

MSS Module

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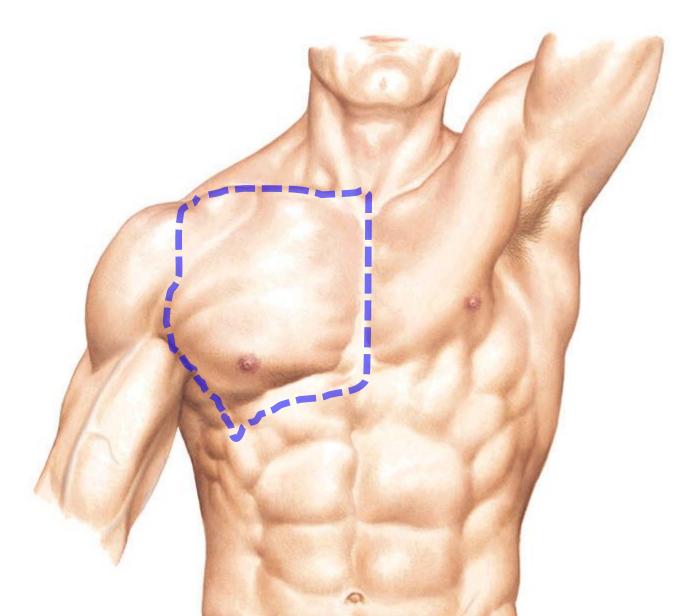


Pectoral
Region, Axilla
& Female
Breast

Pectoral Region

- By the end of this session, you should be able to:
- Know the surface anatomy of the pectoral region.
- 2. Recognize the different muscles in the region.
- Identify the nerve supply and the blood supply relevant to the area.
- Identify the anatomy of female breast in relevance to its lymphatic drainage

Surface Anatomy

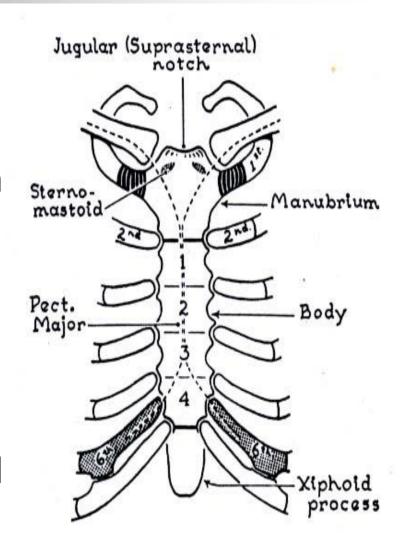




Pectoral regionBony Landmarks

Sternum: Jugular notch (body of T2)
Sternal angle of Louise (T4-5)
Xiphosternal joint (T9)

In addition to Ribs & costal cartilage till the Anterior Axillary Fold



Superficial Structures

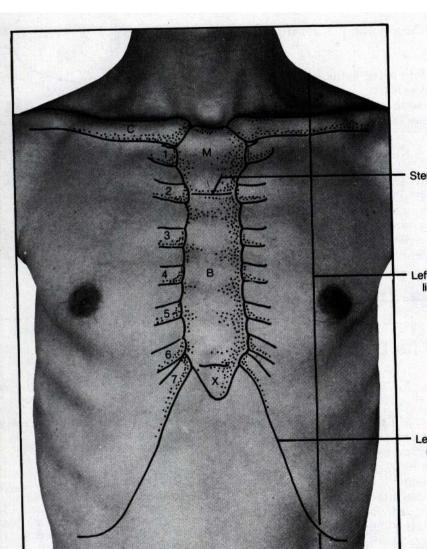
Skin & derivative of skin (breast)

Breast: nipple, areolar, mammary gland (9)

Surface (position): Anatomy

Nipple – 4-5 inches from the midline, 4th intercostal space

Breast – between rib 2-7



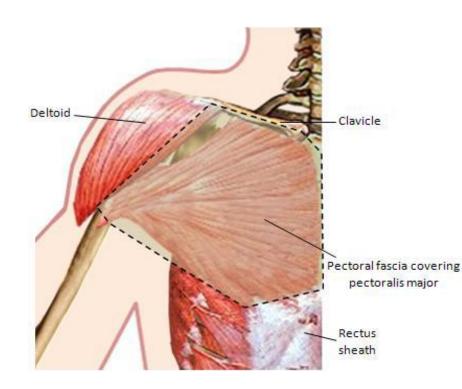
Attachments:

Superiorly: to the clavicle.

Inferiorly: Till the fibrous sheath of the Rectus Abdominis.

Medially: to the front of the sternum.

Laterally: continuous with fascia that covers the deltoid muscle (shoulder).



Pectoral Fascia



Pectoralis Major

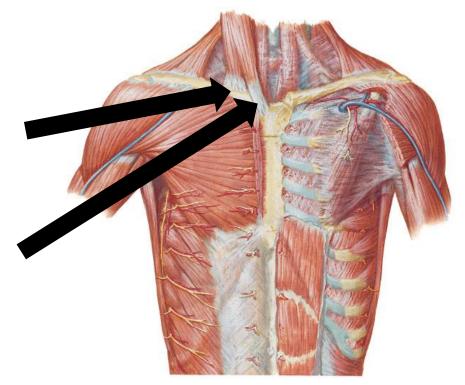
Origin: 2 heads

Clavicular head:

• From medial ½ of the front of the clavicle.

Sternocostal head: From;

- Sternum.
- Upper 6 costal cartilages.
- Aponeurosis of external oblique muscle.





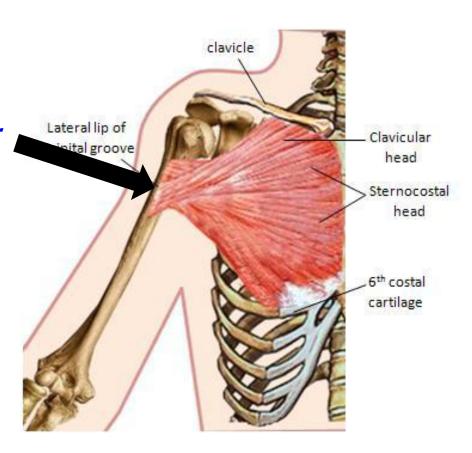
Pectoralis Major

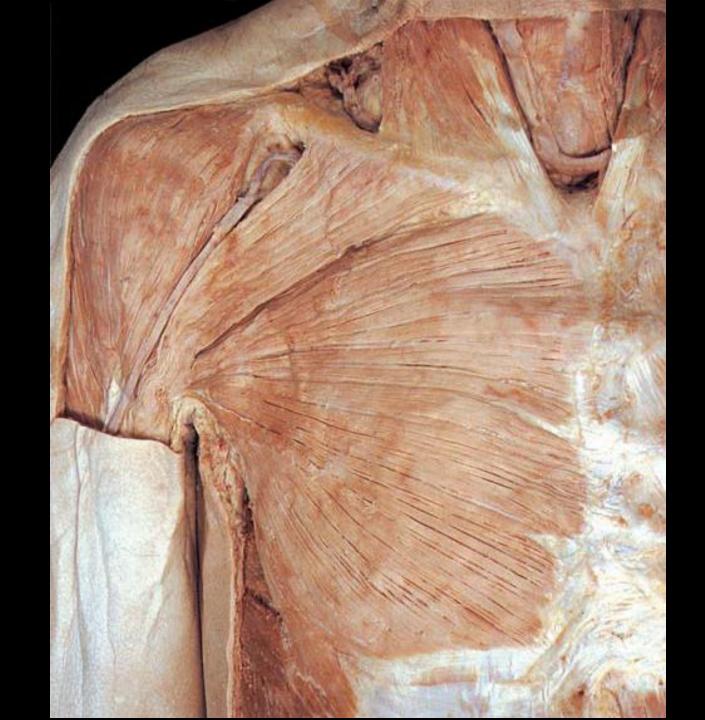
Insertion:

 Lateral lip of bicipital groove forming Anterior ► Axillary fold on its way.

<u>Nerve supply</u> :

Medial & lateral pectoral nerves.

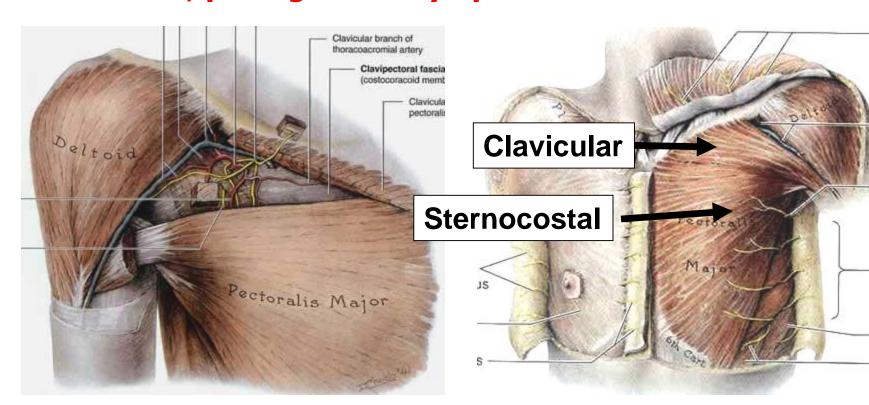




Pectoralis Major - Action

Both Parts (Adduction, Medial Rotation)

- 1. Clavicular head (Flexion)
- 2. Sternocostal head (Obliquely adducts the humerus towards the opposite hip.)
 - The pectoralis major is one of the main climbing muscles, pulling the body up to the fixed arm.



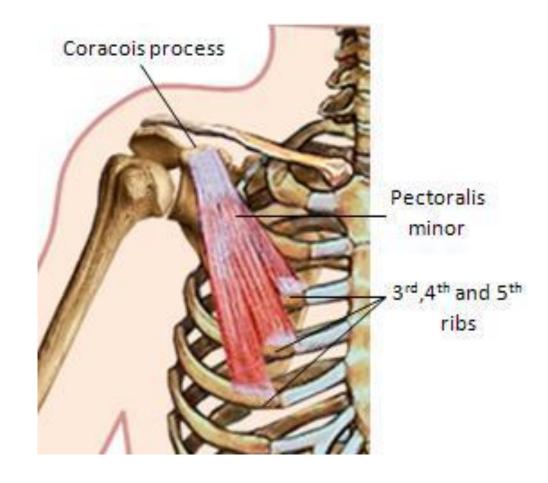


Origen:

3rd, 4th & 5th ribs (just lateral to costal cartilages).

Insertion:

Upper surface and medial border of coracoid process.





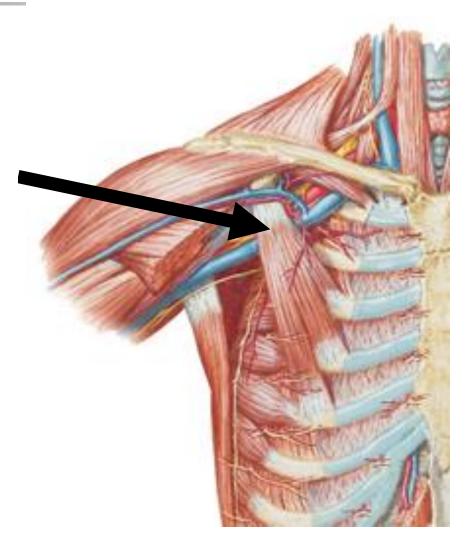
Pectoralis Minor

Action:

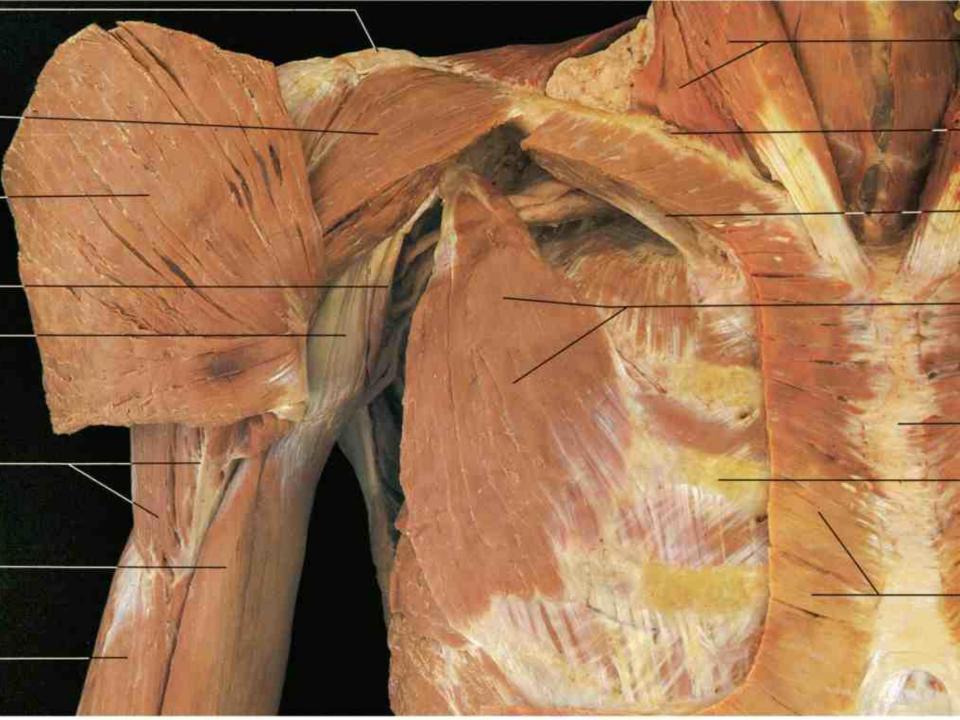
 Protraction and depression of scapula and a guide to the axilla

Nerve Supply:

Medial Pectoral
 Nerve & Lateral Pectoral nerve.







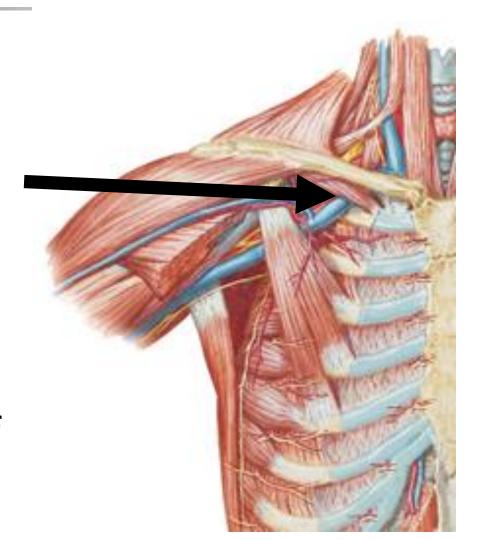
Subclavius Muscle

<u> Origin :</u>

 From 1st rib at its junction with the 1st costal cartilage.

Insertion:

 Subclavian groove at the middle 1/3 of the inferior surface of clavicle.





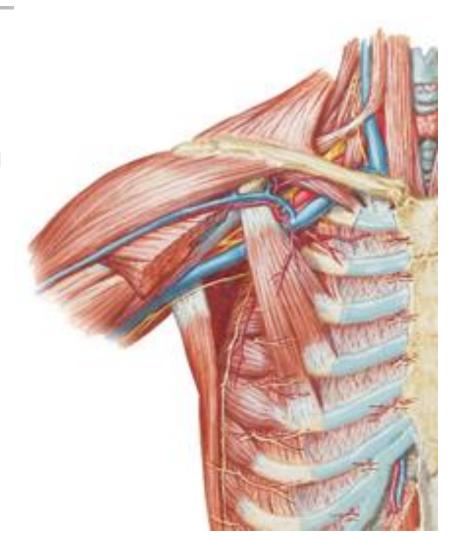
Subclavius Muscle

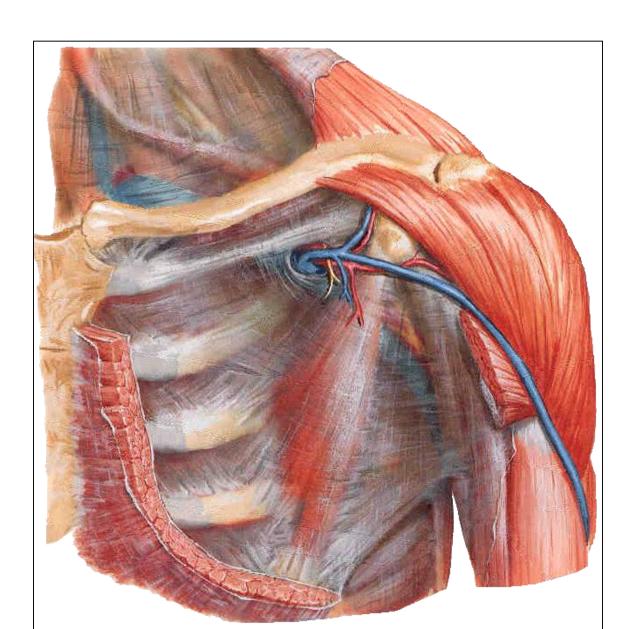
Nerve supply:

 Nerve to subclavius from upper trunk of brachial plexus.

Action:

 Fixes the clavicle during movement of shoulder joint.

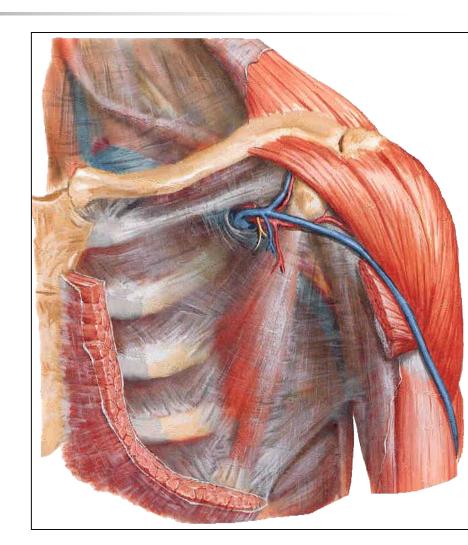






Attachments:

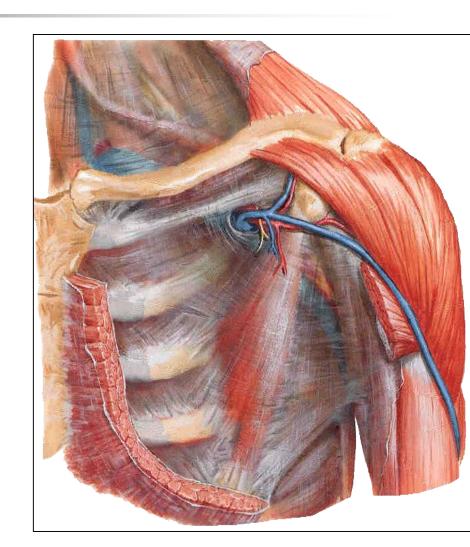
- Superiorly: It splits to enclose the subclavius groove.
- Inferiorly: It splits to enclose the pectoralis minor muscle. Then continue as the suspensory ligament of the.





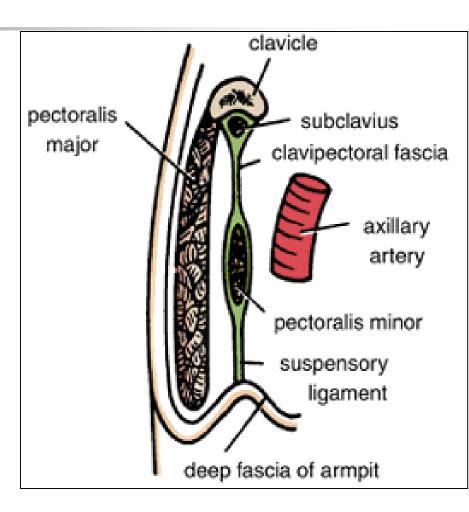
Attachments:

- Medially: It blends with fascia over the first two intercostal spaces and is attached to the 1st rib
- Laterally: it is thick and dense and is attached to the coracoid process.





- It is a thickened membrane of <u>Deep Fascia</u> between the <u>subclavius</u> and <u>pectoralis minor.</u>
- It is pierced by :
- Lateral pectoral nerve.
- Thoraco- acromial artery
- Cephalic vein.
- Few lymph vessels.





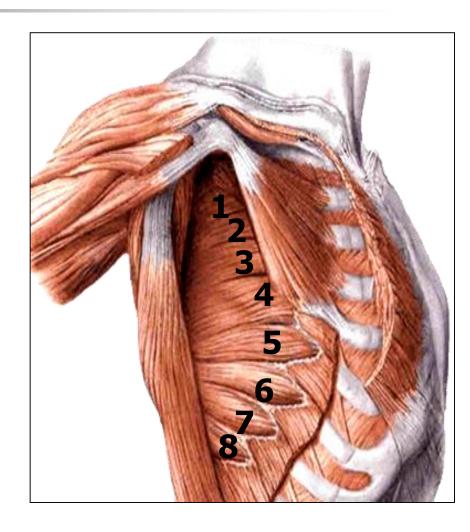
Serratus Anterior Muscle

Origin:

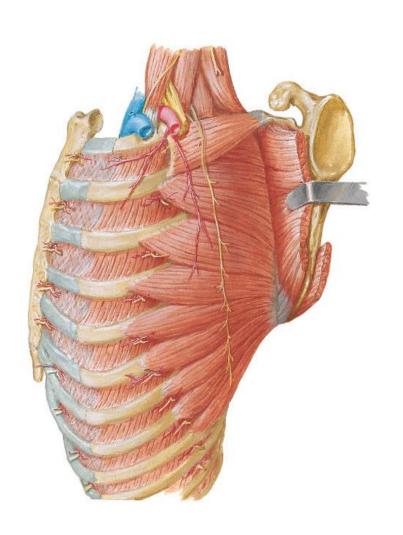
Upper eight ribs.

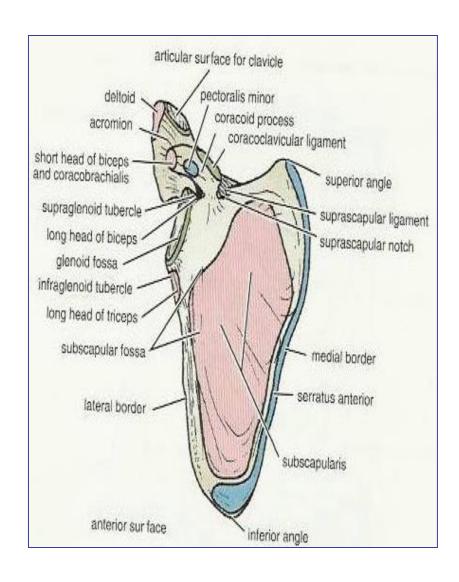
Insertion:

 Anterior aspect of the medial border and inferior angle of scapula.



Serratus Anterior Muscle







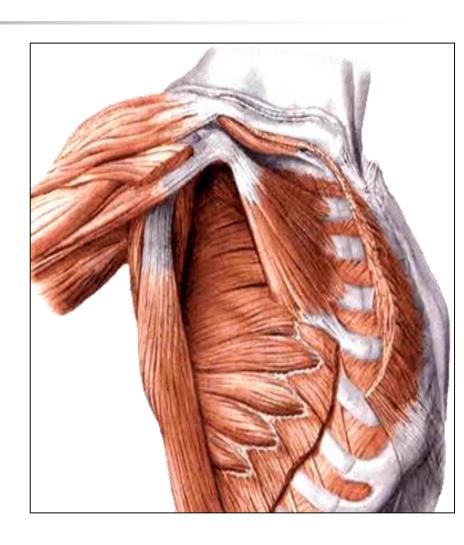
Serratus Anterior Muscle

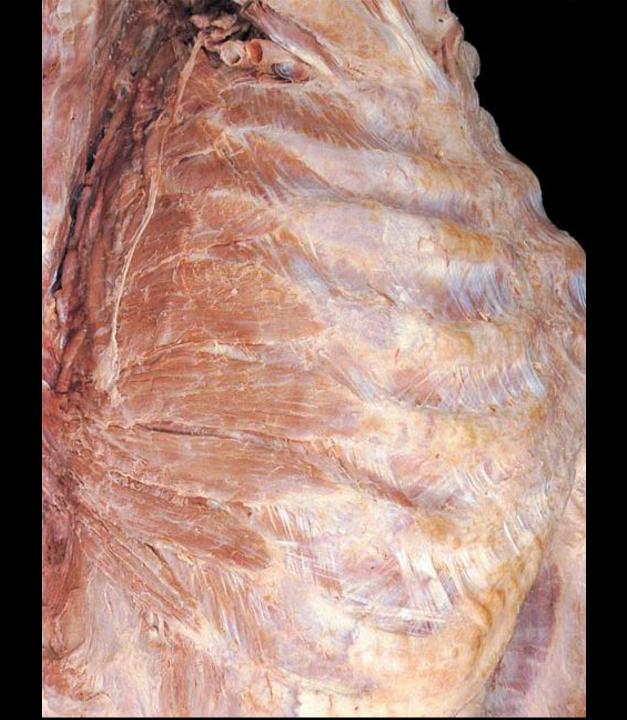
Nerve supply:

Long thoracic nerve.

Action:

- Draws the scapula forward (protrusion, as in boxing).
- Rotates scapula outwards in raising the arm above 90 degree.







Winging of Scapulla

- A winged scapula is a skeletal medical condition in which the shoulder blade, or shoulder bone, protrudes from a person's back in an abnormal position.
- This is typically due to damage (i.e. lesions) of the long thoracic nerve. This nerve supplies the serratus anterior, which is located on the side of the thorax and acts to pull the scapula forward

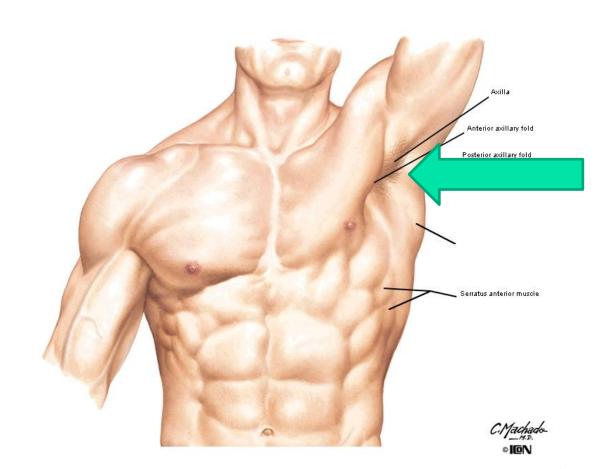








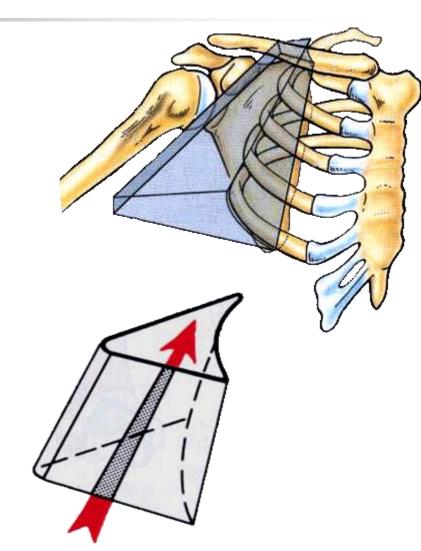
Thorax



Axilla

A pyramid-shaped space between the upper part of the arm and the side of the chest through which major neurovascular structures pass between neck & thorax and upper limbs.

Axilla has an apex, a base and four walls.

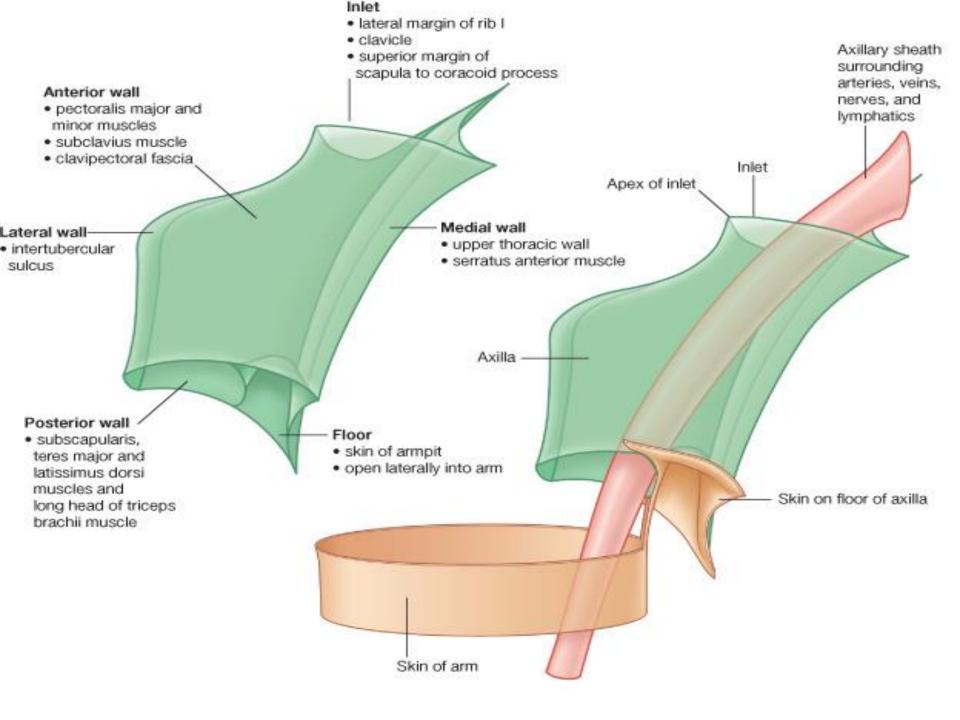


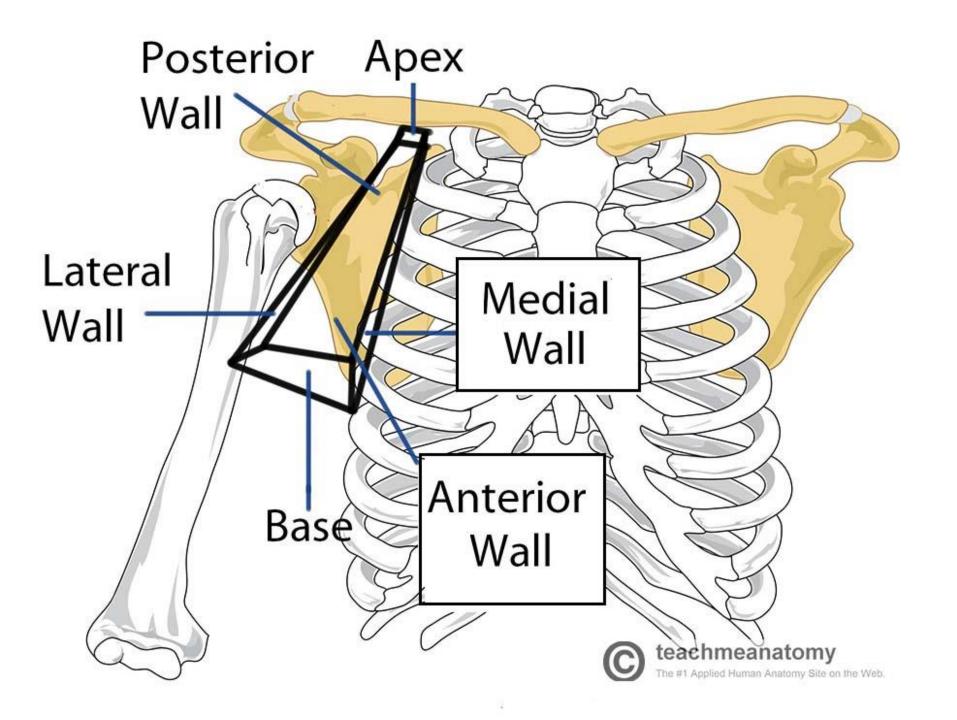


4 Sided pyramid

- Apex connected to the neck=Inlet
- Base Arm pit= Outlet
- Anterior wall
- Posterior wall
- Medial wall
- Lateral wall

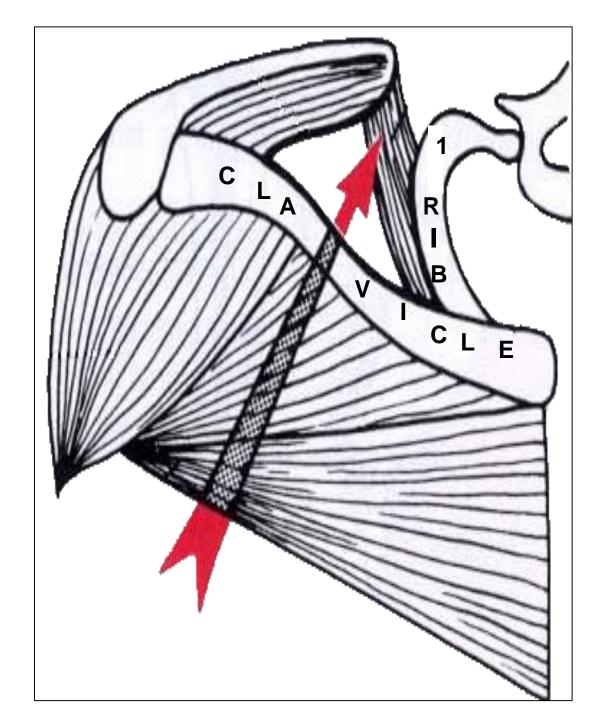






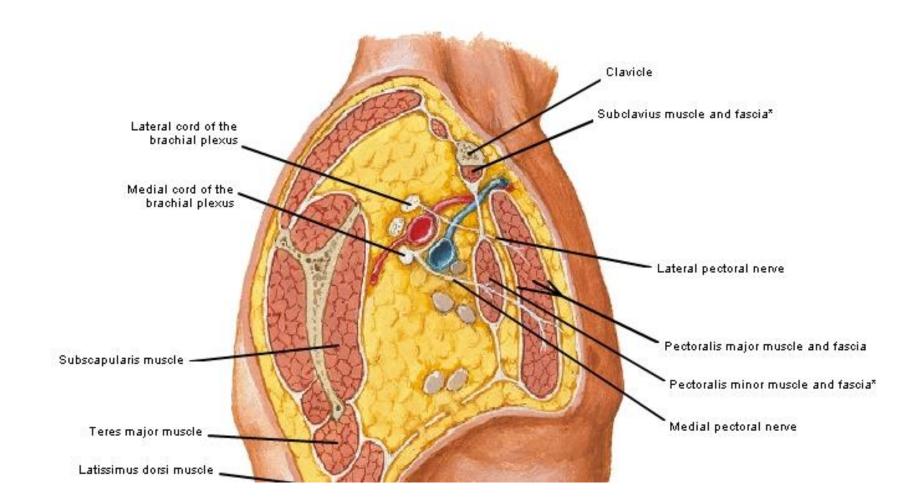
Boundaries of the Axilla

- Apex:
- Is directed upwards & medially to the root of the neck.
- It is called
 - Cervico-axillary canal.
- It is bounded, by 3 bones:
 - Clavicle anteriorly.
 - Upper border of the scapula posteriorly.
 - Outer border of the first rib medially.



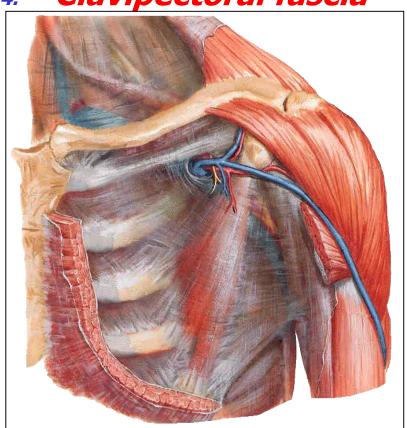
Base

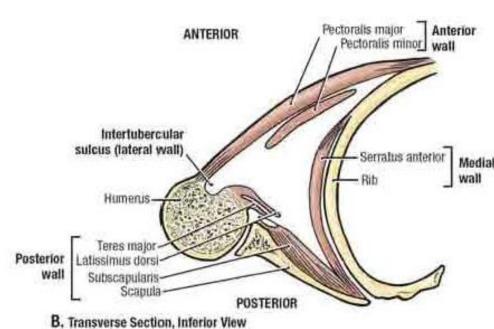
Axillary fascia and Skin of the arm pit

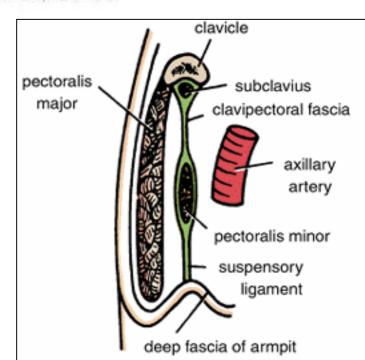


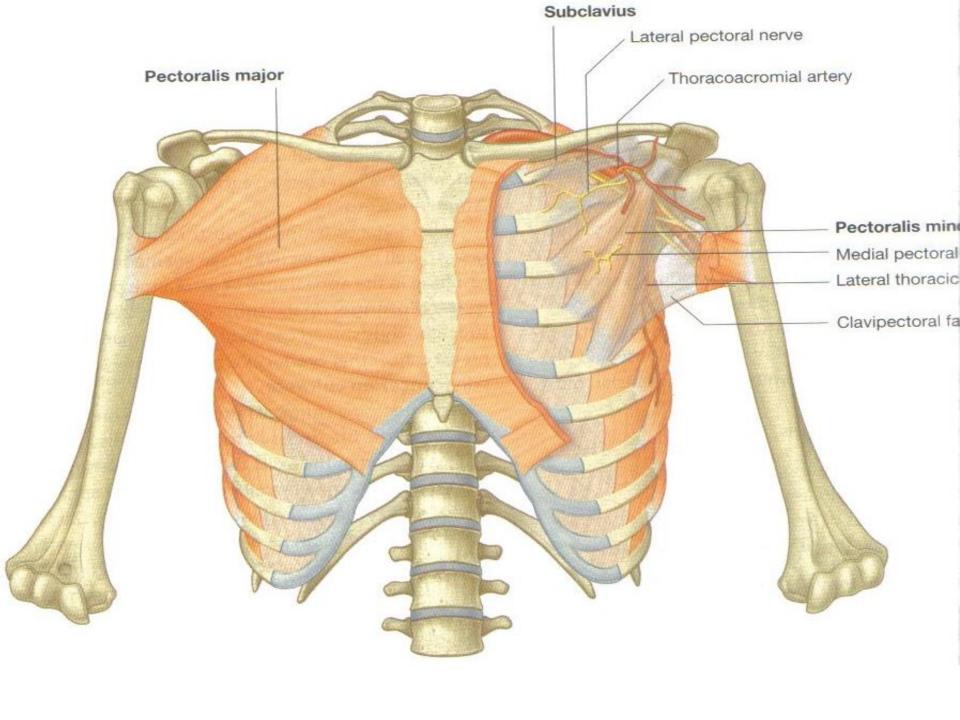
Anterior Wall

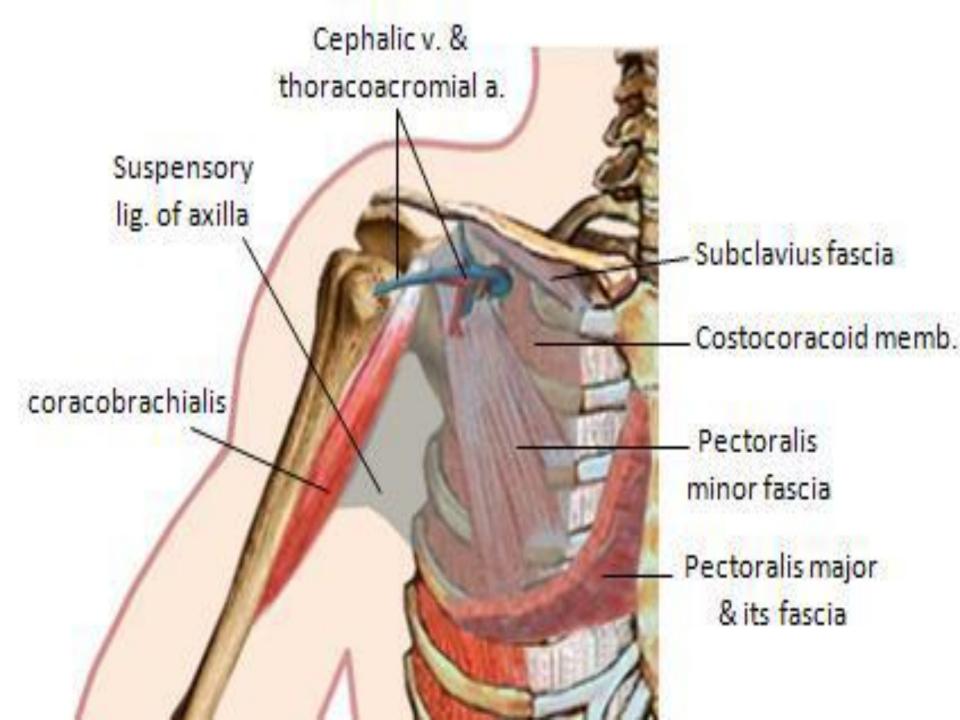
- 1. Pectoralis major
- 2. Pectoralis minor
- 3. Subclavius muscles
- 4. Clavipectoral fascia







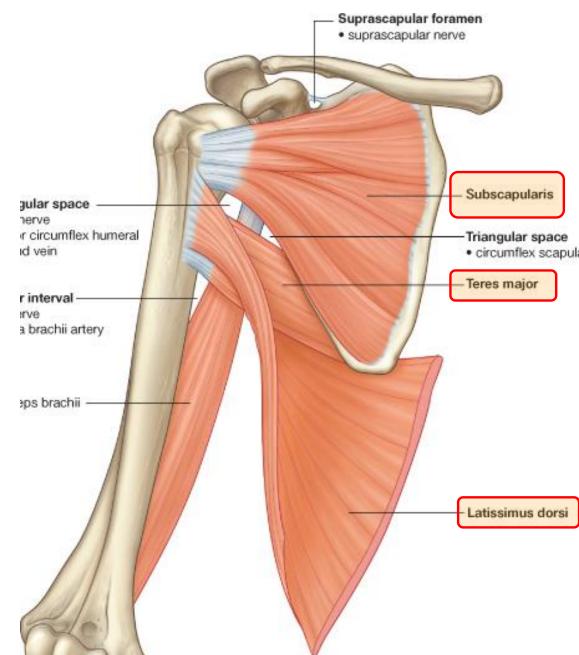


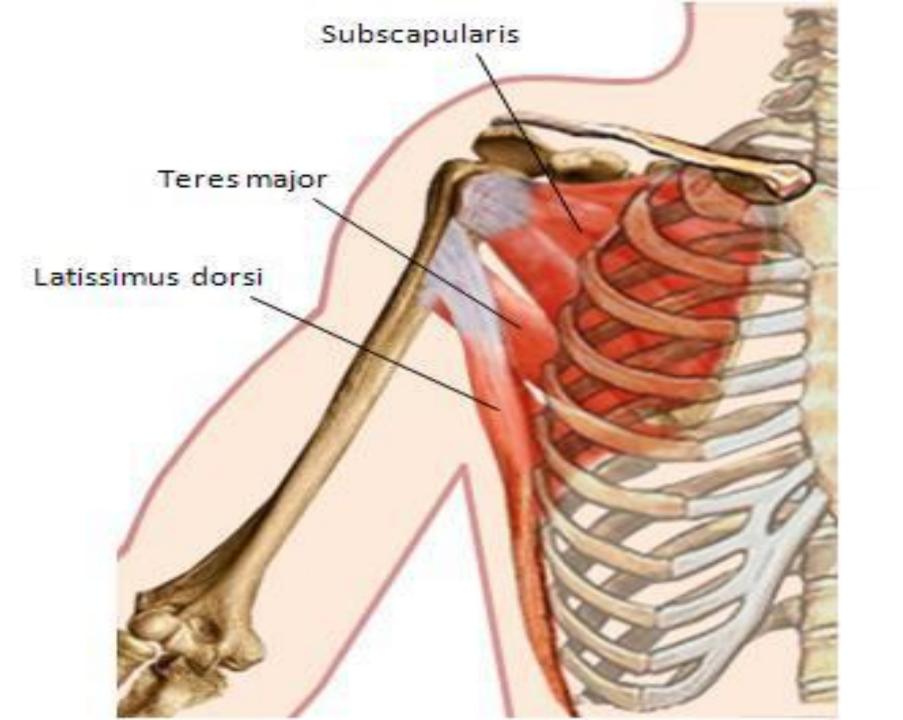


Posterior Wall

Is formed by:

- 1. Subscapularis.
- Latissimus dorsi.
- Teres major muscles.



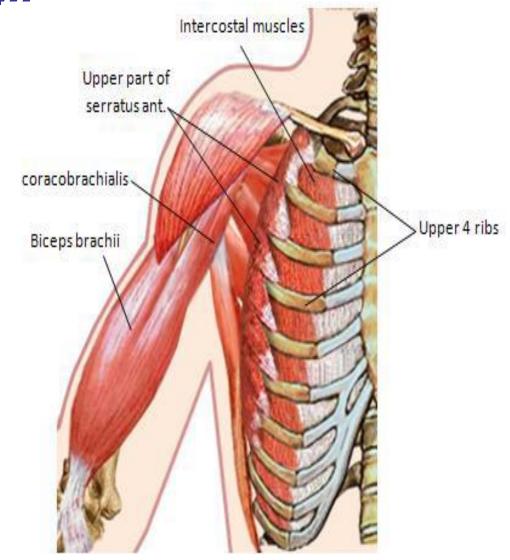


Medial Wall

It is wide and • formed by:

 Serratus anterior.

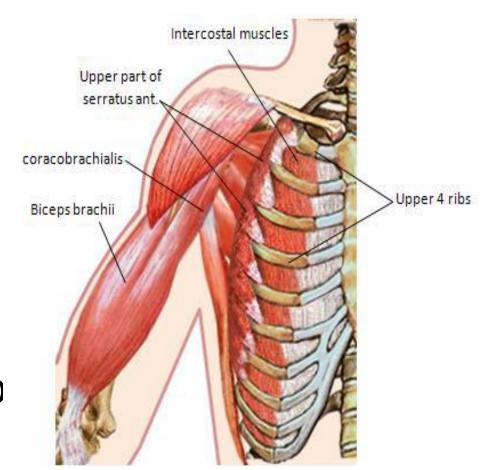
Upper 4-5 ribs& Intercostalmuscles



Lateral Wall

It is narrow and formed by:

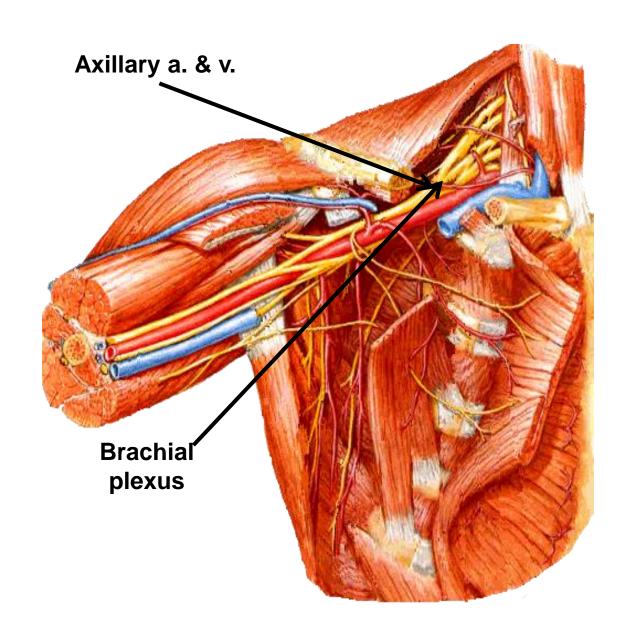
- Coracobrachialis.
- 2. Biceps brachii.
- 3. Bicipital groove o the humerus.





Contents of The Axilla

- Cords and branches of the brachial plexus
- 2. Axillary artery and its branches.
- 3. Axillary vein and its tributaries.
- 4. Axillary lymph nodes.
- 5. Axillary lymphatic vessels
- 6. Axillary fat.
- Loose connective tissue.







The Female Breast

A modified skin gland in the superficial fascia of the pectoral region, formed of the mammary gland together with its stroma, surrounding fat and covering skin.

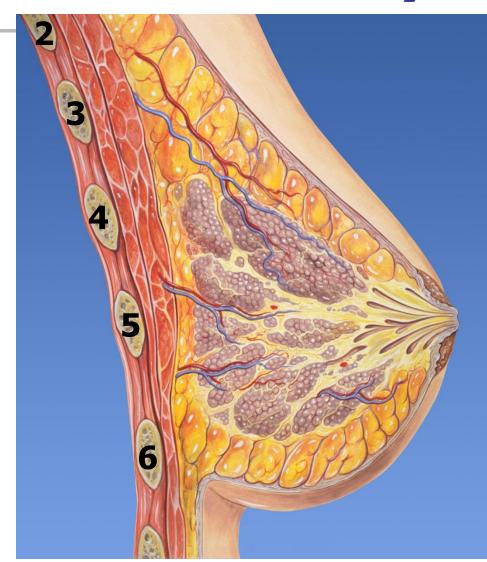
The breast is a Superficial Structure that has no capsule (Clinical relevance

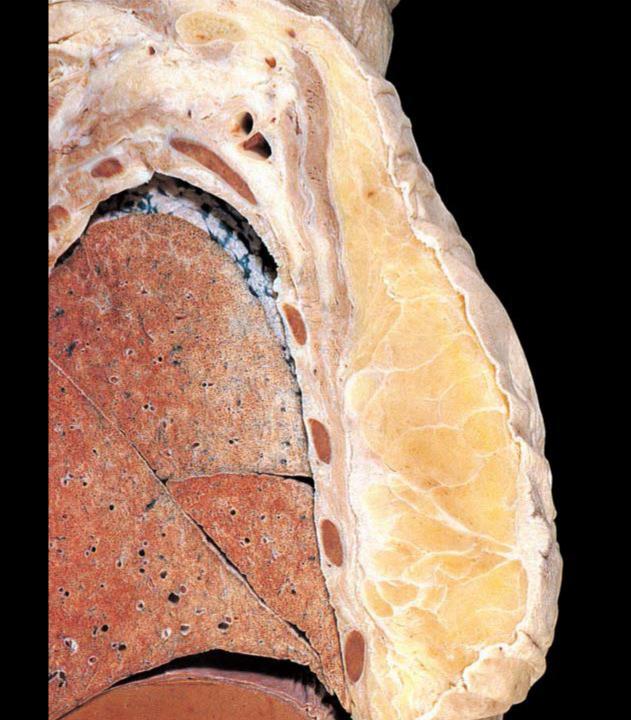


Breast - Surface Anatomy

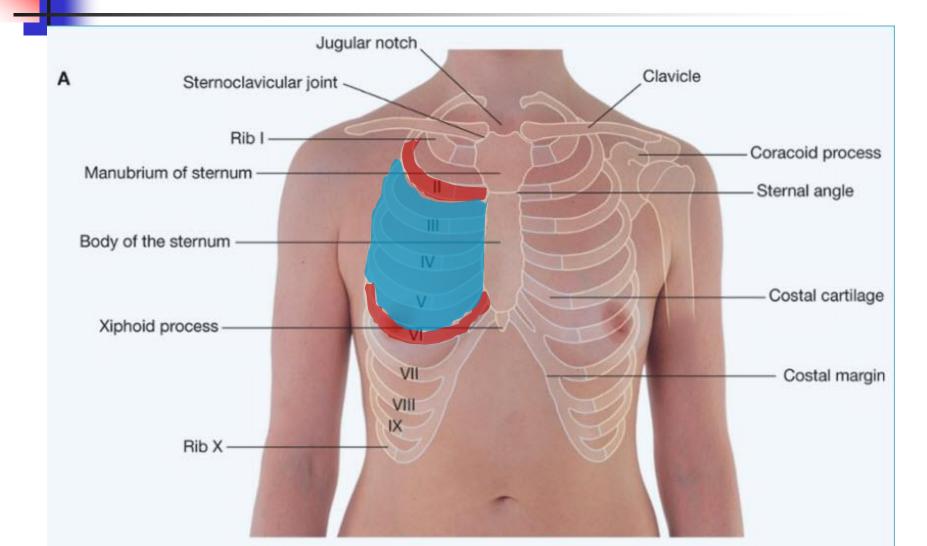
Extent:

From 2nd rib (superiorly) to 6th rib (inferiorly) and from lateral margin of sternum (medially) to mid-axillary line (laterally)





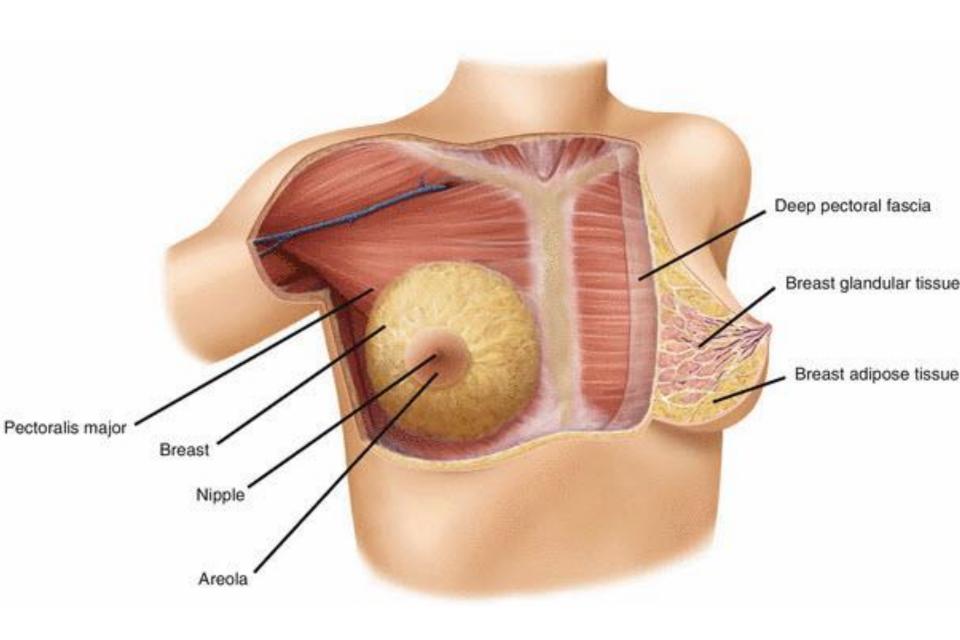
Breast - Surface Anatomy



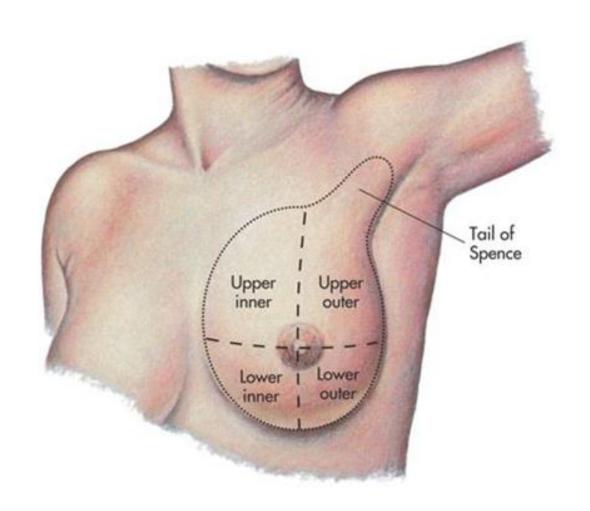
Breast - General Appearance

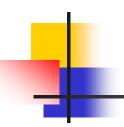
 Smooth *conical* or *hemispherical*, due to the great amount of fat.

• *Site:* It lies in the superficial fascia of pectoral region with small extension in axilla (*Axillary Tail*) which pierces the deep fascia.



Axillary Tail of the Breast



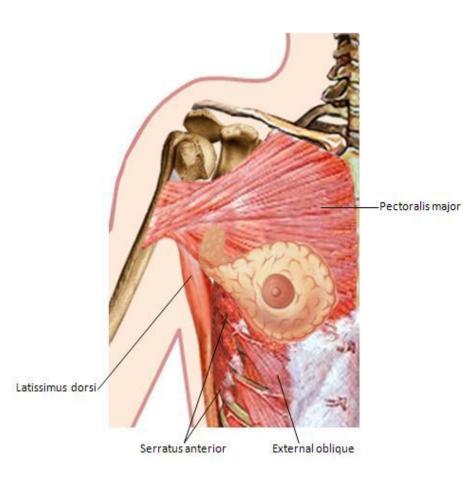


Breast - Deep relations

Pectoral fascia:

 From which it is separated by a space filled with loose areolar tissue and called retromammary space.

Pectoralis major muscle in superomedial 2/3 of the breast + serratus anterior and external oblique abdominal muscle in inferolateral 1/3 of the breast.

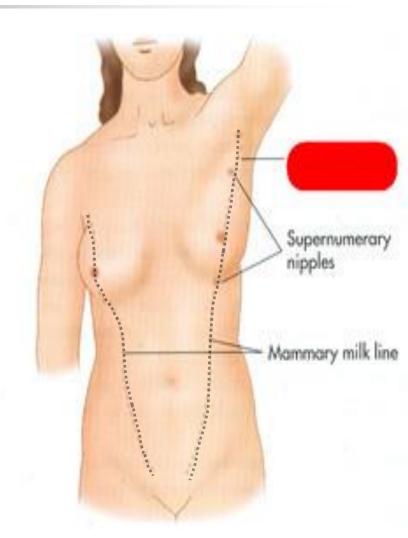




The nipple:

This is a conical projection present just below the center of the breast at the <u>4th</u> intercostal space.

It is pierced by 15-20 lactiferous ducts.

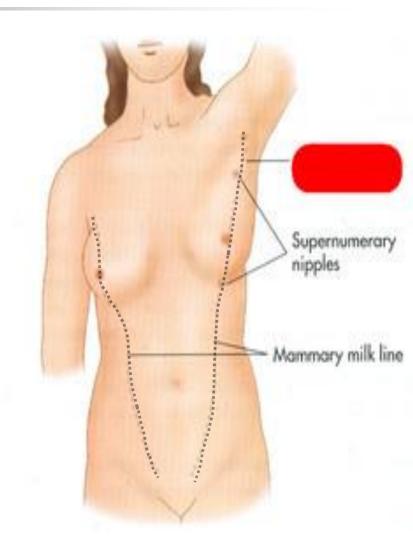




Structure of the Breast

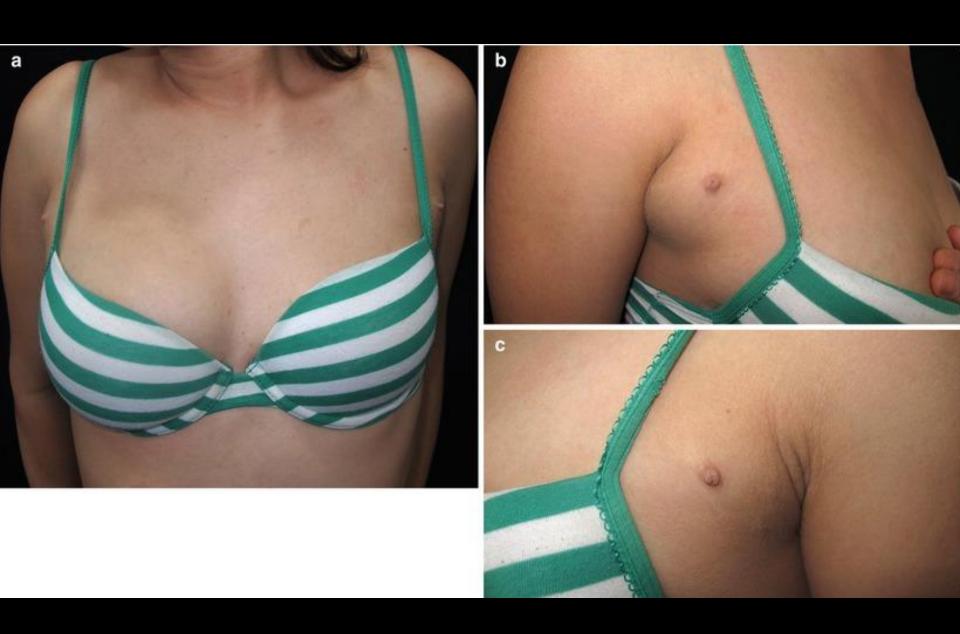
The nipples appear along the two vertical "milk lines", which start in the armpit on each side, run down through the typical nipples and end at the groin.

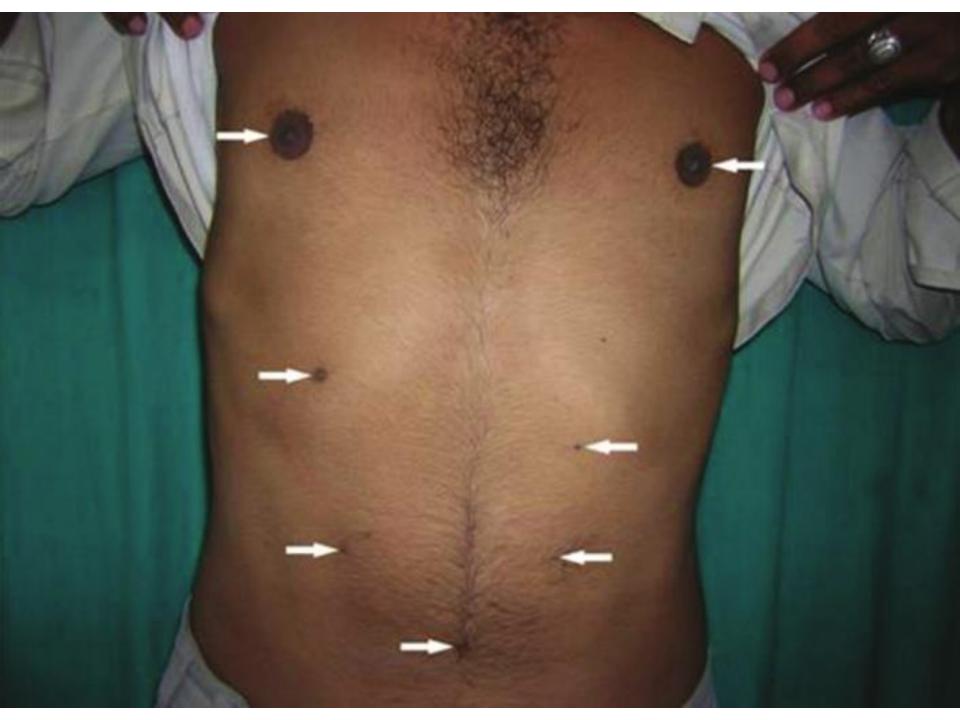
They are classified into eight levels of completeness from a simple patch of hair to a milk-bearing breast in miniature













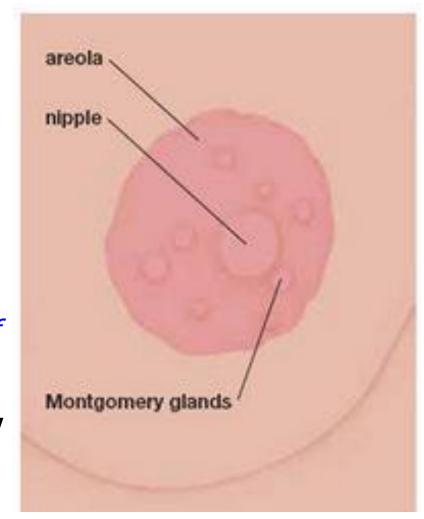
Structure of the Breast

The areola:

The circular pigmented area surrounding the nipple rich in modified sebaceous glands especially at its outer margin, *light brown* or *pink* in *color* that gets *darks brown* in *pregnancy*.

It becomes enlarged during pregnancy and lactation to form *tubercle of Montgomery (Lubrication)*.

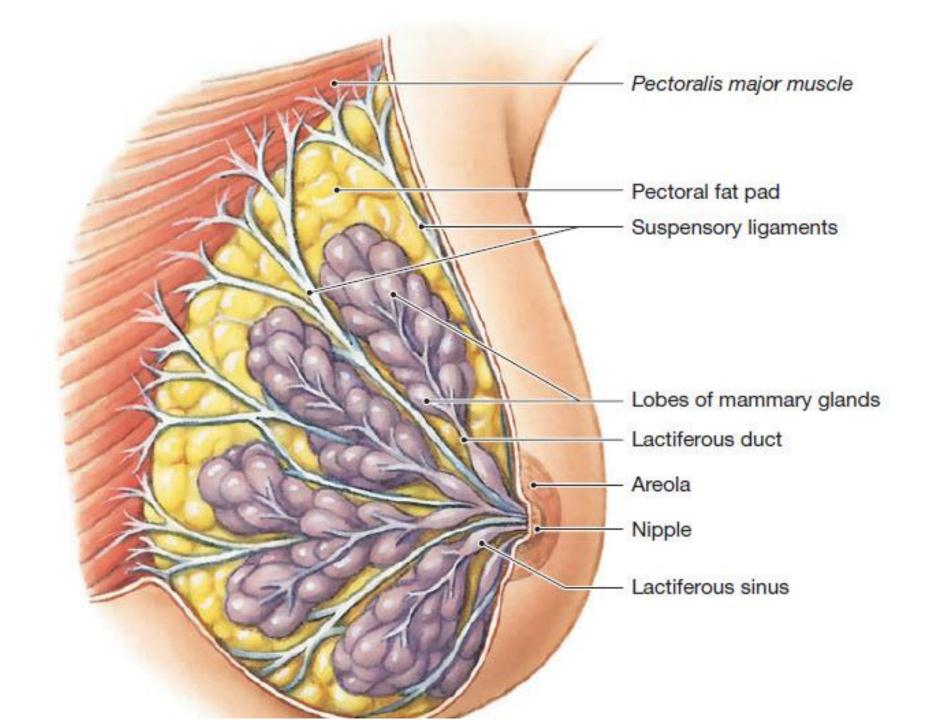
Both the nipple & areola are devoid of hairs and fat.



Structure of the Breast

The parenchyma (the glandular tissue): It is formed of **15-20 lobes**.

- Each lobe is formed of group of alveoli that is drained by one lactiferous duct. Each duct passes to the nipple and opens by a <u>separate</u> opening.
- Before its termination it forms a dilatation (*lactiferous sinus*).

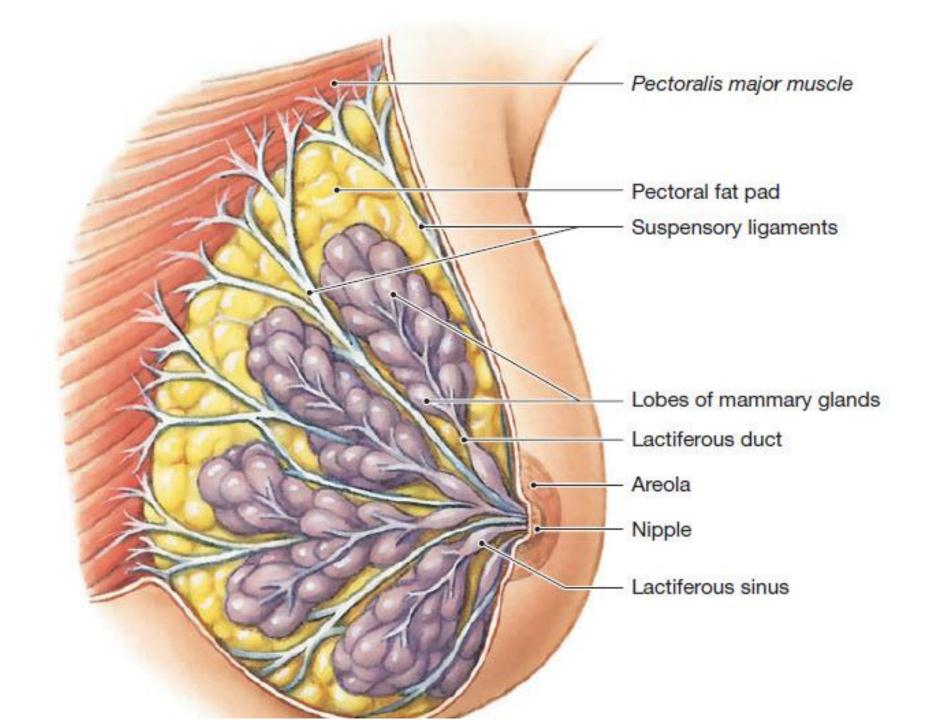


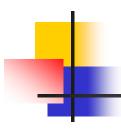


The stroma (the supporting framework):

Fibrous stroma: It forms septa called suspensory ligaments of Cooper. These anchor the skin and the breast to the pectoral fascia.

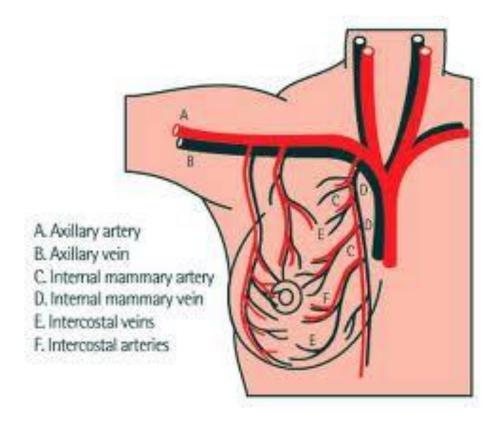
 Fatty stroma: all over the breast except in the nipple & the subareolar areas.

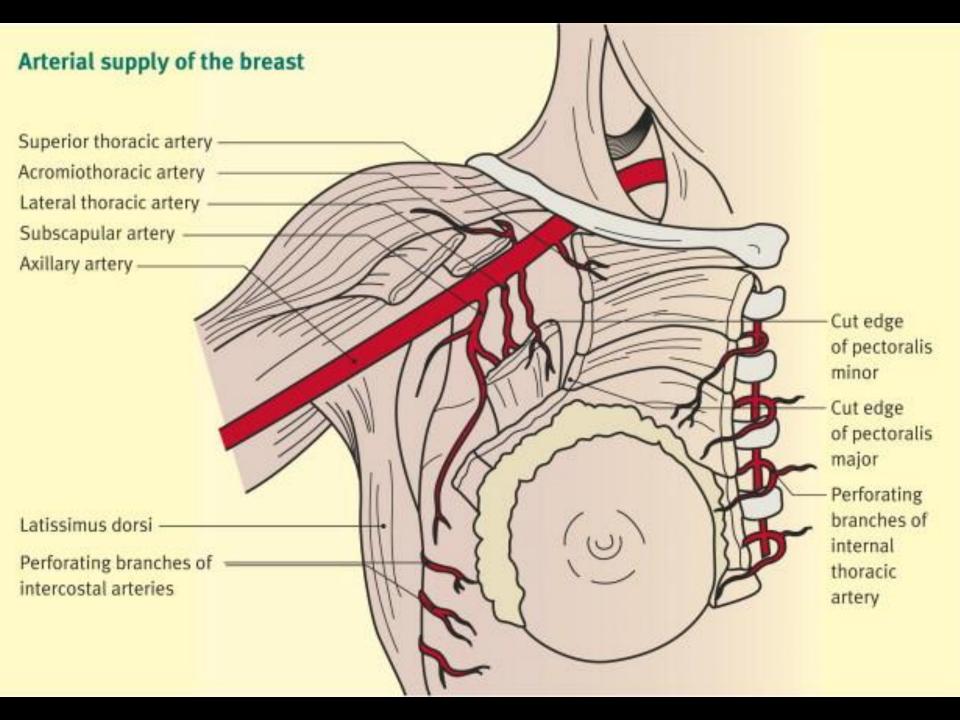




Blood Supply of the Breast

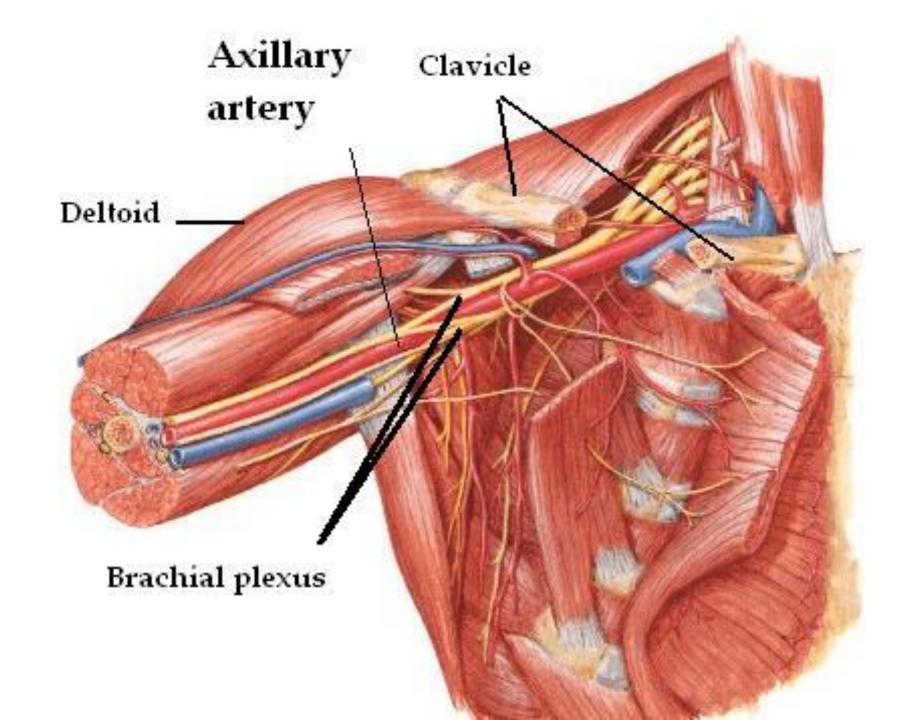
- Mammary branches of the lateral thoracic artery.
- Perforating branches of the internal thoracic artery
 (especially 2nd, 3rd & 4th branches).
- Lateral branches of posterior intercostal arteries.
- Mammary branches of thoracoacromial artery.







- Beginning: The axillary artery begins at the lateral border of the first rib as a continuation of the subclavian artery.
- Termination: at the lower border of the teres major muscle, where it continues as the brachial artery.
- The artery is closely related to the cords of the brachial plexus and their branches and is enclosed with them in a connective tissue sheath called the axillary sheath. If this sheath is traced upward into the root of the neck, it is seen to be continuous with the prevertebral fascia.



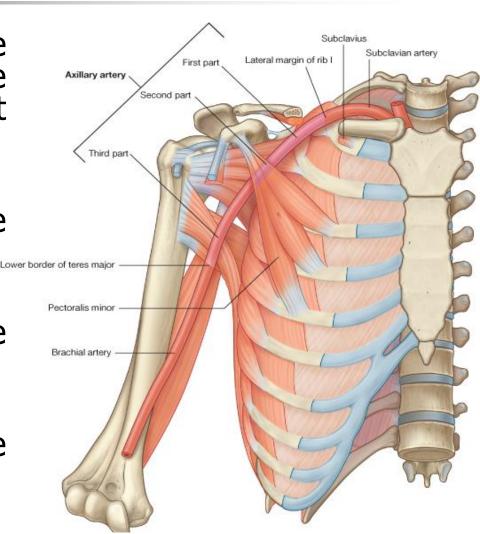
Parts of the axillary artery

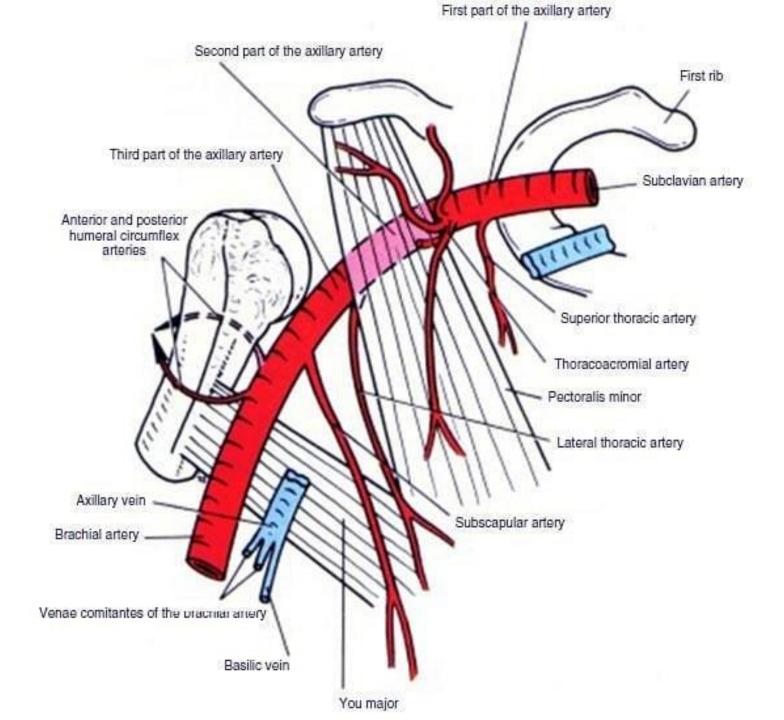
The pectoralis minor muscle crosses in front of the axillary artery and divides it into three parts:

First part above the pectoralis minor muscle.

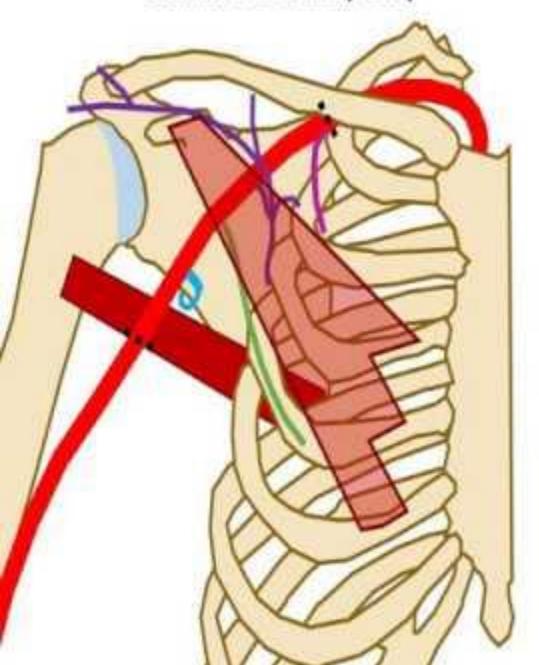
Second part behind the pectoralis minor muscle.

Third part below the pectoralis minor muscle.





Branches of the Axillary Artery



Superior thoracic

Thoracoacromial trunk

Clavicular

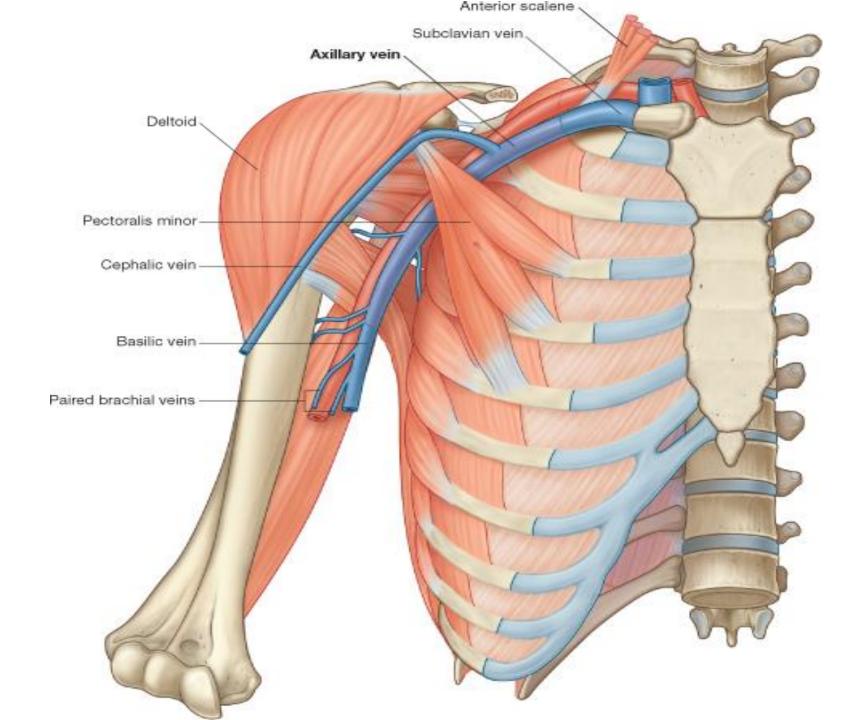
Acromial

Lateral thoracic

Subscapular Circumflex scapular



- The axillary vein is formed at the lower border of the teres major muscle by the union of the venae comitantes of the brachial vein and the basilic vein.
- It runs upward on the medial side of the axillary artery and ends at the lateral border of the first rib by becoming the subclavian vein.
- The vein receives tributaries, which correspond to the branches of the axillary artery, and the cephalic vein.





 For further inquiries <u>PLZ</u> feel free to contact at any time through email

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Thank You