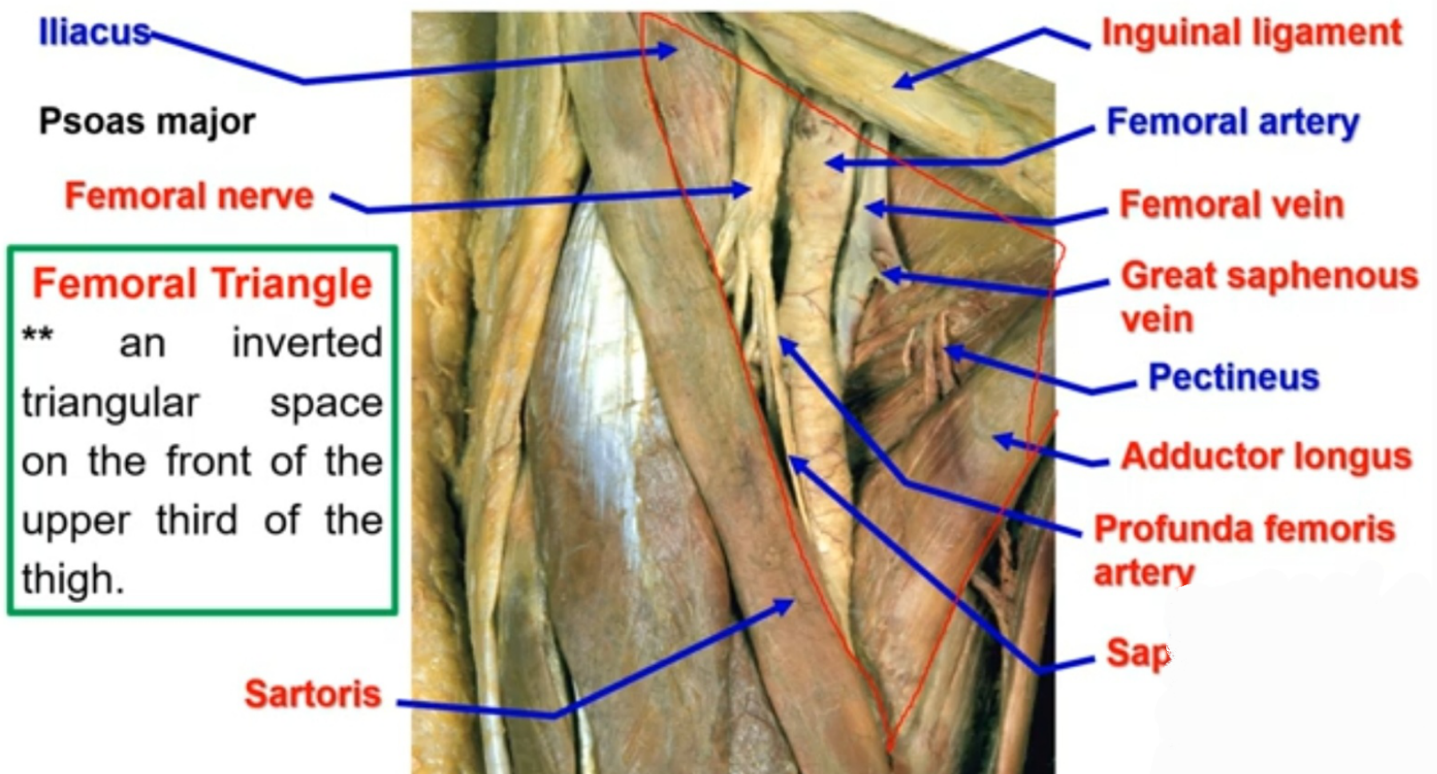


Femoral Triangle



**** Boundaries of the femoral triangle**

1- Base; inguinal ligament.

2- Medially, medial border of adductor longus.

3- Laterally, medial border of sartorius.

4- Apex, the meeting of the medial and lateral borders (continuous below with the adductor canal).

5- Floor: formed by 4 muscles; arranged from medial to lateral,

1) Adductor longus.

2) Pectineus.

3) Psoas major.

4) iliacus.

6- Roof: Skin, superficial fascia and deep fascia.

**** Contents of the femoral triangle :**

1- Femoral vein and its tributaries.

2- Femoral artery and its branches.

3- Femoral nerve and its branches.

4- Femoral sheath (fascia transversalis and fascia iliaca).

5- Great saphenous **vein**.

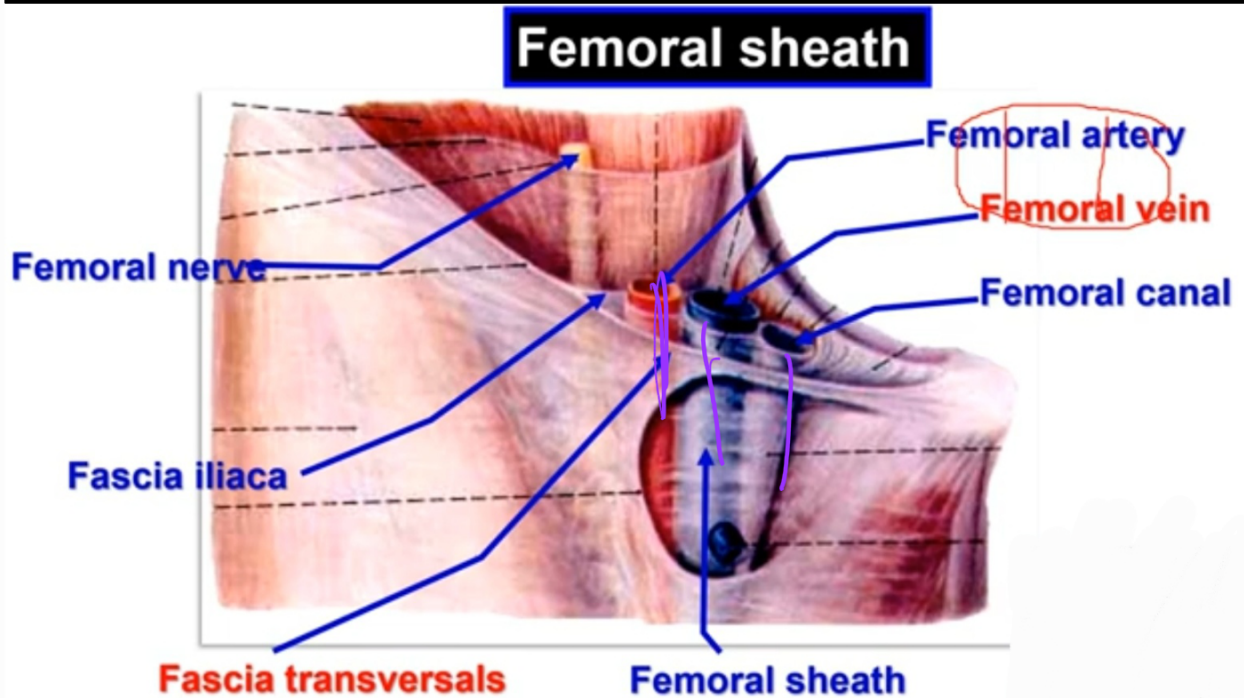
6- Profunda femoris **artery**.

7- Saphenous **nerve**

8- Lymph nodes: superficial and deep inguinal lymph

9- Collection of fat.

Femoral Sheath



- **Femoral canal**

** **Definition**; medial compartment of the femoral sheath.

** **Long**, half an inch.

** **Superiorly (base)**, abdominal opening called **femoral ring**.

** **Boundaries of the femoral ring**:

1- **Anteriorly**: Inguinal ligament

2- **Posteriorly**: pectineal line and pectineal ligament.

3- **Laterally**: femoral vein.

4- **Medially**: sharp base of the lacunar Ligament.

** **Contents of femoral canal**; Loose areolar **fatty** tissue and Lymph node of **Cloquet**.

** **Sex Differences of the ring**: It is **wider in female** than male and so **femoral hernia** is more common in female than male.

** **Functions (clinical importance) of femoral canal**;

1. It accommodates the distension of the femoral vein during increase the lower limb as during running.

2. It transmits the lymphatic to the external iliac lymph nodes.



**** Definition of femoral hernia;**

- Abnormal protrusion of any abdominal contents through the femoral ring and femoral canal to the front of the thigh just below the inguinal ligament.

**** Causes,** increased intraabdominal pressure as in chronic cough, constipation and during labor.

**** Sex Differences, more common in females** because

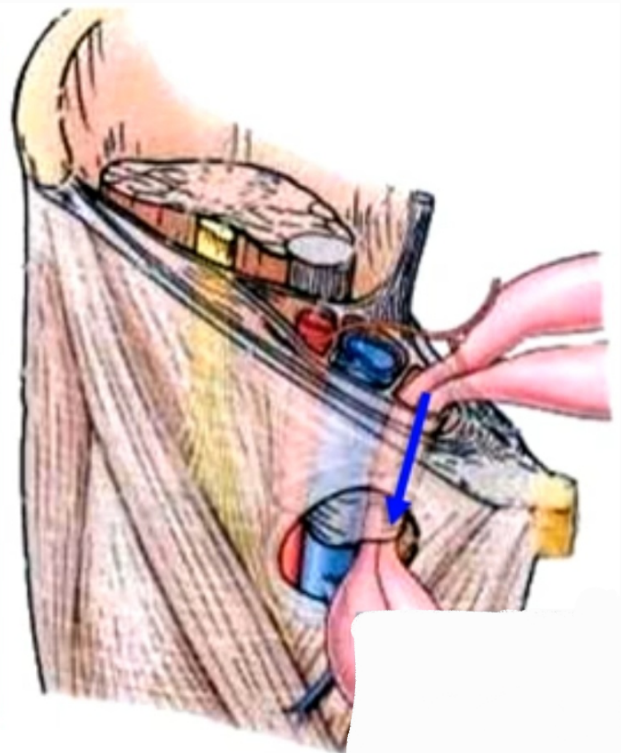
- 1) The femoral ring is wider in females.
- 2) Narrow blood vessels in females.
- 3) Weak muscle of anterior abdominal wall.
- 4) Repeated exposure to strains in childbearing.

• **Line of descent of femoral hernia**

a- It descends **vertically downwards** in the **femoral canal**.

b- Then, **forwards** through the saphenous opening.

• **Line of reduction:** opposite direction of descend, BUT the reduction of the hernia is difficult because: **The Small size of femoral ring, Rigidity of its boundaries, The thickened of femoral septum.**



- **Surgical importance of the hernia**

a- Why it is a dangerous hernia? Because It is liable to intestinal obstruction by the sharp margin of the lacunar ligament.

b- Why must be care during surgical interference? Because abnormal obturator artery (in about 20% of subjects the obturator artery absent. The pubic branch of inferior epigastric artery is enlarged to replace the obturator artery) descends behind the lacunar ligament thus it is liable to injury during repair of the hernia.

C- The femoral hernia is **misdiagnosis with the femoral lipoma** that growth within the circumscribed space of the **femoral** fossa causing pain and discomfort.