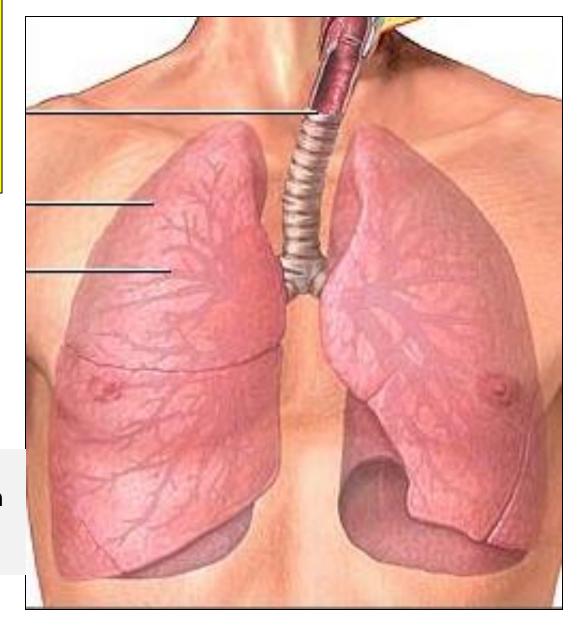
# Pleura & Lung



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# **Objectives**

By the end of the lecture, the student should be able to :

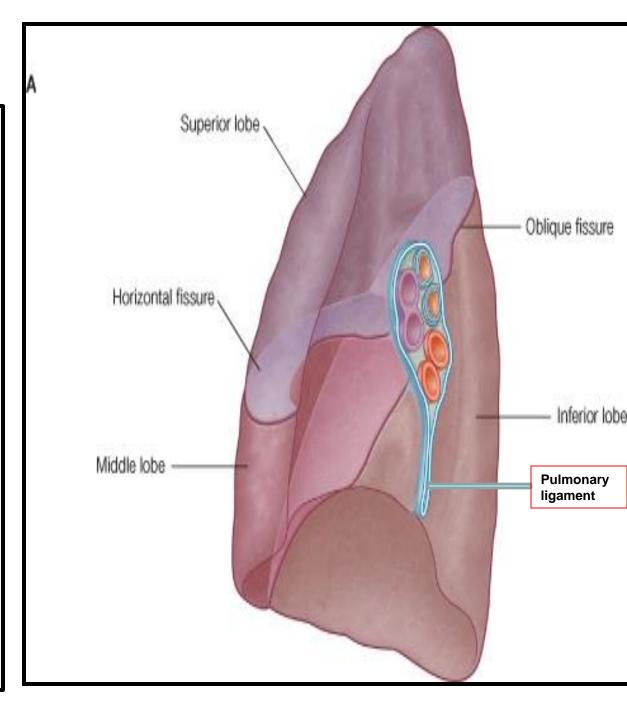
Describe the anatomy of the pleura:

subdivisions into parietal & visceral pleurae, nerve supply of each of them.

- List the parts of parietal pleura and its recesses.
- Describe the <u>surface anatomy</u> of both pleurae and lungs.
- Describe the <u>anatomy of lungs</u>: shape, relations, nerve supply & blood supply.
- Describe the <u>difference between right & left lungs.</u>
- Describe the formation of <u>bronchopulmonary</u> <u>segments</u> and the <u>main characteristics</u> of each segment in the lung.

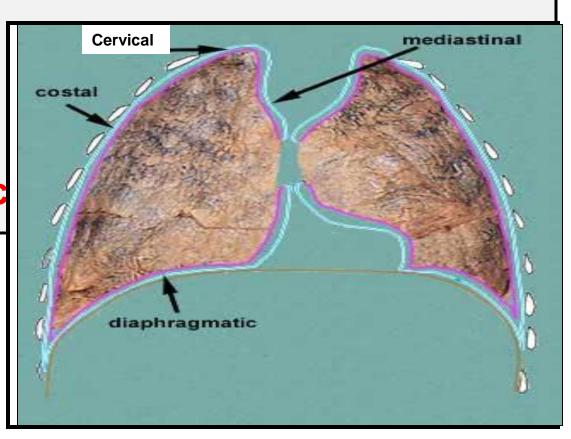
#### **Pleura**

- Double-layered serous membrane enclosing the lung.
- Has two layers:
  - Parietal layer, which lines the thoracic walls.
  - Visceral layer, which covers the surfaces of the lung.
- The two layers continue with each other around the root of the lung, where it forms a loose cuff <u>hanging down</u> called the pulmonary ligament.
- The space between the two layers, the pleural cavity, contains a thin film of pleural fluid (5-10 ml.).



#### **Parietal Pleura**

- It is divided according to the region in which it lies and the surfaces it covers, into:
  - 1- Cervical
  - 2- Costal
  - 3- Mediastinal4- Diaphragmatic

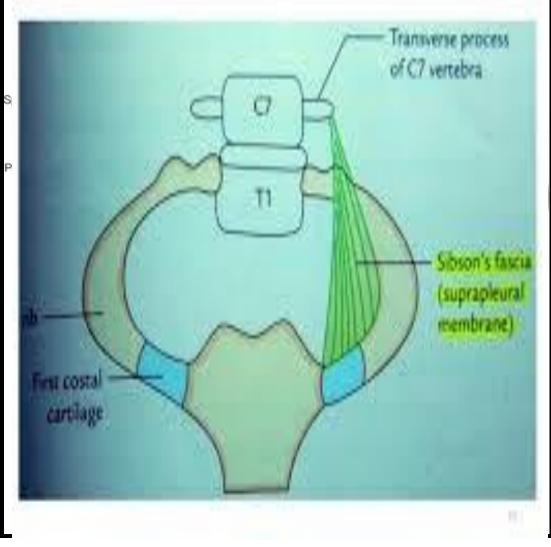


#### **Parietal Pleura**

#### <u>Cervical Pleura:</u>

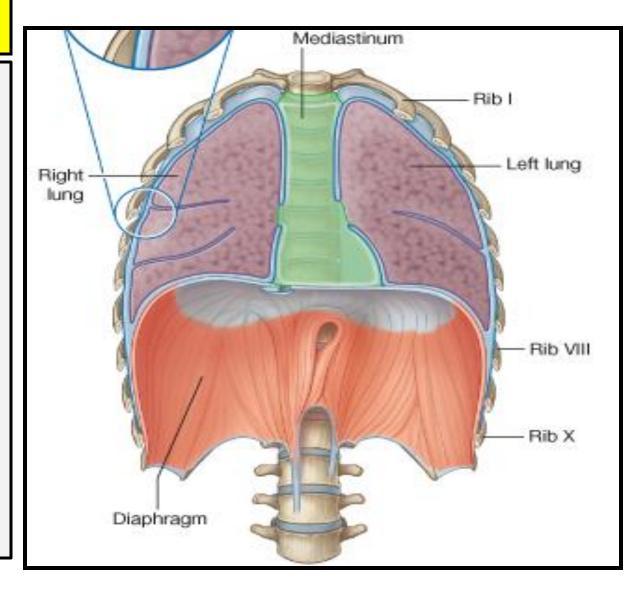
- Projects up into the neck about <u>one inch above</u> the medial1/3<sup>rd</sup> of clavicle.
- It lines the under surface of the suprapleural membrane.
- <u>Costal pleura</u>:
- lines, the back of the:
- Sternum,
- Ribs & costal cartilages,
- Intercostal spaces &
- Sides of vertebral bodies

## Suprapleural membrane/ Sibson's fascia



#### **Parietal Pleura**

- Mediastinal pleura: covers the mediastinum.
- At the hilum, it is reflected on to the vessels and bronchi, and continuous with the visceral pleura.
- Diaphragmatic
  pleura: covers the thoracic (upper)
   surface of the diaphragm.



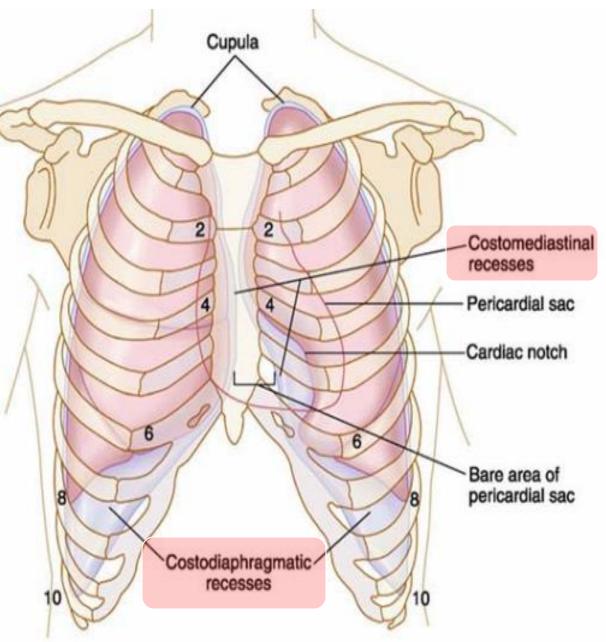
#### **Pleural Recesses**

#### **Costodiaphragmatic:**

 Slit like space
 <u>between</u> costal and diaphragmatic pleurae,
 along the inferior
 border of the lung
 which enters through it
 in deep inspiration.

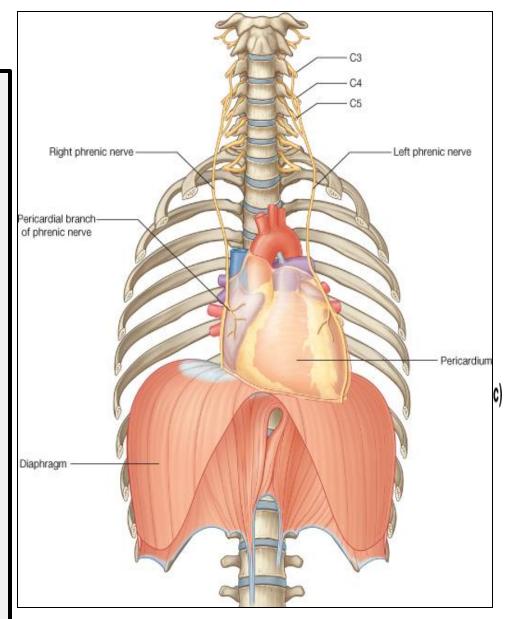
#### **Costomediastinal:**

 Slit like space
 <u>between</u> costal and mediastinal pleurae,
 along the anterior
 border of the lung
 which enters through it
 in deep inspiration.

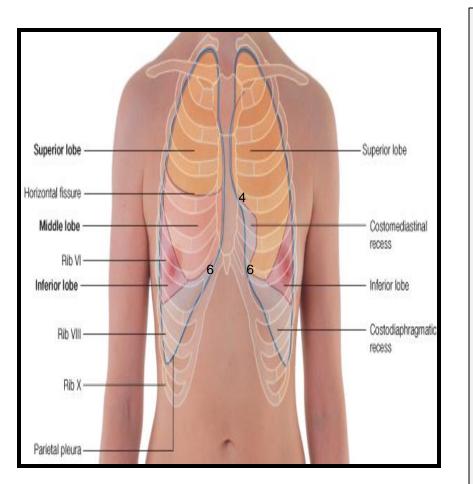


#### **Pleura: Nerve Supply**

- Parietal pleura:
- It is sensitive to pain, pressure, <u>temperature</u>, and <u>touch</u>.
- It is supplied <u>as follows</u>:
  - Costal pleura is segmentally supplied by the intercostal nerves.
  - Mediastinal pleura is supplied by phrenic nerves.
  - Diaphragmatic pleura is supplied over the domes by phrenic nerves, around the periphery by lower 6 intercostal nerves.
- <u>Visceral pleura</u> sensitive to
  <u>stretch</u> only and is supplied by the autonomic fibers from the pulmonary plexus.

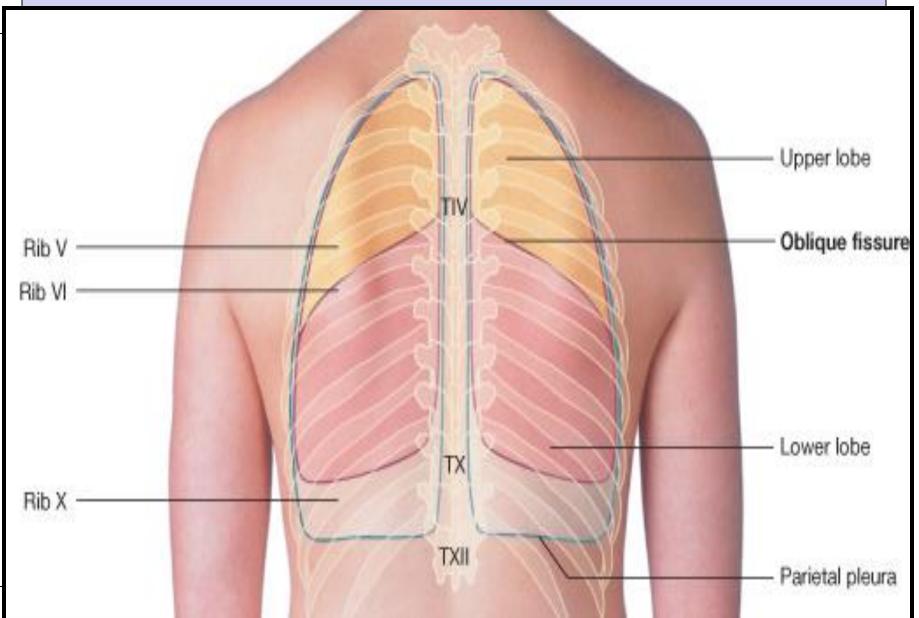


## SUFACE ANATOMY OF PLEURA

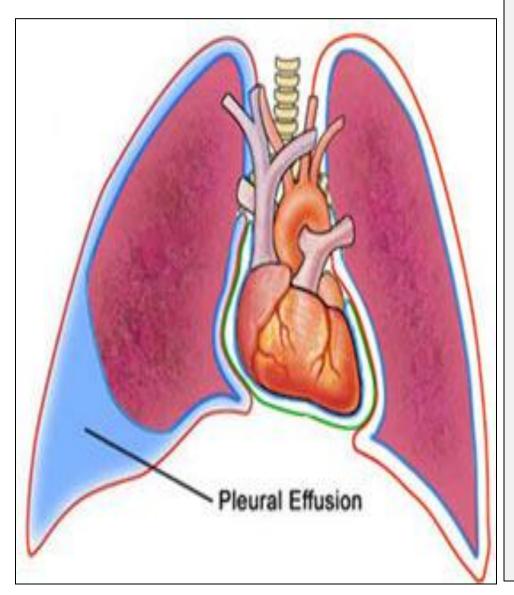


- Apex: lies one inch above the medial 1/3 of the clavicle.
- <u>Right pleura:</u> The anterior margin extends vertically from sternoclavicular joint to <u>6<sup>th</sup> costal cartilage.</u>
- Left pleura: The anterior margin extends from sternoclavicular joint to the <u>4<sup>th</sup> costal cartilage</u>, then deviates for about 1 inch to left at <u>6<sup>th</sup> costal</u> <u>cartilage</u> to form cardiac notch
- Inferior margin : passes around the chest wall, on the 8<sup>th</sup> rib in midclavicular line, 10<sup>th</sup> rib in mid-axillary line and finally reaching to the last thoracic spine.
- <u>Posterior margin</u>: along the vertebral column from the apex to the inferior margin.

## SURFACE ANATOMY OF LUNG



## **Pleural Effusion**

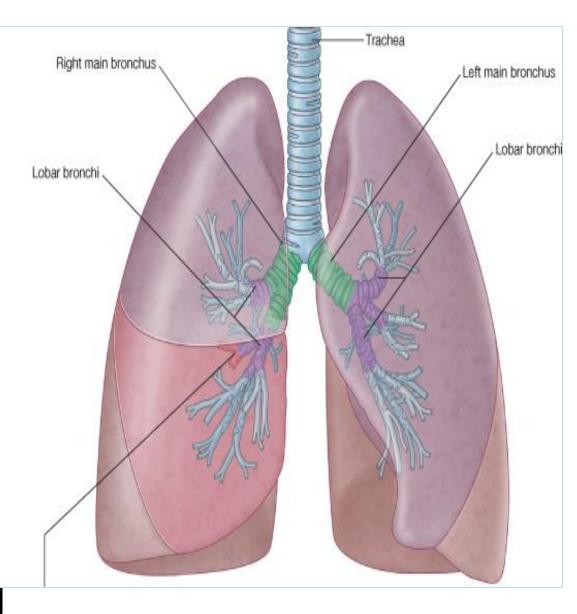


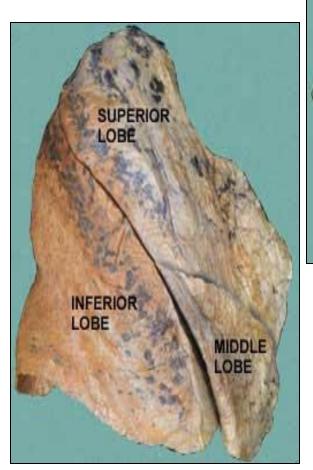
- It is an <u>abnormal</u> <u>accumulation of pleural</u> <u>fluid about 300 ml</u>, in the <u>Costodiaphragmatic pleural</u> <u>recess</u>, (normally 5-10 ml fluid)
- <u>Causes</u>: inflammation, TB, congestive heart disease and malignancy.
- The lung is <u>compressed</u> & the bronchi are narrowed.
- Auscultation would reveal only faint & decreased breathing sounds over compressed or collapsed lung lobe.
  - Dullness on percussion over the effusion.

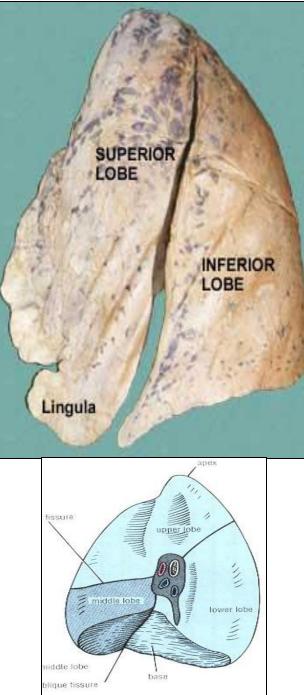
## Lungs

- Located in the thoracic cavity, one on each side of the mediastinum
- Each lung is:
- Conical in shape.
- **Covered** by the visceral pleura.
- Suspended free in its own pleural cavity.
- Attached to the mediastinum only by

its root.



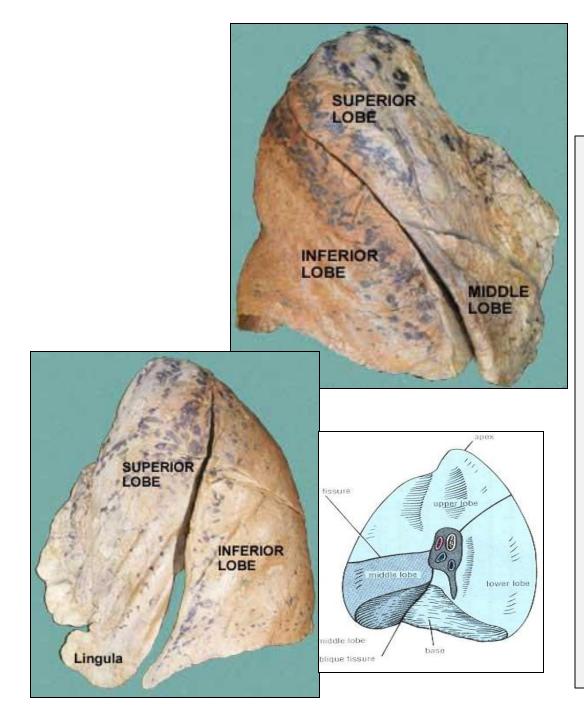




# LUNGS

#### Each lung has:

- <u>Apex and base:</u> identify the top and bottom of the lung, respectively.
  - Costal surface: surrounded by the ribs from front & back).
- Medial surface:
- Where the bronchi, blood vessels, and lymphatic vessels enter the lung at the hilum.
- It is <u>also related</u> to the **structures** forming the **mediastinum.**



## LUNGS

#### Apex:

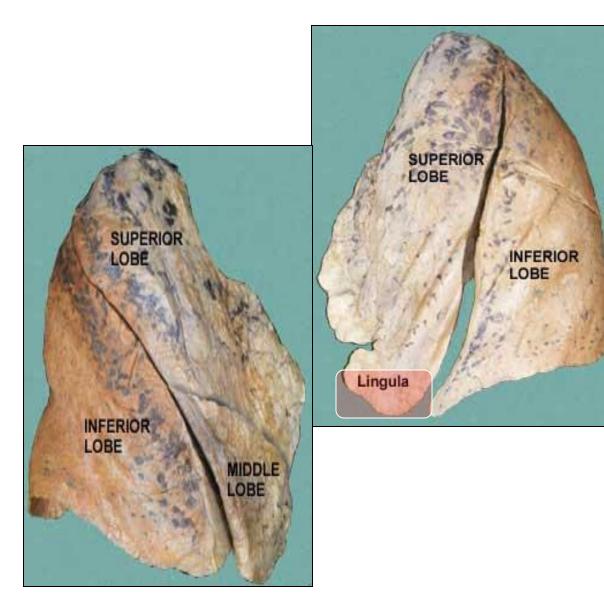
- Projects into the <u>root of</u> <u>the neck</u>
- (1/2 an inch above medial 1/3 of clavicle).
  <u>It is covered</u> by cervical pleura.

*It is grooved* <u>anteriorly</u> by <u>subclavian artery.</u>

#### Base:

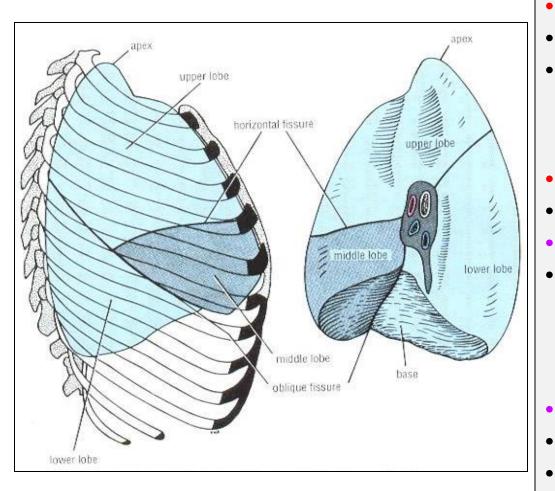
 inferior or diaphragmatic surface) is <u>concave</u> and rests on the <u>diaphragm.</u>

### **Borders:** Anterior & Posterior



- Anterior border :
- Is <u>sharp, thin</u> and overlaps the heart.
- Anterior border of left lung presents a cardiac notch at its lower end, has a thin projection called the lingula below the cardiac notch.
- Posterior border : is rounded, thick and lies beside the vertebral column.

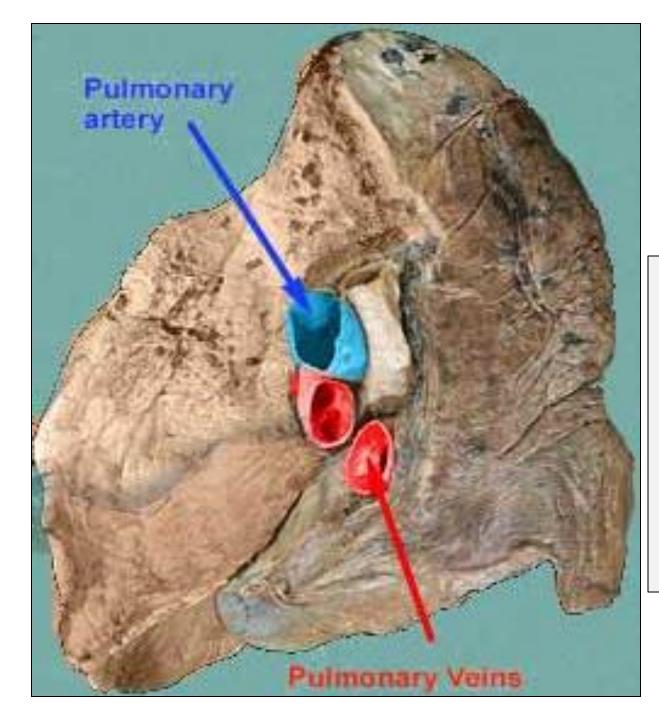
## **Surfaces:** Costal & Mediastinal



#### Lateral & medial surfaces of right lung

#### Costal surface:

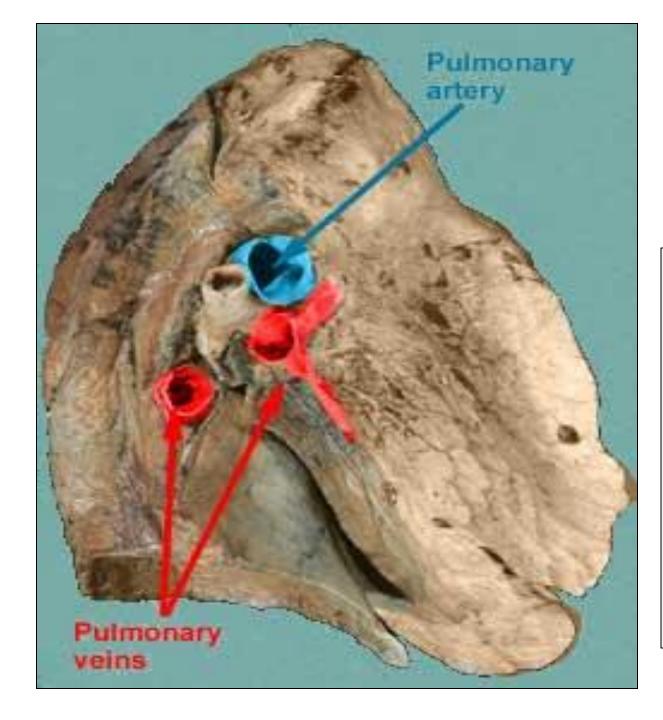
- Convex.
- Covered by <u>costal pleura</u> which <u>separates lung from</u>: ribs, costal cartilages & intercostal muscles.
- Medial surface:
- It is divided into 2 parts:
  - Anterior (mediastinal) part:
- Contains a <u>hilum</u> in the middle (it is a depression in which <u>bronchi</u>, <u>vessels</u>, & <u>nerves</u> forming the root of lung).
- Posterior (vertebral) part:
- It is related to:
- Bodies of thoracic vertebrae,
- Intervertebral discs,
  - Posterior intercostal vessels
- Sympathetic trunk.



## RIGHT LUNG ROOT

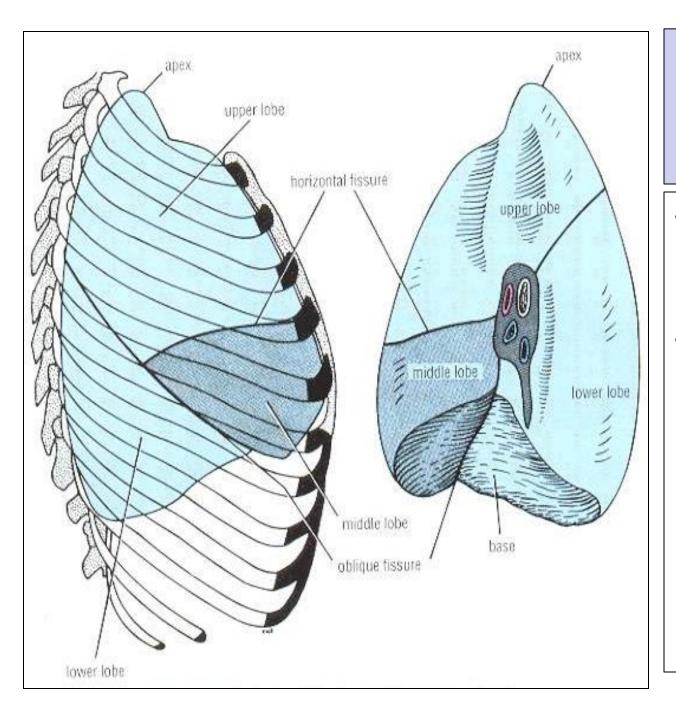
#### • 2 bronchi:

- Lie <u>posterior.</u>
- Pulmonary artery:
- Is <u>superior</u>
- Pulmonary veins:
- Are <u>inferior and</u> <u>anterior.</u>



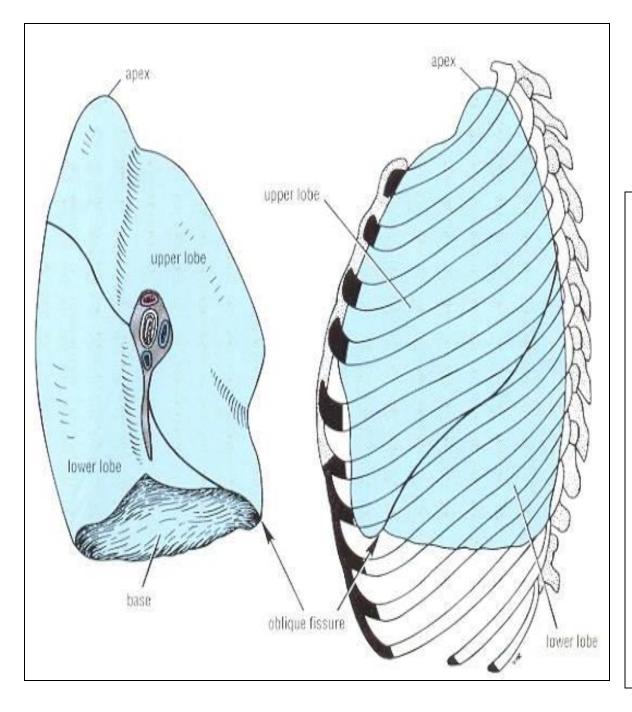
## LEFT LUNG ROOT

- One bronchus:
- Lies <u>posterior</u>
- Pulmonary artery:
- Is superior
- Pulmonary veins:
- Is <u>inferior and</u> <u>anterior</u>



# Right lung

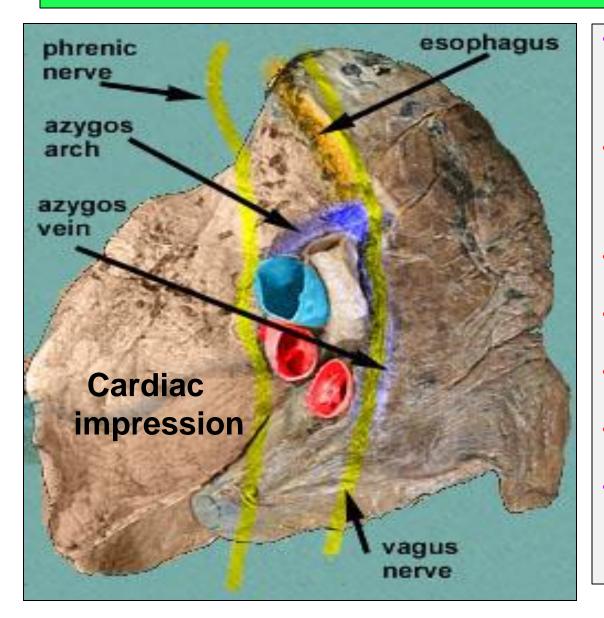
- <u>Larger &</u>
  <u>shorter</u>than
  left lung.
  - Divided by <u>2 fissures</u> (oblique & <u>horisontal</u>) into <u>3 lobes</u> (upper, middle and lower lobes).



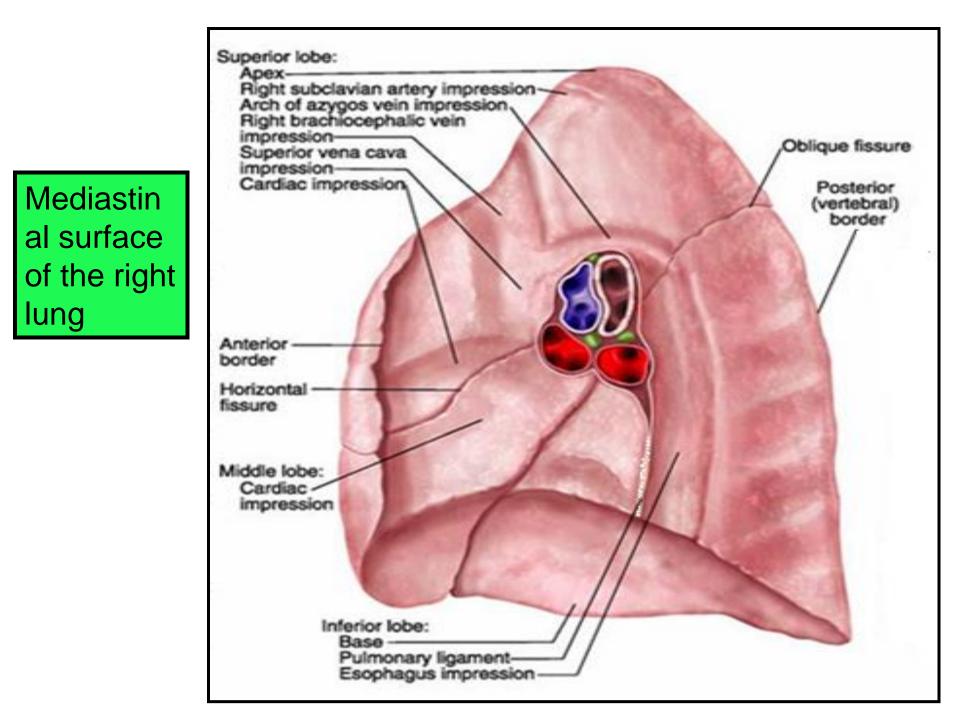
# Left Lung

- Divided by one oblique fissure into -2 lobes, Upper and lower.
- There is <u>No</u> horizontal fissure.
- It has a cardiac notch at <u>lower</u> <u>part</u> of its <u>anterior border.</u>

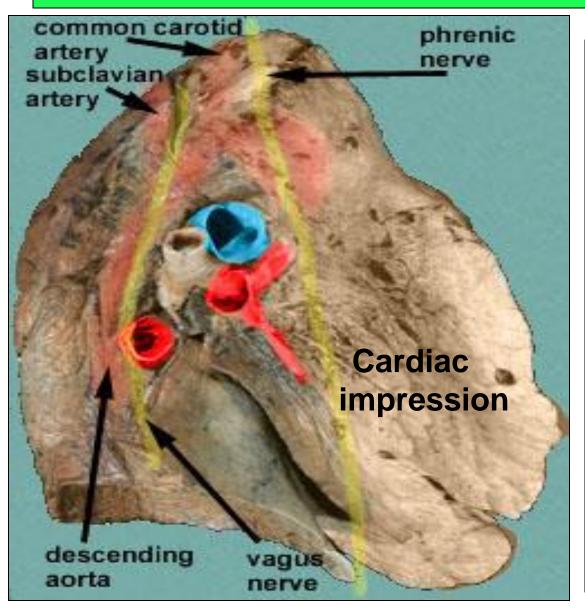
## **Mediastinal surface of right lung**



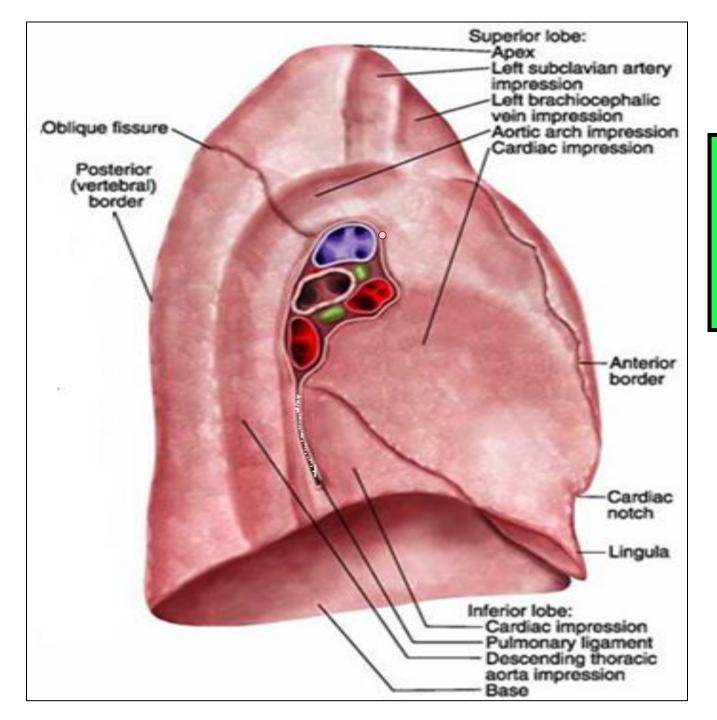
- On the mediastinal surface of the right lung, you find these structures:
- Azygos vein and its arch (posterior and over the root of the lung).
- Vagus nerve posterior to the root of the lung.
- **Esophagus** posterior to the root.
- Phrenic nerve anterior to the root of the lung.
- Cardiac impression: related to right atrium.
- Below hilum and in front of pulmonary ligament : groove for <u>I.V.C.</u>



## **Mediastinal surface of left lung**



- On the mediastinal surface of the left lung, you will find these structures:
- Descending aorta posterior to the root.
- Vagus nerve posterior to the root of the lung
- Arch of the aorta over the root of the lung
- Groove for left common carotid and left subclavian arteries.
- Phrenic nerve anterior to the root of the lung.
- Cardiac impression: related to left ventricle.



Mediastinal surface of the left lung

# **Blood supply of lung**

- Bronchial arteries (From descending aorta).... It supplies oxygenated blood to bronchi, lung tissue & visceral pleura.
- Bronchial veins : drain into azygos & hemiazygos veins.
- Pulmonary artery which carries non-oxygenated blood from right ventricle to the lung alveoli.
- 2 pulmonary veins : carry oxygenated blood from lung alveoli to the left atrium of the heart.

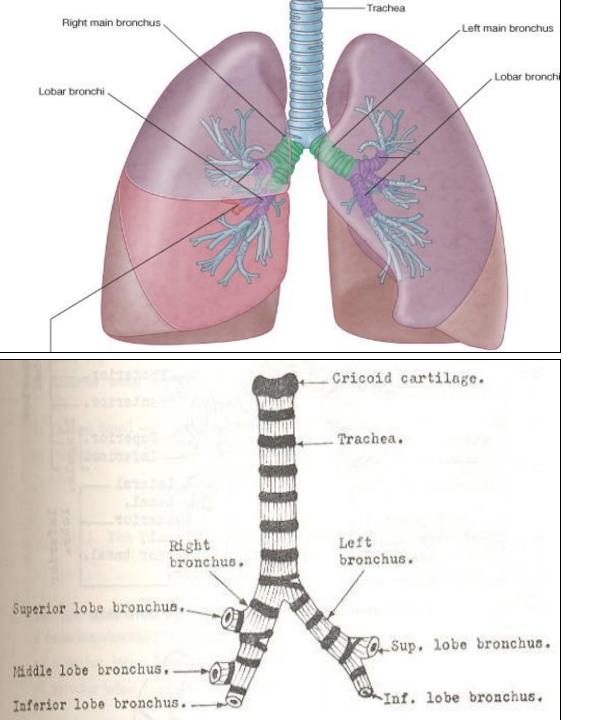
# **Nerve Supply of the lung**

- Pulmonary plexus at the root of lung....is formed of <u>autonomic N.S.</u> from sympathetic & parasympathetic fibers.
- 1- Sympathetic Fibers
- From ... sympathetic trunk...
- Action: broncho-dilatation/and vasoconstriction.

**2- Parasympathetic Fibers** 

From..... Vagus nerve ....

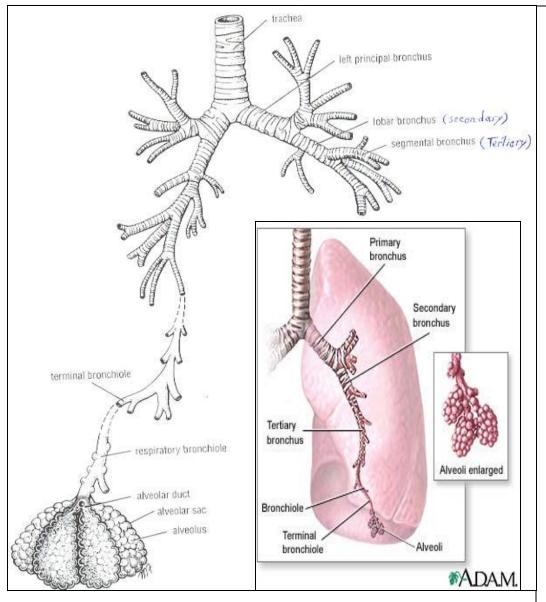
Action: Broncho-constriction and secretomotor to bronchial glands /and vasodilatation.



## **Bronchi**

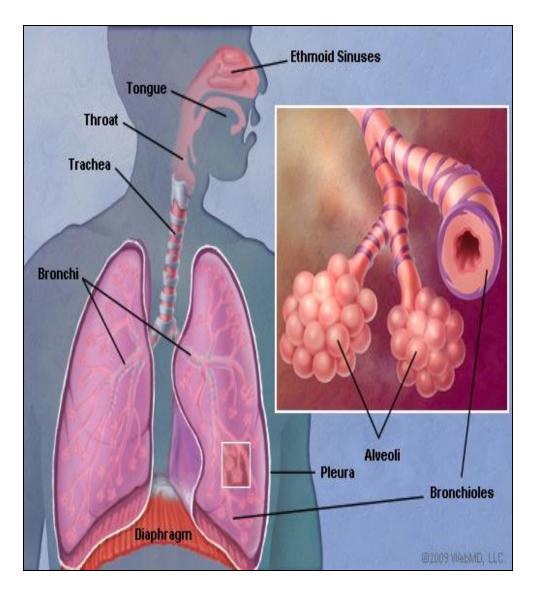
The trachea divides into 2 main bronchi: **Right main** bronchus: which divides before entering the hilum, it gives: superior lobar (secondary) bronchus. On entering hilum, it divides into middle & inferior lobar bronchi. Left main bronchus: <u>On entering hilum, it</u> divides into superior & inferior lobar bronchi.

## **Bronchopulmonary segments**



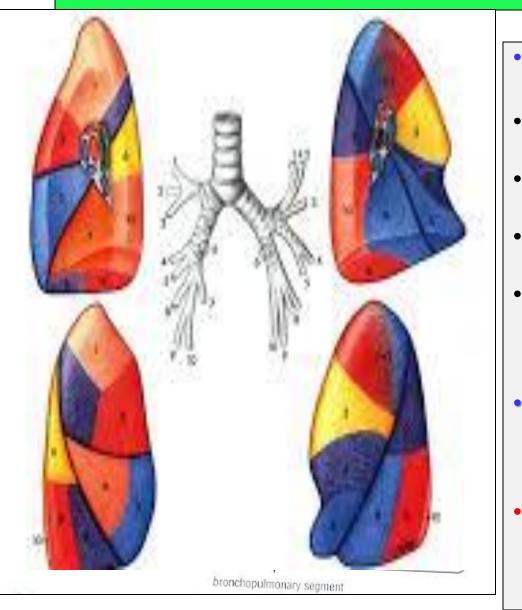
- They are the anatomic, functional, and surgical units of the lungs.
  - Each lobar (secondary) bronchus gives segmental (tertiary) bronchi.
- Each segmental bronchus divides repeatedly into bronchioles.
- Bronchioles divide into terminal bronchioles, which show delicate outpouchings 'the respiratory bronchioles'.

## **Bronchopulmonary segments**



The respiratory bronchioles end by branching into alveolar ducts, which lead into alveolar sacs. The alveolar sacs consist of several alveoli, each alveolus is surrounded by a network of blood capillaries for gas exchange.

### **Bronchopulmonary segments**



#### The main characteristics of a

- It is a subdivision of a lung lobe.
- It is pyramidal shaped, its apex toward the <u>lung root.</u>
- It is surrounded by connective tissue septa.
  - It has a <u>segmental bronchus,</u> a <u>segmental artery</u>, <u>lymph</u> <u>vessels</u>, and <u>autonomic</u> <u>nerves.</u>
- The segmental vein lies in the inter- segmental <u>C.T.</u> septa between the segments.
  - A diseased segment can be removed surgically, because it is <u>a structural unit.</u>

