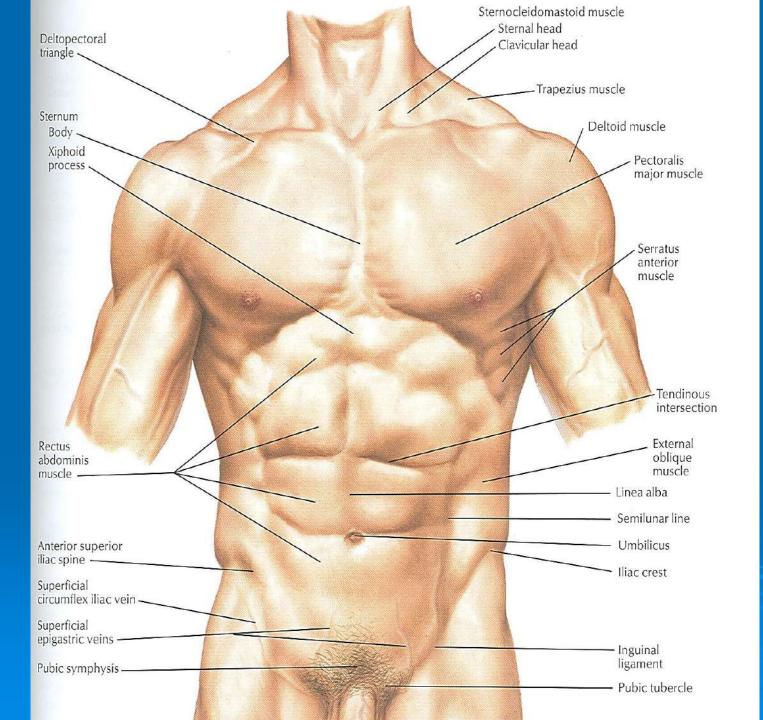
ABDOMINAL WALL & RECTUS SHEATH

Learning Objectives

- Describe the anatomy, innervation and functions of the muscles of the anterior, lateral and posterior abdominal walls.
- Discuss their functional relations their roles in posture, ventilation and voiding of abdominal/pelvic/thoracic contents.







Abdominal Quadrants

- Formed by two intersecting lines:
 Intersect at umbilicus.
- Quadrants:

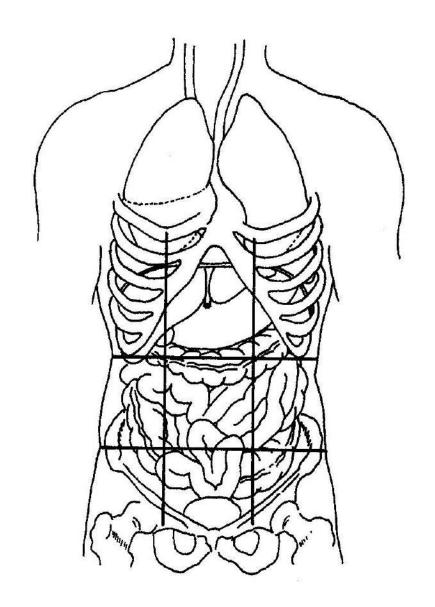
Upper left.

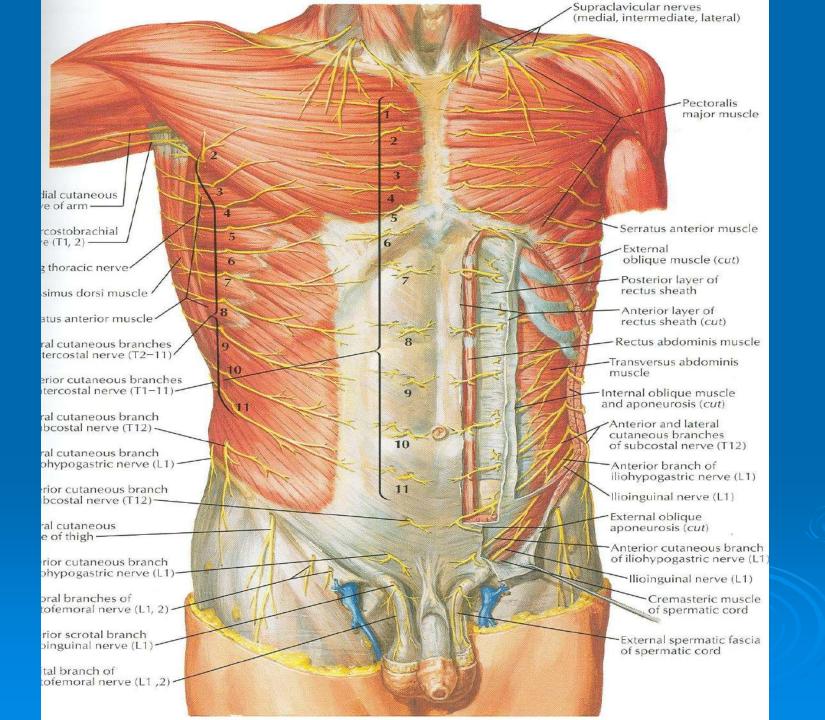
Upper right.

Lower left.

Lower right.

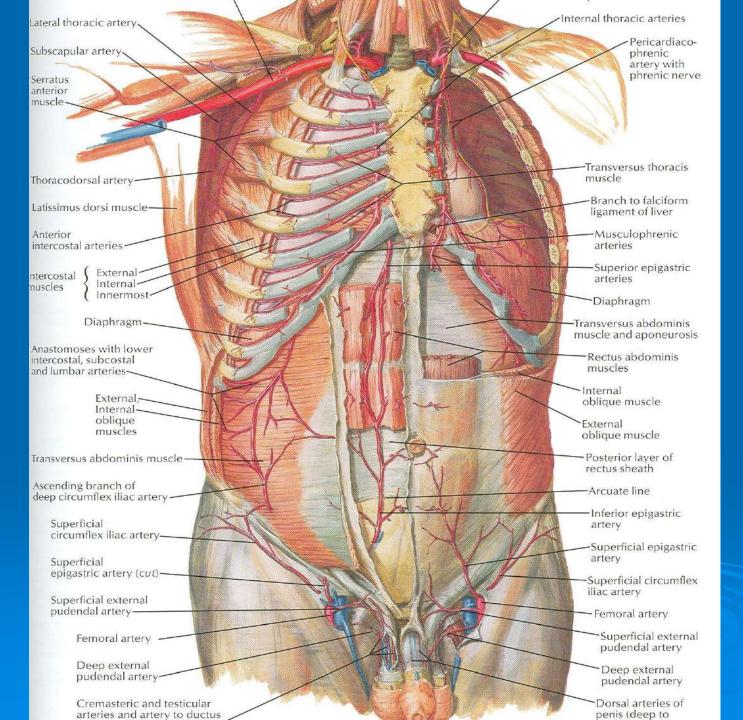
Abdominal Quadrants





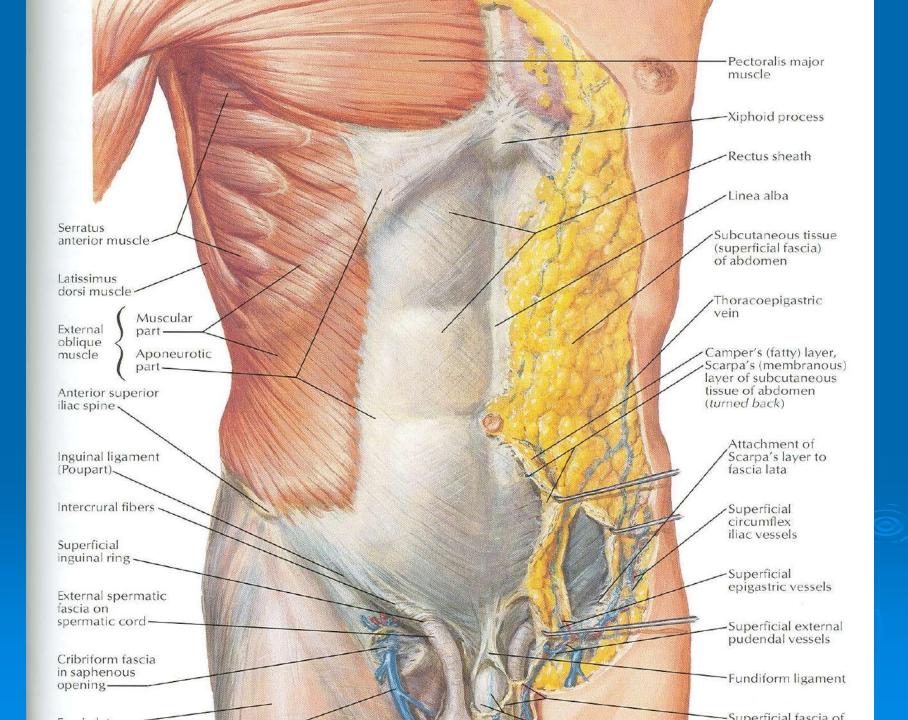
Blood Supply

- Skin near the midline is supplied by branches of the superior epigastric artery (br. of int. thoracic artery) and the inferior epigastric artery (br. of external iliac artery)
- Skin of the flanks is supplied by branches from the intercostal, lumbar, and deep circumflex arteries



Superficial Fascia

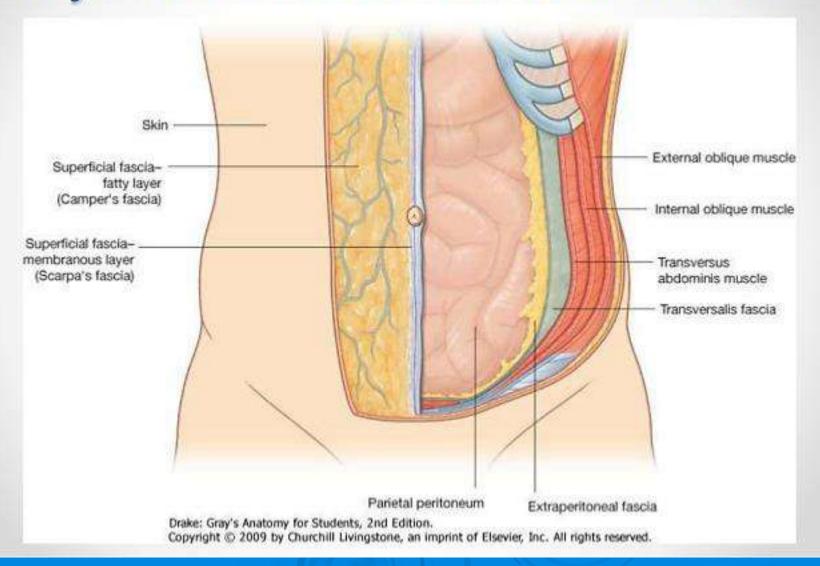
- Fatty layer or fascia of camper is continuous with the superficial fat over the rest of the body and may be extremely thick in obese patients
- The membranous layer or scarpa's fascia is thin and fades out laterally and above
- Becomes continuous with the superficial fascia of the back and the thorax



Superficial Fascia

- Inferiorly the membranous layer passes onto the front of the thigh, where it fuses with the deep fascia
- In the midline inferiorly forms a tubular sheath for the penis or clitoris
- Below in the perineum, enters the wall of the scrotum or labia majora
- From there it passes to be attached on each side to the margins of pubic arch, here it is called Colle's fascia

Layers of Anterior Abdominal Wall



Superficial Fascia

Posteriorly it fuses with the perineal body and the margin of the perineal membrane

The fatty layer is represented as a smooth muscle in the scrotum, the dartos muscle

The membranous layer persists as a separate layer

Deep Fascia

Deep fascia in the anterior abdominal wall is merely a thin layer of connective tissue covering the muscles

o It lies immediately deep to the membranous layer of the superficial fascia

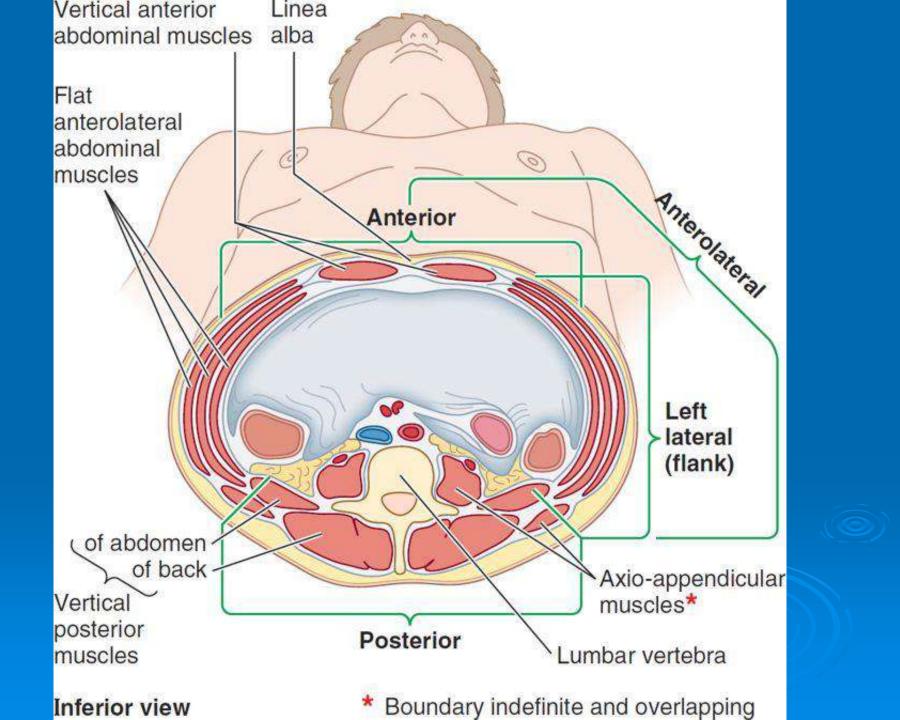
Muscles

- Consists of Three broad thin sheets that are aponeurotic in front
- From exterior to interior they are:
- External oblique, internal oblique, and transverse
- A wide vertical muscle, the rectus abdominis
- They lie on either side of the midline anteriorly

Muscles

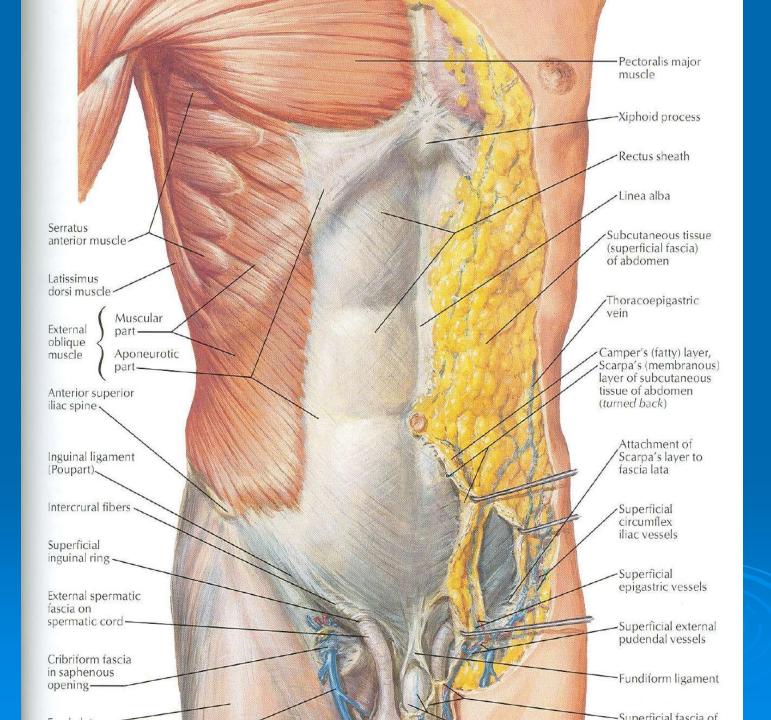
• As the aponeurosis of three sheets pass forward, they enclose the rectus abdominis to form the rectus sheath

• The cremaster muscle which is derived from the lower fibers of internal oblique, passes inferiorly as a covering of the spermatic cord and enters scrotum



External Oblique Muscle

- Is a broad, thin, muscular sheet
- Origin: Lower 8 ribs
- Insertion: Xiphoid process, linea alba, pubic tubercle, iliac crest
- Nerve Supply: Lower 6 thoracic nerves, iliohypogastric & ilioinguinal nerves
- Action: Supports abdominal contents, assist in forced expiration, micturition, defecation, parturition, vomiting

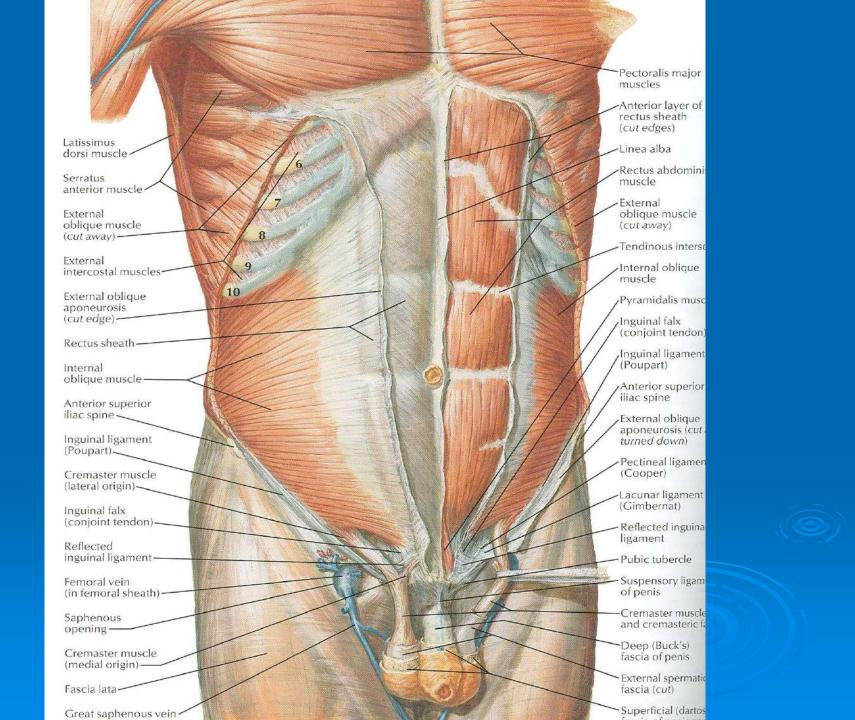


External Oblique Muscle

- A triangular shaped defect in the external oblique aponeurosis lies immediately above and medial to the pubic tubercle, known as superficial inguinal ring
- Between the anterosuperior iliac spine and the pubic tubercle, the lower border of the aponeurosis is folded backward on itself, forming the inguinal ligament

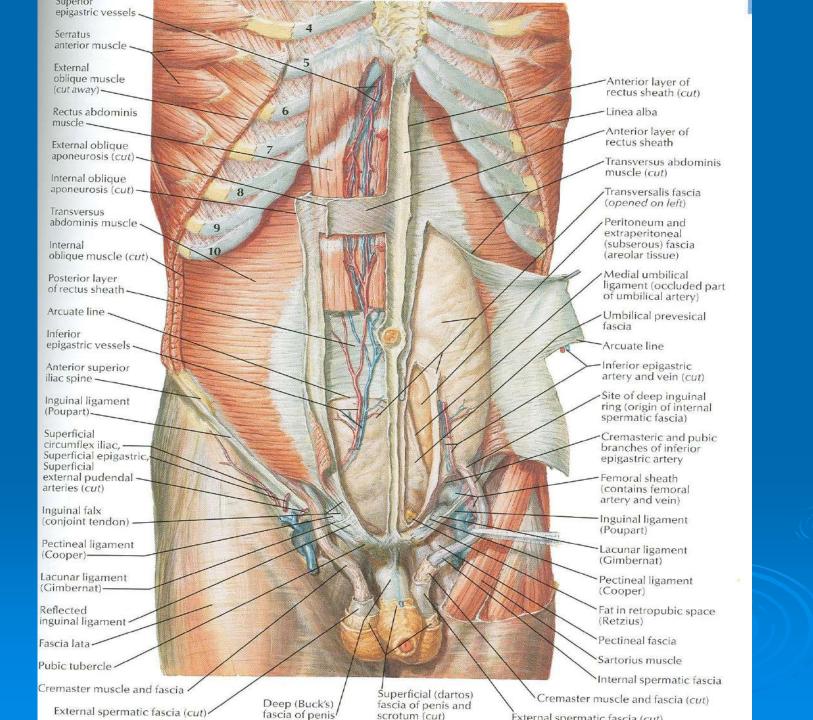
Internal Oblique Muscle

- Origin: Lumbar fascia, iliac crest, lateral twothirds of inguinal ligament
- Insertion: Lower three ribs and costal cartilages, xiphoid process, linea alba, symphysis pubis
- Nerve Supply: Lower six thoracic nerves, iliohypogastric & ilioinguinal nerves
- Action: Supports abdominal contents, assist in forced expiration, micturition, defecation, parturition, vomiting



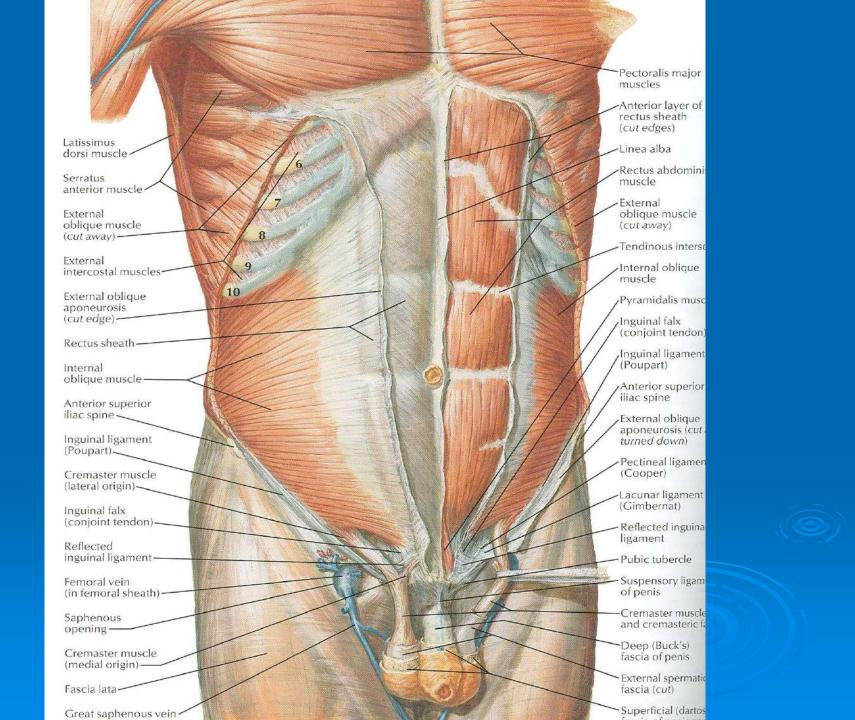
Transversus Abdominis

- Origin: Lower six costal cartilages, lumbar fascia, iliac crest, lateral third of inguinal ligament
- Insertion: Xiphoid process, linea alba, symphysis pubis
- Nerve Supply: Lower six thoracic nerves, iliohypogastric & ilioinguinal nerves
- Action: Compresses abdominal contents



Rectus Abdominis

- Origin: Symphysis pubis and pubic crest
- O Insertion: 5th, 6th and 7th costal cartilages and xiphoid process
- Nerve Supply: Lower six thoracic nerves
- Action: Compresses abdominal contents, flexes vertebral column, accessory muscle of expiration

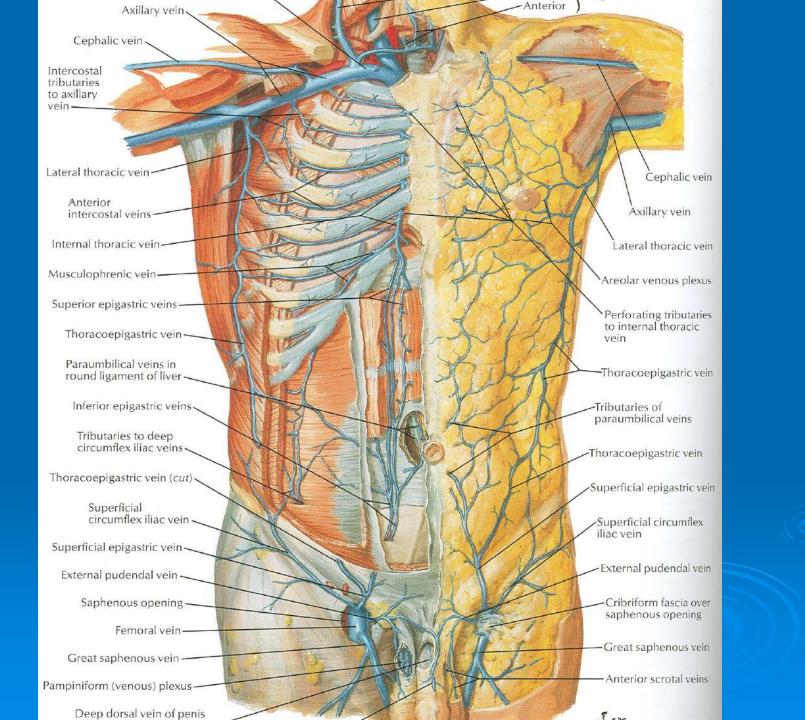


Lymph Drainage

- Lymph drainage of the skin of the anterior abdominal wall above the umbilicus is upward to the anterior axillary (pectoral group of nodes)
- Below the level of umbilicus drains downward and laterally to the superficial inguinal nodes
- Swelling in the groin is may be due to enlarged superficial inguinal node

Venous Drainage

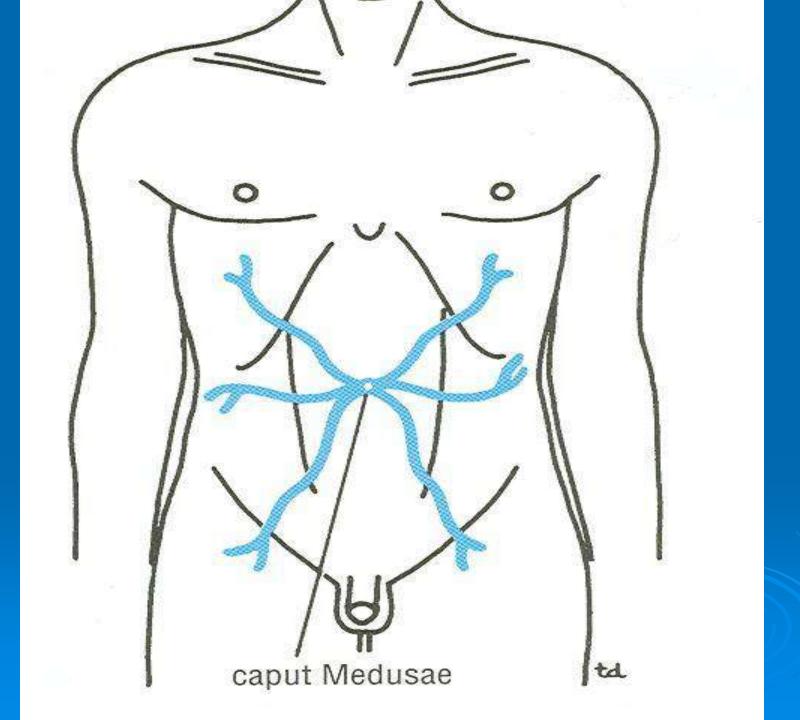
- Venous blood is collected into a network of veins that radiate from the umbilicus
- The network is drained above into the axillary vein via the lateral thoracic vein
- Below into the femoral vein via the superficial epigastric and the great saphenous veins
- Few small veins, the paraumbilical veins form a clinically important portal-system venous anastomosis



Caput Medusae

The superficial veins around the umbilicus and the paraumbilical veins connecting them to the portal vein may become grossly distended in case of portal vein obstruction

The distended subcutaneous veins radiate out from the umbilicus, producing in severe cases the clinical picture called Caput Medusae

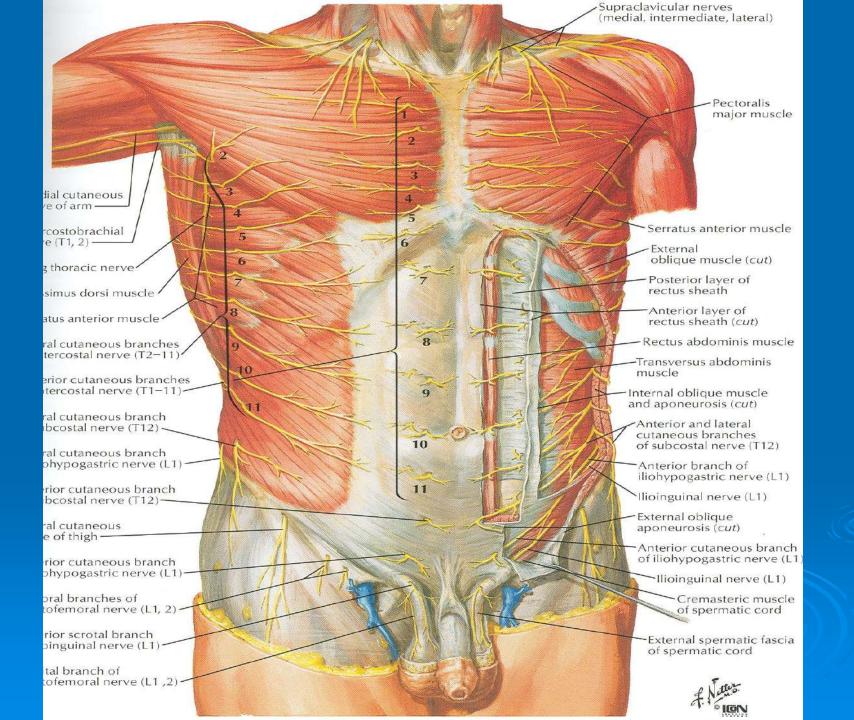


Nerves

Nerves of the anterior abdominal wall supply the skin, muscles and the parietal peritoneum

They are derived from the anterior rami of lower six thoracic and the first lumbar nerves

• Inflammation of parietal peritoneum causes pain in the overlying skin and also a reflex increase in tone of the abdominal musculature in the same area



- Is a long fibrous sheath
- Encloses the rectus abdominis and pyramidalis muscle (if present)
- Contains the anterior rami of lower six thoracic nerves and the superior and inferior epigastric vessels and lymph vessels
- Formed mainly by aponeurosis of three lateral abdominal muscles

For description it is considered at three levels:

• Above the costal margin the anterior wall is formed by the aponeurosis of the external oblique and posterior wall is formed by the thoracic wall

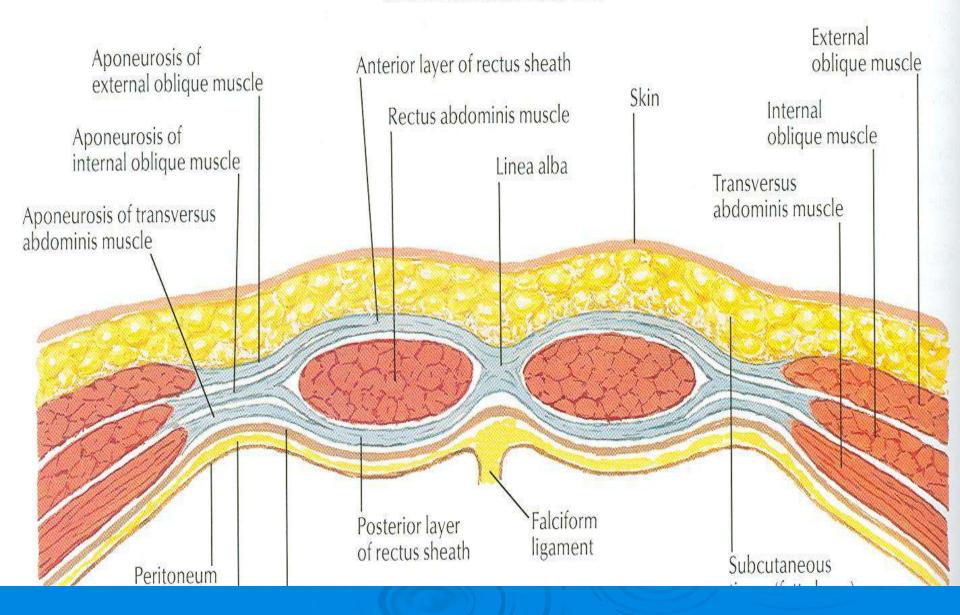
That is the 5th, 6th and 7th costal cartilages and the intercostal spaces

• Between the costal margin and the level of the anterosuperior iliac spine, the aponeurosis of the internal oblique splits to enclose the rectus muscle

The external oblique aponeurosis is directed in front of the muscle

Transversus aponeurosis is directed behind the muscle

Section above arcuate line

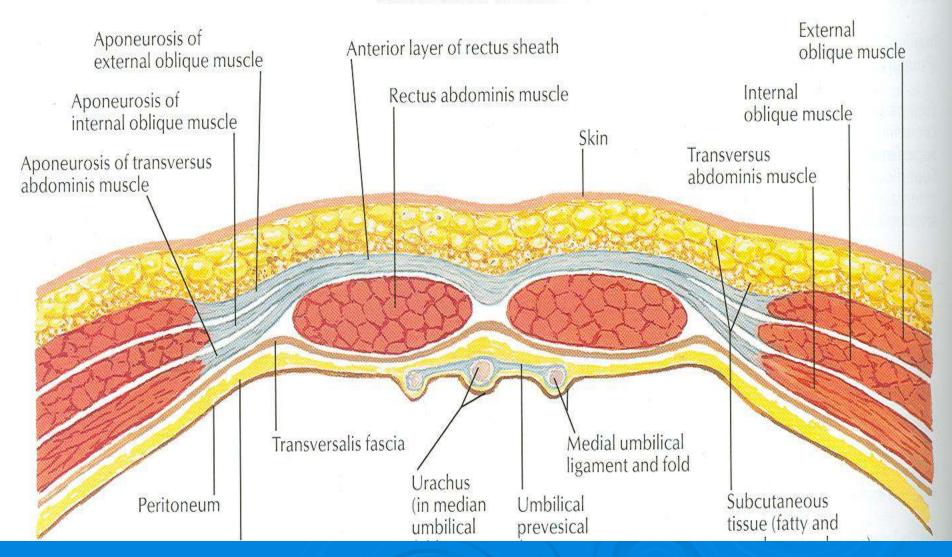


O Between the level of the anterosuperior iliac spine and the pubis, the aponeurosis of all three muscles form the anterior wall

The posterior wall is absent

The rectus muscle lies in contact with the fascia transversalis

Section below arcuate line



The posterior wall of the rectus sheath is not attached to the rectus abdominis muscle

The anterior wall is firmly attached to it by the muscle's tendinous intersections

Linea Alba

The rectus sheath is separated from its fellow on the opposite side by a fibrous band called the linea alba

Extends from the xiphoid process to the symphysis pubis

Next Lecture

