

# Frequently Asked Questions – Pectoral Region

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**Q1. What forms the anterior boundary of axilla?**

? Pectoralis major, pectoralis minor, and clavipectoral fascia.

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**Q2. Which fascia forms the suspensory ligament of axilla?**

? Clavipectoral fascia.

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**Q3. Which muscle divides the axillary artery into three parts?**

? Pectoralis minor.

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**Q4. Name the muscle supplied by both medial and lateral pectoral nerves.**

? Pectoralis major.

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**Q5. What is the nerve supply of pectoralis minor?**

? Medial pectoral nerve.

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**Q6. Which muscle protects subclavian vessels during fracture of clavicle?**

? Subclavius.

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**Q7. Which nerve supplies serratus anterior?**

? Long thoracic nerve (C5, C6, C7).

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**Q8. What happens when the long thoracic nerve is injured?**

? Paralysis of serratus anterior ? winging of scapula, inability to abduct arm above 90°.

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**Q9. What are the contents of the clavipectoral fascia?**

? Cephalic vein, thoracoacromial vessels, lymphatics from breast, lateral pectoral nerve.

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**Q10. What is the clinical significance of pectoralis major in breast surgery?**

? Serves as a landmark in mastectomy; tumor infiltration into muscle fixes breast to chest wall.

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**Q11. What is Poland's syndrome?**

? Congenital absence of sternocostal head of pectoralis major with ipsilateral hand anomalies.

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**Q12. Which nerve is at risk during axillary lymph node dissection?**

? Long thoracic nerve (causing winged scapula if damaged).

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**Q13. What forms the anterior axillary fold?**

? Lower border of pectoralis major.

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**Q14. What is the extent of the breast?**

? Vertically: 2nd to 6th rib. Horizontally: sternum to mid-axillary line.

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**Q15. Which lymph nodes receive most of the breast lymphatics?**

? Axillary nodes (especially anterior/pectoral group).

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**Q16. What causes peau d'orange appearance in carcinoma breast?**

? Obstruction of cutaneous lymphatics.

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**Q17. Which ligament causes dimpling of breast in carcinoma?**

? Suspensory ligaments of Cooper.

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**Q18. What is the clinical importance of retromammary space?**

? Allows mobility of breast; infiltration in carcinoma ? fixation to chest wall.

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**Q19. Which artery is a major supplier of the breast?**

? Internal thoracic artery (perforating branches).

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**Q20. Which vein connects breast veins to vertebral venous plexus ? vertebral metastasis?**

? Posterior intercostal veins.

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## More Frequently Asked Questions – Pectoral Region

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**Q21. What structures form the posterior axillary fold?**

? Latissimus dorsi and teres major.

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**Q22. Which vein runs in the deltopectoral groove?**

? Cephalic vein.

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**Q23. Name the main branches of the thoracoacromial artery.**

? Pectoral, deltoid, clavicular, acromial.

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**Q24. Which muscle is called the “boxer’s muscle”?**

? Serratus anterior (used in punching and pushing).

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**Q25. Why does injury to long thoracic nerve cause winging of scapula?**

? Because serratus anterior cannot hold medial border of scapula against thoracic wall.

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**Q26. Which structure pierces the clavipectoral fascia along with cephalic vein?**

? Thoracoacromial artery (and lymphatics from breast, lateral pectoral nerve).

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**Q27. Which part of breast is most prone to carcinoma?**

? Upper outer quadrant (contains axillary tail).

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**Q28. What is the significance of the axillary tail of Spence?**

? It extends into axilla and may harbor carcinoma, palpable as an axillary lump.

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**Q29. What is the nerve supply of subclavius?**

? Nerve to subclavius (C5, C6).

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**Q30. Which fascia is continuous with axillary fascia?**

? Pectoral fascia.

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**Q31. What is the extent of nipple position in males and nulliparous females?**

? Usually in 4th intercostal space, 10 cm from midline.

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**Q32. Which veins connect breast to intracranial venous sinuses, leading to cranial metastasis?**

? Lateral thoracic vein ? axillary vein ? vertebral venous plexus.

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**Q33. Which nerve supply is responsible for nipple sensation?**

? 4th intercostal nerve.

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**Q34. What is the surgical importance of retromammary space?**

? Used in insertion of breast implants.

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**Q35. What is the suspensory ligament of axilla derived from?**

? Clavipectoral fascia.

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**Q36. What clinical condition is characterized by absence of sternocostal part of pectoralis major?**

? Poland's syndrome.

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**Q37. Which axillary lymph node group is first affected in breast carcinoma?**

? Anterior (pectoral) group.

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**Q38. What causes nipple displacement in breast carcinoma?**

? Fibrosis and traction of lactiferous ducts.

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**Q39. Which muscle is enclosed between the two layers of clavipectoral fascia?**

? Pectoralis minor.

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**Q40. Which congenital anomaly may present as an extra nipple along the milk line?**

? Polythelia.

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