



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

RETINACULA OF THE ANKLE

The retinacula are thickenings of

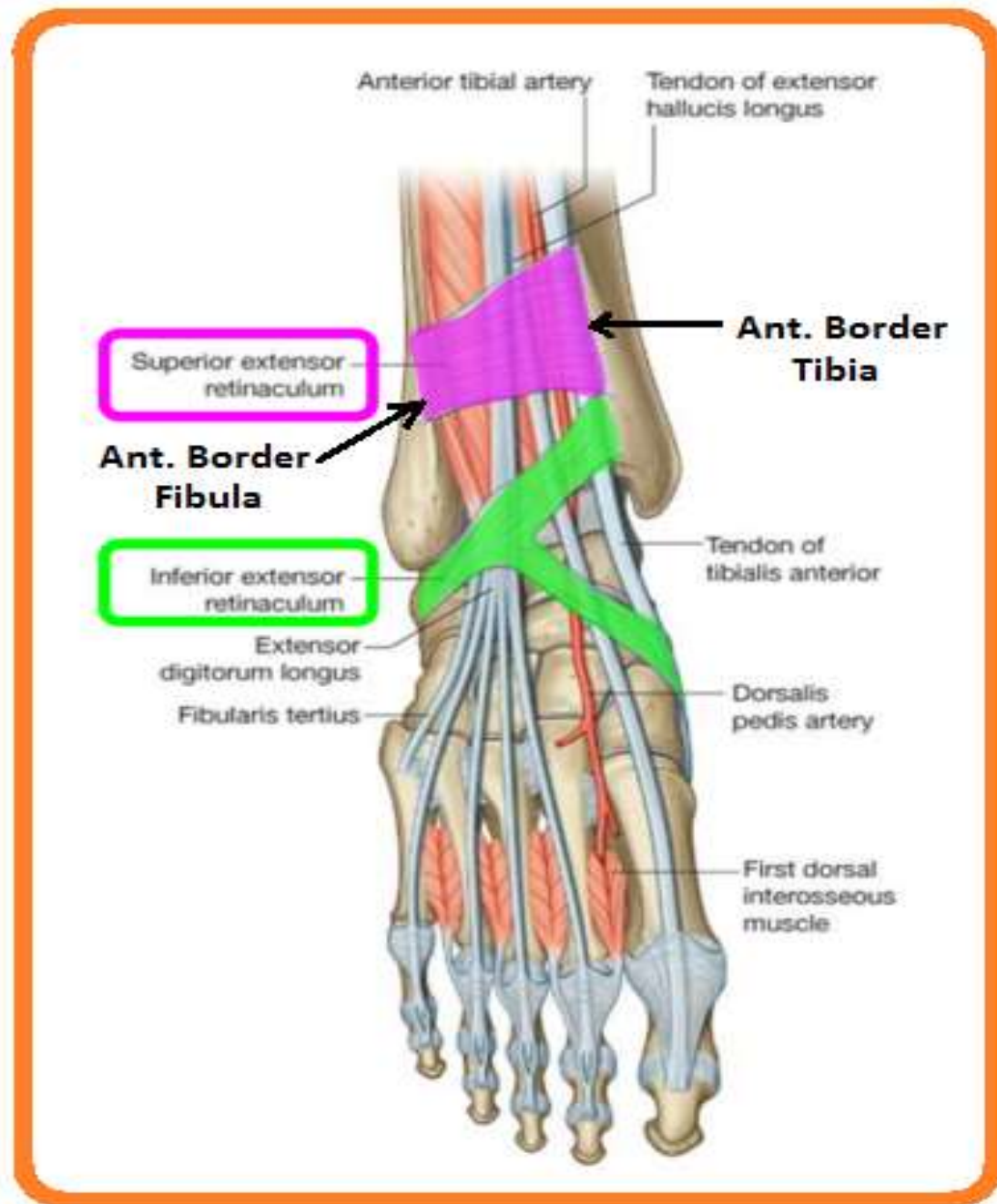
1. The deep fascia that

1. Keep the long tendons around the joint

1. Act as pulleys.

The superior extensor retinaculum is a transverse, roughly rectangular band located above the tibiotalar joint.

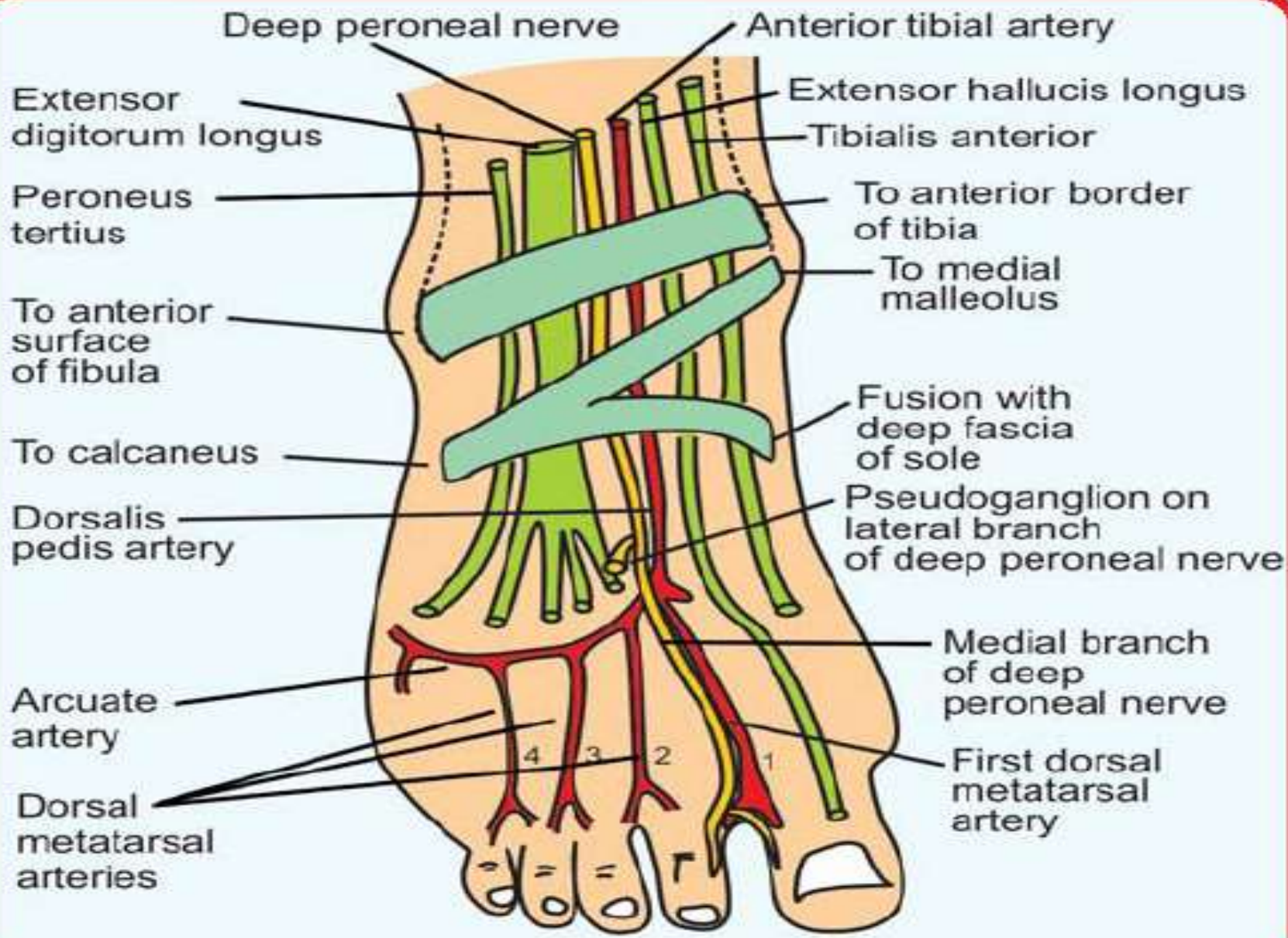
It is attached to lower end of anterior border of fibula and tibia



The superior extensor retinaculum houses

1. **The tibialis anterior,**
2. **Extensor digitorum longus,**
3. **Extensor hallucis longus,**
4. **Fibularis tertius tendons.**
5. **Anterior tibial vessels and**
6. **Deep fibular nerve**

(the **superficial fibular nerve** passes superficially to it).



Deep peroneal nerve

Anterior tibial artery

Extensor digitorum longus

Extensor hallucis longus

Peroneus tertius

Tibialis anterior

To anterior surface of fibula

To anterior border of tibia

To medial malleolus

To calcaneus

Fusion with deep fascia of sole

Dorsalis pedis artery

Pseudoganglion on lateral branch of deep peroneal nerve

Arcuate artery

Medial branch of deep peroneal nerve

Dorsal metatarsal arteries

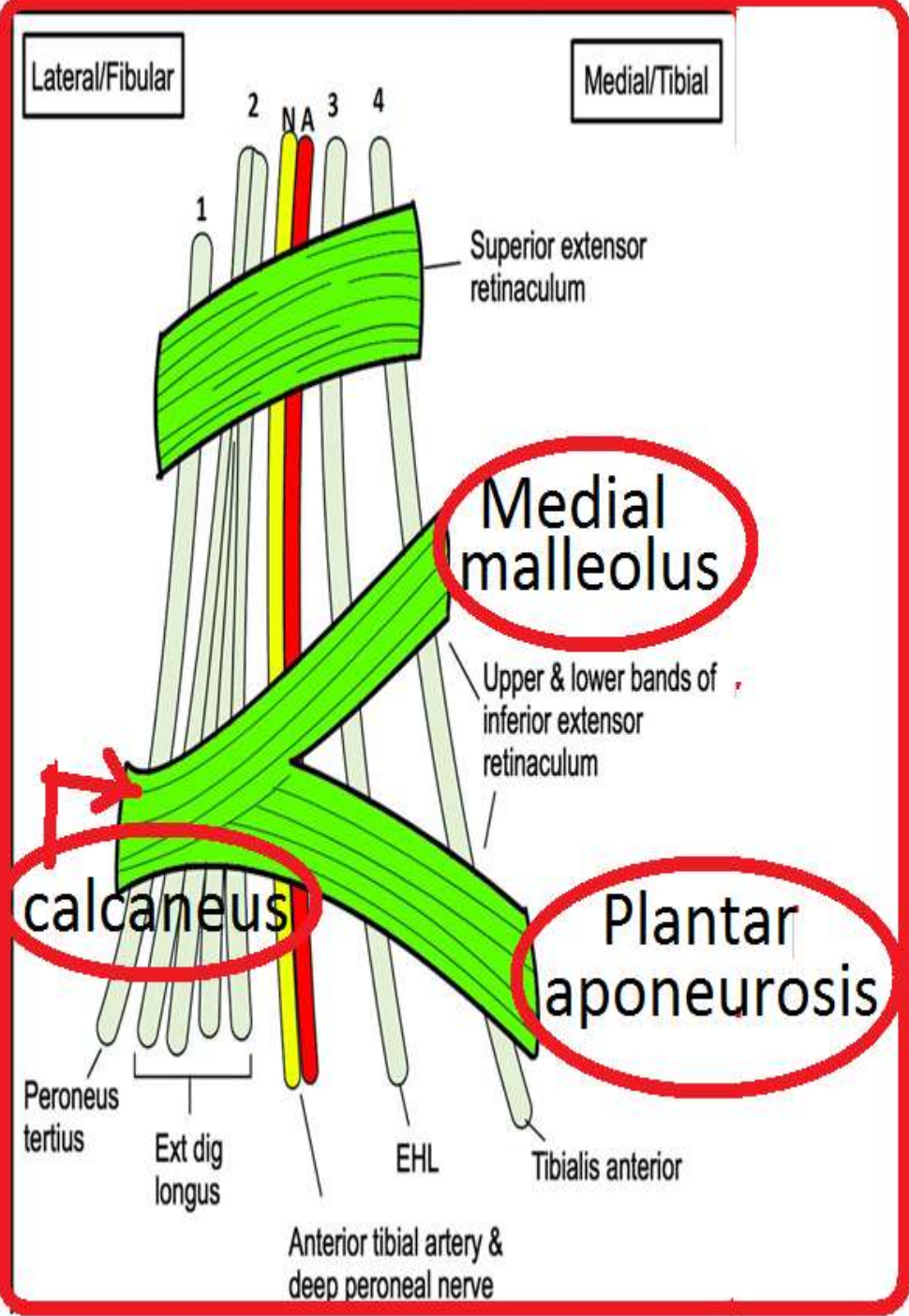
First dorsal metatarsal artery

4

3

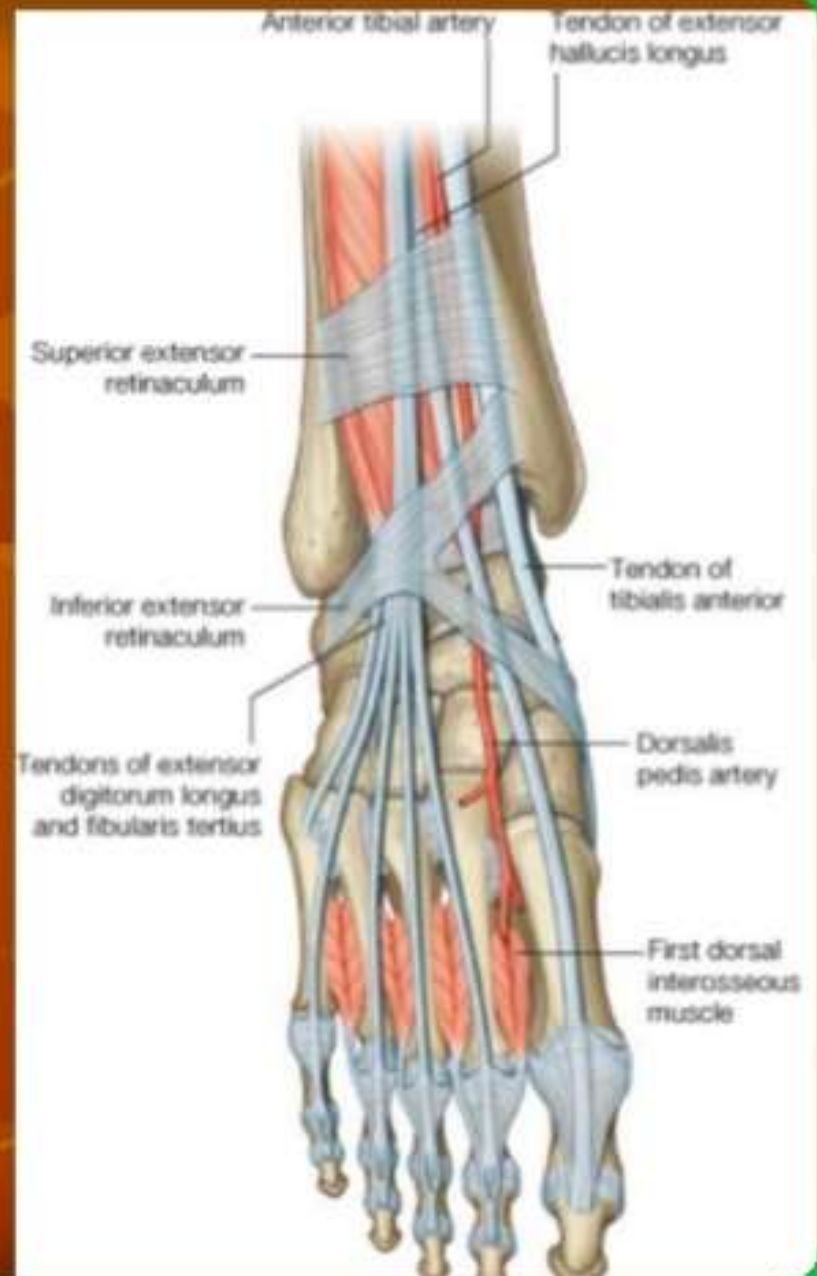
2

1



The inferior retinaculum is Y-shaped. The base of the “Y” attaches laterally on the calcaneus. The upper arm of the “Y” attaches to the medial malleolus, whereas the lower arm of the “Y” attaches medially on the plantar aponeurosis.

- Structures that pass anterior to the extensor retinacula from medial to lateral
- Saphenous nerve and great saphenous vein
- Superficial peroneal nerve (medial and lateral branches)
- Structure passes deep to the superior and inferior extensor retinacula from medial to lateral
- Tendons of tibialis anterior,
- extensor hallucis longus,
- anterior tibial vessels,
- **Deep Peroneal Nerve**
- extensor digitorum longus and peroneus tertius



Anterior tibial artery

Anterior medial malleolar artery

Dorsalis pedis artery

Medial and lateral tarsal branches

Dorsalis pedis artery

Synovial sheath surrounding tendon of extensor hallucis longus

First dorsal metatarsal artery

First dorsal interosseus

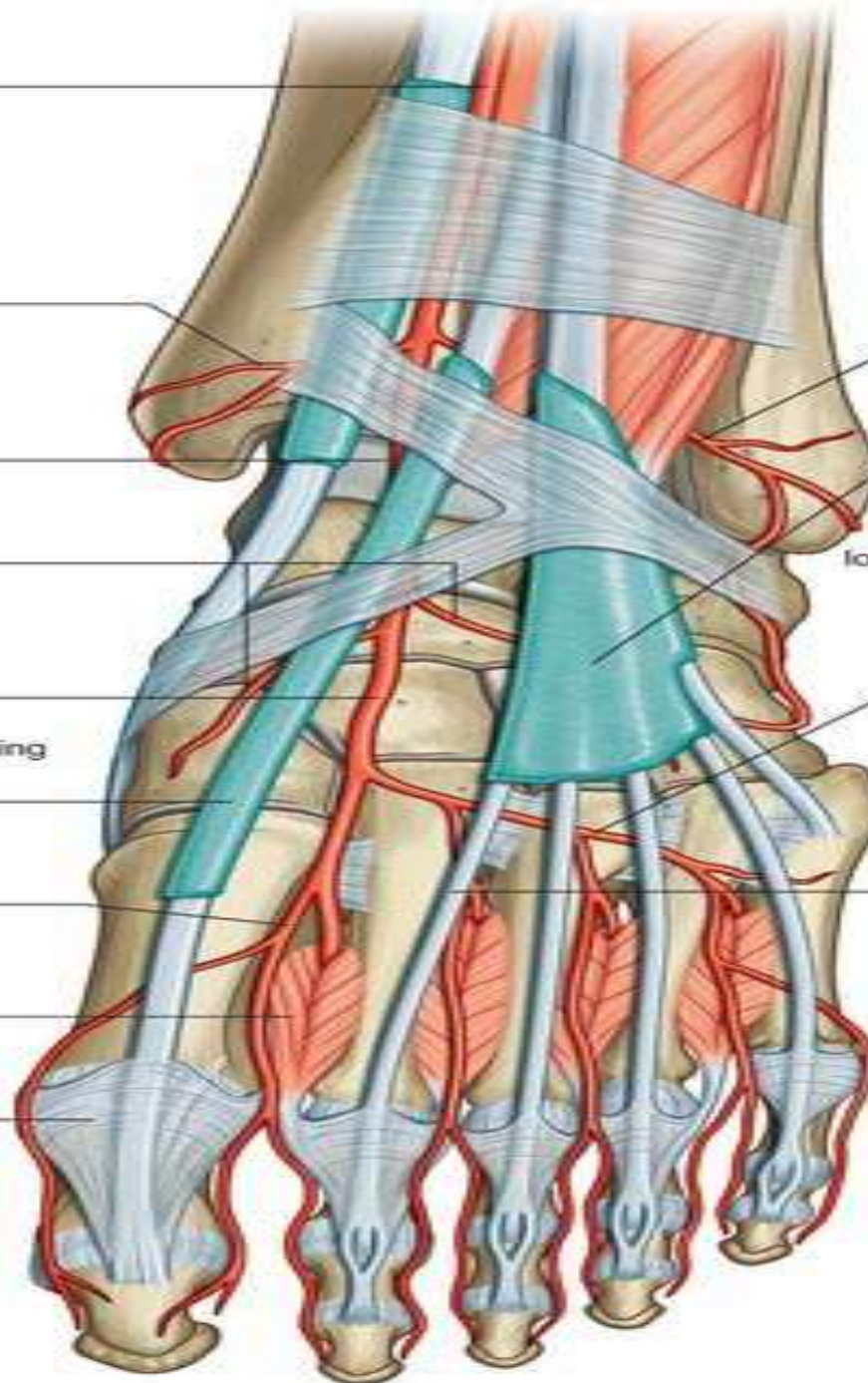
Extensor hood

Anterior lateral malleolar artery

Common synovial sheath surrounding tendons of extensor digitorum longus and fibularis tertius

Arcuate artery

Tendon of extensor digitorum longus to second toe



superior extensor retinaculum

perforating branch of peroneal artery

lateral malleolus

inferior extensor retinaculum

extensor digitorum brevis

peroneus brevis

peroneus tertius

extensor digitorum brevis tendons

extensor digitorum longus tendons

fourth dorsal interosseous

third dorsal interosseous

anterior tibial artery

medial malleolus

tibialis anterior

lateral tarsal artery

arcuate artery

dorsalis pedis artery

extensor hallucis longus

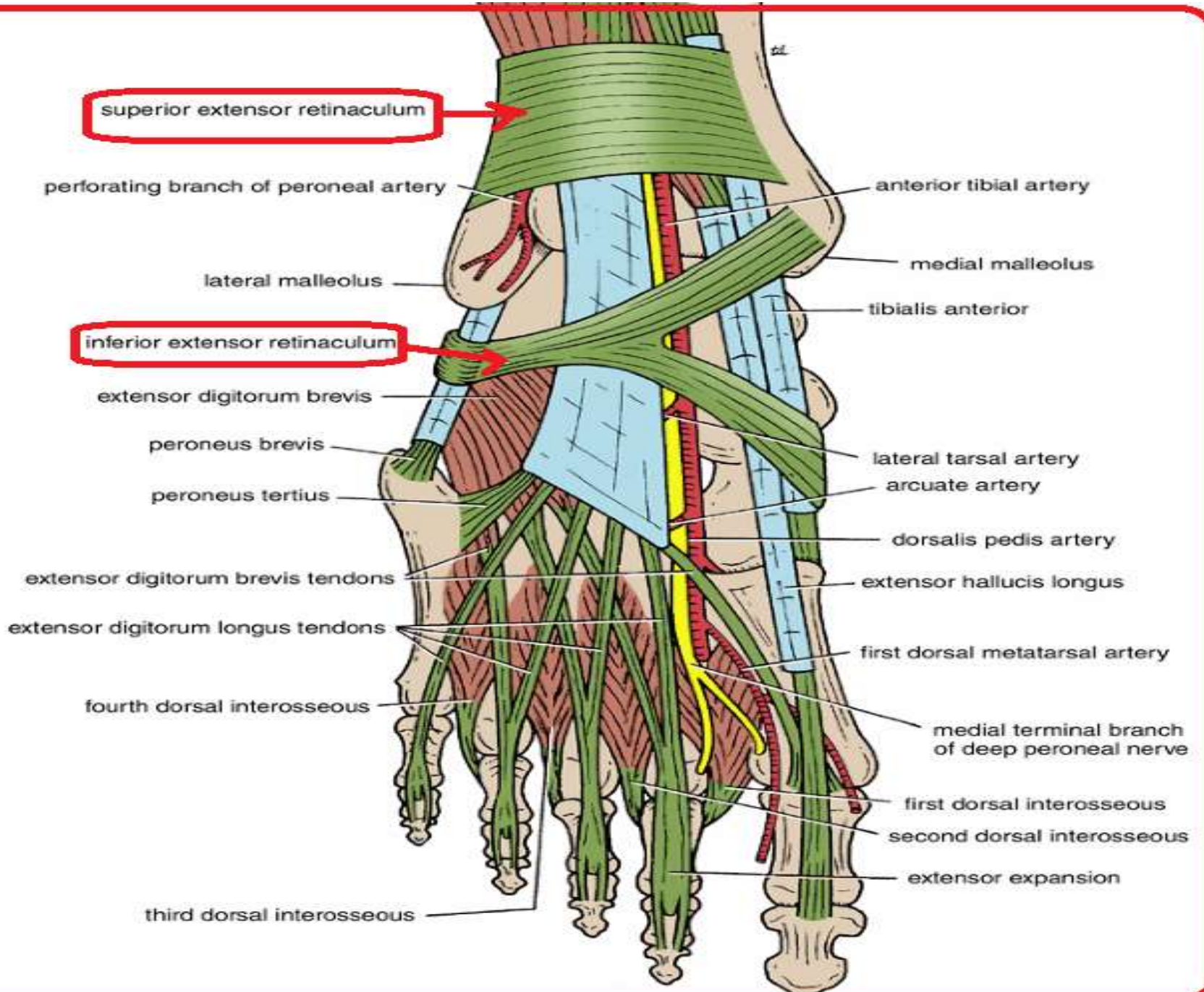
first dorsal metatarsal artery

medial terminal branch
of deep peroneal nerve

first dorsal interosseous

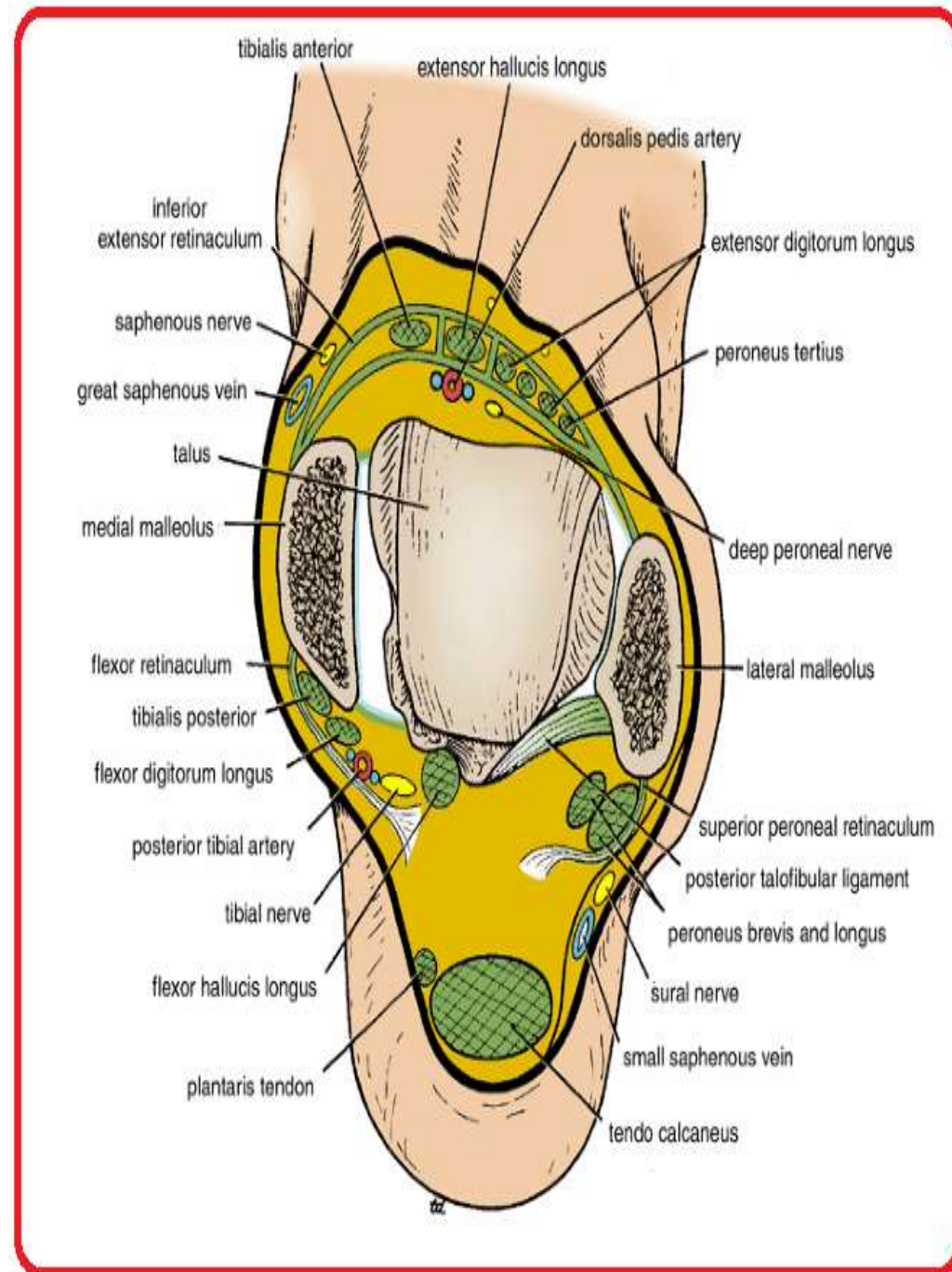
second dorsal interosseous

extensor expansion



Inferior Extensor Retinaculum

The inferior extensor retinaculum is a Y-shaped band located in front of the ankle joint. Fibrous bands separate the tendons into compartments, each of which is lined by a synovial sheath.



ANTERIOR COMPARTMENT

- **Contents of the Anterior Fascial Compartment of the Leg**
- **Muscles: The tibialis anterior, extensor digitorum longus, peroneus tertius, and extensor hallucis longus**
- **Blood supply: Anterior tibial artery**
- **Nerve supply: Deep peroneal nerve**

Artery of the Anterior Fascial Compartment of the Leg

Anterior Tibial Artery

The terminal branches of the popliteal artery.

In front of the ankle joint, the artery becomes the dorsalis pedis artery.

Deep Peroneal Nerve

The deep peroneal nerve is one of the terminal branches of the common peroneal nerve .

The nerve passes behind the extensor retinacula.

Branches

Muscular branches to the 1.

1. Tibialis anterior,
2. Extensor digitorum longus,
3. Peroneus tertius,
4. Extensor hallucis longus
5. Articular branch to the ankle joint

Table 10-5 Muscles of the Anterior Fascial Compartment of the Leg

Muscle	Origin	Insertion	Nerve Supply	Nerve Roots	Action
Tibialis anterior	Lateral surface of shaft of tibia and interosseous membrane	Medial cuneiform and base of first metatarsal bone	Deep peroneal nerve	L4, 5	Extends foot at ankle joint; inverts foot at subtalar and transverse tarsal joints; holds up medial longitudinal arch of foot
Extensor digitorum longus	Anterior surface of shaft of fibula	Extensor expansion of lateral four toes	Deep peroneal nerve	L5; S1	Extends toes; extends foot at ankle joint
Peroneus tertius	Anterior surface of shaft of fibula	Base of fifth metatarsal bone	Deep peroneal nerve	L5; S1	Extends foot at ankle joint; everts foot at subtalar and transverse tarsal joints

Table 10-5 Muscles of the Anterior Fascial Compartment of the Leg

Muscle	Origin	Insertion	Nerve Supply	Nerve Roots^a	Action
Extensor hallucis longus	Anterior surface of shaft of fibula	Base of distal phalanx of great toe	Deep peroneal nerve	L5; S1	Extends big toe; extends foot at ankle joint; inverts foot at subtalar and transverse tarsal joints
Extensor digitorum brevis	Calcaneum	By four tendons into the proximal phalanx of big toe and long extensor tendons to second, third, and fourth toes	Deep peroneal nerve	S1, 2	Extends toes

^a The predominant nerve root supply is indicated by boldface type.

^b Extension, or dorsiflexion, of the ankle is the movement of the foot away from the ground.

Anterior Compartment of the Leg Syndrome

- Soft tissue injury associated with bone fractures is a common cause, and early diagnosis is critical.
- The deep, increasing aching pain in the anterior compartment of the leg.
- As the pressure rises, the venous return is diminished, thus producing a further rise in pressure.
- In severe cases, the arterial supply is eventually cut off by compression, and the
- Dorsalis pedis arterial pulse disappears
- **AND MUSCLE IS PARALYSED AND GET GANGRENOUS**
- **Longitudinal incision through the deep fascia to decompress the area and prevent anoxic necrosis of the muscles.**

THANKS

Superficial veins of lower limb

Veins of the Lower Limb

1. Superficial V
2. Deep V
3. Perforating V

Superficial Veins

The great saphenous vein and their tributaries

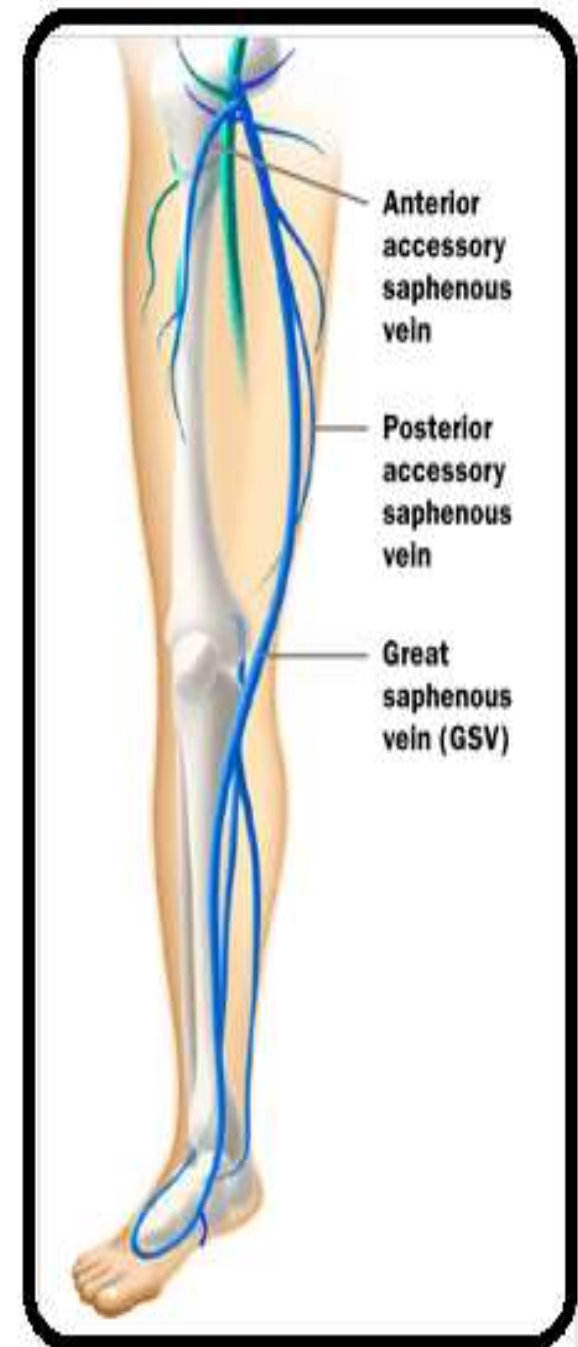
The small saphenous vein and their tributaries

The great saphenous vein drains

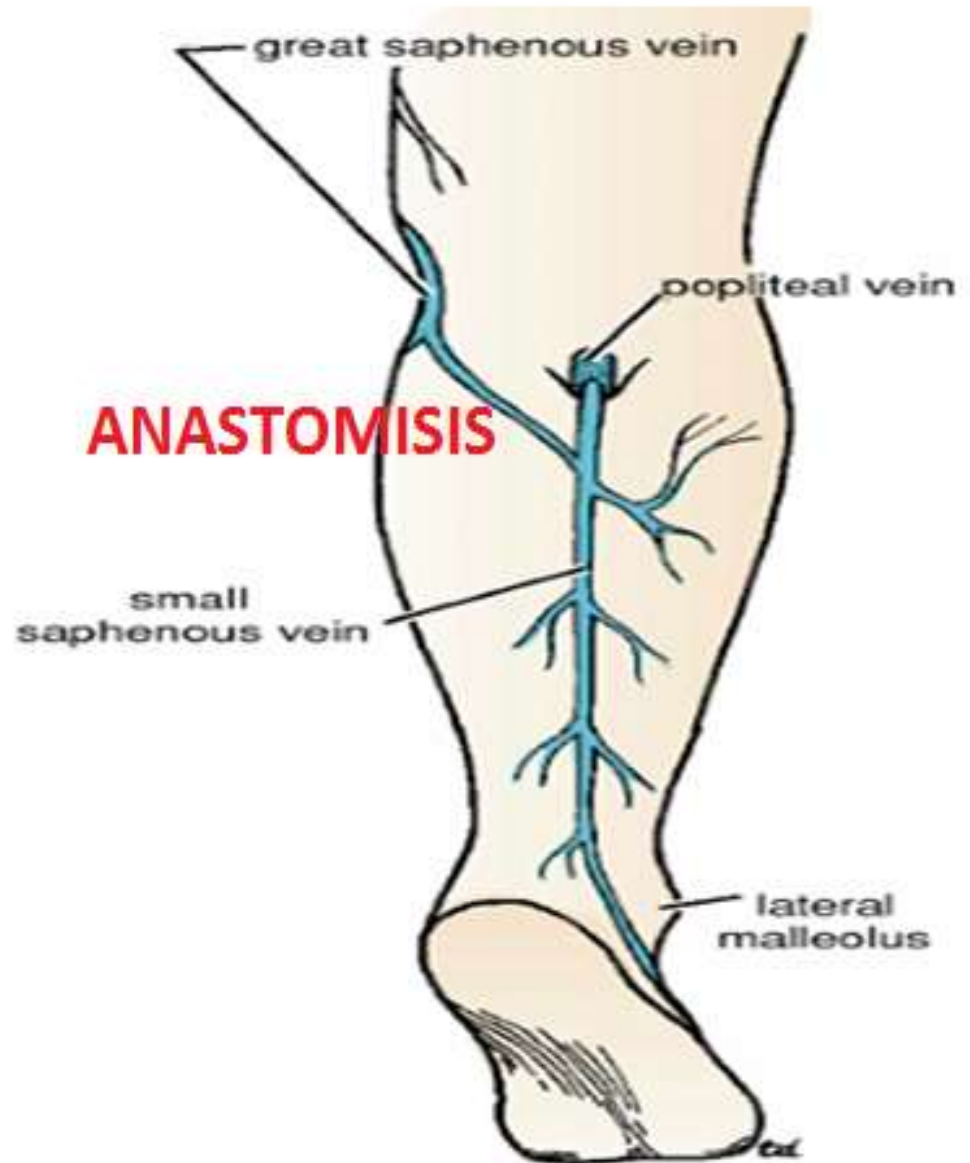
1. The medial end of the dorsal venous arch of the foot and passes upward directly in front of the medial malleolus.
2. It then ascends in company with the saphenous nerve in the superficial fascia over the medial side of the leg.

The vein passes behind the knee and curves forward around the medial side of the thigh.

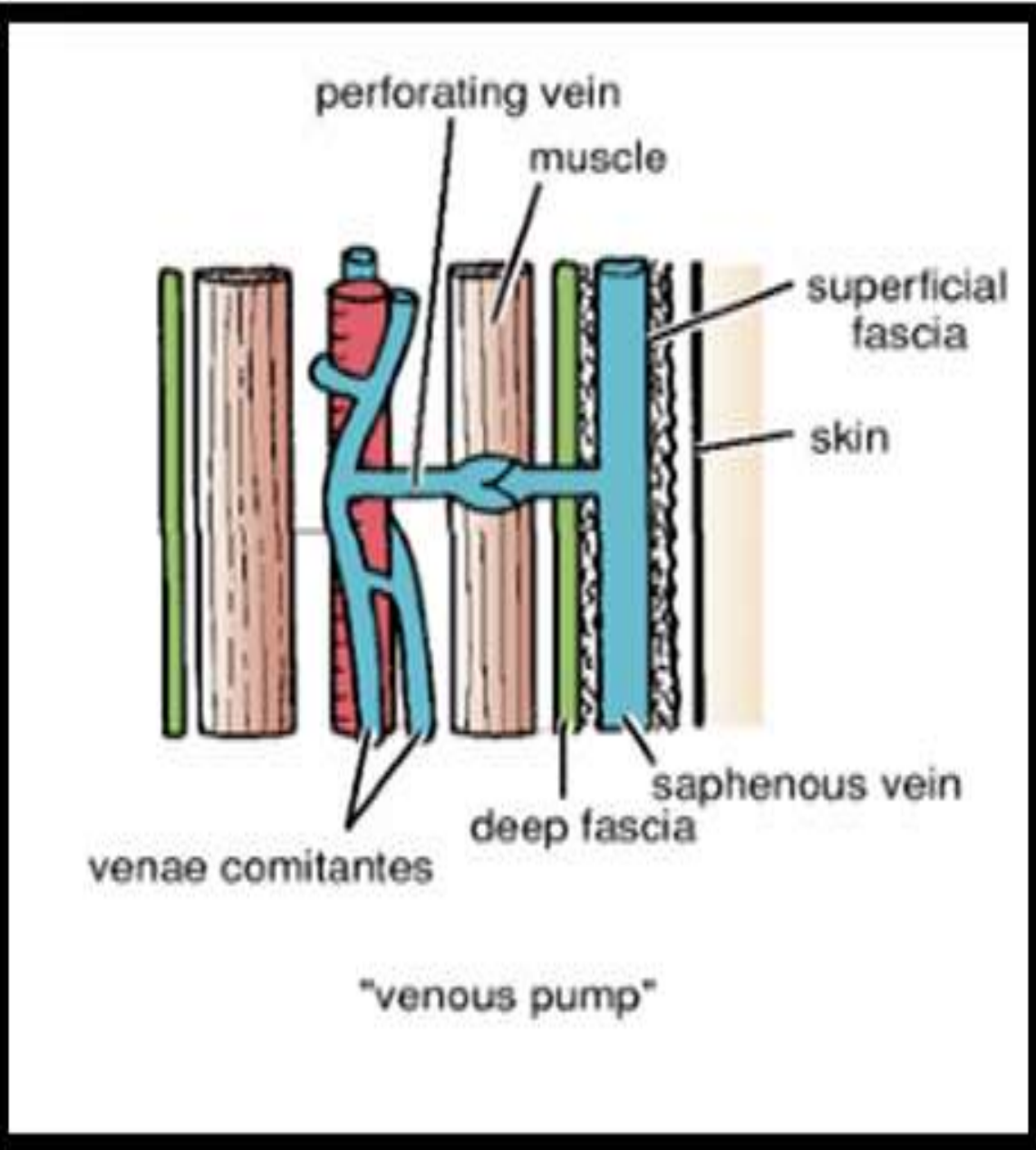
3. It passes through the lower part of the saphenous opening in the deep fascia and joins the **femoral vein** about 1.5 in. (4 cm) below and lateral to the pubic tubercle.

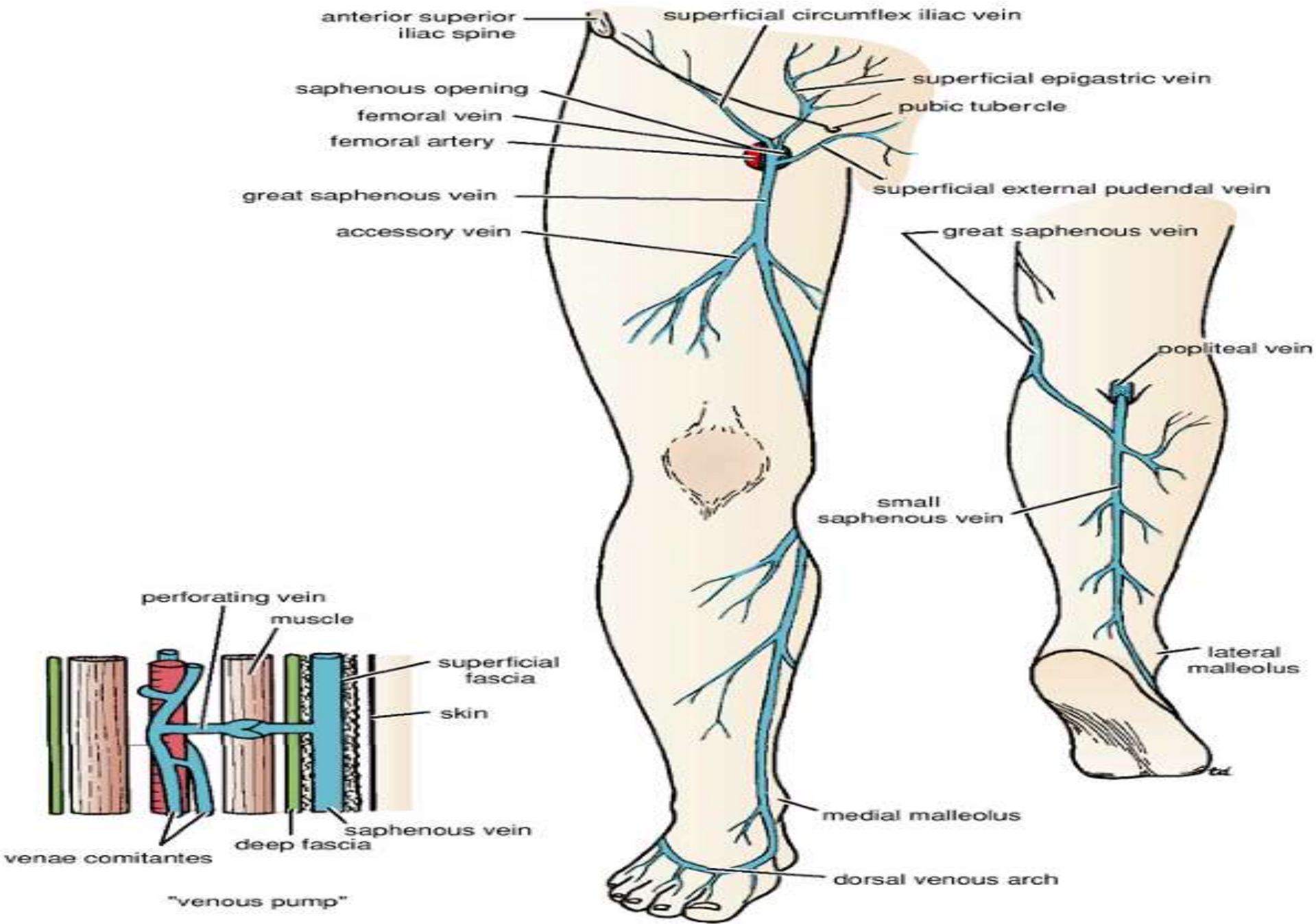


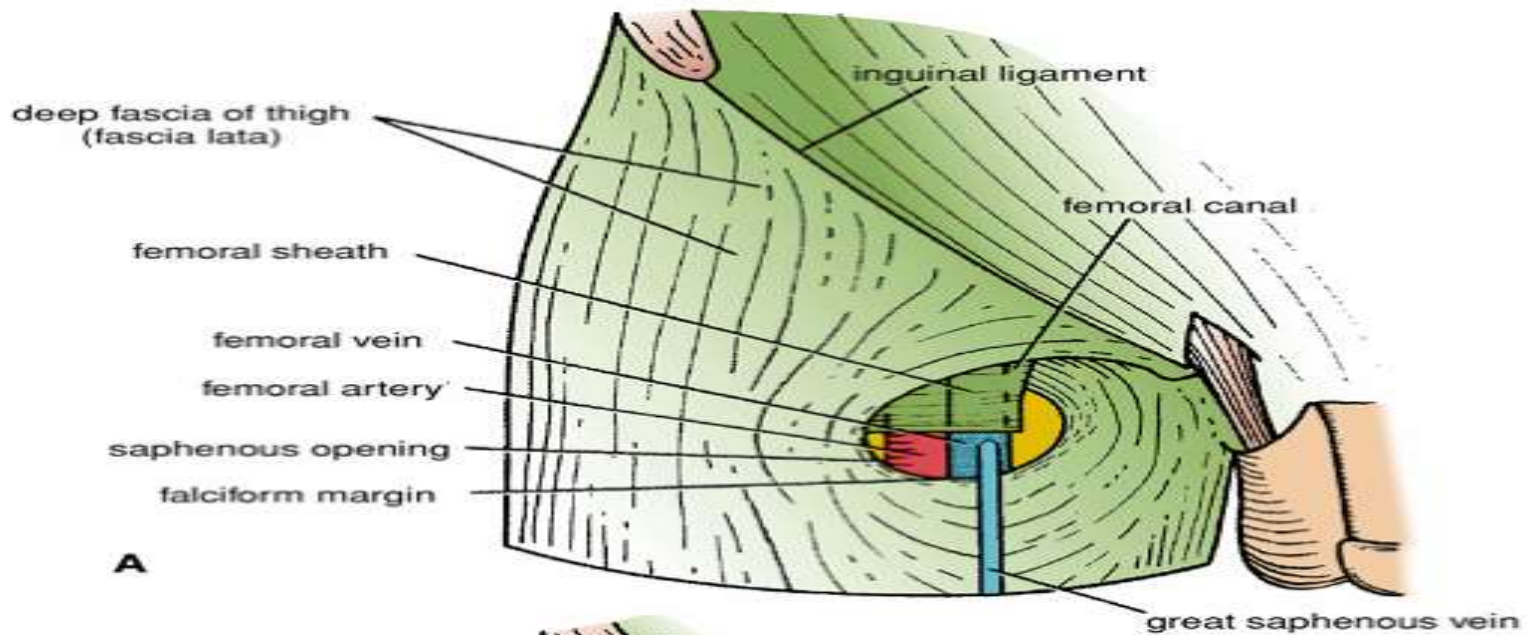
1. The great saphenous vein possesses numerous valves and is connected to the small saphenous vein by one or two branches that pass behind the knee.



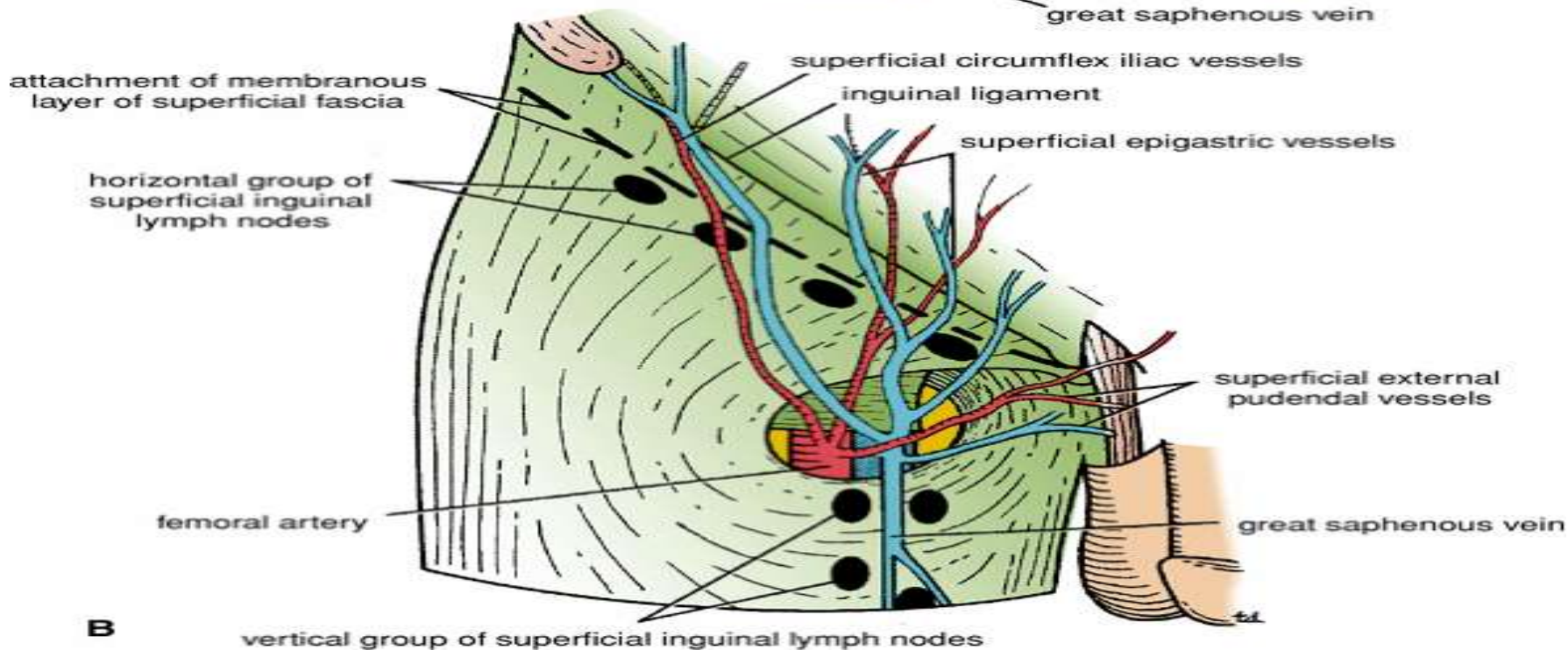
- Several perforating veins connect the great saphenous vein with the deep veins along the medial side of the calf.







A

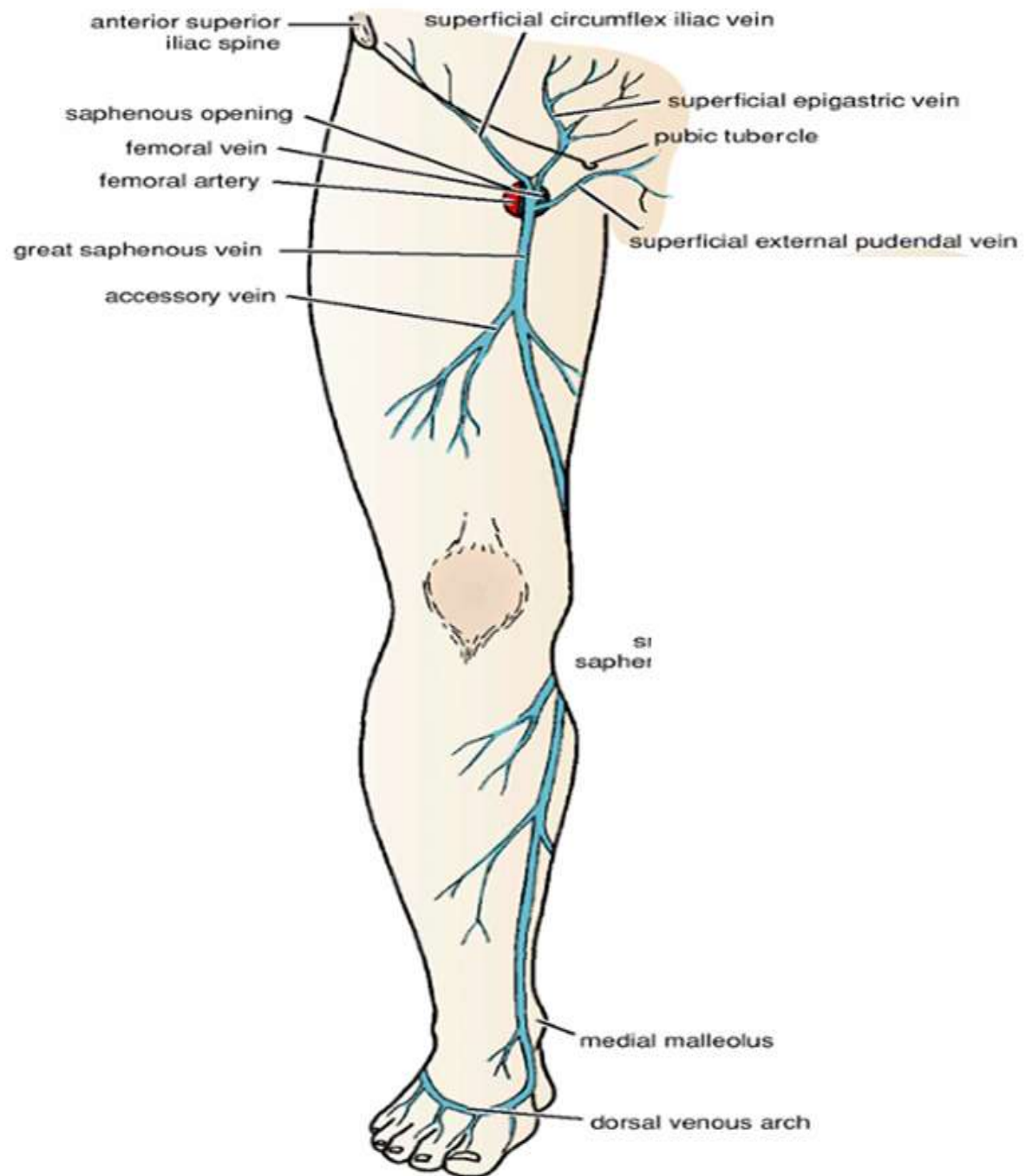


B

At the saphenous opening in the deep fascia, the great saphenous vein usually receives three tributaries that are variable in size and arrangement:

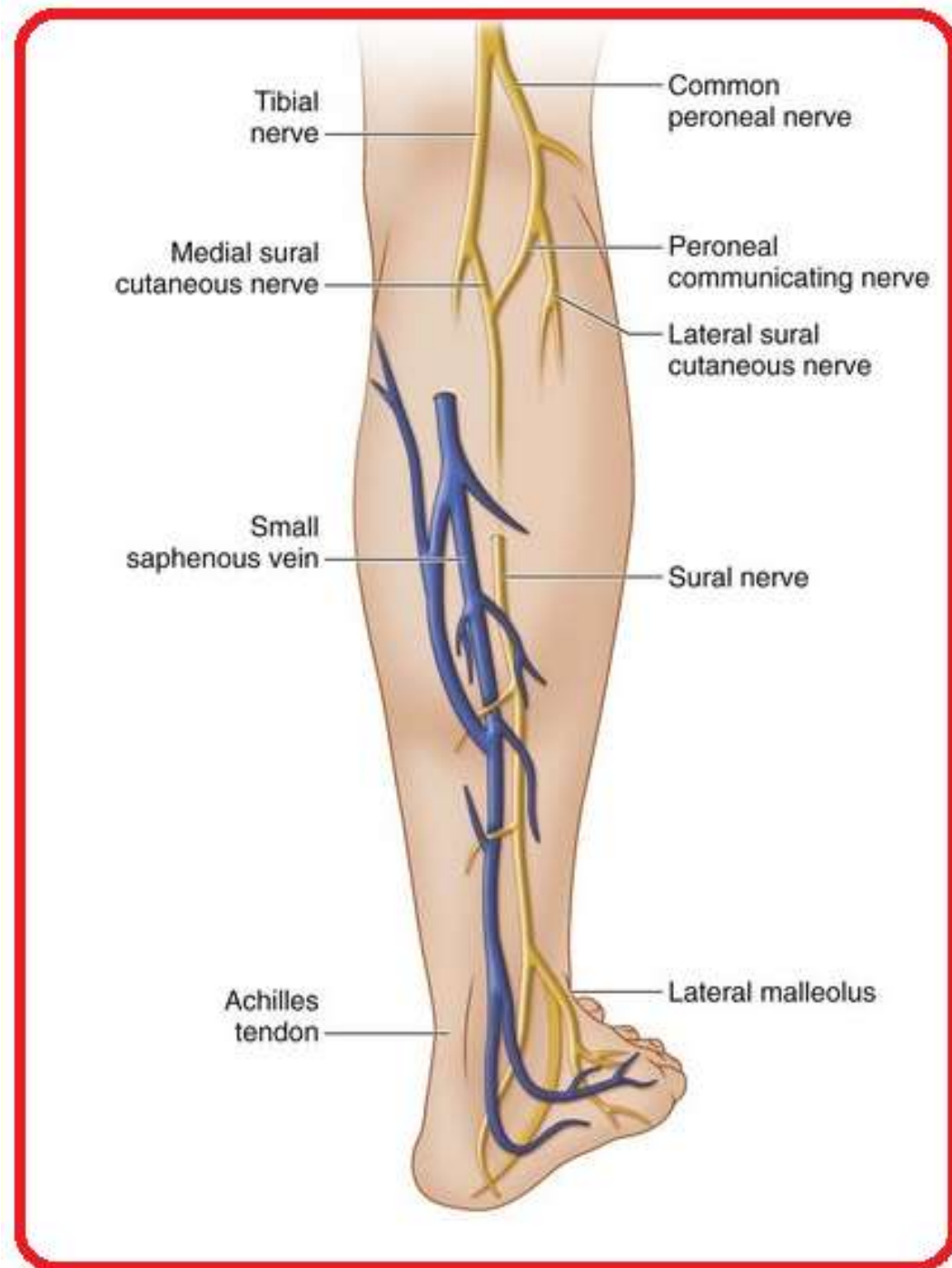
1. The superficial circumflex iliac vein,
2. The superficial epigastric vein,
3. And the superficial external pudendal vein.

An additional vein, known as the accessory vein, usually joins the main vein about the middle of the thigh or higher up at the saphenous opening.

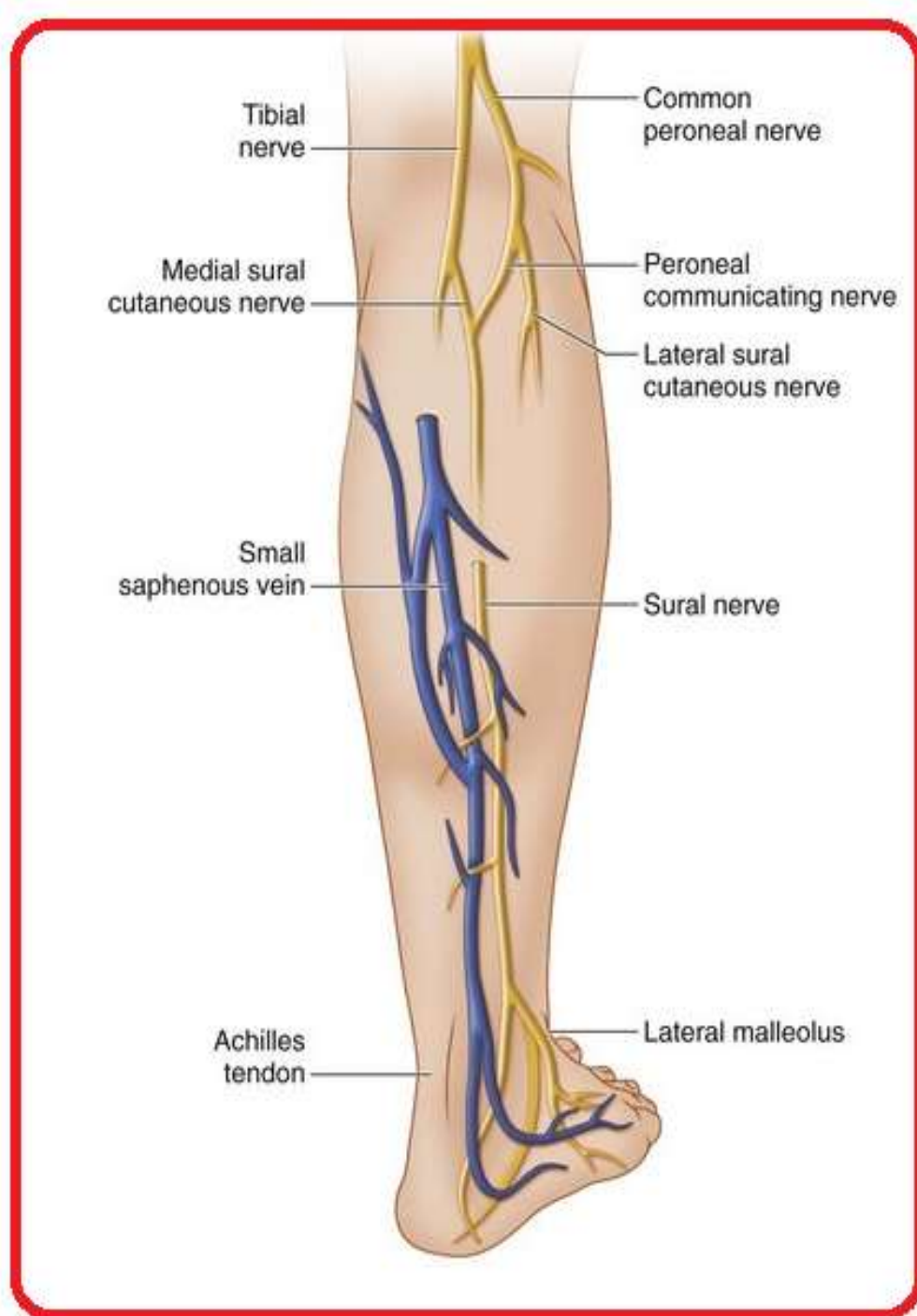


The small saphenous vein (SSV)

1. Arises from the lateral part of the dorsal venous arch of the foot.
2. It ascends behind the lateral malleolus in company with the sural nerve.

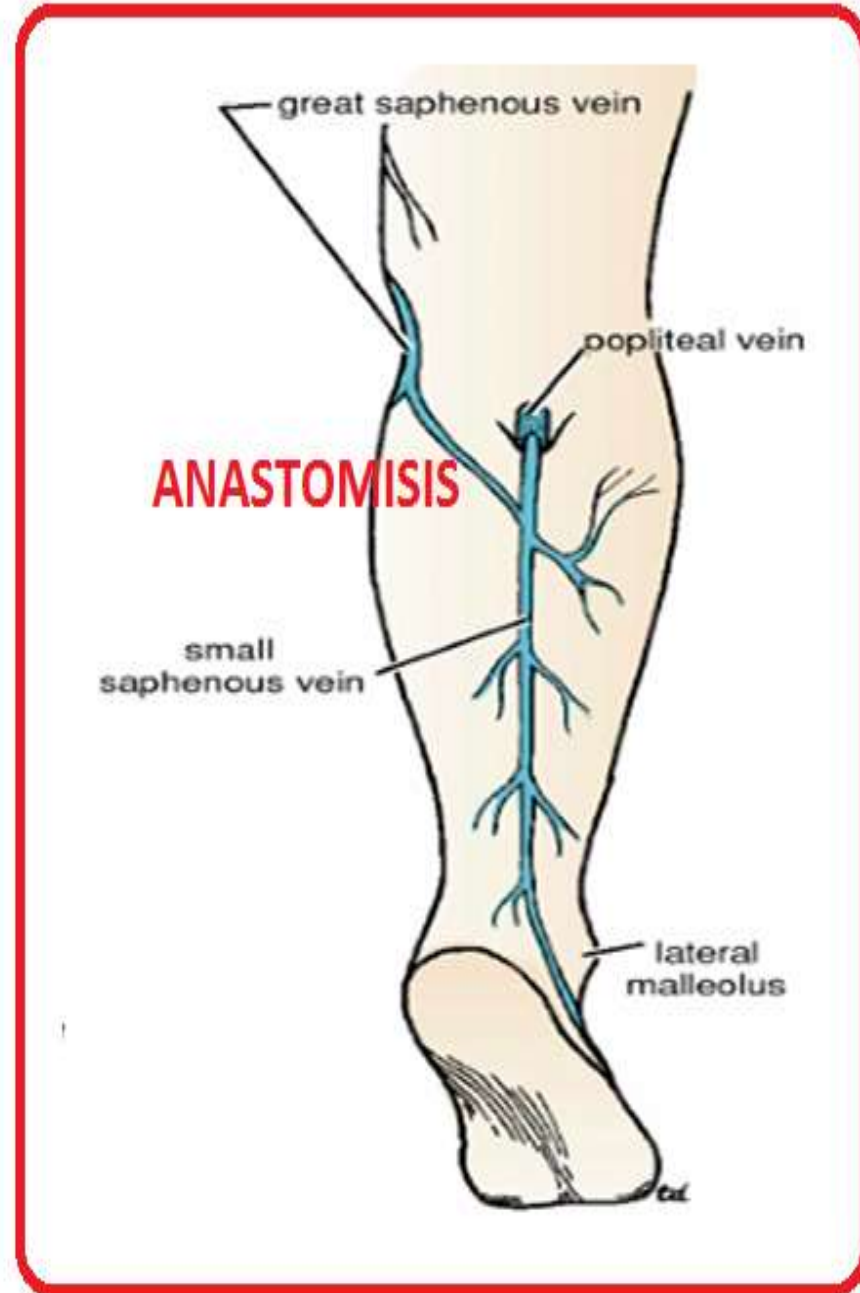


3. SSV follows the lateral border of the tendo calcaneus and then runs up the middle of the back of the leg.
4. SSV the deep fascia and passes between the two heads of the gastrocnemius muscle in the lower part of the popliteal fossa; **it ends in the popliteal vein.**
5. The SSV has numerous valves along its course.



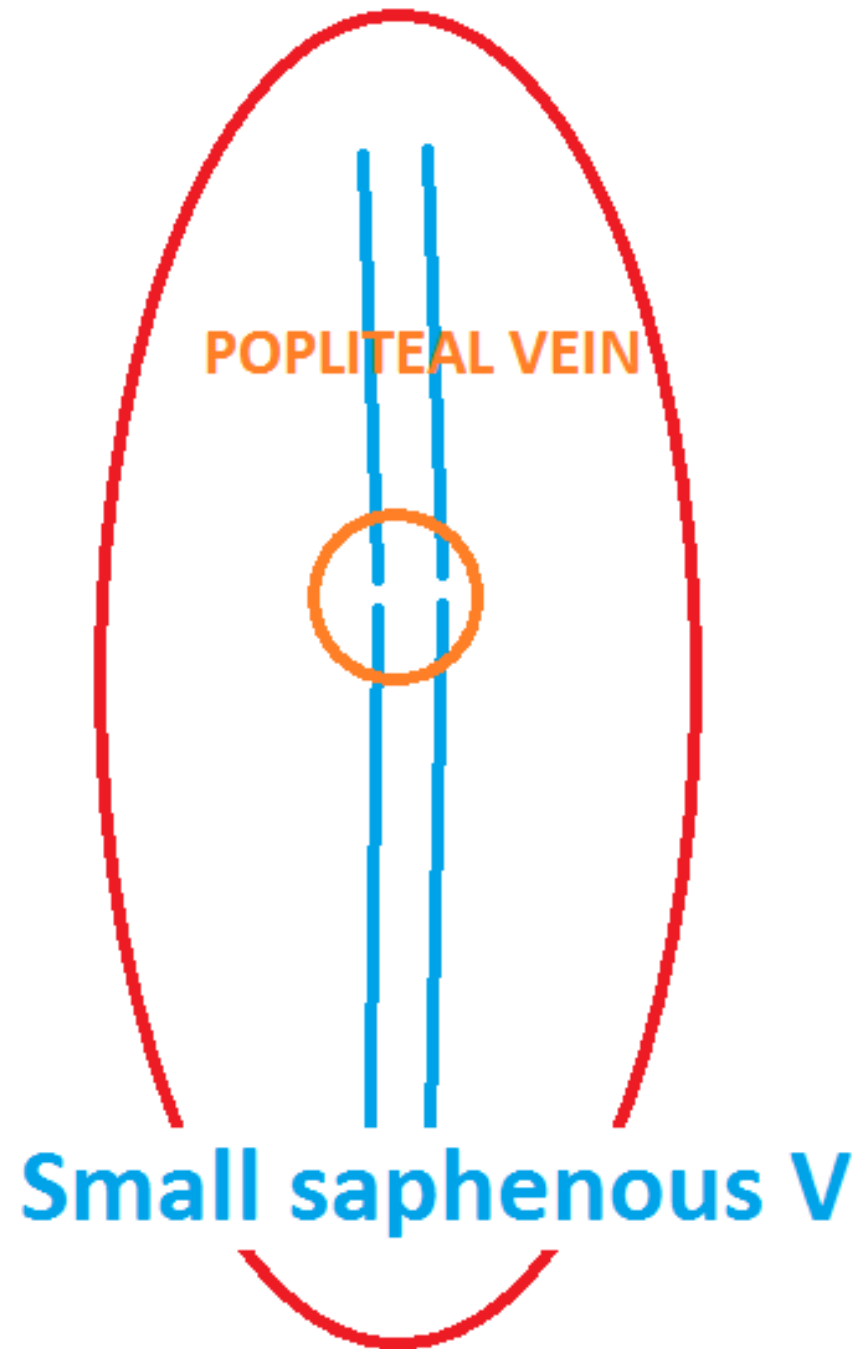
Tributaries

1. Numerous small veins from the back of the leg communicating veins with the deep veins of the foot
2. Important anastomotic branches that run upward and medially and join the great saphenous vein.



The mode of termination of the small saphenous vein is subject to variation:

1. Commonly it join the popliteal vein;
2. It may join the great saphenous vein;
3. or it may split in two, one division joining the popliteal and the other joining the great saphenous vein.



Clinical Application or Applied anatomy:

1. **Varicose Veins**

The saphenous vein is often stripped during management of **Varicose Veins** can damage the saphenous nerve.

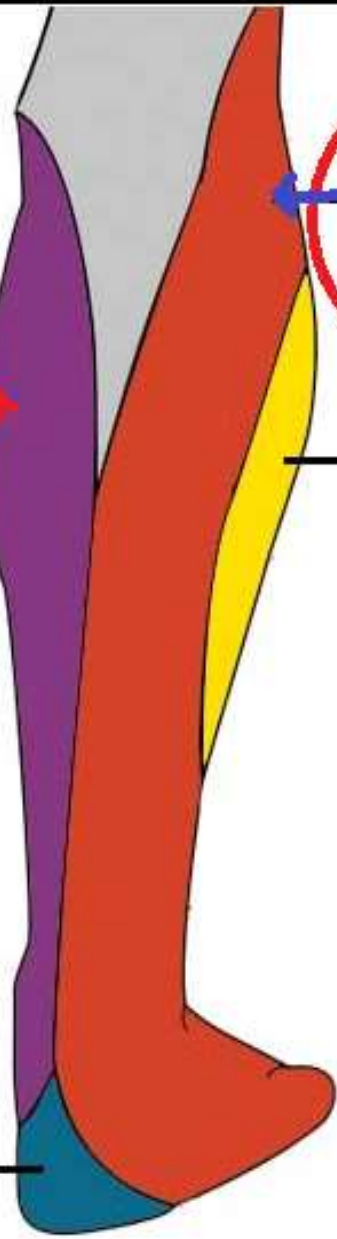


Injury to Saphenous nerve
(branch of the femoral nerve)

Injury to Sural nerve
(branches of the common fibular and tibial nerves)

Superficial fibular nerve

Medial calcaneal branches
(branches of the tibial nerve)



Lateral plantar nerve

(branch of the tibial nerve)

Medial plantar nerve

(branch of the tibial nerve)

Injury to Saphanous Nerve?

Saphenous nerve

(branch of the femoral nerve)

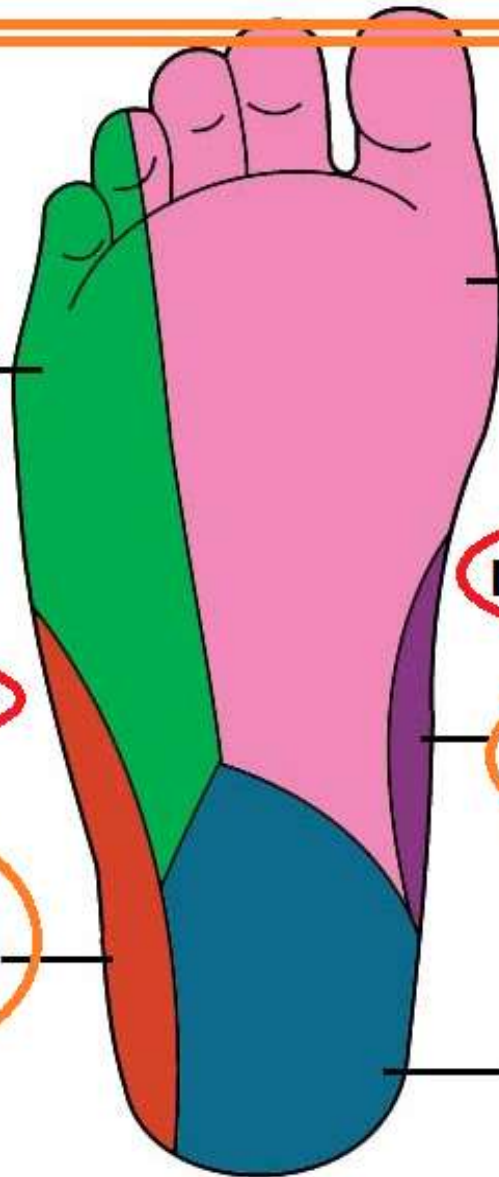
Injury to sural nerve

Sural nerve

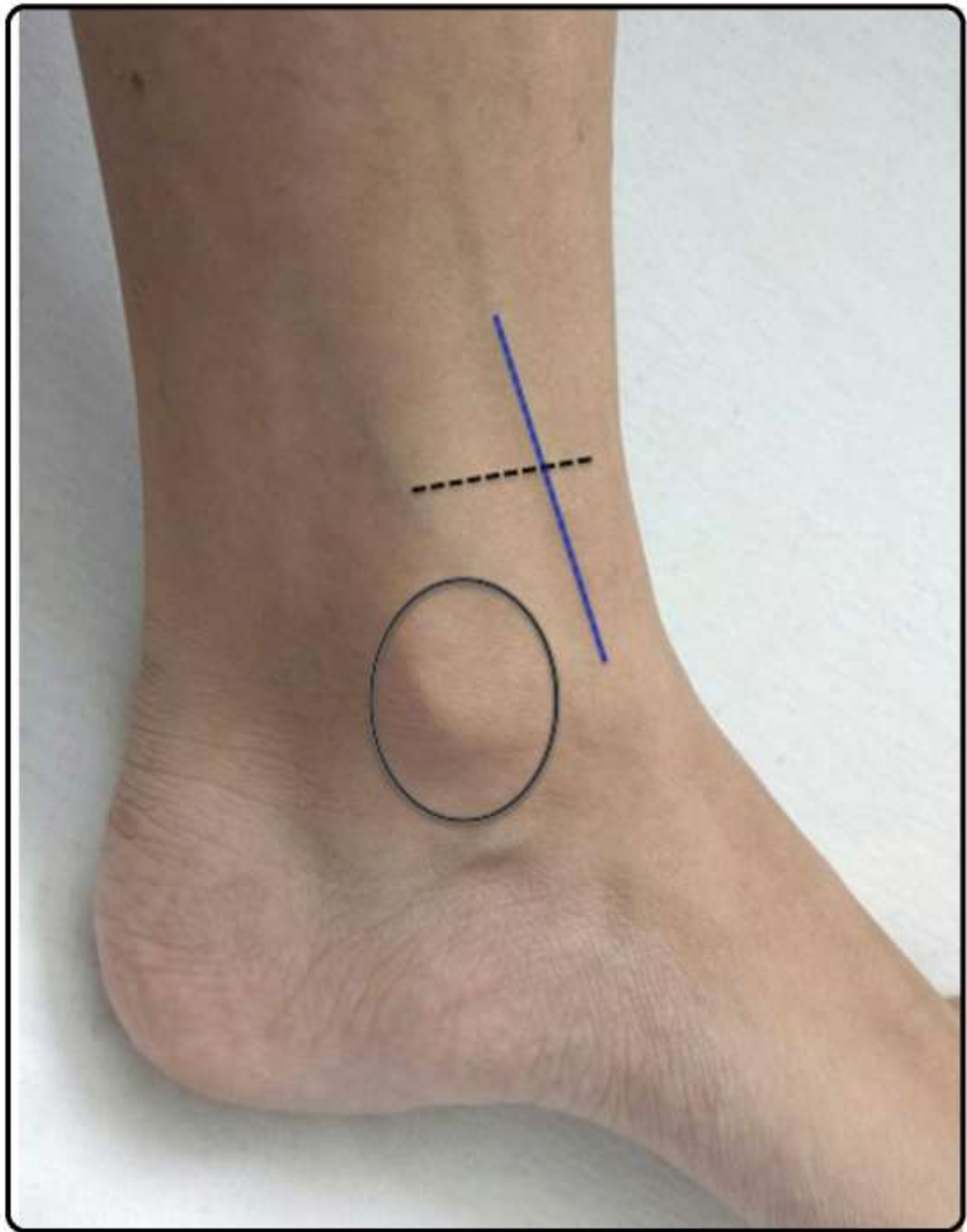
(branches of the common fibular and tibial nerves)

Medial calcaneal branches

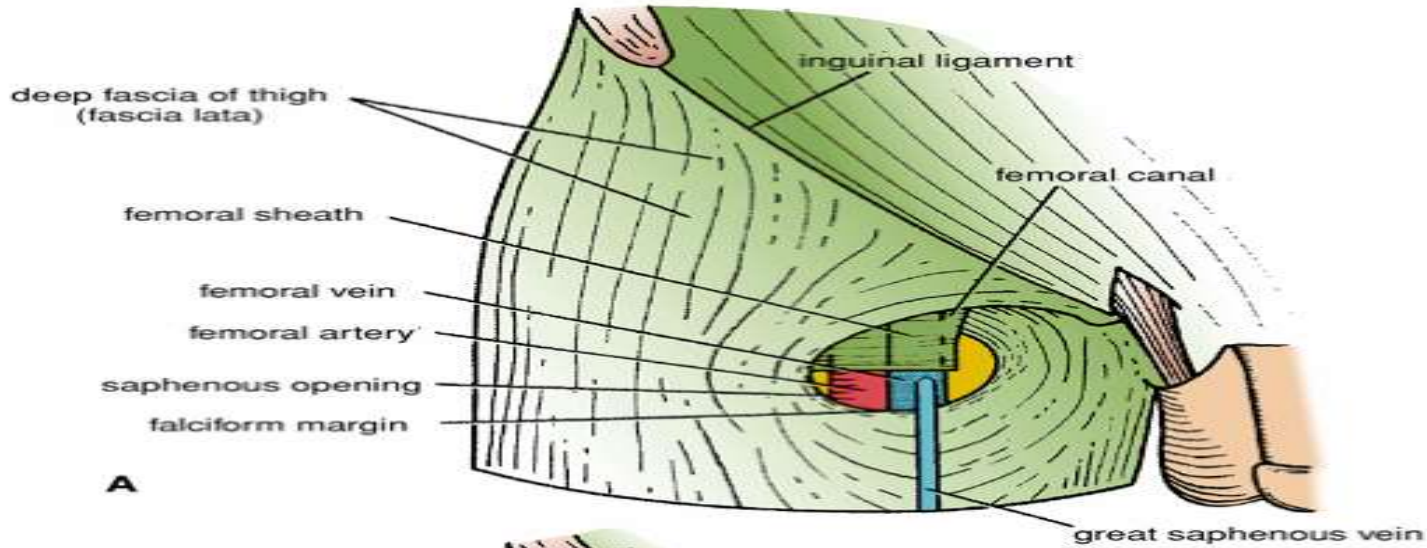
(branches of the tibial nerve)



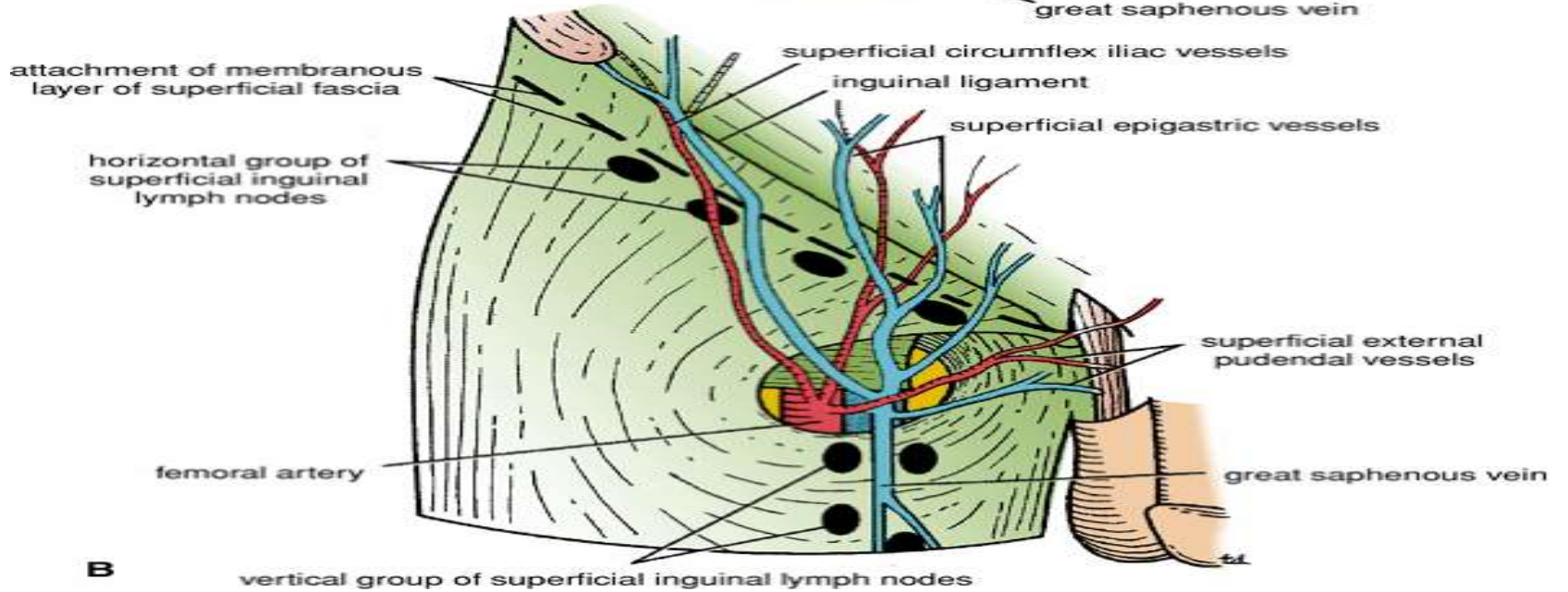
2. Great Saphenous Vein Cutdown



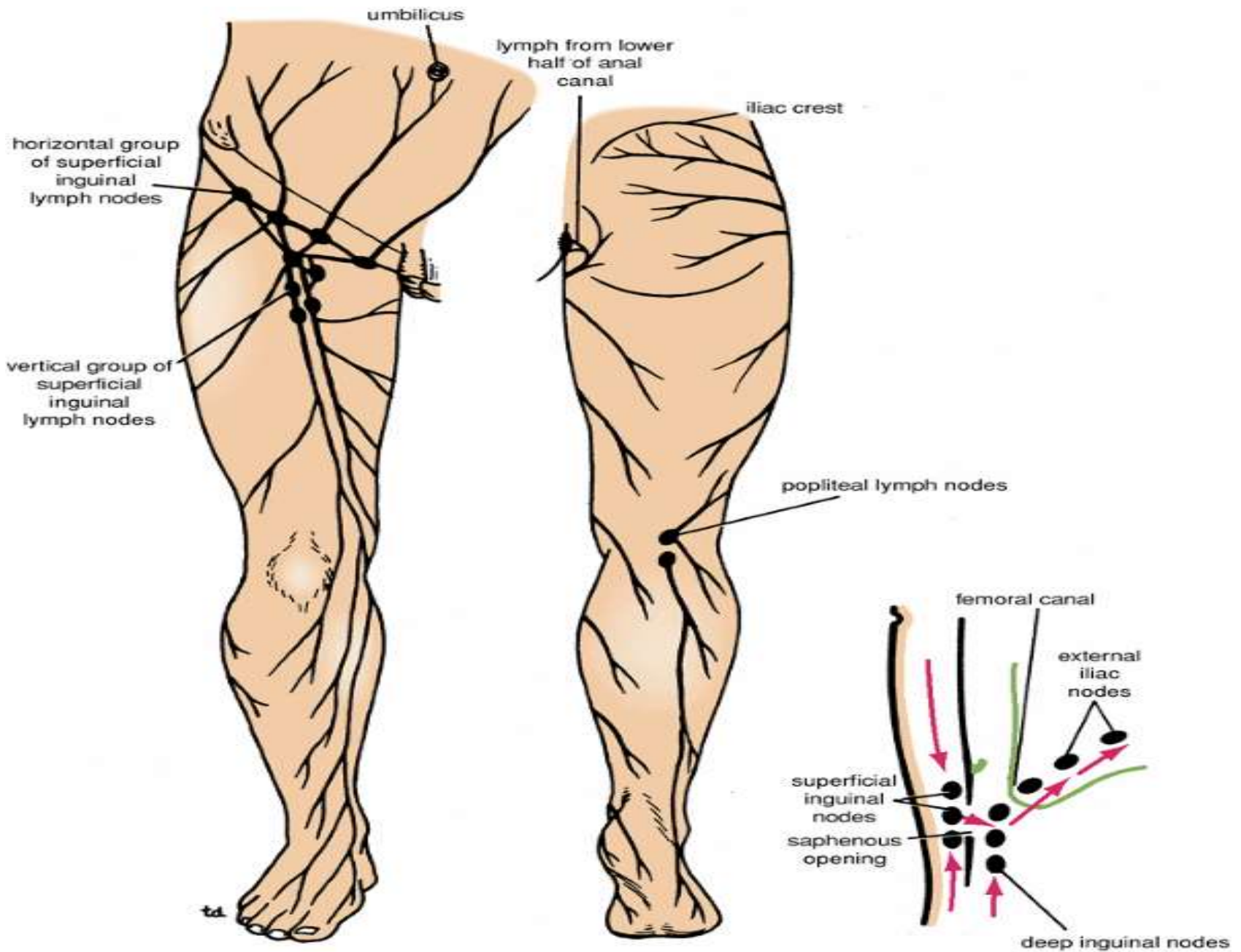
- **L. NODES OF LL**



A



B



Horizontal group of superficial inguinal lymph nodes

Lateral group

Lateral group drains the lower back

Medial group

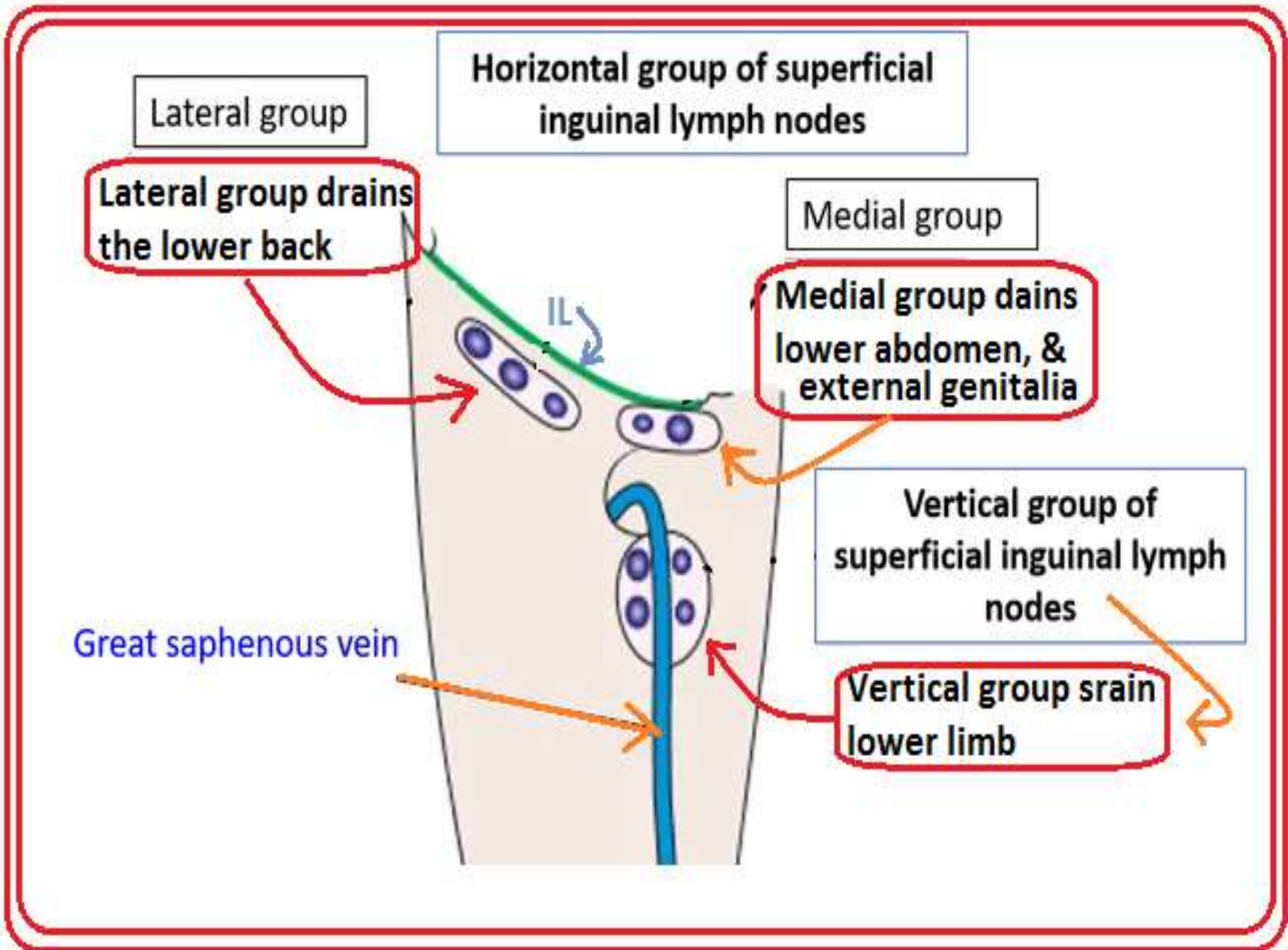
Medial group drains lower abdomen, & external genitalia

Vertical group of superficial inguinal lymph nodes

Vertical group drain lower limb

Great saphenous vein

IL



Superficial Inguinal Lymph Nodes

The superficial nodes lie in the superficial fascia below the inguinal ligament and can be divided into a horizontal and a vertical group.

The horizontal group lies just below and parallel to the inguinal ligament.

- **The medial members** of the group receive superficial lymph vessels from the anterior abdominal wall below the level of the umbilicus and from the perineum .
- The lymph vessels from the urethra, the external genitalia of both sexes (but not the testes), and the lower half of the anal canal are drained by this route.

- The lateral members of the group receive superficial lymph vessels from the back below the level of the iliac crests.

The vertical group lies along the terminal part of the great saphenous vein and receives most of the superficial lymph vessels of the lower limb.

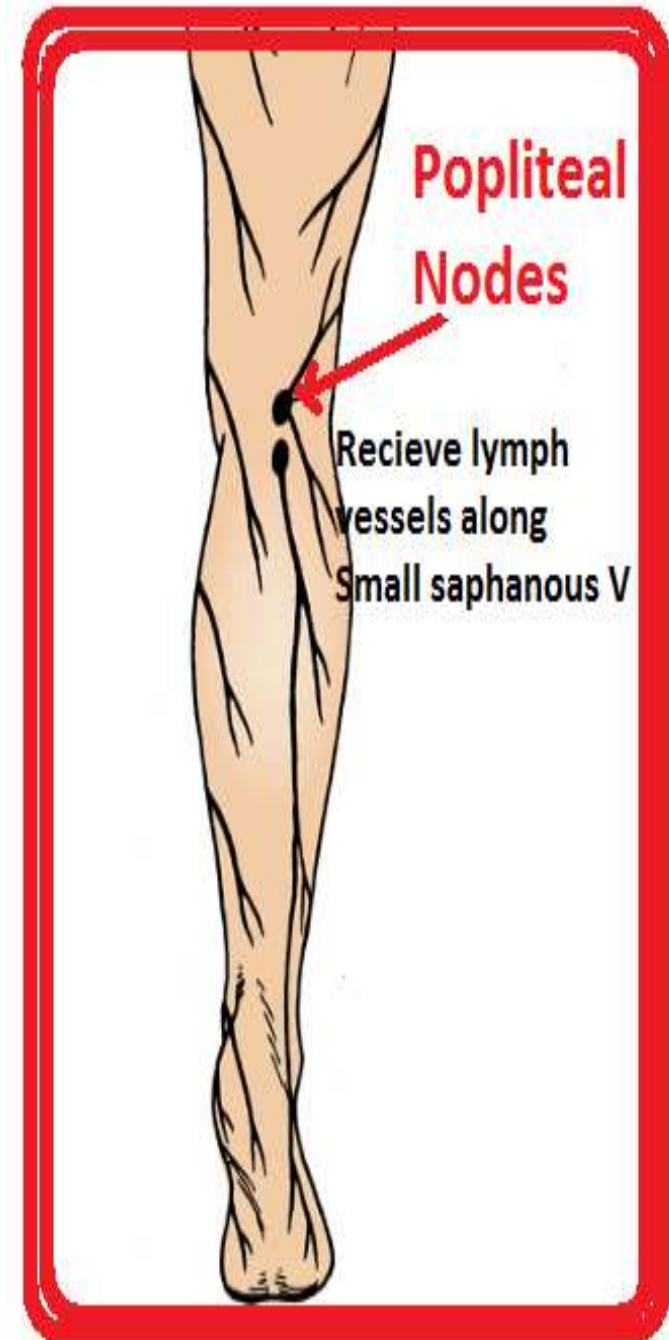
The efferent lymph vessels from the superficial inguinal nodes pass through the saphenous opening in the deep fascia and join the **deep inguinal nodes**.

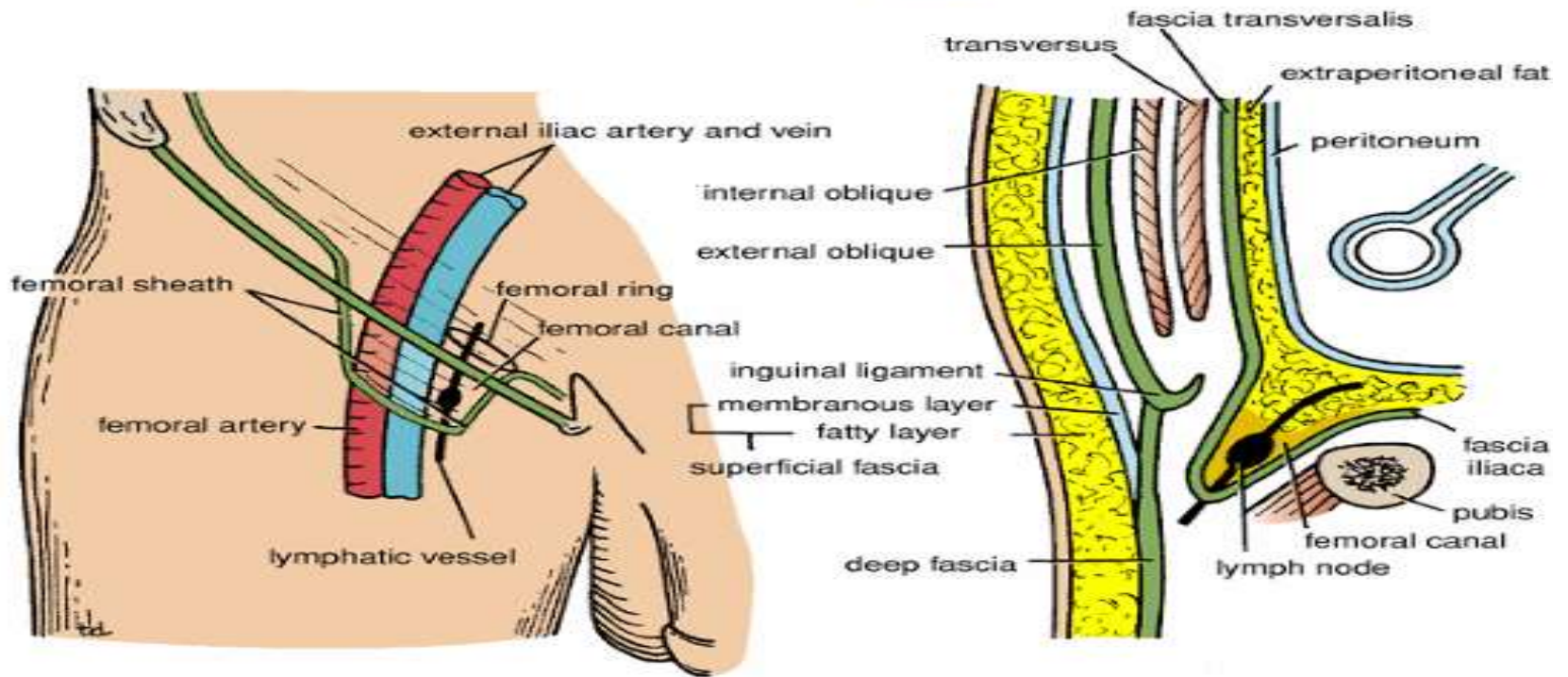
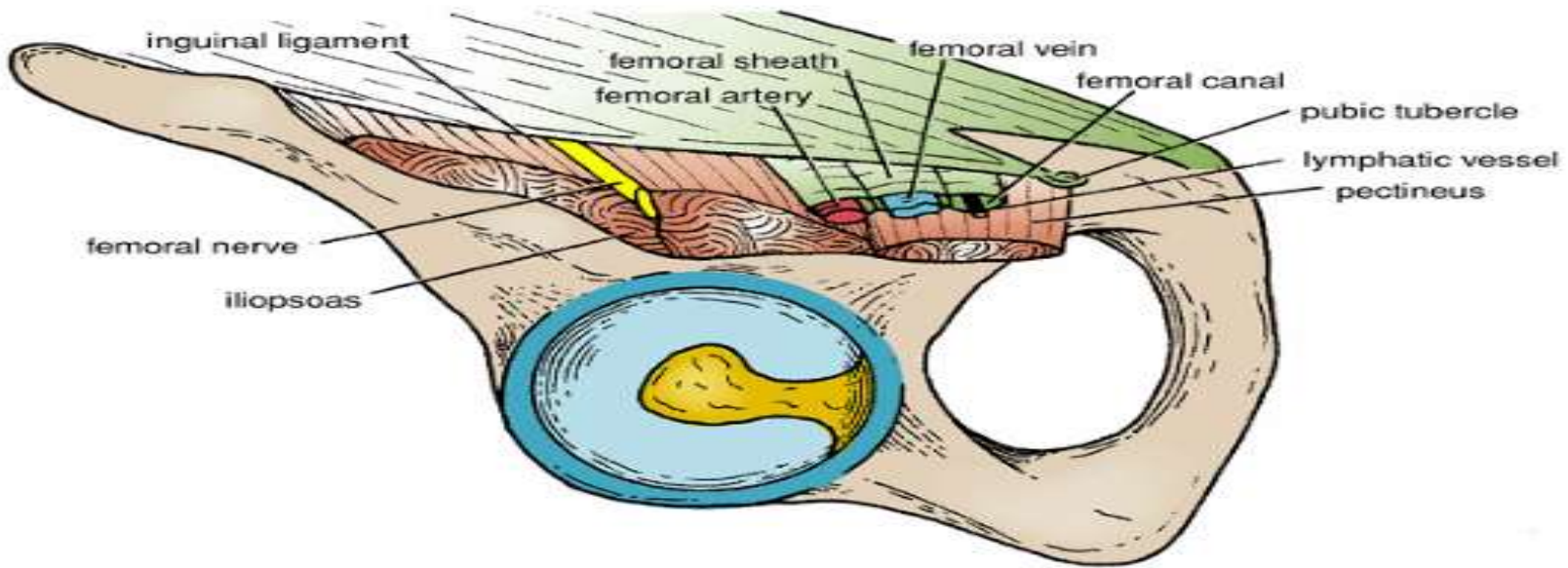
Deep Inguinal Lymph Nodes

The deep nodes are located beneath the deep fascia and lie along the medial side of the femoral vein; the efferent vessels from these nodes enter the abdomen by passing through the femoral canal to lymph nodes along the external iliac artery.

Popliteal Lymph Nodes

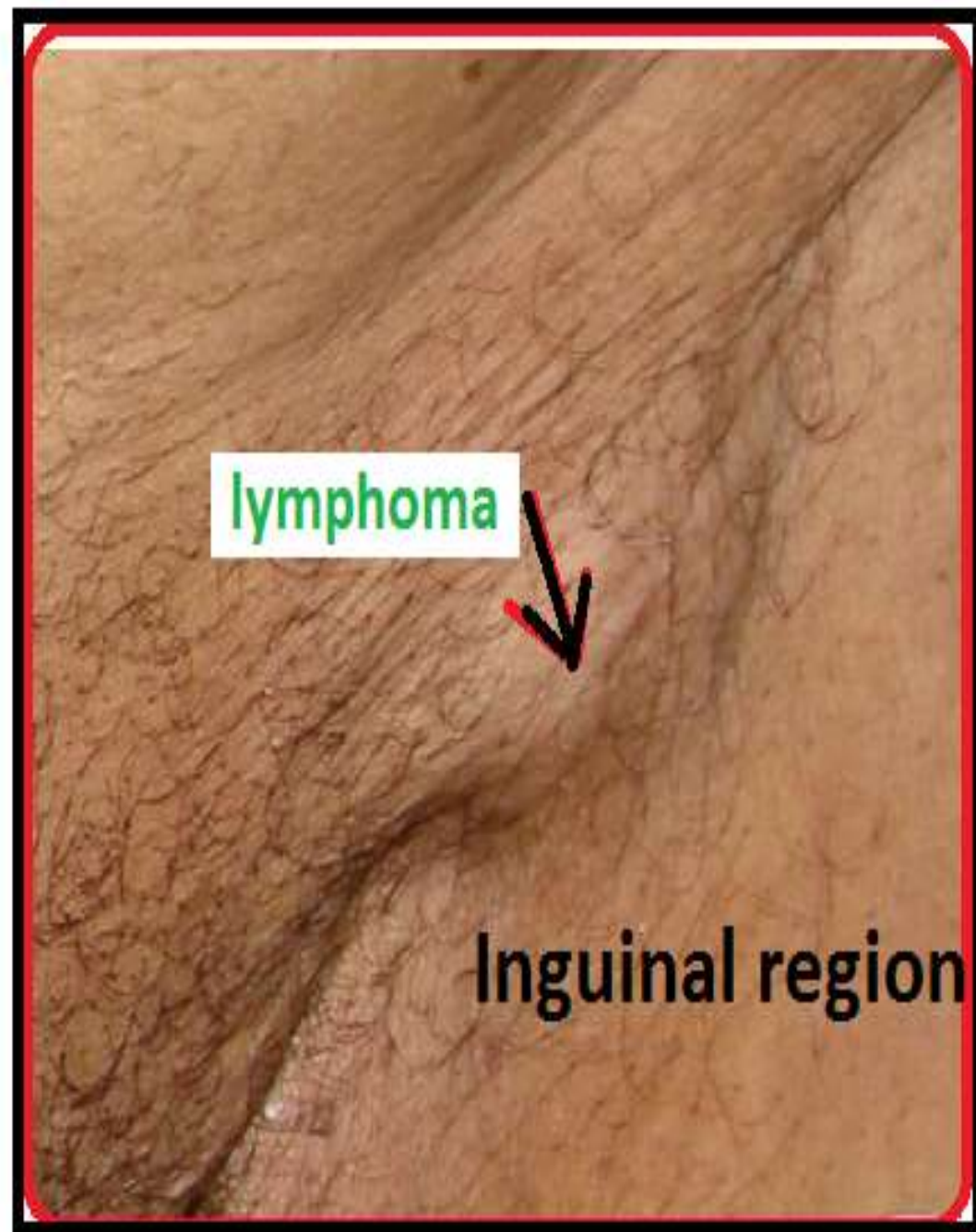
1. About six lymph nodes are embedded in the fatty connective tissue of the popliteal fossa.
2. They receive superficial lymph vessels from the lateral side of the foot and leg.
3. These accompany the small saphenous vein into the popliteal fossa. They also receive lymph from the knee joint and from deep lymph vessels accompanying the anterior and posterior tibial arteries.



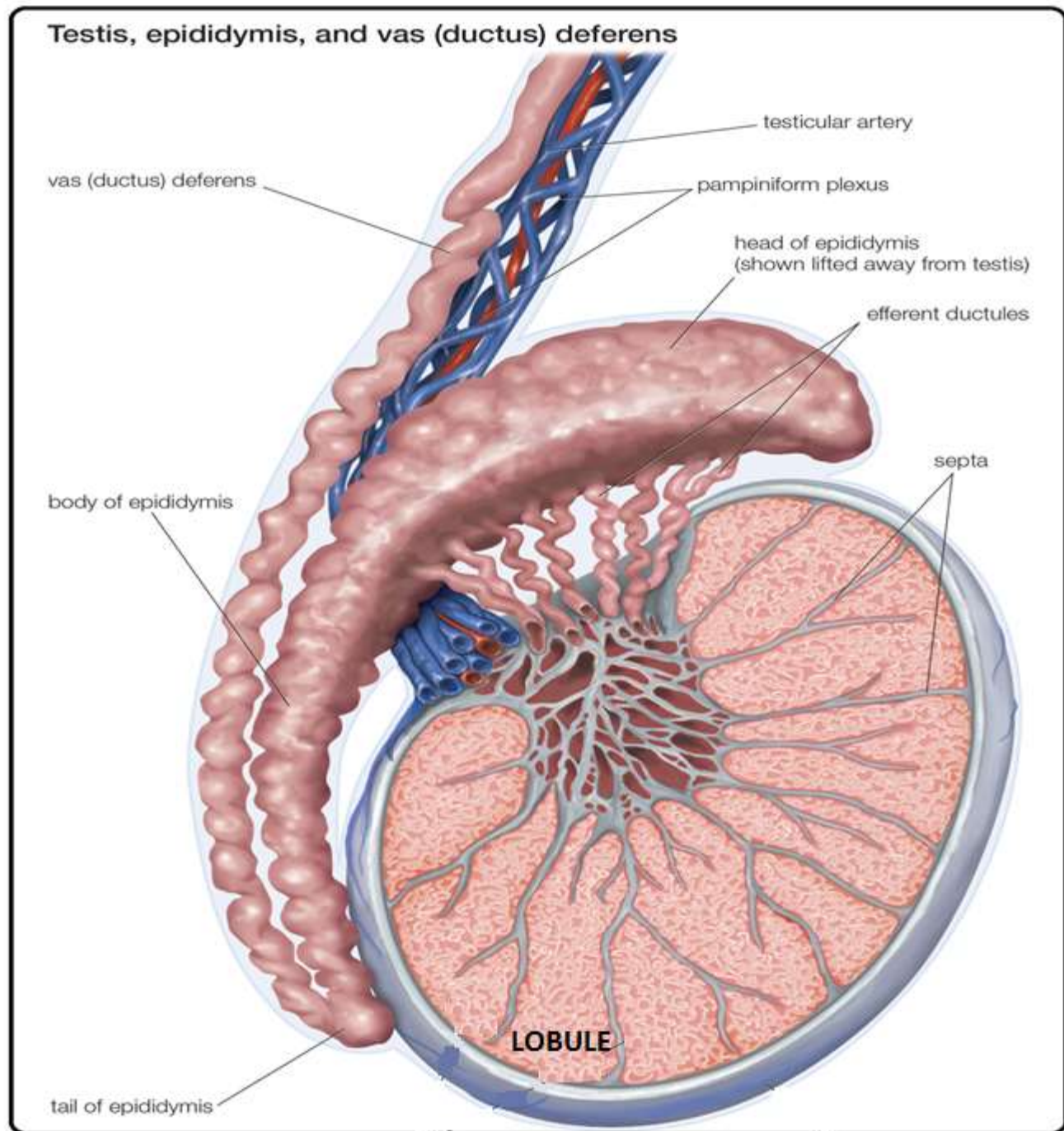


Clinical Applications of Lymphatics of the Lower Limb

1. The superficial and deep inguinal lymph nodes not drain all the lymph from the lower limb
2. But also drain lymph from the skin and superficial fascia of **abdominal wall.**



The testicles are drained directly to the para-aortic nodes and therefore will rarely cause inguinal lymph node enlargement.



Why this is not a lymph node but a hernia?

Inguinal ligament

Inguinal hernia

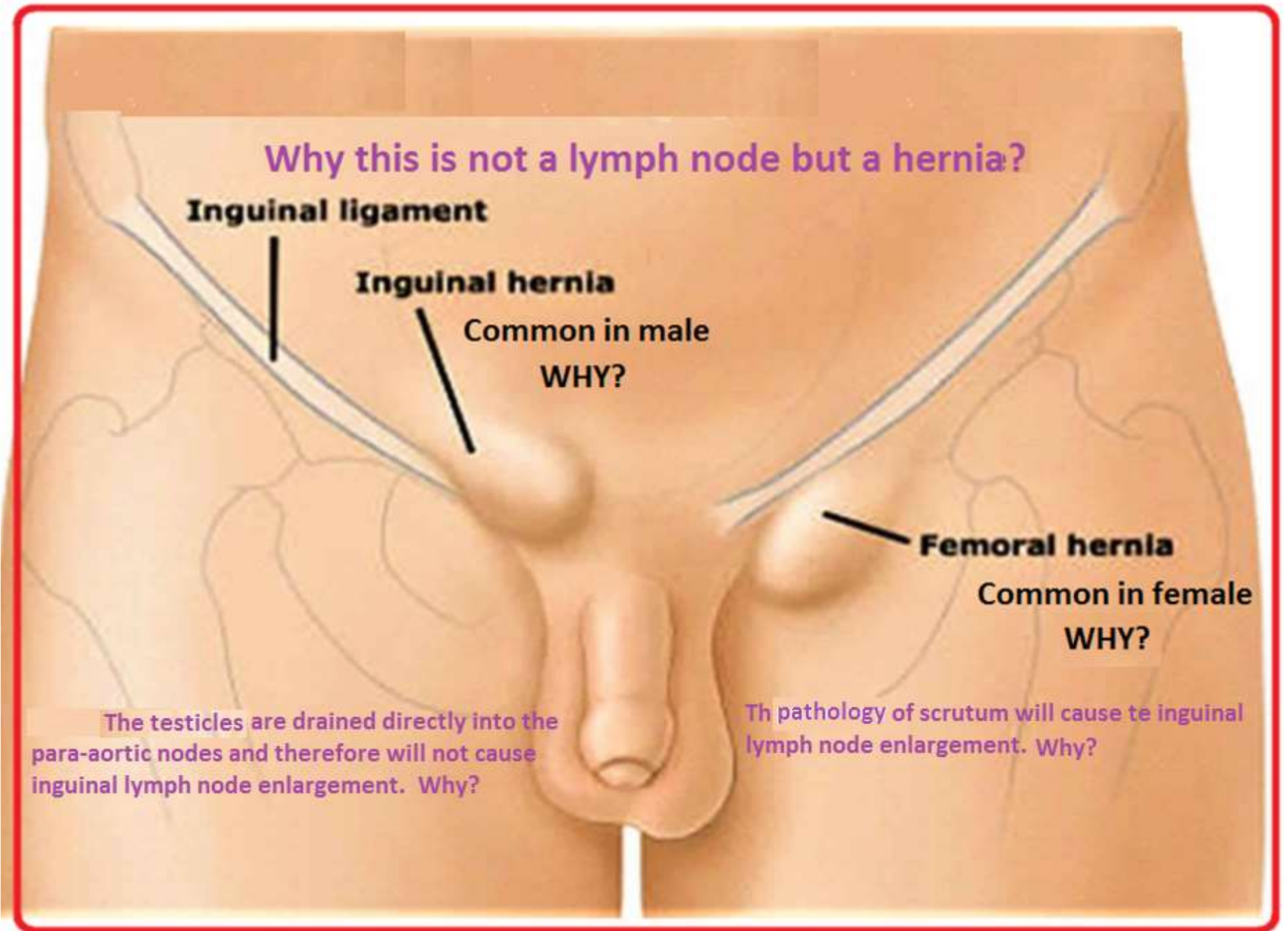
Common in male
WHY?

Femoral hernia

Common in female
WHY?

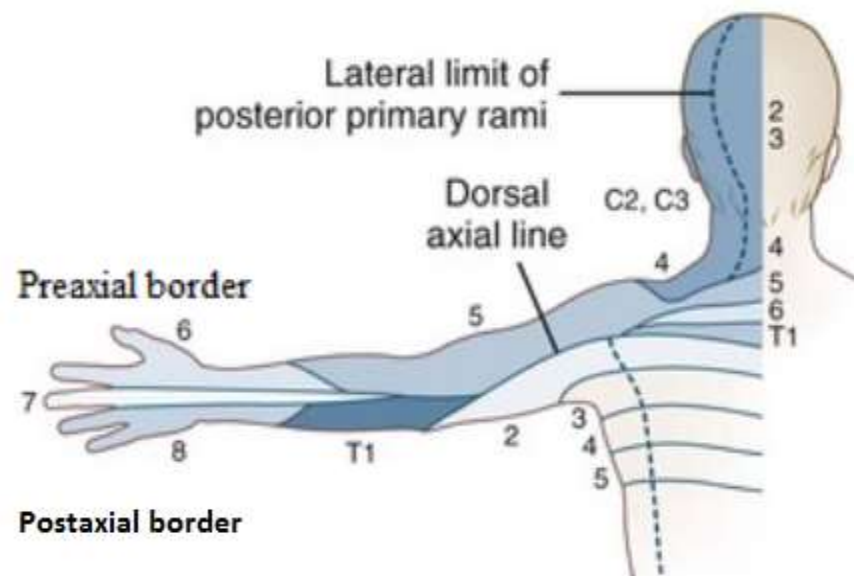
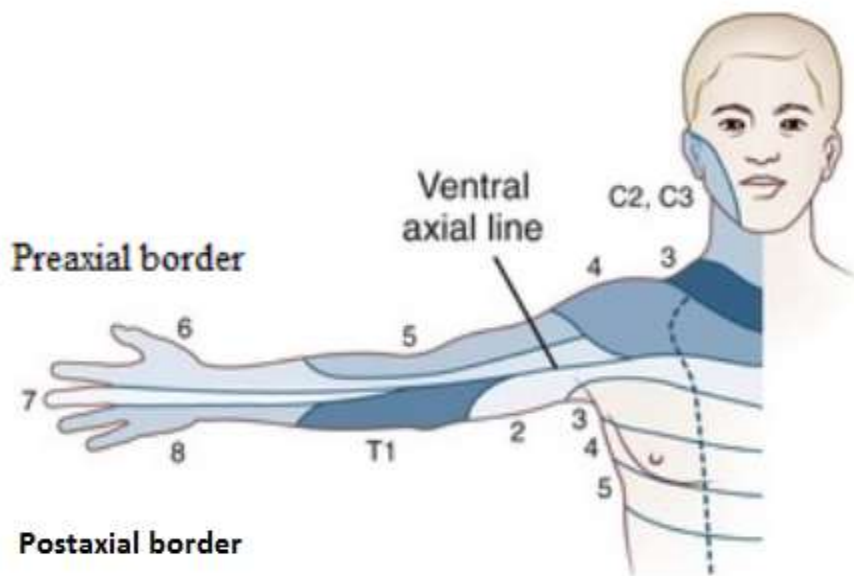
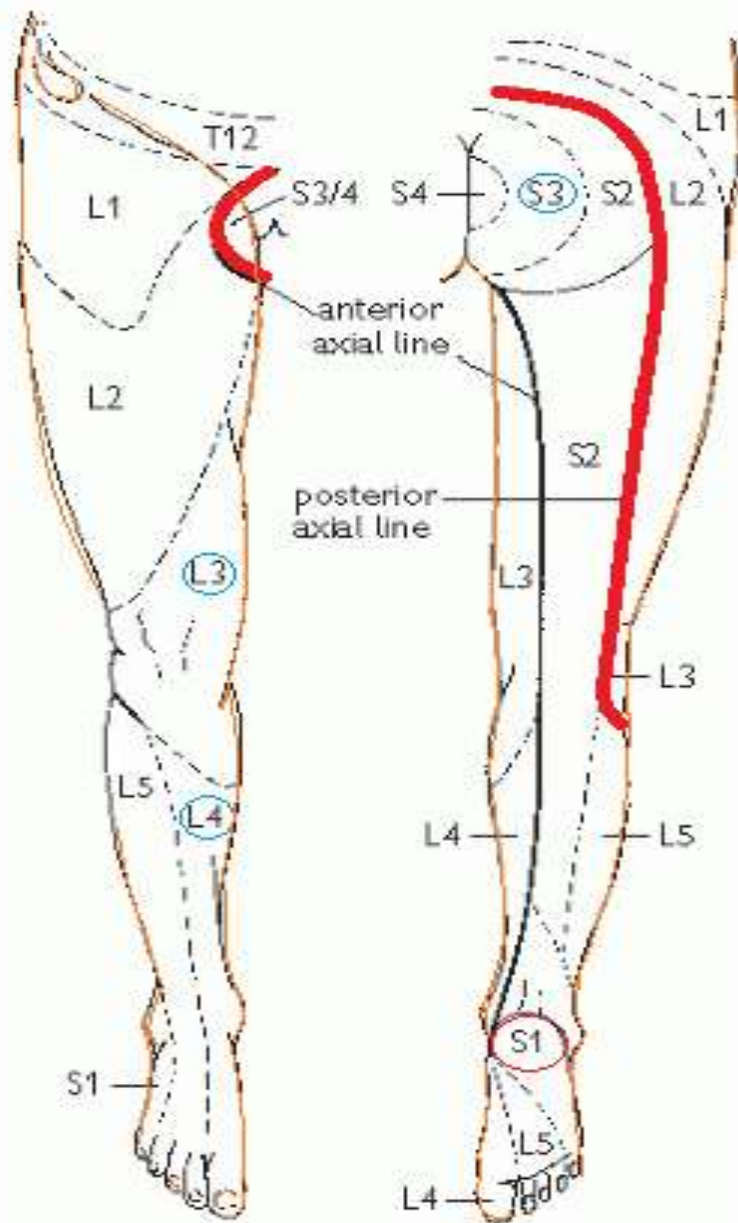
The testicles are drained directly into the para-aortic nodes and therefore will not cause inguinal lymph node enlargement. Why?

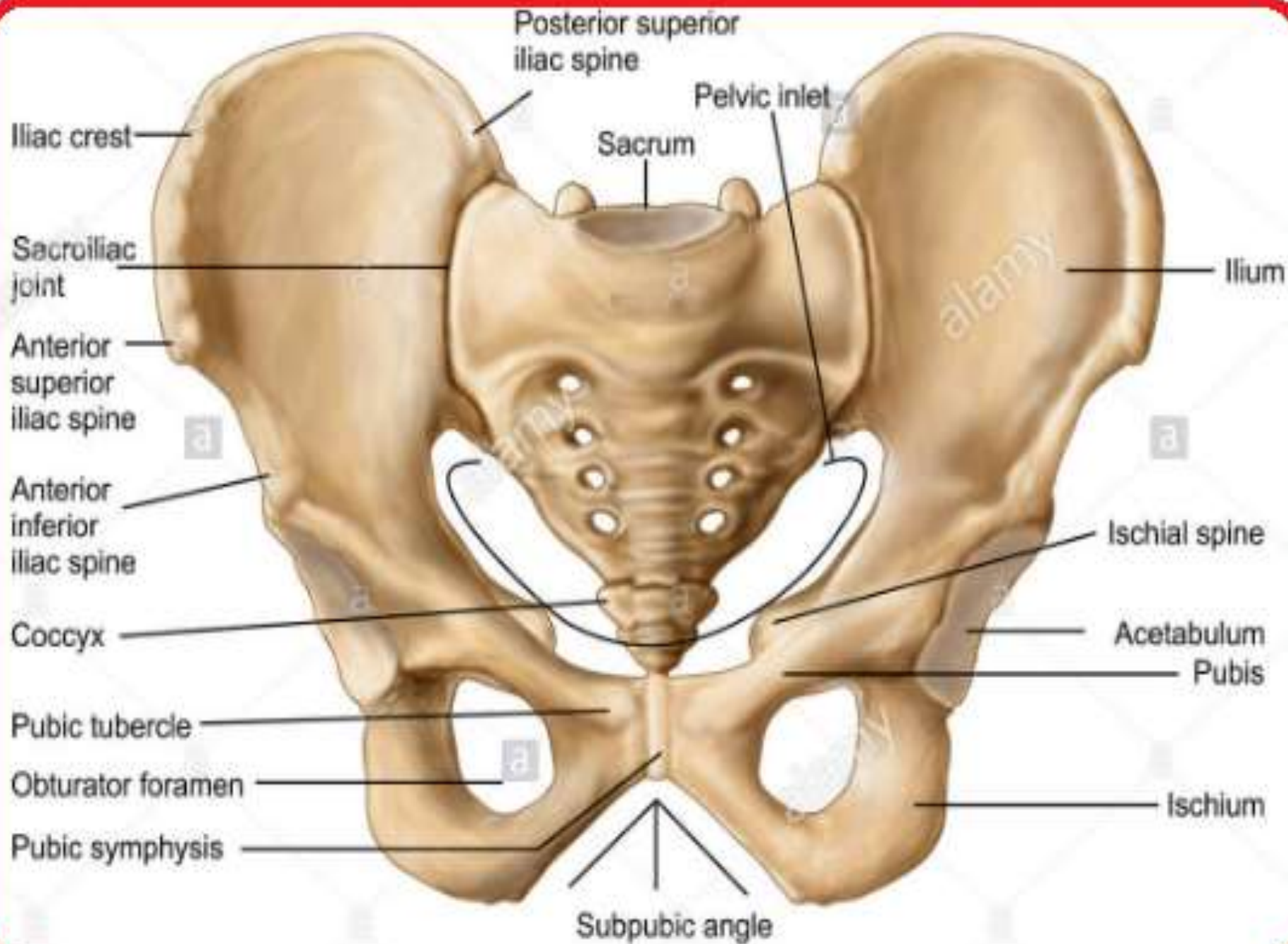
The pathology of scrotum will cause inguinal lymph node enlargement. Why?



THANKS



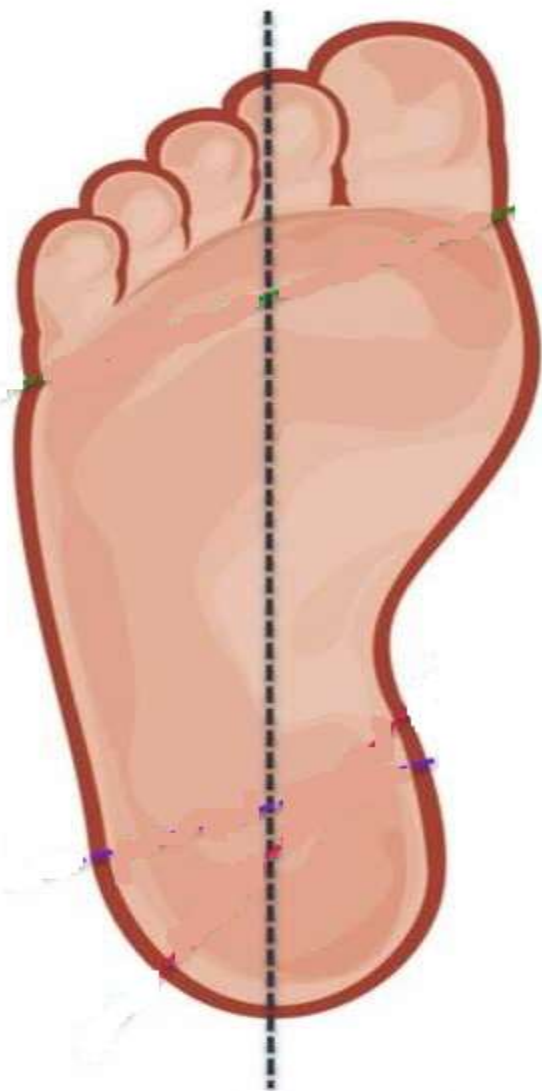






Hand Longitudinal axis

Foot longitudinal Axis



**Longitudinal
Axis**

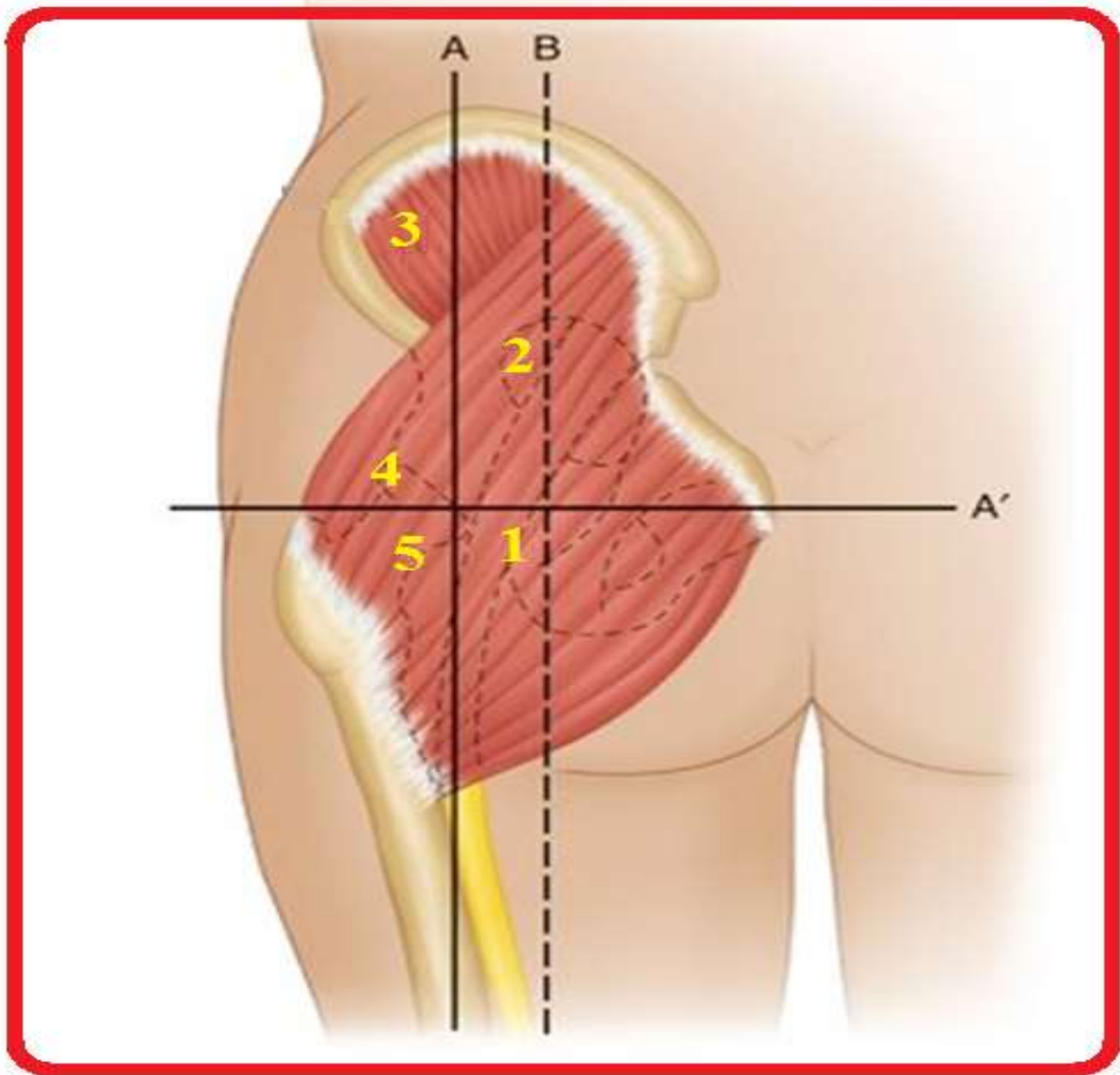
Middle



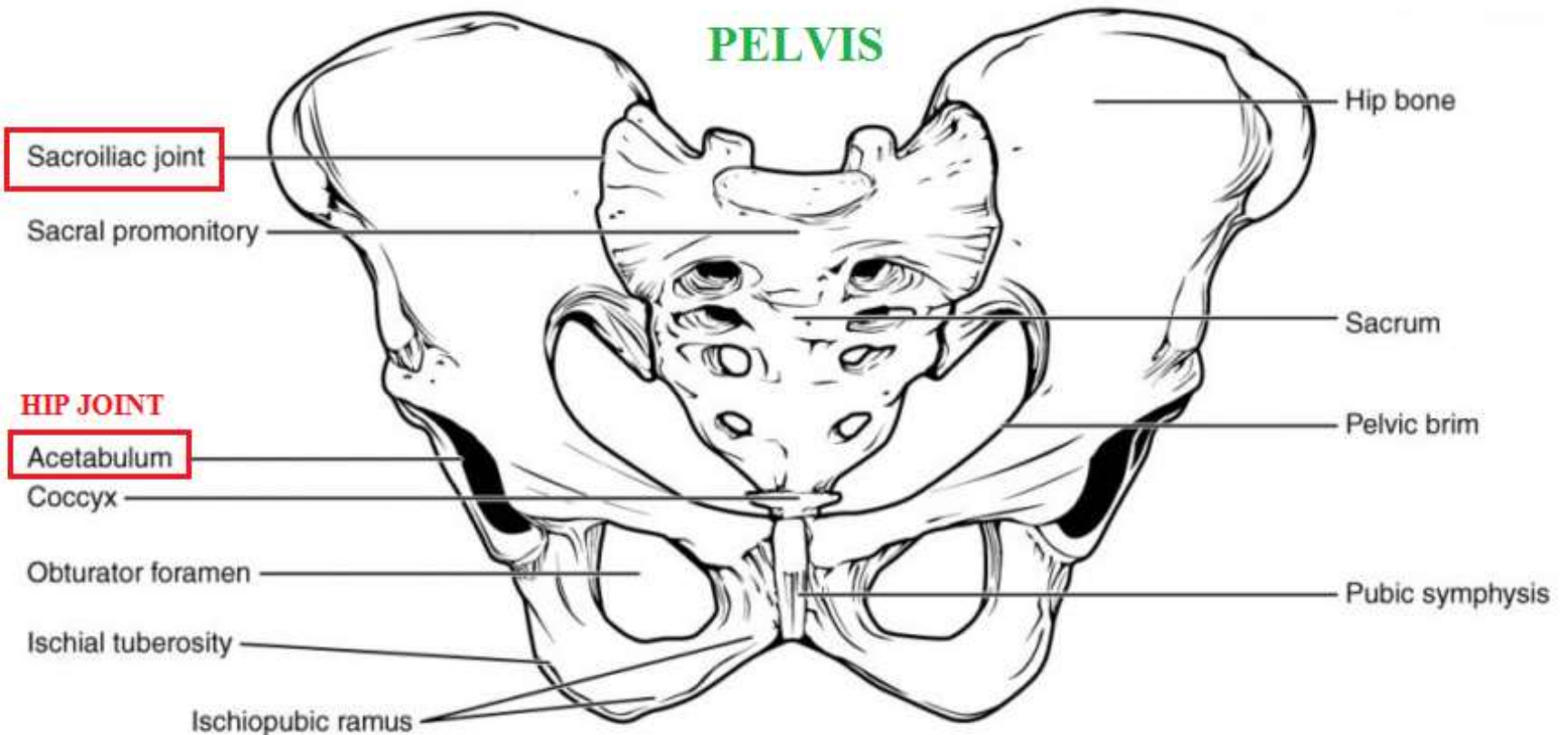
Axis of hand

The lower limb of man is built upon the same plan as the upper limb with the similar basic pattern.

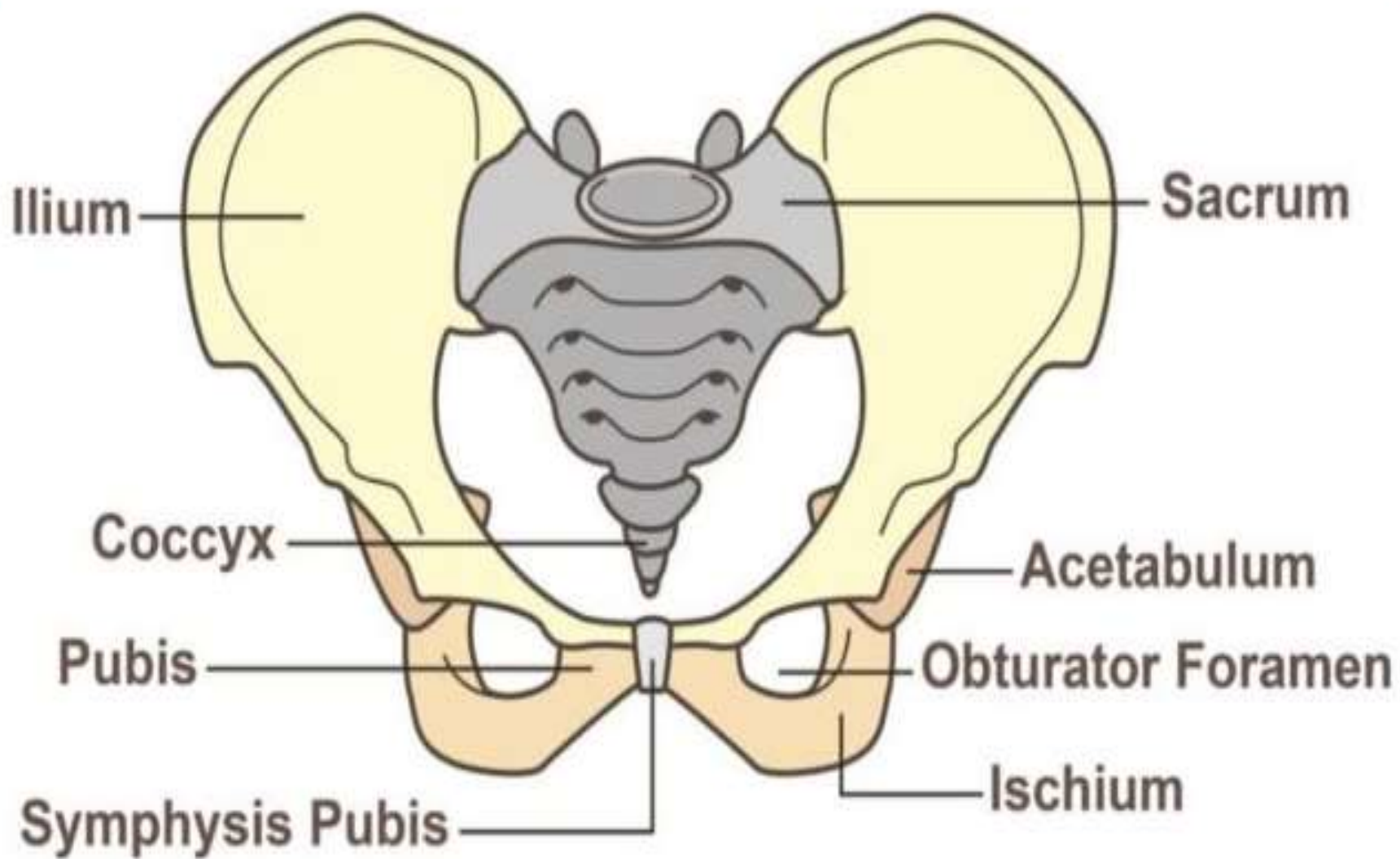
- 1. Thigh and upper arm**
- 2. Leg and forearm**
- 3. Tarsus and carpus**
- 4. Foot and hand and their longitudinal axis.**
- 5. Upper limb buds and lower limb bud.**



PELVIS



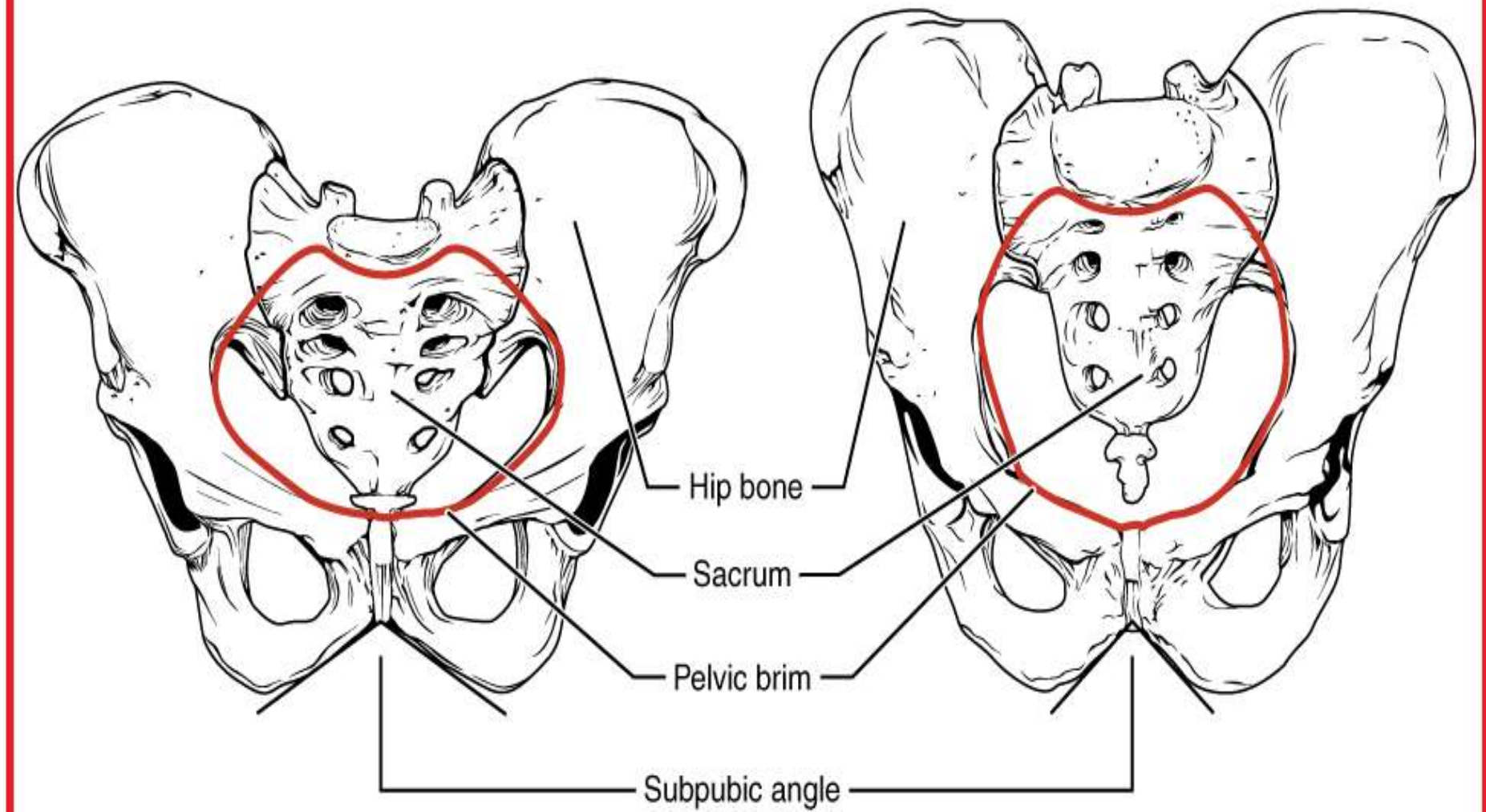
The Hip Bone. The adult hip bone consists of three regions. The ilium forms the large, fan-shaped superior portion, the ischium forms the posteroinferior portion, and the pubis forms the anteromedial portion



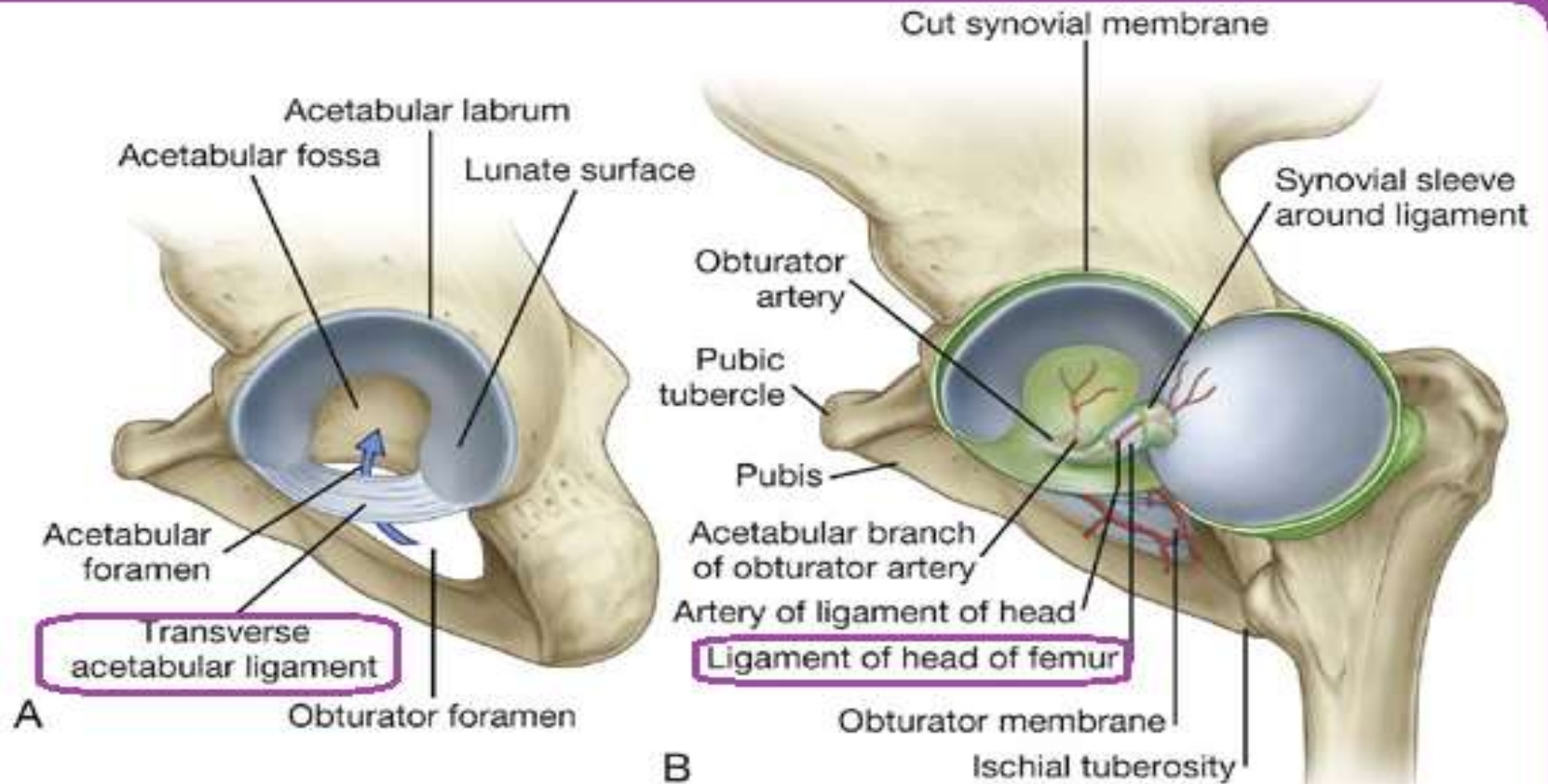
PELVIS

Female

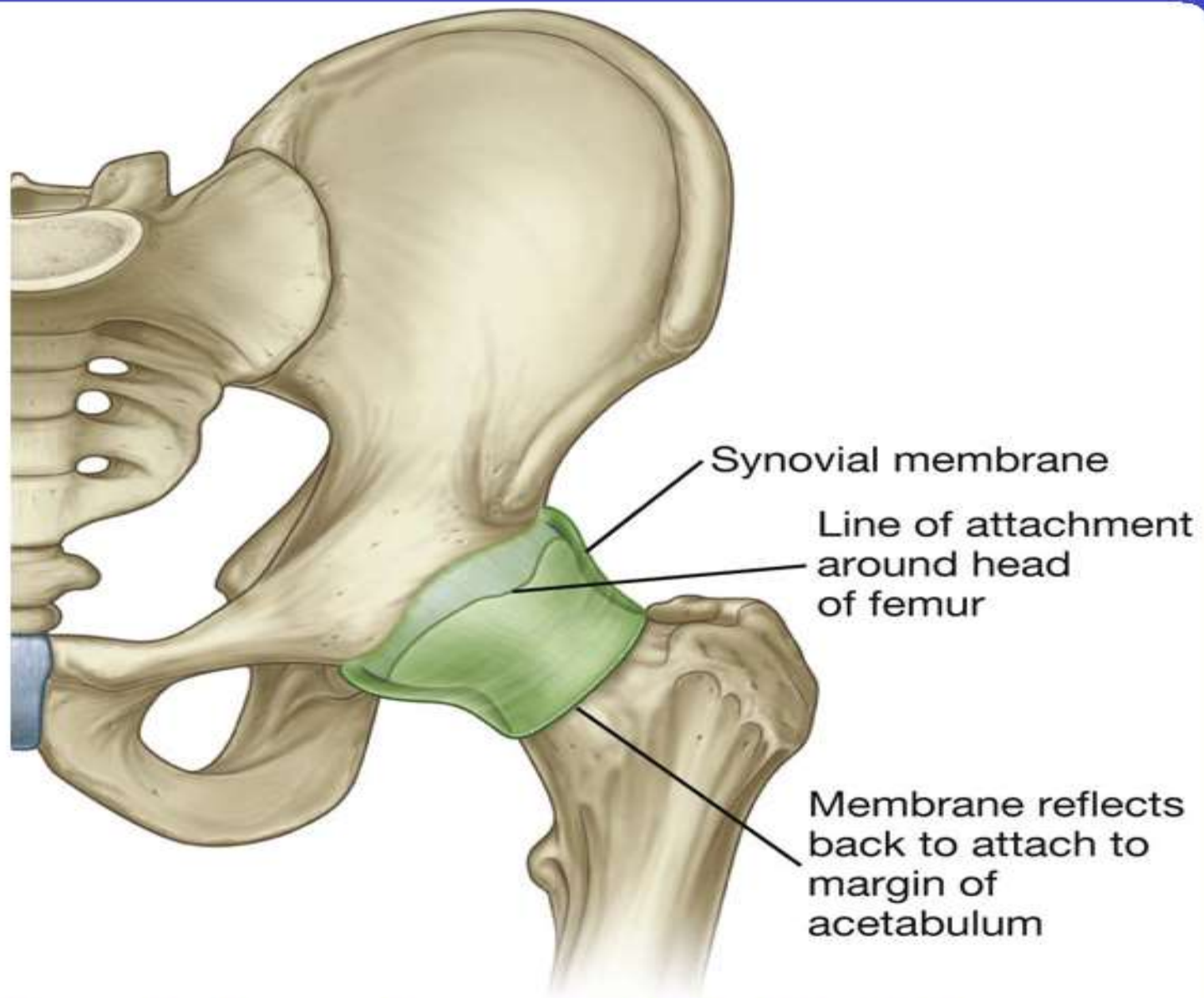
Male



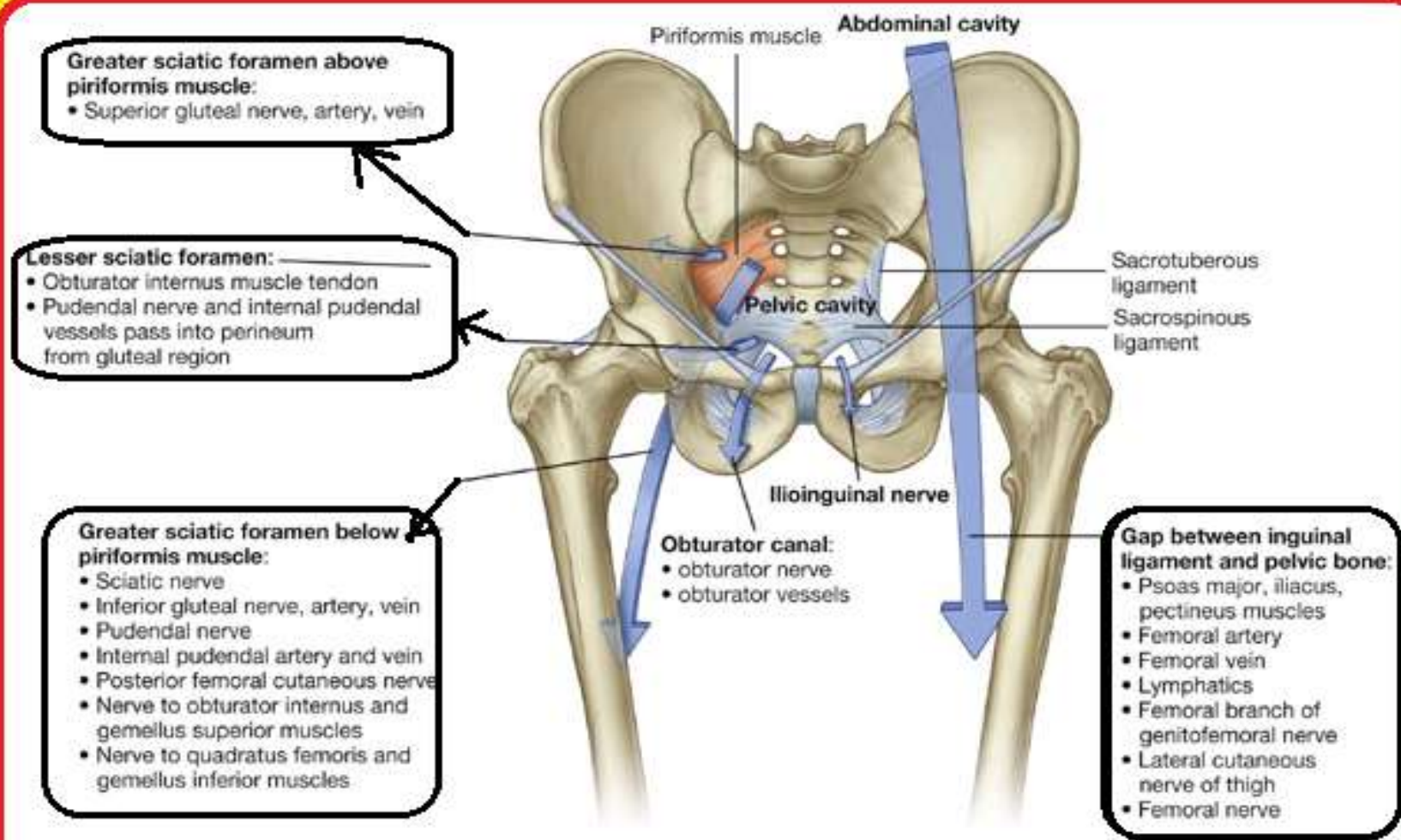
Male and Female Pelvis. The female pelvis is adapted for childbirth and is broader, with a larger subpubic angle, a rounder pelvic brim, and a wider and more shallow lesser pelvic cavity than the male pelvis.



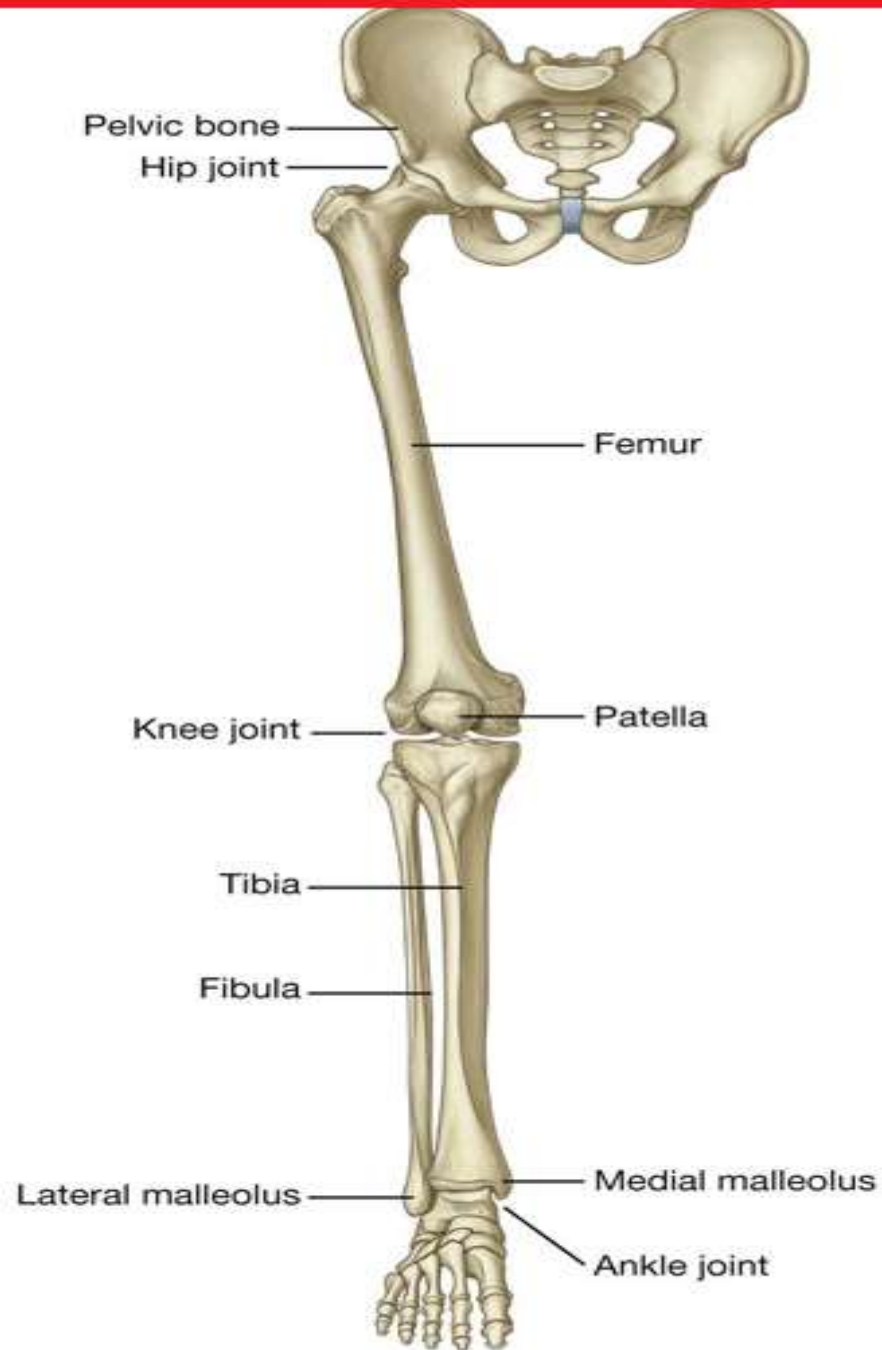
Hip joint. A. Transverse acetabular ligament. B. Ligament of the head of the femur. The head of the femur has been laterally rotated out of the acetabulum to show the ligament.



Synovial membrane of the hip joint.



Gateways to the lower limb.



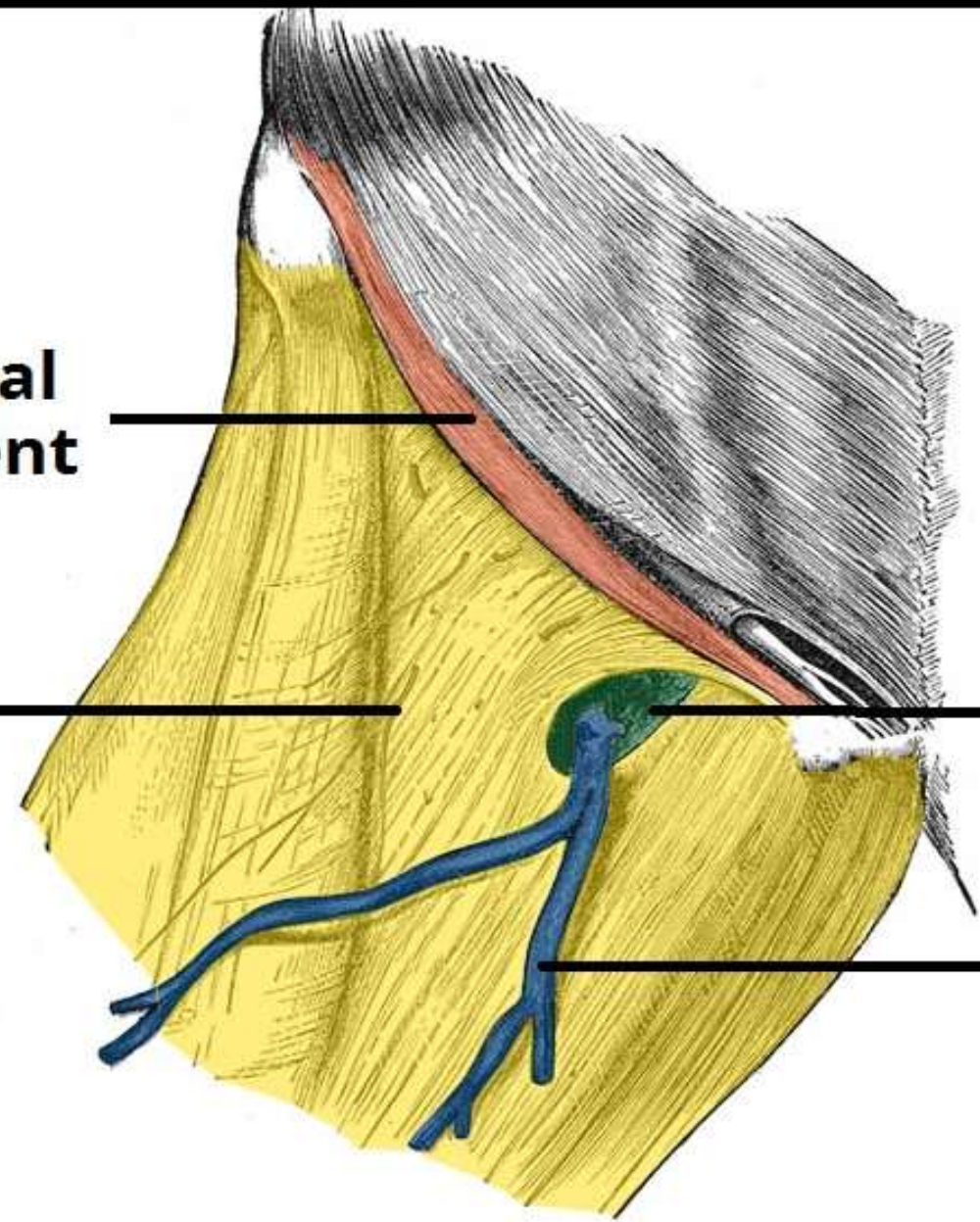
Bones and joints of the lower limb.

**Inguinal
ligament**

**Fascia
lata**

**Ovoid
hiatus**

**Great
saphenous
vein**



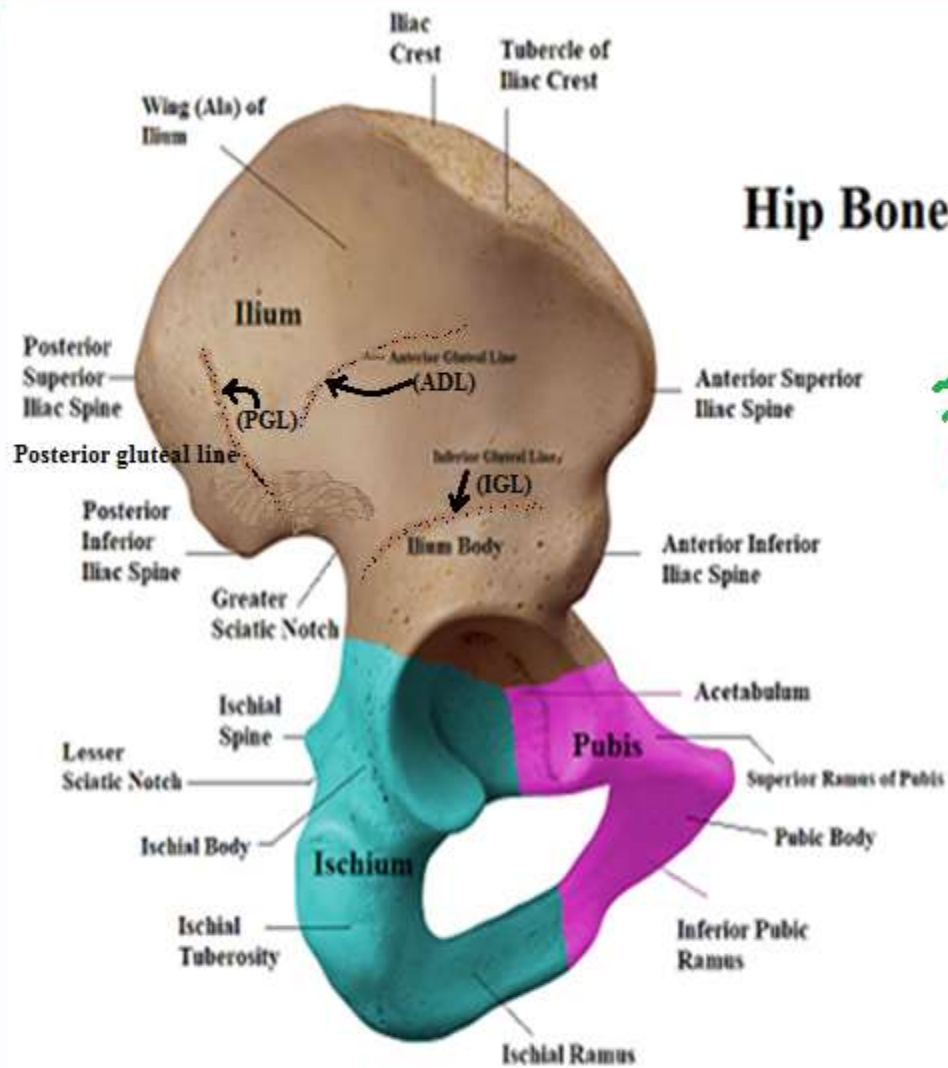
An anatomical diagram of the right leg from a lateral perspective. The Tensor fascia lata muscle is highlighted in yellow and green, extending from the hip down to the knee. The Iliotibial tract is shown as a thick band of connective tissue running along the lateral side of the knee. Labels with leader lines identify the Tensor fascia lata and the Iliotibial tract. A red arrow points from the Tensor fascia lata label to a red text box.

**Tensor fascia
lata**

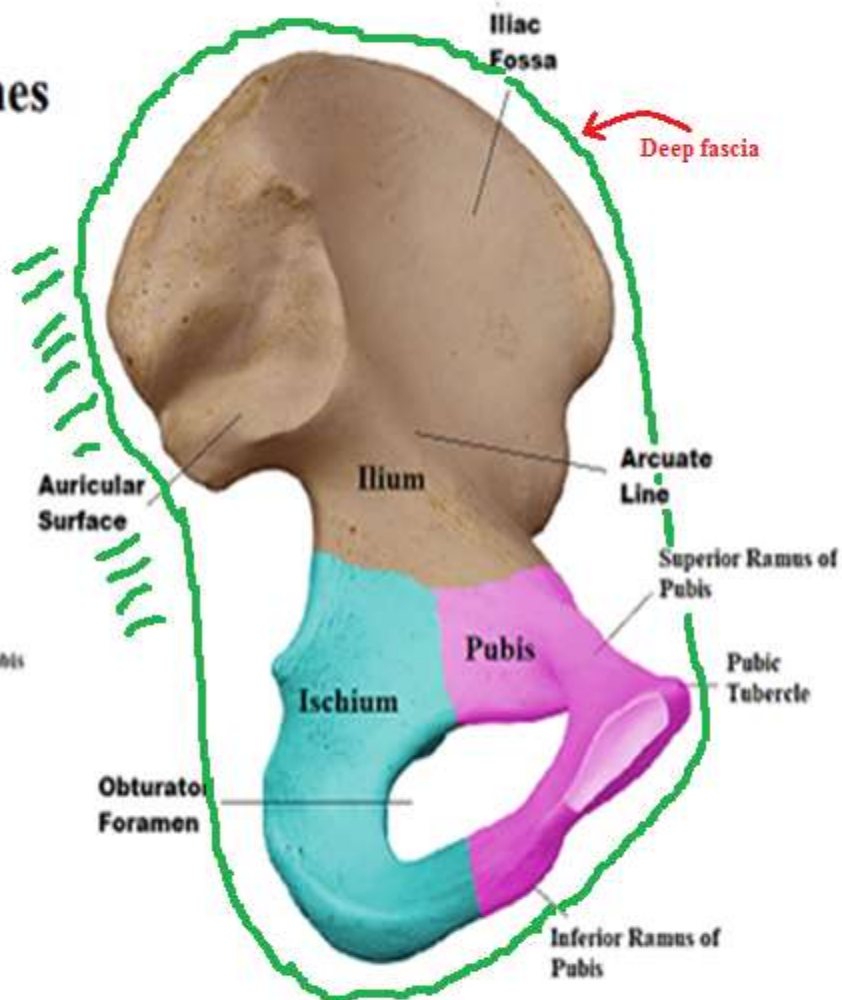
**Iliotibial
tract**

**Assists gluteus
maximus in
extending the
knee joint**

Hip Bones



**Right Hip Bone
Lateral (Side) View**



**Left Hip Bone
(Medial View)**

Fascia Lata

Is a tough fibrous sheath that envelops the whole of the thigh like a sleeve.

THE FASCIA LATA IS ATTACHMENT

1. ABOVE AND BEHIND: To the back of the sacrum and coccyx.

1. Laterally: To the Iliac crest; In the gluteal region, it splits to enclose

A. and tensor fascia lata.

B. the gluteus maximus muscle

3. In front, to the inguinal ligament, and to the superior ramus of the pubis;

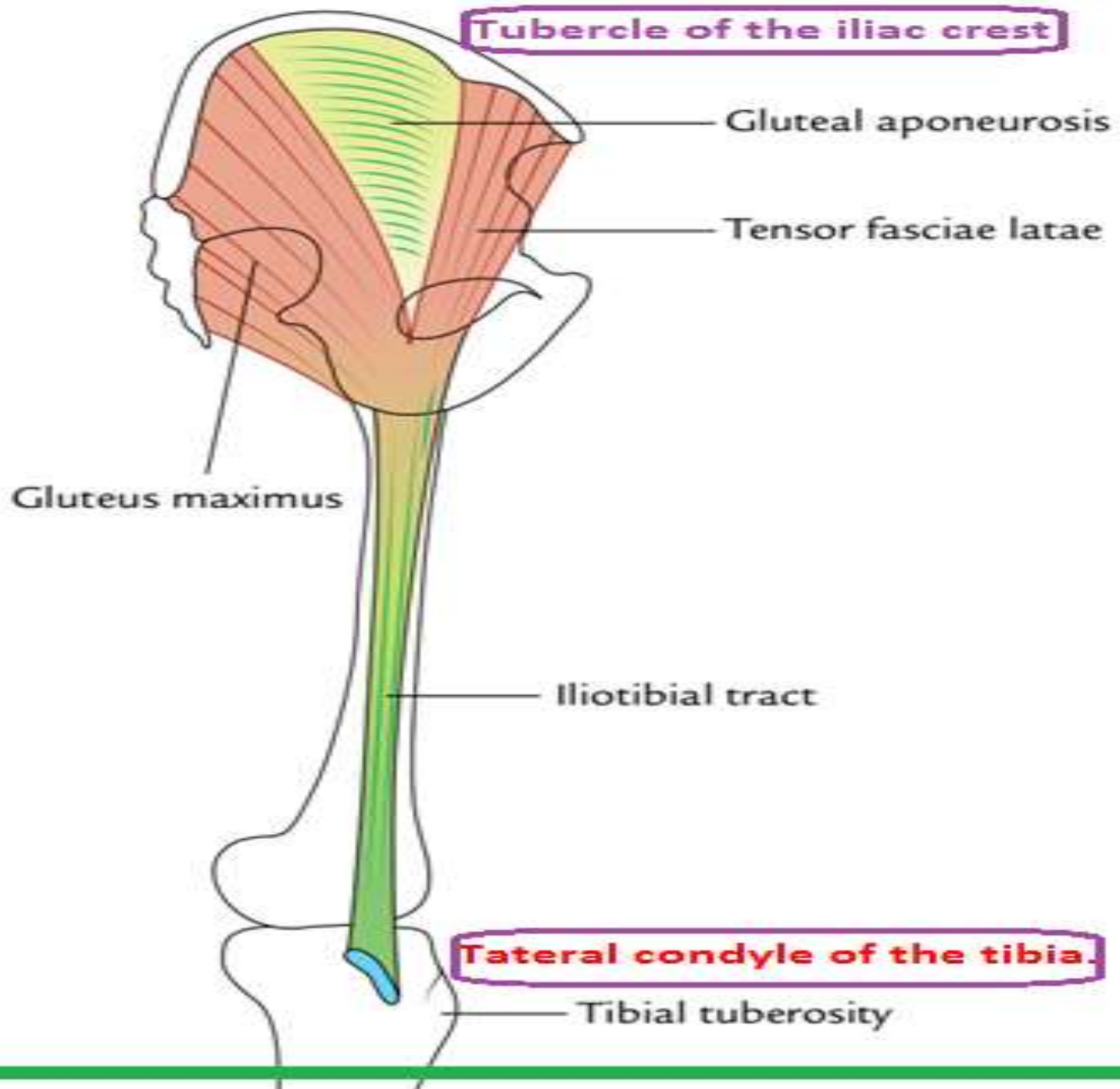
4. Medially, to the inferior ramus of the **pubis** and the **ischium**, and to the lower border of the **sacrospinous ligament**.

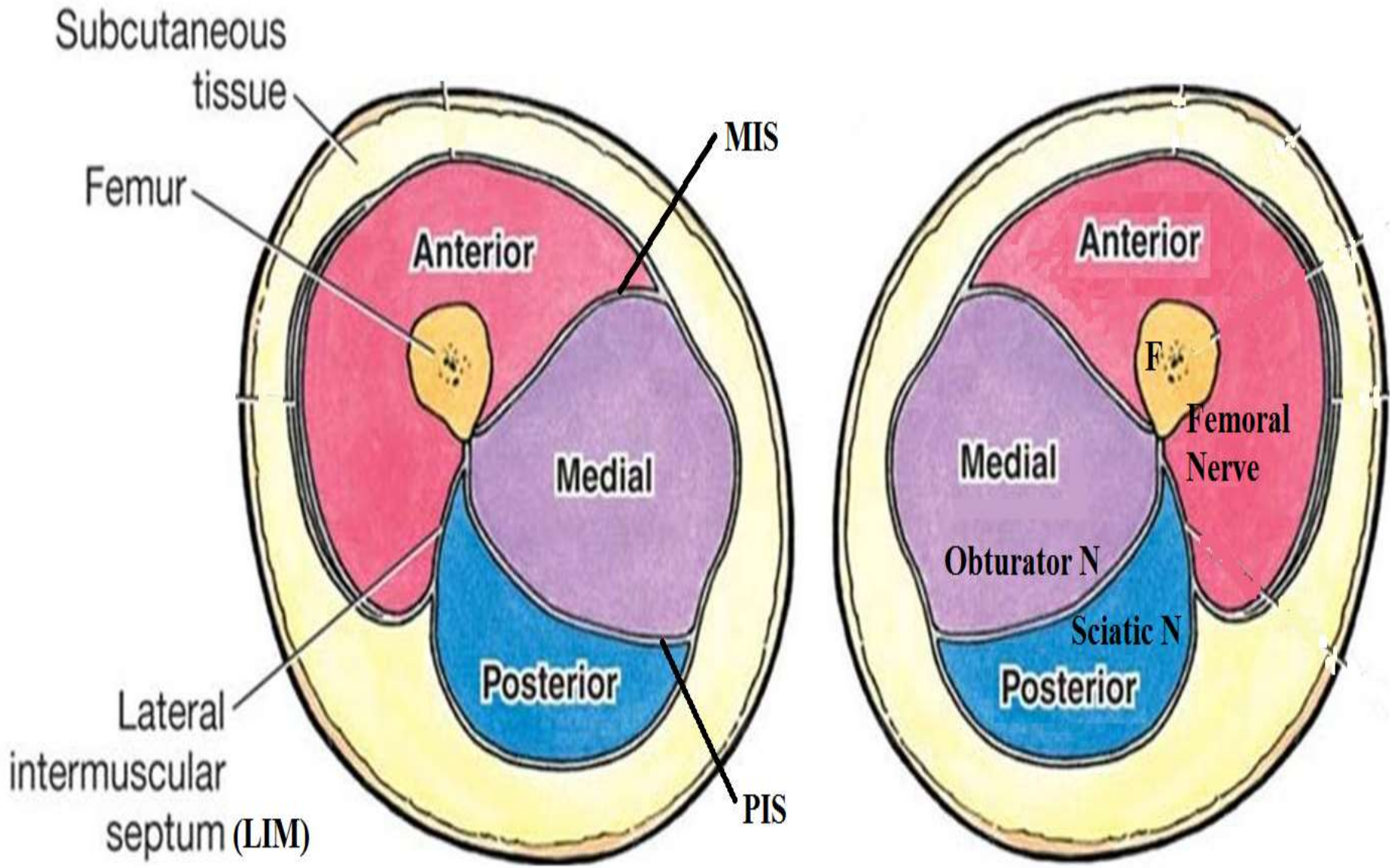
5. Below

- a. The condyles of the femur and tibia,
- b. And the head of the fibula and continue as deep fascia of leg.

The fascia lata form a thick band laterally on the thigh, called

- 1. ILIOTIBIAL TRACT.** Attached
 - a. Above to the **tubercle of the iliac crest**
 - b. Below to the **lateral condyle of the tibia.**
 - c. The iliotibial tract receives the insertion of the **gluteus maximus & tensor fasciae latae**





Inferior view of transverse section of thigh

THIGH CROSS SECTION — MID-SHAFT

Lateral \longleftrightarrow Medial

ANTERIOR

Rectus femoris

Vastus medialis

Medial intermuscular septum

Vastus intermedius

Fascia lata

Skin

Vastus lateralis

MEDIAL

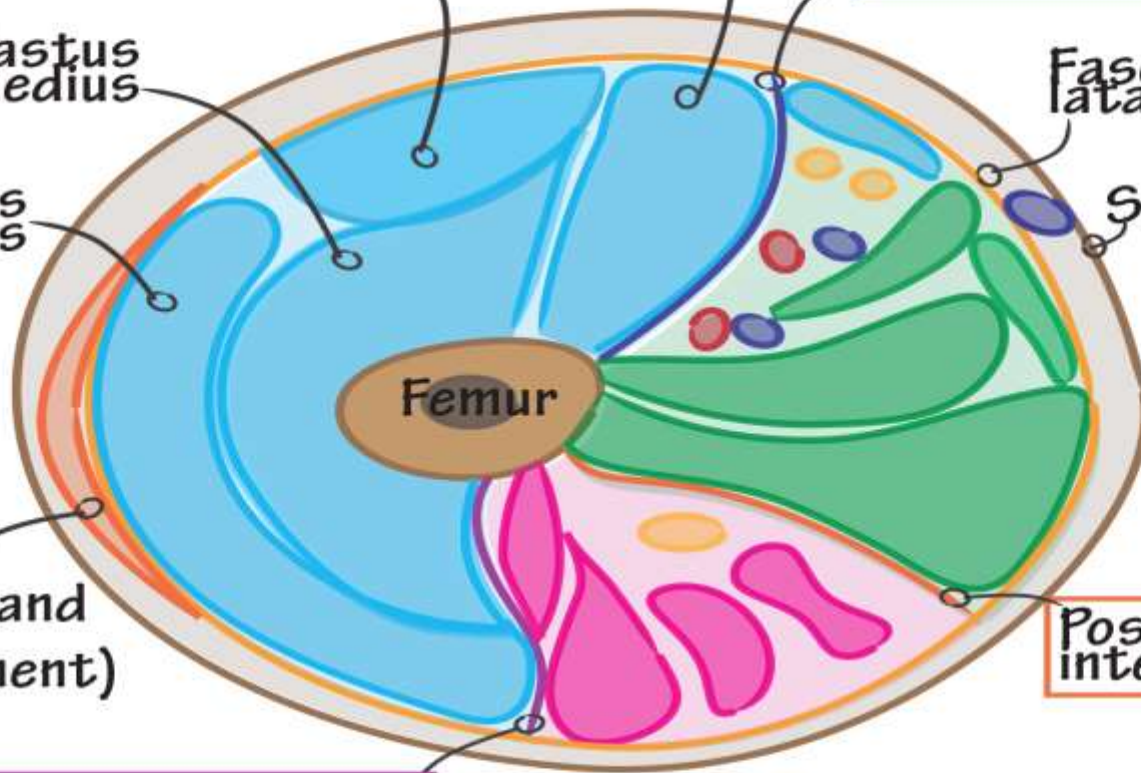
Femur

Posterior intermuscular septum

Iliotibial band (lateral compartment)

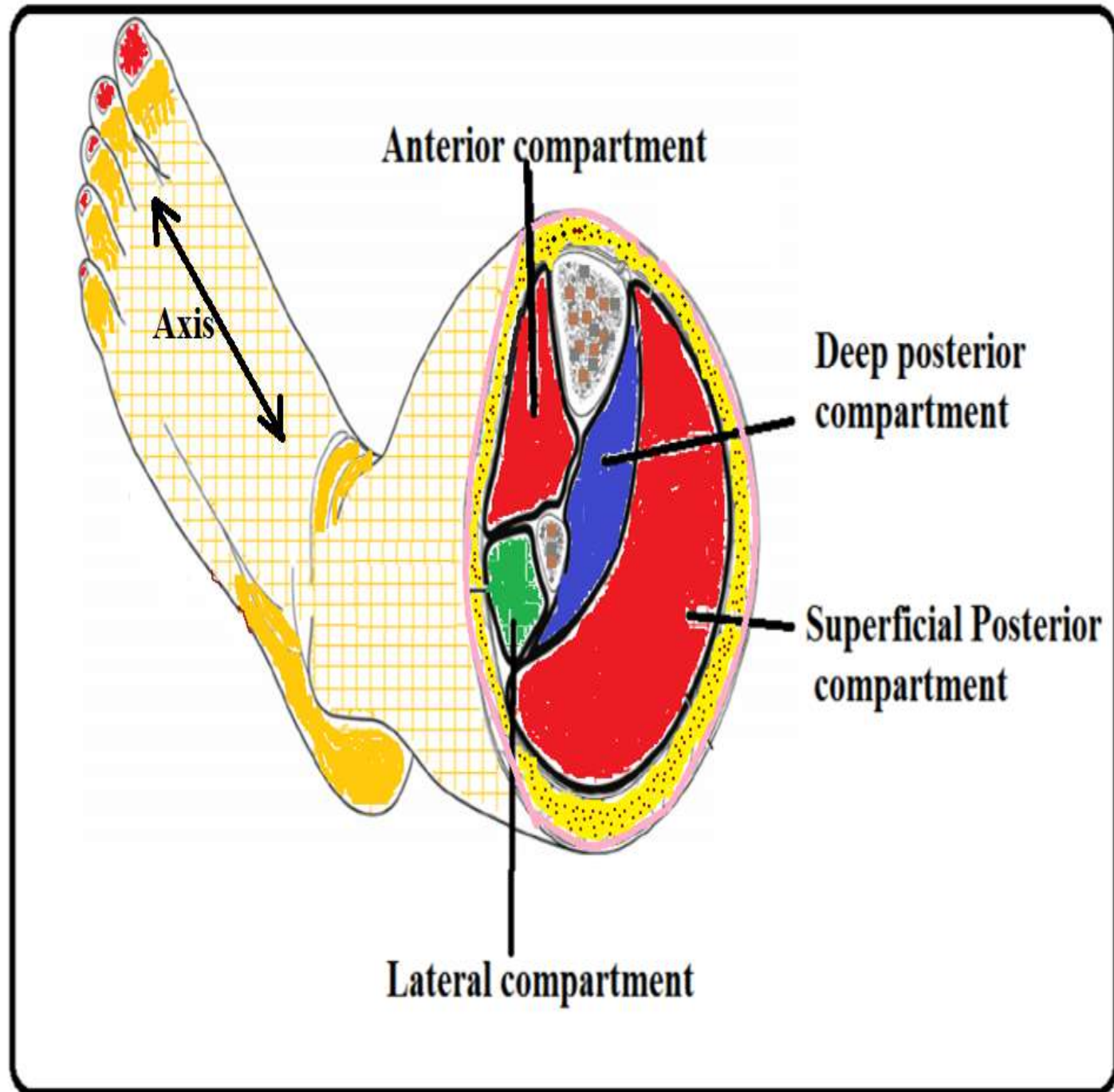
Lateral intermuscular septum

POSTERIOR



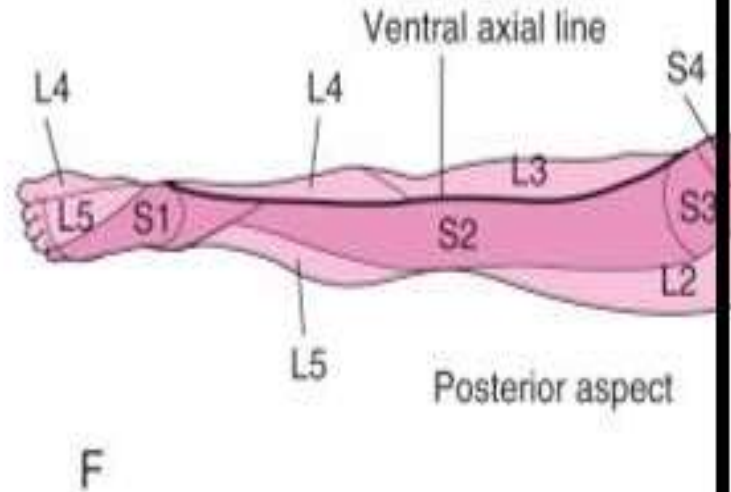
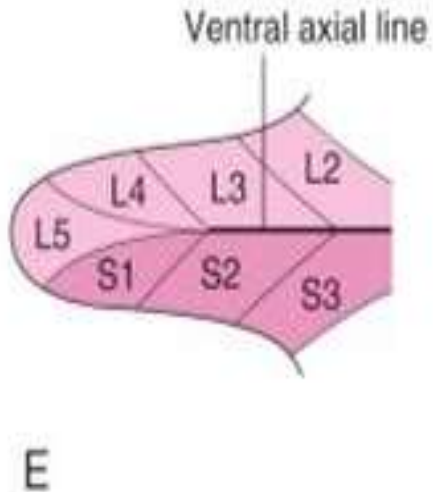
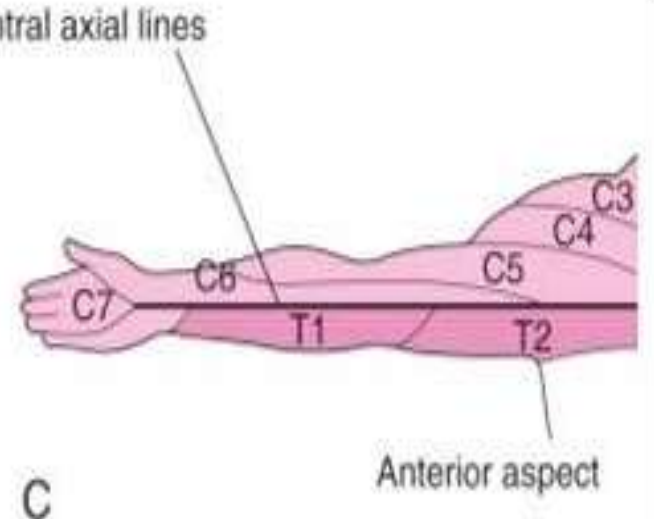
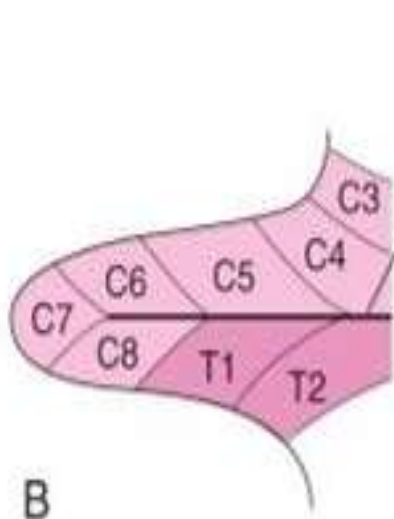
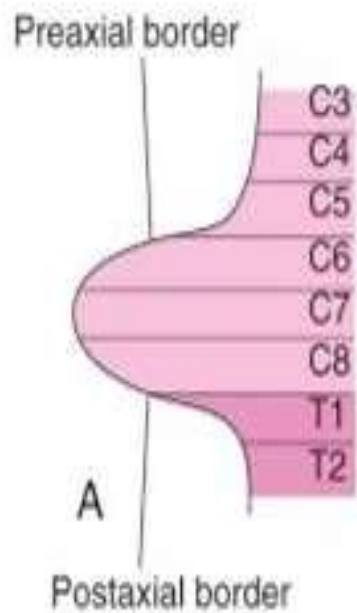
Deep fascia of leg is a continuation of the fascia lata.

Where it also sends seta to bones to form compartments



Clinical significance

- 1. It has great functional regarding compartment formation.**
- 2. Compartment syndrome.**
- 3. Can be used as a grafting**
- 4. The fascia lata is attached to the **INGUINAL LIGAMENT**.
To relax the abdomen fully for palpation by an examining physician, the patient is asked to draw the legs up.**



Dermatomal pattern of the upper and lower limbs.

Normal position for examination of patient abdomen



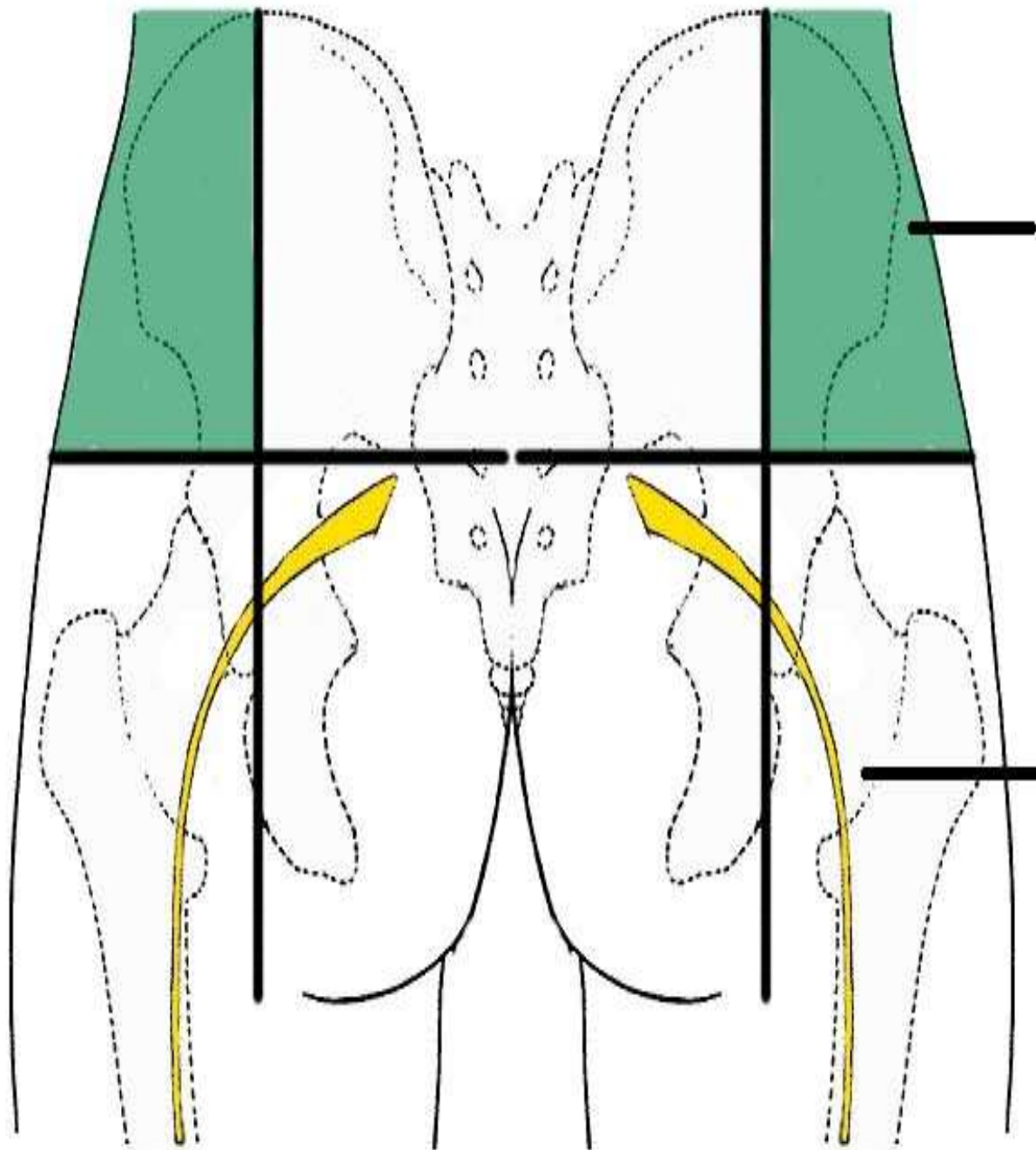
Anterior superior iliac crest

**Location of the
gluteus medius**

**Injection point between the knuckle
of the index and middle finger**

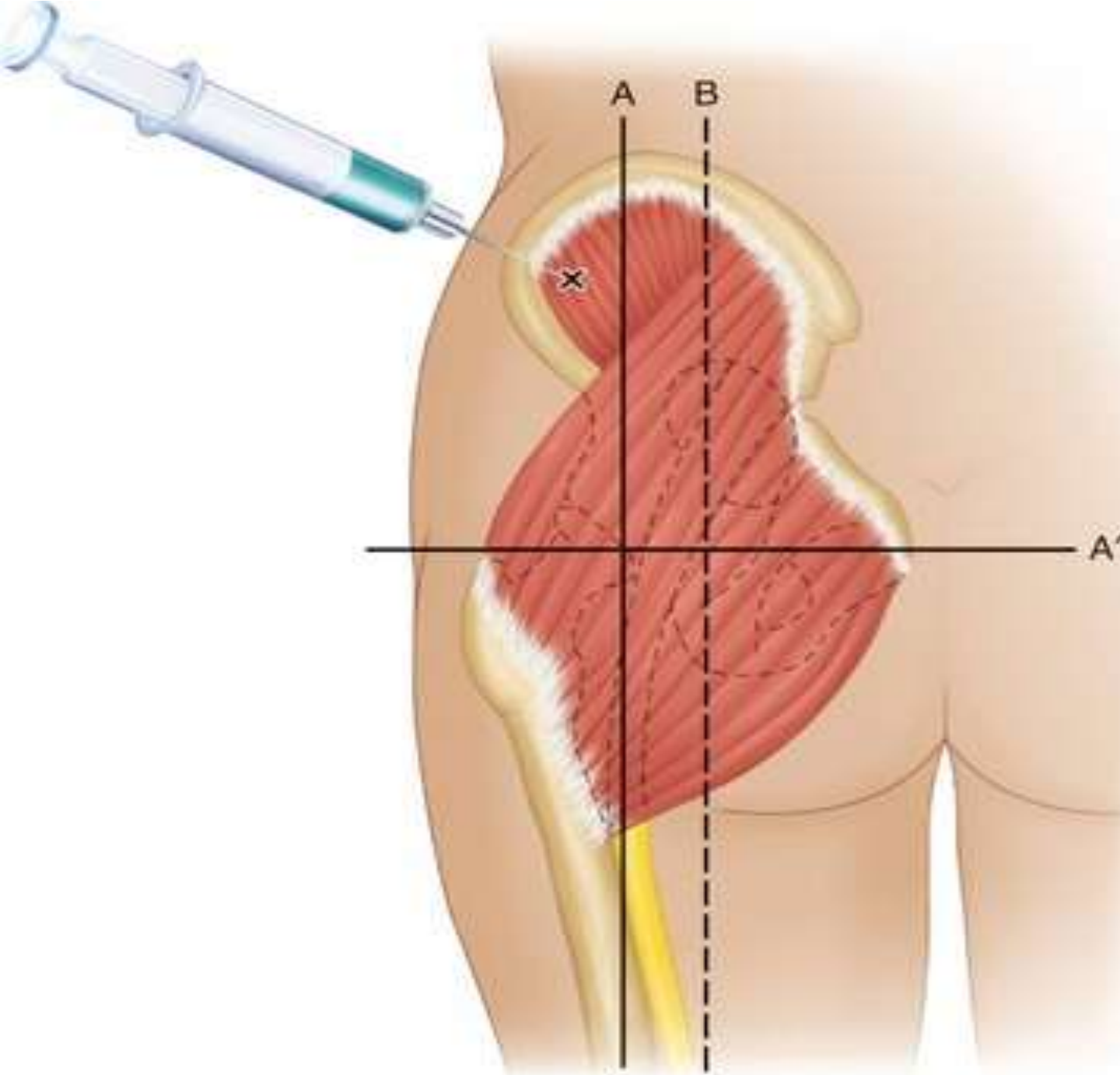
Greater trochanter





Upper lateral quadrant

Sciatic nerve



Thanks