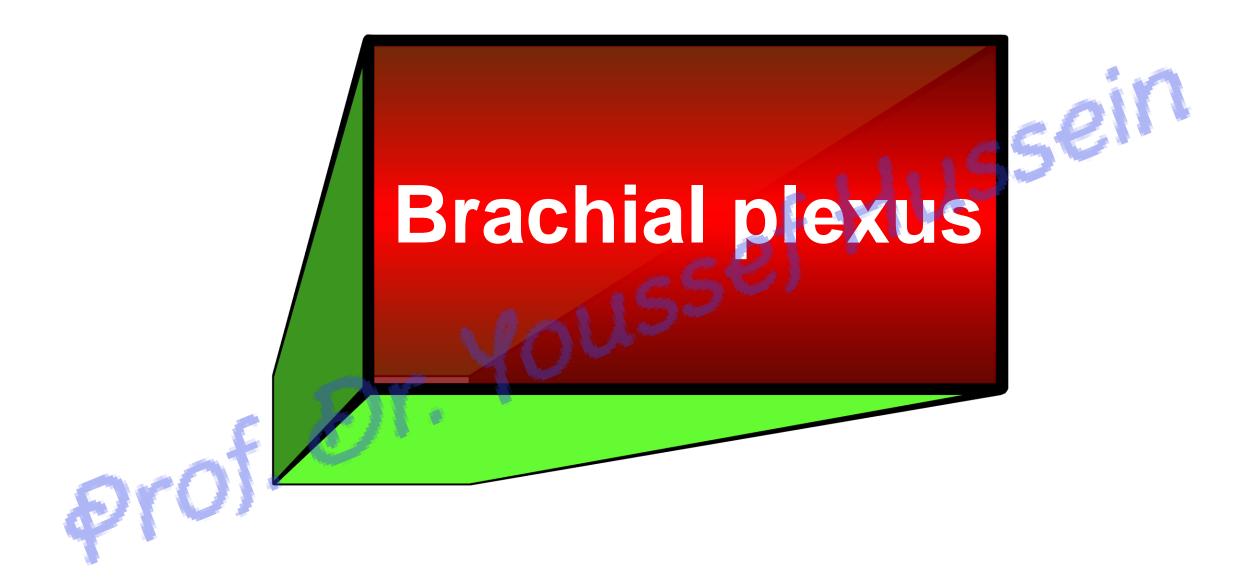
يُمنع أخذ السلايدات بدون إذن المحرر واي يخالف ذلك يقع تحت طائلة المسؤولية القانونية جميع المعلومات للاستخدام التعليمي فقط

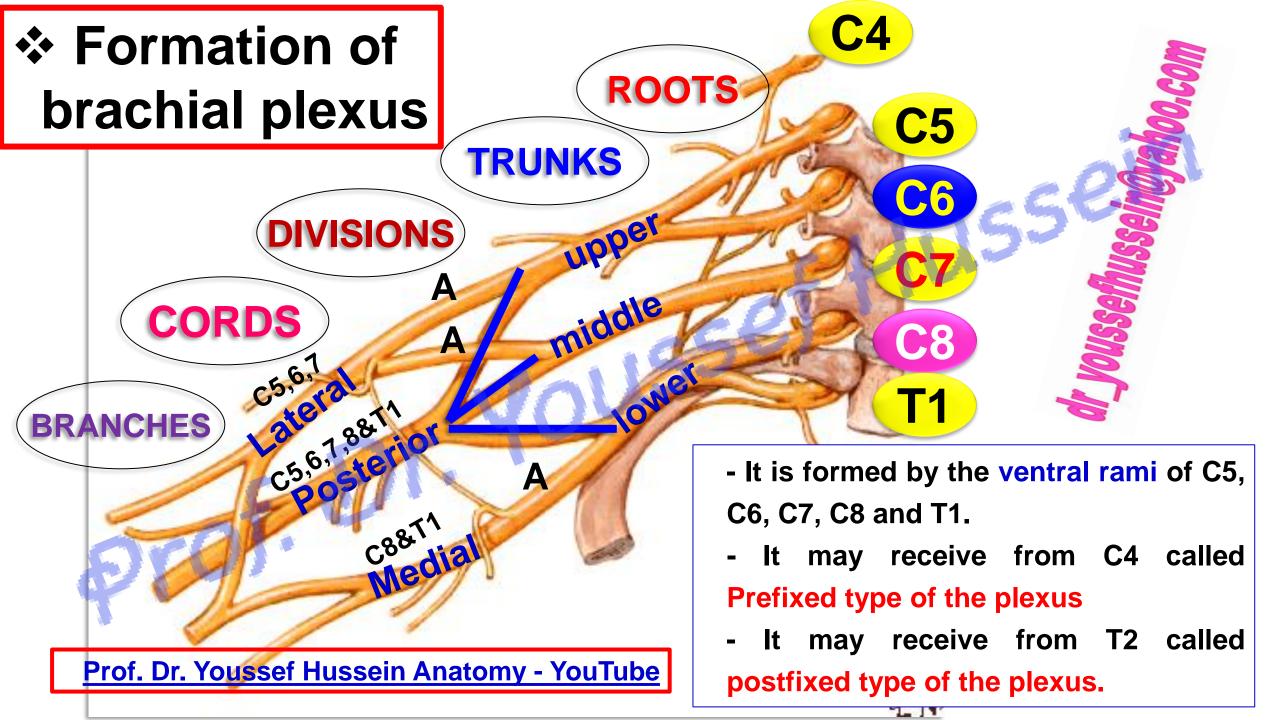
الأستاذ الدكتور يوسف حسين

00201224904201 رئيس قسم التشريح والأنسجة والأجنة

كلية الطب - جامعة مؤتة - الأردن

دكتوراة من جامعة كولونيا الم

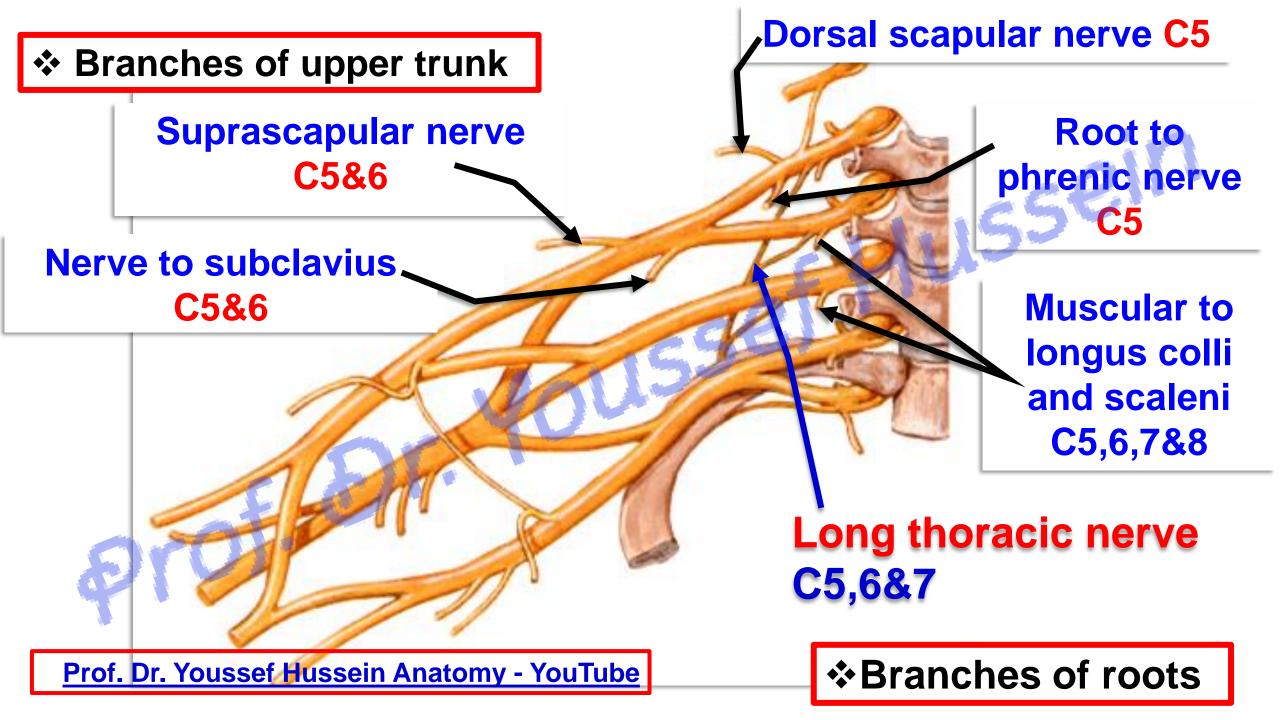


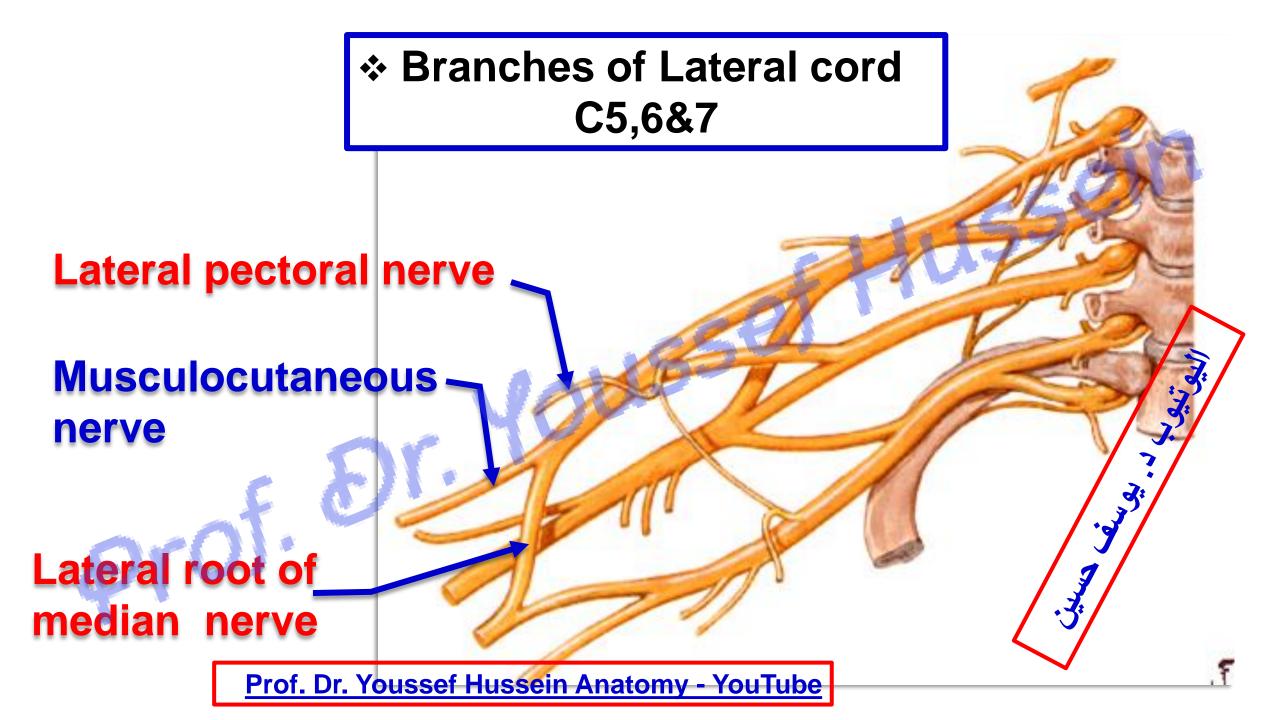


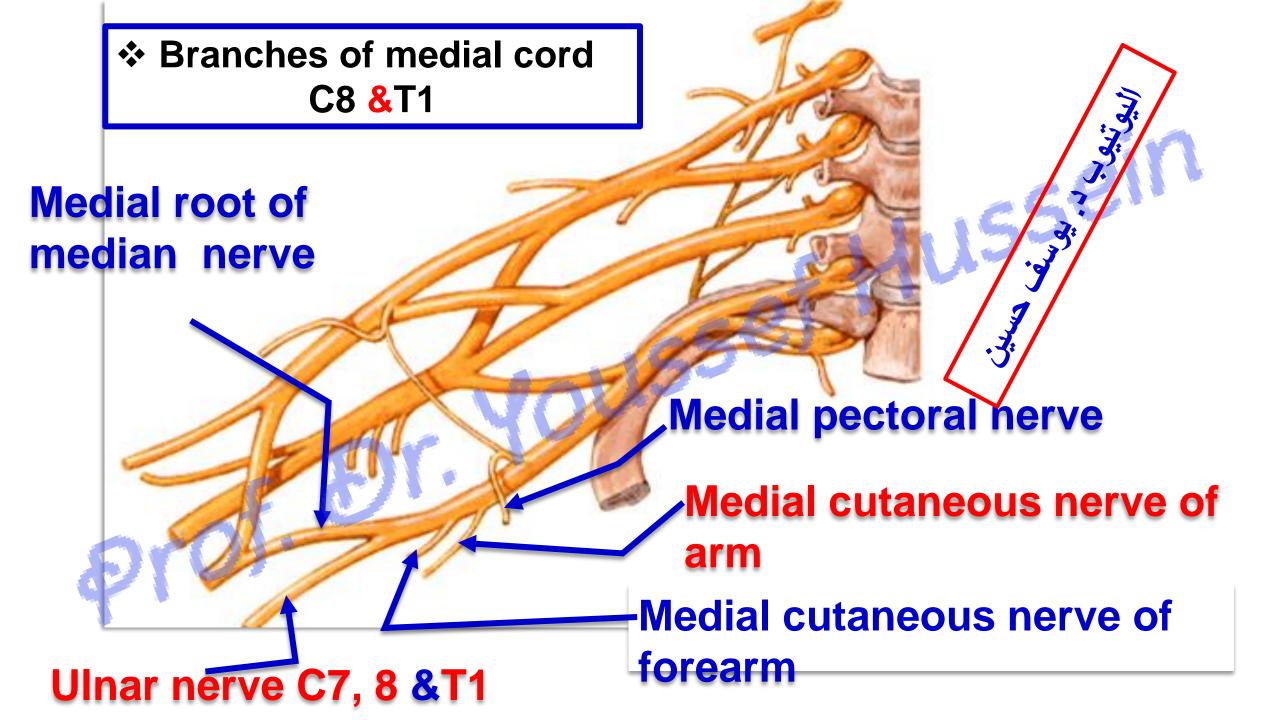
** Stages

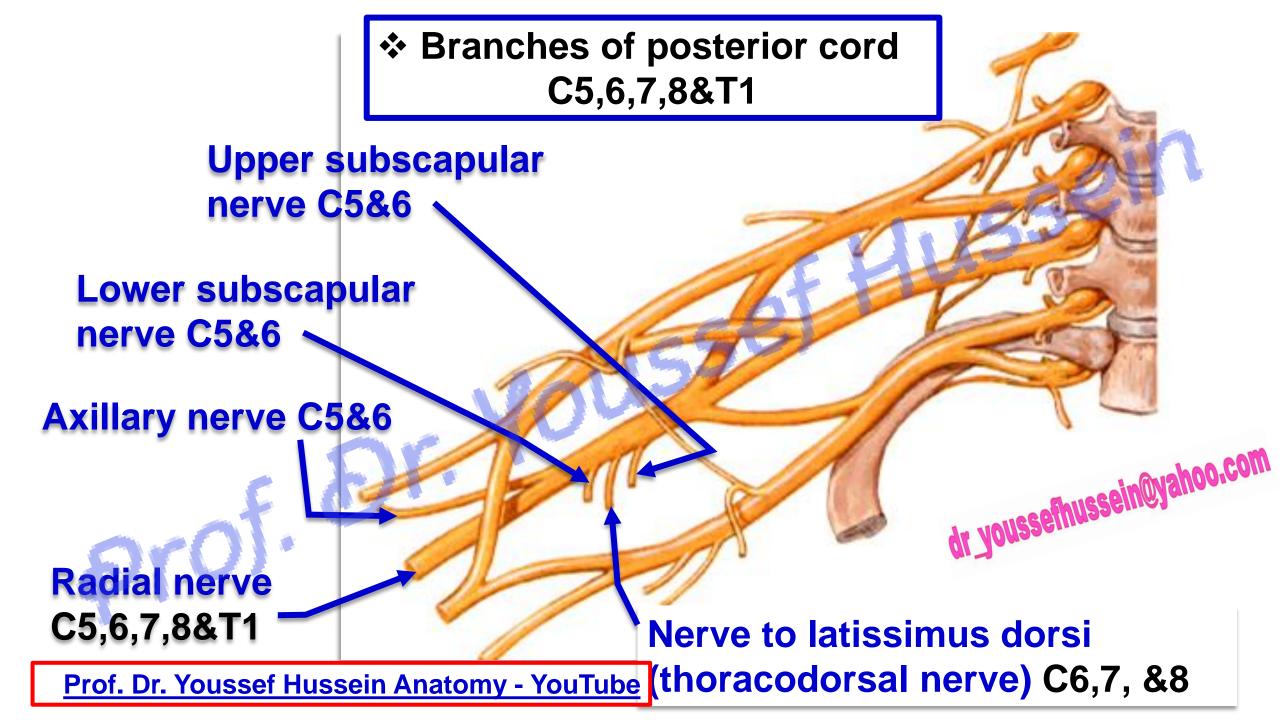
- It is formed of **four stages**: roots, trunks, divisions and cords.
- 1- First stage (Roots) ventral rami of C5, C6, C7, C8 and T1.
 - 2- Second stage (Trunks) upper, middle and lower in the posterior triangle
 - a) The upper trunk is formed by the union of C5 and C6.
 - b) The middle trunk is a continuation of C7.
 - c) The lower trunk is formed by the union of C8 and T1.
- 3- Third stage (Divisions) Each trunk divides into anterior and posterior divisions (Behind the clavicle)

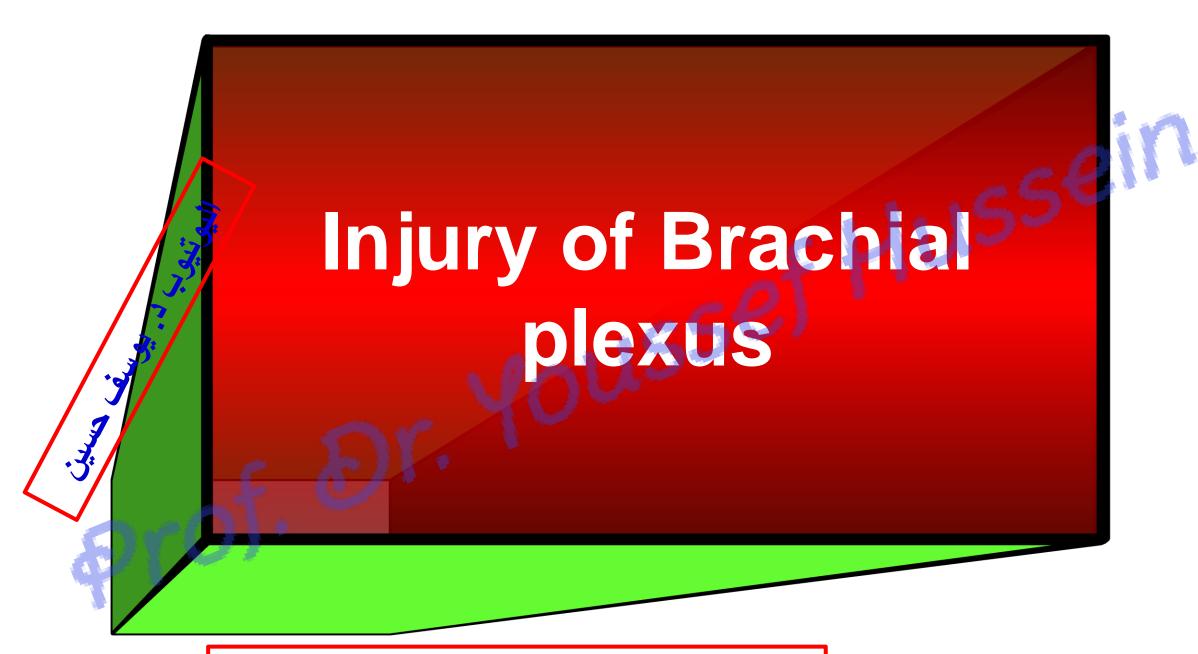
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- 4- Fourth stage (Cords)
 - a) Lateral cord: union of anterior divisions of the upper and middle trunks.
 - b) Medial cord: anterior division of the lower trunk.
 - c) Posterior cord: union of the three posterior divisions of the plexus.









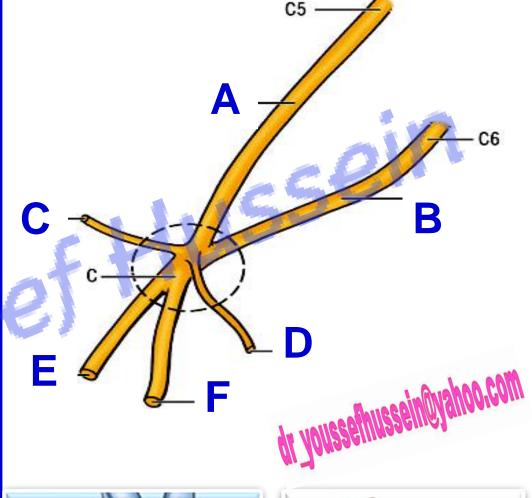


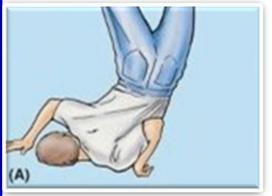
Complete injury of brachial plexus leads to

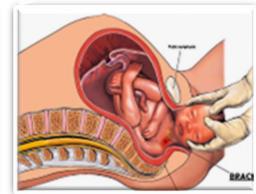
- 1- Motor changes, Paralysis of all muscles of the upper limb except trapezius (supplied by spinal part of accessory nerve).
- 2- Sensory changes, Complete loss of sensations from the upper limb except

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- a) Skin over the upper half of the deltoid (Supplied by lateral supraclavicular nerve from cervical plexus).
- b) Skin of the upper part of the medial side of the arm and floor of axilla (Supplied by the intercostobrachial nerve from the 2nd intercostal nerve).
- **3- Horner's syndrome** (ptosis, miosis, anhidrosis and enophthalmos) due to disrupting the first sympathetic ganglion (T1).

- Injury of the upper trunk (C5&6)Erb's paralysis
- The commonest injury of brachial plexus.
- Erb's point; is the point of meeting of 6 nerves,
 - A- Root of C5
 - **B-** Root of C6
 - C- Suprascapular nerve
 - **D- Nerve to subclavius**
 - E- Anterior division of the upper trunk
- F- Posterior division of the upper trunk Causes: 1- Excessive lateral flexion of the neck during labor.
 - 2- Falling on the shoulder.







1- Motor affection;

- 1) Adduction of the arm due to paralysis of abductor muscles (supraspinatus, deltoid).
- 2) Medial rotation of the arm due to paralysis lateral rotator muscles (infraspinatus and teres minor).
- 3) Extension of the elbow joint due to paralysis of the flexor muscles (brachialis, biceps, brachioradialis).
- 4) Pronation of the forearm due to paralysis of the supinator muscles (brachioradialis, biceps, and supinator).

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- Deformity; Policeman's position (waiter's tip position of the upper limb).
 - **2- Sensory changes**, loss of sensation on the lateral side of arm, and forearm.

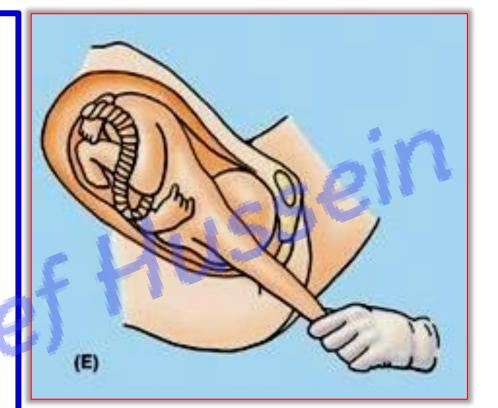
dr_youssefhussein@yahoo.com



injury of the lower trunk (C8&T1)

- Klumpke's paralysis
- (complete injury of median and ulnar nerves)
 Causes, severe abduction of the arm.
 - 1- Motor changes; paralysis usually affects
 - a) The flexors of the wrist and fingers.
 - b) All the intrinsic muscles of the hand.
 - Deformity: complete claw hand
 - (1) Hyperextension of the wrist and metacarpophalangeal joints
 - (2) Flexion of the interphalangeal joints.
- **2- Sensory changes**, loss of sensation on the medial side of arm, forearm and hand.
- 3- Horner's syndrome due to disrupting the first sympathetic ganglion (T1).

 Prof. Dr. Youssef Hussein A







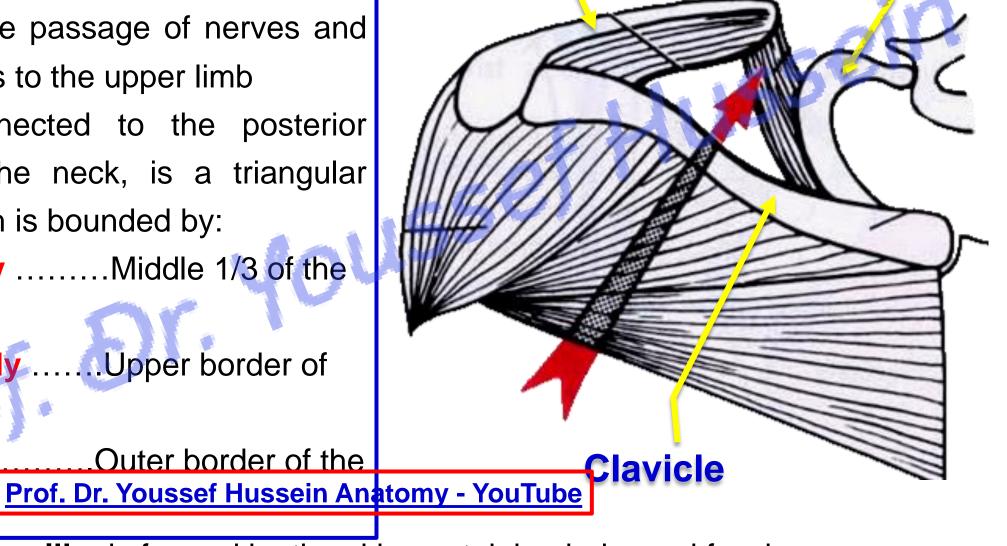
The axilla is the pyramidal space between the upper part of the arm and the thoracic wall.

❖ Apex of the axilla

(Cervico-axillary canal)

- It allows the passage of nerves and blood vessels to the upper limb
- It is connected to the posterior triangle of the neck, is a triangular interval which is bounded by:
- 1) AnteriorlyMiddle 1/3 of the clavicle.
- 2) Posteriorly Upper border of the scapula.
- 3) Medially Outer border of the

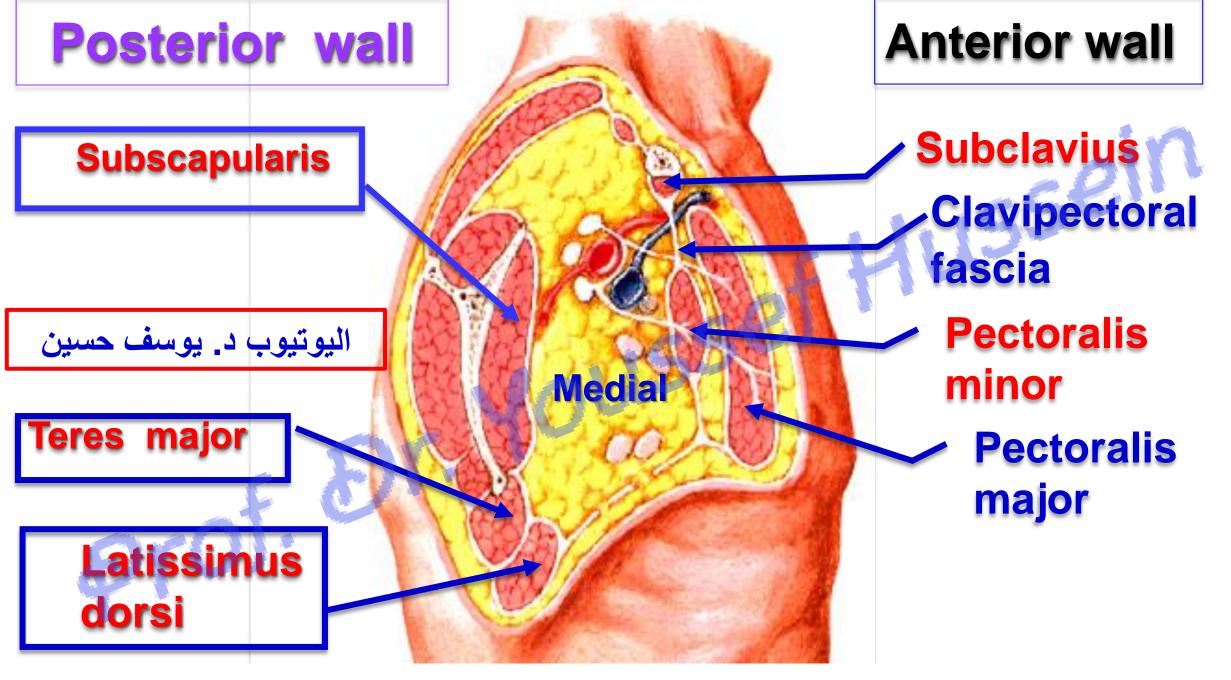
first rib.



Scapula

First rib

^{**} Base of the axilla: is formed by the skin containing hairs and fascia.



The anterior fold of the axilla is higher than the posterior fold

- ** Anterior wall of the axilla: is formed of 2 layers:
 - 1- Superficial layer: pectoralis major (anterior axillary fold). .
 - 2- Deep layer:
 - a- Pectoralis minor muscle.
 - b- Clavipectoral fascia.
 - c- Subclavius muscle.
 - ** Posterior wall of the axilla: (SLT) is formed by
 - a- Subscapularis muscle.
 - b- Teres major muscle.
 - c- Latissimus dorsi muscle (posterior axillary fold).
- ** Medial wall of the axilla: is formed by:
 - a- Upper 4 ribs and intercostal spaces containing intercostal muscles, nerves & vessels.

- b- Upper part of the serratus anterior.
- ** Lateral wall of the axilla: is formed by
 - a- Surgical neck of the humerus.
 - b- Coracobrachialis and short head of biceps muscle.

** Contents of the axilla:

- 1. Axillary artery and its branches.
- 2. Axillary vein and its tributaries.
- 3. Axillary nerve.
- 4. Axillary lymph nodes.

- 5. Axillary fat.
- 6. Axillary tail of the breast.
- 7. Cords of the brachial plexus and their branches.
- 8. Intercostobrachial nerve (lateral cutaneous branch of the 2nd intercostal nerve).
- The axillary vessels and cords of the brachial plexus pass from the apex to the base close to the lateral wall. Accordingly, incisions in the axilla are done longitudinally through the base nearer to the medial wall to avoid injury of the big vessels and nerves.
- The skin has abundant hair, so infection of this hair is common forming a boils.

https://www.youtube.com/channel/UCVSNqbibj9UWYaJdd_cn0PQ

