

RECTUS SHEATH

- It is an aponeurotic sheath enclosing rectus abdominis and pyramidalis.
- It is derived from aponeurosis of flat muscles

FUNCTIONS:

- strengthens anterior abdominal wall
- checks bowing of rectus abdominis

FEATURES:

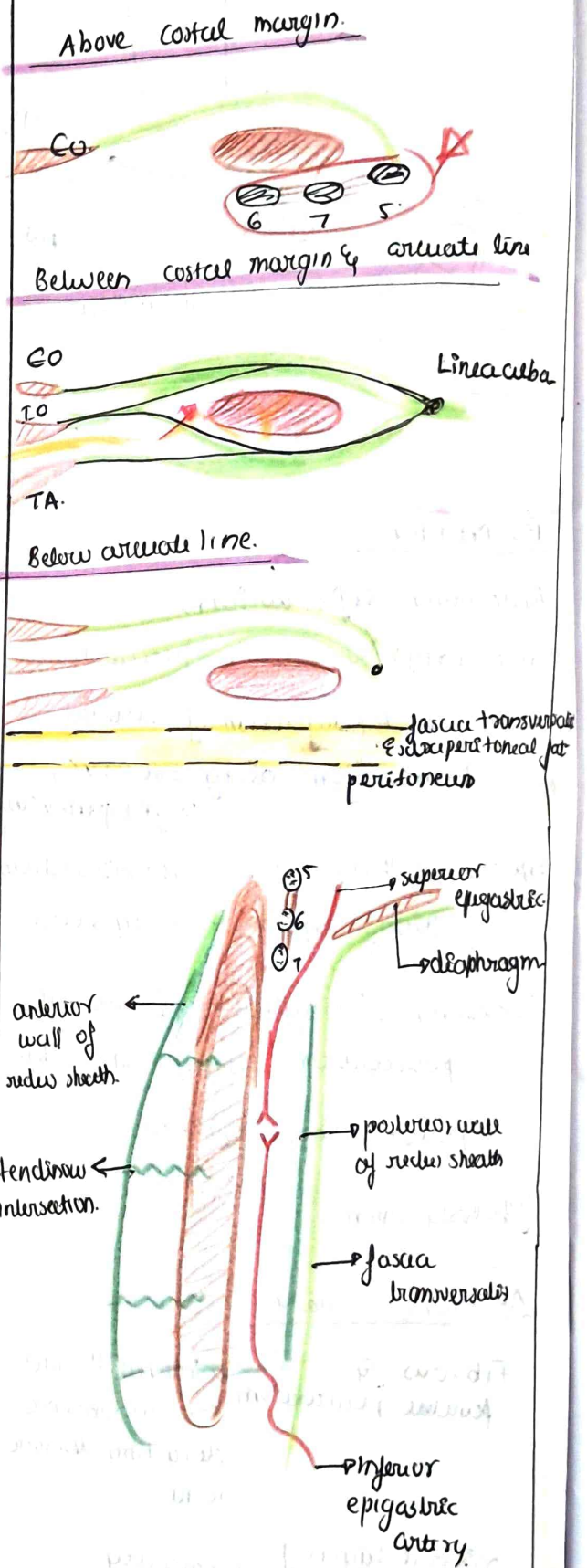
- It has anterior and posterior walls.
- anterior wall is complete and covers entire extent of muscle longitudinally.
- posterior wall is deficient above and below ∴ does not cover entire extent of muscle.

above: attached to costal margin
∴ muscle lies directly on 5, 6, 7 ribs

below: free curved margin → concavity facing inferiorly
→ called arcuate line (of Douglas)
→ below this, it lies directly on arcuate line. fascia transversalis

FORMATION:

- (1) Above the level of costal margin.
- (2) Between costal margin and arcuate line
- (3) Below level of arcuate line.



(1) Above Lvl of costal margin.

Anterior wall: aponeurosis of EO only

pw: deficient and muscle lies directly on 5th, 6th and 7th costal cartilages.

(2) Between costal margin and arcuate line.

→ An w → fusion of aponeurosis of external oblique with anterior lamina of aponeurosis of IO.

→ pw → fusion of aponeurosis of IA with posterior lamina of aponeurosis of IO

(3) Below Level of Arcuate line:

Aw → formed by aponeurosis of all three muscle.

ap of IO & TA → fused
↳ EO → remains free separate.

pw → deficient

CONTENTS:

2 muscles → Rectus abdominis and pyramidalis.

2 arteries → Superior & Inferior epigastric artery

2 veins → sup & inf epigastric veins

6 nerves → Lower 6 thoracic nerve.
[5 intercostal + 1 subcostal]

Superior epigastric → branch of Internal Thoracic artery.

- enters the sheath by passing between sternal & 7th costal slips of origin of diaphragm.
- pass deep to rectus Abdominis.
- anastomoses.

Inferior epigastric artery →

- branch of External Iliac artery.
- enters by passing in front of arcuate line.
- anastomoses with Superior epigastric artery.

accompanies SEA

Sop e. vein → drains into Internal Thoracic.

accompanies IEA

Inf e. vein → drains into External Iliac vein.

Intercostal nerves:

pass from Intercostal space to abdominal wall between

IO & TA

- enters rectus sheath by piercing posterior lamina of IO.
- runs till middle of R.A behind it.
- pierces it in middle to supply.
- emerge through anterior wall of sheath as anterior cutaneous nerve.

CLINICAL ASPECTS.

• Divarication of the recti
(separation of recti abdominis muscle).

→ In elderly multiparous women with weak abdominal muscle.

→ when coughs → recti separate widely → hernial sac containing loops of intestine protrudes.

Hematoma of rectus sheath.





→ when lry/sup epigastric artery stretches → ruptures.

• hematoma within rectus sheath.

epigastric hernia.

→ herniation of greater omentum through upper part of linea alba → above umbilicus.

Differences between male & F. Pelvis

	M	F
(1) Subpubic angle.	acute < 90	Obtuse > 90
(2) Pelvic inlet		
(3) Pelvic canal/cavity	long tapered 	oblong 
(4) pelvic outlet	smaller	larger.
(5) Osseous structure	heavy & thick	light & small.