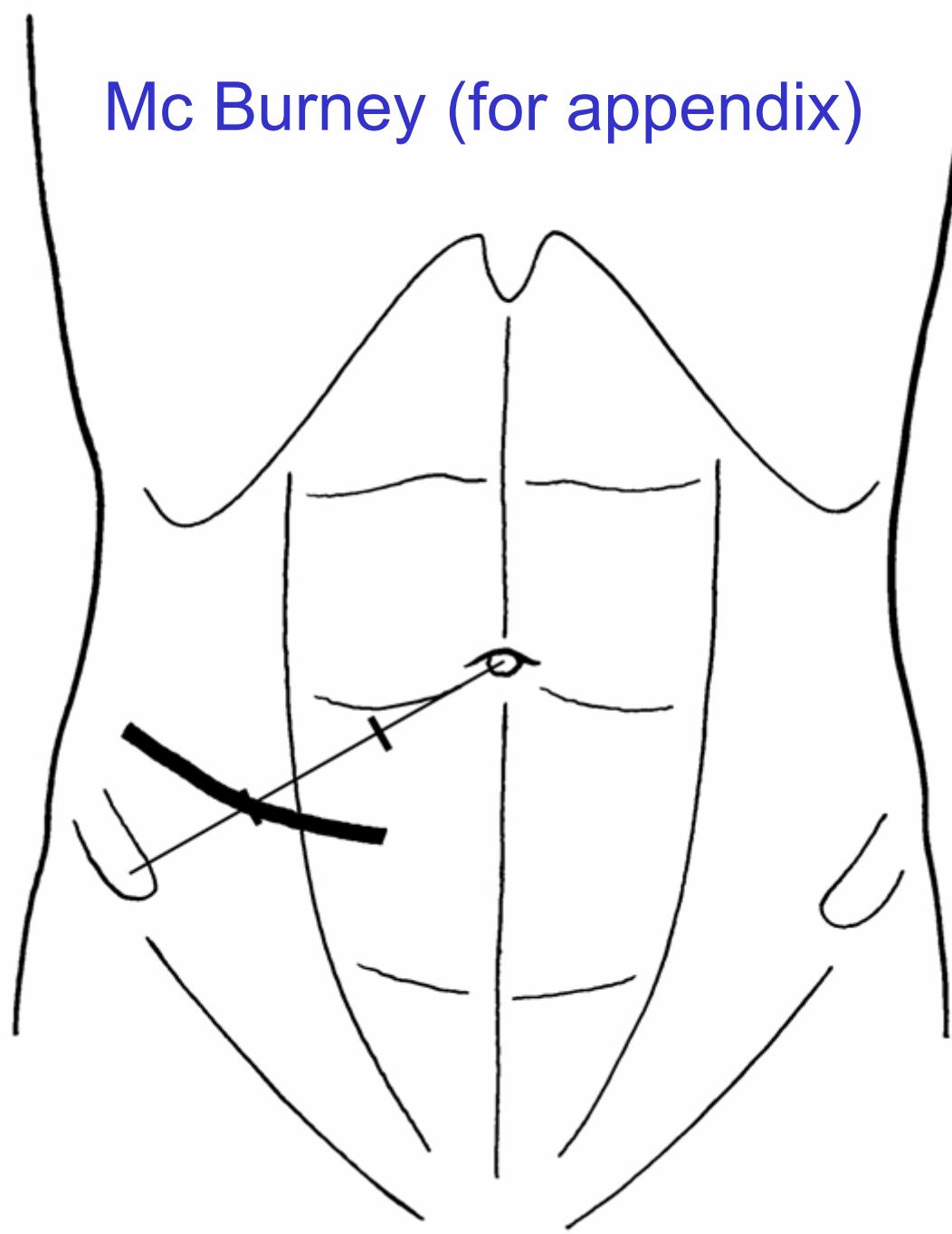




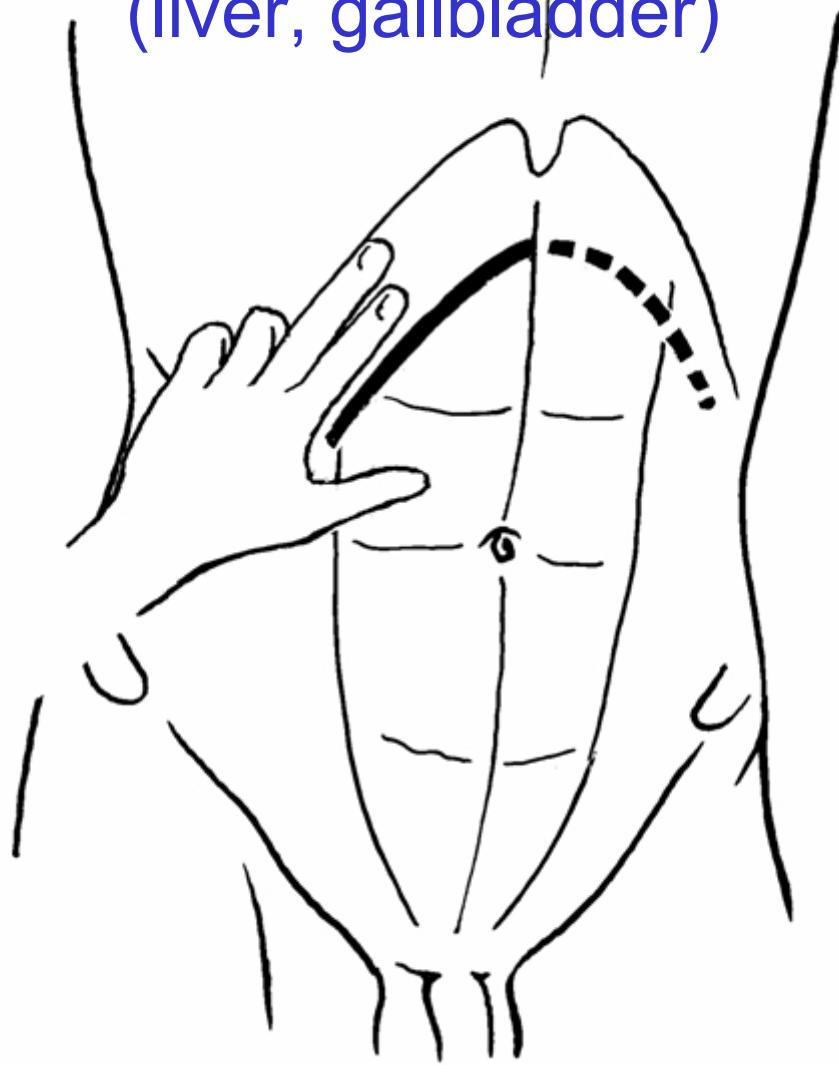
Transrectal incision

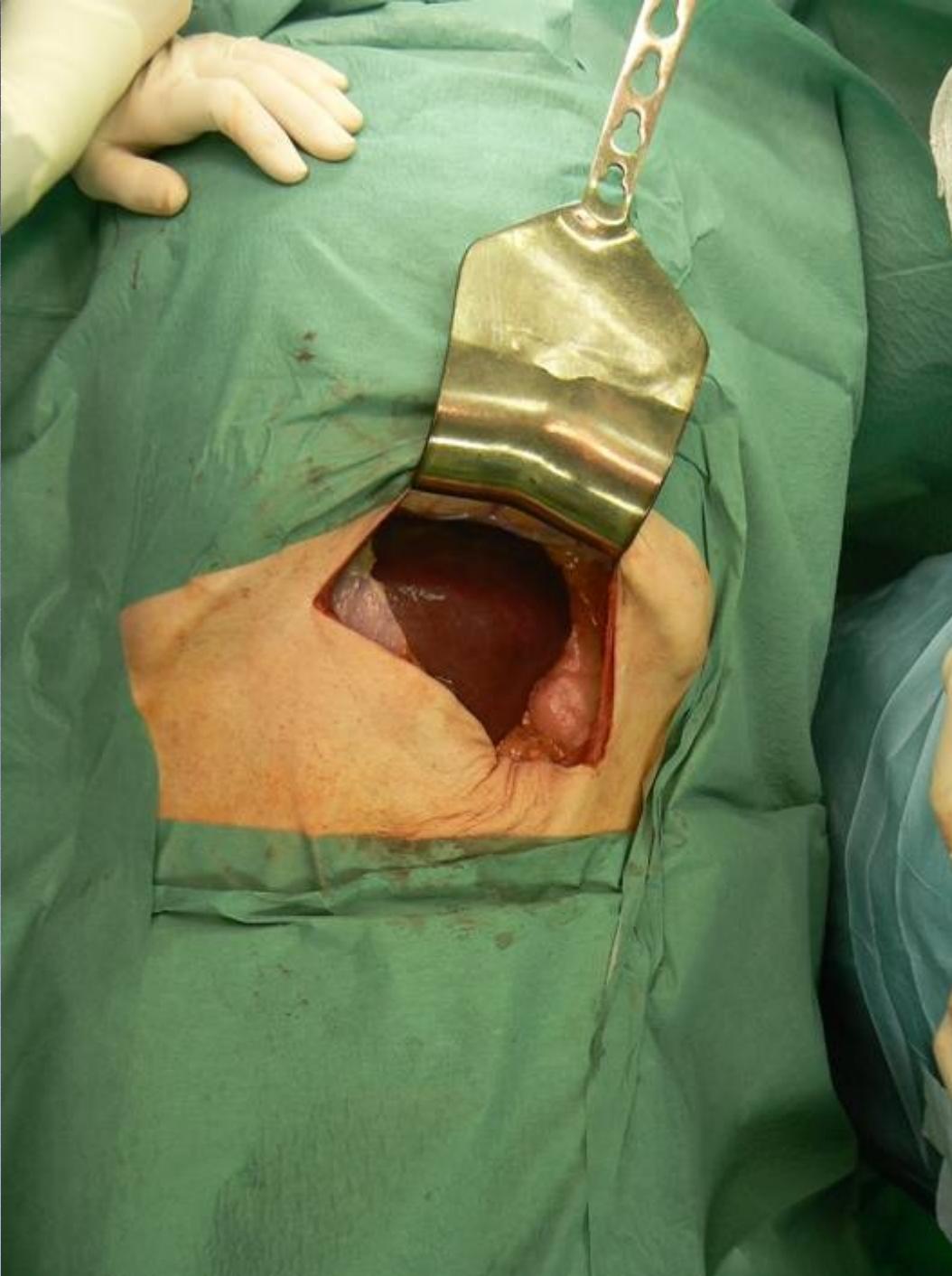


Mc Burney (for appendix)

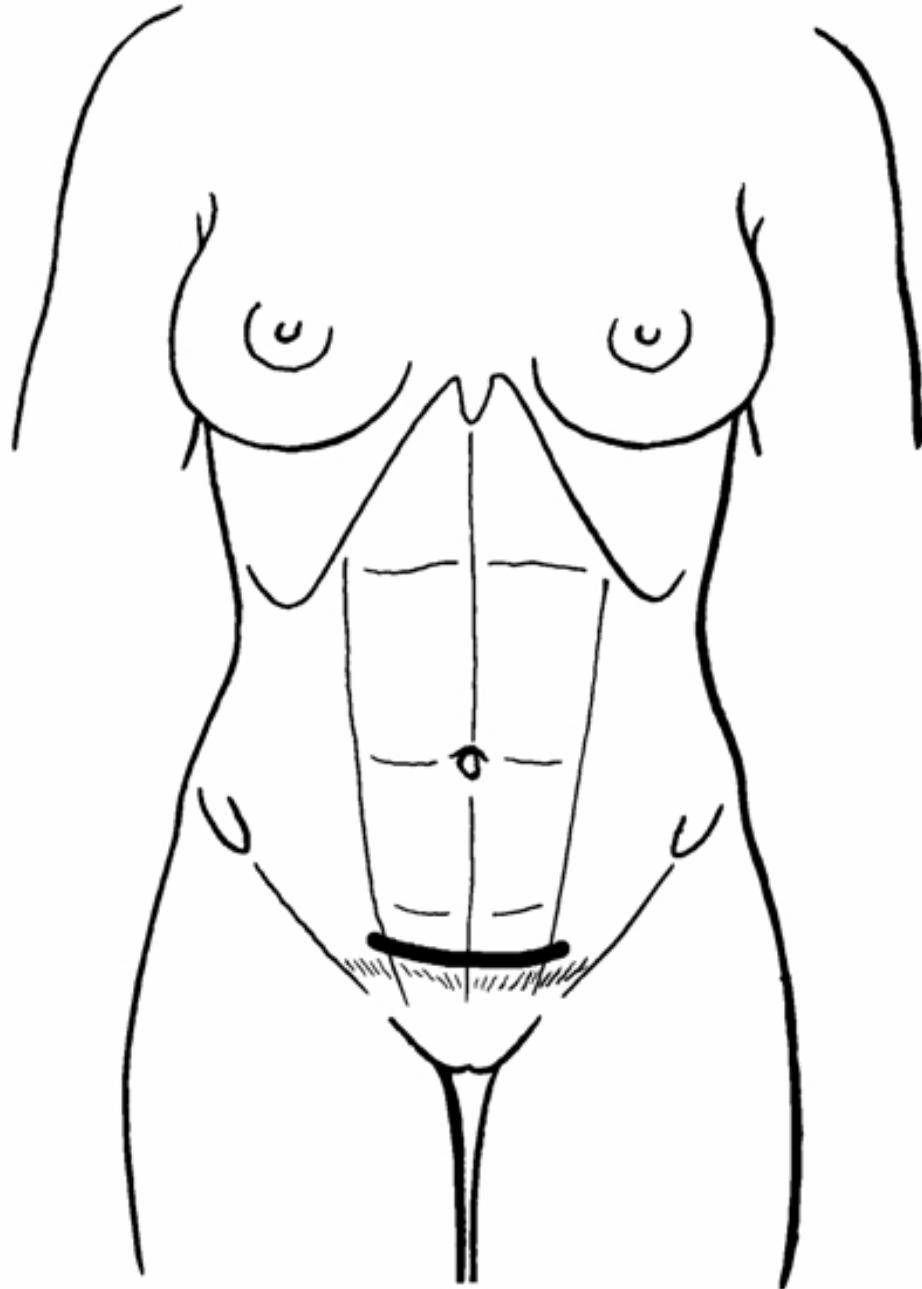


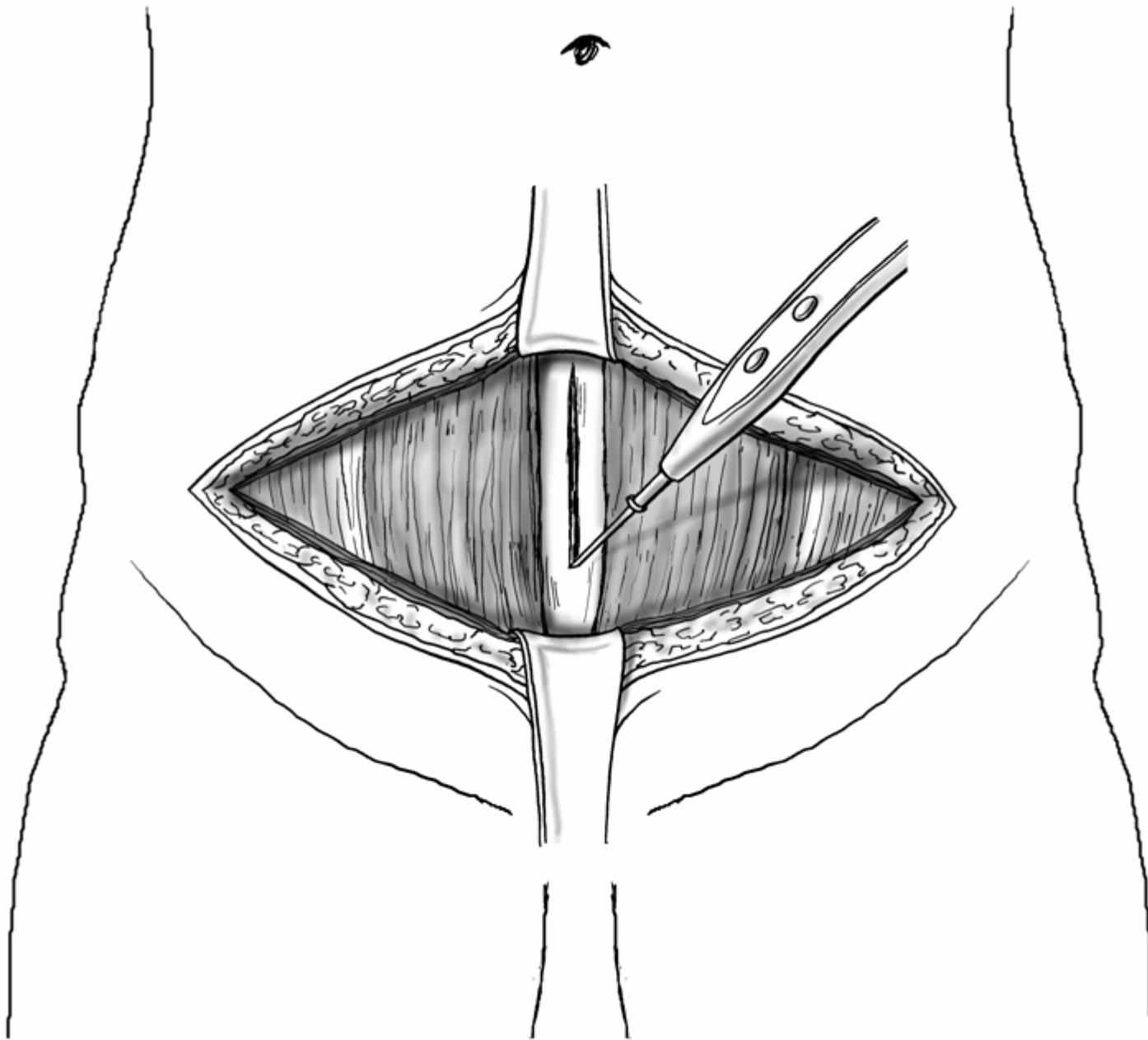
Subcostal incision (liver, gallbladder)



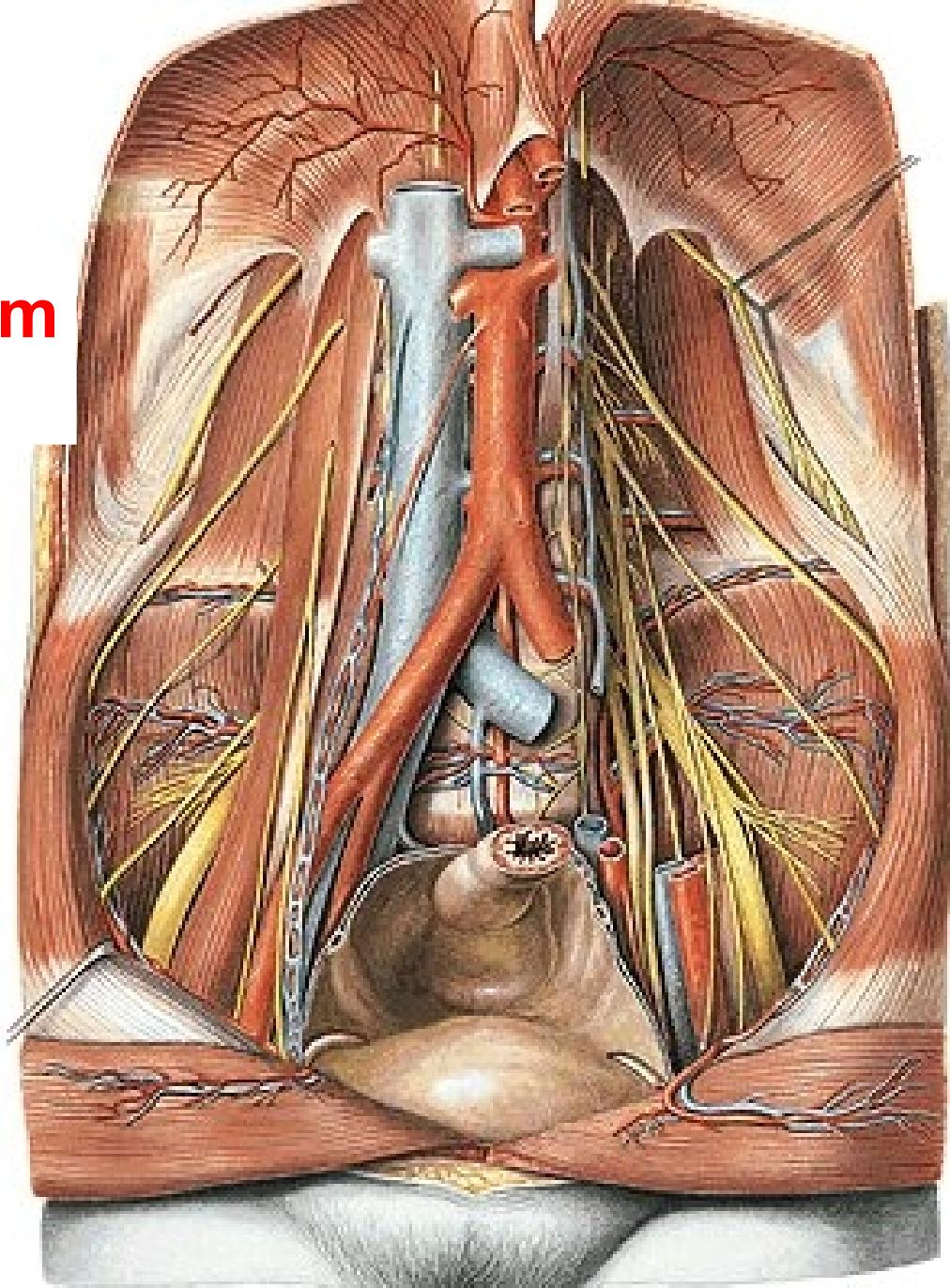
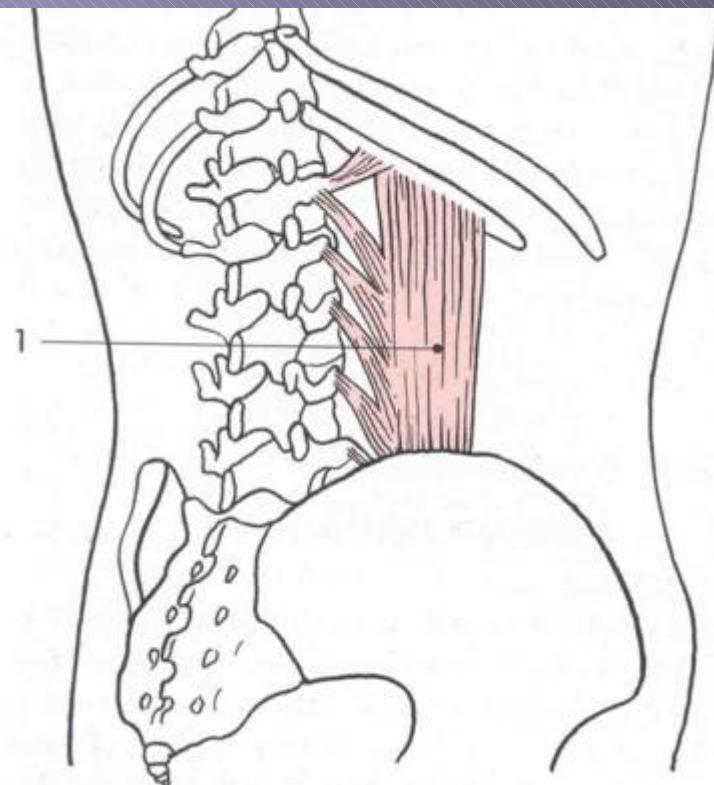


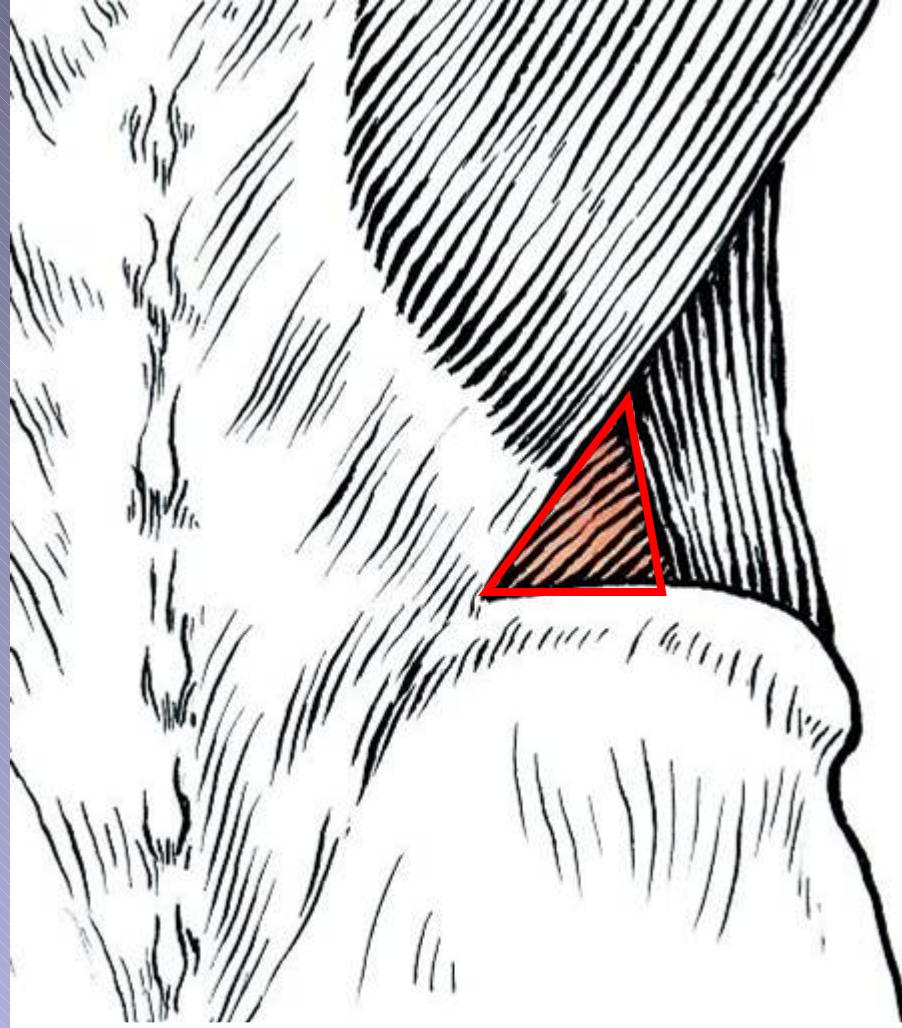
Pfanenstiel (bladder, Ceasarian)





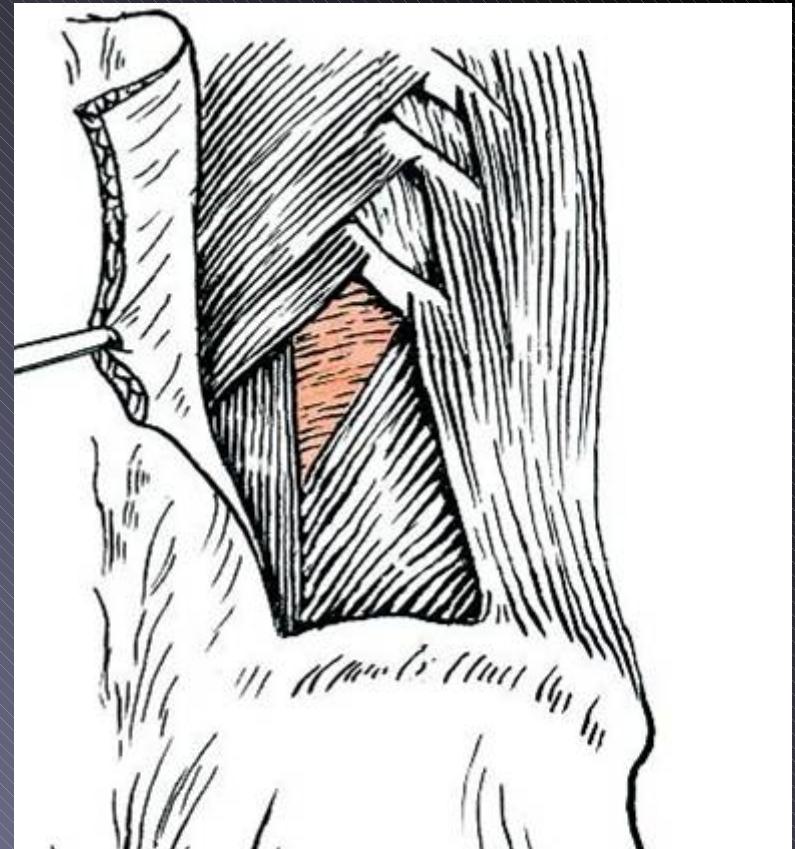
M. quadratus lumborum



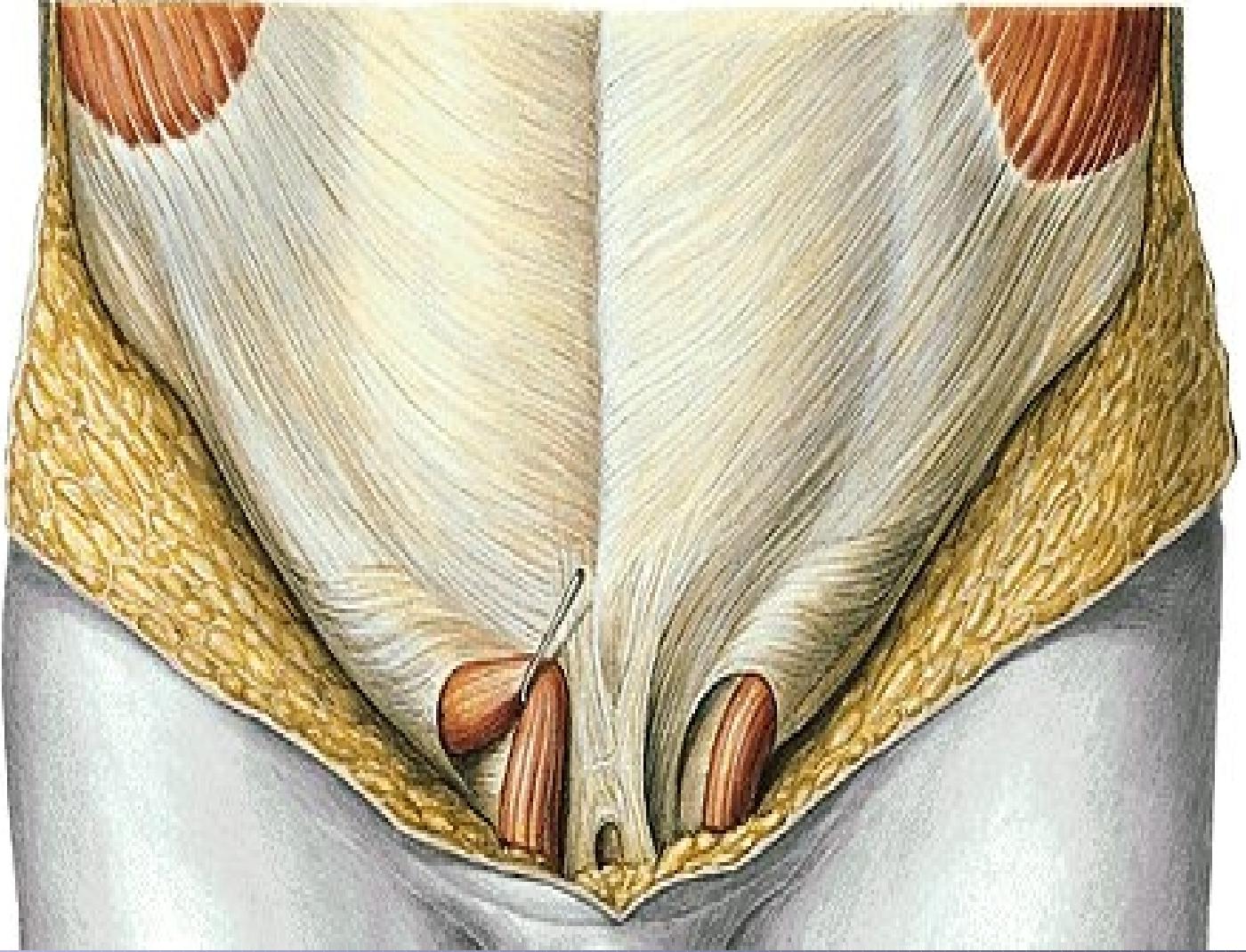


Trigonum lumbale (Petiti)
crista iliaca
m. obliquus externus abd.
m. latissimus dorsi

- hernias (rare)

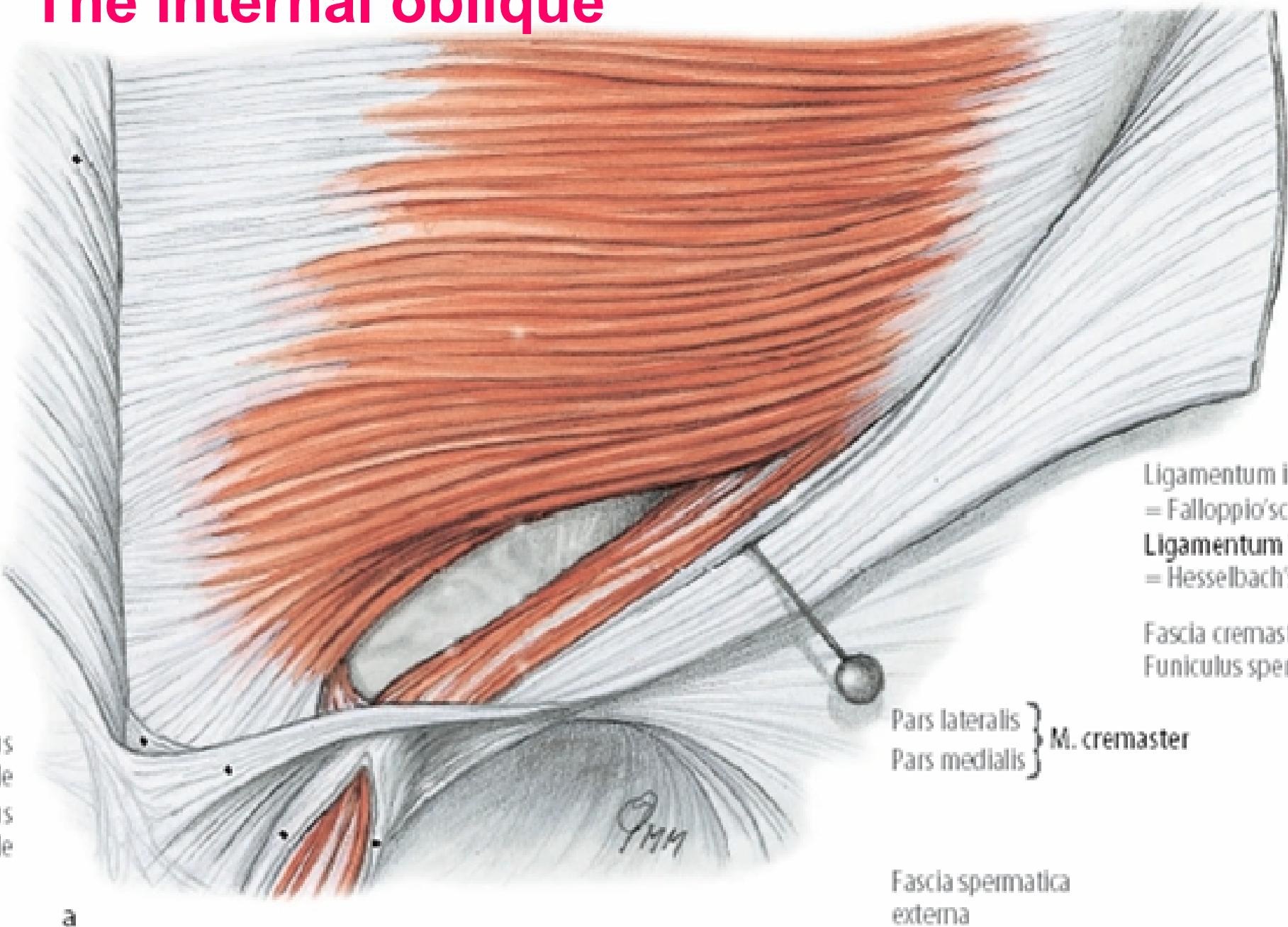


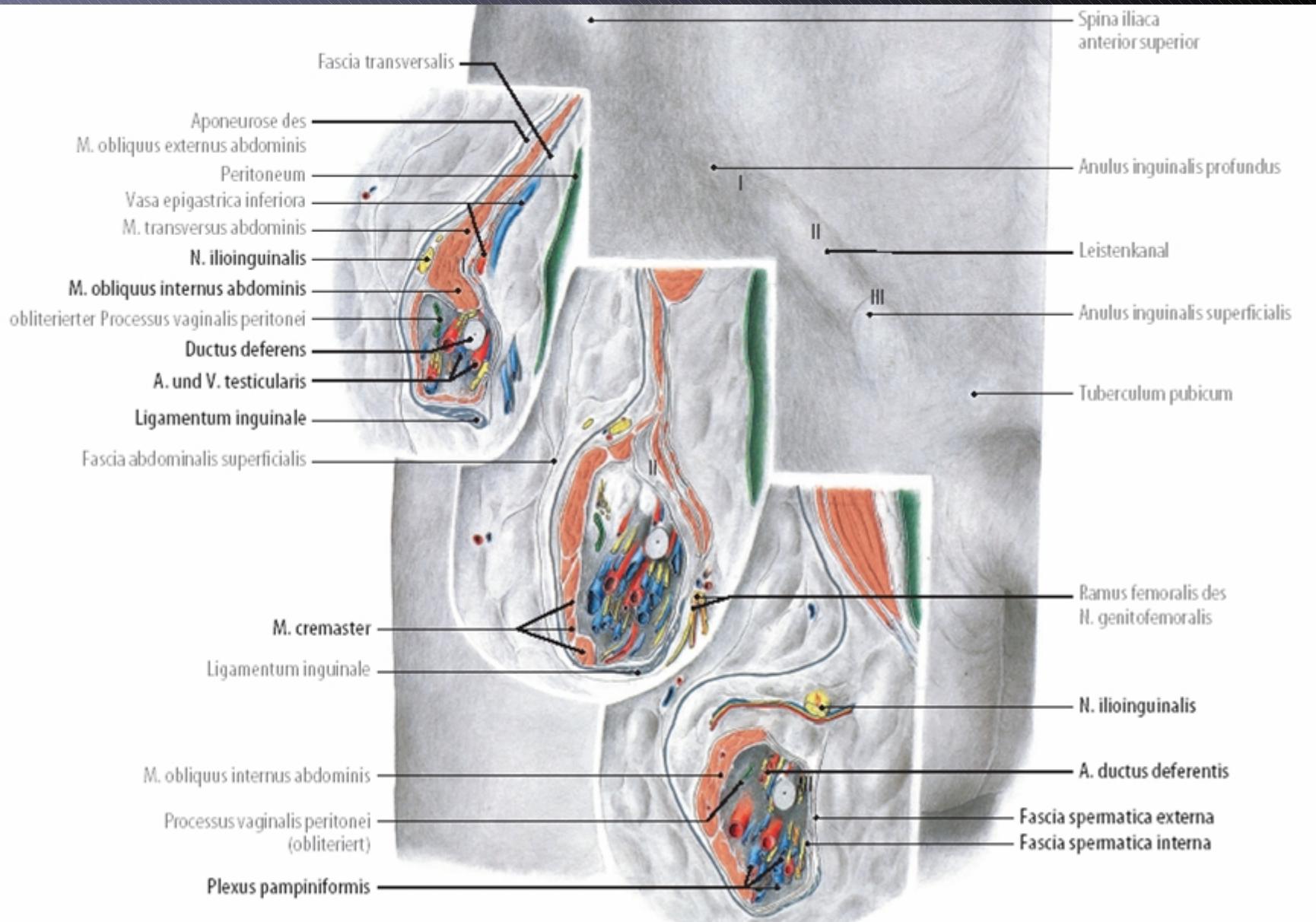
Spatium tendineum
lumbale-tetragon Krausei
12th rib
m. seratus post. Inf.
m. sacrospinalis
m. obliquus abd. internus



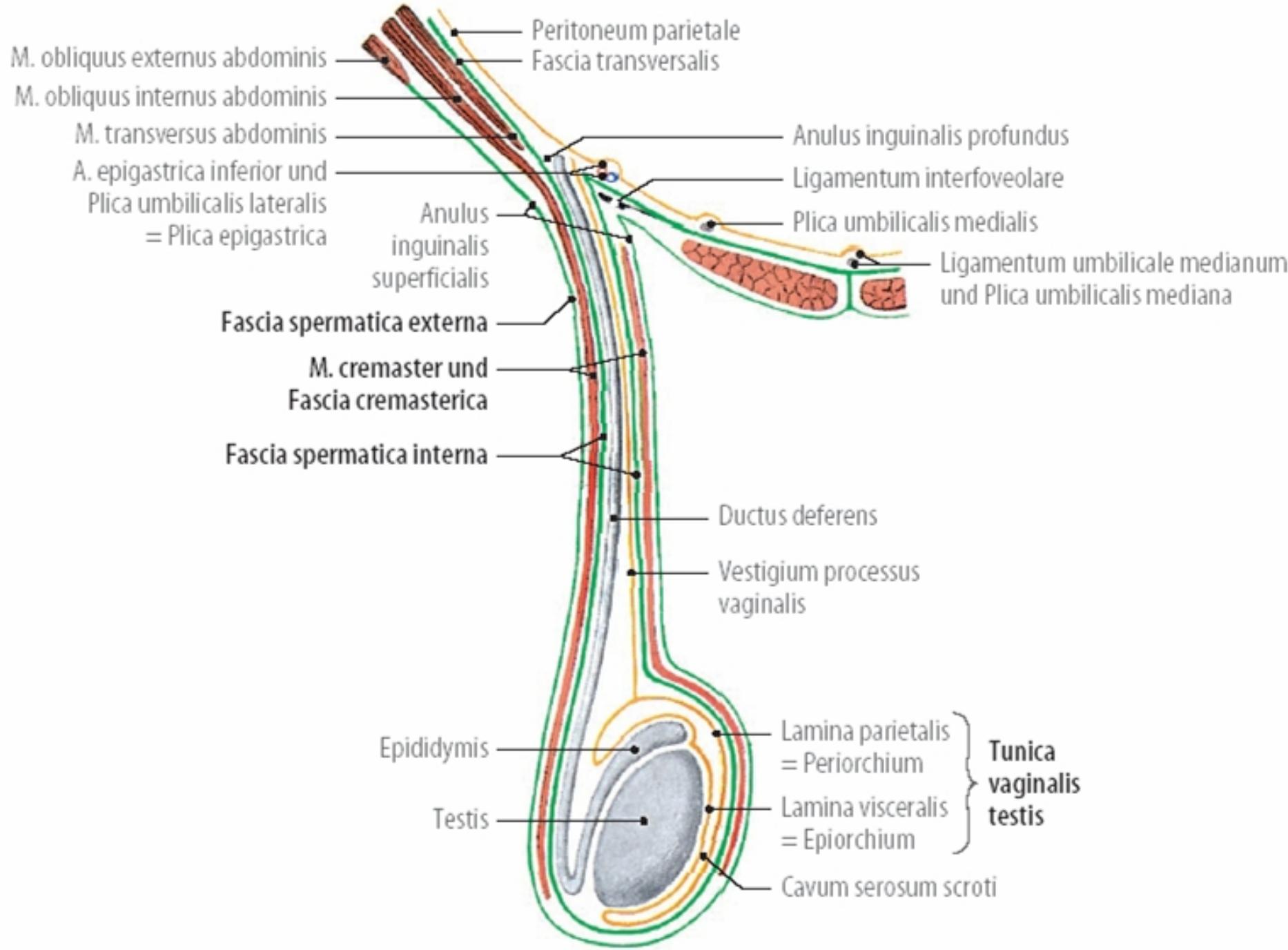
**The inguinal canal:
Aponeurosis of the external oblique muscle**

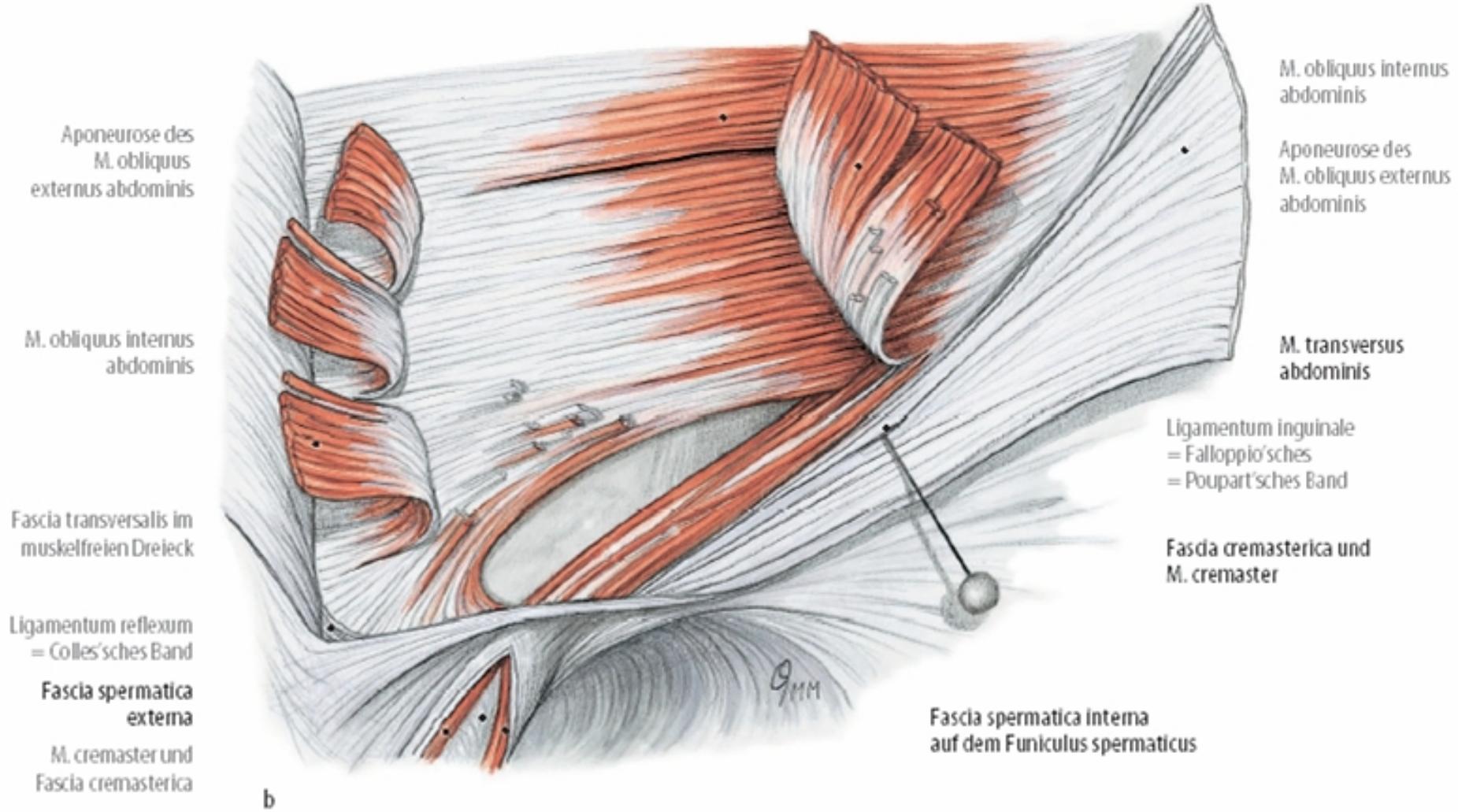
The internal oblique





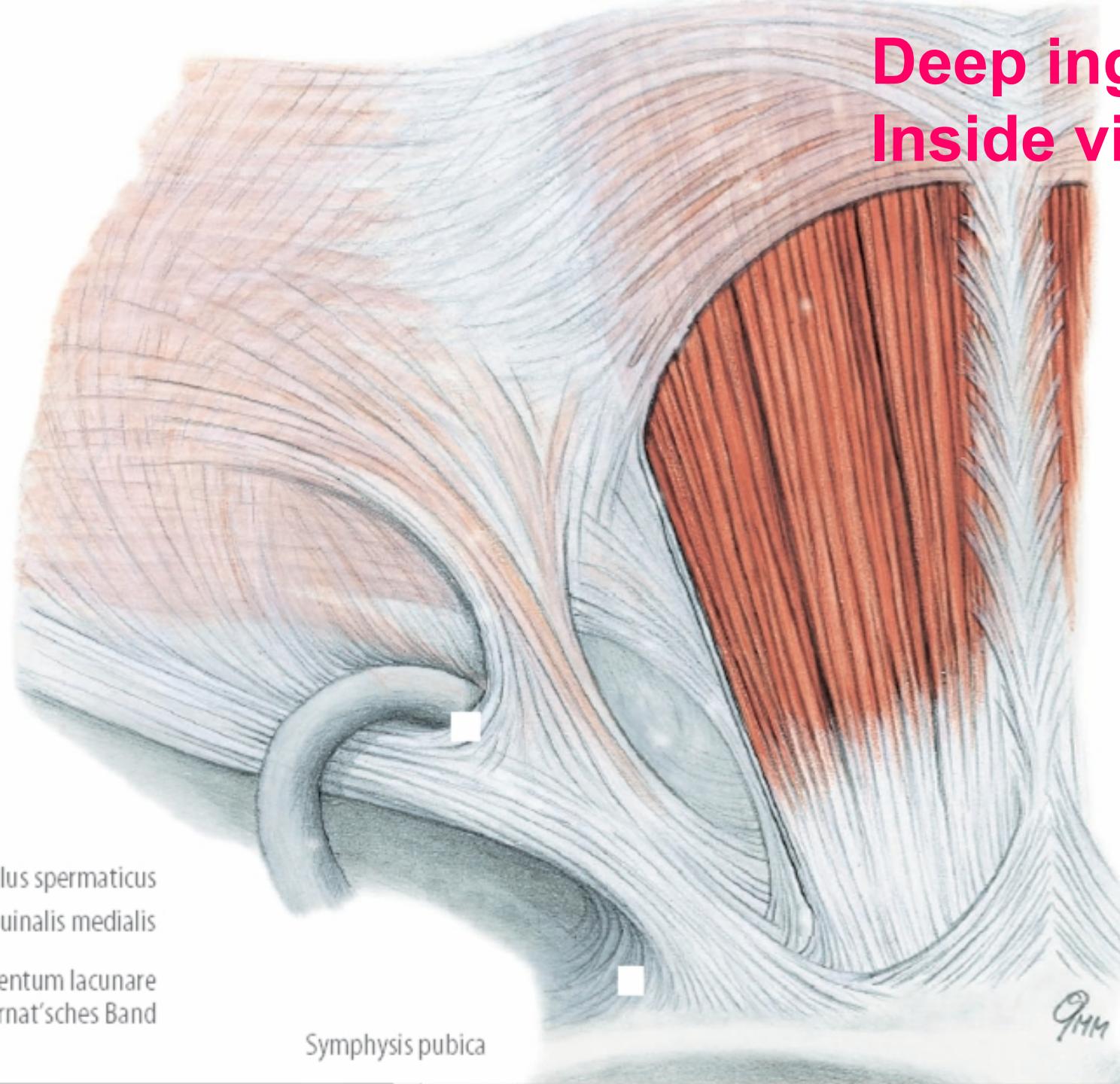
The inguinal canal - cross sections





The inguinal canal: Transversus abdominis muscle

Deep inguinal ring Inside view



lus spermaticus
inguinalis medialis
ementum lacunare
ernat'sches Band

Symphysis pubica

Inside view of the abdominal wall

Linea arcuata = Douglas'sche Linie

M. rectus abdominis

A. und V. epigastrica inferior

Ligamentum interfoveolare
= Hesselbach'sches Band

Ductus deferens und Anulus
inguinalis profundus

Ramus pubicus

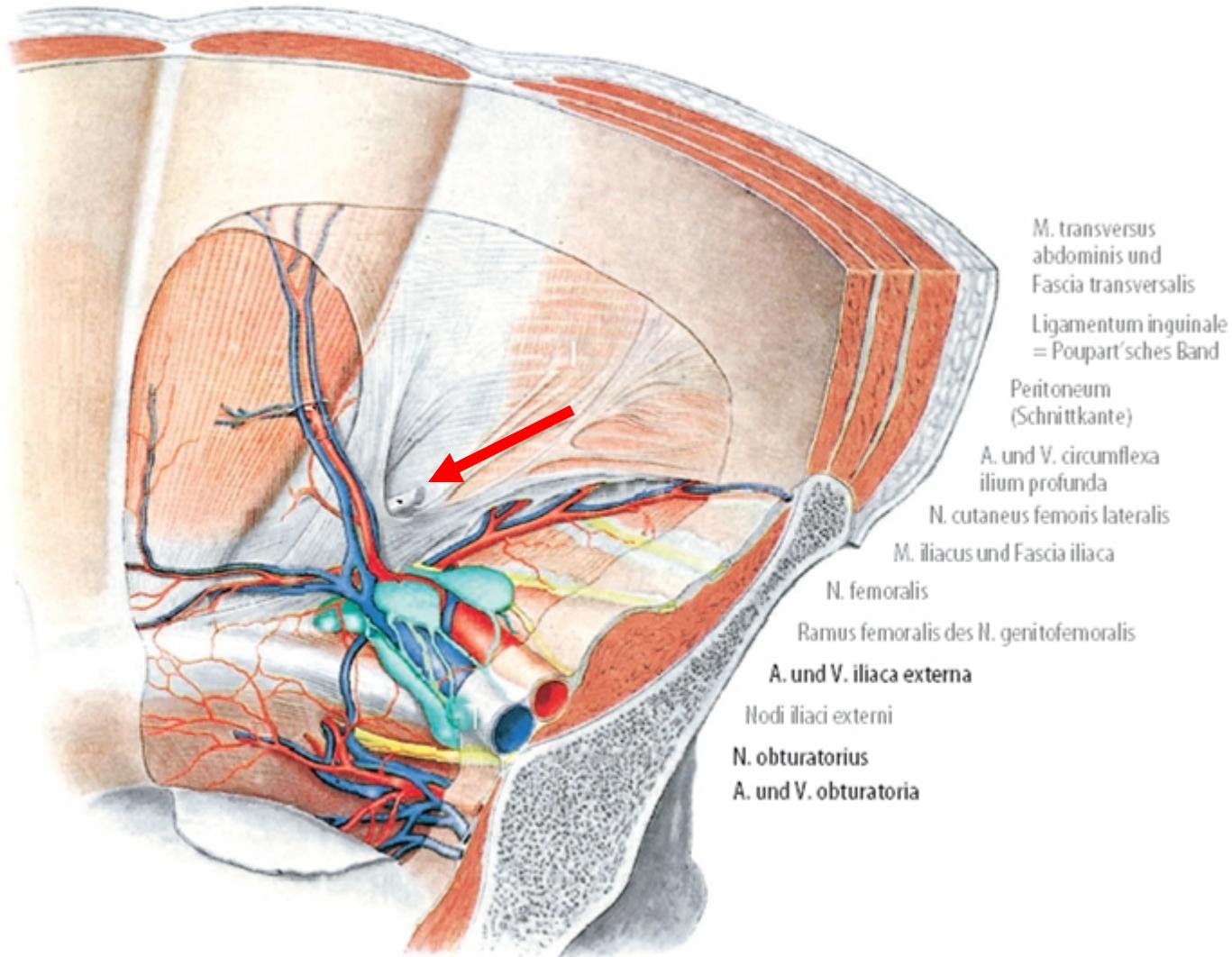
Nodi lymphoidei lacunarisi vasorum
= Rosenmüller'scher Lymphknoten

Ramus obturatorius

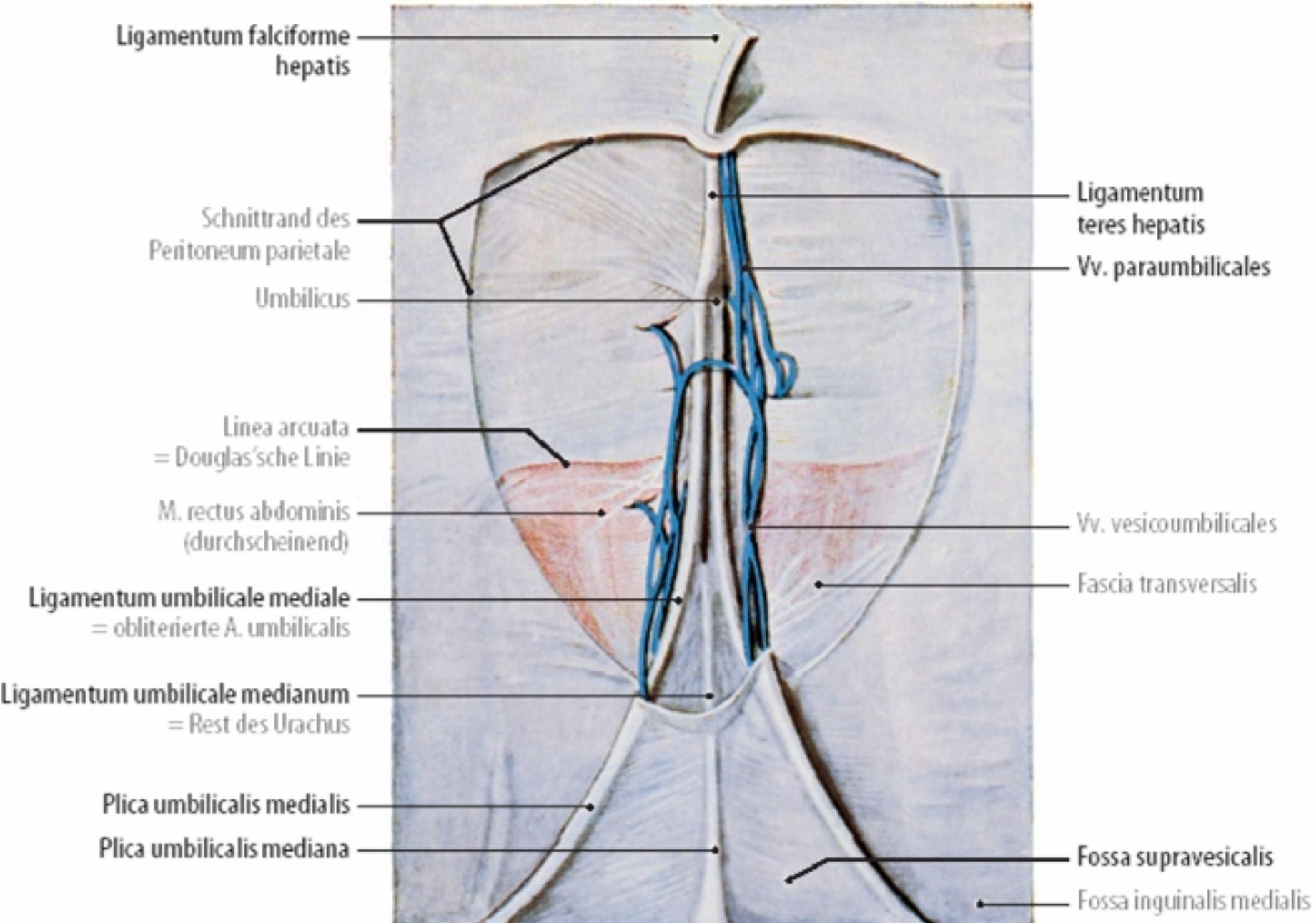
Ramus pubicus

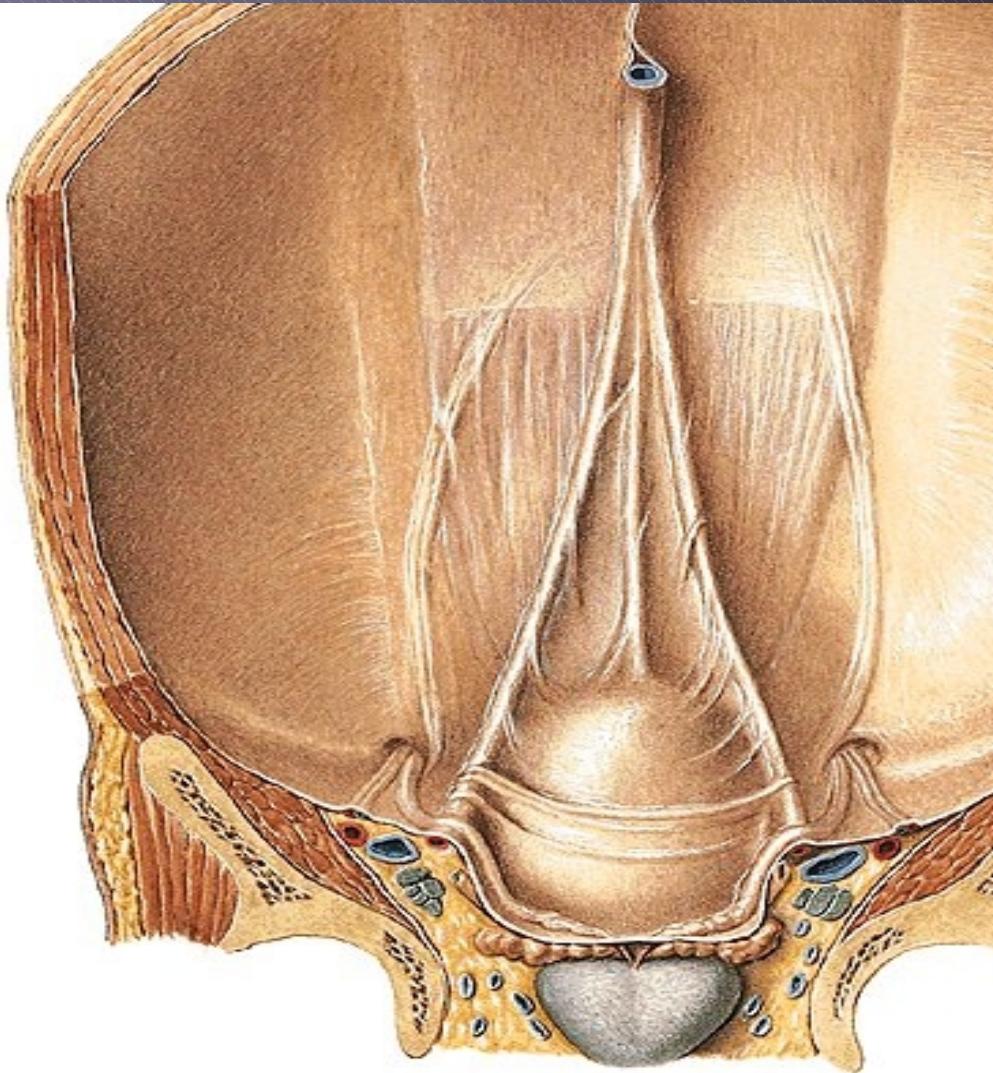
Fascia obturatoria und
M. obturatorius internus

Canalis obturatorius



Inside view of the umbilical region





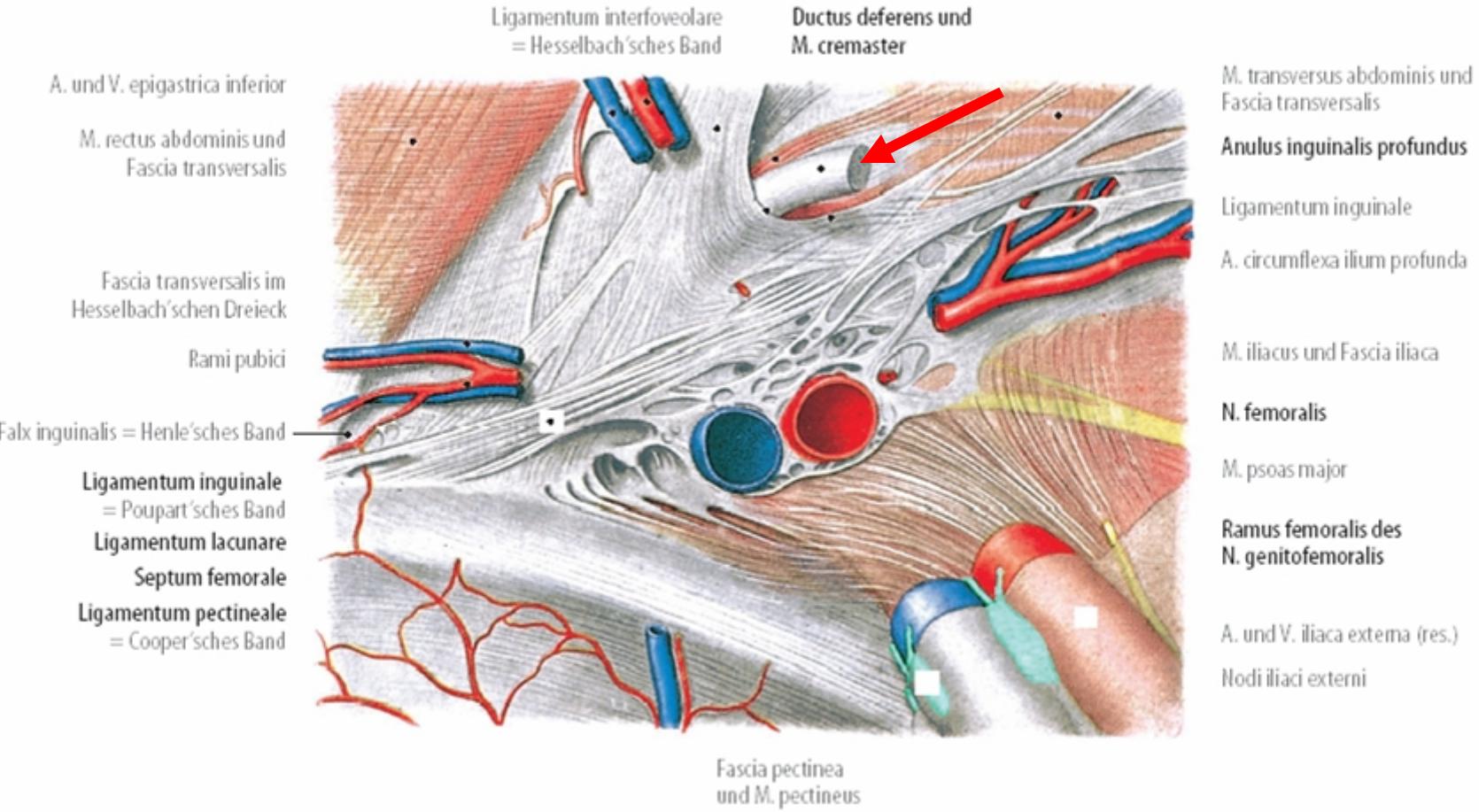
Inside view of the
anterior abdominal wall

Plica umbilicalis
mediana (urachus),
medialis (a.umbilicalis),
lateralis (vasa
epigastrica inf.)

Fovea supravesicalis

Fovea inguinalis
medialis
(trigonum inguinale)

Fovea inguinalis
lateralis
(anulus ing. prof.)



Why so many eponymous names?

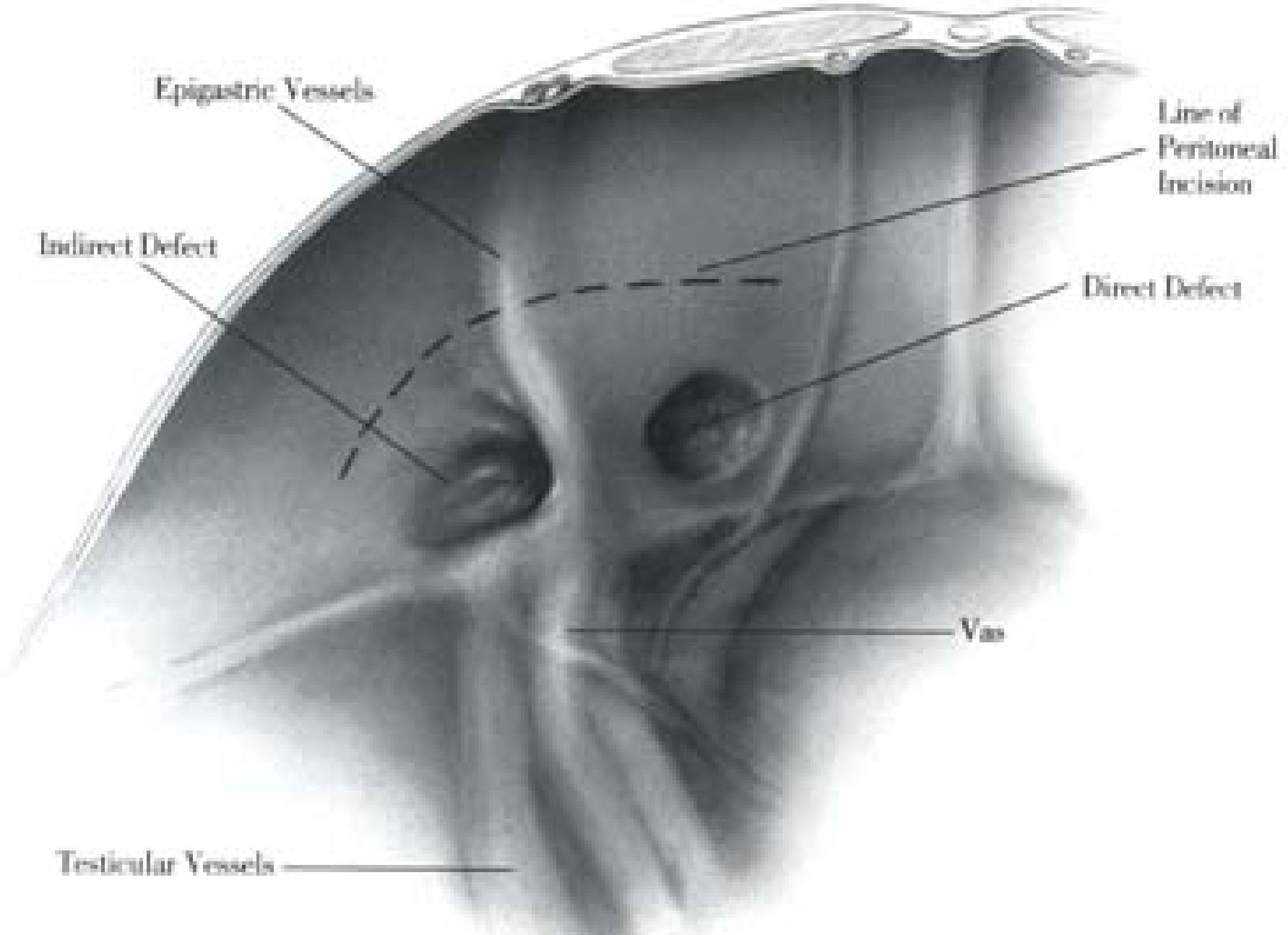
**Hernia supravesicalis –
fovea supravesicalis**

**Hernia inguinalis directa –
trigonum inguinale – anulus ing. spfc.**

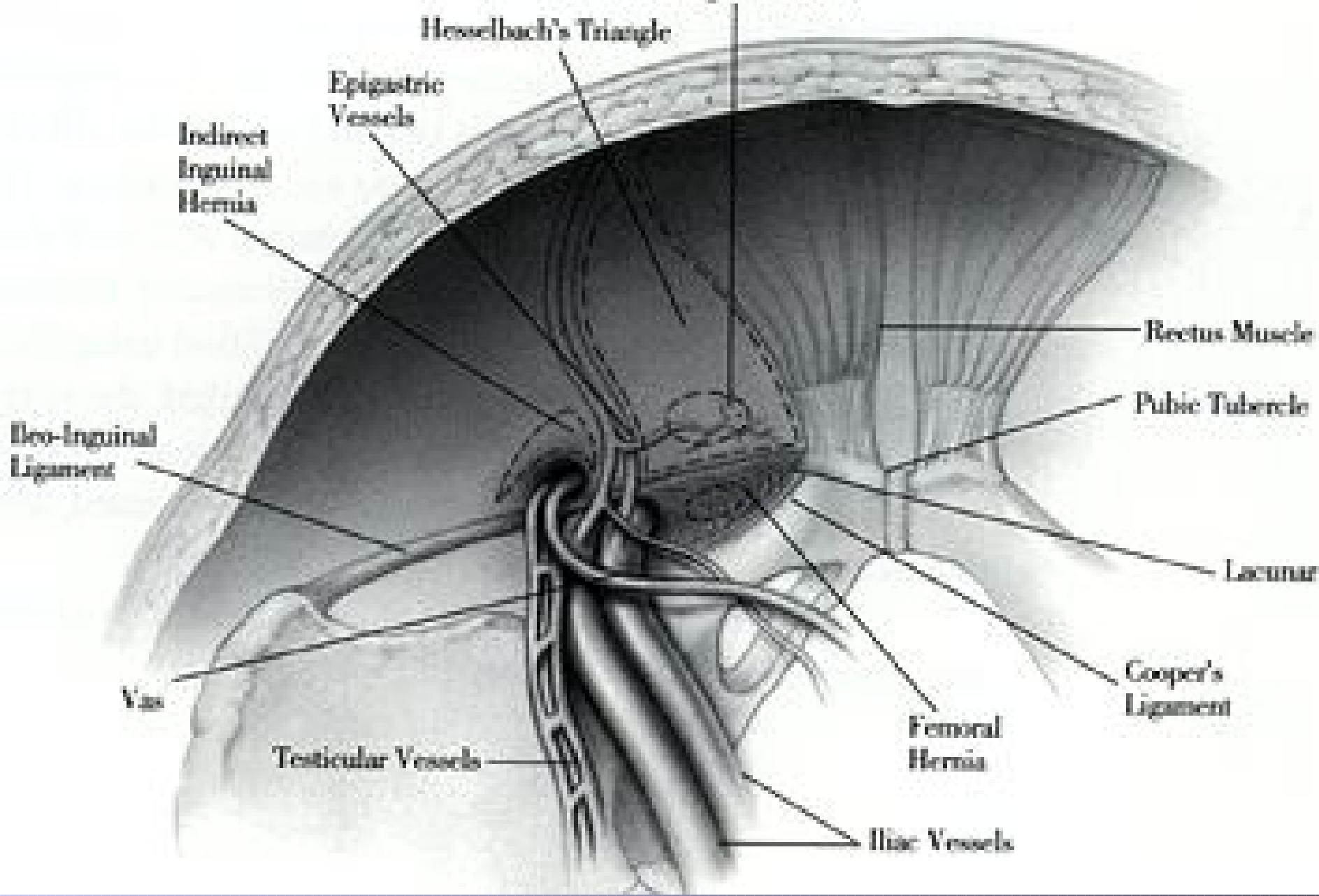
**Hernia inguinalis indirecta –
anulus ing. prof. – anulus ing. spfc.**

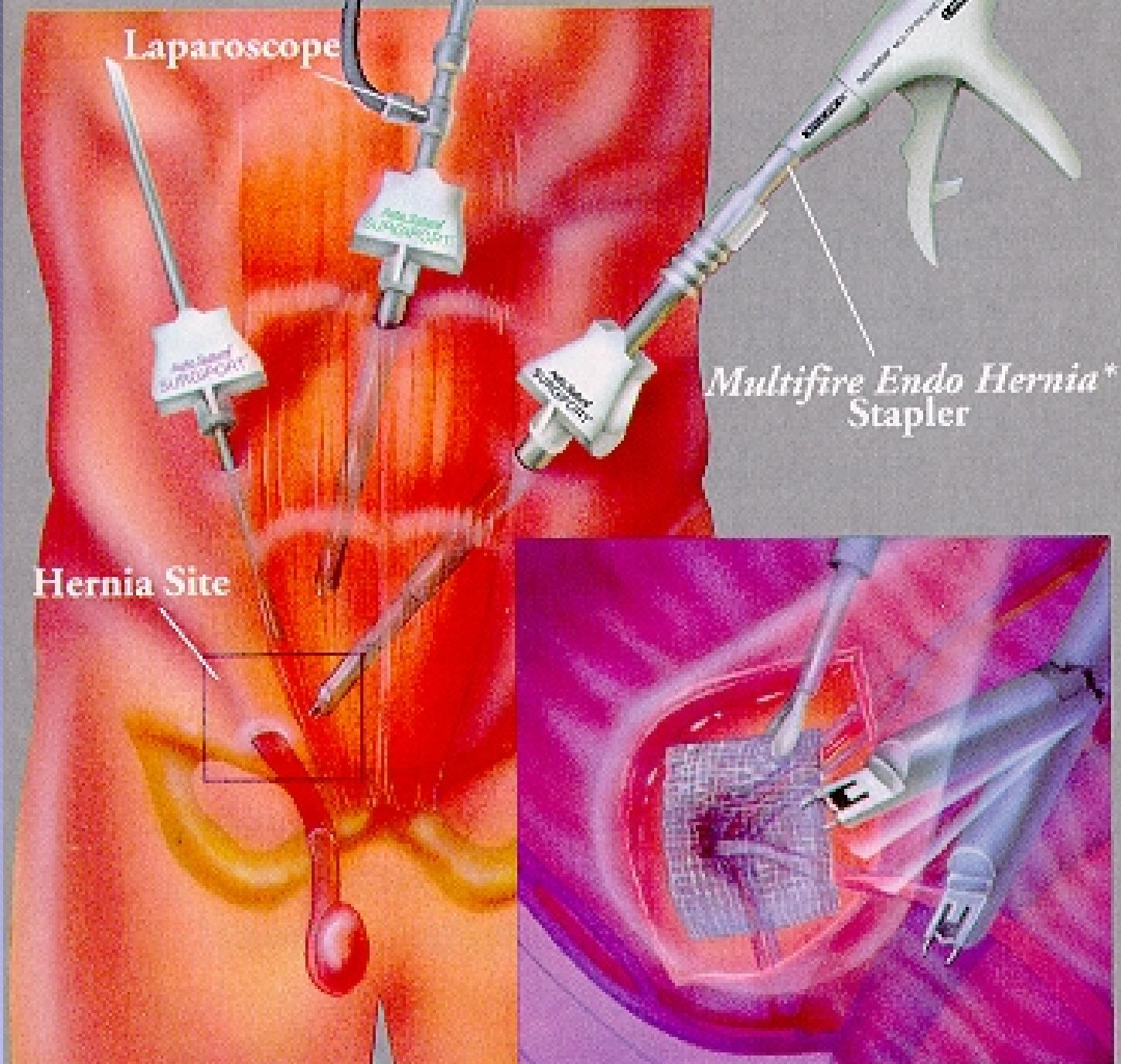
**Hernia femoralis – septum femorale in
lacuna vasorum- fossa iliopectinea –
hiatus saphenus**

Seminars!



Direct Inguinal Hernia



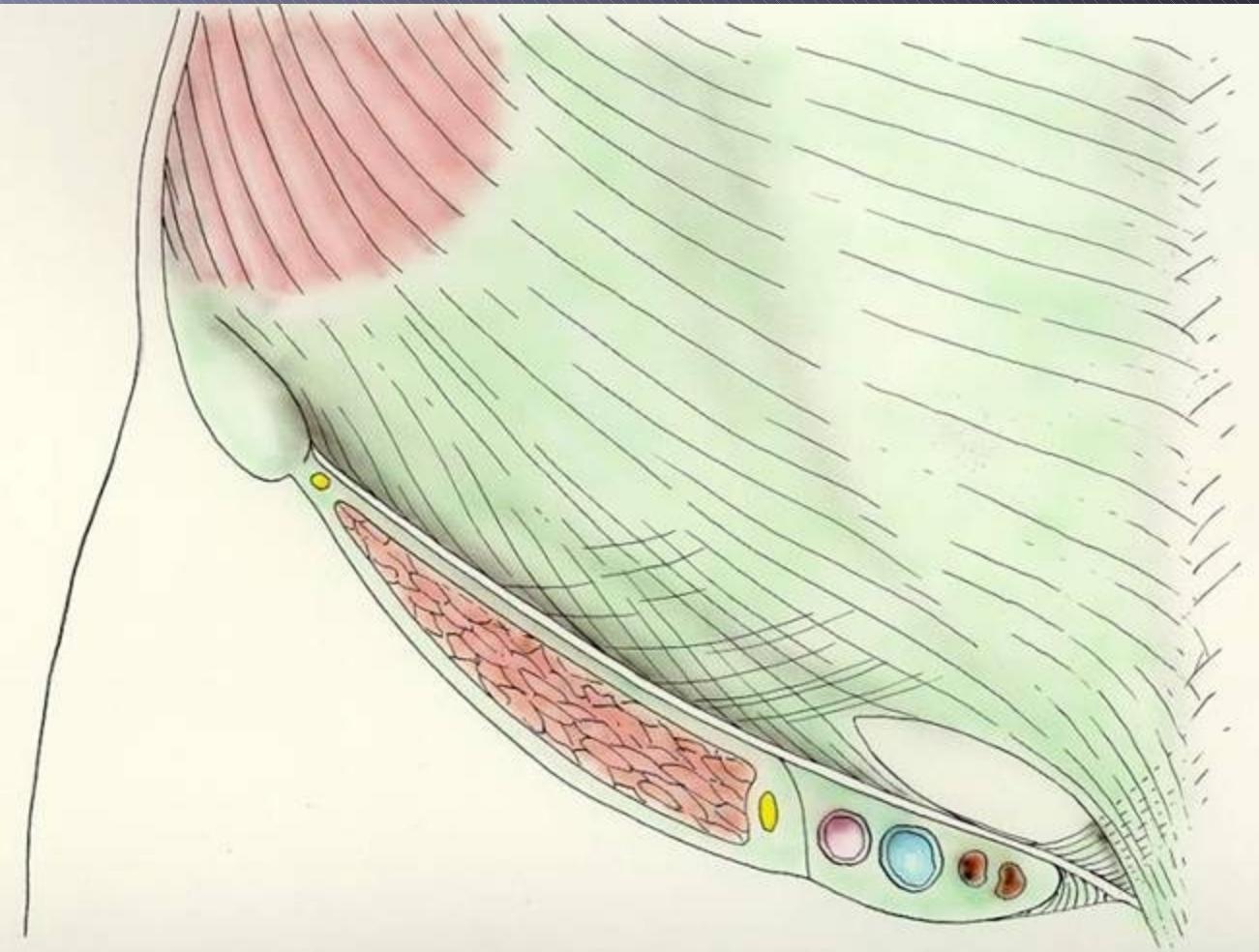


Inguinal region is clinically important.

Let's review it then once more -

Layer by layer, ligament by ligament:

1st layer – aponeurosis of m.o.a.ext



Lig. inguinale

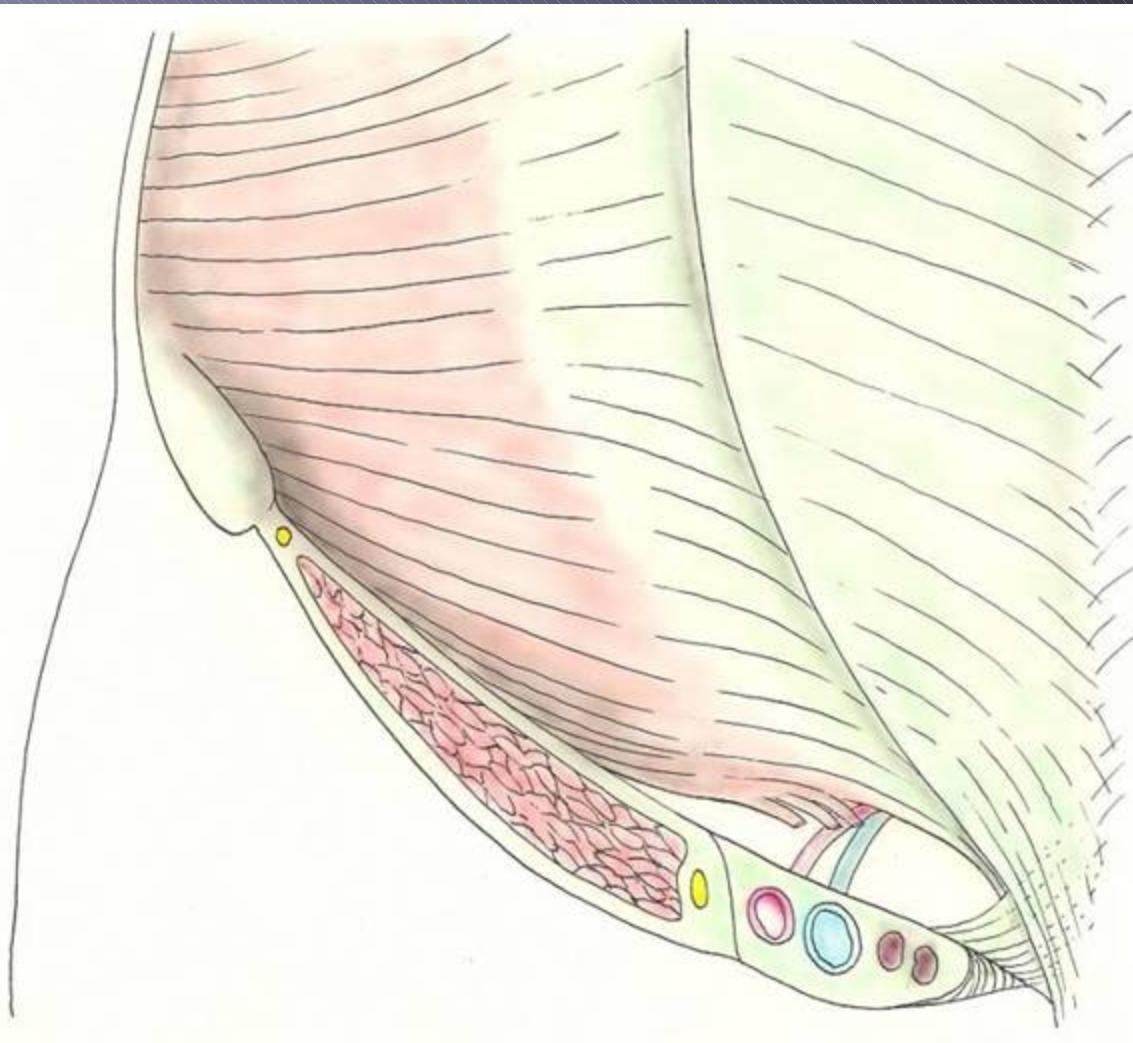
Anulus
inguinalis
superficialis

Crus mediale et
laterale

Fibrae
intercrurales

Lig. reflexum

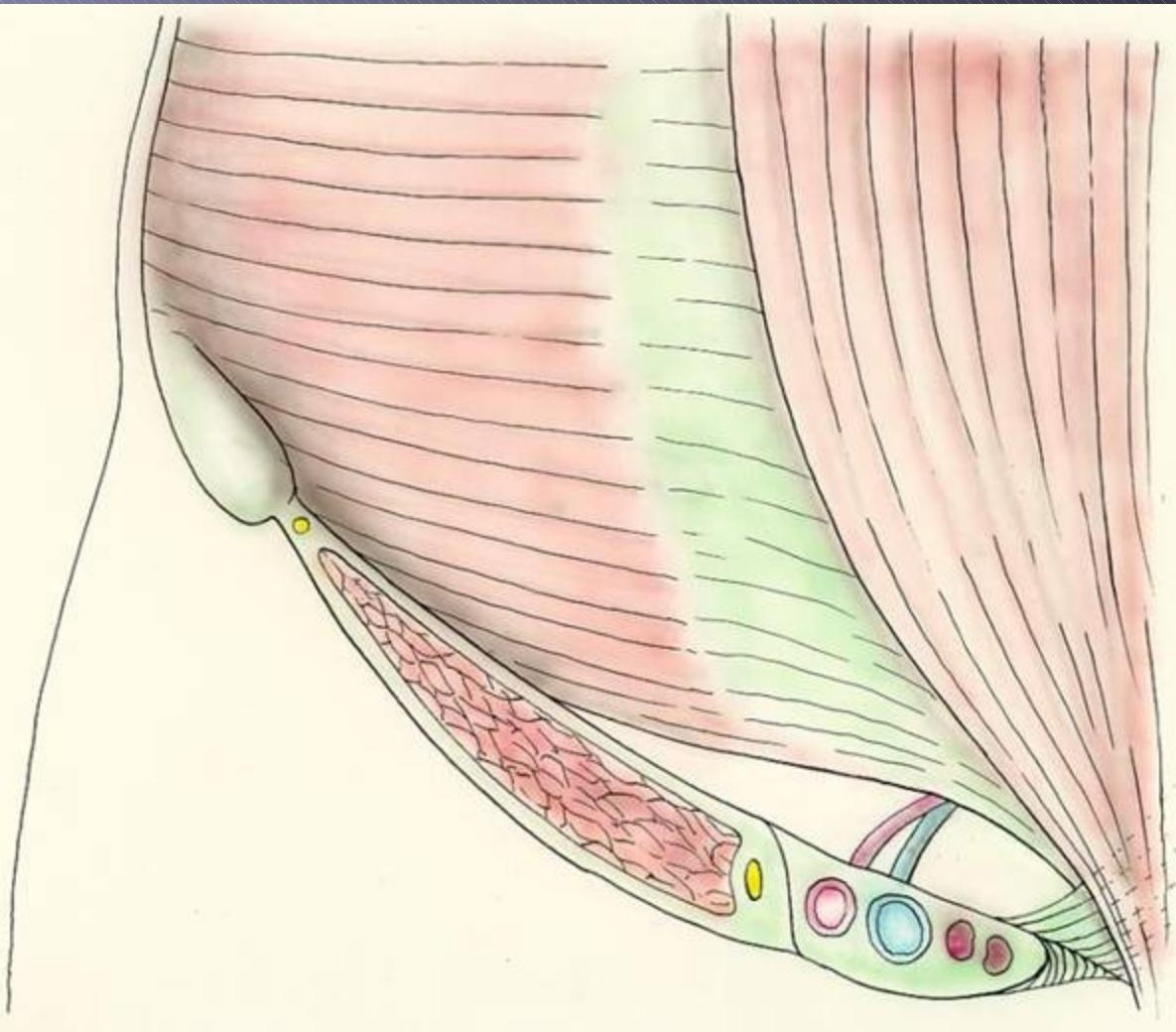
2nd layer – aponeurosis of m.o.a. int.



M. cremaster

Falx inguinalis

3rd layer – aponeurosis of m. tr.a.



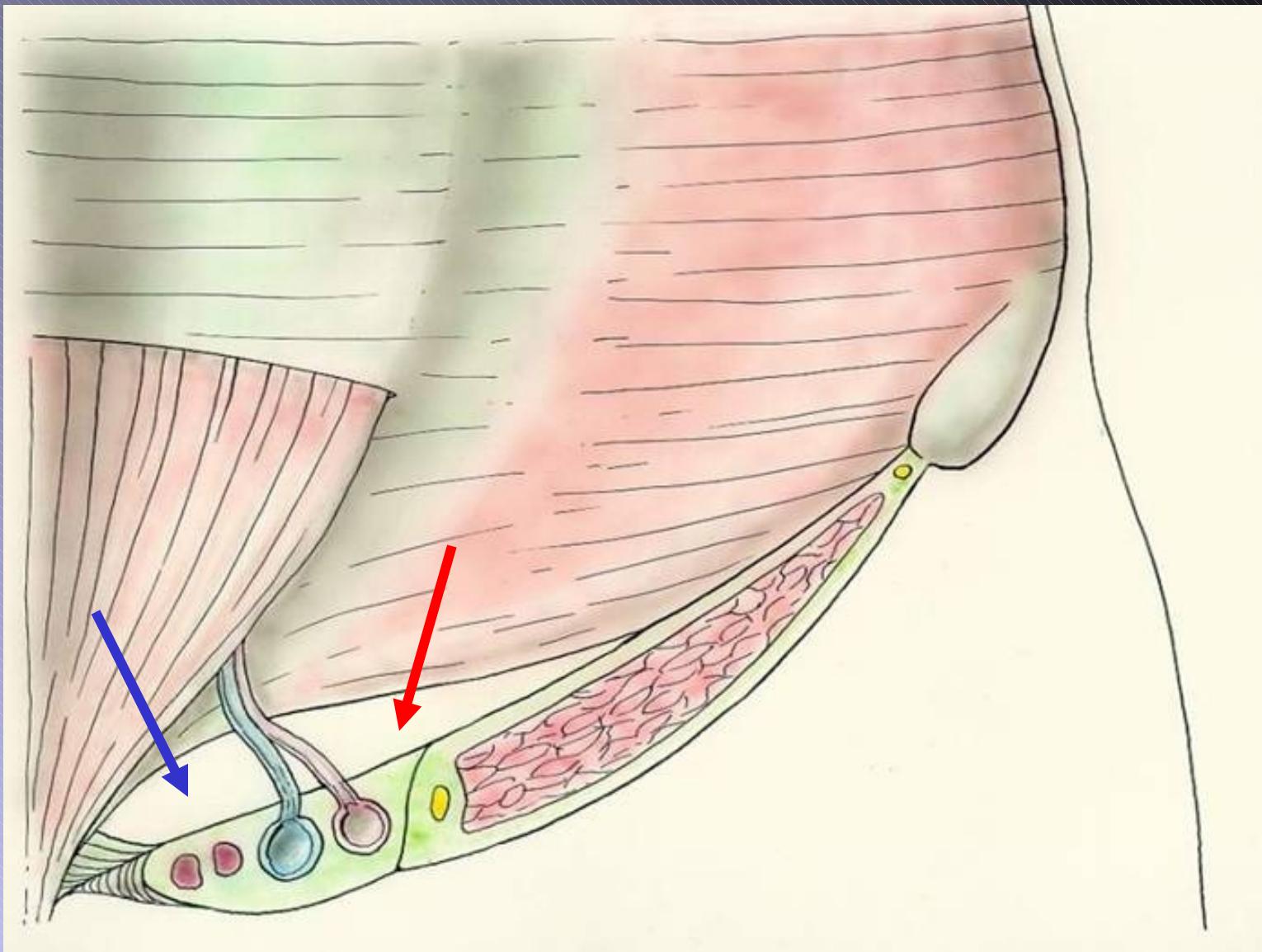
Falx inguinalis

**Anulus
inguinalis
profundus**

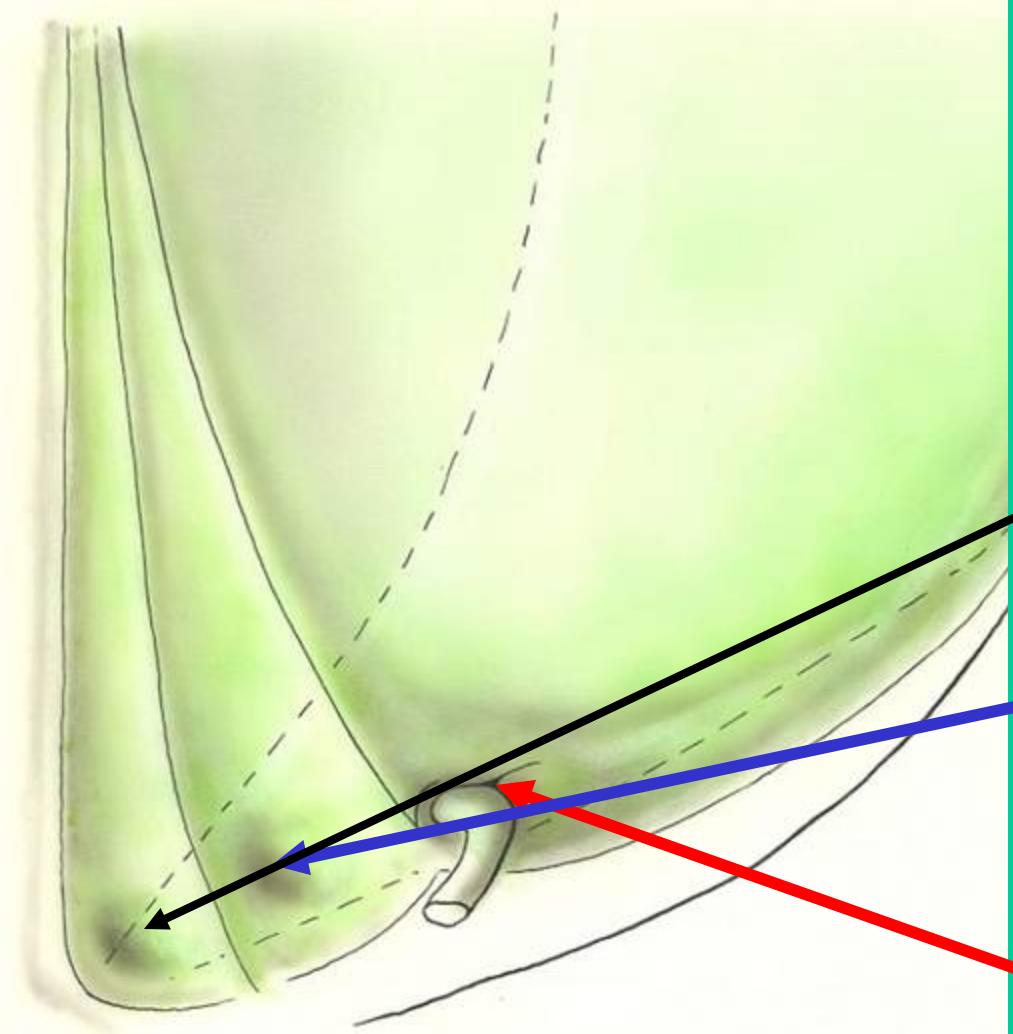
**Trigonum
inguinale**

**Vasa
epigastrica inf.**

Inside view – deep and superficial ring are distinguished by the inferior epigastric vessels



Peritoneal coverings



Plica umbilicalis
mediana (urachus),
medialis (a. umbilicalis),
lateralis (vasa epigastrica
inf.)

Fovea supravesicalis

Fovea inguinalis medialis
(trigonum inguinale)

Fovea inguinalis lateralis
(anulus ing. prof.)

References

- Čihák: Anatomie 1, 3
 - Netter's Anatomical Atlas
 - Sobotta: Atlas of Anatomy
 - Thieme: Anatomischer atlas
 - Tillmann BN: Atlas der Anatomie.
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