



Dissection technique of the posterior torso (back)

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Electronic formatting

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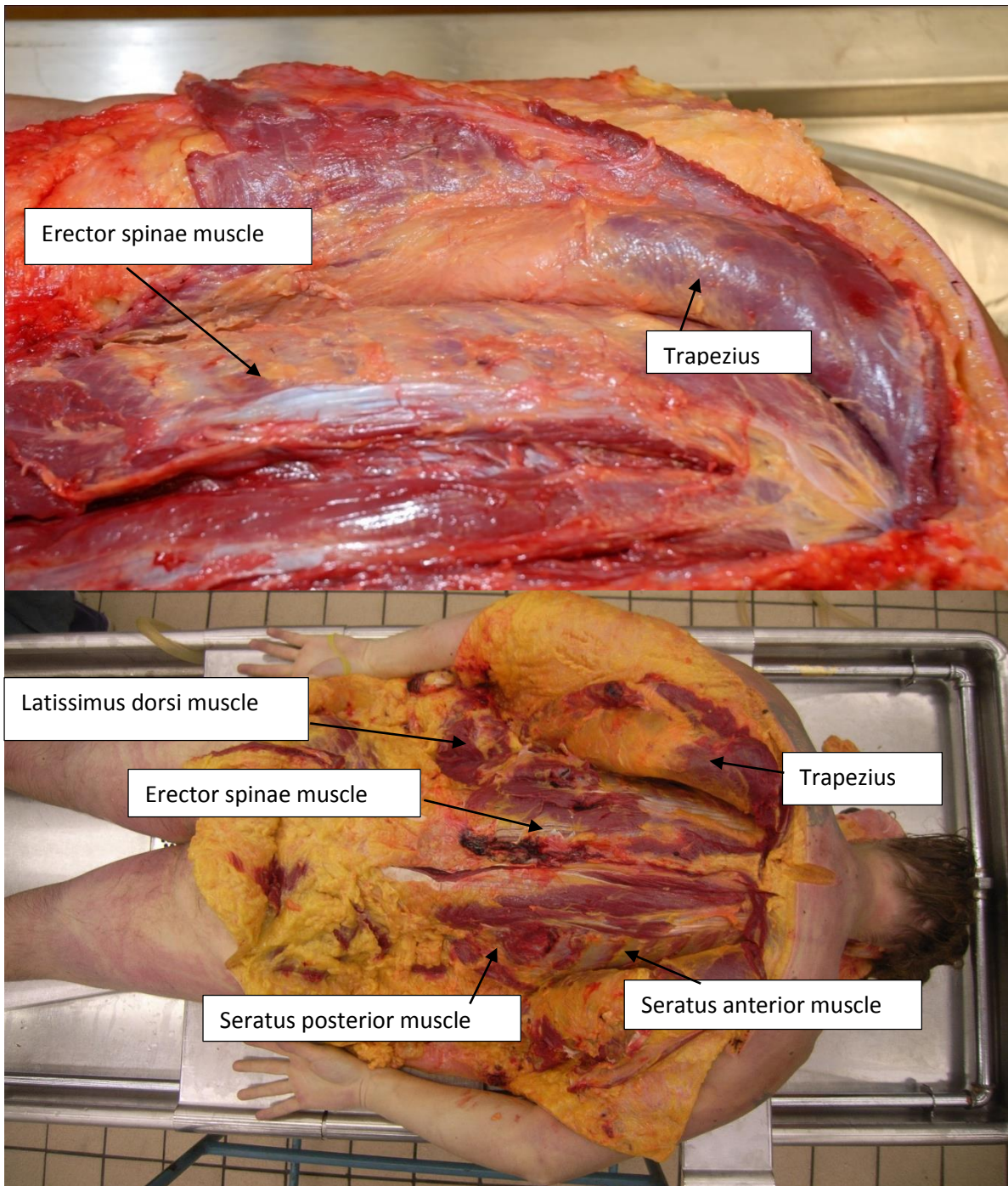
1. Can use two separate approaches:
 - a. Special dissection of the back follows dissection of the posterior neck (when the posterior neck dissection reveals extensive trauma that is not apparent externally, and may also be present in the deep tissues of the back.)
 - b. Special dissection of the entire posterior torso, including the back and posterior neck is conducted as one continuous unit.
2. This is a description of the special dissection of the entire posterior torso.
3. The body is placed prone. It is often helpful to elevate the chest.
4. The posterior neck is dissected using an inverted "T"-shaped incision along the nape of the neck.
5. The lower horizontal portion of the inverted "T"-shaped incision extends from shoulder to shoulder over the scapulae and passes over the spinous process of the 7th cervical vertebra.
6. The vertical portion of the inverted "T"-shaped incision extends along the midline from the occiput to the spinous process of the 7th cervical vertebra.
7. An inverted "Y"-shaped incision is made along the posterior from the spinous process of the 7th cervical vertebra to the coccyx and then over the gluteal regions (i.e., the arms of the "Y").



8. The skin is reflected laterally such that two large flaps are created along the sides of the torso. the skin of the medial buttocks is also reflected

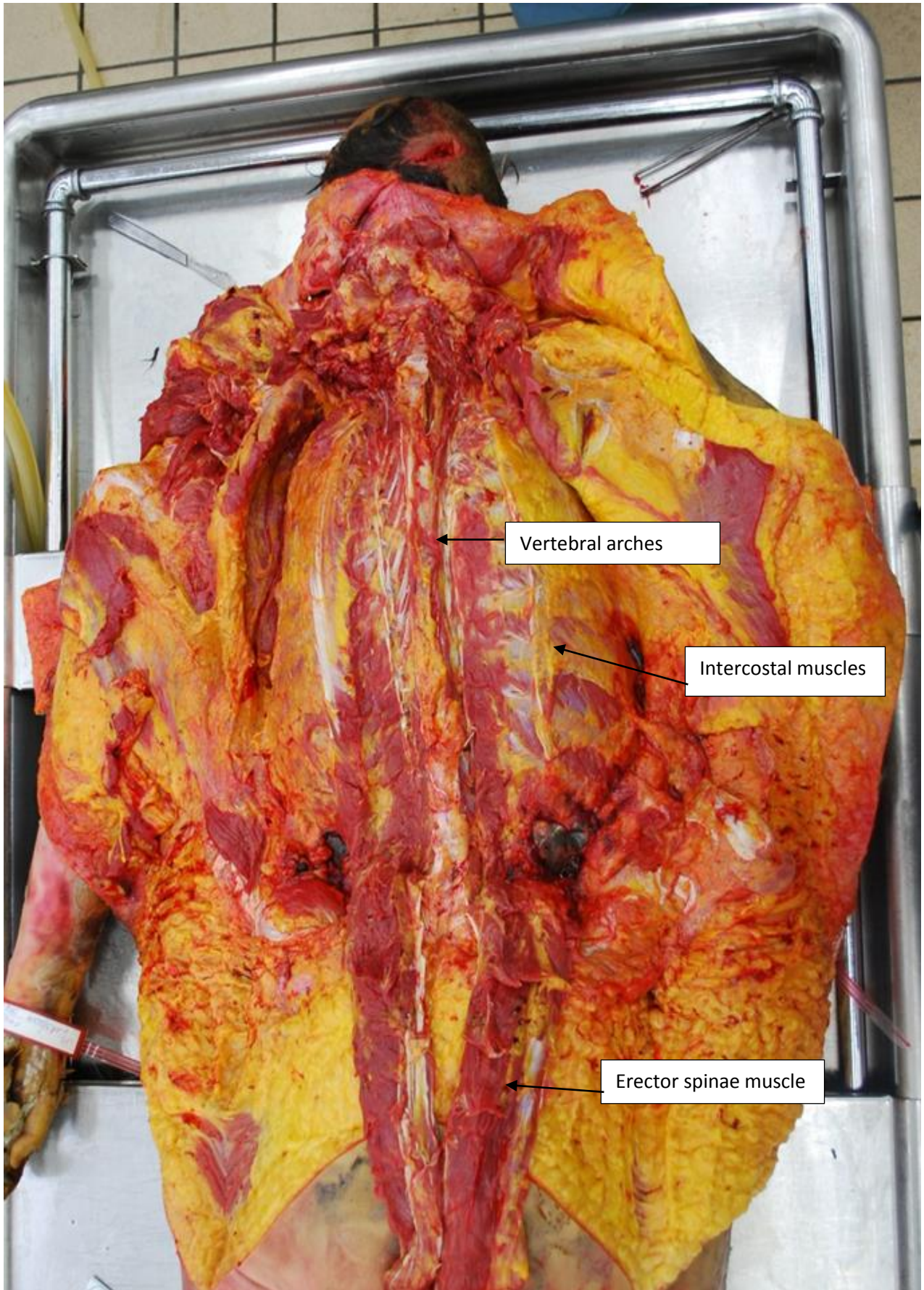


9. The superficial muscles of the back (trapezius, latissimus dorsi, superficial muscle of the scapulae, and superficial cervical paraspinal muscles) can be elevated to expose the intermediate and deep musculature.



10. The muscles of the scapular region are incised including the deep muscles at the deep portion of the chest. This requires 'winging' or complete elevation of the scapula by incision of the muscular attachments of the scapula to the back musculature.

11. The intermediate deep muscles (e.g., quadratus lumborum), and the gluteal muscles can be elevated individually, or examined using multiple parallel longitudinal incisions that run along the entire anatomical length of the muscle bellies.



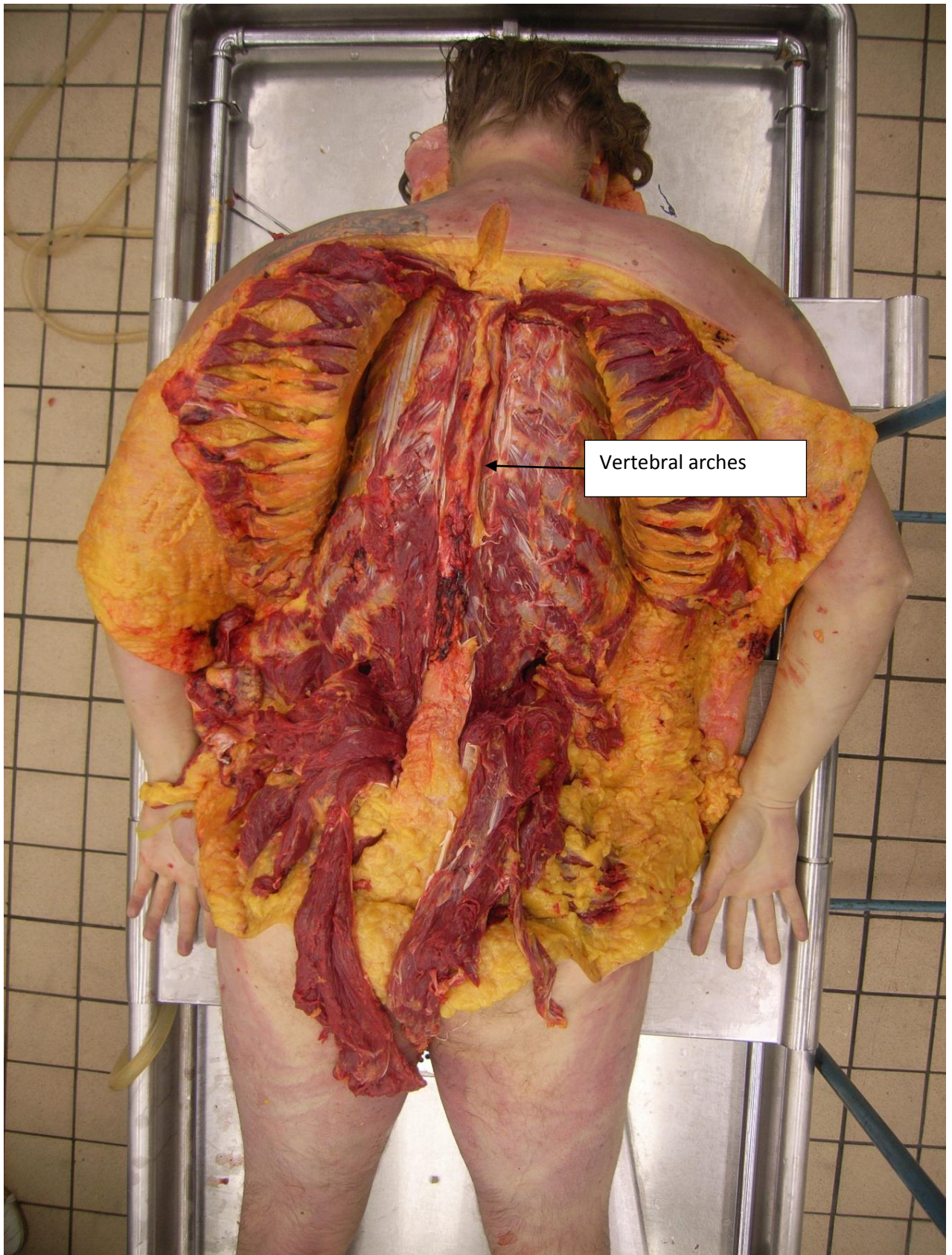
Vertebral arches

Intercostal muscles

Erector spinae muscle

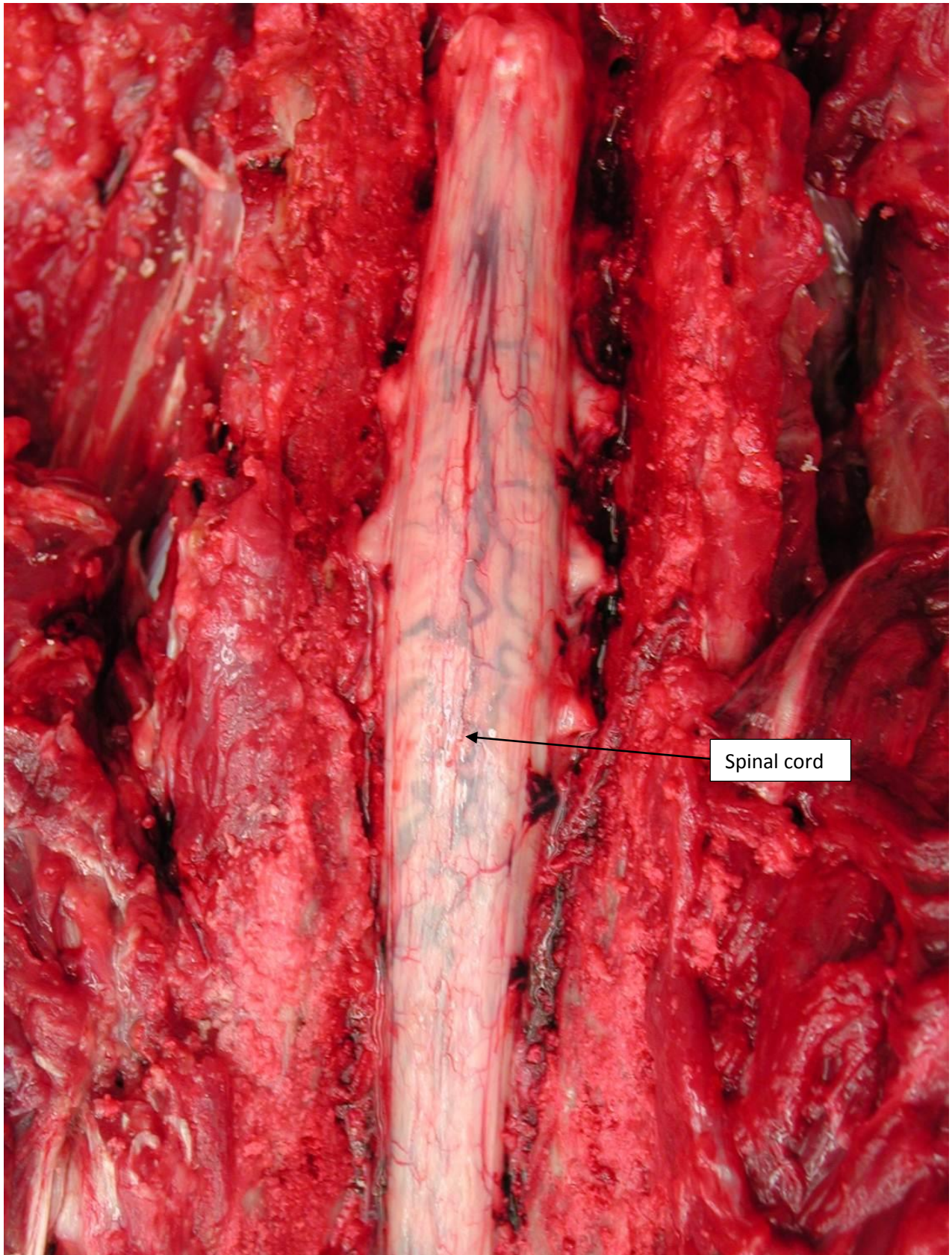
12. The deep paraspinal muscles are incised along the vertebral column; the neural arches and spinous processes are palpated.

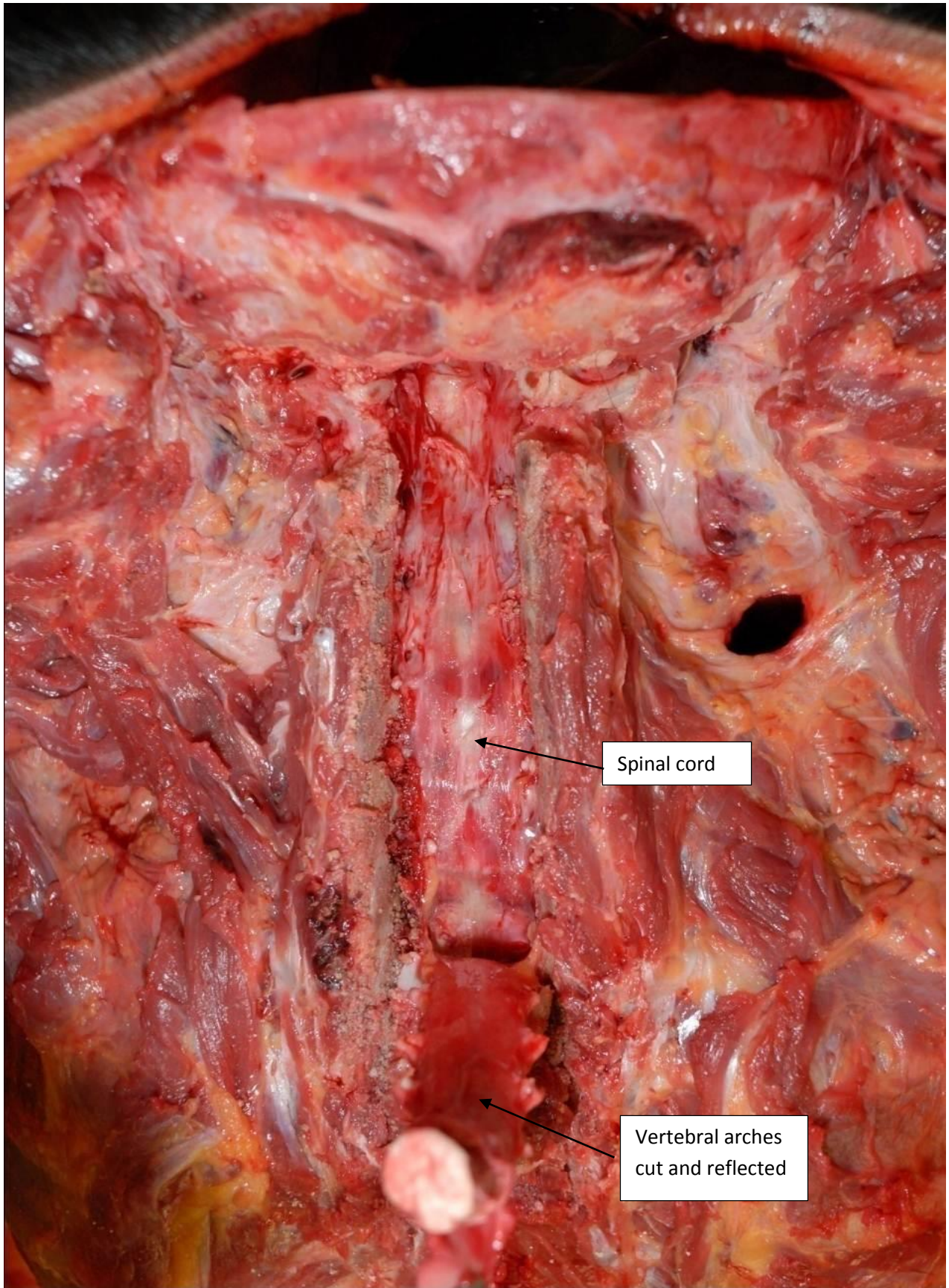
13. The posterior convexity of the ribcage is exposed and the ribs are examined.



Vertebral arches

14. The spinal cord can be removed using the posterior approach, if indicated.



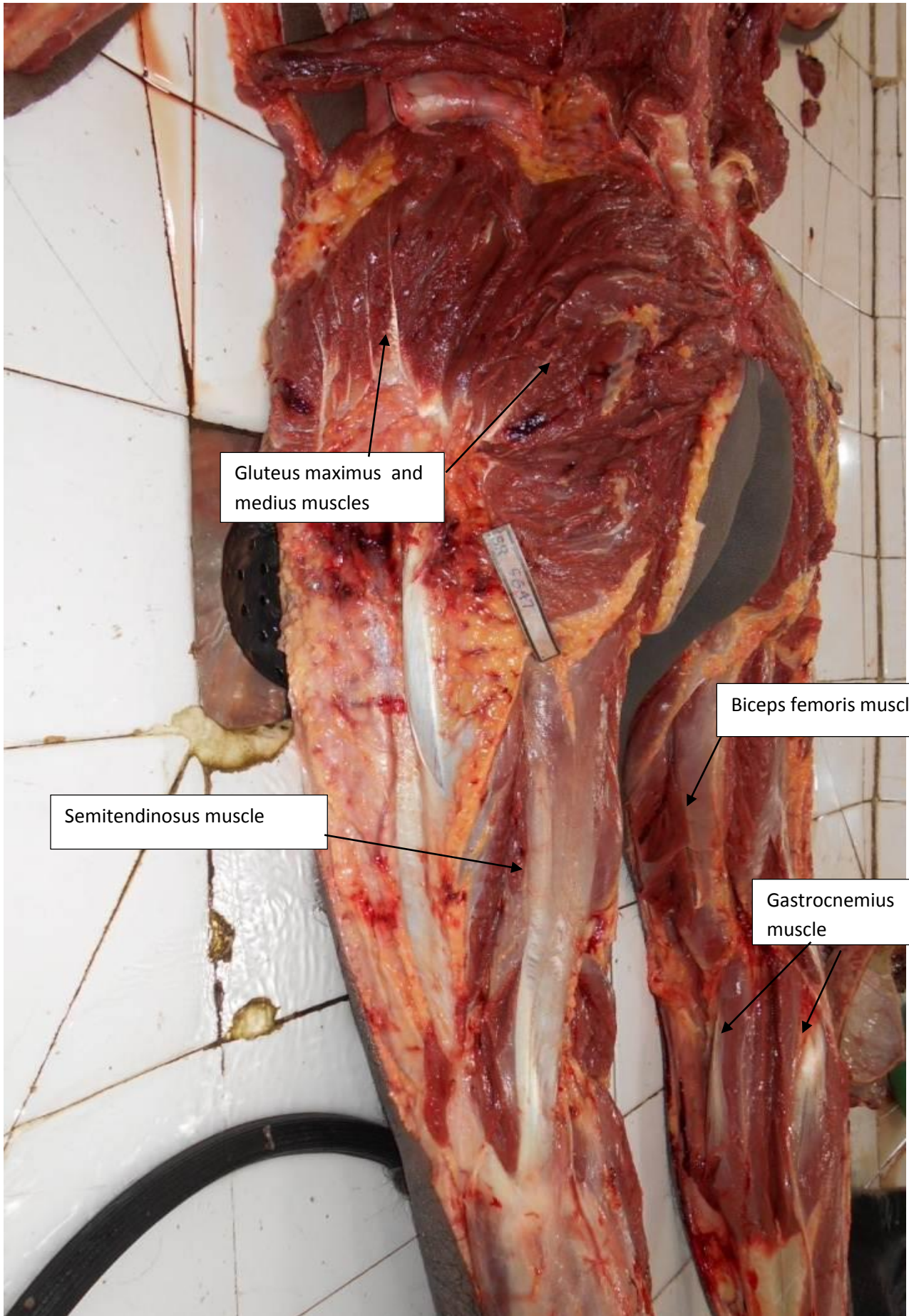


Spinal cord

Vertebral arches
cut and reflected

15. Each layer of the dissection should be photographed in the same plane, including orientation and close-up images. Injuries should be photographed with a scale.

16. If the dissection of the back needs to be supplemented by dissection of the limbs, then skin incisions can be extended from the inverted “T”-shaped incision and the inverted “Y”-shaped incision to the wrists and ankles, respectively



Gluteus maximus and medius muscles

Semitendinosus muscle

Biceps femoris muscle

Gastrocnemius muscle

17. Record in the autopsy report that a special dissection of the posterior torso was performed. Indicate the skin incisions used.