# Brachial Plexus & Lumbosacral Plexus

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### **Objectives**

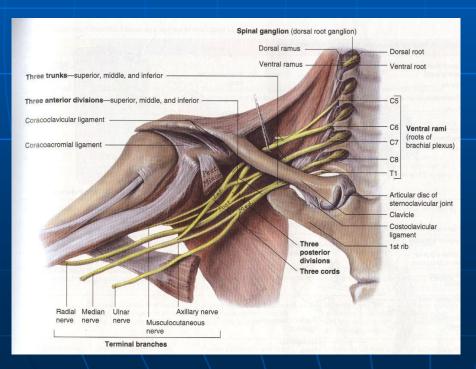
- At the end of this lecture, the students
   should be able to :
- Describe the formation of brachial plexus (site, roots)
- List the main branches of brachial plexus
- Describe the formation of lumbosacral plexus (site, roots)
- List the main branches of lumbosacral plexus
- Describe the important Applied Anatomy related to the brachial & lumbosacral plexuses.

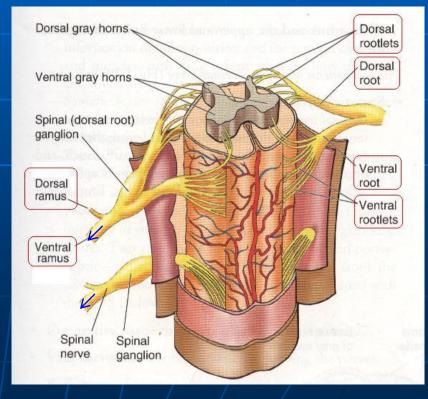
#### FORMATION OF BRACHIAL PLEXUSES

It is formed in the posterior triangle of the neck.

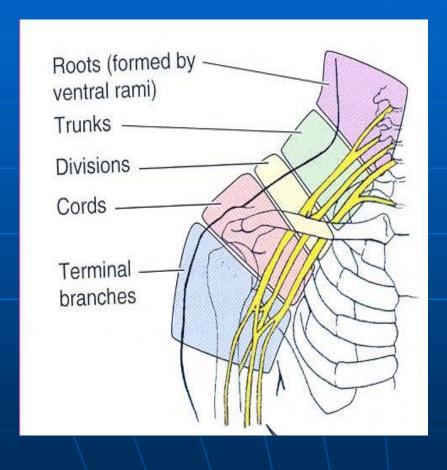
■ It is the union of the anterior rami of the 5<sup>th</sup> ,6<sup>th</sup> ,7<sup>th</sup> ,8<sup>th</sup> cervical and the 1<sup>st</sup> thoracic spinal

nerves





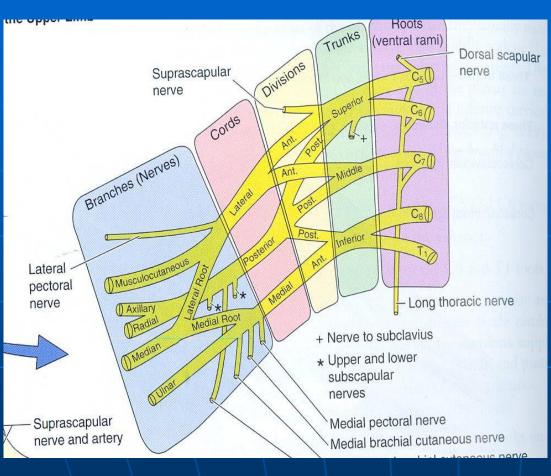
#### DIVISIONS



## The plexus is divided into:

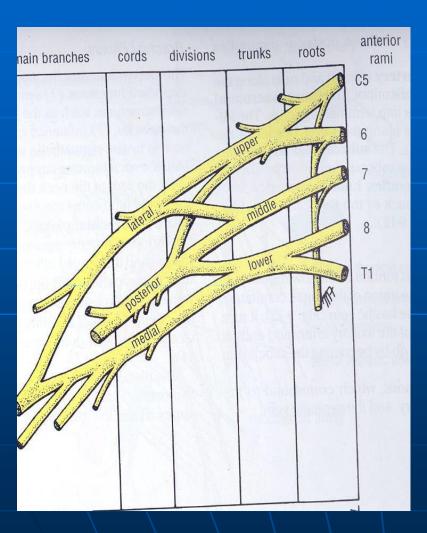
- Roots
- Trunks
- Divisions
- Cords
- Terminal branches

#### TRUNKS



- Upper trunk
  - Union of the roots of C5 & 6
- Middle trunk
  - Continuation of the root of C7
- Lower trunk
  - Union of the roots of C8 & T1

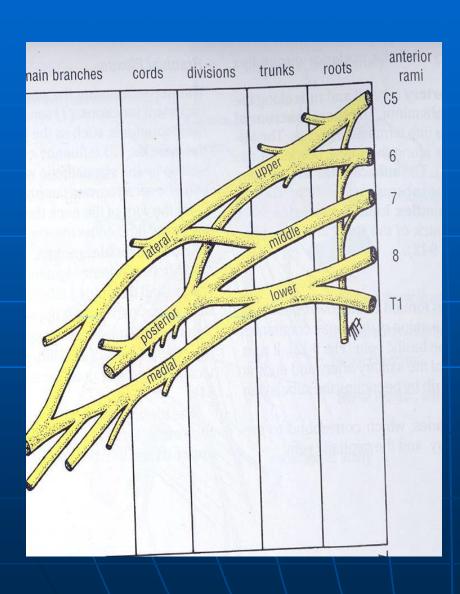
#### DIVISIONS & CORDS



 Each trunk divides into anterior and posterior division

- Posterior cord:
  - From the three posterior divisions
- Lateral cord:
  - From the anterior divisions of the upper and middle cords

#### CORDS & BRANCHES



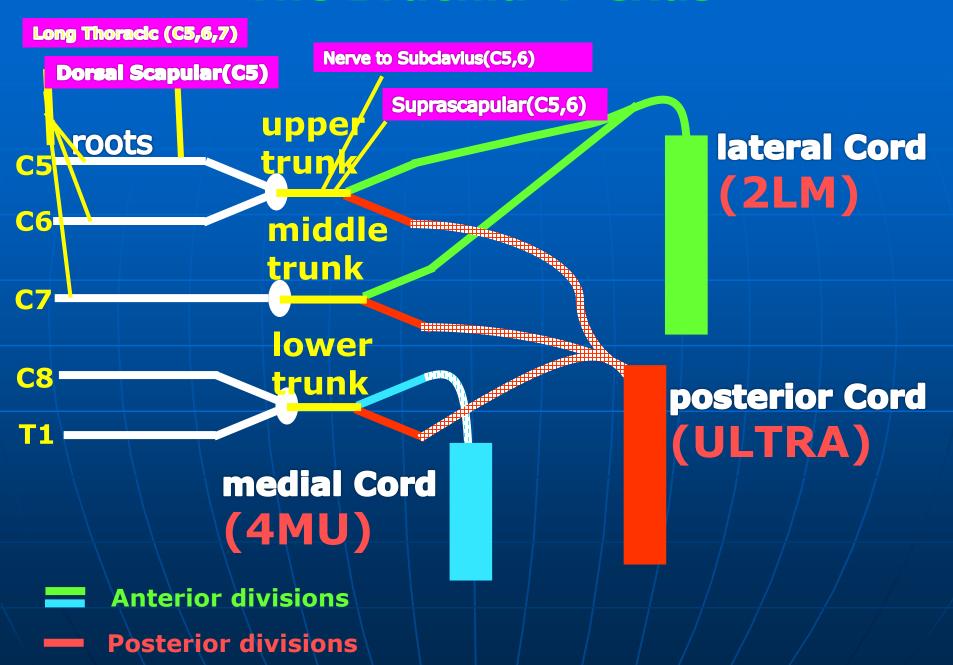
#### Medial cord

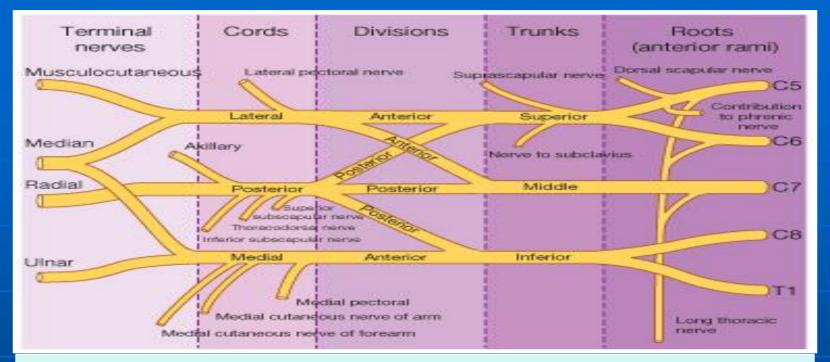
• It is the continuation of the anterior division of the lower trunk

#### Branches

All three cords
 will give
 branches, those
 will supply their
 respective regions

#### The Brachial Plexus



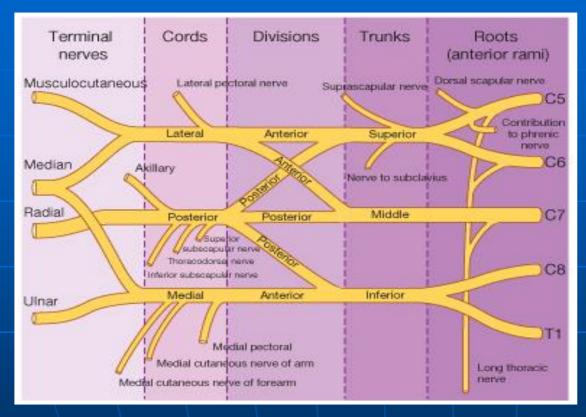


#### The Plexus can be divided into 5 stages:

- Roots: in the posterior∆
- Trunks: in the posterior∆
- **Divisions**: behind the clavicle
- Cords: in the axilla
- Branches: in the axilla
- The first 2 stages lie in the posterior triangle, while the last 2 sages lie in the axilla.

#### BRANCHES

(A) From Roots:



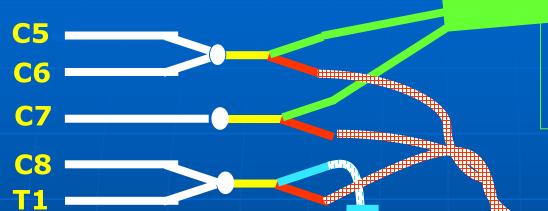
1. C5: Nerve to rhomboids (dorsal scapular nerve).

2. C5,6 &7: Long thoracic nerve (supplies serratus anterior).

## (B) From Trunk (upper trunk):

- 1. Nerve to subclavius
- 2. Suprascapular nerve (supplies supraspinatus & infraspinatus)

#### (C)BRANCHES From Cords



Lateral Cord (2LM)

- .Lateral pectoral n
- Lateral root of median n
- .Musculocutaneous n

## Medial cord (4MU)

- .Medial pectoral n.
- .Medial root of median n.
- .Medial cutaneous n of arm.
- .Medial cutaneous n of forearm.
- .Ulnar n.

#### Posterior Cord

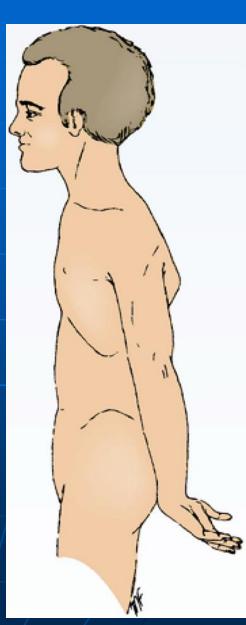
#### (ULTRA)

- .Upper subscapular n
- .Lower subscapular n
- .Thoracodorsal n
- .Radial n
- .Axillary n

#### **Brachial Plexus Injuries**

<u>Upper Lesions</u> of the Brachial Plexus <u>Upper Trunk</u> C5,6 (Erb-Duchenne Palsy "waiter's tip position".

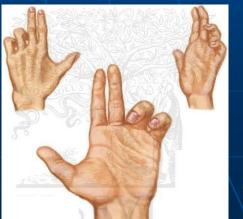
- Resulting from excessive displacement of the head to the opposite side and depression of the shoulder on the same side (a blow or fall on shoulder).
- The position of the upper limb in this condition has been likened to that of a porter or waiter hinting for a tip or policeman's tip hand.
- •The arm hangs by the side and is rotated medially. The forearm is extended and pronated.



#### Brachial Plexus Injuries

## Lower Lesions of the Brachial Plexus, (Klumpke Palsy)/ LowerTrunk (C8,T1)Lesion

- Lower lesions of the brachial plexus are usually traction injuries <u>caused by</u> a person falling from a height clutching at an object to save himself. The first thoracic nerve is usually torn.
- The nerve fibers from this segment run in the ulnar and median nerves to supply all the small muscles of the hand. The hand has a clawed appearance due to ulnar nerve injury.



Hand of Benediction or Pop's Blessings (APE HAND) will result from median nerve injury.



Claw Hand



#### **LUMBAR PLEXUS**

Formation:

By ventral rami of L1,2,3 and most of L4

Site:

In the <u>substance of</u> <u>psoas major muscle</u>

Main branches:

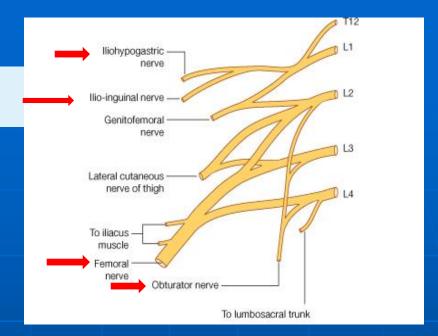
Iliohypogastric & ilioinguinal:

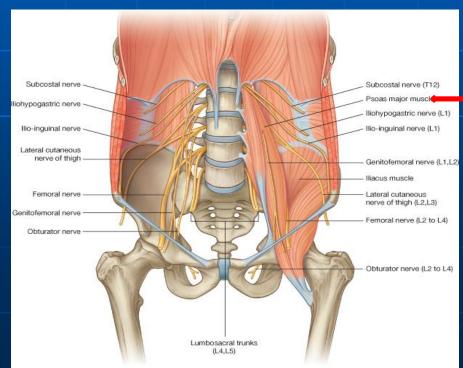
to anterior abdominal wall **Obturator:** 

to medial compartment of thigh

Femoral:

to anterior compartment of thigh





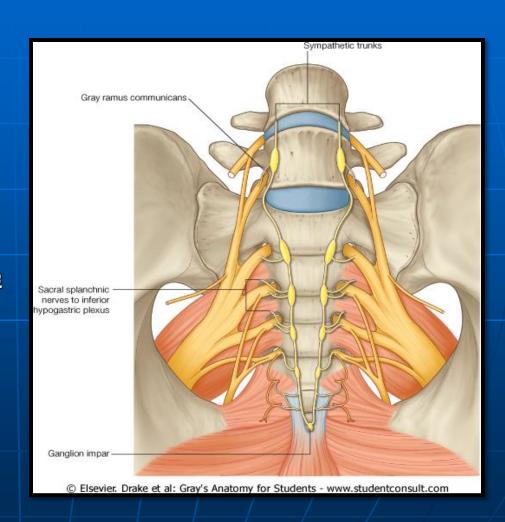
#### **SACRAL PLEXUS**

#### Formation:

By ventral rami of a part of L4 & whole L5 (lumbosacral trunk) + S1, 2, 3 and most of the S4

#### □ Site:

In front of <u>piriformis msucle</u>



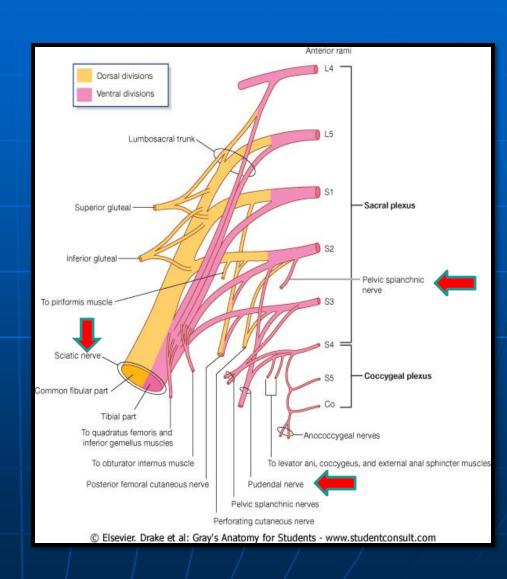
#### **SACRAL PLEXUS**

#### Main branches:

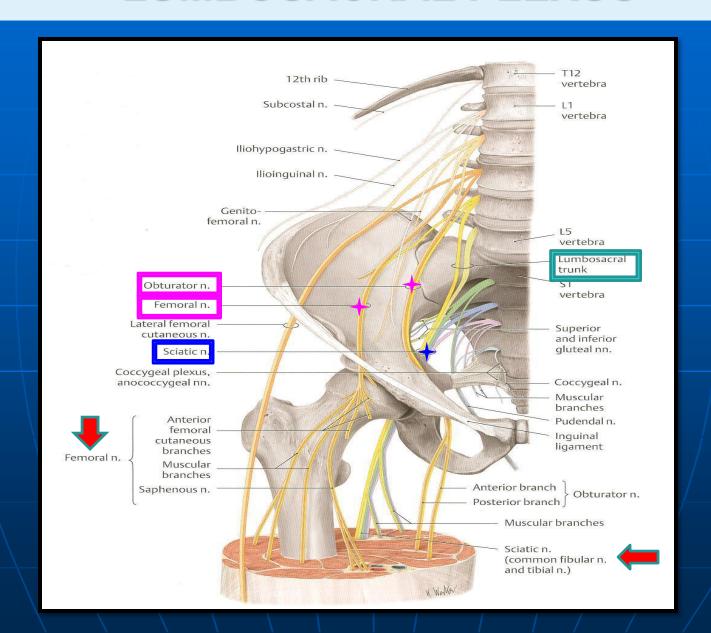
Pelvic splanchnic nerve: preganglionic parasympathetic to pelvic viscera & hindgut

**Pudendal nerve:** to perineum

**Sciatic nerve:** to <u>lower limb</u>

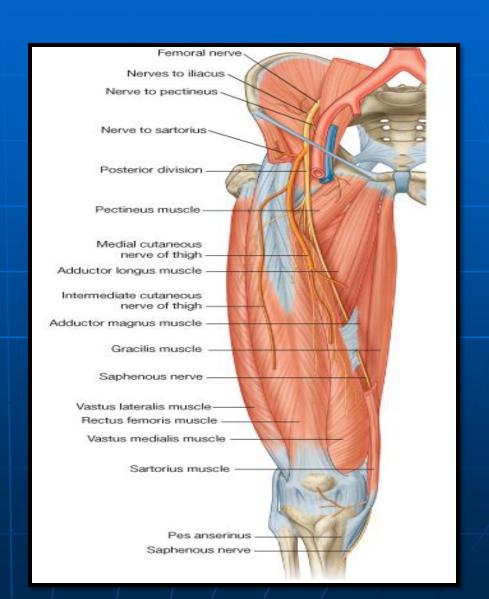


#### **LUMBOSACRAL PLEXUS**



#### **FEMORAL NERVE**

- Origin:
  - □ A branch from <u>lumbar</u> <u>plexus</u> (<u>L2,3,4</u>)
- Course:
  - Descends <u>lateral to</u>
     <u>psoas major</u> & enters the thigh <u>behind</u> the <u>inguinal</u>
     <u>ligament</u>
  - □ Passes <u>lateral to femoral</u> <u>artery</u> & divides into terminal branches.



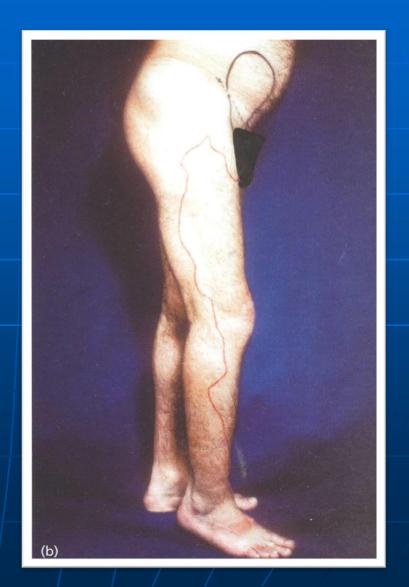
#### **FEMORAL NERVE INJURY**

#### Motor effect:

- Wasting of quadriceps femoris
- Loss of extension of knee
- Weak flexion of hip (psoas major is intact)

#### Sensory effect:

 loss of sensation over areas supplied anteromedial aspect of thigh & medial side of leg & foot



#### **SCIATIC NERVE**

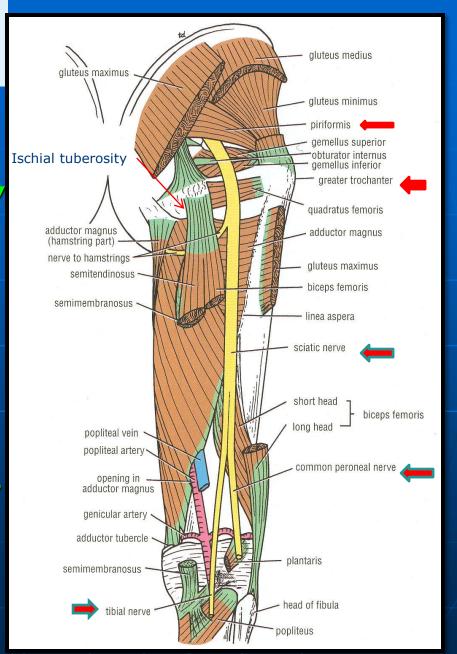
The largest nerve of the body

#### Origin:

- □ from sacral plexus (L4, 5, S1, 2, & 3)
- It is one of the terminal branch of sacral plexus.

#### Course:

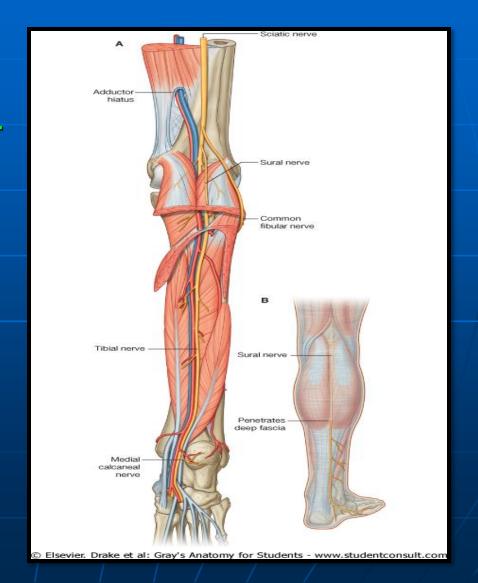
- Leaves the pelvis through greater sciatic foramen, below piriformis & passes in the gluteal region (between ischial tuberosity & greater trochanter) then to posterior compartment of thigh
- Divides into tibial & common peroneal (fibular) nerves



#### **TIBIAL NERVE**

#### Course:

- Descends through <u>popliteal fossa</u> to <u>posterior</u> compartment of <u>leg</u>, <u>accompanied with</u> posterior tibial vessels
- Passes <u>deep to flexor</u> <u>retinaculum</u> to reach the <u>sole of foot</u> where it <u>divides into 2 terminal</u> <u>branches</u>



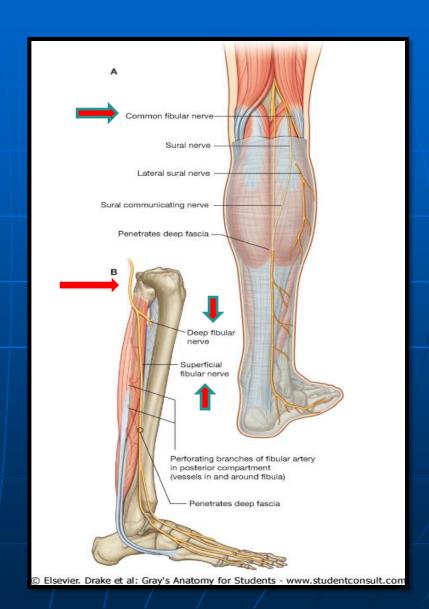
#### **COMMON PERONEAL (FIBULAR) NERVE**

#### Course:

 Leaves popliteal fossa & turns around the lateral aspect of neck of fibula.

Then divides into:

- 1. Superficial peroneal: descends into <u>lateral</u> compartment of <u>leq</u>
- 2. Deep peroneal:
  descends into anterior
  compartment of leq



#### SUMMARY

- The lumbar plexus is formed by ventral rami of L1,2,3 and most of L4, in substance of psoas major muscle
- The sacral plexus is <u>formed by</u> ventral rami of a part of <u>L4</u> & whole <u>L5</u> (<u>lumbosacral trunk</u>) plus the <u>S1,2,3</u> and most of <u>S4</u>, in <u>front of piriformis msucle.</u>
- The femoral nerve, a branch of lumbar plexus (L2,3,4).
  - □ Its injury will affect the <u>flexion of hip</u> & <u>extension of knee</u> as well as <u>loss</u> of <u>sensation</u> of skin of anteromedial aspects of the thigh, medial side of knee, leg and foot (Saphenous br.of femoral).
- □ The sciatic nerve is a branch of sacral plexus (L4,5, S1,2,3)
  - ☐ Its injury will affect the <u>flexion of knee</u>, <u>extension of hip</u>, all <u>movements</u> <u>of leg & foot</u>, as well as <u>loss of sensation</u> of skin of leg & foot (except areas supplied by saphenous branch of femoral nerve)

# Thank you

#### 1. Lesion of the upper trunk of the brachial plexus leads to:

- •Klumpke palsy.
- Erb-Duchenne palsy
- Drop wrist & hand.
- Ape hand.

## 2. Which one of the following nerves is a branch of posterior cord of brachial plexus?

- Ulnar
- Radial
- Median
- Musclocutanous

#### **QUESTION 1**

- The femoral nerve supplies:
  - a. Extensors of hip.
  - ы. Skin of dorsum of foot.
  - c. Hamstrings.
  - d. Extensors of knee

#### **QUESTION 2**

- Injury of common peroneal nerve leads to:
  - a. Loss of dorsiflexion of ankle
  - **b.** Loss of inversion of foot
  - Loss of extension of knee
  - d. Loss of flexion of toes