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Sobotta

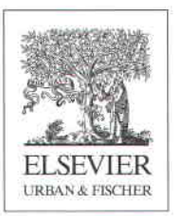
Atlas of Human Anatomy

Edited by R. Putz and R. Pabst
In collaboration with Renate Putz

Translation by S. Bedoui

Volume 2
Trunk, Viscera, Lower Limb

14th edition, newly edited
704 colour plates with 914 figures



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Sobotta

Atlas of Human Anatomy

Volume 2
Trunk, Viscera, Lower Limb

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Preface

It was just over a hundred years ago that Johannes Sobotta set out to publish the first edition of his Atlas of Human Anatomy. Since then, this piece of work has evolved step by step as a result of the constant interaction between students, lecturers and editors. It has not only been the most modern basis for the complex subject of macroscopic anatomy throughout many generations of doctors, but has also developed into a lasting work of reference for both clinical training and advanced medical education. All in all, it has become a book for a medical doctor's life. Once again, in this new edition the additional figures have been drawn strictly on the basis of original specimens.

The 14th edition has been particularly designed to meet the demands of a reformed medical curriculum, emphasizing the integration of clinical medicine into the preclinical curriculum. For this purpose, the new edition has been extended to include the following features:

- Surface anatomy including projection of internal organs (45 colour photos)
- Anatomical diagrams next to imaging figures
- Integration of imaging techniques to a greater extent (ultrasound, X-ray, CT, MRI; 119 figures)
- Endoscopic, intraoperative colour images and figures exemplifying techniques of puncture and examination (54 figures)
- Images of patients presenting with typical palsies
- Diagrams of the most important arterial variations (93 figures)
- Frequent variations in the location of internal organs (24 figures)
- Integration of histology at low magnification of important internal organs (intestine, liver, kidney, etc.)

In order to improve the presentation of the knowledge, the following features have been introduced:

- Clear-cut arrangement of the chapters according to the different regions of the body
- Thematically corresponding figures presented on double pages
- A concise, separate booklet (included in Volume 1) contains tables of muscles, joints and nerves, enabling the reader to place it next to any figure in the atlas

One particular aim of the new edition is to facilitate finding of specific structures. The SOBOTTA depicts anatomical structures precisely without the reader loosing the greater picture. Therefore, specific didactic tools have been improved and new aspects included:

- Each chapter has been allocated to a particular colour
- A "menu bar" on each double page ensures precise orientation within a given chapter
- The number of outlines depicting spatial orientation has been significantly increased (270 figures)
- Overviews of total body regions ensure general orientation
- New diagrams of particular muscles clarify their location and course (24 figures)
- Confusion is kept to a minimum by only depicting limbs of the right side of the body
- "Compass roses" point to adjacent figures, thus facilitating following a given structure over several pages
- Continuous leader lines facilitate finding of structures
- Coloured dots at the end of leader lines in topographic diagrams mark arteries, veins, nerves, and muscles
- The figures in the booklet relate directly to the figures in the atlas
- The larger dimensions of the book improve clarity

With the exception of discussions about the general concept of the atlas and mutual correction, the editors have worked separately on individual chapters, with the work divided as follows:

R. Putz: General anatomy, upper limb, brain, eye, ear, back, lower limb;
R. Pabst: Head, neck, thoracic and abdominal walls, thoracic, abdominal and pelvic viscera.

The inclusion of a large number of new figures is the result of the extraordinary capability of the following medical illustrators: Ulrike Brugger, Rüdiger Himmelhan and Horst Ruß. It is to their credit that the classic "SOBOTTA style" has been retained. Several of the diagrams have been generated on the computer by Henriette Rintelen. We also gratefully acknowledge our clinical colleagues for making clinical illustrations available to us (see picture credits). We owe a debt of gratitude to our colleagues from the institutes for their understanding and helpful suggestions. Dr. N. Sokolov and A. Buchhorn have put meticulous efforts into generating the specimen preparations. S. Fryk and G. Hoppmann have supported us in text processing.

The staff of the editorial office of Elsevier publishers, in particular Dr. D. Hennessen and A. Gattnarzik, has our sincere thanks. Some of the creative development of the work is a result of very fruitful discussions. We would also like to thank R. Hausdorf for tremendous efforts in the production of the atlas. R. Putz together with G. Meier were responsible for the proofreading and simplification of page design and legends. Our special thanks go to Dr. U. Osterkamp-Baust for generating the index, and all others involved in the corrections. With our joint efforts, the SOBOTTA has been once more modernized both in contents and design.

We have included many of the helpful suggestions made over the years by students and colleagues, and would therefore ask all readers of this edition to pass on to us any criticism or suggestions on the new format of this atlas.

Munich and Hannover, September 2005
R. Putz and R. Pabst

Univ.-Prof. Dr. med. Reinhard Putz

Born in Innsbruck/Austria

1962–1968	Studied medicine at the Leopold-Franzens-University of Innsbruck
1968	Received a doctorate
1968–1982	University assistant at the Institute of Anatomy at the University of Innsbruck
1978	Lecturer in anatomy
1979	Consultant for anatomy
1982–1989	Chair of the Anatomical Institute at the Albert-Ludwigs-University of Freiburg
since 1989	Chair of the Anatomical Institute at the Ludwig-Maximilians-University of Munich
1992–1994	President of the European Association of Clinical Anatomists
1993	Registration to practise medicine
1998–1999	Chairman of the Anatomical Society
1999	Member of the Akademie der Naturforscher und Ärzte (Leopoldina)
2002	Dr. h.c. of the University of Constanta, Romania
2003	Prorector I of the Ludwig-Maximilians-University of Munich

Research and fields of interest

- Functional anatomy of the passive locomotor system
- Evolution and functional anatomy of the vertebral column
- Form-function-relations of joints
- Applied anatomy (anatomical basics of orthopaedics, surgery, radiology)
- Questions about the contents and organisation of the medical curriculum
- Development of didactic training programmes at universities

Univ.-Prof. Dr. med. Reinhard Pabst

Born in Posen, grown up in Lüneburg

1965–1970	Studied medicine at the Hannover Medical School, and in Glasgow/Scotland
1970	University degree and doctorate
1971	Registration to practise medicine
1971–76	Scientific associate in the Department of Clinical Physiology, University of Ulm
1976	Lecturer for Clinical Physiology, University of Ulm, and new lectureship at the Hannover Medical School
1976–80	Senior assistant in the Department of Functional and Applied Anatomy, Hannover Medical School
1978	Extension of the Venia legendi to include anatomy
1980–1992	Head of the Department of Topographic Anatomy and Biomechanics
since 1992	Head of the Department of Functional and Applied Anatomy, Hannover Medical School
1986–1990	Prorector for studies and education, Hannover Medical School
1993–1997	Dean of the Hannover Medical School
1997–1998	Chairman of the Anatomical Society
1999–2003	Prorector of Research of the Hannover Medical School
2001	Member of the Akademie der Naturforscher und Ärzte (Leopoldina)

Research and fields of interest

- Functional anatomy of lymphatic organs
- Proliferation and migration of lymphocytes
- Development of the intestinal immune system
- Function of the pulmonary immune system
- Questions of a clinically orientated anatomy in the medical curriculum
- Evaluation of teaching

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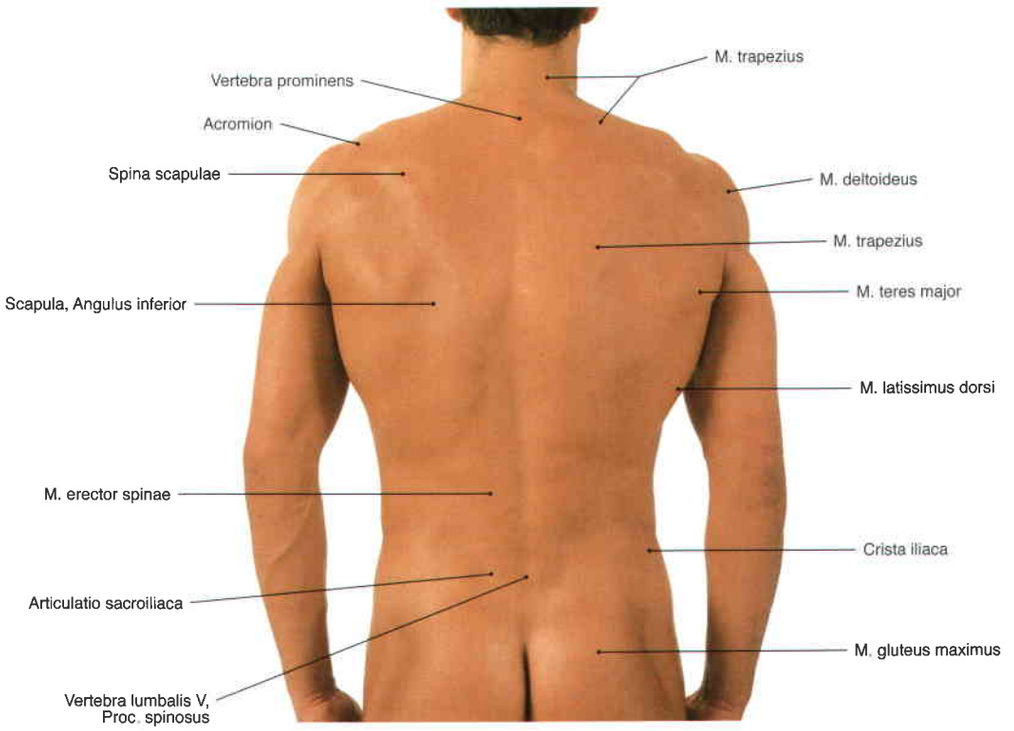

Fig. 728 Back, Dorsum; surface anatomy.

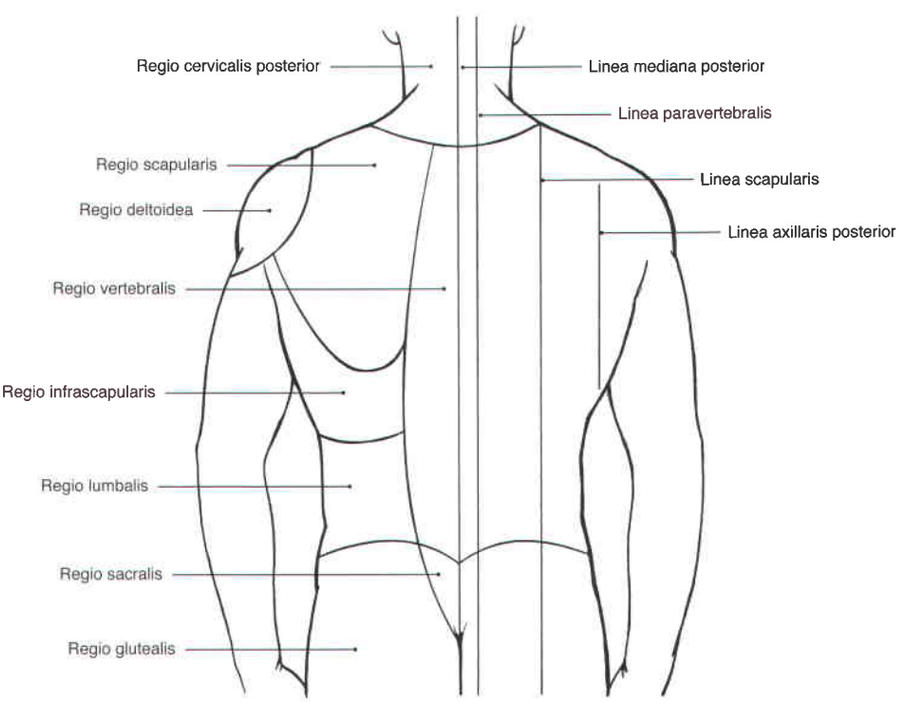

Fig. 729 Regions and orientation lines of the back.

Skeleton of the trunk

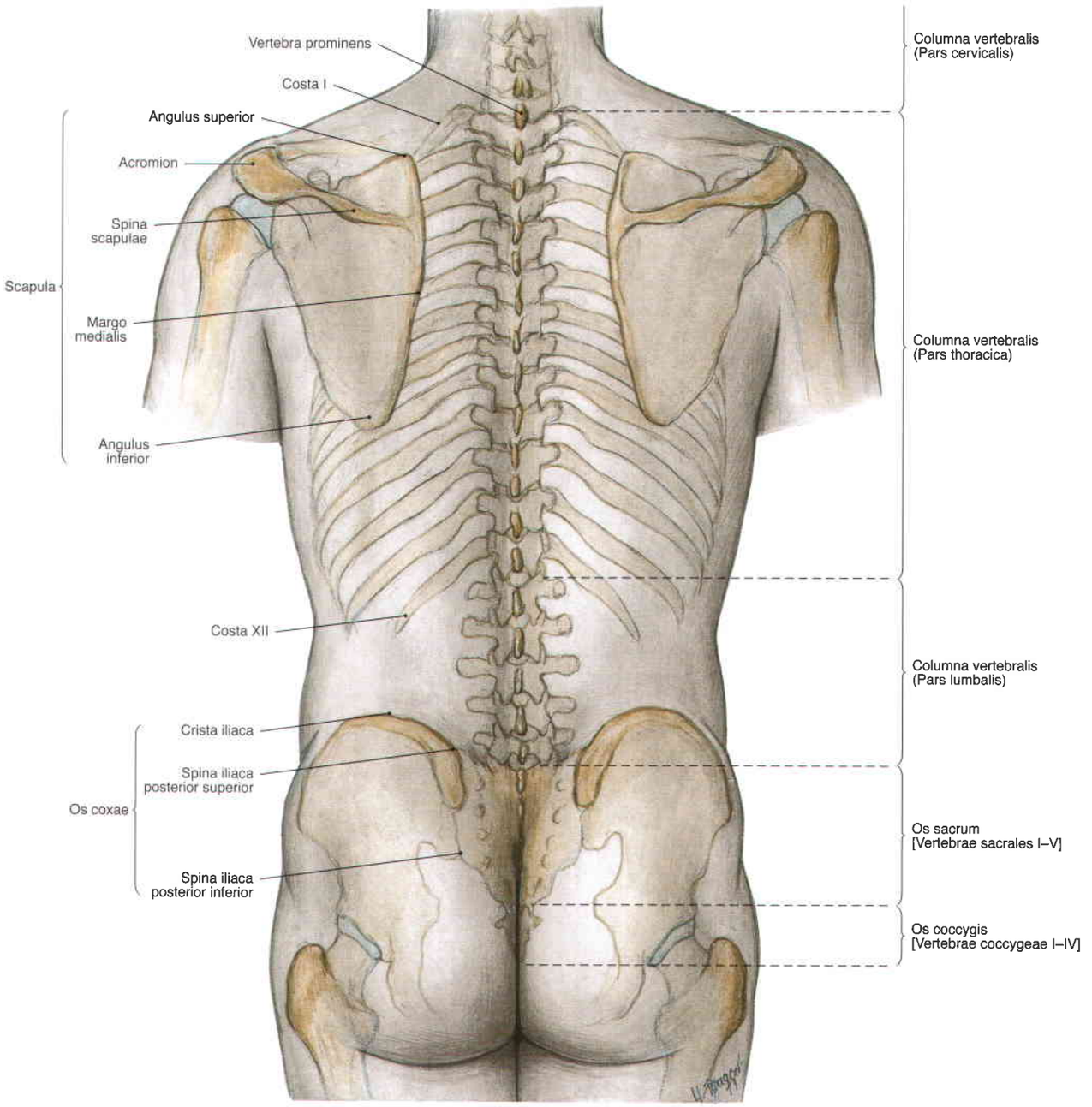

Fig. 730 Skeletal system, Systema skeletale, of the trunk.

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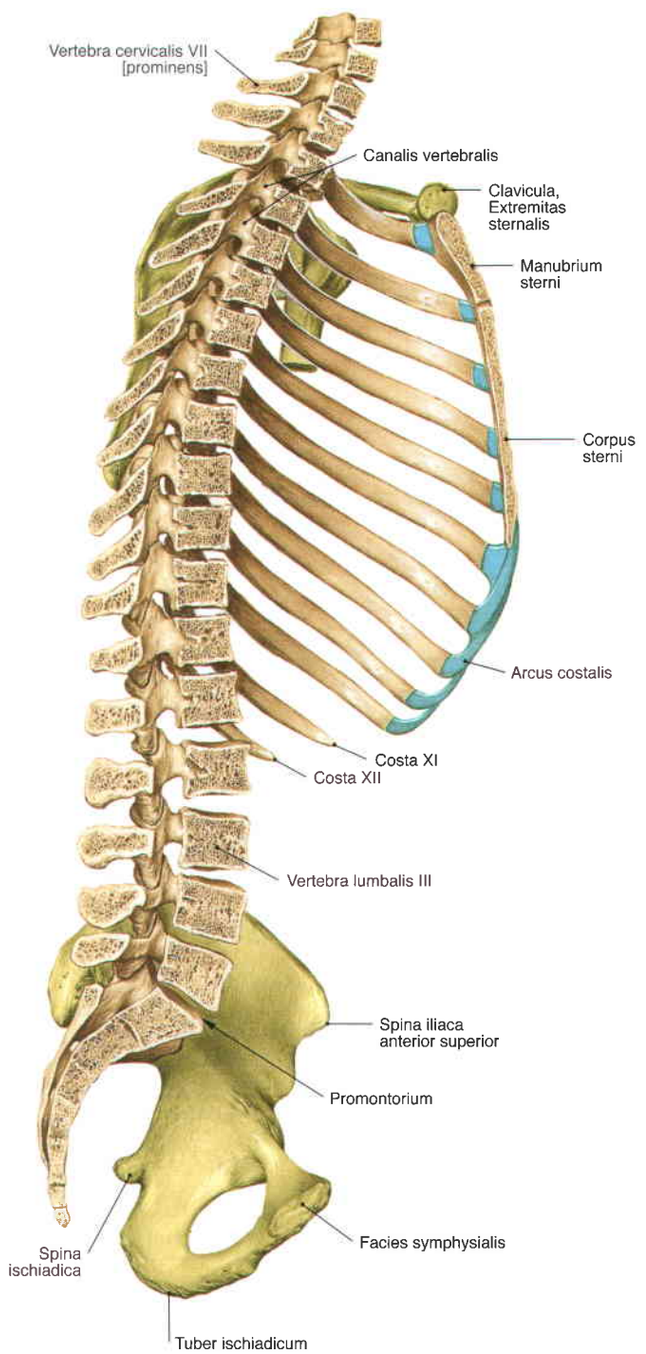

Fig. 731 Vertebral column, Columna vertebralis; pectoral girdle, Cingulum pectorale, and pelvic girdle, Cingulum pelvicum; median section through the vertebral column; medial view.

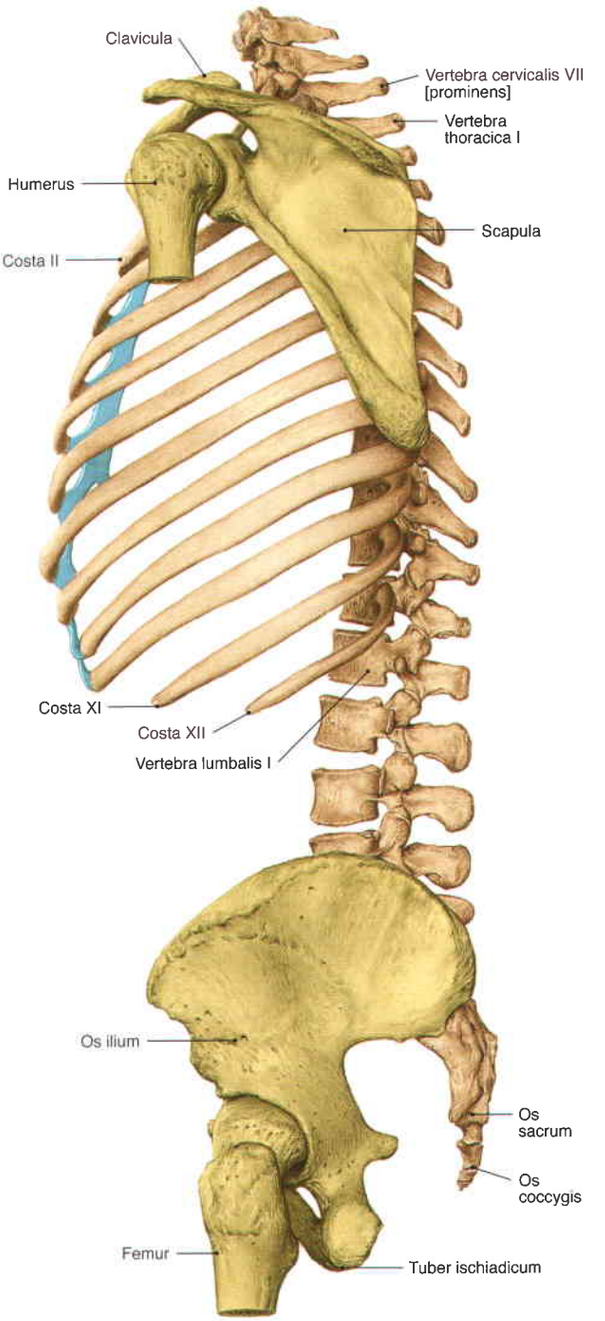

Fig. 732 Vertebral column, Columna vertebralis; pectoral girdle, Cingulum pectorale, and pelvic girdle, Cingulum pelvicum; median section through the vertebral column; viewed from the left.

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Vertebral column

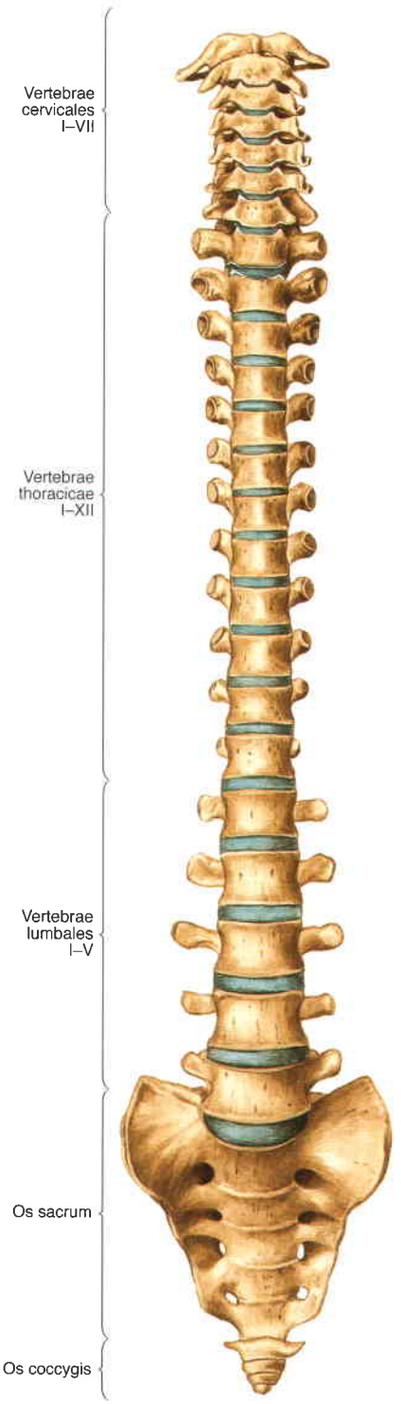

Fig. 733 Vertebral column, Columna vertebralis; ventral view.

Fig. 734 Vertebral column, Columna vertebralis; dorsal view.

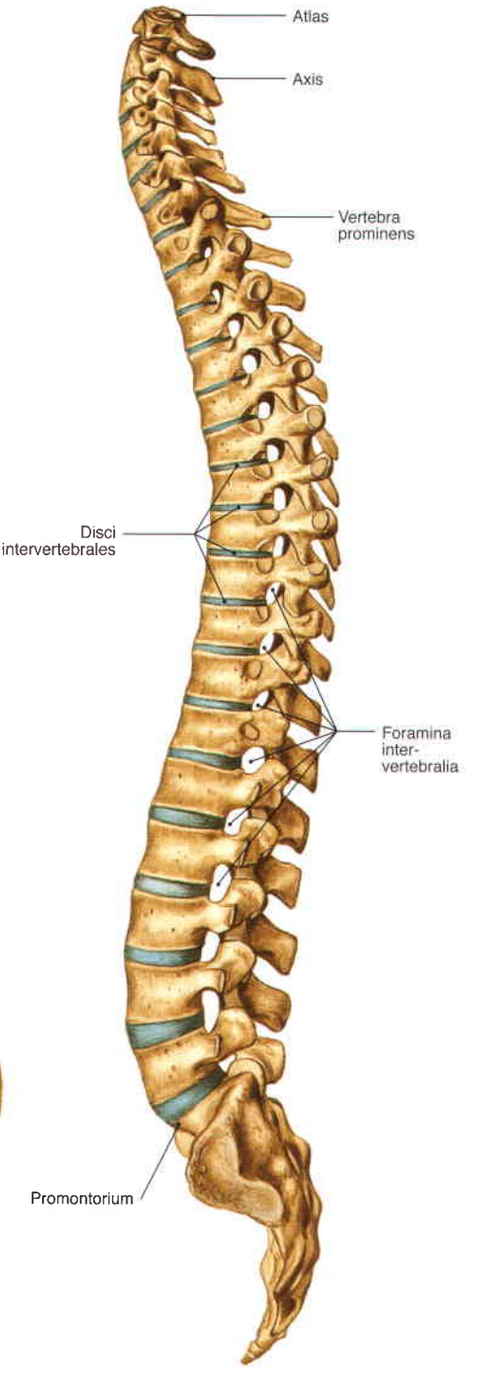

Fig. 735 Vertebral column, Columna vertebralis; viewed from the left.

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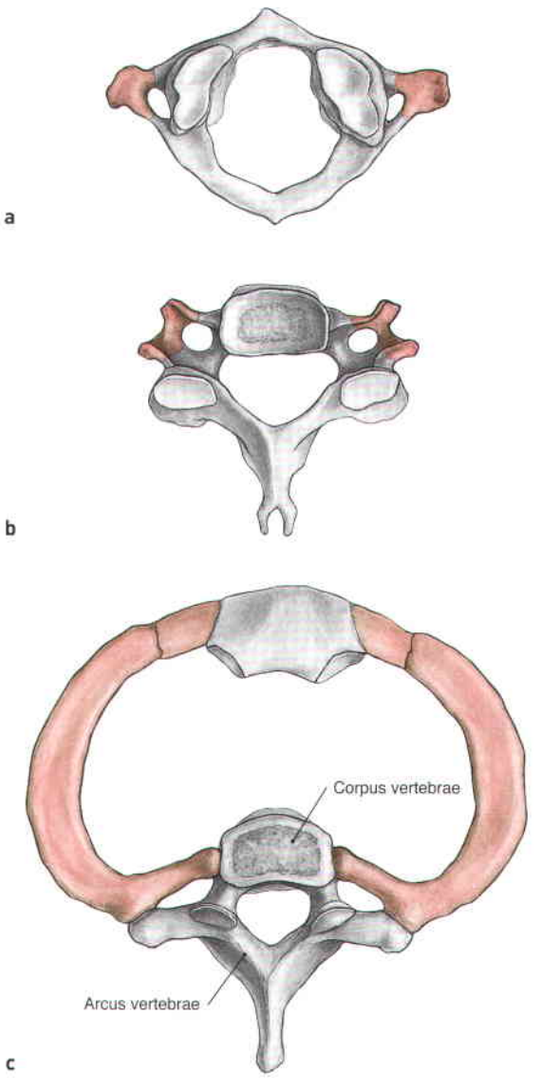

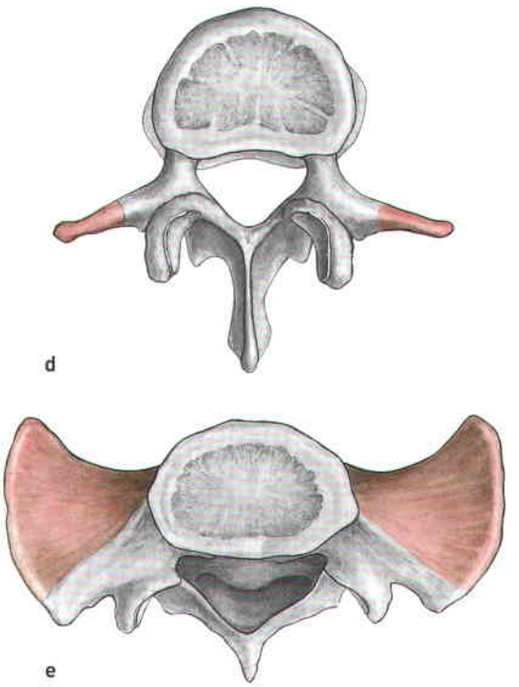

Fig. 736 a–e Regional characteristics of the vertebrae. Only in the thoracic region of the vertebral column do the lateral parts (labelled in red) remain separated and form ribs.

a First cervical vertebra, Atlas
b Fourth cervical vertebra, Vertebra cervicalis IV
c First thoracic vertebra, Vertebra thoracica I, with corresponding ribs, Costae, and sternum, Sternum
d Third lumbar vertebra, Vertebra lumbalis III
e Sacrum, Os sacrum

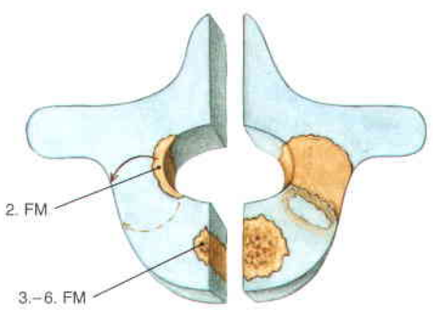

Fig. 737 Vertebral development.
Demonstration of the appearance of primary ossification centres in a lumbar vertebra (pedicle: second foetal month; corpus: third to sixth foetal month).
Synostosis of the ossification centres of the vertebral arch with those of the corpus occurs between the third and the sixth year of life.

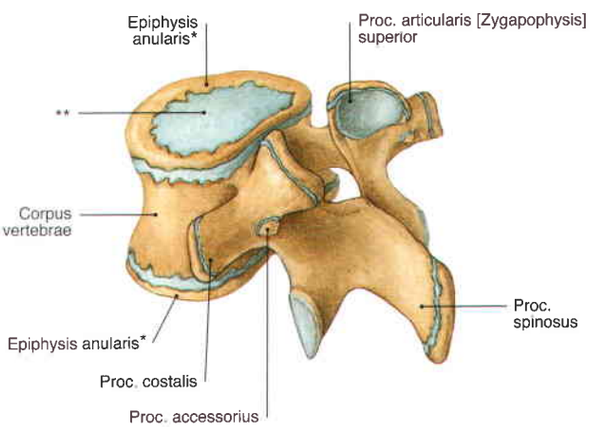

Fig. 738 Vertebral development.
Circular ossification centres (= rims*) appear in the epiphyses of the vertebrae during the eighth year of life and fuse with the vertebral bodies until the eighteenth year of life.
The central portions of the epiphyses remain as hyaline cartilaginous laminae ** throughout life.
Secondary ossification centres (apophyses) develop at the processes.

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Atlas and axis

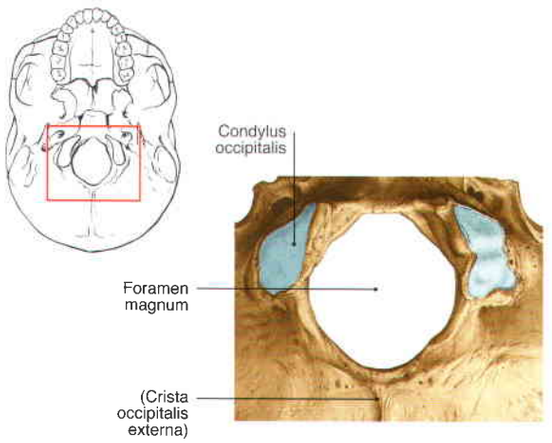

Fig. 739 Occipital bone, Os occipitale; section illustrating the foramen magnum and the articular surfaces of the atlanto-occipital joint; inferior view.

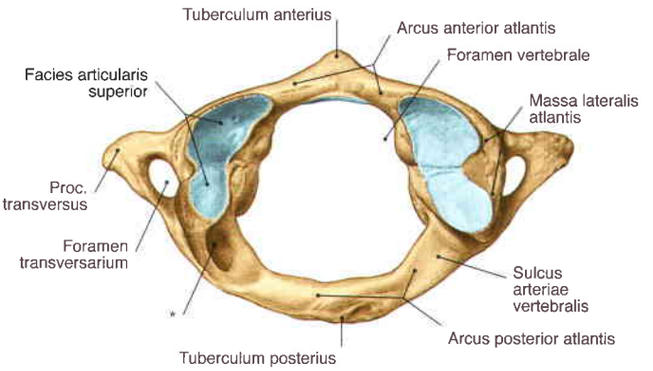

Fig. 740 First cervical vertebra, Atlas; superior view.
The superior articular surfaces of the atlas are frequently divided.
* Canalis arteriae vertebralis as a variation

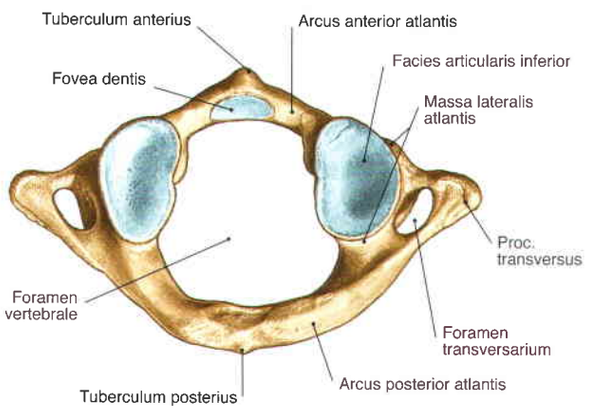

Fig. 741 First cervical vertebra, Atlas; inferior view.

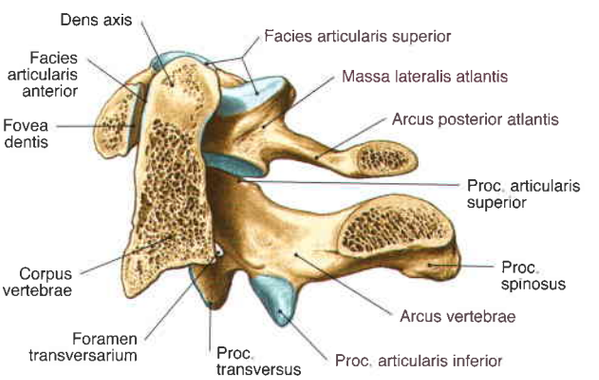

Fig. 742 First and second cervical vertebrae, Atlas et Axis; median section.

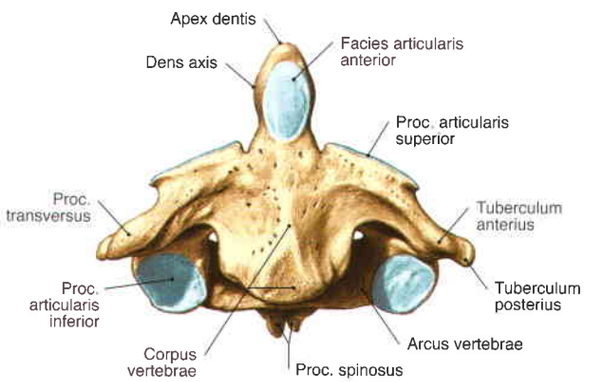

Fig. 743 Second cervical vertebra, Axis; ventral view.

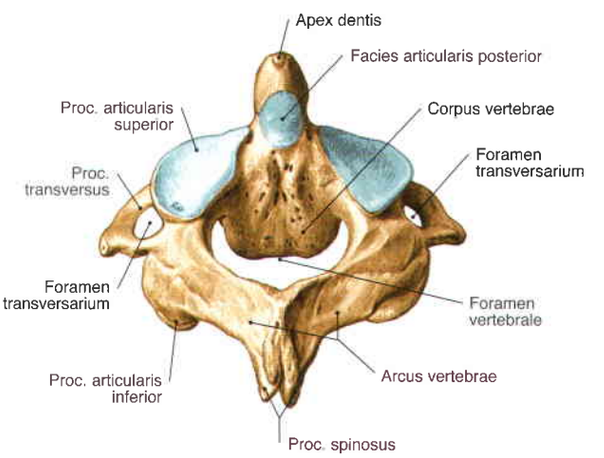

Fig. 744 Second cervical vertebra, Axis; dorsosuperior view.

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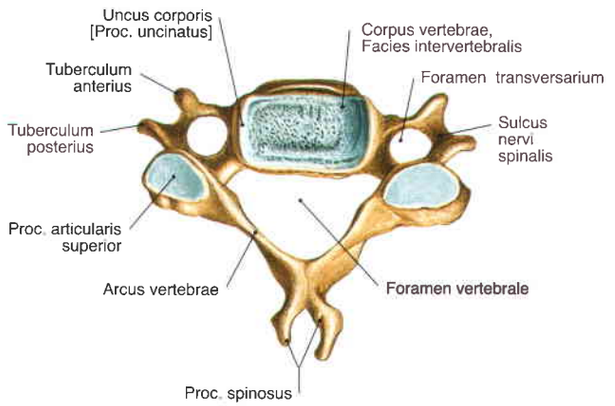

Fig. 745 Fifth cervical vertebra, Vertebra cervicalis V; superior view.
The tips of the spinous processes of the cervical vertebrae II–VI are frequently divided.

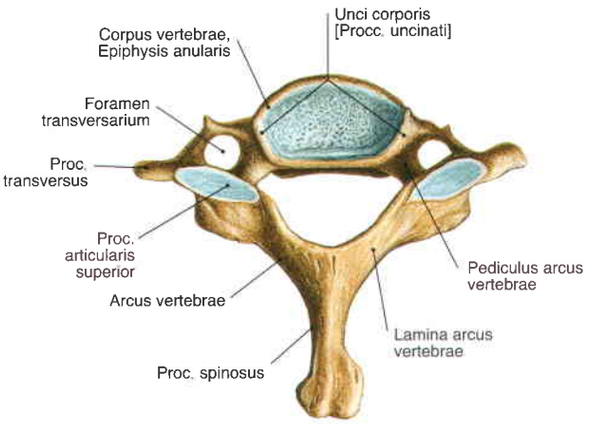

Fig. 746 Seventh cervical vertebra, Vertebra cervicalis VII; superior view.
In general the seventh cervical vertebra can be easily identified by its protruding spinous process and is referred to as vertebra prominens. In fact, the spinous process of the first thoracic vertebra often protrudes even further.

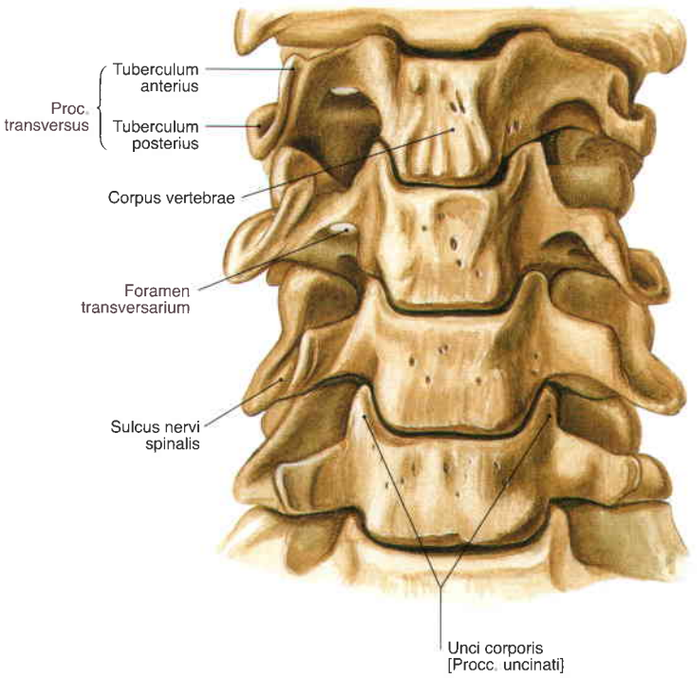

Fig. 747 Second to seventh cervical vertebrae, Vertebrae cervicales II–VII; ventral view.

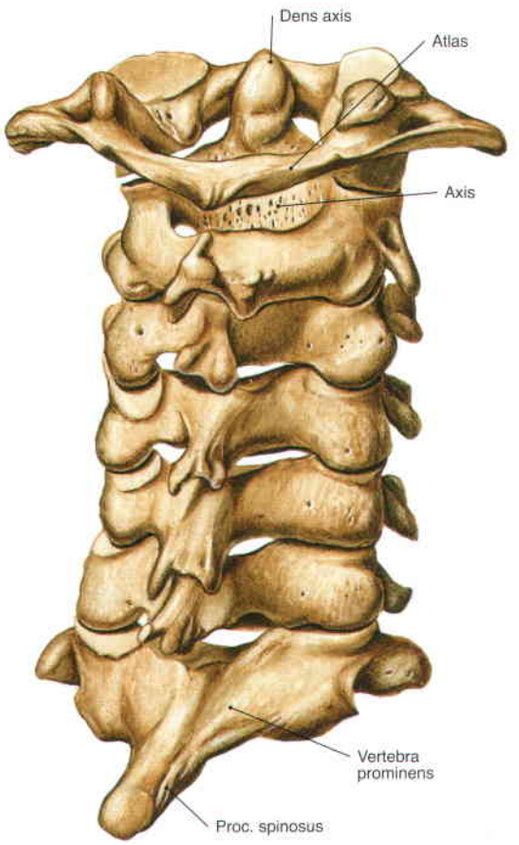

Fig. 748 First to seventh cervical vertebrae, Vertebrae cervicales I–VII; dorsolateral view.

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Thoracic and lumbar vertebrae

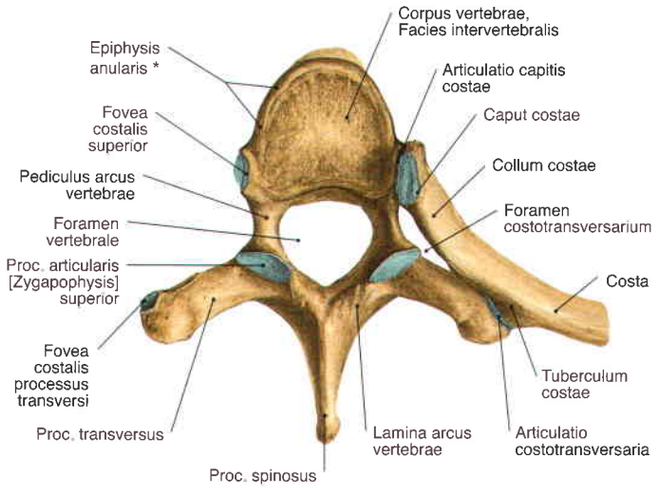

Fig. 749 Vertebra, Vertebra; typical structural features exemplified by the fifth thoracic vertebra; superior view.
* Also: rim of vertebral body

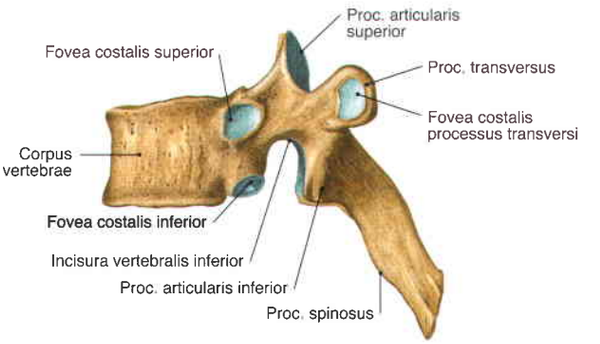

Fig. 750 Sixth thoracic vertebra, Vertebra thoracica VI; viewed from the left.

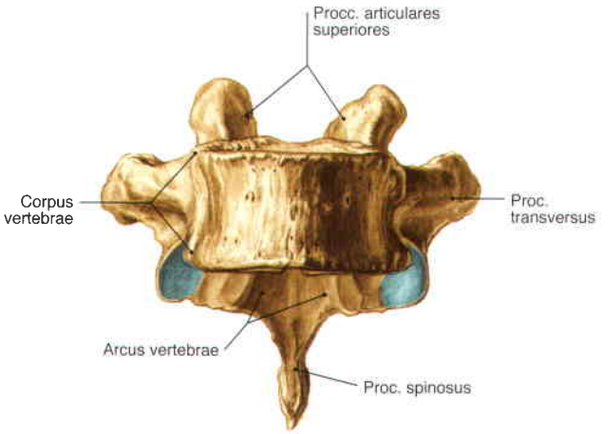

Fig. 751 Tenth thoracic vertebra, Vertebra thoracica X; ventral view.

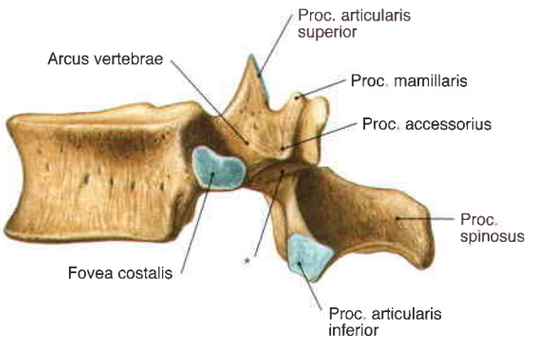

Fig. 752 Twelfth thoracic vertebra, Vertebra thoracica XII; viewed from the left.
* Region of the vertebral arch between the superior and inferior articular processes ("isthmus" = interarticular portion)

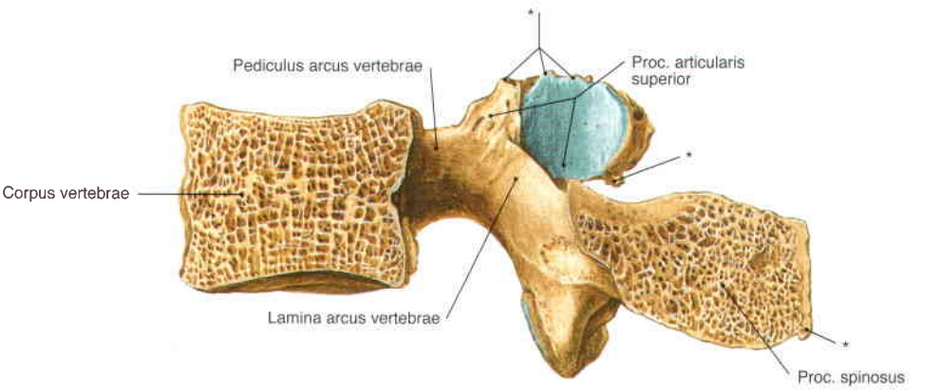

Fig. 753 Third lumbar vertebra, Vertebra lumbalis III; median section; specimen of an older individual.
* Ossification of the ligamentous insertions

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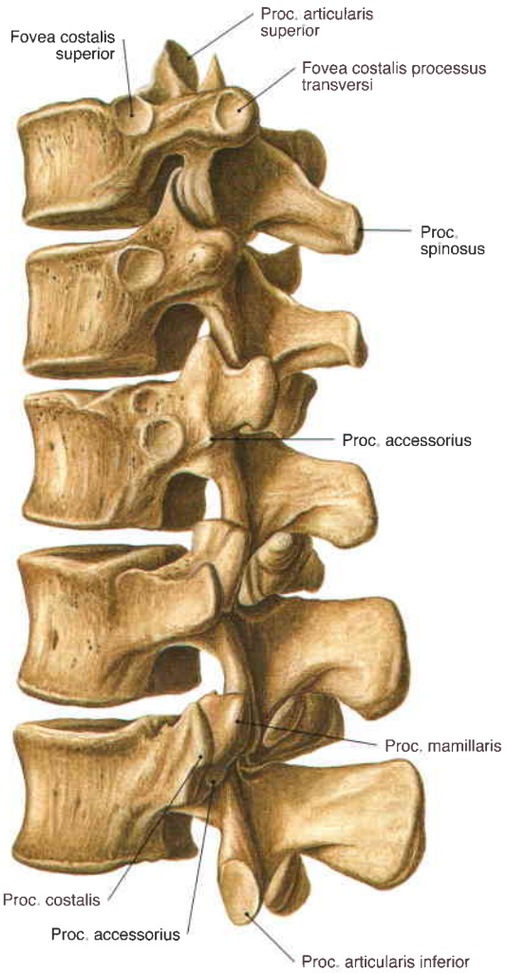

Fig. 754 Tenth to twelfth thoracic vertebrae, Vertebrae thoracicae X–XII, and first to second lumbar vertebrae, Vertebrae lumbales I–II; dorsal view from the left.

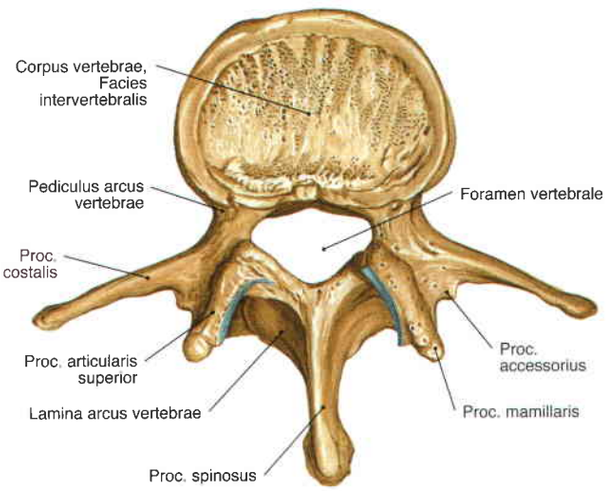

Fig. 755 Fourth lumbar vertebra, Vertebra lumbalis IV; superior view.

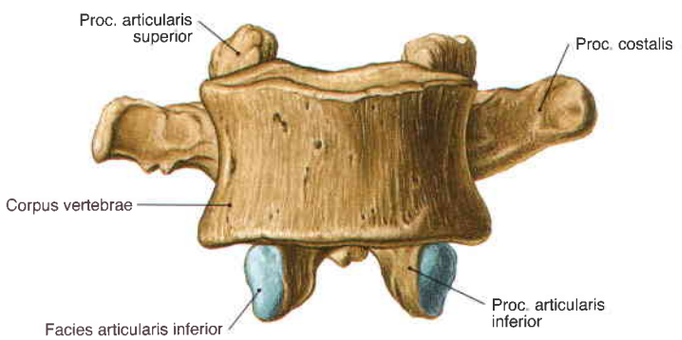

Fig. 756 Fourth lumbar vertebra, Vertebra lumbalis IV; ventral view.

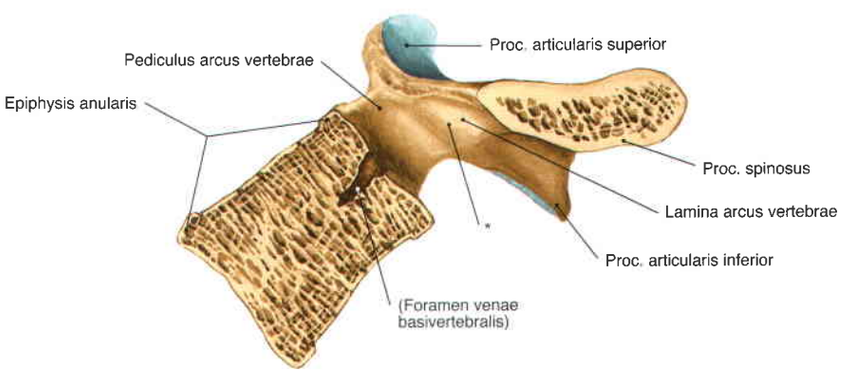

Fig. 757 Fifth lumbar vertebra, Vertebra lumbalis V; median section.
Note the characteristic wedge-shape of the body of the fifth lumbar vertebra.

* Region of the vertebral arch between the superior and inferior articular process. Here in the fifth and less frequently in the fourth lumbar vertebra a cleft, bridged by connective tissue (spondylolysis) can be formed. This is probably caused by local bending stress. As a consequence, the superior vertebra may slip (olisthesis) onto the inferior vertebra (spondylolisthesis).

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Sacrum

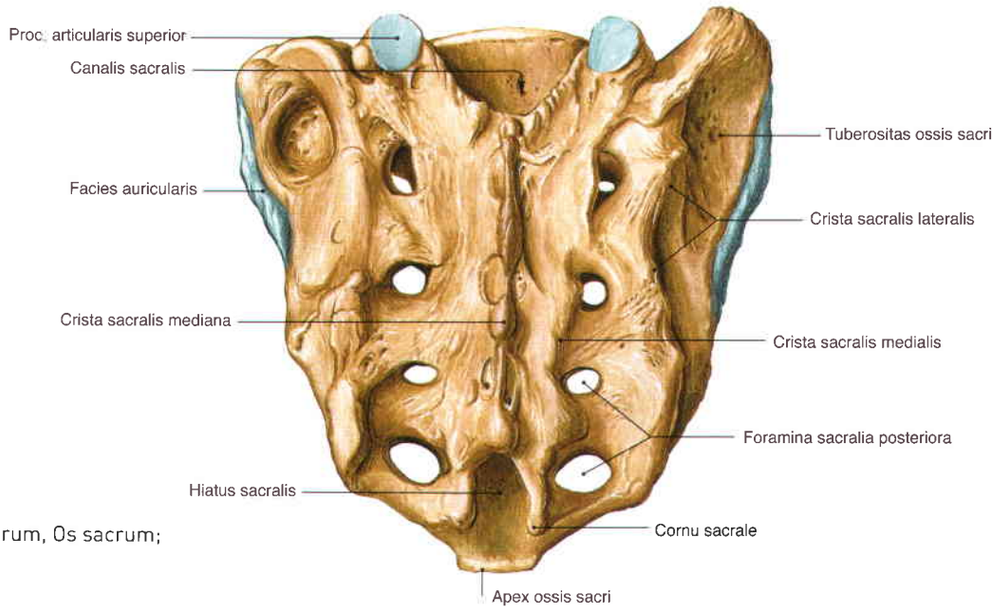

Fig. 758 Sacrum, Os sacrum; dorsal view.

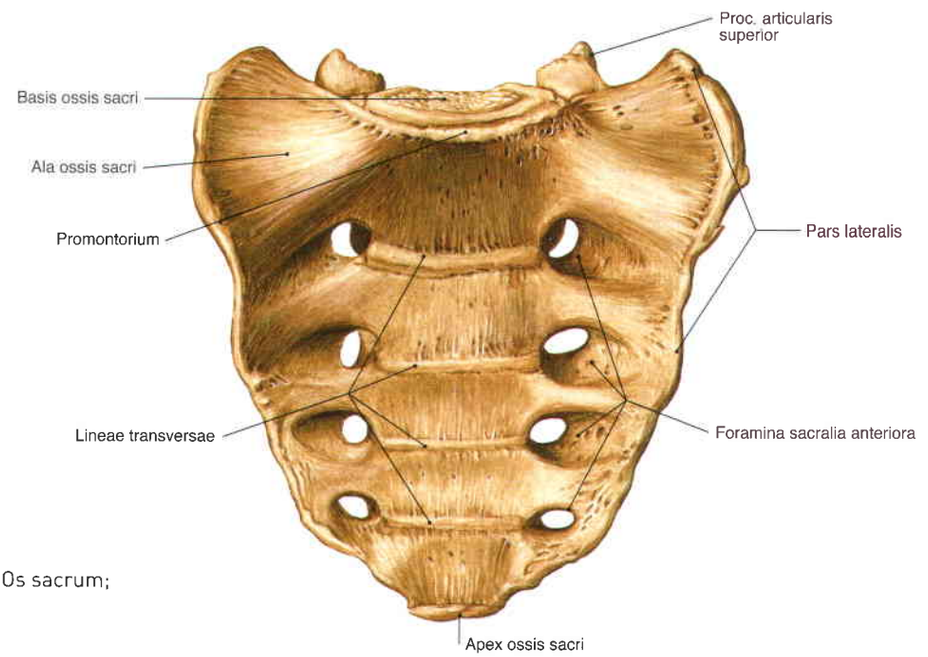

Fig. 759 Sacrum, Os sacrum; ventroinferior view.

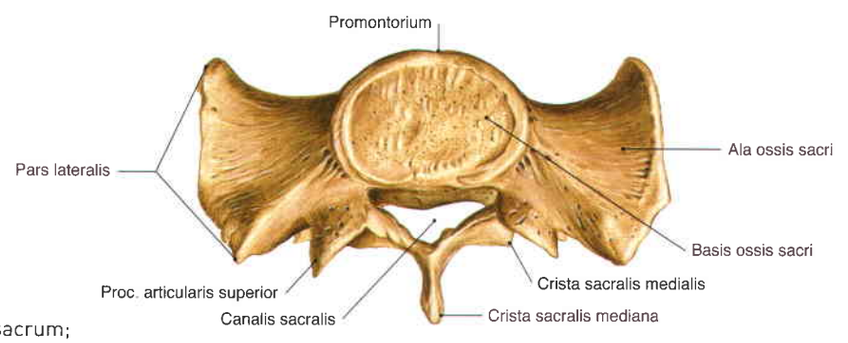

Fig. 760 Sacrum, Os sacrum; the bone has been sectioned at the level of the second sacral vertebra; superior view.

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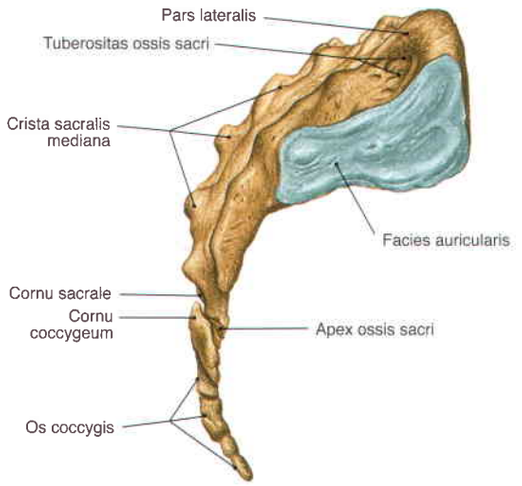

Fig. 761 Sacrum, Os sacrum; viewed from the right.

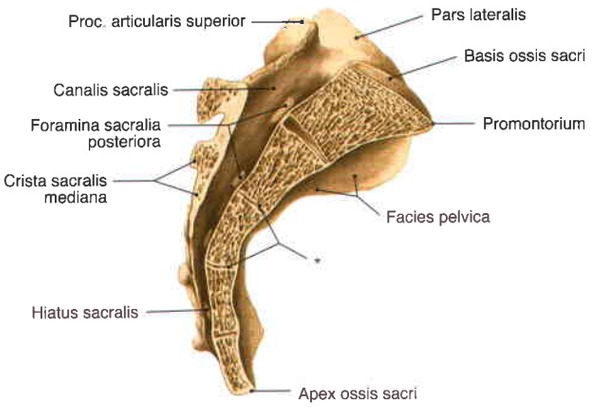

Fig. 762 Sacrum, Os sacrum; median section.
* Remnants of intervertebral disc tissue persist even in the adult.

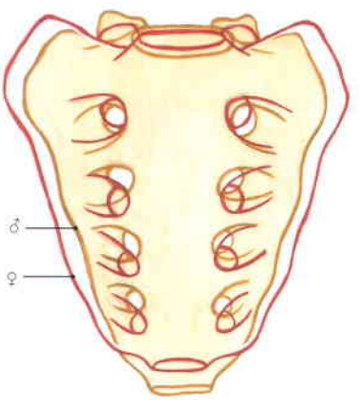

Fig. 763 Sacrum, Os sacrum; gender differences.

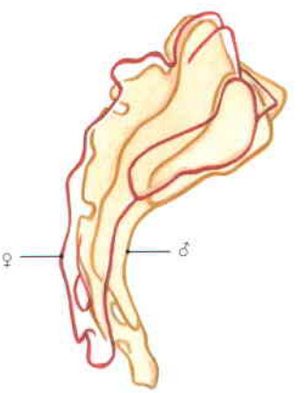

Fig. 764 Sacrum, Os sacrum; gender differences.

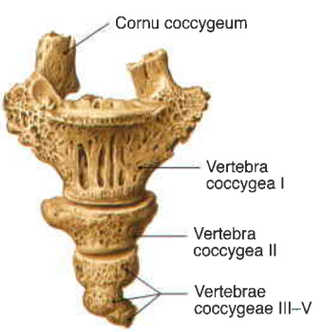

Fig. 765 Coccyx, Os coccygis; ventrosuperior view.

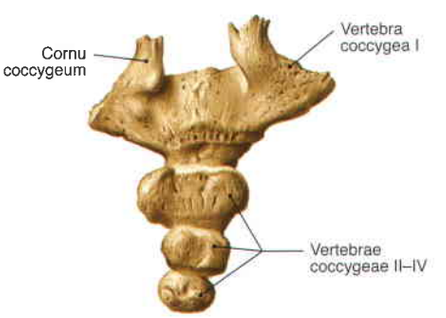

Fig. 766 Coccyx, Os coccygis; dorsoinferior view.

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Cervical part of the vertebral column, radiography

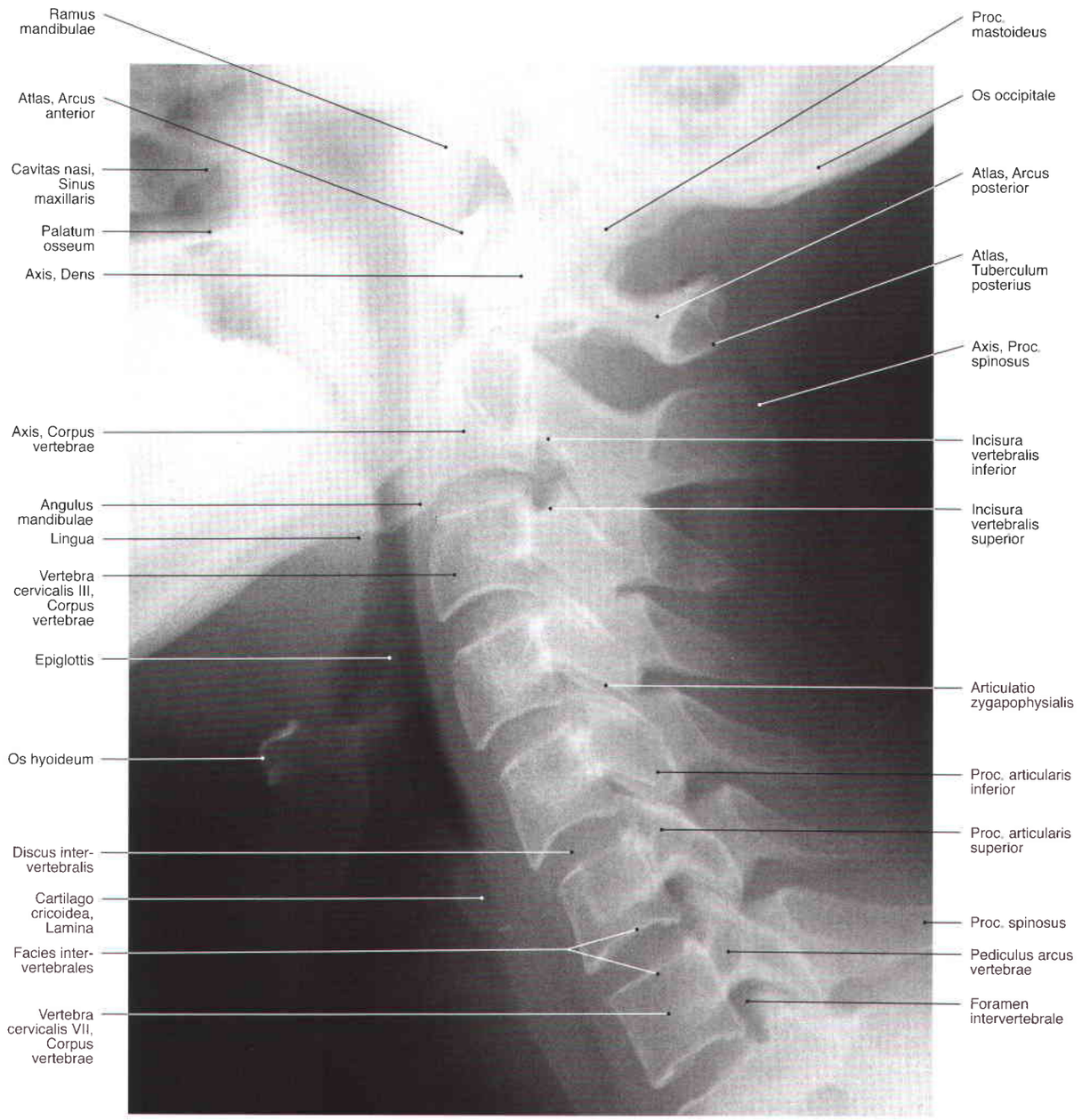

Fig. 767 Cervical vertebrae, Vertebrae cervicales; lateral radiograph of the cervical part of the vertebral column; upright position; the central beam is directed onto the third cervical vertebra; shoulders are pulled downwards.

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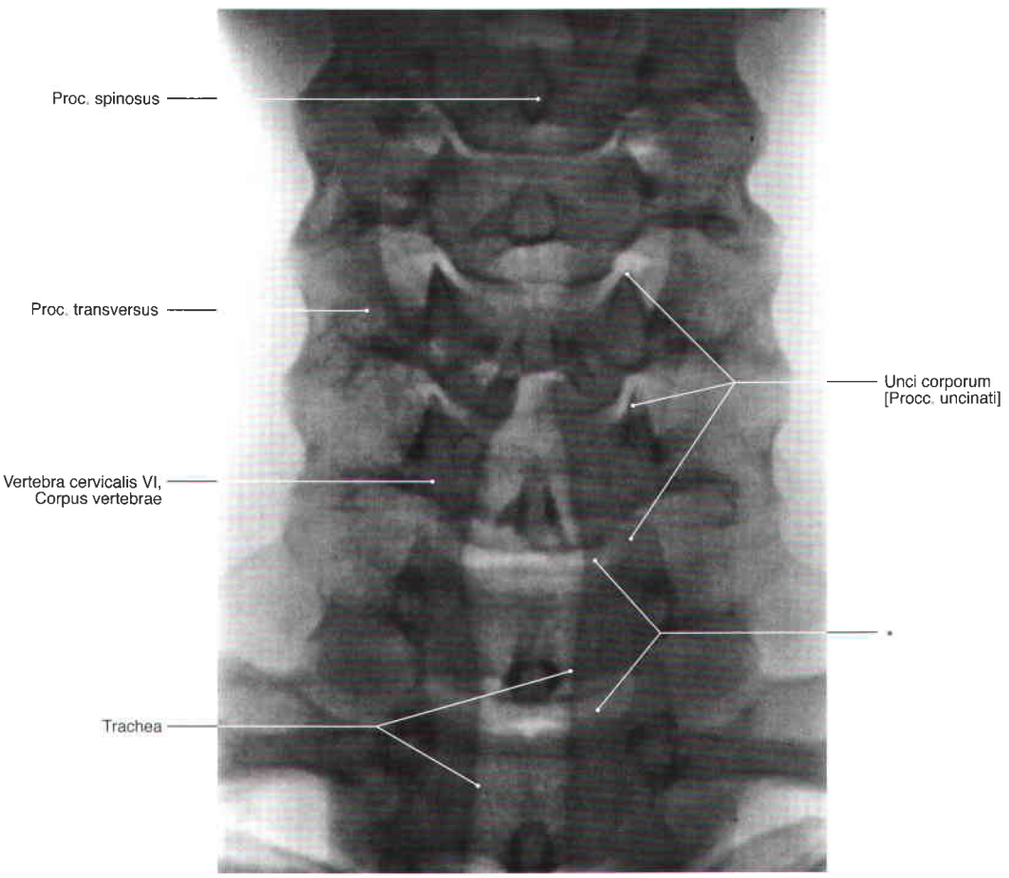

Fig. 768 Cervical vertebrae, Vertebrae cervicales; AP-radiograph of the cervical part of the vertebral column; upright position; the central beam is directed onto the third cervical vertebra.
* Intervertebral disc spaces

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Thoracic part of the vertebral column, radiography

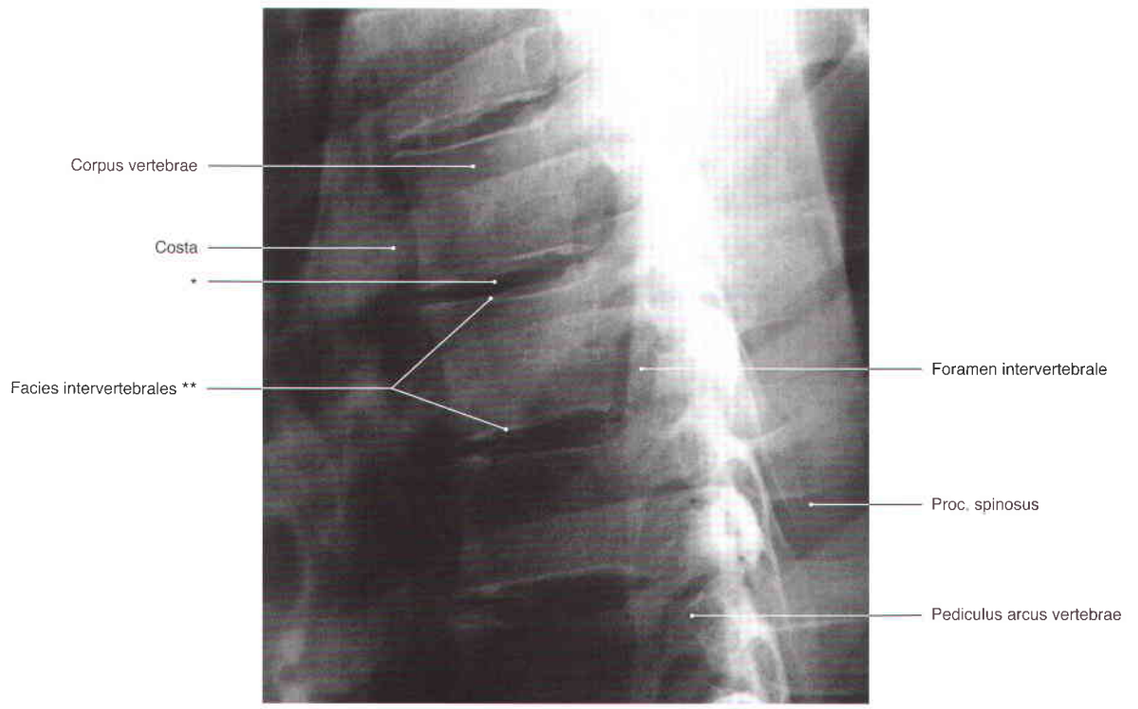

Fig. 769 Thoracic vertebrae, Vertebrae thoracicae;
lateral radiograph of the thoracic part of the vertebral column;
upright position with the thorax in inspiration;
the central beam is directed onto the sixth thoracic vertebra.

* Intervertebral disc space
** Clinical term: end-plates

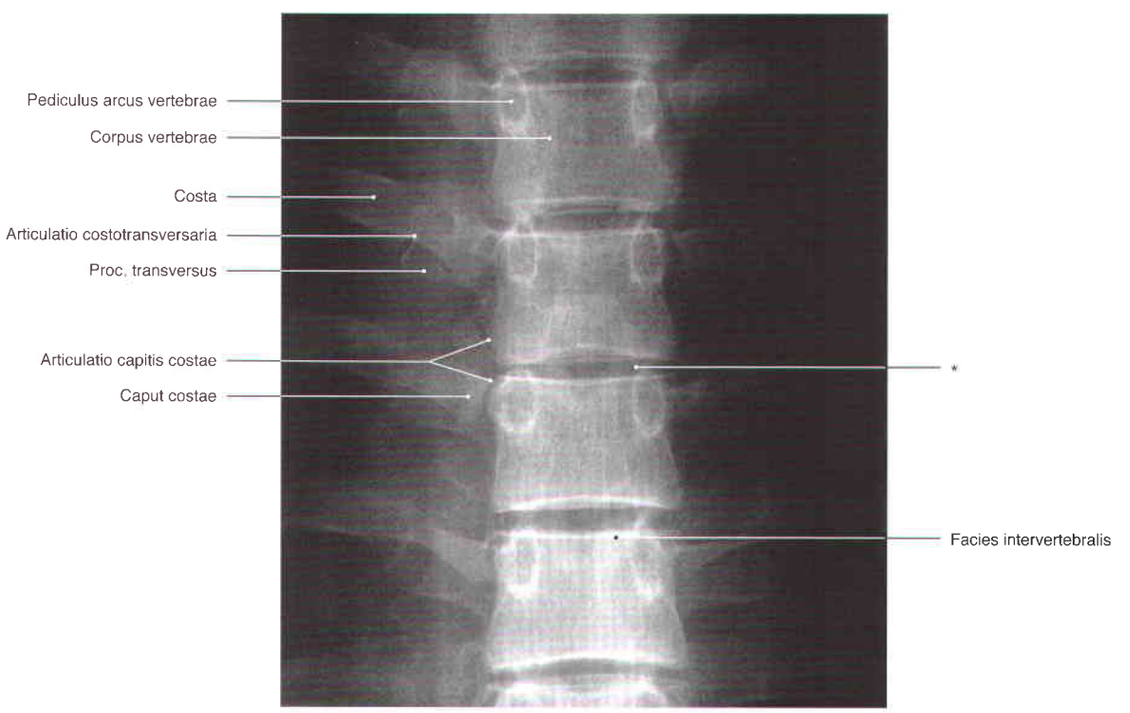

Fig. 770 Thoracic vertebrae, Vertebrae thoracicae;
AP-radiograph of the thoracic part of the vertebral column;
upright position with the thorax in inspiration;
the central beam is directed onto the sixth thoracic vertebra.

* Intervertebral disc space

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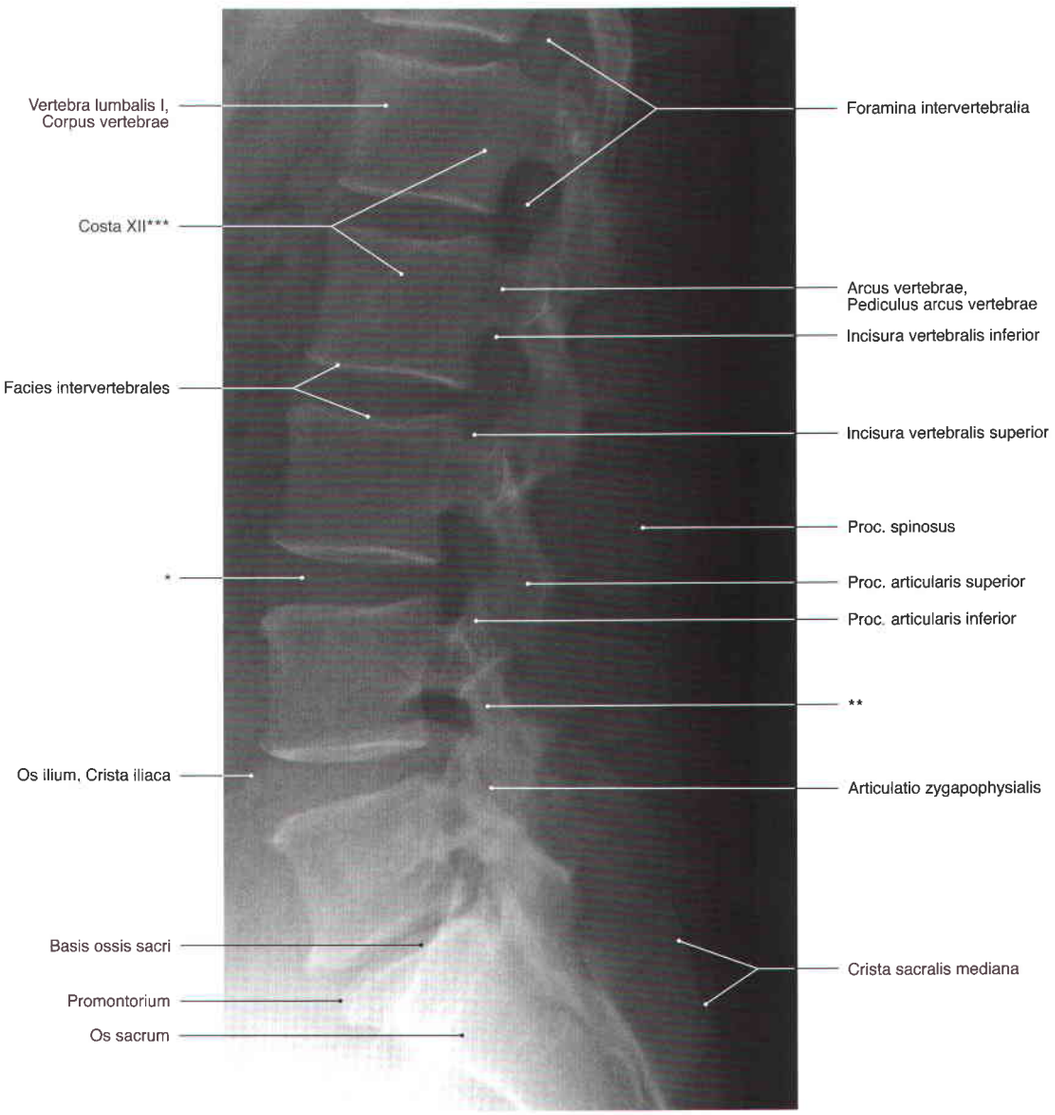

Fig. 771 Lumbar vertebrae, Vertebrae lumbales;
lateral radiograph of the lumbar part of the vertebral column; upright position;
the central beam is directed onto the second lumbar vertebra. In this case, the anterior edges of the lower lumbar vertebrae are oblique due to pathological alterations.

* Intervertebral disc space
** Region of the vertebral arch between the superior and inferior articular processes ("isthmus" = interarticular portion)
*** The marks indicate the position of the twelfth rib, which is poorly visible in this copy of the radiograph.

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Lumbar part of the vertebral column, radiography

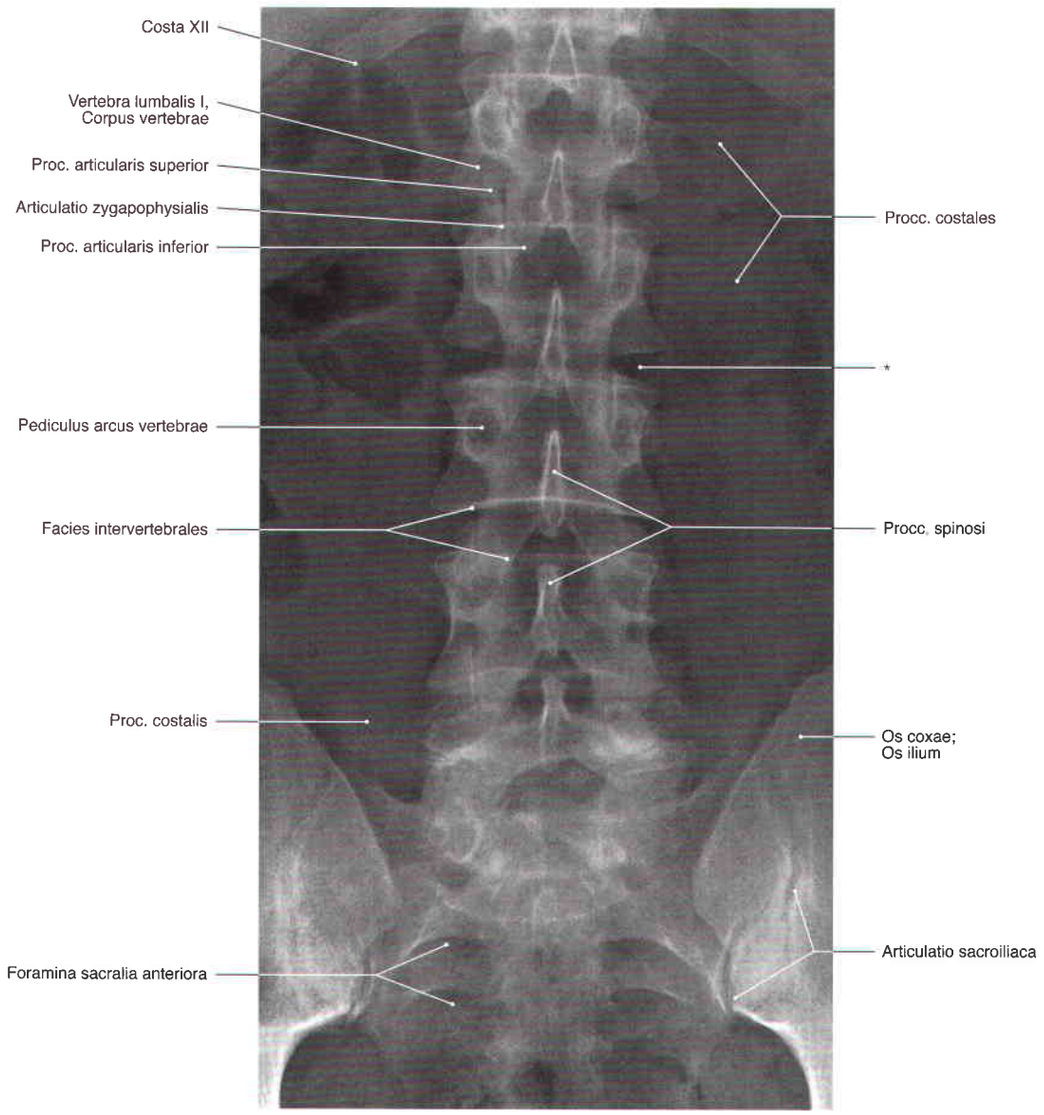

Fig. 772 Lumbar vertebrae, Vertebrae lumbales;
AP-radiograph of the lumbar part of the vertebral column and the sacrum;
upright position; the central beam is directed onto the second lumbar vertebra.
* Intervertebral disc space

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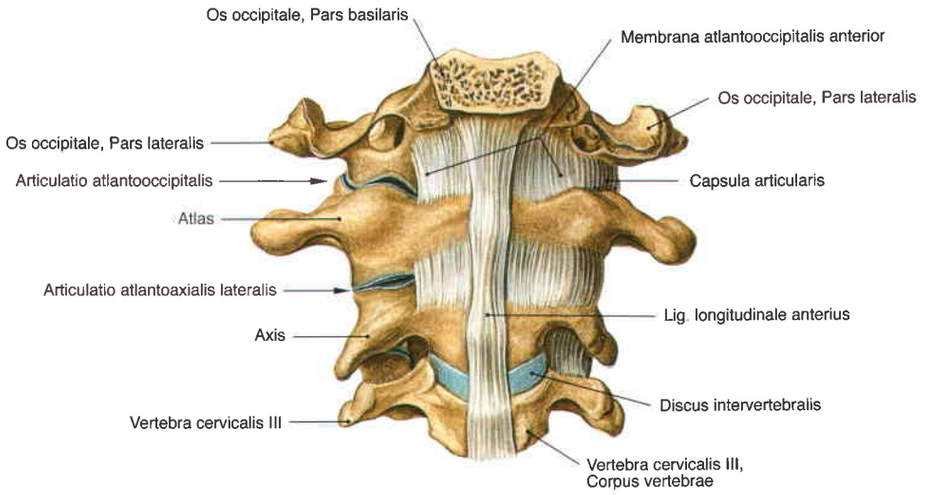

Fig. 773 Craniocervical junctions and the upper cervical part of the vertebral column; ventral view.

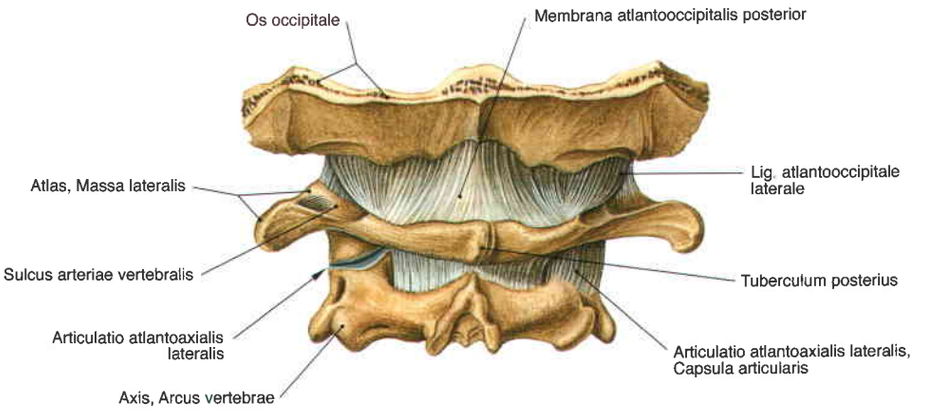

Fig. 774 Craniocervical junctions; dorsal view.

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Craniocervical junctions

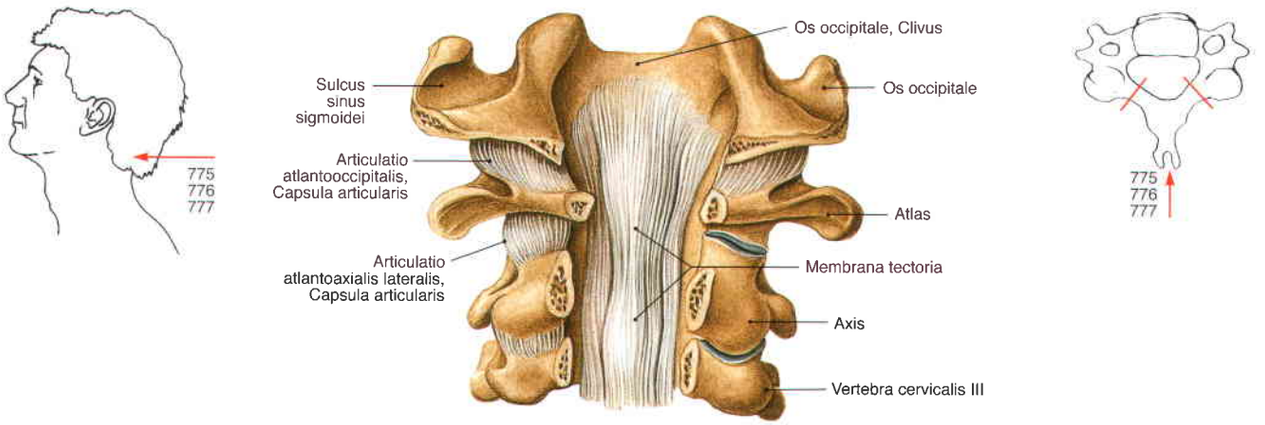

Fig. 775 Craniocervical junctions, deep ligaments; dorsal view.

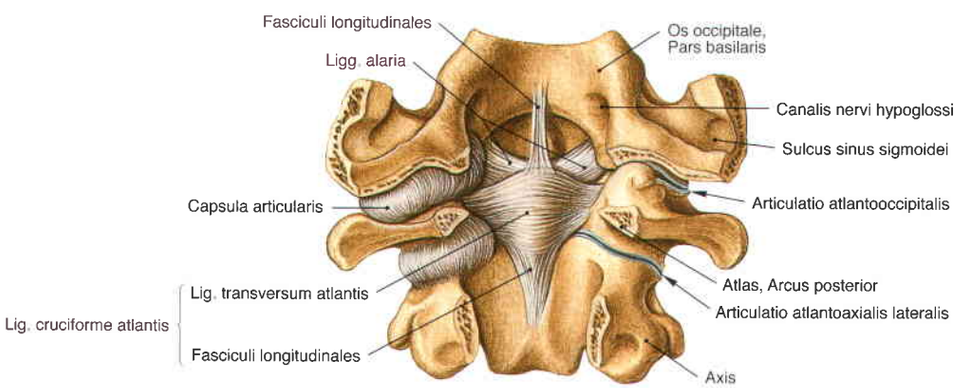

Fig. 776 Craniocervical junctions, deep ligaments; dorsal view.

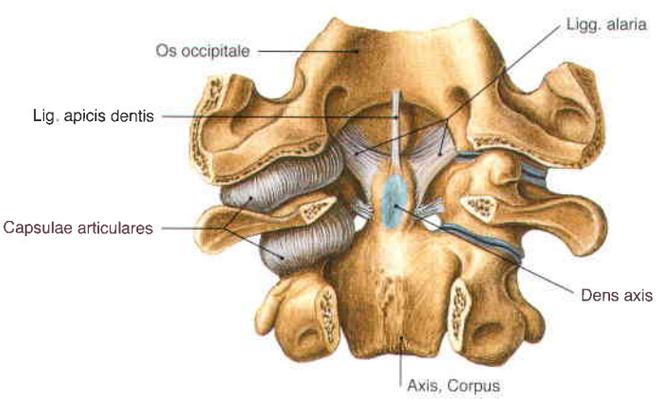

Fig. 777 Craniocervical junctions, deep ligaments; dorsal view.
The alar ligaments frequently extend to the lateral masses of the atlas.

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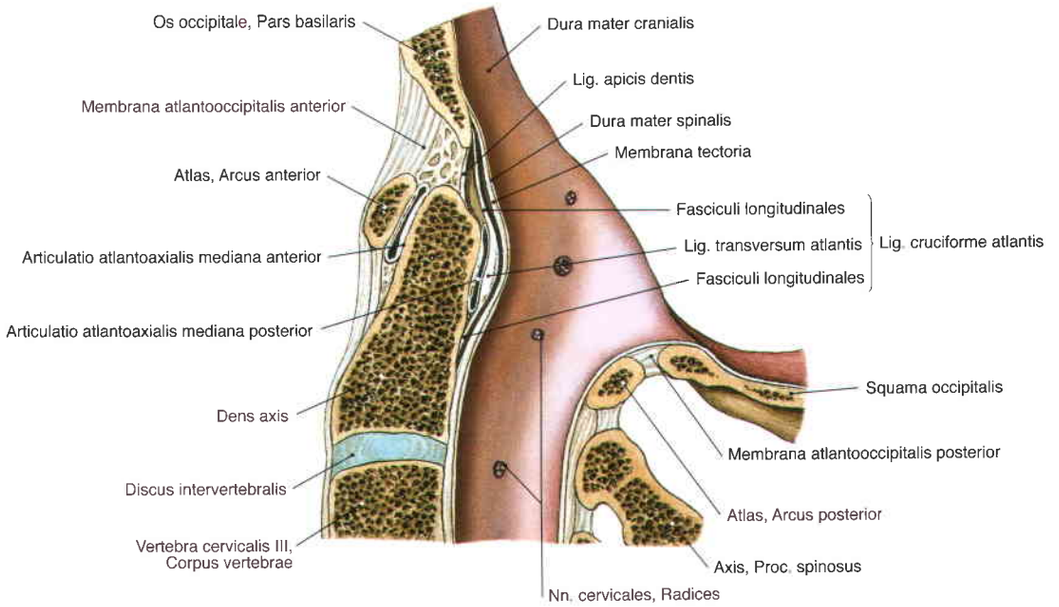
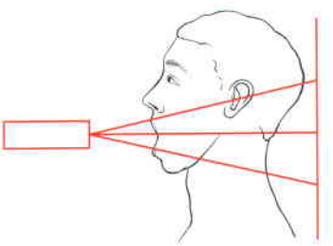


Fig. 778 Craniocervical junctions; median section.



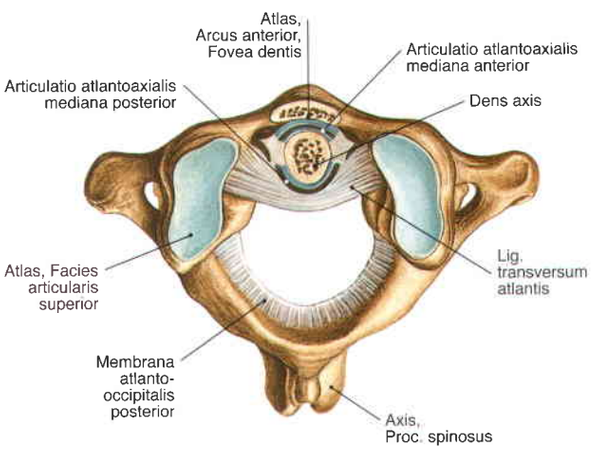


Fig. 779 Craniocervical junctions; superior view.

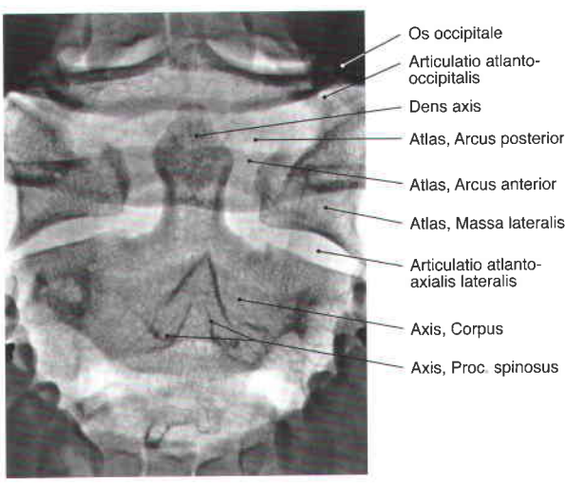


Fig. 780 Craniocervical junctions; AP-radiograph.

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Ligaments of the vertebral column

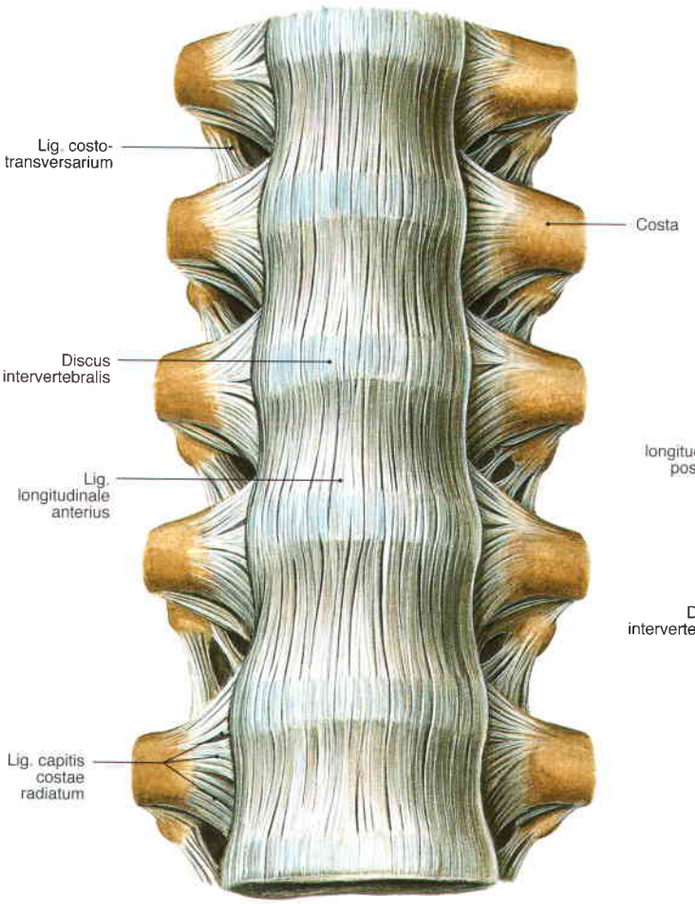

Fig. 781 Ligaments of the vertebral column; exemplified by the lower thoracic part of the vertebral column; ventral view.

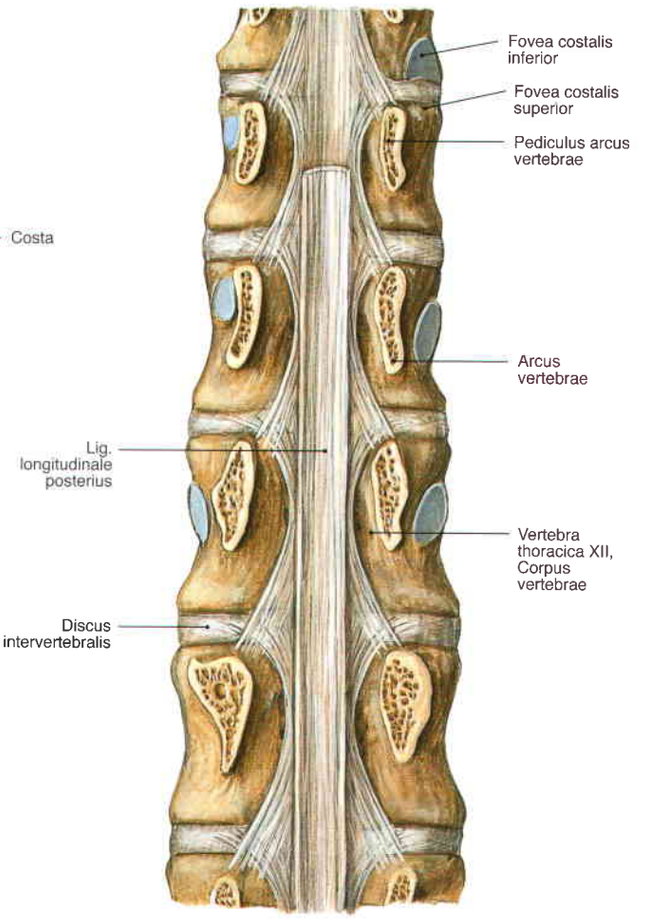

Fig. 782 Ligaments of the vertebral column; exemplified by the lower thoracic and the upper lumbar part of the vertebral column; dorsal view.

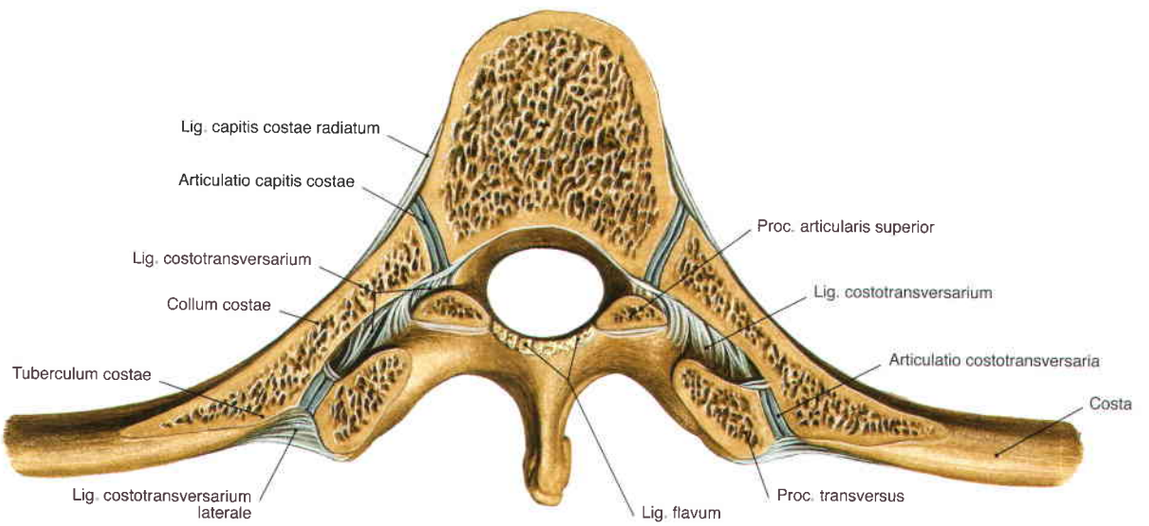

Fig. 783 Costovertebral joints, Articulationes costovertebrales; cross-section at the level of the lower part of the joint at a head of a rib; superior view.

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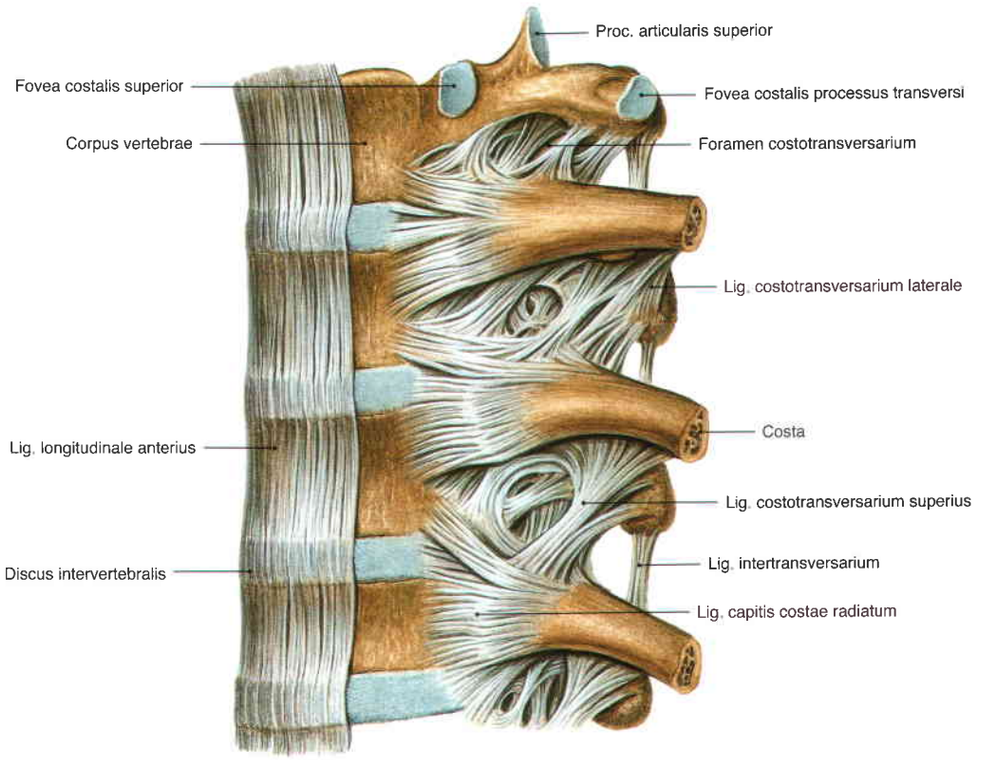

Fig. 784 Ligaments of the vertebral column and the costovertebral joints, Articulationes costovertebrales; lateral parts of the anterior longitudinal ligament have been removed;
viewed from the left.

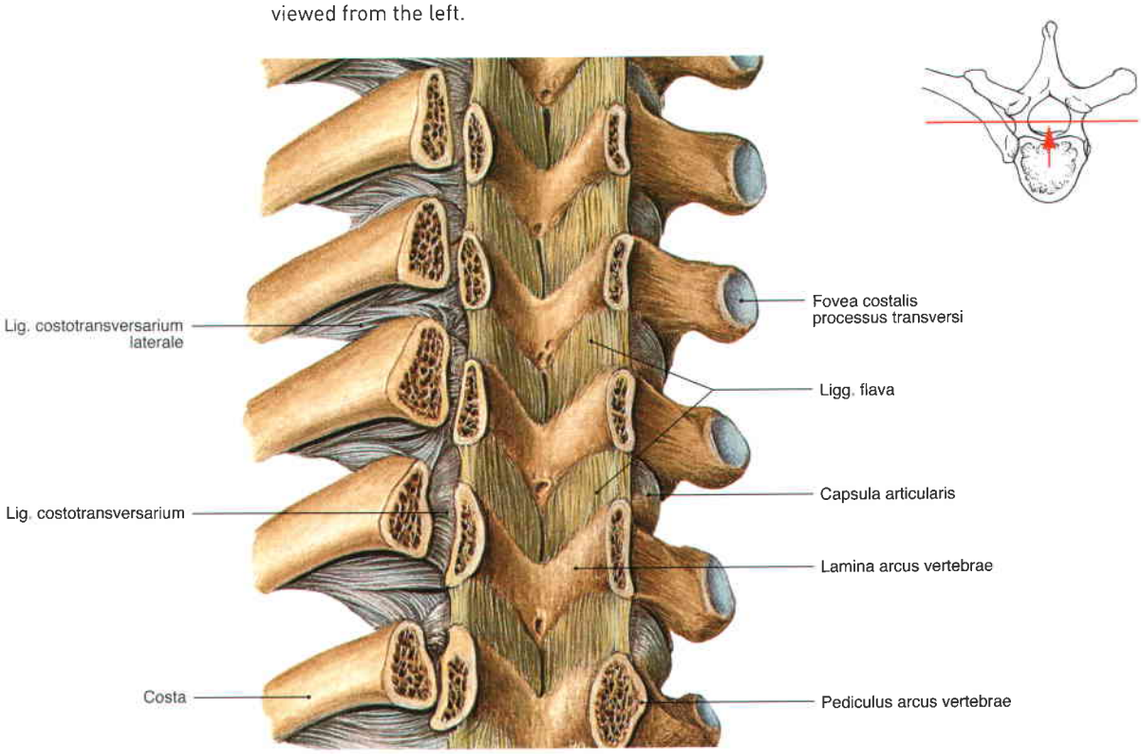

Fig. 785 Junctions between the vertebral arches; ventral view.

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Costovertebral joints

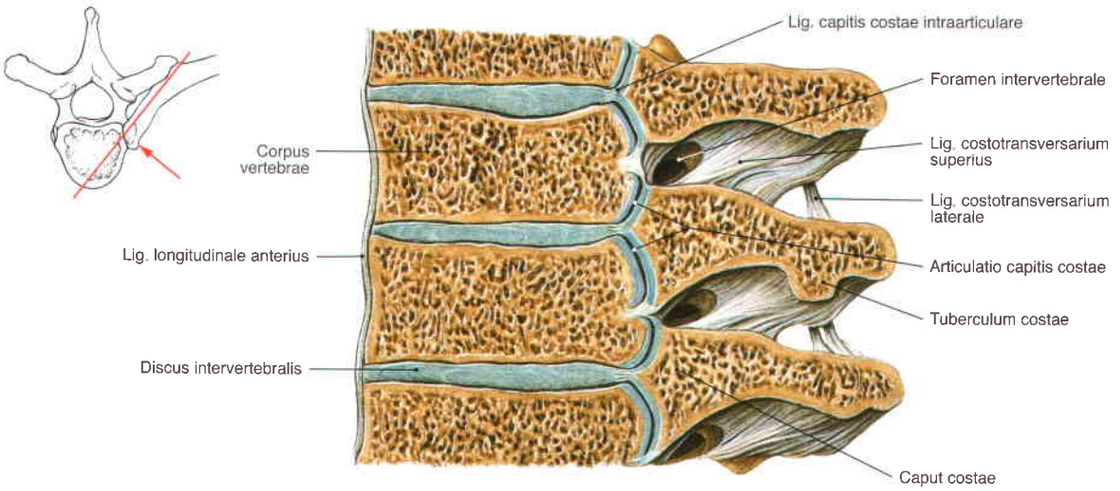

Fig. 786 Costovertebral joints, Articulationes costovertebrales;
ventral view from the left.

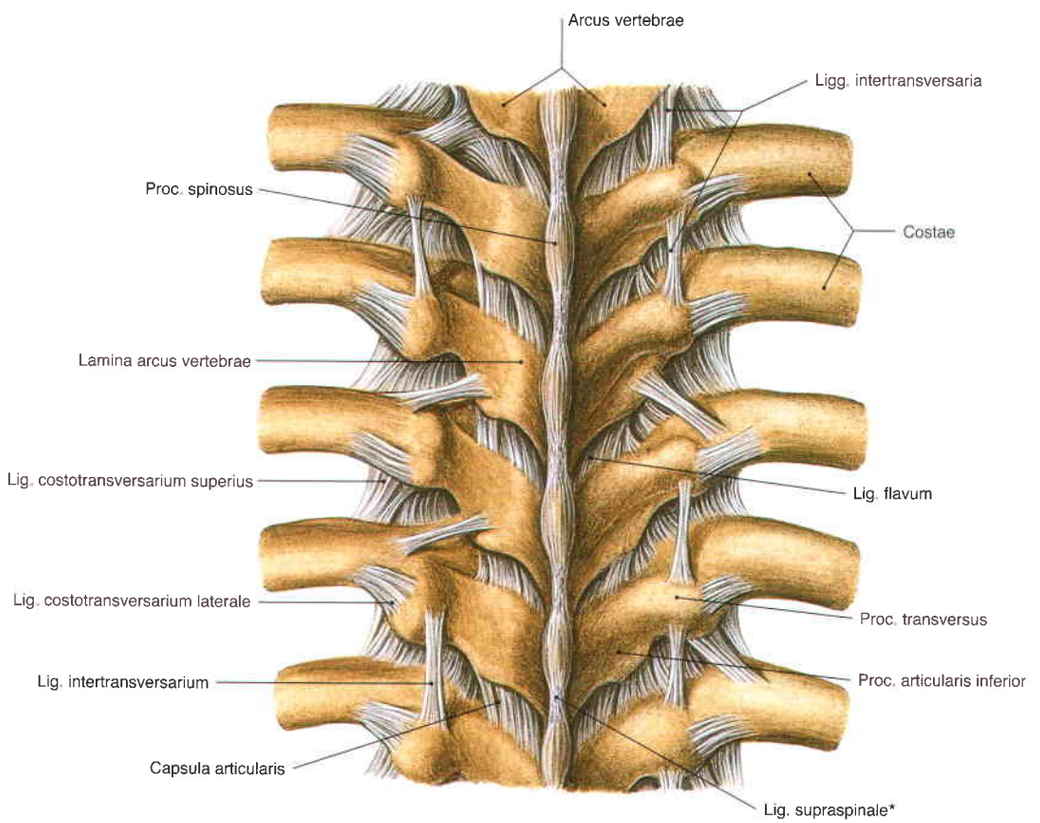

Fig. 787 Ligaments of the vertebral arches and the costovertebral joints, Articulationes costovertebrales; dorsal view.

* The median portion of the thoracolumbar fascia is referred to as supraspinous ligament.

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Ligaments of the lumbar part of the vertebral column

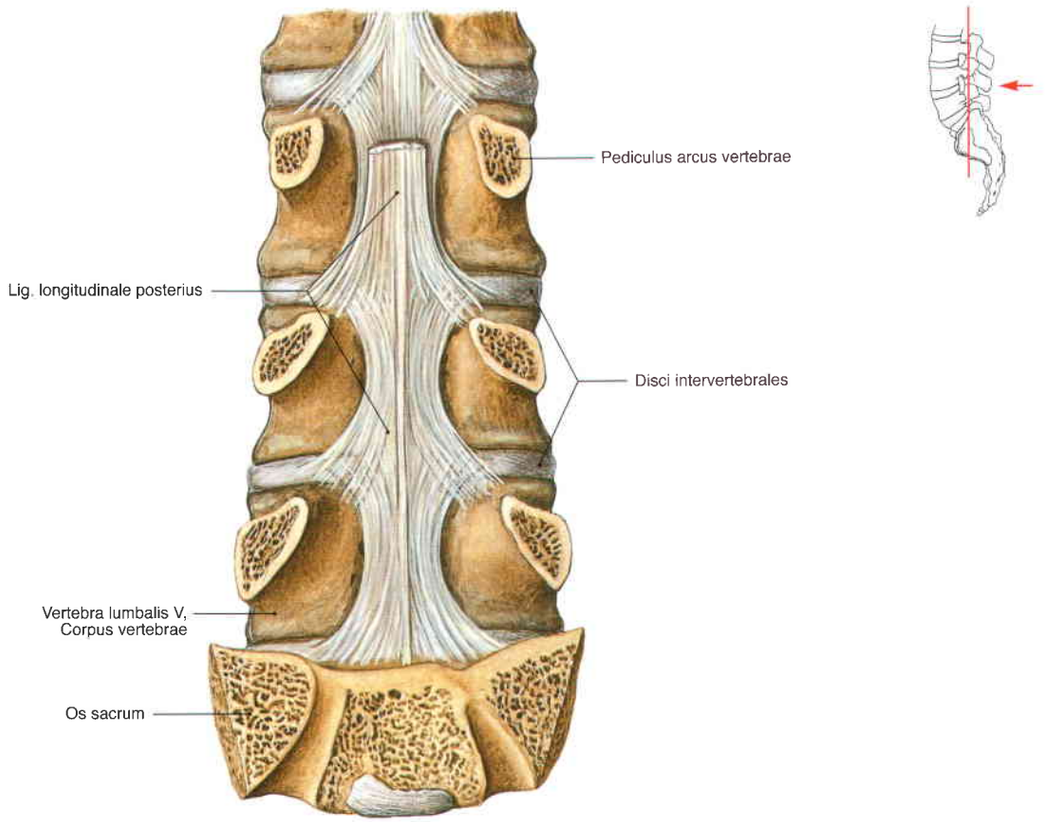

Fig. 788 Ligaments of the lumbar part of the vertebral column.

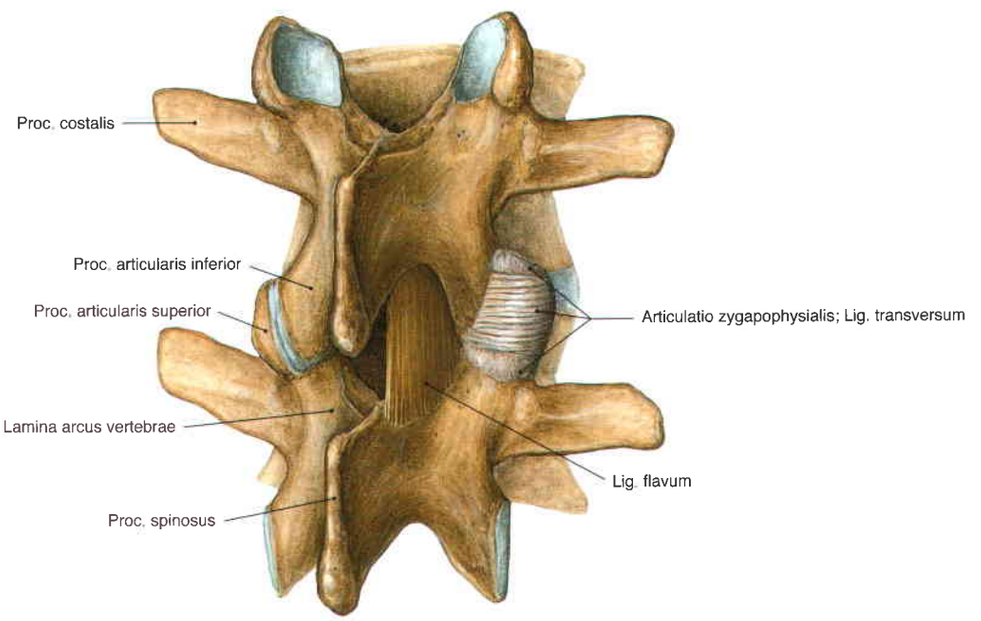

Fig. 789 Vertebral joints of the lumbar part of the vertebral column, Articulationes zygapophysiales lumbales; dorsal view from the right.

Reinforcement of the interarticular joints by strong and transverse fibres (Ligg. transversa) is restricted to the lumbar part of the vertebral column.

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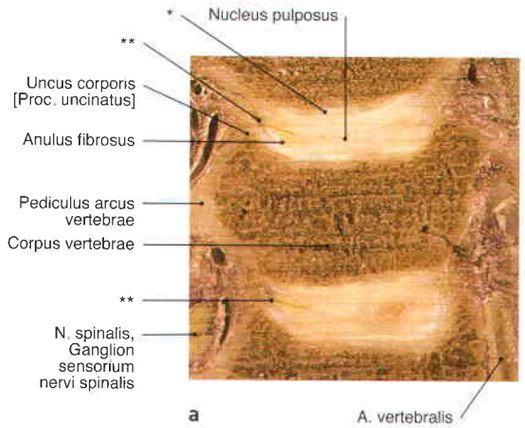
Intervertebral discs



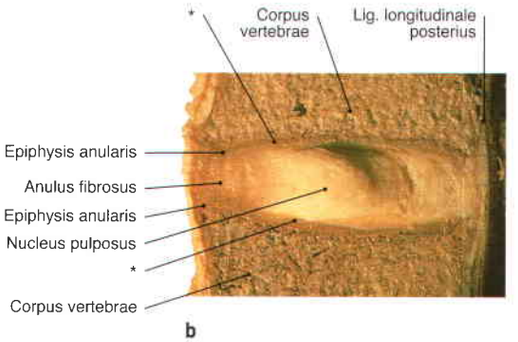


Fig. 790a, b Intervertebral discs, Disci intervertebrales.
a Cervical intervertebral discs, Disci intervertebrales cervicales; frontal section
b Lumbar intervertebral disc, Discus intervertebralis lumbalis; median section

* Hyaline cartilaginous covering of the end-plates of the vertebral bodies reflecting the non-ossified portion of the epiphyses
** In the first decade of life, so-called uncovertebral clefts develop in the lateral zones of the cervical intervertebral discs, which can progress further towards the middle in the following decades.

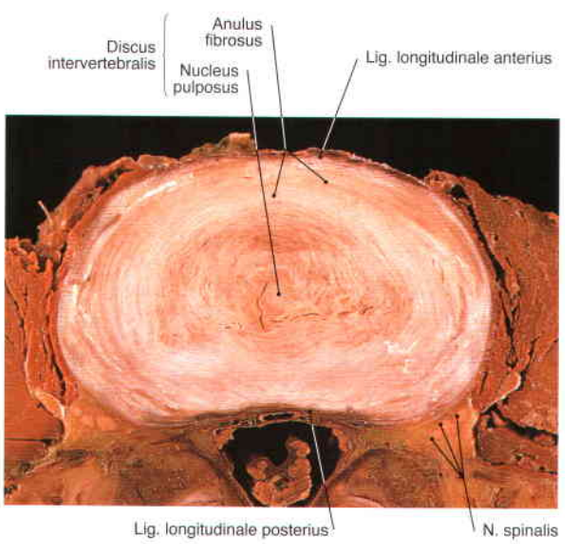


Fig. 791 Lumbar intervertebral disc, Discus intervertebralis lumbalis; superior view.

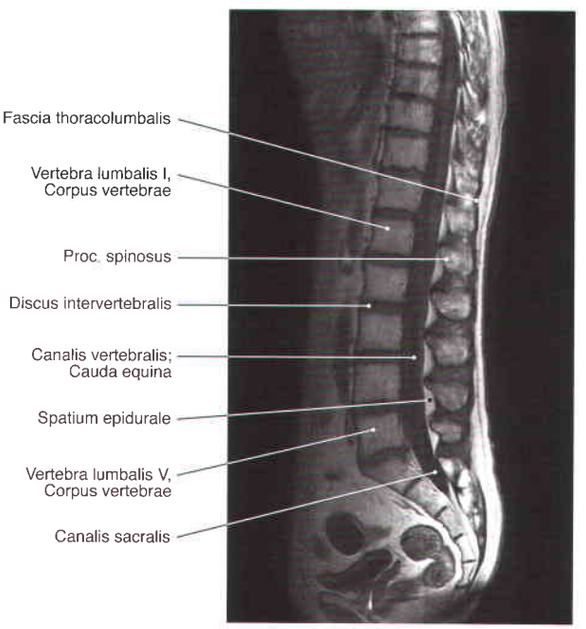


Fig. 792 Lumbar parts of the vertebral column; magnetic resonance tomographic image (MRI); median section.

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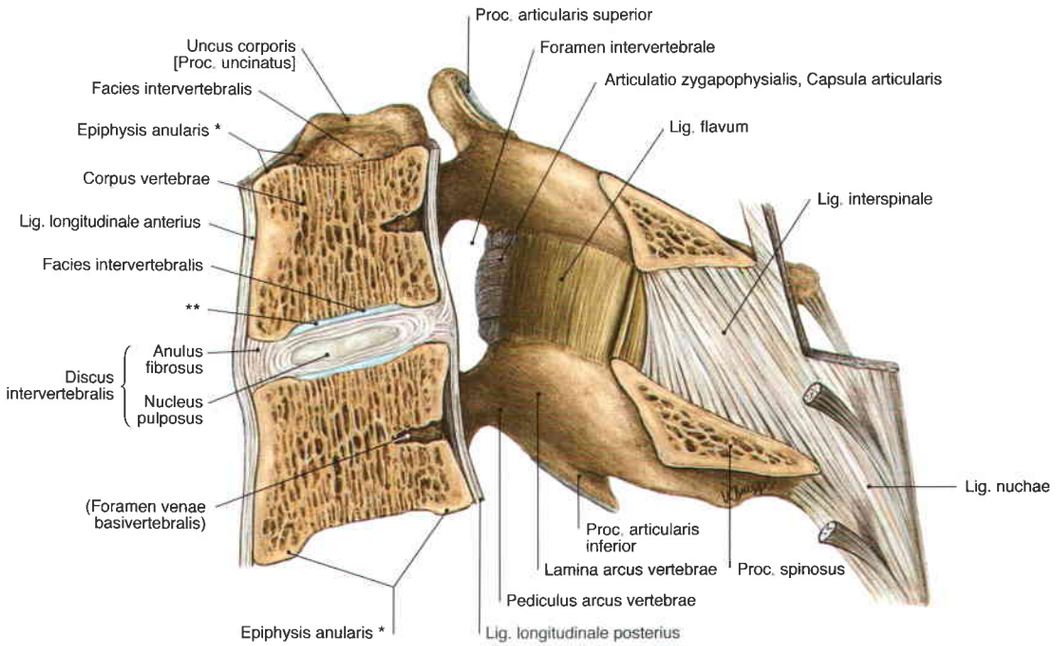

Fig. 793 Cervical motion segment; schematic median section.

* Also: rim of vertebral body

** Hyaline cartilaginous covering of the end-plate of the vertebral body reflecting the non-ossified portion of the epiphysis

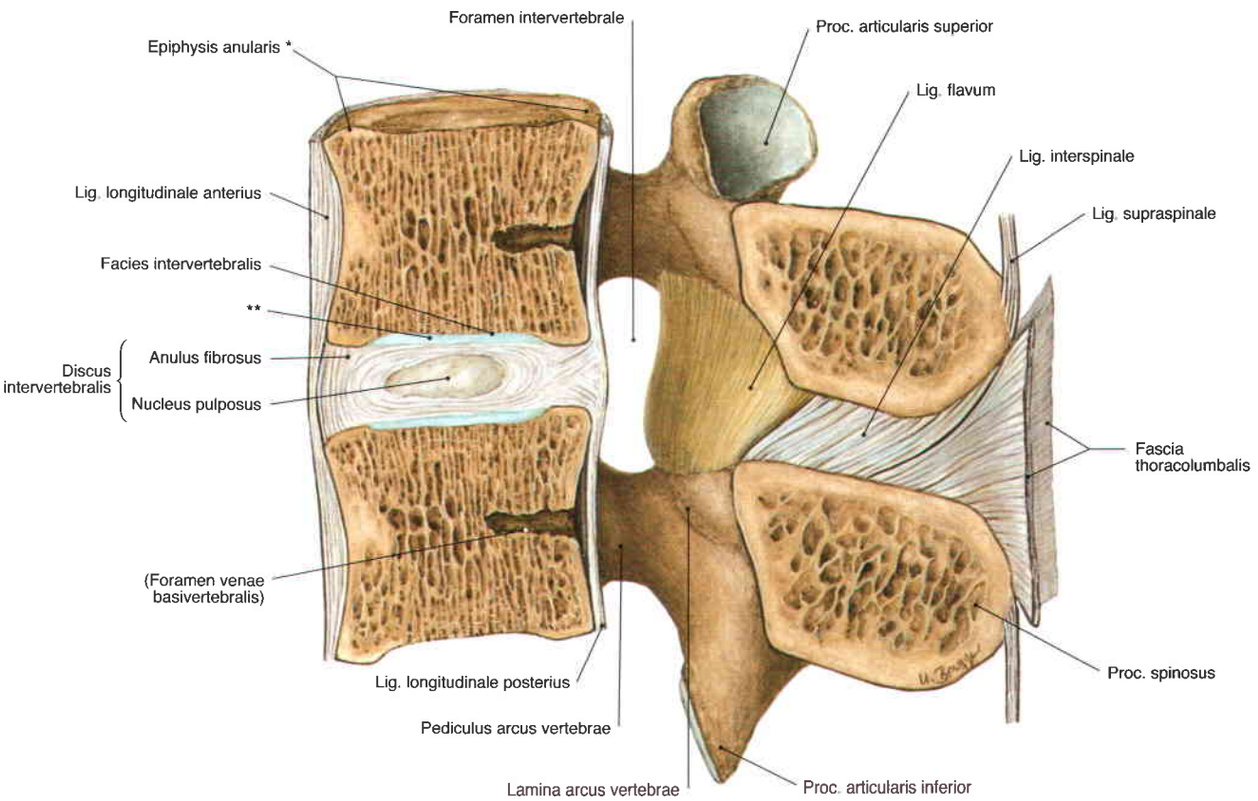

Fig. 794 Lumbar motion segment; schematic median section.

* Also: rim of vertebral body

** Hyaline cartilaginous covering of the end-plate of the vertebral body reflecting the non-ossified portion of the epiphysis

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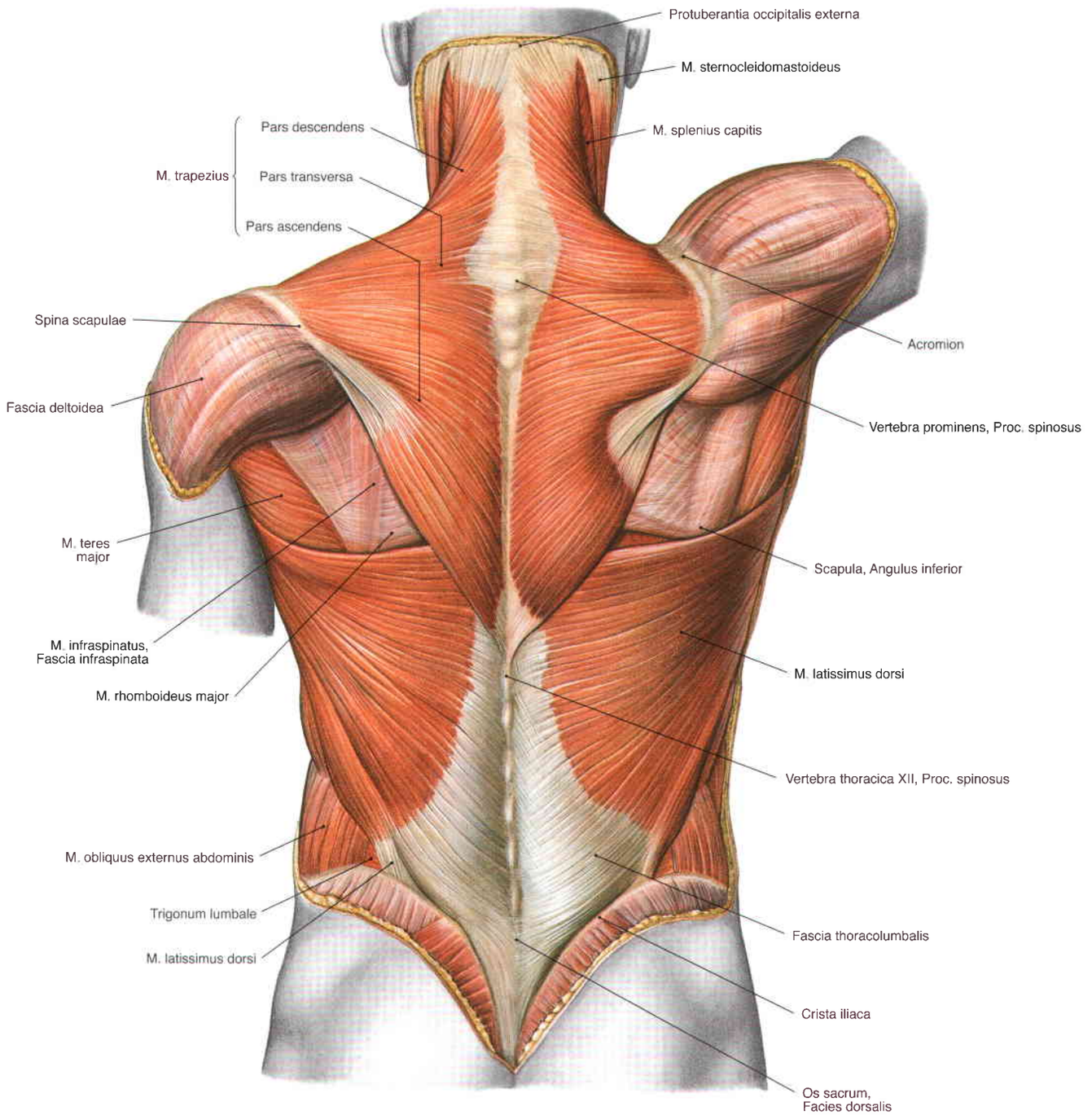
Superficial muscles of the back



→ T 17, T 18

Fig. 795 Muscles of the back, Mm. dorsi; superficial layer of the trunk-arm and trunk-shoulder girdle muscles.

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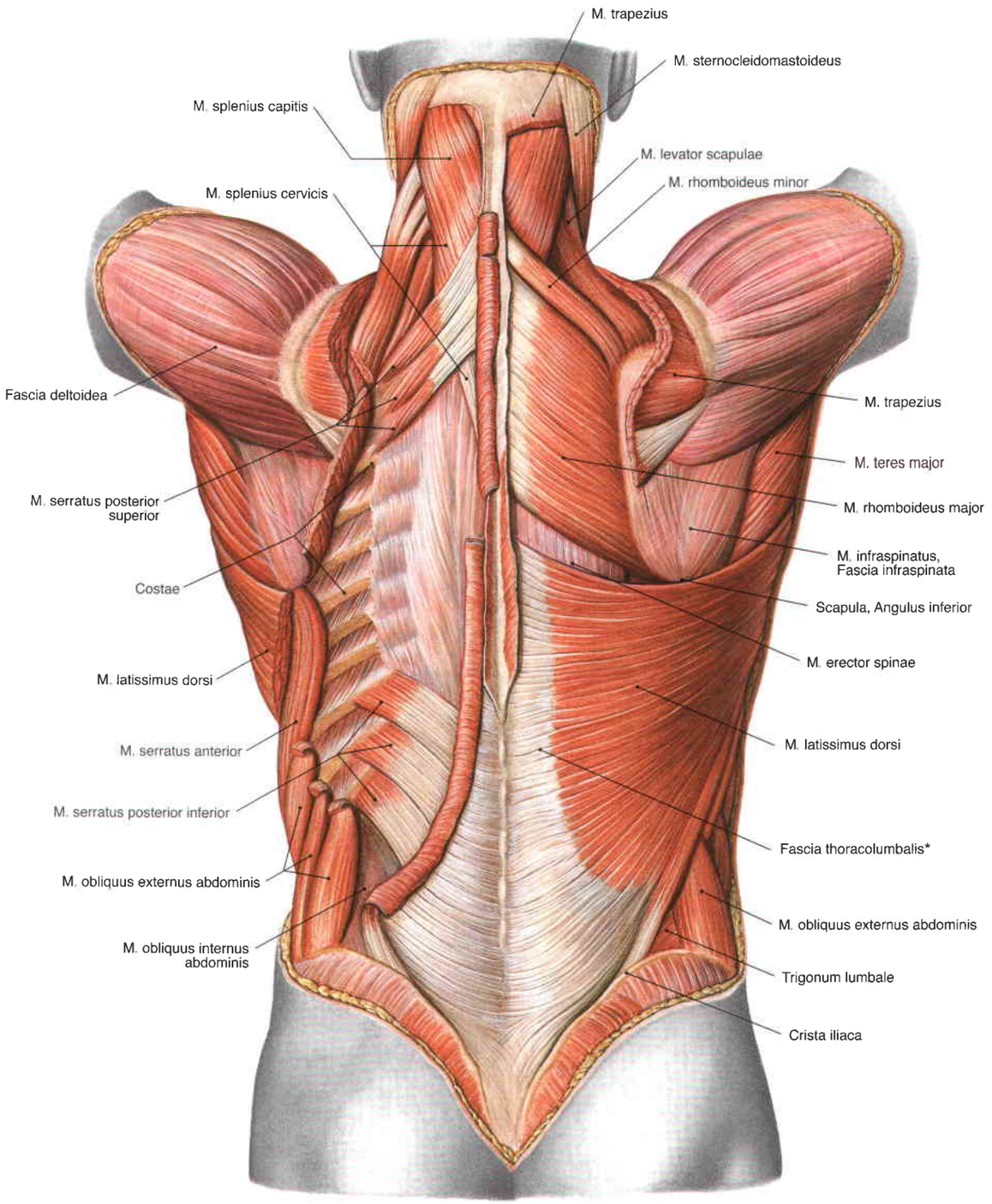

Fig. 796 Muscles of the back, Mm. dorsi; deep layer of the trunk-arm and trunk-shoulder girdle muscles.

* The so-called thoracolumbar fascia forms a dense aponeurosis.

→ T 17–T 19

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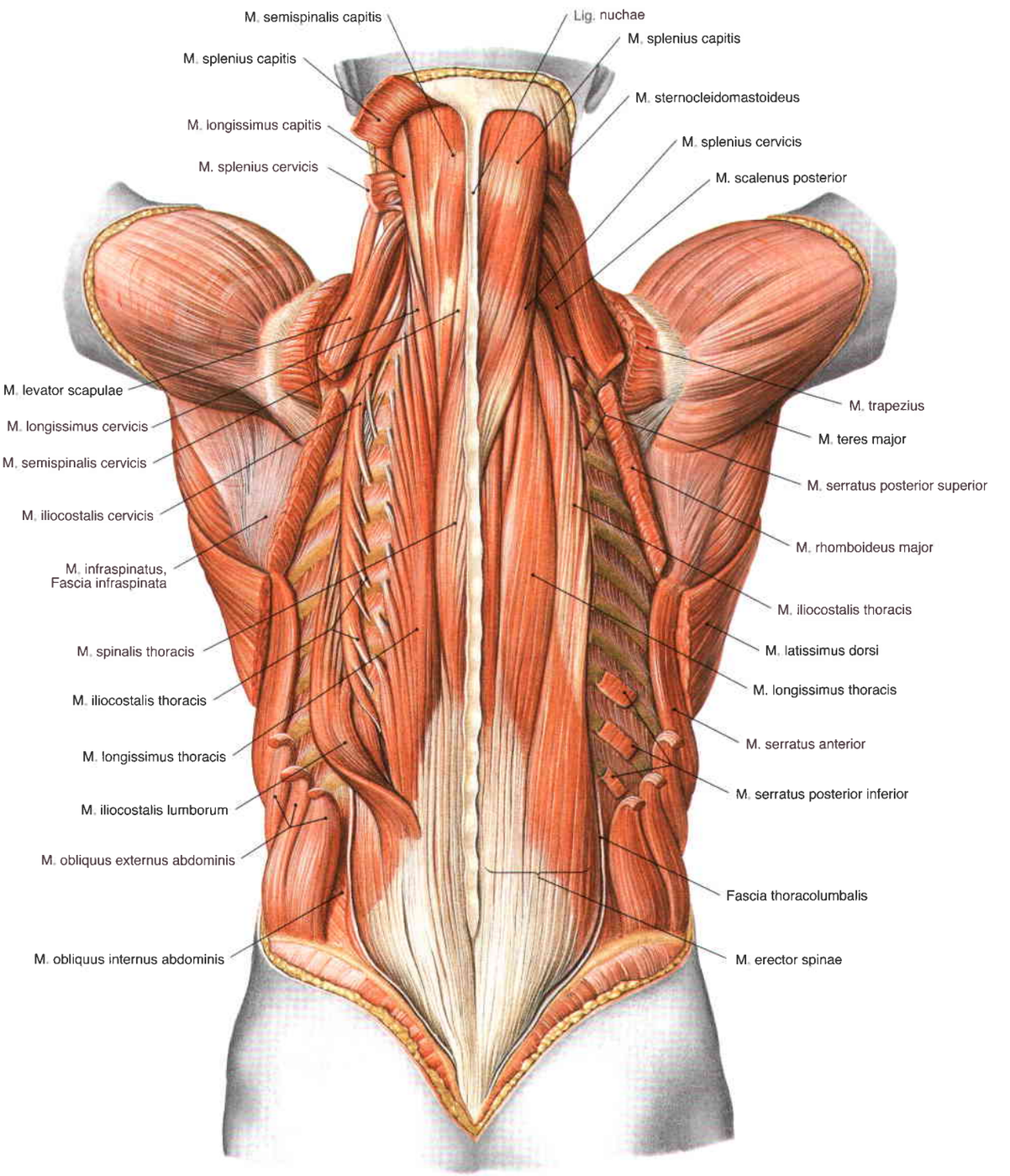
Deep muscles of the back



→ T 20a, b

Fig. 797 Muscles of the back, Mm. dorsi; superficial layer of the deep (autochthonous) muscles.

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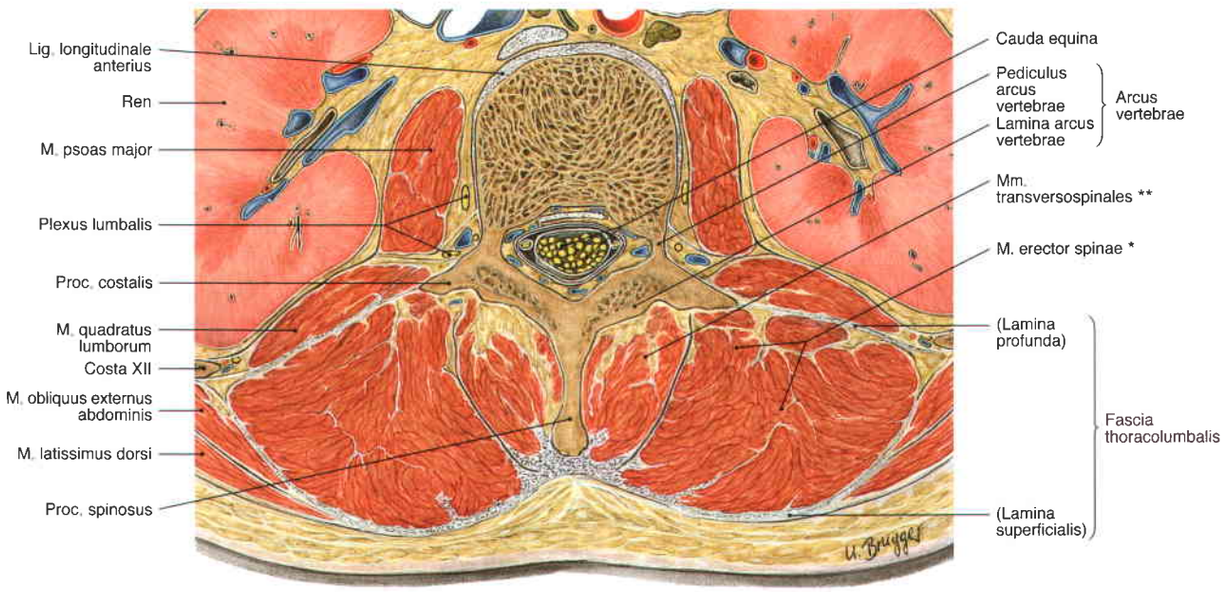

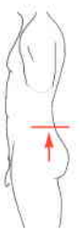

Fig. 798 Muscles of the back, Mm. dorsi;
cross-section at the level of the second lumbar vertebra;
inferior view.

The deep (autochthonous) muscles of the back lie within an osteofibrous tube formed by dorsal parts of the vertebrae and the surrounding aponeurotic thoracolumbar fascia. The muscles are divided into a lateral * and a medial ** tract.

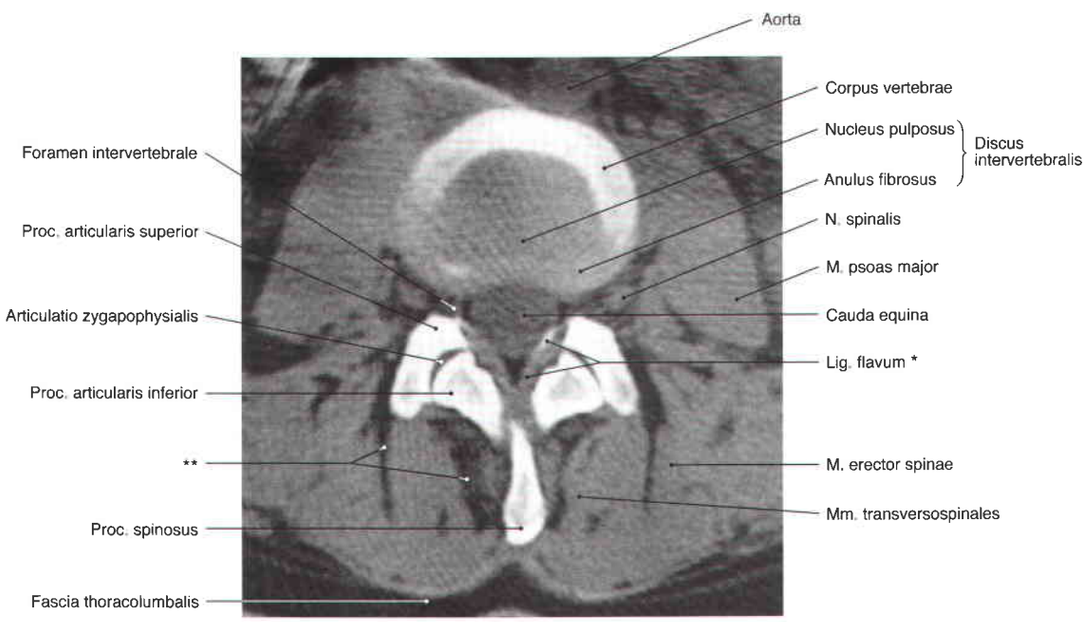

Fig. 799 Muscles of the back, Mm. dorsi;
computed tomographic cross-section (CT) at the level of the intervertebral disc between the third and the fourth lumbar vertebra;
inferior view.

* Calcification or ossification frequently occurs at the sites of insertion of the ligamenta flava, even in younger individuals.

** Adipose tissue deposits

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Deep muscles of the back

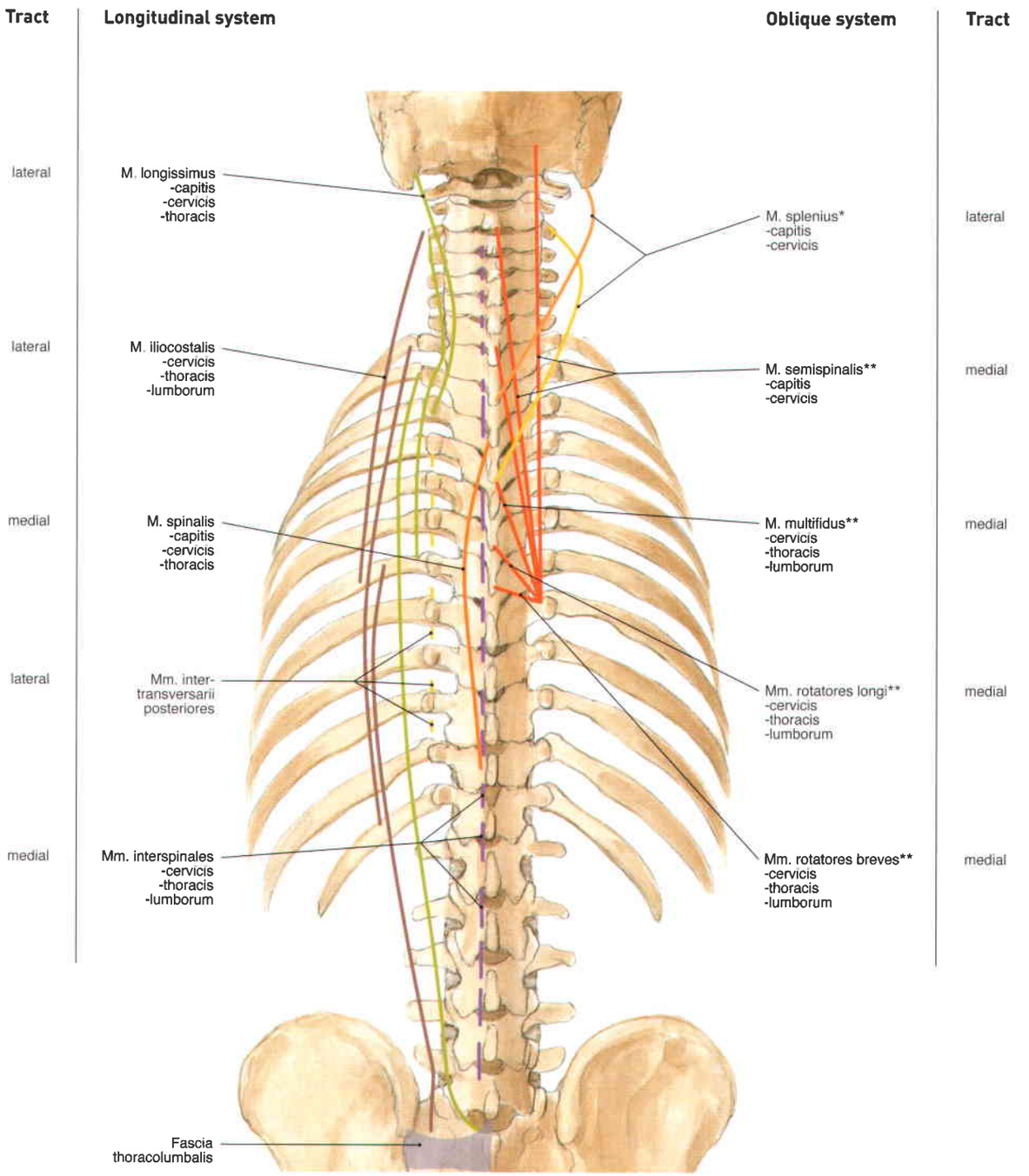

Fig. 800 Deep (autochthonous) muscles of the back; diagram of the different groups of muscles.
The deep (autochthonous) muscles of the back can be divided into a longitudinal and an oblique system, as well as into a medial and a lateral tract.
* Spinotransverse
** Transversospinal

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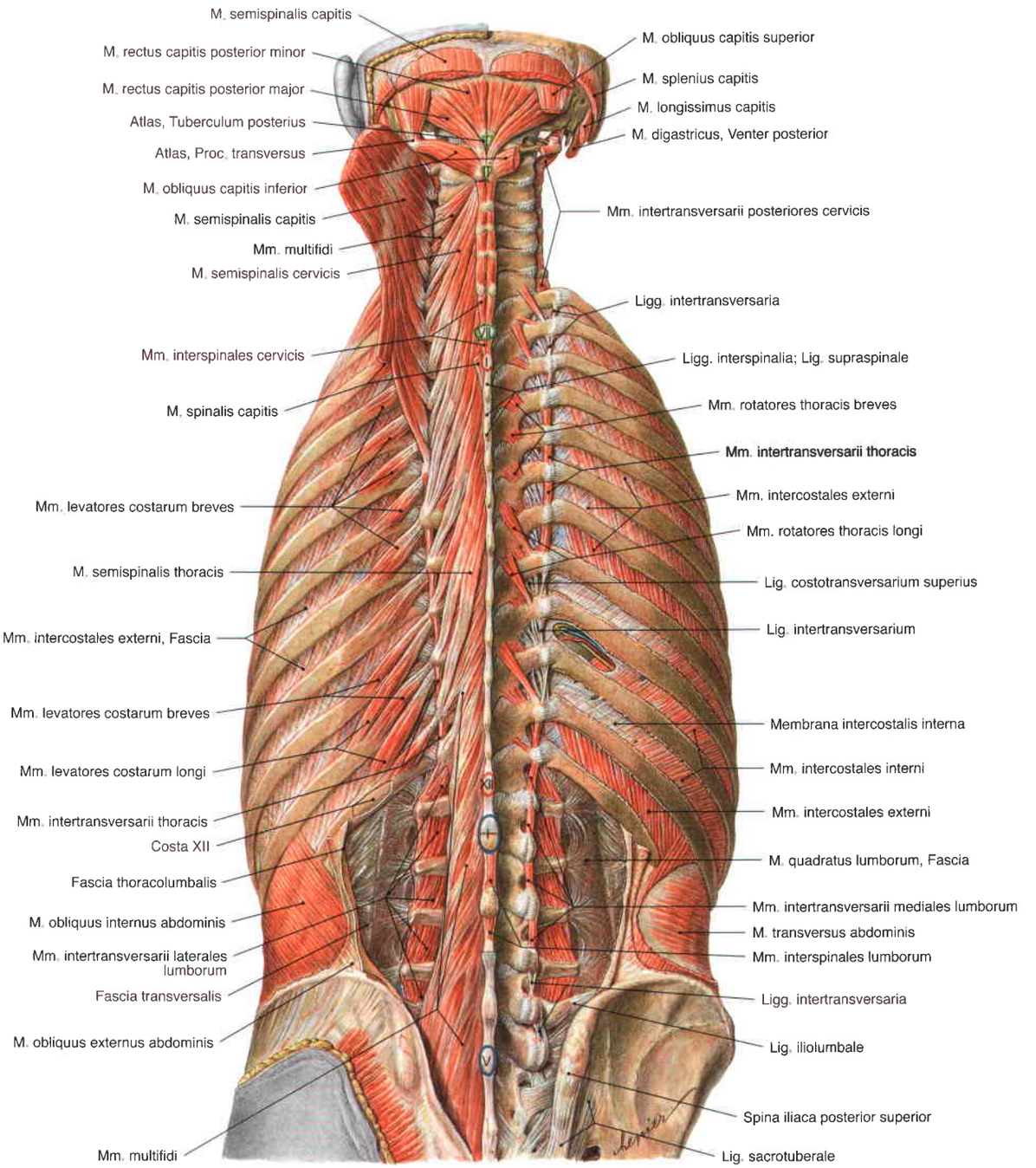

Fig. 801 Muscles of the back, Mm. dorsi, and suboccipital muscles, Mm. suboccipitales.

→ T 20 b, c

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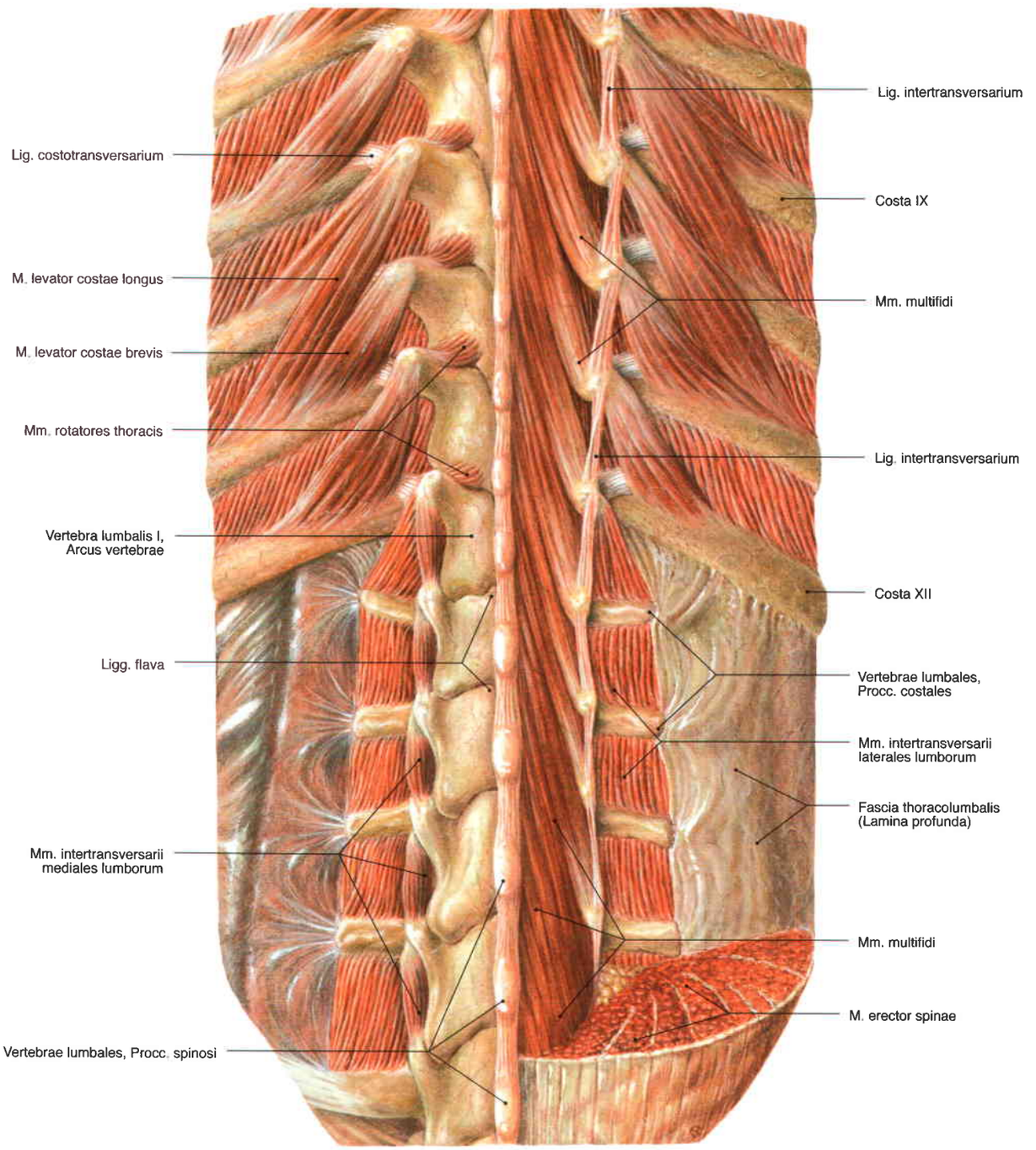
Deep muscles of the back



→ T 20 a, b

Fig. 802 Muscles of the back, Mm. dorsi; deepest layer in the region of the lower thoracic and the lumbar part of the vertebral column.

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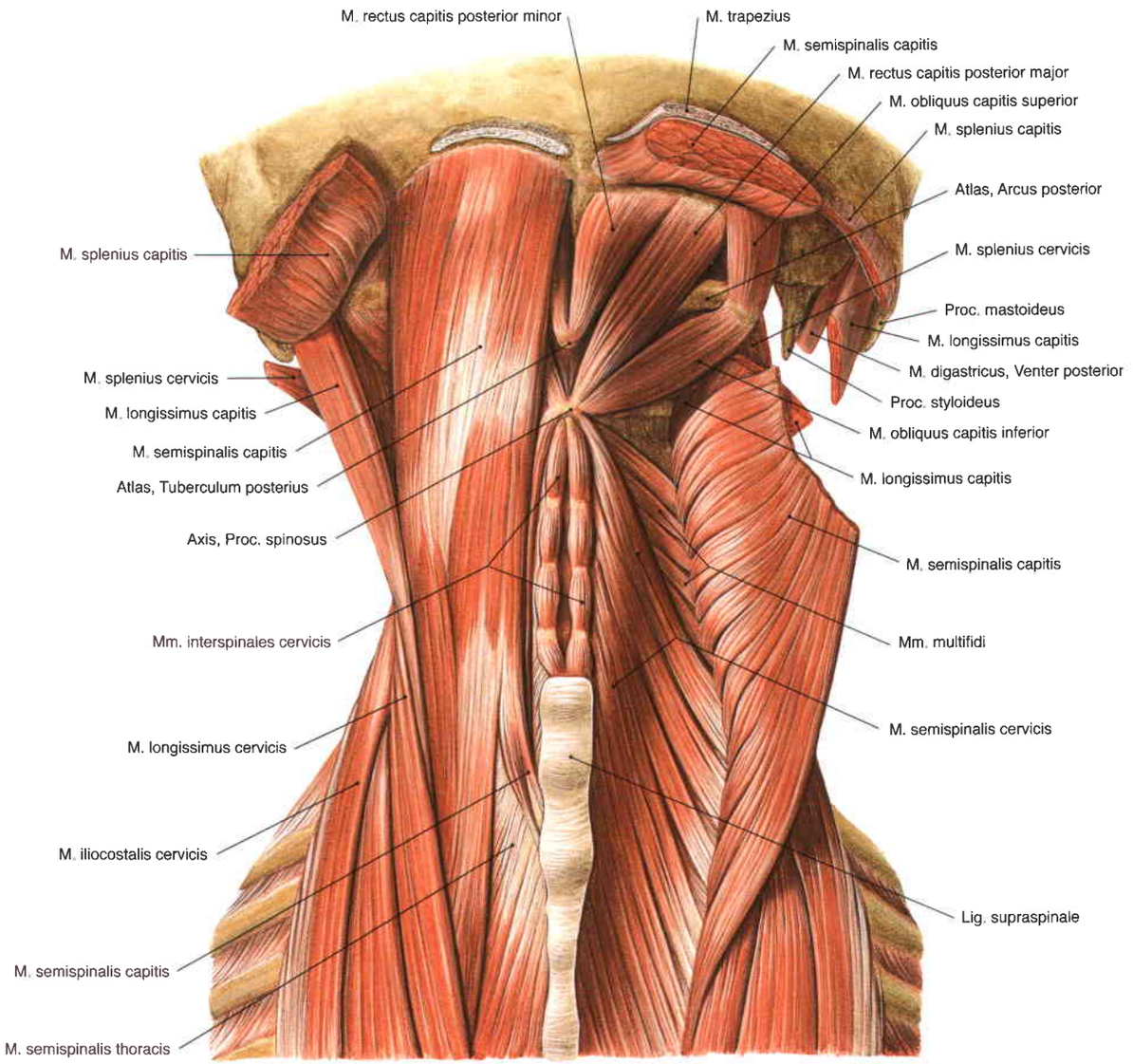

Fig. 803 Muscles of the back, Mm. dorsi, and suboccipital muscles, Mm. suboccipitales.

→ T 20 b, c

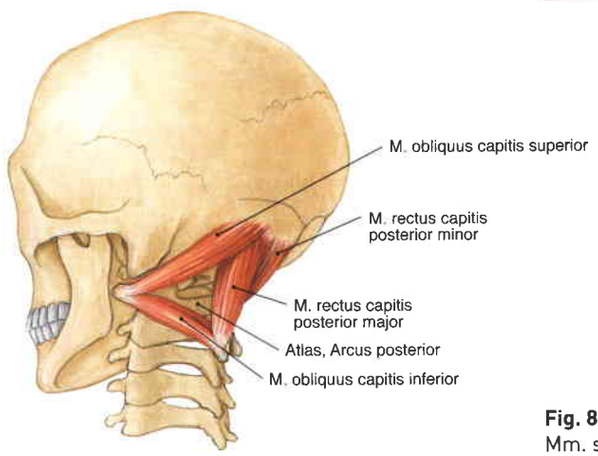

Fig. 804 Suboccipital muscles, Mm. suboccipitales.

→ T 20 c

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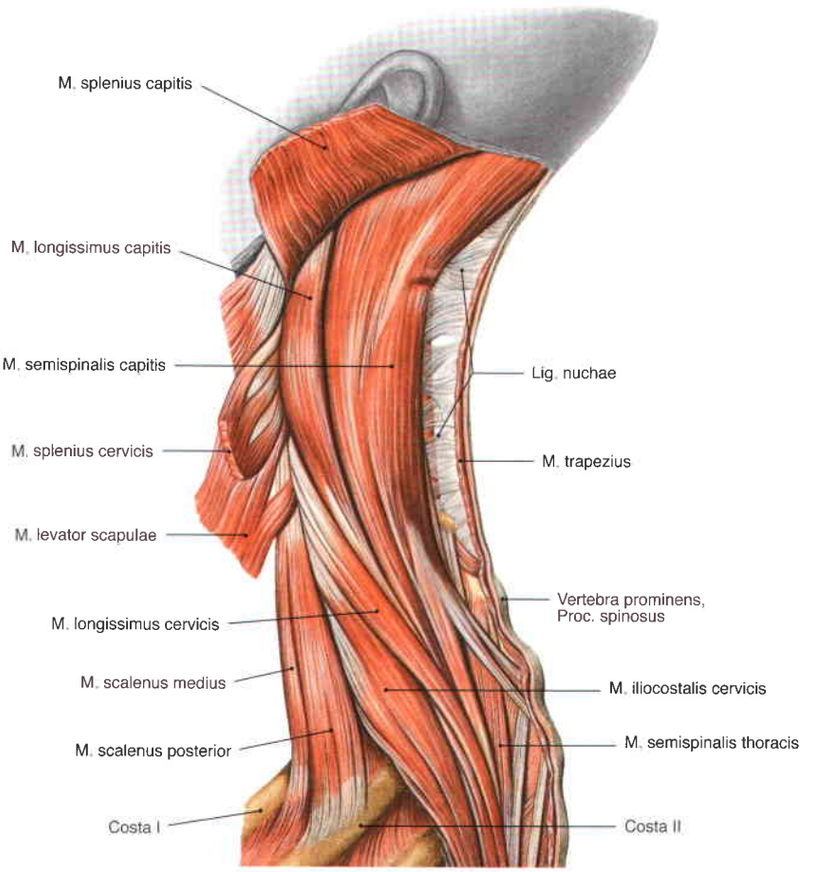
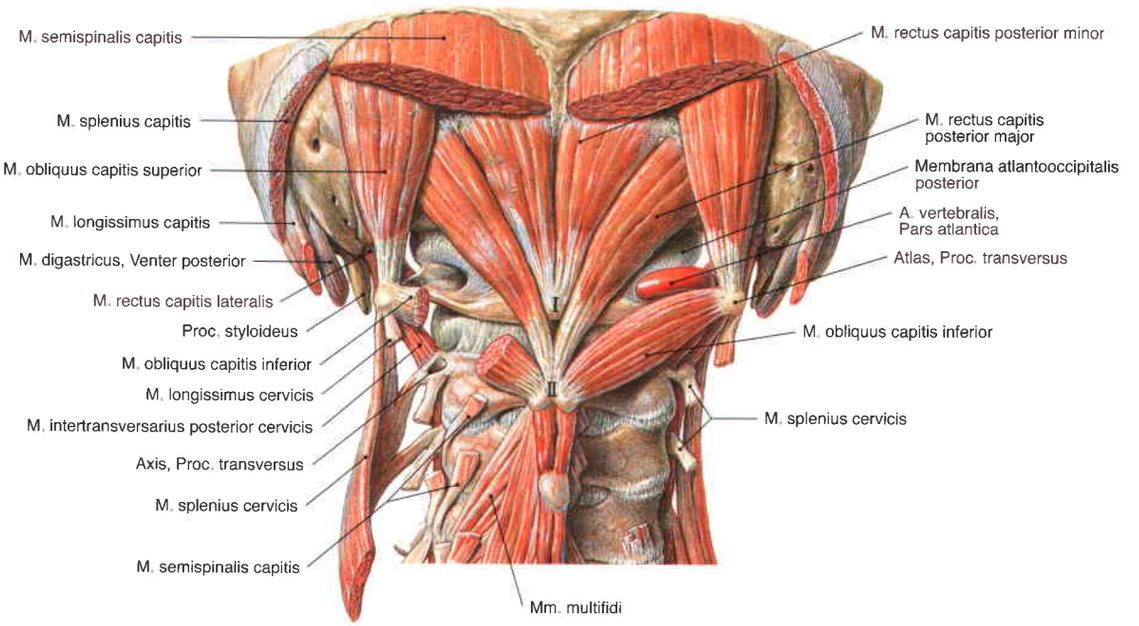
Suboccipital muscles



→ T 20a, b

Fig. 805 Muscles of the back, Mm. dorsi, and muscles of the neck, Mm. colli.



→ T 20c

Fig. 806 Suboccipital muscles, Mm. suboccipitales.

I = Posterior tubercle of the atlas
II = Spinous process of the axis

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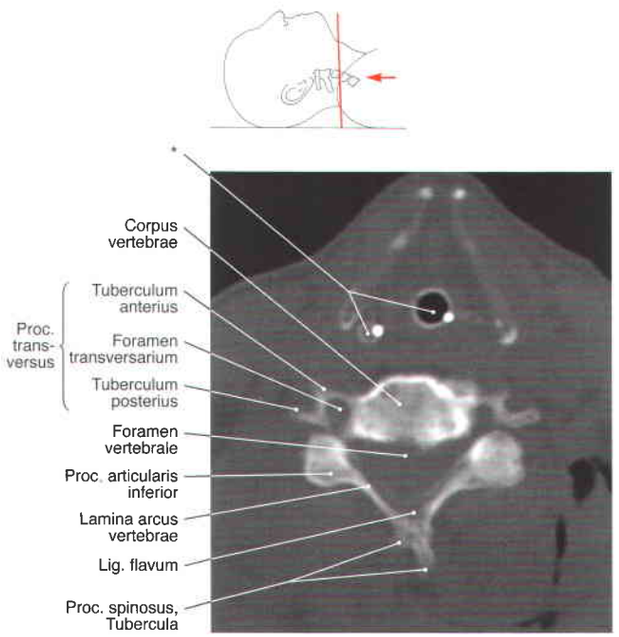

Fig. 807 Cervical part of the vertebral column; computed tomographic cross-section (CT) at the level of the intervertebral disc between the fourth and the fifth cervical vertebra.

* Endotracheal tube and endoscope

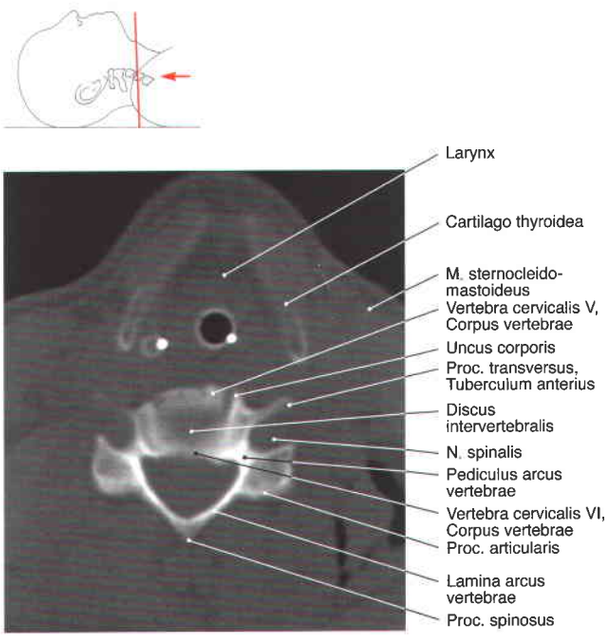

Fig. 808 Cervical part of the vertebral column; computed tomographic cross-section (CT) at the level of the fifth and the sixth cervical vertebra.

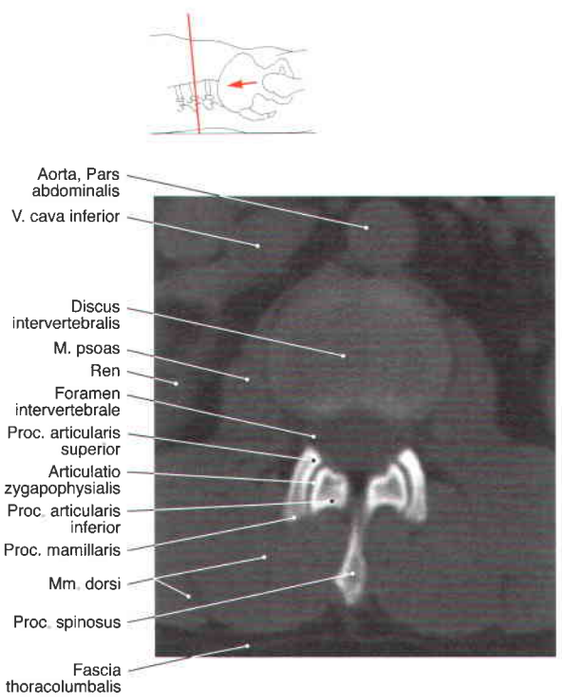

Fig. 809 Lumbar part of the vertebral column; computed tomographic cross-section (CT) at the level of the intervertebral disc between the second and the third lumbar vertebra.

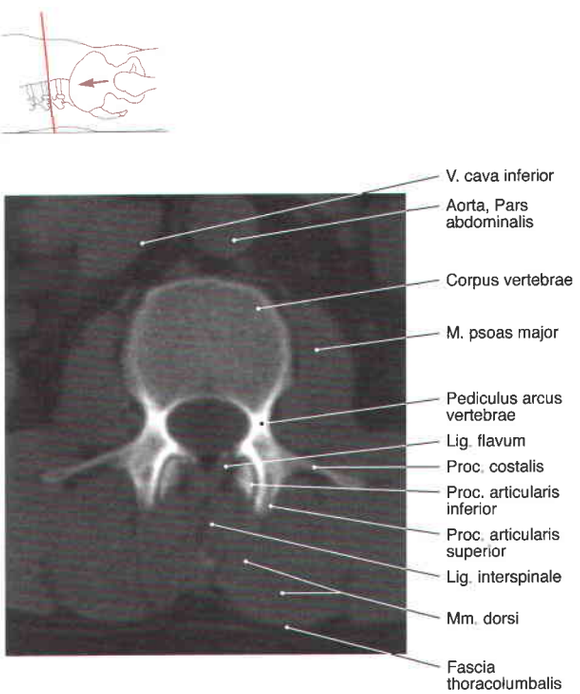

Fig. 810 Lumbar part of the vertebral column; computed tomographic cross-section (CT) at the level of the pedicles of the third lumbar vertebra.

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Cutaneous innervation

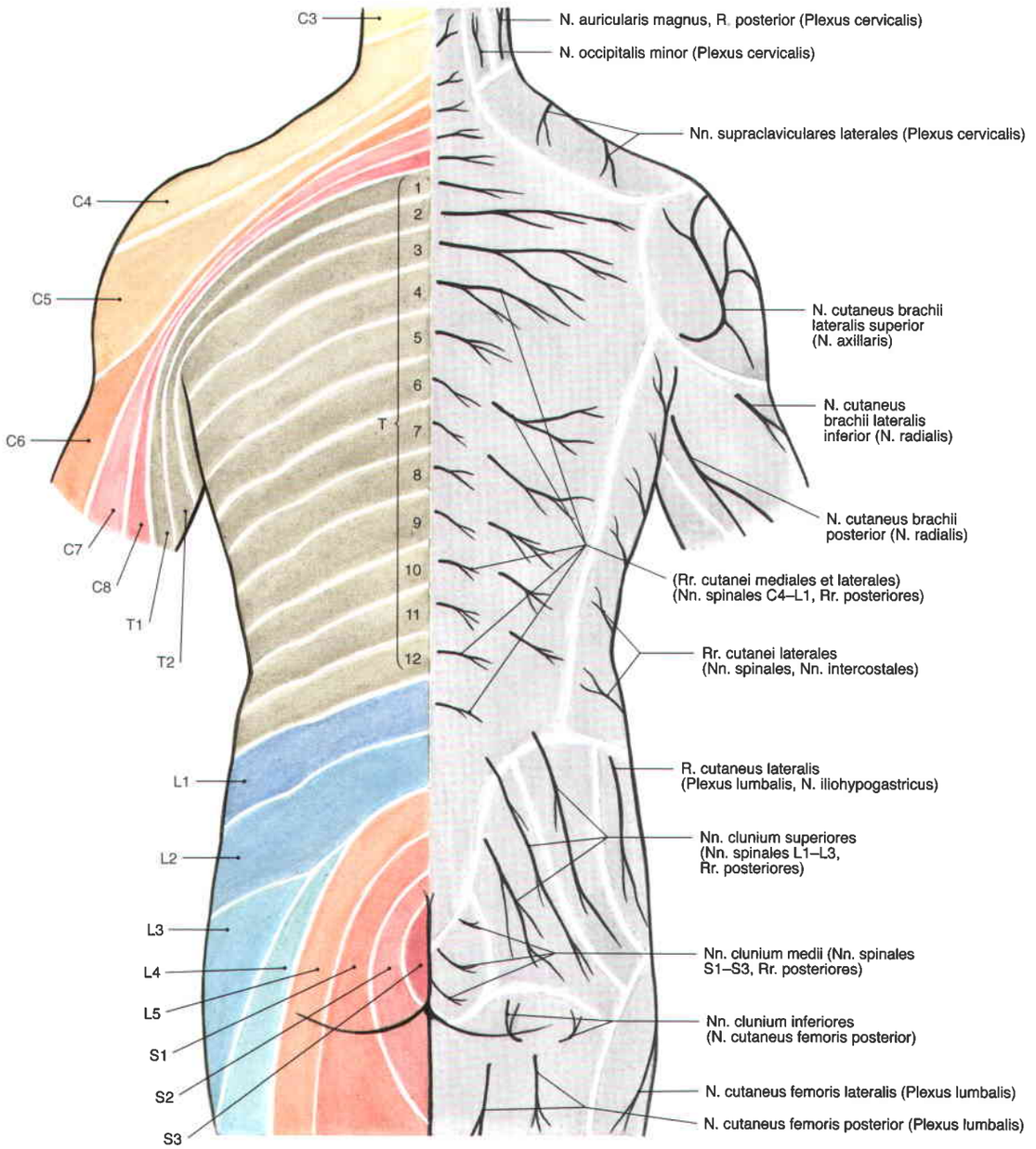

Fig. 811 Segmental cutaneous innervation (dermatomes) and cutaneous nerves of the back.

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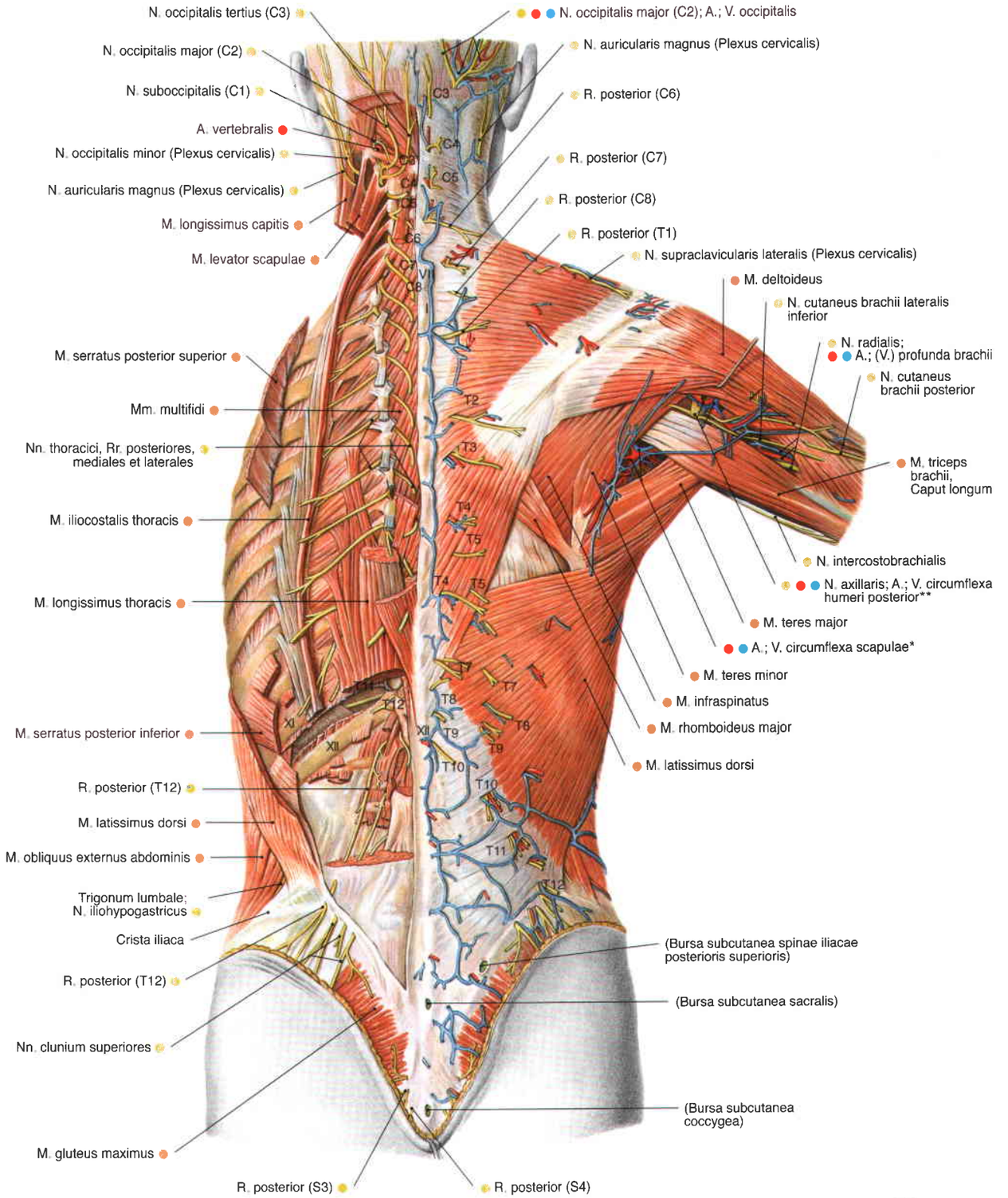

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Fig. 812 Vessels and nerves of the back.
* Vessels and nerves of the triangular space
** Vessels and nerves of the quadrangular space

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Vessels and nerves of the posterior cervical region

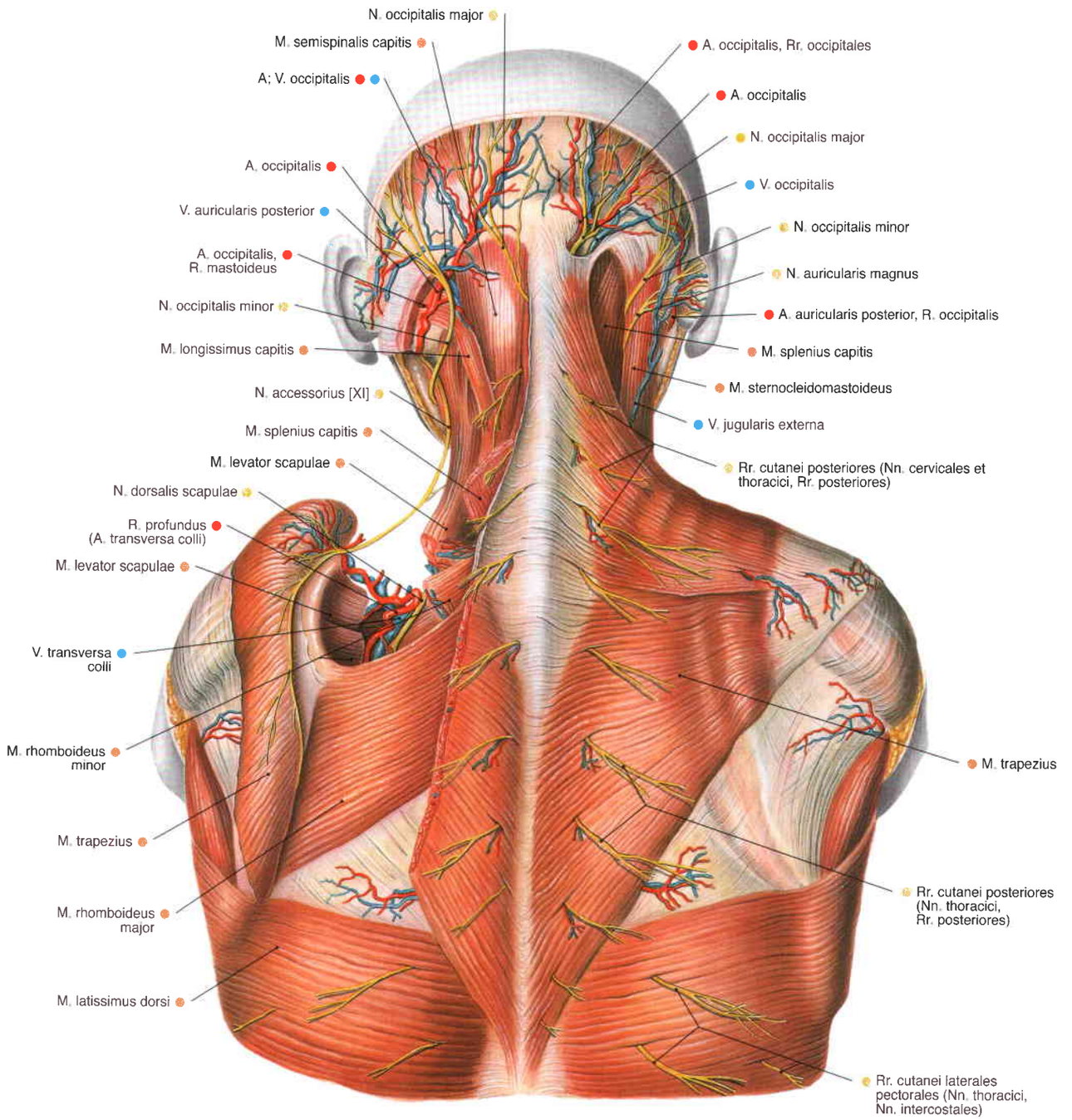

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Fig. 813 Vessels and nerves of the occipital region, Regio occipitalis, the posterior cervical region, Regio cervicalis posterior, and the upper back.

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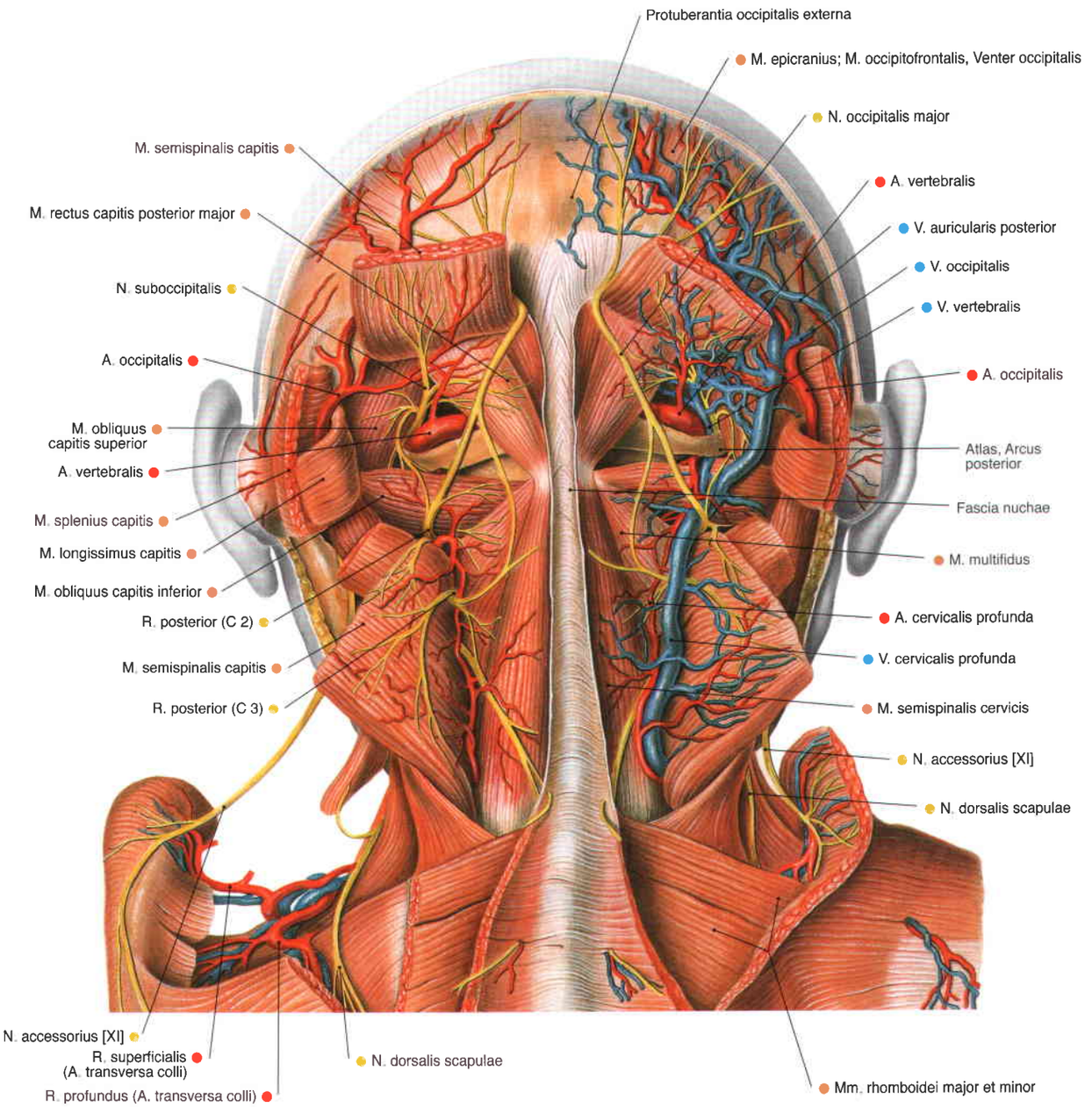

Fig. 814 Vessels and nerves of the occipital region, Regio occipitalis, and the posterior cervical region, Regio cervicalis posterior.

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Cervical part of the vertebral canal

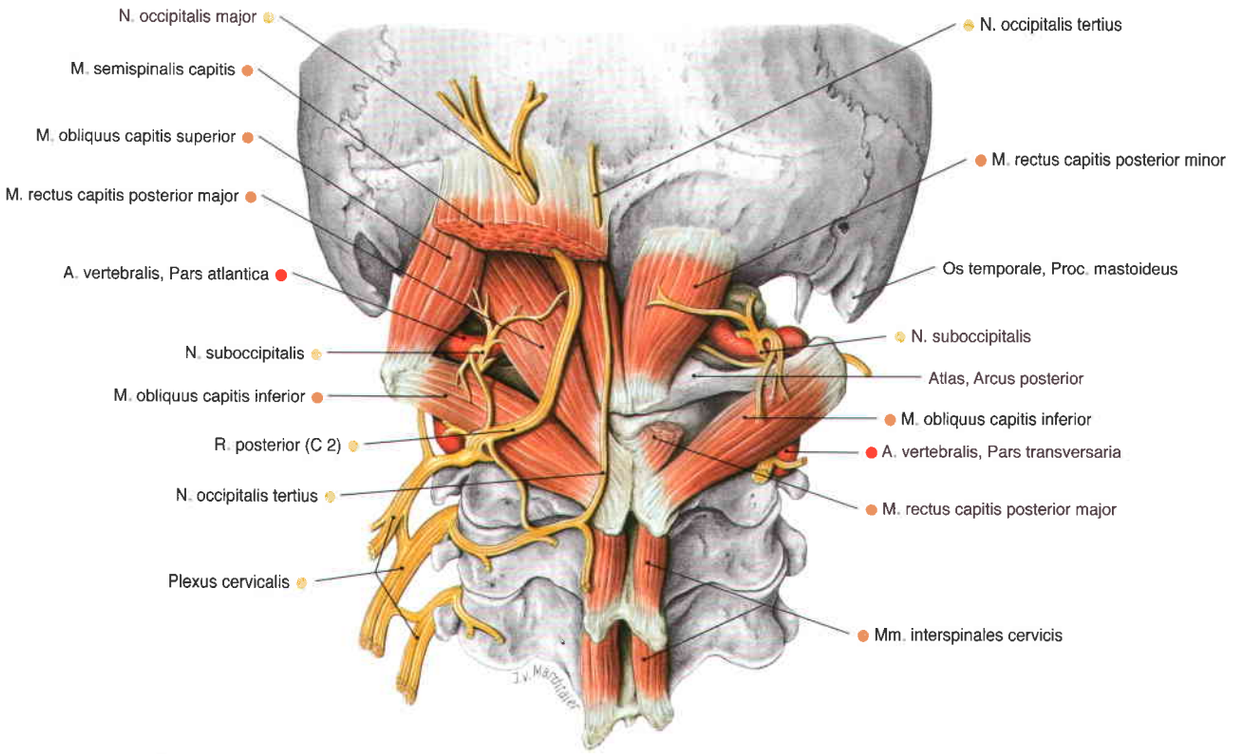

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Fig. 815 Nerves of the posterior cervical region, Regio cervicalis posterior, and the vertebral artery, A. vertebralis.

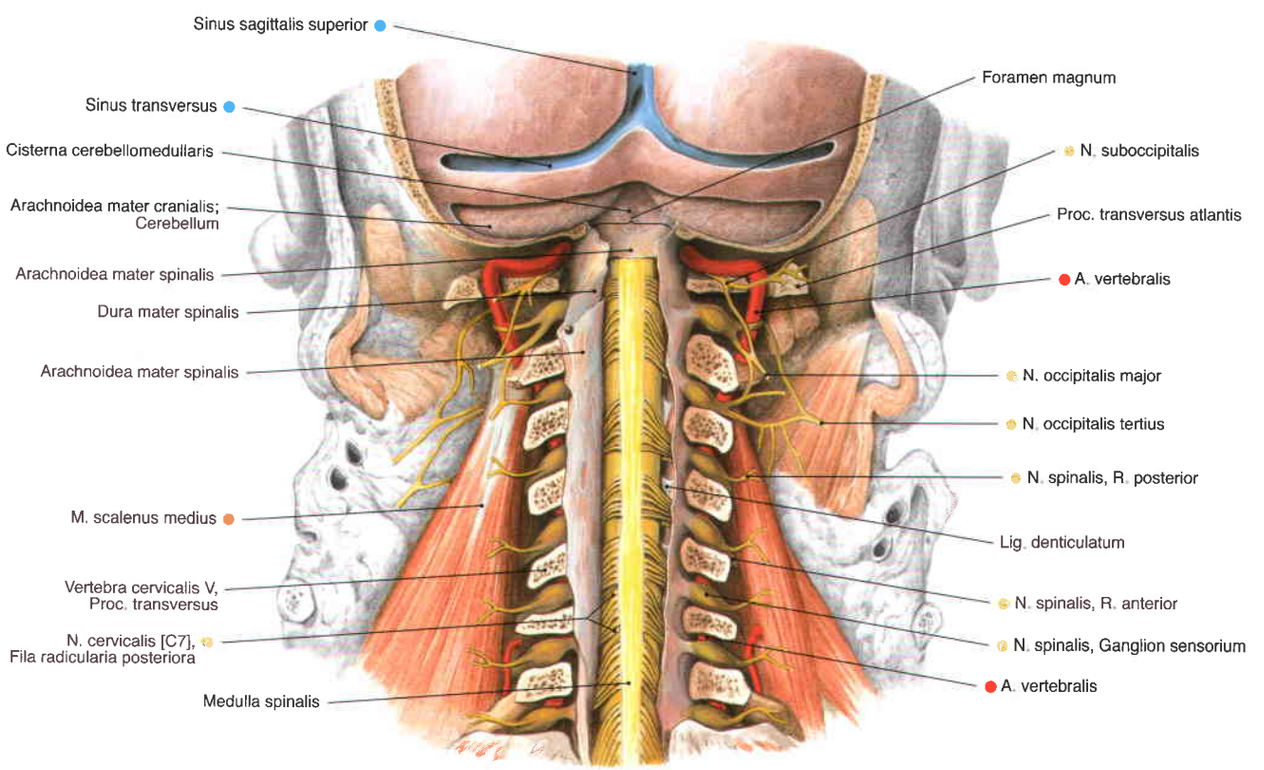

Fig. 816 Vessels and nerves of the deep posterior cervical region, Regio cervicalis posterior, and the content of the vertebral canal.

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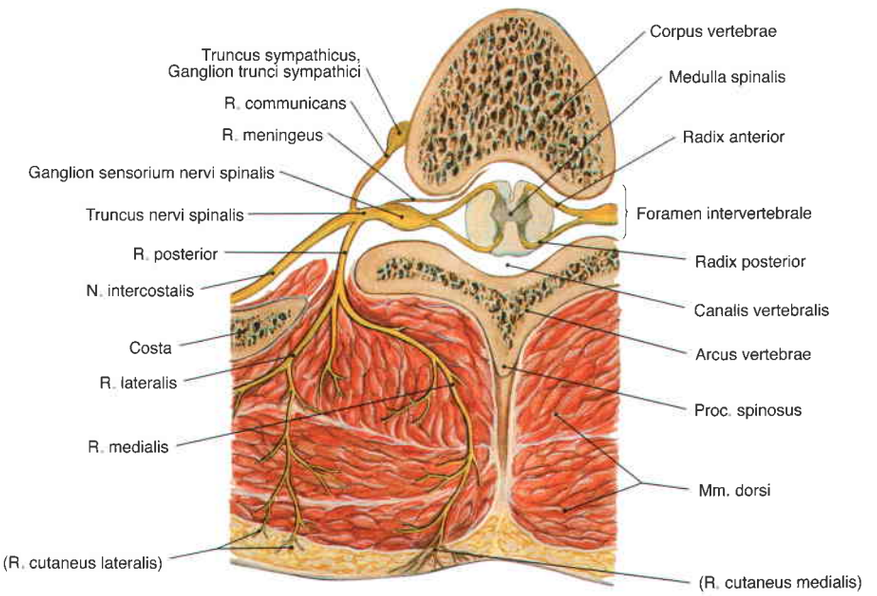

Fig. 817 Spinal nerve, N. spinalis; in the thoracic region.

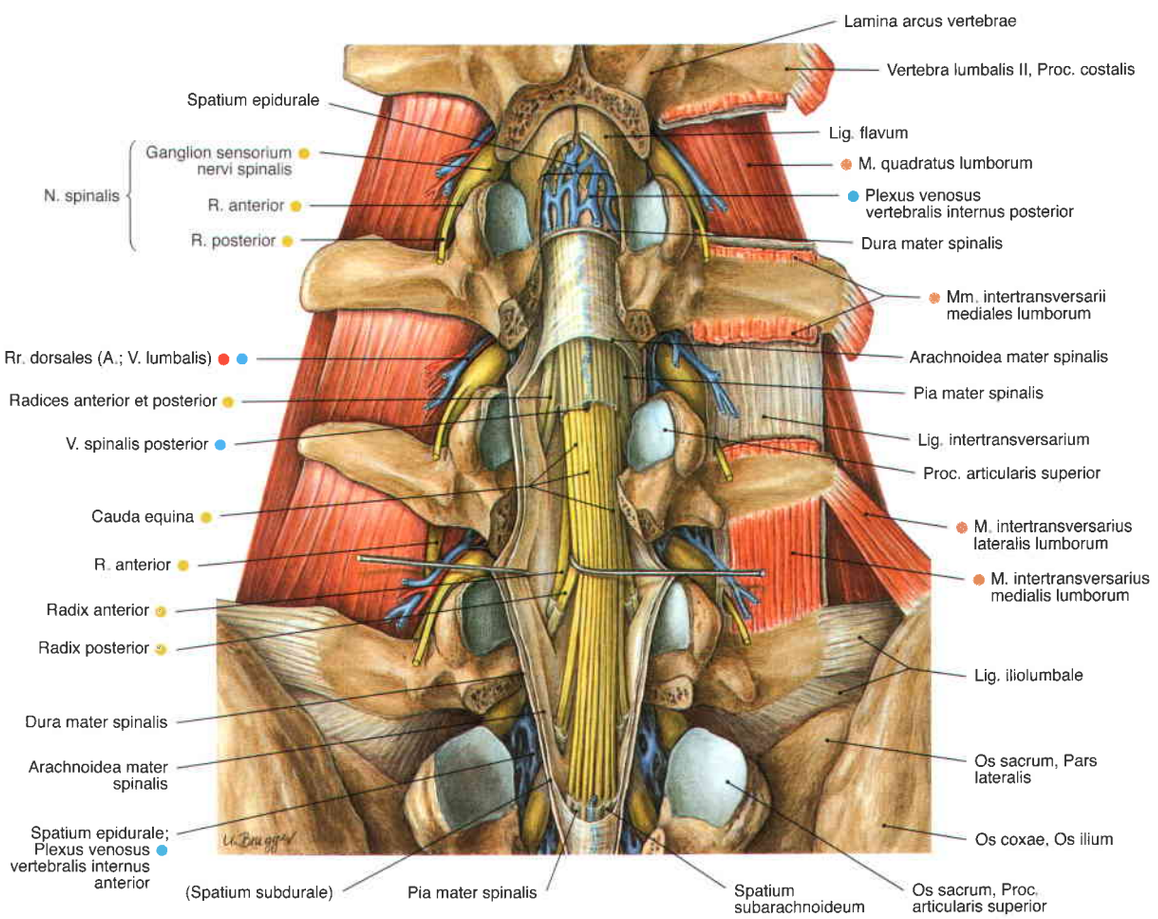

Fig. 818 Vessels and nerves of the lumbar part of the vertebral canal, Regio lumbalis.

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Veins and nerves of the lumbar part of the vertebral column

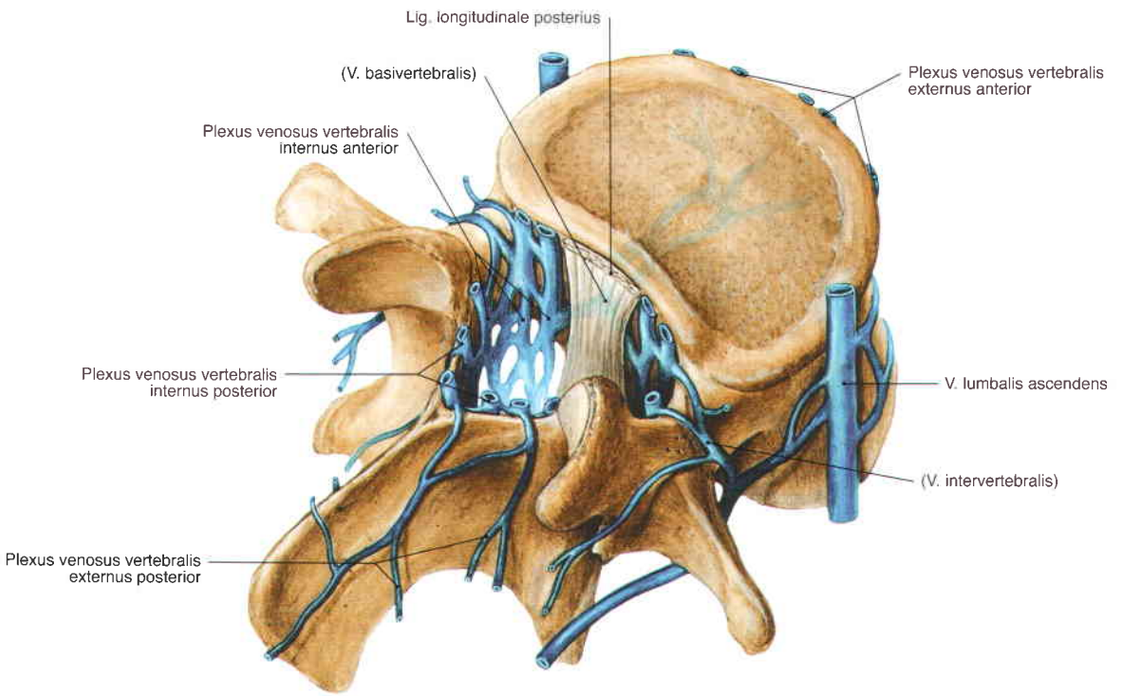

Fig. 819 Veins of the vertebral canal, Canalis vertebralis; venous plexus.

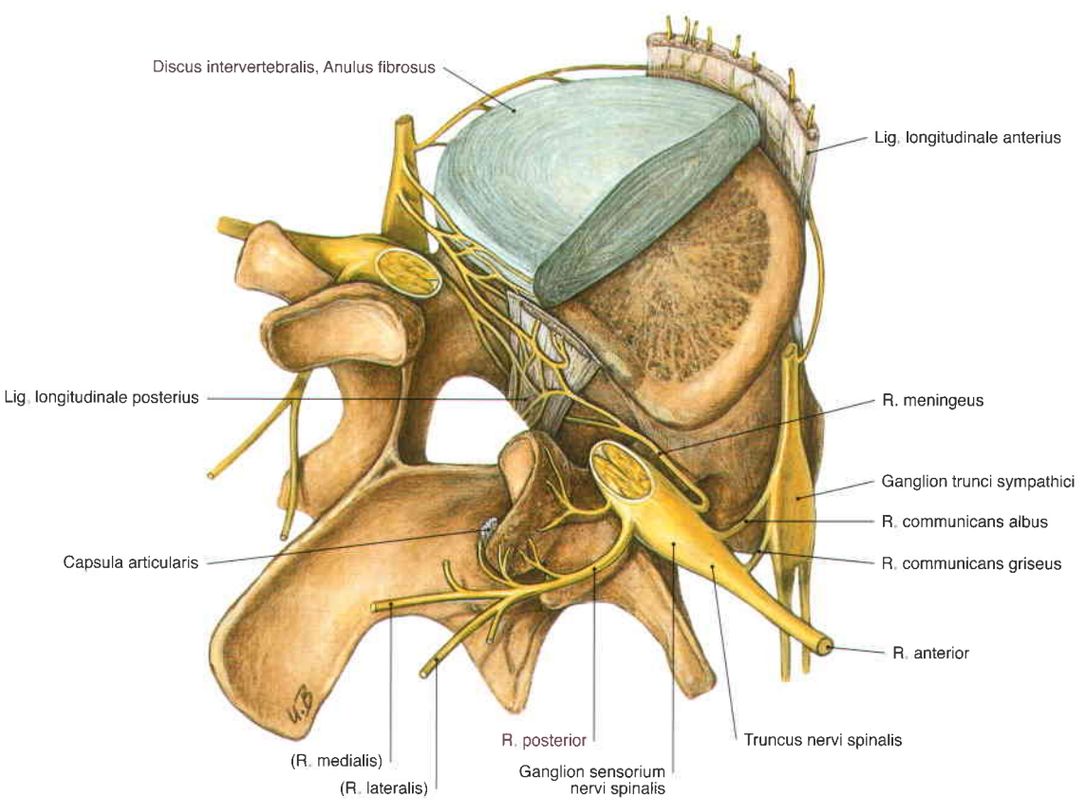

Fig. 820 Nerves of the vertebral column, Columna vertebralis; somatic and autonomous innervation.

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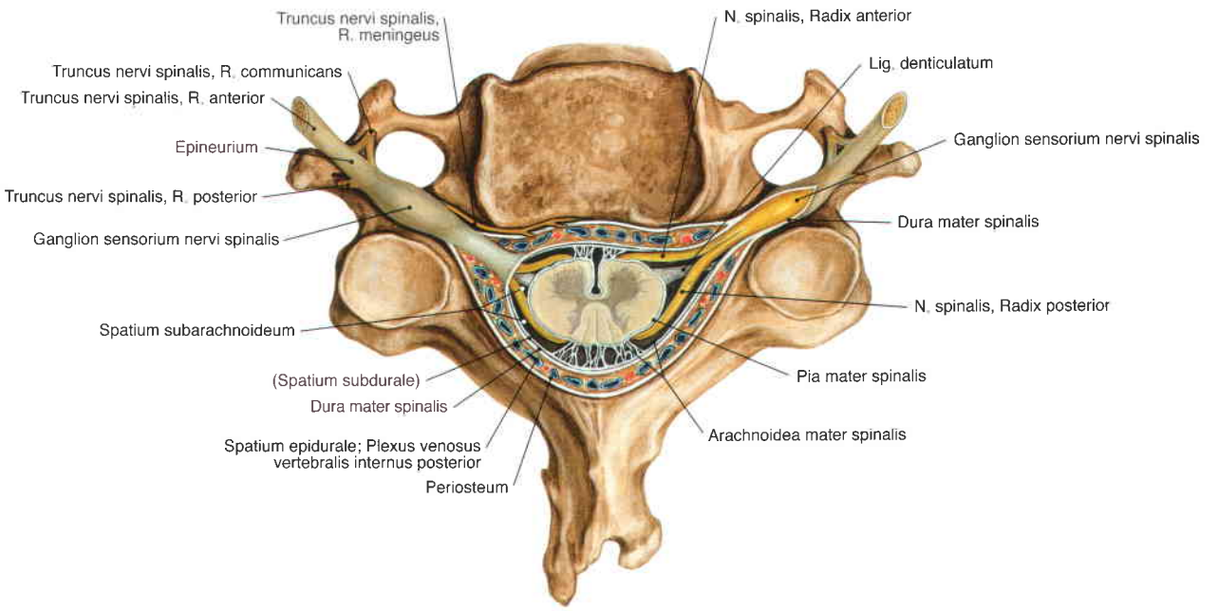

Fig. 821 Content of the vertebral canal, Canalis vertebralis; cross-section at the level of the fifth cervical vertebra.

→ 599 ff

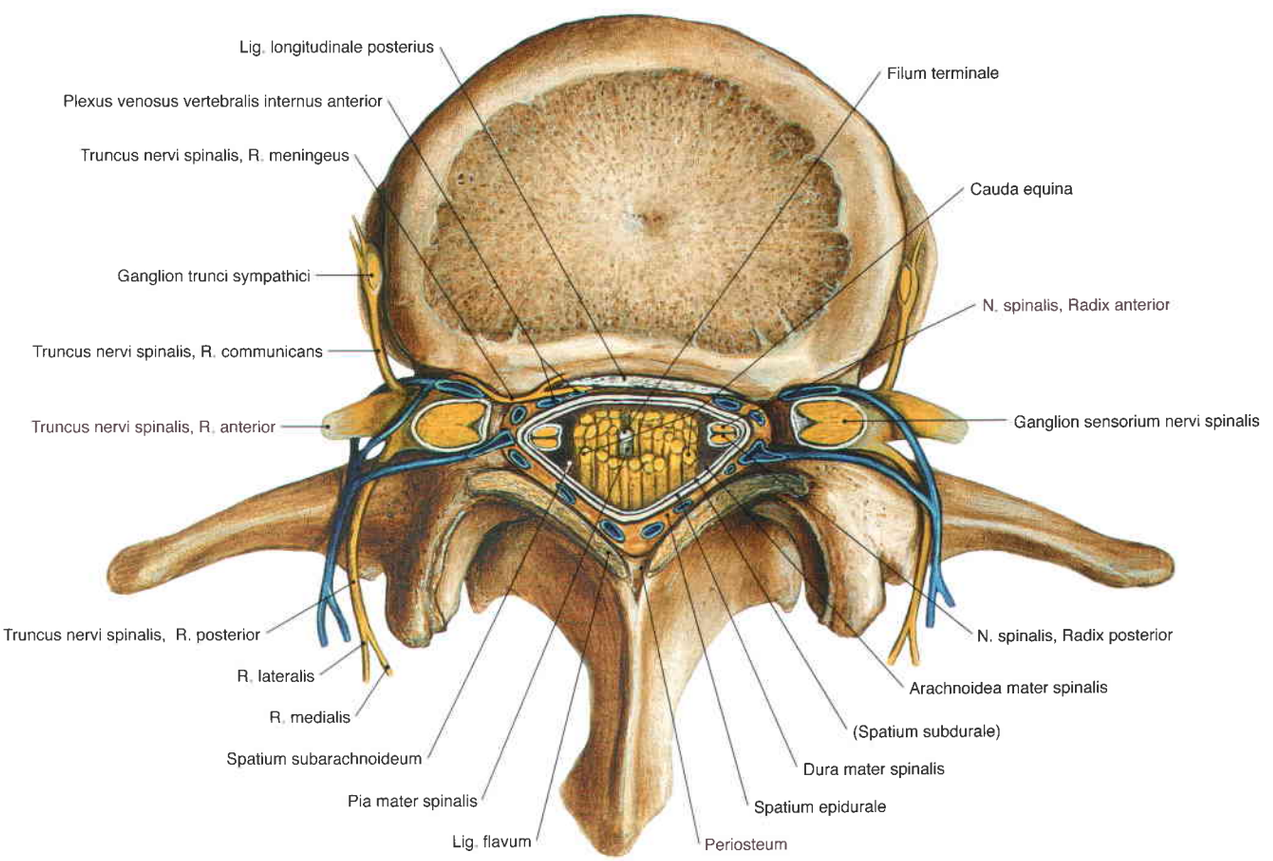

Fig. 822 Content of the vertebral canal, Canalis vertebralis; cross-section at the level of the third lumbar vertebra.

→ 599 ff

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Lumbar and sacral puncture

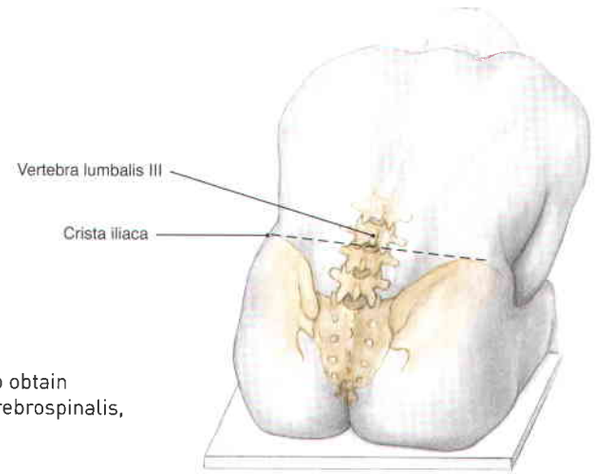
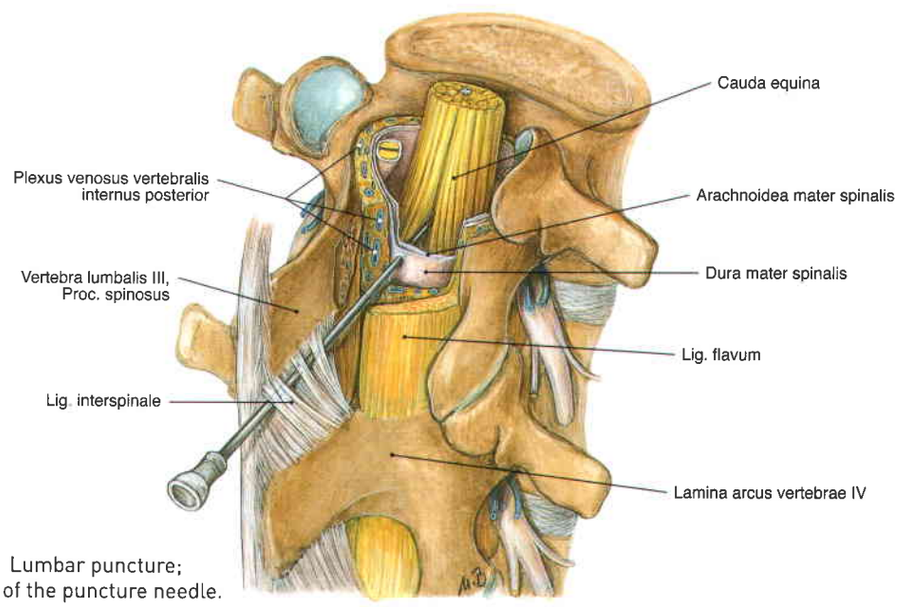


Fig. 823 Lumbar puncture to obtain cerebrospinal fluid, Liquor cerebrospinalis, or for lumbal anaesthesia; position of the patient.



→ 818

Fig. 824 Lumbar puncture; guidance of the puncture needle.

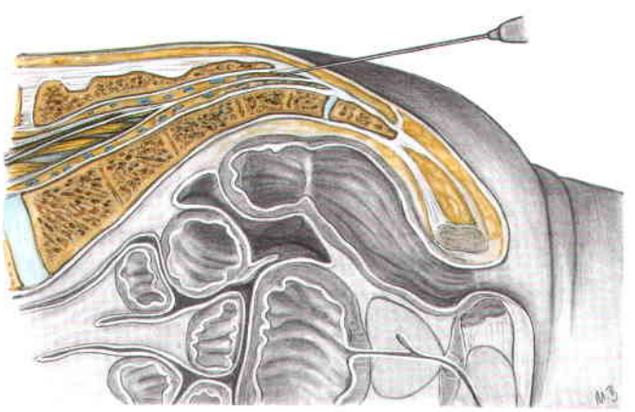


Fig. 825 Sacral puncture; guidance of the puncture needle.

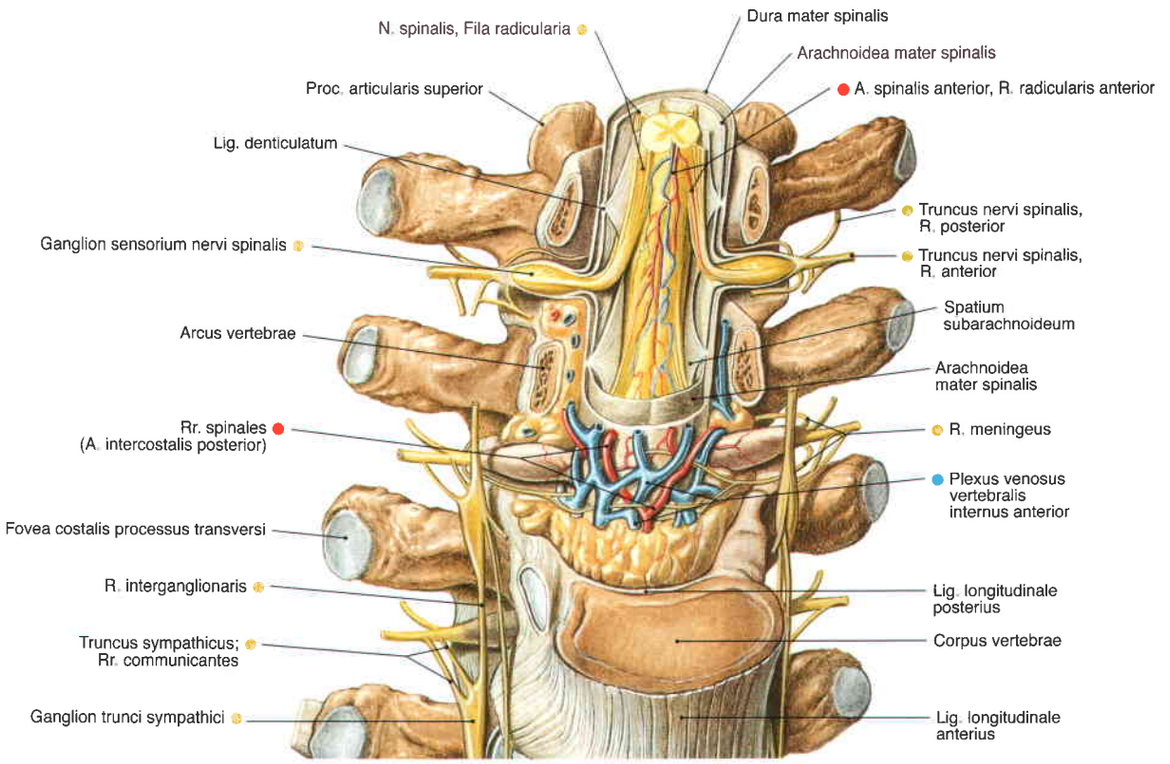


Fig. 826 Content of the vertebral canal, Canalis vertebralis; thoracic portion after stepwise exposure; ventral view.

→ 599 ff

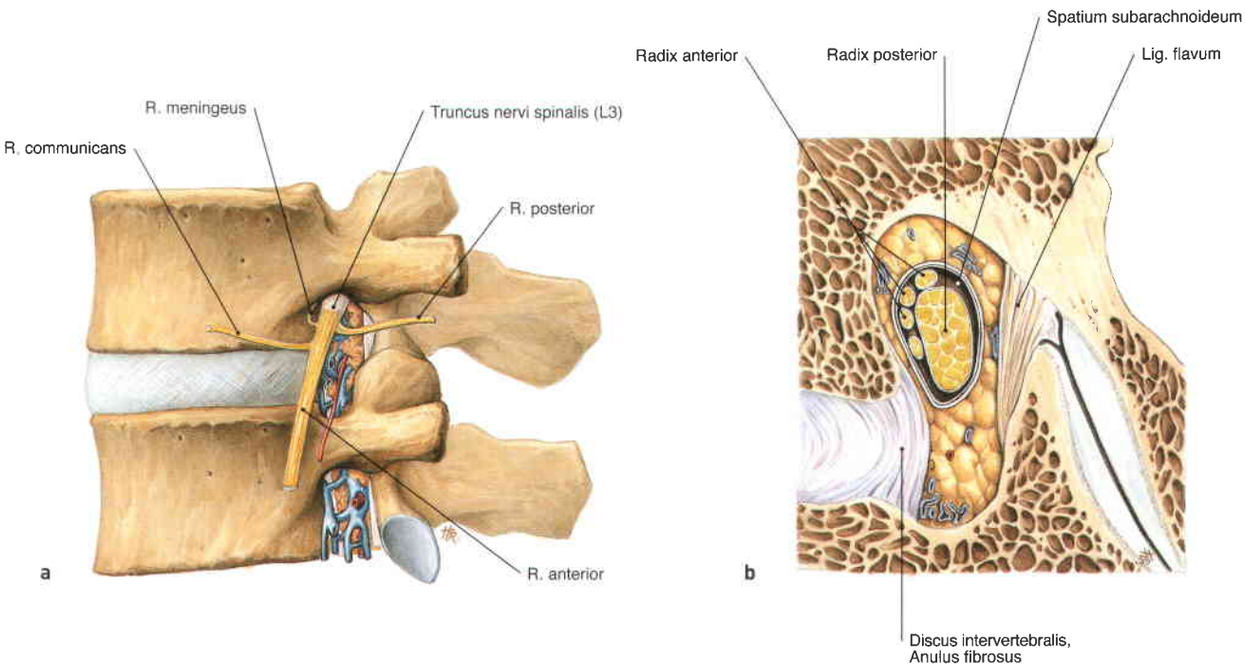


Fig. 827 a, b Intervertebral foramina, Foramina intervertebralia; lumbar part of the vertebral column.

a Viewed from the left
b Sagittal section

Surface anatomy

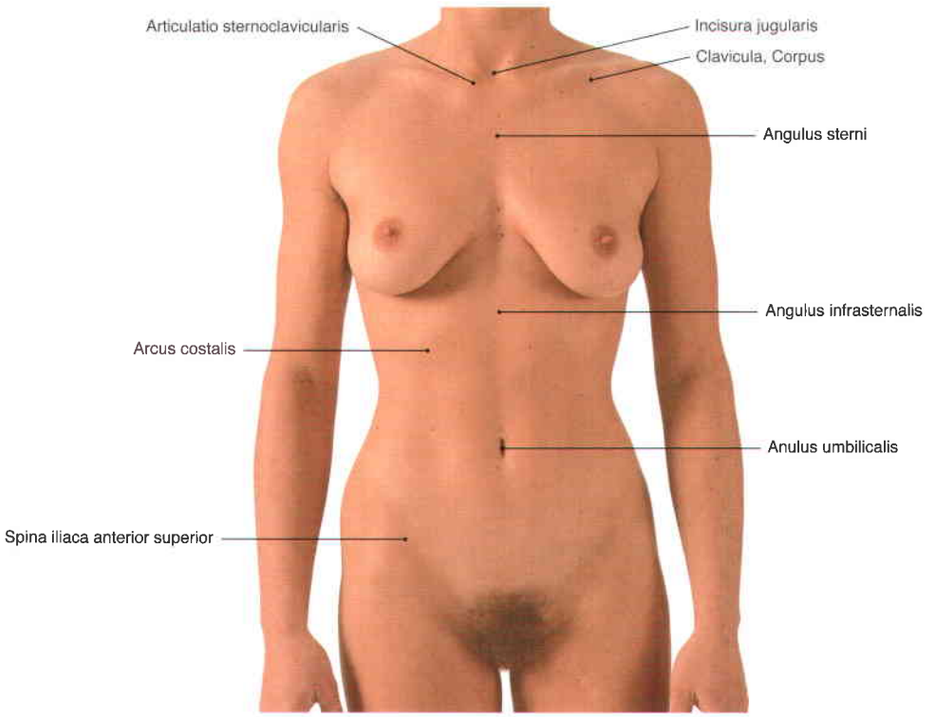


Fig. 828 Surface anatomy of the thoracic and abdominal wall of a young woman.

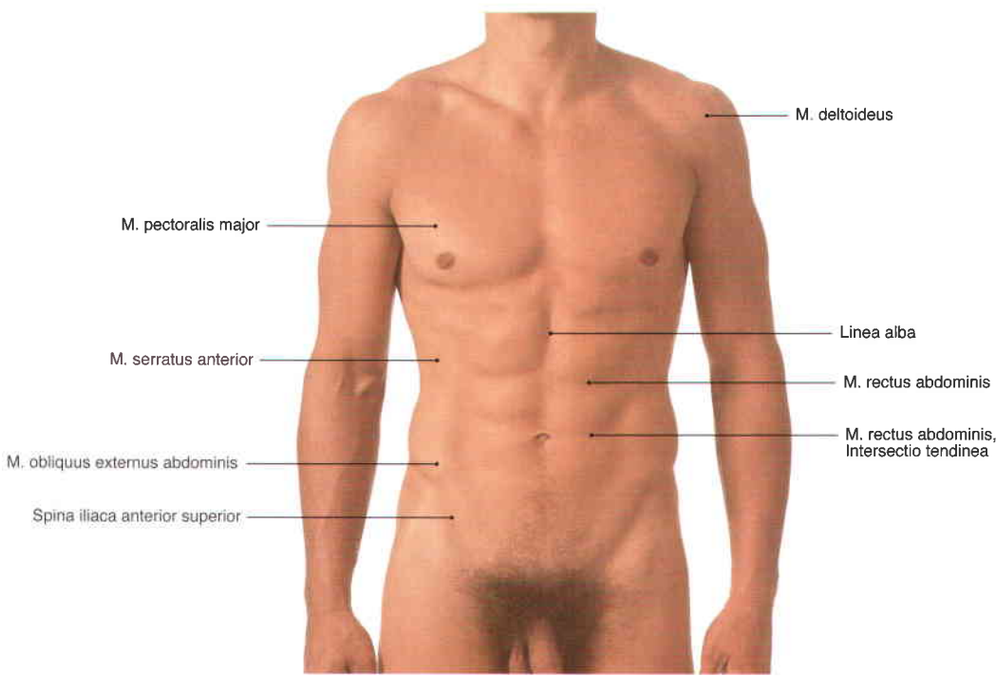


Fig. 829 Surface anatomy of the thoracic and abdominal wall of a young man.

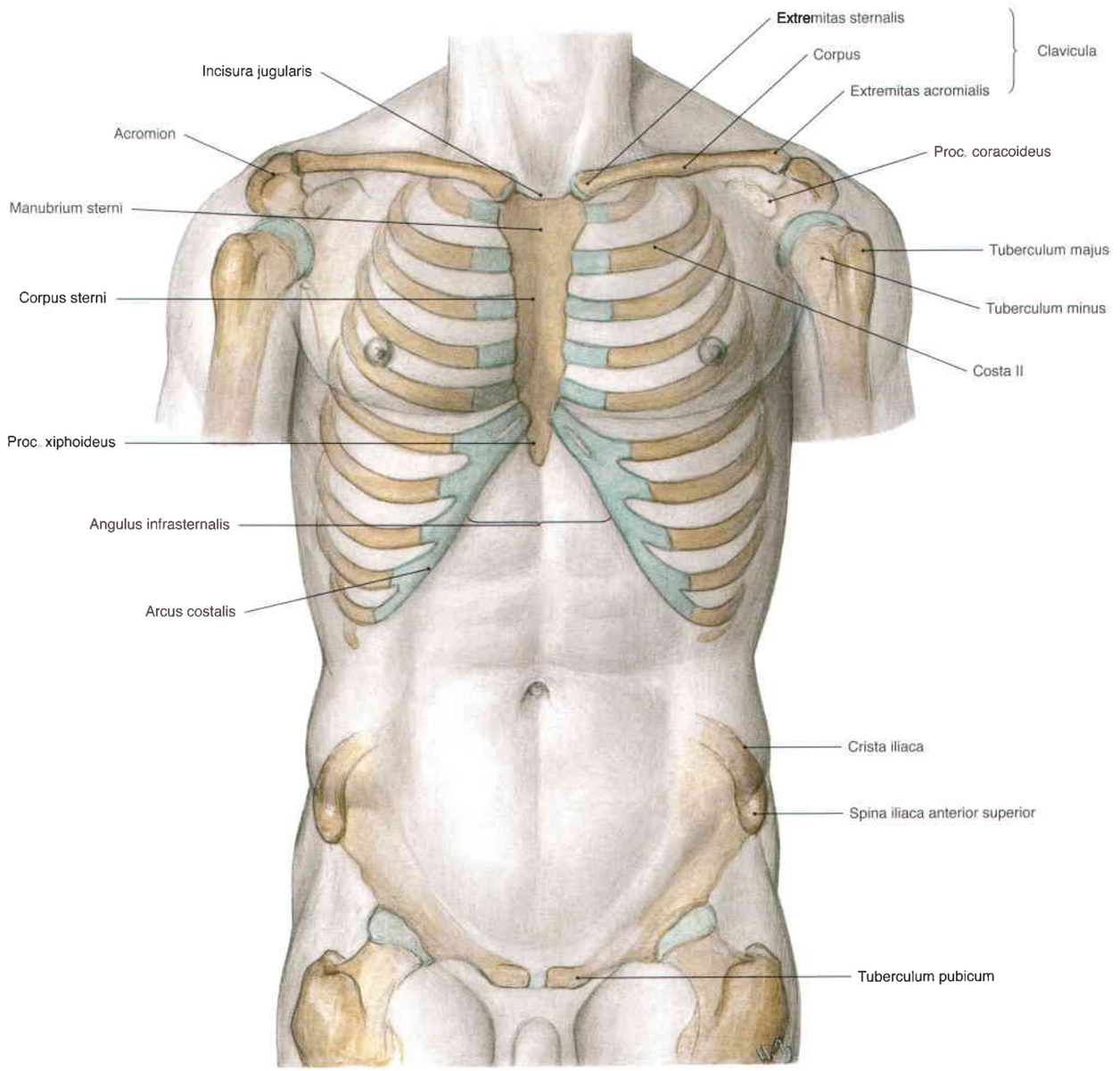


Fig. 830 Projection of the skeleton onto the thoracic and abdominal wall.

Skeleton of the trunk

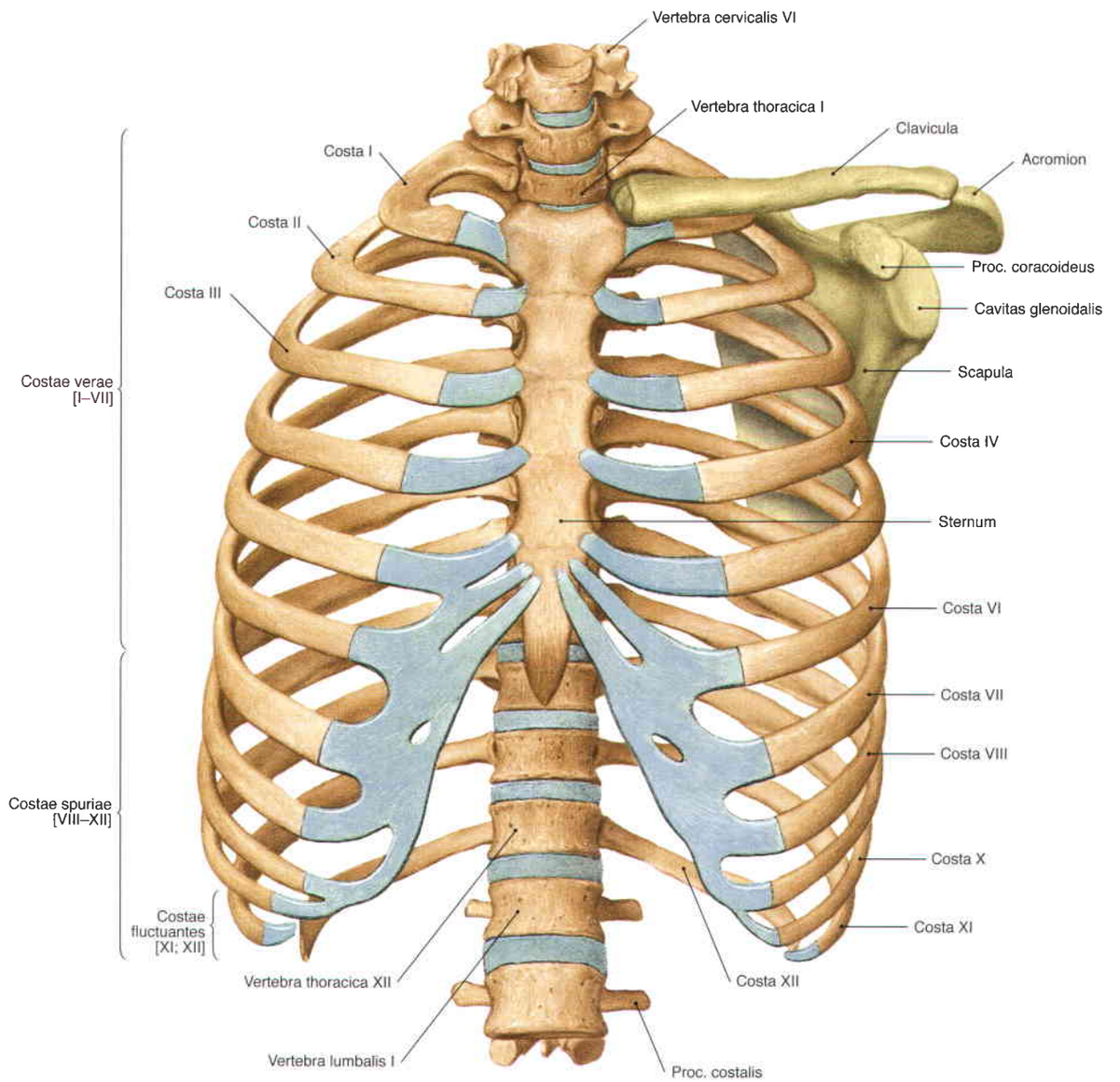


Fig. 831 Thoracic cage, Cavea thoracis, and left shoulder girdle, Cingulum pectorale.

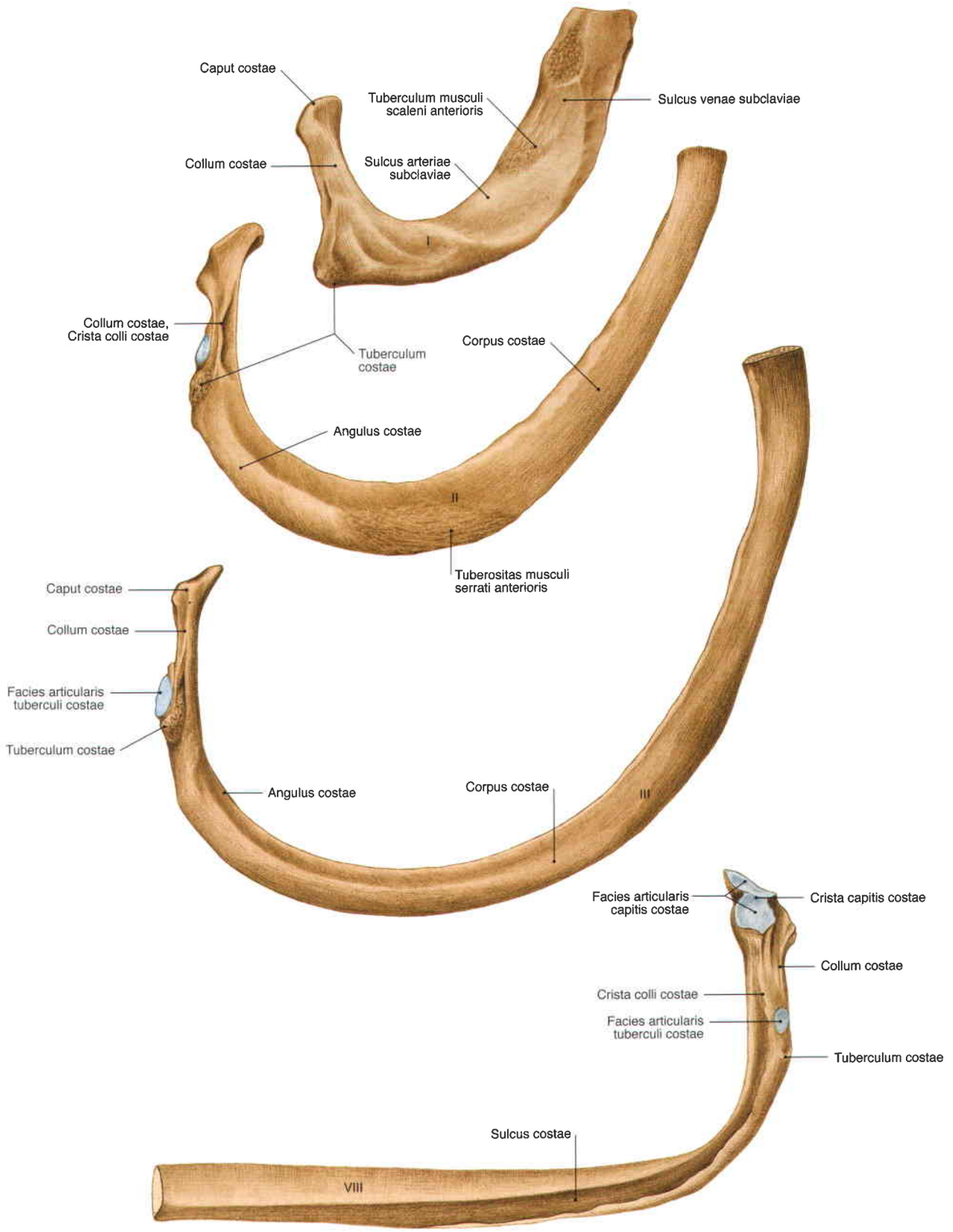


Fig. 832 Ribs, Costae; I.–III. rib, superior view; VIII. rib, inferior view.

Sternum

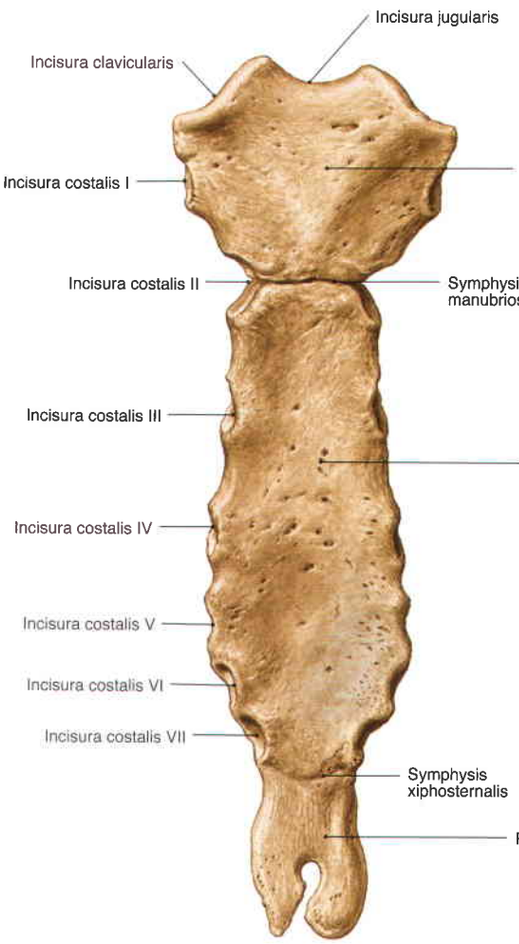


Fig. 833 Sternum, Sternum.

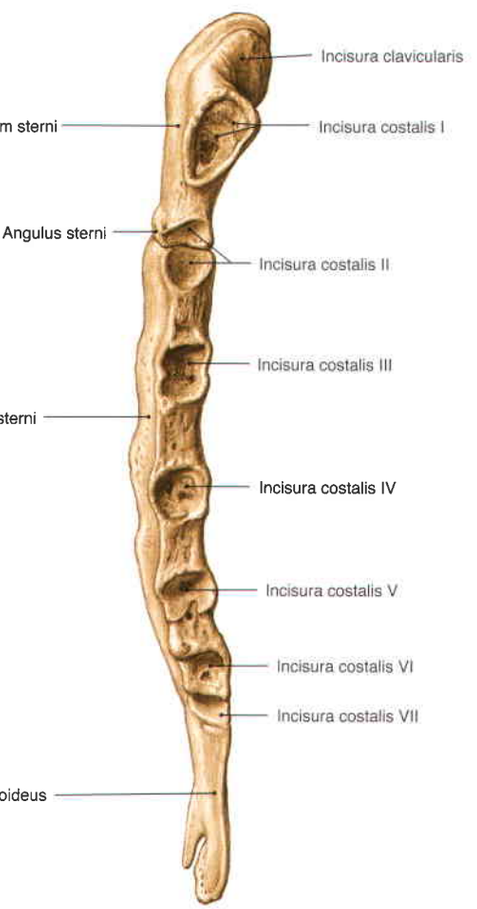


Fig. 834 Sternum, Sternum.

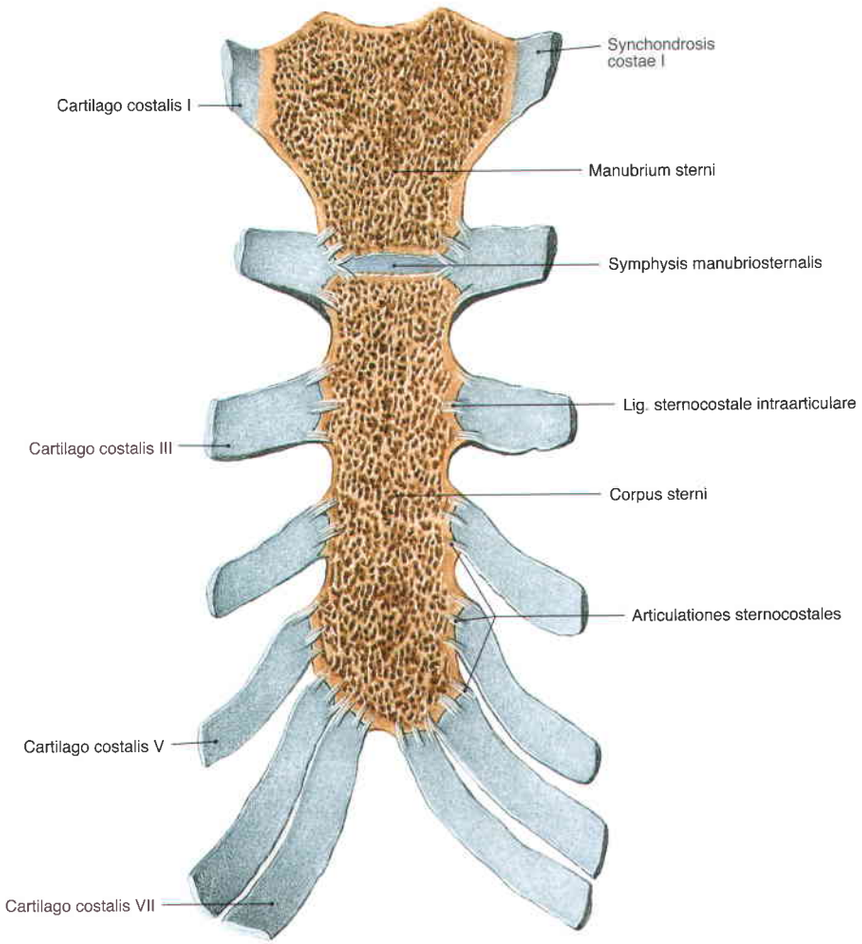


Fig. 835 Sternum, Sternum, and costal cartilages, Cartilagines costales; section.

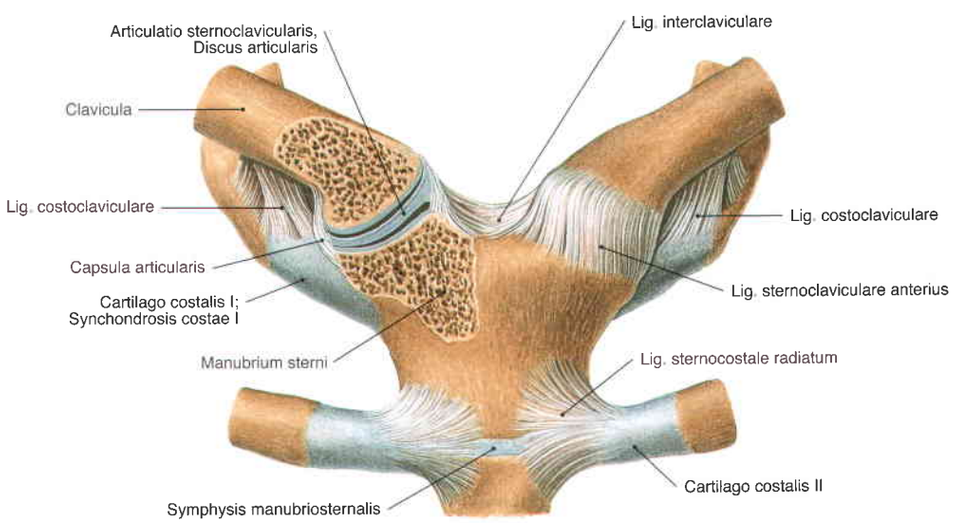
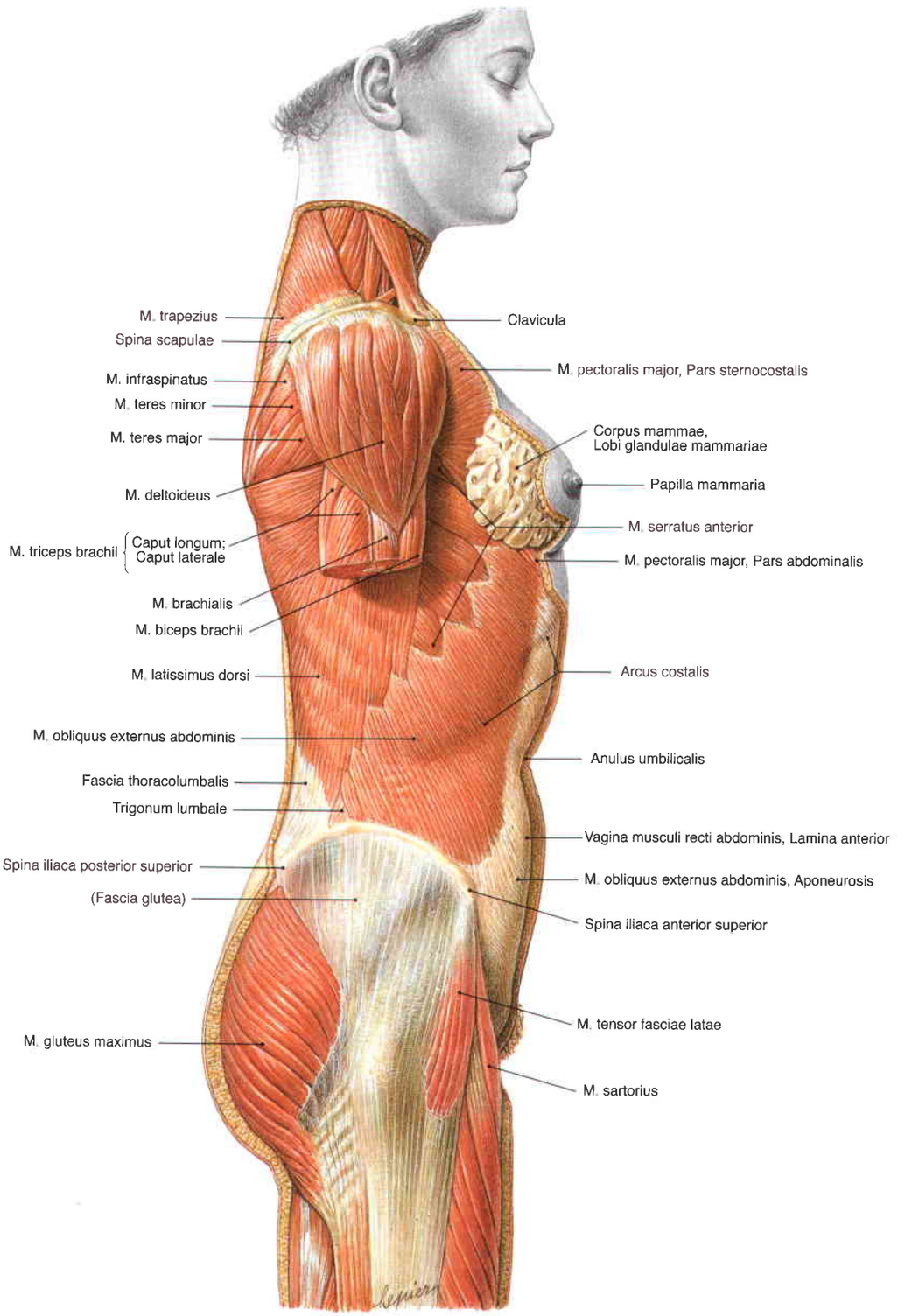


Fig. 836 Sternoclavicular joint, Articulatio sternoclavicularis.

Muscles of the thoracic and the abdominal wall



→ T 15, T 17, T 18, T 26

Fig. 837 Muscles of the thoracic and the abdominal wall, Mm. thoracis et abdominis.

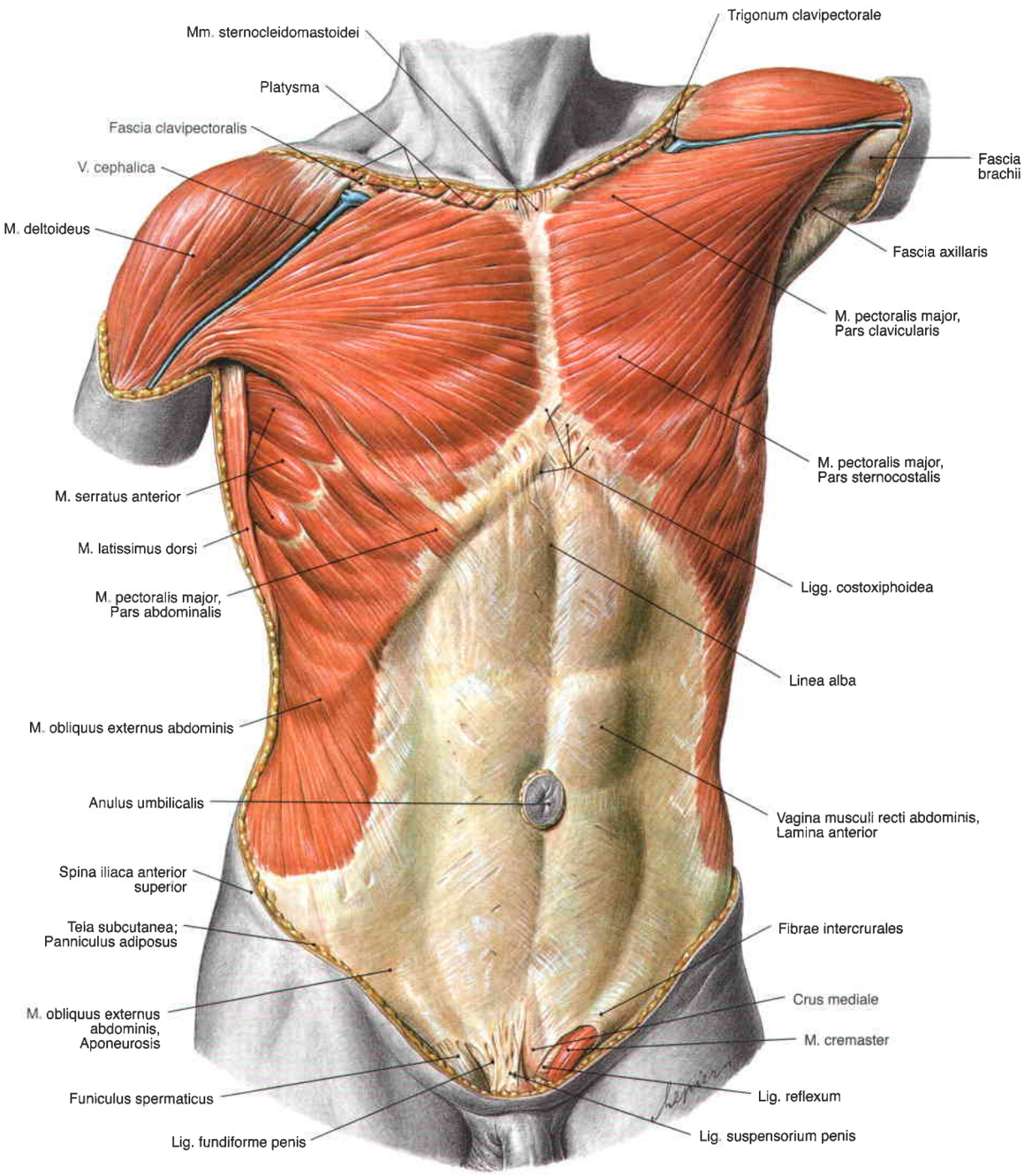
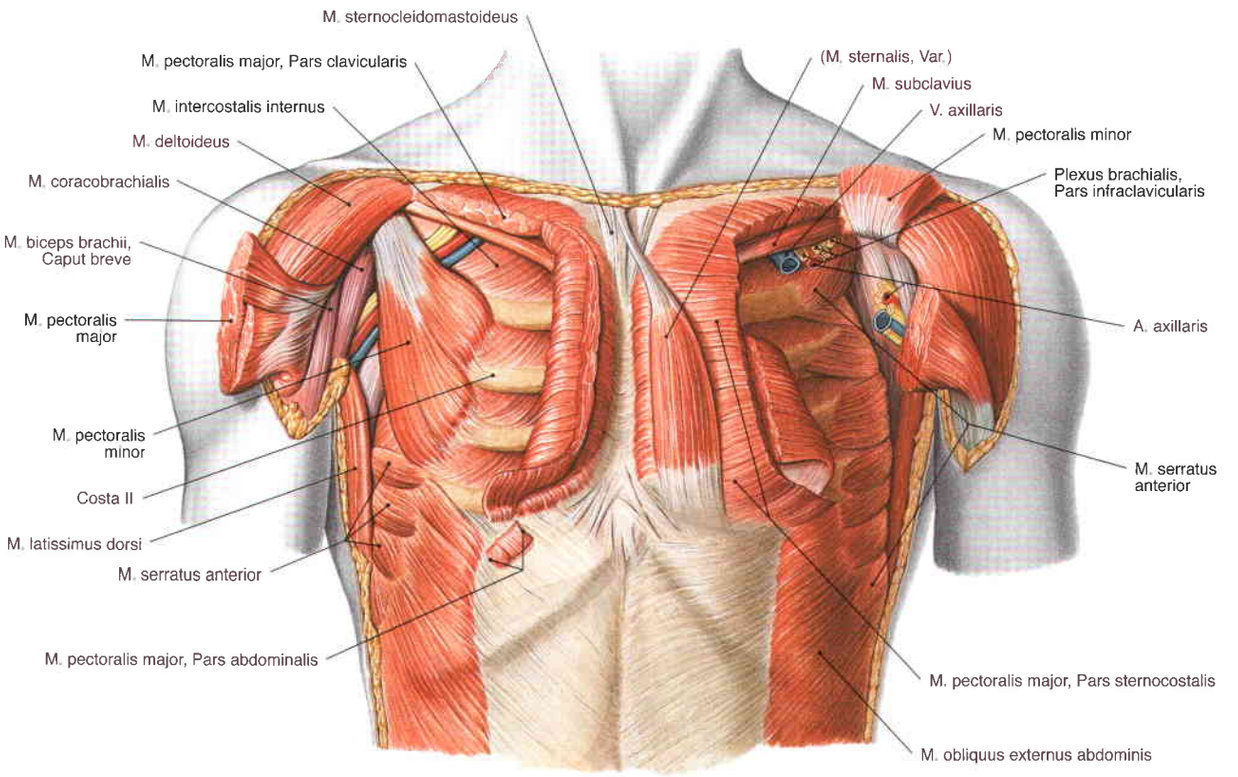


Fig. 838 Muscles of the thoracic and the abdominal wall; superficial layer.

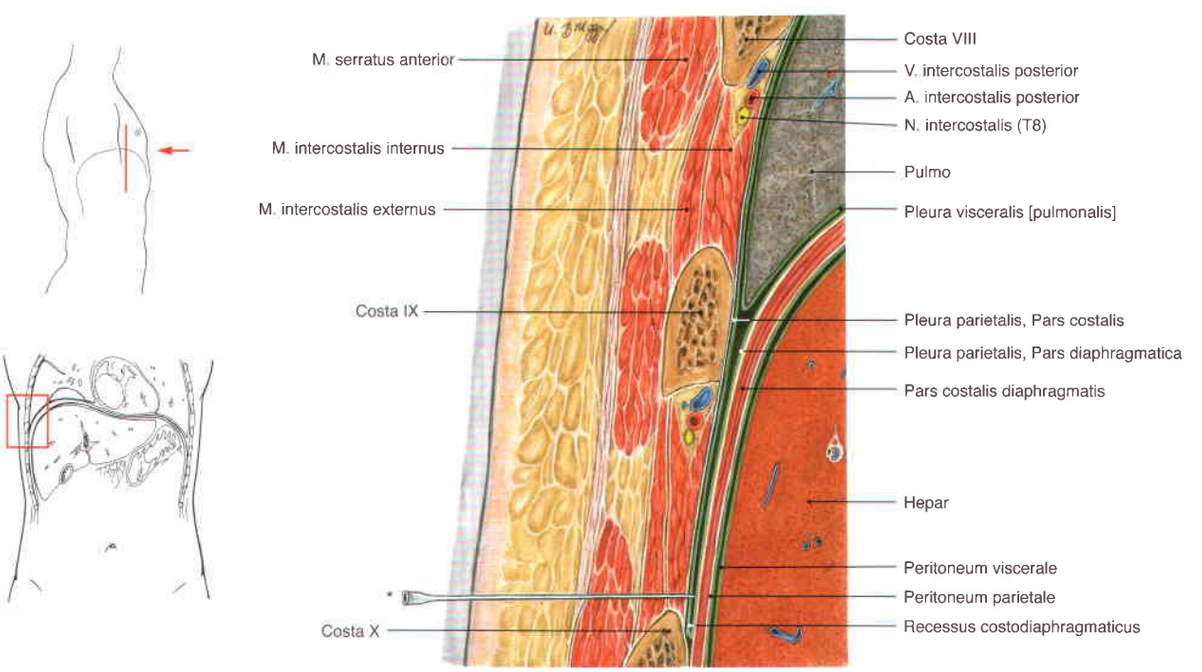
→ T 15, T 17, T 18, T 26

Muscles of the thoracic and the abdominal wall



→ T 13, T 15, T 26

Fig. 839 Muscles of the thoracic wall, Mm. thoracis.



→ T 13

Fig. 840 Muscles of the thoracic wall, Mm. thoracis; frontal section.
* Position of the needle for puncture of the pleural cavity (pleurocentesis)

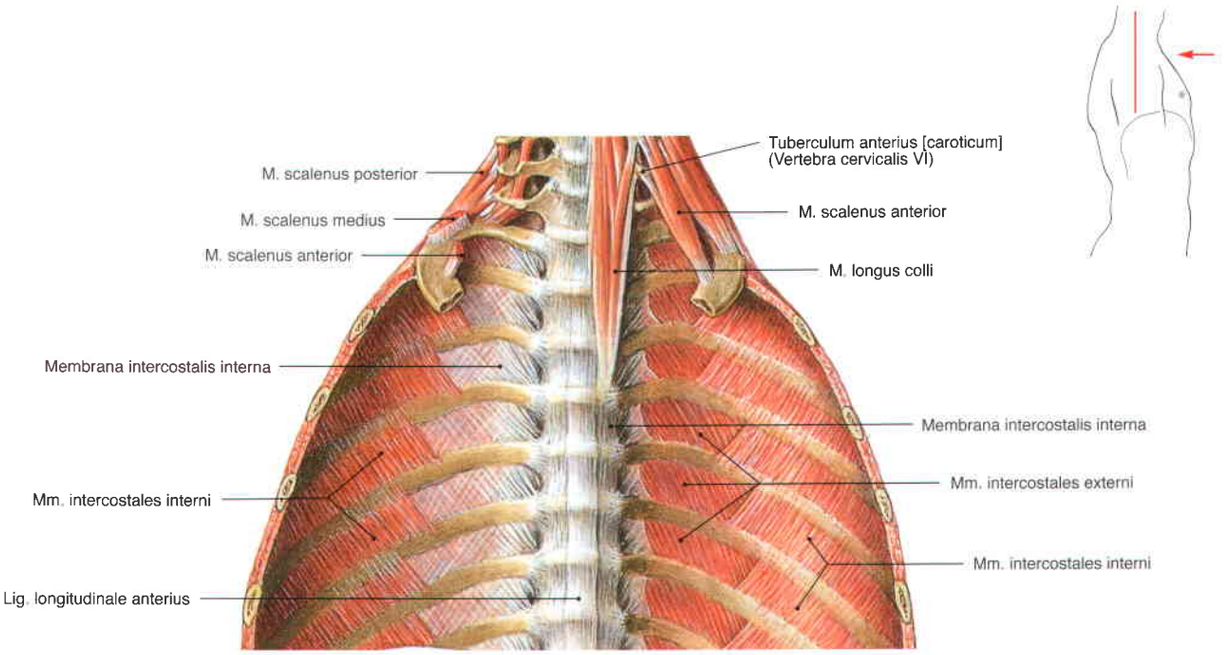


Fig. 841 Thoracic cage, Cavea thoracis; posterior wall.

→ T 11–T 13

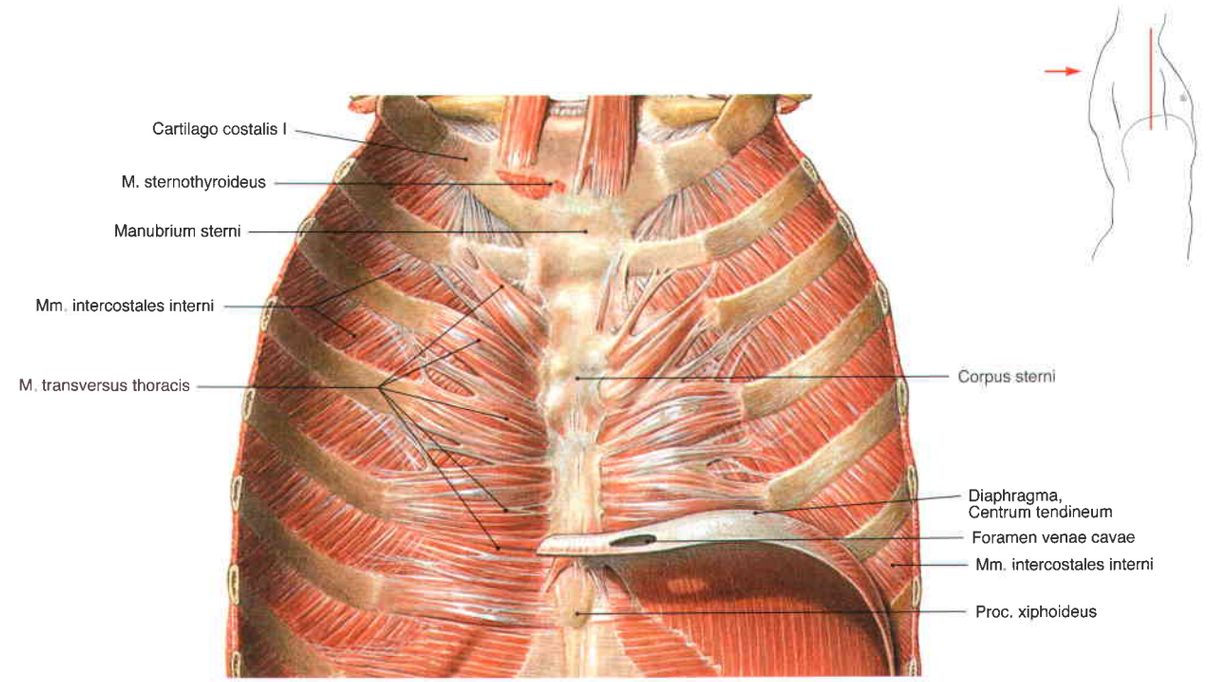
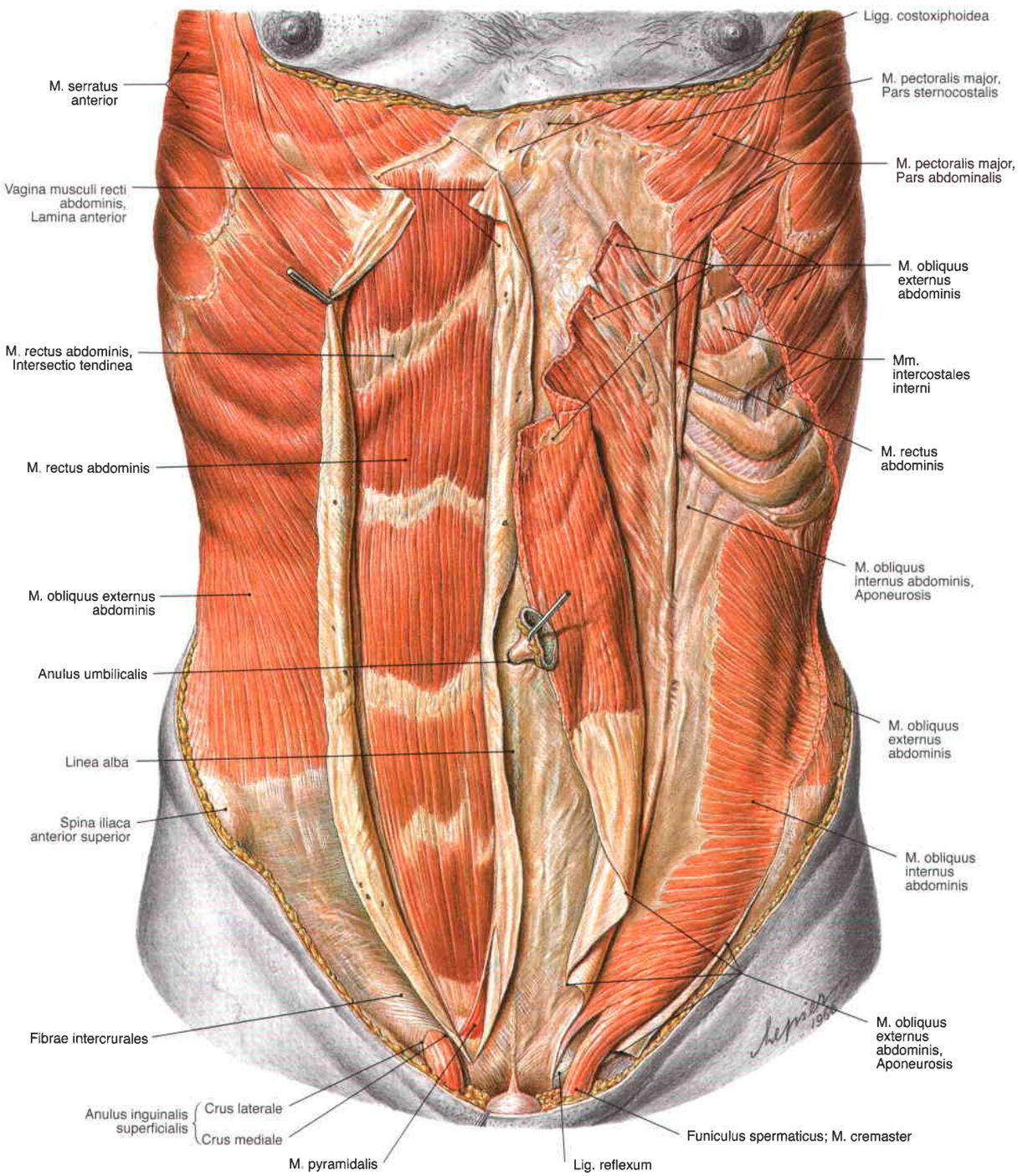


Fig. 842 Thoracic cage, Cavea thoracis; anterior wall.

→ T 13

Abdominal muscles



→ T 13–T 15, T 17, T 26

Fig. 843 Muscles of the abdominal wall, Mm. abdominis; superficial and middle layer.

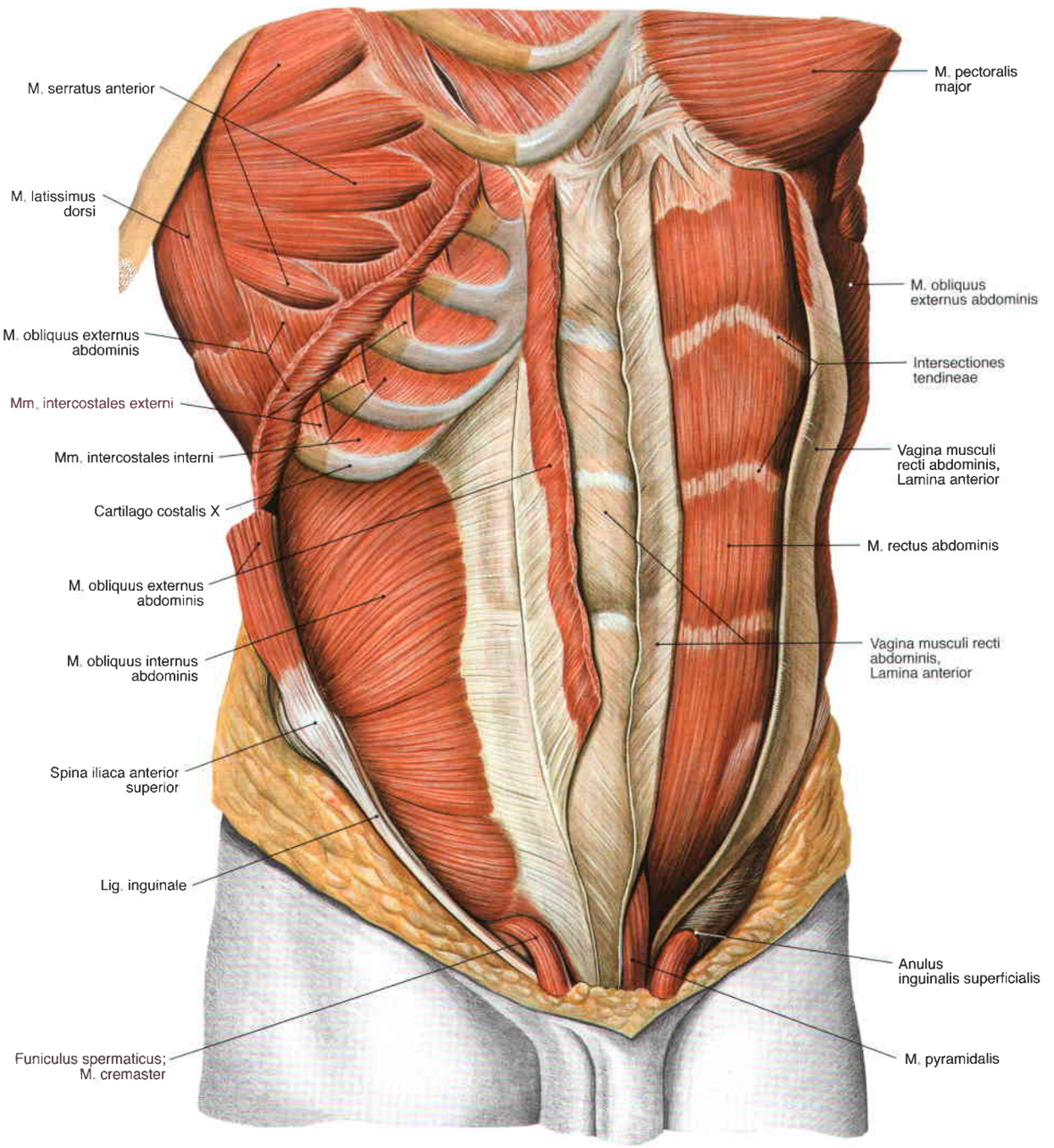
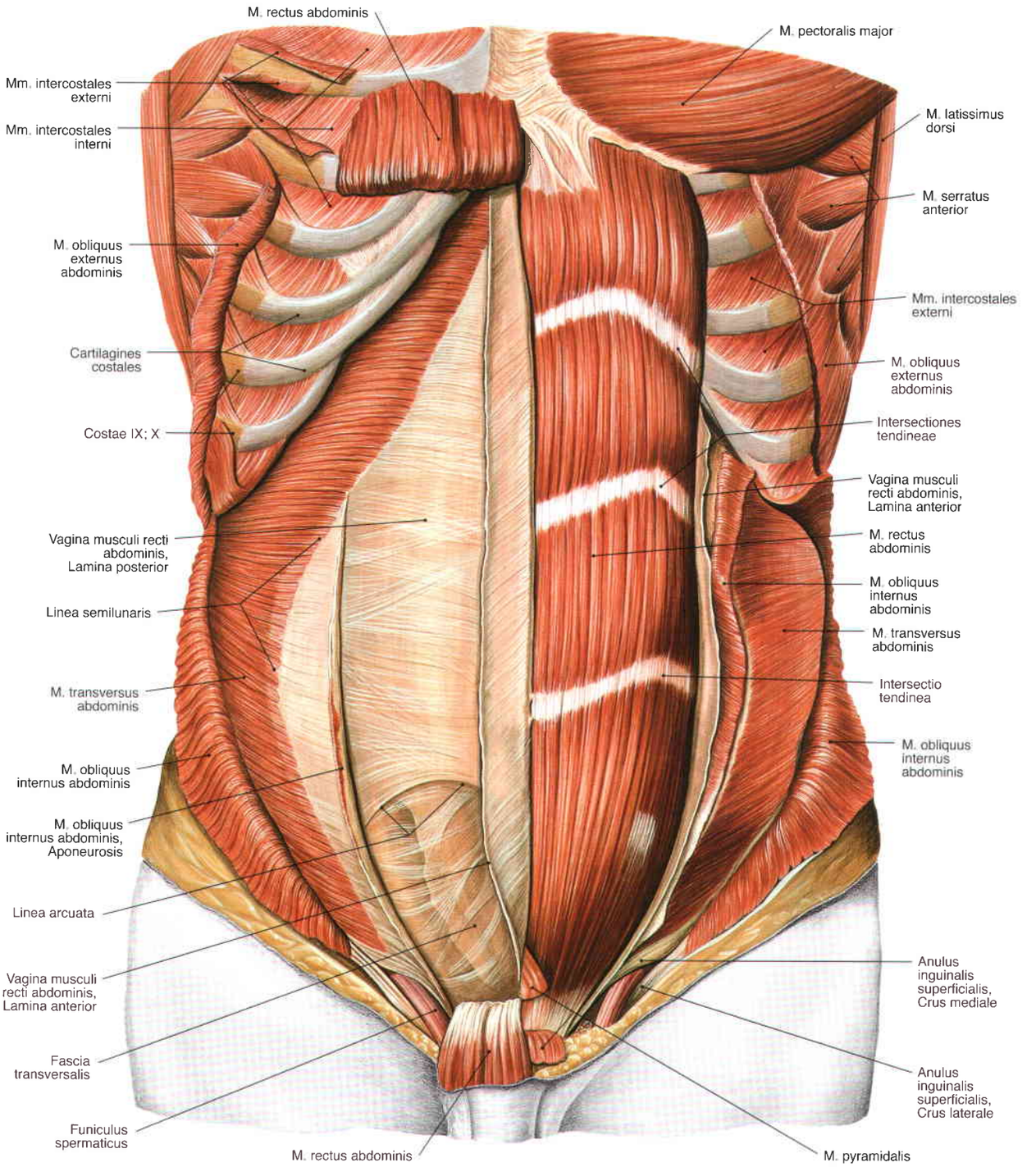


Fig. 844 Muscles of the abdominal wall, Mm. abdominis; middle layer.

→ T 13–T 15, T 17

Abdominal muscles



→ T 13–T 15

Fig. 845 Muscles of the abdominal wall, Mm. abdominis; deep layer.

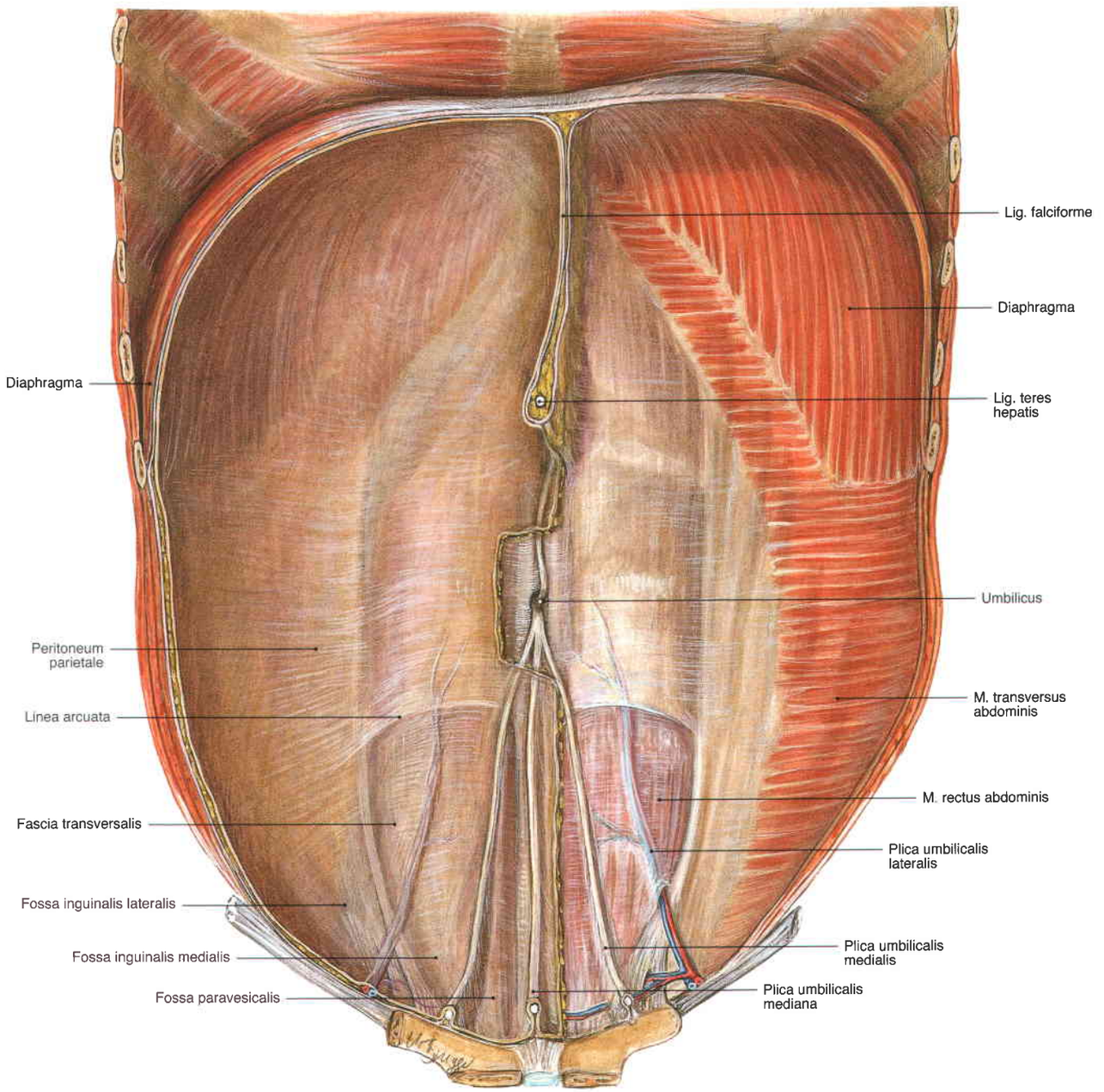


Fig. 846 Internal surface of the anterior abdominal wall.

→ T 14, T 15, T 21

Inguinal canal

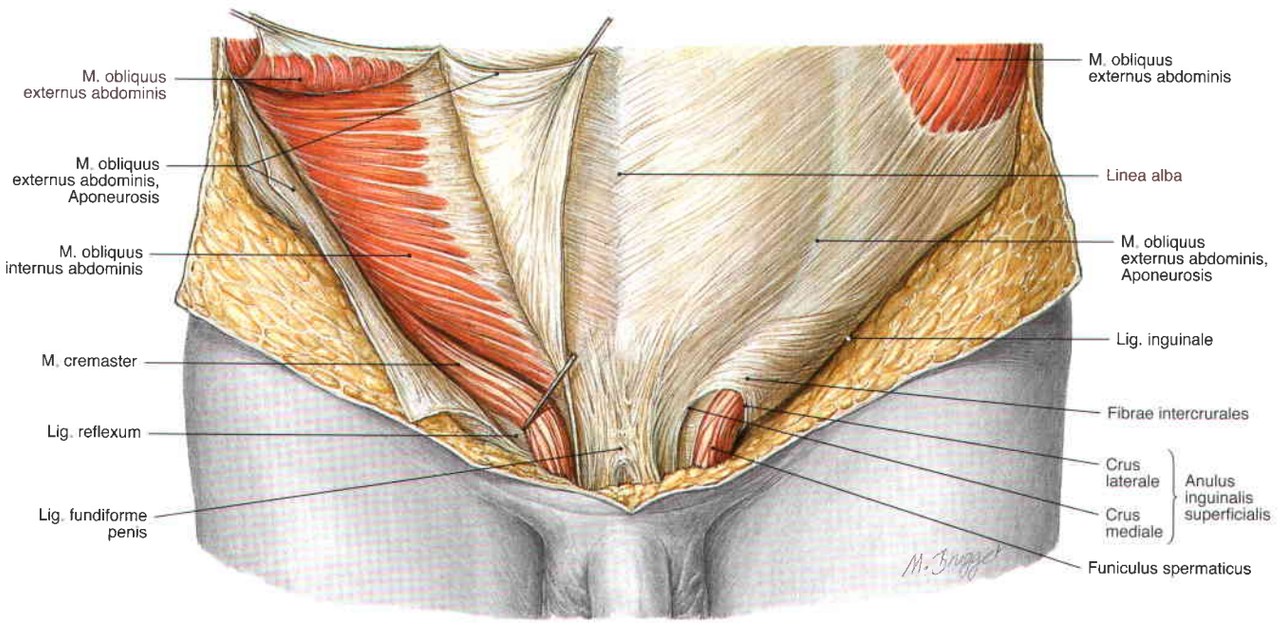


Fig. 847 Superficial inguinal ring, Anulus inguinalis superficialis.

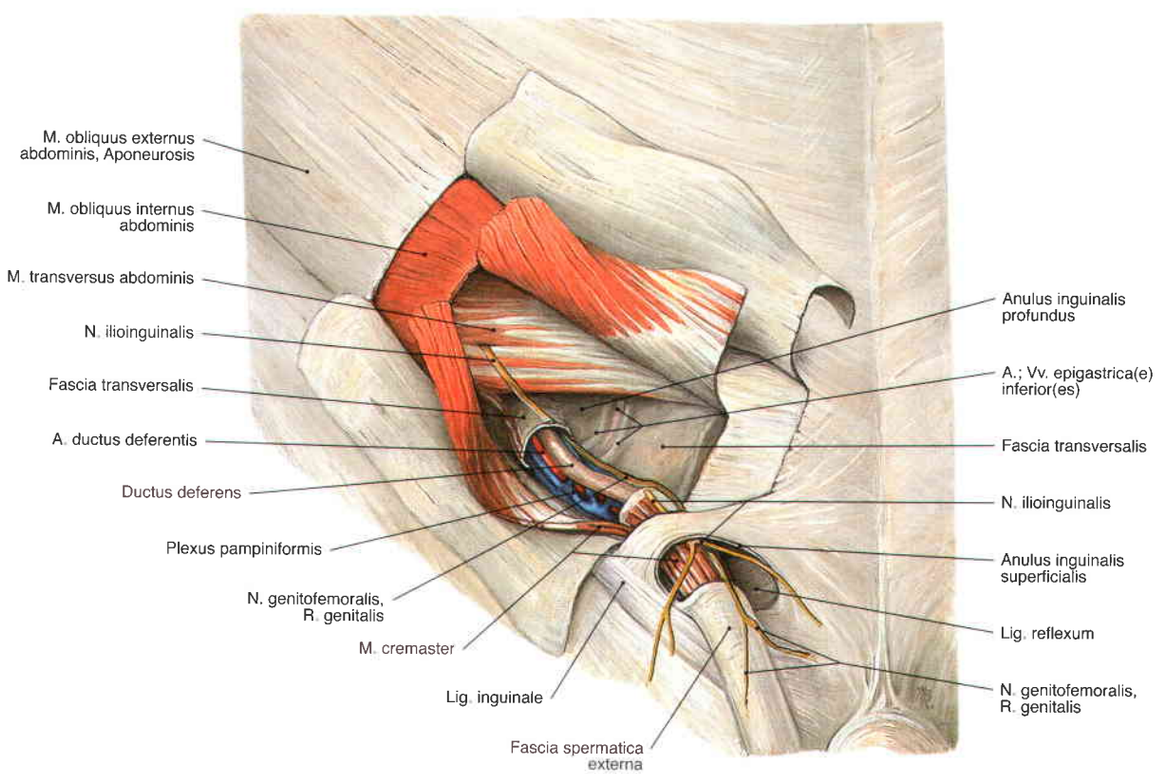


Fig. 848 Walls of the inguinal canal.

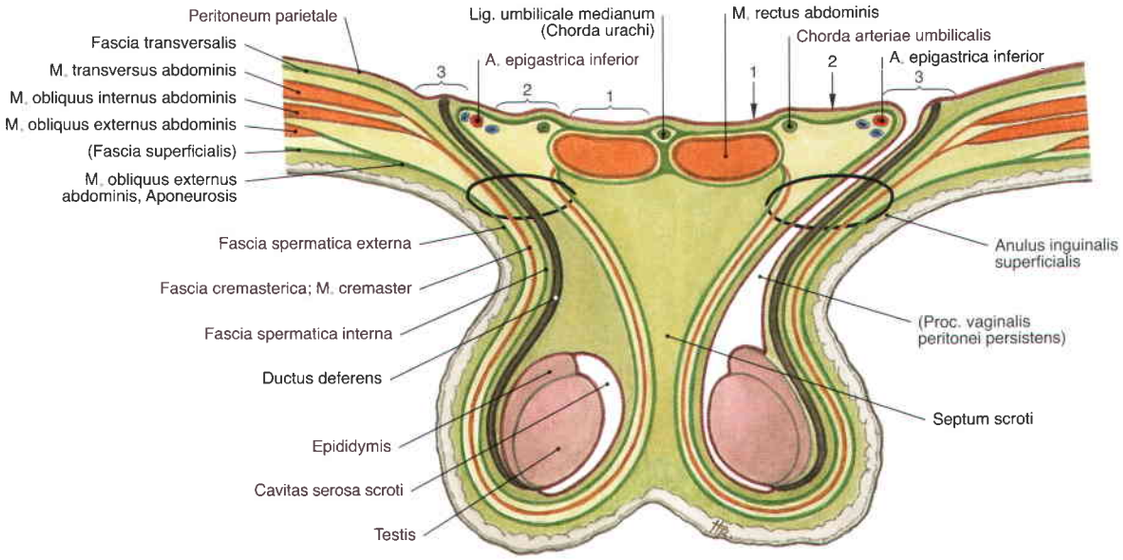


Fig. 849 Diagram of the inguinal canal.
The inguinal canal, the spermatic cord and the scrotum are illustrated in the same plane for didactical reasons.

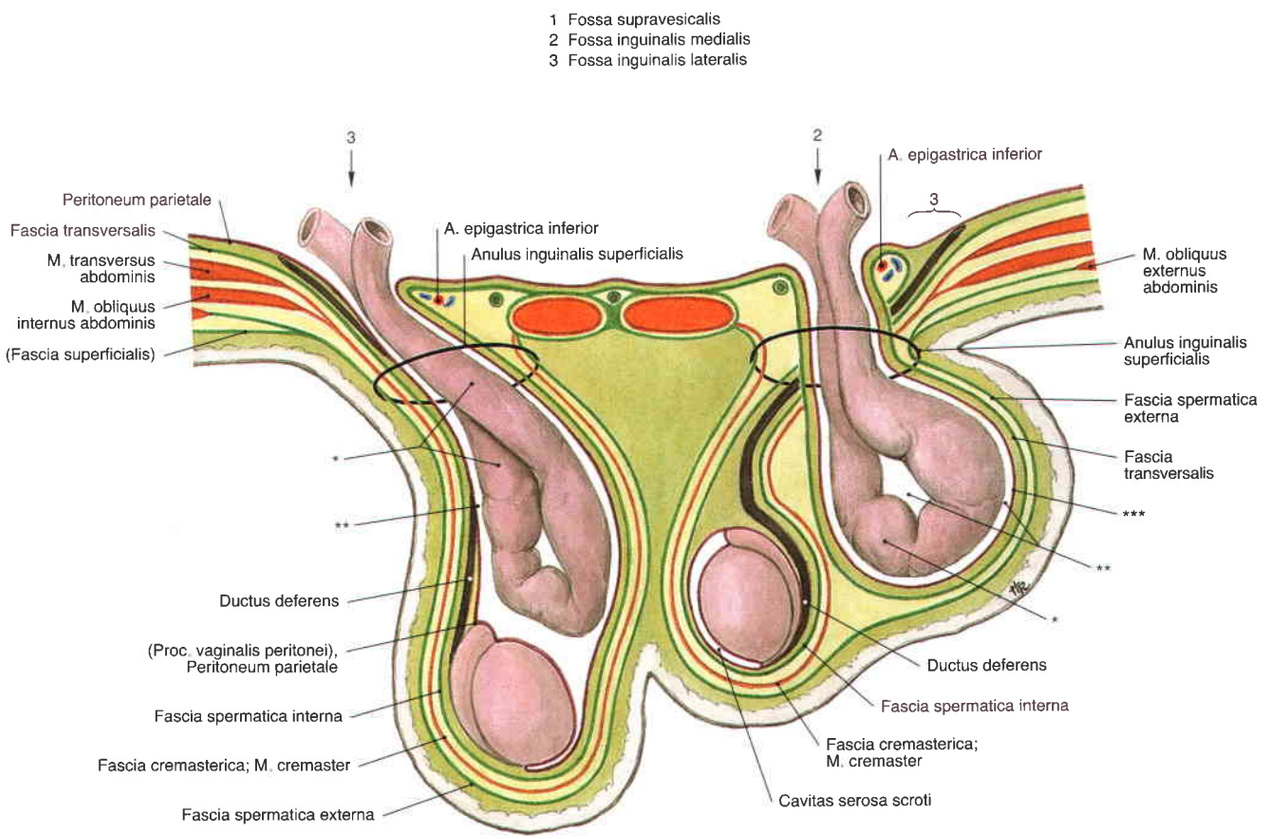
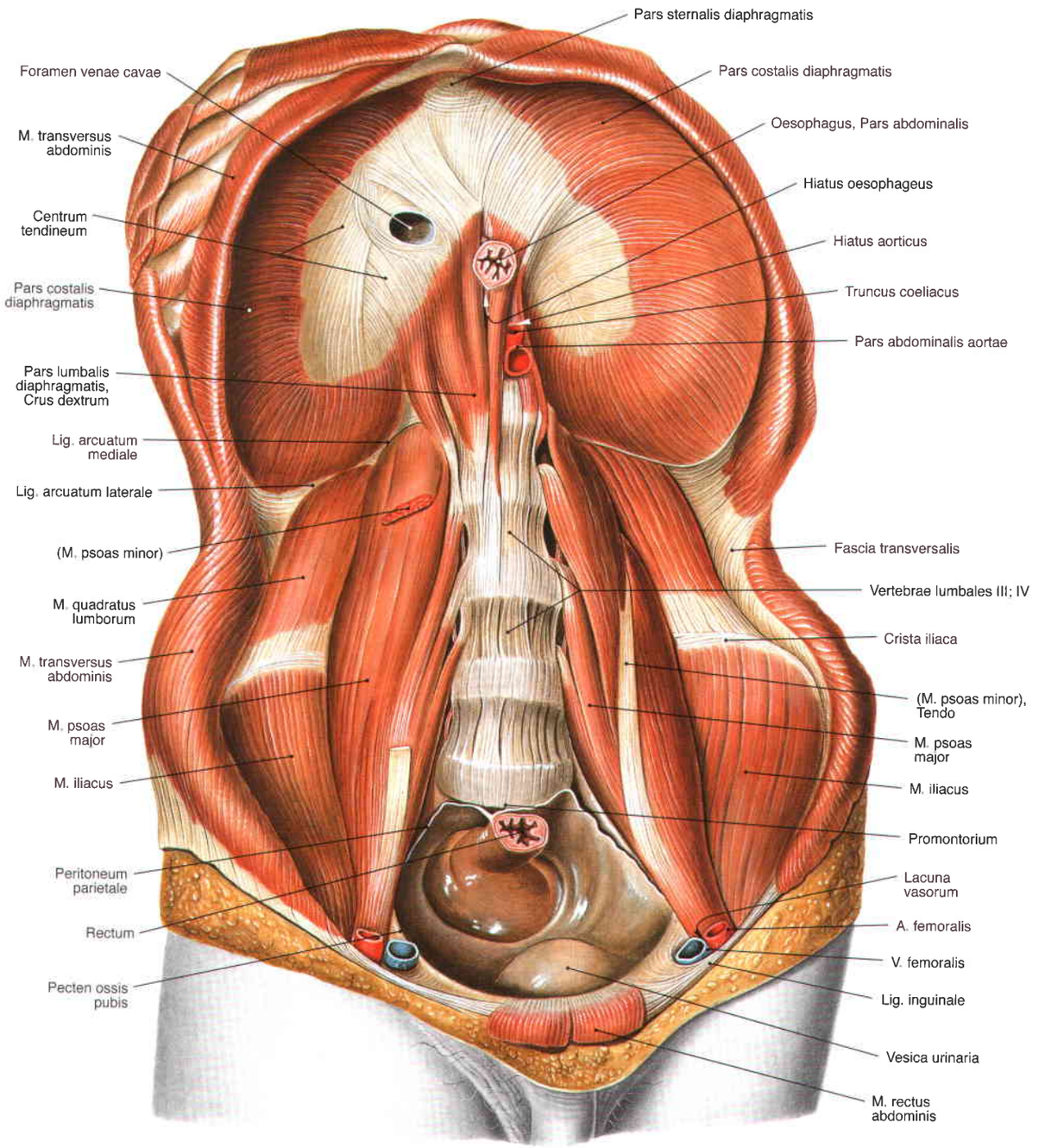


Fig. 850 Diagram of inguinal hernias;
left side: lateral, indirect hernia;
right side: medial, direct hernia.

* Hernial sac with an intestinal loop
** Peritoneal space
*** Newly formed peritoneal hernial sac

Diaphragm and posterior abdominal wall



→ T 15, T 16, T 21, T 42

Fig. 851 Diaphragm, Diaphragma, and muscles of the abdominal wall, Mm. abdominis.

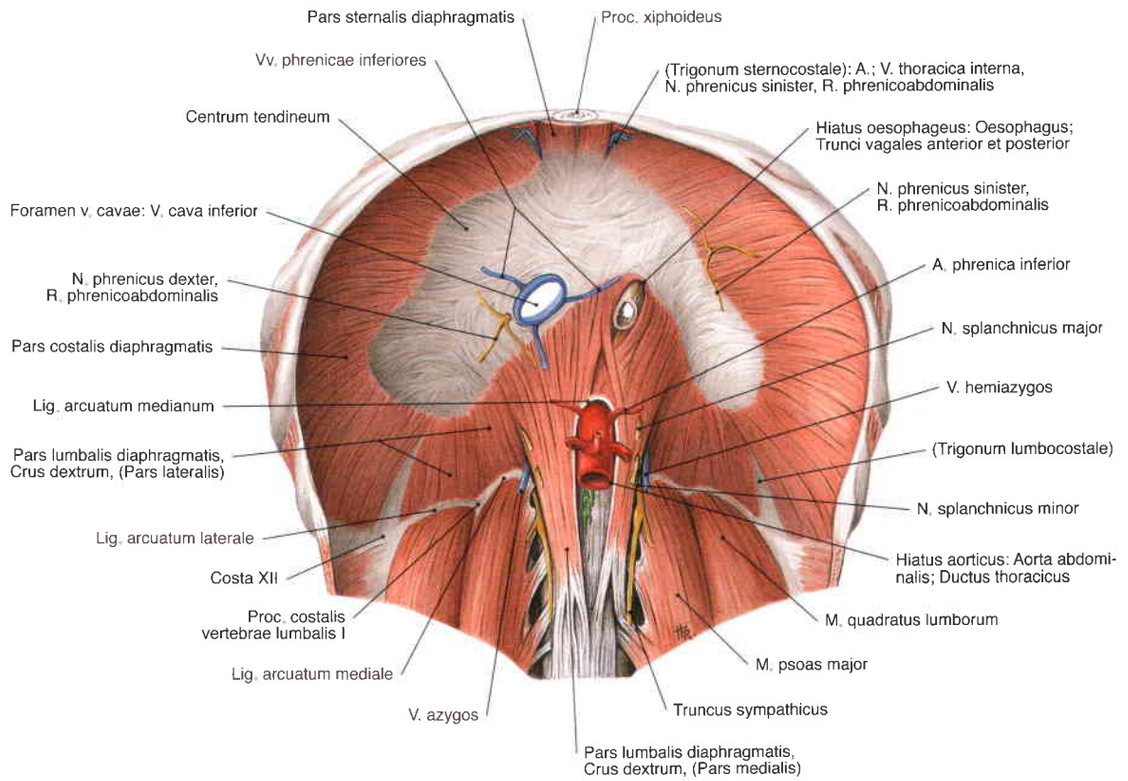


Fig. 852 Diaphragm, Diaphragma.

→ T 21

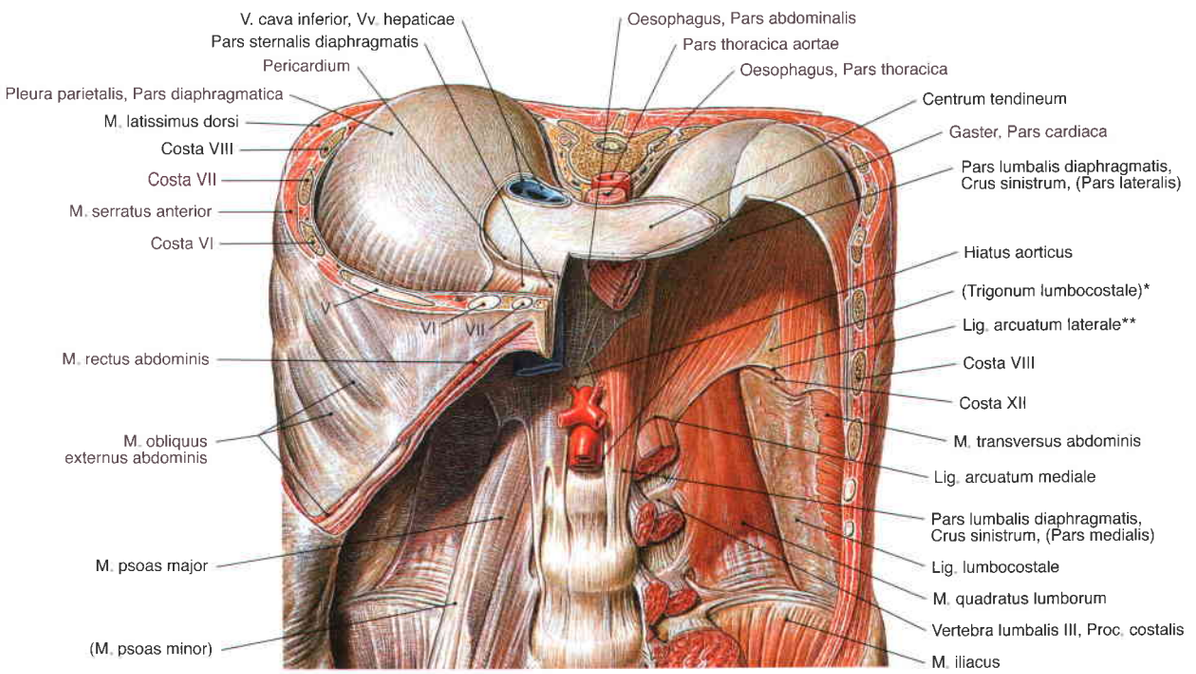


Fig. 853 Diaphragm, Diaphragma, with apertures and muscles of the posterior abdominal wall.

* Clinical term: BOCHDALEK's triangle

** Psoas arcade

→ T 21

Breast

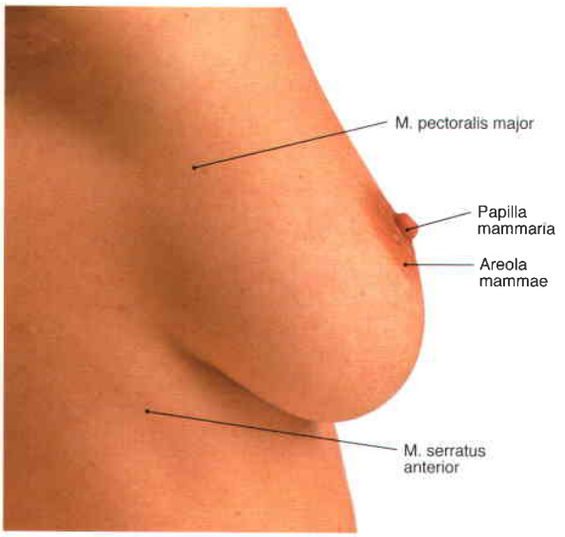


Fig. 854 Breast, Mamma.

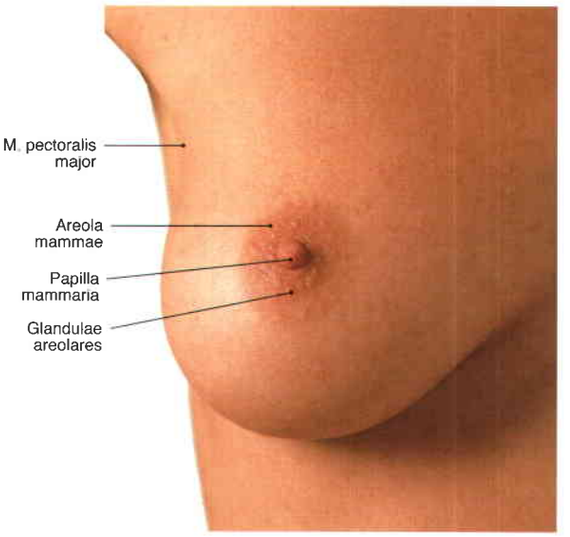


Fig. 855 Breast, Mamma.

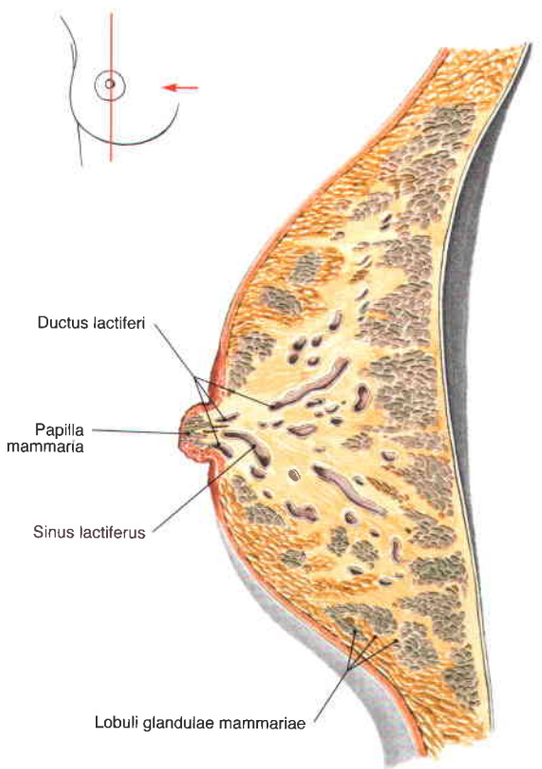


Fig. 856 Breast, Mamma, of a pregnant woman.

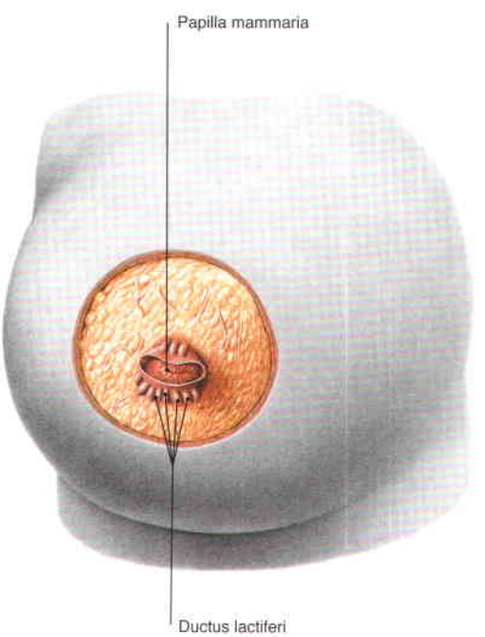


Fig. 857 Breast, Mamma, of a pregnant woman.

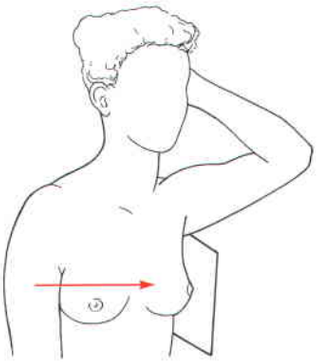


Fig. 858 Radiograph of the breast, mammography, of a 47-year-old woman.

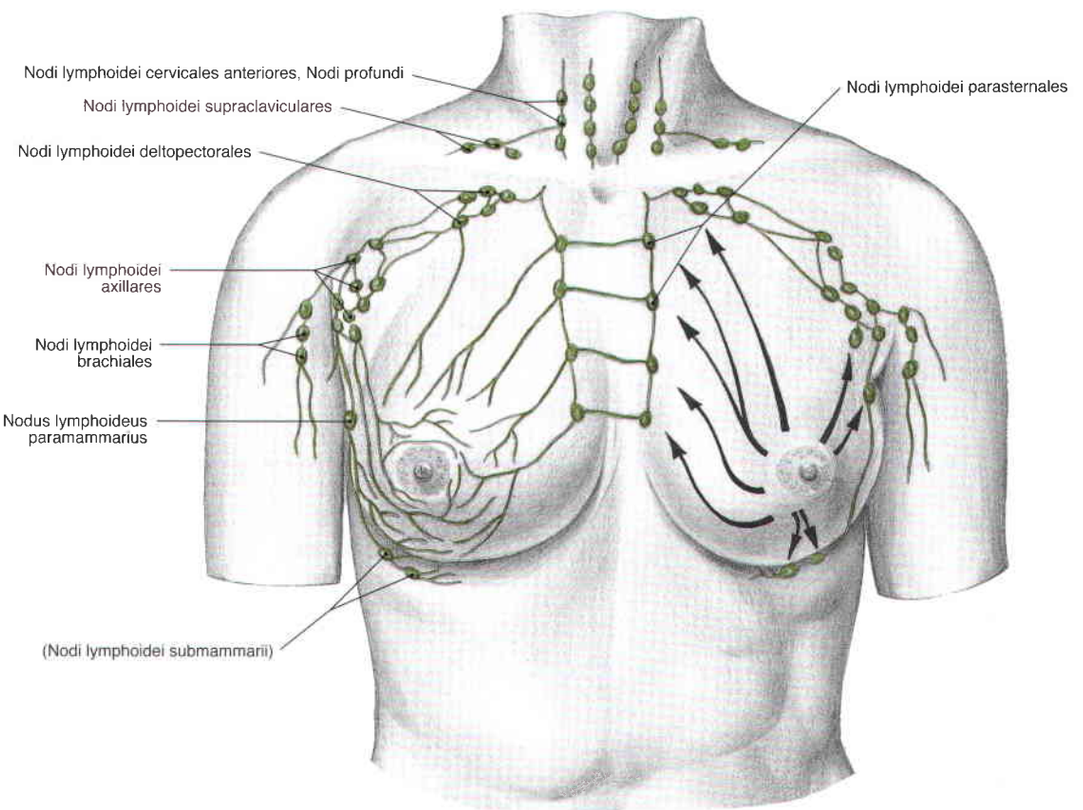


Fig. 859 Lymphatic drainage of the breast and location of the regional lymph nodes.

Vessels and nerves of the wall of the trunk

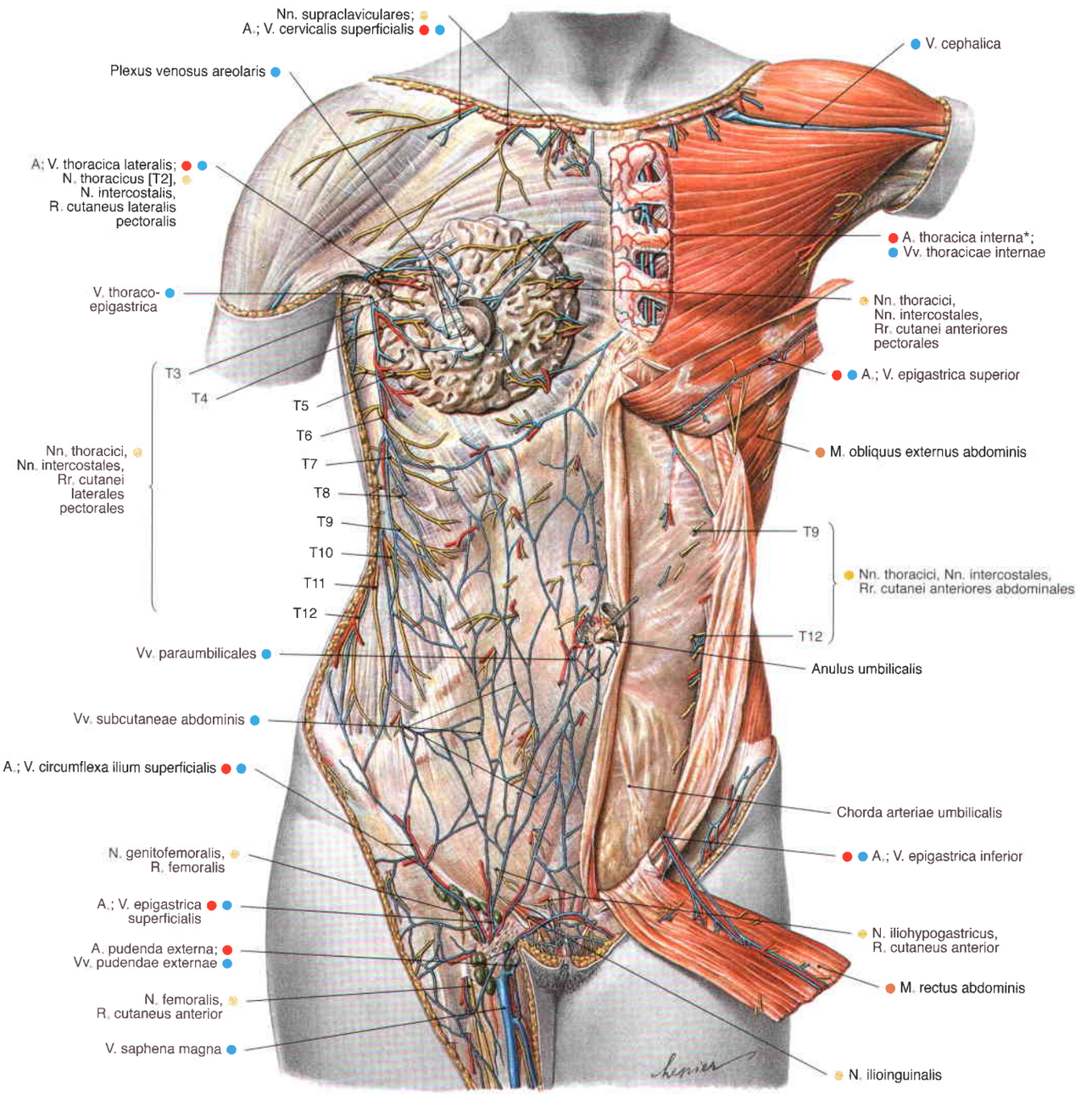


Fig. 860 Vessels and nerves of the thoracic and the abdominal wall.
* Clinical term: internal mammary artery

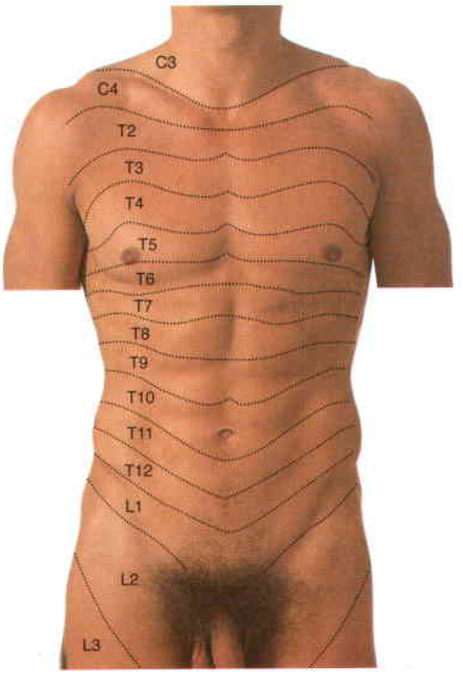


Fig. 861 Segmental sensory innervation of the anterior thoracic and abdominal wall (dermatomes).

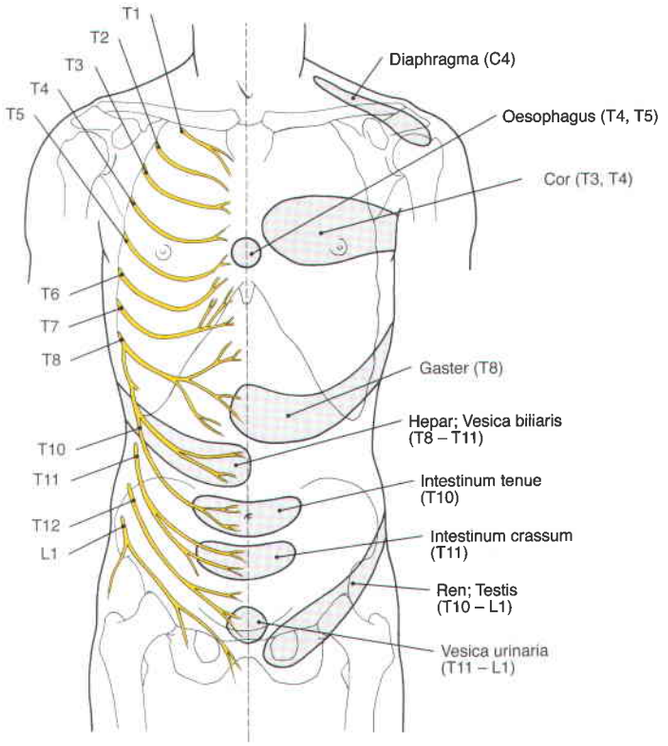
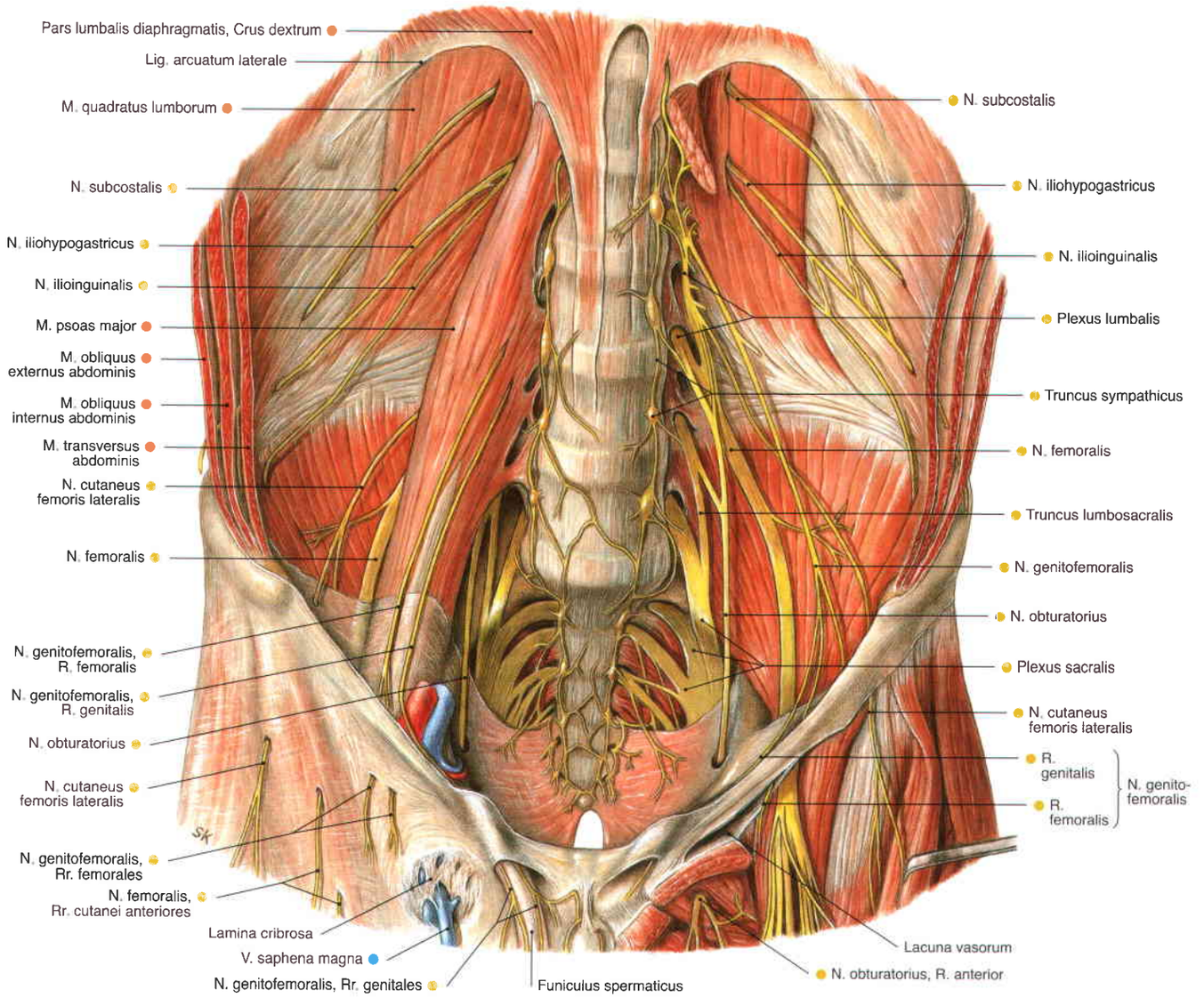


Fig. 862 Segmental sensory innervation of the anterior thoracic and abdominal wall.
Regions to which pain from diseased viscera (zones of HEAD) is referred to are indicated in grey.

Lumbosacral plexus



→ 47, T 40

Fig. 863 Lumbosacral plexus, Plexus lumbosacralis.

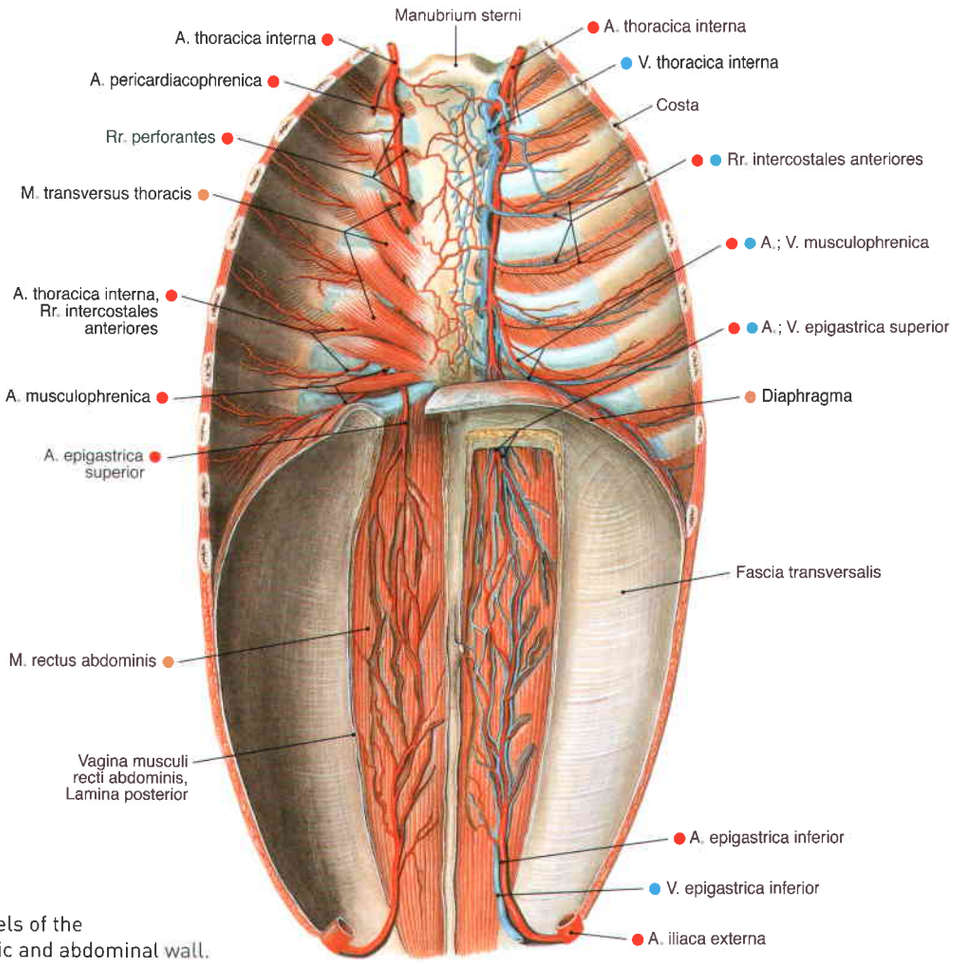


Fig. 864 Vessels of the anterior thoracic and abdominal wall.

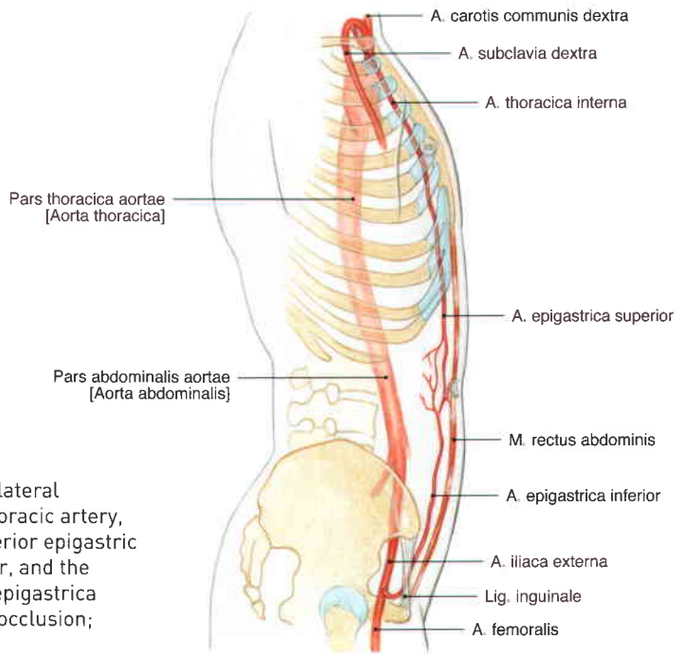


Fig. 865 Diagram of the collateral circulation via the internal thoracic artery, A. thoracica interna, the superior epigastric artery, A. epigastrica superior, and the inferior epigastric artery, A. epigastrica inferior, in the case of aortic occlusion; viewed from the right.

Abdominal wall of a neonate

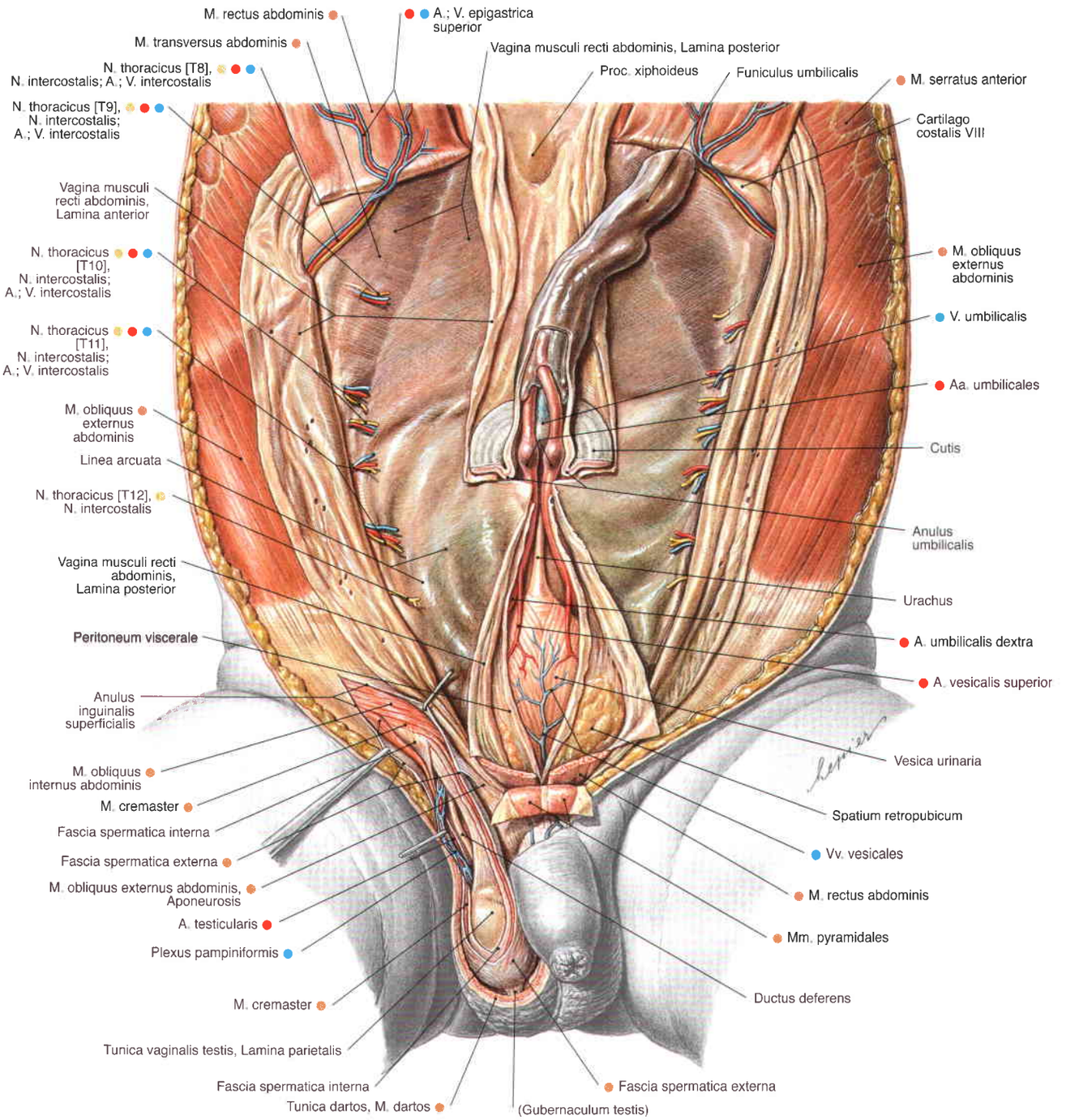


Fig. 866 Anterior abdominal wall of a neonate.

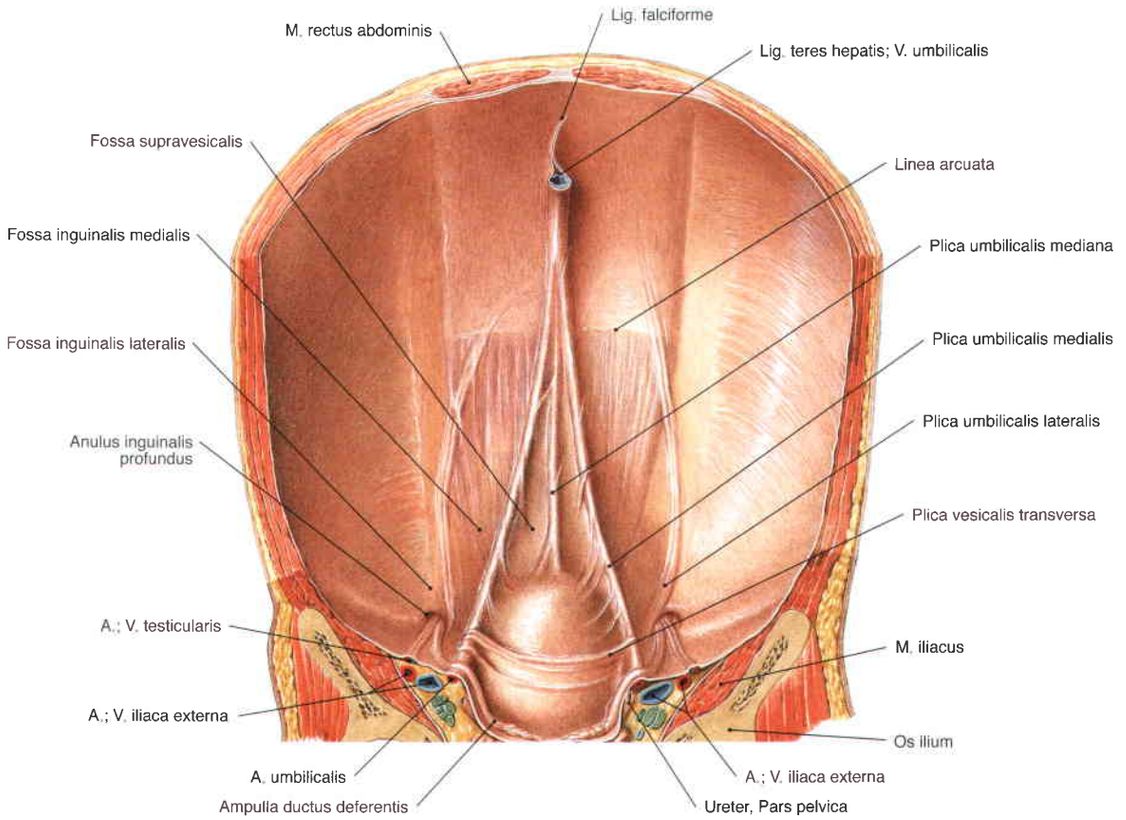


Fig. 867 Anterior abdominal wall of a neonate.

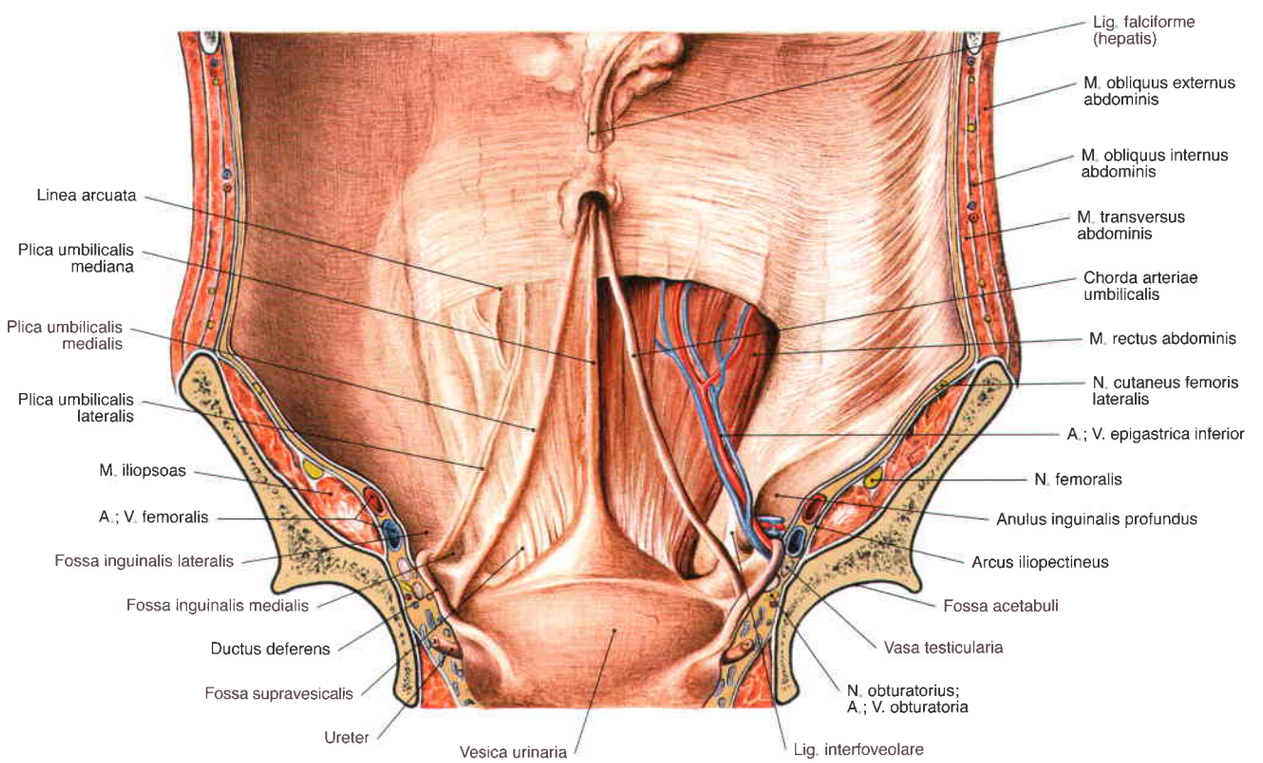
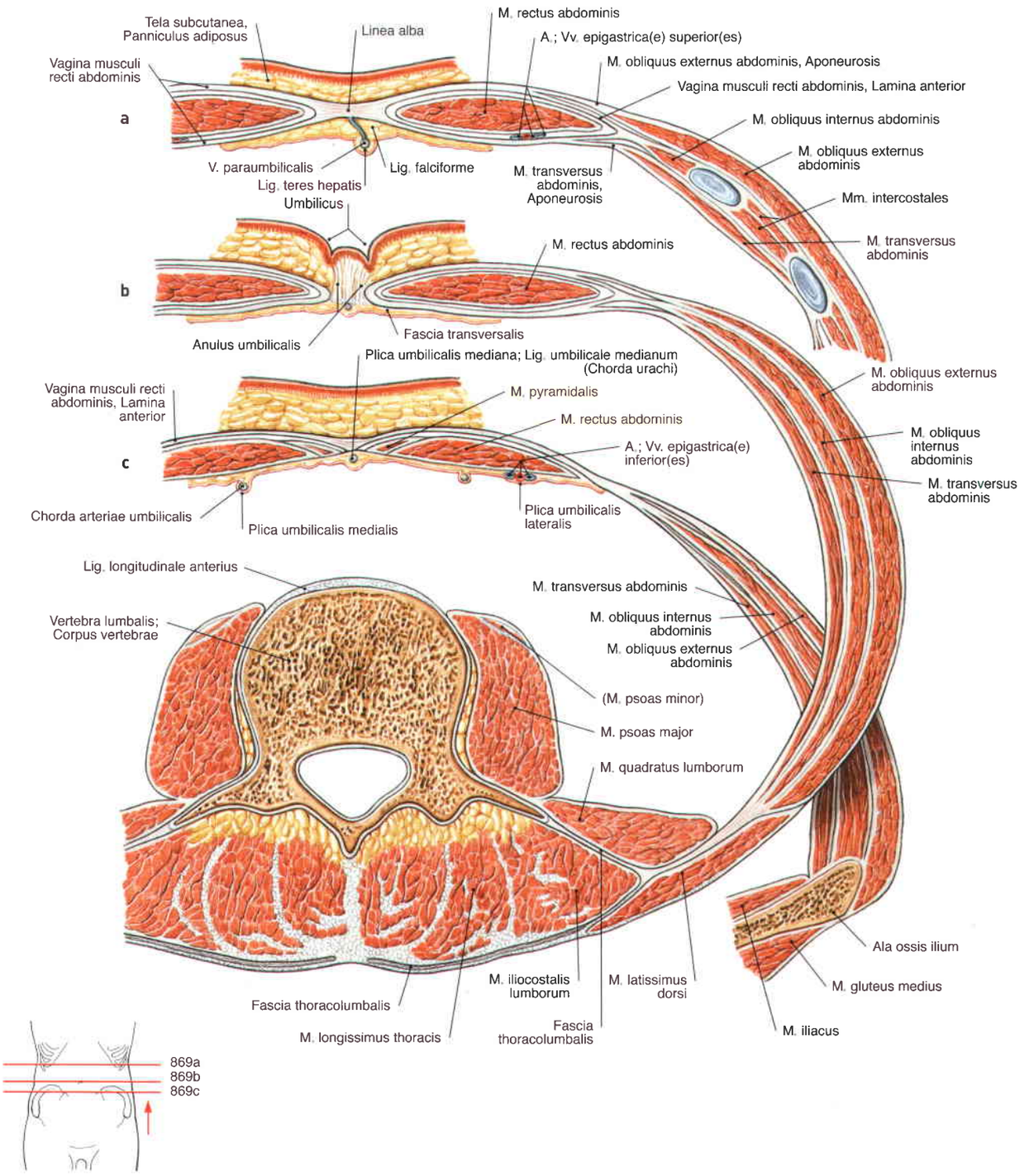


Fig. 868 Anterior abdominal wall, internal aspect.

Abdominal wall, sections



→ T 14–T 16, T 20 a, b, T 42

Fig. 869 a–c Muscles of the abdominal wall, Mm. abdominis; horizontal sections.

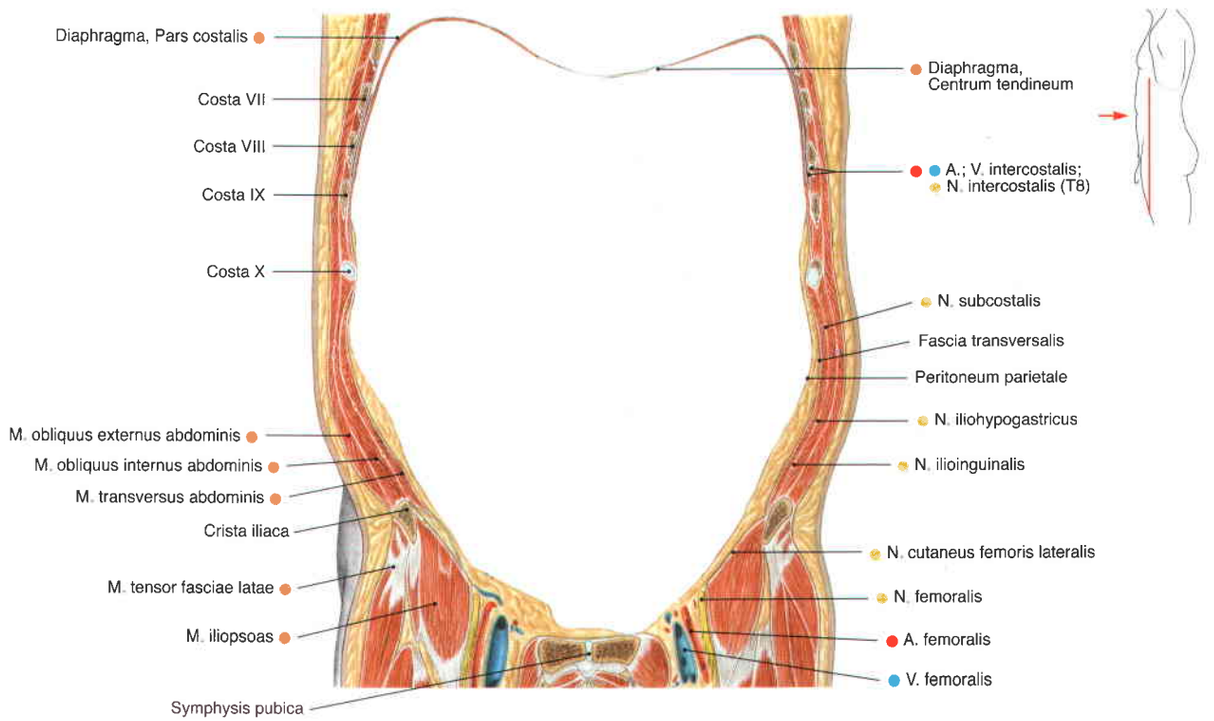


Fig. 870 Muscles of the abdominal wall, Mm. abdominis; frontal section.

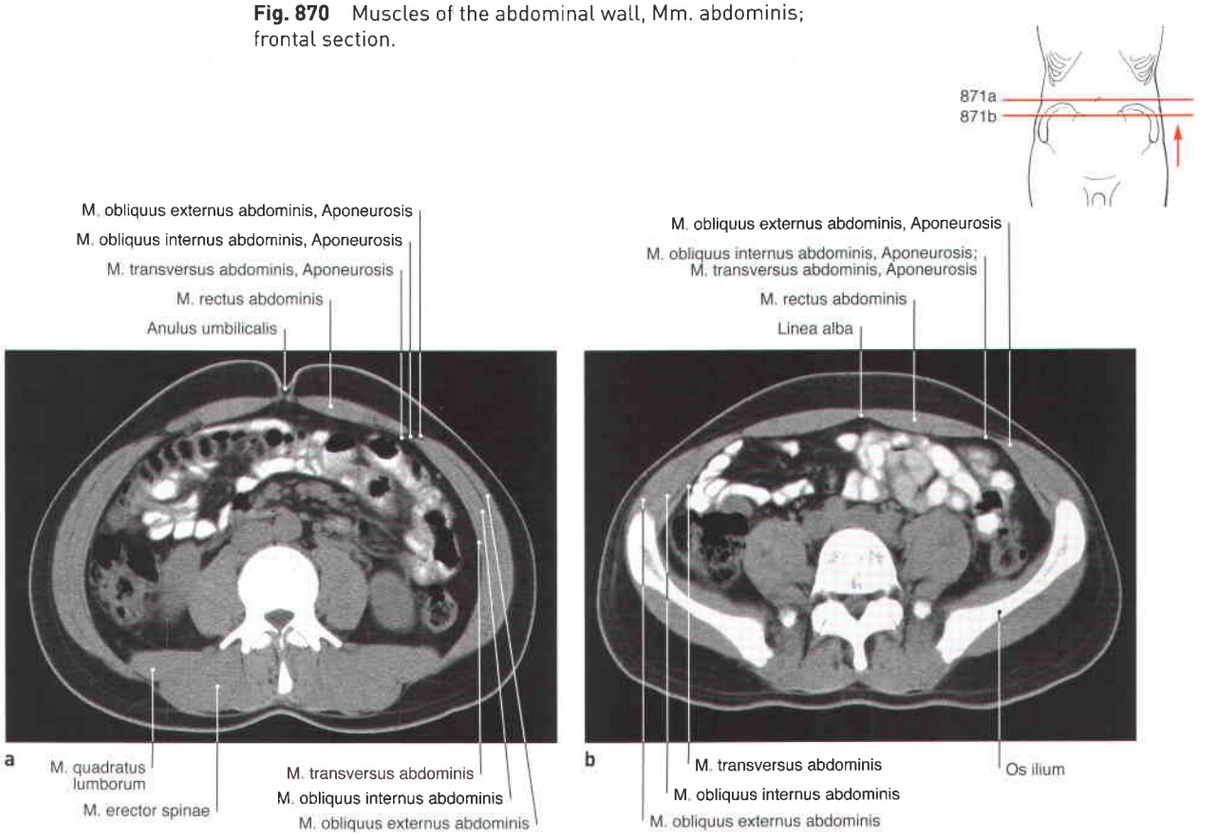
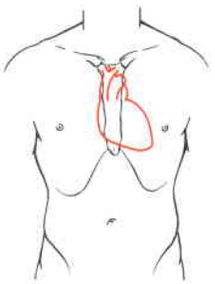


Fig. 871 a, b Muscles of the abdominal wall, Mm. abdominis; computed tomographic cross-sections (CT).

Heart



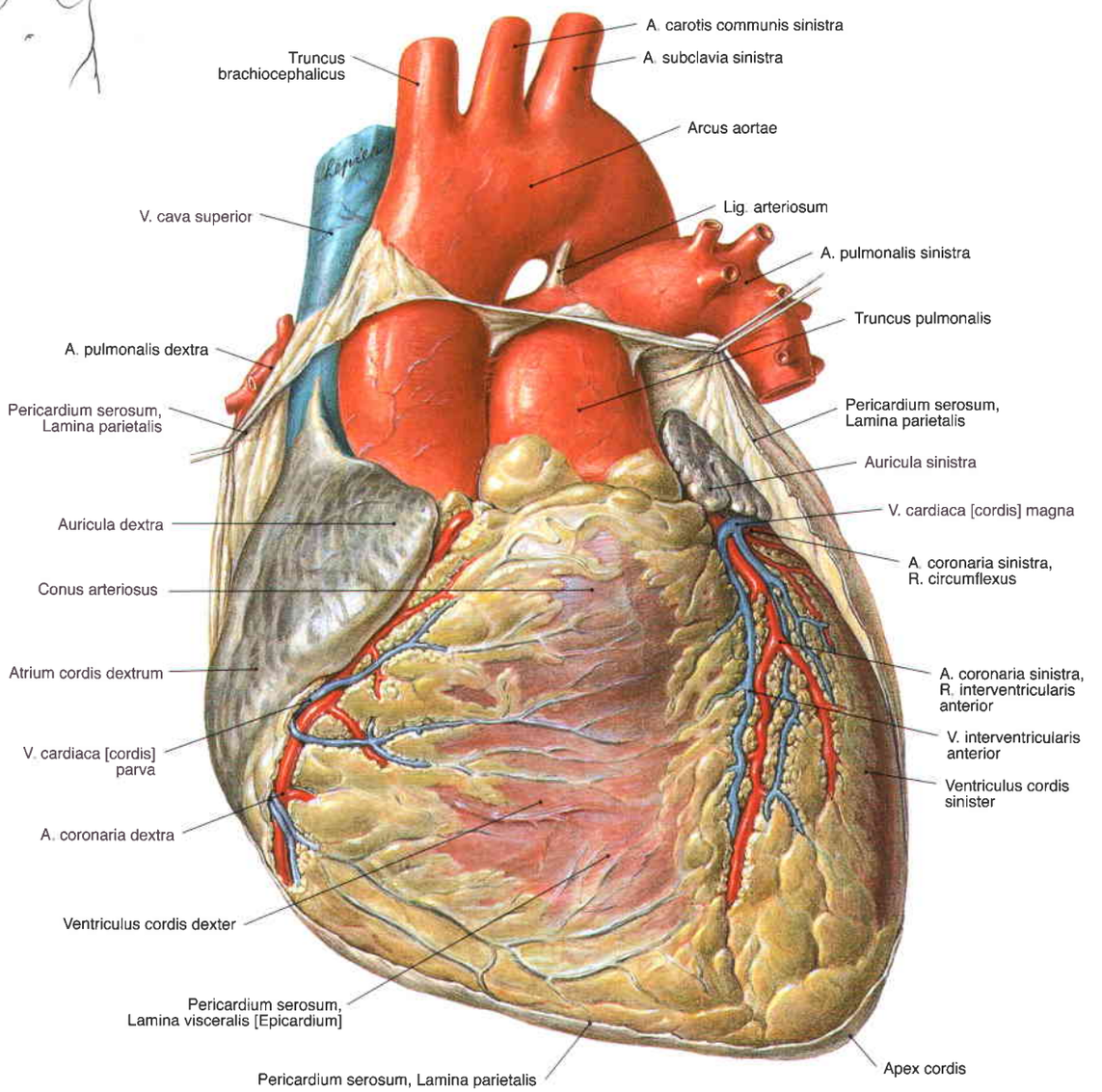


Abb. 872 Heart, Cor.

Pericardium fibrosum
Pericardium serosum
Lamina parietalis
} Pericardium

Lamina visceralis = Epicardium

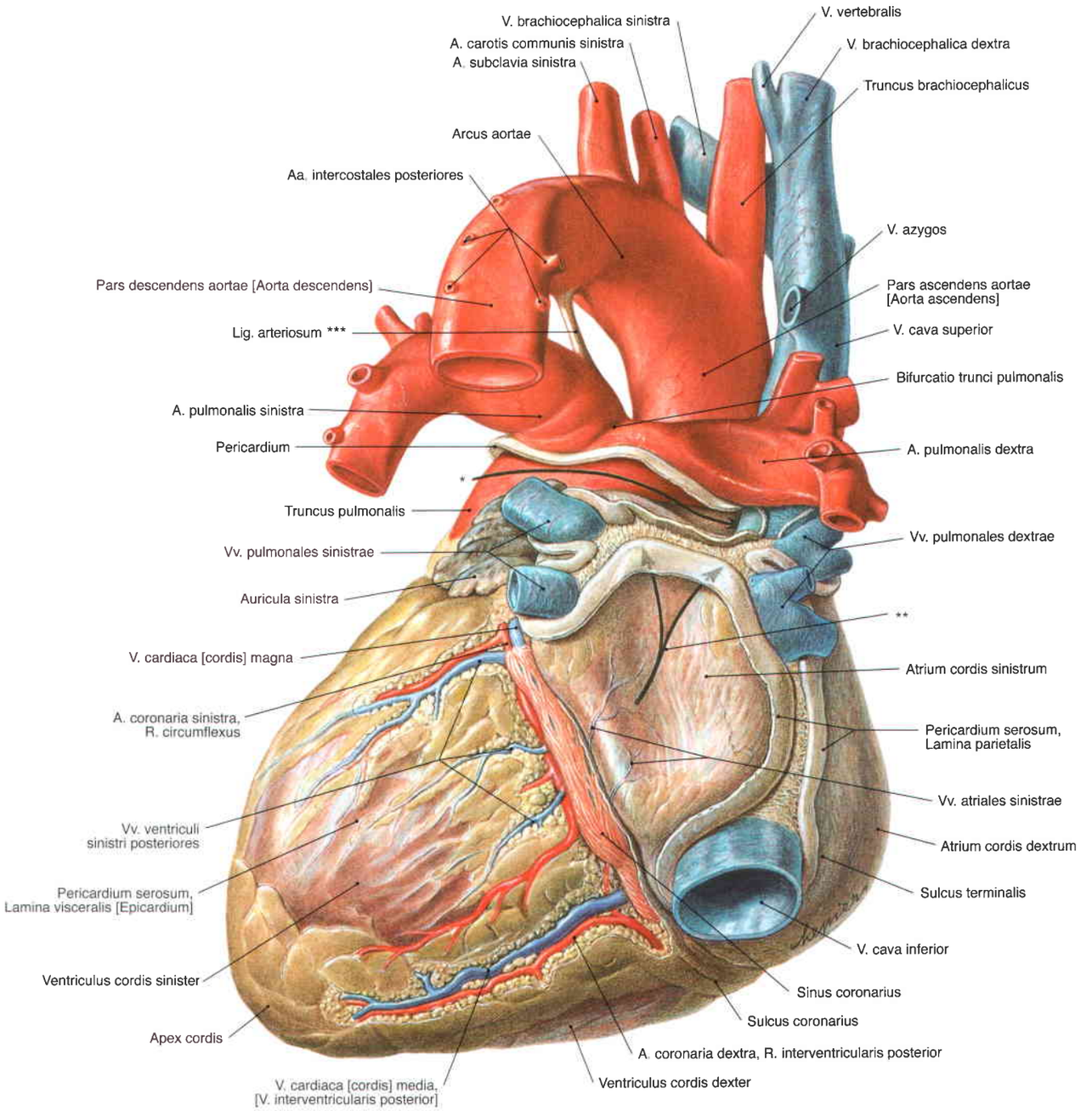


Fig. 873 Heart, Cor, and great vessels; dorsal view.

* Arrow in the transverse pericardial sinus
** Double arrows in the oblique pericardial sinus
*** Remnants of the foetal ductus arteriosus (BOTALLO's ligament)

Myocardium

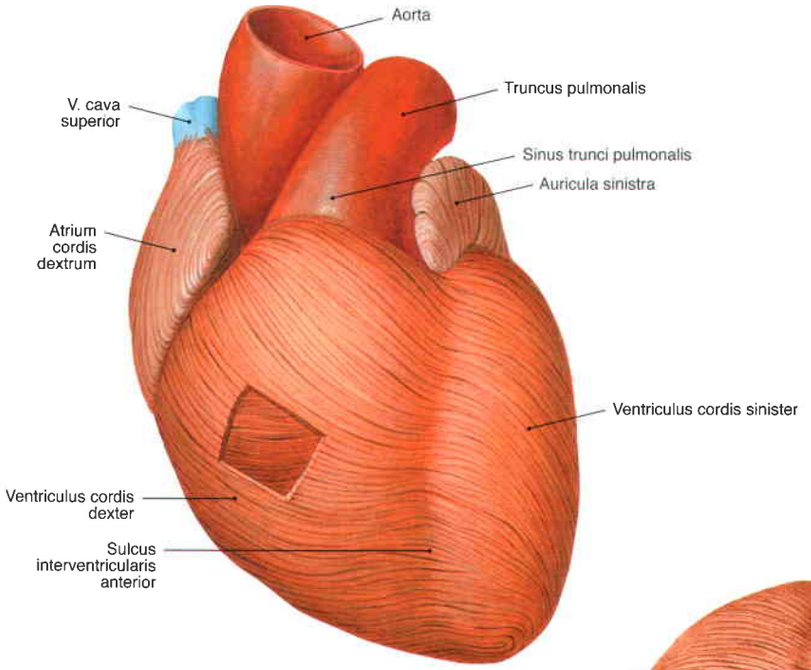


Fig. 874 Myocardium, Myocardium; ventral view.

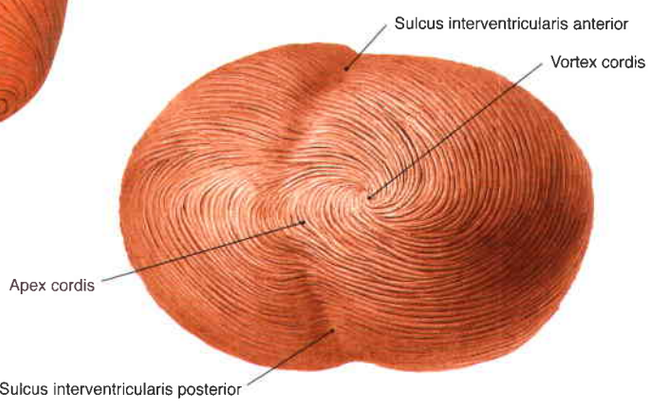


Fig. 875 Myocardium, Myocardium; viewed from the apex of the heart.

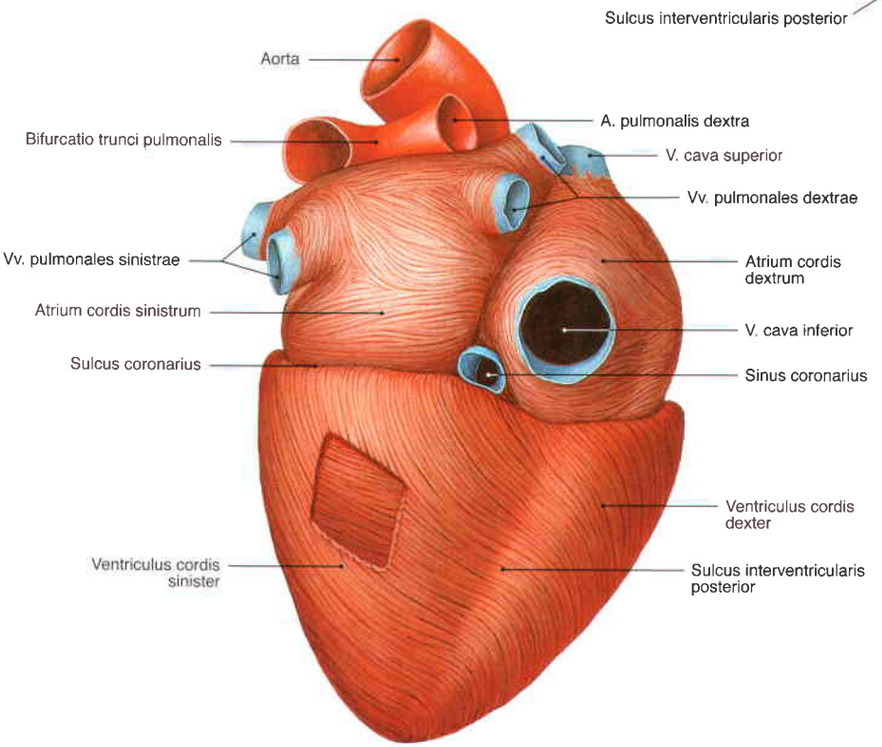


Fig. 876 Myocardium, Myocardium; dorsoinferior view.

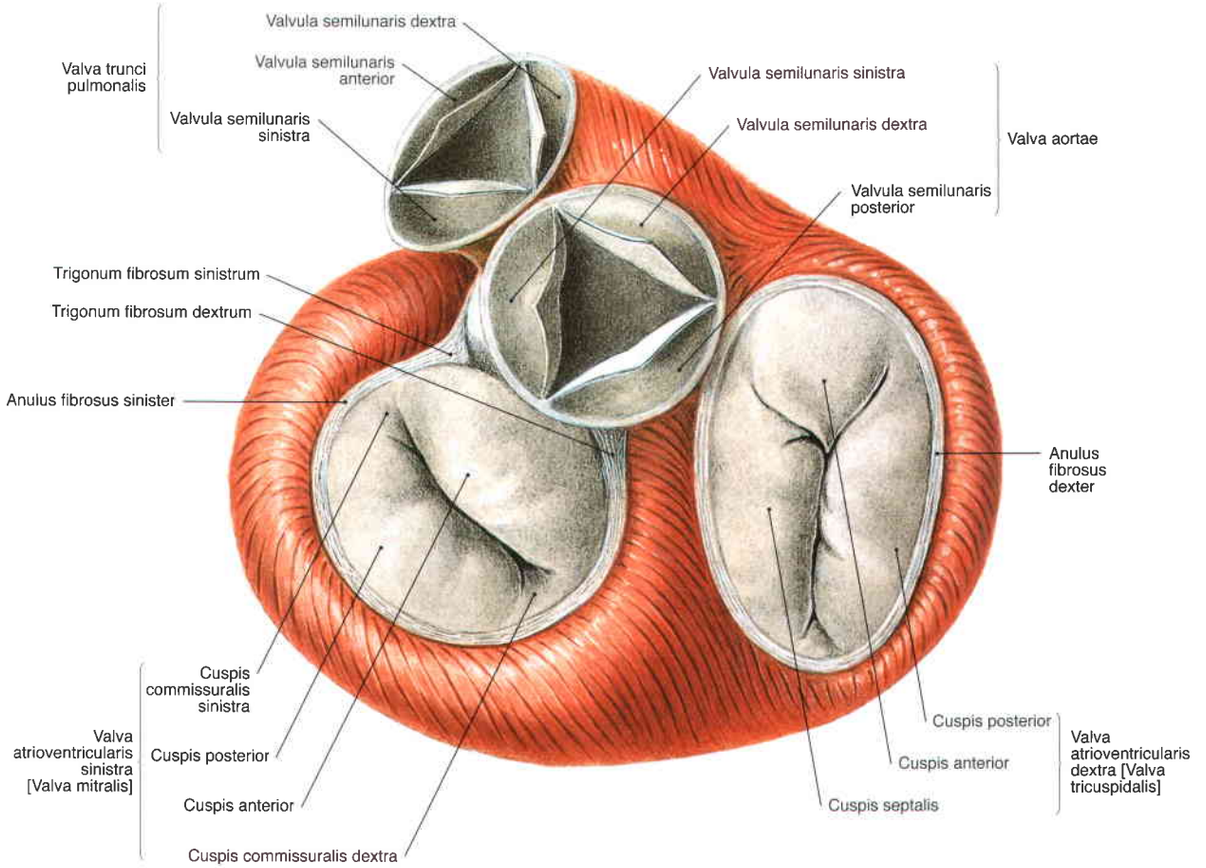


Fig. 877 Valves of the heart, Valvae cordis; superior view.

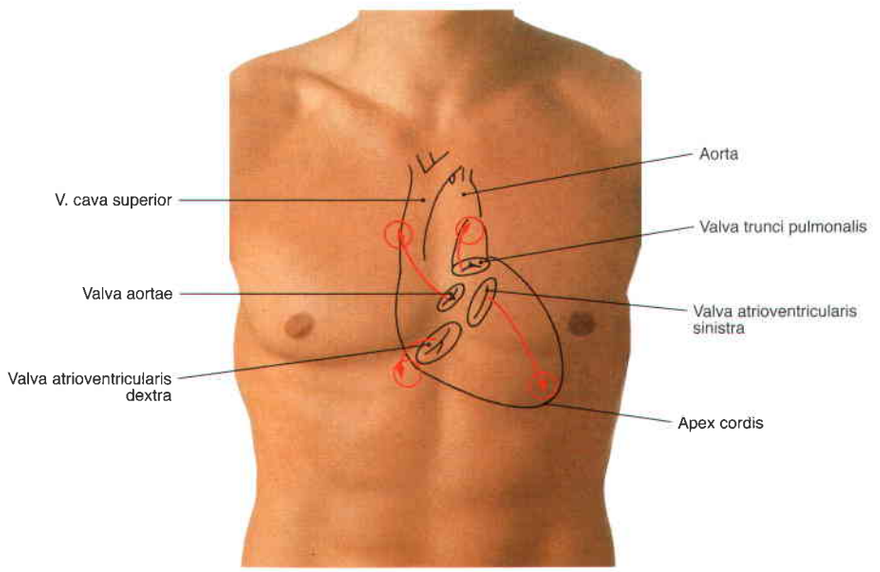


Fig. 878 Contour of the heart, valves of the heart, and points of auscultation projected onto the anterior thoracic wall (circles). The heart sounds and (where applicable) the heart murmurs are spreading in the direction of the arrows.

Internal spaces of the heart

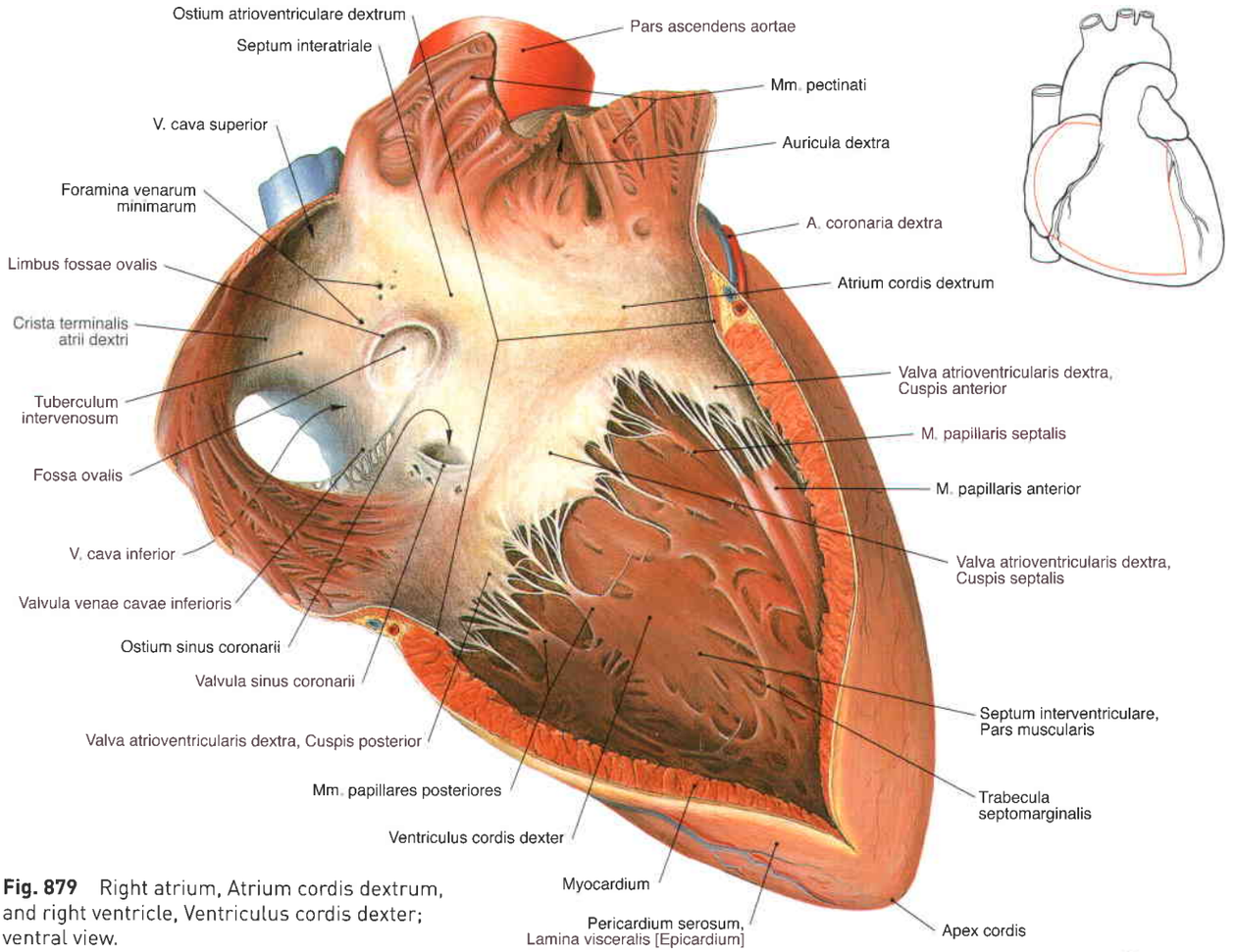


Fig. 879 Right atrium, Atrium cordis dextrum, and right ventricle, Ventriculus cordis dexter; ventral view.

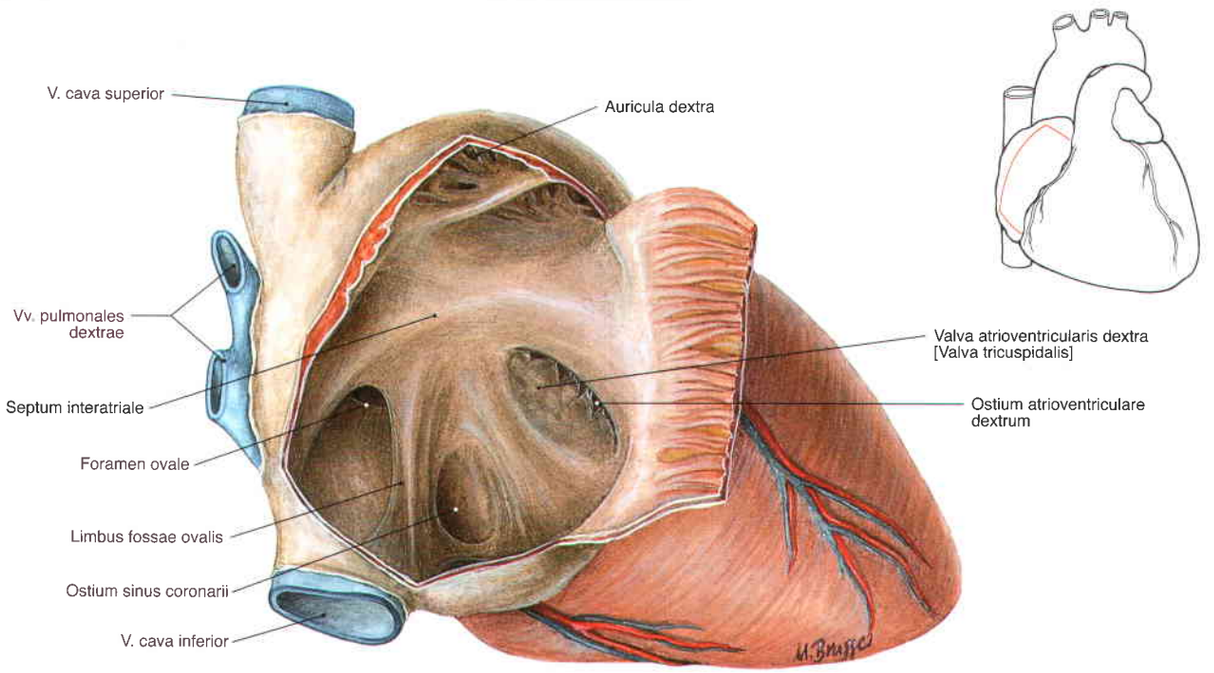


Fig. 880 Right atrium, Atrium cordis dextrum, of a neonate; ventral view from the right.

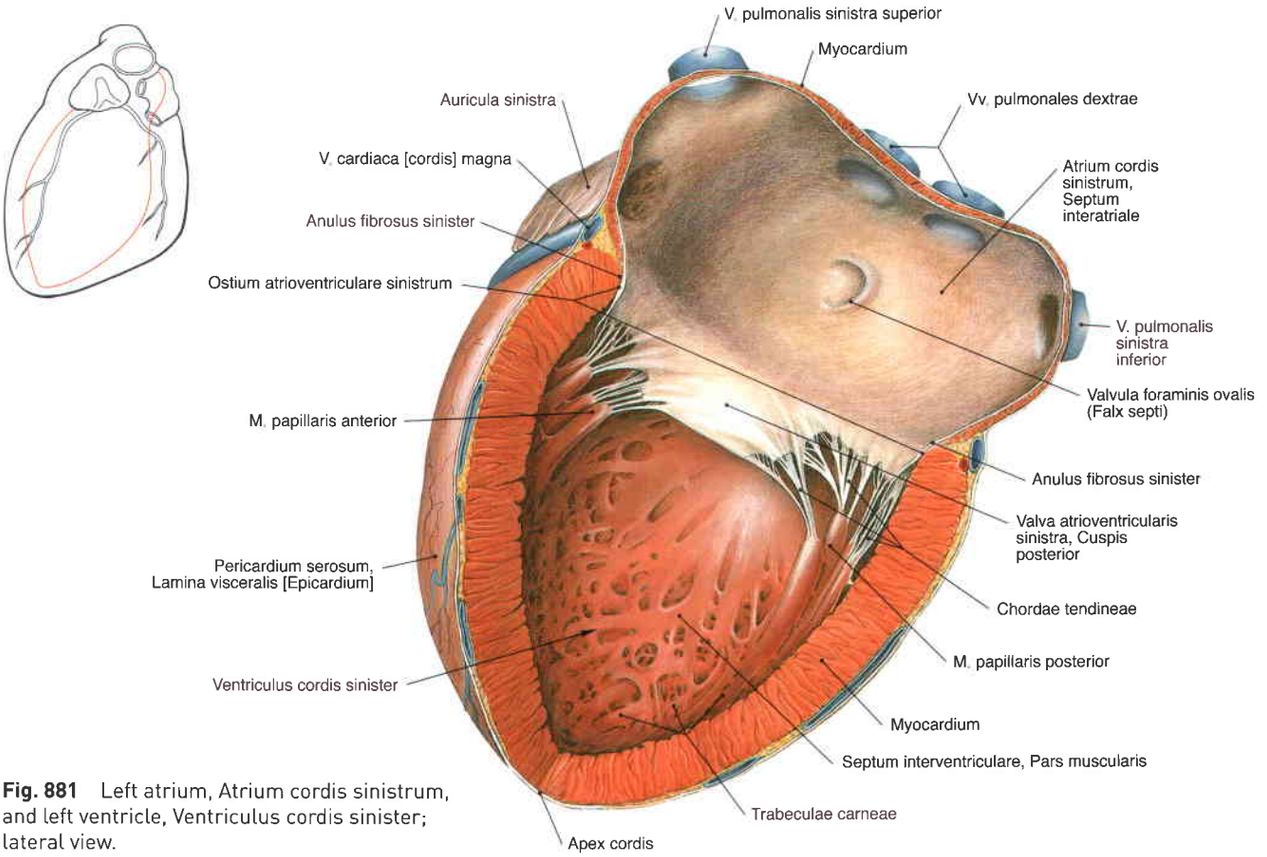


Fig. 881 Left atrium, Atrium cordis sinistrum, and left ventricle, Ventriculus cordis sinister; lateral view.

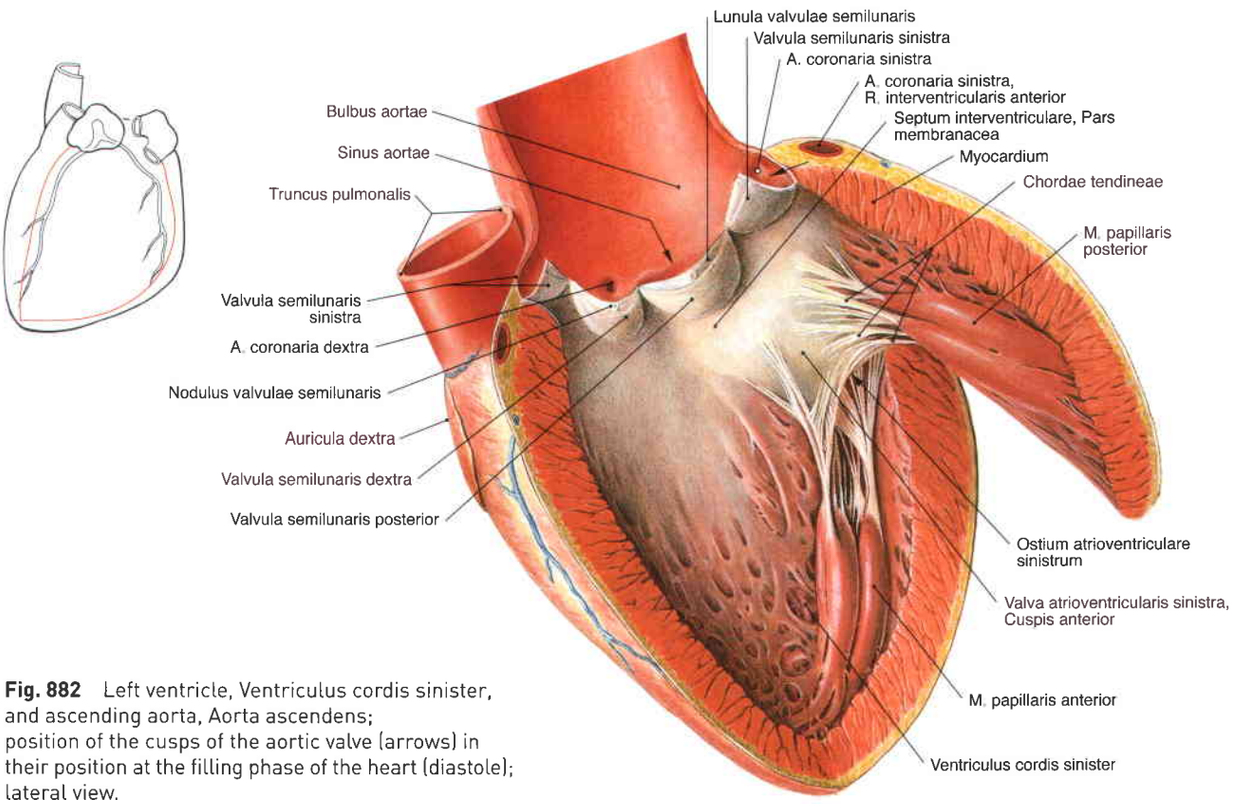


Fig. 882 Left ventricle, Ventriculus cordis sinister, and ascending aorta, Aorta ascendens; position of the cusps of the aortic valve (arrows) in their position at the filling phase of the heart (diastole); lateral view.

Internal spaces of the heart

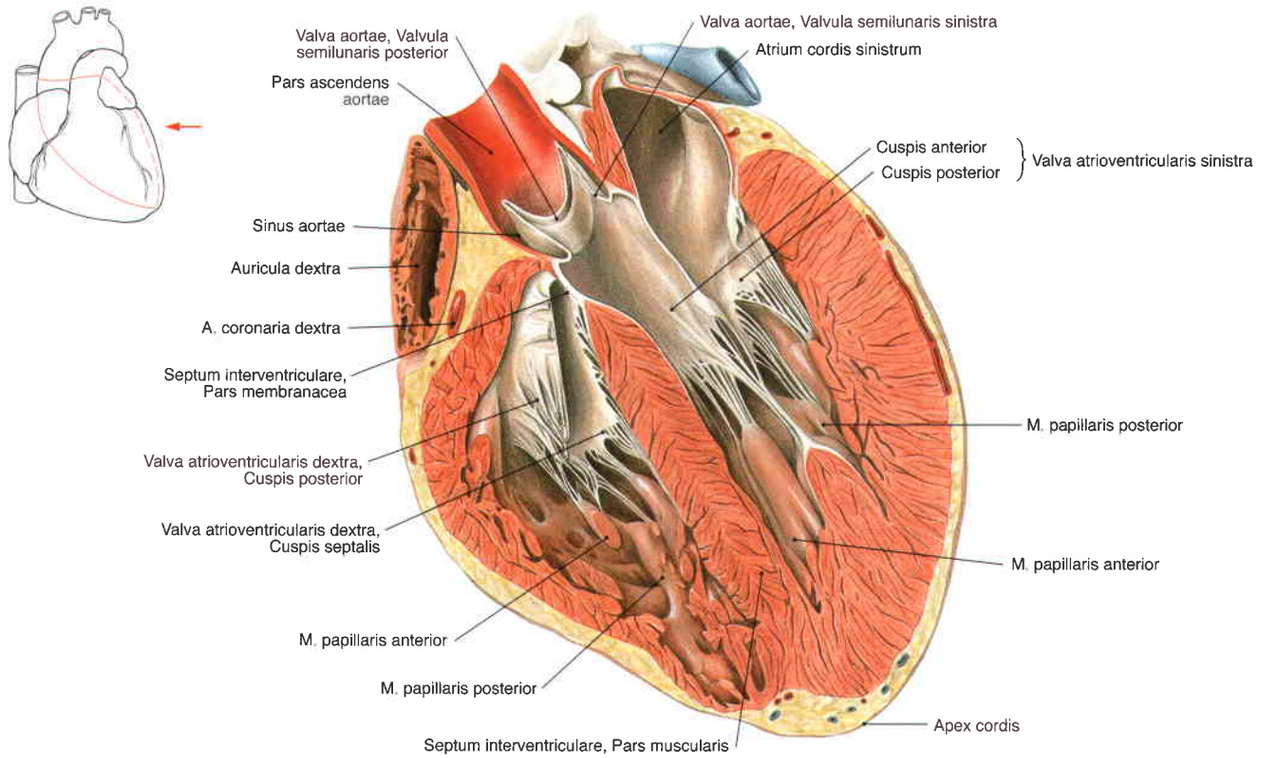


Fig. 883 Left and right ventricle, Ventriculus cordis sinister et dexter.

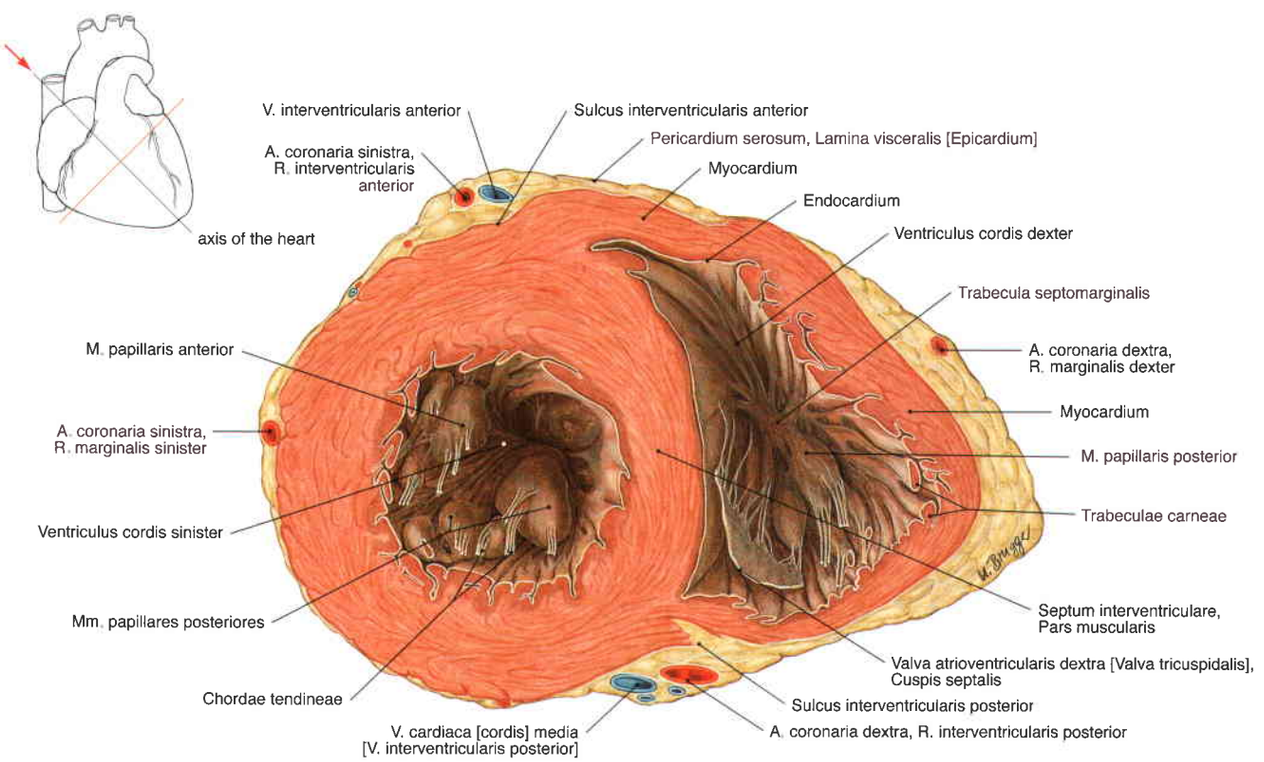


Fig. 884 Left and right ventricle, Ventriculus cordis sinister et dexter; superior view.

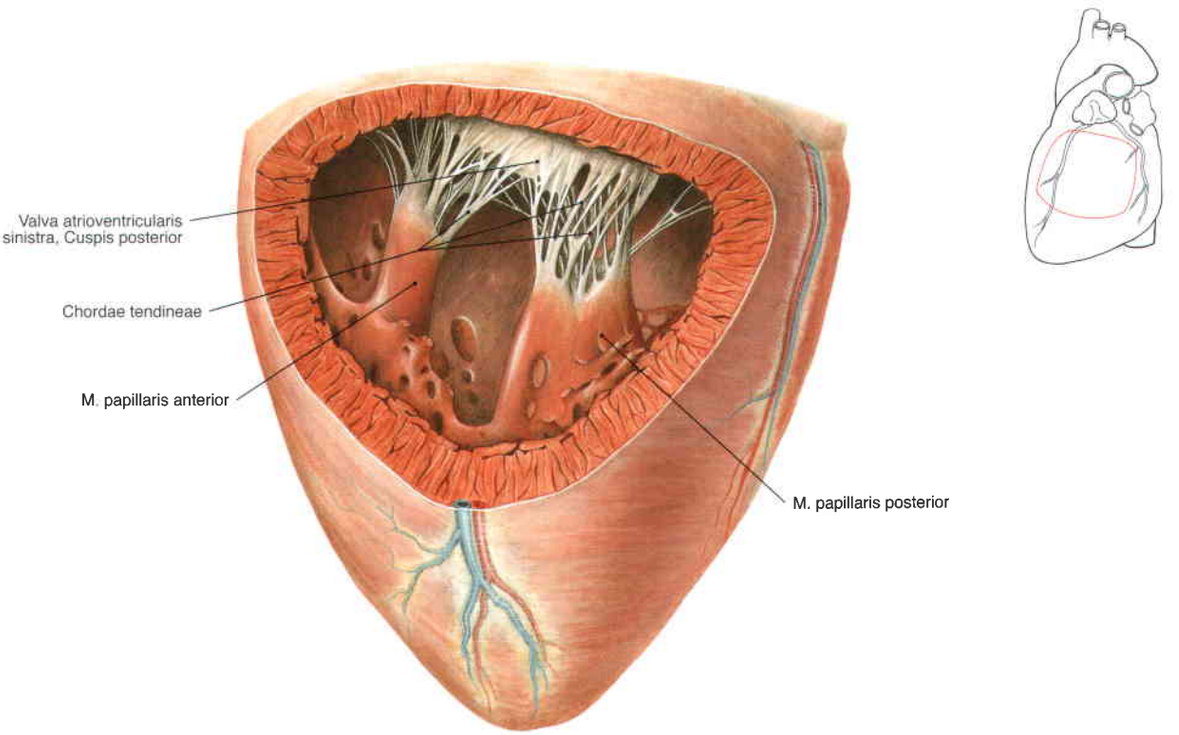


Fig. 885 Left ventricle, Ventriculus cordis sinister; ventrosuperior view from the left.

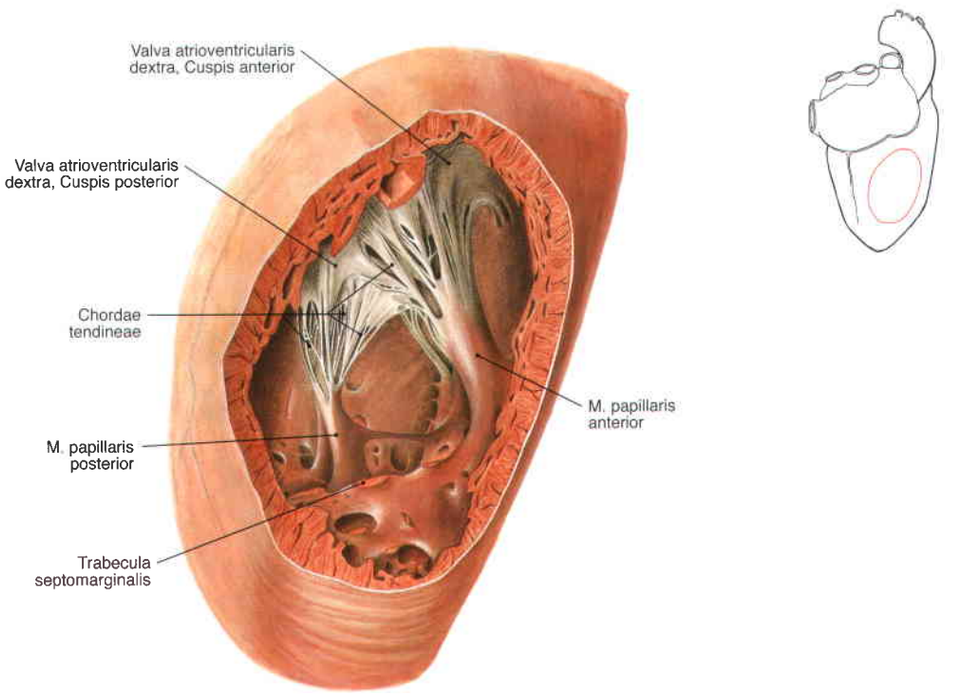


Fig. 886 Right ventricle, Ventriculus cordis dexter; dorsal view.

Conducting system

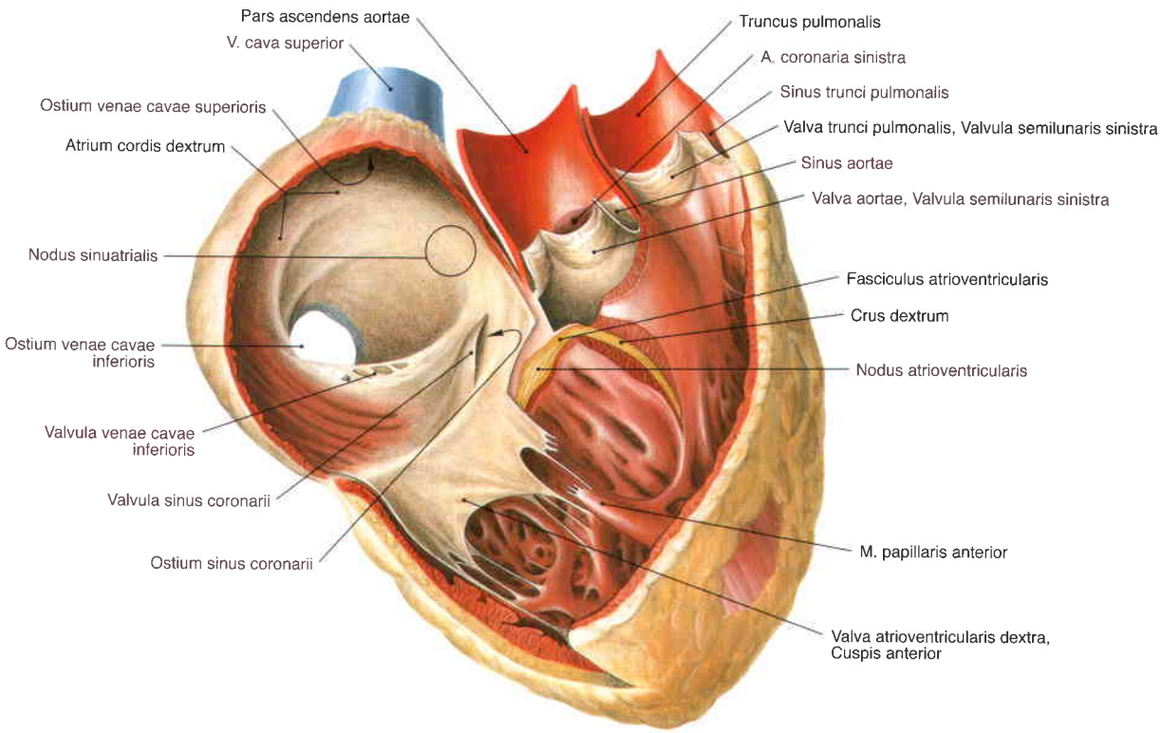


Fig. 887 Right atrium, Atrium cordis dextrum, and right ventricle, Ventriculus cordis dexter; conducting system, Complexus stimulans cordis [Systema conducente cordis], highlighted in yellow; ventral view.

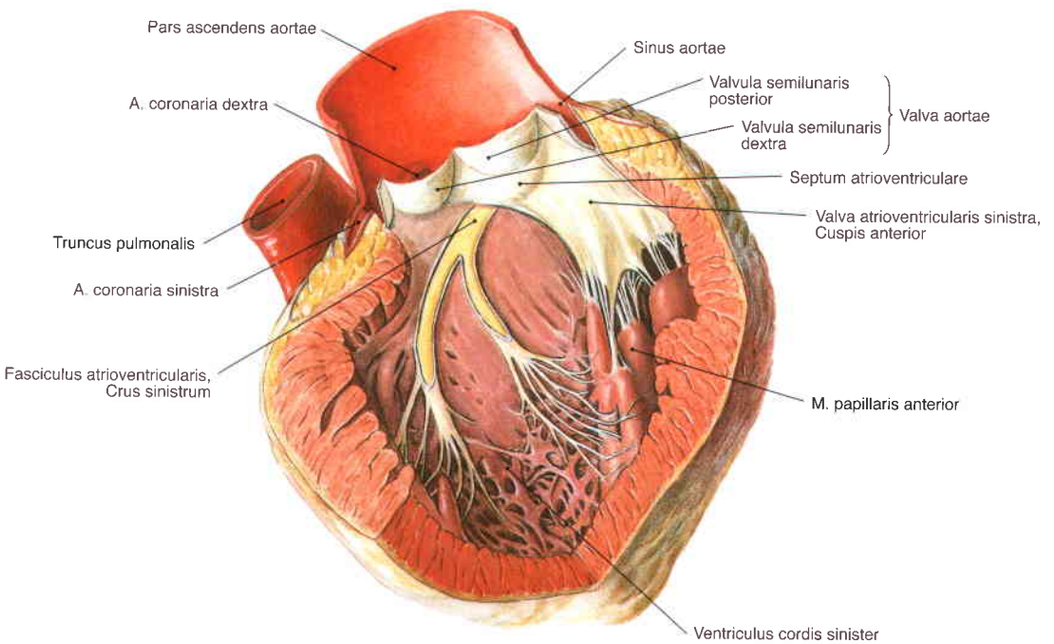


Fig. 888 Left ventricle, Ventriculus cordis sinister; conducting system, Complexus stimulans cordis [Systema conducente cordis], highlighted in yellow; ventral view from the left.

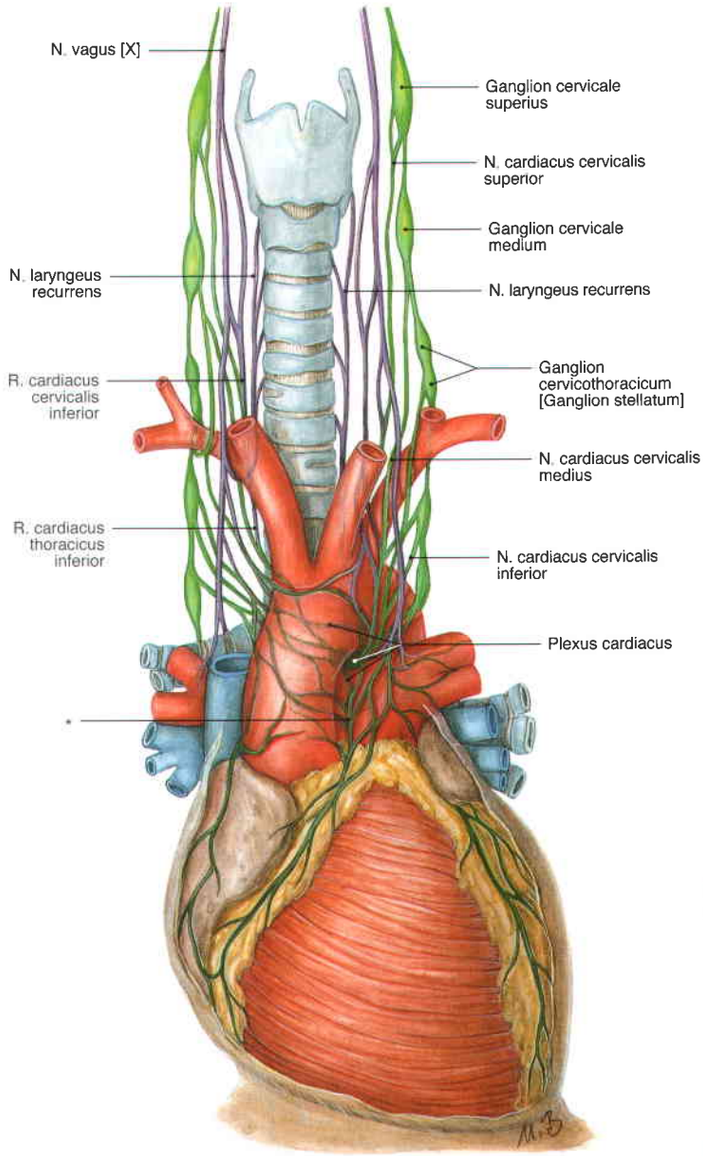


Fig. 889 Innervation of the heart, diagram; sympathetic trunk: green; vagus nerve: purple.
* The branches beyond the cardiac plexus contain sympathetic and vagal fibres.

→ 956

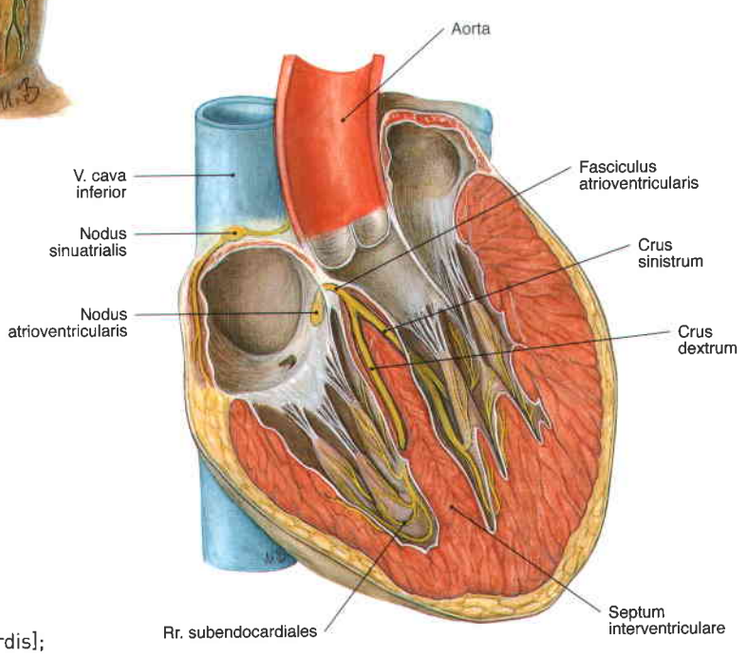


Fig. 890 Conducting system of heart, Complexus stimulans cordis [Systema conducente cordis]; section at the plane of the axis of the heart.

Coronary arteries

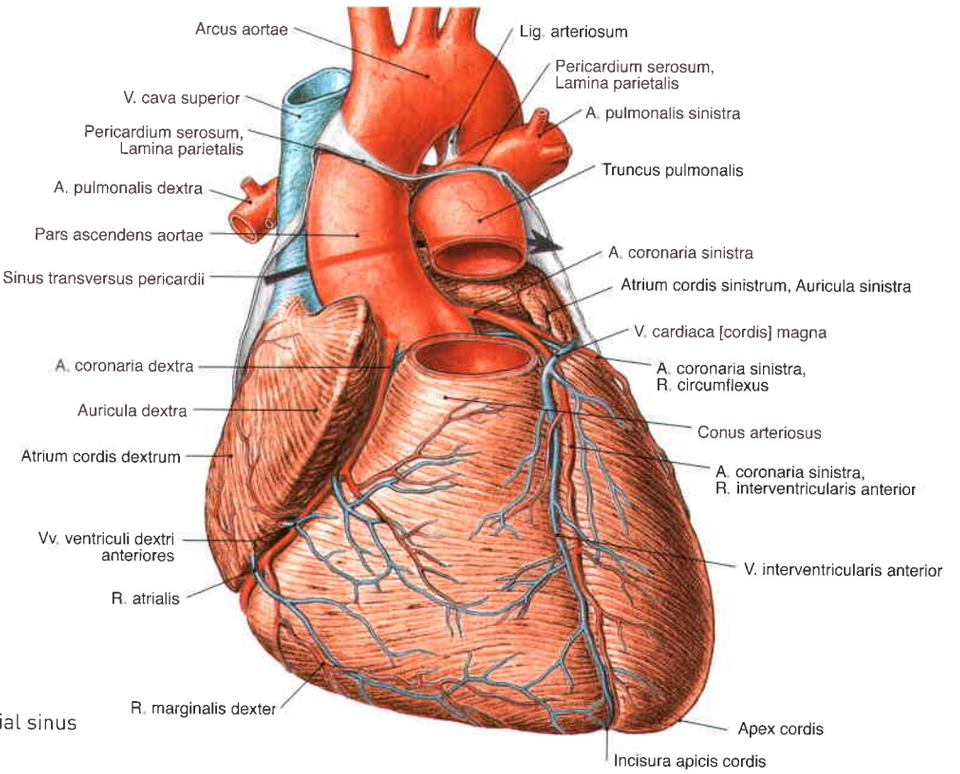


Fig. 891 Coronary arteries, Aa. coronariae; ventral view. Arrow in the transverse pericardial sinus

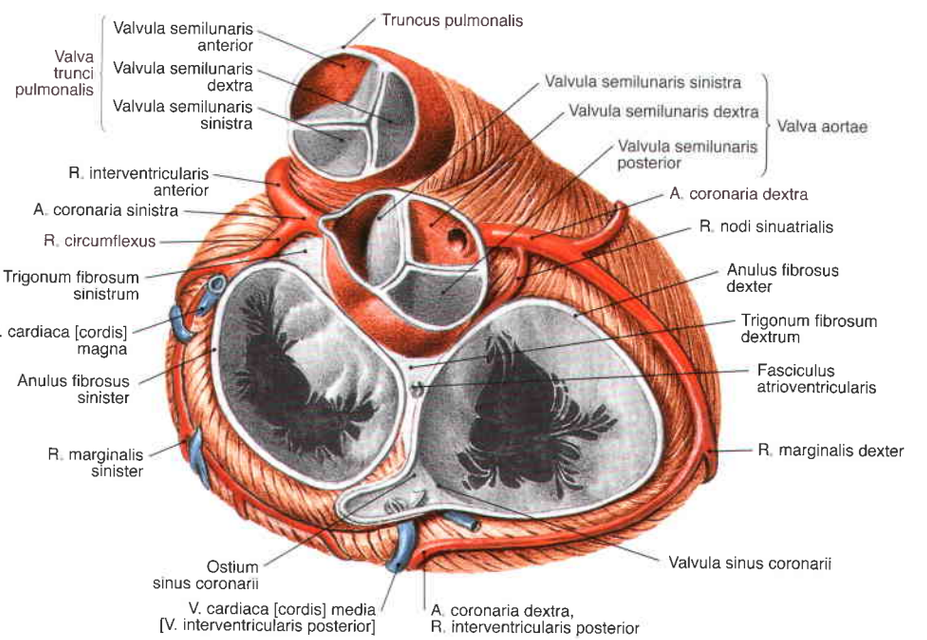


Fig. 892 Coronary arteries, Aa. coronariae; superior view.

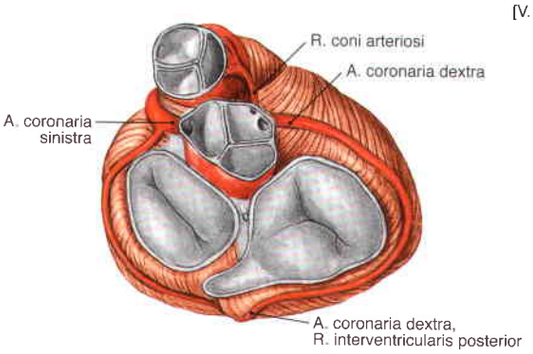


Fig. 893 Variability of the coronary arteries. The conus arteriosus branch arises from the aorta as an independent artery (~37%).

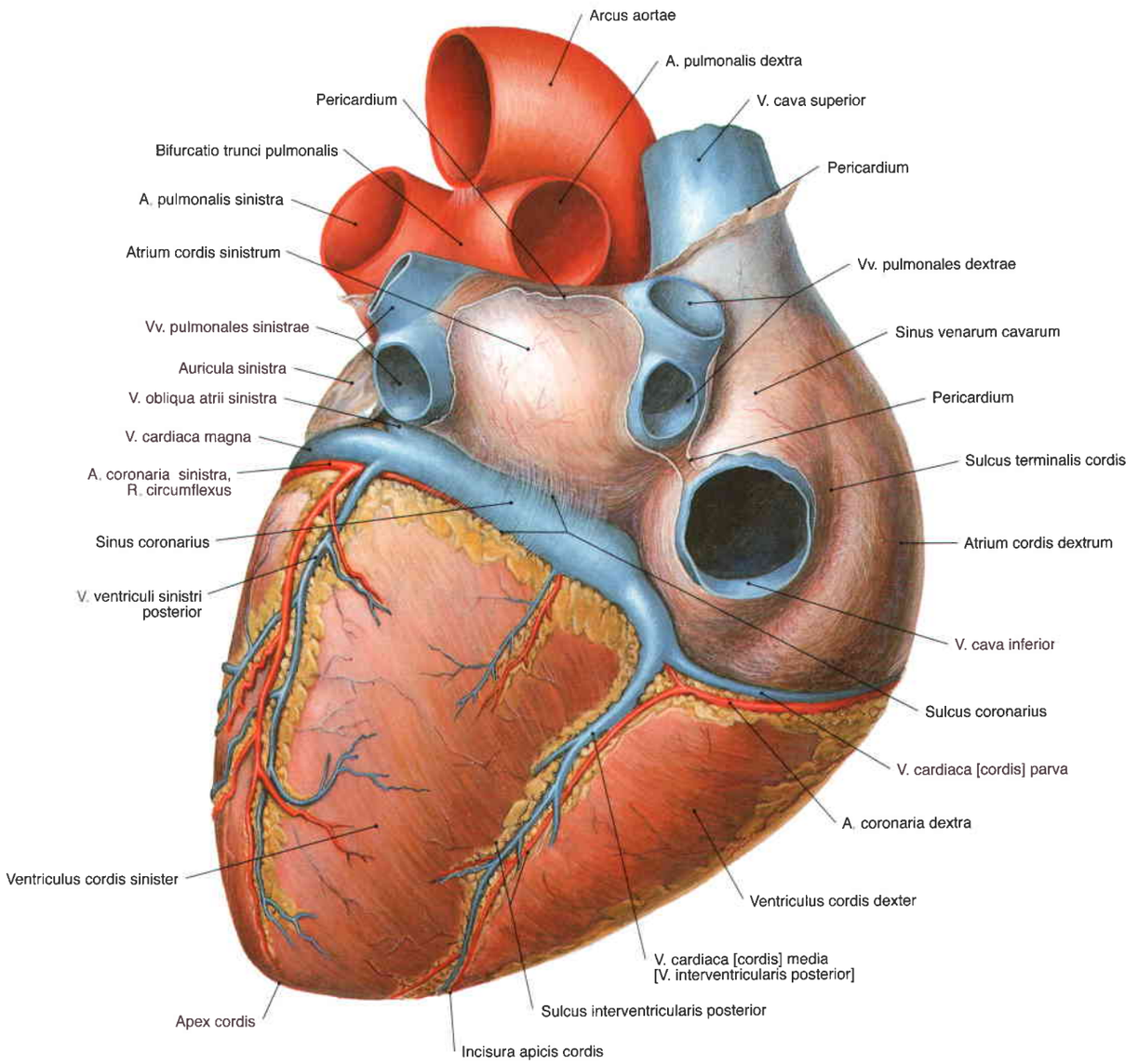


Fig. 894 Veins of the heart, Vv. cordis.

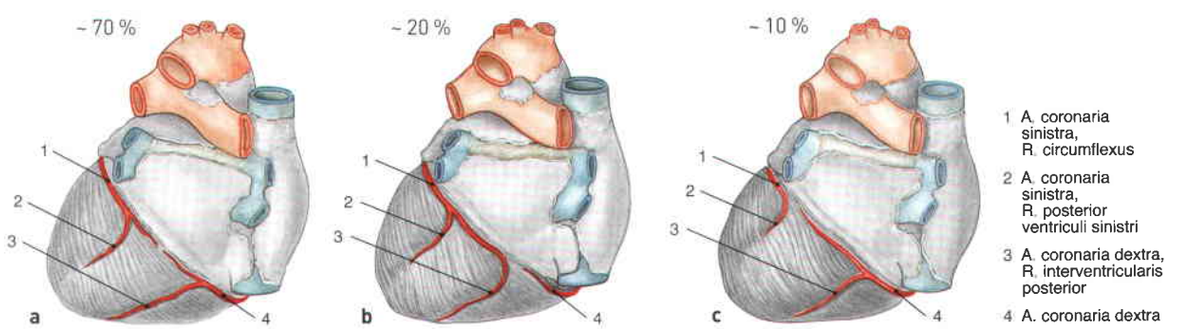


Fig. 895 a–c Variations in the arterial supply of the posterior aspect of the heart; dorsal view.

a Balanced coronary artery supply
b Dominant left coronary artery supply
c Dominant right coronary artery supply

Coronary arteries, variability of supply

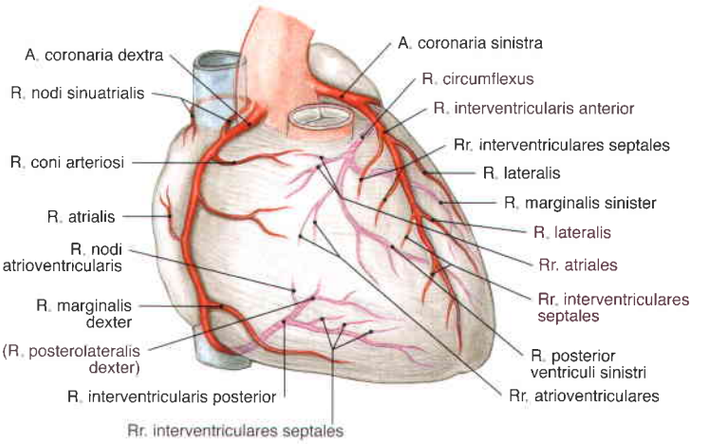


Fig. 896 Coronary arteries, Aa. coronariae; posterior arterial branches are shown in a lighter colour; the posterior interventricular branch arises from the right coronary artery (balanced coronary artery supply); ventral view.

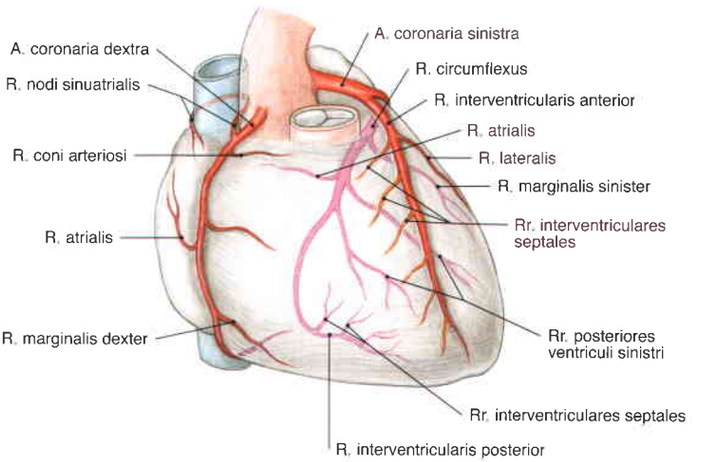


Fig. 897 Coronary arteries, Aa. coronariae; the posterior interventricular branch arises from the left coronary artery (dominant left coronary artery supply); ventral view.

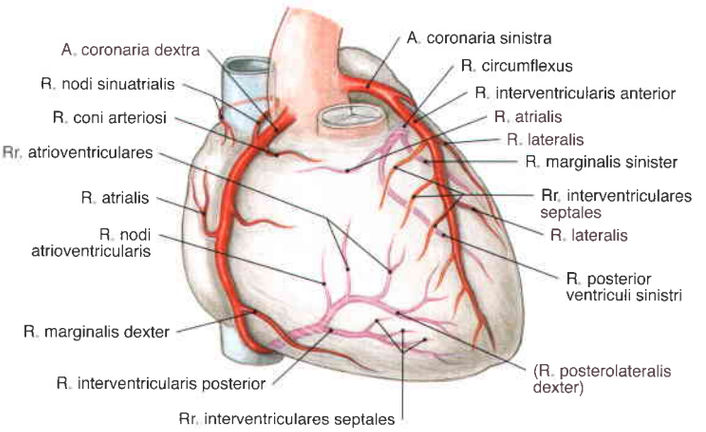


Fig. 898 Coronary arteries, Aa. coronariae; the posterior wall of the ventricles is mainly supplied by branches of the right coronary artery (dominant right coronary artery supply); ventral view.

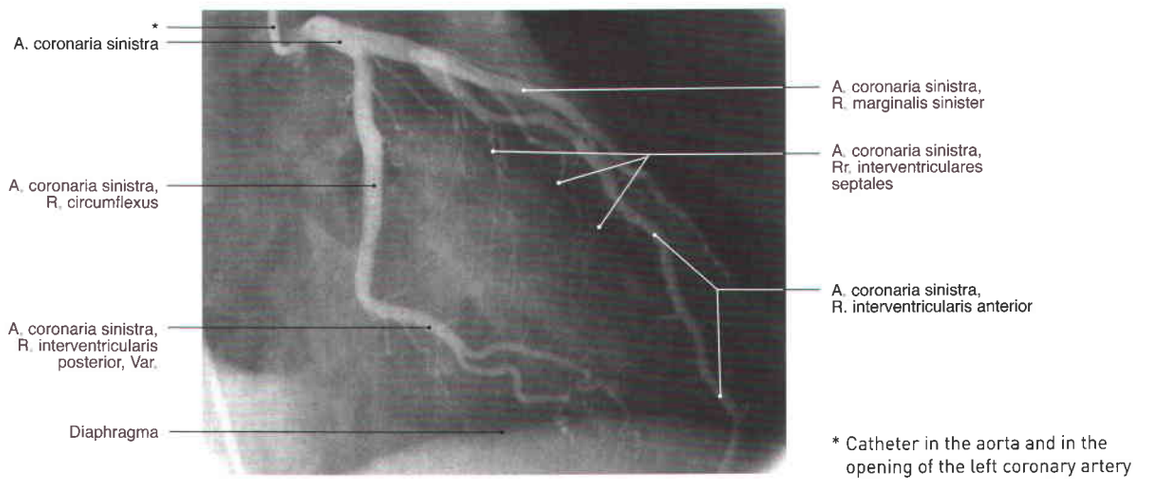


Fig. 899 Left coronary artery, A. coronaria sinistra; coronary angiography; the beam is directed obliquely from right anterior to left posterior (RAO).

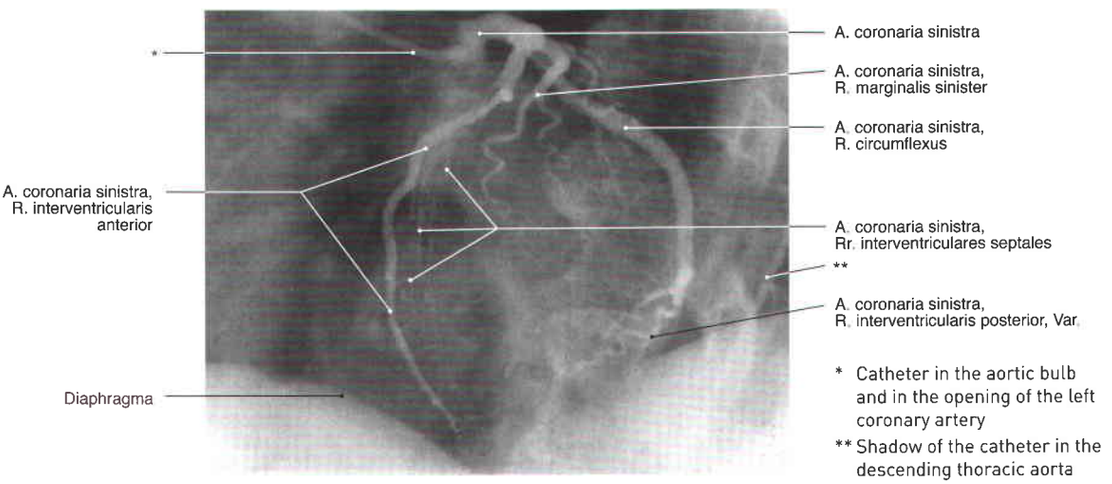


Fig. 900 Left coronary artery, A. coronaria sinistra; coronary angiography; the beam is directed obliquely from left anterior to right posterior (LAO).

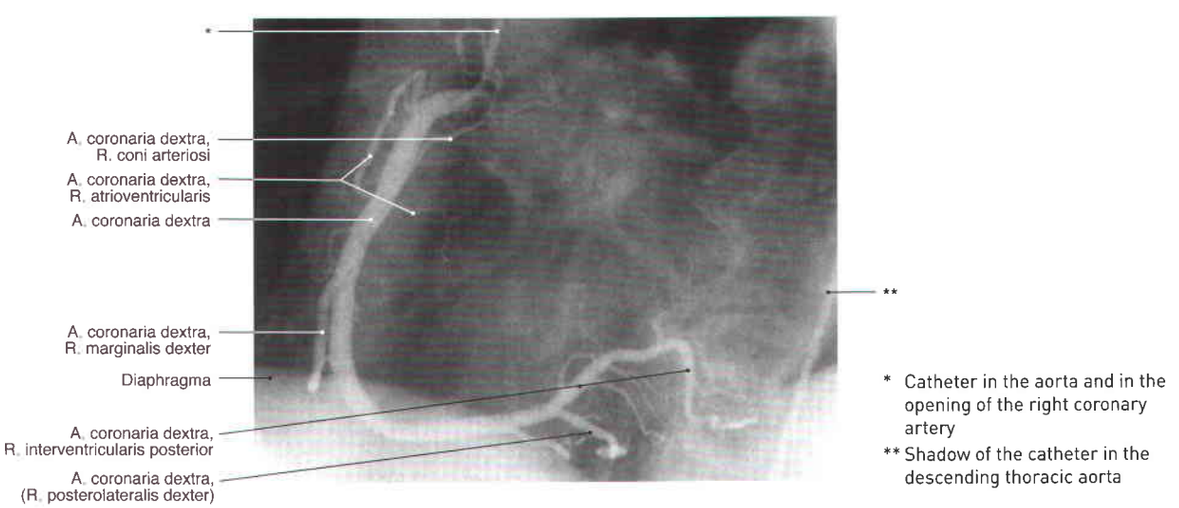


Fig. 901 Right coronary artery, A. coronaria dextra; coronary angiography; the beam is directed obliquely from left anterior to right posterior (LAO).

Heart situs

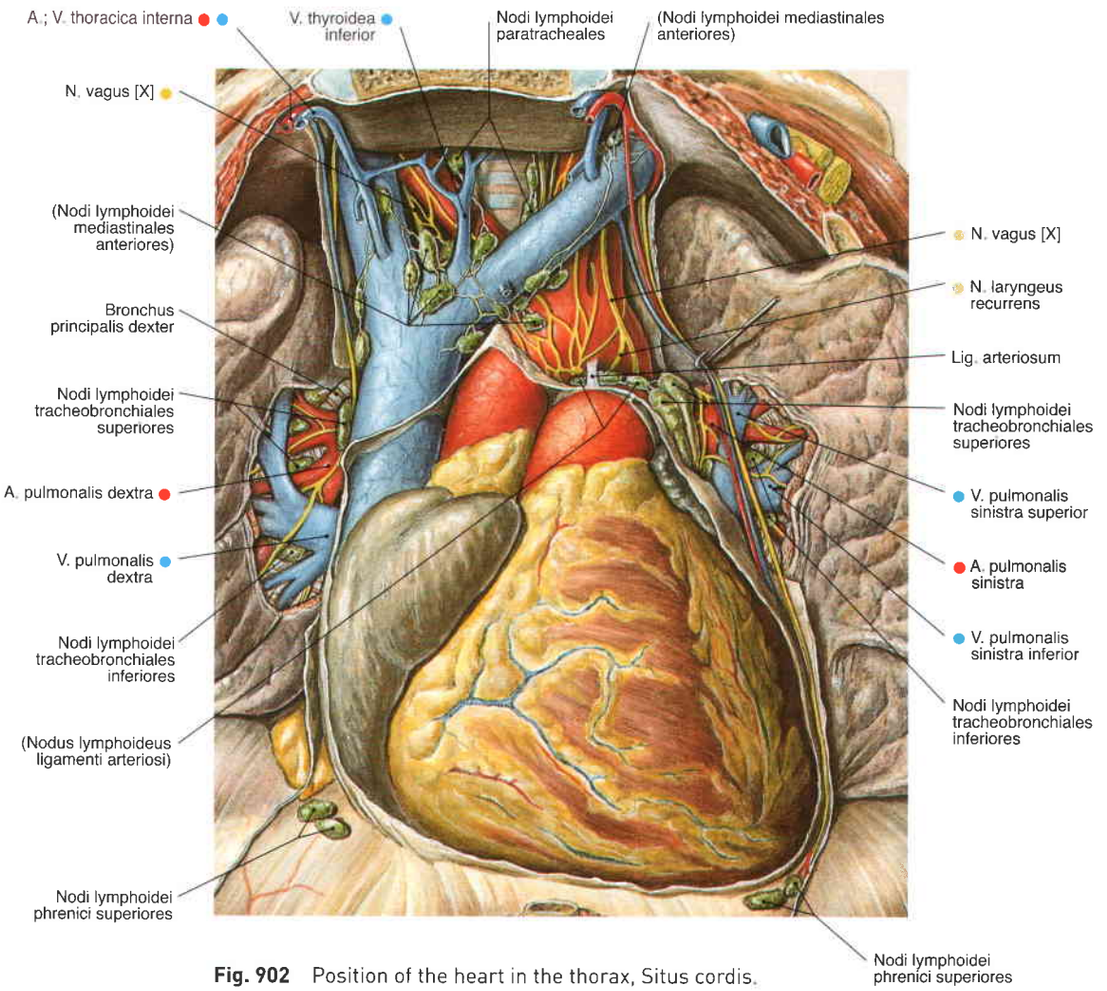


Fig. 902 Position of the heart in the thorax, Situs cordis.

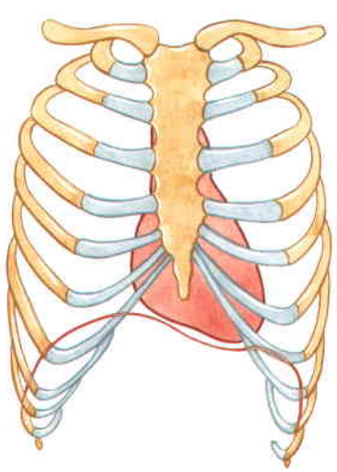


Fig. 903 Position of the heart; inspiration.

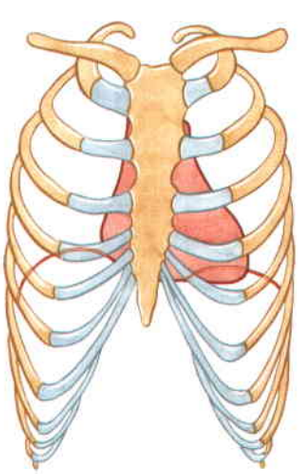


Fig. 904 Position of the heart; expiration.

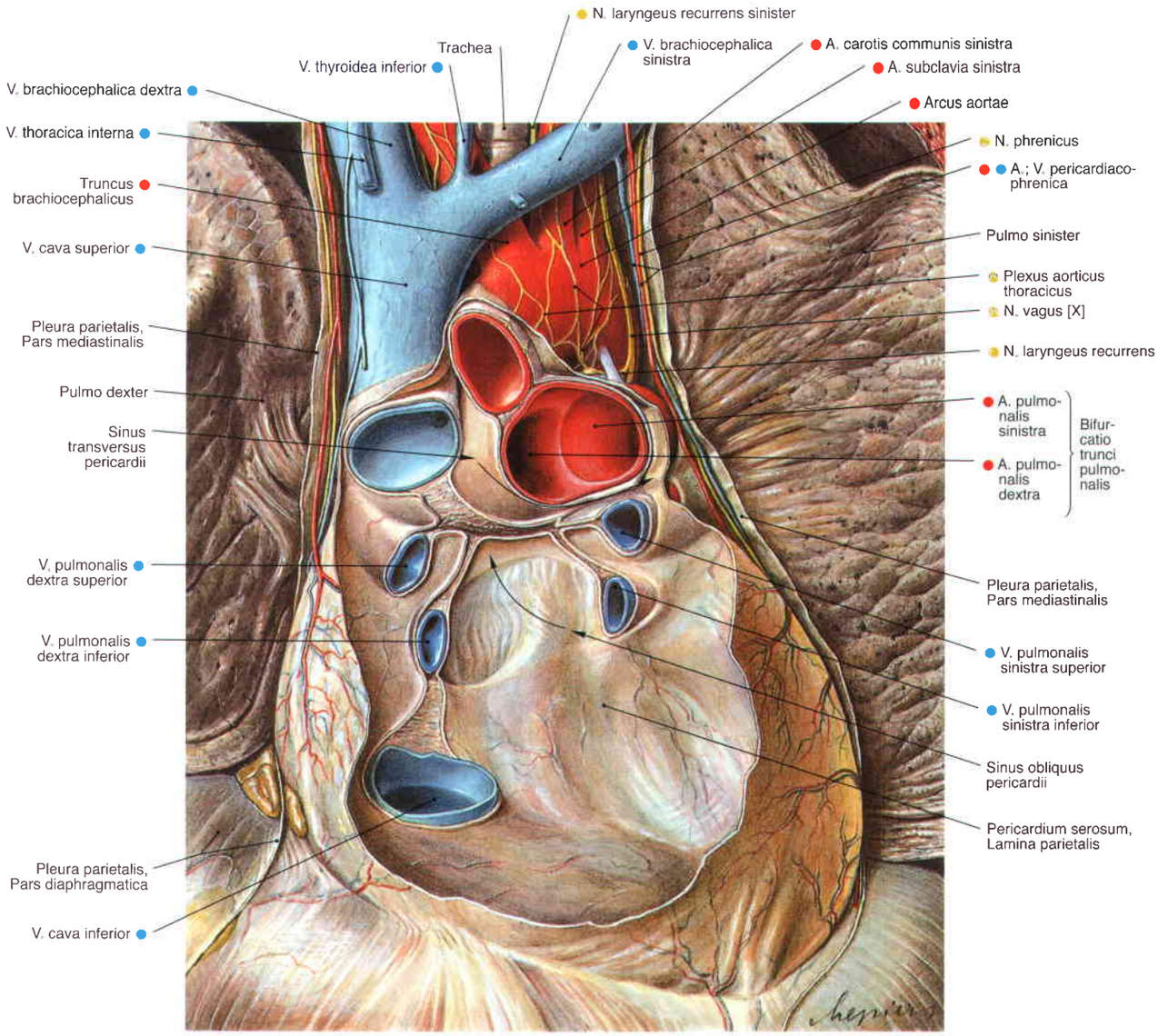


Fig. 905 Pericardium, Pericardium.

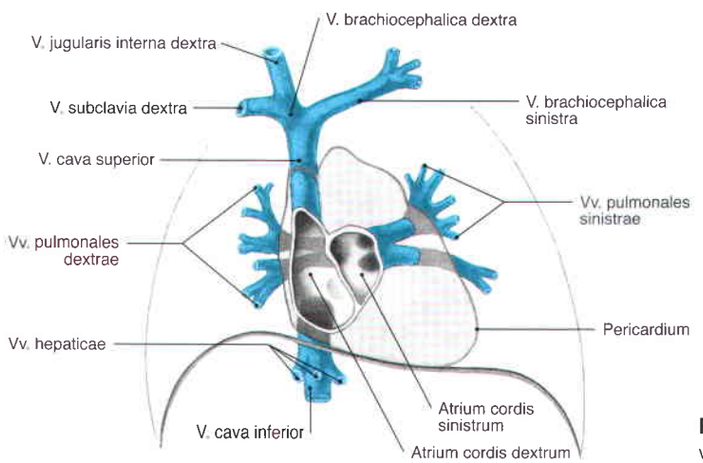
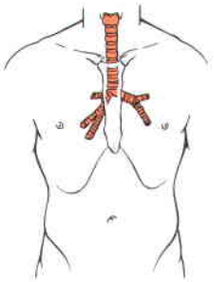
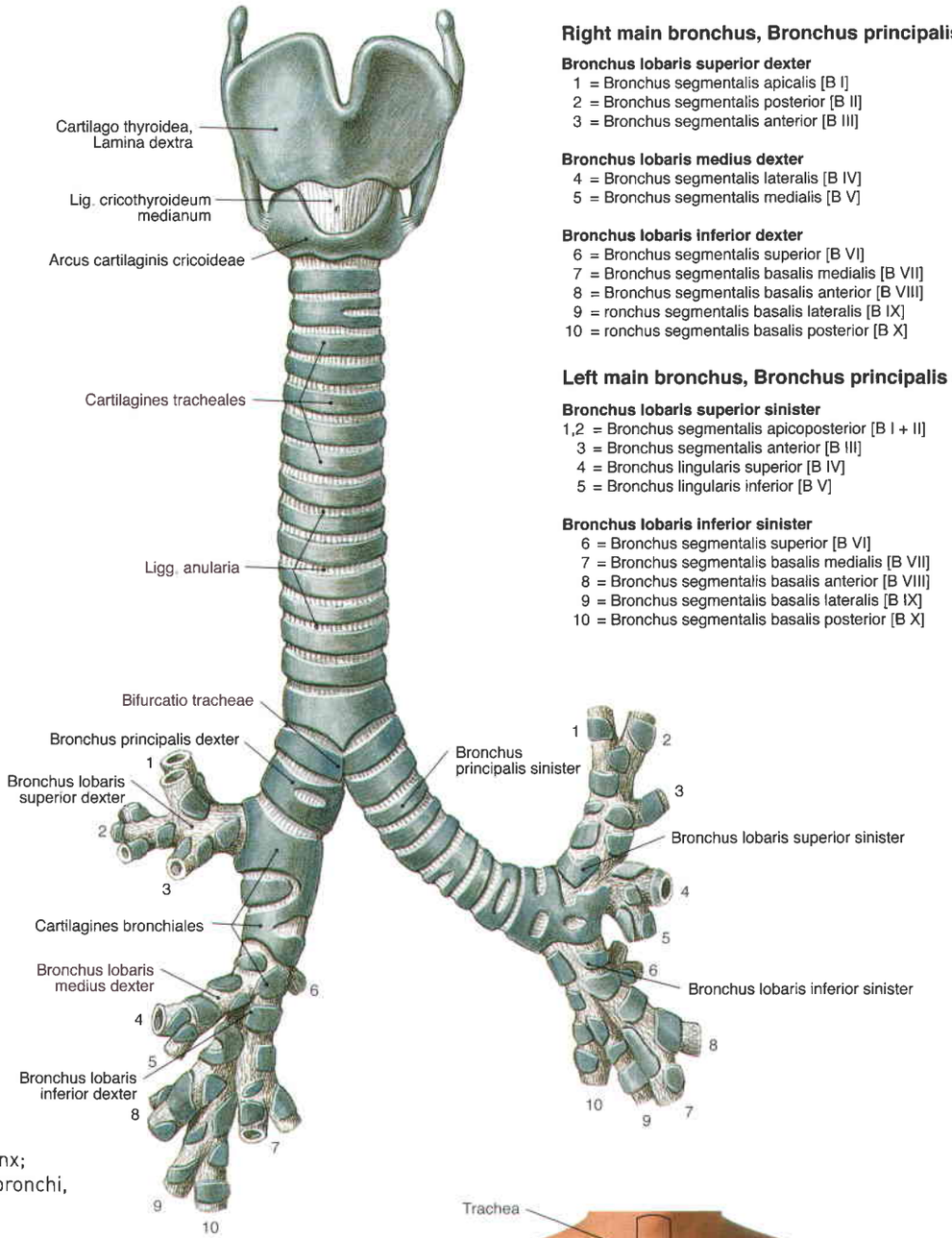


Fig. 906 Openings of the large veins into the heart; ventral view.

Trachea and bronchi





Right main bronchus, Bronchus principalis dexter

Bronchus lobaris superior dexter
1 = Bronchus segmentalis apicalis [B I]
2 = Bronchus segmentalis posterior [B II]
3 = Bronchus segmentalis anterior [B III]

Bronchus lobaris medius dexter
4 = Bronchus segmentalis lateralis [B IV]
5 = Bronchus segmentalis medialis [B V]

Bronchus lobaris inferior dexter
6 = Bronchus segmentalis superior [B VI]
7 = Bronchus segmentalis basalis medialis [B VII]
8 = Bronchus segmentalis basalis anterior [B VIII]
9 = ronchus segmentalis basalis lateralis [B IX]
10 = ronchus segmentalis basalis posterior [B X]

Left main bronchus, Bronchus principalis sinister

Bronchus lobaris superior sinister
1,2 = Bronchus segmentalis apicoposterior [B I + II]
3 = Bronchus segmentalis anterior [B III]
4 = Bronchus lingularis superior [B IV]
5 = Bronchus lingularis inferior [B V]

Bronchus lobaris inferior sinister
6 = Bronchus segmentalis superior [B VI]
7 = Bronchus segmentalis basalis medialis [B VII]
8 = Bronchus segmentalis basalis anterior [B VIII]
9 = Bronchus segmentalis basalis lateralis [B IX]
10 = Bronchus segmentalis basalis posterior [B X]

Fig. 907 Larynx, Larynx; trachea, Trachea, and bronchi, Bronchi.

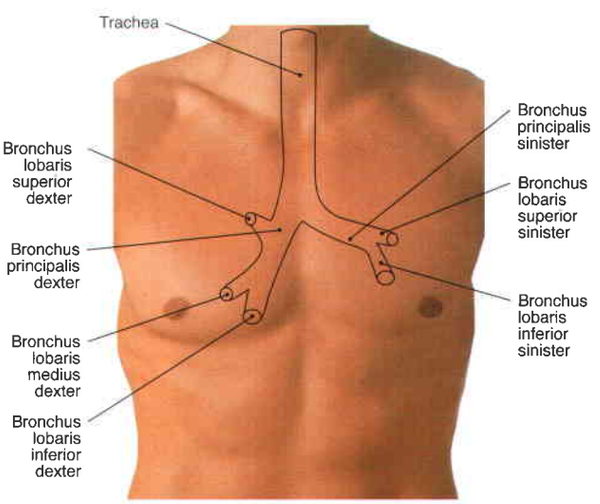


Fig. 908 Projection of the trachea and the bronchi onto the anterior thoracic wall.

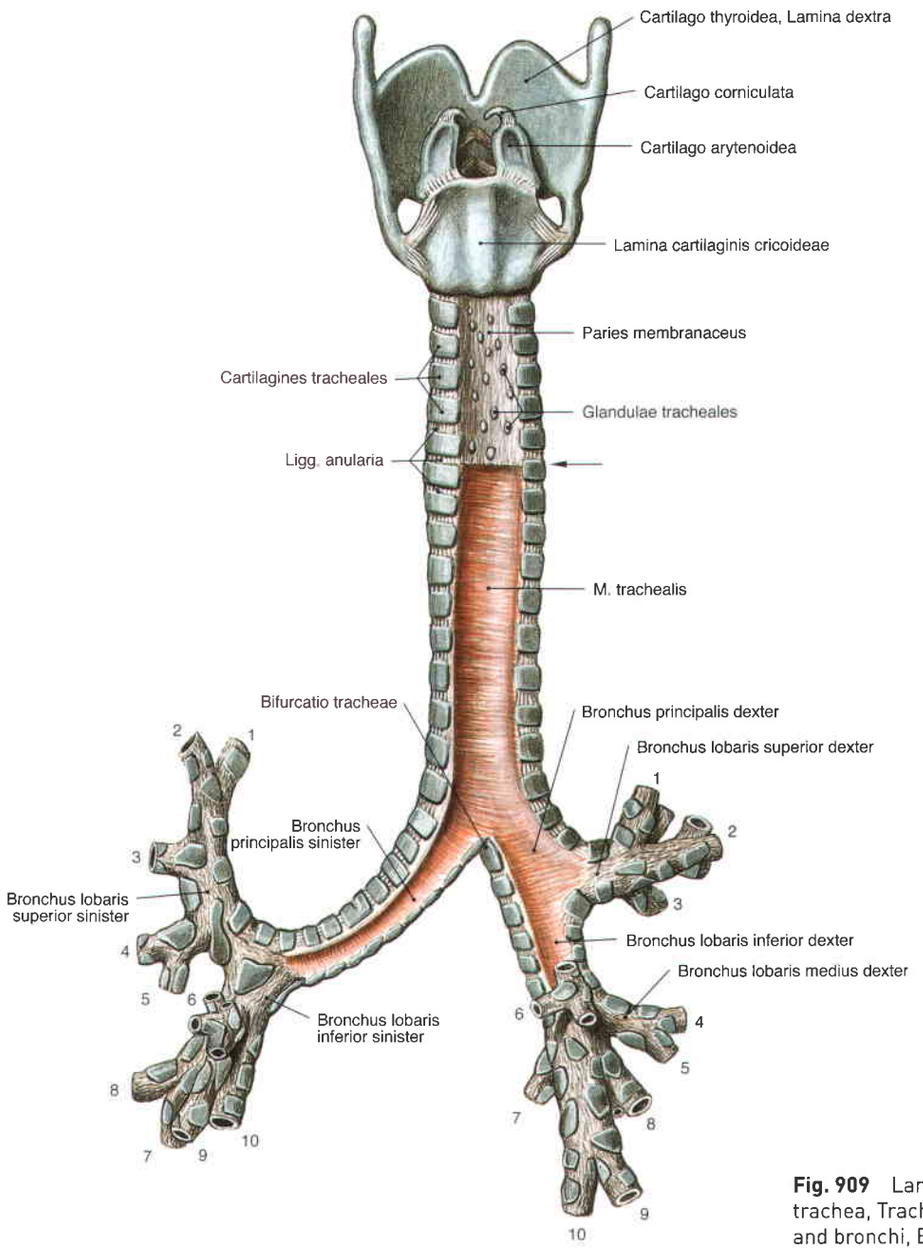


Fig. 909 Larynx, Larynx; trachea, Trachea, and bronchi, Bronchi; dorsal view.

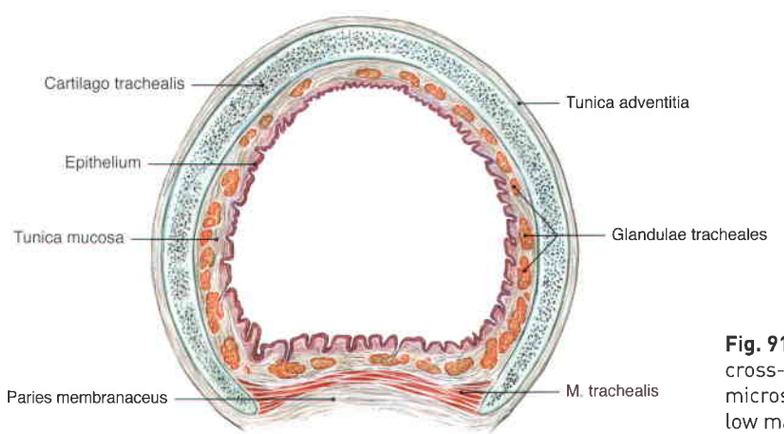


Fig. 910 Trachea, Trachea; cross-section; microscopic enlargement at low magnification.

Segmental bronchi

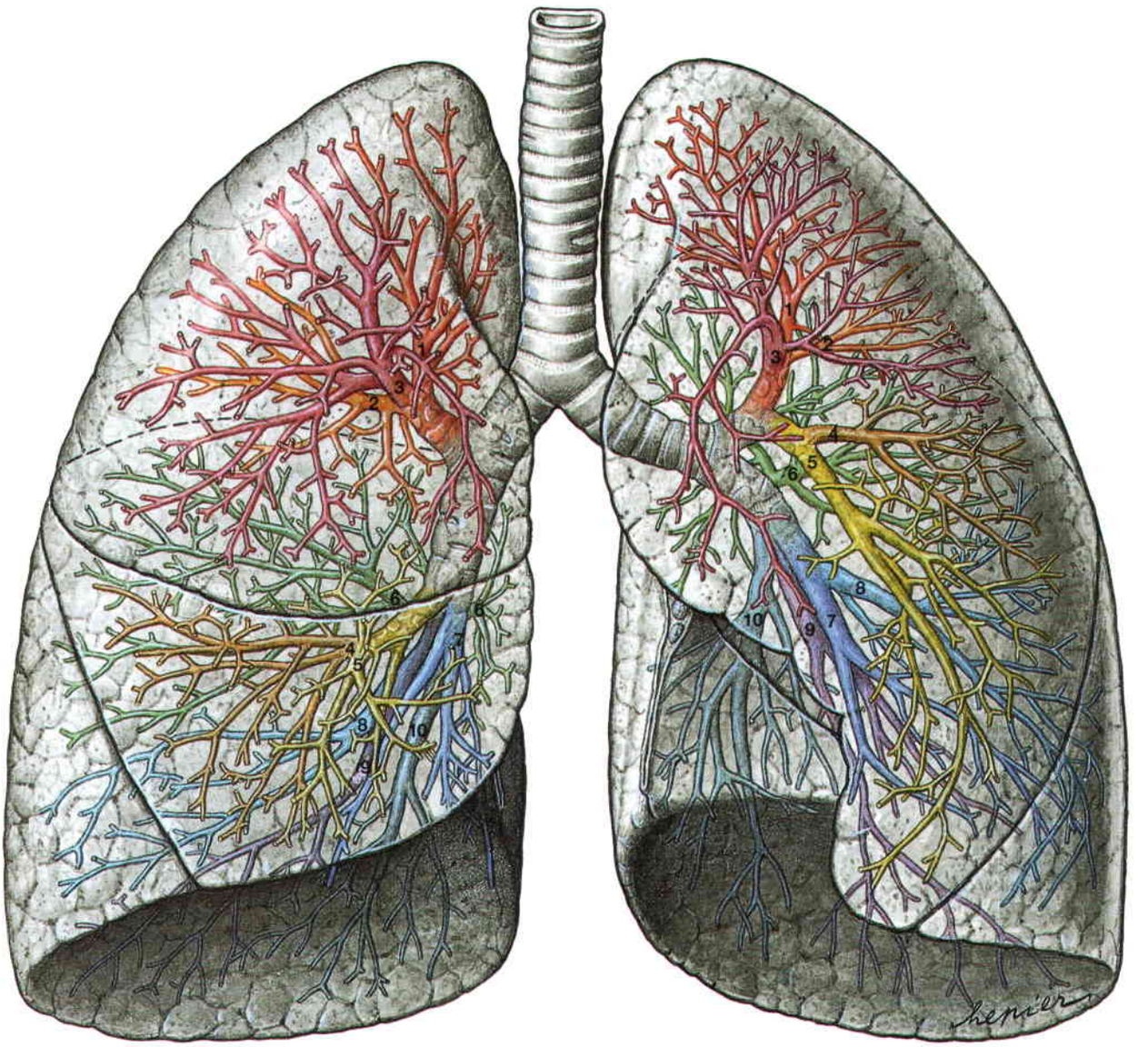


Fig. 911 Bronchi, Bronchi;
the lobar and the segmental bronchi have been projected onto the lungs and are illustrated with different colours; ventral view.
Numbers indicate the segmental bronchi (see p. 90).

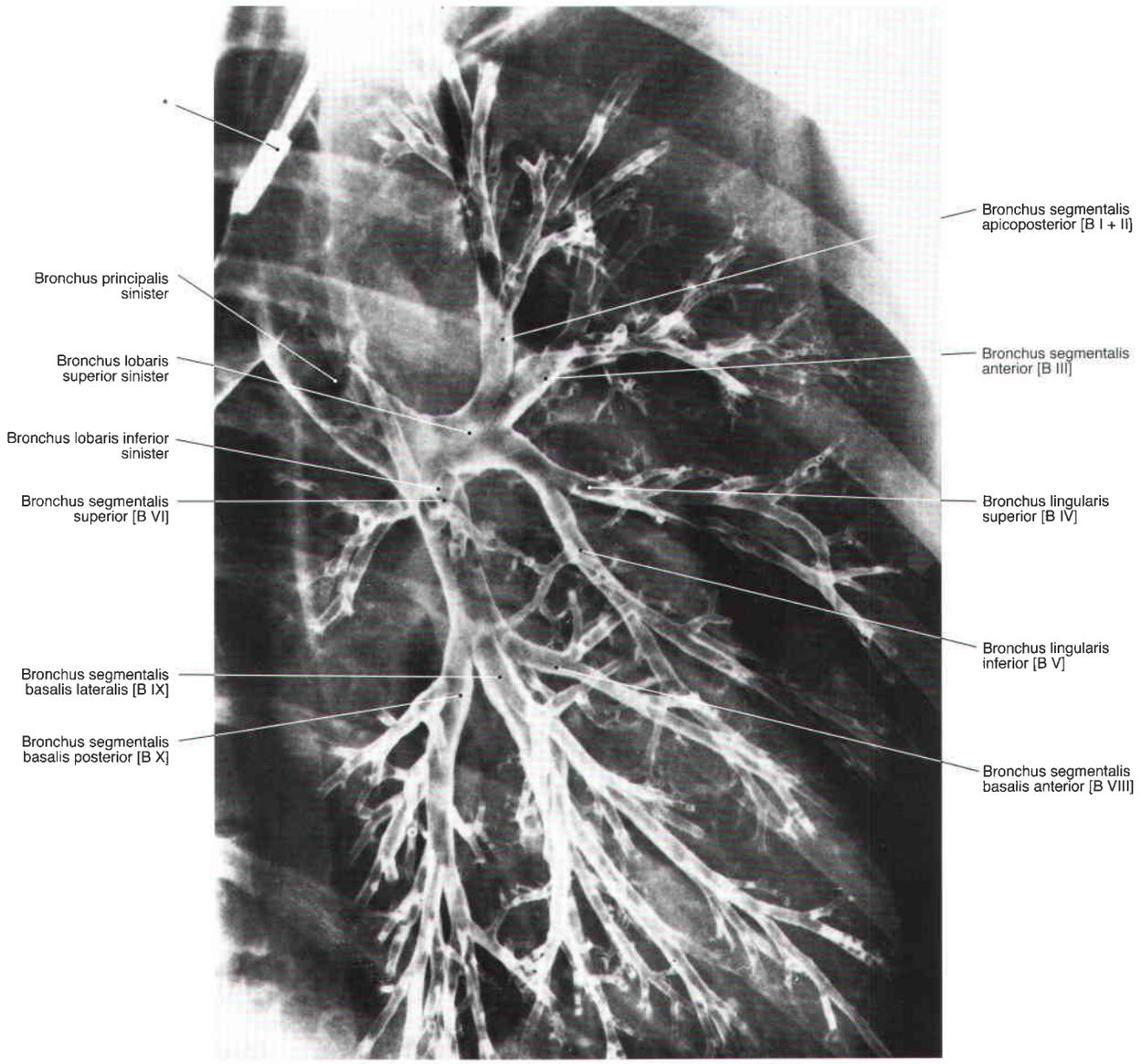


Fig. 912 Bronchi, Bronchi;
AP-radiograph; bronchography of the left lung.
* Bronchography catheter in the trachea

Lungs

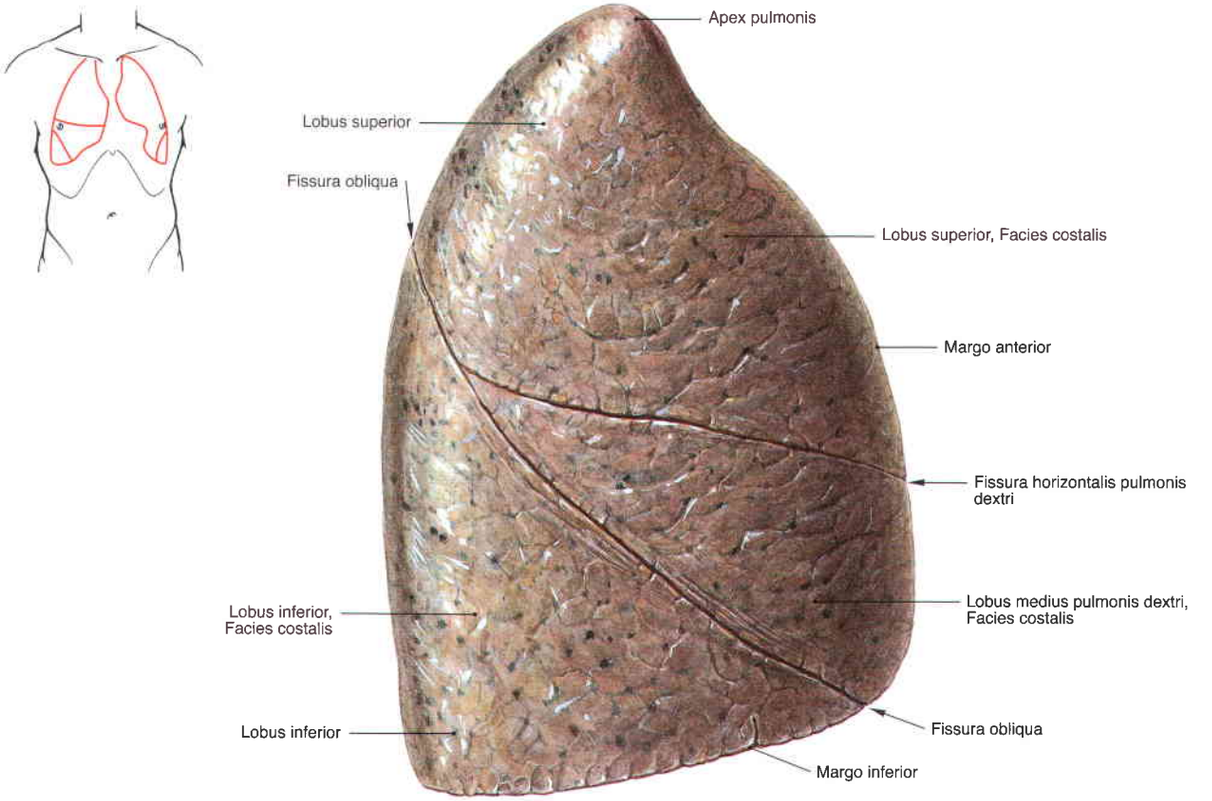


Fig. 913 Right lung, Pulmo dexter; lateral view.

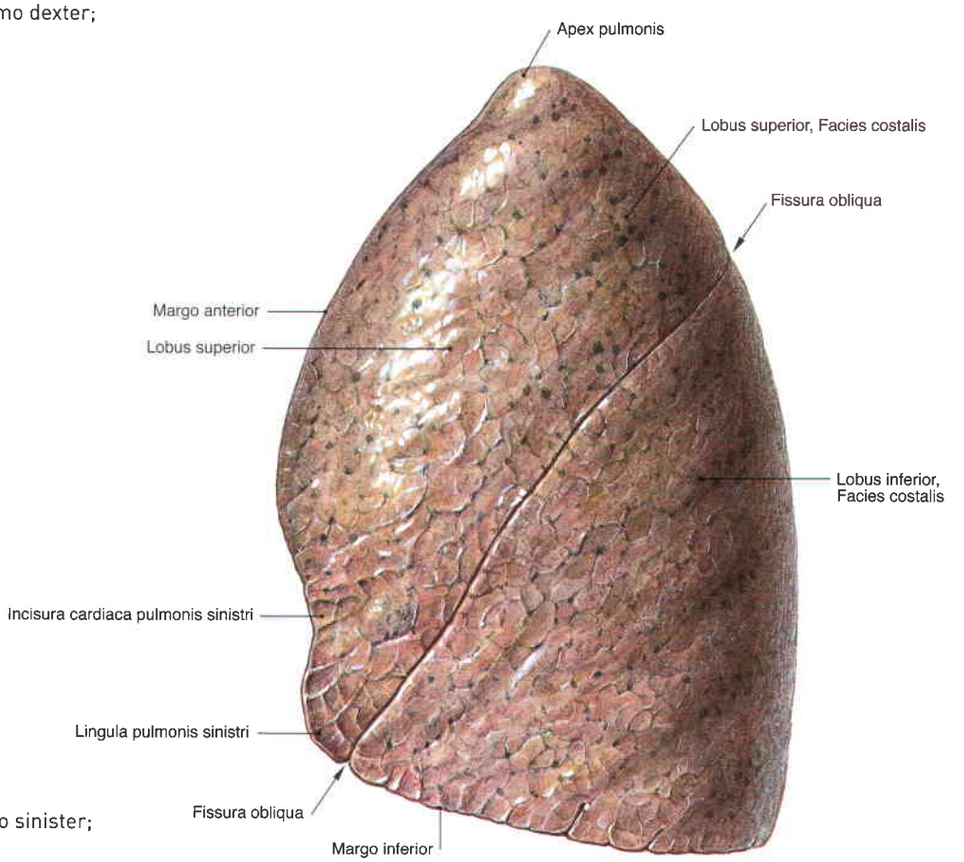


Fig. 914 Left lung, Pulmo sinister; lateral view.

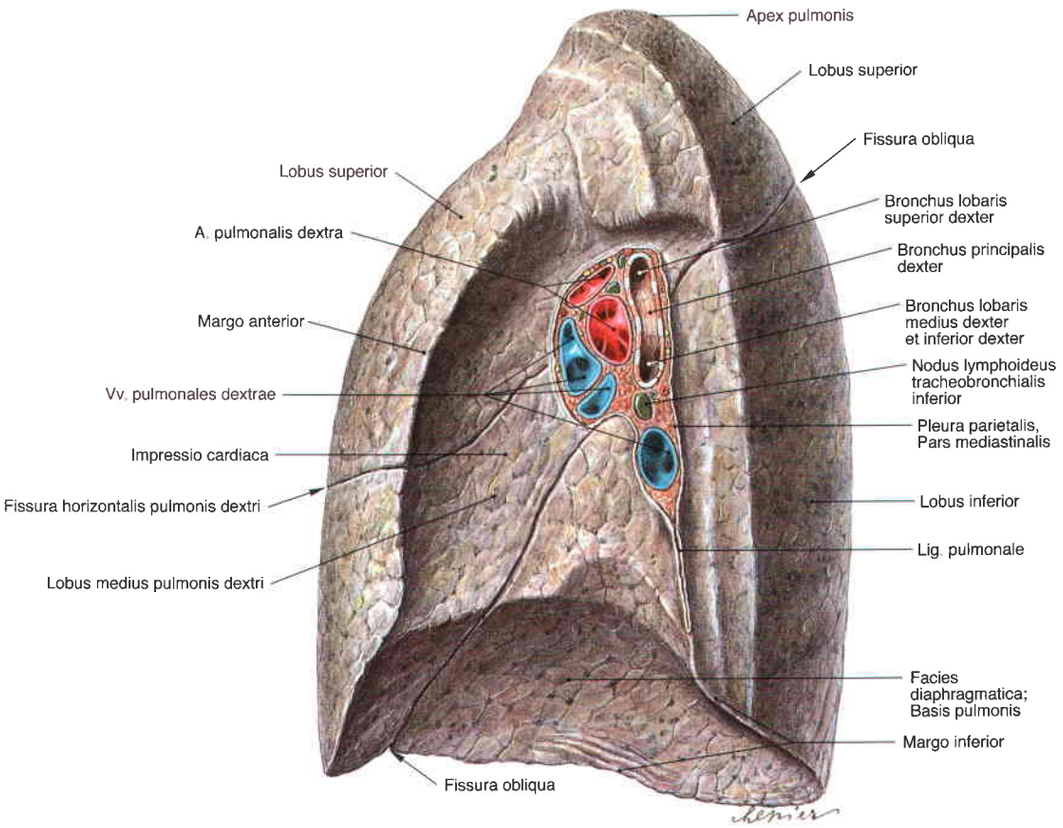


Fig. 915 Right lung, Pulmo dexter; sagittal section at the plane of the hilum of the lung; medial view.

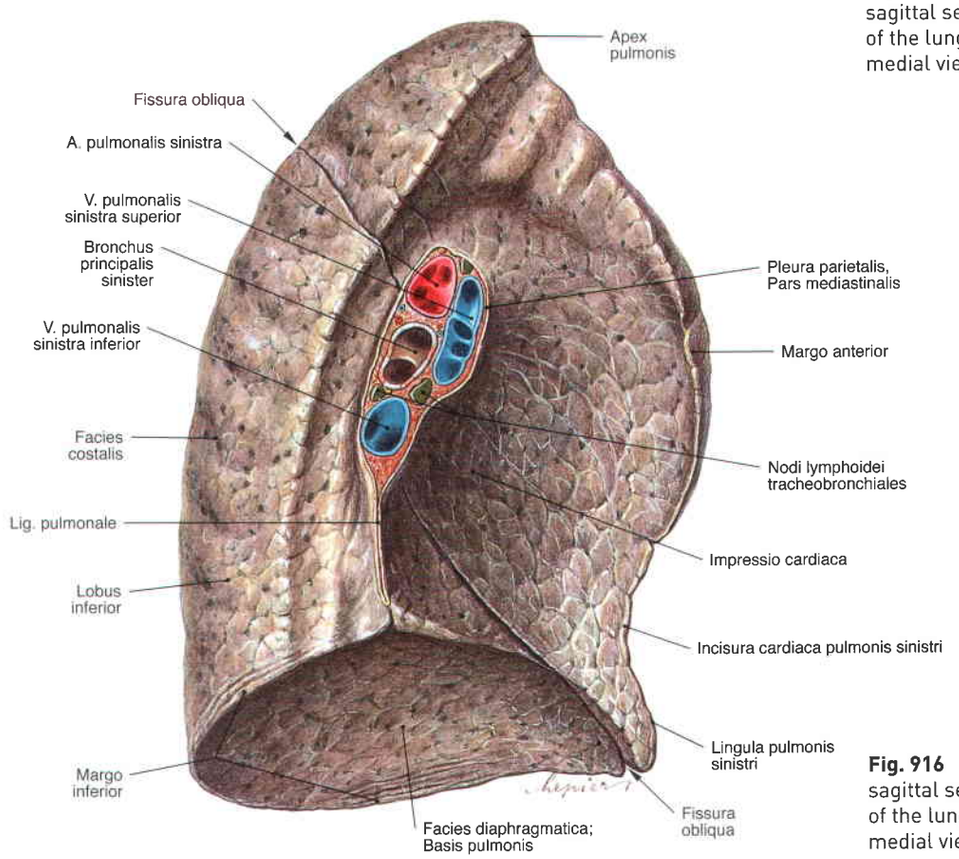
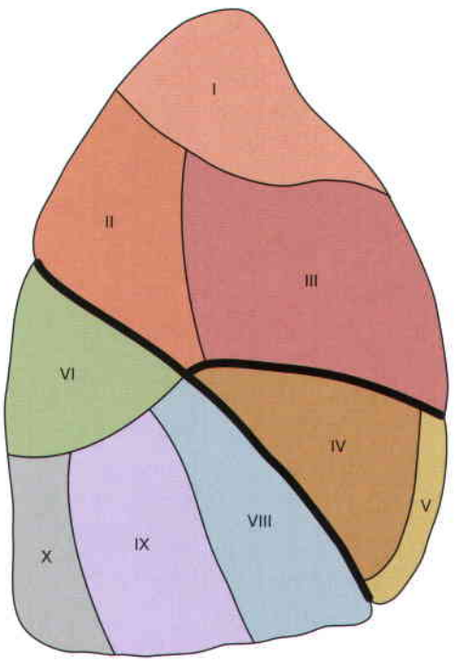


Fig. 916 Left lung, Pulmo sinister; sagittal section at the plane of the hilum of the lung; medial view.

Bronchopulmonary segments



Pulmo dexter

Pulmo dexter, Lobus superior

- Segmentum apicale [S I]
- Segmentum posterius [S II]
- Segmentum anterius [S III]

Pulmo dexter, Lobus medius

- Segmentum laterale [S IV]
- Segmentum mediale [S V]

Pulmo dexter, Lobus inferior

- Segmentum superius [S VI]
- Segmentum basale mediale [cardiacum] [S VII]*
- Segmentum basale anterius [S VIII]
- Segmentum basale laterale [S IX]
- Segmentum basale posterius [S X]

* This segment is generally not an independent segment, but rather fused with the anterior basal segment [S VIII].

Fig. 917 Right lung, Pulmo dexter; bronchopulmonary segments, Segmenta bronchopulmonalia; lateral view.

Pulmo sinister

Pulmo sinister, Lobus superior

- Segmentum apicoposterius [S I + II]
- Segmentum anterius [S III]
- Segmentum lingulare superius [S IV]
- Segmentum lingulare inferius [S V]

Pulmo sinister, Lobus inferior

- Segmentum superius [S VI]
- Segmentum basale mediale [cardiacum] [S VII]*
- Segmentum basale anterius [S VIII]
- Segmentum basale laterale [S IX]
- Segmentum basale posterius [S X]

* This segment is generally not an independent segment, but rather fused with the anterior basal segment [S VIII].

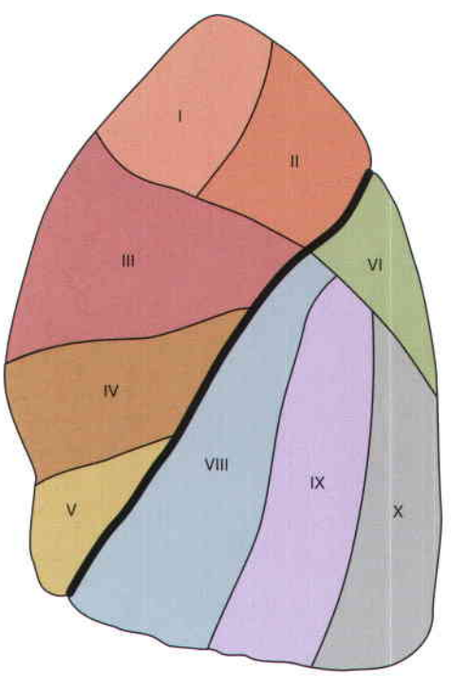


Fig. 918 Left lung, Pulmo sinister; bronchopulmonary segments, Segmenta bronchopulmonalia; lateral view.

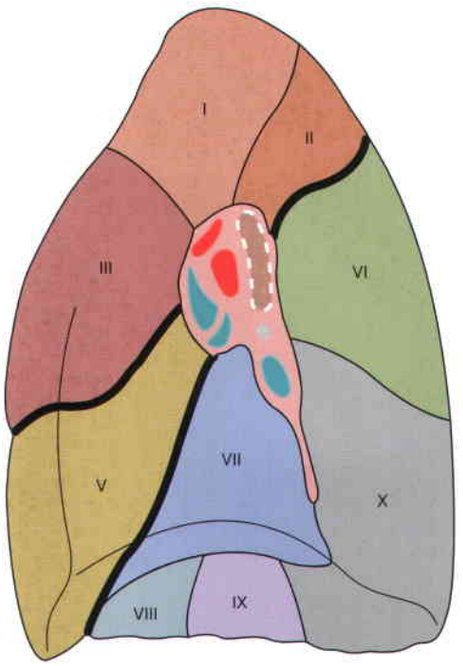


Fig. 919 Right lung, Pulmo dexter; bronchopulmonary segments, Segmenta bronchopulmonalia; medial view.

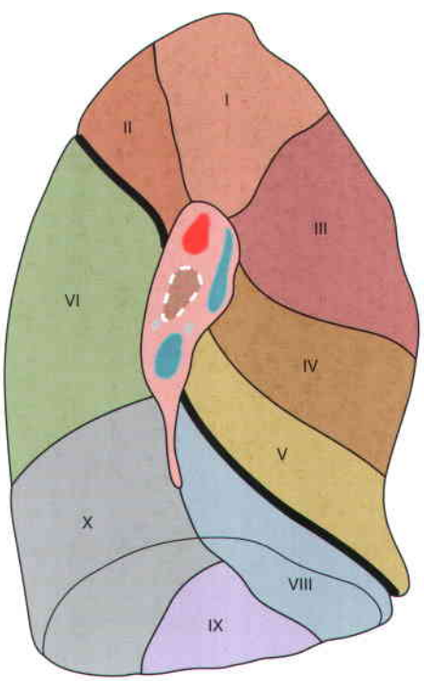


Fig. 920 Left lung, Pulmo sinister; bronchopulmonary segments, Segmenta bronchopulmonalia; medial view.

Lungs, structure

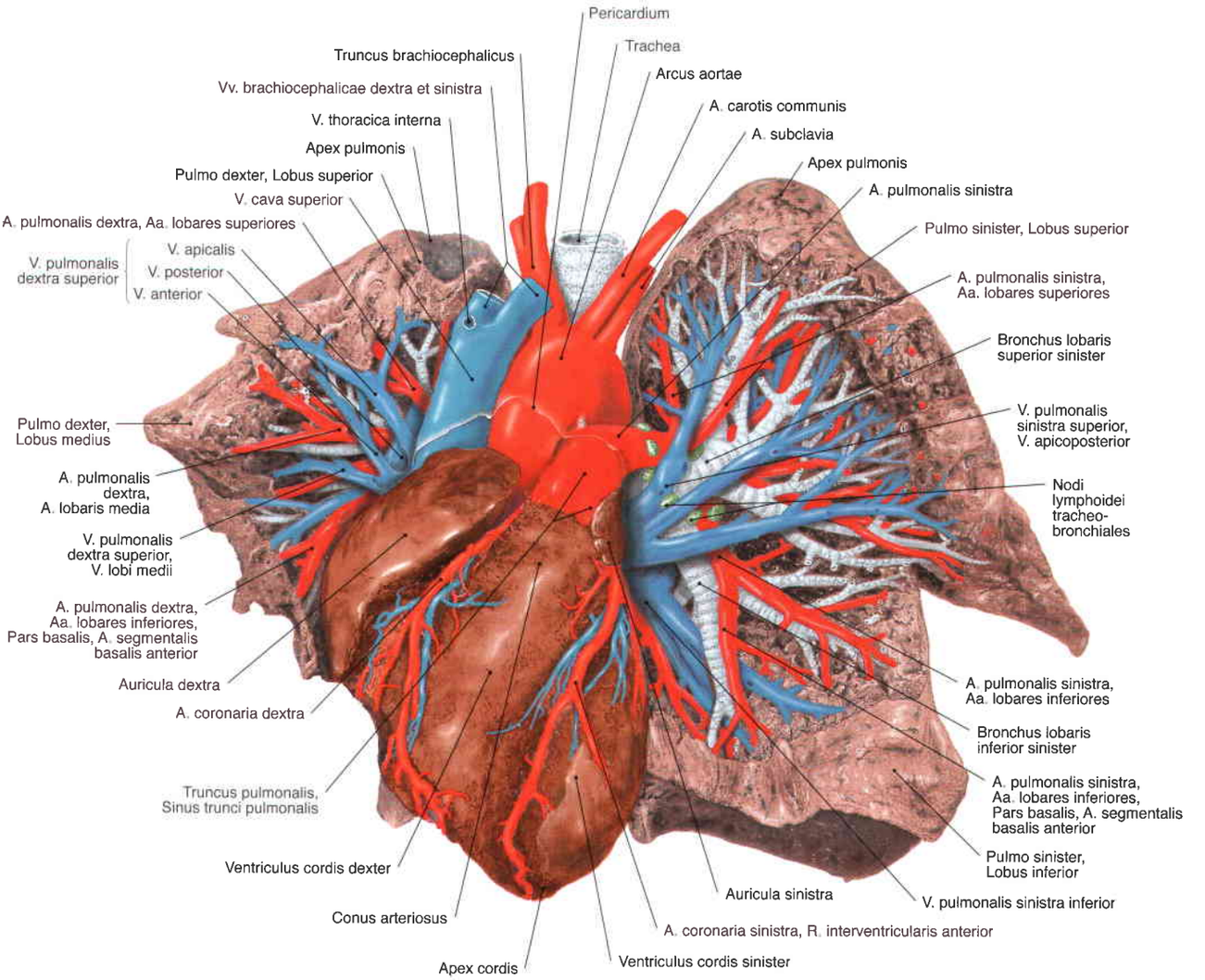


Fig. 921 Lungs, Pulmones, and heart, Cor; the arteries, the veins and the bronchi have been dissected up to the external surface of the lungs.

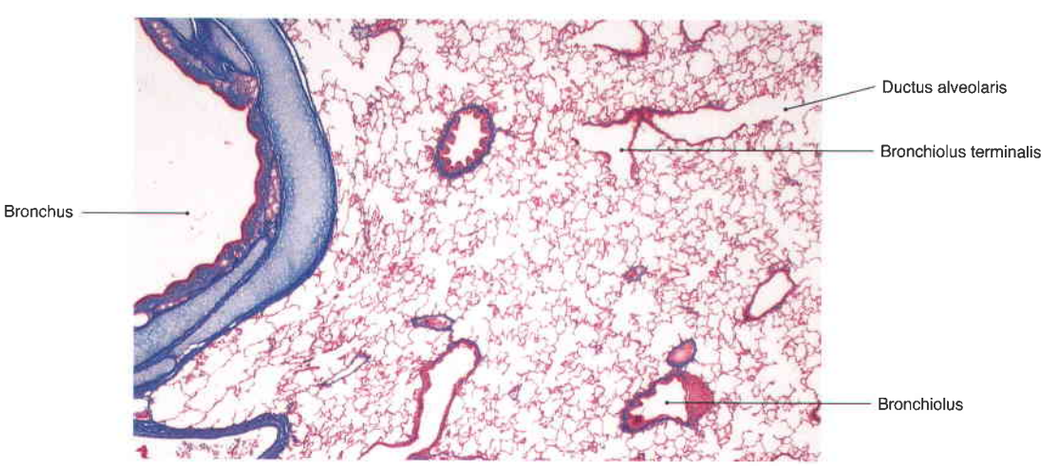


Fig. 922 Lung, Pulmo; overview of the lung structure; microscopic enlargement at low magnification.

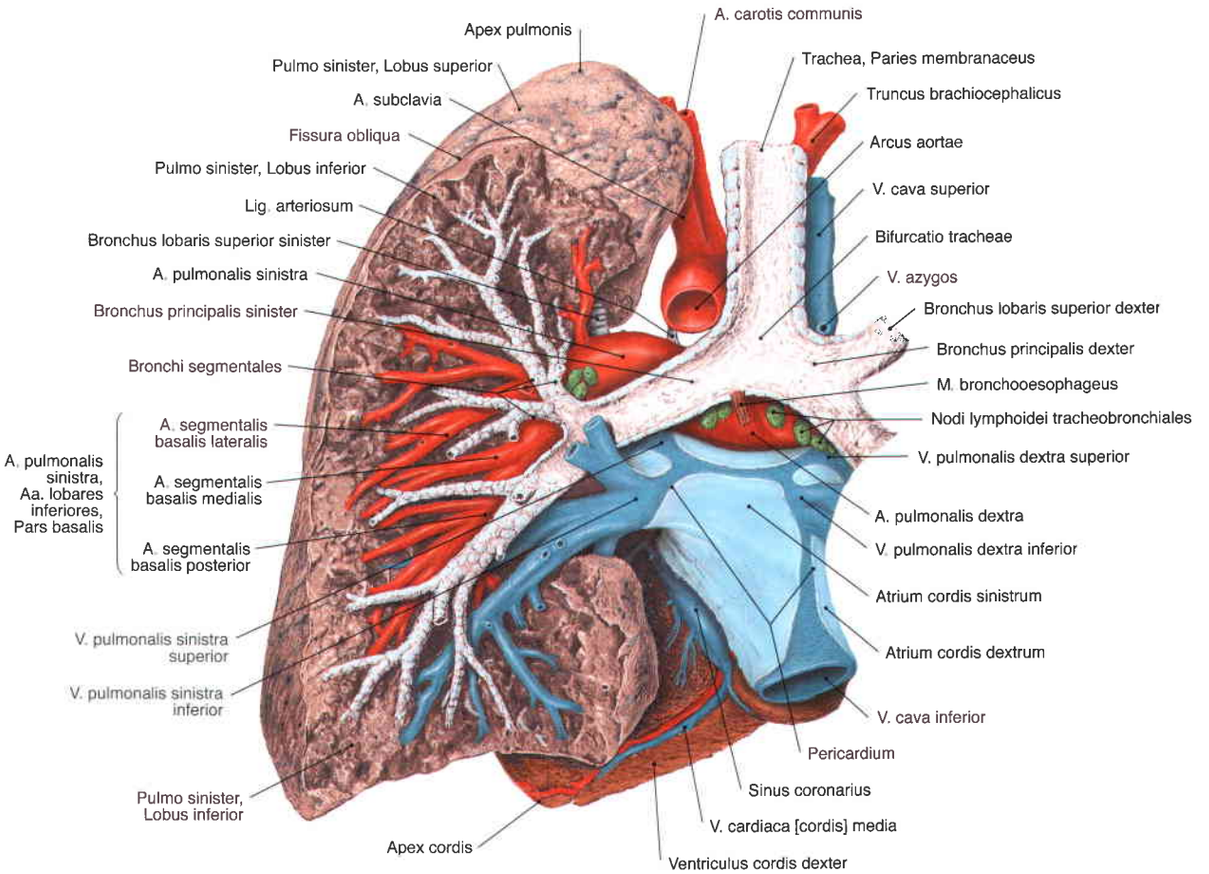


Fig. 923 Vessels of the left lung, Pulmo sinister; dorsal view.

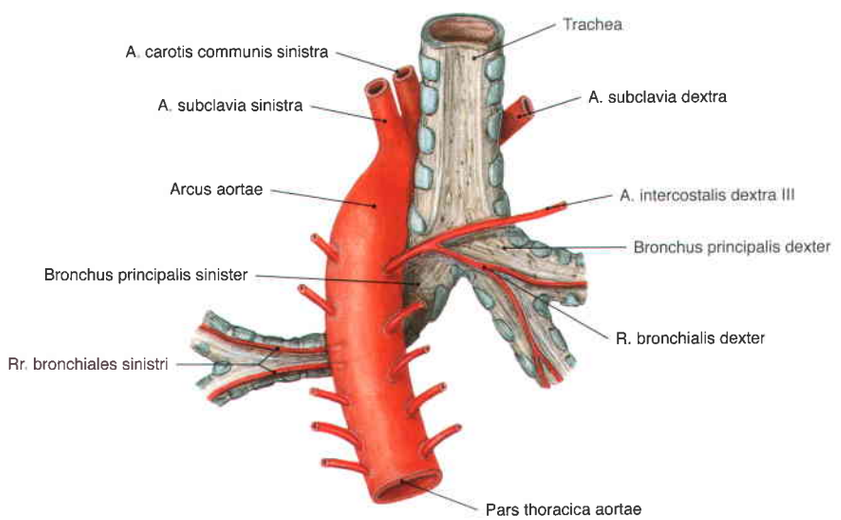


Fig. 924 Bronchi, Bronchi; arterial supply.

Vessels of the lung, radiography

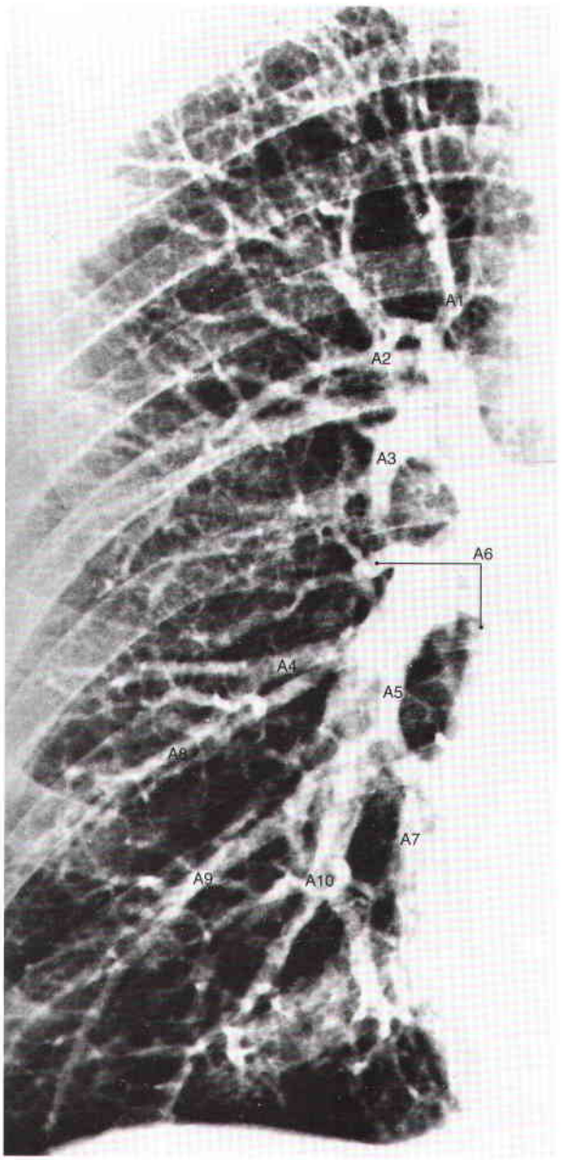


Fig. 925 Arteries of the right lung,
Aa. pulmonales dextrae;
AP-radiograph (pulmonary angiography); after injection of a contrast medium into the right ventricle;
ventral view.
The numbers designate the segmental arteries (compare p. 96).

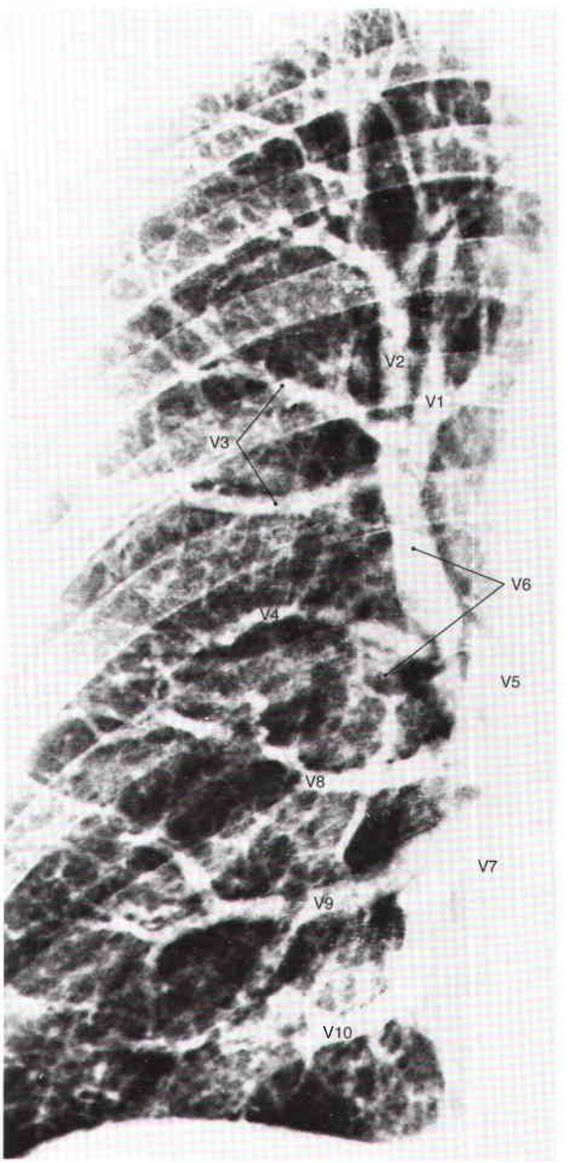


Fig. 926 Veins of the right lung,
Vv. pulmonales dextrae;
AP-radiograph (return via pulmonary veins of the contrast medium injected into the right ventricle);
ventral view.
Numbers indicate the segmental veins (compare p. 96).

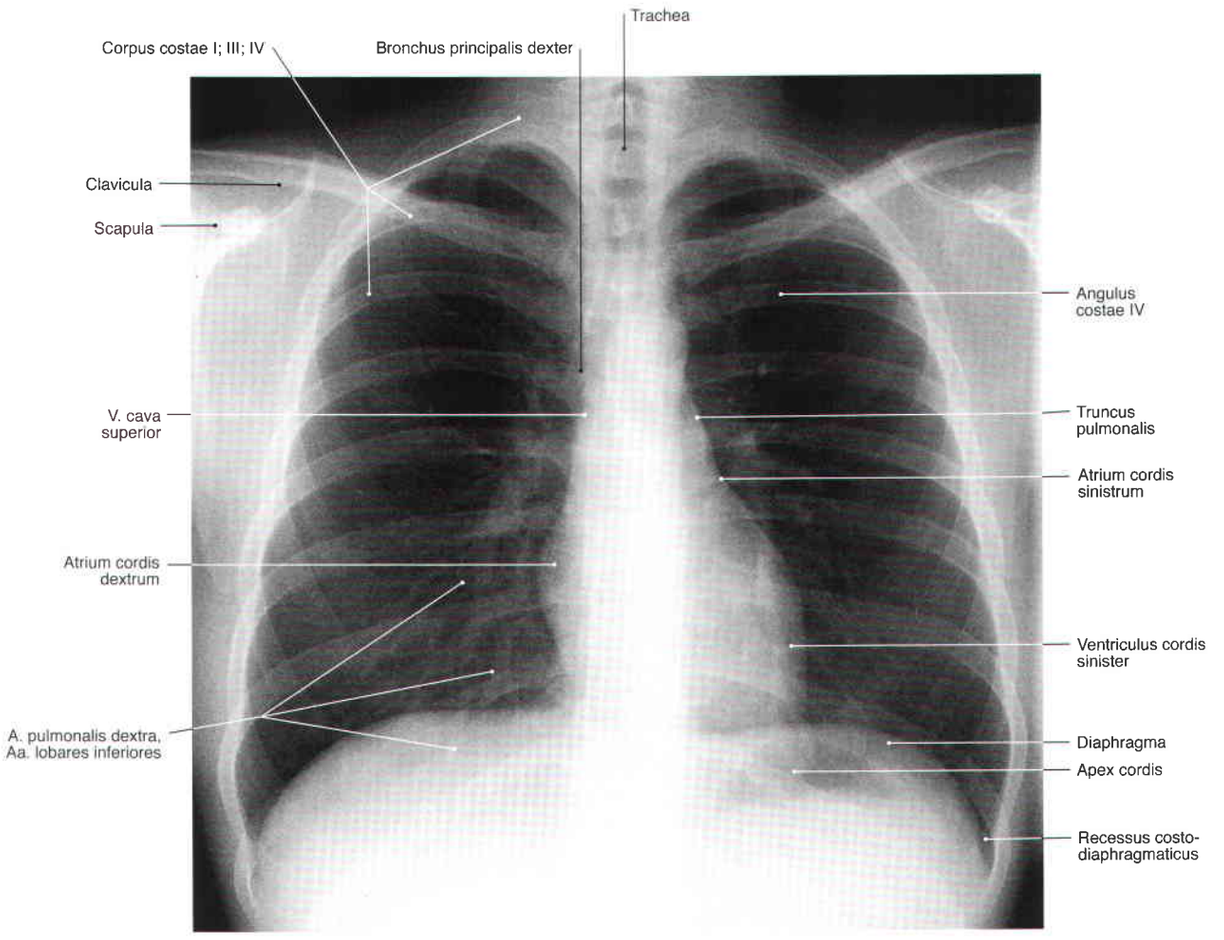


Fig. 927 Thoracic cage, Cavea thoracis, and thoracic viscera; PA-radiograph of a 27-year-old male (thorax radiograph).

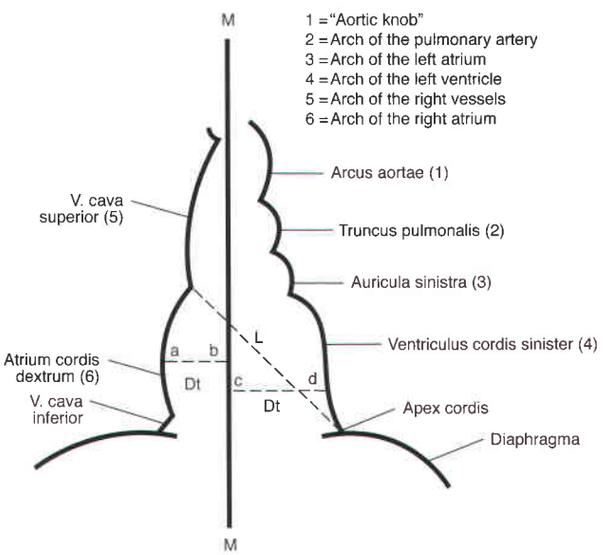


Fig. 928 Outline of the heart shadow in the radiograph;
Dt = Transverse diameter, ab + cd = 13–14 cm
L = Longitudinal axis of the heart (from the superior border of the right atrial contour to the apex of the heart) = 15–16 cm
M = Median plane of the body

Bronchoscopy

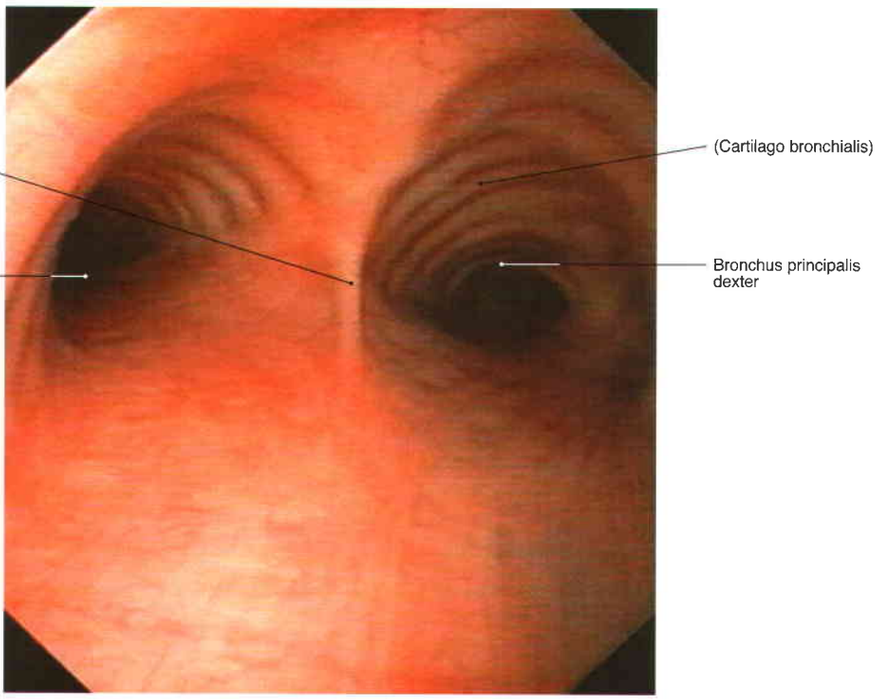


Fig. 929 Bronchi, Bronchi;
bronchoscopy of a healthy individual displaying the tracheal bifurcation and the carina of trachea.

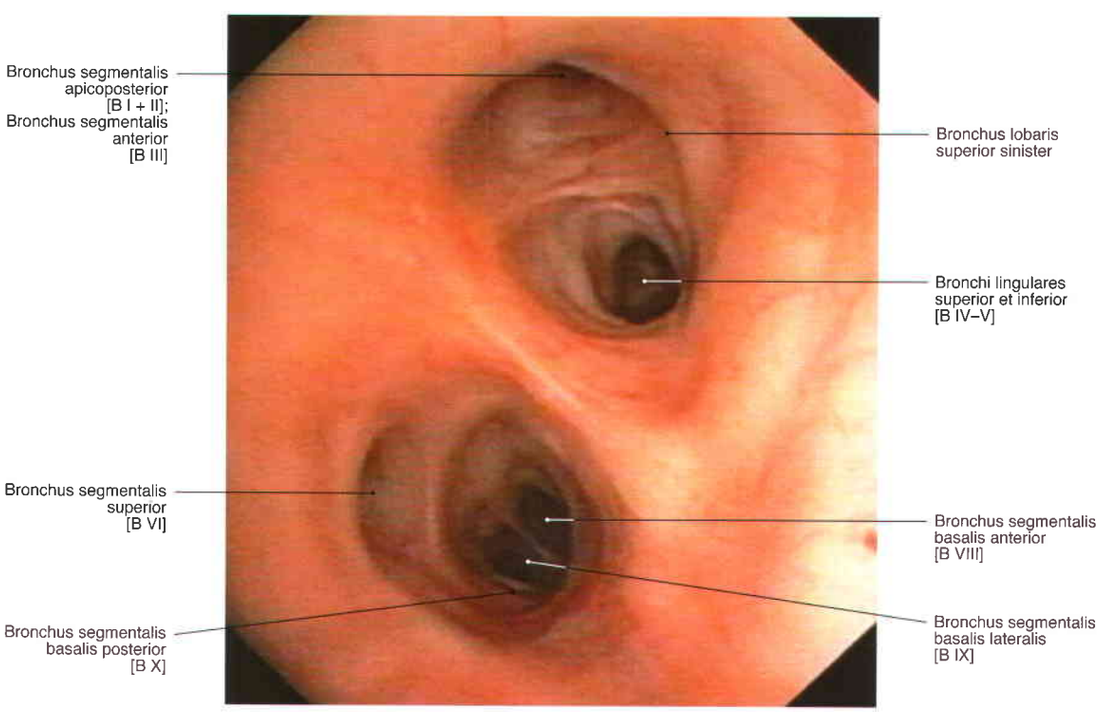


Fig. 930 Bronchi, Bronchi;
bronchoscopic view of the left segmental bronchi.

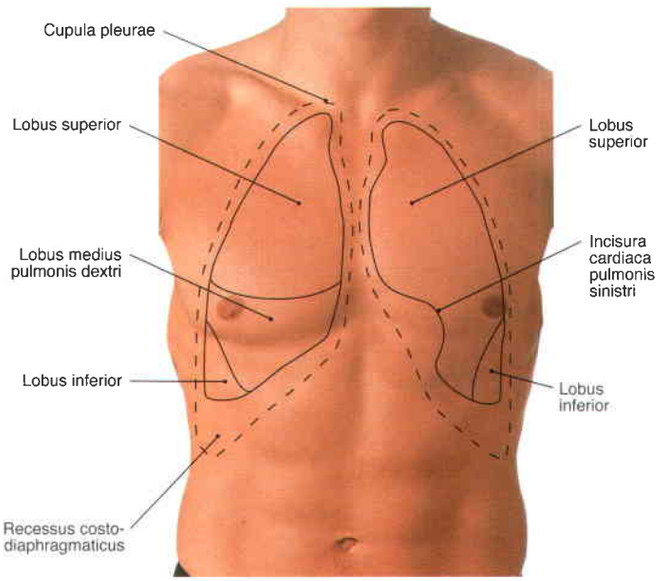


Fig. 931 Projection of the pulmonary and the pleural borders onto the anterior thoracic wall.

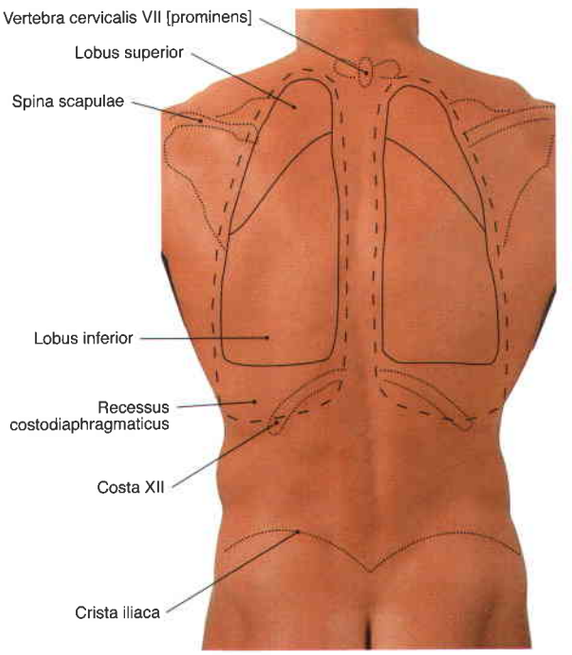


Fig. 932 Projection of the pulmonary and the pleural borders onto the posterior thoracic wall.

Borders of the lungs – line
Borders of the pleura – dashed line

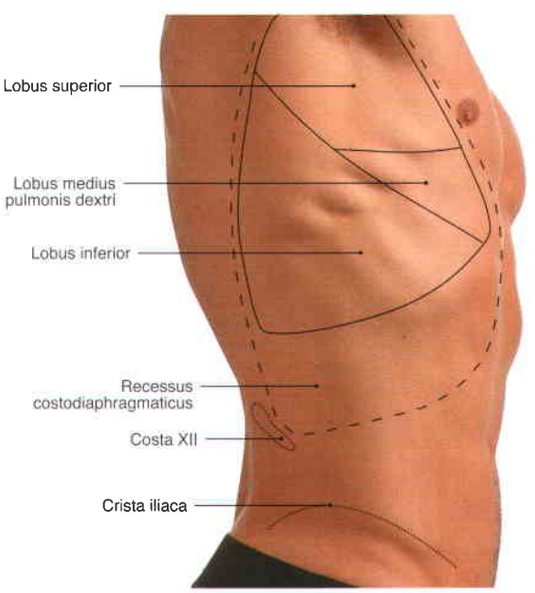


Fig. 933 Projection of the pulmonary and the pleural borders onto the lateral thoracic wall.

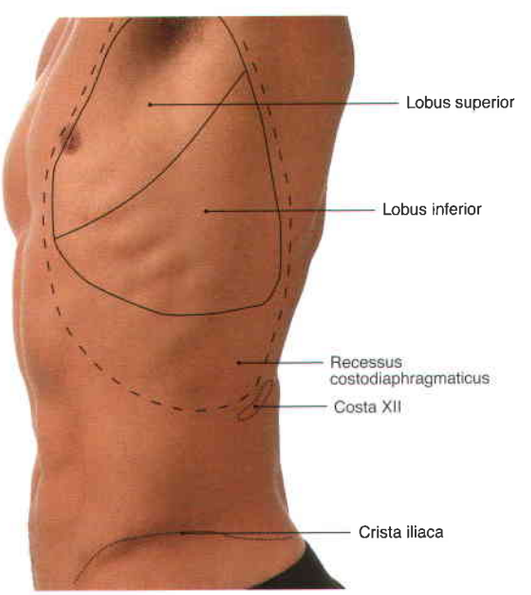


Fig. 934 Projection of the pulmonary and the pleural borders onto the lateral thoracic wall.

Oesophagus

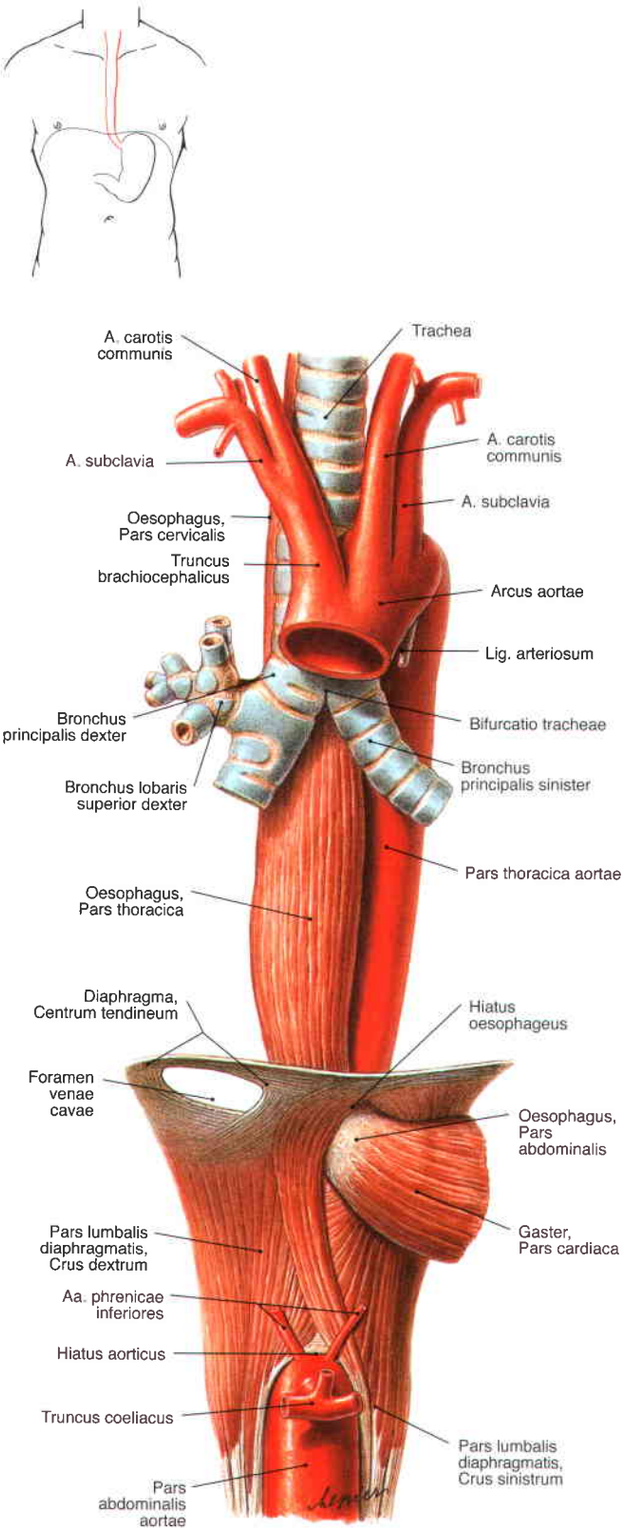


Fig. 935 Oesophagus, Oesophagus; trachea, Trachea, and the thoracic aorta, Pars thoracica aortae; ventral view.

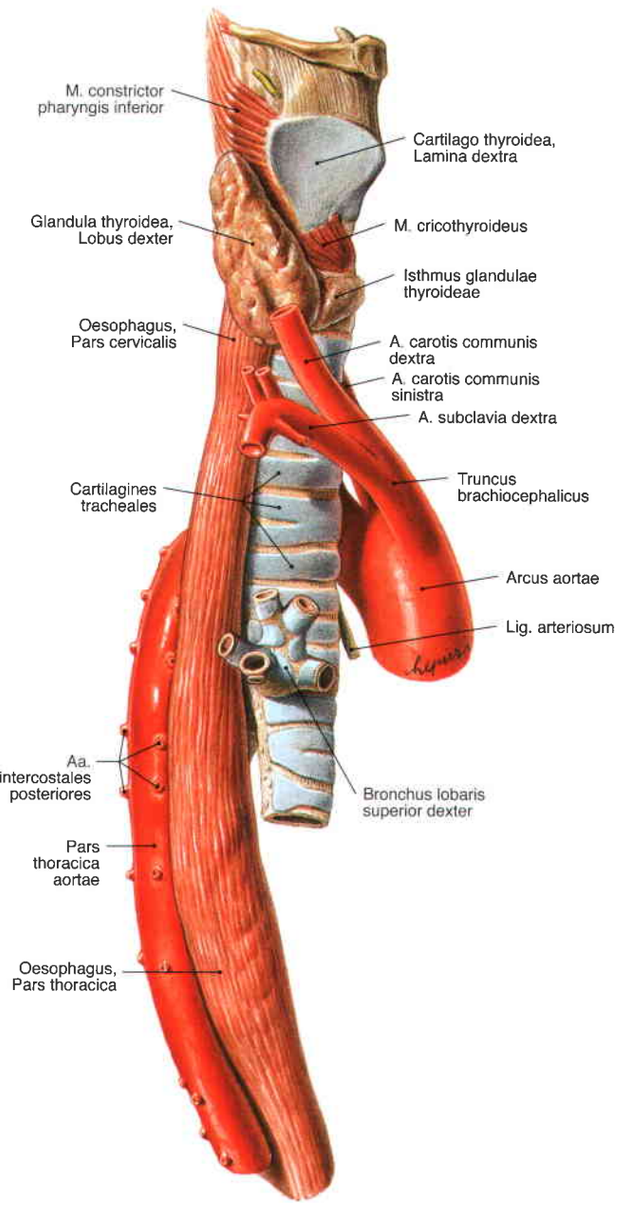


Fig. 936 Oesophagus, Oesophagus; trachea, Trachea, and the thoracic aorta, Pars thoracica aortae; viewed from the right.

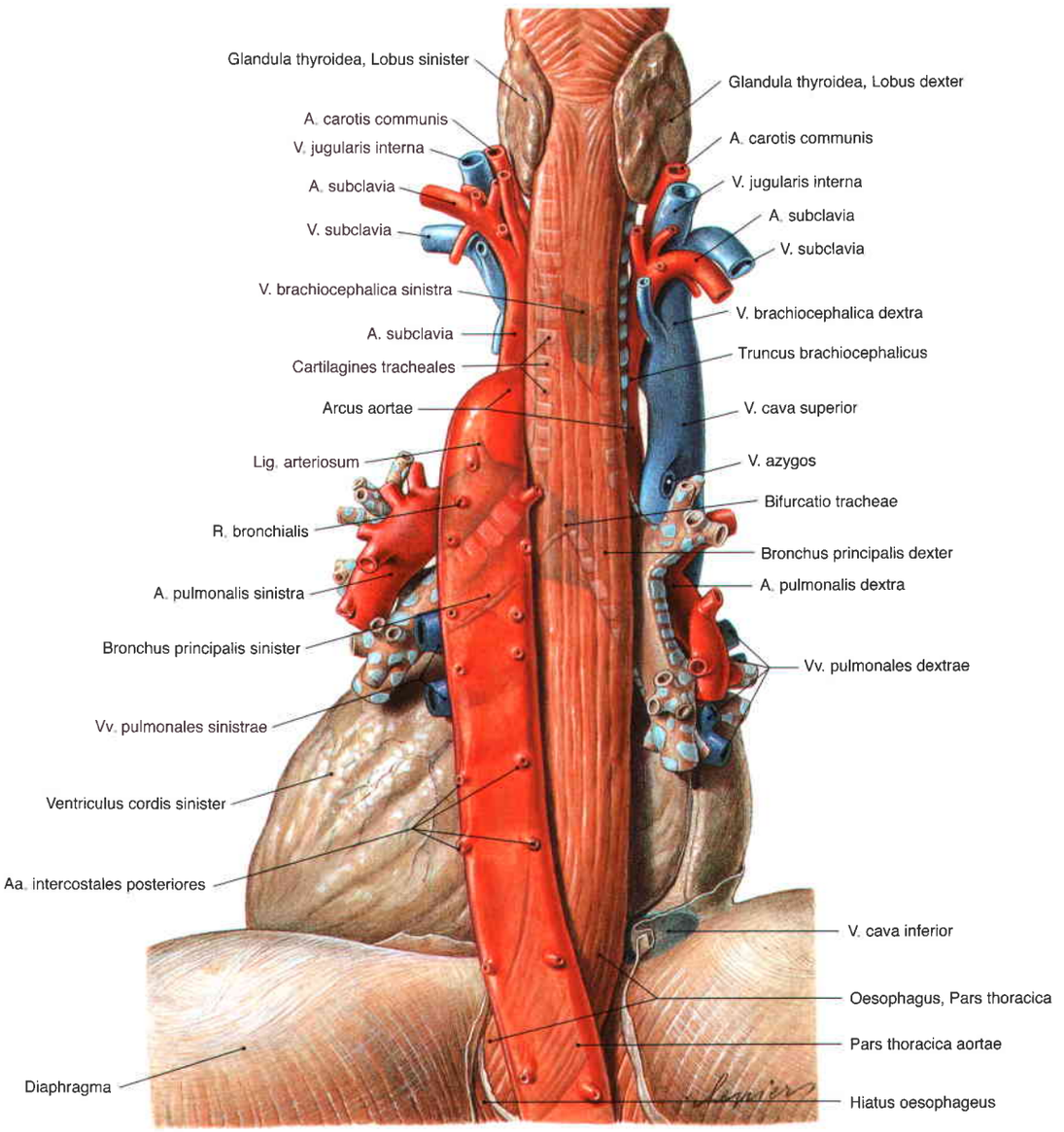


Fig. 937 Oesophagus, Oesophagus, and the thoracic aorta, Pars thoracica aortae; dorsal view.

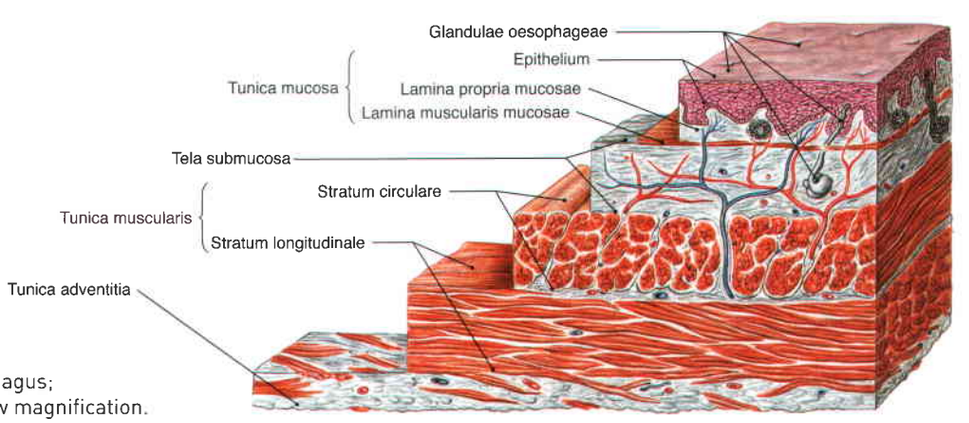


Fig. 938 Oesophagus, Oesophagus; microscopic enlargement at low magnification.

Vessels of the oesophagus

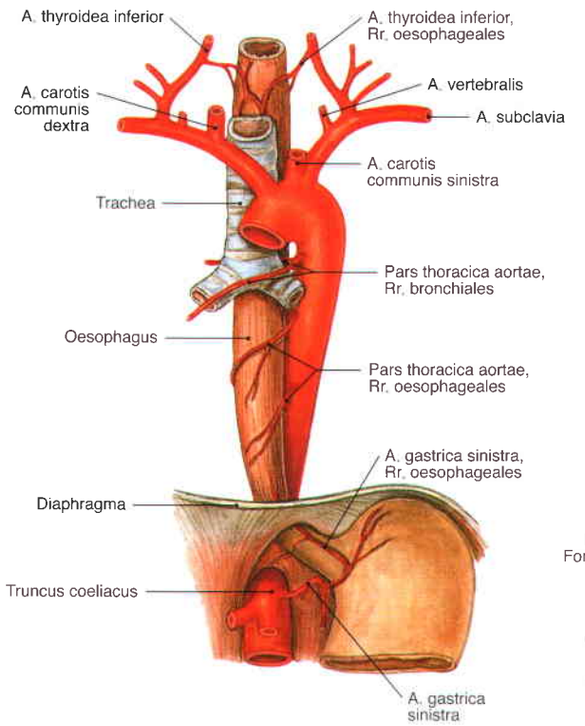


Fig. 939 Oesophagus, Oesophagus; supplying arteries; ventral view.

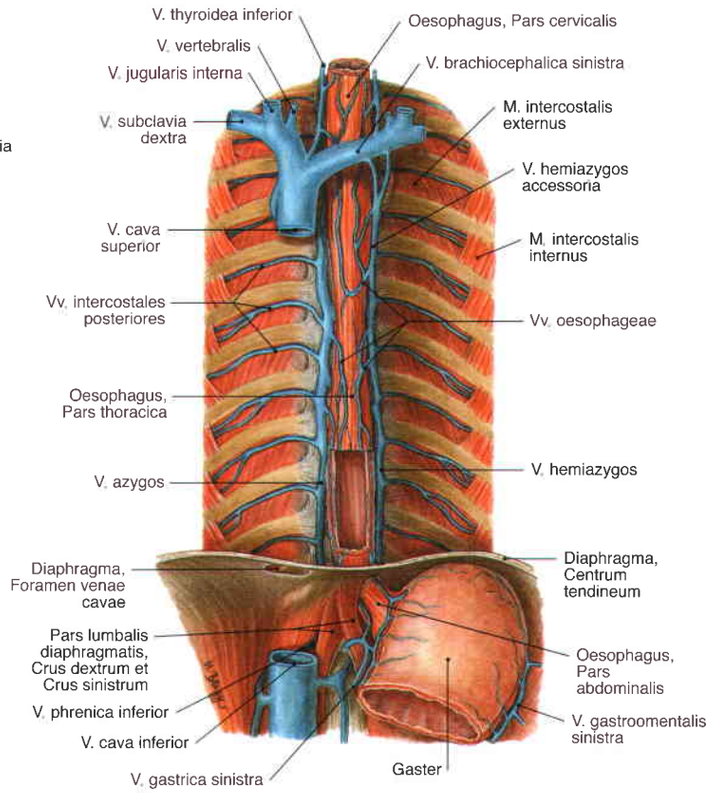
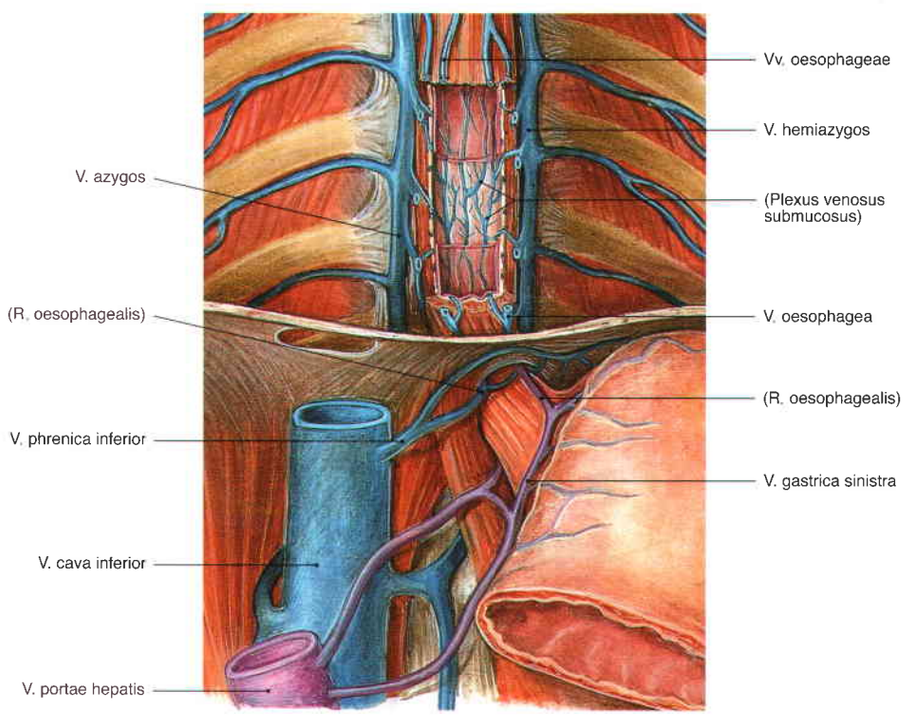


Fig. 940 Veins of the oesophagus, Vv. oesophageae.

→ 1077, 1078



→ 1078

Fig. 941 Veins of the oesophagus, Vv. oesophageae; magnification of Fig. 940; demonstration of anastomoses between branches of the hepatic portal vein and the superior vena cava.

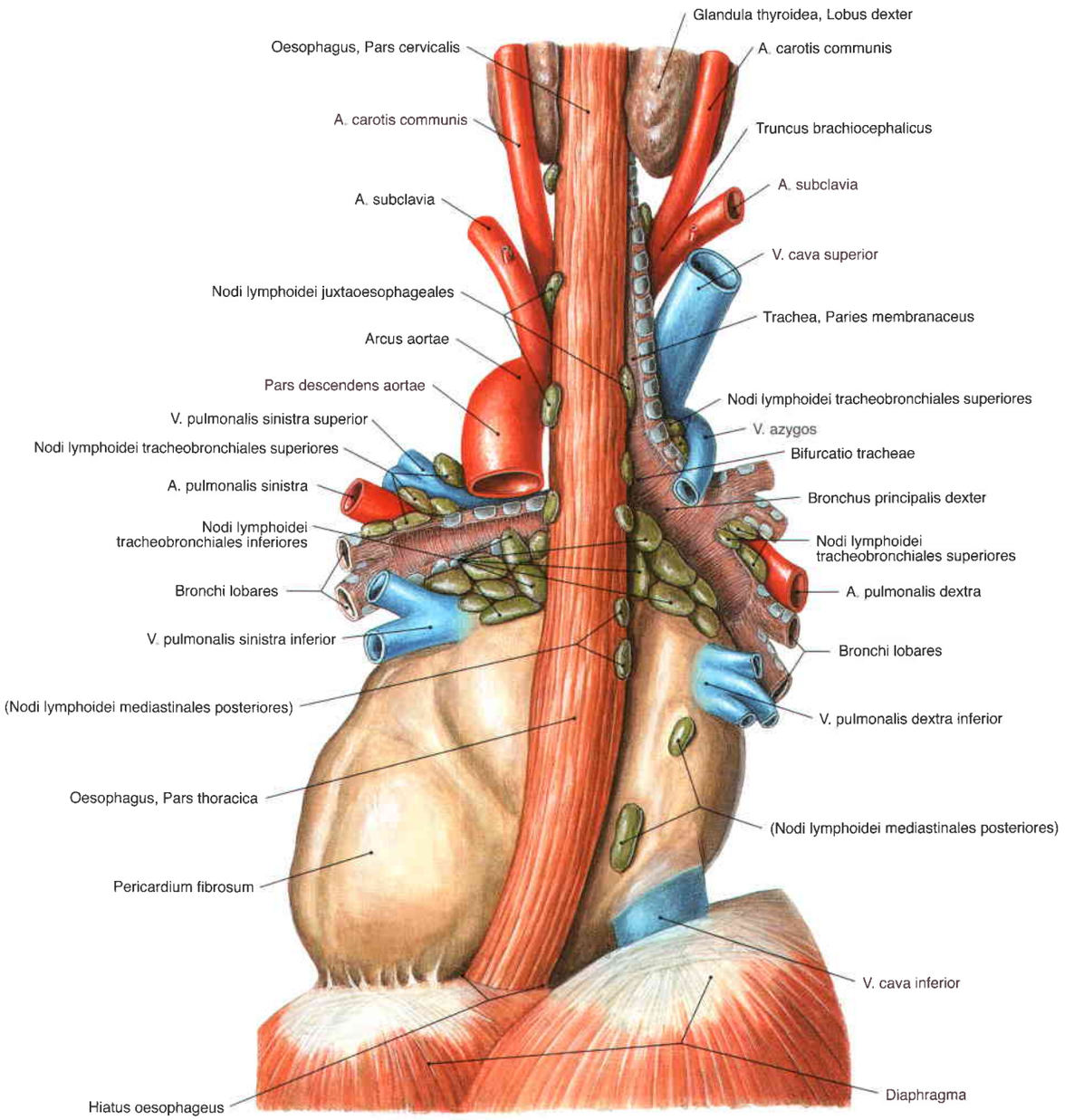


Fig. 942 Thoracic lymph nodes; Nodi lymphoidei thoracis; dorsal view.

Oesophagus, radiography and oesophagoscopy

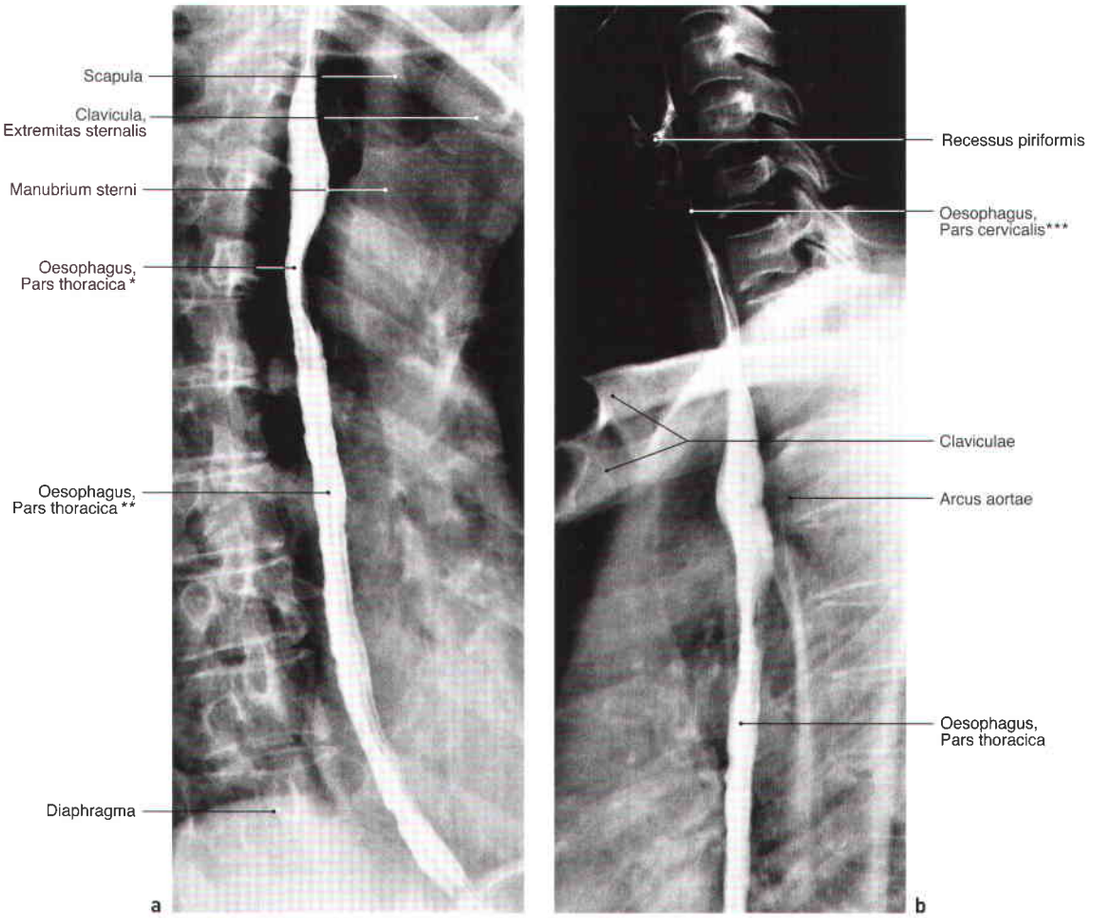


Fig. 943 a, b Oesophagus, Oesophagus; radiograph after swallowing of a contrast medium.
a Right anterior oblique position, oblique diameter I (beam directed from left anterior to right posterior)
b Left anterior oblique position, oblique diameter II (beam directed from right anterior to left posterior)

* Oesophageal constriction caused by the aortic arch
** Retrocardial portion of the oesophagus
*** Oesophageal constriction at the junction of the pharynx with the oesophagus

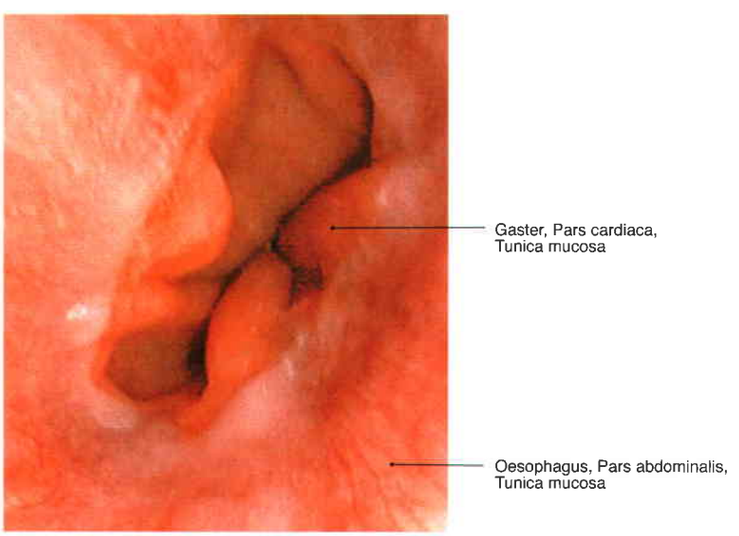


Fig. 944 Oesophagus, Oesophagus; oesophagoscopy (technical details see Fig. 986); superior view.

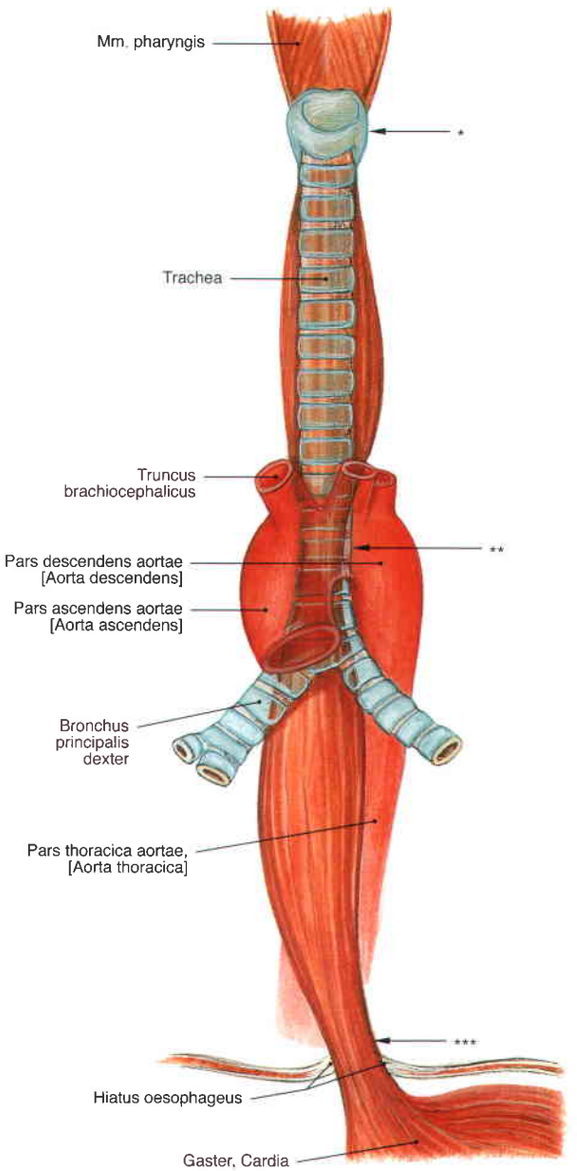


Fig. 945 Oesophagus, Oesophagus; constrictions.
* Upper oesophageal sphincter
** Narrowing caused by the aortic arch
*** Diaphragmatic constriction

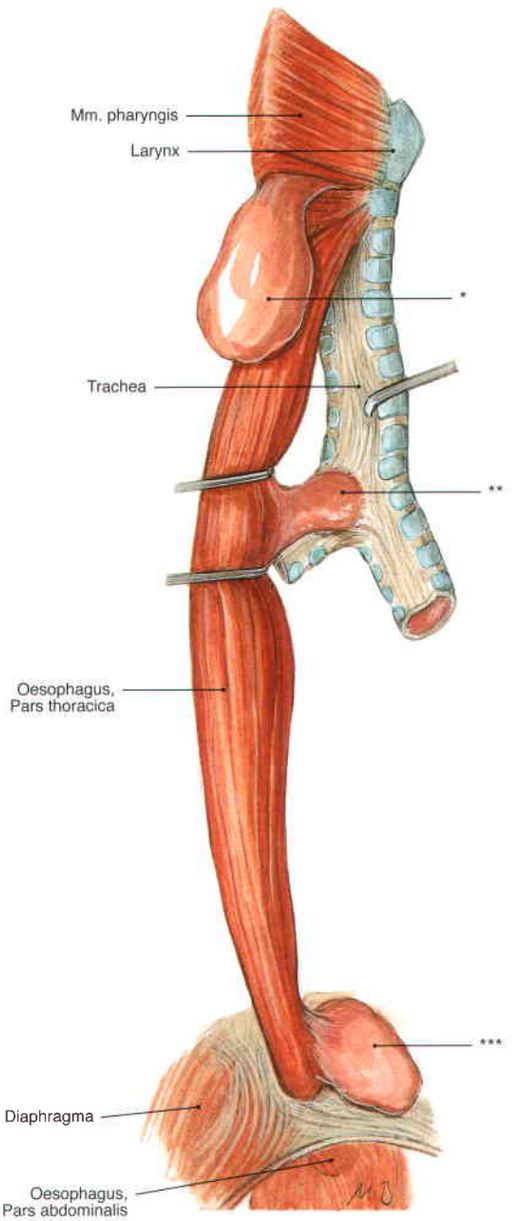
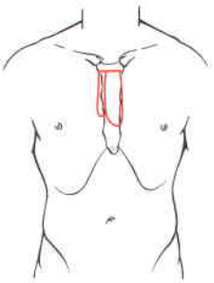
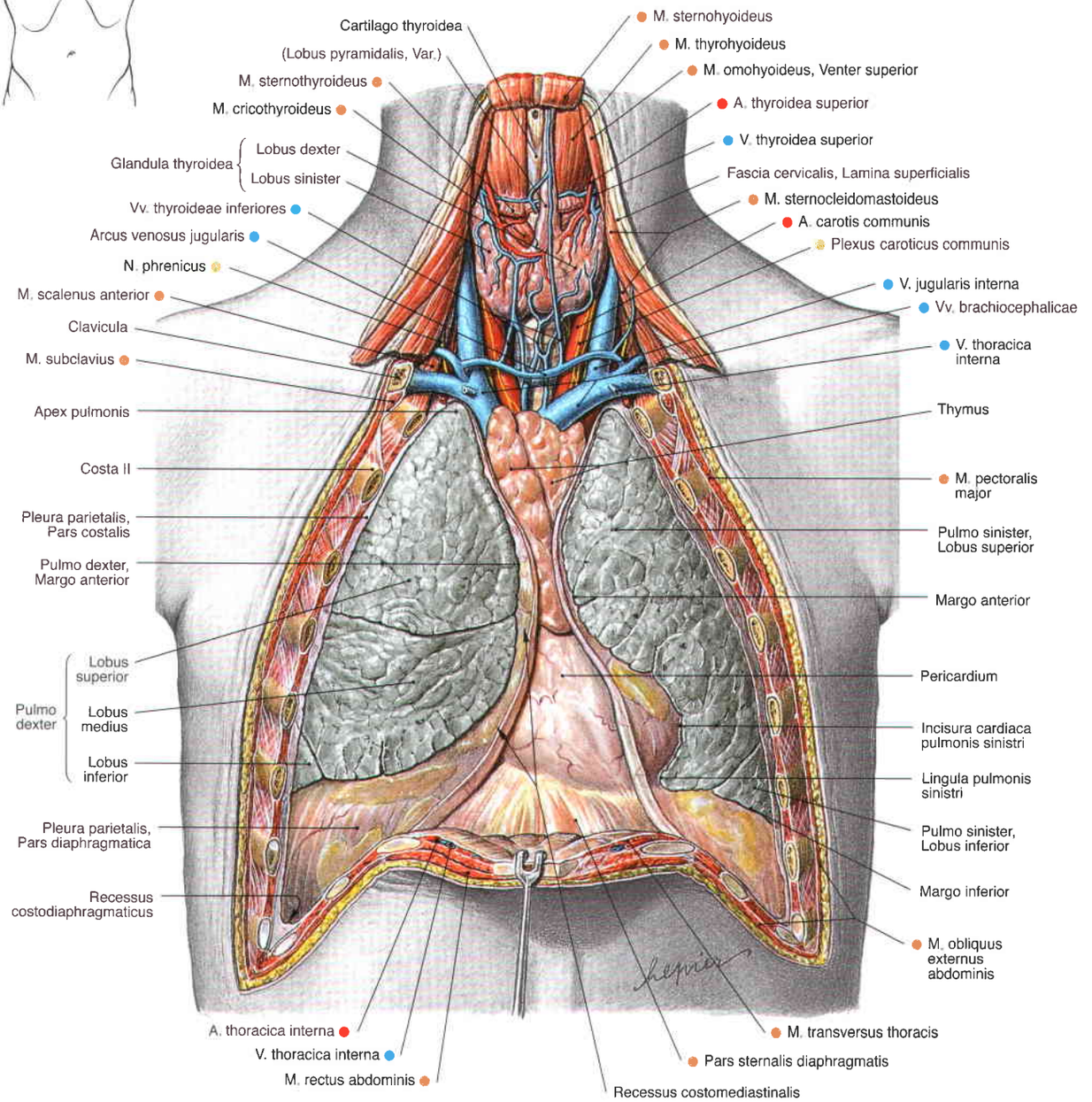


Fig. 946 Oesophagus, Oesophagus; typical location and frequency of diverticula.
* Cervical diverticulum (ZENKER's diverticulum), (~70%)
** Mid-oesophageal diverticulum (~22%)
*** Epiphrenic diverticulum (~8%)

Thymus





→ 1049

Fig. 947 Thymus, Thymus; pericardium, Pericardium, and lungs, Pulmones, of an adolescent.
Note the size of the adolescent thymus. In older individuals, the thymic tissue is almost entirely replaced by adipose tissue.

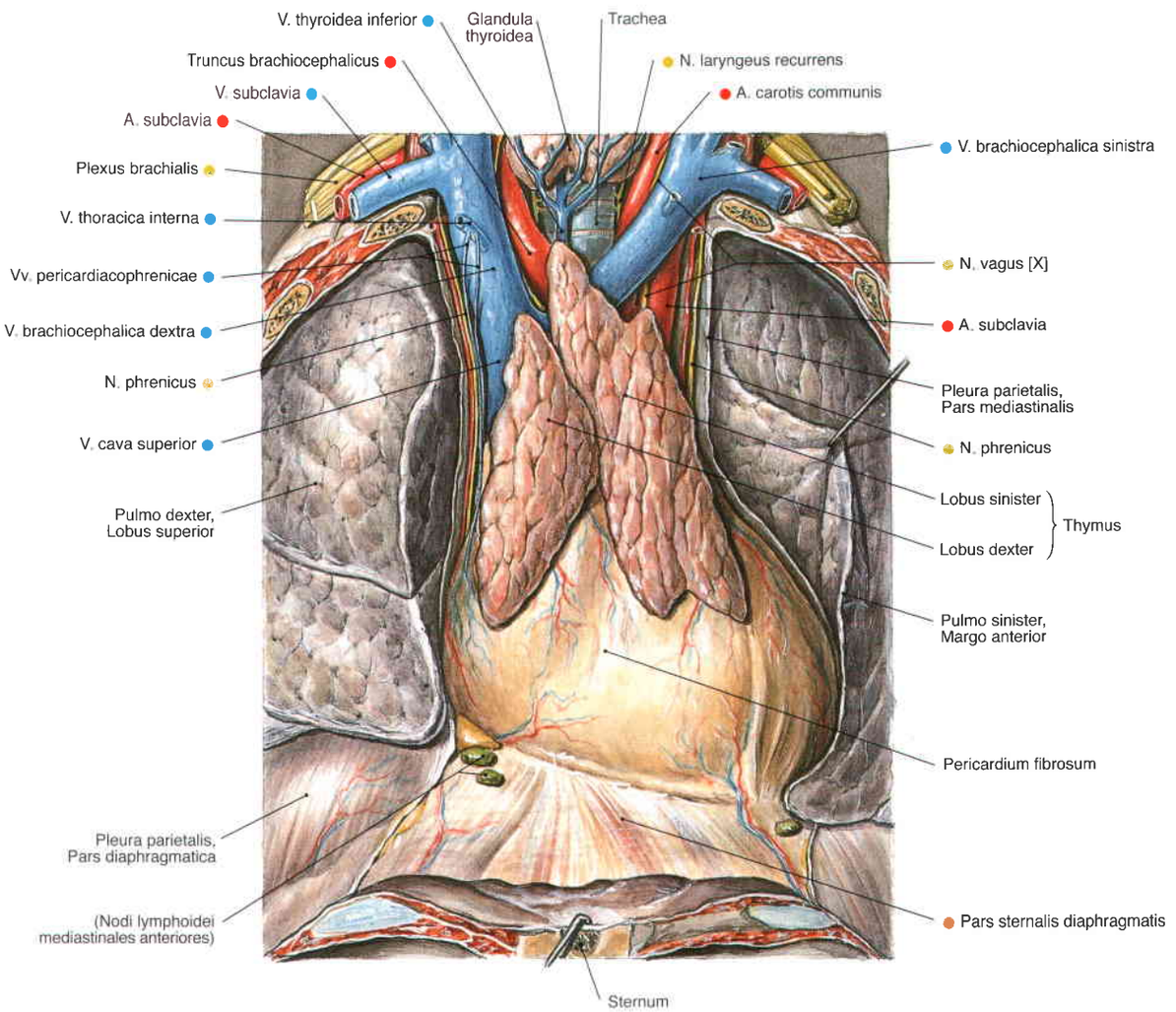


Fig. 948 Thymus, Thymus, of an adolescent.

→ 1049

Pleural cavity

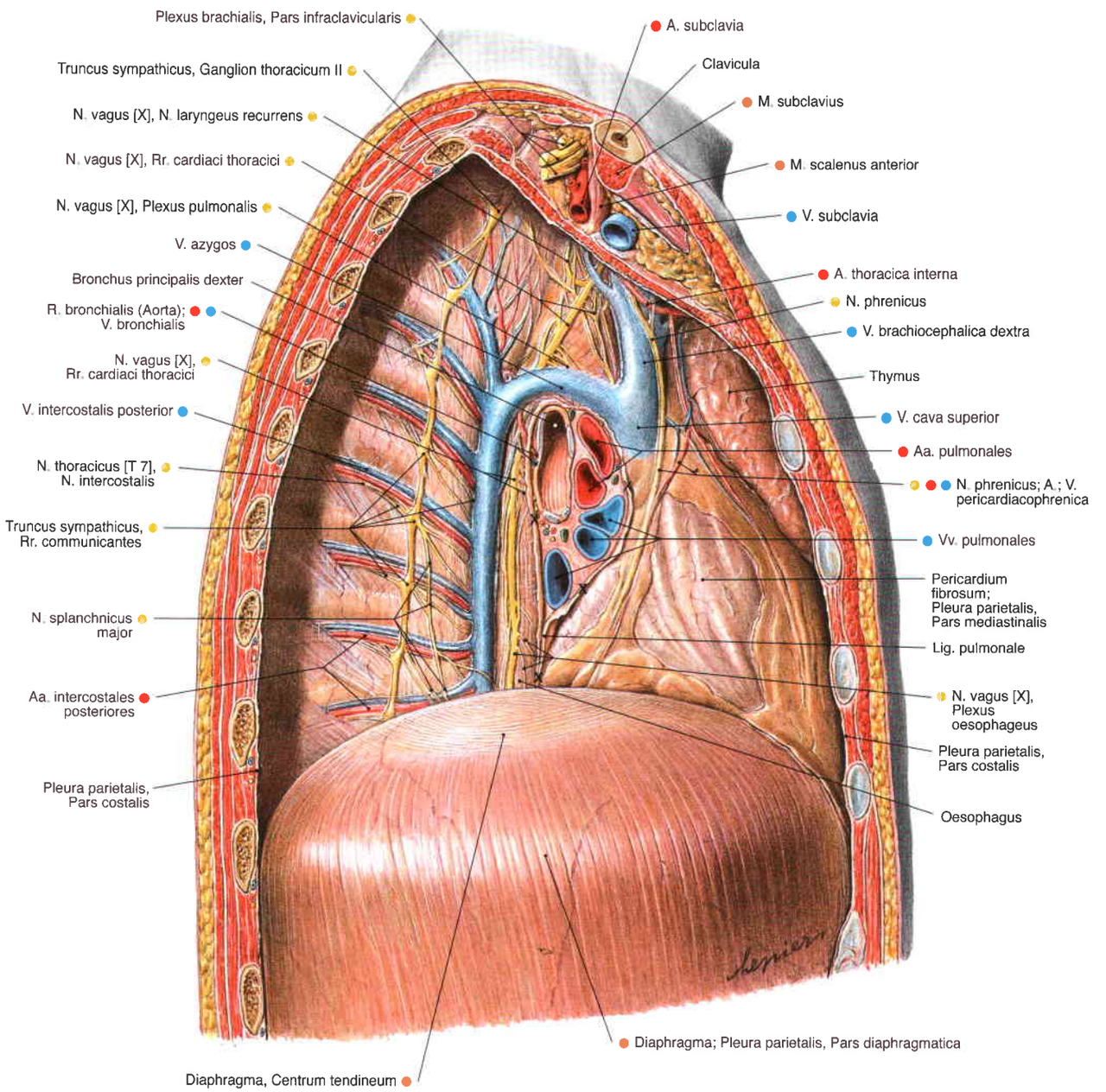


Fig. 949 Pleural cavity, Cavitas pleuralis, and mediastinum, Mediastinum, of an adolescent;
lateral thoracic wall and right lung have been removed; viewed from the right.
The x indicate the areas at the root of the lung and the pulmonary ligament, respectively, where the visceral pleura folds back into the parietal pleura.

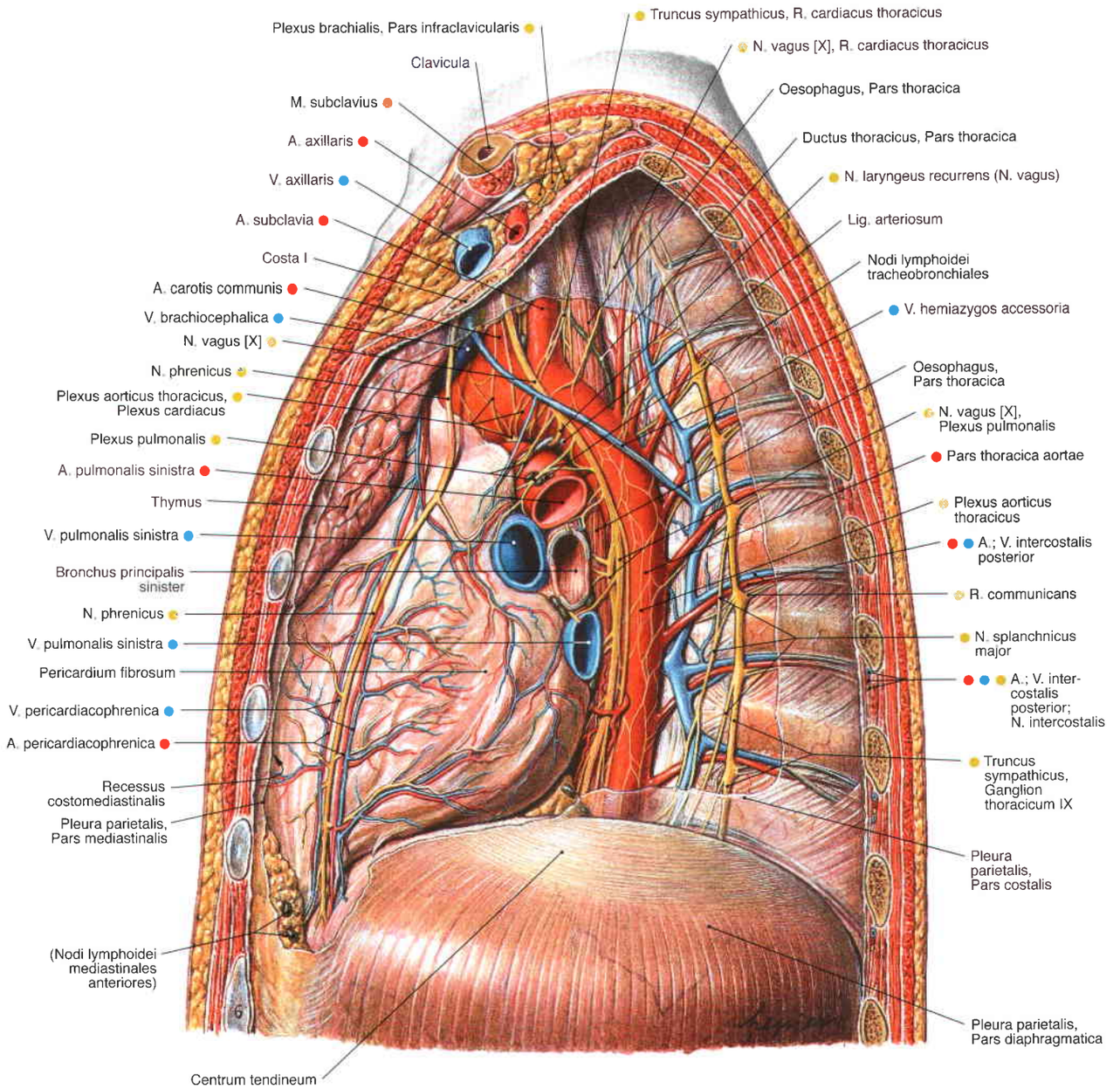


Fig. 950 Pleural cavity, Cavitas pleuralis, and mediastinum, Mediastinum, of an adolescent;
viewed from the left.
In older individuals, the thymic tissue is almost entirely replaced by adipose tissue.

Aortic arch

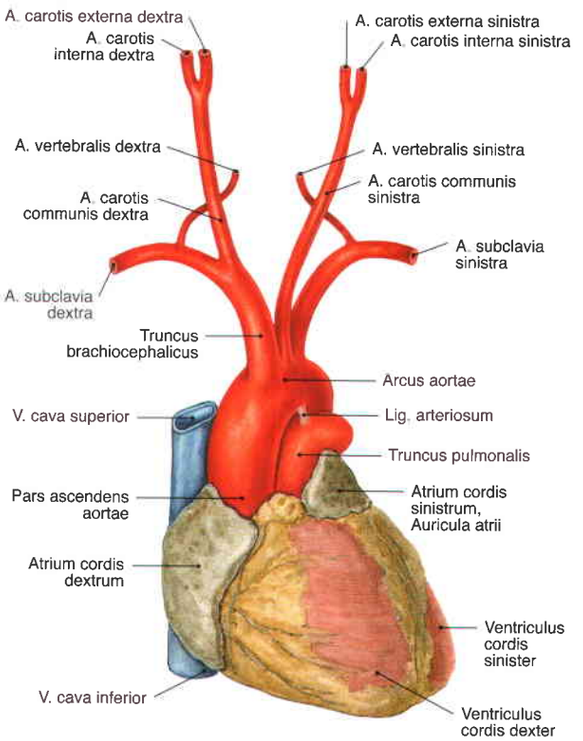
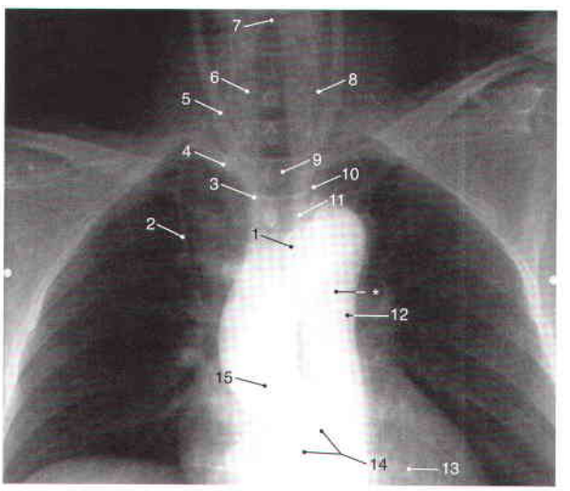


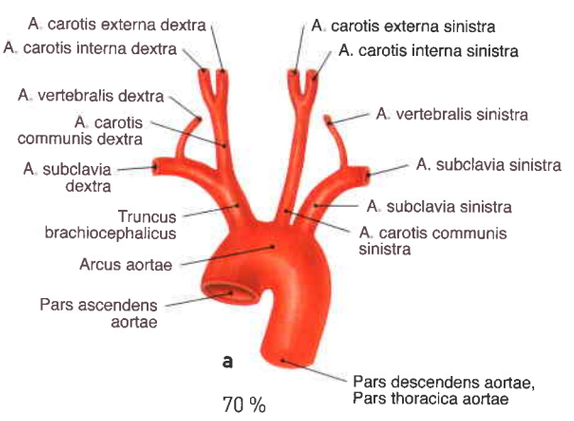
Fig. 951 Heart, Cor, and aortic arch, Arcus aortae,

with the origins of the major arteries;
ventral view.



1 Arcus aortae
2 A. thoracica interna
3 Truncus brachiocephalicus
4 A. subclavia dextra
5 A. carotis communis dextra
6 A. vertebralis dextra
7 Rima glottidis
8 A. vertebralis sinistra
9 Trachea
10 A. subclavia sinistra
11 A. carotis communis sinistra
12 Pars descendens aortae
13 Cor
14 Valva aortae
15 Pars ascendens aortae

Fig. 952 Aortic arch, Arcus aortae, and branches;
AP-radiograph after injection of a contrast medium into the aortic bulb;
ventral view.
* Catheter



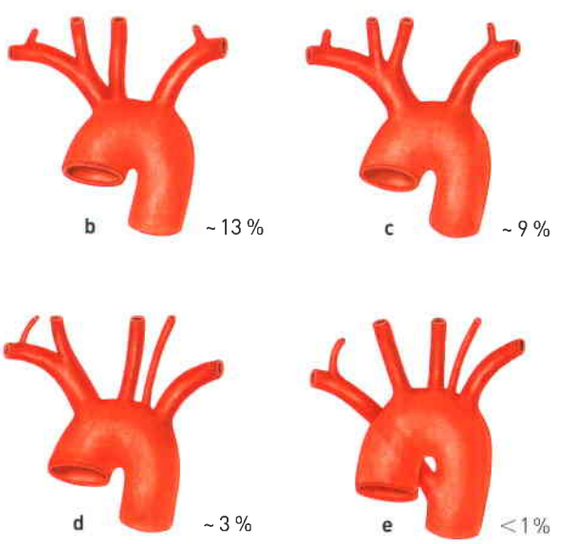


Fig. 953 a–e Variability of the origin of the major arteries from the aortic arch, Arcus aortae.
a "Textbook case"
b Common origin of the brachiocephalic trunk and the left common carotid artery
c Common trunk for the brachiocephalic trunk and the left common carotid artery
d Left vertebral artery branching off the aortic arch independently
e Right subclavian artery as the ultimate branch of the aortic arch
This abnormal artery frequently passes behind the oesophagus to the right, which can result in swallowing difficulties (Dysphagia lusoria).

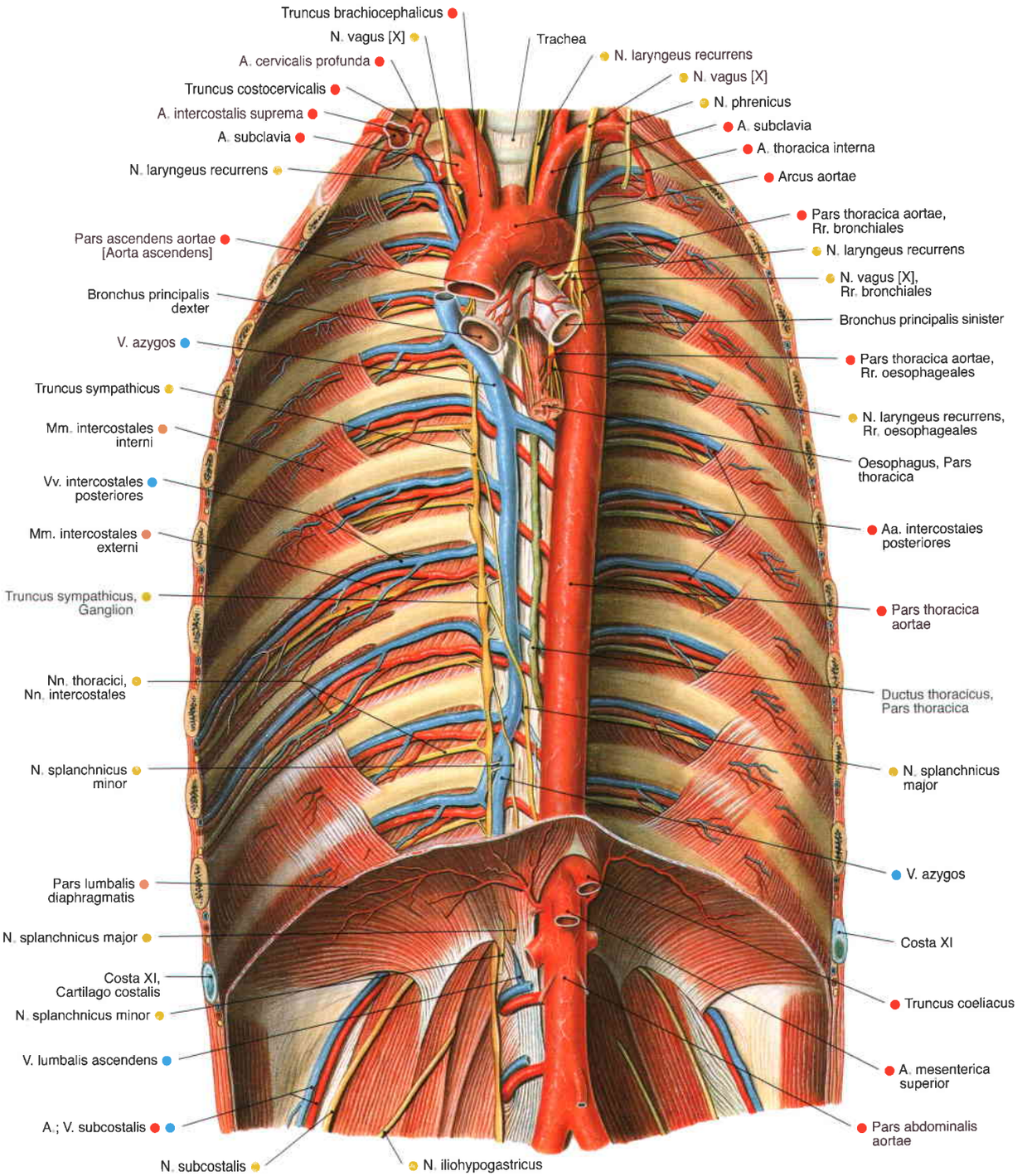


Fig. 954 Thoracic and abdominal aorta, Pars thoracica aortae et Pars abdominalis aortae.

Posterior mediastinum

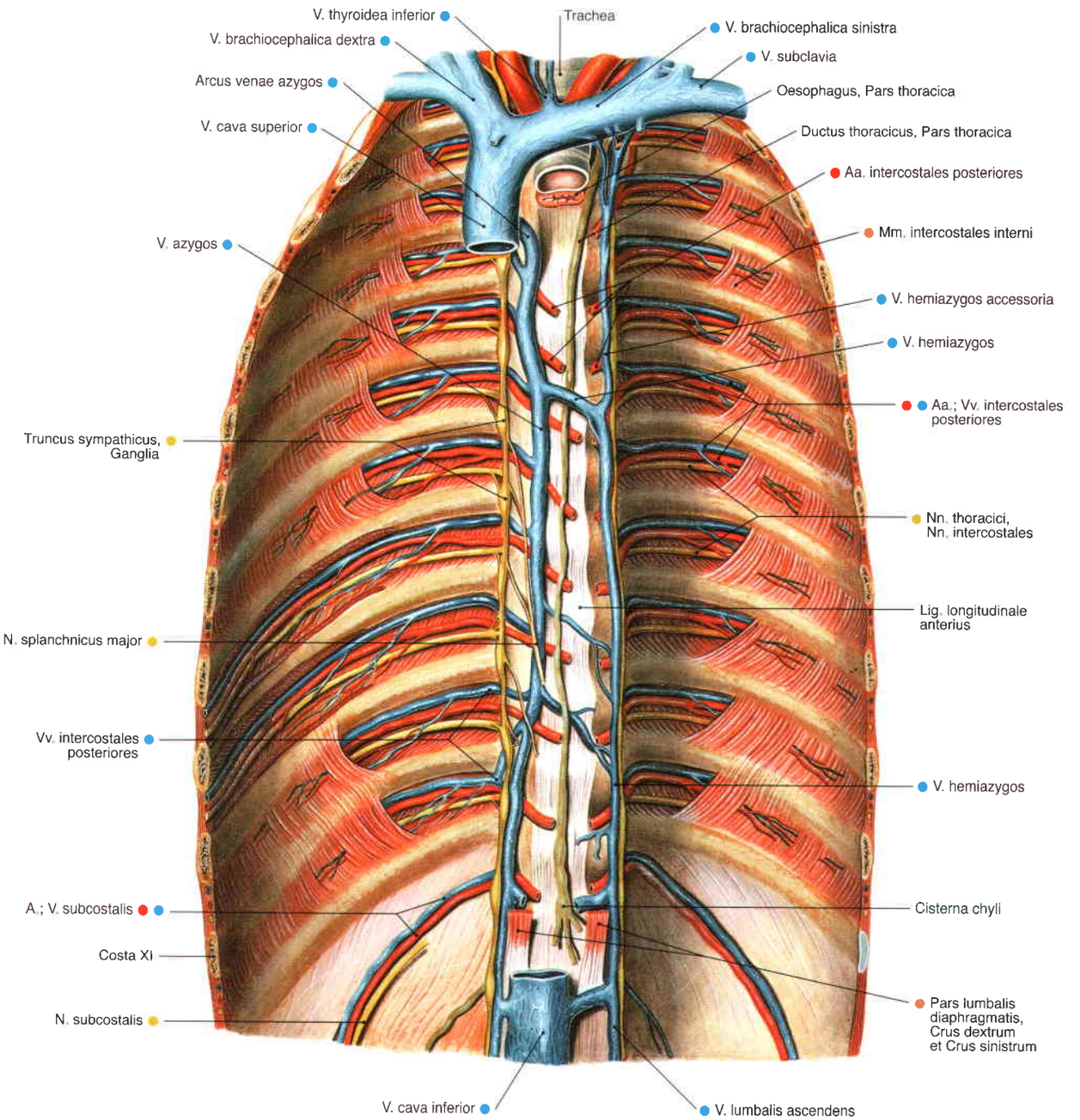


Fig. 955 Vessels and nerves of the posterior mediastinum, Mediastinum posterius.

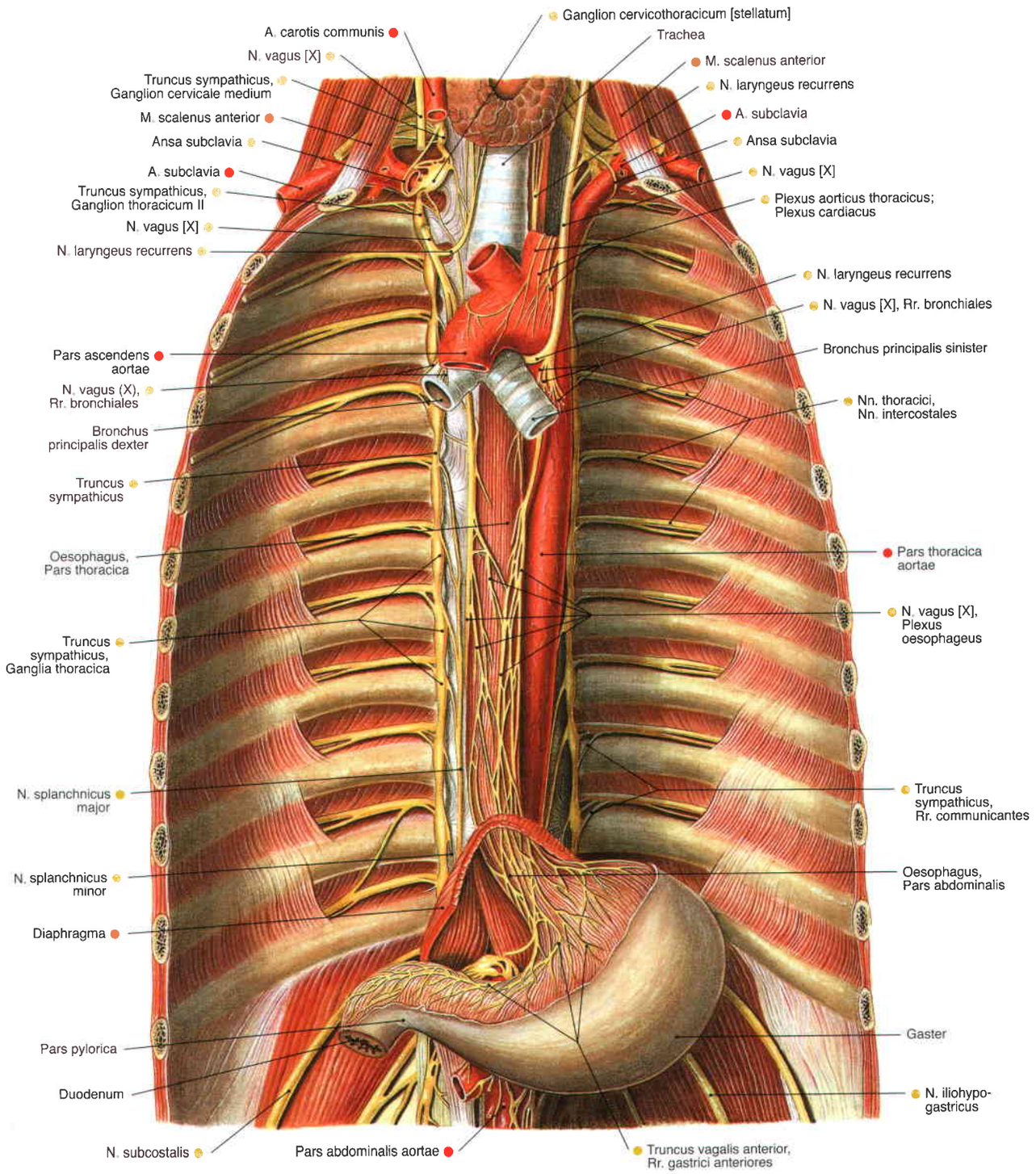


Fig. 956 Autonomous nervous system of the thoracic cavity, Pars thoracica autonomica.

→ 49, 50

Phrenic nerve

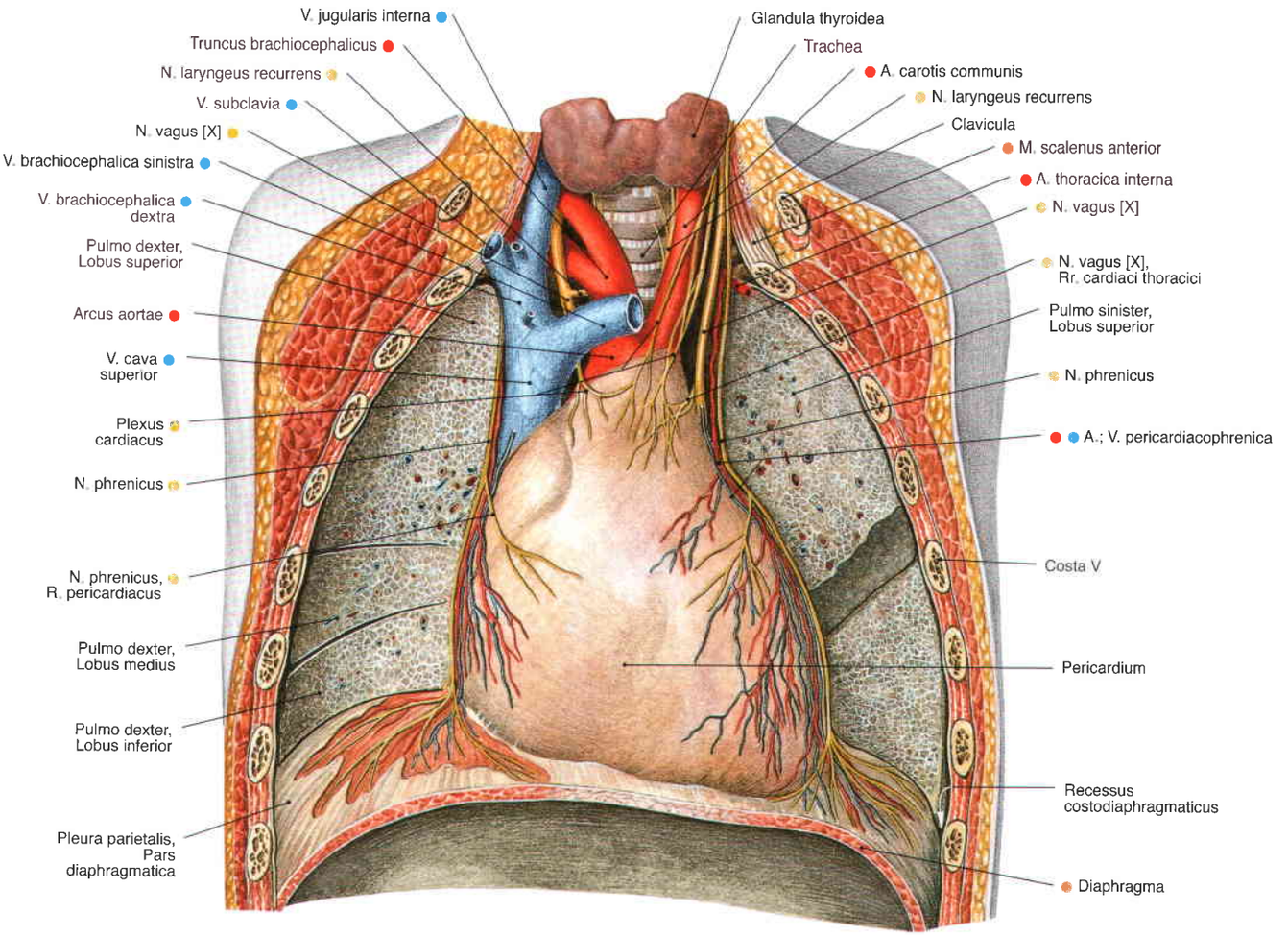


Fig. 957 Thoracic viscera of an adult; the anterior thoracic wall has been removed, and the right and the left lung have been sectioned in the frontal plane; ventral view.

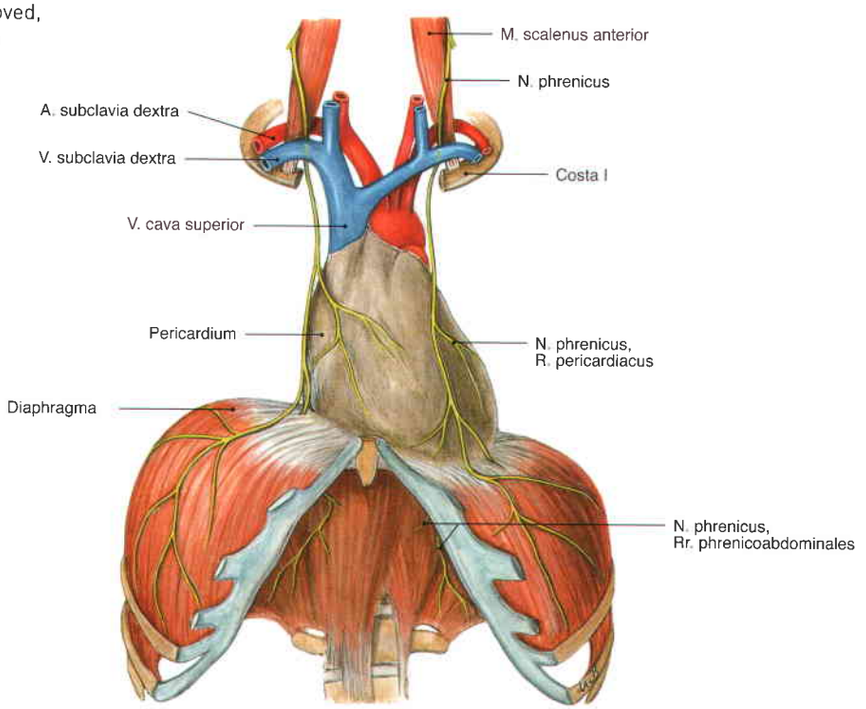


Fig. 958 Course of the phrenic nerve, N. phrenicus.

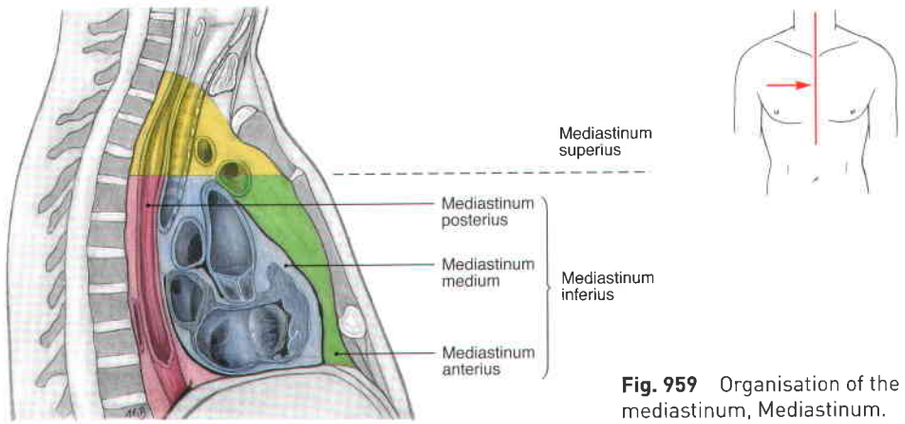


Fig. 959 Organisation of the mediastinum, Mediastinum.

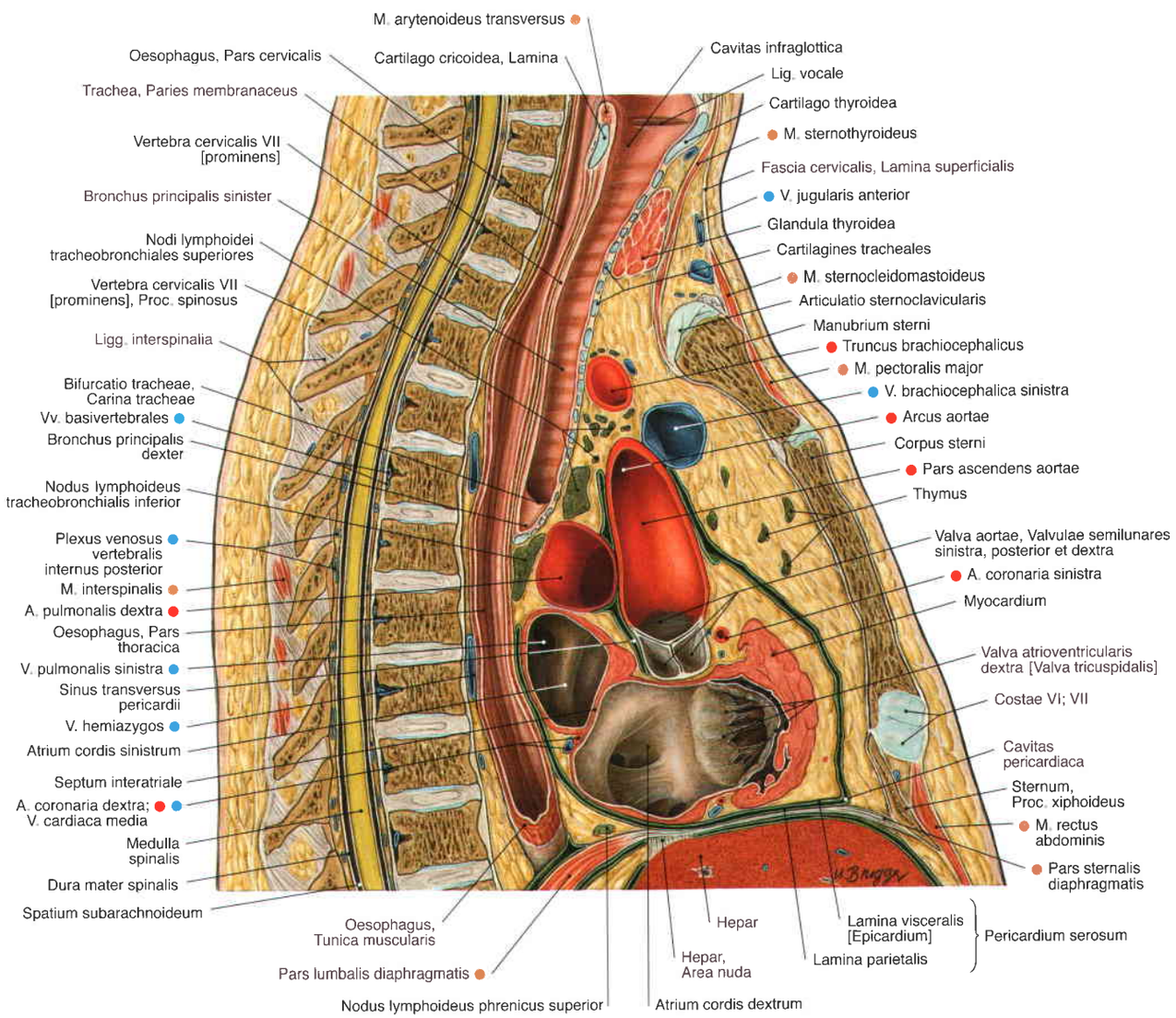


Fig. 960 Thoracic cavity, Cavitas thoracis, and mediastinum, Mediastinum; median sagittal section through the neck and the thorax; lateral view from the right.

Thorax, frontal sections

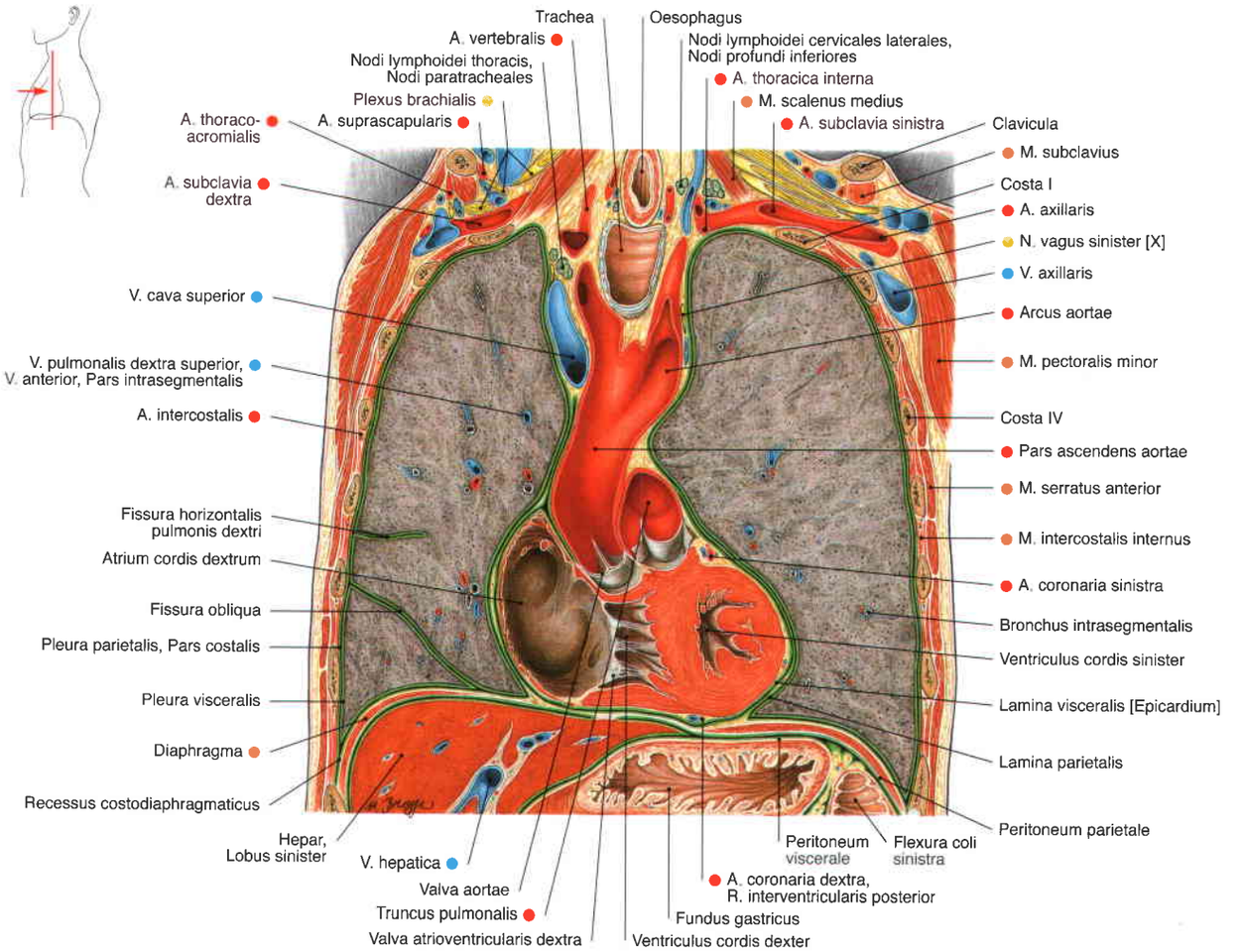


Fig. 961 Thoracic cavity, Cavitas thoracis.

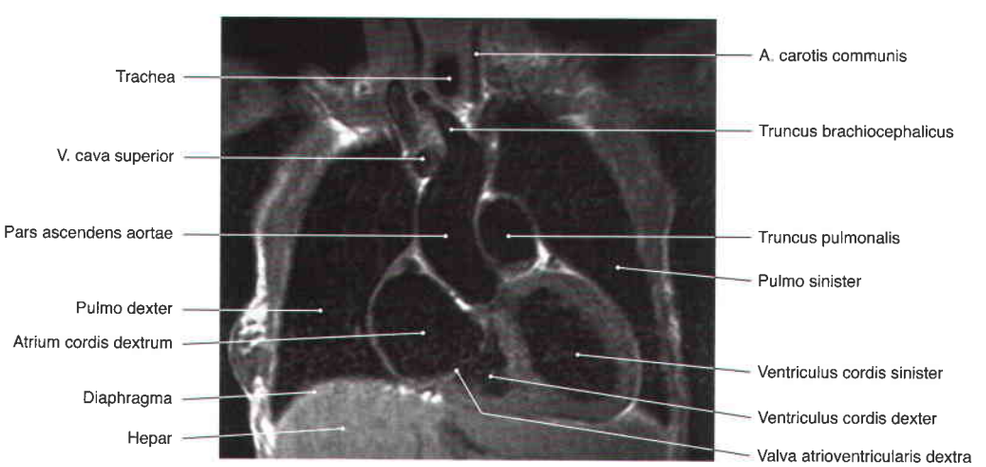


Fig. 962 Thoracic cavity, Cavitas thoracis; magnetic resonance tomographic image (MRI); frontal section at the level of the superior vena cava; ventral view.

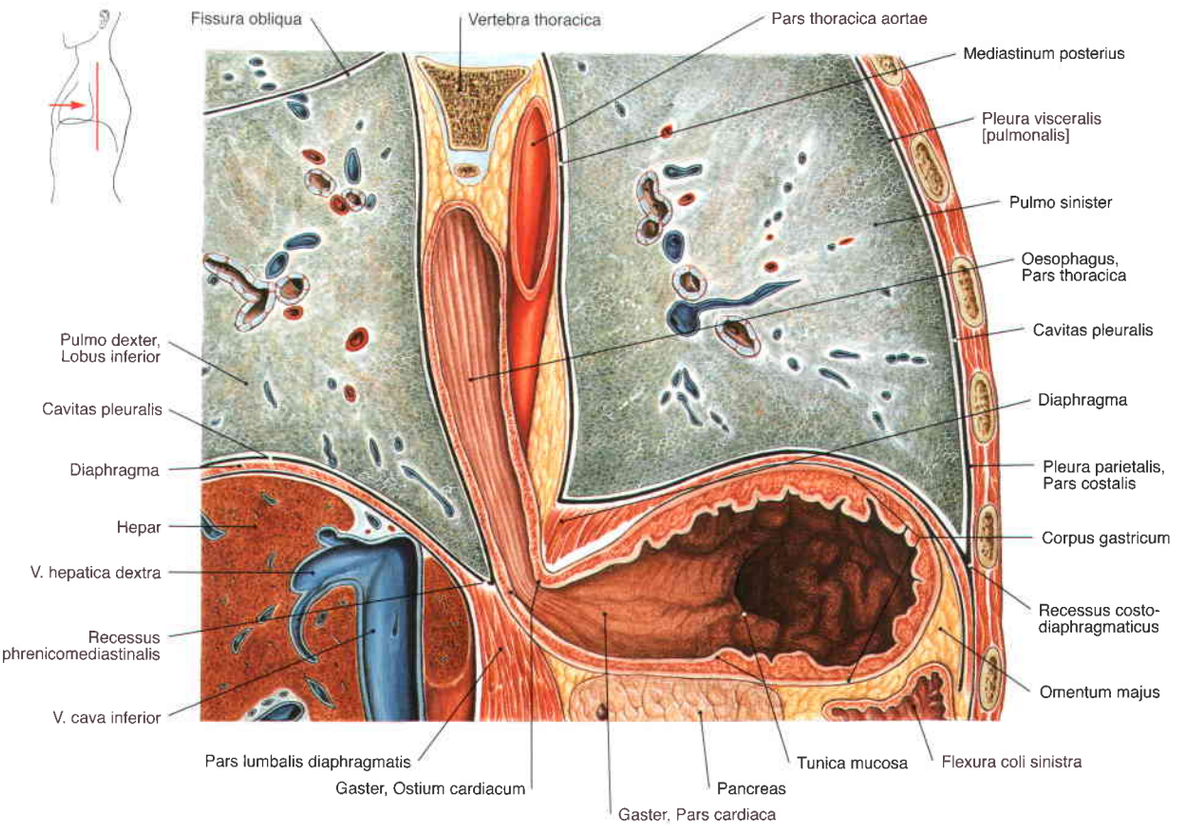


Fig. 963 Diaphragm, Diaphragma, and oesophagus, Oesophagus, with its transition into the stomach, Gaster; frontal section through the lower part of the thoracic cavity and the upper part of the abdominal cavity.

→ 1187

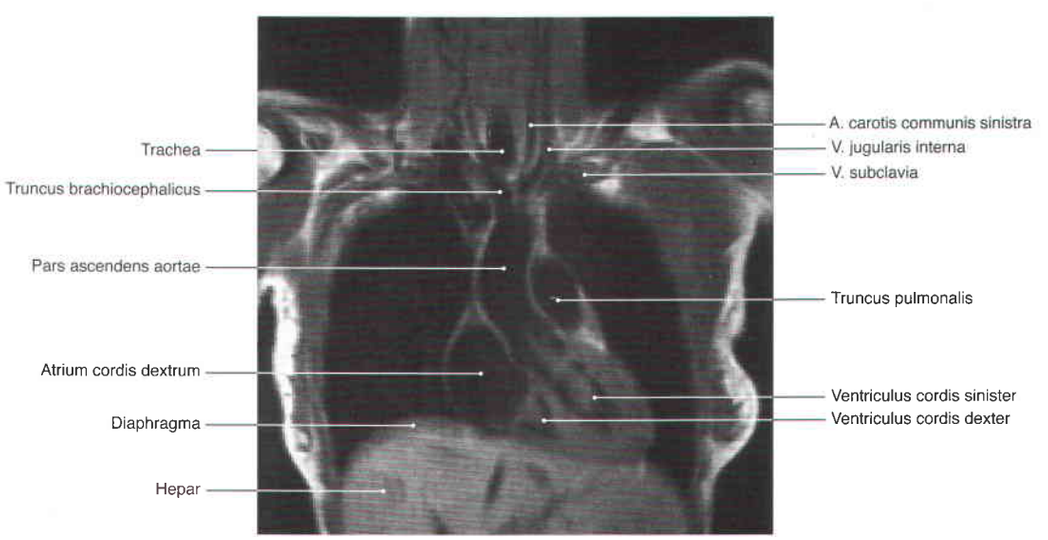


Fig. 964 Thoracic cavity, Cavitas thoracis; magnetic resonance tomographic image (MRI); frontal section at the level of the aortic valve; ventral view.

Thorax, frontal sections

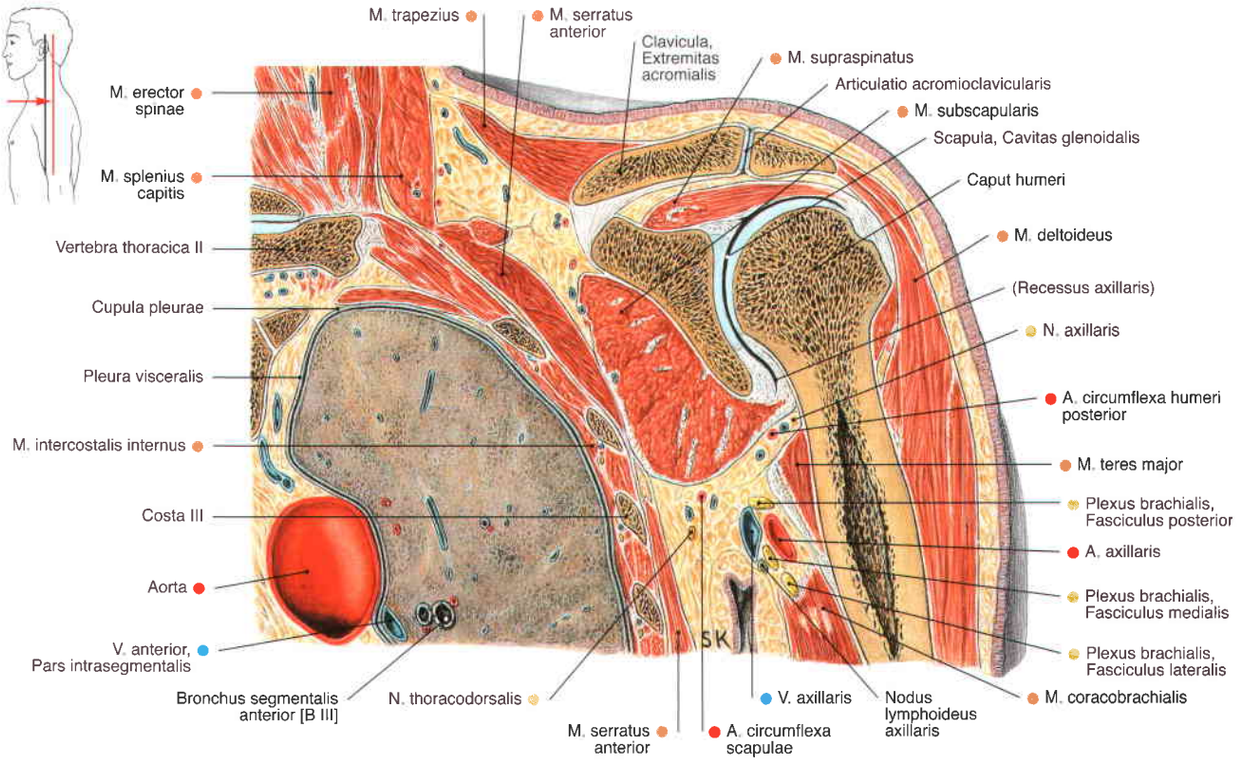


Fig. 965 Thoracic cavity, Cavitas thoracis; axilla, Axilla, and shoulder joint, Articulatio humeri.

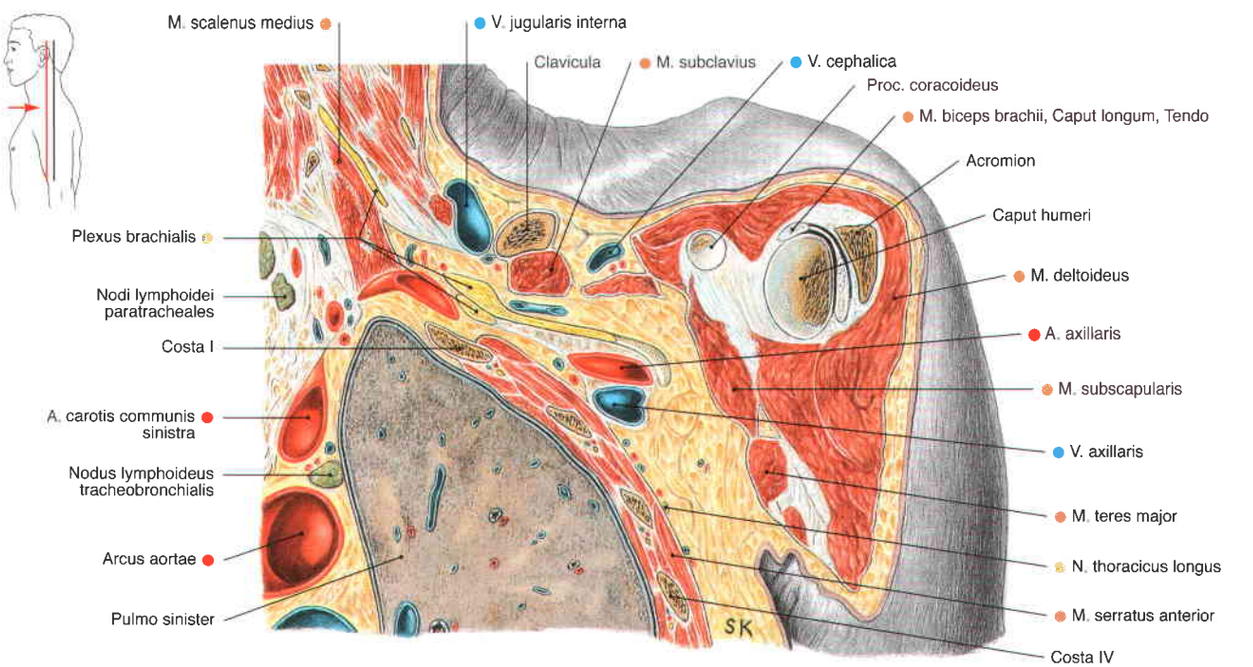


Fig. 966 Thoracic cavity, Cavitas thoracis; axilla, Axilla, and shoulder joint, Articulatio humeri.

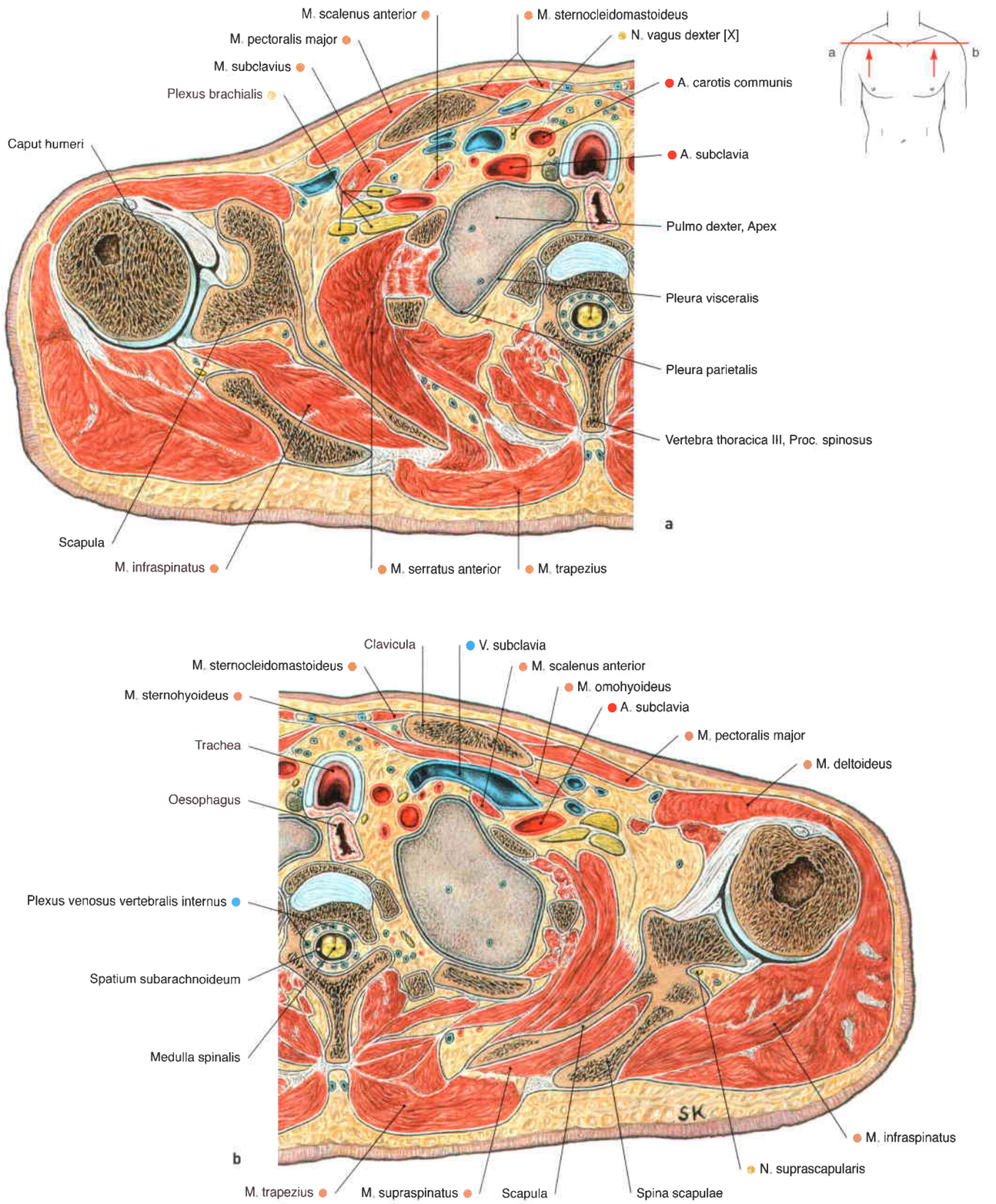


Fig. 967 a, b Thoracic cavity, Cavitas thoracis; axilla, Axilla, and shoulder joint, Articulatio humeri.

a Right part of the body
b Left part of the body

→ 294

Thorax, transverse sections

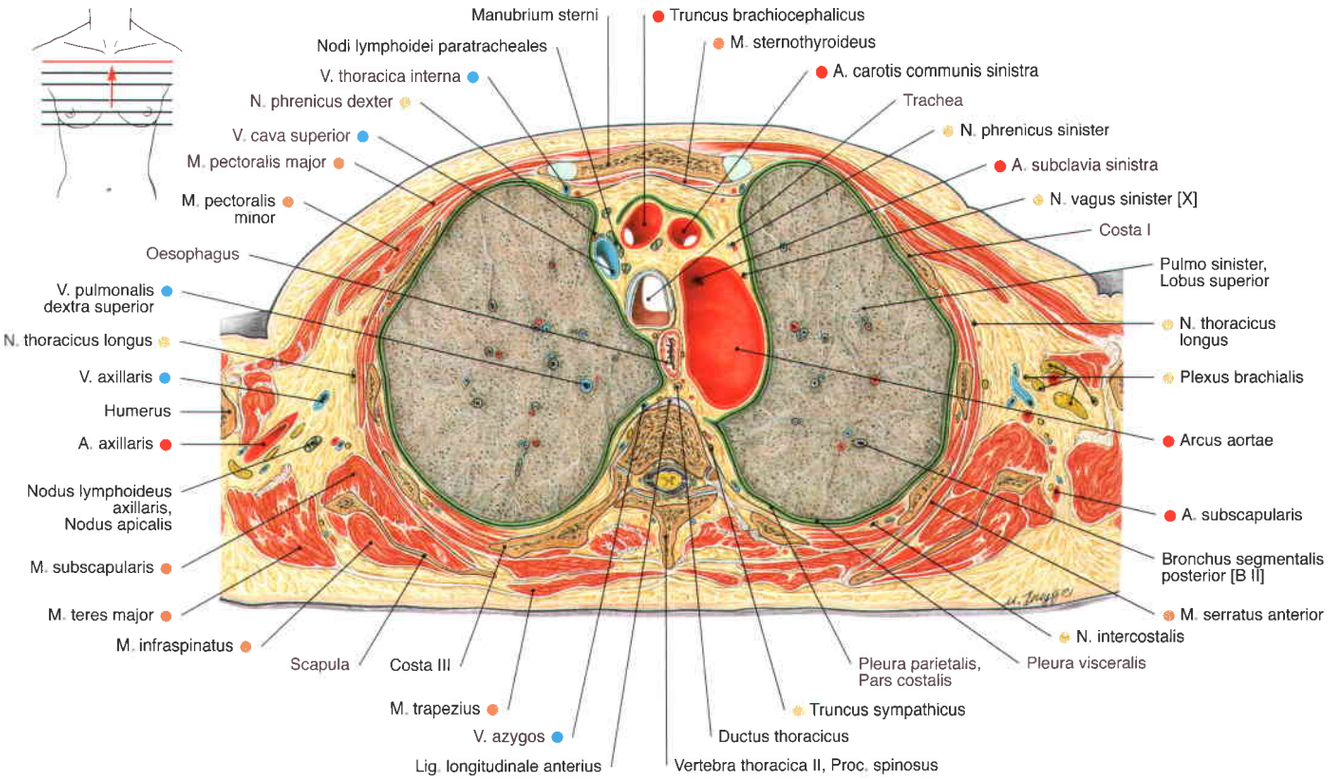


Fig. 968 Thoracic cavity, Cavitas thoracis.

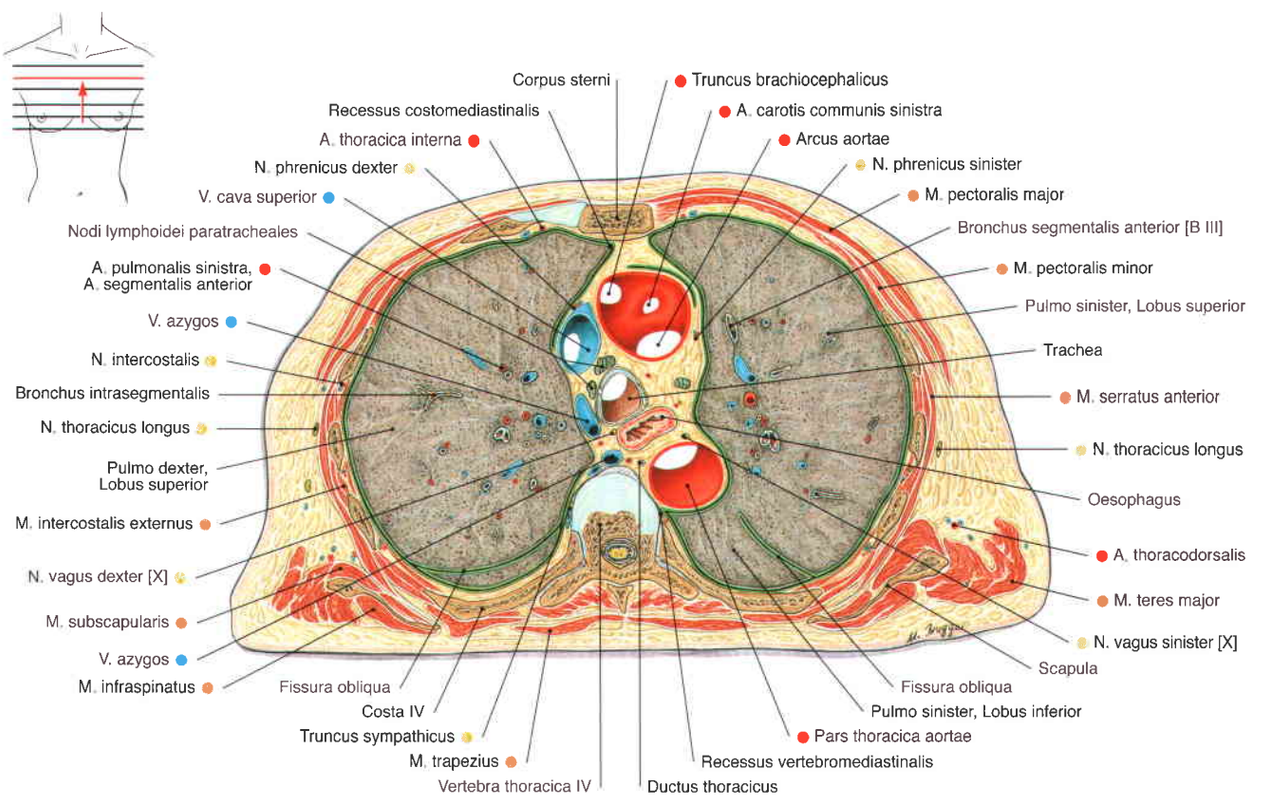


Fig. 969 Thoracic cavity, Cavitas thoracis.

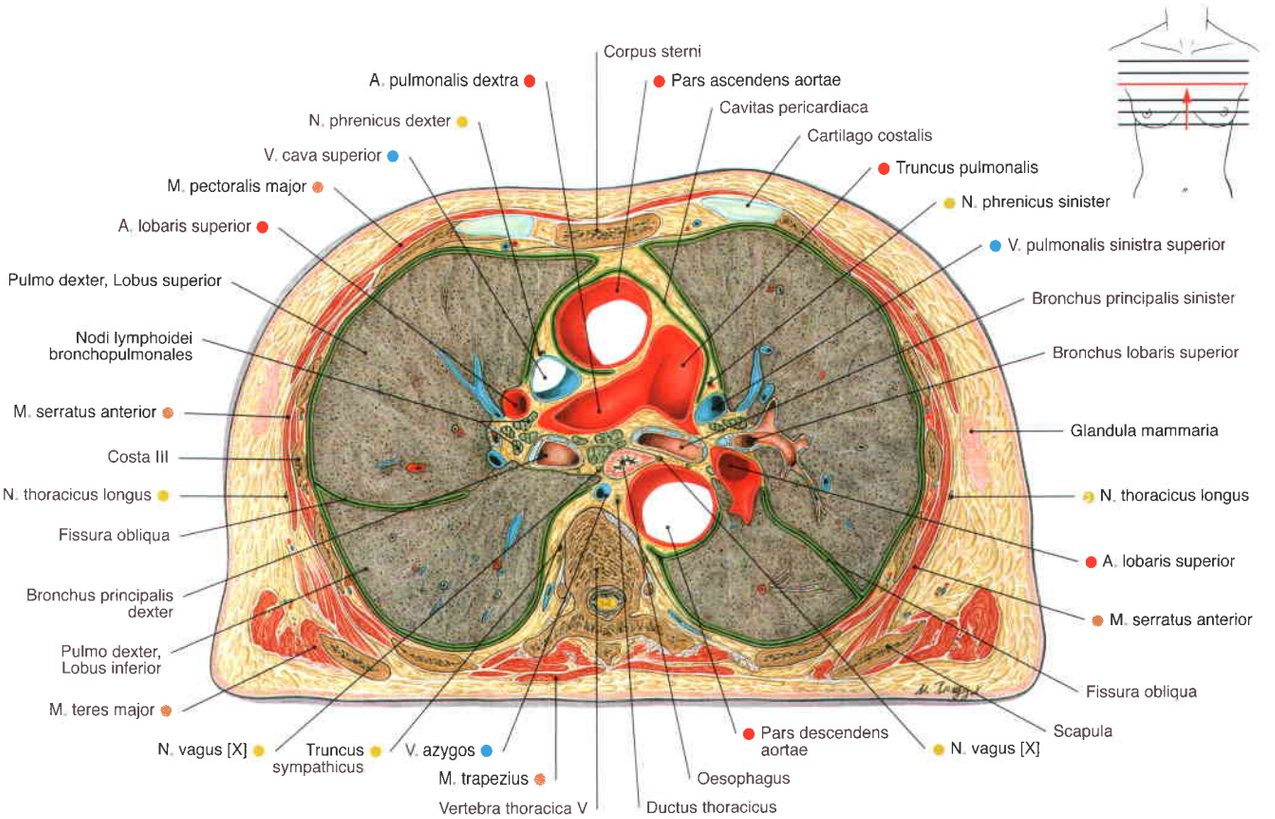


Fig. 970 Thoracic cavity, Cavitas thoracis.

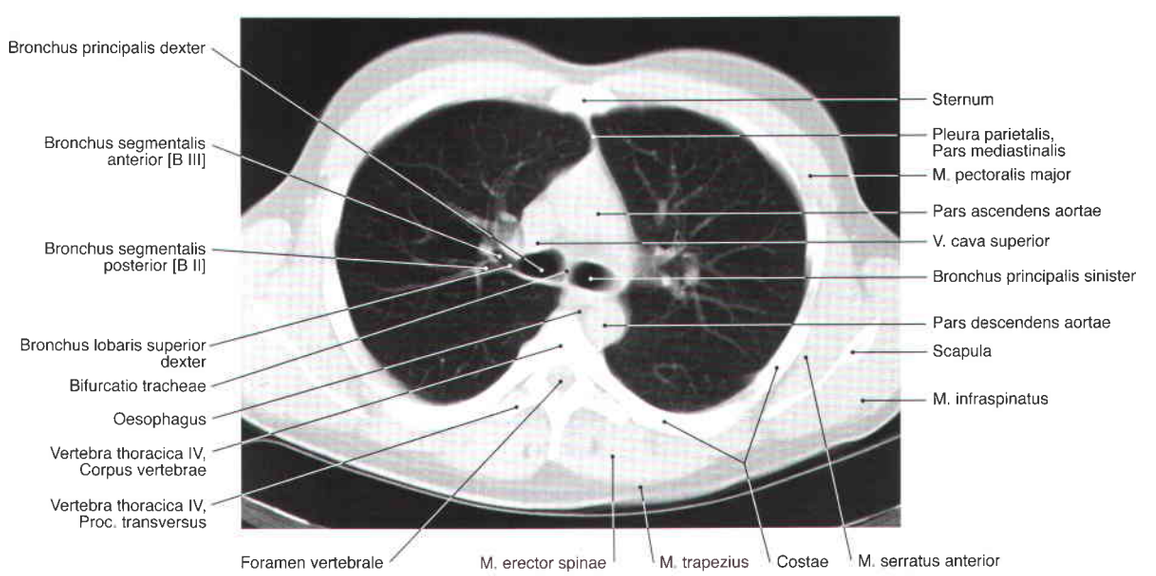


Fig. 971 Thoracic cavity, Cavitas thoracis; computed tomographic cross-section (CT).

Thorax, transverse sections

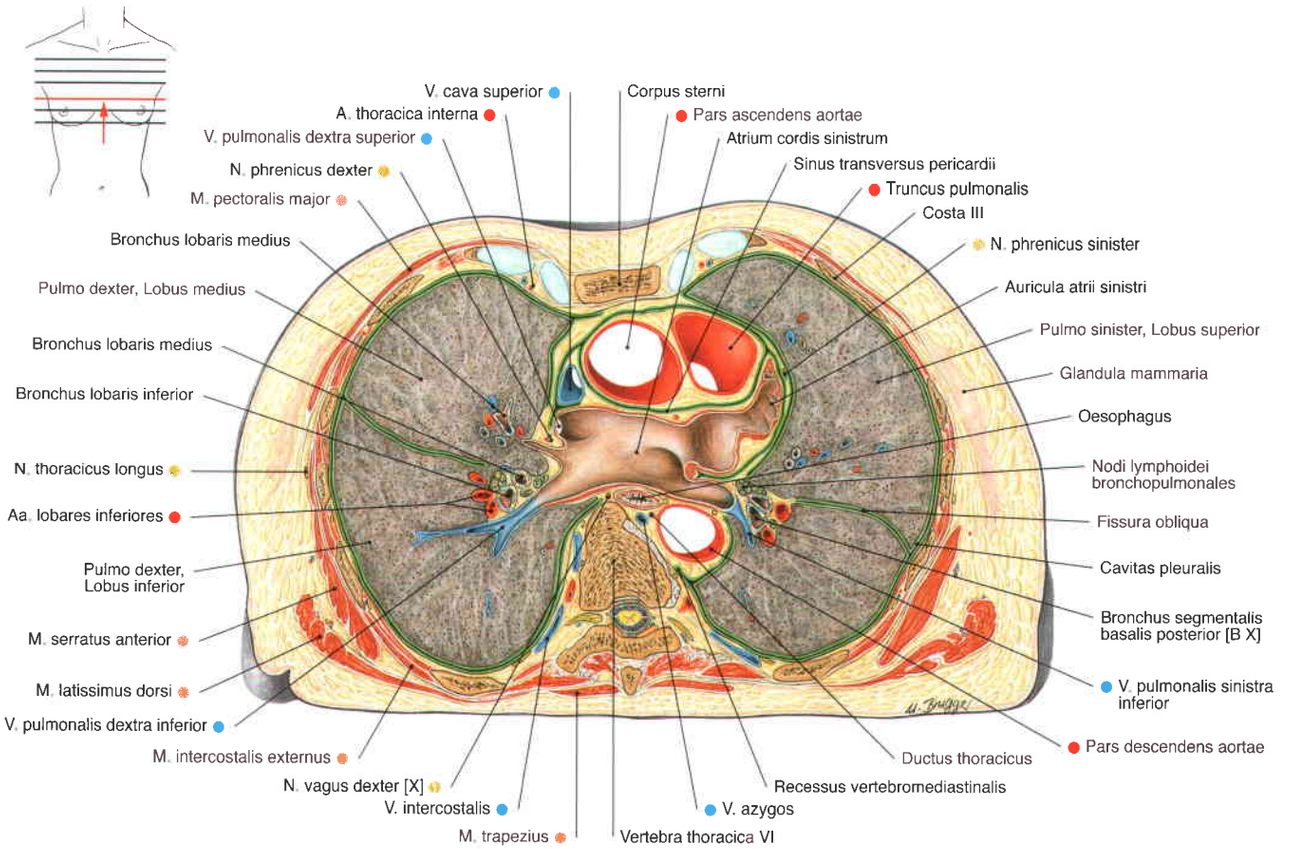


Fig. 972 Thoracic cavity, Cavitas thoracis.

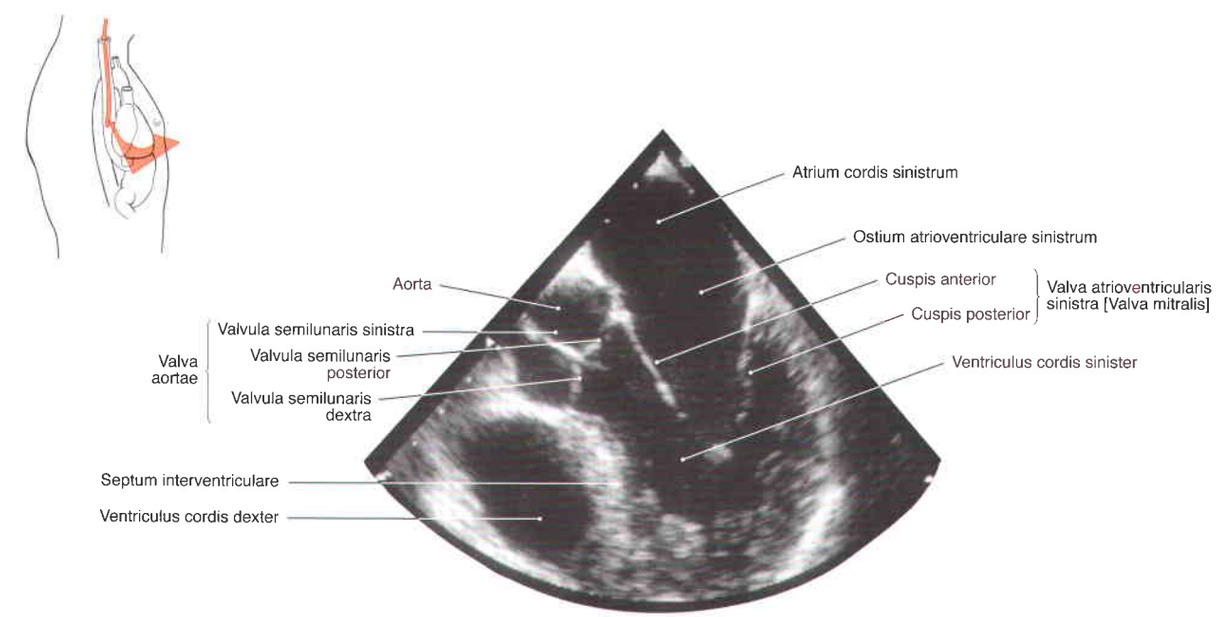


Fig. 973 Heart, Cor;
ultrasound image viewed from the oesophagus (transoesophageal echocardiography).

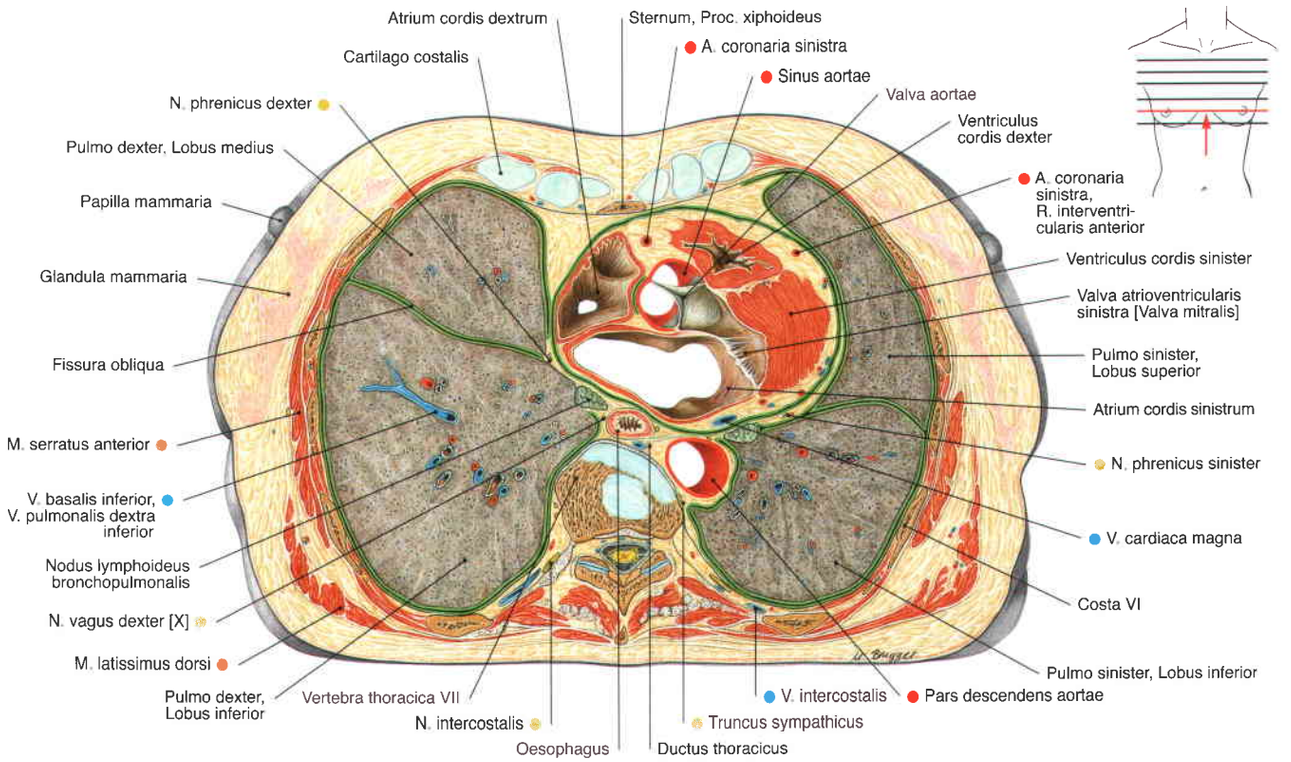


Fig. 974 Thoracic cavity, Cavitas thoracis.

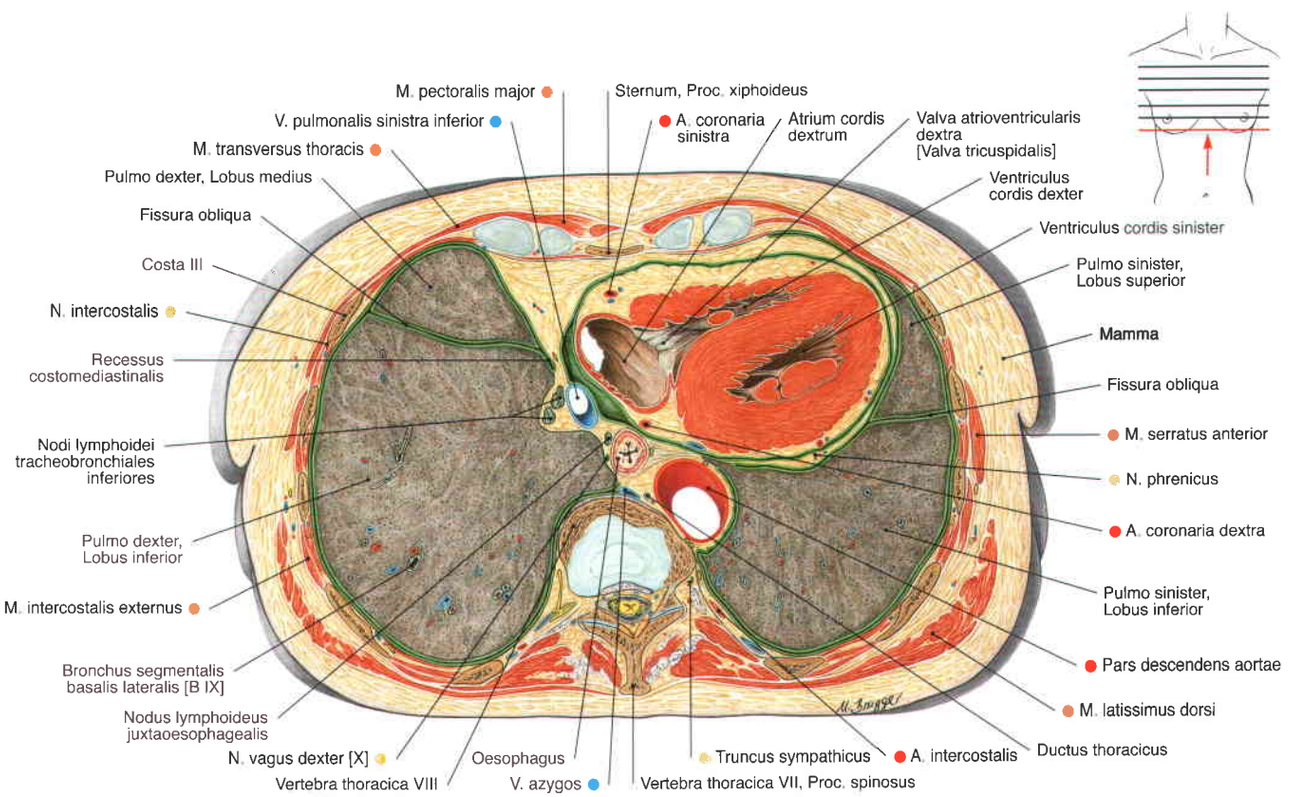
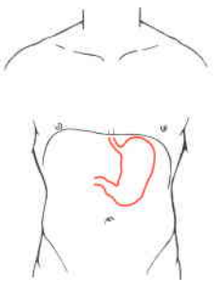


Fig. 975 Thoracic cavity, Cavitas thoracis.

Stomach



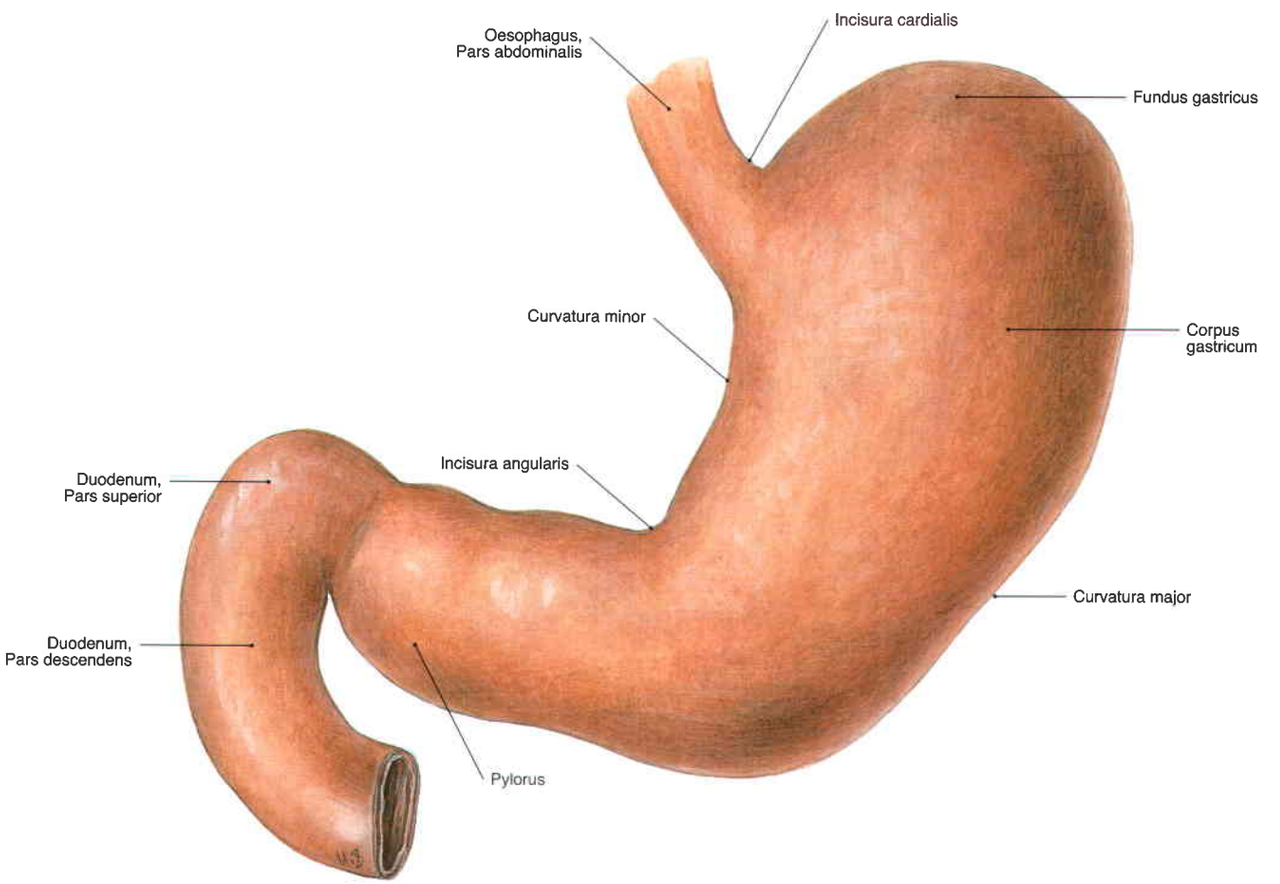


Fig. 976 Stomach, Gaster; ventral view.

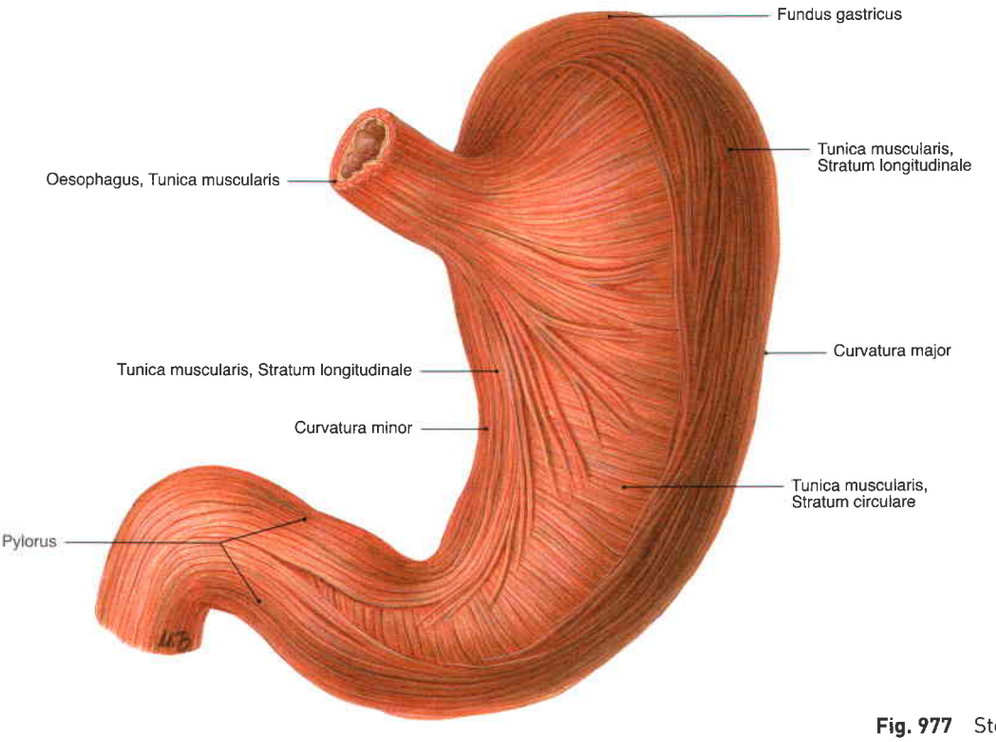


Fig. 977 Stomach, Gaster; external muscle layers; ventral view.

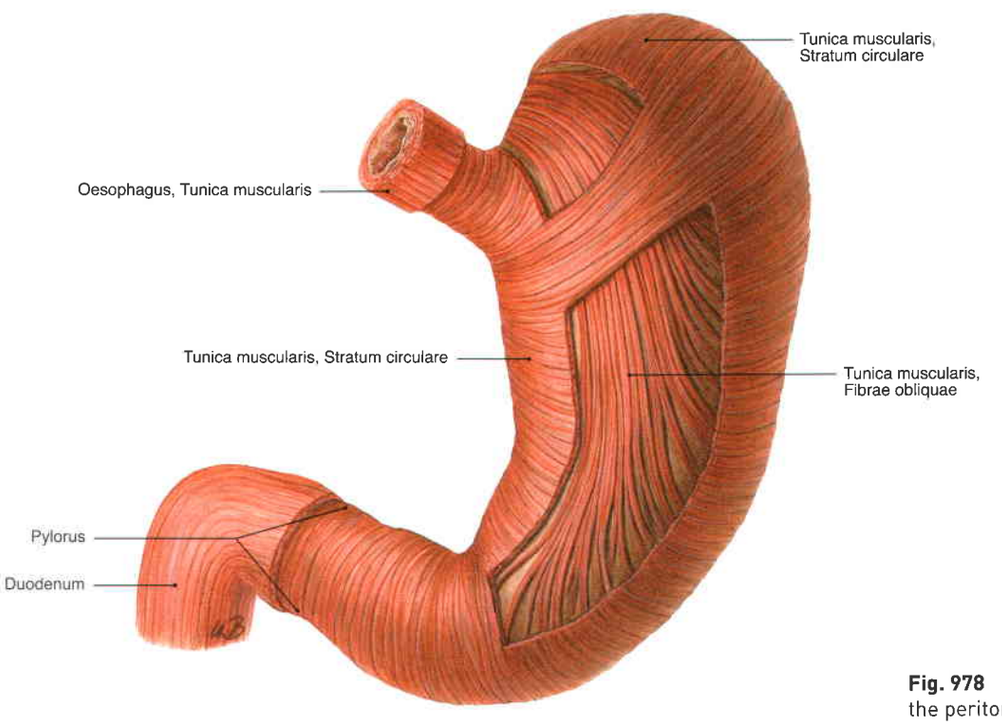


Fig. 978 Stomach, Gaster; the peritoneum has been removed to demonstrate the internal muscle layers; ventral view.

Stomach, structure

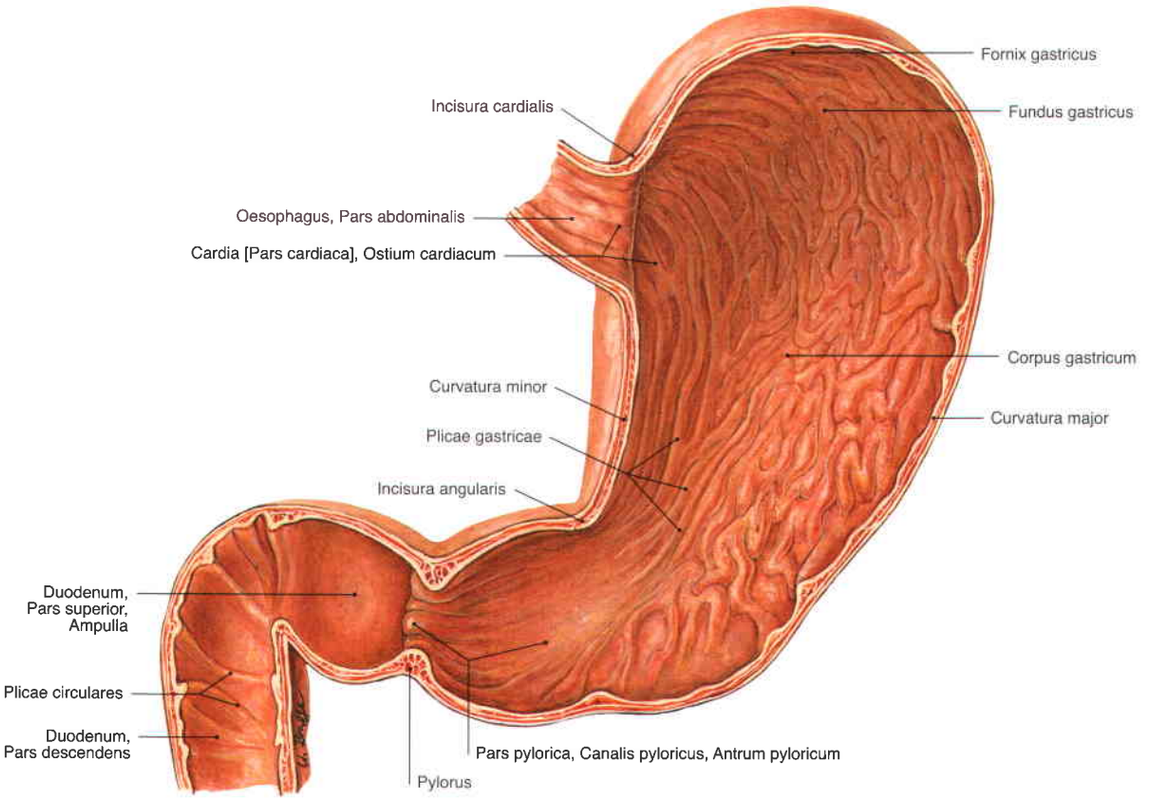


Fig. 979 Stomach, Gaster, and duodenum, Duodenum; ventral view.

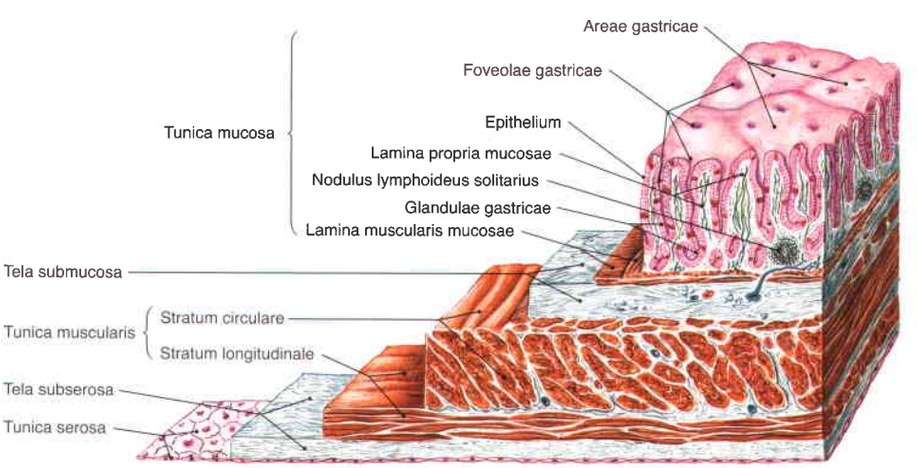


Fig. 980 Diagram of the stomach wall; the layers of the wall have been removed stepwise; microscopic enlargement at low magnification.

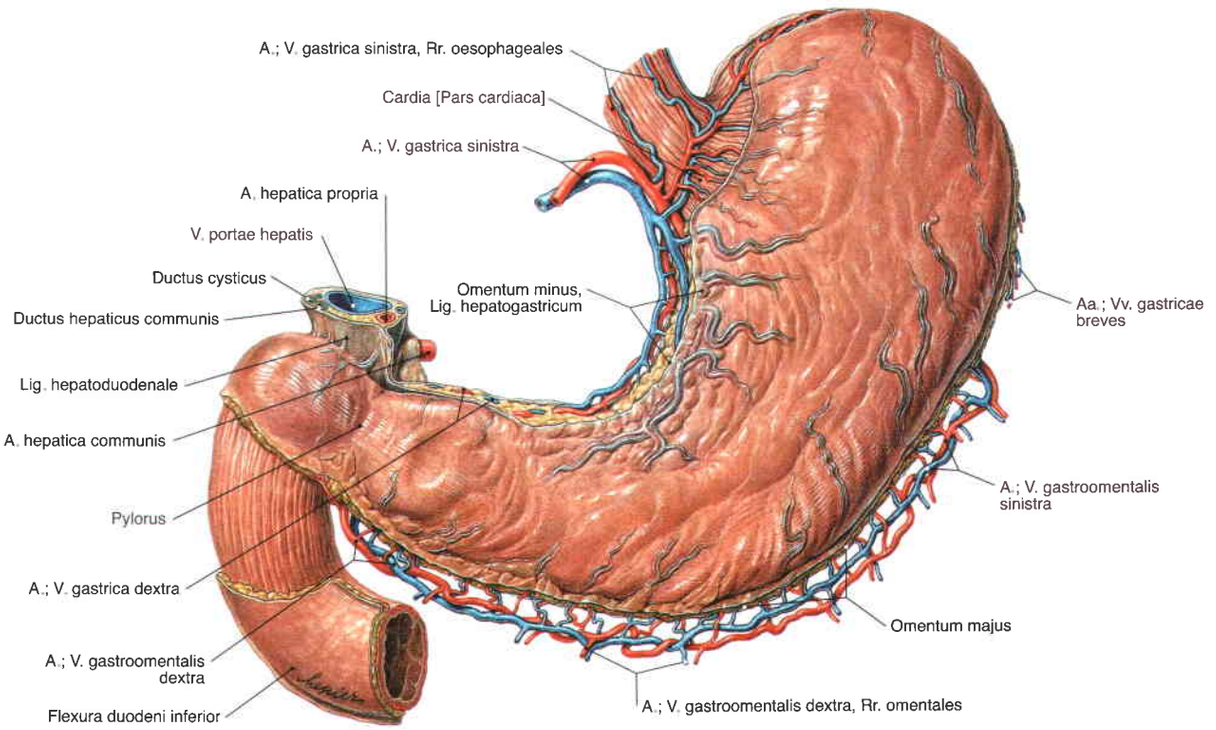


Fig. 981 Blood vessels of the stomach, Gaster; ventral view.

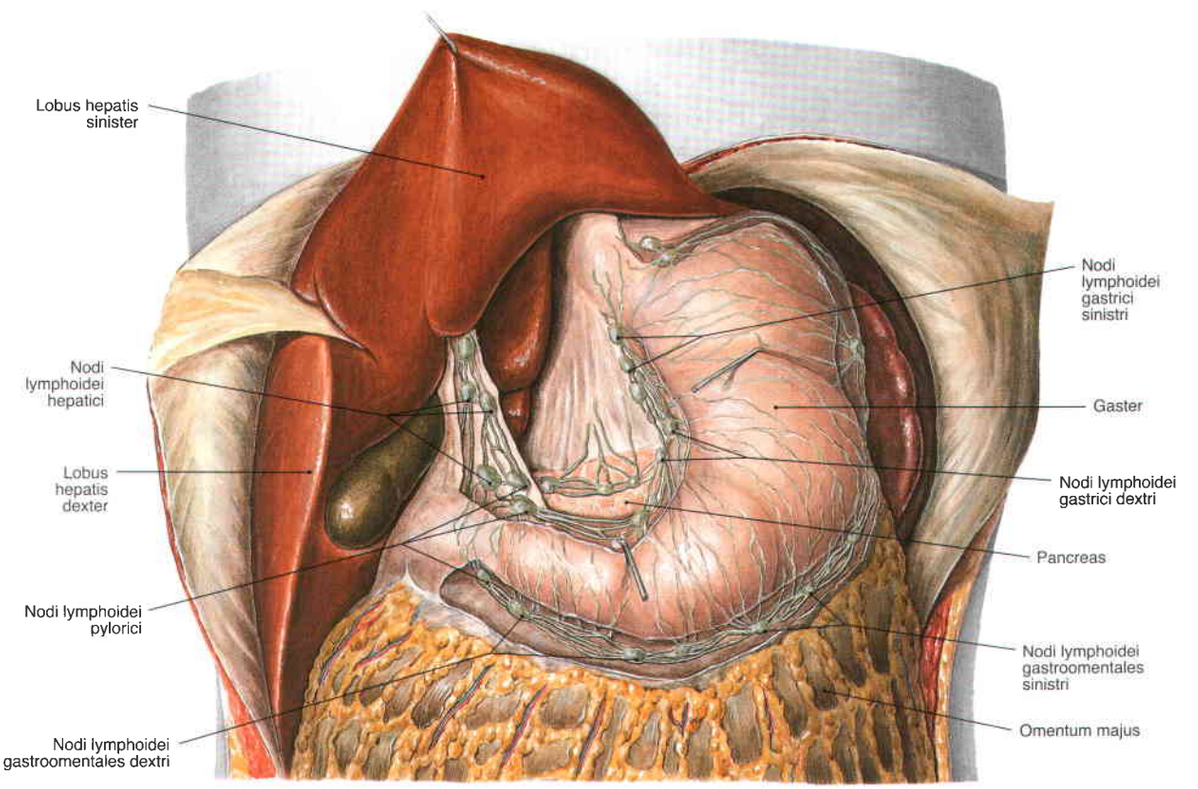
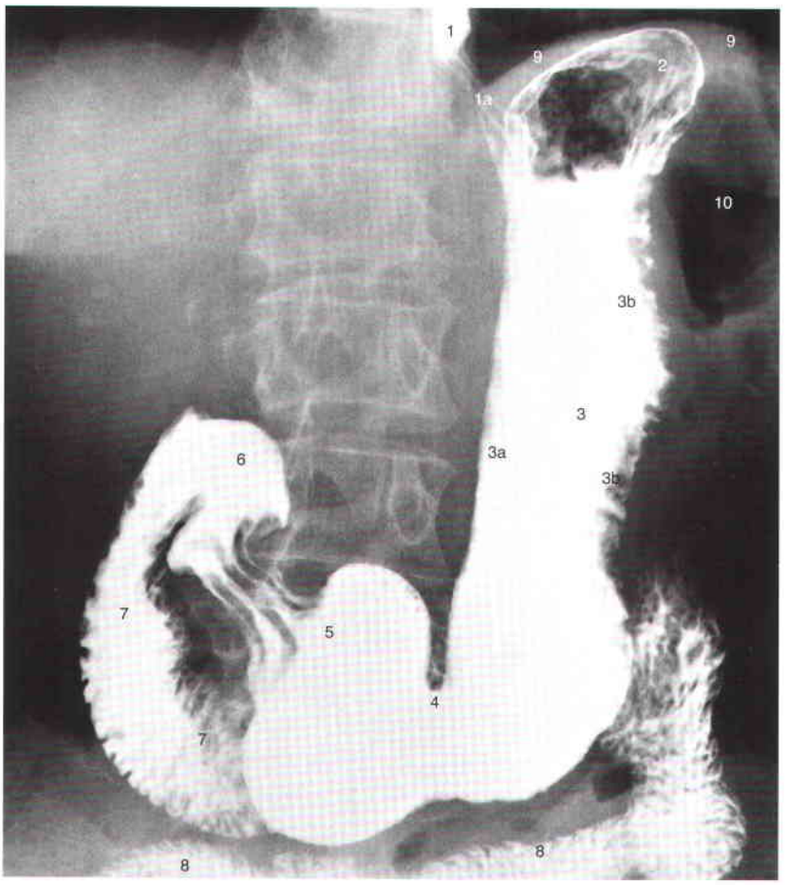


Fig. 982 Stomach, Gaster, and liver, Hepar, with lymph nodes, Nodi lymphoidei; ventral view.

Stomach, radiography



1 = Oesophagus with contrast medium. At the transition (1a) into the fundus of stomach, the grooves between the folds appear as dark striations.
2 = Fundus of stomach with air bubble
3 = Body of stomach
3a = Lesser curvature
3b = Greater curvature. In the linings of the latter, notches corresponding to the contour of the mucous are visible.
4 = Peristaltic constriction at the angular notch
5 = Pyloric part prior to the progression of a portion of the stomach's content
6 = Ampulla of duodenum
7 = Descending part of the duodenum with circular folds
8 = Jejunum
9 = Left "dome" of diaphragm
10 = Left colic flexure (filled with air)

Fig. 983 Stomach, Gaster, and duodenum, Duodenum; AP-radiograph after oral administration of a contrast medium; upright position; ventral view.

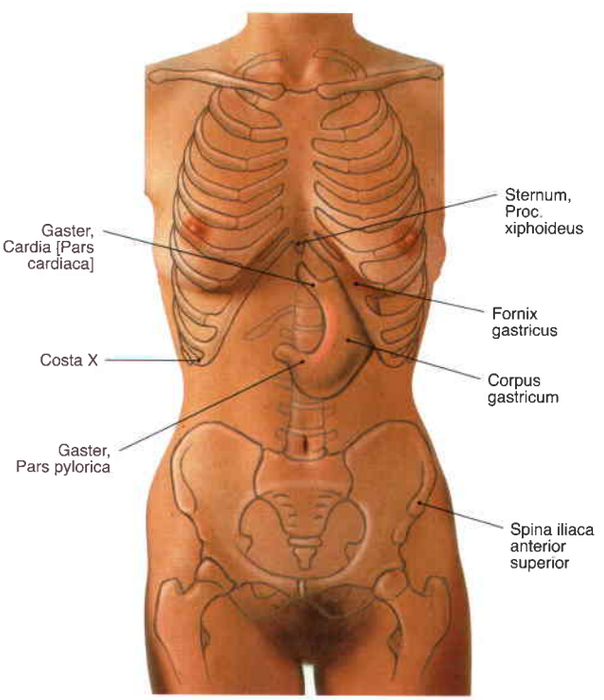


Fig. 984 Stomach, Gaster; projection of a "normal" stomach onto the anterior abdominal wall; upright position.

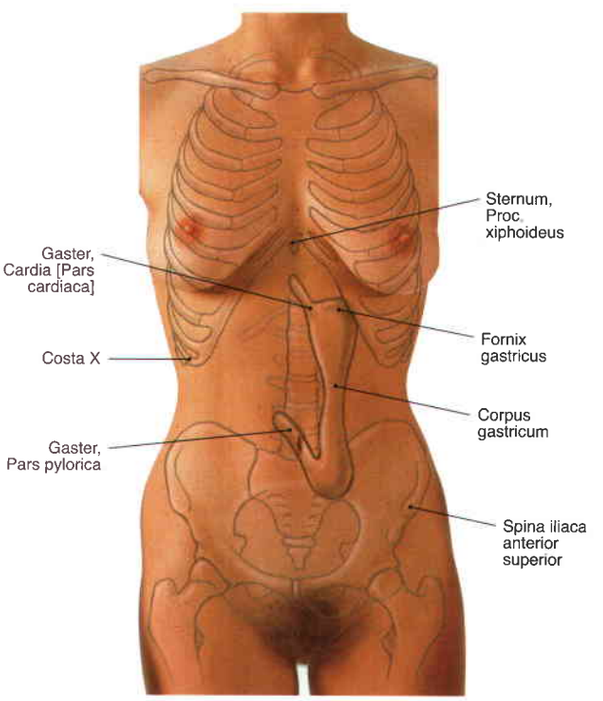


Fig. 985 Stomach, Gaster; projection of a "long" stomach onto the anterior abdominal wall; upright position.

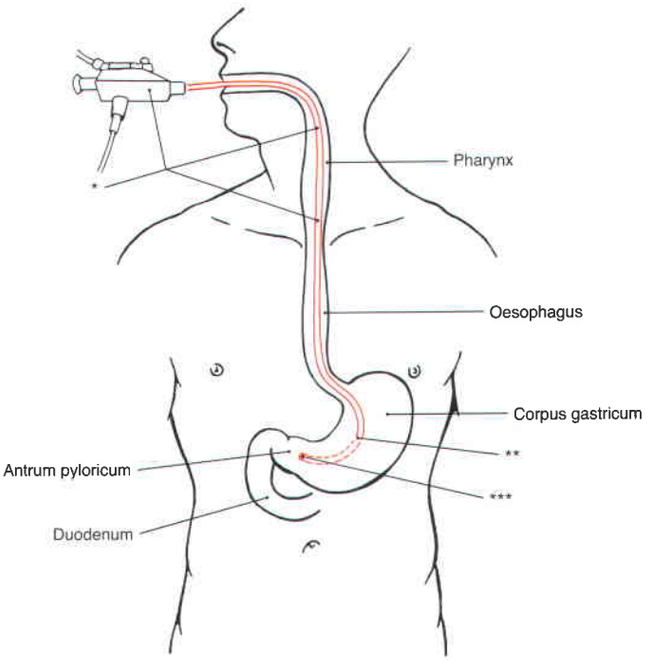


Fig. 986 Technical procedure of oesophagoscopy and gastroscopy.
* Gastroscope
** The gastroscope's tip located in the body of stomach (compare Fig. 987 a)
*** The gastroscope's tip located in the pyloric antrum (compare Fig. 987 b)

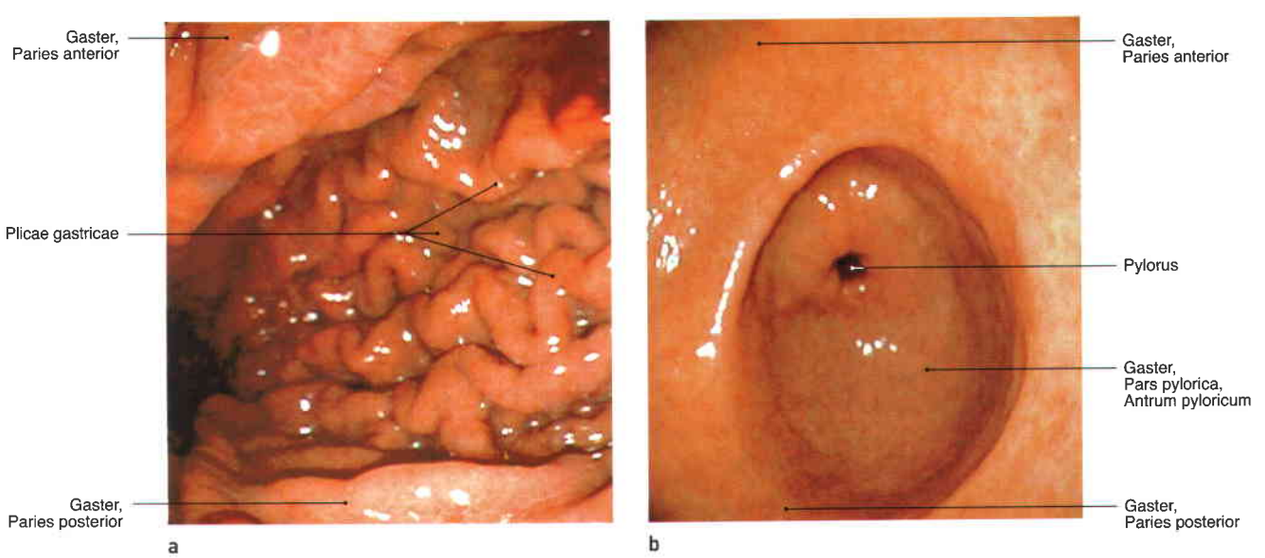


Fig. 987 a, b Stomach, Gaster; endoscopic image of the stomach (gastroscopy); superior view.

a View of the body of stomach, Corpus gastricum, with distinct longitudinal folds of the mucosa (Plica gastricae)
b View of the pyloric antrum, Antrum pyloricum, predominantly covered with smooth mucosa

Duodenum

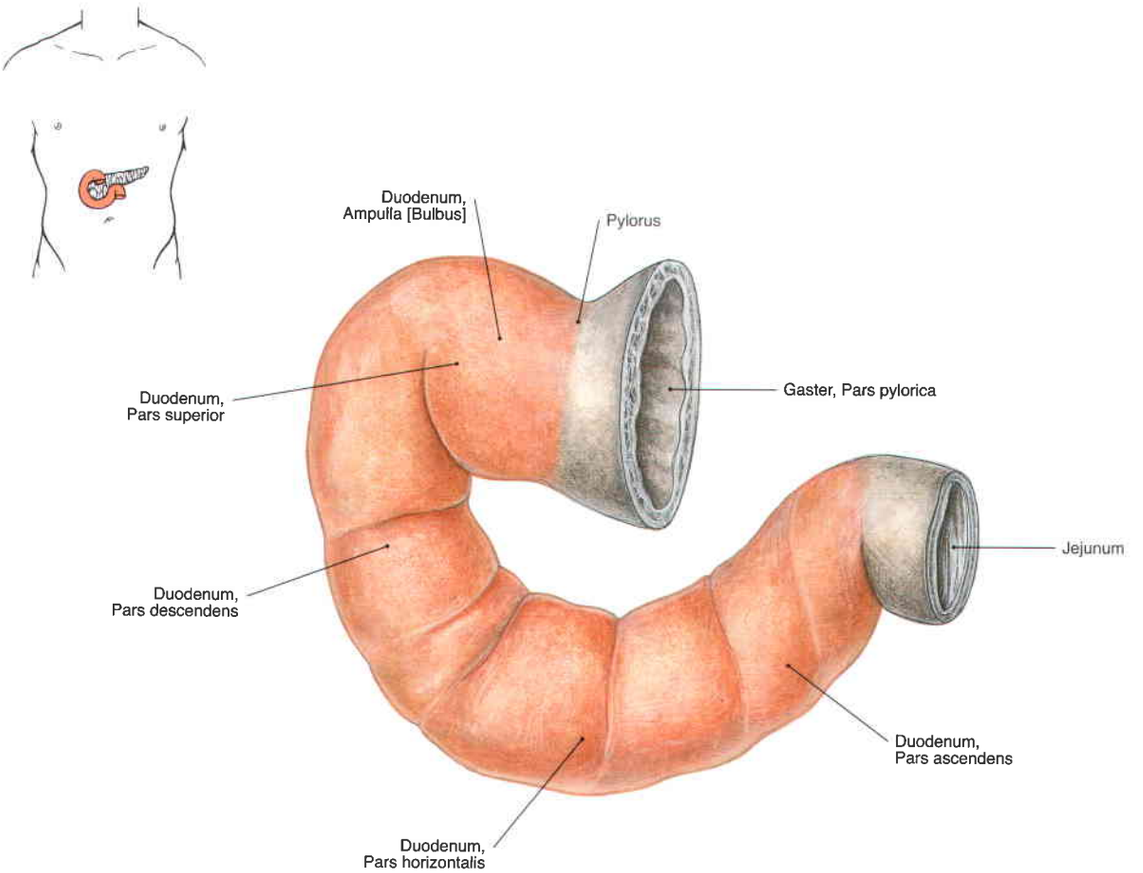


Fig. 988 Duodenum, Duodenum.

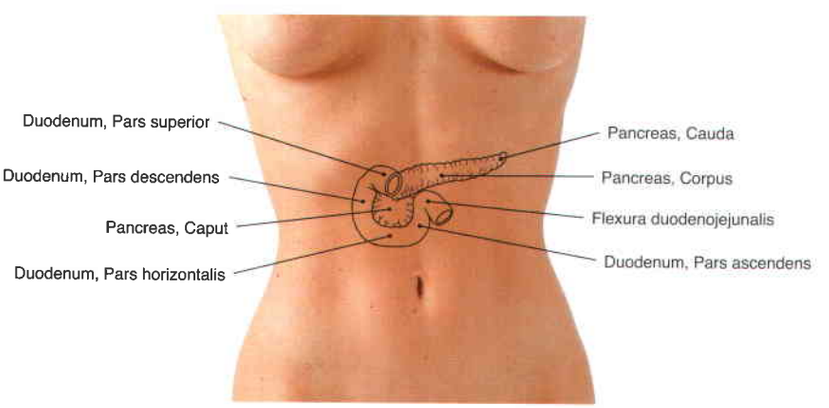


Fig. 989 Duodenum, Duodenum, and pancreas, Pancreas; projected onto the anterior abdominal wall.

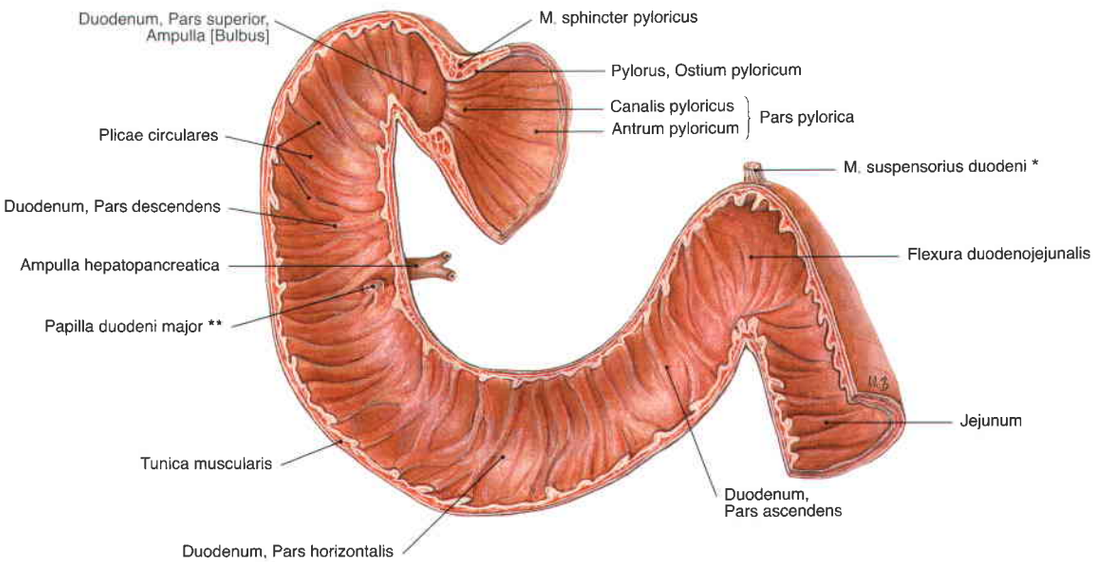


Fig. 990 Duodenum, Duodenum; ventral view.
* Clinical term: muscle of TREITZ
** Clinical term: papilla of VATER

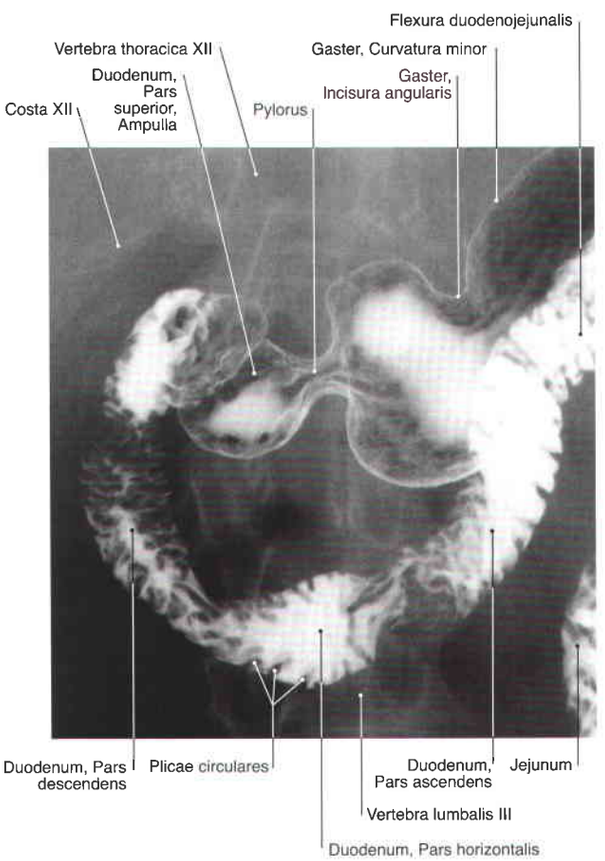


Fig. 991 Duodenum, Duodenum; AP-radiograph after oral administration of a contrast medium; upright position; ventral view.

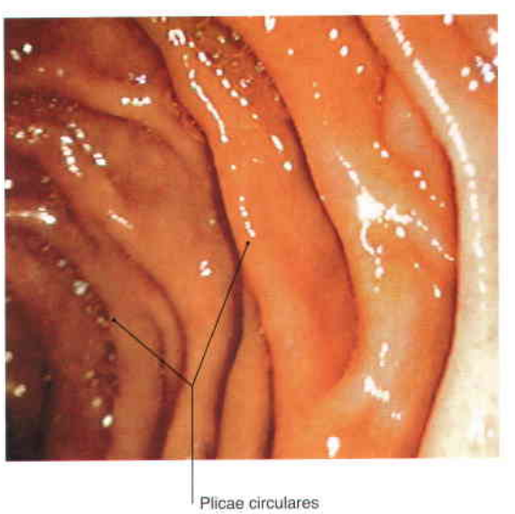
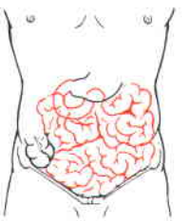


Fig. 992 Duodenum, Duodenum; endoscopic image.

Small intestine, structure



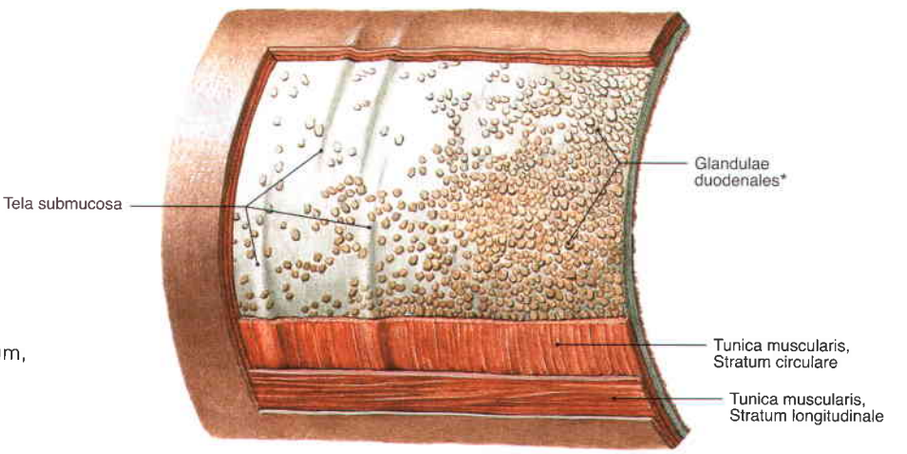


Fig. 993 Superior part of the duodenum, Pars superior duodeni; layers of the wall.
* Clinical term: BRUNNER's glands

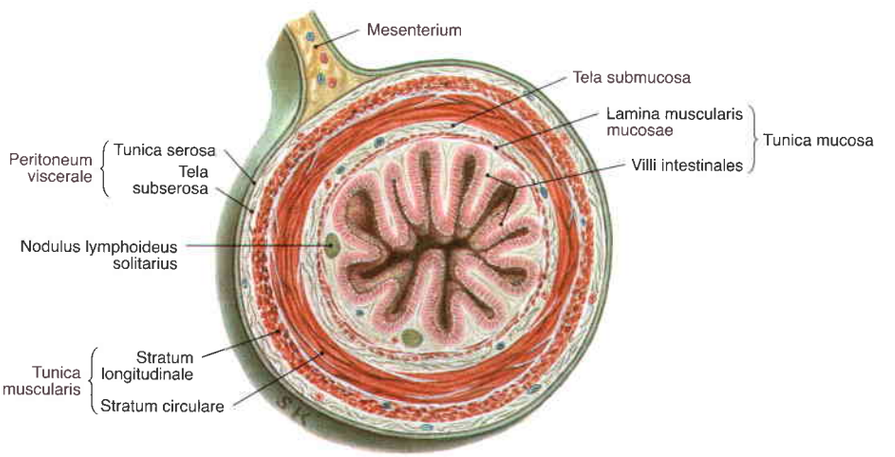


Fig. 994 Small intestine, Intestinum tenue; cross-section through the upper small intestine.

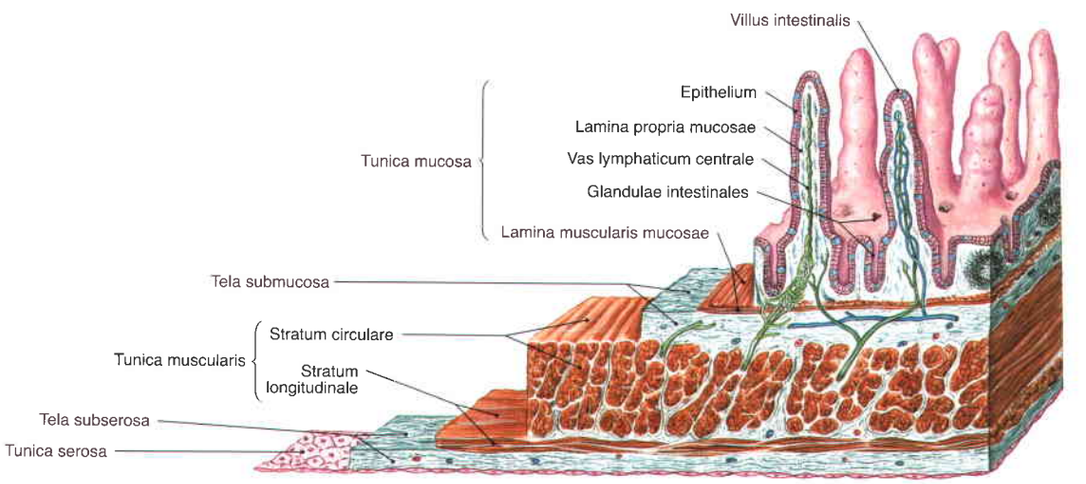


Fig. 995 Small intestine, Intestinum tenue; layers of the wall; microscopic enlargement at low magnification.

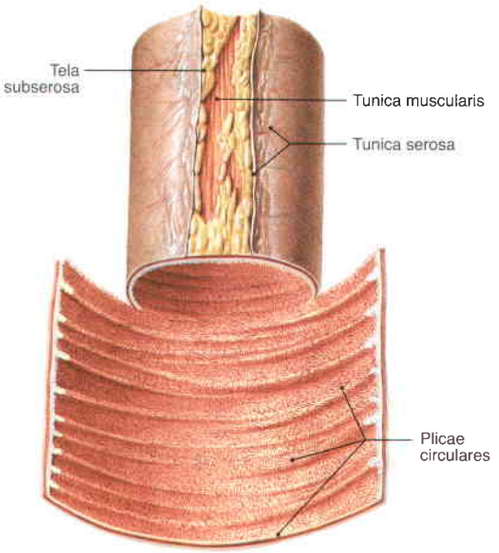


Fig. 996 Jejunum, Jejunum.

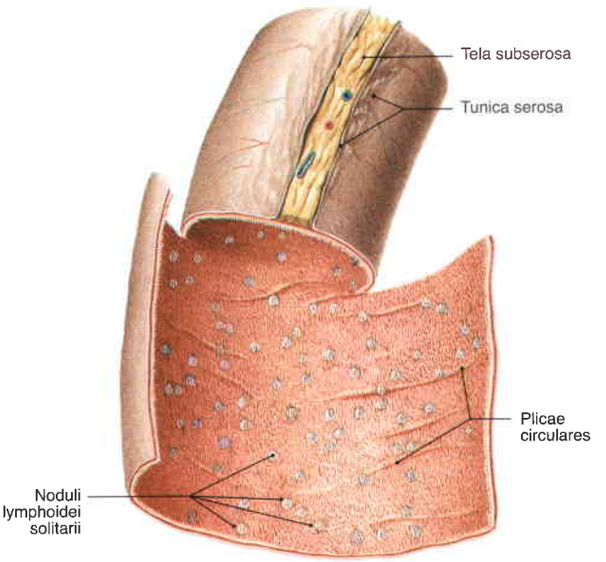


Fig. 997 Ileum, Ileum.

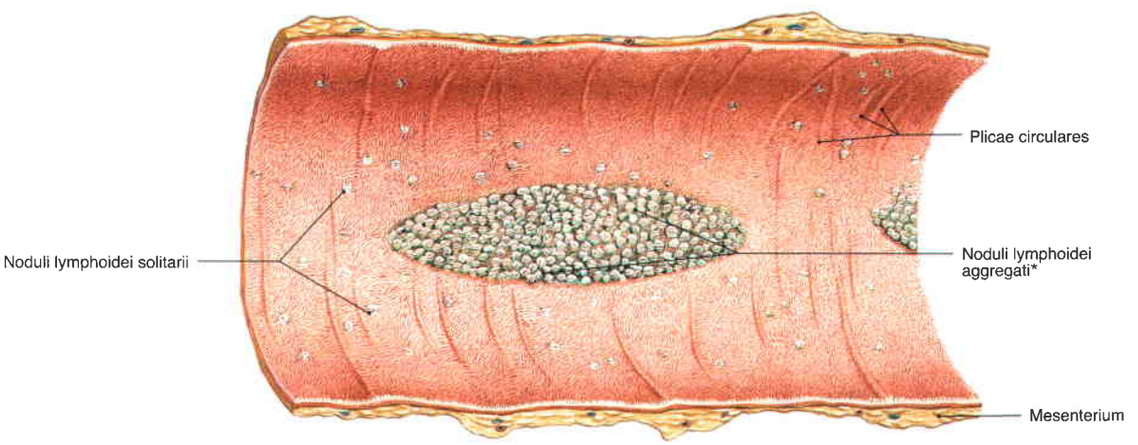


Fig. 998 Terminal ileum, Pars terminalis ilei.
* Clinical term: PEYER's patches

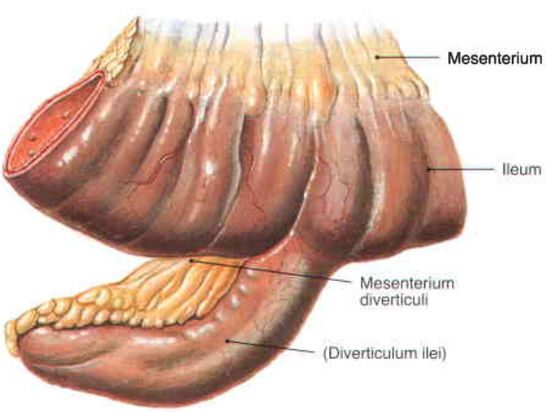


Fig. 999 MECKEL's diverticulum (Diverticulum ilei). This vestige of the yolk stalk (Ductus omphaloentericus) occurs in 1–3% of cases. It is located 30–70 cm oral to the ileocaecal junction opposite to the attachment of the mesentery.

Large intestine

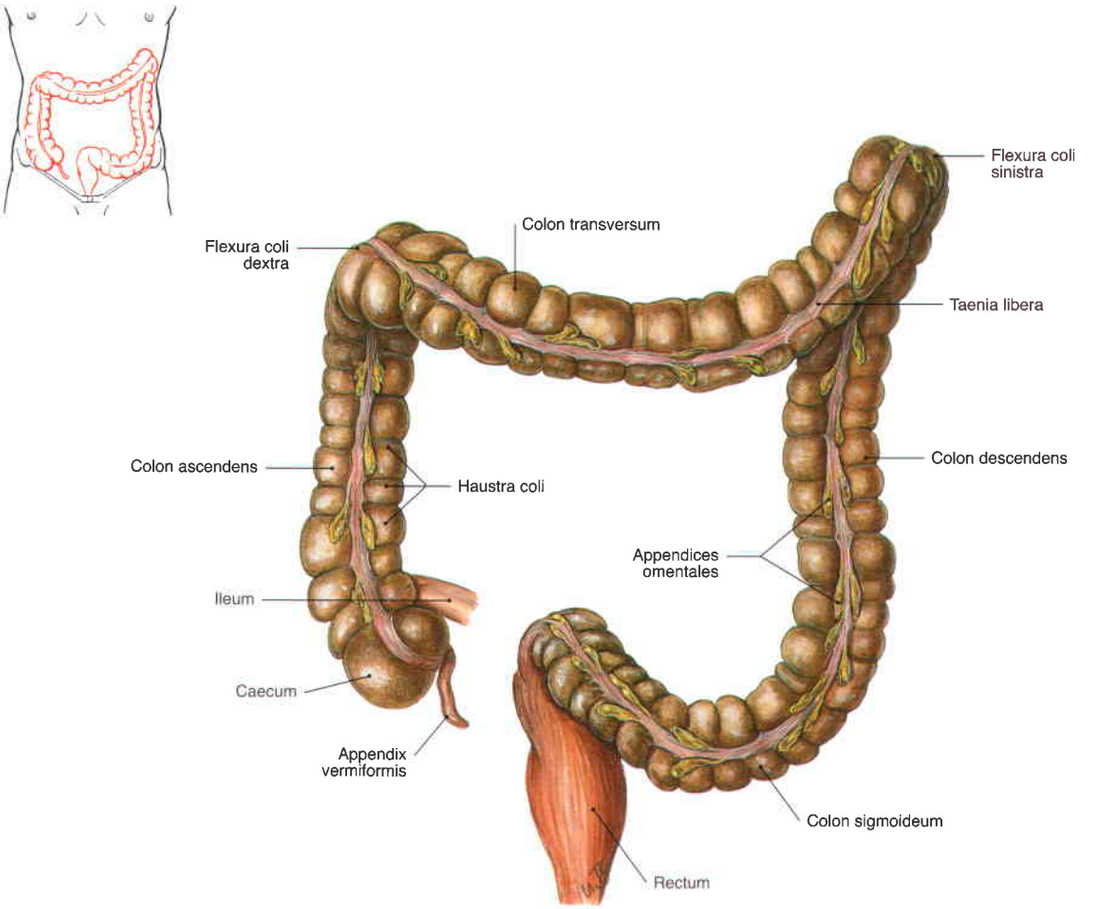


Fig. 1000 Large intestine, Intestinum crassum; ventral view.

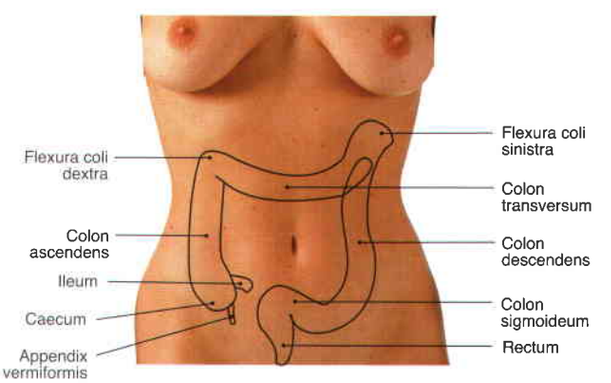


Fig. 1001 Large intestine, Intestinum crassum; projected onto the anterior abdominal wall.
The positions of the transverse colon and of the sigmoid colon are highly variable (compare Fig. 1010).

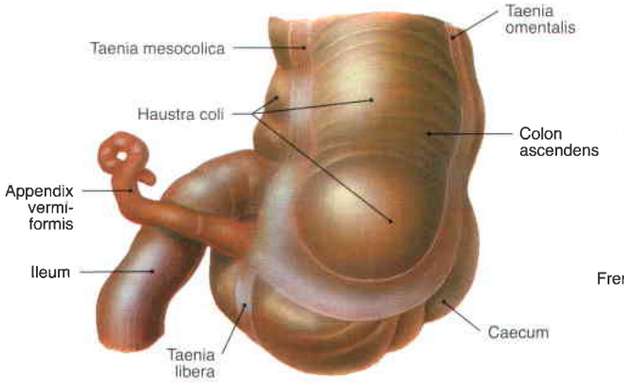


Fig. 1002 Caecum, Caecum; vermiform appendix, Appendix vermiformis, and terminal ileum, Pars terminalis ilei; dorsal view.

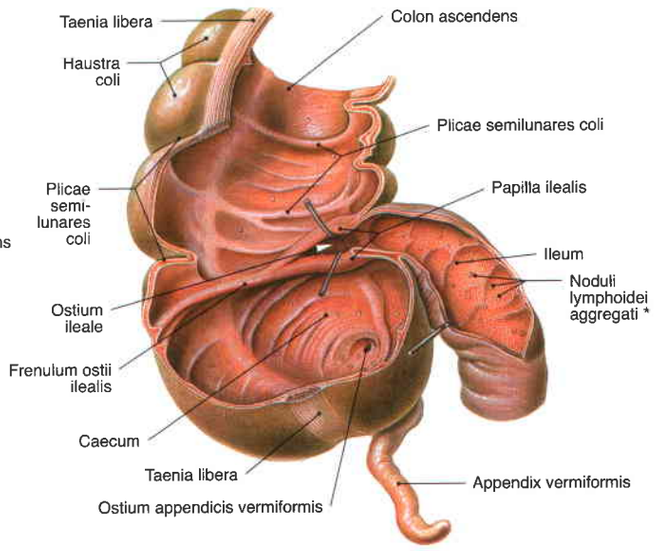


Fig. 1003 Ascending colon, Colon ascendens; caecum, Caecum, and vermiform appendix, Appendix vermiformis; ventral view.
* Clinical term: PEYER's patches

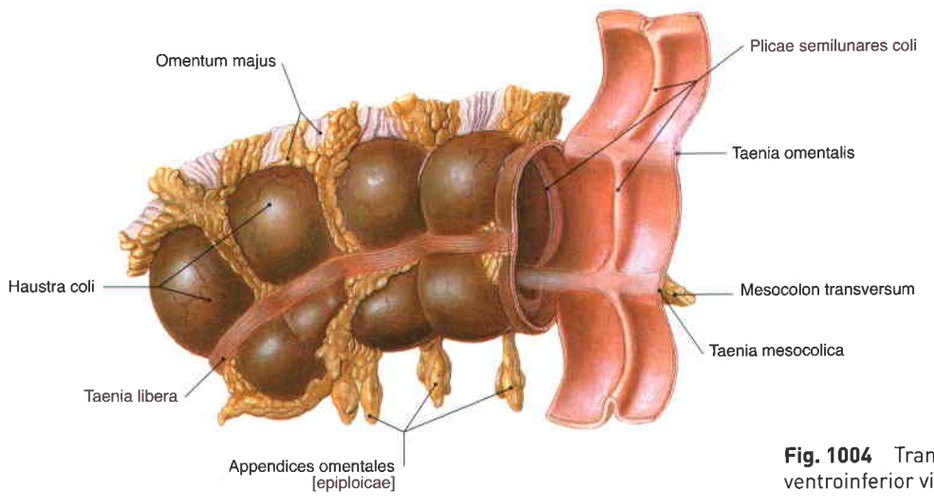


Fig. 1004 Transverse colon, Colon transversum; ventroinferior view.

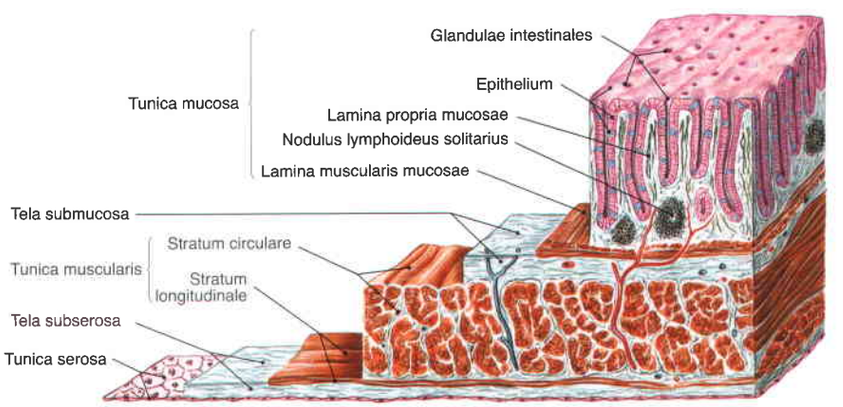


Fig. 1005 Colon, Colon; layers of the wall; microscopic enlargement at low magnification.

Vermiform appendix

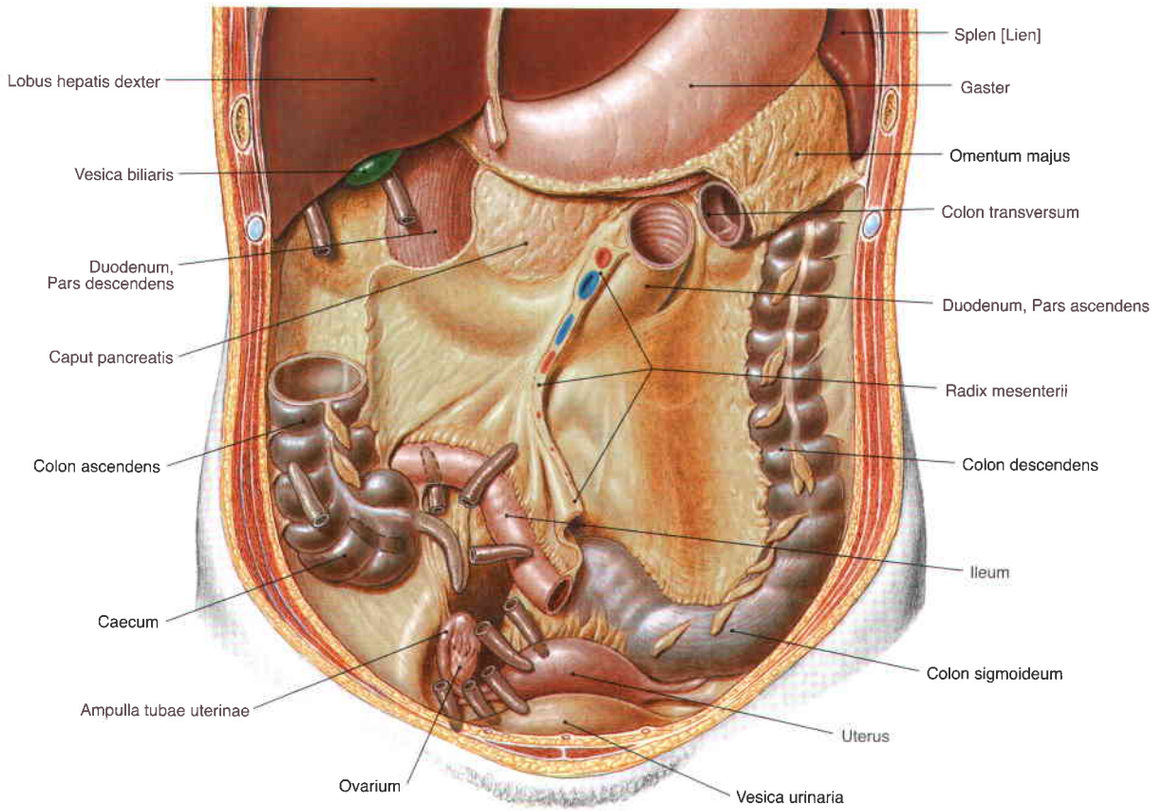


Fig. 1006 Vermiform appendix, Appendix vermiformis; variations in its position; ventral view.

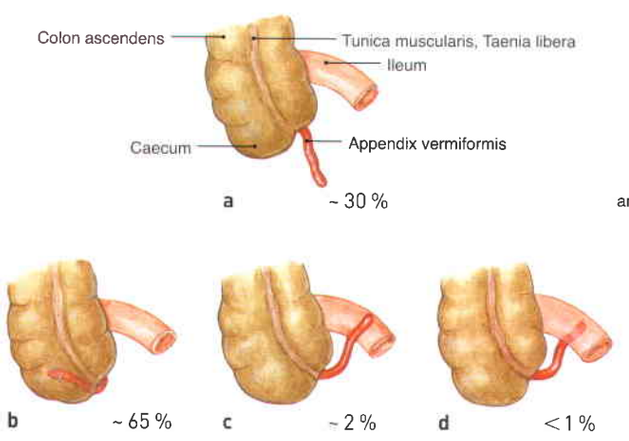


Fig. 1007 a–d Vermiform appendix, Appendix vermiformis; variations in its position.
a Descending into the lesser pelvis
b Behind the caecum
c In front of the ileum
d Behind the ileum

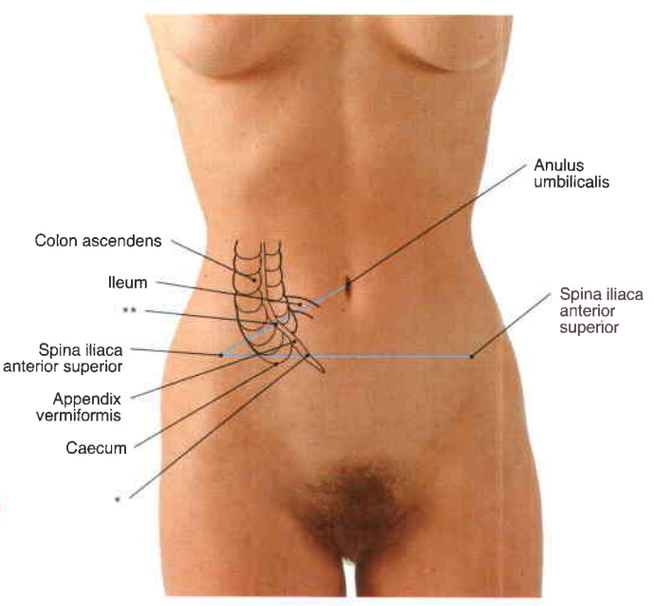


Fig. 1008 Caecum, Caecum, and vermiform appendix, Appendix vermiformis; projection onto the anterior abdominal wall.
* Clinical term: v. LANZ's point, at the right third of a line connecting the anterior superior iliac spines, locates the tip of the vermiform appendix
** Clinical term: McBURNEY's point, at the outer third of a line connecting the right anterior superior iliac spine and the umbilicus, locates the base of the vermiform appendix

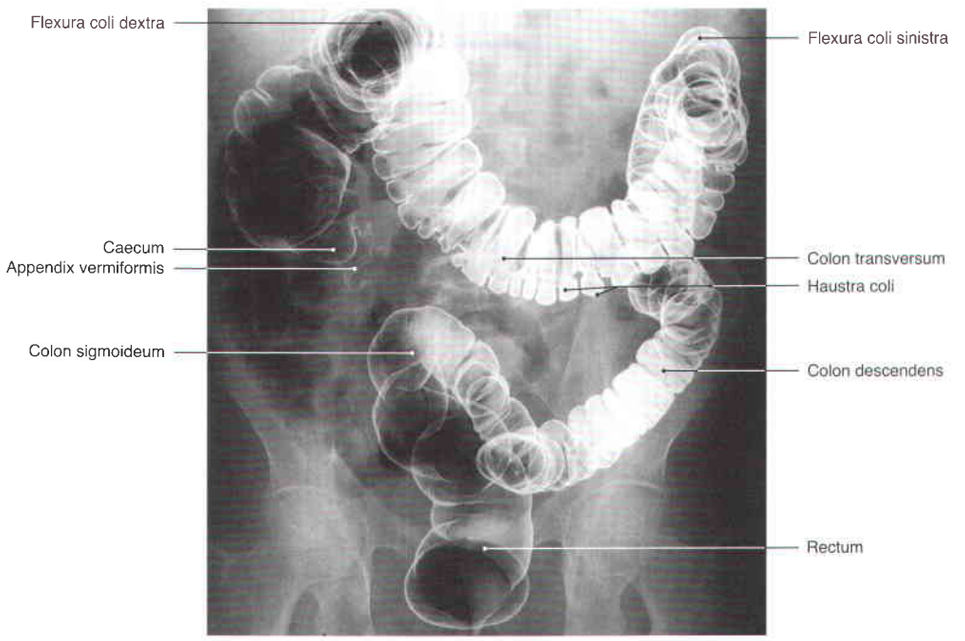


Fig. 1009 Colon, Colon, and rectum, Rectum; AP-radiograph after filling with a contrast medium and air (double contrast method).

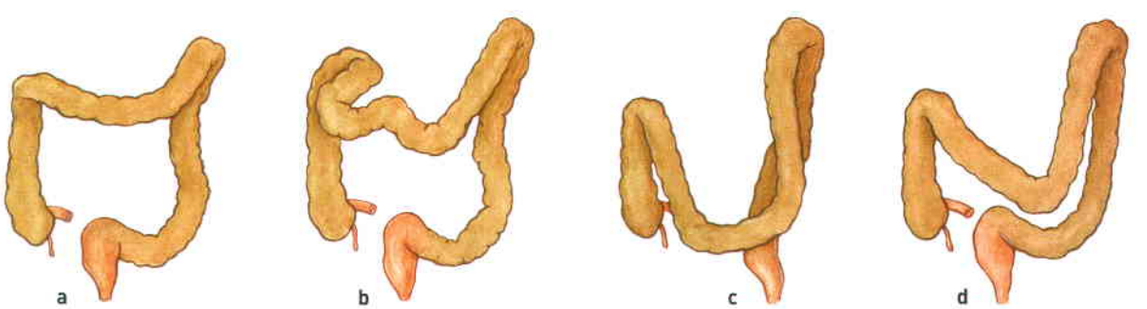


Fig. 1010 a–d Transverse colon, Colon transversum; common variations in its position; ventral view.

a Normal position
b Twisted
c U-shaped
d V-shaped

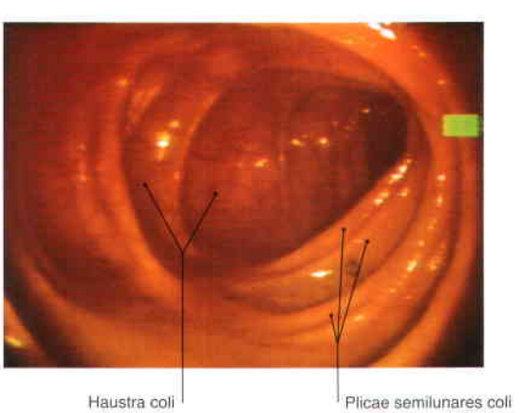


Fig. 1011 Ascending colon, Colon ascendens; endoscopic image after passage of the rectum, the sigmoid colon, the descending colon and the transverse colon (colonoscopy).

Liver

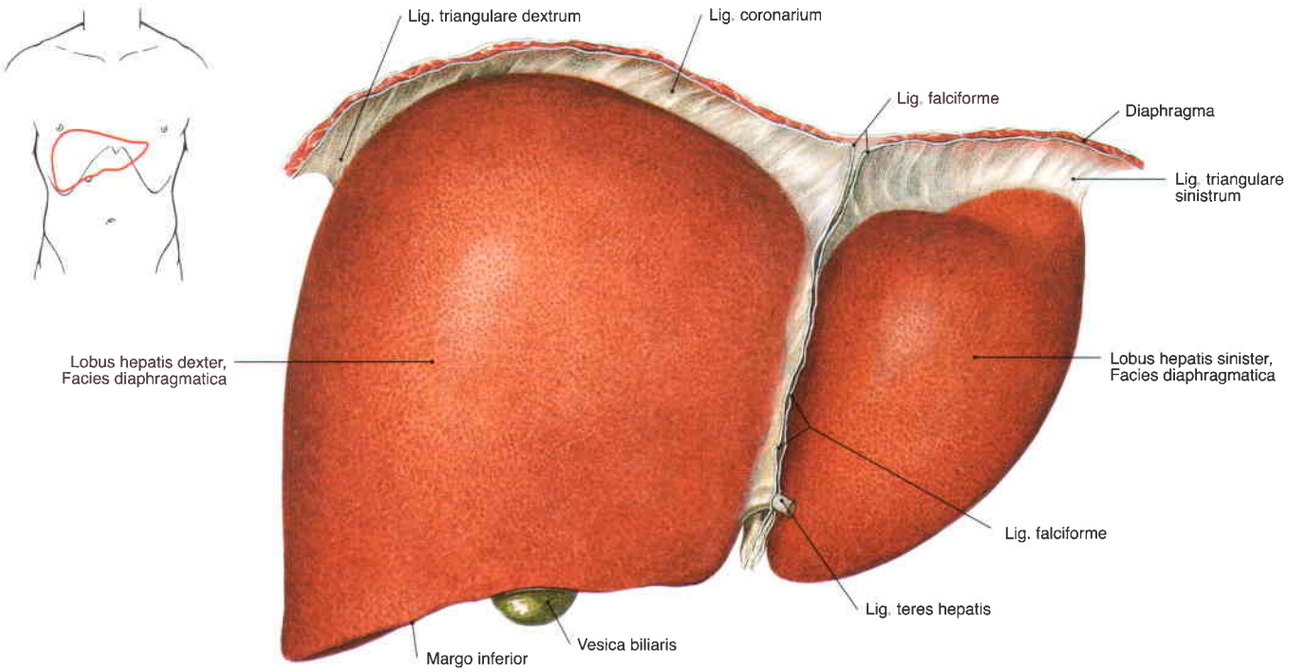


Fig. 1012 Liver, Hepar; ventral view.

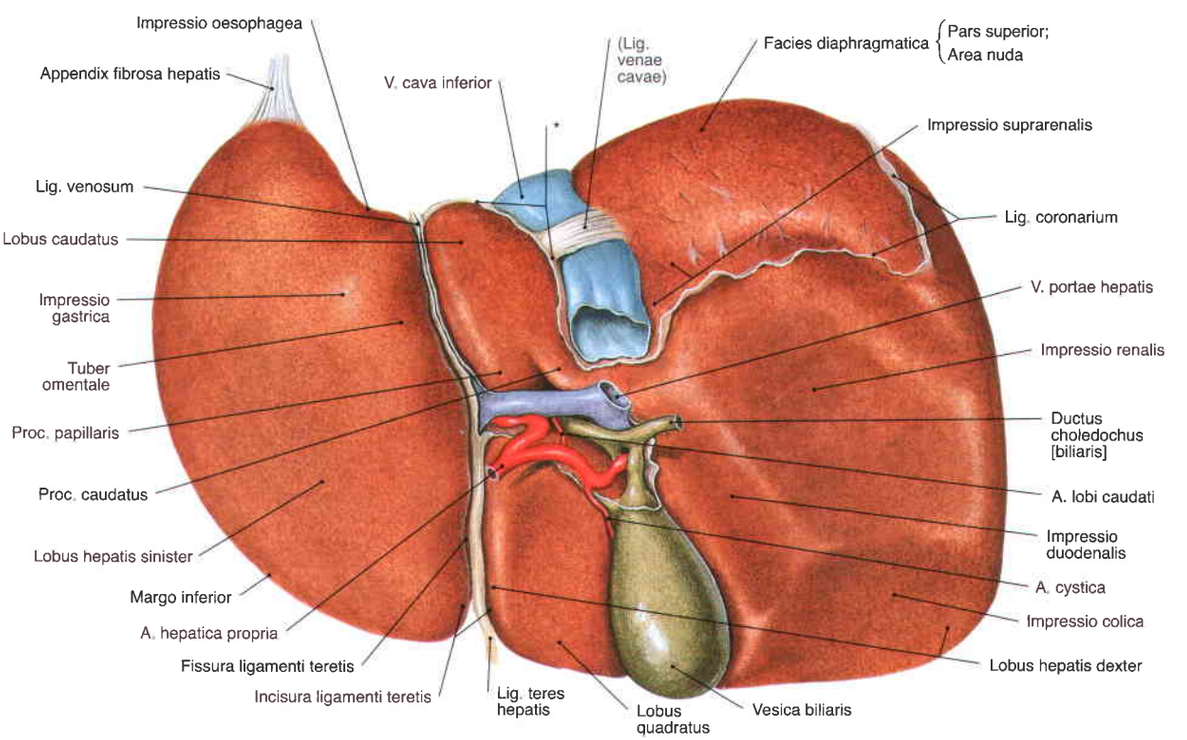


Fig. 1013 Liver, Hepar, and porta hepatis, Porta hepatis; dorsal view.

* Borders of the superior recess of the omental bursa

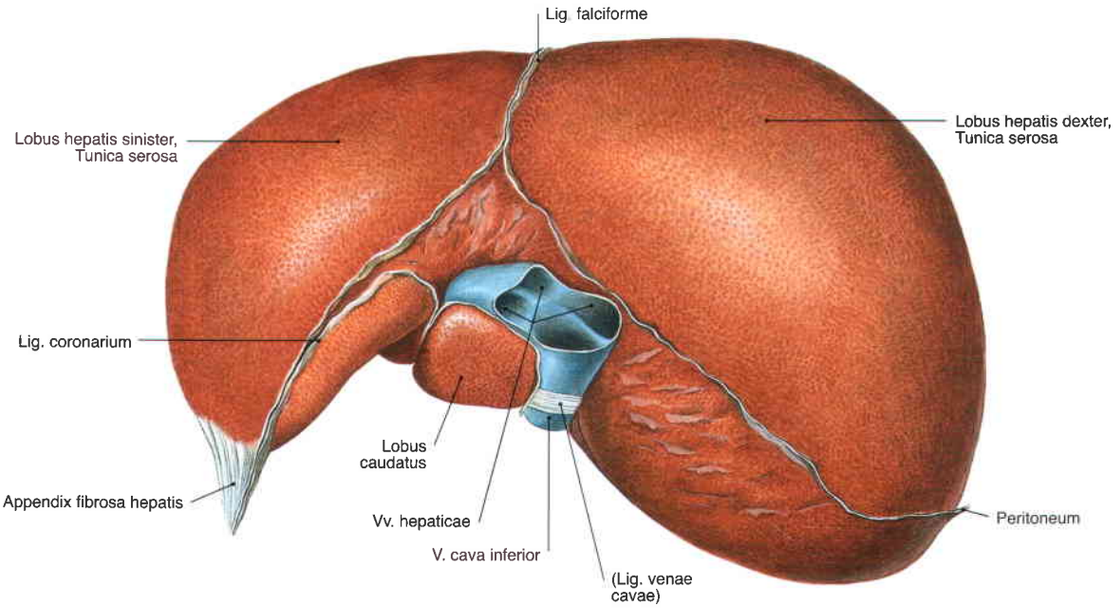


Fig. 1014 Liver, Hepar; superior view.

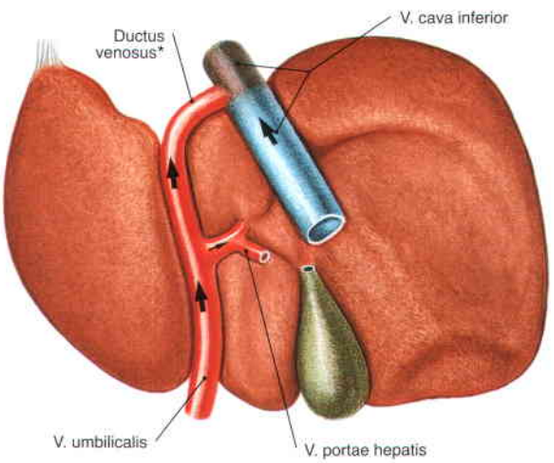


Fig. 1015 Liver, Hepar, of a foetus; oxygen content of the blood is shown by different colours and the direction of flow by arrows; dorsal view.

* Also: Ductus ARANTII

Liver puncture

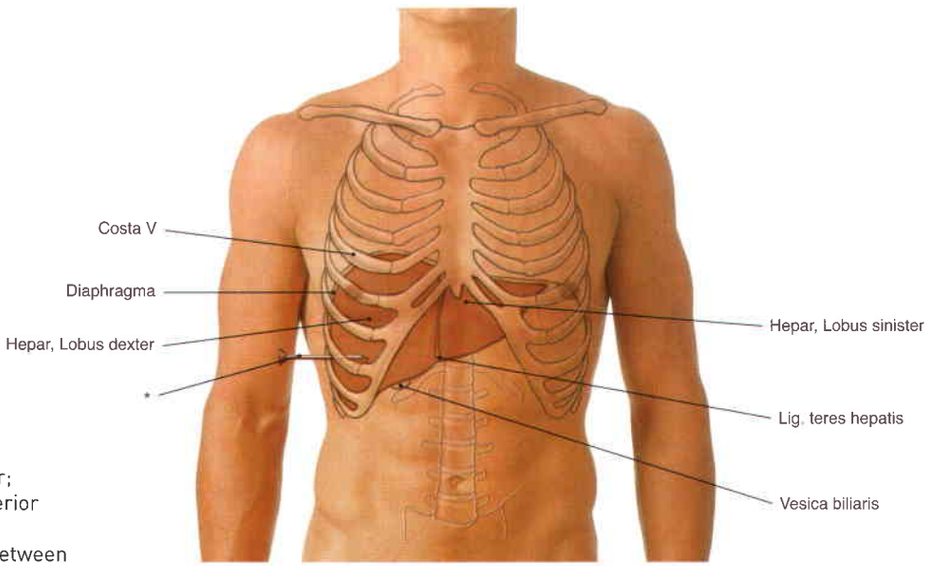


Fig. 1016 Liver, Hepar; projection onto the anterior abdominal wall; intermediate position between inspiration and expiration.
* Position of the needle for liver puncture

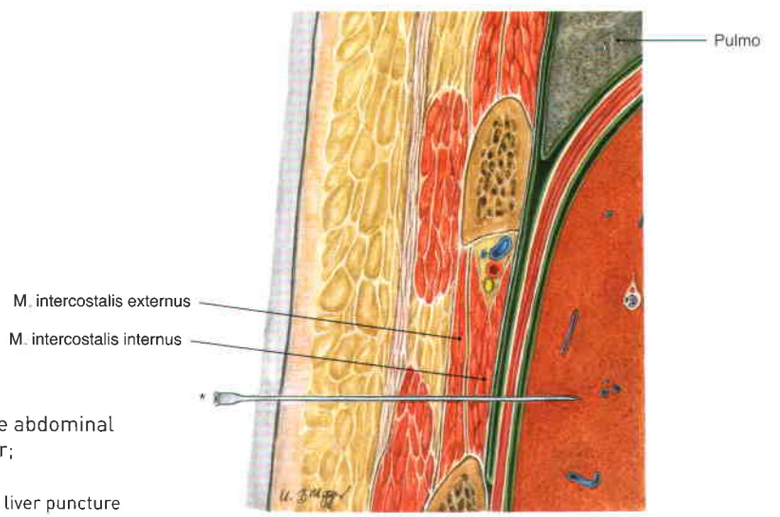


Fig. 1017 Layers of the abdominal wall and the liver, Hepar; frontal section.
* Position of the needle for liver puncture

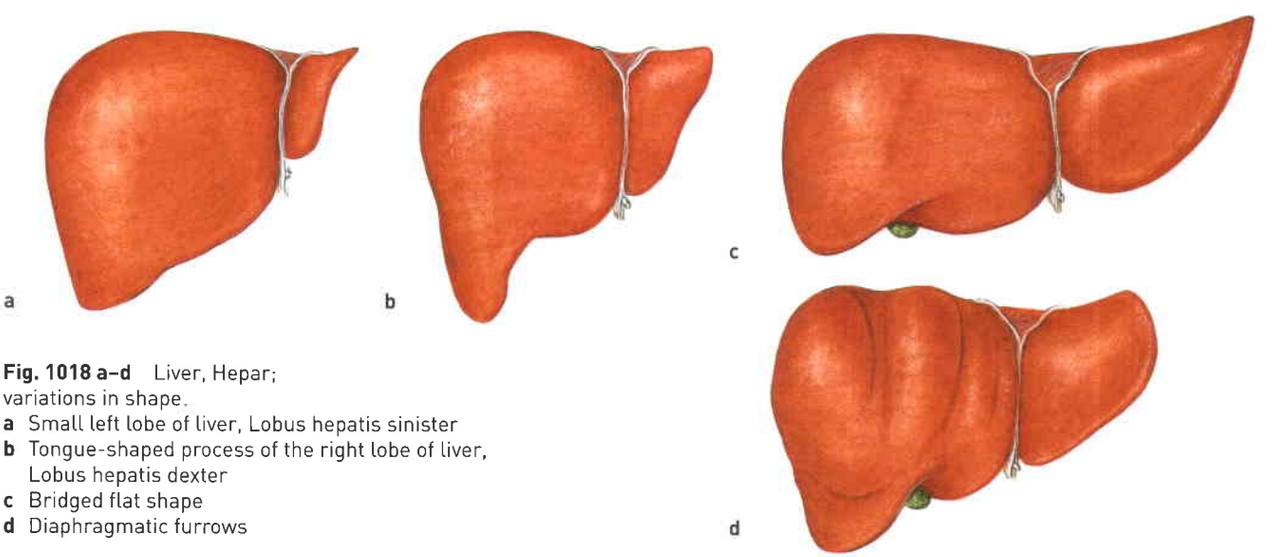


Fig. 1018 a–d Liver, Hepar; variations in shape.
a Small left lobe of liver, Lobus hepatis sinister
b Tongue-shaped process of the right lobe of liver, Lobus hepatis dexter
c Bridged flat shape
d Diaphragmatic furrows

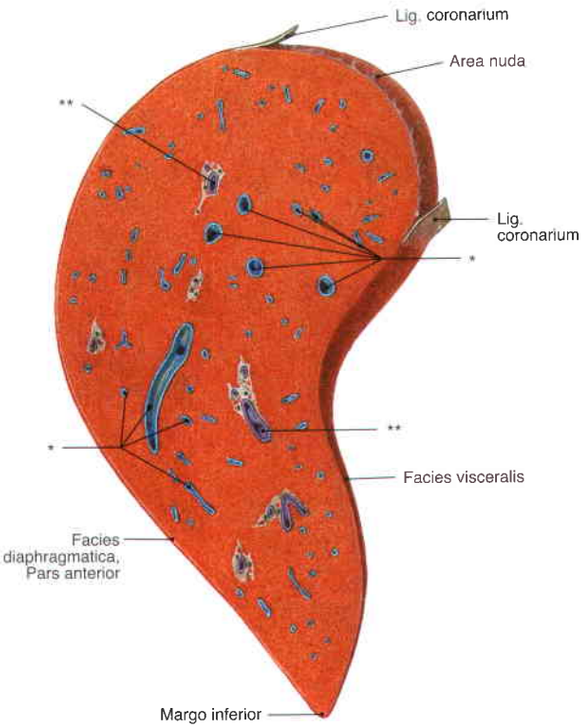


Fig. 1019 Liver, Hepar;
sagittal section through the right lobe of liver to demonstrate the branches of the hepatic veins and the hepatic portal vein.
* Intrahepatic branches of the hepatic veins
** Intrahepatic branches of the hepatic portal vein and the hepatic artery

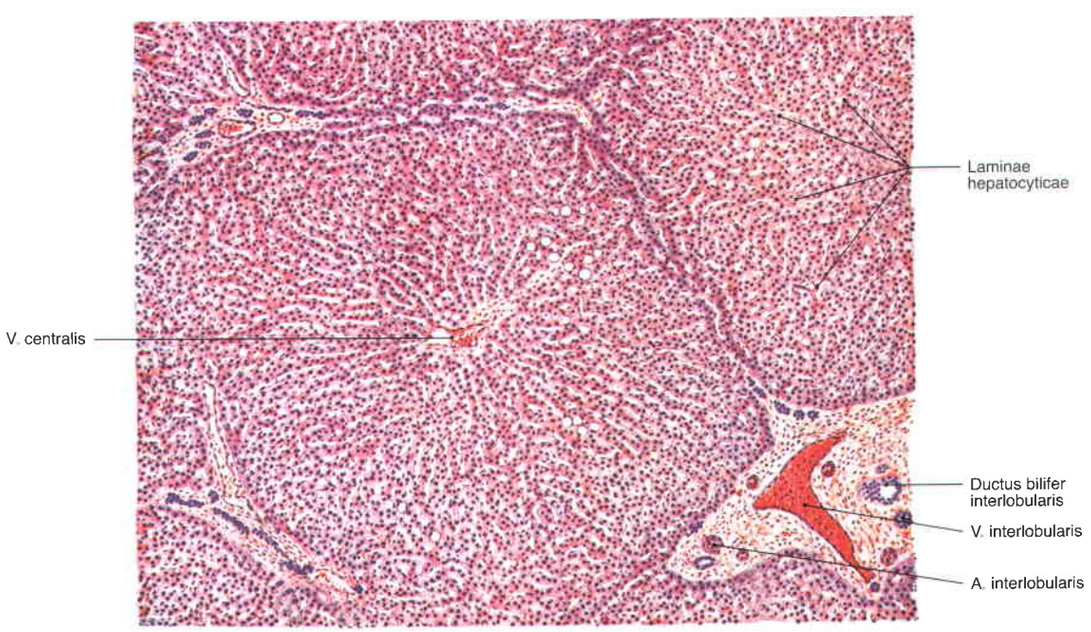


Fig. 1020 Liver, Hepar;
microscopic structure (microscopic enlargement at low magnification);
trias of GLISSON (consists of a branch of the hepatic portal vein, a branch of the hepatic artery proper and a small bile duct), and a small liver lobule surrounding a central vein.

Blood vessels of the liver

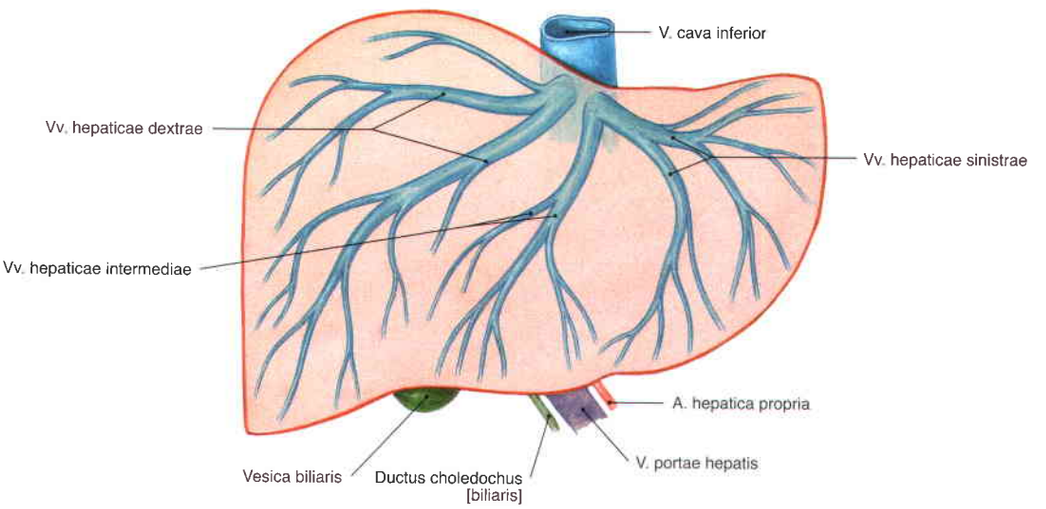


Fig. 1021 Liver, Hepar, and hepatic veins, Vv. hepaticae; ventral view.

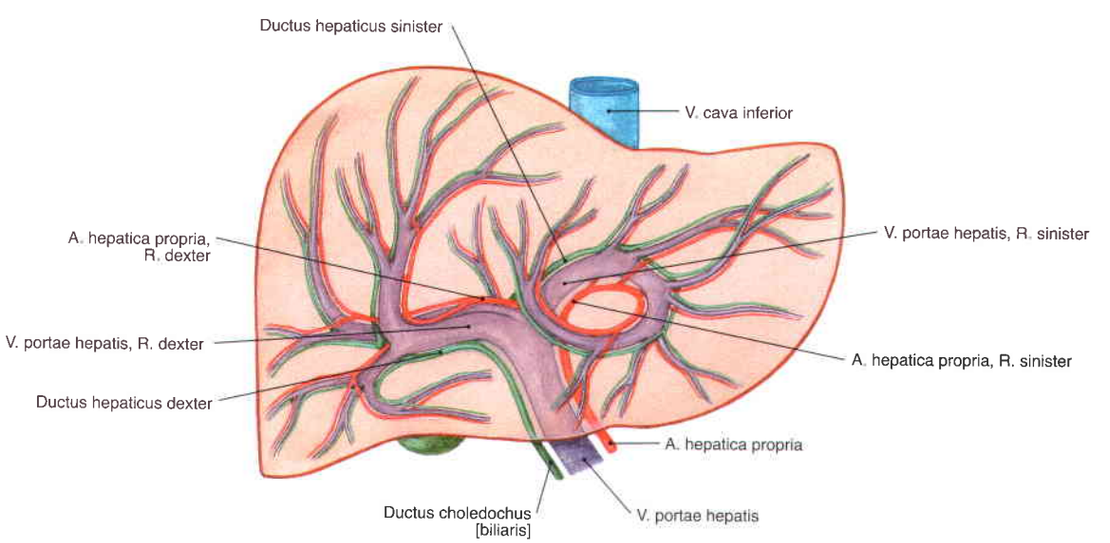


Fig. 1022 Liver, Hepar, and the hepatic portal vein, V. portae hepatis; ventral view.

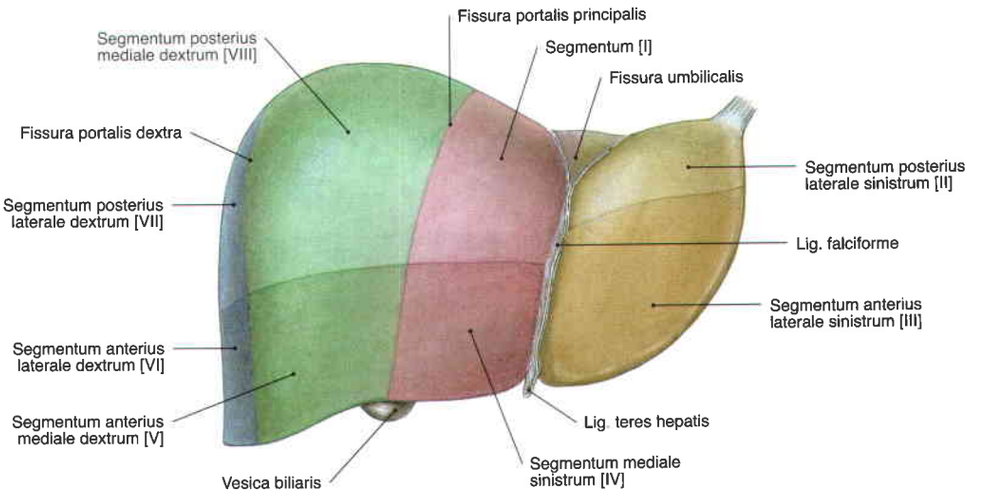


Fig. 1023 Liver, Hepar;
the segments of the lobes are shown in different colours;
ventral view.

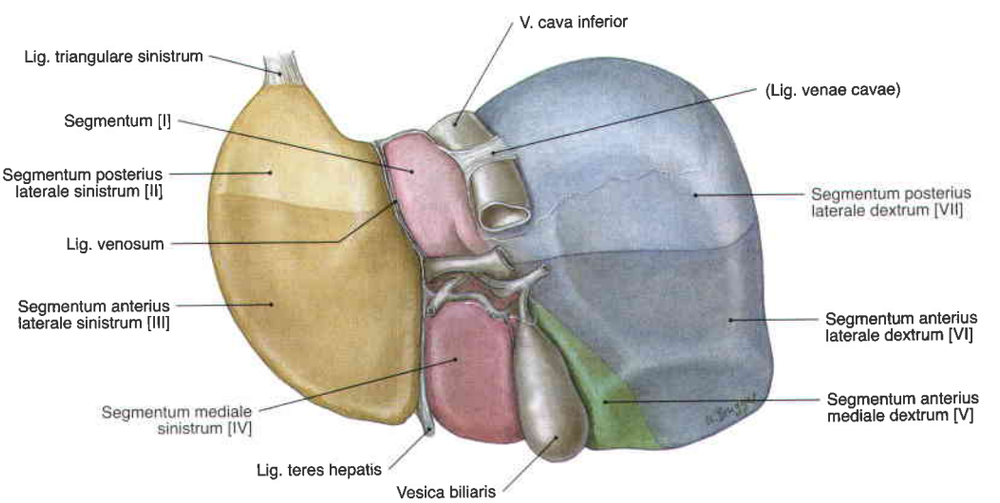
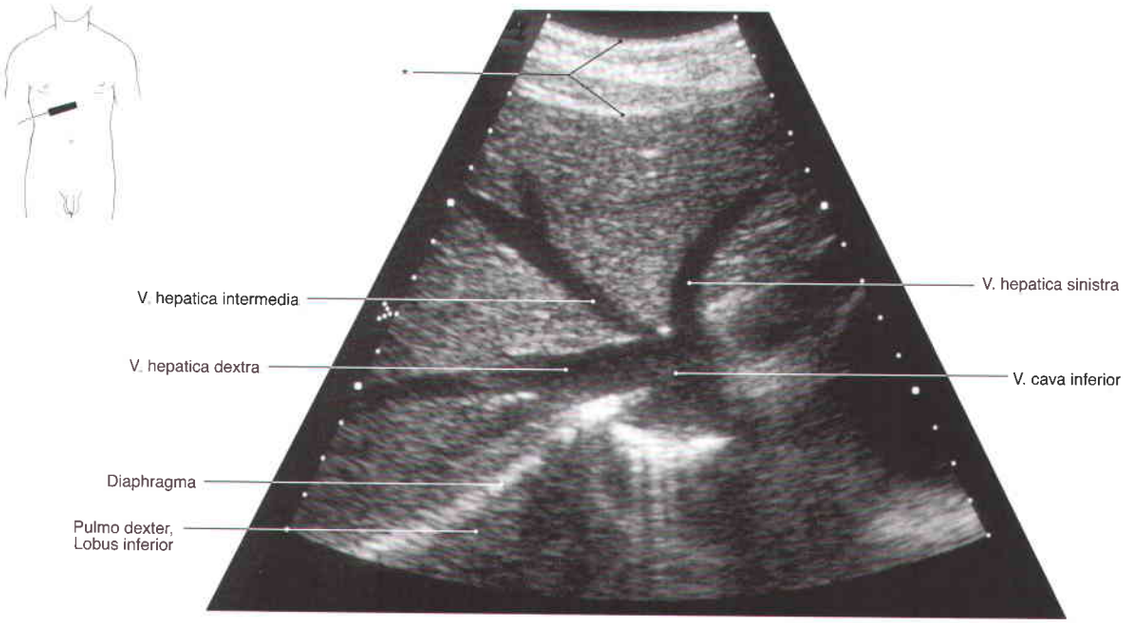


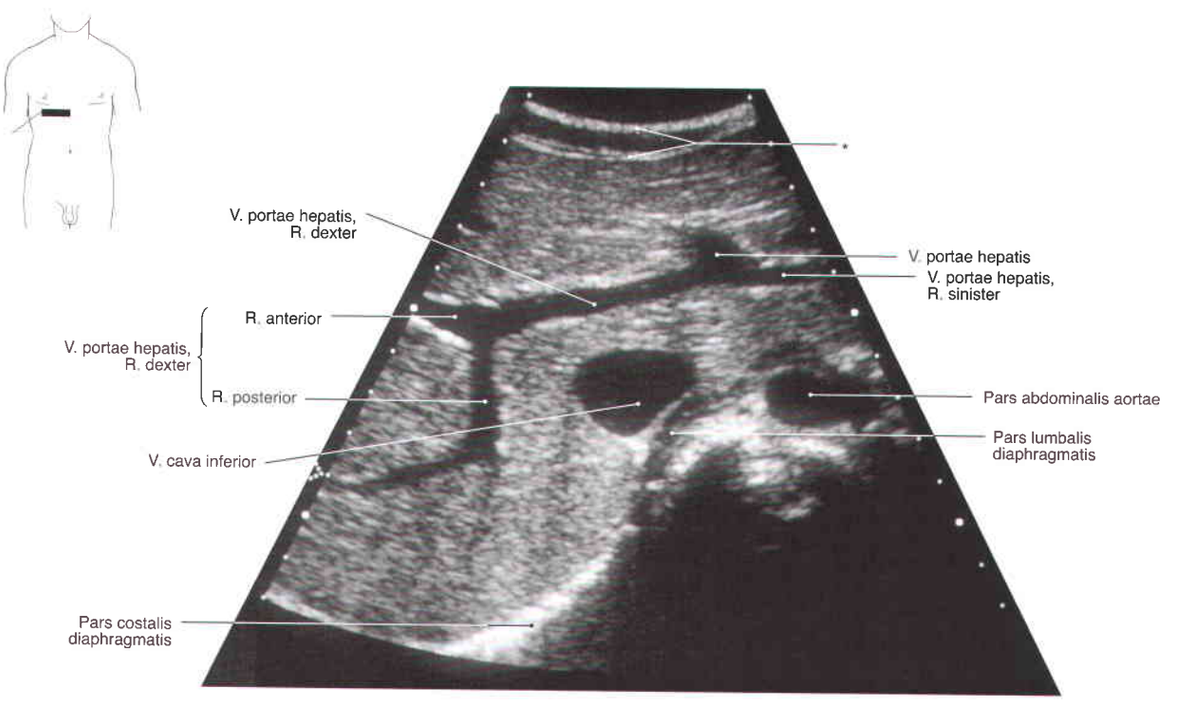
Fig. 1024 Liver, Hepar;
the segments of the lobes are shown in different colours;
dorsal view.

Liver, ultrasound



→ 1021

Fig. 1025 Hepatic veins, Vv. hepaticae;
ultrasound image showing the opening of the hepatic veins into the inferior vena cava;
inferior view.
* Abdominal wall



→ 1022

Fig. 1026 Hepatic portal vein, V. portae hepatis;
ultrasound image showing the division of the hepatic portal vein into the main branches;
inferior view.
* Abdominal wall

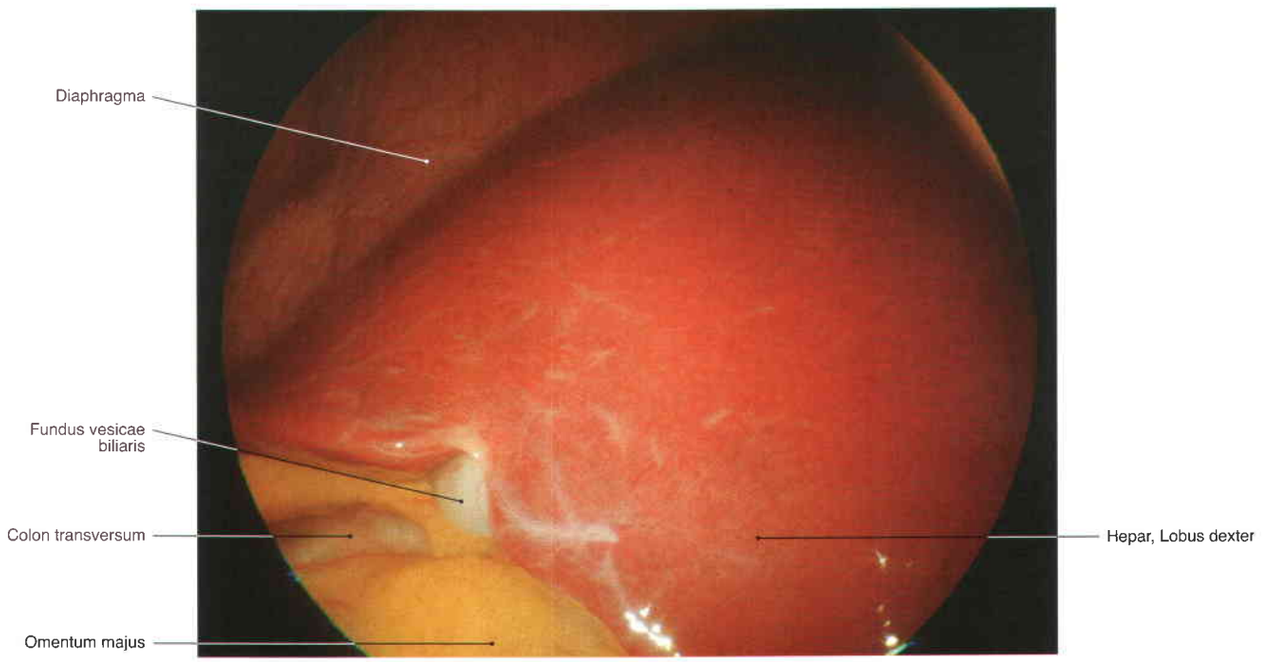


Fig. 1027 Liver, Hepar, and gallbladder, Vesica biliaris [fellea]; laparoscopy;
oblique inferior view from the left.

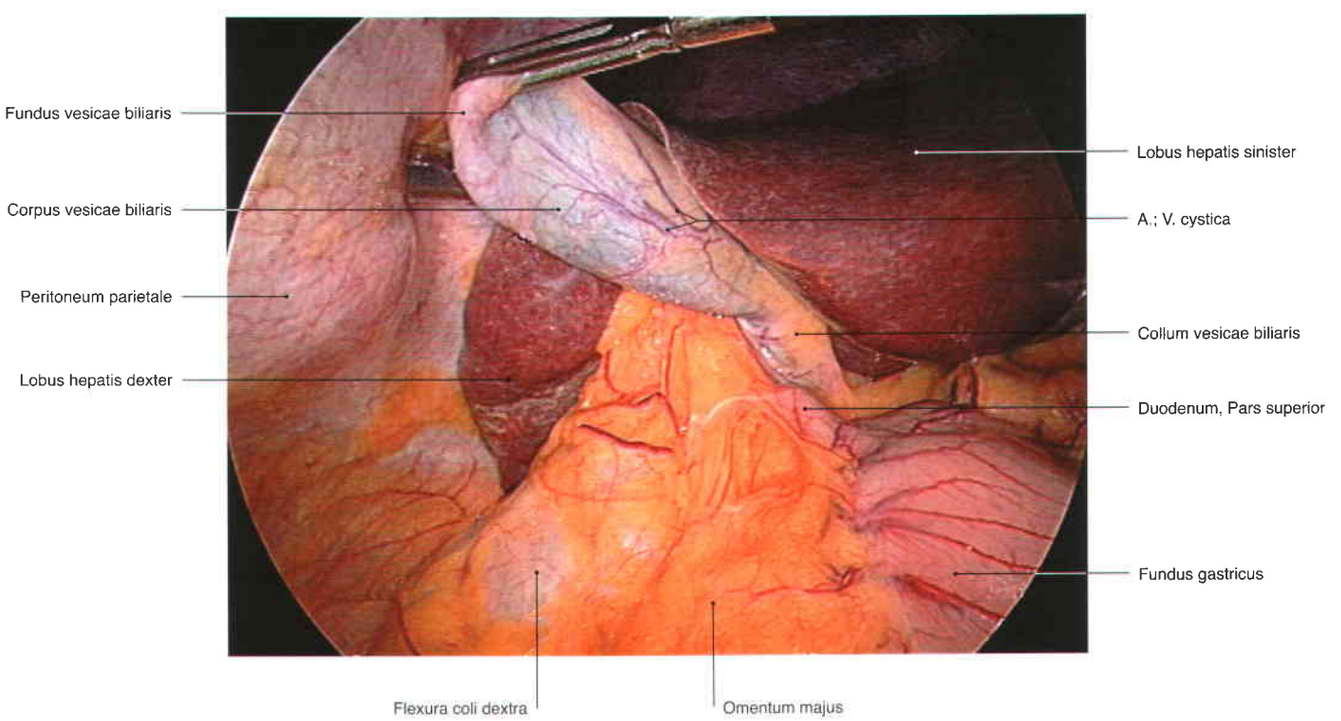


Fig. 1028 Gallbladder, Vesica biliaris [fellea], and liver, Hepar; laparoscopy;
ventral view.

Gallbladder and bile duct system

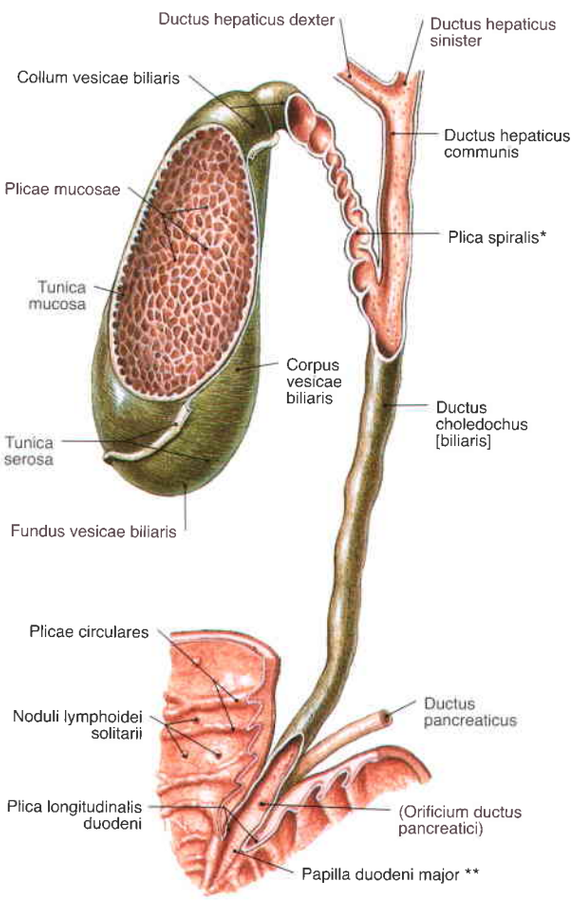


Fig. 1029 Gallbladder, Vesica biliaris [fellea], and bile duct system; ventral view.
* Clinical term: HEISTER's valve
** Clinical term: tubercle of VATER

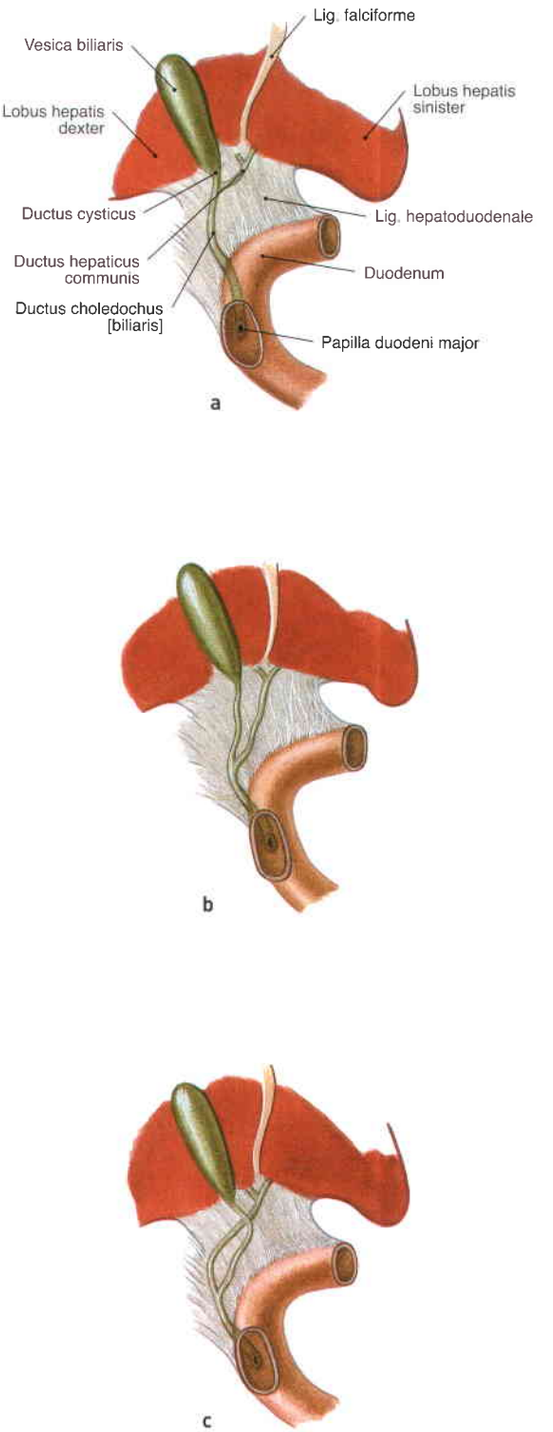


Fig. 1030 a–c Variations in the bile duct system: common hepatic duct, Ductus hepaticus communis, and bile duct, Ductus choledochus.
a High union of the common hepatic duct, Ductus hepaticus communis, and the cystic duct, Ductus cysticus
b Low union of the common hepatic duct, Ductus hepaticus communis, and the cystic duct, Ductus cysticus
c Low union after the cystic duct, Ductus cysticus, crosses over the common hepatic duct, Ductus hepaticus communis

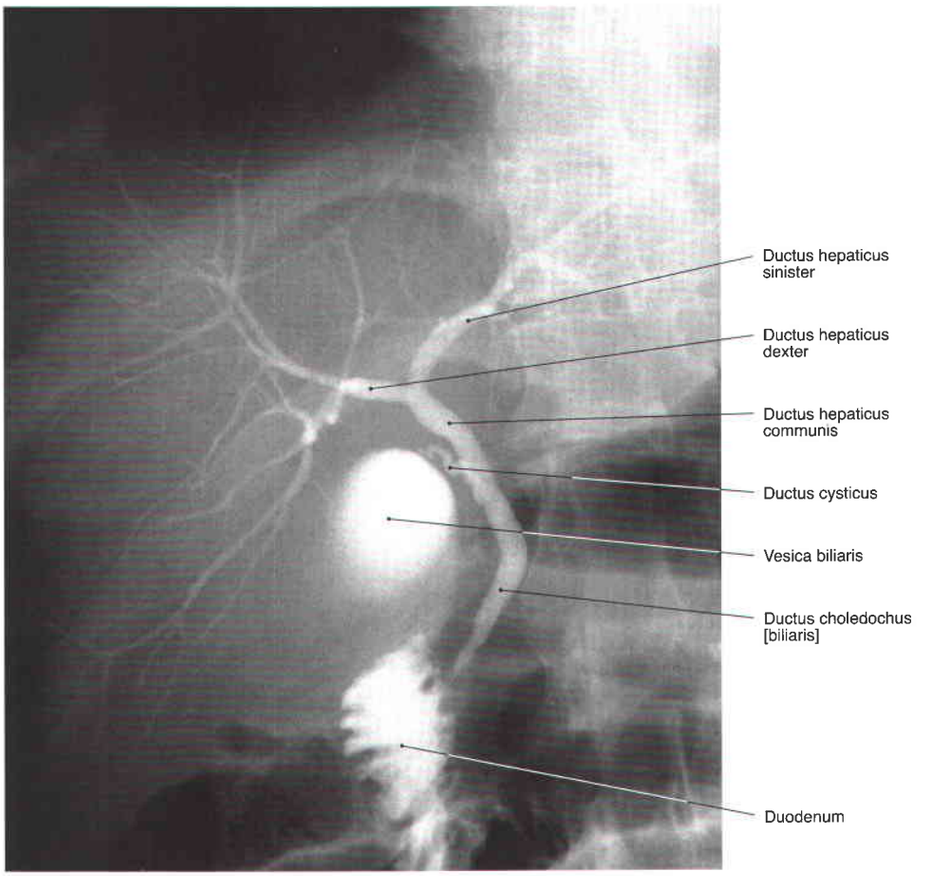


Fig. 1031 Bile duct system;
AP-radiograph after administration of a contrast medium;
upright position;
ventral view.

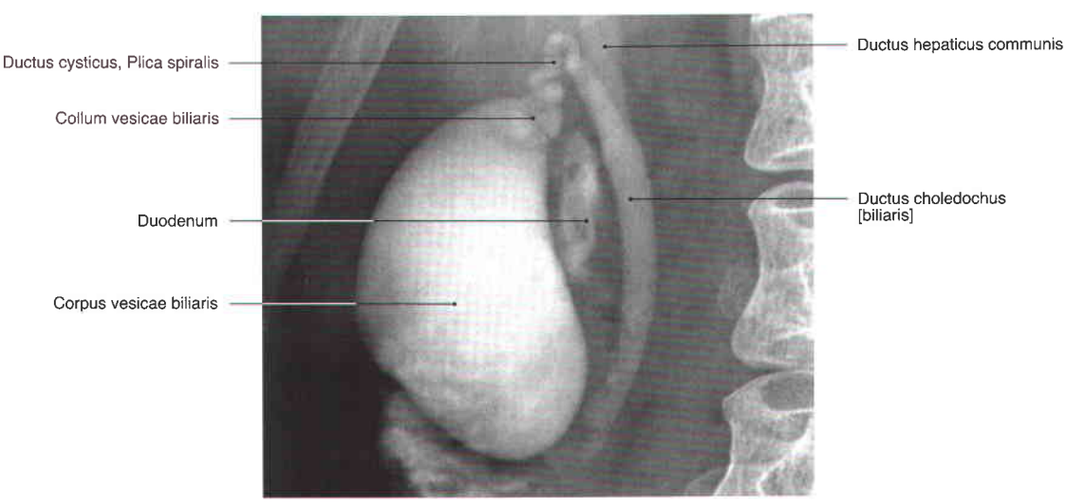


Fig. 1032 Gallbladder, Vesica biliaris [fellea], and bile duct system;
AP-radiograph after administration of a contrast medium;
upright position;
ventral view.

Pancreas

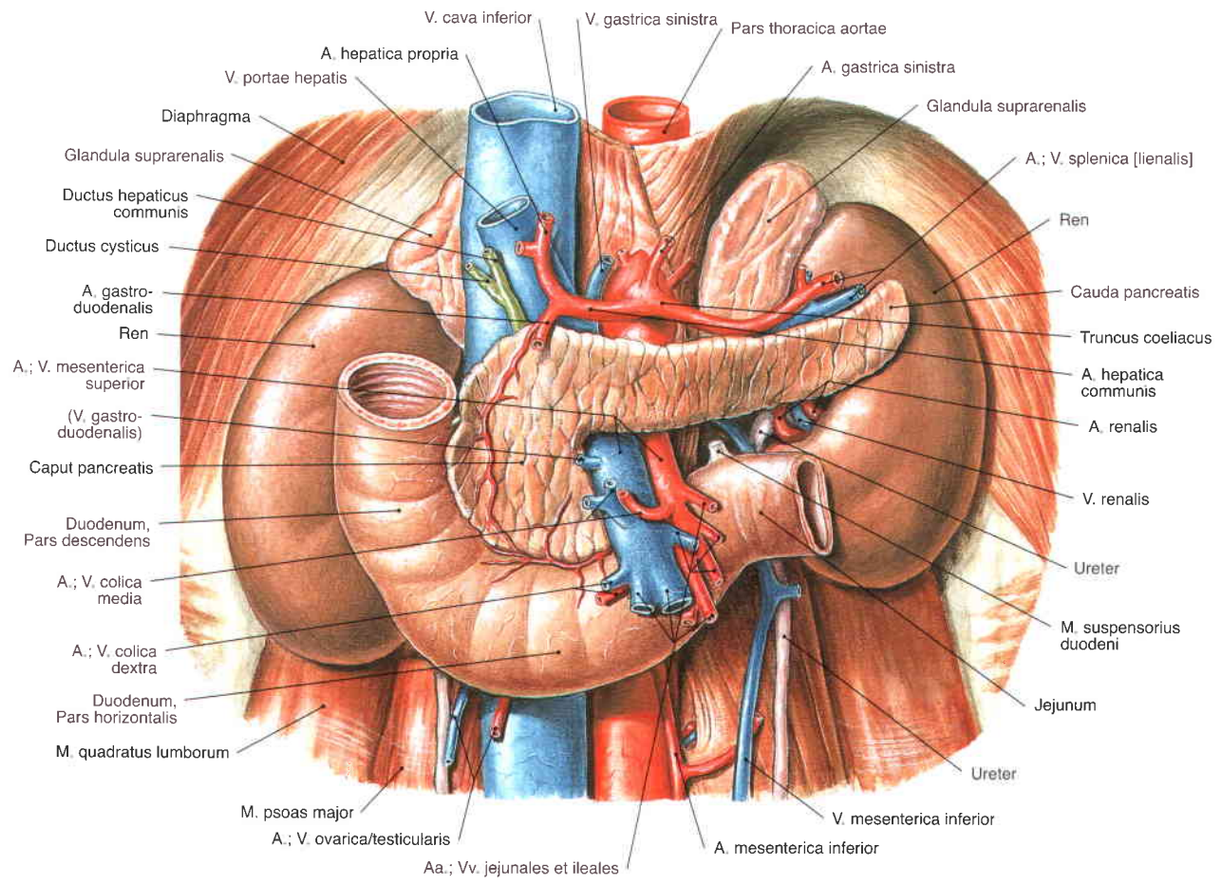


Fig. 1033 Retroperitoneal organs and vessels of the upper abdomen; ventral view.

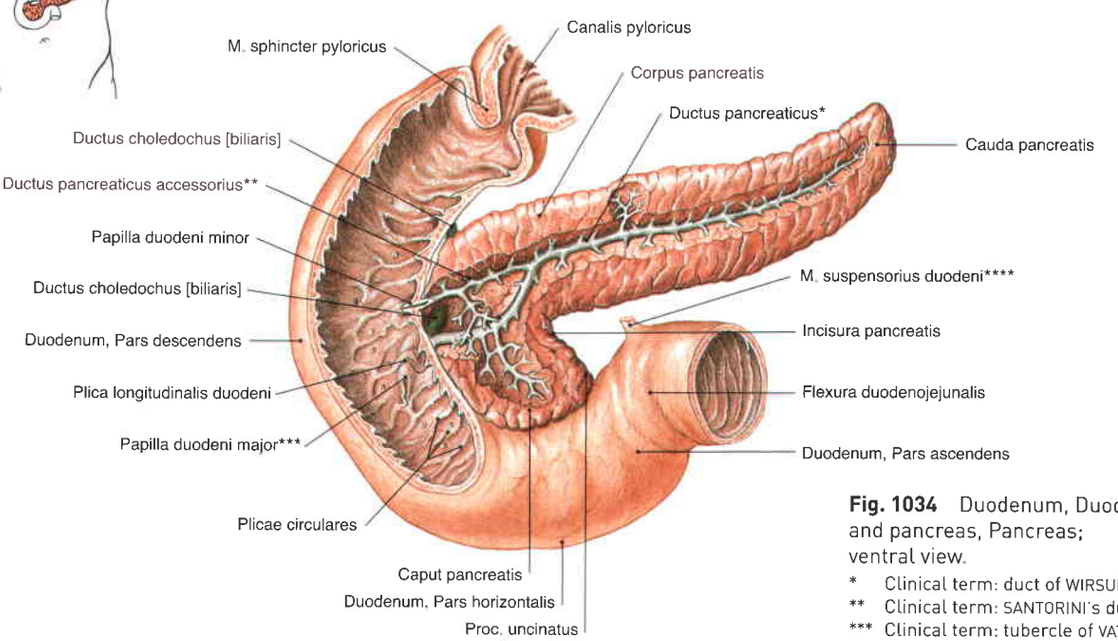


Fig. 1034 Duodenum, Duodenum, and pancreas, Pancreas; ventral view.

* Clinical term: duct of WIRSUNG
** Clinical term: SANTORINI's duct
*** Clinical term: tubercle of VATER
**** Clinical term: muscle of TREITZ

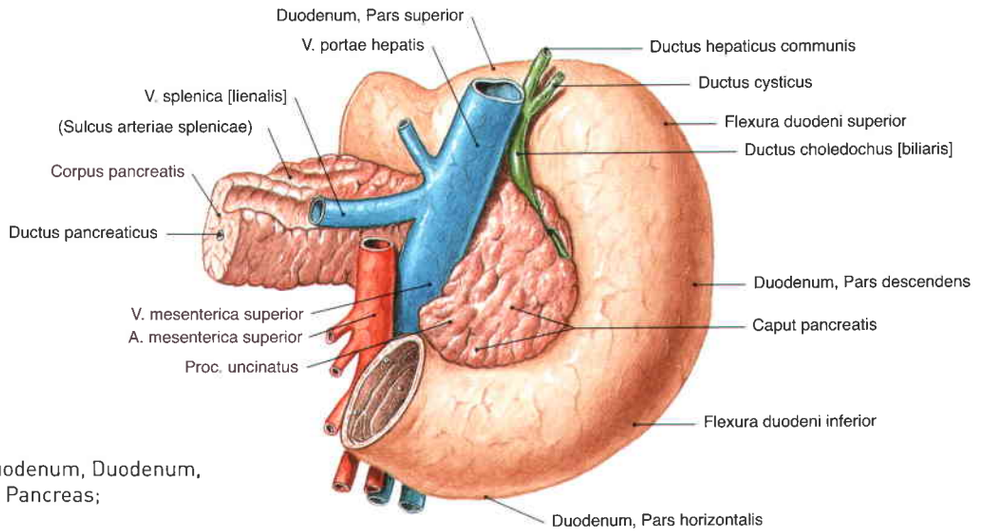


Fig. 1035 Duodenum, Duodenum, and pancreas, Pancreas; dorsal view.

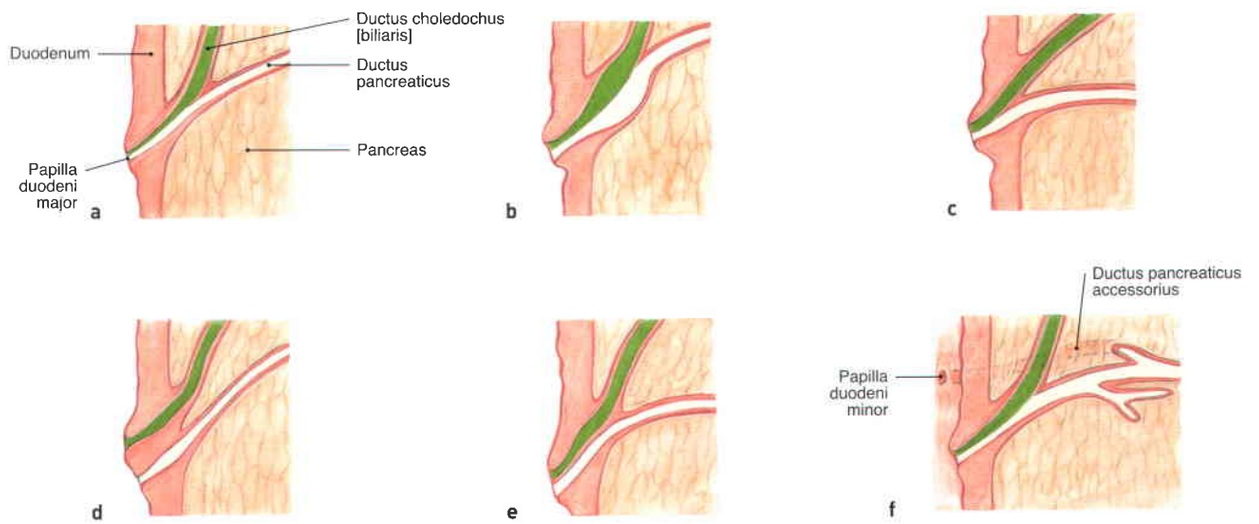


Fig. 1036 a–f Variations in the opening of the bile duct, Ductus choledochus, and the pancreatic duct, Ductus pancreaticus.
a Long common part
b Ampullary enlargement at the terminal part
c Short common part
d Separate opening
e Single opening with a septum dividing the common duct
f Accessory duct, Ductus pancreaticus accessorius

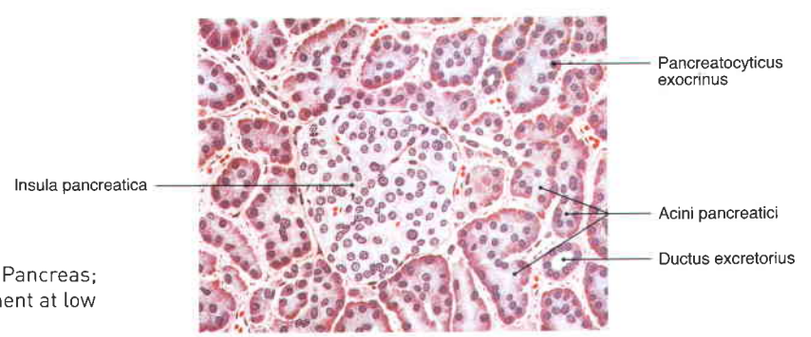


Fig. 1037 Pancreas, Pancreas; microscopic enlargement at low magnification.

Pancreas, imaging

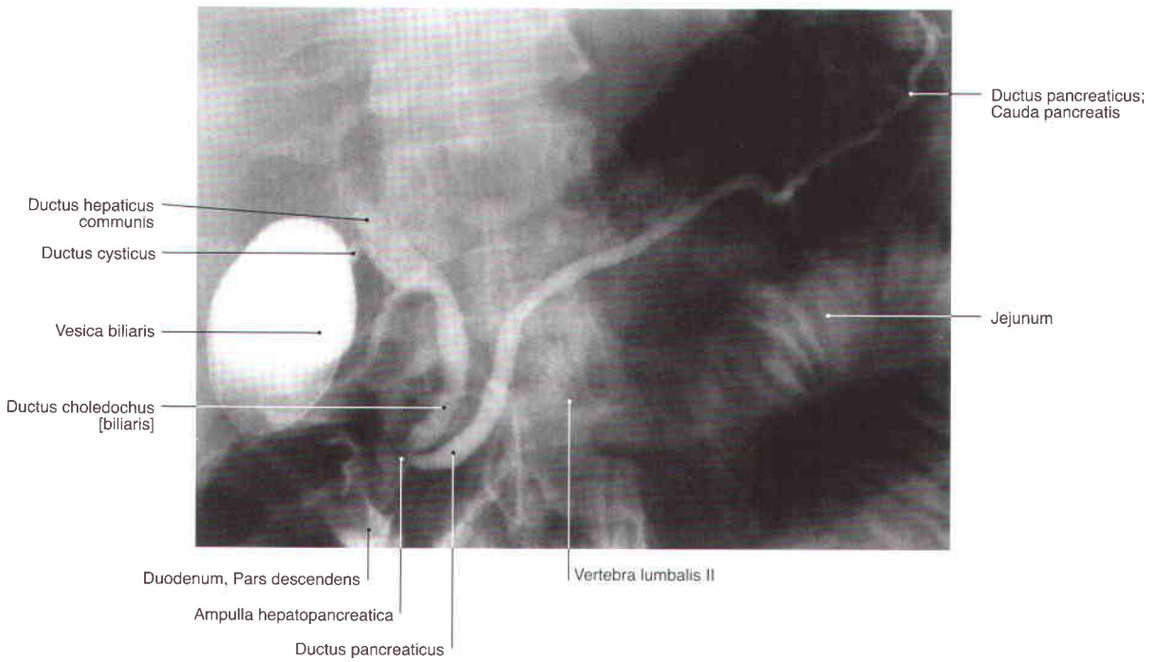


Fig. 1038 Pancreatic duct, Ductus pancreaticus; bile duct, Ductus choledochus, and gallbladder, Vesica biliaris [fellea];
AP-radiograph; supine position; after endoscopic intubation of the common excretory duct of the liver and the pancreas, as well as injection of a contrast medium; ventral view.
Clinical term: ERCP (endoscopic retrograde cholangio-pancreaticography).

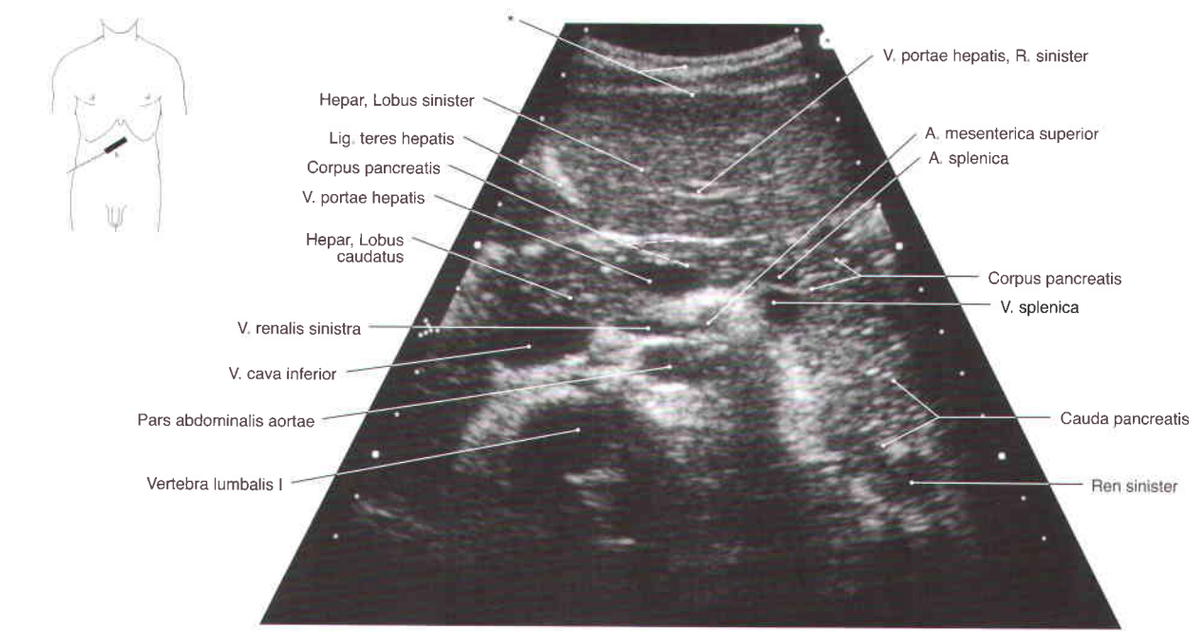


Fig. 1039 Pancreas, Pancreas;
ultrasound image showing the pancreas and adjacent large vessels in deep inspiration; oblique inferior view.
* Abdominal wall

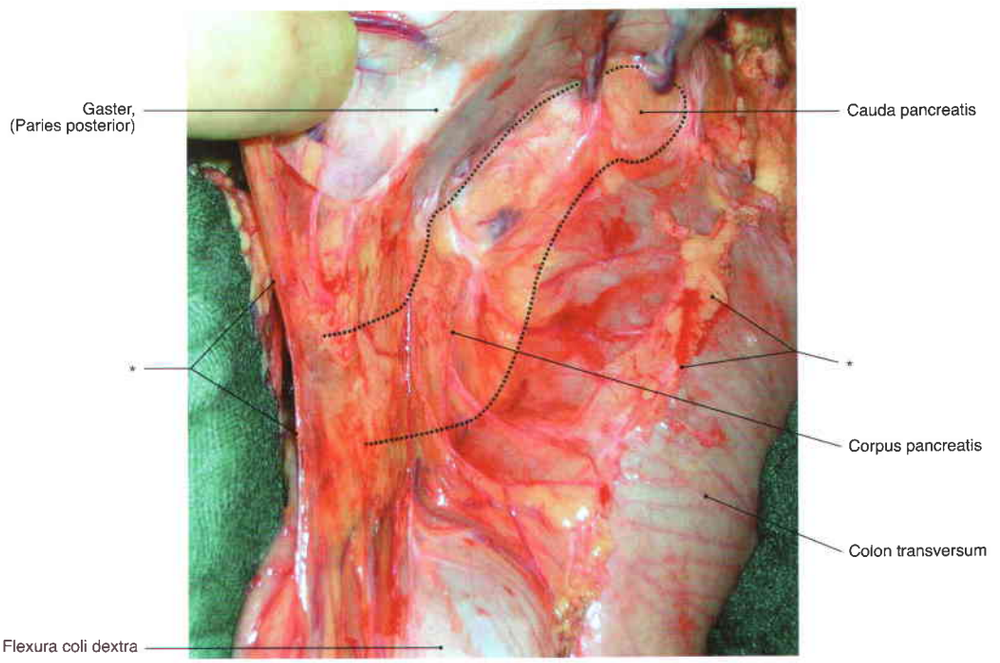


Fig. 1040 Pancreas, Pancreas;
the gastrocolic ligament of the greater omentum has been dissected to expose the omental bursa;
photograph taken during surgery.
* Dissection line at the greater omentum

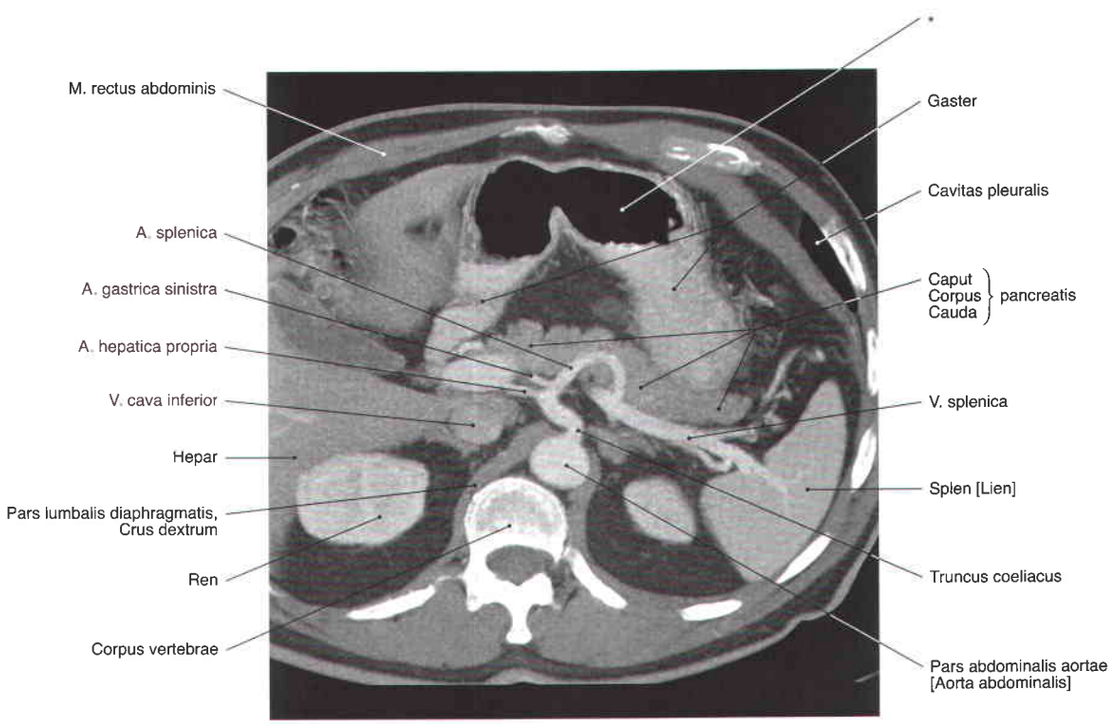


Fig. 1041 Pancreas, Pancreas;
computed tomographic horizontal section (CT); inferior view.
In this subject, the coeliac trunk is located remarkably low.
* Air bubble in the stomach

Spleen

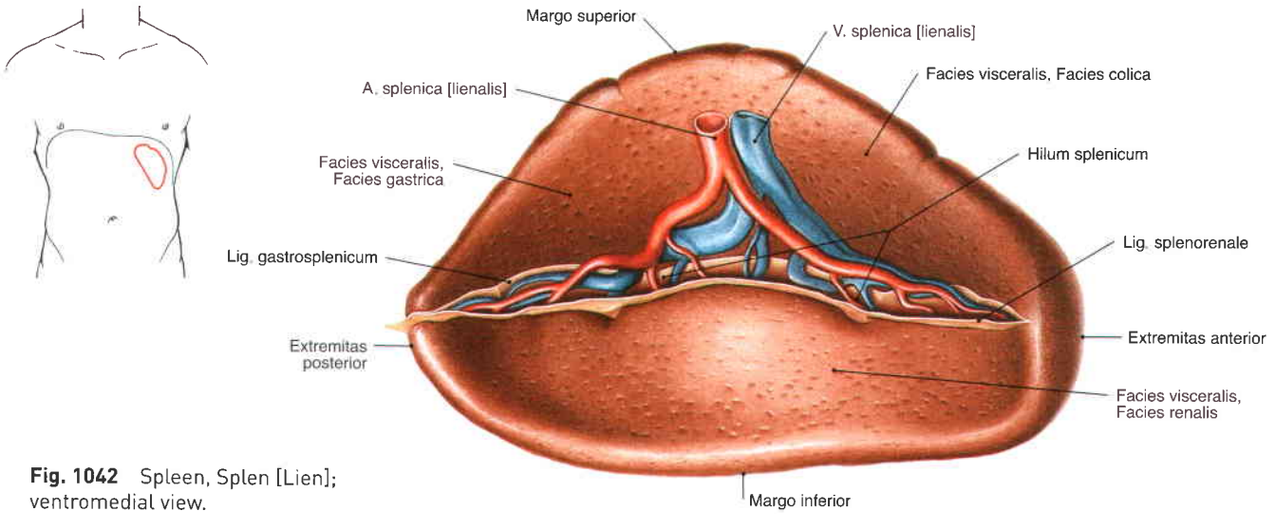


Fig. 1042 Spleen, Splen [Lien]; ventromedial view.

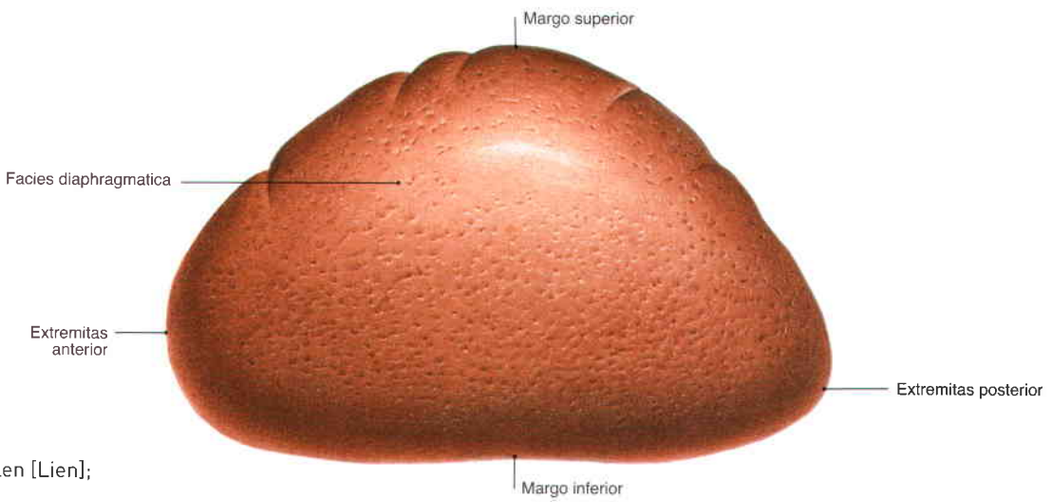


Fig. 1043 Spleen, Splen [Lien]; superolateral view.

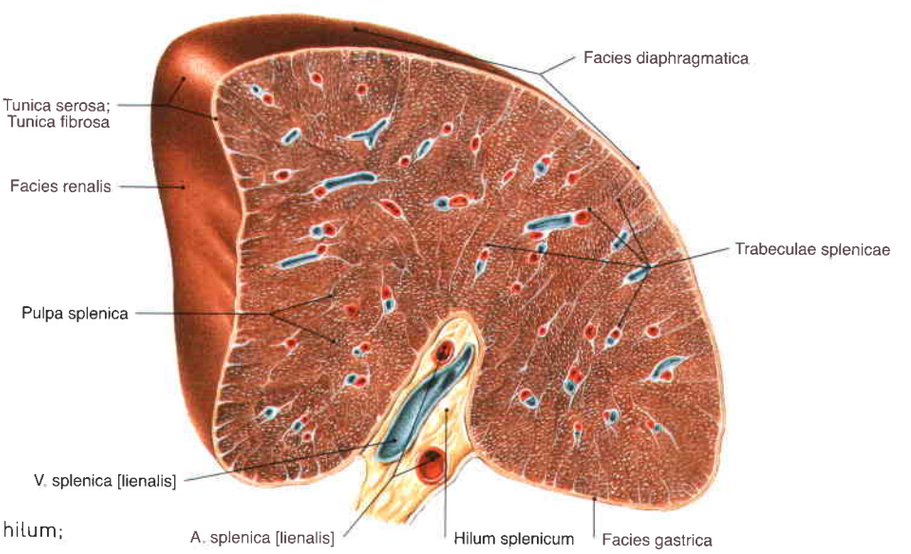


Fig. 1044 Spleen, Splen [Lien]; cross-section through the splenic hilum; superomedial view.

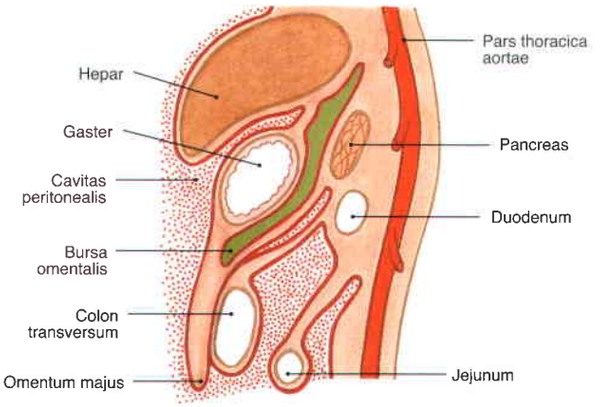


Fig. 1045 Development of the peritoneal cavity, Cavitas peritonealis, and the visceral relationships;
schematic median section;
lateral view.

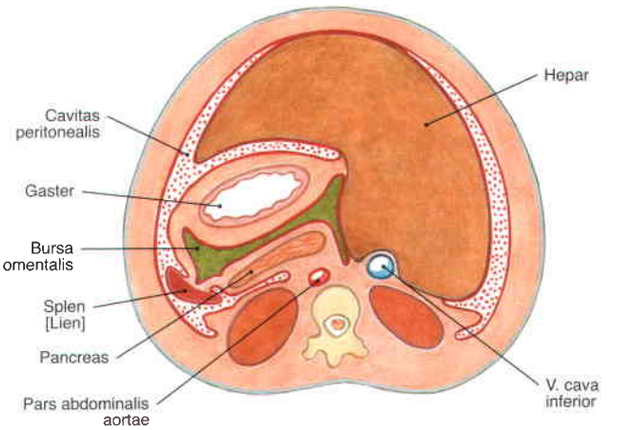


Fig. 1046 Development of the peritoneal cavity, Cavitas peritonealis;
schematic horizontal section;
superior view.

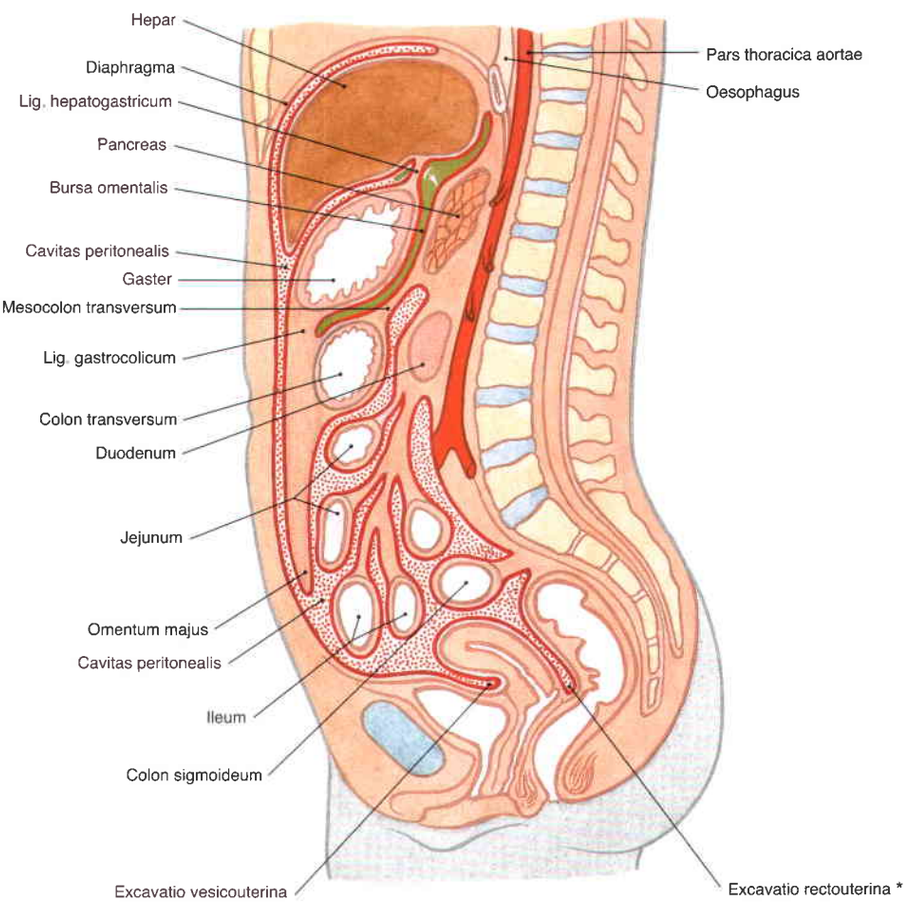
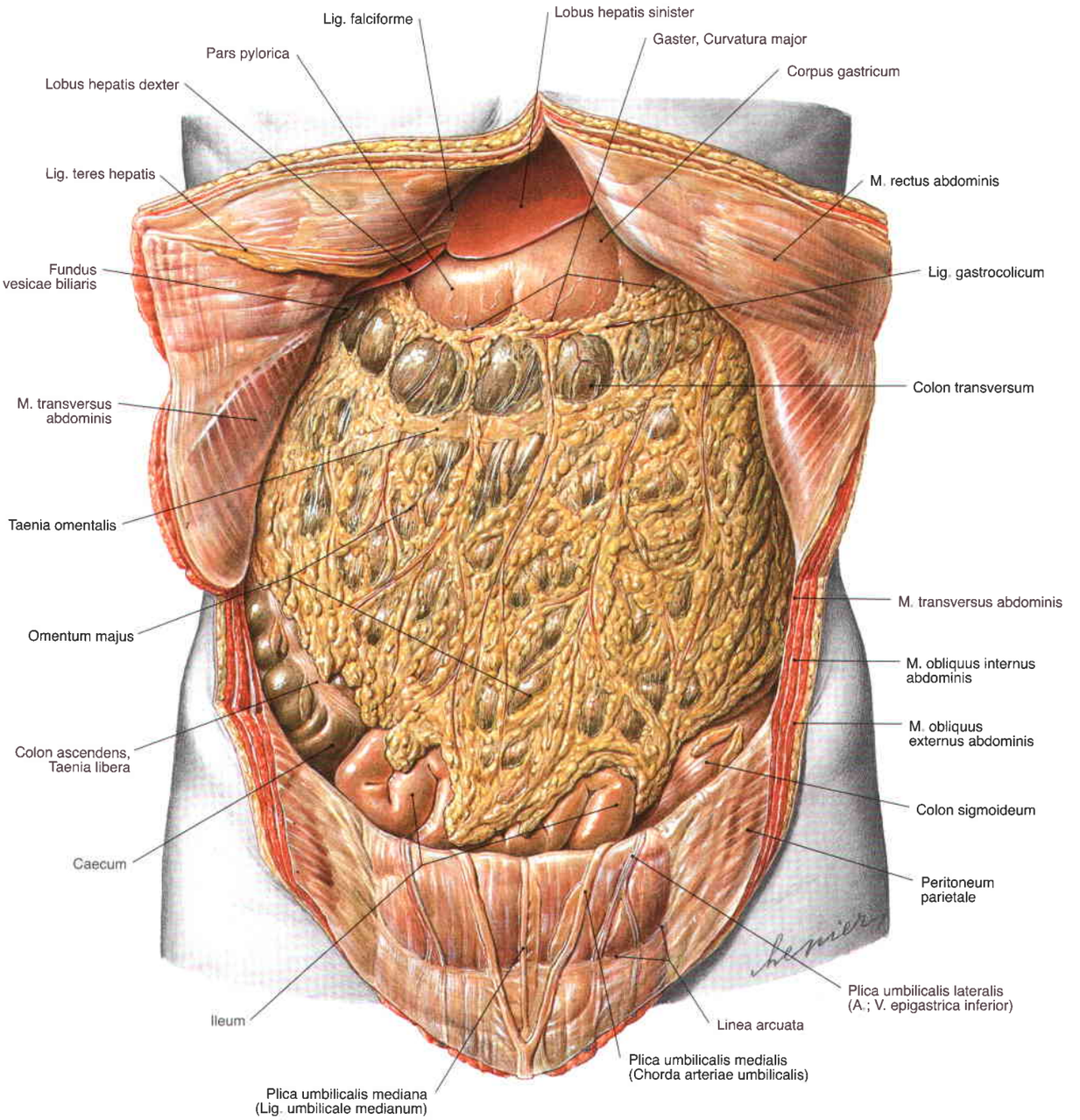


Fig. 1047 Development of the peritoneal cavity, Cavitas peritonealis, and the visceral relationships of the female;
final state of the peritoneal cavity with adhesion of the greater omentum to the transverse colon;
schematic median section;
lateral view.
The omental bursa corresponds with the peritoneal cavity via the omental foramen.
* Clinical term: pouch of DOUGLAS

Greater omentum



→ 846

Fig. 1048 Position of the abdominal viscera, Situs viscerum, and greater omentum, Omentum majus.

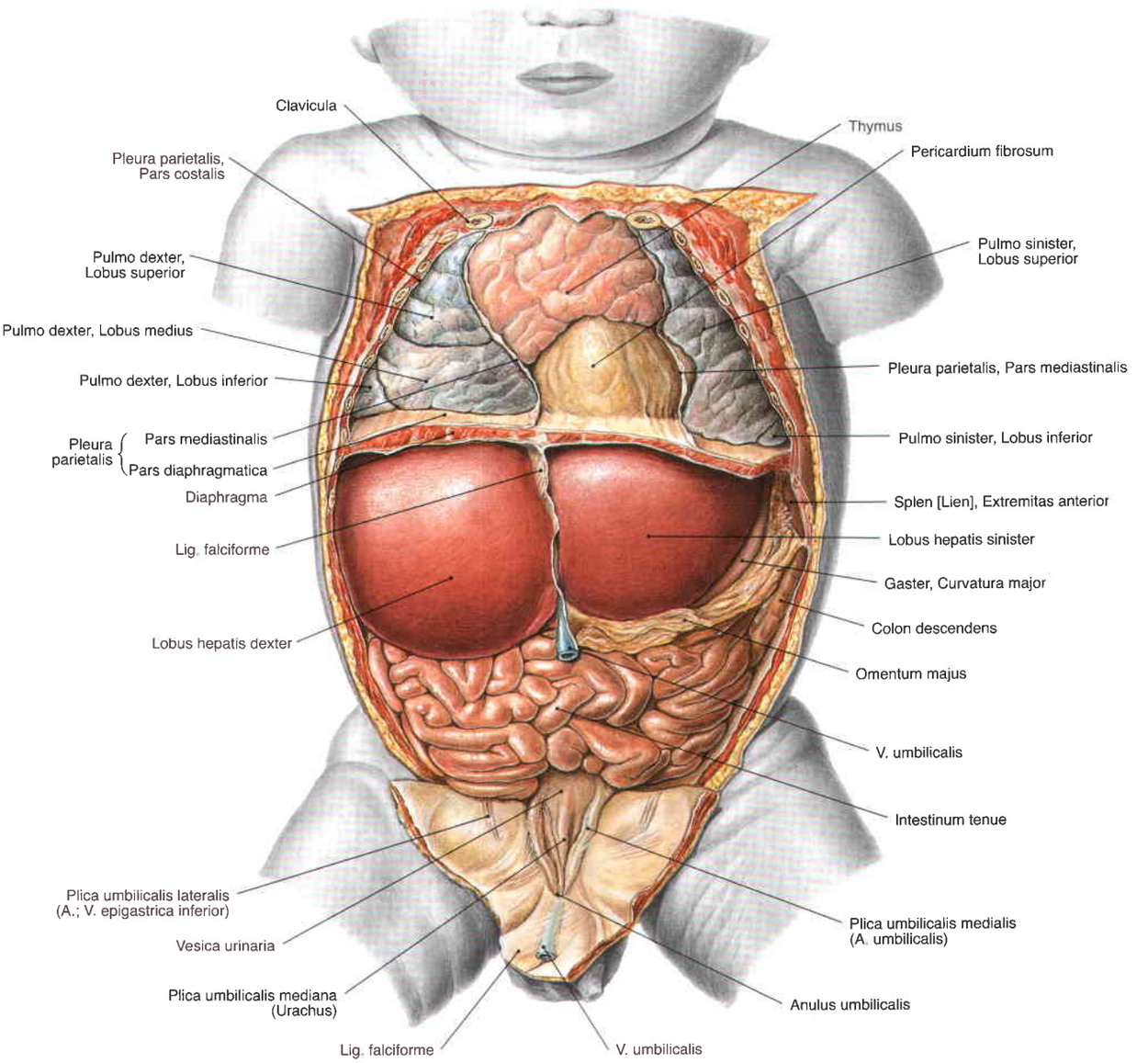


Fig. 1049 Position of the abdominal viscera of the neonate.

Abdominal viscera in the upper abdomen

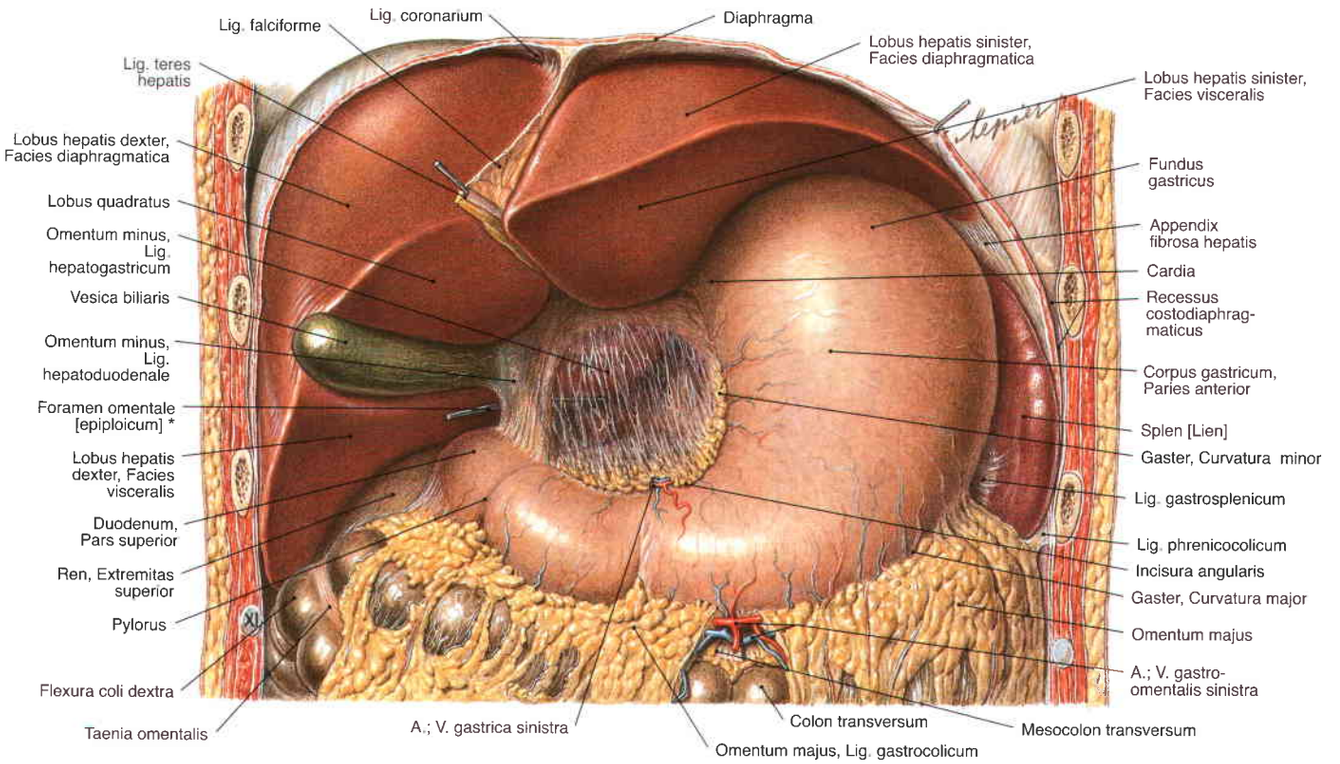


Fig. 1050 Position of the abdominal viscera in the upper abdomen; ventral view.
* Also: foramen of WINSLOW

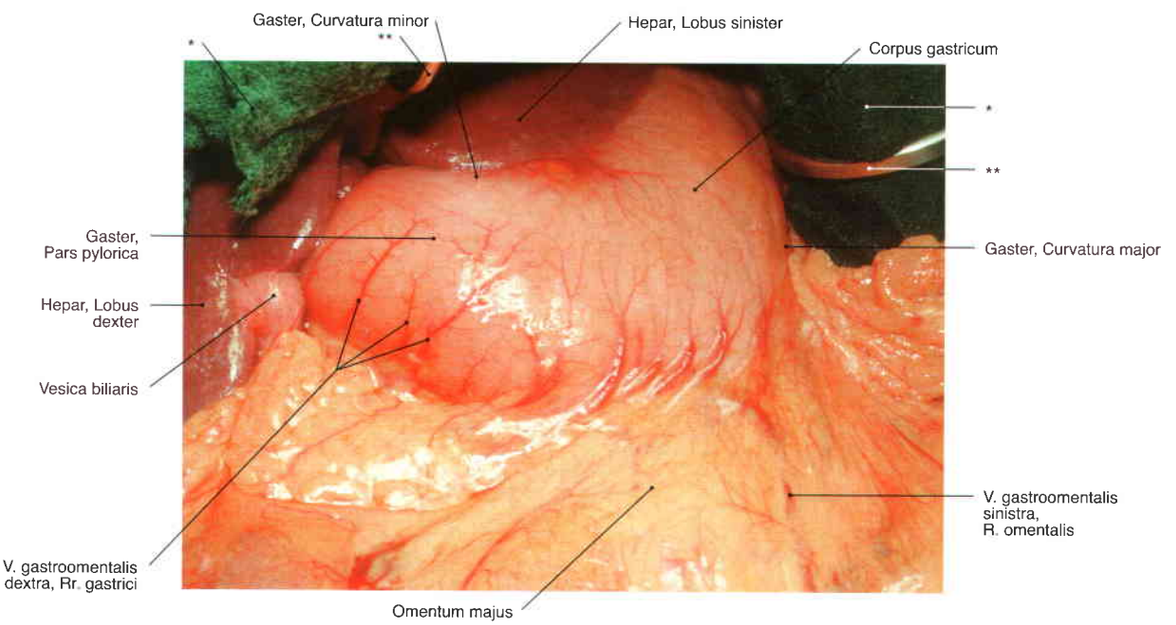


Fig. 1051 Stomach, Gaster, and greater omentum, Omentum majus; photograph taken during surgery; ventral view.
* Surgical drape
** Surgical retractor

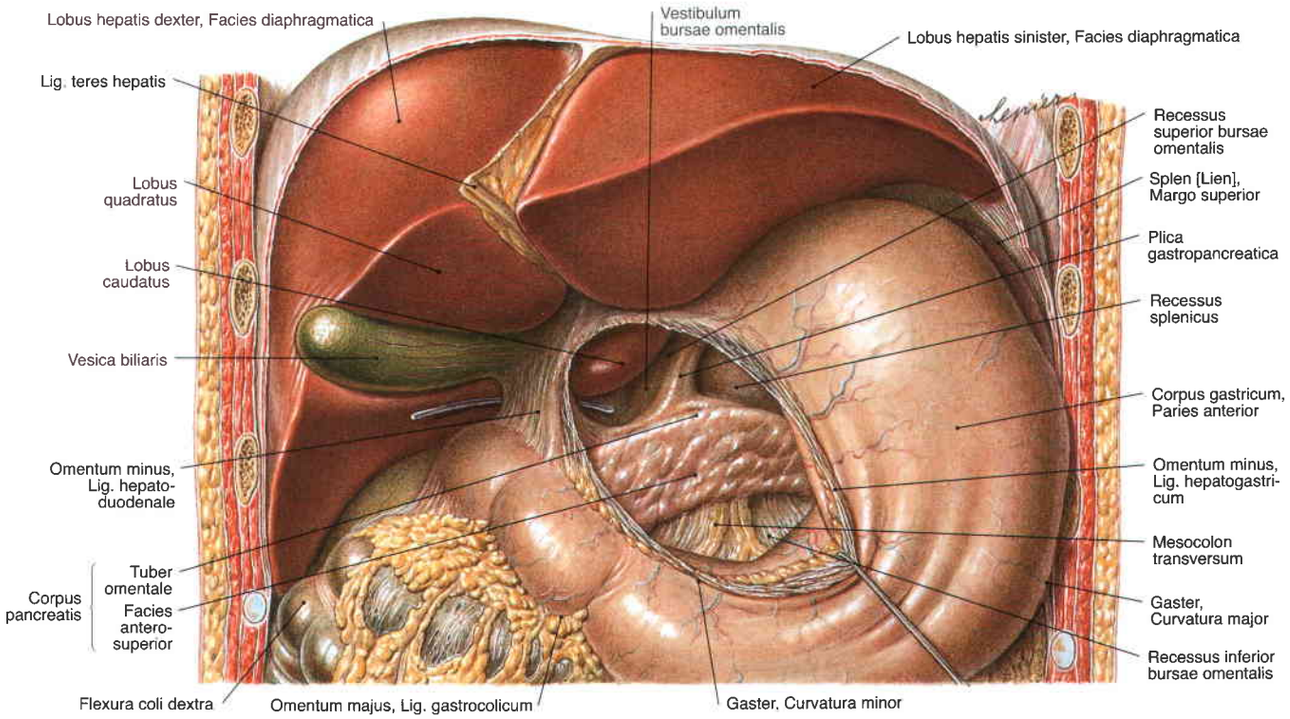


Fig. 1052 Abdominal viscera in the upper abdomen; parts of the lesser omentum have been removed to expose the omental bursa and the pancreas; oblique view from superior.

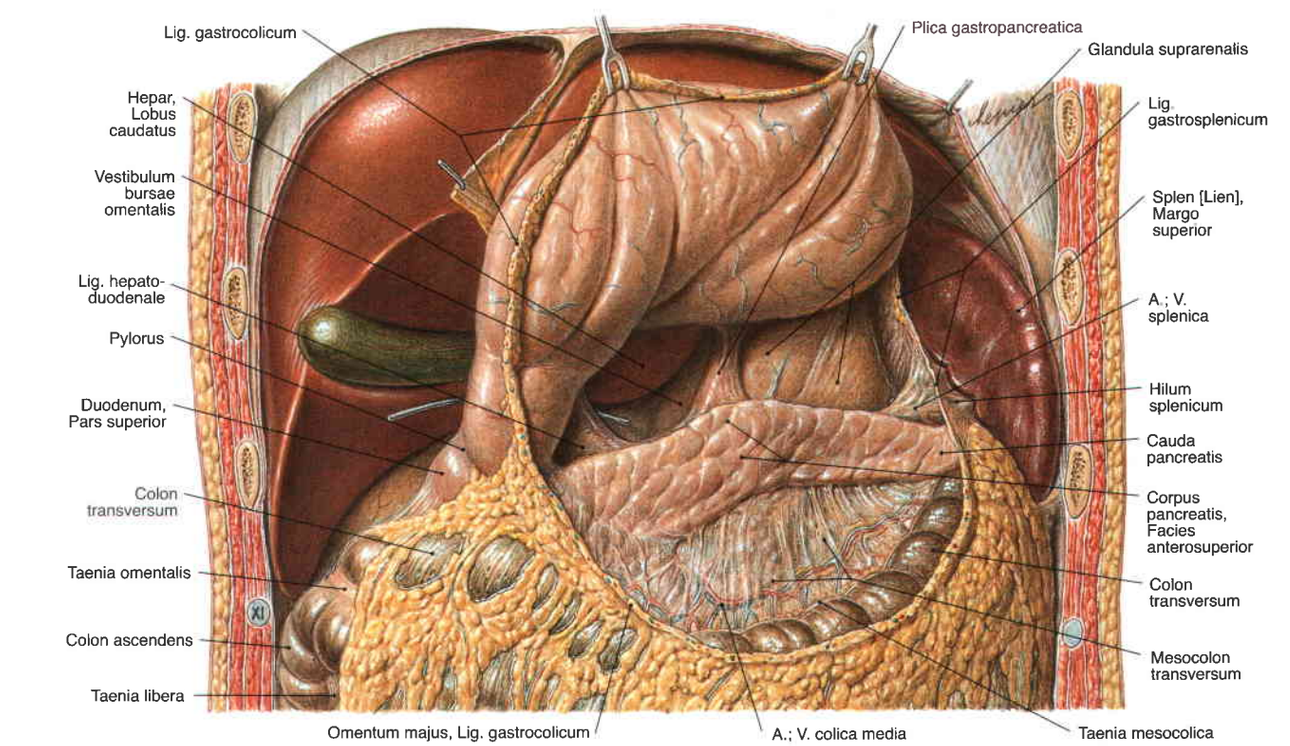


Fig. 1053 Omental bursa, Bursa omentalis; after dissection of the gastrocolic ligament; oblique view from inferior.

Abdominal viscera in the lower abdomen

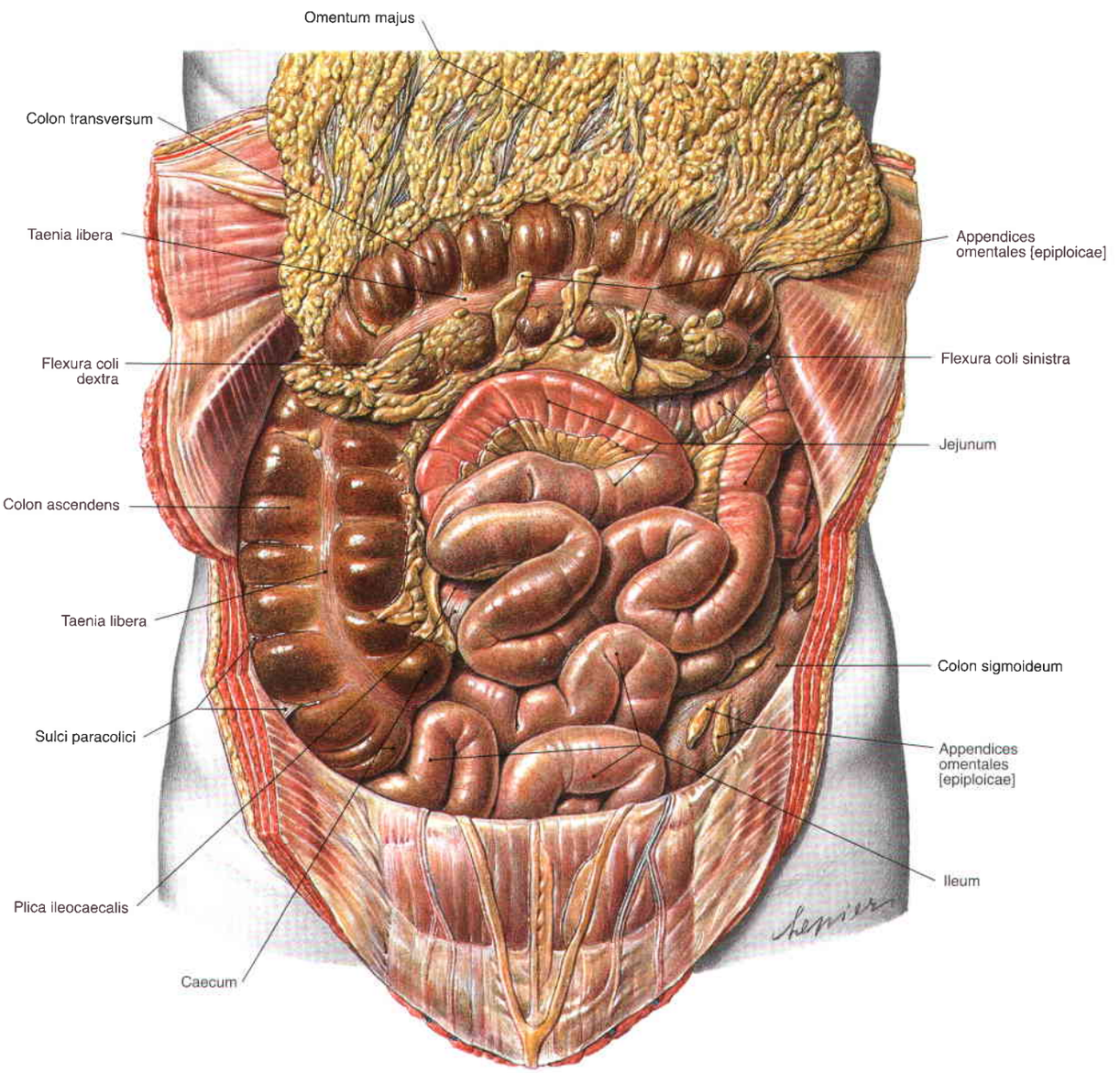


Fig. 1054 Position of the abdominal viscera, Situs viscerum.

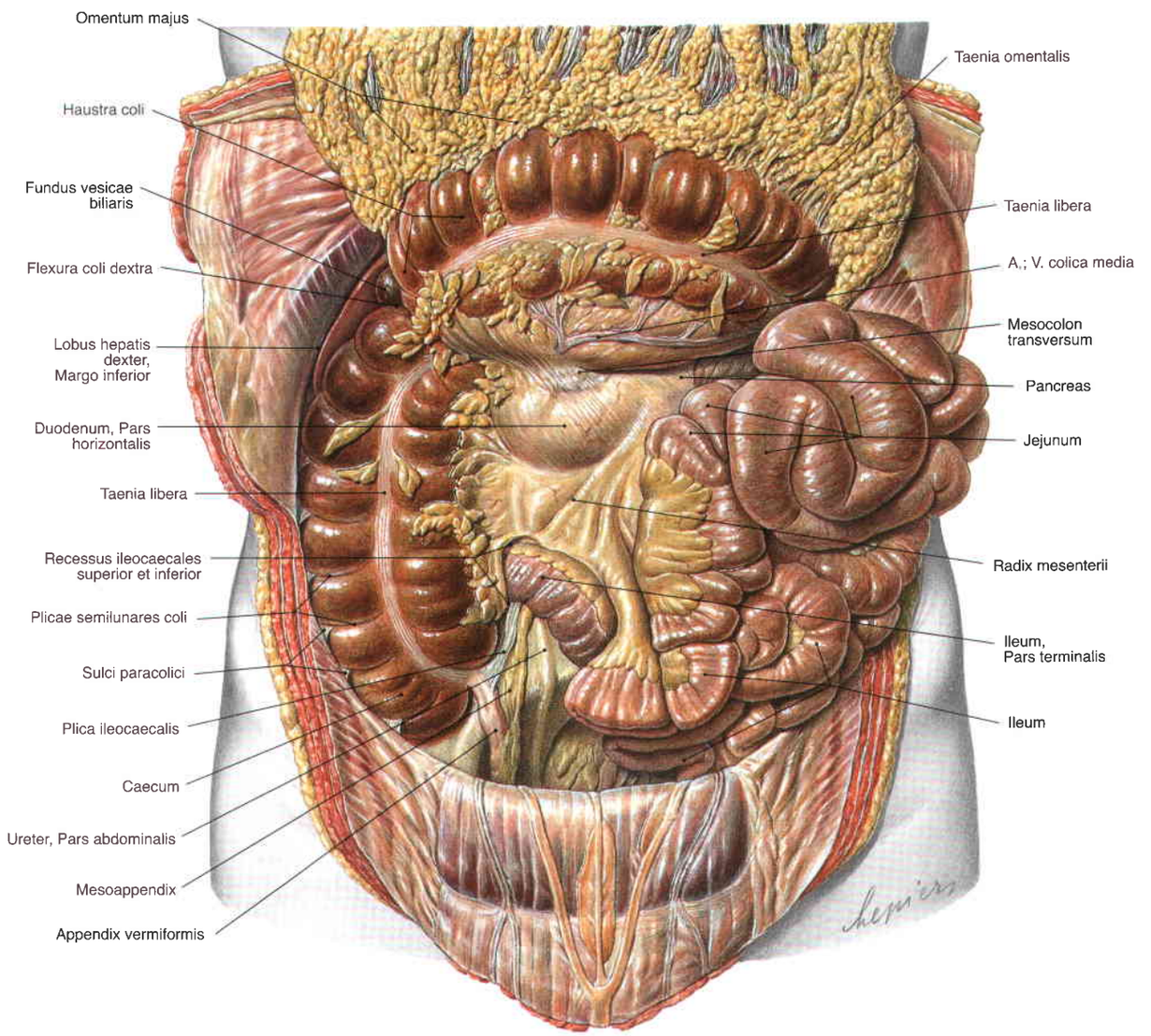


Fig. 1055 Small intestine, Intestinum tenue, and large intestine, Intestinum crassum.

Abdominal viscera in the lower abdomen

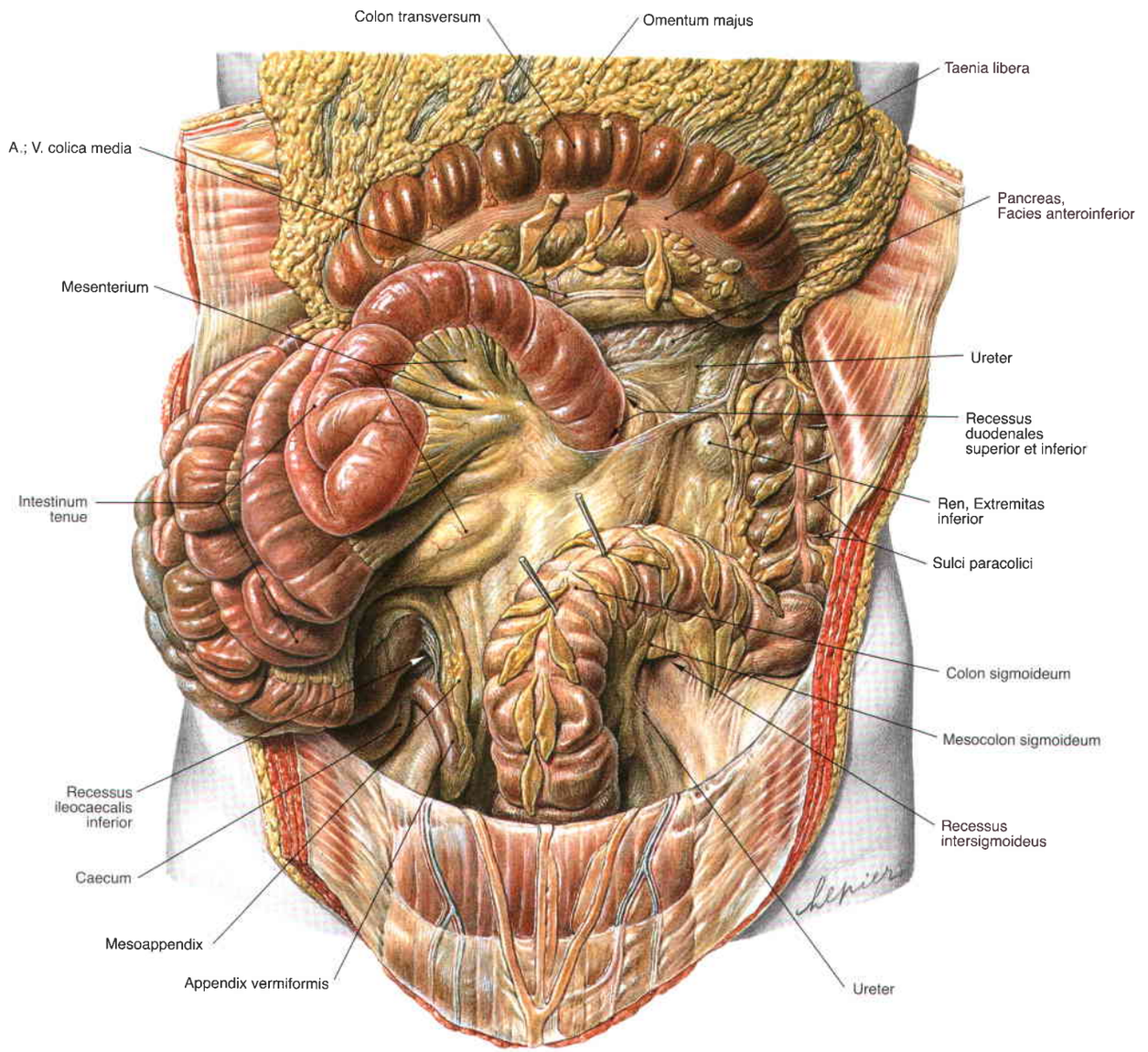


Fig. 1056 Small intestine, Intestinum tenue, and large intestine, Intestinum crassum.

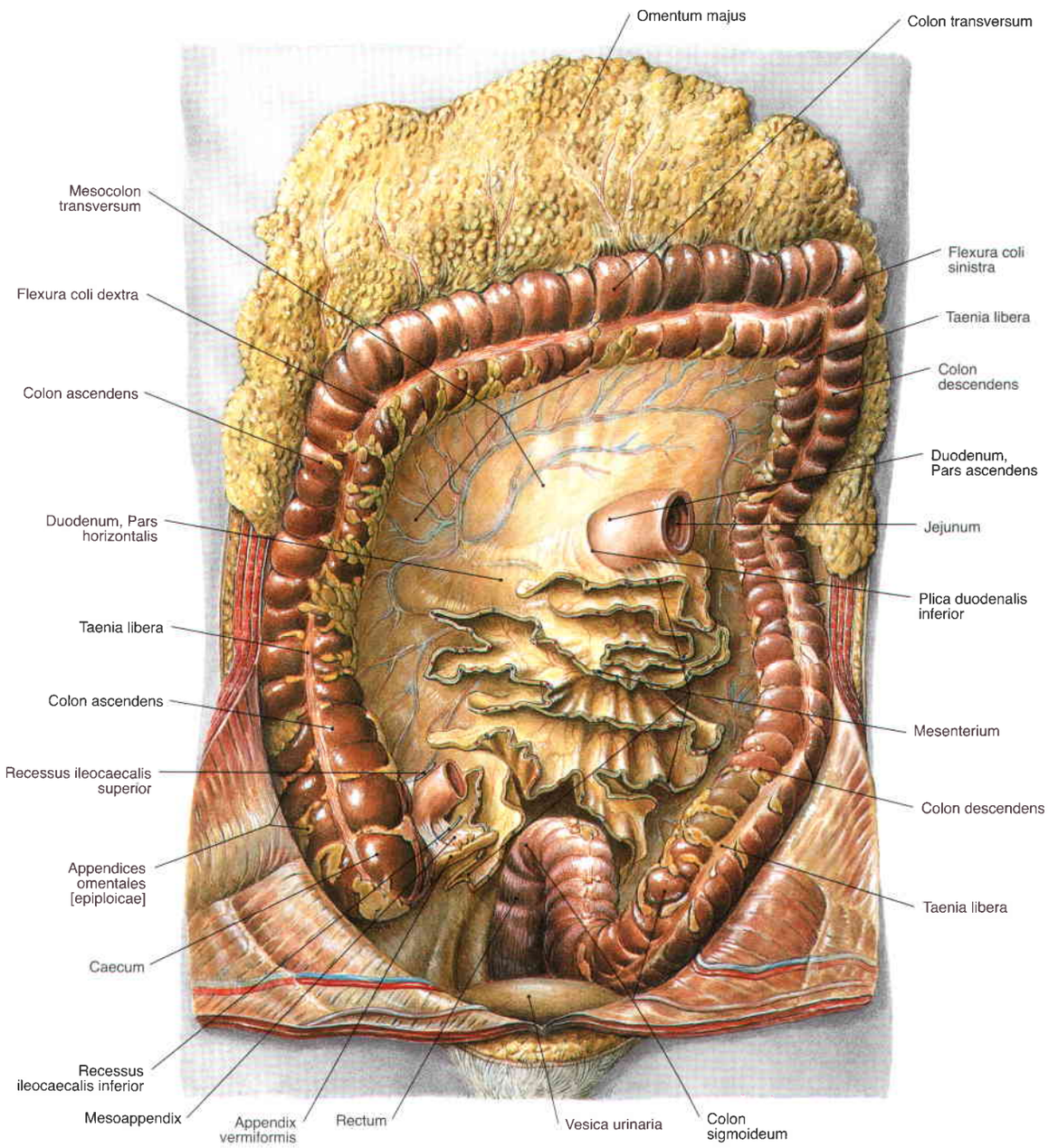


Fig. 1057 Mesentery, Mesenterium, and large intestine, Intestinum crassum.

Mesenteric root and retroperitoneal space

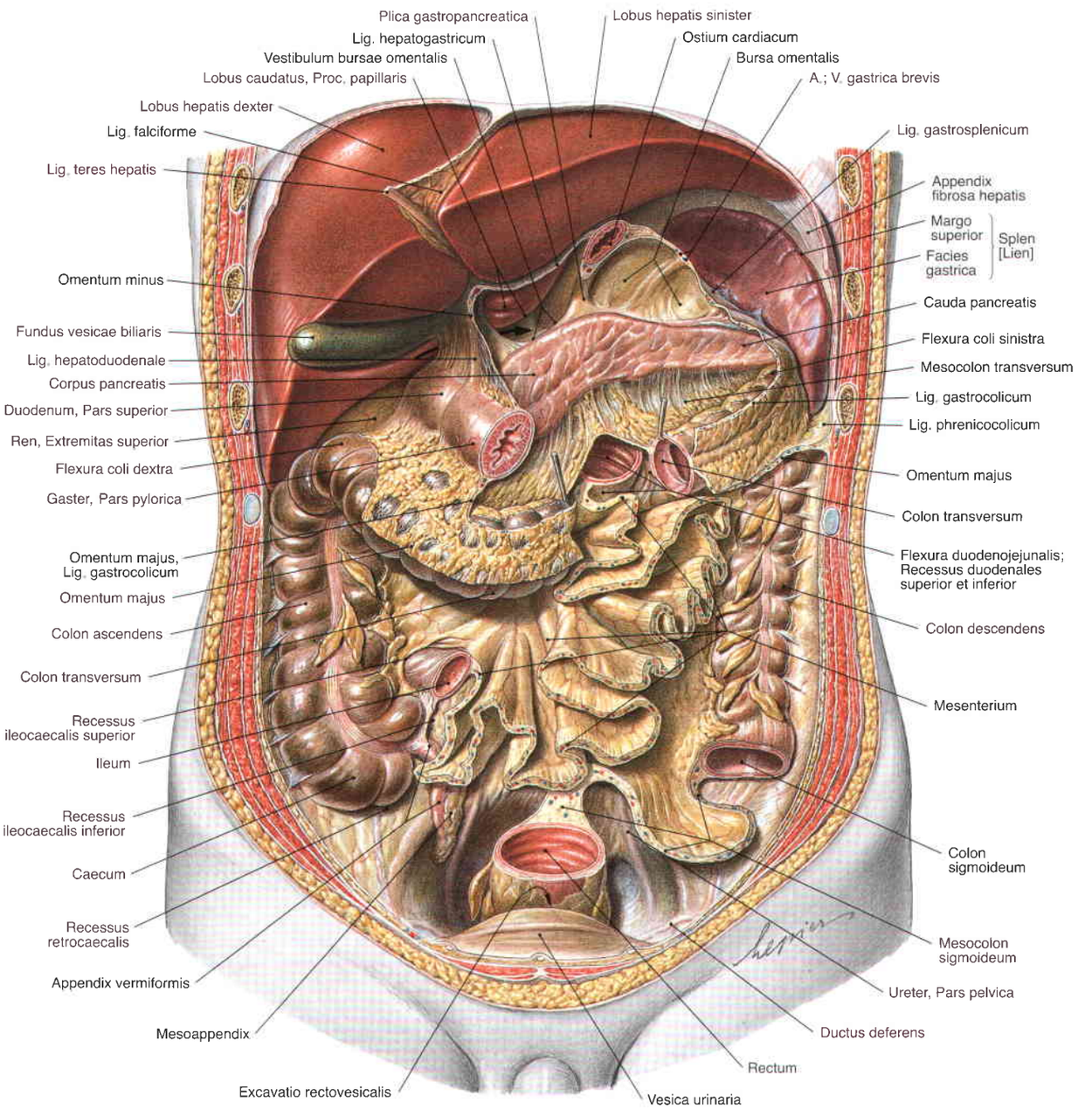


Fig. 1058 Position of the abdominal viscera, Situs viscerum, and the omental bursa, Bursa omentalis.
An arrow indicates the omental [epiploic] foramen.

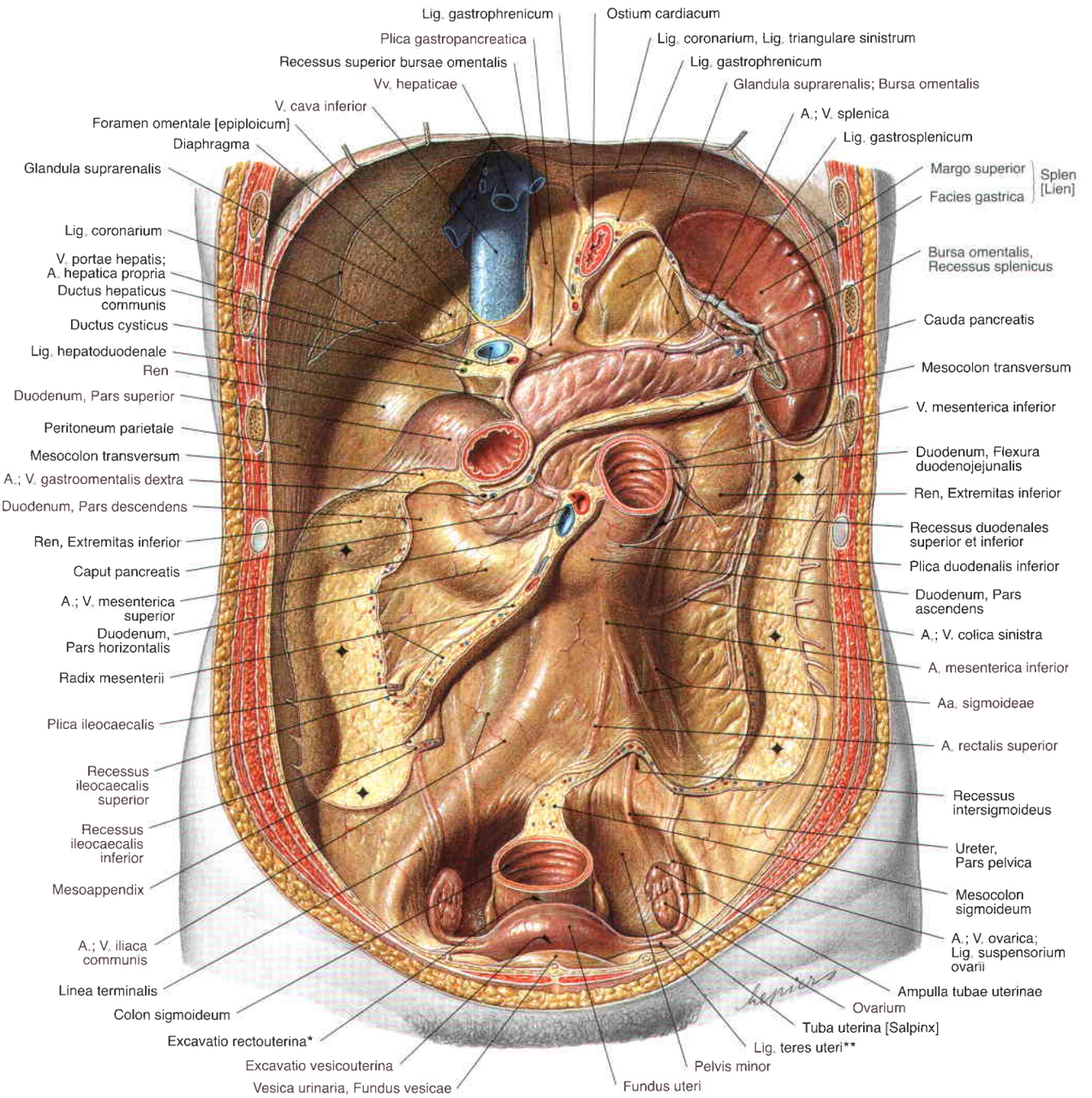


Fig. 1059 Posterior wall of the peritoneal cavity, Cavitas peritonealis, and spleen, Splen [Lien], of the female. Sites of attachment of the ascending and descending colon are indicated (✦).

* Clinical term: pouch of DOUGLAS

** Clinical term: round ligament

Abdominal arteries, overview

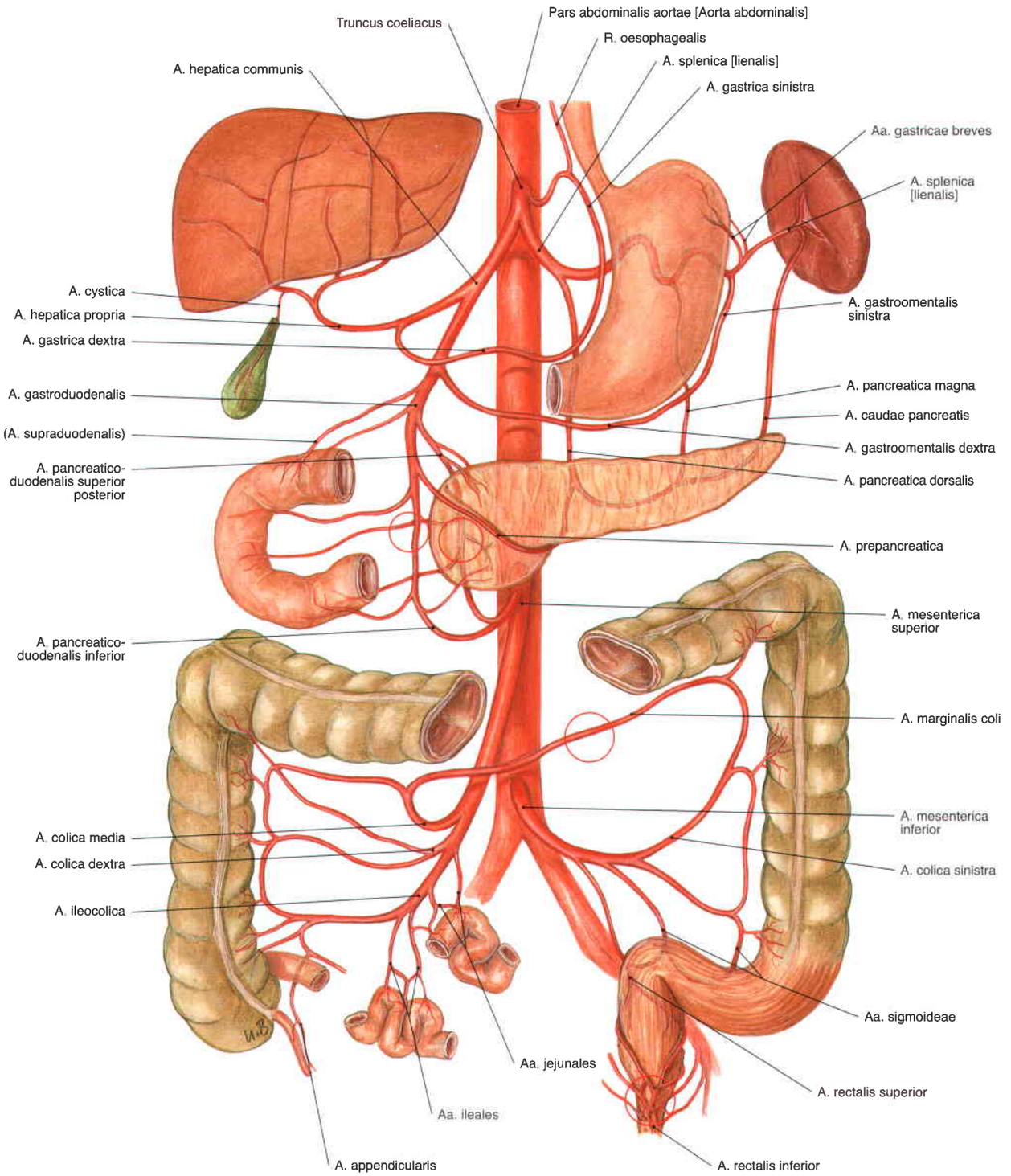


Fig. 1060 Arteries of the abdominal viscera; semi-schematic; possible anastomoses are indicated (○).

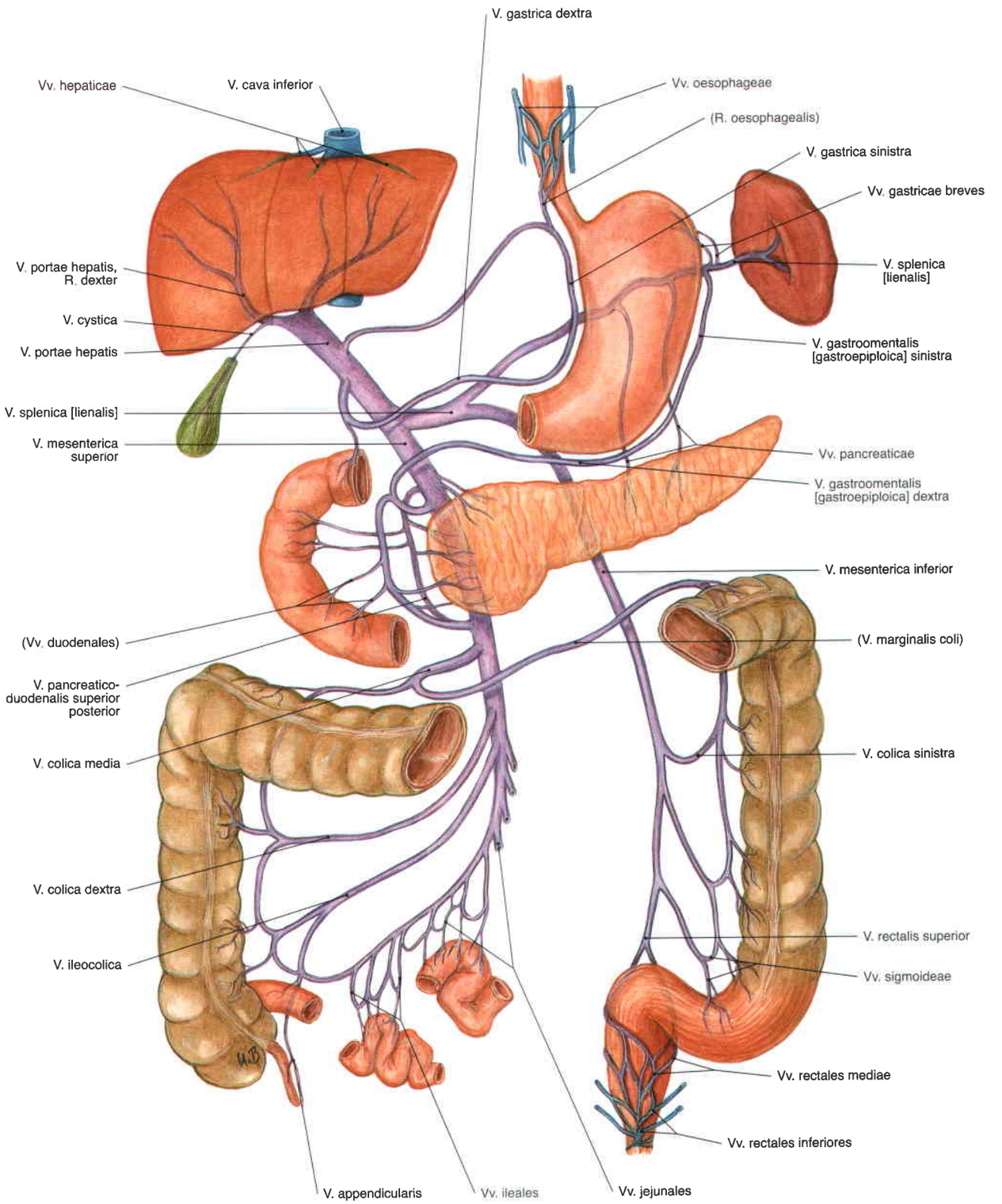


Fig. 1061 Hepatic portal vein, V. portae hepatis, with tributaries; semi-schematic.

Coeliac trunk

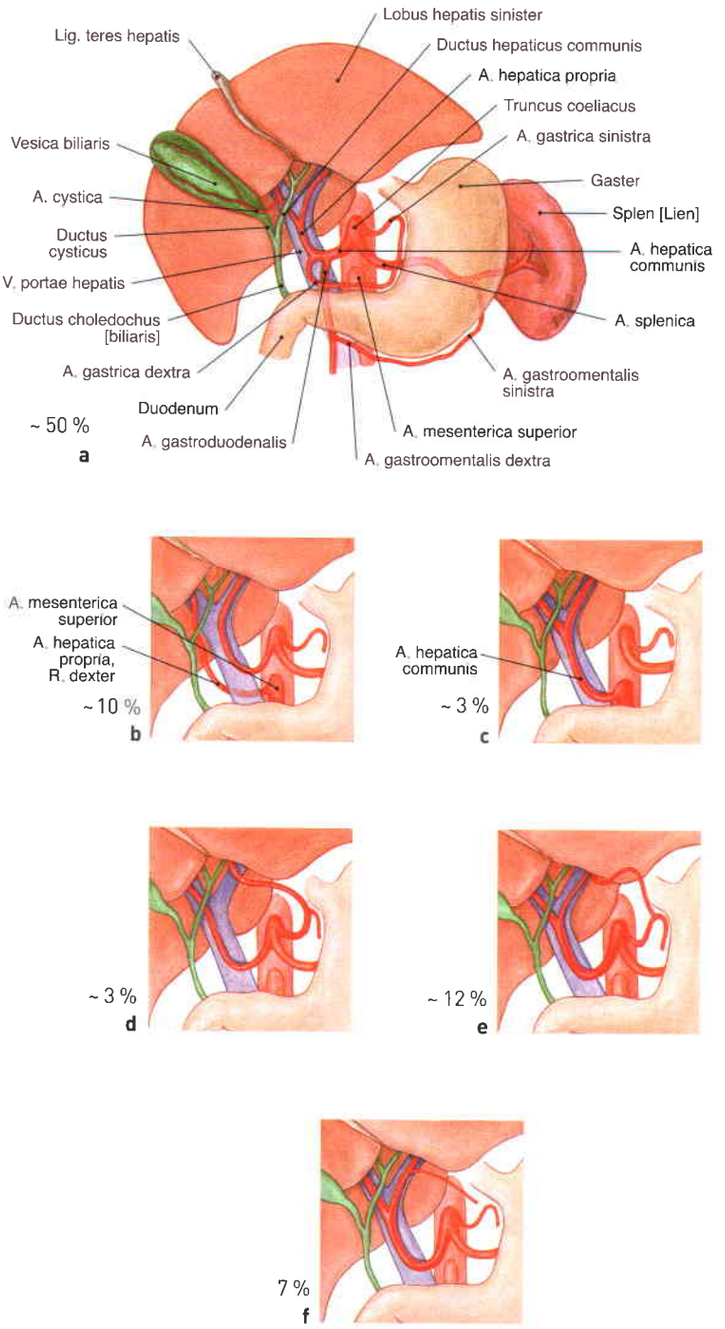


Fig. 1062 a–f Variability of the arterial blood supply of the liver.
- **a** "Textbook case"
- **b** The superior mesenteric artery, A. mesenterica superior, participates in the supply of the right lobe of the liver.
- **c** The common hepatic artery, A. hepatica communis, arises from the superior mesenteric artery, A. mesenterica superior.
- **d** The left lobe of the liver is supplied by the left gastric artery, A. gastrica sinistra.
- **e** A branch of the left gastric artery, A. gastrica sinistra, supplies the left lobe of the liver along with the left branch of the hepatic artery proper, A. hepatica propria.
- **f** An accessory branch of the hepatic artery proper, A. hepatica propria, supplies the lesser curvature of the stomach.

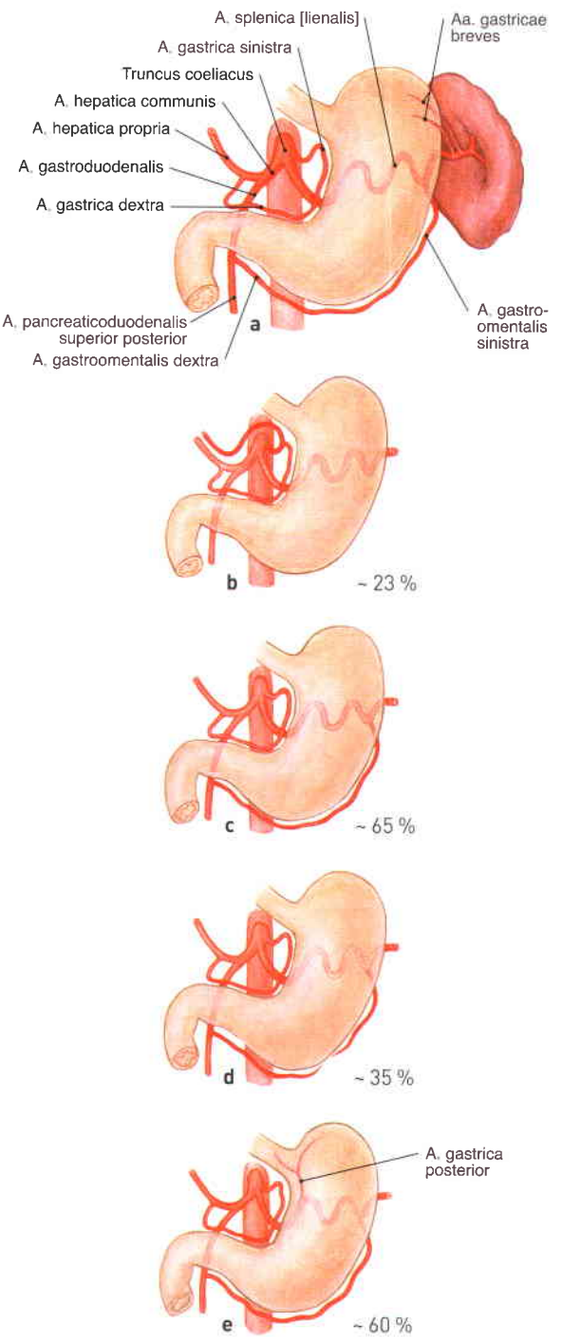


Fig. 1063 a–e Variability of the arterial blood supply of the stomach.
- **a** "Textbook case", closed arterial arcade supplying both the lesser and the greater curvature
- **b** The left gastric artery, A. gastrica sinistra, participates in the supply of the left lobe of the liver.
- **c** Anastomosis between the right and left gastro-omental arteries, Aa. gastroomentales dextra et sinistra, at the greater curvature
- **d** Absence of an anastomosis between the right and left gastro-omental arteries, Aa. gastroomentales dextra et sinistra, at the greater curvature
- **e** An accessory posterior gastric artery, A. gastrica posterior, arising from the splenic artery, A. splenica, supplies the posterior wall of the stomach.

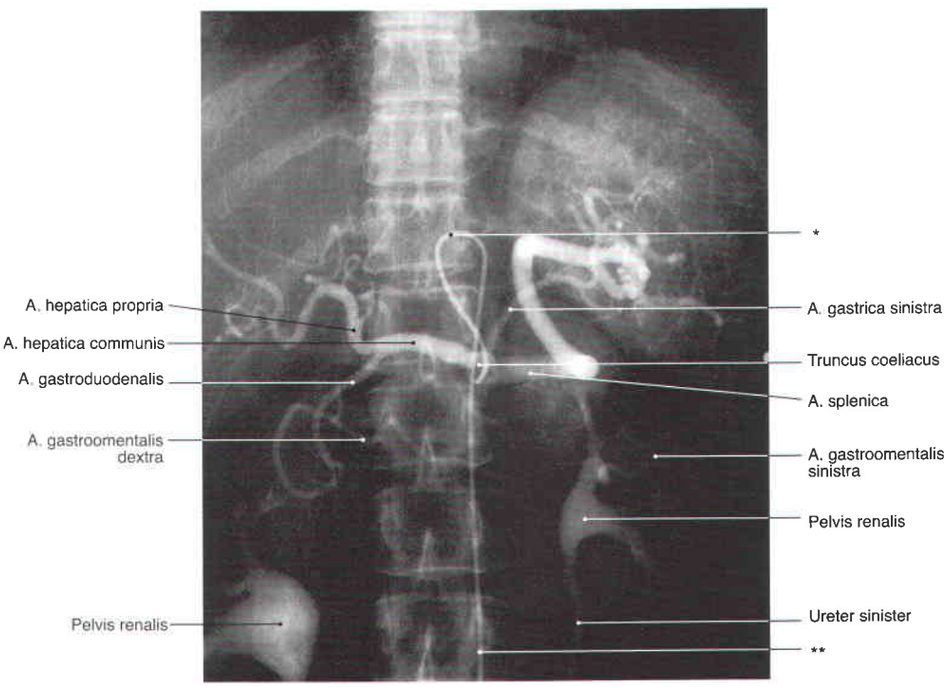


Fig. 1064 Arteries of the stomach, Gaster; the spleen, Splen [Lien], and the liver, Hepar;
AP-radiograph after selective injection of a contrast medium into the coeliac trunk (coeliacography) with concomitant visualization of the renal pelvis due to the renal excretion of the medium; ventral view.

* Catheter loop in the aorta
** Catheter in the aorta

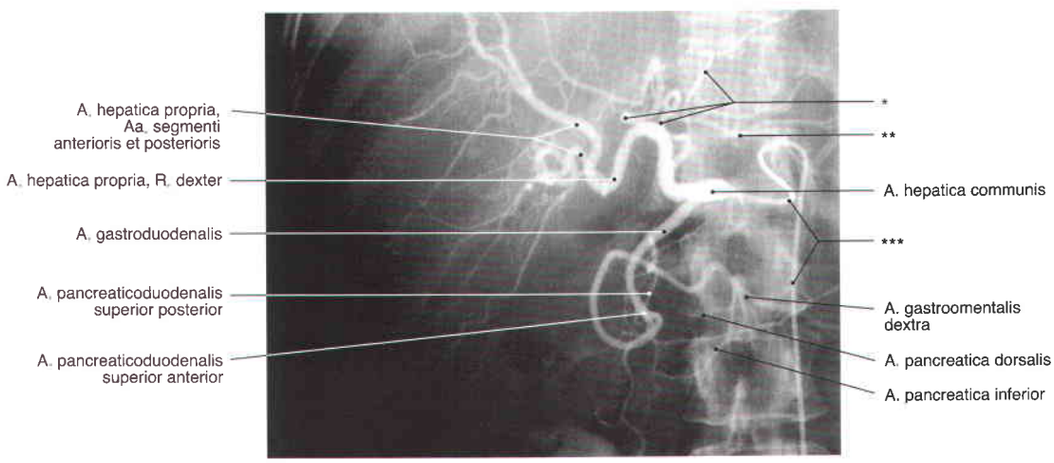


Fig. 1065 Common hepatic artery, A. hepatica communis;
AP-radiograph after selective injection of a contrast medium into the common hepatic artery;
ventral view.

* Branches to the left lobe of the liver replacing a single left branch of the hepatic artery proper
** An accessory branch of the hepatic artery to the lesser curvature of the stomach
*** Catheter in the aorta

Vessels of the upper abdomen

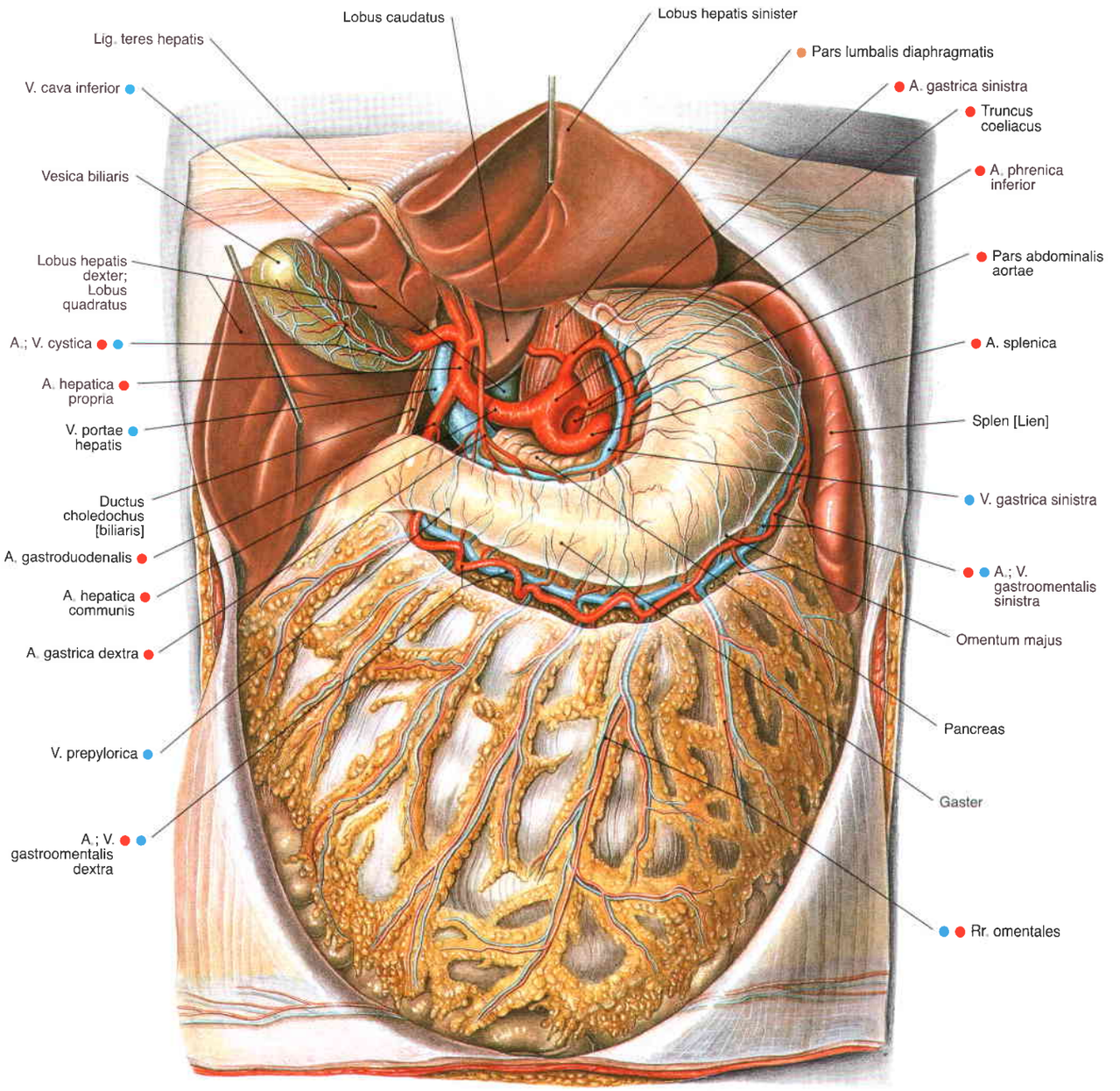


Fig. 1066 Vessels of the upper abdomen.

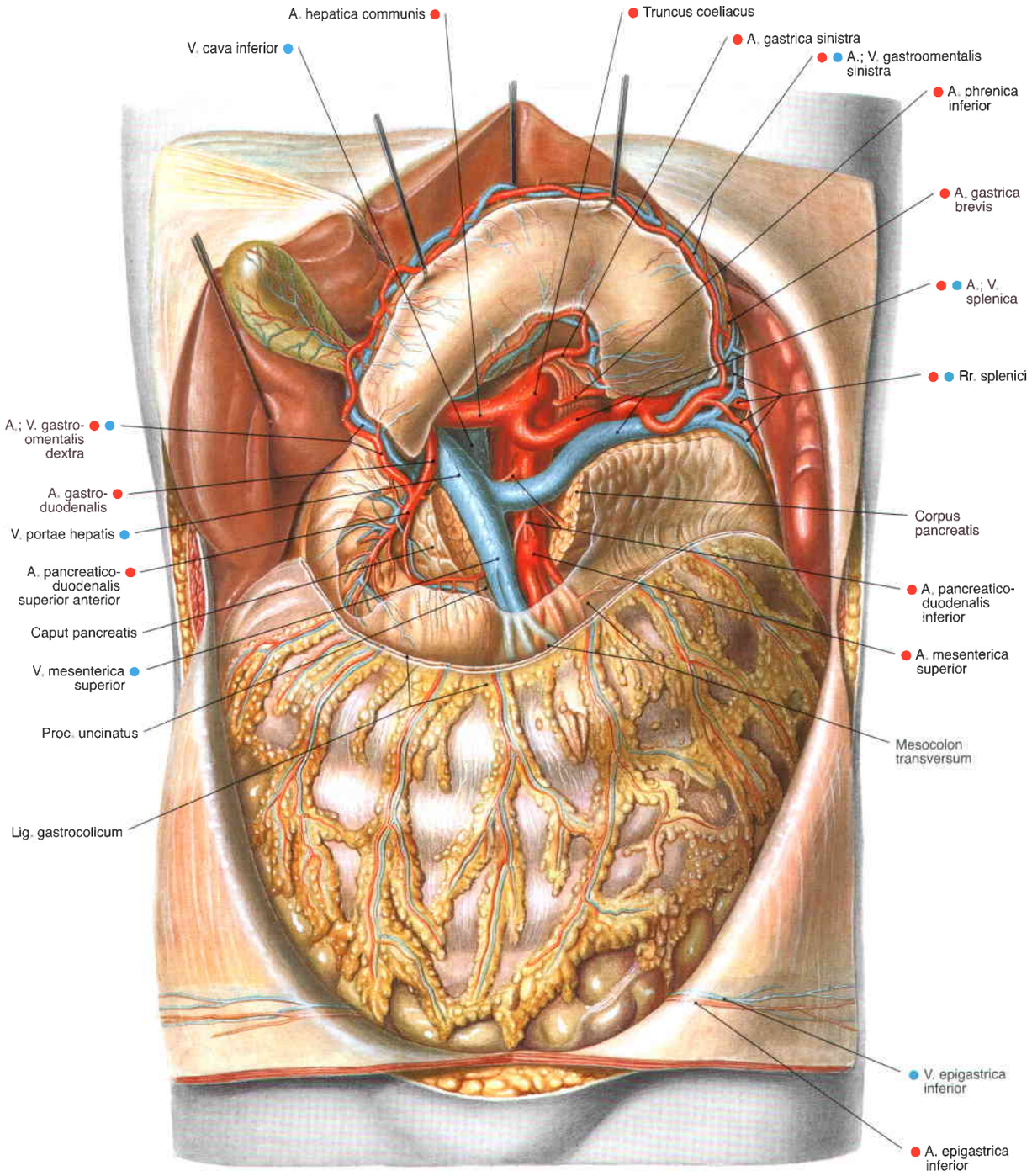


Fig. 1067 Vessels of the upper abdomen.

Superior mesenteric artery

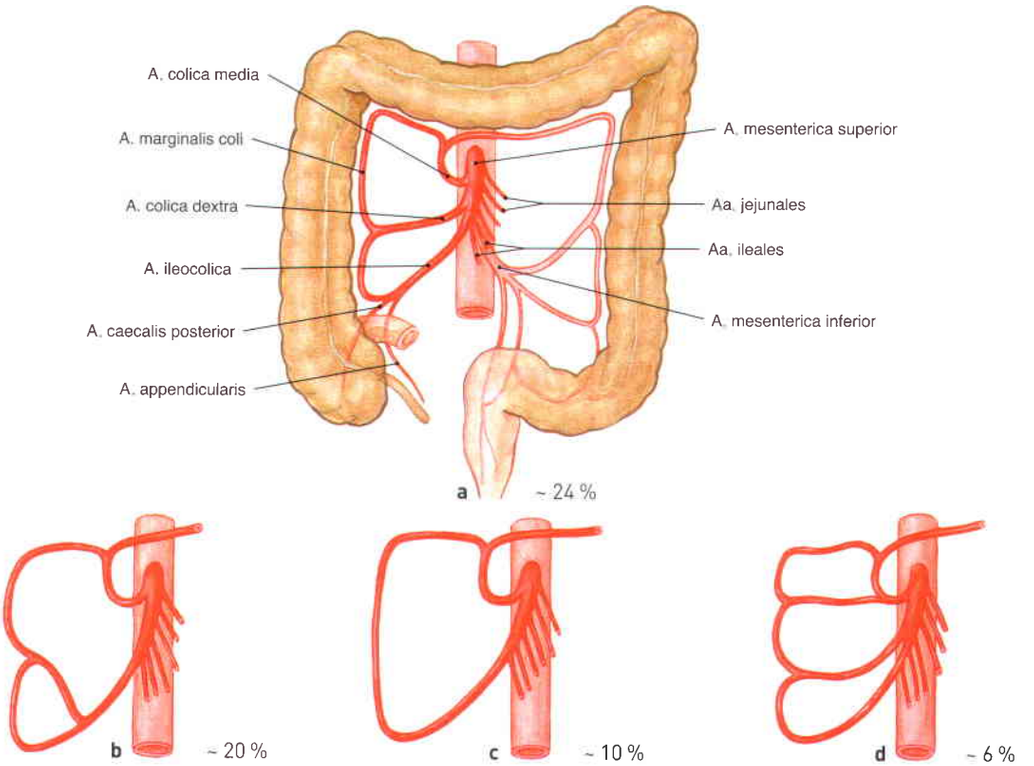


Fig. 1068 a–d Variability of the branches of the superior mesenteric artery, A. mesenterica superior, supplying the large intestine.

a "Textbook case", the ascending and the transverse colon, Colon ascendens et transversum, are supplied by three branches.

b The ileocolic artery, A. ileocolica, and the right colic artery, A. colica dextra, form a common trunk.

c Only two branches arise from the mesenteric artery while the right colic artery, A. colica dextra, is absent.

d Duplication of the right colic artery, A. colica dextra

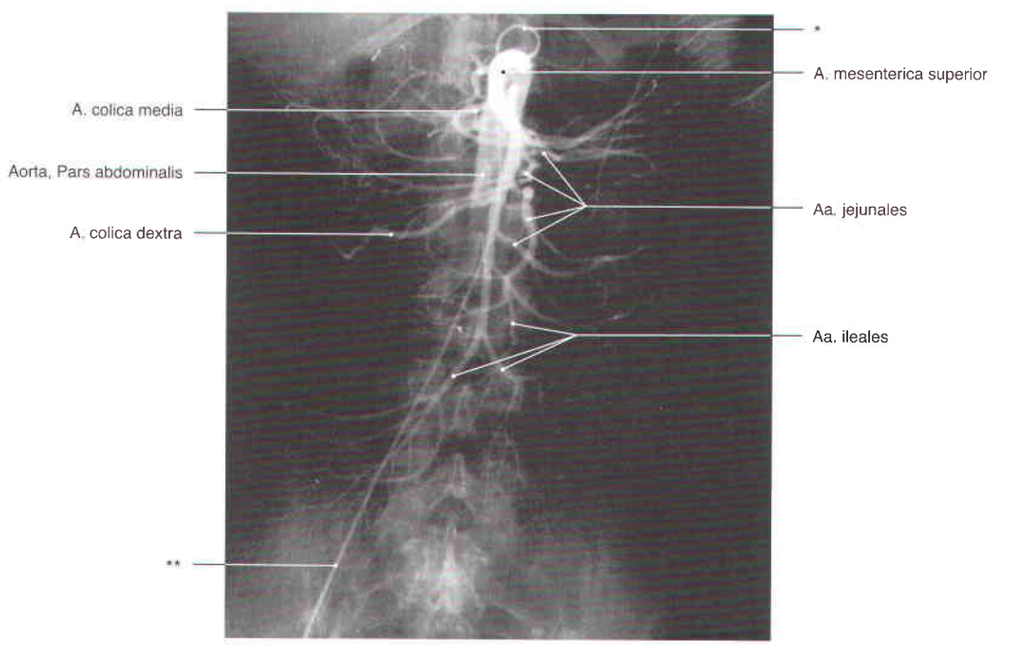


Fig. 1069 Superior mesenteric artery, A. mesenterica superior; AP-radiograph after injection of a contrast medium into the origin of the superior mesenteric artery; ventral view.

* Catheter in the aorta
** Catheter in the common iliac artery

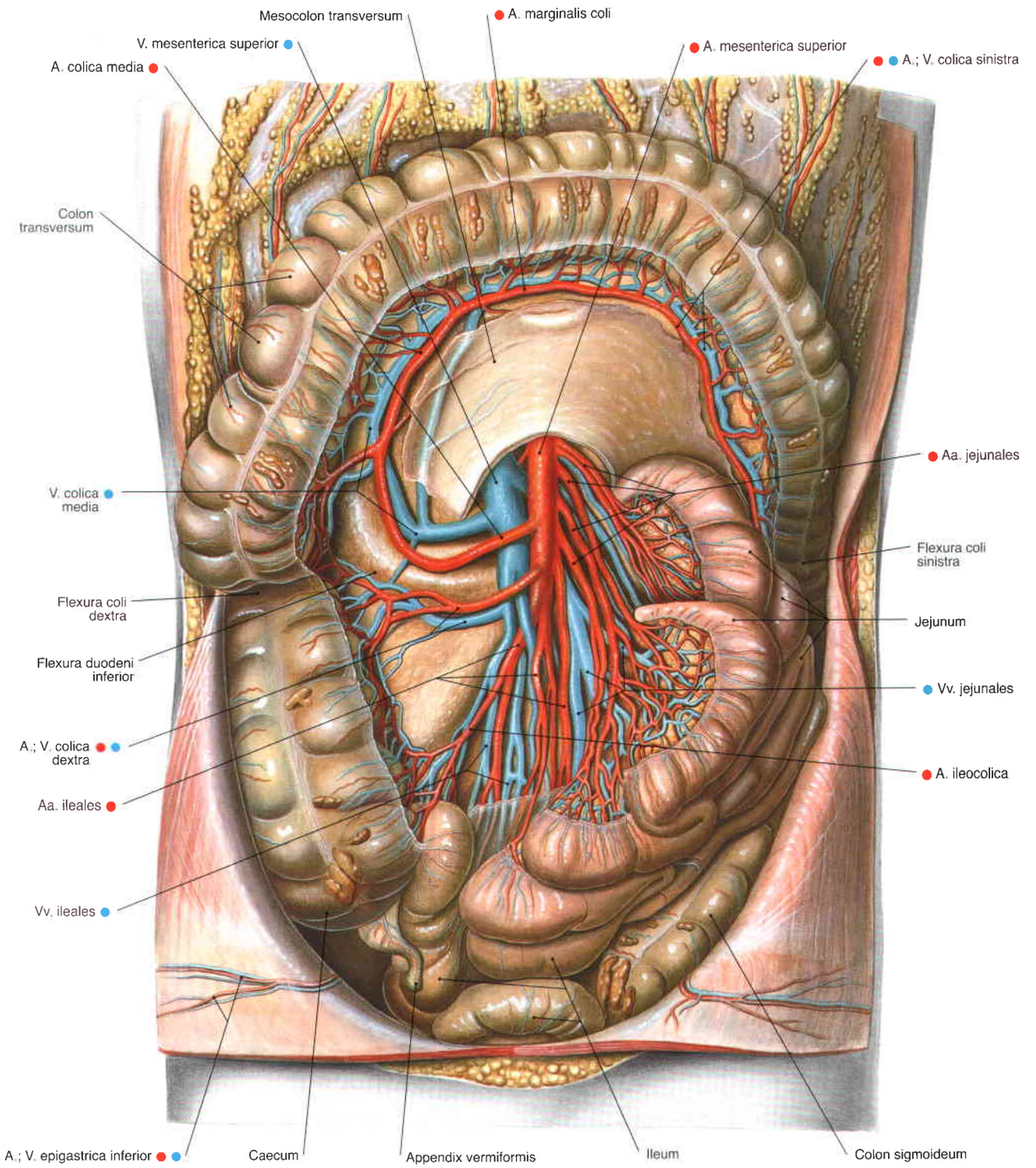


Fig. 1070 Superior mesenteric artery and vein, A. et V. mesenterica superior. The arteries supplying the small intestine form a series of arcades.

Inferior mesenteric artery

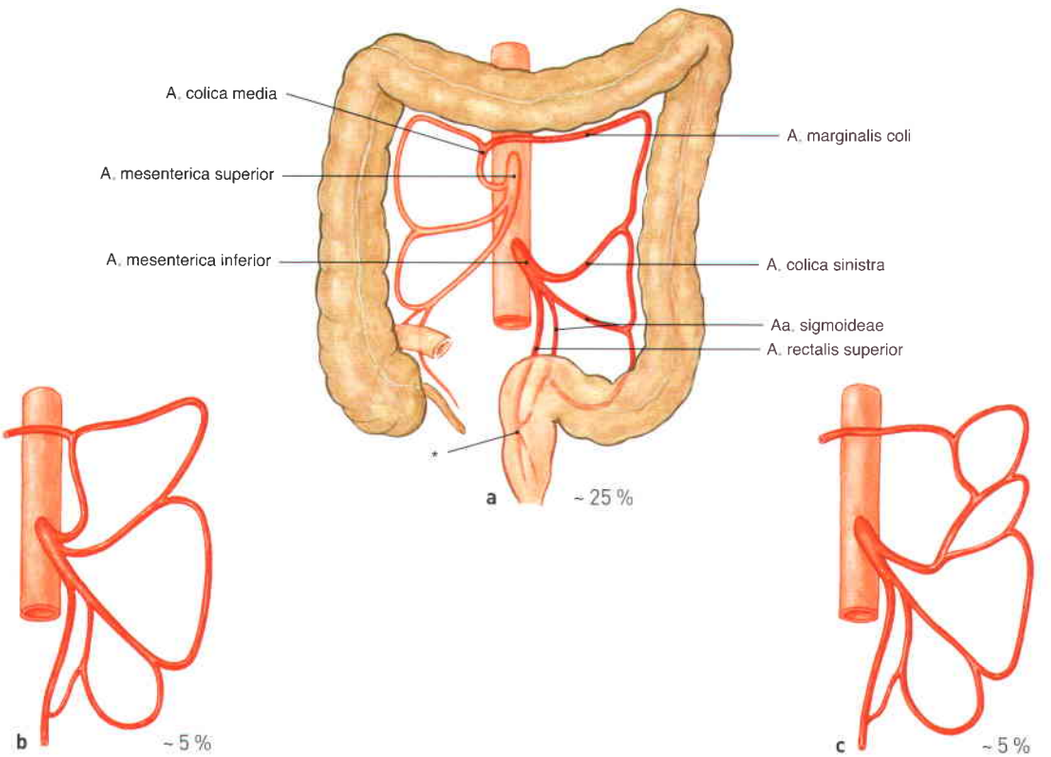


Fig. 1071 a–c Variations in the branches of the inferior mesenteric artery, A. mesenterica inferior.
a The inferior mesenteric artery, A. mesenterica inferior, divides into three parts supplying the descending and sigmoid colon, as well as the rectum.
b An accessory middle colic artery, A. colica media, arises from the inferior mesenteric artery, A. mesenterica inferior.
c An accessory middle colic artery, A. colica media, arises from the left colic artery, A. colica sinistra.
* Clinical term: SUDECK's point

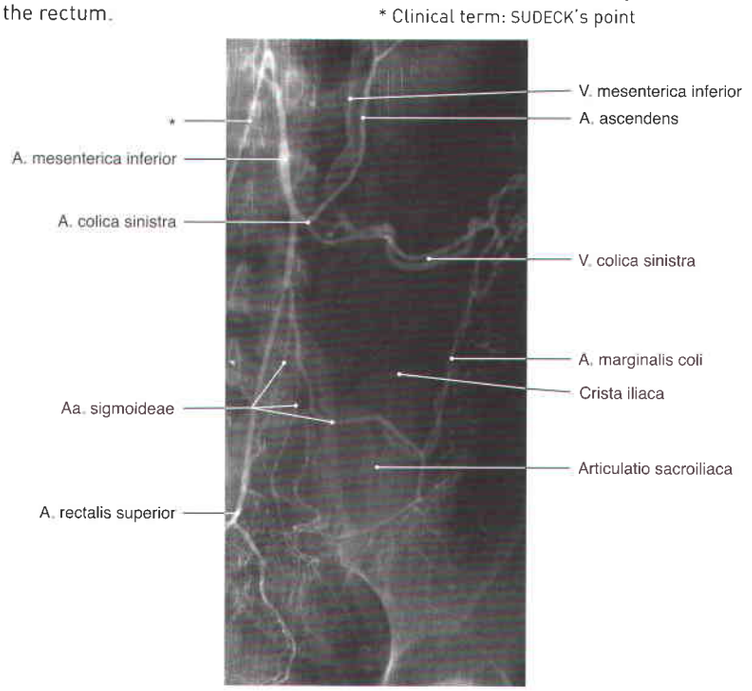


Fig. 1072 Inferior mesenteric artery, A. mesenterica inferior; AP-radiograph after selective injection of a contrast medium into the origin of the inferior mesenteric artery; ventral view.
* Catheter in the aorta

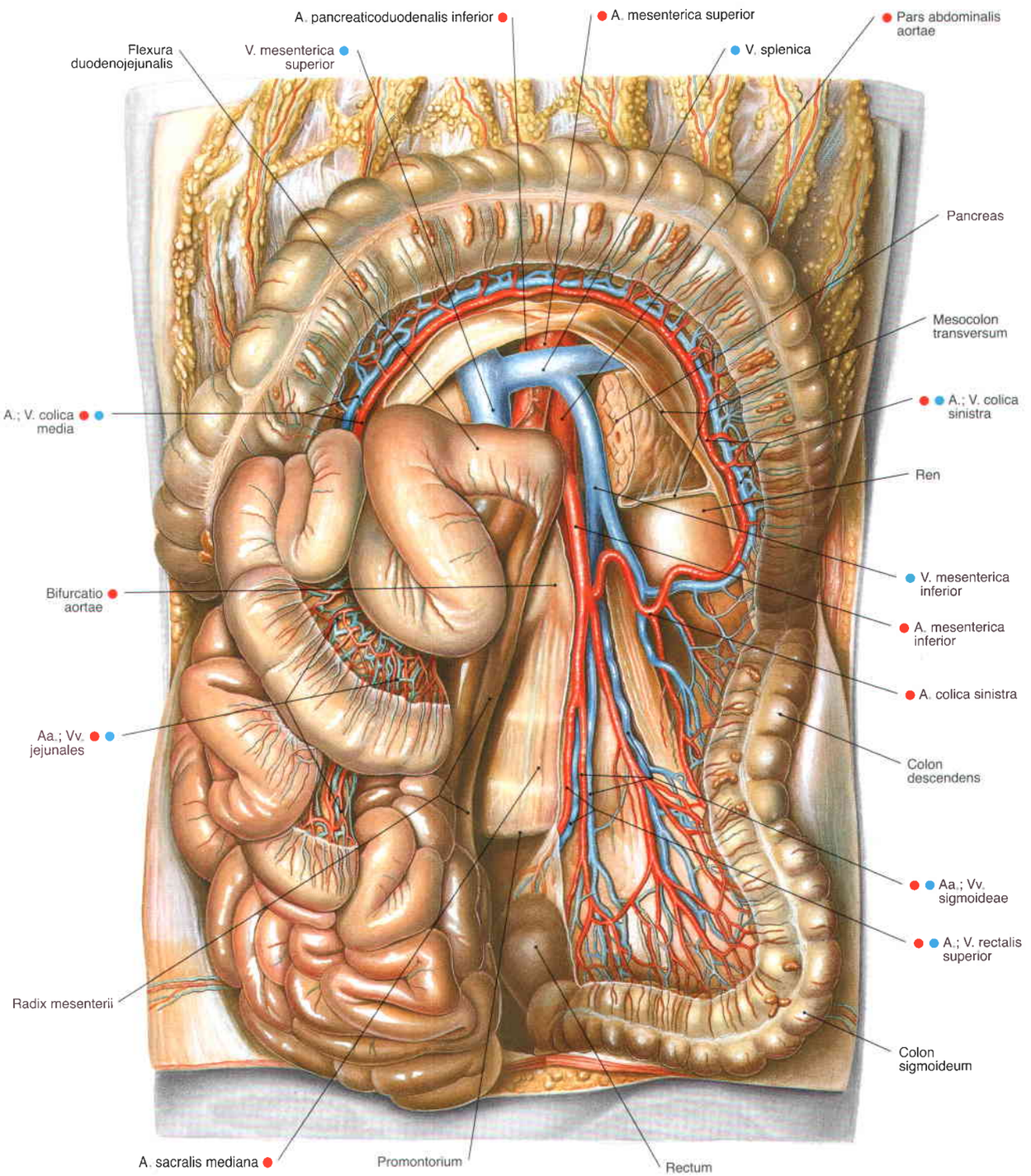
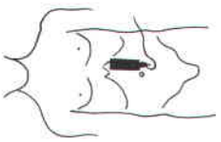


Fig. 1073 Inferior mesenteric artery and vein, A. et V. mesenterica inferior.

Coeliac trunk



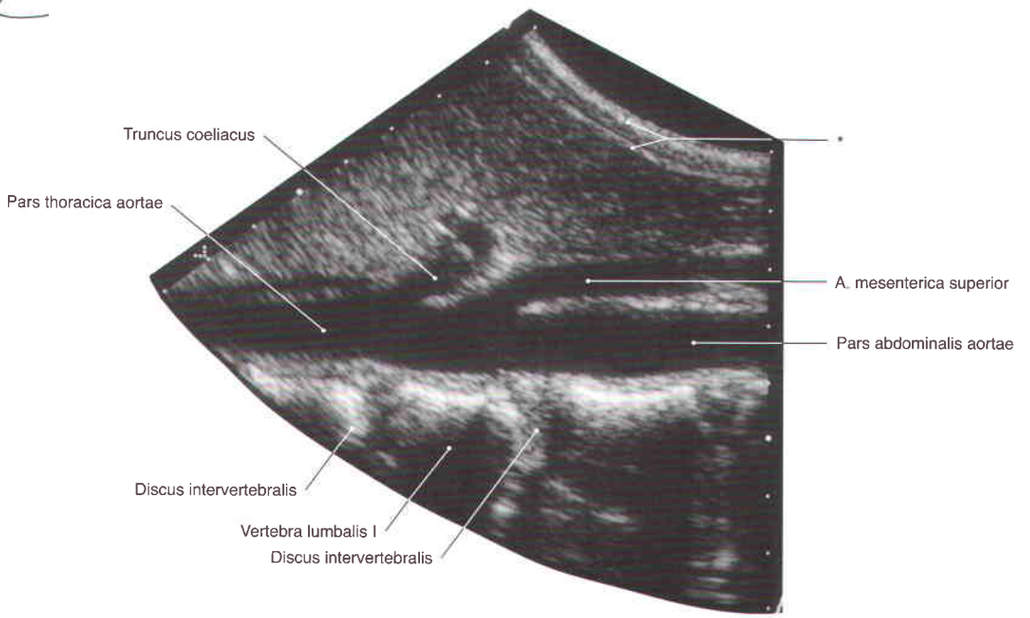


Fig. 1074 Abdominal aorta, Pars abdominalis aortae, with the coeliac trunk, Truncus coeliacus, and the superior mesenteric artery, A. mesenterica superior; ultrasound image; almost in the sagittal plane.
* Abdominal wall

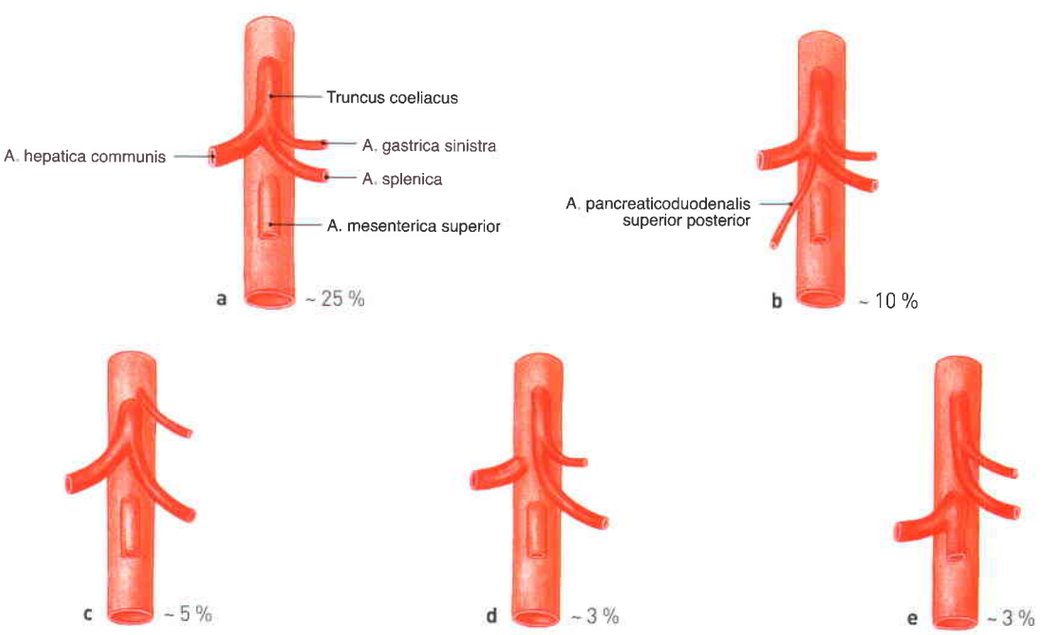


Fig. 1075 a–e Variability of the coeliac trunk, Truncus coeliacus.
a "Textbook case", division of the trunk into three branches
b Division of the trunk into four branches
c Development of a hepatosplenic trunk, Truncus hepatosplenicus
d Development of a gastrosplenic trunk, Truncus gastrosplenicus
e Development of a gastrosplenic trunk, Truncus gastrosplenicus, and a hepatomesenteric trunk, Truncus hepatomesentericus

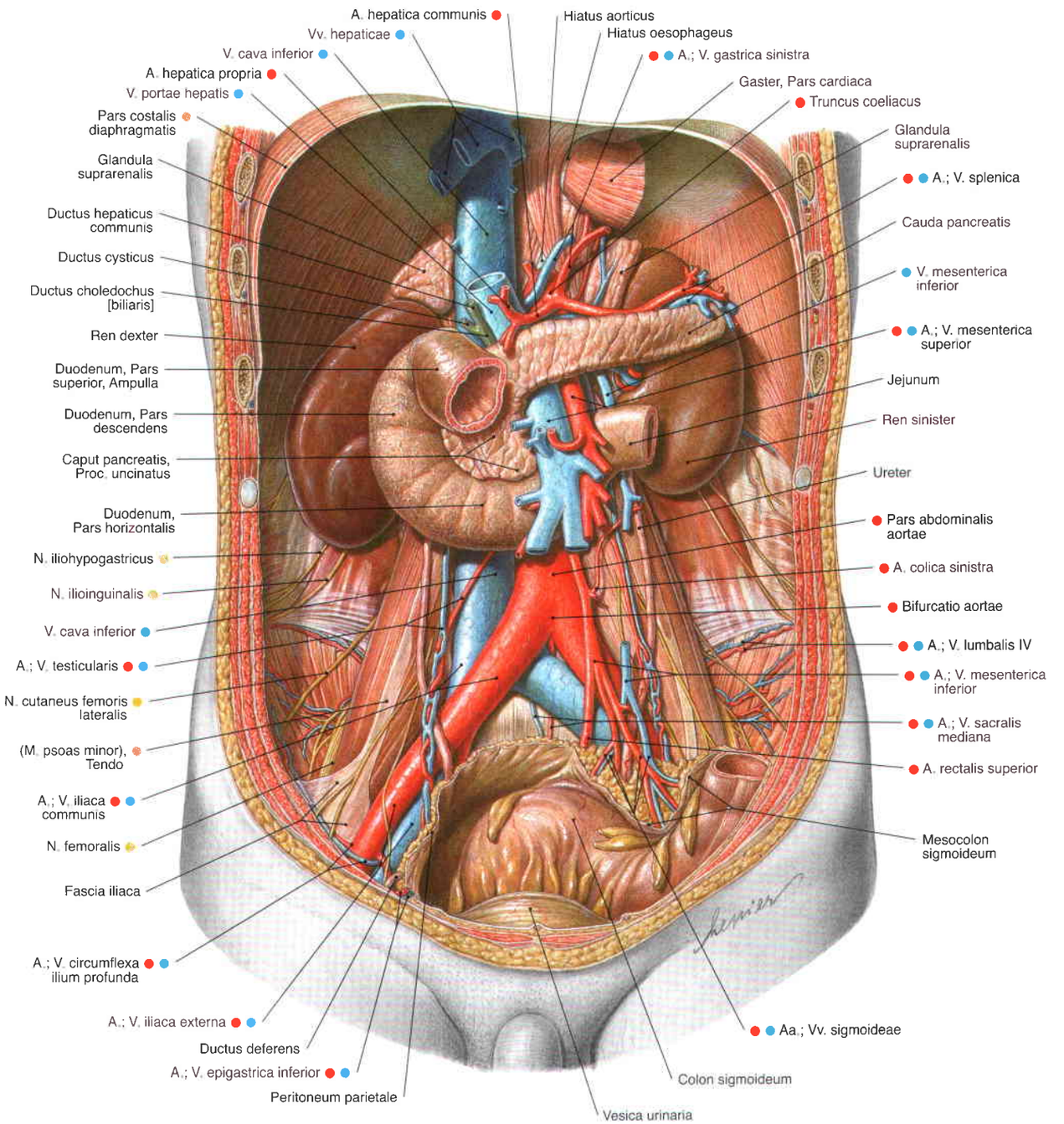


Fig. 1076 Vessels of the retroperitoneal space, Situs retroperitonealis, of the male.

Hepatic portal vein, overview

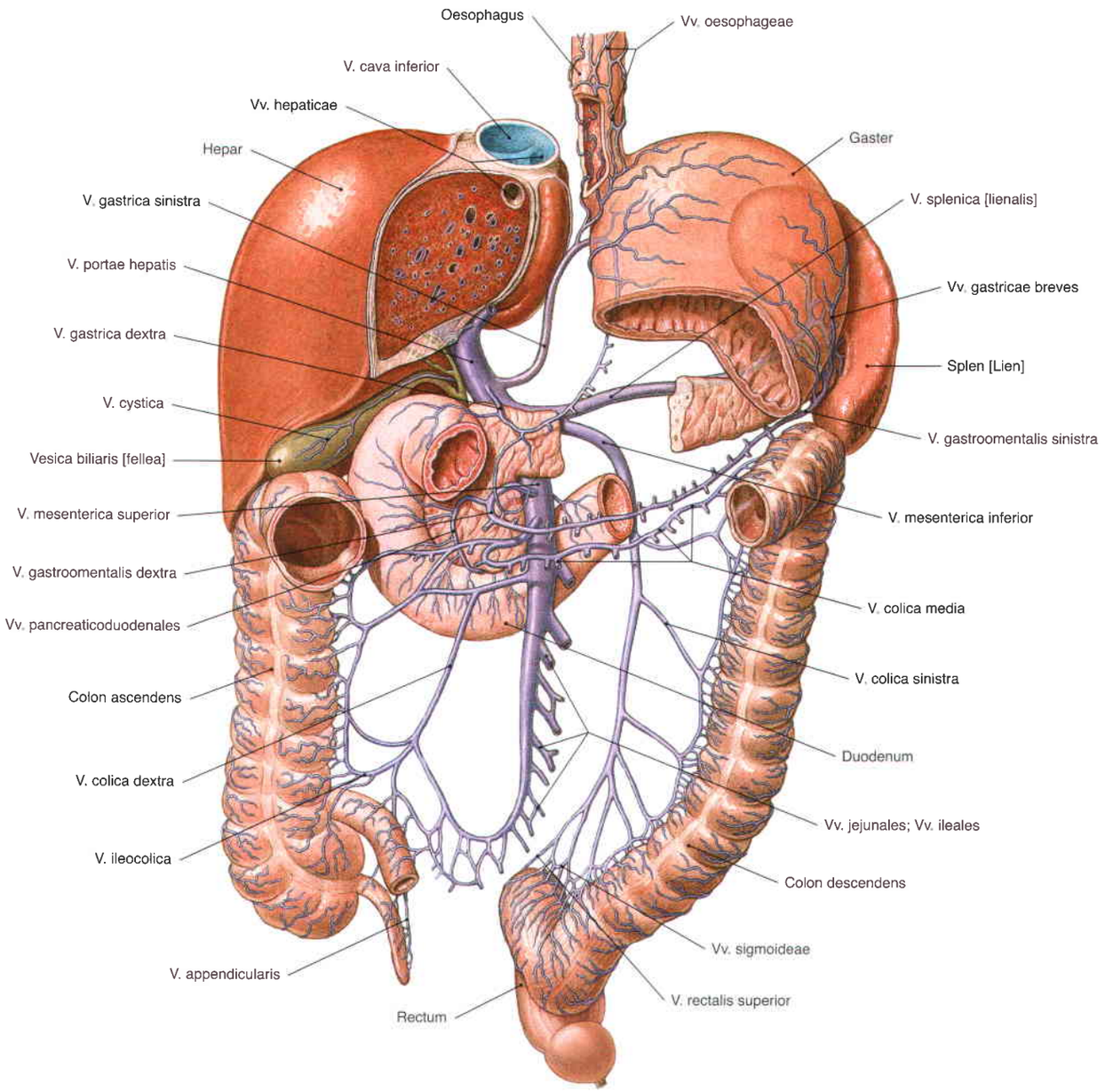


Fig. 1077 Hepatic portal vein, V. portae hepatis; ventral view.

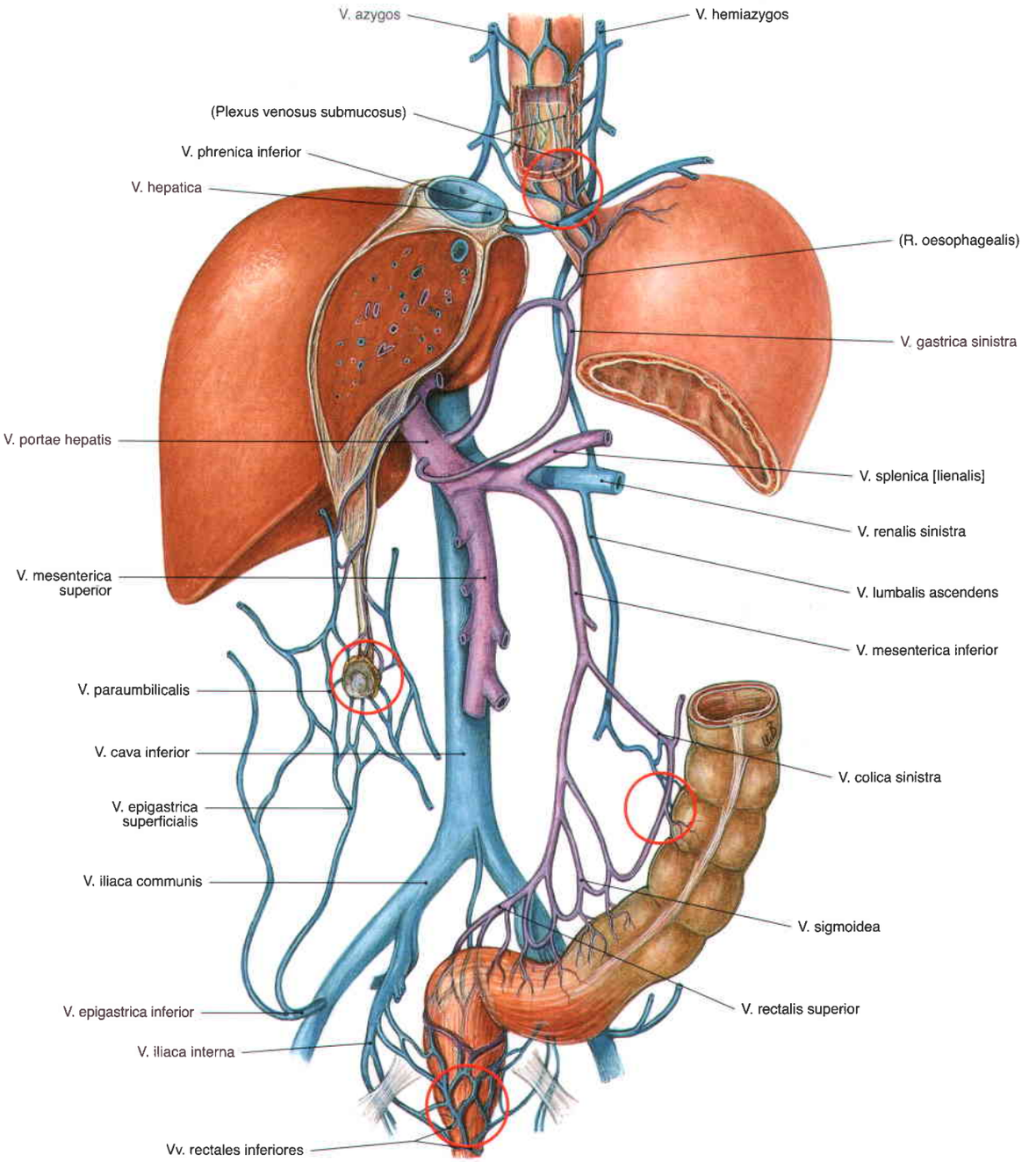
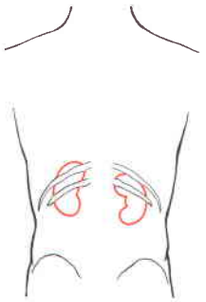


Fig. 1078 Hepatic portal vein, V. portae hepatis, and inferior vena cava, V. cava inferior; semi-schematic; tributaries of the inferior vena cava in blue; tributaries of the hepatic portal vein in purple; potential portocaval anastomoses are indicated by circles.



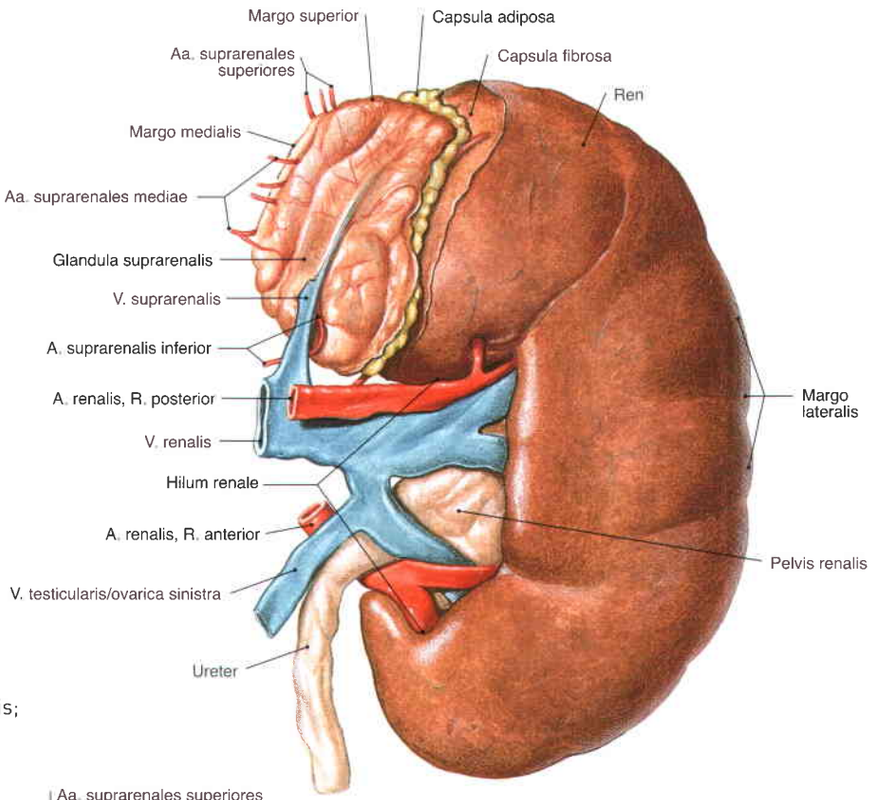


Fig. 1079 Kidney, Ren [Nephros], and suprarenal gland, Glandula suprarenalis; ventral view (left).

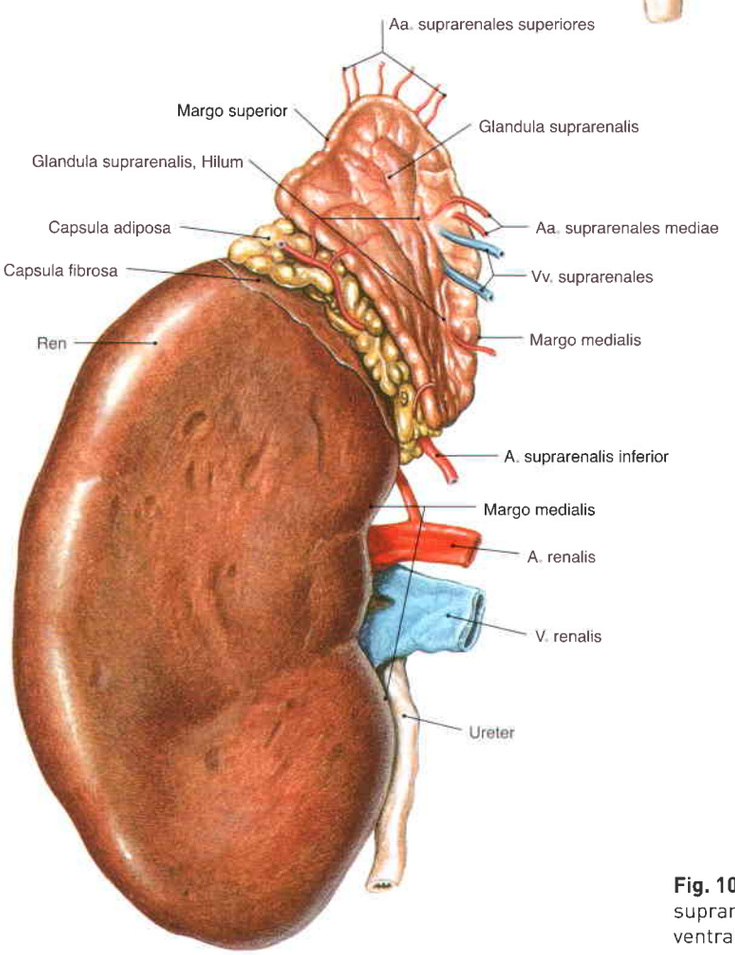


Fig. 1080 Kidney, Ren [Nephros], and suprarenal gland, Glandula suprarenalis; ventral view (right).

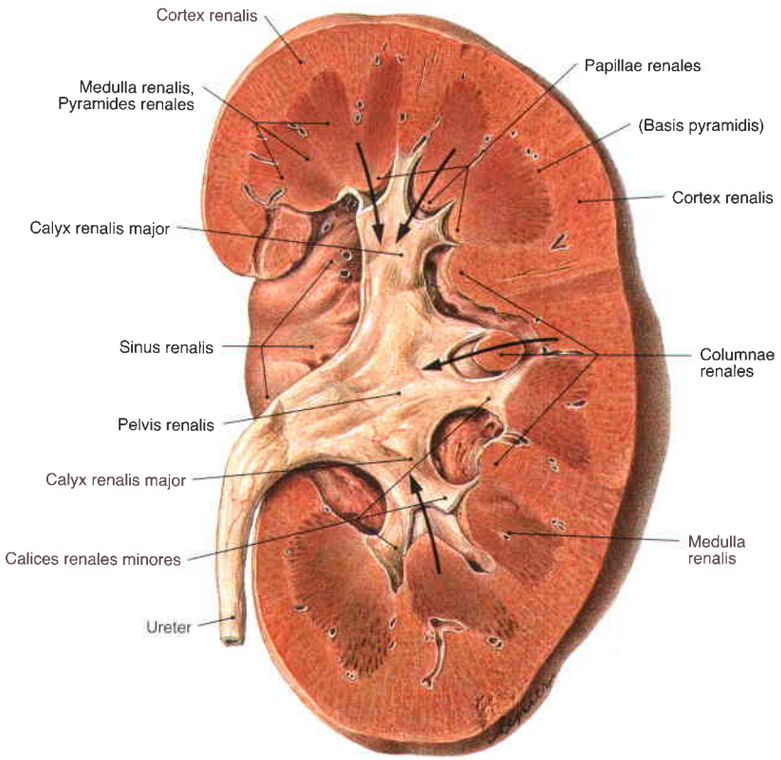


Fig. 1081 Kidney, Ren [Nephros]; oblique and vertical hemisection displaying the renal cortex, the medulla and the pelvis; ventral view (left). Arrows point from the pyramids to the calyces.

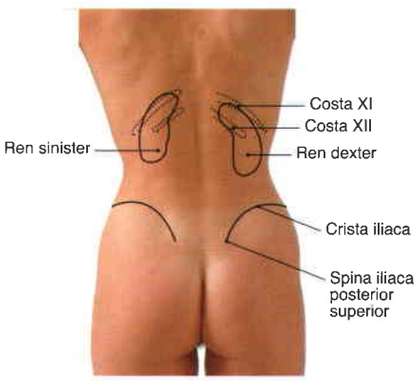


Fig. 1082 Projection of the kidneys onto the back.

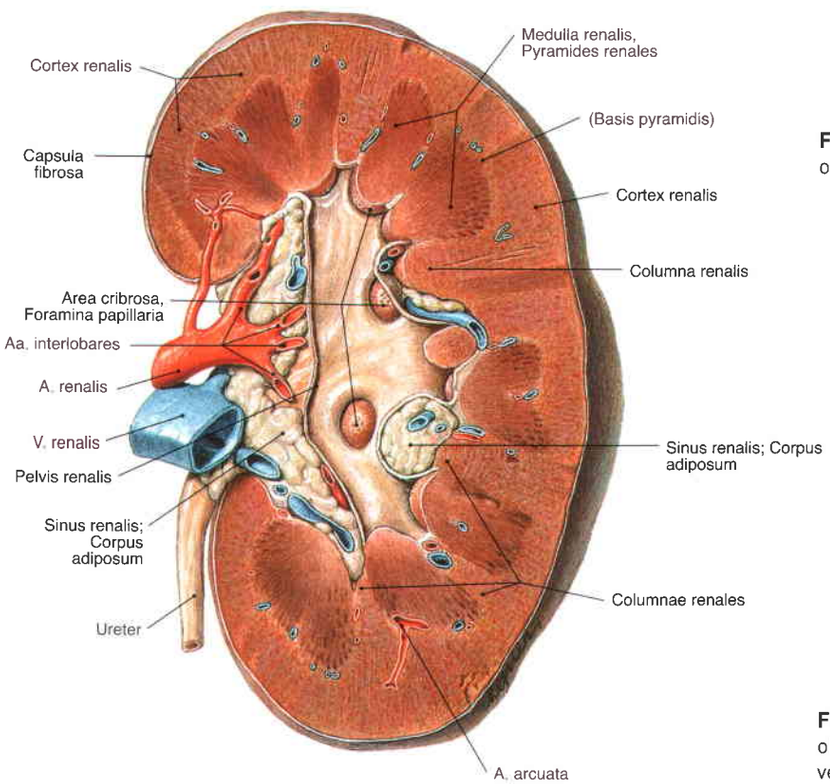


Fig. 1083 Kidney, Ren [Nephros]; oblique and vertical hemisection; ventral view (left).

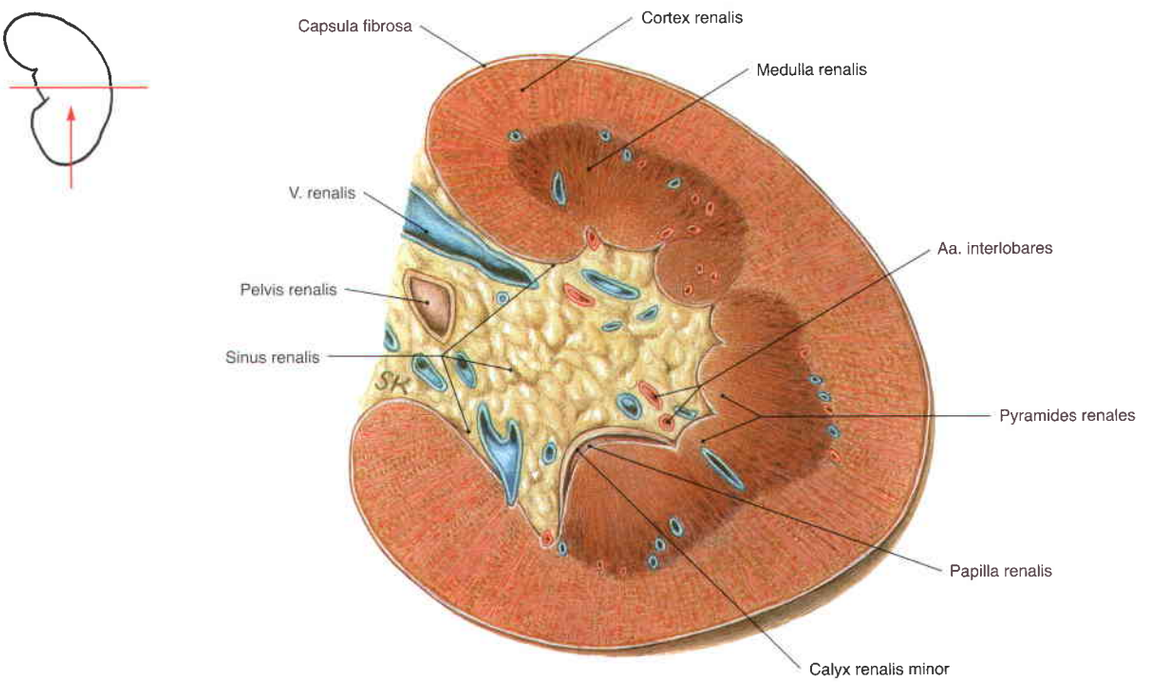


Fig. 1084 Kidney, Ren [Nephros]; transverse section through the renal sinus; inferior view (left).

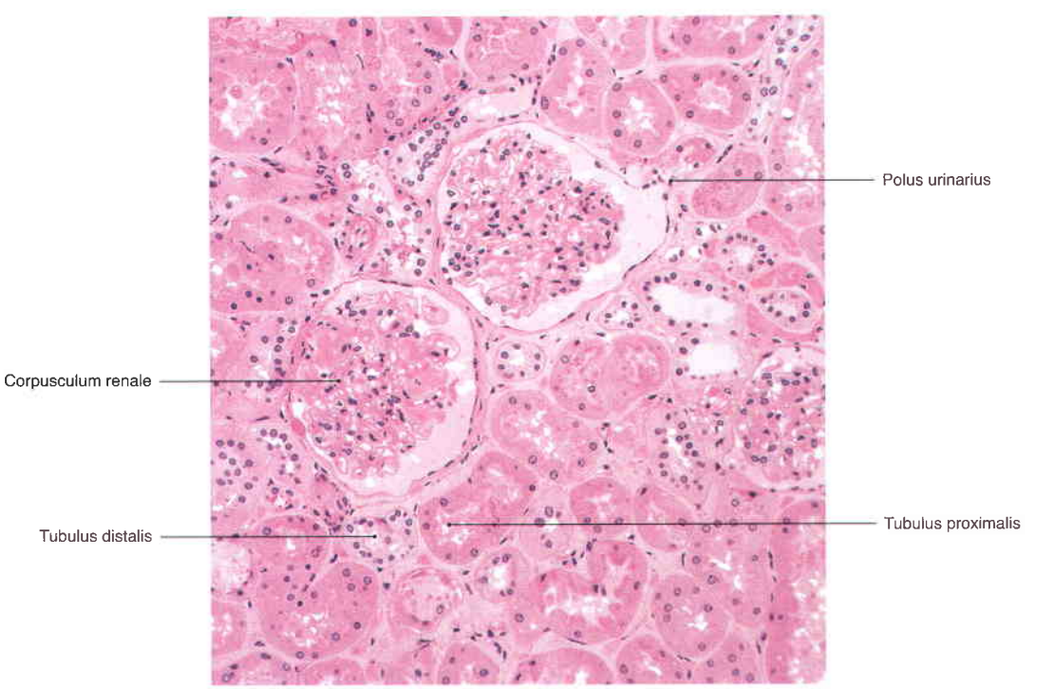


Fig. 1085 Kidney, Ren [Nephros]; microscopic section of the cortex (100×).

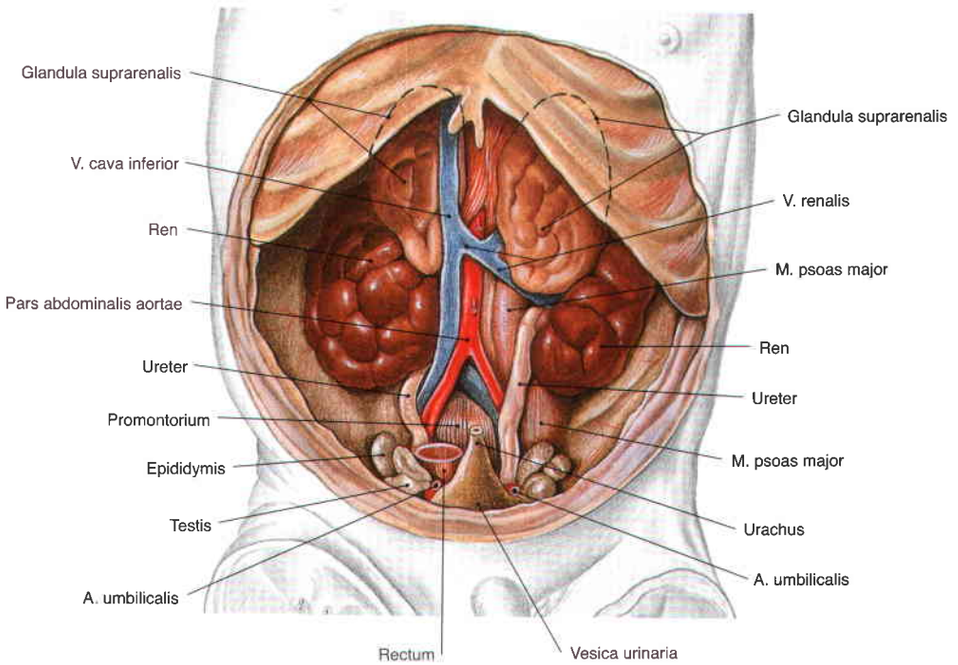


Fig. 1086 Kidney, Ren [Nephros], and the suprarenal gland, Glandula suprarenalis, of a ~ 5-month-old foetus.

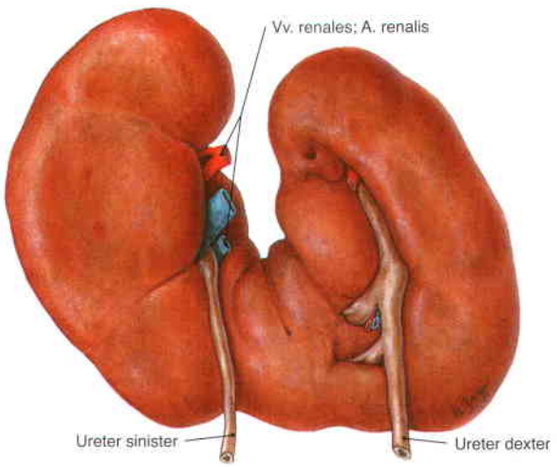


Fig. 1087 Kidney, Ren [Nephros]; dorsal view.
The lower poles of both kidneys are fused (= horseshoe kidney).

Renal pelvis and calyces

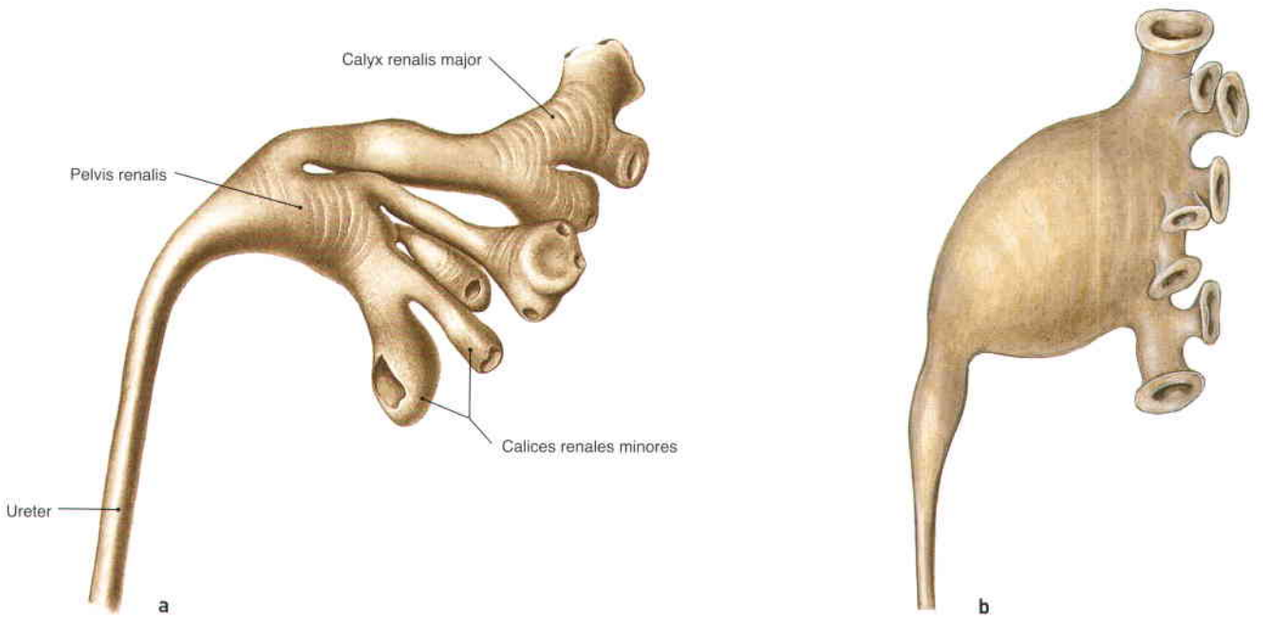


Fig. 1088 a, b Renal pelvis, Pelvis renalis; corrosion casts; ventral view (left).
a Dendritic type
b Ampullar type

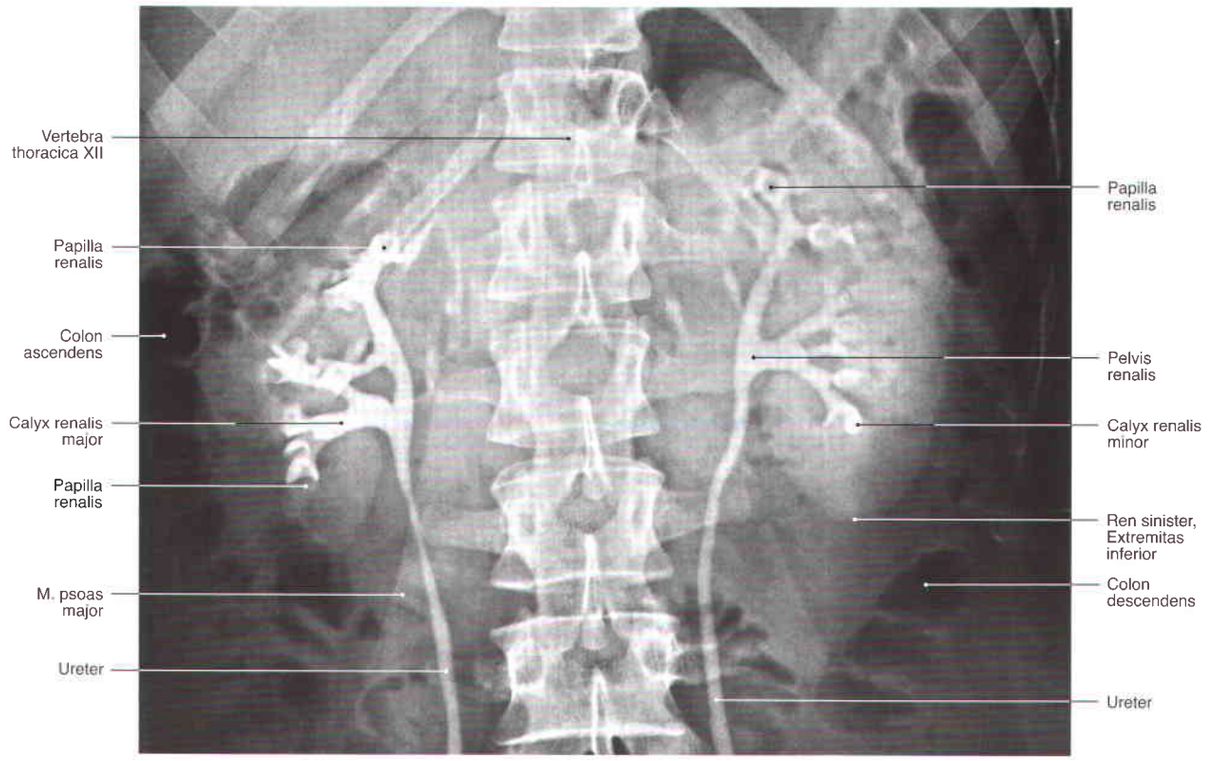


Fig. 1089 Kidney, Ren [Nephros]; renal pelvis, Pelvis renalis, and ureter, Ureter; AP-radiograph after retrograde injection of a contrast medium via both ureters.

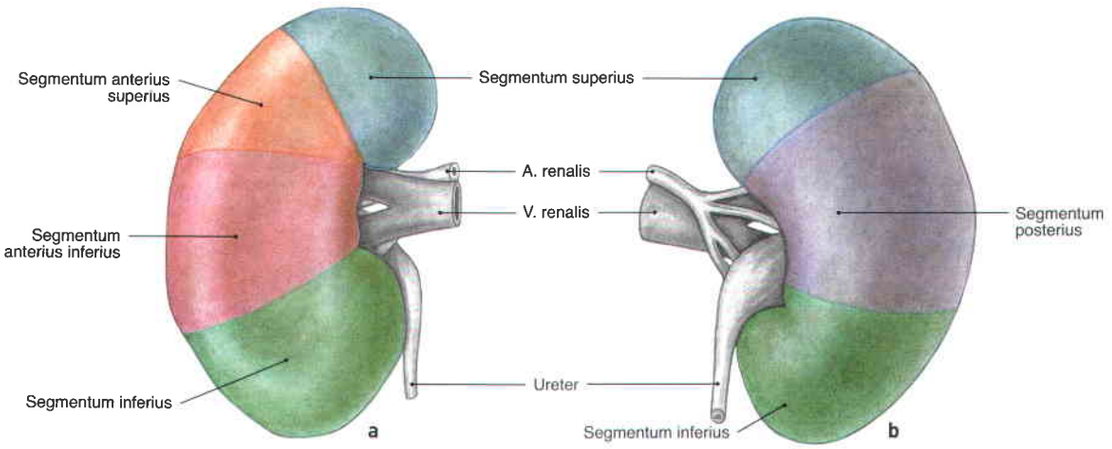


Fig. 1090 a, b Renal segments, Segmenta renalia.

a Ventral view (right)
b Dorsal view (right)

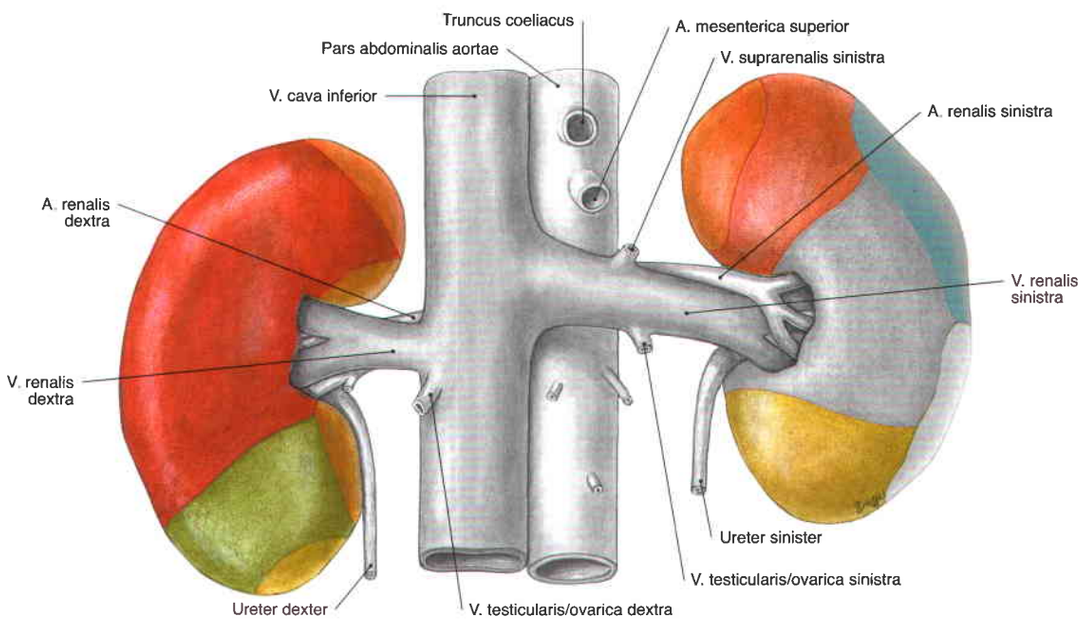


Fig. 1091 Kidney, Ren; areas of contact with adjacent organs; ventral view.

Areas of contact of the kidneys

- Glandulae suprarenales
- Hepar
- Duodenum, Pars descendens
- Colon, Flexura dextra
- Jejunum
- Gaster
- Splen [Lien]
- Pancreas
- Colon descendens

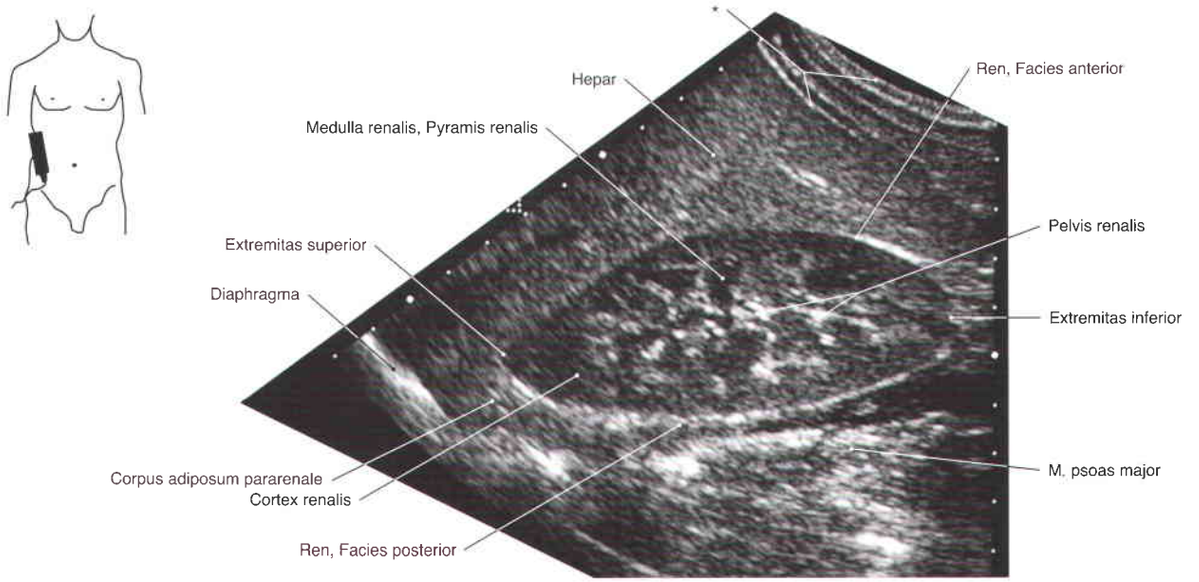
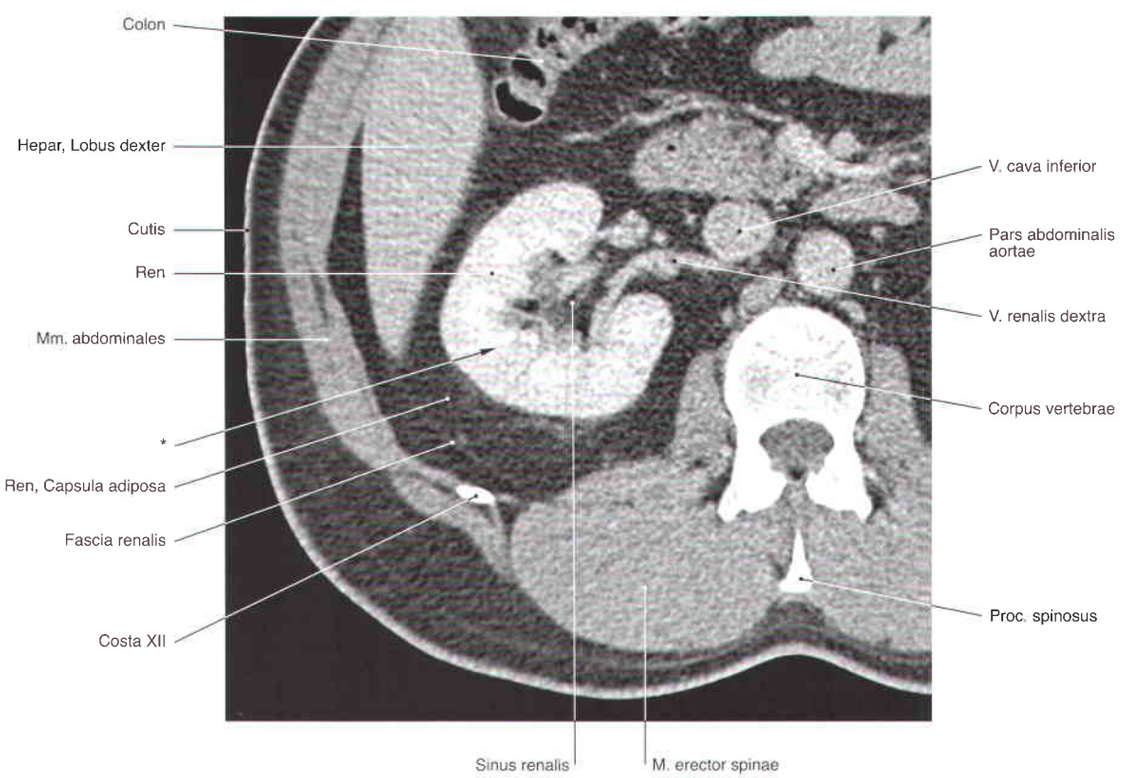


Fig. 1092 Kidney, Ren [Nephros];
ultrasound image;
the transducer is directed from ventroinferior to dorsosuperior;
lateral view (right).
* Abdominal wall



→ 1196

Fig. 1093 Kidney, Ren [Nephros];
puncture of the right kidney;
computed tomographic cross-section (CT);
inferior view.
* Guidance of a needle for kidney biopsy

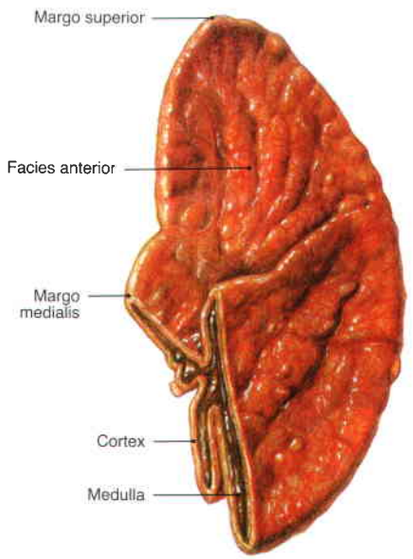


Fig. 1094 Suprarenal gland, Glandula suprarenalis; ventral view (right).

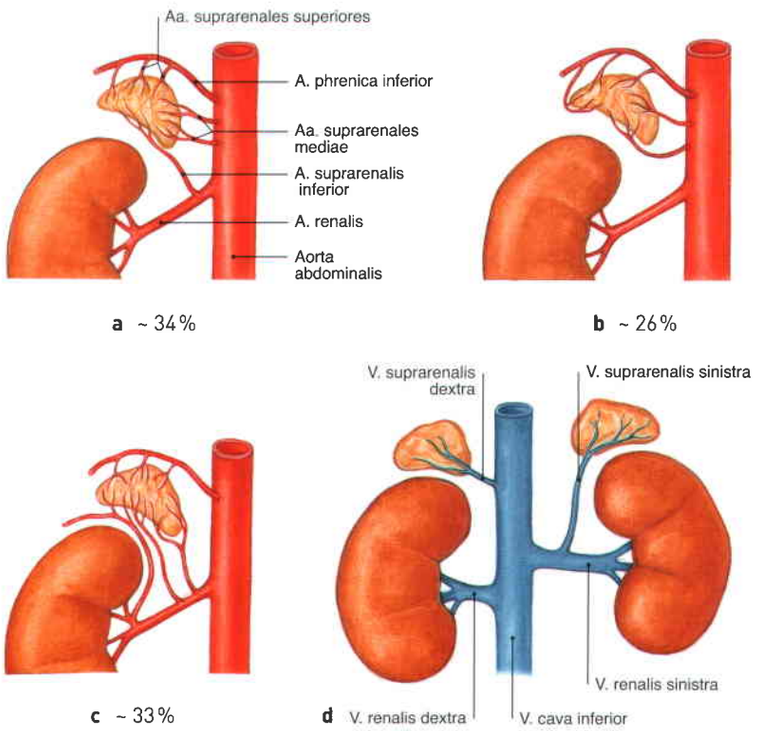


Fig. 1095 a–d Variability of the suprarenal arteries, Aa. suprarenales, and course of the suprarenal veins, Vv. suprarenales.
a Arterial supply by three arteries ("textbook case")
b Arterial supply without a branch from the renal artery, A. renalis
c Arterial supply without a direct branch from the aorta, Aorta
d Course of the suprarenal veins, Vv. suprarenales

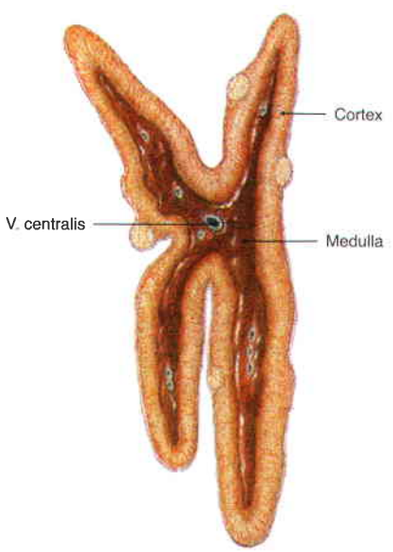


Fig. 1096 Suprarenal gland, Glandula suprarenalis; sagittal section; lateral view (right).

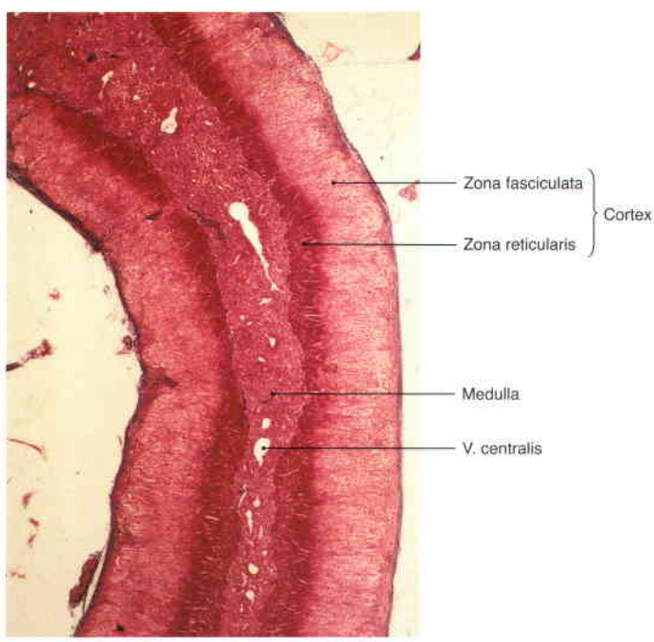


Fig. 1097 Suprarenal gland, Glandula suprarenalis; microscopic enlargement at low magnification.

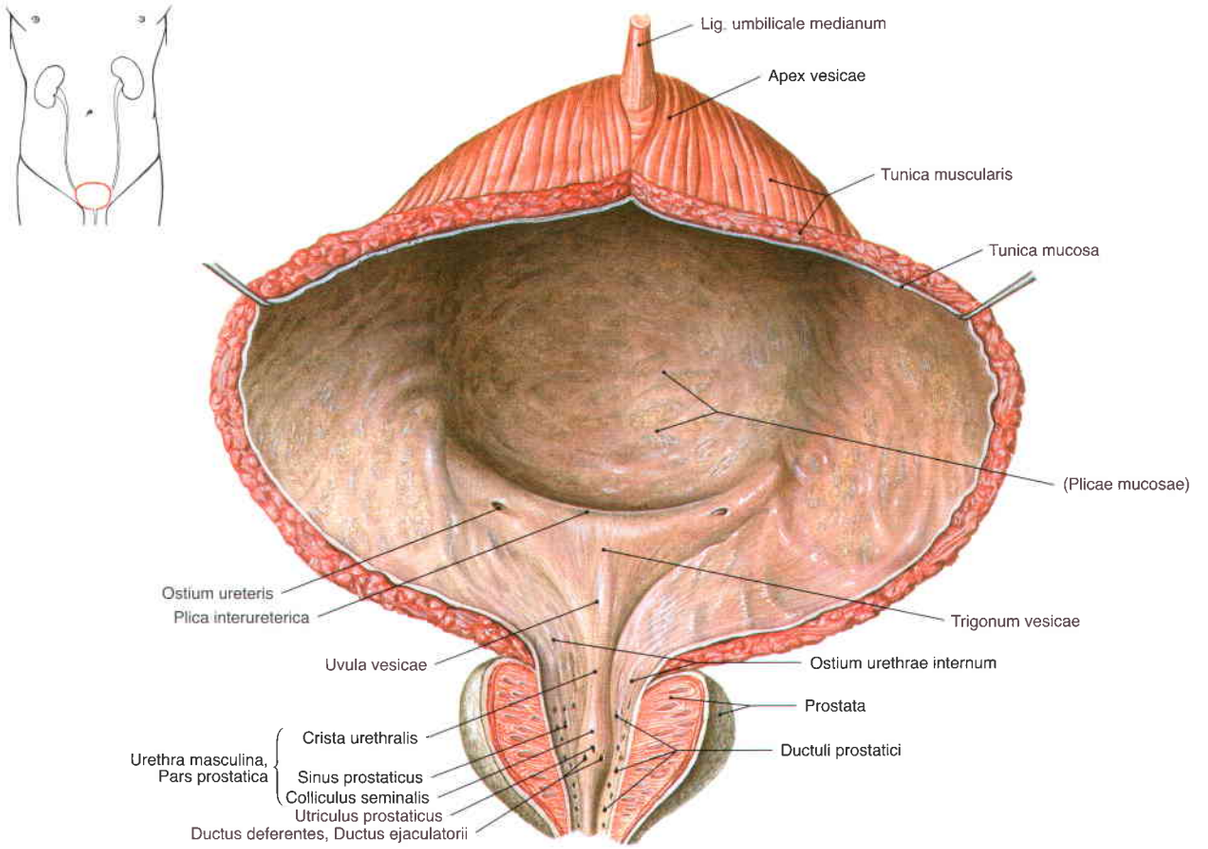


Fig. 1098 Urinary bladder, Vesica urinaria; prostate, Prostata, and urethra, Urethra; ventral view.

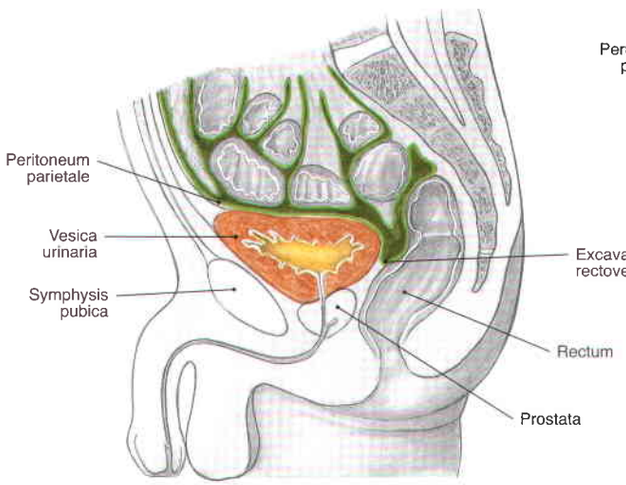


Fig. 1099 Urinary bladder, Vesica urinaria, almost completely voided.

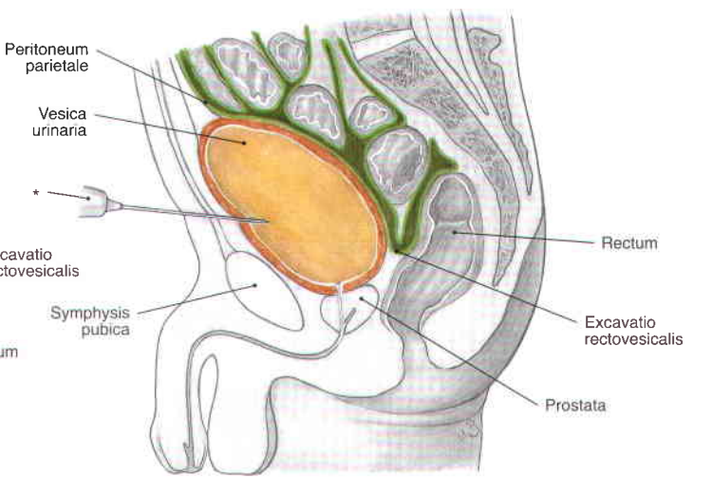


Fig. 1100 Urinary bladder, Vesica urinaria, filled. In this situation, the bladder can be punctured from just above the pubic bone without passing through the peritoneal cavity.
* Puncture needle

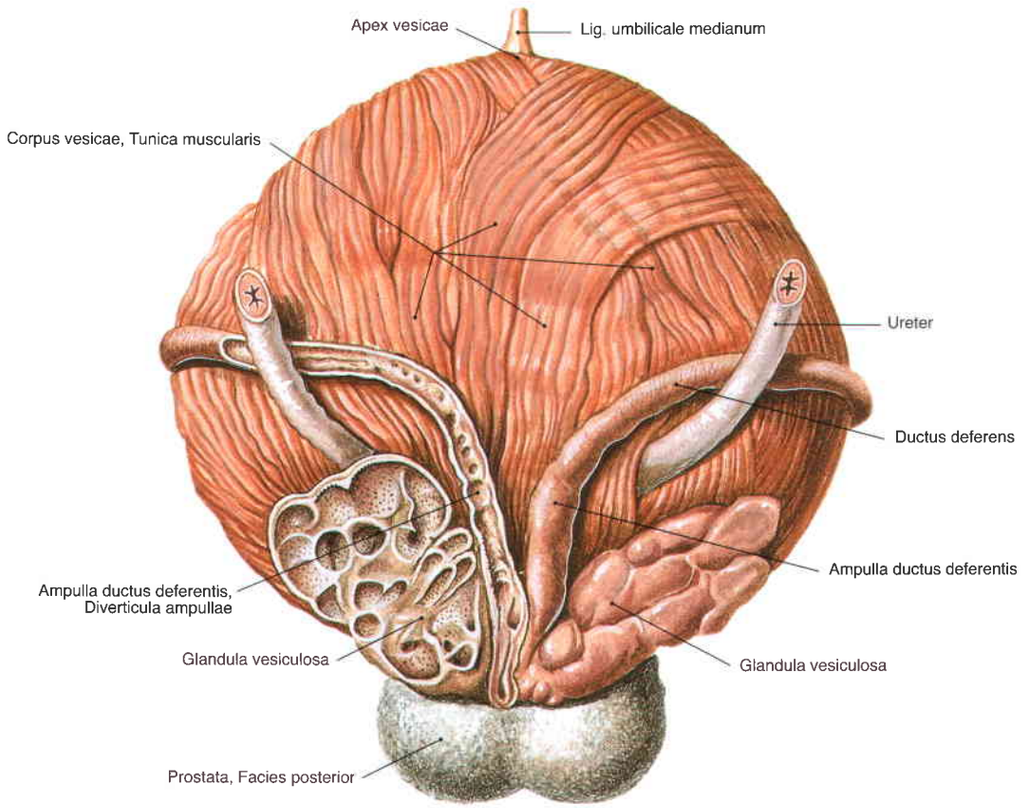
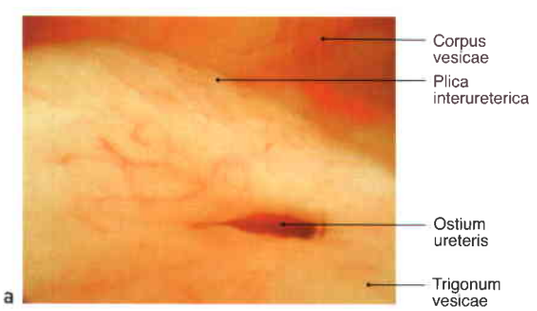


Fig. 1101 Urinary bladder, Vesica urinaria; ductus deferentes, Ductus deferentes; seminal vesicles, Glandulae vesiculosae, and prostate, Prostata; dorsal view.



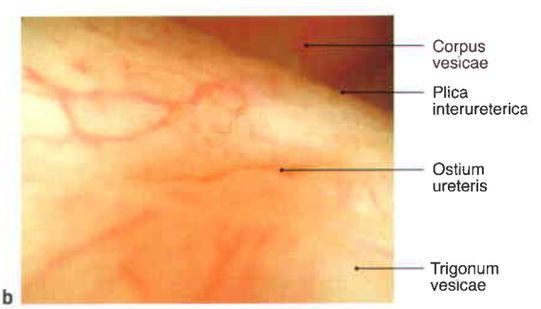
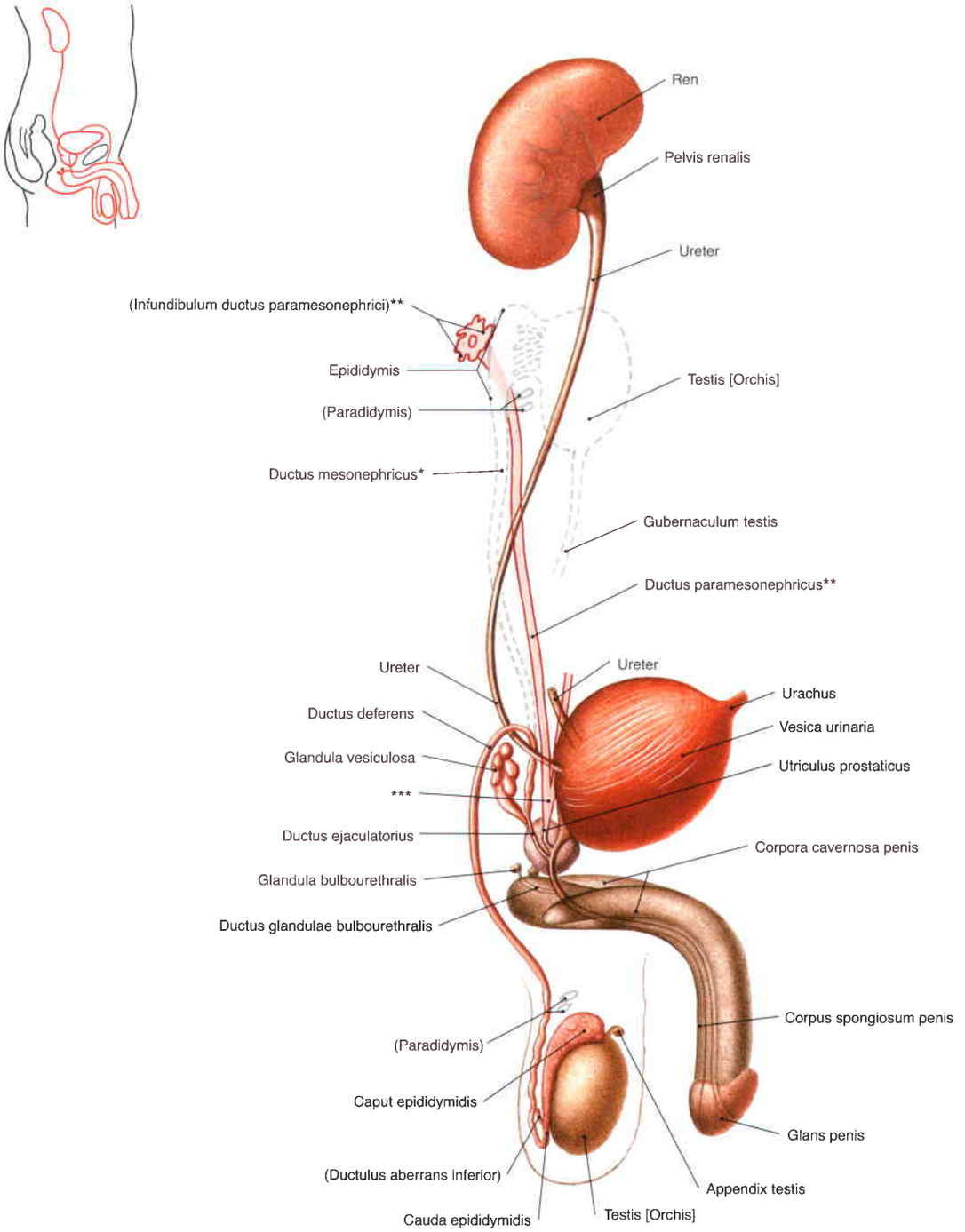


Fig. 1102 a, b Urinary bladder, Vesica urinaria; endoscopic view of the opening of the ureter (cystoscopy).
a Open ostium of the ureter with a peristaltic wave transporting urine into the bladder
b Closed ostium of the ureter

Fig. 1103 Urinary bladder, Vesica urinaria; endoscopic view of the mucosa in the body of the bladder (cystoscopy); inferior view.



→ 1119

Fig. 1104 Male urinary and genital organs;
Organa urogenitalia masculina;
diagram of the development: the parts that degenerate are displayed in pale pink, and the position of the testis prior to its descent is indicated by the dashed line;
viewed from the right.

Epididymis = genital part of the mesonephros;
Paradidymis = remnants of tubules of the mesonephros

* WOLFFian duct
** MÜLLERian duct
*** Junction of the MÜLLERian ducts, Ductus paramesonephrici

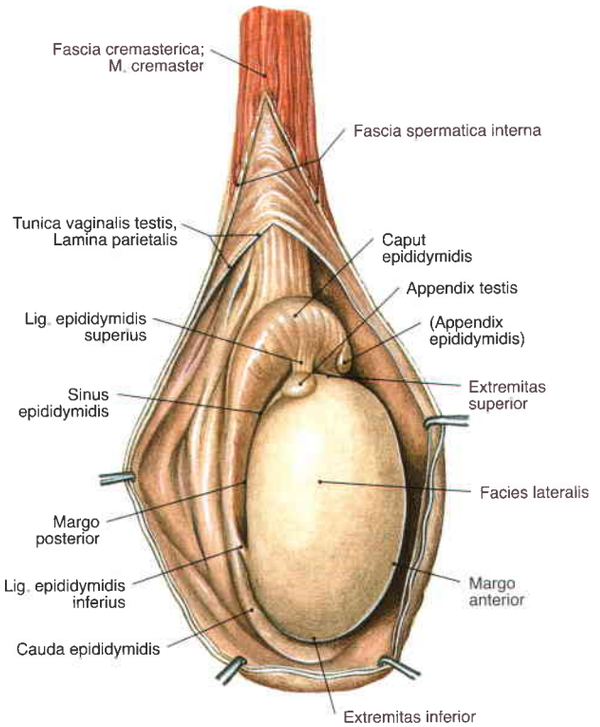


Fig. 1105 Testis, Testis [Orchis], and epididymis, Epididymis; viewed from the right.

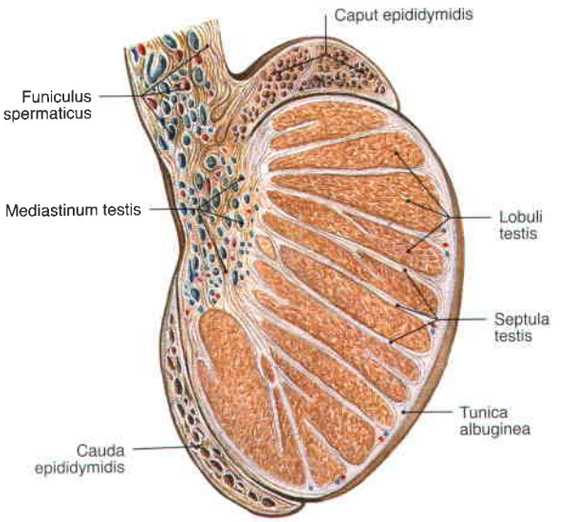


Fig. 1106 Testis, Testis [Orchis], and epididymis, Epididymis; viewed from the right.

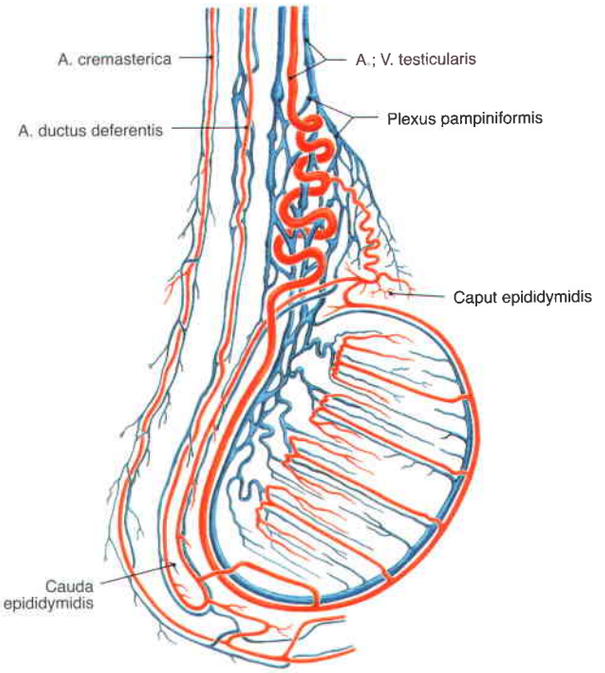


Fig. 1107 Blood vessels of the testis, Testis, the epididymis, Epididymis, and the spermatic cord, Funiculus spermaticus; viewed from the right.

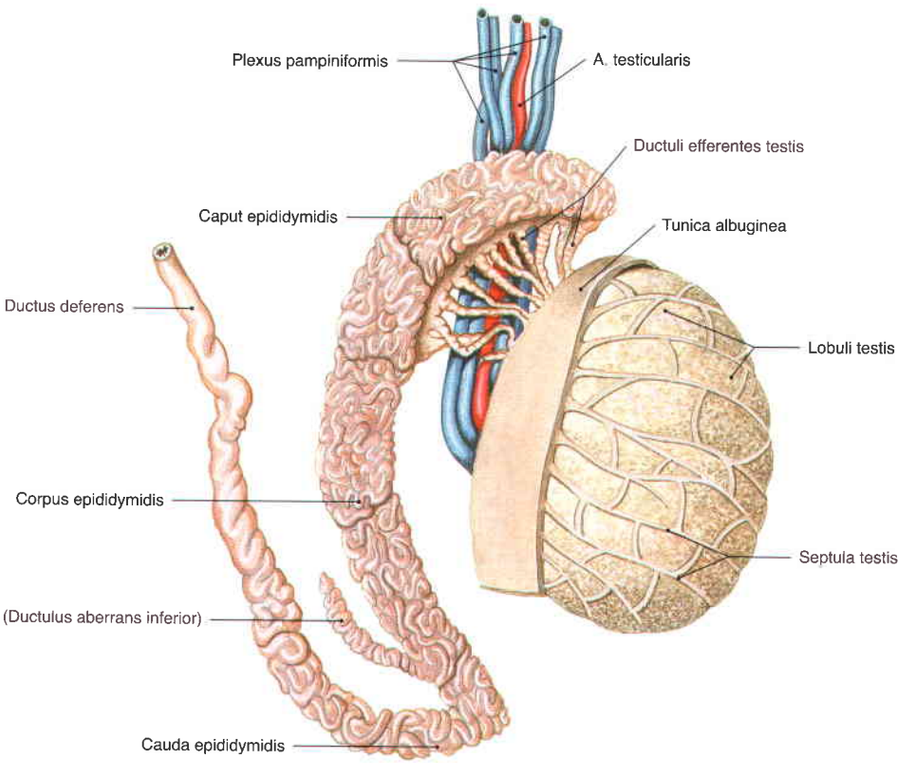


Fig. 1108 Testis, Testis; epididymis, Epididymis, and ductus deferens (vas deferens), Ductus deferens; lateral view.

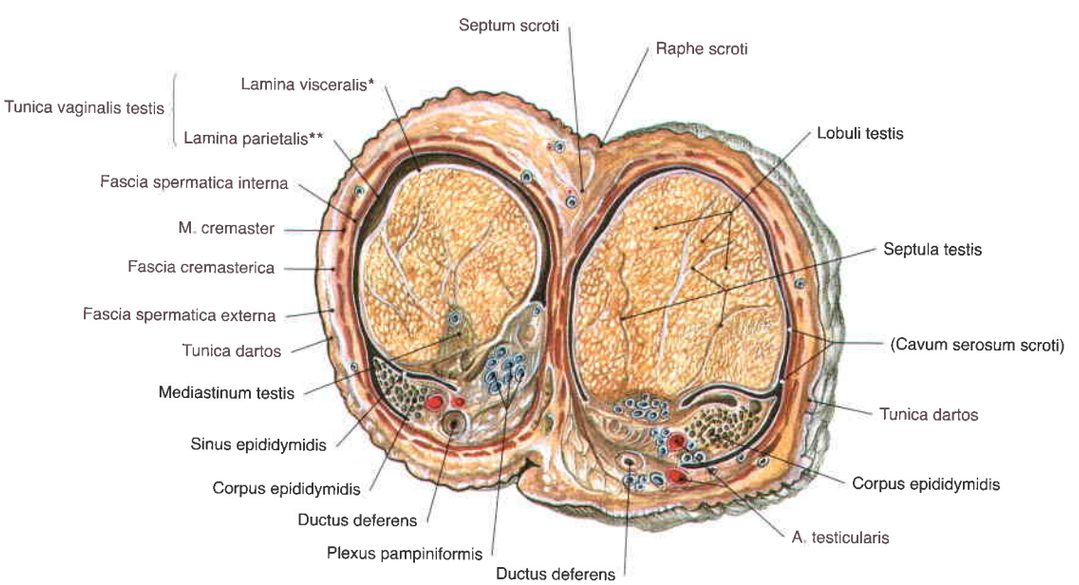


Fig. 1109 Testis, Testis; epididymis, Epididymis, and scrotum, Scrotum; superior view.
* Also: Epiorchium
** Also: Periorchium

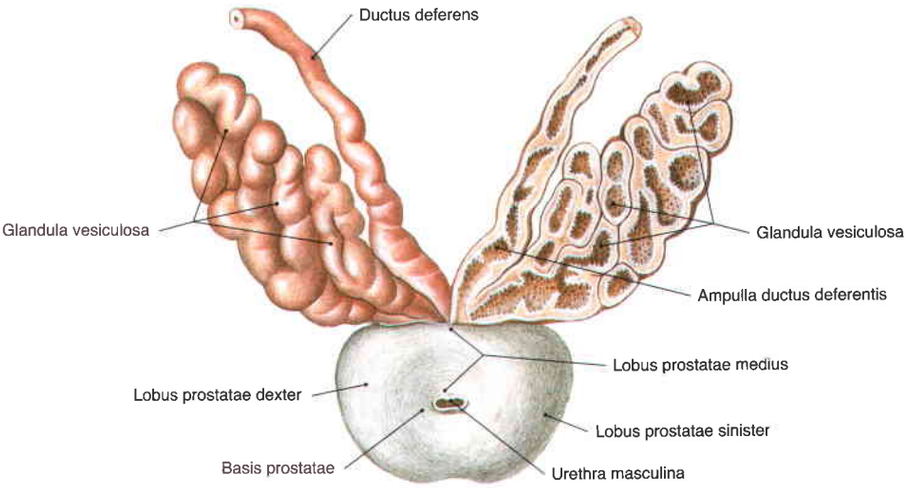


Fig. 1110 Ductus deferentes, Ductus deferentes, seminal vesicles, Glandulae vesiculosae, and prostate, Prostata; superior view.

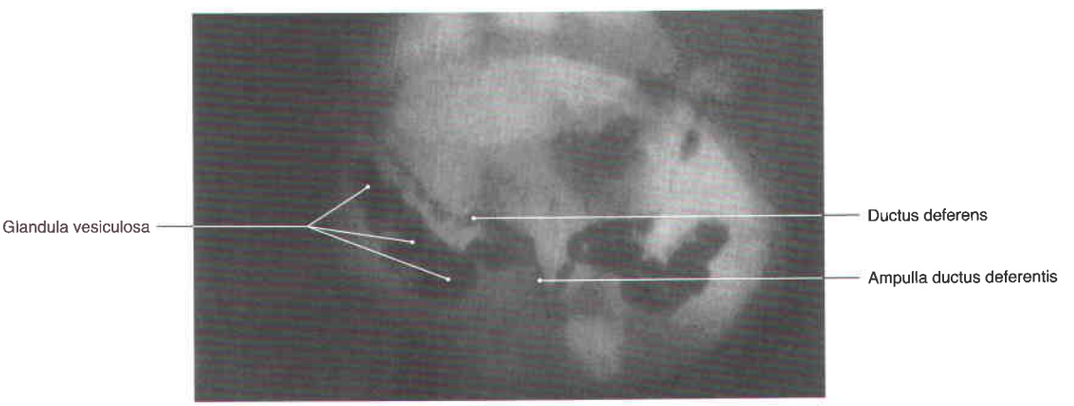


Fig. 1111 Ductus deferentes, Ductus deferentes, and seminal vesicles, Glandulae vesiculosae; AP-radiograph after injection of a contrast medium via the ejaculatory ducts; ventral view.

Though this technique demonstrates size and position of the seminal vesicles, it is no more applied under clinical circumstances.

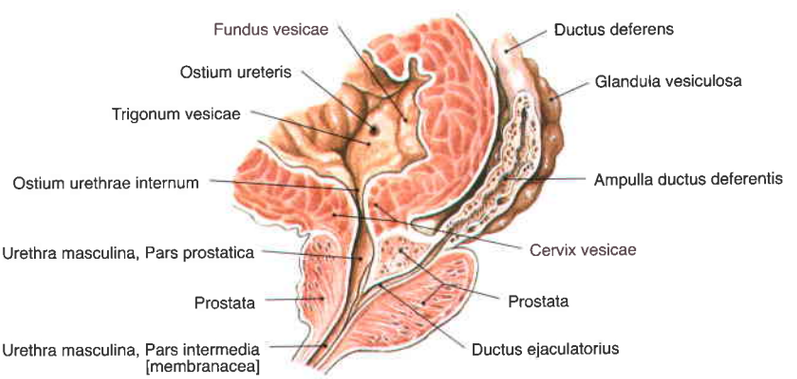


Fig. 1112 Urinary bladder, Vesica urinaria; prostate, Prostata; ductus deferens (vas deferens), Ductus deferens, and seminal vesicle, Glandula vesiculosa; viewed from the right.

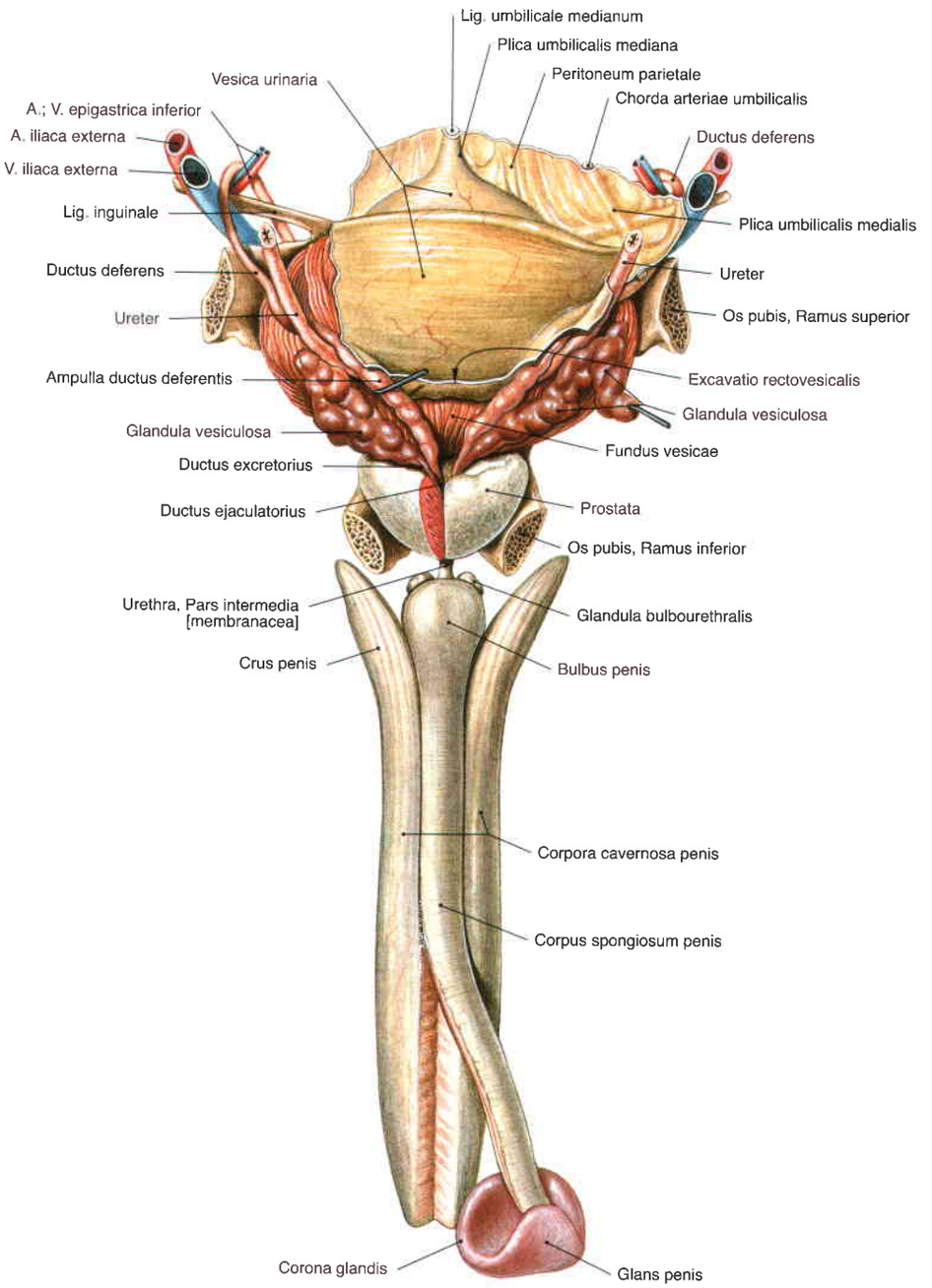


Fig. 1113 Urinary bladder, Vesica urinaria; ductus deferentes, Ductus deferentes; seminal vesicles, Glandulae vesiculosae; prostate, Prostata, and male urethra, Urethra masculina; dorsal view.

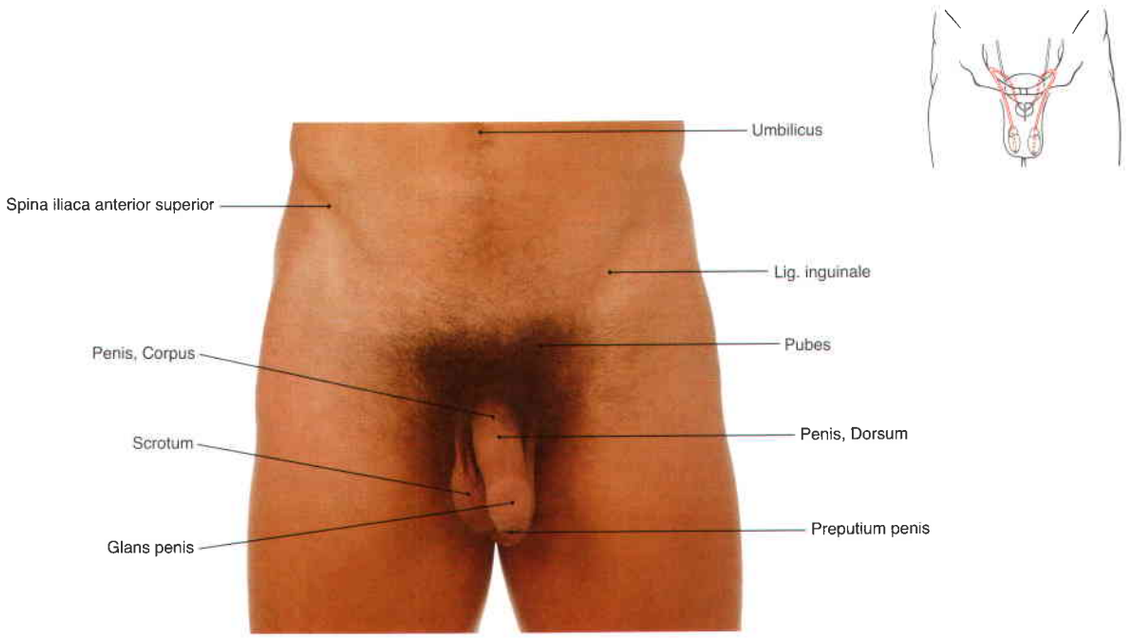


Fig. 1114 Male external genitalia, Organa genitalia masculina externa.

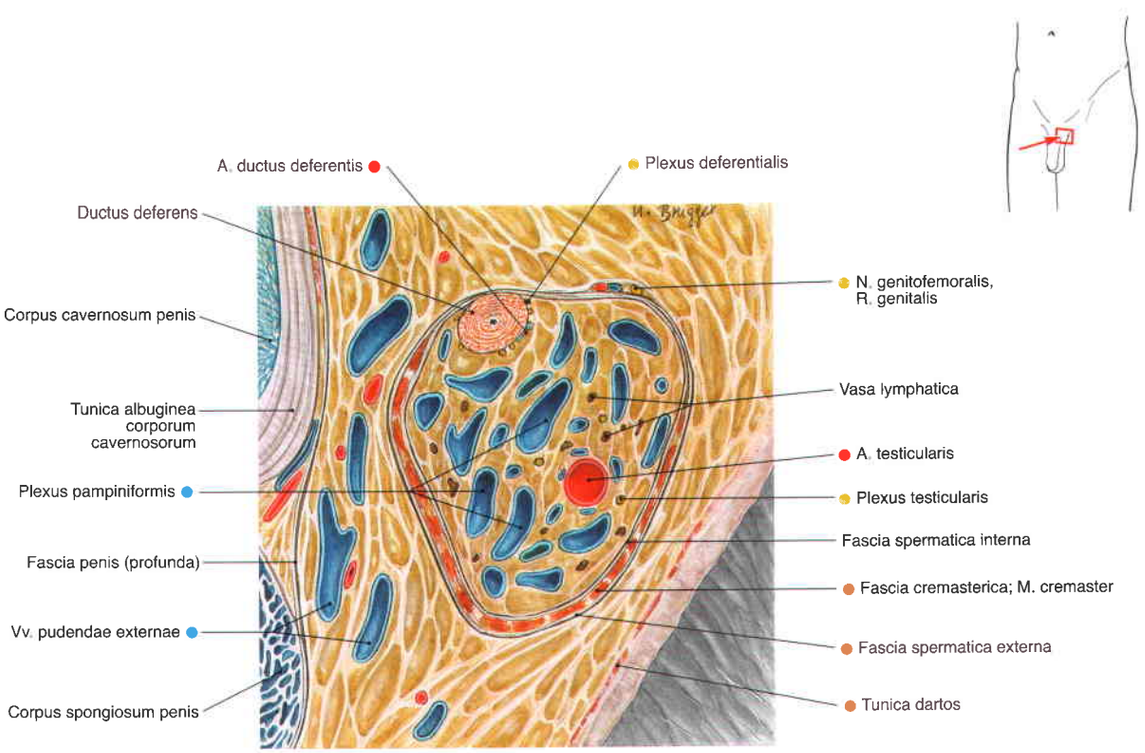
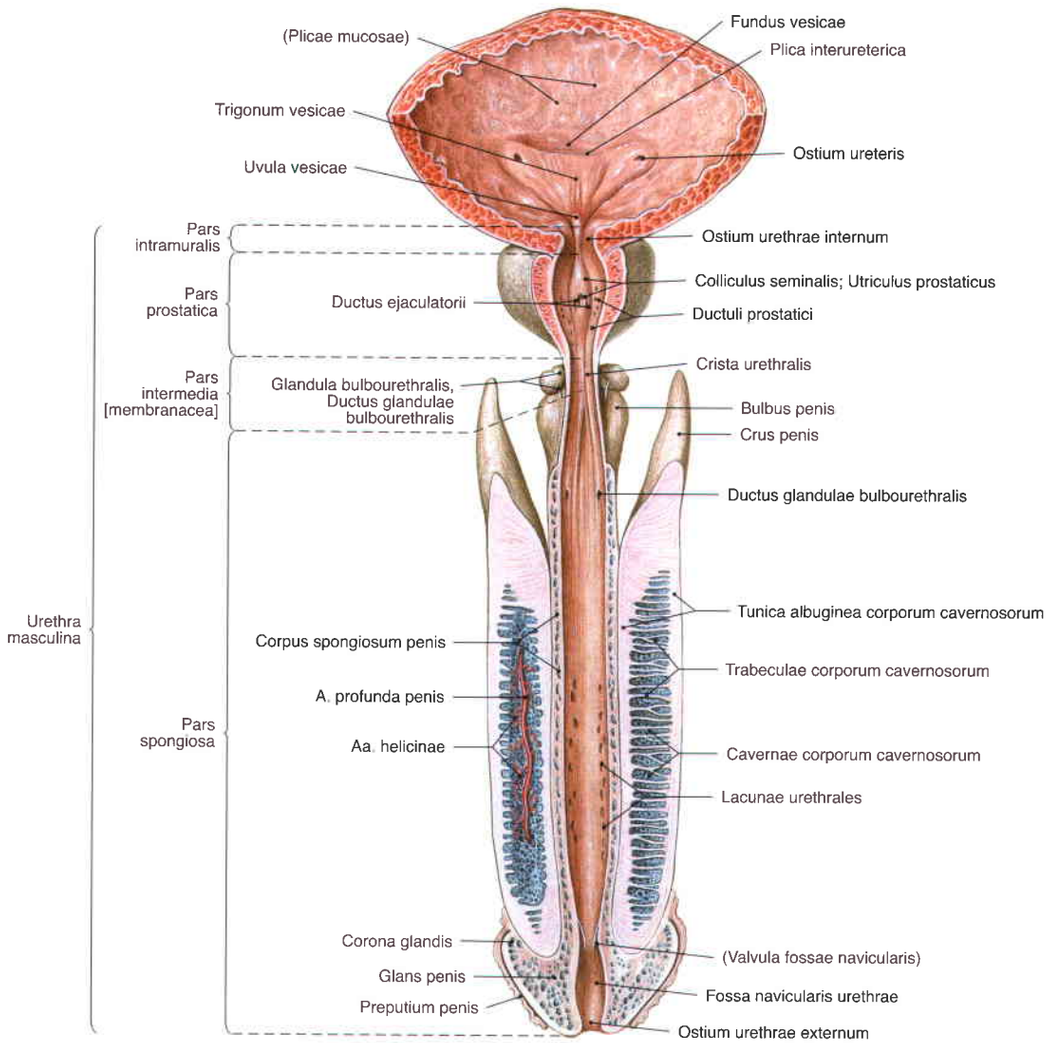


Fig. 1115 Spermatic cord, Funiculus spermaticus; frontal section; ventral view (left, 250%).



→ 1199

Fig. 1116 Urinary bladder, Vesica urinaria; prostate, Prostata, and male urethra, Urethra masculina; ventral view.

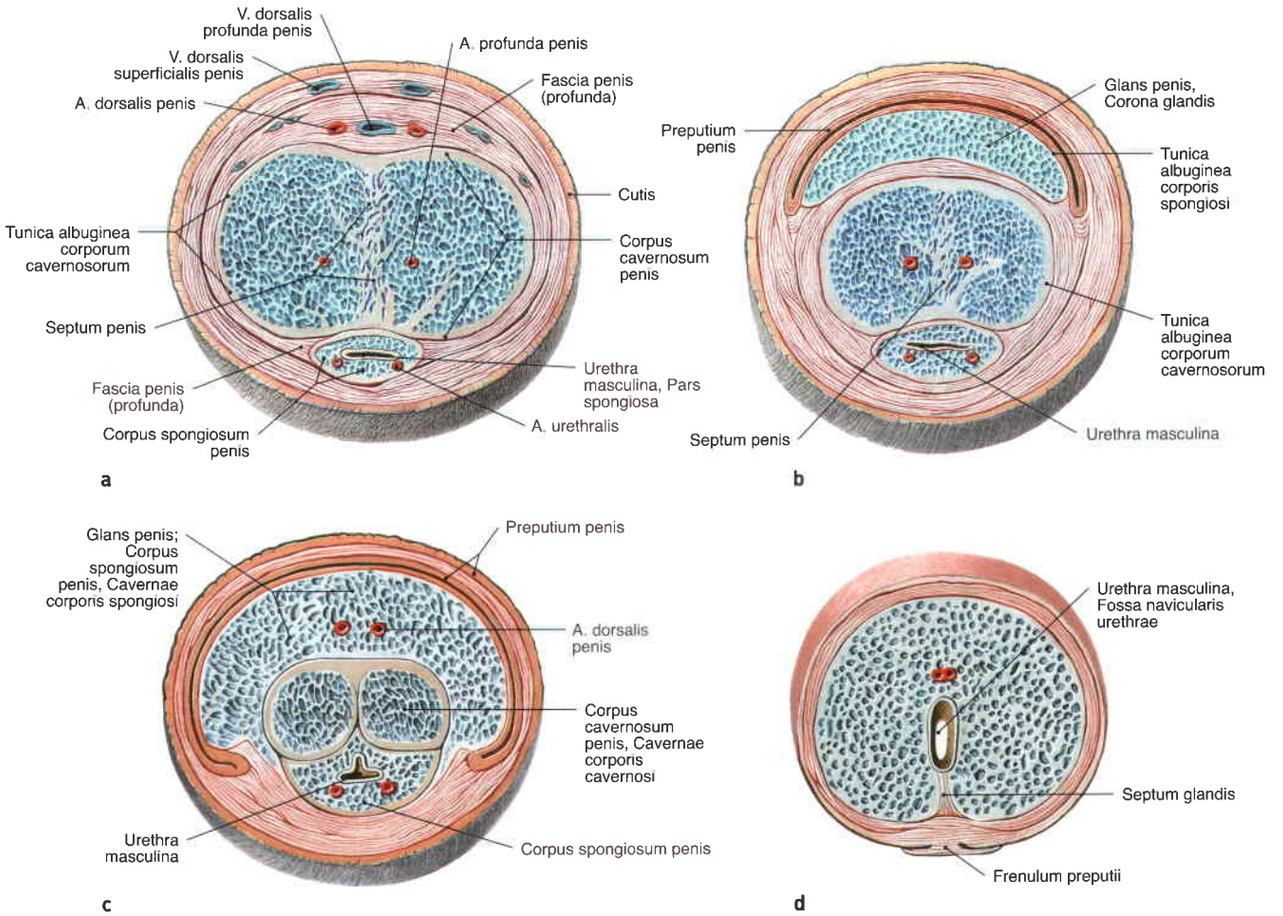


Fig. 1117 a–d Penis, Penis; cross-sections; planes indicated in Fig. 1118; ventral view.

a Cross-section through the middle of the shaft
b Cross-section at the level of the proximal part of the glans penis
c Cross-section through the middle of the glans penis
d Cross-section at the level of the distal part of the glans penis

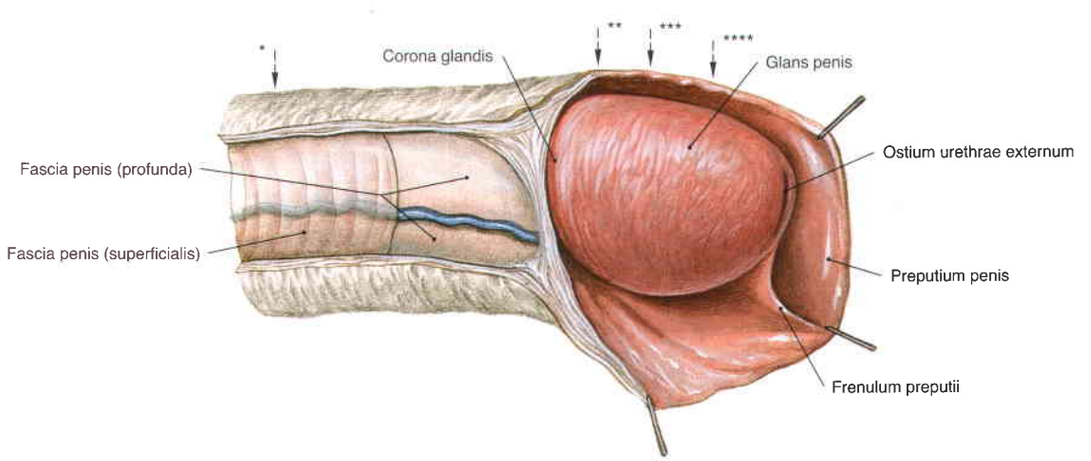
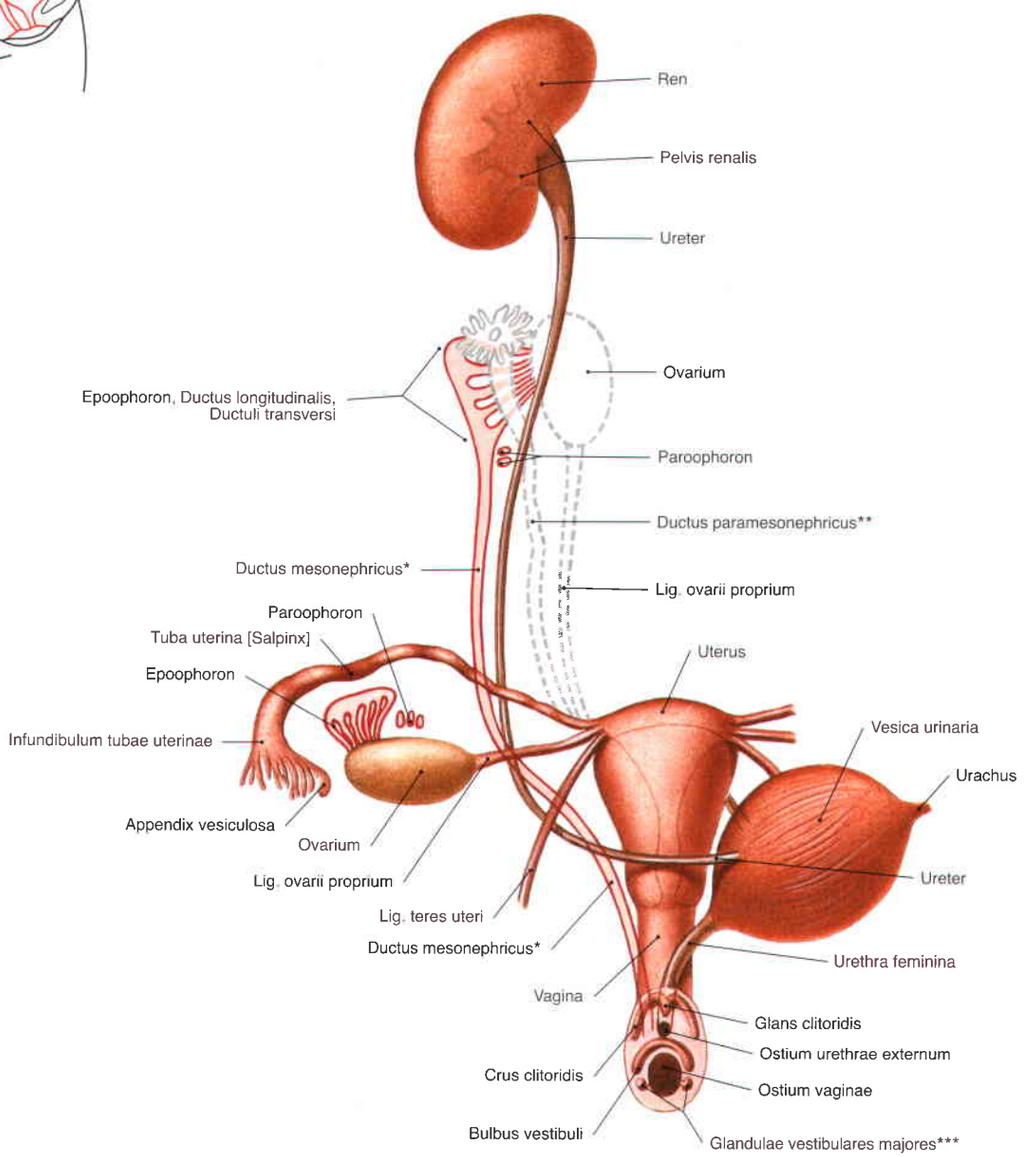


Fig. 1118 Penis, Penis, with glans penis, Glans penis, and prepuce, Preputium penis.

* Level of section of Fig. 1117a
** Level of section of Fig. 1117b
*** Level of section of Fig. 1117c
**** Level of section of Fig. 1117d

Female urinary and genital organs, overview



→ 1104

Fig. 1119 Female urinary and genital organs, Organa urogenitalia feminina; diagram of the development: the parts that degenerate are displayed in pale pink, and the position of the ovary prior to its descent is indicated by the dashed line; ventral view.

Epoophoron = genital part of the mesonephros;
Paroophoron = remnants of the tubules of the mesonephros

* WOLFFian duct
** MÜLLERian duct
*** BARTHOLIN's glands

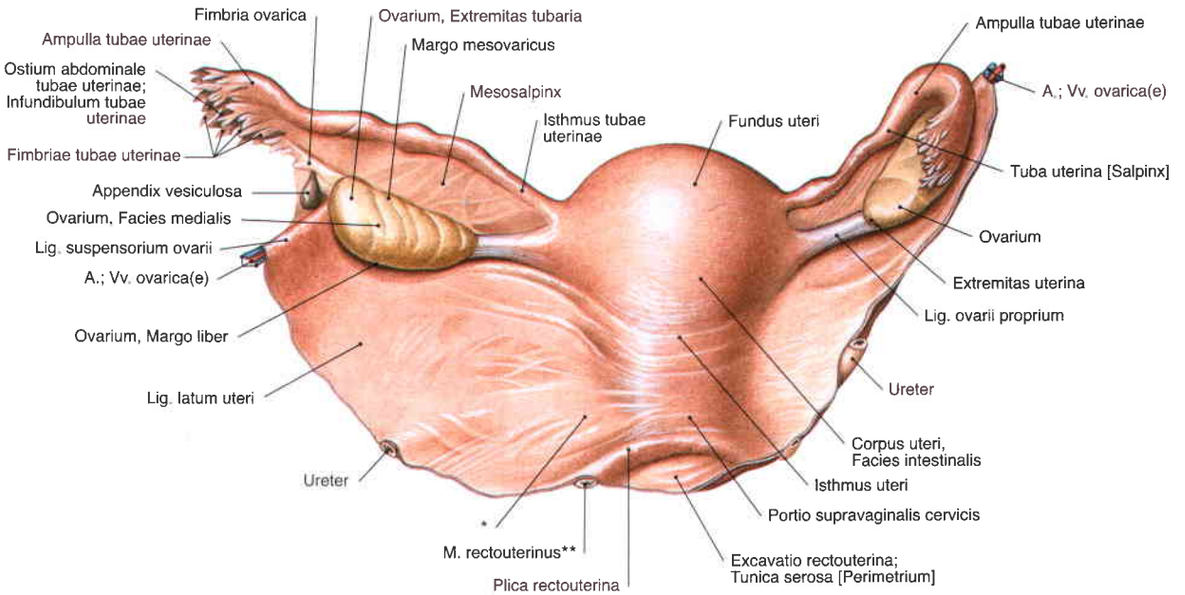


Fig. 1120 Uterus, Uterus; ovary, Ovar, and uterine tube, Tuba uterina; dorsal view.

* Clinical term: cardinal ligament
** Clinical term: sacrouterine ligament

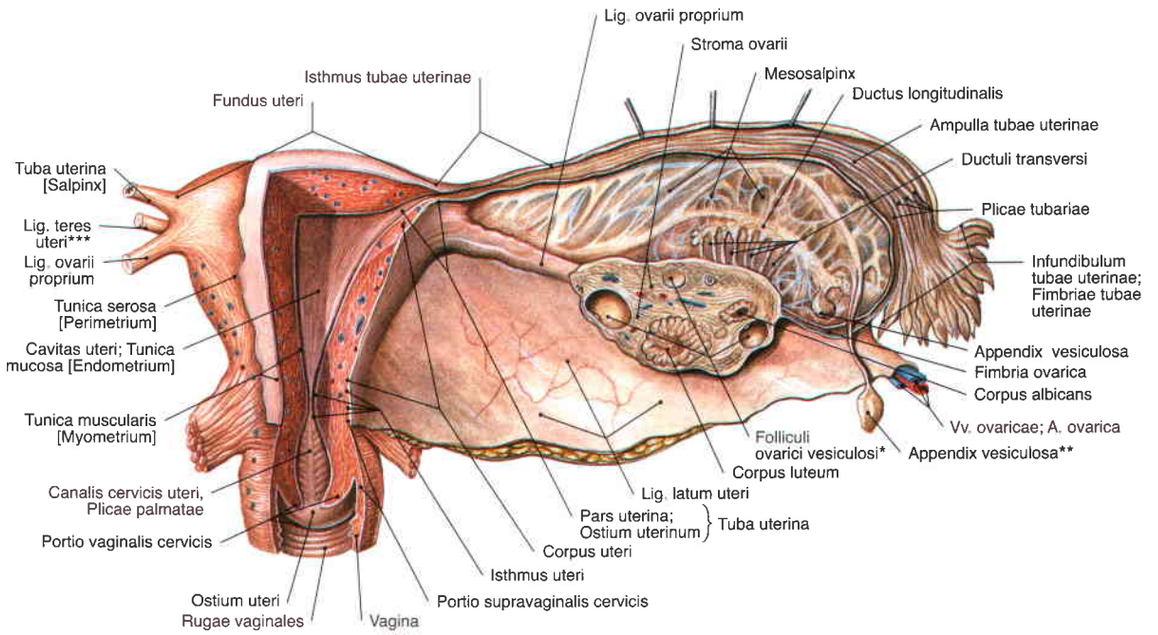


Fig. 1121 Uterus, Uterus; ovary, Ovar, and uterine tube, Tuba uterina; dorsal view.

* Clinical term: GRAAFian follicle
** Stalked hydatid
*** Clinical term: round ligament

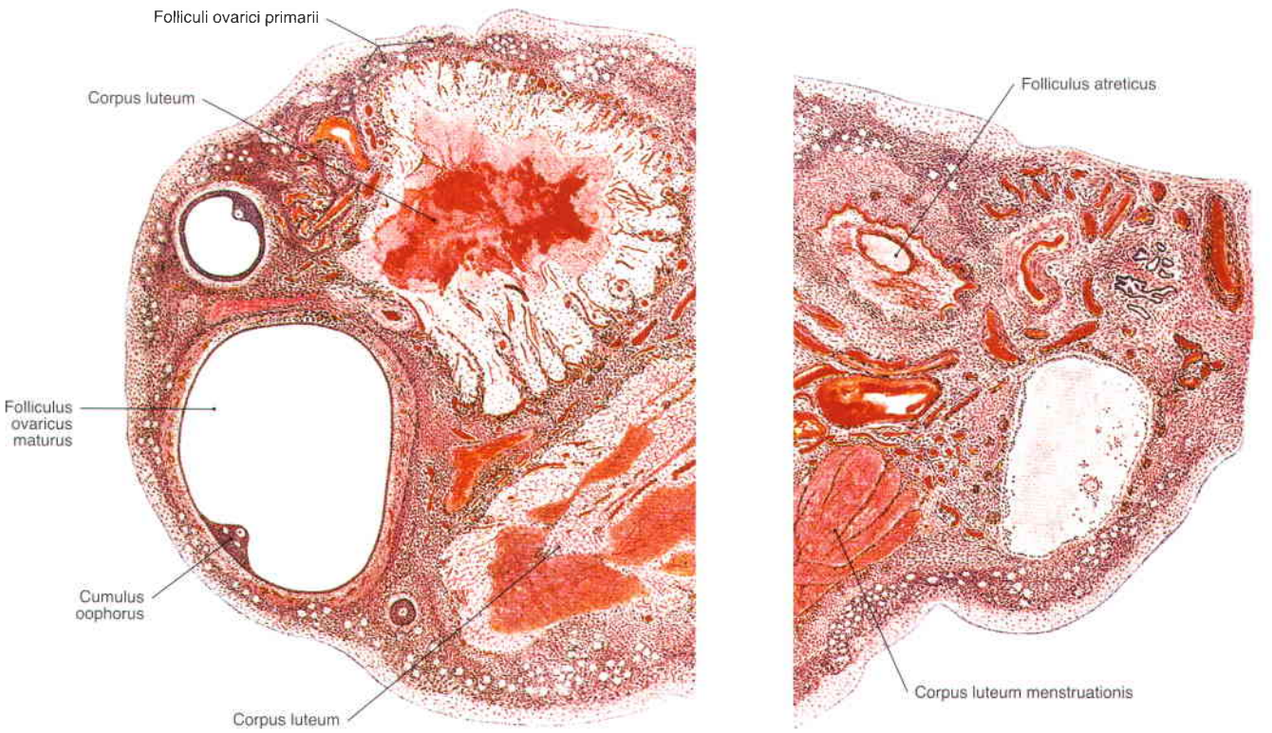


Fig. 1122 Ovary, Ovar;
microscopic enlargement at low magnification.

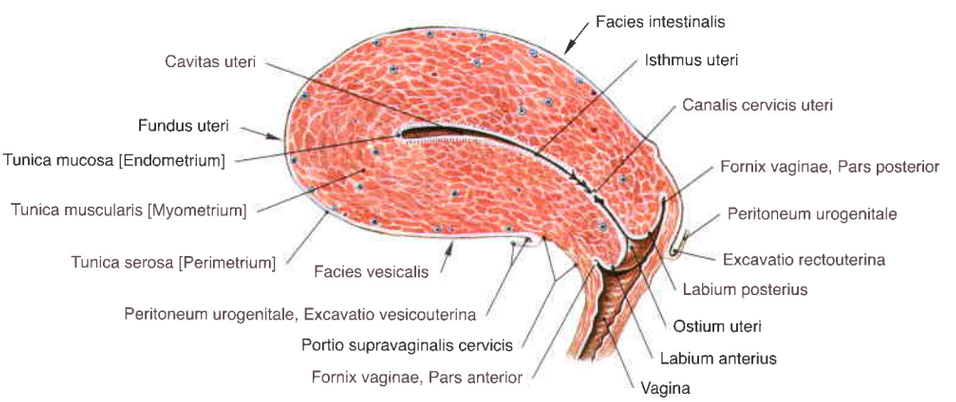


Fig. 1123 Uterus, Uterus, and vagina, Vagina;
viewed from the right.

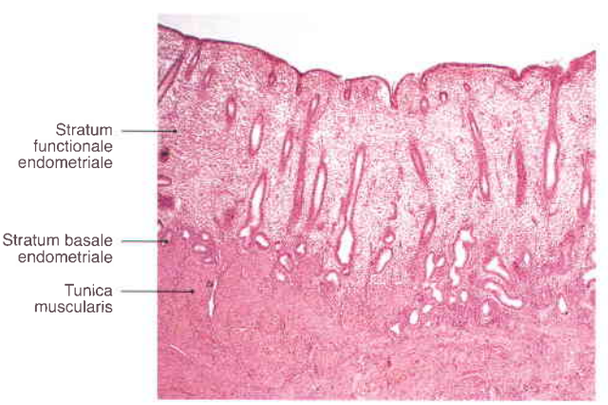


Fig. 1124 Mucosa of the uterus, Uterus;
early phase of proliferation.

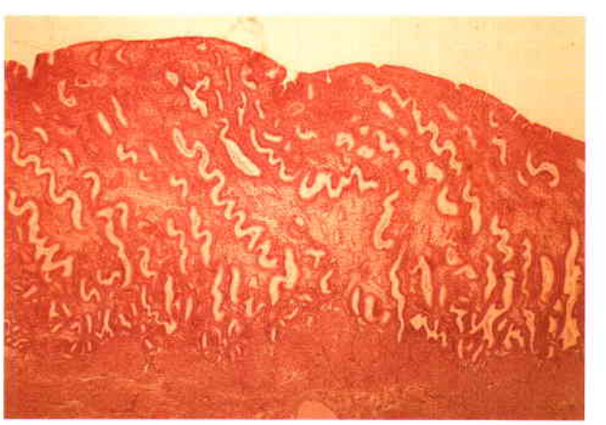


Fig. 1125 Mucosa of the uterus, Uterus;
late phase of proliferation with excretory glands.

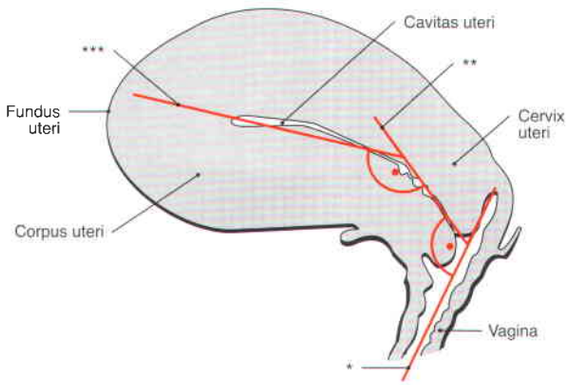


Fig. 1126 Uterus, Uterus, and vagina, Vagina; normal angles between the vagina, the cervix, and the body of uterus;
viewed from the right.
* Longitudinal axis of the vagina
** Longitudinal axis of the cervix of uterus
*** Longitudinal axis of the body of uterus
Angle between vagina and cervix of uterus = version
Angle between cervix and body of uterus = flexion
Normal topographical situation of the uterus: anteversion, anteflexion
Relation to the median plane = position

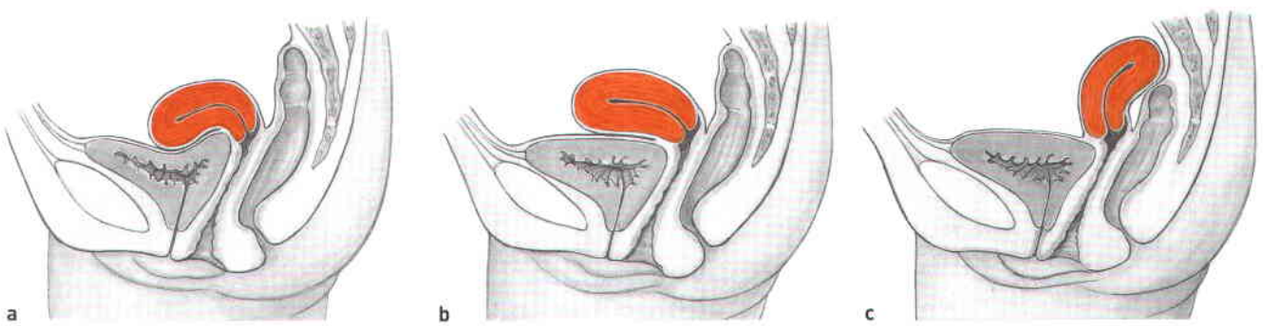


Fig. 1127 a–c Uterus, Uterus, and vagina, Vagina.
a Anteversion, anteflexion = normal position
b Anteversion, but no anteflexion
c Retroversion, retroflexion

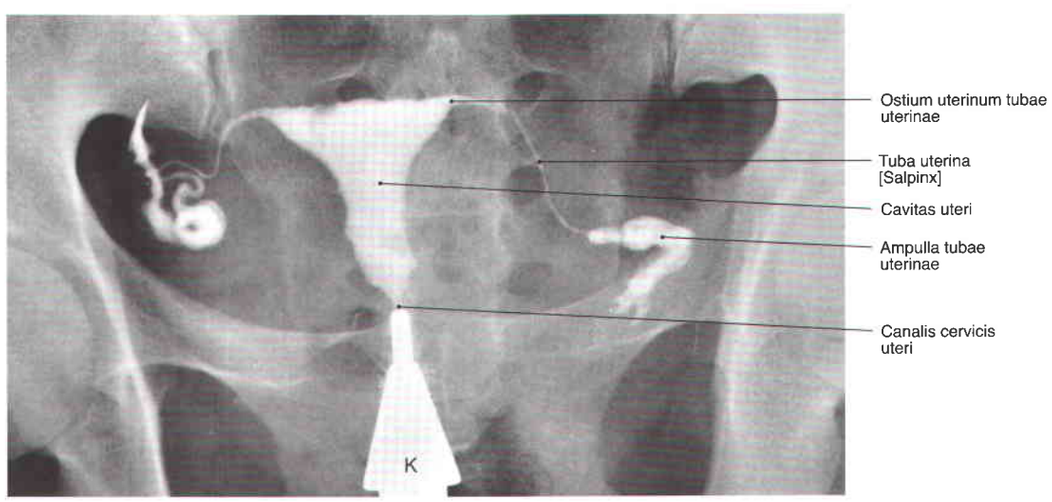


Fig. 1128 Uterus, Uterus, and uterine tube, Tuba uterina; AP-radiograph after injection of to contrast medium into the cervix of uterus (hysterosalpingography);
uterus in dextroposition;
ventral view.
This formerly clinically applied technique allows to determine the position of the organs and the patency of the tubes.
K = tube adaptor for injection of the contrast medium

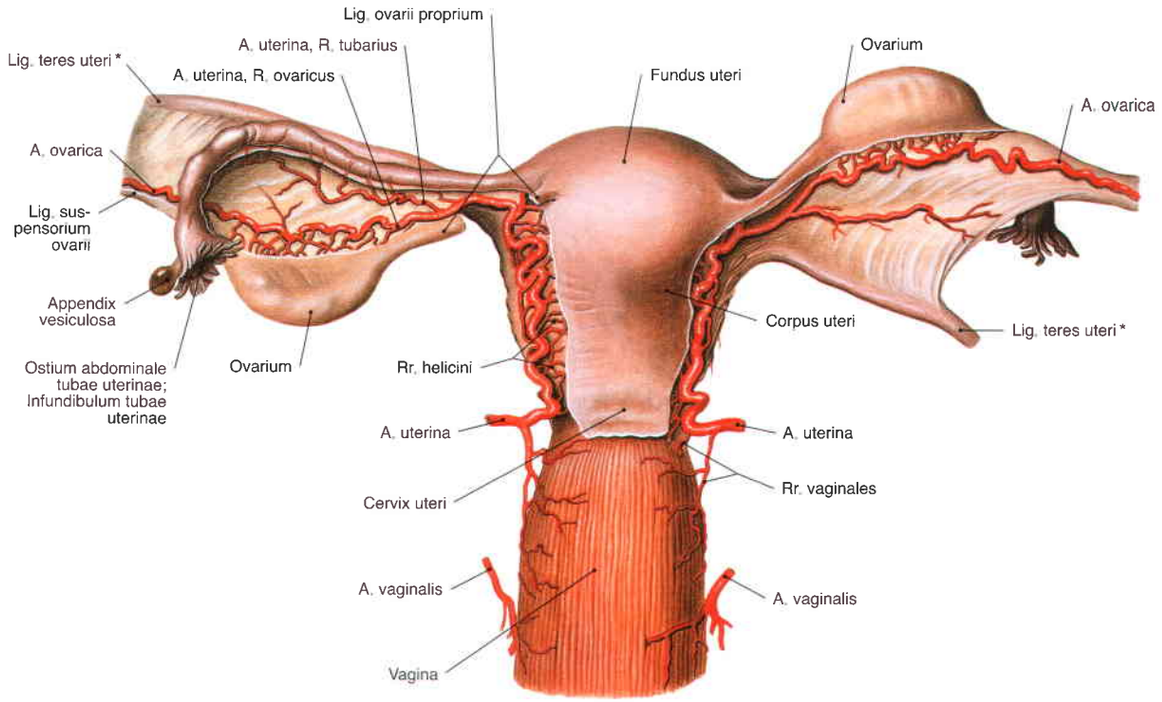


Fig. 1129 Arteries of the female internal genitalia, Organa genitalia feminina interna; dorsal view.
* Clinical term: round ligament

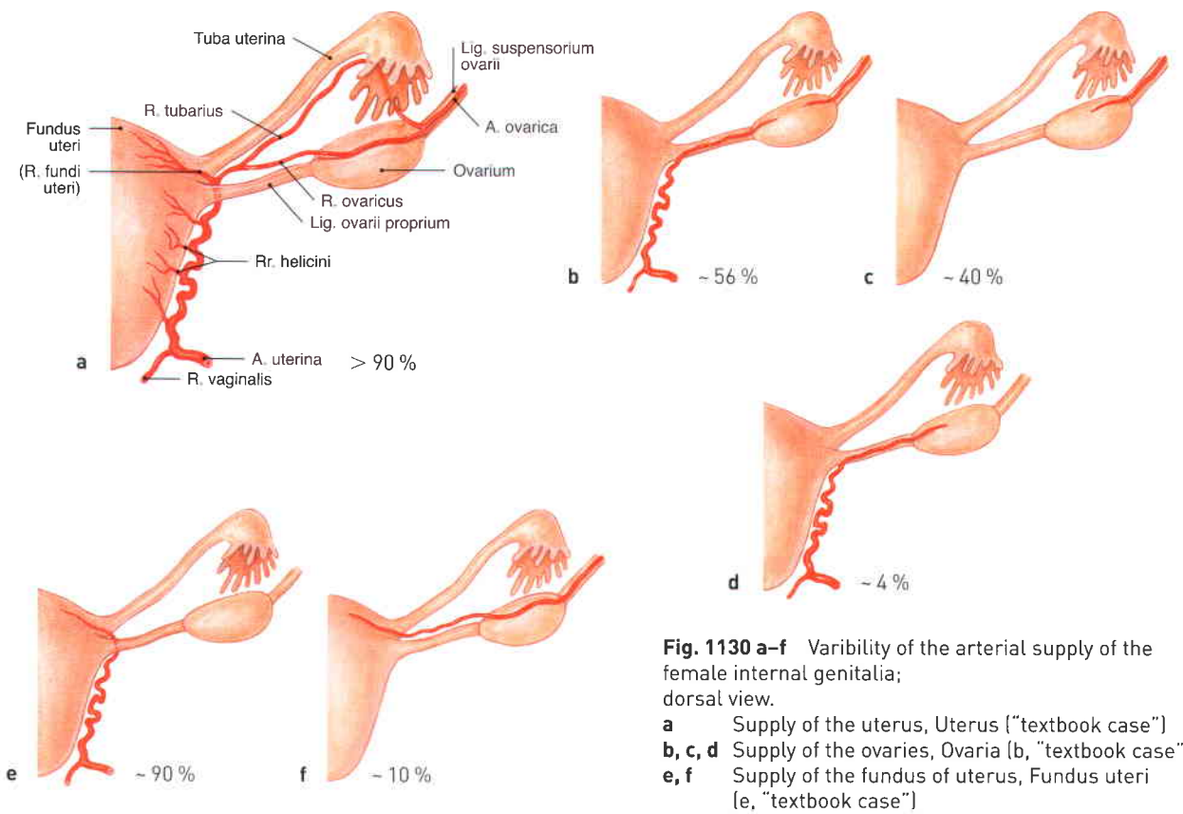


Fig. 1130 a–f Varibility of the arterial supply of the female internal genitalia; dorsal view.
a Supply of the uterus, Uterus ("textbook case")
b, c, d Supply of the ovaries, Ovaria (b, "textbook case")
e, f Supply of the fundus of uterus, Fundus uteri (e, "textbook case")

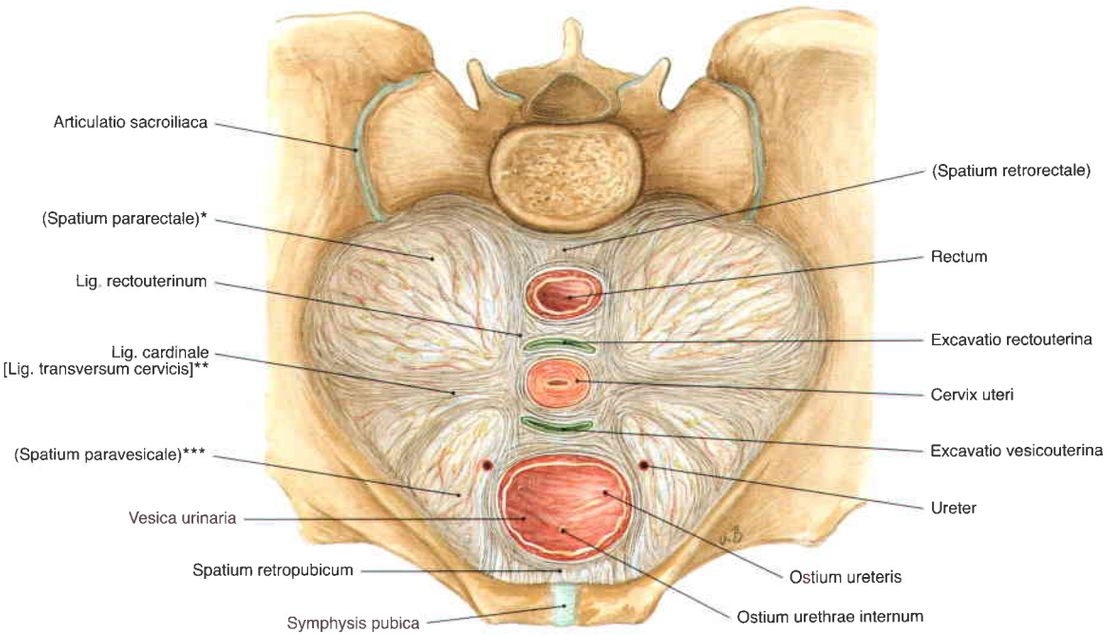


Fig. 1131 Uterus, Uterus;
uterine ligaments and connective tissue spaces; semi-schematic transverse section at the level of the cervix of uterus;
superior view.

* Clinical term: Paraproctium
** Clinical term: Parametrium
(existence of this structure is controversial)
*** Clinical term: Paracystium

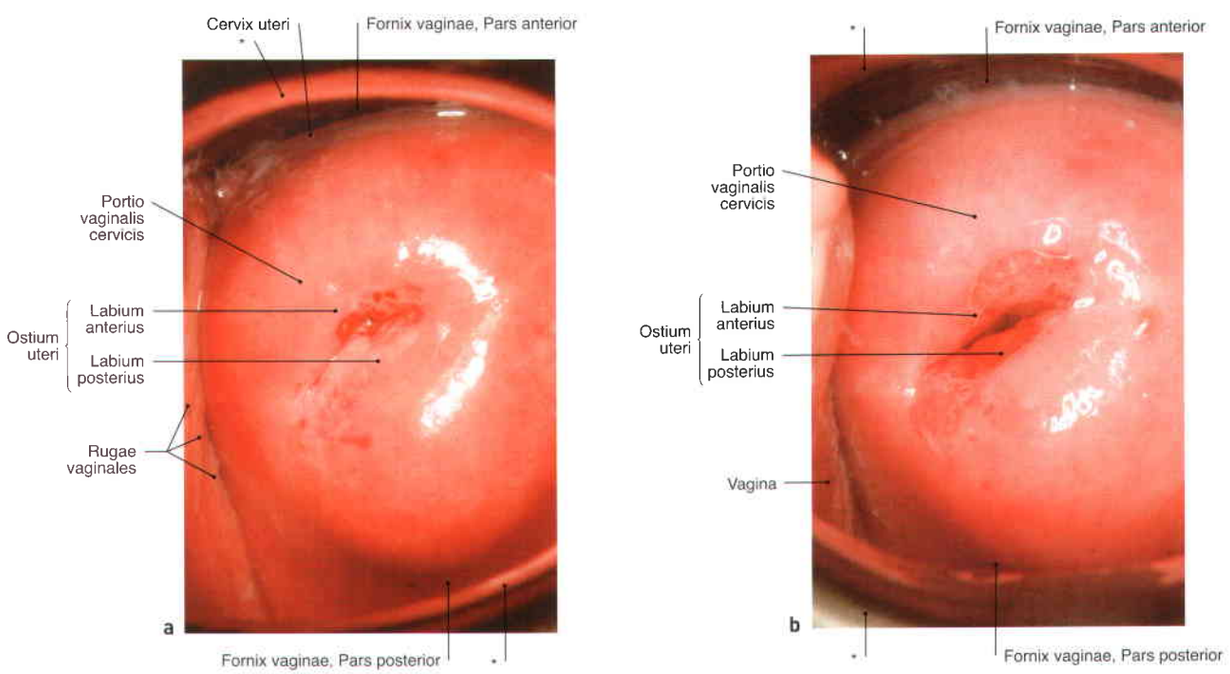


Fig. 1132 a, b Vaginal portion of the cervix of uterus, Portio vaginalis cervicis.
a Photograph of the cervix of a young nulliparous woman
b Photograph of the cervix of a young woman who has given birth to two children

For the inspection of the vaginal portion of the cervix the normally slit-like vagina is spreaded by means of a bivalve speculum (*);
inferior view.

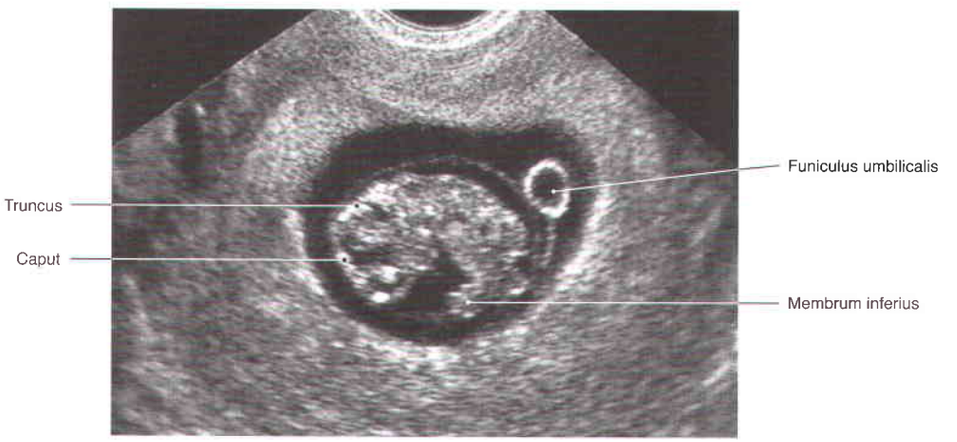


Fig. 1133 Uterus, Uterus, with an embryo; ultrasound image taken in the eighth week of pregnancy; lateral view (right).

The embryo is immersed in the amniotic fluid of the chorionic cavity.

Fig. 1134 Uterus, Uterus, with a foetus; ultrasound image taken in the 28th week of pregnancy; lateral view (left).

Ultrasound examination allows the visualization of movements of the extremities and the opening of the mouth.

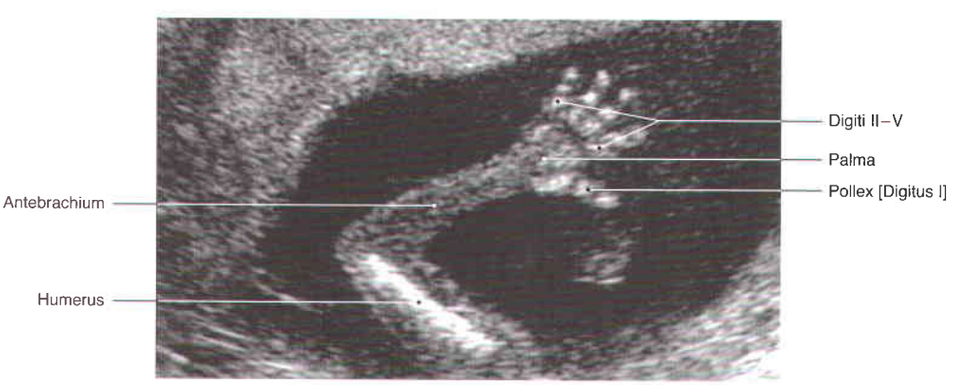


Fig. 1135 Hand, Manus, of a foetus; ultrasound image taken in the 18th week of pregnancy; lateral view.

Details such as fingers can be observed.

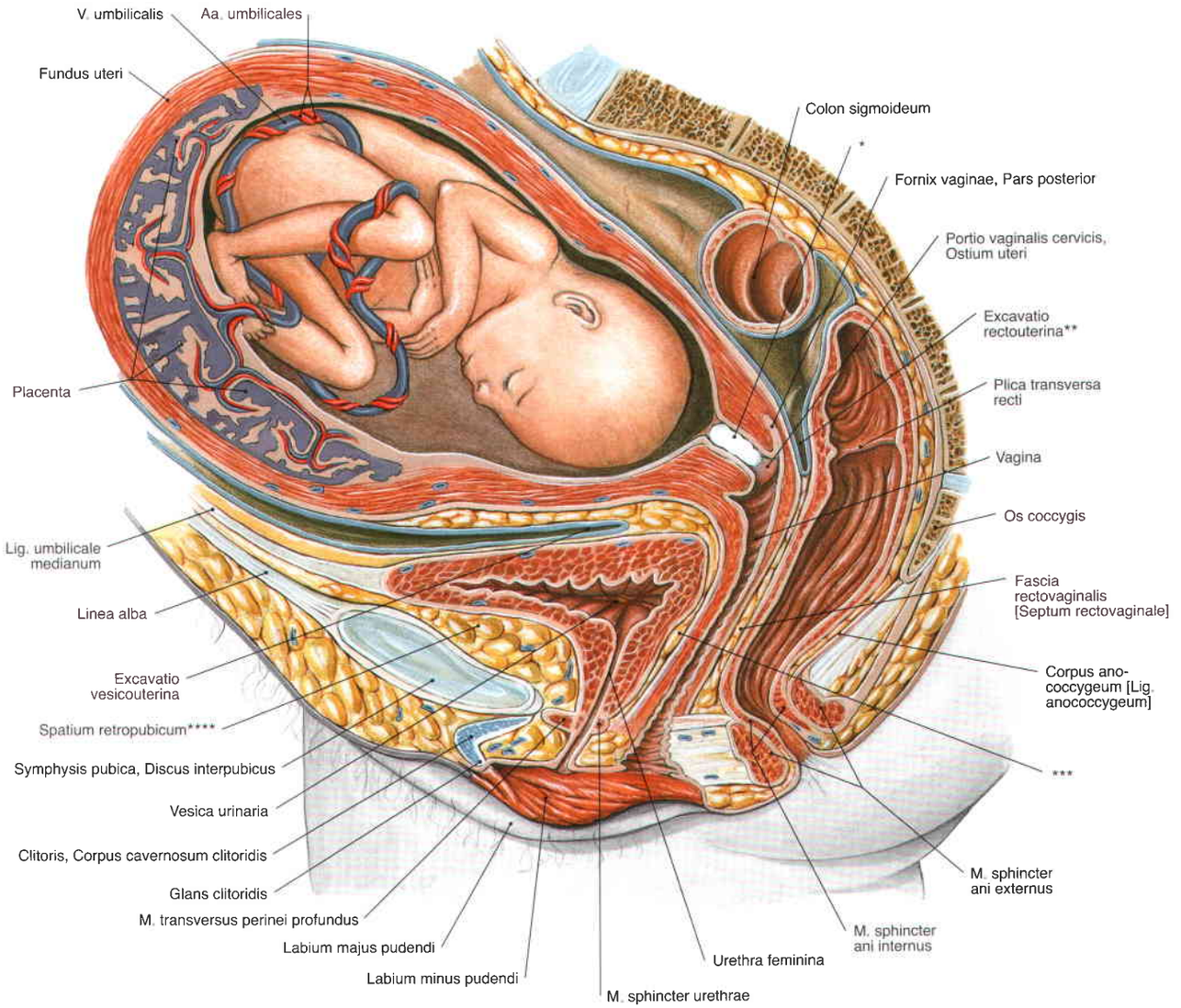


Fig. 1136 Uterus, Uterus, with a foetus; the pelvis has been sectioned in the median plane.
* Mucous plug (of KRISTELLER) in the cervical canal of the uterus
** Clinical term: pouch of DOUGLAS
*** Clinical term: vesicovaginal septum
**** Clinical term: cave of RETZIUS

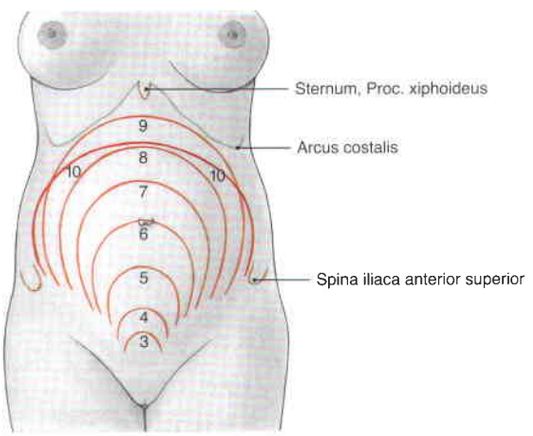
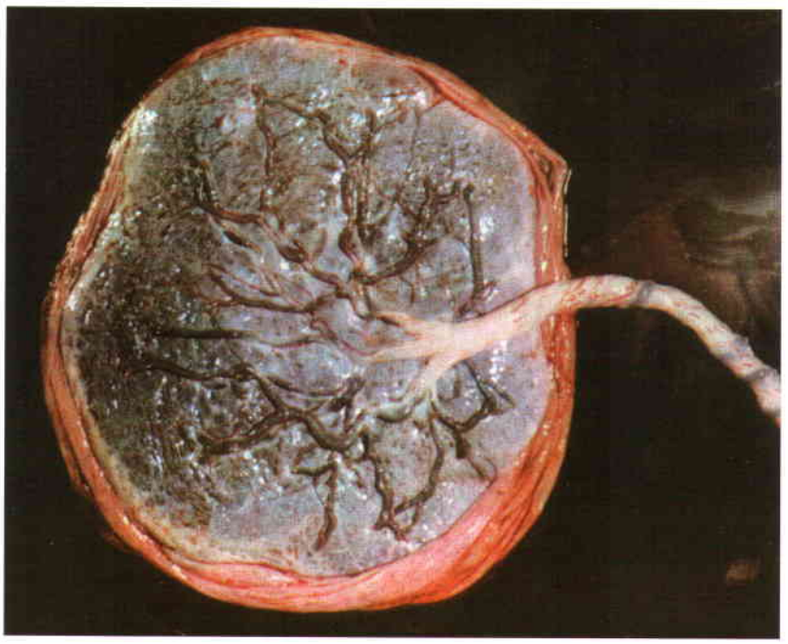


Fig. 1137 Uterus, Uterus; position of the fundus of uterus during pregnancy. Numbers refer to the end of the respective month of pregnancy (= 28 days).

a



b

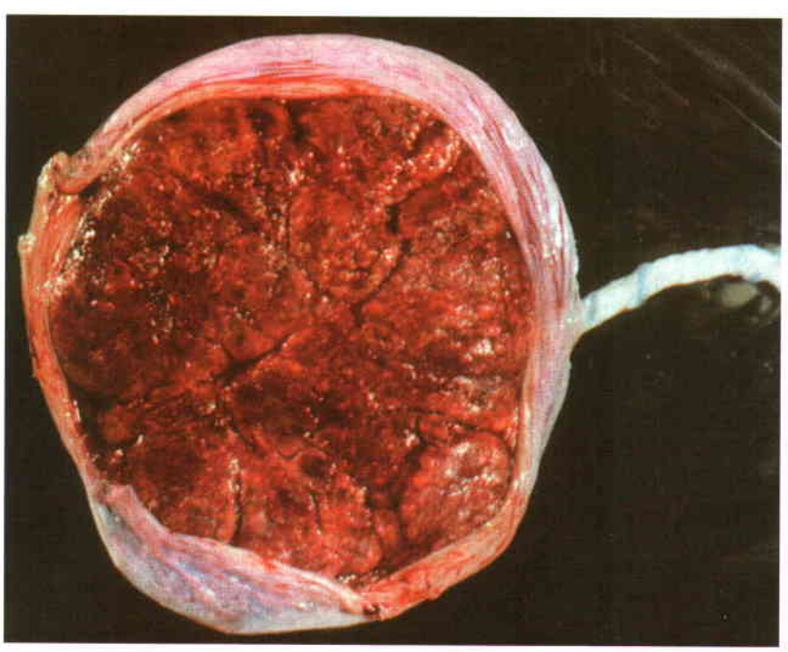


Fig. 1138 a, b Placenta, Placenta, and umbilical cord, Funiculus umbilicalis.
a View of the foetal surface
b View of the maternal surface of a parturient placenta

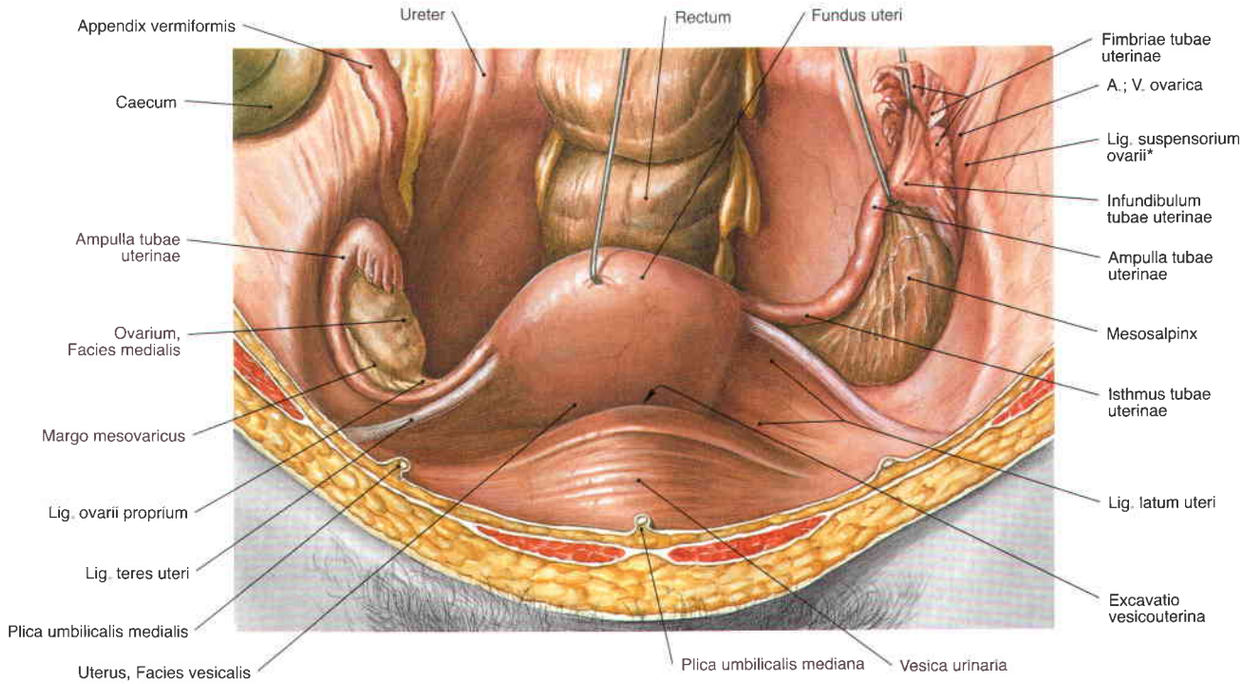


Fig. 1139 Female internal genitalia, Organa genitalia feminina interna; ventral view.
* Clinical term: infundibulopelvic ligament

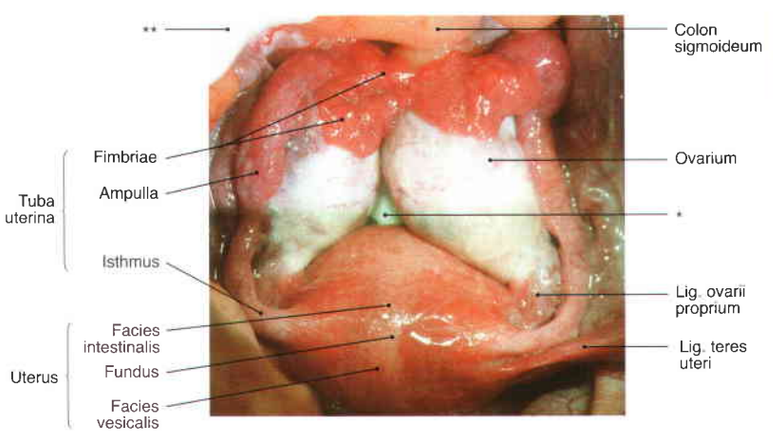


Fig. 1140 Female internal genitalia, Organa genitalia feminina interna; surgical exposure in a young woman; ovaries displaced both medially and superiorly by compresses (*) in the pouch of DOUGLAS; ventrosuperior view.
** Swab

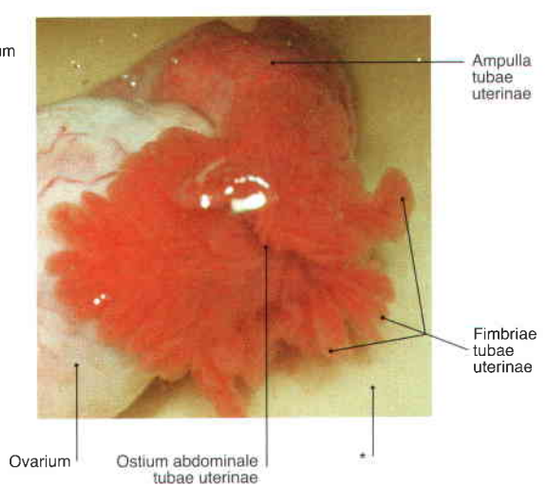


Fig. 1141 Abdominal ostium of the uterine tube, Ostium abdominale tubae uterinae; surgical exposure in a young woman; the pelvic cavity is filled with saline to demonstrate the fimbria; dorsosuperior view.
* Plastic tray to support the uterine tube

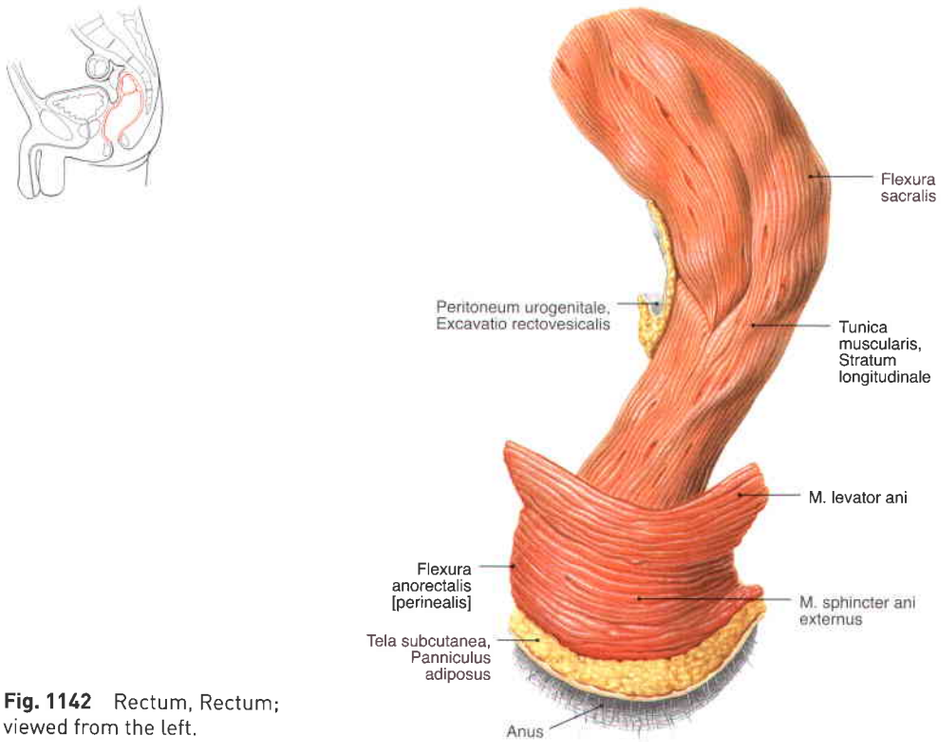


Fig. 1142 Rectum, Rectum; viewed from the left.

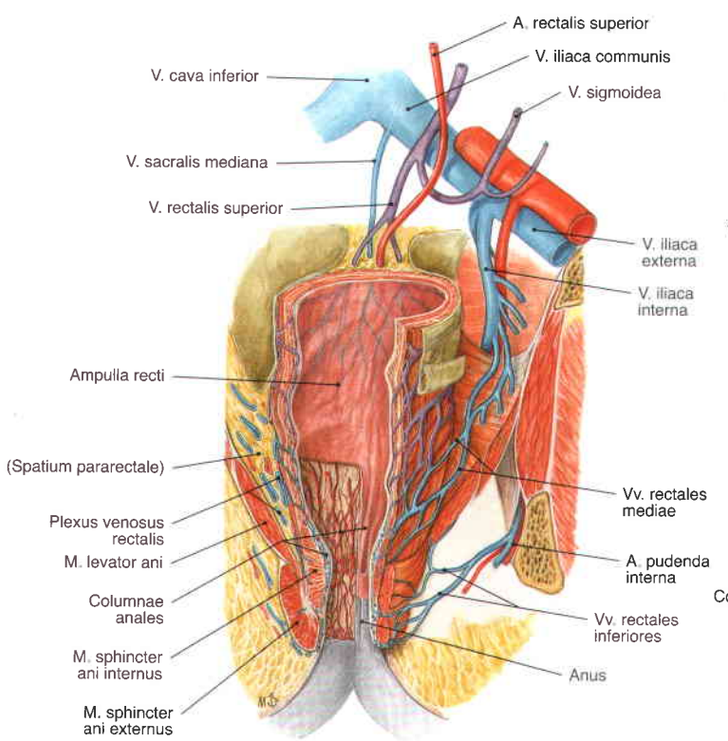


Fig. 1143 Rectum, Rectum; blood supply; the mucosa and the pararectal adipose tissues have been partly removed; openings into the hepatic portal vein in purple.

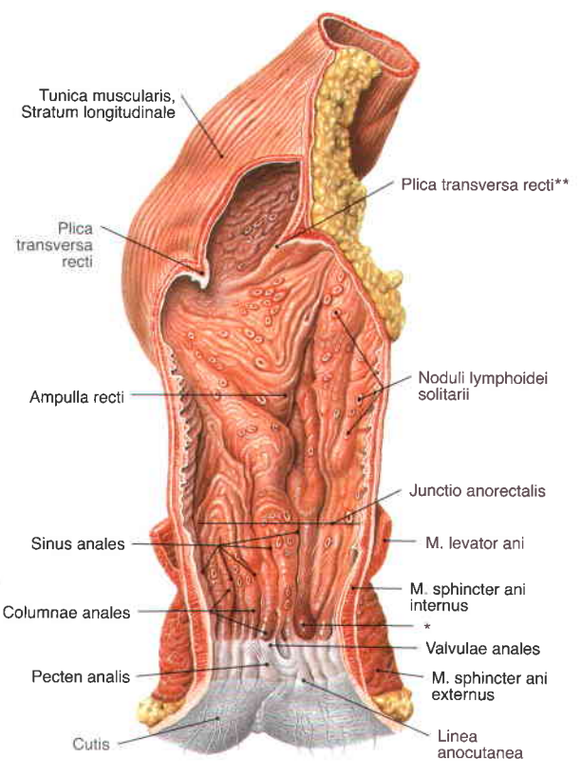


Fig. 1144 Rectum, Rectum, and anus, Anus; ventral view.
* Haemorrhoidal node
** KOHLRAUSCH's fold

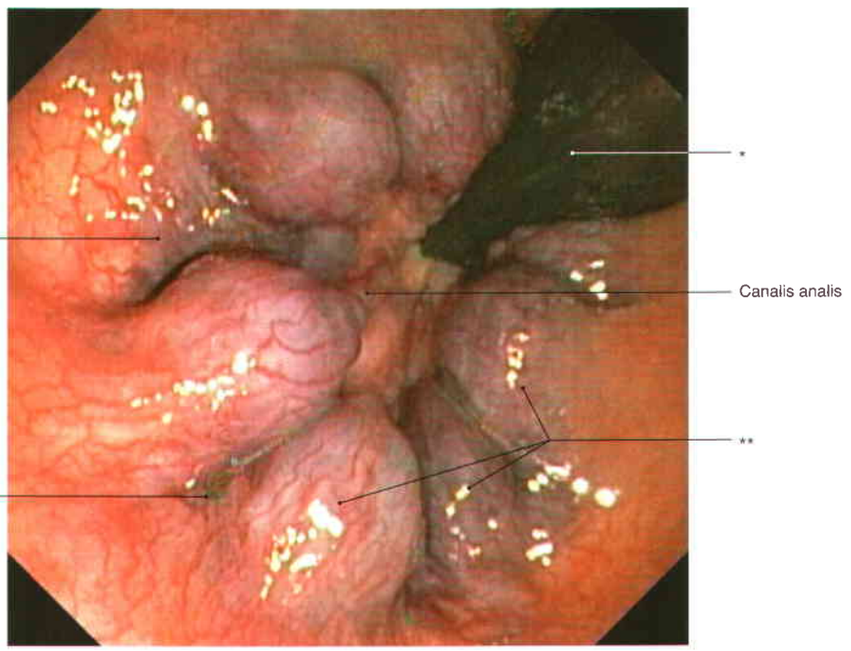
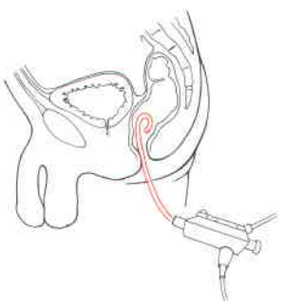


Fig. 1145 Rectum, Rectum;
endoscopic image of the anal canal with six enlarged nodes of the cavernous rectal body, haemorrhoids; superior view.
* Colonoscope
** Three haemorrhoidal nodes



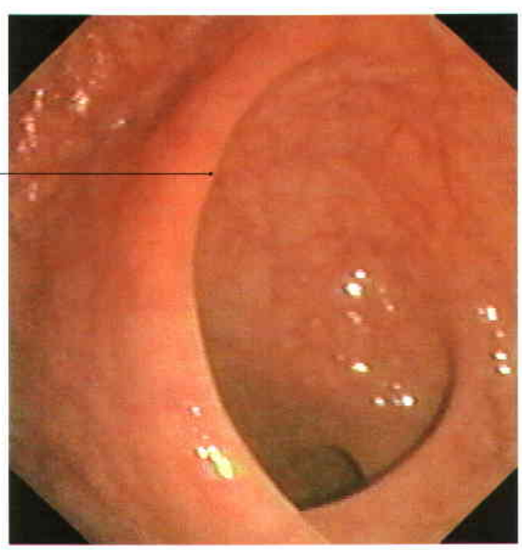


Fig. 1146 Rectum, Rectum;
endoscopic image of the rectal ampulla (rectoscopy); inferior view.

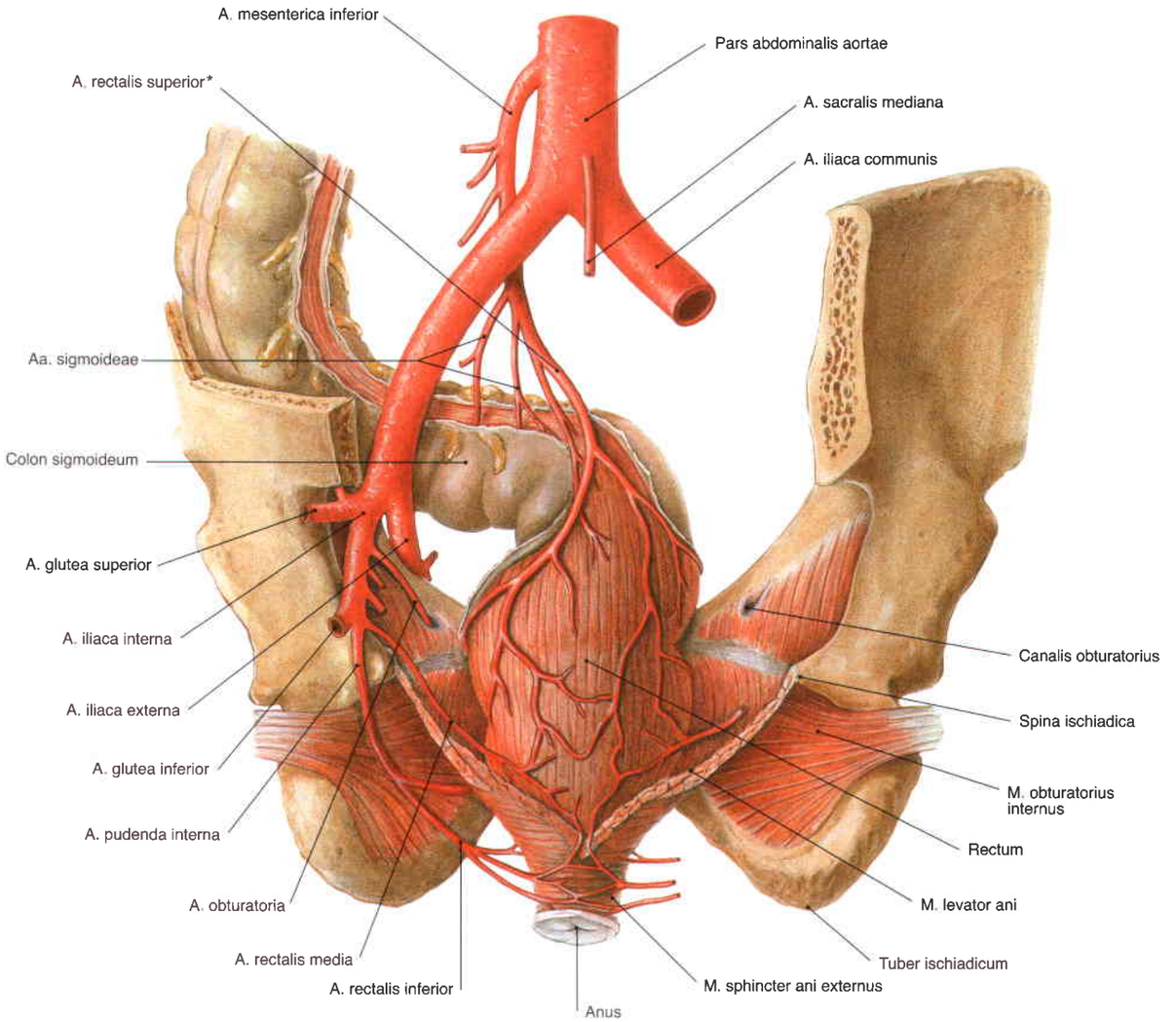


Fig. 1147 Rectal arteries, Aa. rectales; dorsal view.

* Clinical term: SUDECK's point (from this point on there are no further anastomoses with the sigmoid arteries)

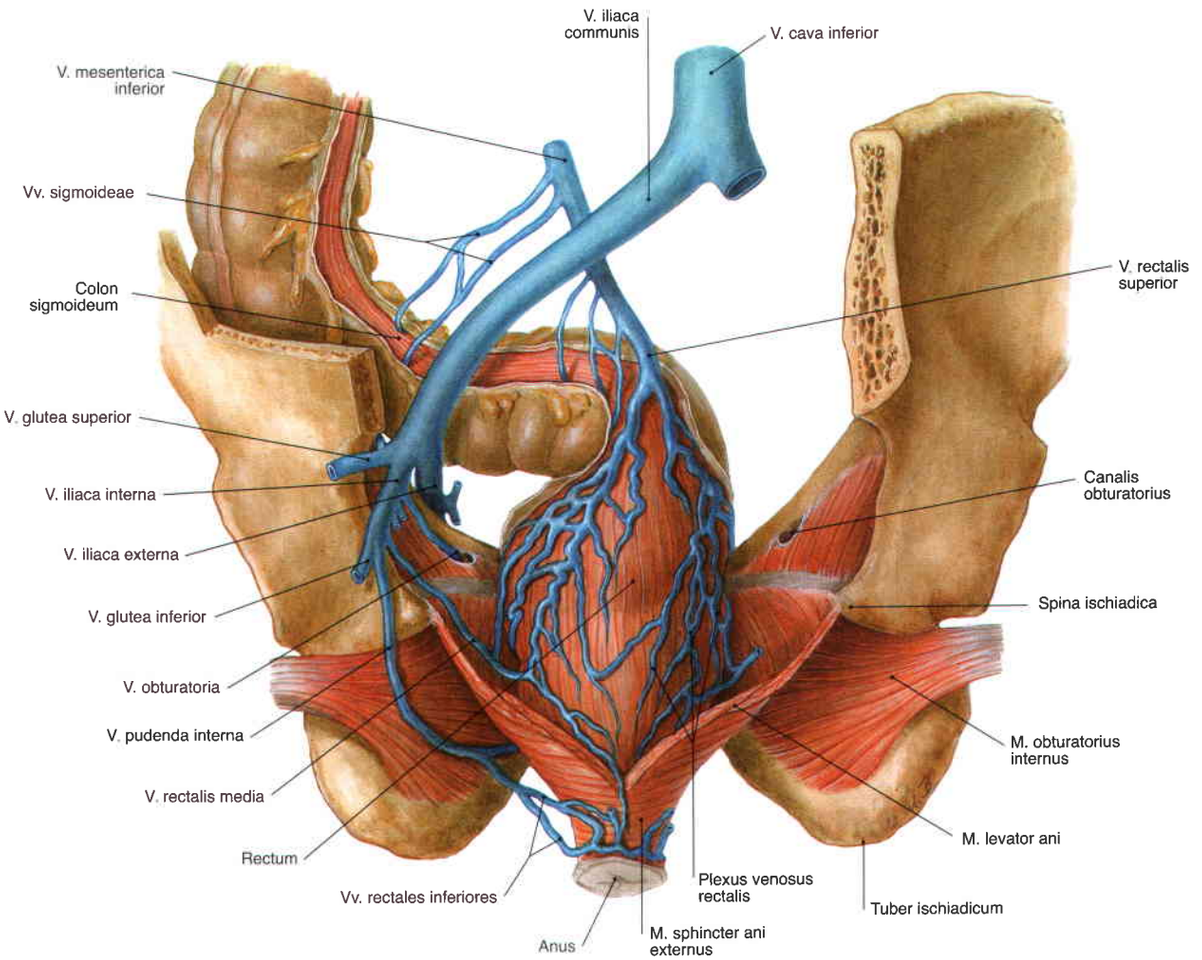


Fig. 1148 Rectal veins, Vv. rectales; diagram with parts of the pelvis and the pelvic diaphragm; dorsal view.
There are numerous connections between the veins draining into the hepatic portal vein (superior rectal vein) and those draining into the inferior vena cava (middle and inferior rectal veins). They form the portocaval anastomoses, which are of particular clinical importance.

→ 1077, 1078

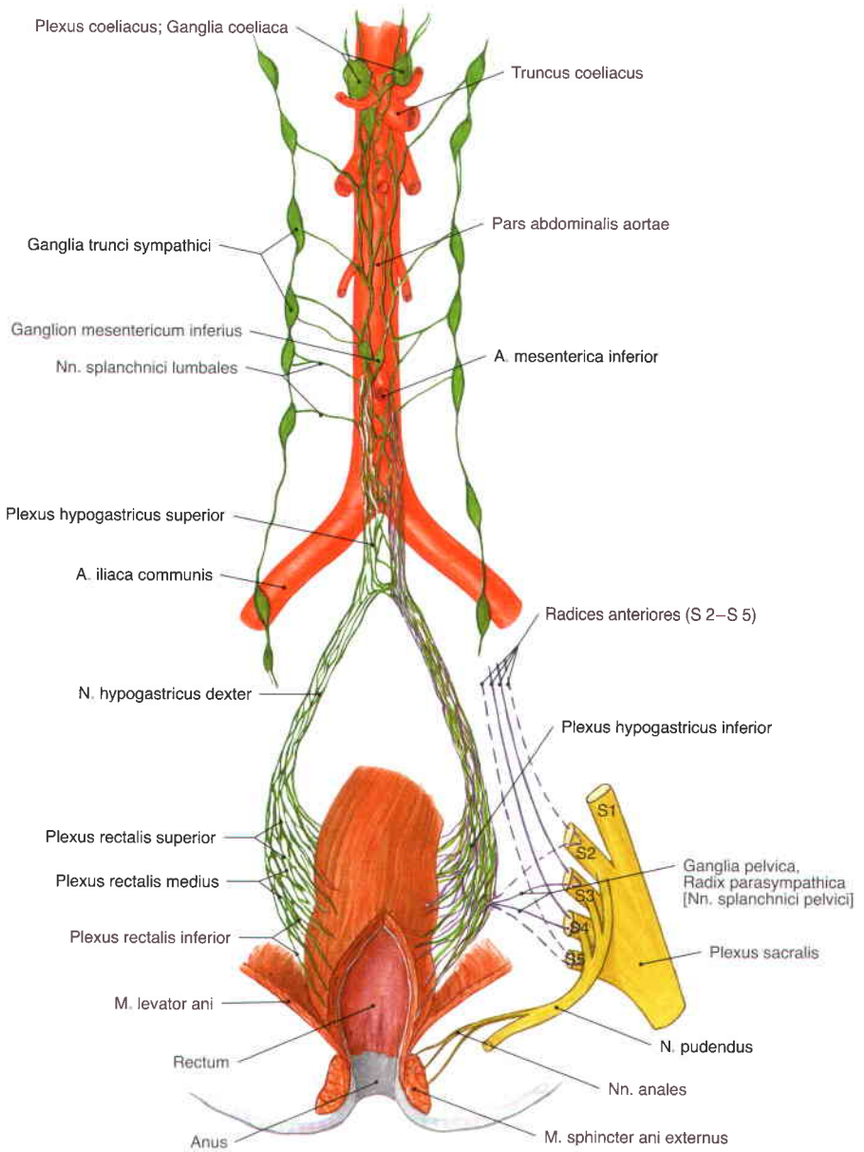


Fig. 1149 Rectum, Rectum; schematic overview of the innervation; ventral view.
Green = sympathetic nervous system
Purple = parasympathetic nervous system

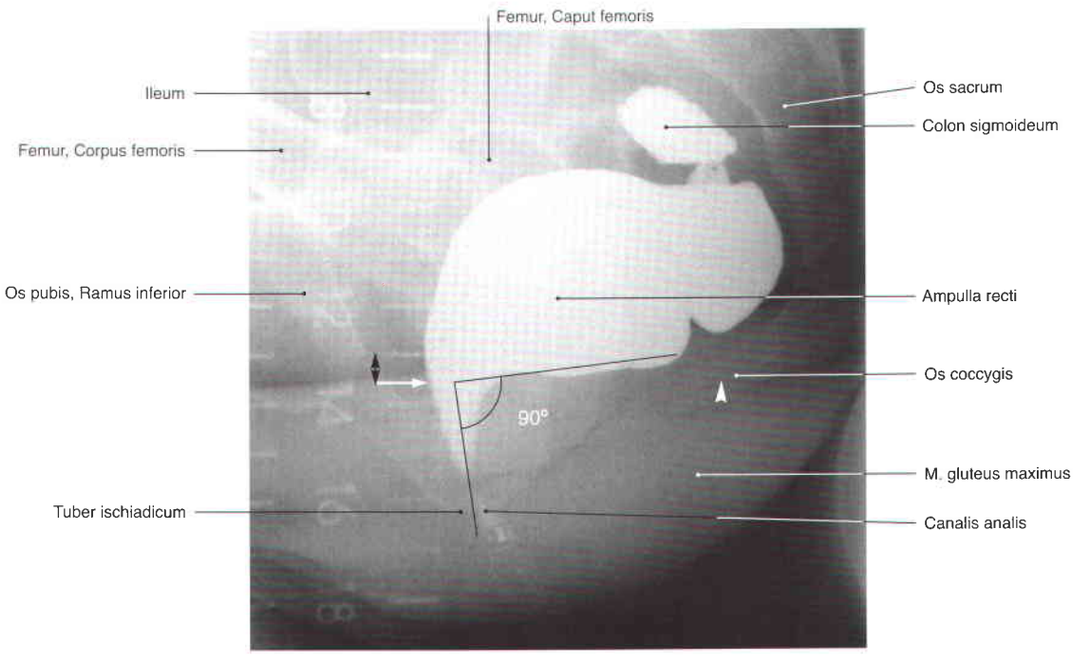


Fig. 1150 Rectum, Rectum;
lateral radiograph in voluntary closure of the anus after filling with a contrast medium (defaecography).

The transitional zone between the anus and the rectum (arrow) is located at the level of the tip of the coccyx (triangle). The angle between the axes of the anus and the rectum (∡) is approximately 90° and depends upon the curvature of the levator ani muscle (puborectal muscle). Scale in cm.

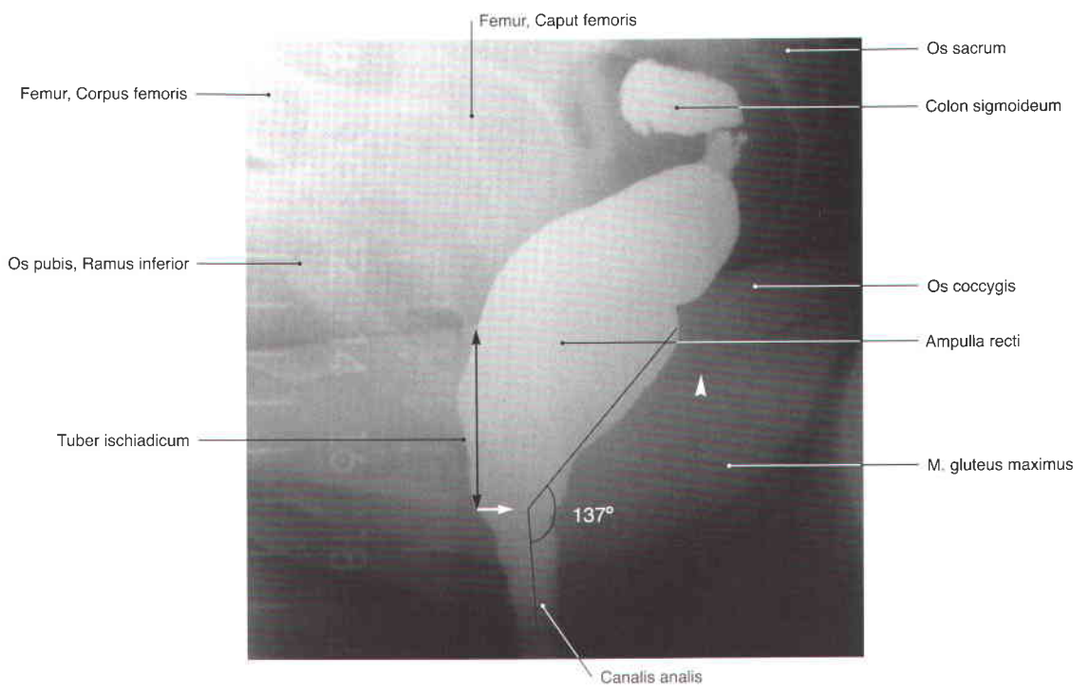


Fig. 1151 Rectum, Rectum;
lateral radiograph of the defaecation after filling with a contrast medium (defaecography).

In comparison to Fig. 1150, the anorectal transitional zone has descended and the angle (∡) increased to 137° due to the relaxation of the curvature of the levator ani muscle. As the bending acts like a valve, the elongation results in an unimpeded pressure of the faeces on the anal canal leading to defaecation.

Arterial supply of the kidney

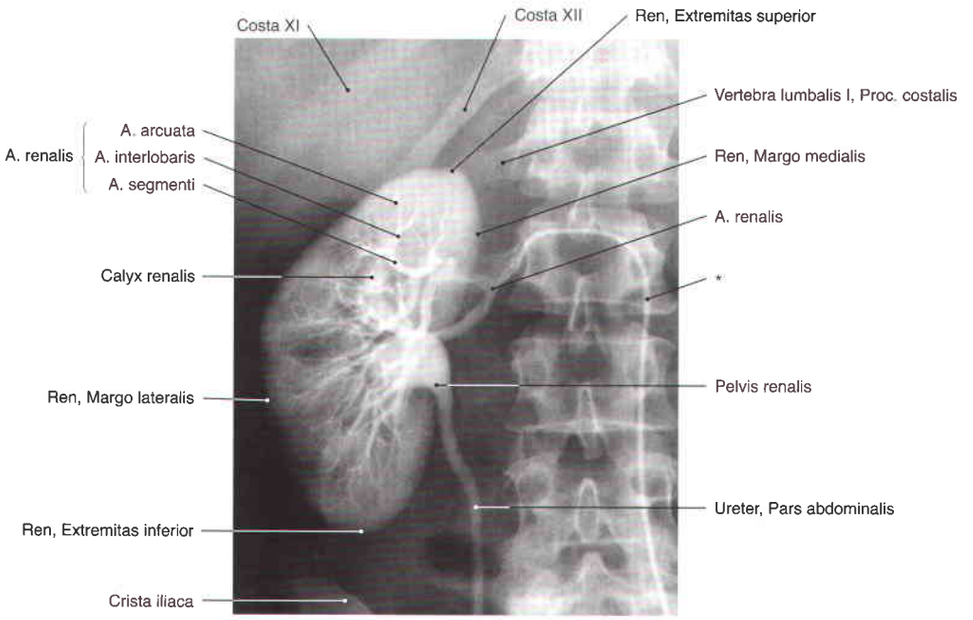


Fig. 1152 Kidney, Ren;
AP-radiograph after intravenous injection of a contrast medium which is excreted via the kidneys to demonstrate the renal pelvis and the ureters (intravenous pyelography); concomitant visualization of the arteries by injection of a contrast medium into the renal artery through a catheter* introduced into the aorta (arteriography).

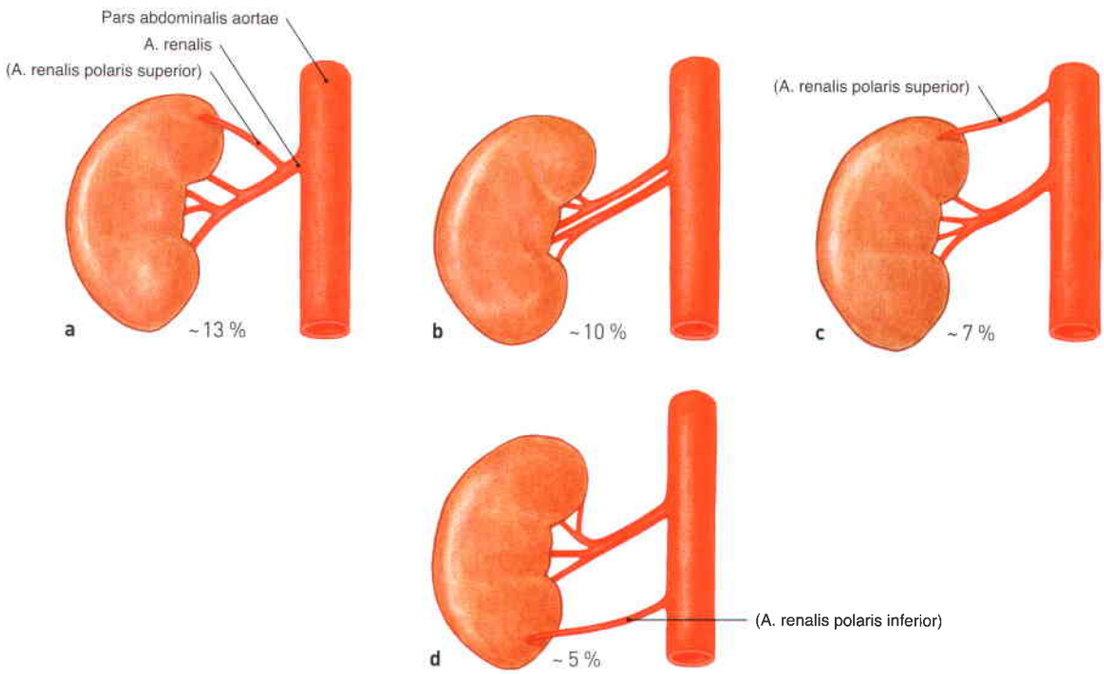
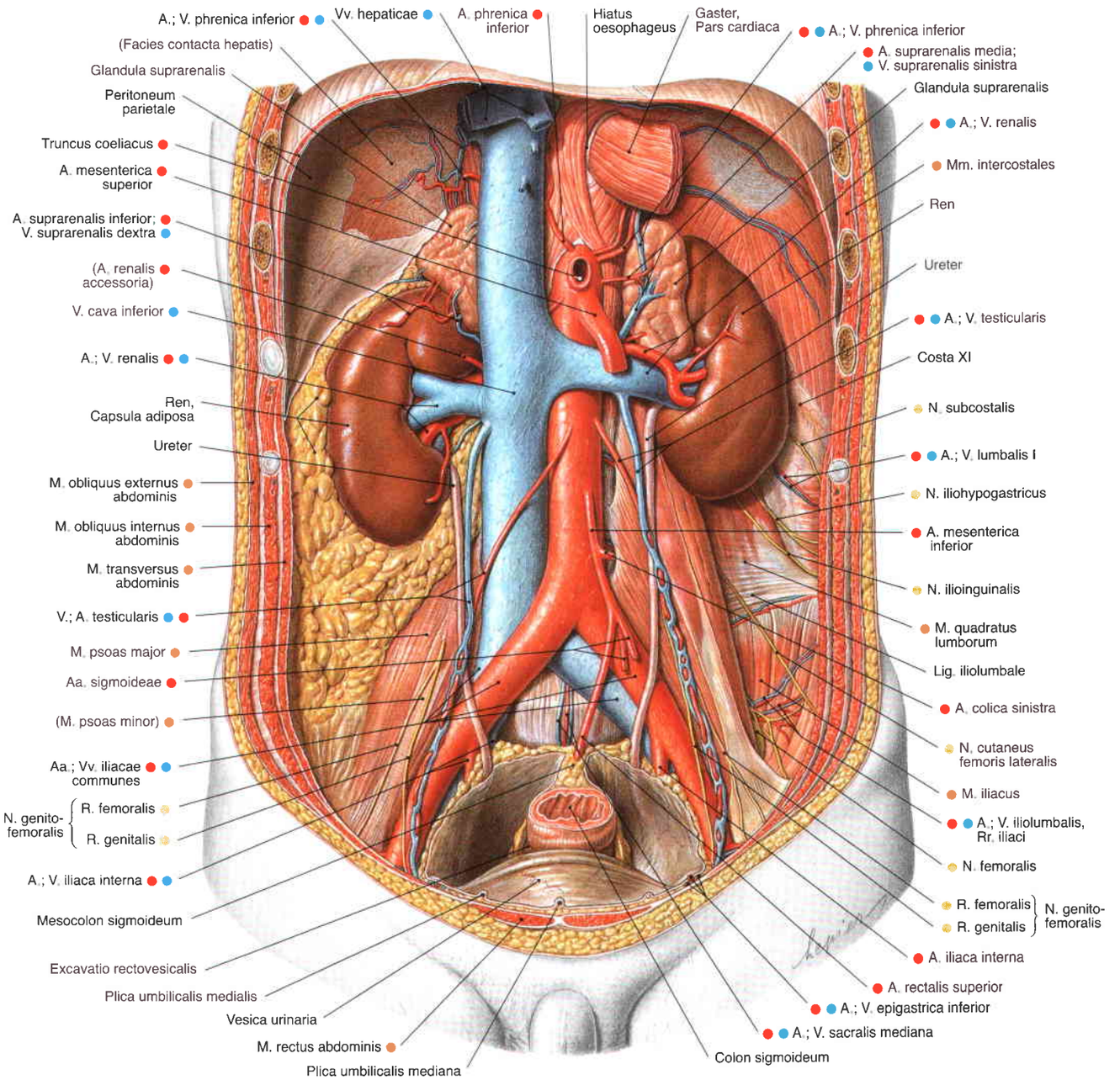


Fig. 1153 a–d Variations in the arterial supply of the kidney.
a One renal artery, A. renalis, with a branch to the superior pole
b Two renal arteries to the renal hilum
c Two renal arteries, one of which supplies the superior pole
d Two renal arteries, one of which supplies the inferior pole



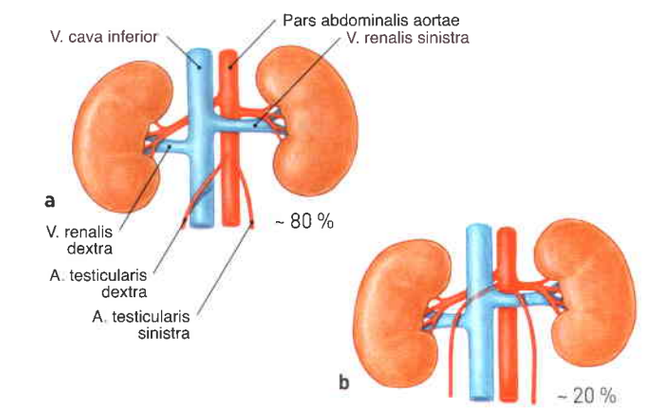
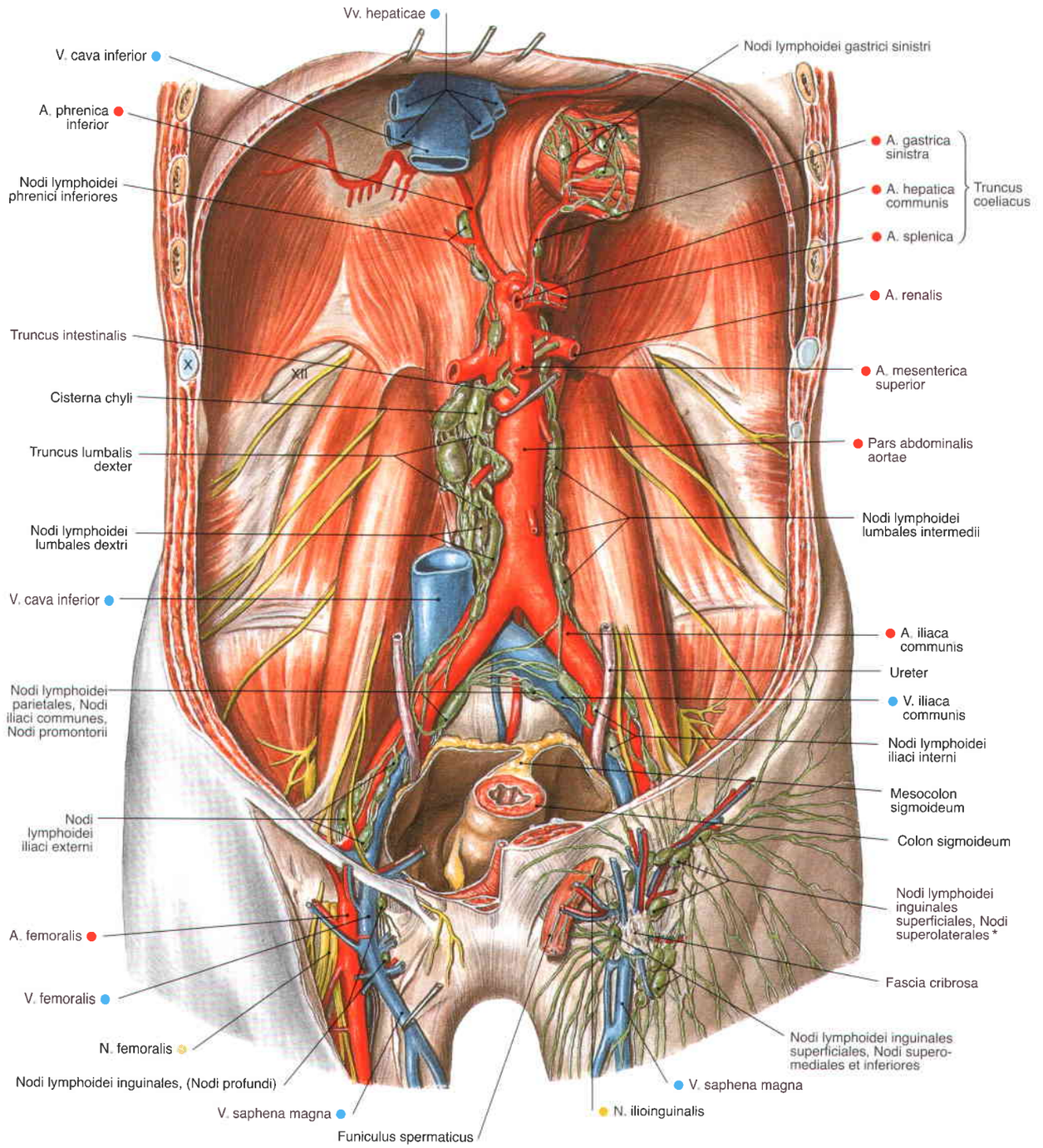


Fig. 1154 Position of the retroperitoneal structures, Situs retroperitonealis, of the male.
Whereas the left testicular vein opens into the left renal vein, the right testicular vein drains directly into the inferior vena cava. The same applies to the ovarian veins.

Fig. 1155 a, b Variability of the course of the testicular arteries, Aa. testiculares.
a "Textbook case"
b Both testicular arteries, Aa. testiculares, branch off cranially to the renal veins, Vv. renales; the right artery passes posterior to the inferior vena cava, V. cava inferior, and the left artery passes anterior to the left renal vein, V. renalis sinistra.

Lymphatics of the retroperitoneal space



→ 1389

Fig. 1156 Lymph nodes, Nodi lymphoidei, and lymphatics, Vasa lymphatica, of the posterior abdominal wall and the inguinal region;
ventral view.

The numbers X and XII indicate the respective ribs.

* Clinical term: "horizontal chain", draining the lower abdominal wall, the gluteal region, the perineum and the external genital

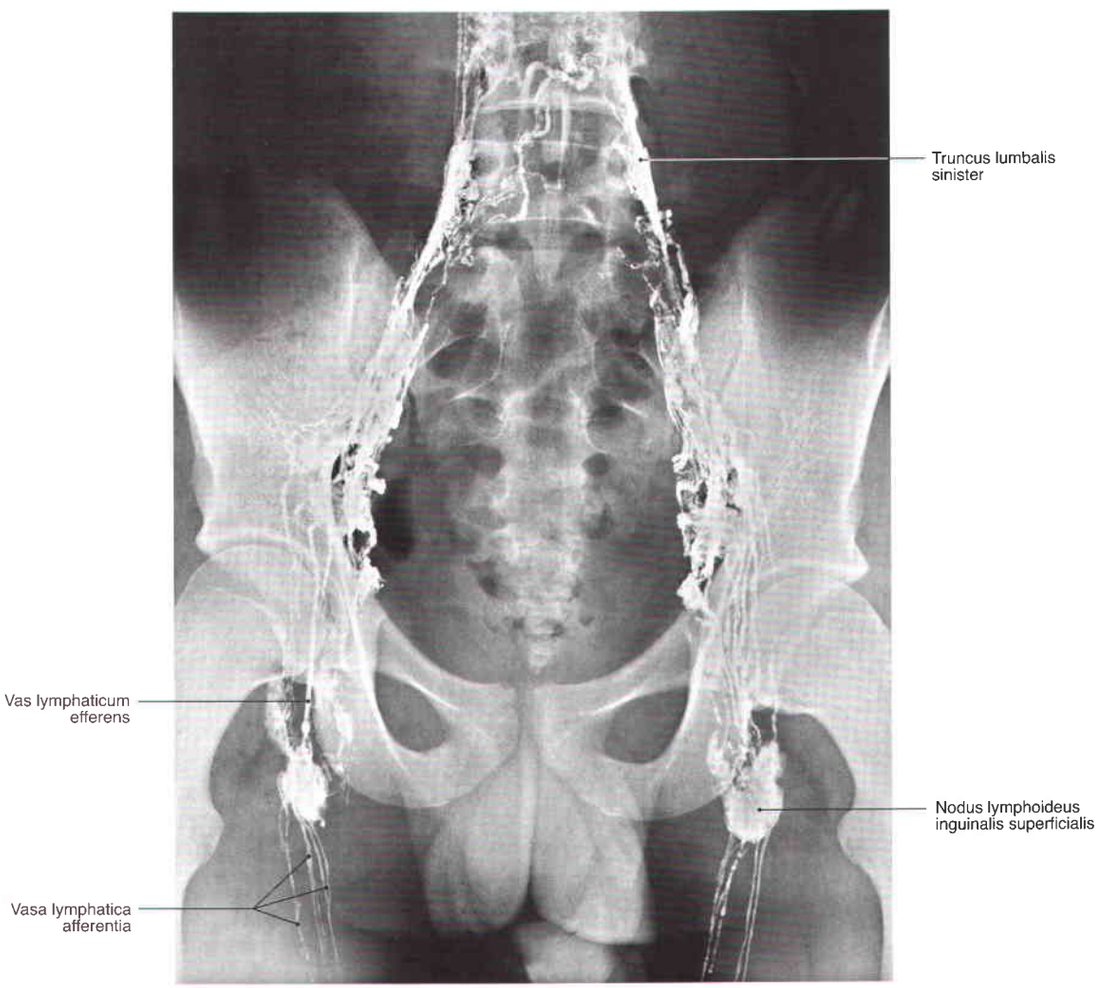
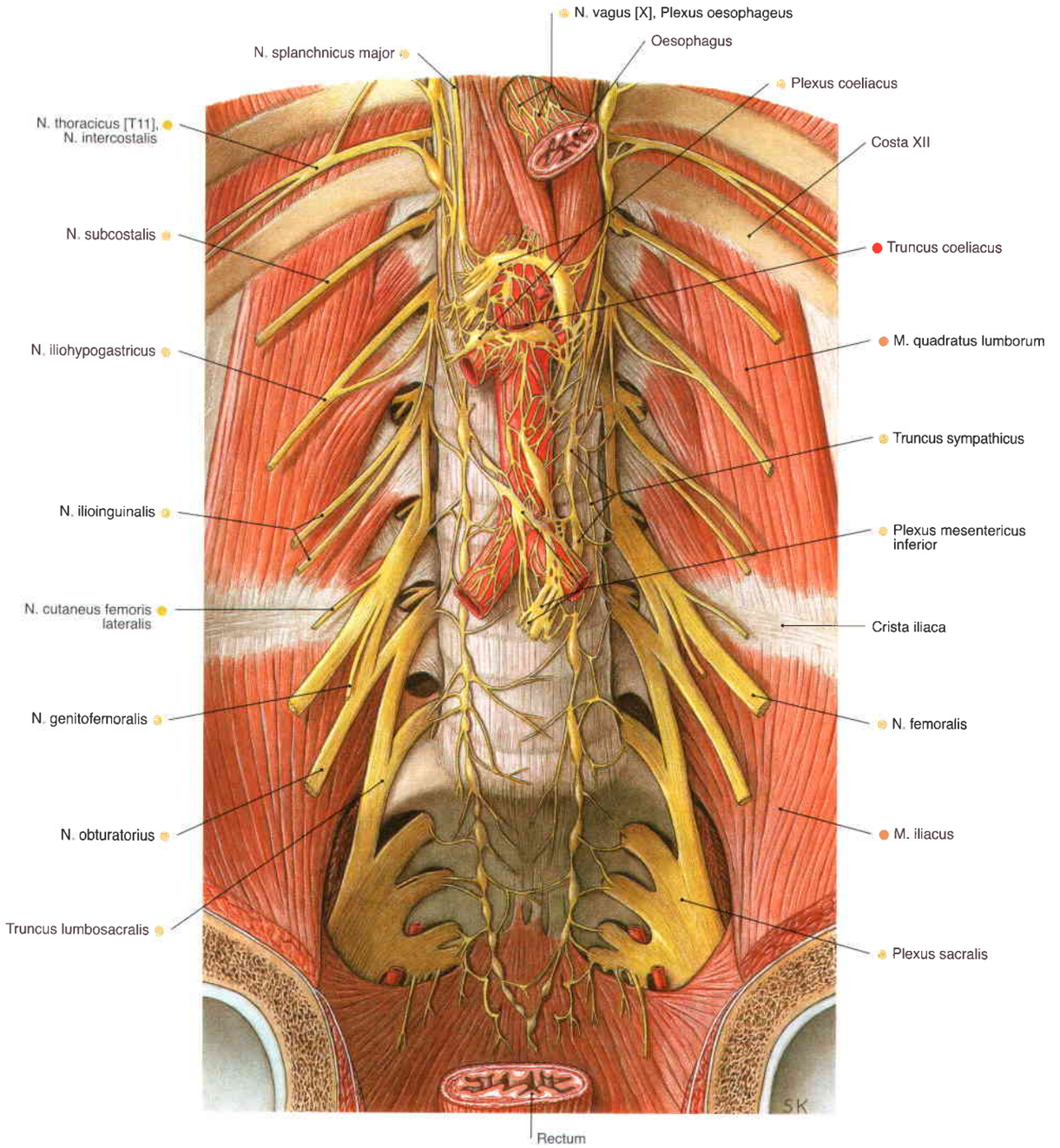


Fig. 1157 Lymphatics, Vasa lymphatica, and lymph nodes, Nodi lymphoidei, of the inguinal, the pelvic and the lumbar region;
AP-radiograph after bilateral injection of a contrast medium into lymphatics of the foot (lymphography).
This formerly applied technique visualizes the position and size of lymphatics and lymph nodes.



→ 47, 49, 50

Fig. 1158 Nerves of the posterior abdominal wall, the lumbosacral plexus, Plexus lumbosacralis, and the abdominal part of the autonomous nervous system, Pars abdominalis autonomica; ventral view.

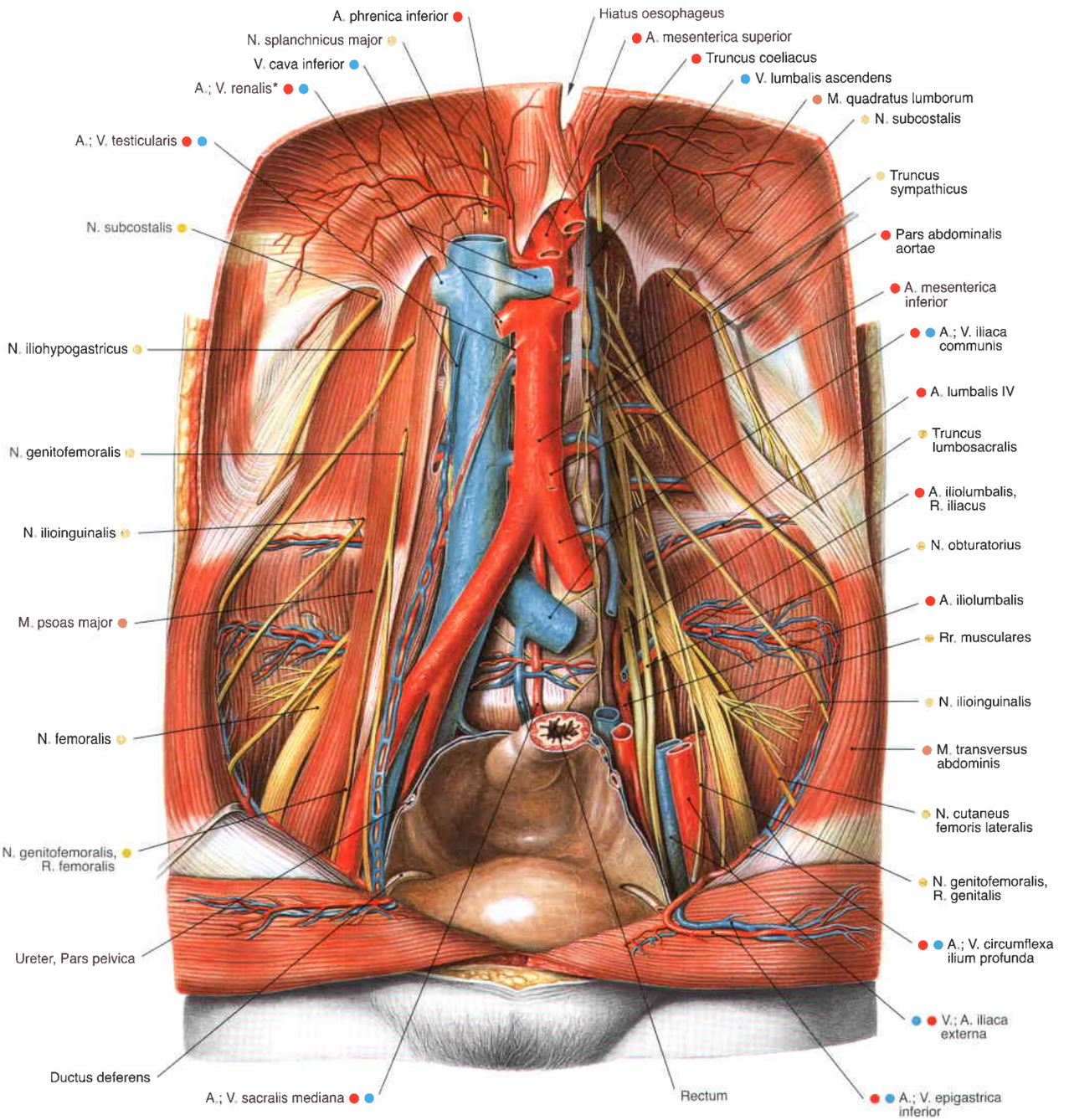


Fig. 1159 Vessels and nerves of the posterior abdominal wall of the male.

* In ~10% the left renal vein passes posterior to the aorta.

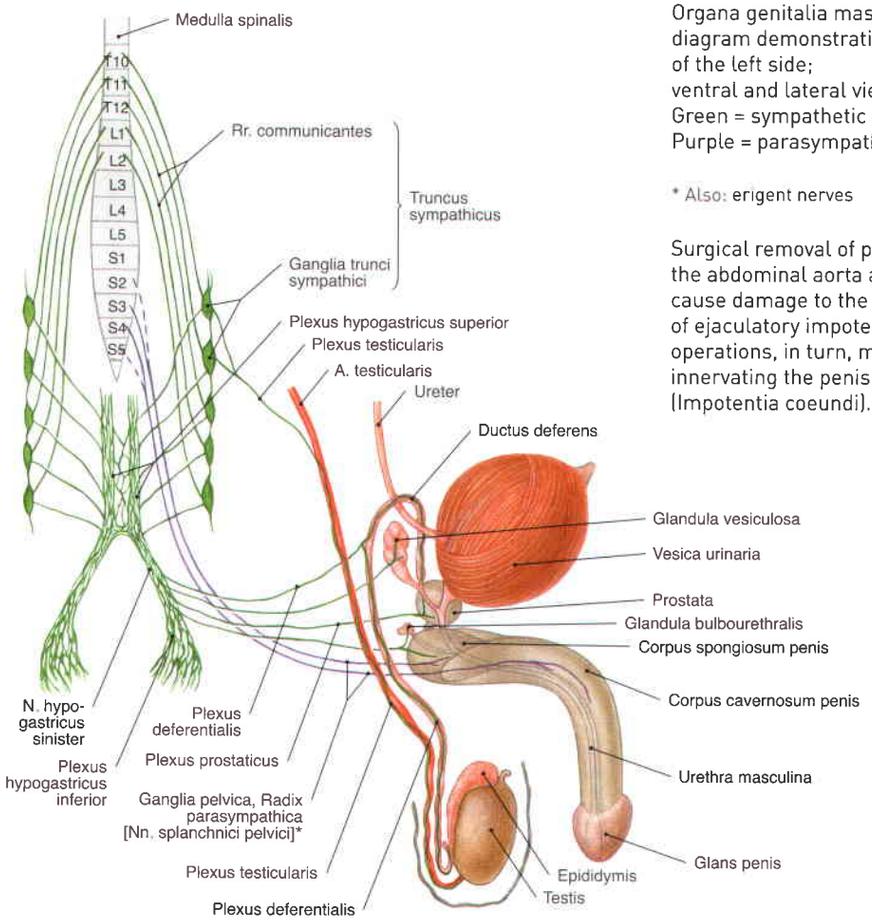


Fig. 1160 Male genitalia,
Organa genitalia masculina;
diagram demonstrating the autonomous innervation of the left side;
ventral and lateral view, respectively.
Green = sympathetic nervous system
Purple = parasympathetic nervous system

* Also: erigent nerves

Surgical removal of paraaortic lymph nodes or operations at the abdominal aorta and the large arteries of the pelvis can cause damage to the sympathetic nerves with the consequence of ejaculatory impotency (Impotentia generandi). Prostate operations, in turn, may damage the parasympathetic fibres innervating the penis, thus leading to erectile impotency (Impotentia coeundi).

Innervation of the male genitalia

	Origin	Course	Organ	Function
Parasympathetic	Sacral part of the spinal cord (S2 – S4)	Ganglia pelvica, Radix parasympathica [Nn. splanchnici pelvici]	Penis Corpus cavernosum	Vasodilatation Erection
Sympathetic	Thoracic part of the spinal cord (T10 – T12)	Plexus mesenterici superior et inferior ↓ Truncus sympathicus ↓ Plexus testicularis ↓	Testis	Regulation of blood flow
	Lumbar part of the spinal cord (L1 – L2)	Plexus hypogastricus superior ↓ N. hypogastricus ↓		
		Plexus hypogastricus inferior	Glandula bulbo-urethralis	Expulsion of its fluid
			Ductus (vas) deferens	Contraction, transport of the sperms into the urethra
			Glandula vesiculosa Prostata	Expulsion of its content into the urethra
Somatomotor, somatosensory	Sacral part of the spinal cord (S2 – S4)	N. pudendus	(M. sphincter vesicae)	Closure of the urinary bladder to prevent retrograde ejaculation
			M. ischiocavernosus M. bulbospongiosus	Expulsion of the ejaculate out of the urethra
		Nn. scrotales posteriores N. dorsalis penis	Scrotal skin Penile skin	

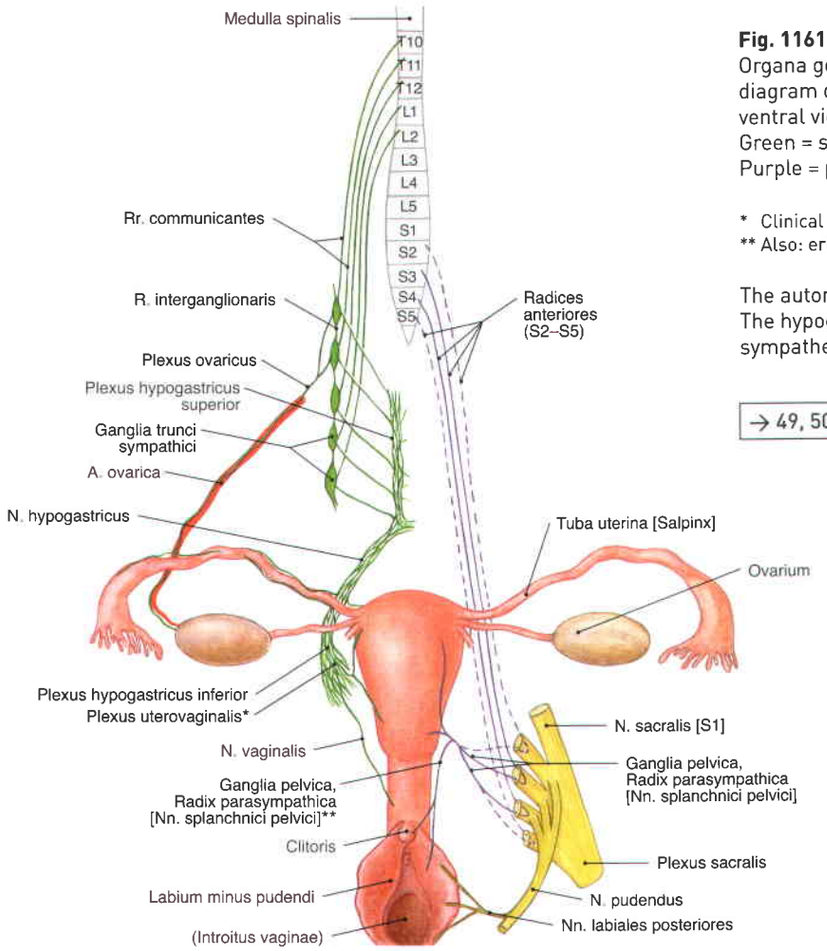


Fig. 1161 Female genitalia, Organa genitalia feminina; diagram demonstrating the autonomous innervation; ventral view.
Green = sympathetic nervous system
Purple = parasympathetic nervous system

* Clinical term: FRANKENHÄUSER's ganglion
** Also: erigent nerves

The autonomic plexus are interspersed with ganglia. The hypogastric and uterovaginal plexus contain both sympathetic and parasympathetic fibres.

→ 49, 50

Innervation of the female genitalia

	Origin	Course	Organ	Function
Parasympathetic	Sacral part of the spinal cord (S2 – S4)	Ganglia pelvica, Radix parasympathica [Nn. splanchnici pelvici] ↓ Nn. cavernosi clitoridis	Tuba uterina Uterus Vagina Clitoris	Vasodilatation Vasodilatation Transsudation Erection
Sympathetic	Thoracic part of the spinal cord (T10 – T12)	Plexus mesentericus superior ↘ Plexus ovaricus ↗ Plexus renalis Truncus sympathicus ↓	Ovar	Vasoconstriction
	Lumbar part of the spinal cord (L1 – L2)	Plexus hypogastricus superior ↓ N. hypogastricus Plexus hypogastricus inferior ↓	-	
		Plexus uterovaginalis (FRANKENHÄUSER's ganglion)	Tuba uterina Uterus Vagina	Contraction
Somatomotor, somatosensory	Sacral part of the spinal cord (S2 – S4)	N. pudendus ↗ N. dorsalis clitoridis N. pudendus ↘ Nn. labiales posteriores	Clitoris Labia majora M. ischiocavernosus M. bulbospongiosus	 Contraction

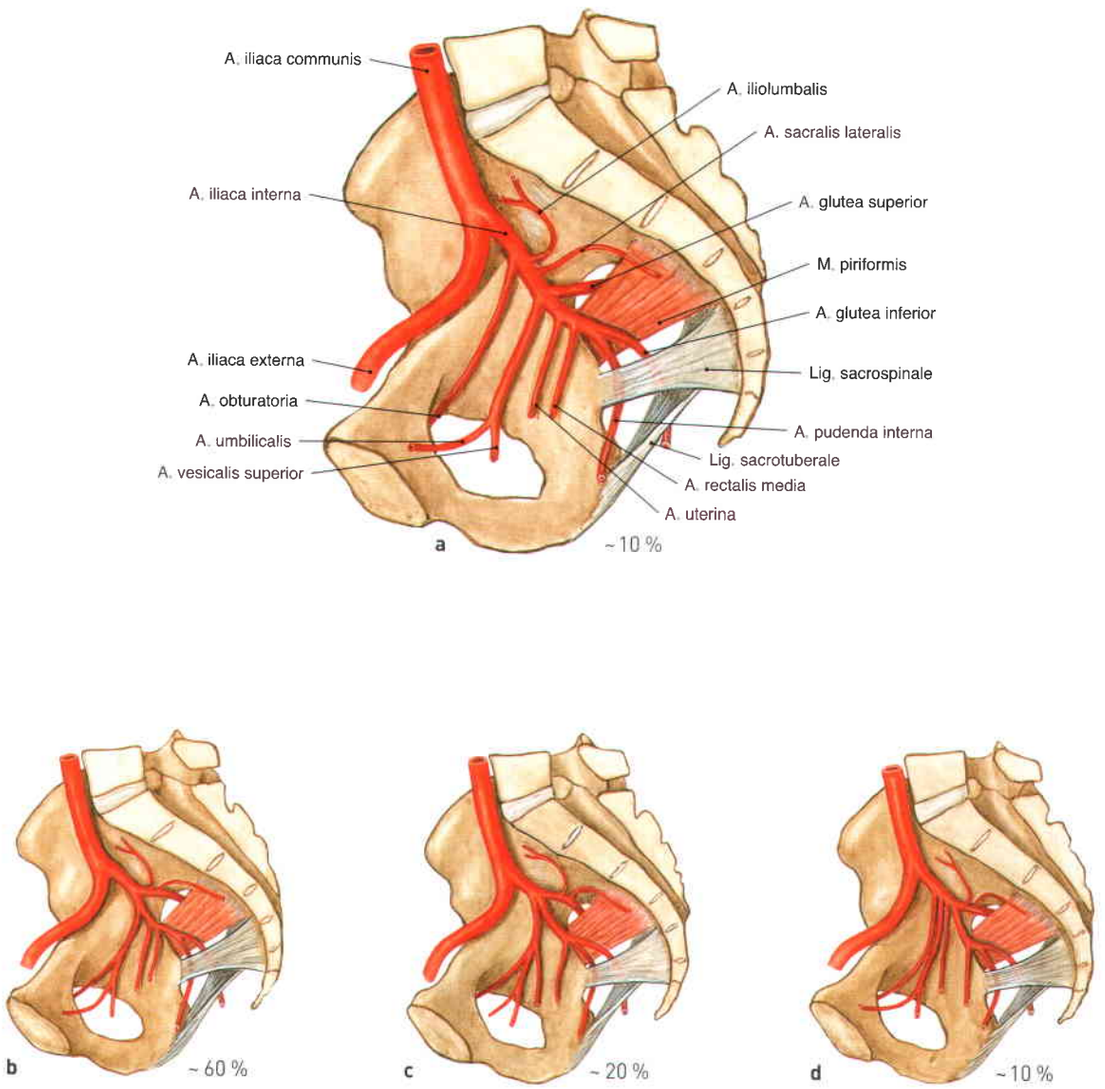


Fig. 1162 a–d Variability of the branching pattern of the internal iliac artery, A. iliaca interna; viewed from the left.
a All branches arise from the same stem.
b The internal iliac artery, A. iliaca interna, divides into two major branches ("textbook case").
c The internal iliac artery, A. iliaca interna, divides into three major branches.
d The internal iliac artery, A. iliaca interna, divides into more than three major branches.

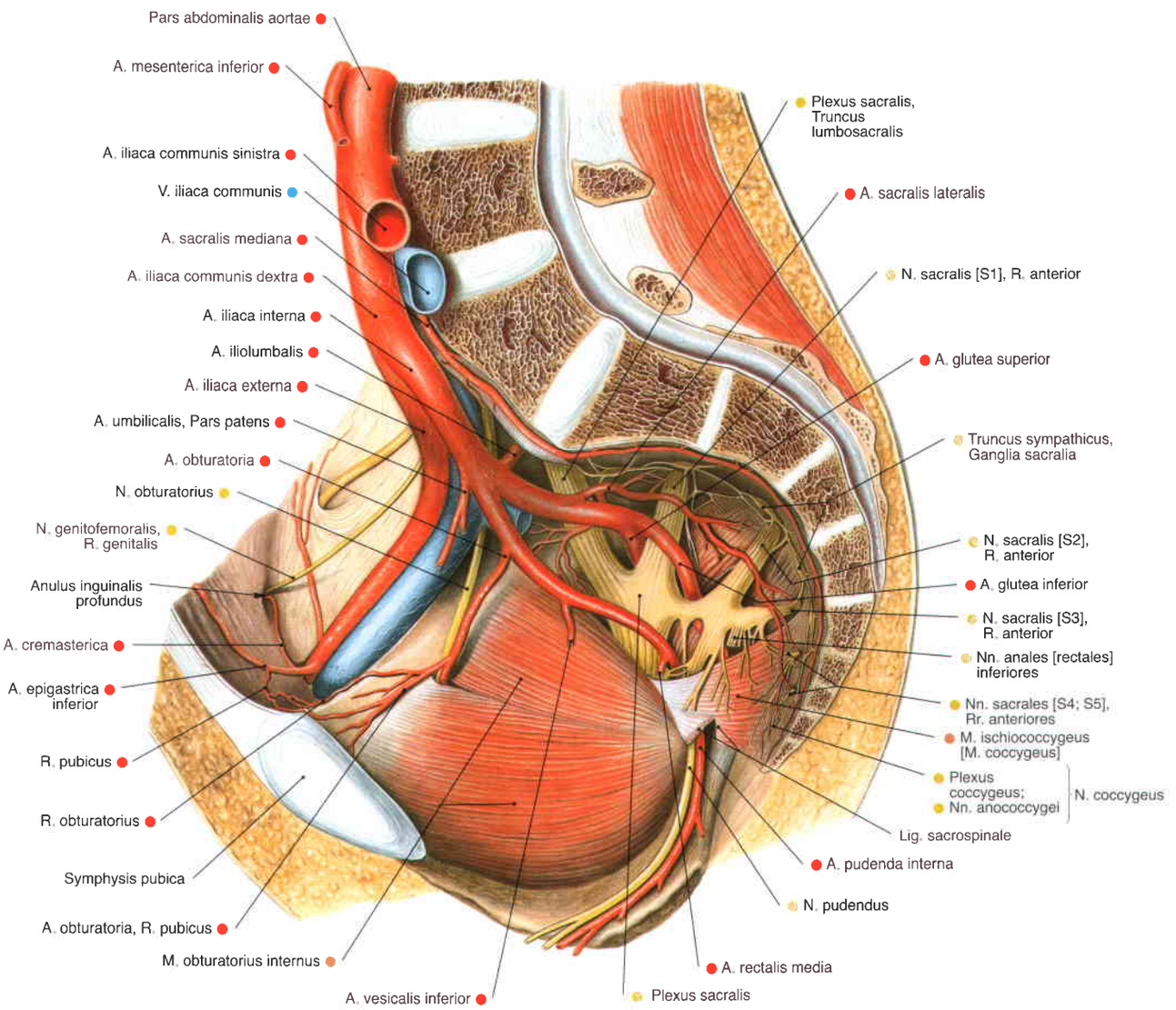


Fig. 1163 Internal iliac artery, A. iliaca interna, and sacral plexus, Plexus sacralis; viewed from the left.

Organs of the male pelvis

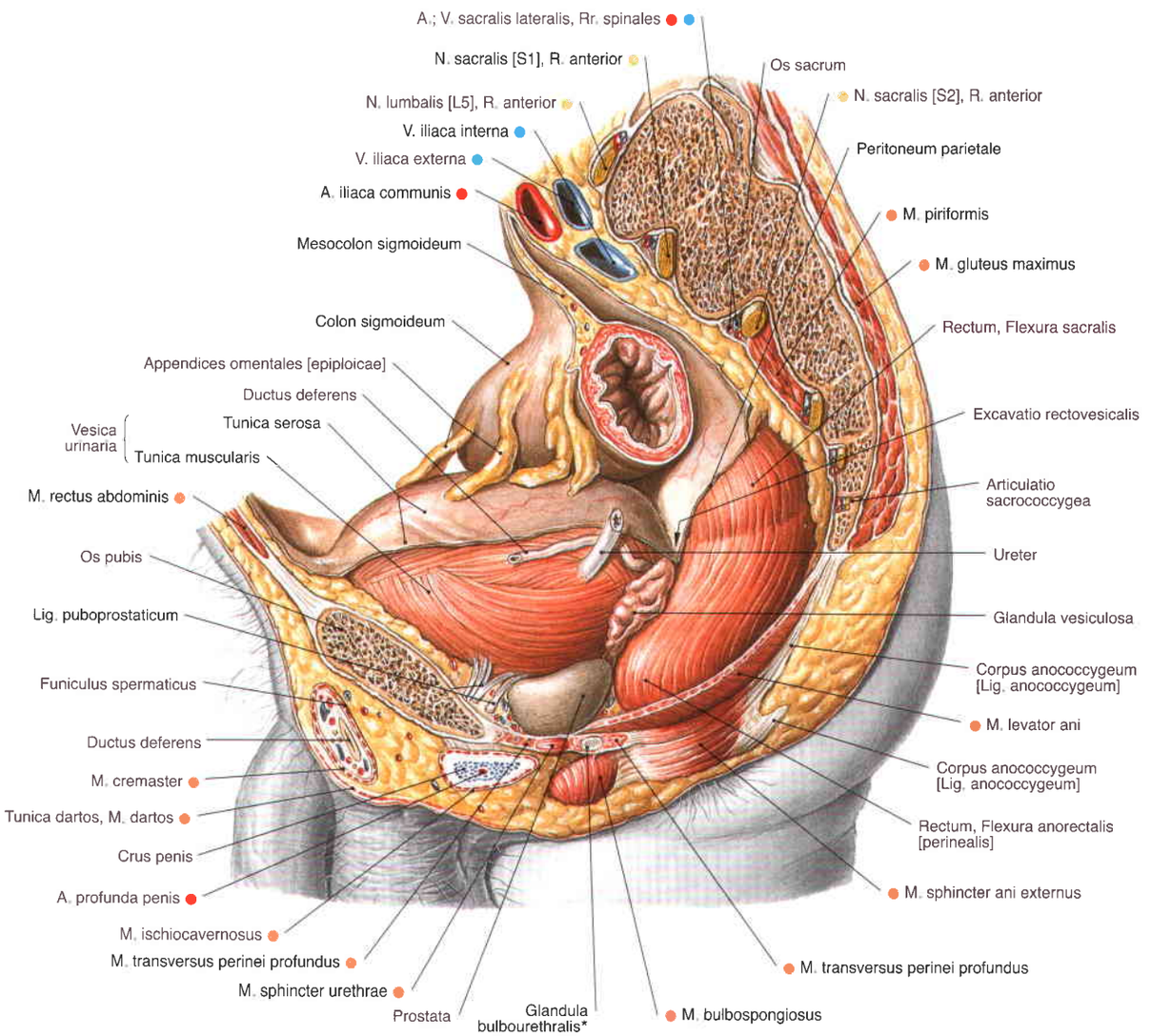


Fig. 1164 Organs of the male pelvis.
* Clinical term: COWPER's gland

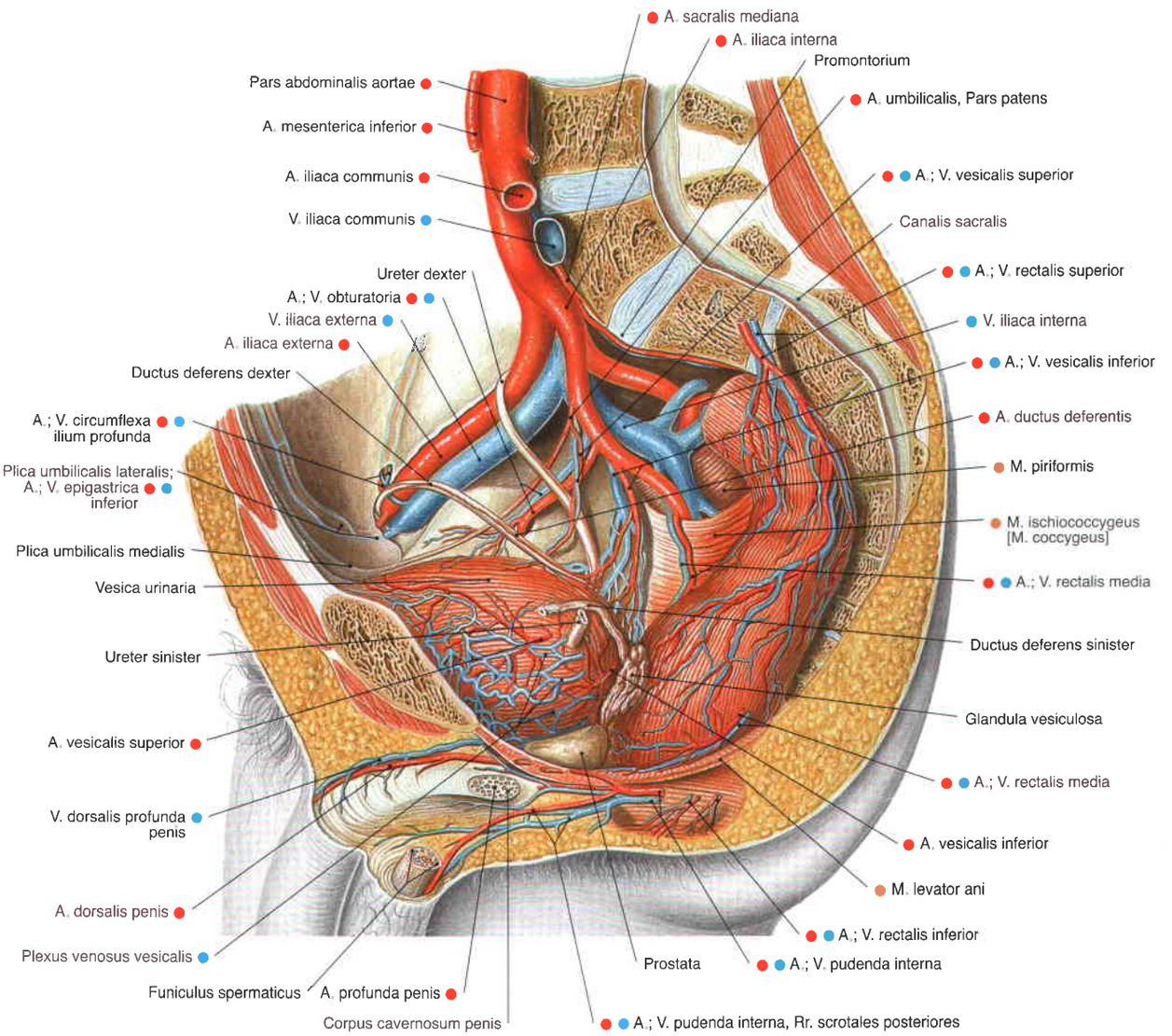


Fig. 1165 Blood supply of the male pelvis.

Vessels of the female pelvis

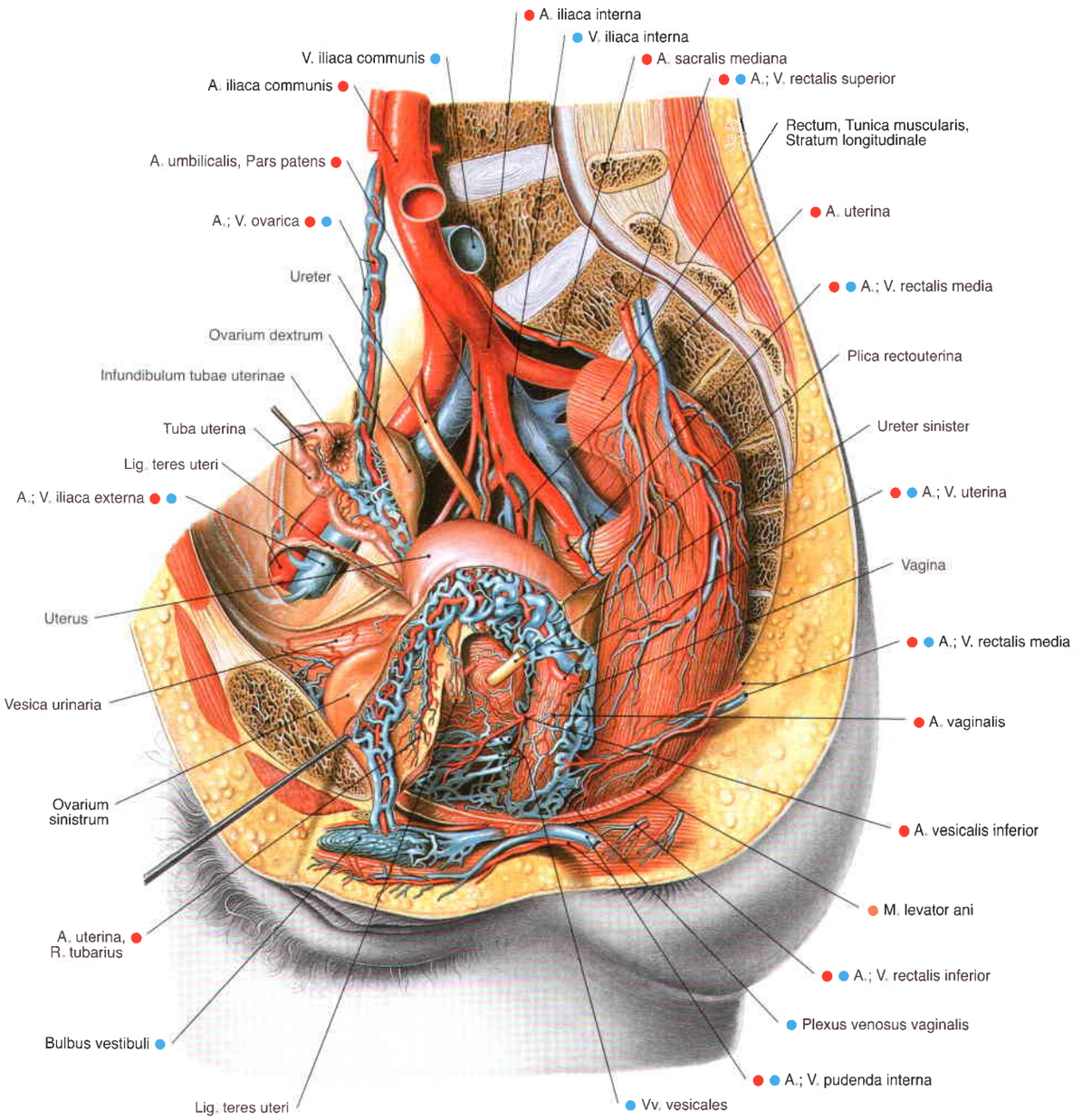


Fig. 1166 Blood supply of the female pelvis.

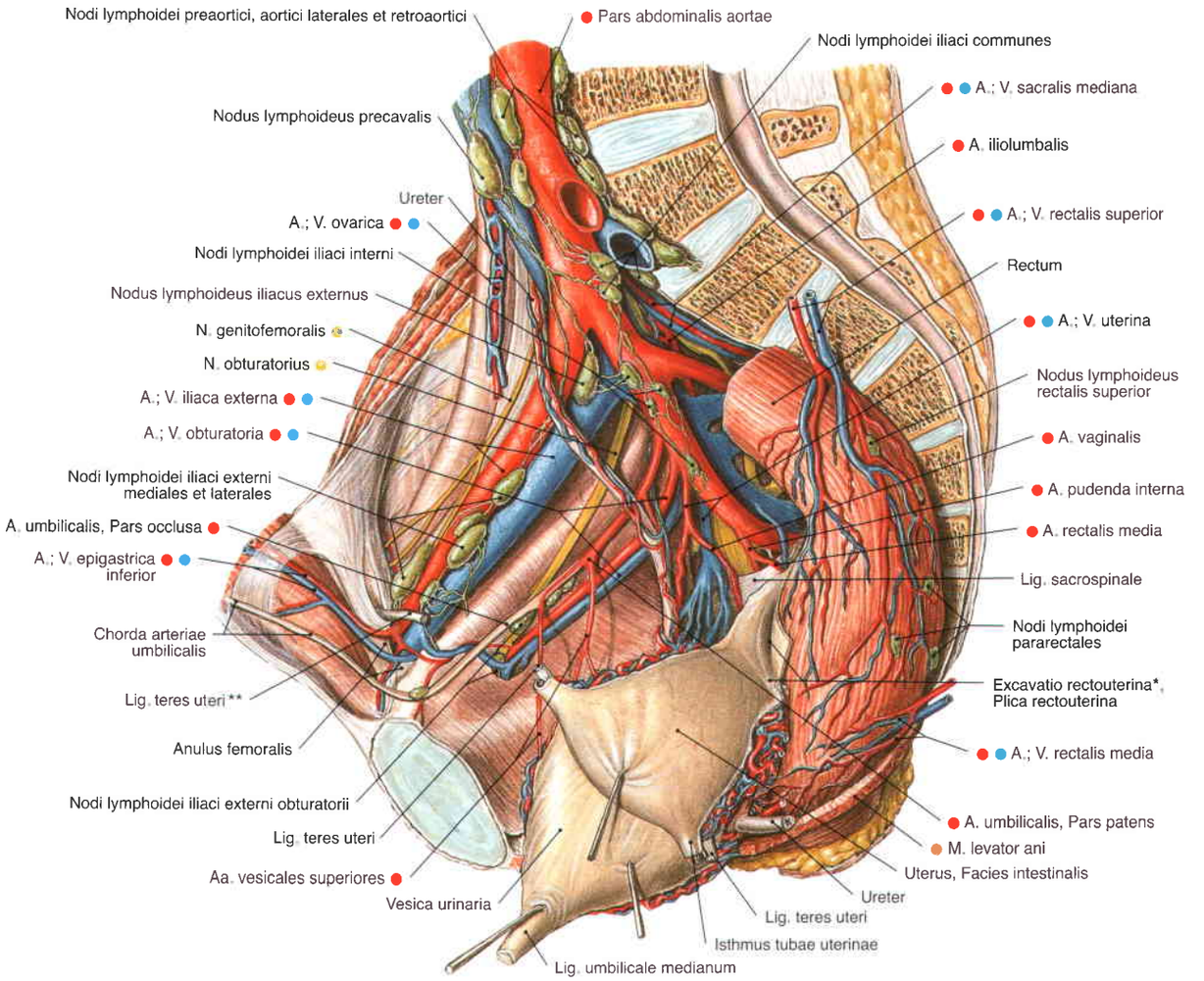


Fig. 1167 Lymphatics, Vasa lymphatica, and lymph nodes, Nodi lymphoidei, of the pelvic wall of the female.

The lymph nodes are frequently much smaller than illustrated but they are always present. Tumour cells from the uterus can reach the superficial inguinal lymph nodes via lymphatics of the round ligament of uterus.

* Clinical term: pouch of DOUGLAS

** Clinical term: round ligament

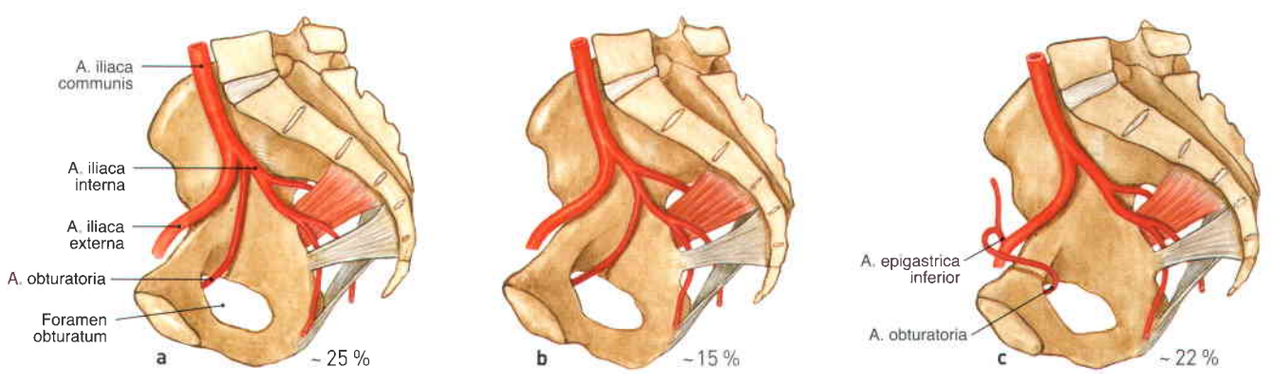


Fig. 1168 a–c Variability of the origin of the obturator artery, A. obturatoria; medial view.

a Origin from the anterior branch of the internal iliac artery, A. iliaca interna ("textbook case")

b Origin as an independent branch from the internal iliac artery, A. iliaca interna

c Origin from the external iliac artery, A. iliaca externa

Only in 75% of the cases, the obturator artery originates from the trunk of the internal iliac artery.

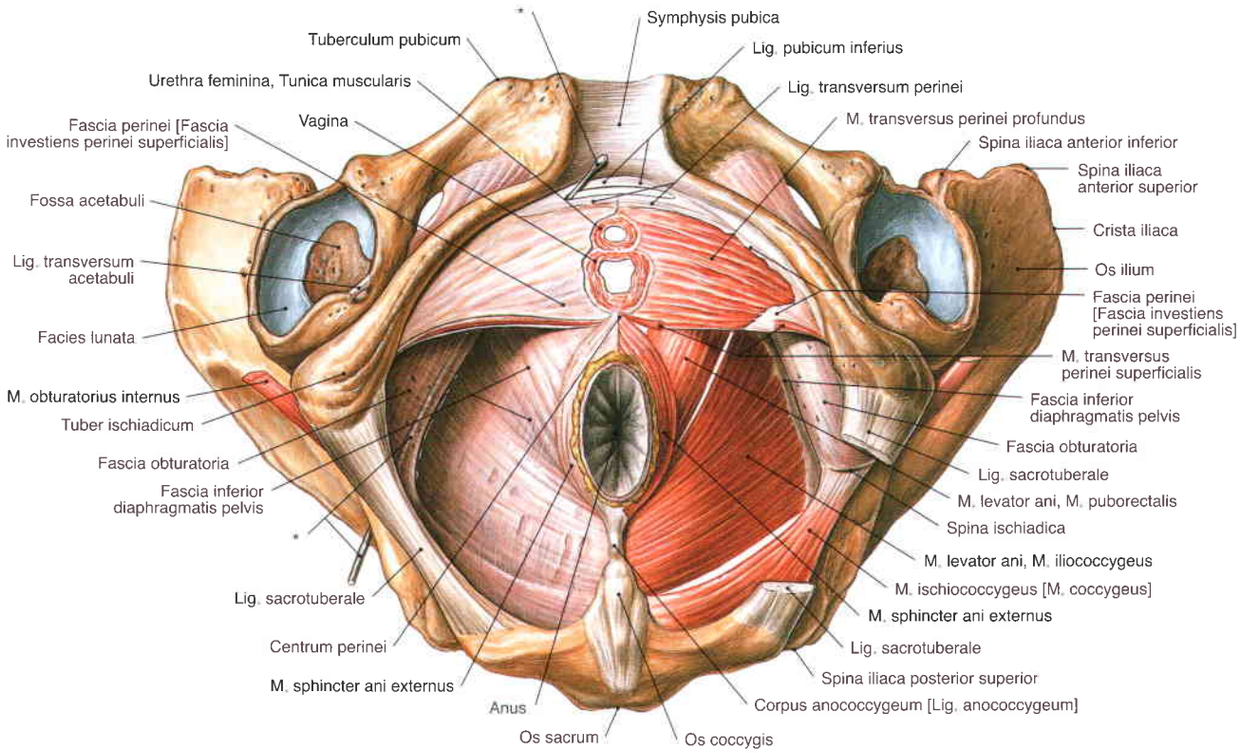


Fig. 1169 Perineal muscles, Mm. perinei, and the pelvic diaphragm, Diaphragma pelvis, of the female; inferior view.

* Probe in the pudendal canal (ALCOCK's canal)

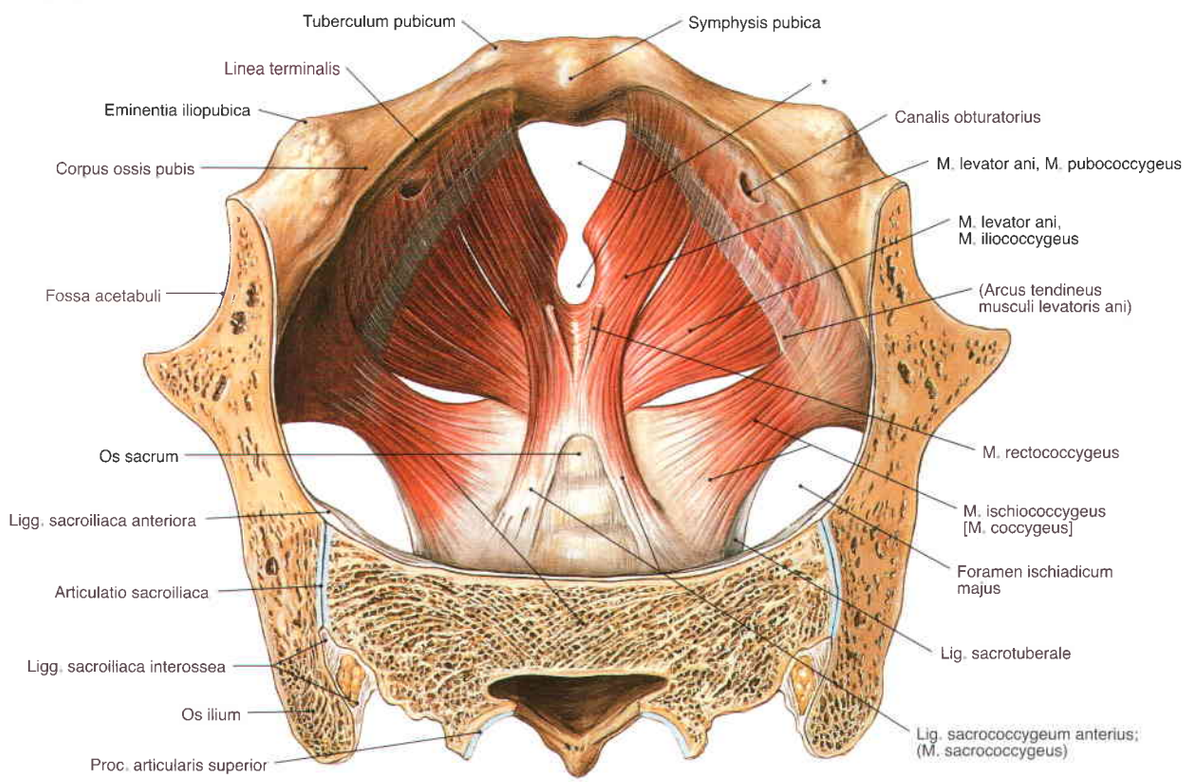


Fig. 1170 Pelvic diaphragm, Diaphragma pelvis, of the female; superior view.

* Clinical term: levator hiatus (Hiatus urogenitalis et ani)

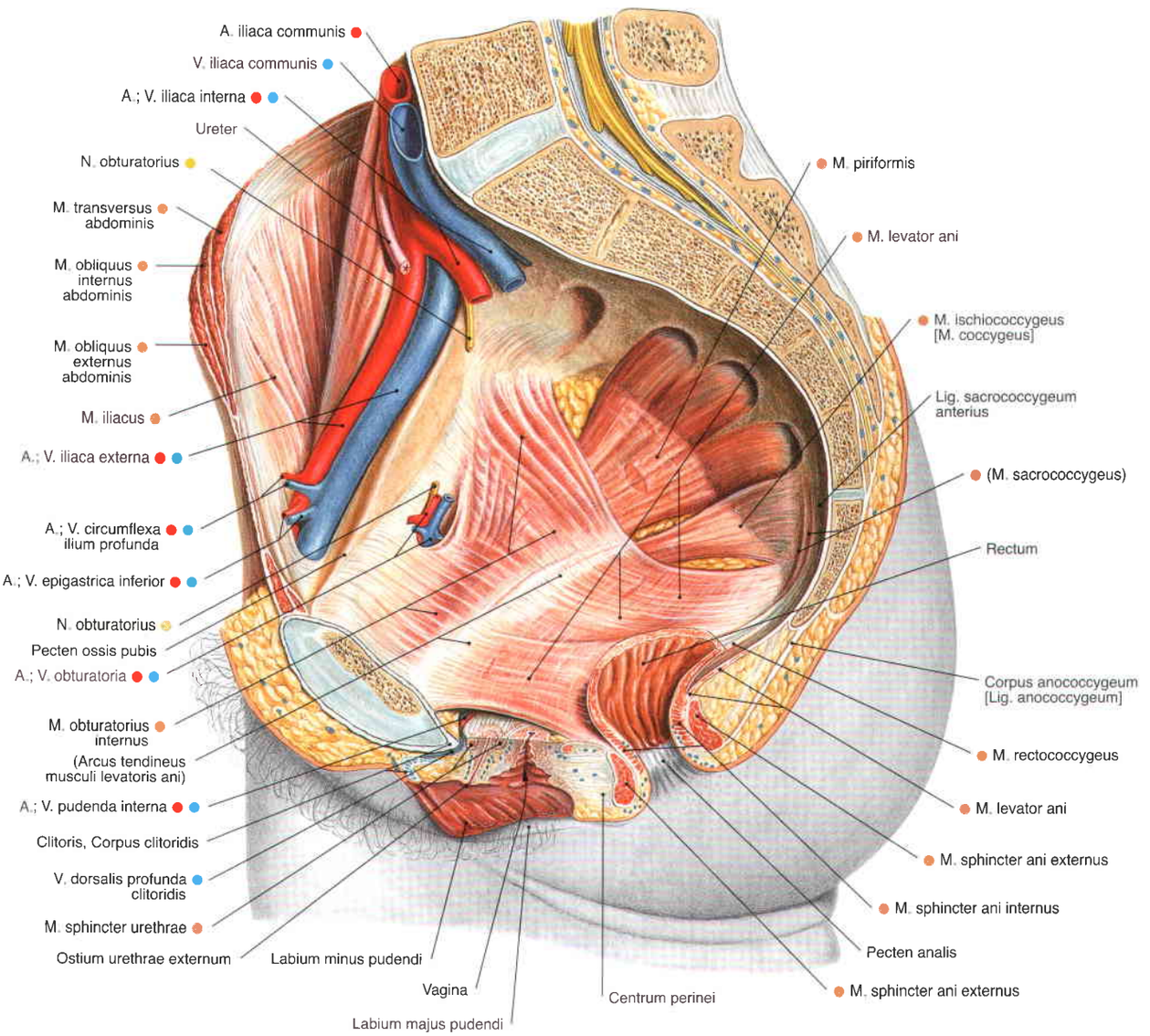
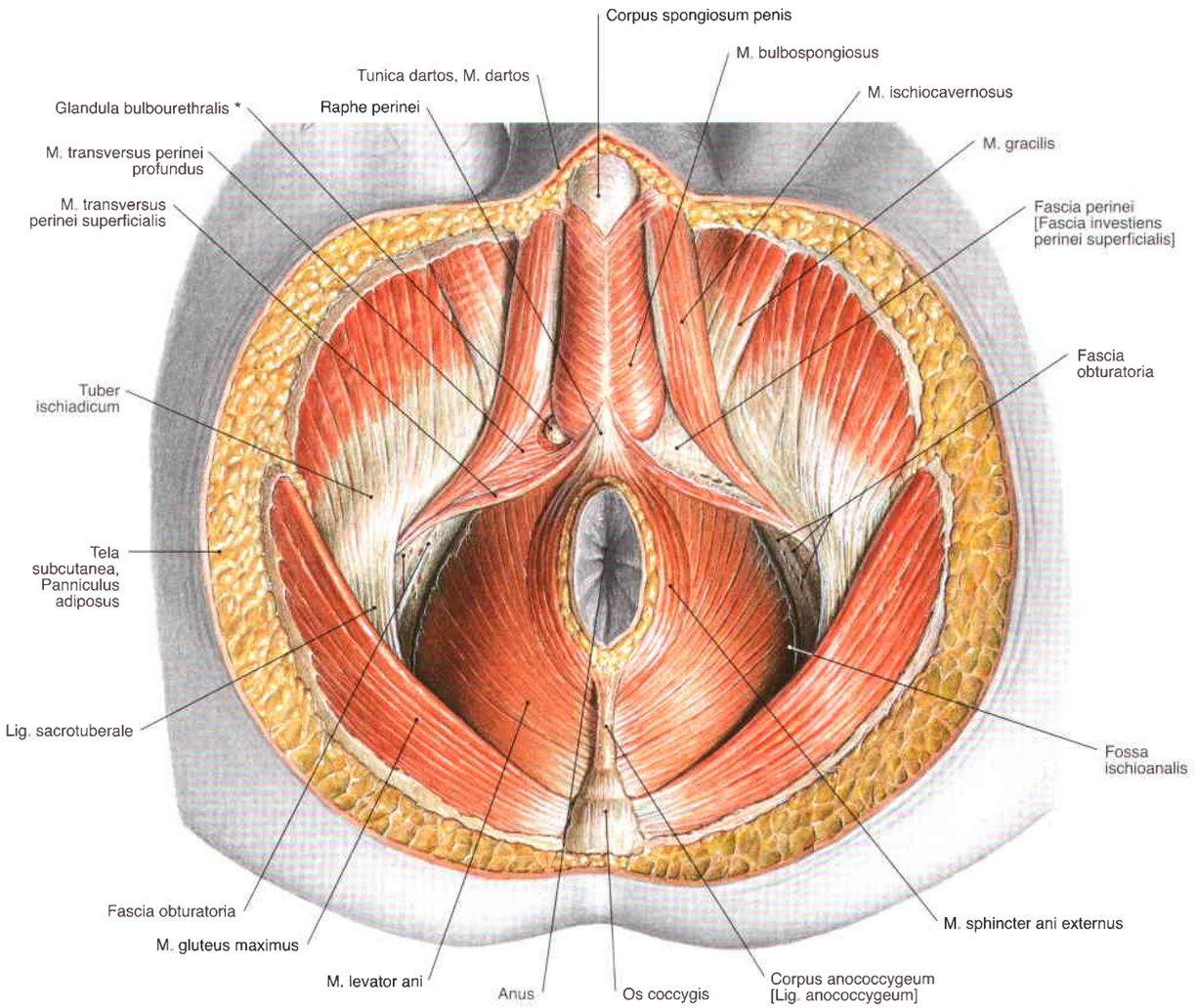


Fig. 1171 Muscles of the pelvic diaphragm, Diaphragma pelvis, of the female.



→ T 22

Fig. 1172 Perineum, Perineum, and pelvic diaphragm, Diaphragma pelvis, of the male; inferior view.

* Clinical term: COWPER's gland

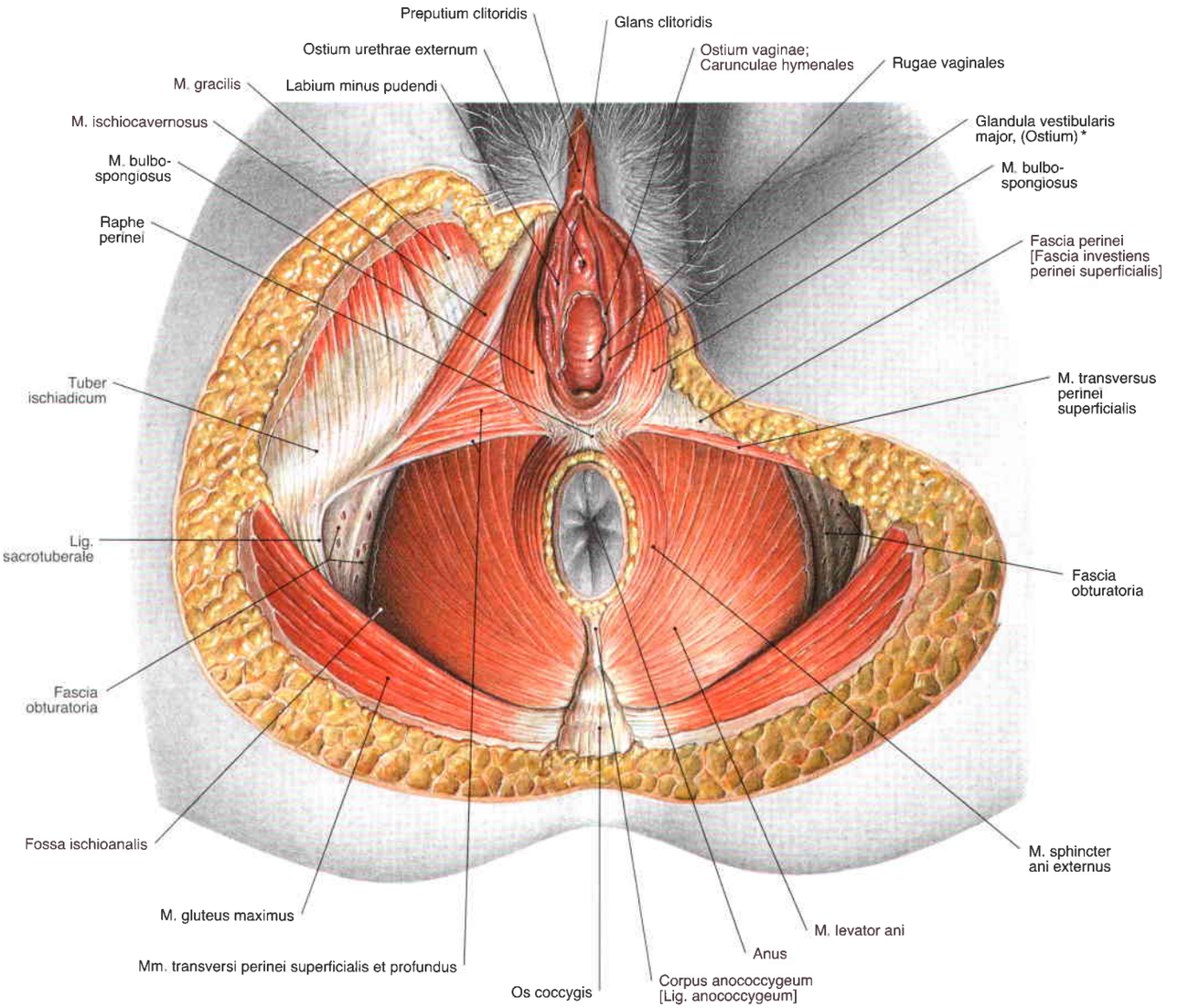
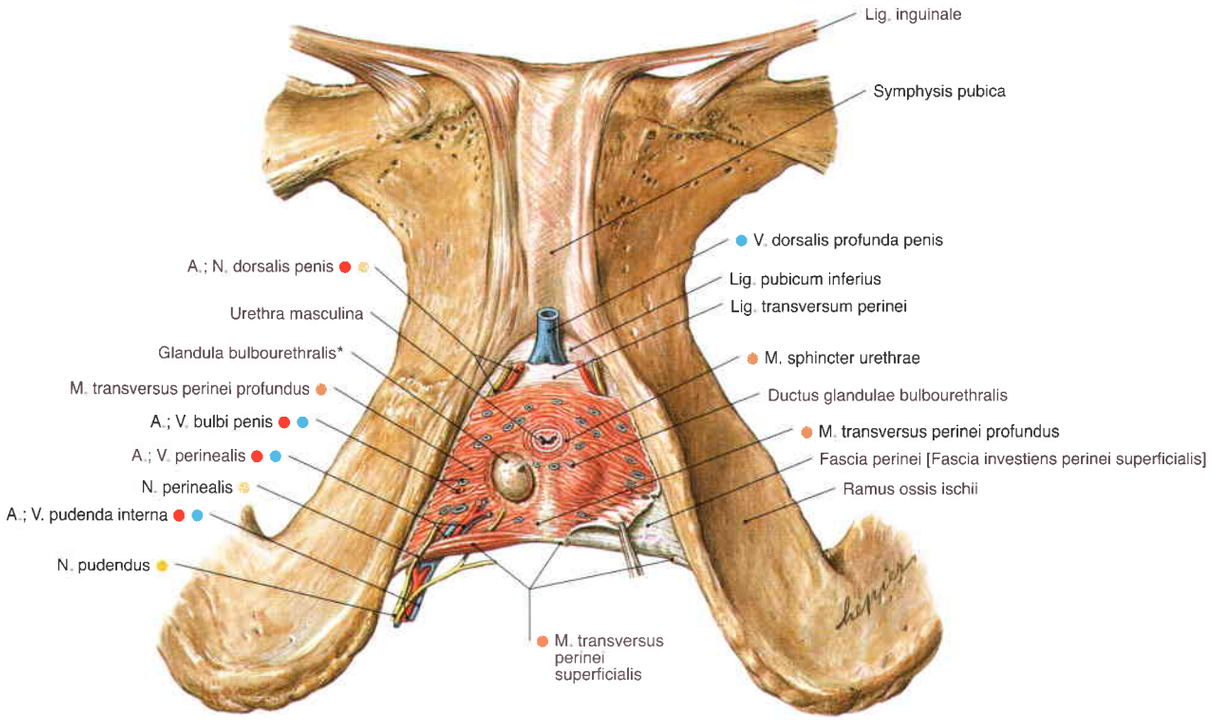


Fig. 1173 Perineum, Perineum; pelvic diaphragm, Diaphragma pelvis, and female external genitalia, Organa genitalia feminina externa; inferior view.
* Clinical term: BARTHOLIN's gland

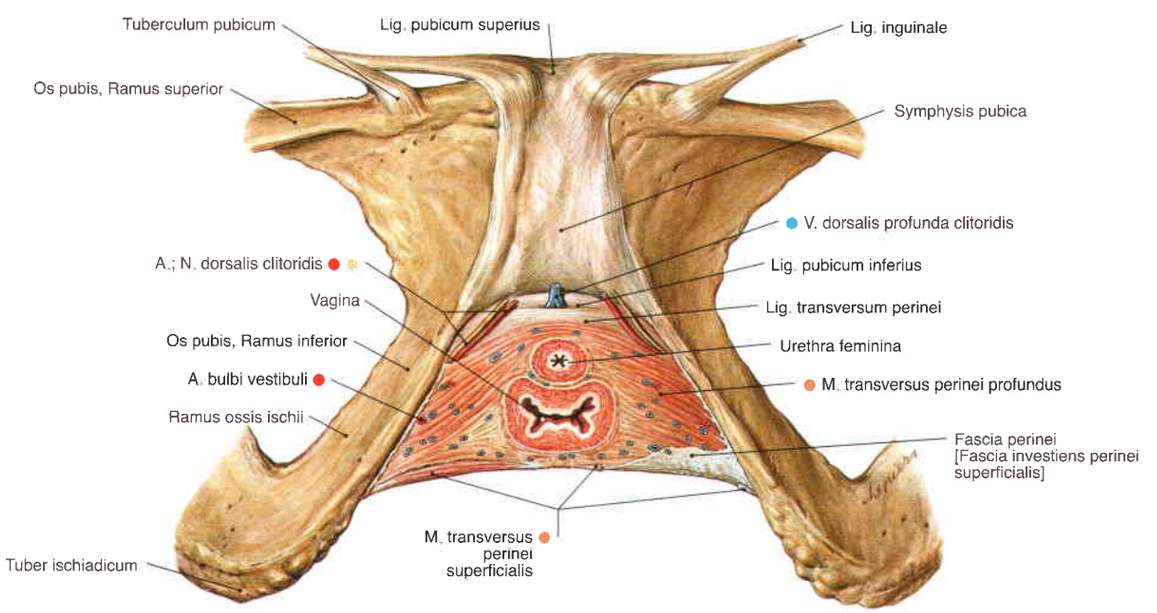
→ T 22

The vaginal and the anal orifices are located in close proximity. During delivery the skin and muscles of the perineum can rupture up to the sphincter muscles of the anus (I. – III. degree perineal lacerations). These can be prevented by surgical incisions directed either laterally or in the median plane (perineal incision = lateral or medial episiotomy).



→ T 22

Fig. 1174 Urogenital diaphragm, Diaphragma urogenitale, of the male; inferior view.
* Clinical term: COWPER's gland



→ T 22

Fig. 1175 Urogenital diaphragm, Diaphragma urogenitale, of the female; inferior view.

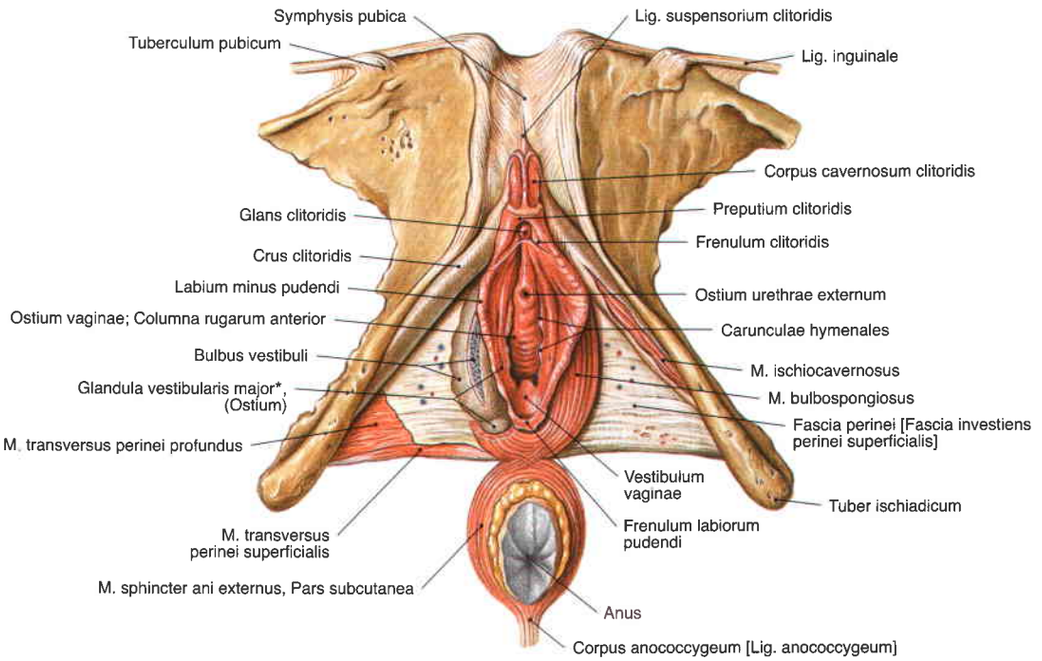


Fig. 1176 Female external genitalia, Organa genitalia feminina externa; ventroinferior view.
* Clinical term: BARTHOLIN's gland

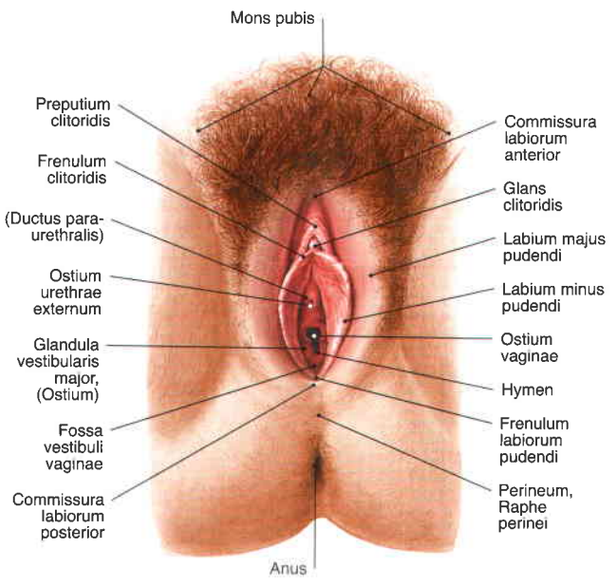
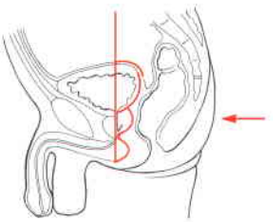


Fig. 1177 Female external genitalia, Organa genitalia feminina externa; inferior view.

Fig. 1178 Female external genitalia, Organa genitalia feminina externa; inferior view.

Male pelvic organs and retroperitoneal space



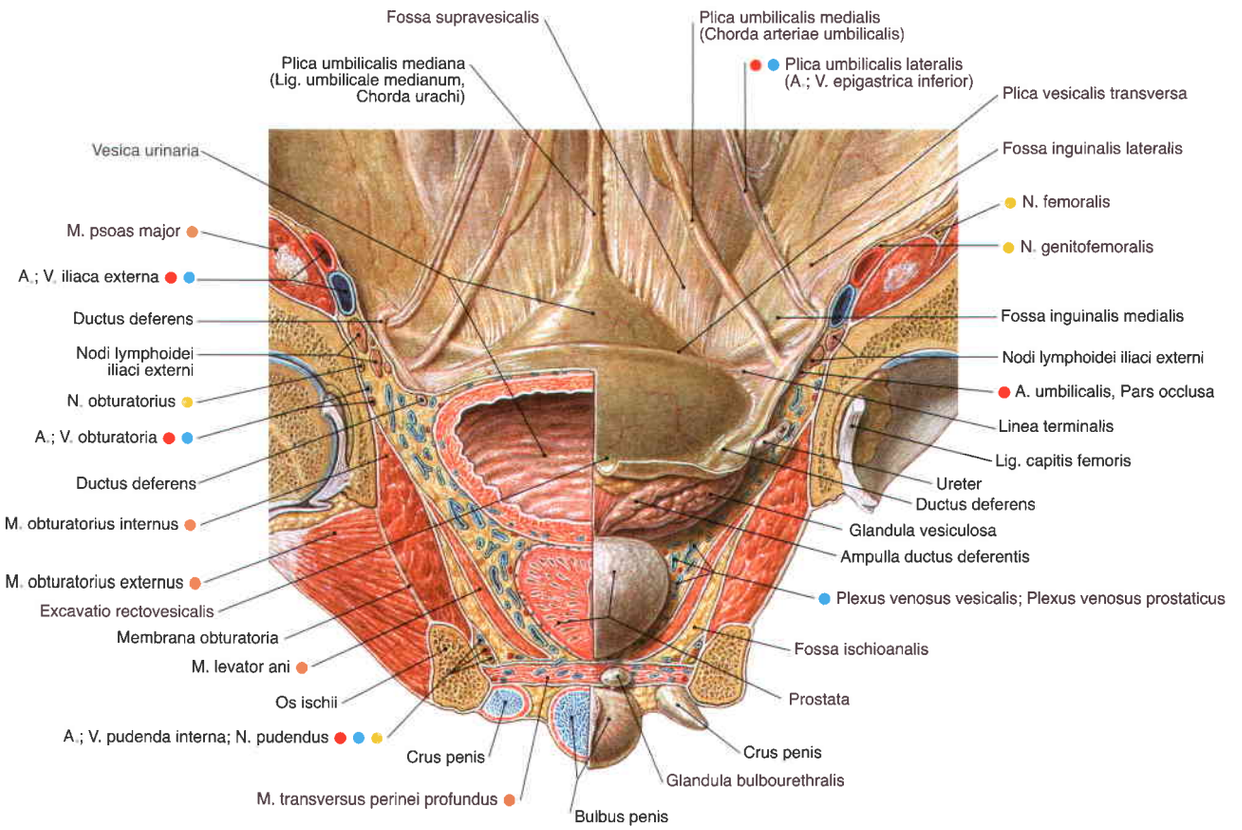


Fig. 1179 Pelvic diaphragm, Diaphragma pelvis; pelvic organs and anterior abdominal wall, Organa abdominis et pelvis, of the male; frontal section through the head of the femur and the urinary bladder on the left; dorsal view.

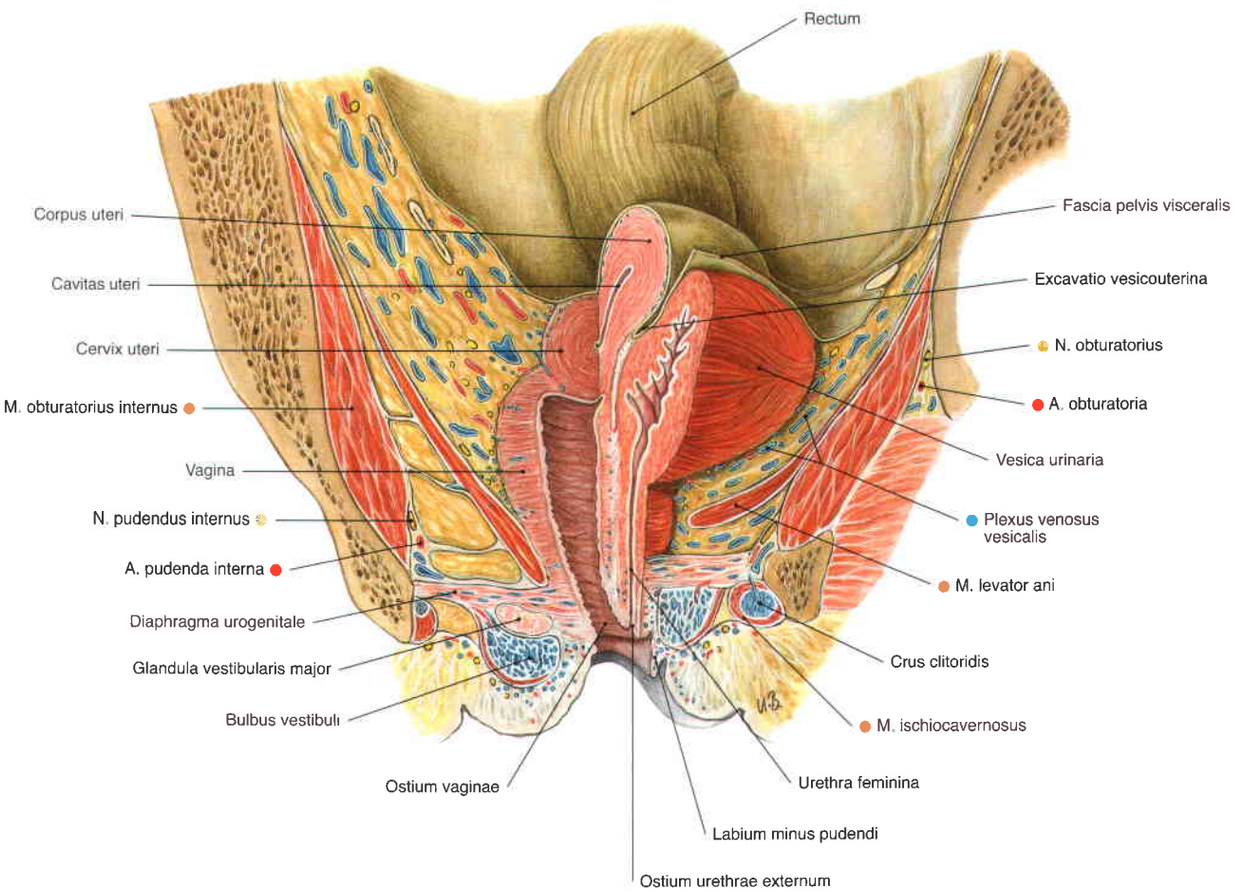


Fig. 1180 Pelvic diaphragm, Diaphragma pelvis, and pelvic organs, Organa pelvis, of the female; frontal section (on the right) combined with a median section; ventral view.

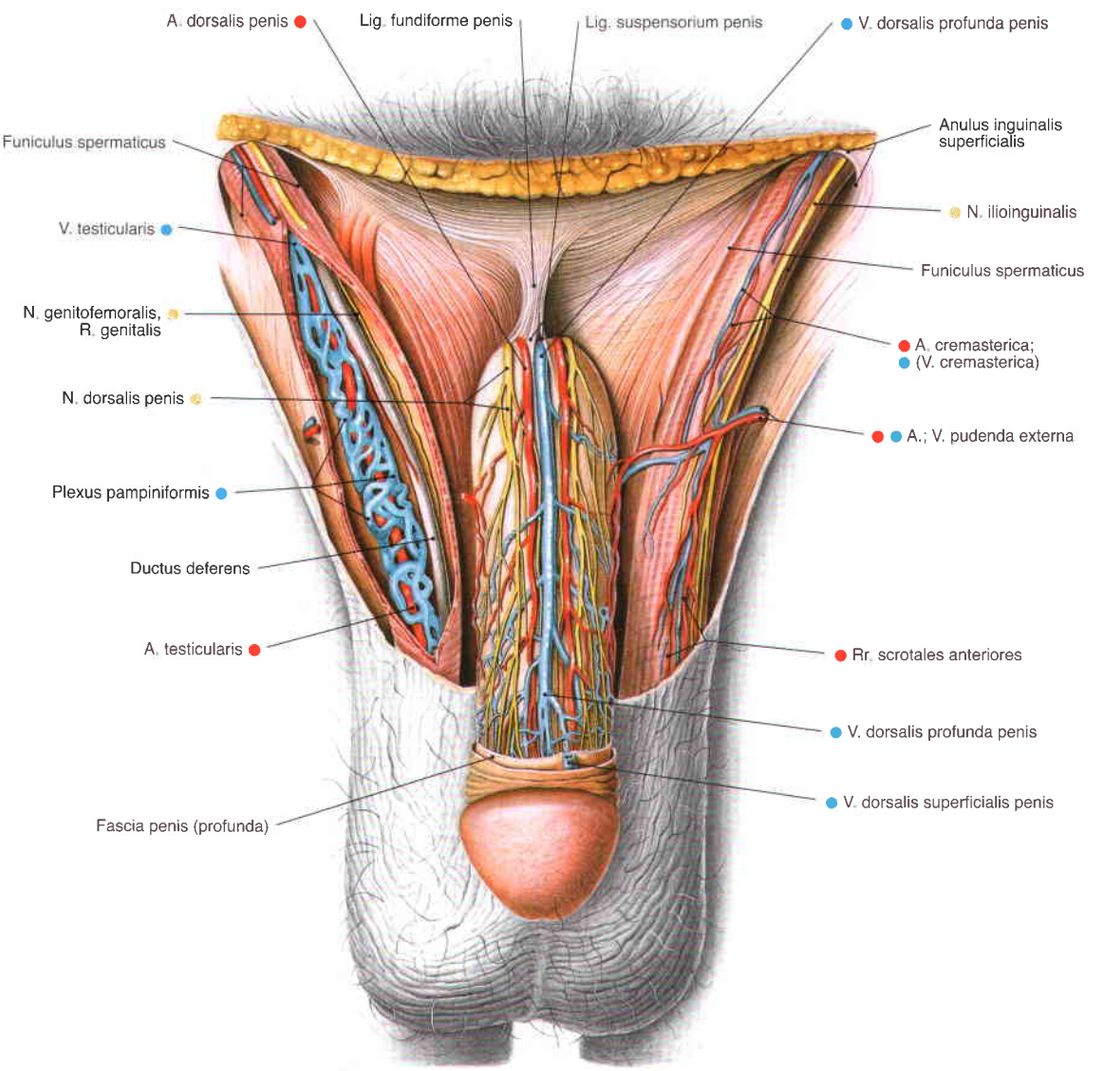


Fig. 1181 Male external genitalia,
Organa genitalia masculina externa.

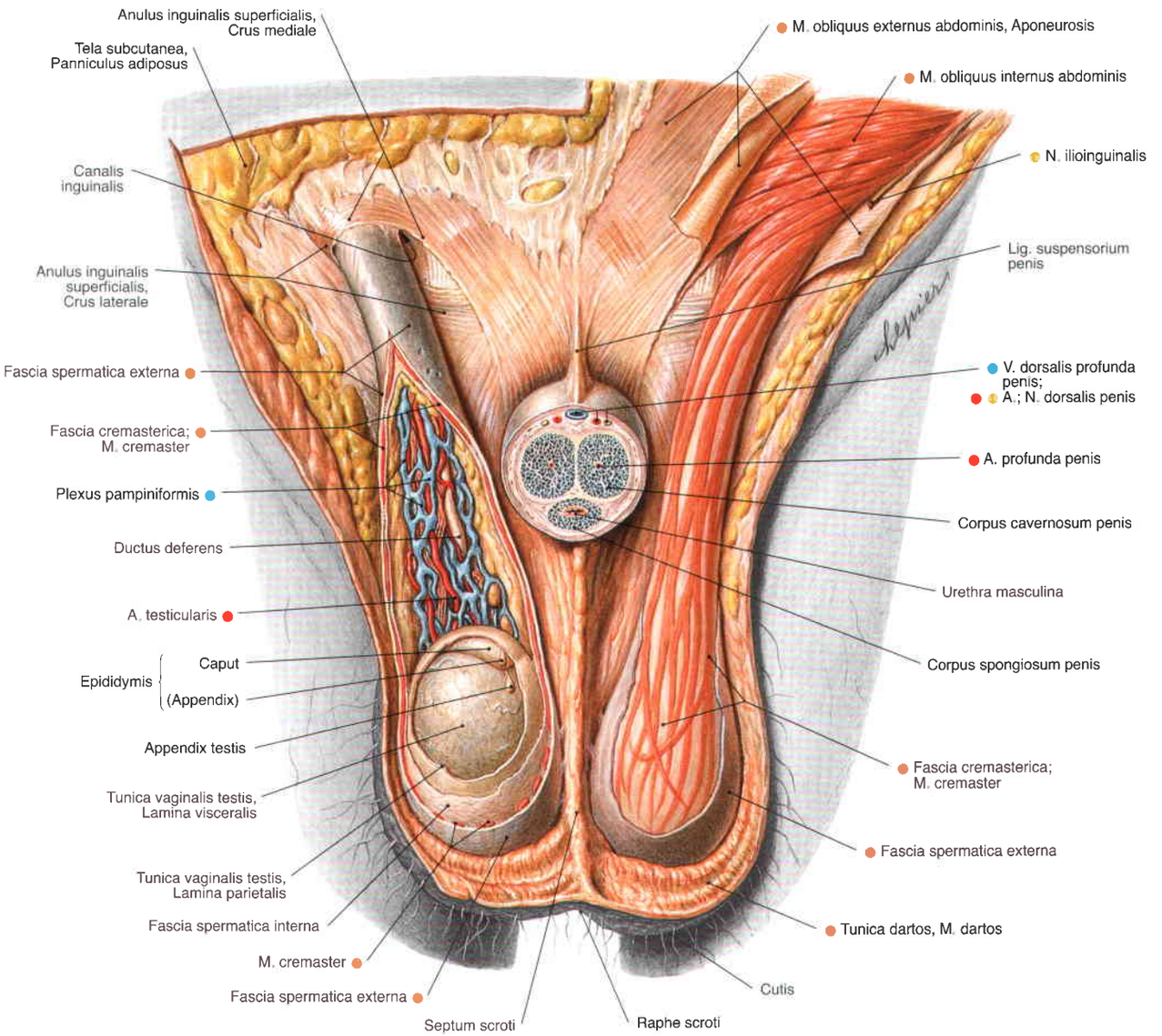


Fig. 1182 Male genitalia, Organa genitalia masculina.

→ 1105, 1117

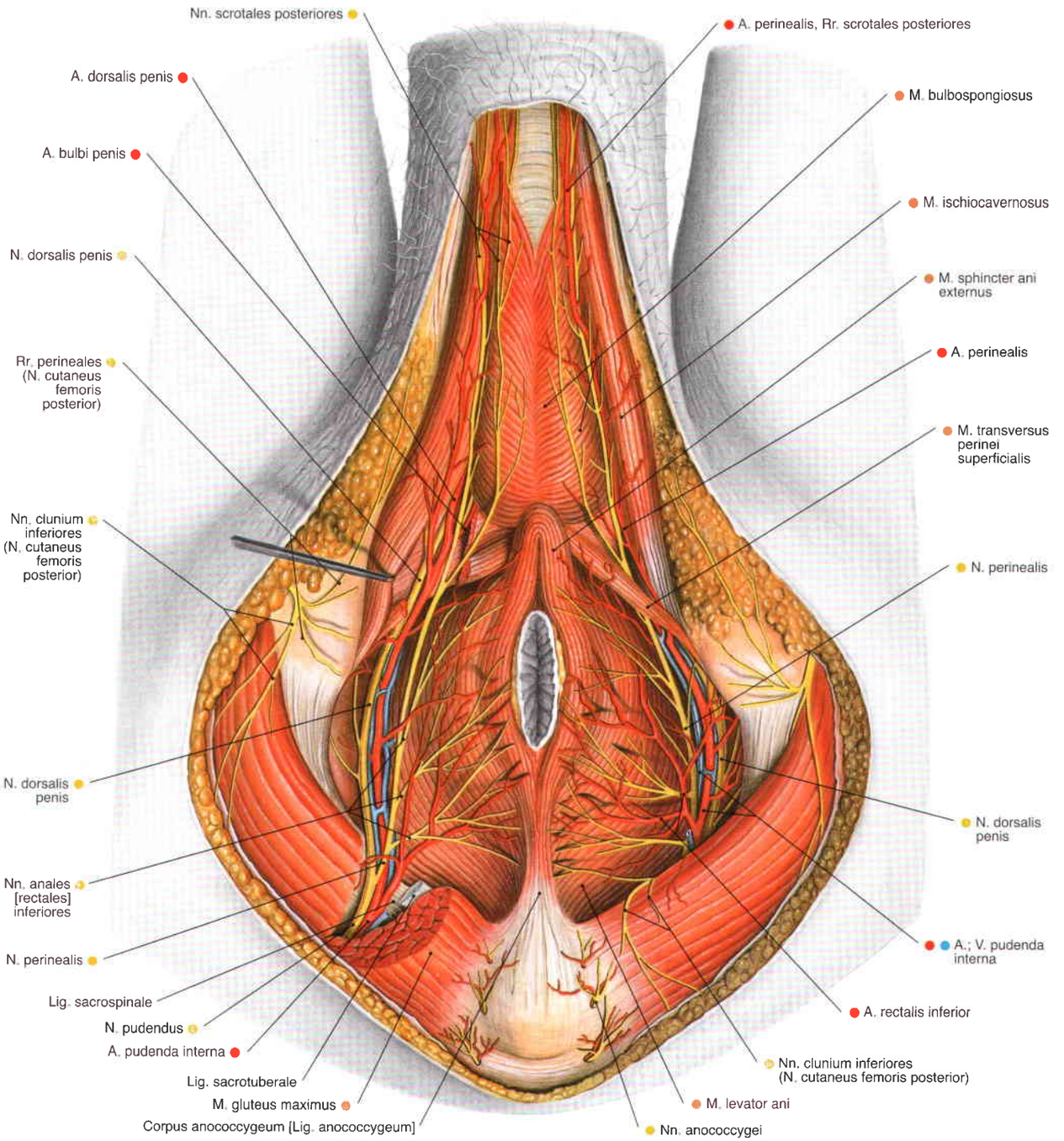


Fig. 1183 Vessels and nerves of the perineum, Regio perinealis, and the male external genitalia, Organa genitalia masculina externa.

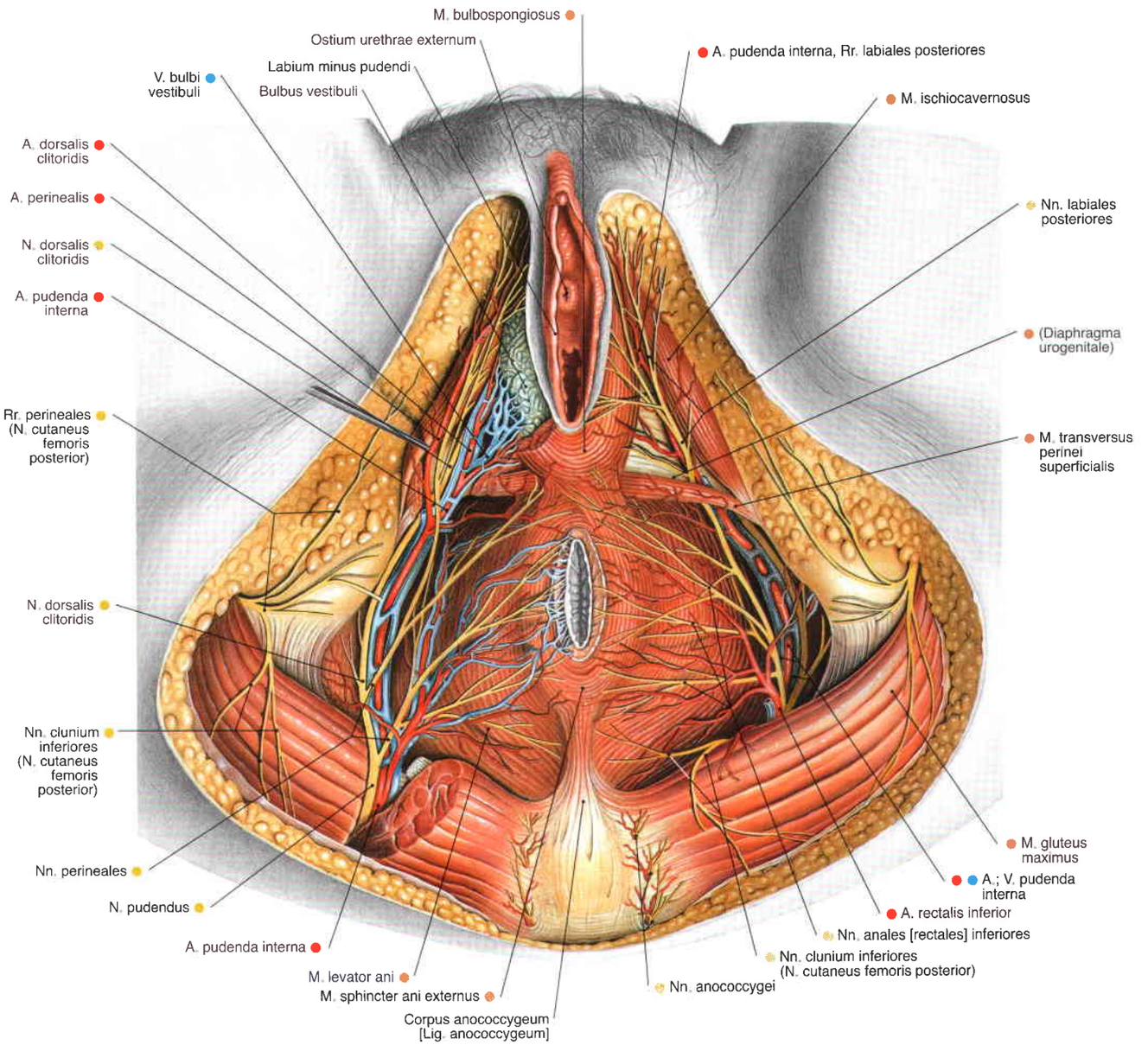


Fig. 1184 Vessels and nerves of the perineum, Regio perinealis, and the female external genitalia, Organa genitalia feminina externa.

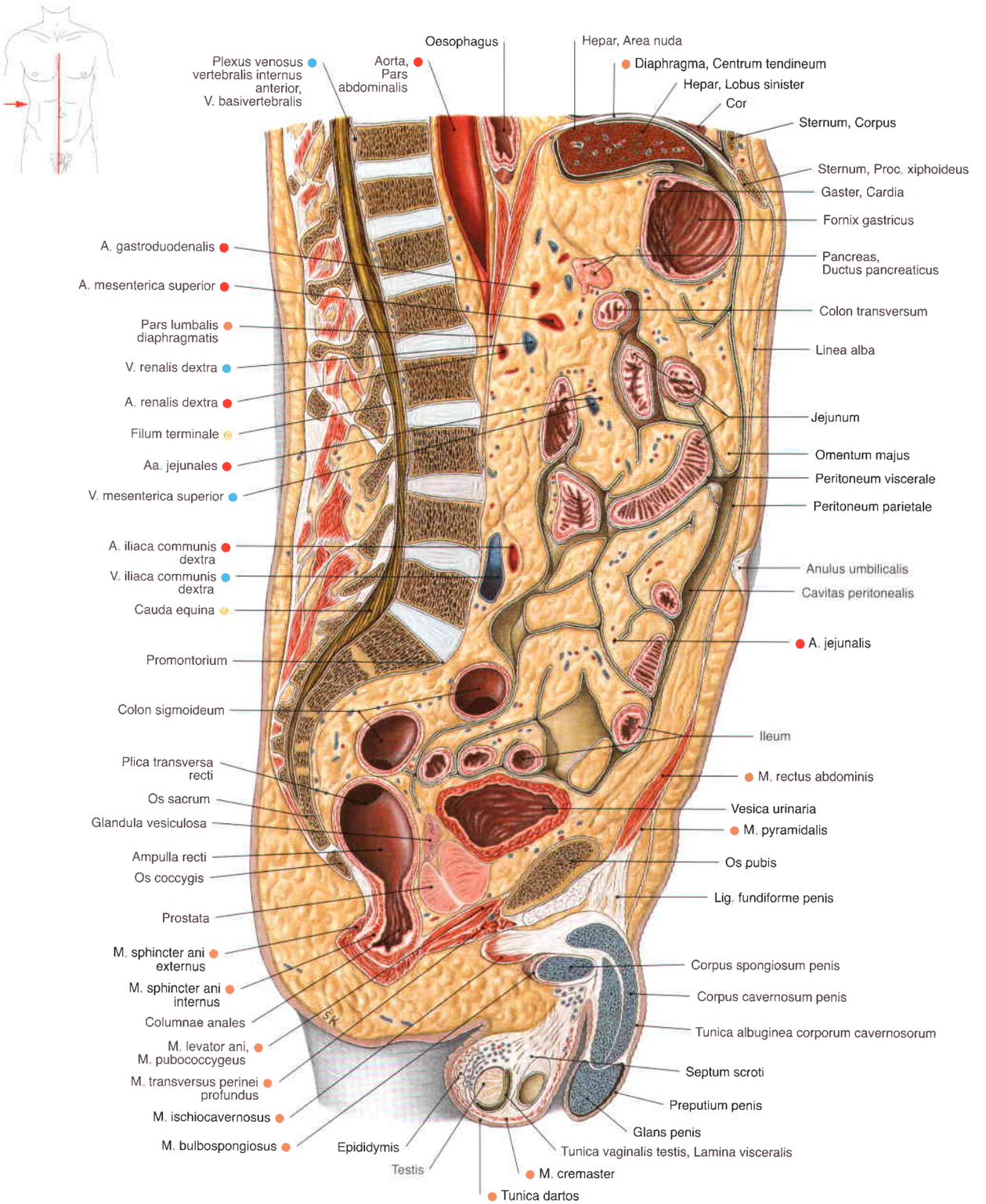


Fig. 1185 Abdomen, Abdomen, and pelvis, Pelvis, of the male; median section.

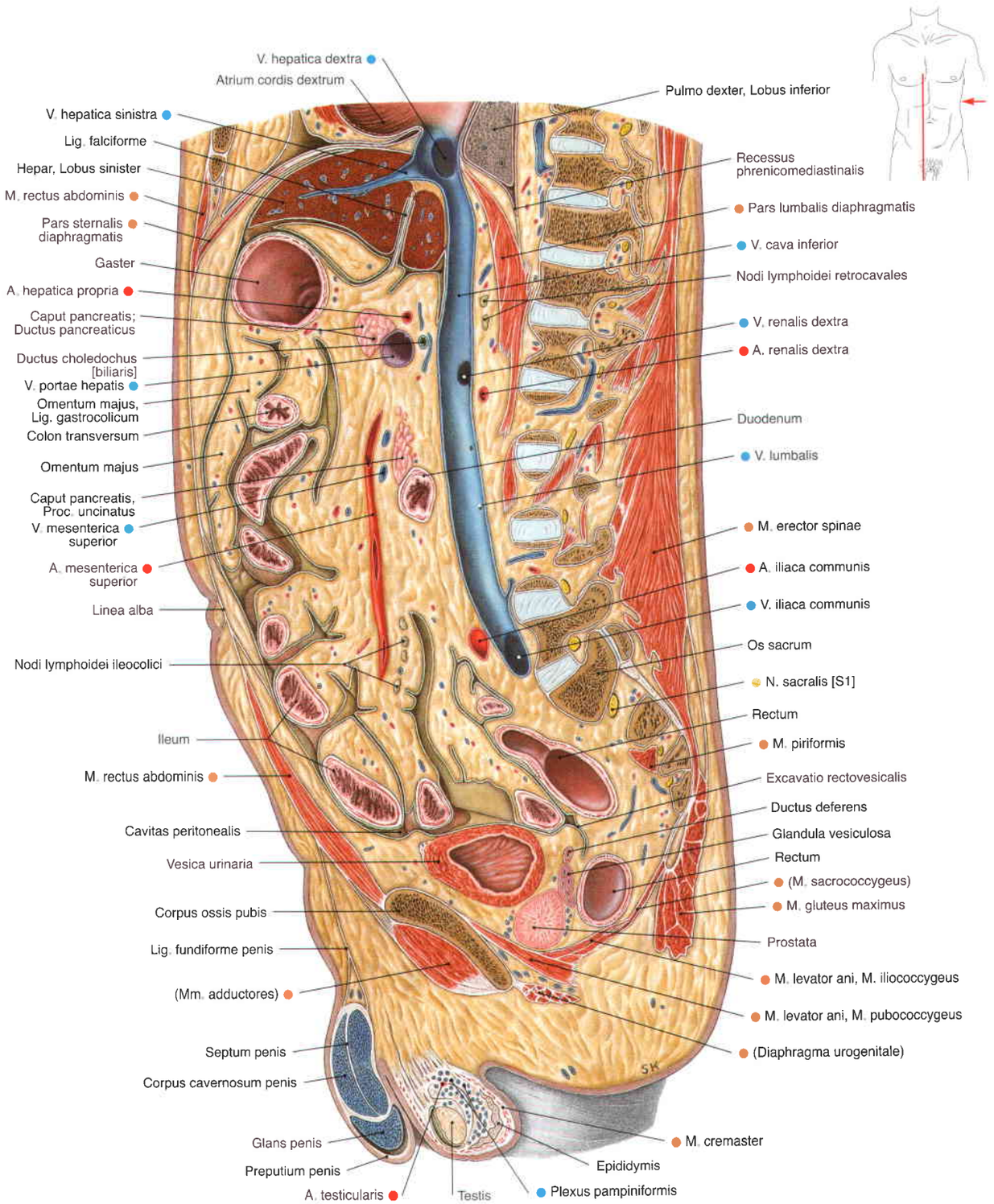
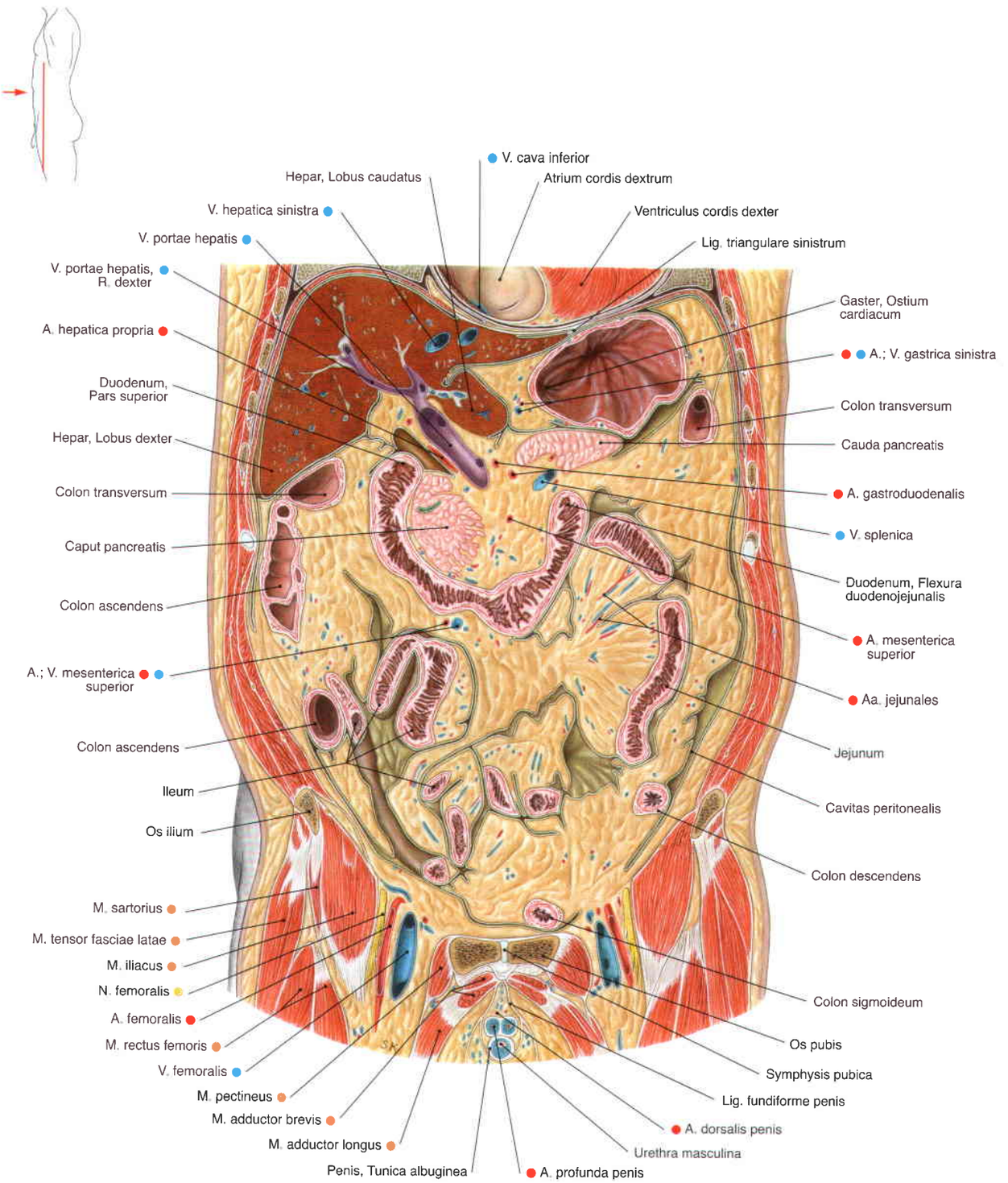
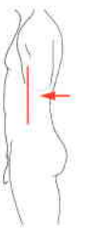


Fig. 1186 Abdomen, Abdomen, and pelvis, Pelvis, of the male;
sagittal section to the right of the median plane.



→ 870

Fig. 1187 Abdomen, Abdomen;
frontal section through the most anterior part of the abdominal cavity.



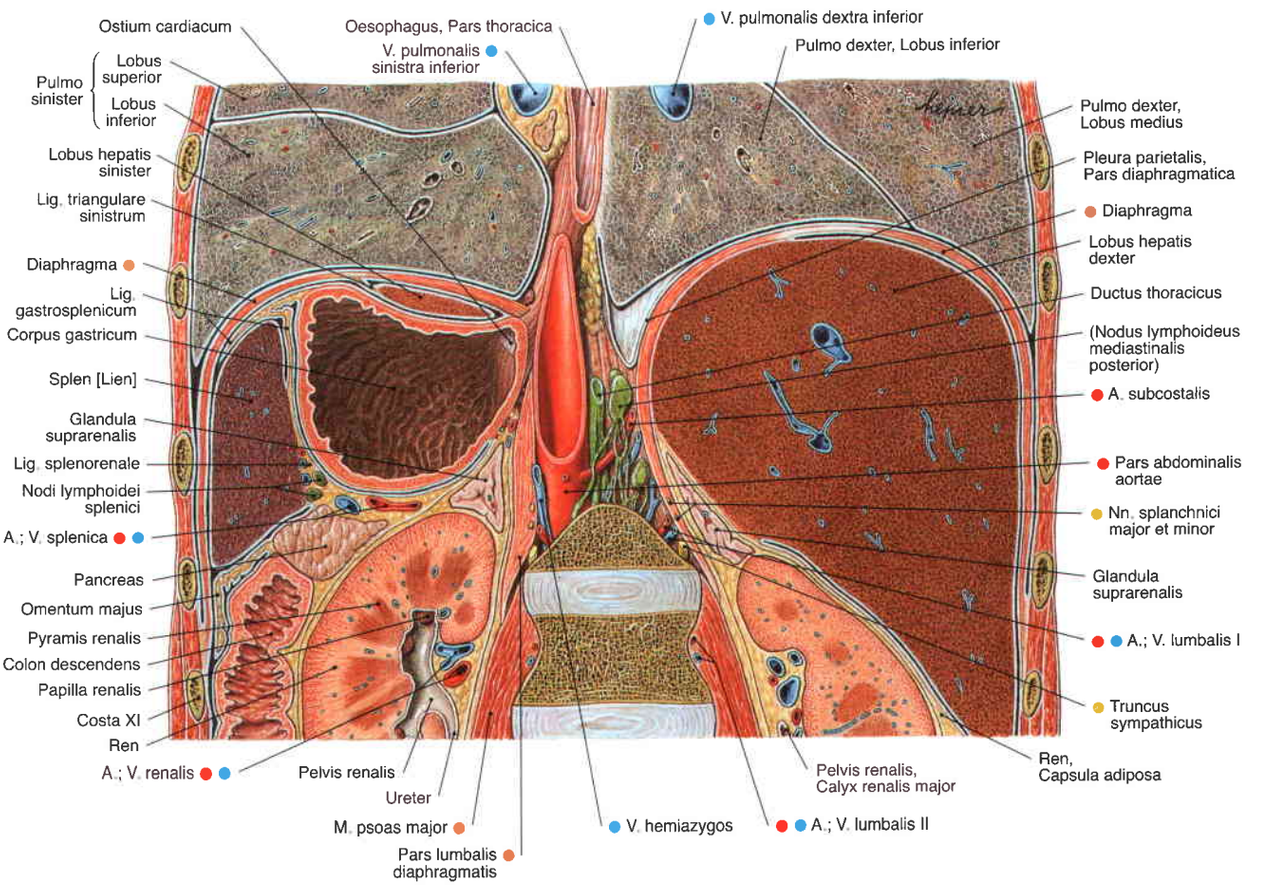
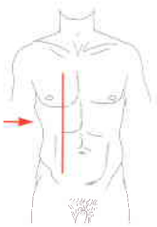


Fig. 1188 Abdomen, Abdomen;
frontal section demonstrating the diaphragm,
the organs of the upper abdomen and the kidneys;
dorsal view.



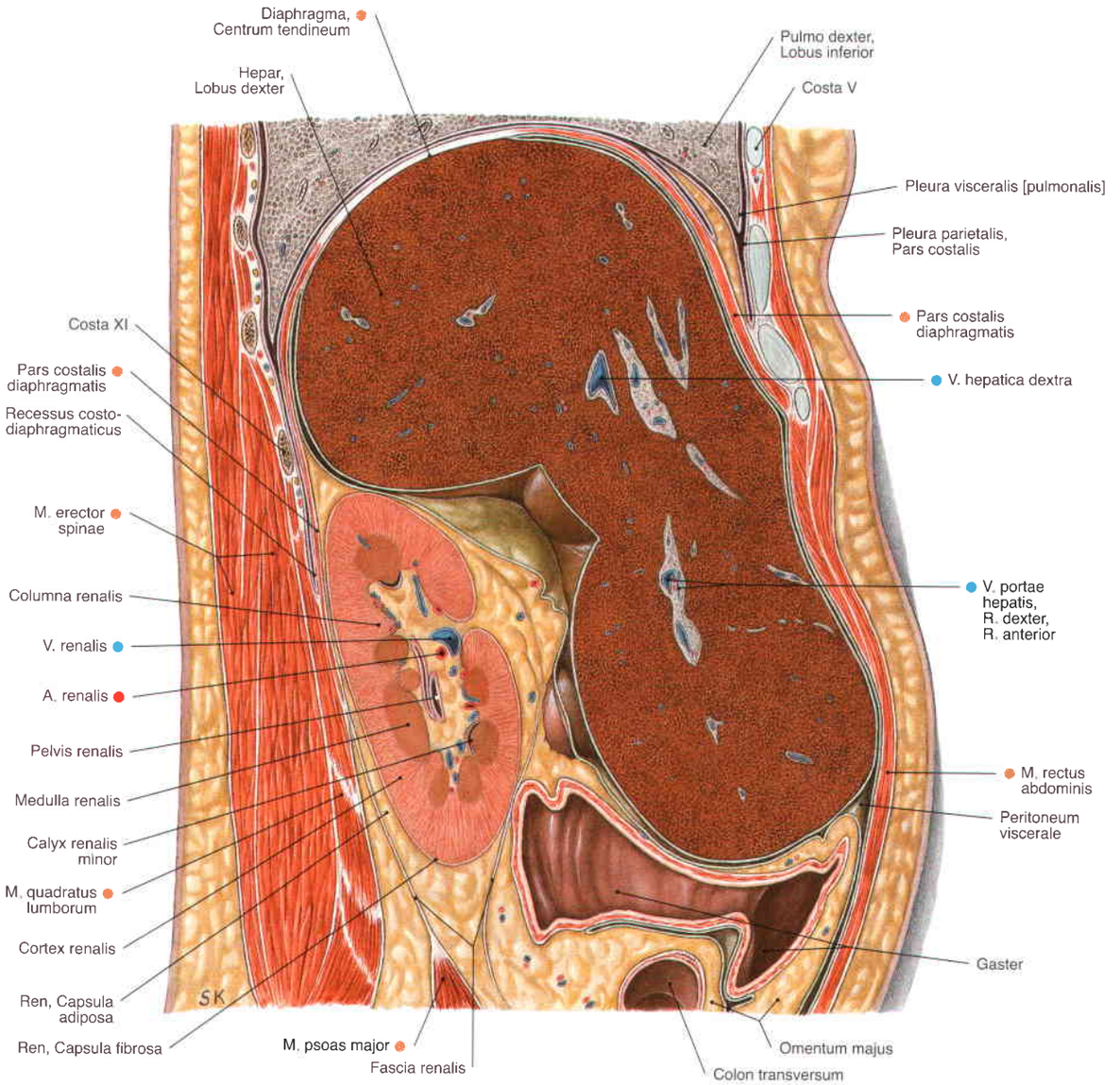
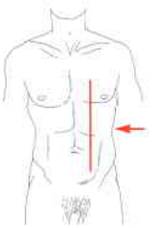


Fig. 1189 Abdomen, Abdomen; sagittal section through the upper abdomen at the level of the right kidney; viewed from the right.



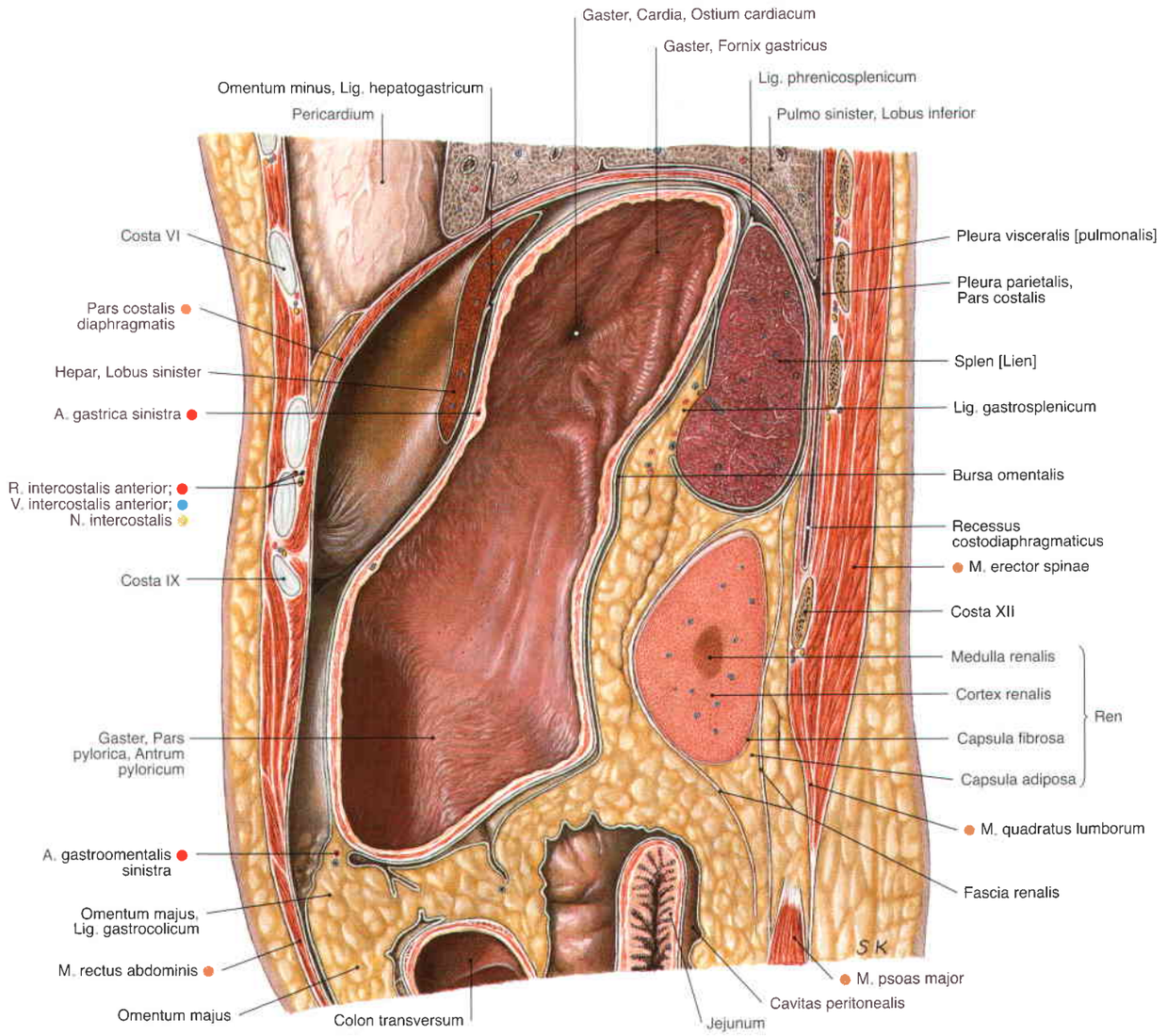


Fig. 1190 Abdomen, Abdomen;
sagittal section through the upper abdomen at the level of the spleen;
viewed from the left.

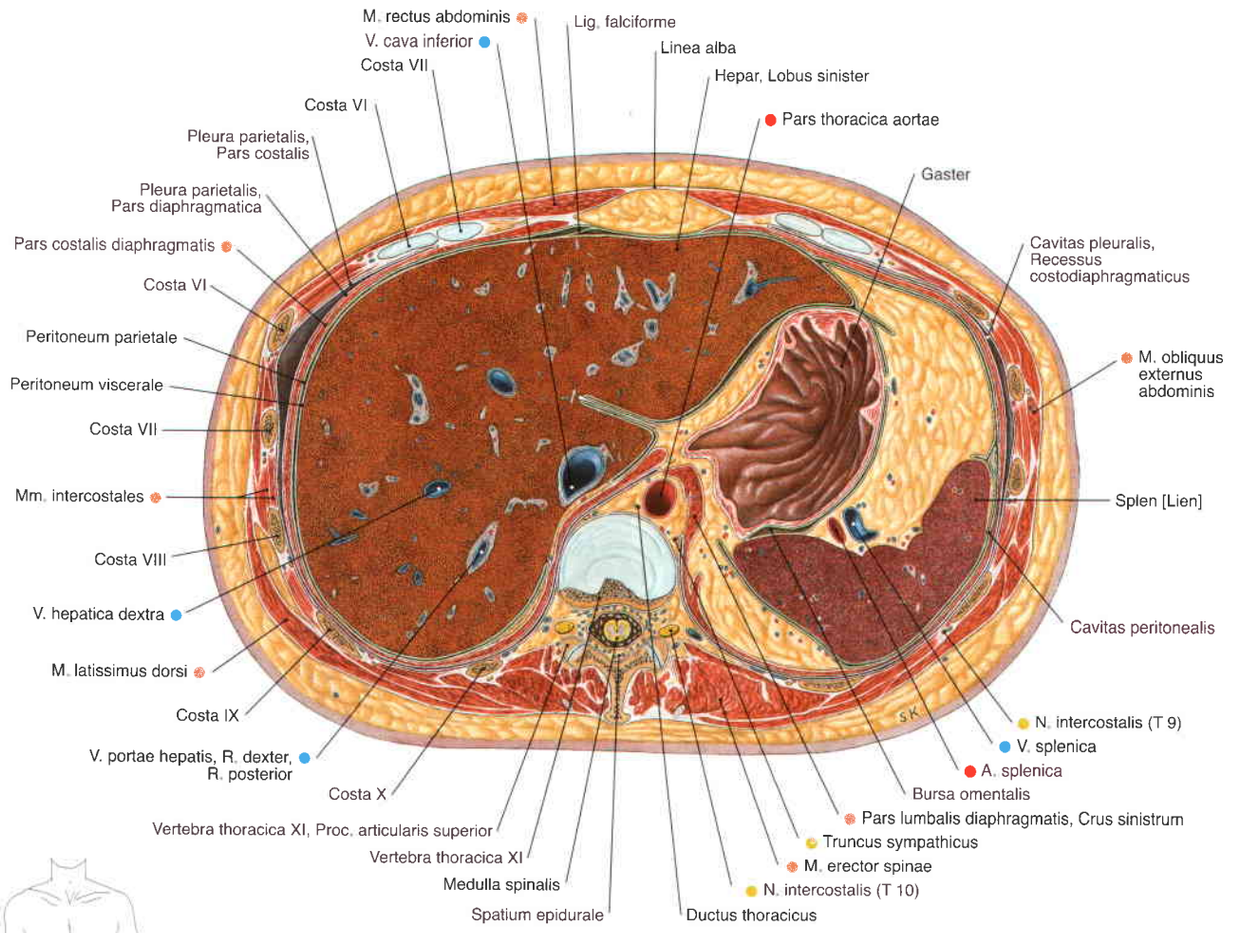


Fig. 1191 Abdomen, Abdomen; transverse section through the upper abdomen at the level of the eleventh thoracic vertebra.

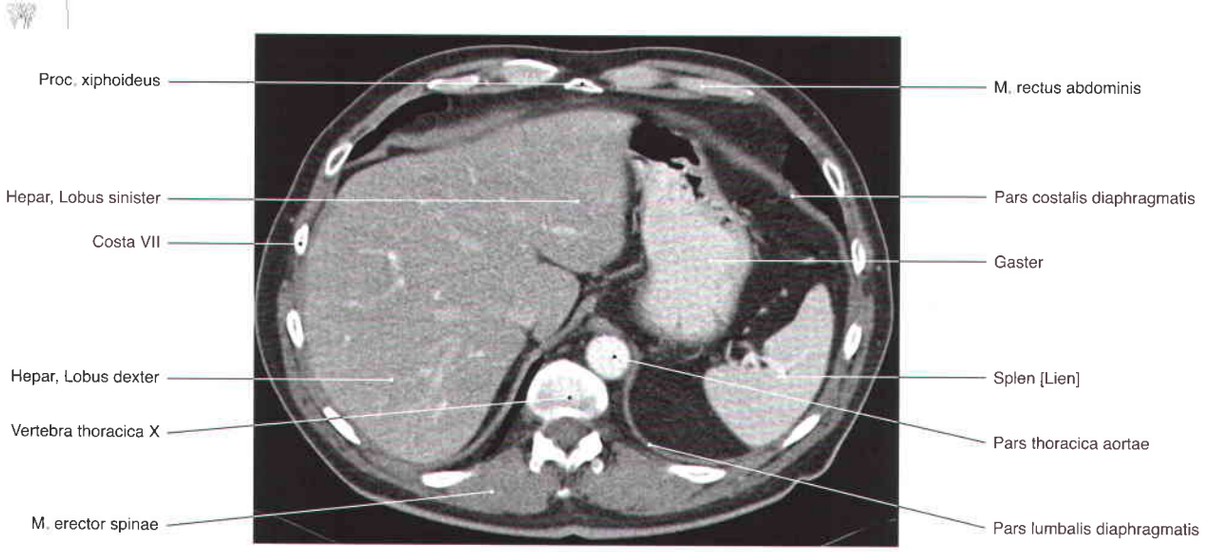
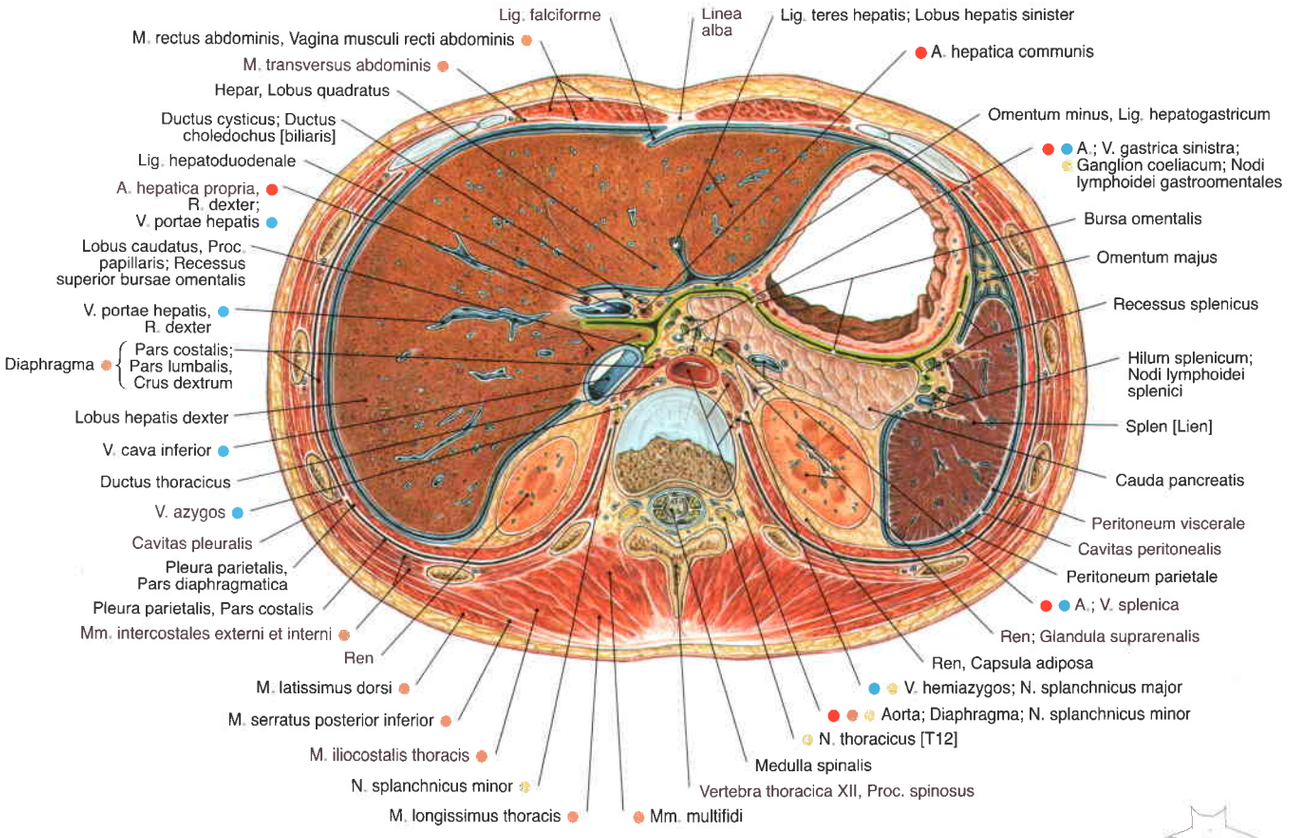


Fig. 1192 Abdomen, Abdomen; computed tomographic cross-section (CT) at the level of the tenth thoracic vertebra; inferior view.



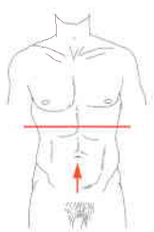


Fig. 1193 Abdomen, Abdomen;
transverse section through the upper abdomen at the level of the intervertebral disc between the eleventh thoracic and first lumbar vertebra;
with the exception of the omental bursa highlighted in yellow green the peritoneum is coloured in blue.

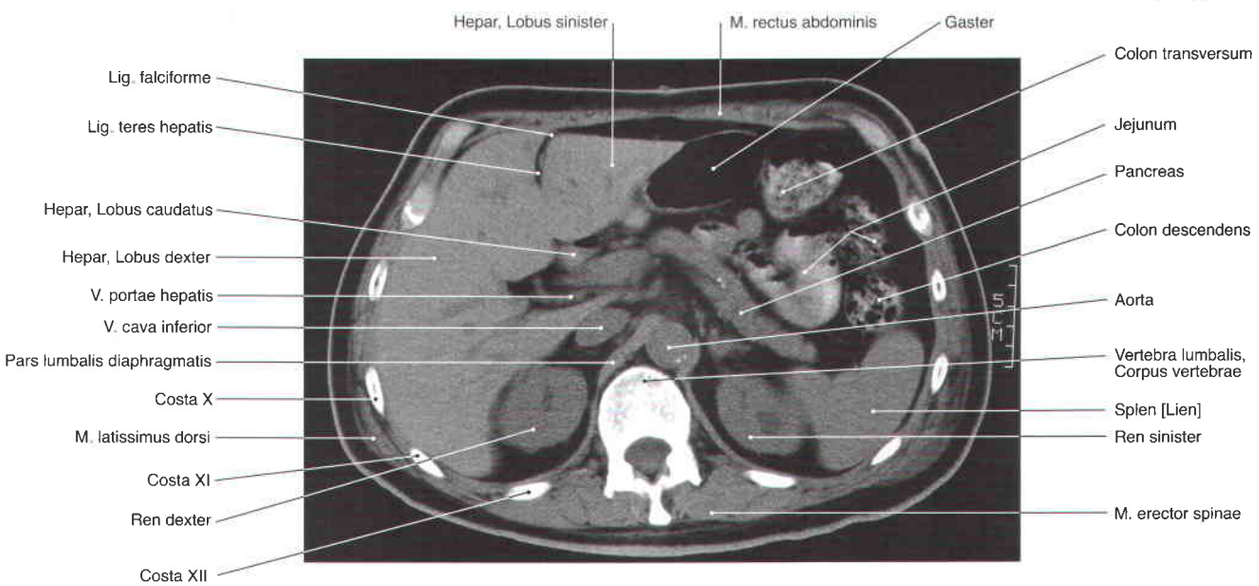
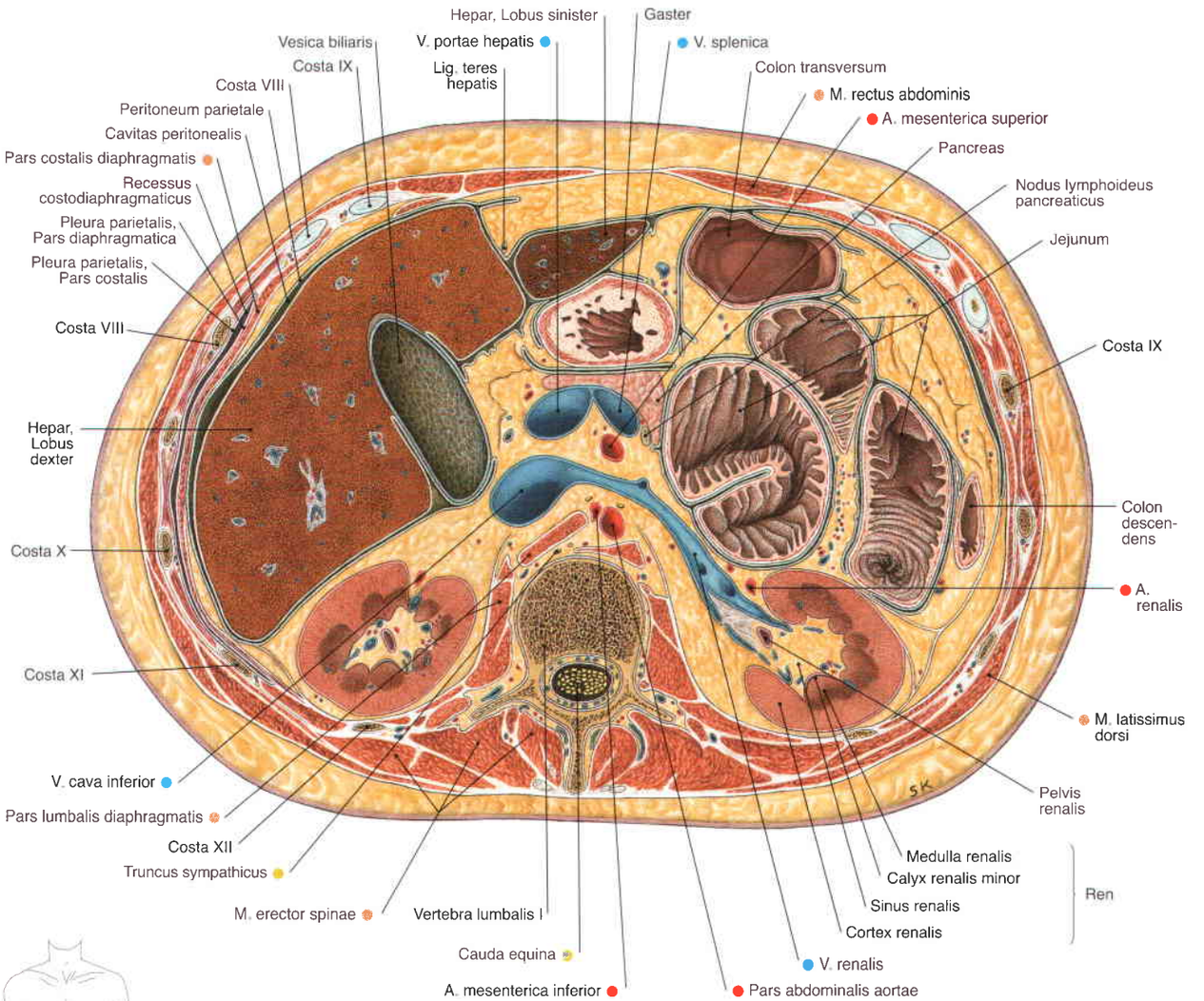


Fig. 1194 Abdomen, Abdomen;
computed tomographic section (CT) at the level of the first lumbar vertebra.
The intestine is partially filled with a contrast medium.



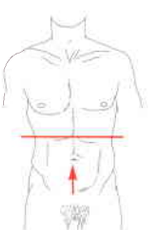


Fig. 1195 Abdomen, Abdomen; transverse section through the upper abdomen at the level of the first lumbar vertebra.

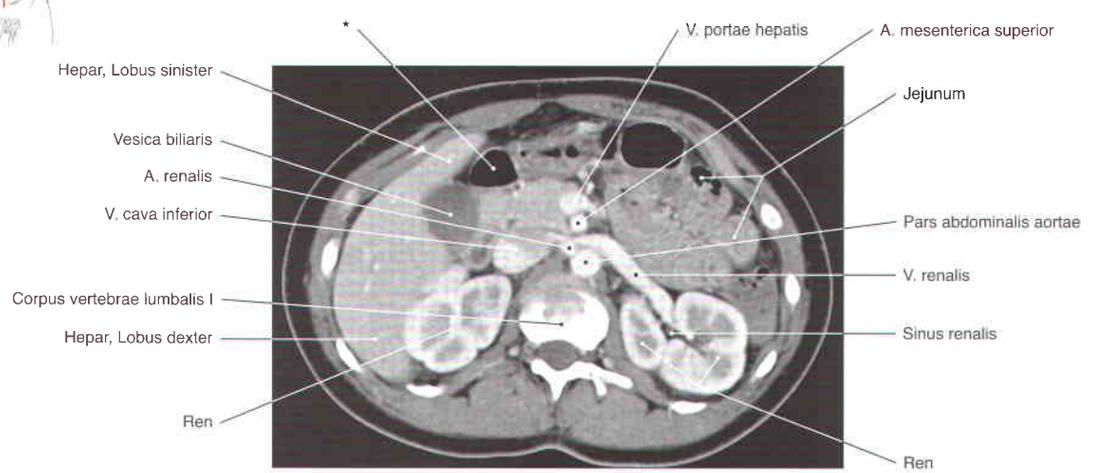
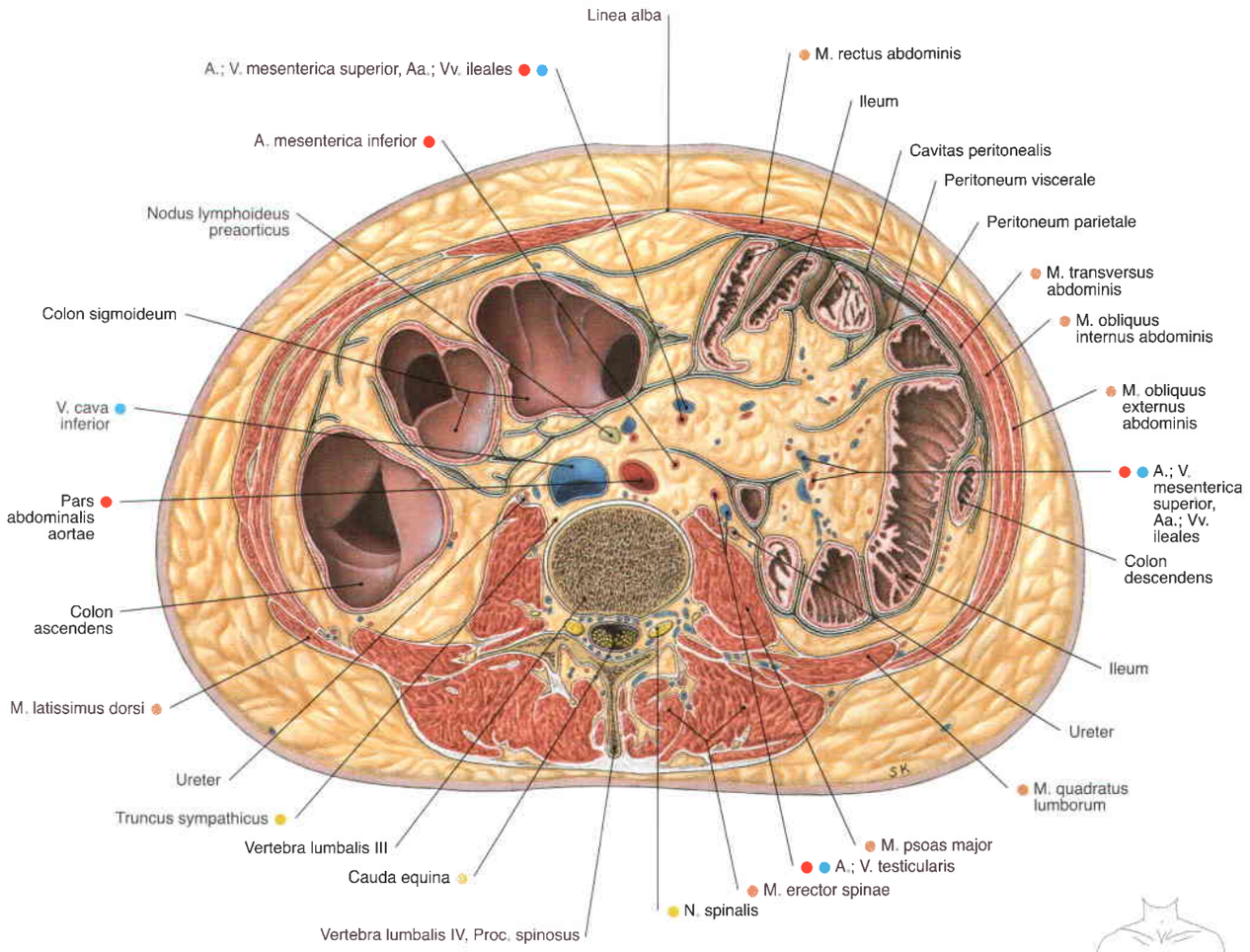


Fig. 1196 Abdomen, Abdomen; computed tomographic section (CT) at the level of the first lumbar vertebra; inferior view.
* Intestinal gas



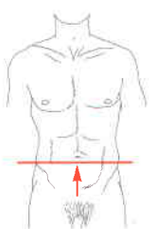


Fig. 1197 Abdomen, Abdomen; transverse section through the lower abdomen at the level of the third lumbar vertebra.

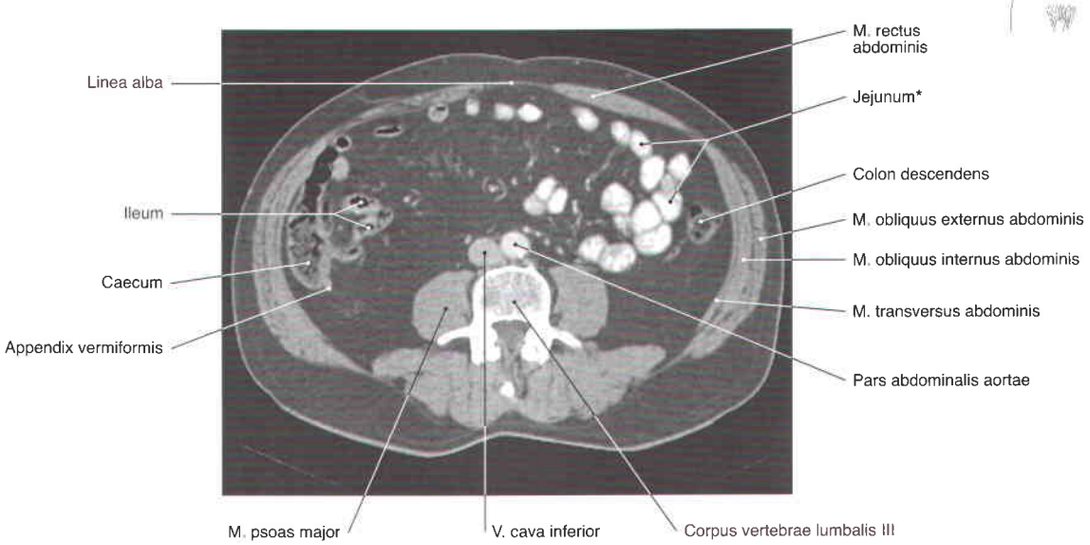


Fig. 1198 Abdomen, Abdomen; computed tomographic section (CT) at the level of the third lumbar vertebra; inferior view.

* Jejunum filled with a contrast medium

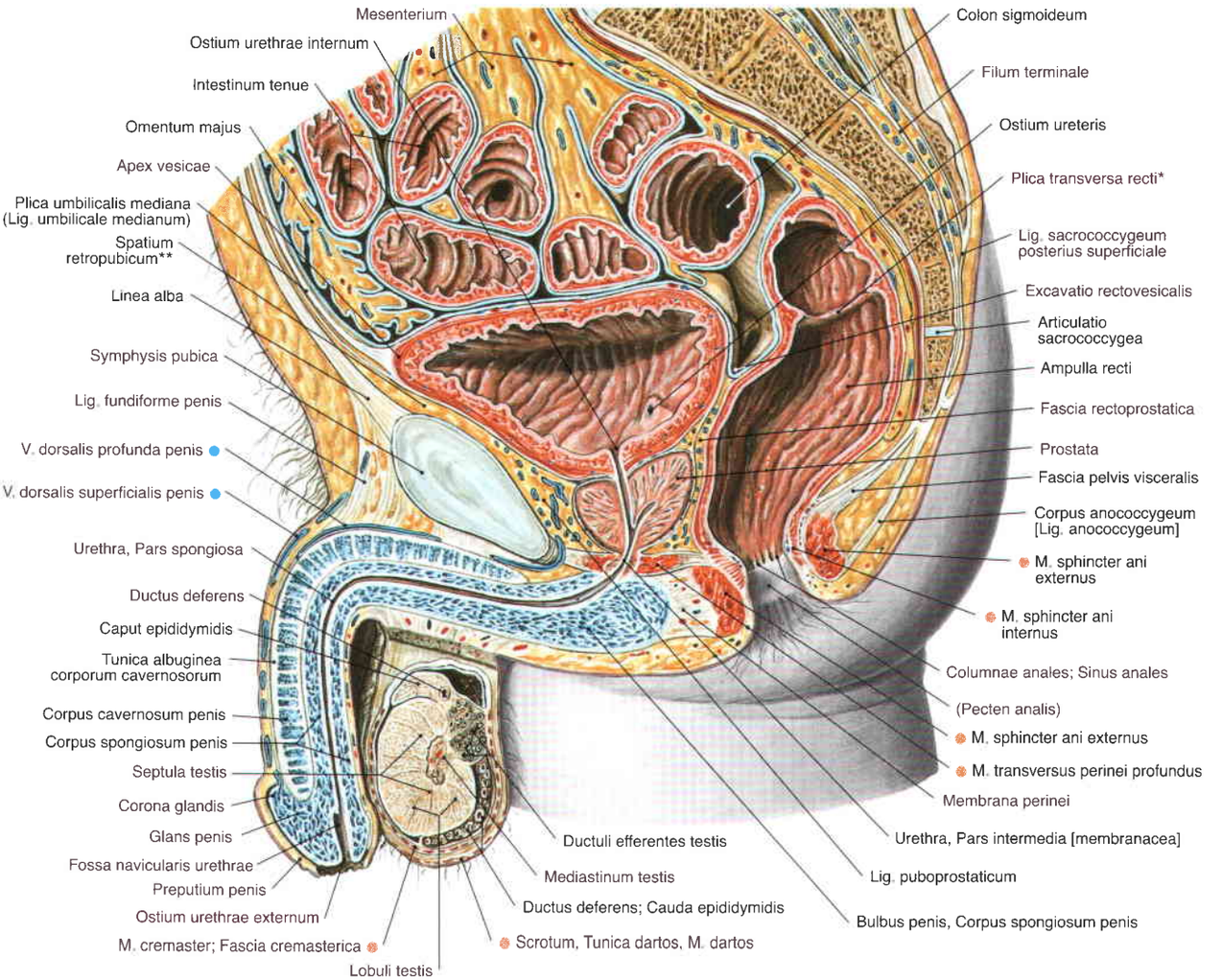


Fig. 1199 Pelvis, Pelvis, of the male; median section; viewed from the left.

* Clinical term: KOHLRAUSCH's fold

** Clinical term: cave of RETZIUS

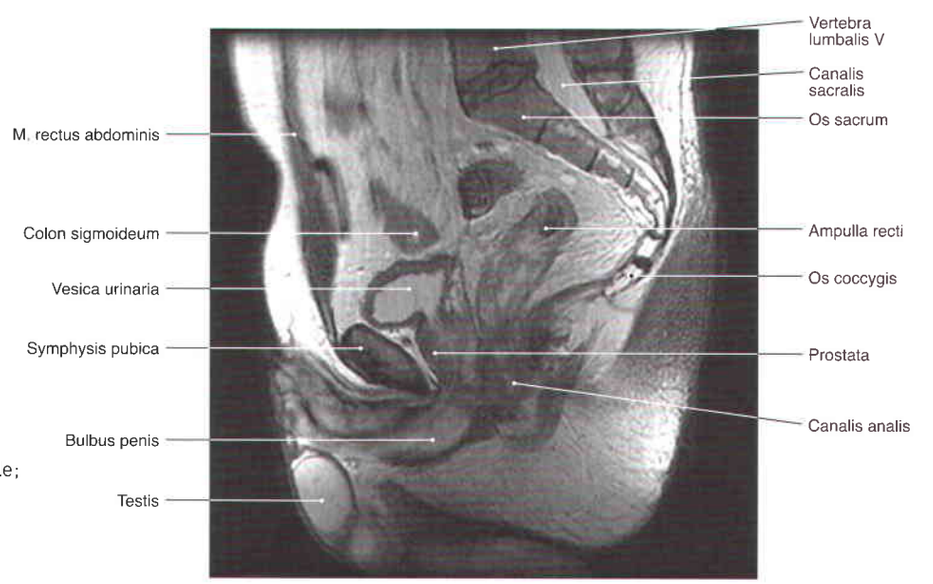


Fig. 1200 Pelvis, Pelvis, of the male; magnetic resonance tomographic image (MRI); paramedian section; viewed from the left.

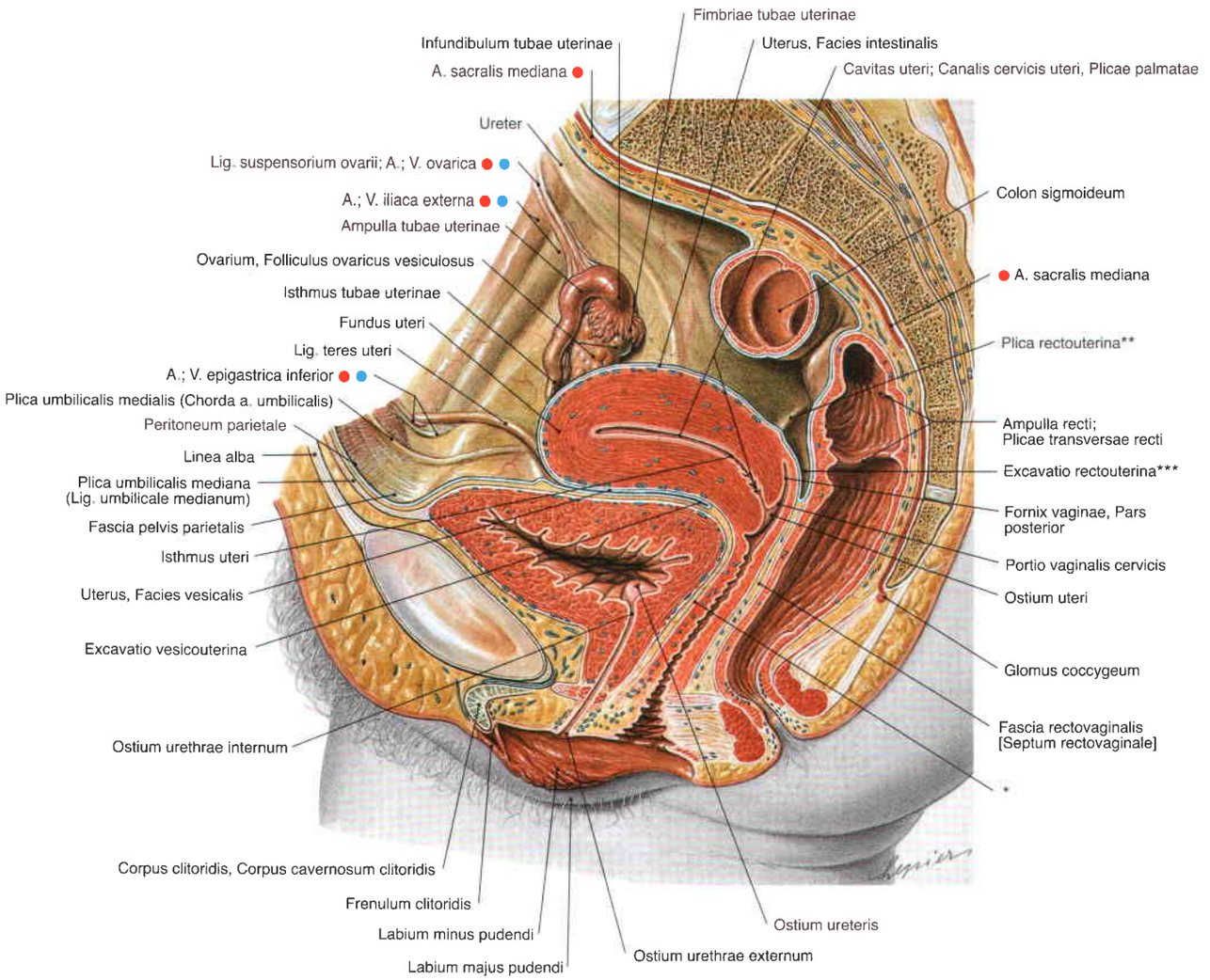


Fig. 1201 Pelvis, Pelvis, of the female; median section;
the intestine has been almost completely removed with some remnants of the sigmoid and rectum;
viewed from the left.

* Clinical term: vesicovaginal septum
** Clinical term: sacrouterine ligament
*** Clinical term: pouch of DOUGLAS

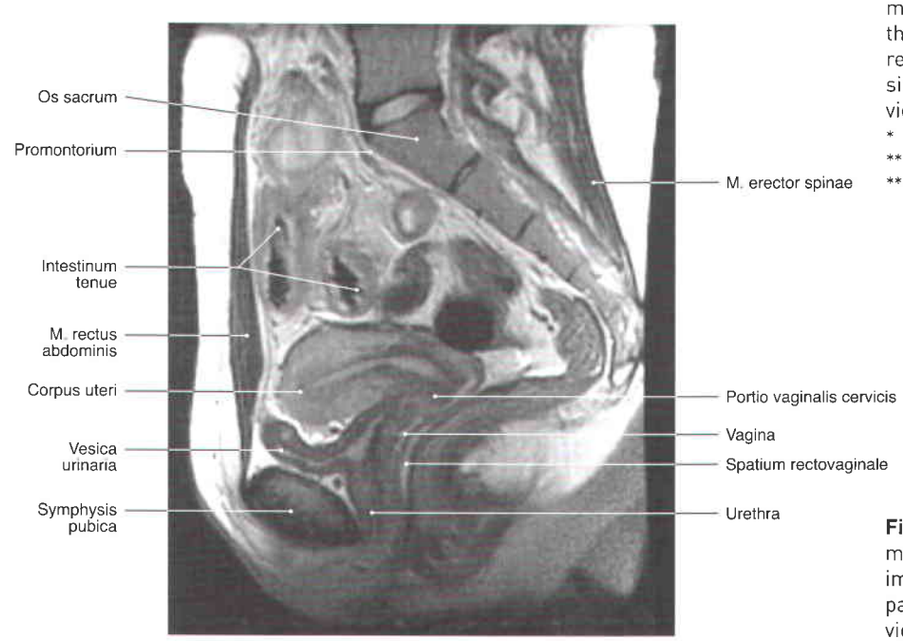


Fig. 1202 Pelvis, Pelvis, of the female; magnetic resonance tomographic image (MRI);
paramedian section;
viewed from the left.

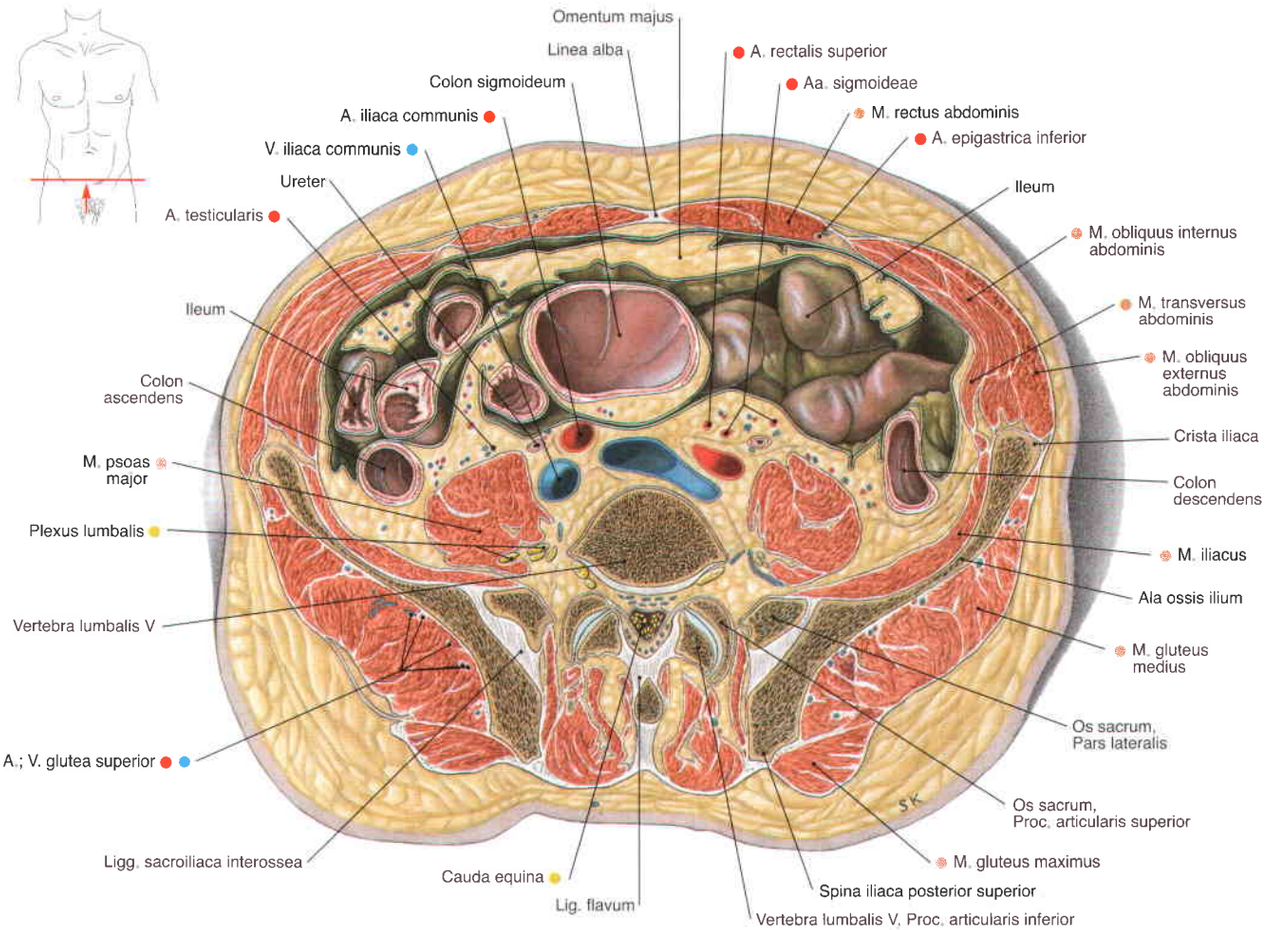


Fig. 1203 Pelvis, Pelvis;
transverse section at the level of the fifth lumbar vertebra. This male specimen is different from Fig. 1191, 1193, 1195 and 1197.

As the sigmoid reaches far into the upper abdomen the figure also displays the dome of colonic flexure. The thickness of the adipose tissue layer on the gluteus medius muscle must be taken into consideration when injecting intramuscularly.

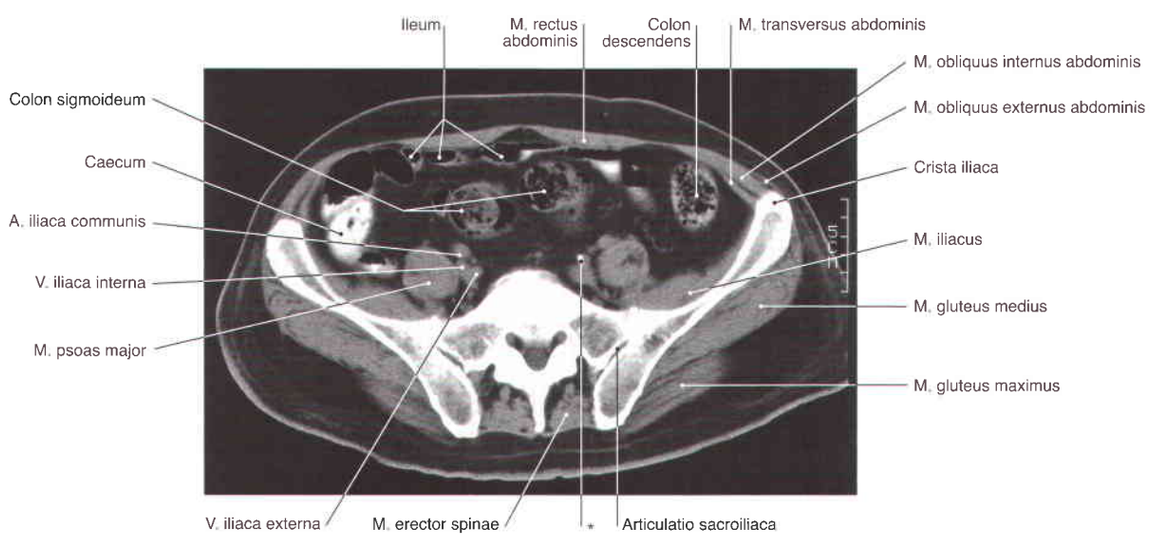


Fig. 1204 Pelvis, Pelvis;
computed tomographic cross-section (CT) at the level of the first sacral vertebra after administration of a contrast medium into the colon; supine position; inferior view.
* Calcification in the wall of the iliac artery.

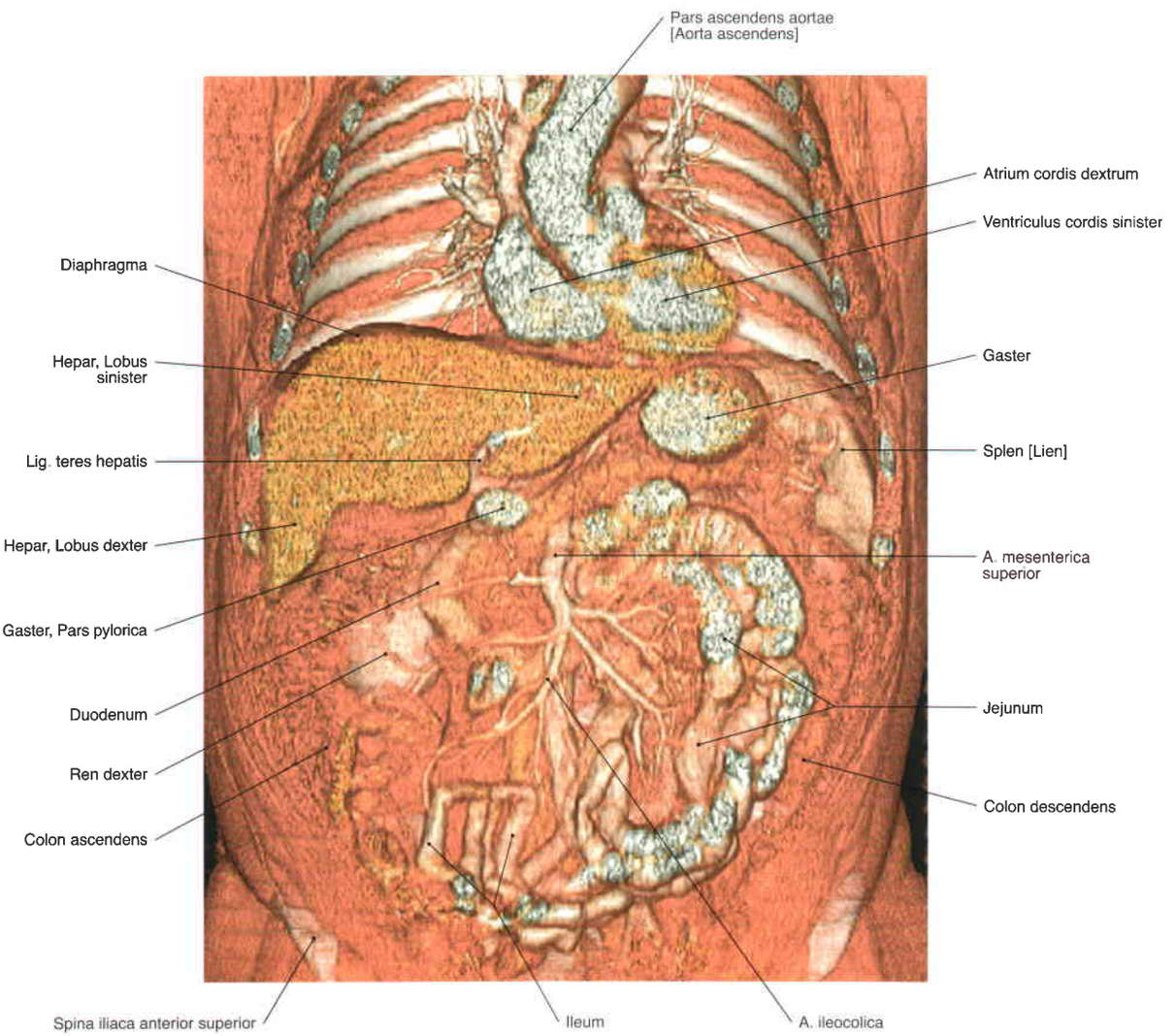


Fig. 1205 Abdomen, Abdomen; volume-guided reconstruction in the frontal plane based on horizontal computed tomographic sections (CT). The section planes of organs such as the heart, the stomach, the liver and parts of the small intestine, appear granulated.

→ 1070, 1187

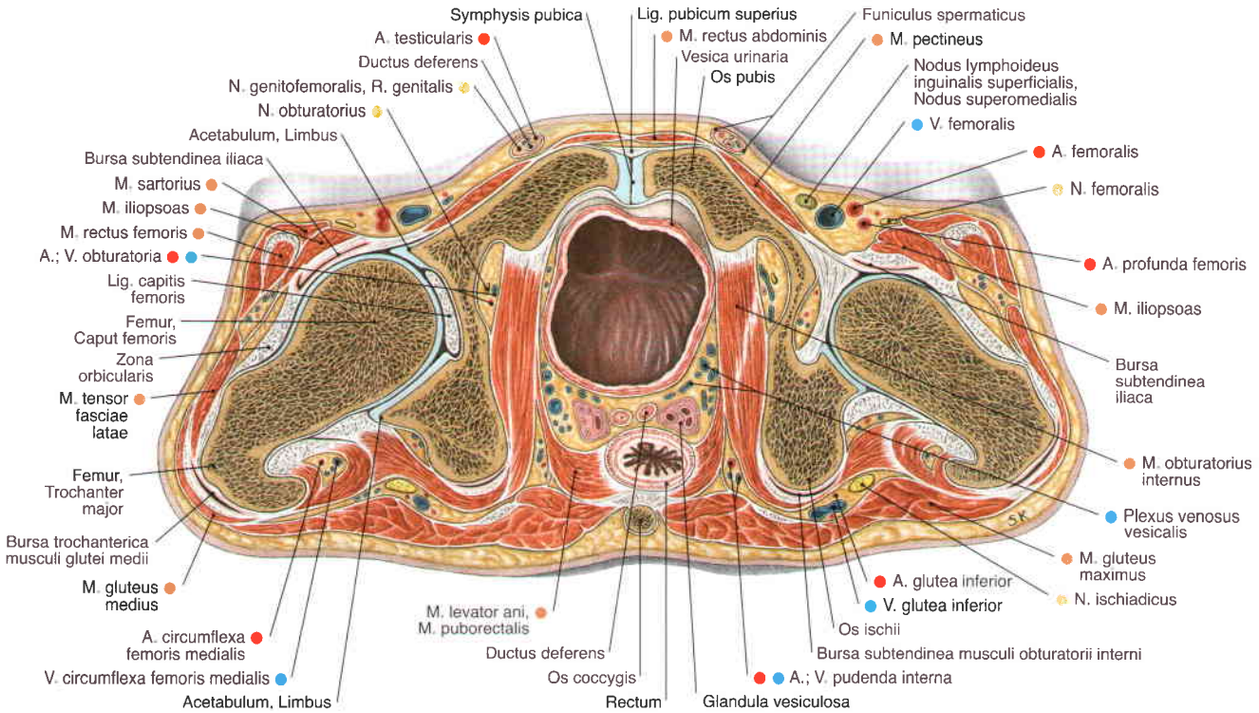


Fig. 1206 Pelvis, Pelvis, of the male; transverse section through the lesser pelvis.

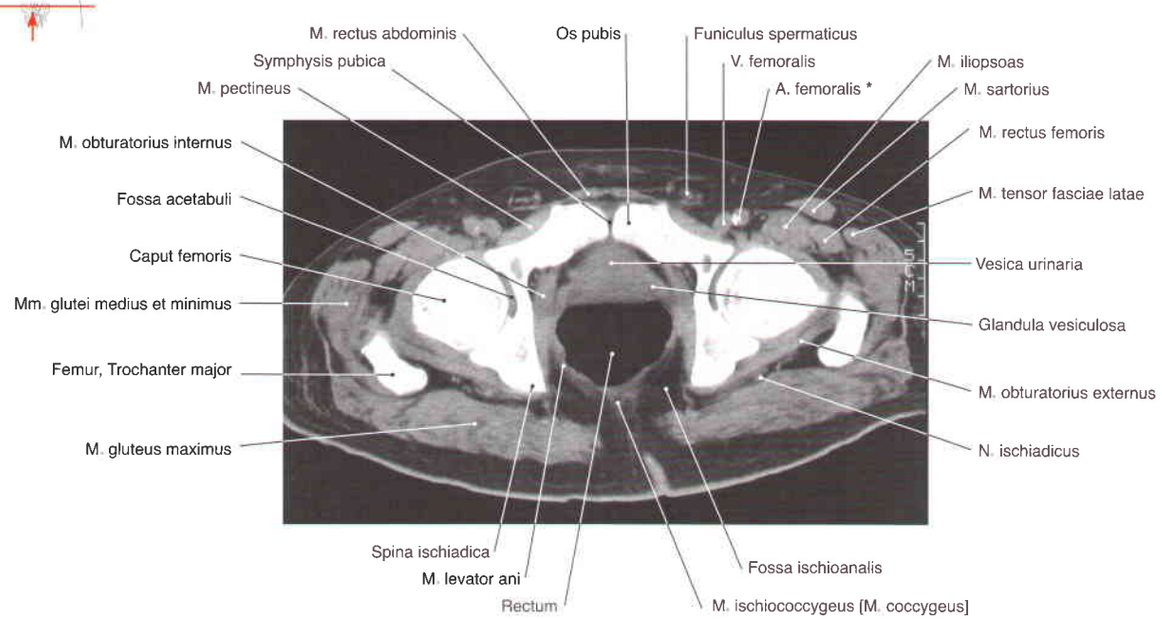


Fig. 1207 Pelvis, Pelvis, of the male; computed tomographic cross-section (CT) through the lesser pelvis with the subject in supine position.

* Calcification in the medial part of the femoral artery

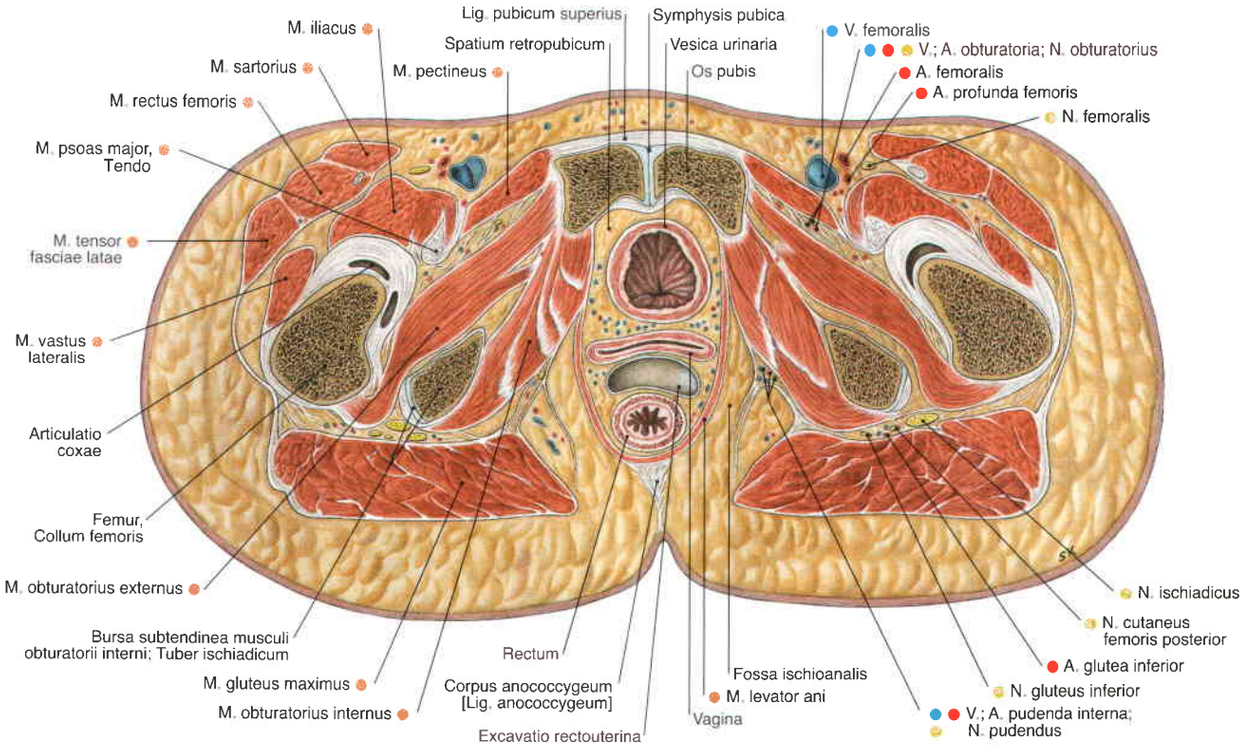
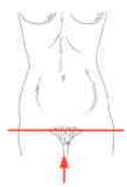


Fig. 1208 Pelvis, Pelvis, of the female; transverse section through the lesser pelvis at the level of the symphysis.



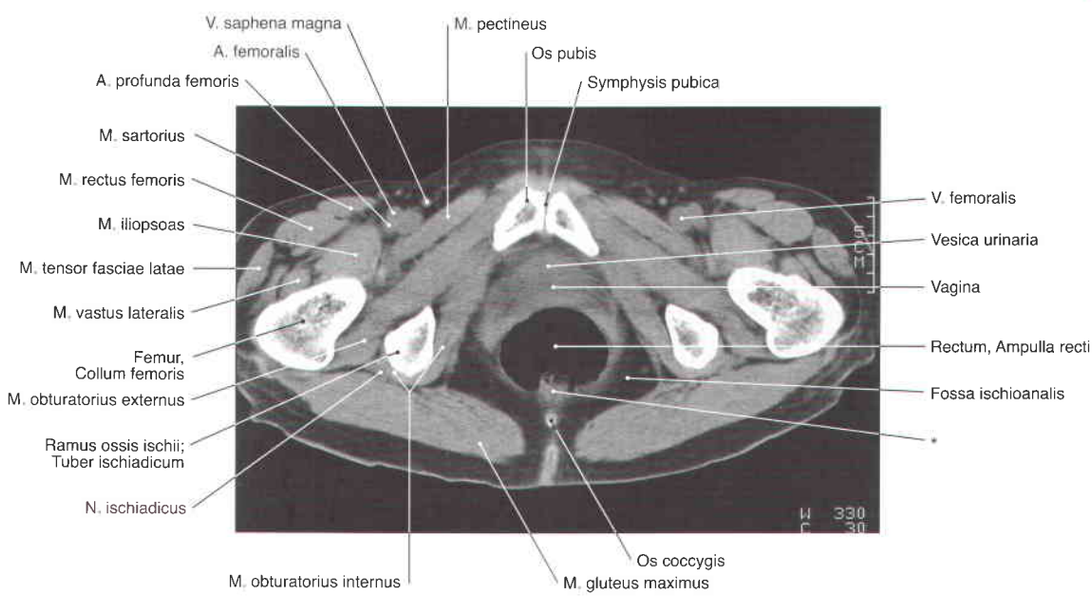


Fig. 1209 Pelvis, Pelvis, of the female; computed tomographic cross-section (CT) through the lesser pelvis with the subject in supine position.
* Remnants of contrasting intestinal contents

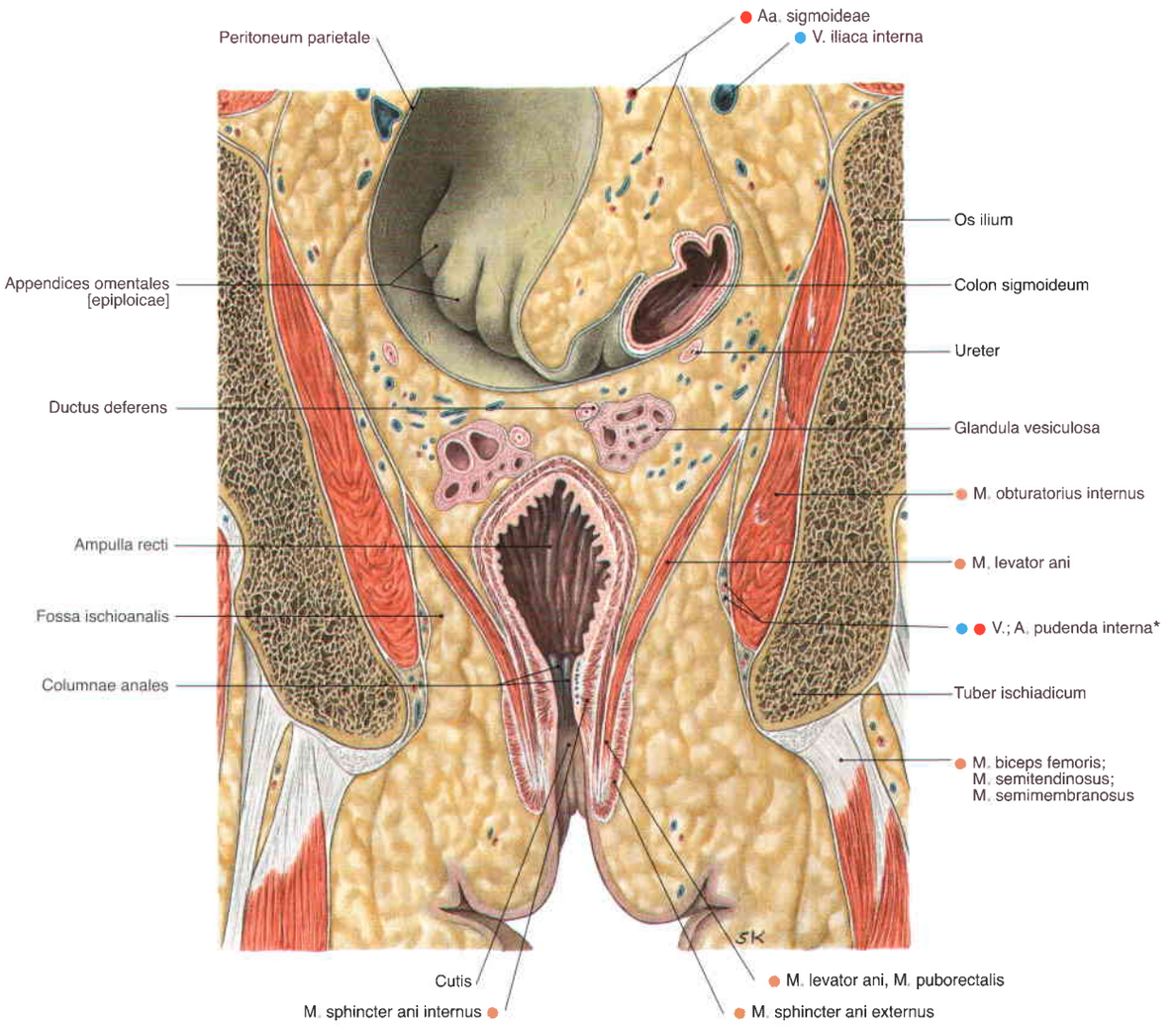


Fig. 1210 Pelvis, Pelvis, of the male; oblique frontal section through the lesser pelvis.
* Clinical term: ALCOCK's canal

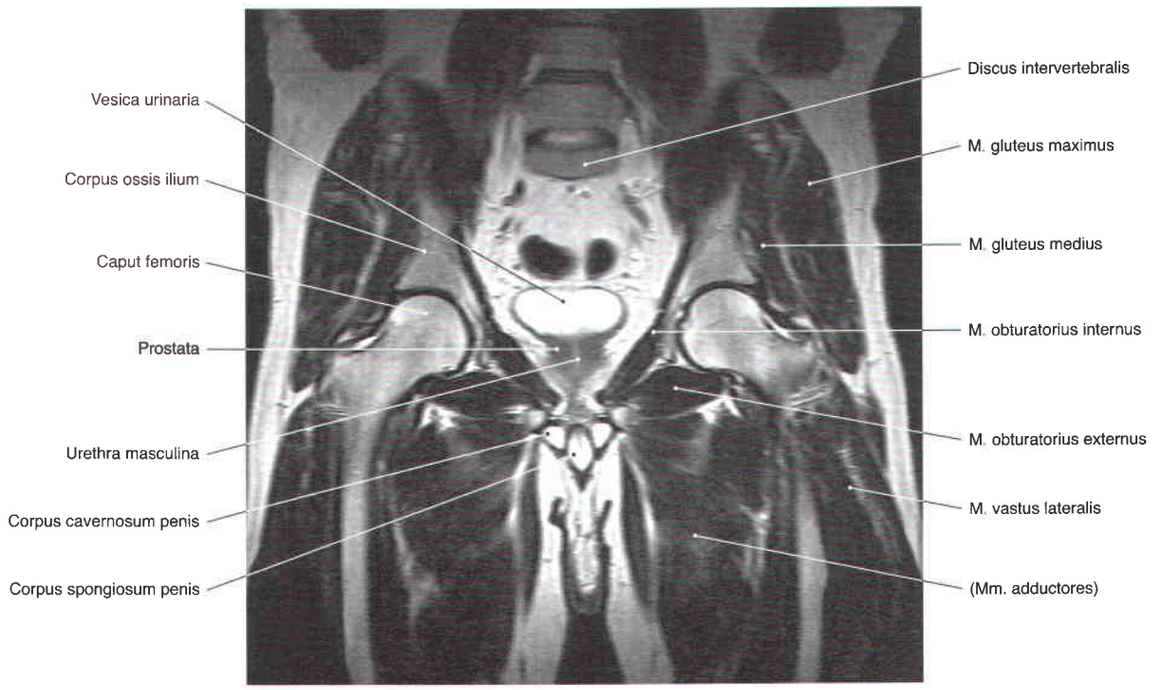


Fig. 1211 Pelvis, Pelvis, of the male; magnetic resonance tomographic image (MRI); frontal section at the level of the hip joints; ventral view.

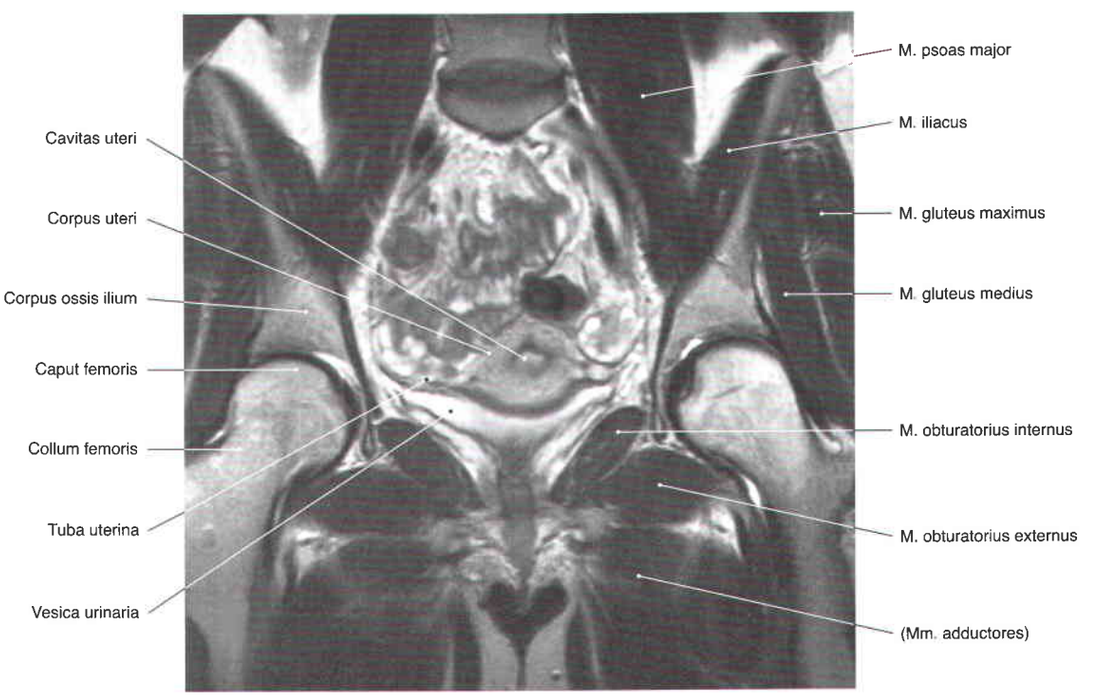


Fig. 1212 Pelvis, Pelvis, of the female; magnetic resonance tomographic image (MRI); frontal section at the level of the hip joints; ventral view.

When the urinary bladder is empty, the uterus lies on the apex of the bladder due to its anteflexion.

Male pelvic diaphragm, angled-frontal section

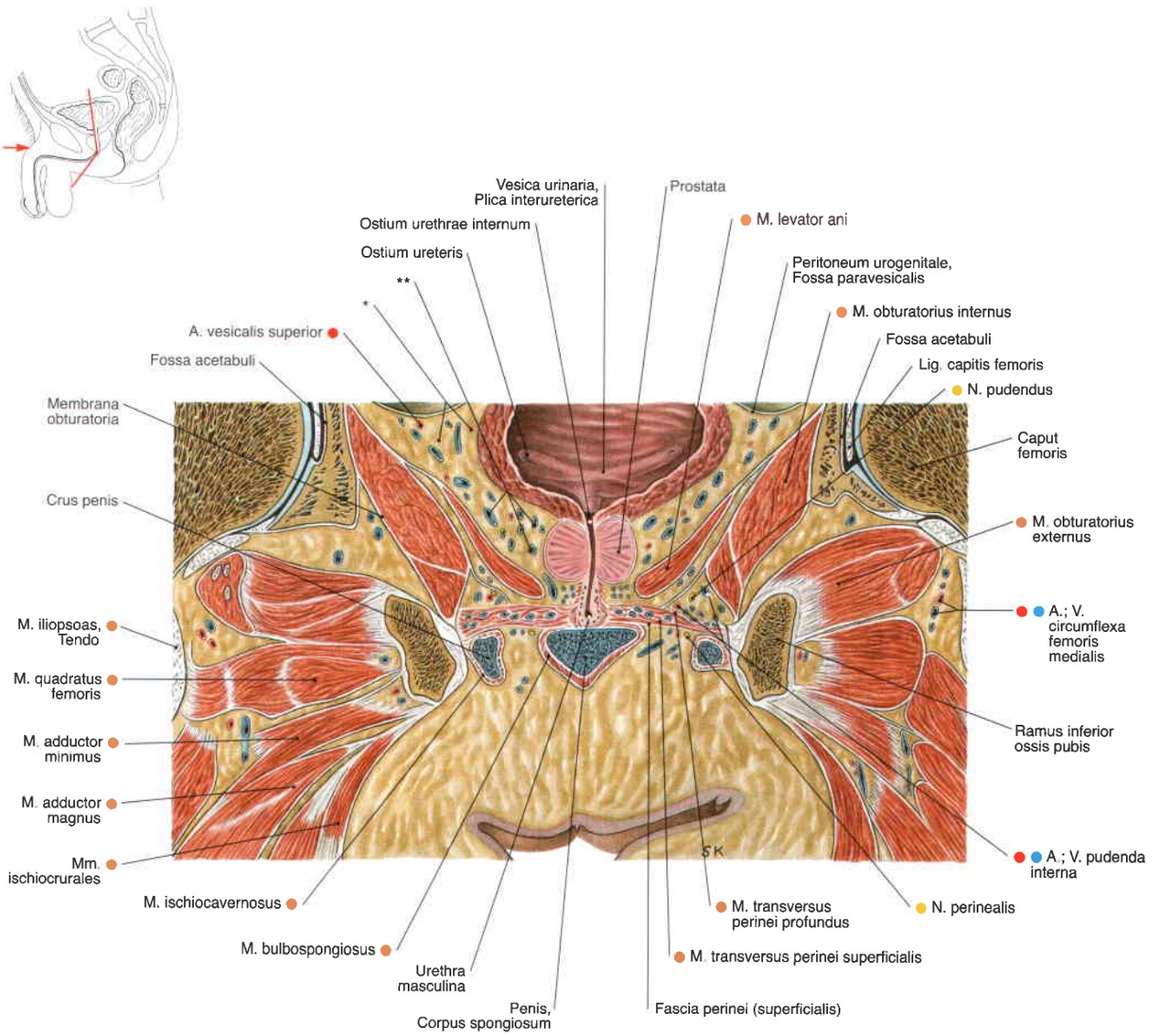
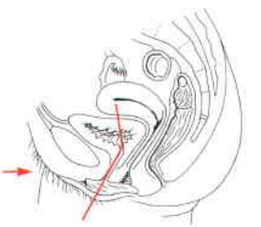


Fig. 1213 Pelvis, Pelvis, of the male; angled-frontal section through the urinary bladder.

* Clinical term: paracystium

** Clinical term: prostatic venous plexus

Female pelvic diaphragm, angled-frontal section



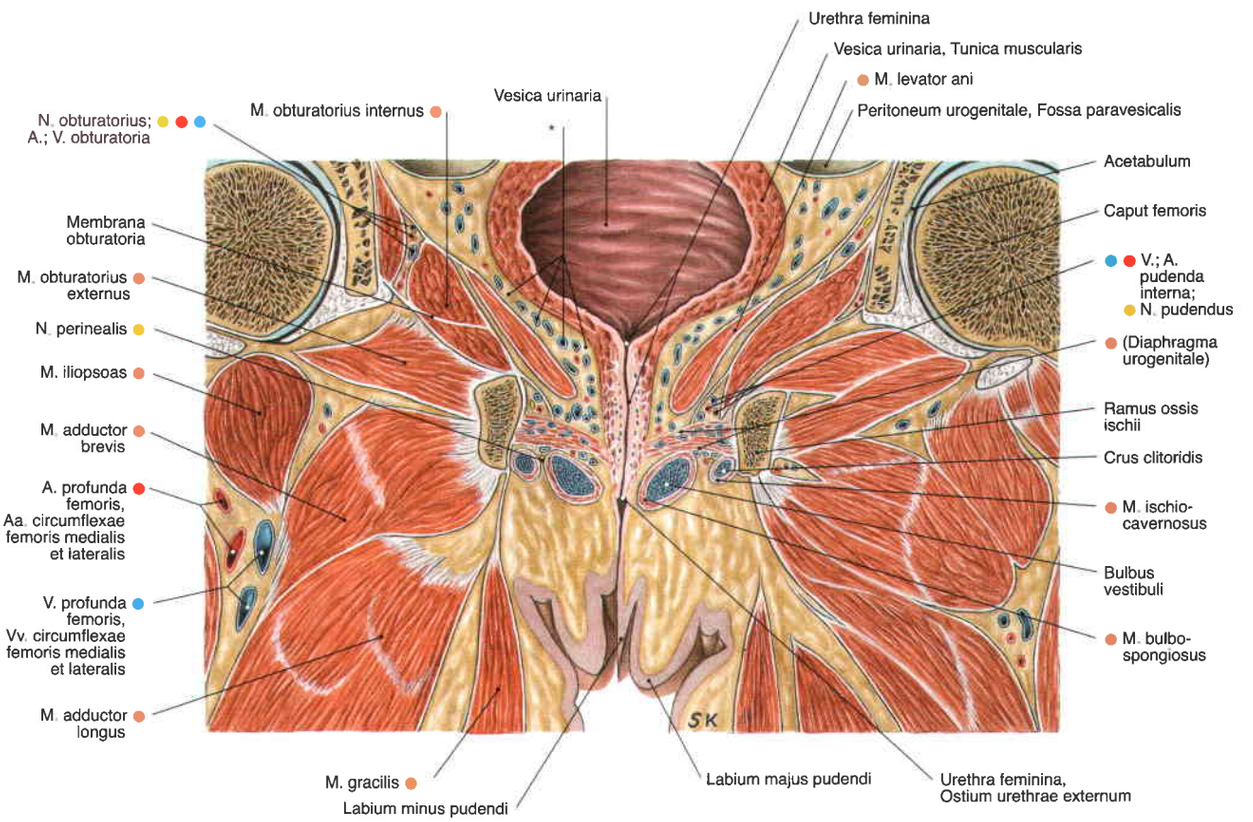


Fig. 1214 Pelvis, Pelvis, of the female; angled-frontal section through the urinary bladder.
* Paracystium with venous plexus

Surface anatomy

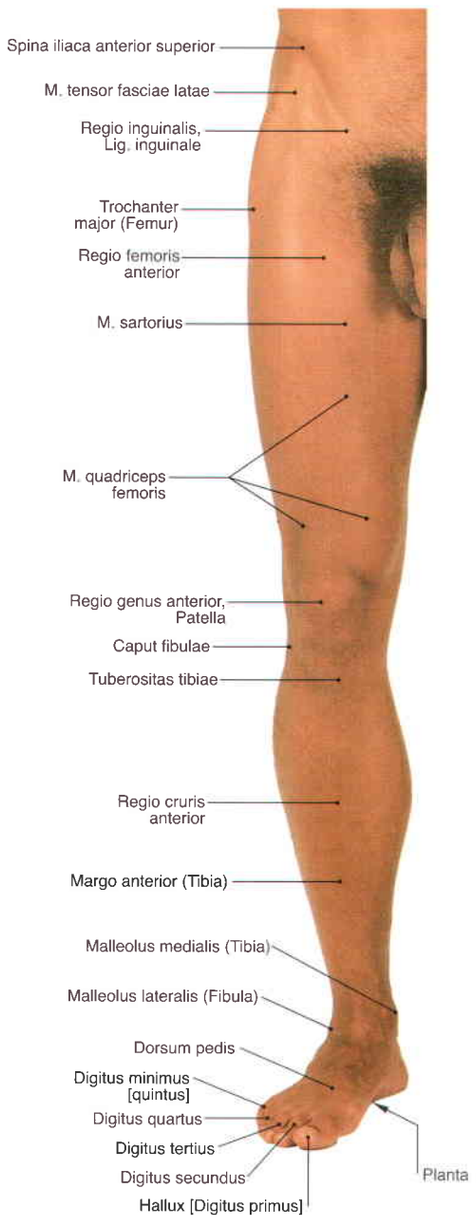


Fig. 1215 Lower limb, Membrum inferius.

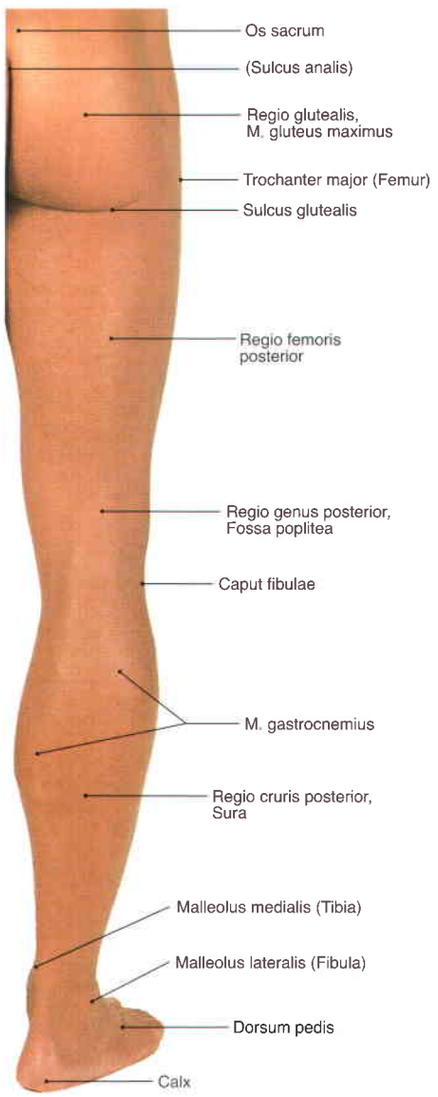


Fig. 1216 Lower limb, Membrum inferius.

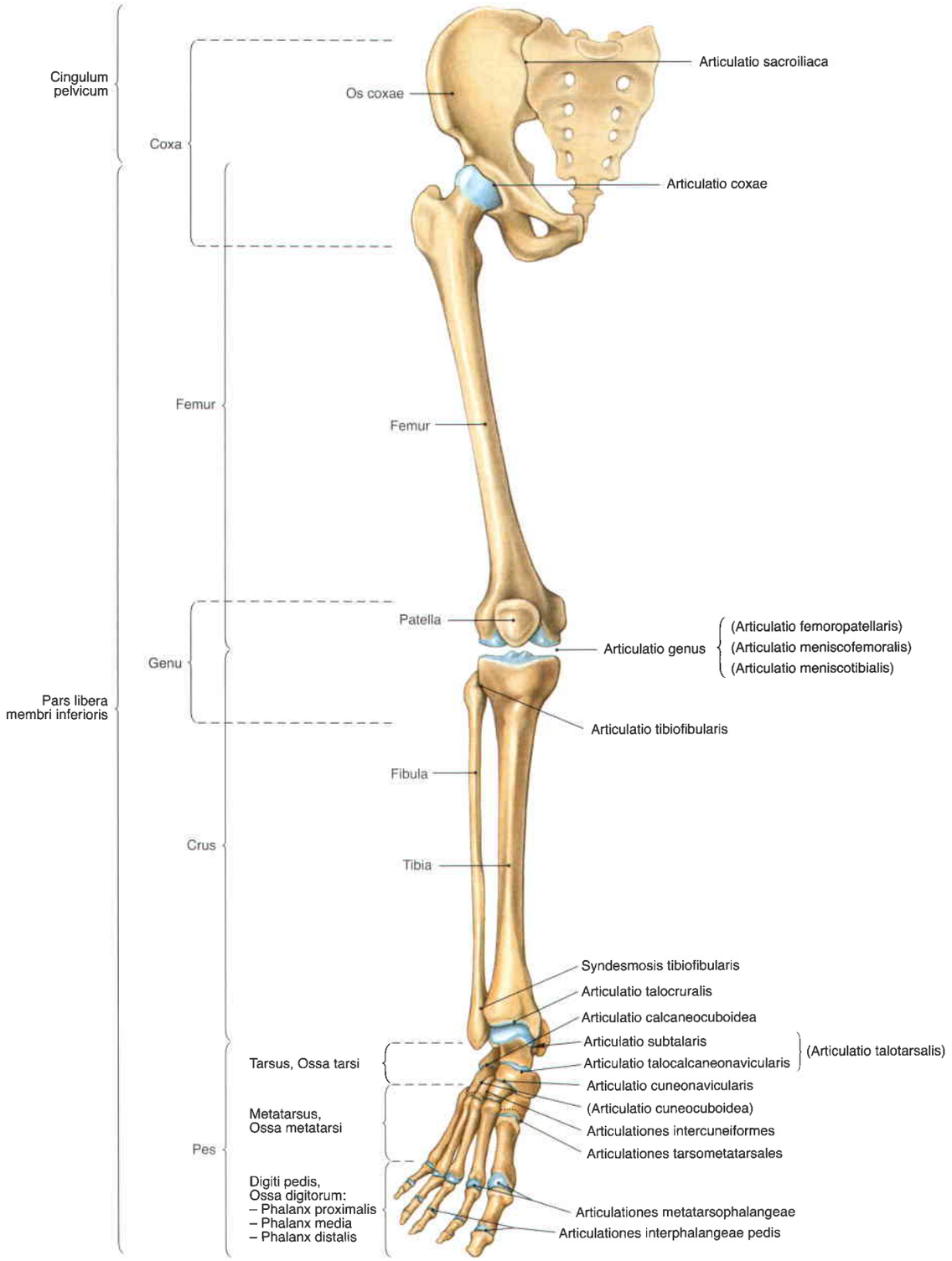


Fig. 1217 Lower limb, Membrum inferius; skeleton and joints.

Pelvis

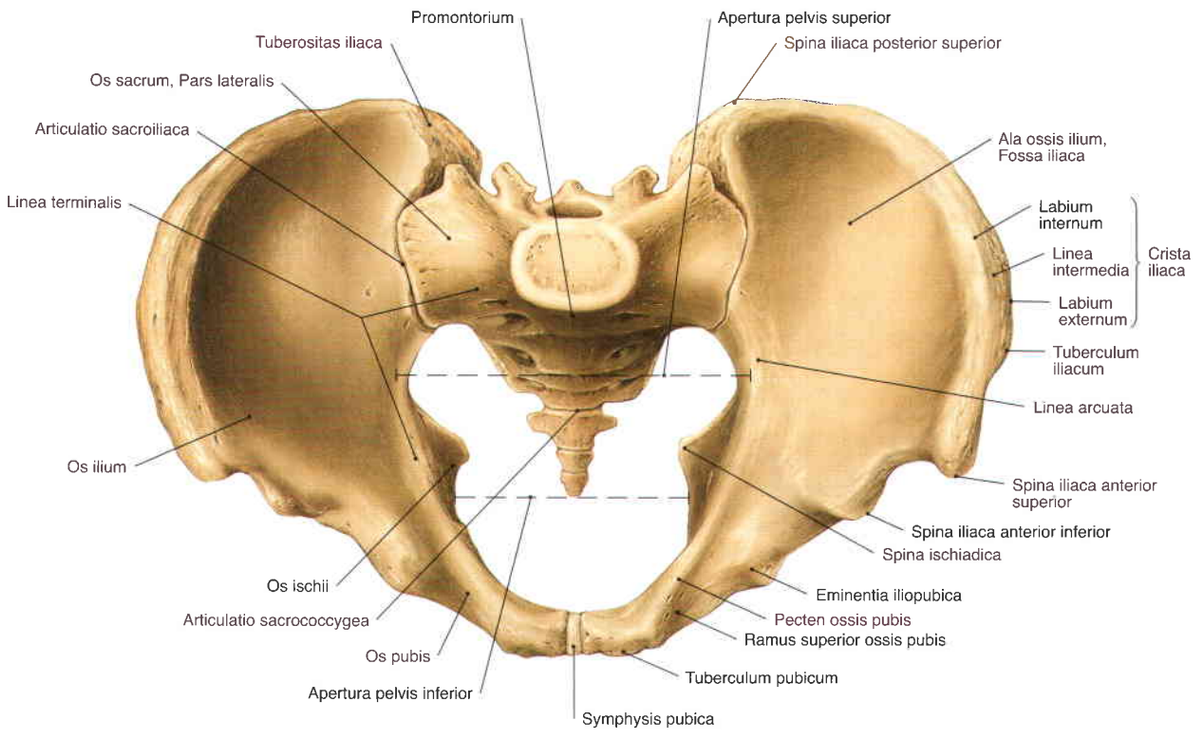


Fig. 1218 Sacrum, Os sacrum, and pelvic girdle, Cingulum pelvicum.
The region cranial to the linea terminalis is referred to as the greater pelvis, Pelvis major, and the region caudal to it is known as lesser pelvis, Pelvis minor.

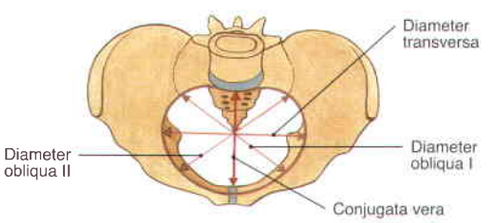


Fig. 1219 Pelvis, Pelvis; shape and dimensions of the pelvic inlet of the female.

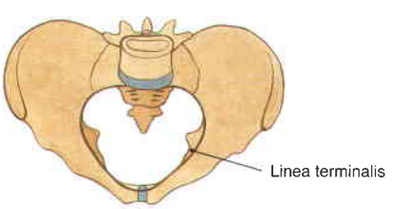


Fig. 1220 Pelvis, Pelvis; shape of the pelvic inlet of the male.

k–k = Pelvic axis
a–b = Anatomical conjugate
a–e = Diagonal conjugate 12.5–13 cm
a–c = True conjugate 10.4–11 cm

h–d = Sagittal diameter of the pelvic brim 12–12.5 cm
e–g = Sagittal diameter of the pelvic constriction 11–11.5 cm
e–f = Sagittal diameter of the pelvic outlet (= Distantia pubococcygea) 9–10 cm

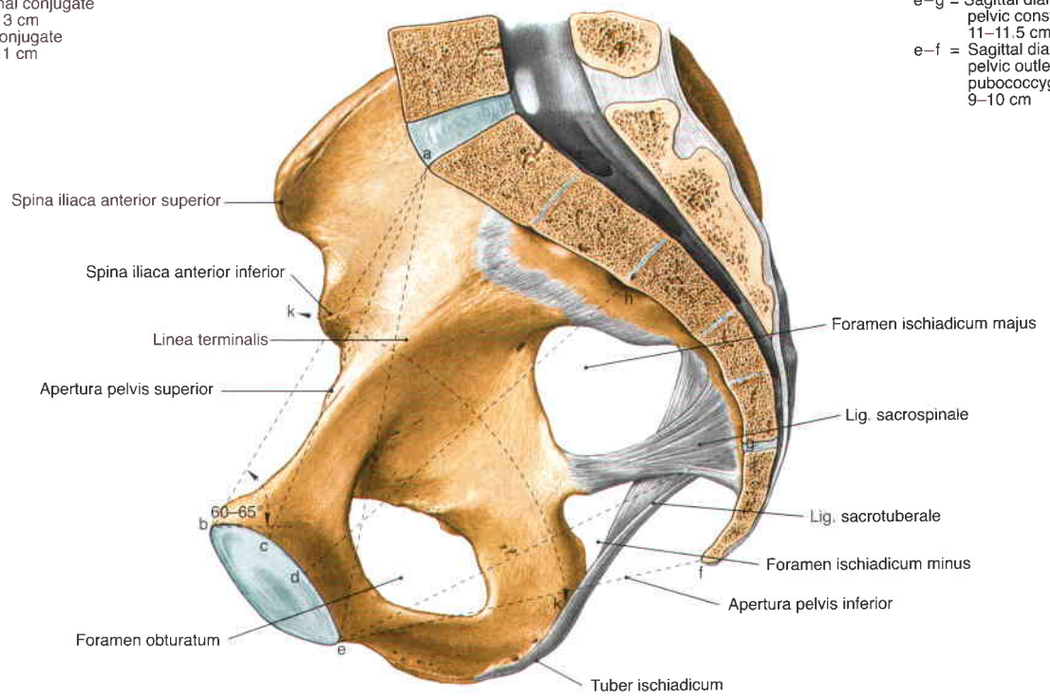
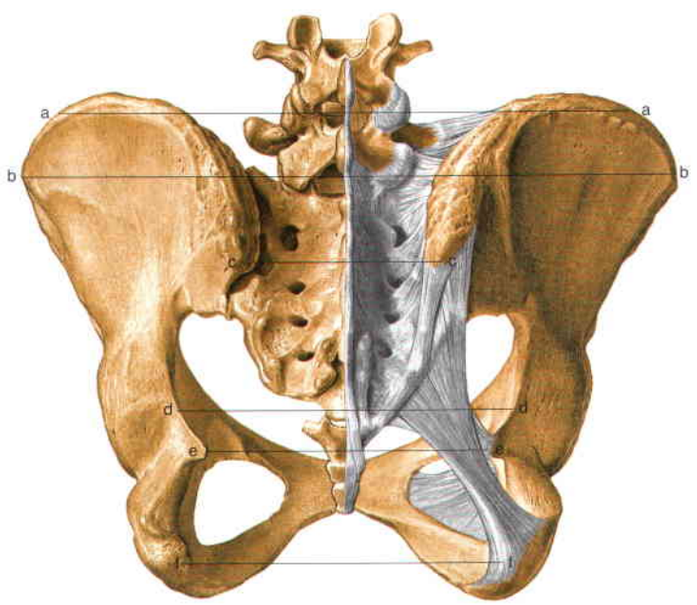


Fig. 1221 Pelvis, Pelvis; dimensions in the female; median section.



a–a = Crestal distance 28–29 cm*
b–b = Anterior spinal distance 25–26 cm*
c–c = Posterior spinal distance (width of the sacrum) 10 cm
* In this perspective, the crestal distance appears shorter than the anterior spinal distance.

d–d = Transverse diameter of the pelvic brim (= interacetabular line) 12–12.5 cm
e–e = Transverse diameter of the pelvic constriction (= interspinal line) 10.5 cm
f–f = Transverse diameter of the pelvic outlet (= tuberal diameter) 11–12 cm)

Fig. 1222 Pelvis, Pelvis, dimensions in the female.

Hip bone

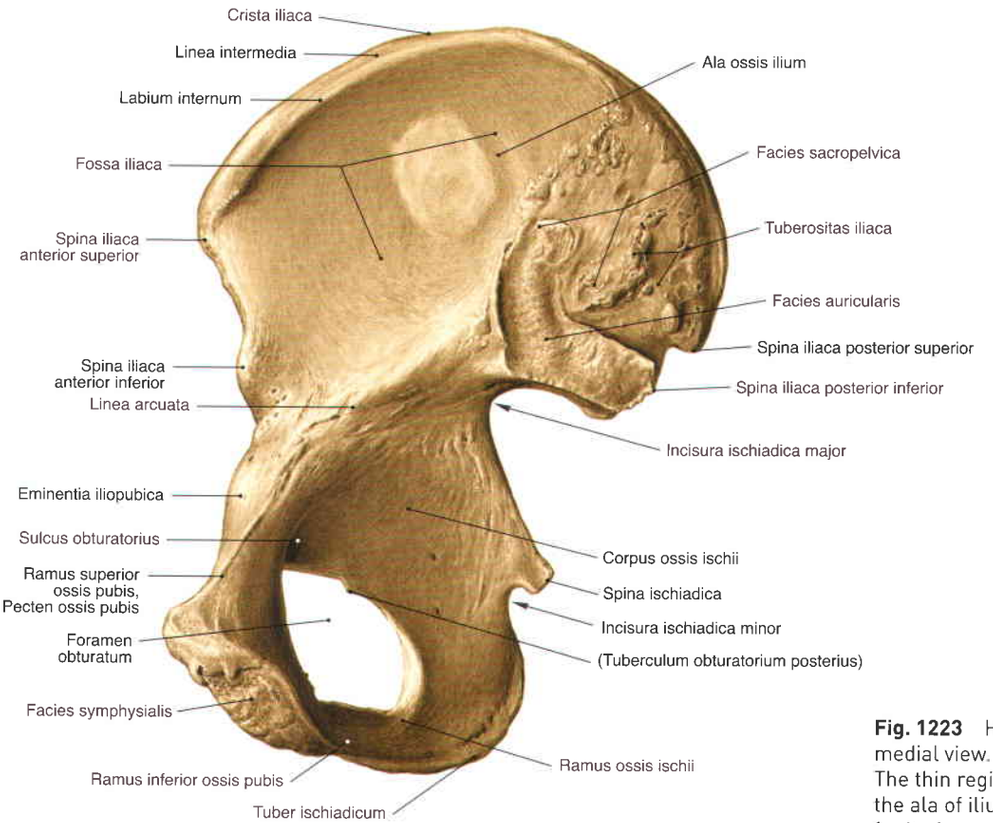


Fig. 1223 Hip bone, Os coxae; medial view.
The thin region in the centre of the ala of ilium is characteristic for its frame-like structure.

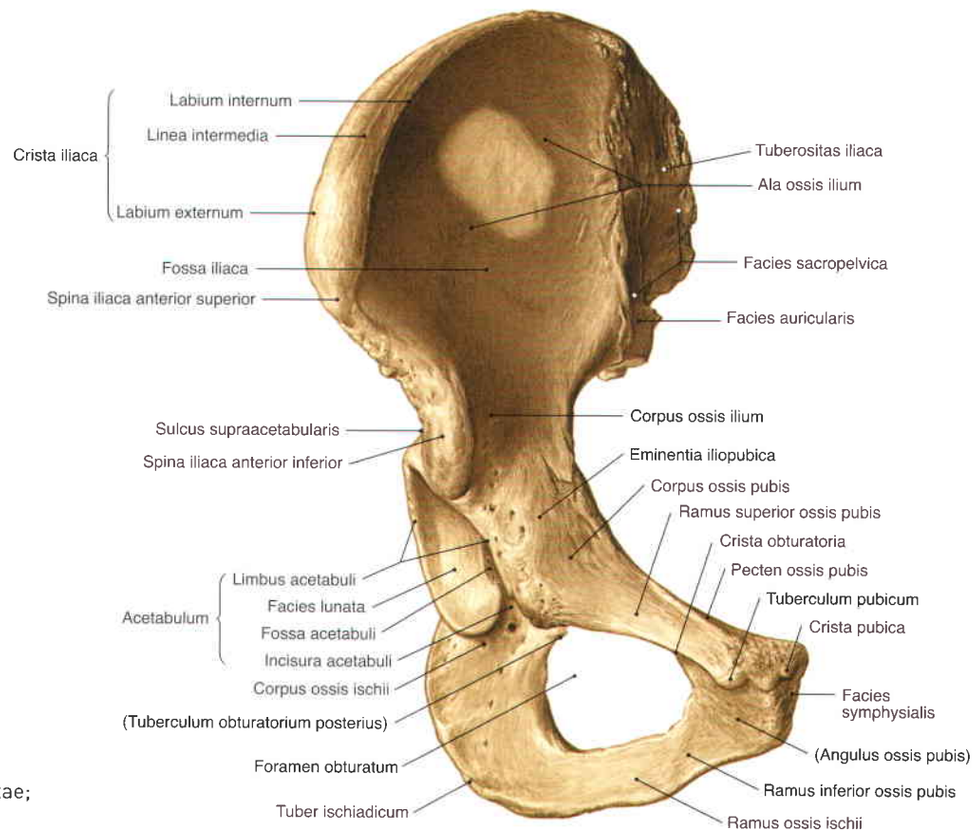


Fig. 1224 Hip bone, Os coxae; ventral view.

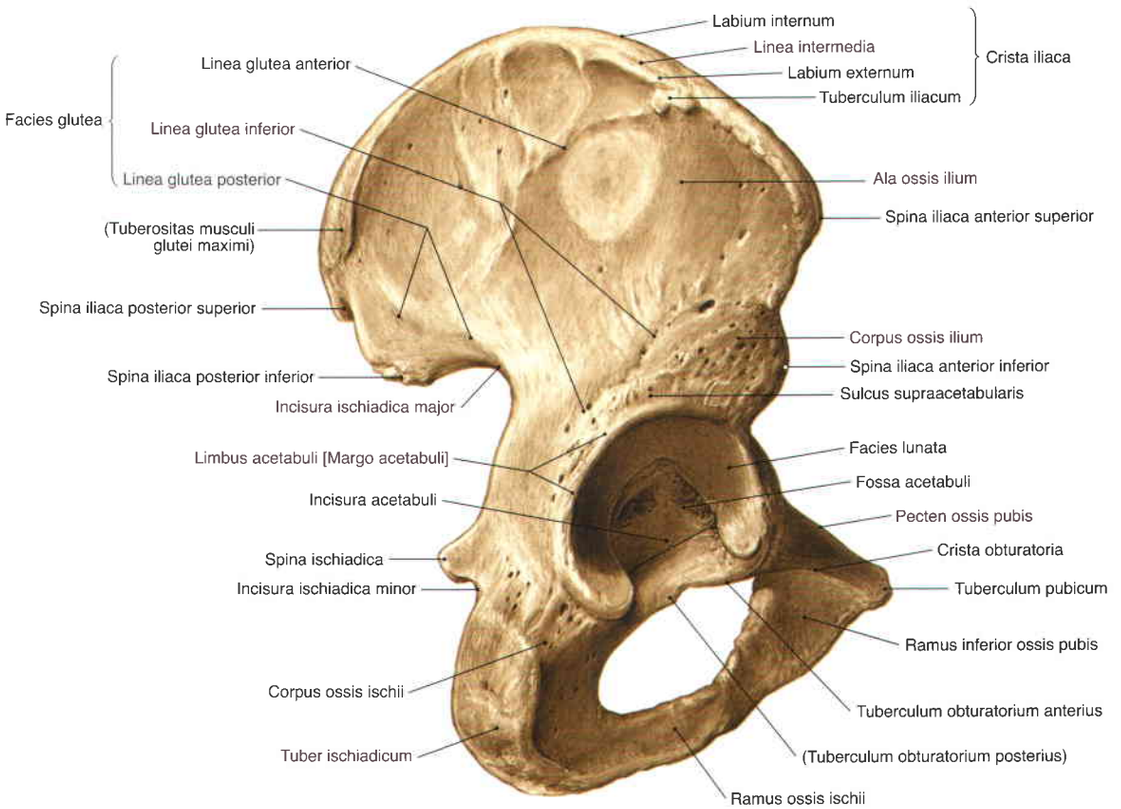


Fig. 1225 Hip bone, Os coxae; dorsolateral view.

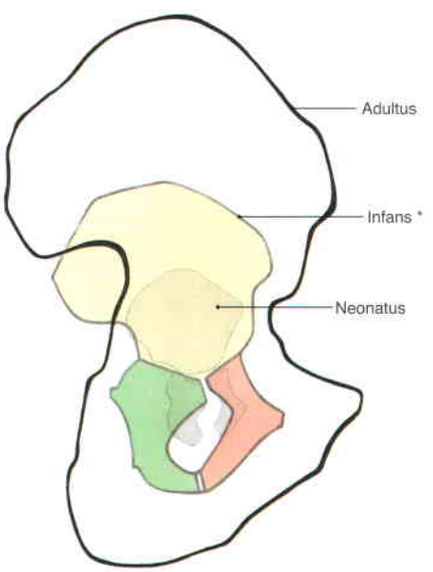


Fig. 1226 Hip bone, Os coxae; development.
* Approximately sixth year of life

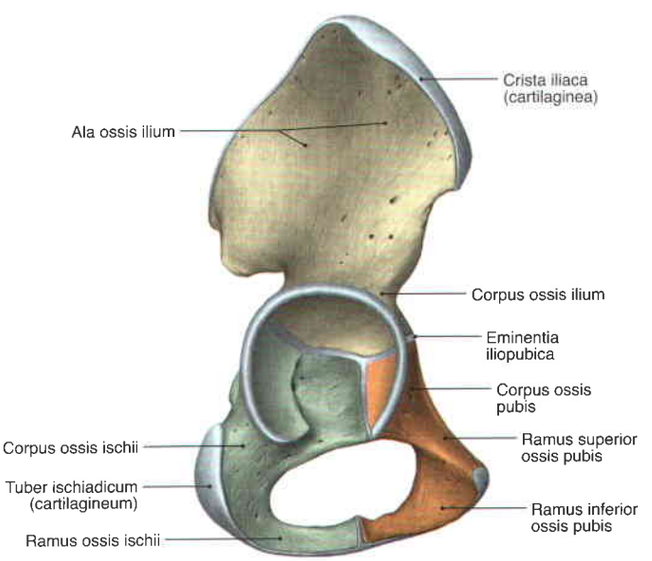


Fig. 1227 Hip bone, Os coxae; stage of development in a 6-year-old child.
In the acetabulum, the three parts of the hip bone are fused to a Y-shaped cartilaginous junction. This junction ossifies at the age of 13–18 years.

Joints of the pelvic girdle

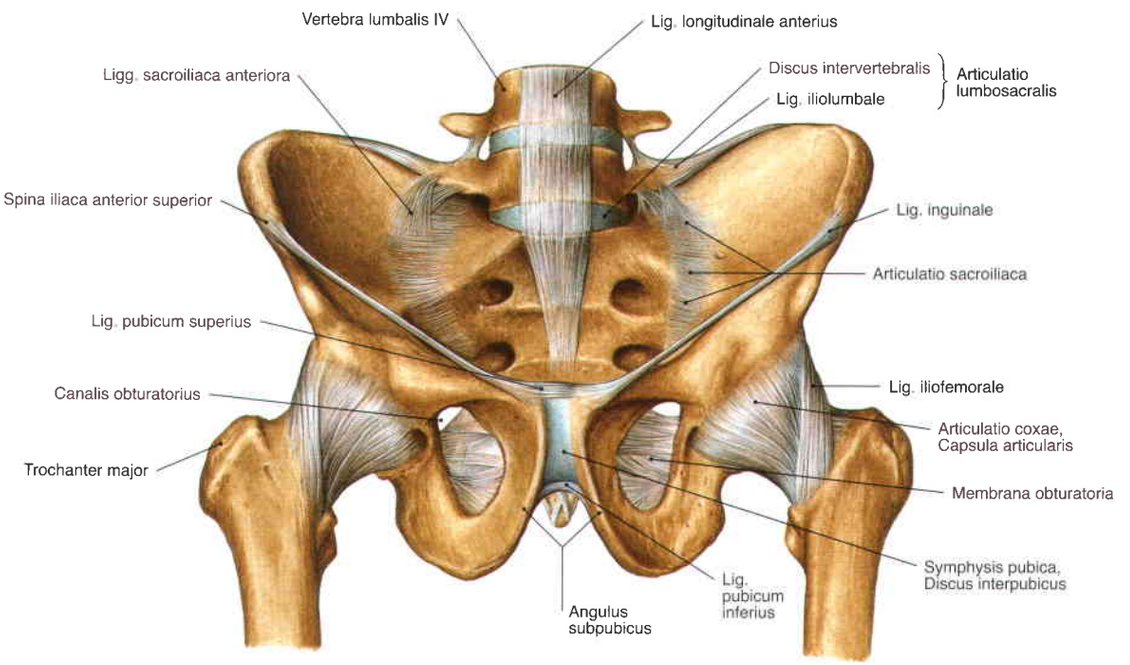
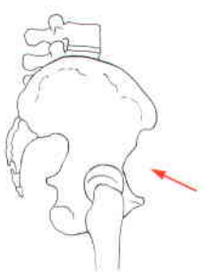


Fig. 1228 Joints of the pelvic girdle, Juncturae cinguli pelvici, and the lumbosacral joint, Articulatio lumbosacralis, of the male.



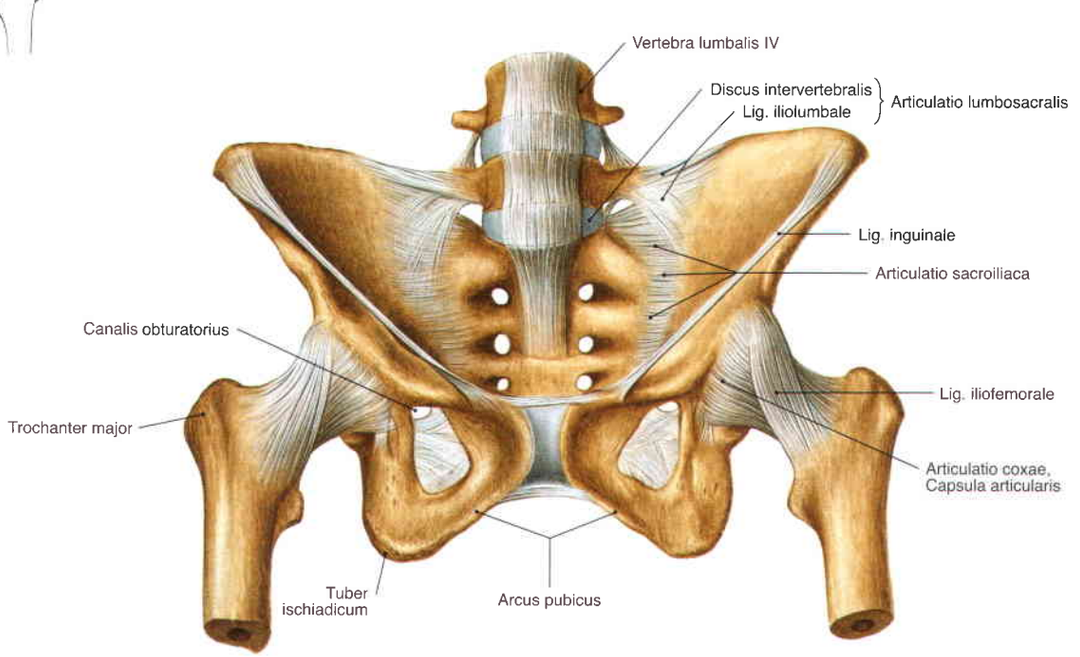


Fig. 1229 Joints of the pelvic girdle, Juncturae cinguli pelvici, and the lumbosacral joint, Articulatio lumbosacralis, of the female.

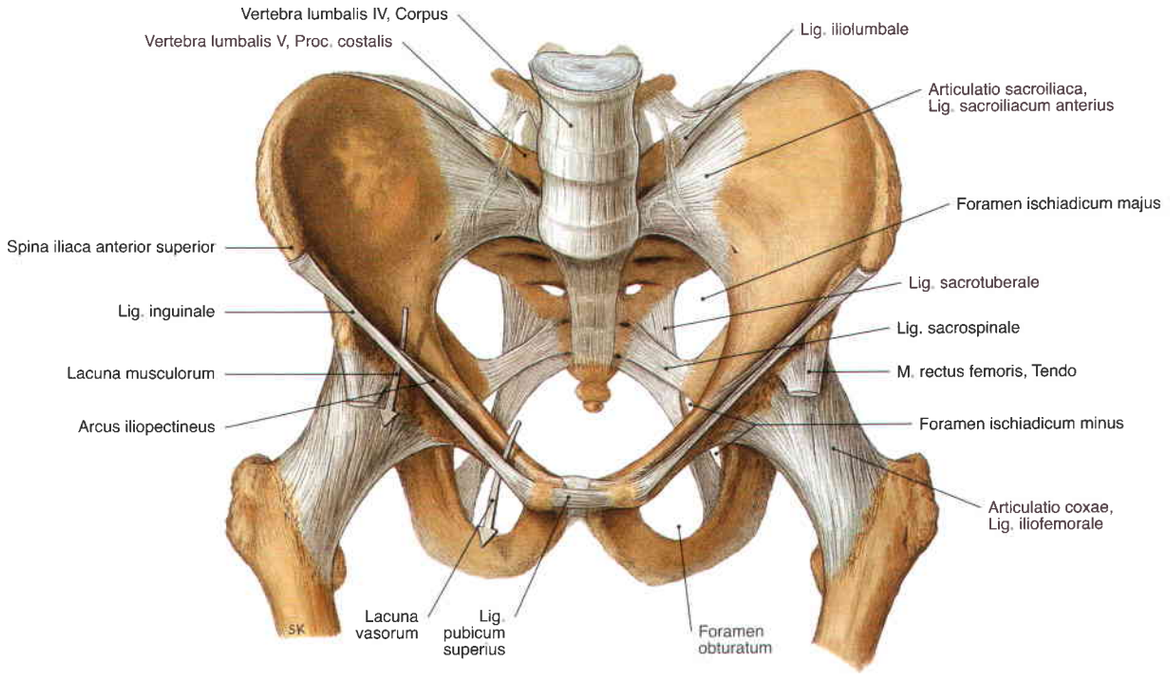
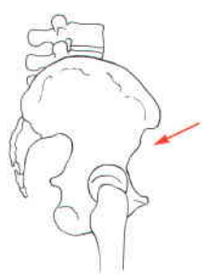


Fig. 1230 Joints of the pelvic girdle, Juncturae cinguli pelvici, and the lumbosacral joint, Articulatio lumbosacralis, of the male.



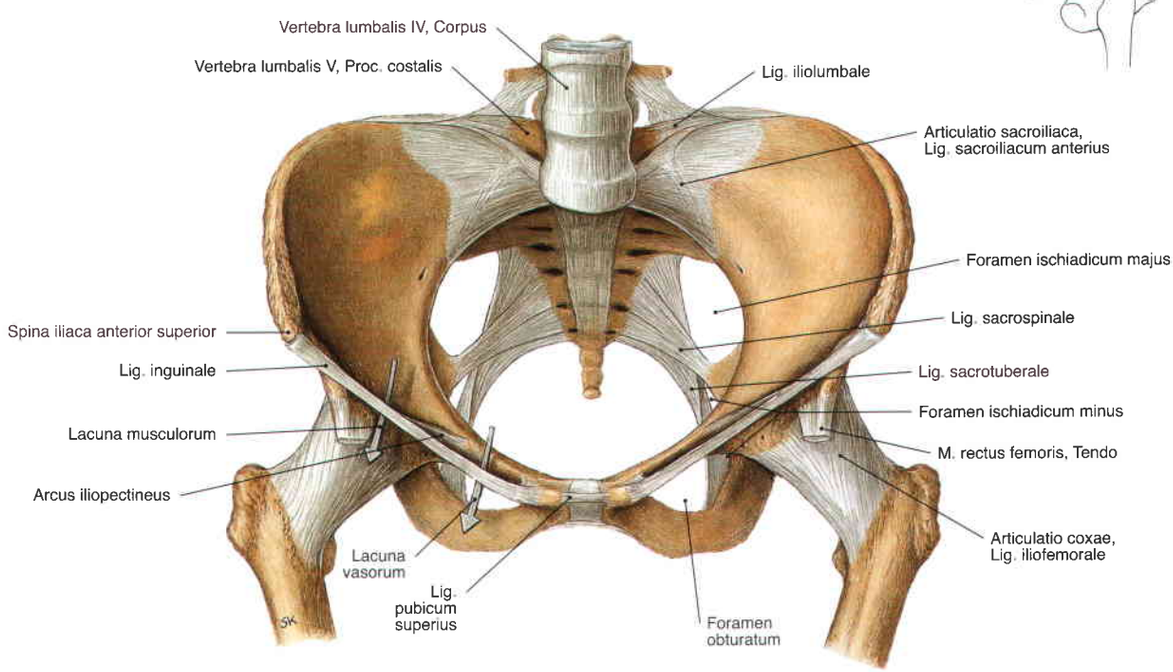


Fig. 1231 Joints of the pelvic girdle, Juncturae cinguli pelvici, and the lumbosacral joint, Articulatio lumbosacralis, of the female.

Joints of the pelvic girdle

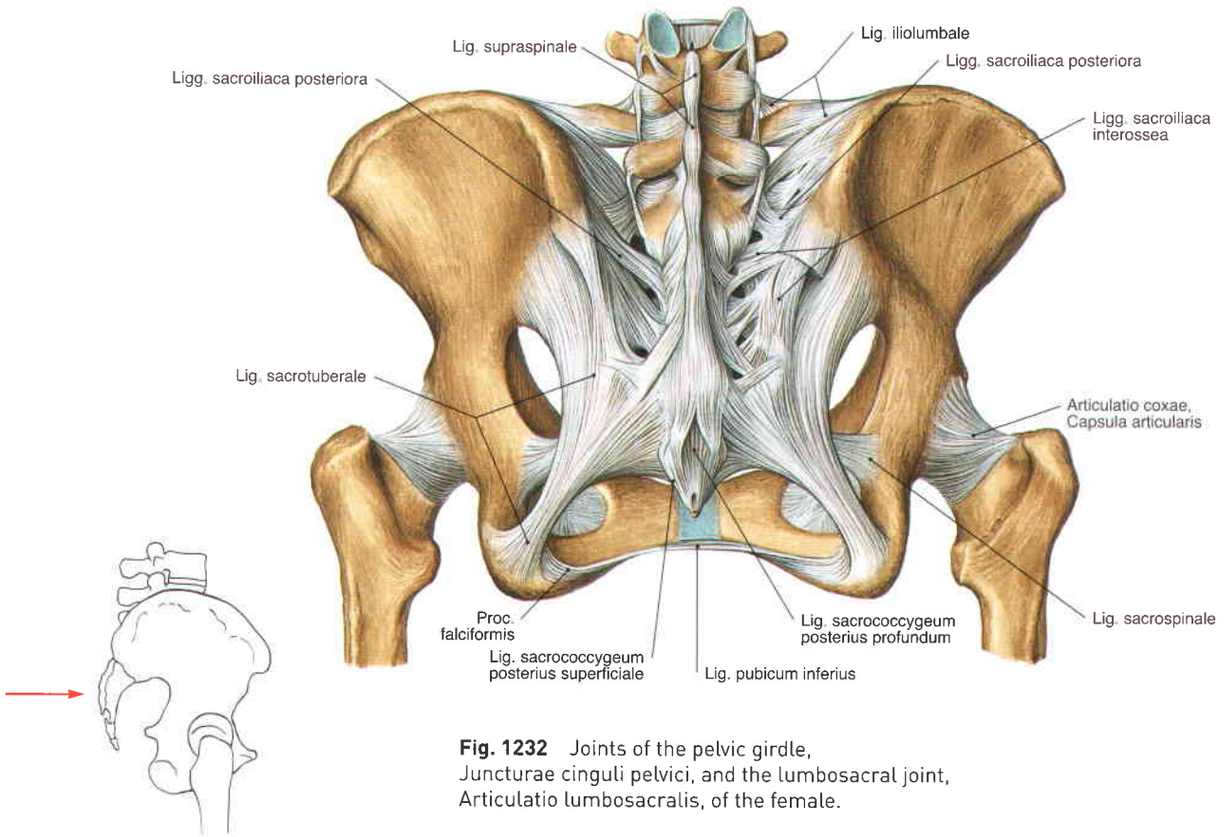


Fig. 1232 Joints of the pelvic girdle, Juncturae cinguli pelvici, and the lumbosacral joint, Articulatio lumbosacralis, of the female.

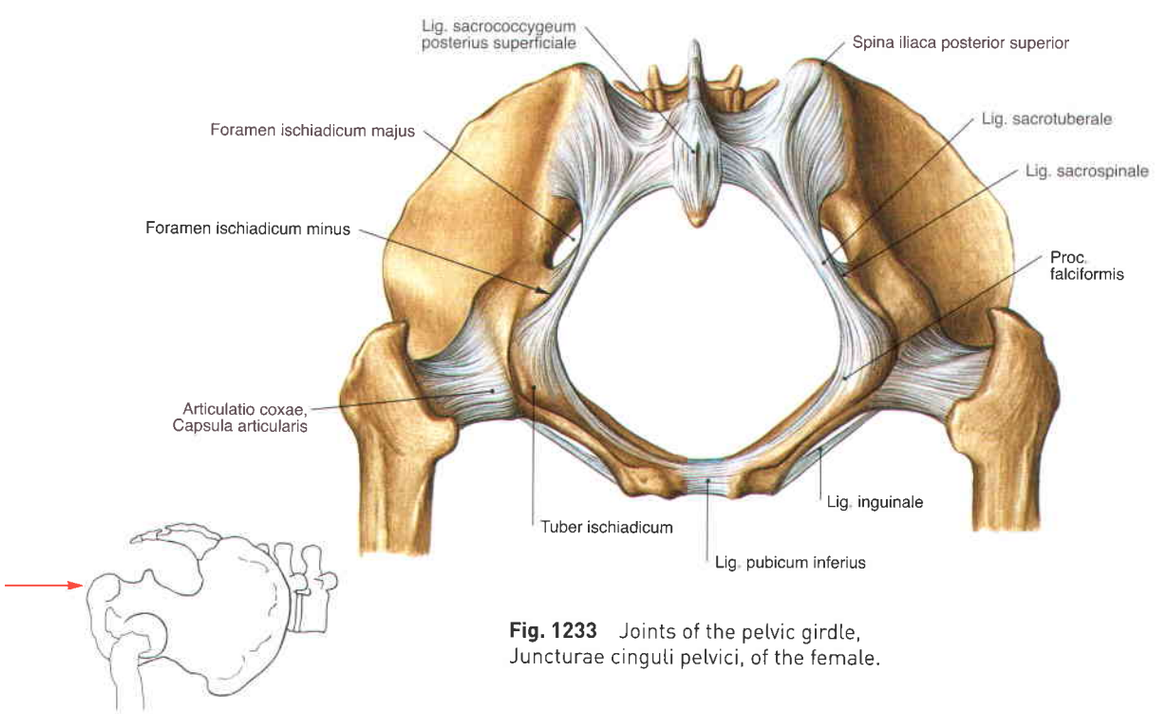


Fig. 1233 Joints of the pelvic girdle, Juncturae cinguli pelvici, of the female.

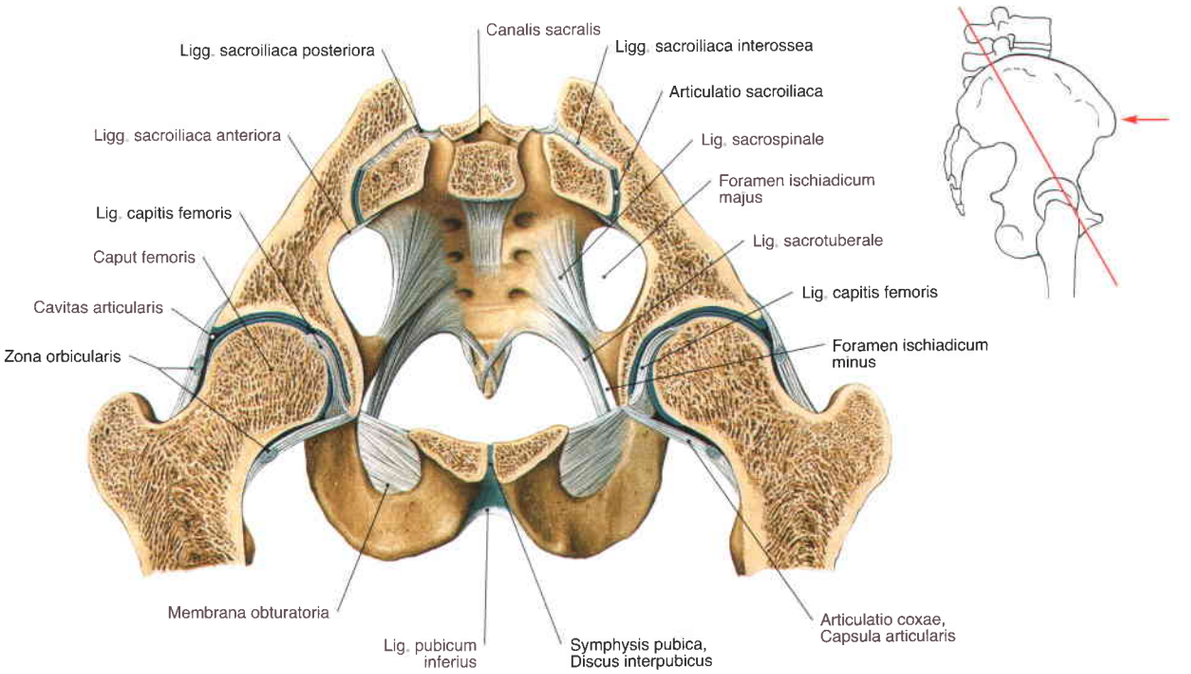


Fig. 1234 Joints of the pelvic girdle, Juncturae cinguli pelvici, of the female.

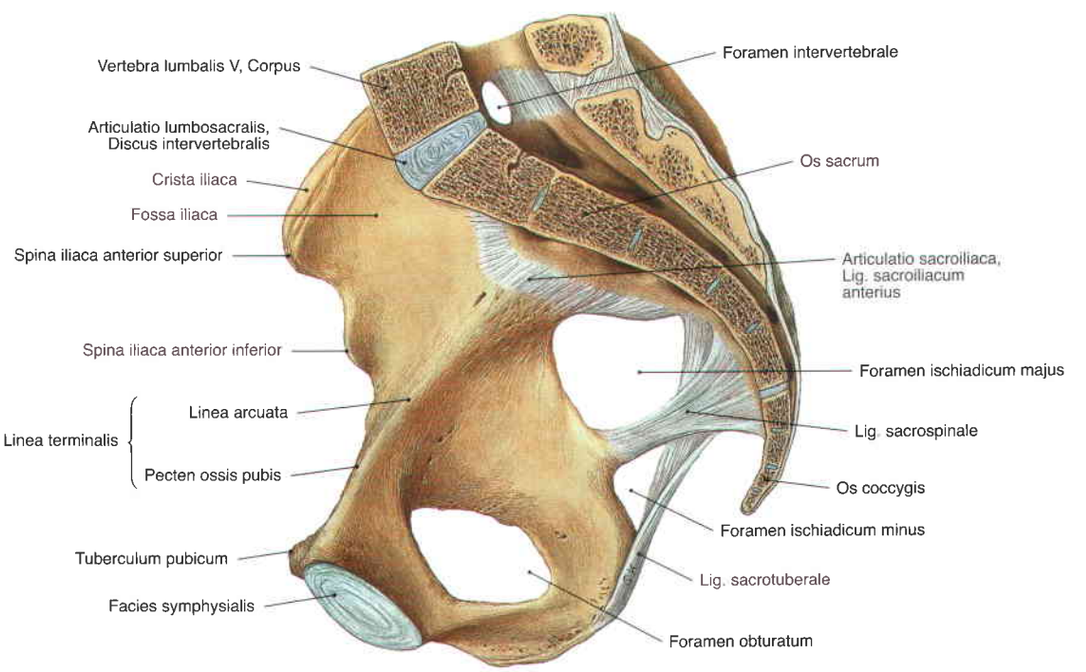
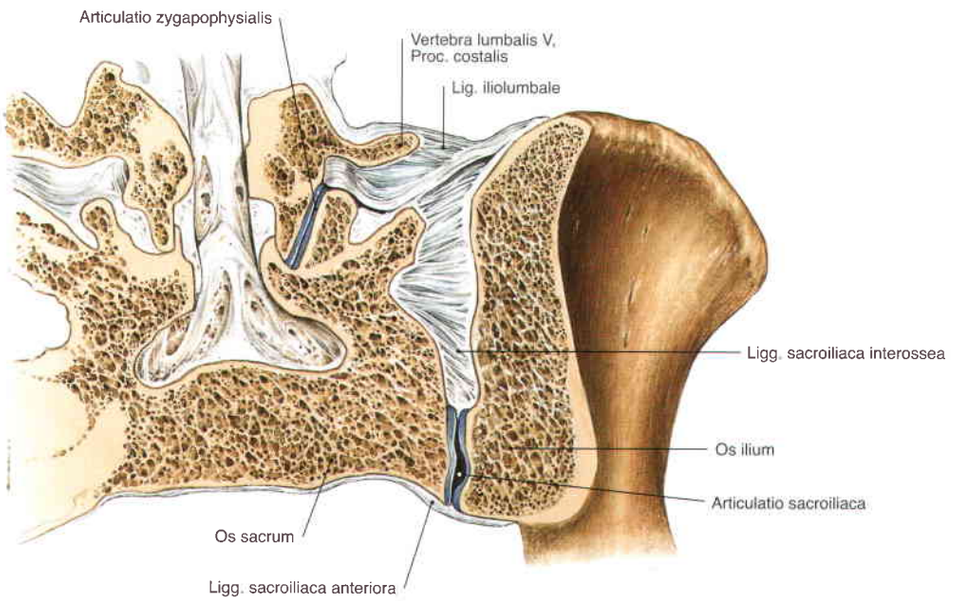


Fig. 1235 Joints of the pelvic girdle, Juncturae cinguli pelvici, and the lumbosacral joint, Articulatio lumbosacralis, of the female; median section.

Normally, the anterior border of the lowest intervertebral disc forms the furthest projecting point of the posterior circumference of the pelvic inlet. Radiographically, the most anterior part of the sacrum is referred to as promontory.

Joints of the pelvic girdle



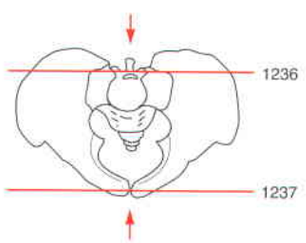


Fig. 1236 Sacroiliac joint, Articulatio sacroiliaca; frontal section.

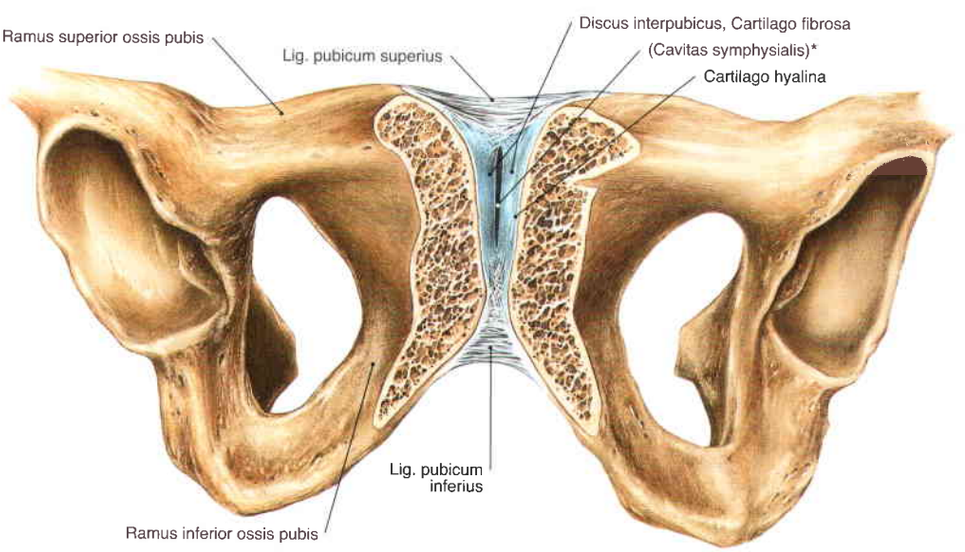


Fig. 1237 Pubic symphysis, Symphysis pubica; oblique section in the direction of the longitudinal axis of the symphysis.
The interpubic disc consists of fibrous cartilage, with the exception of the articular symphysial surfaces of both pubic bones that are covered with hyaline cartilage. A longitudinal flat cleft occurs after the first decade of life (*).

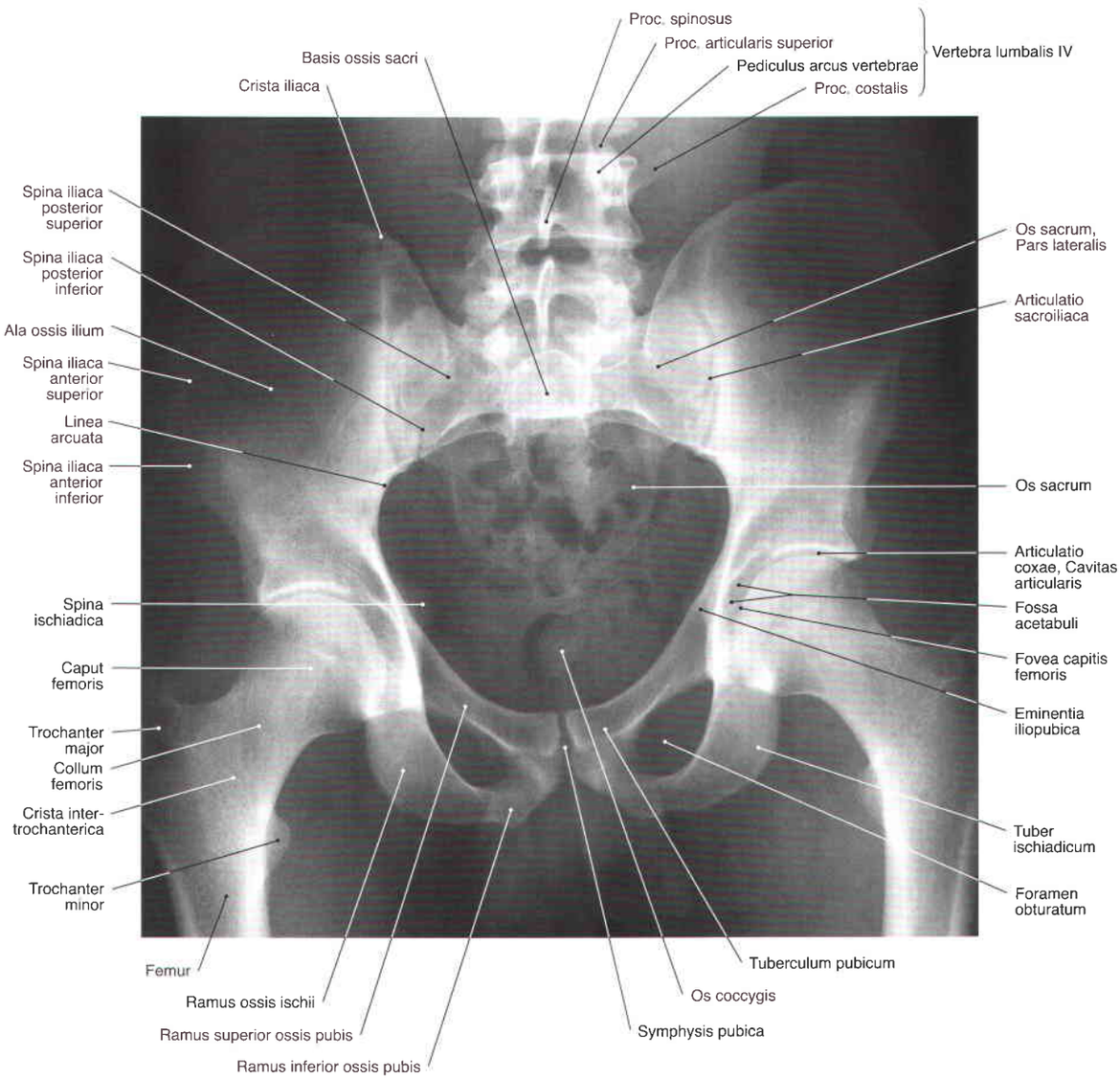


Fig. 1238 Pelvis, Pelvis, of the male; AP-radiograph with the central beam directed onto the third sacral segment; upright position.

Pelvis, development

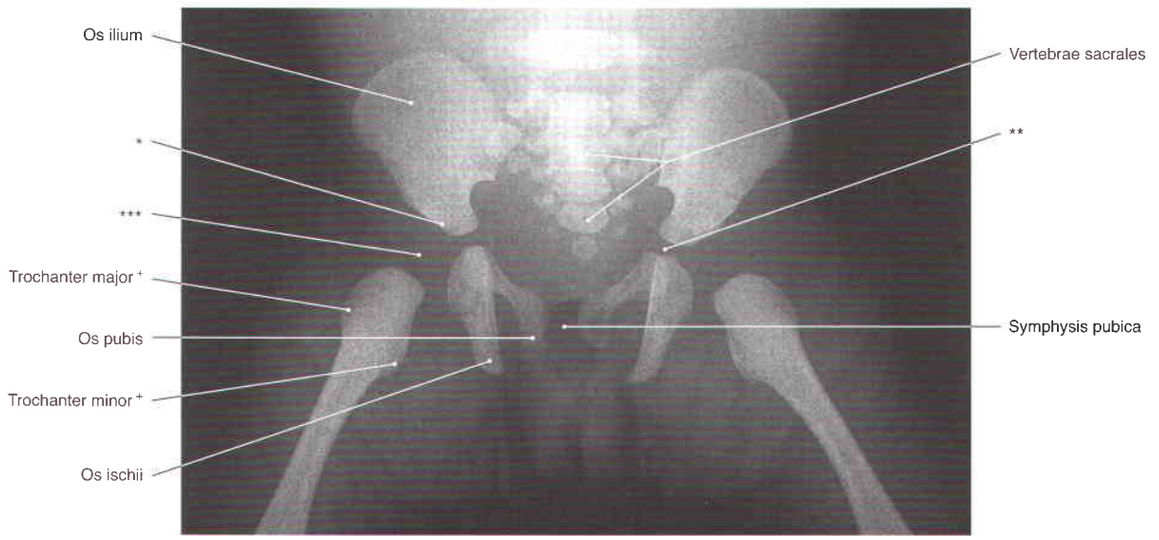


Fig. 1239 Pelvis, Pelvis, and femur, Femur; AP-radiograph of a female, premature baby (eighth month of pregnancy).

* Osseous roof of the acetabulum
** Y-shaped junction in the acetabular fossa
*** The ossification centre in the head of the femur does not appear before the third to fifth month of life.
\+ At this age, both greater trochanters only become apparent as small protuberances of the bone of the diaphysis.

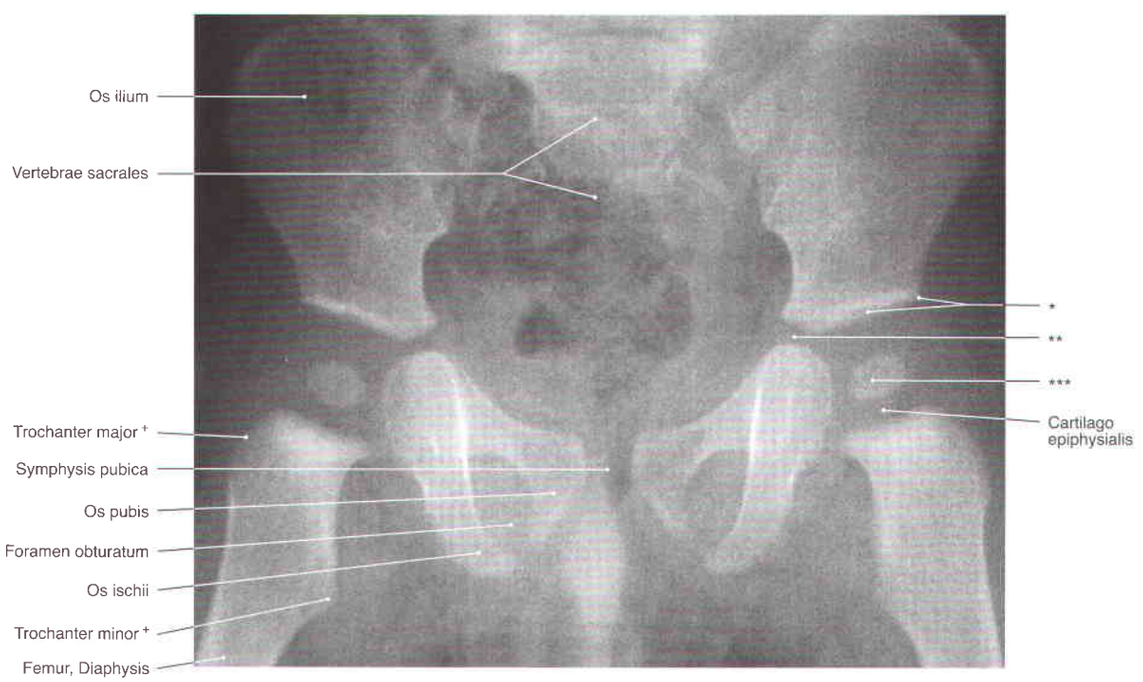


Fig. 1240 Pelvis, Pelvis, and femur, Femur; AP-radiograph of a 12-month-old boy.

* Osseous roof of the acetabulum
** Y-shaped junction in the acetabular fossa
*** Ossification centre in the epiphysis of the head of the femur
\+ At this age, both greater trochanters only become apparent as small protuberances of the bone of the diaphysis.

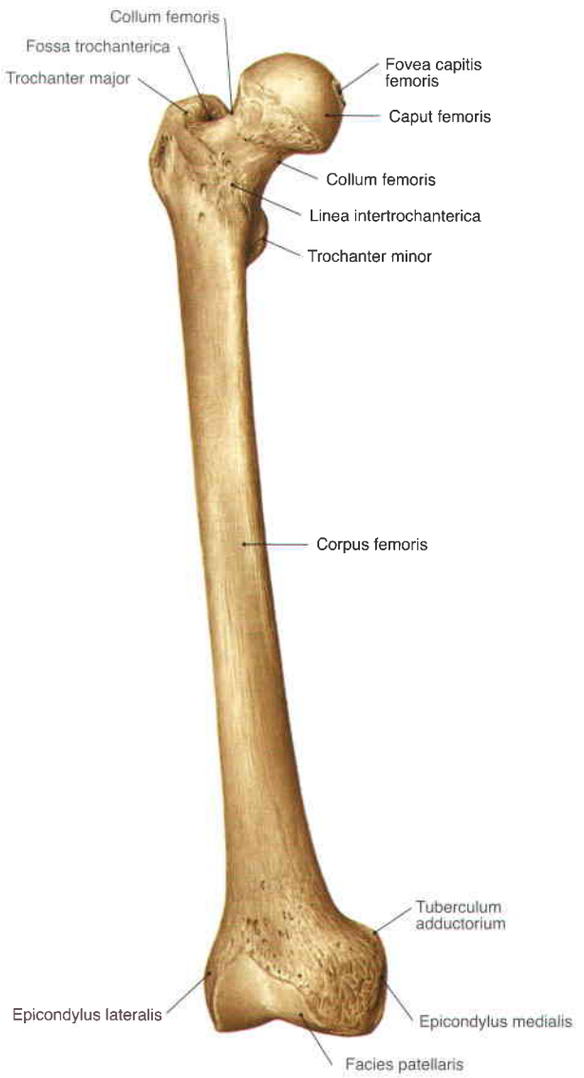


Fig. 1241 Femur, Femur; ventral view.

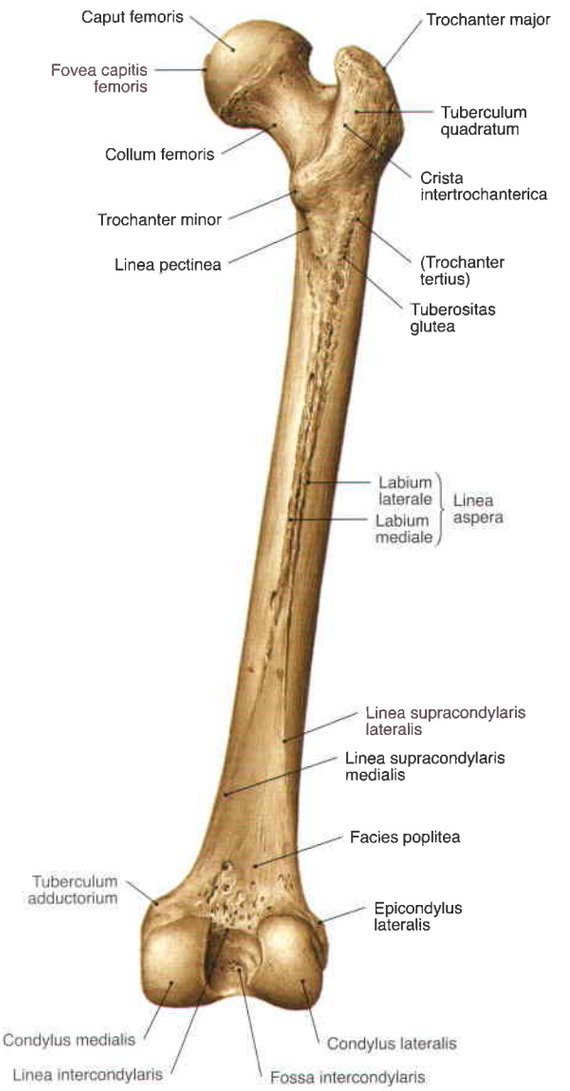


Fig. 1242 Femur, Femur; dorsal view.

Femur

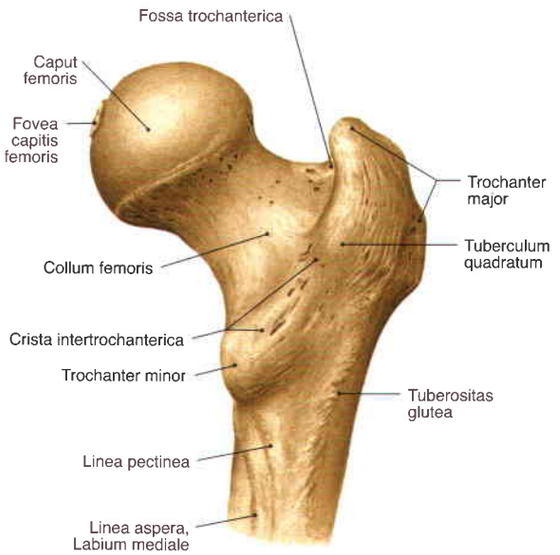


Fig. 1243 Femur, Femur;
proximal extremity;
dorsal view.

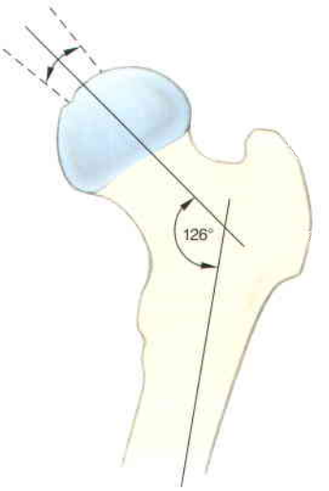


Fig. 1244 Femur, Femur;
variability of the angle of the neck of the femur;
dorsal view.
The angle between the neck and the shaft of the femur is referred to as neck-shaft angle. It is 150° in infants and about 126° in the adult.

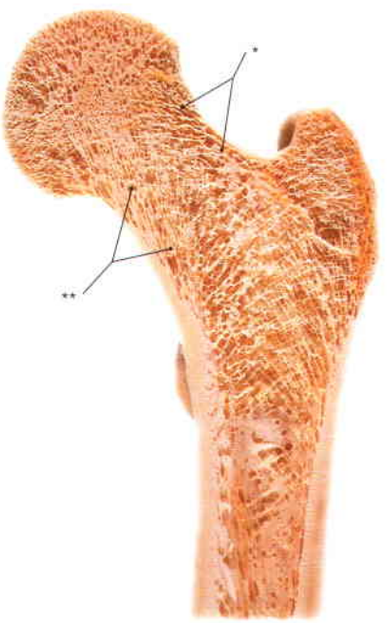


Fig. 1245 Femur, Femur;
trabecular structure of the femoral bone with a large neck-shaft angle (coxa valga); section in the plane of the angle of anterior torsion (60%).
The lateral plates of the trabecular bone* ("tensile system") are only poorly developed, whereas the medial plates** ("compressive system") are much stronger.

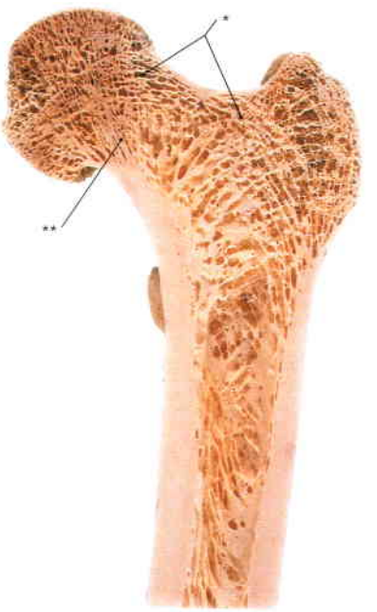


Fig. 1246 Femur, Femur;
trabecular structure of the femoral bone with a small neck-shaft angle (coxa vara); section in the plane of the angle of anterior torsion (60%).
The lateral plates of the trabecular bone * ("tensile system") are well developed, while the medial plates ** ("compressive system") are developed less strong. As a result of the high demand of flexion, the cortex on the inner side of the femoral neck is particularly thick.

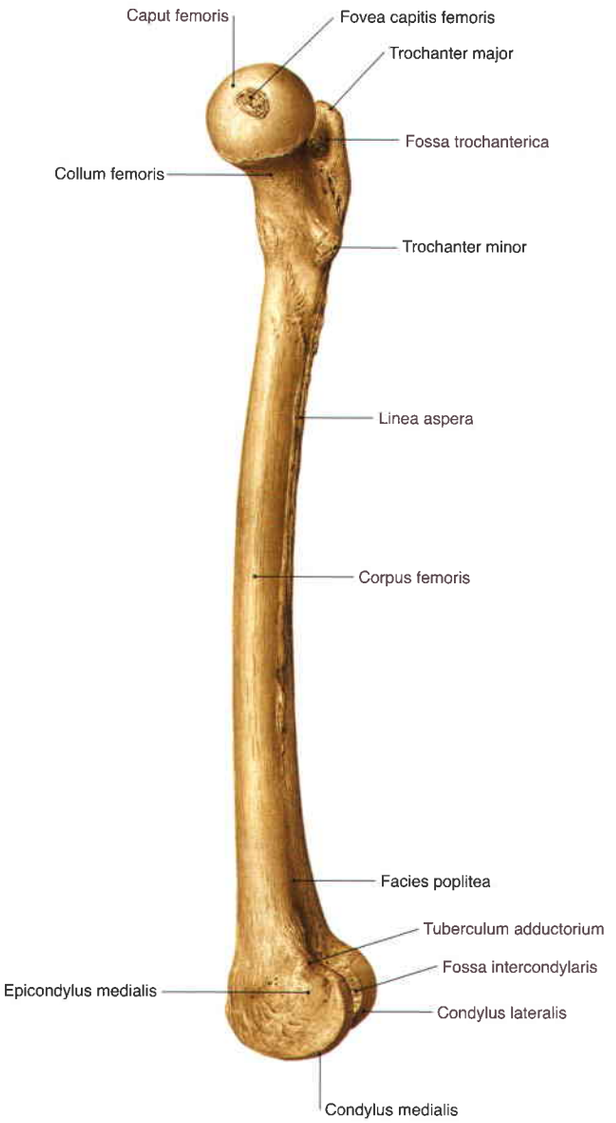


Fig. 1247 Femur, Femur;
medial view.

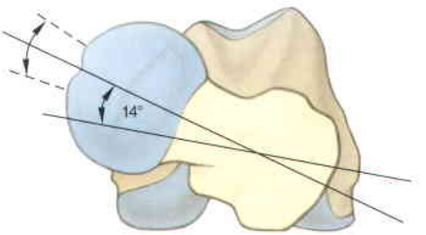


Fig. 1248 Femur, Femur;
variability of the angle of anterior torsion; the proximal end of the femur has been projected over the distal end; proximal view.
The angle of anterior torsion is about 30° in infants and about 14° in adults.

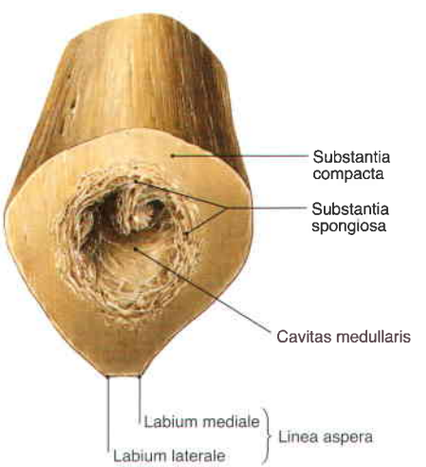


Fig. 1249 Femur, Femur;
cross-section through the middle of the shaft; distal view.

Hip joint

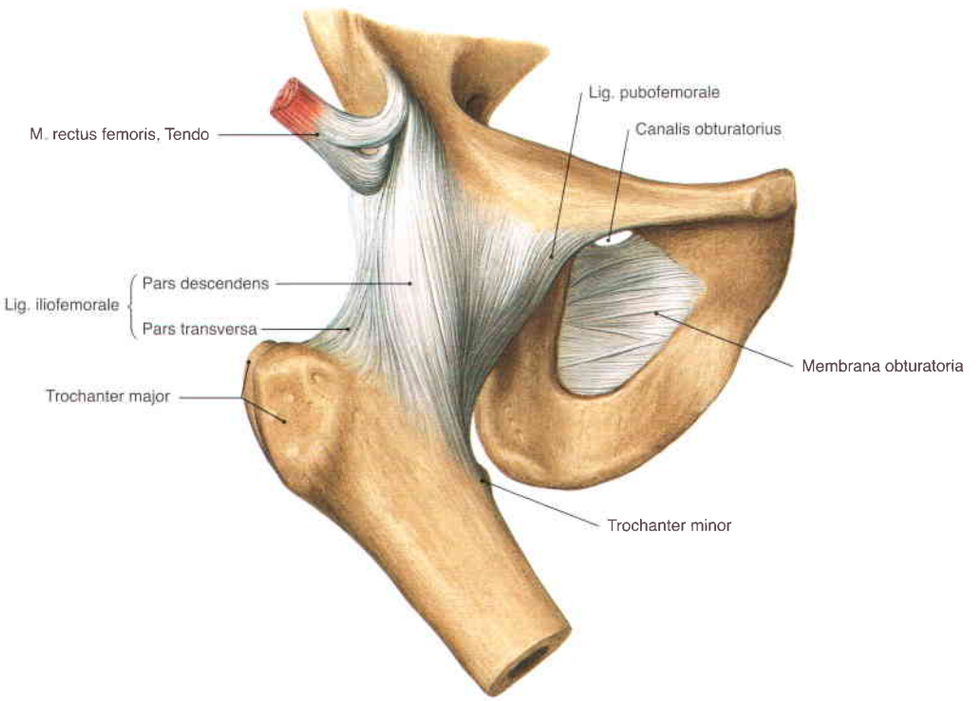


Fig. 1250 Hip joint, Articulatio coxae; ventrodistal view.

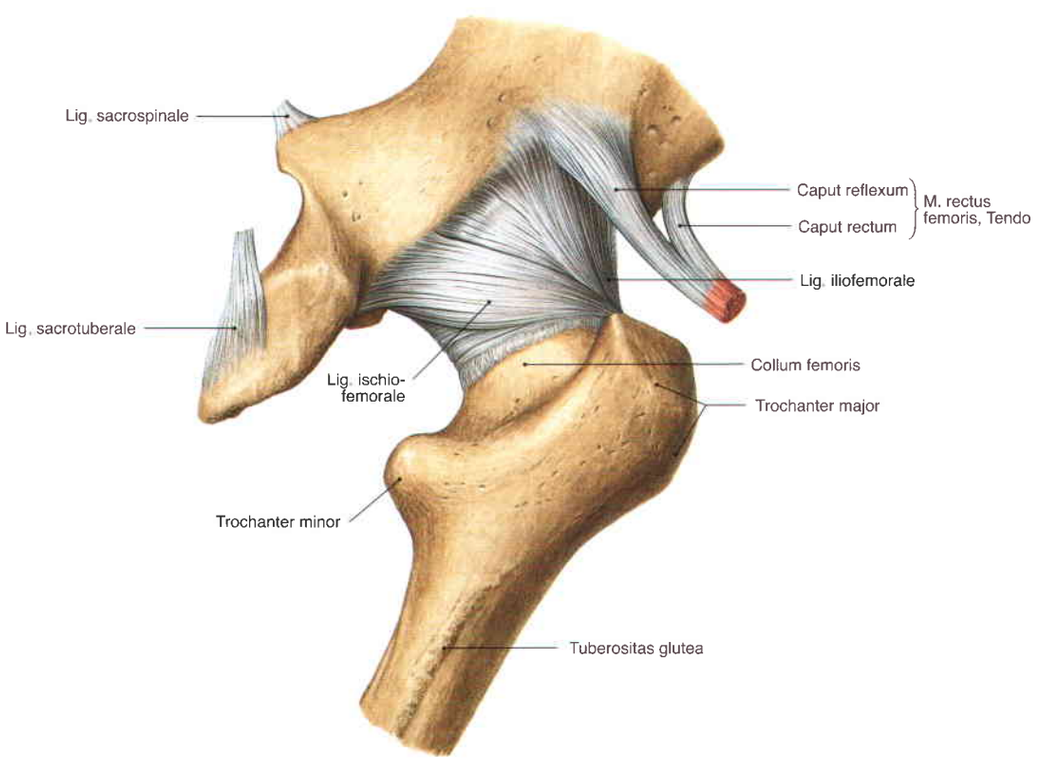


Fig. 1251 Hip joint, Articulatio coxae; dorsal view.

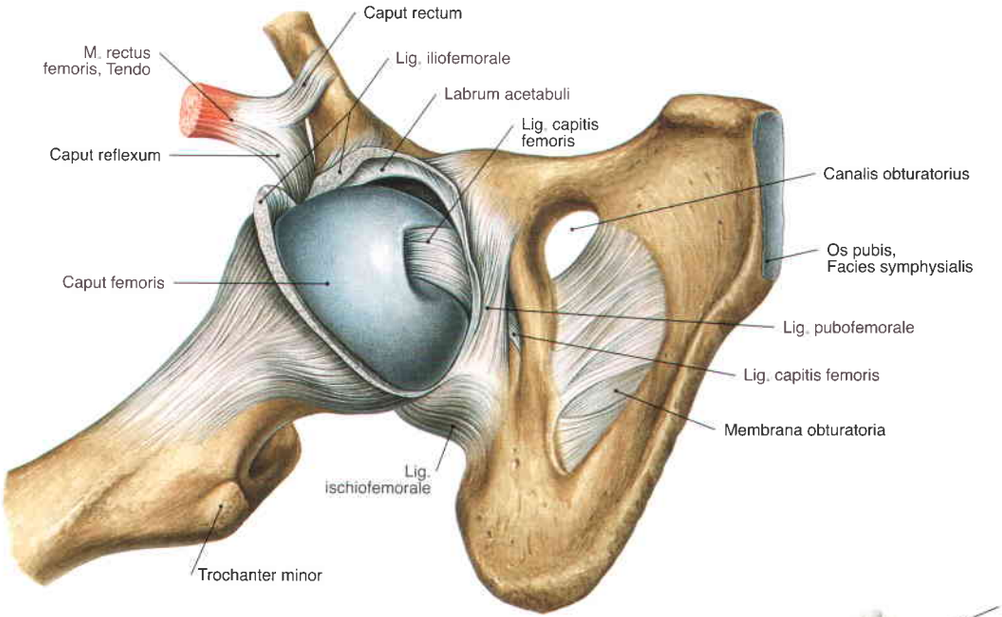


Fig. 1252 Hip joint, Articulatio coxae; the articular capsule has been opened and the head of the femur has been partly exarticulated; laterodistal view.

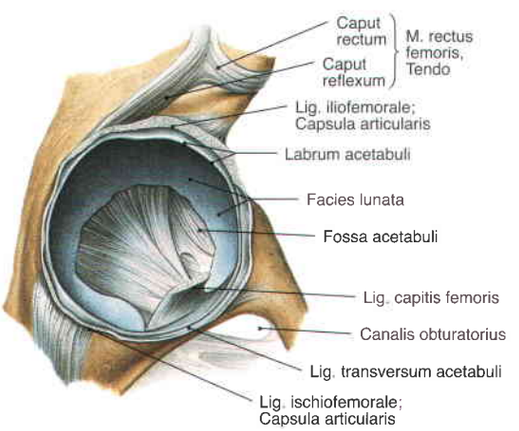


Fig. 1253 Hip joint, Articulatio coxae; aspect of the acetabulum after removal of the articular capsule and exarticulation of the head of the femur; laterodistal view.

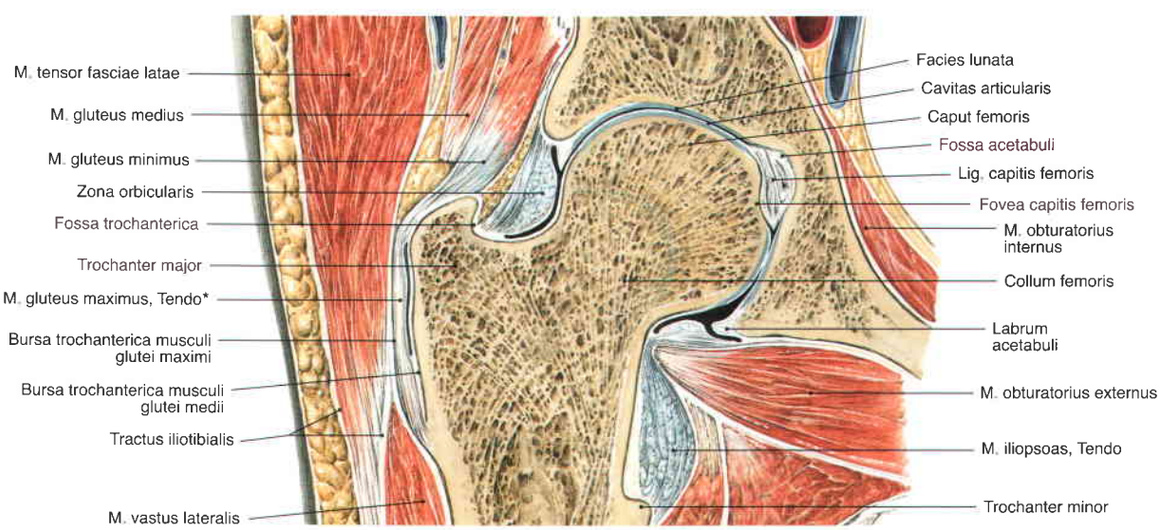


Fig. 1254 Hip joint, Articulatio coxae; vertical section at the plane of the angle of antetorsion.
* Radiations into the iliotibial tract

Hip joint, radiography

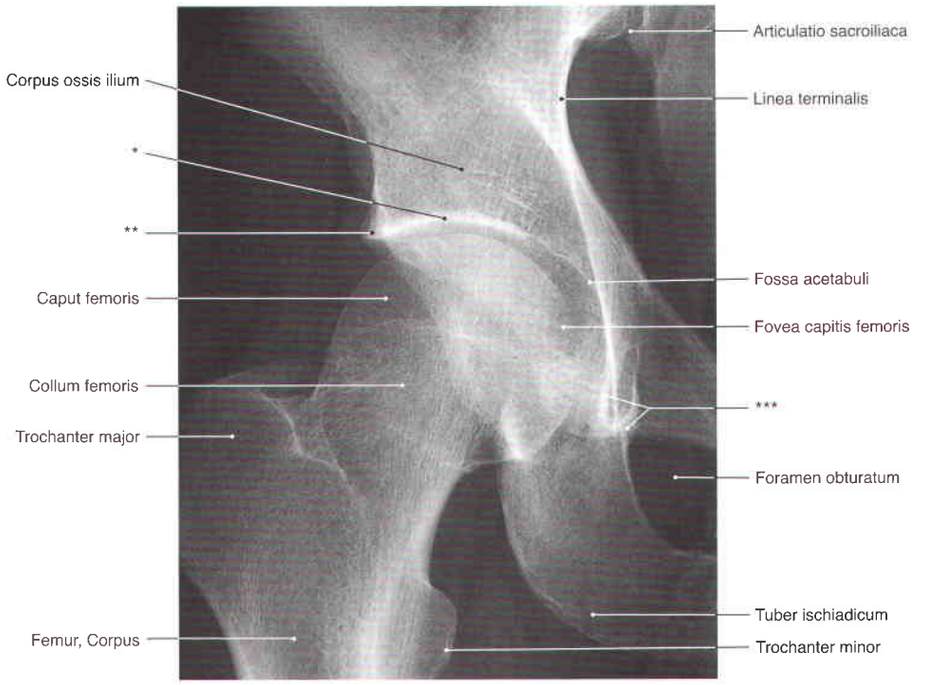


Fig. 1255 Hip joint, Articulatio coxae; AP-radiograph; upright position on both legs.

* Clinical term: acetabular roof = tangential projection of the lunate surface
** Clinical term: edge of the acetabular roof = the most lateral projection of the acetabulum
*** Clinical term: KÖHLER's teardrop = projection of the acetabular fossa

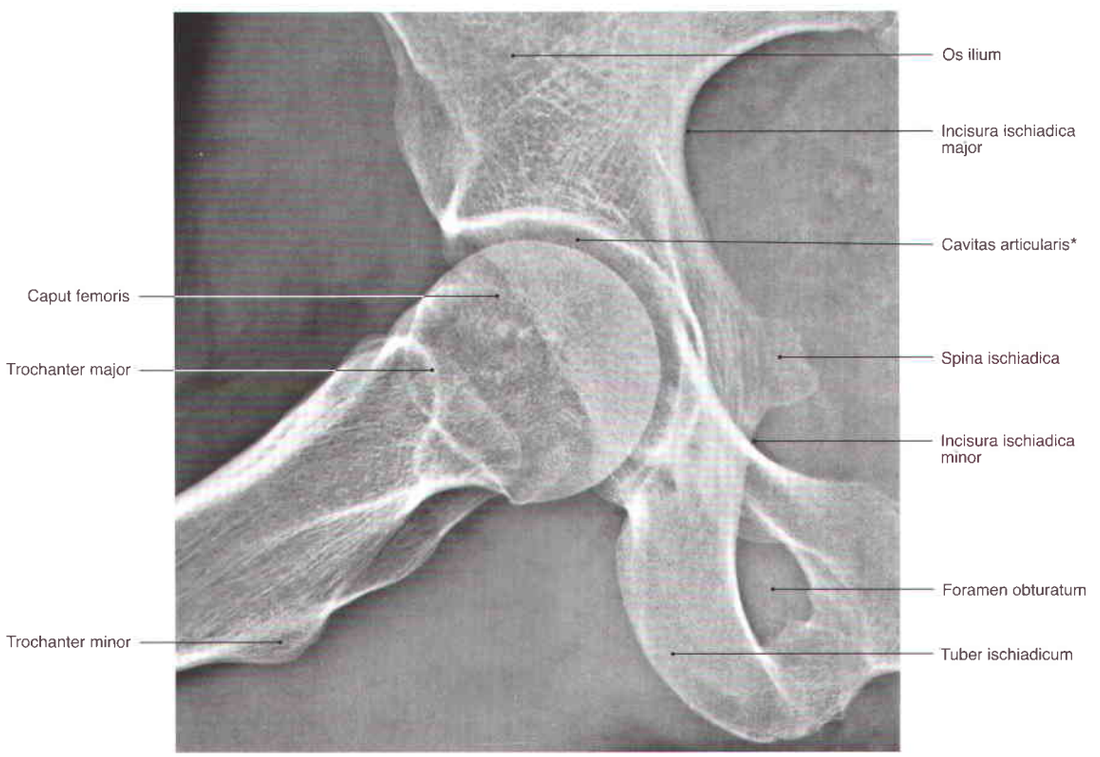


Fig. 1256 Hip joint, Articulatio coxae; AP-radiograph; supine position with the thigh abducted and flexed (so-called LAUENSTEIN projection).

* Due to minimal absorption of X-rays by cartilage, the articular cleft appears abnormally broad.

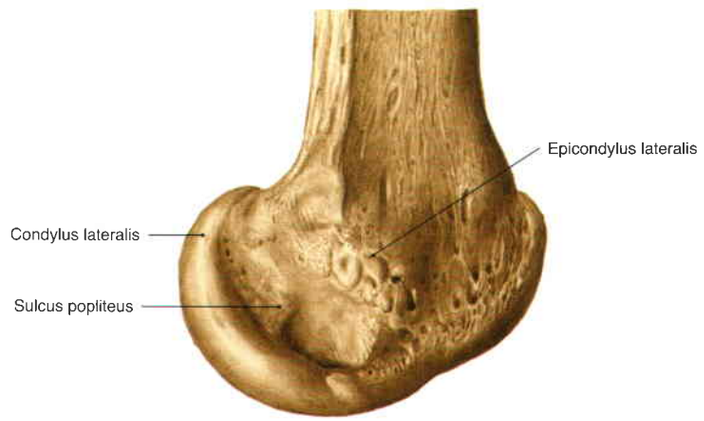


Fig. 1257 Femur, Femur; distal extremity; lateral view.

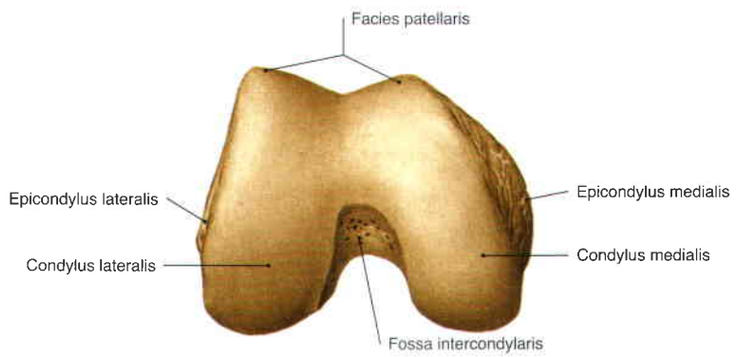


Fig. 1258 Femur, Femur; distal extremity; distal view.

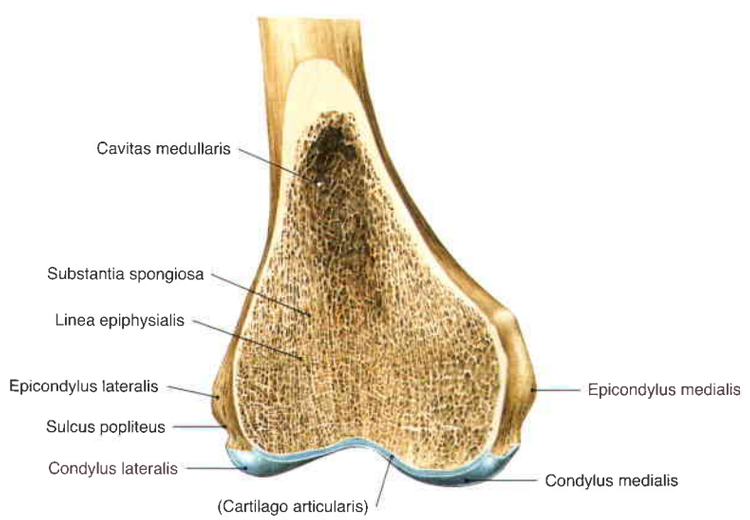


Fig. 1259 Femur, Femur; frontal section through the distal part; ventral view.

Tibia

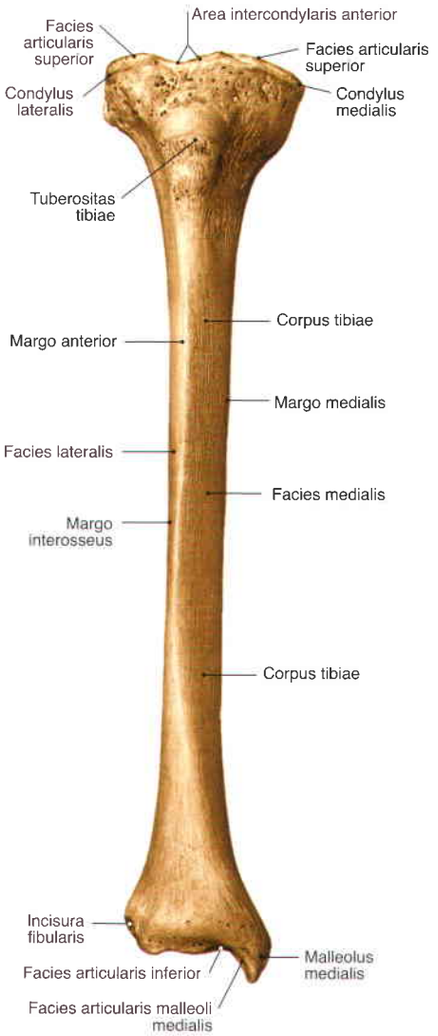


Fig. 1260 Tibia, Tibia; ventral view.

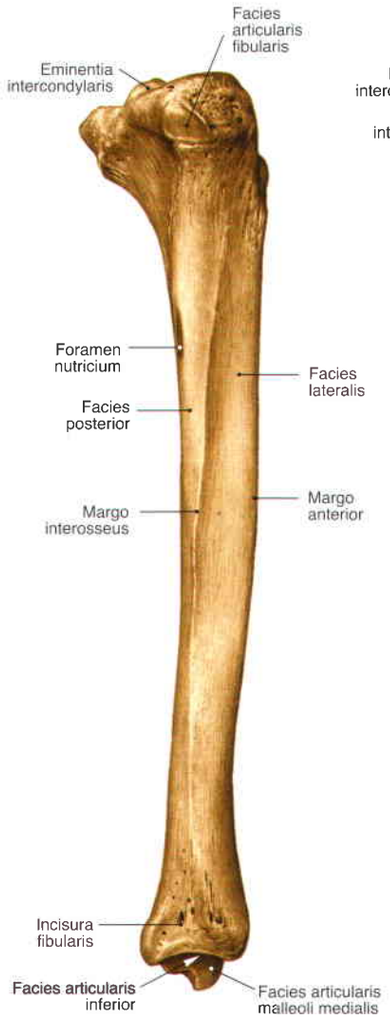


Fig. 1261 Tibia, Tibia; lateral view.

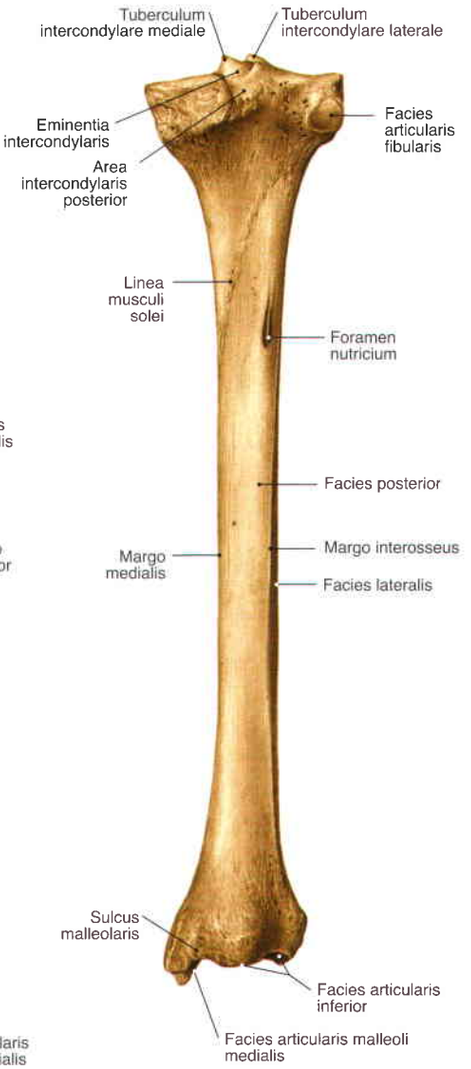


Fig. 1262 Tibia, Tibia; dorsal view.

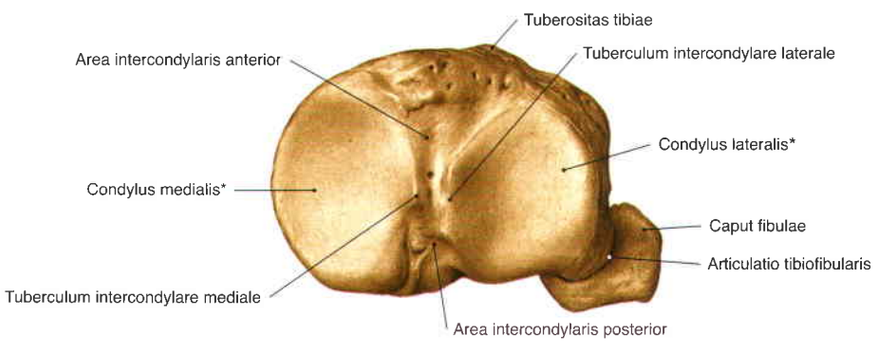


Fig. 1263 Tibia, Tibia, and fibula, Fibula; proximal view.

* The articular surfaces of the condyles together are referred to as superior articular surface.

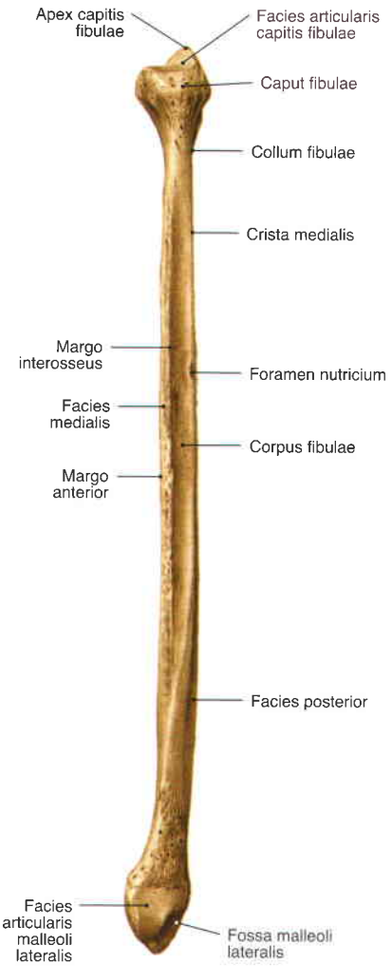


Fig. 1264 Fibula, Fibula; medial view.

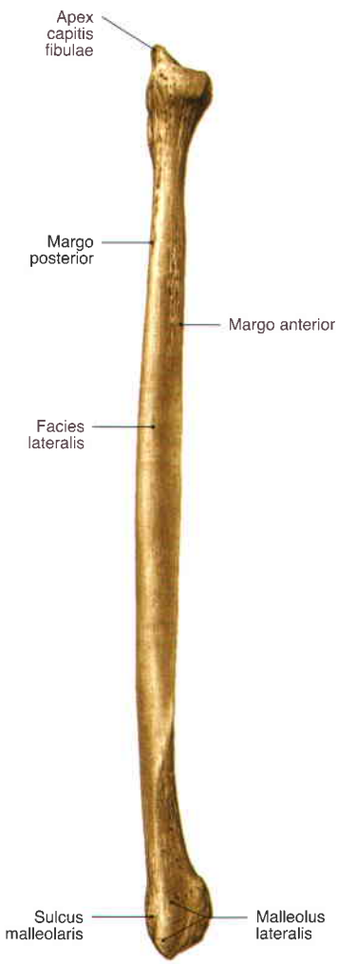


Fig. 1265 Fibula, Fibula; lateral view.

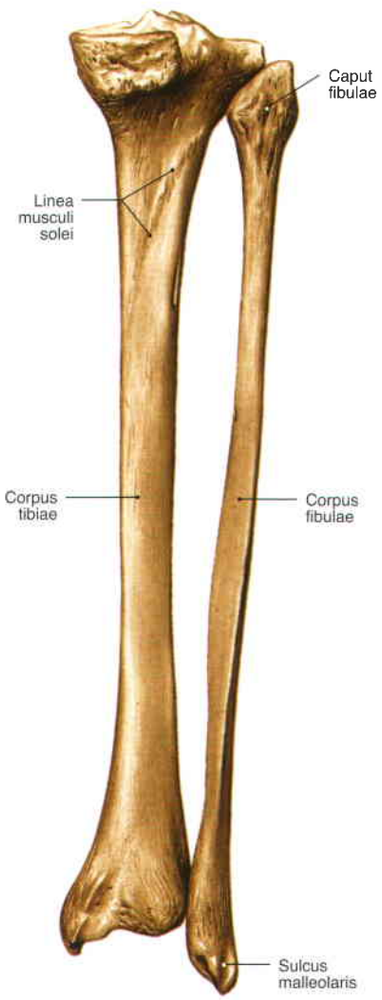


Fig. 1266 Tibia, Tibia, and fibula, Fibula; dorsal view.

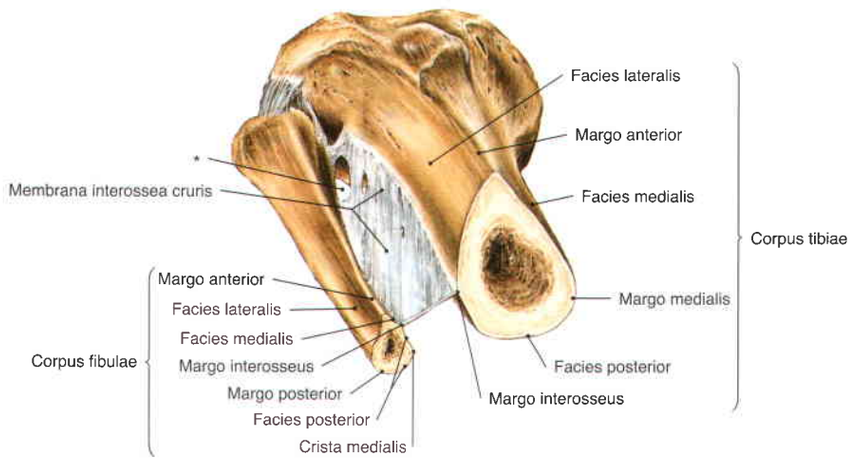


Fig. 1267 Tibia, Tibia, and fibula, Fibula; cross-section with the interosseous membrane of leg; distal view.
* Opening for the anterior tibial artery

Patella and knee joint

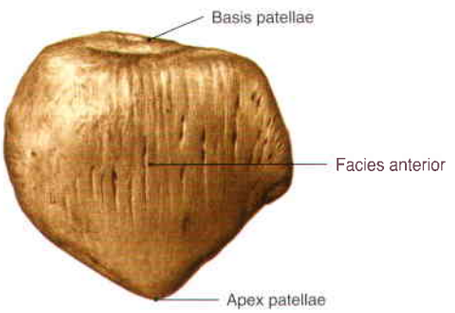


Fig. 1268 Patella, Patella; ventral view.

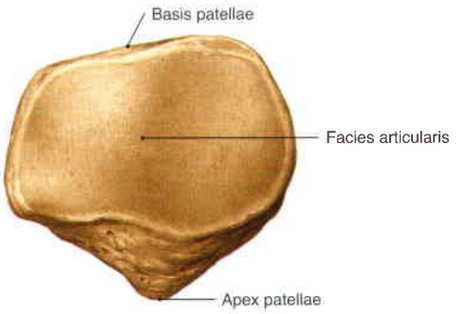


Fig. 1269 Patella, Patella; dorsal view.

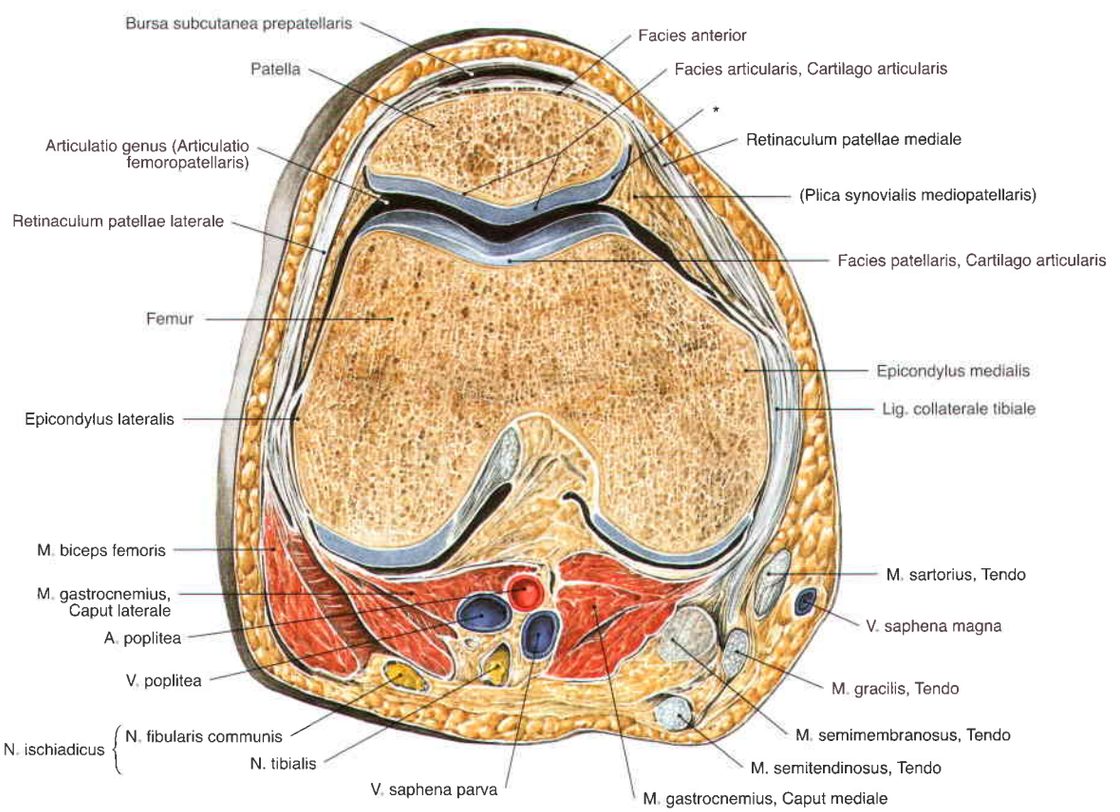


Fig. 1270 Knee joint, Articulatio genus; cross-section.
* Medial border facet

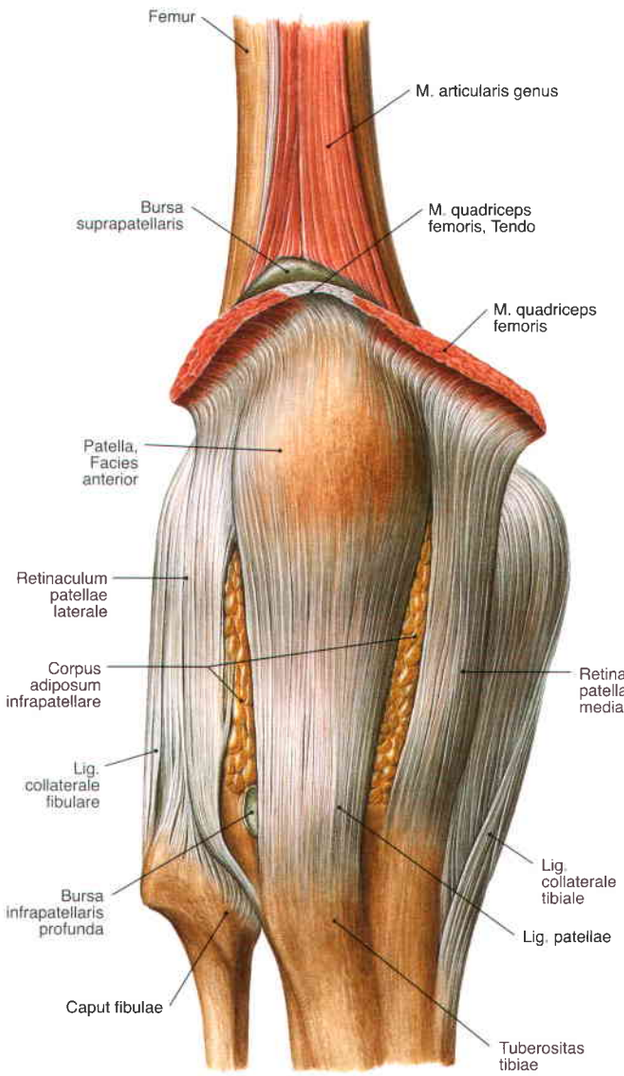


Fig. 1271 Knee joint, Articulatio genus; intact articular capsule; ventral view.

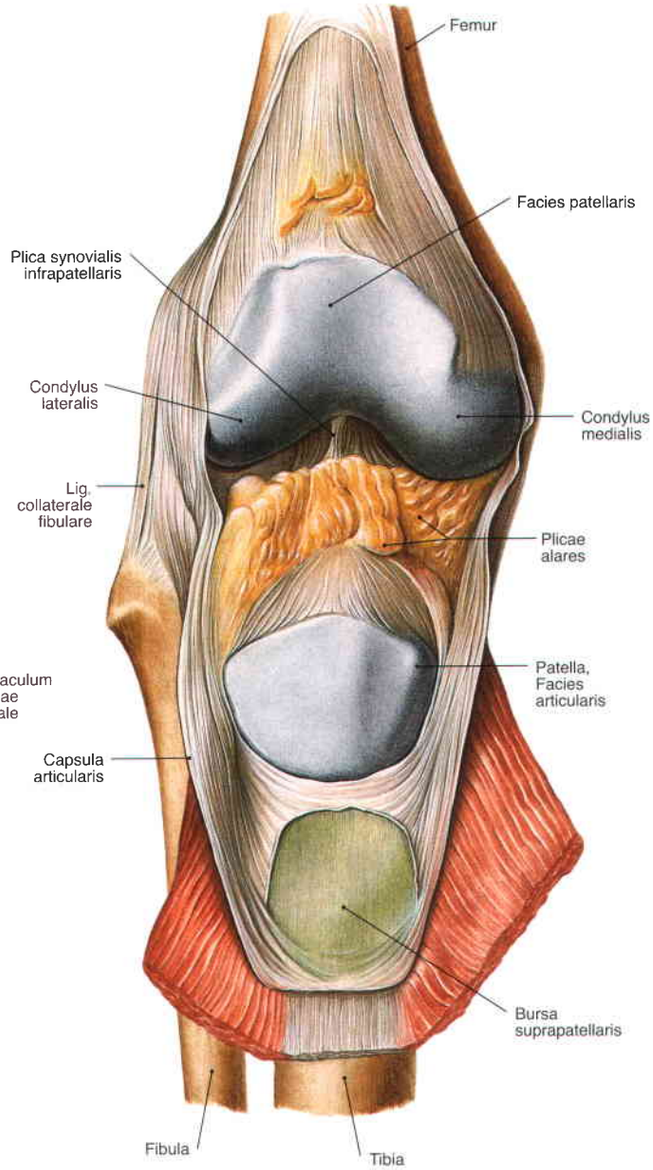


Fig. 1272 Knee joint, Articulatio genus; the anterior part of the articular capsule has been reflected downwards after dissection of the quadriceps muscle; the suprapatellar bursa has been opened; ventral view.

Knee joint

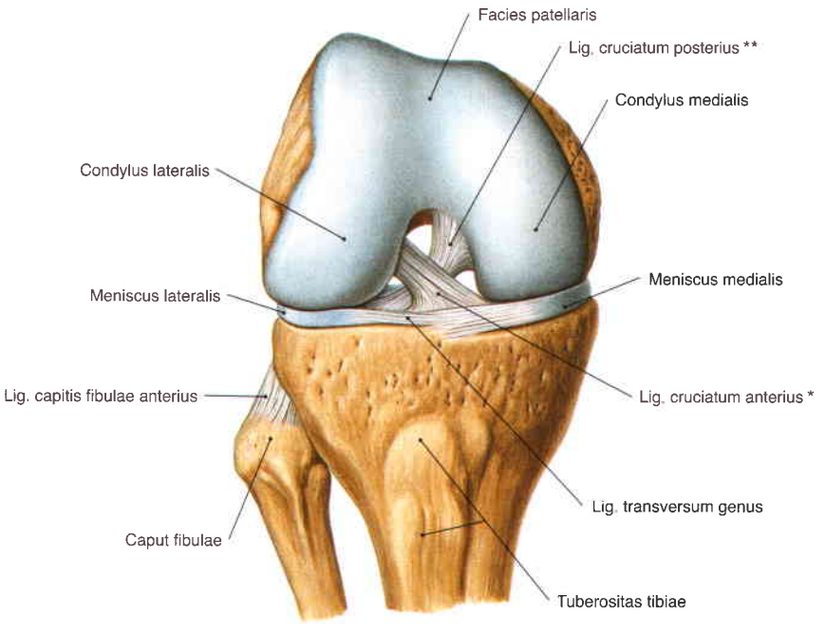


Fig. 1273 Knee joint, Articulatio genus; in 90° flexion; the articular capsule and the lateral ligaments have been removed; ventral view.

* Clinical term: ACL (= anterior cruciate ligament)
** Clinical term: PCL (= posterior cruciate ligament)

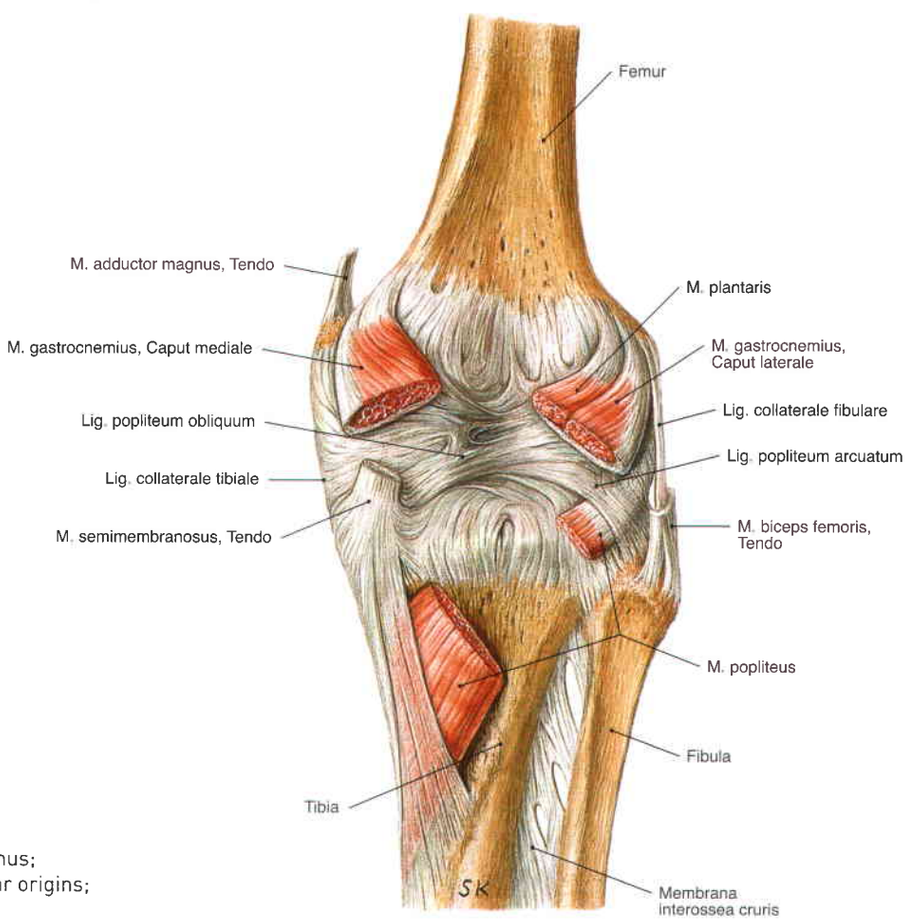


Fig. 1274 Knee joint, Articulatio genus; intact articular capsule with muscular origins; dorsal view.

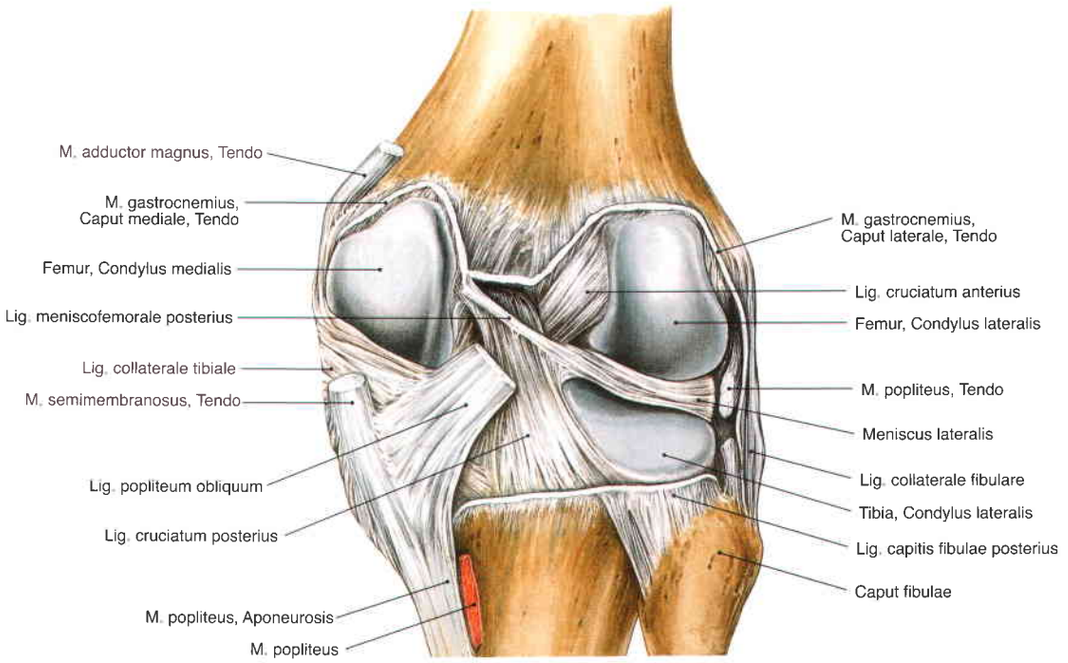


Fig. 1275 Knee joint, Articulatio genus;
exposure of the cruciate ligaments and the menisci;
dorsal view.

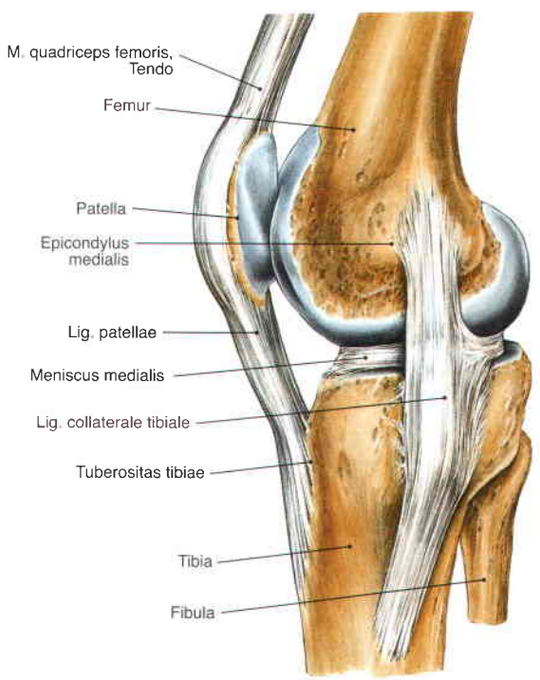


Fig. 1276 Tibial collateral ligament, Lig. collaterale tibiale;
knee in extended position;
medial view.
Only the posterior fibres of the tibial collateral ligament are attached to the medial meniscus.

Fig. 1277 Tibial collateral ligament, Lig. collaterale tibiale;
knee in flexed position (90°);
medial view.
In the course of flexion, the posterior and proximal fibres of the tibial collateral ligament become twisted, thereby stabilizing the medial meniscus.

Knee joint

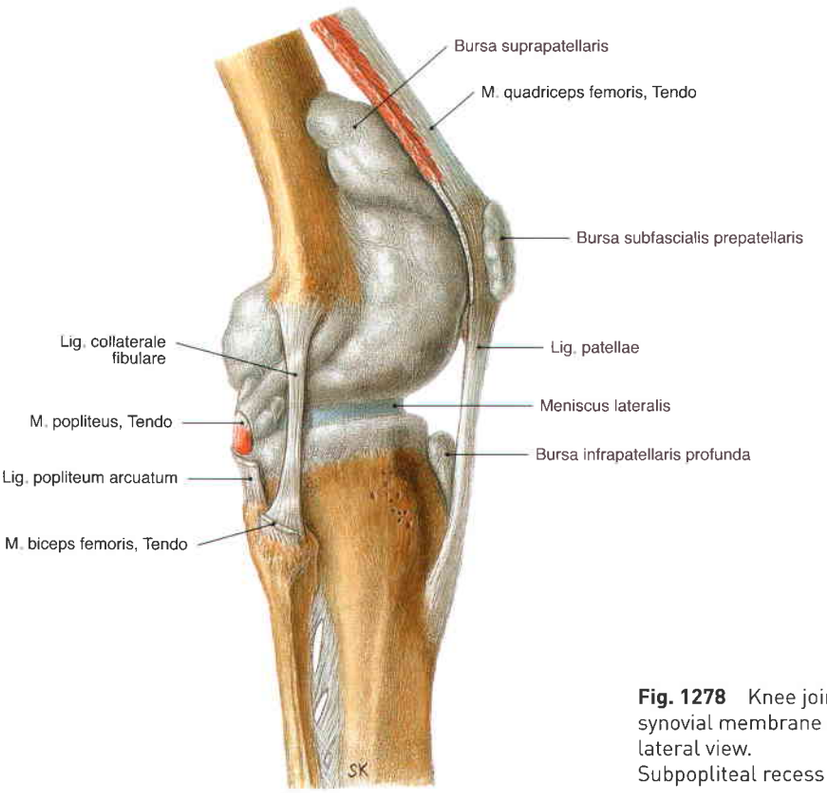


Fig. 1278 Knee joint, Articulatio genus;
synovial membrane tightly filled after injection of plastic material;
lateral view.
Subpopliteal recess not shown (compare Fig. 1279).

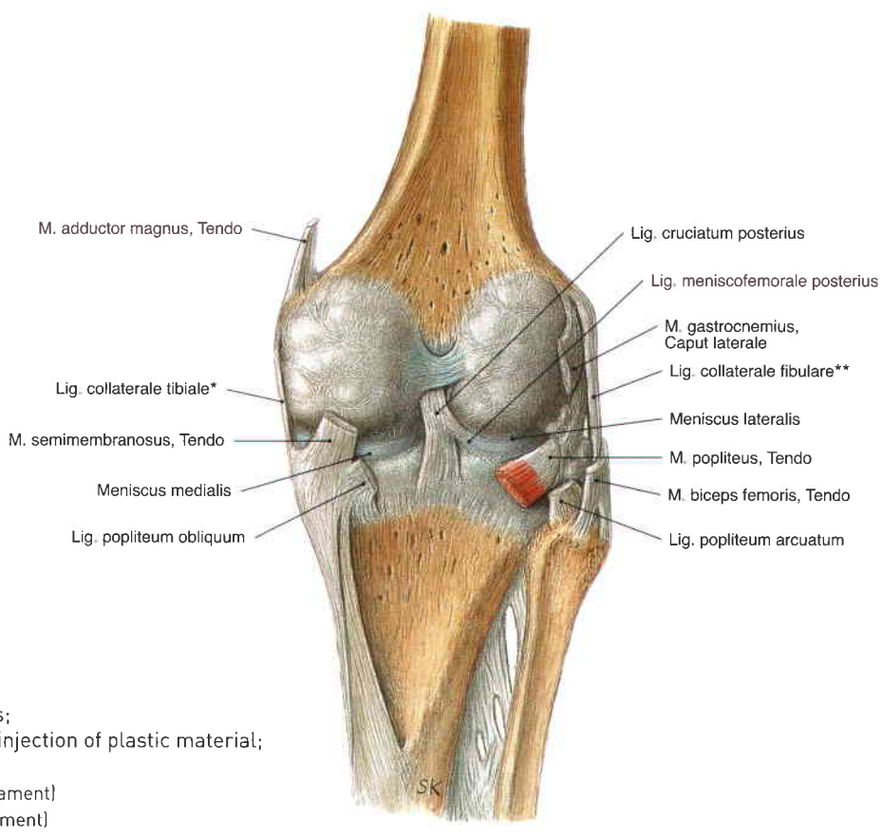


Fig. 1279 Knee joint, Articulatio genus;
synovial membrane thightly filled after injection of plastic material;
dorsal view.
* Clinical term: MCL (= medial collateral ligament)
** Clinical term: LCL (= lateral collateral ligament)

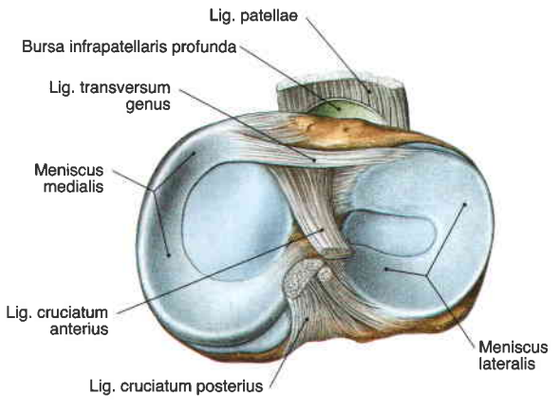


Fig. 1280 Menisci of the knee joint, Articulatio genus, and cruciate ligaments, Ligg. cruciata; proximal view.

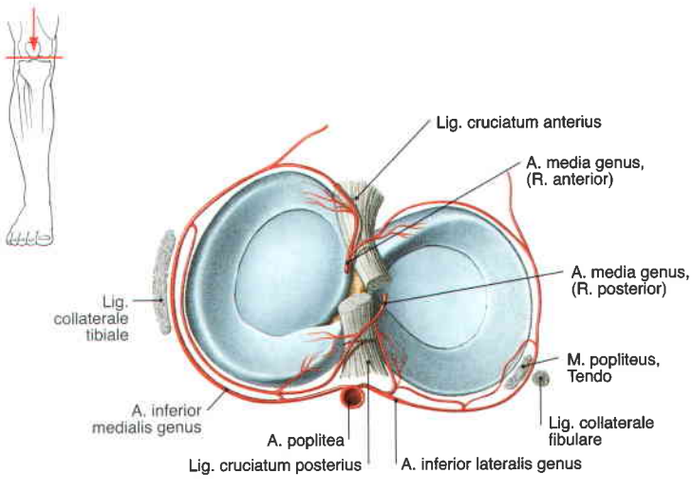


Fig. 1281 Menisci of the knee joint, Articulatio genus; arterial supply; proximal view.

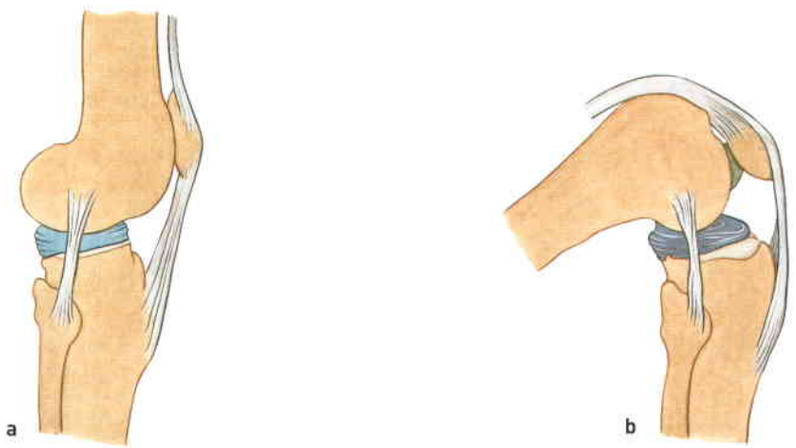


Fig. 1282 a, b Displacement of the menisci during flexion; lateral view.

a Extended position
b Flexed position

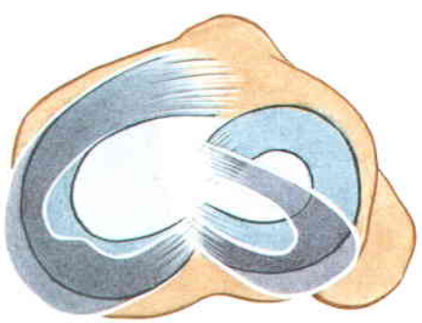


Fig. 1283 Displacement of the menisci during flexion; proximal view.
In flexion, both menisci are displaced posteriorly over the edges of the tibial condyles. The greater mobility of the lateral meniscus accounts for its lesser risk of damage.

Knee joint, sections

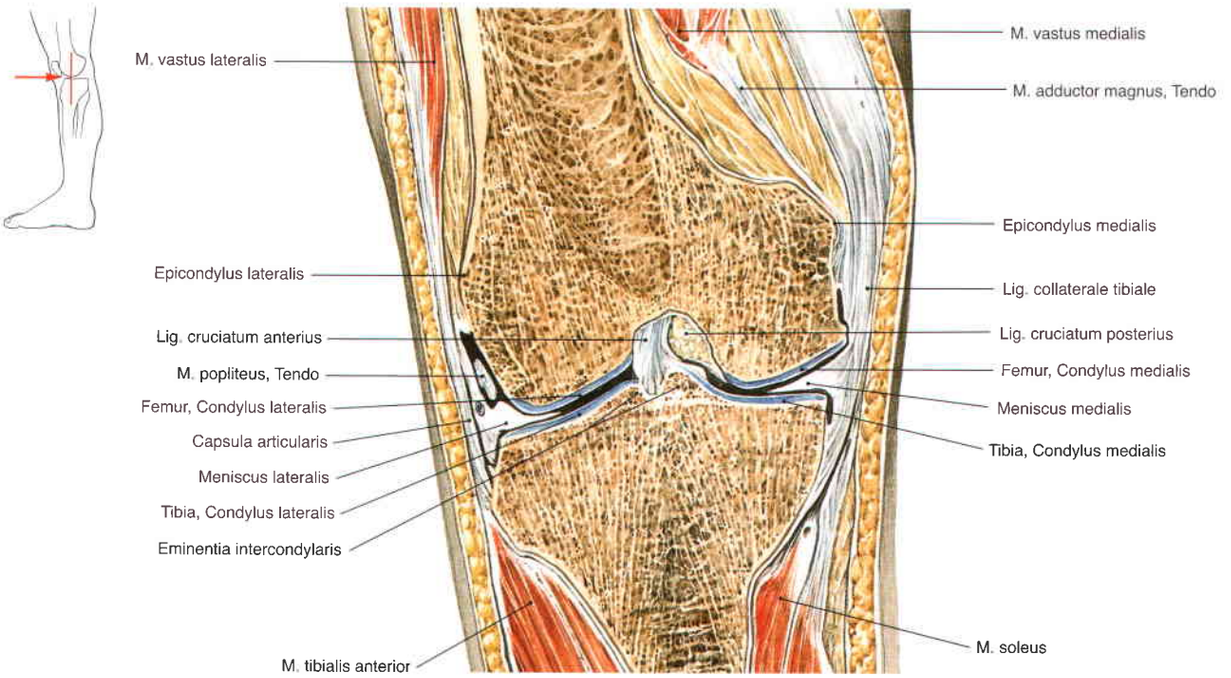


Fig. 1284 Knee joint, Articulatio genus; frontal section.

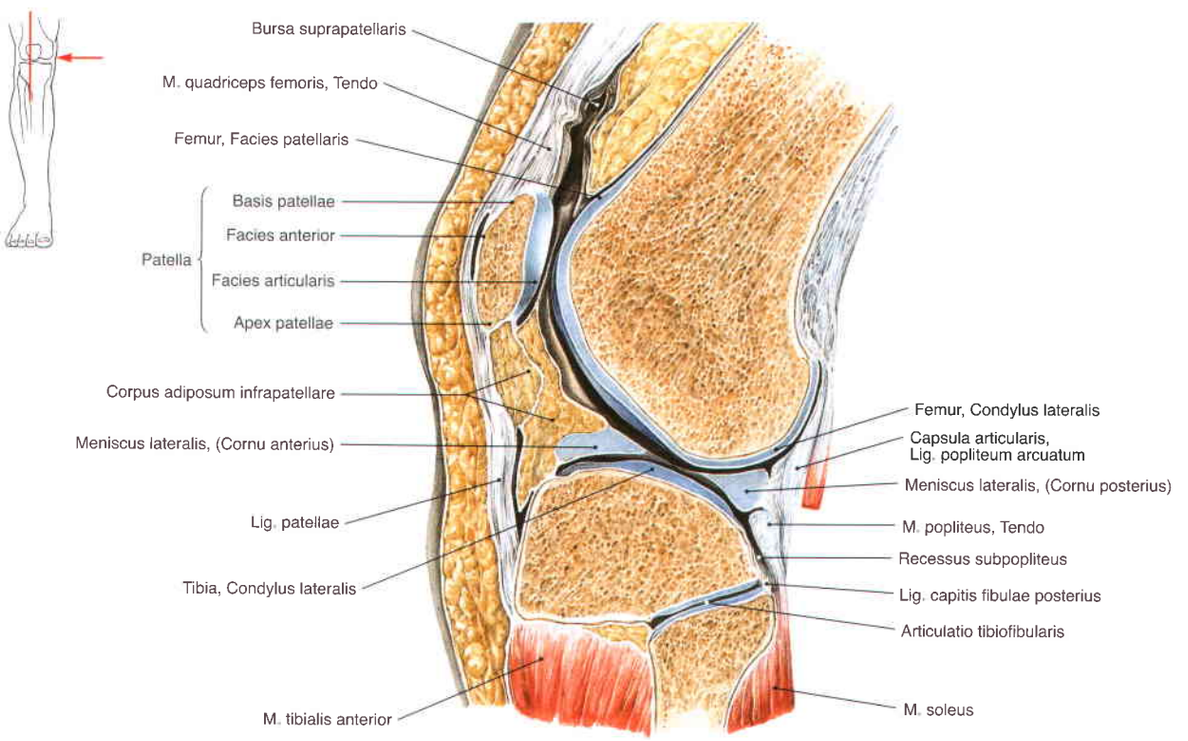


Fig. 1285 Knee joint, Articulatio genus; sagittal section through the lateral part of the joint.

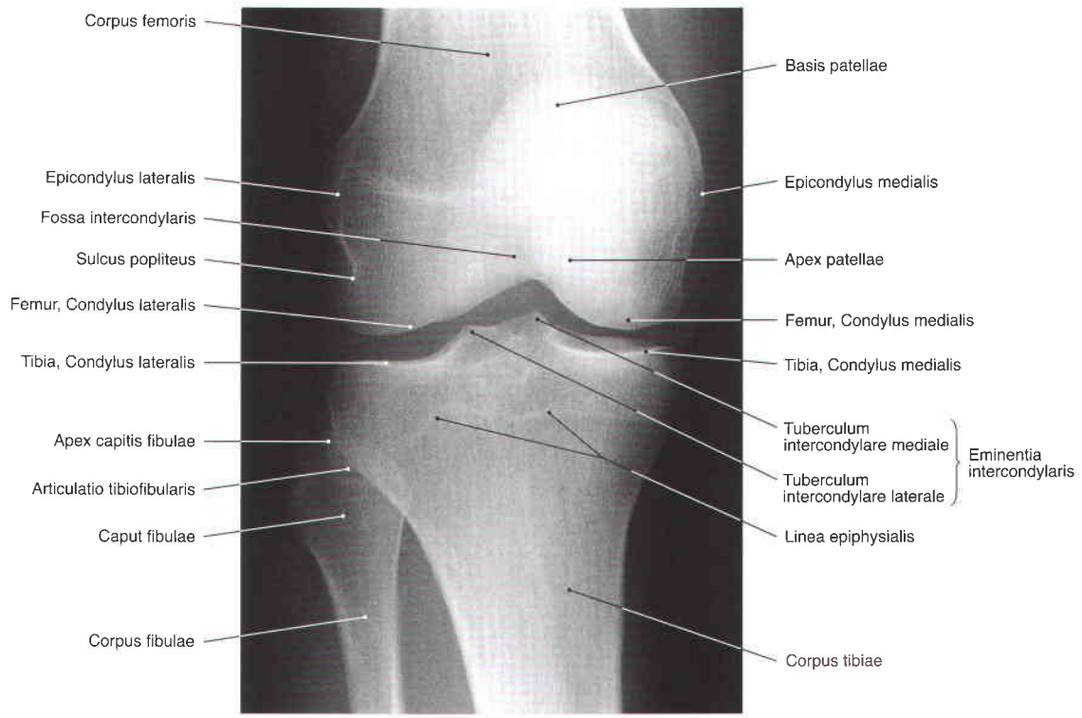


Fig. 1286 Knee joint, Articulatio genus; AP-radiograph with the central beam directed onto the middle of the joint; subject reclined.

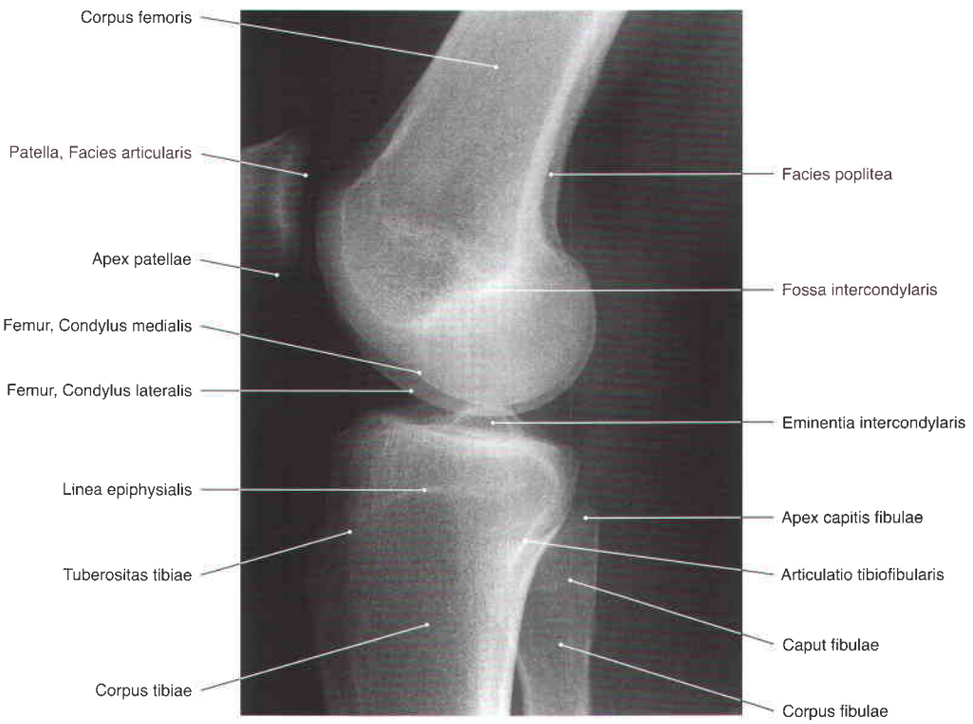
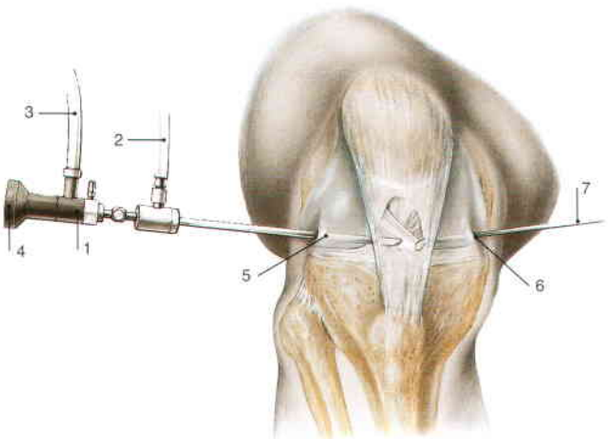


Fig. 1287 Knee joint, Articulatio genus; lateral radiograph with the central beam directed onto the middle of the joint; subject reclined.

Knee joint, arthroscopy



1 Arthroscope
2 Inlet or outlet for the rinsing fluid
3 Cold light source
4 Ocular or connector for the video system
5 Anterolateral access
6 Anteromedial access
7 Additional instrument

Fig. 1288 Accesses for arthroscopy.

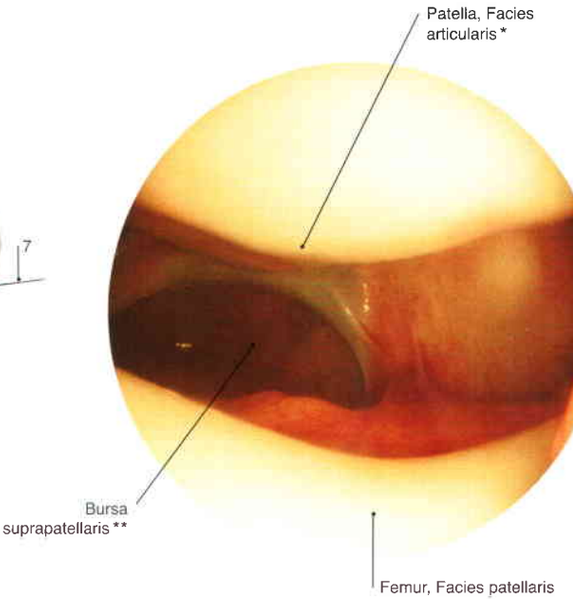
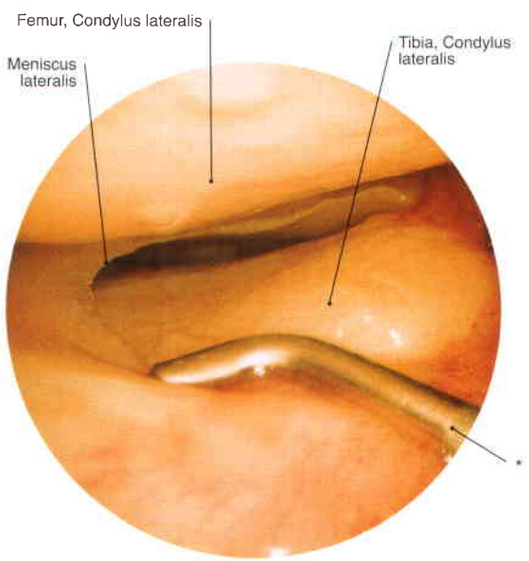
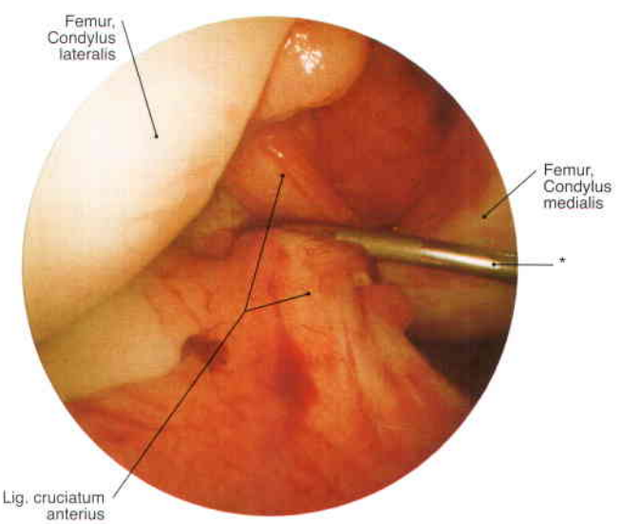


Fig. 1289 a–c Knee joint, Articulatio genus; arthroscopy.
a Distal view into the femoropatellar joint
* Patellar roof ridge: ridge between the medial and lateral articular surfaces
** Clinical term: suprapatellar recess



b Medial view of the free inner edge of the lateral meniscus;
retractor (*) slightly depressing the anterior part of the meniscus



c Anterolateral view of the distal part of the anterior cruciate ligament, Lig. cruciatum anterius.
The ligament is covered by a richly vascularized synovial membrane. It is drawn medially by a retractor (*).

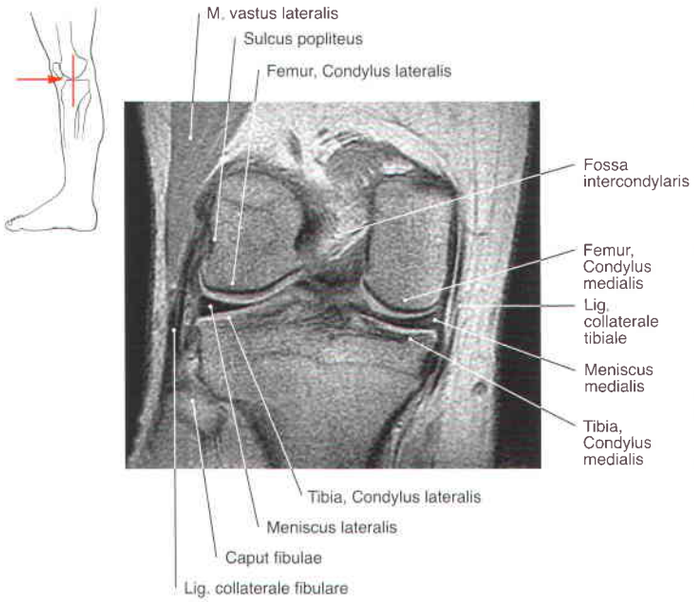


Fig. 1290 Knee joint, Articulatio genus; magnetic resonance tomographic image (MRI); frontal section; knee in the extended position. In this imaging technique, compact bone appears black.

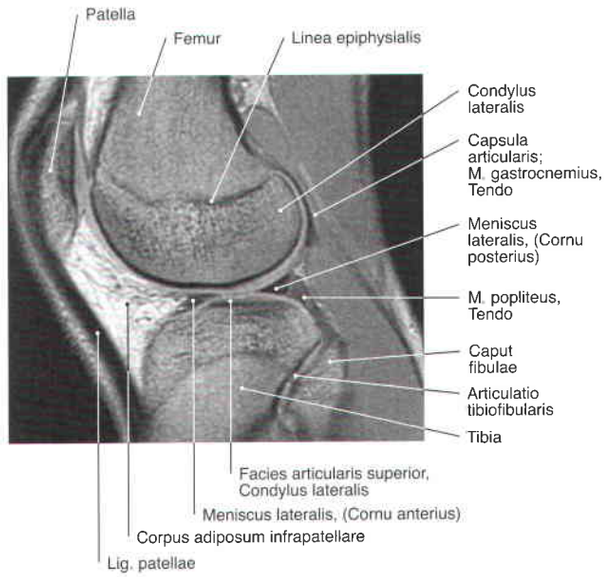


Fig. 1291 Knee joint, Articulatio genus; magnetic resonance tomographic image (MRI); sagittal section through the lateral part of the joint; knee in the extended position.

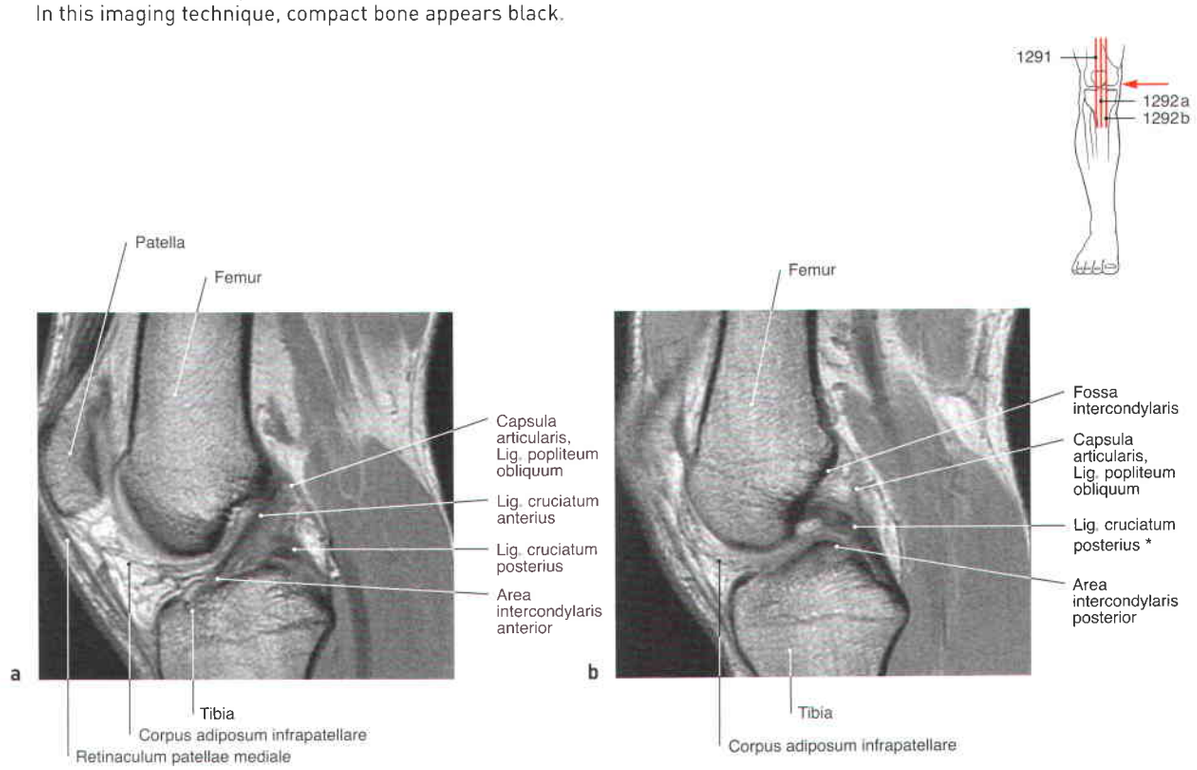


Fig. 1292 a, b Knee joint, Articulatio genus; magnetic resonance tomographic image (MRI); sagittal sections to demonstrate the cruciate ligaments; knee in the extended position.

a Anterior cruciate ligament, Lig. cruciatum anterius, (ACL)
b Posterior cruciate ligament, Lig. cruciatum posterius, (PCL)
* The inhomogeneity is due to oblique sectioning of the fibre bundles.

Joints of the bones of the leg

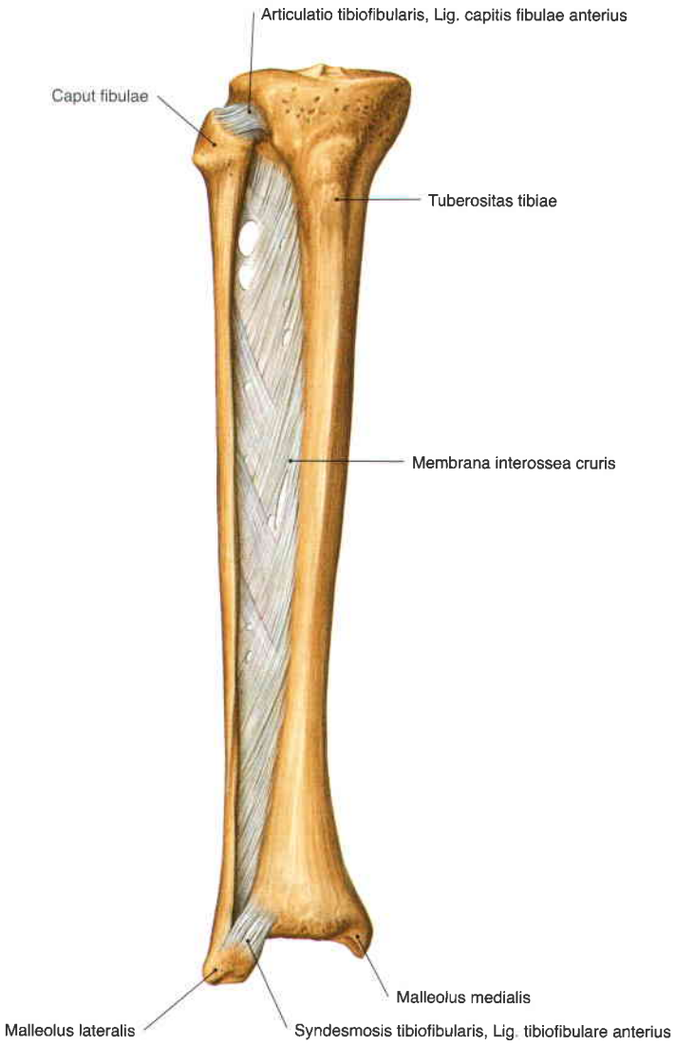


Fig. 1293 Joints of the bones of the leg; ventral view.

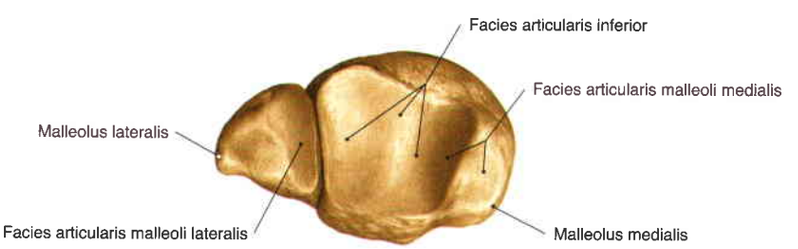
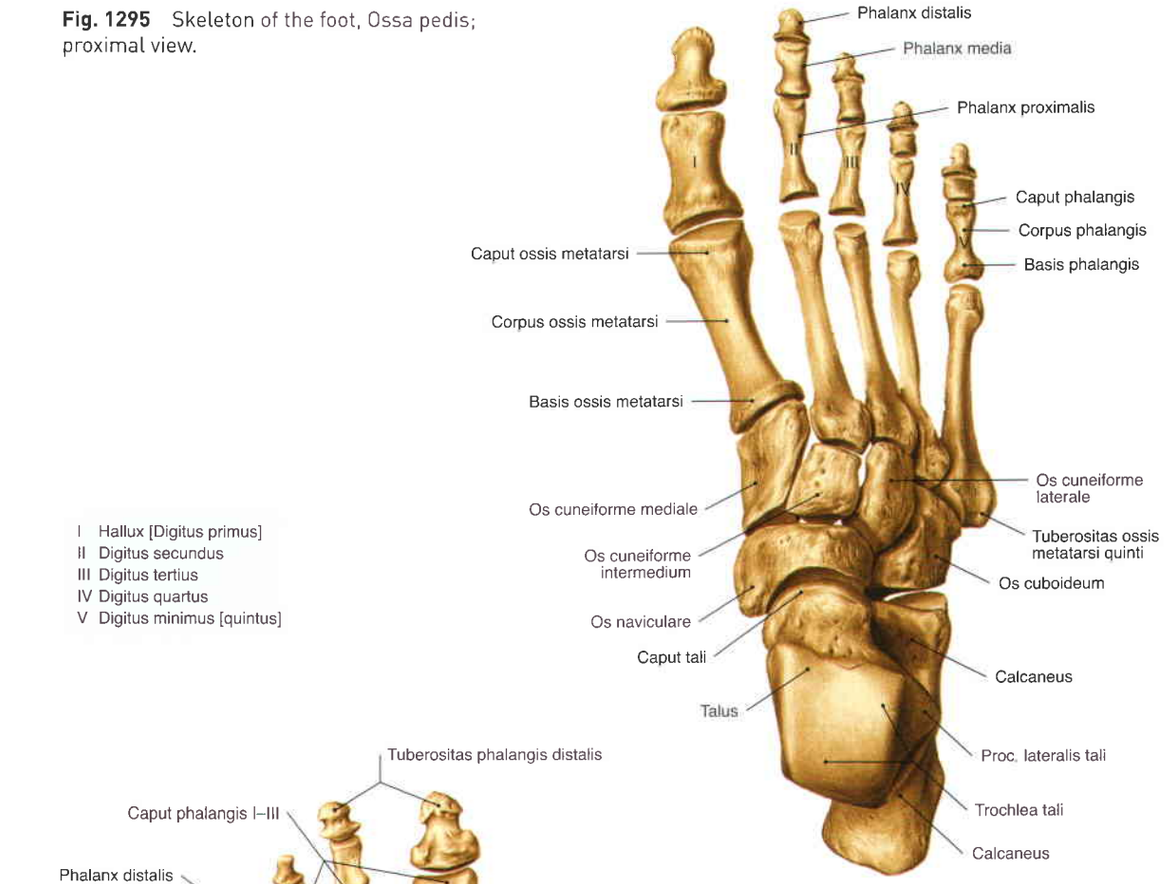


Fig. 1294 Tibia, Tibia, and fibula, Fibula; distal view.

Fig. 1295 Skeleton of the foot, Ossa pedis; proximal view.



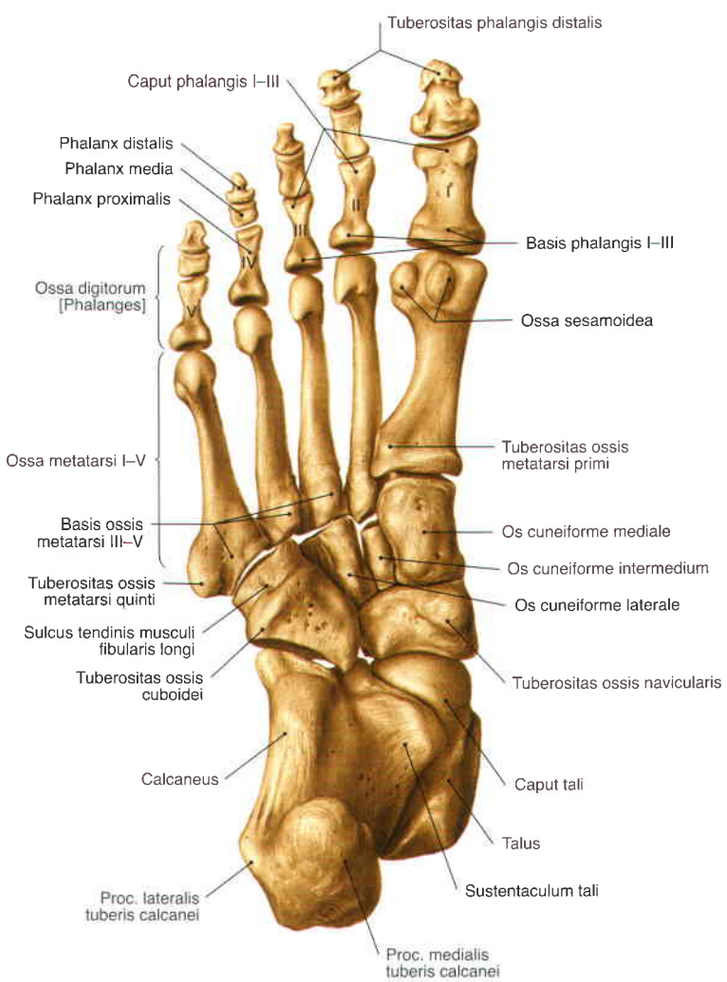


Fig. 1296 Skeleton of the foot, Ossa pedis; plantar view.

Skeleton of the foot

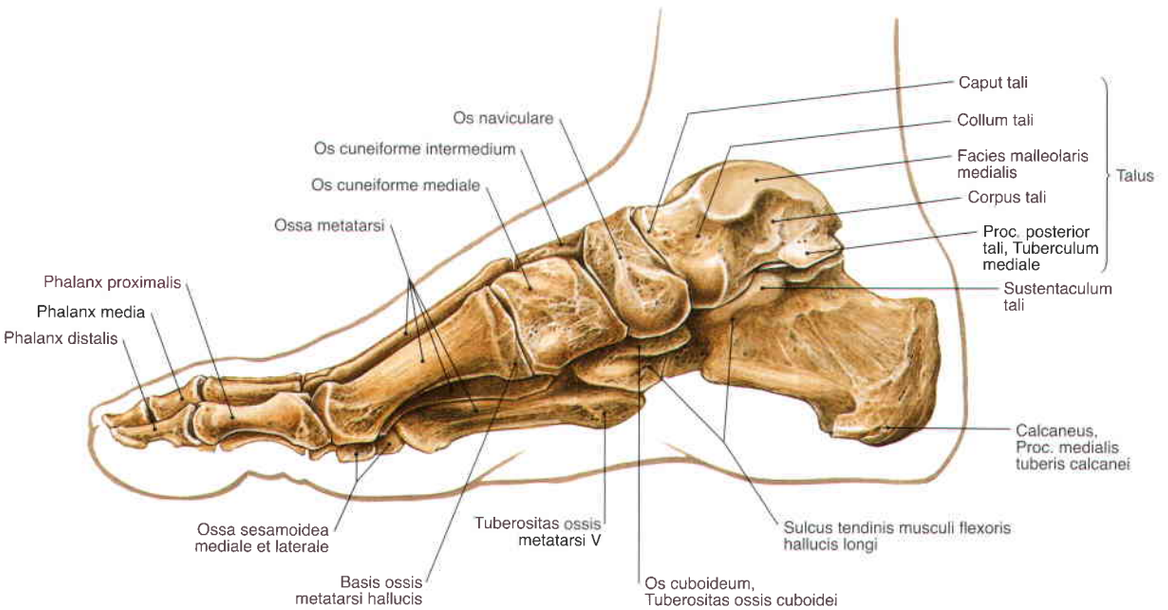


Fig. 1297 Skeleton of the foot, Ossa pedis; medial view.

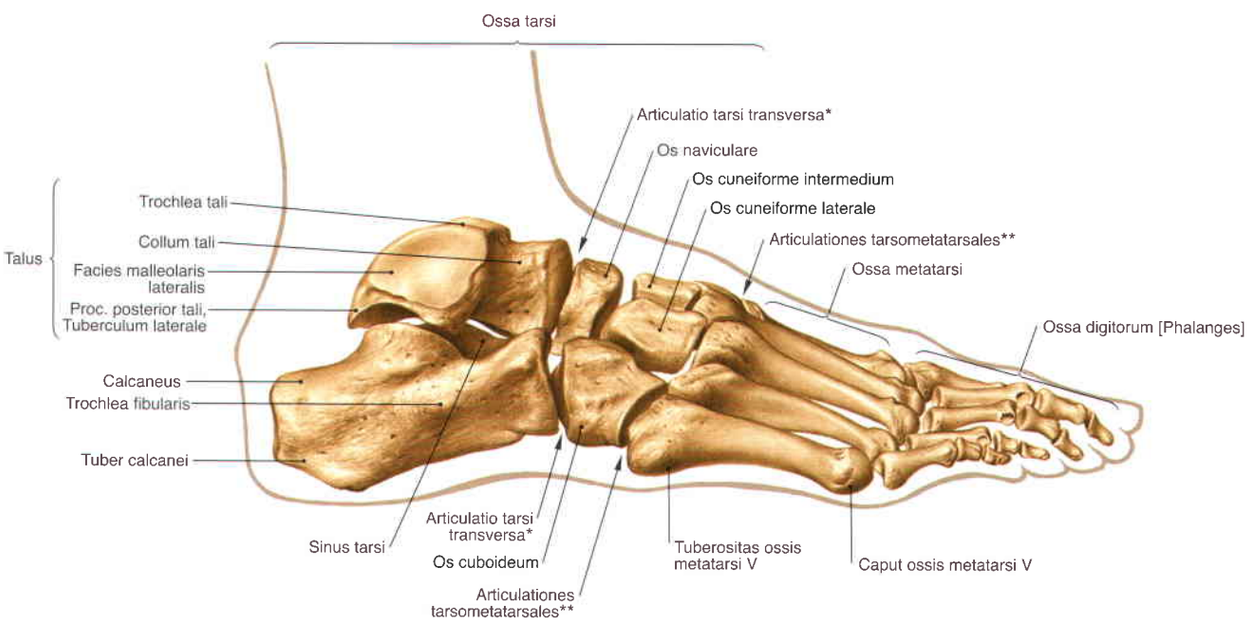


Fig. 1298 Skeleton of the foot, Ossa pedis; lateral view.

* Also: CHOPART's joint
** Also: LISFRANC's joint

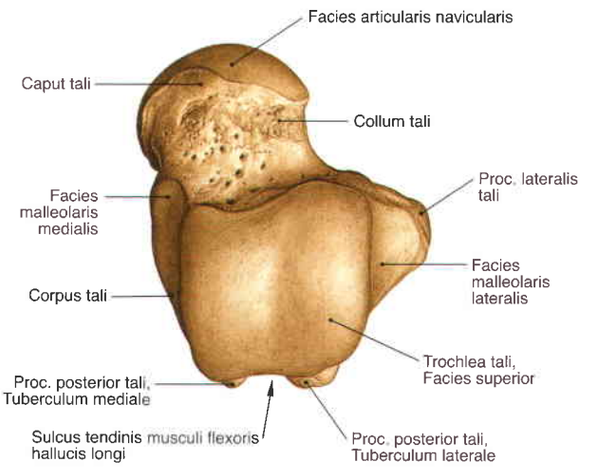


Fig. 1299 Talus, Talus; proximal view.

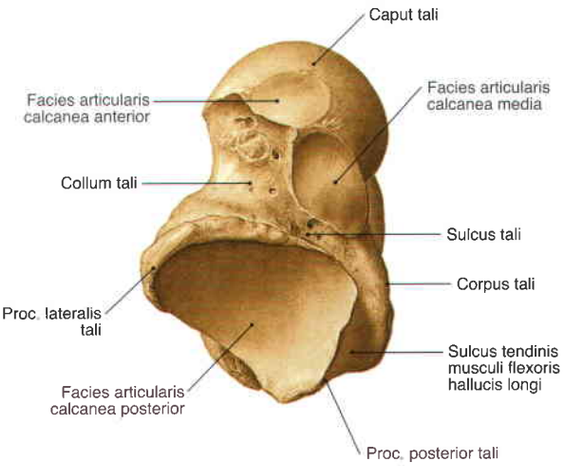


Fig. 1300 Talus, Talus; plantar view.

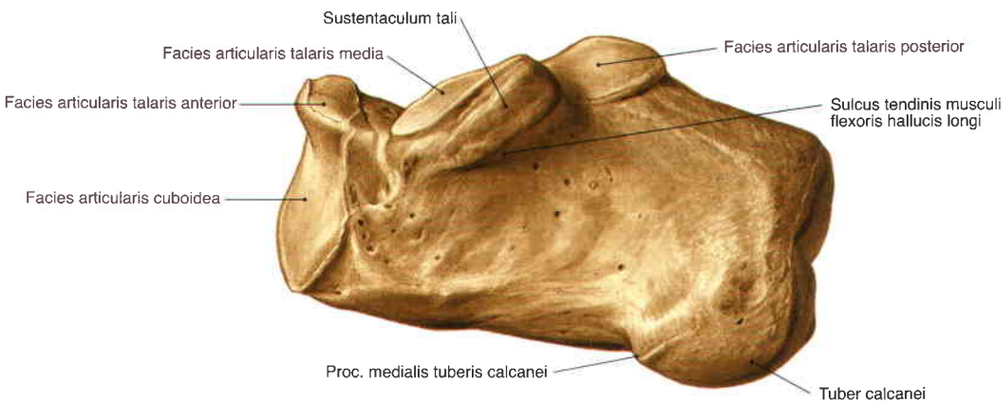


Fig. 1301 Calcaneus, Calcaneus; medial view.

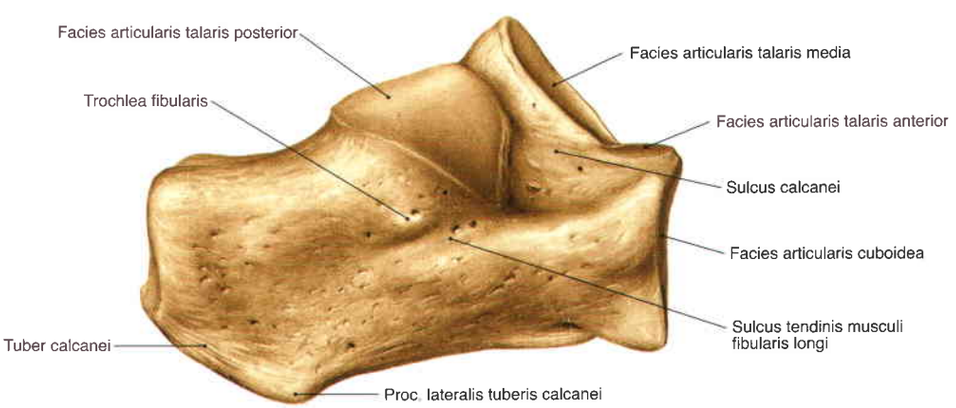


Fig. 1302 Calcaneus, Calcaneus; lateral view.

Tarsal bones

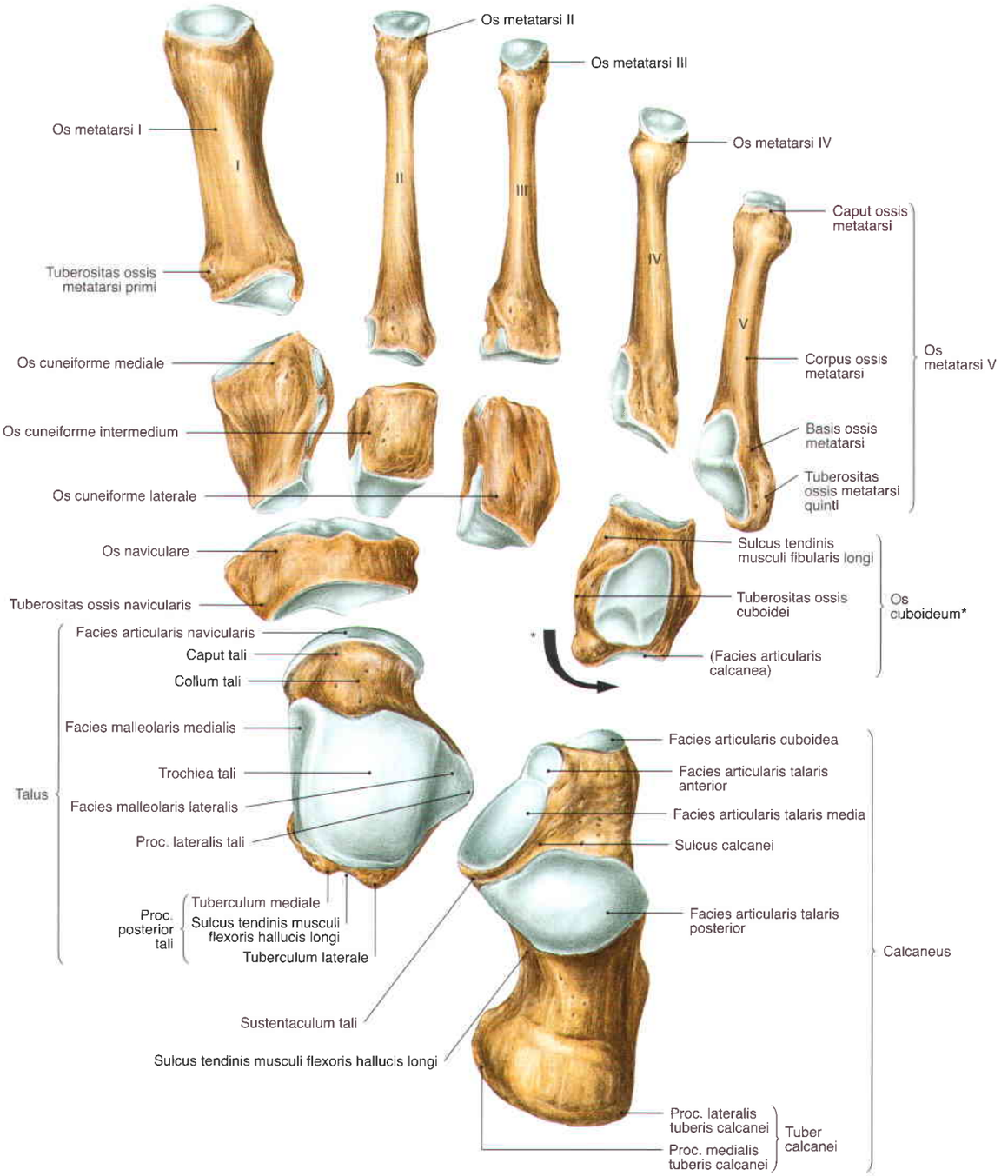


Fig. 1303 Tarsal bones, Ossa tarsi, and metatarsal bones, Ossa metatarsi; proximal view.
* The cuboid bone is shown in a medial view.

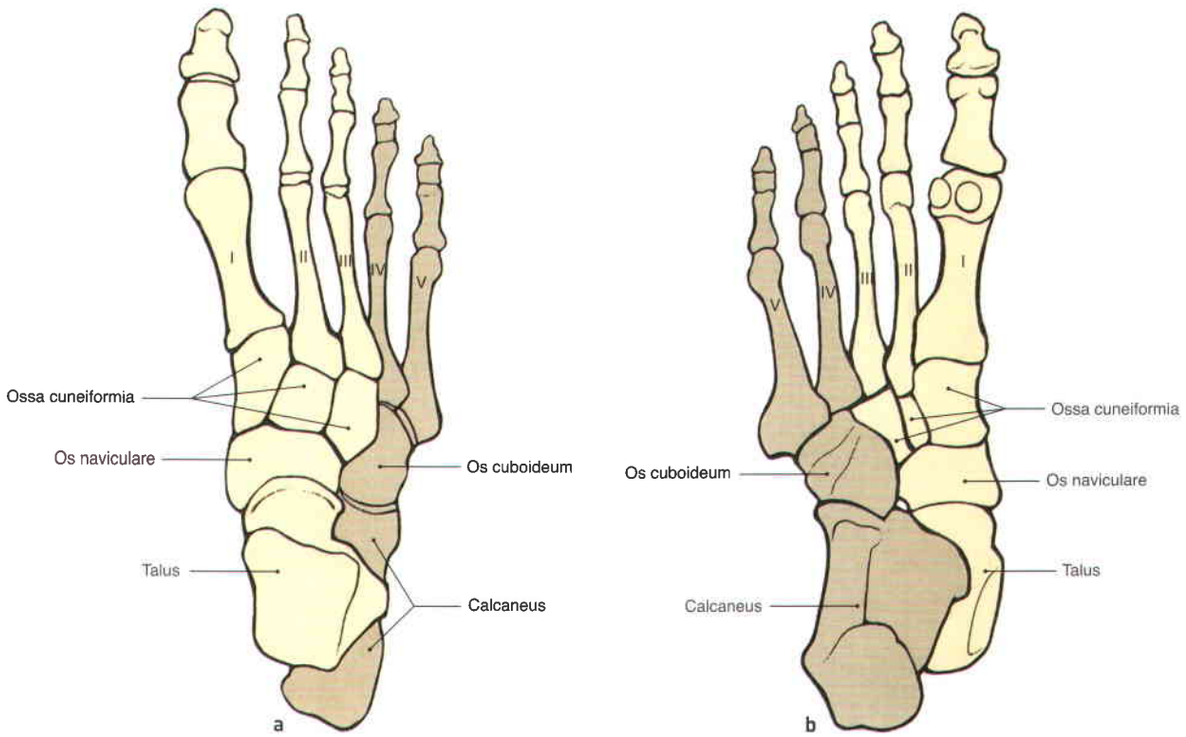


Fig. 1304 a, b Skeleton of the foot, Ossa pedis; structural organisation.
a Proximal view
b Plantar view

The heads of all metatarsal bones lie in the plantar plane. The cuneiform bones, the navicular bone and the talus rest upon the lateral parts of the skeleton, especially in the posterior part of the foot. The talus is therefore situated above the calcaneus and the longitudinal arch is formed.
The wedge-shaped cross-section of the cuneiform bones and the bases of the metatarsal bones contribute to the formation of the transverse vault.

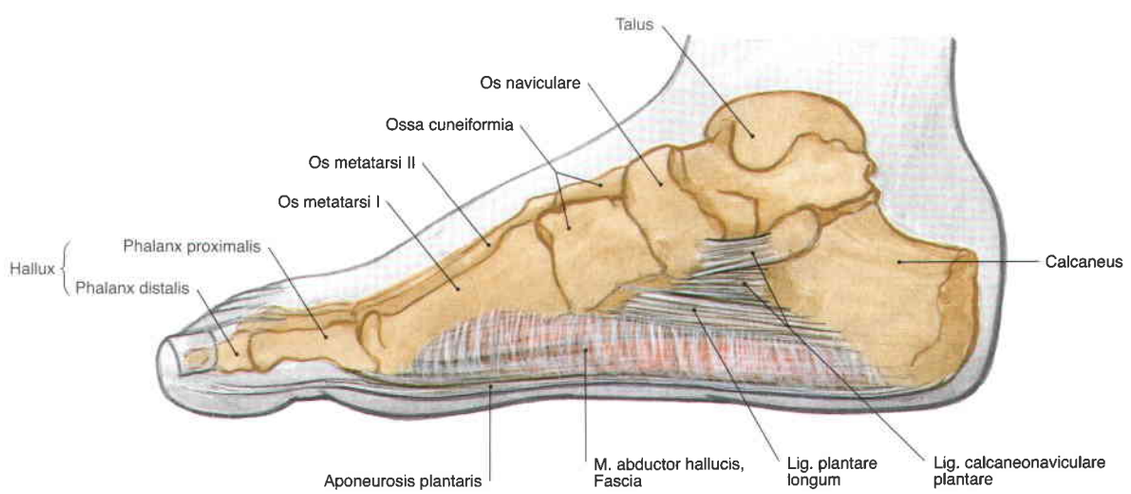


Fig. 1305 Supporting structures of the medial arch of the longitudinal vault of the foot; medial view.

The ligaments shown in this illustration are mostly directed in the longitudinal axis of the foot and support passively the longitudinal vault of the foot. The short muscles of the foot primarily support this construction.

Joints of the foot

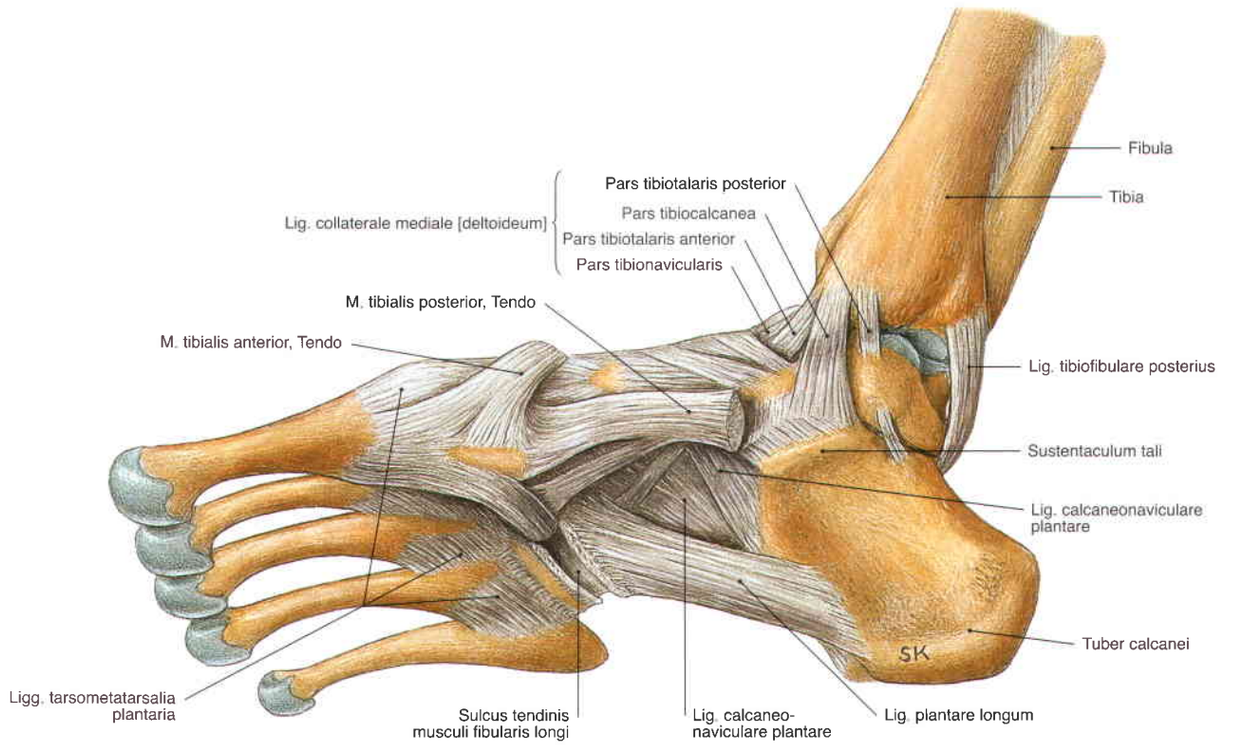


Fig. 1306 Joints of the foot, Articulationes pedis; ligaments and tendons; medial view.

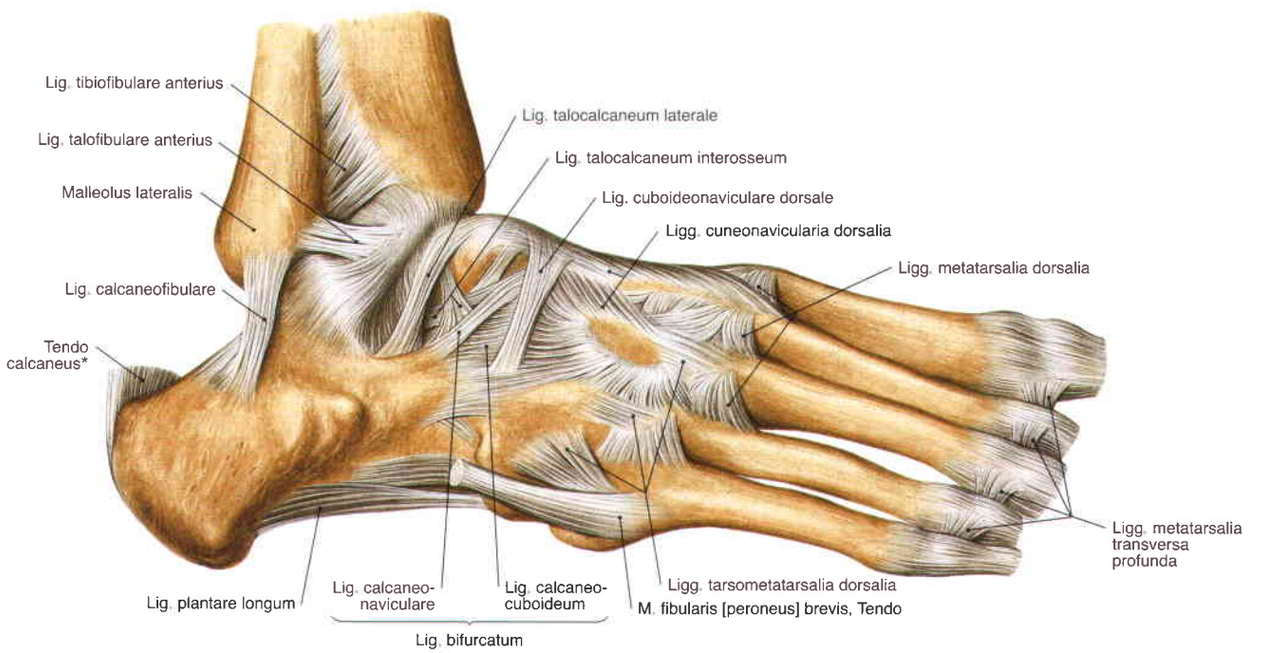


Fig. 1307 Joints of the foot, Articulationes pedis; ligaments and tendons; lateral view.
* Also: Achilles tendon

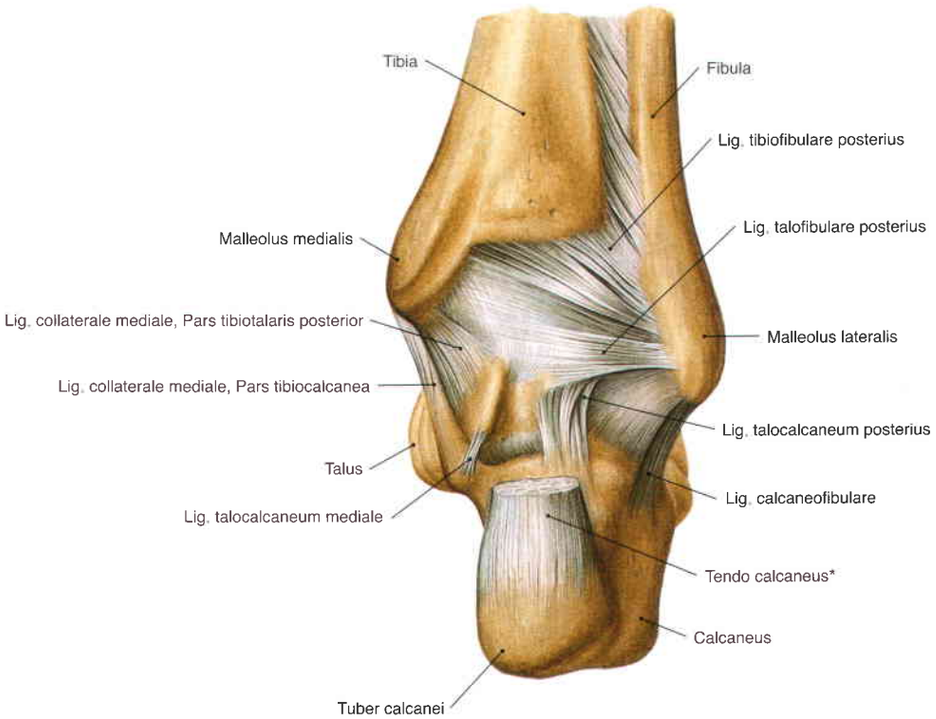


Fig. 1308 Joints of the foot, Articulationes pedis; ligaments and tendons of the posterior part of the foot.
* Also: Achilles tendon

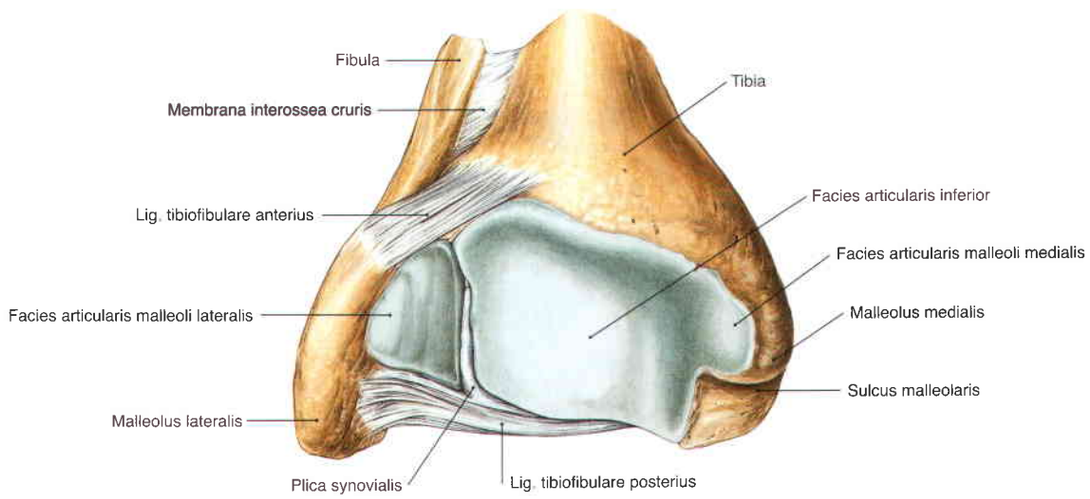


Fig. 1309 Ankle joint, Articulatio talocruralis; proximal articular surfaces; distal view.

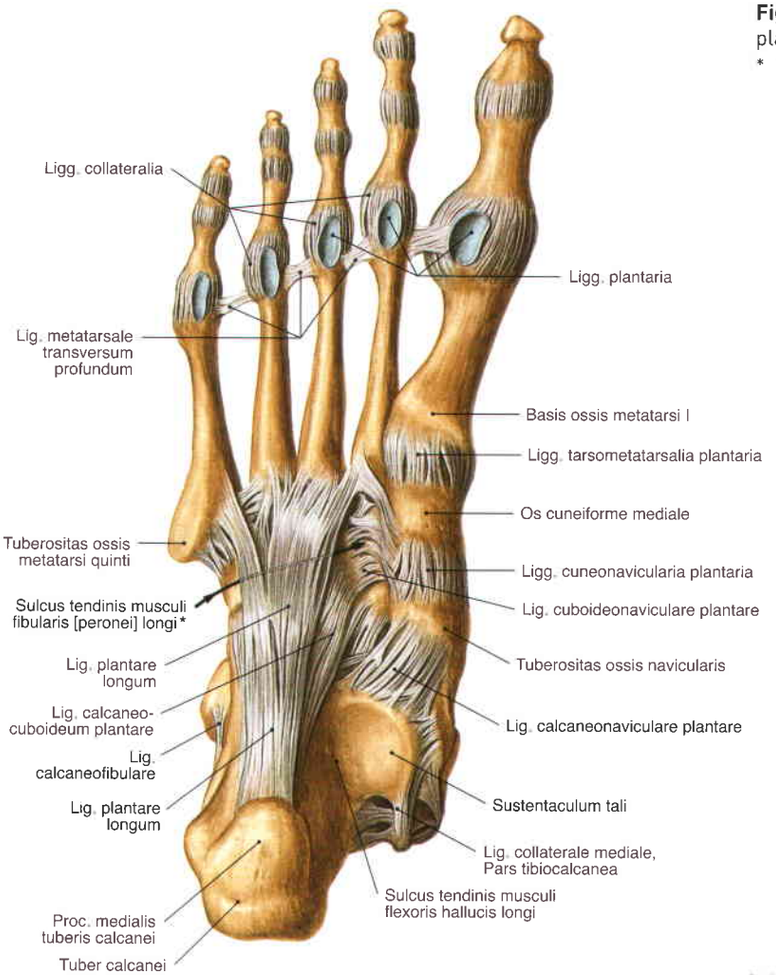


Fig. 1310 Joints of the foot, Articulationes pedis; plantar view.
* With the long plantar ligament the groove for the tendon of the fibularis longus muscle is enclosed in a canal.

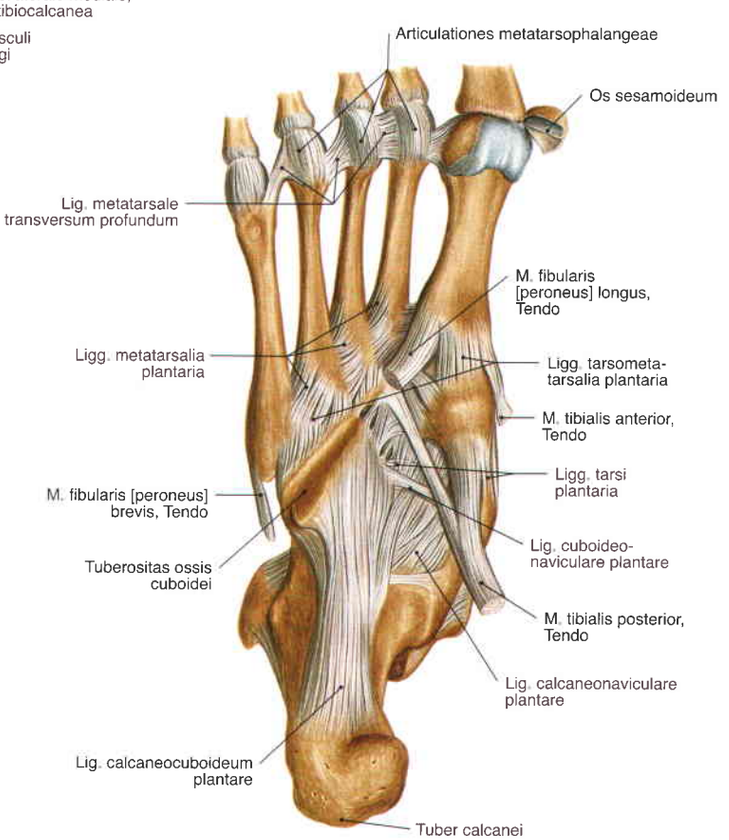


Fig. 1311 Joints of the foot, Articulationes pedis; ligaments and tendons of the tarsus and metatarsus; plantar view.

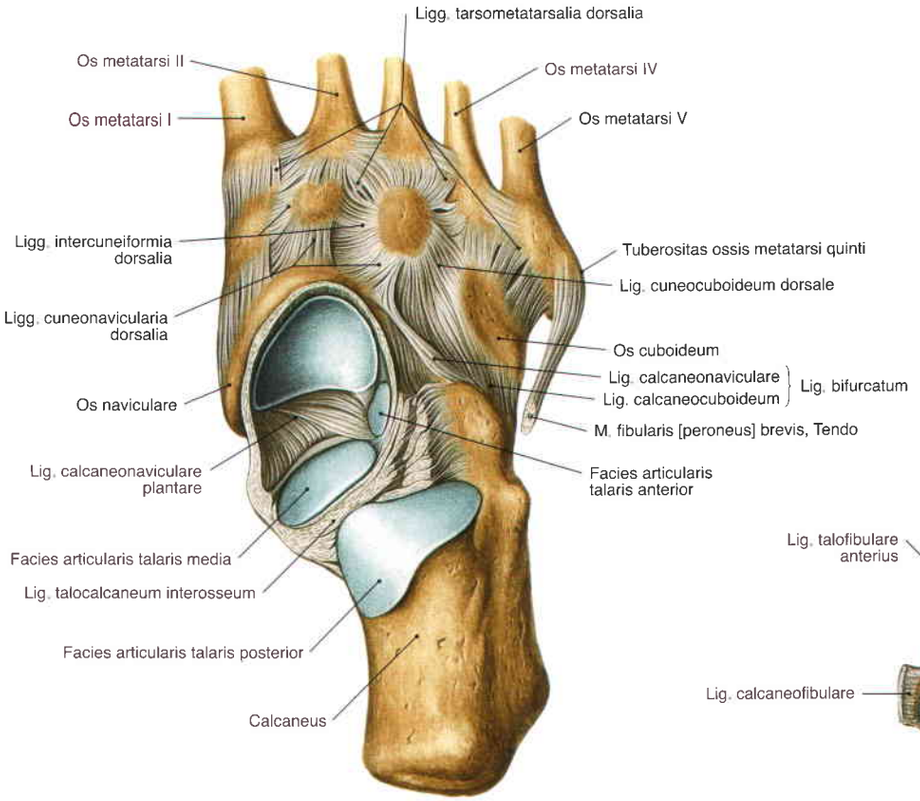


Fig. 1312 Talotarsal joint, Articulatio talotarsalis; distal articular surfaces; proximal view.

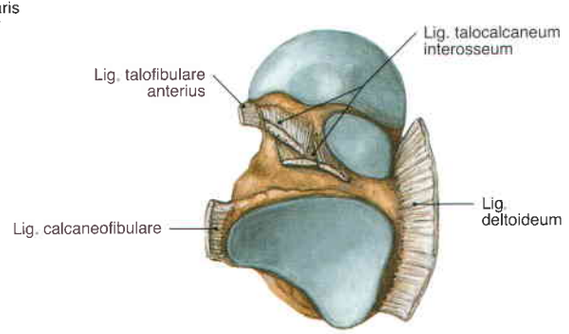


Fig. 1313 Talotarsal joint, Articulatio talotarsalis; proximal articular surfaces; distal view.

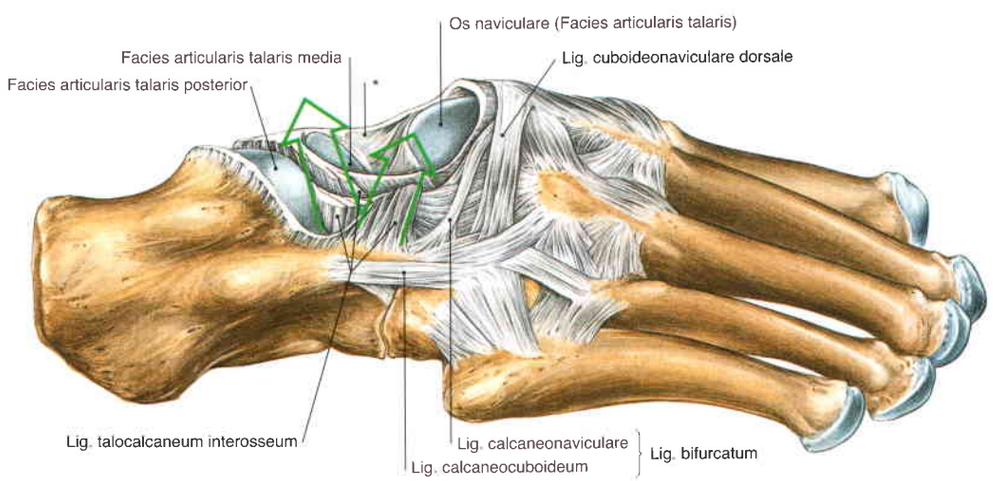


Fig. 1314 Talotarsal joint, Articulatio talotarsalis; the talus and the lateral ligaments have been removed; lateral view.
The two arrows point out the helical distorsion of the talocalcaneal interosseous ligament.

* Tight connective tissue layer between the plantar calcaneonavicular ligament and the tibionavicular part of the deltoid ligament limiting a medially directed gliding of the head of the talus; slackening of this layer results in flattening of the longitudinal vault (flat-foot, pes valgus)

Ankle and talotarsal joint, sections

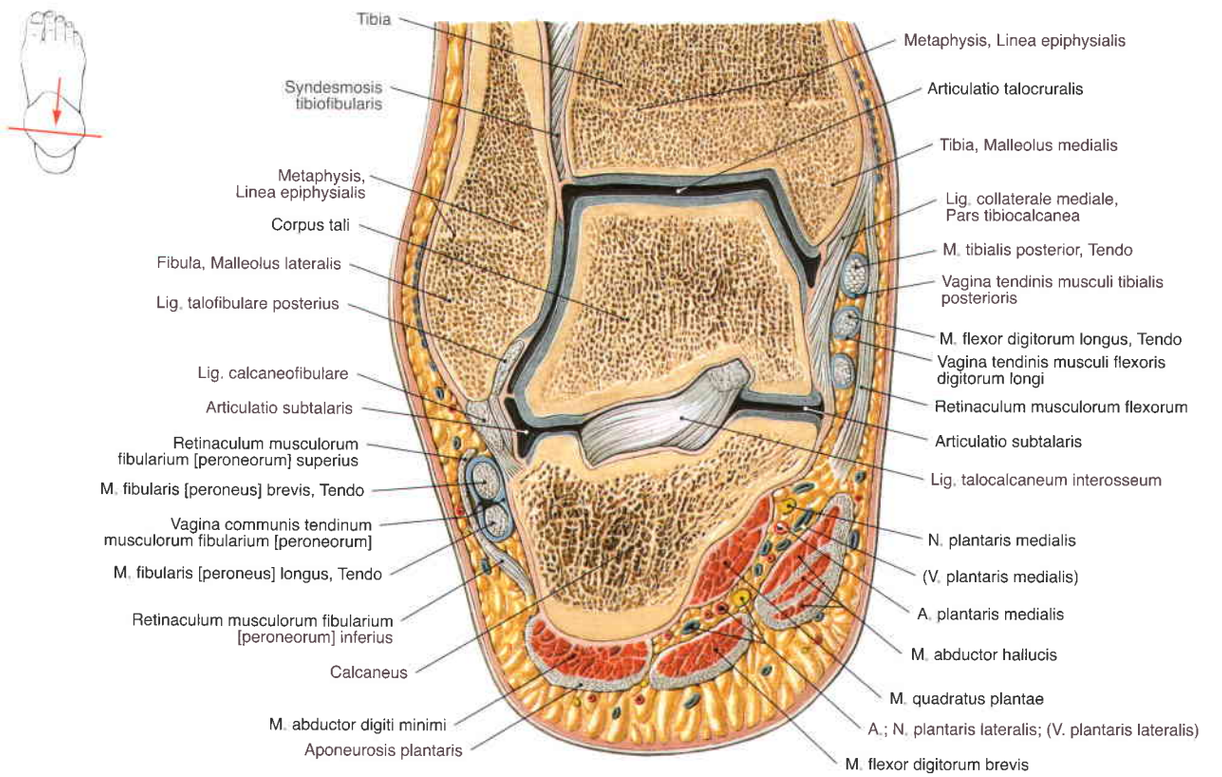


Fig. 1315 Ankle and talotarsal joint, Articulationes talocruralis et talotarsalis; frontal section.

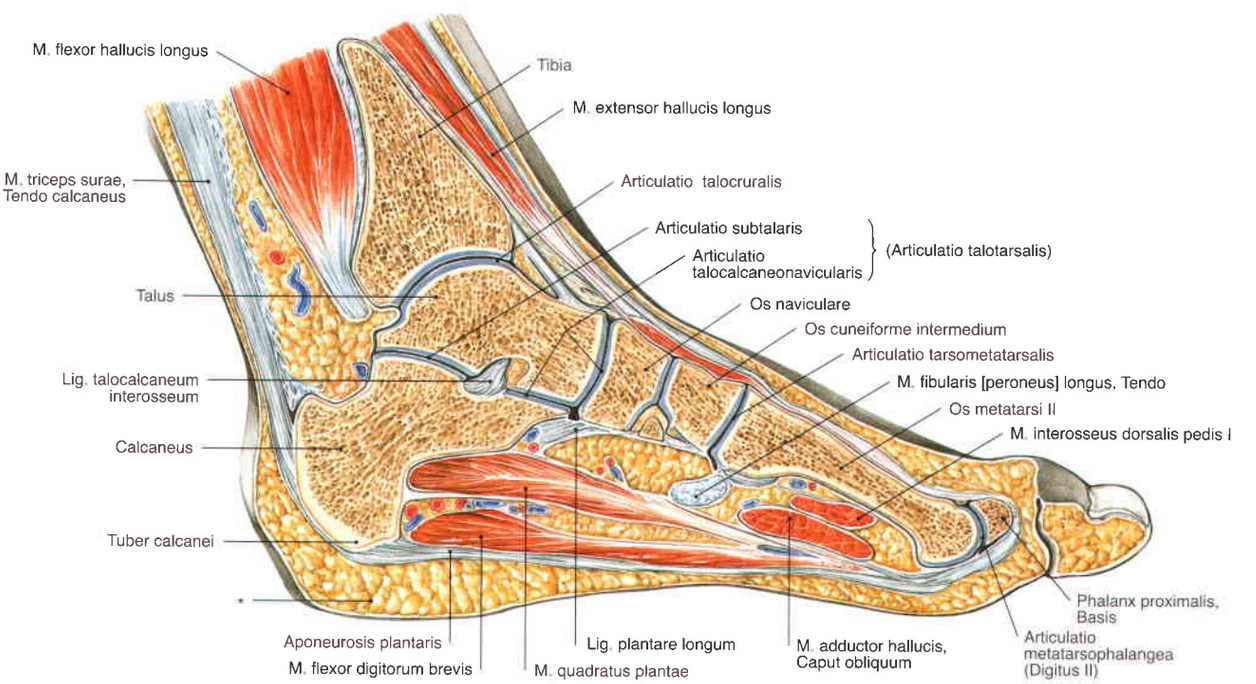


Fig. 1316 Ankle and talotarsal joint, Articulationes talocruralis et talotarsalis; sagittal section.
* Fat pad of the heel

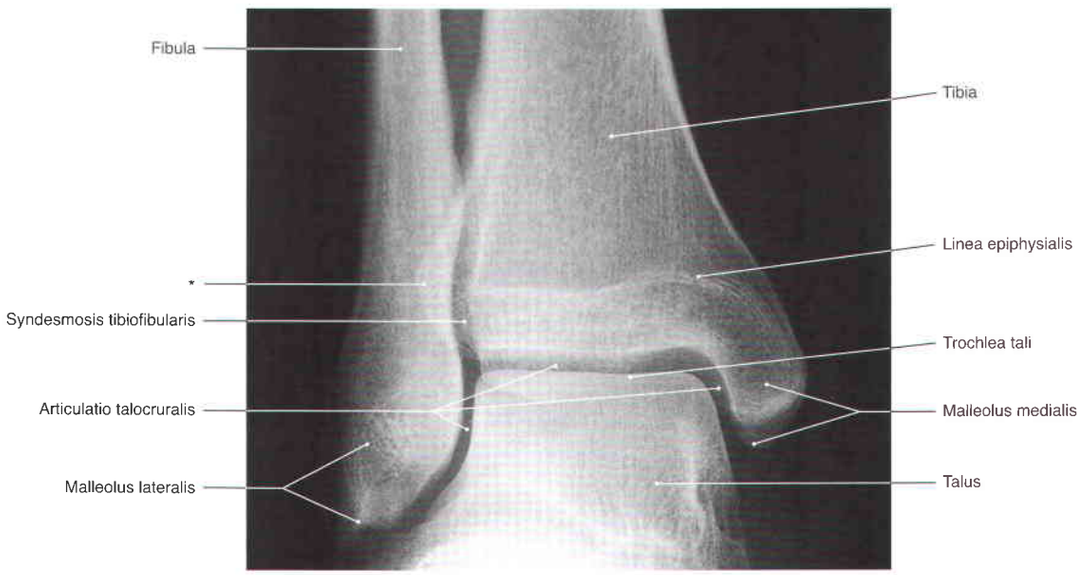


Fig. 1317 Ankle joint, Articulatio talocruralis; AP-radiograph with the subject reclined and the central beam directed tangentially onto the trochlea of talus.

* Clinically, the posterior border of the fibular notch is also referred to as the third malleolus.

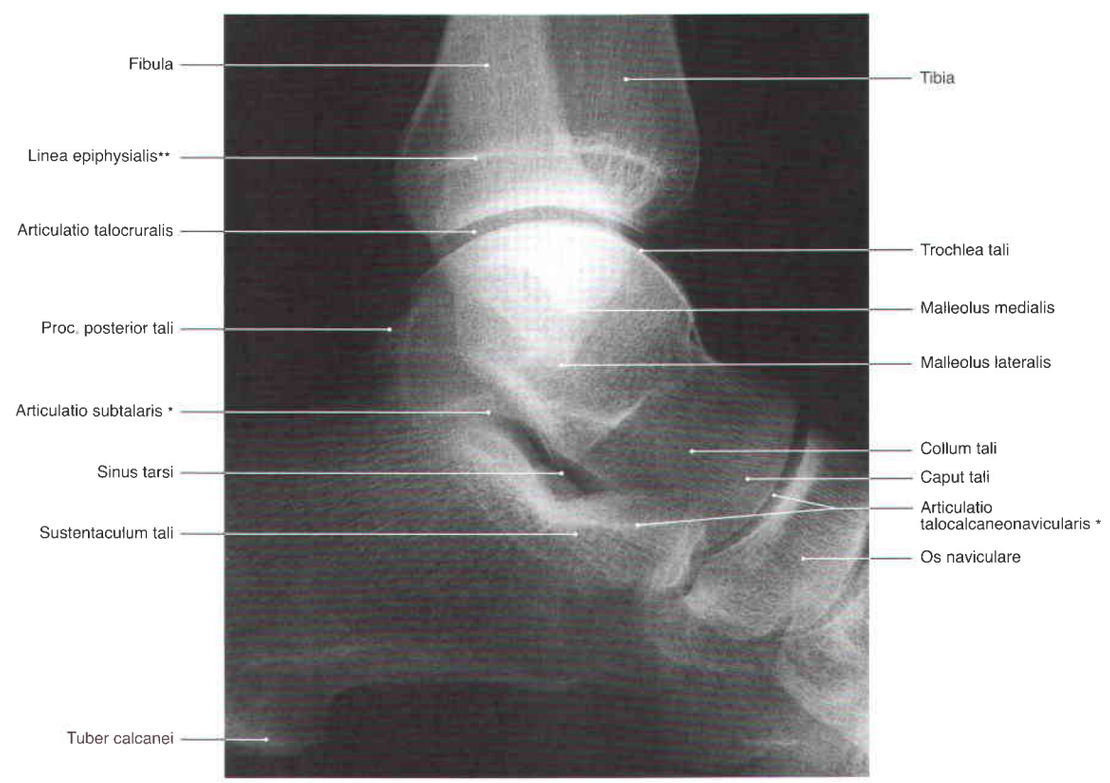


Fig. 1318 Ankle and talotarsal joint, Articulationes talocruralis et talotarsalis; AP-radiograph with the subject reclined and the central beam directed tangentially onto the apex of the trochlea of talus.

* Due to their helical distorsion, the joint clefts are not displayed orthogonally.
** Overlapping epiphyseal lines of the tibia and fibula

→ 1428, 1429

Fasciae of the lower limb

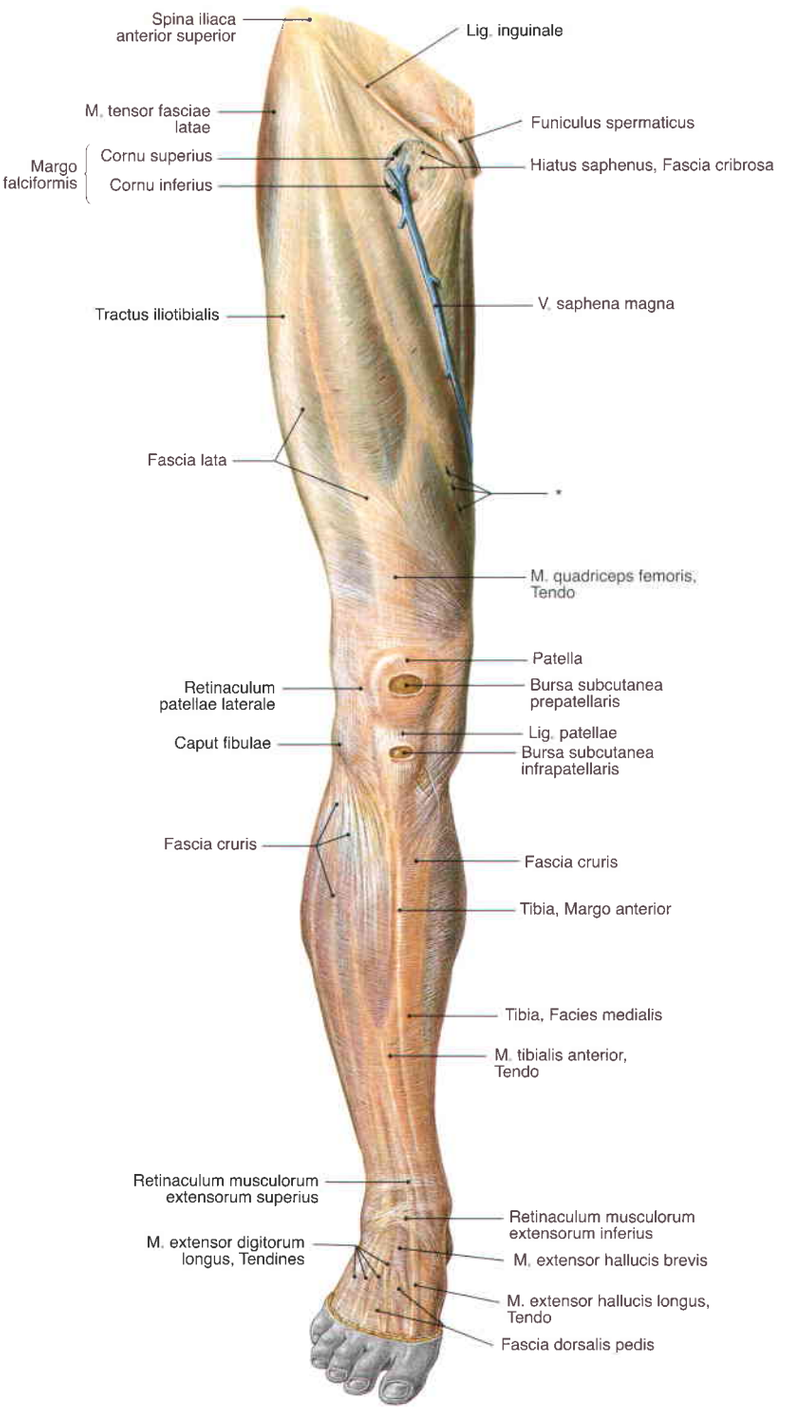


Fig. 1319 Fascia lata, Fascia lata, and deep fascia of leg, Fascia cruris.
The transition zone between the aponeurosis of the external oblique abdominal muscle and the fascia lata is known as inguinal ligament. This ligament extends laterally from the anterior superior iliac spine to its attachment on the pubic tubercle medially.
* Openings in the fascia for the perforator veins (DODD's veins)

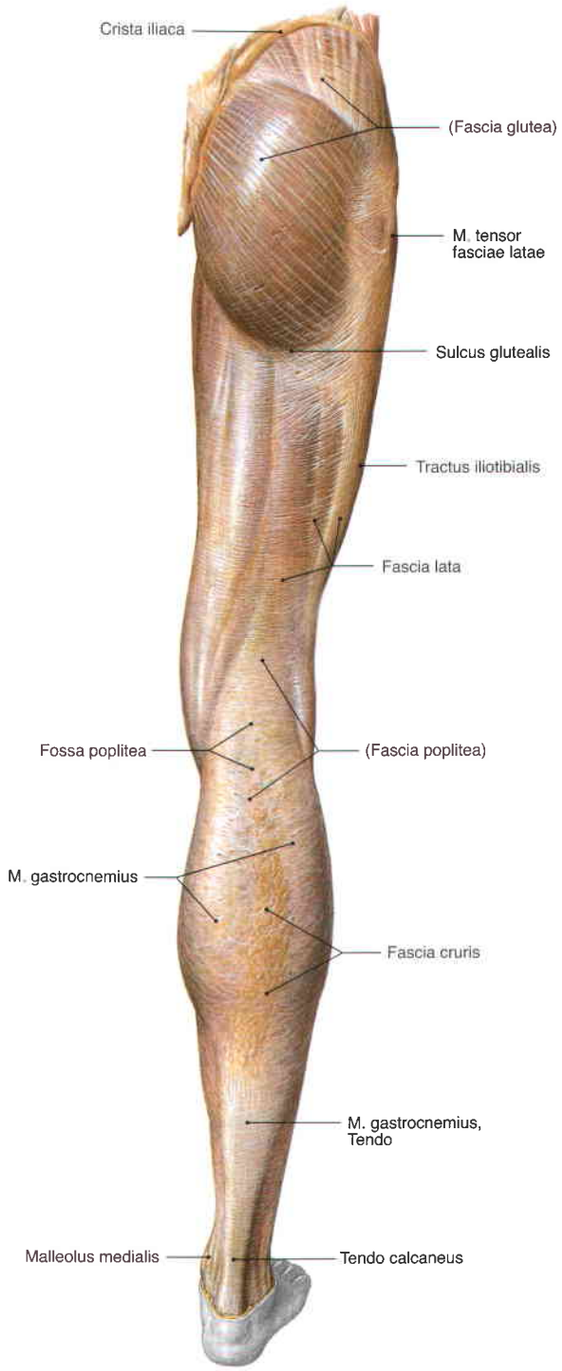
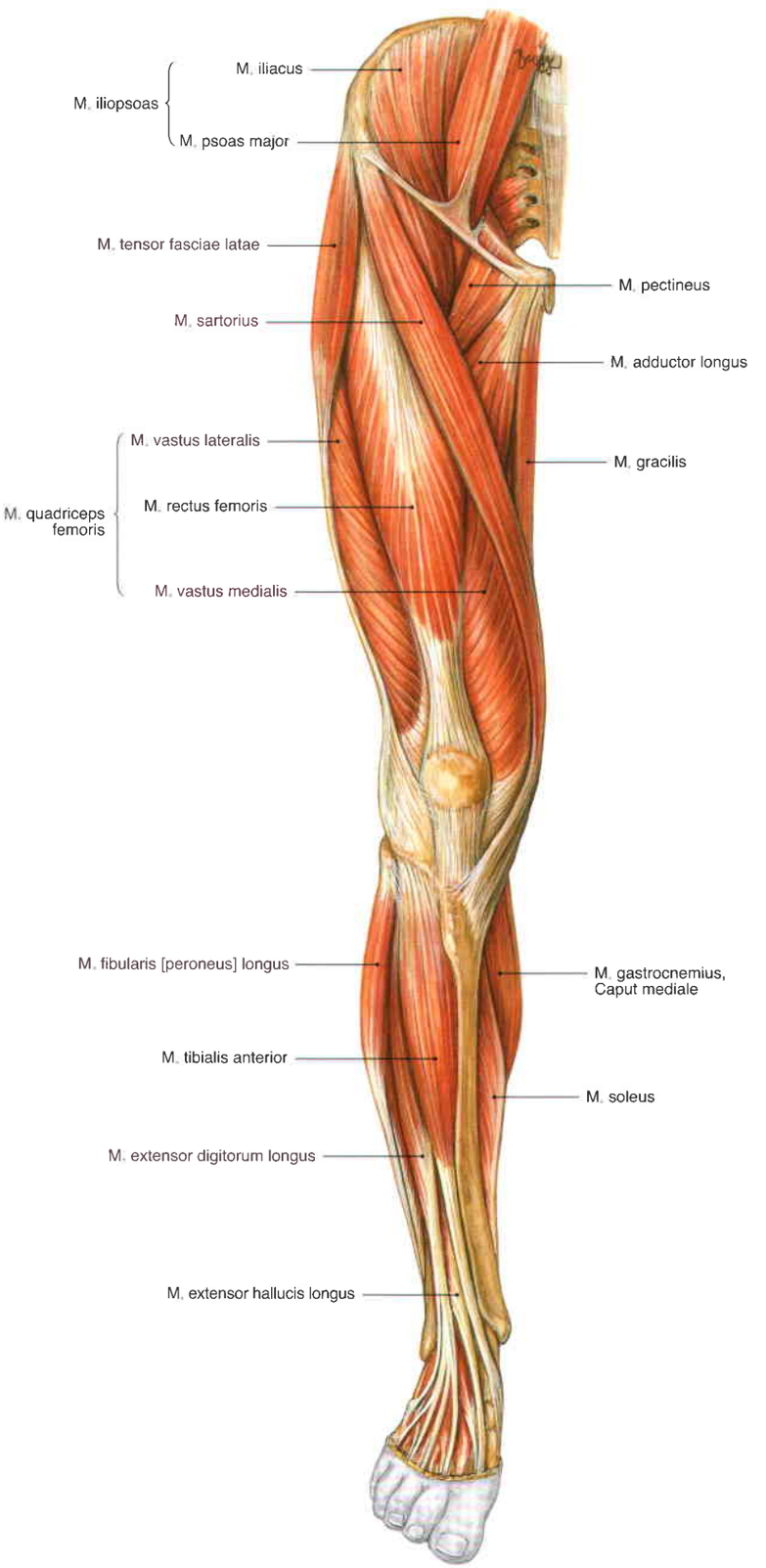


Fig. 1320 Fascia lata, Fascia lata, and deep fascia of leg, Fascia cruris.

Muscles of the lower limb, overview



→ T 42, T 44, T 45, T 47, T 48

Fig. 1321 Muscles of the lower limb, Mm. extremitatis inferioris; overview.

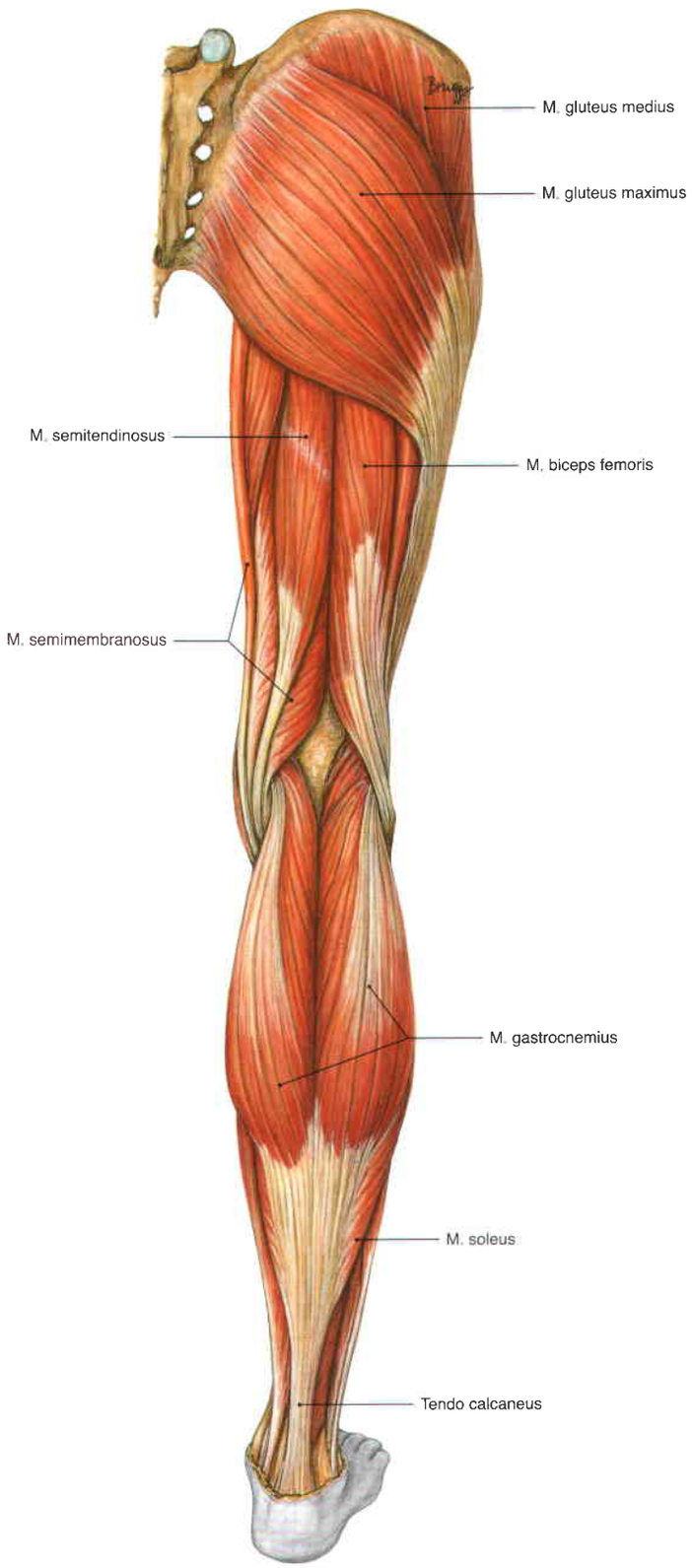
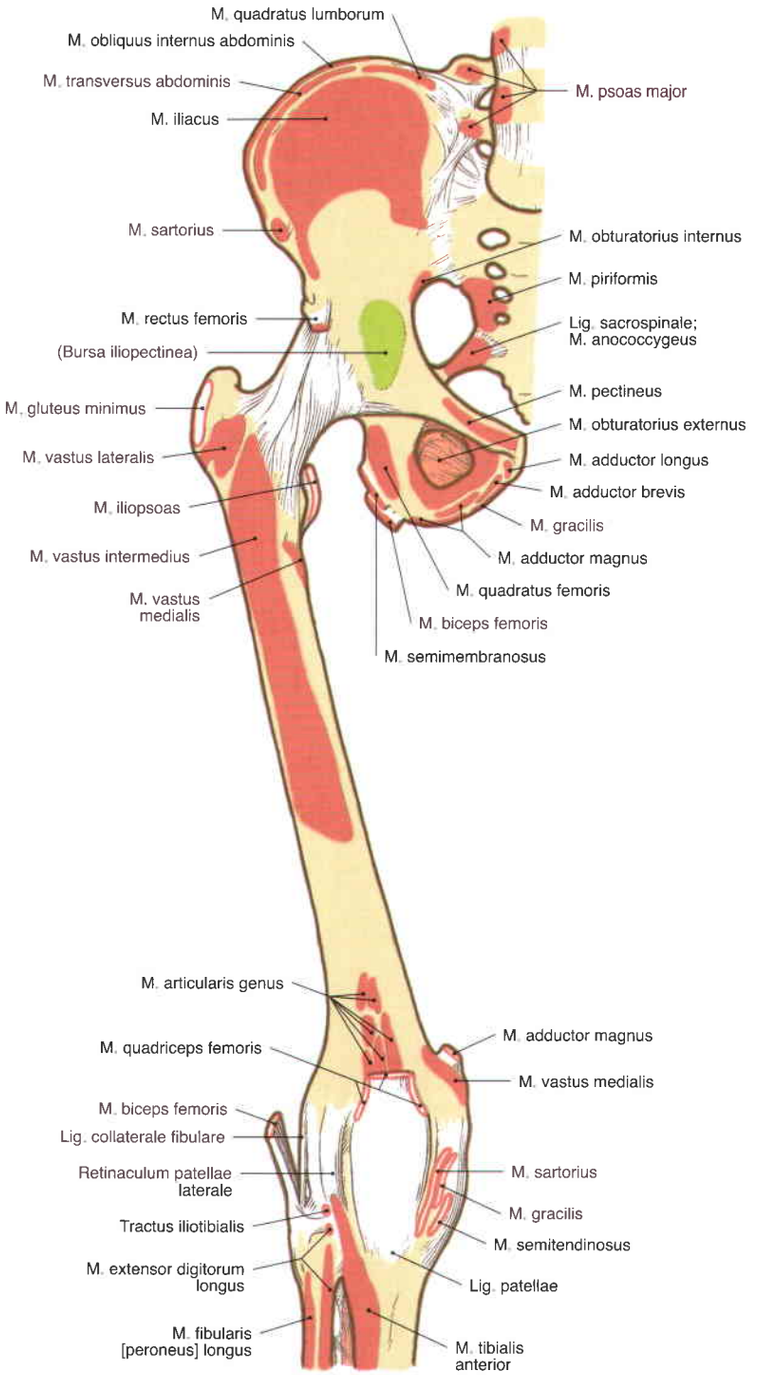


Fig. 1322 Muscles of the lower limb, Mm. extremitatis inferioris; overview.

→ T 43, T 46, T 49

Origins and insertions of the muscles of the hip, the thigh and the leg



→ T 42–T 48

Fig. 1323 Origins and insertions of the muscles at the lower lumbar vertebrae, the pelvic bones, the femur and the proximal extremities of the bones of the leg; ventral view.

Origins and insertions of the muscles of the hip, the thigh and the leg

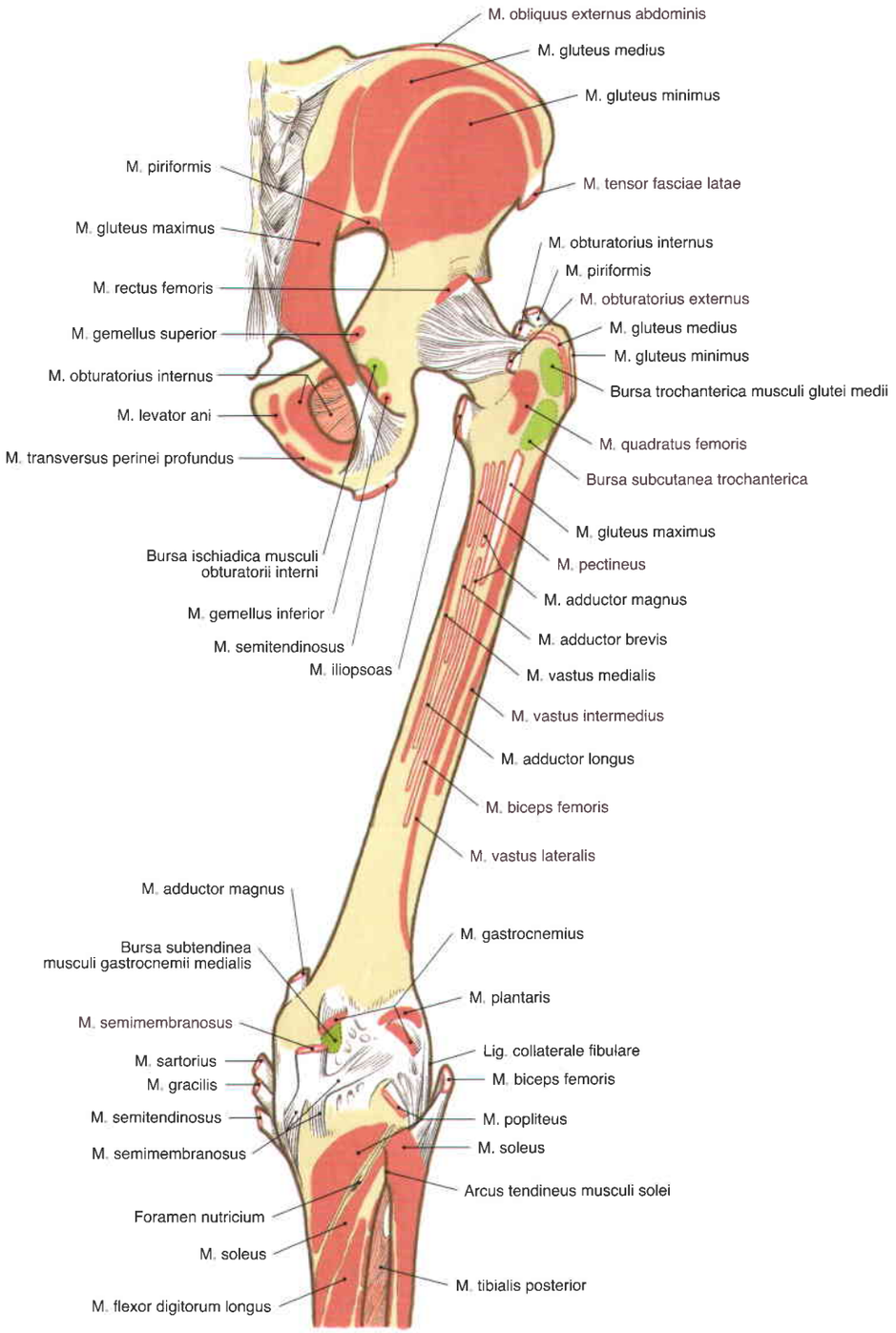


Fig. 1324 Origins and insertions of the muscles at the pelvic bones, the femur and the proximal extremities of the bones of the leg; dorsal view.

→ T 43–T 46, T 49, T 50

Muscles of the thigh

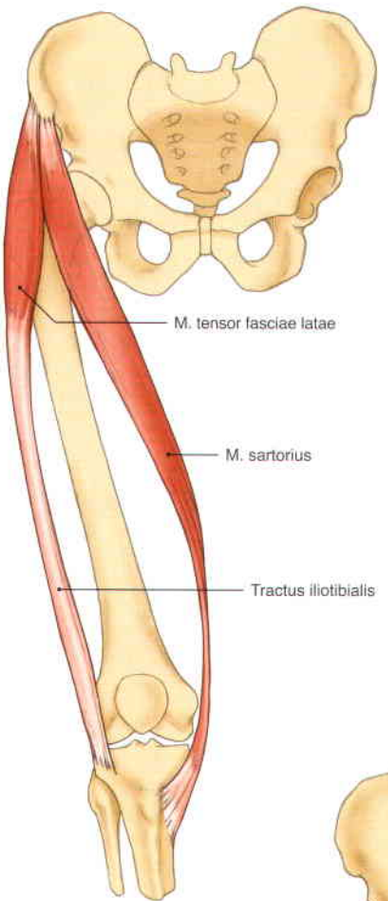


Fig. 1325 Tensor fasciae latae muscle, M. tensor fasciae latae, and sartorius muscle, M. sartorius.

→ T 44

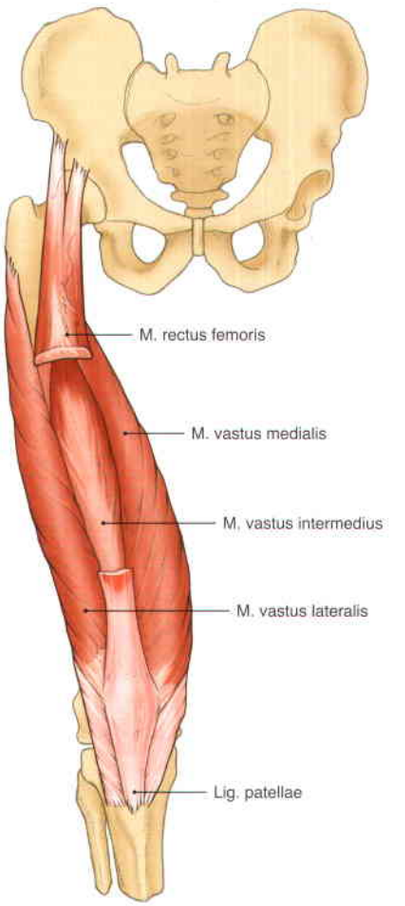


Fig. 1326 Quadriceps femoris muscle, M. quadriceps femoris.

→ T 44

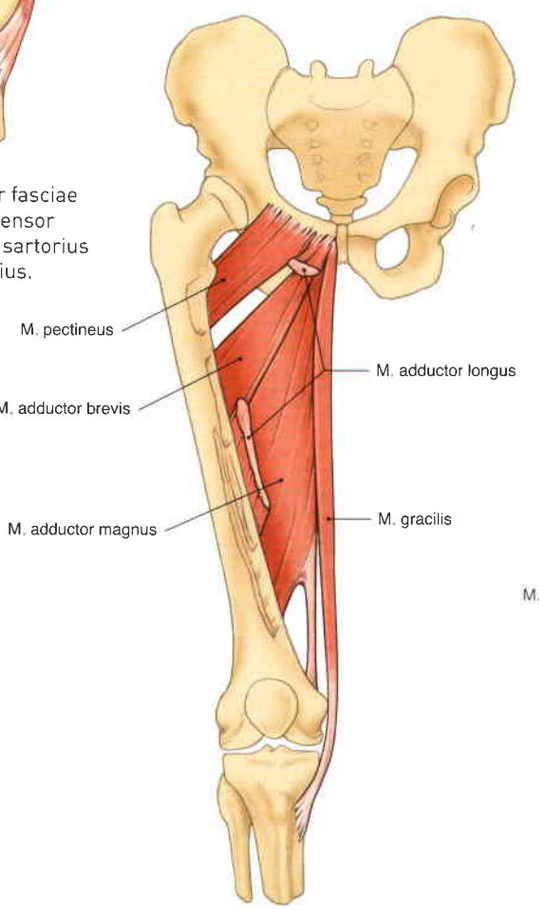


Fig. 1327 Adductor muscles, Mm. adductores.

→ T 45

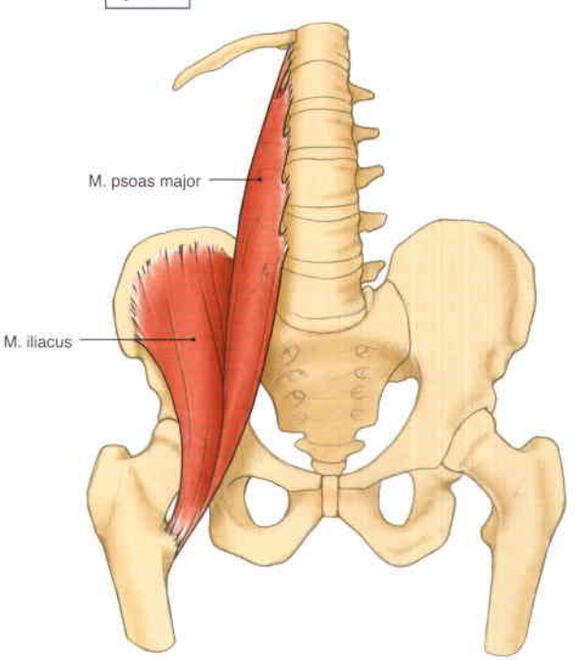


Fig. 1328 Iliopsoas muscle, M. iliopsoas.

→ T 42

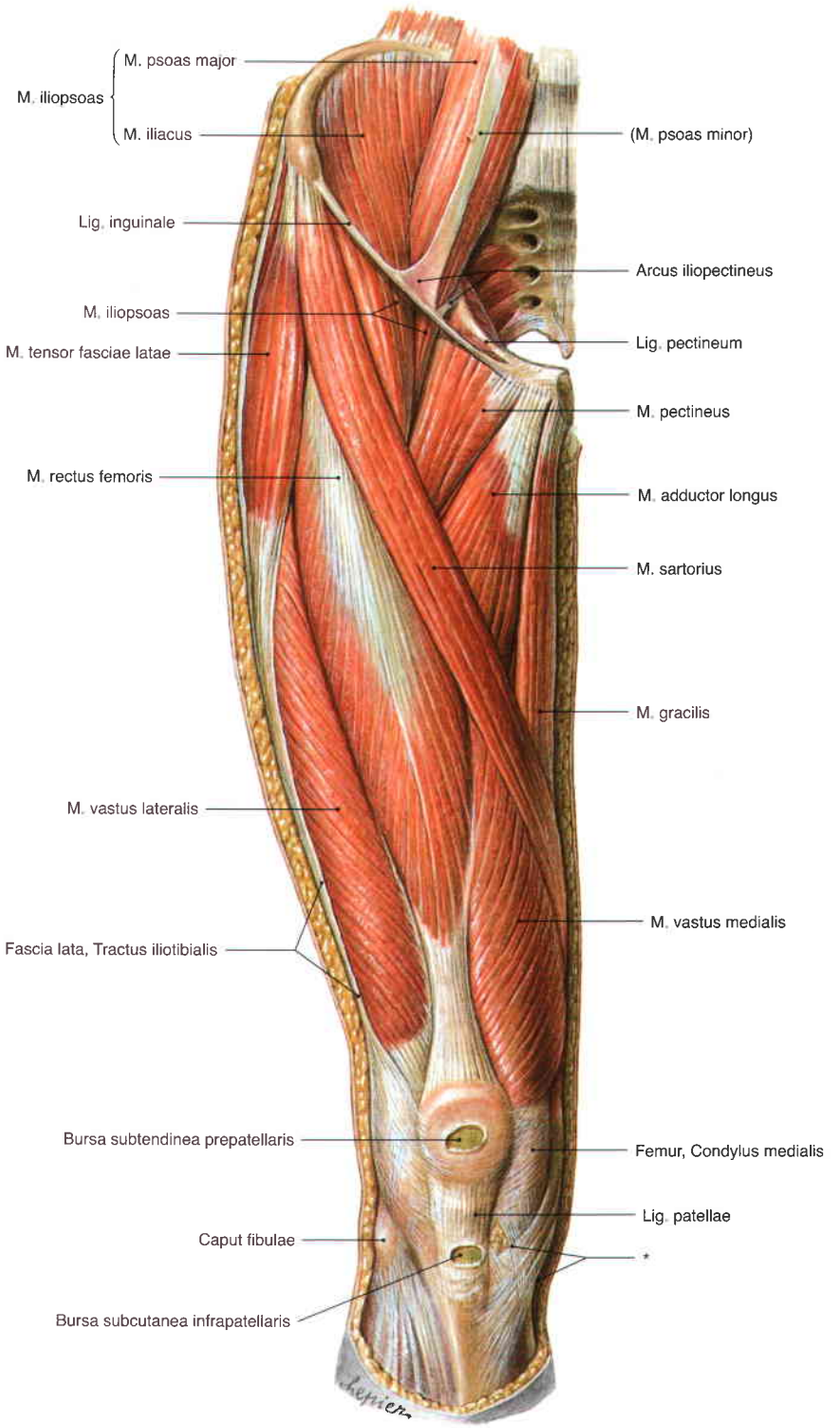
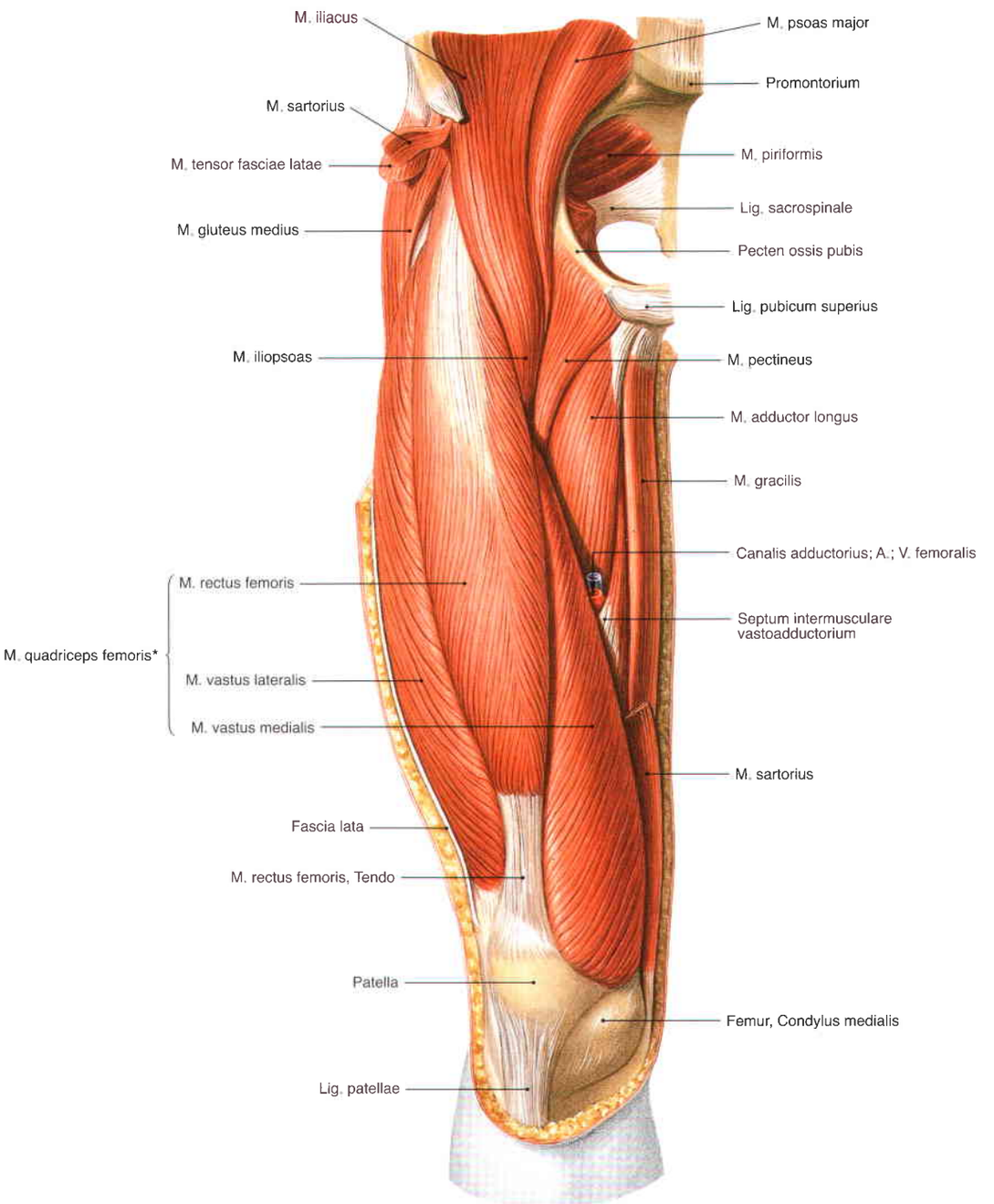


Fig. 1329 Muscles of the thigh and the hip; after removal of the fascia lata except for the iliotibial tract.

* Common insertion of the sartorius, gracilis and semitendinosus muscles just below the medial condyle of the tibia (formerly known as the superficial pes anserinus, Pes anserinus superficialis)

→ T 42, T 44, T 45

Muscles of the thigh



→ T 42, T 44, T 45

Fig. 1330 Muscles of the thigh and the hip; after removal of the fascia lata, the tensor fasciae latae muscle and the sartorius muscle.

* The fourth head of the quadriceps muscle, the vastus intermedius muscle, is covered by the rectus femoris muscle.

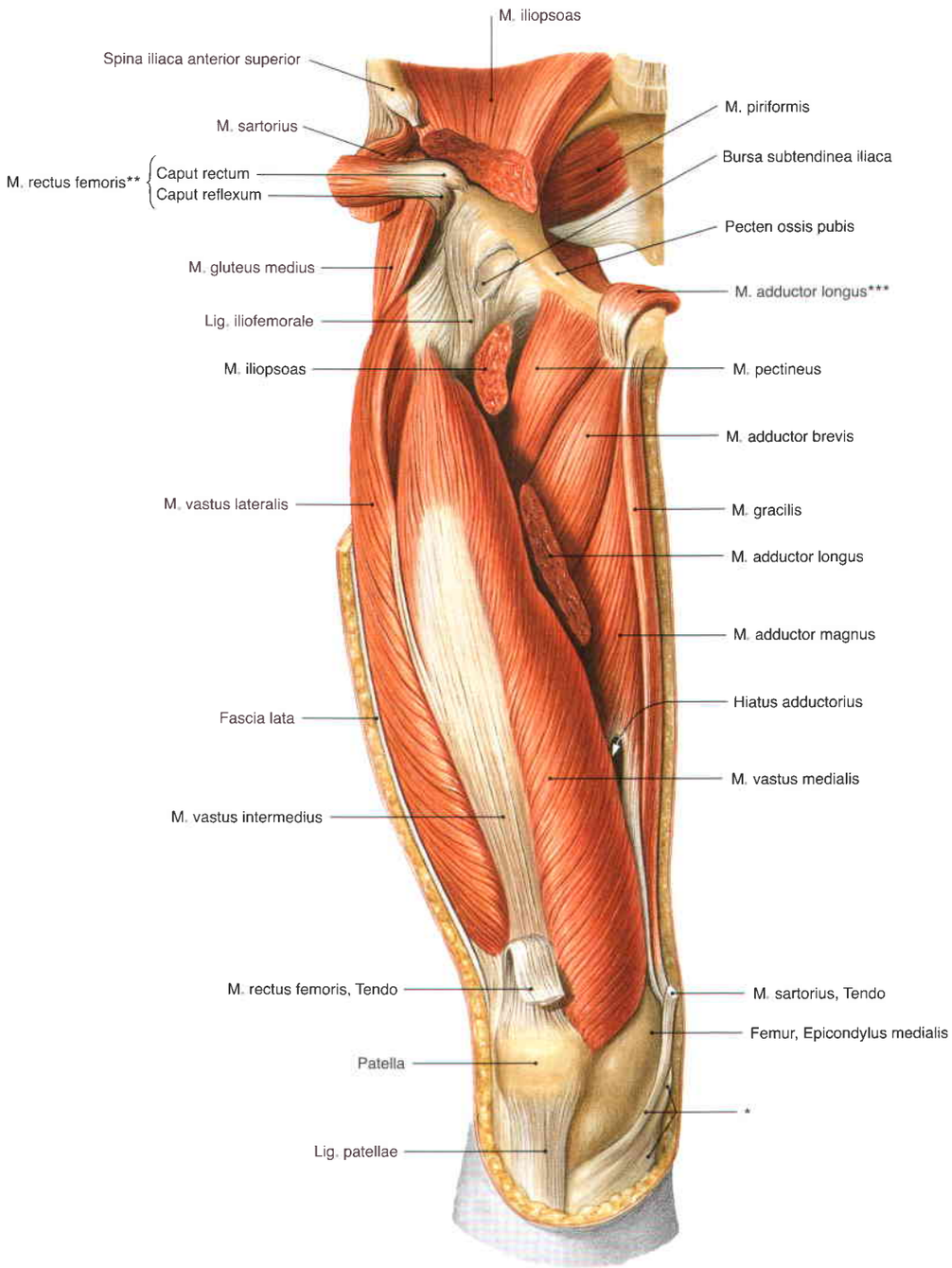
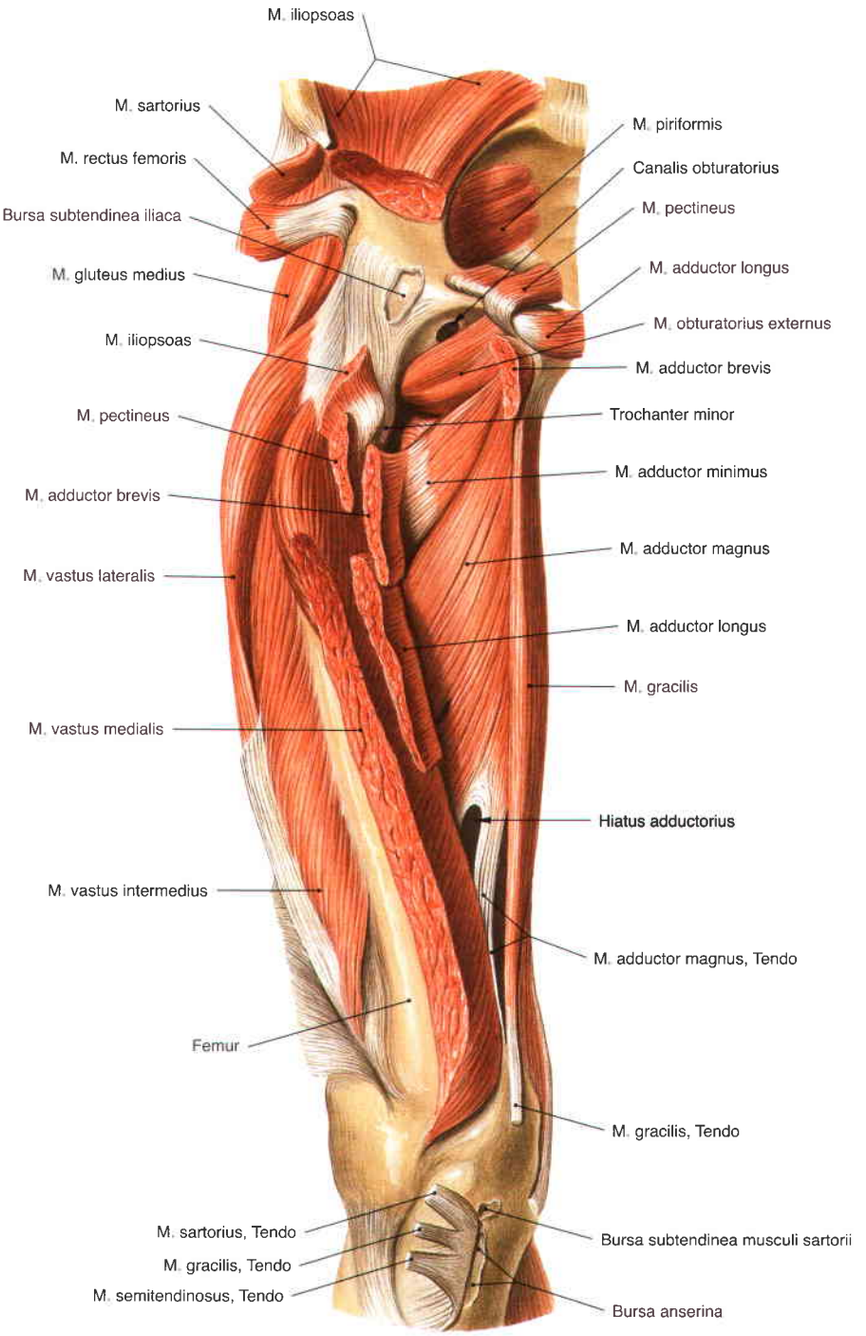


Fig. 1331 Muscles of the thigh and the hip; deep layer after removal of the sartorius, the rectus femoris and the adductor longus muscles as well as parts of the iliopsoas muscle in the joint region.

* Common insertion of the sartorius, gracilis and semitendinosus muscles just below the medial condyle of the tibia
** The origin of the rectus femoris muscle has been flapped laterally upwards.
*** A part of the adductor longus muscle has been flapped upwards.

→ T 42, T 44, T 45

Muscles of the thigh



→ T 42, T 44, T 45

Fig. 1332 Muscles of the thigh and the hip; after almost complete removal of superficial and several deeper muscles; ventral view.

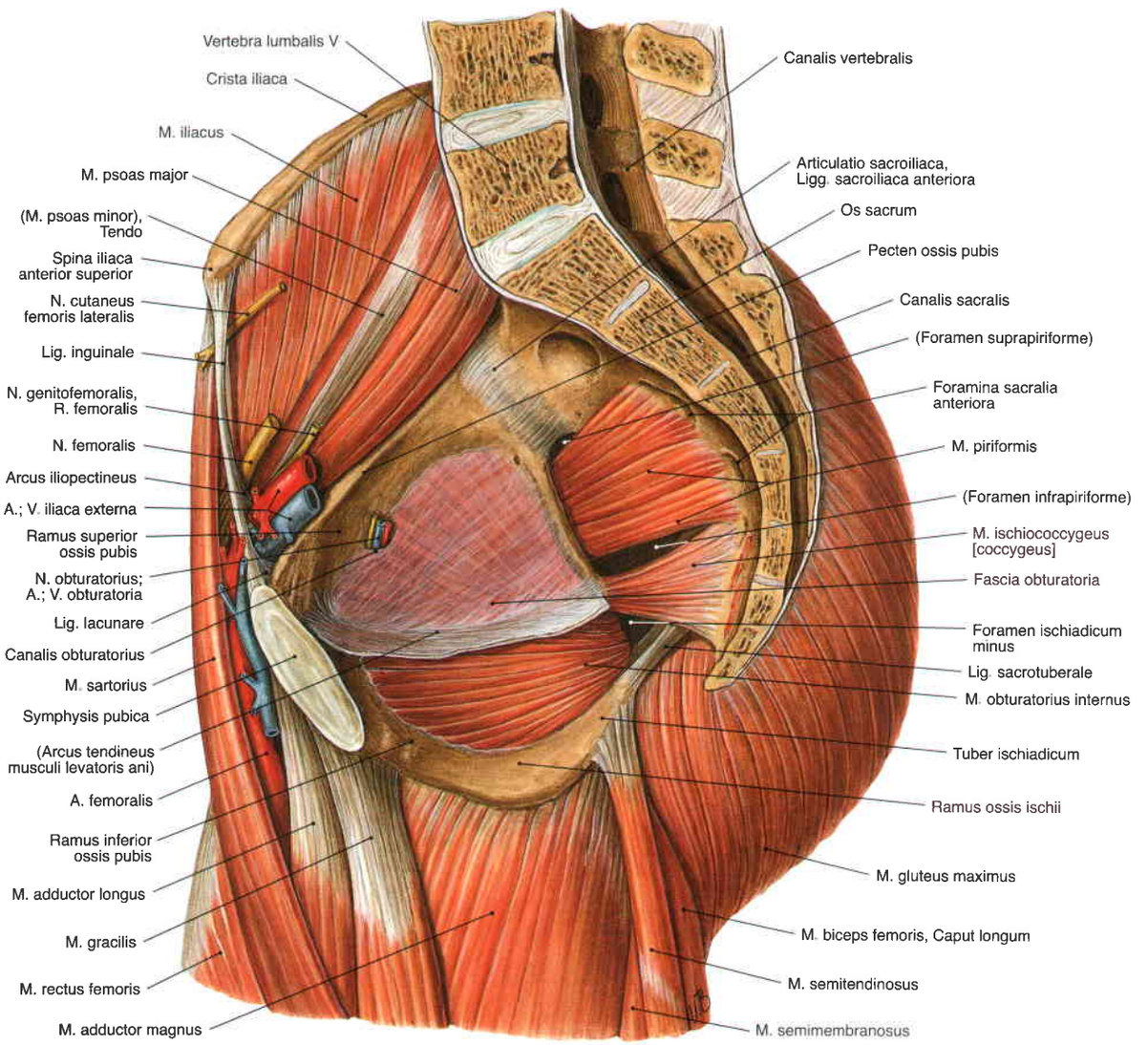


Fig. 1333 Muscles of the thigh and the hip; medial view.

→ T 22a, T 42–T 46

Muscles of the thigh and the hip

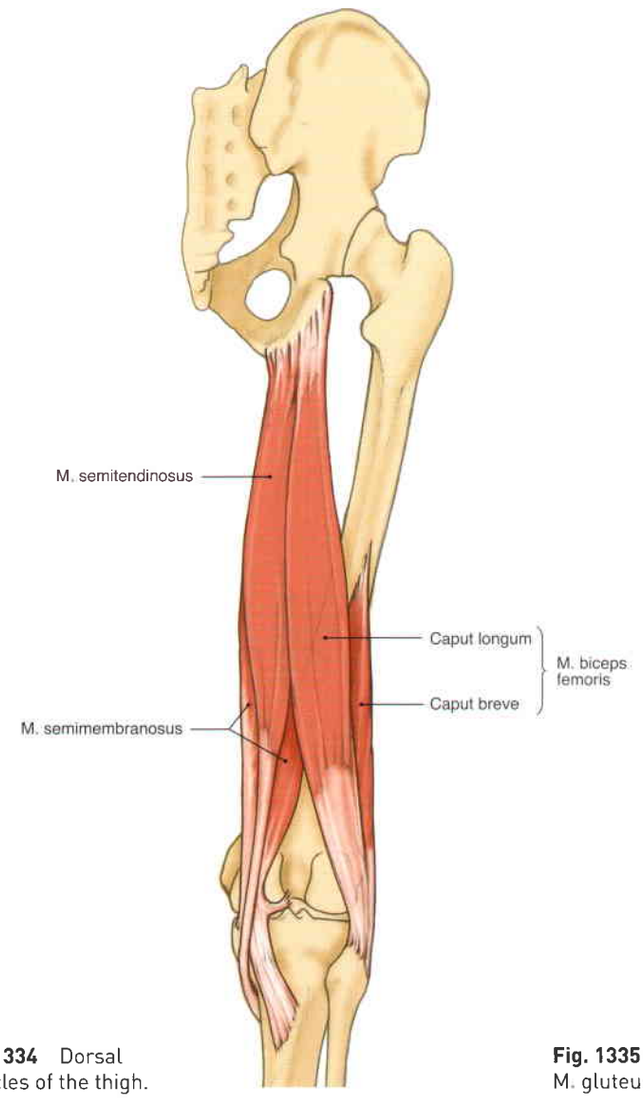


Fig. 1334 Dorsal muscles of the thigh.

→ T 46

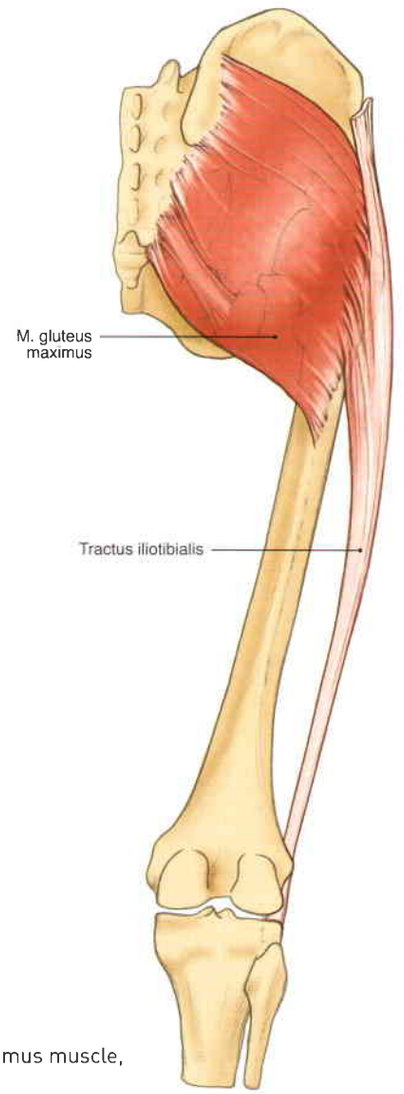


Fig. 1335 Gluteus maximus muscle, M. gluteus maximus.

→ T 43

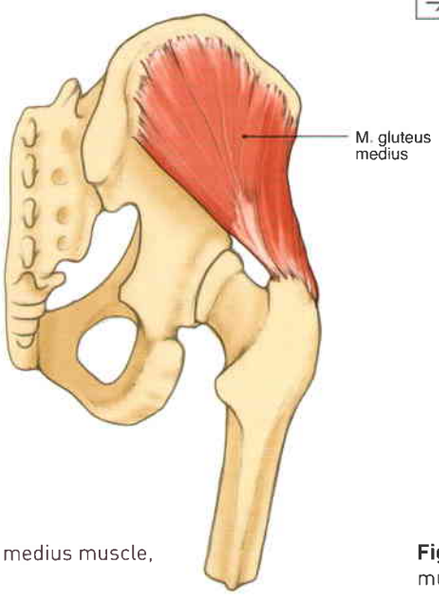


Fig. 1336 Gluteus medius muscle, M. gluteus medius.

→ T 43

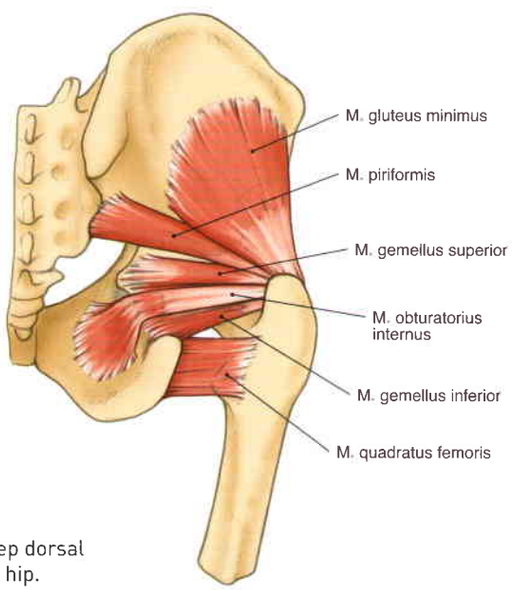


Fig. 1337 Deep dorsal muscles of the hip.

→ T 43

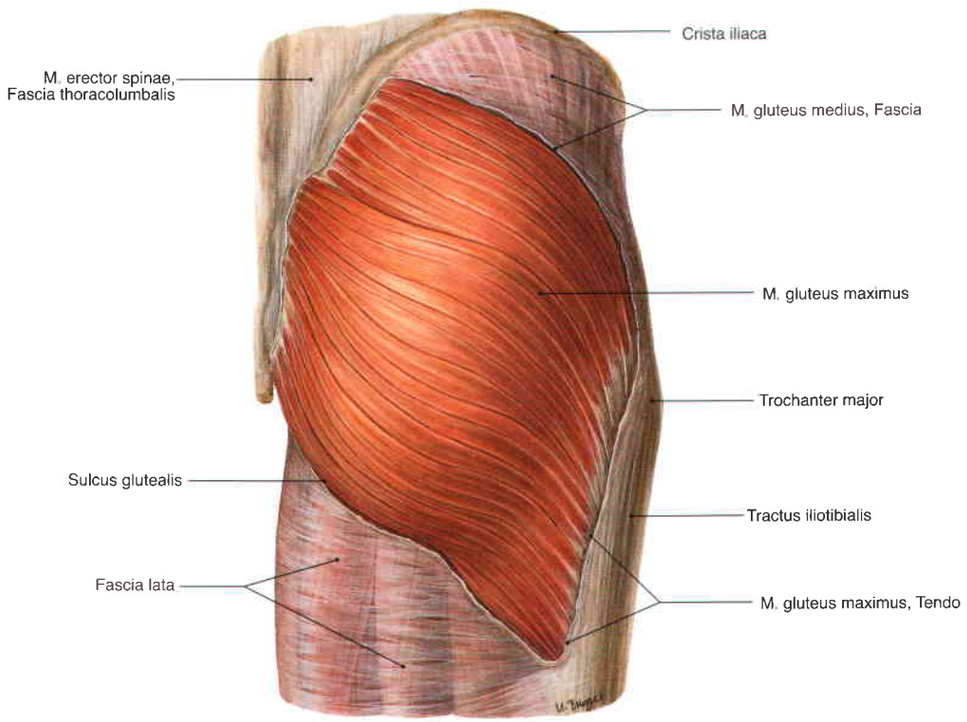


Fig. 1338 Muscles of the thigh and the hip.

→ T 43

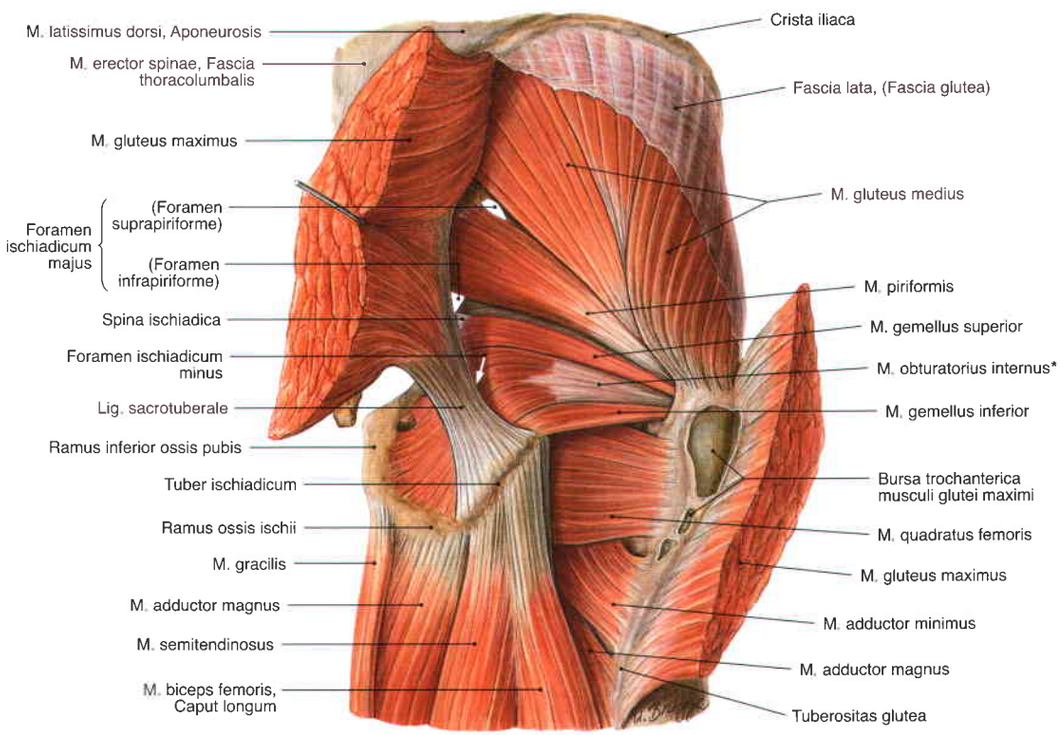
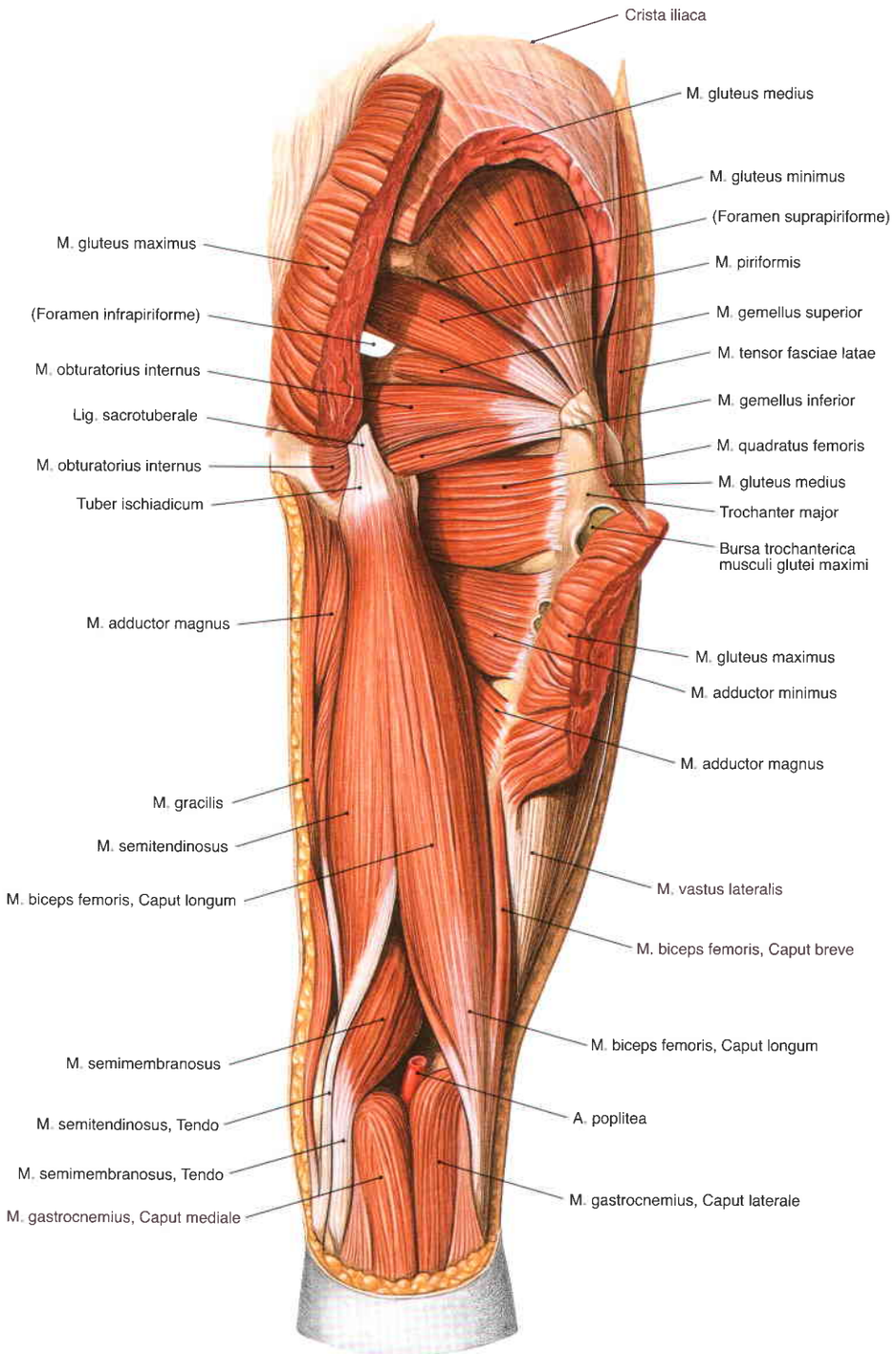


Fig. 1339 Muscles of the thigh and the hip; the gluteus maximus muscle has been sectioned; dorsal view.

* The part of the obturator internus muscle between the curved edge of the lesser sciatic notch and the insertion in the trochanteric fossa frequently consists of tendinous bands.

→ T 43, T 45, T 46

Muscles of the thigh and the hip



→ T 43, T 45, T 46

Fig. 1340 Muscles of the thigh and the hip; the gluteus maximus and medius muscles have been partially removed; dorsal view.

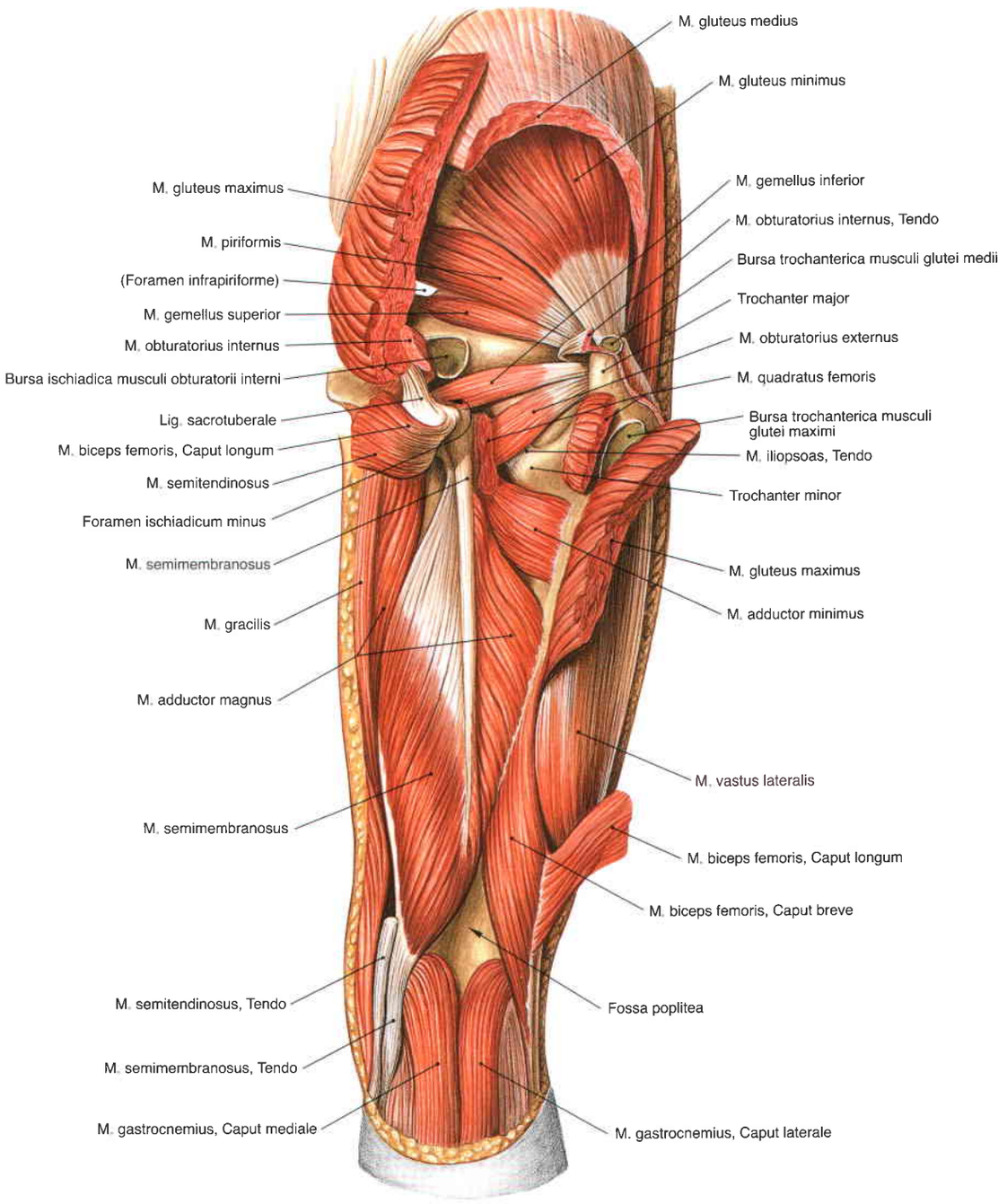
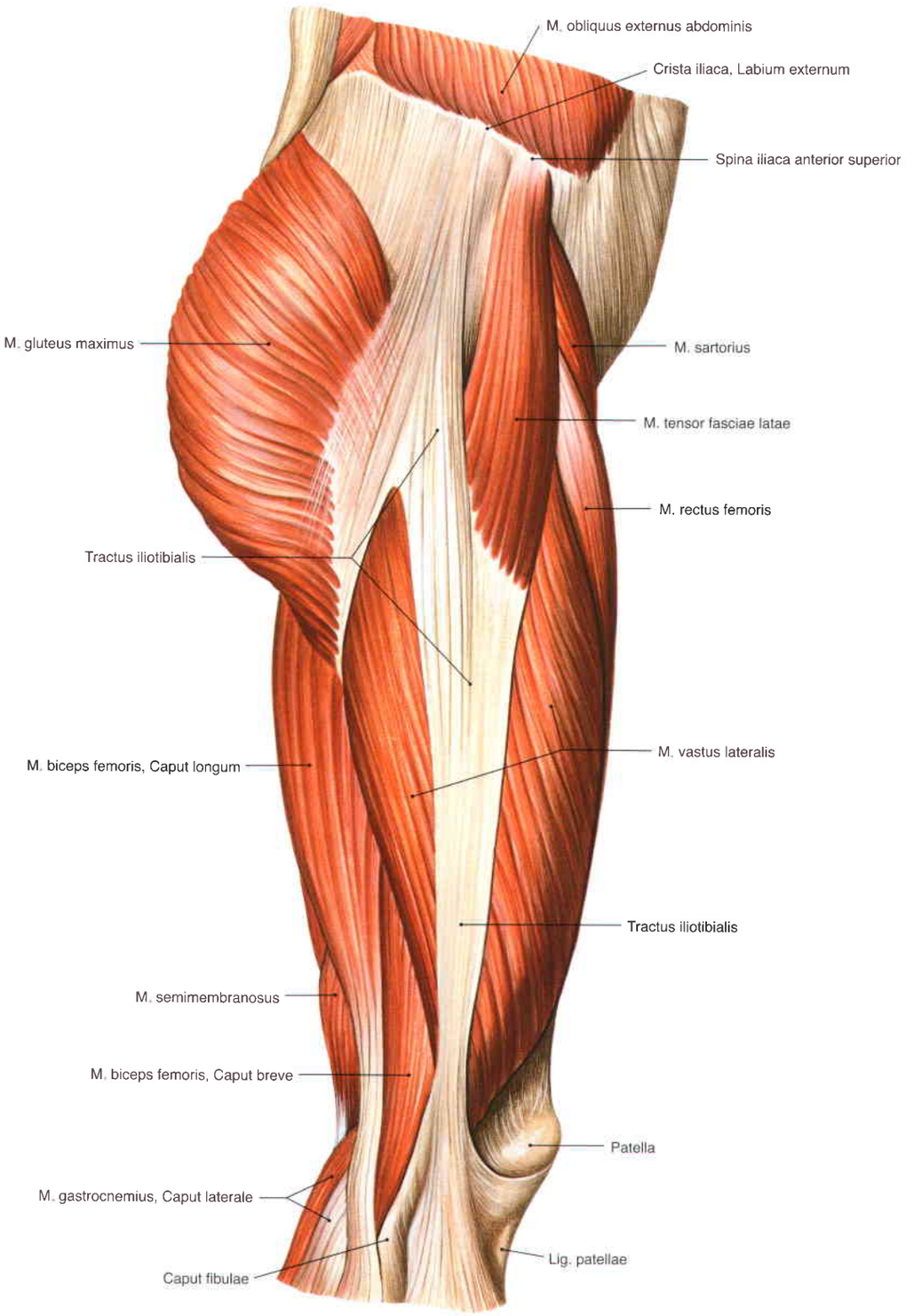


Fig. 1341 Muscles of the thigh and the hip; deep layer after almost complete removal of the superficial gluteal and the ischiocrural muscles; dorsal view.

→ T 43, T 45, T 46

Muscles of the thigh and the hip



→ T 43, T 44, T 46

Fig. 1342 Muscles of the thigh and the hip; after removal of the fascia lata except for the iliotibial tract.

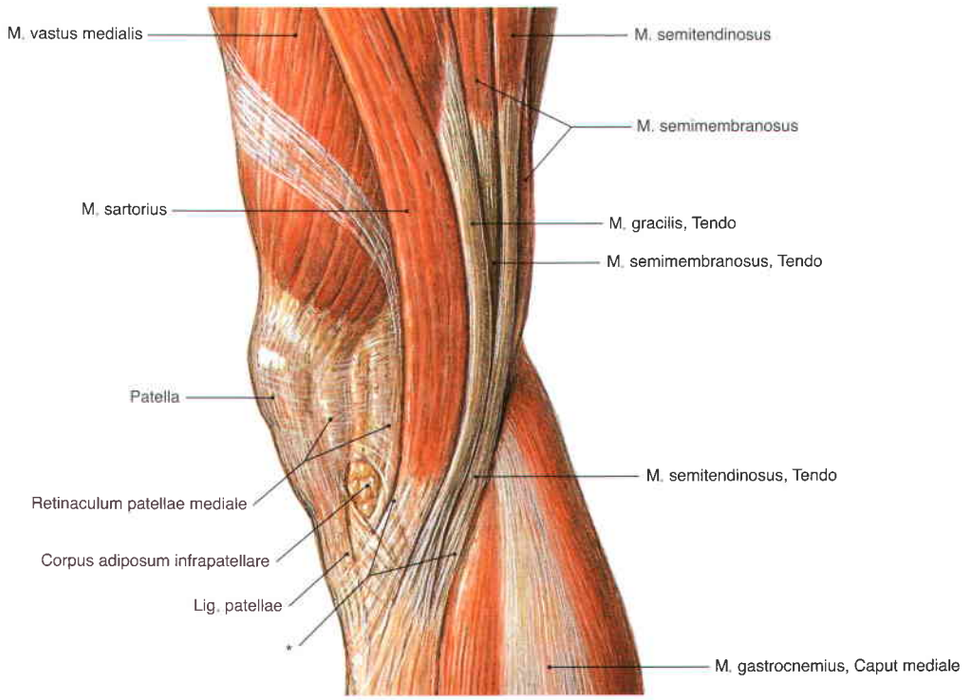


Fig. 1343 Muscles in the region of the knee joint; medial view.

→ T 44–T 46, T 49

* Common insertion just below the medial condyle of the tibia (formerly known as superficial pes anserinus, Pes anserinus superficialis)

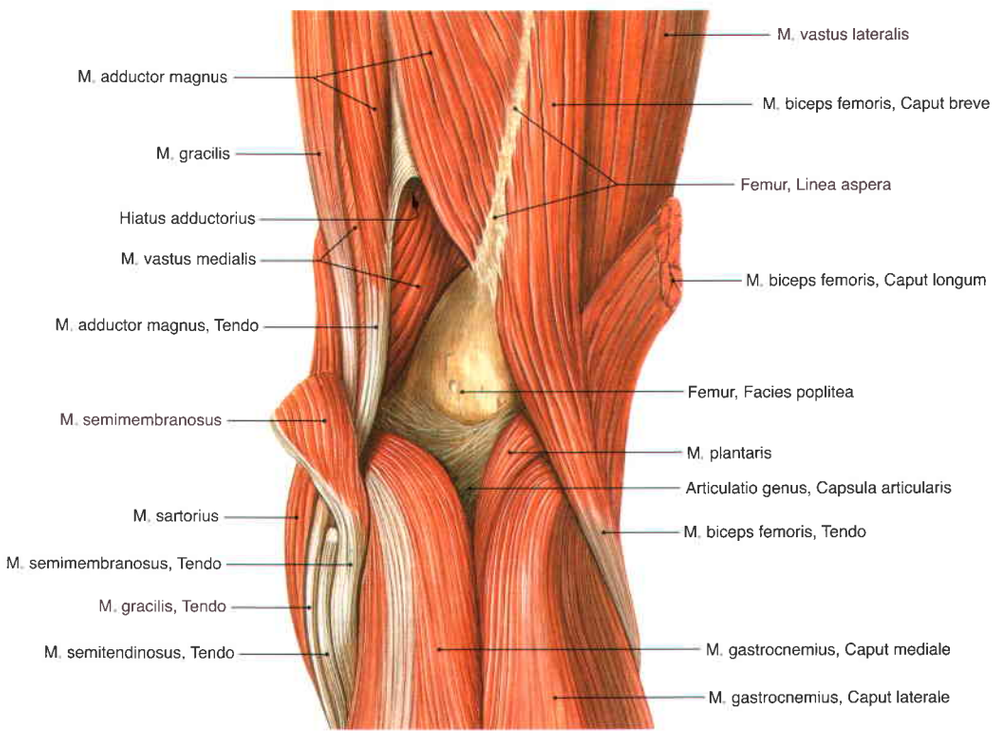
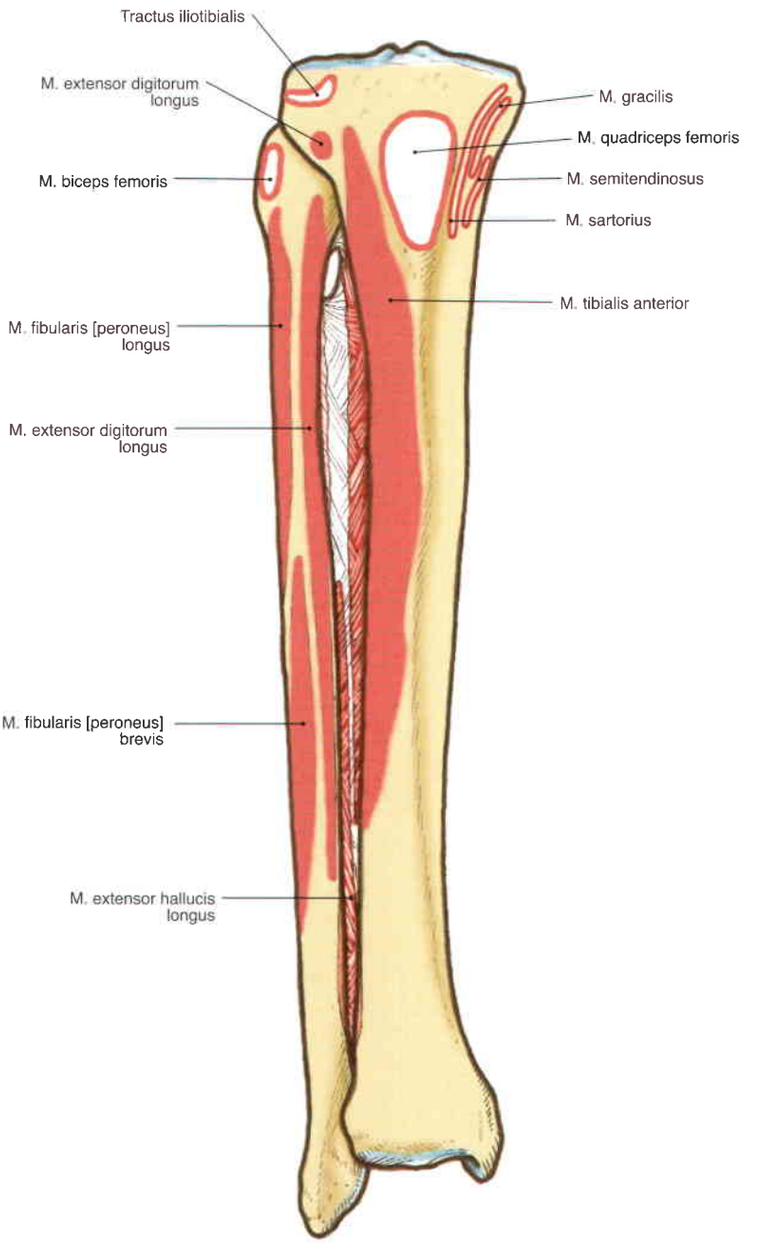


Fig. 1344 Muscles in the region of the knee joint; after almost complete removal of the ischiocrural muscles; dorsal view.

→ T 44–T 46, T 49

Origins and insertions of the muscles of the thigh and the ventral part of the leg



→ T 44–T 47

Fig. 1345 Origins and insertions of the muscles at the bones of the leg; ventral view.

Origins and insertions of the muscles of the thigh and the dorsal part of the leg

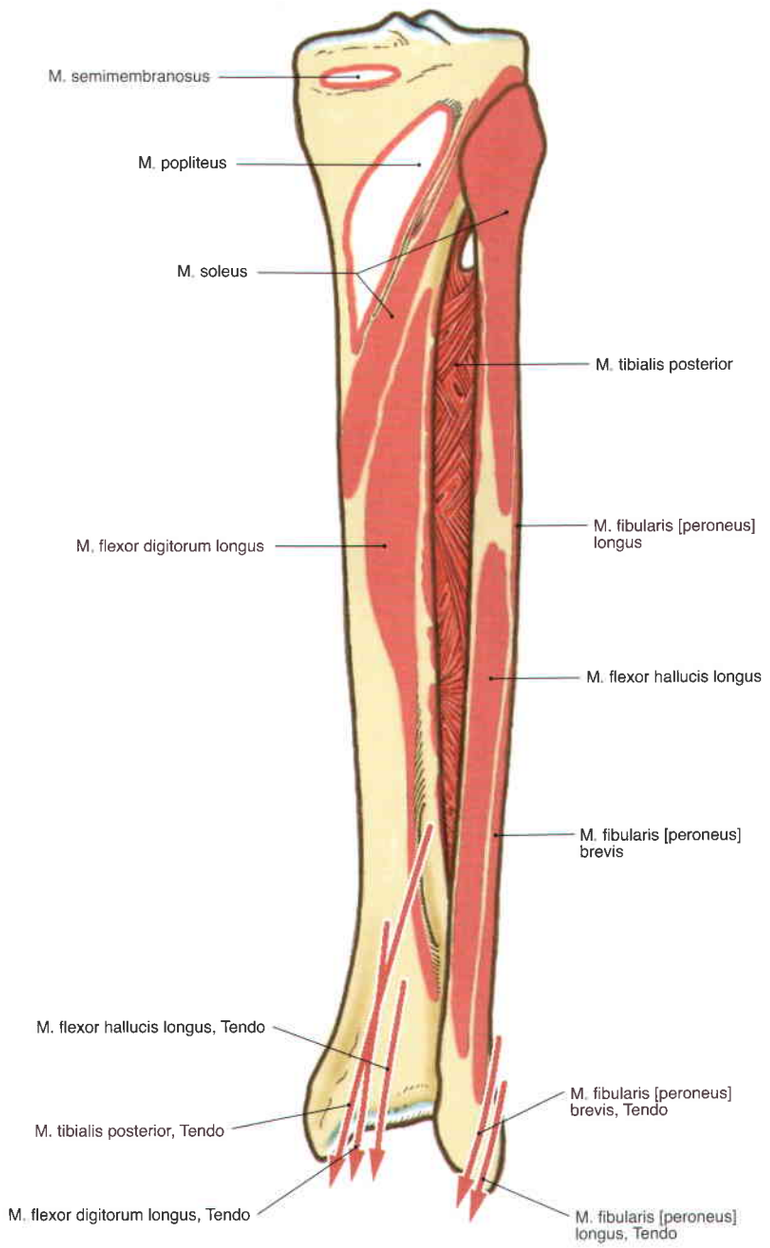


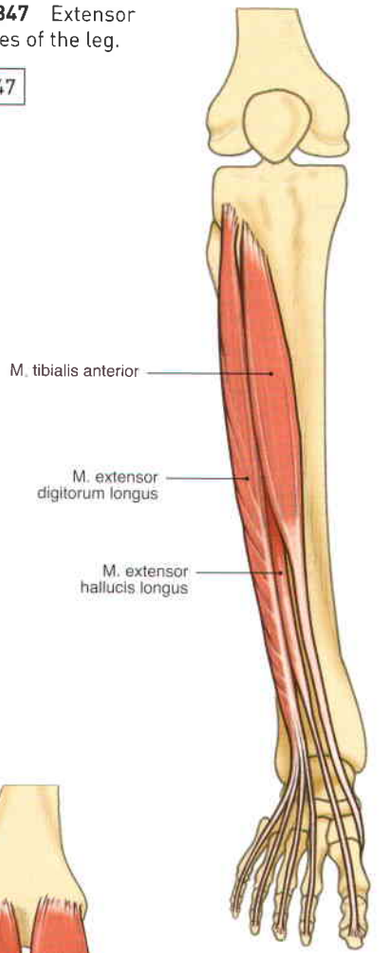
Fig. 1346 Origins and insertions of the muscles at the bones of the leg; dorsal view.

→ T 46, T 48–T 50

Muscles of the leg

Fig. 1347 Extensor muscles of the leg.

→ T 47



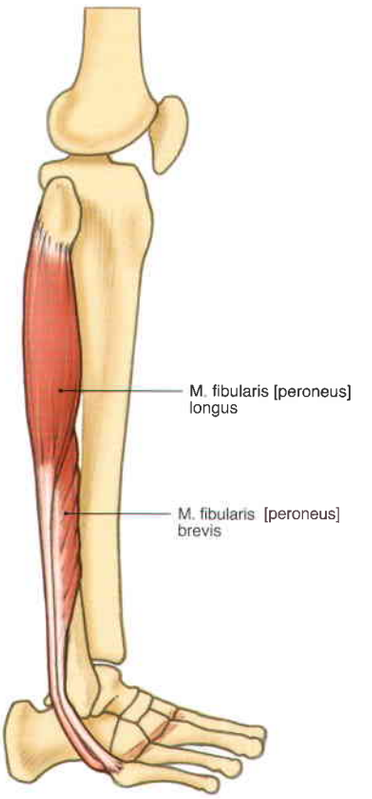


Fig. 1348 Lateral (fibular) muscles.

→ T 48

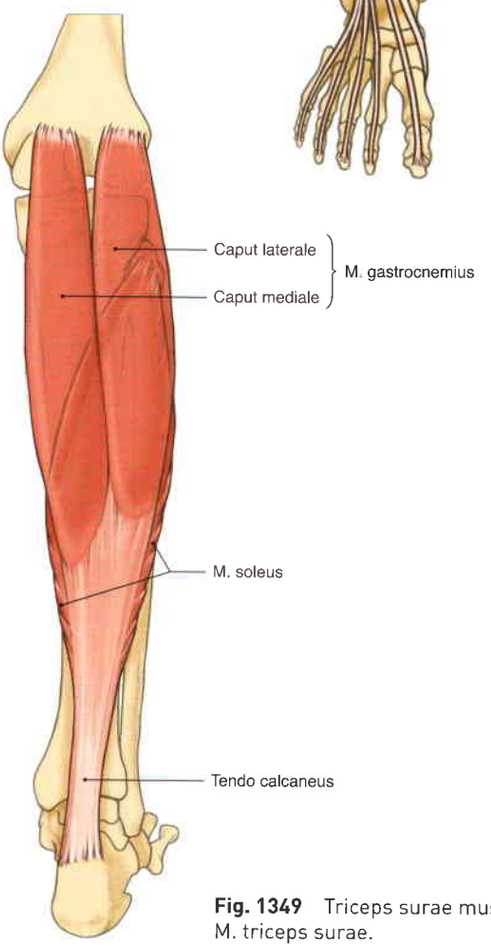


Fig. 1349 Triceps surae muscle, M. triceps surae.

→ T 49

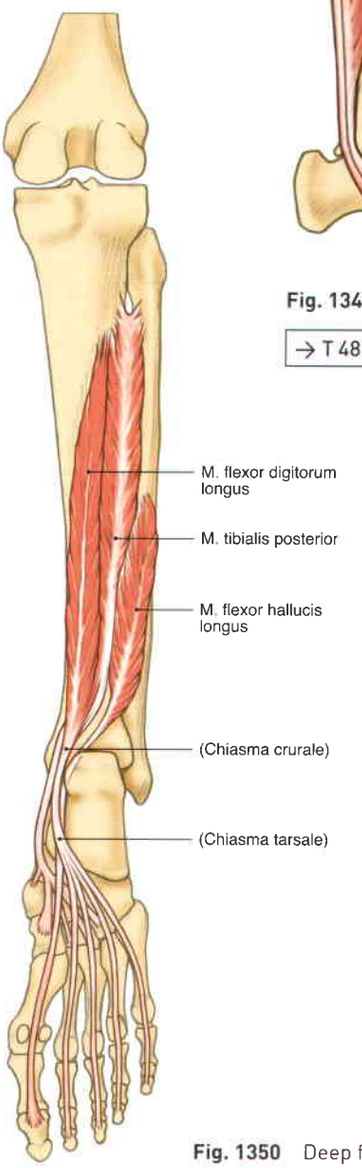


Fig. 1350 Deep flexor muscles of the leg.

→ T 50

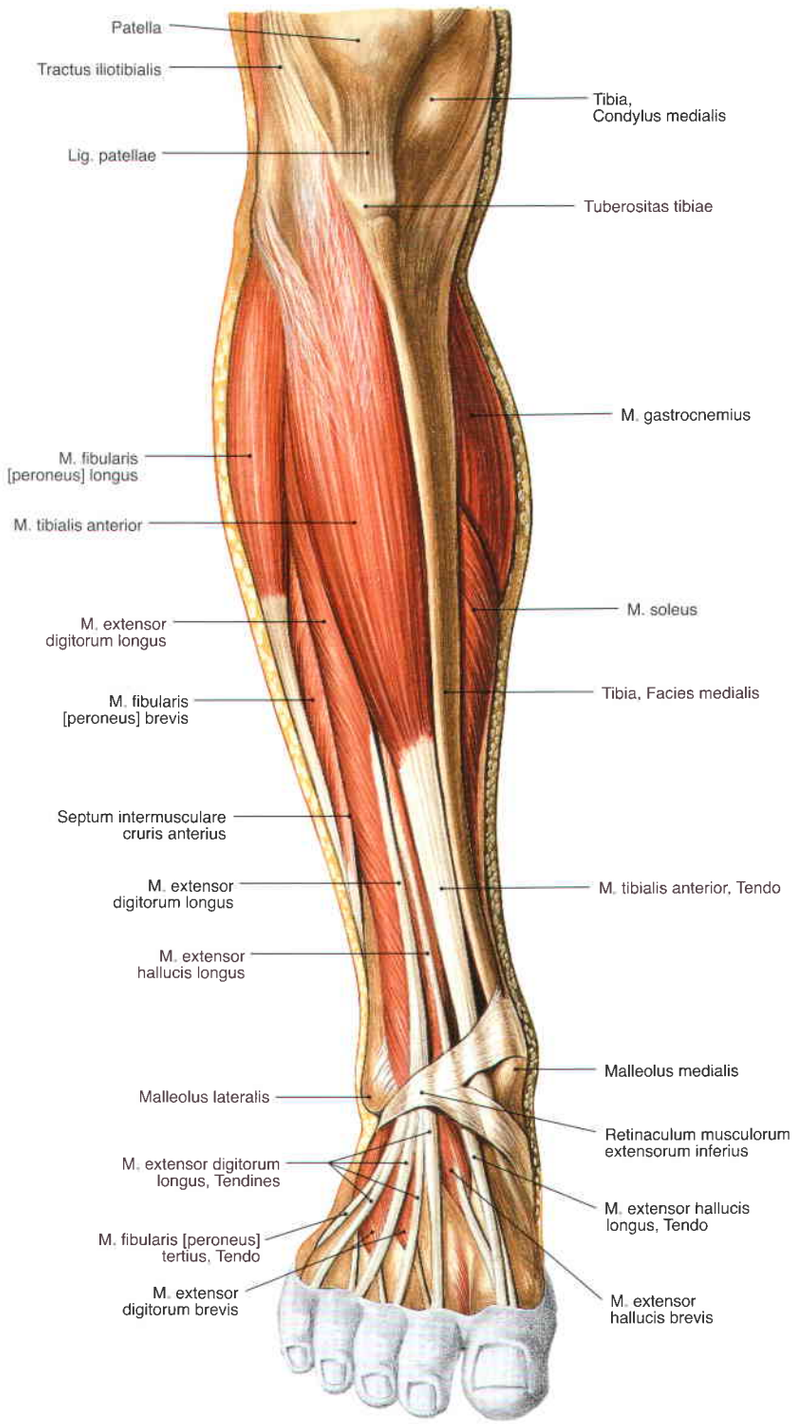
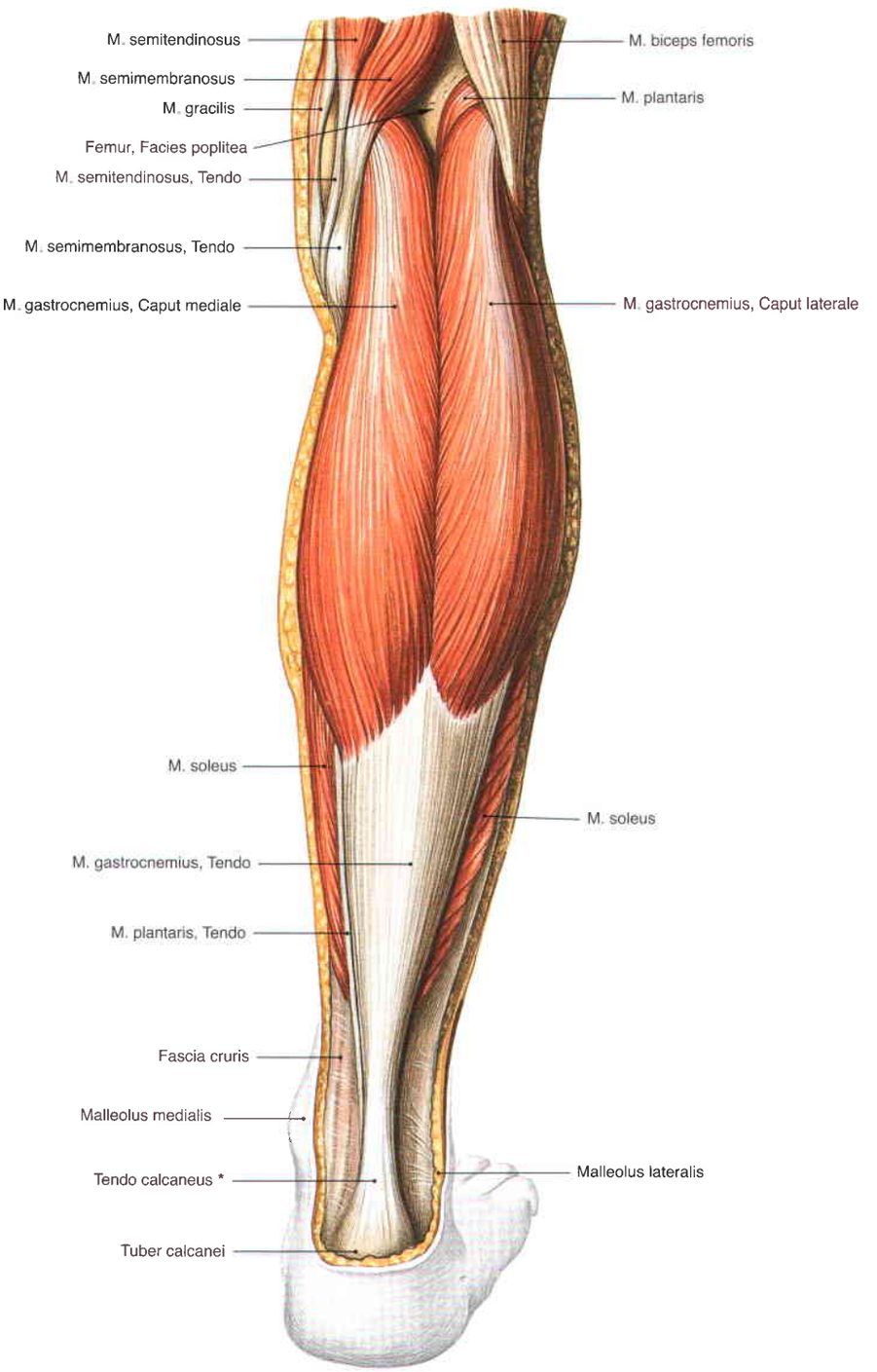


Fig. 1351 Muscles of the leg and the foot.

→ T 47, T 48

Muscles of the leg



→ T 49

Fig. 1352 Muscles of the leg; superficial layer.
* Also: Achilles tendon

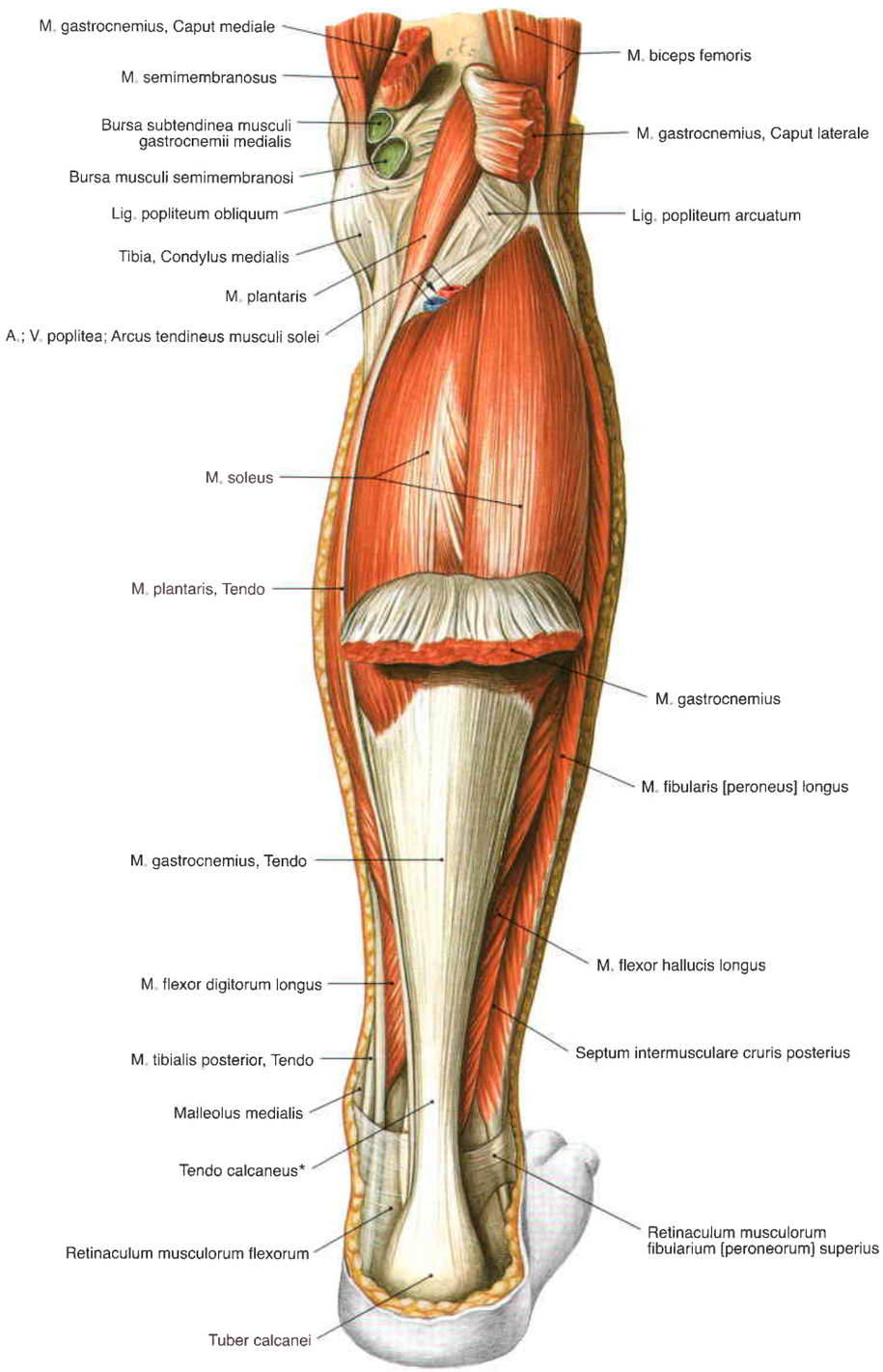
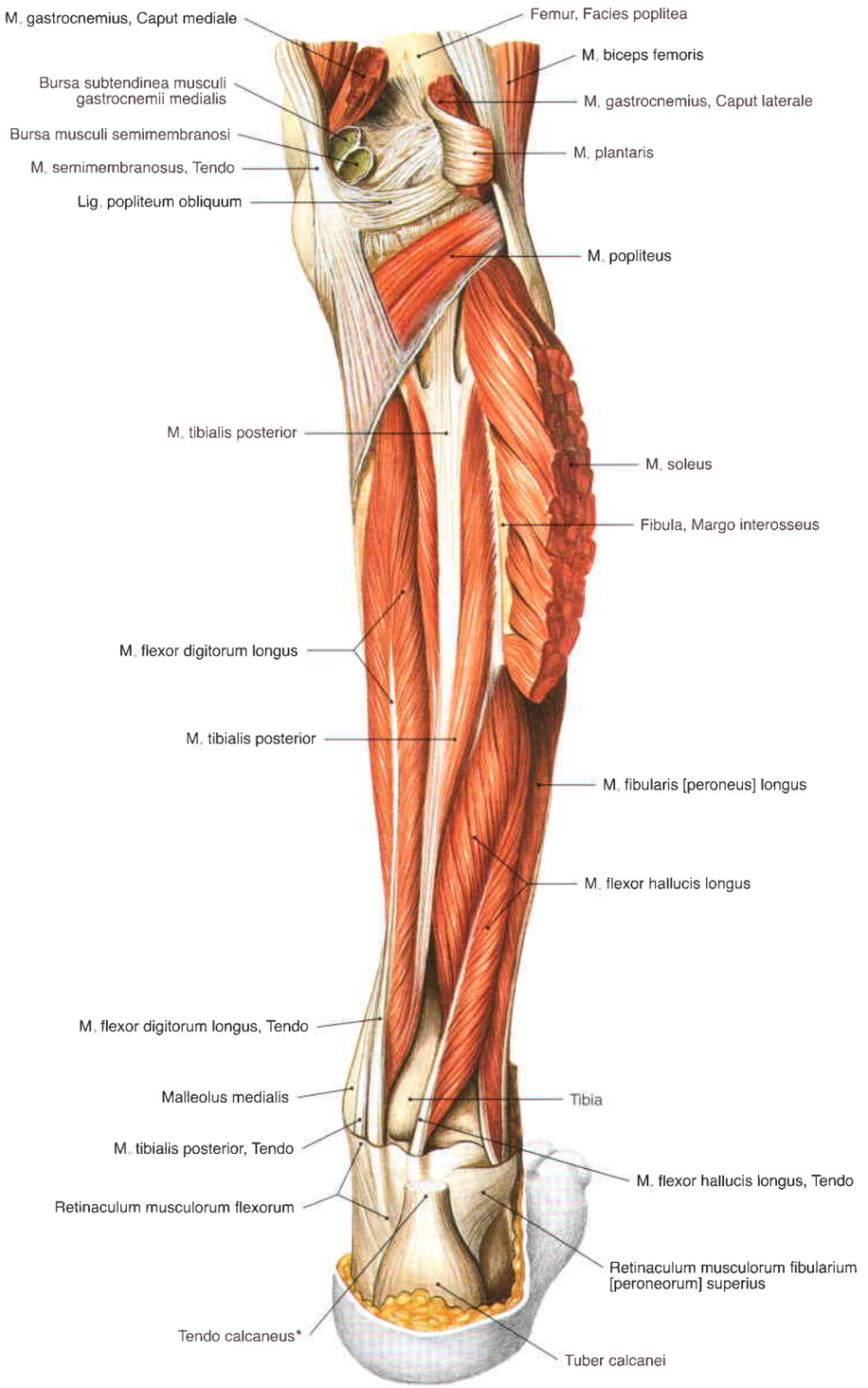


Fig. 1353 Muscles of the leg; superficial layer after partial removal of the gastrocnemius muscle.
* Also: Achilles tendon

→ T 49

Muscles of the leg



→ T 50

Fig. 1354 Muscles of the leg; deep layer.
* Also: Achilles tendon

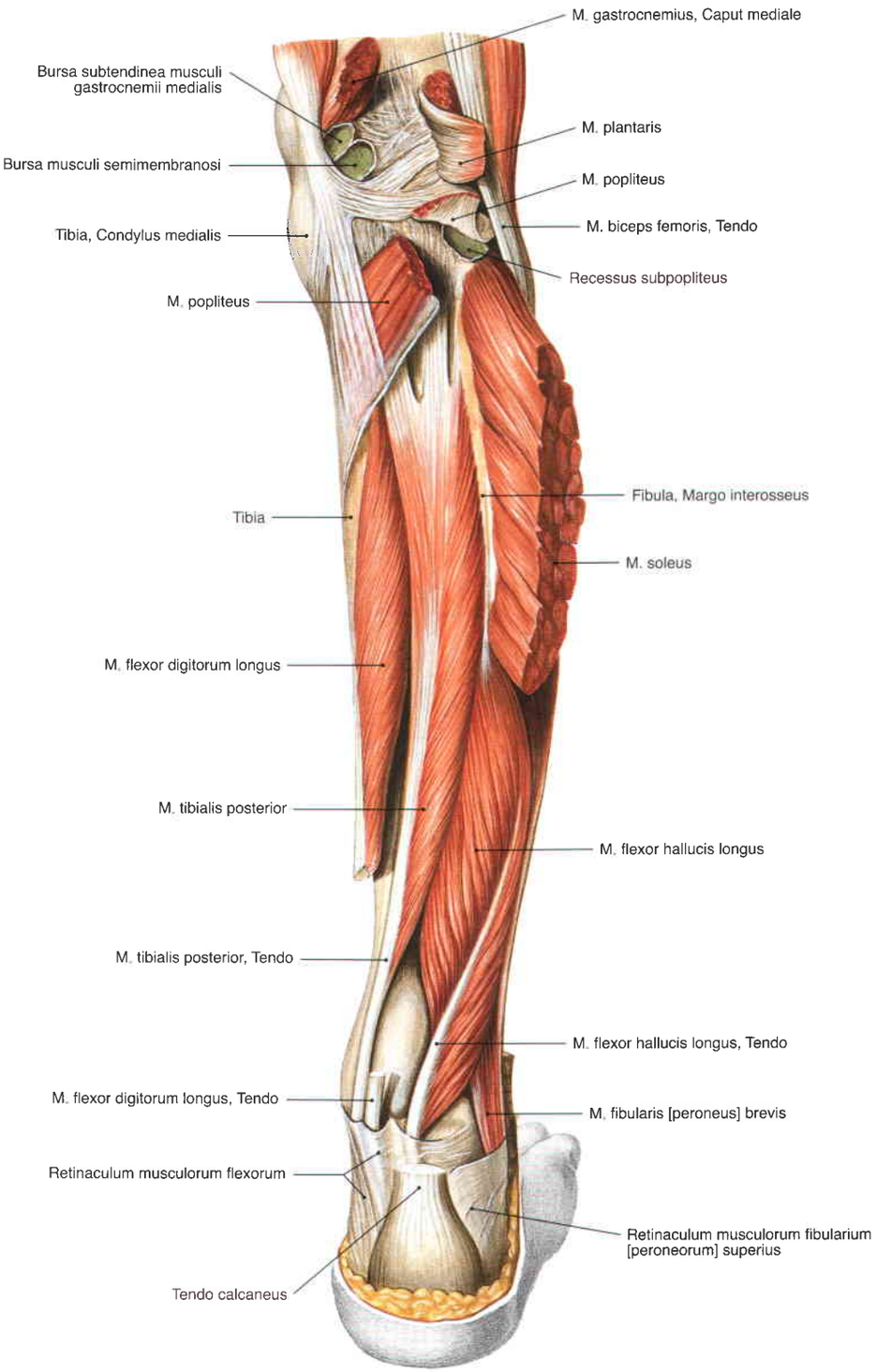
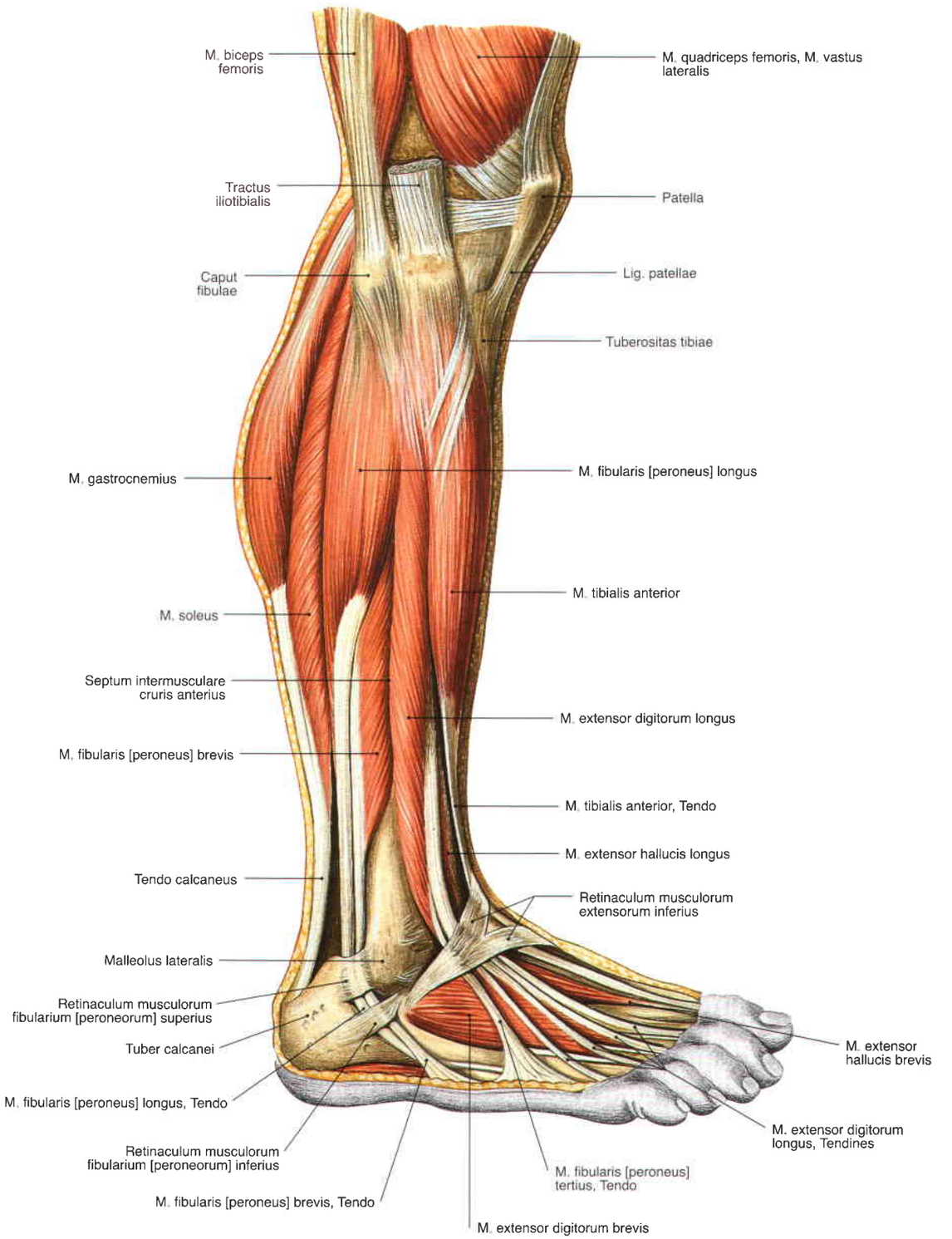


Fig. 1355 Muscles of the leg; deepest layer.

→ T 50

Muscles of the leg



→ T 47–T 49, T 51

Fig. 1356 Muscles of the leg and the foot.

Origins and insertions of the muscles of the the foot and the leg

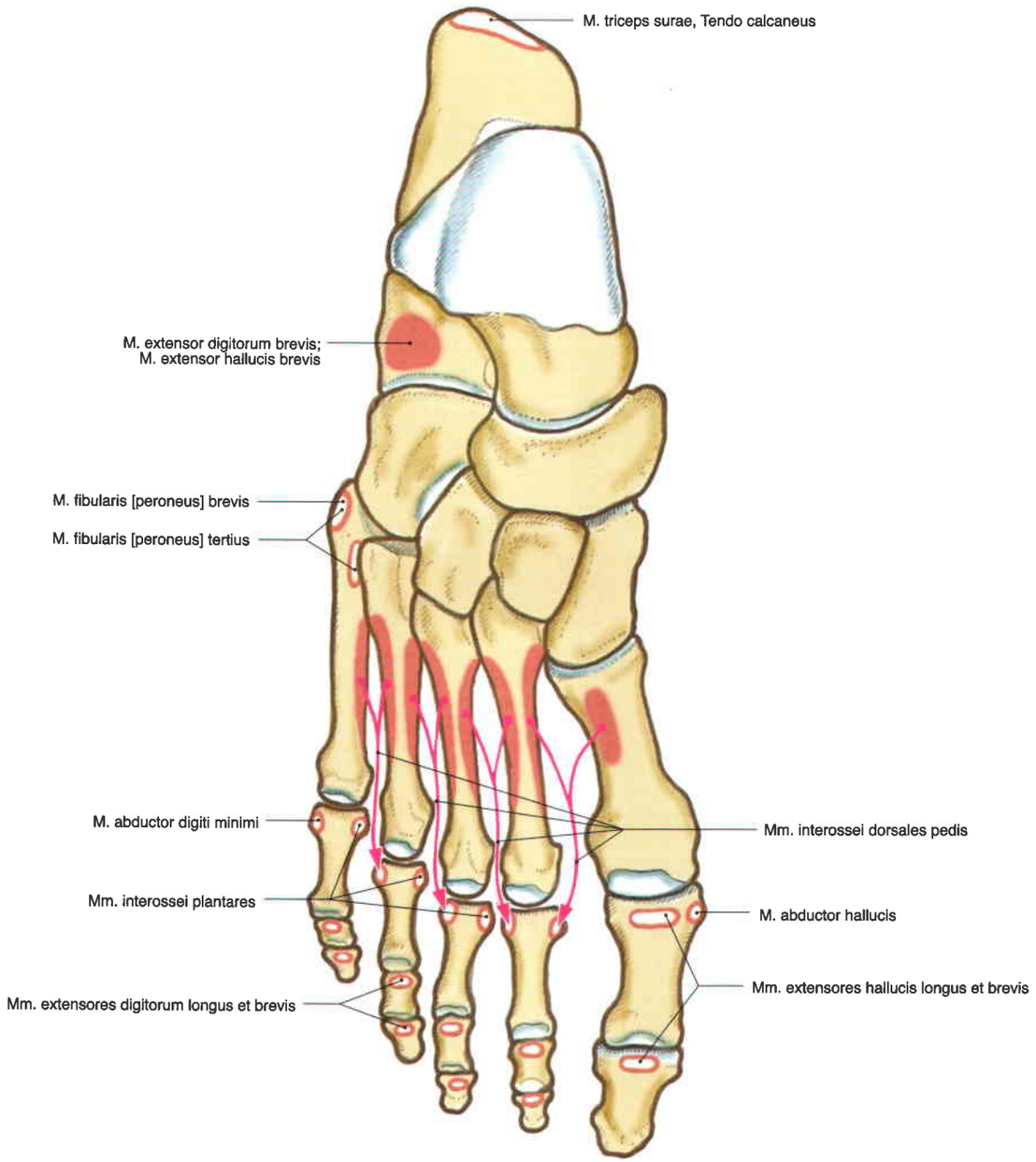


Fig. 1357 Origins and insertions of the muscles at the bones of the foot; dorsal view.

→ T 47, T 48, T 51, T 53, T 54

Tendon sheaths of the foot

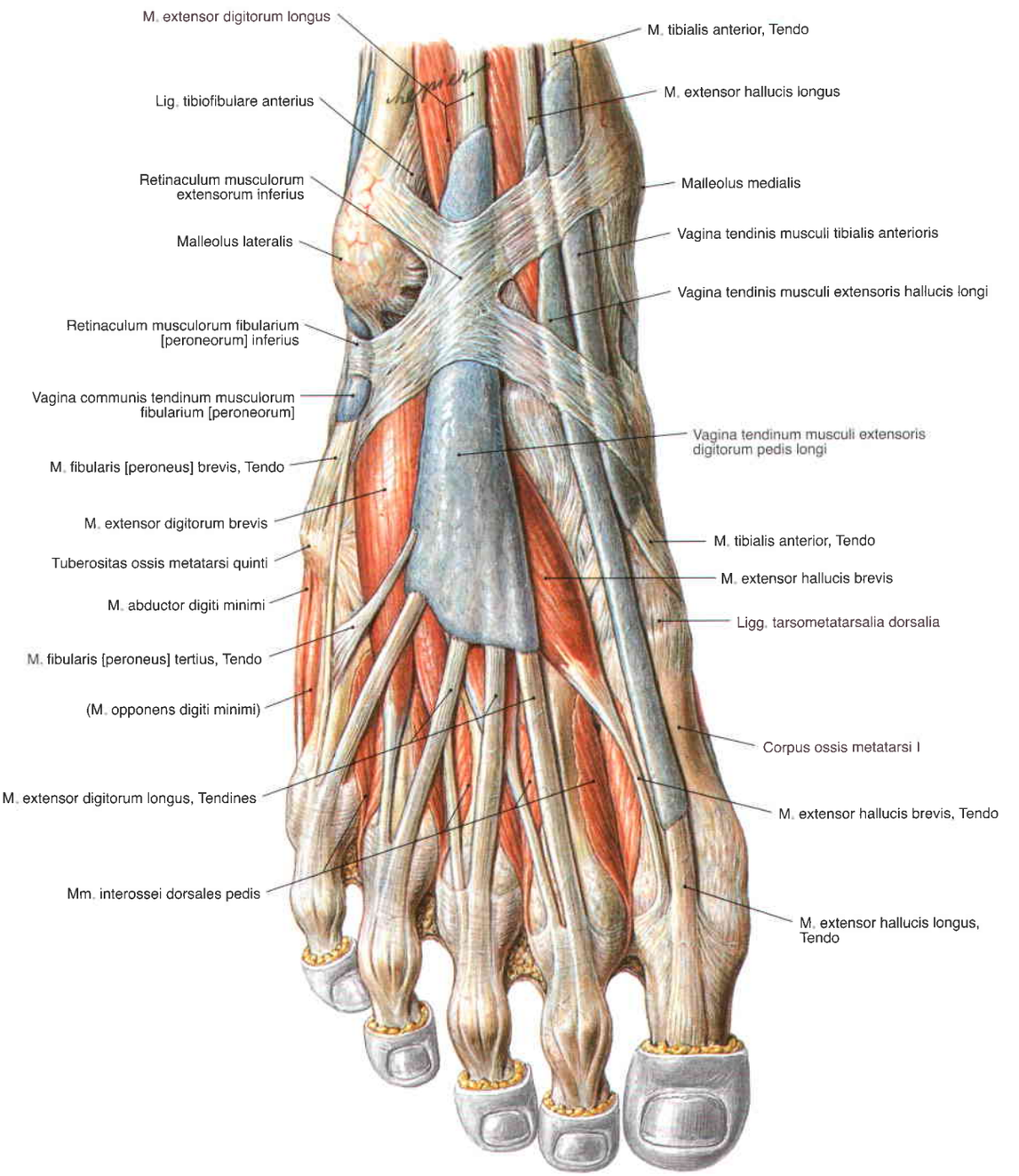


Fig. 1358 Tendon sheaths, Vaginae tendinum, of the foot.

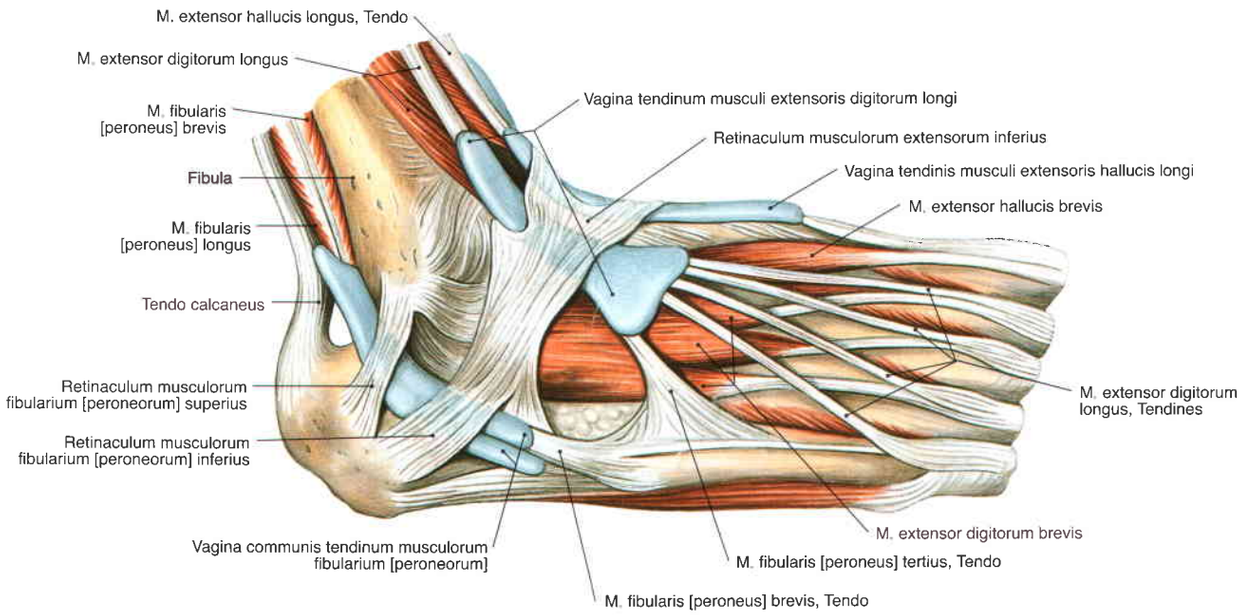


Fig. 1359 Tendon sheaths, Vaginae tendinum, of the foot.

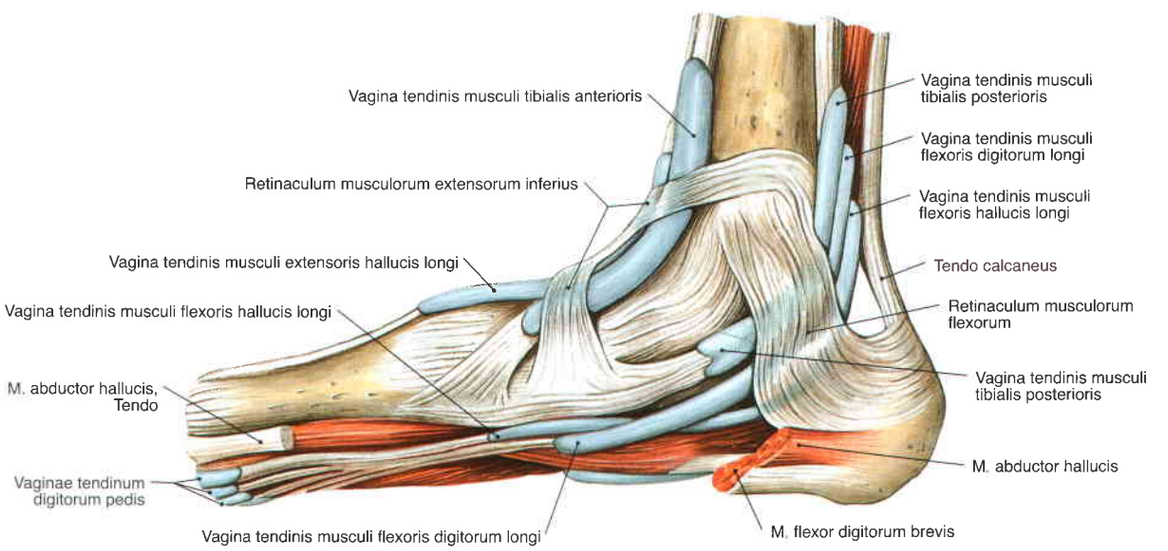
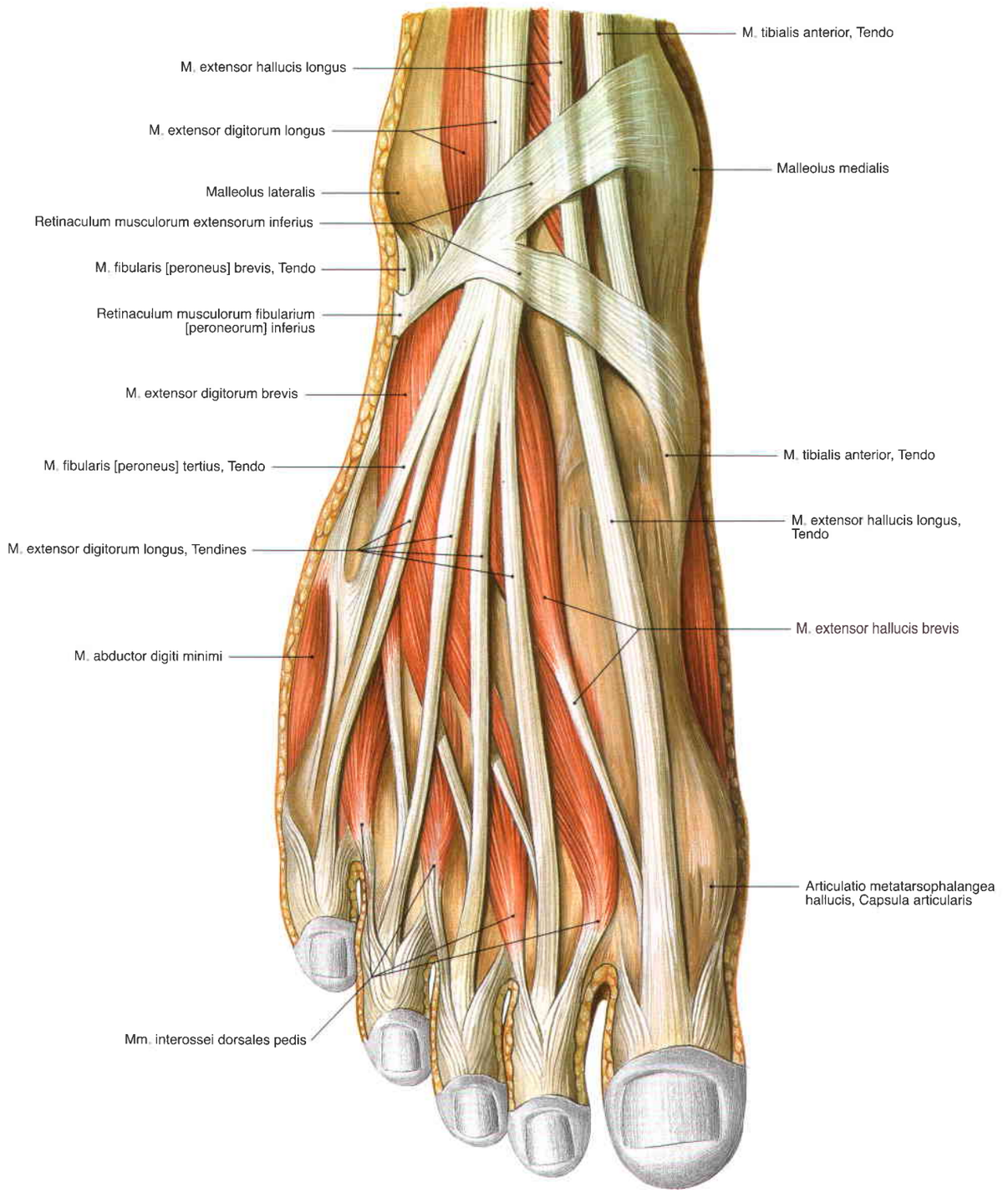


Fig. 1360 Tendon sheaths, Vaginae tendinum, of the foot.

Muscles of the foot



→ T 47, T 51, T 53

Fig. 1361 Muscles of the foot; after removal of the tendon sheaths.

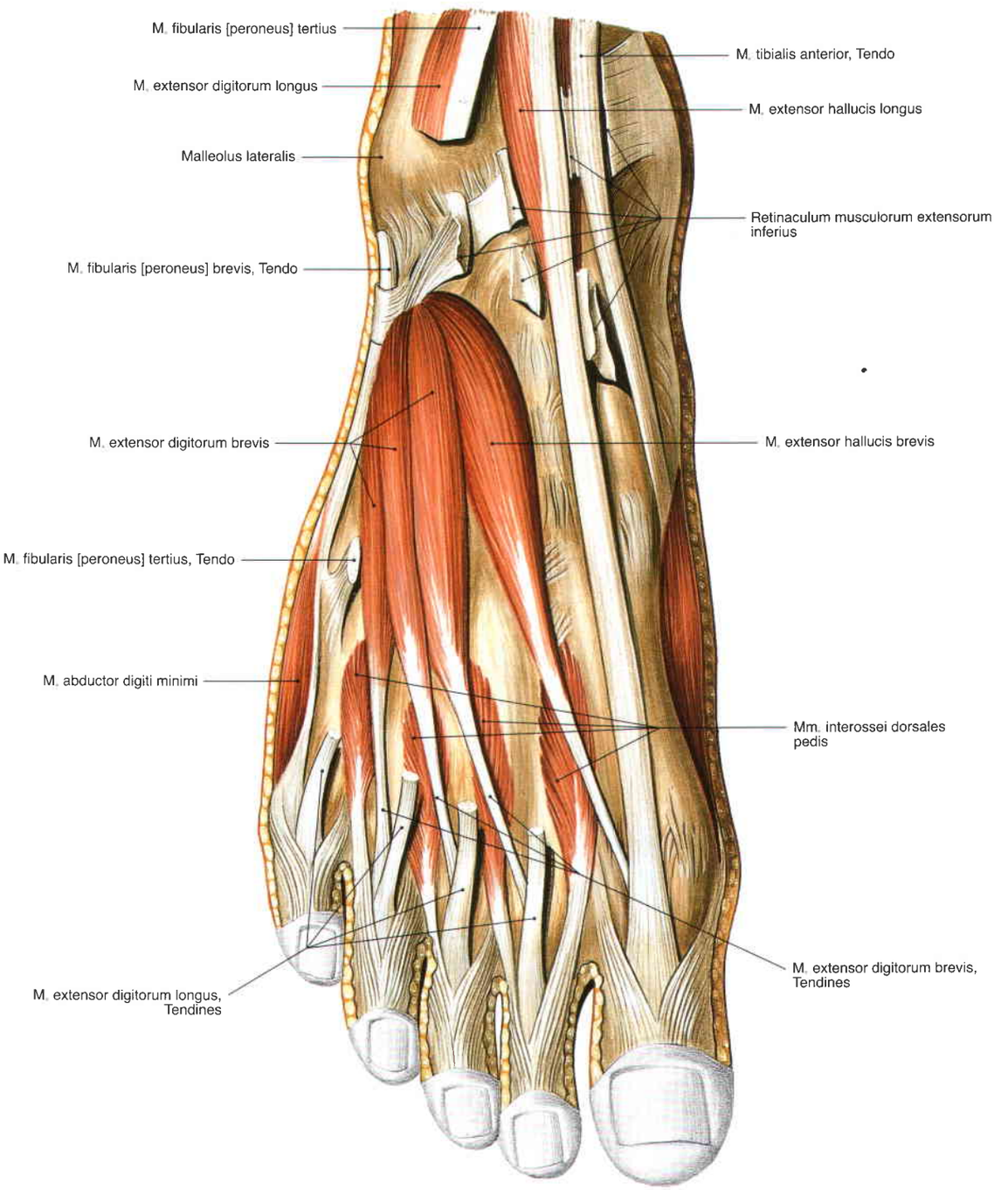


Fig. 1362 Muscles of the foot; after section of the inferior extensor retinaculum.

→ T 47, T 51, T 53

Muscles of the foot

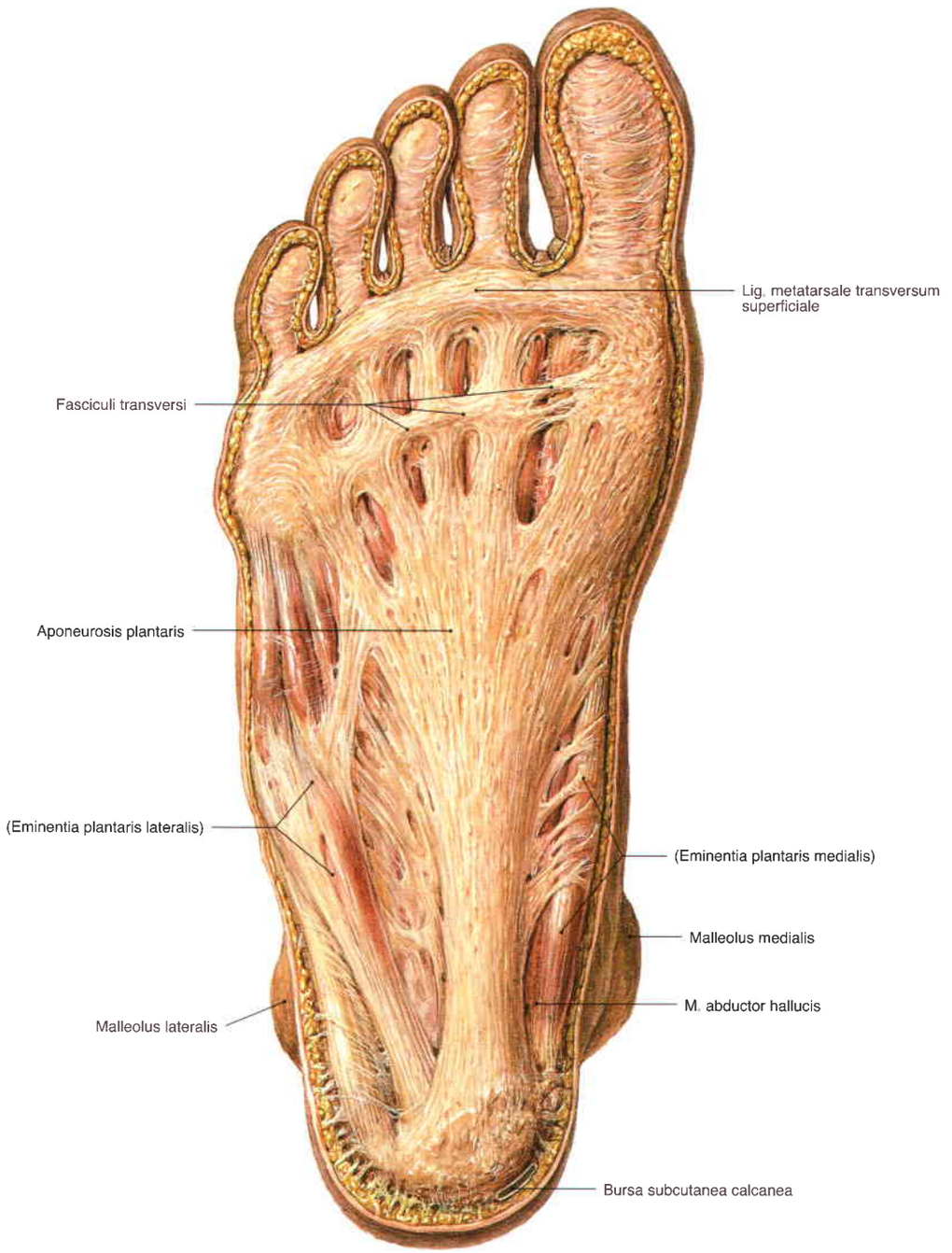


Fig. 1363 Muscles of the foot;
plantar aponeurosis, Aponeurosis plantaris.

Origins and insertions of the muscles of the foot and the leg

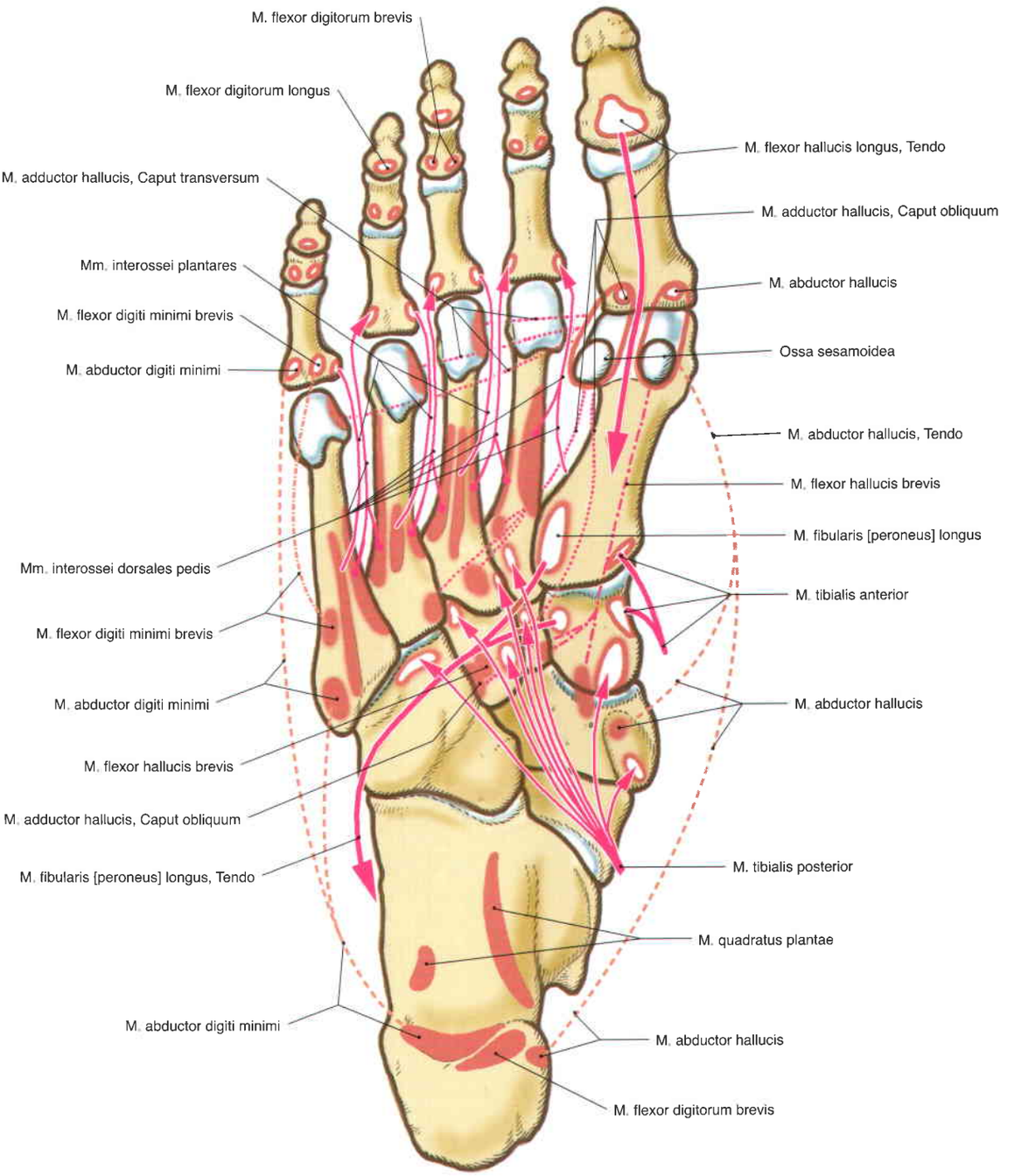
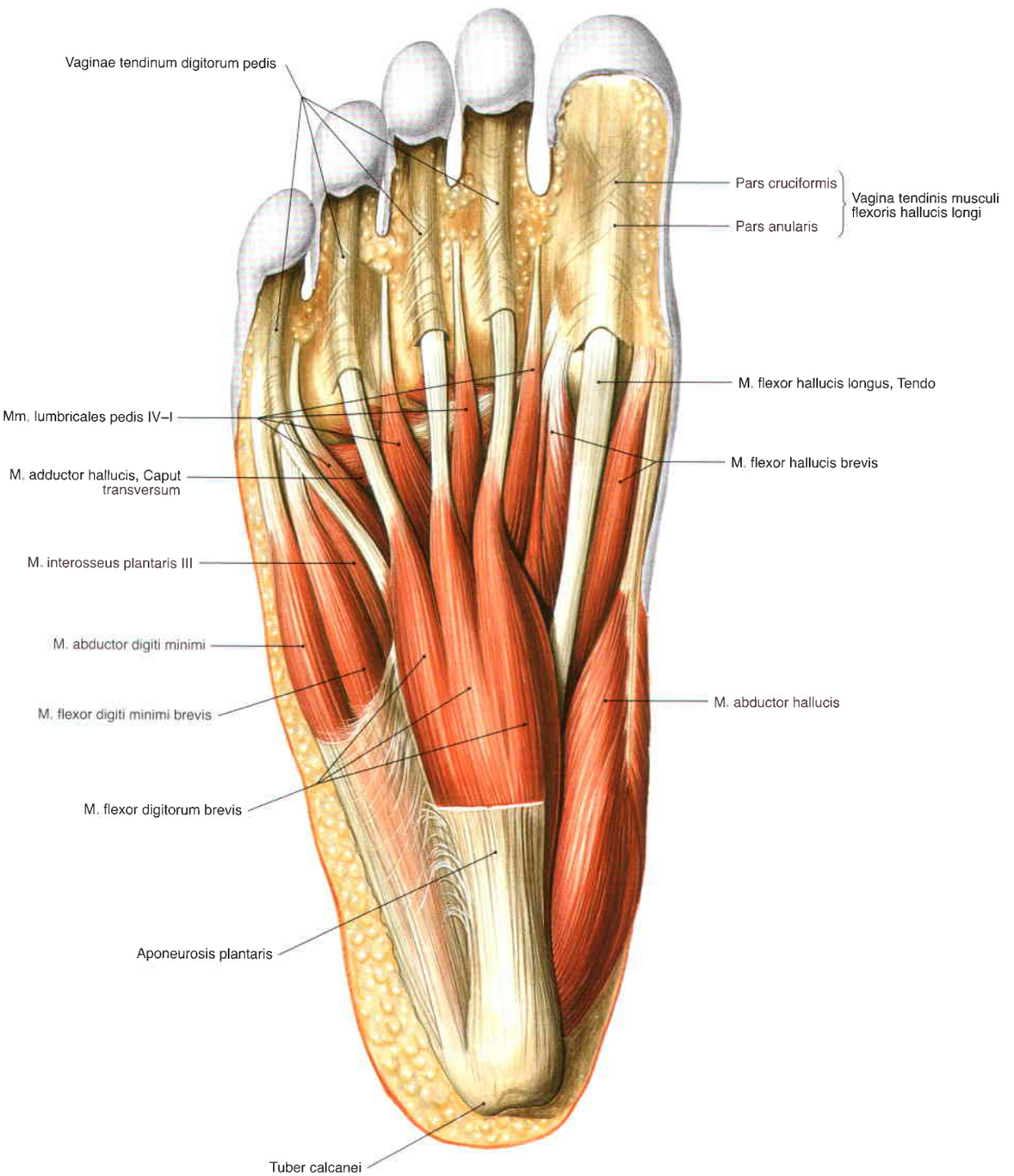


Fig. 1364 Origins and insertions of the muscles at the bones of the foot; plantar view.

→ T 47, T 48, T 50, T 52–T 54

Muscles of the foot



→ T 52–T 54

Fig. 1365 Muscles of the foot; the plantar aponeurosis has been removed.

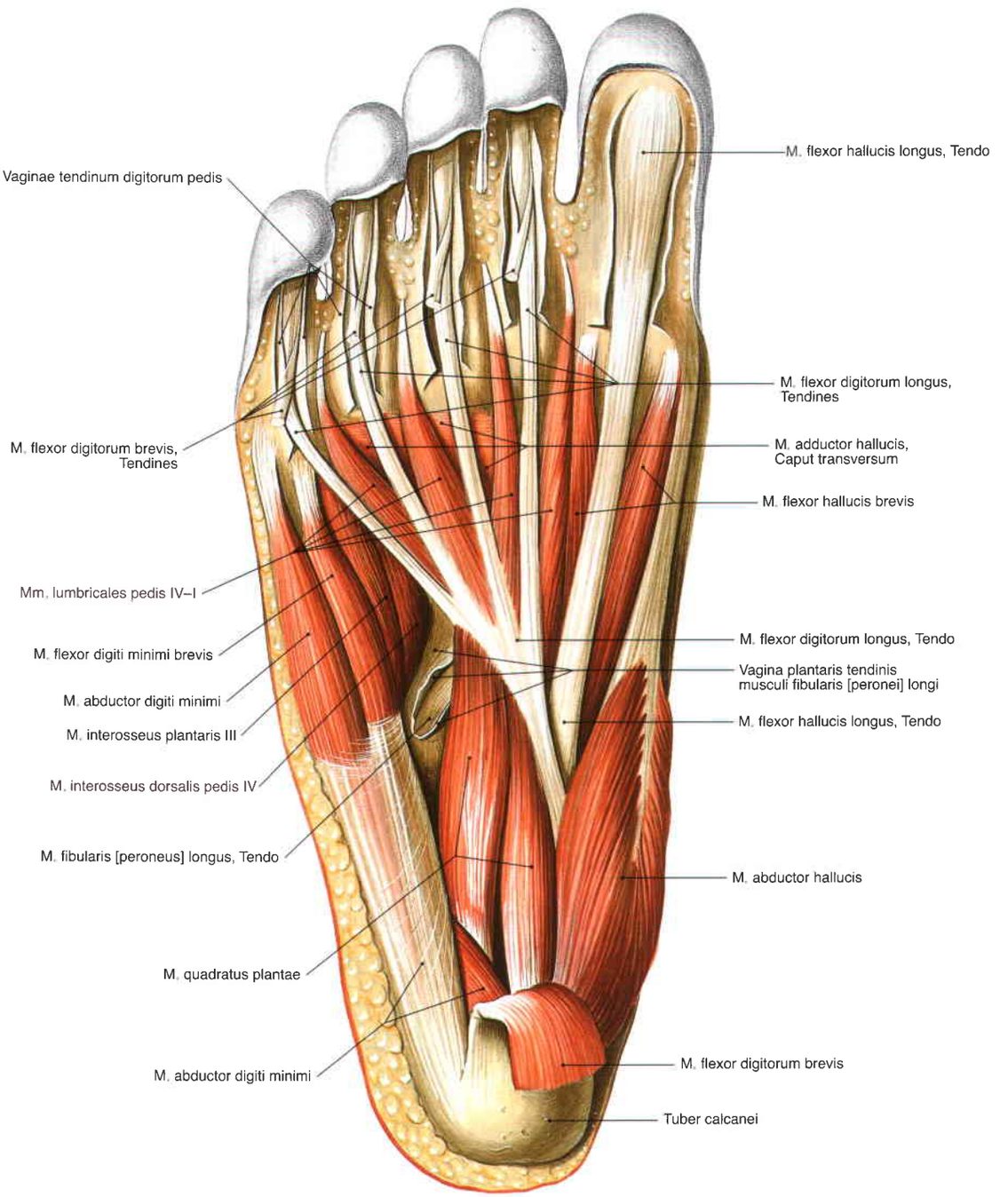
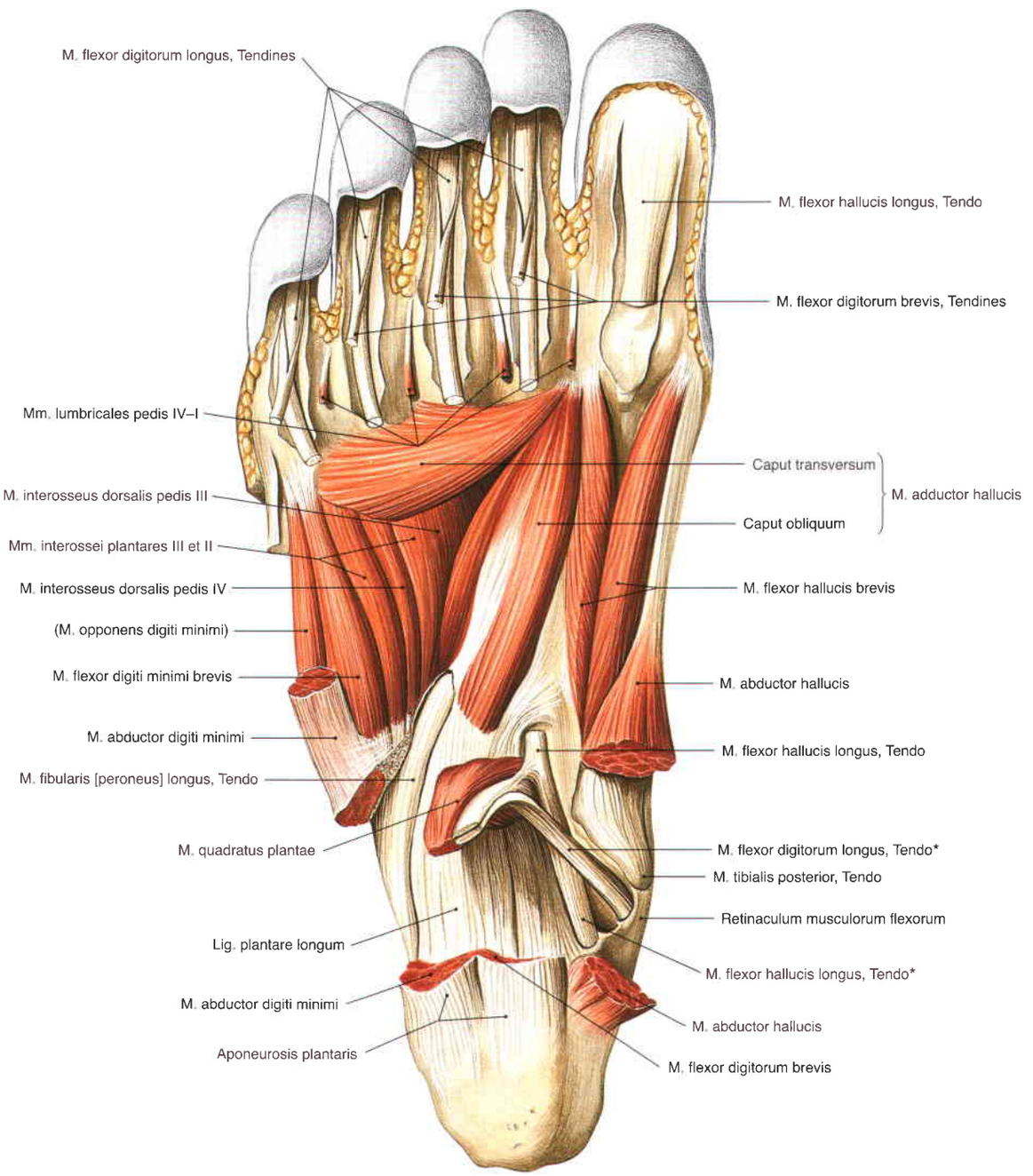


Fig. 1366 Muscles of the foot; middle layer after almost complete removal of the flexor digitorum brevis muscle.

→ T 50, T 52–T 54

Muscles of the foot



→ T 50, T 52 – T 54

Fig. 1367 Muscles of the foot; deep layer.

* The site where the tendon of the flexor digitorum longus muscle crosses the tendon of the flexor hallucis longus muscle is commonly referred to as plantar chiasm, Chiasma plantare.

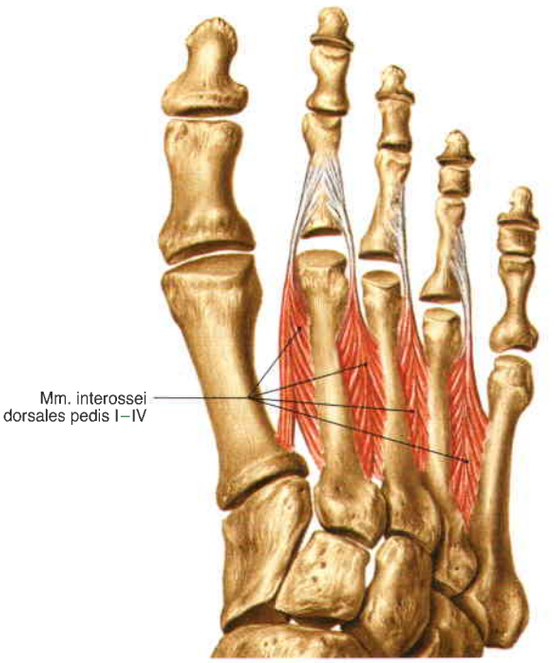


Fig. 1368 Dorsal interossei muscles, Mm. interossei dorsales pedis; dorsal view.

→ T 53

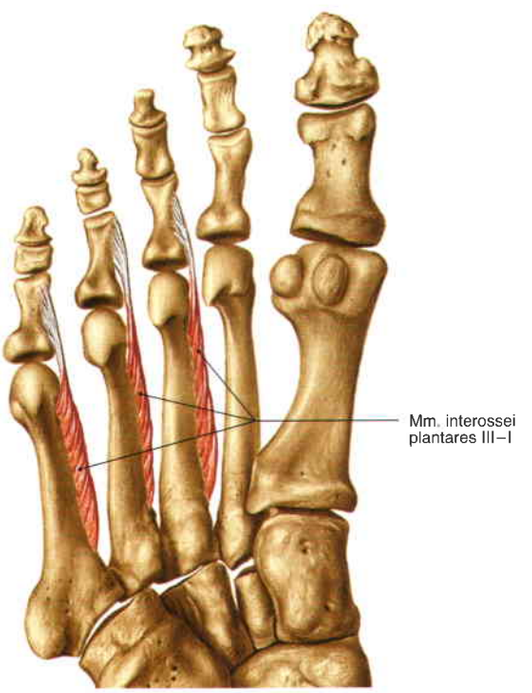
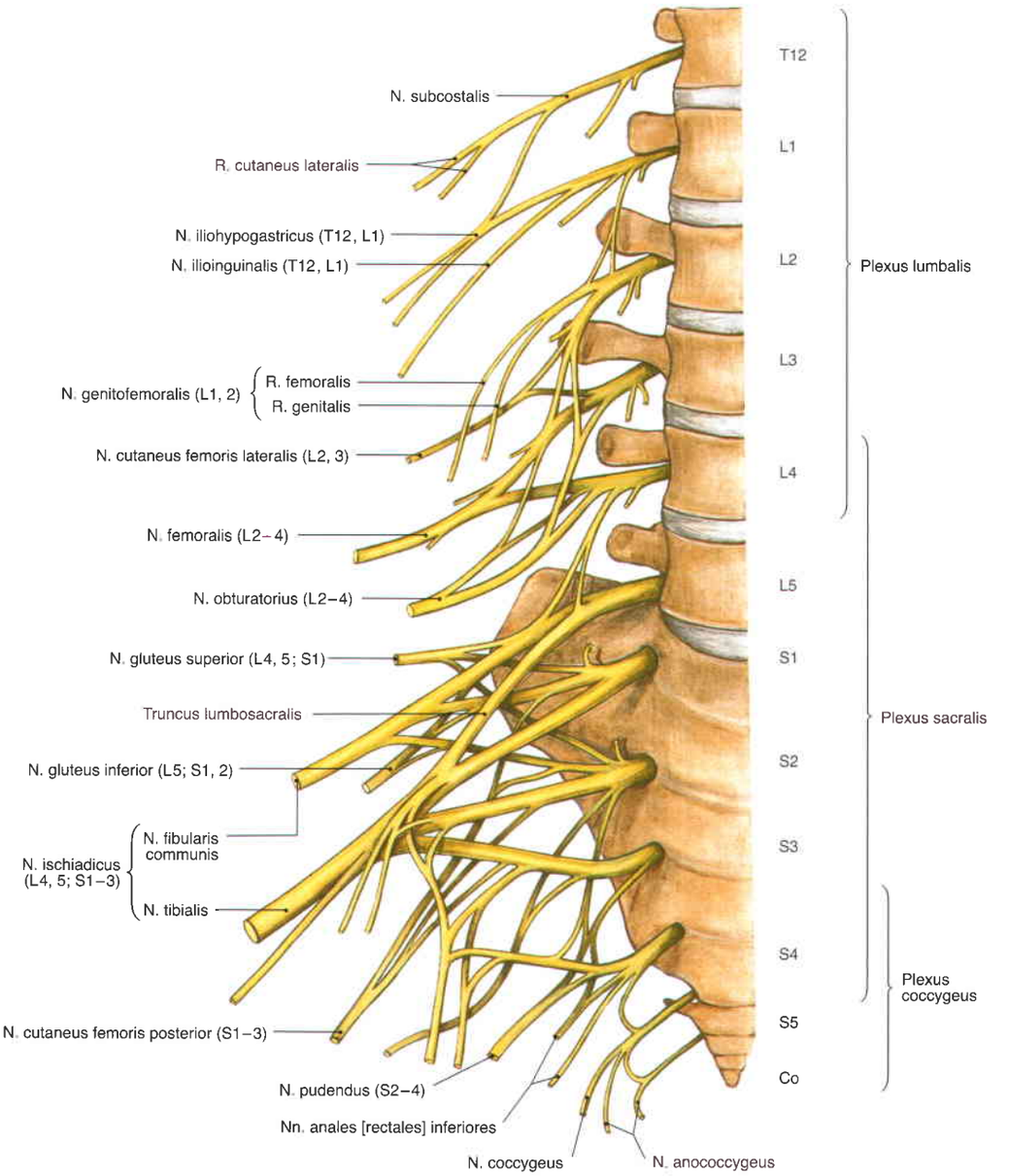


Fig. 1369 Plantar interossei muscles, Mm. interossei plantares; plantar view.

→ T 53

Lumbosacral plexus



→ 863

Fig. 1370 Lumbosacral and coccygeal plexus, Plexus lumbosacralis (Plexus lumbalis et sacralis) et coccygeus; segmental organisation of nerves.

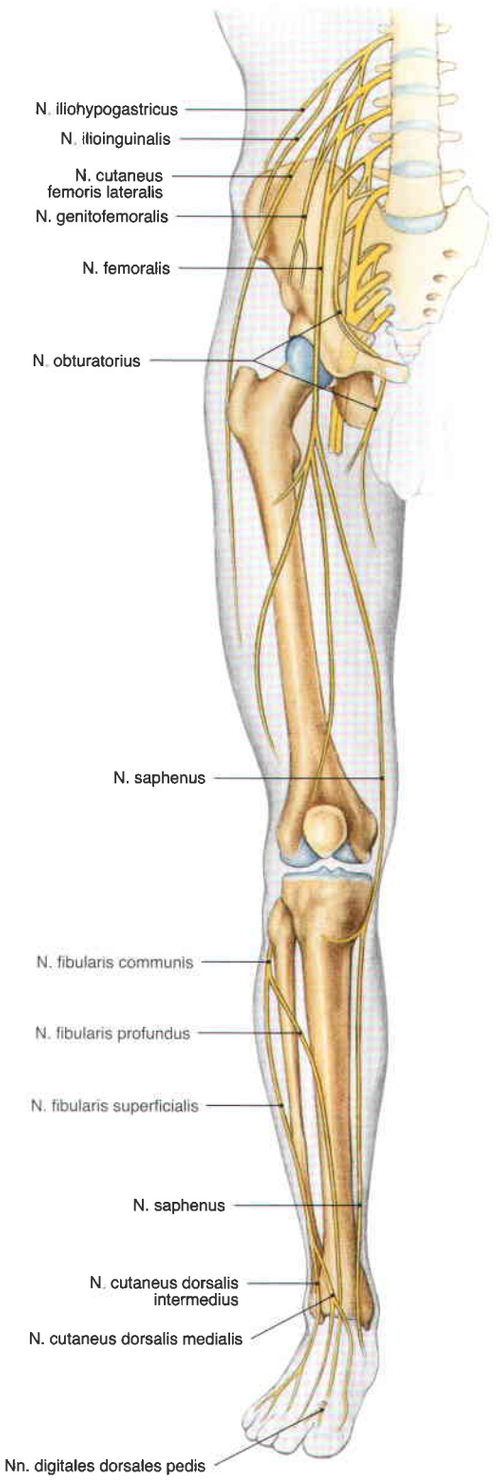


Fig. 1371 Nerves of the lower limb; overview.

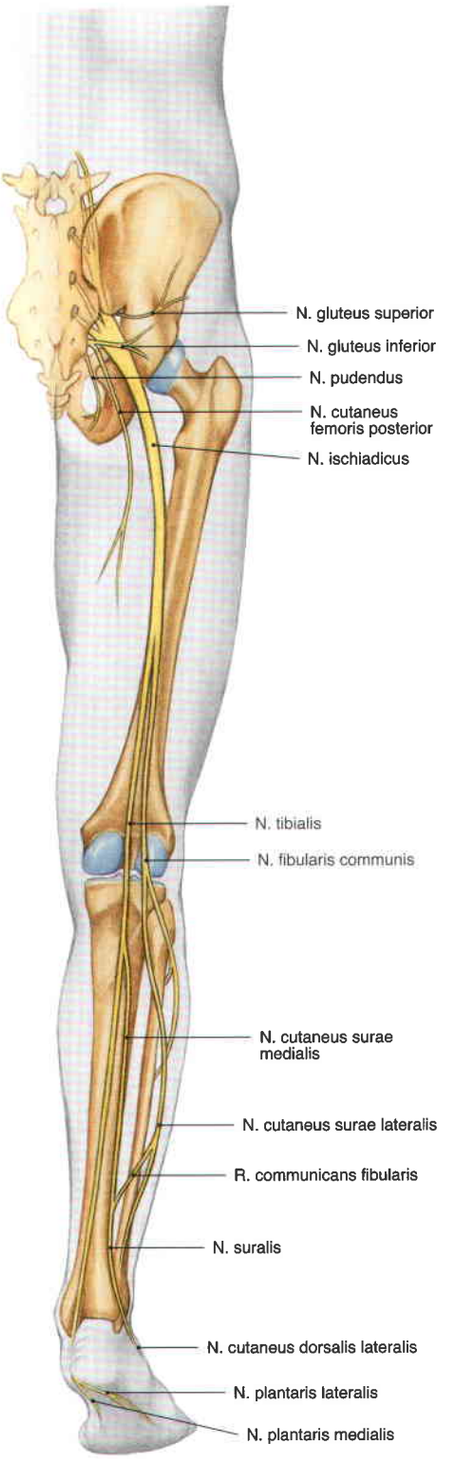


Fig. 1372 Nerves of the lower limb; overview.

Cutaneous innervation

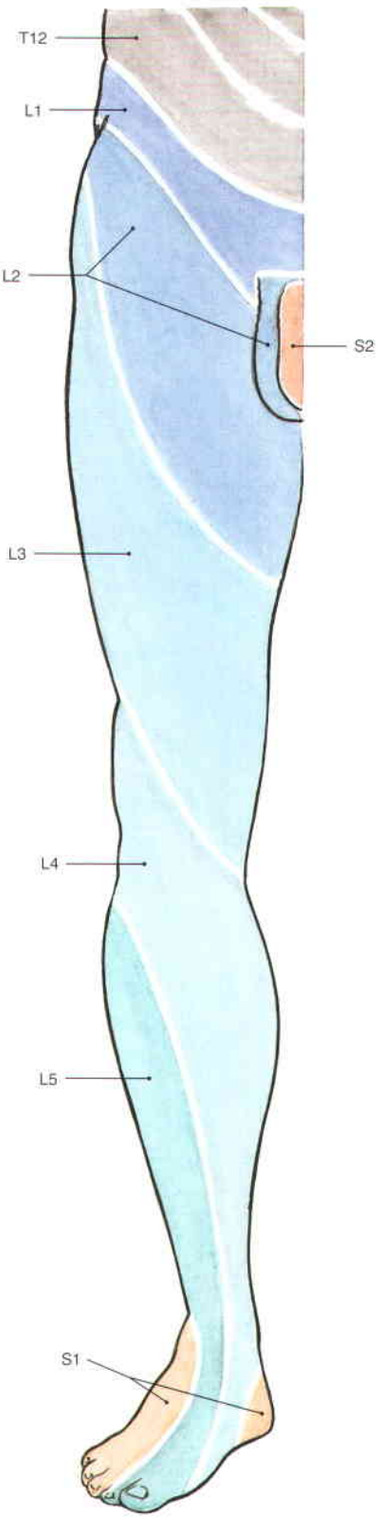


Fig. 1373 Segmental cutaneous innervation (dermatomes) of the lower limb.

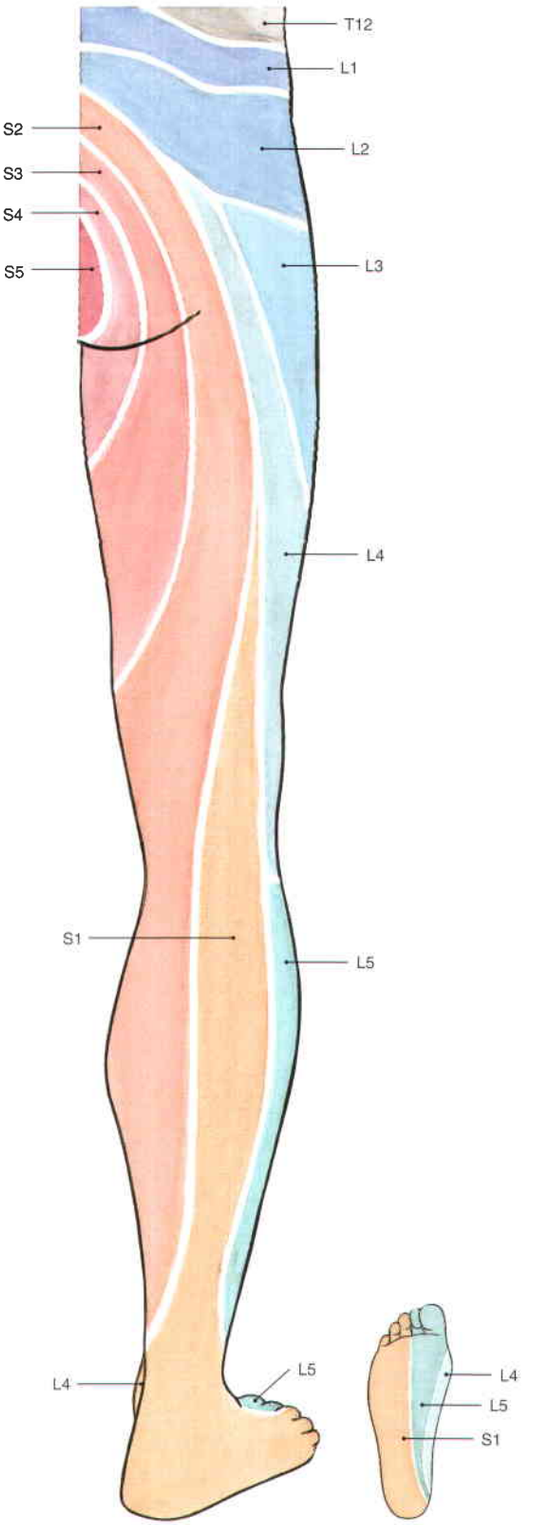
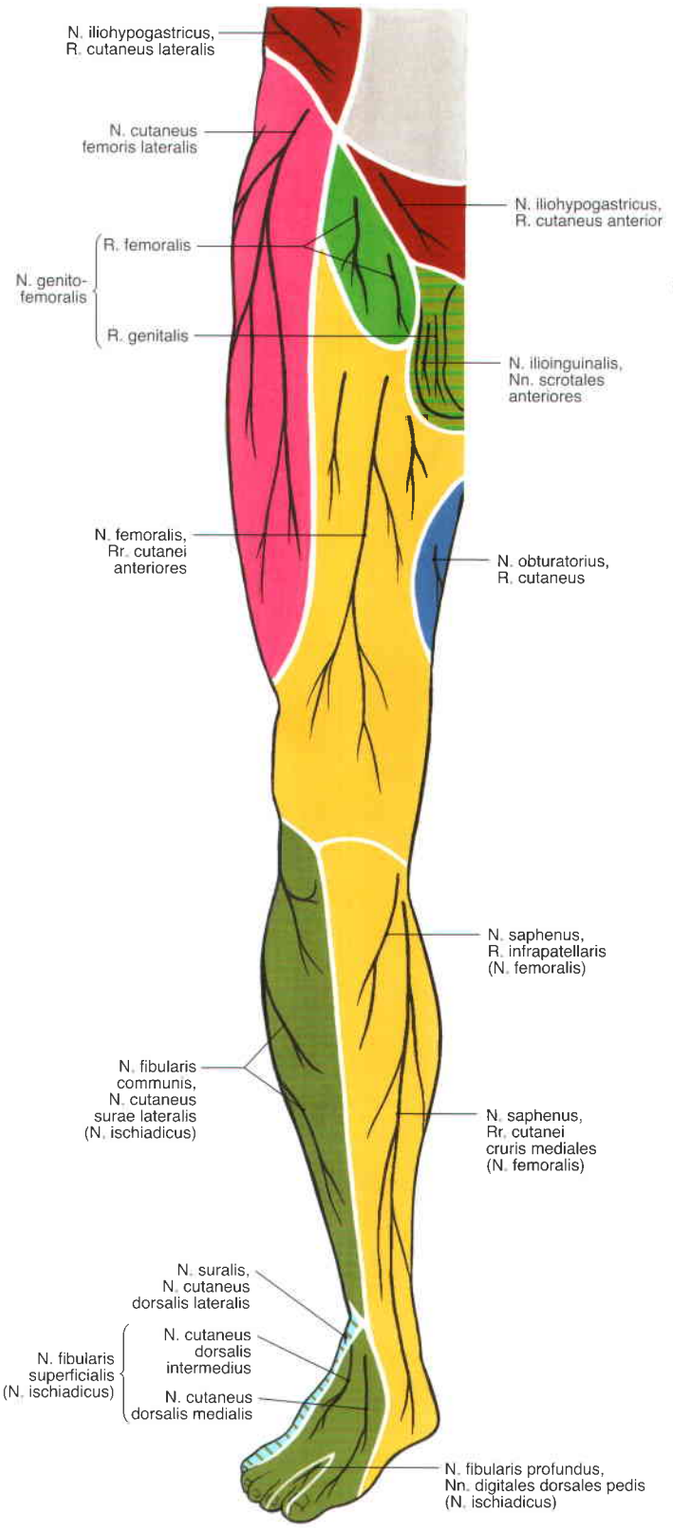


Fig. 1374 Segmental cutaneous innervation (dermatomes) of the lower limb.



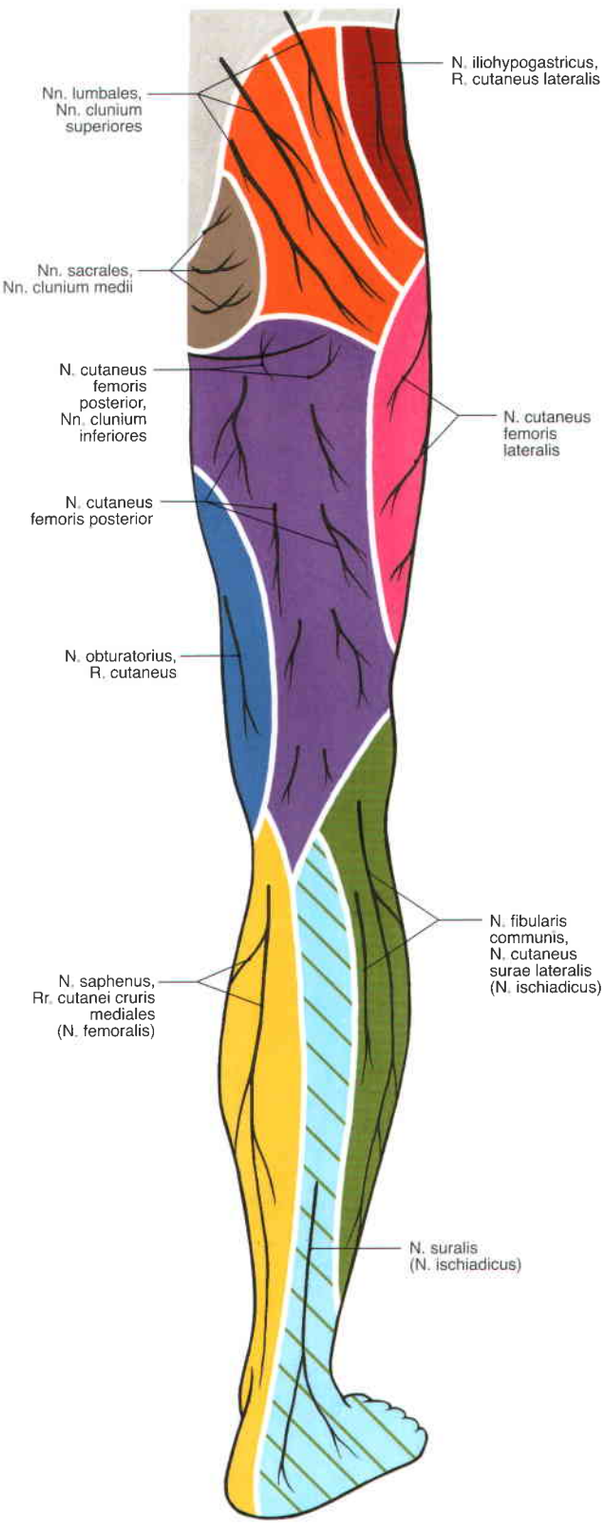


Fig. 1375 Cutaneous nerves of the lower limb.

Fig. 1376 Cutaneous nerves of the lower limb.

Femoral and obturator nerve

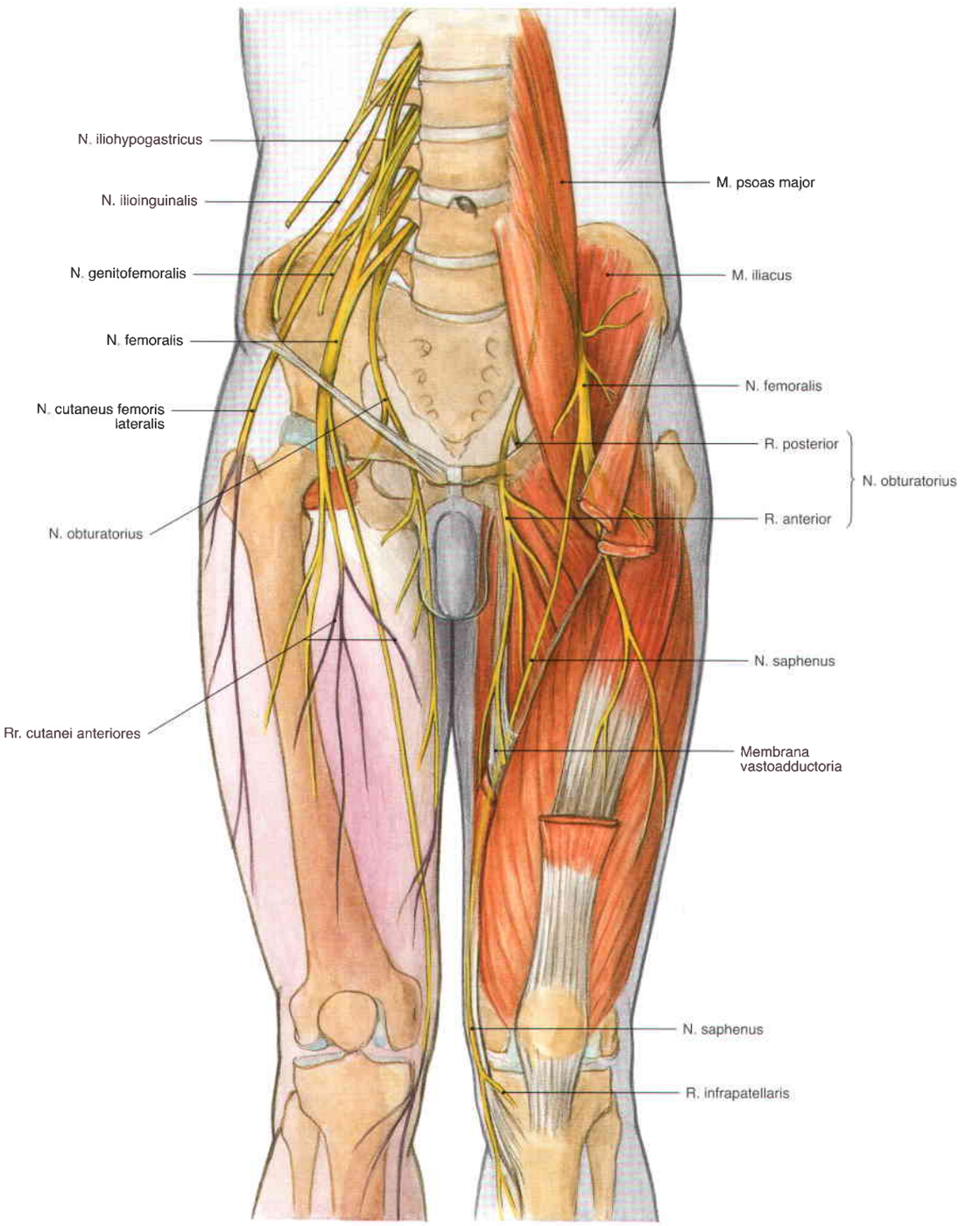


Fig. 1377 Femoral and obturator nerve, Nn. femoralis et obturatorius; overview;
cutaneous innervation illustrated with purple.

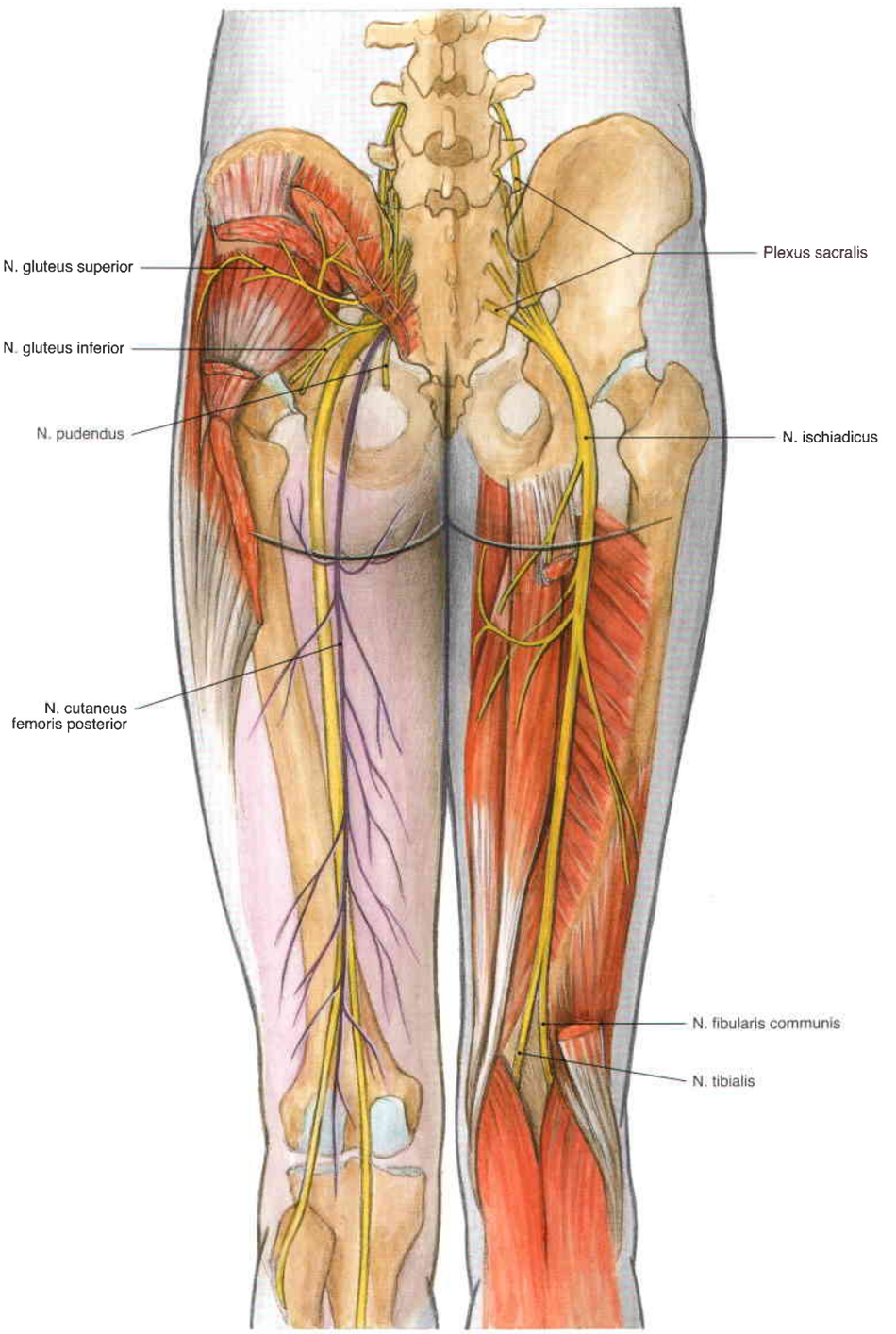


Fig. 1378 Gluteal nerves, Nn. glutei, and sciatic nerve, N. ischiadicus; overview;
cutaneous innervation illustrated with purple.

Tibial and fibular nerve

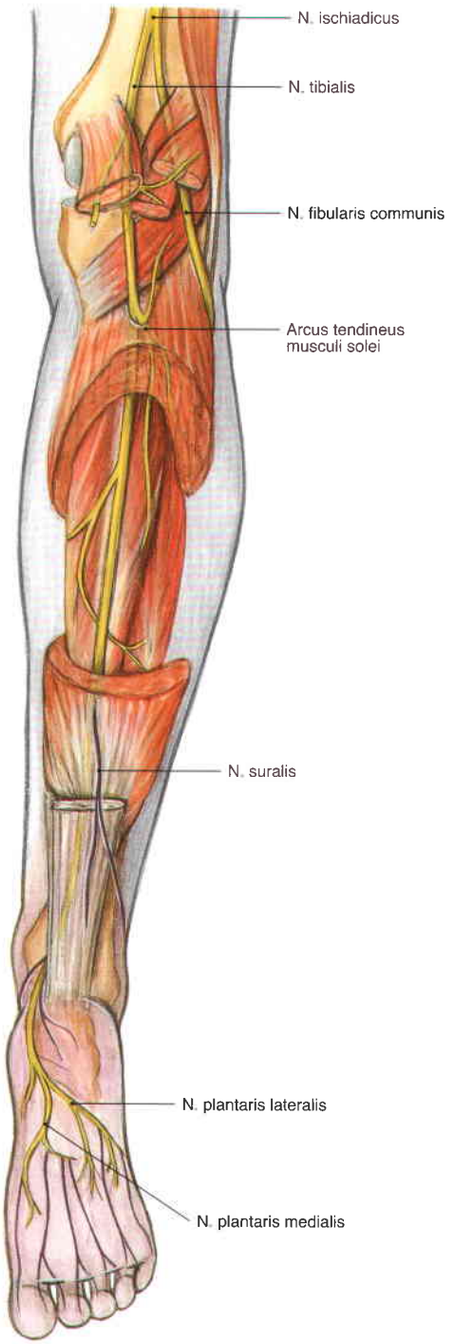


Fig. 1379 Tibial nerve, N. tibialis; overview; cutaneous innervation illustrated with purple.

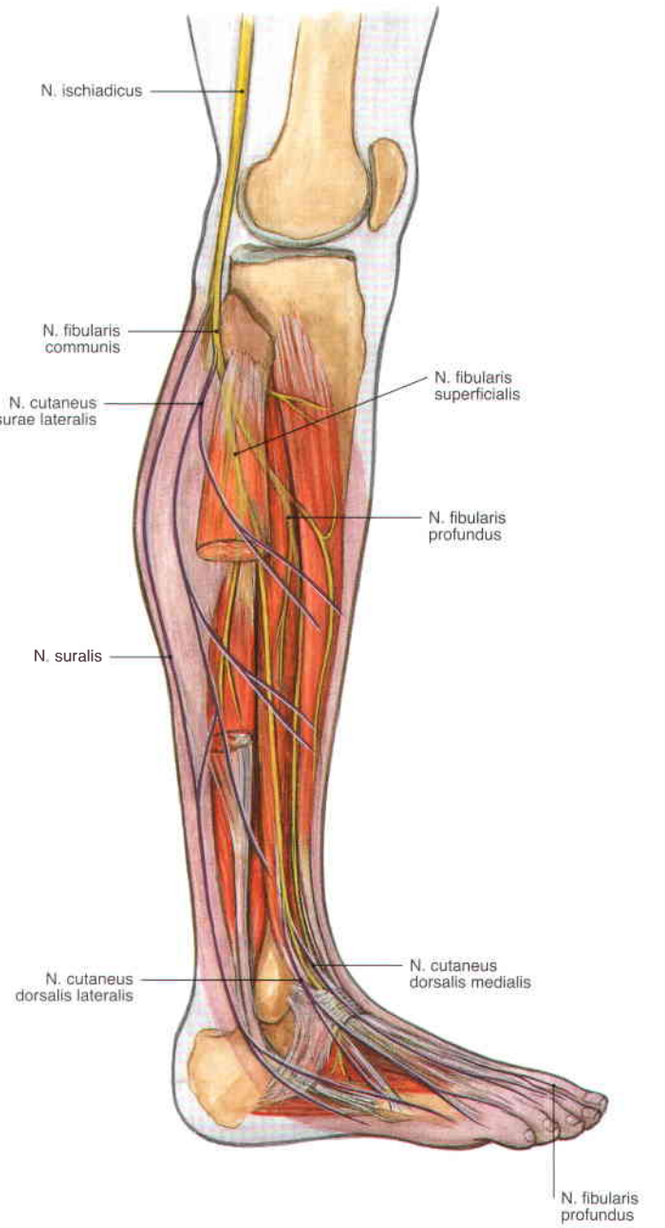


Fig. 1380 Fibular nerve, N. fibularis; overview; cutaneous innervation illustrated with purple.

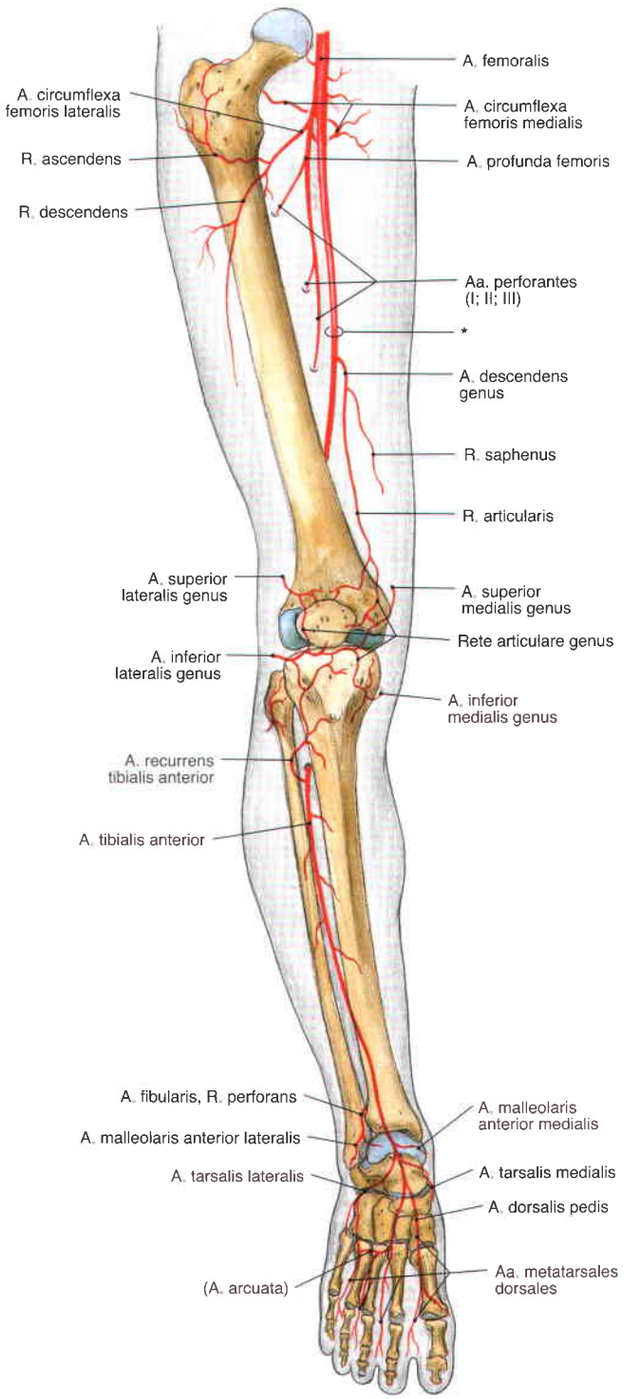


Fig. 1381 Arteries of the lower limb; overview; ventral view.
The segment of the femoral artery between the point where the deep artery of thigh branches off and the point of entry into the adductor canal (*) is known clinically as superficial femoral artery.

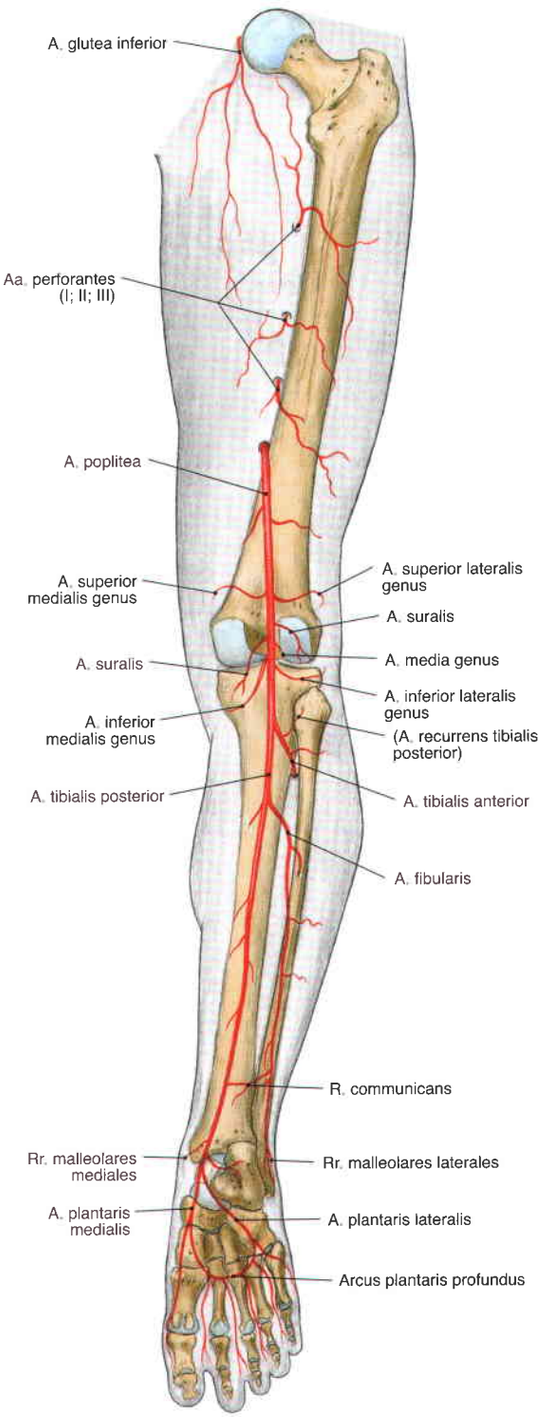


Fig. 1382 Arteries of the lower limb; overview; dorsal view.

Veins and lymphatics of the lower limb

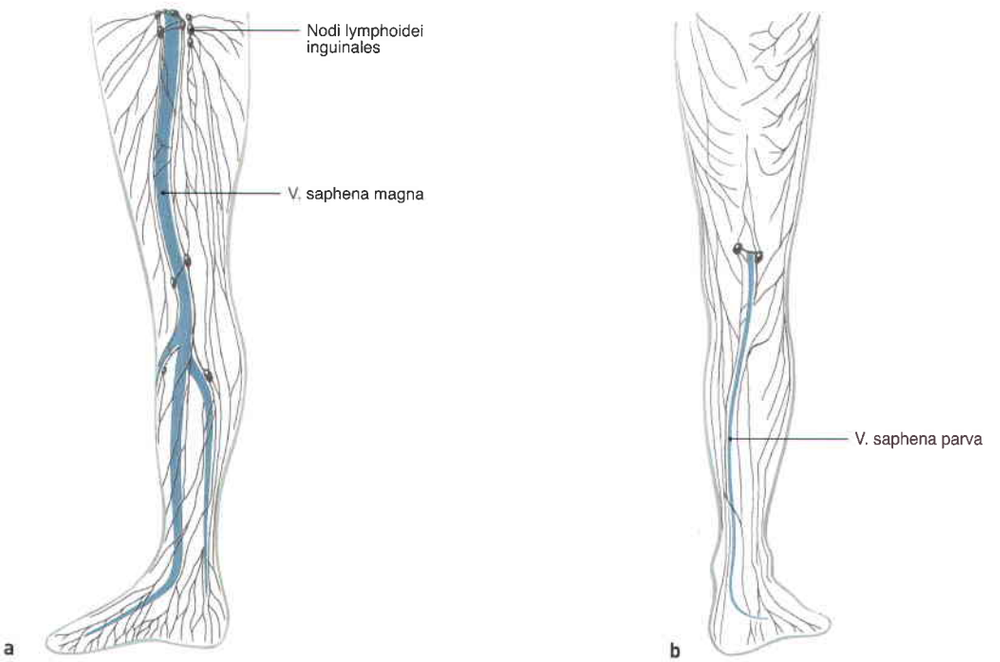


Fig. 1383 a, b Veins and lymphatics of the lower limb; overview.
a Medial view
b Dorsal view

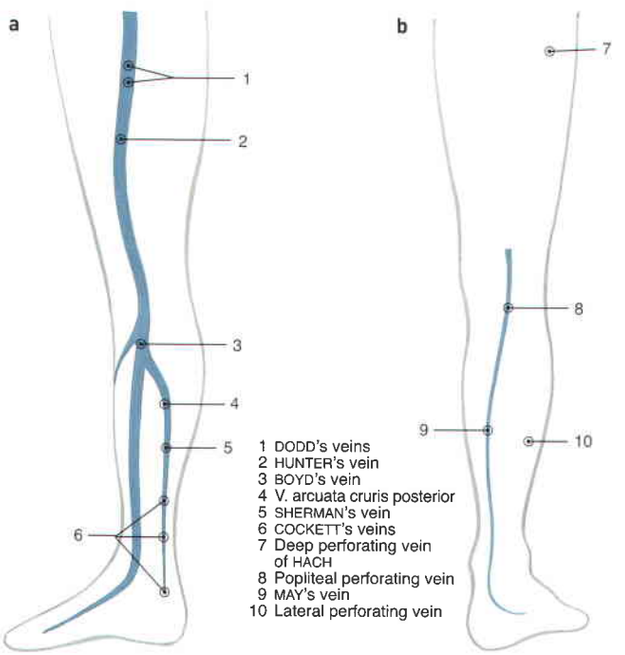


Fig. 1384 a, b Perforating veins, Vv. perforantes; overview (according to HACH, 1986).
a Medial view
b Dorsal view

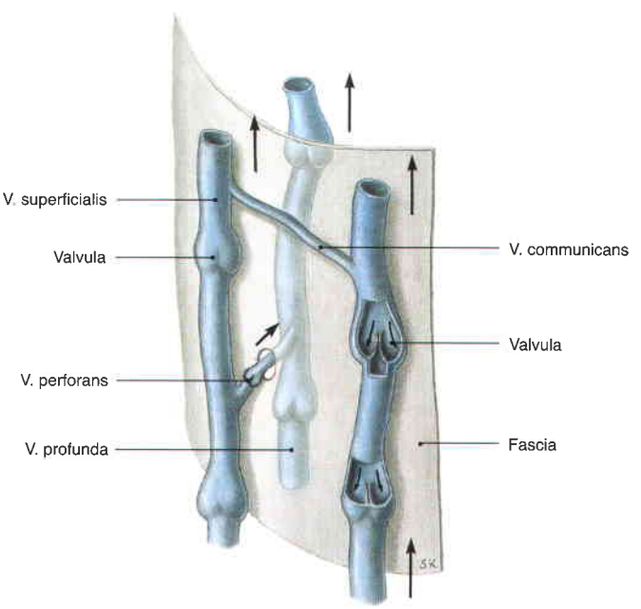


Fig. 1385 Veins of the lower limb; principle of organisation.
Disturbances of the venous flow of the lower limb, especially varicosis, are a common cause of vascular disorders.
If one of the venous systems is entirely occluded, the perforating veins may be of crucial importance to maintain the venous drainage.

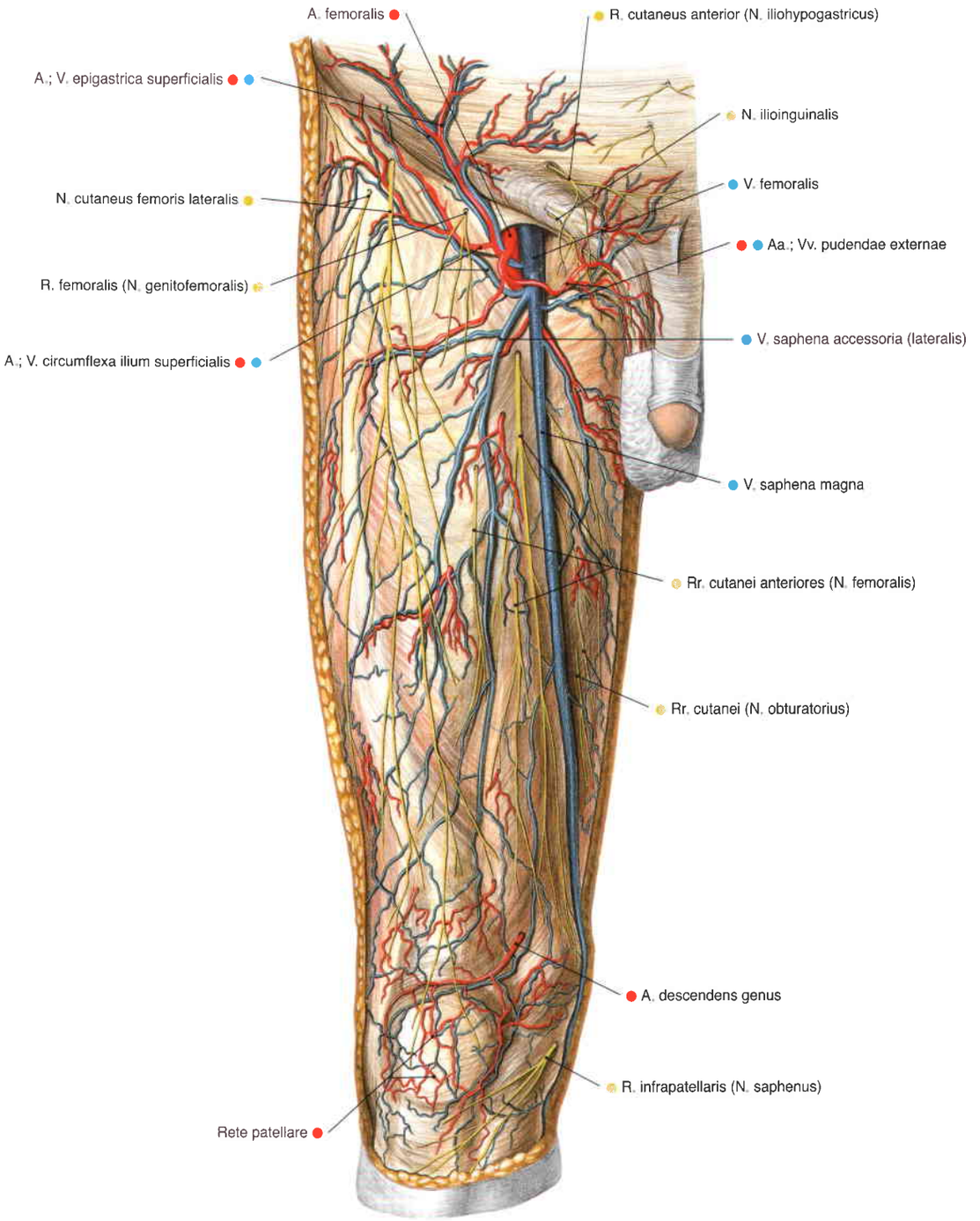


Fig. 1386 Epifascial vessels and nerves of the inguinal region, Regio inguinalis, the anterior region of thigh, Regio femoris anterior, and the anterior region of knee, Regio genus anterior.

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1391
1403

Lymphatics of the inguinal region

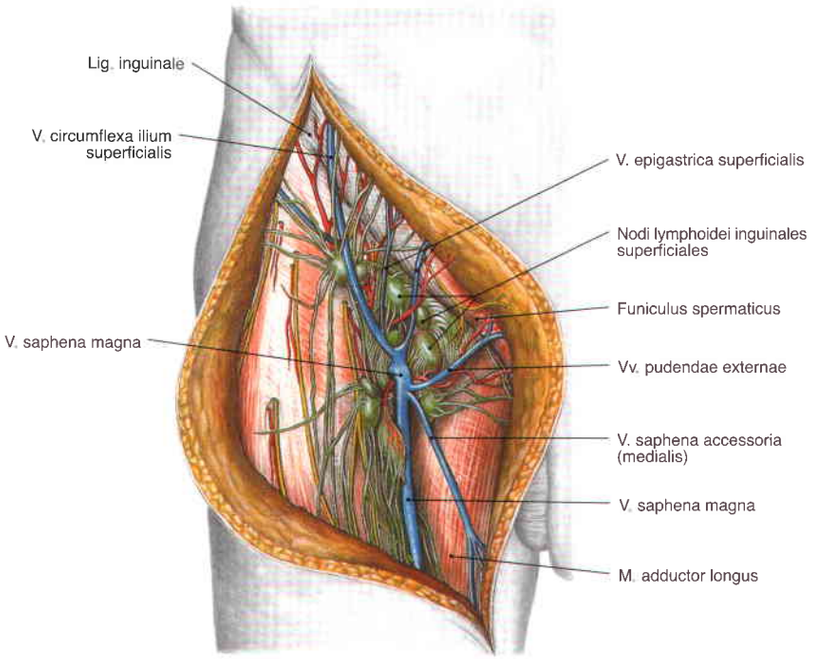

Fig. 1387 Superficial lymphatics, lymph nodes and major veins of the inguinal region, Regio inguinalis.

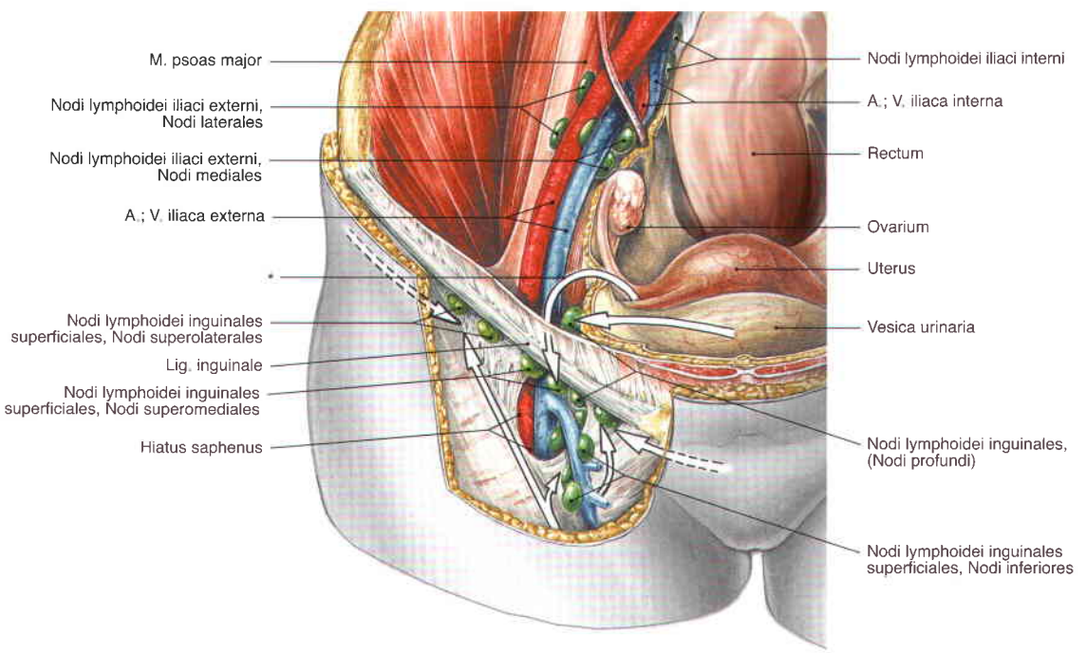

Fig. 1388 Draining areas of the lymph nodes in the inguinal region, Regio inguinalis, of the female; overview.
The arrows indicate possible directions of the flow of lymph.
* In some rare cases, the medial parts of the uterine tube and the fundus of the uterus may be drained by superficial lymph nodes in the inguinal region via the round ligament of uterus.

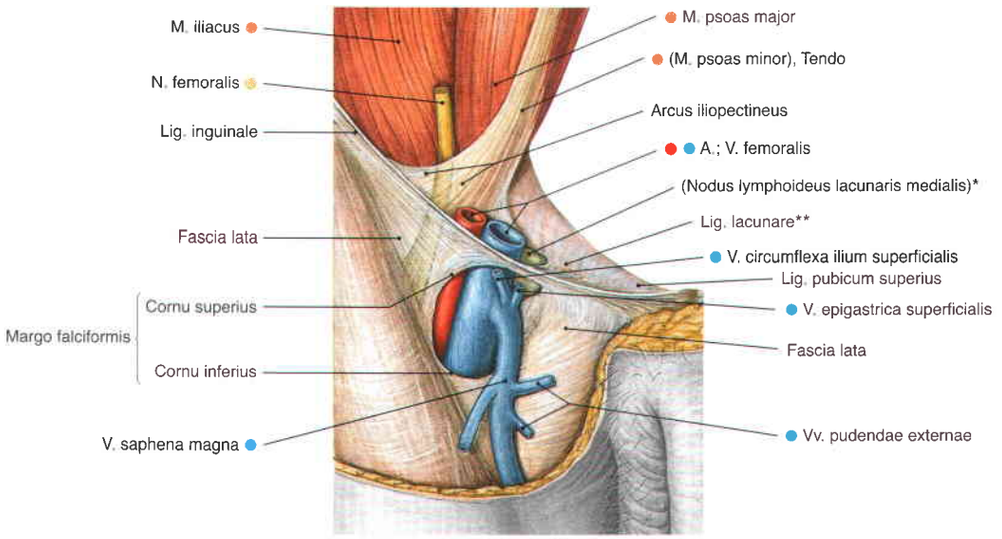

Fig. 1389 Saphenous opening, Hiatus saphenus, and vascular space, Lacuna vasorum; after removal of the anterior abdominal wall and the contents of the abdomen, as well as dissection of the iliac fascia and the femoral septum [CLOQUET].
* Also: ROSENMÜLLER's node
** Also: GIMBERNAT's ligament

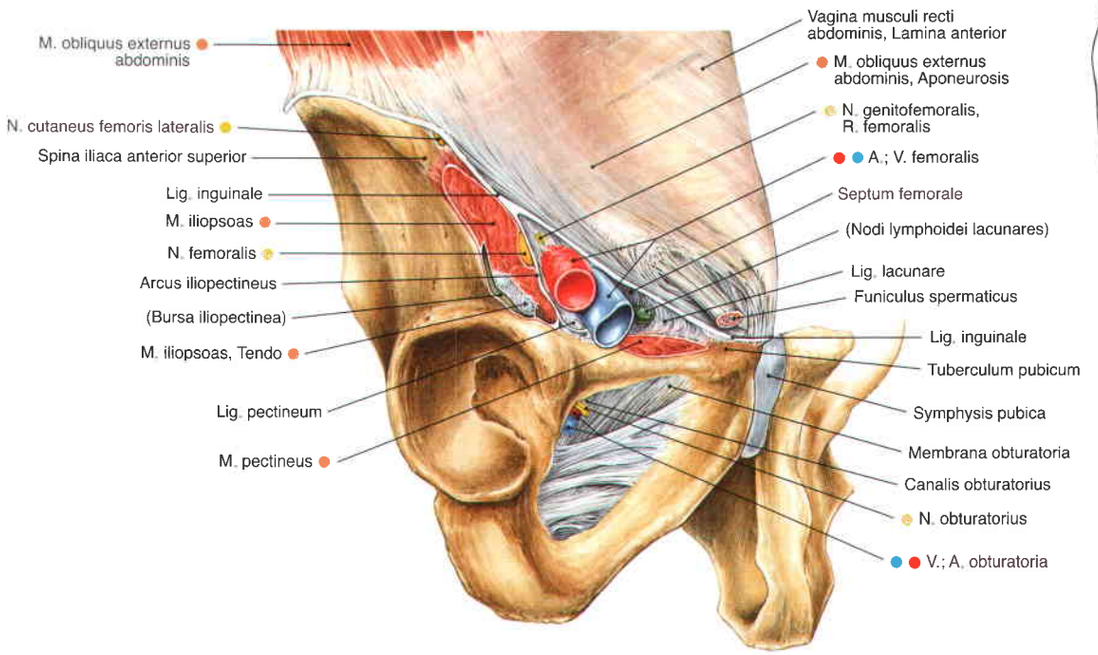

Fig. 1390 Muscular and vascular space, Lacunae musculorum et vasorum; oblique section at the level of the inguinal ligament.

Vessels and nerves of the thigh

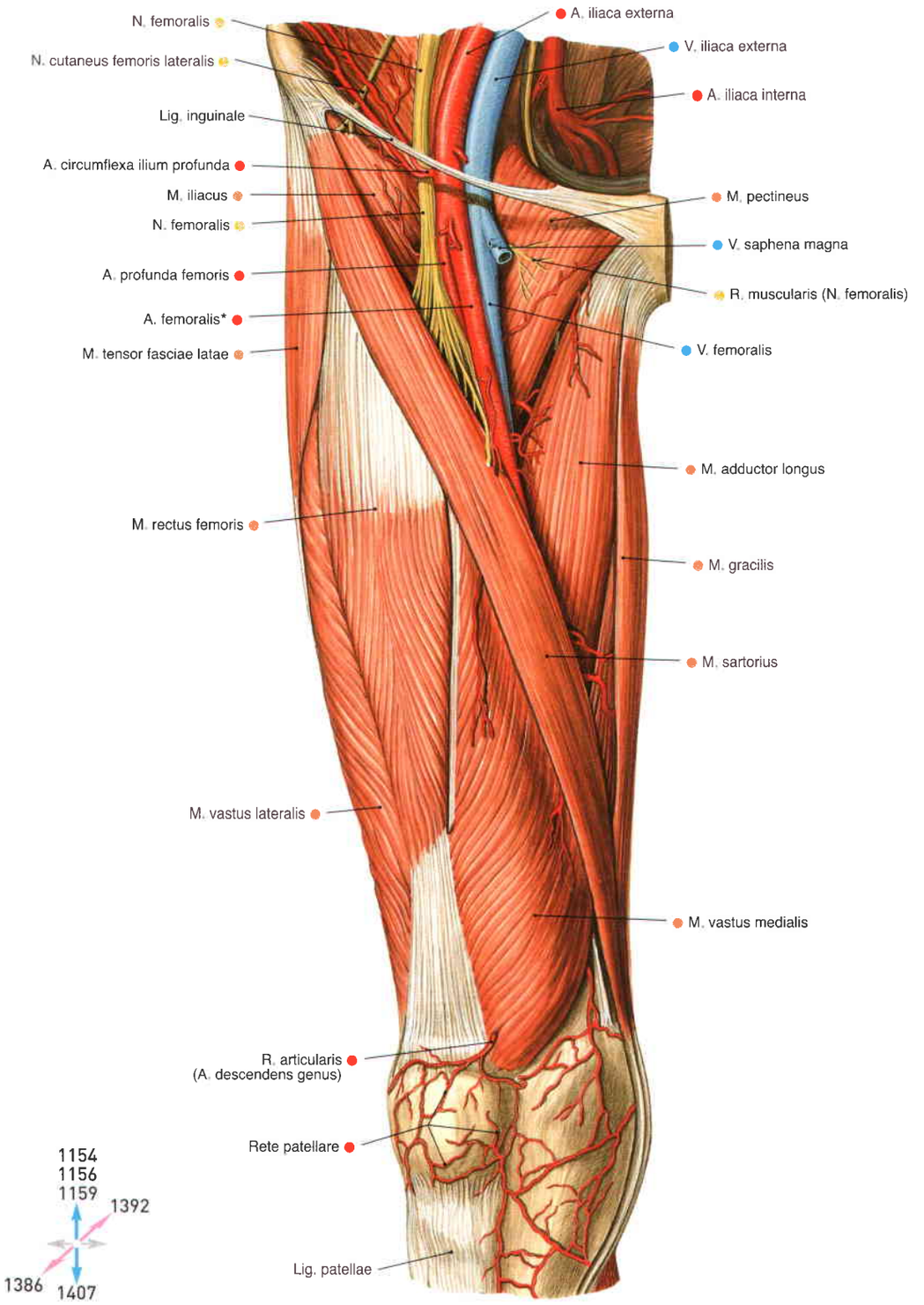

Fig. 1391 Vessels and nerves of the anterior region of thigh, Regio femoris anterior;
after removal of the fascia lata except for the iliotibial tract.

* Clinically the femoral artery is commonly referred to as superficial femoral artery to distinguish it from the deep artery of thigh.

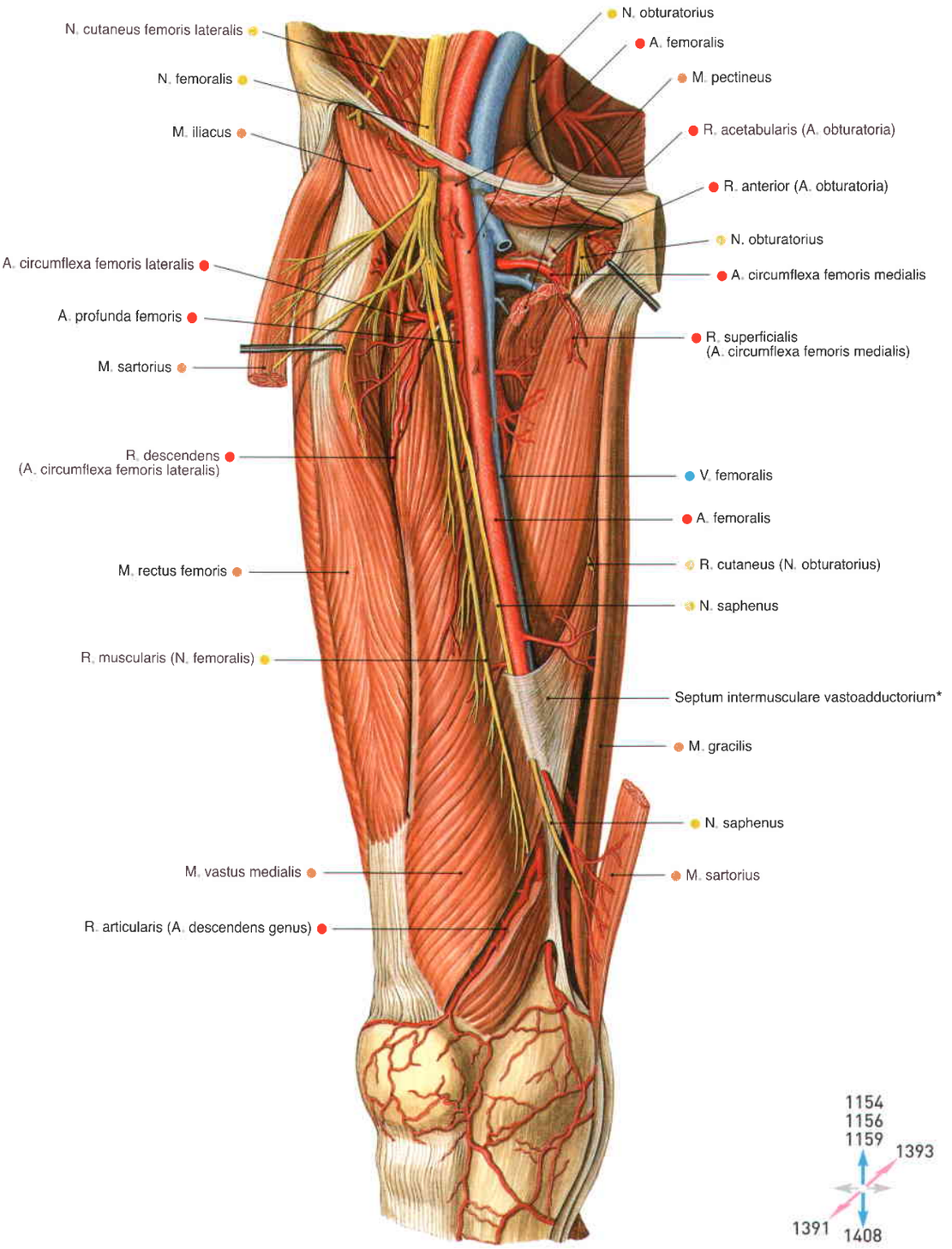

Fig. 1392 Vessels and nerves of the anterior region of thigh, Regio femoris anterior;
after partial removal of the sartorius muscle and dissection of the pectineus muscle.

* The entrance into the adductor canal is formed by the vastus medialis and adductor longus muscles as well as by the anteromedial intermuscular septum spanning between them.

Vessels and nerves of the thigh

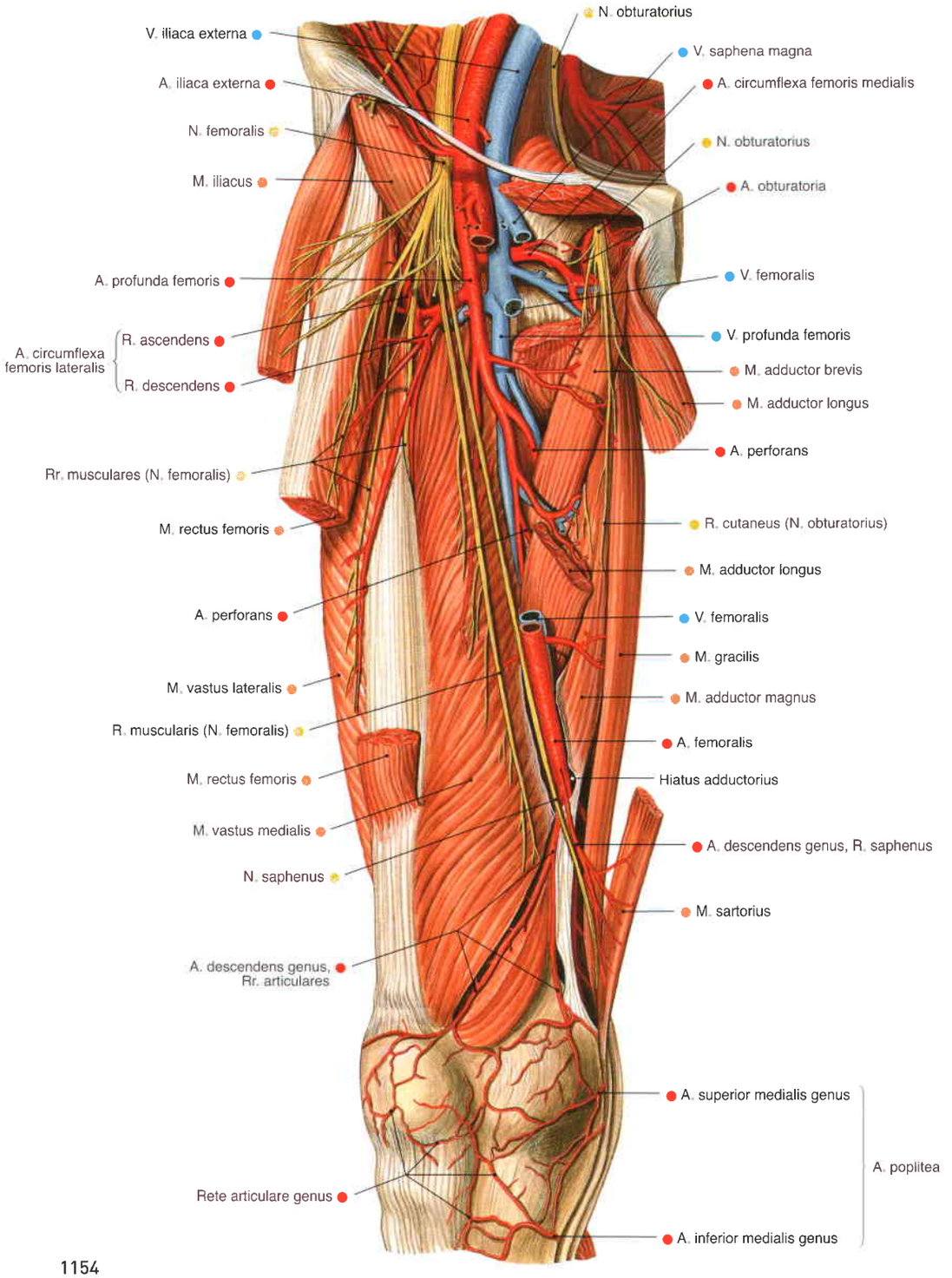

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Fig. 1393 Vessels and nerves of the anterior region of thigh, Regio femoris anterior; deep layer after partial removal of the sartorius and rectus femoris muscles, the pectineus and adductor longus muscles have been dissected; the adductor canal is almost entirely opened.

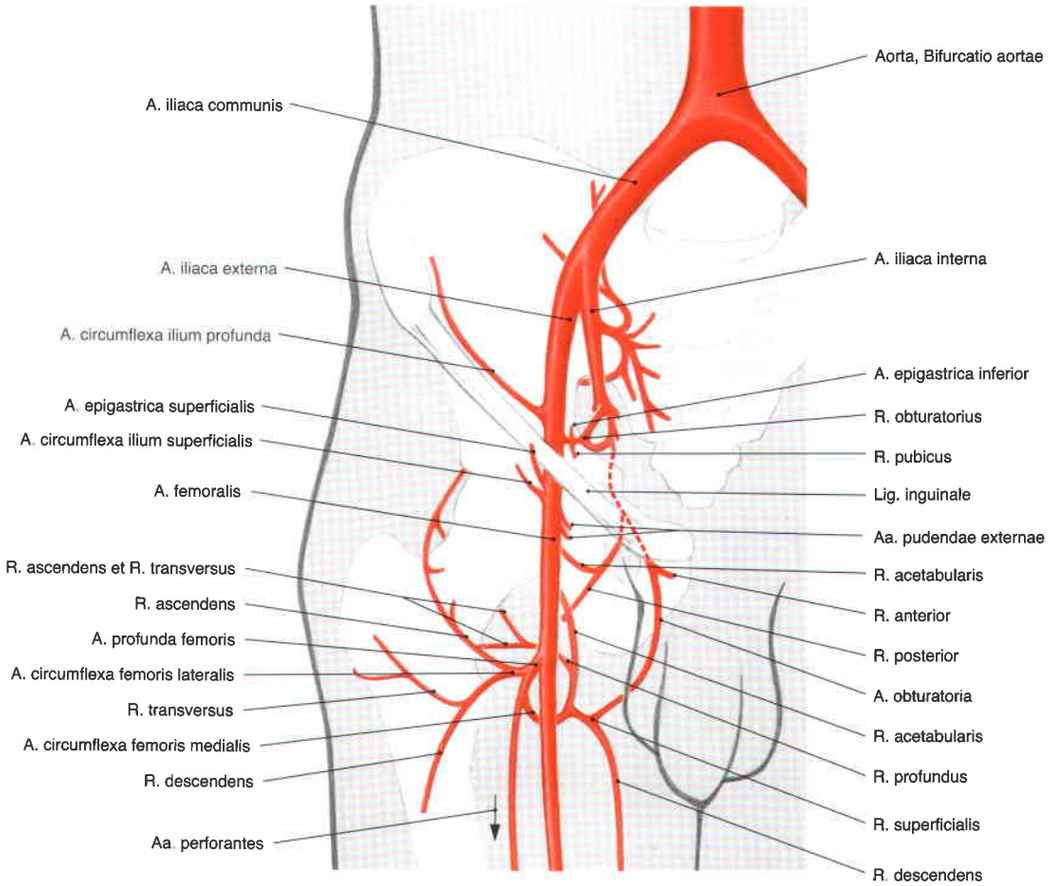


Fig. 1394 Arteries of the hip and the thigh; overview.

The branching pattern of these arteries varies considerably. This type of origin and arborisation of the deep artery of thigh occurs in approximately 58% of cases.

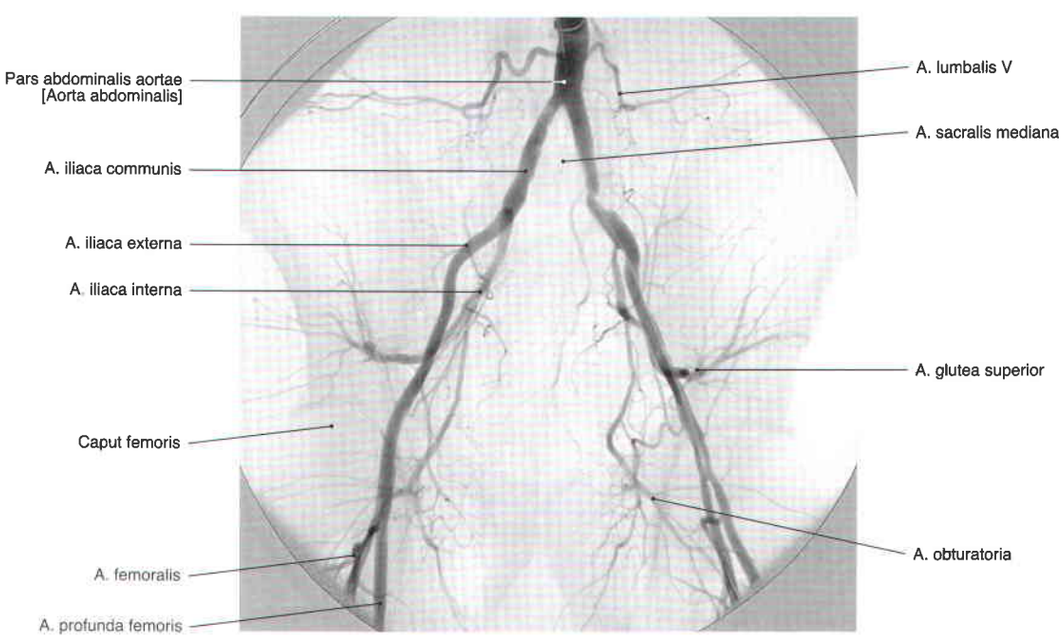
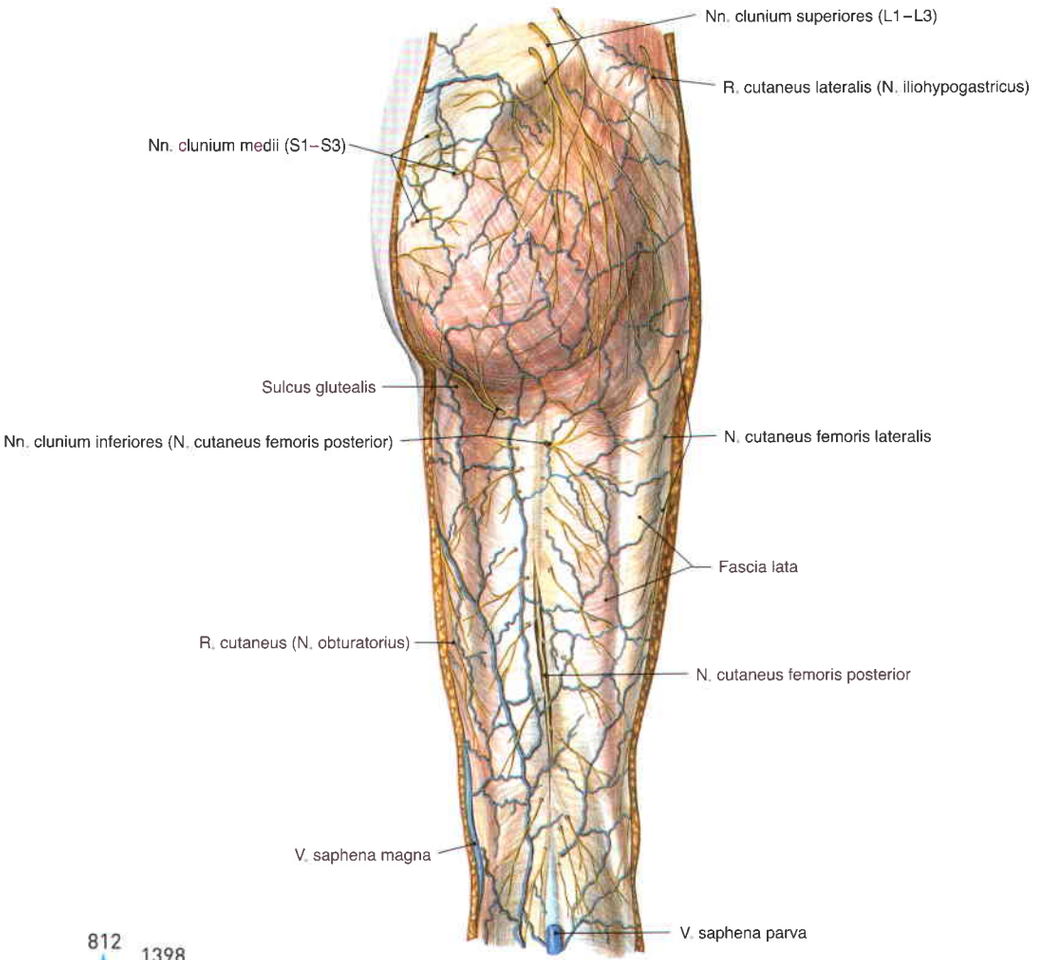


Fig. 1395 Arteries of the pelvis and the thigh; digital subtraction angiography (DSA).

Veins and nerves of the thigh



812 1398 1404

Fig. 1396 Epifascial veins and nerves of the posterior region of thigh, Regio femoris posterior, the gluteal region, Regio glutealis, and the popliteal fossa, Fossa poplitea.

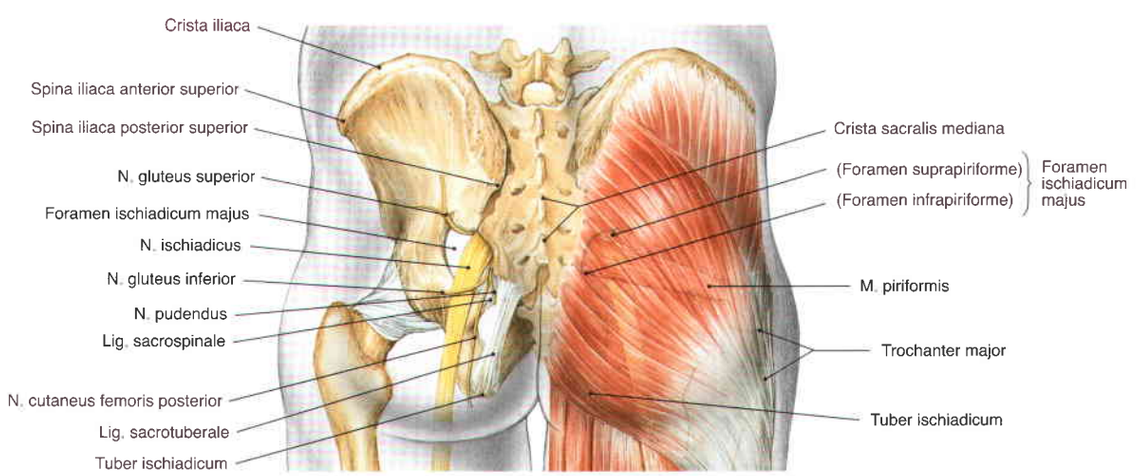


Fig. 1397 Skeleton contour and sciatic nerve, N. ischiadicus, projected onto the surface of the gluteal region, Regio glutealis.

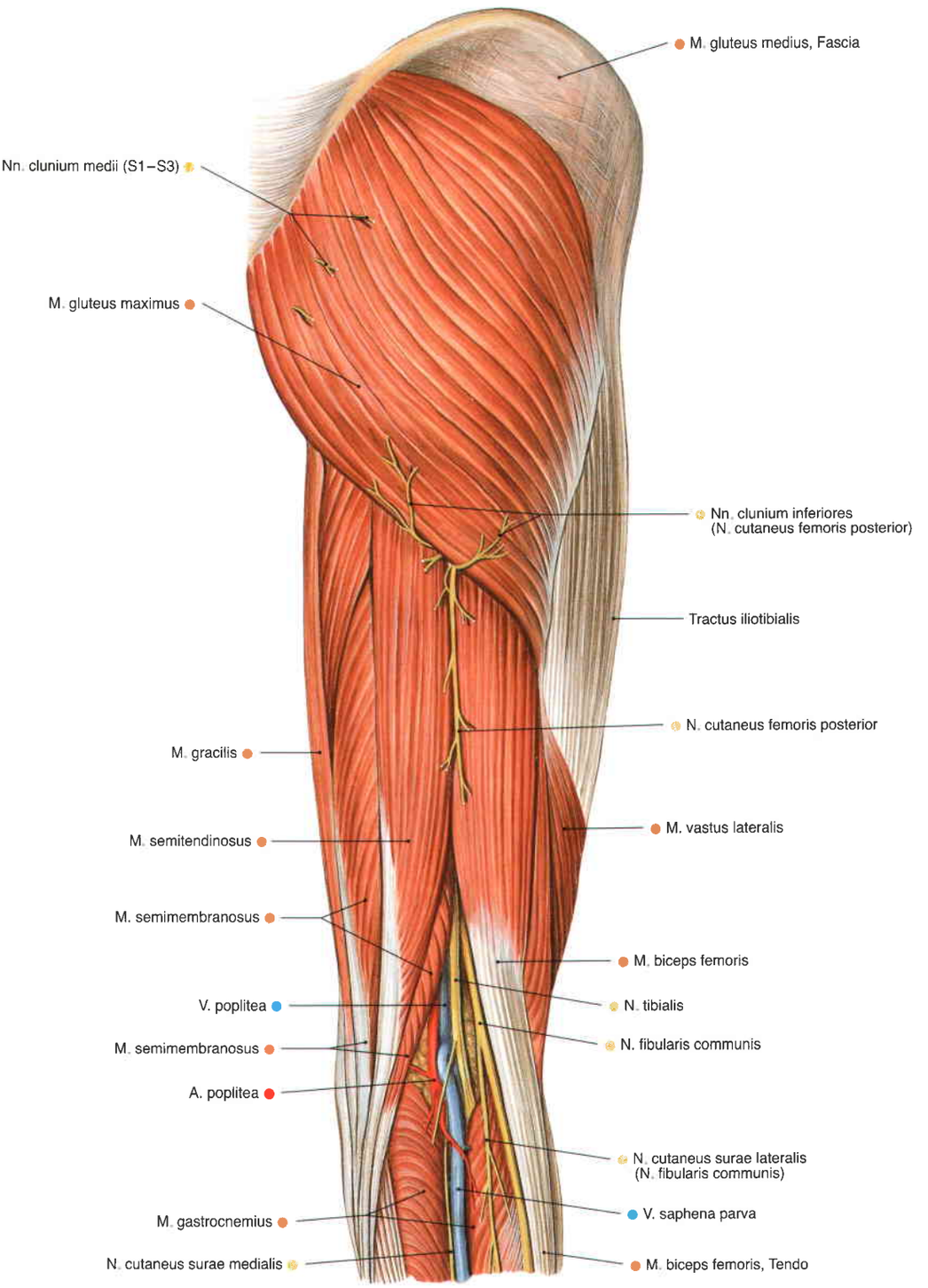


Fig. 1398 Vessels and nerves of the gluteal region, Regio glutealis, the posterior region of thigh, Regio femoris posterior, and the popliteal fossa, Fossa poplitea.

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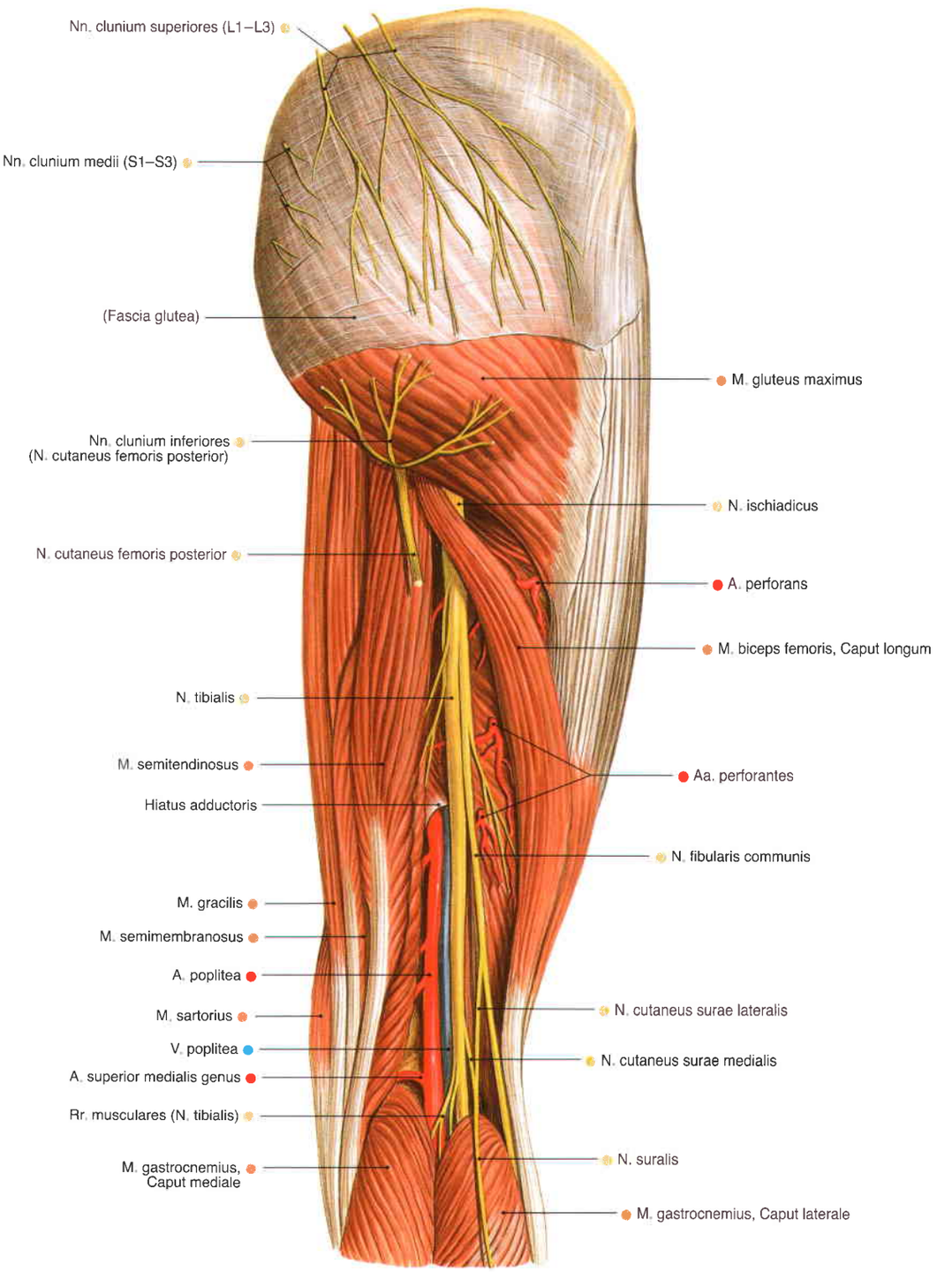
1411

Vessels and nerves of the thigh



1400
1398

Fig. 1399 Vessels and nerves of the gluteal region, Regio glutealis, the posterior region of thigh, Regio femoris posterior, and the popliteal fossa, Fossa poplitea; the long head of the biceps femoris muscle has been retracted laterally.
In this specimen, the medial and lateral sural cutaneous nerves branch off quite far proximally.

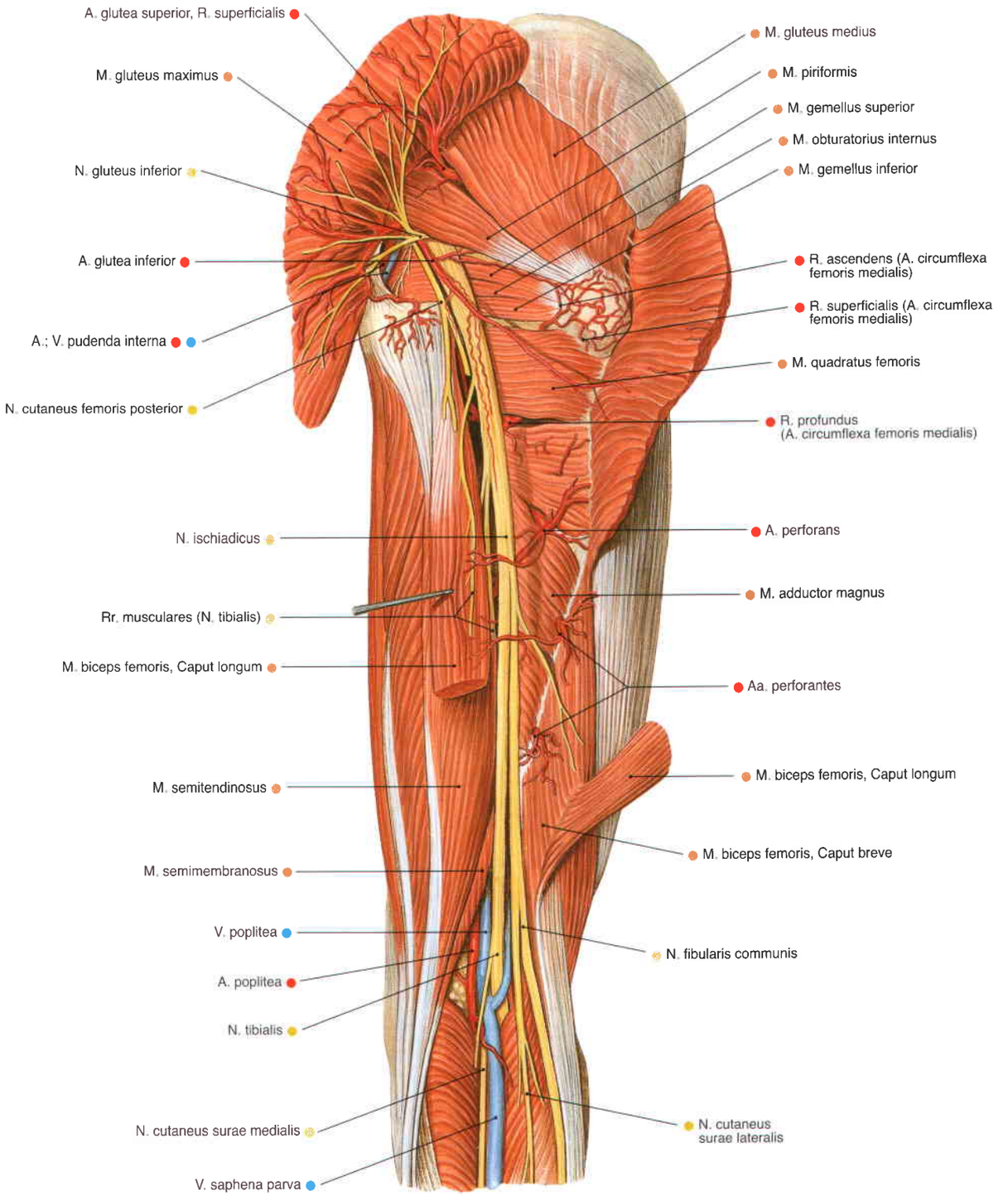


Fig. 1400 Vessels and nerves of the gluteal region, Regio glutealis, the posterior region of thigh, Regio femoris posterior, and the popliteal fossa, Fossa poplitea; after dissection of the gluteus maximus muscle and the long head of the biceps femoris muscle.

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Vessels and nerves of the gluteal region

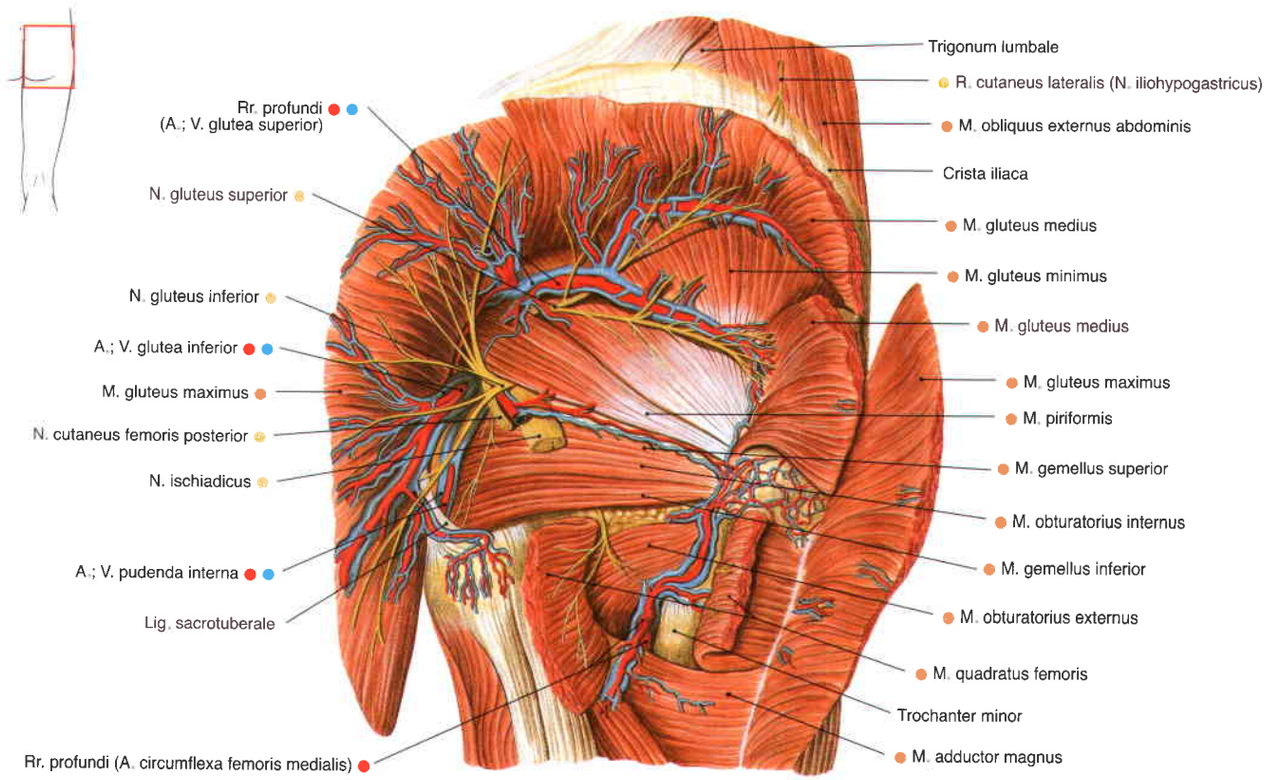


Fig. 1401 Vessels and nerves of the gluteal region, Regio glutealis; after dissection and partial removal of the gluteus maximus and medius muscles; the sciatic nerve has been removed after its passage through the infrapiriform foramen.

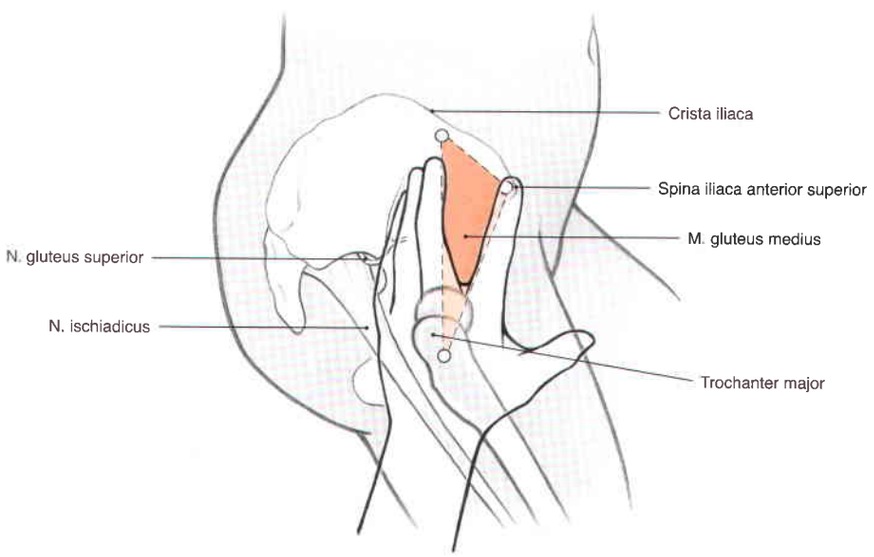


Fig. 1402 Ventrogluteal injection (according to v. HOCHSTETTER). In order to avoid the superior gluteal nerve and, in particular, the superior gluteal artery the injection is made into the triangular field formed by the two spread fingers and the iliac crest. The index finger – or when using the right hand, the middle finger – is placed on the anterior superior iliac spine and the palm of the hand on the greater trochanter. Since the injected material should be deposited within the belly of the gluteus medius muscle as far away as possible from any vessel, the needle should not cross the lines of the triangle. However, some risk remains for the nerve branch that runs from the superior gluteal nerve to the tensor fasciae latae muscle.

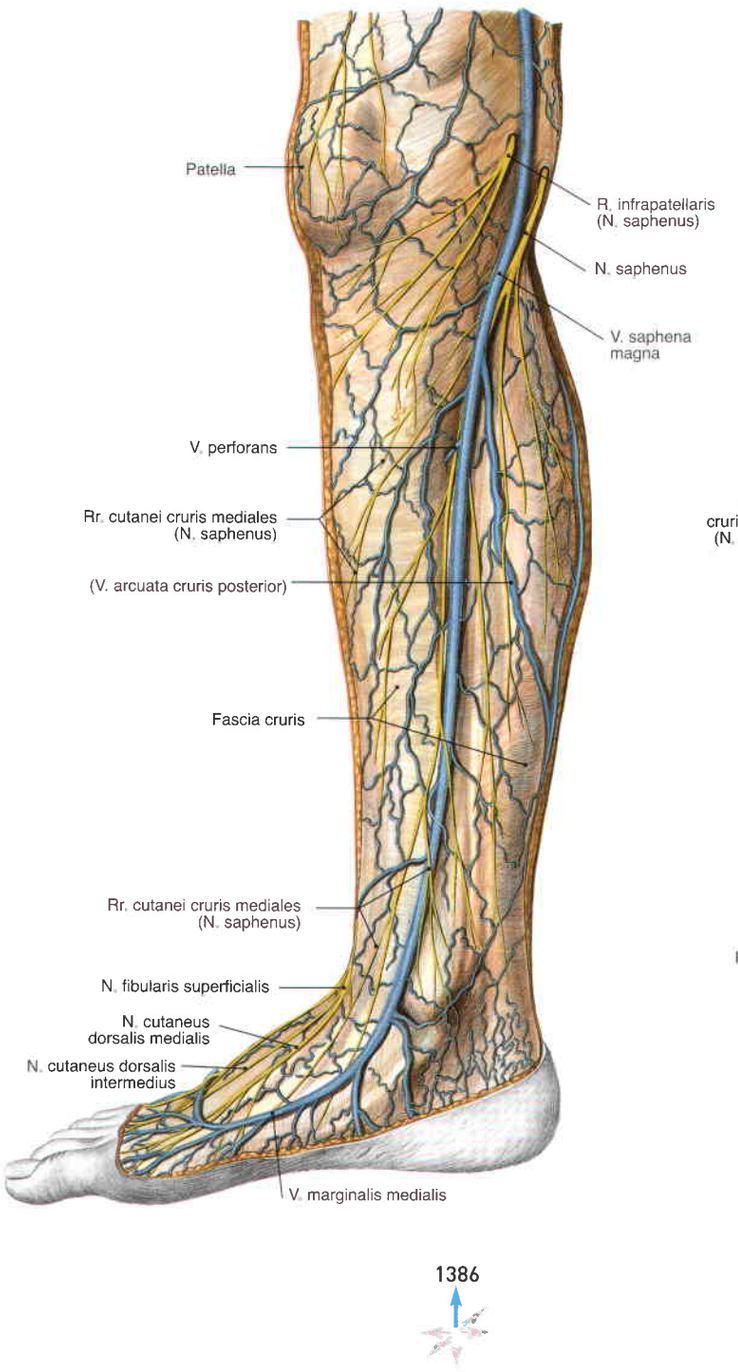


Fig. 1403 Epifascial veins and nerves of the leg and the foot, Regiones cruris et pedis.

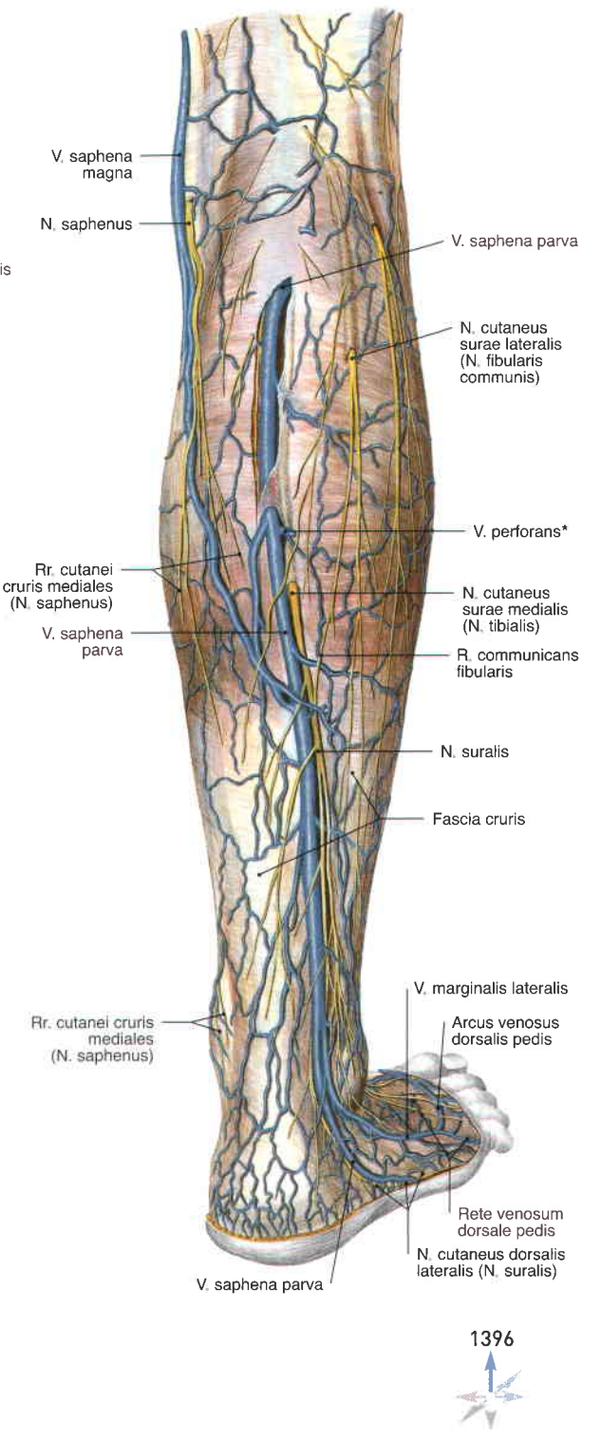


Fig. 1404 Epifascial veins and nerves of the leg and the foot, Regiones cruris et pedis; the deep fascia of leg has been dissected proximally.
* Clinical term: MAY's vein

Vessels and nerves of the leg

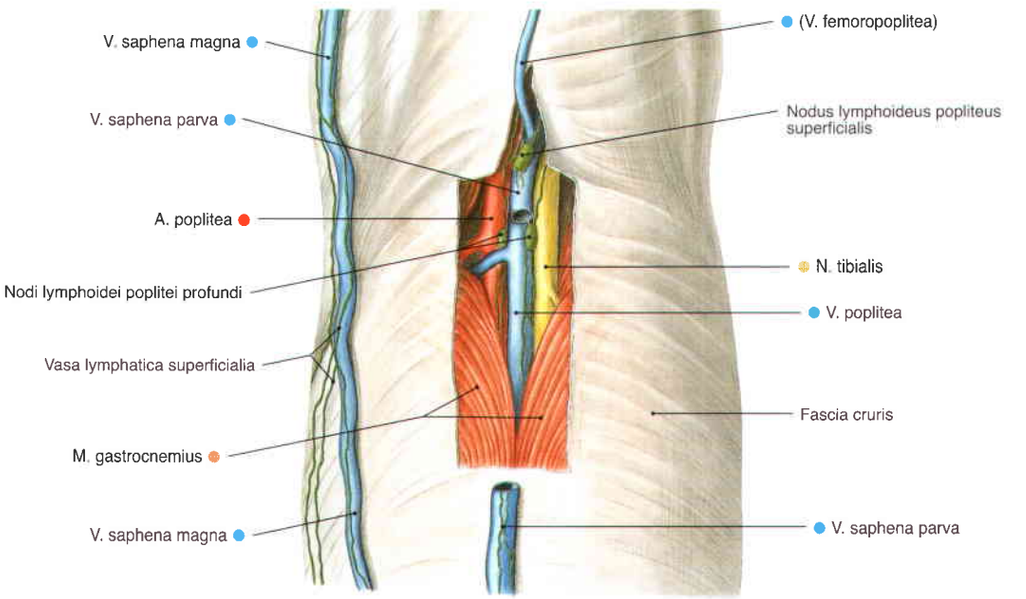
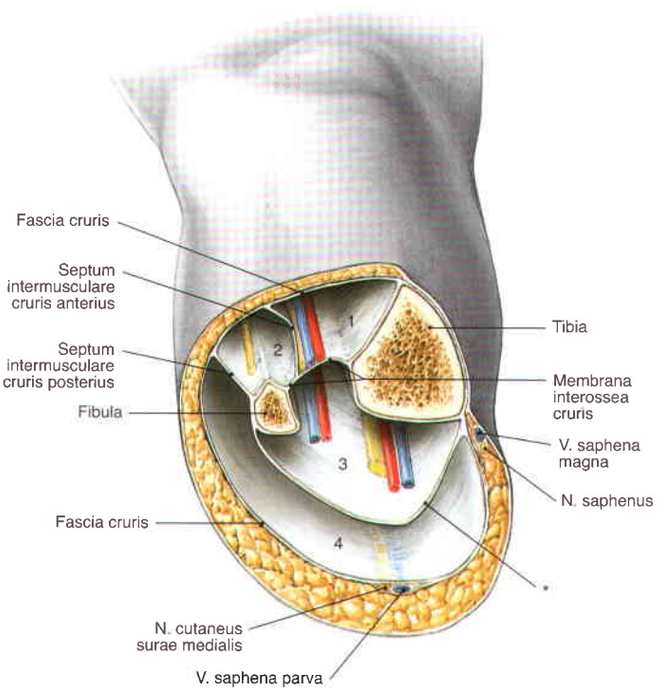


Fig. 1405 Vessels and nerves of the popliteal fossa, Fossa poplitea;
after dissection of the deep fascia of leg and partial removal of the small saphenous vein.



1 Compartimentum cruris anterius:
A.; V. tibialis anterior
N. fibularis profundus
M. tibialis anterior
M. extensor digitorum longus
M. extensor hallucis longus
M. fibularis [peroneus] tertius

2 Compartimentum cruris laterale:
N. fibularis superficialis
M. fibularis [peroneus] longus
M. fibularis [peroneus] brevis

3 Compartimentum cruris posterius, Pars profunda:
A.; V. tibialis posterior
A.; V. fibularis
N. tibialis
M. flexor digitorum longus
M. tibialis posterior
M. flexor hallucis longus

4 Compartimentum cruris posterius, Pars superficialis:
M. triceps surae
M. plantaris

Fig. 1406 Osteofibrous tubes of the leg;
cross-section superior to the middle of the leg.
These osteofibrous tubes together with their contents are clinically known as compartments.
* Deep part of the deep fascia of leg

→ 1425

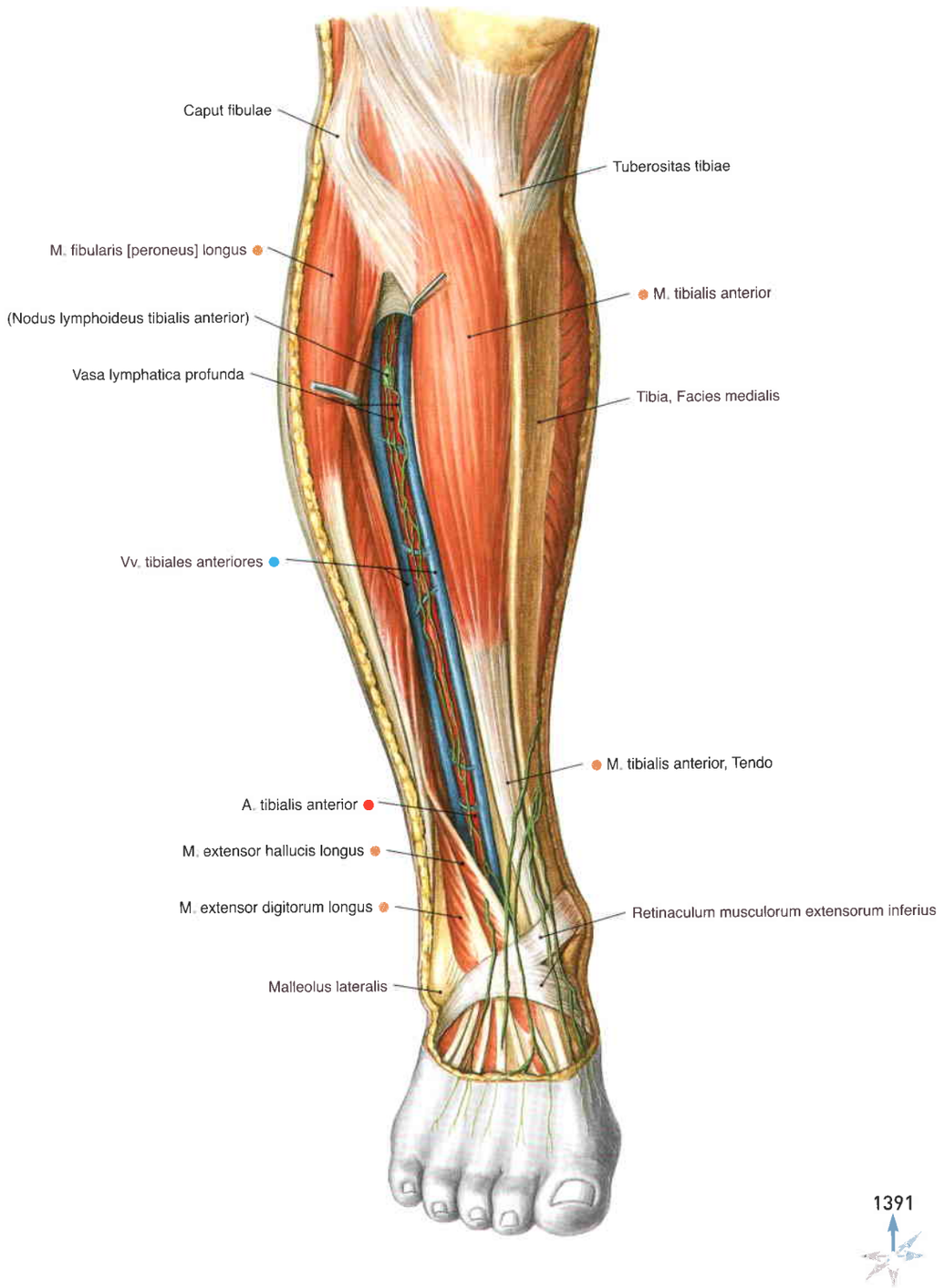


Abb. 1407 Vessels of the anterior region of leg, Regio cruris anterior;
the extensor muscles spread by retractors.

The superficial lymphatics regularly follow the major epifascial veins and converge along the great saphenous vein to the medial side of the leg. The deep lymphatics are found within the connective tissue sheaths of the deep arteries and veins of the leg.

Arteries and nerves of the leg

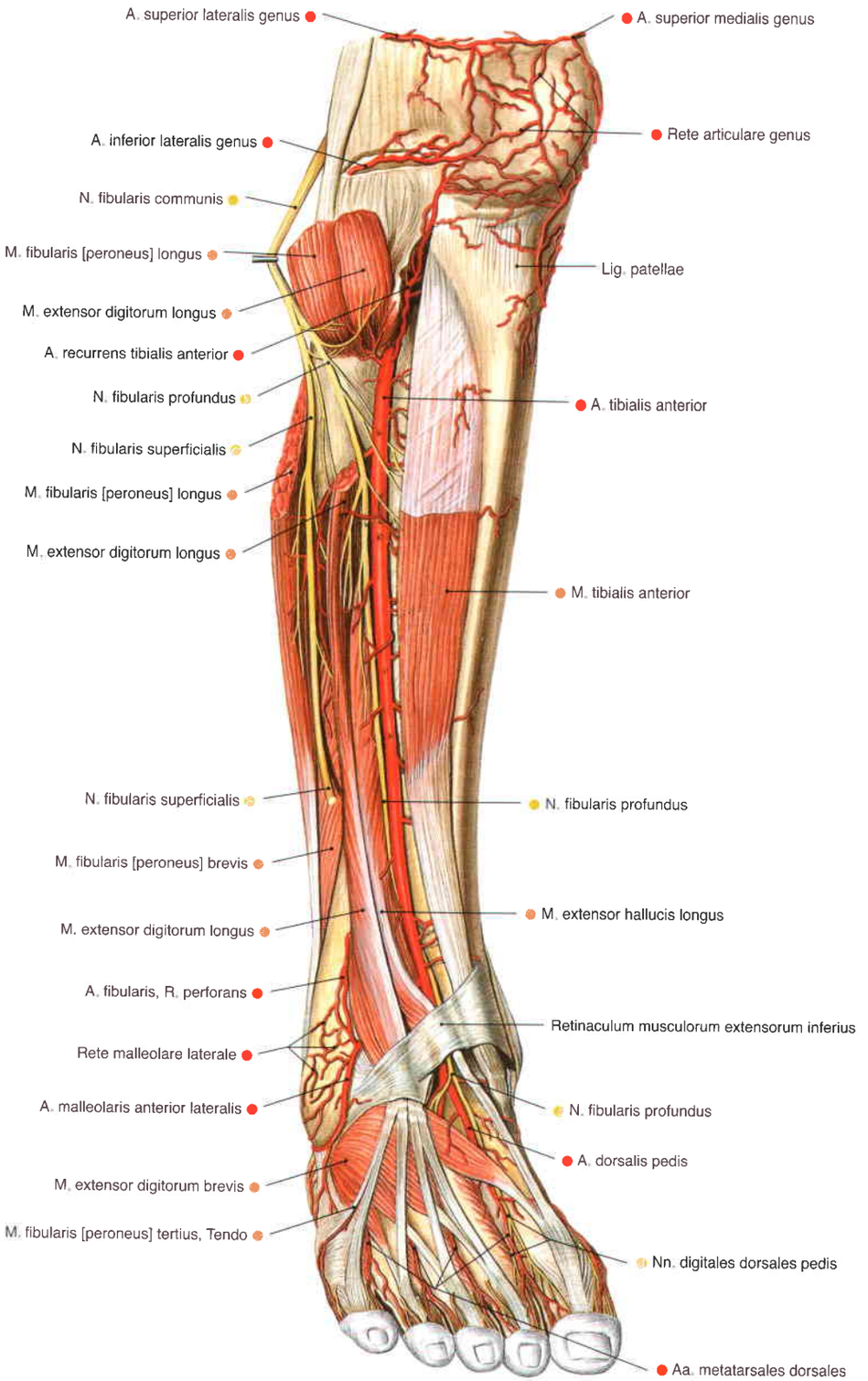


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Fig. 1408 Arteries and nerves of the anterior region of leg, Regio cruris anterior, and the dorsum of foot, Dorsum pedis; after removal of the deep fascia of leg and dissection of the extensor digitorum longus and fibularis [peroneus] longus muscles.

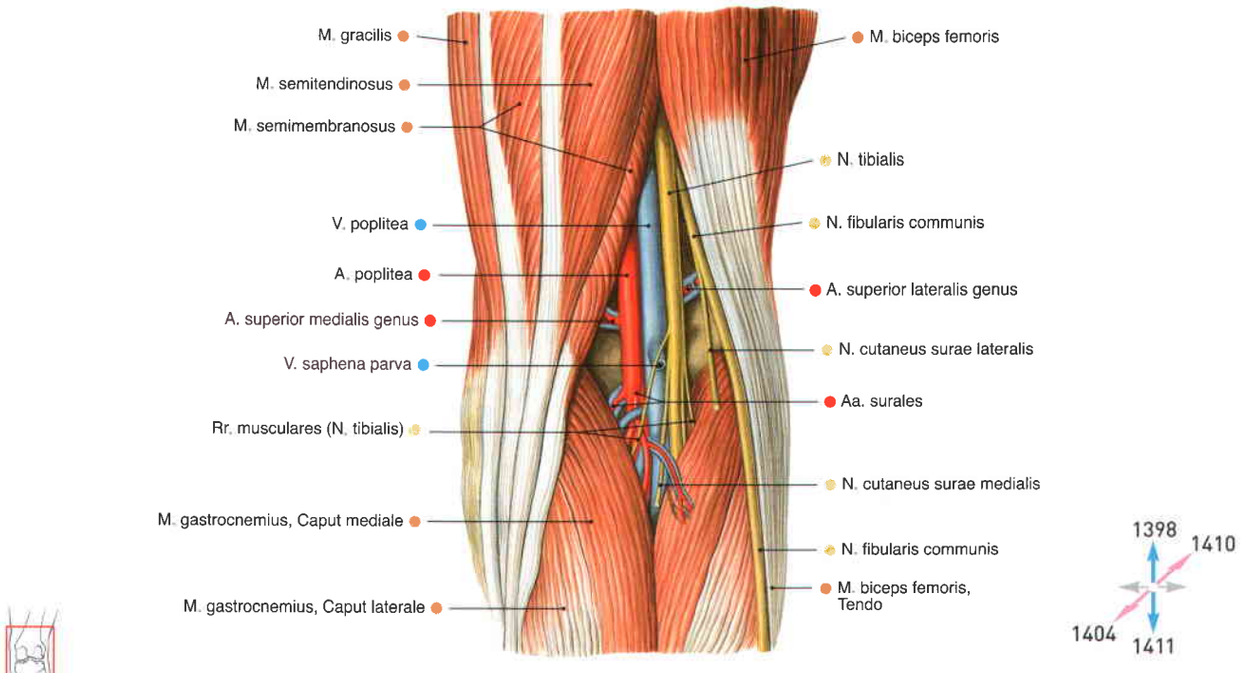


Fig. 1409 Vessels and nerves of the popliteal fossa, Fossa poplitea; after removal of the fascia lata and the deep fascia of leg.

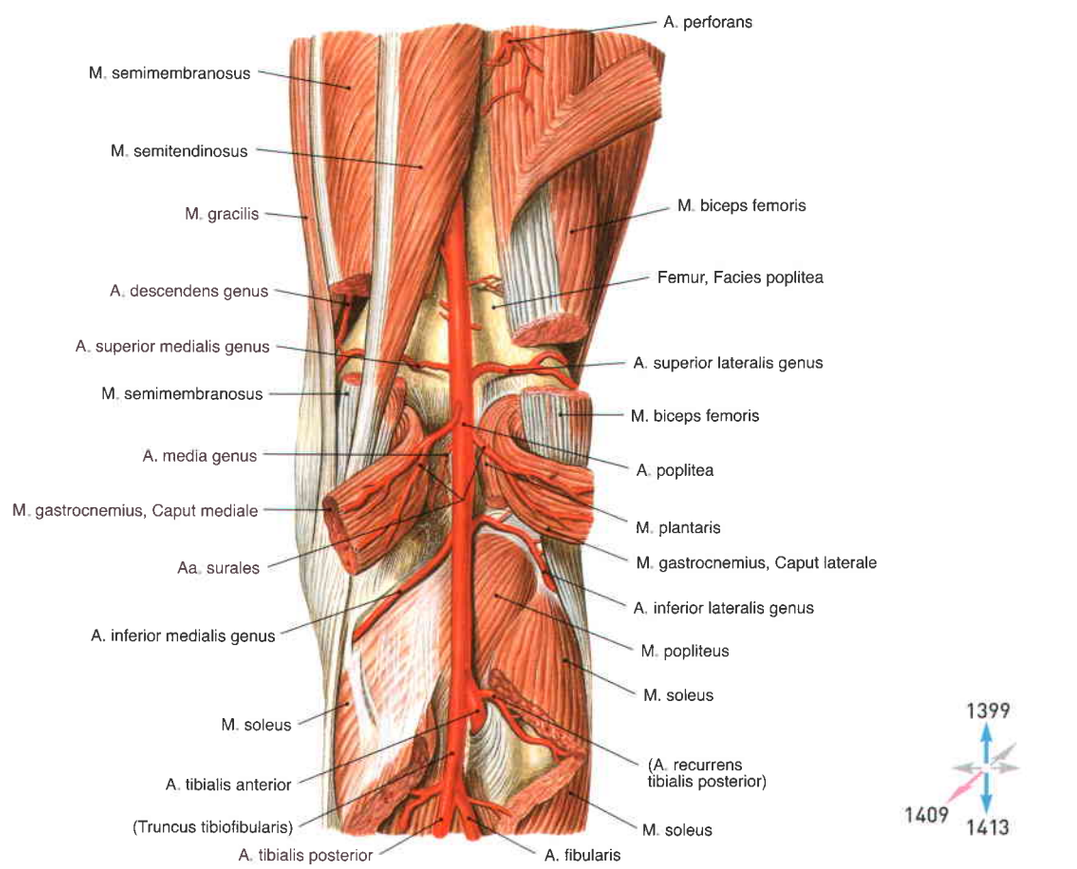


Fig. 1410 Arteries of the popliteal fossa, Fossa poplitea; demonstration of the arterial supply after partial removal of the covering muscles.
This branching pattern is found in about 90% of the cases.

Vessels and nerves of the popliteal fossa and the leg

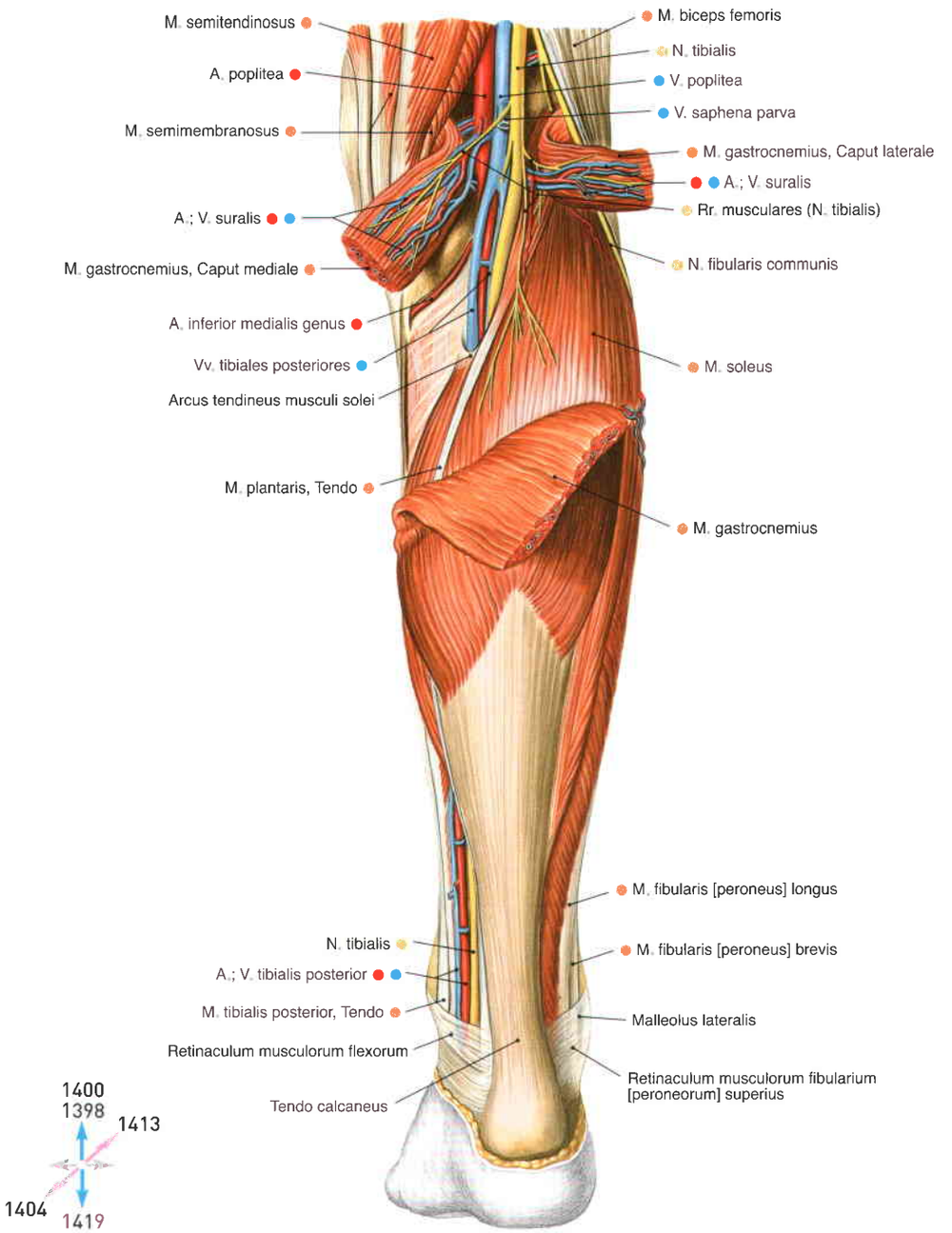
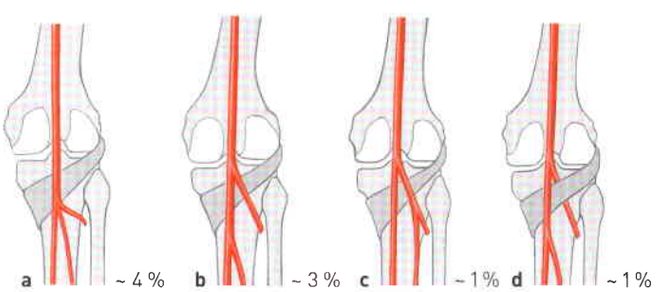


Fig. 1411 Vessels and nerves of the popliteal fossa, Fossa poplitea, and the posterior region of leg, Regio cruris posterior; after removal of the deep fascia of leg and dissection of the gastrocnemius muscle.

Fig. 1412 a–d Variations in the branching pattern of the popliteal artery, A. poplitea.
- **a** Common trunk of the anterior and posterior tibial artery, Aa. tibiales anterior et posterior, along with the fibular artery, A. fibularis
- **b** The popliteal artery, A. poplitea, branches off proximally to the superior border of the popliteal muscle, M. popliteus.
- **c** Posterior tibial and fibular artery, Aa. tibialis posterior et fibularis, originate from a common proximal trunk.
- **d** The anterior tibial artery, A. tibialis anterior, passes ventrally to the popliteal muscle, M. popliteus.



Vessels and nerves of the popliteal fossa and the leg

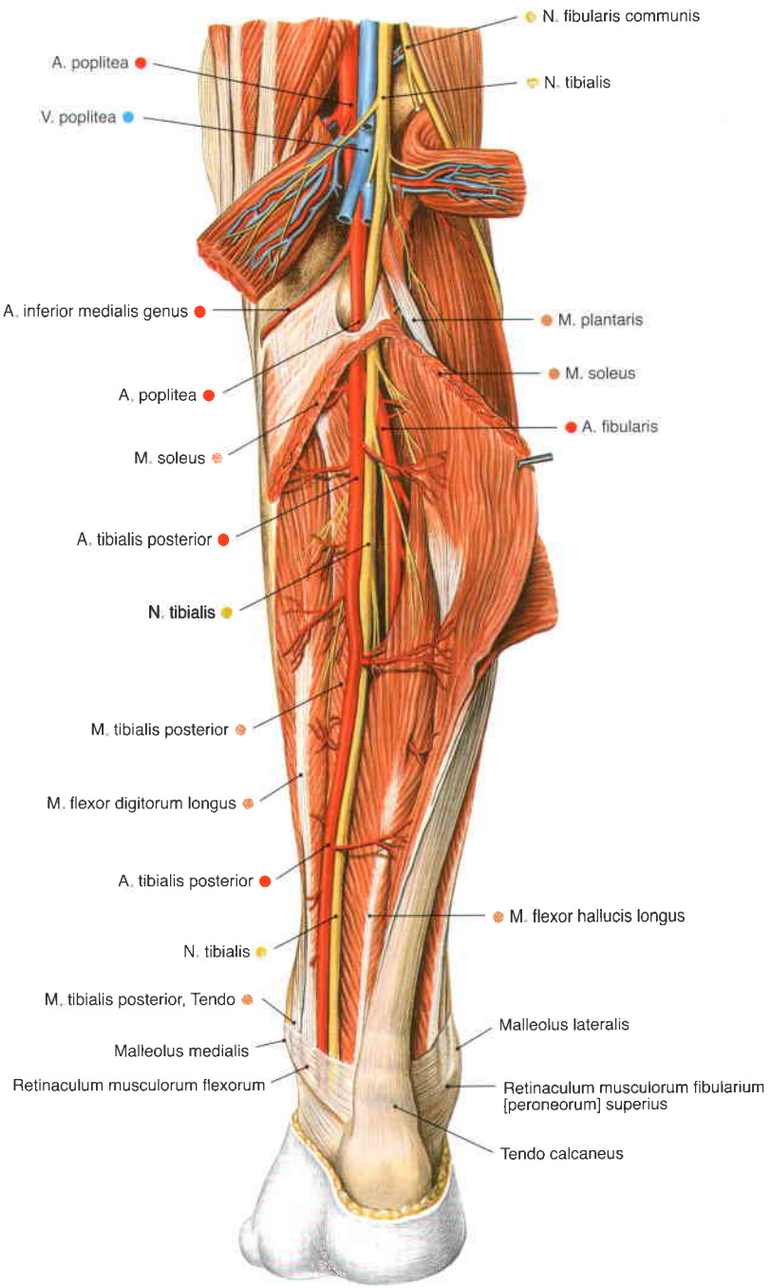
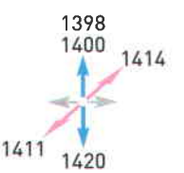


Fig. 1413 Vessels and nerves of the popliteal fossa, Fossa poplitea, and the posterior region of leg, Regio cruris posterior; deep layer.



Arteries and nerves of the leg

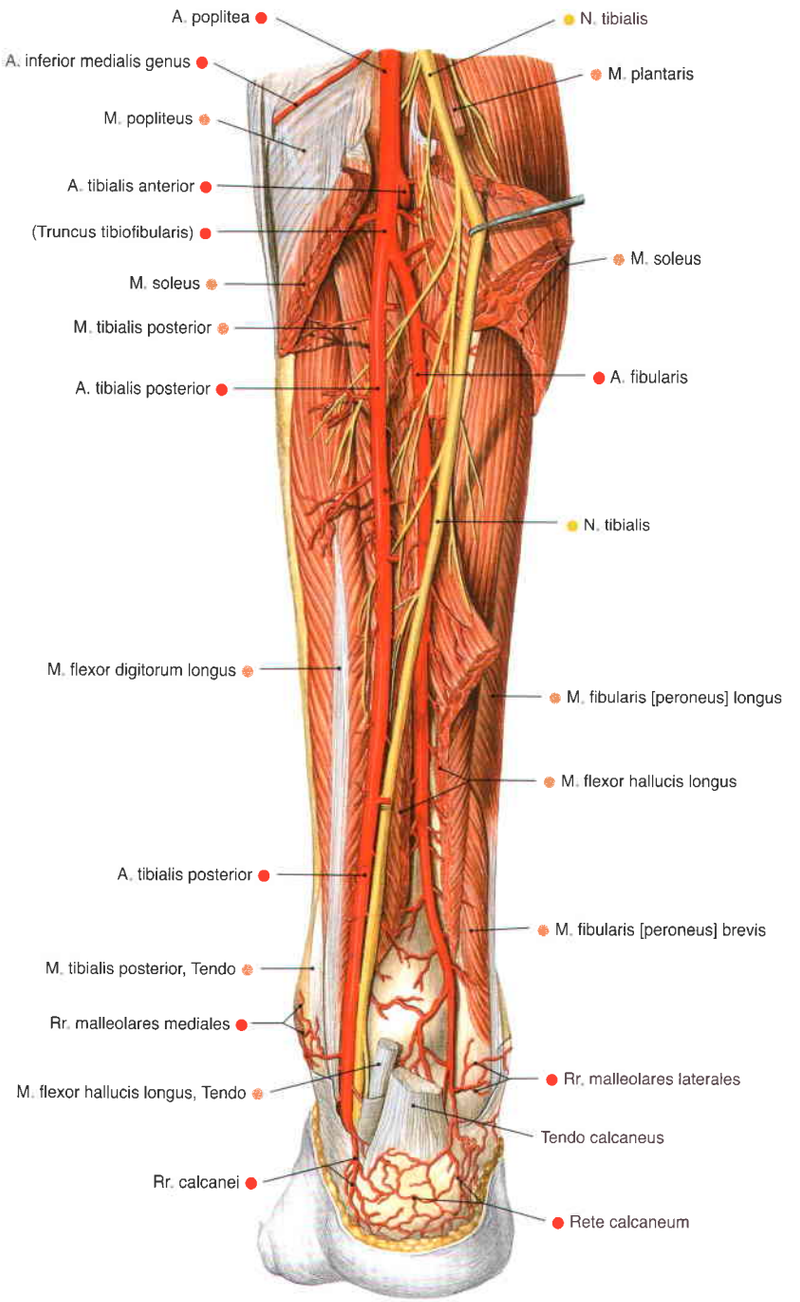


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Fig. 1414 Arteries and nerves of the popliteal fossa, Fossa poplitea, and the posterior region of leg, Regio cruris posterior; deepest layer.

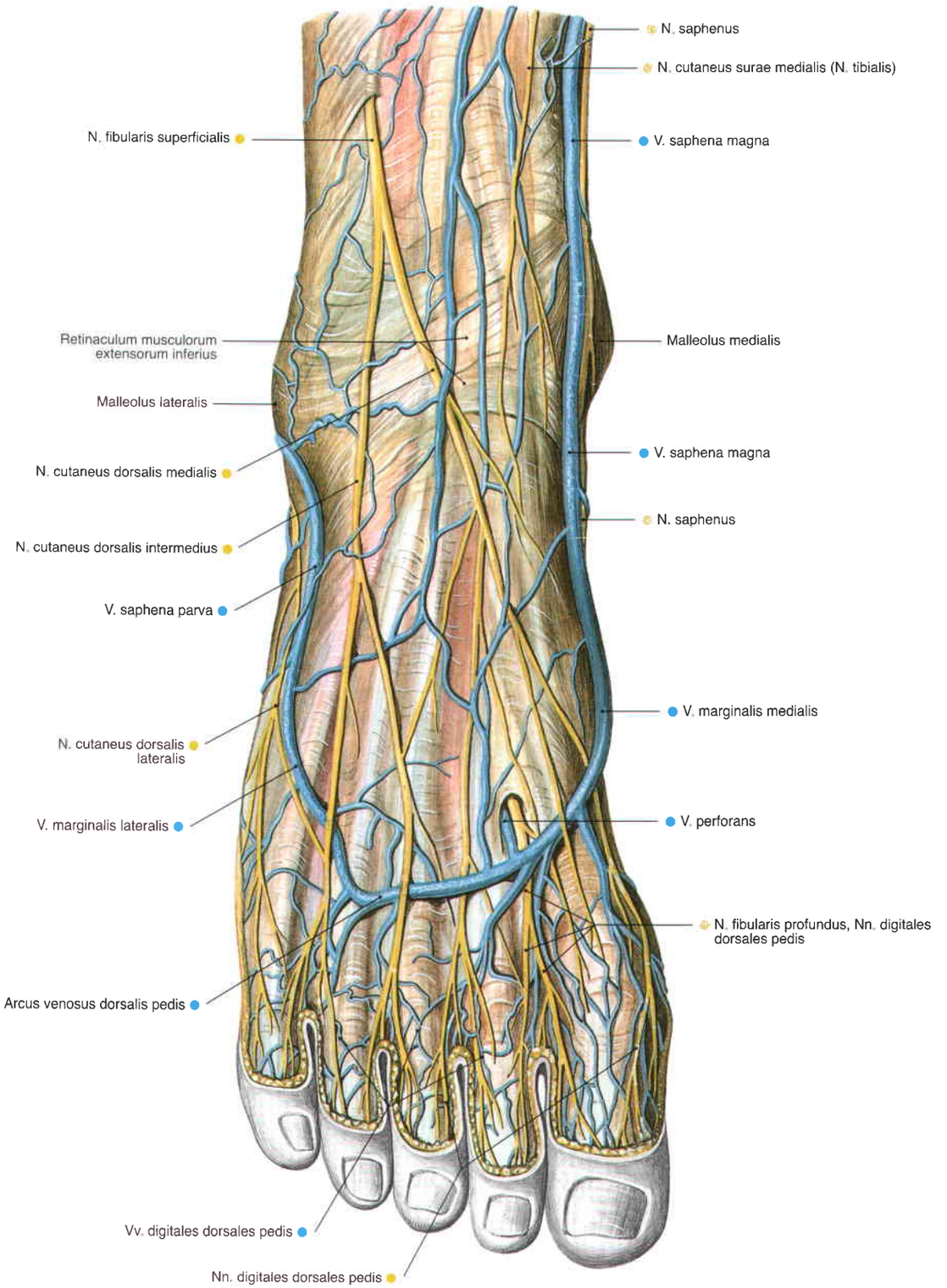

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Fig. 1415 Epifascial veins and nerves of the dorsum of foot, Dorsum pedis.

Arteries and nerves of the foot

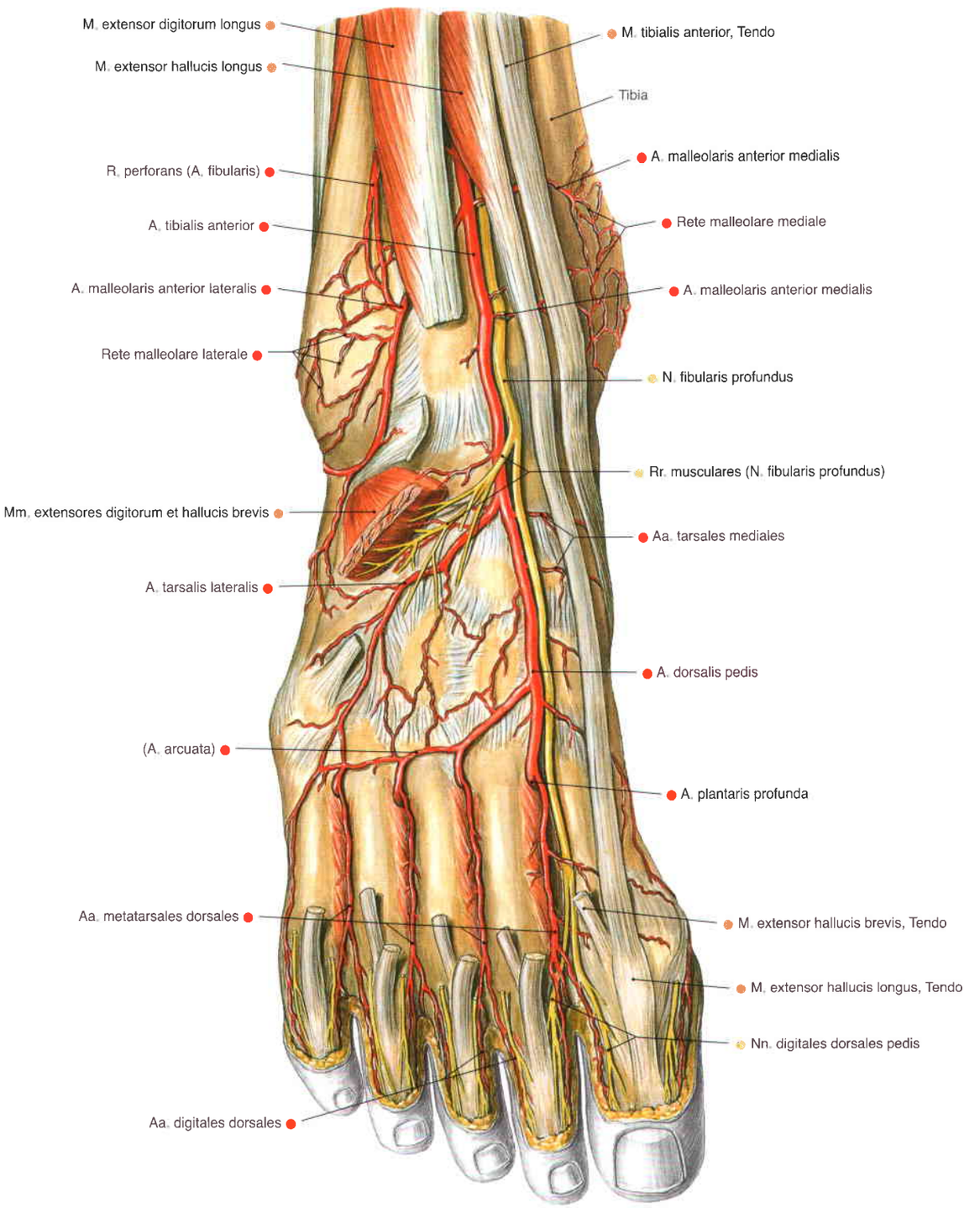

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Fig. 1416 Arteries and nerves of the dorsum of foot.
Dorsum pedis.

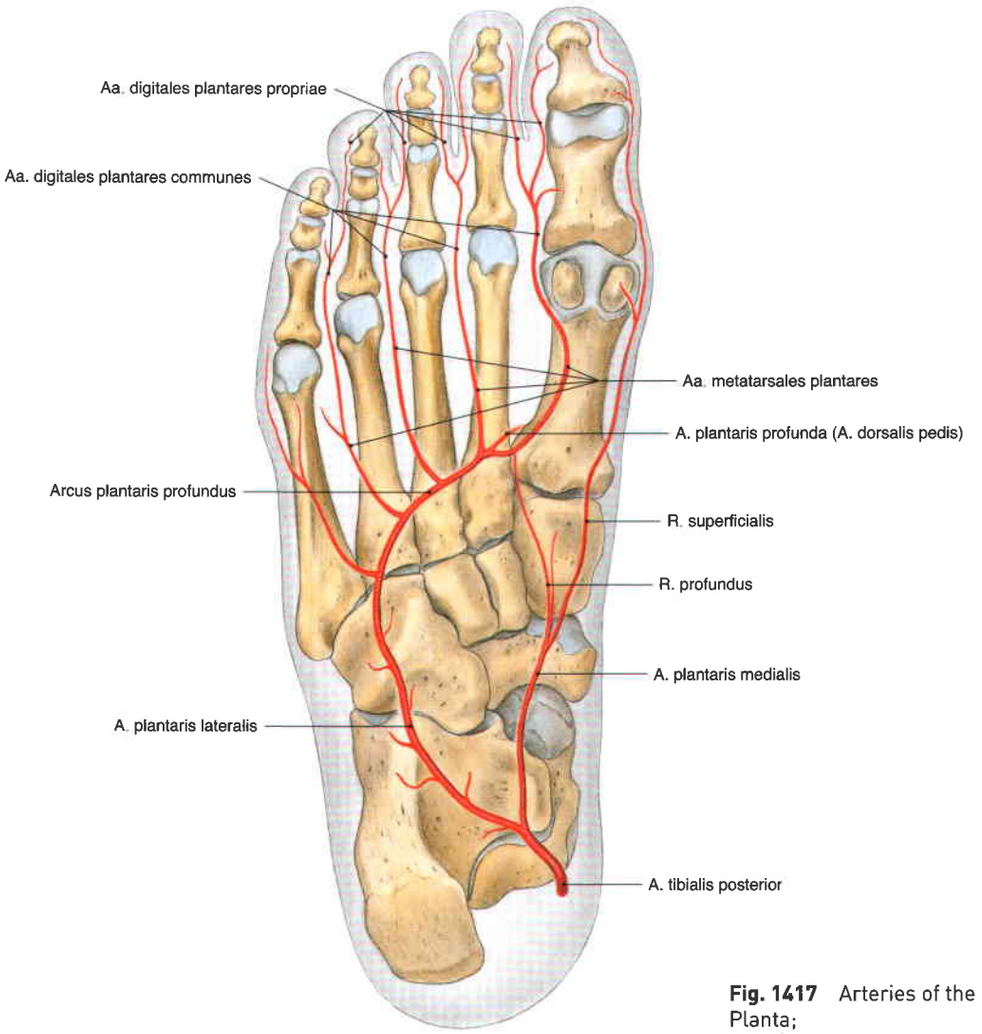


Fig. 1417 Arteries of the sole of foot, Planta; overview.

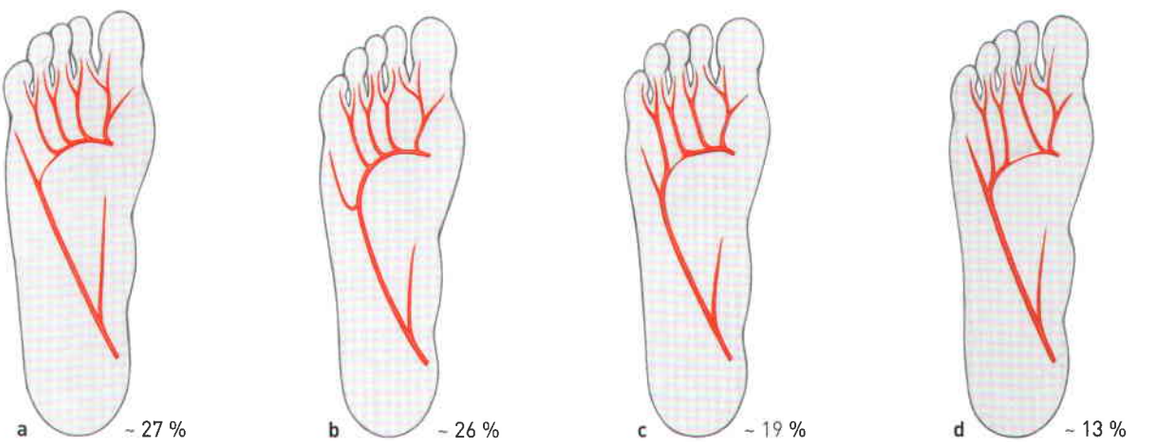


Fig. 1418 a–d Variations in the arterial supply of the sole of foot, Planta.

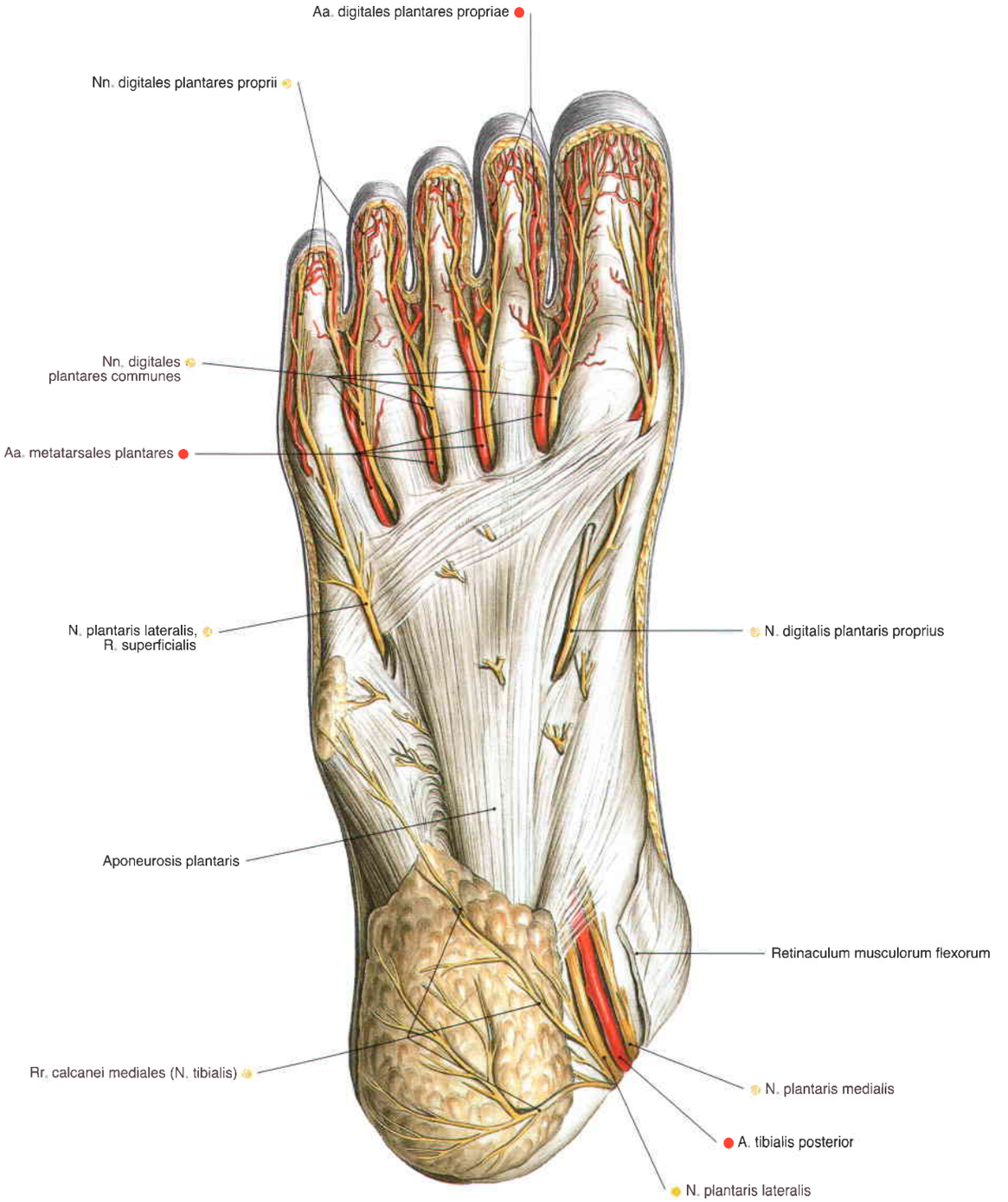
a Dorsalis pedis artery, A. dorsalis pedis, as major supply for the deep plantar arch, Arcus plantaris profundus

b Posterior tibial artery, A. tibialis posterior, as major supply for the deep plantar arch, Arcus plantaris profundus

c The fifth toe and lateral parts of the fourth toe are supplied by the posterior tibial artery, A. tibialis posterior, whereas the remaining medially located toes receive their arterial supply through the dorsalis pedis artery, A. dorsalis pedis.

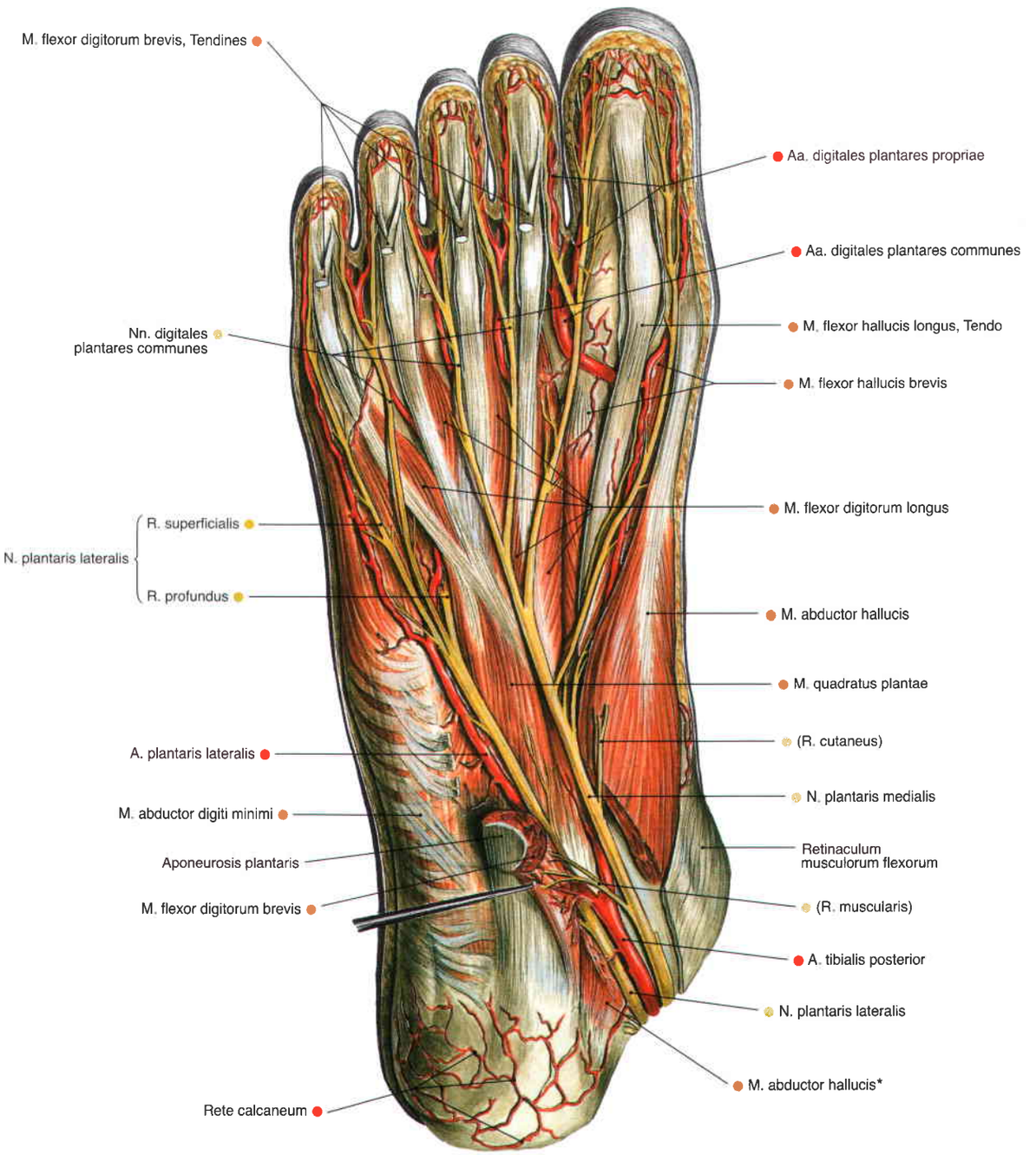
d The fifth and fourth toe as well as lateral parts of the third toe are supplied by the posterior tibial artery, A. tibialis posterior, whereas all remaining medially located toes receive their arterial supply through the dorsalis pedis artery, A. dorsalis pedis.

Arteries and nerves of the foot



1411 1420

Fig. 1419 Arteries and nerves of the sole of foot, Planta.



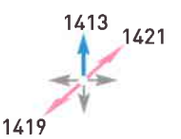


Fig. 1420 Arteries and nerves of the sole of foot, Planta; deep layer.

* The distal extension of the medial retromalleolar space beneath the abductor hallucis muscle is also known as tarsal tunnel.

Arteries of the foot

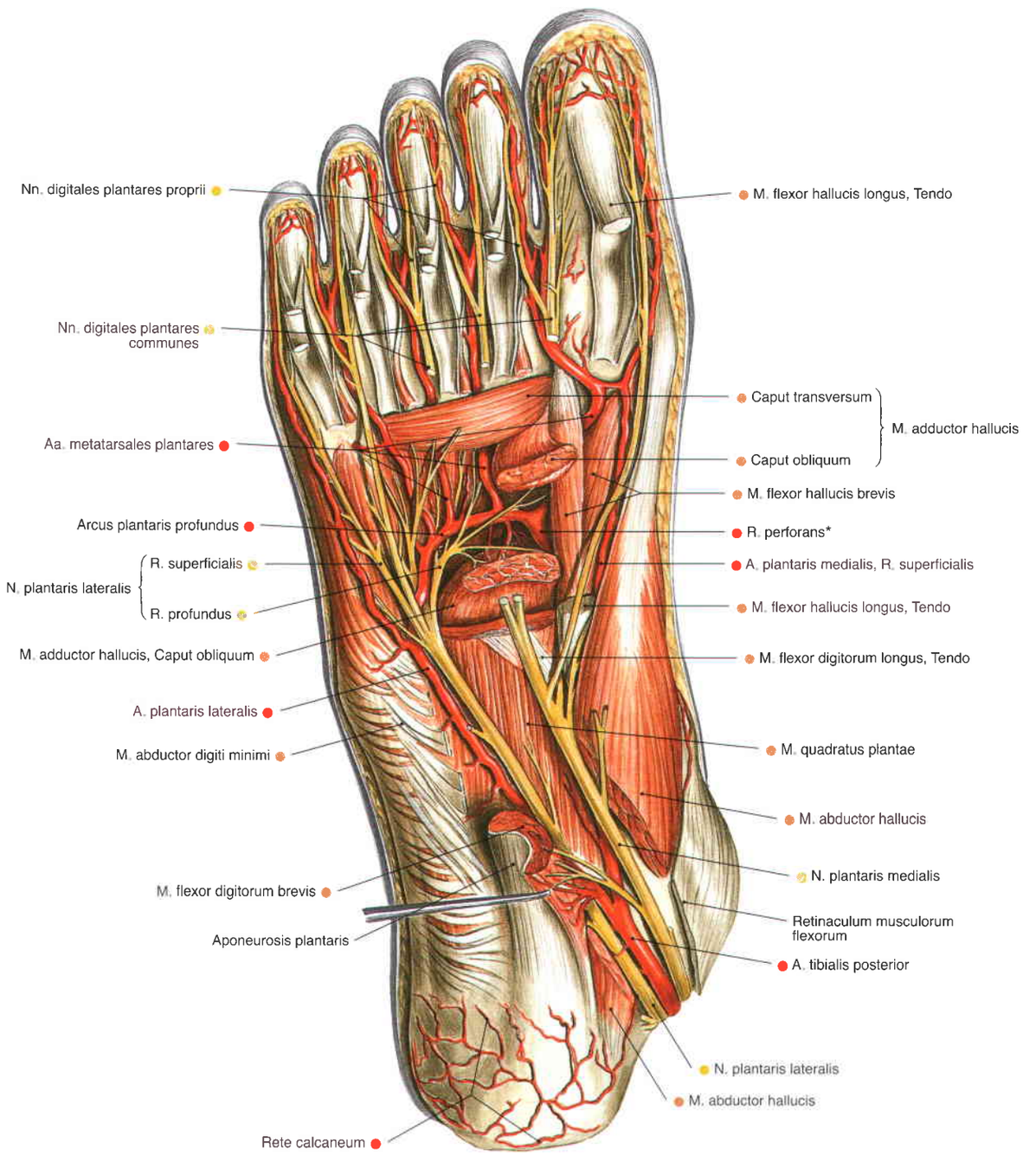


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Fig. 1421 Arteries and nerves of the sole of foot, Planta; deepest layer.
* Anastomosis with the dorsalis pedis artery

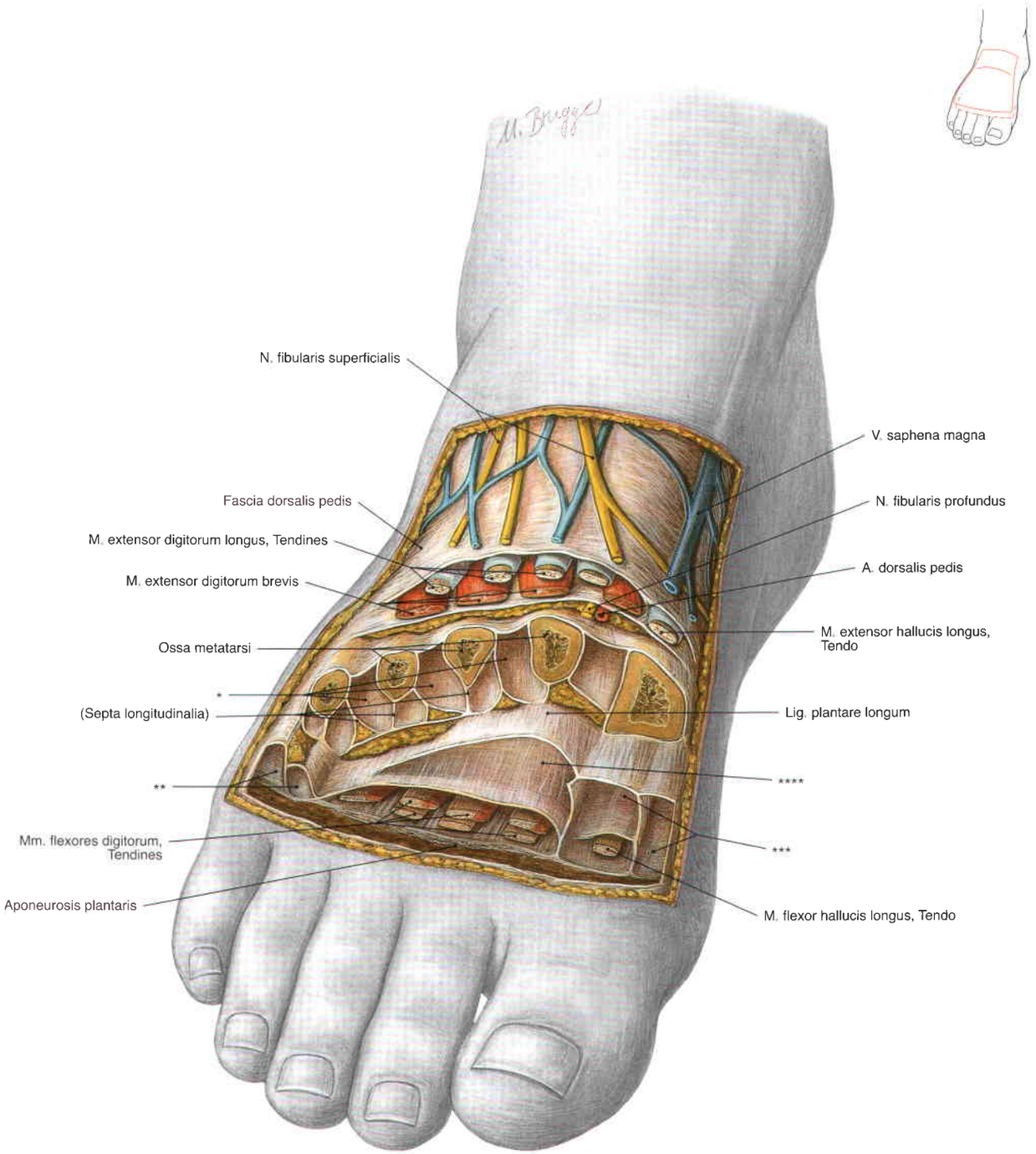


Fig. 1422 Compartments of the foot; stepwise section.
* Space of the interossei muscles
** Lateral compartment
*** Medial compartment
**** Intermediate compartment

Thigh, oblique section

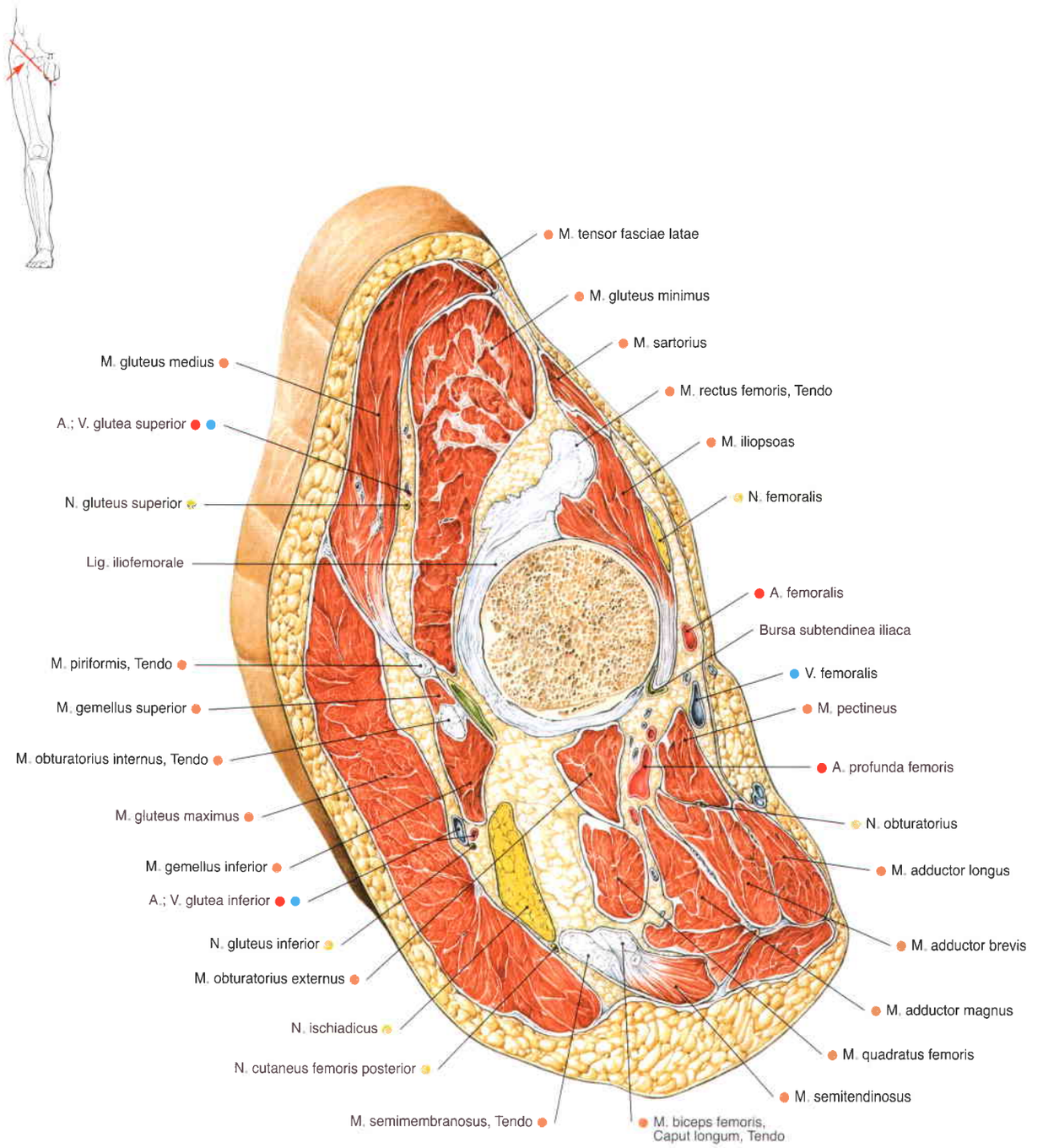


Fig. 1423 Thigh, Femur; oblique section through the hip joint.

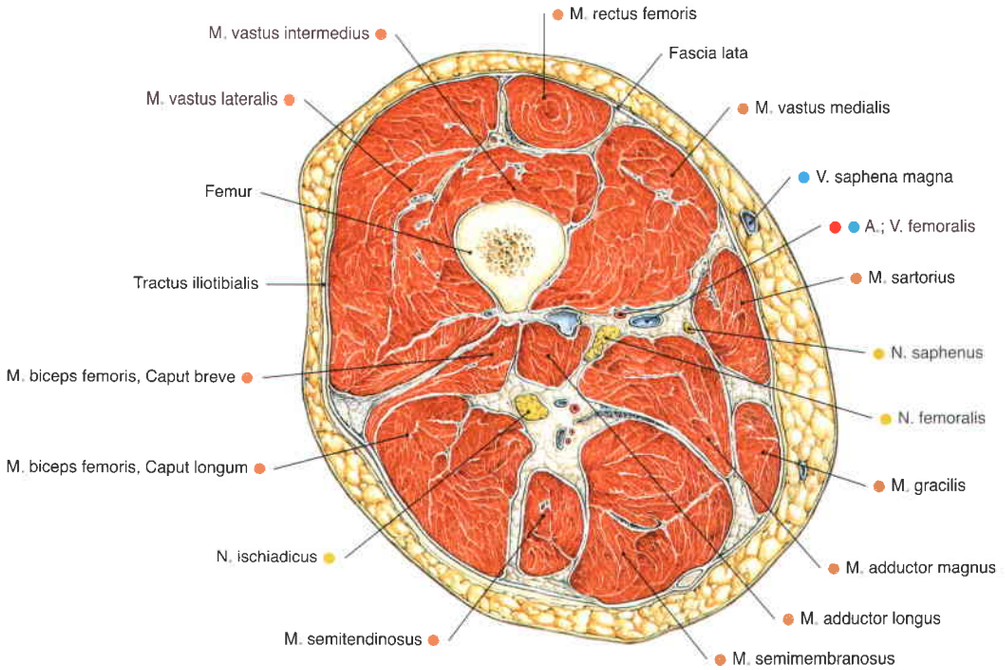


Fig. 1424 Thigh, Femur;
cross-section through the middle of the thigh.

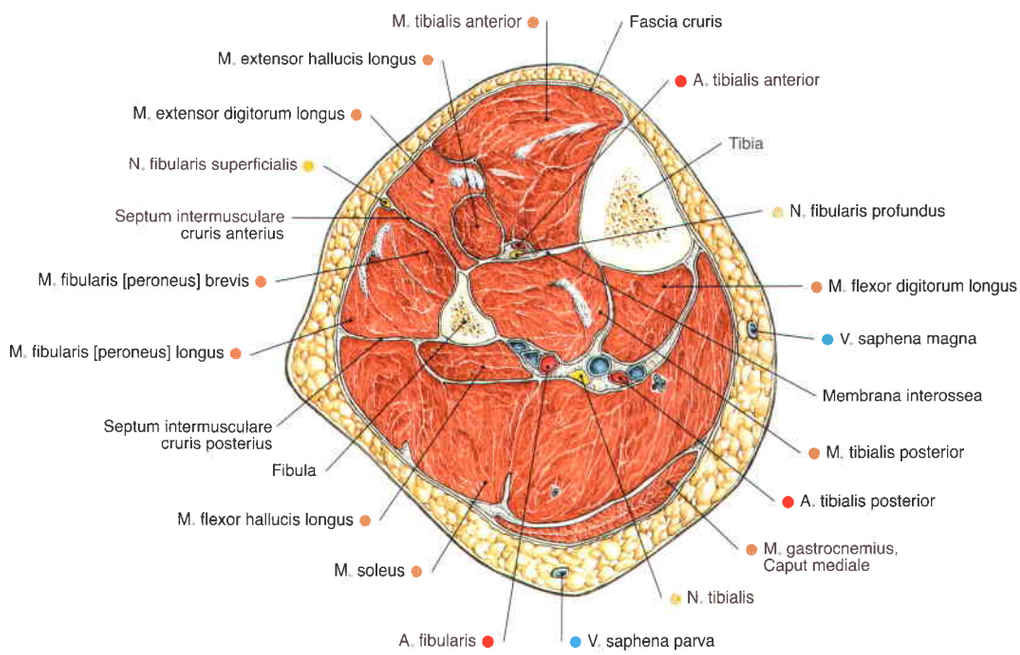


Fig. 1425 Leg, Crus;
cross-section through the middle of the leg.

→ 1406

Leg and foot, sections

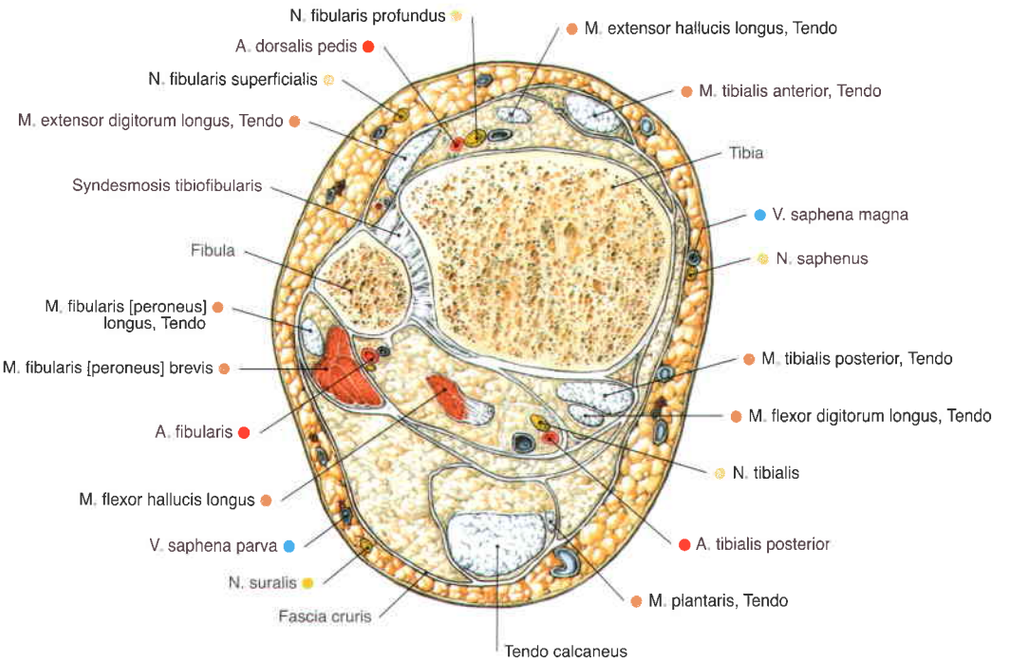


Fig. 1426 Leg, Crus;
cross-section just above the ankle joint.

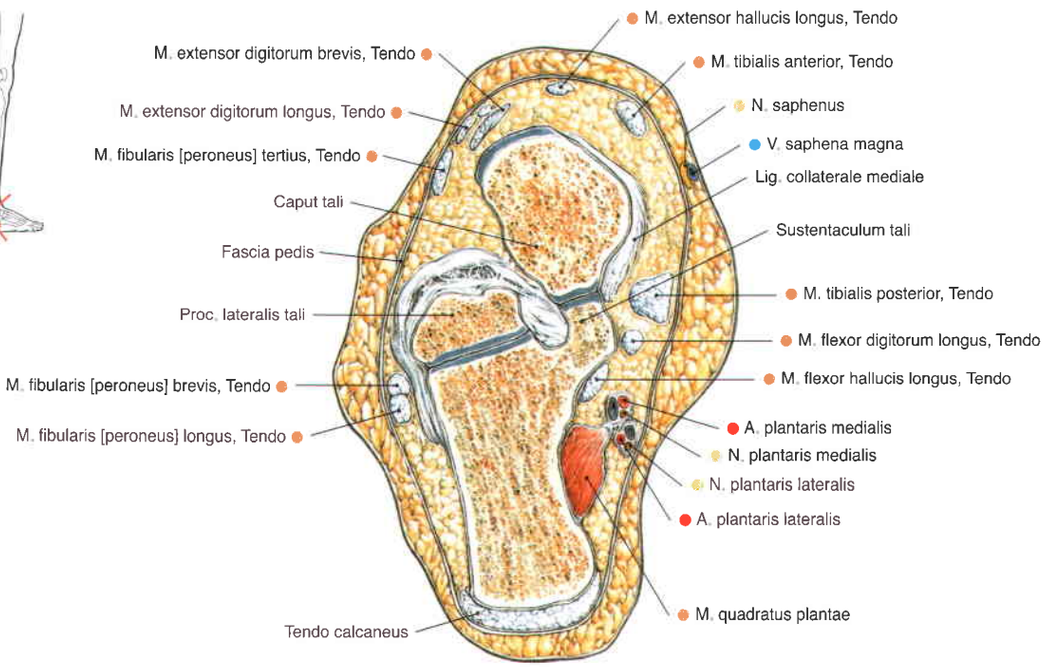


Fig. 1427 Foot, Pes;
oblique section through the calcaneus and the head of the talus.

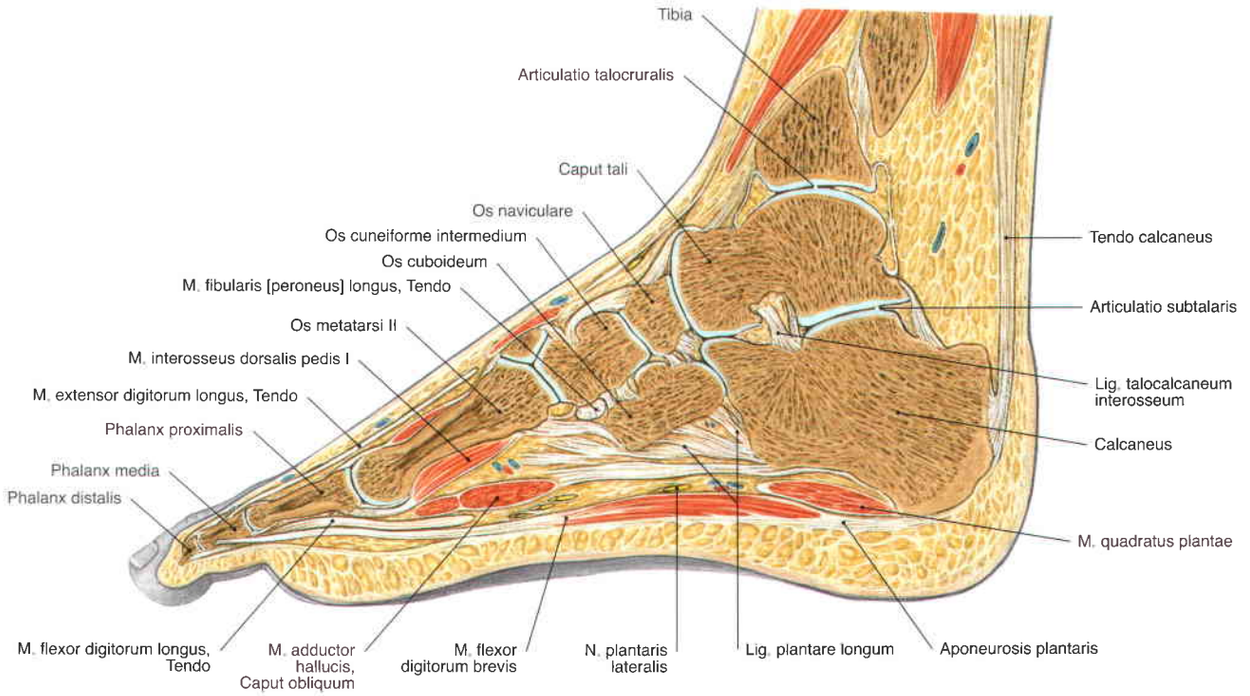
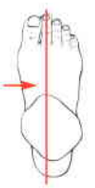


Fig. 1428 Foot, Pes;
sagittal section through the second toe.

→ 1315, 1316



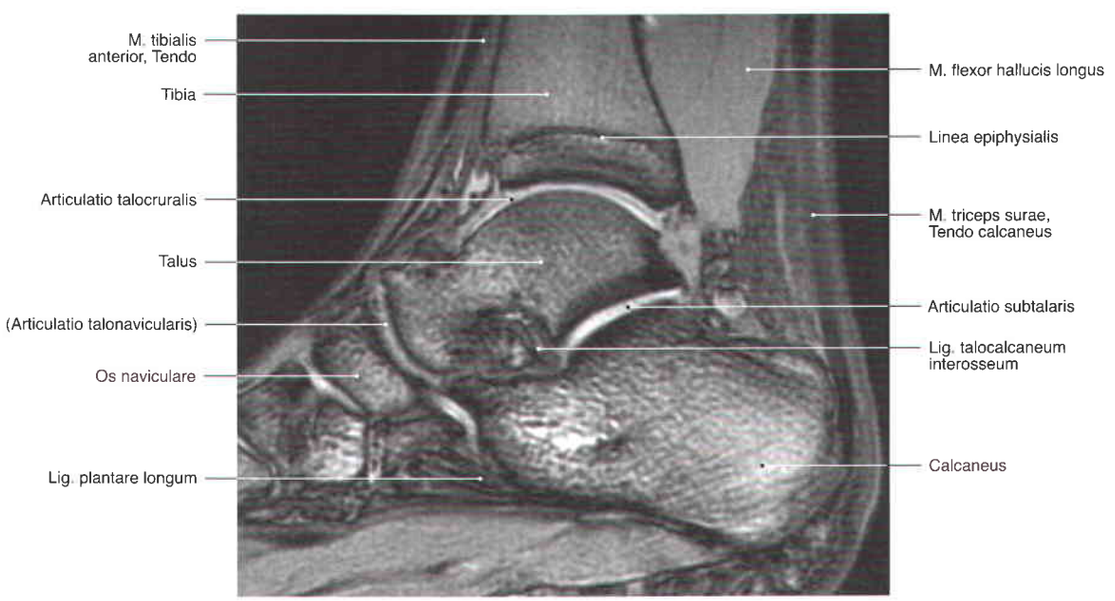


Fig. 1429 Foot, Pes;
magnetic resonance tomography image (MRI); sagittal section.

→ 1317, 1318

Foot, cross-section and pedograms

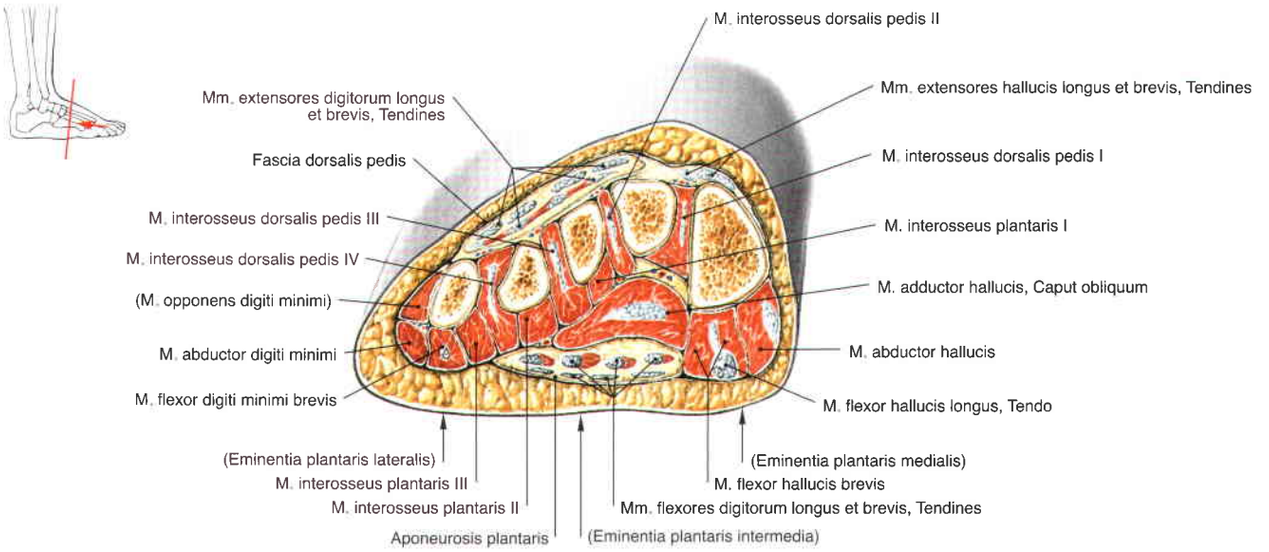


Fig. 1430 Osteofibrous tubes of the foot; frontal section through the metatarsus.

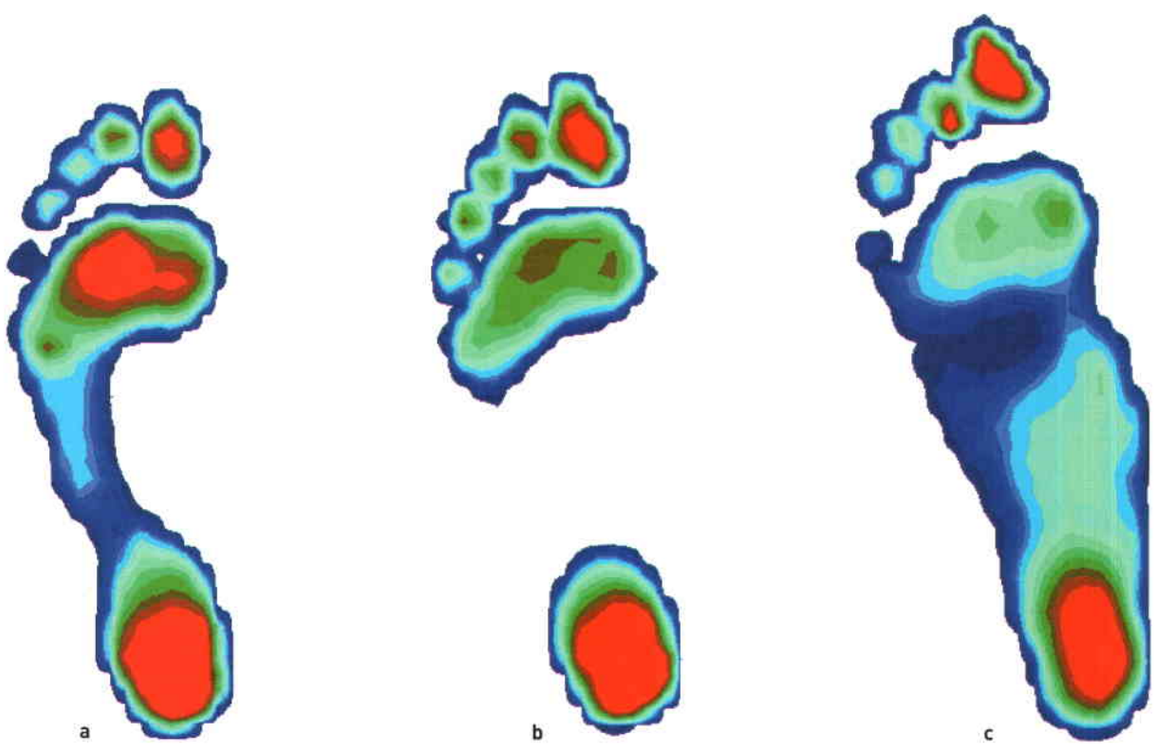


Fig. 1431 a–c Foot prints, pedograms.
a Normal foot
b Pes cavus
c Flat foot

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