

# THE THORACIC WALL

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# <u>Plan</u>: I. INTRODUCTION I. THORACIC CAGE A- General overview B- Sternum C- Ribs D- Thoracic spine E- Thoracic joints

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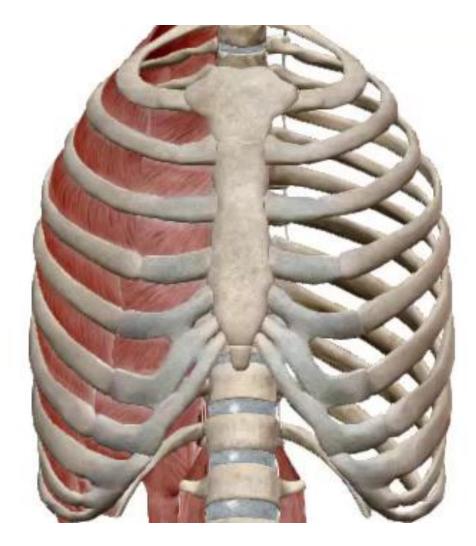
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- II. INTRINSIC MUSCLES OF THE THORAX
- I. OSTEO-MUSCULAR COVERING LAYERS
- II. VASCULARIZATION -INNERVATION
- VI. CLINICAL APPLICATIONS



### I. INTRODUCTION :

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The thoracic wall is made up of ar steocartilaginous framework.

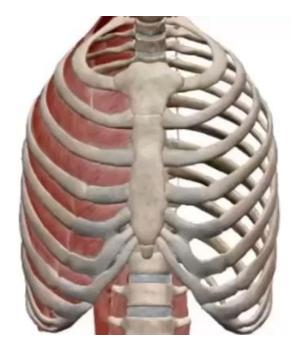
### II. THORACIC CAGE:

A-<u>General overview</u>:

The thoracic cage has the shape of a cone, made up of :

- Muscular elements
- Skeletal elements,

With a superior opening and a larger inferior opening.



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### a- External configuration:

- Anterior surface,
- Posterior surface,
- Lateral surfaces.



### I. INTRODUCTION :

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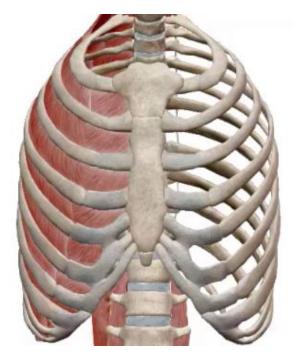
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### b-<u>Superior opening</u>:

- It is limited by :
  - Anteriorly : the jugular notch,

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- Laterally : the first ribs.
- Posteriorly : **T1**.
- Its diameter is :

 $\triangleright$ 

- 5 cm sagittally
- 10 cm transversally

### c- Inferior opening:

- It is limited by:
  - Anteriorly : the infrasternal angle.
    - Posteriorly : T12 and the 12th thoracic ribs.
  - Laterally: the lower border of last costal cartilage.



### B- Sternum

The sternum is an impair and median bone.

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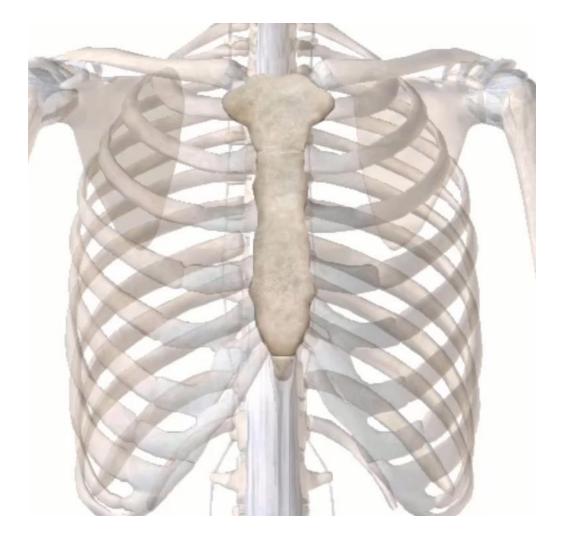
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- It is composed of :
  - the manubrium sterni,
  - the body,
  - the xyphoid process.
- These parts are united by:
   The manubriosternal symphysis,
- The xiphosternal synchondrosis.
- It measures 15 to 20 cm in length and 5 to 6 cm in width.



### B-Sternum:

### <u>2 surfaces :</u>

- Anterior surface,

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- Posterior surface.

### 3 borders :

- 2 lateral borders,
- 1 superior border.



### <u>C-Ribs</u>:

The ribs are flat, long and curved bones.

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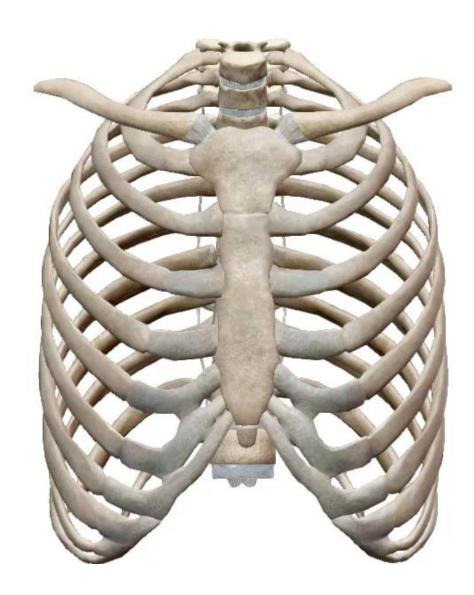
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- The are 12 ribs on each side, numbered from 1 to
- 12:

• True ribs : from the 1st to the 7th.

- False ribs : from the 8th to the 10th.
- Floating ribs : the 11th and the 12th.
- The ribs from 1 to 7 are called sternal ribs.
- Those from 8 to 12 are called asternal ribs.



### a-General characteristics 目 of ribs 3 to 9 (typical rib)

- The typical rib is medially concave, tilted downward and  $\triangleright$ forward, with a slight medial 畠 twist of its anterior part.
- Each rib, from back to front,  $\succ$ 白 presents:

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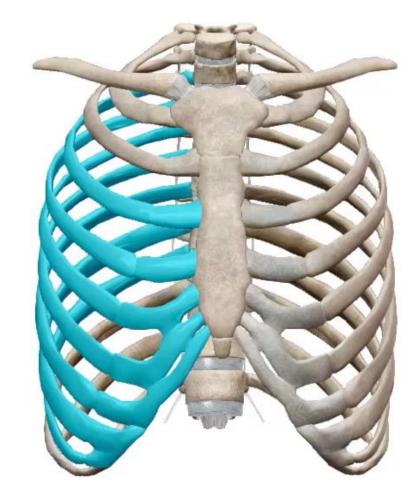
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- -A head,
- -A neck,
- -A tubercle,
- -A body.
- The anterior end continues  $\triangleright$ with costal cartilage.



### <u>b- Characteristics of the</u> <u>first rib :</u>

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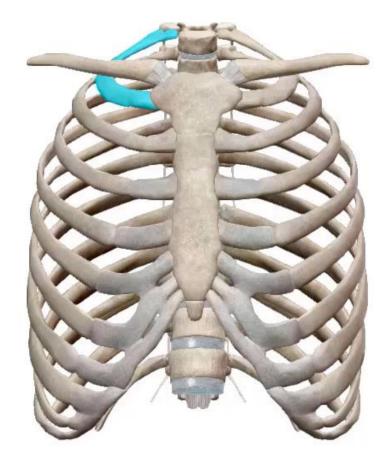
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- It is shorter and smaller than the other ribs.
- Its head has only one articular surface for T1.
- Its neck is thin and rounded.
- > Its body has :
- 2 surfaces : superior and inferior.
- 2 edges : medial and lateral.



<u>c- Characteristics of the</u> 12 second rib :

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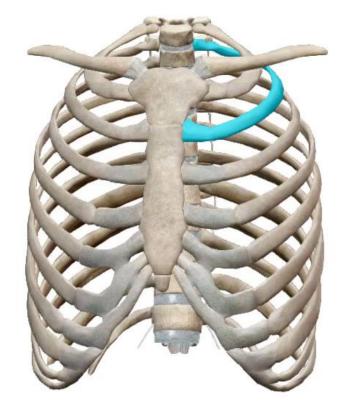
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牌 It is as twice as long as the first rib. 日

- <u>d- Characteristics of the</u> <u>11th and 12th rib :</u>
- 同 They do not have a tubercle and only present one articular surface for the  $\triangleright$ 国 目 T11 and T12 vertebrae. 国



### <u>D-Thoracic vertebrae:</u>

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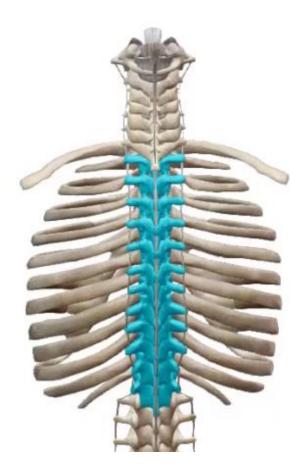
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- The are 12 thoracic vertebrae.
- <u>a-General characteristics of</u> <u>the thoracic vertebrae:</u>
- The thoracic vertebra has :
  - A vertebral body,
  - Two pedicles,
  - Two vertebral laminae,
  - A spinous process,
  - Two transverse processes,
    - Articular processes,
      - A vertebral foramen.



### E-Thoracic joints:

a- The sternocostal joints,

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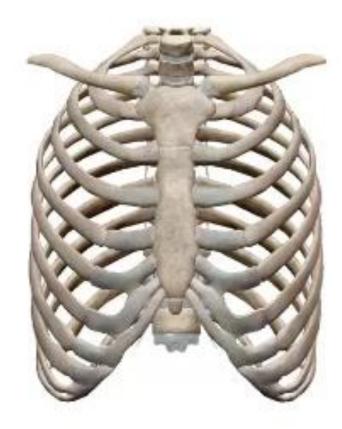
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- b- The interchondral joints,
- c- The costochondral joints,
- d- The costovertebral joints :
- That are composed of :
  - ✓ The costocorporeal articlation,
  - ✓ The costotransverse articulation.



### III.<u>INTRINSIC</u> <u>MUSCLES</u>

The are fully inserted on the thoracic cage.

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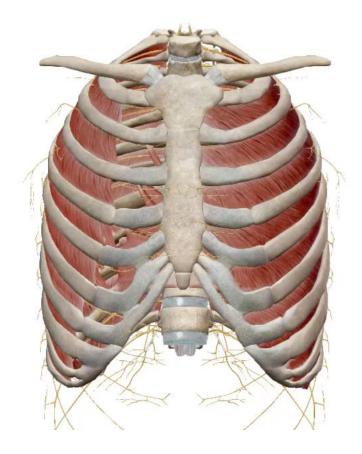
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- > They include :
  - ✓ External thoracic muscles,
  - ✓ Intercostal muscles,
  - ✓ Internal thoracic muscles.
- The innervation is provided by the intercostal nerves.



## III.<u>INTRINSIC</u> <u>MUSCLES</u>

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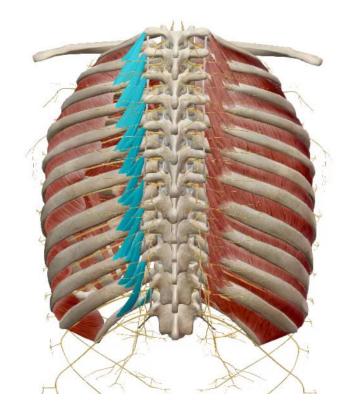
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### <u>A- The external thoracic</u> <u>muscles :</u>

- They originate from the apex of the transverse processes of the ribs from C7 to T11.
- They insert on the first 12 ribs.
- They elevate the ribs, making them inspiratory muscles.



### <u>B- The intercostal</u> <u>muscles :</u>

They are located in each intercostal space and include, from outside to inside : 123

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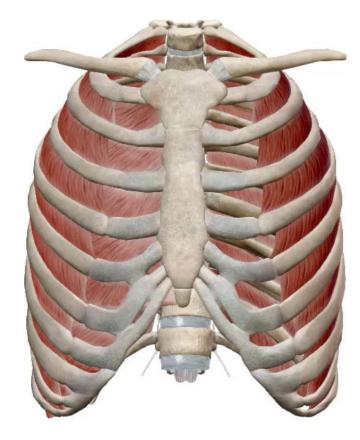
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- The external intercostal muscle,
- The internal intercostal muscle,
- The innermost intercostal muscle.



### <u>C- The internal thoracic</u> <u>muscle :</u>

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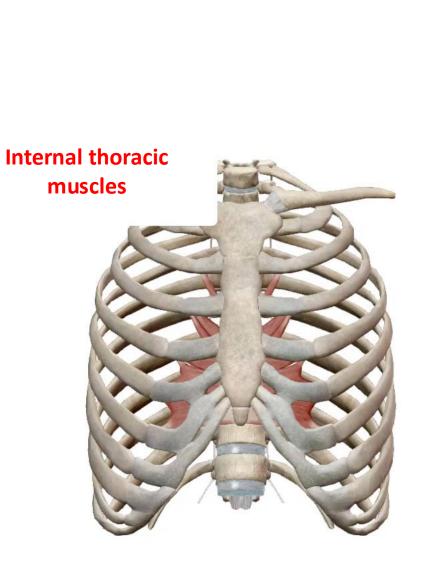
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# The transverse thoracic muscles :

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They originate from the posterior surface of the xypoid process and extend toward the 3rd and 4th rib, as well as the 3rd and 6th costal cartilages.



IV. <u>Cutaneous and</u> <u>muscular coverage</u> <u>layers:</u> 曰

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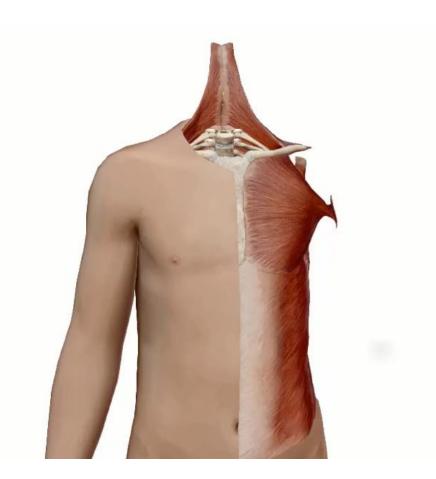
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- They are arranged from superficial to deep and include:
- The skin,
- The subcutaneous tissue,
- The fascia,
- The muscular layers.



### The muscular layers :

They are organised into two layers :

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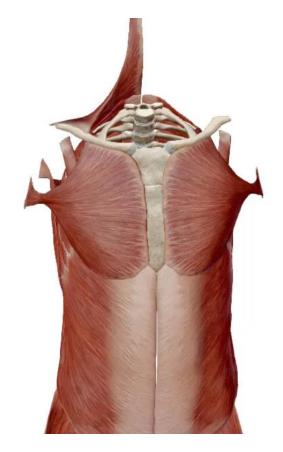
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- Posteriorly :
  - The trapezius and latissimus dorsi,
  - ✓ The rhomboid and serratus anterior muscles
- Anteriorly :
   The posterolic major
  - $\checkmark$  The pectoralis major.
- Laterally :
  - The serratus anterior anclean the external oblique muscles.



### V. VASCULARIZATION -INNERVATION:

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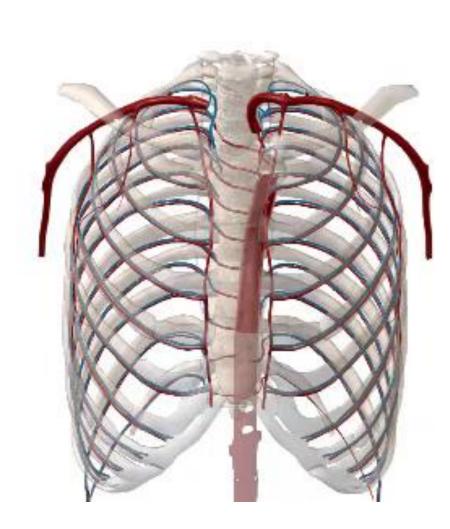
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### A-Arterial blood supply :

- The thoracic aorta :
  Posterior intercostal arteries,
  Subcostal arteries.
- The subclavian artery :
  Internal thoracic artery,
- ✓ Superior intercostal artery.
- The axillary artery :
- ✓ Superior thoracic artery,
- ✓ Lateral thoracic artery.



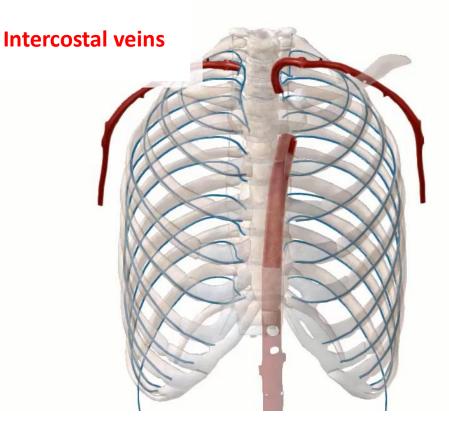
### B-Venous blood supply :

• Intercostal veins.

### C-<u>Innervation</u>:

Intercostal nerves.





### VI.<u>CLINICAL</u> <u>APPLICATIONS:</u>

### <u>Movements of the thoracic</u> <u>cage :</u>

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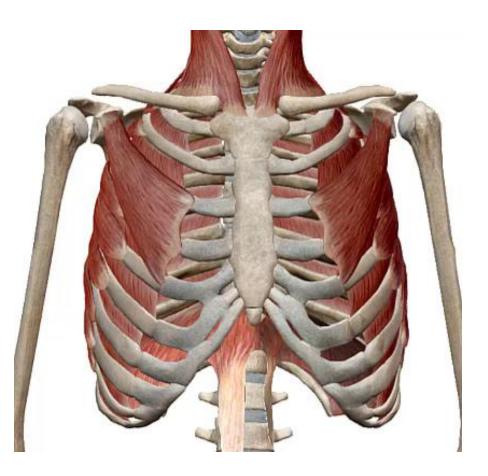
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- > The thoracic cage is elastic.
- It moves with each respiratory cycle, between a position of maximal expiration and a maximal inspiration.



### VII. CONCLUSION :

The thoracic wall is an

 osteocartilaginous and
 muscular structure
 articulated with the thoracic
 spine, whose integrity is
 essential for proper
 respiratory mechanics.

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 Its anatomical study is crucial for a throughout understanding of the pathology of its various components.

