ANATOMY OF THE SMALL & LARGE INTESTINES

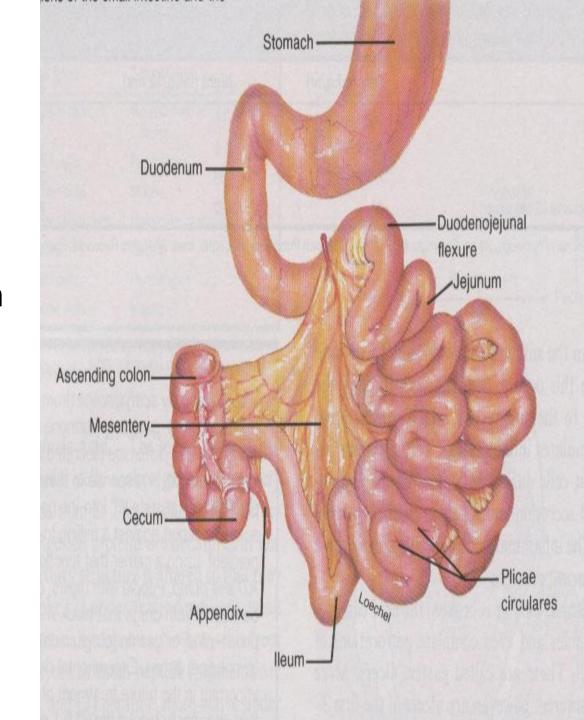
Semester 1, 2011 A. Mwakikunga

LEARNING OBJECTIVES

- 1. List the parts and anatomical regions of the small and large intestines
- 2. State anatomical relations of the small and large intestines
- 3. Mention the arterial supply, venous and lymphatic drainage and innervation of the small and large intestines
- 4. Discuss the importance of the mesenteries that are related to the small and large intestines
- Relate the significance of McBurney's point to the anatomical position of the vermiform appendix in clinical practice
- 6. Describe the clinical relevance of the ligament of Treitz
- 7. Explain the following clinical terms: ischemia of intestines, appendicitis, hemorrhoids, rectal examination

Small intestine

- Divided into
 - duodenum
 - > jejunum
 - ileum



DUODENUM

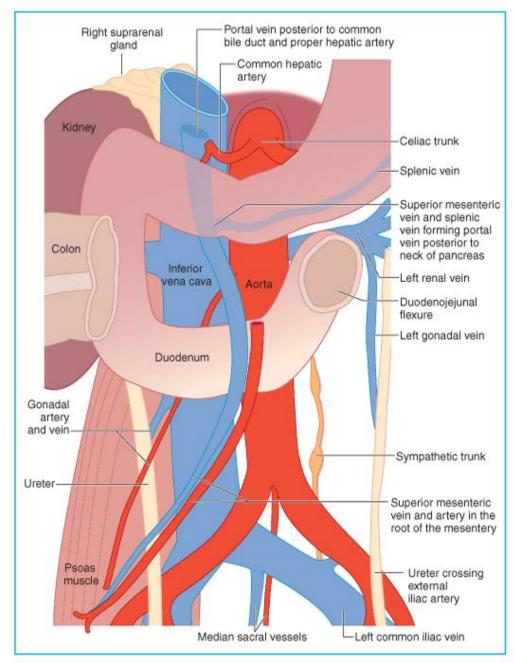
- C-shaped
- Extent: pyloric sphincter duodenojejunal flexure
- Mostly Retroperitoneal except near stomach
- Characterized by Brunner's glands in submucosa
- These tubular glands secrete mucus
- Primary function food digestion & absorption

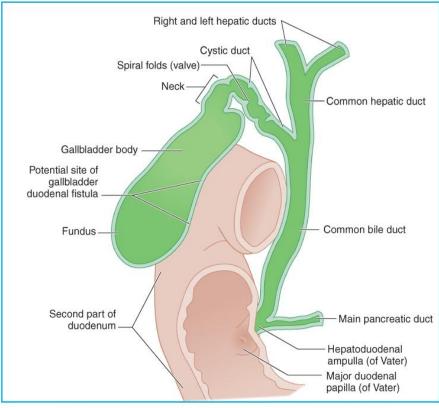
DUODENUM

- Four anatomical parts of the duodenum
- Superior (first) part
 - > Related to the pylorus
 - Intraperitoneal found in the hepatoduodenal lig freely mobile
 - Posteriorly bile duct, gastrodudenal art, portal vein

DUODENUM CONTD...

- Descending (second) part
 - Retroperitoneal
 - ➤ Bile duct and main pancreatic duct join to form hepatopancreatic ampulla
 - Major duodenal papilla (of Vater) located posteromedial
 - Also related to the Fundus & body of gallbladder, right kidney, transverse colon, head of pancreas





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DUODENUM CONTD...

- Horizontal (third) part
 - Retroperitoneal
 - > Related to the:
 - ☐ Psoas major muscle
 - □ IVC & aorta
 - ☐ Right ureter
 - ☐ Gonadal vessels
 - ☐ Superior mesenteric art & vein

DUODENUM CONTD...

- Ascending (fourth) part
 - Retroperitoneal
 - Duodenojejunal flexure supported by suspensory ligament of duodenum (of Treitz)
 - ☐ Lig of Treitz used to locate duodenojejunal flexure
 - ☐ Clinical dividing line between upper and lowergastrointestinal tracts
 - ☐ Most gastrointestinal hemorrhage is above the ligament of Treitz, coming from esophagus, stomach or duodenum
 - ✓ Doudenal ulcers may cause peritonitis

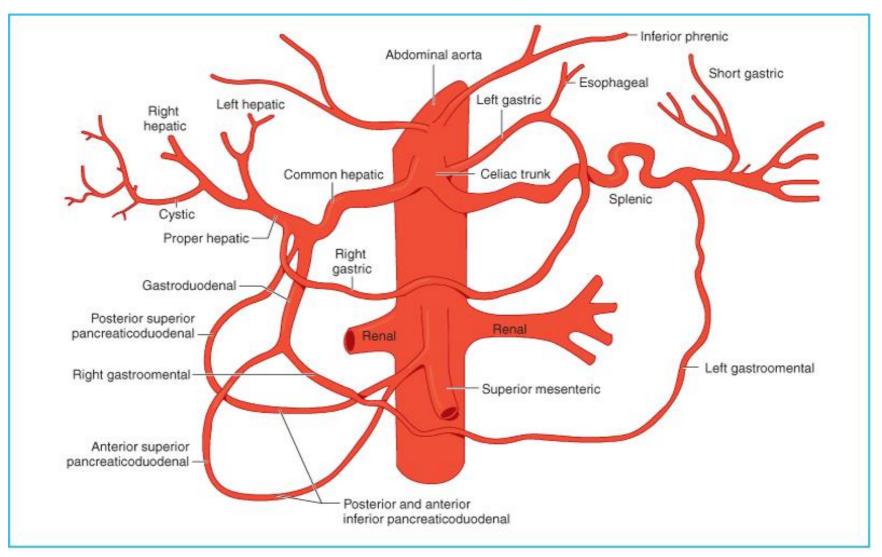
BLOOD & NERVE SUPPLY TO THE DUODENUM

Arterial Supply

- Supraduodenal art can be used to identify the first part of the duodenum
- > sup & inf pancreaticoduodenal arts with their ant & post branches that form arcades
- Right gastric art
- > Gastroduodenal art

Venous Drainage

Duodenal veins draining into the portal vein



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BLOOD & NERVE SUPPLY TO THE DUODENUM

Lymphatic Drainage

- Ant lymphatic vessels drain into pancreaticoduodenal nodes, pyloric lymph nodes
- Post lymphatic vessels drain into sup mesenteric lymph nodes
- > Celiac lymph nodes

Innervation

- Vagus nerve
- > Celiac & sup mesenteric plexuses

JEJUNUM

- Extent: duodenum ileum
- Intraperitoneal
- Most of it lies in Left upper quadrant
- Lumen slightly larger than ileum
- More internal folds than ileum plicae circulare & villi
- Deeper red with greater vascularity



ILEUM

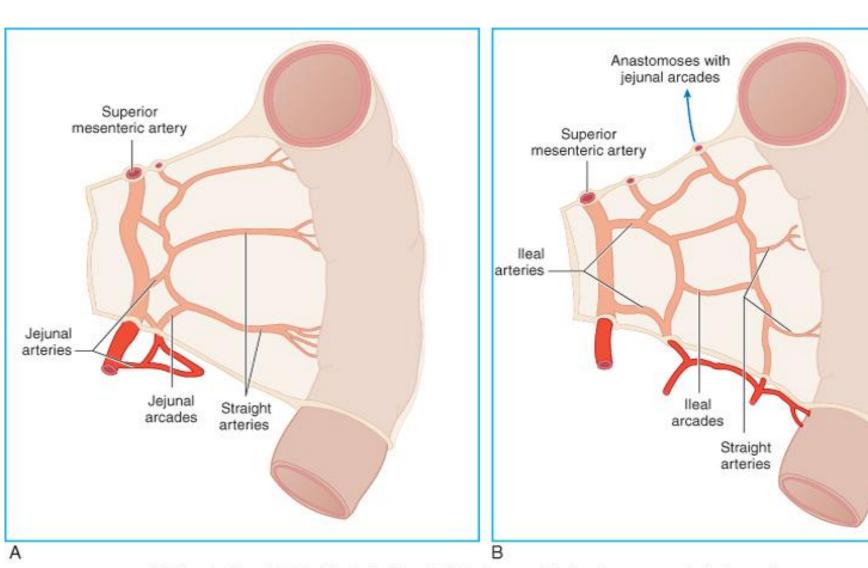
- Terminal portion
- Most of it lies in Right lower quadrant
- Ends at ileocecal junction
- Joins cecum medially through ileocecal valve
- Have shorter straight arteries than jejunum
- Has abundant lymph nodules Peyer's patches or Mesenteric patches - GALT

MESENTERY ASSOCIATED WITH JEJUNUM & ILEUM

- Jejunum & ileum attached to posterior abdominal wall by mesentery
- Extent of the root (origin) of mesentery
 - > duodenojejunal junction ileocolic junction
- The root of mesentery crosses
 - > Ascending & horizontal duodenum
 - > Abdominal aorta & IVC
 - Right ureter, Right psoas major
 - > Right testicular or ovarian vessels

BLOOD & NERVE SUPPLY TO THE JEJUNUM & ILEUM

- Arterial supply
 - > Sup mesenteric art arterial arcades that give rise to vasa recta ischemia of intestines



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BLOOD & NERVE SUPPLY TO THE JEJUNUM & ILEUM

Venous Drainage

- > Sup mesenteric vein
- Lymphatic Drainage
 - Lacteals, sup mesenteric lymph nodes, ileocolic lymph nodes

Innervation

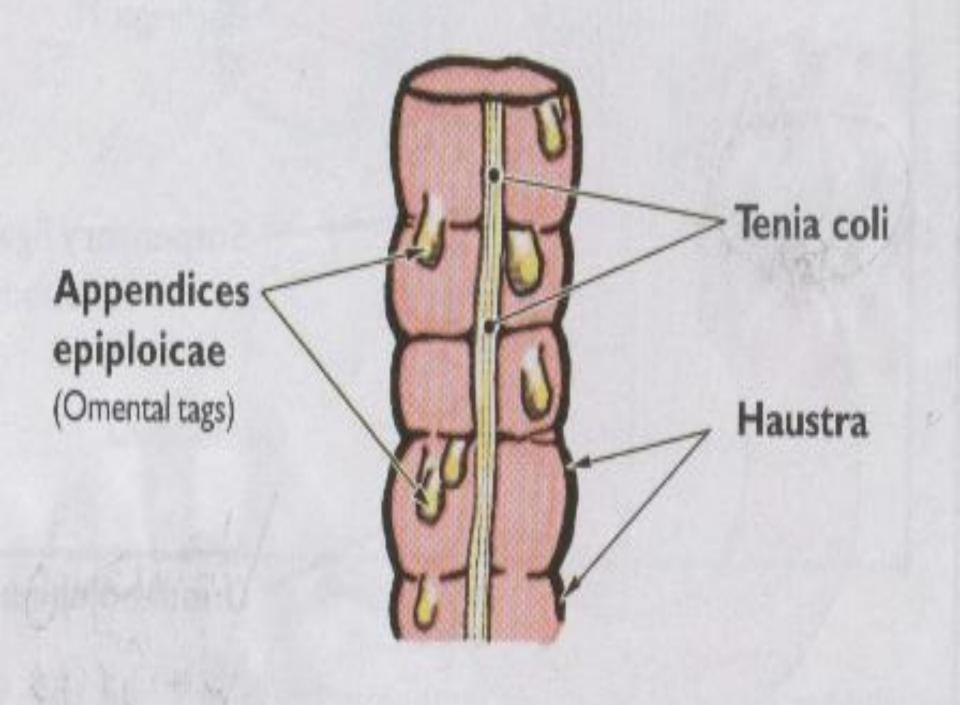
- > Parasympathetic Vagus nerve
- > Sympathetic Lesser splanchnic nerve
- Superior mesenteric plexus

LARGE INTESTINE OR COLON

- Extent: Ileocecal junction anus
- Length: About 1.5 m
- Parts:
- Cecum with attached vermiform appendix
- Colon: ascending, transverse, descending, sigmoid
- Rectum and anal canal

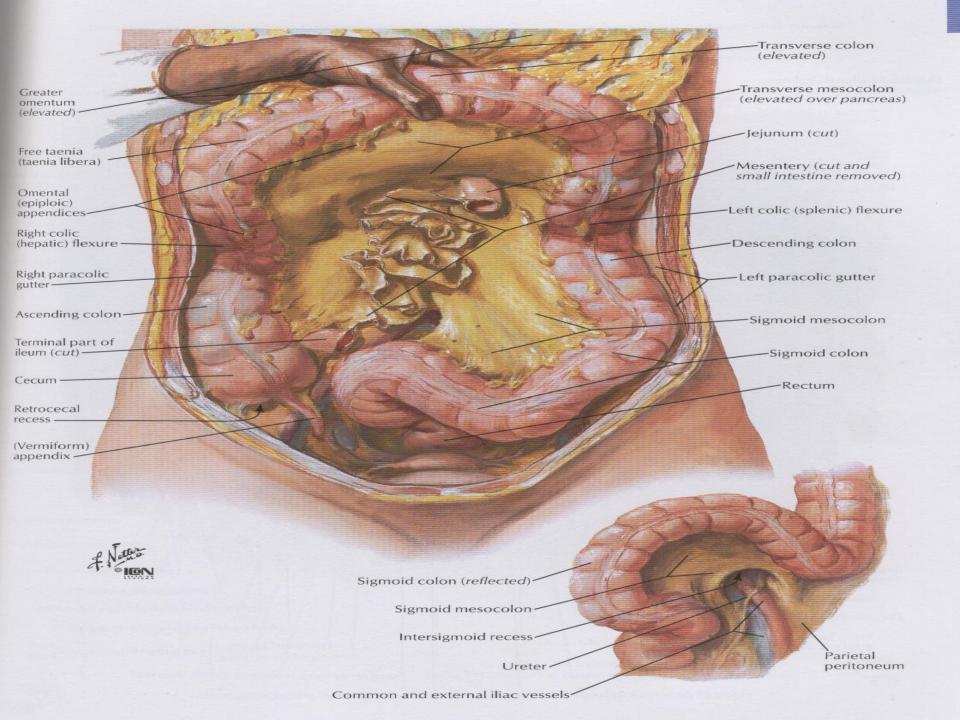
SPECIAL FEATURES

- Teniae coli three thickened bands of longitudinal muscle
- Haustra sacculations of its wall
- Omental (epiploic) appendages small pouches of omentum (peritoneum) filled with fat
- Villi Mucosa has no villi but numerous mucus cells



CECUM

- Blind sac invested in peritoneum
- 8 cm W x 8 cm L, located in RIF
- Vermiform appendix attached to posteromedial wall & taenia coli converge on appendix



CECUM CONTD...

- Lat & med attached by peritoneal cecal folds to iliac fossa
- This produces a small sac of peritoneal cavity called retrocecal recess
- Retrocecal recess lies post to cecum
- It may extend sup, post to inferior end of ascending colon as retrocolic recess
- In 64% of people appendix lies in retrocolic recess

RELATIONS OF THE CECUM

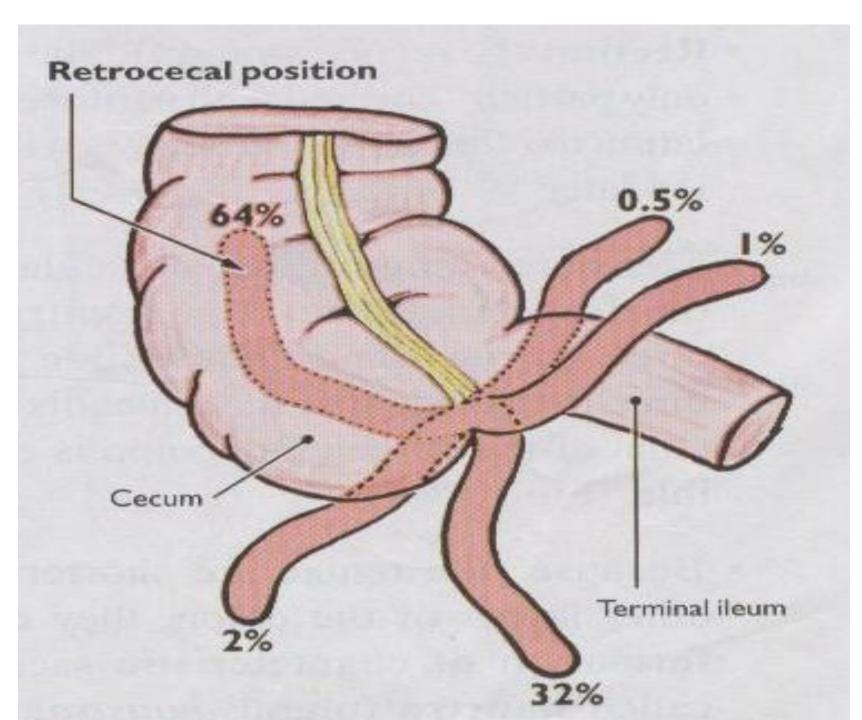
- Post lies on iliacus & psoas
- Ant small intestines & ant abdominal wall

VERMIFORM APPENDIX

- About 8 cm long & worm-shaped
- Joins cecum about 2.5 cm inf to ileocecal junction
- Longer in children than in adults
- Very mobile & its position is variable

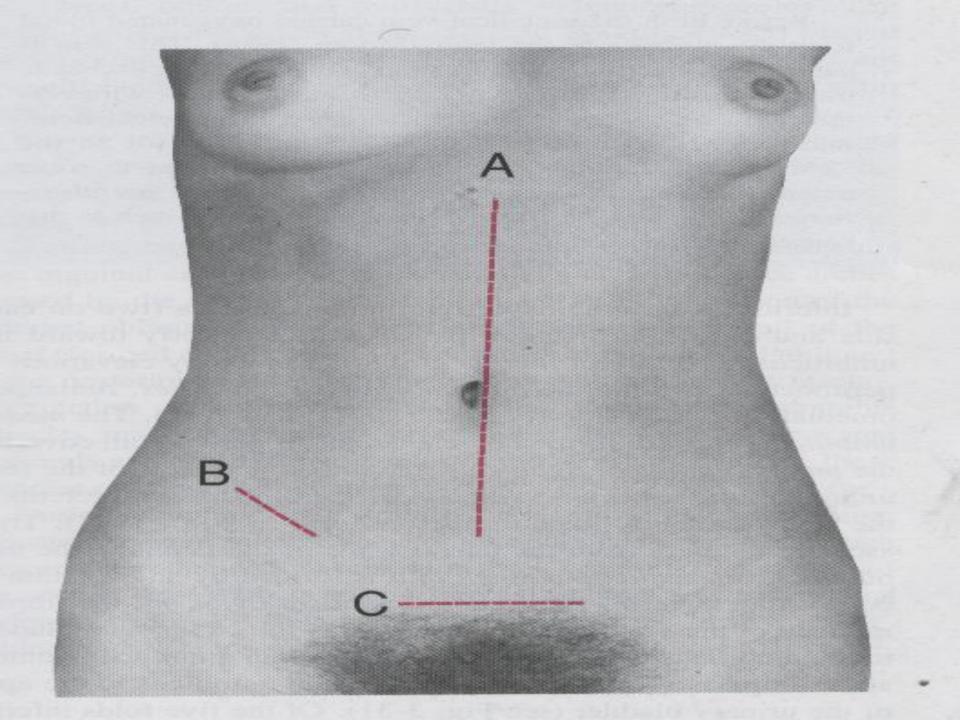
VERMIFORM APPENDIX CONTD...

- Has a mesentery called mesoappendix which joins it to terminal ileum
- Appendicular artery (an end artery) is within this fold
- Usually retrocecal post to cecum
- The 3 teniae coli of cecum converge at base of appendix



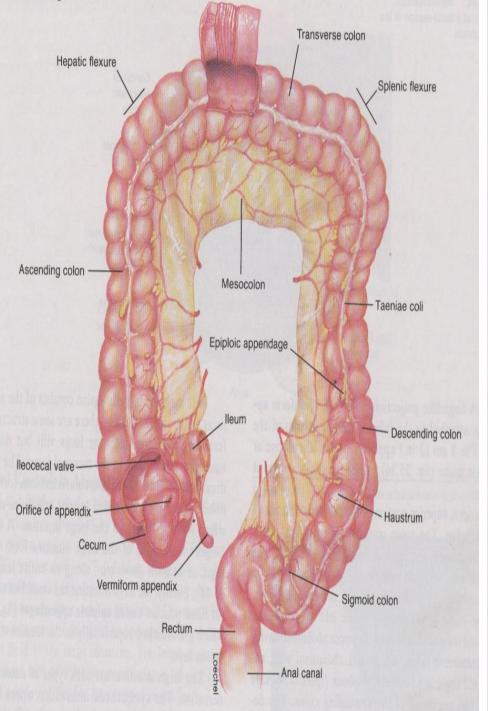
VERMIFORM APPENDIX CONTD...

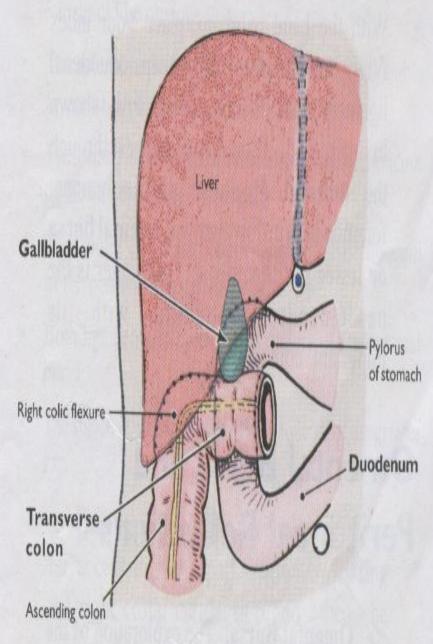
- Its base usually lies deep at Mc Burney's point - junction of lat & mid thirds of line joining ant sup iliac spine & umbilicus
- In appendectomy, incisions are made about
 2.5 cm superomedial to ant. sup. iliac spine
- Appendicitis inflammation of appendix
- Rupture of inflamed appendix causes general peritonitis - increased abdominal pain



ASCENDING COLON

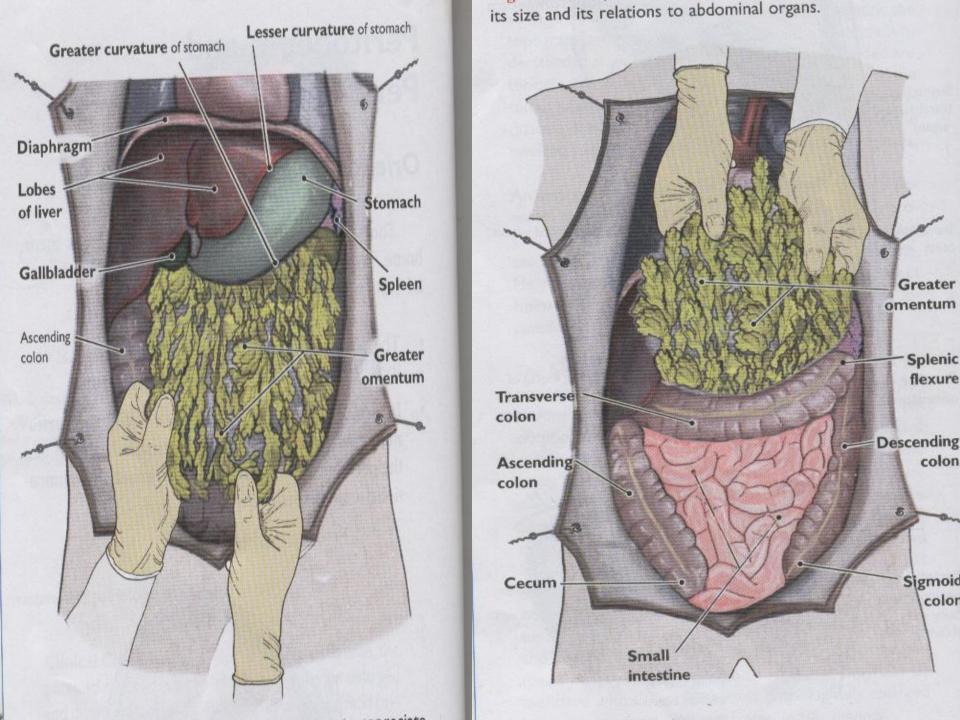
- About 15 cm long
- Ascends on right side of abdominal cavity
- From cecum to right lobe of liver
- It turns to the left as right colic (hepatic) flexure
- It usually has no mesentery 25% of pple have a short mesentery
- Lies retroperitoneally along right side of posterior abdominal wall

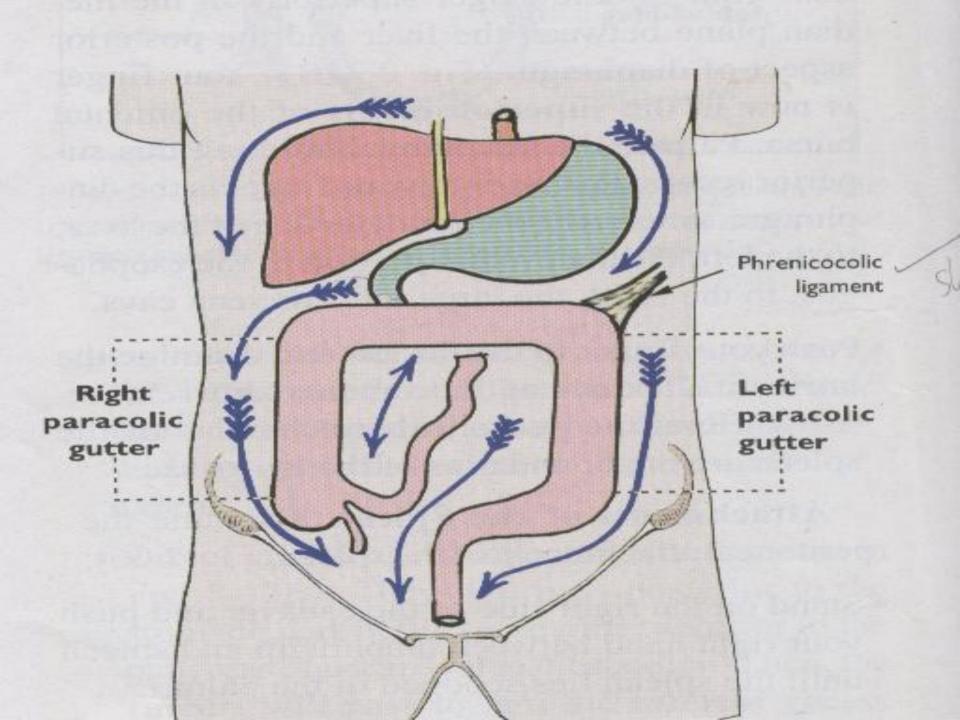




ASCENDING COLON - CONTD...

- Posterior relations
 - Back muscles: iliacus & quadratus lumborum; right kidney
 - Nerves of posterior abdominal wall: ilioinguinal & iliohypogastric
- Anterior relations small intestines & greater omentum
- Laterally covered by peritonium, which attaches it to posterior abdominal wall
- Its peritonium forms a trench or groove called right paracolic gutter





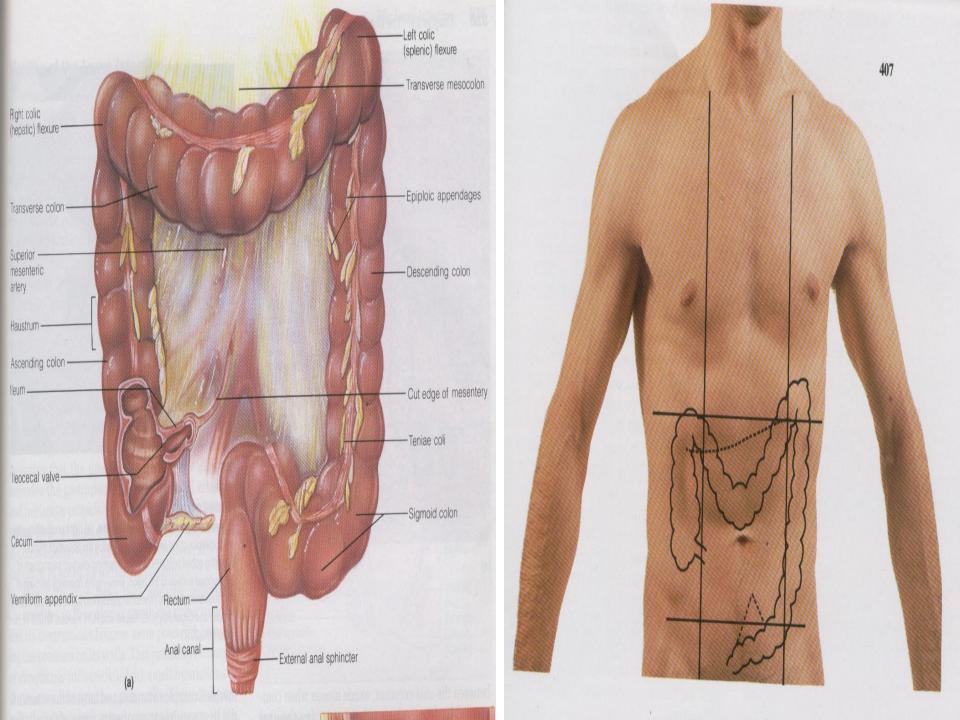
ASCENDING COLON - CONTD...

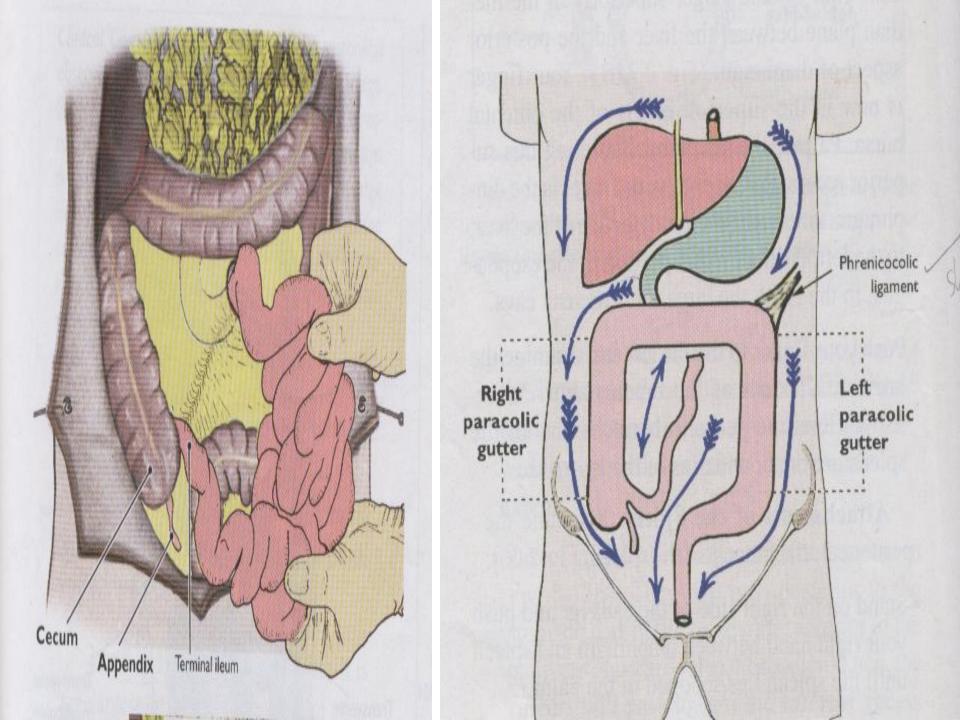
VOLVULUS

- ➤ Abnormal mobility of cecum & proximal part of ascending colon because inferior part of ascending colon has a mesentery
- ➢It may cause obstruction of intestines resulting from twisting
- CECOPEXY Anchoring procedure where tenia colia of cecum & ascending colon are sutured to abdominal wall to avoid volvulus

TRANSVERSE COLON

- Length: About 50 cm
- Extent: Right colic to left colic flexures
- Largest & most mobile part of L intestine
- Splenic flexure:
 - ➢ lies ant. to the inferior part of left kidney & is attached to the diaphragm by phrenicocolic ligament - shelf to support spleen
 - > is more sup. & post. to right colic flexure &
 - > more acute & less mobile than hepatic flexure
- It has a mesentery called transverse mesocolon
- Mesocolon suspends transverse colon from posterior abdominal wall
- T. colon is variable in position



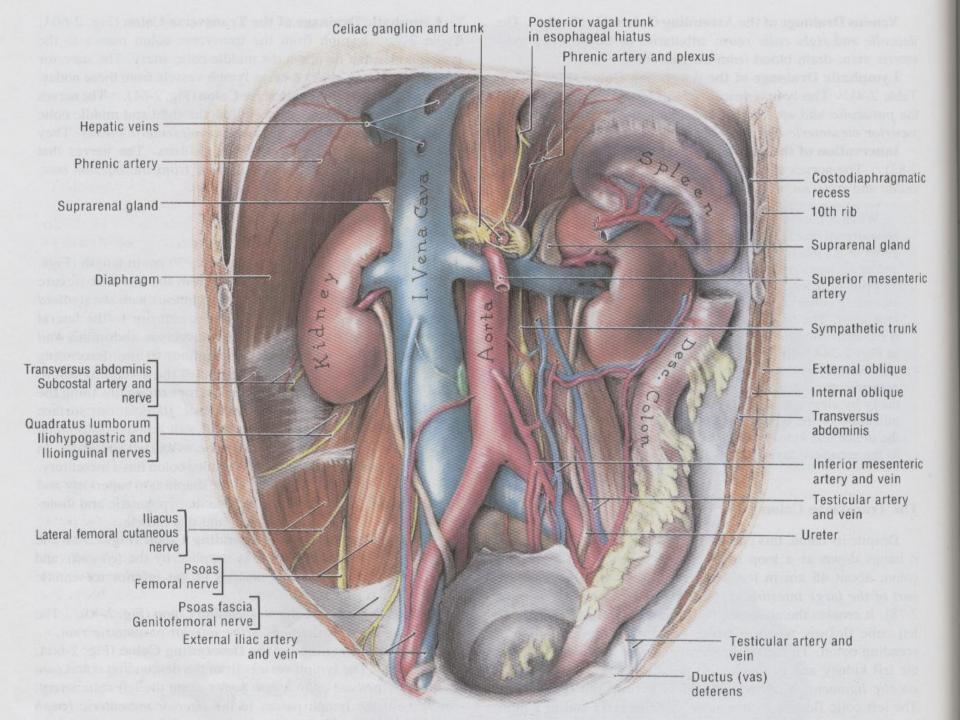


DESCENDING COLON

- Length: About 30 cm
- Extent: Left colic (splenic) flexure into left iliac fossa where it is continuous with sigmoid colon
- Caliber smaller than ascending colon
- Relations:
 - ➤ Sup related to diaphragm & quadratus lumborum muscles
 - ➤ Passes ant. to lat. border of left kidney, transversus abdominis & quadratus lumborum muscles

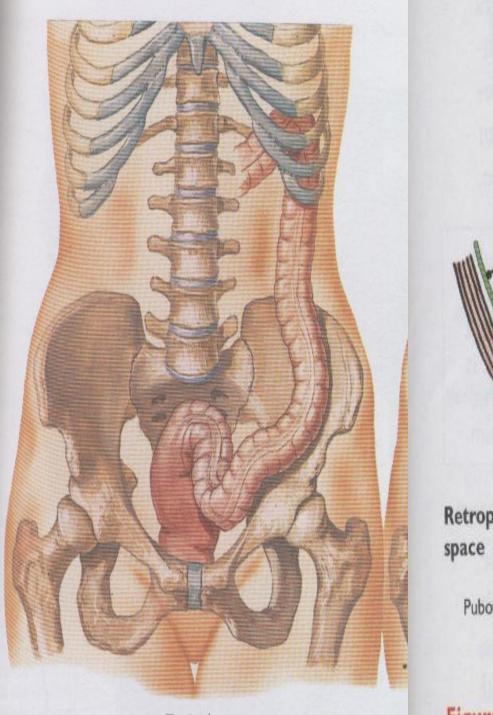
DESCENDING COLON CONTD...

- It usually has no mesentery (33% of pple have)
- Has left paracolic gutter on lat aspect



SIGMOID COLON

- Length: About 40 cm
- Extent: Btwn descending colon & rectum
- Forms S-shaped loop Greek letter sigma (S)
- It is also called pelvic colon
- Termination of teniae coli indicates beginning of rectum
- Has a long mesentery sigmoid mesocolon whose root has an inverted V - shaped attachment sup



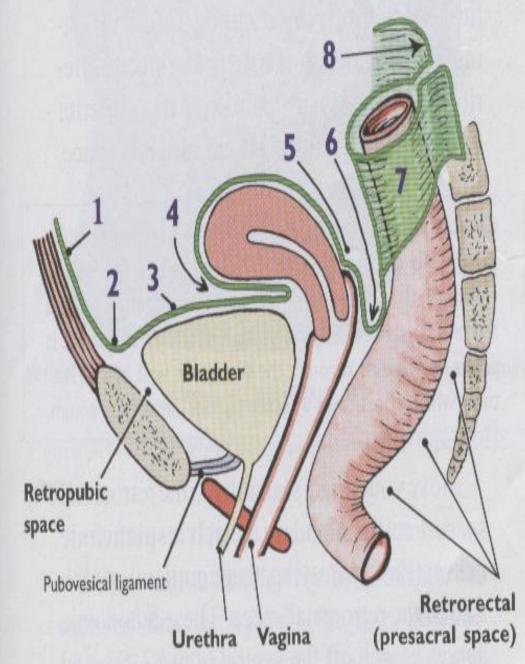
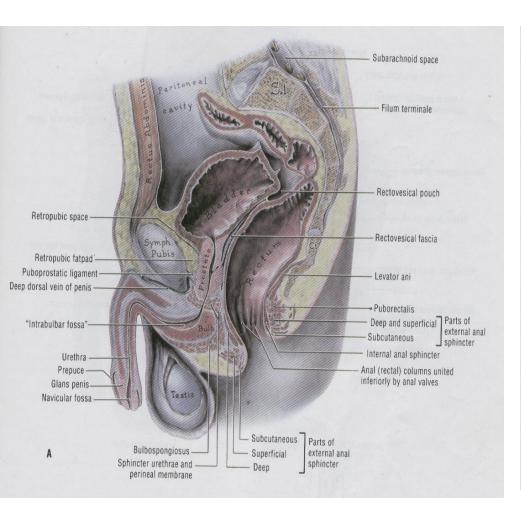


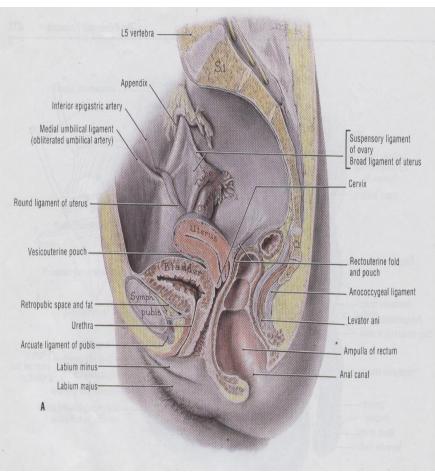
Figure 3 38 Peritoneum (green) in the female pelvis. The

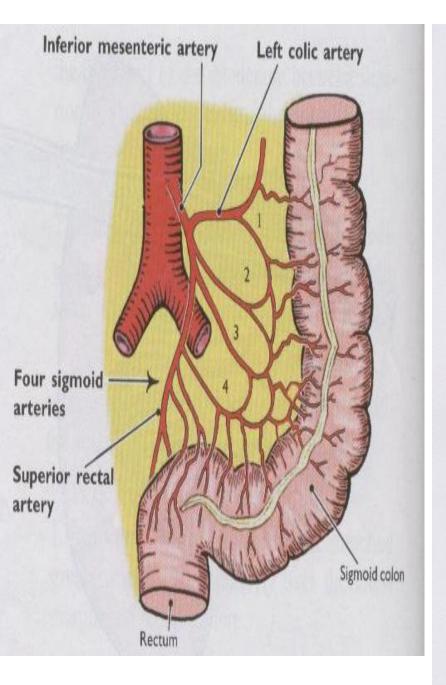
SIGMOID COLON CONTD...

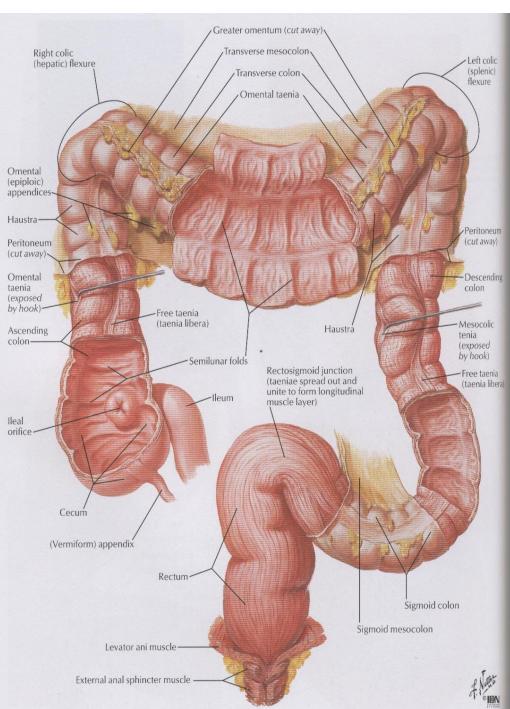
- Left ureter & a division of left common iliac artery are post to the apex of the mesentery
- It occupies rectovesicle pouch in males & rectouterine pouch in females
- Has long omental appendages
- Rectosigmoid junction is about 15 cm from anus
- Post Left external iliac vessels & piriformis muscle

SIGMOID COLON CONTD...







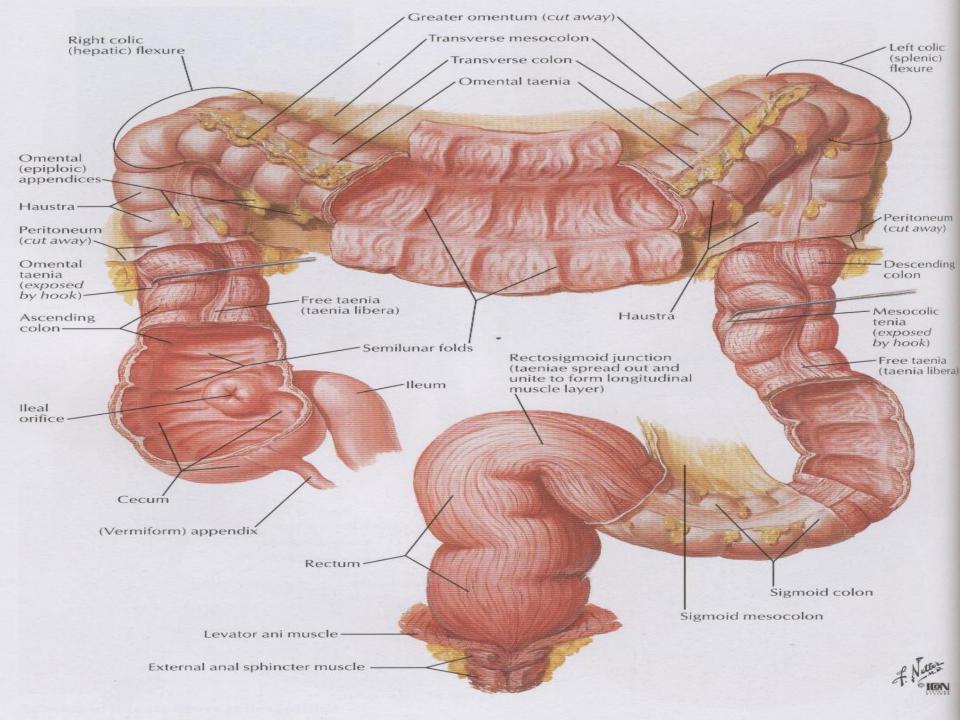


RECTUM

- 12 cm long
- Sup continuous with sigmoid colon at the level of S3 - rectosigmoid junction
- Inf continuous with anal canal

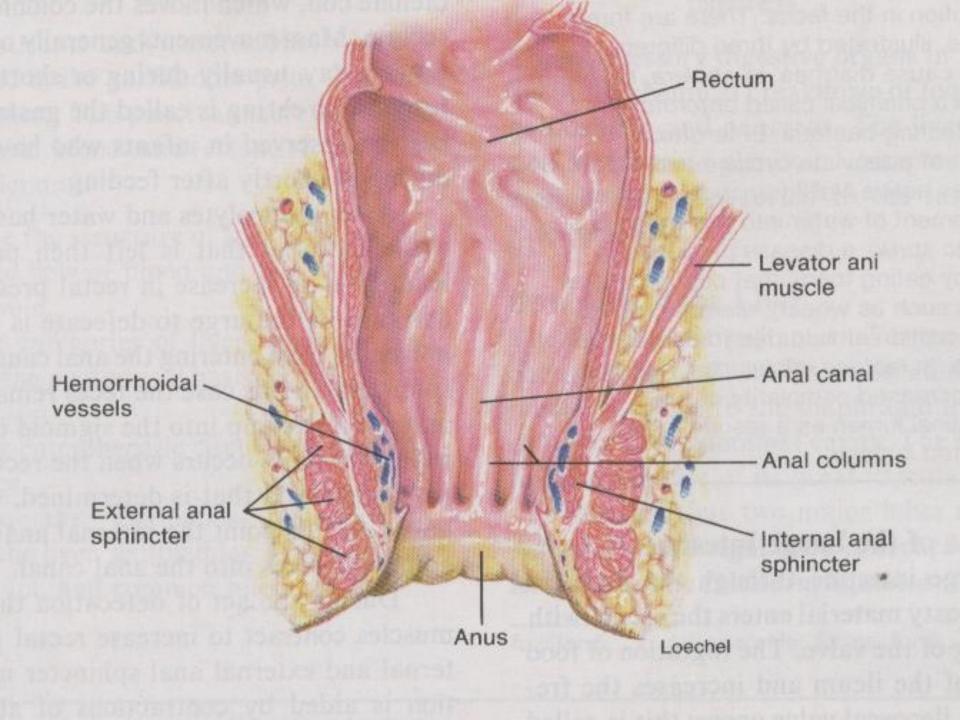
PERITONEAL RELATIONS

- Sup 1/3 ant & lat peritoneal cover
- Mid 1/3 ant peritoneal cover
- Inf 1/3 no peritoneal cover
- Rectal examination prostate gland



ANAL CANAL

- Terminal part of GI tract 4 cm long
- Anus external opening of anal canal
- Two sphincters guard the anus
- External anal sphincter composed of skeletal muscle
- Internal anal sphincter composed of smooth muscle fibers
- Has anal columns & anal valves with anastomoses; anal sinuses
- Hemorrhoids veins in anal area



BLOOD & NERVE SUPPLY TO THE LARGE INTESTINE

- Arterial supply
- Branches of SMA
 - Middle colic art with its branches R & L
 - Right colic with its branches ascending & descending
 - > Ileocolic with its branches colic and ileal
- Branches of IMA
 - > Left colic art
 - Sigmoid art

BLOOD & NERVE SUPPLY TO THE LARGE INTESTINE

Venous Drainage

- > Superior mesenteric vein
- > Inferior mesenteric vein
- Splenic vein
- > Portal vein

Lymphatic Drainage

- > Follow arteries
- Preaortic lymph nodes

BLOOD & NERVE SUPPLY TO THE LARGE INTESTINE

- Innervation
- Parasympathetic
 - Vagus nerve
 - Pelvic splanchnic nerves
- Sympathetic
 - > Superior mesenteric & aorticorenal ganglia
 - Lesser splanchnic nerves
 - > Inferior mesenteric ganglia
 - > Lumbar splanchnic nerves