# Abdomen: Surface Anatomy

# **Objectives**

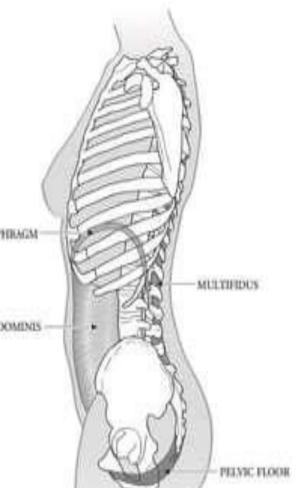
- Structure and function of abdominopelvic cavity
- ii. Abdominal planes and regions
- iii. Abdomen landmarks
- iv. Superficial reflexes

## Overview of abdomen

 The abdomen is the region of the trunk between the thorax and pelvis:

→Superiorly – by the diaphragm

→Inferiorly – by the pelvic diaphragm



# Overview of abdominal cavity

- Superiorly the abdominal cavity is separated from the thoracic cavity by the diaphragm
- Inferiorly the abdominal cavity continues into the pelvis and no floor of its own. It is limited inferiorly by the pelvic floor aka pelvic diaphragm separating abdominopelvic cavity from perineum

## Overview of abdominal wall

- The abdominal cavity is enclosed by the abdominal wall
- The abdominal wall can be divided into two main parts:
- a. Anterolateral abdominal wall
- b. Posterior abdominal wall

## Functions of abdominal wall

- Forms a firm, flexible wall which keeps the abdominal viscera in the abdominal cavity
- Maintains anatomical position of abdominal viscera against gravity
- Assist in forceful expiration by pushing abdominal viscera upwards
- Involved in any action that increases intraabdominal pressure like coughing, vomiting

# Abdominal planes and regions

- Vertical lines and horizontal planes are commonly used:
- a. To facilitate description of diseased structures
- b. Performing of abdominal procedures

### Vertical lines

- Midclavicular lines drawn vertically from the midpoint of each clavicle
- •Bilateral sagittal planes that **intersect** the **costal margin** [tip of the 9<sup>th</sup> costal cartilage] and the **inguinal folds** [midpoint between the anterior superior iliac spine and pubic symphysis]

# Horizontal planes

- All planes are useful in defining the vertebral levels
- 1. Transpyloric plane L1 vertebral level
- 2. Subcostal plane upper border of L3 vertebral level
- 3. Transtubercular plane L5 vertebral level
- 4. Interspinous plane L4 vertebral level
- 5. Transumbilical plane between L3 & L4

# Transpyloric plane

- Vertebral level L1
- Located midway between the superior borders of the manubrium of the sternum and pubic symphysis
- •Commonly **transects the pylorus** (distal part of the stomach) when the individual is recumbent (supine or prone)

# Subcostal plane

- Vertebral level L3
- Commonly passing through the inferior border of the 9<sup>th</sup> costal cartilage on each side

## Transtubercular plane

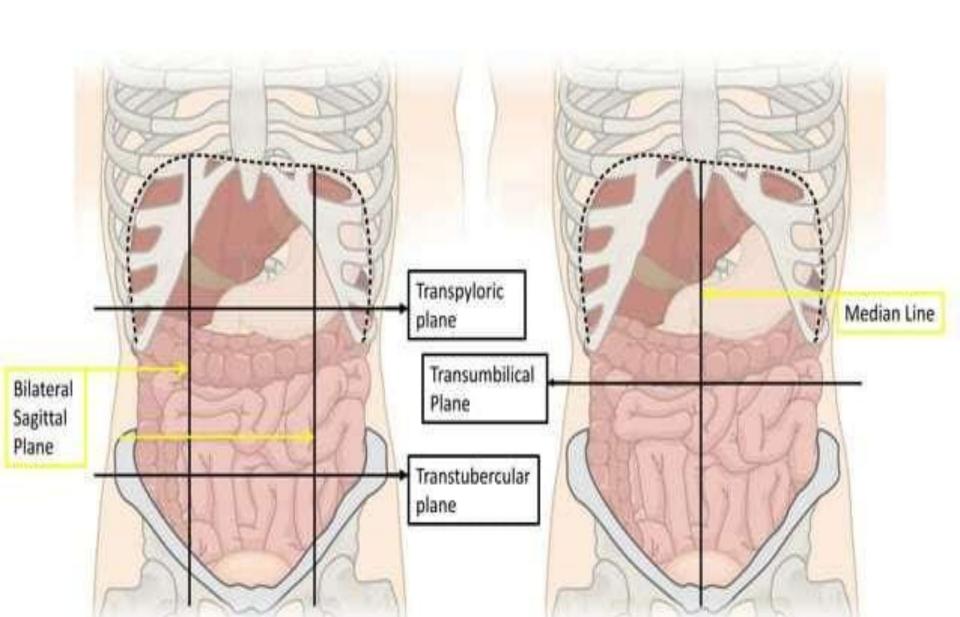
- Vertebral level L5
- Passes through the iliac tubercles and the body of the L5 vertebra

## Interspinous plane

- Vertebral level L4
- Passes through the easily palpated anterior superior iliac spine on each side

## Transumbilical plane

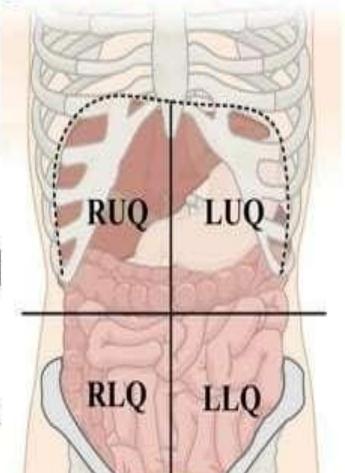
- Vertebral level between L3 & L4
- Passes through the umbilicus
- Commonly used with median plane in demarcating the abdomen quadrants



# Contents of Abdominal quadrants and regions

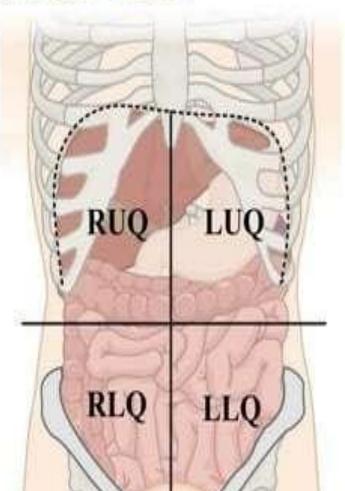
# RUQ: Right Upper Quadrant

- Right lobe of the liver
- Pylorus of the stomach
- Duodenum: parts 1-3
- Right kidney & suprarenal gland
- Pancreas head
- Superior part of ascending colon
- · Right half of transverse colon



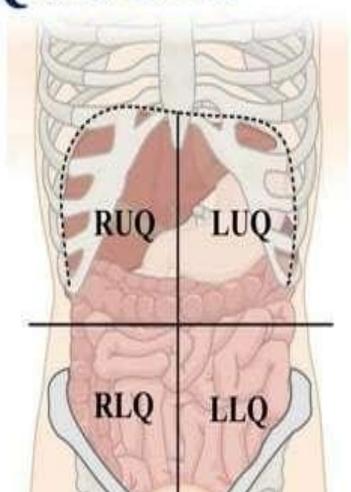
# LUQ: Left Upper Quadrant

- Left lobe of the liver
- Spleen
- Stomach
- Pancreas: body and tail
- Left kidney & suprarenal gland
- · Left half of transverse colon
- Superior part of descending



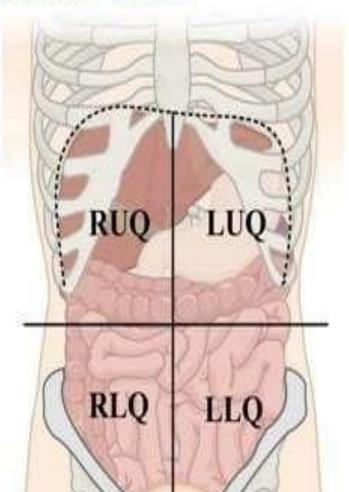
# RLQ: Right Lower Quadrant

- Cecum
- Appendix
- Ascending: inferior part
- Right ovary & uterine tube
- Right ureter & urinary bladder (if full)
- Right spermatic cord



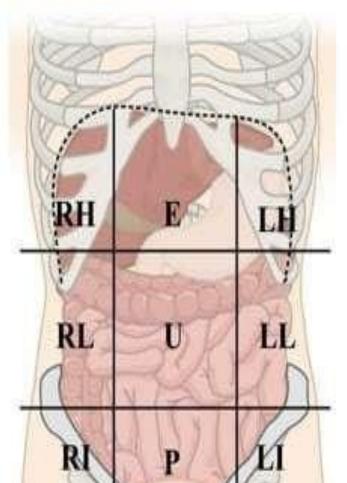
## LLQ: Left Lower Quadrant

- Sigmoid colon
- Descending colon: inferior part
- Left ovary & uterine tube
- Left ureter & urinary bladder (if full)
- ·Left spermatic cord



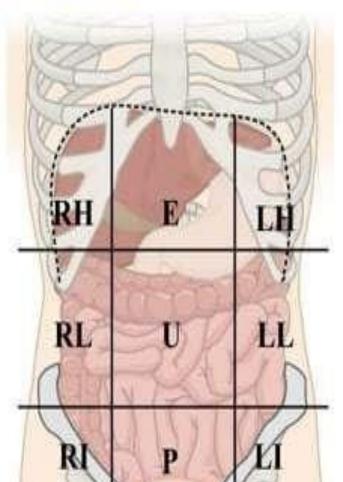
## RH: Right Hypochondrium

- Liver
- Gallbladder
- Small intestine
- Ascending colon
- Transverse colon
- Right kidney



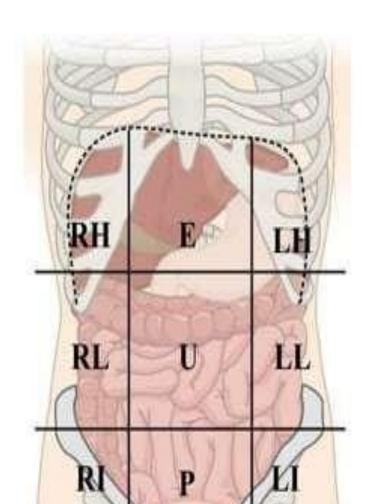
# LH: Left Hypochondrium

- Stomach
- Top part of the left lobe of the liver
- Left kidney
- Spleen
- Tail of pancreas
- · Transverse colon
- Descending colon



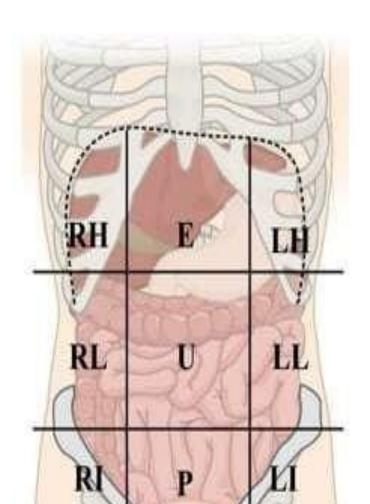
# E: Epigastric

- Oesophagus
- Stomach
- Liver
- Spleen
- Pancreas
- Right and left suprarenal glands
- Small intestine



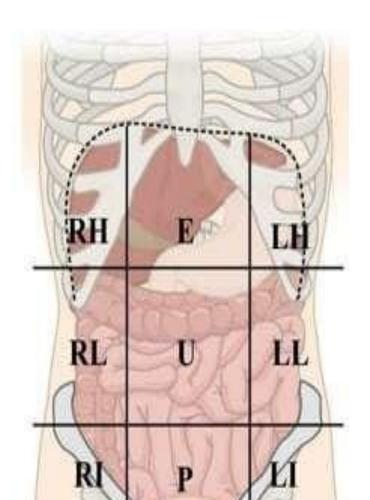
# RL: Right Lumbar

- Tip of the liver
- Gallbladder
- Small intestine
- Ascending colon
- Right kidney



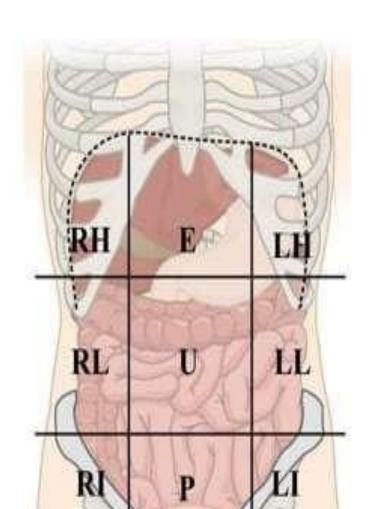
### LL: Left Lumbar

- Portion of small intestine
- Part of descending colon
- Tip of left kidney



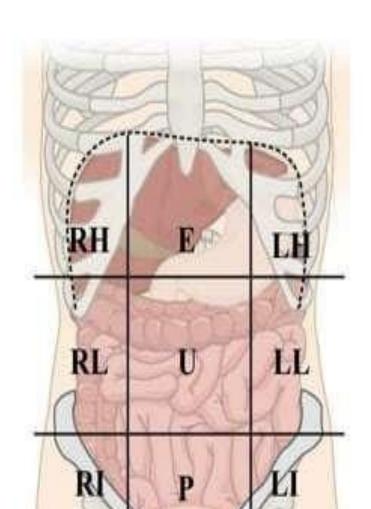
## U: Umbilical

- Stomach
- Pancreas
- Small intestine
- Transverse colon
- Right and left ureters
- ·Cisterna chyli



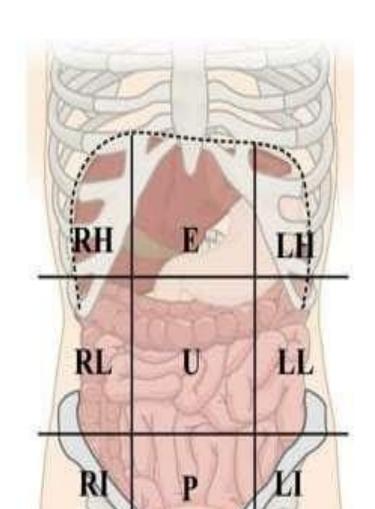
# RI: Right Inguinal

- Small intestine
- Appendix
- •Cecum
- Ascending colon
- Right ovary and uterine tube
- Right spermatic cord



## LI: Left Inguinal

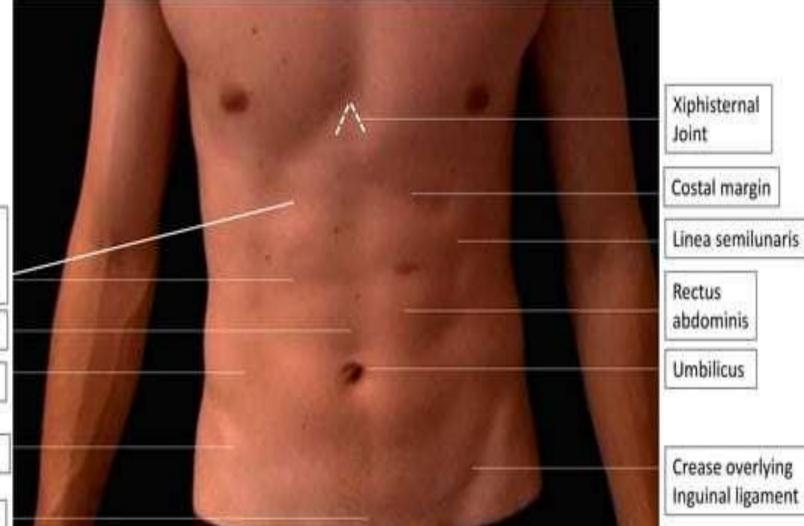
- Part of the small intestine
- Descending colon
- Sigmoid colon
- Left ovary and uterine tube
- ·Left spermatic cord



## Surface of the trunk

- →Superiorly xiphisternal joint and costal margin
- →Inferiorly symphysis pubis, inguinal folds, and iliac crest
- →Posteriorly lumbar paravertebral musculature

#### Surface Landmarks of the Abdomen



Tendinous Intersections of Rectus abdominis

Linea Alba

External oblique

Inguinal canal

Pubic Symphysis

- 1. Xiphoid process
- 2. Costal margin
- 3. Iliac crest
- 4. Pubic symphysis
- 5. Linea alba
- Linea semilunaris
- 7. Umbilicus



#### Xiphoid process

- Thin cartilaginous, lower part of the sternum
- Easily palpated in the depression where the costal margins meet in the upper part of the anterior abdominal wall
- Xiphisternal joint

#### Costal margin

- •The curved lower margin of the thoracic wall formed **anteriorly** by the cartilages of the 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, & 10<sup>th</sup> ribs and **posteriorly** by the cartilages of the 11<sup>th</sup> & 12<sup>th</sup> ribs
- •Costal margin reaches its lowest level at the 10<sup>th</sup> costal cartilage which lies opposite the body of L3 vertebra

#### Iliac crest

- When palpated can be felt along entire length
- Ends anteriorly at the anterior superior iliac spine and posteriorly at the posterior superior iliac spine
- Along the iliac spine, the outer margin projects to form tubercle of the crest lying at level of

#### Pubic symphysis

 Cartilaginous joint lying in the midline between the bodied of the pubic bones

#### Linea alba

- Vertically running fibrous band that lies in the midline extending from the pubic symphysis to the xiphoid process
- •Linea alba is formed by aponeuroses of the muscles of the anterior abdominal wall and represented by a slight median groove

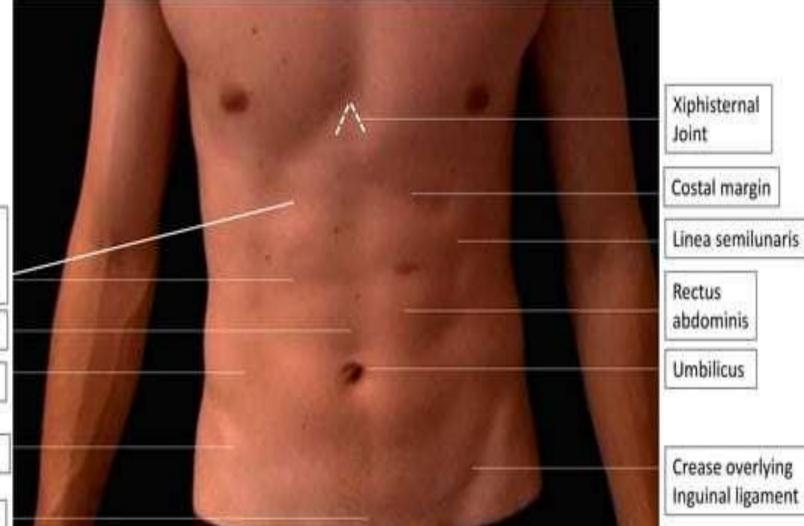
#### Linea semilunaris

- Lateral edge of the rectus abdominis muscle
- To accentuate the semilunar lines, the patient is asked to lie on the back and raise off the shoulder without using the arms
- To accomplish this, patient contracts rectus abdominis muscles to allow the lateral edges

#### Umbilicus

- •Lies in the linea alba and normally inverted
- Umbilicus is a scar that represents site of attachment of the umbilical cord in fetus

#### Surface Landmarks of the Abdomen



Tendinous Intersections of Rectus abdominis

Linea Alba

External oblique

Inguinal canal

Pubic Symphysis

# Clinical association: Superficial reflexes

#### Cremasteric reflex

- Stroking the skin of the medial side of the thigh evokes a reflex contraction of cremaster, which elevates the ipsilateral testis in males
- •Reflex is mediated by **genitofemoral nerve** [L1 and L2 nerve roots]

# Clinical association: Superficial reflexes

#### Superficial abdominal reflex

- Stroking each of the four quadrants of the anterior abdominal wall normally elicits a visible contraction of ipsilateral abdominal muscle
- Reflex used to localise lesions in the spinal cord

# Questions

# During an appendectomy, the surgical resident asked an attending senior medical student the following questions:

- a. Which abdomen quadrant and region will you find the appendix?
- When making a transverse incision in the anterolateral abdominal wall for an appendectomy, what nerve must be identified

## Questions

A young man who was thrown from his motorcycle complained of sharp pain on his left side and held his hand over his lower ribs. Radiographic studies revealed fractures of the 10<sup>th</sup> & 11<sup>th</sup> ribs:

- a. What abdominal organ was most likely injured?
- h Why is this organ so vulnerable to injury?