

Gastro-Intestinal Tract Module: Semester: 4 Session: 5 12 Lecture Duration: 1h. Lecture Title: Introduction to anatomy of the stomach Dr. Wisam Hamza (mod-leader) Dr.Nawal Mustafa Dr. Jawad Ramadan Dr. Nada Hashim Dr. Hamid Jadoaa Dr. Miami Yousif Dr. Ilham Mohammed Dr. Wameeth Alqatrani Dr. Farqad Alhamdani Dr. Haithem Almoam Dr. Nehaya Menahi Dr. Raghda Shaaban Dr. Mohamed Al Hijaji Dr. Ihsan Mardan Dr. Amani Naama

Dr. Sadek Hassan Dr. Mayada Abullah Dr. Hameed Abbas Dr. Zaineb Ahmed Dr. Ansam Munathel

This Lecture was loaded in blackboard and you can find the material Mode, Clinically oreianted anatomy 2018 Drake: Grays anatomy for students 2015 Snell : Clinical anatomy by regions 2012 ore detailed instructions, any question, or you have a case you need help in, please post to the group of session





Learning objectives :

- 7. Describe the gross structures ,parts and curvatures of stomach
- 8. Describe the structure and function of the oesophygeal /gastric sphincter and the pyloric sphincter
- 9. Describe the macro and microscopic structure of the gastric mucosa .
- **10. Describe and identify the following structures:**
- The attachments of lesser and greater omentum.
- The curvatures of stomach and its regions
- The celiac trunk and its main branches
- The blood supply of the stomach
- The entrance to the lesser sac (Epiploic foramen)





Stomach

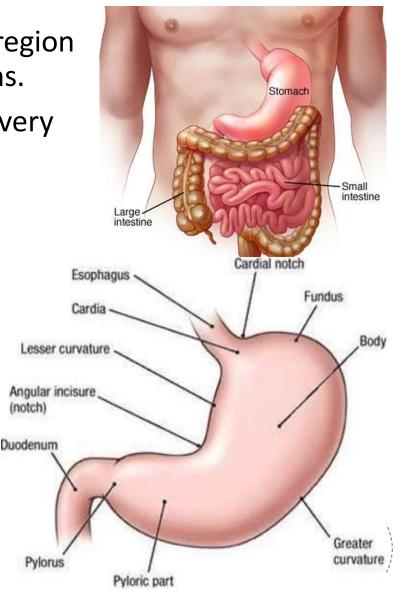
- It extends from the left costal margin region into the epigastric and umbilical regions.
- It is relatively fixed at both ends but is very mobile in between
 - J shaped
 - The stomach has: 2 openings the cardiac and pyloric orifices;
 - Two curvatures:

the greater and lesser curvatures;

• Two surfaces:

anterior and posterior surfaces.

 Stomach is divided into: Fundus ,body ,pyloric antrum Pylorus; pyloric sphincter and canal



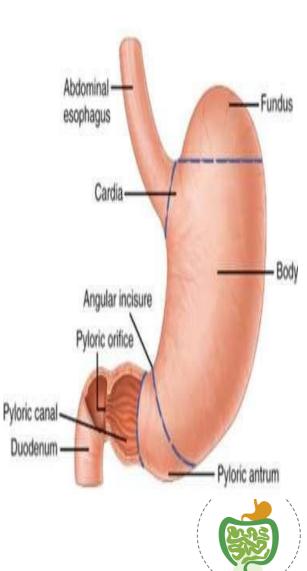
LO7



LO7.8

Openings of stomach

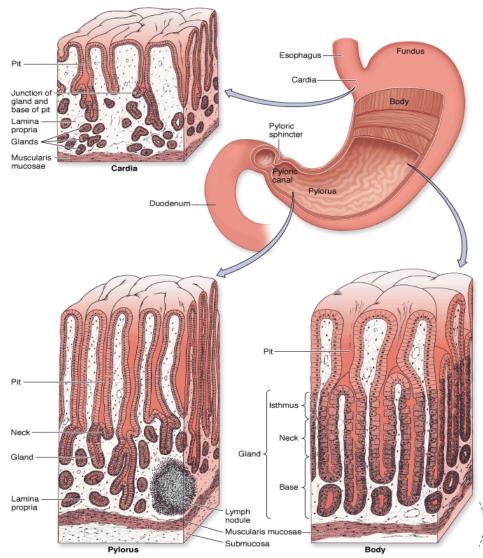
- The cardiac orifice:
- Where the esophagus enters the stomach.
- Distinct specialization of stomach muscle fibers at the cardia
- Several mechanisms to prevent reflux of stomach contents into esophagus
- The pyloric orifice:
- Formed by the pyloric canal, <u>(2.5 cm</u>) long.
 The circular muscle coat of the stomach is much thicker here and forms the
- anatomic and physiologic pyloric sphincter.





Macroscopical structure of gastric mucosa

- Gastric mucosa is thrown into long folds (Rugae)
- Gastric mucosa has histologically different zones
- The cardiac part contain mostly mucus secreting glands
- Fundus and body contain the gastric glands containing paraietal and oxyntic cells



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LO9

Microscopical structure of stomach

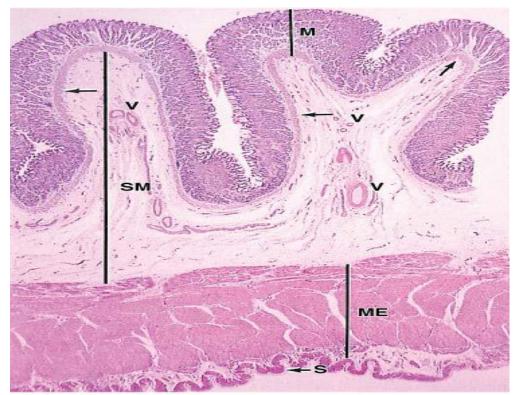
Histological layers of stomach : M= mucosa SM=submucosa ME=muscularis externa S= serosa

Mucosa packed with branched tubular glands Submucosa has large loose connective tissue with BV and lymphatics

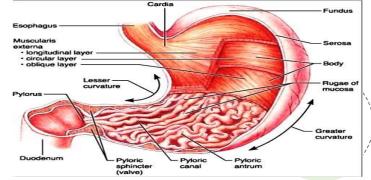
The Muscular layer is composed of smooth muscle fibers oriented in 3 directions

- 1. External = longitudenal
- 2. 2.middle =circular
- 3. 3. internal = oblique

Serosa : It is visceral peritoneum composed of connective tissue and simple squamous epithelium.



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Gastric glands

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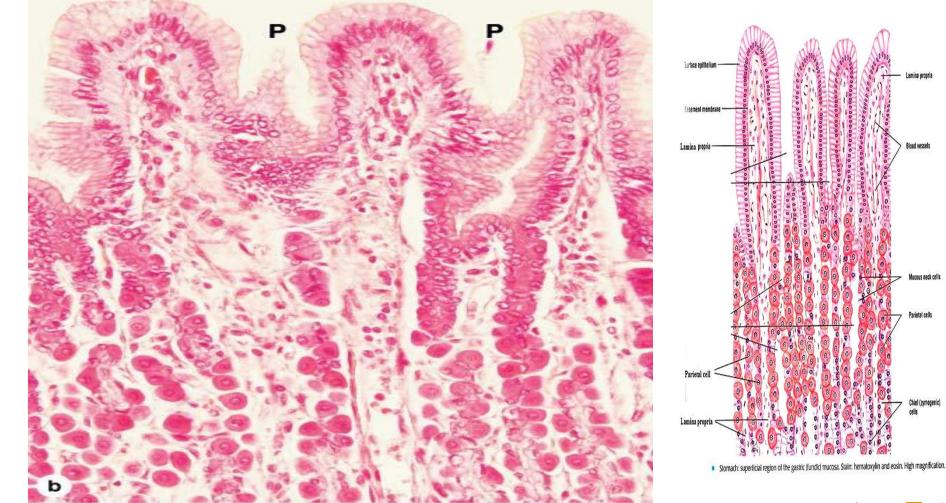
Lamina propria

Blood vessels

Mucous neck cells

Parietal cells

Chiel (zymogenic)



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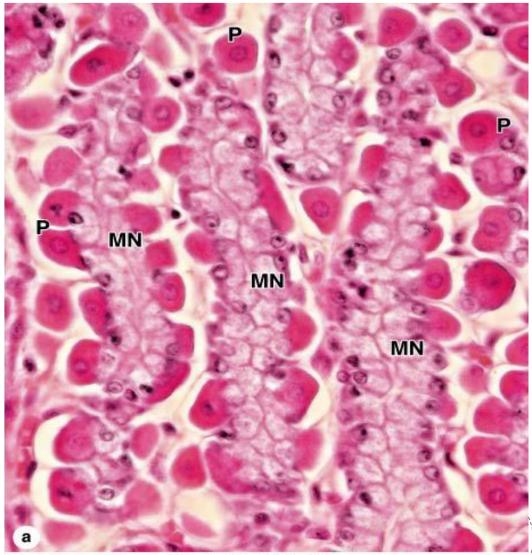
Gasrtic glands of fundus and body

LO9

NM = mucous neck cells Produce mucus rich in glycoproteins

P = paraietal cells

large rounded cell with
large central nucleus and
eosinophilic cytoplasm
Produce HCL

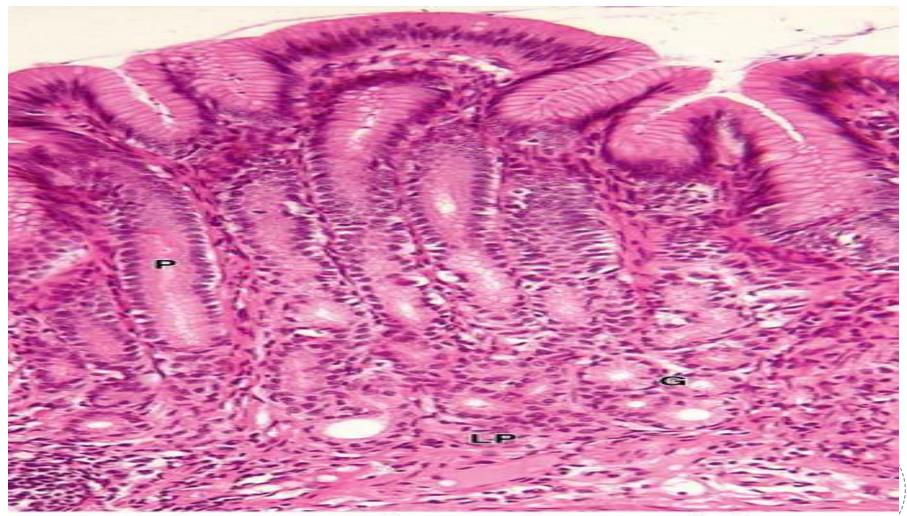


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Pyloric glands



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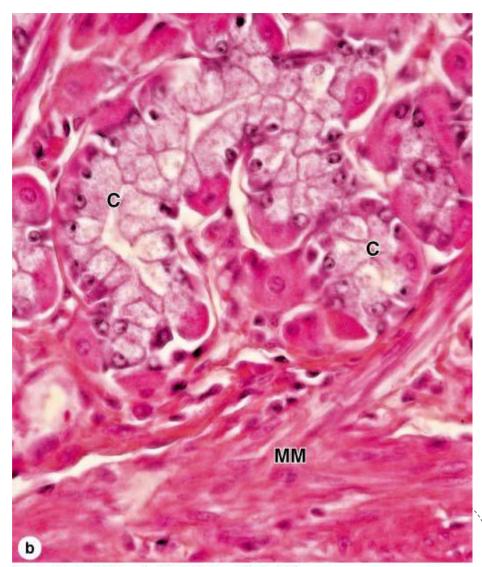


Paraietal and chief cells

- MM = muscular mucosa
- The glands contain
 - at the base few parietal cells
 - But abundant chief cells are found
- Chief cells = zymogenic cells = peptic cells
- Clusters of condensed cells with basal nuclei and basophilic cytoplasm
- Secrete pepsinogen (pepsin precursor)

There are also some specialised enteroendocrine cells called G cells, mostly in the neck of the glands, which secrete the peptide hormone gastrin.

There are also neuro-endocrine cells (enteroendocrine cells) that secrete **serotonin,** and **somatostatin** (a regulating hormone controls levels of insulin, glucagon, gastrin and growth hormone secretion).



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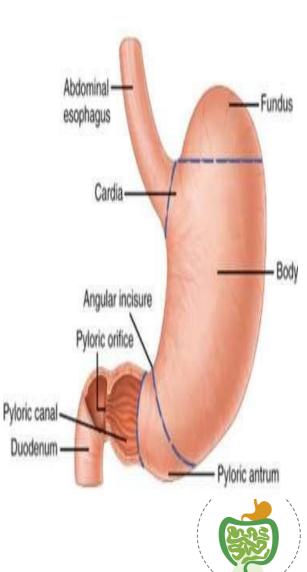
Lo9



LO7,8

Opening of stomach

- The cardiac orifice:
- Where the esophagus enters the stomach.
- Distinct specialization of stomach muscle fibers at the cardia
- Several mechanisms to prevent reflux of stomach contents into esophagus
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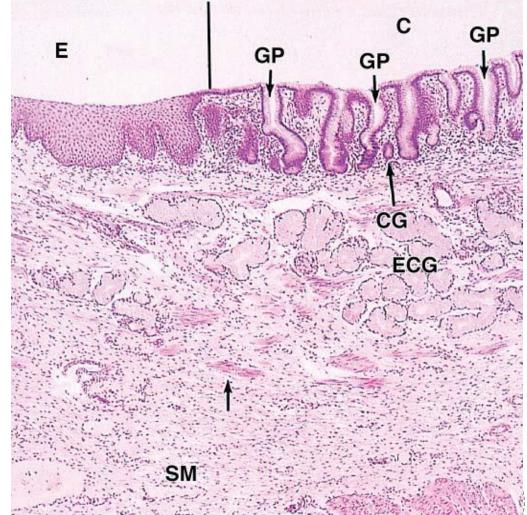
Oesophageal - gastric sphincter junction:

LO8

Esophagogastric junction.

At the junction of the esophagus (E) and the cardiac region of the stomach (C) :

- There is an abrupt change in the mucosa from stratified squamous epithelium to simple columnar epithelium invaginating as gastric pits (GP).
- The mucosa contains many mucussecreting esophageal cardiac glands (ECG), whose function is supplemented by mucous cardiac glands (CG) opening into the superficial gastric pits.
 Strands of muscularis mucosae (arrow) separate the mucosa and submucosa (SM)..



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DIFFERENCE BETWEEN CARDIA, FUNDUS & BODY, AND PYLORUS

Lo7, 8,9

CARDIA	FUNDUS & BODY	PYLORUS
Contain cardiac	Contain gastric	Contain pyloric
gland	gland	gland
Gastric pit less	Gastric pit less	Gastric pit more
deeper than pyloric	deeper than pyloric	deeper than gastric
gland	gland	or cardiac gland
Parietal cells absent or very few	Parietal cells more	Parietal cells few





LO 10

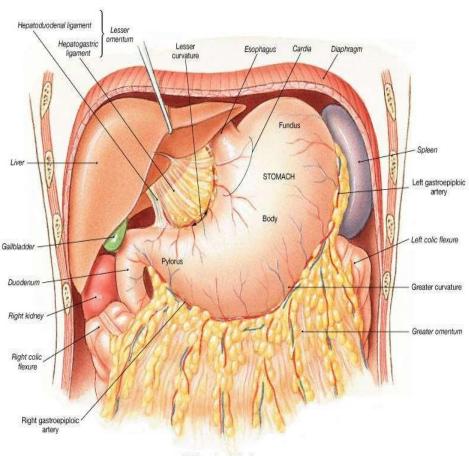
Attachment of lesser and greater omentum

 Lesser omentum: double layer of peritonium extend from liver to lesser curvature of stomach and 1st part of duod.

Greater omentum:

Four-layered fold of peritoneum, peritonium descend from the greater curvature of stomach and superior part of duodenum and hangs down in front of coils of small intestine,

then turns **upward** and attaches to the **transverse colon**



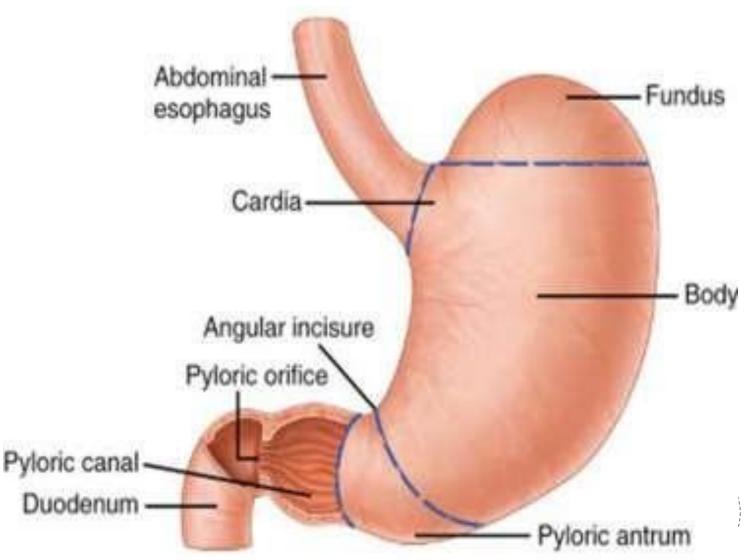
(a) Stomach, anterior view





Lo10

Curvatures of stomach and parts



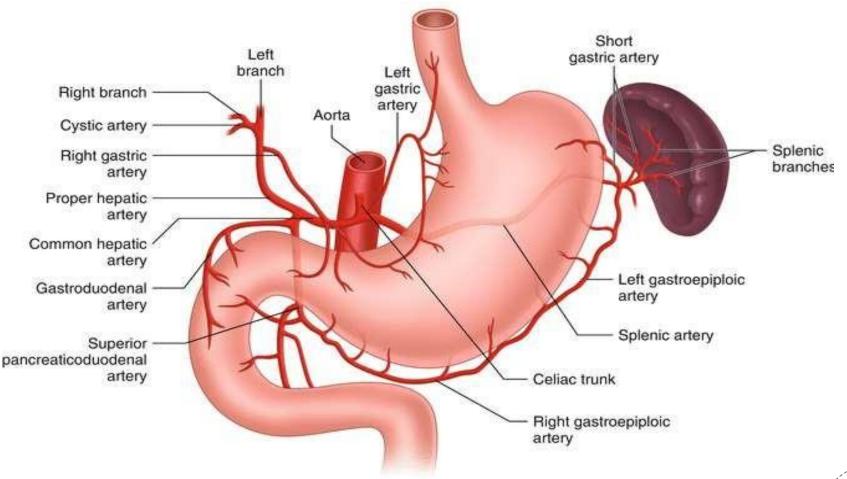
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Celiac trunk and branches

Lo10





Snell , clinical anatomy by regions



Lo10

Blood supply of stomach

Arteries of the stomach:

All are branches of the **celiac artery**

- Left gastric artery: arises from the celiac artery. It supplies the lower third of the esophagus and the upper right part of the stomach.
- **2** . Right gastric artery: arises from the hepatic artery at the upper border of the pylorus and supplies the lower right part of the stomach.
- **3**. Short gastric arteries: arise from the splenic artery and supply fundus of the stomach
- **4. Left gastroepiploic artery:** arises from splenic artery and supply the greater curvature.
- **5. Right gastroepiploic artery:** arises from the gastroduodenal branch of the hepatic artery, and supplies the stomach along the lower part of the greater curvature.

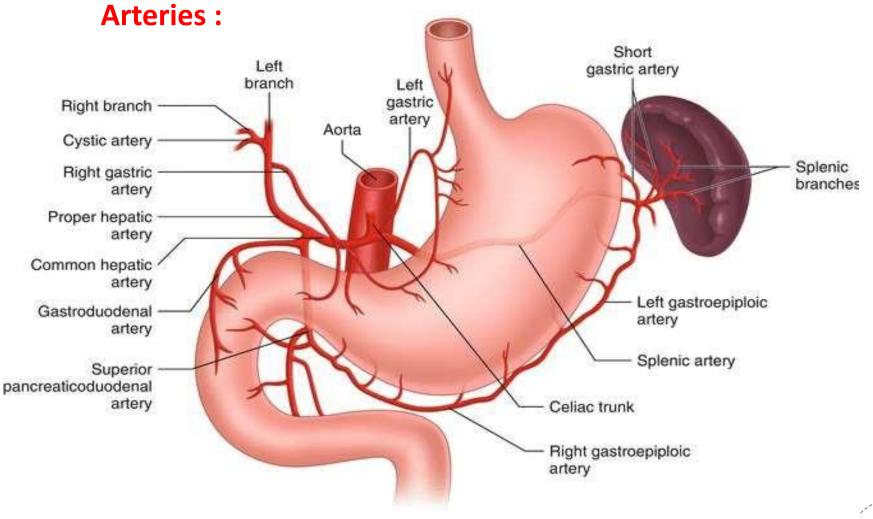


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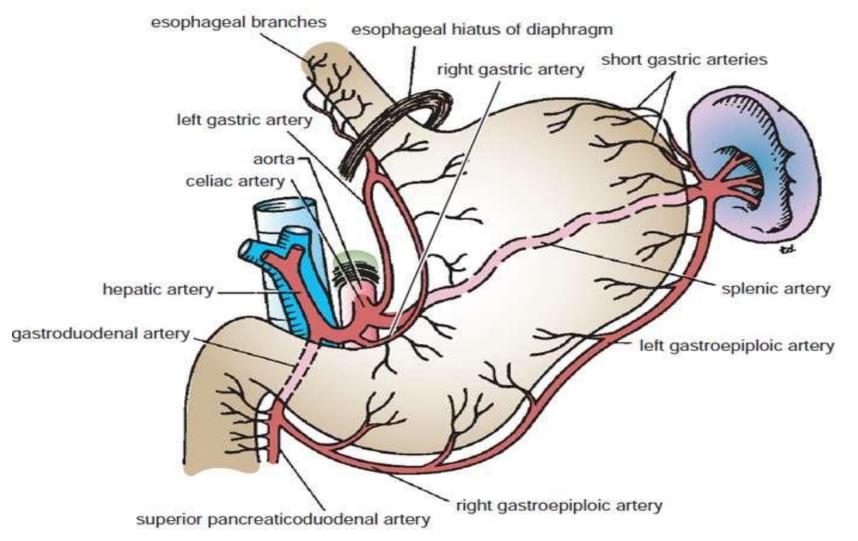






Arteries :

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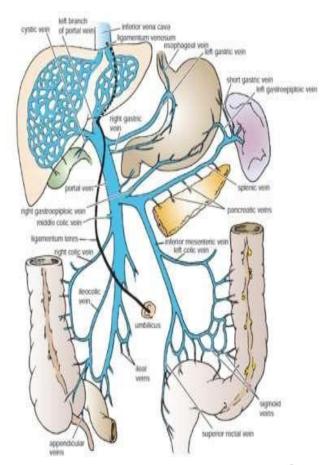




LO10

Veins of stomach

- The veins drain into the portal circulation.
- The left and right gastric veins drain directly into the portal vein.
- The short gastric veins and the left gastroepiploic veins join the splenic vein.
- **The right gastroepiploic vein** joins the superior mesentric veins

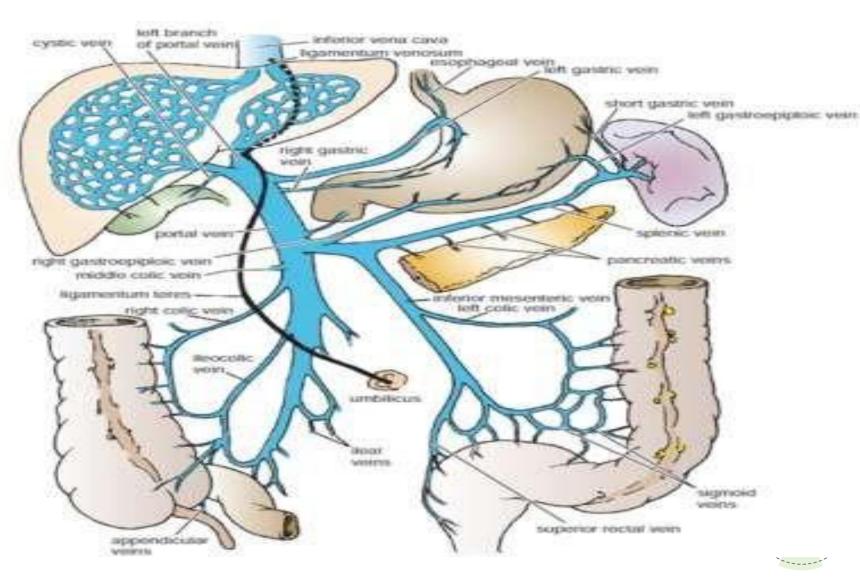






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Venous drainage



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Enterance of lesser sac (Epiploic foramen)



- It is the communication between <u>the</u> <u>greater</u> and <u>lesser sacs</u>.
- Boundaries:
- 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.

