



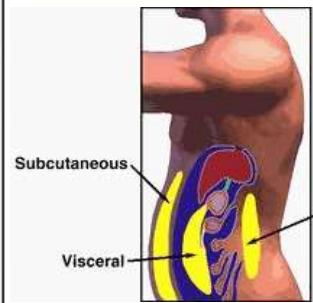
# Topographic anatomy of the back

- 
1. Retroperitoneal space – organs, blood vessels and nerves
  2. Back – borders, landmarks and regions
  3. Posterior neck area, *regio colli posterior*
  4. Scapular area, *regio scapularis*
  5. Lumbar area, *regio lumbalis*
  6. Vertebral area, *regio vertebralis*
  7. The vertebral canal and its content

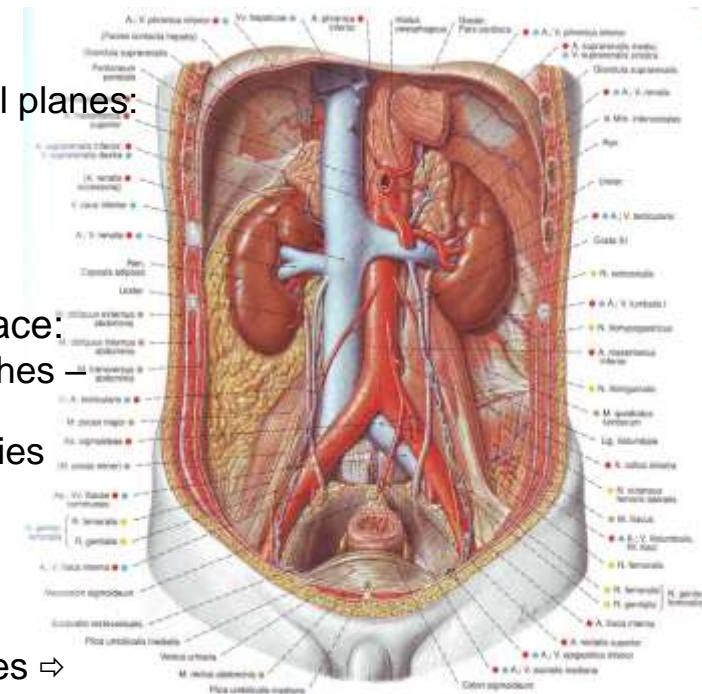


# Retroperitoneal space – compartments

## Retroperitoneum



- **borders:**
  - ✓ parietal peritoneum
  - ✓ posterior abdominal wall
- **three-dimensional space – fascial planes:**
  - ✓ *fascia endoabdominalis*
  - ✓ *fascia retroperitonealis*
  - ✓ *fascia perirenalis* – two laminae
- **posterior compartment** – first (posterior) connective tissue space:
  - ✓ the abdominal aorta and its branches – unpaired and paired
  - ✓ the inferior vena cava and tributaries
  - ✓ lumbar plexus – branches
  - ✓ sympathetic trunk ⇒ lumbar sympathectomy
  - ✓ *cisterna chyli* ⇒ chylous ascites
  - ✓ lymphatic vessels and lymph nodes ⇒ abscesses
- **middle compartment** – second (middle) connective tissue space (*fascia renalis s. perirenalis* ⇒ *paranephron, paraureterium*):
  - ✓ kidneys with adrenal glands ⇒ paranephritis or retroperitonitis
  - ✓ ureters
- **anterior compartment** – third (anterior) connective tissue space (*paracolon*): paracolitis



# Retroperitoneal organs and structures

Retroperitoneal organs

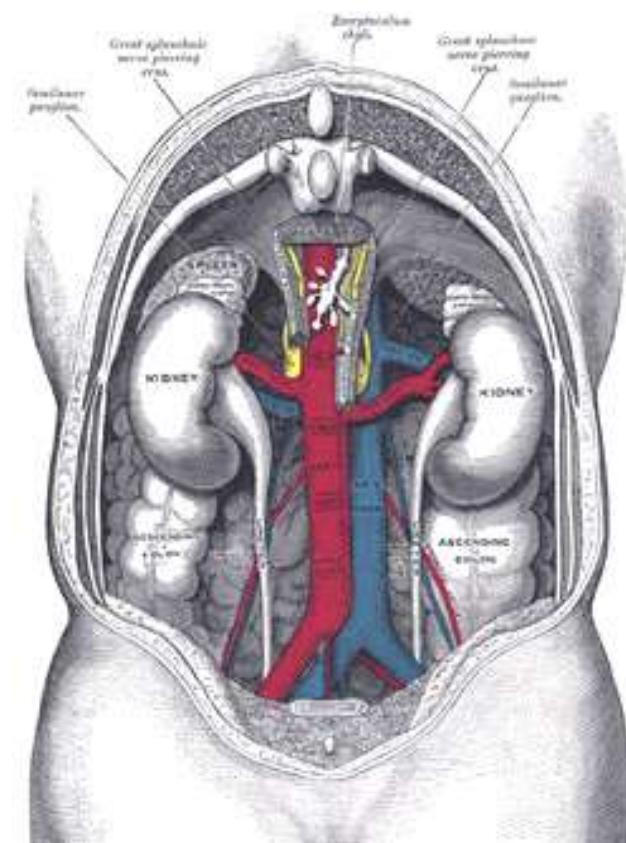
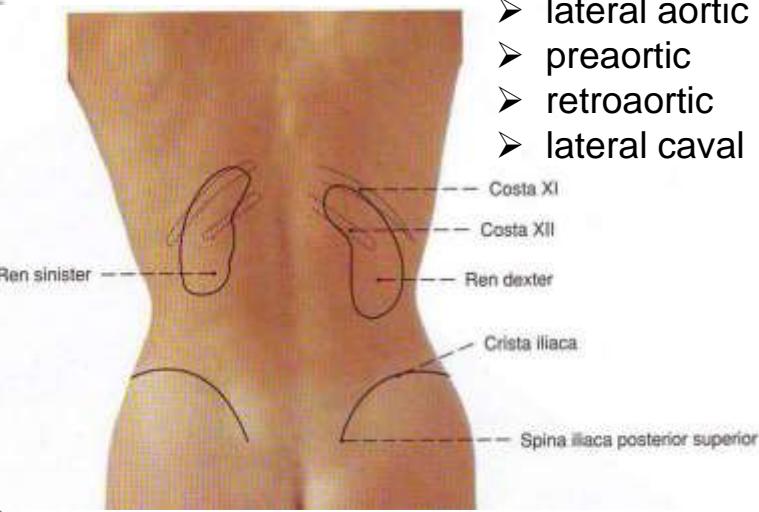


- ✓ abdominal aorta, *aorta abdominalis* – Th<sub>12</sub>-L<sub>4</sub>
- ✓ inferior vena cava, *v. cava inferior* – L<sub>5</sub>-Th<sub>8</sub>
- ✓ nerve structures:
  - *plexus aorticus abdominalis*:
    - *ganglion mesentericum superius*
    - *ganglion aorticorenale* – paired
    - *ganglion mesentericum inferius*
  - *pars abdominalis trunci sympathici*

- ✓ lymph nodes –

30-50 *nodi lymphatici lumbales*:

- lateral aortic
- preaortic
- retroaortic
- lateral caval



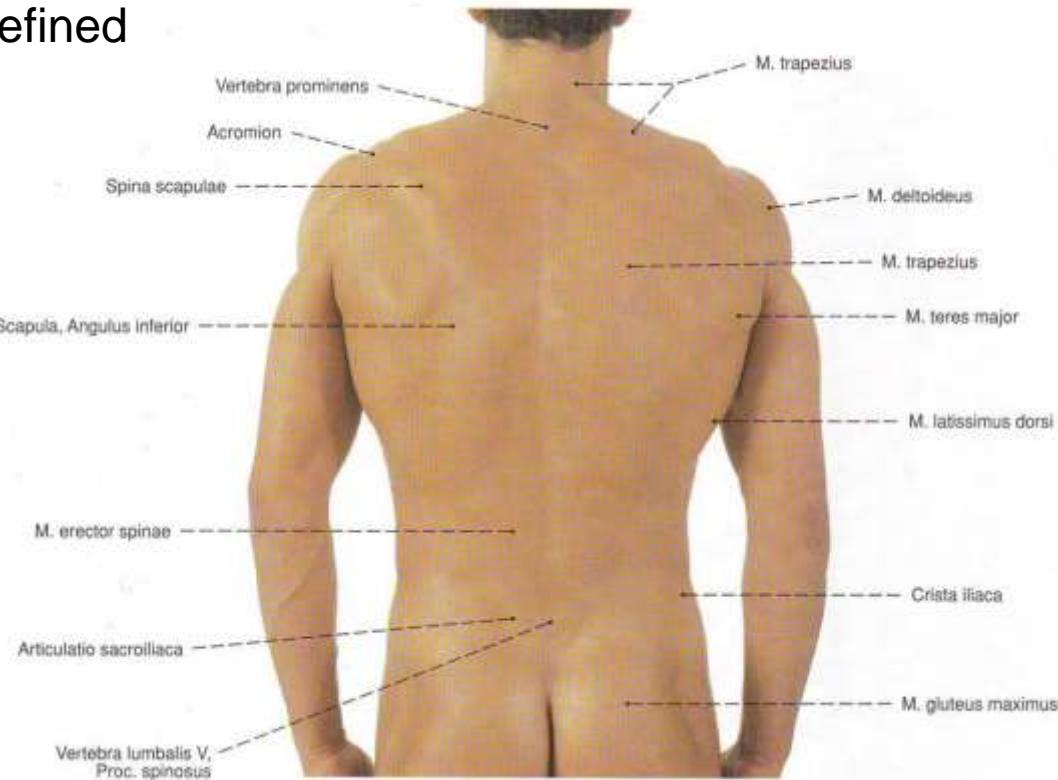
# Back, *dorsum* – borders

Dorsum



- cranial:
  - ✓ *linea nuchalis superior*
  - ✓ *protuberantia occipitalis externa*
- lateral – undefined

- caudal:
  - ✓ *apex ossis coccygis*
  - ✓ *spina iliaca posterior superior*  
⇒ *crista iliaca*

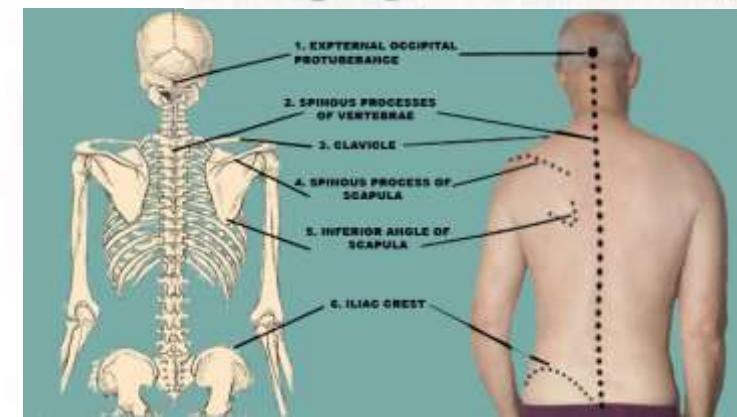
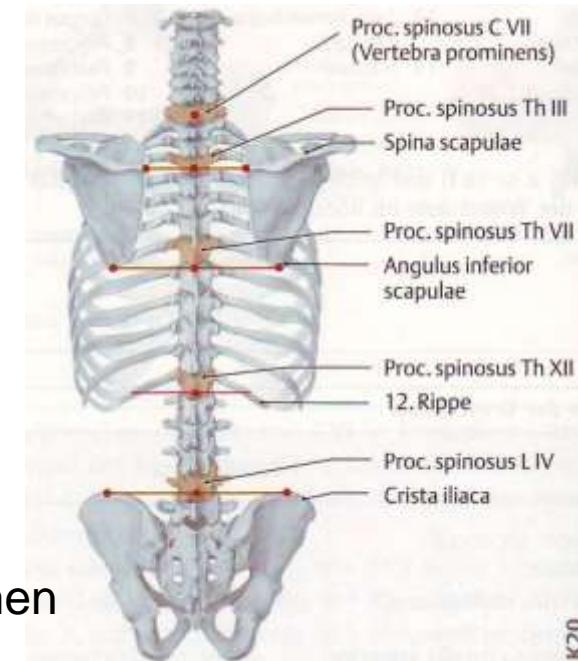


# External palpation landmarks

## Surface anatomy



- Bone points and lines:
  - ✓ *protuberantia occipitalis externa*
  - ✓ *proc. spinosus C<sub>7</sub> (vertebra prominens)*
  - ✓ *spina scapulae – Th<sub>3</sub>*
  - ✓ *angulus inferior scapulae – Th<sub>7</sub>*
  - ✓ *linea cristarum – L<sub>4</sub>-L<sub>5</sub>*
  - ✓ the rhombus of *Michaelis* in women

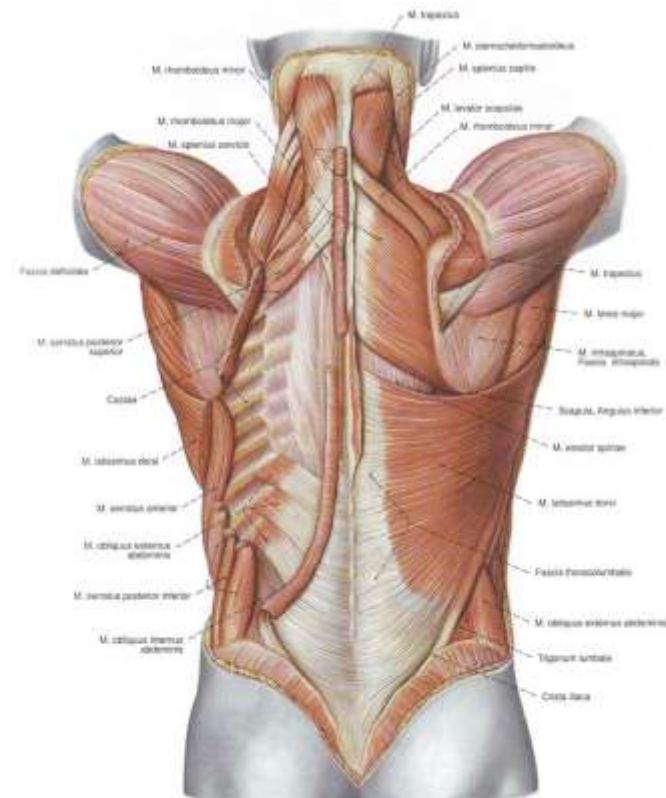
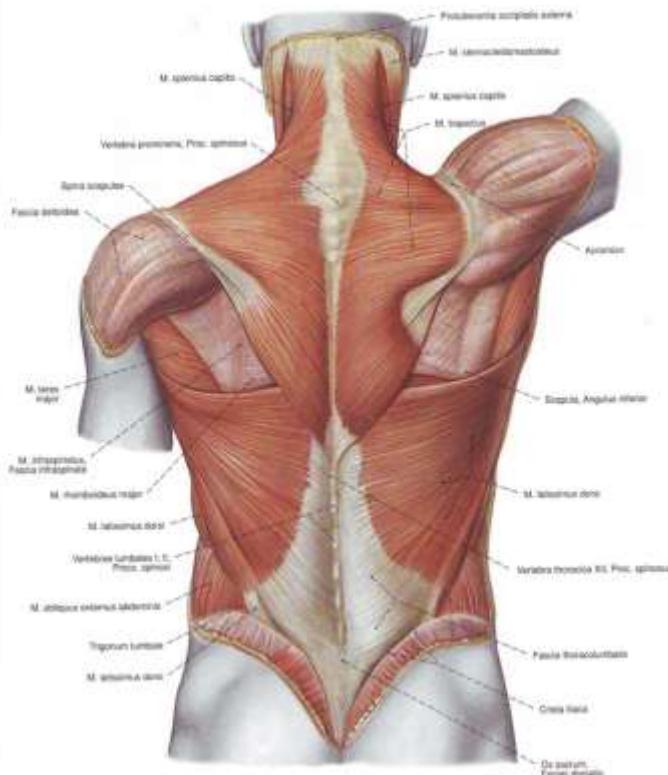


# **External palpation landmarks**

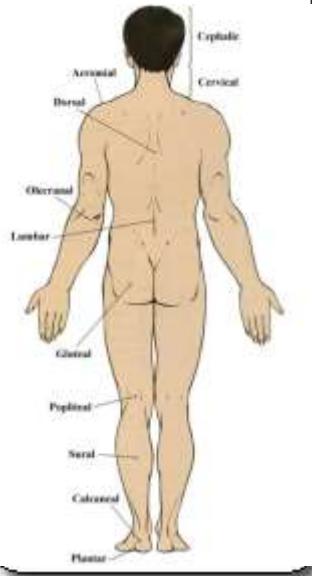
## Muscular landmarks



- muscles:
    - ✓ in the neck and upper back – *m. trapezius*
    - ✓ in the lower half of the trunk – *m. erector spinae*
    - ✓ in the scapular region – *m. infraspinatus*



- the triangle of auscultation

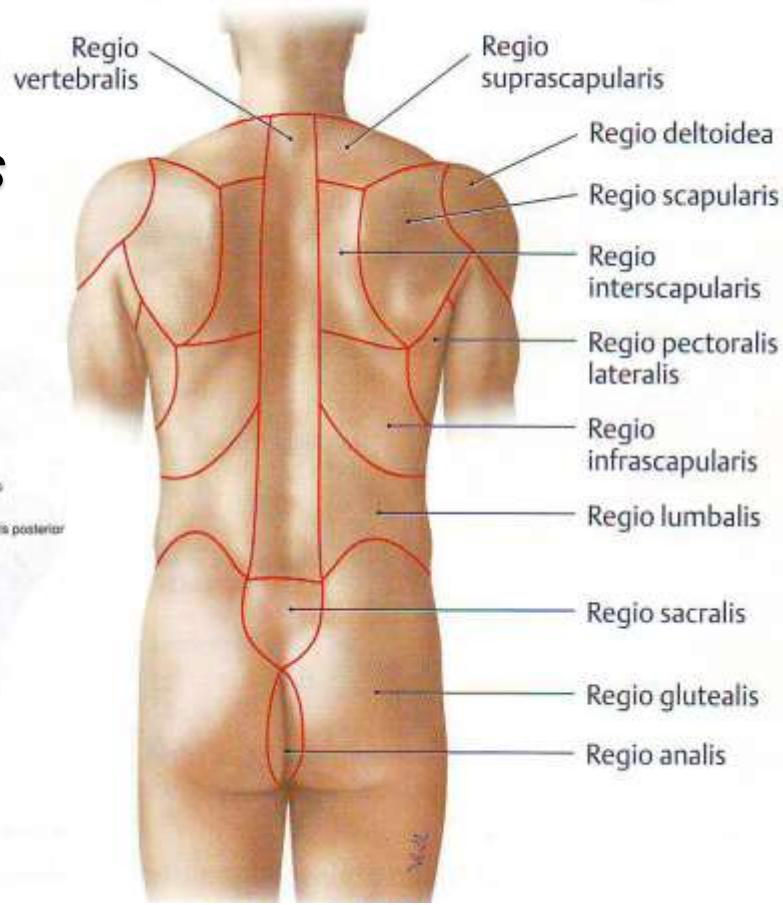
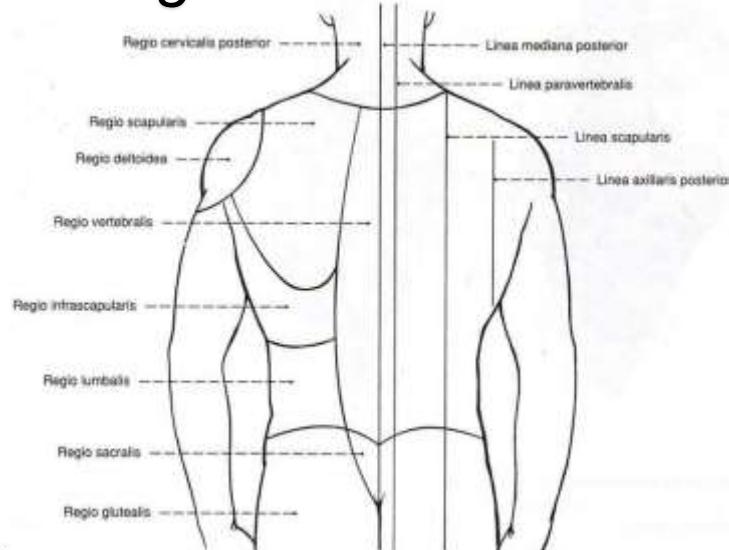


# Topographic anatomy areas of the back

- ✓ *regio colli posterior*
- ✓ *regio vertebralis*
- ✓ *regio scapularis*
- ✓ *regio infrascapularis*
- ✓ *regio lumbalis*
- ✓ *regio sacralis*

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Regionen des Rückens



*location*

*surface anatomy*

*Regio colli posterior*



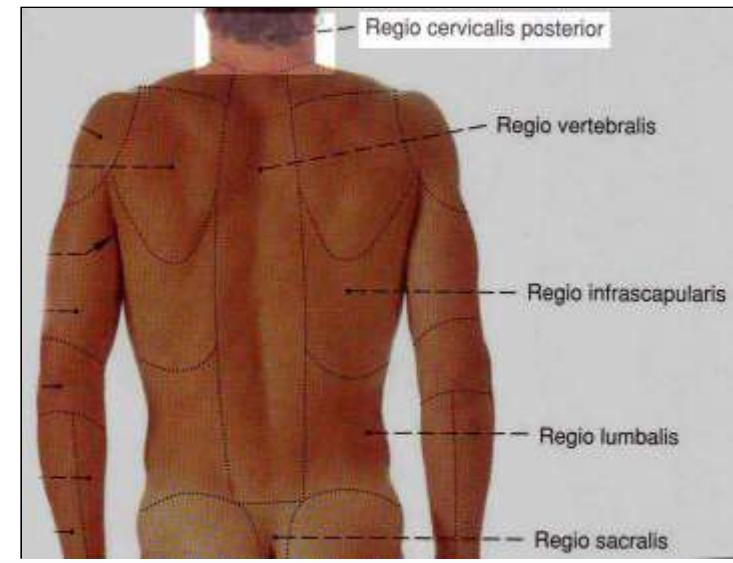
# **Regio cervicalis posterior**

- borders:

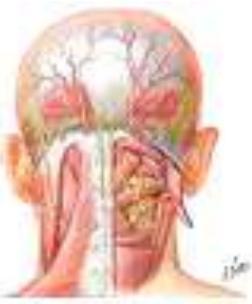
- borders:
  - ✓ superior – *linea nuchalis superior*
  - ✓ inferior – the horizontal line through the *vertebra prominens*
  - ✓ lateral – *processus mastoideus* ⇒ *acromion scapulae*

- surface anatomy:

- surface anatomy:
  - ✓ skin – thick, less mobile and hairy ⇒ carbuncles
  - ✓ subcutaneous tissue – *a. occipitalis*, *n. occipitalis major*, *tertius*, *minor*, *rr. cutanei mediales* (*rr. dorsales nn. spinales IV-VIII*)
  - ✓ *fascia nuchae*, neck musculature



## Trigonum suboccipitale



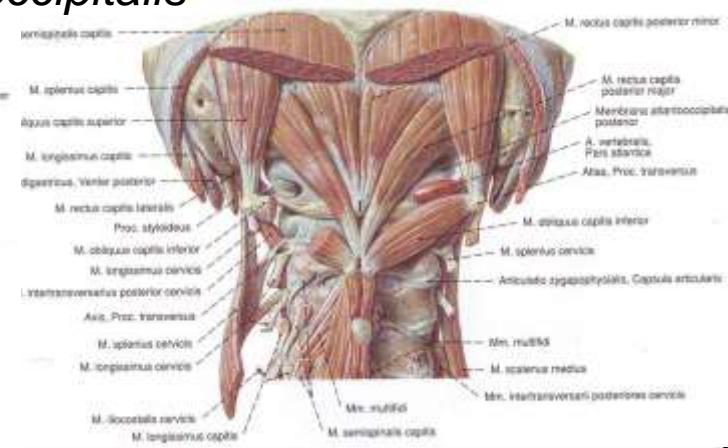
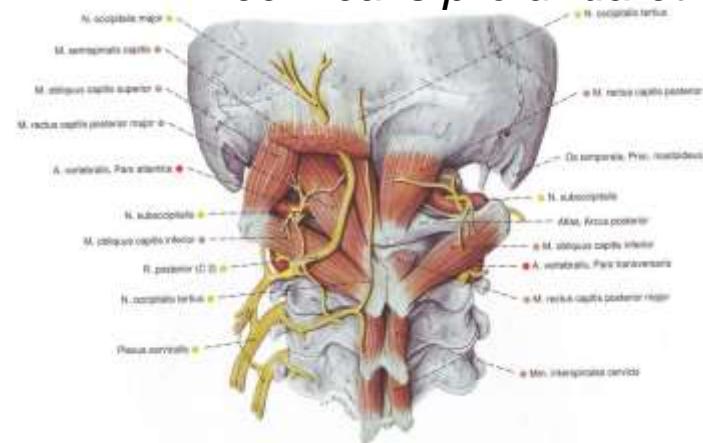
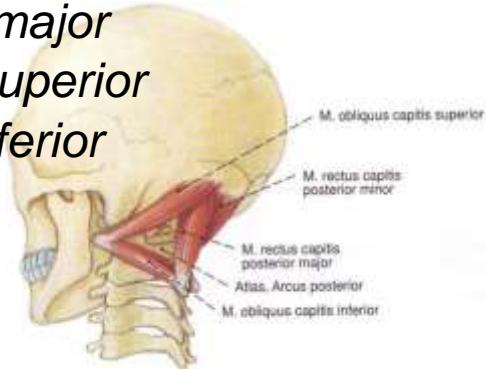
# The suboccipital triangle, trigonum suboccipitale

- borders:

- ✓ medially – *m. rectus capitis posterior major*
- ✓ superolaterally – *m. obliquus capitis superior*
- ✓ inferomedially – *m. obliquus capitis inferior*

- content:

- ✓ *arcus posterior atlantis*
- ✓ *n. suboccipitalis, n. occipitalis major*
- ✓ *a. vertebralis*
- ✓ *plexus suboccipitalis: v. vertebralis, vv. cervicalis profunda et occipitalis*



## location

## surface anatomy

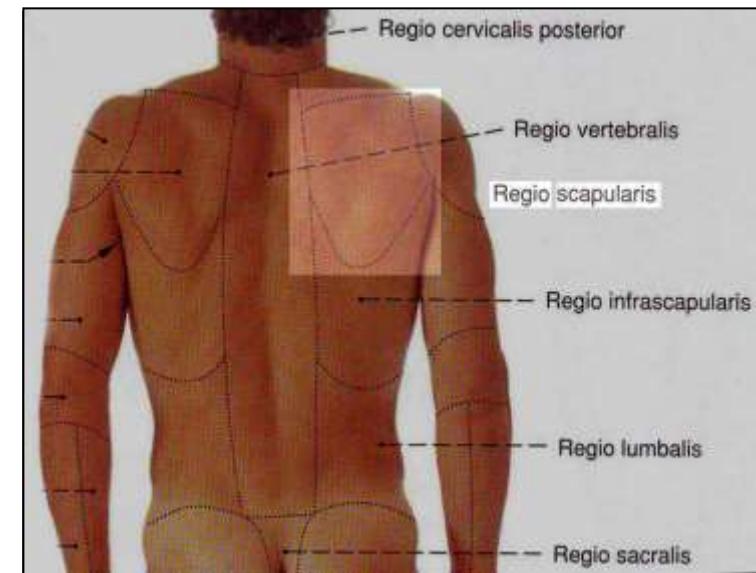
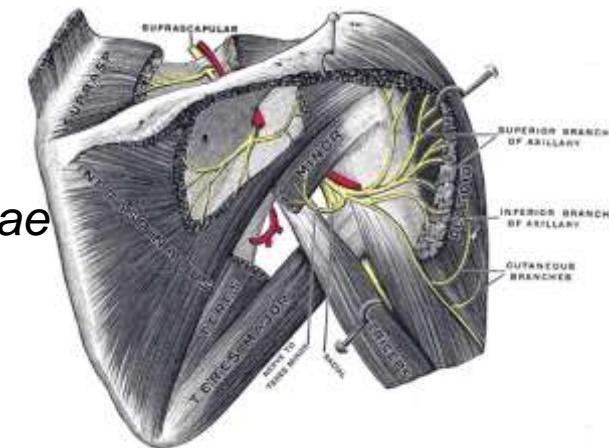
### Regio scapularis



"winged scapula"  
(scapula alata)

# Regio scapularis

- borders:
  - ✓ medial – *anguli costarum*
  - ✓ lateral – *m. deltoideus*
  - ✓ superior – *vertebra prominens*  
⇒ *acromion scapulae*
  - ✓ inferior – *angulus inferior scapulae*
- surface anatomy:
  - ✓ skin – relatively thick
  - ✓ subcutaneous adipose tissue – cutaneous innervation:
    - *nn. supraclavicularis*
    - *n. cutaneus brachii lateralis superior*
  - ✓ muscle layer:
    - *m. trapezius*
    - *m. latissimus dorsi*
  - ✓ fascia supra- et infraspinata
- neurovascular bundles:
  - ✓ *n., a. et v. suprascapularis*
  - ✓ deep: *a. transversa colli et n. dorsalis scapulae*
  - ✓ superficial: *n. accessorius et a. transversa colli*



**location**

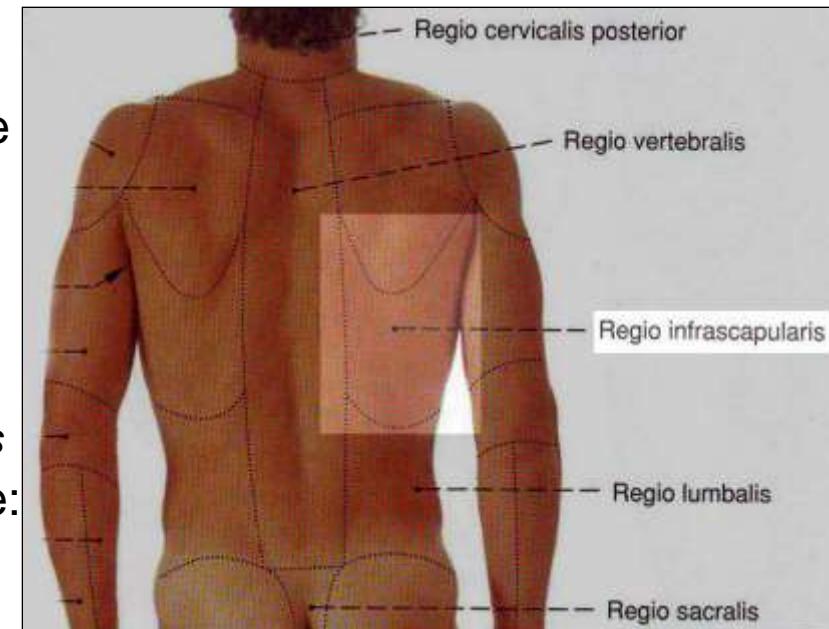
**surface anatomy**

**Regio infrascapularis**



# **Regio infrascapularis**

- borders:
  - ✓ medial – the line through *anguli costarum*
  - ✓ lateral – posterior axillary line, the deltoid muscle
  - ✓ superior – horizontal line through the inferior scapular angle
  - ✓ inferior – inferior chest borders, i.e. the 12<sup>th</sup> rib
- surface anatomy:
  - ✓ skin – thin
  - ✓ superficial fascia – scarce adipose tissue
  - ✓ muscle layer:
    - *m. latissimus dorsi*
    - *m. serratus posterior inferior*
    - *m. obliquus externus abdominis*
  - ✓ neurovascular bundle:
    - *a., v. et n. thoracodorsalis*



**location**

**surface anatomy**

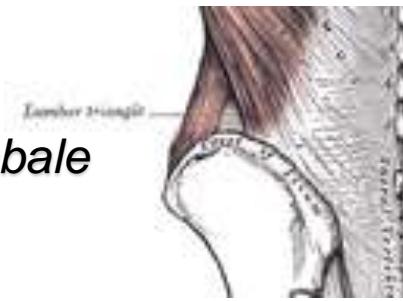
**Succusio renalis**



# Regio lumbalis

- borders:
  - ✓ superior – the 12<sup>th</sup> rib
  - ✓ inferior – the iliac crest, *crista iliaca*
  - ✓ medial –lateral border of *m. erector spinae*
  - ✓ lateral – the posterior axillary line

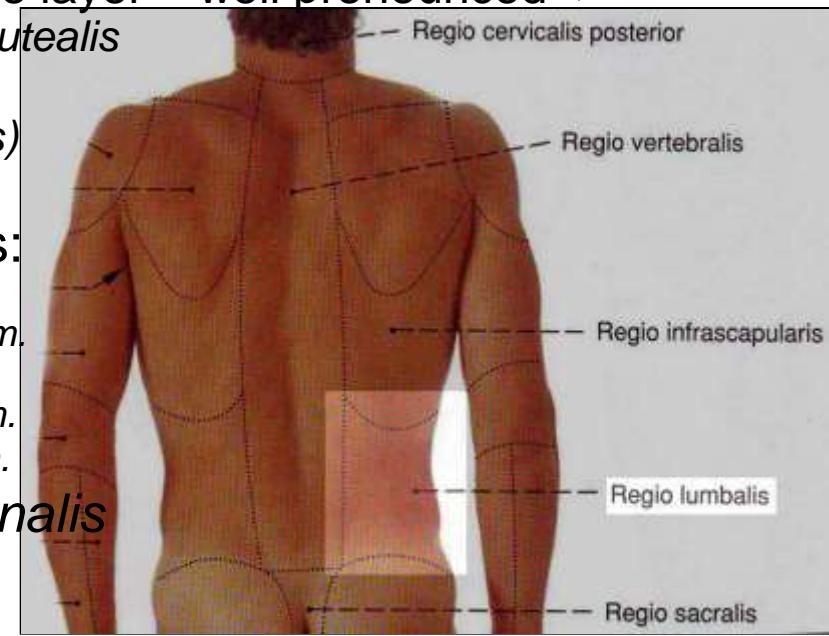
*trigonum lumbale*  
(Petit triangle)



- surface anatomy:
  - ✓ skin – relatively thin and movable
  - ✓ subcutaneous adipose layer – well pronounced ⇒ *massa adiposa lumboglutealis*  
*rr. cutanei laterales*  
(*rr. dorsales nn. spinales*)  
*nn. clunium superiores*
  - ✓ three muscle layers:

*trigonum lumbale* } ➤ *m. latissimus dorsi,*  
*spatium lumbale* } ➤ *m. obliquus ext. abdom.*  
*spatium lumbale* } ➤ *m. serratus post. inf.,*  
*spatium lumbale* } ➤ *m. obliquus int. abdom.*  
*spatium lumbale* } ➤ *m. transversus abdom.*

- ✓ *fascia endoabdominalis*
  - *fascia transversalis* ⇒
  - *fascia quadrata*



**location**

**surface anatomy**

**Regio vertebralis**



# Regio vertebralis

■ borders:

- ✓ lateral: line along *angulus costarum* and *m. erector spinae*
- ✓ superior: a line connecting the acromion scapulae to the spinous process of the C7, *vertebra prominens*
- ✓ inferior: the horizontal line one finger-width below *linea cristarum* and connecting *apex ossis coccygis* with *spina iliaca posterior superior*

■ surface anatomy:

- ✓ skin – relatively thick with limited mobility
- ✓ subcutaneous fat layer – well-pronounced:

*rr. cutanei med. (Th<sub>6</sub>-Th<sub>7</sub>)*

*rr. cutanei lat. (под Th<sub>7</sub>)*

✓ superficial fascia ⇒ *fascia nuchae*

✓ muscle layer:

superficial muscles – two layers

✓ *fascia thoracolumbalis*

– superficial layer

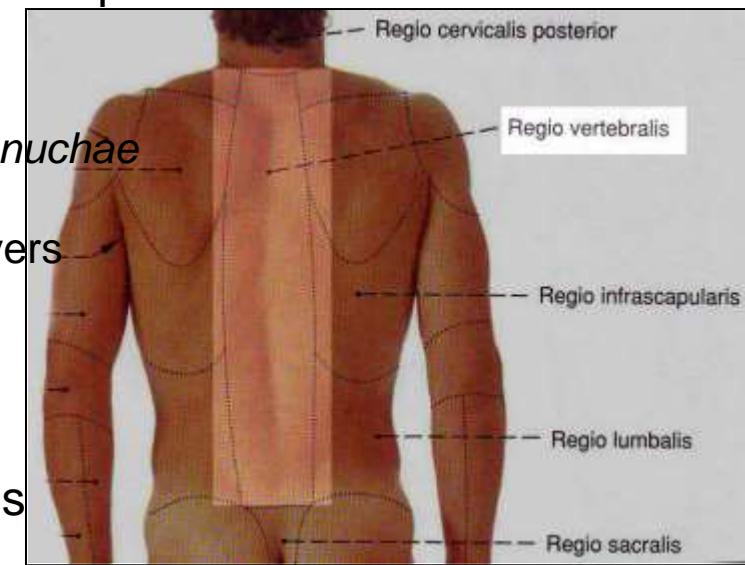
✓ autochthonous muscles –

*m. erector spinae*

– arranged in two columns

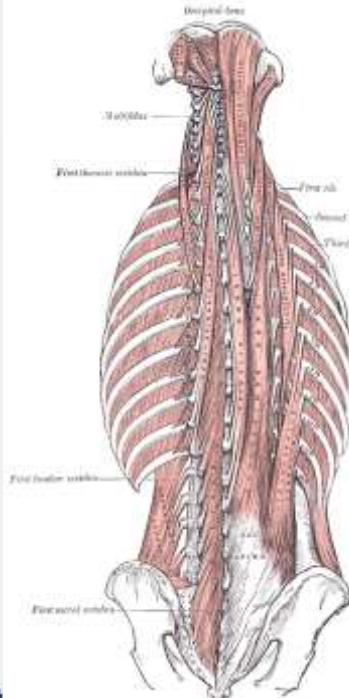
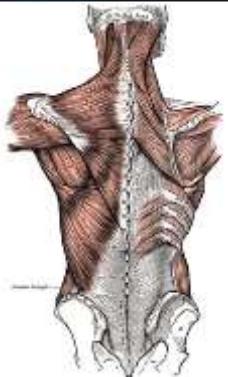
✓ *plexus venosus vertebralis*

*externus posterior*

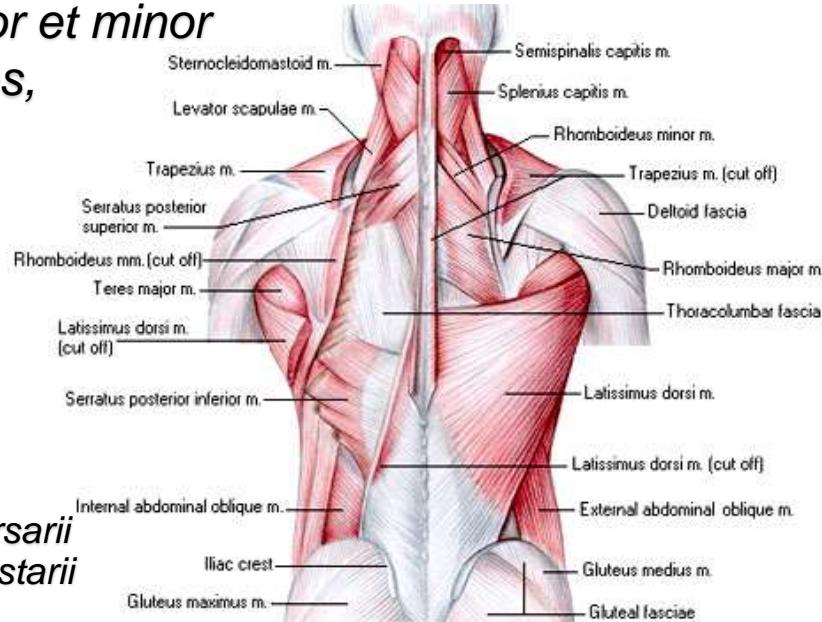


# Muscles of the back

## ***Back muscles***



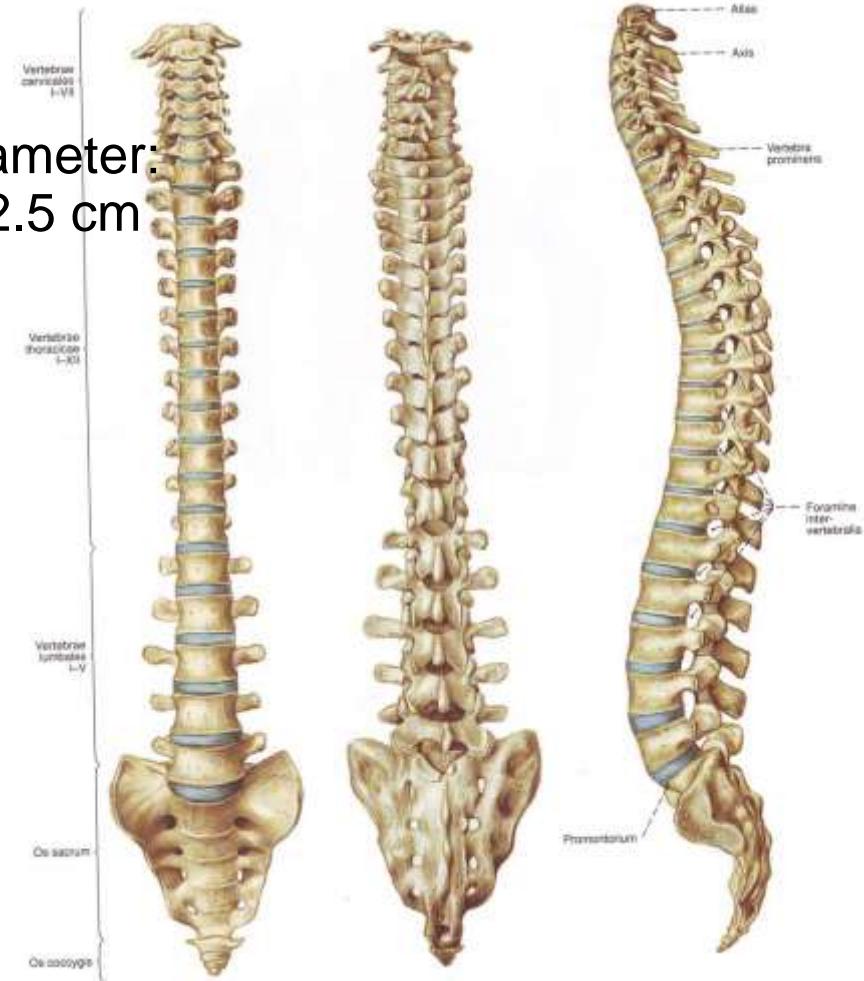
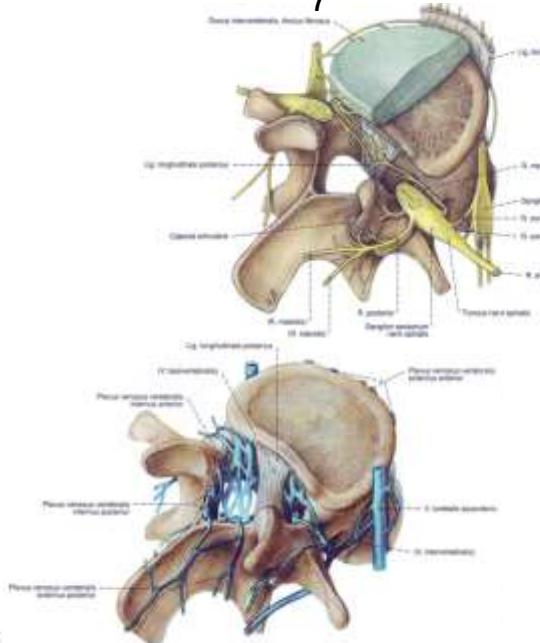
- superficial muscles – first layer:
    - ✓ *m. trapezius*
    - ✓ *m. latissimus dorsi*
  - superficial muscles – second layer:
    - ✓ *mm. splenii capititis et cervicis*
    - ✓ *mm. rhomboidei, major et minor*
    - ✓ *mm. serrati posteriores, superior et inferior*
  - *fascia thoracolumbalis*
  - autochthonous muscles:
    - ✓ *m. erector spinae*:
      - lateral column –
        - *mm. iliocostalis*
        - *m. longissimus*
        - *m. spinalis*
        - *mm. intertransversarii*
        - *mm. levatores costarii*
      - medial column –
        - *m. transversospinalis*
        - *mm. interspinales*
    - ✓ *mm. levatores costarum longi et breves*



# The vertebral canal, *canalis vertebralis*

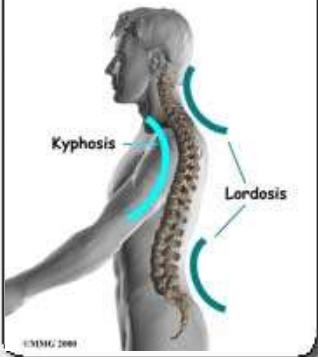
- borders:

- ✓ length: 66-69 cm
- ✓ the transverse diameter:
  - ✓ average 2.3-2.5 cm
  - $L_5 = 3.2 \text{ cm}$
  - $C_7 = 2.9 \text{ cm}$

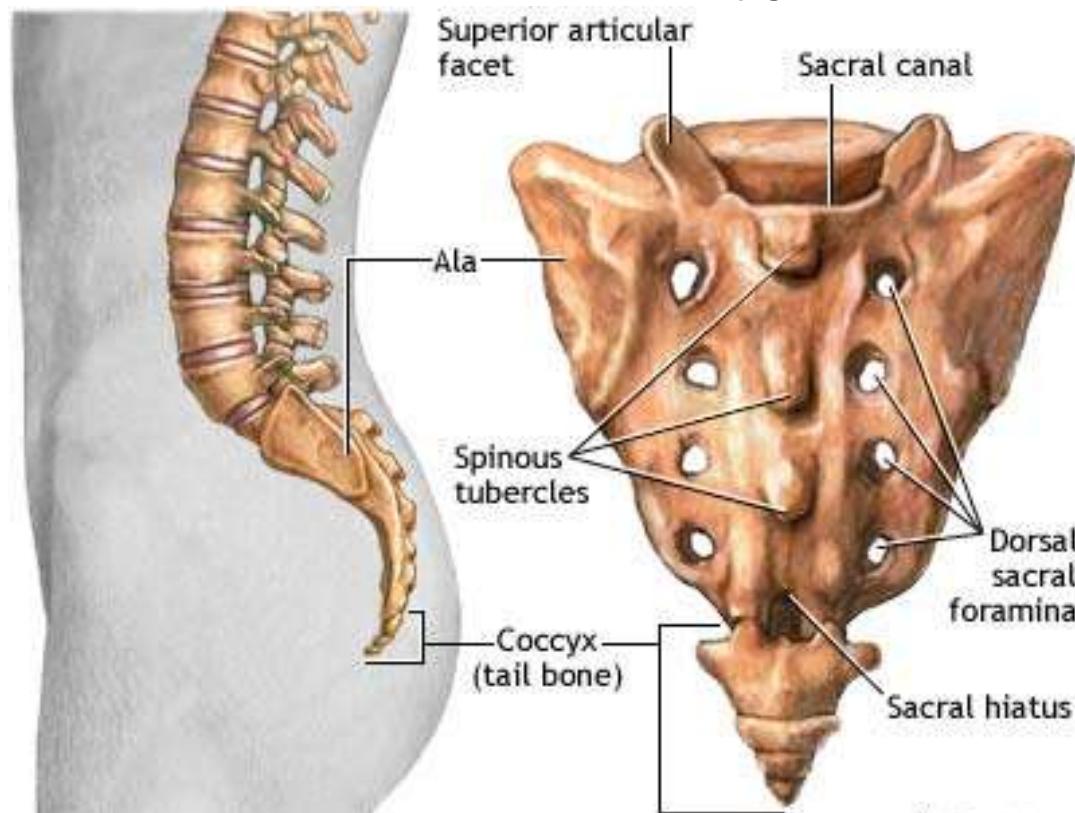


# The sacral canal, *canalis sacralis*

## The spine curves



- ✓ *hiatus sacralis* ⇒ *lig. sacrococcygeum dorsale*
- ✓ *cornua sacralia* ⇒ *cornua coccygea*

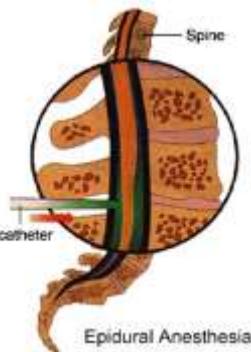


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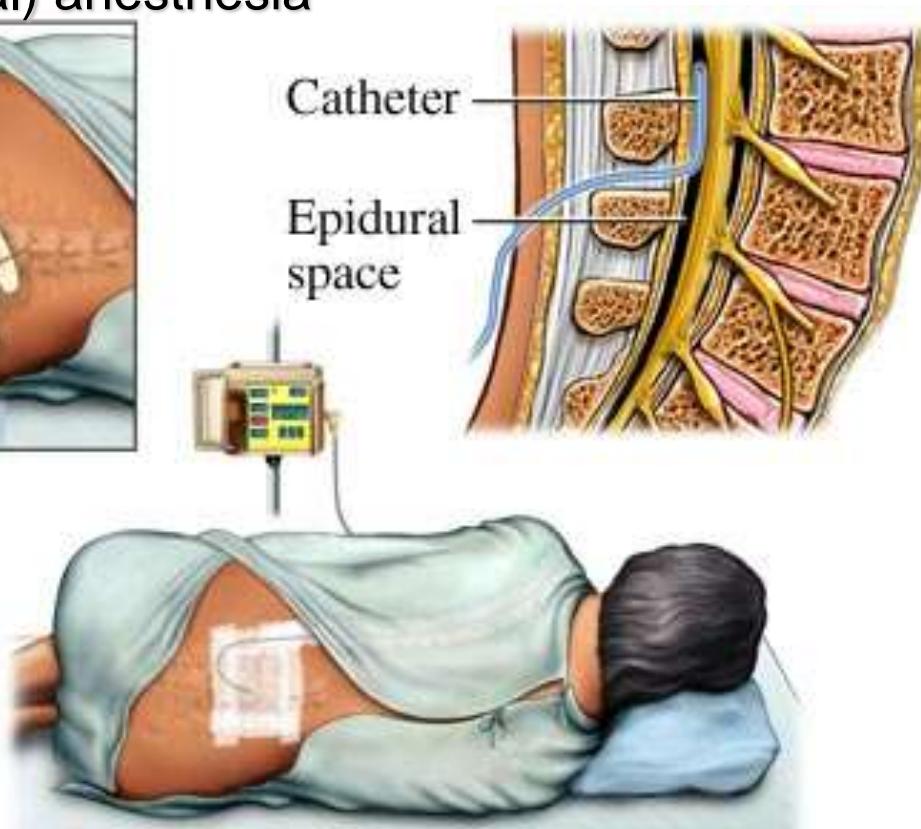
проф. д-р Николай Лазаров

# “Sacral fontanelle” – clinical significance

## Epidural anesthesia



- Sacral hiatus ⇒ covered by the skin, subcutaneous fat, and the sacrococcygeal ligament:  
sacral (epidural) anesthesia



# The vertebral canal – content

## **Vertebral canal**



- ✓ spinal cord
  - ✓ spinal nerve roots
  - ✓ spinal meninges
  - ✓ venous plexuses
  - ✓ loose connective tissue

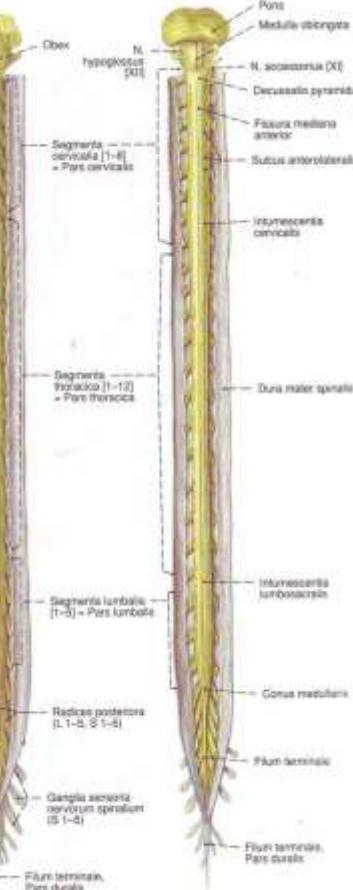
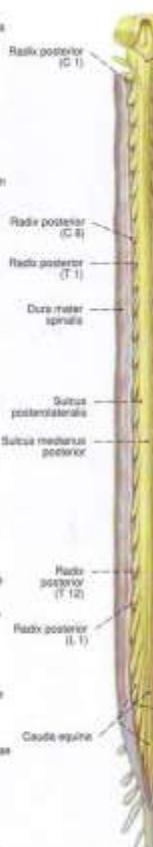
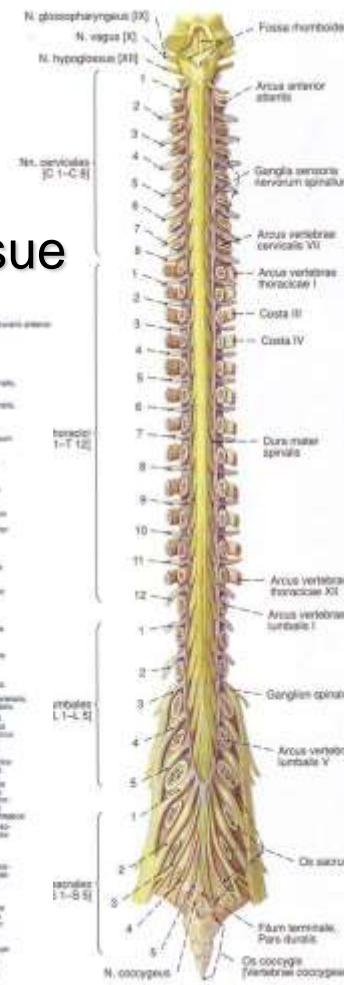
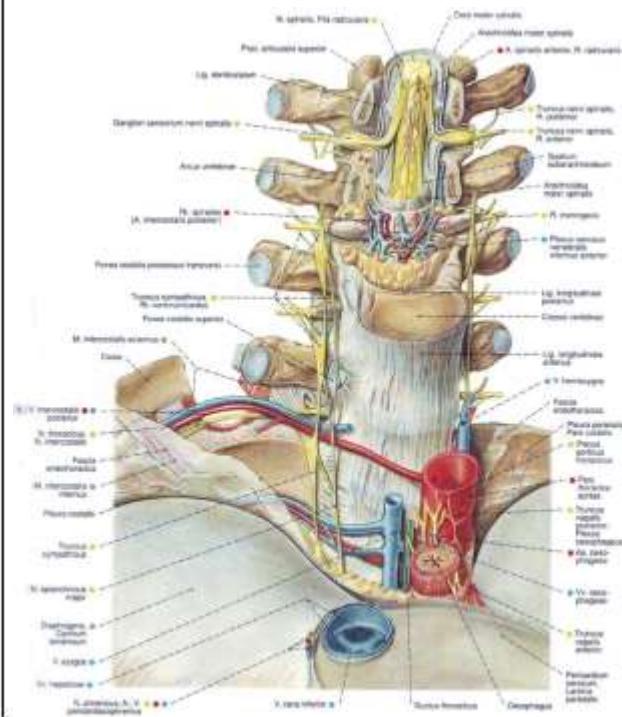


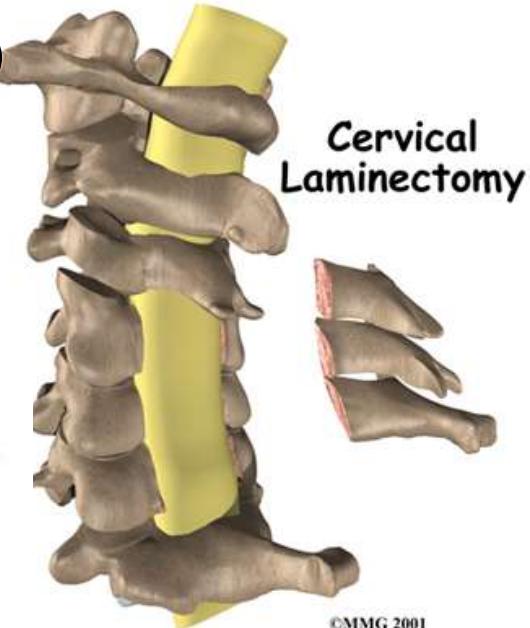
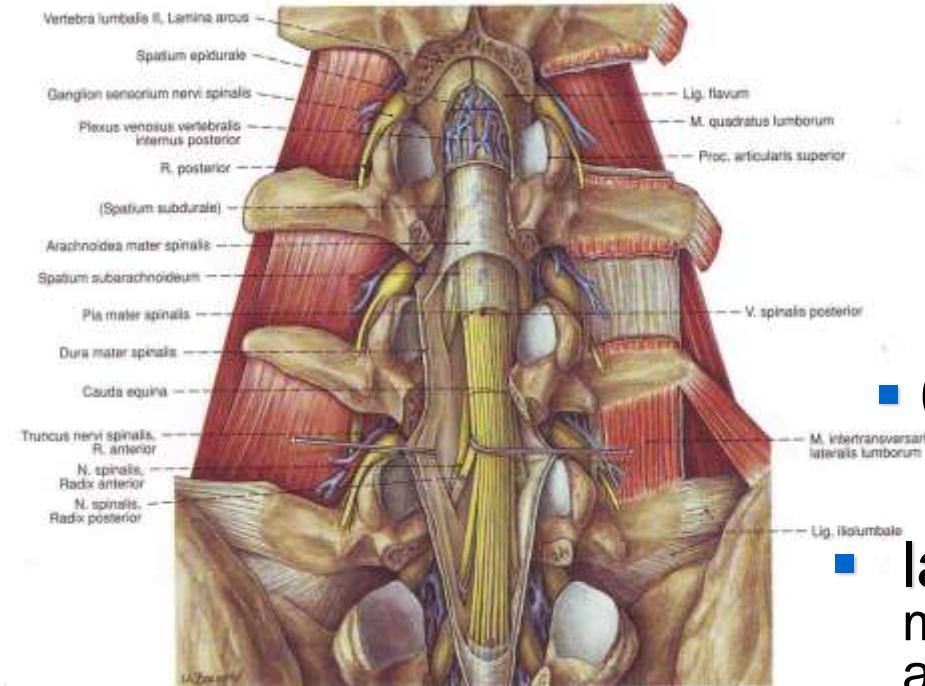
Abb. 5

Abb. 50

# Venous plexuses

## ■ *plexus venosus vertebralis internus:*

- ✓ *anterior* (in *cavum epidurale*)
- ✓ *posterior*
- ✓ cavo-caval anastomosis



- 6 longitudinal venous trunks

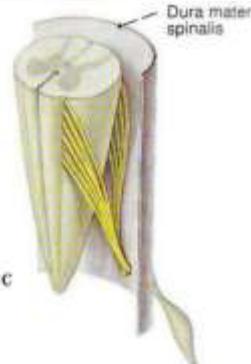
- laminectomy ⇒ massive bleeding and air embolism

Veins of the  
vertebral column



# The spinal meninges

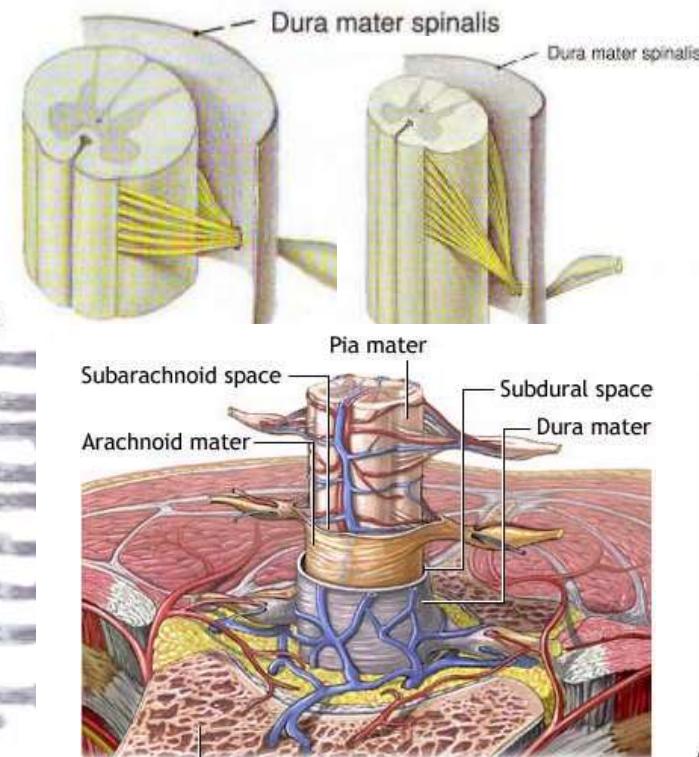
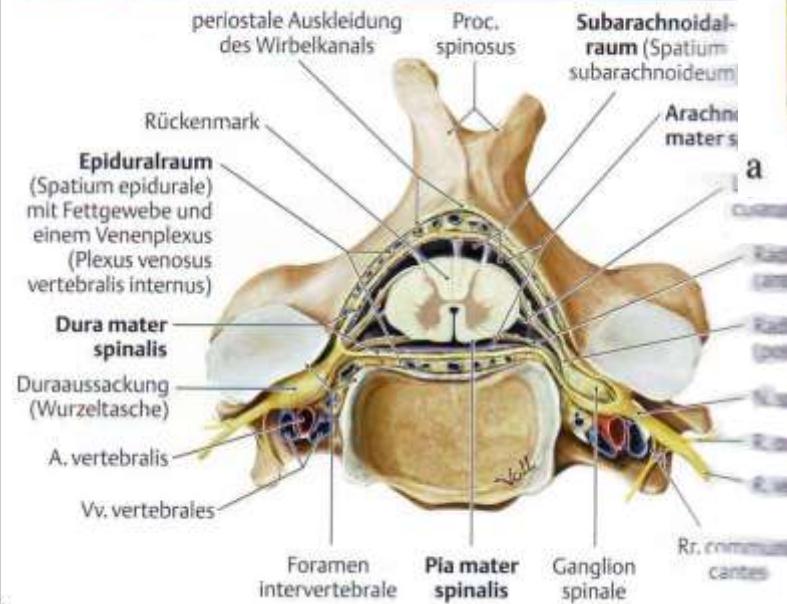
## Spinal meninges



- *dura mater spinalis* – from *foramen magnum* to *S<sub>2</sub>*  
⇒ *cavum subdurale*: lymph-like fluid
- *arachnoidea spinalis*  
⇒ *cavum subarachnoidale (leptomeningicum)*  
⇒ *cisterna terminalis: liquor cerebrospinalis*
- *pia mater spinalis*

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## Darstellung der Rückenmarkshäute

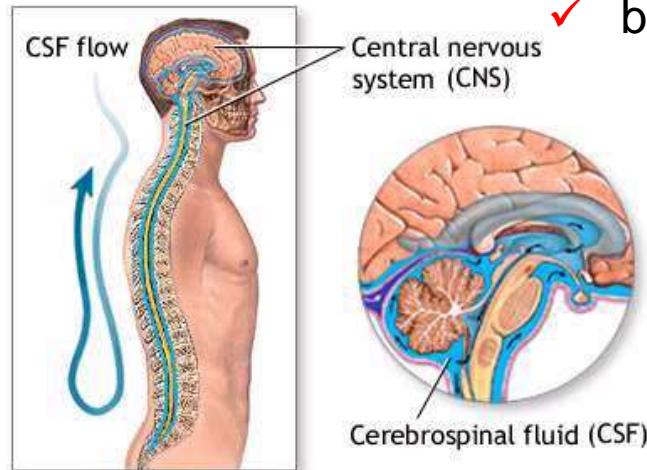


# The spinal meninges – clinical significance

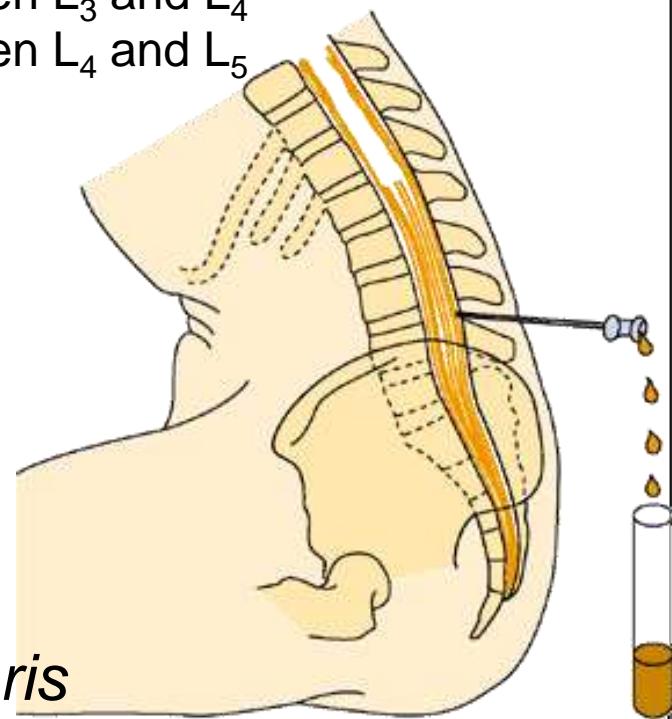
Lumbar puncture

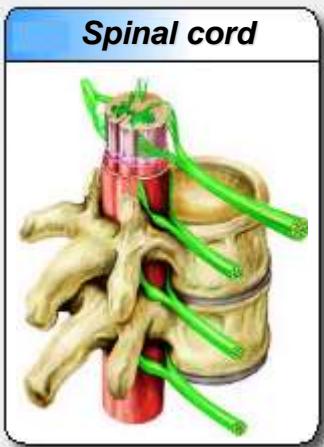


- intradural spinal anesthesia
- lumbar puncture (spinal tap): intercristal line (Jacoby's line) = L<sub>4</sub>
  - ✓ between L<sub>3</sub> and L<sub>4</sub>
  - ✓ between L<sub>4</sub> and L<sub>5</sub>



- suboccipital puncture ⇒ *cisterna cerebellomedularis*

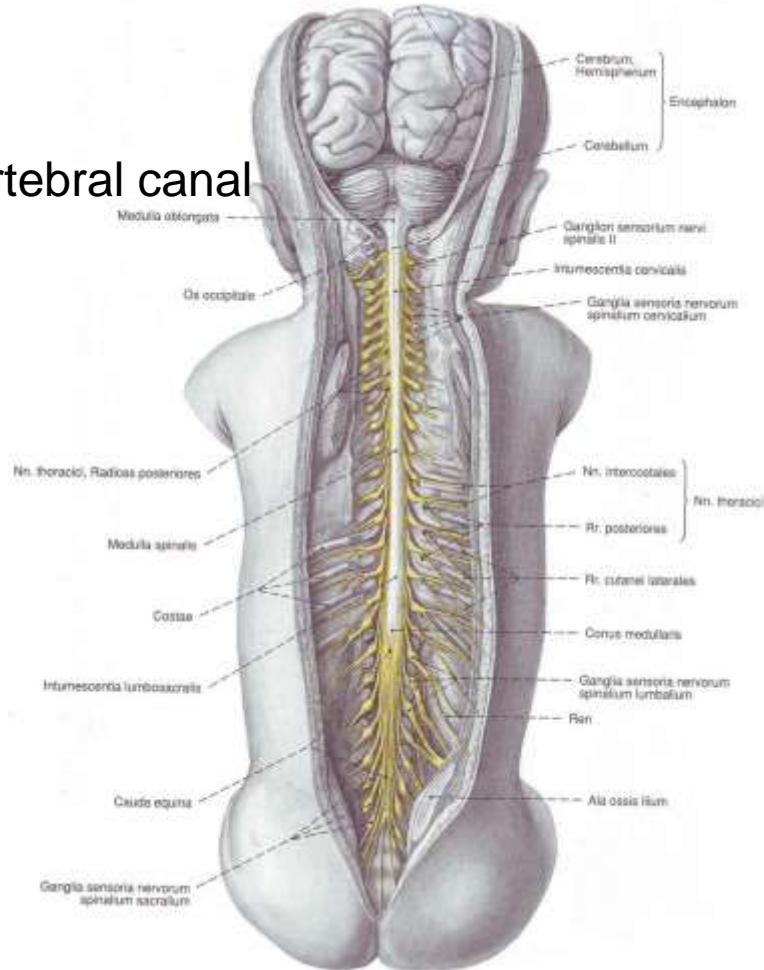




# The spinal cord, medulla spinalis

- location:

- ✓ in the upper  $\frac{2}{3}$  of the vertebral canal
- ✓ from *foramen magnum*
- ✓ lower margin of L<sub>1</sub>,  
or upper margin of L<sub>2</sub>
- ✓ in men – until Th<sub>12</sub> level
- ✓ in women and children  
– slightly lower



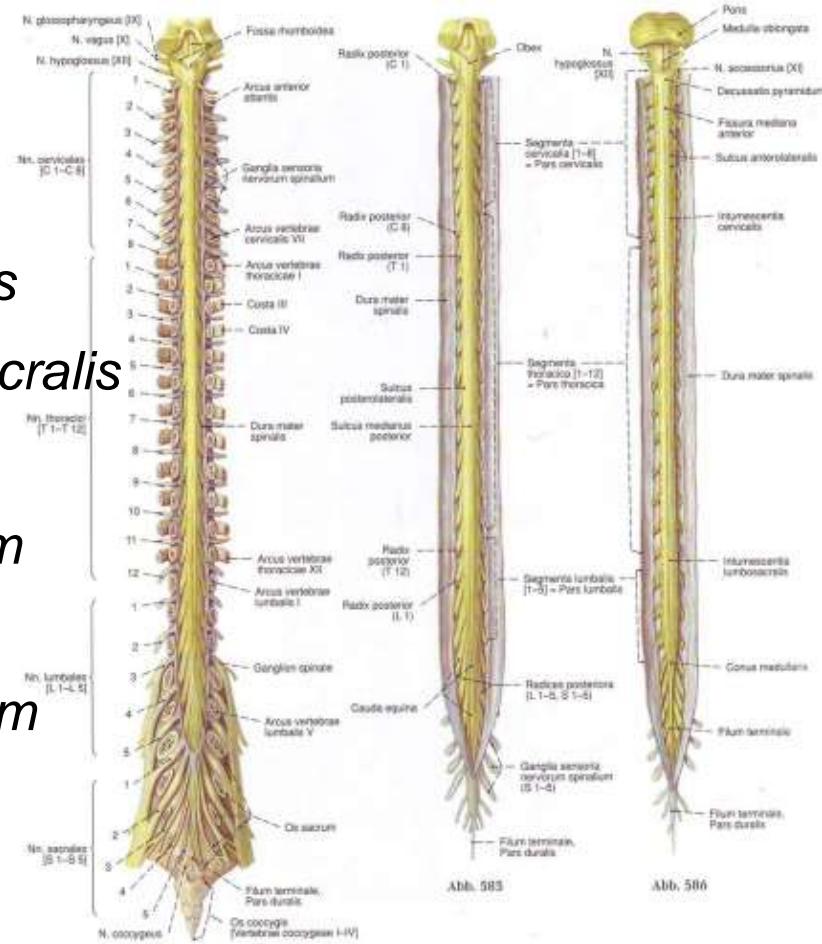
## Shape and topography

### Spinal cord segment anatomy

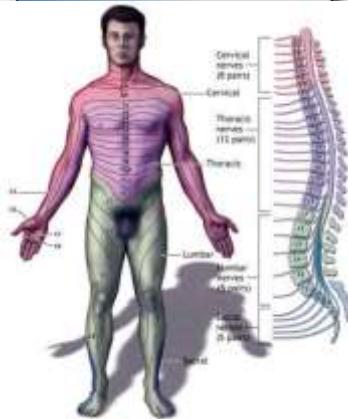


# The spinal cord – shape and topography

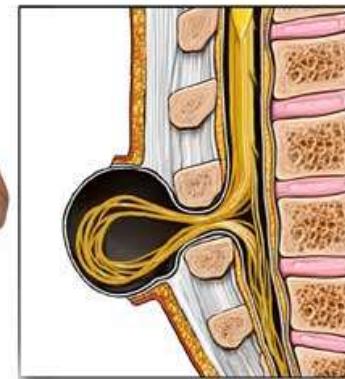
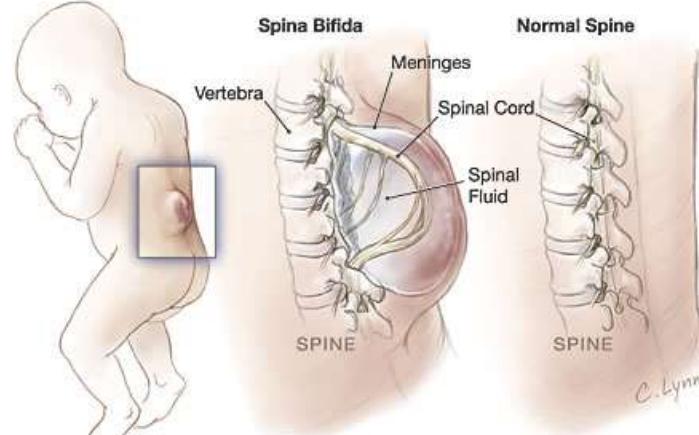
- ✓ length: 40-45 cm
- ✓ diameter: 1.0-1.5 cm
- ✓ 31 segments
- ✓ *intumescensia cervicalis*
- ✓ *intumescensia lumbosacralis*
- ✓ *conus medullaris* – L<sub>2</sub>
- ✓ *filum terminale internum*
  - L<sub>2</sub>-S<sub>2</sub>
- ✓ *filum terminale externum*
  - Co<sub>2</sub>
- ✓ *cauda equina*



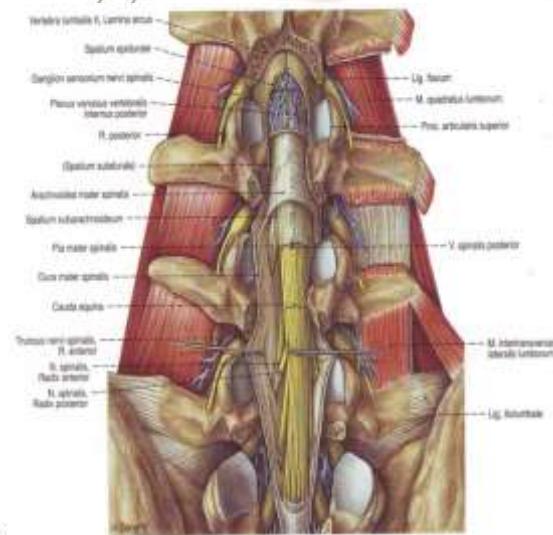
**Dermatome innervation**



# The spinal cord – clinical significance

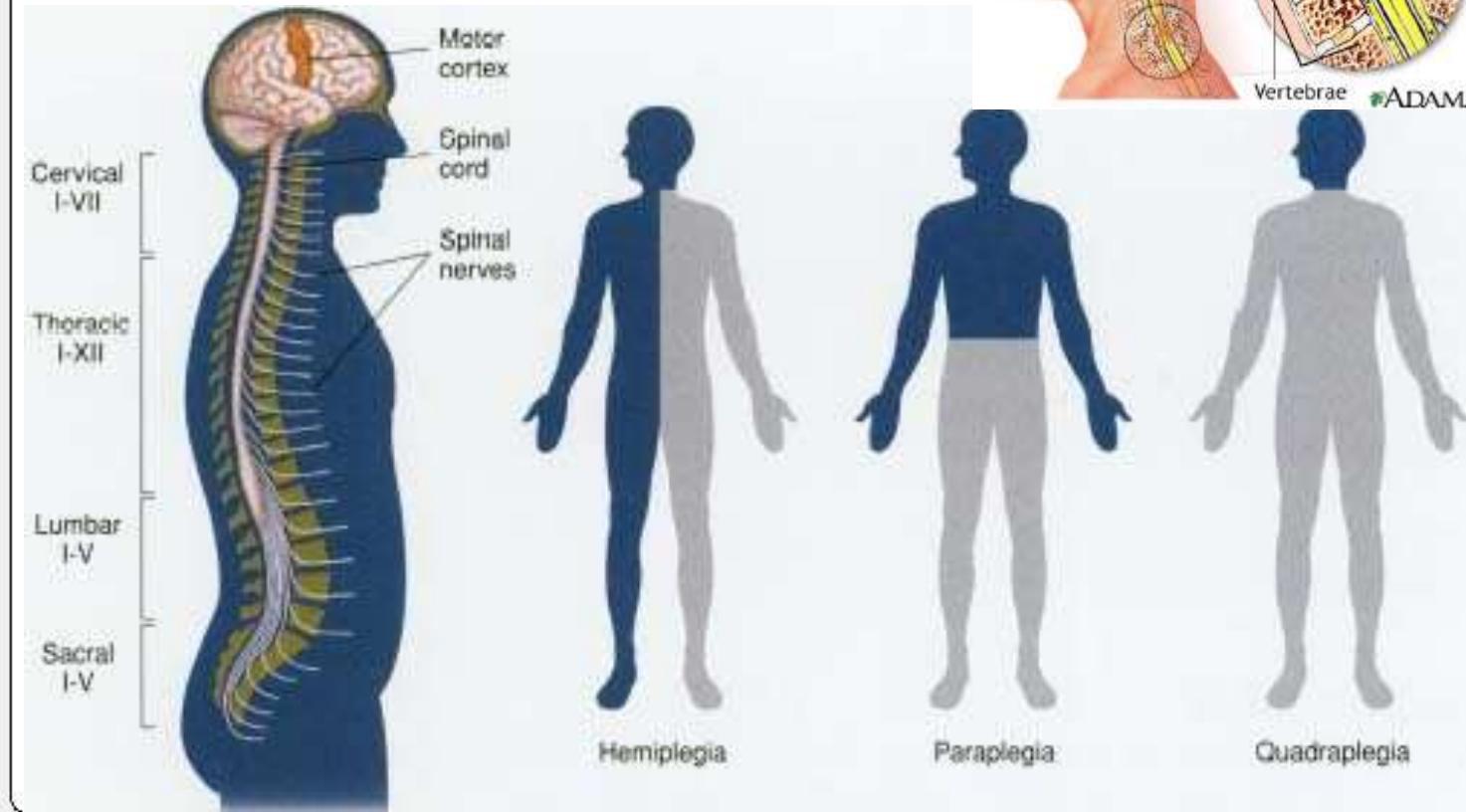
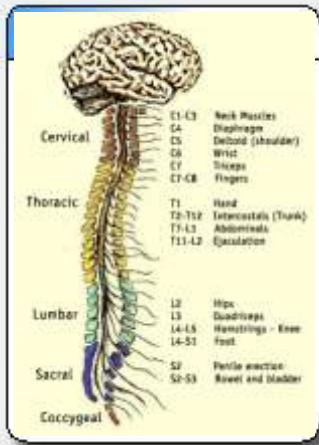


Defect in vertebrae allows spinal nerves to protrude



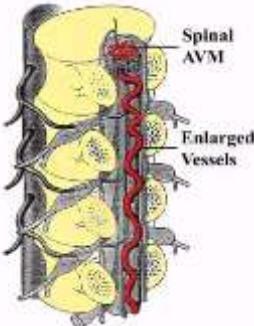
- **spina bifida:**
  - ✓ *occulta* – L<sub>5</sub> and/or S<sub>1</sub>
  - ✓ *cystica*
- **myelomeningocele**
- **spinal cord trauma**

# The spinal cord – clinical significance

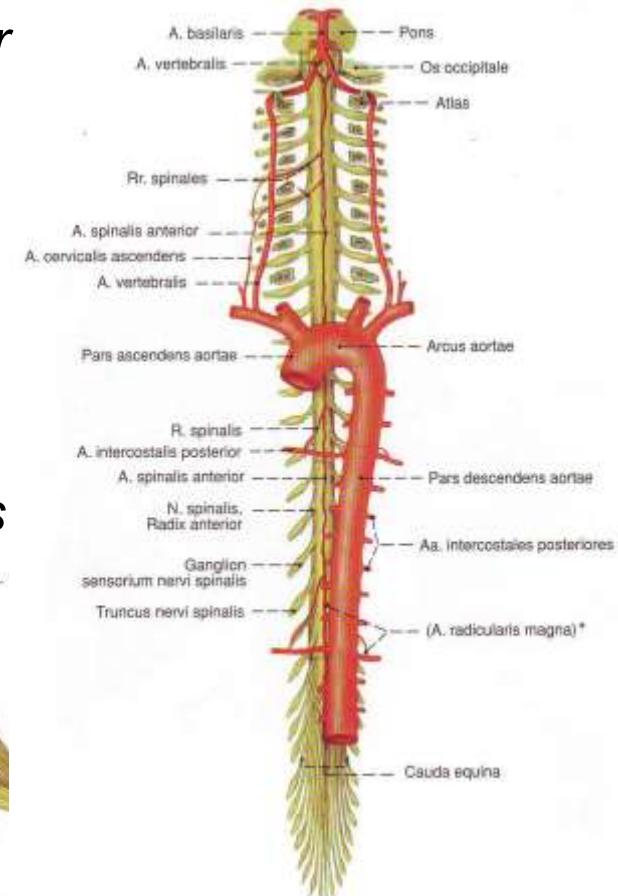
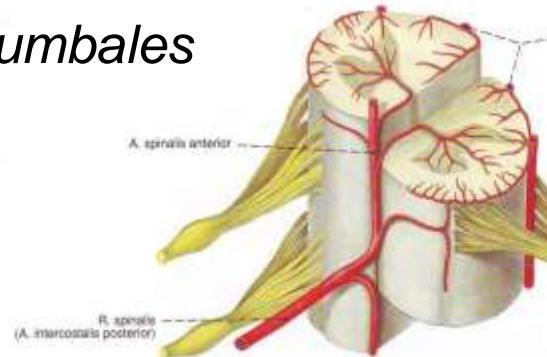


# Blood supply of the spinal cord

Spinal cord –  
vascular malformations

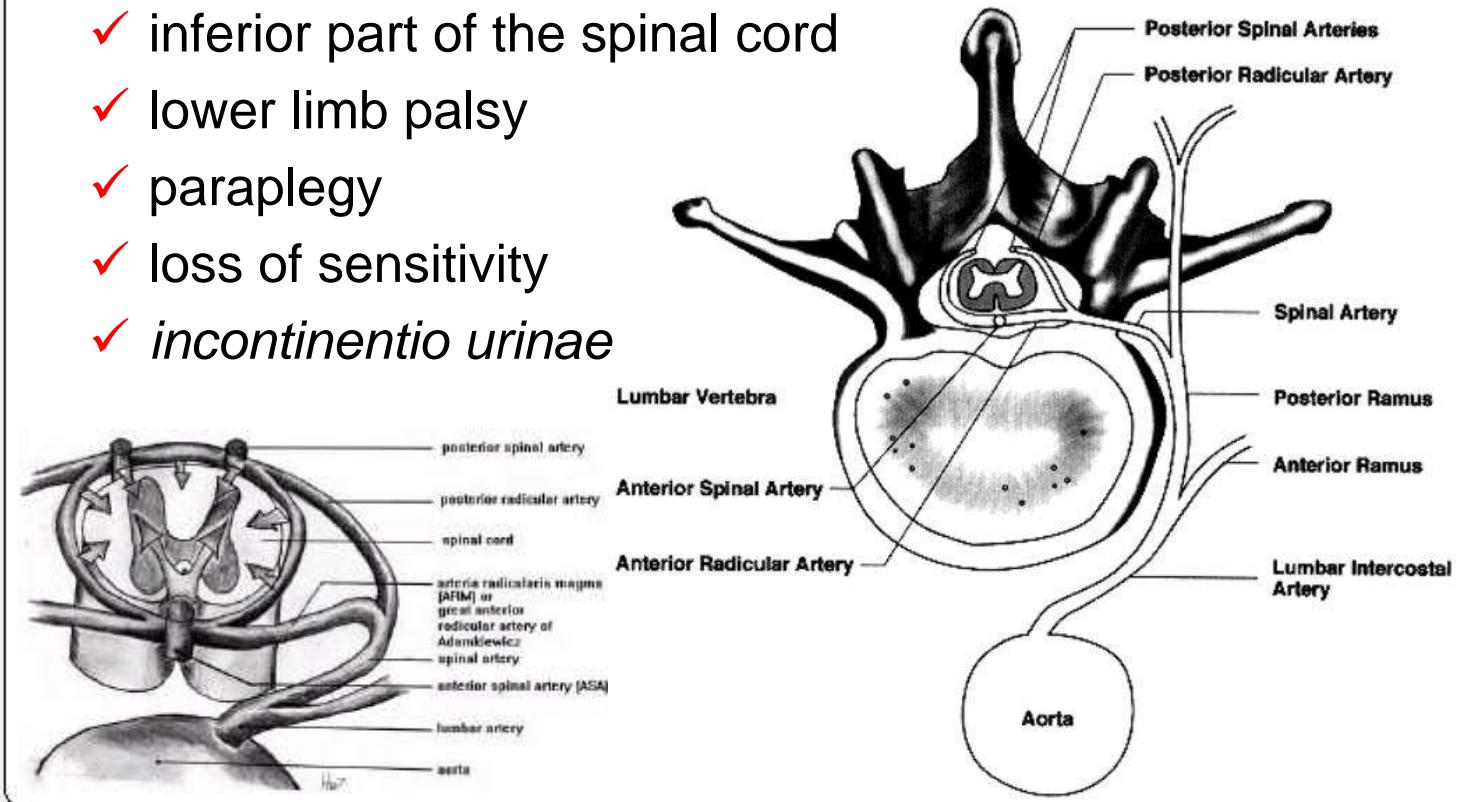


- longitudinal column (*a. vertebralis*):
  - ✓ unpaired *a. spinalis anterior*
  - ✓ *aa. spinales posteriores*
- segmental supply:
  - ✓ *a. cervicalis ascendens*
  - ✓ *a. cervicalis profunda*
  - ✓ *a. vertebralis*
  - ✓ *aa. intercostales posteriores*
  - ✓ *aa. lumbales*



# Blood supply of the spinal cord – clinical significance

- *a. radicularis magna* (artery of Adamkiewicz):
  - ✓ inferior part of the spinal cord
  - ✓ lower limb palsy
  - ✓ paraplegy
  - ✓ loss of sensitivity
  - ✓ *incontinentio urinae*



# *Thank you ...*



"I'M THE ONE WITH THE MEDICAL DEGREE, I'LL DETERMINE  
IF YOUR BACK IS BOthering YOU, OR NOT..."