MEDICAL EDUCATION RESOURCE

Frequently Asked Questions – Pectoral Region

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Q1. What forms the anterior boundary of axilla?

? Pectoralis major, pectoralis minor, and clavipectoral fascia.

Q2. Which fascia forms the suspensory ligament of axilla?

? Clavipectoral fascia.

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

? Pectoralis minor.

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

? Pectoralis major.

Q5. What is the nerve supply of pectoralis minor?

? Medial pectoral nerve.

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

? Subclavius.

Q7. Which nerve supplies serratus anterior?

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

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

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

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.

Q11. What is Poland's syndrome?

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

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

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

Q13. What forms the anterior axillary fold?

? Lower border of pectoralis major.

Q14. What is the extent of the breast?

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

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

? Axillary nodes (especially anterior/pectoral group).

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

? Obstruction of cutaneous lymphatics.

Q17. Which ligament causes dimpling of breast in carcinoma?

? Suspensory ligaments of Cooper.

Q18. What is the clinical importance of retromammary space?

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

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

? Internal thoracic artery (perforating branches).

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

Q21. What structures form the posterior axillary fold?

? Latissimus dorsi and teres major.

Q22. Which vein runs in the deltopectoral groove?

? Cephalic vein.

Q23. Name the main branches of the thoracoacromial artery.

? Pectoral, deltoid, clavicular, acromial.

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

? Serratus anterior (used in punching and pushing).

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

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

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

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

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

? Upper outer quadrant (contains axillary tail).

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

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

Q29. What is the nerve supply of subclavius?

? Nerve to subclavius (C5, C6).

Q30. Which fascia is continuous with axillary fascia?

? Pectoral fascia.

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

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

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

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

Q33. Which nerve supply is responsible for nipple sensation?

? 4th intercostal nerve.

Q34. What is the surgical importance of retromammary space?

? Used in insertion of breast implants.

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

? Clavipectoral fascia.

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

? Poland’s syndrome.

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

? Anterior (pectoral) group.

Q38. What causes nipple displacement in breast carcinoma?

? Fibrosis and traction of lactiferous ducts.

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

? Pectoralis minor.

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

? Polythelia.