

# Liver & Spleen

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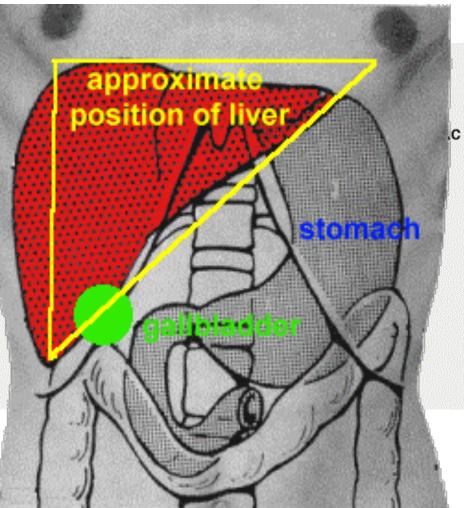
# **Objectives**

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

- Location, subdivisions , relations and peritoneal reflection of <u>liver</u>.
- Blood supply, nerve supply and lymphatic drainage of liver
- Location, subdivisions and relations and peritoneal reflection of <u>spleen</u>.
- Blood supply, nerve supply and lymphatic drainage of spleen.

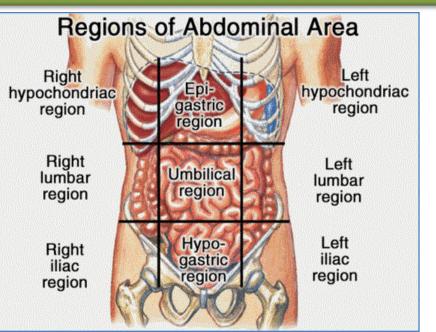
# Liver

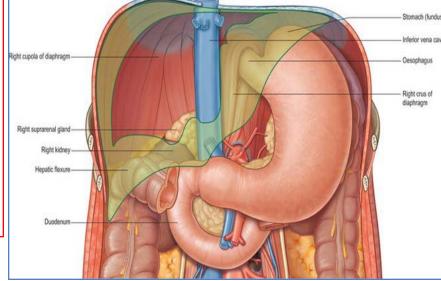
- The **largest gland** in the body.
- Weighs approximately 1500 g (approximately 2.5% of adult body weight).
- Lies mainly in the right hypochondrium and epigastrium and extends into the left hypochondrium.
- Protected by the thoracic cage and diaphragm, its greater part lies deep to ribs 7-11 on the right side and crosses the midline toward the left below the nipple.



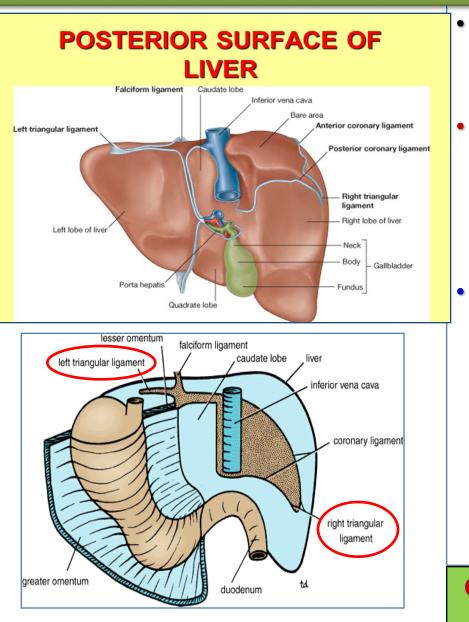
## **Relations of Liver**

- Anterior: Diaphragm, right & left pleura and lower margins of both lungs, right and left costal margins, xiphoid process, and anterior abdominal wall in the subcostal angle
- Posterior: Diaphragm, right kidney, hepatic flexure of the colon, /duodenum, gallbladder, inferior vena cava, esophagus and fundus of the stomach





#### **Peritoneal Reflection**



- The liver is surrounded by a fibrous capsule and completely covered by peritoneum (except the bare areas).
- The bare area of the liver is triangular area on the posterior surface of right lobe where there is no intervening peritoneum between the liver and the diaphragm.

#### Boundaries of Bare area:

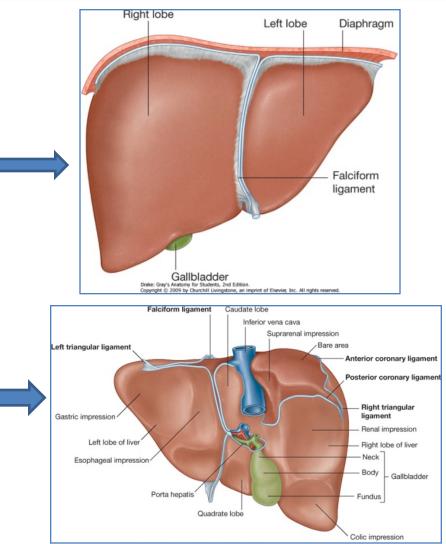
- Anterior: superior layer of coronary ligament.
- Posterior: inferior layer of coronary ligament.
- Laterally: right and left triangular ligaments.

Other bare areas include : porta hepatis; fossa for gall bladder & grooves for IVC

#### **Surfaces of Liver**

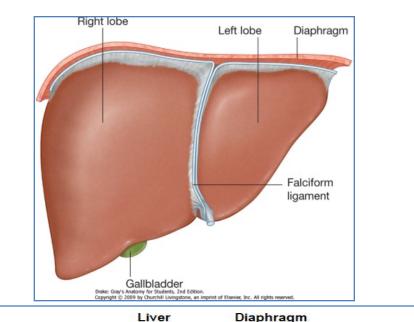
- The liver has two surfaces:
   A convex <u>diaphragmatic</u> surface (Antero
  - surface (Anterosuperior).
    A relatively flat <u>or</u> even concave

**visceral** surface (postero-inferior)



## **Diaphragmatic Surface**

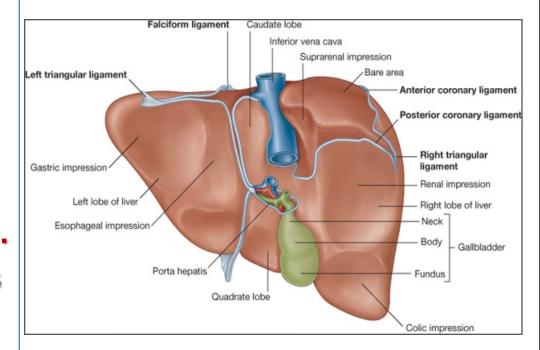
- The convex upper surface is smooth and molded to the undersurface of the domes of the diaphragm which separates it from the pleurae, lungs, pericardium, and heart.
- <u>Covered with</u> visceral peritoneum,
- <u>Except</u> posteriorly in the bare area of the liver, where it lies in direct contact with the diaphragm.



Kidney

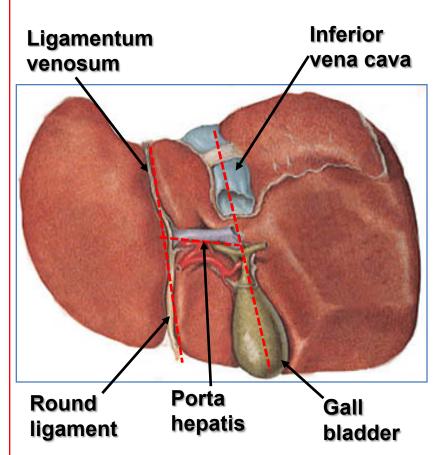
#### **Visceral Surface**

- It is the posteroinferior surface, related to abdominal viscera.
- It is covered with peritoneum, <u>except</u> at the fossa for the gallbladder, the porta hepatis and IVC groove.
- <u>It bears</u> multiple fissures and impressions for contact with other organs.



# **Fissures of the Liver**

- Two sagittally oriented fissures, linked centrally by the transverse porta hepatis, form the letter H on the visceral surface.
- The <u>left fissure</u> is the continuous groove formed:
  - Anteriorly by the <u>fissure</u> for the round ligament (lig.teres).
  - Posteriorly by the <u>fissure</u> for the ligamentum venosum.
- The <u>right fissure</u> is the continuous groove formed:
  - Anteriorly by the <u>fossa</u> for the gallbladder
  - Posteriorly by the groove for the inferior vena cava.



### **Relations of Visceral Surface of the Liver**

Caudate lobe

Papillary process

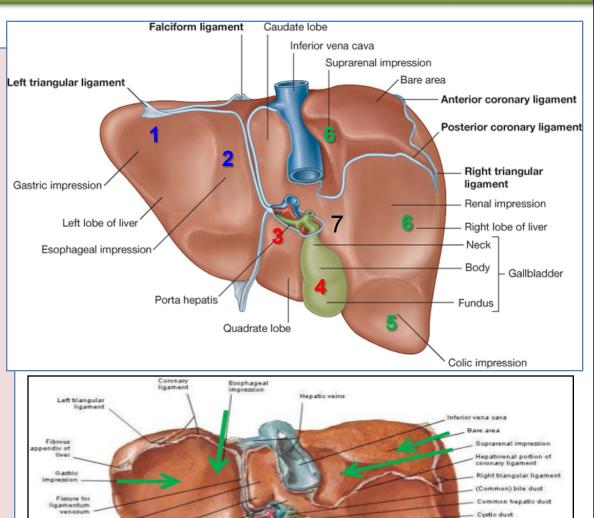
Caudate process

Hepatic artery proper

Hepatic portal vein

#### The <u>visceral surface</u> is related to the:

- 1. Stomach.
- 2. Esophagus
- 3. lesser omentum
- 4. gallbladder
- 5. right colic flexure
- 6. right kidney and right suprarenal gland.
- 7. Dudenum.



Renal impression

Quadrate lobe

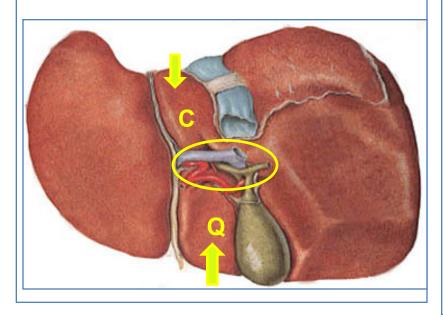
Gallbladder Falciform ligament

Duodenal impression

Round ligament of liver

## Porta Hepatis (Hilum of the Liver)

- A transverse fissure <u>found on</u> the <u>posteroinferior surface</u> and <u>lies between</u> the caudate and quadrate lobes.
- The upper part of the the lesser omentum is <u>attached</u> <u>to its margins</u>.



# Structures passing through the porta hepatis include:

- Right and left hepatic ducts.
- Right and left branches of the hepatic artery
- Right and left branches of the portal vein
- Sympathetic and parasympathetic nerve fibers
- A few hepatic lymph nodes lie here; they drain the liver and gallbladder and <u>send</u> their efferent vessels to the celiac lymph nodes.

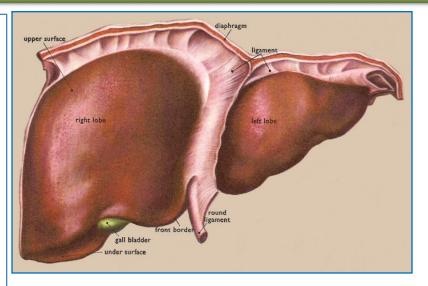
# **Ligaments of the Liver**

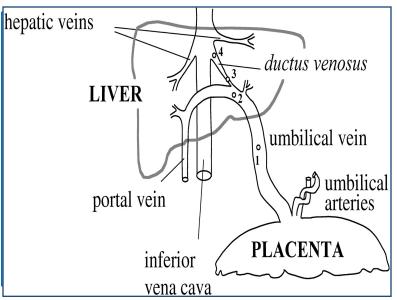
#### **Falciform ligament**

- It is a two-layered fold of the peritoneum.
- It connects the liver with the diaphragm and anterior abdominal wall &umblicus..
- Its sickle-shaped free margin contains the <u>ligamentum teres</u> (round Ligament) of liver, the <u>remains of the</u> <u>umbilical vein (oblitrated umbilical</u> <u>vein)</u>, which carried oxygenated blood from the placenta to the fetus.

#### Ligamentum venosum

It is the <u>fibrous remnant of the fetal</u> <u>ductus venosus (oblitrated ductus</u> <u>venosus)</u>, which shunted blood from the umbilical vein to the left branch of portal vein to the IVC.

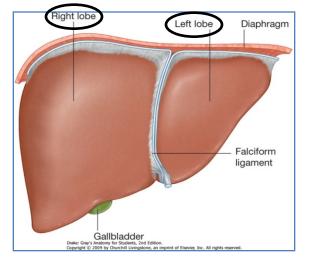


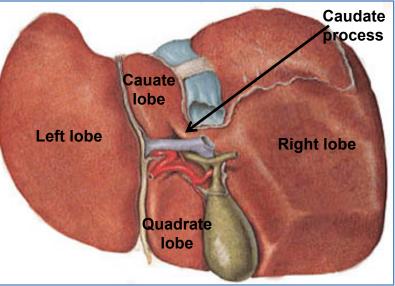


# **Lobes of The Liver**

- The liver is divided into a large right lobe and a small left lobe by the attachment of the falciform ligament.
- The <u>right lobe</u> is further divided into a quadrate lobe and a caudate lobe by the presence of the gallbladder, the <u>fissure</u> for the ligamentum teres, the inferior vena cava, and the <u>fissure</u> for the ligamentum venosum.
- <u>The caudate lobe</u> is connected to the right lobe by the caudate process.
- The Quadrate and caudate lobes are a functional part of the <u>left lobe</u> of the liver.

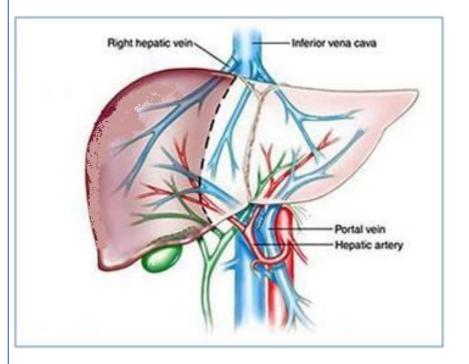
The functional anatomy divides the liver into left and right lobes based on their relation to the division of common hepatic duct, hepatic portal vein, and hepatic artery proper into right & left branches, so the areas of the liver supplied by these branches constitute the functional left or right lobes.



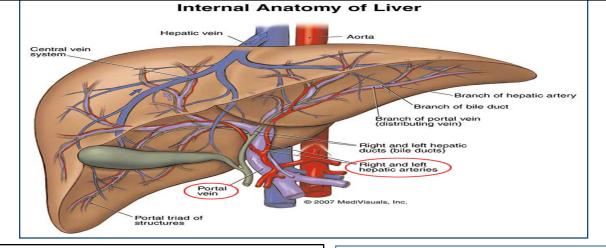


### **Blood Circulation through the Liver**

- The blood vessels
   conveying blood to the liver are the <u>hepatic artery (30%)</u>
   a branch of celiac trunk, and portal vein (70%).
- The hepatic artery brings oxygenated blood to the liver
- The portal vein brings venous blood rich in the products of digestion, which have been absorbed from the gastrointestinal tract to the liver.



The venous blood is drained by right & left hepatic veins into the inferior vena cava



- At or close to the porta hepatis, the <u>hepatic artery</u> and <u>portal vein</u> terminate by dividing into right and left primary branches which supply the right and left parts of liver, respectively.
- Within the liver, the primary branches divide to give secondary and tertiary to supply the hepatic segments independently.

- The <u>hepatic veins</u>, are intersegmental in their distribution and function, draining parts of adjacent segments.
- The attachment of these veins to the IVC helps hold the liver in position. (The peritoneal ligaments and the tone of the abdominal muscles play a minor role in the support of liver).<sup>15</sup>

#### Lymph Drainage

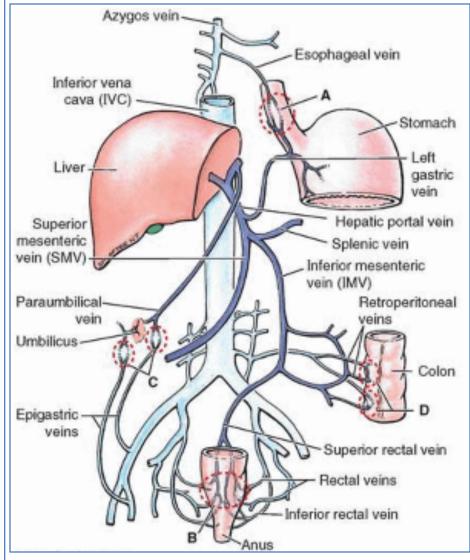
- The liver produces a large amount of lymph—about one third to one half of all body lymph.
- The **lymph vessels** leave the liver and **enter** several **lymph nodes** in the porta hepatis.
- The efferent vessels pass to the <u>celiac nodes.</u>
- A few vessels pass from the bare area of the liver through the diaphragm to the posterior mediastinal lymph nodes.

#### **Nerve Supply**

- Sympathetic and parasympathetic nerves.
- Sympathetic from the celiac plexus.
- Parasympathetic nerves The anterior vagal trunk gives rise to a large hepatic branch, which passes directly to the liver.

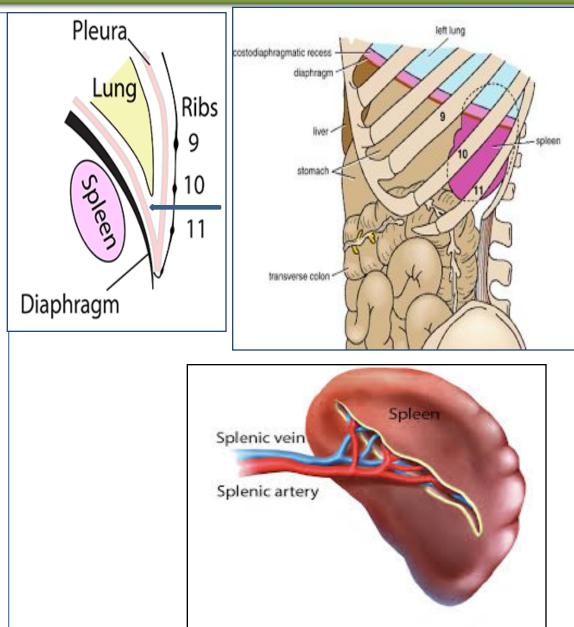
### Portal-Systemic (Portacaval) Anastomoses

- It is a specific type of anastomosis that occurs between the veins of portal circulation <u>and</u> those of systemic circulation
- In portal hypertion, these anastomosis open and form venous dilatation called varices.
- Sites:
  - A. Lower part of Esophagus (Varices)
  - B. Upper Anal canal (Hemorroids)
  - C. Paraumbilical region (Caput Medusae)
  - D. Retroperitoneal (Asymptomatic)
  - E. Intrahepatic (Patent ductus venosus).



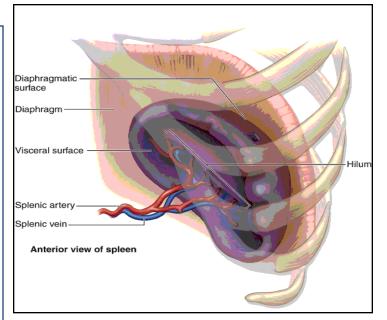
# Spleen

- Largest single mass of lymphoid tissue
- Located in the left hypochondrium, deep to 9, 10 & 11 ribs
- Its Long axis lies along 10<sup>th</sup> rib.
- It is <u>separated from the</u> <u>ribs</u> by the <u>diaphragm</u> and the <u>costodiaphragmatic</u> <u>recess</u>(space in pleural cavity).
- Ovoid in shape with notched anterior border
- Lower pole extends forward as far as the midaxillary line.
- Normal size spleen can not be palpated on clinical examination. (A healthy spleen is not palpable).



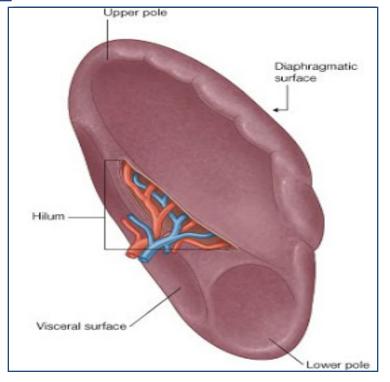
#### <u>Surfaces:</u>

- Diaphragmatic surface: is convexly curved to fit the concavity of the diaphragm and curved bodies of the adjacent ribs
- <u>Visceral surface</u>: related to viscera.



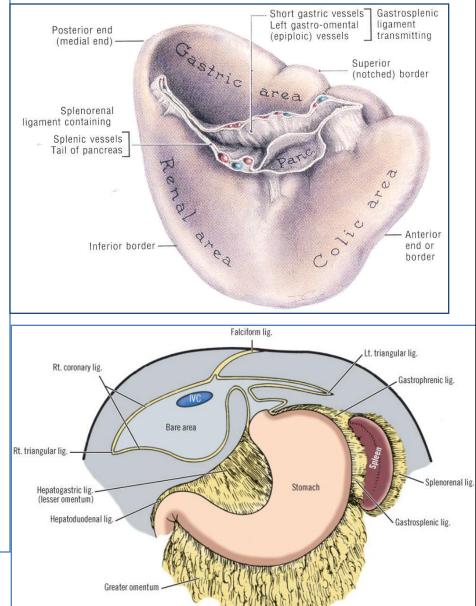
#### Borders:

- The <u>superior and anterior</u> borders are <u>sharp</u>. Anterior border is <u>notched</u>.
- The <u>posterior</u> (medial) and <u>inferior</u> borders are rounded.



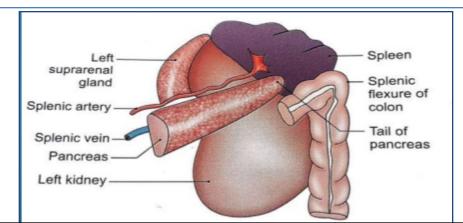
# **Peritoneal Reflections/Ligaments**

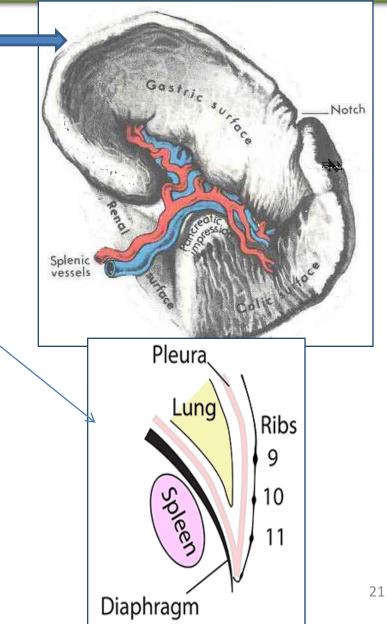
- Spleen is completely surrounded by peritoneum <u>EXCEPT at the hilum where</u> its margins give attachement to :
  - Gastrosplenic ligament to the greater curvature of stomach (carrying the short gastric and left gastroepiploic vessels)
  - Lienorenal (splenorenal) ligament to the left kidney (carrying the splenic vessels and the tail of pancreas)



## Relations

- Anteriorly: Stomach, tail of pancreas, left colic flexure & left kidney
- Posteriorly: Diaphragm, that <u>separates it from</u> the left pleura (left costodiaphragmatic recess), left lung & 9, 10 & 11 ribs.
- Inferiorly: Left colic flexure.
- Medially: Left kidney.

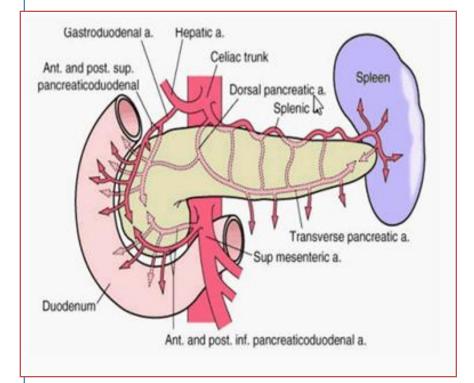




# **Arterial Supply**

#### **Splenic artery**

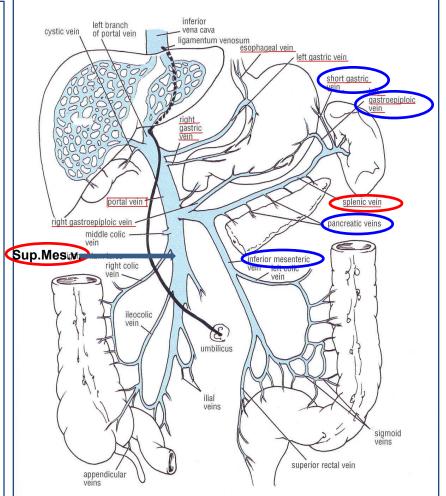
- Largest branch of the celiac artery
- Runs a tortuous course along the upper border of the pancreas
- Passes within the lienorenal ligament
- Divides into 4-5 terminal branches, which enter the spleen at the hilus
- The lack of anastomosis of these arterial vessels within the spleen results in the formation of vascular segments of the spleen with relatively avascular planes between them, enabling subtotal splenectomy.



# **Venous Drainage**

#### Splenic vein

- Leaves the hilus
- Runs behind the tail & body of the pancreas
- Reaches behind the neck of pancreas, where it joins the superior mesenteric vein to form the portal vein
- <u>Tributaries:</u>
  - Short gastric vein
  - left gastroepiploic vein
  - Pancreatic veins
  - Inferior mesenteric vein



#### Lymph Drainage

- Lymphatics emerge from the hilus and <u>drain into</u> several nodes lying at the hilum
- Efferents from the hilar nodes pass along the course of splenic artery, and <u>drain into</u> the celiac lymph nodes

#### **Nerve Supply**

- Derived <u>from</u> the celiac plexus (Innervation is purely sympathetic).
- Are distributed mainly along branches of the splenic artery, and are vasomotor in function.

