

# Abdomen

# Abdomen

The abdomen is the part of the trunk between the thorax and the pelvis.
It is a flexible, dynamic container, housing most of the organs of the alimentary system and part of the urogenital system.

The abdomen consists of:

- abdominal walls
- abdominal cavity
- abdominal viscera



## **ABDOMINAL WALL**

### Boundaries:

- Superior :
  - xiphoid proc.
  - costal arch
  - XII rib
- Inferior :
  - pubic symphysis
  - inguinal groove
  - iliac crest
- Lateral:
  - posterior axillary line



## **ABDOMINAL WALL**



Epigastrium
Mesogastrium
Hypogastrium

- The regional system divides the abdomen based on:
- the subcostal plane
- linea bicostalis: between X-th ribs
- the transtubercular plane
- linea bispinalis: between ASIS.

## **ABDOMINAL WALL**



The right and left midclavicular lines subdivide it into:

#### ✤ Epigastrium:

- Epigastric region
- Right hypochondric region
- Left hypochondric region

#### ✤ Mesogastrium:

- Umbilical region
- Regio lateralis dex.
- Regio lateralis sin.

#### ✤ Hypogastrium:

- Pubic region
- Right inguinal region
- Left inguinal region

# **Organization of the layers**

#### Skin

- Subcutaneous tissue
- superficial fatty layer Camper's fascia
- deep membranous layer Scarpa's fascia
- Muscles
- Transversalis fascia
- Extraperitoneal fat
- Parietal peritoneum



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#### **\*** Arteries:

- Superficial epigastric a.
- Superficial circumflex iliac a.
- External pudendal a.



#### Veins:

- In the upper abdomen:
  - Thoracoepigastric v.
- In the lower abdomen:
  - Superficial epigastric v.
  - Superficial circumflex iliac v.
  - External pudendal v.
- Around the umbilicus:
  - Parumbilical veins
- Deep veins:
  - Intercostal vv.
  - Superior epigastric v.
  - Inferior epigastric v.



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- Lymphatic drainage
- From the upper abdominal half to:
- Axillary lymph nodes
- From the lower abdominal half to :
- Superficial inguinal lymph nodes



#### Nerves:

- Intercostal nn. Th7 Th11
- Subcostal n.Th12
- Branches of lumbal plexus Th12 L4:
  - Iliohypogastric n.
  - Ilioinguinal n.
  - Genitofemoral n.



### **Anterolateral Abdominal Wall**

There are five (bilaterally paired) muscles in the anterolateral abdominal wall:

three flat muscles -

- external oblique,
- internal oblique, and
- transversus abdominis

two vertical muscles -

- rectus abdominis and
- pyramidalis



#### The external oblique muscle

- ✓ Is the largest and most superficial
- ✓ The proximal attachments are the external surfaces of ribs 5 to 12.
- The distal attachments are the linea alba, pubic tubercle, and anterior half of the iliac crest.
- the inguinal ligament is the inferior border of the aponeurosis of the external oblique muscle.



#### The internal oblique muscle

- ✓ Is the intermediate of the three flat abdominal muscles
- The proximal attachments are thoracolumbar fascia, anterior two thirds of iliac crest
- ✓ The distal attachments are inferior borders of 10th-12th ribs, linea alba
- ✓ its fleshy fibers run perpendicular to those of the external oblique.



#### The transversus abdominis

- Is the innermost of the three flat abdominal muscles
- ✓ The proximal attachments are internal surfaces of 7th-12th costal cartilages, thoracolumbar fascia, iliac crest
- The distal attachments are linea alba with aponeurosis of internal oblique, pubic crest
- $\checkmark\,$  run more or less transversally.



### Rectus abdominis m.

- Iong, broad, strap-like muscle
- ✤ is the principal vertical muscle
- Origin:
- xiphoid process and 5th-7th costal cartilages
- Insertion:
- pubic symphysis, pubic crest



### **Rectus abdominis m.**

- The rectus muscle is divided into 4-5 bellies by tendinous intersections:
  - at the level of the xiphoid process, umbilicus, and halfway between these structures.
- The rectus muscle is anchored transversely by attachment to the anterior layer of the rectus sheath at these intersections.

The pyramidalis is a small, insignificant triangular muscle that is absent in approximately 20% of people.



## Functions and actions of anterolateral abdominal muscles

- Move the trunk and help to maintain posture (resisting lumbar lordosis).
- The rectus abdominis is a powerful flexor
- Support the abdominal viscera and protect them from most injuries.
- Compress the abdominal contents to maintain or increase the intraabdominal pressure
- Produce the force required for defecation (discharge of feces), micturition (urination), vomiting, and parturition (childbirth).



- Strong, incomplete fibrous compartment of the rectus abdominis and pyramidalis muscles.
- It is formed by the decussation and interweaving of the aponeuroses of the flat abdominal muscles.





#### First part:

- ✓ between V-th rib and costal arch
- ✓ Only anterior wall of the sheath:
  - the external oblique aponeurosis contributes to it.



#### Second part:

- ✓ between the costal arch and two fingers below the umbilicus.
- ✓ Two laminae exist:
- Anterior lamina:

the external oblique aponeurosis

- + one half of the internal oblique aponeurosis
- Posterior lamina:

one half of the internal oblique aponeurosis

+ aponeurosis of the transversus abdominis

A crescentic **arcuate line** demarcates the transition between second and third parts



- Third part:
- ✓ below the arcuate line
- ✓ the aponeuroses of the three flat muscles pass anterior to the rectus abdominis to form the anterior layer
- ✓ the relatively thin fascia transversalis covers the rectus abdominis posteriorly
- ✓ parietal peritoneum

### Linea alba

- Separates the bilateral rectus sheaths.
- All layers of the anterolateral abdominal wall fuse in the midline
- Between xiphoid process and pubic symphysis.
- the linea alba contains the umbilical ring.



- It lies parallel and superior to the medial half of the inguinal ligament.
- The inguinal canal has an opening at each end:
- the deep (internal) inguinal ring is the entrance
- the **superficial** (external) **inguinal ring** is the exit.



- The main occupants of the inguinal canal are:
- the spermatic cord (funiculus spermaticus) in males.
   The inguinal canal is formed in relation to the relocation of the testis during fetal development.

the round ligament of the uterus (lig. teres uteri) in females.

Ilioinguinal n.





- The inguinal canal has two walls (anterior and posterior), a roof, and a floor:
- 1. Anterior wall:
  - external oblique aponeurosis
- 2. Posterior wall:
  - fascia transversalis
- 3. Roof formed by:
  - arches of the internal oblique and transversus abdominis
- 4. Floor:
  - gutter formed by the inguinal ligament



- The inguinal canal has two openings:
- Superficial anulus inguinalis superficialis
- Deep anulus inguinalis profundus



- Superficial inguinal ring, anulus inguinalis superficialis
- a split in the external oblique aponeurosis superolateral to the pubic tubercle.
- It is surrounded by:
- medial crus
- lateral crus
- intercrural fibers superiorly



- Deep inguinal ring, anulus inguinalis profundus
- It is located superior to the middle of the inguinal ligament and lateral to the inferior epigastric artery
- Through this opening, the ductus deferens (vas deferens) and testicular vessels in males pass to enter the inguinal canal.
- Lateral inguinal fossa shallow pit over the deep ring.



## Internal Surface of Anterolateral Abdominal Wall

- covered with fascia transversalis and parietal peritoneum.
- this surface exhibits five umbilical peritoneal folds passing toward the umbilicus.
- The **median umbilical fold** extends from the apex of the urinary bladder to the umbilicus and covers the median umbilical ligament.
- Two medial umbilical folds cover the medial umbilical ligaments, formed by occluded parts of the umbilical arteries.
- Two **lateral umbilical folds** cover the inferior epigastric vessels.



## Internal Surface of Anterolateral Abdominal Wall

- covered with fascia transversalis and parietal peritoneum.
- this surface exhibits five umbilical peritoneal folds passing toward the umbilicus.
- The shallow fossae between the umbilical folds are the:
- **Supravesical fossae** between the median and the medial umbilical folds.
- Medial inguinal fossae between the medial and the lateral umbilical folds.
- Lateral inguinal fossae, lateral to the lateral umbilical folds, include the deep inguinal rings.



## **Abdominal cavity**

- forms the superior and major part of the abdominopelvic cavity
- has no floor of its own because it is continuous with the **pelvic cavity**.
- The plane of the *pelvic inlet* separates the abdominal and the pelvic cavities.
- is the location of most digestive organs, parts of the urogenital system (kidneys and most of the ureters), and the spleen.



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# Peritoneum

- The **peritoneum** is a continuous, glistening, and slippery transparent serous membrane.
- It lines the abdominopelvic cavity and invests the viscera
- The peritoneum consists of two continuous layers:
- the parietal peritoneum, which lines the internal surface of the abdominopelvic wall
- the visceral peritoneum, which invests viscera



# Peritoneum

- The relationship of the viscera to the peritoneum is as follows:
- Intraperitoneal organs are almost completely covered with visceral peritoneum
- Extraperitoneal organs are outside the peritoneal cavity and are only partially covered with peritoneum.
  - Retroperitoneal organs such as the kidneys are between the parietal peritoneum and the posterior abdominal wall
  - Subperitoneal organs (urinary bladder) have parietal peritoneum only on its superior surface.
  - Preperitoneal organs between the parietal peritoneum and the anterior abdominal wall



# **Peritoneal cavity**

- The peritoneal cavity is a potential space of capillary thinness between the parietal and visceral layers of peritoneum.
- It contains no organs but contains a thin film of **peritoneal fluid**, which lubricates the peritoneal surfaces, enabling the viscera to move.



# **Peritoneal cavity**

- Parts of the peritoneum that connect organs with other organs or to the abdominal wall form:
- Mesentery is a double layer of peritoneum. Transverse and sigmoid mesocolons - related to other specific parts.

 $\geq$ 

 $\succ$ 

- An **omentum** is a double-layered extension or fold of peritoneum that passes from the stomach to adjacent organs.
- A **peritoneal ligament** consists of a double layer of peritoneum that connects an organ with another organ or to the abdominal wall.



# **Peritoneal cavity**

- The transverse mesocolon (mesentery of the transverse colon) divides the abdominal cavity into:
- supracolic compartment, containing the stomach, liver, and spleen
- infracolic compartment, containing the small intestine and ascending and descending colon





- The principal viscera of the supracolic compartment are:
- the abdominal part of the esophagus,
- the stomach and superior part of duodenum,
- spleen,
- liver and gallbladder



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- ➤ spleen,
- liver and gallbladder



## Liver, hepar

- Facies diaphragmatica
  - Iobus dexter
  - Iobus sinister
- Facies visceralis
  - Iobus dexter
  - Iobus sinister
  - Iobus quadratus
  - Iobus caudatus
- Porta hepatis
  - Proper hepatic a.
  - Portal v.
  - Common hepatic duct



#### Stomach, Gaster, Ventriculus

- ✤ Walls:
  - Paries anterior
  - Paries posterior

#### Parts:

- Cardia, fundus
- Corpus gastricus
- Pars pylorica
  - Pyloric antrum
  - Pyloric canal

#### Curves:

- Lesser curvature angular notch
- Greater curvature cardiac notch





#### Spleen, Lien

- Facies diaphragmatica
- Facies visceralis
- Hilum splenicum
   Splenic a. and v.



## Supracolic compartment. Peritoneal structures.

- The liver is connected to the:
- diaphragm by coronary ligament.
- anterior abdominal wall by the falciform ligament and round ligament
- right and left triangular ligaments.



### Supracolic compartment. Peritoneal structures.

#### ✤ The lesser omentum

passes from the liver to the lesser curvature of the stomach and superior part of the duodenum.

It is connected with the:

- Stomach by the hepatogastric ligament, the membranous portion of the lesser omentum
- Duodenum by the hepatoduodenal ligament, the thickened free edge of the lesser omentum
  - conducts the portal triad:
    - proper hepatic artery
    - portal vein
    - bile duct



## Supracolic compartment. Peritoneal structures.

- Greater omentum, omentum majus:
- Arises from the greater curvature
- It is connected to:
- Inferior surface of the diaphragm by the gastrophrenic ligament
- Spleen by the gastrosplenic ligament
- Transverse colon by the gastrocolic ligament
- Phrenicosplenic lig.



#### Right and left subphrenic recesses:

- between the diaphragm, liver and spleen
- > posterior to the coronary lig.
- divided by falciform lig.



- **Subhepatic recesses:**
- Right subhepatic recess
- Left subhepatic recess
- Hepatorenal recess



- > Sac-like cavity that lies posterior to the stomach.
- Permits free movement of the stomach on the structures posterior and inferior to it



- > Anterior wall:
- 1. Lesser omentum
- 2. Stomach
- 3. Gastrocolic lig.
- 4. Gastrosplenic lig.





- **Floor**:
- 1. mesocolon transversum



- Posterior wall:
- Parietal peritoneum that covers:
- 1. pancreas
- 2. aorta
- 3. Inferior vena cava
- 4. Left kidney
- 5. Left suprarenal gland



- Entrance epiploic foramen Surrounded by:
- Caudate lobe of liver superior
- Superior part of the duodenum – inferior
- Hepatoduodenal lig. anterior
- Peritoneum over the inferior vena cava



