OMENTUM

ANATOMY DEPARTMENT

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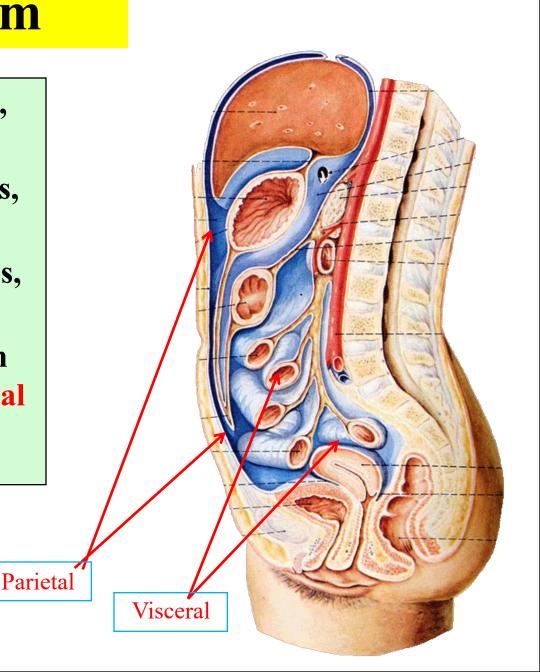
DR. ESSAM ELDIN SALAMA

OBJECTIVES

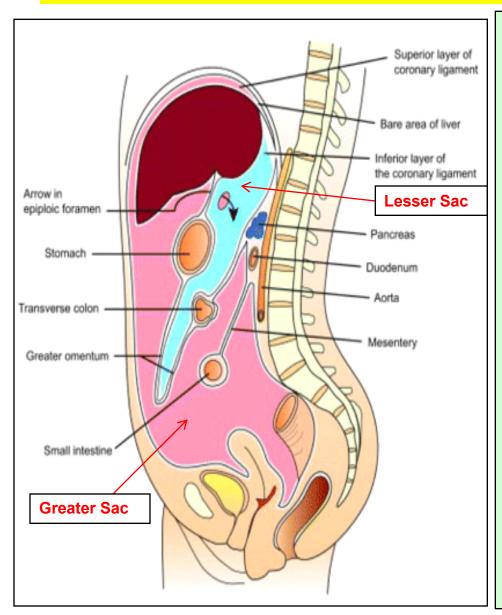
- At the end of the lecture the students must know:
- Brief knowledge about **peritoneum** as a thin serous membrane and its main parts; parietal and visceral.
- The **peritonial cavity** and its parts the greater sac and the lesser sac (Omental bursa).
- The peritoneal folds: omenta, mesenteries, and ligaments.
- The omentum, as one of the peritonial folds
- The greater omentum, its boundaries, and contents.
- The lesser omentum, its boundaries, and contents.
- The omental bursa, its boundaries.
- The Epiploic foramen, its boundaries.
- Mesentery of the small intestine, and ligaments of the liver.
- Nerve supply of the peritoneum.
- Clinical points.

The peritoneum

- **❖Is a thin serous membrane,**
- Lining the wall of the abdominal and pelvic cavities, (the parietal peritoneum).
- **Covering the existing organs,** (the visceral peritoneum).
- ■The potential <u>space</u> between the two layers is the <u>peritoneal</u> cavity.



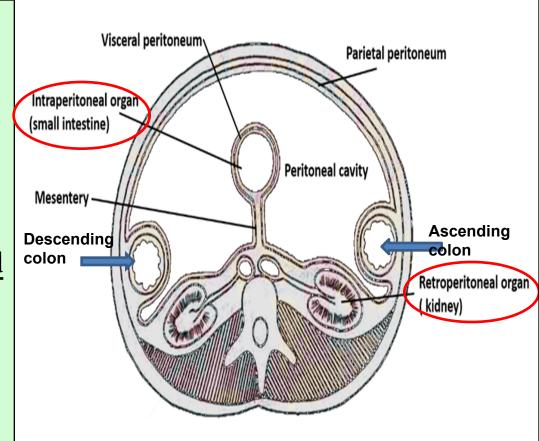
The peritoneal Cavity



- The peritoneal cavity is the largest one in the body.
- **Divisions of the peritoneal cavity:**
- •Greater sac; extends from diaphragm down to the pelvis.
- Lesser sac; lies behind the stomach.
- ■Both cavities are interconnected through the **epiploic foramen**.
- •In male: the peritoneum is a closed sac.
- •In female: the sac is not completely closed because it communicates with the exterior through the uterine tubes, uterus and vagina.

The peritoneum

- □Intraperitoneal and retroperitoneal organs; describe the relationship between various organs and their peritoneal covering;
- •Intraperitonial structure; which is nearly <u>totally covered</u> by visceral peritoneum.
- •Retroperitonial structure; lies behind the peritoneum, so partially covered by peritoneum (fixed on the post.abd.wall).

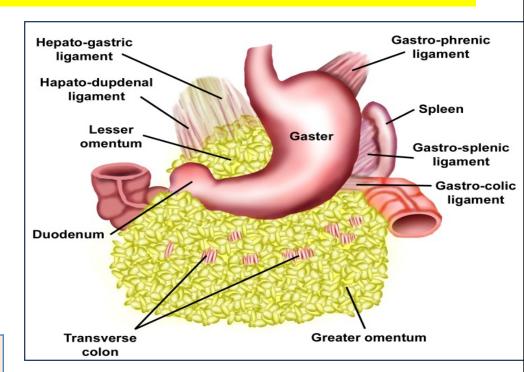


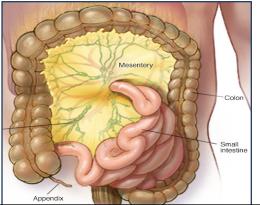
Folds of the peritoneum

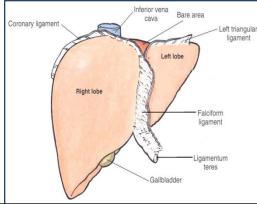
☐ Types of peritoneal folds:

- Omenta.
- Mesenteries.
- Ligaments.

The peritoneal <u>omenta;</u>
<u>mesenteries and</u>
<u>ligaments</u>, <u>permit blood</u>,
<u>lymph vessels</u>, and nerves
to reach the viscera

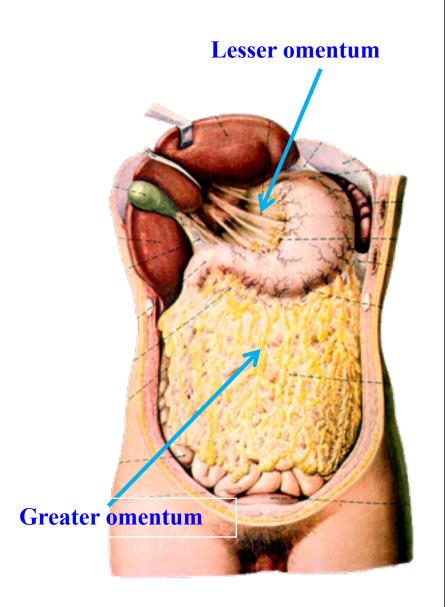




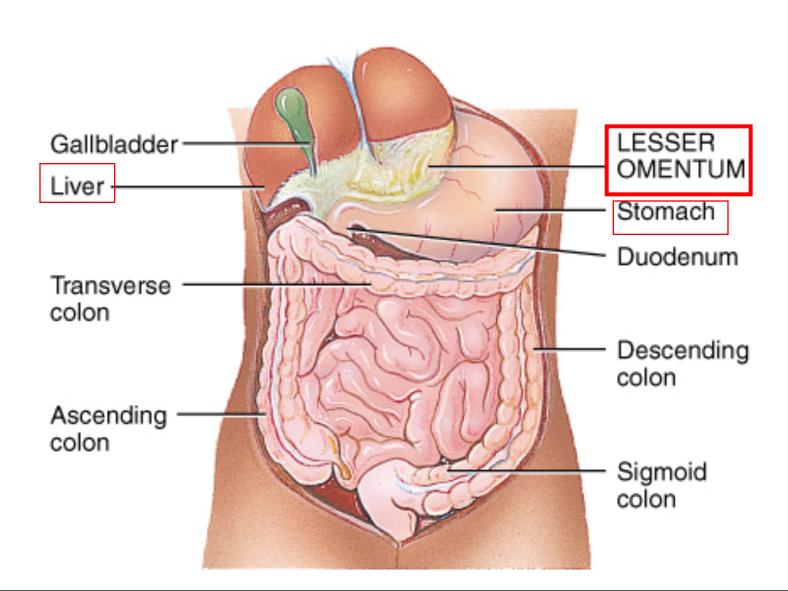


Omenta

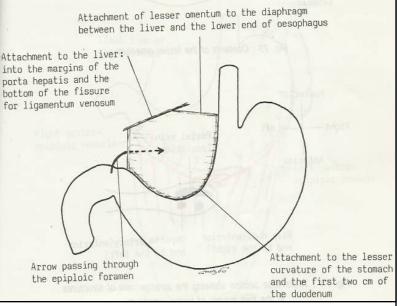
- **❖ Two-layered fold of**peritoneum connecting the
 stomach to another viscus.
- The lesser omentum attaches the lesser curvature of the stomach to the liver.
- The greater omentum connects the greater curvature of the stomach to the transverse colon.

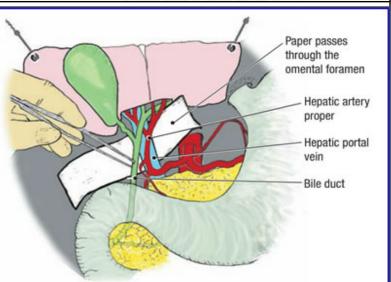


Lesser omentum



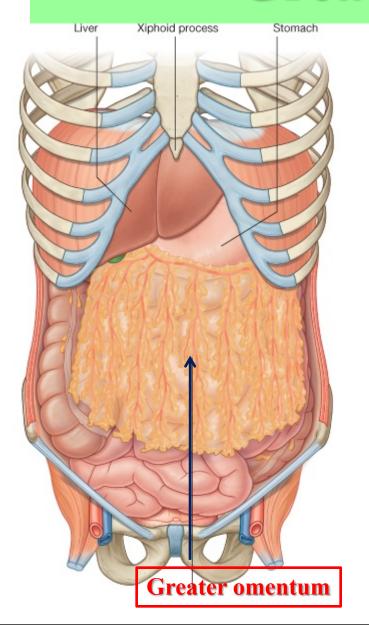
Lesser omentum

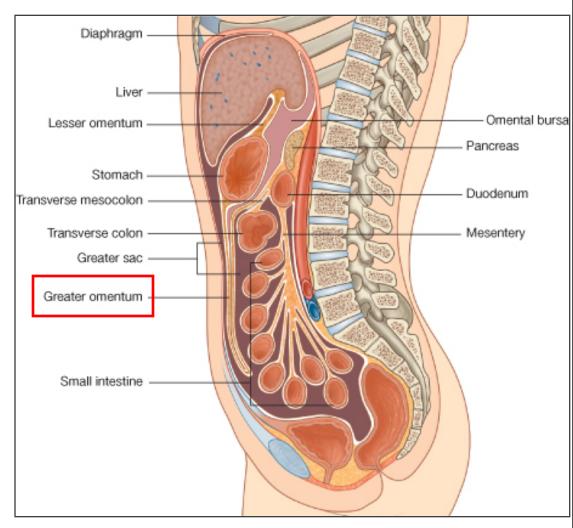




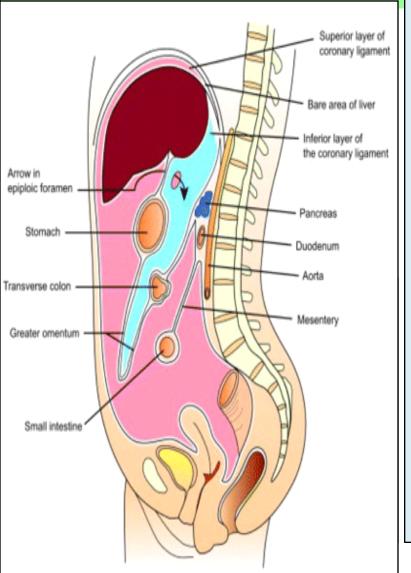
- Extends between the liver and the lesser curvature of the stomach+1stpart of duodenum.
- Posterior surfaces of stomach and 1st part of the duodenum.
- Ascends as a **double fold** to the **porta hepatis of liver**, and <u>fissure for ligamentum venosum</u>.
- To the **left** of porta hepatis it is **carried to** the **diaphragm**.
- Its **right** border is a **free margin**; constitutes the anterior boundary of the <u>epiploic foramen</u>.
- ☐ Contents between the two layers of the lesser omentum:
- Close to the right free margin, are the hepatic artery, common bile duct, portal vein, lymphatics, and hepatic plexus of nerves.
- At the attachement to the stomach, run the right and left gastric vessels.

Greater omentum



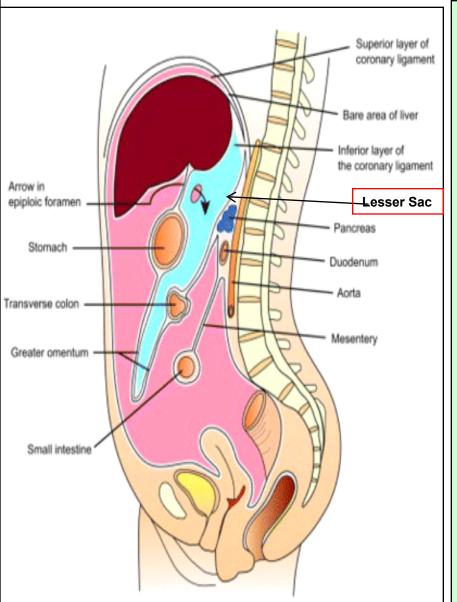


Greater omentum



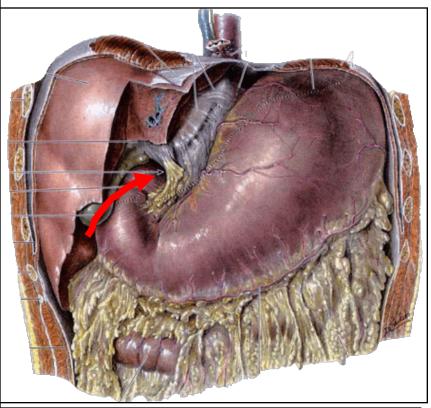
- The largest peritoneal fold, with cribriform appearance, contains some adipose tissue.
- It consists of a <u>double sheet</u> of peritoneum, <u>folded on itself</u> so that it is made up of <u>four layers</u> (anterior 2 layers + posterior 2 layers).
- The two layers which descend from the greater curve of the stomach and commencement of the duodenum, pass downward in front of the small intestines, then turn upon themselves, and ascend to the transverse colon, where they separate and enclose it.
- Its left border is continuous with the gastrosplenic ligament.
- Its right border extends as far as the commencement of the duodenum.
- Contents: the anastomosis between the right and left gastroepiploic vessels.

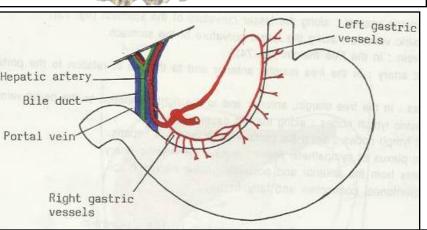
Omental bursa, (Lesser Sac)



- □It is a part of the peritonial cavity behind the stomach.
- **□**Boundaries of the *omental bursa*;
- Anterior wall, from above downward, by the caudate lobe of the liver, the lesser omentum, back of the stomach, and the anterior two layers of the greater omentum.
- Posterior wall, from below upward, by the posterior two layers of the greater omentum, the transverse colon, and the ascending layer of the transverse mesocolon, the upper surface of the pancreas, the left suprarenal gland, and the upper end of the left kidney.

Epiploic foramen

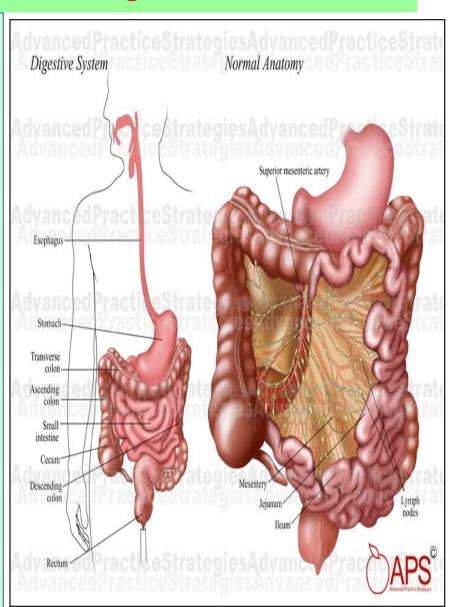




- It is the communication between the greater and lesser sacs.
- It is bounded by :
- In front by the free border of the lesser omentum, with its contents : hepatic artery, common bile duct, and portal vein between its two layers.
- <u>Behind</u> by the peritoneum covering the inferior vena cava.
- Above (roof) by the peritoneum on the caudate process of the liver.
- Below (floor) by the peritoneum covering the commencement of the duodenum and the hepatic artery, before ascending between the two layers of the lesser omentum.

Mesentery

- Two-layered fold of peritoneum <u>suspends the small intestine</u> from the posterior abdominal wall
- Broad and a fan-shaped
- Intestinal border: folded,7m long
- Root of mesentery :
 - 15 cm long
 - Directed obliquely from <u>duodenojejunal flexure</u> at the level of left side of L2 to the <u>ileocecal junction</u> in the right iliac fossa at the level of right sacroiliac joint.

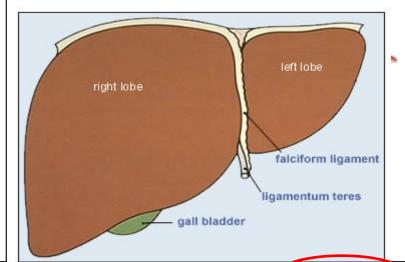


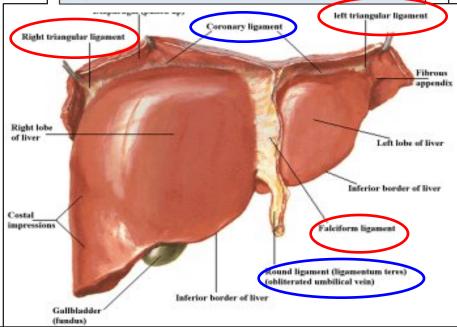
Ligaments

Two-layered folds of peritoneum that attach solid viscera to the abdominal wall and diaphragm.

Ligaments of liver

- Falciform ligament of liver
- Coronary ligament
- Right & Left triangular ligaments
- Ligamentum teres





Nerve Supply of the Peritoneum

The parietal peritoneum is sensitive to pain, temperature, touch & pressure.

The parietal peritoneum <u>lining the anterior abdominal wall</u> is supplied by :

- lower <u>six</u> thoracic (lower 6 intercostal Ns.) and L1 (iliohypogastric) nerve.
- The central part of the <u>diaphragmatic peritoneum</u> is supplied by the <u>phrenic nerves</u>.
- ➤ The visceral peritoneum is sensitive only to stretch and tearing.

It is supplied by:

autonomic nerves that supply the viscera or traveling in the mesenteries.

Clinical points

Peritoneal Pain (as in Peritonitis):

From the Parietal Peritoneum:

Abdominal pain is <u>somatic type</u>, It is <u>usually severe</u>, and can be <u>accurately localized</u>.

From the Visceral Peritoneum:

Including the mesenteries, which is **innervated by** autonomic nerves.

It is due to Stretch <u>caused by over distension of a viscus</u> and <u>pulling on a mesentery</u>That gives rise to the sensation of pain.

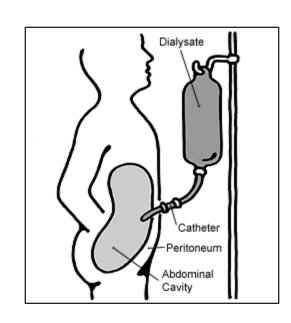
[leading to abdominal pain; poorly localized, poorly characterized pain. (dull ,unclear, cramping)]

Clinical points

□Peritoneal Dialysis:

Because the peritoneum is a semi permeable membrane :

- It allows transfer of substances (glucose solution)across itself to remove the waste products.
- It is <u>used</u> in patients with acute renal insufficiency.



THANK YOU

SUMMARY

- •The peritoneum is divided into 2 layers :
- Parietal layer, lines the abdominal and pelvic walls.
- •Visceral layer, covers the abdominal and pelvic organs.
- Omenta are folds of peritoneum.
- •Lesser omentum connects the stomach and 1st part of duodenum to the liver.
- •Right border of lesser omentum is free and it forms the anterior boundary of epiploic foramen.
- •Contents of lesser omentum:
- Along lesser curvature of stomach: right & left gastric vessels.
- •At the right free border :
- Hepatic artery.
- •Bile duct.
- Portal vein.
- Nerves, lymph vessels& fat.

SUMMARY

- •Greater omentum: connects the greater curvature of stomach with the transverse colon.
- •Contents of greater omentum :
- •Along the greater curvature of stomach:
- •Right & left gastroepiploic vessels.
- Lymph nodes, vessels & fats.
- •Lesser sac of peritoneum (Omental Bursa) :
- •Boundaries:
- Anterior wall.
- Posterior wall.
- •Opening to lesser sac (epiploic foramen) :
- It is a slit-like opening which connect lesser sac with greater sac.
- Lies behind the lesser omentum.
- •Epiploic foramen is bounded anteriorly by right free margin of lesser omentum.

Intraperitoneal vs. Retroperitoneal

- Stomach
- Part 1 of duodenum
- Jejunum, Ileum
- Cecum, Appendix
- Transverse colon
- Sigmoid colon
- Liver, Gallbladder
- Tail of pancreas
- Spleen

- •Parts 2,3,4 duodenum
- Ascending, Descending colon
- Rectum
- Head, neck, body of pancreas
- Kidneys, ureters
- Suprarenal gland
- Abdominal Aorta
- Inferior vena cava

- ➤ Intraperitoneal organs :
- Are suspended by a mesentry and Completely <u>covered by visceral</u> <u>peritoneum.</u>
- > Retroperitoneal organs:

Are <u>partially covered</u> on one side <u>with parietal peritoneum</u> and <u>Immobile or fixed organs</u>.