



**HKU  
Med**

LKS Faculty of Medicine  
School of Biomedical Sciences  
香港大學生物醫學學院

MBBS1 CPRS Anatomy Dissection Practical I

# Surface Anatomy and Chest Wall

Anatomy Team  
School of Biomedical  
Sciences

# Learning Outcomes

- Know the importance of cadaveric dissection
- Know the proper laboratory ethics/decorum
- Know the techniques of body dissection
- Identify the important surface anatomy of the anterior thoracic wall
- Identify the structures located within the intercostal space
- Know the procedures involved in the removal of the chest wall

# References

- Grant's Dissector, Tank PW
- Grant's Dissection Videos, Detton AJ
- Gray's Anatomy for students, Drake RL, Vogl W, Mitchell AWM

**Instruction pages based on Grant's Dissector 16<sup>th</sup> ed**

# Question of the Day: Why Dissect?

- Respecting Life
- Learning anatomical structures in REAL
- Learning anatomical structures hands-on
- Appreciating anatomical structure in 3D
- Observing, palpating and feeling the human body
- Developing an understanding of topographic relationships of anatomical structures to each other
- Experience the first encounter with the "Great Body Teachers" (cadaver)

Bottom Line: **REALITY IS THE BEST TEACHER!**

# Lab Work Ethics/ Decorum

- Laboratory partners = work as a team
- Meet with your "Great Body Teacher" = "Silent Mentor" = the cadaver. Be Prepared
- Care of cadaver = respect her/him and Keep her/him tidy and clean after dissection
- No unauthorized photo taking!

# Lab Work Ethics/ Decorum

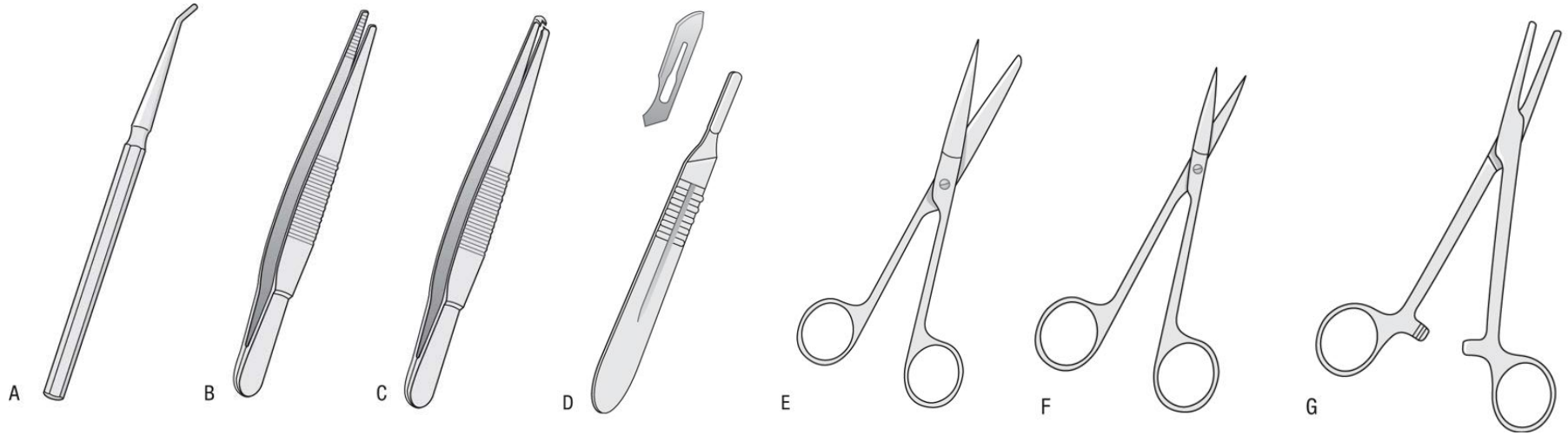
- Wear proper clothing and gears, tie your hair up if needed, and protect yourself
- Dispose human remains to the proper bin
- Dispose sharp objects to the yellow box
- Proper use and care of instruments

# Lab Work Ethics/ Decorum

- Read the instructions from Grant's Dissector
- Follow the instruction carefully(remember the origami you did in the MMI? Time to put those skills in action)

**Respect for Cadaver**: They were once living persons who donated their bodies for medical studies in good faith. They are **YOUR FIRST PATIENT**

# Basic Dissection Instruments

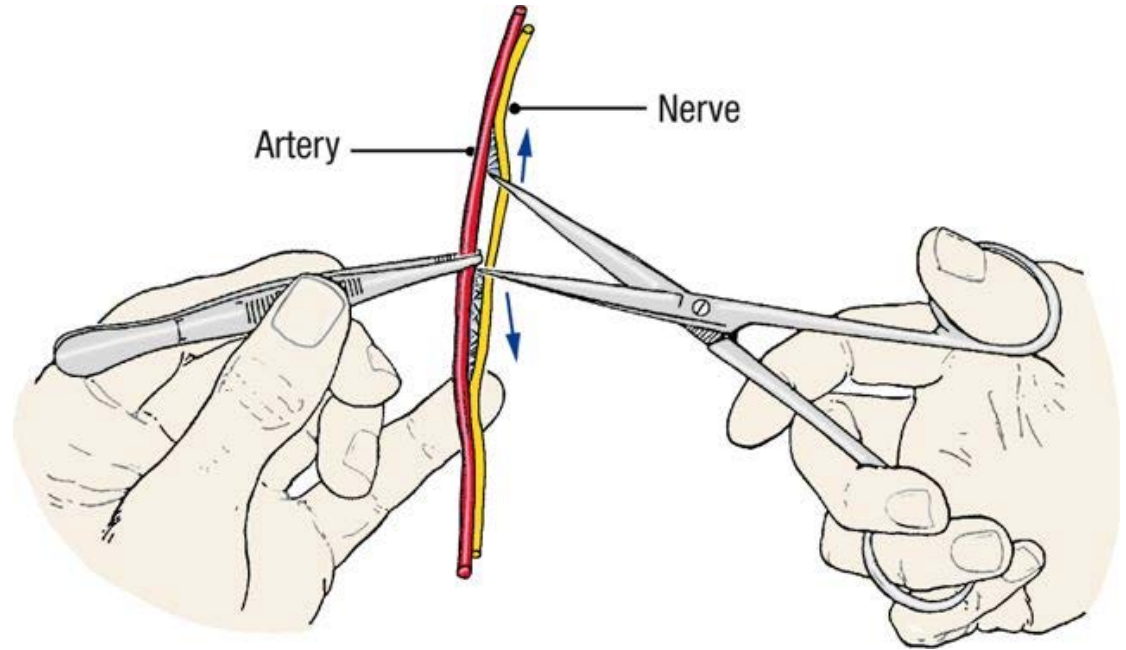


Personal dissection instruments. **A.** Probe. **B.** Forceps. **C.** Tissue (rat-toothed) forceps. **D.** Scalpel and removable blade. **E.** Large scissors. **F.** Small scissors. **G.** Hemostat.



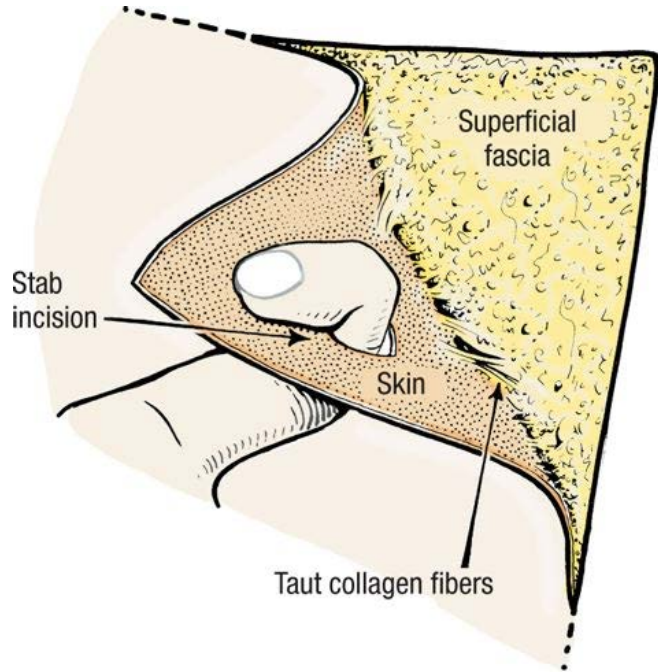
# Basic Dissection Techniques

- You shall handle the instrument like a **PRO** from today onwards
- Use blunt dissection 90% of the time

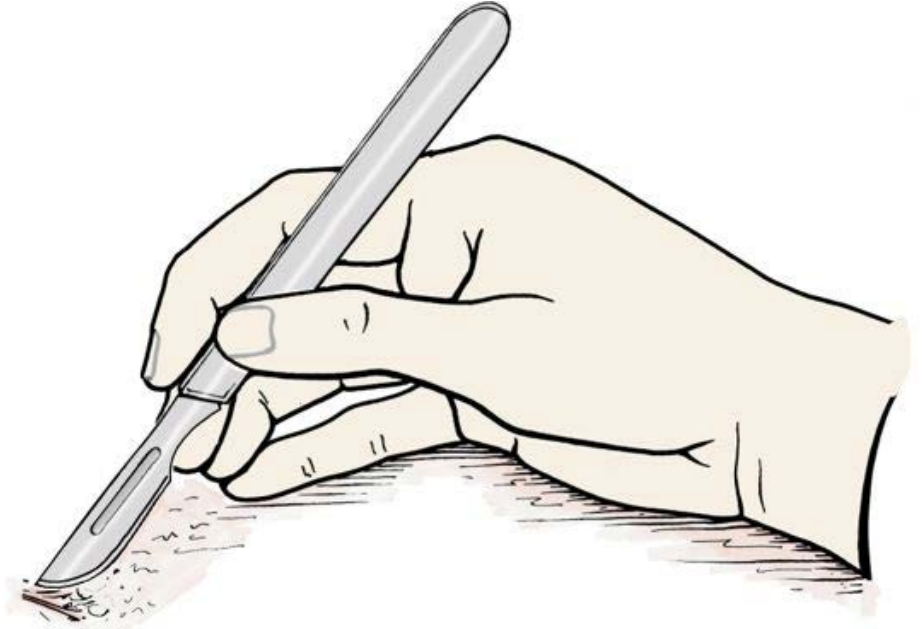


Scissors technique for separating structures. Closed scissors are inserted between structures into the connective tissue and then opened to gently spread the tissue.

# Basic Dissection Techniques

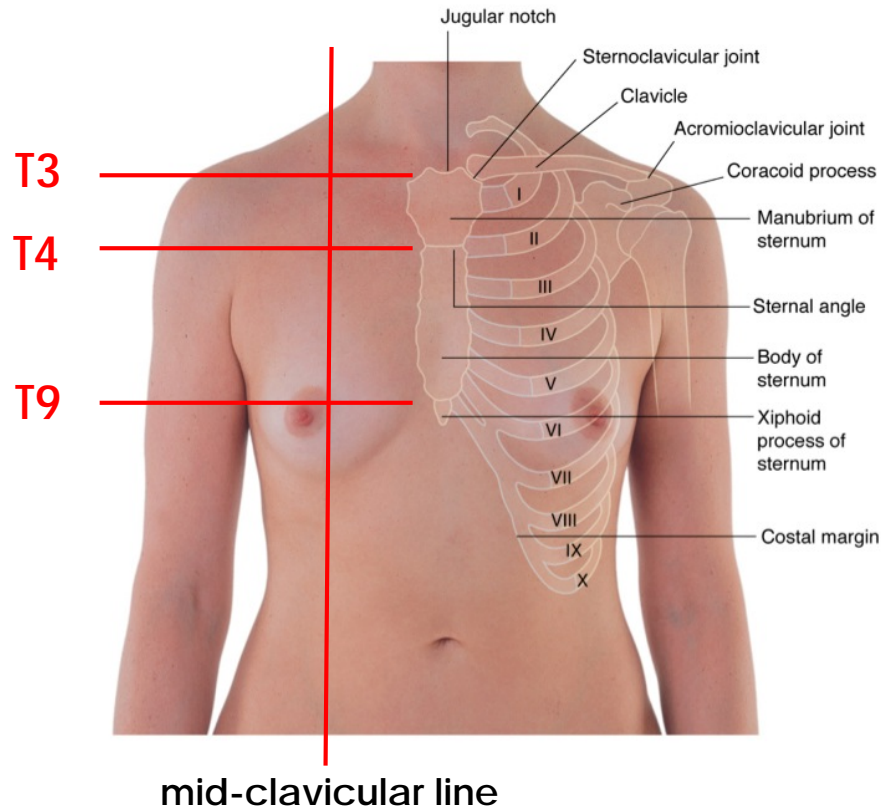


Buttonhole technique. Make a stab incision in a flap of skin. Pull on the skin as hard as you can. Use the scalpel blade to cut along where the fibers are taut.



Just like holding a pen. When dissecting, rest the hand to reduce unsteady movements.

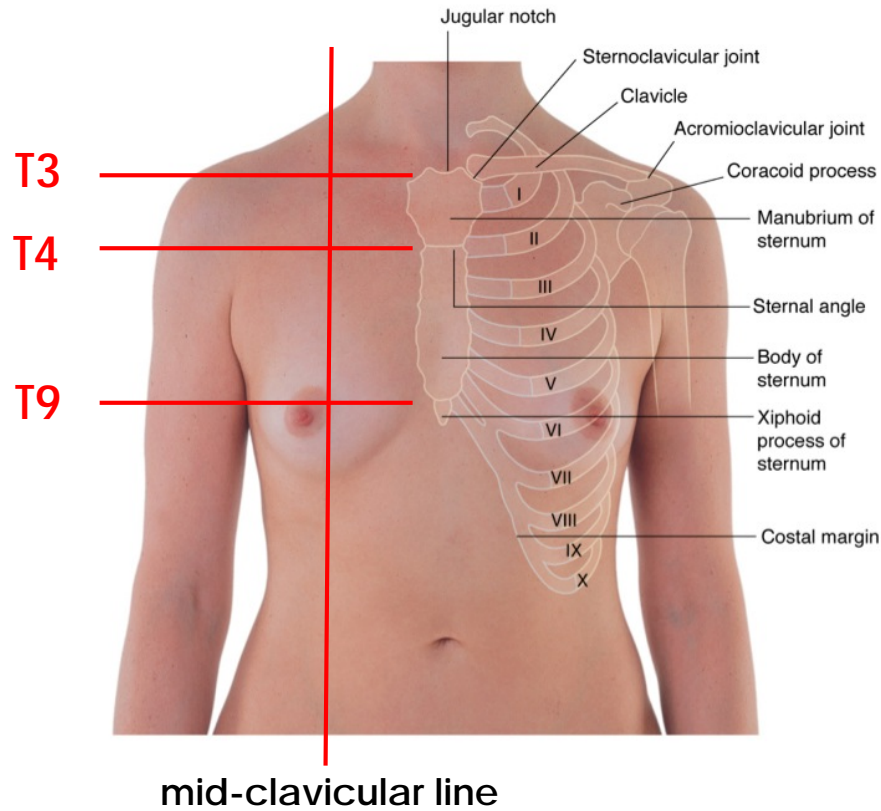
# Surface anatomy of Thorax



**Rib levels is different than vertebral levels**

Anteriorly, the rib level is usually **lower** than the corresponding thoracic vertebral level

# Surface anatomy of Thorax

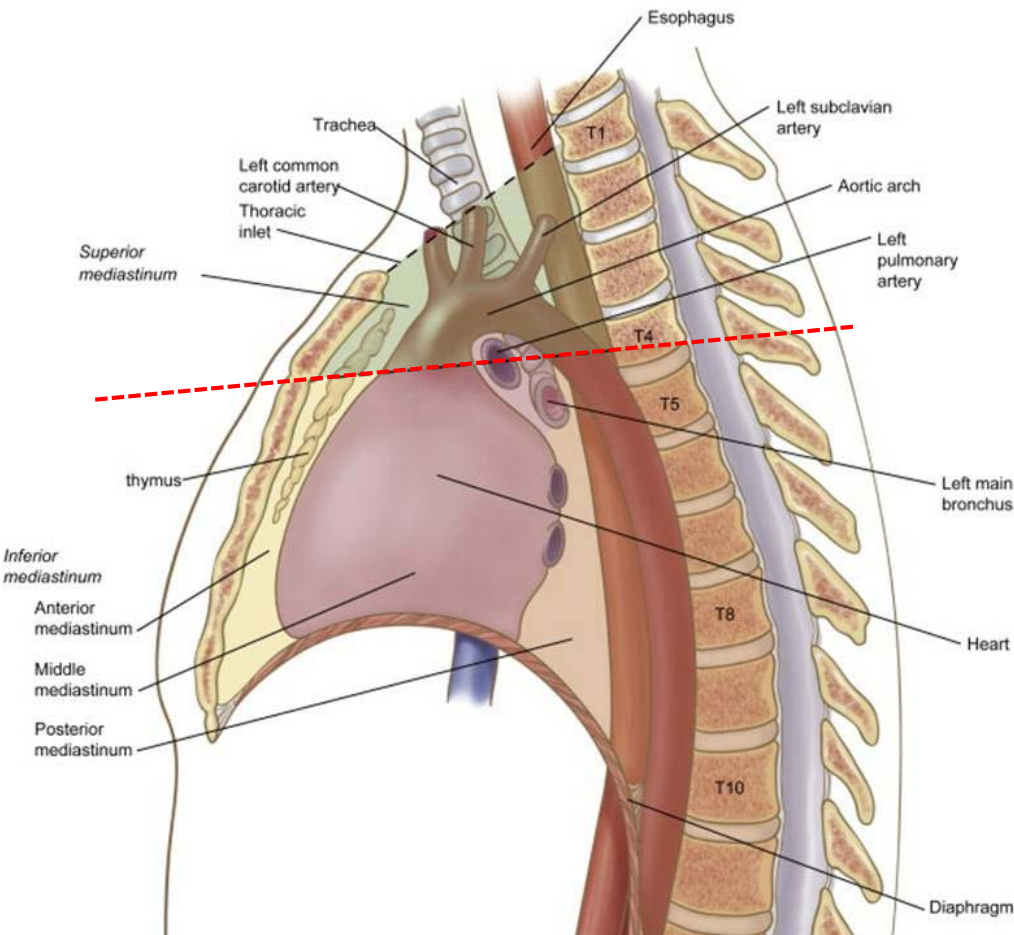


Vertebral level correspondence

Suprasternal notch (jugular notch)– **T3**

Angle of Louis (sternal angle)– **T4**

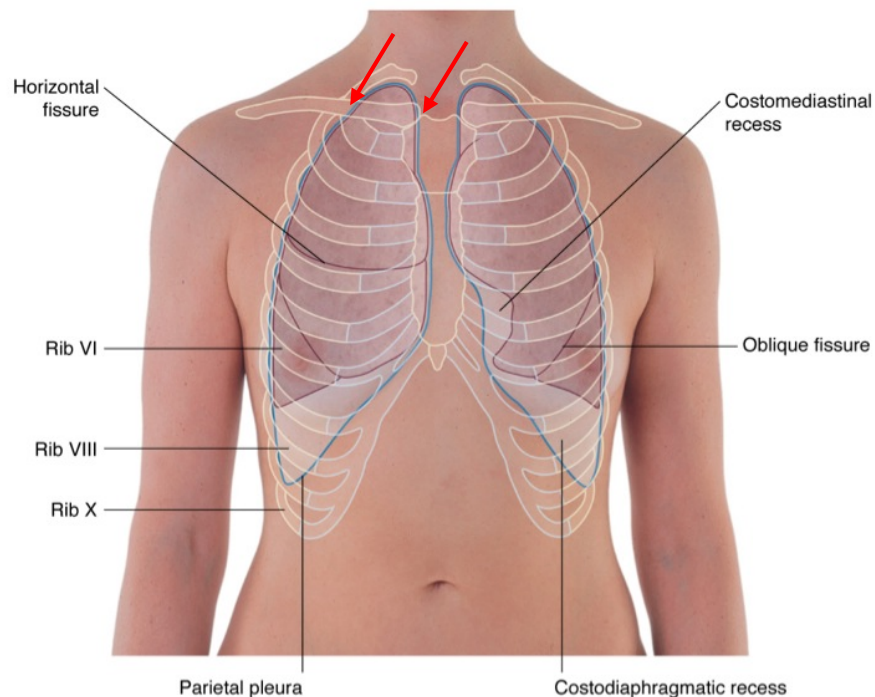
Xiphisternal joint – **T9**



## Angle of Louis (sternal angle)– T4

- Boundary between the superior and inferior mediastinum
- Tracheal Bifurcation
- End of the azygos system into SVC
- Ligamentum arteriosum
- Loop of left recurrent laryngeal nerve around aortic arch
- Aortic arch starts and ends

# Surface anatomy of Thorax

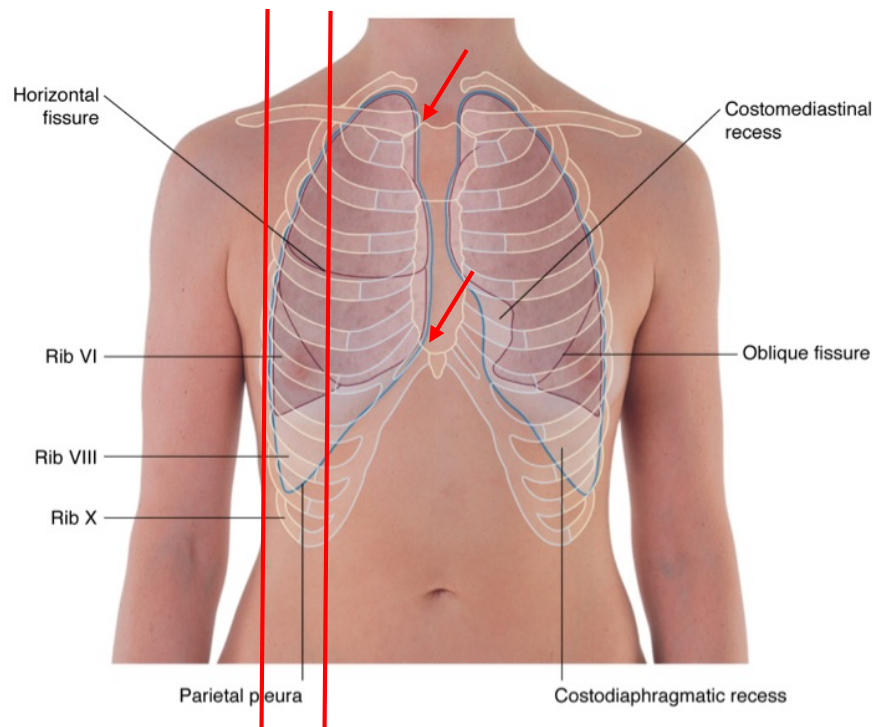


Surface marks of the right pleura and the right lung

**pleura:** at the apex it is a curved line drawn from the sterno-clavicular joint to the junction between the medial and middle third of the clavicle; the highest point should be about 1 inch from the clavicle



# Surface anatomy of Thorax

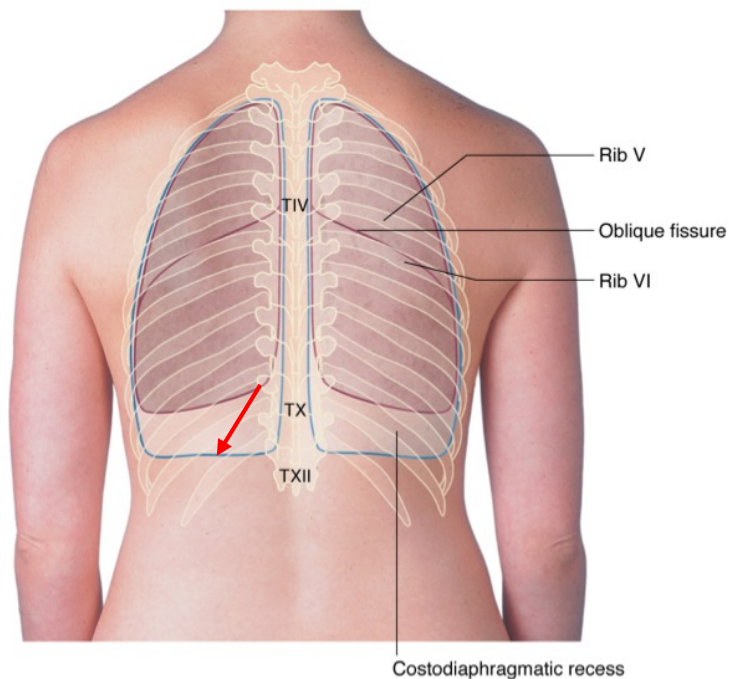


**pleura:** the medial border is a line drawn from the sternoclavicular joint to the midline of the sternum down to the **6th** costal cartilage

From there draw a line joining three points to complete the curve:

1. **8th** rib at the mid clavicular line
2. **10th** rib at the midaxillary line
3. **12th** rib at the lateral border of the erector spinae muscle

# Surface anatomy of Thorax



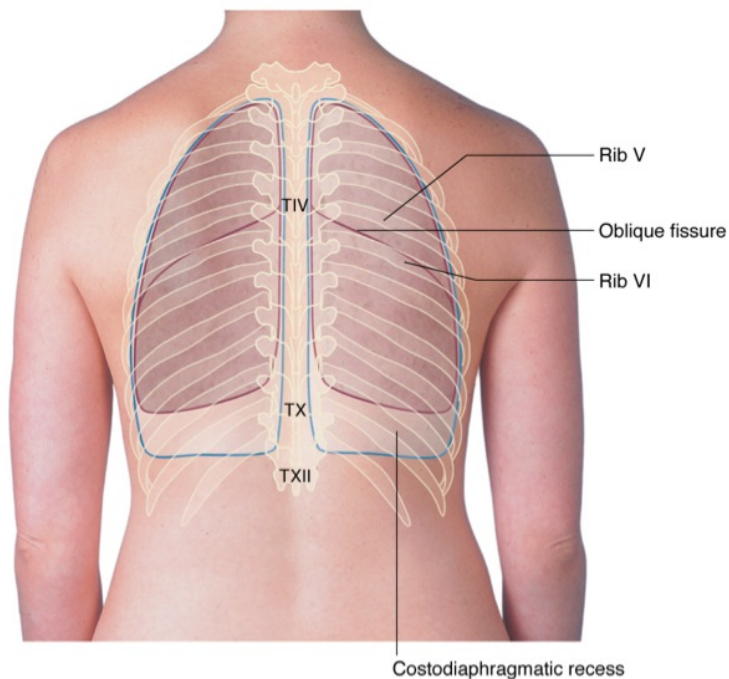
**pleura**: the medial border is a line drawn from the sternoclavicular joint to the midline of the sternum down to the **6th** costal cartilage

From there draw a line joining three points to complete the curve:

1. **8th** rib at the mid clavicular line
2. **10th** rib at the midaxillary line
3. **12th** rib at the lateral border of the erector spinae muscle



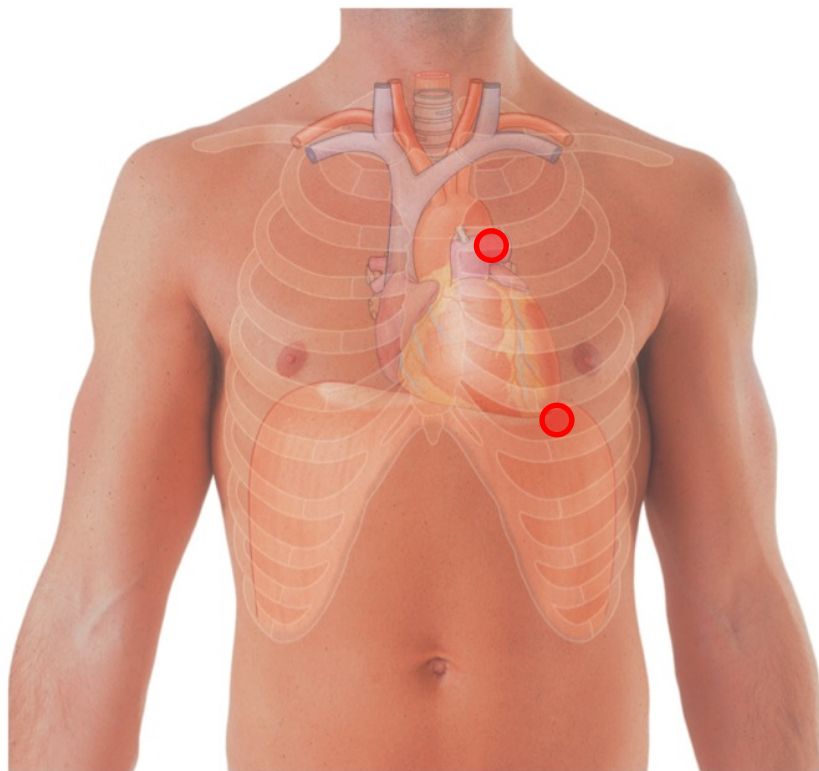
# Surface anatomy of Thorax



**the lung:** the apex, medial surface and costal surface follow closely the surface mark of the pleura but the diaphragmatic surface is about **2 inches** (two ribs space) above the surface mark of the pleura in its neutral position

# Surface anatomy of Thorax

Surface marks of the heart  
(Important for auscultation and surgical procedure of the heart)



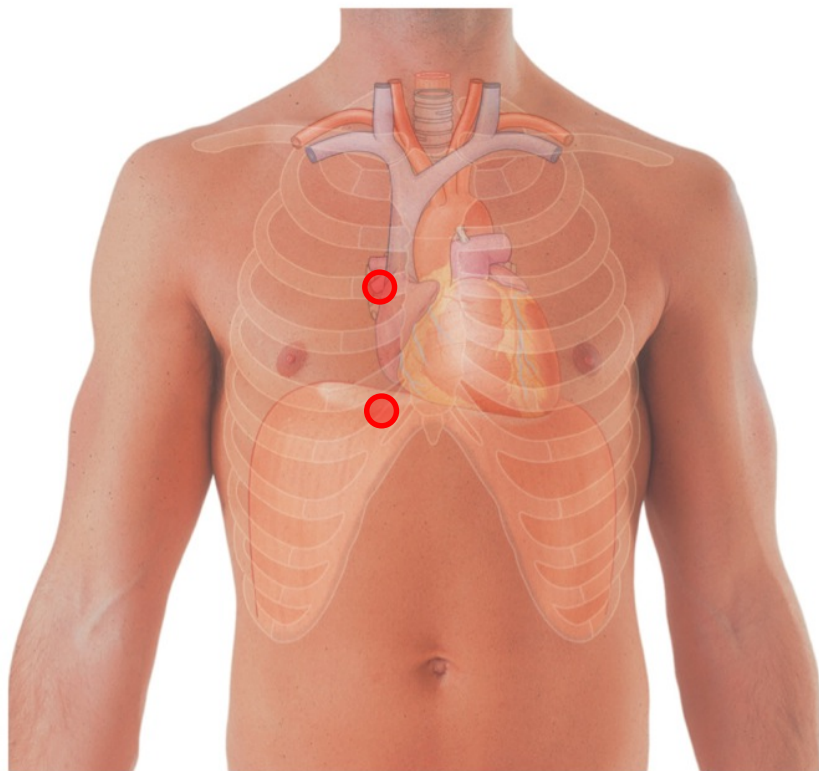
**left border:** a line between

1cm from the left edge of the  
sternum, 2nd left costal cartilage  
&

Mid-clavicular line, left 5th  
intercostal space (apex beat)

On left ventricle

# Surface anatomy of Thorax



Surface marks of the heart

**right border:** a line between

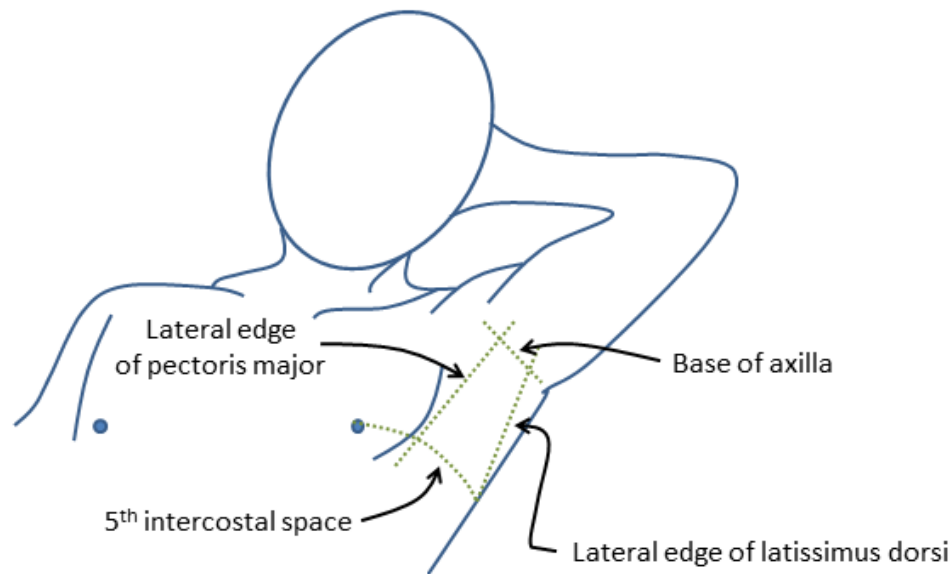
1cm from the right edge of the  
sternum, 3rd right costal cartilage  
&

1cm from the right edge of the  
sternum, 6th right costal cartilage

On right atrium

# Triangle of Safety

For the safe position for intercostal catheter (ICC) placement.



[www.dbth.nhs.uk](http://www.dbth.nhs.uk)

- The apex is the axilla, and the triangle is formed by the:
- Lateral border of the pectoralis major anteriorly
- Lateral border of the latissimus dorsi posteriorly
- Inferiorly, by a horizontal line from the nipple (commonly the 5th intercostal space)

# Dissection of Chest Wall

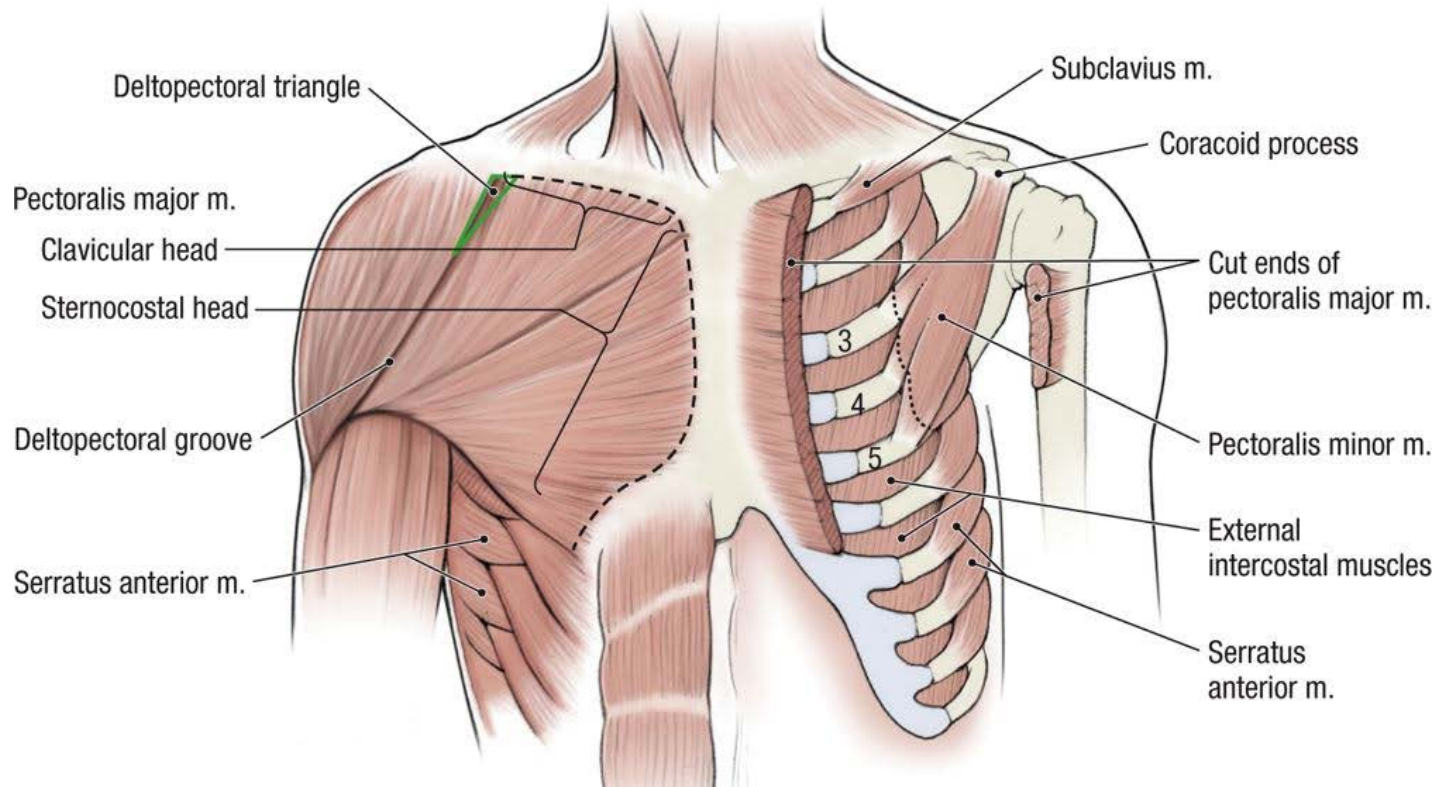
**Pectoral region:** follow the instruction P32-34

## Structures to be identified

- Pectoralis major and minor
- Serratus anterior muscle
- Medial and lateral pectoral nerves

Note: **do not disturb the deltoid triangle and the cephalic vein!**

# Dissection of Chest Wall



# Dissection of Chest Wall

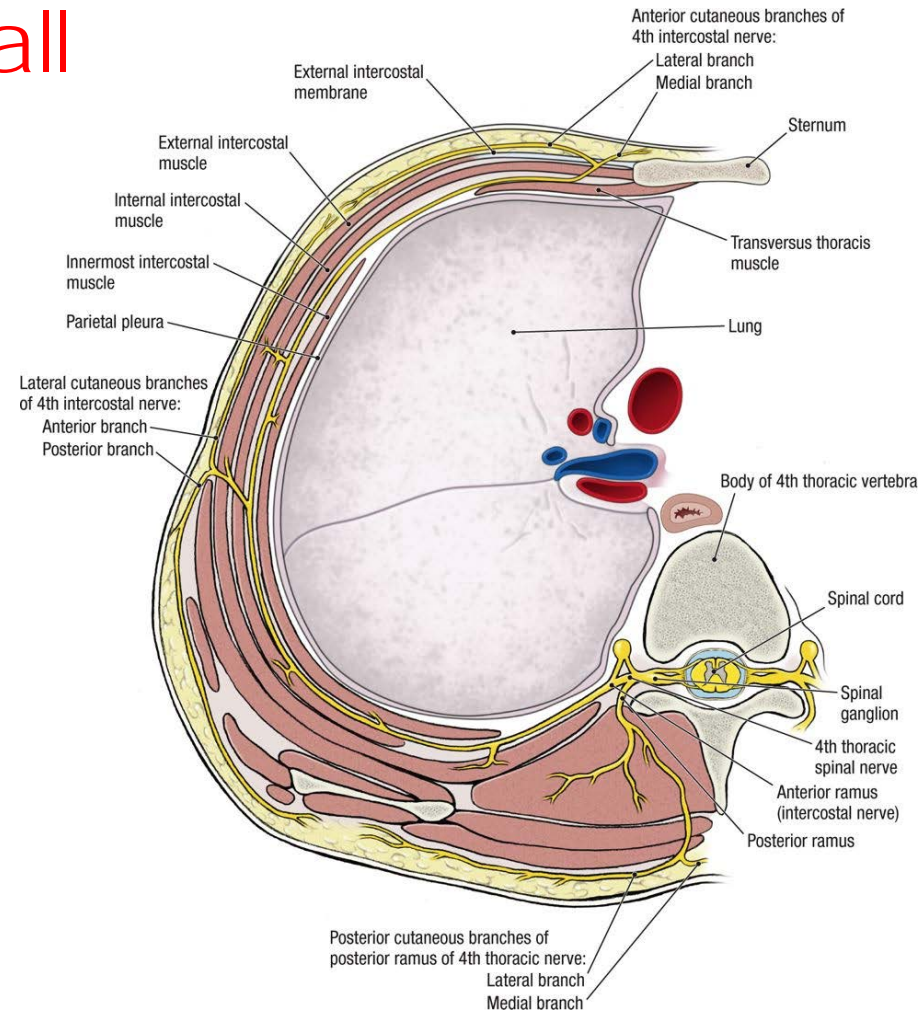
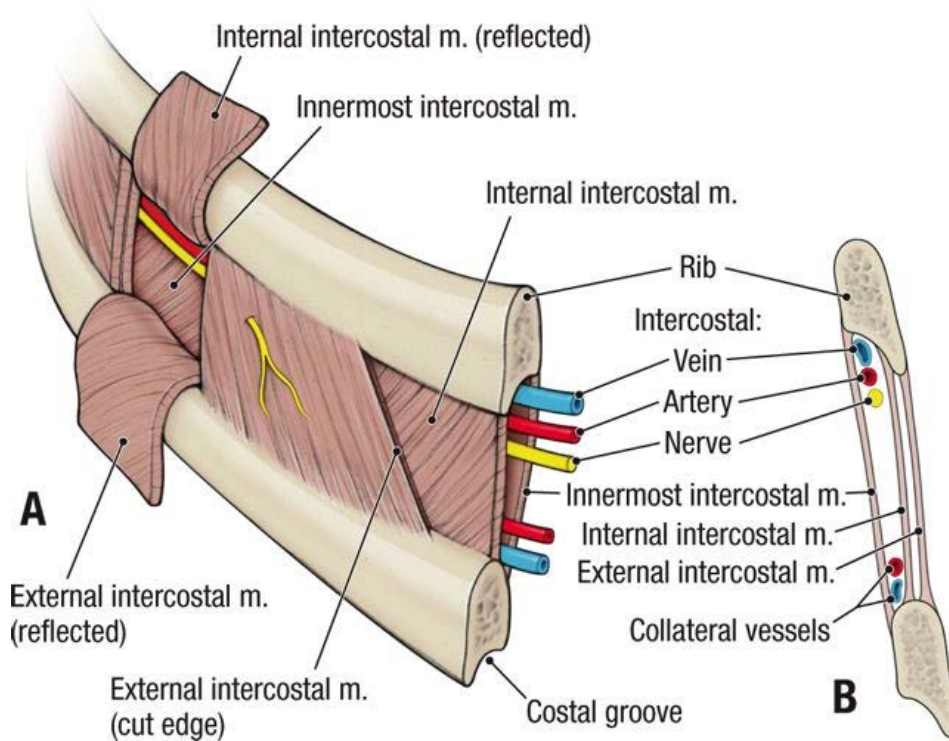
**Chest wall:** follow the instruction P75-76

## **Structures to be identified**

- Intercostal vein, artery and nerve
- Intercostal muscles: External; internal and innermost



# Dissection of Chest Wall





# Dissection of Chest Wall

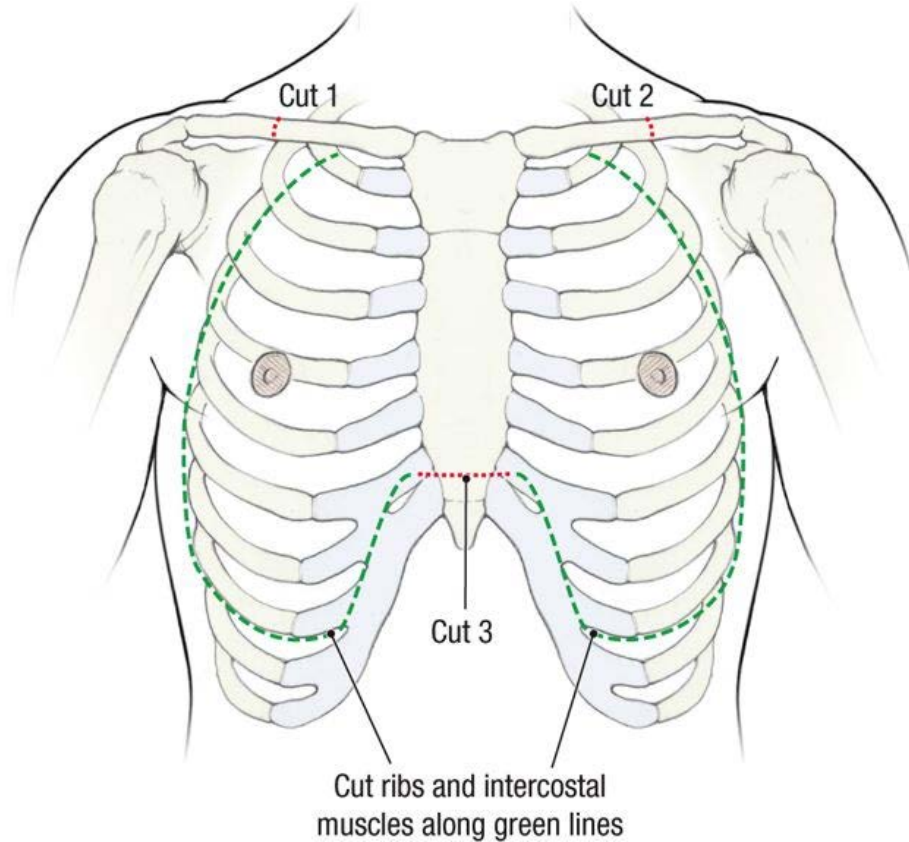
**Removal of chest wall:** follow the instruction P77-78

## Structures to be identified

- Intercostal vein, artery and nerve
- Transversus thoracis muscle
- Internal thoracic artery and vein
- Superior epigastric and musculophrenic arteries

Note: **be very careful and preserve subclavian structures!**

# Dissection of Chest Wall

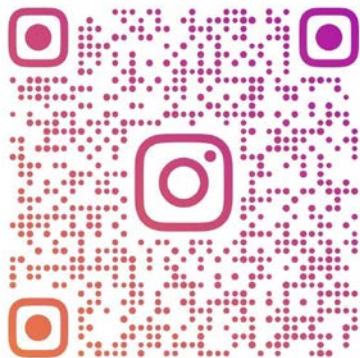


# Check List

- Pectoralis major and minor
- Serratus anterior muscle
- Medial and lateral pectoral nerves
- Intercostal vein, artery and nerve
- Intercostal muscles: External; internal and innermost
- Transversus thoracis muscle
- Internal thoracic artery and vein
- Superior epigastric and musculophrenic arteries

# VR Anatomy and Chest Ultrasound Demonstration





HKUANATOMY