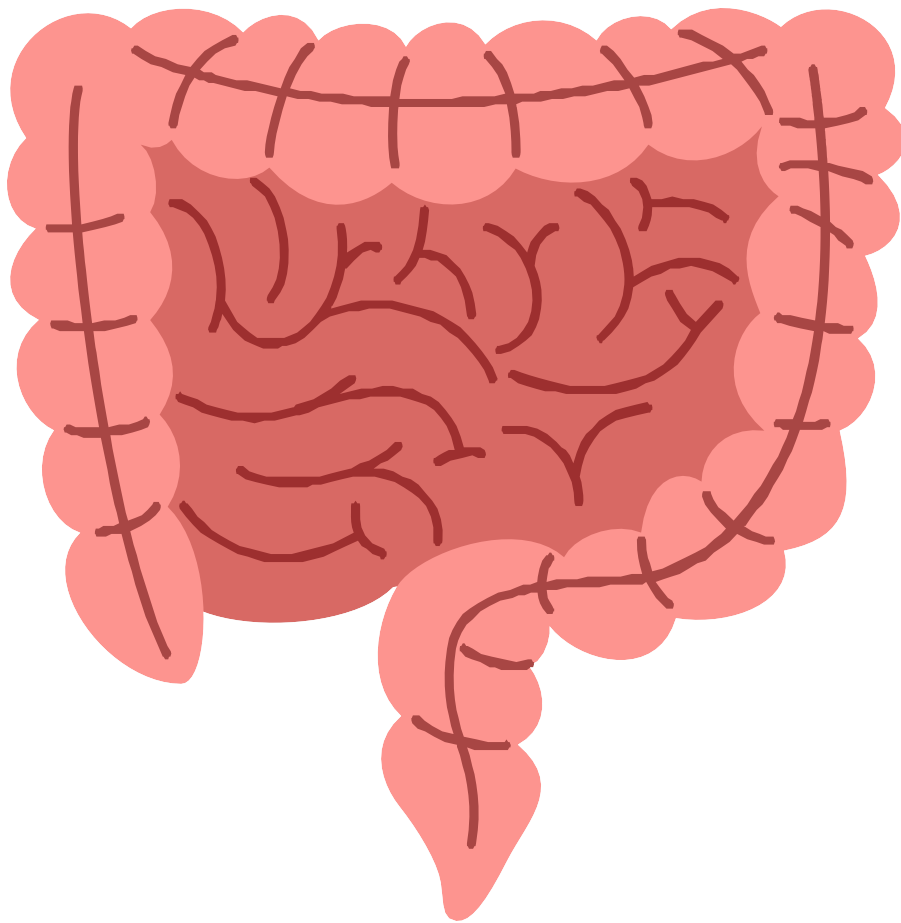


GIS



Sheet no.3

Anatomy



Done by: Doctor 018

Correction: Bilal AlHammaideh

Doctor: Mohammad Al-Muhtasib

Note: any underlined sentence is written in the slides, but isn't mentioned by the doctor.

Abdominal wall

Abdomen is the region of the trunk that lies between the diaphragm above, and the inlet of the pelvis below. It's separated from the thoracic cavity by the diaphragm.

- **Borders of the abdomen:**

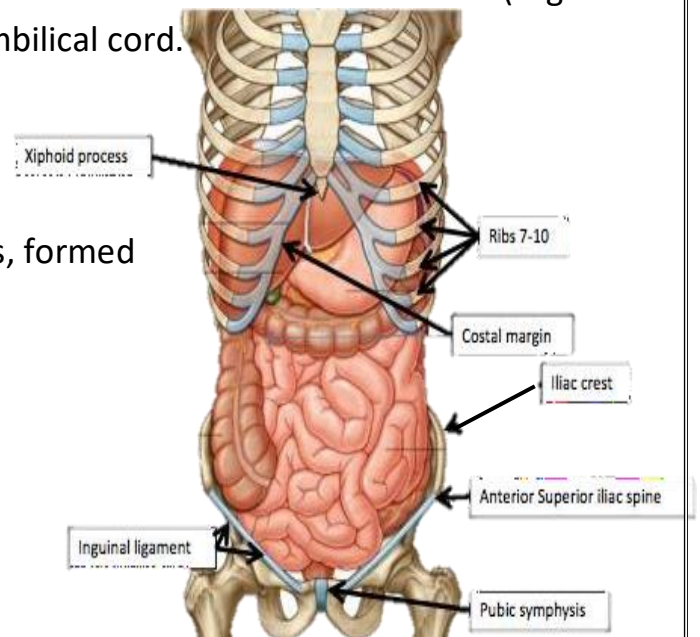
- Superiorly: costal cartilages 7-12 and xiphoid process (end of sternum). *The nine Costal Cartilage is the most one can be felt.*
- Inferiorly: pubic bone and iliac crest at the level of L4.
- From the front, the pubis
- From the sides, the iliac crest, which is considered a landmark that separates the abdominal from the pelvic cavity.
- Umbilicus: at the level of intervertebral disc L3-L4. It is found in the midline (sagittal cut) of the abdomen, it comes from the umbilical cord. After birth this cord is cut.

- **Abdominal quadrants:**

Previously, the abdomen was divided into 4 parts, formed by two intersecting lines: vertical and horizontal.

They intersect at the umbilicus.

- 1- Upper left.
- 2- Upper right.
- 3- Lower left.
- 4- Lower right.



It was divided into quadrants to help the doctors in diagnosis, so if there's a patient who complains from a severe pain in the lower right quadrant, it indicated appendicitis.

- However, nowadays it's further divided into

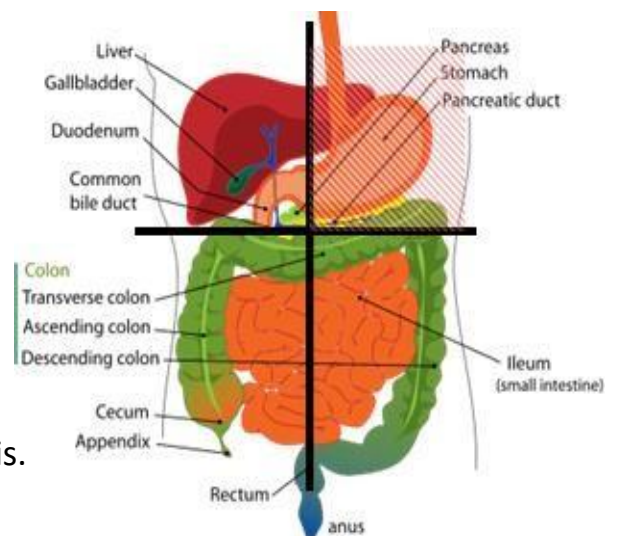
9 regions by two pairs of planes:

- 1- Two vertical planes.
- 2- Two horizontal planes.

The 2 vertical planes: left and right planes.

They're midclavicular planes (from the midline of the clavicle, descending along the abdomen).

They also pass through the midpoint between the anterior superior iliac spine and the pubic symphysis.



The 2 horizontal planes:

1 ✓ Subcostal plane: at level of L3 vertebra. (Touches the nine Costal cartilage).

Joins the lower end of costal cartilage on each side.

2 ✓ Intertubercular plane: at the level of L5 vertebra, between the right and left tubercles of iliac crests(hip bone)

Starting with the **epigastric region**, it lies anterior to the stomach. So, pressing hard on this region is used to test the stomach.

The **right hypochondriac region** is in front of the liver and gallbladder.

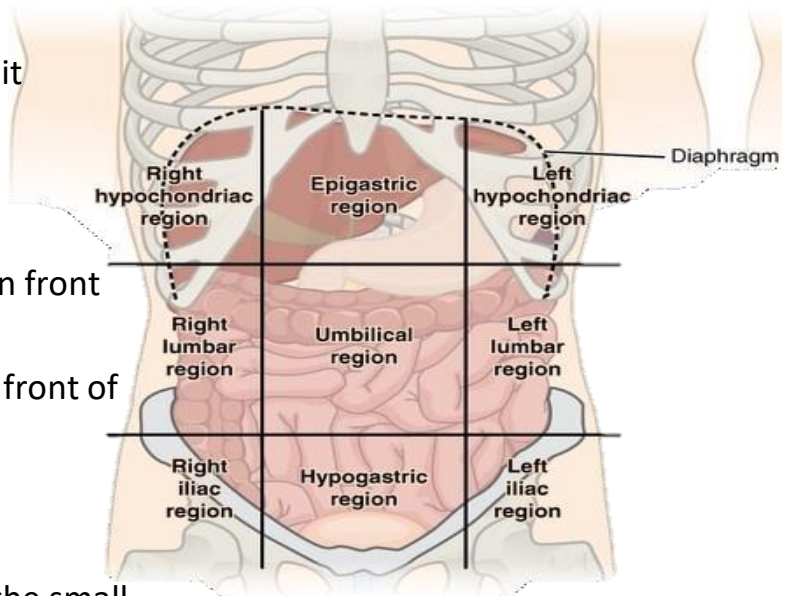
The **left hypochondriac region** is in front of the spleen. It's a quite dangerous region since sometimes urgent operations are required like splenectomy.

The **umbilical region** is anterior to the small Intestine and a small part of **pancreas**.

The **right and left lumbar (lateral) regions (flanks)** are anterior to the right and left kidneys (Diagnosis of renal colic).

The **right and left iliac (inguinal) regions**. Iliac: since it's in front of the iliac fossa. And inguinal: since it's in front of the inguinal canal, inguinal hernia is common in this region. **Now, if we want to diagnose appendicitis we can refer to the region as the right iliac region.**

The **suprapubic (pelvic, hypogastric) region** is anterior to the urinary bladder.



The abdominal wall is divided into:

1-Anterior abdominal wall.

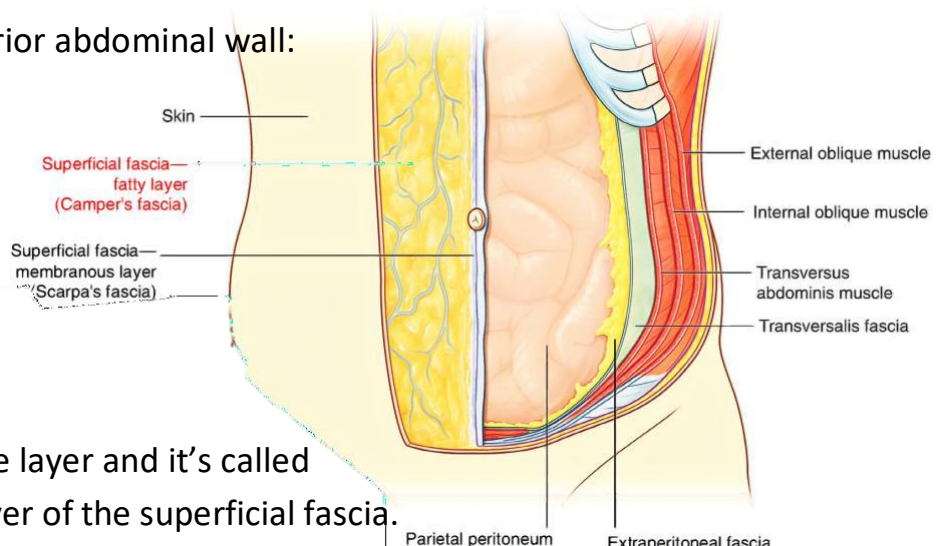
2- Posterior abdominal wall.

❖ The layers of the anterior abdominal wall:

- ✓ Skin.
- ✓ Superficial fascia.
- ✓ Deep fascia.
- ✓ Muscular layer.
- ✓ Transversalis fascia.
- ✓ Extraperitoneal fascia.
- ✓ Parietal peritoneum.

Above the umbilicus there's one layer and it's called "camper's fascia", it's a fatty layer of the superficial fascia.

Below the umbilicus, there are two layers, the "camper's fascia" and another deep *membranous layer which is called "scarpa's fascia".



The camper's fascia in males gives the **dartos muscle**.

The scarpa's fascia in **scrotum** (males) is referred to as **colle's fascia**.

The superficial fascia of the anterior abdominal wall in females extends and reaches **the labia majora** and there it surrounds the round ligament of uterus.

Attachments of the scarpa's fascia (membranous fascia):

- Inferiorly: fascia lata.
- From the sides: pubic arch.
- Posteriorly: perineal body.

The fascia lata links with deep fascia, it lies 2 fingers below the inguinal ligament in the lower limb. The scarpa's fascia also surrounds the urethra. It keeps the urine inside and prevents it from descending downwards to the lower limb.

So, **the rupture of the penile urethra leads to extravasations of urine into (scrotum, perineum, penis & abdomen [till umbilicus]).**

The perineal body is a fibrous body in the perineum lies between the anal canal (posterior) and symphysis pubis (anterior).

- **The deep fascia** is a thin layer of connective tissue covering the muscle.

Most of the times the deep fascia is absent especially in females. So, it wouldn't prevent the expansion of the uterus during pregnancy. However, it can be present but it would very thin.

- **The transversalis fascia** is a thin membrane that lies deep to the transverse abdominal muscle, it's also one of the contents of the femoral sheath.

- **The extraperitoneal fascia** usually it is in the form of adipose tissue located superficial to the parietal peritoneum, and deep to the transversalis fascia

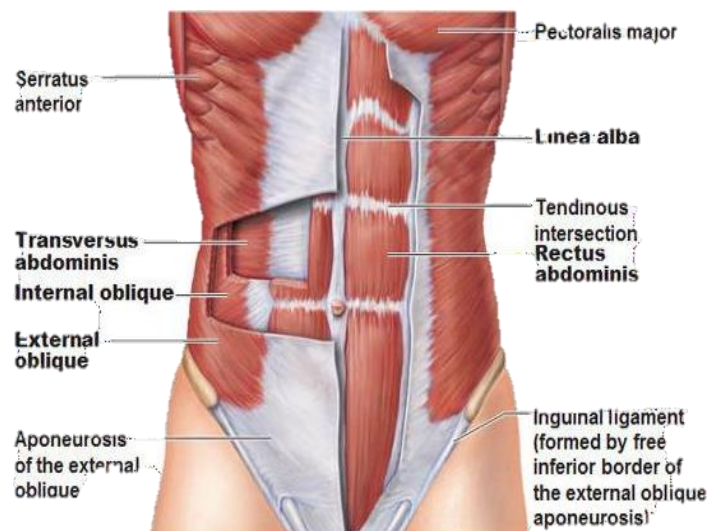
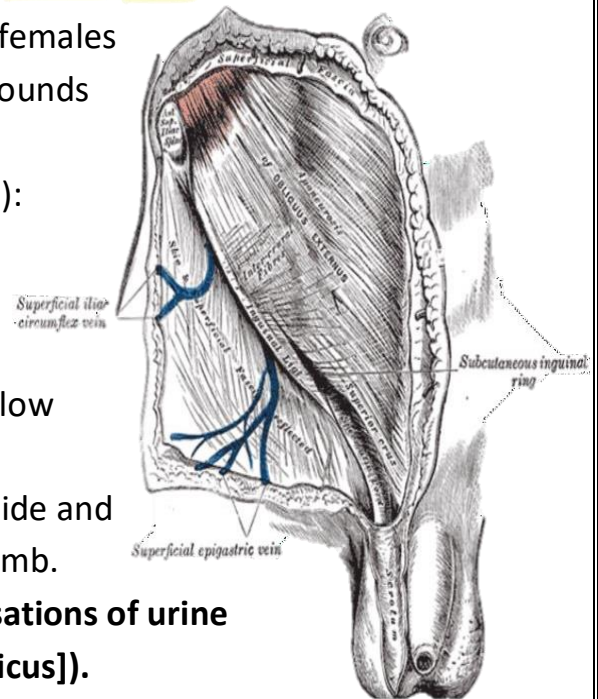
- **The parietal peritoneum** surrounds the abdominal cavity, we can't reach the abdominal viscera without opening it. The visceral peritoneum surrounds the abdominal viscera and it's adherent to the visceral organs.

The muscles of the anterior abdominal wall

- ✓ Rectus abdominis.
- ✓ External oblique muscle.
- ✓ Internal oblique muscle.
- ✓ Transverse abdominal muscle.

They are very strong muscles.

The last three muscles' aponeurosis form the rectus sheath. Inside this sheath we have the rectus abdominis.



1- The external oblique: it's a broad and thin muscle.

Direction of the fibers	Origin	Insertion	Nerve supply
Downward forward and medial.	Outer surface of lower 8 ribs (since the diaphragm is in the inner surface).	Xiphoid process, linea alba , pubic crest, pubic tubercle, iliac crest (anterior half).	The lower 6 th thoracic nerves. The 1 st lumbar nerve (with it's 2 branches; iliohypogastric and ilioinguinal nerves).



- The linea alba extends from the xiphoid process to symphysis pubis.
- The insertion is the **aponeurosis** which is a fibrous tissue that form these contributions:

1- Superficial inguinal ring

- ✓ Triangular shape.
- ✓ Defect (opening) in the external oblique muscle.
- ✓ Lies immediately above and medial to the pubic tubercle (opposite to femoral ring).
- ✓ It's considered an opening for the passage of **spermatic cord** in males and for the for the **round ligament** of uterus in females. *We will discusse it later in details*

This ring marks the end of the inguinal canal, and the following ligaments make the rest of the boundaries.

2- Inguinal ligament

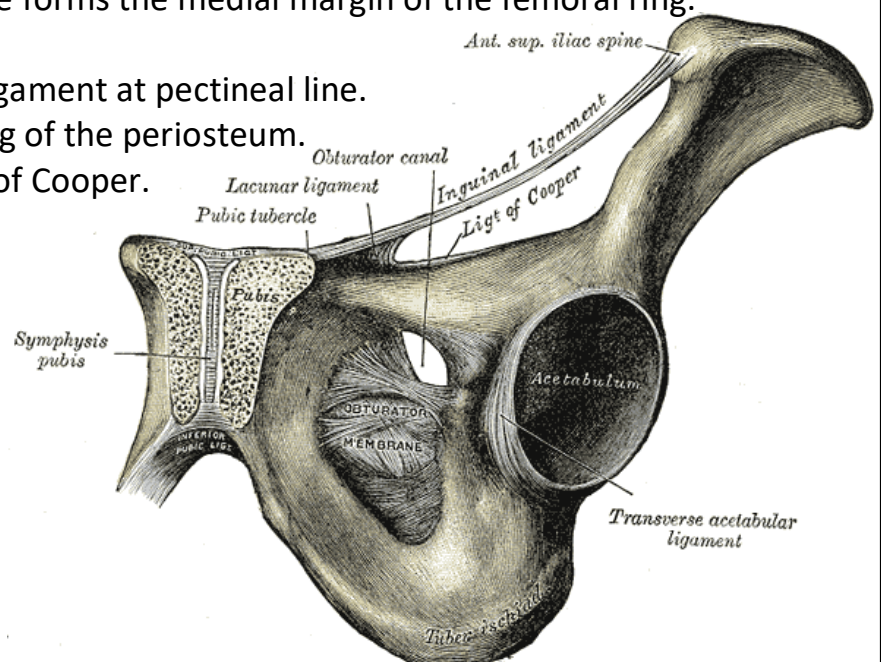
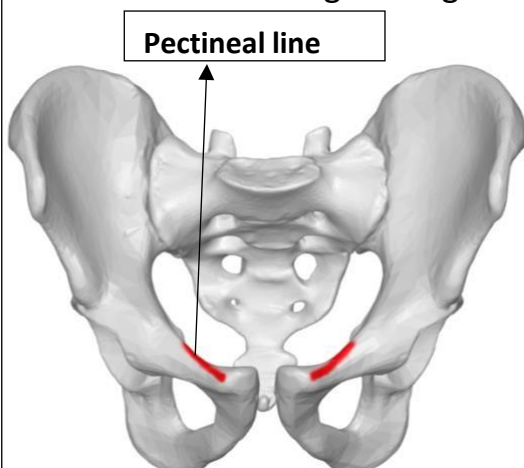
- ✓ Folded backward on itself in the lower border of aponeurosis of external muscle.
- ✓ Lies between the anterior superior iliac spine and the pubic tubercle.

3- Lacunar ligament

- ✓ Extension of aponeurosis of external muscle backward and to the pectineal line upward.
- ✓ Extends from the inguinal ligament to the superior ramus of pubis (pubic tubercle).
- ✓ It's sharp, free crescentic edge forms the medial margin of the femoral ring.

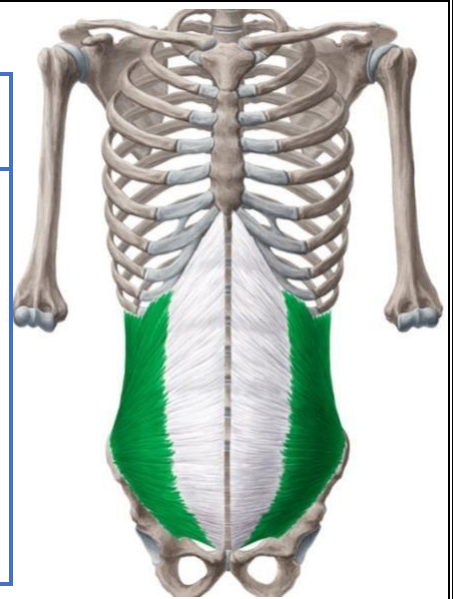
4- Pectineal ligament

- ✓ Continuation of the lacunar ligament at pectineal line.
- ✓ Continuation with a thickening of the periosteum.
- ✓ Also called inguinal ligament of Cooper.



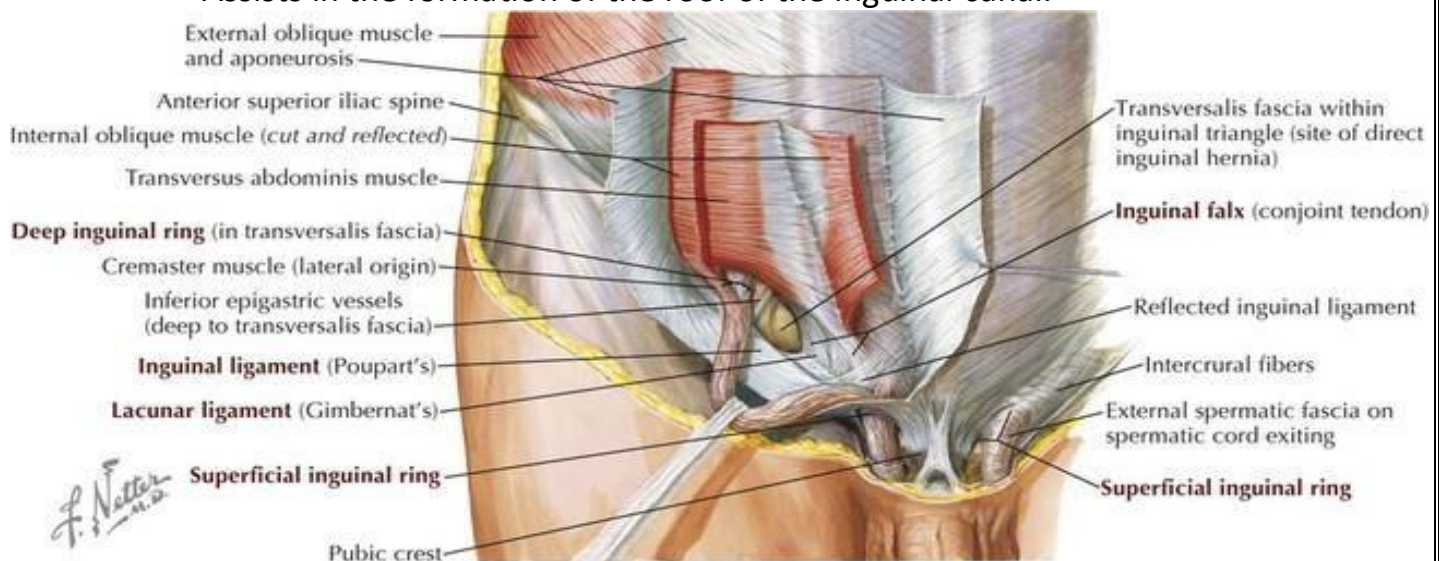
2- The internal oblique muscle:

Direction of the fibers	Origin	Insertion	Nerve supply
Upward forward and medial.	Lumbar fascia, <u>anterior 2/3</u> iliac crest, <u>lateral two thirds of</u> inguinal ligament.	Lower three ribs and costal cartilage, xiphoid process, linea alba, symphysis pubis.	The lower 6 th thoracic nerves. The 1 st lumbar nerve (with it's 2 branches; iliohypogastric and ilioinguinal nerves).

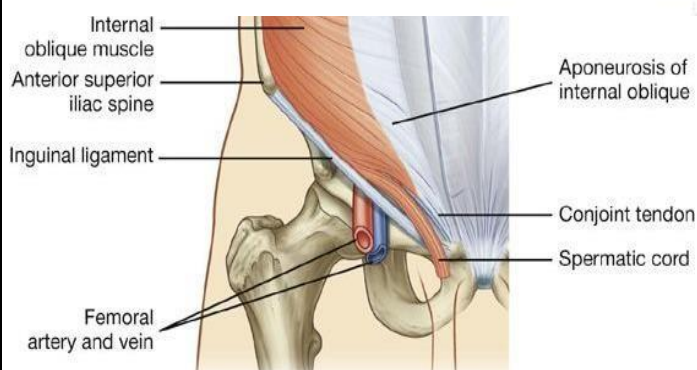


The contributions of this muscle:

- ✓ **Conjoint tendon** it's the fusion of the lowest tendinous fibers of **internal oblique** and **transversalis abdominis** muscle.
 - It's attached medially to linea alba and it also supports the inguinal canal.
 - It has a lateral free border.
 - It's important in hernia treatment (herniorrhaphy), as it's important in making stitches for treating indirect hernia since it's a very strong tendon.
 - It's inserted into the pubic crest and pectineal line.
- ✓ **Cremasteric fascia** and muscle
 - The internal oblique muscle has free lower border arches over the spermatic cord in males or ligament of uterus in females.
 - Assists in the formation of the roof of the inguinal canal.

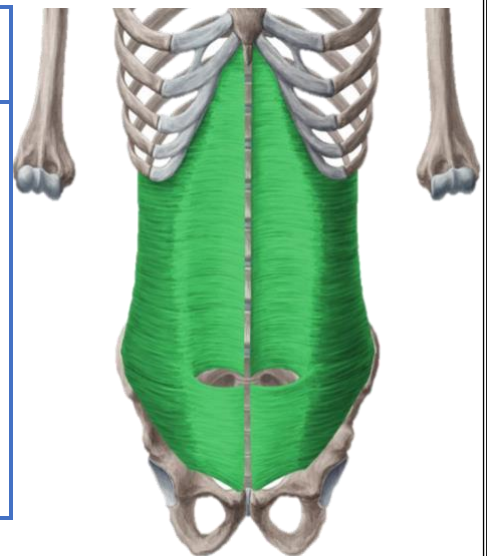


Anterior view



3- Transversus abdominis:

Direction of the fibers	Origin	Insertion	Nerve supply
Horizontally forward under the internal oblique.	Inner surface of lower six costal cartilage, lumbar fascia, <u>anterior two thirds</u> of iliac crest, lateral third of inguinal ligament.	Linea alba (from xiphoid process to symphysis pubis).	The lower 6 th thoracic nerves. The 1 st lumbar nerve (with it's 2 branches; iliohypogastric and ilioinguinal nerves).

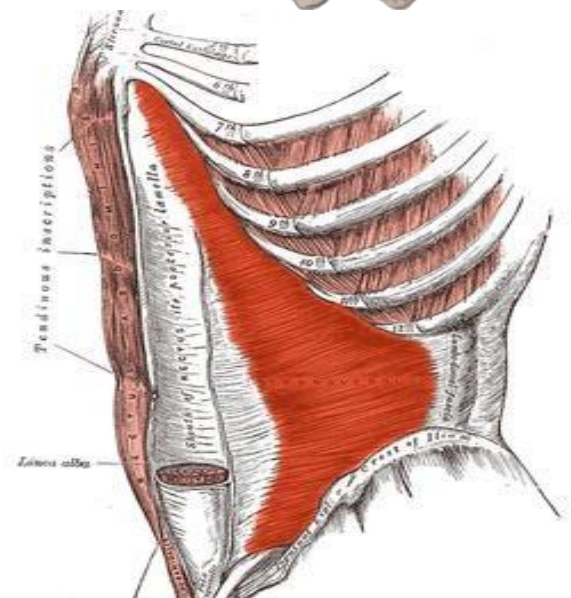


Assists in the formation of: **الأشعة**

- ✓ **Conjoint tendon.**
- ✓ **Rectus sheath.**

4- Rectus abdominis muscle.

- ✓ Long strap muscle
- ✓ Extends along the whole length of the anterior abdominal wall.
- ✓ Found in the rectus sheath (between linea alba and semilunaris).
- ✓ It has tendinous intersections.
- ✓ Six pack muscle.
- ✓ It attaches only anteriorly.

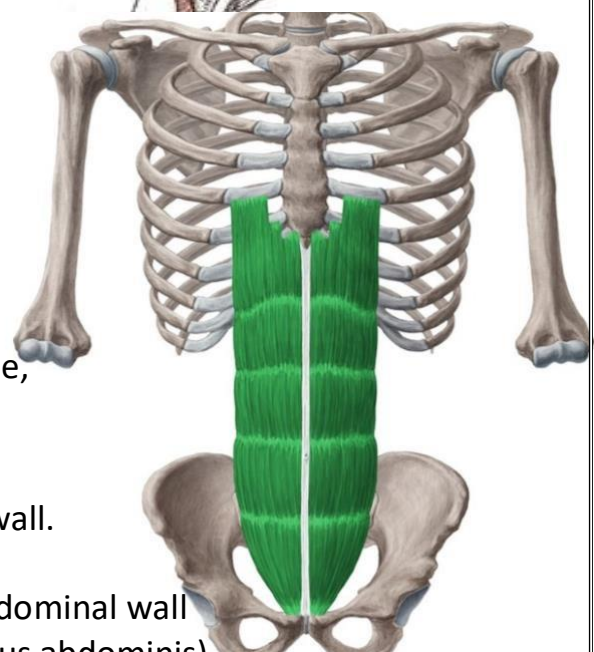


Direction of the fibers	Origin	Insertion	Nerve supply
Vertical.	Symphysis pubis, pubis crest.	5 th , 6 th and 7 th costal cartilages & xiphoid process.	The lower 6 th thoracic nerves. No L1

Note: the 1st lumbar nerve doesn't innervate this muscle, since rectus abdominis is included in the rectus sheath.

Linea alba:

- Lines and land marks of the anterior abdominal wall.
- Located along the midline.
- Formed by the fusion of aponeurosis of three abdominal wall muscles (external, internal oblique and transversus abdominis).
- The **advantage** of this fibrous line is that it provides wild field for large operations, since there is less bleeding because of the low blood supply.
- The **disadvantage** of it that it requires long time of healing after the surgery because of the low blood supply.

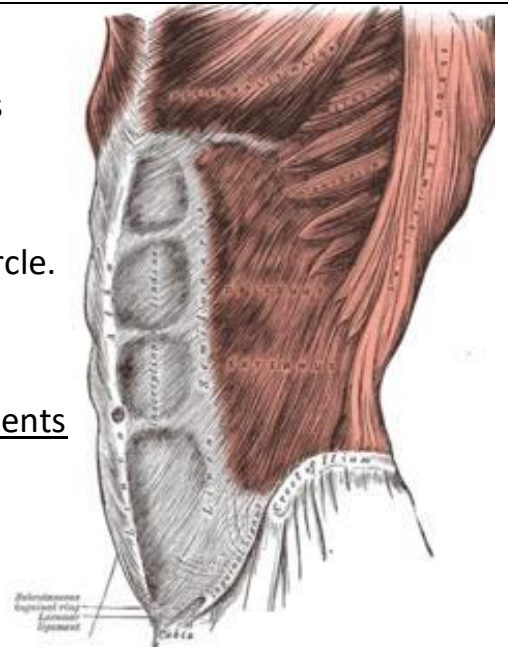


Linea semilunaris:

- Formed by the lateral margins of the rectus abdominis muscle.
- Can be palpated.
- Extends from the 9th costal cartilage to the pubic tubercle.

Tendinous intersection: linea transverses

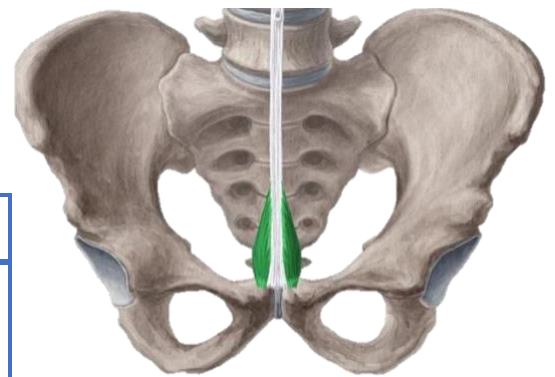
- 3 transverse fibrous bands.
- divide the rectus abdominis muscle into distinct segments (squares)
 - 1- one at level of xiphoid process.
 - 2- one at level of umbilicus.
 - 3- one half way between these two.
- They can be palpated as a transverse depressions.



In the embryology, these tendinous intersections come from myotome (group of muscles that a single spinal nerve innervates), but then they continue as a separated myotome.

5- The pyramidalis muscle:

- ✓ A very short and a very small muscle.
- ✓ Sometimes it is absent.
- ✓ It lies in front of the lower part of the rectus abdominis muscle (in the rectus sheath).



Origin	Insertion	Nerve supply
Anterior surface of pubis.	Linea alba (it tenses the linea alba).	12 th subcostal nerve (T12)

Note: all the previous muscles' insertion is the linea alba.

By now we took that inside the rectus sheath there is:

- 1- Pyramidalis muscle.
- 2- Rectus abdominis.
- 3- Lower 6th thoracic nerves.

Because it sometimes absent, we can use it in
"Reconstructive operations"

Palatine Tonsils

The palatine tonsils are two masses of lymphoid tissue, each located in the depression on the lateral wall of the oral part of the pharynx between the palatoglossal and palatopharyngeal arches

- Each tonsil is covered by mucous membrane, and its free medial surface projects into the pharynx

- On the medial surface of the palatine tonsils, the surface is pitted by numerous small openings that leads into the Tonsillar crypts due to repetitive infection.

Mucosa at the medial side → **tough** (adherent to the palatine tonsil)

- The tonsil is covered on its lateral surface by a fibrous **loose** connective tissue capsule (through this capsule blood supply enters and venous drainage leaves the tonsil).

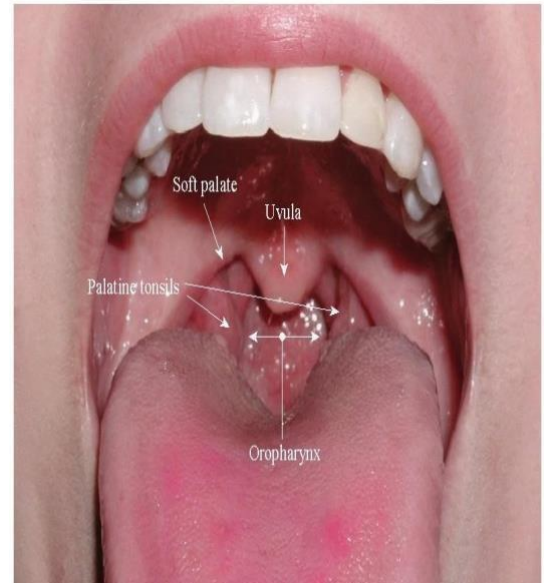
- It's important in immunity especially in children; Infection of tonsils is called tonsillitis and it frequently occurs in children (immune system not fully mature, they play with everything and put it in their mouths...) and if the child had tonsillitis more than 4 times, we do **tonsillectomy**, because the organism causing the infection is usually (streptococcus) which can spread to the joints (and cause arthritis) or the heart (pericarditis) or kidneys (glomerulonephritis)...etc.

⇒ Note: During tonsillectomy, surgeons enter through the oral cavity and cut the capsule on the **lateral side** (because it's **loose** CT) of the tonsil then they enucleate (remove) the tonsil. Also, **ligation** and cut of the tonsillar artery and the vein must be done to prevent bleeding.

⇒ Complications:

Always after the tonsillectomy operation, the patient is kept under observation for 24hrs. Why? Because the surgeon would be afraid from post-operative bleeding from the **vein** (external palatine vein which descends from the soft palate and pierces the superior constrictor muscle of the pharynx) -not the artery- due to the fact that the vein **pierces the superior constrictor muscle. Release of ligation of the vein may occur when the muscle contracts leading to bleeding.** This does not occur in the case of the artery. **Lateral relations to the tonsils that could be affected by the operation: Common carotid artery (any trauma can cause severe bleeding)**

-The capsule is separated from the superior constrictor muscle by loose areolar tissue and the external palatine vein descends from the soft palate in this tissue to join the pharyngeal venous plexus.



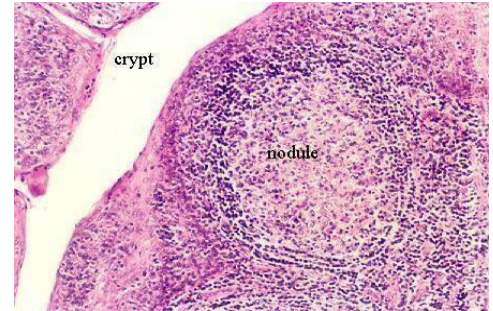
- Lateral to the superior constrictor muscle lie the styloglossus muscle, the loop of the facial artery, and the internal carotid artery.
- The tonsil reaches its maximum size during early childhood, but after puberty it diminishes considerably in size.

◇ Blood supply and venous drainage:

Blood supply of the Tonsils is from the **tonsillar branch** of the facial artery.

◇ Venous drainage:

The veins pierce the capsule and the superior constrictor muscle and join the **external palatine vein, the pharyngeal or the facial vein (which drains into the internal jugular vein)**



◇ **Lymphatic drainage of the tonsils:** The **upper deep cervical lymph nodes** just below and behind the angle of the mandible

◇ Innervation: (sensation)

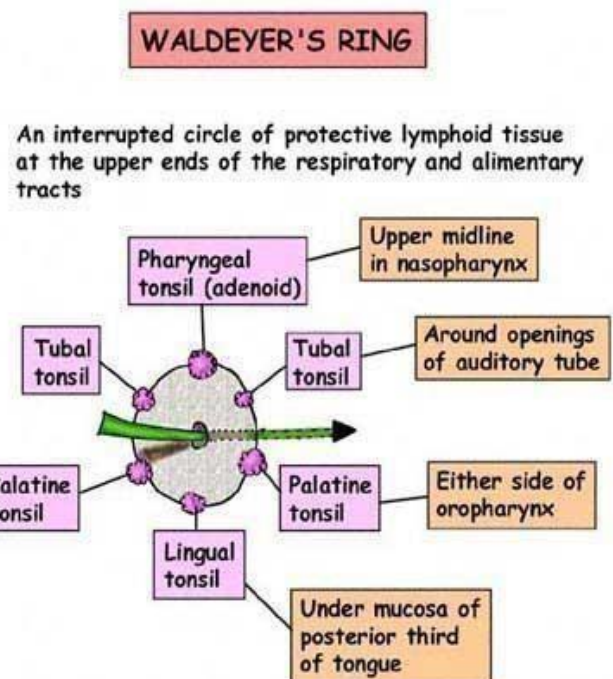
Branch from maxillary nerve

○ Waldeyer's Ring of Lymphoid Tissue

- The lymphoid tissue that surrounds the opening into the respiratory and digestive systems forms a ring

The oropharyngeal isthmus is surrounded by a ring of lymphoid tissue: Part of this lymphoid tissue is the

- ☆ **Pharyngeal tonsil (adenoid) (Roof)**
- ☆ **Lingual tonsil on the posterior third of the tongue (Floor)**
- ☆ **Palatine tonsil (On both lateral sides of oropharynx)**
- ☆ **Tubal tonsil (On both lateral sides at the beginning of Eustachian tube in the lateral wall of the nasopharynx).**



⇒ Adenoid enlargement: obstruction in nasal cavity ➡ breathing through the mouth instead (adenoid face)

GOOD LUCK 