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OBJECTIVES

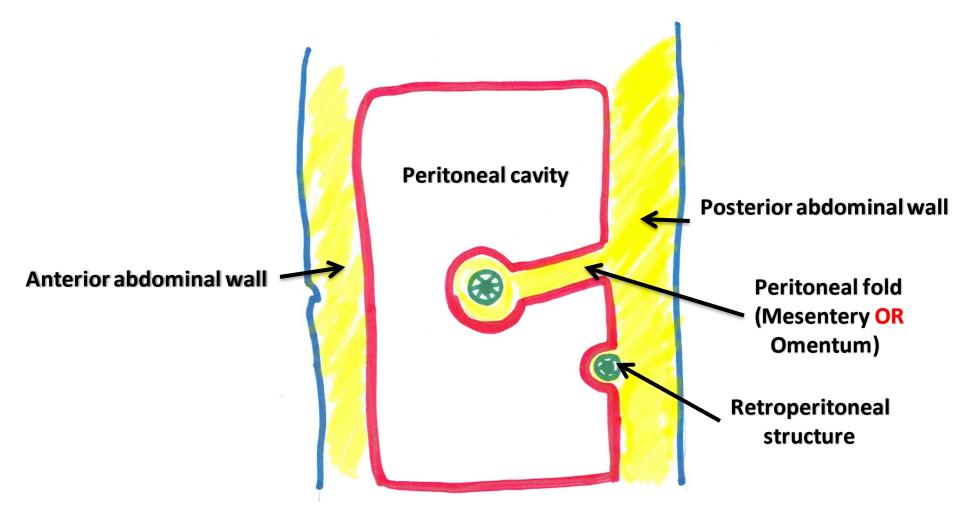
- At the end of the lecture, students should:
- List the different parts of small intestine.
- Describe the anatomy of duodenum, jejunum & ileum regarding: the shape, length, site of beginning & termination, peritoneal covering, arterial supply & lymphatic drainage.
- Differentiate between each part of duodenum regarding the length, level & relations.
- Differentiate between the jejunum & ileum regarding the characteristic anatomical features of each of them.

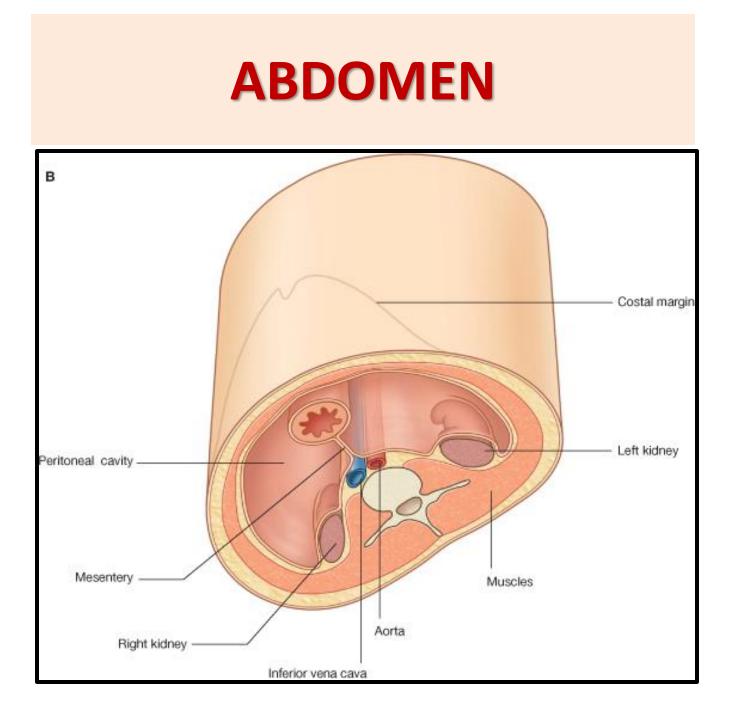
FIXED PART (NO MESENTERY) DUODENUM

FREE (MOVABLE) PART (WITH MESENTERY) JEJUNUM & ILEUM

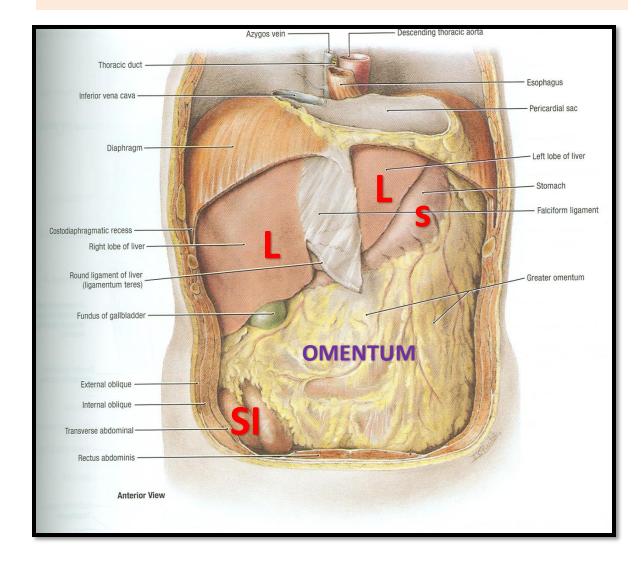
SMALL INTESTINE

ABDOMEN

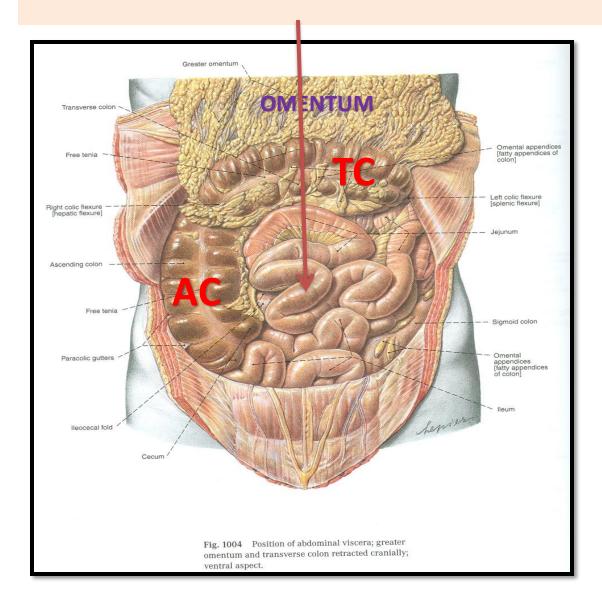




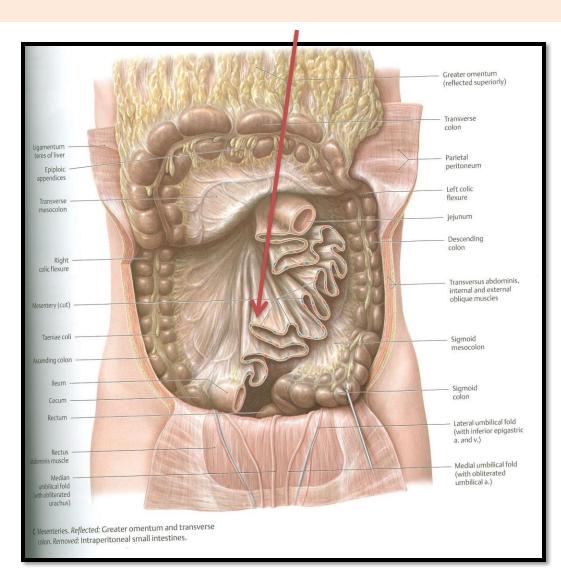
ABDOMEN

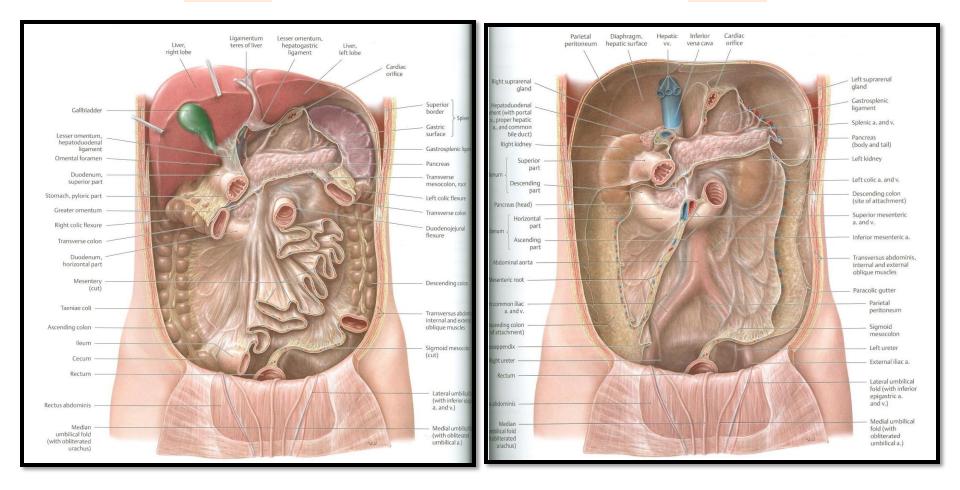


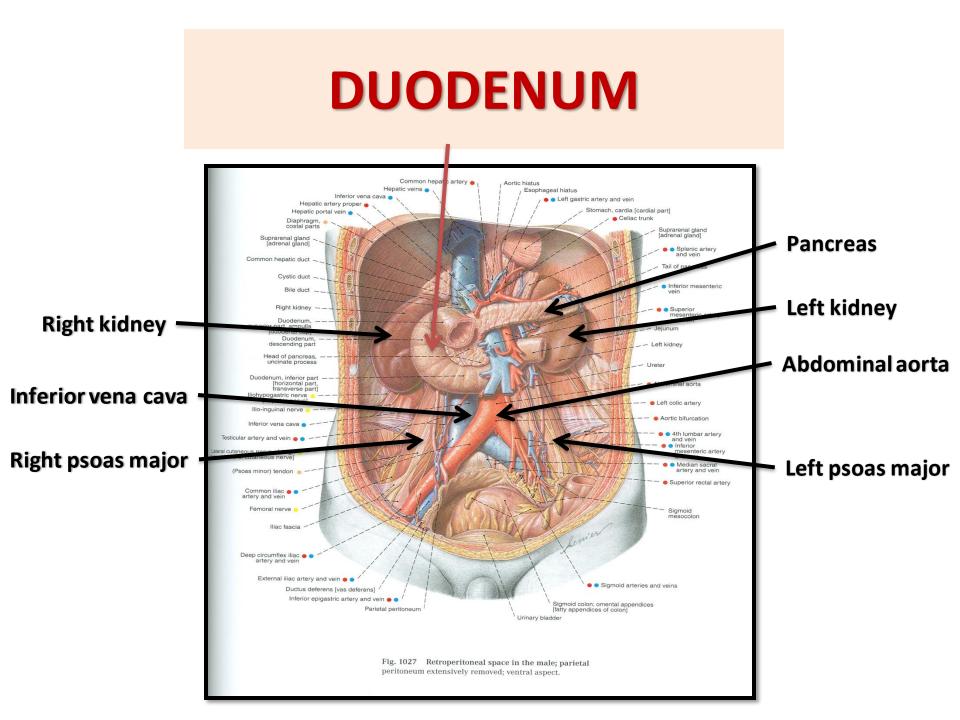
JEJUNUM & ILEUM

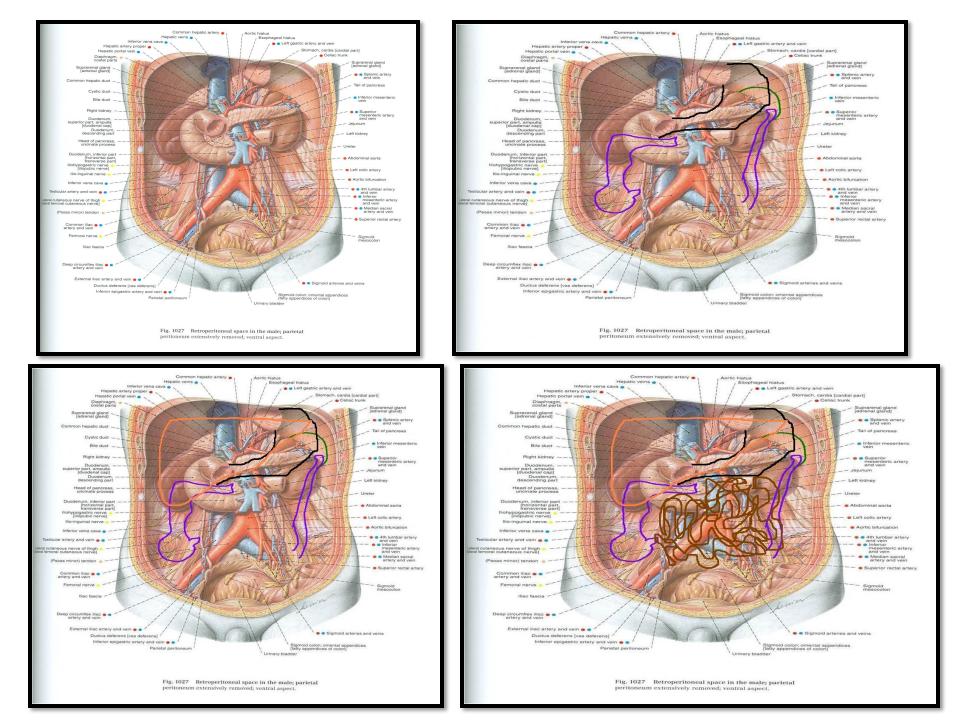


MESENTERY OF SMALL INTESTINE









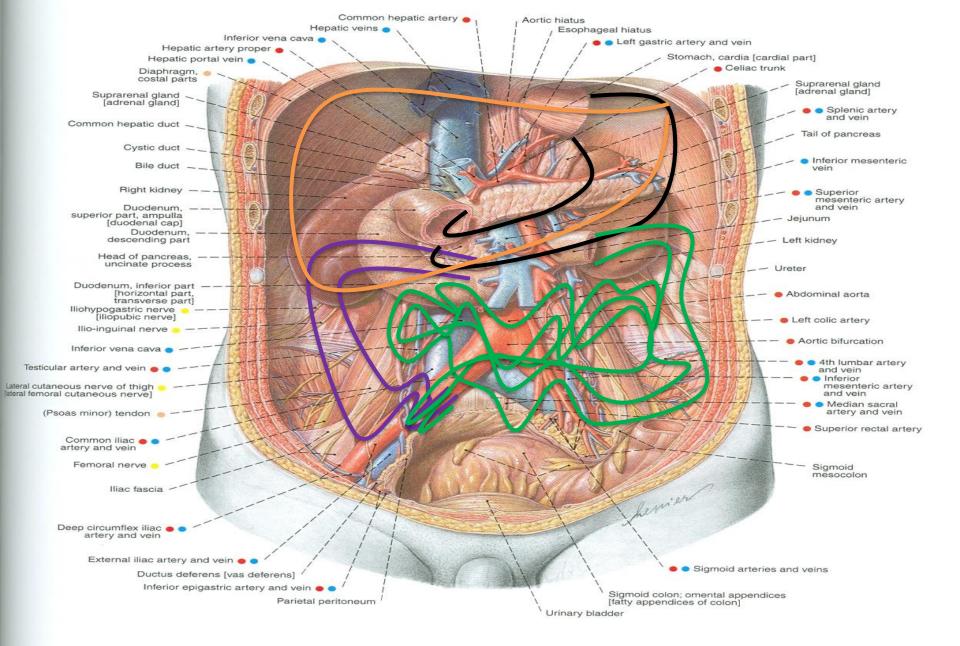


Fig. 1027 Retroperitoneal space in the male; parietal peritoneum extensively removed; ventral aspect.

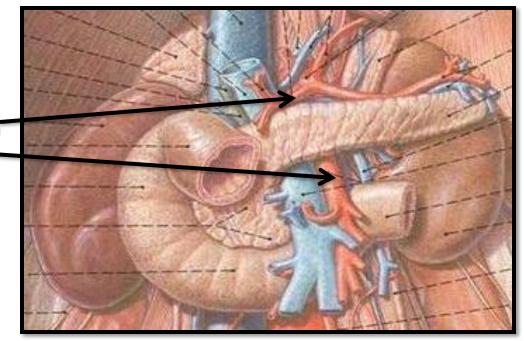
RELATION BETWEEN EMBRYOLOGICAL ORIGIN & ARTERIAL SUPPLY

DUODENUM:

- Origin: Foregut & Midgut
- Arterial supply:
- 1. Coeliac trunk (artery of foregut)
- 2. Superior mesenteric: (artery of midgut)

JEJUNUM & ILEUM:

- Origin: Midgut
- □<u>Arterial supply</u>:
- Superior mesenteric: (artery of midgut)



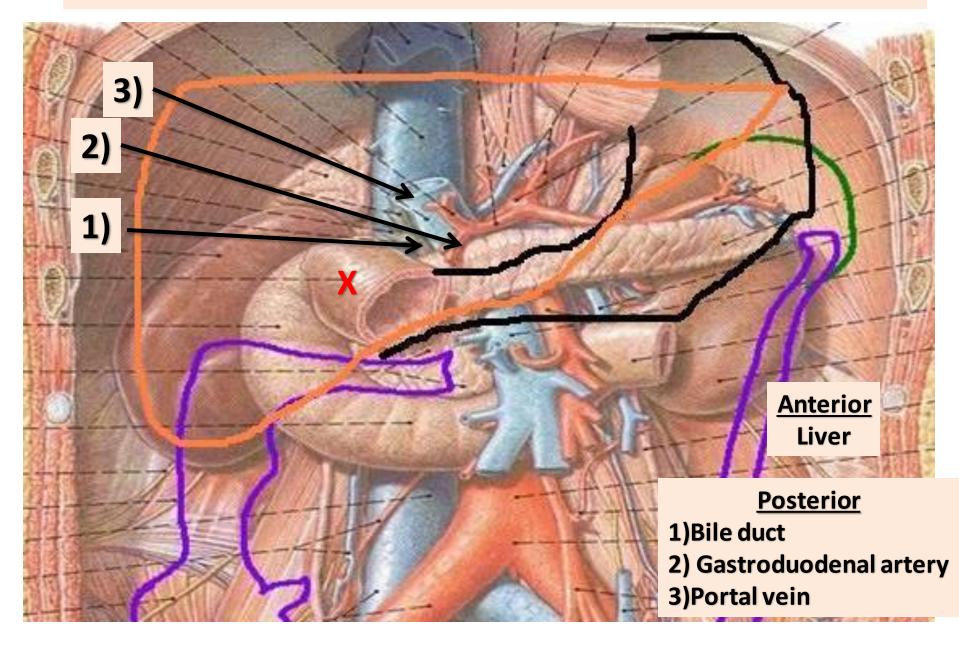
DUODENUM

- **SHAPE:** C-shaped loop
- **LENGTH: 10 inches**
- **BEGINNING:** at pyloro-duodenal junction
- **TERMINATION:** at duodeno-jejunal flexure
- **DPERITONEAL COVERING: retroperitoneal**
- **DIVISIONS: 4 parts**
- **DEMBRYOLOGICAL ORIGIN: foregut & midgut**
- **OARTERIAL SUPPLY:** coeliac & superior mesenteric
- **ULYMPHATIC DRAINAGE: coeliac & superior mesenteric**

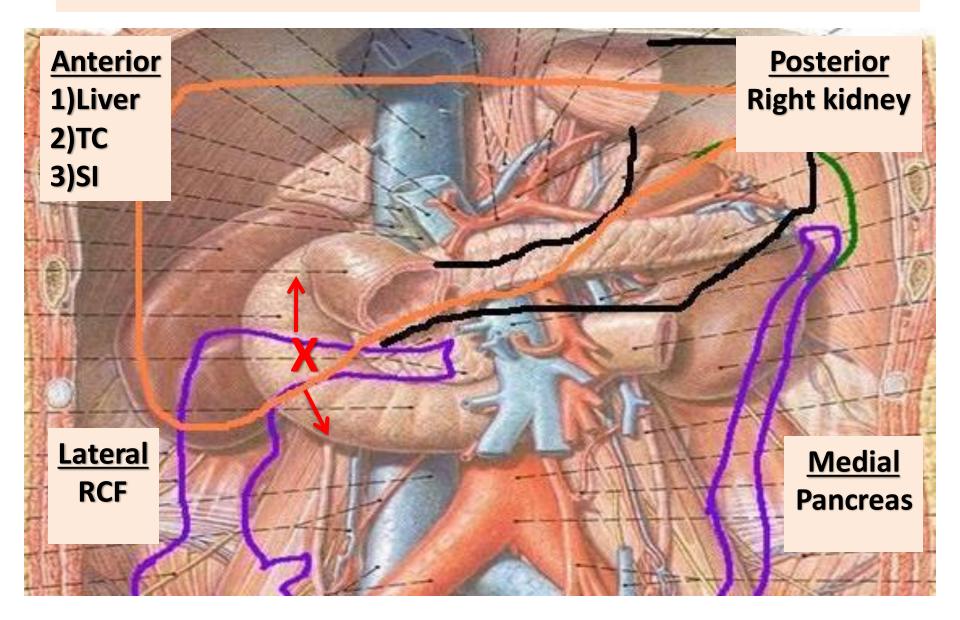
DUODENUM LENGTH – SURFACE ANATOMY

PART	LENGTH	LEVEL
FIRST PART (HORIZONTAL)	2 INCHES	L1 (TRANSPYLORIC PLANE)
SECOND PART (DESCENDING)	3 INCHES	DESCENDS FROM L1 TO L3
THIRD PART (HORIZONTAL)	4 INCHES	L3 (SUBCOTAL PLANE)
FOURTH PART (ASCENDING)	1 INCHES	ASCENDS FROM L3 TO L2

RELATIONS OF FIRST PART

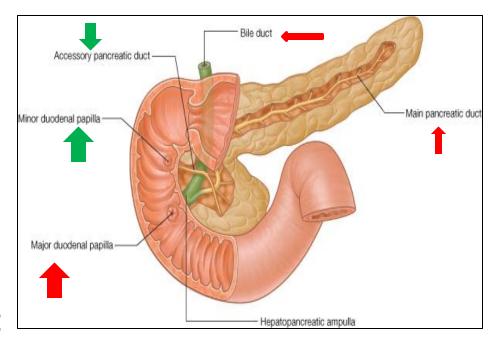


RELATIONS OF SECOND PART



OPENINGS IN SECOND PART OF DUODENUM

- 1. Common opening of bile duct & main pancreatic duct: on summit of major duodenal papilla.
- 2. Opening of accessory pancreatic duct (one inch higher): on summit of minor duodenal papilla.



RELATIONS OF THIRD PART

Anterior:

a)Small intestineb) Superiormesenteric vessels

Posterior:

- 1) Right psoas major
- 2) Inferior vena cava
- 3) Abdominal aorta

4) Inferior mesenteric vessels

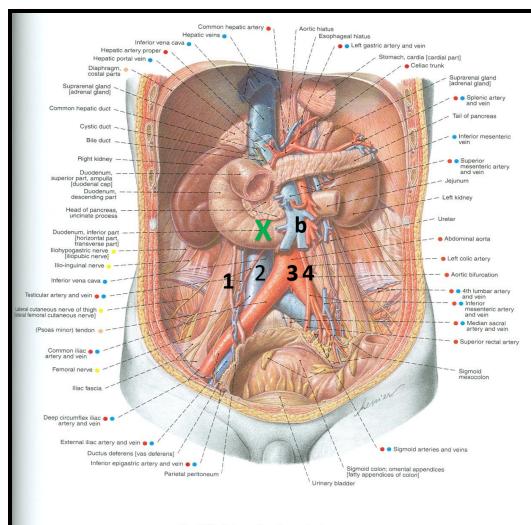
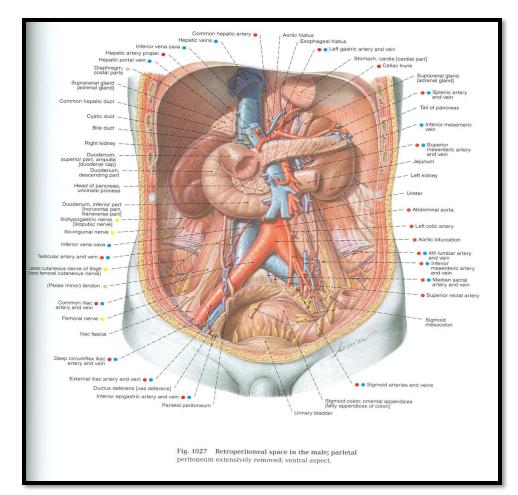


Fig. 1027 Retroperitoneal space in the male; parietal peritoneum extensively removed; ventral aspect.

RELATIONS OF FOURTH PART

Anterior: Small intestine

Posterior: Left psoas major



JEJUNUM & ILEUM

- **SHAPE:** coiled tube
- **LENGTH: 6 meters (20 feet)**
- **BEGINNING:** at duodeno-jejunal flexure
- **TERMINATION:** at ilieo-caecal junction
- **DERITONEAL FOLD:** mesentery of small intestine
- **DEMBRYOLOGICAL ORIGIN: midgut**
- **ARTERIAL SUPPLY:** superior mesenteric **IVMPHATIC DRAINAGE:** superior mesenteric

	lejunum plicae circulares arterial arcades superior mesenteric artery	thin wall the main of the main
	JEJUNUM	ILEUM
LENGTH	Shorter (proximal 2/5)	Longer (distal 3/5)
DIAMETER	Wider	Narrower
WALL	Thicker (more plicae circulares)	Thinner (less plica circulares)
APPEARANCE	Dark red (more vascular)	Light red (less vascular)
VESSELS	Less arcades (long terminal branches)	More arcades (short terminal branches)
MESENTERIC FAT	Small amount near intestinal border	Large amount near intestinal border
LYMPHOID TISSUE	Few aggregations	Numerous aggregations (Peyer's patches)

QUESTION 1

- Which one of the following is anterior to the third part of duodenum?
- 1. Superior mesenteric vessels
- 2. Right kidney
- 3. Right posas major muscle
- 4. Abdominal aorta

QUESTION 2

- Which one of the following structures could be injured in case of perforated duodenal ulcer?
- 1. Right kidney
- 2. Right colic flexure
- 3. Gastroduodenal artery



4. Inferior mesenteric vessels

