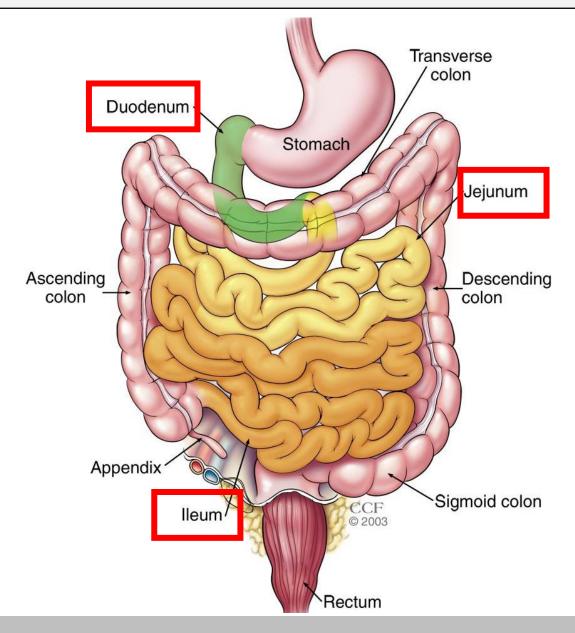
Small Intestine





Small Intestine



The small intestines consists of:

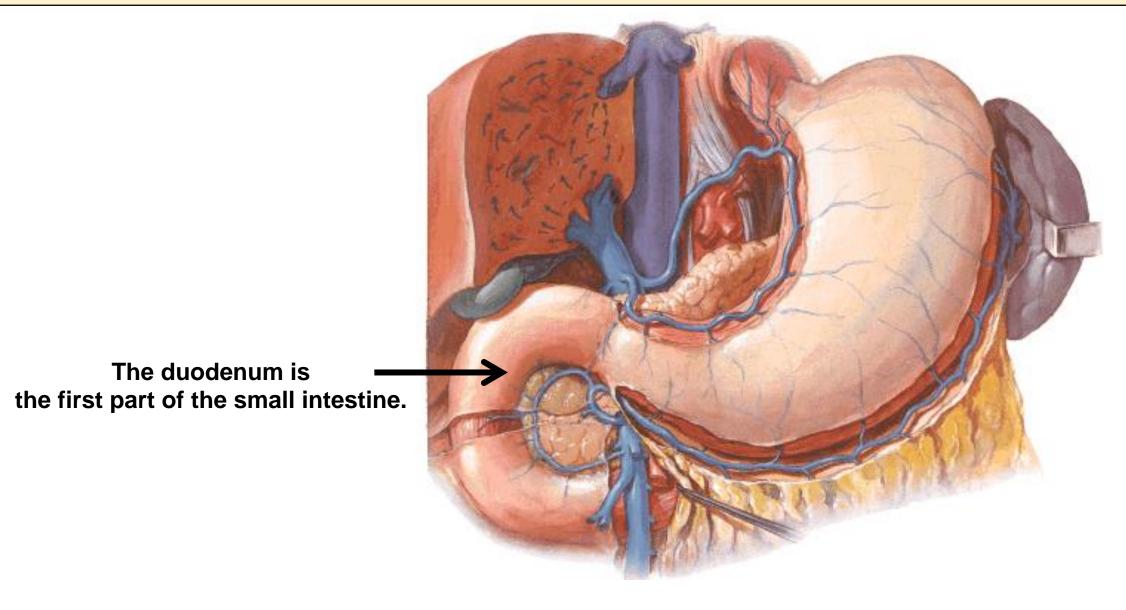
[1] Duodenum

[2] Jejunum

[3] Ileum

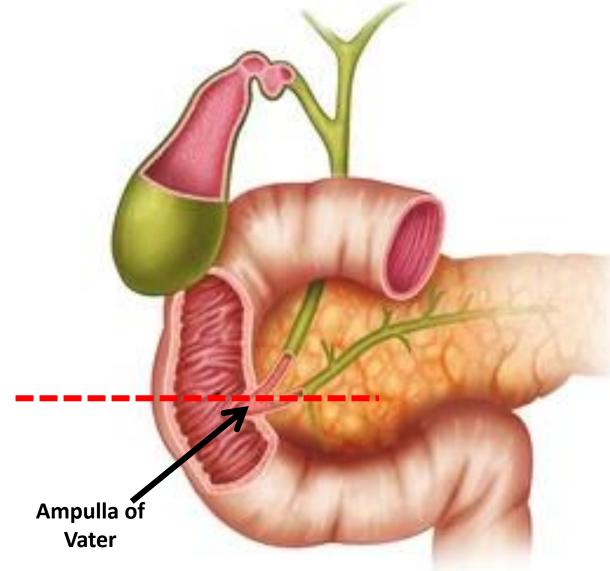












The duodenum is divisible into

1. supra-ampullary part

- lies above the opening of the common bile duct (ampulla of Vater)
- develops from the foregut

2. infra-ampullary part

- lies below the opening of the common bile duct (ampulla of Vater)
- develops from the midgut





- Duodenum is the widest, shortest, & most fixed part of the small intestine.
 Therefore, the duodenum is tightly attached to posterior abdominal wall
- It forms like the letter "C" with the concavity fitted around the head of the pancreas & faces to the left.



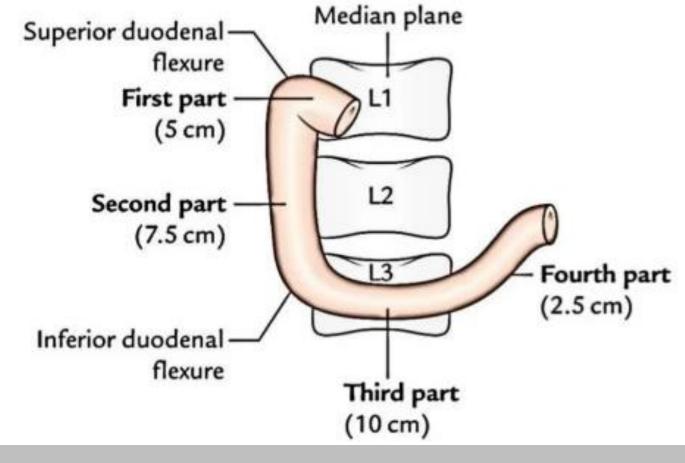


It is divided into *four parts*

- The 1st part or upper part
- The 2nd part or descending part
- The 3rd part or horizontal part
- The 4th part or ascending part

- at LV 1 level
- at LV 1-3
- at LV 3 `
- at LV 1 or 2
- two inches long
- three inches long
- four inches long
- one inch long

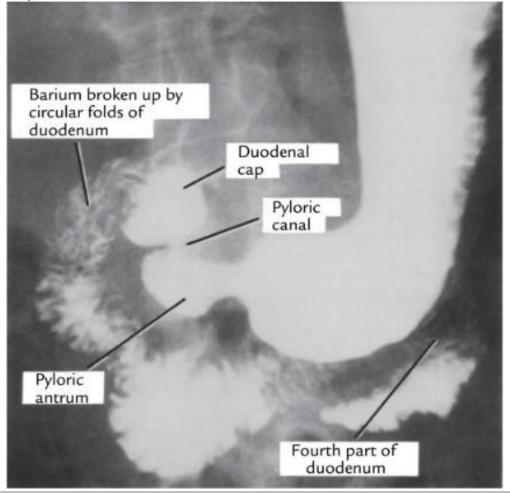
10 inches or 25cm long





The 1st part of the duodenum

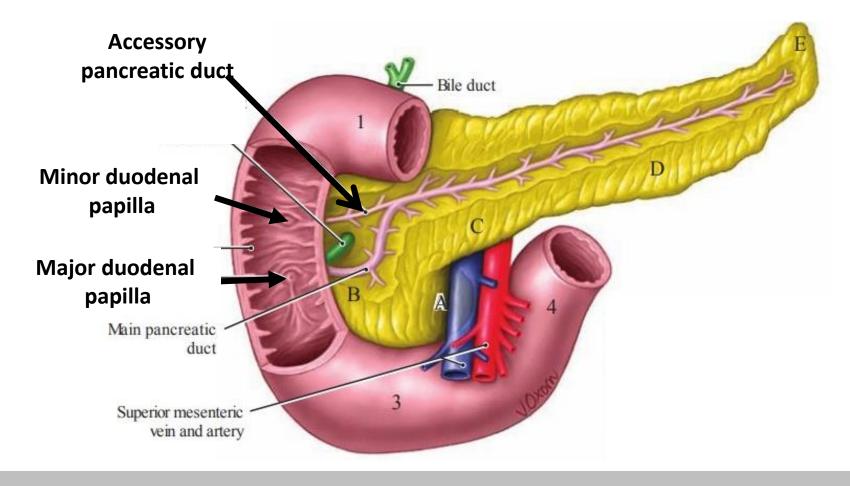
- The proximal half of the 1st part is intraperitoneum.
- The 1st inch of the 1st part of the duodenum is known as the duodenal cap radiologically
- The distal half is retroperitoneum





The 2nd part of the duodenum

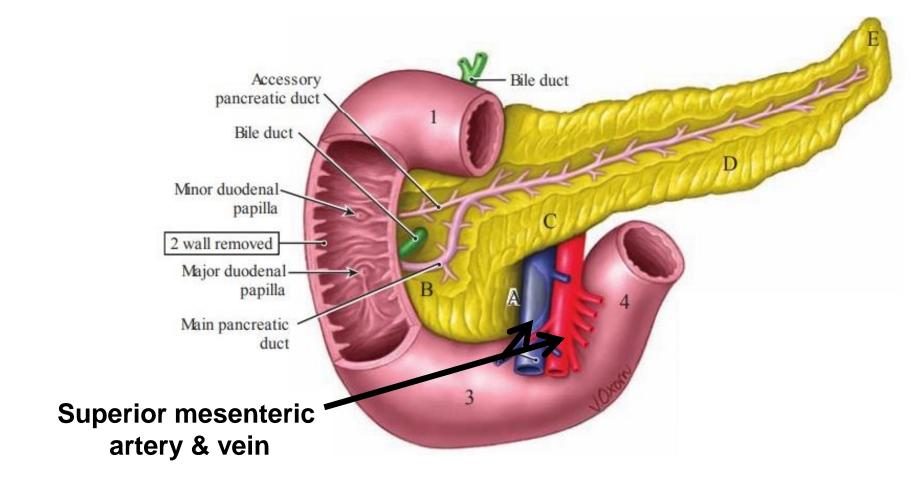
- The common bile duct & the main pancreatic duct unite to form the ampulla of Vater
- The ampulla opens on the major duodenal papilla, in the postero-medial wall of the 2nd part
- The opening of the papilla is guarded by the sphincter of Oddi



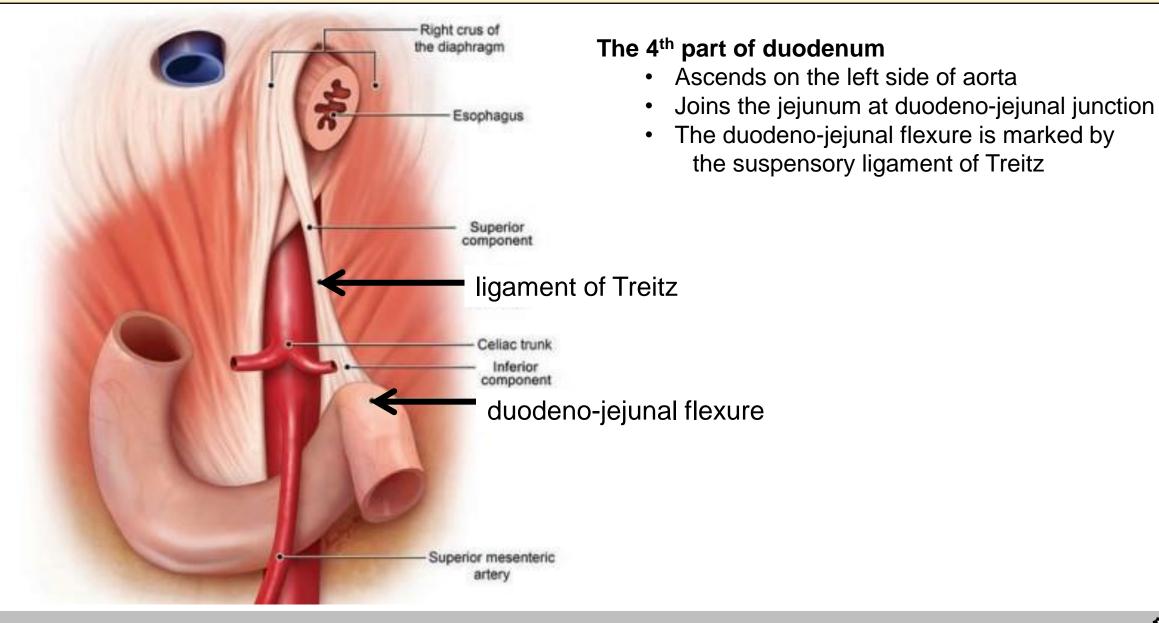


The 3rd part of the duodenum

- It runs horizontally from right to left.
- The superior mesenteric artery and vein cross anteriorly to it.





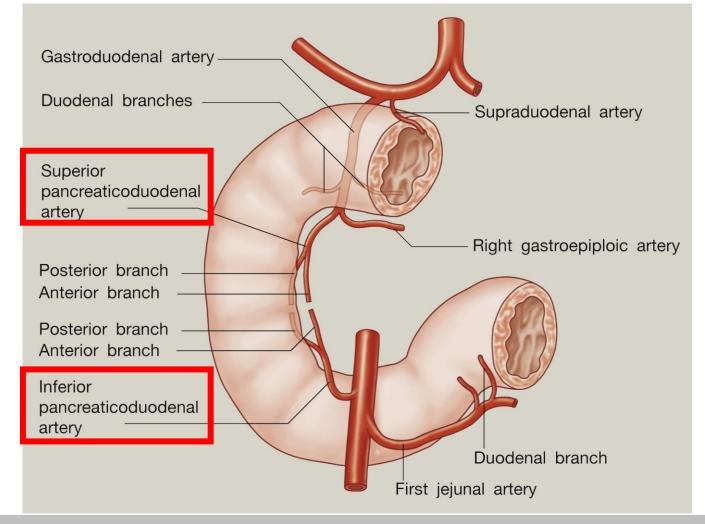






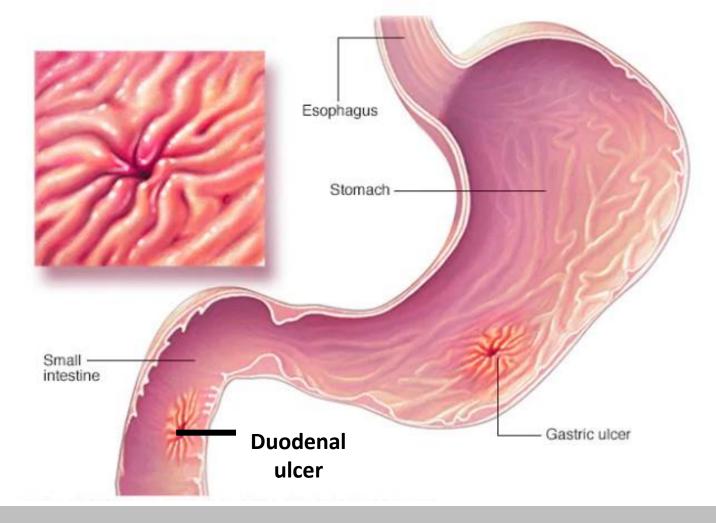
Arterial supply of duodenum

- The supra-ampullary part is supplied by superior pancreatico-duodenal artery
- The infra-ampullary part is supplied by inferior pancreatico-duodenal artery



Applied anatomy

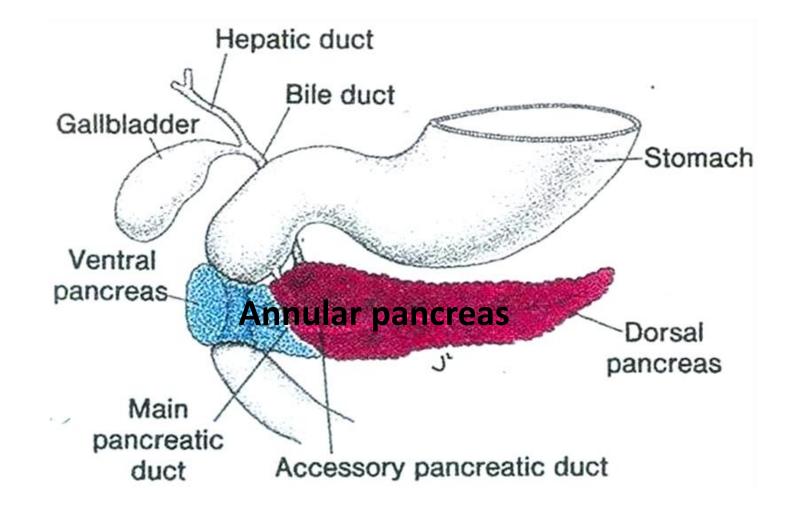
- **Duodenal ulcer** are commonly located in the duodenal cap (1st inch of 1st part of duodenum)
- Erosion of the duodenal ulcer may involve the gastro-duodenal artery & cause severe bleeding





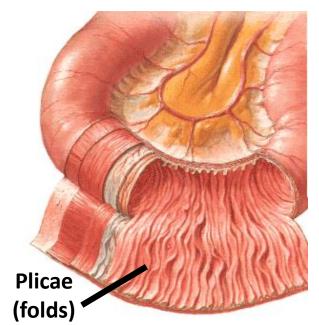
Applied anatomy

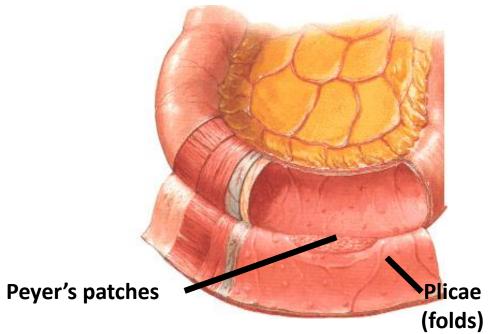
Duodenal stenosis may be associated with annular pancreas





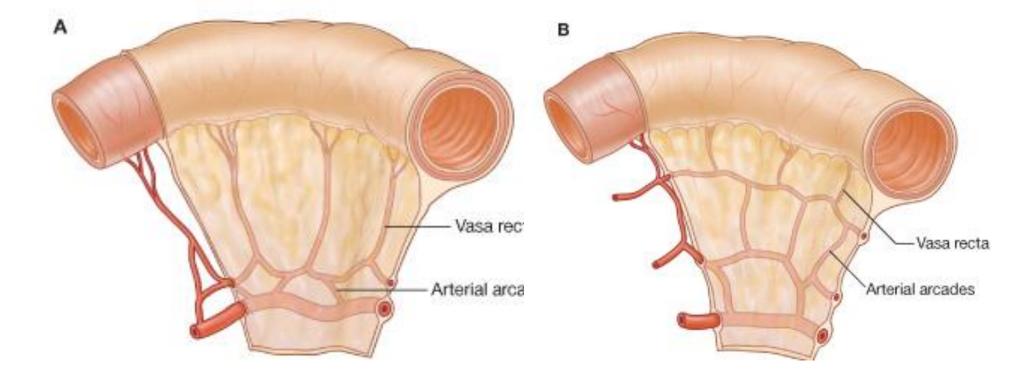
	Jejunum	lleum
1. Site	umbilical region	hypogastric & inguinal region
2. Diameter	greater (4cm)	smaller (3.5cm)
3. Lumen	often empty	usually not empty
4. Wall	thick, more vascular & redder	thin, less vascular
5. Plicae (folds)	thicker, larger & closely packed	thin, wide apart
6. Peyer's patches	absent	present in the lower part in the anti-mesenteric border







	Jejunum	lleum
7. mesentery	fat-free, thinner	More fat, thicker
8. Windows	present due to absence of fat in the mesentery	window is absent
9. Vasa recta	long parallel vessels	short parallel
10. Arterial arcades	1 or 2 arcades only	3-4 arcades





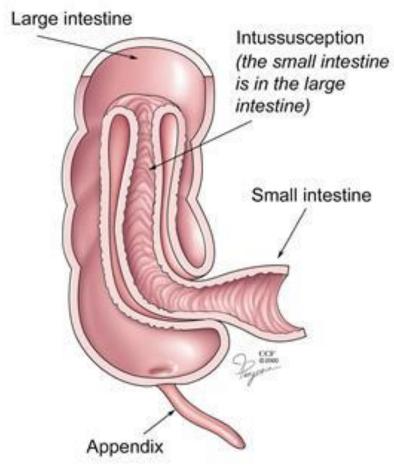


Applied Anatomy of Small Intestine

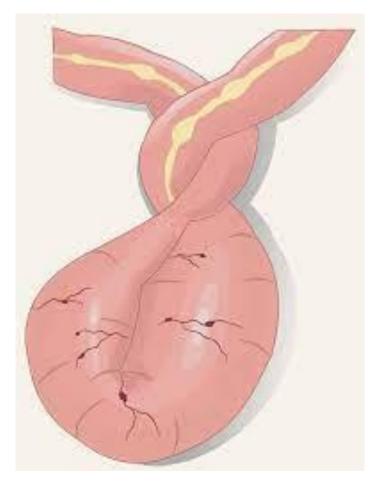
- 1. The small intestine can be excised to 1/3 of its length.
- 2. It is the commonest site for worm infestation
- 3. In typhoid, the Peyer's patches become swollen & ulcerated.
- 4. Congenital anomalies: Meckel's diverticulum, omphalocoele, congenital umbilical hernia, left sided colon, reverse rotation of midgut & malrotation of midgut can lead to many surgical conditions

Applied Anatomy of Small Intestine

5. Intestinal obstruction → intussusception, volvulus



Intussusception



Volvulus



Figure-references

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Thank you



