

# Lecture (2)

- structures of posterior abdominal wall :

1) 5 lumbar vertebra + their intervertebral disc

2) iliac crest (pelvis → abdomen) (jiggle)

3) last rib (in the upper part)

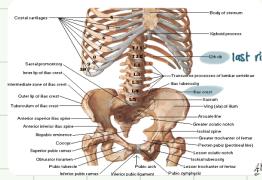
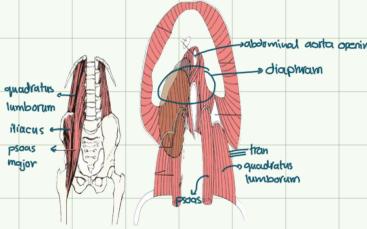
4) Psoas major + Psoas minor muscles

(if present, we use it in reconstructive surgery)

5) iliocostalis muscle

6) Quadratus lumborum

7) origin of transversus abdominis muscle



- Muscles :-

① Psoas major → Psoas fascia

origin : body & transverse processes of lumbar vertebrae

Insertion: Lesser trochanter of femur

Nerve: Spinal (T<sub>12</sub> + L<sub>1</sub> + L<sub>2</sub> + L<sub>3</sub>)

Action : 2 sides → bending forward

1 side → bending to that side

③ Iliacus

origin: iliac fossa

insertion: lesser trochanter of femur

Nerve : Femoral N.

Action : Lateral flexion of hip & thigh

② Quadratus lumborum

From L<sub>5</sub> → To iliac crest

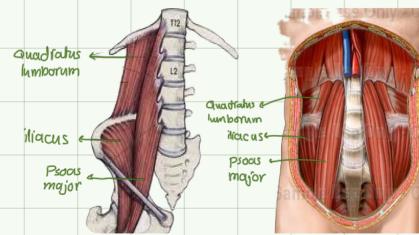
origin : iliolumbar ligament + iliac crest

Insertion: Last rib

Nerve : Spinal (T<sub>12</sub> + L<sub>1</sub> + L<sub>2</sub> + L<sub>3</sub>)

Action : 1) Fixing last rib & contraction of other muscles during respiration

2) Lateral Flexion of trunk



\* iliolumbar ligament

↳ between (L<sub>5</sub> → iliac crest)

↳ strong ligament

## • Arteries

"Abdominal aorta"

1) it penetrates the diaphragm, mid line at the level of (T<sub>12</sub>)

2) it descends behind the peritoneum on the anterior surface of bodies of lumbar vertebrae (retroperitoneal organ)

3) it ends at the level of L<sub>4</sub> on left side

## • Relations of aorta:

right : 1) cisterna chyli

2) thoracic duct

3) I.V.C

4) beginning of azygos vein

left : 1) Abdominal sympathetic chain

Ant. : 1) Pancreas

2) 3<sup>rd</sup> of duodenum

3) coils of small intestine

4) crossed by left renal vein

Why? → It's going to I.V.C on right side

Forget

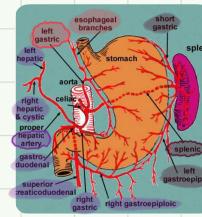
## ① Celiac Trunk :

1) Left gastric A.

1) lower 1/3 of esophagus  
2) lesser curvature → stomach  
3) Awestomach with right gastric  
↳ Both are in lesser omentum

2) Splenic A.

4) hepatic A.  
↳ upper border of fundus → fundus of stomach  
↳ Branches :  
1) pancreatic → Ant. Post.  
2) short gastric → fundus of stomach  
3) left hepatic → greater omentum → stomach



3) Hepatic A.

3) right gastric → lesser curvature → stomach  
2) gasto duodenal → superior pancreaticoduodenal  
3) left hepatic → right hepatic → cystic (for gall bladder)

4) right hepatic → cystic (for gall bladder)

5) right hepatic → cystic (for gall bladder)

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167) right hepatic → cystic (for gall bladder)

168) right hepatic → cystic (for gall bladder)

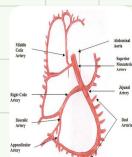
169) right hepatic → cystic (for gall bladder)

170) right hepatic → cystic (for gall bladder)

- hindgut** ③ Inferior mesenteric A.
- 1) left colic → lateral 1/3 of transverse colon & descending colon
  - 2) sigmoid → sigmoid
  - 3) superior rectal → rectum & upper 1/2 of anal canal
- 

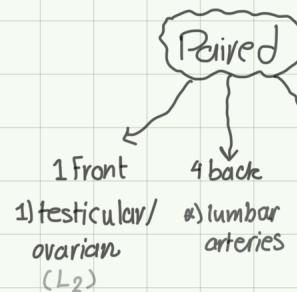
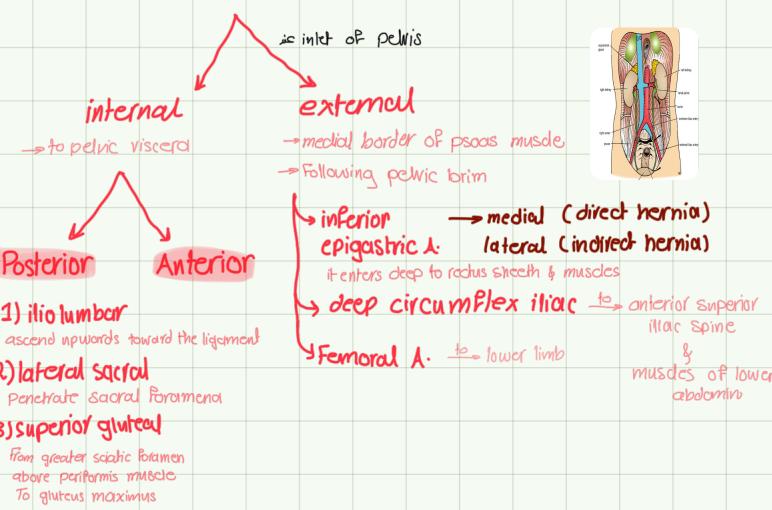
### \* Marginal Artery

→ In large intestine, all branches that are present in the concavity, they make "Anastomosis"

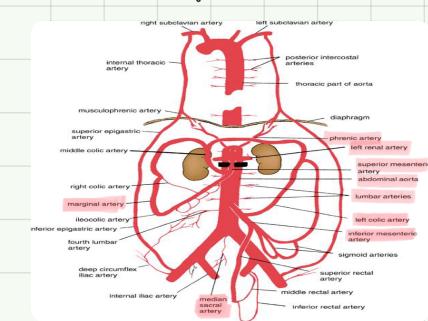


### \* common iliac arteries ← right ← left

start: L4 on left side



- 1) Inferior phrenic → suprarenal gland
  - 2) Middle suprarenal
  - 3) Renal (L2)
- right artery → left kidney is closer to aorta

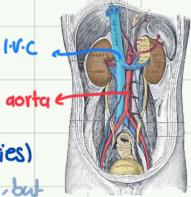


### • Inferior vena cava

→ Start: From common iliac veins (L5) on right side

→ in pelvis: common iliac veins (deep to arteries)

Why? → vein's wall is very thin, but arteries have thick wall so they can afford the pressure happens during pregnancy!



→ It pierces diaphragm in "Central tendon" (T8)

→ end: Right atrium of heart

\* sympathetic chain in aort was on left edge

↳ Behind right edge

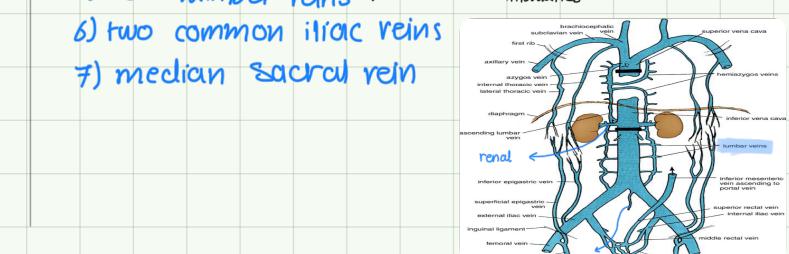
### \* Relations:

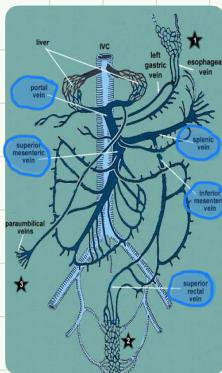
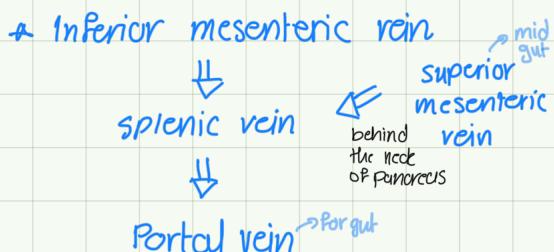
- Int. 1) small intestine 2) 1<sup>st</sup> & 3<sup>rd</sup> duodenum
- 3) head of pancreas & common bile duct
- 4) foramen of Winslow
- 5) portal vein
- 6) deep groove of liver lig. to

### \* Tributaries:

- 1) Hepatic veins ← right
- 2) Right suprarenal vein (left → left renal vein)
- 3) Right testicular/ovarian vein (left → left renal vein)
- 4) Inferior phrenic vein ↗ five lateral abdominal wall tributaries
- 5) four lumbar veins ↗
- 6) two common iliac veins
- 7) median sacral vein

varicocele is more common in left testes (lower)





\* Portal circulation: venous drainage to portal vein → liver

↓  
Hepatic vein ⇒ I.V.C

\* Portal vein:

↳ length: 2 in / 5 cm

↳ Start: Behind neck of pancreas

↳ end: Porta hepatis ↗ right branch ↗ left branch

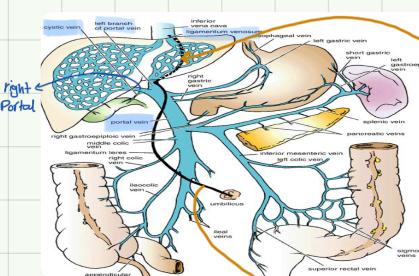
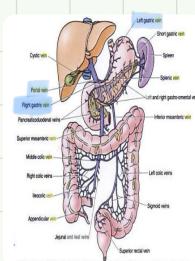
Tributaries:

1) Left & Right gastric veins

2) Superior pancreatico duodenal

3) Cystic vein → Right Portal

↳ liver (bisso)



(ductus venosum)  
↳ between I.V.C & left portal

obiterated umbilical vein  
↳ forms  
ligamentum teres / round ligament of liver

Treatment:  
- gastroscope  
- sclerosing material  
+ ice  
↳ Vasorestriction

\* Portal systemic anastomosis

= in case of liver cirrhosis or fibrosis

& Portal vein → obstructed X

↳ So blood will return back from liver into its tributaries

⇒ It returns mainly into:

① lower 1/3 of esophagus through (left epigastric vein)

② Umbilicus through (paraumbilical vein)

③ Rectum & anal canal through (superior rectal vein)

\* Anastomosis happens between Portal vein & cystic vein

\* causes of Portal hypertension:-

↳ 1) liver diseases → cirrhosis / fibrosis

2) valvular diseases in heart

3) Congenital patent

↳ like opened ductus venosum

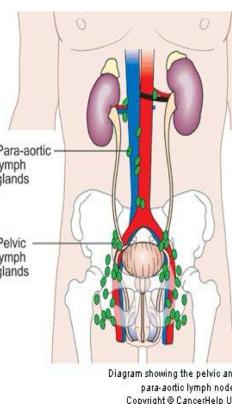
### Portal systemic anastomosis

Region	Name of clinical condition	Portal circulation	Systemic circulation
lower 1/3 Esophageal	➢ hematemesis Esophageal varices	Esophageal branch of left gastric vein	Esophageal branches of Azygous vein
Rectal & anal canal	internal type Hemorrhoids ↳ bleeding with defecation	Superior rectal vein	Middle rectal veins and inferior rectal veins
Paraumbilical	like star around umbilicus Caput medusae	Paraumbilical veins	Superficial epigastric vein → femoral + external iliac veins
Retroperitoneal	(no clinical name)	Right colic vein, middle colic vein, left colic vein	Renal vein, suprarenal vein, paravertebral vein, and gonadal vein
Intrahepatic	Patent ductus venosus	Left branch of portal vein	Inferior vena cava

Not mentioned in the lecture !!

### Lymphatics on the Posterior Abdominal Wall

- Lymph Nodes**  
The lymph nodes are closely related to the aorta and form a pre-aortic and a right and left lateral aortic (Para-aortic or lumbar) chain.
- The pre-aortic lymph nodes**  
In front of the aorta, the celiac, superior mesenteric, and inferior mesenteric arteries and are referred to as the celiac, superior mesenteric, and inferior mesenteric lymph nodes, respectively.
- They drain the lymph from the gastrointestinal tract extending from the lower one third of the oesophagus to the ileum, the caecum and greater part of the liver.
- The efferent lymph vessels form the large intestinal trunk.
- The lateral aortic (para-aortic or lumbar) lymph nodes**  
drain lymph from the kidneys and suprarenals; from the mesentery in the male and from the ovaries, uterine tubes, and fundus of the uterus in the female; from the deep lymph vessels of the abdominal walls, and from the common iliac nodes.
- The efferent lymph vessels form the right and left lumbar trunk
- The thoracic duct** commences in the abdomen as an elongated lymph sac, the cisterna chyli. This lies just below the diaphragm in front of the first two or three vertebrae and on the right side of the aorta.



### The cisterna chyli

- The right and left lumbar trunks under the diaphragm on the side of the aorta
- Receives lymph from
  - The intestinal trunk
  - Some small lymph vessels that descend from the lower part of the thorax.
  - Rt & Lt vessels from lower thorax

