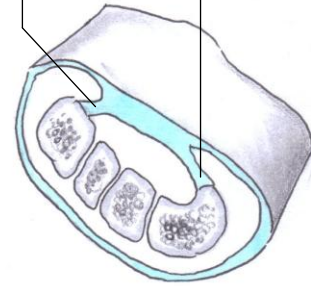
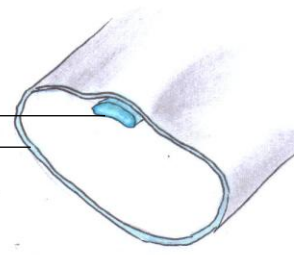


Fascia, Septa, Tendon Sheaths and the Potential Spaces of the Hand

These fascial layers are continuous with the fascial sleeve of the forearm. Centrally the fascia of the palm thickens in the centre, where the palmaris longus tendon attaches to it, which is also where it merges with the flexor retinaculum. This whole thickened area is called the palmar aponeurosis. Distally, the palmar aponeurosis divides into four bands which attach to the bases of the proximal phalanges, and there it becomes a part of the digital sheaths

All merge into the Palmar Aponeurosis

Palmaris Longus tendon
Antebrachial Fascia
Flexor retinaculum

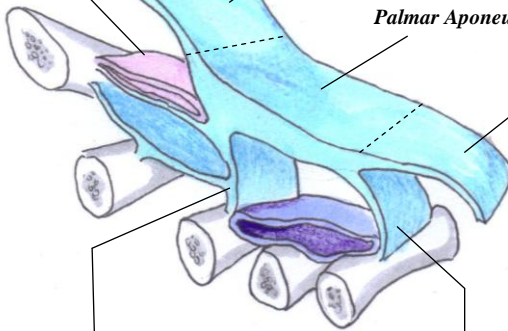


The Thenar Space

Thenar fascia

Palmar Aponeurosis

Hypothenar fascia



Palmar Aponeurosis

so thick and tough that any infections in the palmar spaces will actually cause the weaker DORSAL fascia to bulge out. In Dupuytren's contracture, the palmar aponeurosis becomes nodular, fibrosed, and thickened

The Midpalmar Space

Unlike the thenar space, this one is continuous with the anterior compartment of the forearm- it communicates with it via the carpal tunnel.



Lateral fibrous septum of the palm which stretches from the palmar aponeurosis to the 3rd metacarpal

Medial fibrous septum of the palm which stretches from the palmar aponeurosis to the 5th metacarpal

Of the two septa, the LATERAL is the strongest

The common flexor sheath continues to the 5th digit. The other digits have their own Digital Synovial Sheaths

Common flexor sheath: FDS and FDP

Digital Synovial Sheaths

Synovial sheath for Flexor Pollicis Longus

Synovial sheath for Flexor Carpi Radialis

