

# Gluteal region

This region includes m. gluteus maximus and medius.

## Delineation

**Medial side:** *gluteal line*

**Distal side:** *sulcus glutealis*

**Proximal side:** *crista iliaca*

**Lateral side:** *vertical heading downward from spina iliaca anterior superior*

## Description

The relief is given by the subcutaneous fat and the gluteal muscles, under which the hip joint lies. Palpably accessible are spina iliaca anterior superior, spina iliaca posterior superior, trochanter major and tuber ischiadicum.

The skin of the gluteal region is thick, supported by a thick layer of subcutaneous fat, especially in women. Sensitive innervation is ensured by **dorsal branches of the lower lumbar** and **upper sacral nerves** and branches of the **n. cutaneus femoris posterior (nn. clunium)**. **Fascia glutea** is related to the fibrous septa between the bundles of the m. gluteus maximus. By its frontal part, fascia continues to the m. gluteus medius, where it is thickened. Laterodistally it is connected to tractus iliotibialis. At the trochanter major becomes fascia lata femoris.

The bundles of the gluteus maximus muscle go laterocaudally and pass into the aponeurotic tendon, which attaches to the greater trochanter and to the iliotibialis tract. Between the trochanter major and the tendon is placed the *bursa trochanterica musculi glutei maximi*. The next layer includes m. gluteus medius, which covers m. gluteus minimus. Caudal of the m. gluteus medius is m. piriformis and other pelvitrochanteric muscles. Piriformis muscle divides the foramen ischiadicum majus into **foramen suprapiriforme** (n. et vasa glutea superiora) **and infrapiriforme** (n. ischiadicus, medial to it there is the n. cutaneus femoris posterior and n. et vasa glutea inferiora). Nervus pudendus and vasa pudenda interna enter the foramen ischiadicum after a short course around the spina ischiadica.

## Clinical correlation

Intramuscular injections are applied to the upper, outer quadrant of the gluteal landscape.