Brachial Plexus & Lumbosacral Plexus

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Objectives

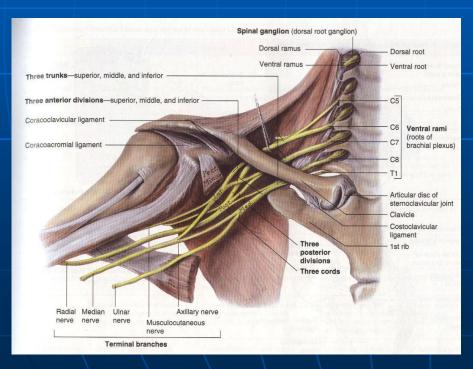
- At the end of this lecture, the students should be able to:
- Describe the formation of brachial plexus (site, roots)
- List the main branches of brachial plexus
- Describe the formation of lumbosacral plexus (site, roots)
- List the main branches of lumbosacral plexus
- Describe the important Applied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

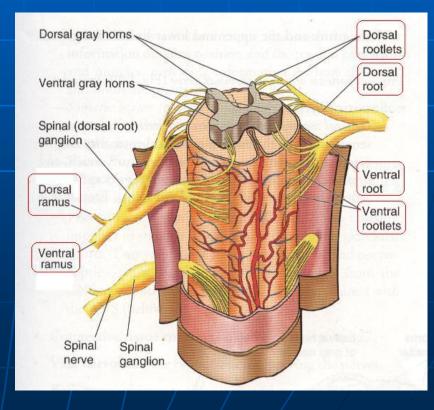
Formation of Brachial Plexuses

 It is formed in the posterior triangle of the neck.

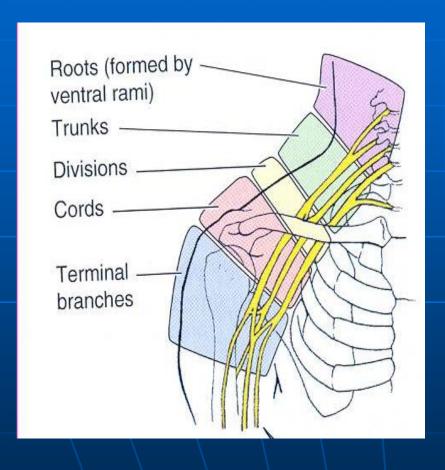
It is the union of the anterior rami of the 5th
 ,6th ,7th ,8th cervical and the 1st thoracic spinal

nerves



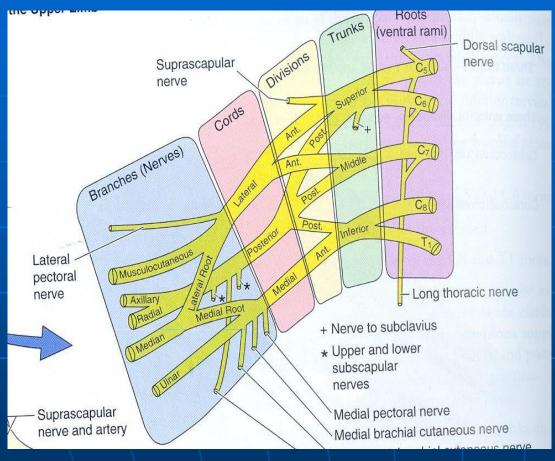


Divisions



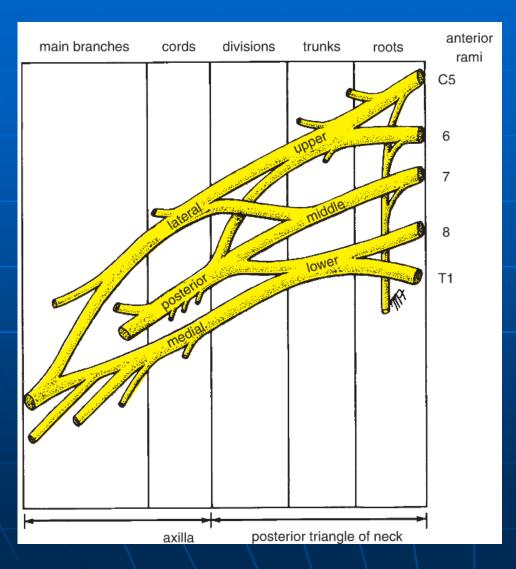
- The plexus is divided into
 - Roots
 - Trunks
 - Divisions
 - Cords
 - Terminal branches

Trunks



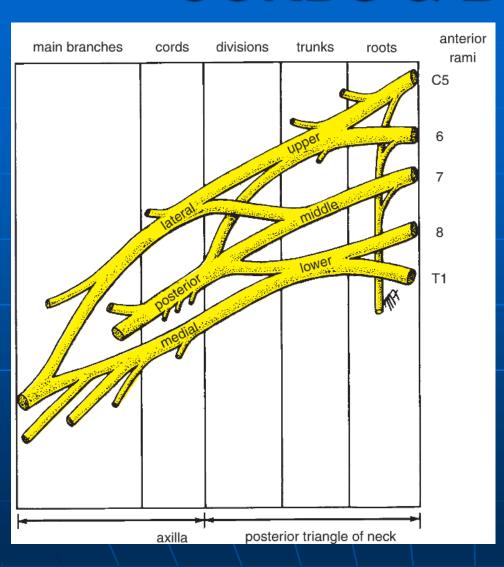
- Upper trunk
 - Union of the roots of C5 & 6
- Middle trunk
 - Continuation of the root of C7
- Lower trunk
 - Union of the roots of C8 & T1

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



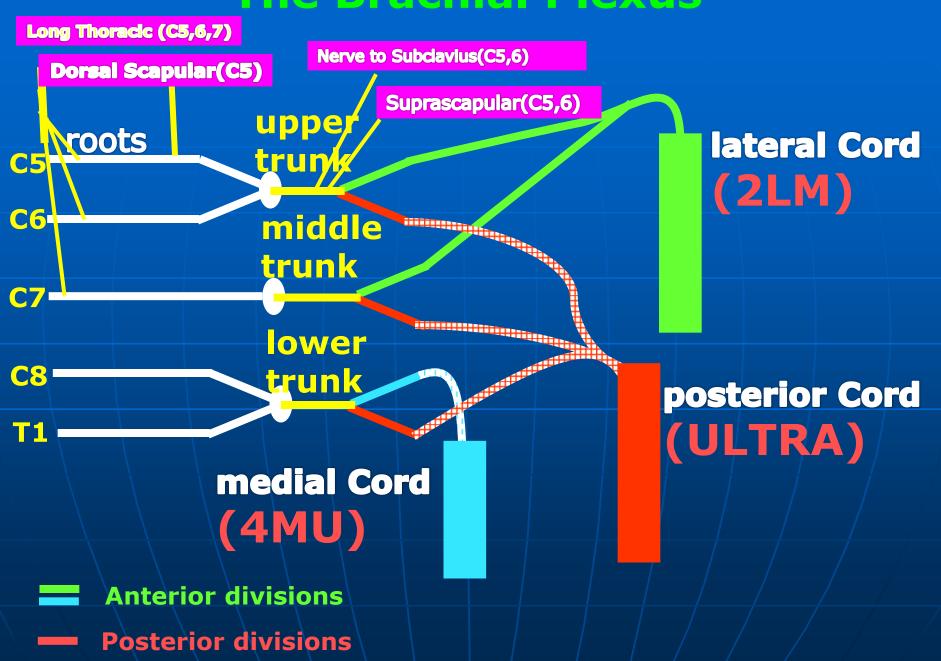
Medial cord

• 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:

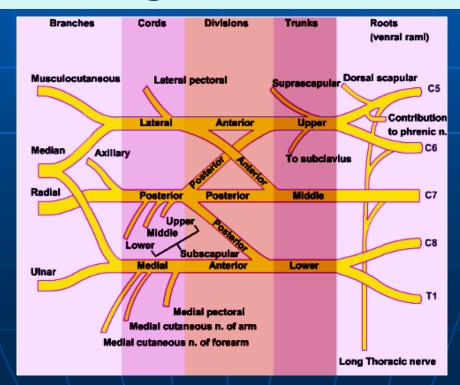
Roots: in the posterior ∆ of the neck

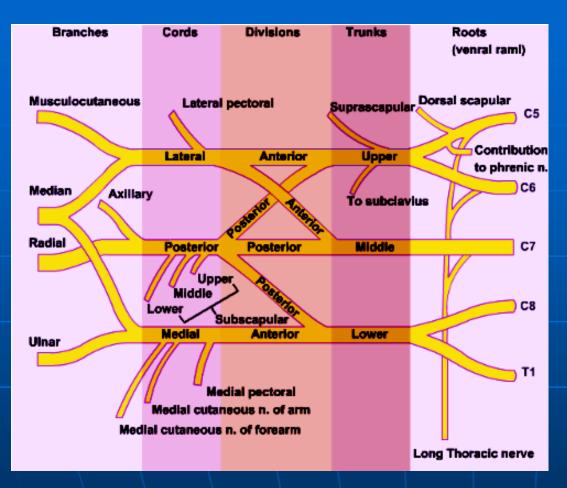
• **Trunks**: in the posterior △ of the neck

Divisions: behind the clavicle

Cords: in the axillaBranches: in the axilla

 The first 2 stages lie in the posterior triangle, while the last 2 sages lie in the axilla.

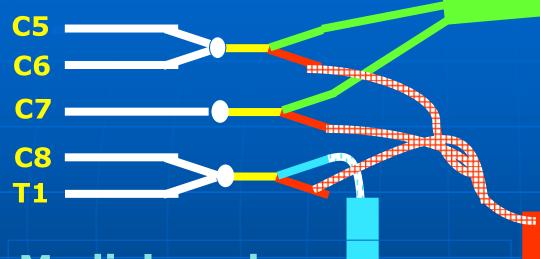




A. Branches from Roots

- 1. Nerve to rhomboids (dorsal scapular nerve) C5
- 2. Long thoracicnerve C5, 6 & 7
- **B. Branches from Trunk**
 - 1. Nerve to subclavius
 - 2. Suprascapular nerve (supplies supraspinatus & infraspinatus)

(C)Branches from Cords



Lateral Cord (2LM)

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

Medial cord (4MU)

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

Posterior Cord

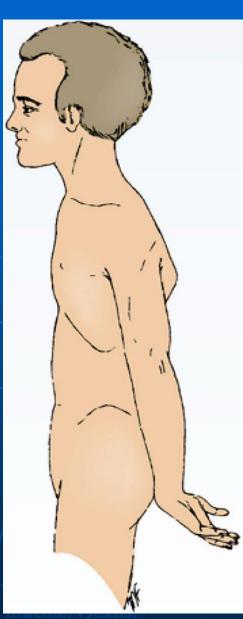
(ULTRA)

- .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".

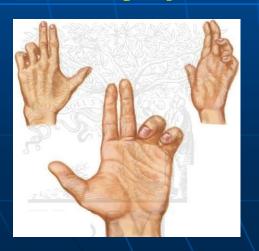
- Resulting from traumatic injury to the upper part of the brachial plexus resulting from excessive displacement of the head to the opposite side and depression of the shoulder on the same side (a blow or fall on shoulder).
- The position of the upper limb in this condition has been compared to that 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



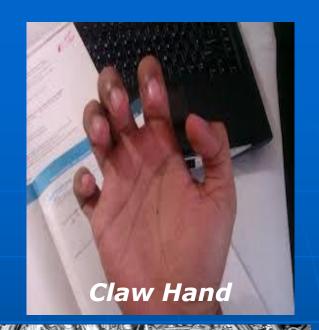
Brachial Plexus Injuries

<u>Lower Lesions</u> of the Brachial Plexus, (Klumpke Palsy)/LowerTrunk (CS,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.





LUMBAR PLEXUS

Formation:

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

In the substance of psoas major muscle

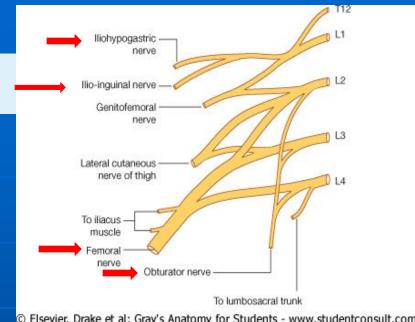
Iliohypogastric & ilioinguinal (L1)

to anterior abdominal wall **Obturator** (L2-L4)

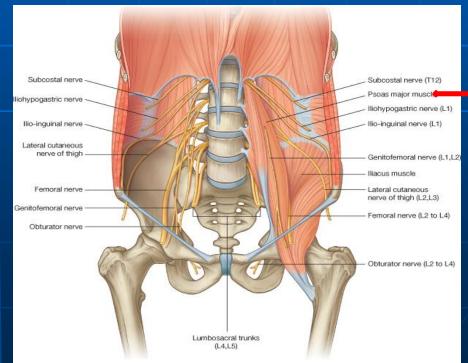
to medial compartment of thigh

Femoral (L2-L4)

to anterior compartment of thigh



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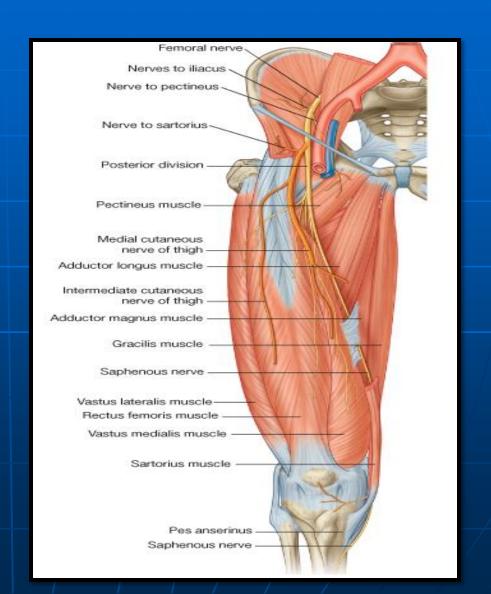
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FEMORAL NERVE

Origin:

□ A branch from lumbar plexus (L2,3,4)

- Descends lateral to psoas major & enters the thigh behind the inguinal ligament
- □ Passes lateral to femoral artery & divides into anterior & posterior divisions.



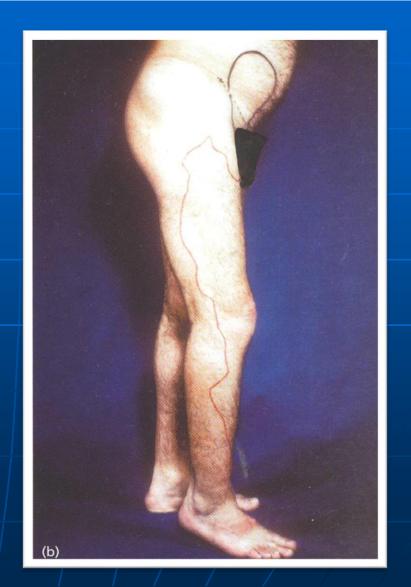
FEMORAL NERVE INJURY

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



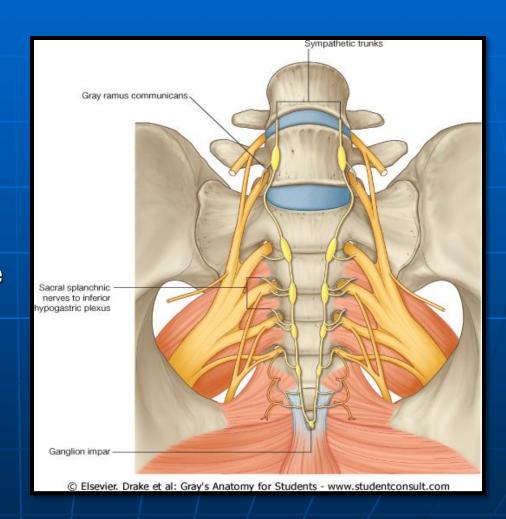
SACRAL PLEXUS

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 piriformis msucle



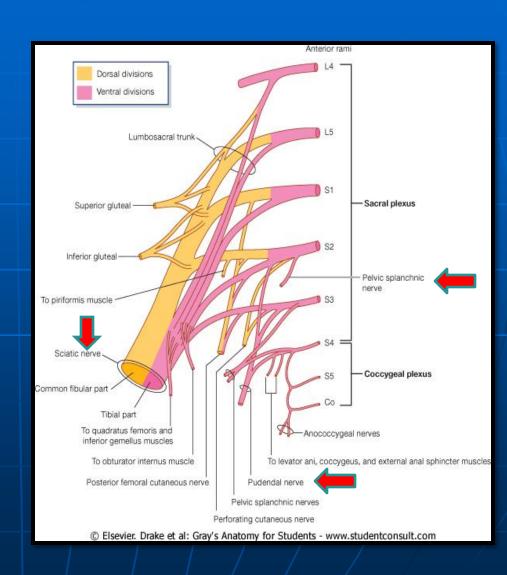
SACRAL PLEXUS

Main branches:

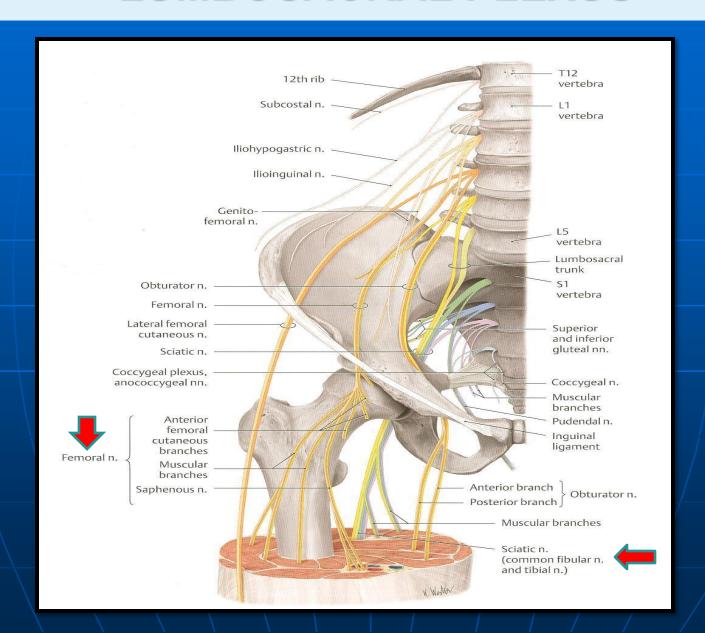
Pelvic splanchnic nerve preganglionic parasympathetic to pelvic viscera & hindgut

Pudendal nerve to perineum

Sciatic nerve to lower limb



LUMBOSACRAL PLEXUS



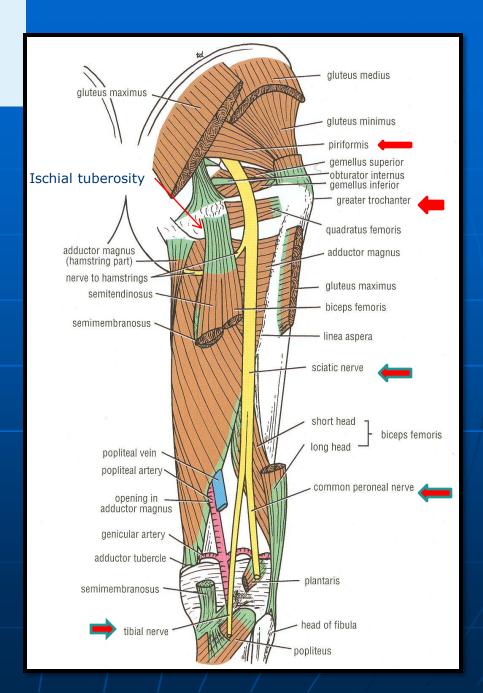
SCIATIC NERVE

The largest nerve of the body

Origin:

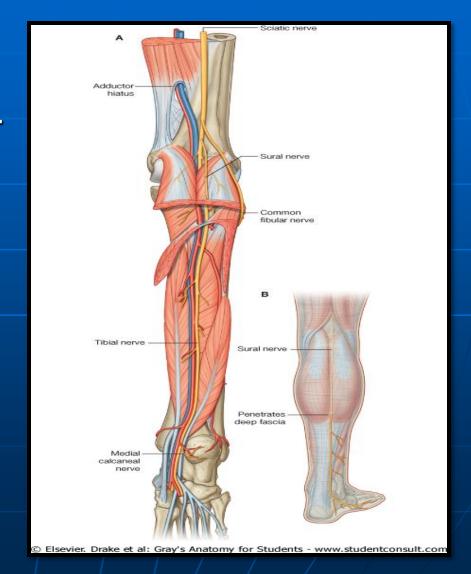
☐ from sacral plexus (L4, 5, S1, 2, & 3)

- 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



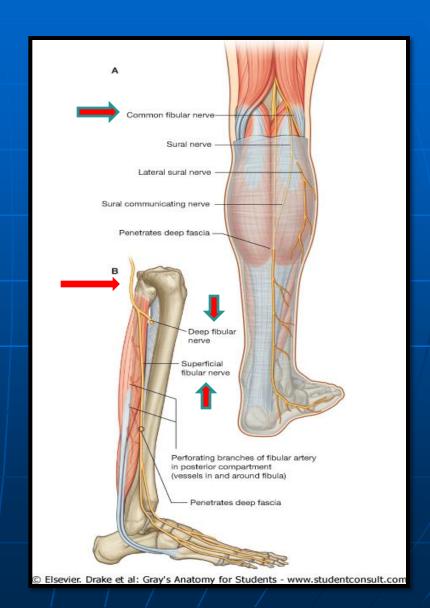
TIBIAL NERVE

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



COMMON PERONEAL (FIBULAR) NERVE

- Leaves popliteal fossa & turns around the lateral aspect of neck of fibula
 Then divides into:
 - 1. Superficial peroneal: descends into lateral compartment of leg
 - 2. Deep peroneal:
 descends into anterior
 compartment of leg



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 formed by ventral rami of a part of L4 & whole L5 (lumbosacral trunk) plus the S1,2,3 and most of S4, in front of piriformis msucle.
- The femoral nerve, a branch of lumbar plexus (L2,3,4).
 - □ Its injury will affect the flexion of hip & extension of knee as well as loss of sensation of skin of anteromedial aspects of the thigh, medial side of knee, leg and foot
- □ The sciatic nerve is a branch of sacral plexus (L4,5, S1,2,3)
 - ☐ Its injury will affect the flexion of knee, extension of hip, all movements of leg & foot, as well as loss of sensation 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
- Radia
- Median
- Musclocutanous

QUESTION 1

- The femoral nerve supplies:
 - a. Extensors of hip.
 - b. 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