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Pain in left rib cage under breast

Pain in left rib cage under breast pregnancy, Pain in left rib cage under breast after eating, Pain in left rib cage under breast when breathing, Pain in left rib cage under breast early pregnancy, Stabbing pain in left rib cage under breast, Pain in upper left rib cage area under breast, Pain in left rib cage under breast and back, Pain in left rib cage under breast when lying down.

is a "box" created of ribs, which protects vital organs and large "Ribs" vessels redirects here. For individual bones, see Rib. For animal ribs like food, see Ribs (food). For other uses, see Rib (disambiguation).
Ribbon cage
The human ribs cage. (Source: Gray Anatomy of the Human Body, 20th ed. 1918.)
Protection on the chest cage of the heart, lungs and diaphragm. Shaded areas indicate the flow of pleural cavities not filled by the lungs.
DetailsIdentifiersLatincavea toracisMeSHD000070602TA98A02.3.04.001TA21096FMA7480 anatomical terminology[edit]
The chest cage is the disposition of ribs attached to the spine and the sternum in the chest of most vertebrates that encloses and protects vital organs such as the heart, lungs and large vessels. In humans, the thoracic cage and the sternum, together known as the thoracic cage, is a semi rigid bone structure and cartilage surrounding the chest cavity and supports the shoulder belt to form the central part of the human skeleton. A typical human chest cage consists of 12 pairs of ribs and costal cartilages, the sternum (together with the handlebar and the xiphoid process), and the 12 thoracic vertebrae articulated with ribs. Along with the skin and band and the associated muscles, the chest cage composes the chest wall and provides attachments for the neck's skeletal muscles, upper limbs, upper and rear abdomen. The chest cage contains intrinsically the breathing muscles (diaphragm, intercostal muscles, etc.) which are crucial for active inhalation and forced exhalation, and therefore has an important ventilatory function in the respiratory system. The coasts of the structure are described according to their location and connection with the sternum. All ribs are attached to the chest vertebrae and are numbered accordingly by one to twelve. The ribs that articulate directly with the sternum are called real ribs, while those that do not articulate directly are called false ribs. False ribs include floating ribs (high and twelve) which are not attached to the sternum at all. Human rib -1 scan (parallel projection (left) and perspective projection (right)). True / rib fixed ribs false and floating ribs
The true ribs and false ribs describe pairs of ribs directly or indirectly attached to the sternum. The first seven pairs of ribs known as fixed or vertebrate ribs are the real ribs (Latin: costae verae) as they connect directly to the sternum; the next five pairs (eight to 12th) are false ribs (Latin: costae spuriae). False ribs include both vertebrabrochondral ribs and vertebral ribs. There are three pairs of ribs vertebrabrochondral (under thewhich connect indirectly to the sternum through the costal cartilage of the ribs above them. [1][2] Their elasticity allows the movement of the rib cage for respiratory activity. The phrase floating rib or vertebral rib (Latin: costae fluctuantes) refers to And the two lowest, the eleventh and twelfth pairs of ribs; said because they are attached only to the vertebrae, and not to the sternum or to the cartilage of the sternum. These ribs are relatively small and delicate, and include a cartilage tip.[3] The spaces between the ribs are known as intercostal spaces; they contain intercostal muscles and neurovascular bundles containing nerves, arteries, and veins.[4]
Parts of rib
Each rib consists of a head, a neck, and a tree. All ribs are attached posteriorly to the thoracic vertebrae. They are numbered to match the vertebrae that attach to "one to twelve", from the top (T1) to the bottom. The head of the rib is the terminal part closest to the vertebra with which it joins. It is marked by a kidney-shaped joint surface which is divided by a horizontal crest into two joint regions. The upper region articulates with the lower costal face on the upper vertebra, and the larger region articulates with the upper costal face on the vertebra with the same number. The transverse process of a thoracic vertebra is also articulated at the transverse rib face with the tubercle of the same number. The crest attaches to the intra-articular ligament.[5]
The neck of the rib is the flattened part extending laterally from the head. The neck is about 3 cm long. The front surface is flat and smooth, while the rear one is pierced by numerous holes and the surface rough, to give attachment to the neck ligament. Its upper edge has a rough crest (crista collis costae) for the attachment of the anterior transverse rib ligament; the lower edge is rounded. On the back surface of the neck, there is a tuber which consists of an articular portion and a non-articular portion. The articular portion is the lower and more medial part of the two and has a small oval surface for the articulation with the transverse rib face at the end of the transverse process of the lower part of the two vertebrae to which the head is attached. The non-articulated part is an approximate elevation and allows attachment to the tuber ligament. The tuber is much more prominent in the upper ribs than in the lower ribs. The angle of a rib can refer either to the bending part or to a prominent line in this area, slightly in front of the tuber. This line is directed downwards and laterally; this gives attachment to a tendon of the iliocostal muscle. At this point, the rib is bent in two directions, and at the same time it is turned on its long axis. The distance between the angle and the tuber is progressively greater from the second to the tenth rib. The area between the corner and the tuber is rounded, rough and irregular, and is used for attachment of the dorsi longissimus muscle. Bone Costles and vertebrae
The first rib (the tallest) is The most curved and generally the largest of all the ribs; It is wide and flat, its surfaces look towards the high and e and its borders towards the inside and outwards. First rib view from above. Costal groove position on a central rib. The parts of the rib. The head is small and rounded, and has only a single joint facet, for the articulation with the body of the first thoracic vertebra. The neck is tight and rounded. The tubercle, often and prominent, is placed on the outer edge. Bring a small face for the joint with the transverse costal face on the transversal process of T1. There is no angle, but to the tubercle, the rib is slightly folded, with the convex upwards, so that the bone's head is directed downwards. The upper surface of the body is marked by two shallow grooves, separated from one another from a slight crest prolonged internally in a tubercle, the sensation tubercle, for attachment of the front scalae; The front groove transmits the subclavia vein, the rear subclavia artery and the lower trunk of the brachial plexus. Behind the back groove is an approximate area for attaching the medial scalae. The surface below the surface is smooth and without a costal groove. The outer edge is convex, dense and rounded, and to its back of attachment to the first digence of the front door. The internal border is concave, subtle and acute, and marked on its center from the SCALEO tubercle. The front end is larger and more thick than that of any of the other ribs. The second rib is the second highest rib in humans or according to most fronts in animals walking on four arts. In humans, the second rib is defined as a true rib as it connects with the sternum through the cost cartilage intervention before (in the front). At the rear, the second rib is connected with the spine of the second thoracic vertebra. The second rib is much longer than the first rib, but has a very similar curvature. The non-articular part of the tubercle is occasionally defined. The corner is light and located near the tubercle. The body is not twisted so that both end up touching any flat surface on which it can be laid: But there is a curve, with his convex upwards, similar to, even if he is smaller than that found in the first rib. The body is not flattened horizontally like that of the first rib. Its outer surface is convex and look upwards and a little outward; Near half is a rough eminence for the origin of the lower part of the first and the whole of the second drawing of the front door; Behind and above this is attached the back stain. The interior, smooth and concave surface is directed downwards and a bit inwards: on its back there is a short costal groove between the grain of the surface of the rib and the lower border. Protects intercostal space containing intercostal veins, intercostal arteries and intercostal nerves. [6] The ninth rib has a frontal part at the same level as the first lumbar vertebra. This level is calledtransplyoric plane, since the pylorus is also located at this level.[7]
The tenth rib attaches directly to the body of the T10 vertebrae instead of between the vertebrae as the second rib to the ninth rib. Thanks to this direct connection, the T10 vertebra has a complete rib facet on its body.[3]
The four floating ribs indicated The eleventh and twelfth ribs, have only one joint facet on the head, which is quite large. They have no necks or tubers, and are pointed at the front ends. The 11th has a slight angle and shallow costal groove, while the 12th does not. The twelfth rib is much shorter than the eleventh rib, and the head is slightly tilted downwards. Sternum
The sternum is a long, flat bone that forms the front of the rib cage. The cartilages of the first seven ribs (the true ribs) join the sternum to the sternocostal joints. The costal cartilage of the second rib joins with the sternum at the sternal angle, making it easy to spot.[8]
The transverse chest muscle is innervated by one of the intercostal nerves and attaches itself above the posterior surface of the lower sternum. Its lower attachment is the inner surface of the costal cartilage from two to six and acts to compress the ribs.[9]
Development
The expansion of the rib cage in males is caused by the effects of testosterone during puberty.[10] Thus, males generally have broad shoulders and expanded breasts, allowing them to grow. them to inhale more air to provide their muscles with oxygen. A C7 rib on the right
Variation
Variations in the number of ribs occur. About 1 in 200-500 people have an additional cervical rib, and there is a predominance of women.[11]
Supernumerary intrathoracic ribs are extremely rare.[12]
The residue of the rib of the seventh cervical vertebra on one or both sides is occasionally replaced by a free rib called the cervical rib, which can be mechanically interfere with the nerves (brachial plexus) that go to the arm. In several ethnic groups, particularly the Japanese, the tenth rib is sometimes a floating rib, as it lacks a cartilage connection with the seventh rib.[3]
Function
Main article: Respiration
The effect of contraction of the accessory muscles of inhalation, pulling up the upper part of the rib. This increases the anterior-posterior diameter of the chest, helping to expand the volume of the chest. A similar effect, known as "movement of the bucket handle", increases the transverse diameter of the chest, as not only do the ribs tilt downwards from the back to the front, but also, in the case of the lower ribs, from the back to the front. median downwards to the sides of the chest. The human chest cage is a component of the human respiratory system. It encloses the chest cavity, which contains the lungs. Inhalation occurs when the muscular diaphragm at the bottom of the chest cavity contracts and flattens, while the contraction of the The muscles raise the thoracic cage up and out. The expansion of the thoracic cavity takes place in three floors: the vertical one, the one anteroposterior and the transversal one. The vertical plane is extended with the help of the contraction of the diaphragm and the abdominal muscles that are relaxed to welcome the lower pressure that is supplied to the abdominal viscera from the contraction of the diaphragm. A greater extension can be obtained by moving the diaphragm itself downwards, rather than flattening the domes. The second floor is the antero-wherester and this is expanded by a known movement as A «pump handle.â €
The tilted nature down of the upper ribs is such that it allows that it happens. When the external intercostal muscles contract and raise the ribs, the upper ribs are also able to push the sternum up and out. This movement increases the anter-looking diameter of the thoracic cavity, and therefore helps further breathing. The third floor, transversal, is mainly distributed by the lower ribs (some say that it is particularly one of the seventh or tenth rib), with the central tendon of the diaphragm that acts as a fixed point. When the diaphragm contracts, the ribs are able to escape and produce what is known as the movement of the handle of the bucket, facilitated by sliding to the costovertebrail joints. In this way, the transverse diameter is expanded and the lungs can fill themselves. The circumference of the normal adultly human thoracic cage expands 3-5, cm during inhalation. [13]
Clinical meaning
The fractures of the ribs are the most common lesion to the thoracic cage. These most frequently hit the central ribs. When more than adjacent ribs suffer two or more fractures each, it can cause a thoracic scourge, a dangerous condition for life. A lusted rib can be painful and can simply be caused by cough, or for example by a trauma or lifting heavy weights. [14]
One or more costal cartilages can ignite, a condition known as a costocondrite; The resulting pain is similar to that of a cardiac attack. The thoracic cage anomalies include Pectus Excavatum (â € â € â € â € "sank chest") and Pectus Carinatum (A «Pigeon's chest"). A bifida rib is a bifurcated rib, divided towards the sternal end, and usually strikes only one of the ribs of a couple. This is a congenital defect that affects about 1.2% of the population. And â € ™ often without symptoms even if difficult difficulties and other problems can arise. Removal of ribs is surgical removal of one or more ribs for therapeutic or cosmetic reasons. The resection of a rib is the removal of a piece of a rib. COMPANY AND CULTURE
The position of the ribs can be permanently altered by a form of body modification called which uses a corset to compress and move the ribs. Ribs, especially the sternal extremities, are used as a method of estimating age in forensic pathology due to their progressive ossification[15].
History
The number of ribs was 24 (12 pairs) noted by the Flemish anatomist Vesalius in his seminal work of anatomy De humani corporis manufactura in 1543, starting a wave of controversy, such as how the ribs were to be broken. It was traditionally assumed from the biblical story of Adam and Eve that men's ribs were one less than women's ribs.[16]
Other animals
Thoracic cage of Tyrannosaurus. University of California Museum of Paleontology
In herpetology, rib grooves refer to lateral indentation along the tegument of salamanders. The grooves run from the axle to the groin. Each groove overhangs the myotomic septum to mark the position of the inner rib.[17][18]
Birds and reptiles have bone hooked processes on the ribs that project caudally from the vertical section of each rib.[19]
These serve to connect the sacral muscles and also help to allow for greater inspiration. Crocodiles have hooked cartilage processes.
Additional pictures
Chest cage with spine â € Anatomy
The front surface of the sternum and costal cartilage. X-ray image of a human chest with marked ribs.
3D Chest Cage Model
Surface projections of the trunk, including each rib, and of the rib margin. Chest cage with both Humerii
See also
This article uses anatomical terminology. Rib Head Articulation Rosary Rachitium
Conditions for Anatomical Localization
Conditions for Bones
Notes
This article incorporates publicly available texts from the 20th edition of Grayâs Anatomy (1918) ^
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De Humani Corporis Fabrica: online translation into Italian of the books of Vesalius on human anatomy. External links
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