Pleura

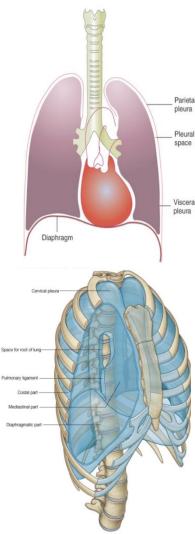
- Pleura is a cavity which has the lungs inside it, it has two membranes, with a potential space between them.
 - Visceral (adheres to the lungs)
 - $\circ~$ Parietal (lining the thoracic cage)
- They normally contain only a very thin layer of serous fluid as lubrication. Decreased fluid causes pleuritis.
- **Pneumothorax**: accumulation of air in the pleural cavity.
- Pleural effusion: accumulation of fluid in the pleural cavity.
- Empyema: accumulation of pus in the pleural cavity.
- Hemothorax: accumulation of blood in the pleural cavity.

Pleura parts:

- **Cervical pleura**: related to the apex.
 - Clinical point: in emergency situations, when inserting a cannula into the subclavian vein (above the first rib), caution is needed to avoid pleural puncture. X-rays may be used to assess lung inflation or collapse during cannula placement.
 - The apex (dome) has three membranes: suprapleural, visceral, and parietal.
- Diaphragmatic pleura: related to the base of the lung.
- Mediastinal pleura: Covers the mediastinal surface of the lung. This part contributes to the formation of a sleeve-like structure (from blending of parietal and visceral layers) around the hilum, known as the pulmonary ligament.
- **Costal pleura**: between the ribs and costal cartilages.
- The hilum exists between T5 and T7.

Surface anatomy of pleura:

- Apex: 1 inch above the medial third of the clavicle, or 2-3 cm above the 1st rib.
- Anterior border: apex \rightarrow sternoclavicular joint \rightarrow angle of louis \rightarrow 7th costal cartilage.
 - The left pleura also has a cardiac notch between 4th and 6th costal cartilages. In cardiac tamponade, we insert the needle inside the notch to avoid lung damage.
- Posterior border: the same as lungs' but descends down by two spaces (T12).
- Inferior border:
 - In midclavicular line, it crosses the 8th costal cartilage.
 - $\circ~$ In midaxillary line, it crosses the 10 th rib.



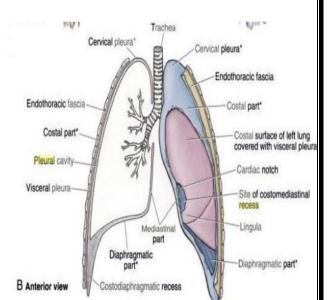
Surface anatomy of the lungs and pleurae assists in conditions like pleural effusion.
For instance, when inserting a needle in the midaxillary line, it is done between the lung and pleura. In this very example, it is in the 9th intercostal space.

Suprapleural membrane:

- Suprapleural membrane is a fibrous sheath attached to:
 - Laterally: medial border of 1st rib and costal cartilage
 - **Medially**: blend with Sibson's fascia investing the structure that pass from thorax to neck
 - Apex: to the tip of the transverse process of the 7th cervical vertebra
 - Action: protect the cervical pleura and lung, and resists changes in the intrathoracic pressure during respiratory movements
 - So, this membrane works as a ceiling for the pleural cavity.
- The visceral pleura extends into fissures that divide the lungs into lobes.

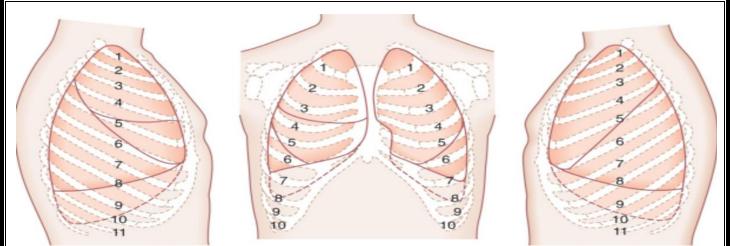
Pleural recesses:

- **Costodiaphragmatic recess**: reflection of costal and diaphragmatic pleurae.
 - Inflation of the lungs leads to the expansion of the recess **downward**.
 - The most important recess; it can be filled with fluid.
- **Costomediastinal recess**: reflection of costal and mediastinal pleurae.
- The inferior margin of the lung can be approximated by a line running between the 6th rib, the 8th rib, and the 10th thoracic vertebra.



Supraleural membrane

• The inferior margin of the pleural cavity at the same points is the 8th rib, the 10th rib, and the 12th thoracic vertebra.



- When approaching to insert the needle (underwater seal procedure) to treat pleural effusion, we insert it in:
 - At the midclavicular line, the recess is located between rib spaces 6 and 8.
 - At the midaxillary line, the recess is situated between rib spaces 8 and 10.
 - At the paravertebral line, the recess is found between rib spaces 10 and 12 (inserting here is rare).
- Costodiaphragmatic recess dimensions:
 - o 1 inch in the midclavicular line
 - o 2 inches in the scapular line posteriorly
 - 3 inches in the midaxillary line, it is often preferred for procedures involving the costodiaphragmatic recess due to its larger dimension, making it more suitable for the drainage of accumulated air.
- The needle is inserted in the lower border of the space, or at the upper border of the rib to avoid injuring the intercostal nerve, veins, and arteries.
- In the normal pleural space, fluid is approximately 5-10 ml. If it reaches 300 ml, it may lead to:
 - Decrease in lung expansion
 - Decreased breath sounds
 - Dullness in percussion (putting fingers on intercostal space, it normally results in drum-like sound)
 - o Pain
 - Cough

Nerve supply of pleura:

- Visceral:
 - SNS and PSNS (pulmonary plexus)
 - Sensitive to stretch
 - Insensitive to pain, temperature and touch
- Parietal:
 - Sensitive to pain, temperature and touch
 - Intercostal nerves innervate the costal pleura segmentally (3rd intercostal space from 3rd intercostal nerve and so on).
 - **Phrenic nerve** innervates the mediastinal pleura and diaphragmatic pleura.
 - Motor to the diaphragm and sensory to the pleura.
 - Lower 6 **intercostal nerves** innervate the costal (peripheral) pleura.

Arterial supply of pleura:

- Visceral:
 - o Bronchial arteries
- Parietal:
 - Intercostal arteries (anterior and posterior)
 - Posterior from descending thoracic aorta
 - Anterior from internal thoracic (mammary) artery, a branch of the subclavian artery
 - Musculophrenic artery

Venous drainage of pleura:

• Drains into azygous vein and internal thoracic vein then to subclavian vein.

Lymphatic drainage of pleura:

- Parietal:
 - Mediastinal pleura by:
 - Mediastinal nodes
 - Tracheobronchial nodes
 - Intercostal nodes
 - Diaphragmatic pleura by:
 - Parasternal nodes
 - Post. mediastinal nodes
 - $\circ~$ All of them drain to the thoracic duct and right lymphatic duct
- Visceral (pulmonary):
 - Along bronchial arteries → bronchopulmonary nodes

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