

Abdomen

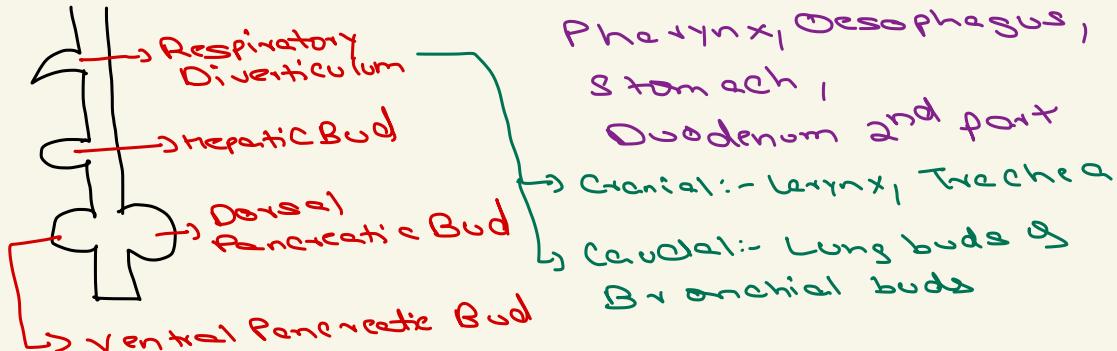


Foregut Development

- Primitive Dorsal Mesentery → ventral
 - ↓
 - Foregut - Celiac Trunk
 - Dorsal Aorta → midgut - SMA
 - ↓
 - Hindgut - IMA

↓
xxx go
mid & hind

- Foregut Tube → upto 2nd part of duodenum



Tracheo-oesophageal Fold

Lies medially, septum prominent

Respiratory & foregut tube division

Stomach Development - Foregut to primitive

- I (vertical, 90°)
 - Ant. - Right Border (lesser curvature)
 - Post. - Left Border (greater curvature)
- II (AP axis, 90°, clockwise)
 - ↑ - Left side
 - ↓ - Right side

Coronary Duct

Dorsal forms greater omentum

Ventral mesogastrium

- Anterior: - Liver, falciform ligament
- Posterior: - Stomach

Gastro-splenic: - Stomach to Spleen

Lienorenal: - Spleen to Post. abdominal wall.

Development of lesser sac:-

• Stomach clockwise → Liver on right
Spleen on left



Small space behind stomach: - Lesser Sac

• Foramen Winslow: - communication b/w lesser & greater sac.
Stomach rotation → Right L shaped

Development of duodenum - Foregut → midgut

• Retropitoneal (mesoduodenum disappears)

• Extraembryonal 2. Sem (retroperitoneal)

Development of liver

• Hepatic Bud: - Parenchyma of liver & biliary system

• Septum Transversum: - Lt. capsules, sinusoids,

Kupffer cells

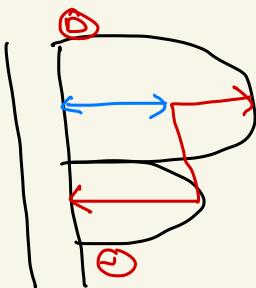
Development of pancreas

• Dorsal: - All except

• Ventral: - Lower part of head of pancreas

• Uncinate process

- Major Pancreatic Duct
 - ↳ Duct of Wirsung
 - ↳ Whole of ventral duct + Distal part of dorsal duct
- Minor Pancreatic Duct



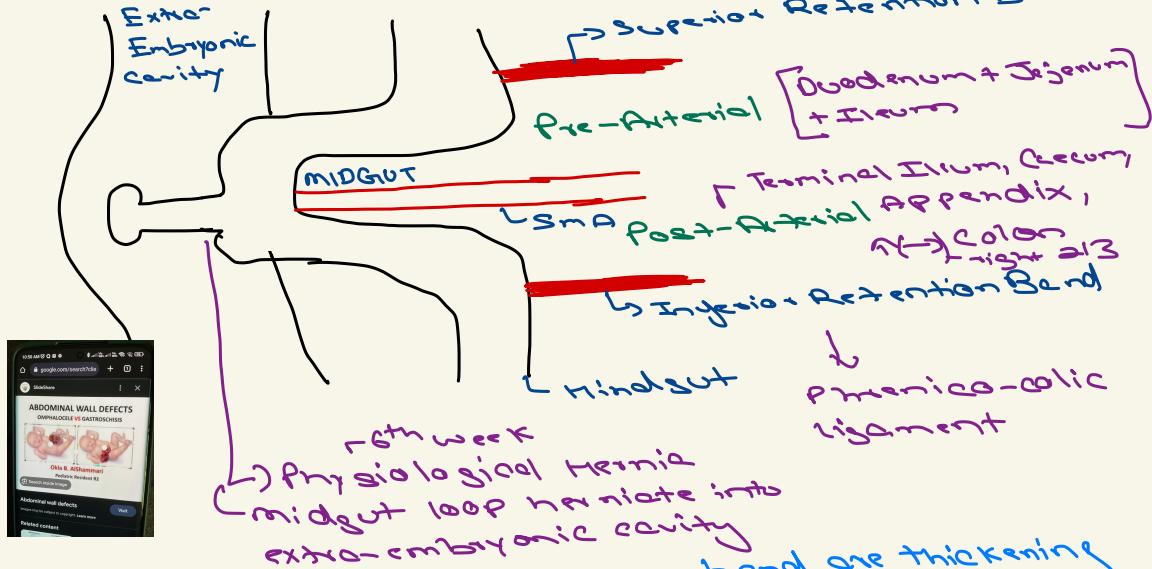
• Pancreatic Divisum: - Buds not unit pd

• Anular Pancreas: - Bilobed ventral bud

• Duodenal obstruction

Development of midgut

Diagram



→ Superior & Inferior + retention band are thickening

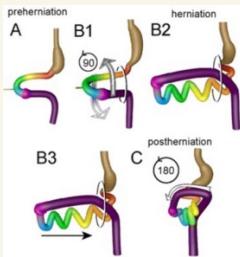
→ Superior & Inferior + retention band are thickening
of primitive dorsal mesentery.

Mesentery Diverticulum

Proximal part of VIO persist
Anti-mesenteric Borders

Rotation of midgut [Axis-SMA]

I - 90° Anti-C → Pre → Right
Post → Left



[I → II - After 6 weeks]

↓
midgut rotates
180°

↓
Total 270°

↓
Cecum below liver

↓
Descends to RIF

↓
Diff - into various part of colon,
Appendix

• Return of midgut loop into cavity

Regression of mesonephric kidney

Expansion of abdominal cavity

Reduced growth of liver

• Omphalocele - Failure of reduction of physiological hernia, SC, Any organ

• Gastrochisis - hernia at site of right umbilical vein, SC, only intestinal loop

Anterior Abdominal wall

- Transpyloic Plane:— midpoint b/w suprasternal notch to pubic symphysis

Lower border of L1, 9th costal cartilage tip, kidney hilum, origin of SMA, termination of SC, pylorus of stomach, portal vein formation

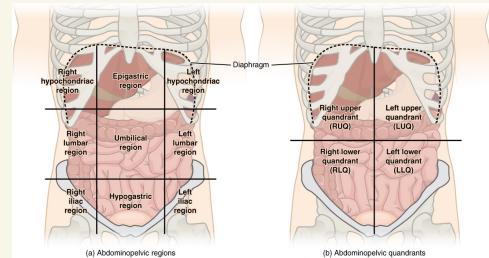
- Subcostal plane

Lower border of L2, 10th costal cartilage

- Transabdominal plane

Upper border of LS, origin of IVC

Layers ($\text{O} \rightarrow \text{I}$)



Skin

$\text{O} \rightarrow \text{I}$ - Camper (Fatty)
 $\text{SF} \rightarrow \text{I}$ - Scarpal (membrane)

$\text{EO} \rightarrow \text{IO} \rightarrow \text{TA} \rightarrow \text{FT}$

\downarrow

Posterior layer of peritoneum

- Neurovascular plane

b/w internal oblique & transversus abdominis

- Ext. Oblique (b/w ext. Abd & back - inguinal ligament)

O - middle of lower 8 ribs

I - outer tip of Iliac crest
Linea Alba (M/F/M)

N - T7 - T12

$\text{R} + \text{TA}$
• Int. Oblique Conjoint tendon

O - lateral 2/3 of IL

I - Anterior 2/3 of intermediate lip of iliac crest (M/F/M)

C - Thoracolumbar fascia

I - 7, 8, 9 costal cartilage
Linea Alba

NS - T7 - L1

$\text{R} + \text{IO} + \text{TA}$

[Conjoint Tendon = Falx inguinalis]

transversus abdominis

I - Transversus abdominis

O - lateral 1/2 of IL

I - Anterior = 1/3 of inner lip of iliac crest

C - Thoraco-lumbar fascia

I - Conjoint tendon, Linea Alba

Ns - T7 - L1

Actions

$\text{EO} + \text{IO} + \text{TA}$

Abdominal Ton \uparrow \rightarrow Def

Intraab pressure

Lateral flexion of trunk

- Inguinal Ligament - ASIS to pubic tubercle
- mid-point of IL - mid-point of ASIS to pubic tubercle
- mid-Inguinal :- mid-point of ASIS to pubic symphysis
1.25cm above :- Deep Inguinal Ring

• Extension of IL

Reflected part of IL

Pecten of ligament of Cooper

Lacunar Ligament

Aponeurotic sheath of A.D.L.
recti goes in midline to form
linea alba

Terminal part of lower S
intercostal nerve & sub-
costal nerve

* Rectus Sheath → Contents :-

Rectus Abdominis, Pyramidalis

Sup. & Inf. Epig. arteria & vena

Rectus Abdominis

O - Pubic Crest & Pubic Tubercle

I - 5, 6, 7 costal cartilage

NS - T7 to T12

A - Flexion of trunk, toe,

P - Pressure

: - P - event bow-stringing
Dilated & tortuous vein from
umbilicus

• Tendinous Intersection

of rectus abdominis

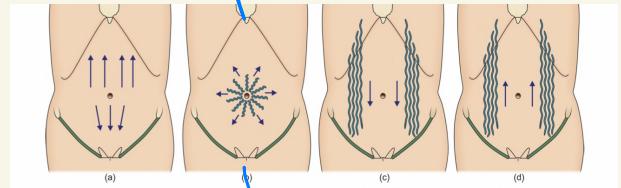
• Pyramidalis

O - Pubic Symphysis

I - Linea Alba

NS - Subcostal nerve

A - ↑ Tension of Linea Alba



Figs 16.5a to d: The subcutaneous venous circulation in: (a) Normal subjects, (b) portal obstruction showing caput medusae,

Periumbilical vein &
subcutaneous vein

• Ligamentum Teres

median umbilical
Ligament

A.D.L. median umbilical
Ligament

Cremasteric Reflex (lost in a motor neuron lesion)
A - Femoral of G.F
E - Genital of G.F

Remnants
left Umbilical vein
urethra
umbilical arteries

stroke skin on medial part of thigh
contraction of cremaster muscle
elevation of testis (L1-L2)

Contents ← Inguinal Canal

- True:- Spermatic Cord, Round Ligament
 - False:- Ilioinguinal Nerve
- ★ Scrotal Layers [TAX]
- Skin:-
 - Dartos:- SF
 - Ext. Spermatheca fascia - EO
 - Cremasteric muscle - IO
 - Int. Spermatheca fascia - FT
- Deep Ring - Defect in FT, 1.25cm above mid-inguinal point
- SF Ring - Defect in EO, above & medial to pubic tubercle

- , Spermatic Cord Content
- Testicular Artery
 - Pampiniform plexus of vein
 - Testicular Nerve
 - → D - artery to ND
 - Cremasteric artery
 - Granular of GF

Inlet	Anterior Wall	Roof
Deep ring	External Oblique muscle	Internal oblique and transverse abdominis muscle
Outlet	Posterior Wall	Floor

- Antero-lateral
- ↳ Internal Oblique
- Postero-medial
- ↳ Conjoint Tendon
- ★ Hesselbach Triangle
- m - lateral of RA
 - L - Inf. epigl. artery
 - I - Inguinal Ligament

Direct hernia.	Indirect hernia
Seen during old age. Acquired hernia due to weakness of anterior abdominal wall muscles.	Seen in young age group congenital hernia. 60c6b3eaa8ded0e4e7e5e:
Occurs through Hesselbach's triangle.	Occurs through inguinal canal.
Inferior epigastric artery is lateral to direct hernia.	Inferior epigastric artery is medial to indirect hernia.
Direct hernia does not reach the scrotum and is not covered by spermatic fascia	Indirect hernia reaches scrotum and is covered by spermatic fascia.

Flap-valve mechanism

The increased intra-abdominal pressure approximates the anterior and posterior walls and obliterates the inguinal canal.

Slit-valve mechanism

The contraction of external oblique approximates two crura of the superficial inguinal ring.

Shutter mechanism

The contraction of the arching fibers of the internal oblique approximates the roof with the floor of the inguinal canal like a shutter.

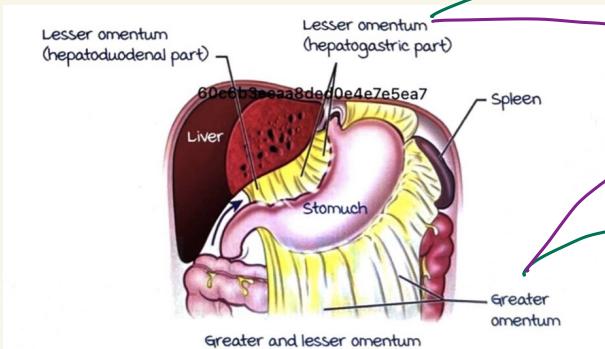
Ball-valve mechanism

When the cremaster muscle contracts, it draws upward the spermatic cord to plug the superficial inguinal ring.

Peritoneum

- Parietal:- Lines body wall
- Visceral:- Surrounds organ, reflection of parietal

Omentum, of stomach



connect stomach & liver
R&L gastric artery

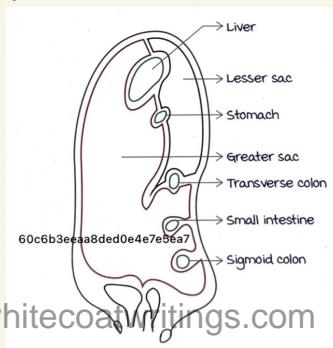
R&L Gastro-epiploic

connect stomach &
transverse colon

- Right free margin of LO (Cirrho-to-duodenal) → Mesocolon (suspend from post. abdominal wall)
- mesentery (smal smv) (Jejunum, Ileum)
- Border - Attached - Root of mesentery
- Free - Intestinal border suspending jejunum & ileum
- Structure crossed by ROM
- III part duodenum, Abd. Aorta, IVC, R. Gonadal, Q. GF, R. Uter, R. Psoas major
- Falciform Ligament:- Umbilicus to liver
- Free edge:- Ligamentum Teres & Remnant of left umbilical vein

Epiploic Foramen

- Connect Lesser sac with greater sac
- A → Right free margin of lesser omentum
- P → IVC
- S → caudate lobe of liver
- I → 1st part of duodenum

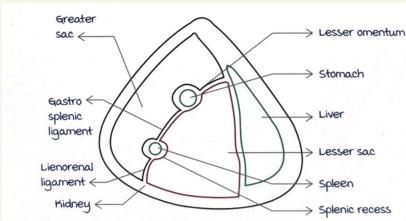


• Lesser Sac

- A - Peritoneum covering caudate lobe of liver
 - Post. layer of lesser omentum
 - Post. surface of stomach and layer of greater omentum
- P - 3rd layer of greater omentum
 - Peritoneum - Ant. surface of → colon
 - Sup. layer of → mesocolon
 - Peritoneum - Ant. surface of pancreas to left kidney
 - Peritoneum - diaphragm

S - Peritoneum - reflection from diaphragm to liver

I - 2nd & 3rd layer of greater omentum



- Patient → perforated ulcer on post. wall → Gastric content seen lesser sac

→ Rt. subhepatic space

• Hepato-renal pouch of Morrison

- A - Posterior-inferior aspect of liver
 P - Peritoneum covering P of Rt. kidney
 S - Inf. layer of coronary ligament
 I - Transverse colon.

• Bare area of liver

- S - Sup. layer of coronary ligament
 I - Inf. layer of coronary ligament
 R - Right triangular ligament
 L - IVC

Stomach

- Left Hypol, Epigl, Umbilical
- 2 end, 2 borders, 2 surfaces

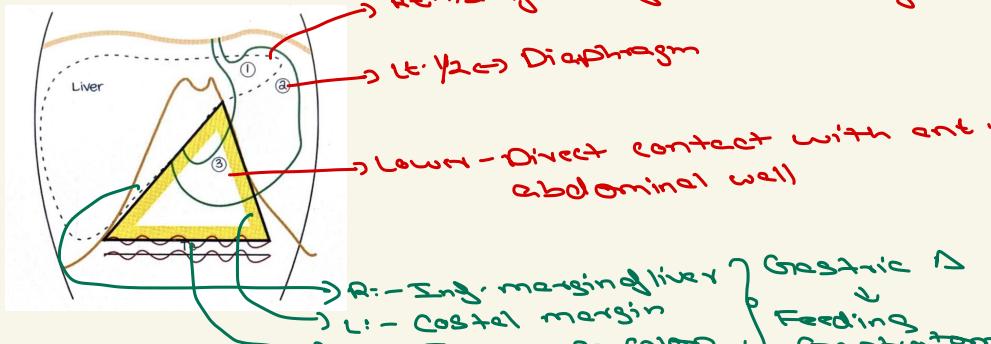
- Cardiac End - 2.5 cm left of median line at T11
 - ↳ Physiological sphincter
- Pyloric End - 1.5 cm right of median line at L1
 - ↳ Anatomical sphincter
- ★ Lesser Curvature - Right border
 - To greater curvature
 - line → Above - Body
 - Below - Pylorus
- most dependent. - Incisure angulalis
- ★ Greater Curvature
 - ↳ Greater Omentum
 - ↳ Gastro-splenic
 - ↳ Gastro-phrenic
- Fundus: - Part above horizontal line drawn from cardiac notch to greater curvature

Pyloric antrum	Pyloric canal	Pylorus
Proximal wide part: 7.5 cm	Distal narrow tubular part: 2.5 cm	Distal most sphincteric part of the pylorus. Position is indicated by prepyloric vein of Mayo.

Sulcus intermedius: Inconstant sulcus between pyloric canal and pyloric antrum.

- Pringle's manoeuvre
 - ↳ Clamp structure at right free margin of lesser omentum
 - Lower 2/3 to transverse colon
 - Greater & Lesser Omentum
 - Upper 1/3 to Spleen
 - Gastro - splenic

- Gastro-phrenic - Fundus to Diaphragm
 - at 1/2 of ant. of stomach ↔ left 1/0° of liver



- Stomach Bed (Post. surface)

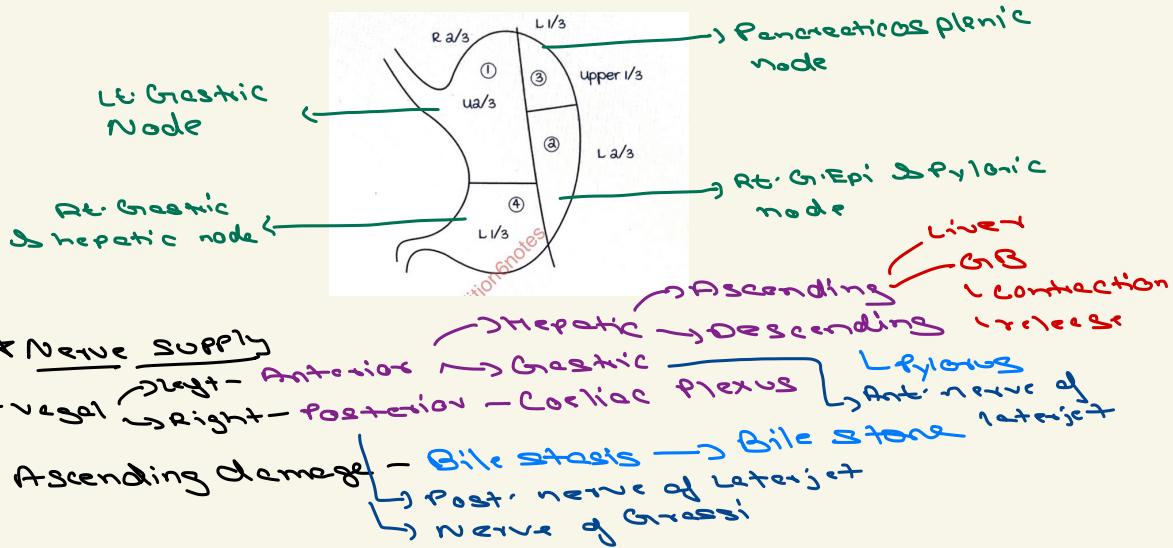
- ↳ Diaphragm
- ↳ Lt. kidney & suprarenal
- ↳ Spleen - Splenic artery
- ↳ Ant. surface of pancreas
- ↳ Splenic flexure
- ↳ Transverse mesocolon

- Veinous Drainage
 - ↳ L&R Gastric Veins → Portal Vein
 - ↳ Short Gastric Vein → Splenic Vein
 - ↳ Lt. Gastro-Epi Vein
 - Right → SMV
 - ↳ Gastro splanchnic

- ★ Blood Supply** → Smallest branch of Celiac trunk
- Principle: - Lt. Gastric artery
 - Rt. Gastric: - Proper hepatic artery
 - Lt. G.E.P.: - Splenic artery
 - Rt. G.E.P.: - GI artery
 - Short Gastric → Splenic artery
- ↳ Curvature
↳ Curvature
↳ Curvature
↳ Fundus

★ Lymphatic Drainage

→ All → Celiac Node



★ Nerve Supply

- Left - Anterior → Vagus
- Right - Posterior → Celiac plexus
- Ascending damage - Bile stasis → Bile stone
- Descending damage - Hepatic → Descending → Release
- Larynx - Contraction
- Liver - Release
- Anterior nerve of Larynx - Intersect
- Anterior nerve of Larynx - Intersect
- Posterior nerve of Larynx
- Nerve of Grassi

★ High selective vagotomy

- Nerve of Larynx removed
- Nerve supplying pylorus preserved
- Recurrence ✓
- Nerve of G.I.B. not removed

★ Truncal vagotomy

- Entire trunk removed
- No recurrence

SMALL INTESTINE

- Retro-peritoneal, except proximal 2.5cm'
- I → Superior: - 5cm
- II → Descending: - 7.5cm
- III → Horizontal: - 10cm
- IV → Ascending: - 2.5cm

★ I

- ↳ Circular folds - Duodenal gutter me
 - ↳ Duodenal cap (tray) - only foregut
 - A → Quadrant^e lobe of liver & GIB
 - P → Retro part of CBD, Gv artery, Portal vein,
IVC → Supra
I = Retro
S = Intra
 - S → Epiploic foramen
 - I → Head of pancreas
 - ★ II - ✓ Circular folds
↳ Foregut & midgut
- Sup-Duodenal flexure → II

- Major Duodenal - Postero-medial part of II of duodenum

- A - Liver, Transverse colon, Jejunum
- P - Rt. kidney, Ureter, Psoas major, IVC

P - Rt. kidney, Ureter, Psoas major, Abdominal aorta

★ III - Inf duodenal flexure to abdominal aorta

- A - SMA, SMV, Root of mesentery
- P - IVC, abdominal aorta, Rt. Psoas major, Rt. ureter, Rt. gonadal

★ IV

- A - Transverse colon, Meso colon, stomach
- P - Left crus of diaphragm, L. Psoas major, L. Sympathetic chain, L. Renal vessel, L. Gonadal, IVC.

★ Blood Supply

- Sup. PD - Gv artery
- Inf. PD - SMA

I - Rt. GvEpi & Rt. Gv
II - Jejunal (SMA)

Venous - Splanic + SMV → Portal vein

Lymphatic - Pancreaticoduodenal node

492 Abdomen

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Leave Feedback

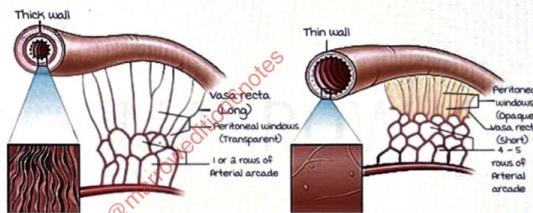
Jejunum and ileum

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	Jejunum	Ileum
Location	Upper lateral end	Lower medial end
Circular folds	Prominent	Very few. No circular folds in terminal part of ileum.
Arterial arcades	1 - 2	4 - 5
Vasa recta	Long	Short
Peyer's patches	very rare or few	Seen in antimesenteric border.

Peyer's patches are lymphocytic aggregates and are characteristic feature of ileum.



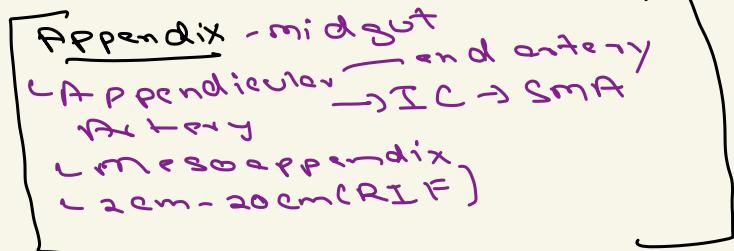
Jejunum	Distinguishing feature	Ileum
Deeper red	Color	Pale pink
2 - 4 cm	Diameter (caliber)	2 - 3 cm
Thick and heavy	wall	Thin and light
Greater density, Long vasa recta, Few large arterial arcades.	vascularity	Lesser density, Short vasa recta, many short arterial arcades.
Less	mesenteric fat	Plenty
Large, tall and closely packed	Circular folds	Low and sparse, possibly absent
Few	Peyer's patches	many

Active notes

LARGE INTESTINE

Cardinal → Tinea Celi - X Appendix, Rectum
Features → Succulations - SEC
 ↳ Appendices epiploicae - Fat filled peritoneal pouches
 ↳ X CAR

- Length (inch)
 - ↳ Ascending: - 5
 - ↳ Transverse: - 20
 - ↳ Descending: - 10
 - ↳ Sigmoid: - 15



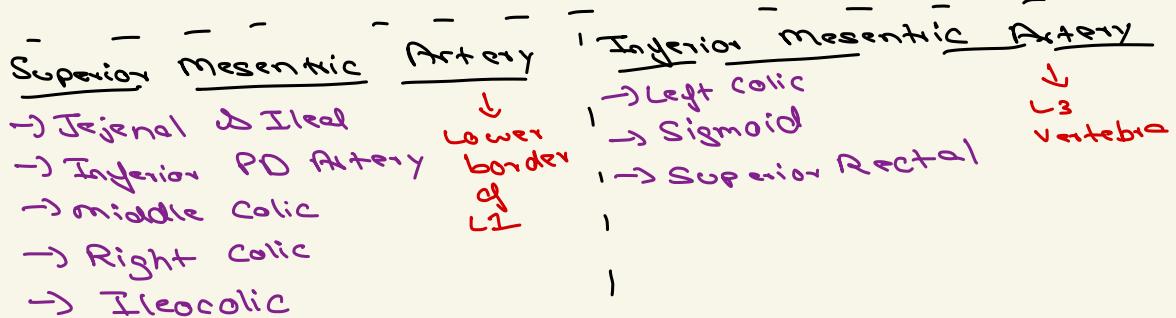
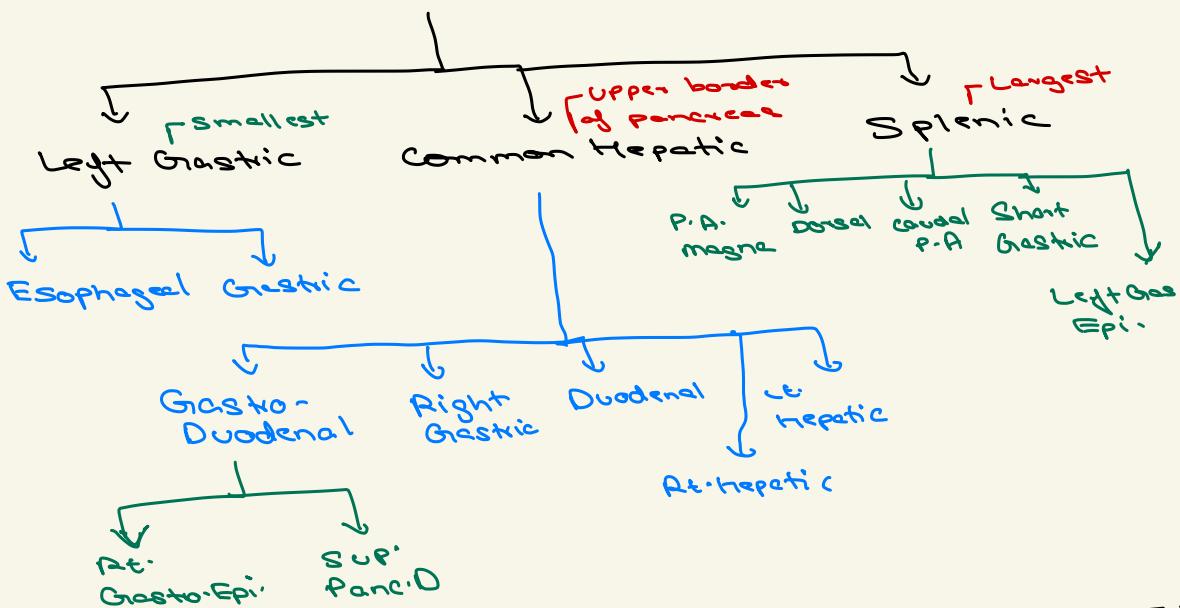
- Appendicular orifice
 ↳ 2cm posterior & medial to ileal opening
 ↳ 2cm posterior & medial to valve of cecum
 ↳ Guarded by valve of cecum
- Base of appendix :- 2cm below intersection of right lateral & non-tubercular plane
- McBurney Point:- Junction of lateral 1/3 & medial 2/3 of line from ASIS to umbilicus.

- Tip of appendix
 - ↳ 2 - Pre ileal / Post ileal
 - ↳ 3 - Sacral promontory
 - ↳ 4 - Pelvic
 - ↳ 6 - mid-inguinal / caecal
 - ↳ 11 - Pericecal
 - ↳ 12 - Retrocecal (rc)

Nerve Supply (PS - vagus)

- Sympathetic:- Lesser Splanchnic, T10-T11
 ↳ Pain fibre → T10 → Dermatome for umbilicus (referred)

Celiac Trunk (T12-L1)



• Abdominal Aorta

- 3 unpaired - Coeliac Artery
- Superior mesenteric artery
- Inferior mesenteric Artery } viscera

- 3 paired - Middle suprarenal
- Renal
- Gonadal } viscera

- 5 paired - Inferior Phrenic } peristies
- Four Lumbar

Terminal - Right & Left common iliac

• Portal Vein

- Formative - Superior mesenteric vein
- Splenic vein

- Trunk - Right Gastric
- Left Gastric
- Superior P.D

Right - Cystic

Left - Paraumbilical

• Ileocolic

- ↳ Appendicular
- ↳ Anterior Caecal
- ↳ Posterior Caecal

SF fascia of
UGD

Deep Perineal
Pouch

Inferior fascia of
UGD (Perineal mem)

Superficial Perineal
Pouch

Colle's fascia

Each side



Ischiopubic
Rami