Brachial Plexus & Lumbosacral Plexus

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Objectives

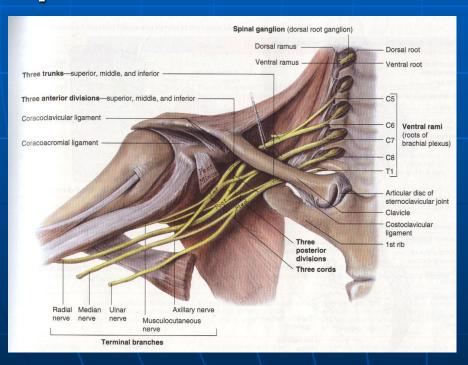
- At the end of this lecture, the students
 should be able to :
- Describe the formation of brachial plexus (site, roots)
- List the main branches of brachial plexus
- Describe the formation of lumbosacral plexus (site, roots)
- List the main branches of lumbosacral plexus
- Describe the important Applied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

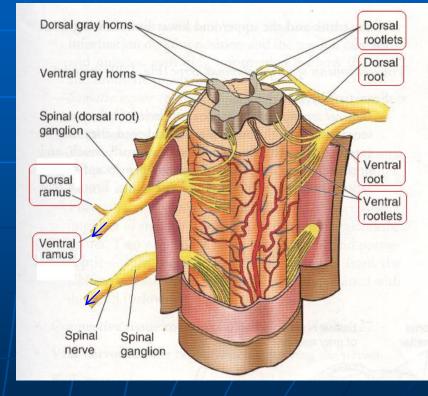
FORMATION OF BRACHIAL PLEXUSES

Site: It is formed in the posterior triangle of the neck.

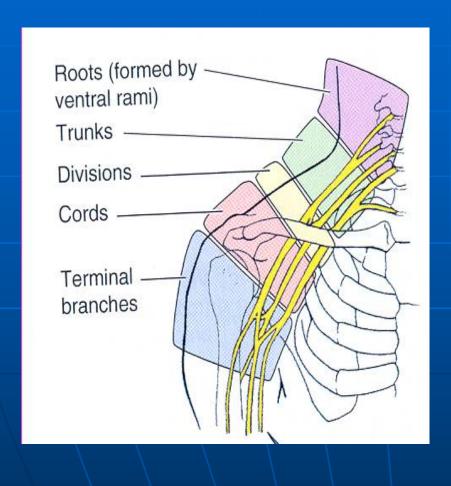
 Roots: It is the union of the anterior rami of the 5th ,6th ,7th ,8th cervical and the 1st thoracic

spinal nerves





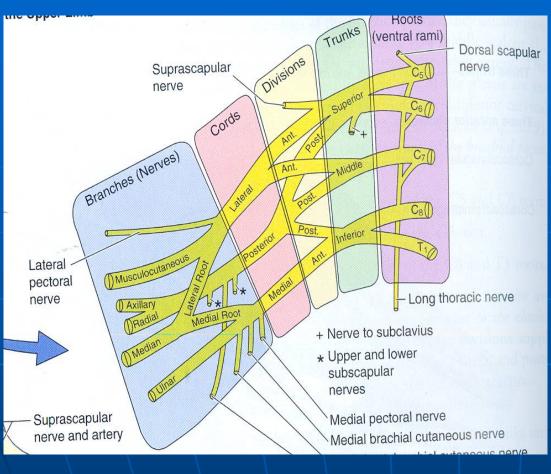
DIVISIONS (STAGES)



The plexus is divided into:

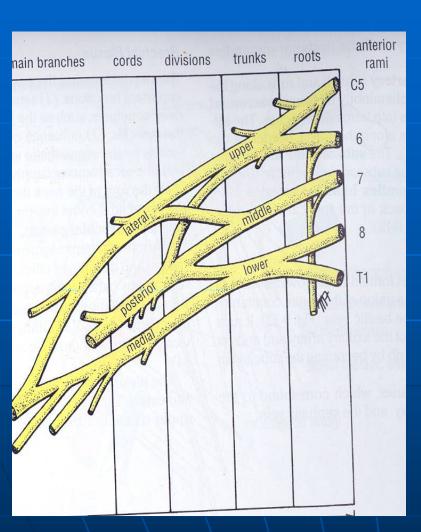
- Roots
- Trunks
- Divisions
- Cords
- Terminal branches

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

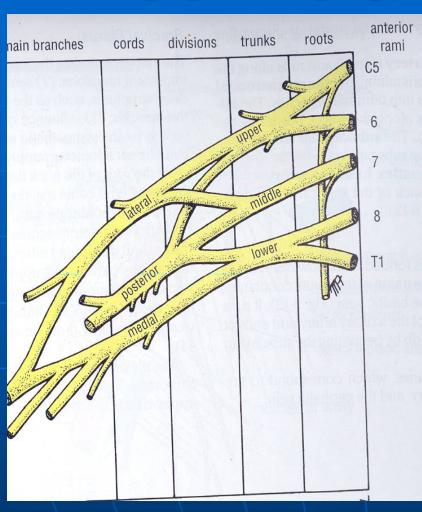


- Each trunk divides into anterior and posterior division
- Posterior cord:
 - From the 3 posterior divisions of the 3 trunks.
- Lateral cord:

From the anterior divisions of the upper and middle trunks.

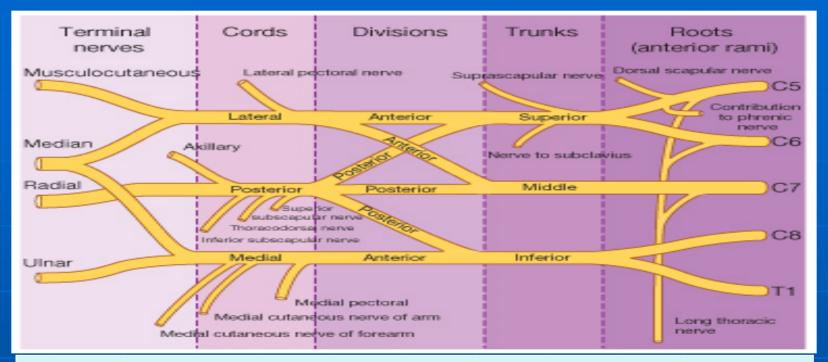
- Medial cord :
 - It is the continuation of the anterior division of the lower trunk.

CORDS & BRANCHES



Branches

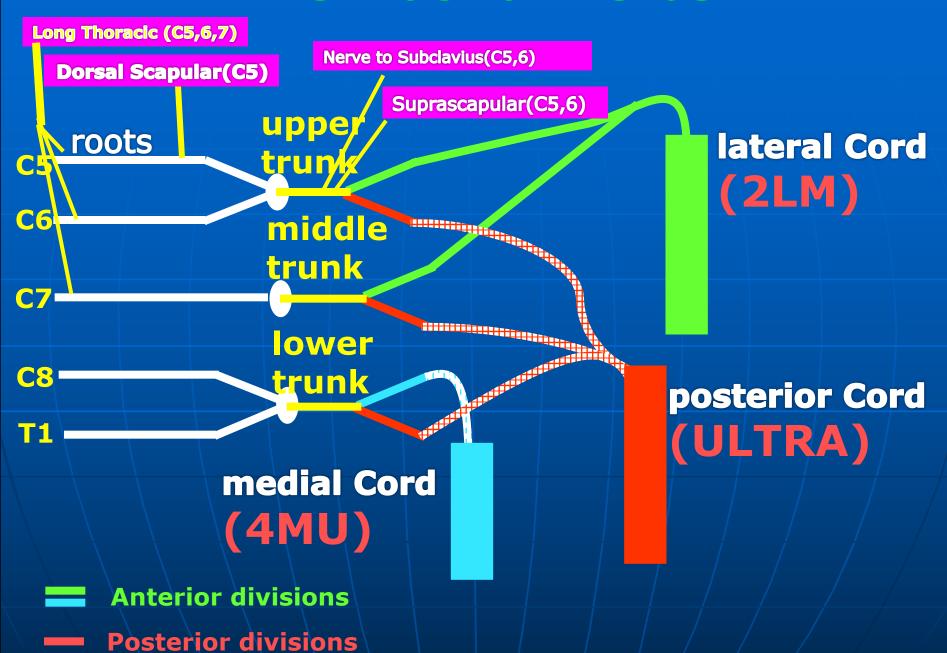
 All three cords will give branches in the axilla, those will supply their respective regions



The Plexus can be divided into 5 stages:

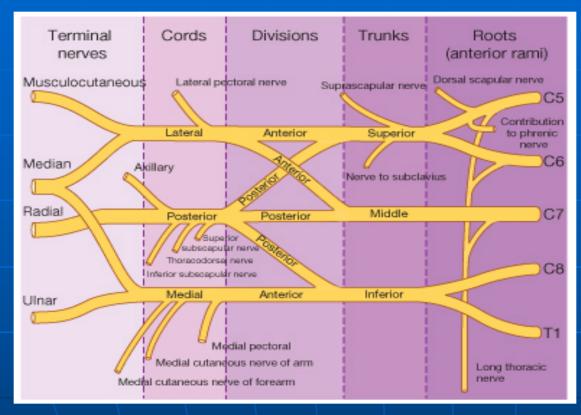
- Roots: in the posterior∆
- Trunks: in the posterior∆
- Divisions: behind the clavicle
- Cords: in the axilla
- Branches: in the axilla
- The first 2 stages lie in the posterior triangle, while the last 2 sages lie in the axilla.

The Brachial Plexus



BRANCHES

(A) From Roots:

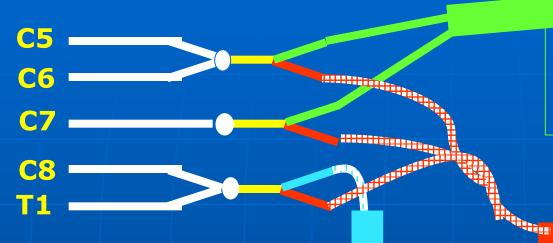


1. C5: Nerve to rhomboids (dorsal scapular nerve).

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

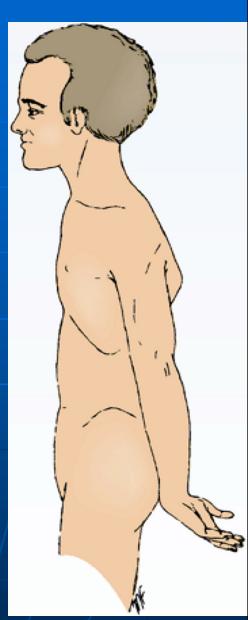
(ULTRA)

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

Brachial Plexus Injuries

<u>Upper Lesion of the Brachial Plexus</u> <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's tip position.
- •The arm hangs by the side and is rotated medially. The forearm is extended and pronated.



Brachial Plexus Injuries

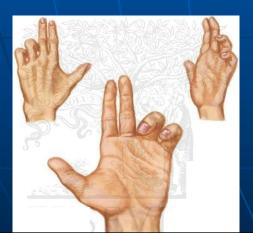
Lower Lesions of the Brachial Plexus LowerTrunk (C8,T1)Lesion (Klumpke Palsy)

 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.



Claw Hand



(APE HAND) will result from median nerve injury.



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:

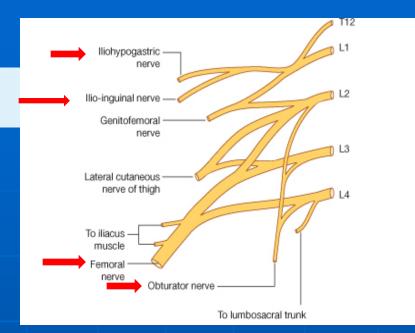
Iliohypogastric & ilioinguinal:

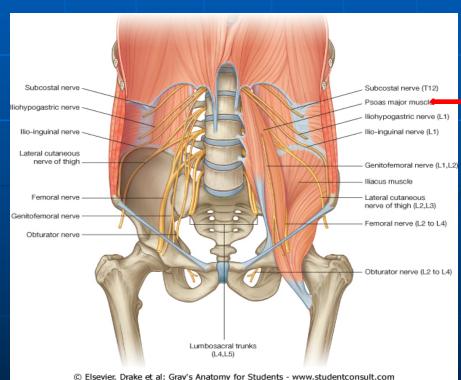
to anterior abdominal wall

to medial compartment of thigh

Femoral:

to anterior compartment of thigh





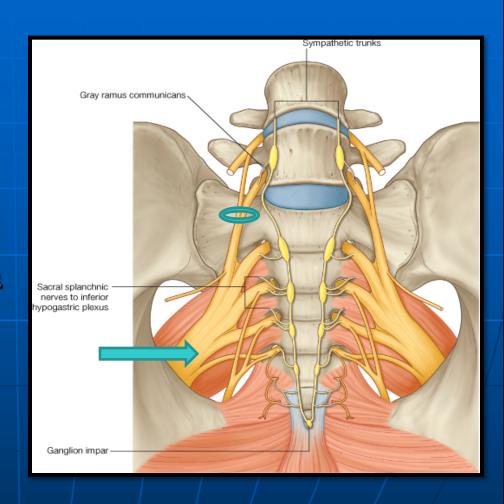
SACRAL PLEXUS <u>OR</u> LUMBOSACRAL PLEXUS

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 muscle</u>



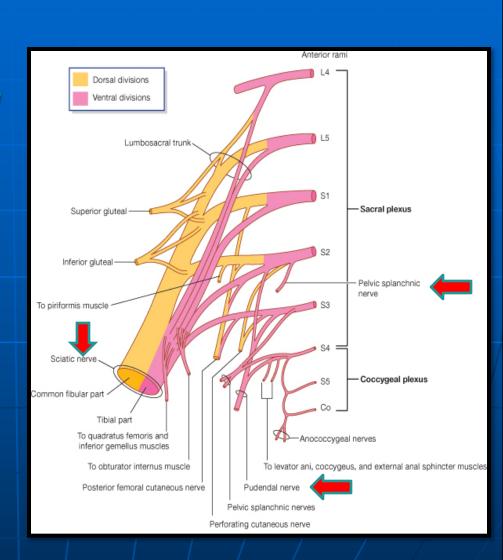
SACRAL PLEXUS

Main branches:

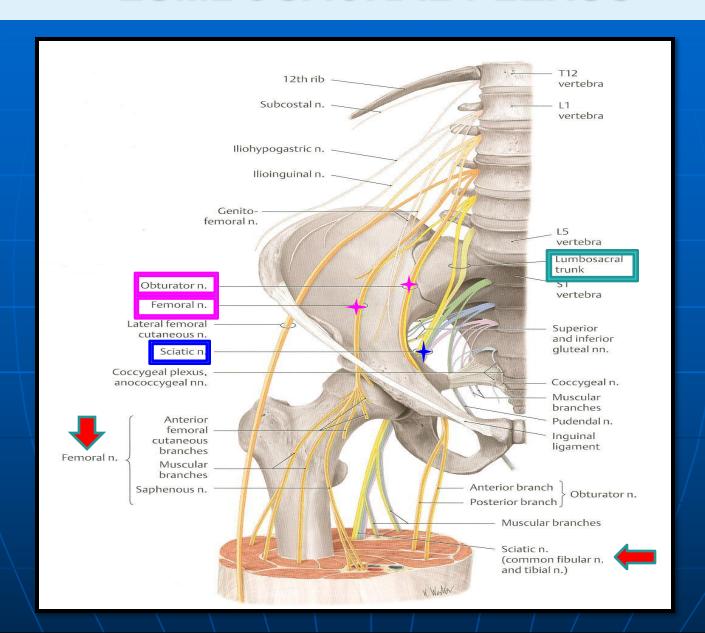
Pelvic splanchnic nerve (from sacral \$2,3,4): preganglionic parasympathetic to pelvic viscera & hindgut

Pudendal nerve (from sacral plexus S1,2,3): to perineum

Sciatic nerve (From Lumbosacral L4&5+S1,2,3): to lower limb

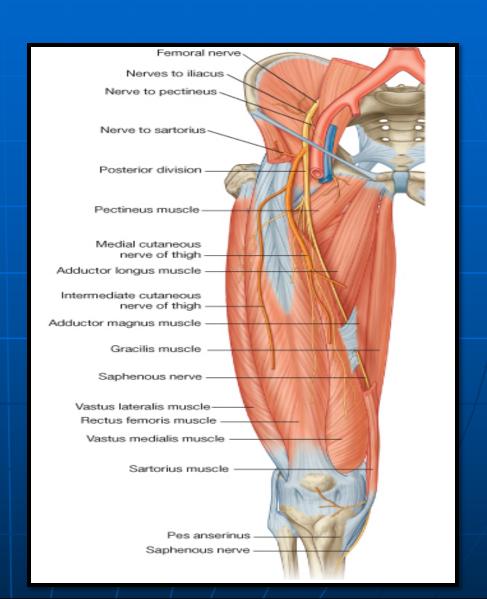


LUMBOSACRAL PLEXUS



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>
 ligament
 - □ Passes <u>lateral to femoral</u> <u>artery</u> & divides into terminal branches.



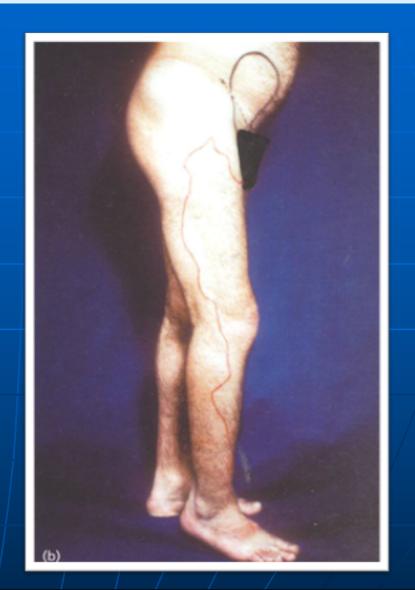
FEMORAL NERVE INJURY

Motor effect:

- Wasting of quadriceps femoris
- Loss of extension of knee
- Weak flexion of hip (psoas major is intact; because it takes supply from other fibers of the lumbar plexus)

Sensory effect:

 loss of sensation over areas supplied anteromedial aspect of thigh & medial side of leg & foot (injury of Saphenous br.of femoral)



SCIATIC NERVE

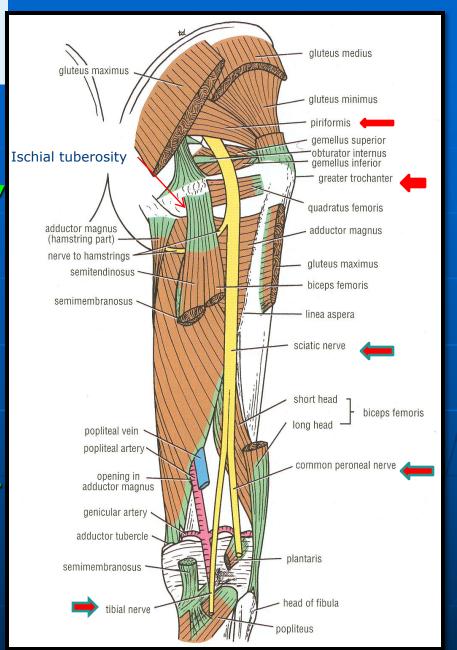
The largest nerve of the body

Origin:

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

Course:

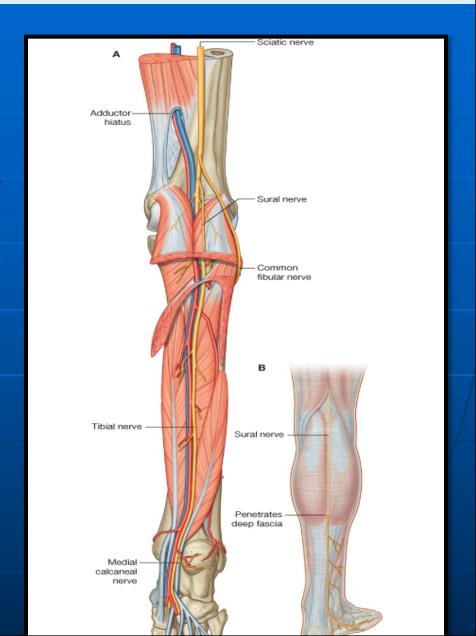
- Leaves the pelvis through greater sciatic foramen, below piriformis & passes in the gluteal region (between ischial tuberosity & greater trochanter) then to posterior compartment of thigh
- Divides into tibial & common peroneal (fibular) nerves



TIBIAL NERVE

Course:

- Descends through <u>popliteal fossa</u> to <u>posterior</u> compartment of leg, <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>



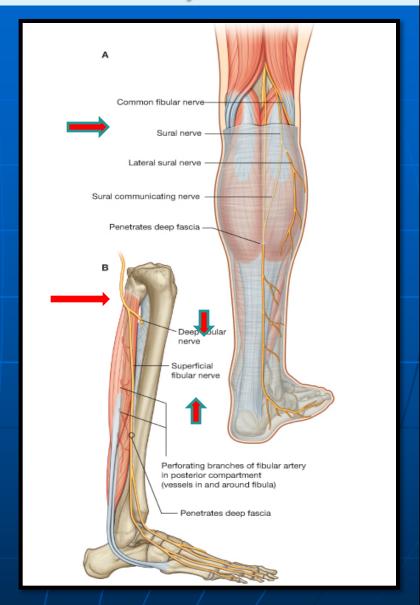
COMMON PERONEAL (FIBULAR) NERVE

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>leg</u>
- 2. Deep peroneal:
 descends into anterior
 compartment of leg



SUMMARY

- The lumbar plexus is <u>formed by</u> ventral rami of L1,2,3 and most of L4, <u>in substance of psoas major muscle</u>
- The sacral plexus is <u>formed by ventral rami</u> 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 sensation 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.
 - **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