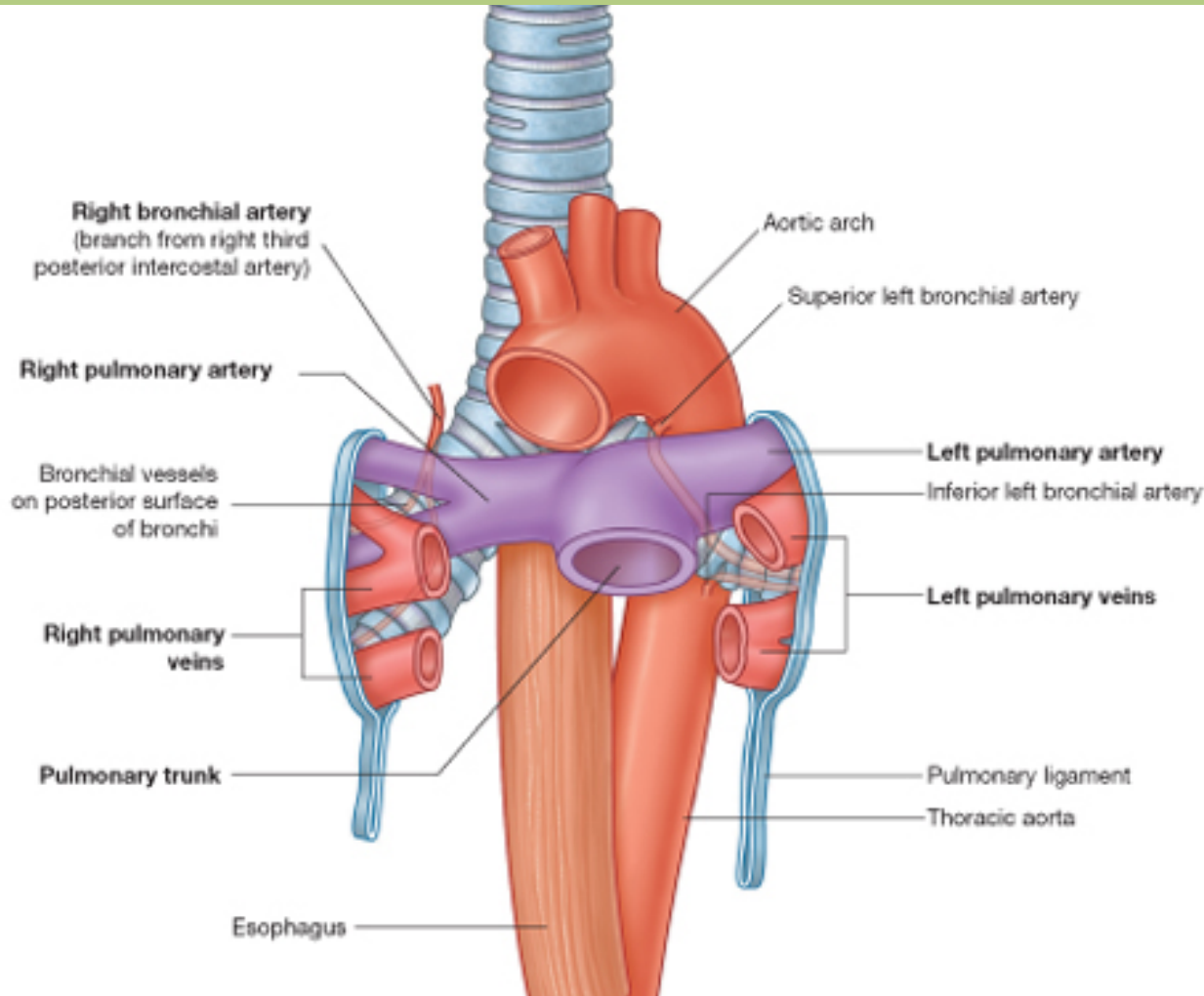




Digestive system I: esophagus, stomach and liver

Sándor Katz M.D.,Ph.D.

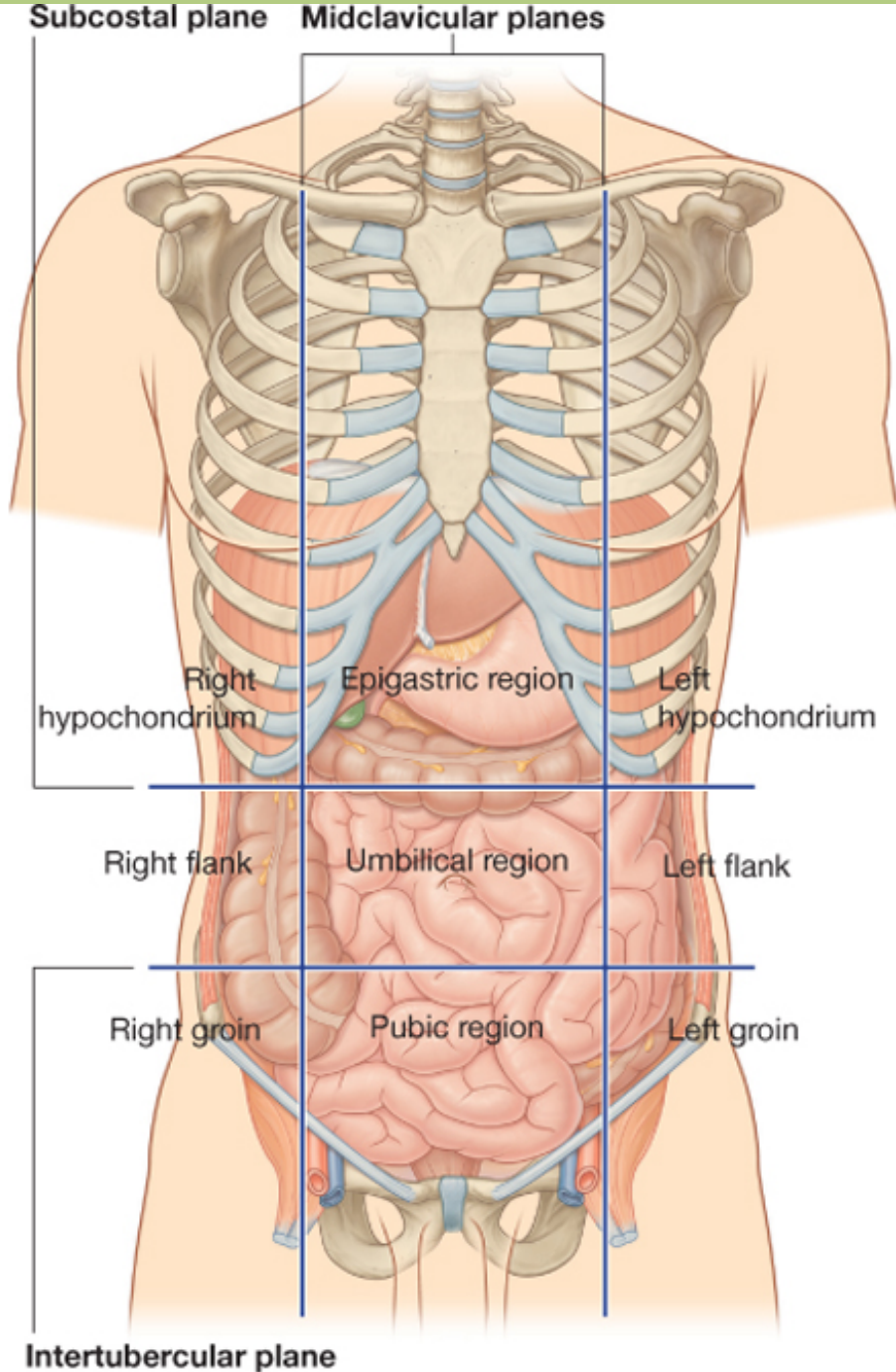
Esophagus



- Approximately 25 cm long muscular tube
- Location: right behind the trachea
- Lined by stratified squamous non-keratinized epithelium

Parts:

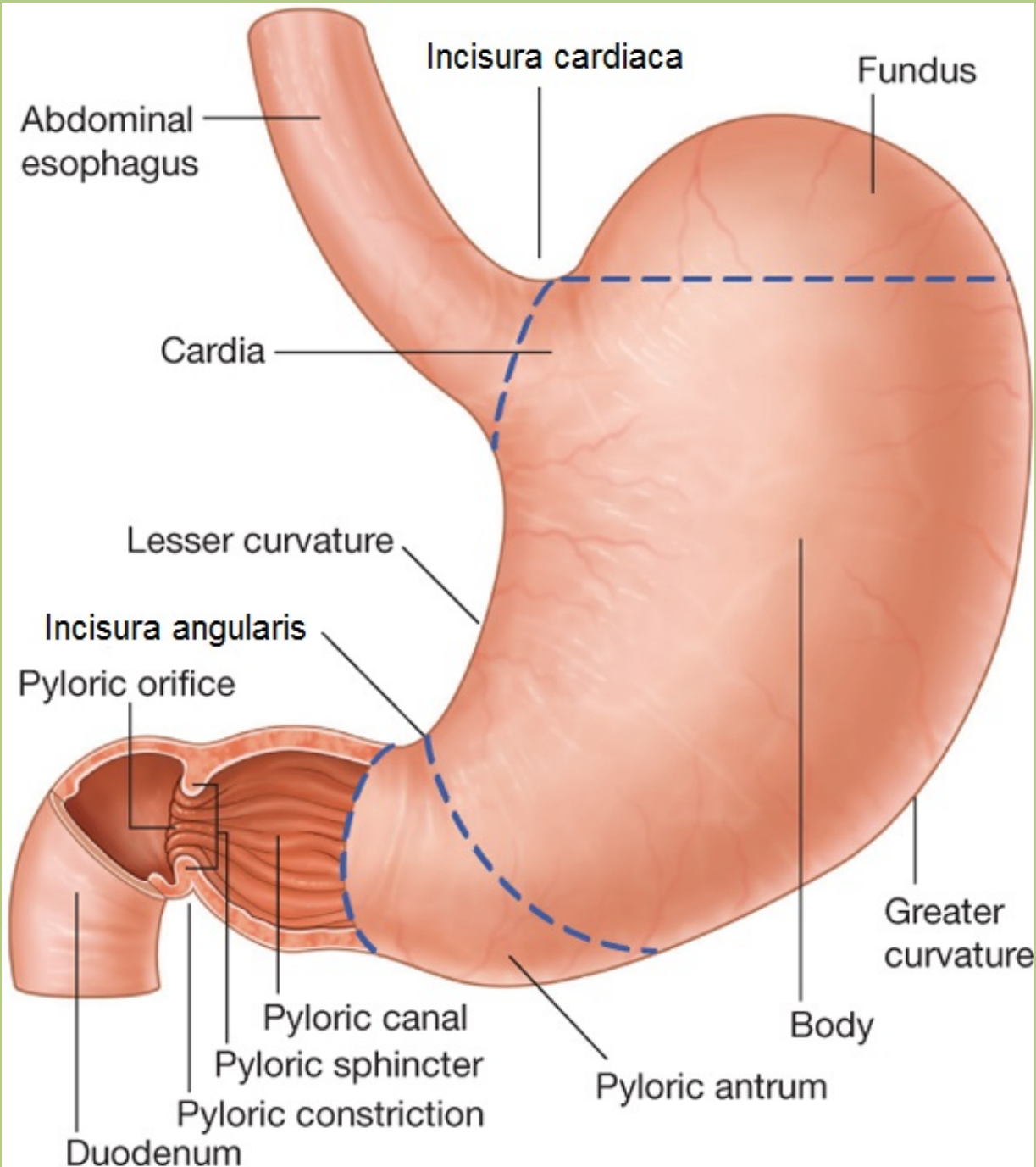
- cervical
- thoracic
- abdominal



Location of the stomach

- Left hypochondrium
- Epigastrium
- (Umbilical region)

Shape and anatomical divisions of the stomach



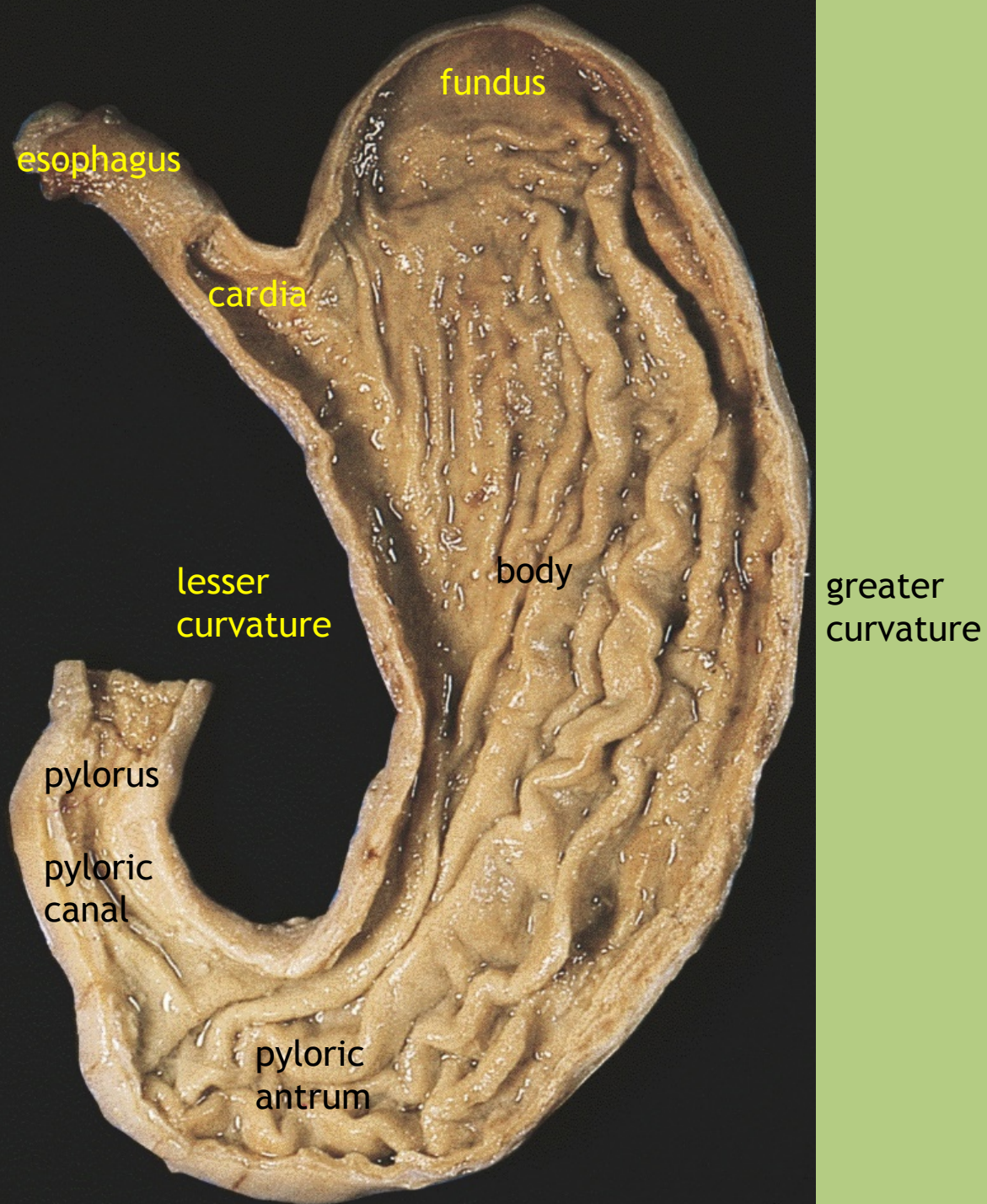
- Cardia
- Fundus
- Body
- Pyloric antrum
- Pylorus



Interior of the stomach

Prominent gastric mucosal folds (rugae) increase the surface area. They are directed longitudinally toward the pylorus.

Average capacity of stomach:
in newborns: 15 ml
during puberty: 1000 ml
in adults: 1500ml



fundus

esophagus

cardia

lesser
curvature

body

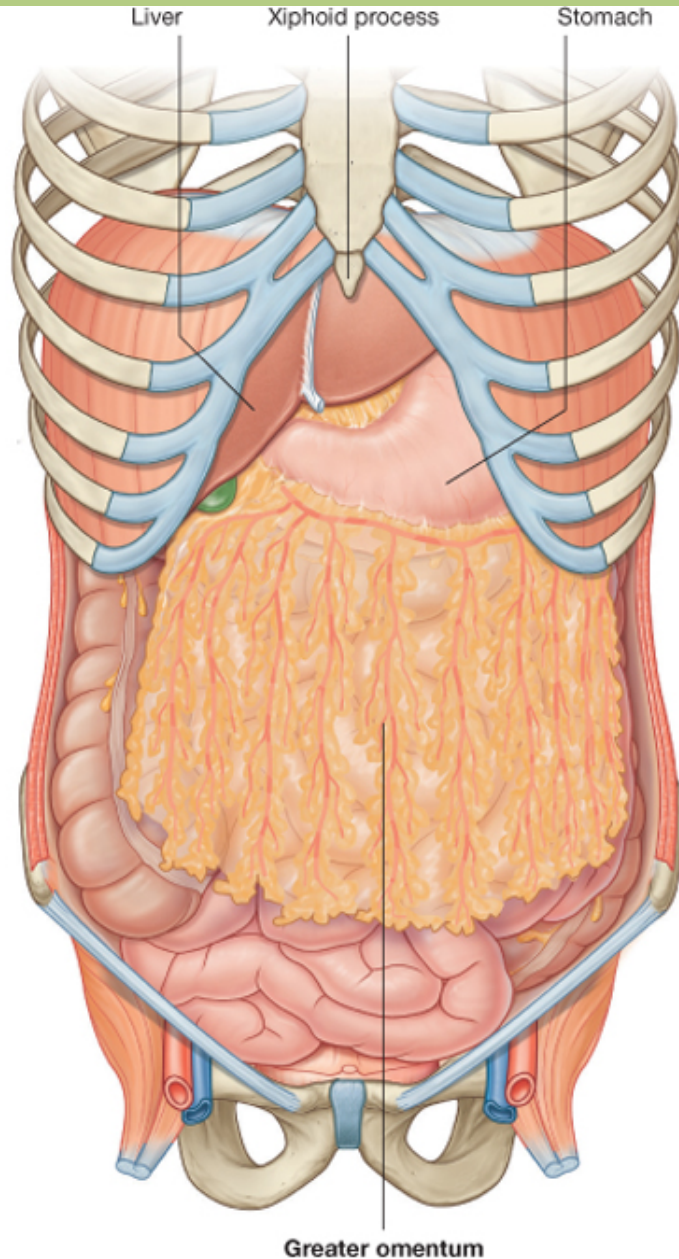
greater
curvature

pylorus

pyloric
canal

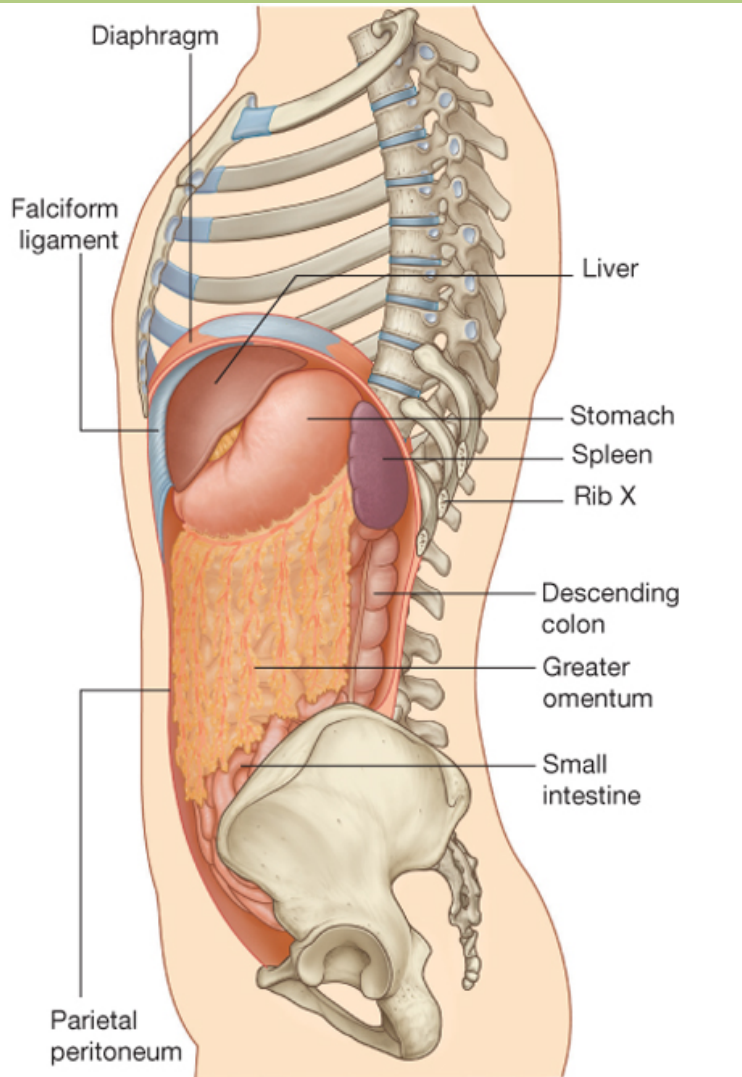
pyloric
antrum

Contact areas of adjacent organs – anterior stomach wall

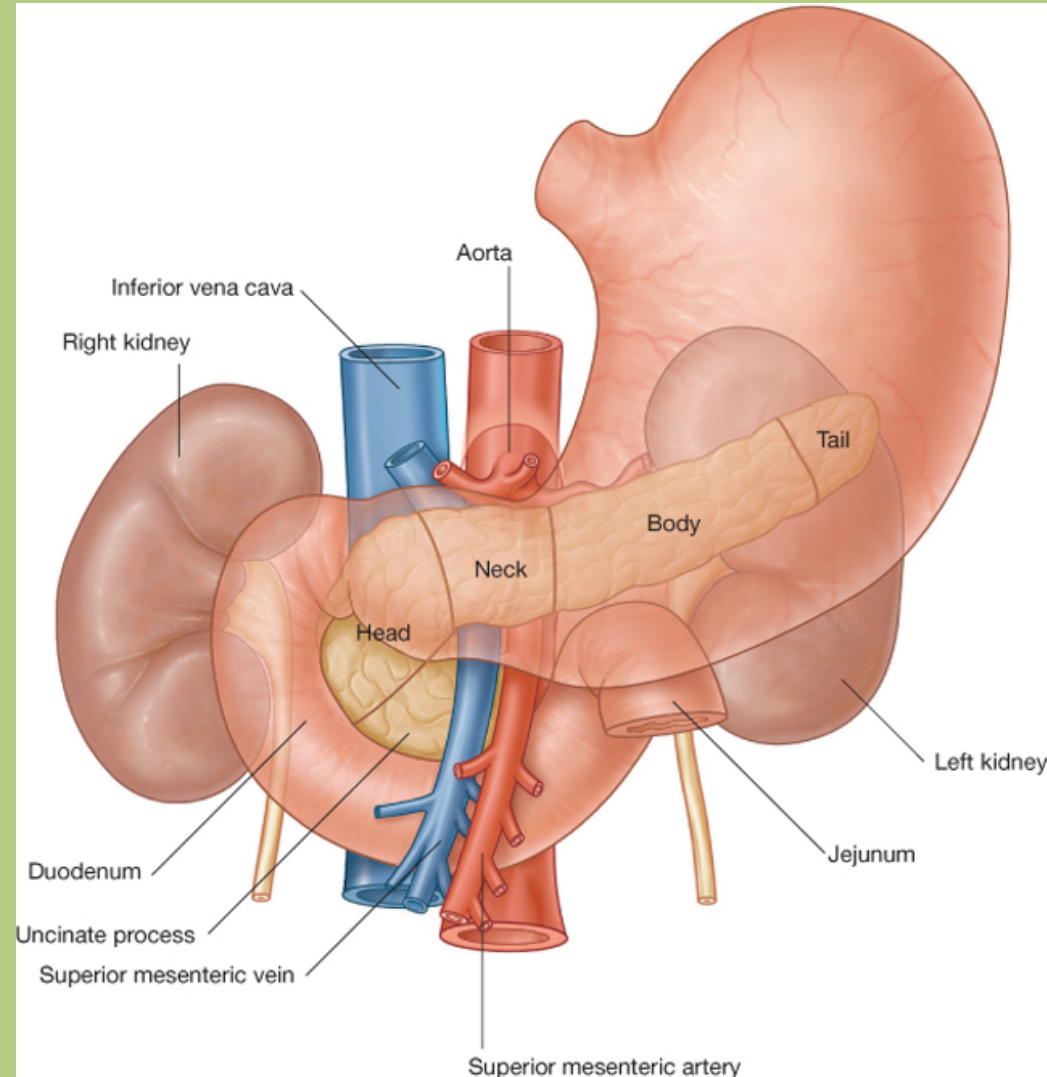


- Phrenic surface
- Hepatic surface
- Epigastric surface (facies libera)

Contact areas of adjacent organs – posterior stomach wall



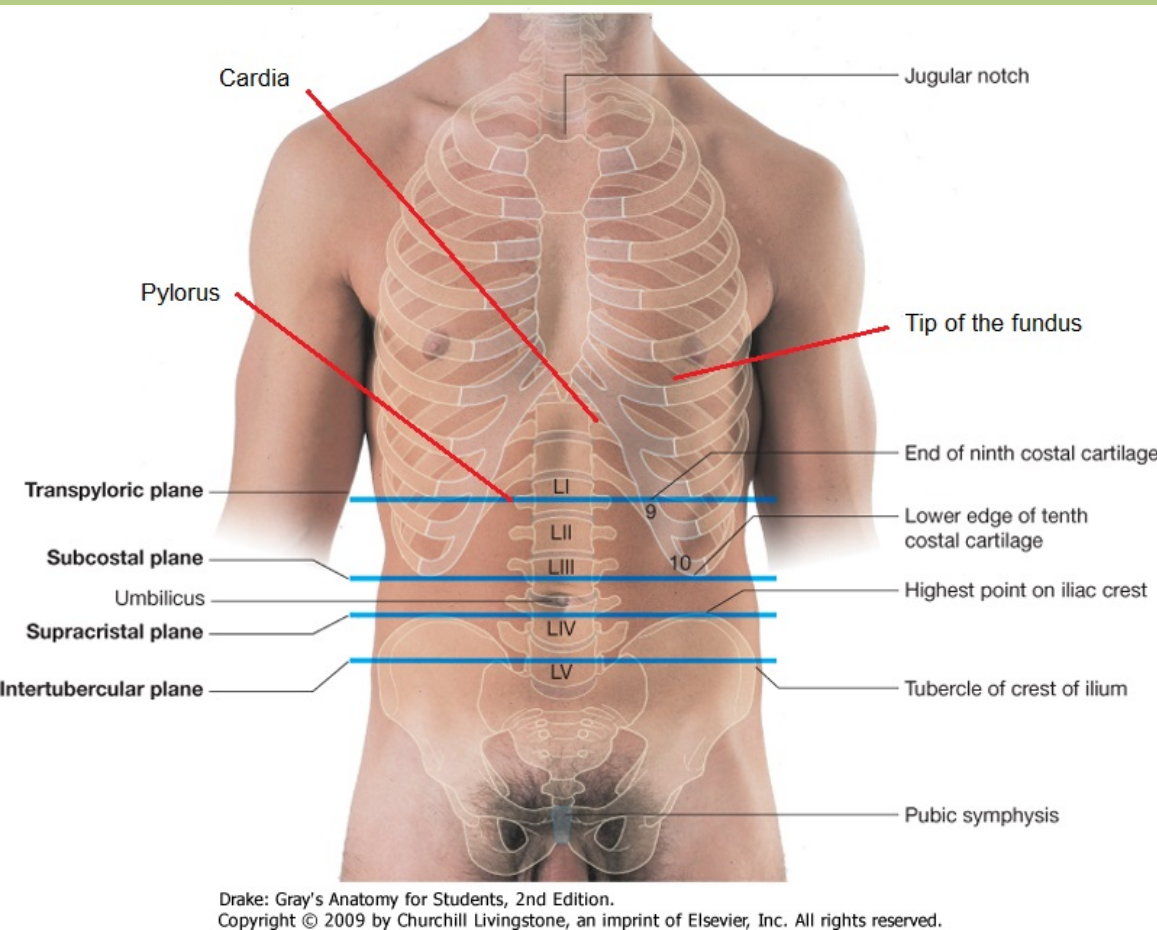
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- Splenic, Colomesocolic, Pancreatic, Renal, Suprarenal surfaces

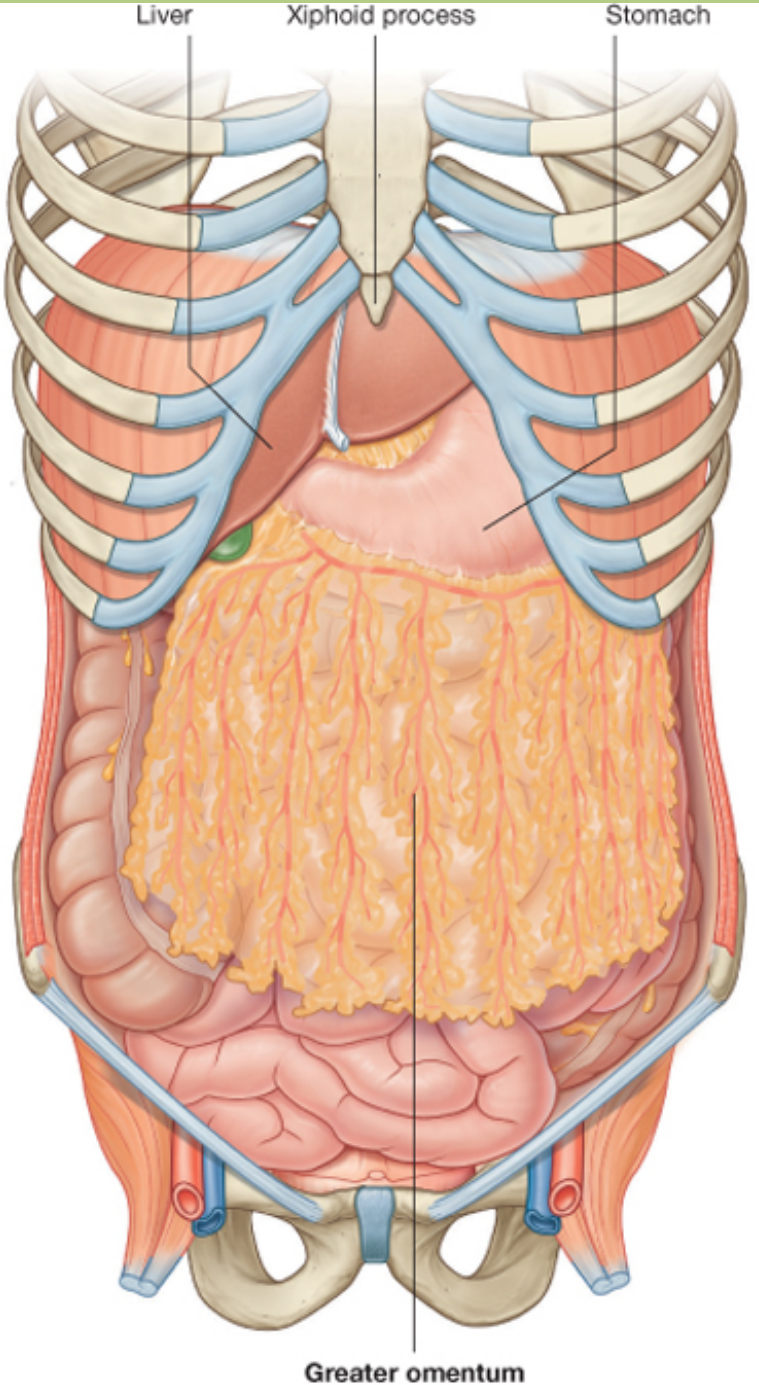
Topography of the stomach



Cardia: 2 cm to the left from the midline behind the 7th costal cartilage at the level of left edge of T11 vertebra.

Tip of the fundus: at the level of 5th intercostal space near to the mid-inguinal line.

Pylorus: 2-3 cm to the right from the midline at the level of L1 vertebra.



Peritoneal relationships

Stomach is **intraperitoneal** organ.

Greater omentum: from the greater curvature.

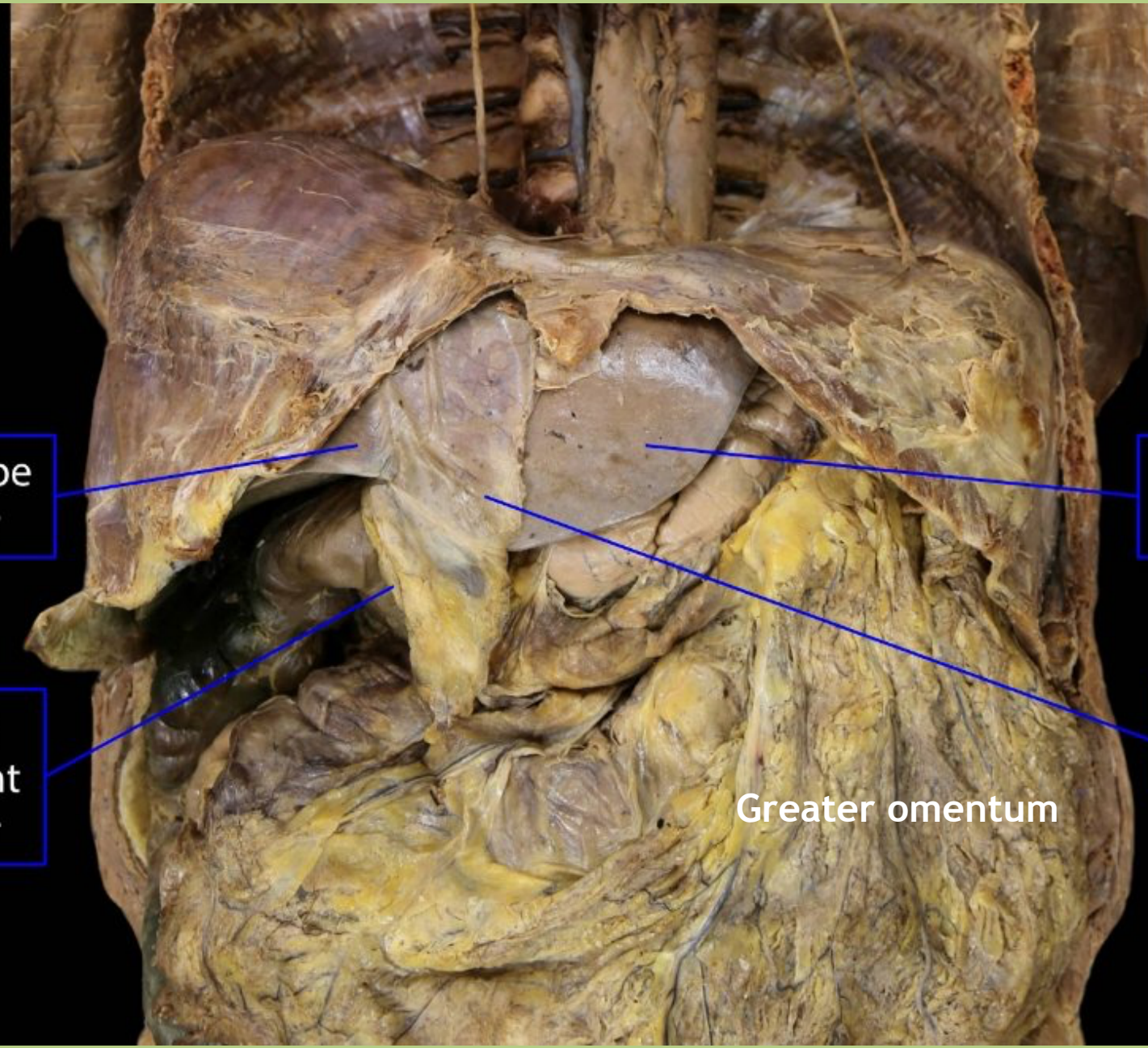
Right lobe of liver

Left lobe of liver

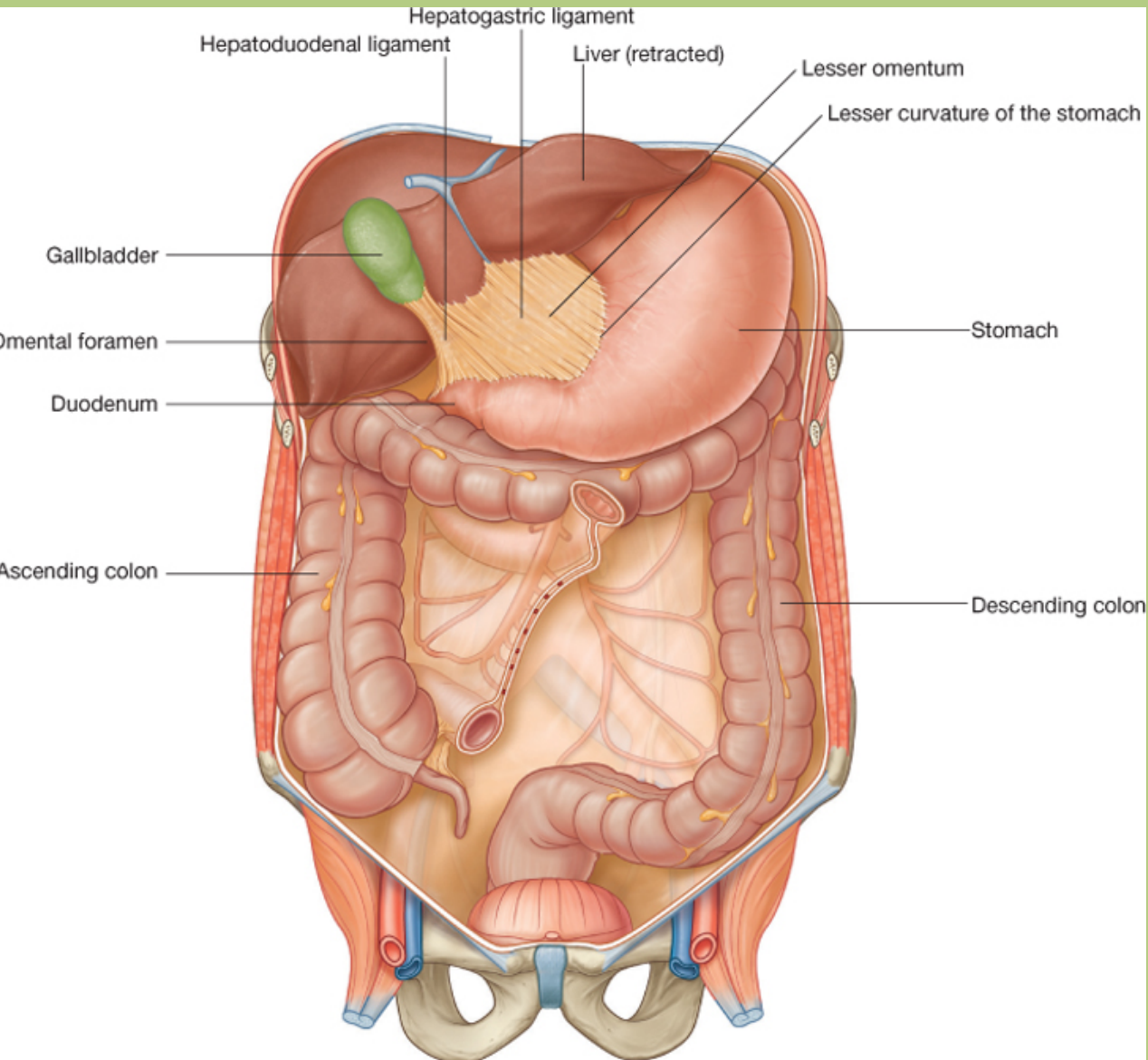
Round ligament of liver

Falciform ligament

Greater omentum



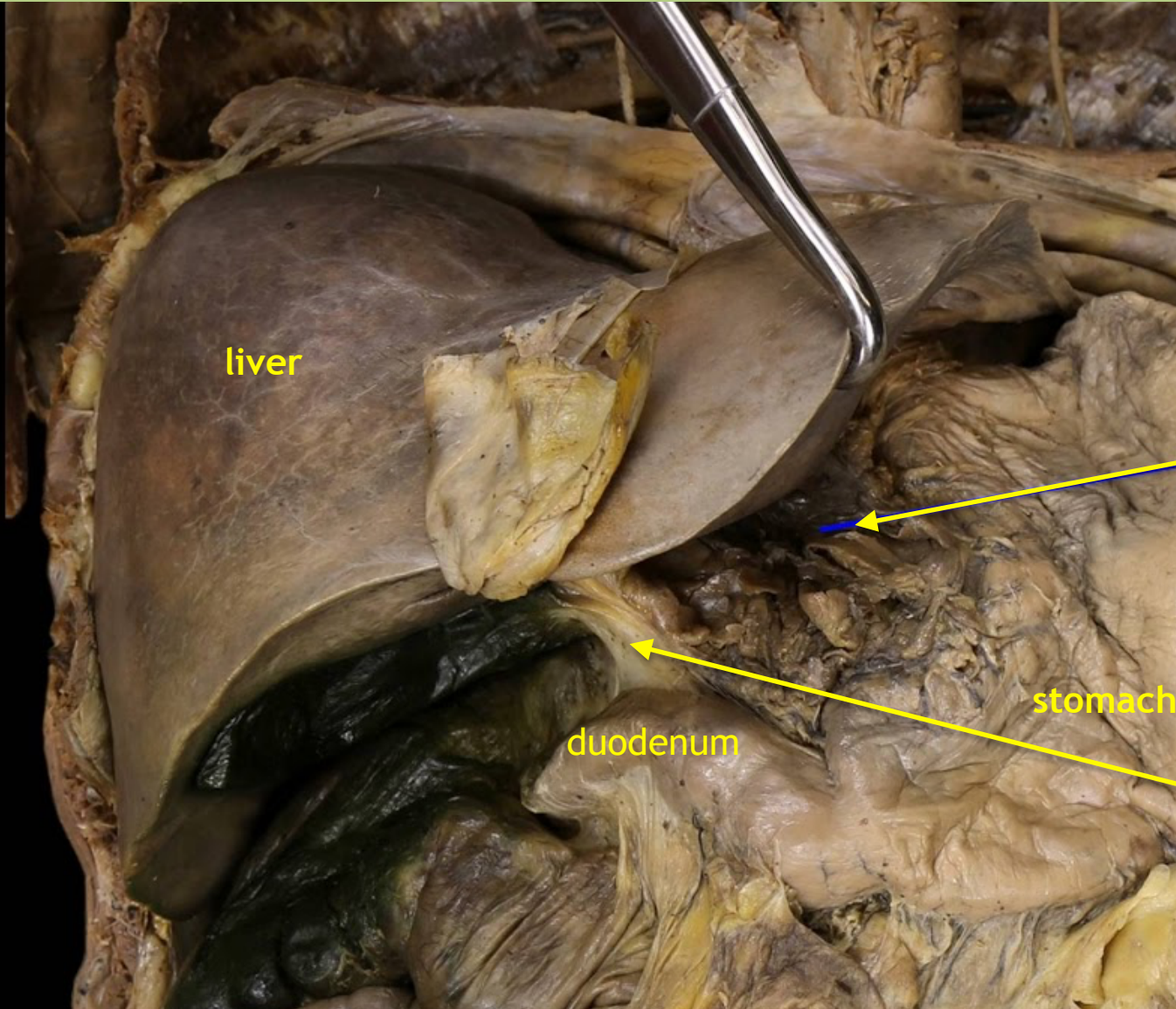
Peritoneal relationships



Hepatogastric ligament:
between the lesser curvature
and liver

Lesser omentum :
hepatogastric ligament +
hepatoduodenal ligament.

Peritoneal relationships



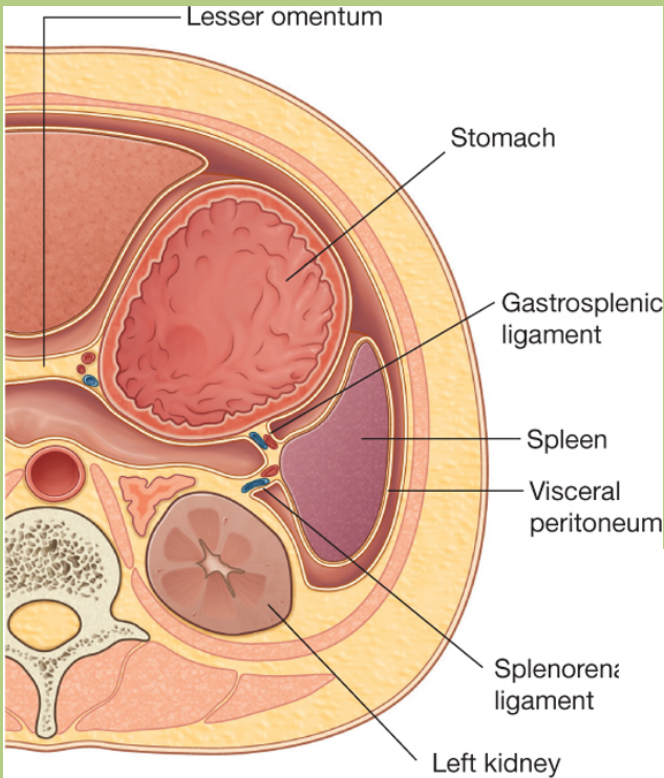
*Lesser omentum:
hepatogastric ligament +
hepatoduodenal
ligament.*

hepatogastric ligament

stomach

duodenum

hepatoduodenal
ligament
*(between the first part of
duodenum and liver)*



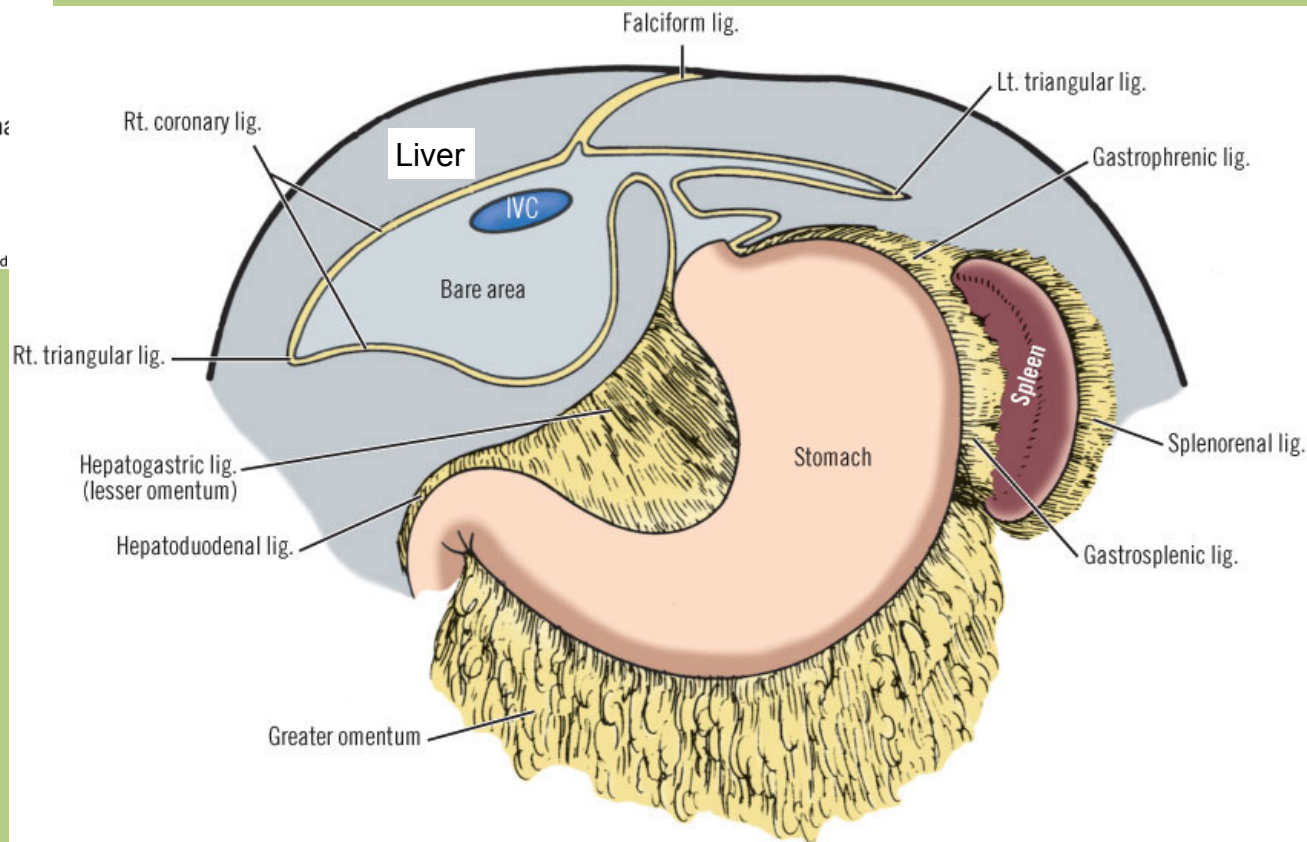
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Peritoneal relationships

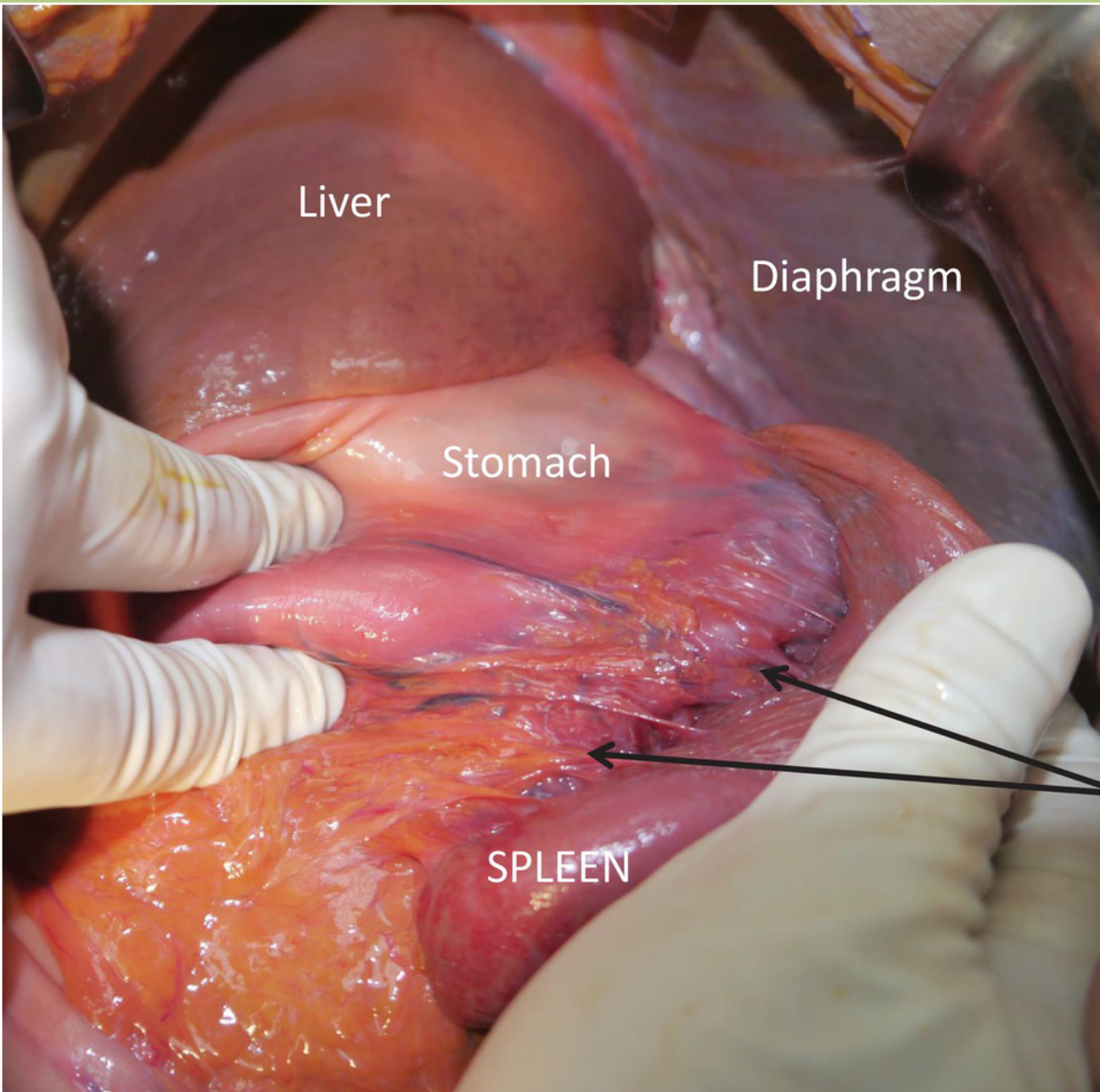
Gastrophrenic ligament: from the upper portion of greater curvature to the diaphragm

Gastrosplenic ligament: from the lateral portion of greater curvature to the spleen

Gastrocolic ligament: between the greater curvature and transverse colon



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Liver

Diaphragm

Stomach

SPLEEN

Gastrosplenic ligament
with short gastric vessels

Vasculature - arteries

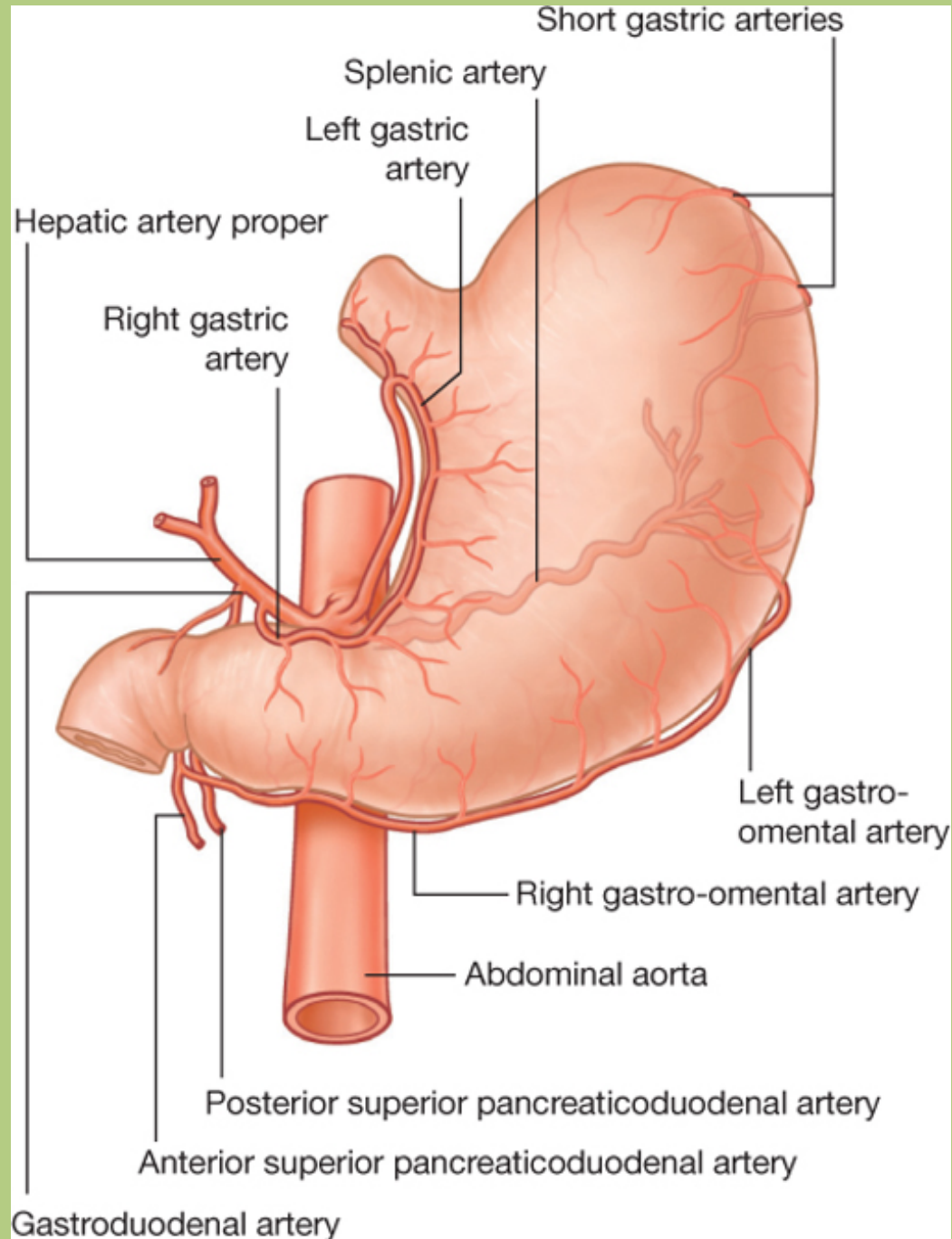
LESSER CURVATURE (in the hepatogastric ligament):

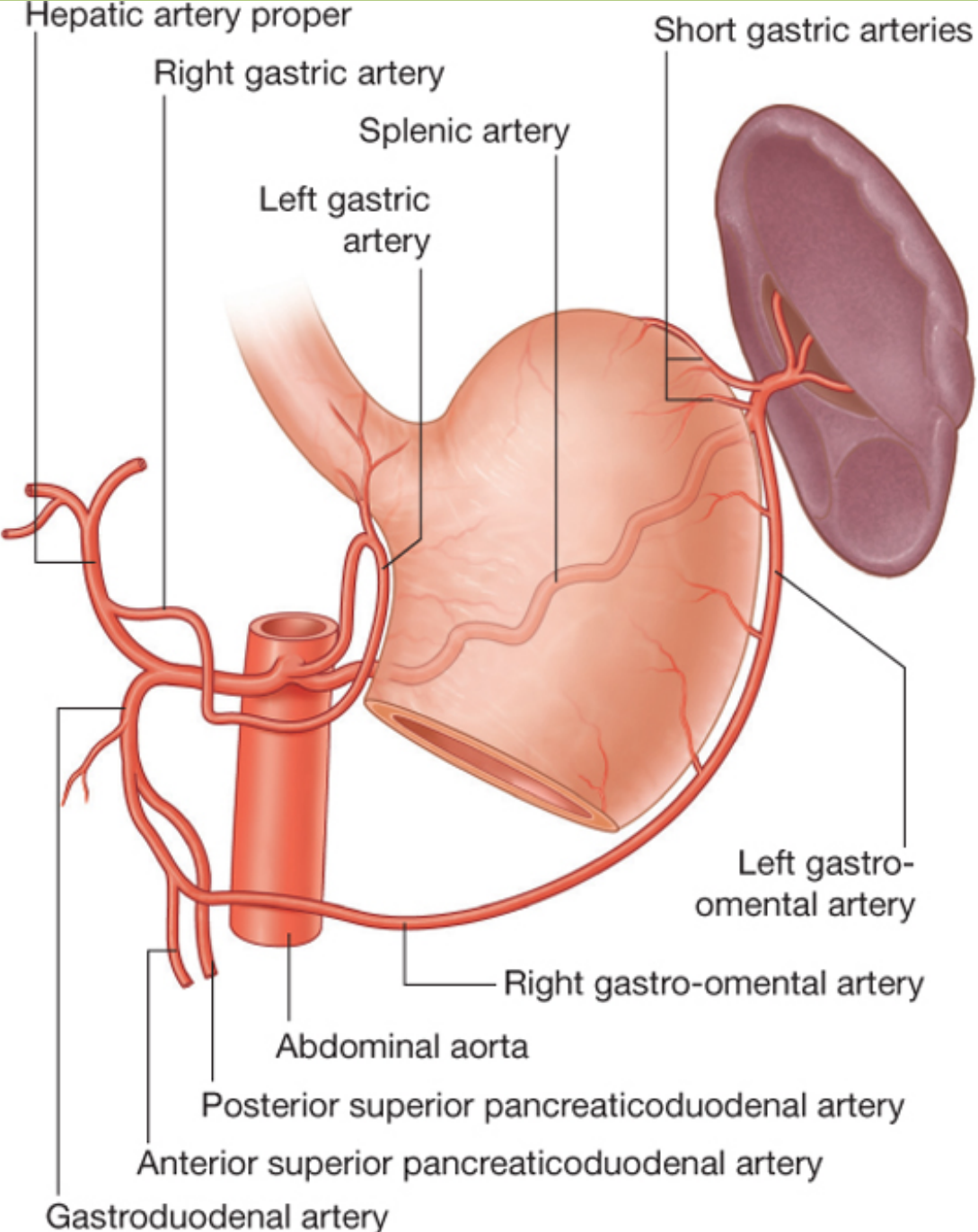
Left gastric artery: a direct branch of the celiac trunk.

Right gastric artery: arises from hepatic artery proper. (Its origin often varies: the most common alternative is the common hepatic.)

FUNDUS:

Short gastric arteries: they arise from the splenic artery and situate in the gastrosplenic ligament.



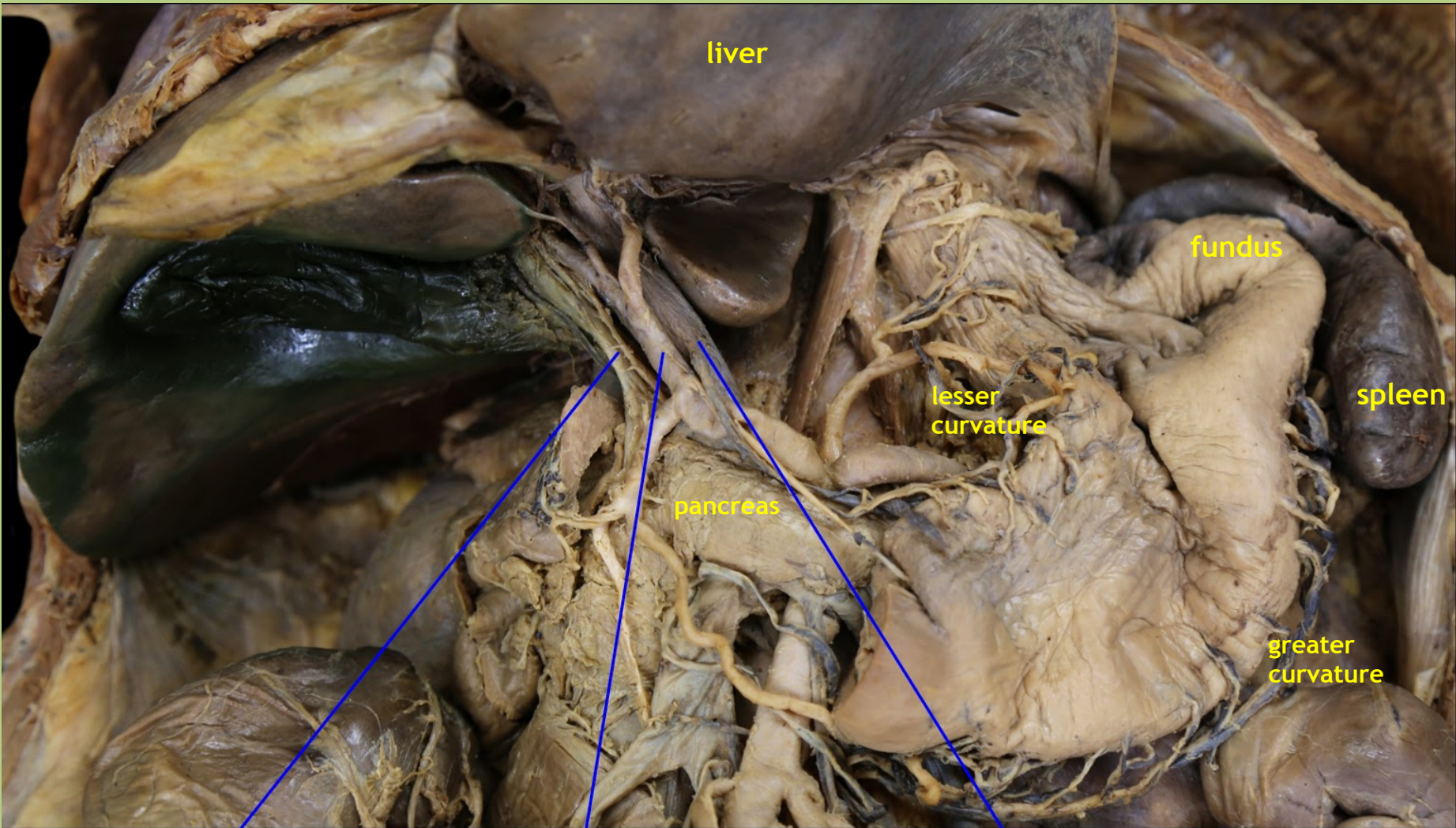


Vasculature - arteries

GREATER CURVATURE (in the greater omentum):

Left gastroepiploic (gastro-omental) artery: branch of the splenic artery.

Right gastroepiploic (gastro-omental) artery: originates from the gastroduodenal artery.



liver

fundus

lesser
curvature

spleen

pancreas

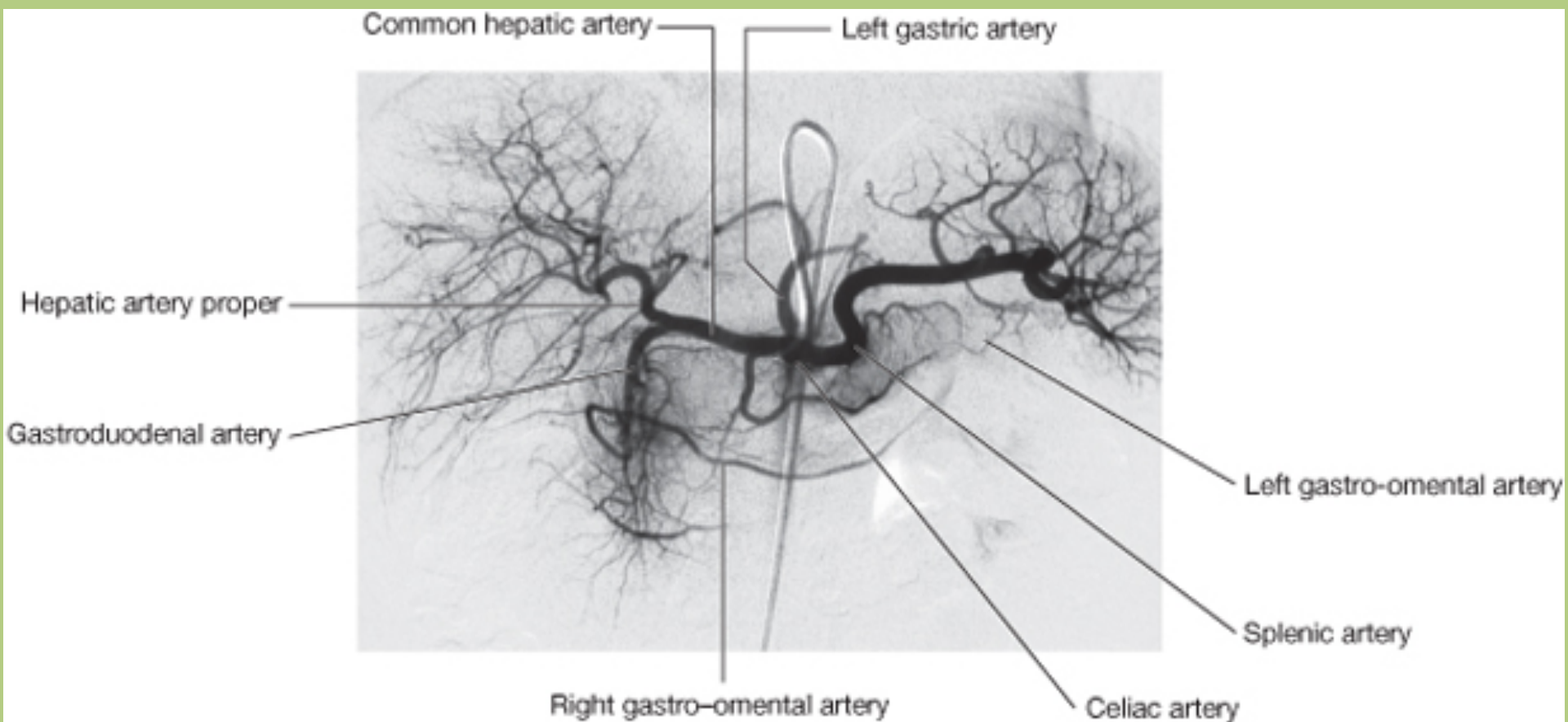
greater
curvature

Bile duct

Hepatic artery
proper

Hepatic
portal vein

Hepatoduodenal lig. contents, anterior



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Vasculature - veins

LESSER CURVATURE:

Left gastric and right gastric veins: drain into the hepatic portal vein.

GREATER CURVATURE:

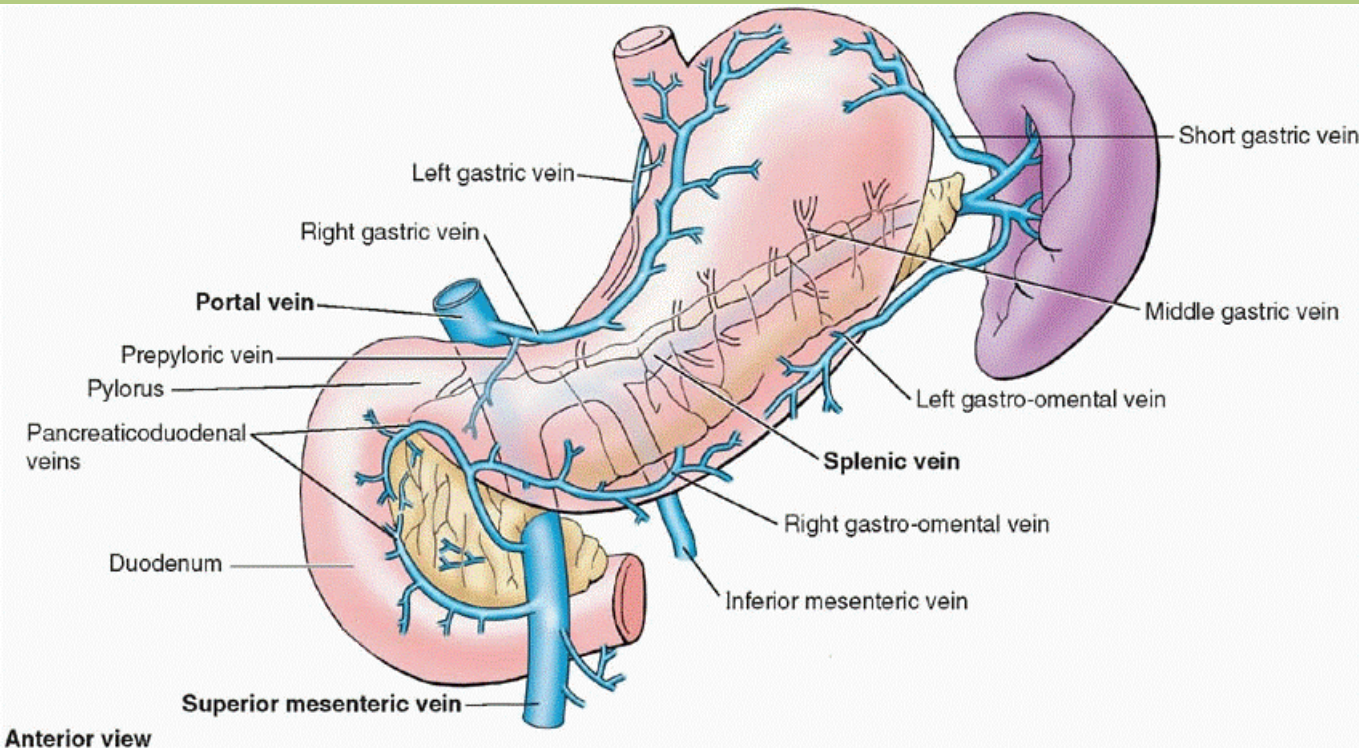
Left gastroepiploic (gastro-omental) vein: drains into the splenic vein.

Right gastroepiploic vein: drains into the superior mesenteric vein.

FUNDUS:

Short gastric veins: drains into the splenic vein.

Prepyloric vein: ascends over the pylorus to the right gastric vein. (Surgeons use it for identifying the pylorus.)

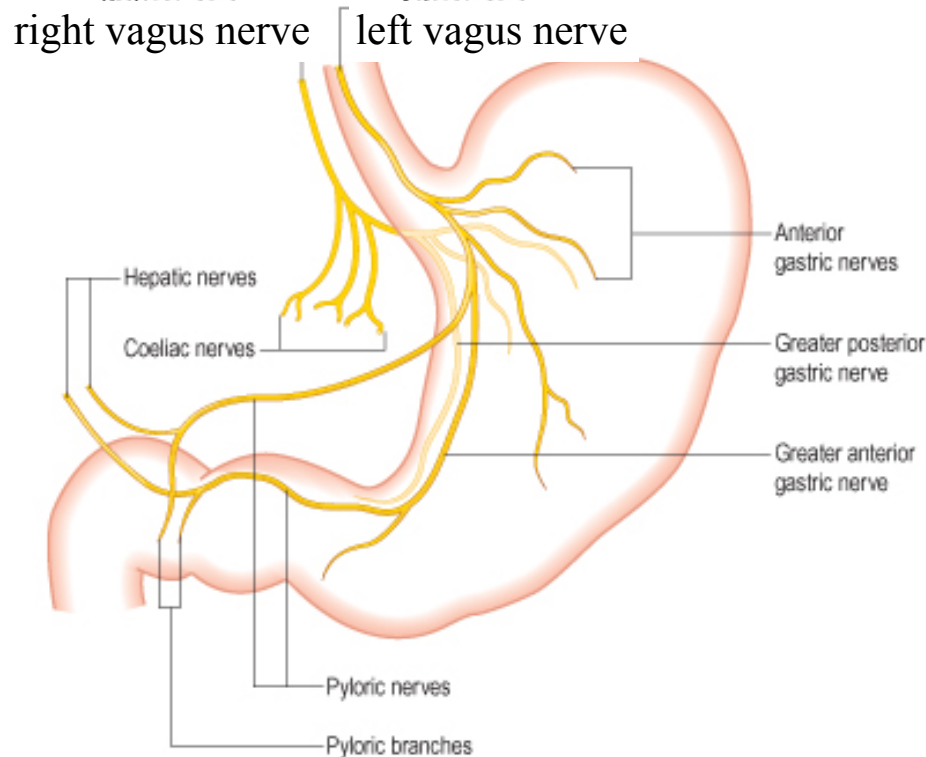


Innervation of the stomach

Parasympathetic innervation:

left vagus nerve – anterior side

right vagus nerve - posterior side

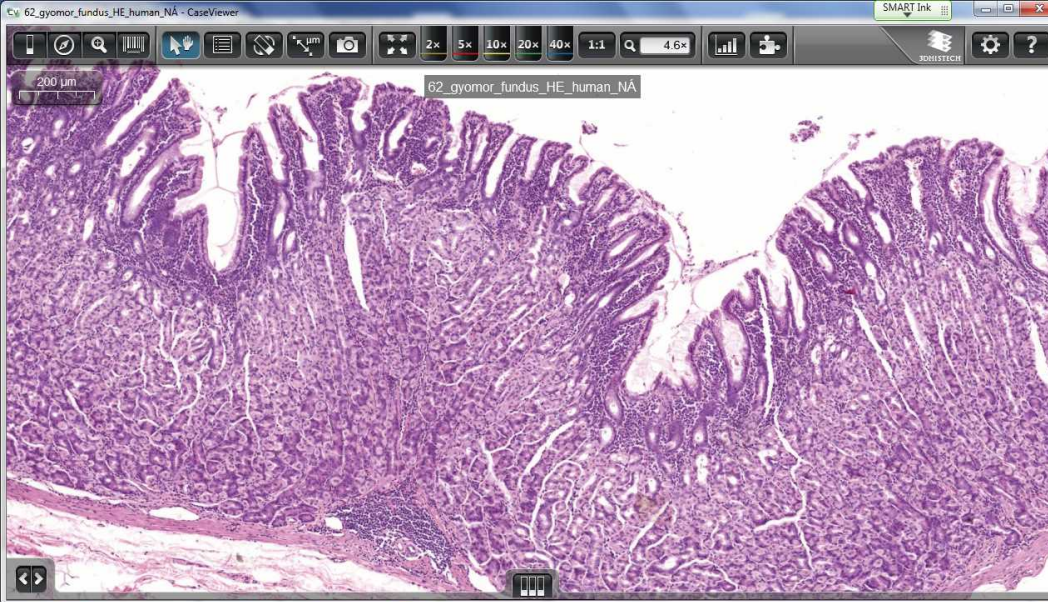


The parasympathetic gastric supply is secretomotor to the gastric mucosa and motor to the gastric musculature. It is responsible for coordinated relaxation of the pyloric sphincter during gastric emptying.

Sympathetic innervation: from T6-9 ganglia via the *greater splanchnic nerve via celiac plexus*.

The gastric sympathetic nerves are vasoconstrictor to the gastric vasculature and inhibitory to gastric musculature. The sympathetic supply to the pylorus is motor, and brings about pyloric constriction.

Histology of the stomach



Gastric glands:

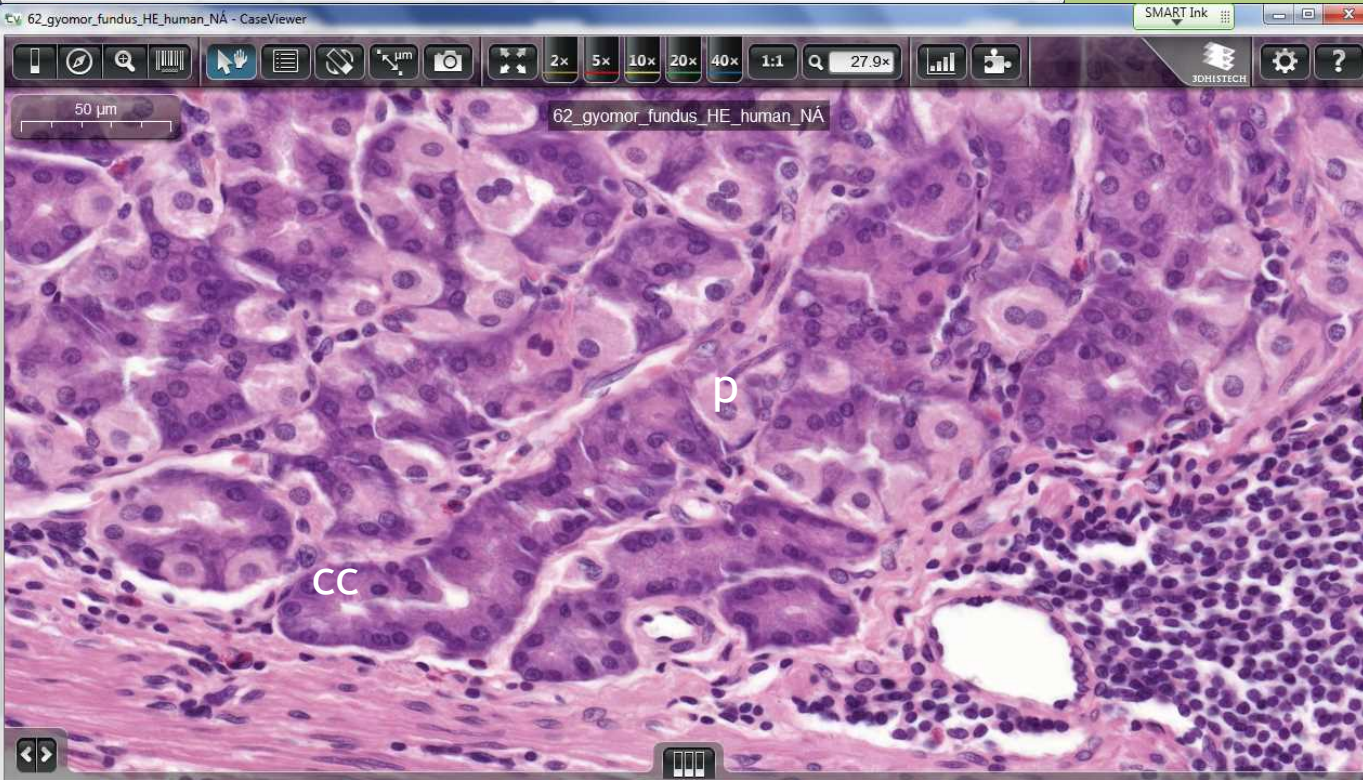
Chief cells (cc):
pepsinogen

Parietal cells (p): HCL,
intrinsic factor (essential
for the absorption of
Vitamin B₁₂)

Mucus secreting neck cells

Enteroendocrine cells

Undifferentiating cells



Functions

- Pepsinogen production
- Mucous secretion – gastric mucosa barrier
- HCL and intrinsic factor production
- Gastrin, somatostatin secretion
- Motor function: peristalsis
- Absorption: some drugs (aspirin), ethanol, caffeine

A

Superior part of duodenum Esophagus

Pyloric antrum

Fundus of stomach



Descending part of duodenum

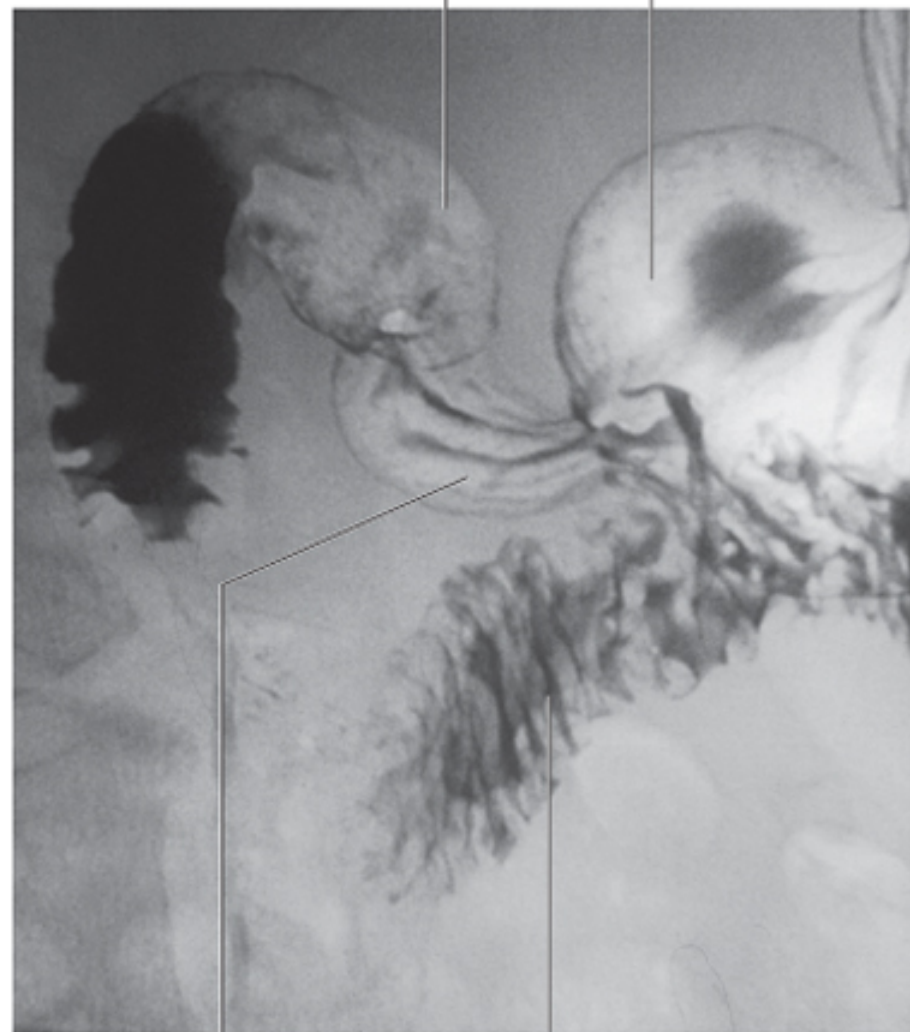
Body of stomach

Duodenal jejunal flexure

B

Normal duodenal cap

Pyloric antrum of stomach



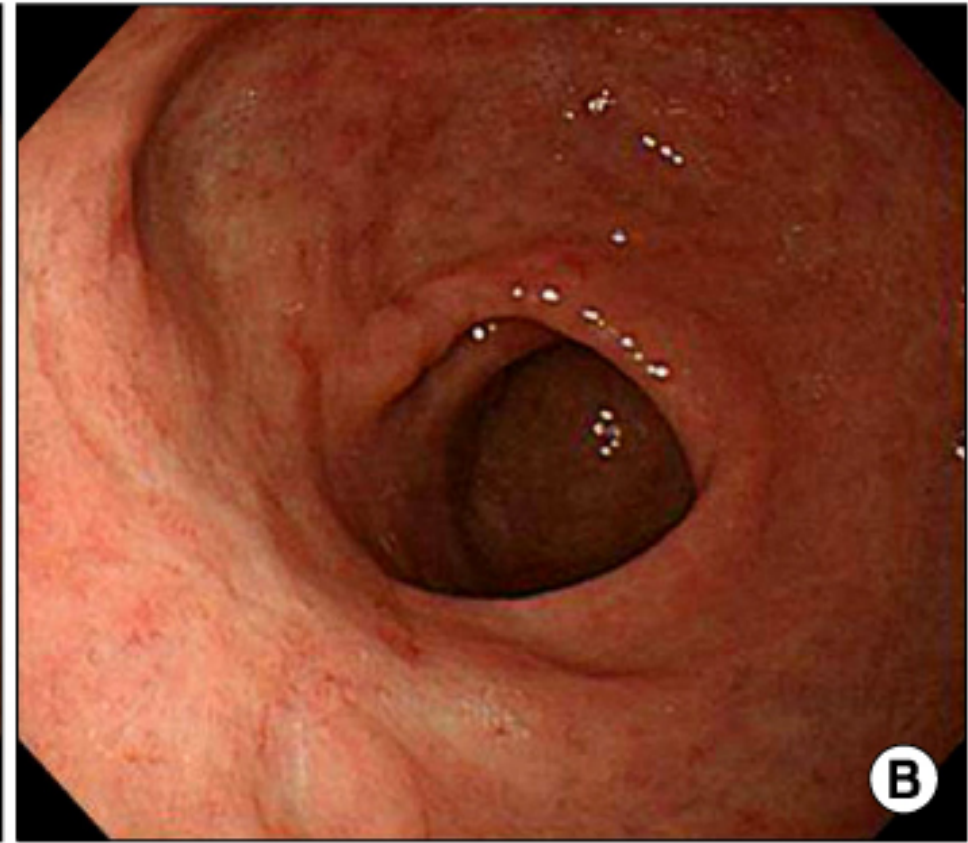
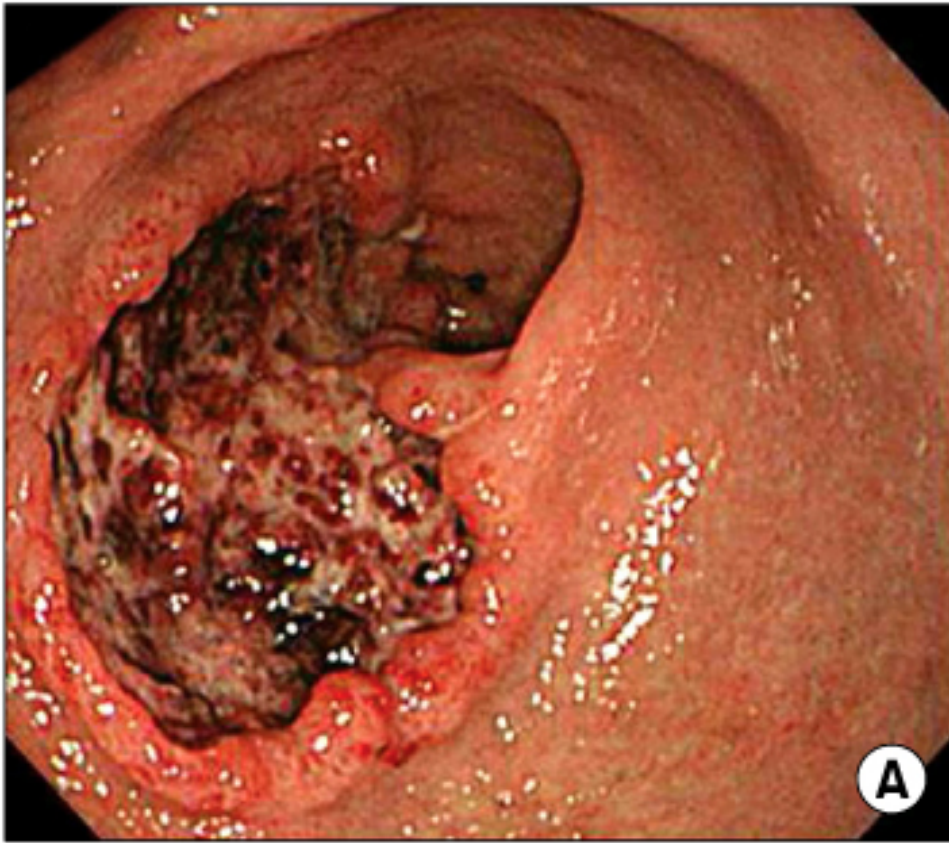
Pyloric sphincter of stomach

Inferior duodenum

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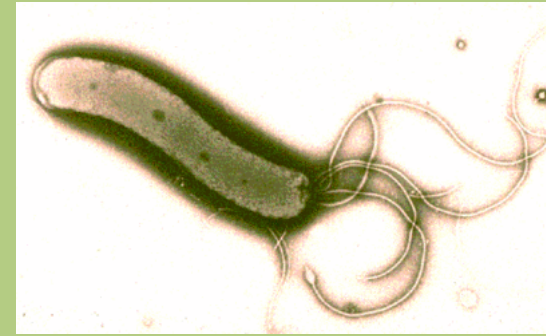
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Gastric ulcer



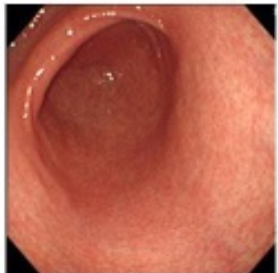
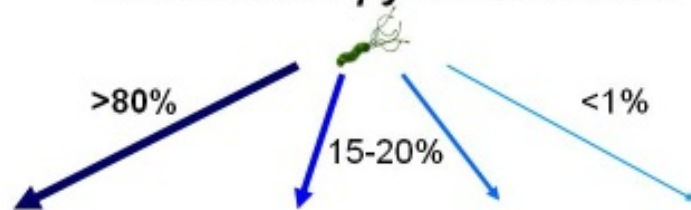
Helicobacter pylori

- Barry Marshall and Robin Warren – Nobel prize 2005



Helicobacter pylori

The Clinical Outcomes of *Helicobacter pylori* Infections



Asymptomatic
or chronic gastritis



Chronic atrophic gastritis
Intestinal metaplasia



Gastric or
Duodenal ulcer

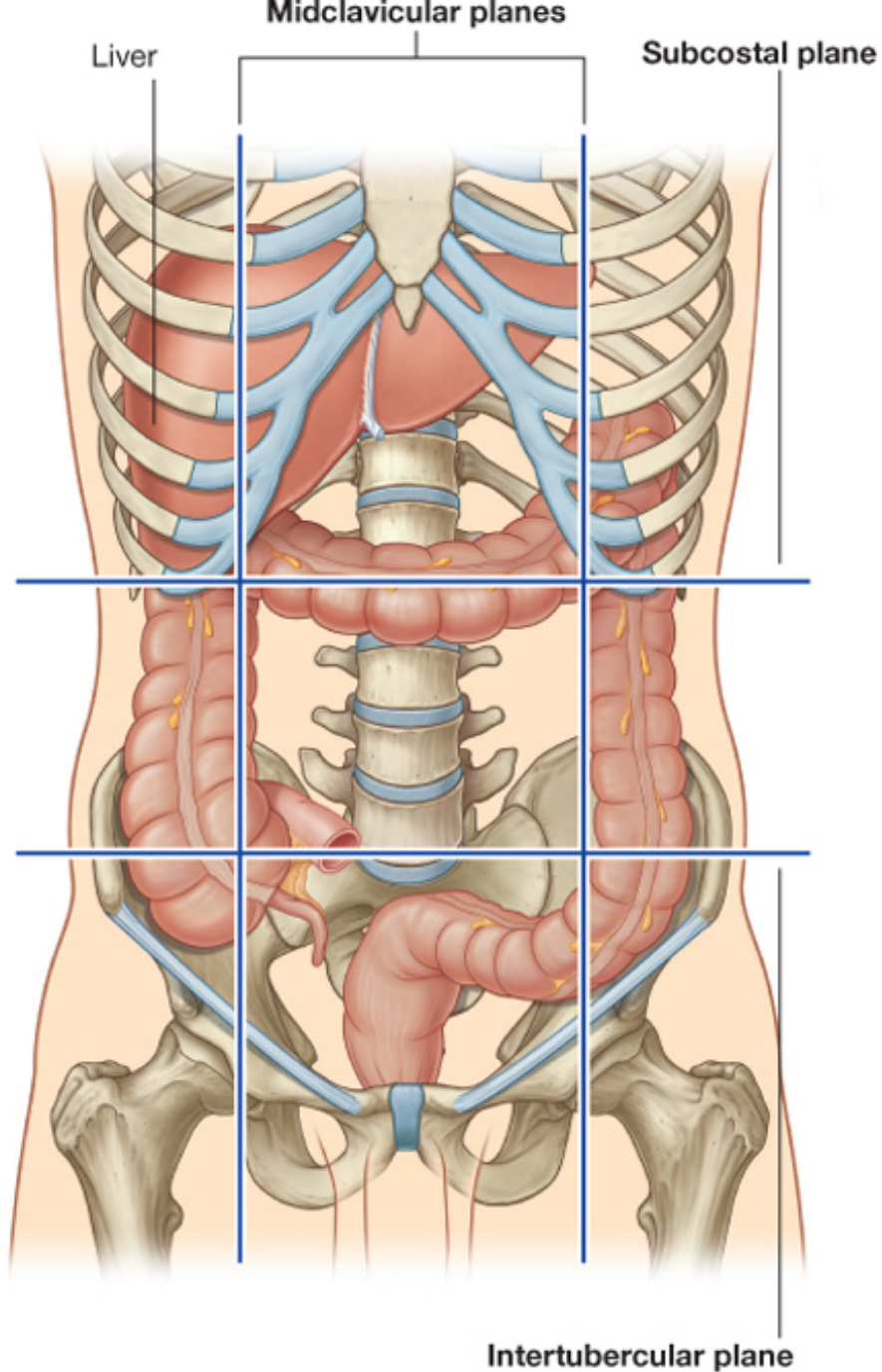


Gastric cancer
MALT lymphoma

Gastric carcinoma:

Major risk factors: high salt intake, *Helicobacter pylori* infection (more than 50% of the world's population harbor *H. pylori* in their stomach or duodenum).

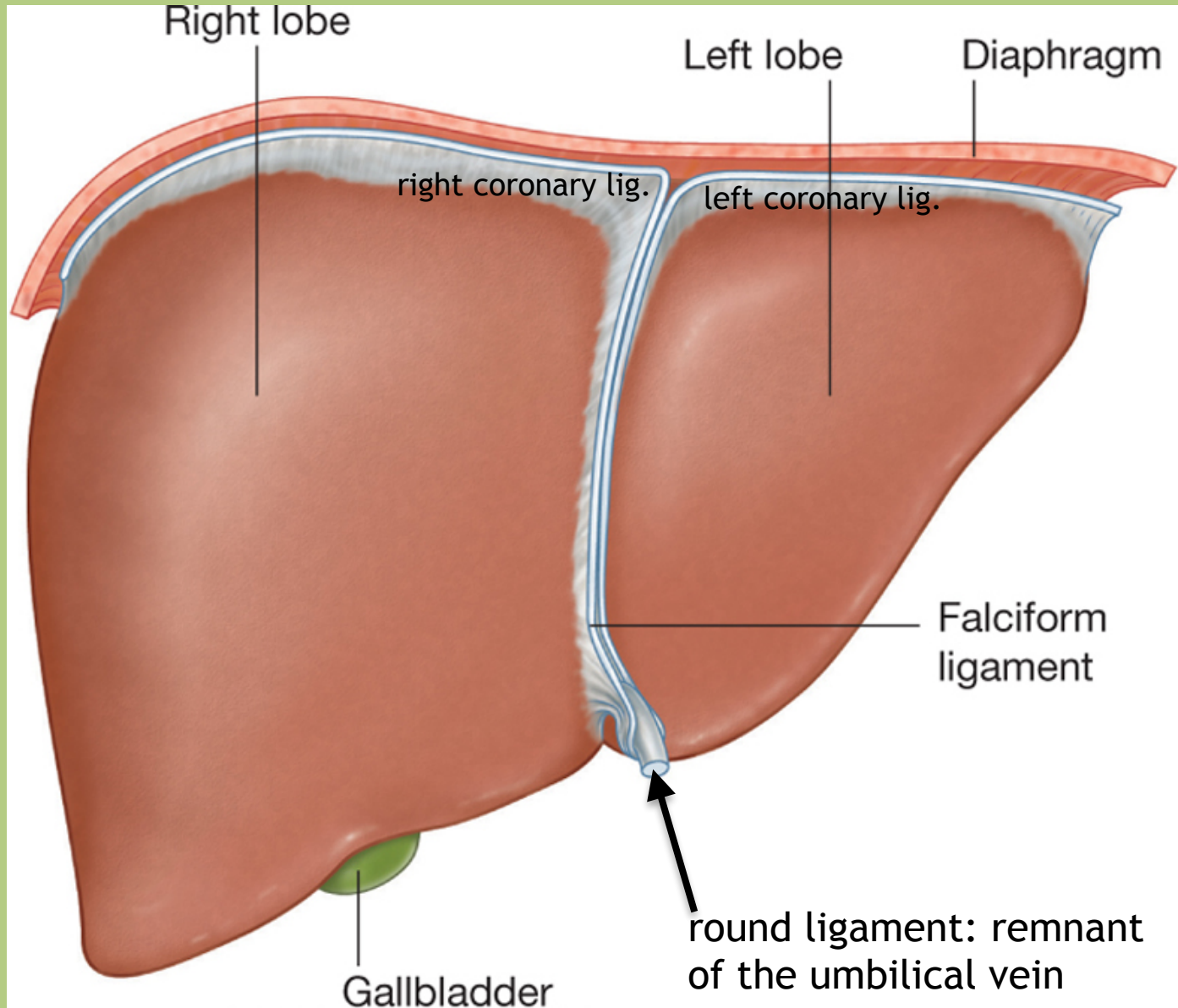
Protectives: fresh vegetables and fruits.

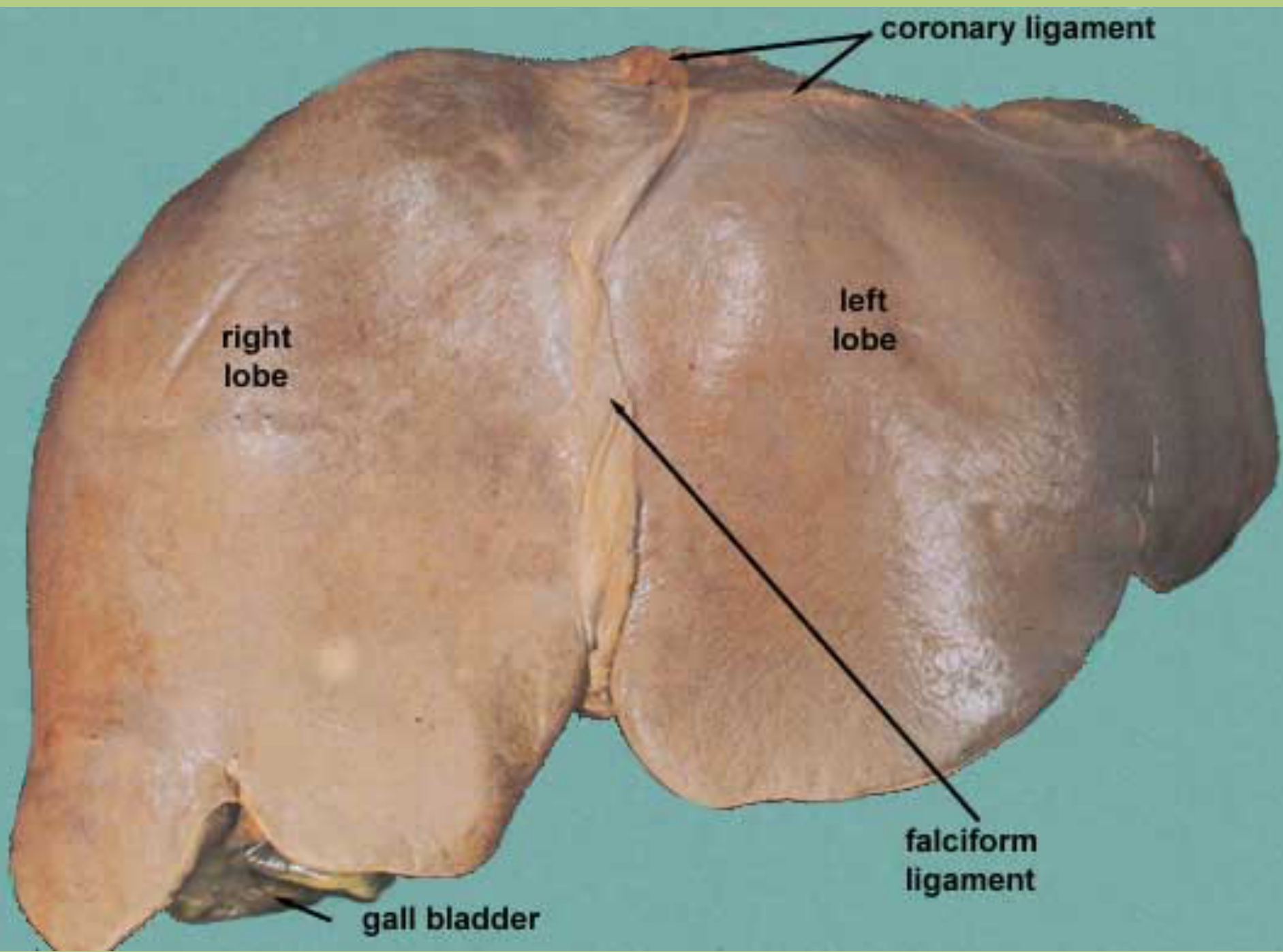


Liver - location

- Right hypochondrium and epigastrum
- Intraperitoneal organ (except: bare area)

Liver - costal surface





coronary ligament

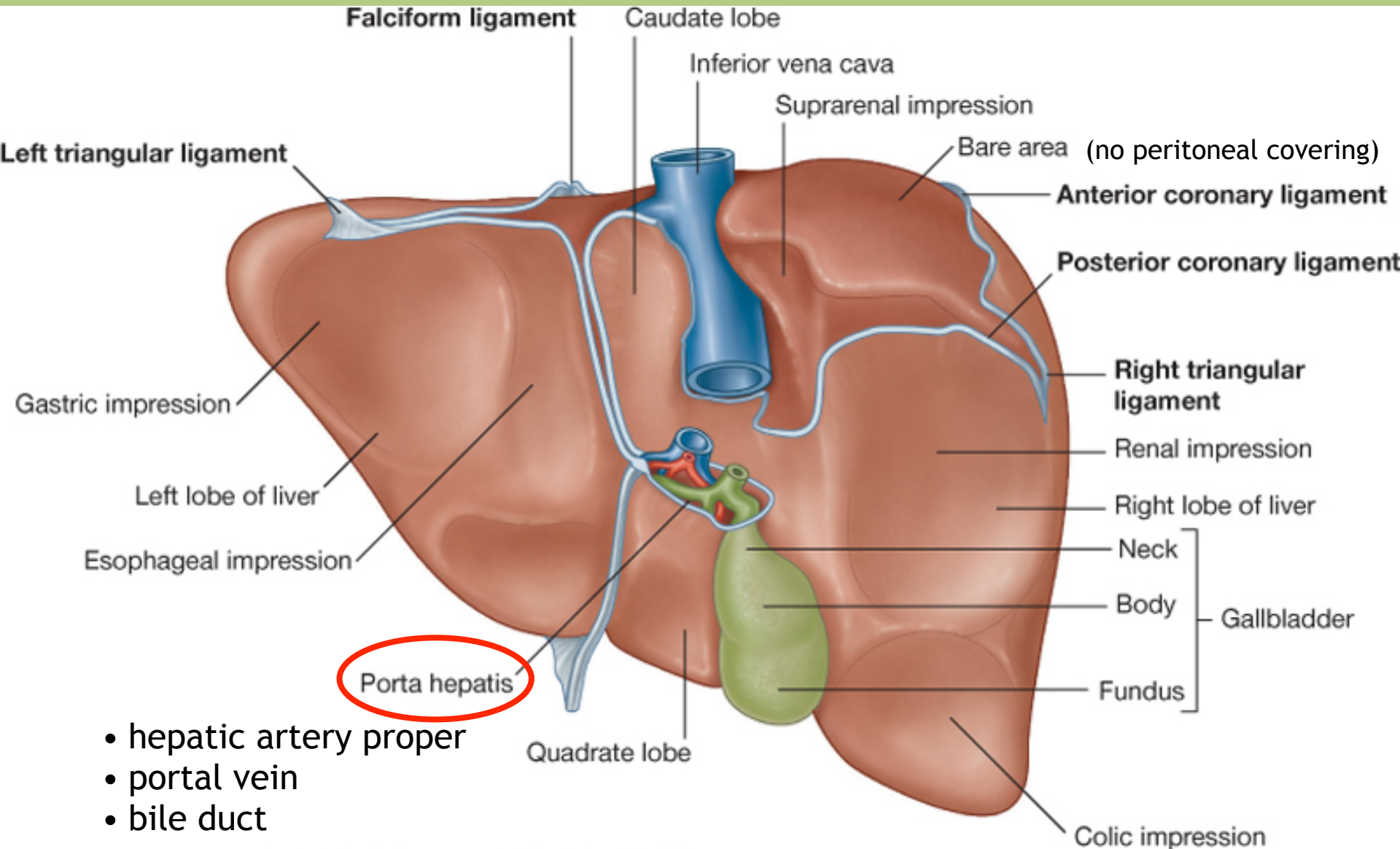
right lobe

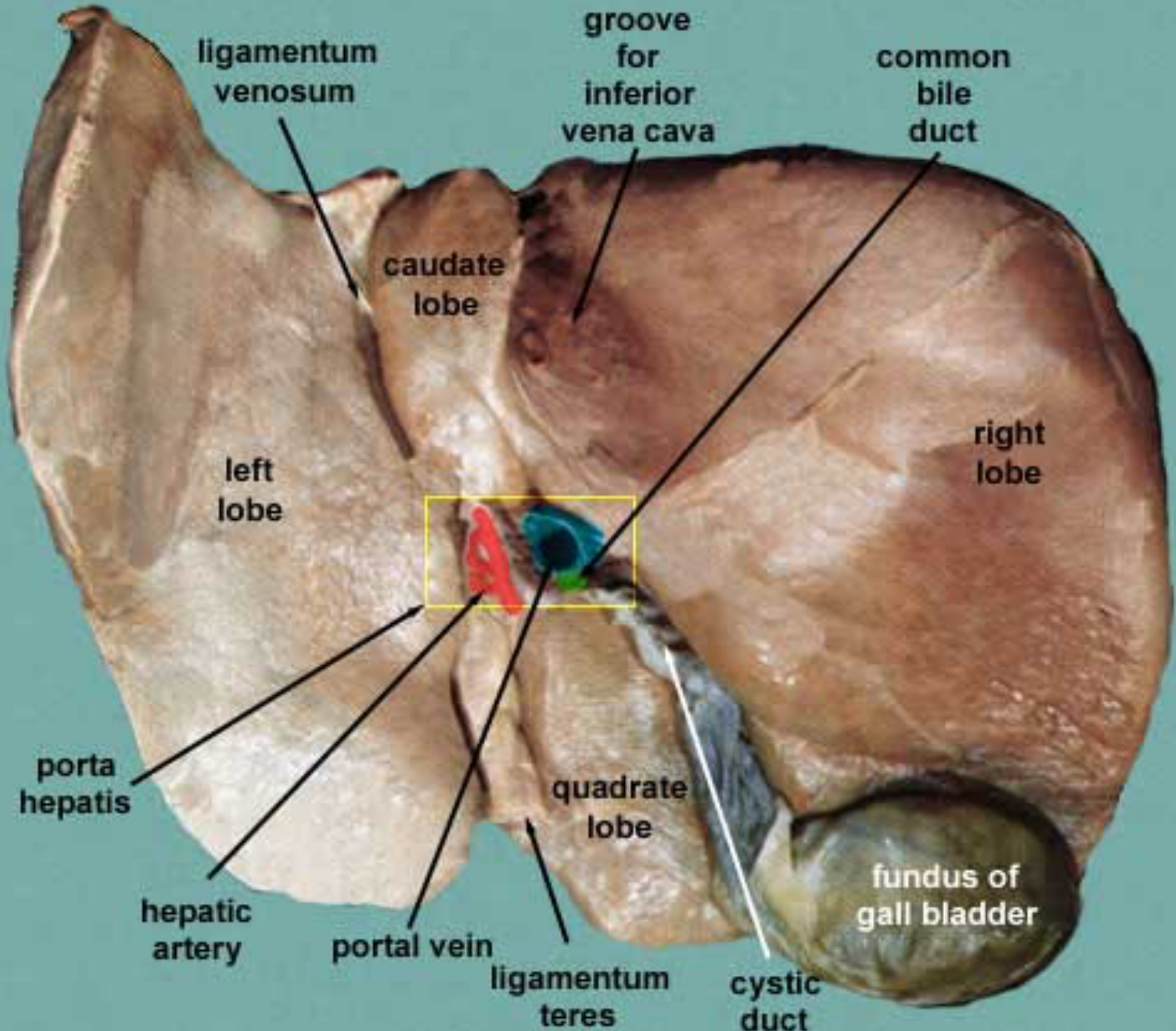
left lobe

falciform ligament

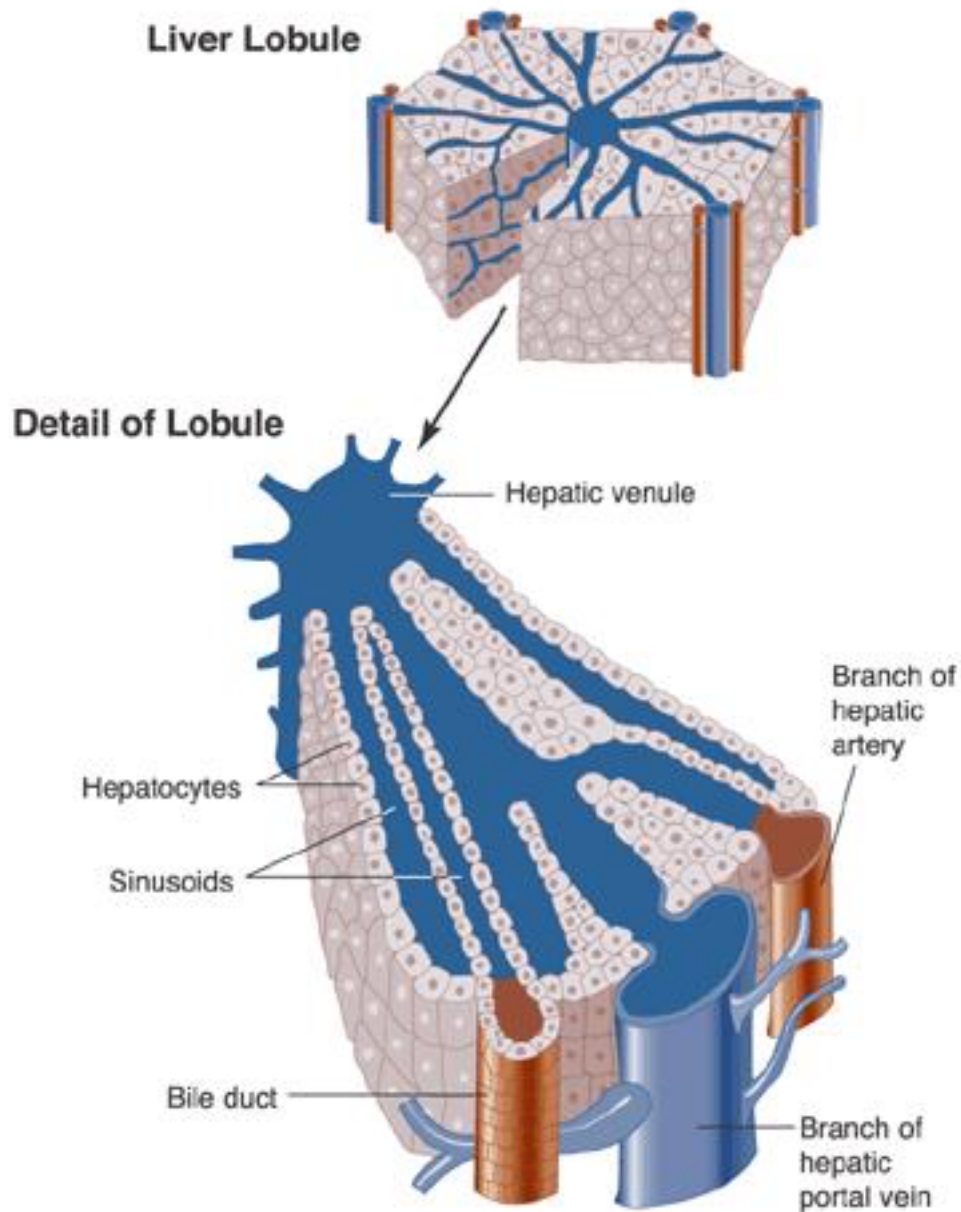
gall bladder

Liver - visceral surface





Liver - structural and functional unit

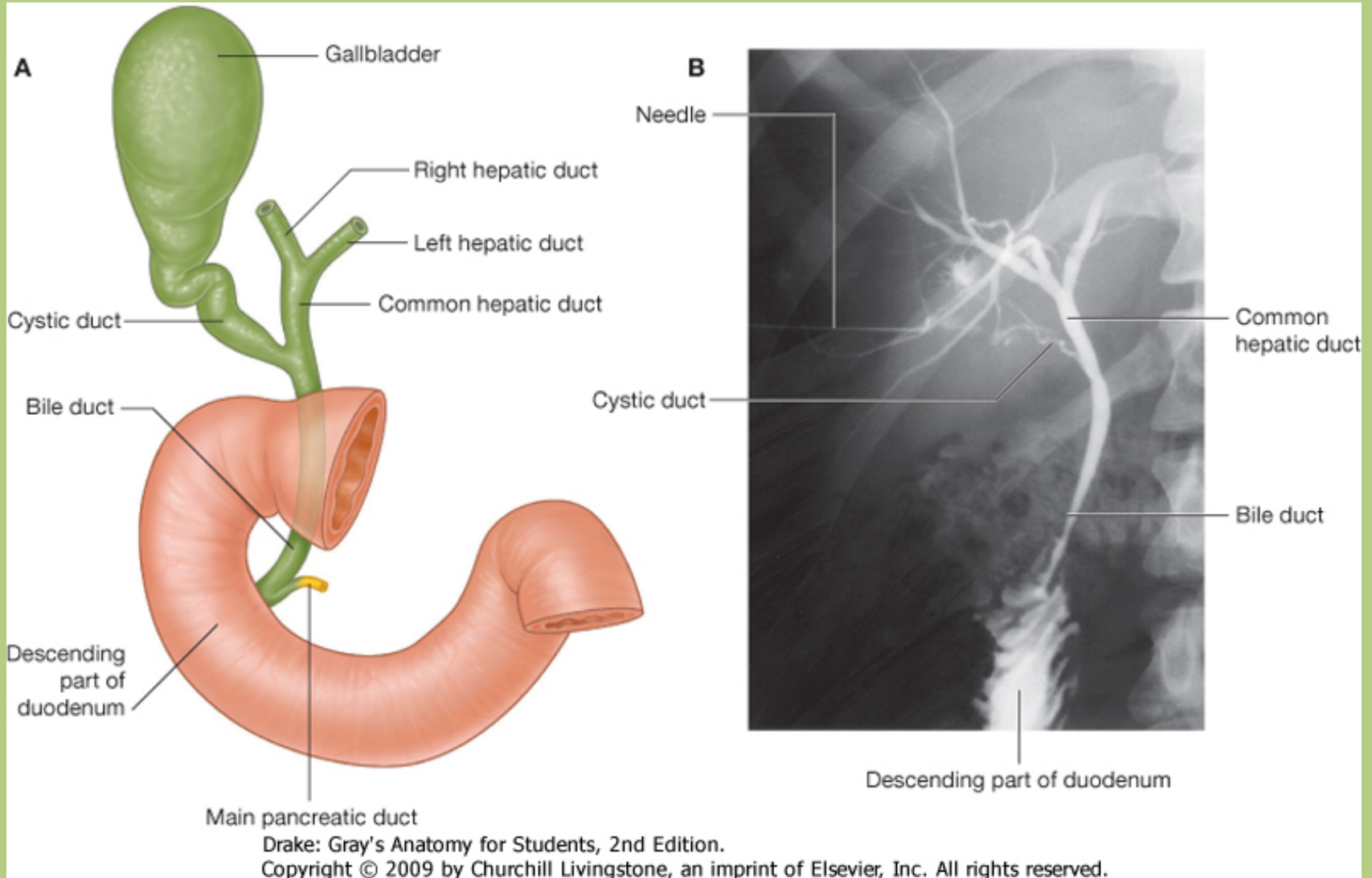


- hepatic lobule

Main functions of the liver

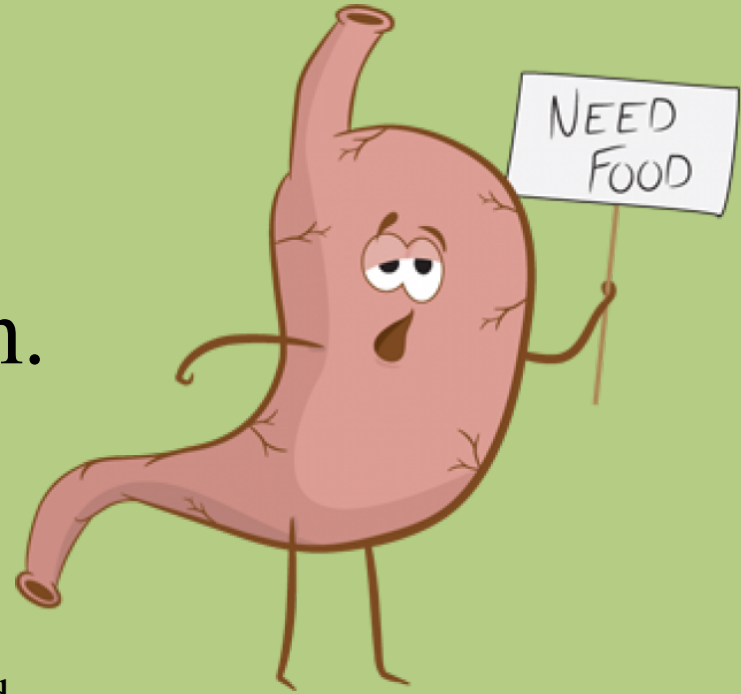
- **Dietary function:** 1. bile production (emulsifies lipids), 2. storage of glycogen, 3. storage of vitamins (A, D, E, K, B₁₂) 4. modifies carbohydrates, fats and proteins for utilisation
- **In fetus, forms red blood cells (RBC)**
- **Fibrinogen and prothrombin synthesis**
- **Elimination of old and degenerated RBCs by Kupffer cells**
- **Detoxifies nitrogenous waste producing urea and ammonia**

Gallbladder



- storage of the bile
- absorption of water from the bile

Thank you for your attention.



References: Drake: Gray's Anatomy for Students, 2nd ed.
Standring: Gray's Anatomy, 39th ed.