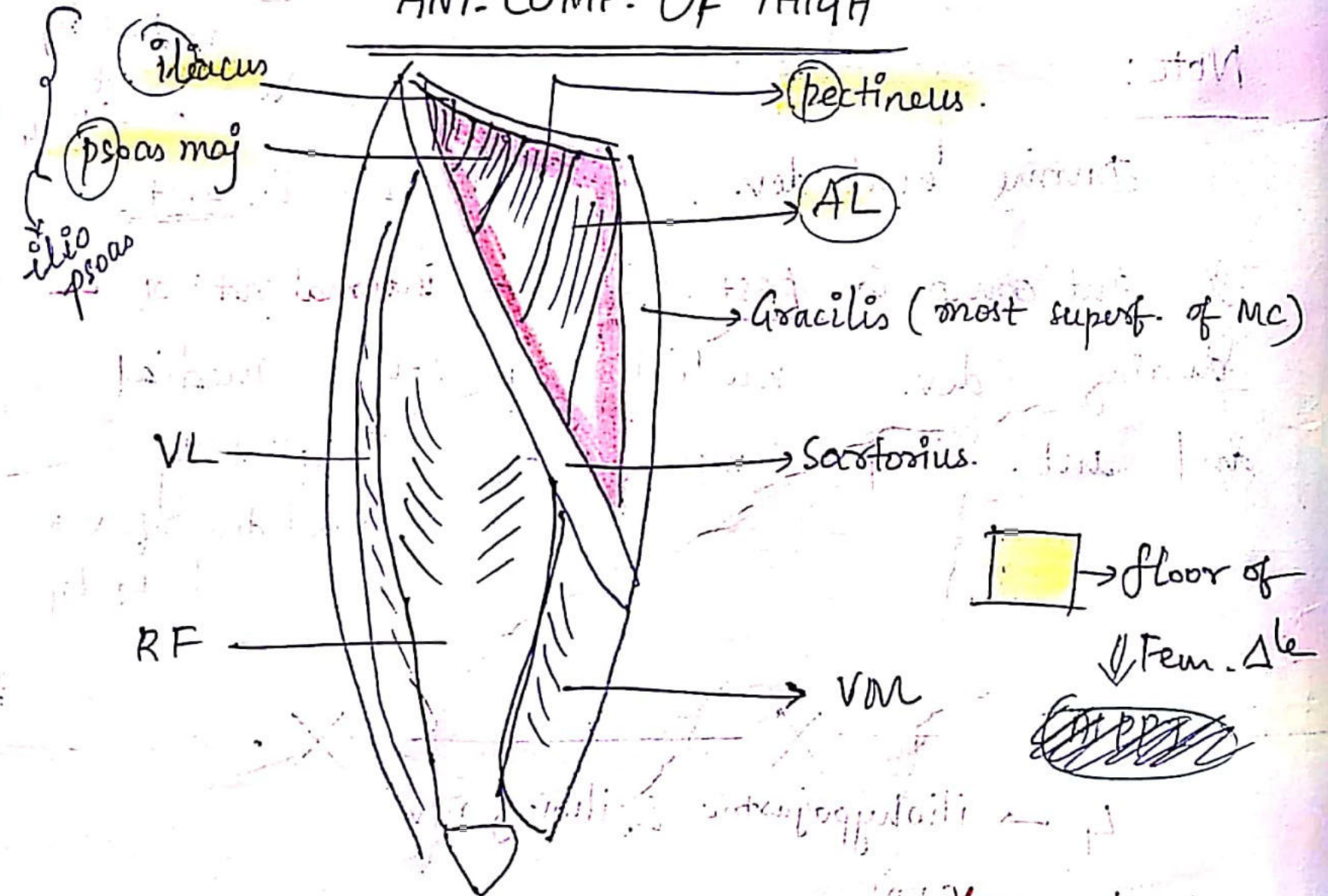
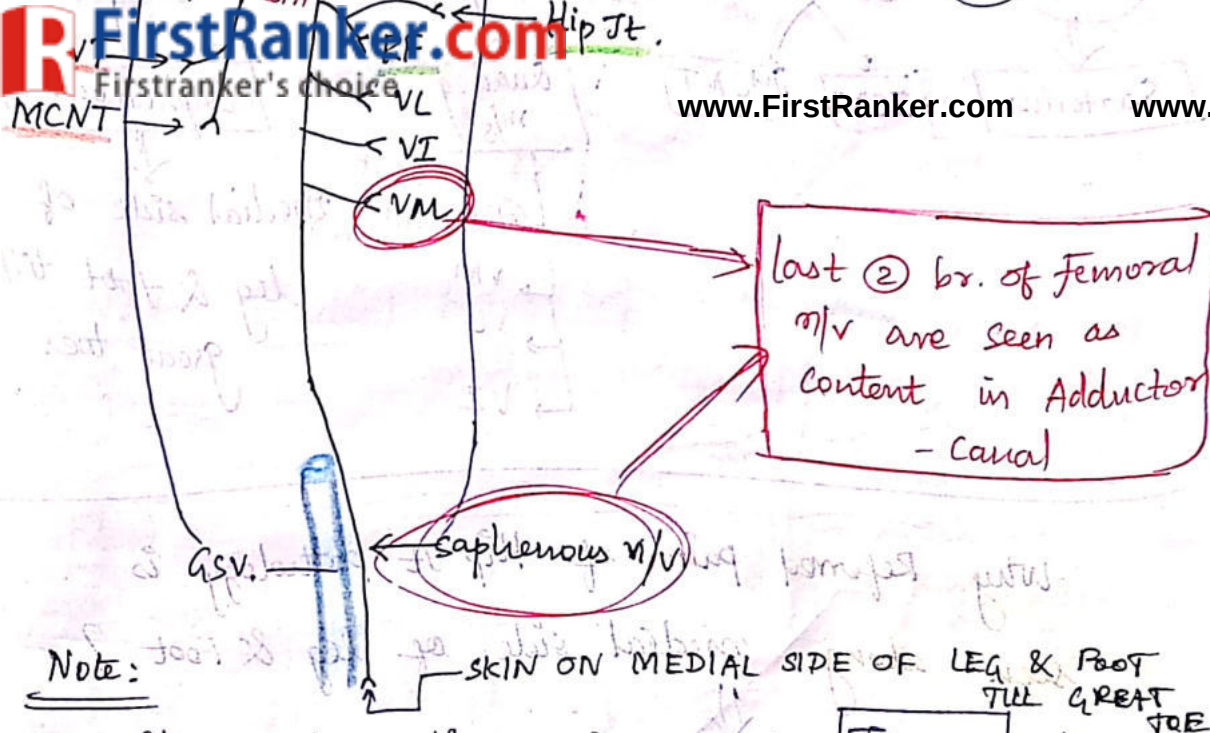


ANT. COMP. OF THIGH



From M to L (Floor of Fem. Δ)

Gracilis → AL → pectineus → psoas maj → Iliacus.

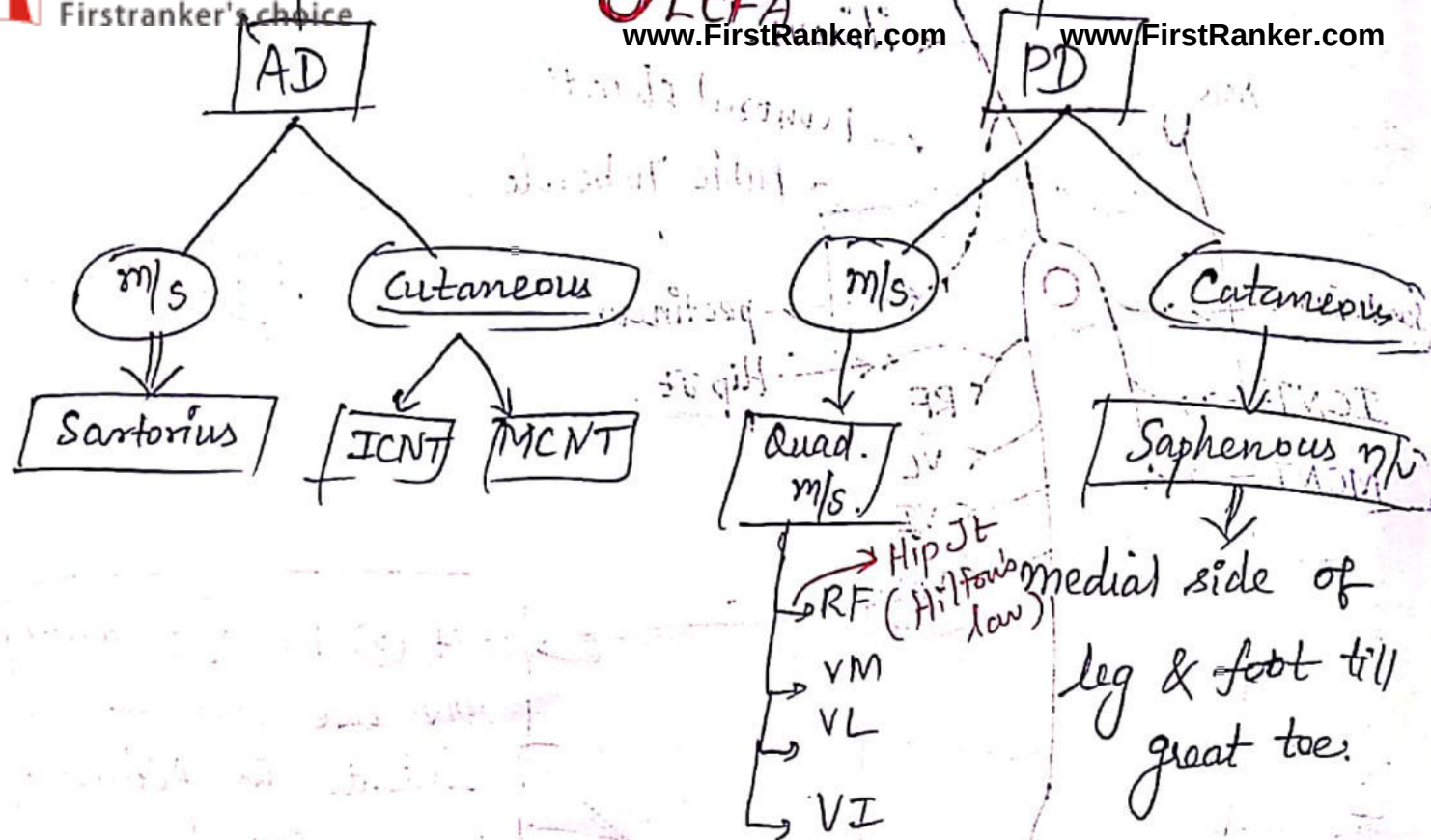


Note:

• Iliacus & pectineus $\Rightarrow$ supp. by TRUNK of femoral n/v.

• Out of this ②, Iliacus is supplied in the ILIAC FOSSA itself.

- SARTORIUS $\rightarrow$ the most ant. m/s of Ant. C. is supp by Ant div. of Fem. n/v
- ICNT, MCNT $\rightarrow$ intermed & ~~lat~~^{med} cut. n/v of Thig
- Post div. of Fem n/v $\rightarrow$ Quadriceps m/s (4)
- Saphenous n/v $\Rightarrow$ Bcoz it courses along with GSV. (why? Saphenous)



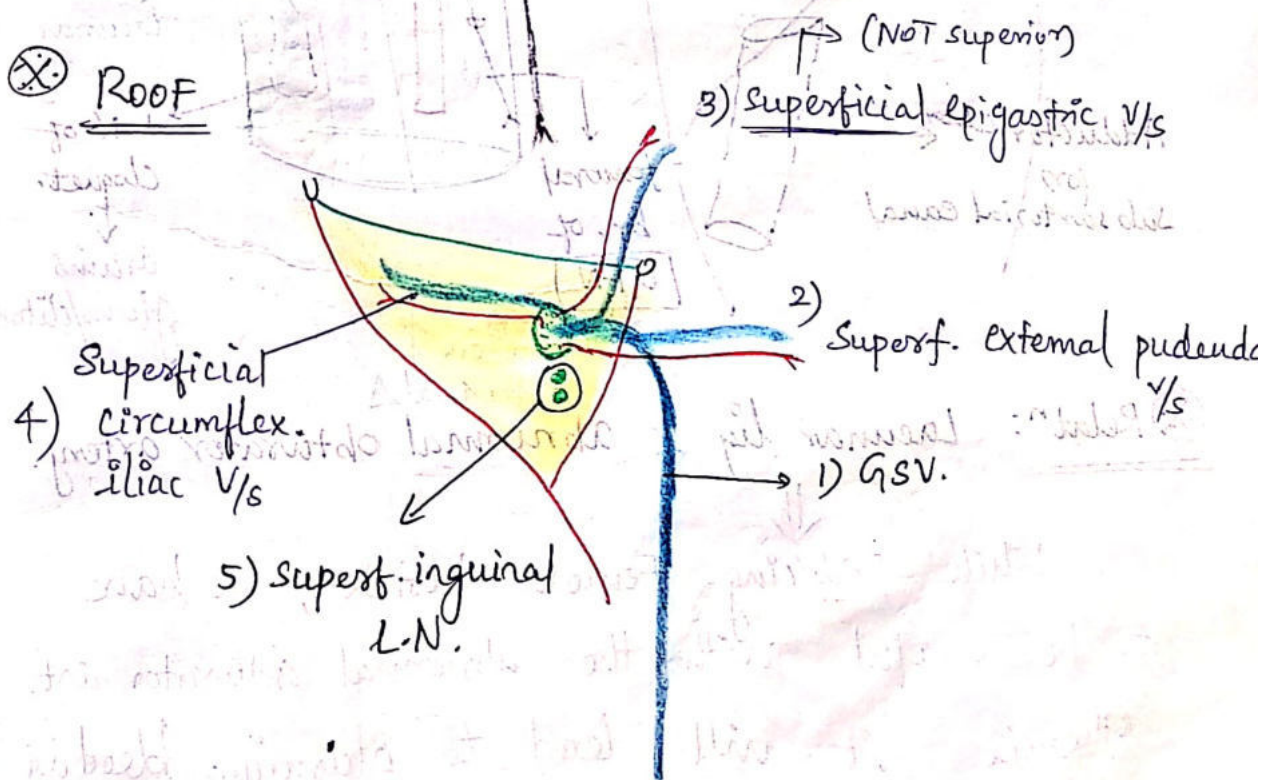
Why Referred pain of Hip Jt pathology is seen along medial side of leg & Foot?

↓
Bcoz (PD) of Fem. n/v. gives articular twig to Hip Jt. as well as gives Saphenous n/v which supplies the medial side of leg & Foot

Note: medial border of both AL & Sartorius forms the medial & lat. boundaries of Fem. Δ

Floor of fem. Δ ⇒ AL → Pectineus → Iliopsoas → Iliacus

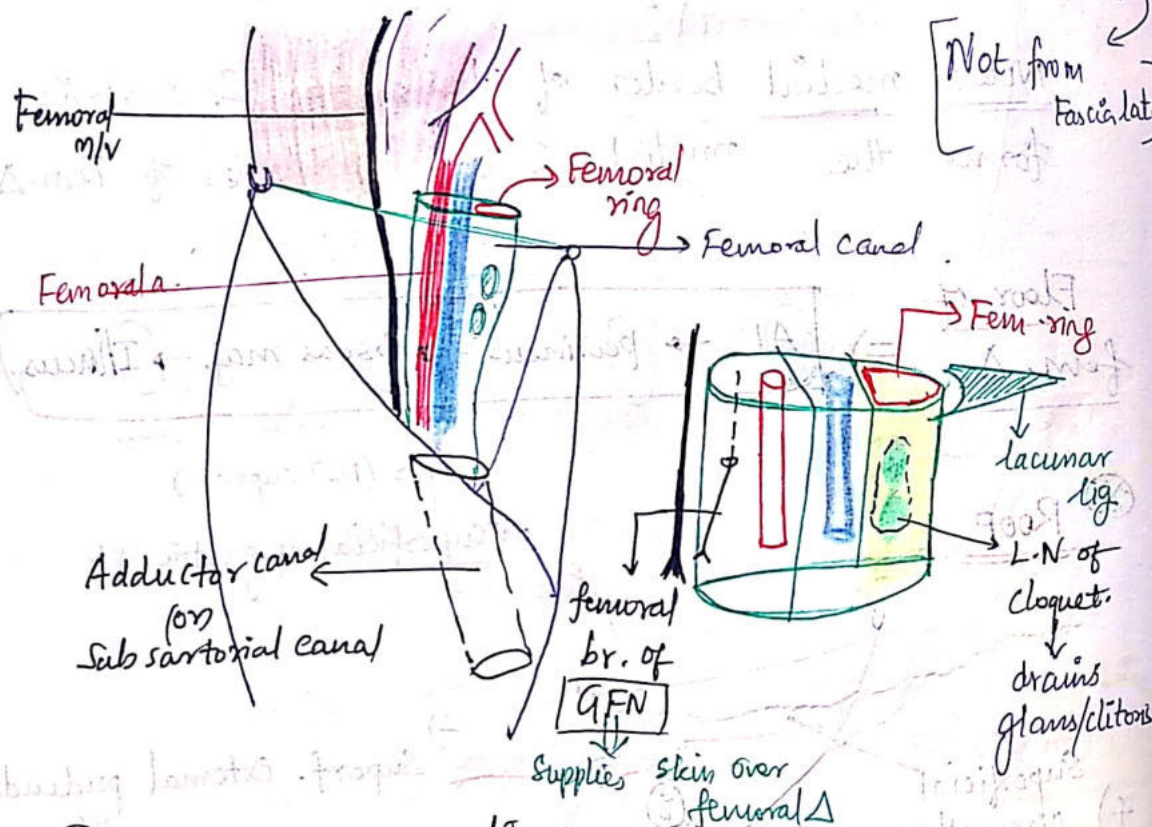
⊗ Roof



Note: Tributaries of GSV are accompanied by superf. br of femoral art. (which is deep)

Femoral sheath
 ant. wall ← Fascia transversalis
 post. wall ← Fascia iliaca

[Not from Fascia lata]



⊗ Relatⁿ: Lacunar lig & abnormal obturator artery.

While reducing Femoral hernia, we have to be careful with the abnormal obturator art. otherwise it will lead to alarming bleeding

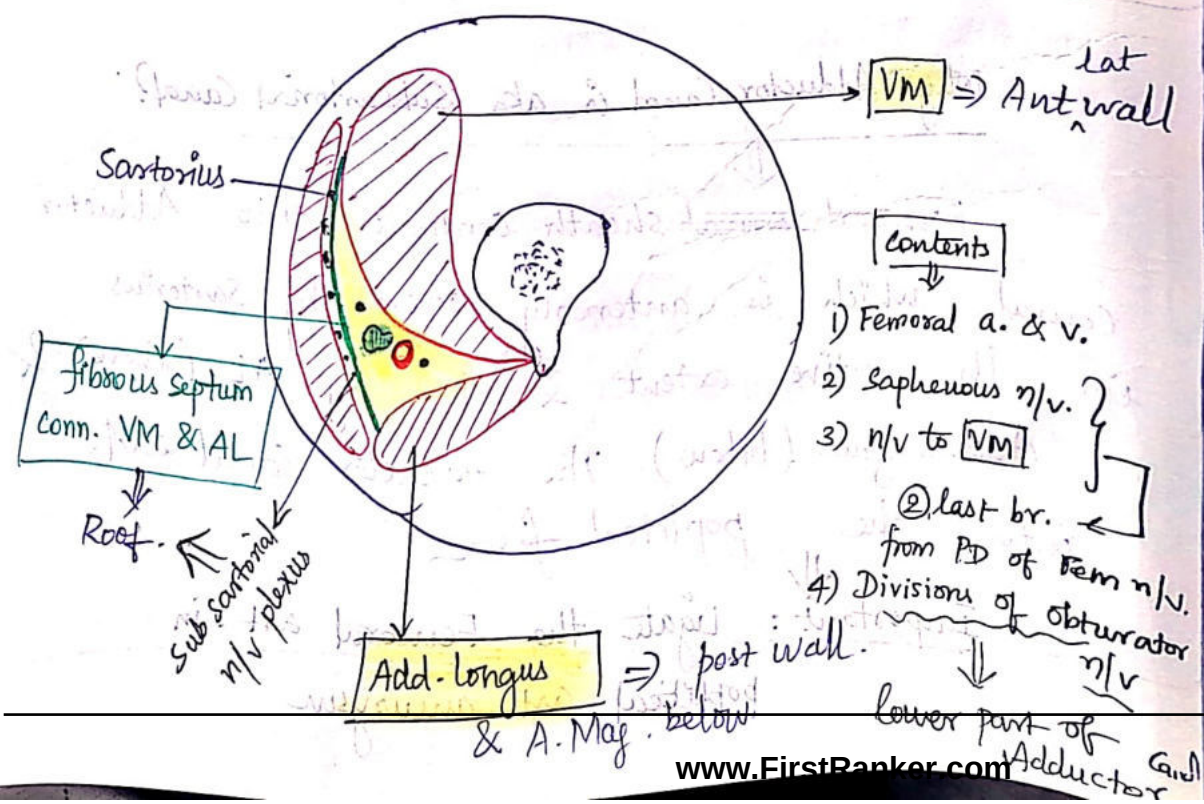


Important: Ligate the Femoral art. in popliteal art. aneurysm

profunda femoris a. arises from femoral a. at that level. And profunda femoris a. is the major artery of LL. Thus femoral art. is ligated at Adductor Canal

T.S. of Thigh

Note: linea aspera $\Rightarrow$ important bony landmark in the post. surf. of femur. **VM** originates from it, although VM is a "AC" m/s. Also **AL** which is a "mc" m/s also inserts into it.



Q: Which of the following is not seen as content of Adductor Canal & in the lower

- a) Femoral artery
- b) Femoral V.
- c) n/v to KM & Saphenous n/v.
- d) Divisions of obturator n/v.