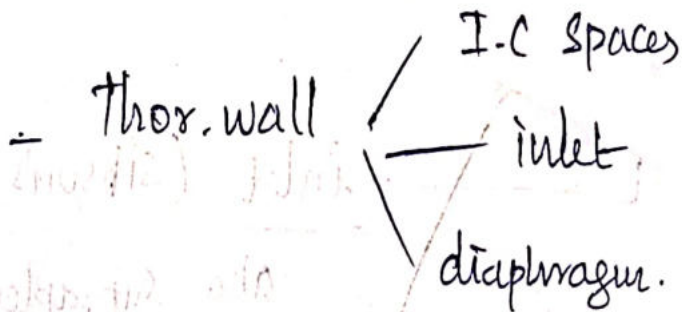


THORAX



- Pleura

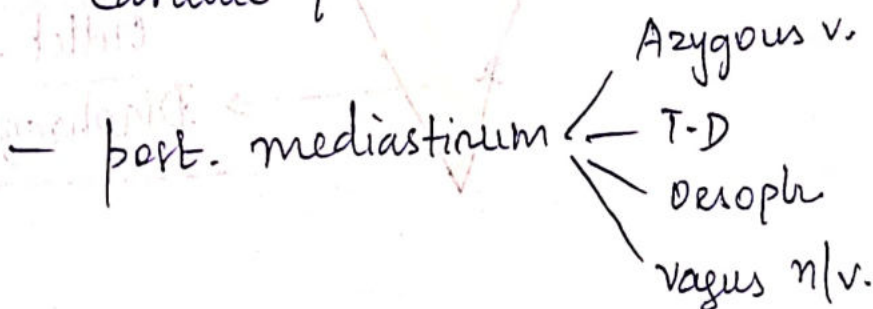
- BPS.

- Pericardium.

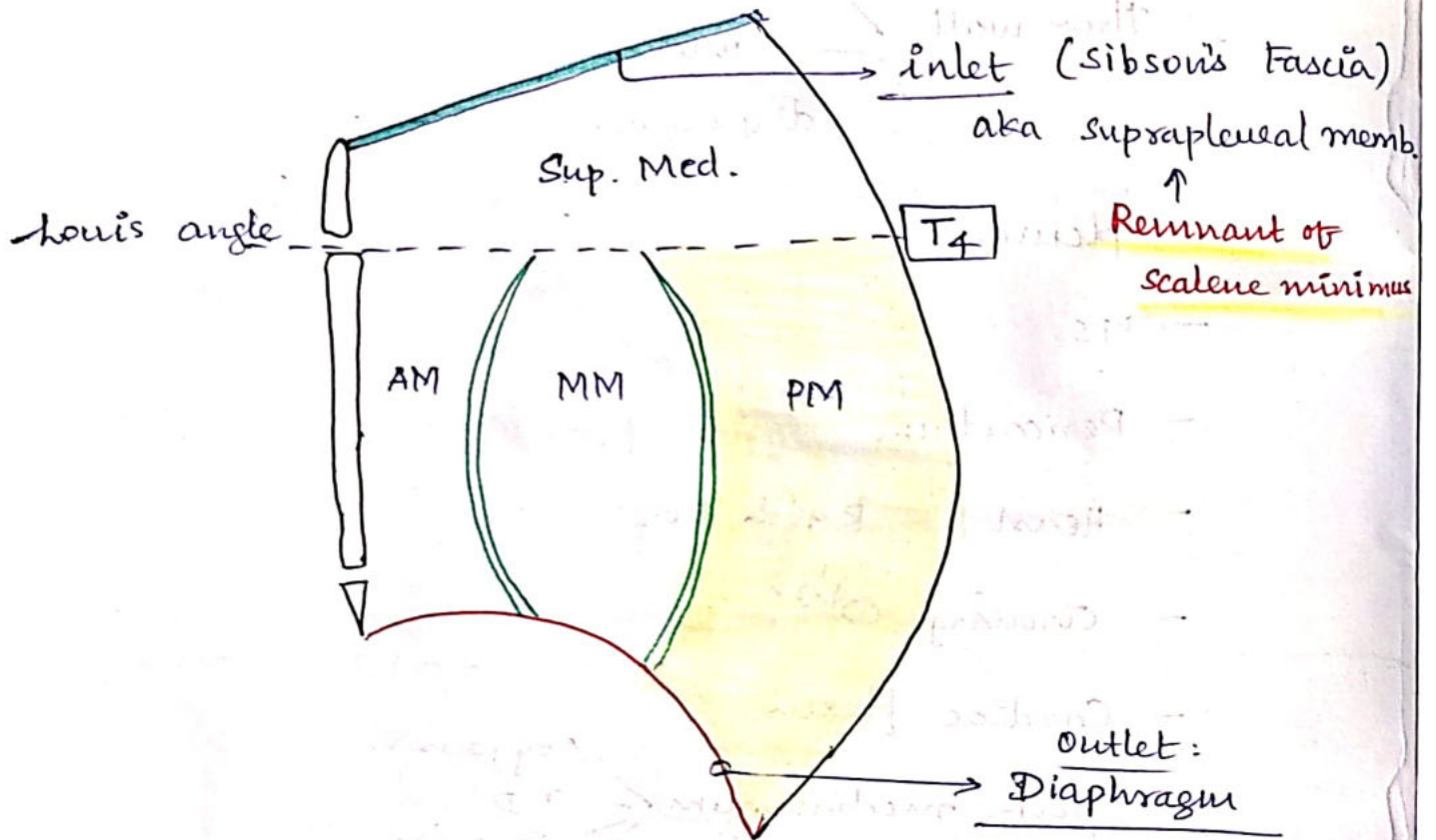
- Heart - RA & RV.

- Coronary $\odot$ latⁿ

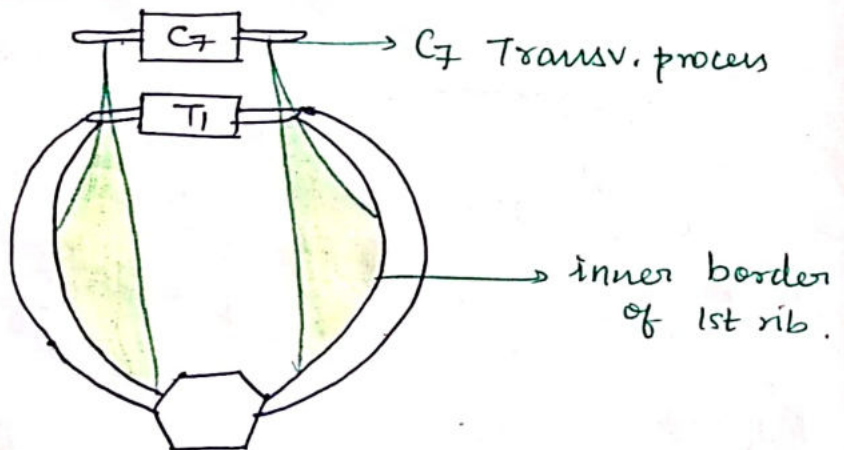
- Cardiac plexus.



Sagittal secⁿ

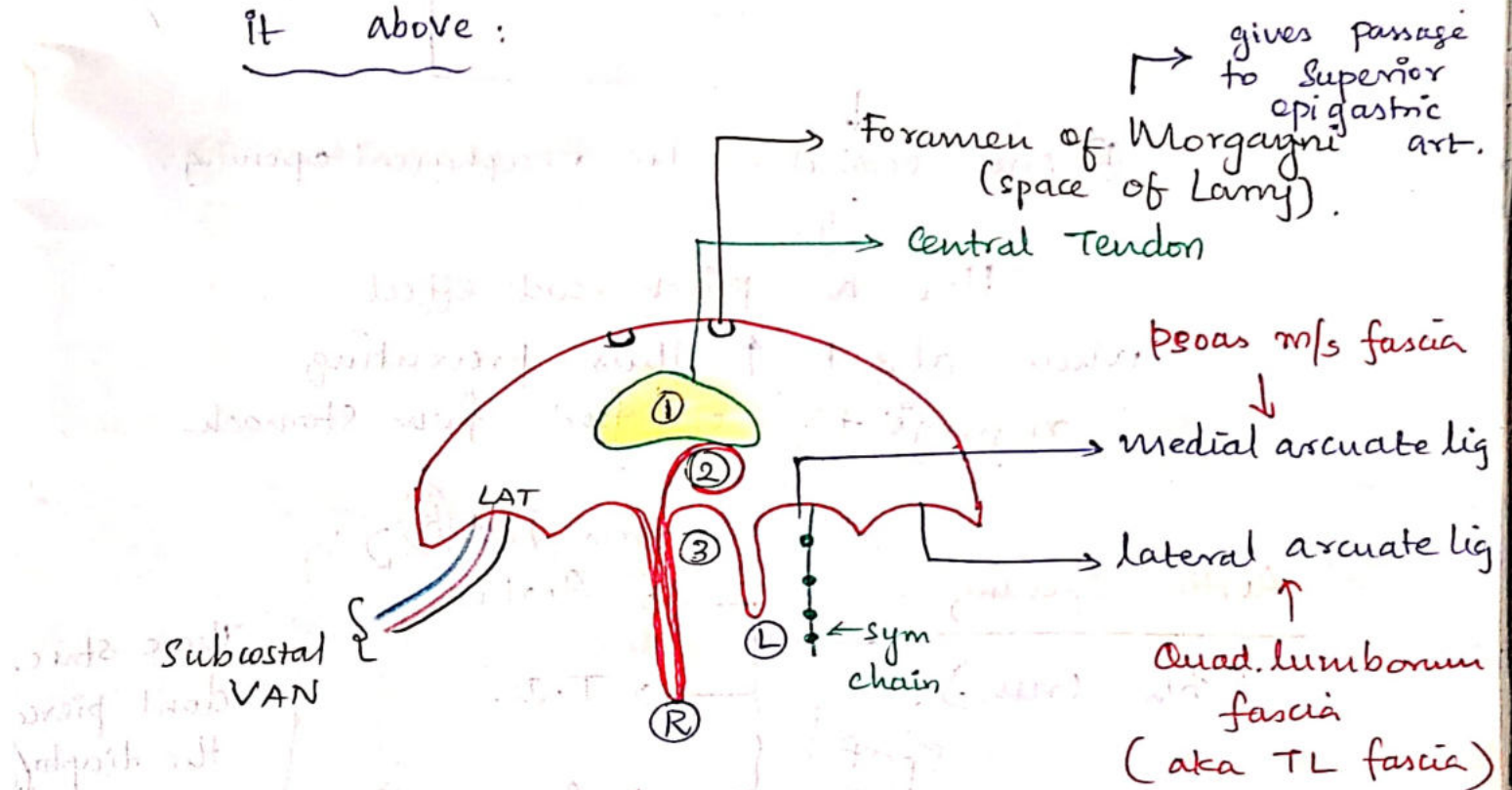


Attachment of Sibson's Fascia

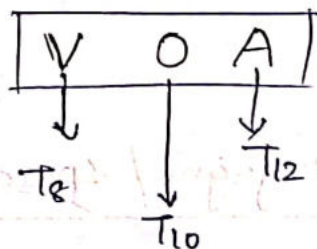


Diaphragm:

Detached the Ant. margin. & Reflected it above:



③ major openings:



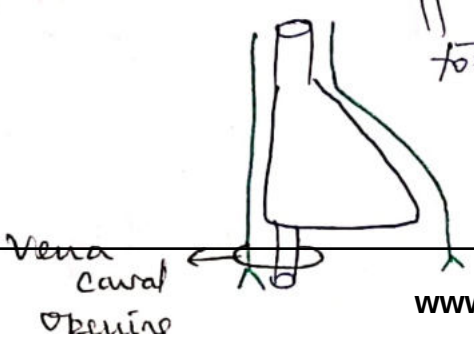
VOA - Voice of America

① Vena caval opening

IVC.

④ phrenic n/v (why ④?)

found in central tendon



② Oesophageal opening — $\begin{cases} \rightarrow \text{oesoph.} \\ \rightarrow \textcircled{R} \ \& \ \textcircled{L} \ \& \ \text{n/v.} \\ \rightarrow \text{oesoph. br. of LGA} \end{cases}$ *

(present in m/s part / $\textcircled{R}$ crus).

$\textcircled{R}$ crus encircles the oesophageal opening.

$\Downarrow$
Has a **pinch-cock effect**
when abd. P $\uparrow$ thus preventing
regurgitatⁿ of food from stomach

③ Aortic opening : $\begin{cases} \xrightarrow{\text{from } \textcircled{L} \text{ to } \textcircled{R}} \text{Aorta} \\ \rightarrow \text{T.D.} \\ \rightarrow \text{Azygous v.} \end{cases}$

(b/n crus). ATA

$\Downarrow$
left most
Struc. is Aorta

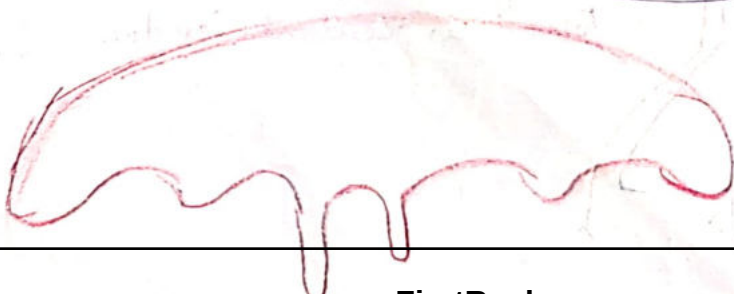
These struc.
don't pierce
the diaphragm
they just
go in b/n
R & L crus.

Minor openings:

1) Foramen of Morgagni / space of Larrey

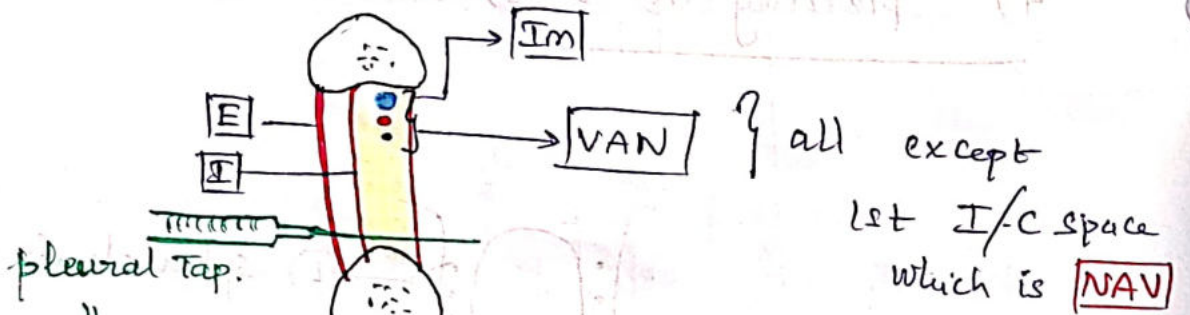
* present in Ant. margin of Diaphragm

* gives passage to superior epigastric art.



Note:

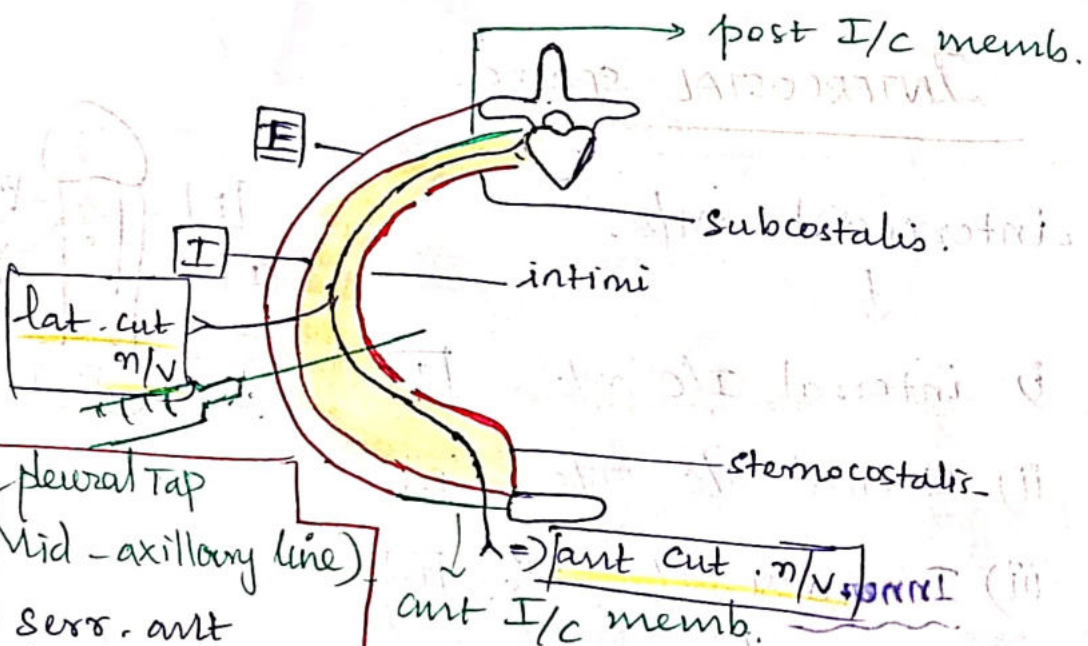
* Its difficult to separate **I** & **Im**
 bcoz both fibres Run along same direction
 but It can identified by **VAN**



should pass along upper border of lower rib

but for I/c injection (Anesthesia). lower border of upper rib.

I/c n/v



pleural Tap
 (Mid-axillary line)

- ① serr. ant
- ② **E**
- ③ **I**
- ④ Intercostalis intimi

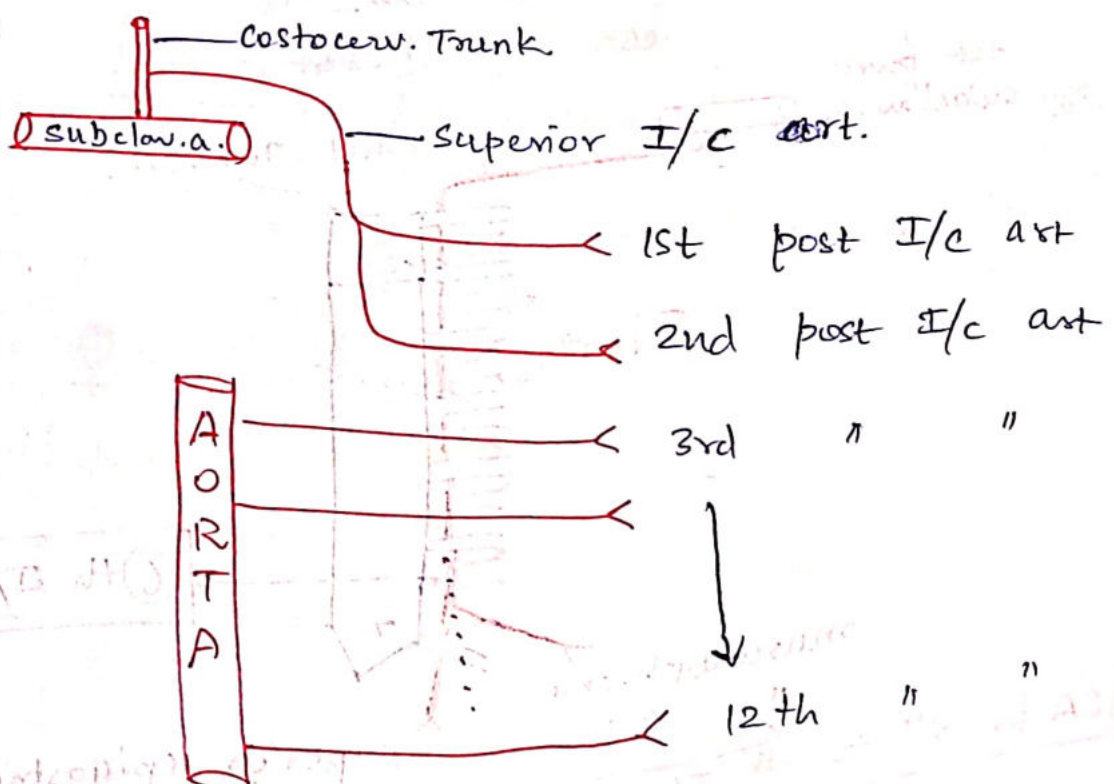
Typical I/c n/v $\Rightarrow$ $T_3 - T_6$.
(supp. only Thorax.)

Atypical

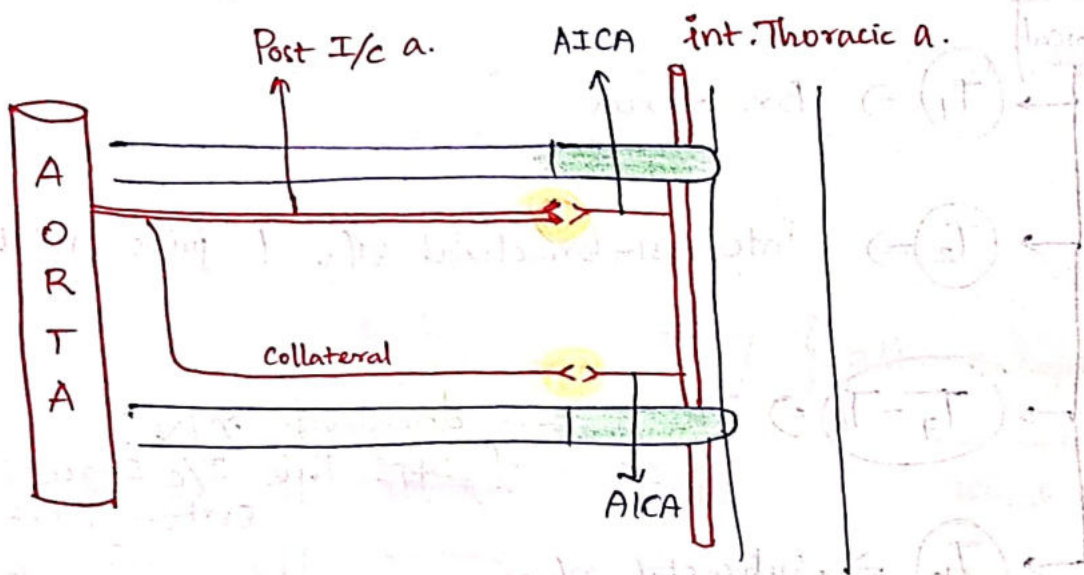
- $\rightarrow T_1 \Rightarrow$ Br. plexus.
- $\rightarrow T_2 \Rightarrow$ intercosto brachial n/v (joins with med cut. n/v of arm)
- $\rightarrow T_7 - T_{11} \Rightarrow$ Thoraco-abdominal n/v.
(supp. the I/c space & then enter Rectus sheath & supp. A.A.W)
- $\rightarrow T_{12} \Rightarrow$ subcostal n/v.

Intercostal arteries:

Why Aorta doesn't supply 1st & 2 I/c spaces?
bcz its not related to 1st & 2 I/c spaces.



We straightened the ribs for better understanding



Internal Thoracic art.

↓ preferred for CABG.

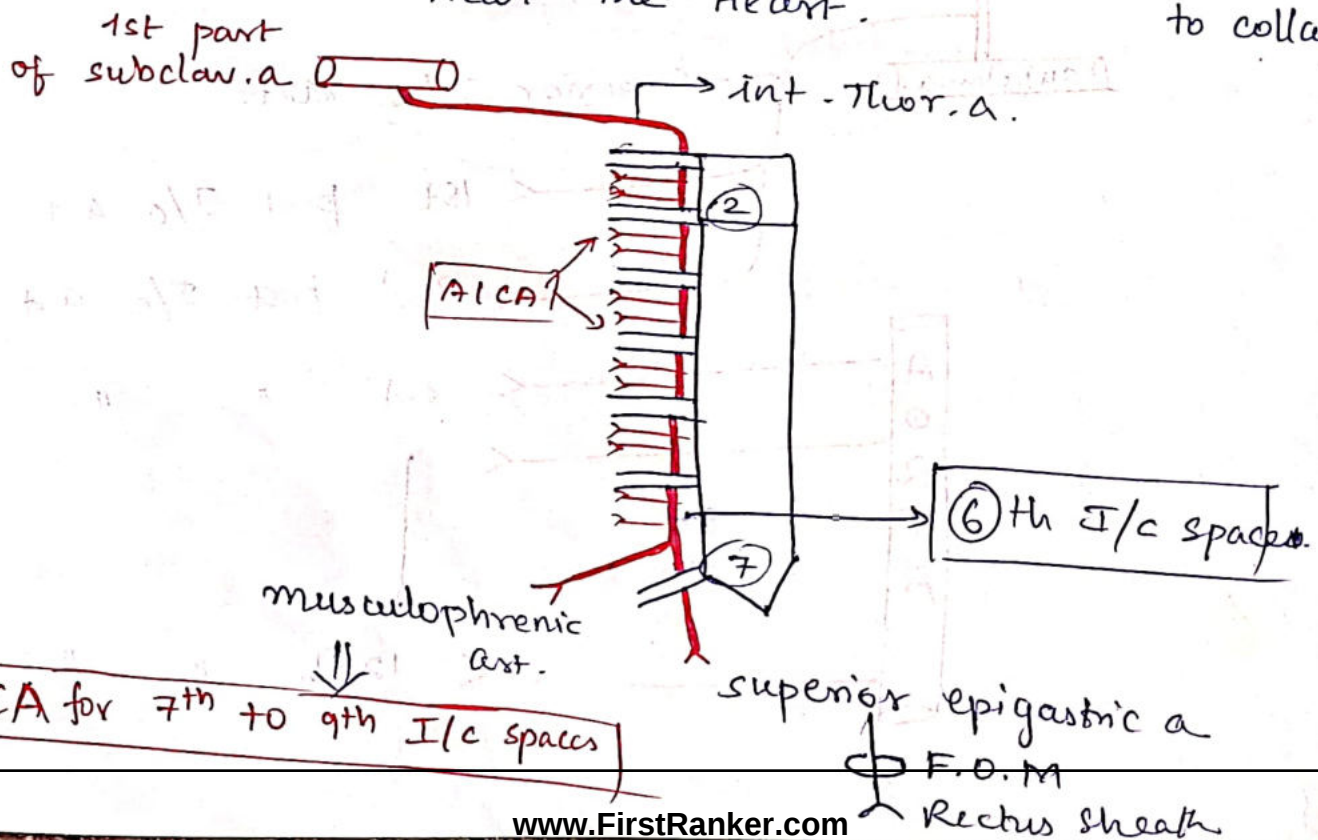
* bcoz its a medium sized art. with

Histolog. features of large sized art.

(more elastic)

* We use it not bcoz its near the Heart.

↓ so less likely to collapse.



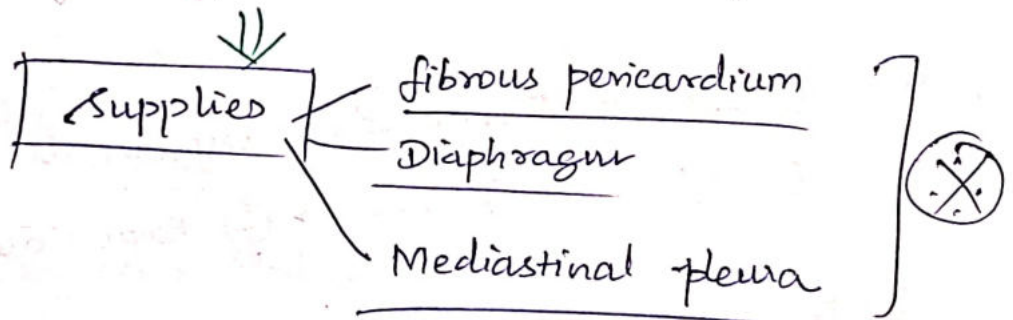
Note

10th & 11th spaces $\Rightarrow$ No. ALCA bcoz they are floating Ribs.

Branches: of ITA

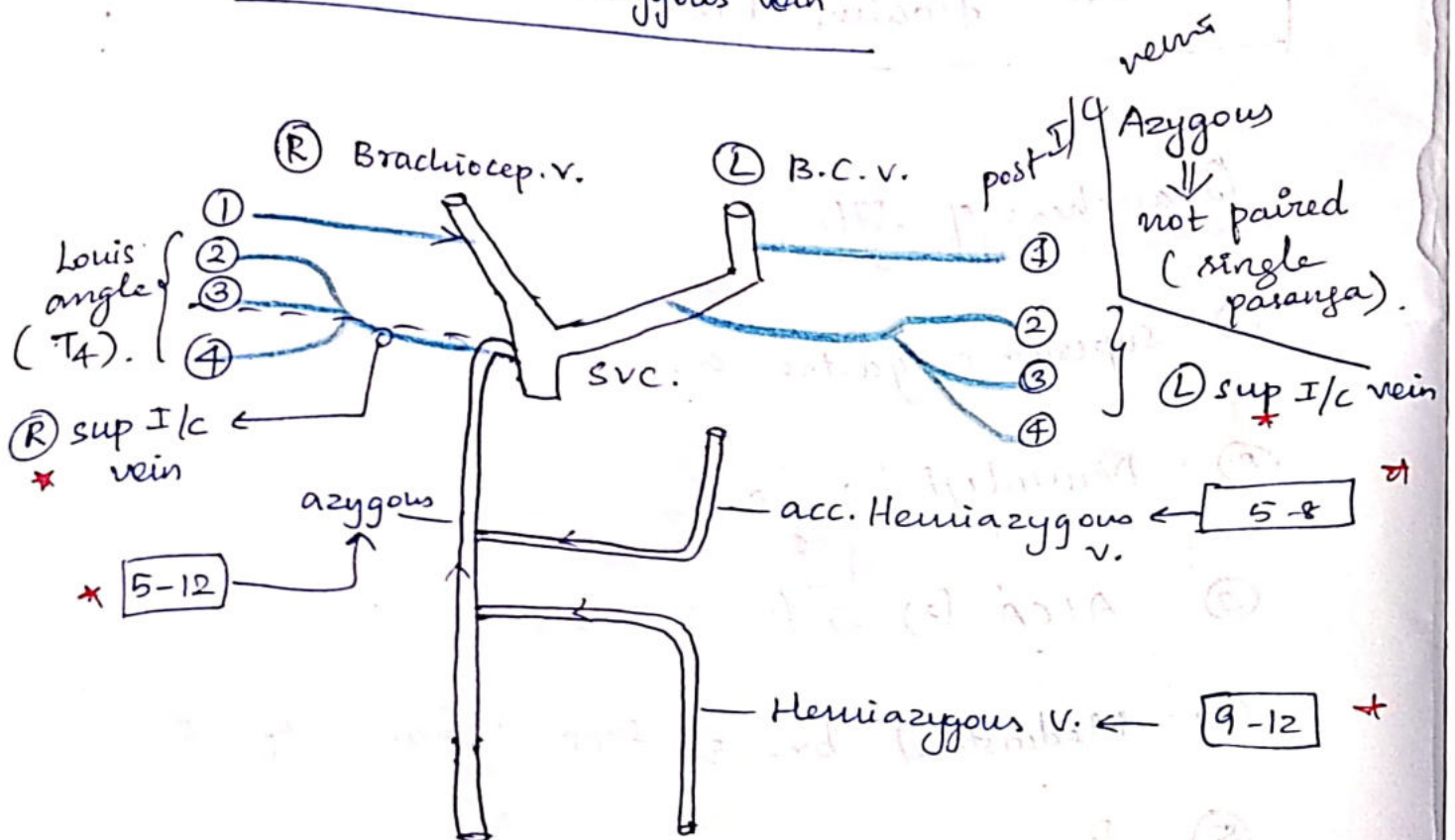
- ① superior epigastric a.
- ② Musculophrenic a.
- ③ ALCA (2) $\Rightarrow$ for 1st 6 spaces.
- ④ Mediastinal br. $\Rightarrow$ supp. Remains of Thymus.
- ⑤ PERICARDIO PHRENIC art.

$\Downarrow$
runs in close assoc. with phrenic n/v.
& mimics its supply



⑥ In ♀ $\Rightarrow$ perforating mamm. br.
(in 2nd - 4th I/c spaces)

Azygous & Hemiazygous Vein



⊗ Note:

* Azygous v. drains into svc at the level of T4
so what will be drainage of 1st 3 I-C veins.

* R sup. I/c vein → azygous v.

L " " " → L Brachioceph. v.

⊗ Formative Tributaries of Azygous v.

① R subcostal v.

② R lumbar azygous v.

③ R lumbar ascending v.

Hemiazygous v.

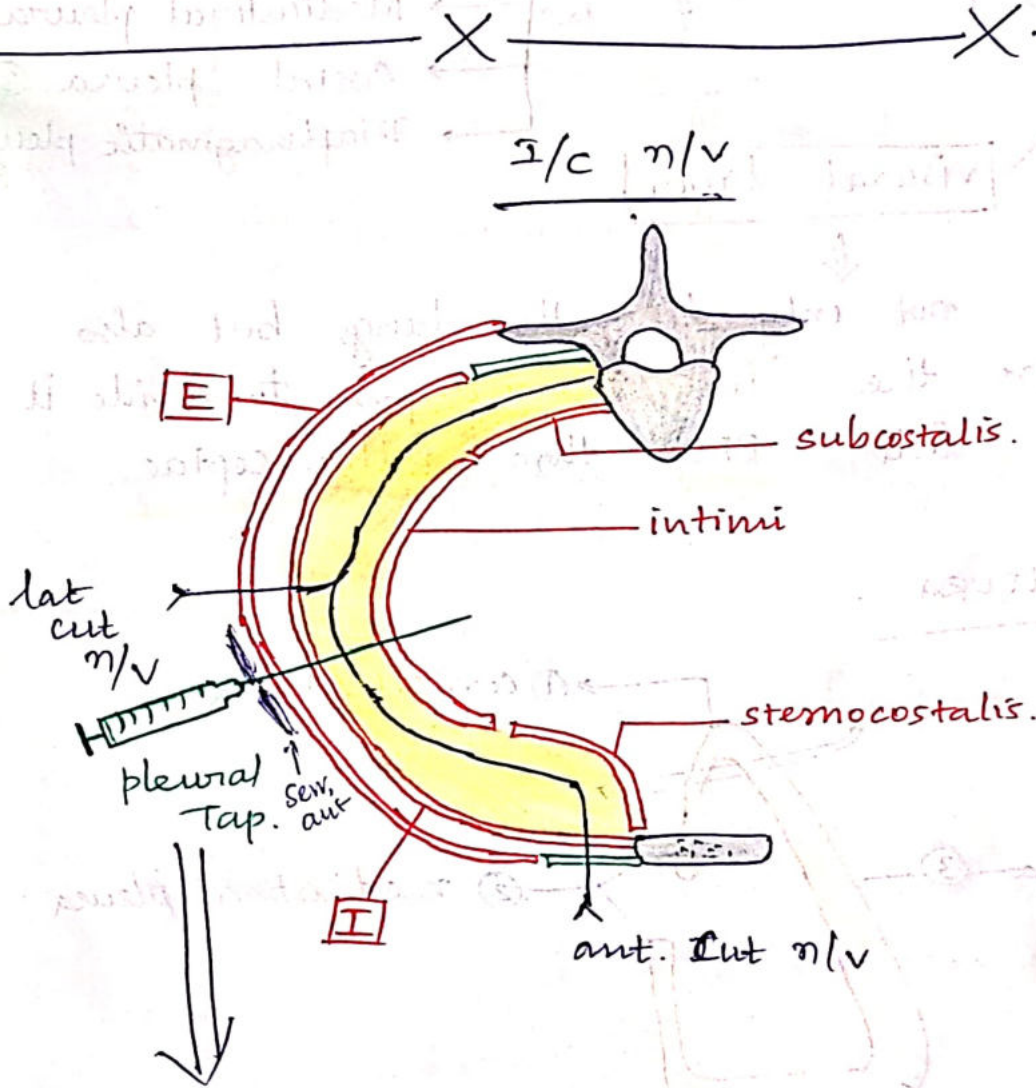
① L - do -

② L - do -

③ L - do -

Note:

(R) Bronchial v. is the last Tributary of
Azygous v.



pierces the following from ~~A~~ to superf. to deep

1) Serratus Ant

2) E

3) I

4) Intercostalis intimi.