

Viva Voce – Pectoral Region

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Fascia & General Anatomy

Q1. What fascia covers pectoralis major?

? Pectoral fascia.

Q2. What fascia forms the suspensory ligament of axilla?

? Clavipectoral fascia.

Q3. Which structures pierce clavipectoral fascia?

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

Q4. What is the anterior axillary fold formed by?

? Lower border of pectoralis major.

Q5. What forms the posterior axillary fold?

? Latissimus dorsi and teres major.

Muscles of Pectoral Region

Q6. Origin and insertion of pectoralis major?

? Origin: clavicle, sternum, upper 6 costal cartilages; Insertion: lateral lip of bicipital groove of humerus.

Q7. Nerve supply of pectoralis major?

? Medial and lateral pectoral nerves.

Q8. Action of pectoralis major?

? Adduction and medial rotation of arm; clavicular head flexes, sternocostal head extends.

Q9. How do you test pectoralis major in clinical exam?

? Ask patient to adduct arm against resistance ? palpate contraction of muscle.

Q10. What happens if pectoralis major is absent congenitally?

? Poland's syndrome (absent sternocostal head).

Q11. Origin and insertion of pectoralis minor?

? Origin: ribs 3–5; Insertion: coracoid process of scapula.

Q12. Nerve supply of pectoralis minor?

? Medial pectoral nerve.

Q13. Action of pectoralis minor?

? Protraction and depression of scapula; accessory muscle of respiration.

Q14. What is the surgical importance of pectoralis minor?

? Divides axillary artery into 3 parts.

Q15. How do you clinically test pectoralis minor?

? Ask patient to push shoulders forward against resistance ? muscle contraction felt deep to pectoralis major.

Q16. Origin and insertion of subclavius?

? Origin: 1st rib; Insertion: subclavian groove of clavicle.

Q17. Nerve supply of subclavius?

? Nerve to subclavius (C5–C6).

Q18. Function of subclavius?

? Steadies clavicle, protects subclavian vessels.

Q19. How to test subclavius clinically?

? Ask patient to draw shoulder downward and forward ? contraction palpable beneath clavicle.

Q20. Clinical importance of subclavius?

? Protects subclavian vessels in clavicle fracture.

Q21. Origin and insertion of serratus anterior?

? Origin: upper 8–9 ribs; Insertion: medial border of scapula (anterior surface).

Q22. Nerve supply of serratus anterior?

? Long thoracic nerve (C5–C7).

Q23. Action of serratus anterior?

? Protraction of scapula, upward rotation for abduction >90°.

Q24. How do you test serratus anterior?

? Ask patient to push against wall ? medial border of scapula lifts (if weak = winging scapula).

Q25. Clinical sign of serratus anterior paralysis?

? Winging of scapula.

Axilla Basics

Q26. What is the apex of axilla called?

? Cervicoaxillary canal.

Q27. Boundaries of apex of axilla?

? Clavicle (anterior), scapula (posterior), 1st rib (medial).

Q28. What forms the floor of axilla?

? Skin, superficial fascia, axillary fascia.

Q29. What forms the anterior wall of axilla?

? Pectoralis major, pectoralis minor, clavipectoral fascia.

Q30. What forms the posterior wall of axilla?

? Subscapularis, latissimus dorsi, teres major.

Breast Anatomy

Q31. Vertical extent of breast?

? 2nd to 6th rib.

Q32. Horizontal extent of breast?

? Sternum to mid-axillary line.

Q33. What is the axillary tail of breast called?

? Tail of Spence.

Q34. What structures support breast shape?

? Suspensory ligaments of Cooper.

Q35. Which nerve supplies nipple sensation?

? 4th intercostal nerve.

Breast Vessels & Lymphatics

Q36. Main arterial supply of breast?

? Internal thoracic, lateral thoracic, thoracoacromial, intercostal arteries.

Q37. Main venous drainage of breast?

? Axillary vein and internal thoracic vein.

Q38. Which lymph nodes receive most lymph from breast?

? Axillary nodes (especially anterior group).

Q39. Which lymph nodes drain medial quadrant of breast?

? Parasternal nodes.

Q40. Which lymphatic plexus drains nipple and areola?

? Subareolar plexus of Sappey.

Clinical Breast & Pectoral Region

Q41. Most common site of carcinoma breast?

? Upper outer quadrant.

Q42. What causes peau d'orange appearance?

? Lymphatic obstruction.

Q43. What causes nipple retraction in carcinoma?

? Fibrosis of lactiferous ducts.

Q44. What causes skin dimpling in carcinoma?

? Involvement of Cooper's ligaments.

Q45. Why does carcinoma breast spread to vertebrae?

? Via posterior intercostal veins ? vertebral venous plexus.

Special Tests & Maneuvers

Q46. How do you test pectoralis major separately from deltoid?

? Ask patient to adduct and medially rotate arm against resistance (deltoid abducts).

Q47. How do you test pectoralis minor function clinically?

? Patient pushes shoulder downward and forward; palpate coracoid process for contraction.

Q48. How do you differentiate winging of scapula due to serratus anterior vs trapezius paralysis?

? In serratus anterior ? winging on pushing against wall;

In trapezius ? winging on arm abduction above shoulder level.

Q49. What clinical sign indicates axillary lymph node involvement in carcinoma breast?

? Hard, immobile nodes in axilla.

Q50. What is Poland's syndrome?

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