# ANATOMY OF ANTERIOR WALL & INGUINAL REGION

أ.د.عبد الجبار الحبيطي

- A mid line canula through anterior abdominal wall passes through the following layers:
- 1-Skin
  - 2-Superficial fascia
- 3-Linea alba
- 4-Transversalis fascia&extraperitoneal fat
- 5-The parietal peritoneum.

- The superficial inguinal ring: is triangular in shape located just above the pubic tubercle. It is related to the Conjoint tendon posteriorly, which forms part of the posterior wall of the inguinal canal (medial part). The conjoint tendon reinforces the superficial inguinal ring.
- The Deep Inguinal Ring(D.I.R) is about half an inch above the mid point of inguinal ligament, it is a defect through the Transversalis fascia & the inferior epigastric artery runs just medial to it.

# Deep to the inguinal ligament the following structures pass:

- 1-Iliacus & psoas major Ms
- 2-External iliac vessels (just below lig, become Femoral)
- 3-The Femoral nerve
- 4- The lateral cutaneous nerve of the thigh.

• The Cremaster muscle forms loops on the spermatic cord, it reaches the base of the scrotum. It is supplied by genital branch of genitofemoral nerve (cremasteric nerve), it elevates the testes, while cremasteric reflex is by ilioinguinal nerve. The cremaster muscle is absent in the female.

The Conjoint tendon: It lies behind the S.I.R & reinforces it . It is formed by contributions from the aponeurosis of both internal oblique & transversus abdominis & is attached to the pubic crest. It forms part of posterior wall of the inguinal canal & supplied by ilioinguinal nerve.

- The following structures are seen at the level of the transpyloric plane:
- 1-Fundus of the gall bladder.
- 2-the upper limit of the hilum of right kidney.
   3-The tip of the 9<sup>th</sup> costal cartilage.
- 4-The pylorus of stomach.
- 5-Body of L1 vertebra.
- 6-Origin of superior mesenteric artery.

- The Rectus Abdominis Muscle:
- 1- Helps in flexion of the trunk
- 2-Is supplied by lower 5 intercostal nerves
- 3-Shows three tendinous intersections on its anterior surface.
- 4-The rectus sheath is not attached to its posterior surface.

- On tapping Hydrocele (Tunica vaginalis is distended with fluid) the Canula passes through:
- 1-Skin
- 2- Dartos muscle(smooth m.fs) & membranous layer of the superficial fascia
- 3-External spermatic fascia
- 4-Cremaster fascia
- 5-Internal spermatic fascia
- 6- The parietal layer of Tunica Vaginalis.

- To withdrow fluid from peritoneal cavity aneedle(just lateral to the inferior epigastric artery) should pass through the following layers:
- 1-Skin
- 2- Superficial fascia
- 3-External oblique M
- 4-Internal oblique M
- 5-Transversus abdominis M
- 6-Transversalis fascia
- 7-Extraperitoneal fat
- 8-Parietal peritoneum.

The Mid-inguinal point is the point located at • the middle of the distance between the Anterior superior iliac spine & Pubic symphysis.

# ANATOMY OF ANTERIOR ABDOMINAL WALL

أ د عبد الجبار الحبيطي

# Abdomen

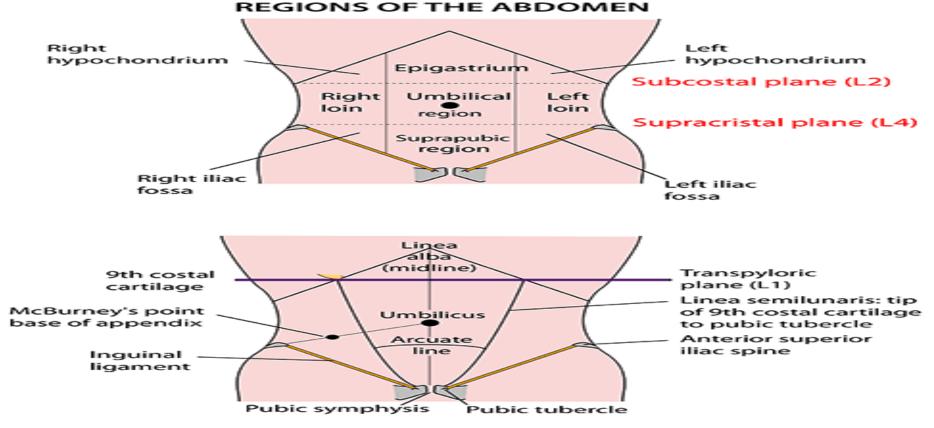
It is the region of trunk that lies between diaphragm above and pelvic inlet below.

Circumferentially, it is bounded by abdominal wall. The abdominal wall is bordered as follows:

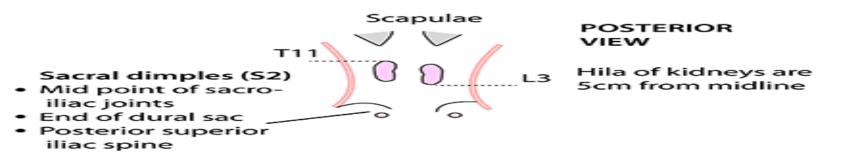
- Superiorly by xiphoid process and costal margins.
- Posteriorly by vertebral column.
- Inferiorly by upper parts of the pelvic bones.

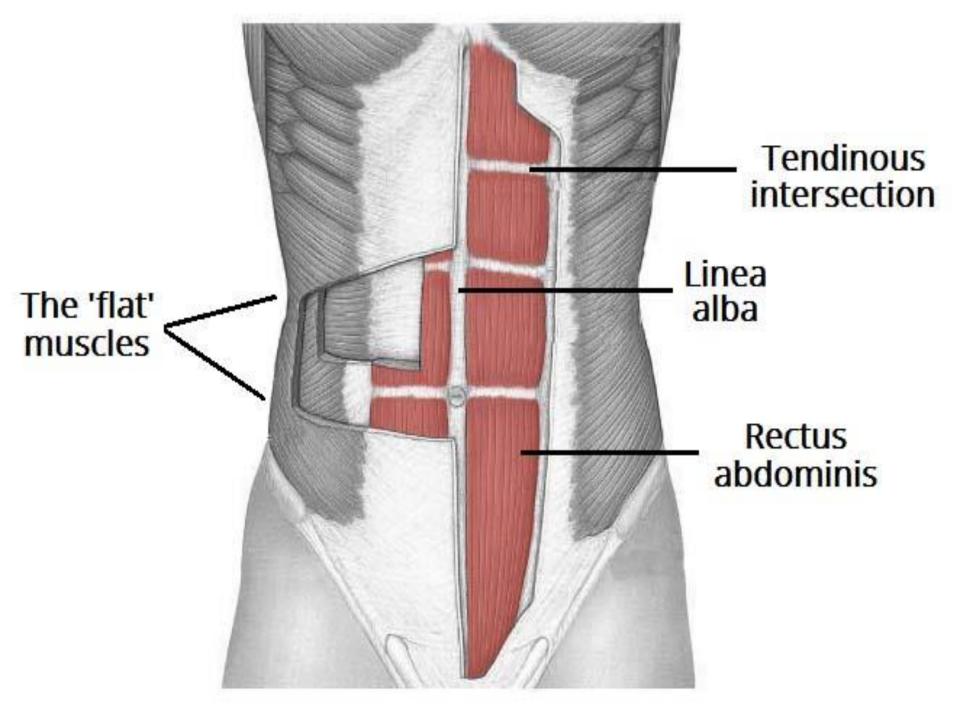


#### SURFACE ANATOMY OF ABDOMINAL WALL



Transpyloric plane: half way between suprasternal notch & symphysis pubis Inguinal ligament: anterior superior iliac spine to pubic tubercle Arcuate line: 3-5cm inferior to umbilicus Linea semilunaris: lateral edge of rectus sheath McBurney's point: one thirdalong a line from ASIS to umbilicus



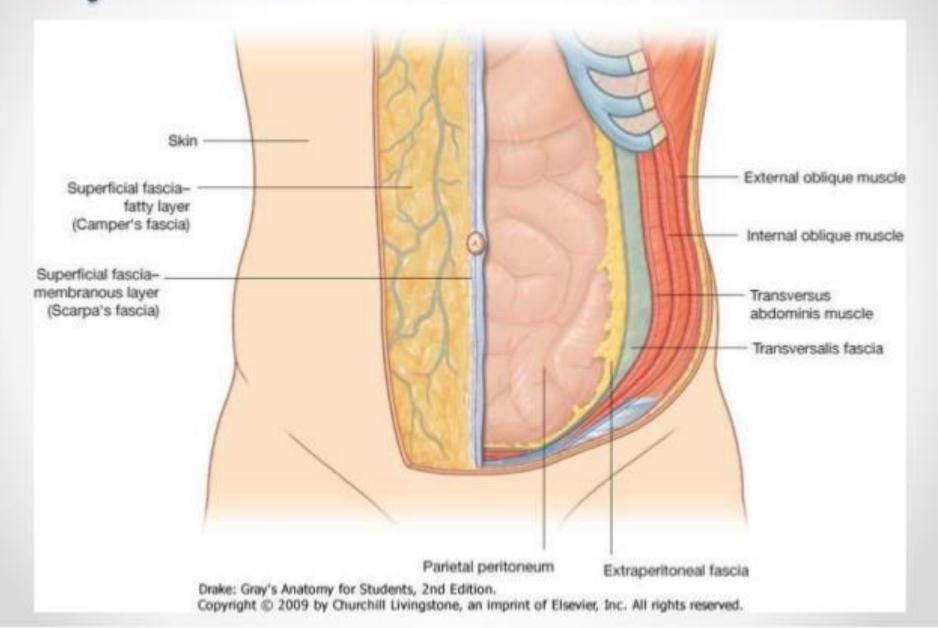


Left Right Epigastric Hypochondriac Region Hypochondriac Region Region Umbilical Left Lumbar Right Lumbar Region Region Region Right Iliac Left Iliac Hypogastric Region Region Region

## Layers of Anterior Abdominal Wall

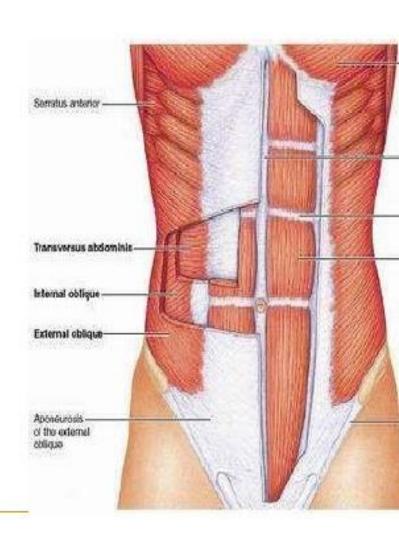
- 1. Skin
- 2. Camper (fatty)
- 3. Scarpa (fibrous)
- 4. Muscles
  - -External Oblique
  - -Internal Oblique
  - -Transversus Abdominus
- 5. Transversalis Fascia (fibrous)
- 6. Extraperitoneal Fat
- 7. Parietal Peritoneum
- Above the arcuate line, the aponeuroses of the abdominal muscles ensheath the rectus abdominus
- Below the arcuate line, they pass in front of it

# Layers of Anterior Abdominal Wall



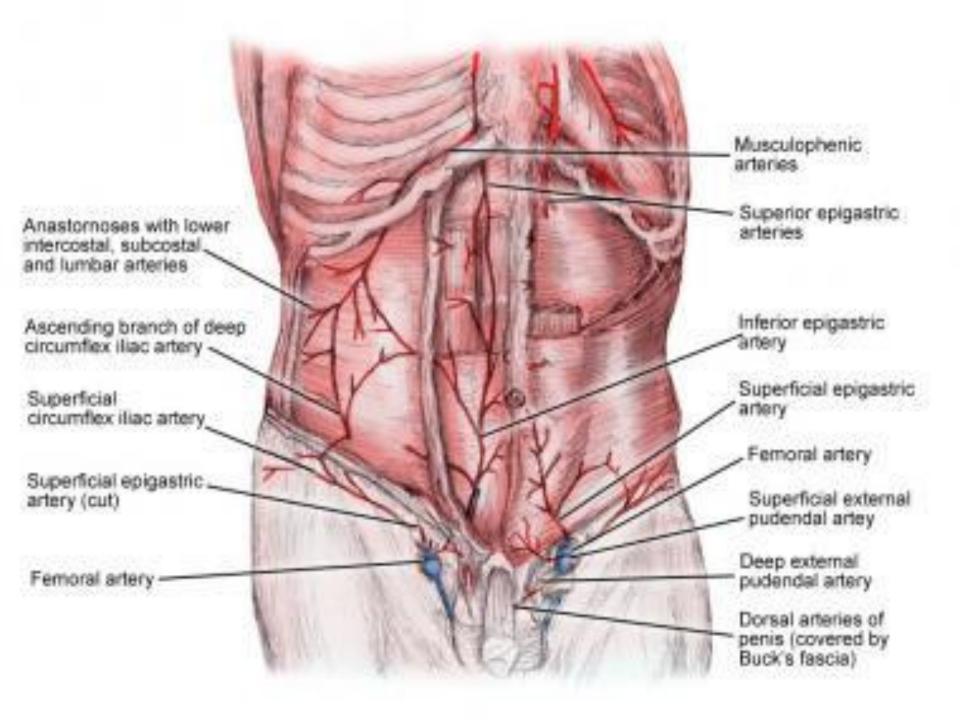
## Layers of Abdo Wall- Laterally

- Skin
- Superficial fascia
  - Camper's (soft & spongy fat!)
  - Scarpa's (membranous)
- External Oblique (Aponeurosis)
- Internal Oblique
- Transversus Abdominis
- Transversalis Fascia
- Extraperitoneal fat
- Peritoneum

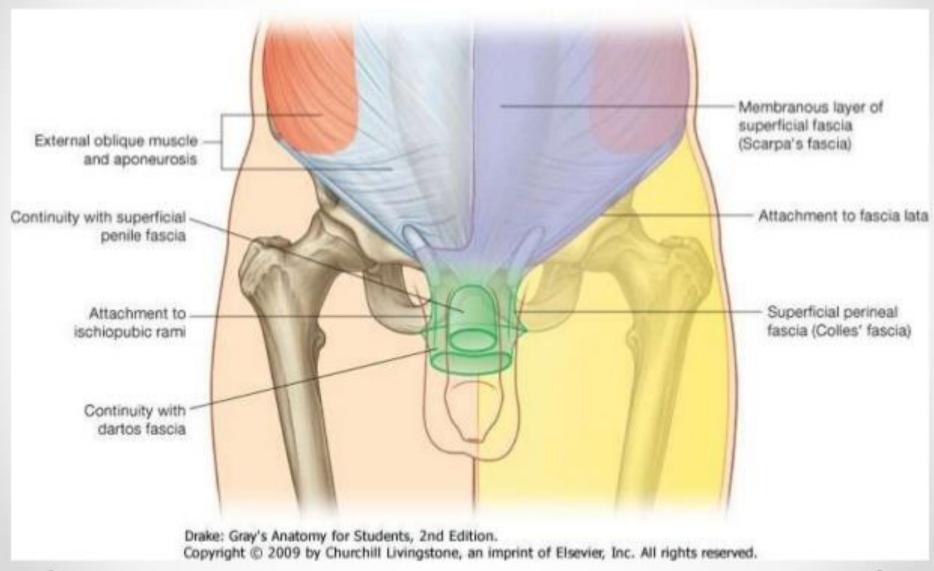


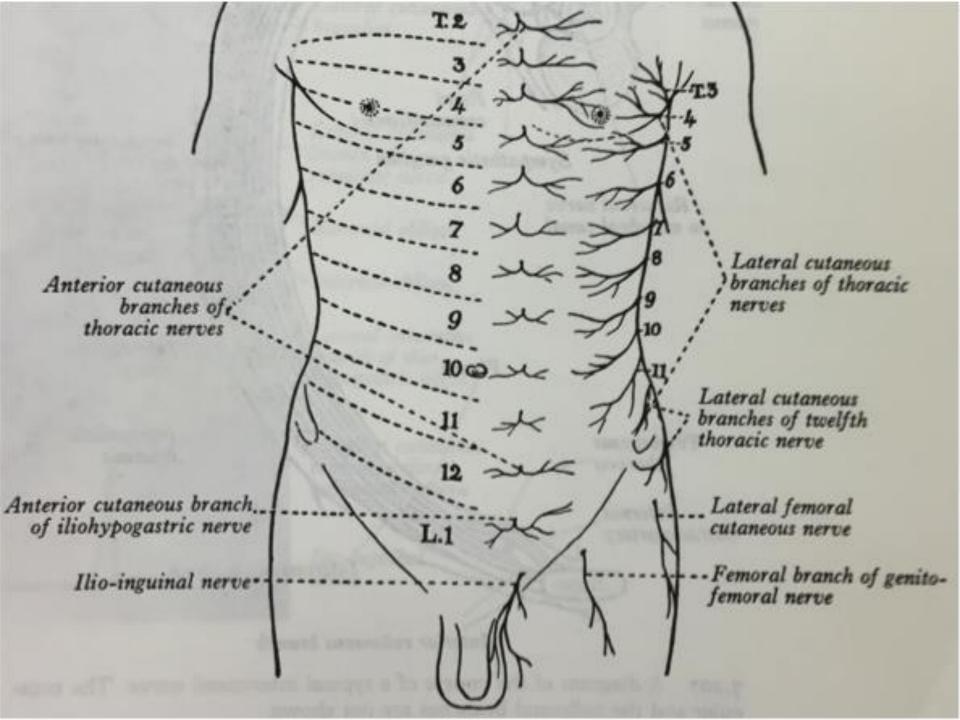
## STRUCTURE OF THE ANTERIOR ABDOMINAL WALL:

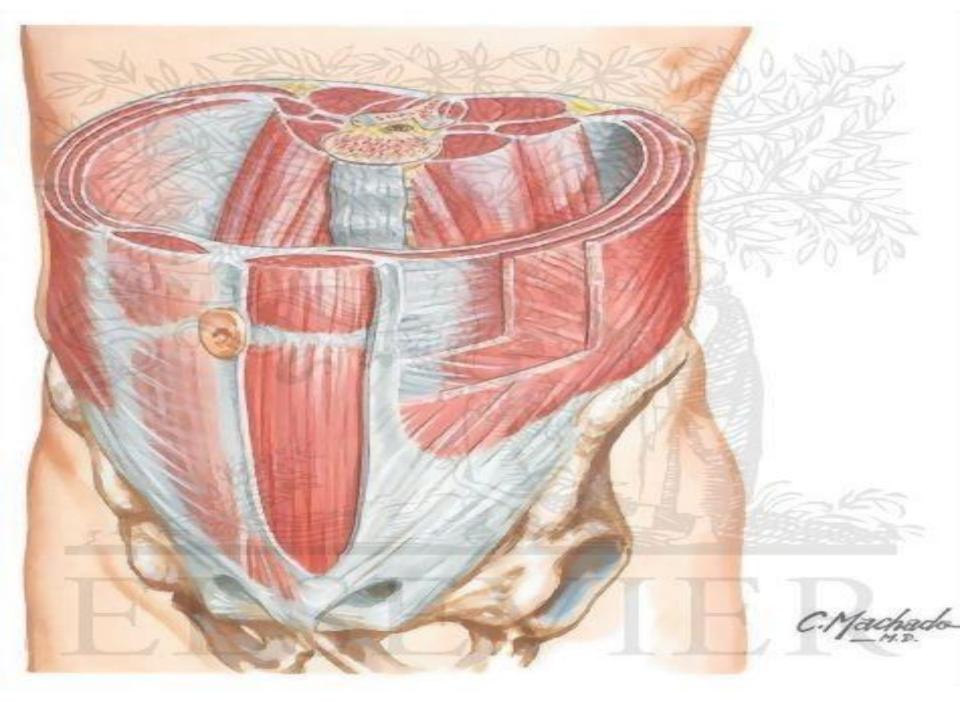
- · Skin .
- · Superficial Fascia:
  - Superficial fatty layer (fascia of Camper).
  - Deep membranous layer (Scarpa's Fascia).
- Deep fascia...
- Muscles of the Anterior Abdominal Wall :
  - External Oblique
  - Internal Oblique .
  - Transversus
  - Rectus Abdominis.
  - Pyramidalis (if present).
- Fascia Transversalis .
- Extra Peritornial fat ...
- Parietal Peritoneum .



# Superficial Fascia

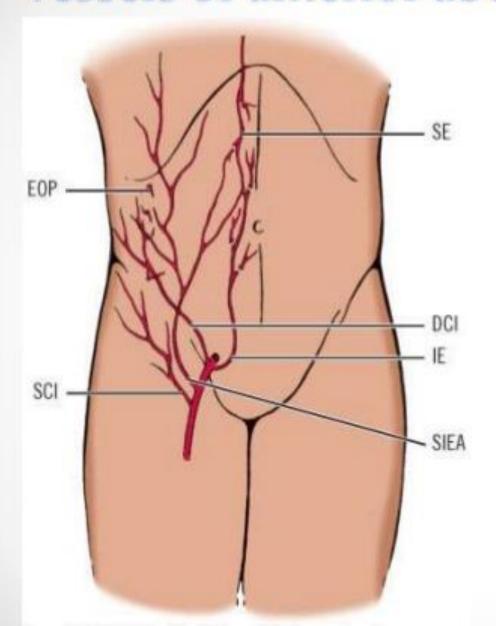






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## Vessels of anterior abdominal wall



**EOP-** Ext Oblique Perforators

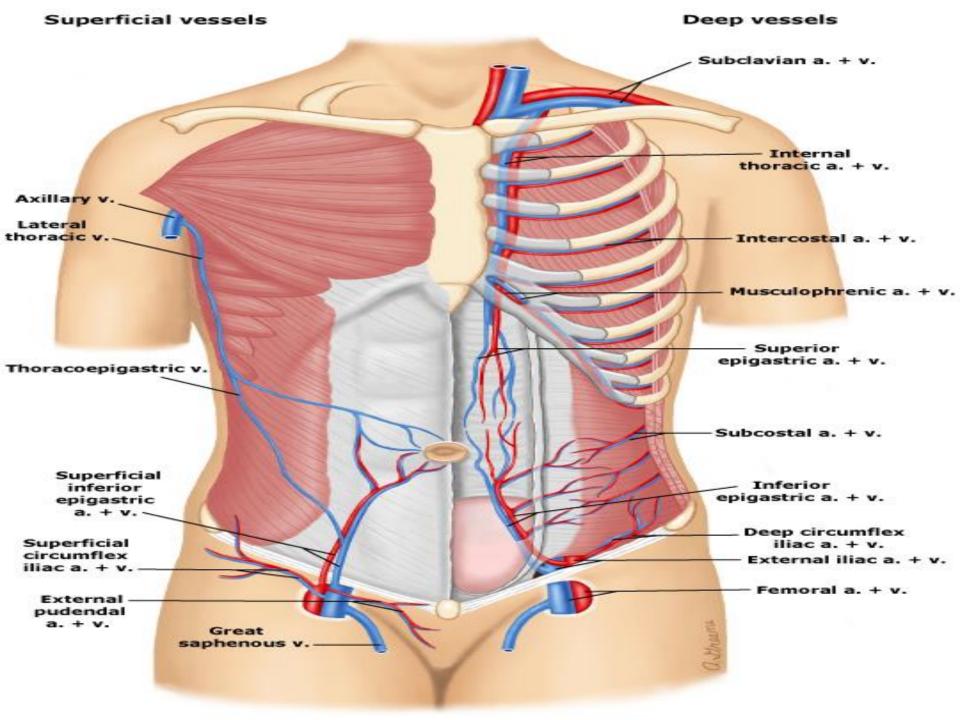
SCI- Superficial Circumflex Iliac

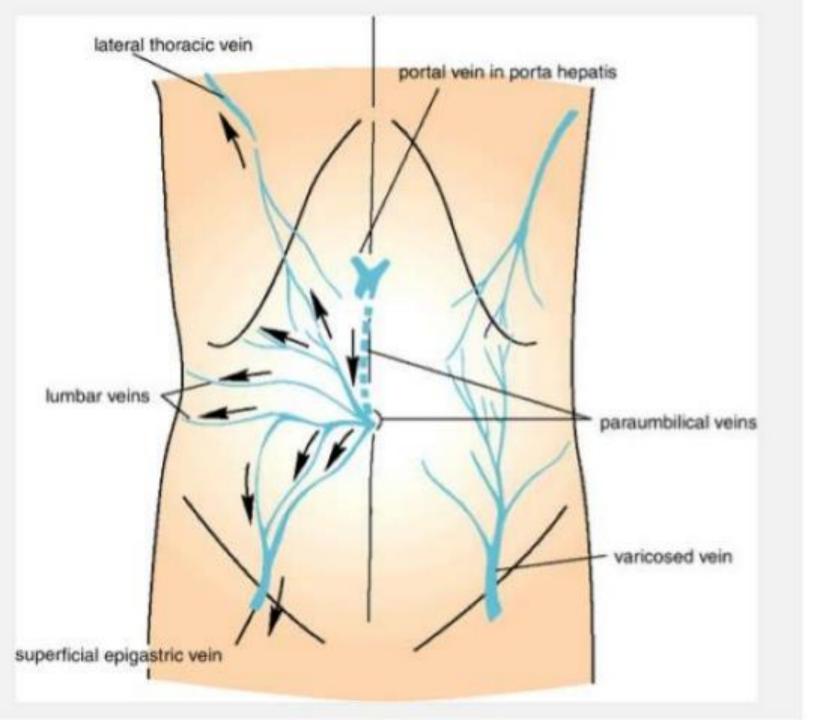
SE-Superior Epigastric

DCI- Deep Circumflex Iliac

IE- Deep , inferior Epigastric Artery

SIEA- Superficial inferior Epigastric artery





## **Muscles of Anterior Abdominal Wall**

## External Obliques

- O: lower 8 ribs
   I: aponeurosis to linea alba
- Function: Flex trunk, compress abd. wall (together)
   Rotate trunk (separate sides)

### Internal Obliques

- O: Lumbar fascia, iliac crest, inguinal ligament
- I: Linea alba, pubic crest, last 3-4 ribs, costal margin
- Function: Same as External obliques

### Transversus Abdominis

- O:same as Internals, plus last 6 ribs
- I: Xiphoid process, costal cart. 5-7
- Function: Compress abdomen

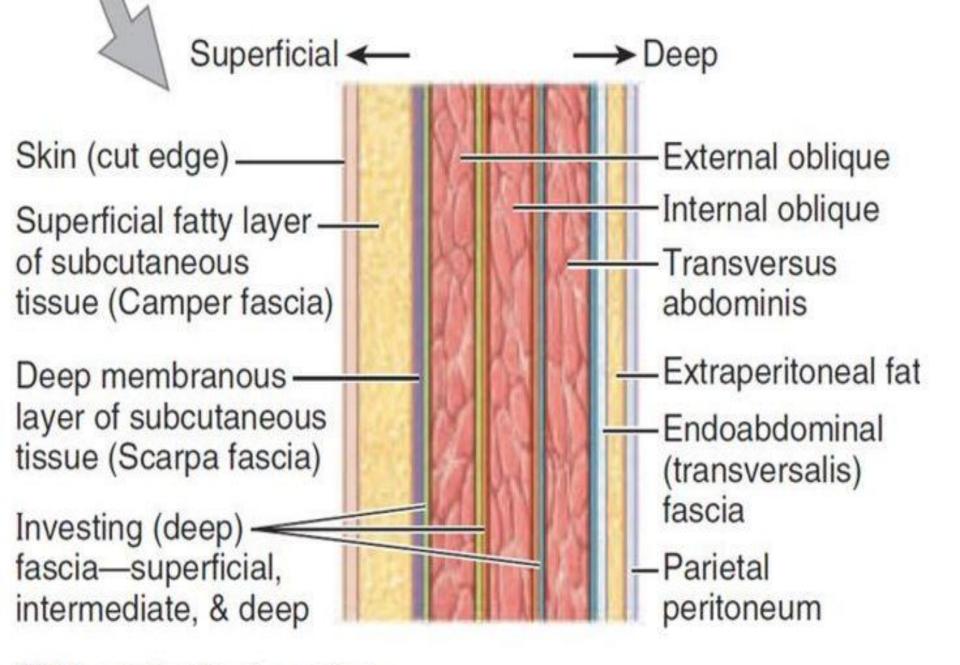
### Rectus Abdominis

- O: Pubic crest, pubic symphysis I: Xiphoid, cost cart 5-7
- Function: Flex, rotate trunk, compress abdomen, fix ribs

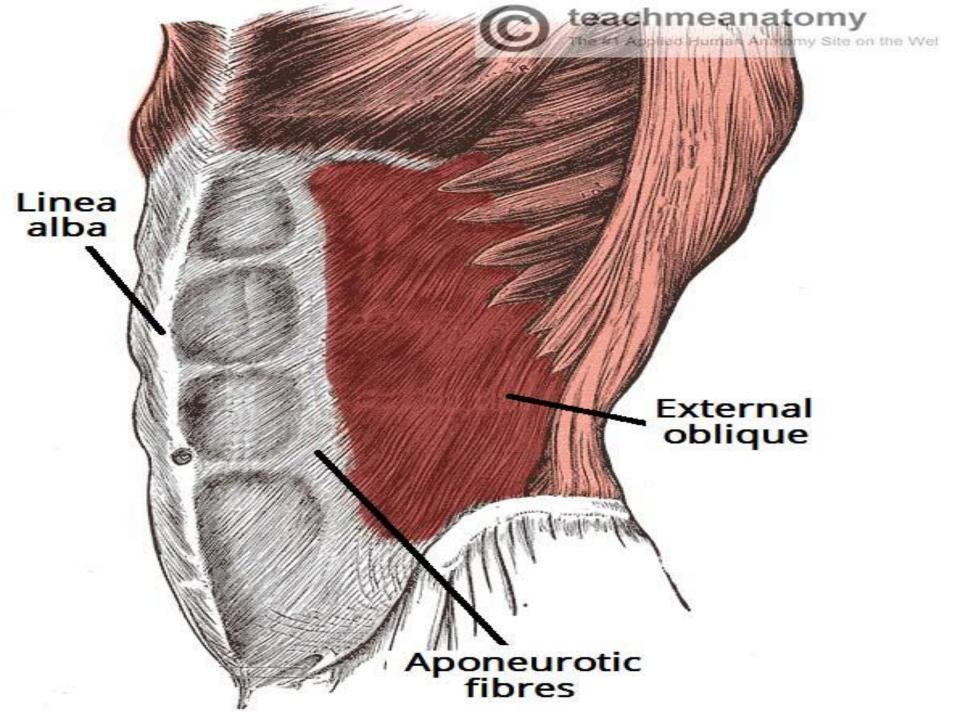


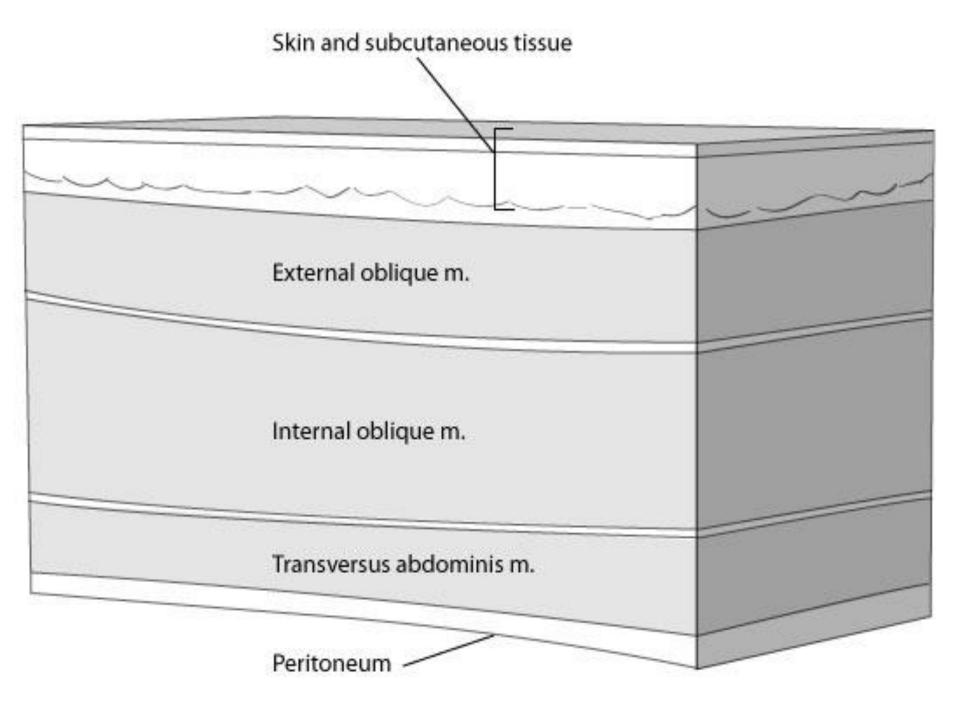
## II. MUSCLES OF THE ANTERIOR ABDOMINAL WALL (Table 5-1) P185

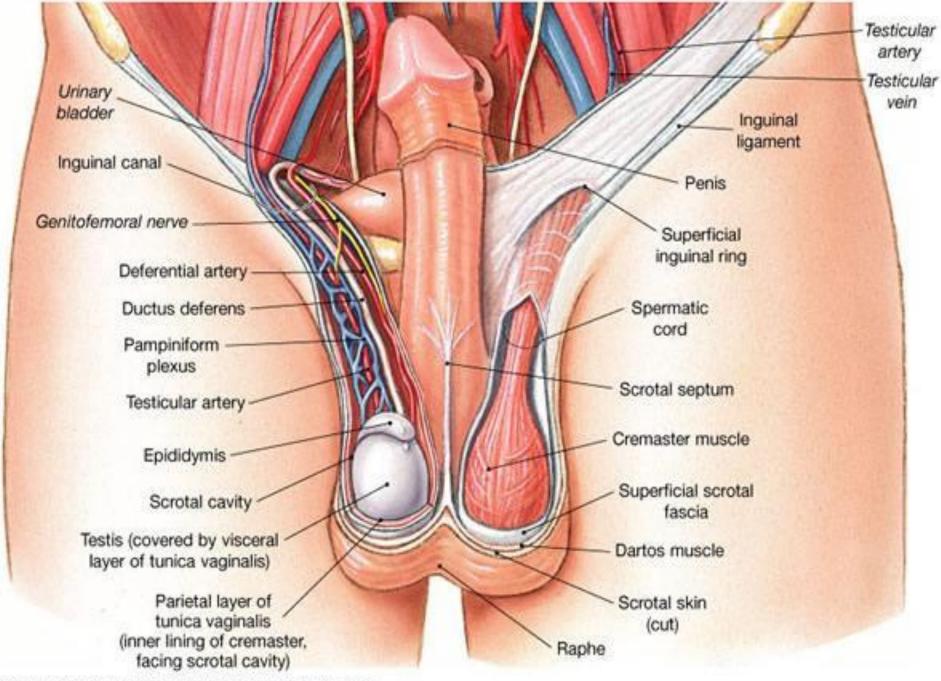
Muscle	Origin	Insertion	Nerve	Action
External oblique	External surface of lower eight ribs (5–12)	Anterior half of iliac crest; anterior-superior iliac spine; pubic tubercle; linea alba	Intercostal (T7-T11); subcostal (T12)	Compresses abdomen; flexes trunk; active in forced expiration
Internal oblique	Lateral two-thirds of inguinal ligament; iliac crest; thoraco- lumbar fascia	Lower four costal cartilages; linea alba; pubic crest; pectineal line	Intercostal (T7-T11); subcostal (T12); iliohypogastric and ilioinguinal (L1)	Compresses abdomen; flexes trunk; active in forced expiration
Transverse	Lateral one-third of inguinal ligament; iliac crest; thoraco- lumbar fascia; lower six costal cartilages	Linea alba; pubic crest; pectineal line	Intercostal (T7-T12); subcostal (T12); iliohypogastric and ilioinguinal (L1)	Compresses abdomen; depresses ribs
Rectus abdominis	Pubic crest and pubic symphysis	Xiphoid process and costal cartilages fifth to seventh	Intercostal (T7-T11); subcostal (T12)	Depresses ribs; flexes trunk
Pyramidal	Pubic body	Linea alba	Subcostal (T12)	Tenses linea alba
Cremaster	Middle of inguinal ligament, lower margin of internal oblique muscle	Pubic tubercle and crest	Genitofemoral	Retracts testis



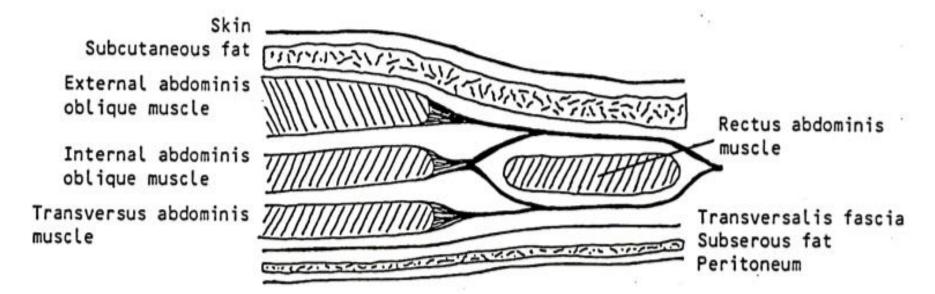
## (B) Longitudinal section



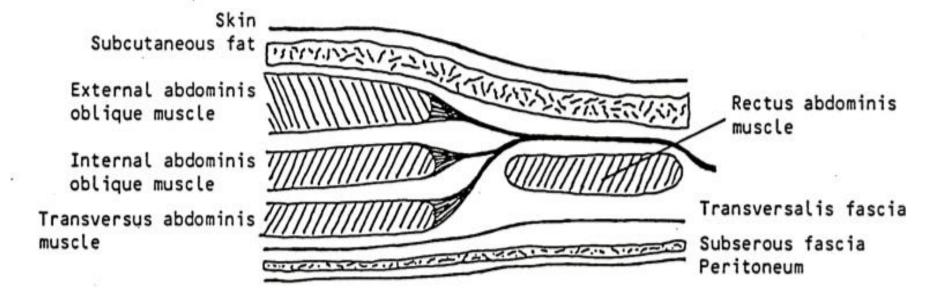


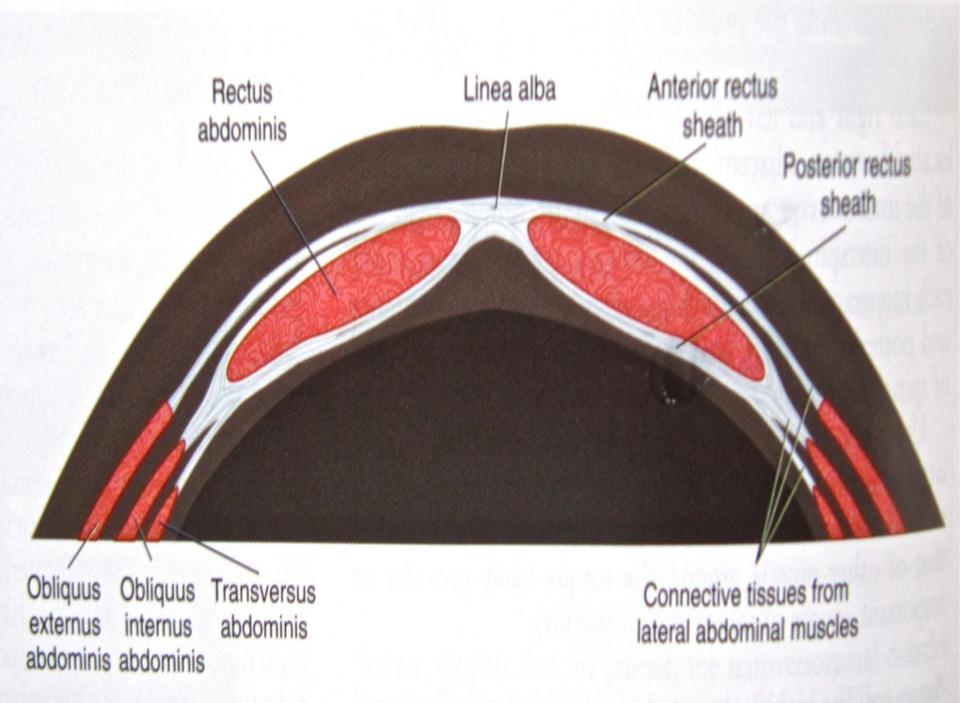


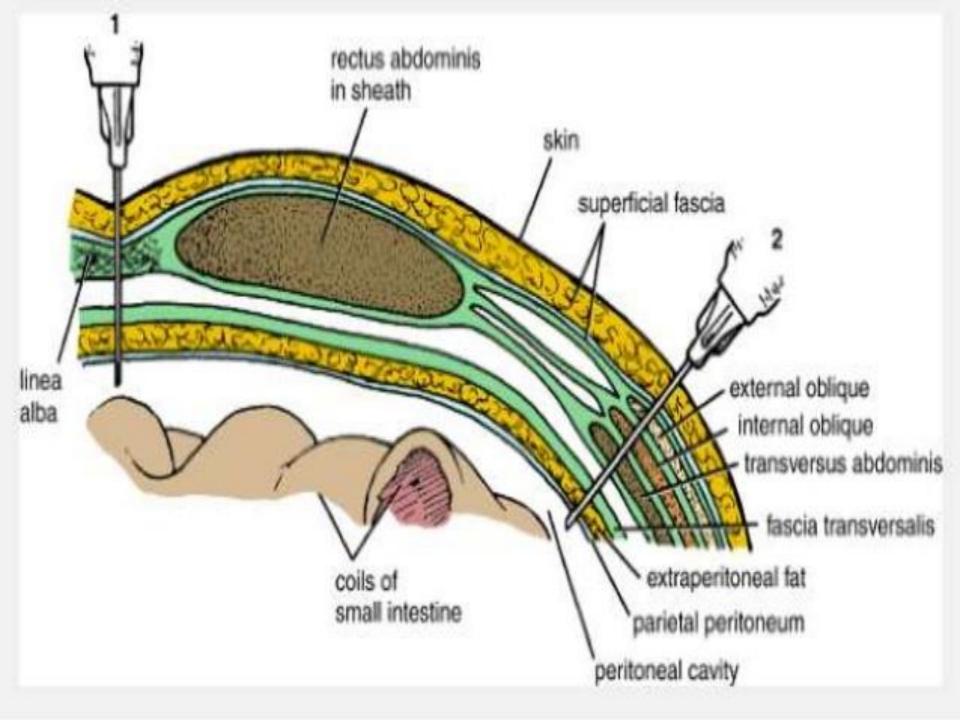
#### ABOVE ARCUATE LINE

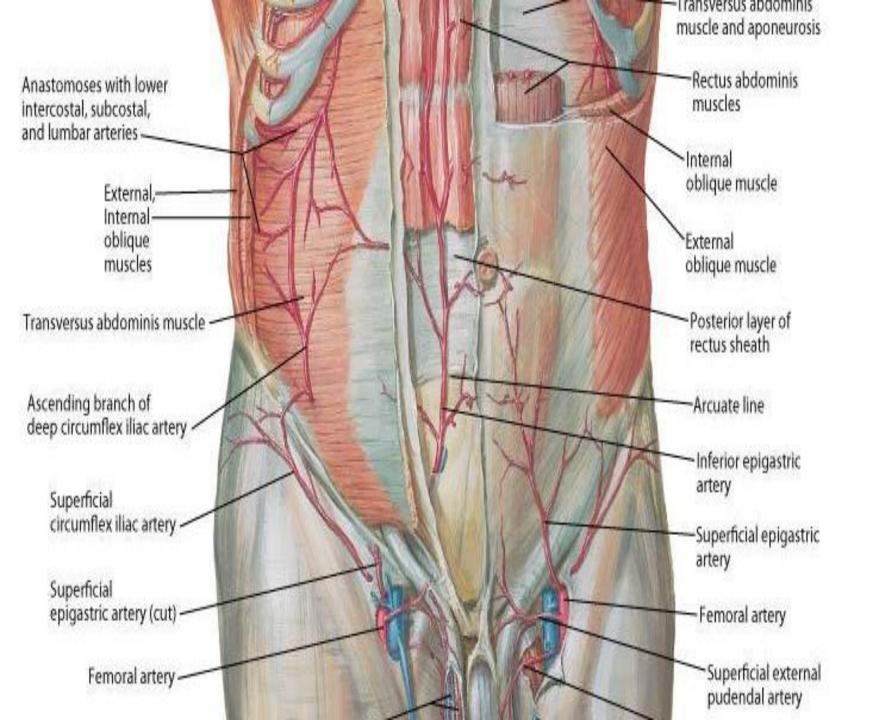


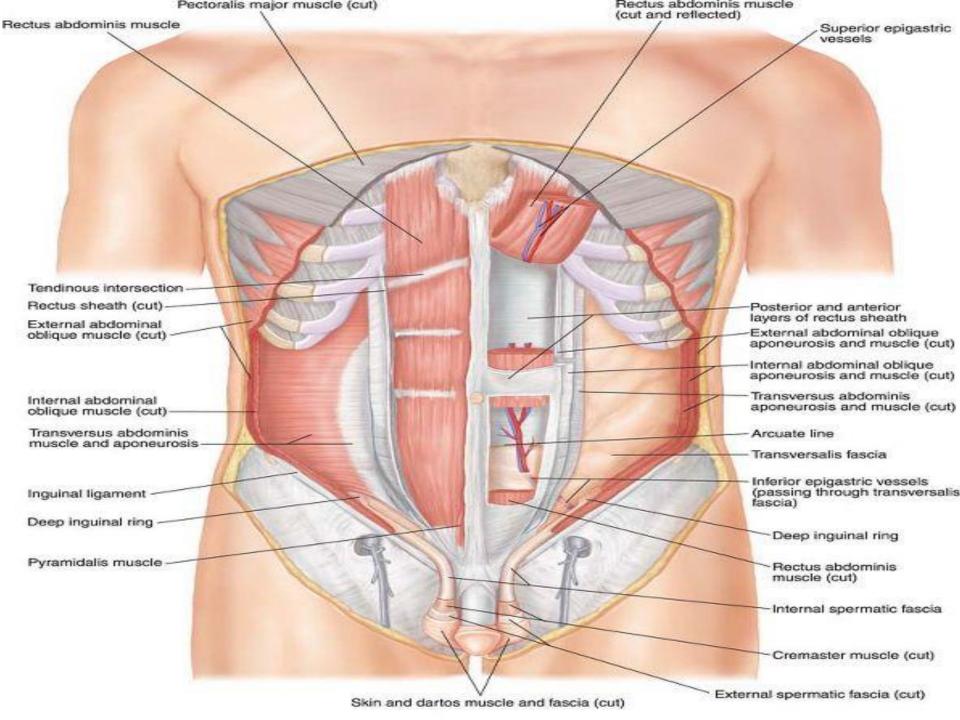
#### BELOW ARCUATE LINE

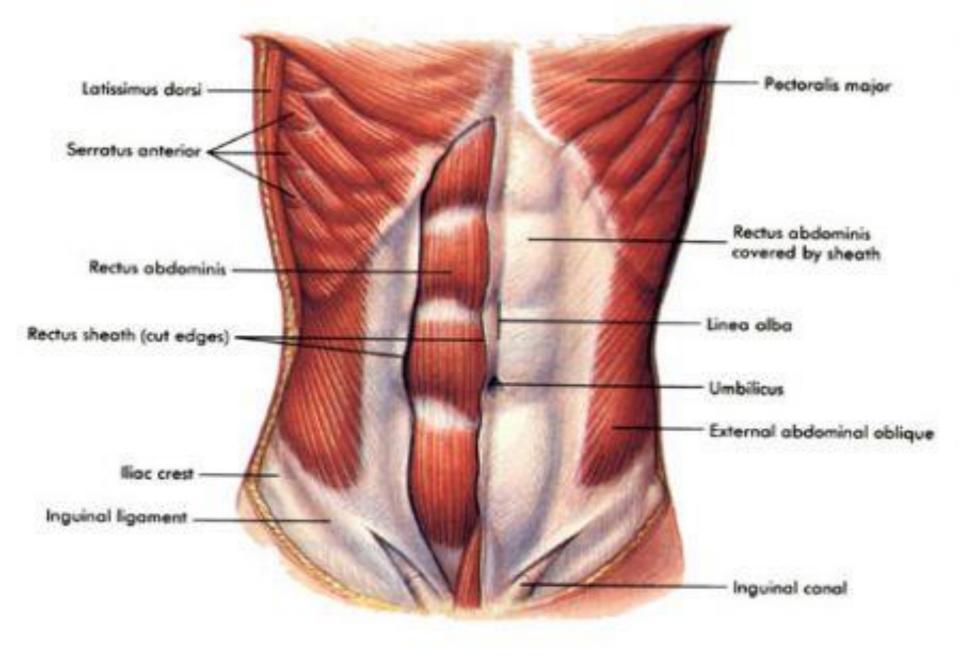


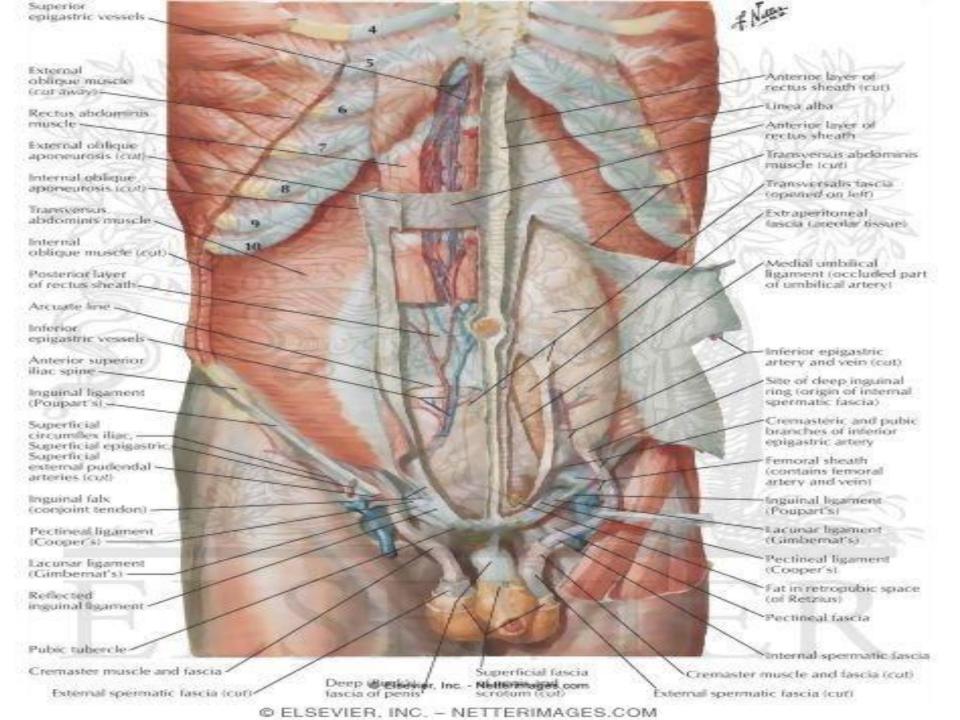


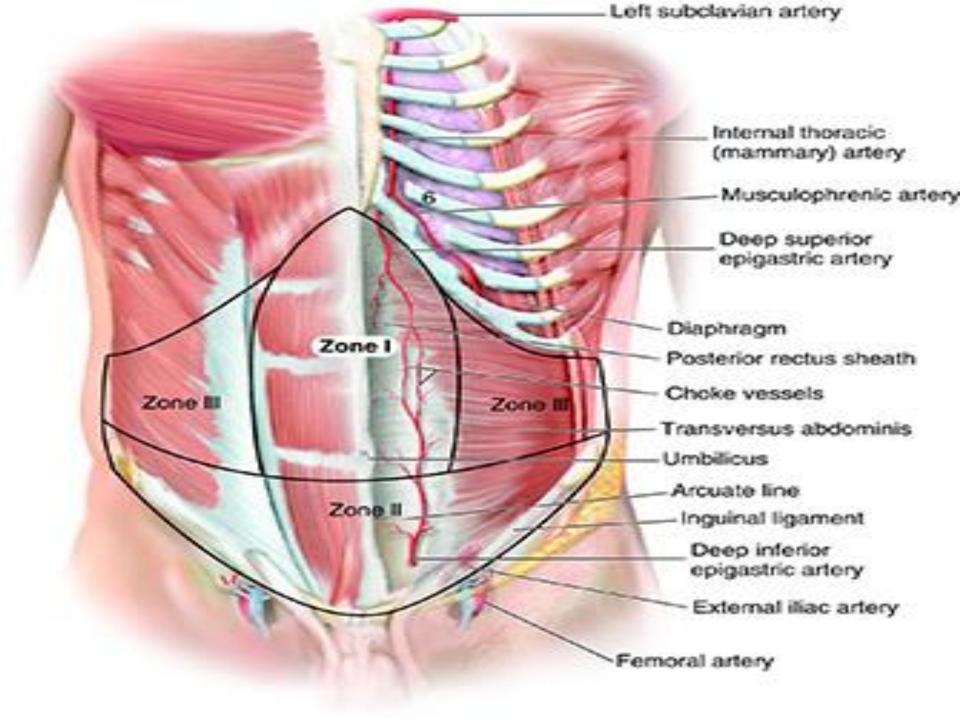


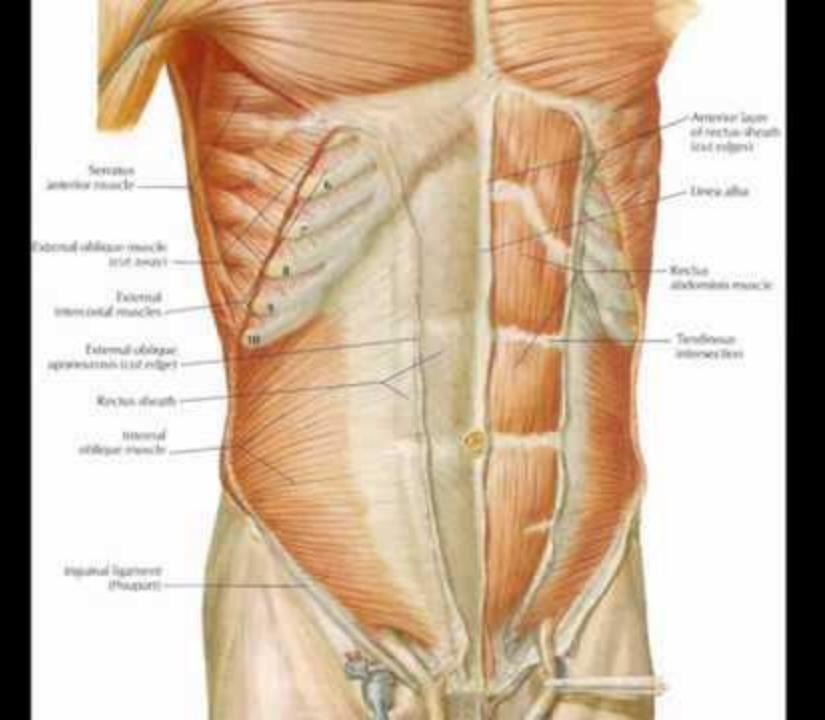


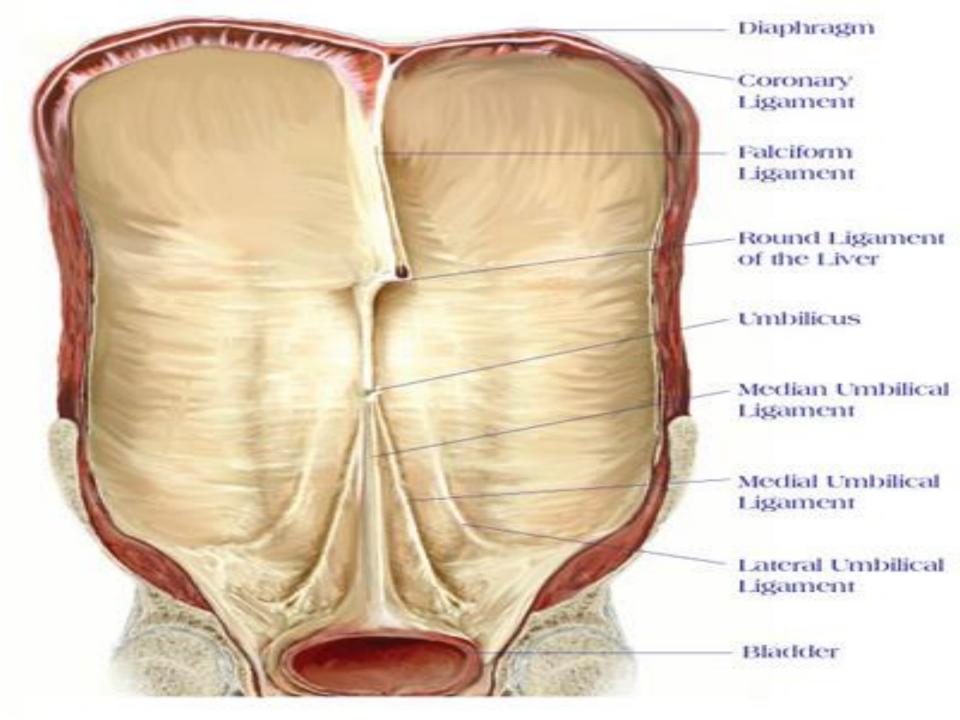




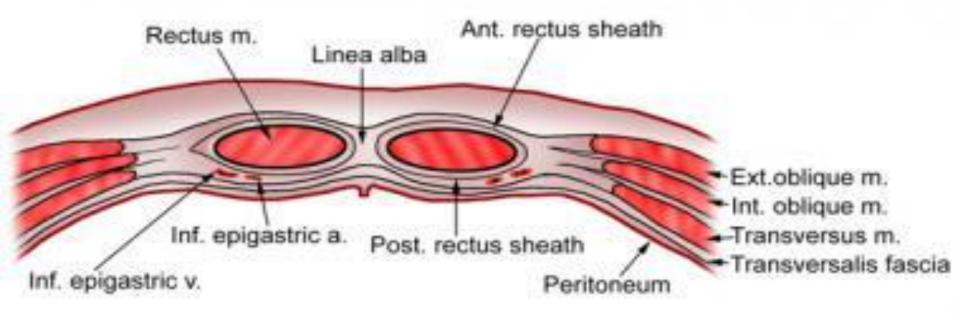




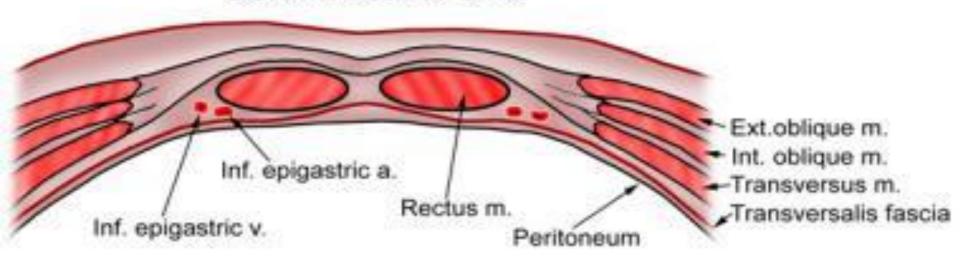


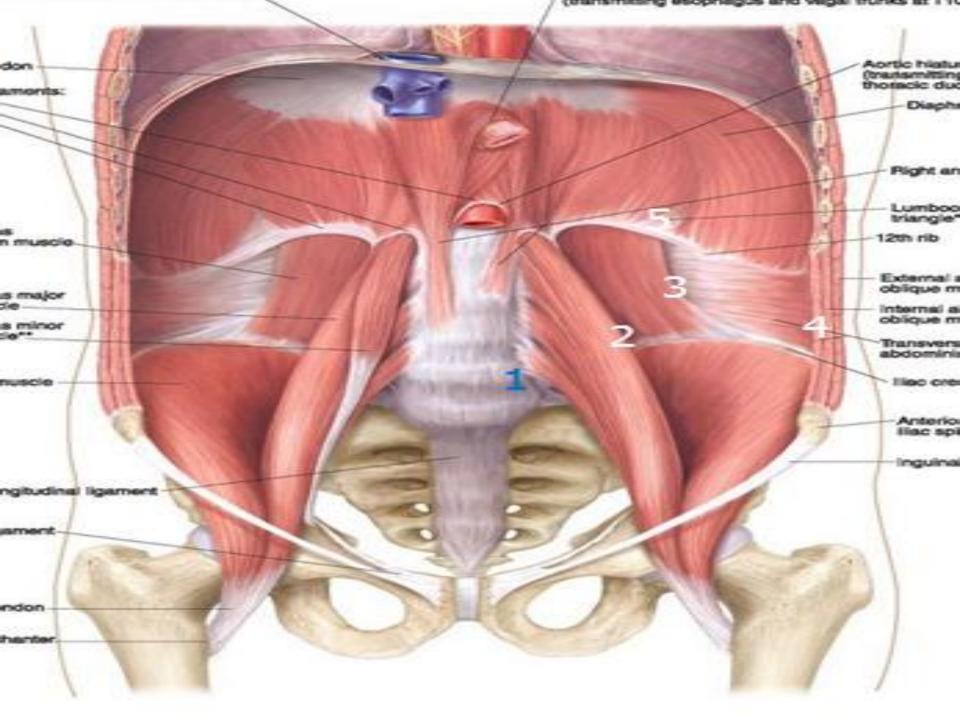


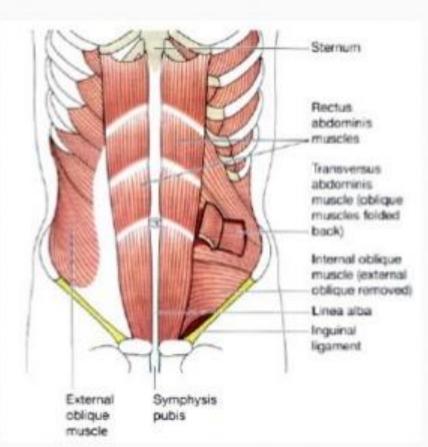
#### Above Arcuate Line



#### **Below Arcuate Line**







Diaphragm (out) 12th rib Quadratus lumborum Quadratus lumborum Inguinal ligament

Fig: Anterior abdominal wall muscles

Fig: Posterior abdominal wall muscles

Psoas

Hisc

crest

Macus

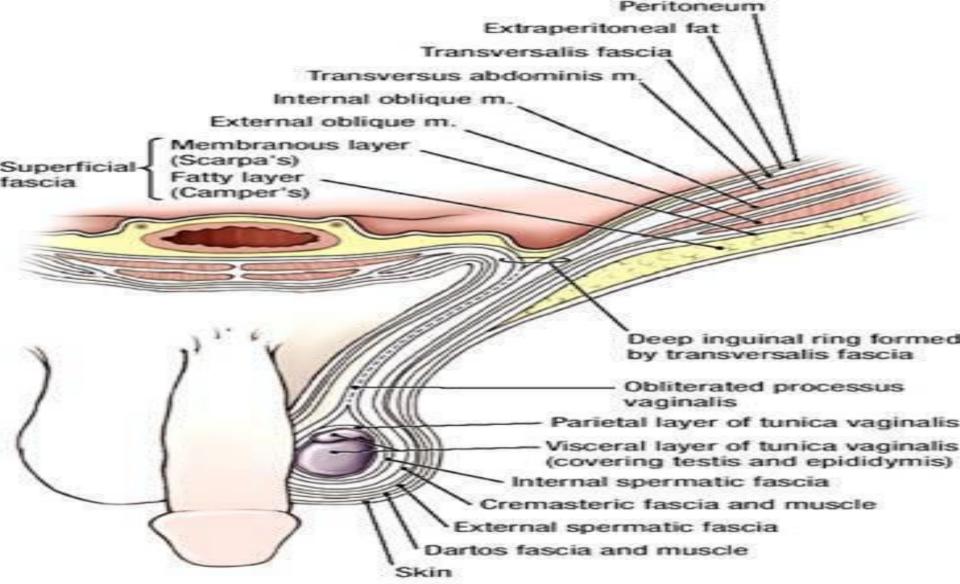
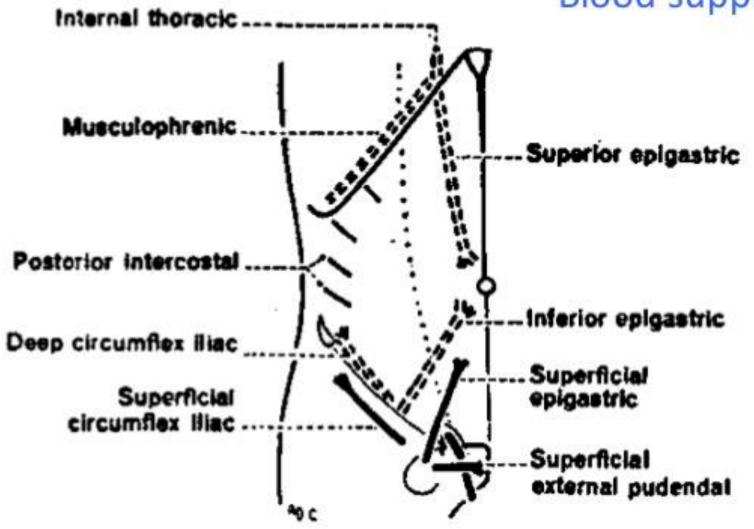


Figure 5.7. Contributions of the anterior abdominal wall to the coverings of the scrotum, spermatic cord, and testis.

### **Blood supply**



Arteries of the anterior abdominal wall.

## Regions of Abdominal Area

Right hypochondriac region

Epigastric region Left hypochondriac region

Right lumbar region

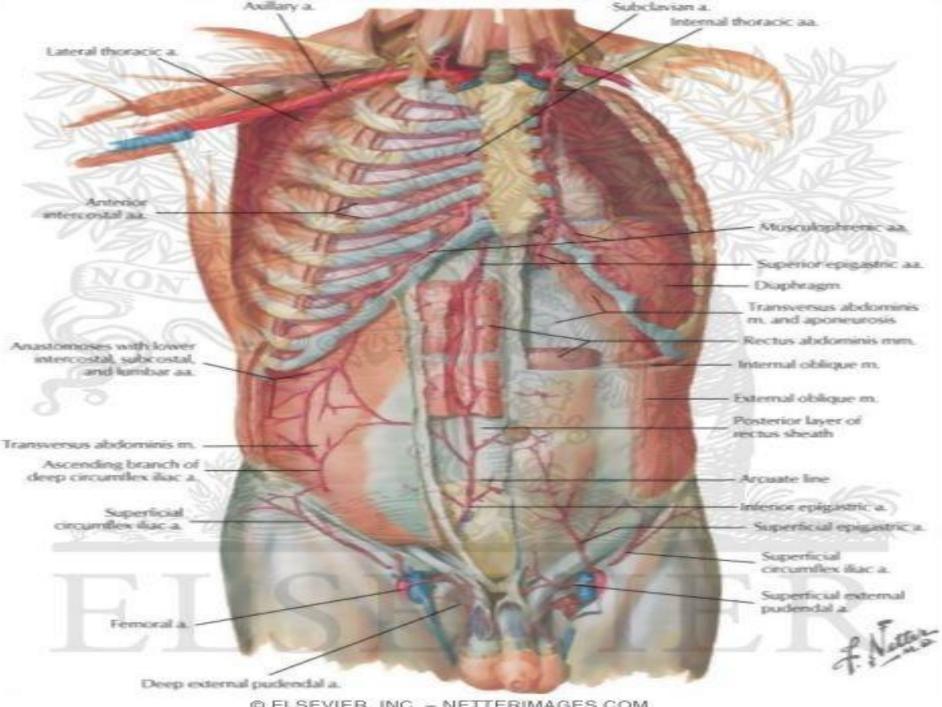
Umbilical region

Left lumbar region

Right iliac region Hypogastric region Left iliac region

## **Umbiicus**

- A fibrous cicatrix, the umbilicus, lies a little below the midpoint of the linea alba, and is covered by an adherent area of skin.
- In the fetus, the umbilicus transmits the umbilical vessels, urachus and, up to the third month, the vitelline or yolk stalk.
- It closes a few days after birth, but the vestiges of the vessels and urachus remain attached to its deep surface.
- The remnant of the fetal left umbilical vein forms the round ligamentum of the liver.
- The obliterated umbilical arteries form the medial umbilical ligaments, enclosed in peritoneal folds of the same name.
- The partially obliterated remains of the urachus persist as the median umbilical ligament.



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# Anterior Abdominal Wall

### B- Medial:

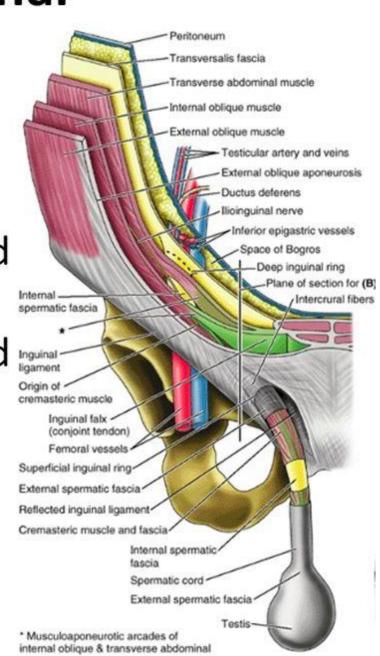
- 1- Skin.
- 2- Superficial fascia.
- Anterior wall of rectus sheath.
- 4- Rectus muscle.
- 5- Posterior wall of rectus sheath.
- Peritoneum.

# ANATOMY OF INGUINAL REGION

أ.د.عبد الجبار الحبيطي

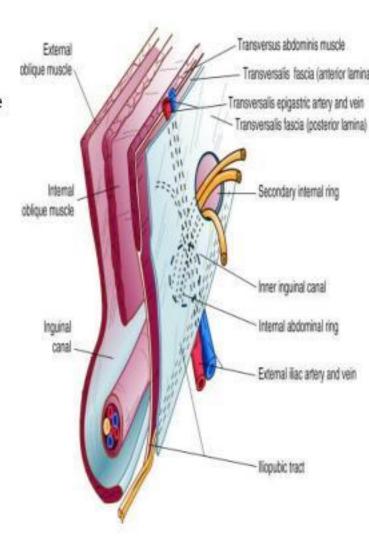
## **Inguinal Canal**

It is an oblique passage through the lower part of the anterior abdominal wall. It is about 4 cm long in adult and extends from the deep inguinal ring, downward and medially to the superficial inguinal ring. It lies parallel to and immediately above the inguinal ligament.



## Anatomy of the inguinal canal

- The inguinal canal is approximately 4 cm in length and is located 2 to 4 cm cephalad to the inguinal ligament. In infants, the superficial and deep inguinal rings are almost
- superimposed and the obliquity of the canal is slight
- The canal extends between the internal (deep) inguinal and the external (superficial) inguinal rings.
- The superficial inguinal ring is a triangular aperture in the aponeurosis of the external oblique muscle and lies 1.25 cm above the pubic tubercle.
- The deep inguinal ring is a U-shaped condensation of the transversalis fascia and it lies 1.25 cm above the inguinal (Poupart's) ligament, midway between the symphysis pubis and the anterior superior iliac spine.
- The anterior boundary comprises mainly the external oblique aponeurosis with the conjoined muscle laterally.
- The posterior boundary is formed by the fascia transversalis and the conjoined tendon (internal oblique and transversus abdominus medially).
- The inferior epigastric vessels lie posteriorly and medially to the deep inguinal ring.
- The superior boundary is formed by the conjoined muscles (internal oblique and transversus)
- and the inferior boundary is the inguinal ligament.



## **Walls of Inguinal Canal**

#### **Anterior wall:**

External oblique aponeurosis, reinforced laterally by the origin of internal oblique from the inguinal ligament. It contain superficial Inguinal ring medially.

#### **Posterior wall:**

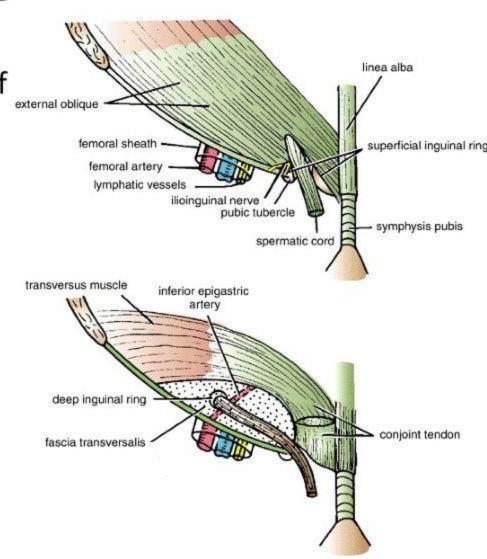
Conjoint tendon medially, fascia transversalis laterally. It contains deep inguinal ring laterally.

#### Roof or superior wall:

Arching lowest fibers of internal oblique & transversus abdominis

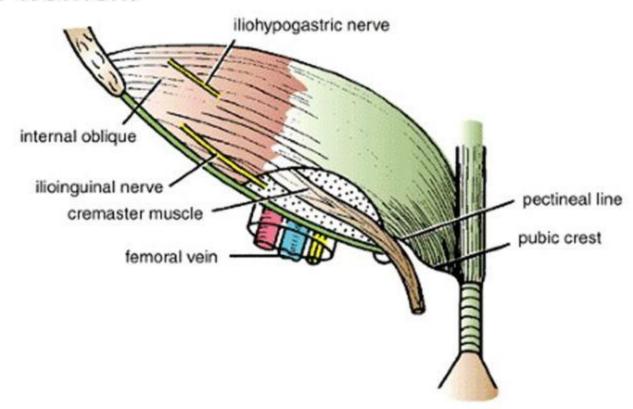
#### Floor or inferior wall:

Upturned lower edge of inguinal ligament and lacunar ligament medially.



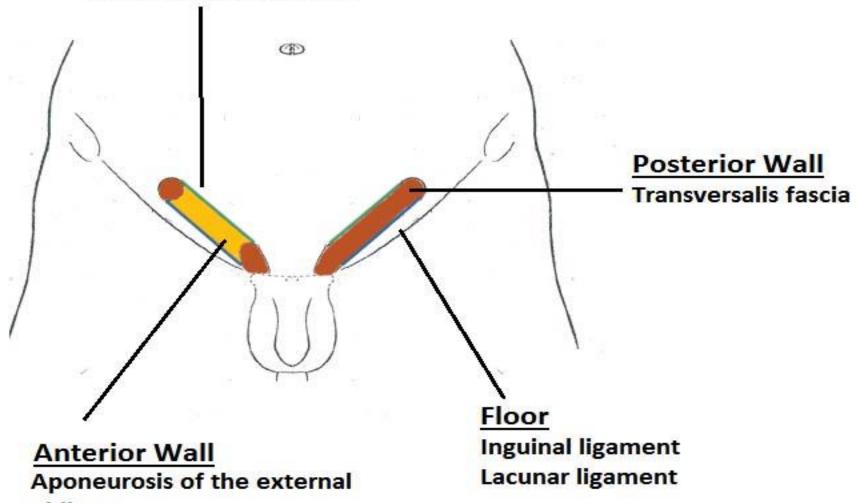
## **Contents of inguinal canal**

- 1- Genital branch of the genitofemoral nerve.
- 2- ilio-inguinal nerve passes through part of the canal, exiting through the superficial inguinal ring
- 3- Spermatic cord in men and the round ligament of the uterus in women.

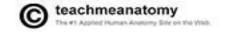


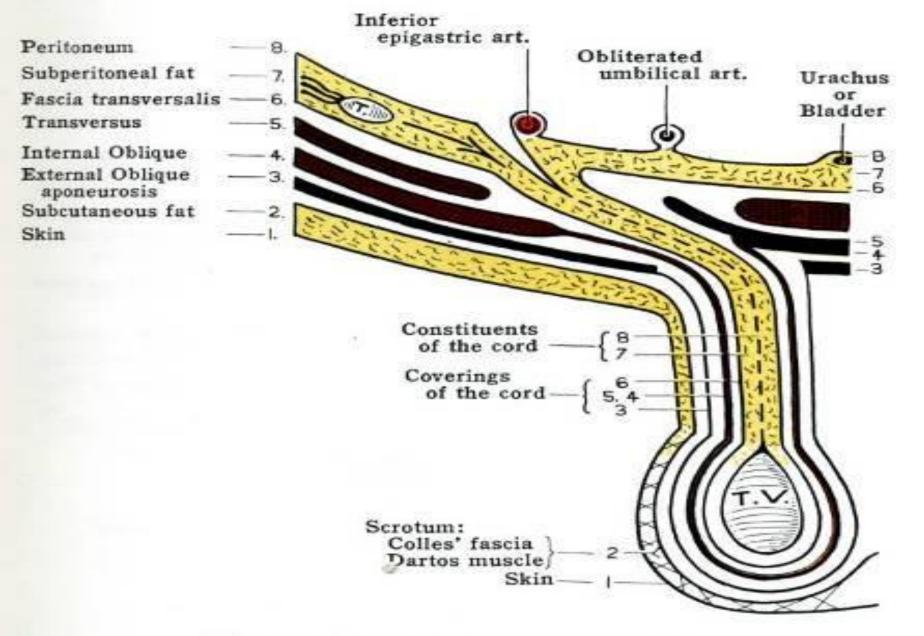
#### Roof

Transversalis fascia Internal oblique Transversus abdominus

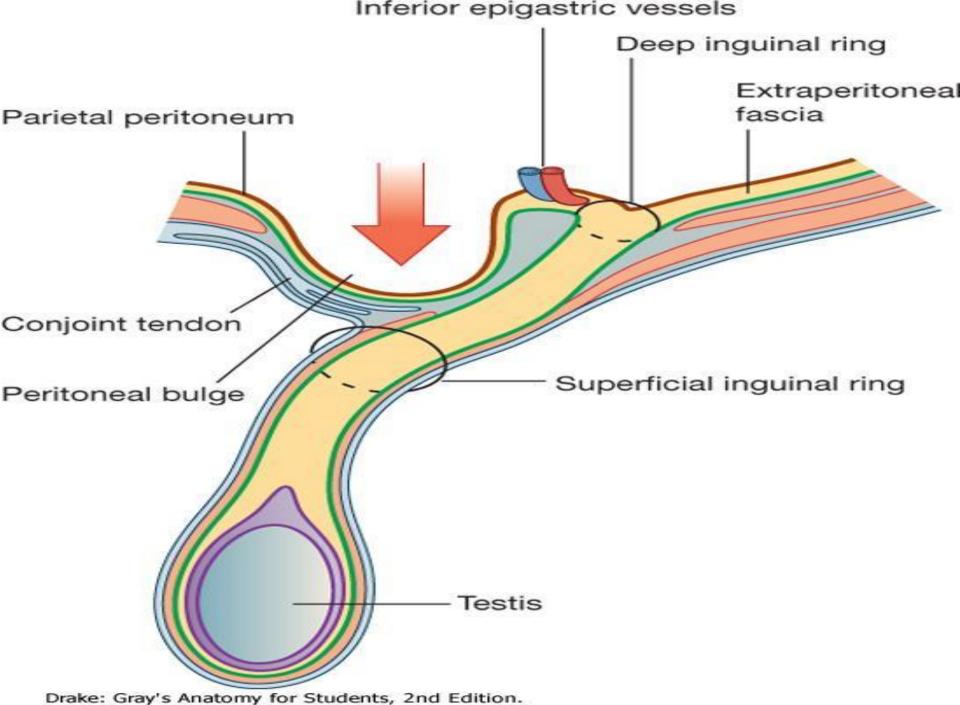


oblique Internal oblique

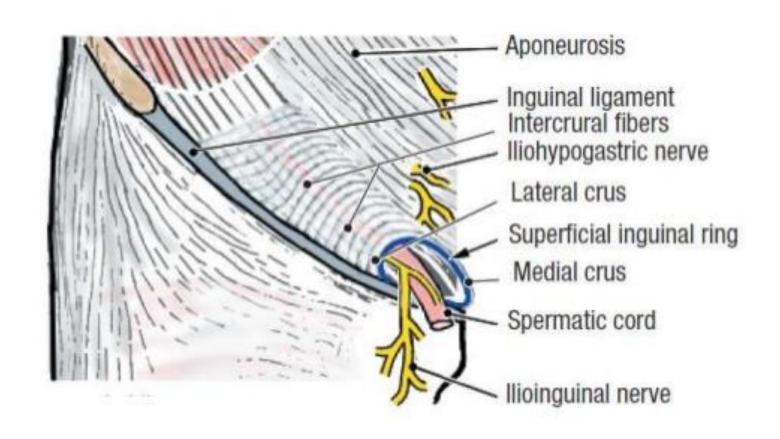




SCHEME OF THE INGUINAL CANAL



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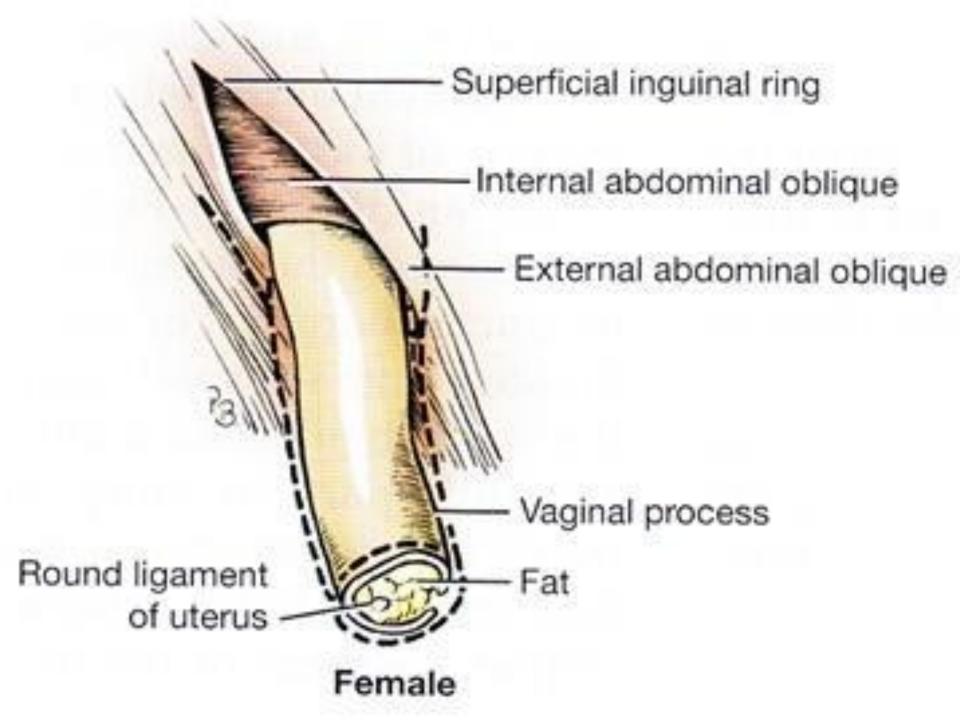


## INGUINAL CANAL

#### Spermatic cord

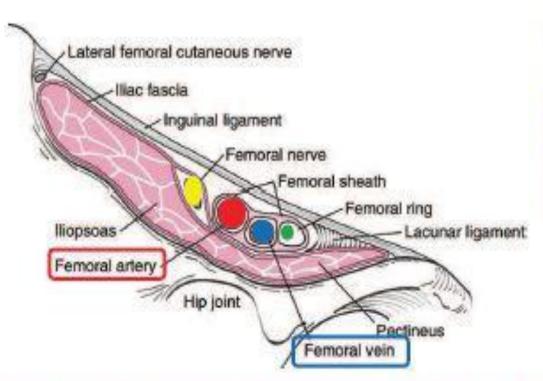
The classic and memorable description of the contents of spermatic cord in the male are:

- 3 arteries: cremasteric, differential and testicular art.
- 3 nerves: genital branch of the genitofemoral nerve (L1/2), autonomic and visceral afferent fibres, ilioinguinal nerve (N.B. outside spermatic cord but travels next to it)
- 3 fascial layers: external spermatic, cremasteric, and internal spermatic fascia.
- 3 other structures: pampiniform plexus, vas deferens (ductus deferens), testicular lymphatics



## 16. Structures under inguinal ligament:





- From lateral to medial side:
- Iliopsoas muscle
- Femoral nerve w/ circumflexes &
- Femoral arteryperforating br
- Femoral vein & great saphenous v
- Femoral canal

Deep inguinal lymph nodes

Femoral Triangle: Superior inguinal ligament, Medially adductor longus m, laterally sartorius m, it lies on top of pectinius m and iliopsoas ms Inguinal lig serves as flexor retinaculum. Psoas m and Femoral n pass from pelvis to anterior thigh, External iliac becomes femoral vessels. The inguinal canal runs perpendicular to the femoral canal.

## INGUINAL CANAL

#### Hesselbach's Triangle

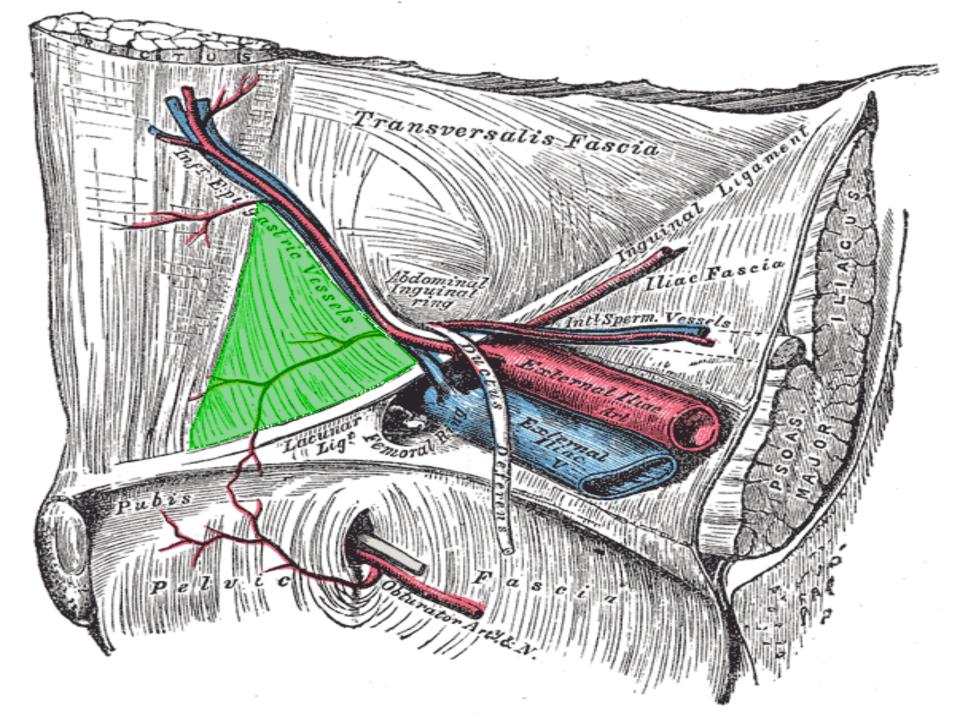
The triangular part of the posterior wall of the inguinal canal.

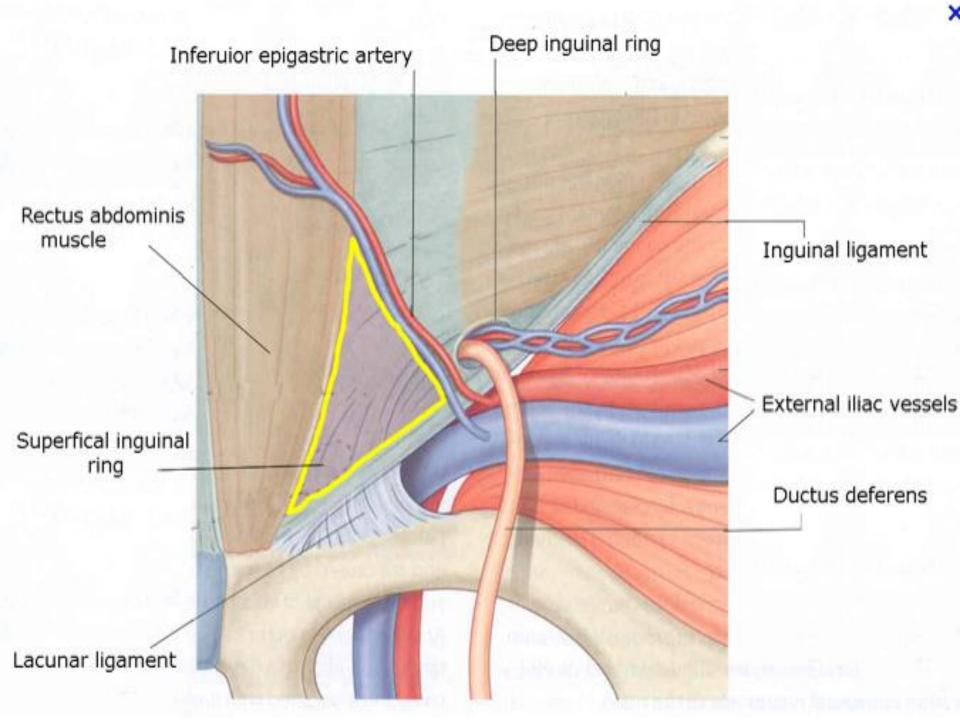
#### Boundaries

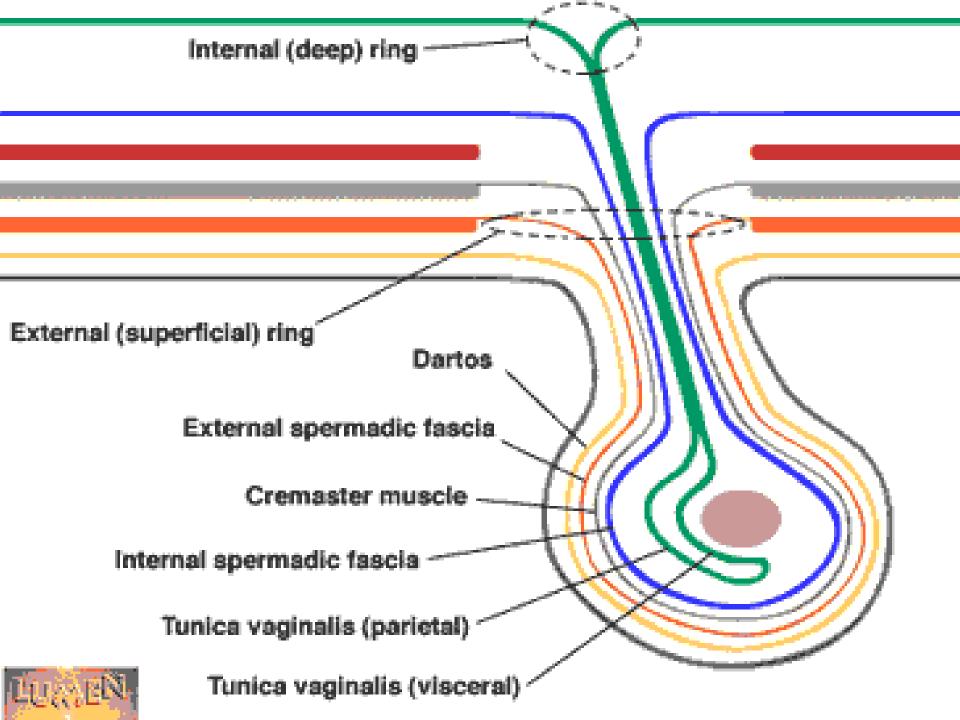
- Inferior: Medial half of inguinal ligament
- Medial: Linea semilunaris(lateral border of rectus abdominis)
- Lateral : Inferior epigastric artery

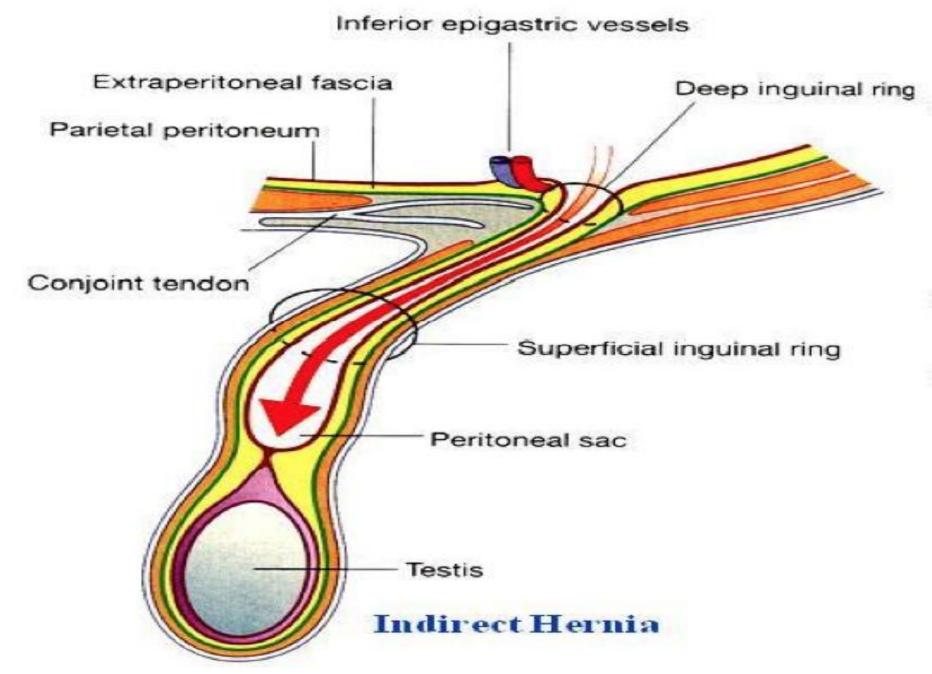
#### Surgical importance

- Not reinforced by conjoint tendon
- Potentially weak area
- Direct Inguinal hernias protrude through it



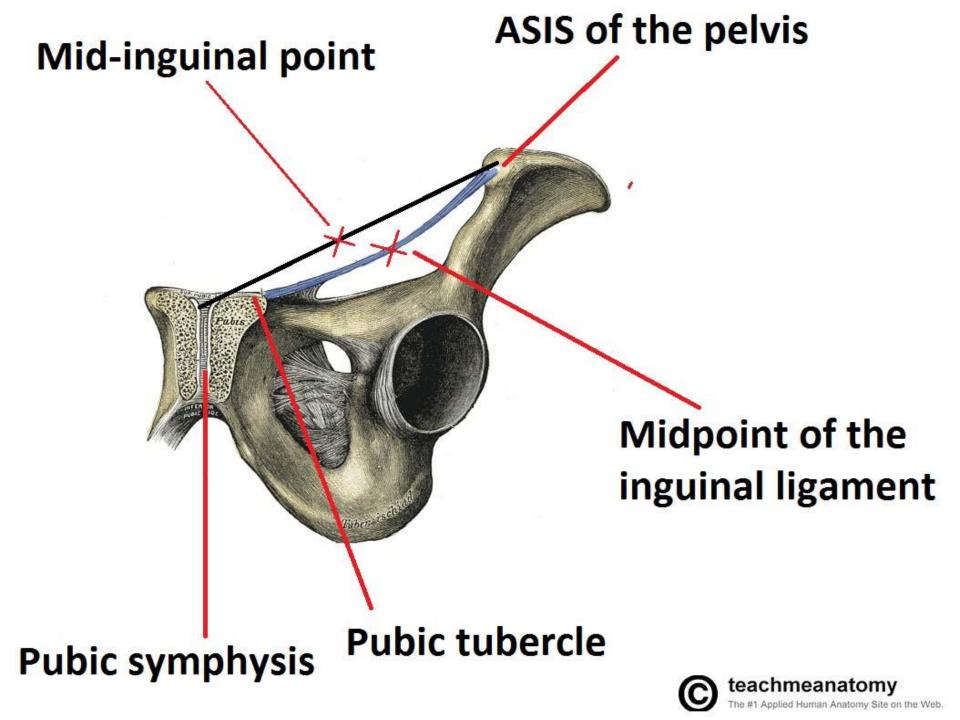


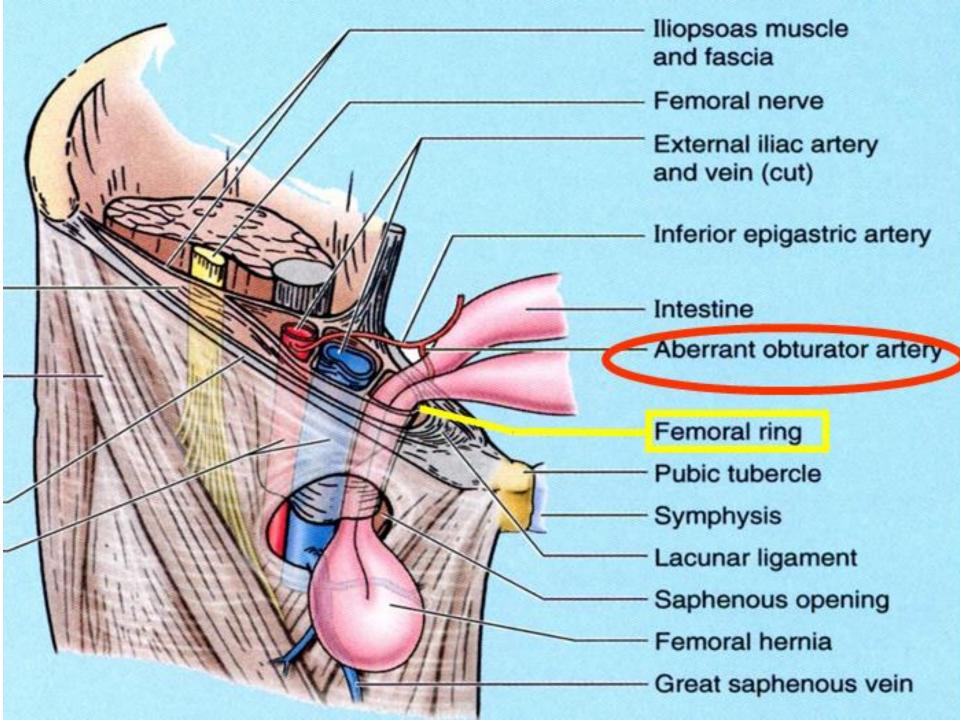




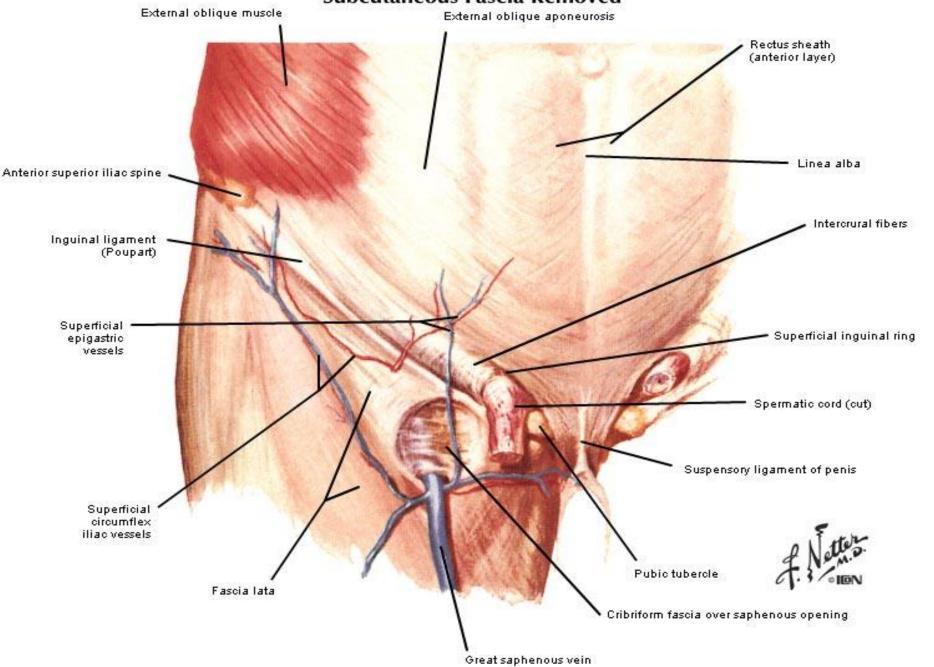
## Differences

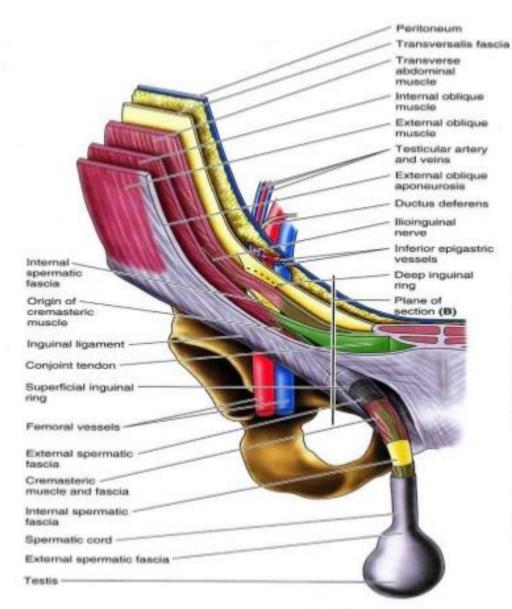
pathway of protrusion	coming down the inguinal canal, may enter the scrotum	pass through Hesselbach's triangle, rarely enter the scrotum
contours of sac	elliptic, pear-shaped	semispheric, wide base
compress the internal ring after reduced	controlled	not controlled
Relationship of sac neck with inferior epigastric artery	Sac neck is lateral to it	Sac neck is medial to it
Incarcerated incidence	high	low





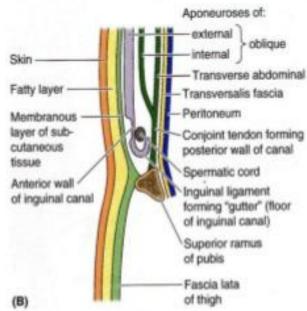
#### Inguinal and Femoral Regions Subcutaneous Fascia Removed







#### **Inguinal Canal**



Dr.G.Bhanu Prakash www.gims-org.com

