



MED437  
KING SAUD UNIVERSITY



# Large Intestines

Lecture (6)

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هذا العمل مبني بشكل أساسي على عمل دفعة ٤٣٦ مع المراجعة والتدقيق وإضافة الملاحظات ولا يغني عن المصدر الأساسي للمذاكرة

- **Important**
- **Doctors Notes**
- Notes/Extra explanation

{وَمَنْ يَتَّكِلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ}

# ■ Objectives

**At the end of the lecture, students should be able to:**

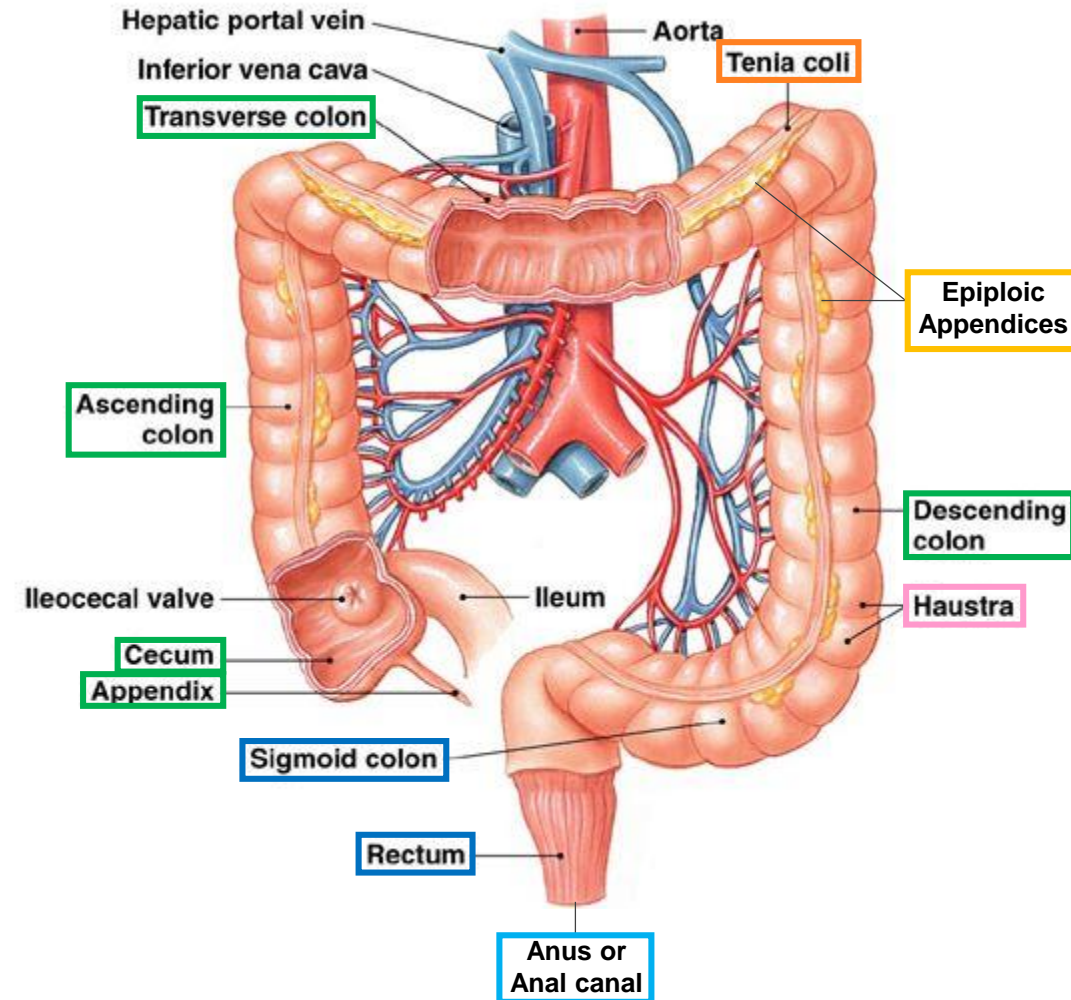
- ✓ List the different parts of **large intestine**.
- ✓ List the characteristic features of **colon**.
- ✓ Describe the anatomy of different parts of large intestine regarding: the **surface anatomy, peritoneal covering, relations, arterial & nerve supply**.

# Parts of the Large Intestine

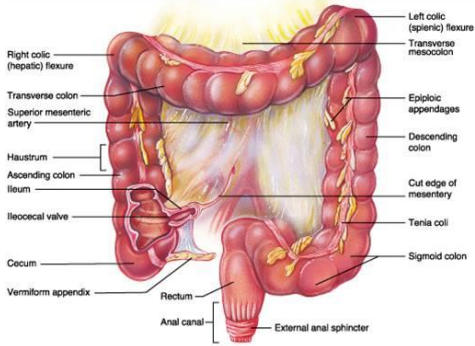
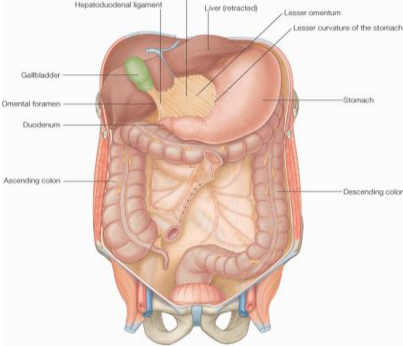
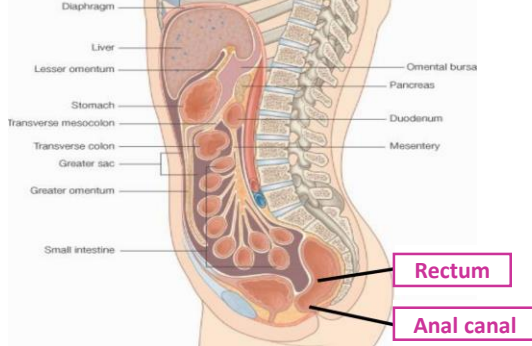
- (1,2,3,4,5) are found in the abdomen
- (6,7) are found in the pelvis
- (8) is found in the perineum

## Characteristics of Colon

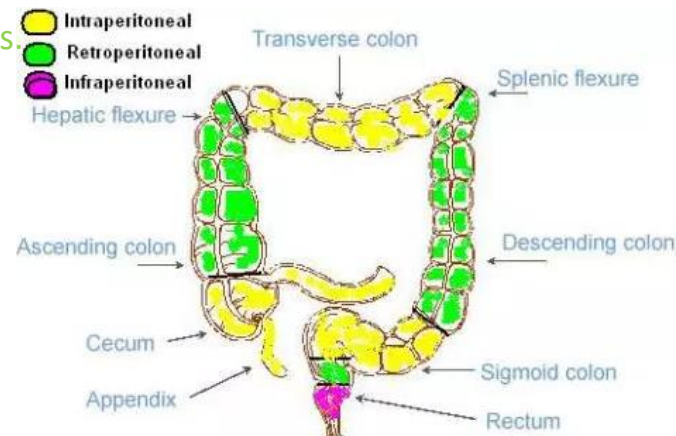
- NOT found in rectum & anal canal ONLY colon
- Taenia coli:  
**Three** longitudinal muscle bands
- Sacculations (Haustra)=تکيسات:  
Because the Taeniae coli are **shorter** than large intestine
- Epiplonic Appendices=زوائد:  
**Short** peritoneal folds **filled with fat** (Yellowish color)



# Peritoneal Covering

Parts with <u>mesentery</u> <sup>1</sup>	Parts with <u>Retroperitoneal</u> <sup>2</sup>	Parts <u>devoid of (without) peritoneal covering</u>
<ol style="list-style-type: none"> <li>1. Transverse colon<sup>3</sup></li> <li>2. Sigmoid colon</li> <li>3. Appendix</li> <li>4. Cecum</li> </ol>	<ol style="list-style-type: none"> <li>1. Ascending colon</li> <li>2. Descending colon</li> <li>3. Upper 2/3 of rectum</li> </ol>	<ol style="list-style-type: none"> <li>1. Lower 1/3 of rectum</li> <li>2. Anal canal</li> </ol>
		

- 1- The peritoneum covers the anterior and posterior surfaces.
- 2- The peritoneum only covers the anterior surface
- 3- First 2 inches WITHOUT mesentery



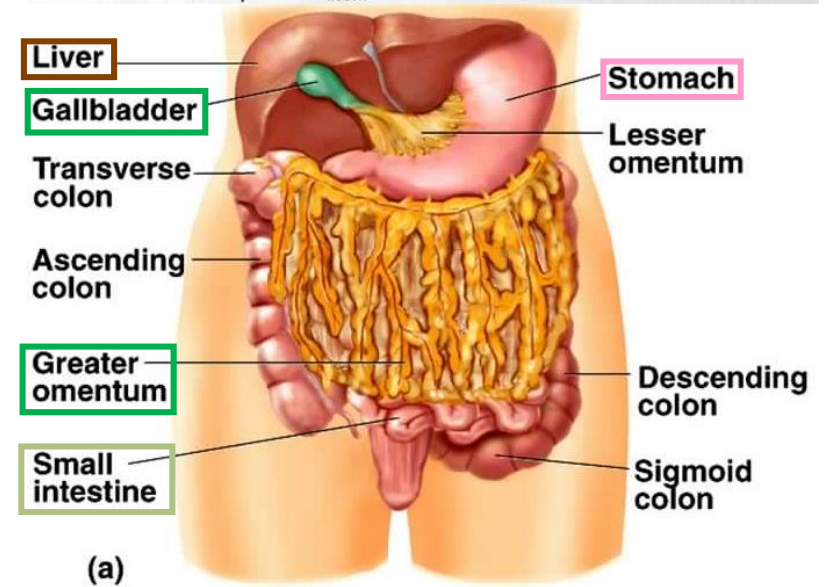
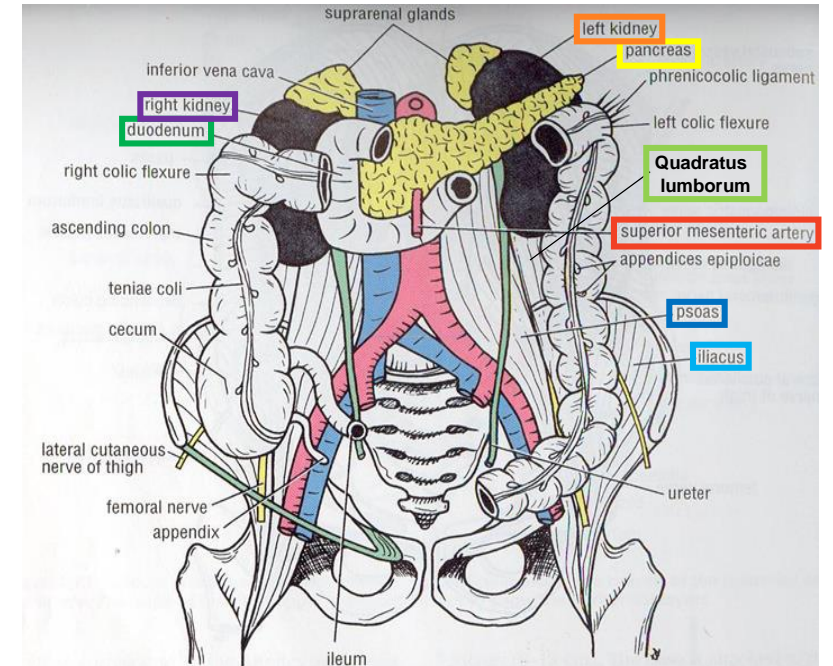
# Parts of the Large Intestine

## Relation

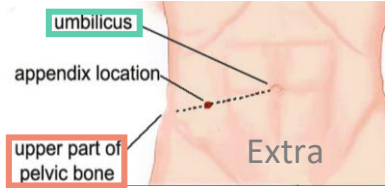
\*Transverse colon full → Stomach will be Anterior

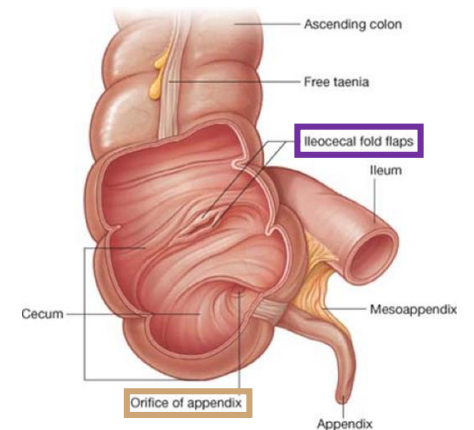
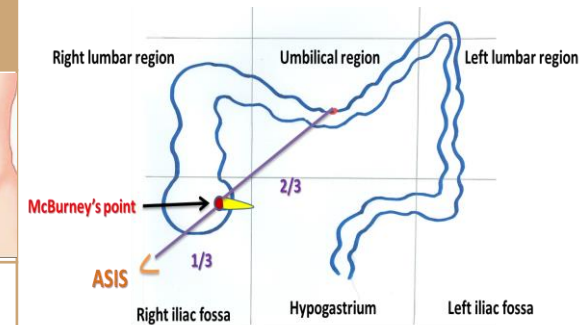
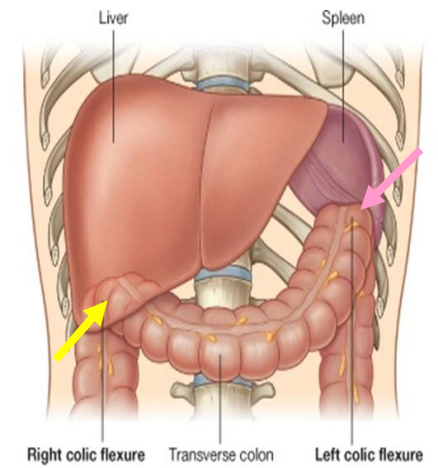
\*Transverse colon empty → Stomach will be Superior

	Anterior	Posterior
Cecum (Right)		<ol style="list-style-type: none"> <li>1. <u>Psoas major</u></li> <li>2. <u>Iliacus</u></li> </ol>
Ascending colon (Right)	<ol style="list-style-type: none"> <li>1. <u>Greater omentum</u></li> <li>2. Anterior abdominal wall</li> <li>3. <u>Coils of small intestine (jejunum &amp; ilum)</u></li> </ol>	<ol style="list-style-type: none"> <li>1. <u>Right kidney</u></li> <li>2. <u>Iliacus</u></li> <li>3. <u>Quadratus lumborum</u></li> </ol>
Descending colons (Left)		<ol style="list-style-type: none"> <li>1. <u>Psoas major</u></li> <li>2. <u>Iliacus</u></li> <li>3. <u>Quadratus lumborum</u></li> <li>4. <u>Left kidney</u></li> </ol>
Transverse colon	<ol style="list-style-type: none"> <li>1. <u>Greater omentum</u></li> <li>2. Anterior abdominal wall</li> <li>3. <u>Stomach*</u></li> </ol>	<ol style="list-style-type: none"> <li>1. <u>Superior mesenteric vessels</u></li> <li>2. <u>2nd part of duodenum</u></li> <li>3. <u>Pancreas (head)</u></li> </ol>
	Superior	Inferior
	<ol style="list-style-type: none"> <li>1. <u>Gallbladder</u></li> <li>2. <u>Stomach</u></li> <li>3. <u>Liver</u></li> </ol>	<ol style="list-style-type: none"> <li>1. <u>Coils of small intestine (jejunum &amp; ilum)</u></li> </ol>



# Colic flexures & Appendix

Colic flexures	
<b>Splenic flexure (Left)</b>	<b>Hepatic flexure (Right)</b>
Between Transverse colon & Spleen Position: <b>higher</b>   Angle: more <b>acute</b>	Between Ascending colon & Liver Wider angle
<b>Appendix</b> (Anatomically related to large intestine BUT Functionally related to immunity "Lymphatic system")	
<b>Surface Anatomy</b>	The <b>base</b> of appendix is marked by <b>McBurney's point*</b> : A point at the junction of <b>lateral 1/3 &amp; medial 2/3</b> of a line traced from right anterior <b>superior iliac spine</b> to <b>umbilicus</b> . 
<b>Opening</b>	At posteromedial aspect of cecum, 1 inch below <b>ileocecal junction</b>
<b>Positions</b>	<ol style="list-style-type: none"> <li><u>Retrocecal</u> (<b>most common</b>)</li> <li><u>Pelvic</u></li> <li><u>Subcecal</u>**</li> <li><u>Preileia</u></li> <li><u>Postileal</u> (<b>least common</b>)</li> </ol> <p>(REMEMBER! The position of base not change)</p> <p>**Its original position but with development of the cecum, the position could change depend on equality of the developing sites of cecum, usually inequality causing shifting of appendix position</p>

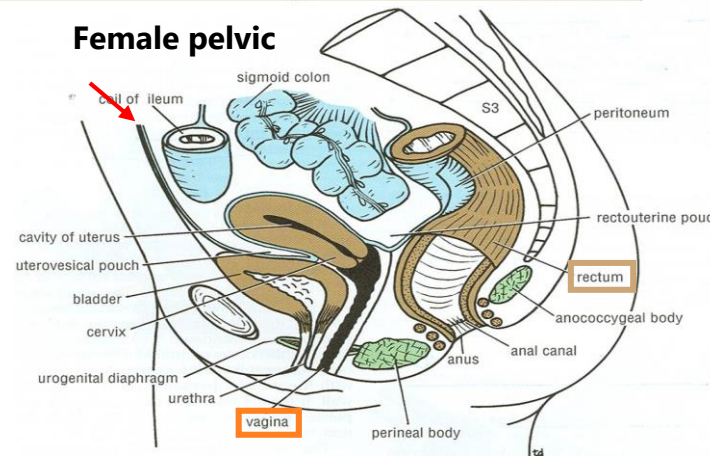
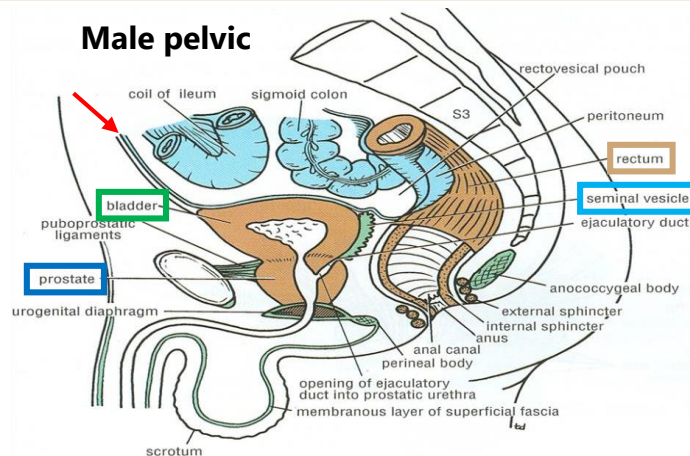
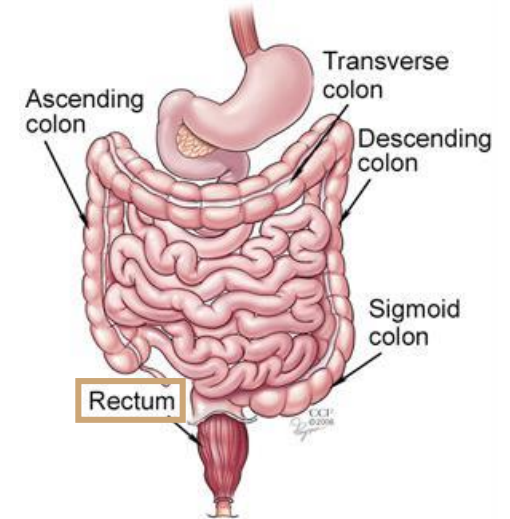


\*In case of **appendicitis** this area will have **rebound tenderness** (It refers to **pain upon removal of pressure** rather than application of **pressure to the abdomen**)

# Rectum

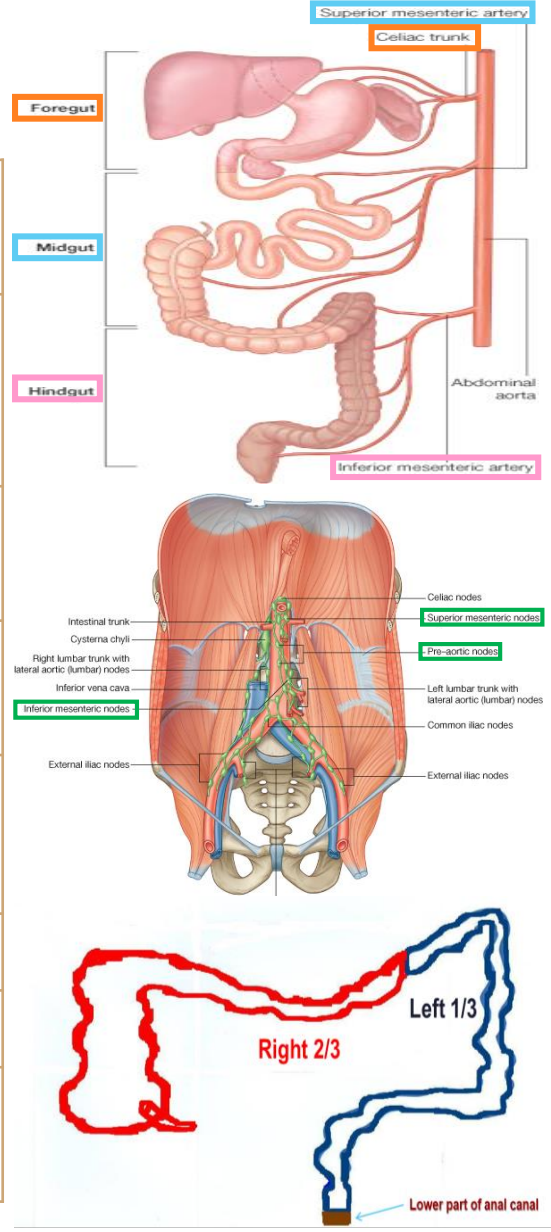
- Upper 1/3 of rectum is covered by peritoneum in front & side
- Middle 1/3 of rectum is covered by peritoneum in front ONLY
- Lower 1/3 of rectum & anal canal has no peritoneum cover

Beginning	as a <b>continuation</b> of sigmoid colon <b>at level of S3</b>	
Termination	<b>Continues</b> as anal canal, <b>one inch below &amp; in front of tip of coccyx</b> Its end is dilated to form the <b>rectal ampulla</b>	
Length	13 cm (5 inches)	
<b>Relations of Rectum in Pelvis</b>		
	<b>Male pelvis</b>	<b>Male pelvis</b>
Anterior	<ol style="list-style-type: none"> <li>1. Posterior surfaces of <u>urinary bladder</u></li> <li>2. <u>Seminal vesicles</u></li> <li>3. <u>Prostate gland</u></li> </ol>	<ol style="list-style-type: none"> <li>1. posterior wall of <u>vagina</u></li> </ol>
Posterior	<ol style="list-style-type: none"> <li>1. <u>Sacral plexus</u></li> </ol>	<ol style="list-style-type: none"> <li>2. Sacrum</li> <li>3. Coccyx</li> </ol>



# Relation between embryological origin of GIT & Supply

Arterial Supply	<u>Foregut</u>	from esophagus → proximal duodenum at major duodenal papilla ( <u>Celiac trunk</u> )
	<u>Midgut</u>	from distal duodenum after opening → from cecum, appendix, ascending colon & <b>right 2/3</b> of transvers colon ( <u>Superior mesenteric artery</u> )
	<u>Hindgut</u>	from <b>left 1/3</b> of transvers colon, Descending colon, Sigmoid colon & Upper 2/3 of anal canal ( <u>Inferior mesenteric artery</u> )*
Venous Drainage	The veins of the gut form the tributaries of the portal vein which enters the liver and drains into the <b>portal circulation</b> (Portal vein → liver sinusoid → IVC)	
Lymph Drainage	The lymph vessels follow the arteries. Ultimately, all the lymph is collected at the <u>Preaortic lymph nodes</u> ( <u>Superior &amp; Inferior mesenteric</u> ).	
Nerve Supply	<u>Ectoderm</u>	*lower 1/3 of anal canal   Somatic (inferior rectal from sacral plexus)
	<u>Midgut*</u>	*Endoderm   (Autonomic): <b>Sympathetic + Vagus</b>
	<u>Hindgut*</u>	*Endoderm   (Autonomic): <b>Sympathetic + pelvic splanchnic nerves (S2&amp;S3)</b>



\*It continues as the superior rectal artery in the root of the sigmoid mesocolon (pelvic region).



Peritoneal Covering	Cecum, Ascending & Descending Colons	Transverse Colon	Appendix	Rectum	Venous, Lymph & Nerve Supply
<p><b>Parts with mesentery:</b></p> <ol style="list-style-type: none"> <li>1. Transverse colon</li> <li>2. Sigmoid colon</li> <li>3. Appendix</li> <li>4. Cecum</li> </ol> <p><b>Retroperitoneal parts:</b></p> <ol style="list-style-type: none"> <li>1. Ascending colon</li> <li>2. Descending colon</li> <li>3. Upper 2/3 of rectum</li> </ol> <p><b>Parts devoid of peritoneal covering:</b></p> <ol style="list-style-type: none"> <li>1. Lower 1/3 of rectum</li> <li>2. Anal canal</li> </ol>	<p><b>Anterior relations:</b></p> <ul style="list-style-type: none"> <li>-Greater omentum</li> <li>-Coils of small intestine</li> <li>-Anterior abdominal wall</li> </ul> <p><b>Posterior relations:</b></p> <p><b>Cecum:</b></p> <ol style="list-style-type: none"> <li>1. Psoas major</li> <li>2. Iliacus</li> </ol> <p><b>Ascending colon:</b></p> <ol style="list-style-type: none"> <li>1. Iliacus</li> <li>2. Quadratus lumborum</li> <li>3. Right kidney</li> </ol> <p><b>Descending colon:</b></p> <ol style="list-style-type: none"> <li>1. Left kidney</li> <li>2. Quadratus lumborum</li> <li>3. Iliacus</li> </ol>	<p><b>Colic flexures:</b></p> <ol style="list-style-type: none"> <li>1-Hepatic flexure</li> <li>2-Splenic flexure: higher + more acute angle</li> </ol> <p><b>Relations:</b></p> <p><b>Anterior:</b></p> <ul style="list-style-type: none"> <li>-greater omentum</li> <li>-anterior abdominal wall</li> </ul> <p><b>Posterior:</b></p> <p>2nd part of duodenum, pancreas &amp; superior mesenteric vessels</p> <p><b>Superior:</b></p> <ul style="list-style-type: none"> <li>-liver</li> <li>-gall bladder</li> <li>-stomach</li> </ul> <p><b>Inferior:</b></p> <p>coils of small intestine</p>	<p><b>Surface anatomy:</b> the base of appendix is marked by <b>McBurney's point</b></p> <p><b>Opening:</b> At posteromedial aspect of cecum</p> <p><b>Positions:</b></p> <ol style="list-style-type: none"> <li>1.Retrocecal <b>most common</b></li> <li>2.Pelvic</li> <li>3.Subcecal</li> <li>4.Preileal</li> <li>5.Postileal <b>least common</b></li> </ol>	<p><b>Beginning:</b> at level of S3</p> <p><b>Termination:</b> continues as anal canal, one inch below &amp; in front of tip of coccyx</p> <p><b>Length:</b> 13 cm (5 inches)</p> <p><b>Relations:</b></p> <p><b>Posterior:</b> sacrum, sacral plexus &amp; coccyx</p> <p><b>Anterior:</b></p> <p><b>MALE PELVIS:</b> seminal vesicles, posterior surfaces of urinary bladder &amp; prostate gland</p> <p><b>FEMALE PELVIS:</b> posterior wall of vagina</p>	<p><b>Venous drainage:</b> Portal circulation</p> <p><b>Lymph drainage:</b> Preaortic lymph nodes</p> <p><b>Nerve supply:</b></p> <p><b>Origin: Midgut</b></p> <p>Nerve supply: (Autonomic): Sympathetic + Vagus</p> <p><b>Origin: Hindgut</b></p> <p>Nerve supply: (Autonomic): Sympathetic + pelvic splanchnic nerves</p> <p><b>Origin: ectoderm</b> (lower 1/3 of anal canal)</p> <p>Nerve Supply: <b>Somatic</b> (inferior rectal)</p>

# MCQs

**1. The taeniae coli found in which of the following structure?**

- A- Transverse colon
- B- Small intestine
- C- Rectum
- D- Anal canal

**2. Which of the following part is with mesentery?**

- A- Lower 1/3 of rectum
- B- Appendix
- C- Ascending colon
- D- Upper 2/3 of rectum

**3. Which of the following structure is an anterior relation of cecum?**

- A- Psoas major
- B- Iliacus
- C- Quadratus lumborum
- D- Coils of small intestine

**4. The superior mesenteric vessels relate to Transverse colon?**

- A- Anteriorly
- B- Posteriorly
- C- Superiorly
- D- Inferiorly

**5. Which one of the following is the nerve supply of the Hindgut (endoderm):**

- A- Sympathetic + pelvic splanchnic nerves
- B- Somatic (inferior rectal)
- C- Sympathetic + Vagus
- D- Non of them

**6. All the lymph in the GIT is collected at the:**

- A- Preaortic lymph nodes (Superior & Inferior mesenteric)
- B- Preaortic lymph nodes (anterior & Inferior mesenteric)
- C- Postaortic lymph node
- D- Non of them

**7. The termination of the rectum is:**

- A- As a continuation of sigmoid colon at level of S3
- B- Continues as anal canal, one inch below & in front of tip of coccyx
- C- Sacral plexus & coccyx
- D- A & C

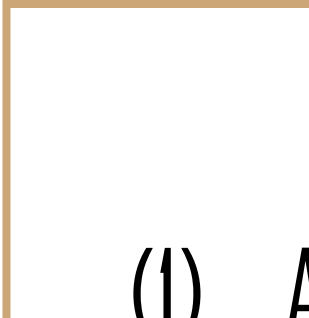
**8. Which one of the following parts of large intestine is found in the pelvis?**

- A- Transverse colon
- B- Anal canal
- C- Rectum
- D- Cecum

**9. Its surface anatomy is marked by McBurney's point:**


- A- Rectum
- B- Colon
- C- Appendix
- D- Pancreas

# Answers



(1) A  
(2) B  
(3) D  
(4) B  
(5) A

(6) A  
(7) B  
(8) C  
(9) C



### 1. What are the characteristics of colon?

- 1) Taeniae coli
- 2) Sacculations
- 3) Epiploic appendices

### 2. What are the anterior relations of (Cecum – Ascending & Descending colons):

- 1) Anterior abdominal wall
- 2) Coils of small intestine
- 3) Greater omentum

### 3. What are the posterior relations (Cecum – Ascending & Descending colons):

- **Cecum:** 1. Psoas major 2. Iliacus
- **Ascending colon:** 1. Iliacus 2. Quadratus lumborum 3. Right kidney
- **Descending colon:** 1. Left kidney 2. Quadratus lumborum 3. Iliacus 4. Psoas major



Good luck  
Special thank for team436 ❤️

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- References:
  1. Girls' & Boys' Slides
  2. Earthslab.com
  3. TeachMeAnatomy.com

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