





The Brachial & Lumbosacral Plexus

CNS Block

Don't forget to check the **Editing File**

Color index:

Content
Male slides
Female slides
Important
Doctors notes
Extra information, explanation

Objectives

At the end of the lecture, 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 some important applied Anatomy related to the brachial & lumbosacral plexuses.

Formation of Brachial plexuses:

- It's formed in the posterior triangle of the neck.
- Formed by the union of the anterior (ventral) rami of the following spinal nerves: **C5**, **C6**, **C7**, **C8**, **T1** (all plexuses arise from anterior rami of spinal nerves)

Posterior triangle of neck

Divisions (stages) of the plexuses are divided into:

Mnemonic: <u>R</u>ugby <u>T</u>eams <u>D</u>rinks <u>C</u>old <u>B</u>ear

Roots

In the posterior triangle of neck, above the clavicle

Trunks

In the posterior triangle of neck, above the clavicle

Divisions

behind the clavicle

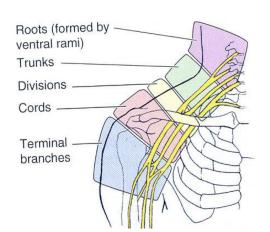
Cords

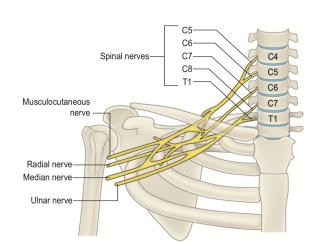
all three cords will give branches in the axilla (below clavicle) , those will supply their respective regions.

Terminal branches

in the axilla.

The first two stages lie in the posterior triangle,while the last two stages lise in the axilla. below the clavicle





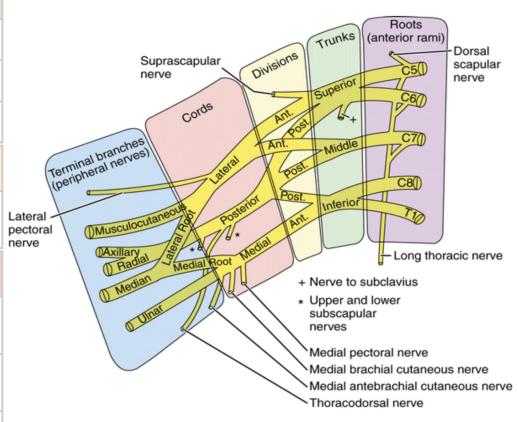
Brachial Plexuses Formation

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

Division

Each Trunk will divide into anterior and posterior **division**.

Cords		
Posterior	From the 3 posterior divisions of the 3 trunks	
Lateral	From the anterior divisions of the upper and middle trunks.	
Medial	It's the continuation of the anterior division of the lower trunk	



Branches of Brachial Plexuses

Branches

From the Roots:

1- Dorsal Scapular Nerve (C5), (supplies Rhomboid muscles)

Contributes in the formation of the phrenic nerve.

- 2- Long Thoracic Nerve (C5, C6, C7), (supplies Serratus anterior)
 - 3- Contribution to phrenic nerve (C3, C4,C5)

From Upper Trunk:

- 1- Suprascapular Nerve (C5, C6), (supplies Supraspinatus and Infraspinatus)
- 2- Nerve to Subclavius (C5, C6).

From Lateral Cord: (2LM)

- 1- Lateral Pectoral
 Nerve
 2-Lateral root of Median
 Nerve
 3- Musculocutaneous
- 3- Musculocutaneous Nerve

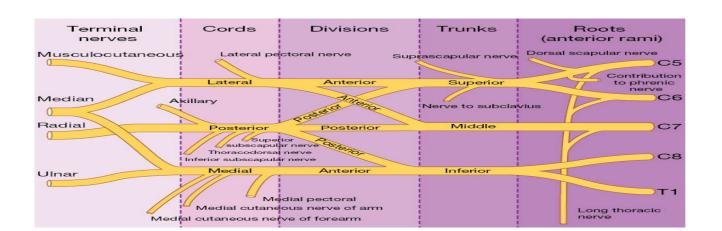
From Posterior Cord: (ULTRA)

- 1- Upper Subscapular Nerve
- 2- Lower Subscapular Nerve
- 3- Thoracodorsal Nerve
 - 4- Radial Nerve
 - 5- Axillary Nerve

From Medial Cord: (4MU)

- 1- Medial pectoral Nerve
- 2- Medial root of Median Nerve
 - 3- Medial cutaneous

 Nerve of arm
 - 4- Medial cutaneous Nerve of forearm
 - 5- Ulnar Nerve



Important Branches And Their Supply (MSK flashback)

		p - y (mean amount)	
Branched from	Branch name	Supply	
Roots	Dorsal Scapular Nerve (C5)	Rhomboids	
ROULS	Long Thoracic Nerve (C5,C6,C7)	Serratus anterior	
Upper Trunk	Suprascapular Nerve (C5, C6)	ve (C5, C6) Supraspinatus, Infraspinatus muscles	
Lateral Cord	Lateral pectoral Nerve (C5,C6,C7)	Pectoralis major muscle	
Lateral Cord	Musculocutaneous (C5,C6,C7)	Anterior compartment of arm (flexors of shoulder and elbow)	
	Upper subscapular Nerve (C5, C6)	Subscapularis muscle	
	Lower subscapular Nerve (C5, C6)	Subscapularis and teres major muscles	
Posterior Cord	Thoracodorsal Nerve (C5,C6,C7)	Latissimus dorsi muscle	
	Radial Nerve (C5, C6, C7, C8, T1)	Posterior compartment of arm, forearm and hand (extensor of elbow, wrist and fingers)	
	Axillary Nerve (C5, C6)	Deltoid and Teres Minor muscles	
Medial Cord	Medial pectoral Nerve (C8, T1)	Pectoralis major and minor	
Medial Cord	Ulnar Nerve (C8, T1)	Antorior compartment of forearm and hand (florers of conict	
Medial and Lateral Cord	Median Nerve (C5, C6, C7, C8, T1)	Anterior compartment of forearm and hand (flexors of wrist and fingers)	

Brachial Plexus Injuries

Types	Upper lesion of Brachial Plexus	Lower lesion of Brachial Plexus
Called	Erb-Duchenne Palsy (also called waiter's tip position) The position of the upper limb in this condition has been likened to that of a porter or waiter's tip position or policeman's tip hand.	Klumpke Palsy
Causes	Caused by damage to the Upper Trunk (C5, C6) as a result of excessive displacement of head to the opposite side and depression of shoulder on the same side (a blow or fall on shoulder). Dr: "also caused by a difficult delivery in which the baby's head is pulled".	Caused by damage to Lower Trunk (C8, T1) usually by traction injuries caused by a person falling from a height and clutching (grabbing) an object to save himself. The first thoracic nerve is usually torn. (can also occur during delivery when the baby is pulled by the arm)
Results in	The arm hangs by the side and is rotated medially. The forearm is extended and pronated.	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
Appearance		(A)
		in section is

Deformity	APE HAND Note: injury to the musculocutaneous nerve will result in weak flexion of the arm.	A CONTRACTOR OF THE CONTRACTOR
Cause	Median nerve injury. Injury to the radial nerve will cause wrist drop due to paralysis of extensors of wrist and fingers.	

Lumbar Plexus

Formation

By ventral rami of L1,L2,L3 and most of L4

Site

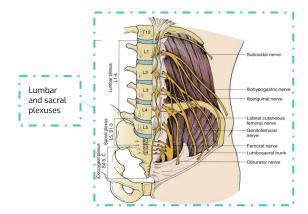
In the substance of psoas major muscle

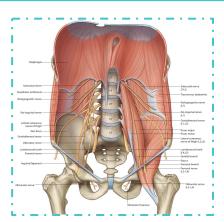
Note: Position of nerves in psoas major point of view Obturator nerve: medial side & Femoral nerve: lateral side

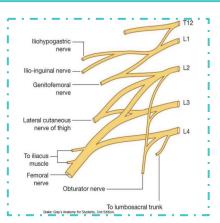
Branches

- Iliohypogastric & ilioinguinal (L1): to anterior abdominal wall.
- Genitofemoral (L1&L2).
- Lateral cut.n.of thigh (L2&L3)

 Obturator (L2,L3&L4): to medial compartment of thigh
- Femoral (L2,l3&L4): to anterior compartment of thigh







SACRAL PLEXUS



Formation

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

Schema

Anterior division Posterior division

Superior gluteal nerv

Nerve to quadratus femoris (and inferior gemellus) muscles

Nerve to obturator internus (and superior gemellus) muscles

Inferior gluteal nerve

Nerve to piriformis muscle

Common fibular nerve (L4, 5, S1, 2 Lumbosacral trunk

Grav rami communicantes

Pelvic splanchnic nerves

[pelvic] plexus [S2, 3, 4])

(parasympathetic to inferior hypogastric

—Anococcygeal nerve Perineal branch of 4th sacral nerve

Nerve to levator ani and coccygeus muscles

Posterior femoral cutaneous nerve



Site

In front of piriformis muscle



Main Branches

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

Pudendal nerve (from sacral plexus (\$1,\$2,\$3,\$4): to perineum

Sciatic nerve (From Lumbosacral Plexus (L4&L5+S1,S2,S3): to lower limb

Team 438: The lumbosacral trunk comprises the whole of the anterior division of the fifth and a part of that of the fourth lumbar nerve.

FEMORAL NERVE

Origin:

A branch from lumbar plexus (L2,L3,L4)

Course:

Descends lateral to **psoas major** & enters the thigh behind the **inguinal ligament**, Passes lateral to femoral artery & divides into terminal branches.

Cutaneous branches (Extra)

- --> Anterior cutaneous branches (They supply the skin of the anteromedial thigh)
- ->Saphenous nerve (Posterior)

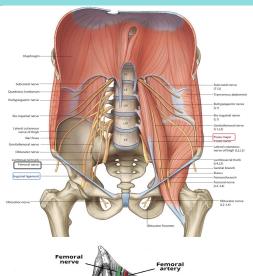
Muscular branches

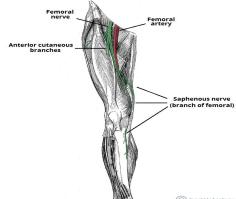
supplies the muscles of the anterior thigh: Hip flexors: Pectineus - adducts and flexes the thigh, assists with medial rotation of the thigh. Iliacus - acts with psoas major and psoas minor (forming iliopsoas) to flex the thigh at the hip joint and stabilise the hip joint.

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 antero-medial aspect of thigh & medial side of leg & foot (injury of Saphenous branch of femoral)

Saphenous nerve = sensory to the medial aspect of the lower leg

SCIATIC NERVE (The largest nerve of the body)

Origin:

from sacral plexus (L4, L5, S1, S2, & S3) 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 supply posterior compartment of thigh.

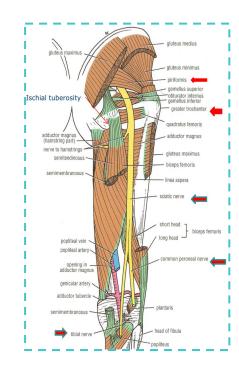
Divides into tibial and common peroneal (fibular) nerve

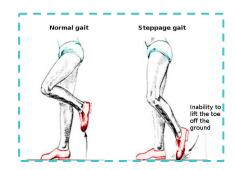
Its Injury:

will affect the hamstring muscles; so weak flexion of knee; weak extension of hip, and affect also all movements of leg & foot.

Foot drop (injury of common peroneal N.) is the common manifestation of sciatic nerve injury.=>abnormal steppage gait

As well as loss of sensation of skin of back of leg; lateral side and dorsum of foot (supplied by sural nerve) (except areas supplied by saphenous branch of femoral nerve).





Team 438: To avoid an injury during an IM injection, it should be given in the upper lateral quadrant of either gluteal regions.

TIBIAL NERVE And COMMON PERONEAL (FIBULAR) NERVE

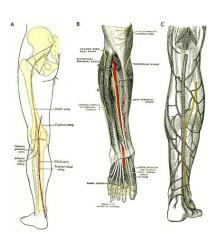
Course:

- → 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
- → Divides into:
 - Medial and lateral plantar nerves

TIBIAL NERVE

Supplies:(Extra)

Muscles of posterior compartment of leg & intrinsic muscles of sole Plantar Flexors of ankle, flexors of toes & invertors of foot.



Course:

- → 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

Supplies(Extra)

Muscles of anterior & lateral compartments of leg (Dorsiflexors of ankle, Extensors of toes & evertors of foot.

COMMON PERONEAL (FIBULAR) NERVE

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 51,2,3 and most of 54, in front of piriformis muscle.
- **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 (Saphenous br. of femoral).
- **♦ The sciatic nerve** is a branch of sacral plexus (L4, 5, 51, 2, 3)
 - Its injury will affect the hamstring muscles; so weak flexion of knee; weak extension of hip, and affect also all movements of leg & foot. (Except areas supplied by saphenous branch of femoral nerve)
 - Foot drop (injury of common peroneal N.) is the common manifestation of sciatic nerve injury. As well as loss of sensation of skin of back of leg; lateral side and dorsum of foot (except areas supplied by saphenous branch of femoral nerve).

MCQ

Q1: Lesion of the upper trunk of the brachial plexus leads to:			
A: Klumpke palsy	B: Erb-Duchenne palsy	C: Drop wrist & hand	D: Ape hand.
Q2: Which one of the following nerves is a branch of posterior cord of brachial plexus?			
A: Radial	B: Ulnar	C: Median	D: Medial
Q3: The nerve fibers forming the brachial plexuses are formed by the union of?			
A: Anterior Rami of C6-T1	B: Dorsal Rami of C6-T1	C: Anterior Rami of C5-T1	D: Dorsal Rami of C5-T1
Q4: Medial cord of brachial plexus is formed			
A: By the union of anterior divisions of middle & lower trunks	B: By the union of anterior divisions of middle & upper trunks	C: As a continuation of anterior division of middle trunk	D: As a continuation of anterior division of lower trunk
Q5: Which of the following is a branch that arise from the trunks of brachial plexus?			
A: Dorsal Scapular nerve	B: Suprascapular nerve	C: Thoracodorsal nerve	D: Upper subscapular nerve
Q6: Long thoracic nerve is formed by the union of?			
A: C5, C6	B: C5, C6, C7	C: C8, T1	D: C5-T1

MCQ

A: Lumbar plexus

B: Sacral plexus

Q7: The femoral nerve supplies?			
A: Extensors of hip	B: Hamstrings	C: Extensors of knee	D: Skin of dorsum of foot
Q8: Injury of femoral nerve leads to?			
A: Loss of flexion of toes	B: Loss of flexion of knee	C: Loss of sensation of skin of anteromedial aspect of thigh	D: Loss of inversion of foot
Q9: A patient came in with their arm hanging by the side, rotated medially and their forearm is extended and pronated. This lesion is called and due to?			
A: Erb-Duchanne palsy Middle trunk lesion	B: Klumpke palsy Lower trunk lesion	C: Pope's hand Upper trunk lesion	D: Waiter's tip hand Upper trunk lesion
Q10: Which of the following is not a branch of the sacral plexus?			
A: Femoral nerve	B: Pelvic splanchnic nerve	C: Pudendal nerve	D: Sciatic nerve
Q11: Site of sacral plexus?			
A: Behind piriformis	B: Lateral to psoas major	C: In substance of psoas major	D: In front of piriformis
Q12: Which one of the following is found in the substance of psoas major muscles?			

D: Tibial nerve

C: Sciatic nerve

SAQ

- Q1: What are the main branches of the sacral plexus and their supply?
- Q2: The sciatic nerve enters the gluteal region between?
- Q3: What are the branches of the medial cord of brachial plexus?
- Q4: A person fell from a high place and clutched something, what nerve is usually torn, and what is his clinical manifestation?

Answers

- 1: Pelvic splanchnic nerve (from sacral S2,3): preganglionic parasympathetic to pelvic viscera & hindgut Pudendal nerve (from sacral plexus (S2,3,4): to perineum Sciatic nerve (From Lumbosacral Plexus (L4&5+S1,2,3): to lower limb
- 2 : between the ischial tuberosity and greater trochanter
- 3 : Medial pectoral nerve, Medial root of median nerve, Medial cutaneous nerve of arm, Medial cutaneous nerve of forearm. Ulnar nerve
- 4: first thoracic nerve, clawed hand

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A special thanks to Mohamed Alquhidan

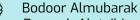
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