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Piriformis muscle anatomy

One of six small hip muscles in the lateral rotator group

Piriformis muscleButtocks is seen from behind (the pyramiformis and the rest of the lateral rotator group are visible)

Muscles of the gluteal and posterior femoral regions seen from front. Details

OriginSacrumInsertionGreater trochanterArteryInferior gluteal, lateral sacral and superior gluteal artery, Nerve nerveNerve to the pyramiformis (L5, S1, and S2)ActionsExternal rotator of the dyghIdentifiersLatinMusculus piriformisTA98A04.7.02.011TA22604F

The pyramiformis (from Latin pyramiformis 'pear-shaped') is a muscle in the gluteal region of the lower limbs. It is one of the six muscles in the lateral rotator group. It was first named by Adriaan van den Spiegel, a professor at the University of Padua in the 16th century. [1] Structure The pyramiformis muscles originate from the anterior (front) part of the sacrum, the part of the spine in the gluteal region, and of the better margin of the larger sciatic notch (as well as the sacroiliac joint capsule and the sacrotuberous ligament). This leaves the pelvis by the larger sciatic foramen to insert on the larger trooper of the femur. His tendon often joins with the tendons of the superior muscular, inferior gemellus, and obturator internus muscles before insertion. The pyramiformis is a flat muscle, pyramid in shape, lies almost parallel to the posterior margin of the gluteus medius. It is located partly within the pelvis against its posterior wall, and partly at the back of the hip joint. It stems from the front of the sacrum by three fiery digits, attached to the portions of bone between the first, second, third, and fourth anterior sacral foramina, and to the grooves leading from the foramina: some fiber also originates from the margin of the larger sciatic foramen, and from the anterior surface of the muscles going out of the pelvis by the larger sciatic foramen , the upper part of which fills, and is inserted by a rounded tendon into the upper boundary of the larger trochanter behind, but often partially mixed with, the common tendon of the obturator internus and superior and inferior muscular muscles. Variation In 17% of people, the pyramiformis muscles are pierced by parts or all of the sciatic nerve. Several variations occur, but the most common type of anomaly (81% of anomalies) is the Beaton's type B which is when the common peroneal nerve permeates the pyramiformis muscles. [1] It can be meticulously united with the gluteus, send fibre to the gluteus minimus, or receive fibre from the superior gemellus. It can have one or two sacral attachments, or it can be placed in the capsule of the hip joint. Function The pyramiformis muscles are part of the lateral rotators of the thigh, along with the quadratus femoris, gemellus inferior, muscular superior, muscular, and obturator internus. The pyramiformis laterally turns the femur with hip expansion and kidnaps the femur with hip bending. Kidnapping the flexed thigh is important in the action of walking because it shifts the body weight to the opposite end of the foot being lifted, preventing it from falling. The operation of the lateral rotators can be understood by crossing the legs to rest an ankle on the knee of the other leg. This causes the femur to turn and show the knee laterally. The lateral rotators also oppose medial rotation by the gluteus medius and gluteus minimus. When the hip is bended to 90 degrees, piriformis kidnaps the femur at the hip and reverses primary function, turning the thigh internally when the thigh is bended at 90 degrees or more. (Netter's Clinical Anatomy, 2010) Clinical significance Main article: Piriformis syndrome Piriformis syndrome occurs when the pyramiformis irritates the sciatic nerve, which gets under the muscles in the gluteal region, causes pain in the buttocks and refers pain along the sciatic nerve. [2] This referenced pain is known as sciatica. Seventeen percent of the population got their sciatic nerve through the pyramiformis muscles. This subgroup of the population is attuned to the development of sciatica. Sciatica can be described by pain, tingling, or numbness deep in the buttocks and along the sciatic nerve. Sitting, stretching, climbing stairs, and carrying stickers usually increase pain. The diagnosis of the syndrome is usually based on symptoms and on the physical examination. More tests, including MRIs, X-rays and nerve behavioral tests may be administered to exclude other possible diseases. [2] If diagnosed with pyramiformis syndrome, the first treatment involves progressive stretching exercises, massage therapy (including neuromuscular therapy) and physical treatment. Corticosteroids can be injected into the pyramiformis muscles as pain persists. Findings suggest the possibility that Botulinum toxins may be type B of potential benefit in treating pain attributed to pyramiformis syndrome. [3] A more invasive, but sometimes essential treatment involves surgical exploration; However, the side effects of the surgery can be much worse than alternative treatments such as physical therapy. Surgery should always be a last resort. [2] Landmark The pyramiformis is a very important landmark in the gluteal region. As it travels through the larger sciatic foramen, it effectively divides it into an inferior and better part. It determines the name of the vessels and nerves in this region - the nerve and vessels that emerge better than the pyramiformis are the better gluteal nerve and better gluteal vessels. Inferior, it's the same, and the sciatic nerve also travels inferior to the pyramiformis. [4] Images This gallery of anatomical properties requires cleanup to fulfil the medical manual of style. Come . containing indiscrimination images of the article subject are discouraged; please improve or remove the gallery accordingly. Pelvis seen from behind (the pyramiformis and the rest of the lateral rotator group are visible) Muscles of the gluteal and posterior femoral regions Pelvic content: male. Better view. Deep dissection. References This article includes text in the public domain from page 476 of the 20th edition of Gray's Anatomy (1918) ^ a b Smoll NR (January 2010). Variations of the pyramiformis and sciatic nerve with clinical consequence: a review. *Clinical Anatomy*. **23** (1): 8–17. Doi:10.1002/ca.20893. 19998490. ^ a b c The pyramiformis syndrome. Retrieved 2007-11-16. ^ Long AM (March 2004). Botulinum toxin type B in pyramiformis syndrome. *American Journal of Physical Medicine & Rehabilitation*. **83** (3): 198–202. Doi:10.1097/01.PHM.0000113404.35647.D8. 15043354. ^ Muscles of the Gluteal Region. LearnMeAnatomy. Retrieved 2012-12-15. External Links Piriformis University of Washington Anatomy photo: 13:st-0408 at the SUNY Downstate Medical Center - Gluteal Region: Muscle Anatomy photo: 43:15-0101 at the SUNY Downstate Medical Center - The Female Pelvis: The Posterolateral Pelvic Wall Retrieved from The pyramiformis muscles are a muscle of the posterior pelvic wall and gluteal region of the lower limb. This is an important anatomical landmark. The pyramiformis is a flat muscle, pyramid in shape, lies almost parallel to the posterior margin of the gluteus medius muscle and deep to the gluteus maximus muscles. It is located partly within the pelvis against its posterior wall, and partly at the back of the hip joint. The pelvic surface and sacral plexus are covered by pelvic fascia. 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Churchill Livingstone. (2011) ISBN:0443066841. Read this at Google Books – Find it at Amazon2. Schuenke M, Schulte E, Schumacher U et-al. Thieme Atlas of Anatomy. Thieme Publishing Group. (2006) ISBN:3131420812. Read this at Google Books – Find it at Amazon3. Chen CP, Shen CY, Lew HL. Ultrasound-guided injection of the pyramiformis muscles. *Is J Fis Med Rehab*. 2011;90 (10): 871-2. Doi:10.1097/PHM.0b013e31822de72c - Pubmed aanhaling4. Butler P, Mitchell A, Healy JC. Applied Radiological Anatomy. Cambridge University Press. (2012) ISBN:052176664. Read this at Google Books – Find it at Amazon5. Kim, Hae-Jung, et al. Accessory Stomach of the Pyramiformis Muscle as a Cause of Pyramiformis Syndrome: a Case Report with Magnetic Resonance Imaging and Magnostic Resonance Neurography Imaging Findings. *Investigative Magnostic Resonance Imaging* 23.2 (2019): 142-147. 142-147.

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Churchill Livingstone. (2011) ISBN:0443066841. Read this at Google Books – Find it at Amazon2. Schuenke M, Schulte E, Schumacher U et-al. Thieme Atlas of Anatomy. Thieme Publishing Group. (2006) ISBN:3131420812. Read this at Google Books – Find it at Amazon3. Chen CP, Shen CY, Lew HL. Ultrasound-guided injection of the pyramiformis muscles. *Is J Fis Med Rehab*. 2011;90 (10): 871-2. Doi:10.1097/PHM.0b013e31822de72c - Pubmed aanhaling4. Butler P, Mitchell A, Healy JC. Applied Radiological Anatomy. Cambridge University Press. (2012) ISBN:052176664. Read this at Google Books – Find it at Amazon5. Kim, Hae-Jung, et al. Accessory Stomach of the Pyramiformis Muscle as a Cause of Pyramiformis Syndrome: a Case Report with Magnetic Resonance Imaging and Magnostic Resonance Neurography Imaging Findings. *Investigative Magnostic Resonance Imaging* 23.2 (2019): 142-147. 142-147.

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