# Pleura & Lung

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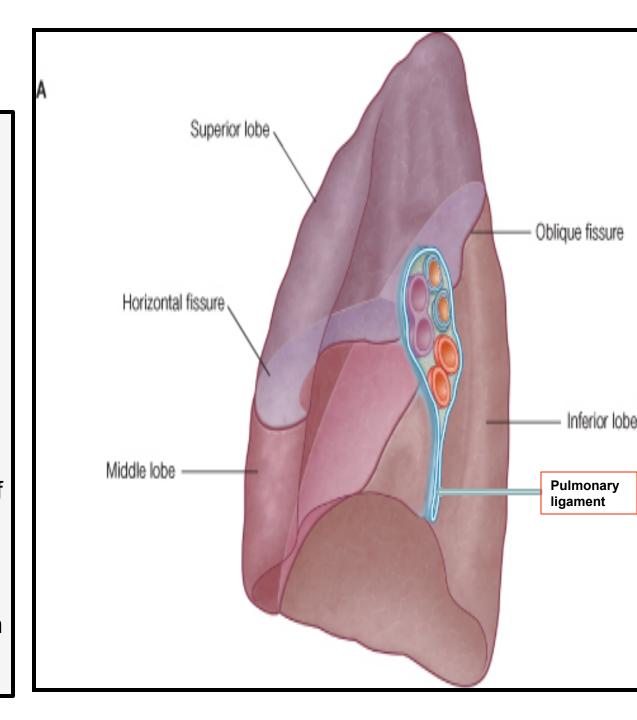
# **Objectives**

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

- Describe the anatomy of the <u>pleura</u>: <u>subdivisions</u> into parietal & visceral pleurae, <u>nerve</u> <u>supply</u> 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 difference between right & left lungs.
- Describe the formation of <u>bronchopulmonary</u> <u>segments</u> and the <u>main characteristics</u> of each segment in the lung.

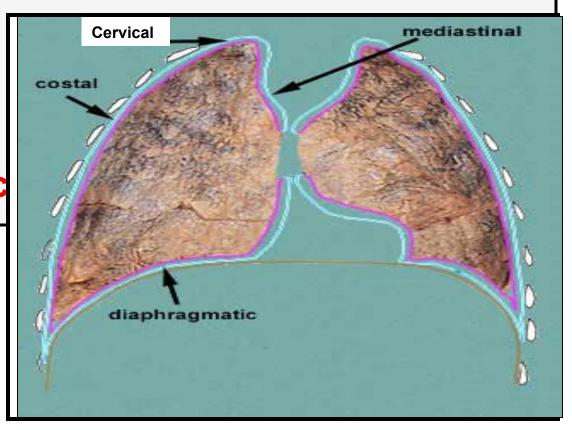
#### **Pleura**

- 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
   hanging down called the
   pulmonary ligament.
- The space between the two layers, the pleural cavity, contains a thin film of pleural serous 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- Mediastinal
  - 4- Diaphragmatic



#### **Parietal Pleura**

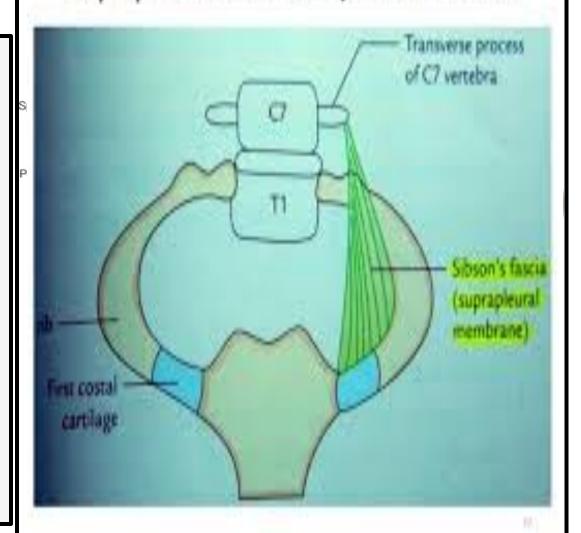
#### Cervical Pleura:

- Projects up into the neck about <u>one inch above</u> the medial 1/3<sup>rd</sup> of clavicle.
- It lines the under surface of the suprapleural membrane.

#### Costal pleura:

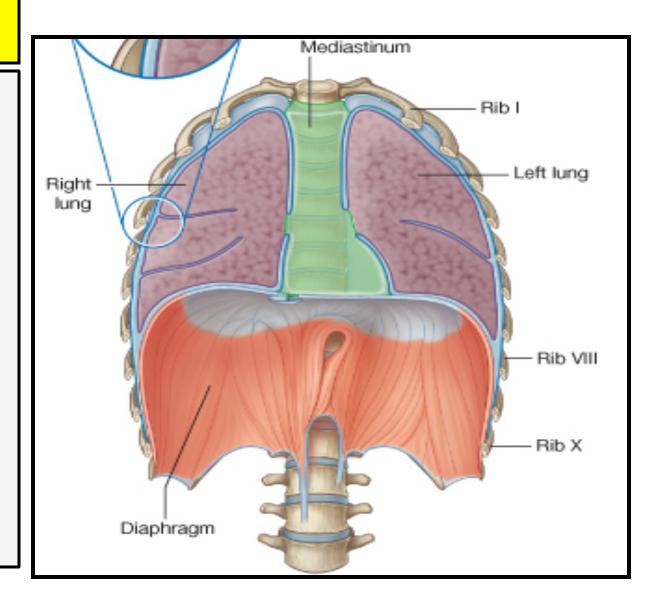
- lines, the back of the:
- Sternum,
- Ribs & costal cartilages,
- Intercostal spaces &
- Sides of vertebral bodies

### 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

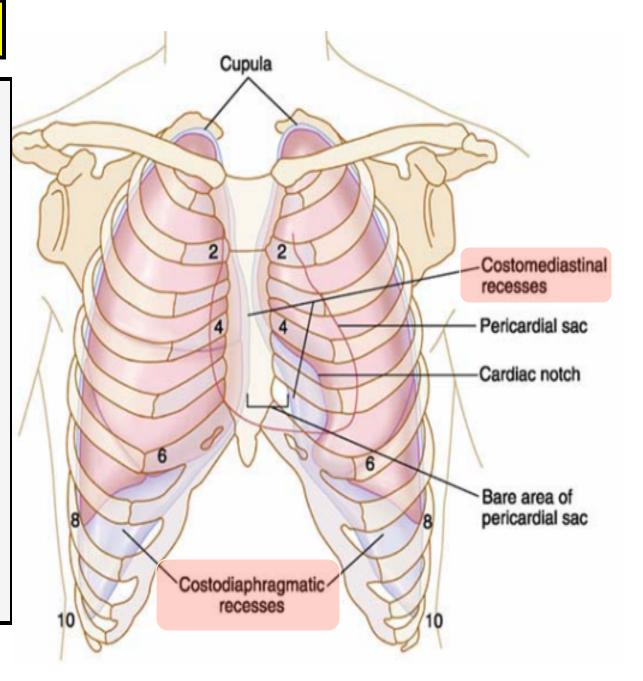
#### **Costodiaphragmatic:**

Slit like space

 between costal and diaphragmatic pleurae, along the inferior border of the lung which enters through it in deep inspiration.

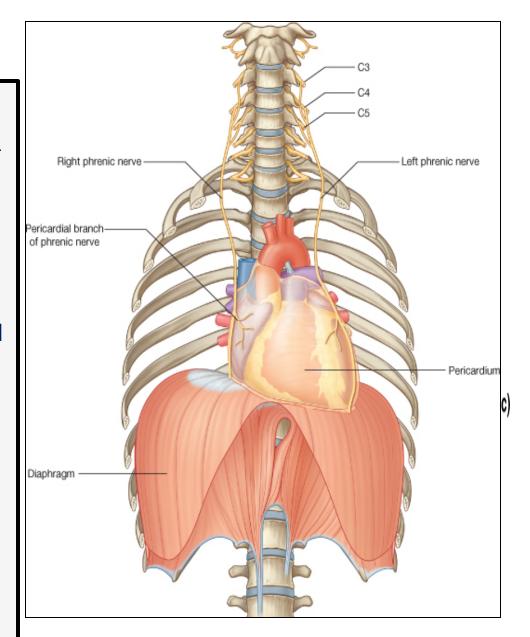
#### **Costomediastinal:**

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

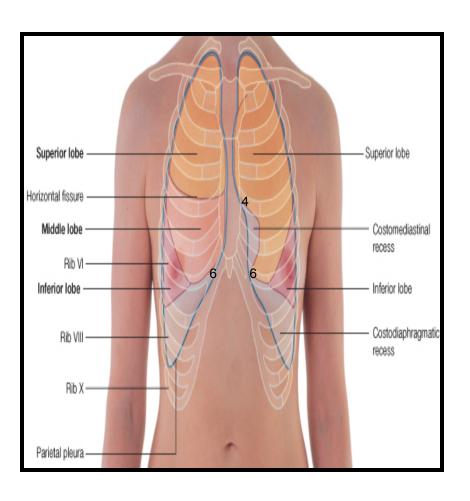


#### **Pleura: Nerve Supply**

- Parietal pleura:
- It is sensitive to pain, pressure, temperature, and touch.
- 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.
- Visceral pleura sensitive to
   <u>stretch</u> only and is supplied by the <u>autonomic fibers</u> from the <u>pulmonary plexus</u>.

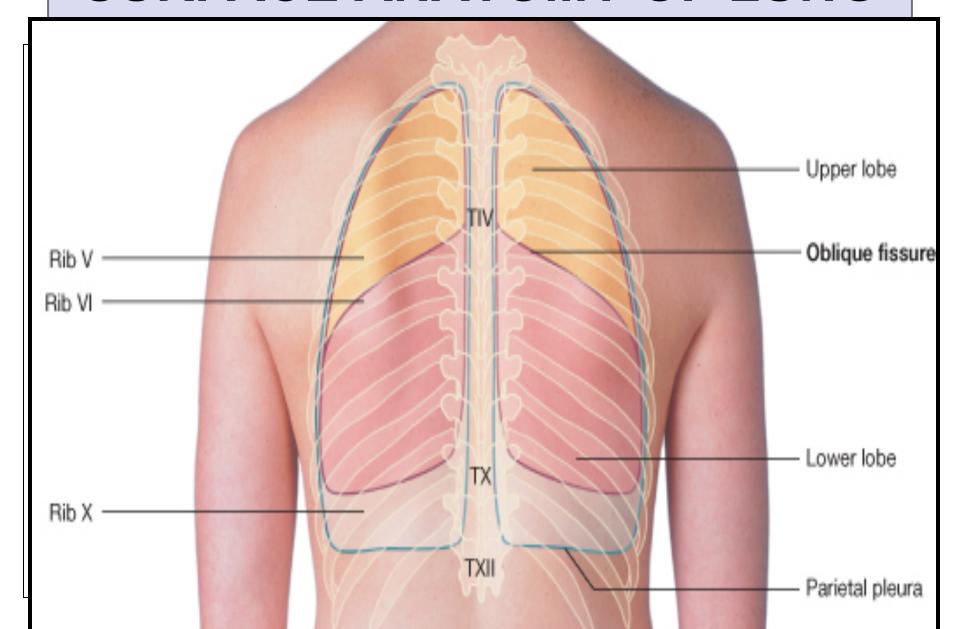


## SUFACE ANATOMY OF PLEURA

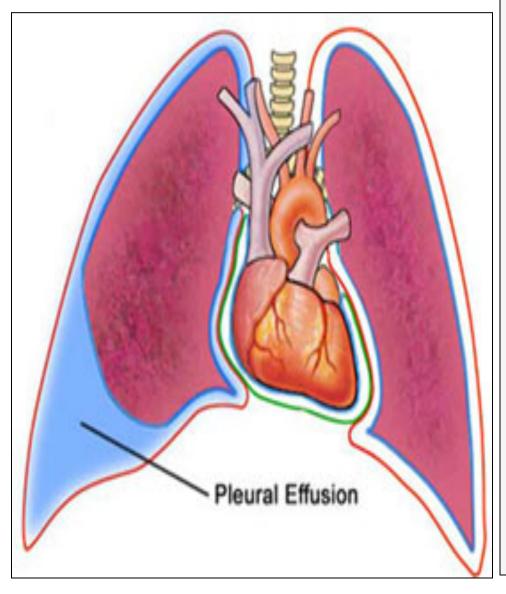


- Apex: lies one inch above the medial 1/3 of the clavicle.
- Right pleura: The anterior margin extends vertically from sternoclavicular joint to 6<sup>th</sup> costal cartilage.
- Left pleura: The anterior margin extends from sternoclavicular joint to the 4<sup>th</sup> costal cartilage, then deviates for about 1 inch to left at 6<sup>th</sup> costal cartilage 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 (T12 spine).
- Posterior margin: along the vertebral column from the apex to the inferior margin (T12 spine).

## SURFACE ANATOMY OF LUNG



#### **Pleural Effusion**



- It is an <u>abnormal</u> accumulation of pleural fluid about 300 ml, in the Costodiaphragmatic pleural recess, (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

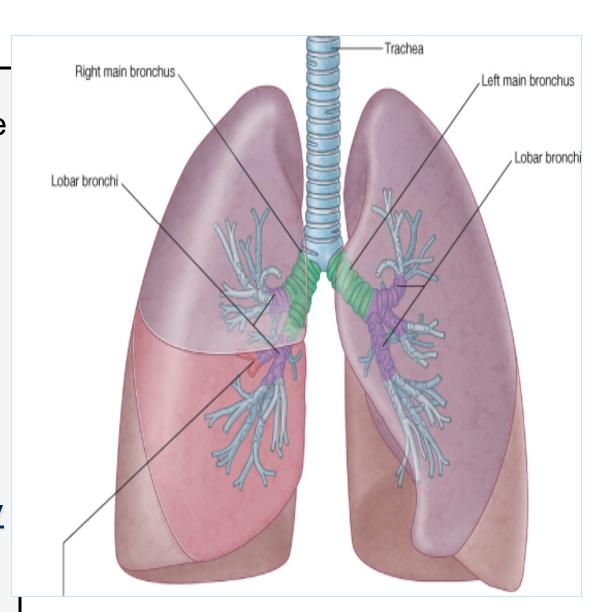
- Located in the thoracic cavity, one on each side of the mediastinum
- Each lung is:

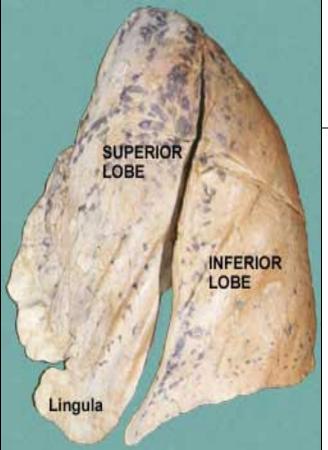
Conical in shape.

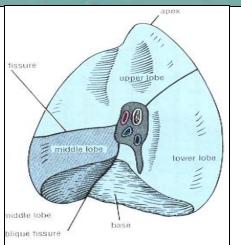
Covered by the visceral pleura.

Suspended free in its own pleural cavity.

Attached to the mediastinum only by its root.

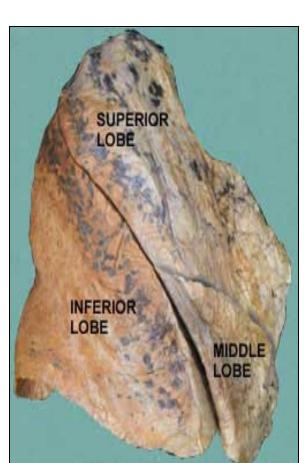


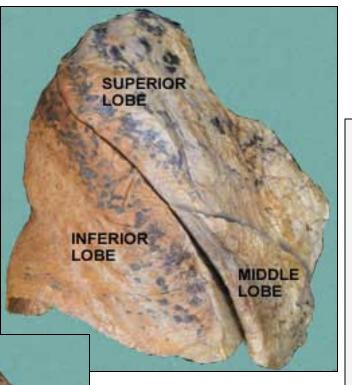






- Each lung has:
- Apex and base: identify the top and bottom of the lung, respectively.
- Costal surface: surrounded by the ribs from front & back).
- Medial surface:
- Where the bronchi, blood vessels, and lymphatic vessels enter the lung at the hilum.
- It is <u>also related</u> to the **structures**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





tissure

INFERIOR

SUPERIOR

Lingula



#### Apex:

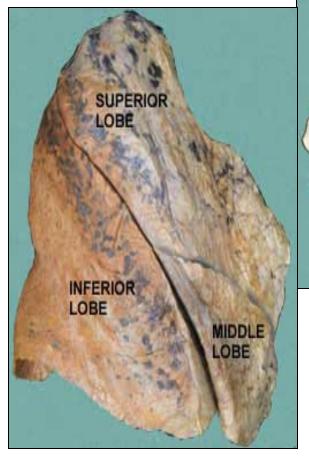
- Projects into the <u>root of</u> the neck
- (1/2 an inch above medial 1/3 of clavicle).
   It is covered by cervical pleura.

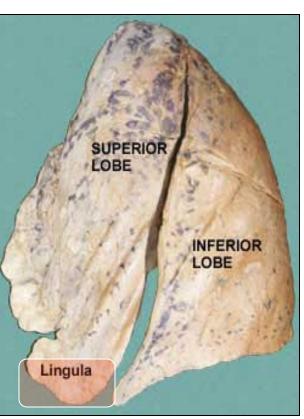
It is grooved anteriorly by subclavian artery.

#### • Base:

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

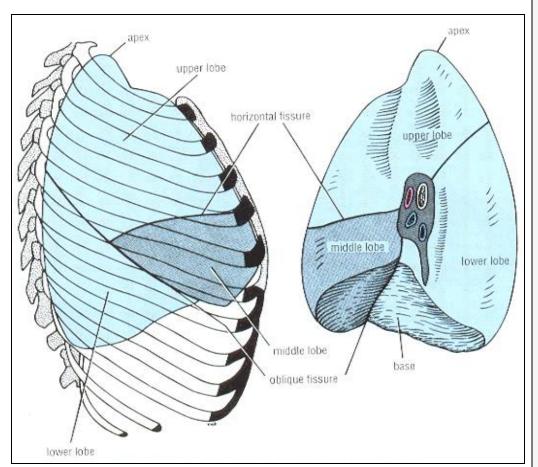
#### **Borders:** Anterior & Posterior





- 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.

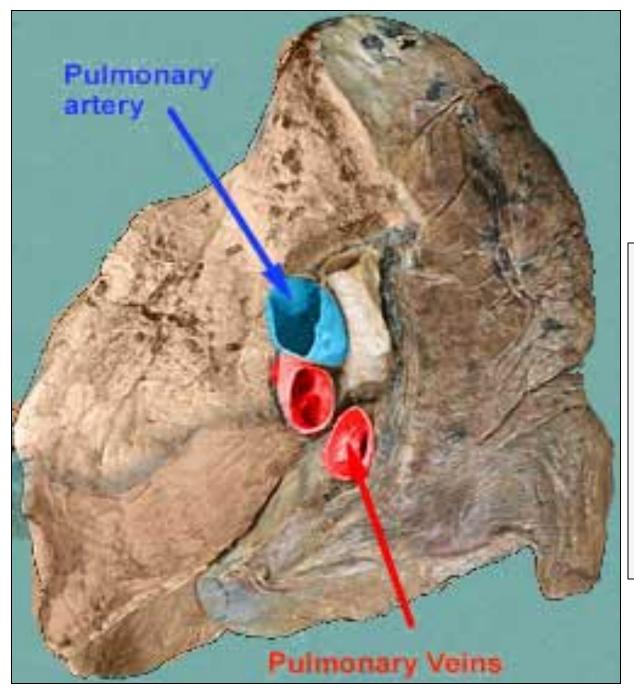
## **Surfaces:** Costal & Mediastinal



#### Lateral & medial surfaces of right lung

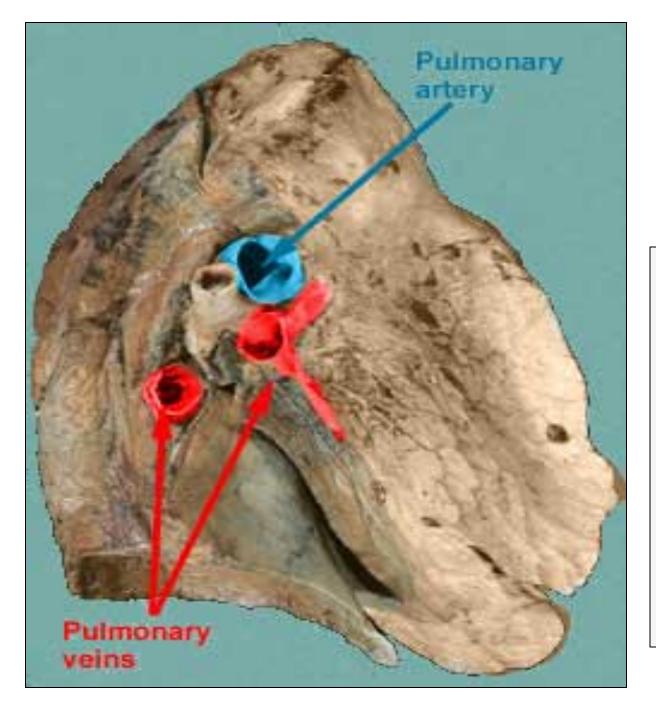
#### Costal surface:

- 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.



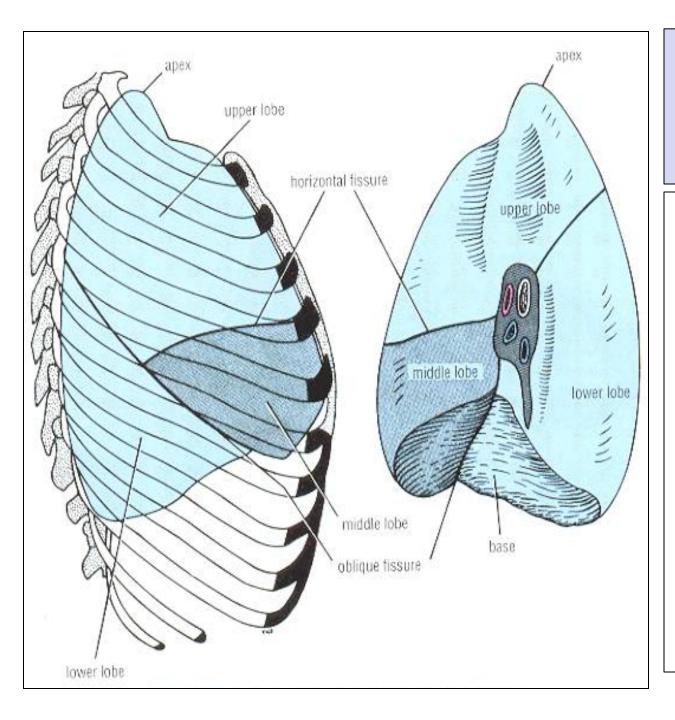
## RIGHT LUNG ROOT

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

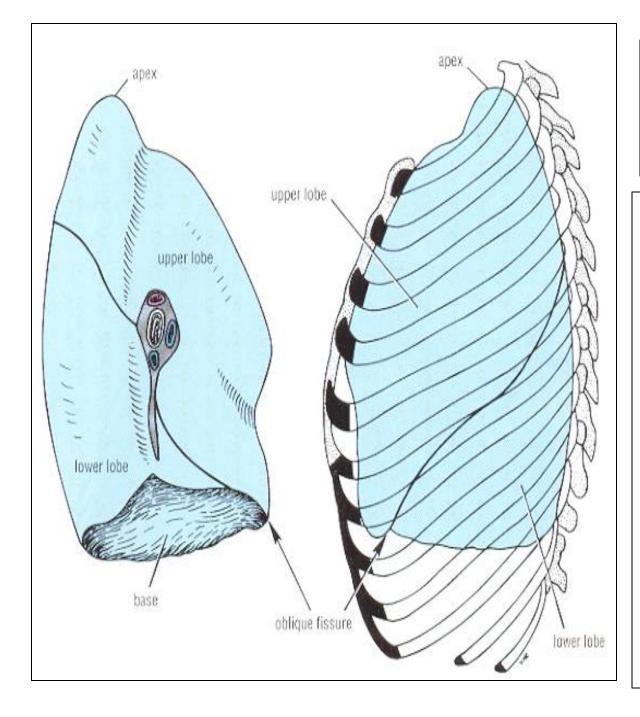


# Right lung

- <u>Larger &</u>
   <u>shorter than</u>

   left lung.
- Divided by

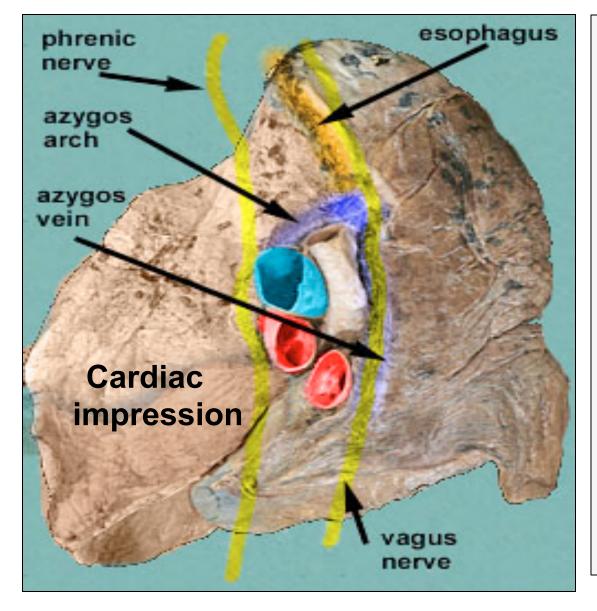
  2 fissures
  (oblique & horisontal)
  into 3 lobes
  (upper, middle and lower lobes).



# **Left Lung**

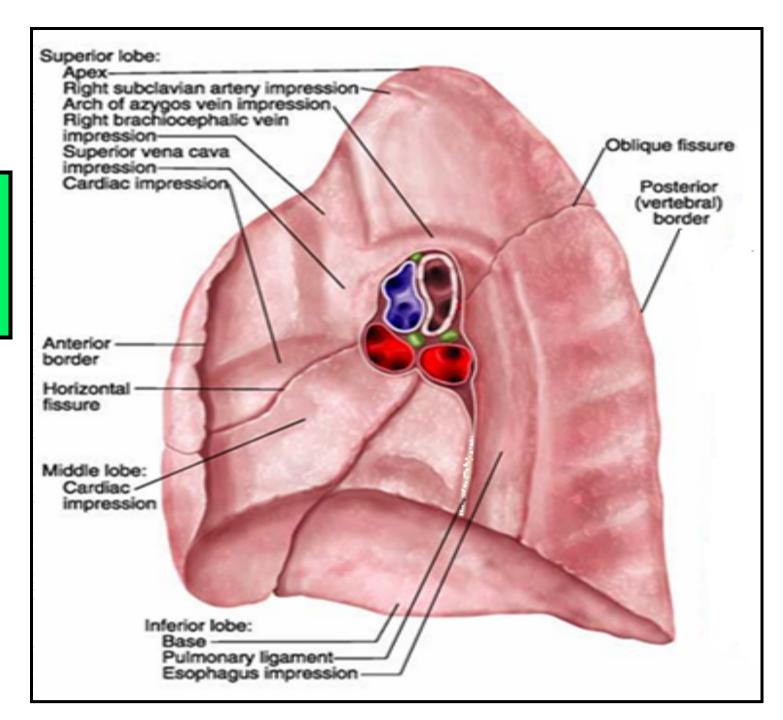
- Divided by one oblique fissure into -2 lobes, Upper and lower.
- There is <u>No</u> horizontal fissure.
- It has a cardiac notch at <u>lower</u> <u>part</u> of its anterior border.

## Mediastinal surface of right lung

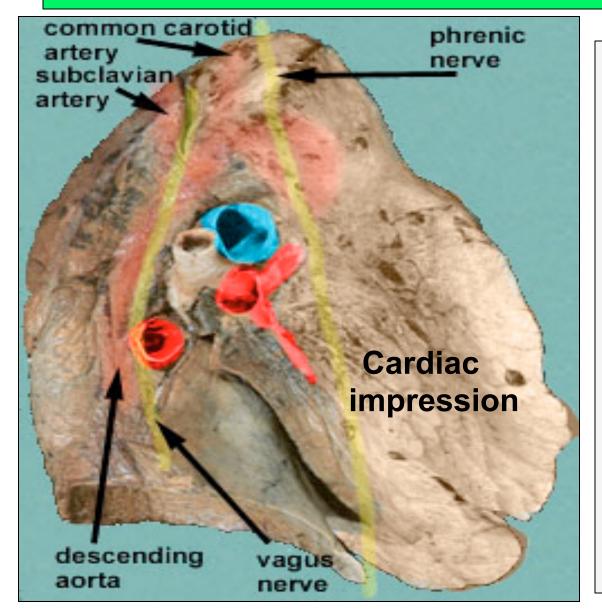


- On the mediastinal surface of the right lung, you find these structures:
- Azygos vein and its arch (posterior and over the root of the lung).
- Vagus nerve posterior to the root of the lung.
- Esophagus posterior to the root.
- Phrenic nerve anterior to the root of the lung.
- Cardiac impression: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

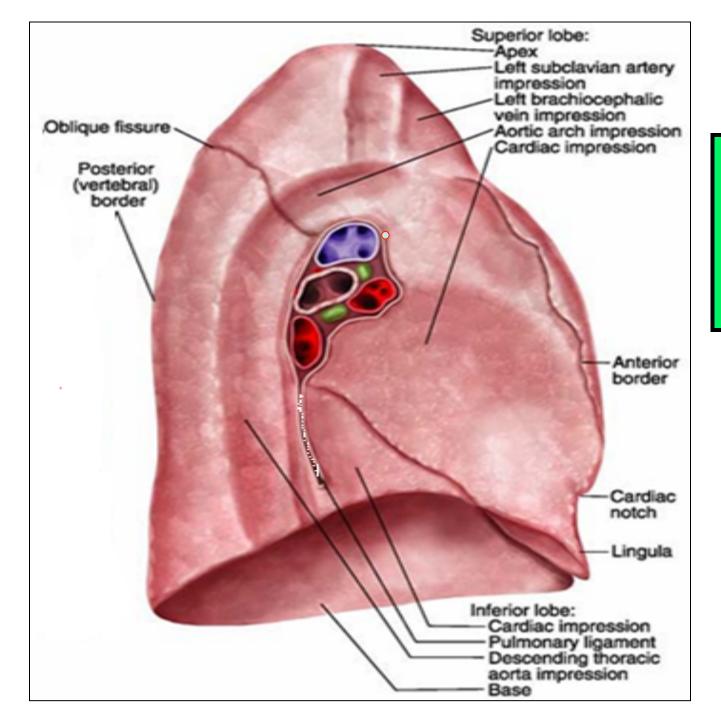
Mediastin al surface of the right lung



## 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 <u>lung alveoli</u>.
- 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

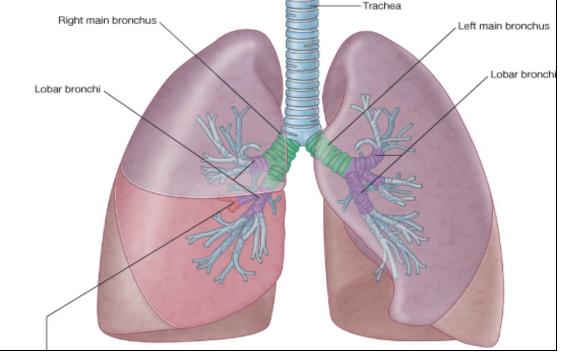
From ... sympathetic trunk...

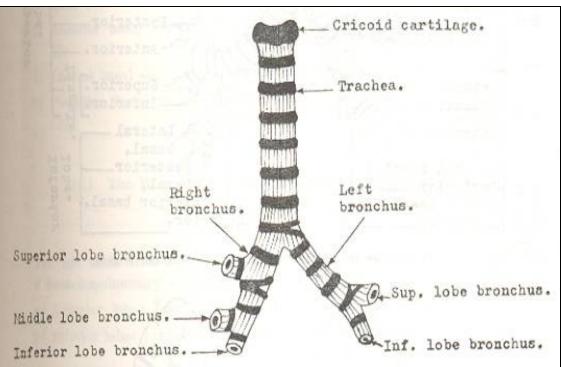
Action: broncho-dilatation/and vasoconstriction.

## 2- Parasympathetic Fibers

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

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



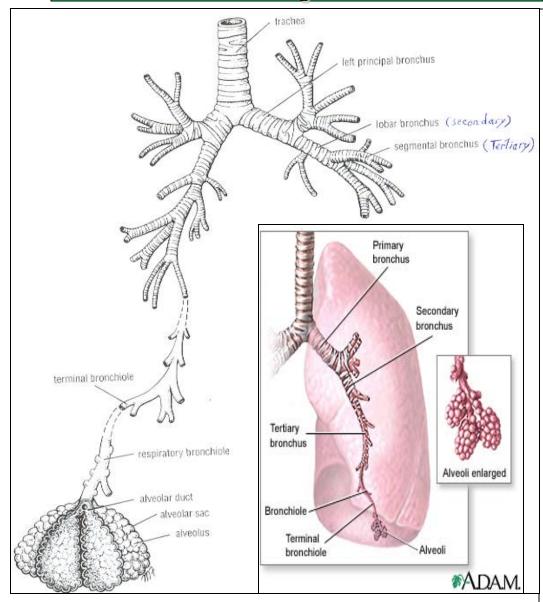


## **Bronchi**

- 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:

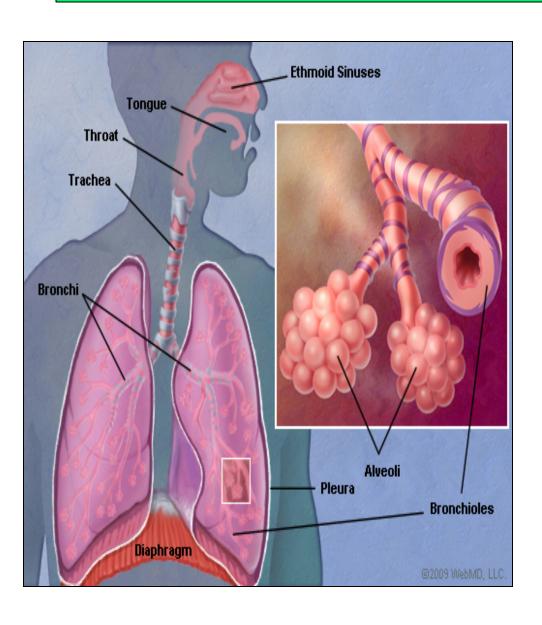
   On entering hilum, it divides into superior
   inferior lobar bronchi.

## **Bronchopulmonary segments**



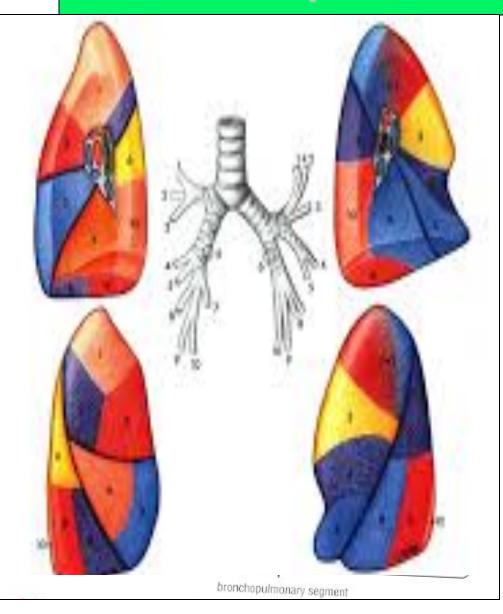
- They are the anatomic, functional, and surgical units of the lungs.
- Each lobar (secondary) bronchus gives segmental (tertiary) bronchi.
- Each segmental bronchus divides repeatedly into bronchioles.
- Bronchioles divide into terminal bronchioles, which show delicate outpouchings 'the respiratory 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 bronchopulmonary segment/
- 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> nerves.
- The segmental vein lies in the inter- segmental C.T. septa between the segments.
- A diseased segment can be removed surgically, because it is a structural unit.

# THANK YOU