

*IP Universitatea de Stat de Medicină și Farmacie
“Nicolae Testemițanu”*

***Catedra de anatomie și anatomie
clinică***

Splanhnologie generală - Viscera

Anatomia Funcțională a Sistemului Digestiv

Asistent universitar Globa Lilian

Plan

- Viscera
- Sistem Digestive

- **Organul** este o parte componentă a corpului uman format din anumite țesuturi, istoric constituite, care are o structură și dezvoltare specifică menit să execute o **FUNCȚIE** anume.

- *Fiecare organ:*
 - a) este anatomic izolat,
 - b) ocupă un anumit loc în corpul uman,
 - c) posedă o formă bine determinată,
 - d) surse proprii de vascularizație și inervație.

- **Organul** pe parcursul vieții se modelează (modifică) acomodându-se la **cerințele funcționale** schimbătoare.

- Sistemul locomotor – mișcări
- Organele interne – asigură Sistemul locomotor

Viscere -totalitatea organelor care se află în marile cavități ale corpurilor (mai ales în cavitatea abdominală), la oameni și la animale.

Organe interne - organe situate în cavitățile abdominală și toracică.

CLASIFICAREA ORGANELOR INTERNE

Din punct de vedere **FUNCȚIONAL** viscerele se împart în următoarele sisteme:

- **Sistemul Nervos cu Organele senzoriale**(coordonarea/indicarea activității mușchilor și glandelor);
- **Sistemul Digestiv** (asigură cu surse energetice, nutrienți pentru creștere) /organele tubului digestiv și glandele anexe/;
- **Sistemul Respirator** (schimbul de gaze O₂/CO₂ cu mediul extern, menținând arderea intracelulară cu formarea ATP (respirația internă))/(căile aeriene și plămânii);
- **Sistemul Urinar** (eliminarea substanelor inutile din organism)
- **Sistemul Genital** (organe genitale ori reproductive (gonade)) – (multiplicarea individului "viață, care se perpetuă, veșnică");
- **Sistemul Endocrin** (glande și celule producătoare de hormoni, substanțe biologice active, care dirijează diferite procese metabolice din organism);
- **Sistemul cardiovascular** (realizează unirea tuturor sistemelor prin vase sangvine și limfatice, care vor efectua funcții de transportare);
- **Sistemul limfoid** (menținerea homeostazei antigenice a organismului (timus, măduva osoasă roșie, noduli limfoizi).
- **Sistemul Tegumentar** (pielea și anexele sale glandele mamare , sudoripare, sebacee, părul, unghiile)

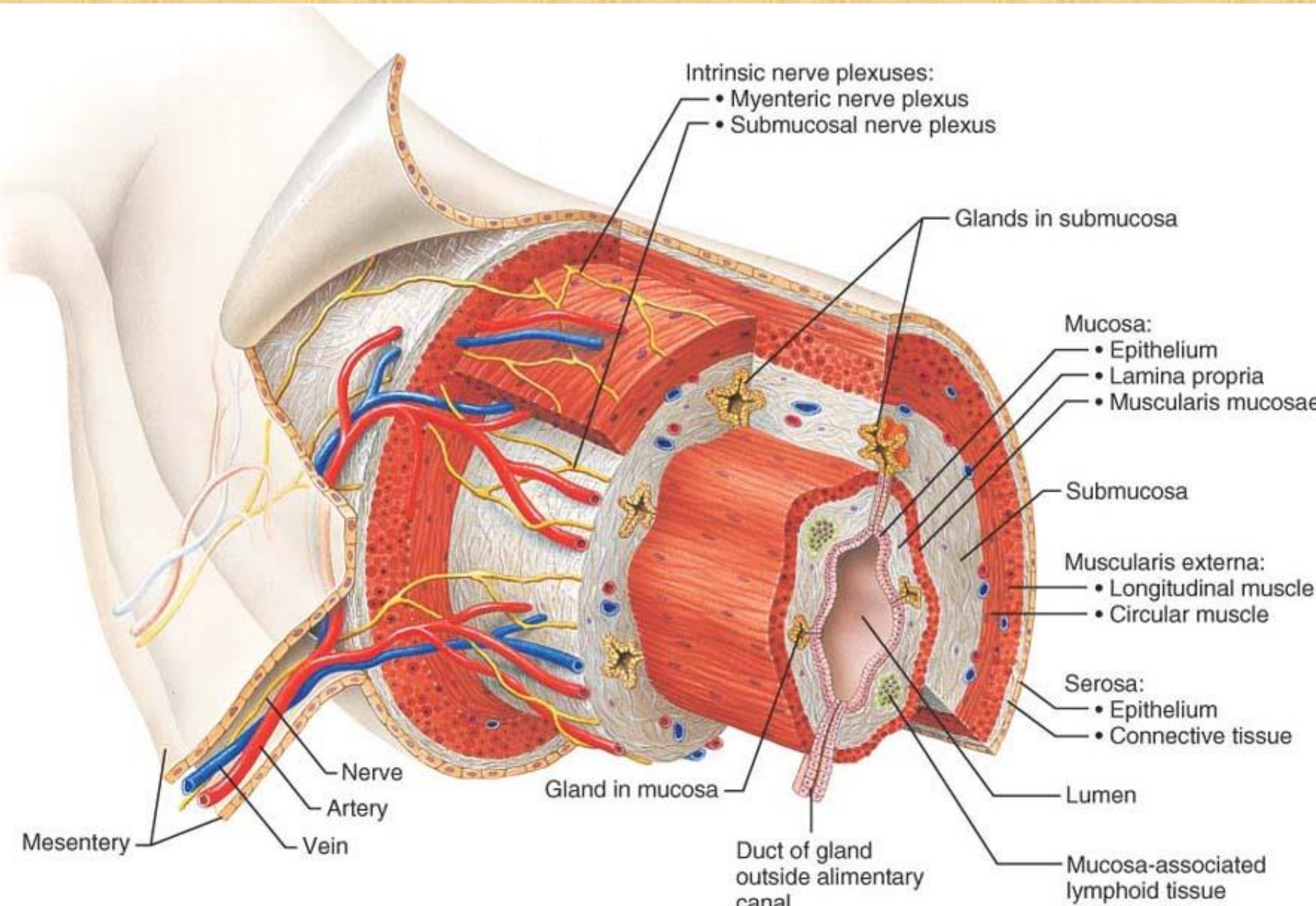
Organele se clasifică în

1. tubulare (cavitare) și
2. organe parenchimotoase.

Organele tubulare posedă o structură comună;

Peretele organului cavitare este compus din următoarele straturi:

- **Tunica MUCOASĂ** (tunica mucosa)
- **Tela SUBMUCOASĂ** (tela submucosa)
- **Tunica MUSCULARĂ** (tunica muscularis)
- **Tunica SEROASĂ** (tunica serosa), sau **ADVETIȚIA** (tunica adventitia)



Intrinsic nerve plexuses:

- Myenteric nerve plexus
- Submucosal nerve plexus

Glands in submucosa

Mucosa:

- Epithelium
- Lamina propria
- Muscularis mucosae

Submucosa

Muscularis externa:

- Longitudinal muscle
- Circular muscle

Serosa:

- Epithelium
- Connective tissue

Lumen

Mucosa-associated lymphoid tissue

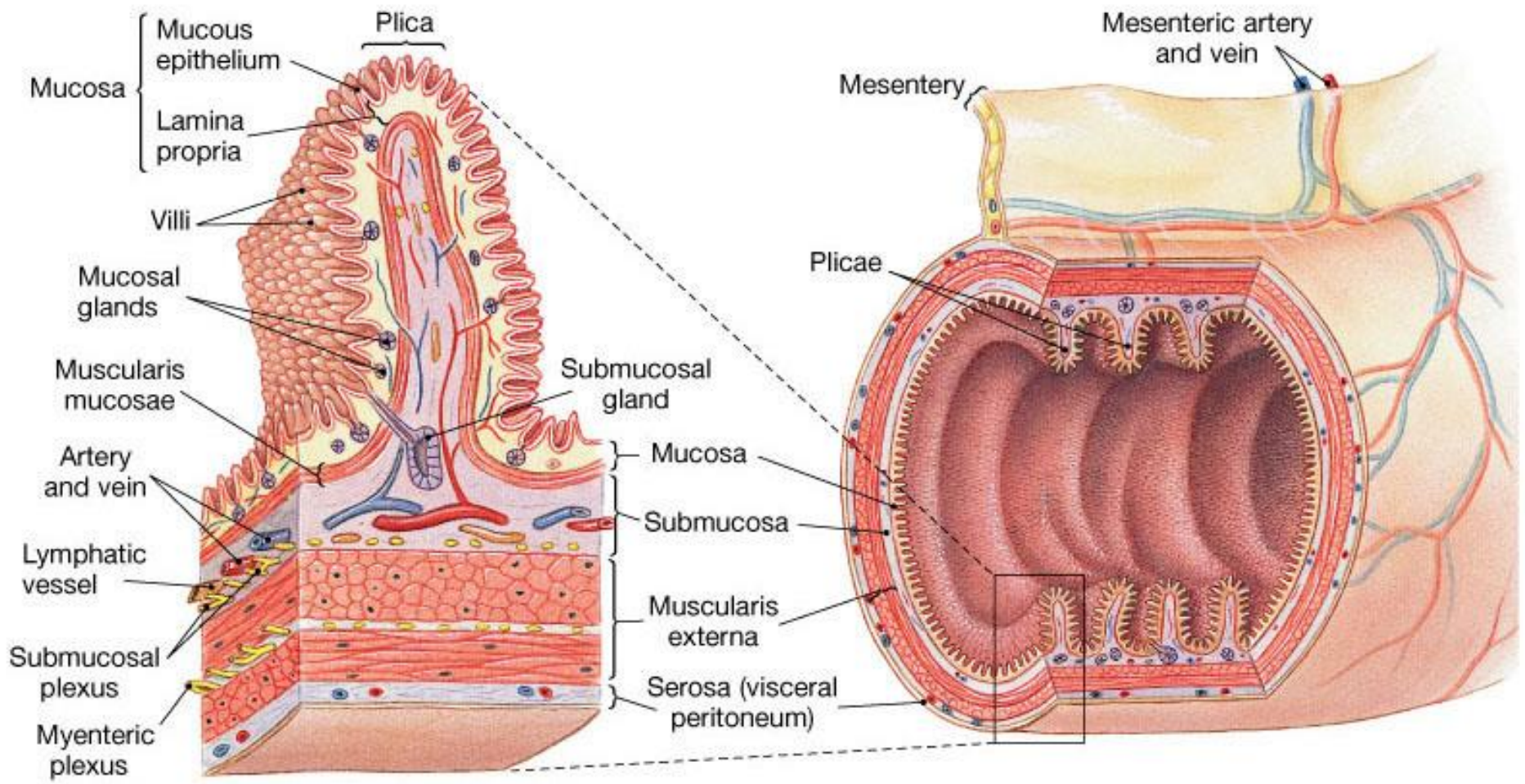
Gland in mucosa

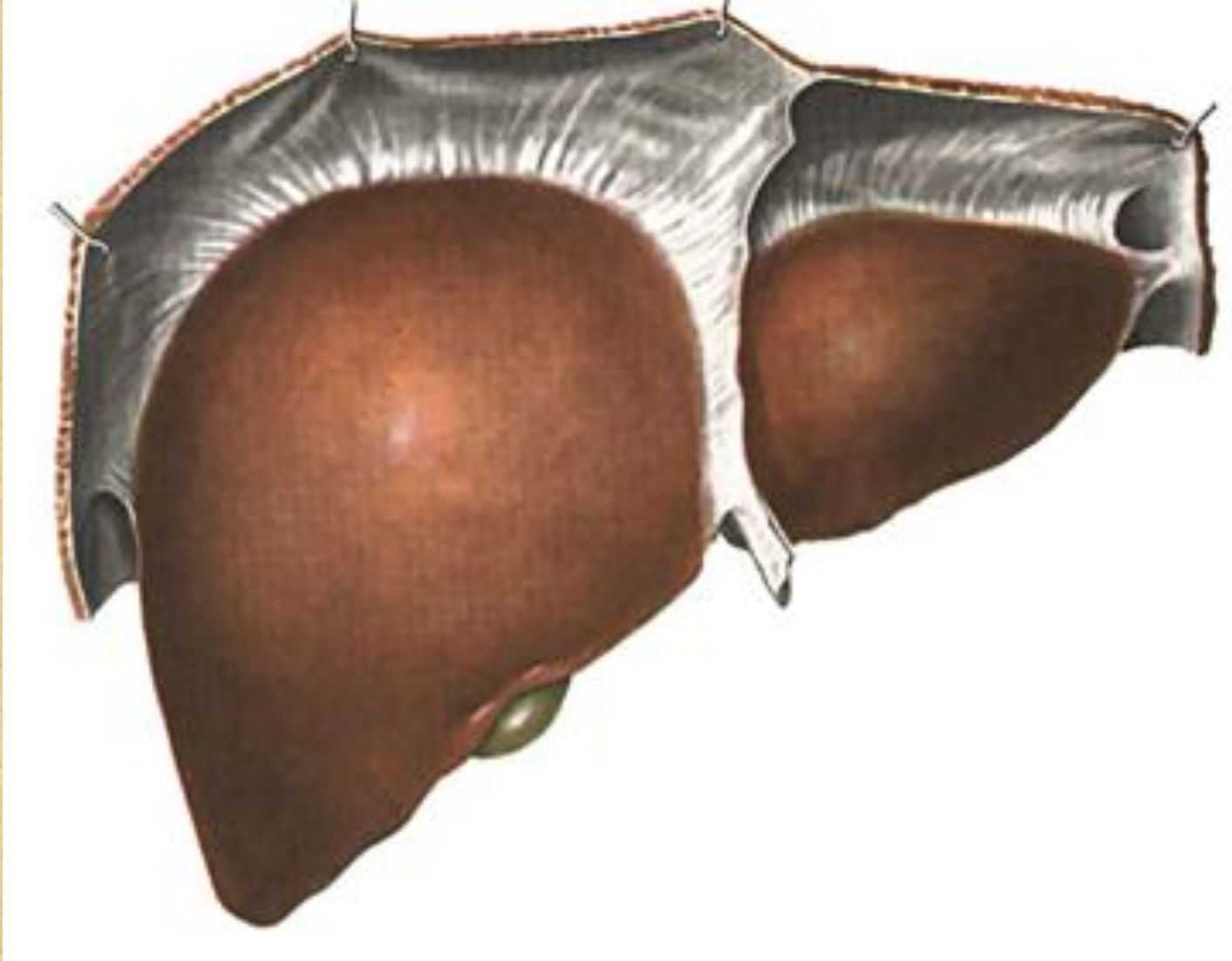
Duct of gland outside alimentary canal

Mesentery
Nerve
Artery
Vein

Organul parenchimatous constă din **parenchimă** și **stromă**.

- **Parenchima**, este formată de celule/țesuturi specifice, care asamblându-se într-un mod anume (*unitate morfofuncțională*) vor executa o funcție distinctivă organului dat;
- **Stroma**, este carcasa, scheletul moale a organului (țesut conjunctiv), care susține deci parenchima și conduce spre ea vasele sangvine, limfatice și nervii.





Clasificarea organelor în dependență de dezvoltarea lor:

- I. Organe derivate din **endodermă**
- II. Organe derivate din **mesoderma somatică**
- III. Organe derivate din **ectodermă**

Clasificarea organelor în dependență de amplasamentul topografic:

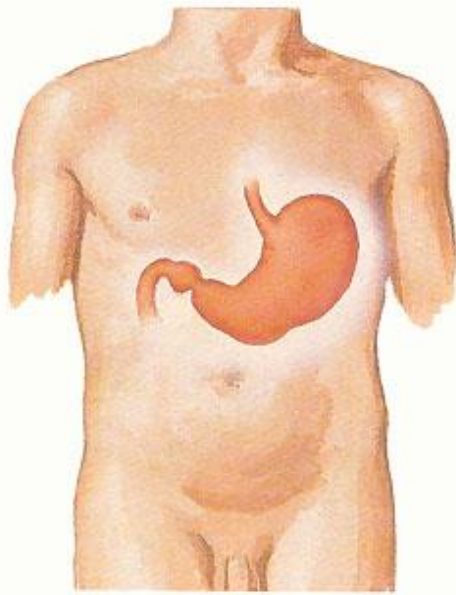
- I. Organele capului of the head
- II. Organele gâtului
- III. Organele cavității toracice
- IV. Organele cavității abdominale
- V. Organele bazinului (pelvisului).

Viscerele și tipurile constituționale ale corpului uman

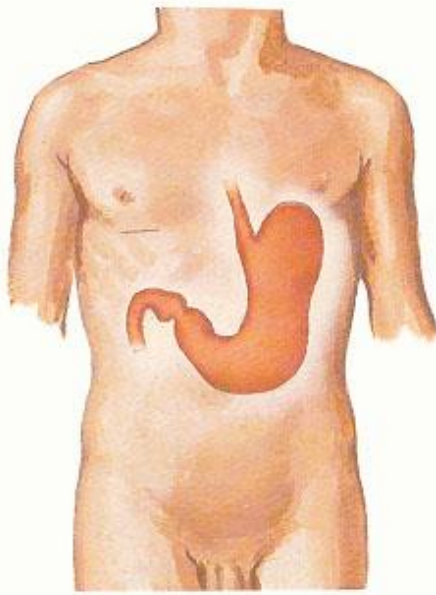
Mărimea, forma și poziția organelor depinde de tipul constituțional al corpului uman.

- La **astenici**: organele sunt mai mici și au poziție mai joasă (de parcă ar fi în proză). Plămânii sunt mai alungiți pe contul toracelui îngust. Inima ocupă o poziție verticală, aorta fiind și ea mai îngustă. Stomacul și intestinele subțiri tind spre o poziție verticală. Ficatul, splina, pancreasul și rinichii sunt relativ mici.
- La **hiperstenici**: cordul este relativ mare amplasat orizontal, aorta este mai largă. Plămânii sunt scurți. Stomacul se aranjează mai transversal ca și ansele intestinului subțire. Ficatul, splina, pancreasul și rinichii sunt largi.
- La **normostenici** mărimile, formele și pozițiile organelor ocupă o poziție intermediară între tipurile menționate anterior.

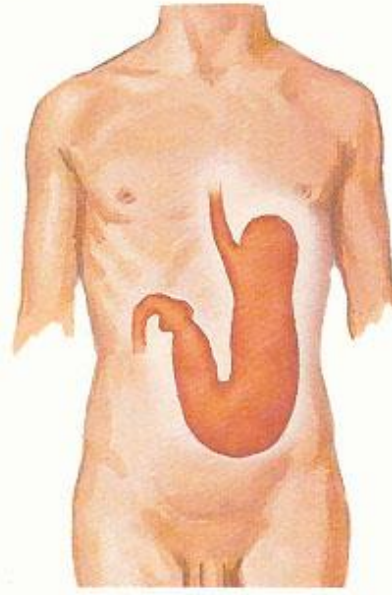
Structura organului (stomacului) în dependență de tonicitatea peretelui lui muscular



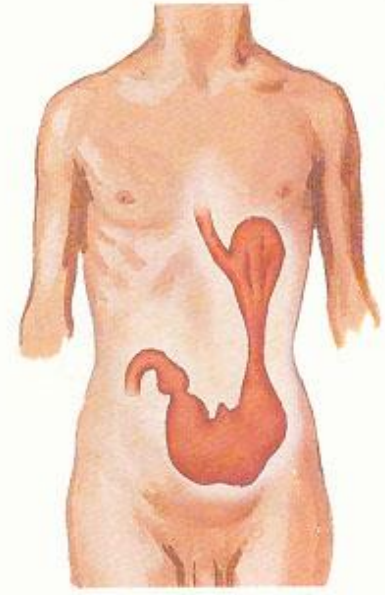
Hypertonic stomach



Orthotonic stomach



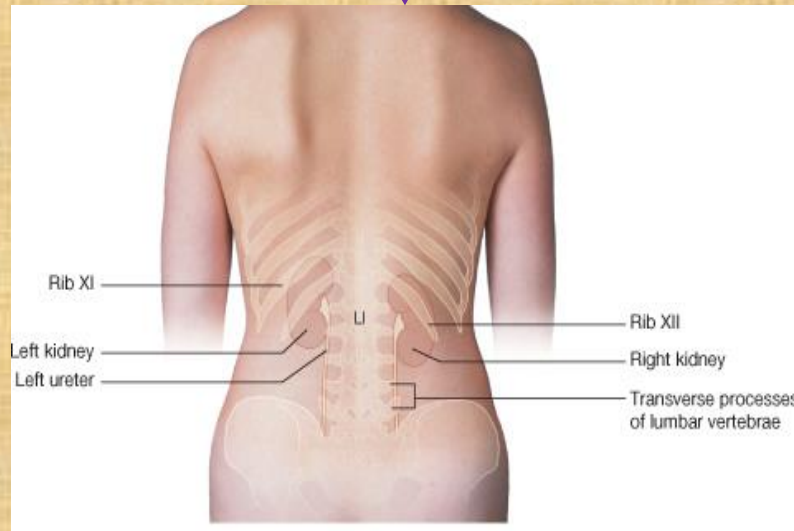
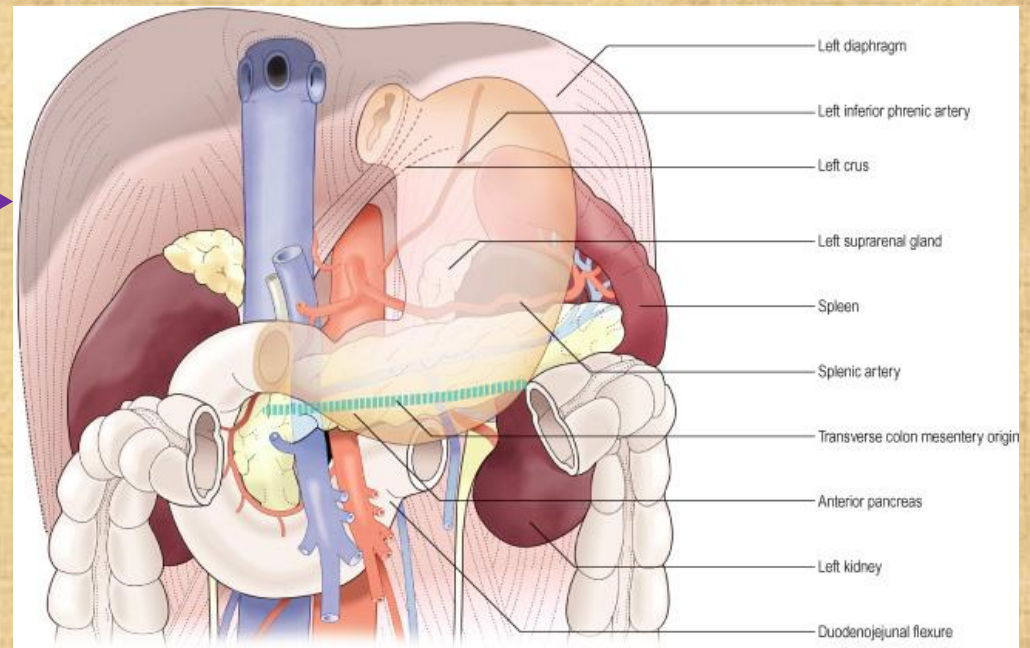
Hypotonic stomach

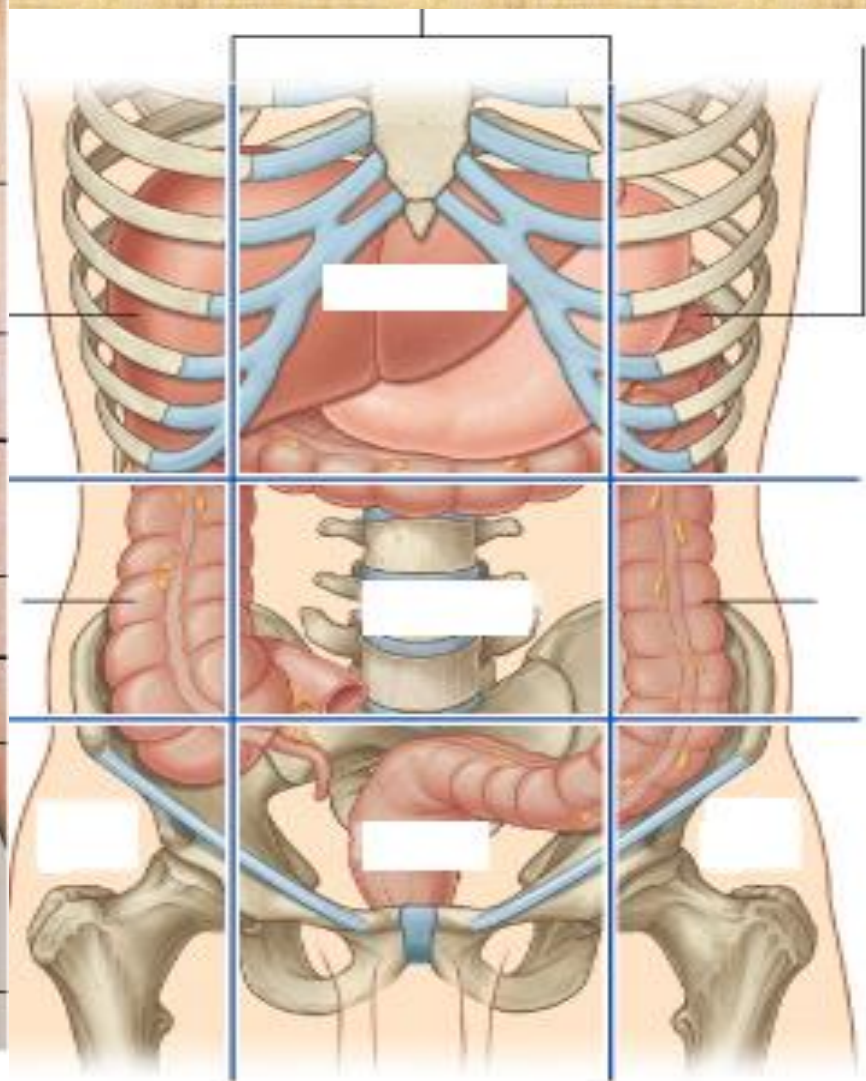
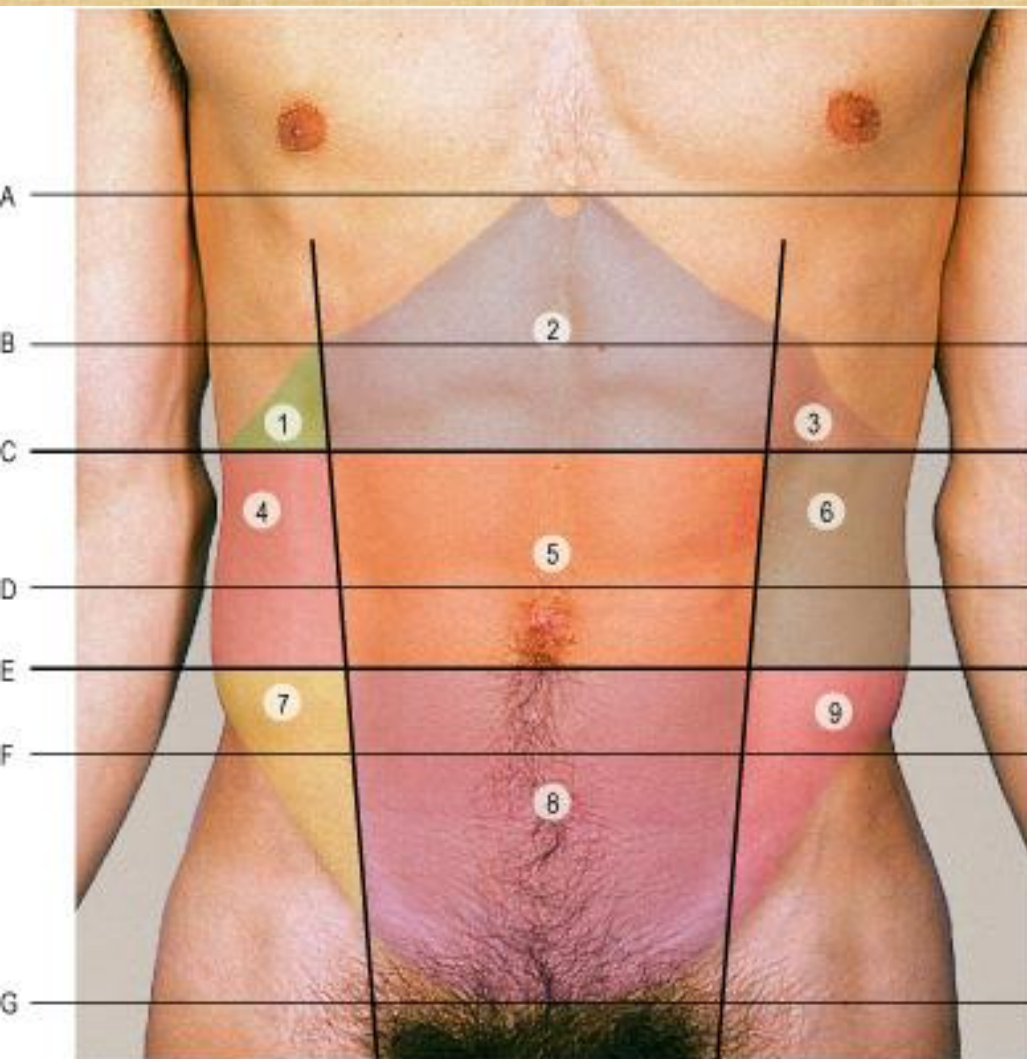


Atonic stomach

Topografie

- Sintopie
- Scheletotopie
- Holotopie



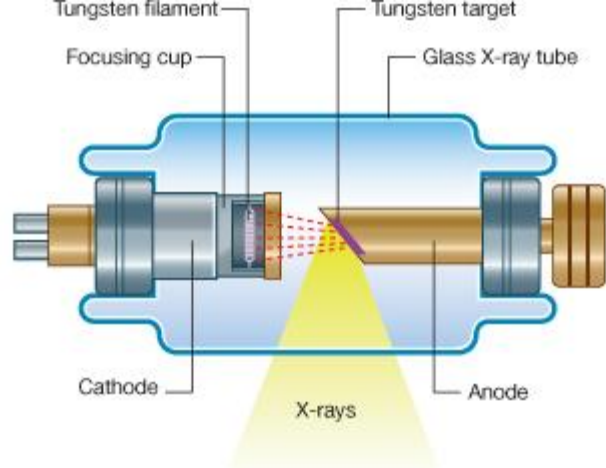


Key for planes:

- A. Xiphisternal plane. B. Transpyloric plane. C. Subcostal plane. D. Supracristal plane.
 E. Transtubercular plane. F. Interspinous plane. G. Pubic crest plane.

Key for nine regions of the abdomen:

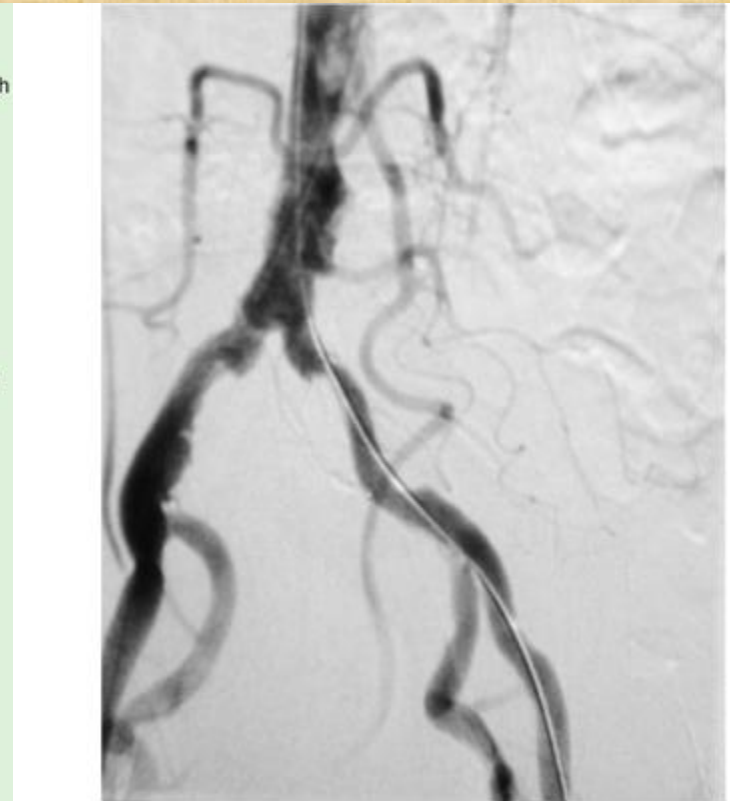
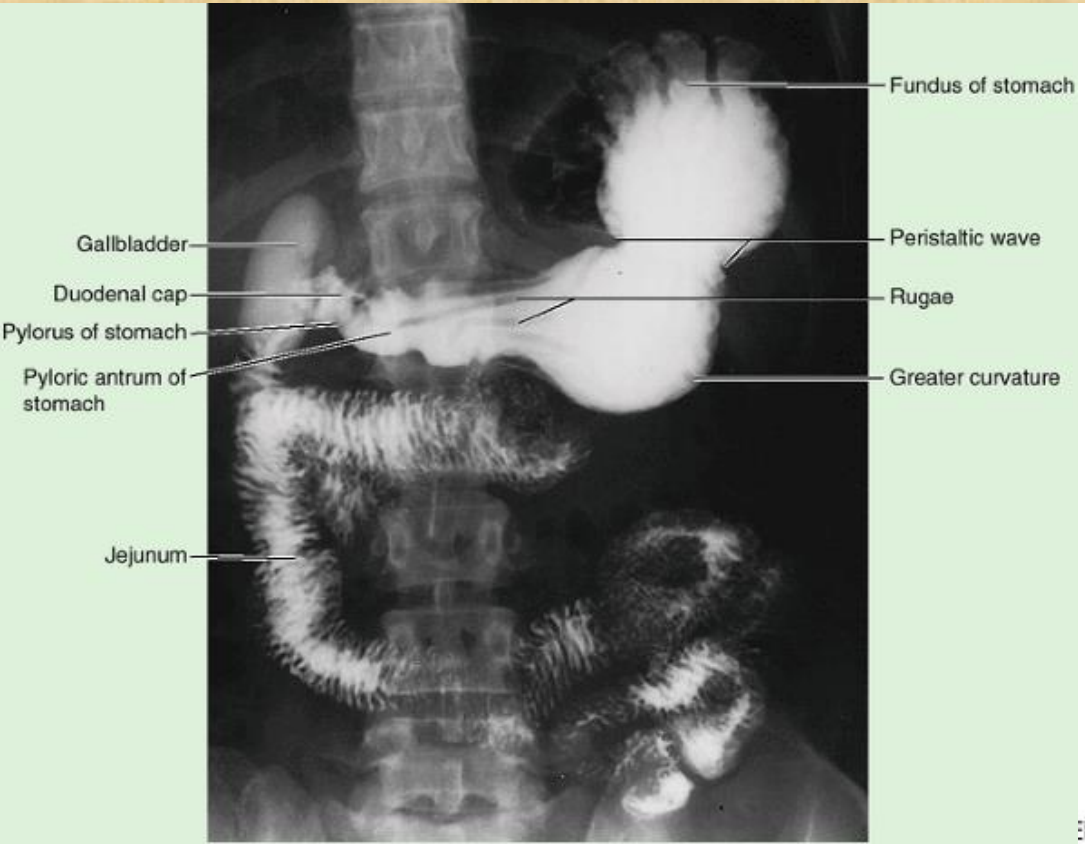
1. Right hypochondrium. 2. Epigastric. 3. Left hypochondrium. 4. Right lumbar.
 5. Central/umbilical. 6. Left lumbar. 7. Right iliac fossa. 8. Suprapubic/hypogastrium.
 9. Left iliac fossa.



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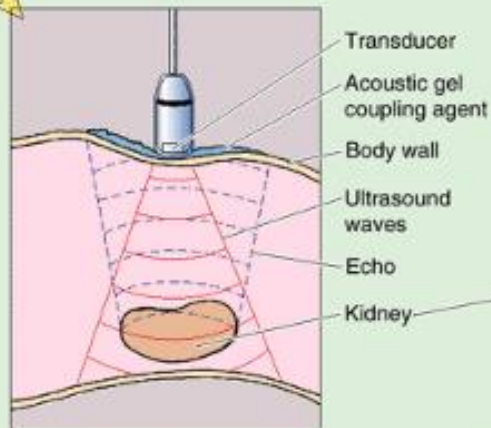
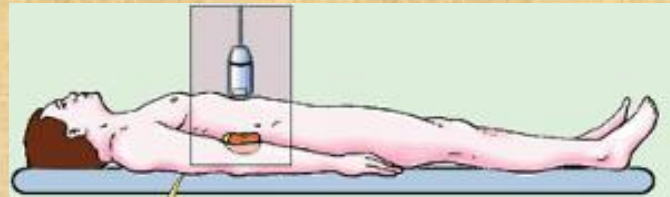
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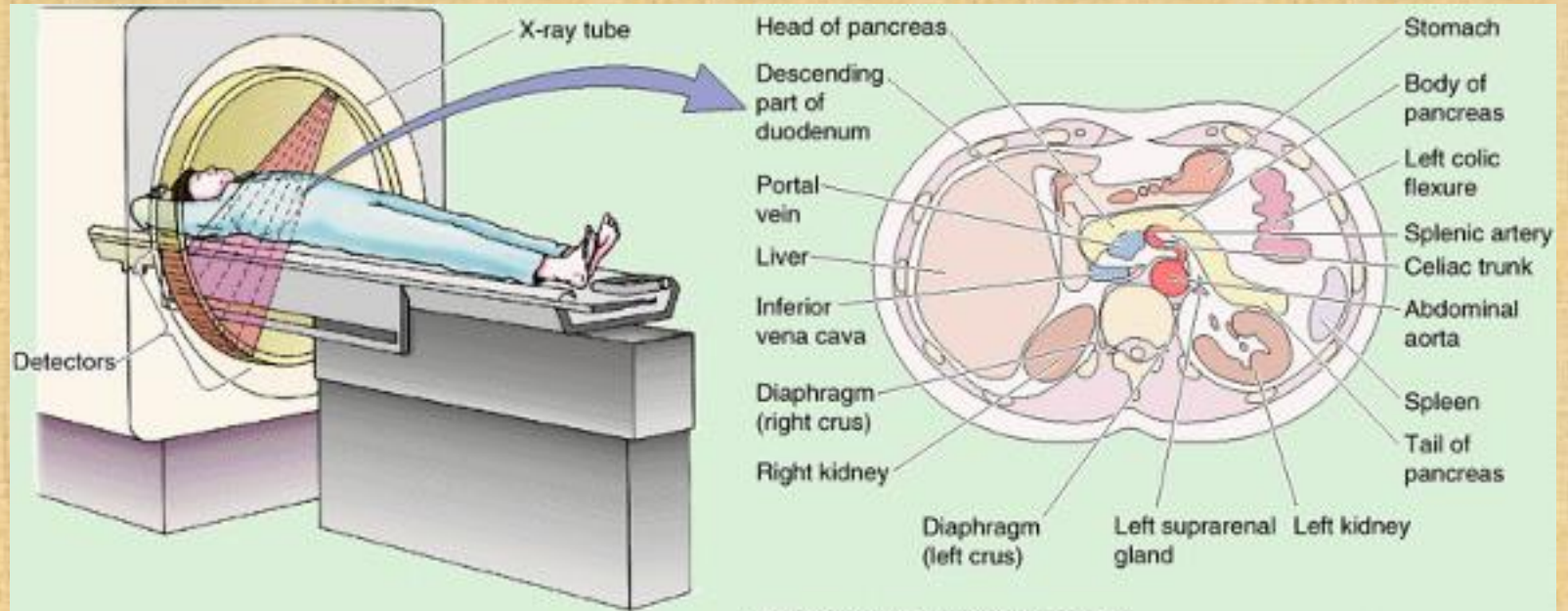
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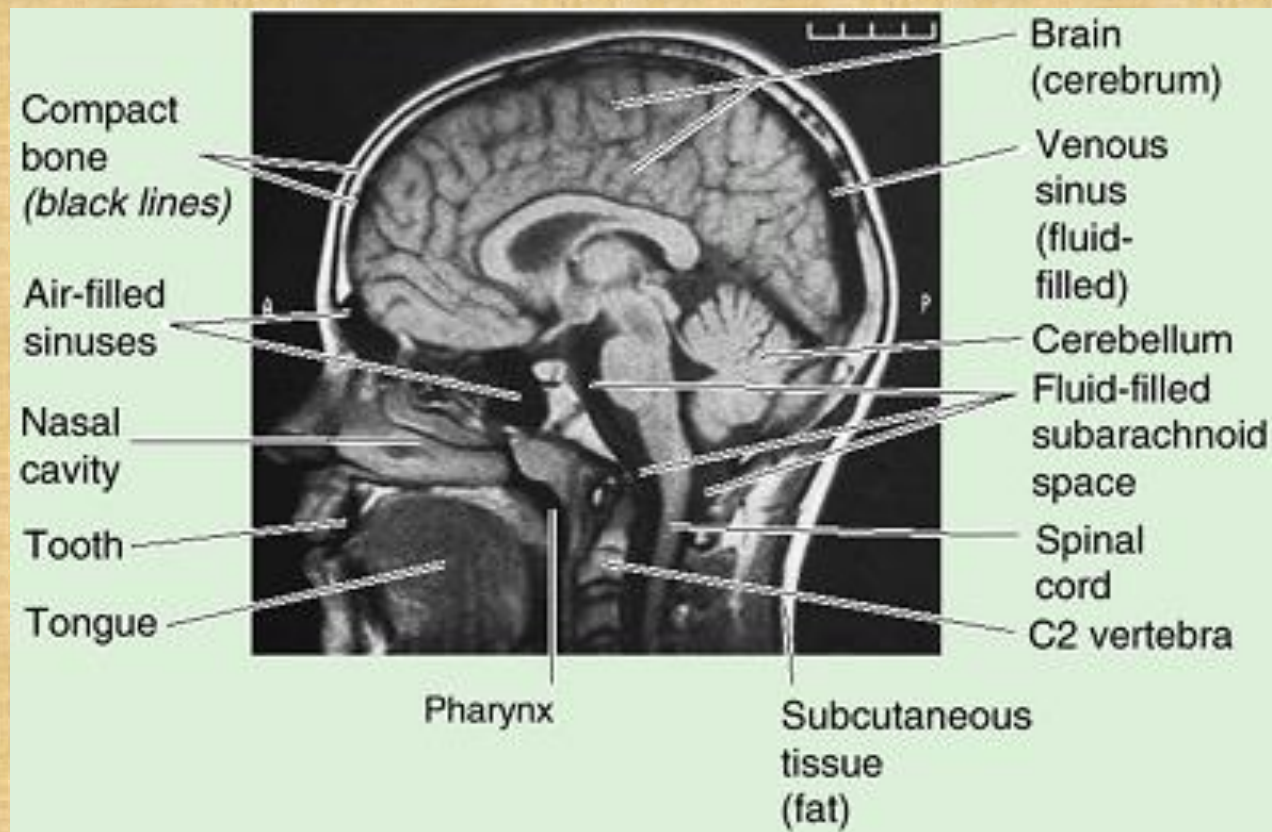


Examination on alive person



CT image of the upper abdomen





Sistemul Digestiv

Sistemul digestiv sau tubul digestiv (*systema digestorium*) este un complex de diferite organe, care sunt implicate în fărâmițarea alimentelor (mecanic și chimic) – **digestie**, apoi **absorbția** monomerilor obținuți în urma digestiei, și la final eliminarea rămășițelor nedigerate (**excreție**).

Componentele Sistemului Digestiv

Organele tubului digestiv

ORAL CAVITY, TEETH, TONGUE

Mechanical processing, moistening, mixing with salivary secretions

Glande digestive

LIVER

Secretion of bile (important for lipid digestion), storage of nutrients, many other vital functions

GALLBLADDER

Storage and concentration of bile

LARGE INTESTINE

Dehydration and compaction of indigestible materials in preparation for elimination

SALIVARY GLANDS

Secretion of lubricating fluid containing enzymes that break down carbohydrates

PHARYNX

Pharyngeal muscles propel materials into the esophagus

ESOPHAGUS

Transport of materials to the stomach

STOMACH

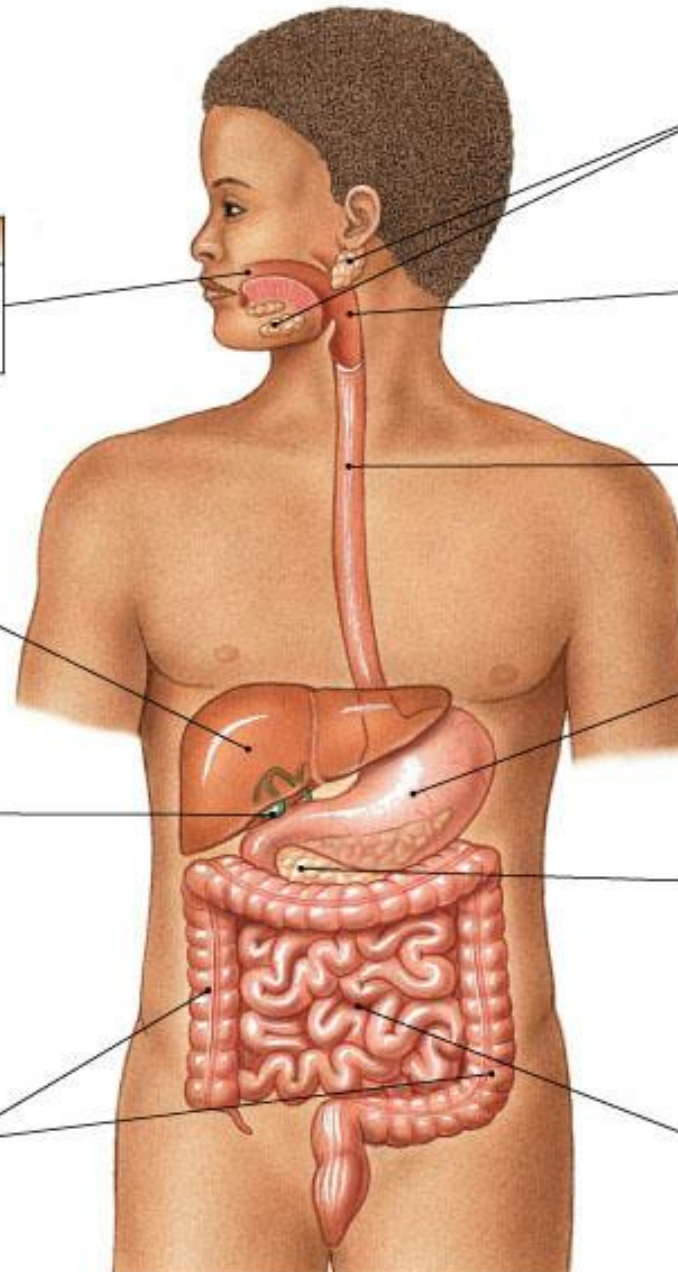
Chemical breakdown of materials via acid and enzymes; mechanical processing through muscular contractions

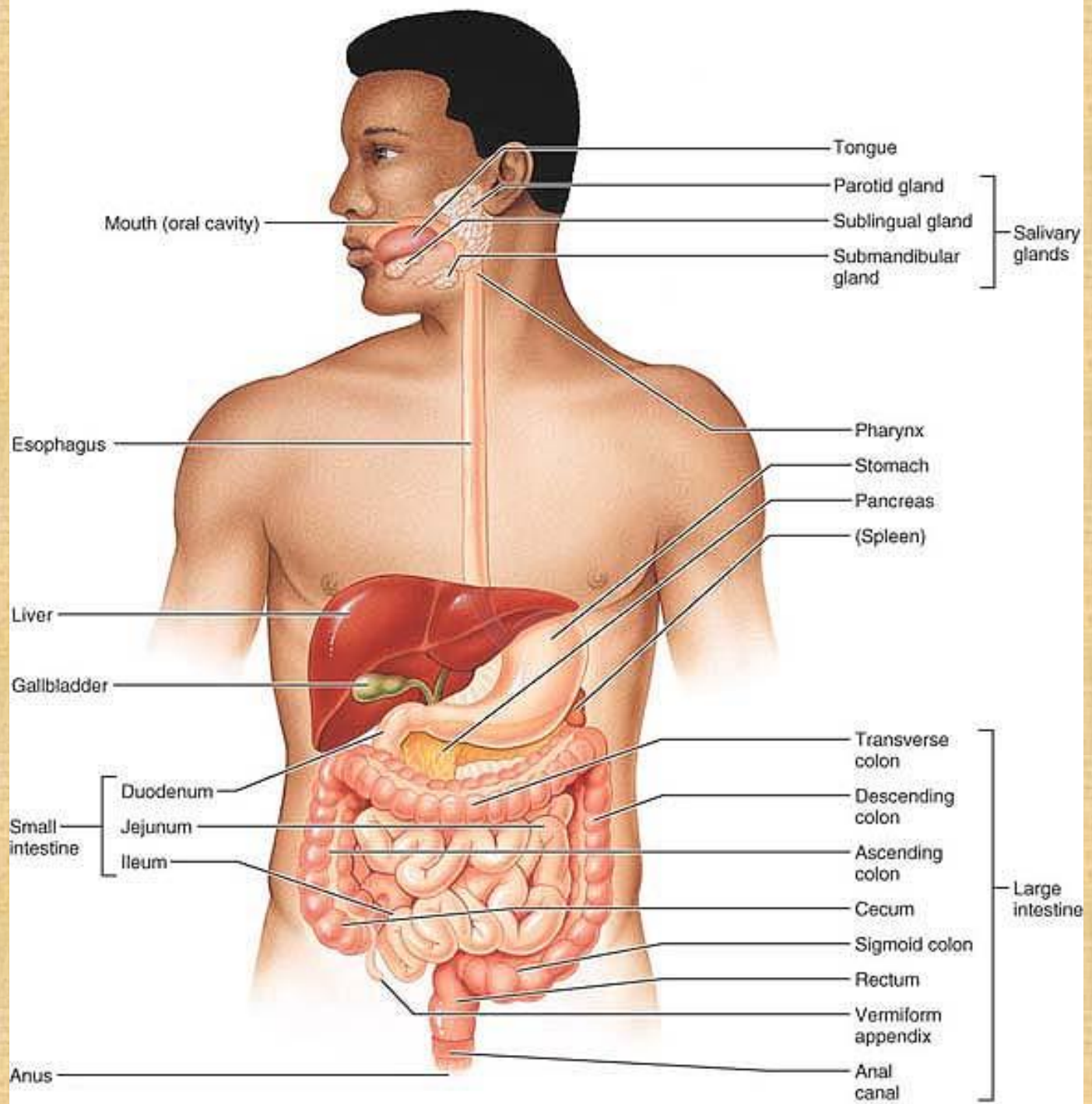
PANCREAS

Exocrine cells secrete buffers and digestive enzymes; endocrine cells secrete hormones

SMALL INTESTINE

Enzymatic digestion and absorption of water, organic substrates, vitamins, and ions





Mouth (oral cavity)

Tongue

Parotid gland

Sublingual gland

Submandibular gland

Salivary glands

Esophagus

Pharynx

Stomach

Pancreas

(Spleen)

Liver

Gallbladder

Small intestine

Duodenum

Jejunum

Ileum

Transverse colon

Descending colon

Ascending colon

Cecum

Sigmoid colon

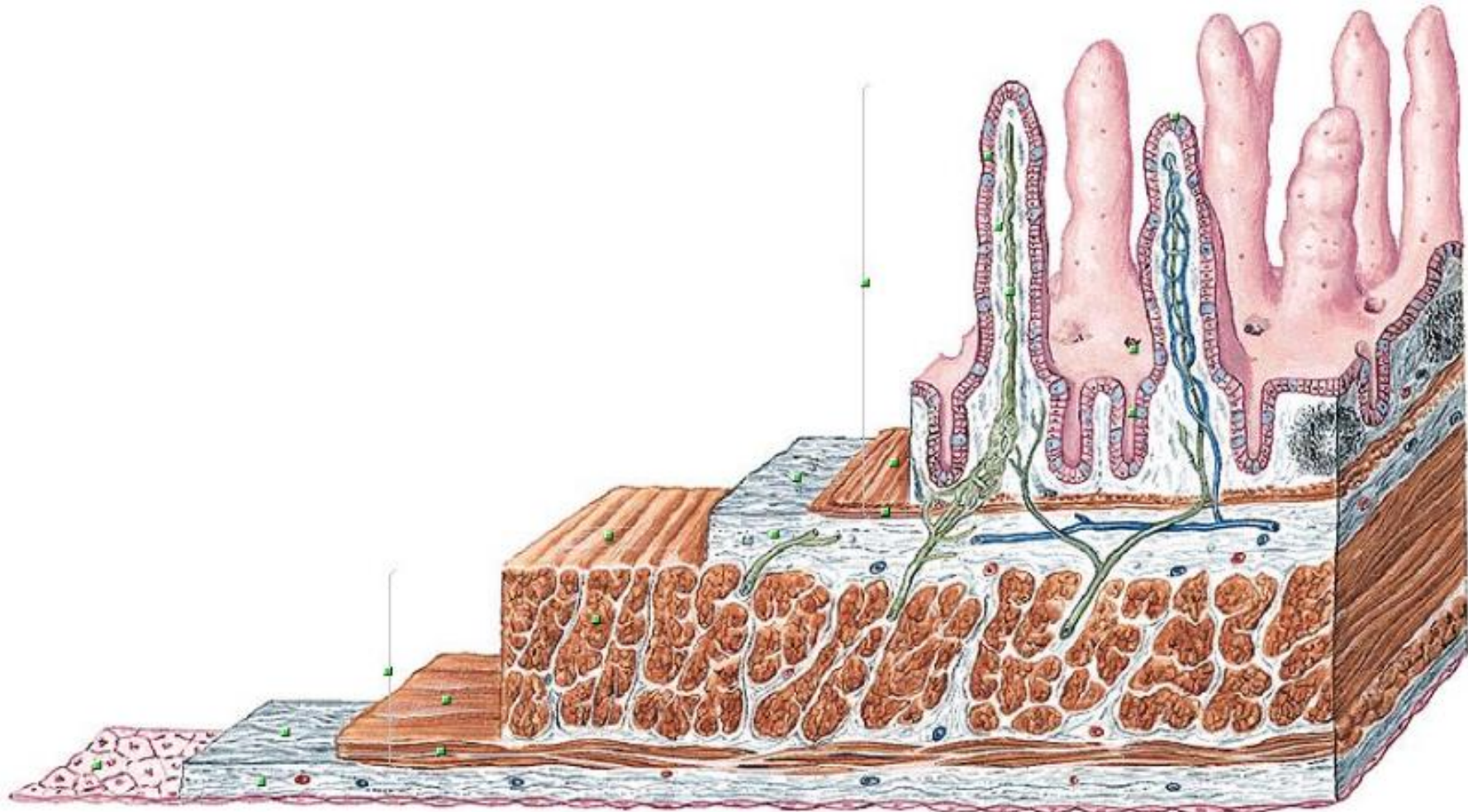
Rectum

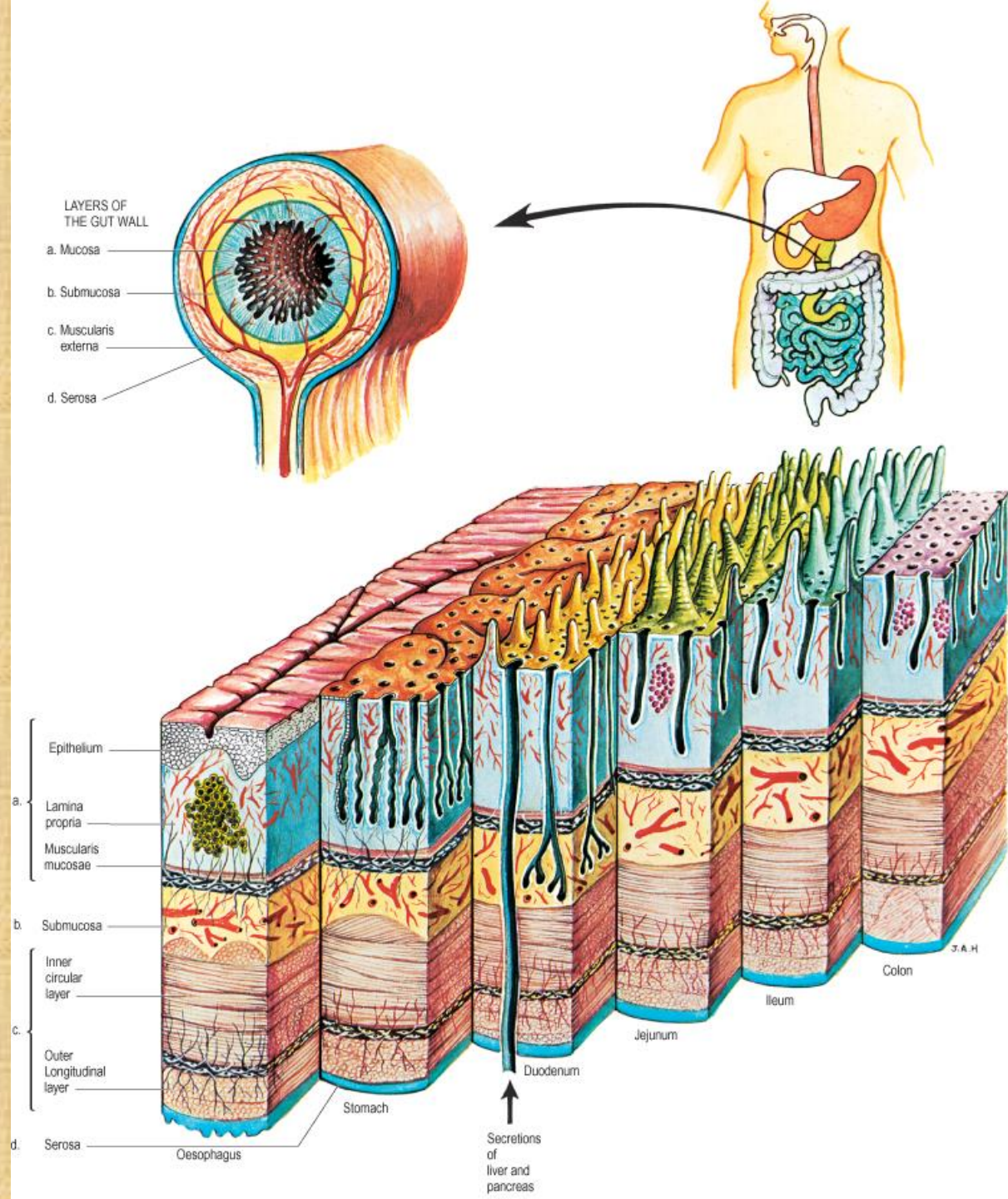
Vermiform appendix

Anal canal

Large intestine

Anus





Funcțiile sistemului digestiv

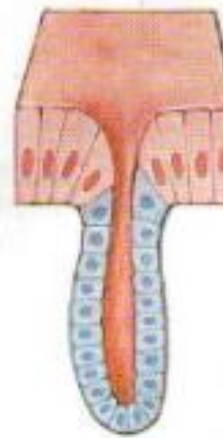
- Ingestie
- Procesare (fărâmițare) mecanică
- Digestion - (fărâmițare) Chimică
- Secreție
- Absorbție
- Excreție (egestie)

Glande

exocrine
endocrine



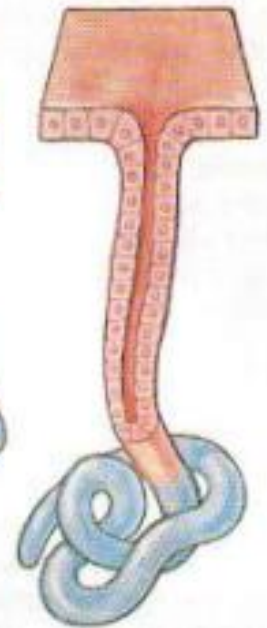
Single cells
(stomach lining)



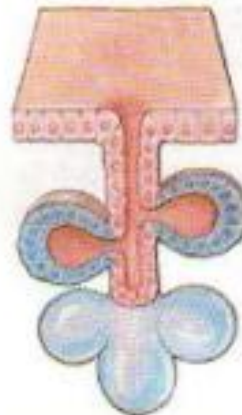
Simple tubular
(intestinal
glands)



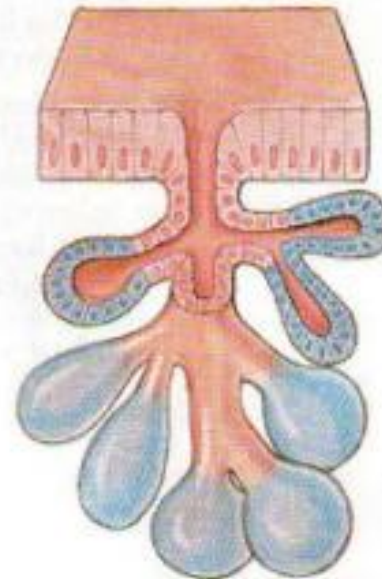
Simple branched
tubular
(stomach pyloric glands)



Simple coiled tubular
(sweat glands)



Simple branched
acinar
(sebaceous glands)



Compound acinar
(pancreas)



Laminar
(liver)

Different types of
exocrine
glands

Mișcarea conținutului tubului digestiv

- Masticarea voluntară (conștientă) din cavitatea bucală/
- Înghițirea (degluțiția) –conștientă, trifazică
- Mișcarea ritmică, ciclică a mușchilor netezi (vicerali) ai organelor tubulare
 - Celule Pacemaker
- Peristaltism
 - Mișcarea sinusoidală a bolului alimentar
 - În sens opus antiperistaltism reflex de apărare (voma)
- Segmentație
 - Fragmentarea bolului alimentar

Peristalsis

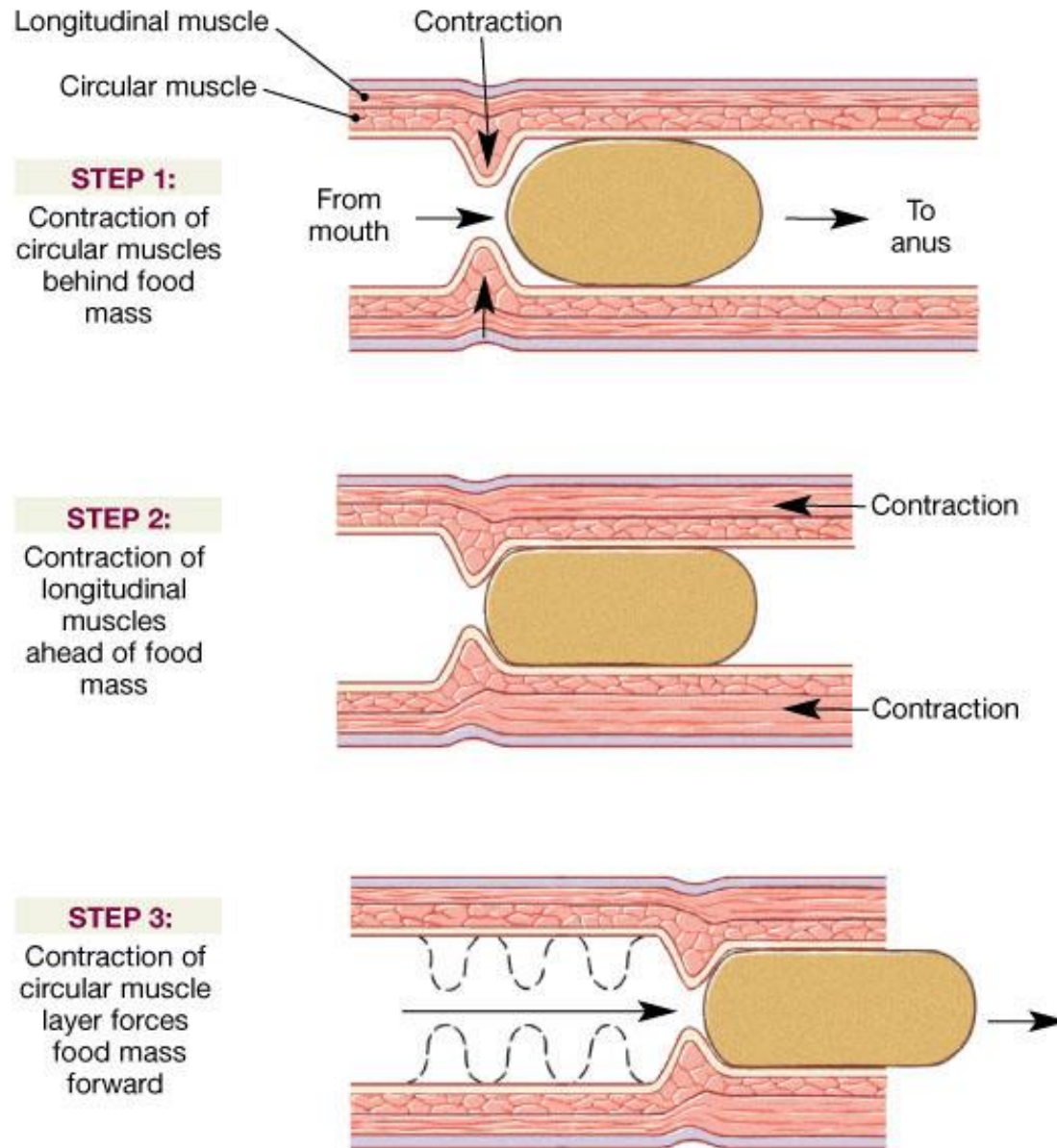
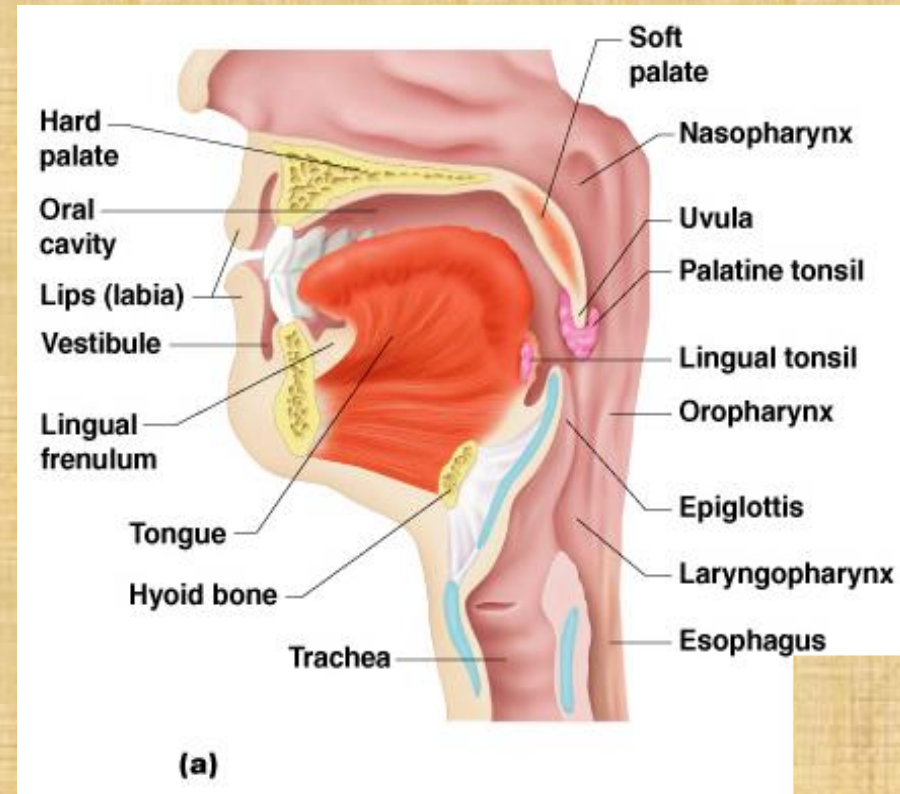


Figure 24.4

Cavitatea bucală

- Lips (labia) – protect the anterior opening
- Cheeks – form the lateral walls
- Hard palate – forms the anterior roof
- Soft palate – forms the posterior roof
- Uvula – fleshy projection of the soft palate

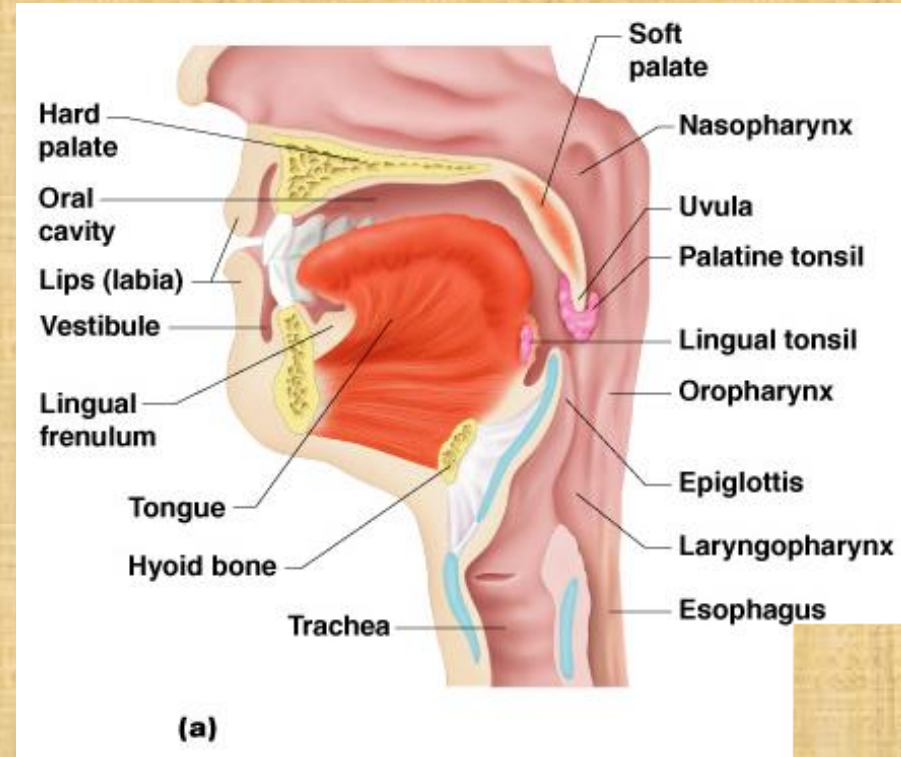


The tongue

- primary functions include:
 - Mechanical processing
 - Assistance in chewing and swallowing
 - Sensory analysis by touch, temperature, and taste receptors

The pharynx

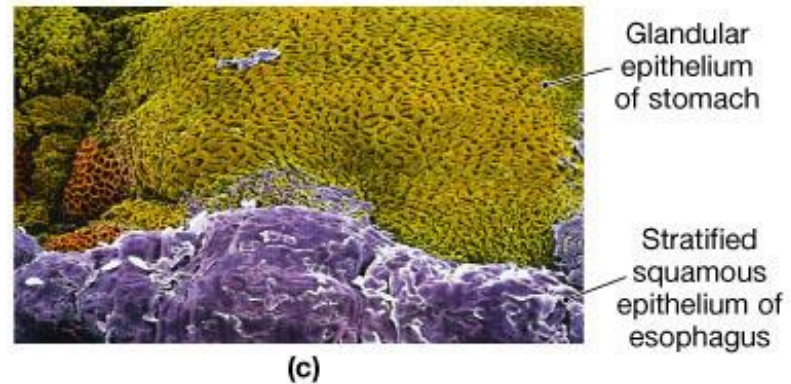
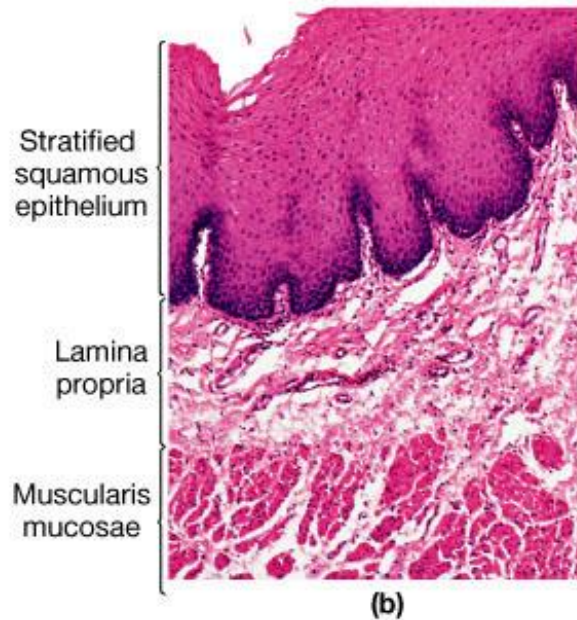
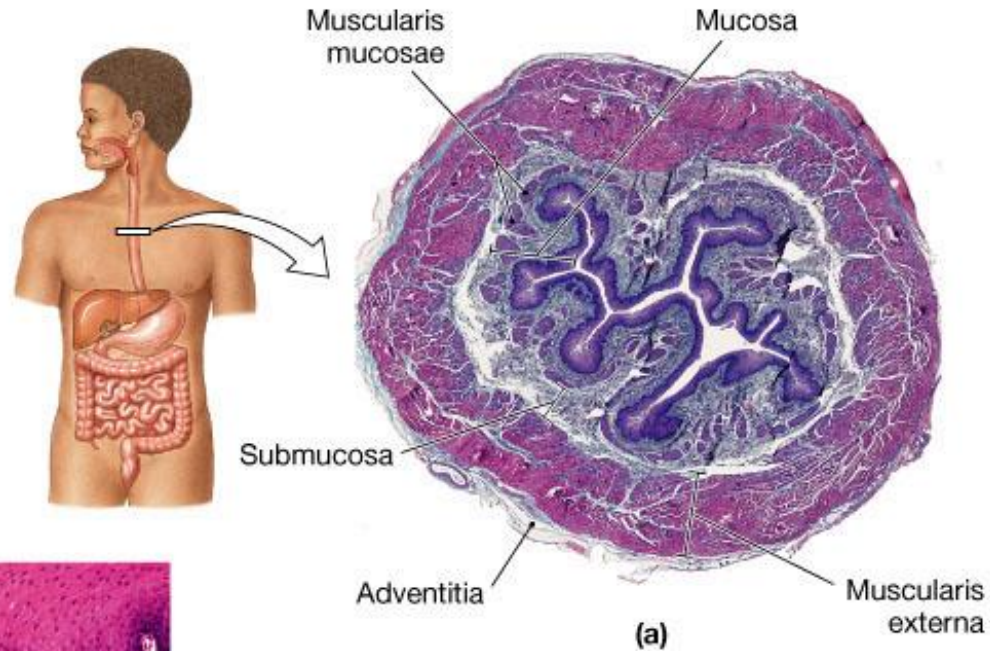
- Common passageway for food, liquids, and air
- Lined with stratified squamous epithelium
- Pharyngeal muscles assist in swallowing
 - Pharyngeal constrictor muscles
 - Palatal muscles



Histology of the esophagus

- Distinctive features of the esophageal wall include
 - Nonkeratinized, stratified squamous epithelium
 - Folded mucosa and submucosa
 - Mucous secretions by esophageal glands
 - A muscularis with both smooth and skeletal muscle portions
 - Lacks serosa
 - Anchored by an adventitia

The Esophagus



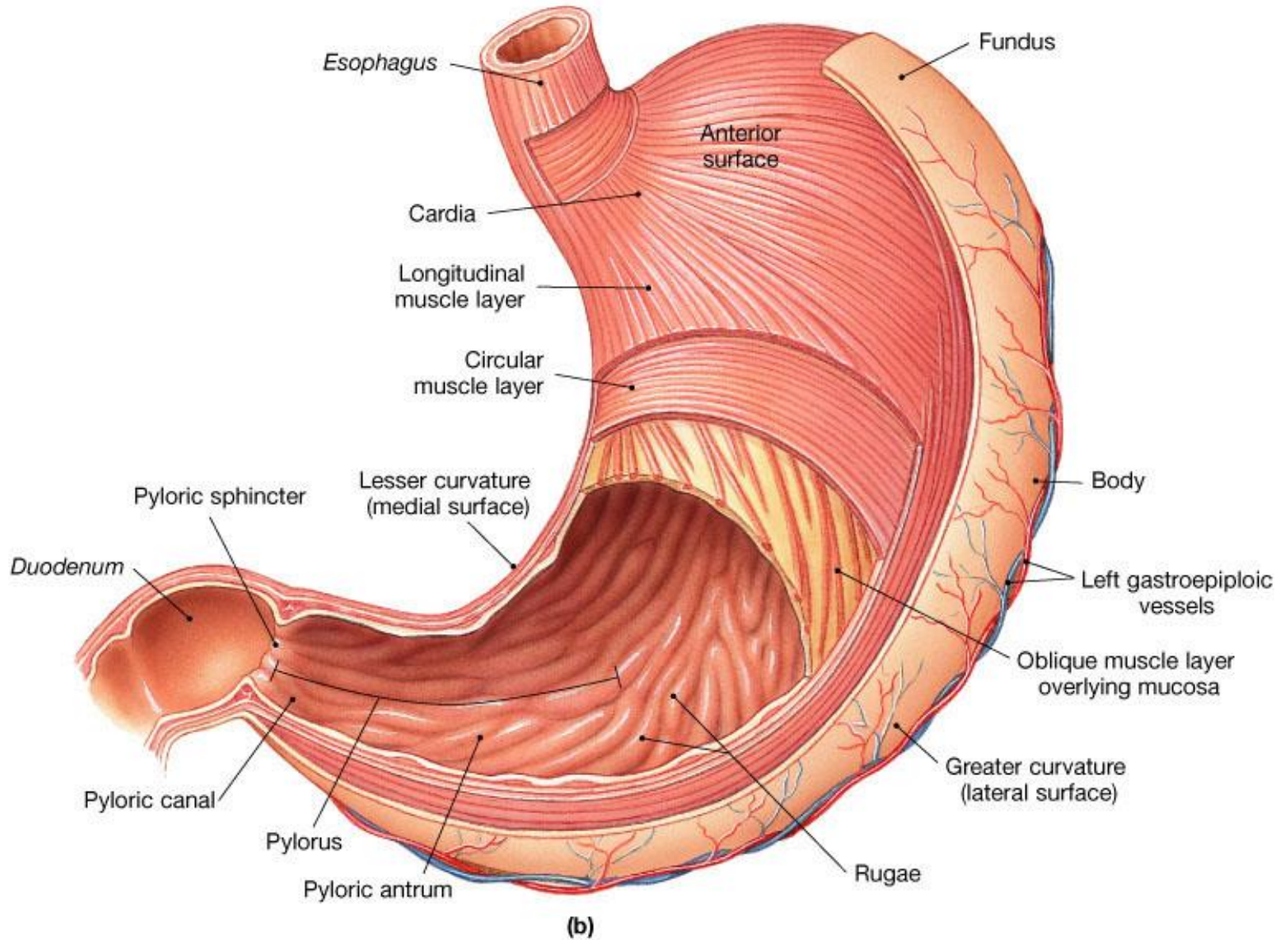
Functions of the stomach

- Bulk storage of undigested food
- Mechanical breakdown of food
- Disruption of chemical bonds via acids and enzymes
- Production of intrinsic factor

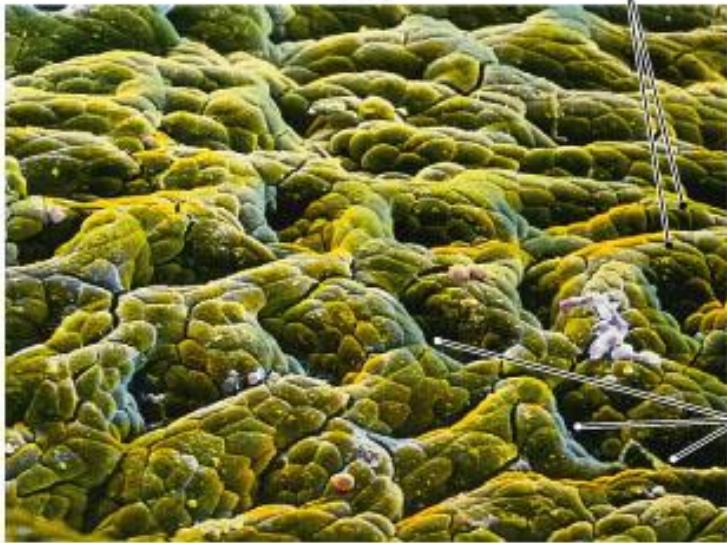
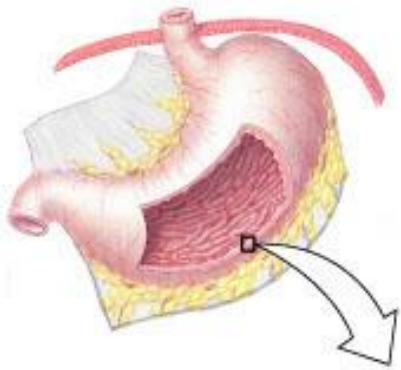
Digestion and absorption in the stomach

- Preliminary digestion of proteins
 - Pepsin
- Permits digestion of carbohydrates
- Very little absorption of nutrients
 - Some drugs, however, are absorbed
 - Mucous secretion containing several hormones
- Enteroendocrine cells
 - G cells secrete gastrin
 - D cells secrete somatostatin

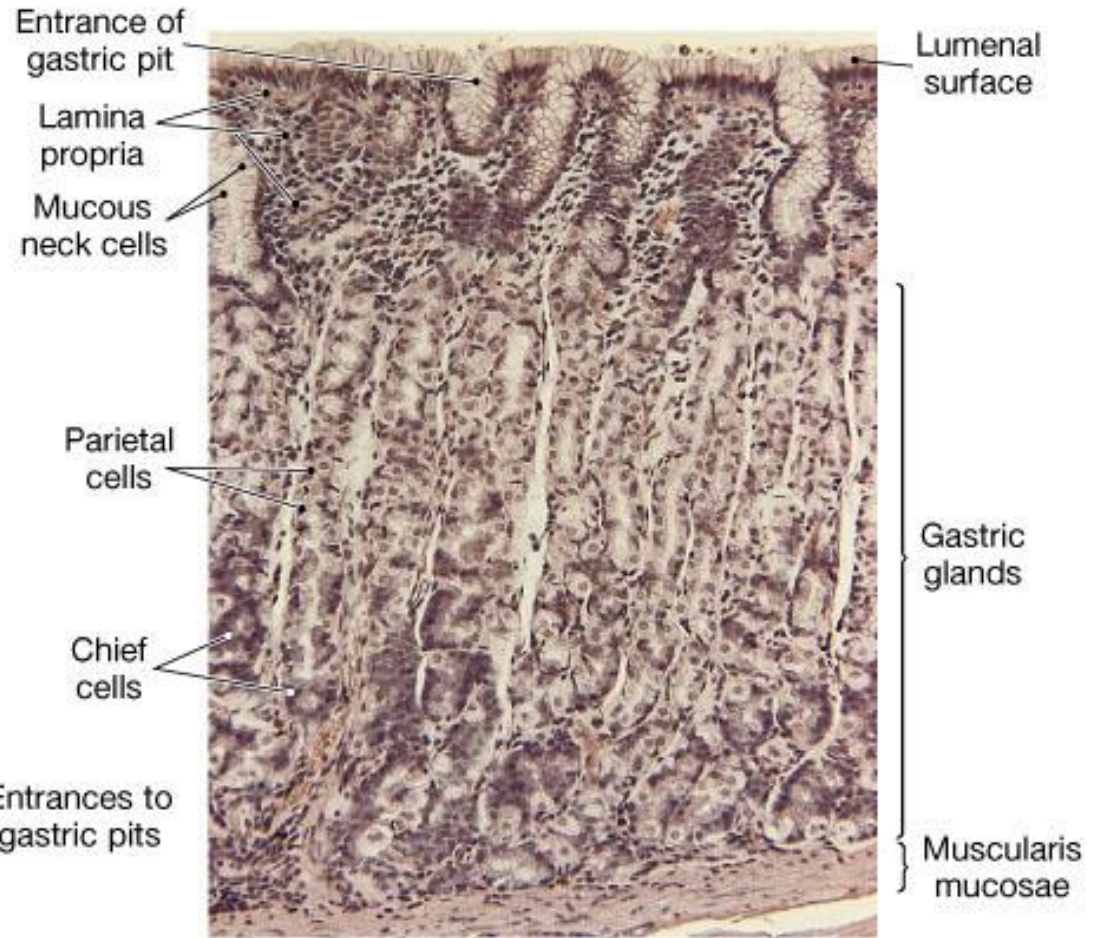
The Stomach



The Stomach Lining

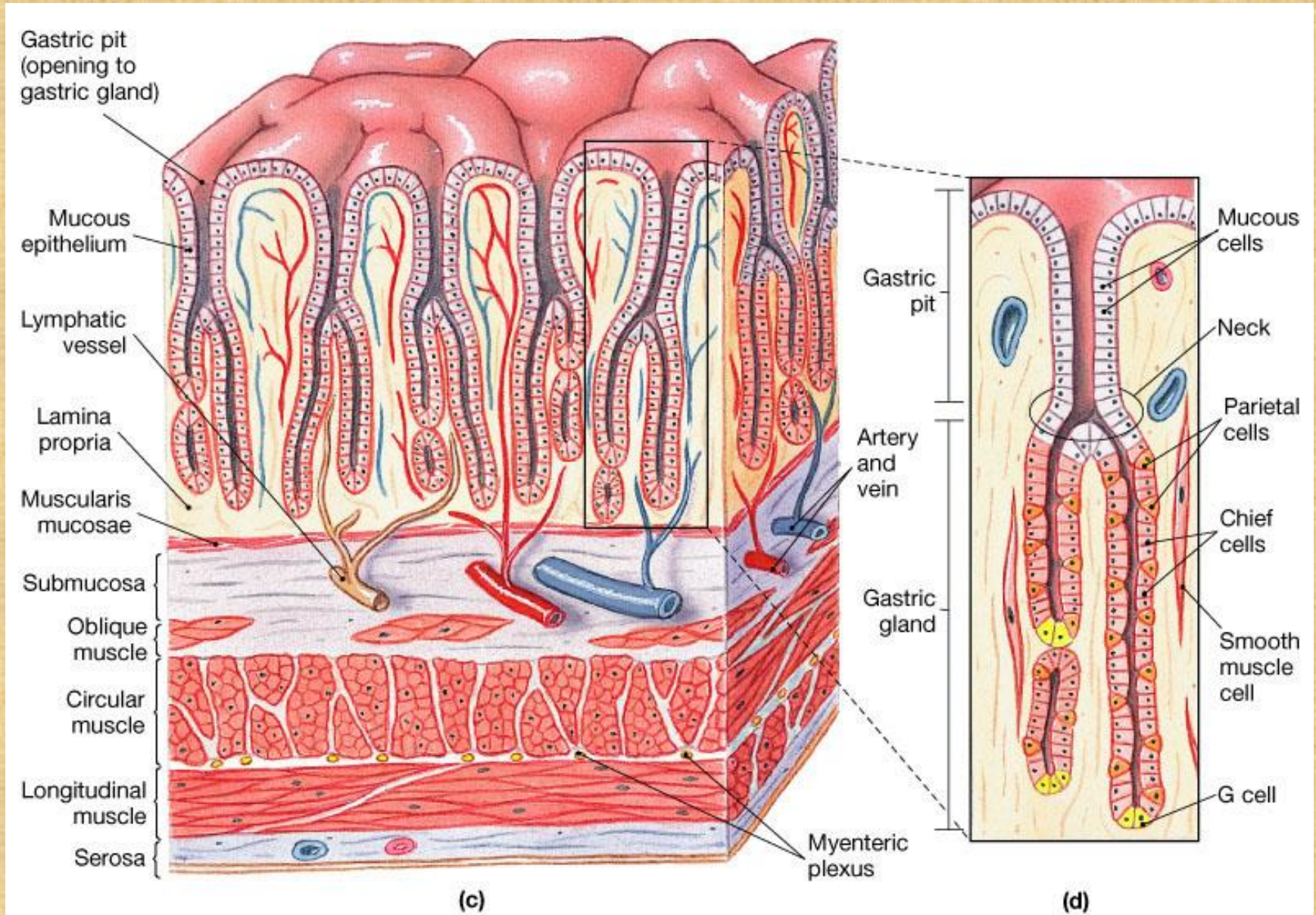


(a)



(b)

The Stomach Lining



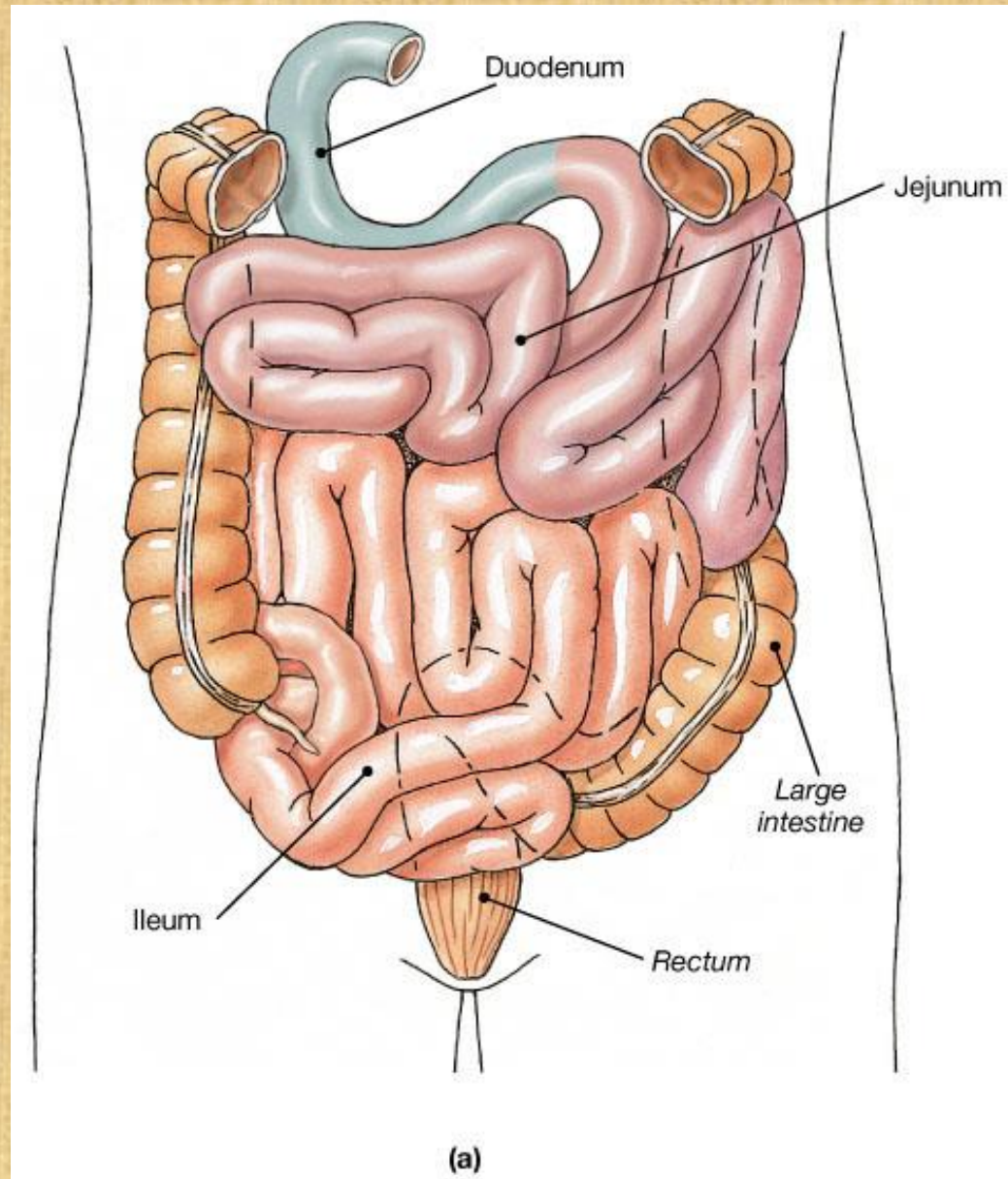
Histology of the stomach

- Gastric glands
 - Parietal cells
 - Intrinsic factor, and HCl
 - Chief cells
 - Pepsinogen
- Pyloric glands

Small intestine

- Important digestive and absorptive functions
 - Secretions and buffers provided by pancreas, liver, gall bladder
- Three subdivisions:
 - Duodenum
 - Jejunum
 - Ileum
- Ileocecal sphincter
 - Transition between small and large intestine

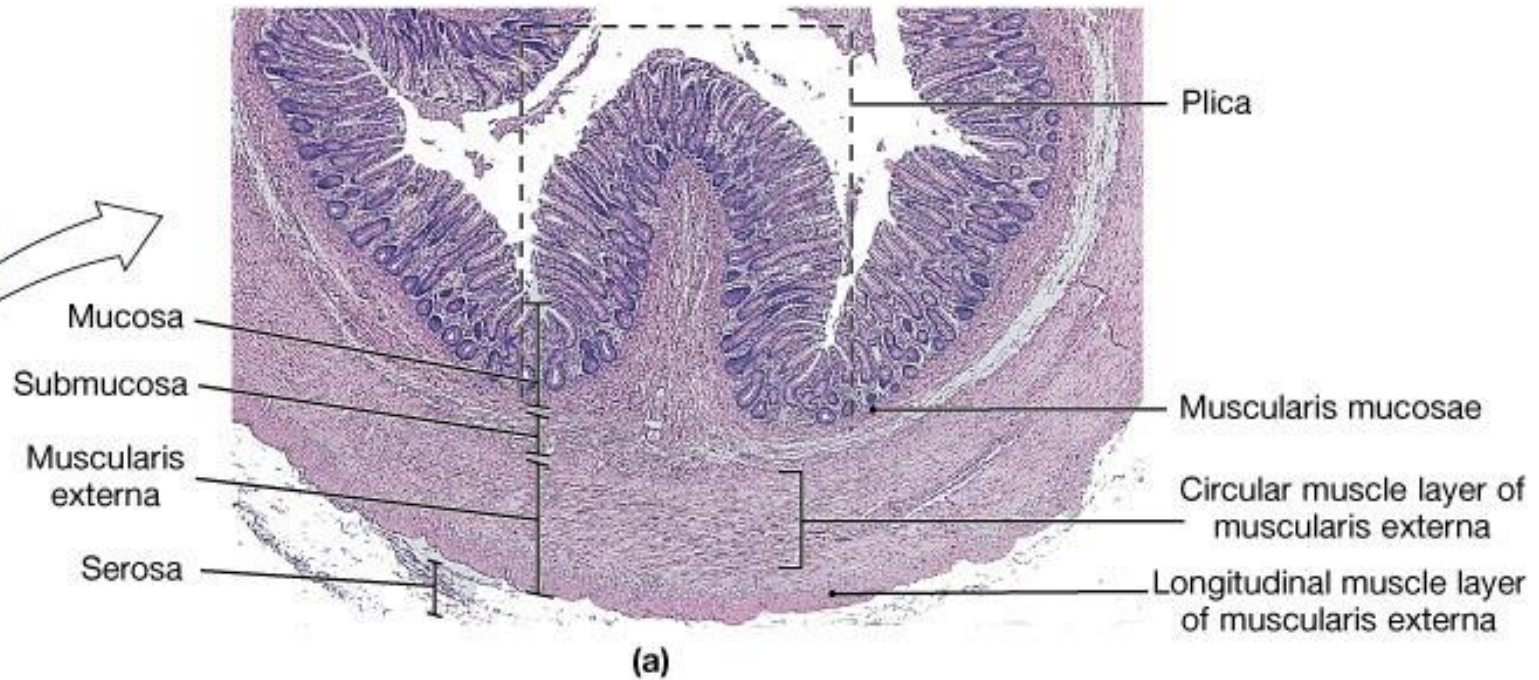
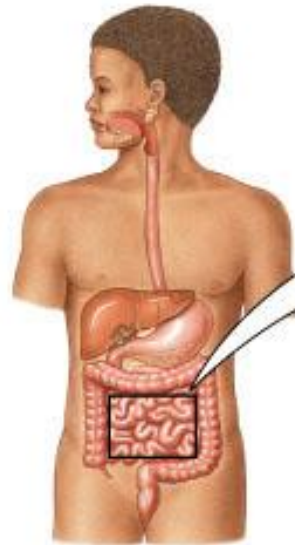
Regions of the Small Intestine



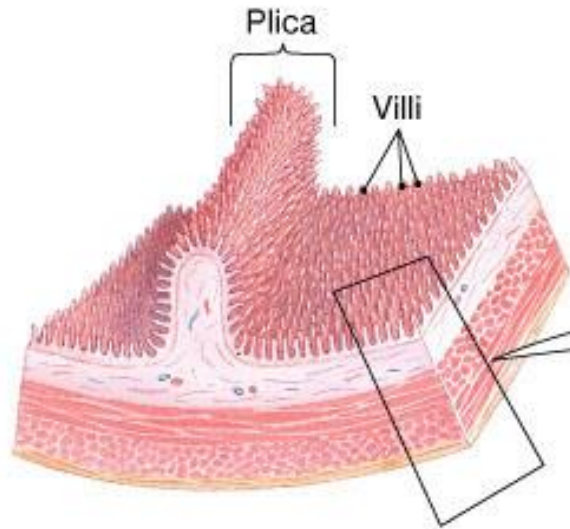
Histology of the small intestine

- Plicae
 - Transverse folds of the intestinal lining
- Villi
 - Fingerlike projections of the mucosa
- Lacteals
 - Terminal lymphatic in villus
- Intestinal glands
 - Lined by enteroendocrine, goblet and stem cells

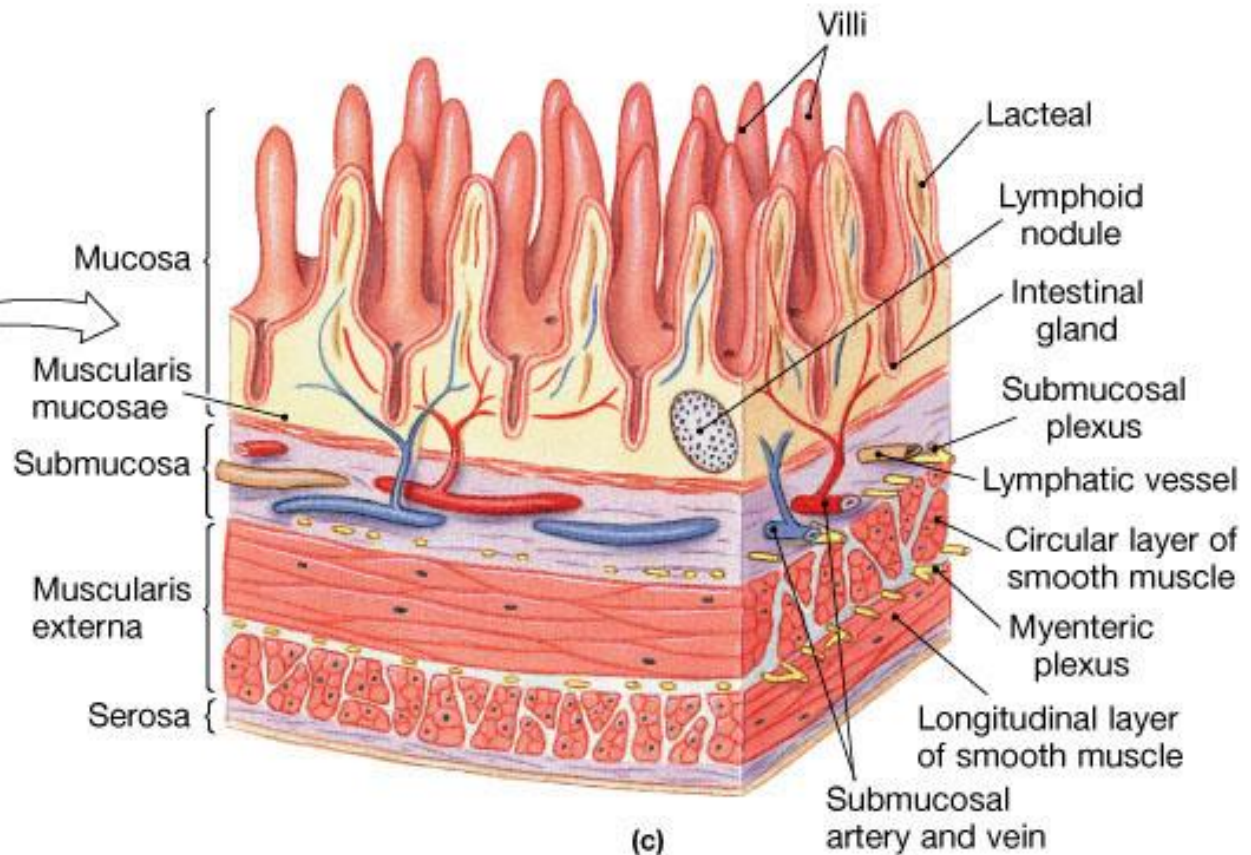
The Intestinal Wall



The Intestinal Wall

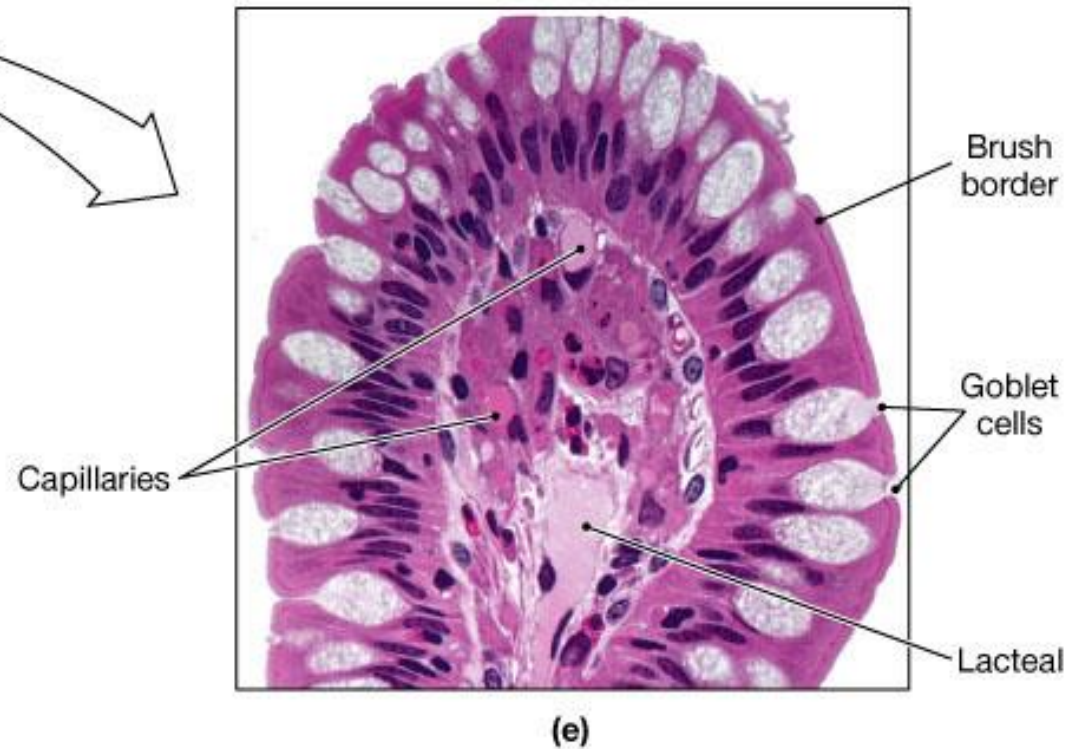
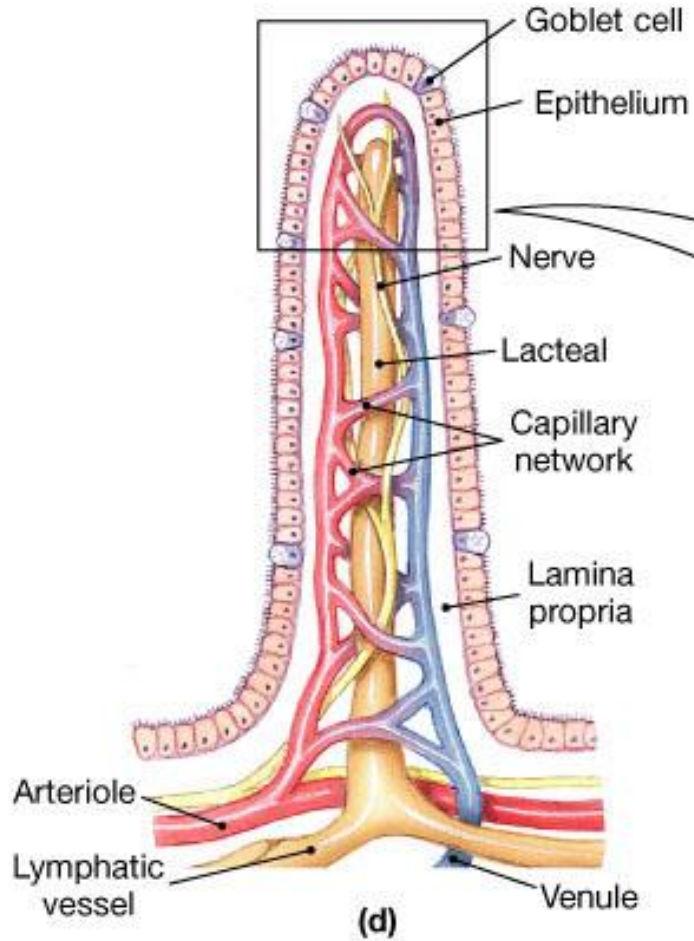


(b)



(c)

The Intestinal Wall



Small Intestine

- Duodenal glands (Brunner's glands)
 - produce mucus, buffers, urogastrone
- Ileum
 - aggregated lymphoid nodules (Peyer's patches)

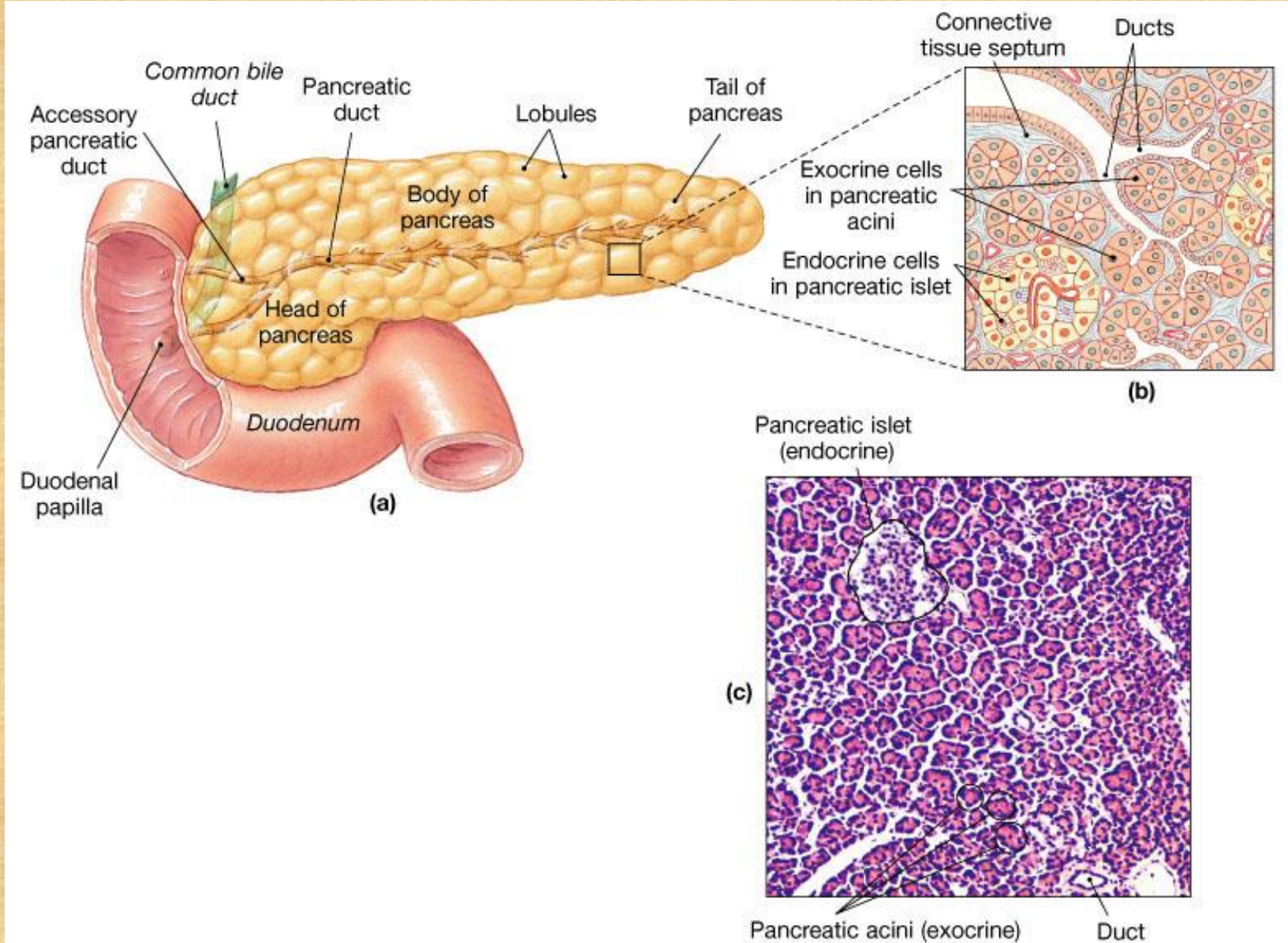
Intestinal movements

- Peristalsis
- Segmentation
- Gastroenteric reflexes
 - Initiated by stretch receptors in stomach
- Gastroileal reflex
 - Triggers relaxation of ileocecal valve

The pancreas

- Pancreatic duct penetrates duodenal wall
- Endocrine functions
 - Insulin and glucagons
- Exocrine functions
 - Majority of pancreatic secretions
 - Pancreatic juice secreted into small intestine
 - Carbohydrases
 - Lipases
 - Nucleases
 - Proteolytic enzymes

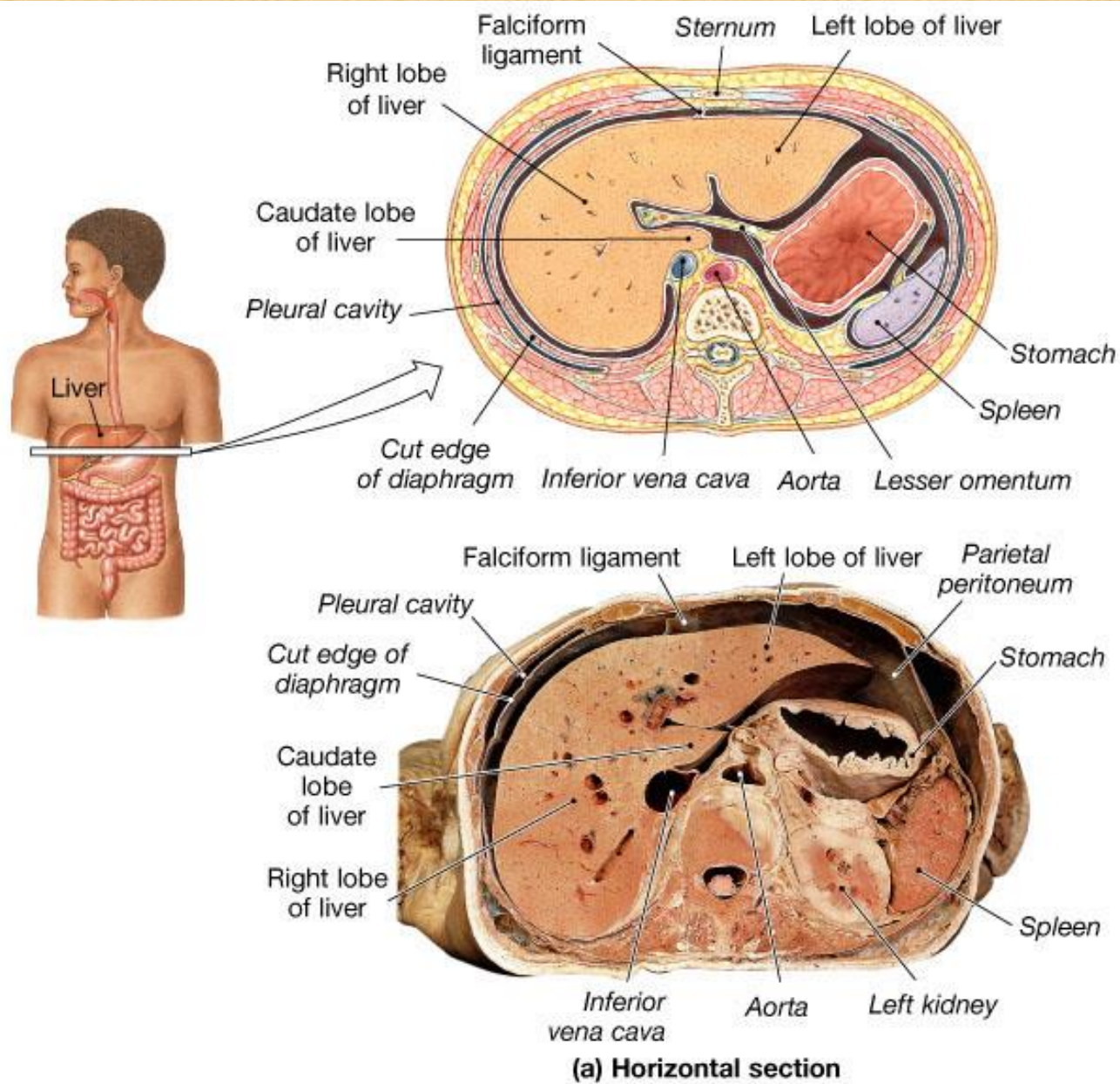
The Pancreas



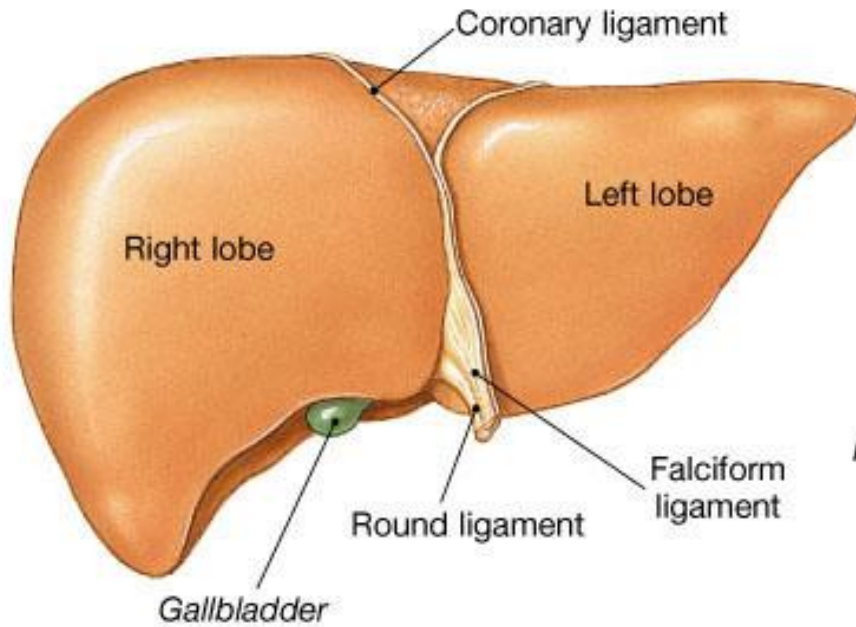
The Liver

- Performs metabolic and hematological regulation and produces bile
- Histological organization
 - Lobules containing single-cell thick plates of hepatocytes
 - Lobules unite to form common hepatic duct
 - Duct meets cystic duct to form common bile duct

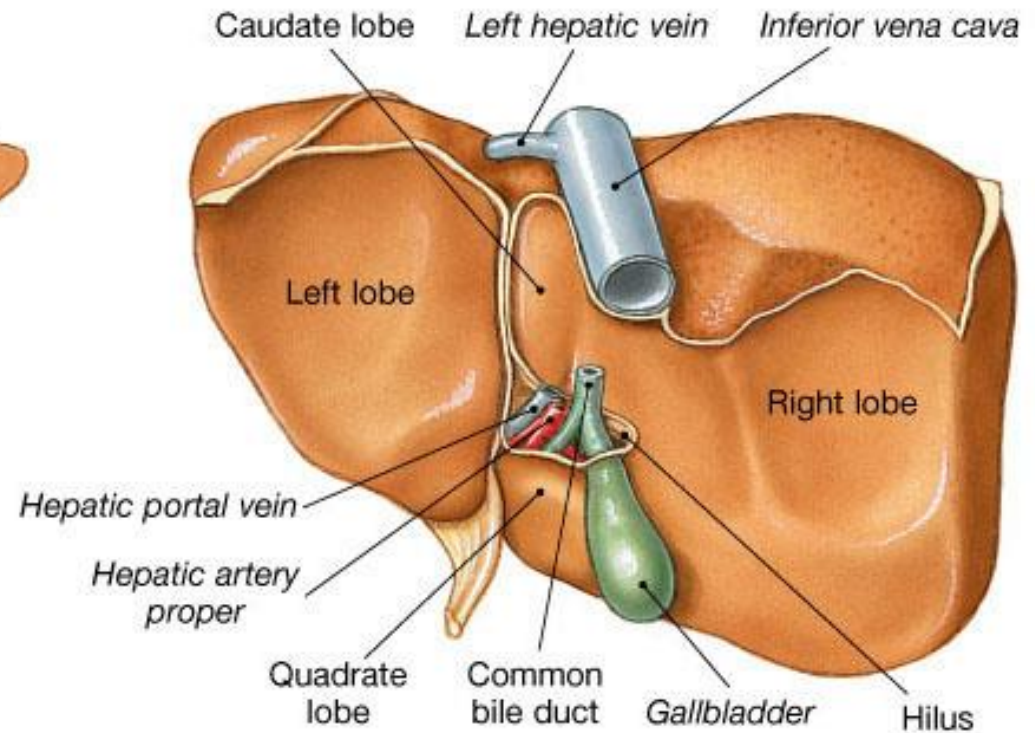
The Anatomy of the Liver



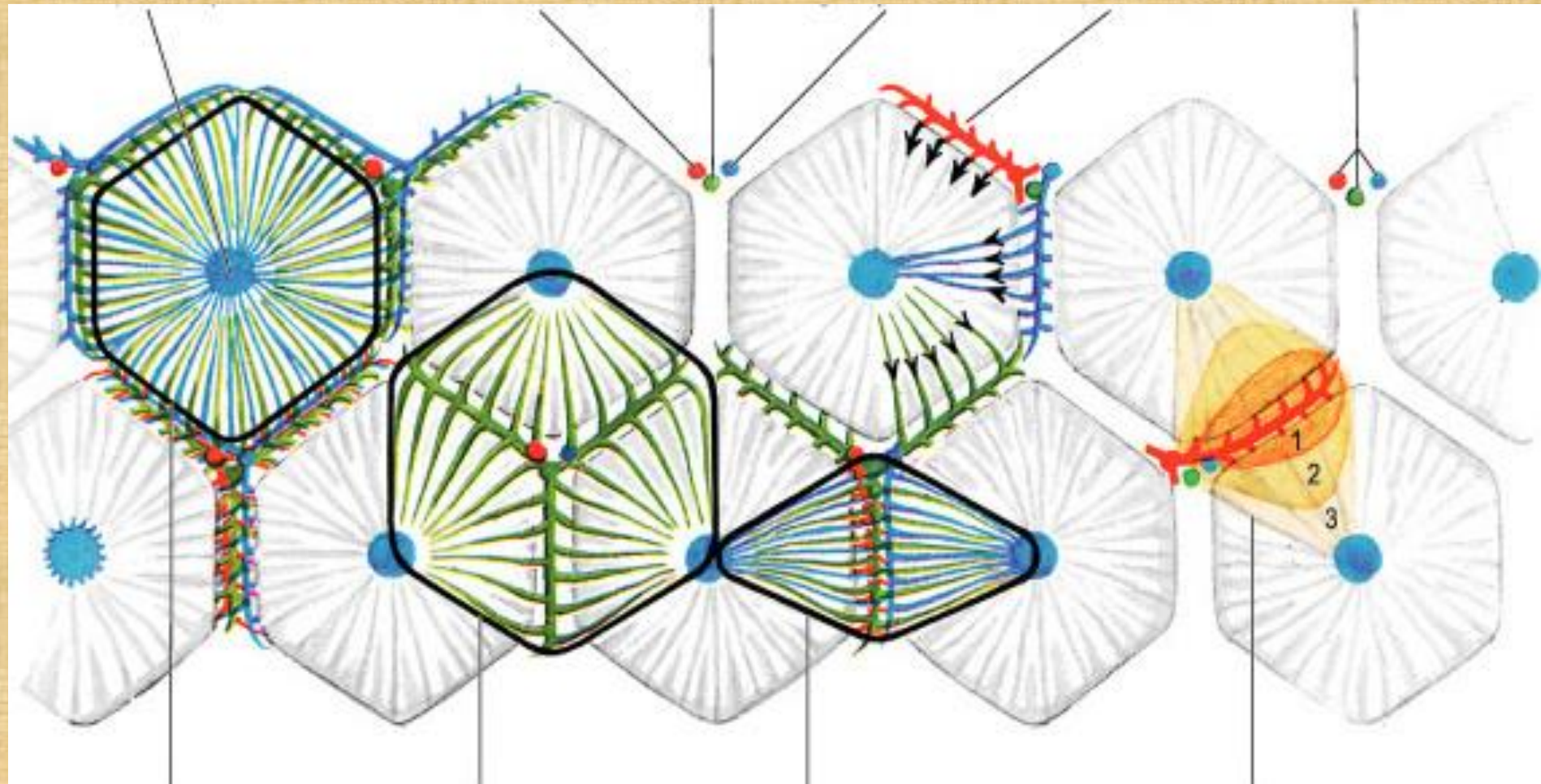
The Anatomy of the Liver



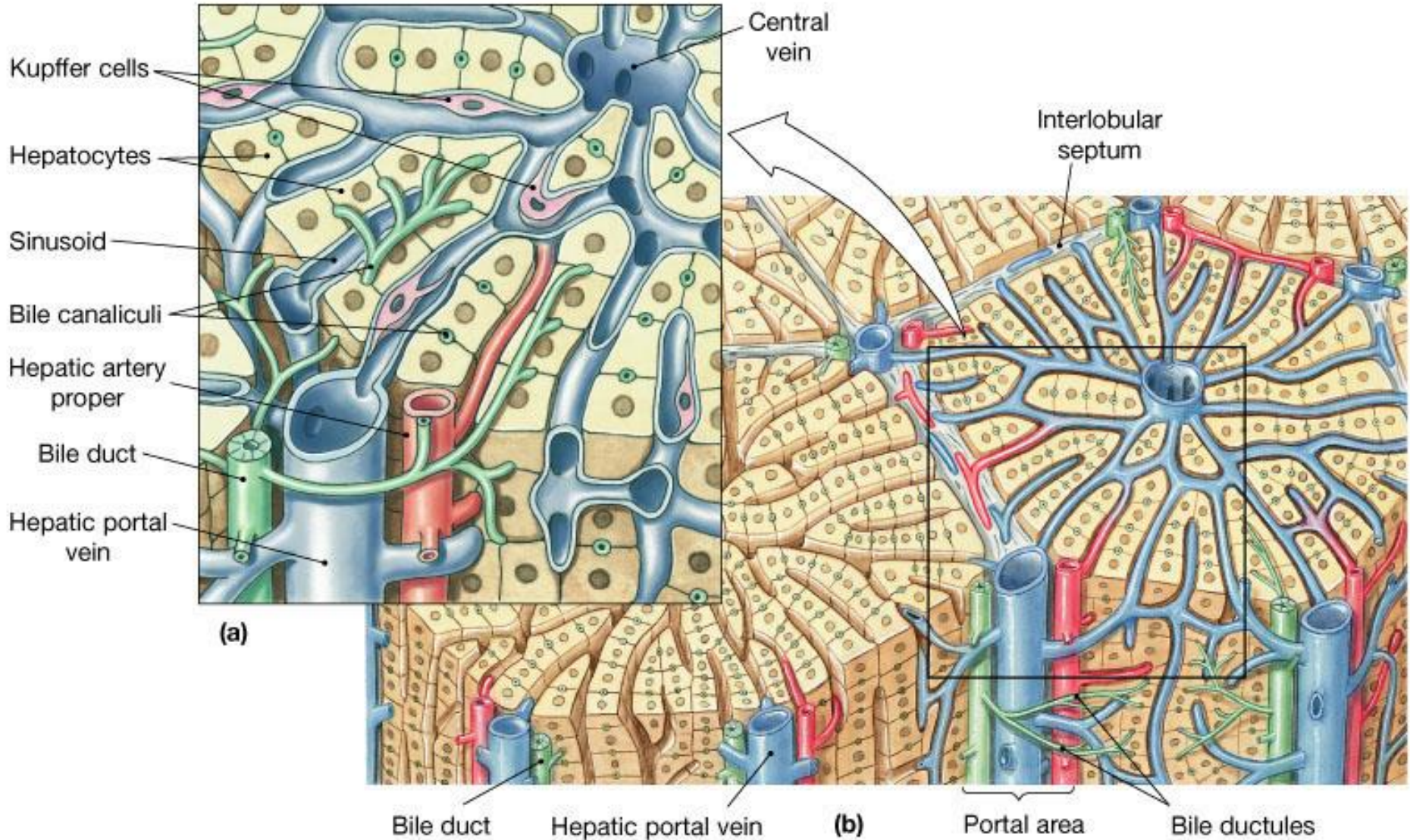
(b) Anterior surface



(c) Posterior surface



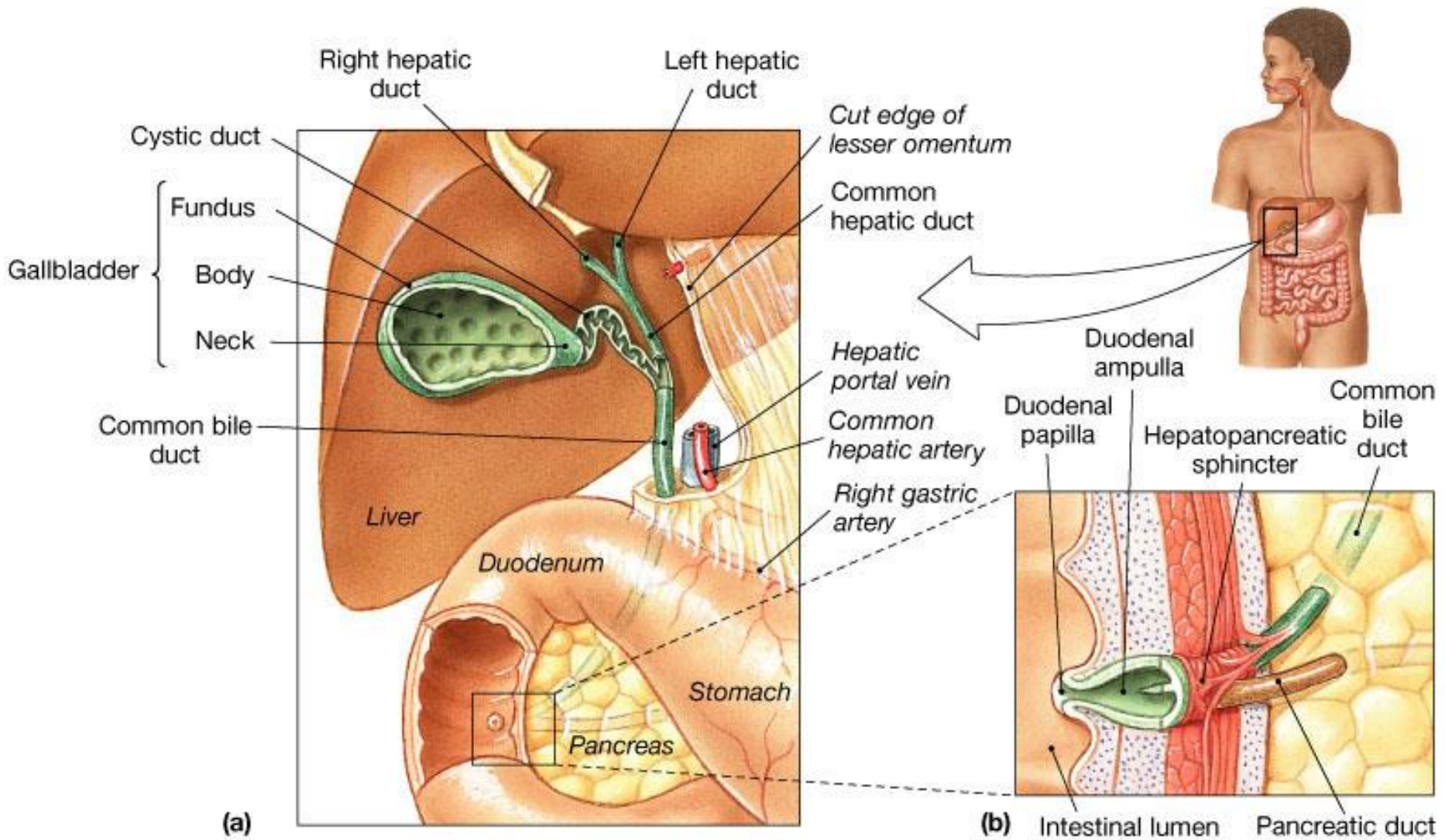
Liver Histology



The gallbladder

- Hollow, pear-shaped organ
- Stores, modifies and concentrates bile

The Gallbladder



Functions of the large intestine

- Reabsorb water and compact material into feces
- Absorb vitamins produced by bacteria
- Store fecal matter prior to defecation

The Large Intestine

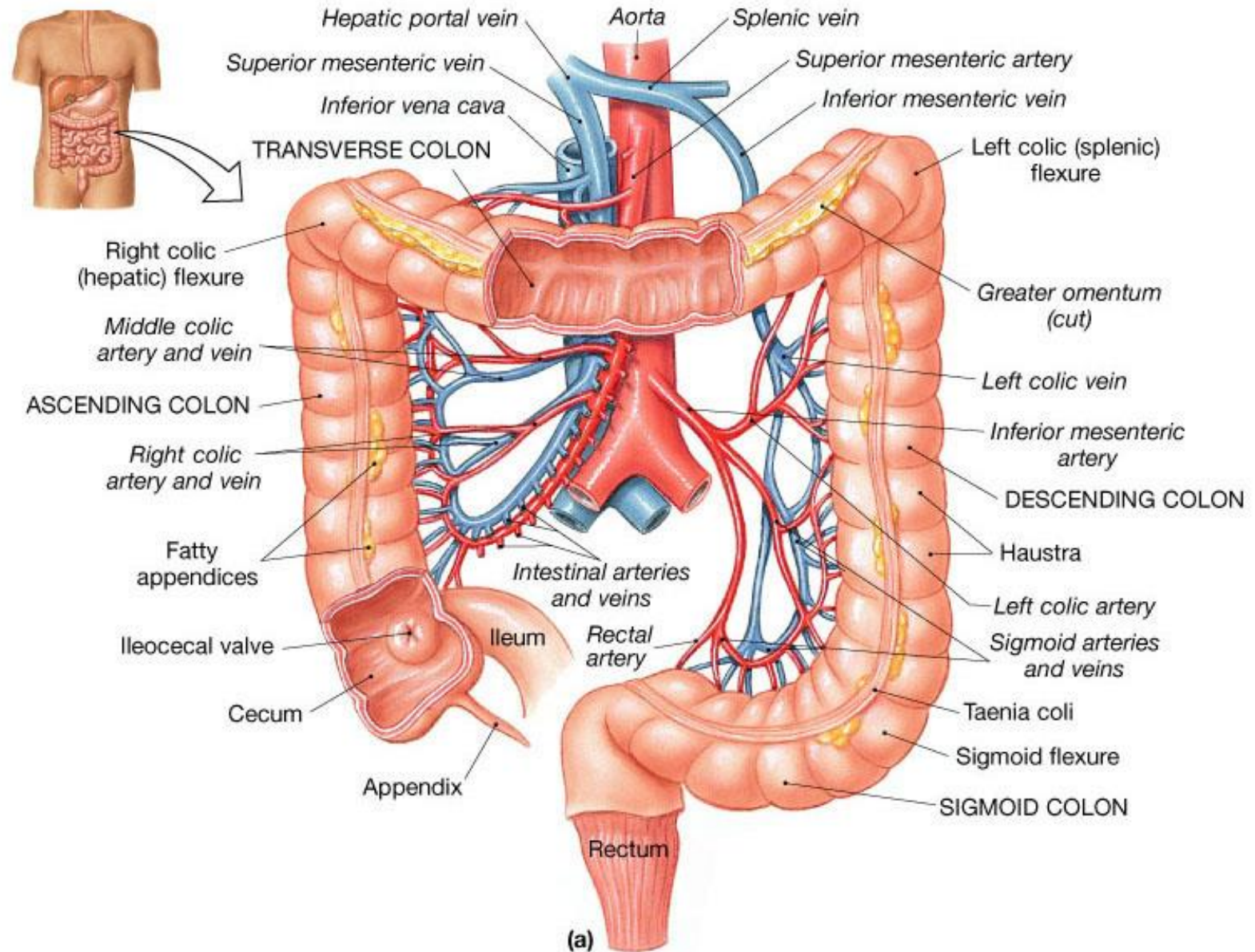
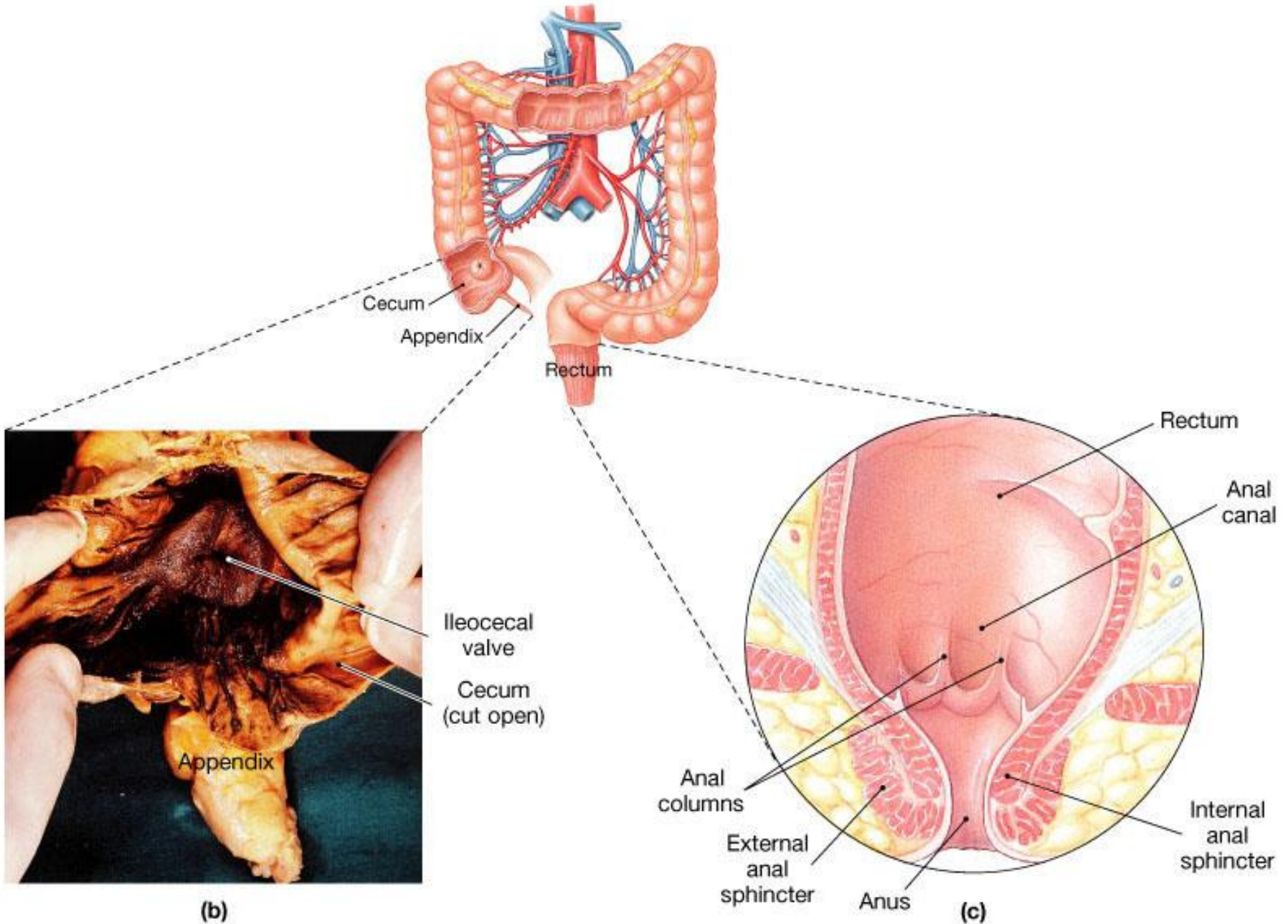
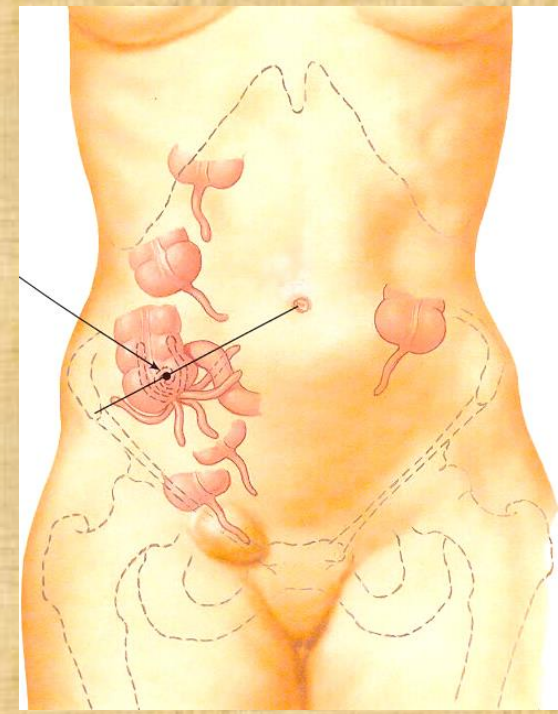
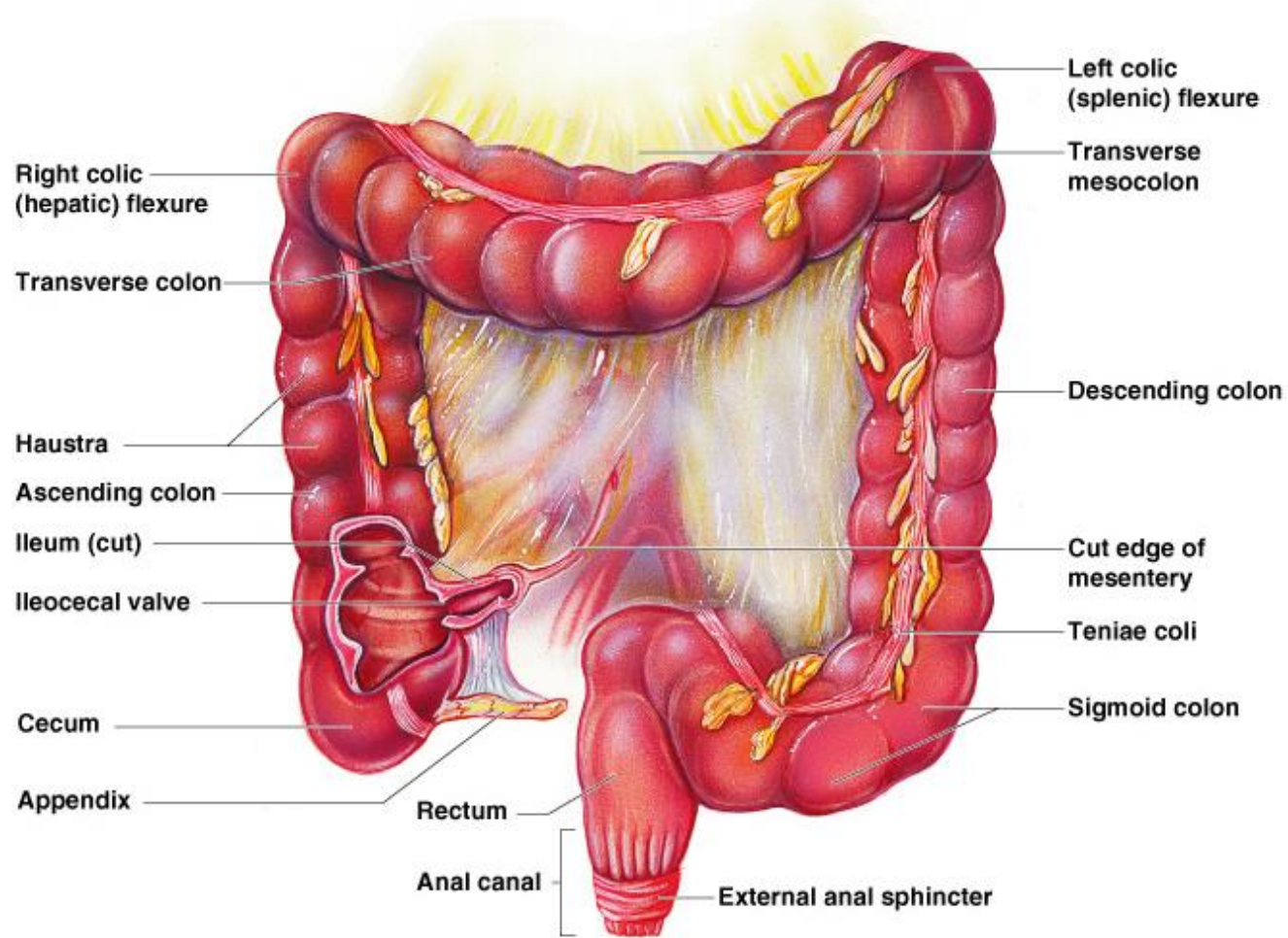


Figure 24.23a

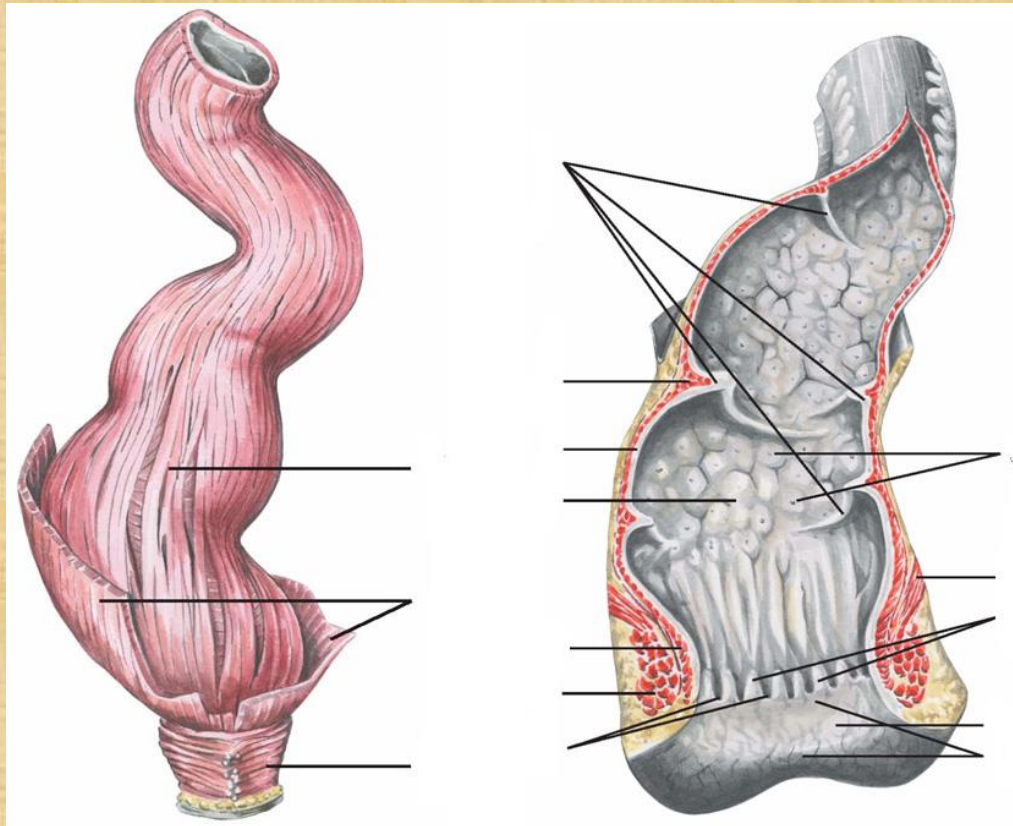
The Large Intestine





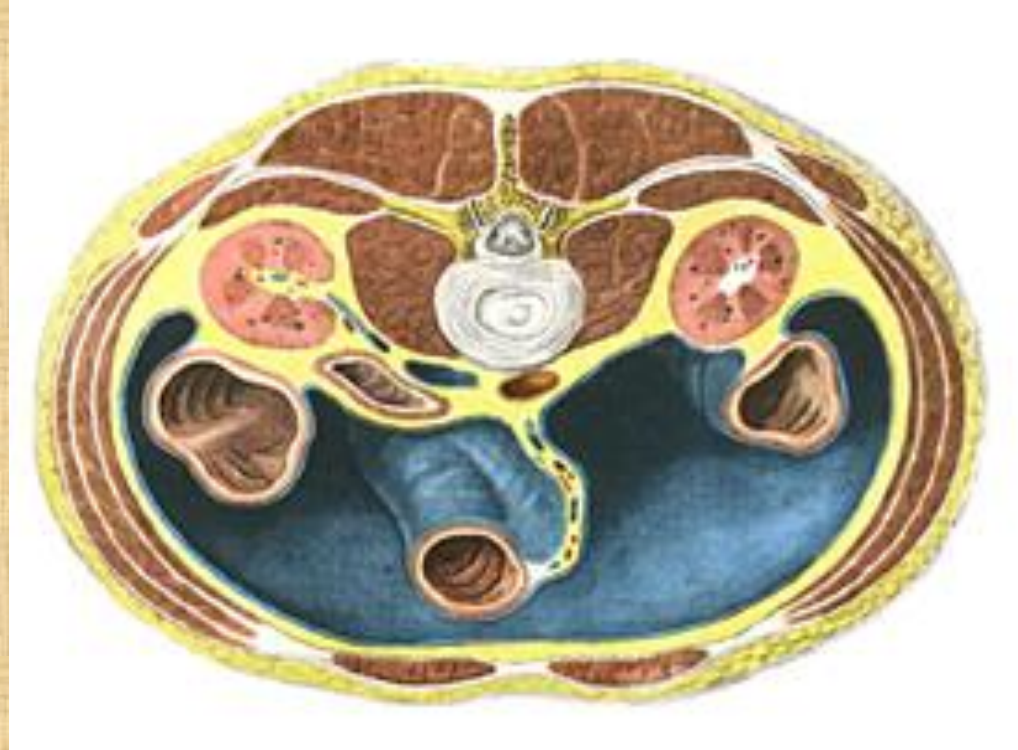
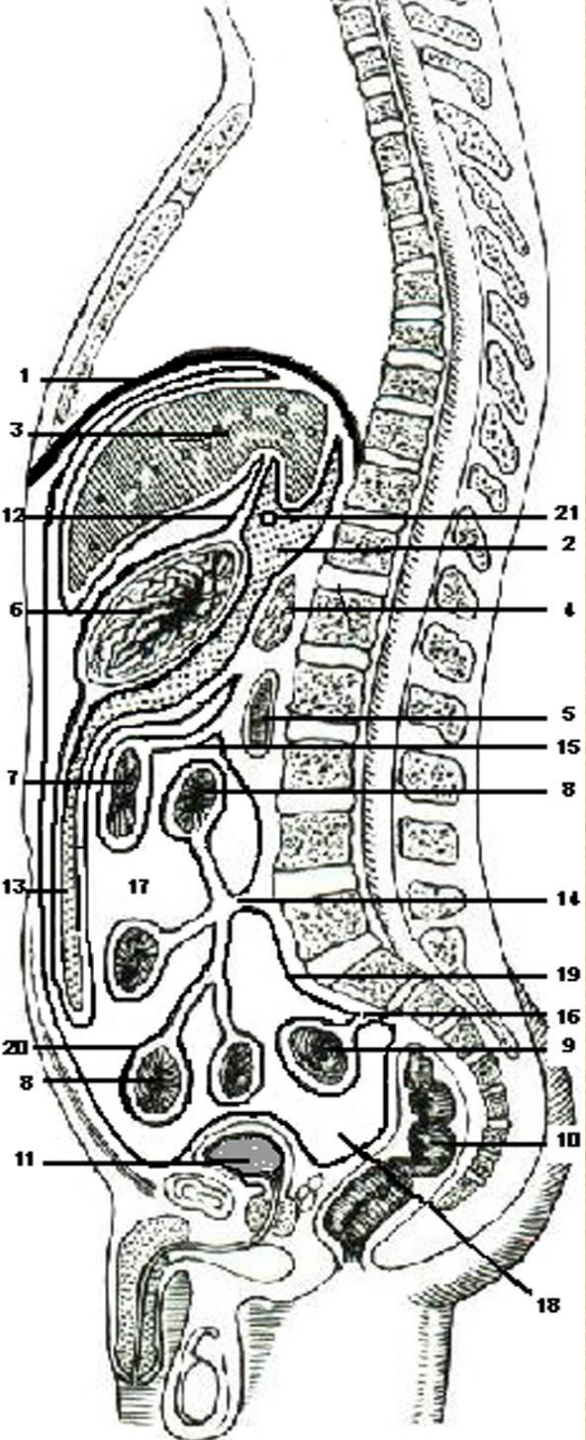
The rectum

- Last portion of the digestive tract
- Terminates at the anal canal
- Internal and external anal sphincters



Histology of the large intestine

- Absence of villi
- Presence of goblet cells
- Deep intestinal glands



THE DEVELOPMENT OF THE DIGESTIVE SYSTEM

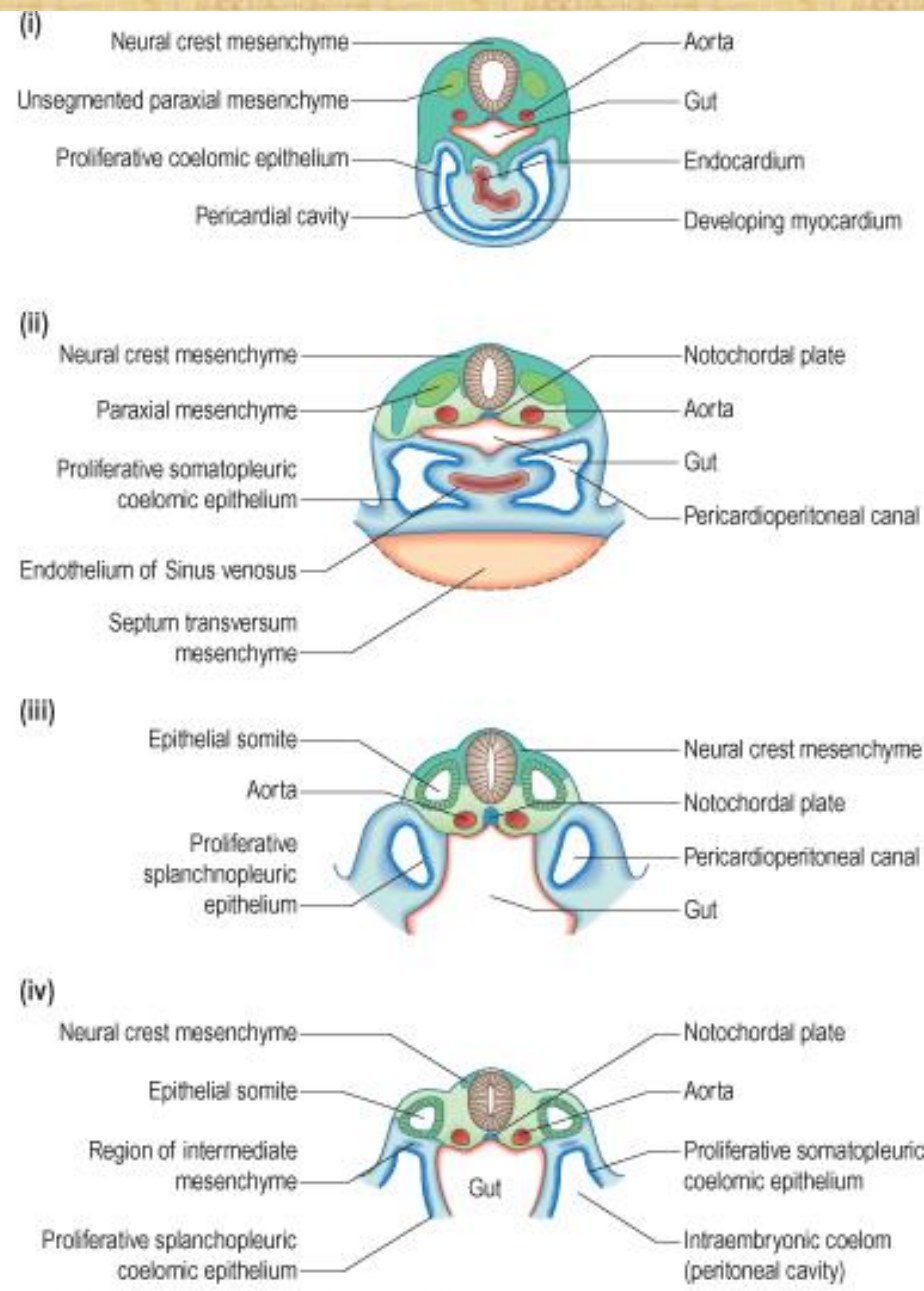
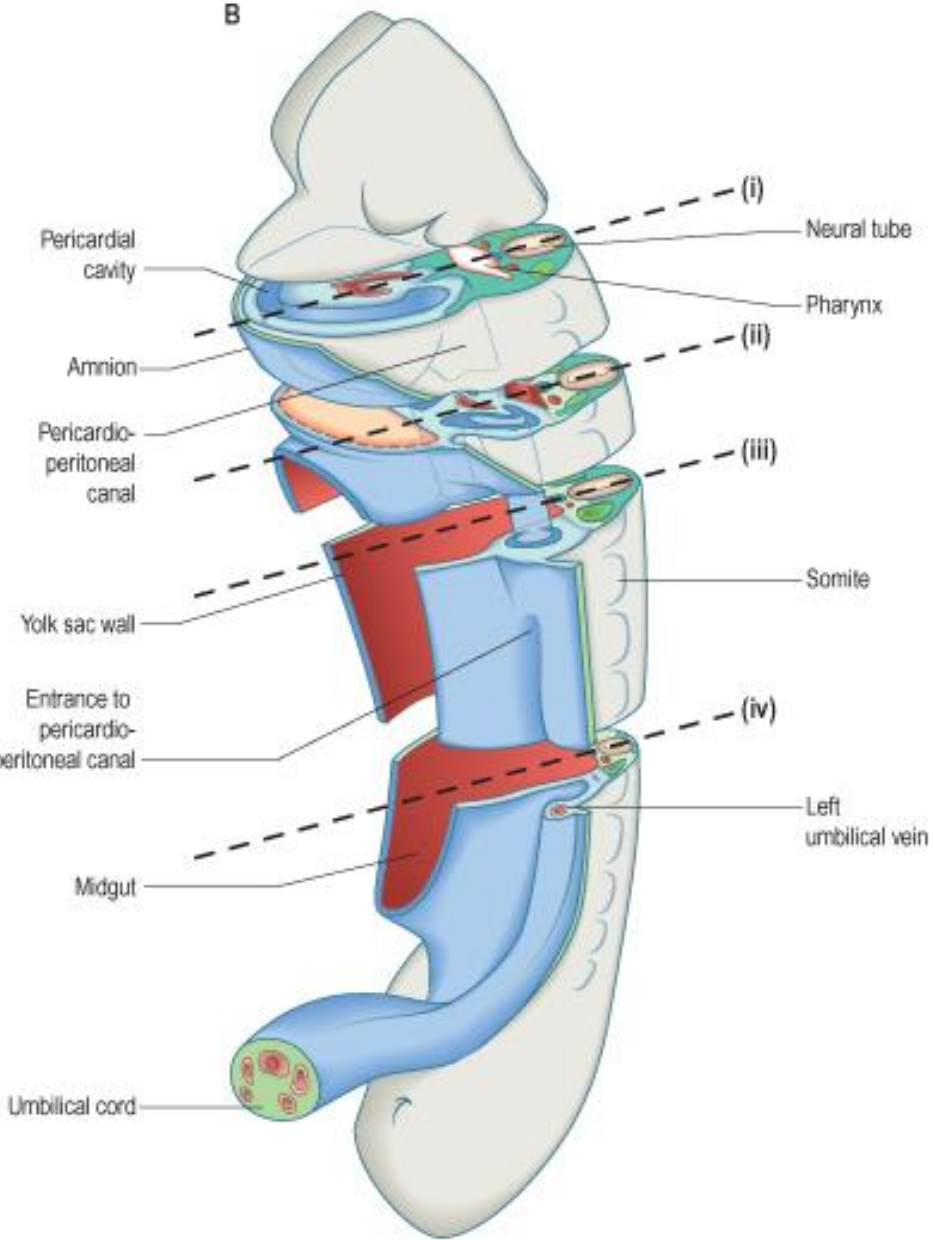
The digestive tube derives from the primitive gut. As a result of cephalocaudal and lateral folding of the embryo, a portion of the endoderm-lined yolk sac cavity is incorporated into the embryo to form the **primitive gut**. Two other portions of the endoderm-lined cavity, the yolk sac and the allantois, remain outside the embryo.

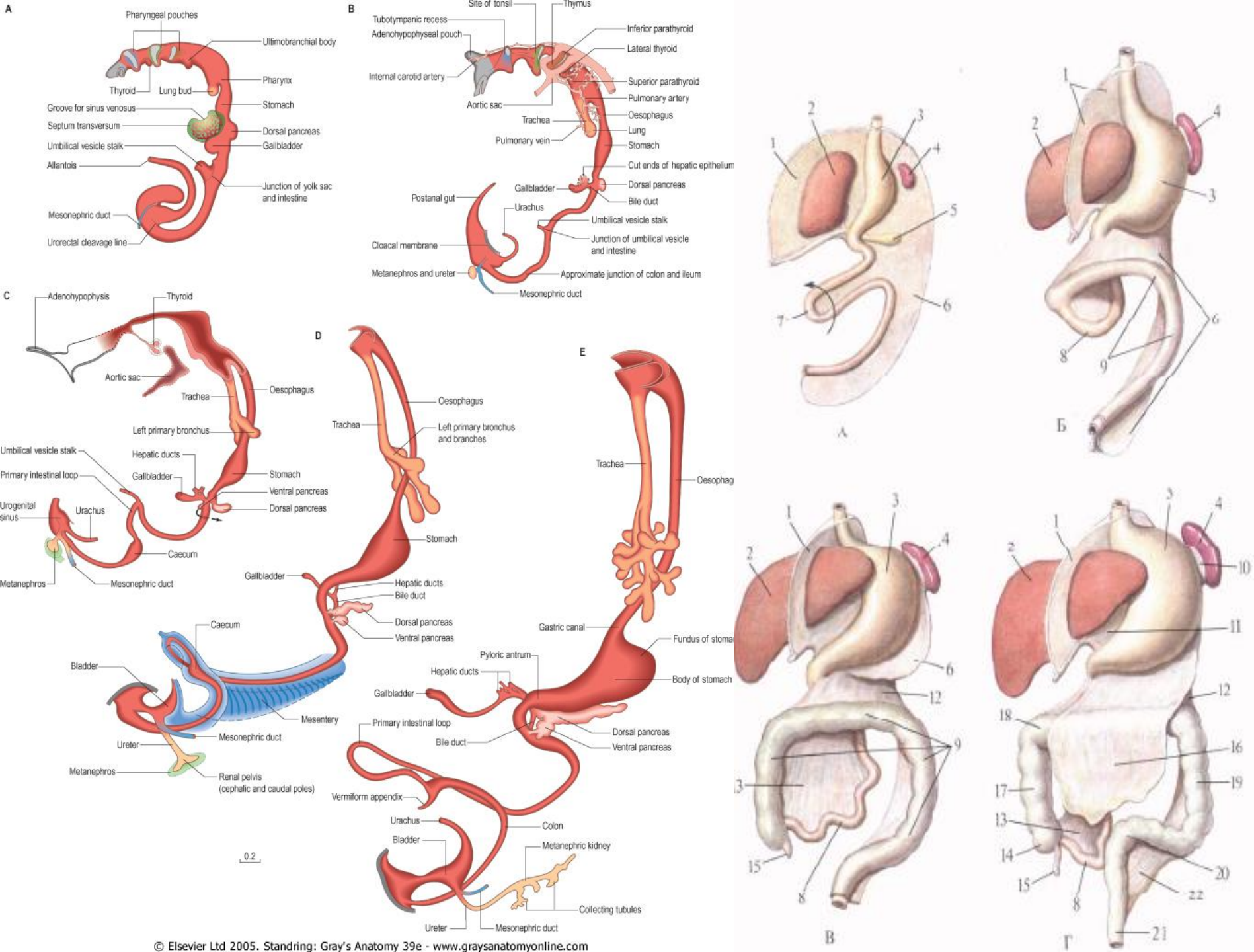
In the cephalic and caudal parts of the embryo, the primitive gut forms a blind-ending tube, the foregut and hindgut, respectively. The middle part, the midgut, remains temporarily connected to the yolk sac by means of the viteline duct, or yolk stalk.

Development of the primitive gut and its derivatives:

- The **pharyngeal gut**, or pharynx, extends from the bucopharyngeal membrane to the tracheobronchial diverticulum;
- The **foregut** lies caudal to the pharyngeal tube and extends as far caudally as the liver outgrowth;
- The **midgut** begins caudal to the liver bud and extends to the junction of the right two-thirds and left third of the transverse colon in the adult;
- The **hindgut** extends from the left third of the transverse colon to the cloacal membrane.

B





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