🦵 Front & Medial Aspects of Thigh (Superficial Veins & Lymphatics)

📌 Overview

This region is clinically very important due to:

- Superficial venous system
- Venous return (muscle pump)
- Lymphatic drainage
- Frequent exam questions on varicose veins & GSV

🩸 Superficial Veins of Lower Limb

📋 Main Veins

- Great saphenous vein (GSV) ⭐
- Small saphenous vein (SSV)

🔷 Great Saphenous Vein (GSV)

📌 Key Features

- Longest vein in the body
- Begins from medial end of dorsal venous arch
- Passes anterior to medial malleolus
- Ascends along medial side of leg & thigh
- Pierces fascia at saphenous opening
- Drains into femoral vein

🔄 Course Flowchart (Reinforcement)

Dorsal venous arch (medial side) → Passes anterior to medial malleolus → Ascends along medial leg → Continues along medial thigh → Pierces deep fascia (saphenous opening) → Drains into femoral vein

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📥 Tributaries (Near Termination)

- Superficial epigastric vein
- Superficial circumflex iliac vein
- Superficial external pudendal vein

🔷 Small Saphenous Vein (SSV)

📌 Key Features

- Begins from lateral end of dorsal venous arch
- Passes posterior to lateral malleolus

- Ascends in posterior leg
- Drains into popliteal vein

🔄 Course Flowchart (Reinforcement)

Dorsal venous arch (lateral side) → Passes behind lateral malleolus → Ascends posterior leg → Drains into popliteal vein

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🔄 Communication with Deep Veins

📌 Perforating Veins

- Connect superficial → deep veins
- Contain valves (one-way flow)

Venous Pump of Lower Limb 🦵

📌 Mechanism

Muscle contraction helps propel blood upward against gravity.

🔄 Flowchart

Muscle contraction → Compresses deep veins → Blood pushed upward → Valves prevent backflow → Muscle relaxation → Veins refill

Also called "peripheral heart" ❤️

⚠️ Varicose Veins

📌 Definition

👉 Dilated, tortuous superficial veins due to valve incompetence

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🔄 Pathophysiology Flowchart

Valve damage → Blood flows backward → Increased venous pressure → Vein dilation → Tortuous veins (varicosities)

📊 Causes

Cause	Explanation
Aging	Valve degeneration
Prolonged standing	↑ venous pressure

Obesity	↑ load on veins
Genetics	Weak vein walls

🩺 Clinical Importance

- Commonly affects GSV
- Leads to:
  - Pain
  - Swelling
  - Cosmetic concerns

🏥 Clinical Procedures

✂️ Great Saphenous Vein Cutdown

- Emergency access to circulation
- Performed near medial malleolus

❤️ Coronary Artery Bypass Graft (CABG)

- GSV used as vascular graft
- Easily accessible & long length

🧠 Inguinal Lymph Nodes

📋 Classification

1. Superficial Inguinal Lymph Nodes

👉 Located in superficial fascia

Groups:

- Horizontal group
- Vertical group

🔄 Drainage Flowchart (Superficial)

Superficial tissues (lower limb, anterior abdominal wall, perineum) → Superficial inguinal lymph nodes → Deep inguinal lymph nodes

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2. Deep Inguinal Lymph Nodes

📌 Key Features

- Located medial to femoral vein
- Receive:
    - Deep lymphatics of lower limb
    - Efferents from superficial nodes

🔄 Drainage Flowchart (Deep)

Deep structures of lower limb → Deep inguinal lymph nodes → External iliac lymph nodes

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High-Yield Clinical Correlations 🩺

🚨 Enlarged Inguinal Nodes

- Seen in:
  - Lower limb infections
  - STDs
  - Malignancies

🚨 Valve Failure in Perforators

- Causes varicose veins
- Blood flows:
    - Deep → Superficial (abnormal)

⭐ Revision Points

- GSV → Femoral vein
- SSV → Popliteal vein
- GSV passes: Anterior to medial malleolus
- SSV passes: Posterior to lateral malleolus
- Venous pump = muscle contraction + valves
- Varicose veins = valve incompetence
- Lymph drainage:
    - Superficial → Deep → External iliac

-> The End <-