

وسهلا



أهلا

يُمنع أخذ السلايدات بدون
إذن المحرر واي اجراء
يخالف ذلك يقع تحت طائلة
المسؤولية القانونية
جميع المعلومات للاستخدام
التعليمي فقط

الأستاذ الدكتور يوسف حسين

كلية الطب - جامعة مؤتة - الأردن

دكتورة من جامعة كولونيا المانيا

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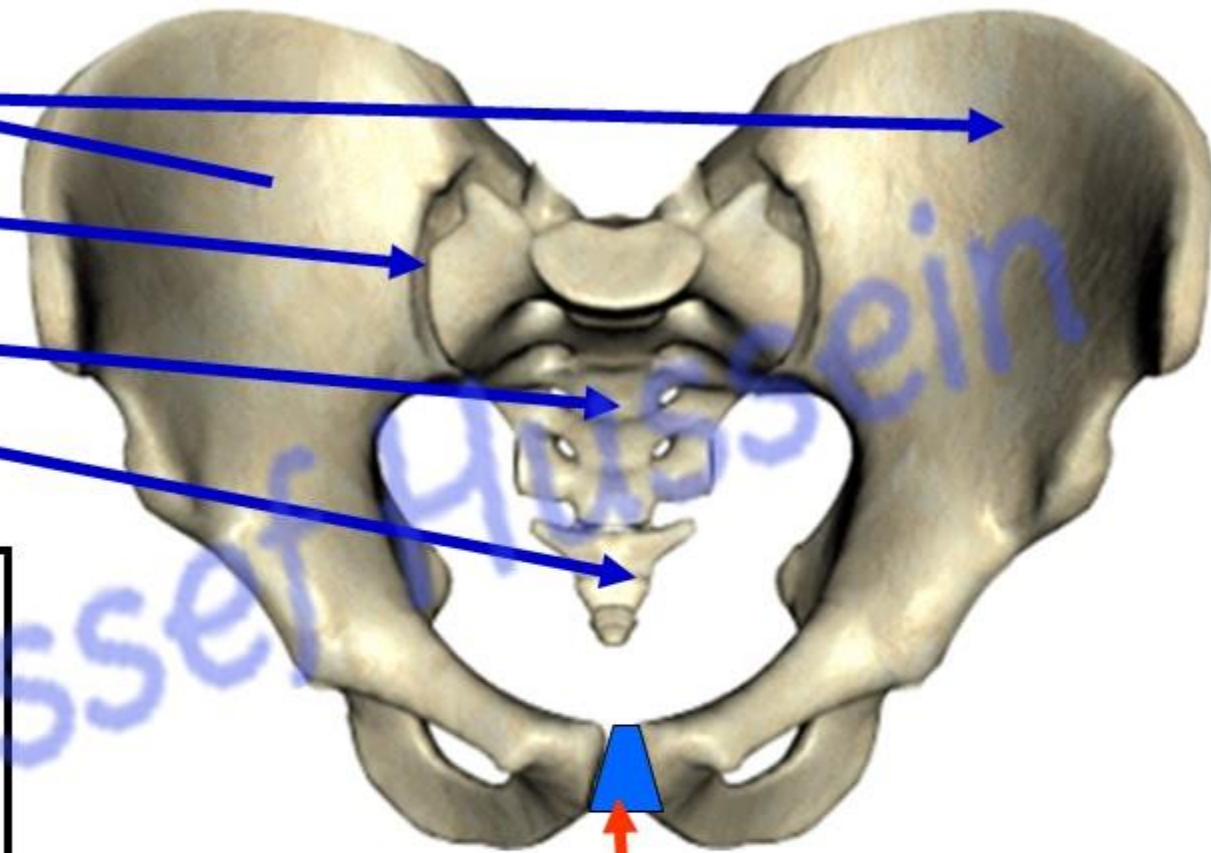
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Female Bony Pelvis

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اليوتيوب د. يوسف حسين

Hip bone
Sacroiliac joint
Sacrum
Coccyx



Symphysis pubis

• BONY PELVIS

- It is formed by two hip bones, sacrum and coccyx
- **Anteriorly**, the two hip bones articulate together at the **symphysis pubis**.
- **Posteriorly**, the two hip bones articulate with the sacrum at the **sacroiliac joints**.

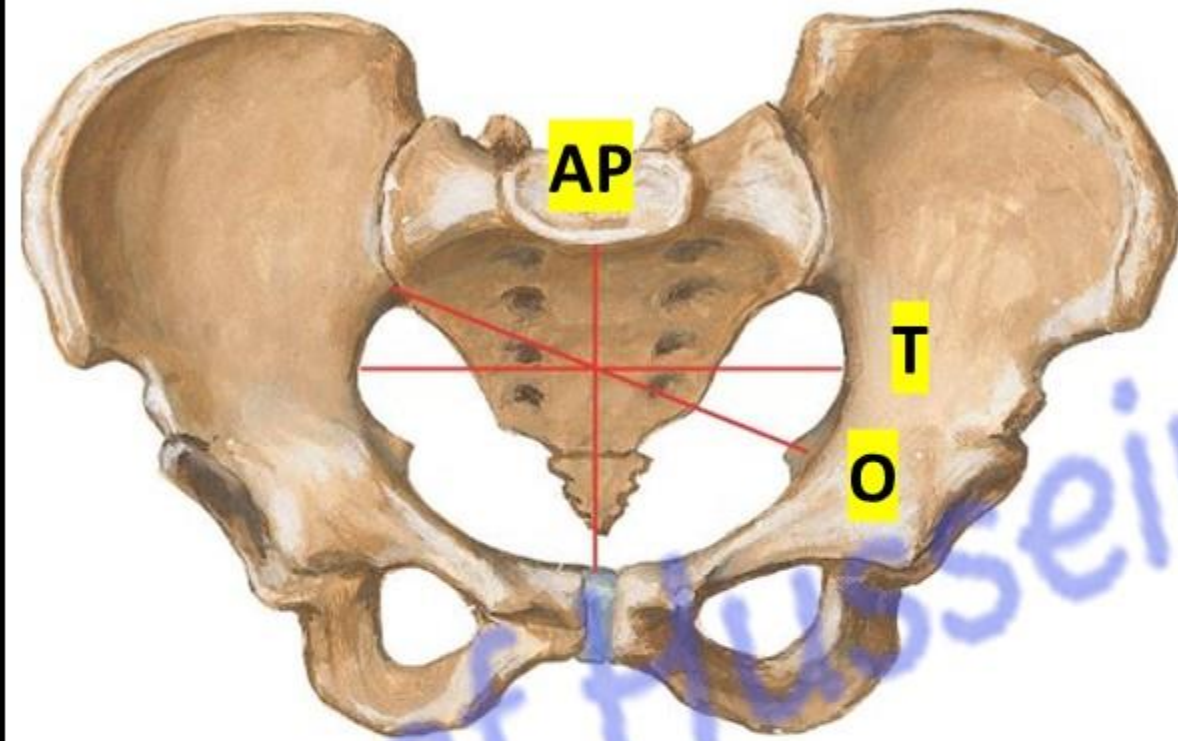
- **Diameters of the pelvic inlet (pelvic brim)**

1- Anatomical Anteroposterior diameter; between the tip of sacral promontory and upper border of symphysis pubis, anatomical measures approximately (11 cm).

Obstetrical: from the sacral promontory to the inner surface of the symphysis pubis; measures approx. 10–10.5 cm.

2- Anatomical Oblique diameter: Extends from the sacroiliac joint to the opposite iliopubic eminence; measures approx. (12–12.5 cm)

3- Anatomical Transverse diameter: between the most distant points on the lateral sides of the pelvic brim. The greatest width of the pelvic inlet; measures approx. (13–13.5 cm).



- **Diameters of the pelvic Outlet**

1- Transverse diameter: between between the inner aspects of the ischial tuberosities (approx. 11 cm) .

2- Anatomical Anteroposterior diameter: from the lower border of the symphysis pubis to the tip of the coccyx (approx. 11 cm)

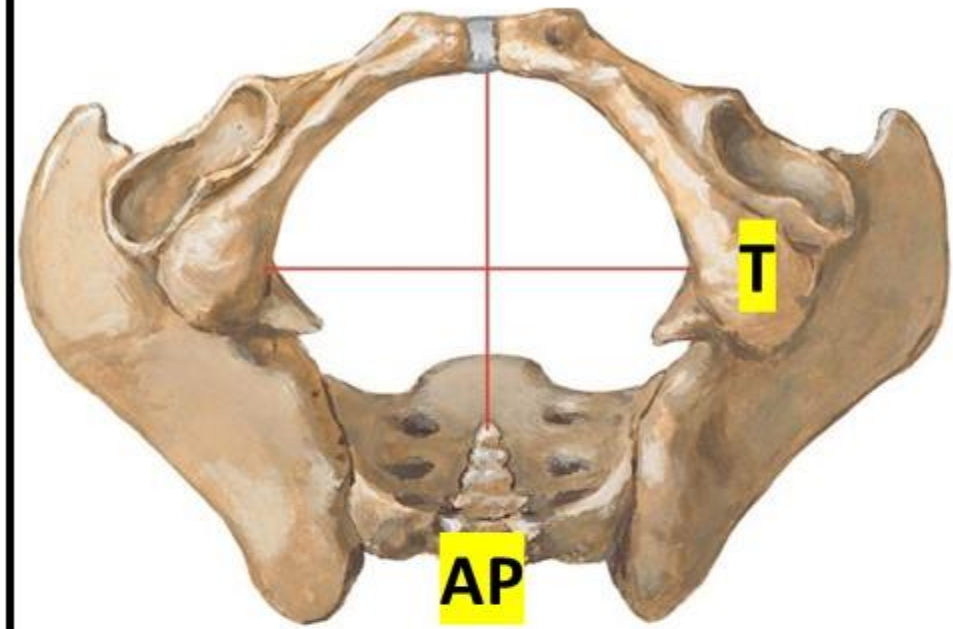
Obstetrical AP: Extends from the lower border of the symphysis pubis to the sacro-coccygeal joint (approx. 13 cm). **This measurement is more relevant during labor as the coccyx moves backward, increasing the diameter**

- **Diameters of the foetal skull**

1- Transverse diameter (Biparietal) is 9.5 cm

2- Longitudinal: Occipitofrontal is 11.5 cm

Remember sutures of the skull



• **Types of female pelvis**

• **Gynecoid pelvis (50%): Typical female.**

- **Shape:** Round, slightly oval, wide inlet, broad pubic arch, and shallow cavity.
- **Childbirth:** Most favorable for vaginal delivery due to wide.

• **Android pelvis (20-30%): male like.**

- **Shape:** Heart-shaped or triangular inlet with a narrow pelvic cavity.
- **Childbirth:** Less favorable for childbirth, often requiring more time or a C-section



GYNECOID



ANDROID



ANTHROPOID



PLATYPELLOID

• **Types of female pelvis**

• **Anthropoid pelvis (20-30%): Ape-like.**

- **Shape:** Elongated, longitudinal oval-shaped inlet (long front-to-back, narrow side-to-side).
- **Childbirth:** Allows vaginal birth, though labor may be longer

• **Platypelloid pelvis (5%): flat.**

- **Shape:** Shallow pelvis with a flat, oval-shaped inlet (long side-to-side, short front-to-back).
- **Childbirth:** Least common; often makes vaginal birth difficult and requiring a C-section.



GYNECOID



ANDROID



ANTHROPOID

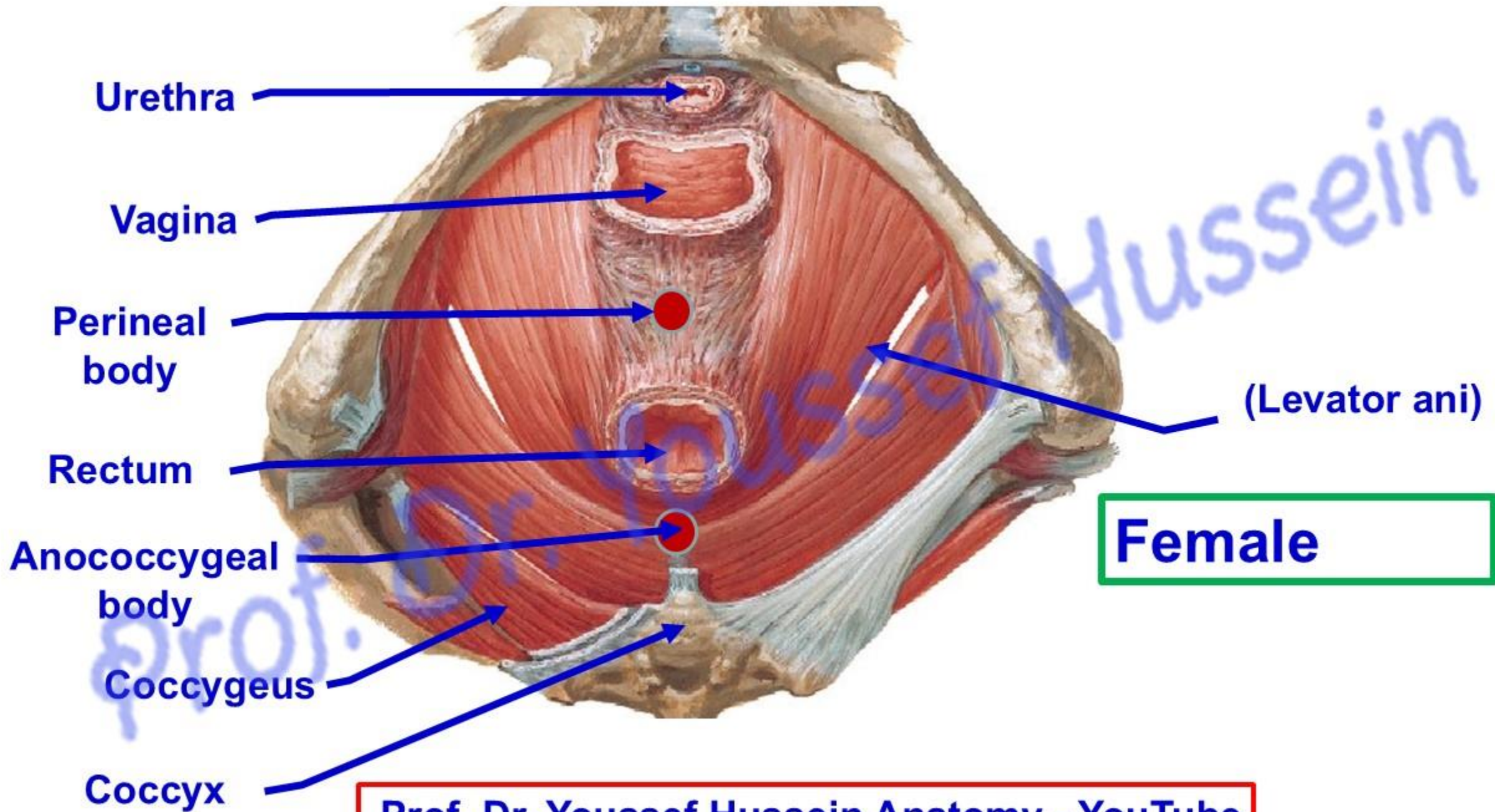


PLATYPELLOID

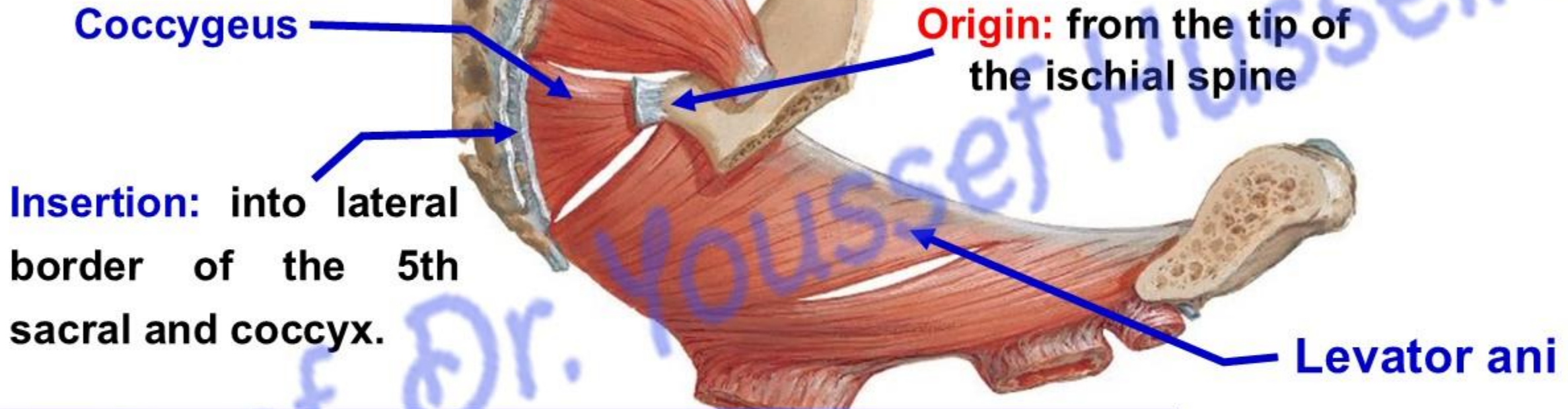


Pelvic diaphragm

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Coccygeus



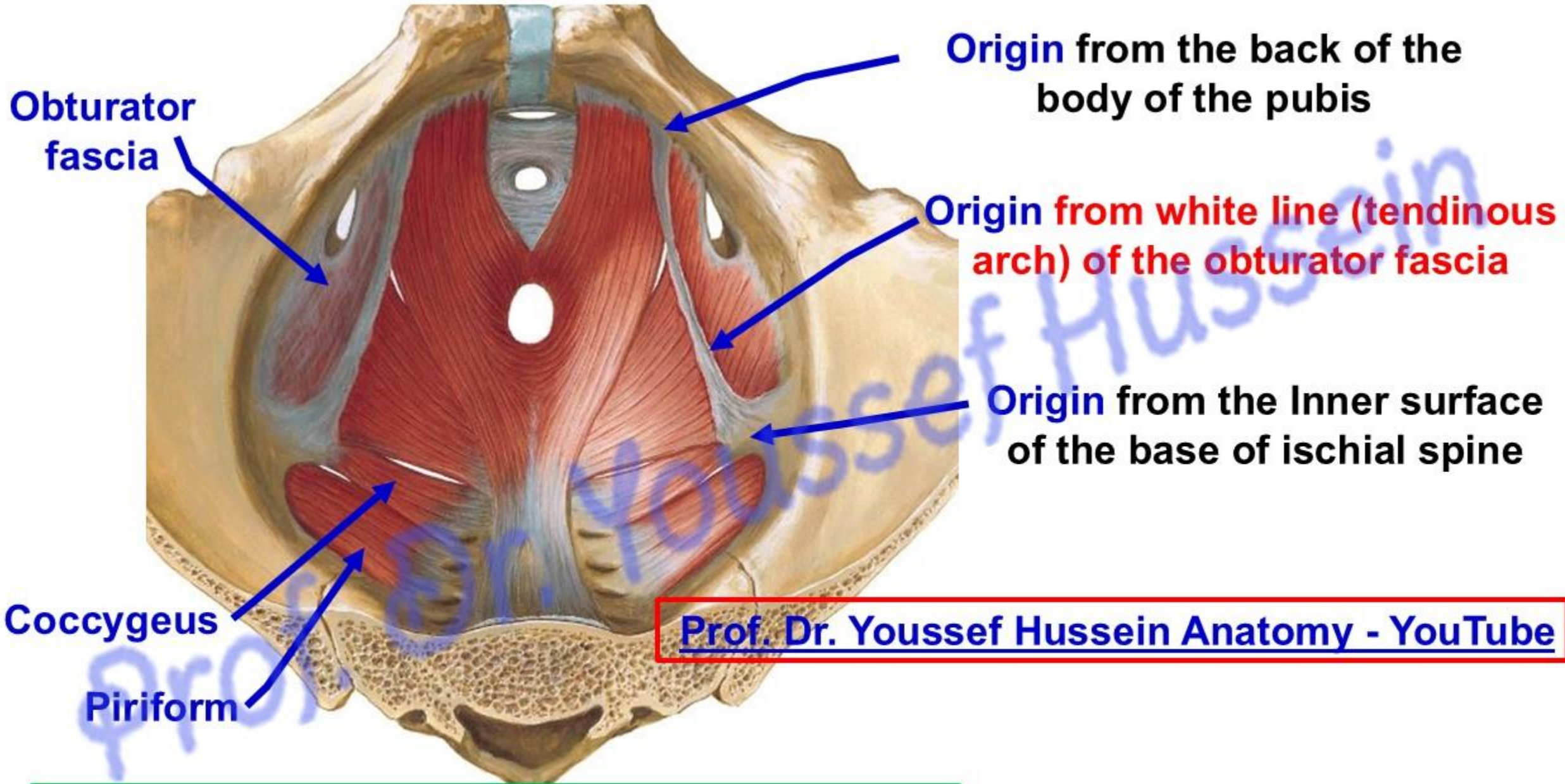
**** Nerve supply:** ventral rami S4 & S5.

**** Actions:**

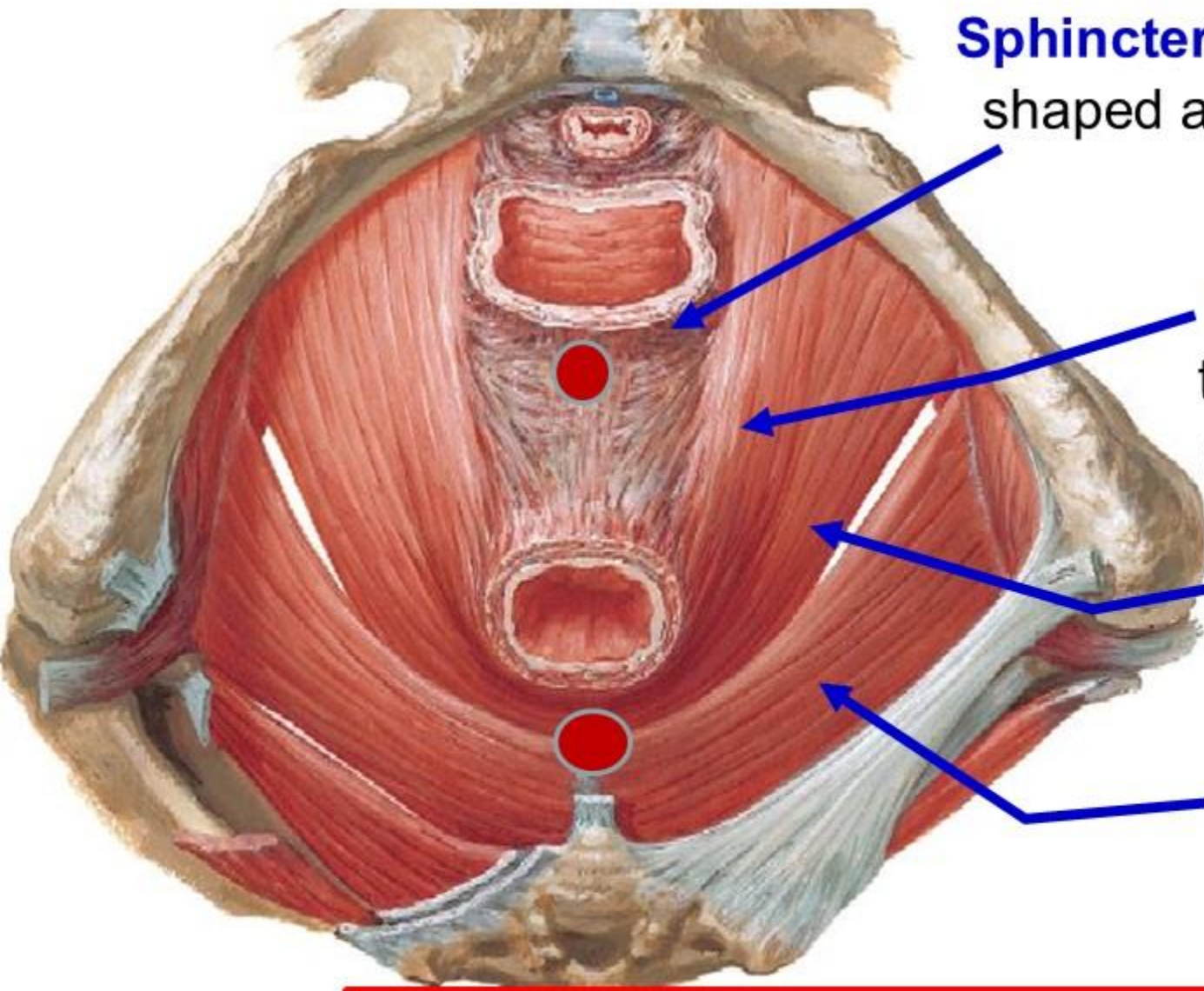
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1- It forms the posterior part of the pelvic floor.

2- It pulls the coccyx forwards after defecation and labor



Origin of levator ani muscle



Sphincter vagina to the perineal body forming U shaped around the side of the vagina (called **Sphincter vagina**).

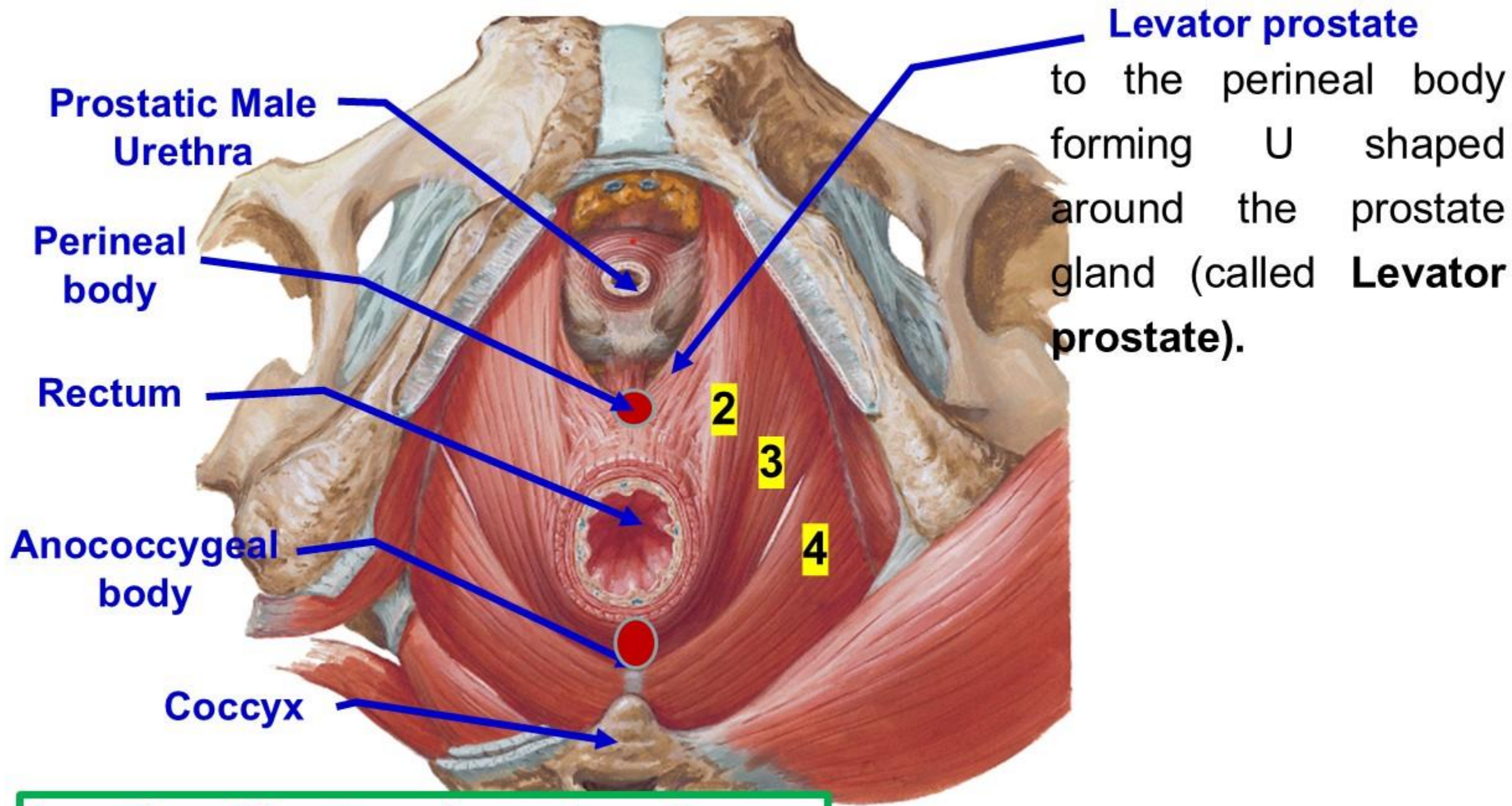
Puborectalis unite with the band of the opposite side forming U-shaped sling around the anorectal junction.

Pubococcygeus to anal canal, anococcygeal body and coccyx.

Iliococcygeus to anococcygeal body and coccyx

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Insertion of levator ani muscle female



Levator prostate
to the perineal body
forming U shaped
around the prostate
gland (called **Levator
prostate**).

Insertion of levator ani muscle male

**** Nerve supply:**

- **a- Pelvic (Upper) surface:** from the sacral plexus **S4 & S5**
- **b- Perineal (Lower) surface:** inferior rectal nerve and perineal nerve (pudendal nerve).

**** Actions:**

- 1- **Forms the pelvic diaphragm and Support** the pelvic organs.
- 2- Increase the intra abdominal pressure.
- 3- **Levator prostatae** elevates the prostate in male.
- 4- **Sphincter vagina** acts as a sphincter for the vagina (proper sexual function).
- 5- **Puborectalis** acts as sphincter to the anorectal junction.
- 6- **Pubococygeus** pulls the coccyx forwards after defecation

- **Levator ani syndrome**

- **Tight pelvic floor muscle (not relaxed)**
- **Causes:** Muscle Spasm, Stress, Childbirth, Previous gynecological or pelvic surgeries, Prolonged Sitting and Chronic Constipation
- **Symptoms**
 - **Chronic Pain:** in the rectum, vagina, or perineum
 - **Positional Discomfort:** Symptoms are generally worse when sitting and may improve when standing or lying down
 - **"Ball" Sensation:** Patients often feel as though they are sitting on a ball or have something stuck in the rectum.
 - **Secondary Effects:** Potential for discomfort during sexual intercourse, bowel movements, and during examinations of the pelvic area.

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Weakness or injury of levator ani during vaginal deliveries leading to uterine prolapse (uterus protrudes in vagina)

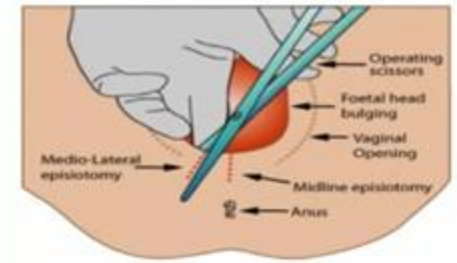
An episiotomy is a surgical incision made in the perineum (tissue between the vaginal opening and the anus) during the final stages of labor to widen the vaginal opening for childbirth.

Step II

Incision

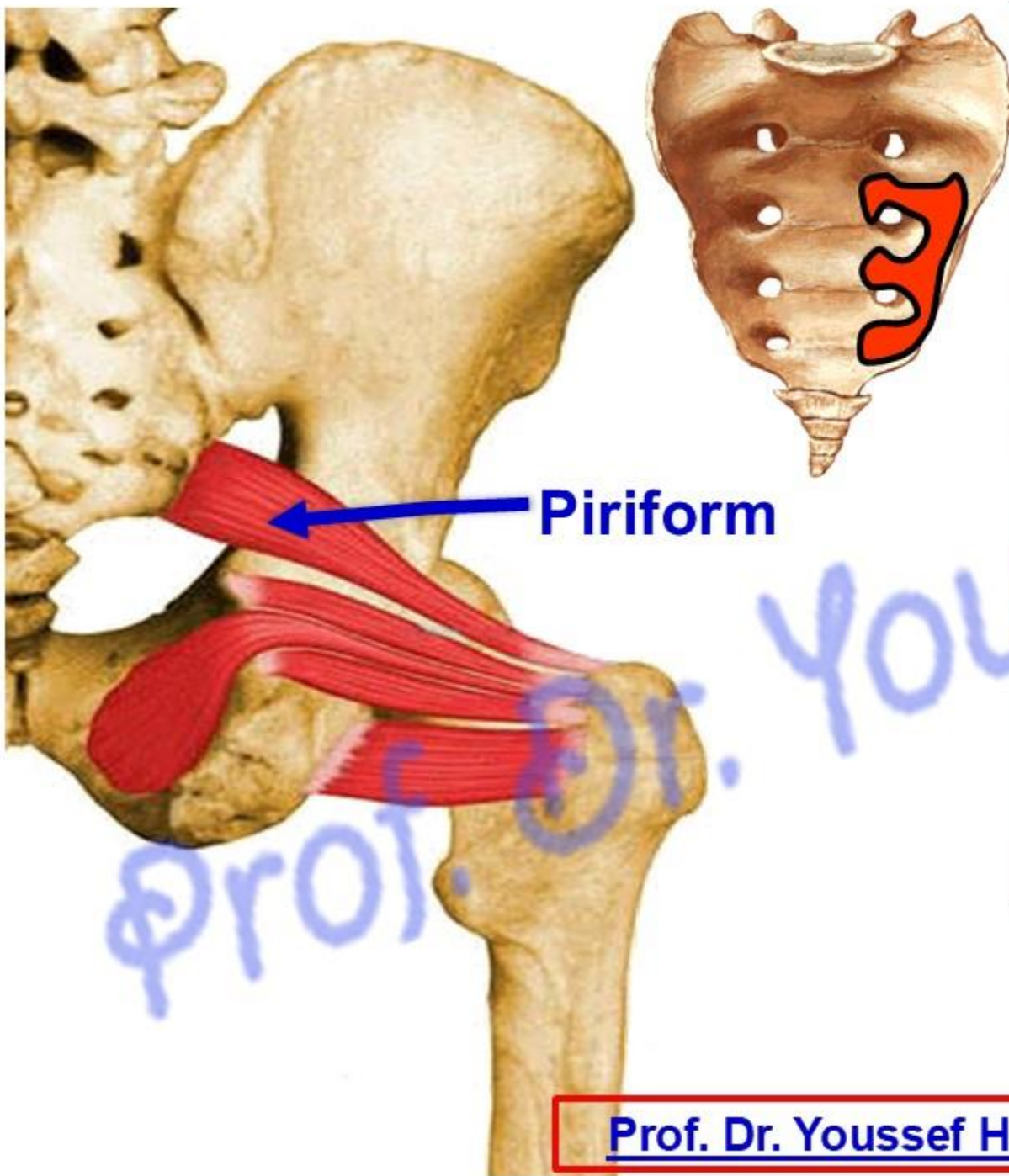
Structures cut are

- Posterior vaginal wall
- Superficial and deep transverse perineal muscles (bulbospongiosus and part of levator ani)
- Fascia covering those muscles
- Transverse perineal branches of pudendal vessels and nerves
- Subcutaneous tissue
- Skin



Maternal benefits of episiotomy include

- Controlled Incision: It creates a clean, straight surgical cut that is often easier to repair.
- Prevention of Severe Tears and lacerations
- It widens the vaginal opening, allowing for a quicker birth.
- Reduced Anterior Trauma leading to tears near the labia or urethra.
- Protecting against long-term pelvic floor dysfunction, urinary incontinence, or sexual dysfunction.



❖ Piriformis

** **Origin:** from the pelvic surface of the middle 3 pieces of the sacrum.

** **Insertion:** The muscle passes out through the greater sciatic foramen and inserted into the **top** of the greater trochanter.

** **Nerve supply:** ventral rami of S1, 2.

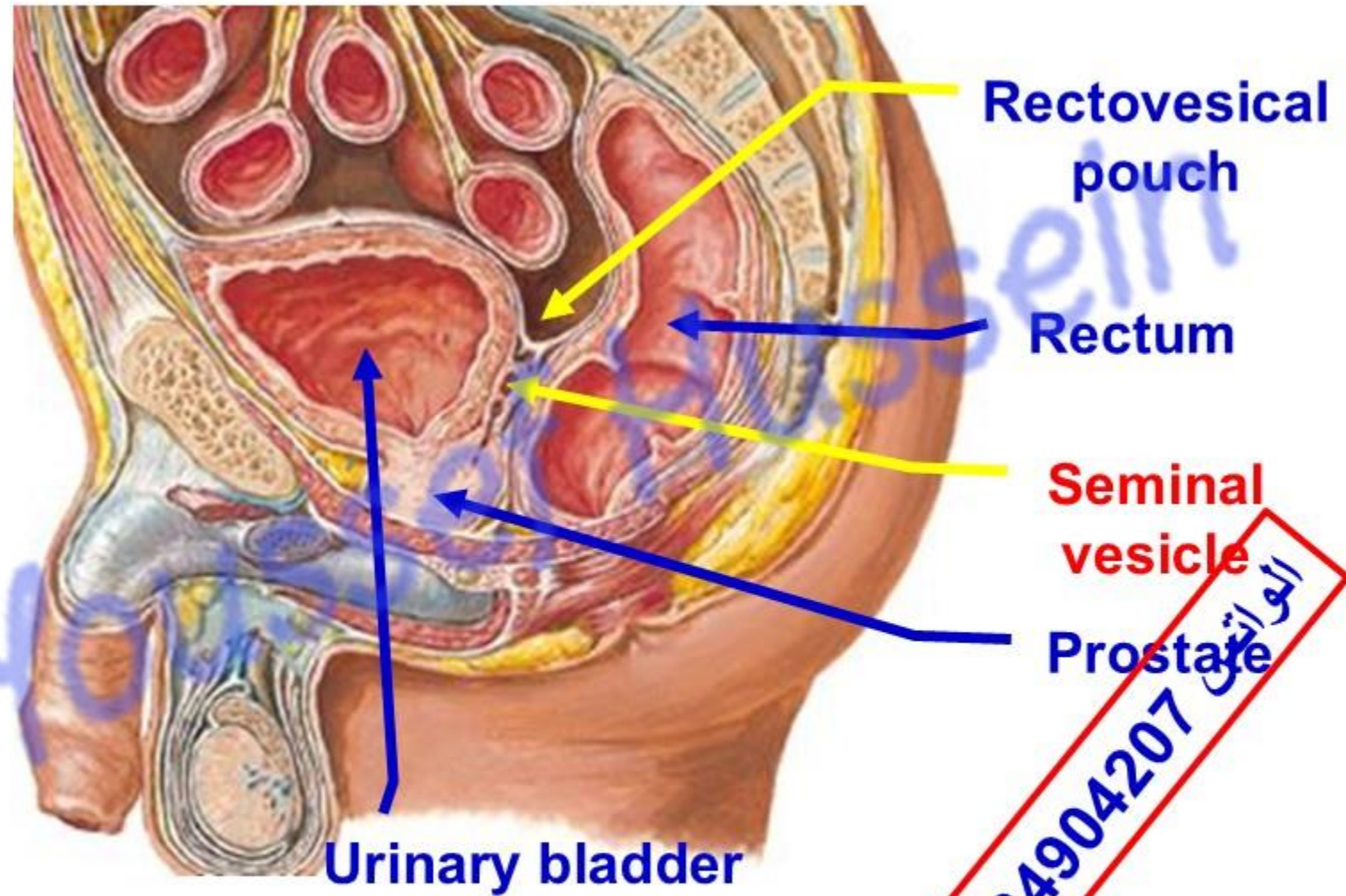
** **Action:**

- 1- Lateral rotation of the extended thigh.
- 2- Stabilization of the hip joint.

Pelvic peritoneum

- **Pelvic peritoneum of the male**

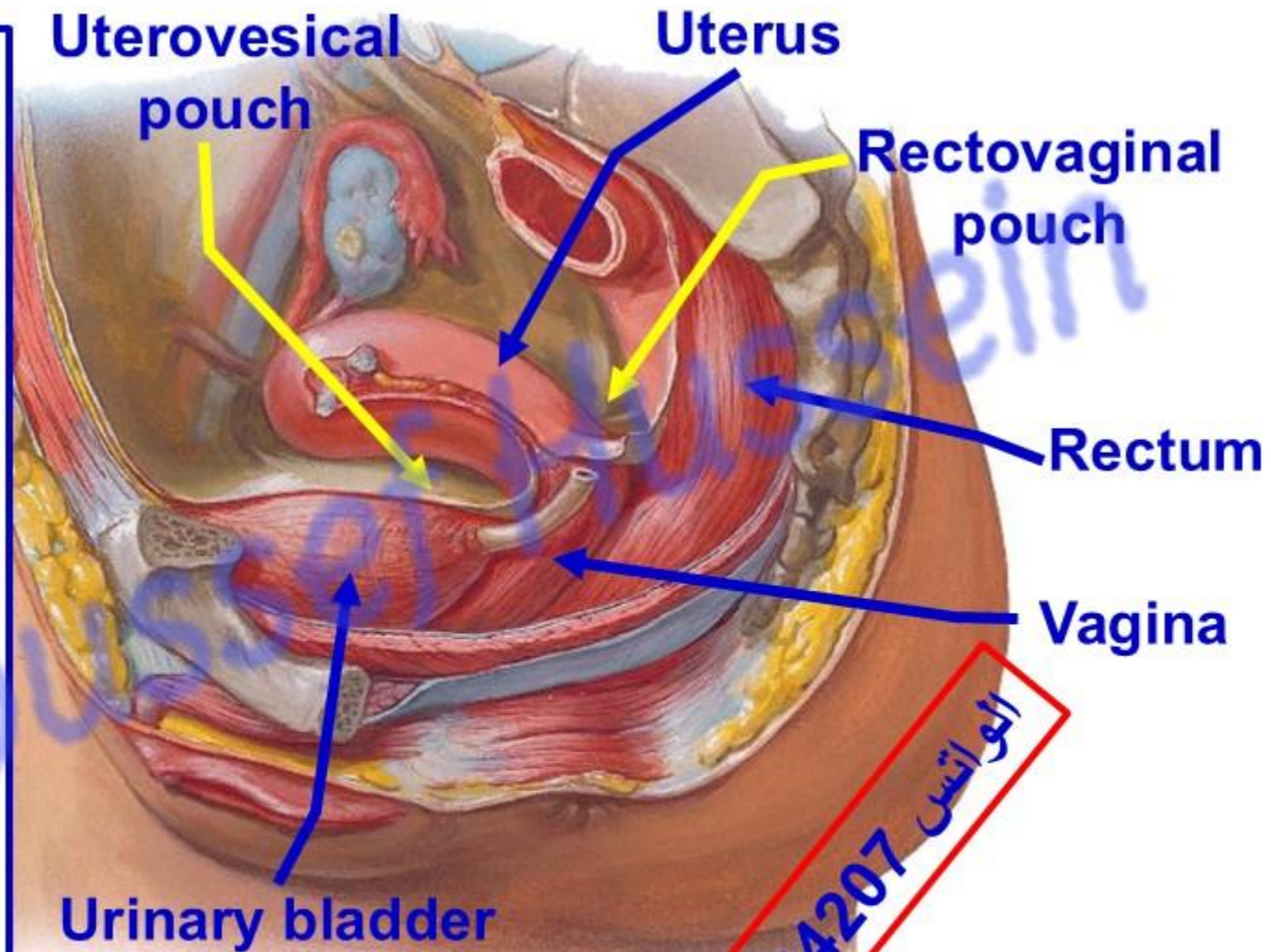
- Reflection of peritoneum at junction of middle and lower 1/3 to upper part of base of urinary bladder to form **recto-vesical pouch**
- **Then covers** superior surface of UB and then upwards to continue with the peritoneum lining the anterior abdominal wall.
- **Peritoneal cavity is closed sac.**



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- **Pelvic peritoneum of the female**

- Reflection of peritoneum from rectum to upper part of posterior wall of the vagina form **rectovaginal, or Douglas pouch**.
- It covers the posterior surface of the cervix and body of the uterus.
- Then, it covers the fundus and anterior surface of the body of uterus.
- A reflection of peritoneum occurs at the junction of body with cervix to upper surface of the urinary bladder form **uterovesical pouch**.
- Then, upwards to continue with the peritoneum lining anterior abdominal wall.
- Peritoneal cavity contains the **openings** of the lateral ends of both uterine tubes.

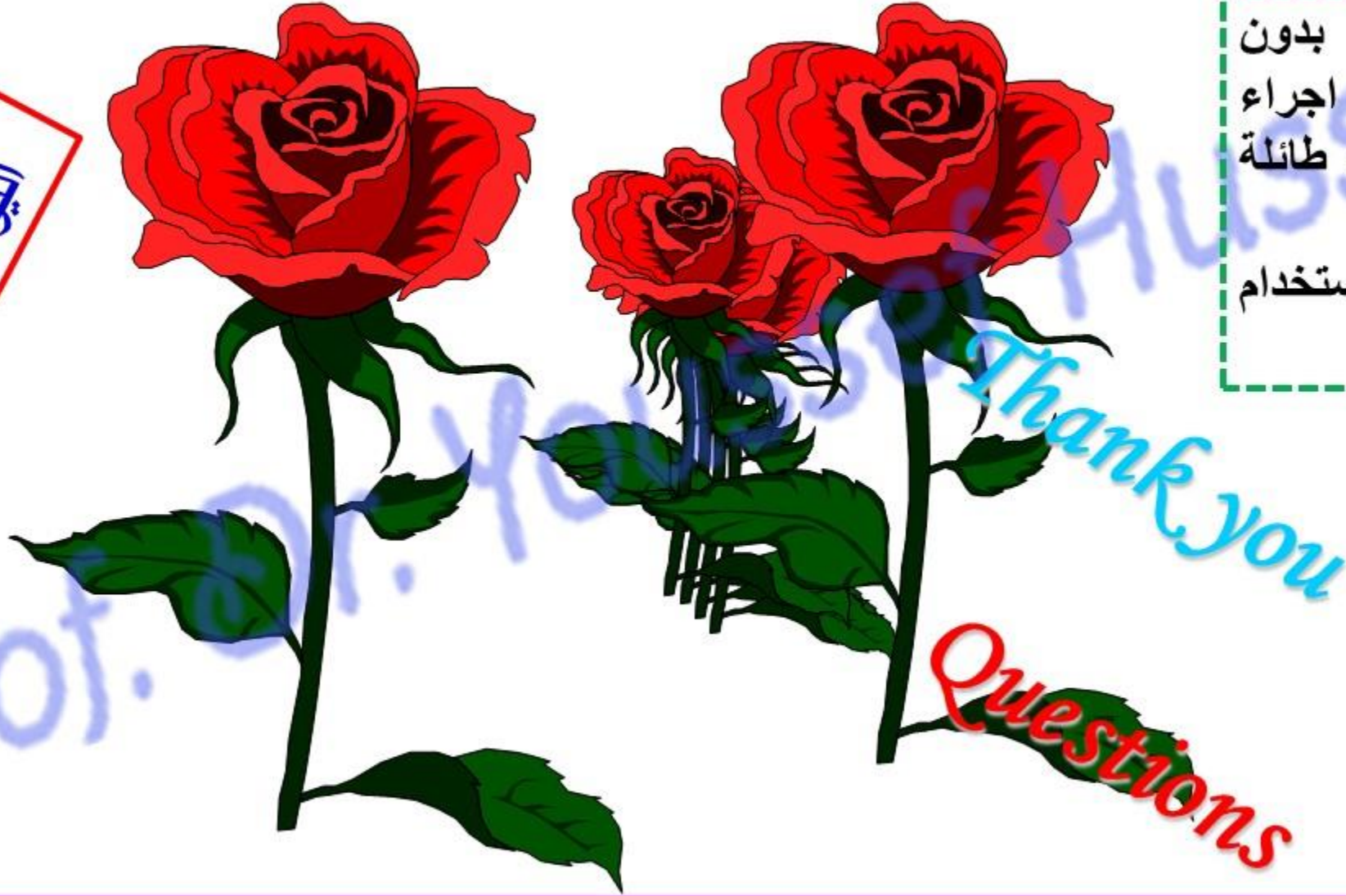


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