**Subject: Human Anatomy II**

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**Section: B**

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**Attempt the following questions. Add diagrams where needed.**

**Each carries 10 marks.**

1. What are the major features of intracranial fossae of the skull?

Ans

***Intaractical fossa***

Cranial cavity is divided into 3 parts

Anterior cranial fossa

Middle cranial fossa

Posterior cranial fossa

***Anterior cranial fossa***

The fontal bone turn sharoly back to from a large part of the roof of the orbit

The fontal lobe of the brain occupies the interior cranal fossa

***Boundaries***

Anterolaterally

Front sinus

Posteriorly

Lasserwing and body of speniod.

Medially

Conform plate ( horezantal and vertical part)

***Middle cranial fossa***

Is formed by the grater wing of the speniod and temporal bone and is occupied by the tempore lob of the brain

The middle cranal fossa

Optic chiasma

Internal carotidnartery

Convernous sinus hypophsis cerebri

***Posterior cranial fossa*** (fossa cranii posterior), between the foramen magnum and tentorium cerebelli, containing the brainstem and cerebellum

1. Write note on the cranial nerves.

Ans : the cranial nerves provide motor and sensory supply mainly to the structures within the head and neck. The sensory supply includes both "general" sensation such as temperature and touch, and "special" senses such as taste, vision, smell, balance and hearing.

***Cranial nerve disorders can cause a variety of symptoms, including***:

Intermittent attacks of excruciating facial pain.

Vertigo (dizziness)

Hearing loss.

Weakness.

Paralysis.

Facial twitch.

1. Write note on the salient features of norma frontalis and norma occipitalis of skull.

Skull sutures visible from the side (norma lateralis) include the frontal, parietal, temporal, occipital, sphenoid, and zygomatic bones, while skull sutrelated to the frontal and parietal bones.

***opticall bone***

The occipital bone is a cranial dermal bone and the main bone of the occiput (back and lower part of the skull). It is trapezoidal in shape and curved on itself like a shallow dish. The occipital bone overlies the occipital lobes of the cerebrum. At the base of skull in the occipital bone, there is a large oval opening called the foramen magnum, which allows the passage of the spinal cord.

Like the other cranial bones, it is classed as a flat bone. Due to its many attachments and features, the occipital bone is described in terms of separate parts. From its front to the back is the basilar part, also called the basioccipital, at the sides of the foramen magnum are the lateral parts, also called the exoccipitals, and the back is named as the squamous part.

**Structure**

The occipital bone, like the other seven cranial bones, has outer and inner layers (also called plates or tables) of cortical bone tissue between which is the cancellous bone tissue known in the cranial bones as diploë. The bone is especially thick at the ridges, protuberances, condyles, and anterior part of the basilar part; in the inferior cerebellar fossae it is thin,

The basilar part is a thick, somewhat quadrilateral piece in front of the foramen magnum and directed towards the pharynx.

The squamous part is the curved, expanded plate behind the foramen magnum and is the largest part of the occipital bone.

1. What do you know about the muscles of hip and knee?

Ans

e quadriceps femoris muscle group (rectus femoris, vastus lateralis, vastus medius, and vastus intermedius) crosses the knee via the patella and acts to extend the leg. The hamstring group muscles (semitendinosus, semimembranosus, and biceps femoris) flex the knee and extend the hip.

1. Write a comprehensive note on the femoral triangle.

Ans

***Femoral triangle***.

The femoral triangle is a wedge-shaped area formed by a depression between the muscles of the thigh. It is located on the medial aspect of the proximal thigh. It is the region of the passage of the main blood vessels between the pelvis and the lower limb, as well as a large nerve supplying the thigh.

The femoral triangle (or Scarpa's triangle) is an anatomical region of the upper ... After a short course of about 4 cm in the thigh, the nerve is divided into anterior and posterior

The femoral triangle is bounded

**Structure**

superiorly (also known as the base) by the inguinal ligament.

medially by the medial border of the adductor longus muscle. (some people consider the femoral triangle to be smaller hence the medial border being at the lateral border of the adductor longus muscle. )

laterally by the medial border of the sartorius muscle

The apex of the triangle is continuous with the adductor canal.[2] The roof is formed by the skin, superficial fascia, and deep fascia (fascia lata). The superficial fascia contains the superficial inguinal lymph nodes, femoral branch of the genitofemoral nerve, branches of the ilioinguinal nerve, superficial branches of the femoral artery with accompanying veins, and upper part of the great saphenous vein. The deep fascia has a saphenous opening and the opening is covered by the cribiform fascia.

**Clinical significance**

Since the femoral triangle provides easy access to a major artery, coronary angioplasty and peripheral angioplasty is often performed by entering the femoral artery at the femoral triangle. Heavy bleeding in the leg can be stopped by applying pressure to points in the femoral triangle. Another clinical significance of the femoral triangle is that the femoral artery is positioned at the midinguinal point (midpoint between the pubic symphysis and the anterior superior iliac spine); medial to it lies the femoral vein. Thus the femoral vein, once located, allows for femoral venipuncture.[citation needed]. Femoral venopuncture is useful when there are no superficial veins that can be aspirated in a patient, in the case of collapsed veins in other parts of body (e.g. arms)[citation needed]. The positive pulsation of the femoral artery signifies that the heart is beating and also blood is flowing to the lower extremity[citation needed].

It is also necessary to appreciate clinically that this is a case where the nerve is more lateral than the vein. In most other cases the nerve (relative to its associated artery and vein) would be the deepest or more medial followed by the artery and then the vein. But in this case it is the opposite. This must be remembered when venous or arterial samples are required from the femoral vessels.[citation needed]

This area contains the superficial and deep basins of the inguinal lymph nodes, and is the location targeted in an inguinal lymphadenectomy. The basins are separated by the fascia lata. For patients with palpable nodal disease, removal of the superficial and deep basins are recommended. In a patient with a positive sentinel lymph node biopsy, generally only the superficial nodes are removed, unless Cloquet's node (the most superior of the deep nodes) is clinically positive.

Its floor is formed by the pectineus and adductor longus muscles medially and iliopsoas muscle laterally

**Boundres of the fabural tringle**

**Base ingunial ligement**

**Apex** its create by the meetting point of the medial edge of adductor lungs and satrours

**floor its** is gutter- shaped and muscular

From latrial to midial side it create by these muscle

**Illiacus**

**psoas major**

**Aductor lungs**

**Roof** the roof of a femoral tringle is created the fascia late having shaponas opmingv