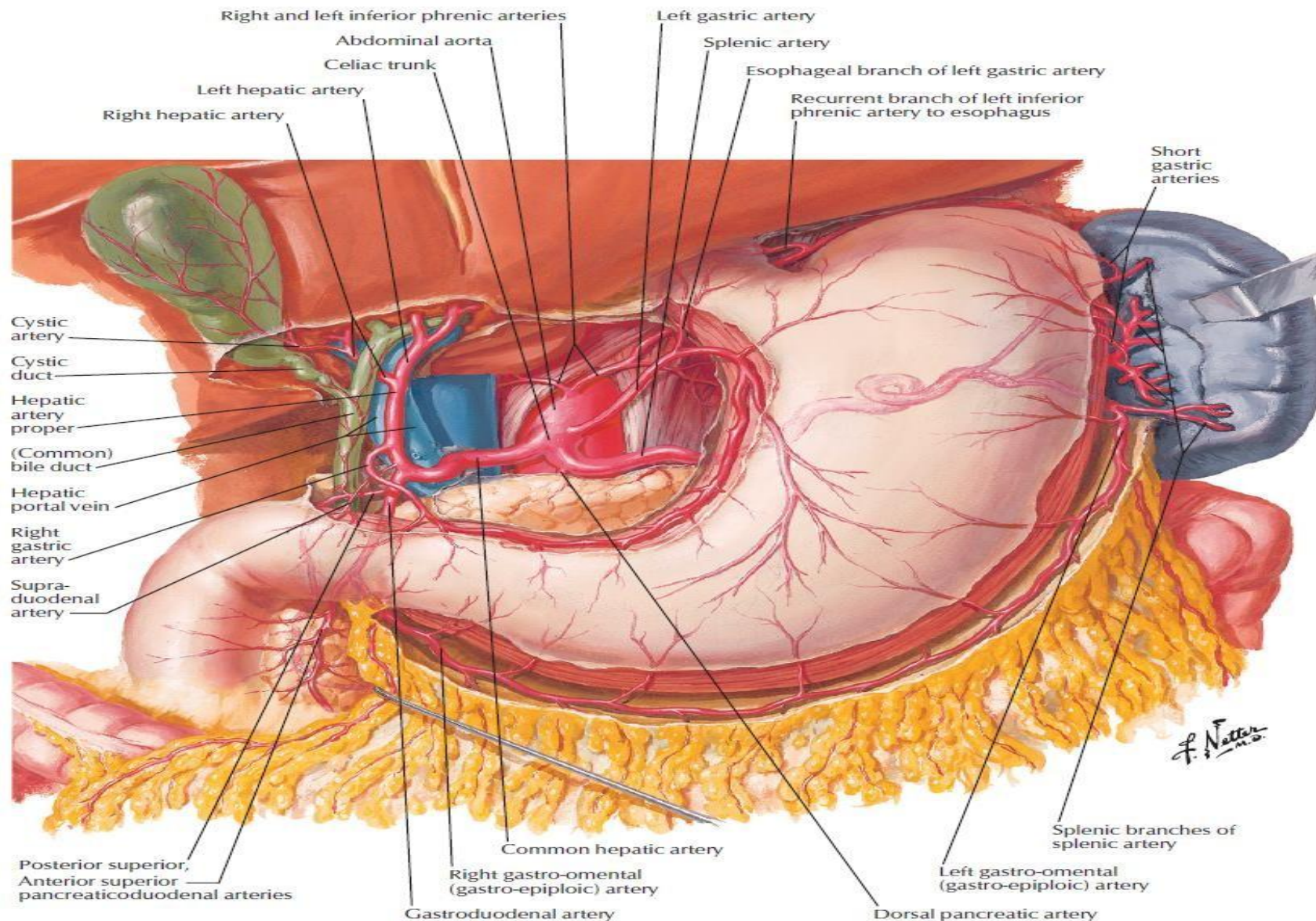
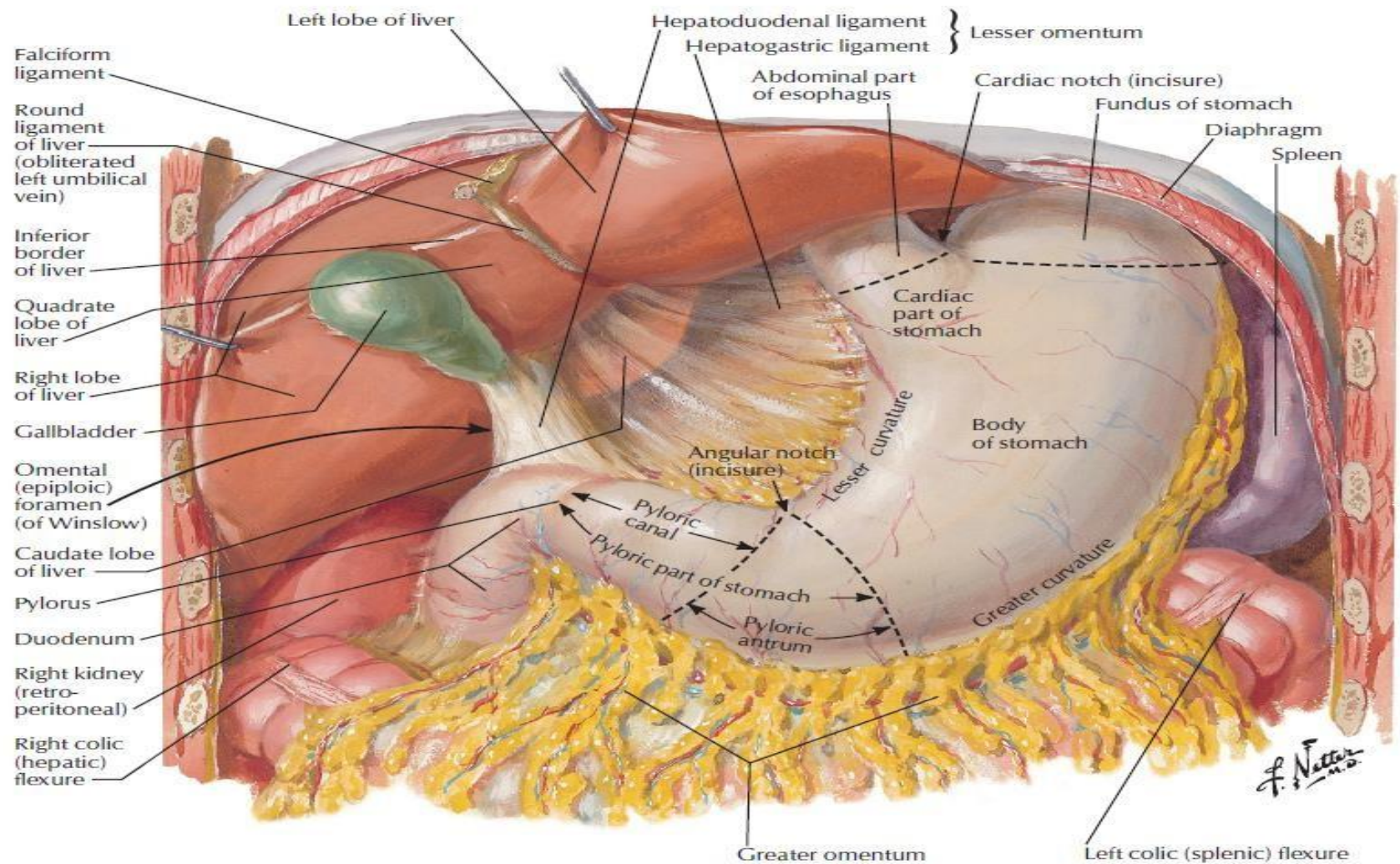
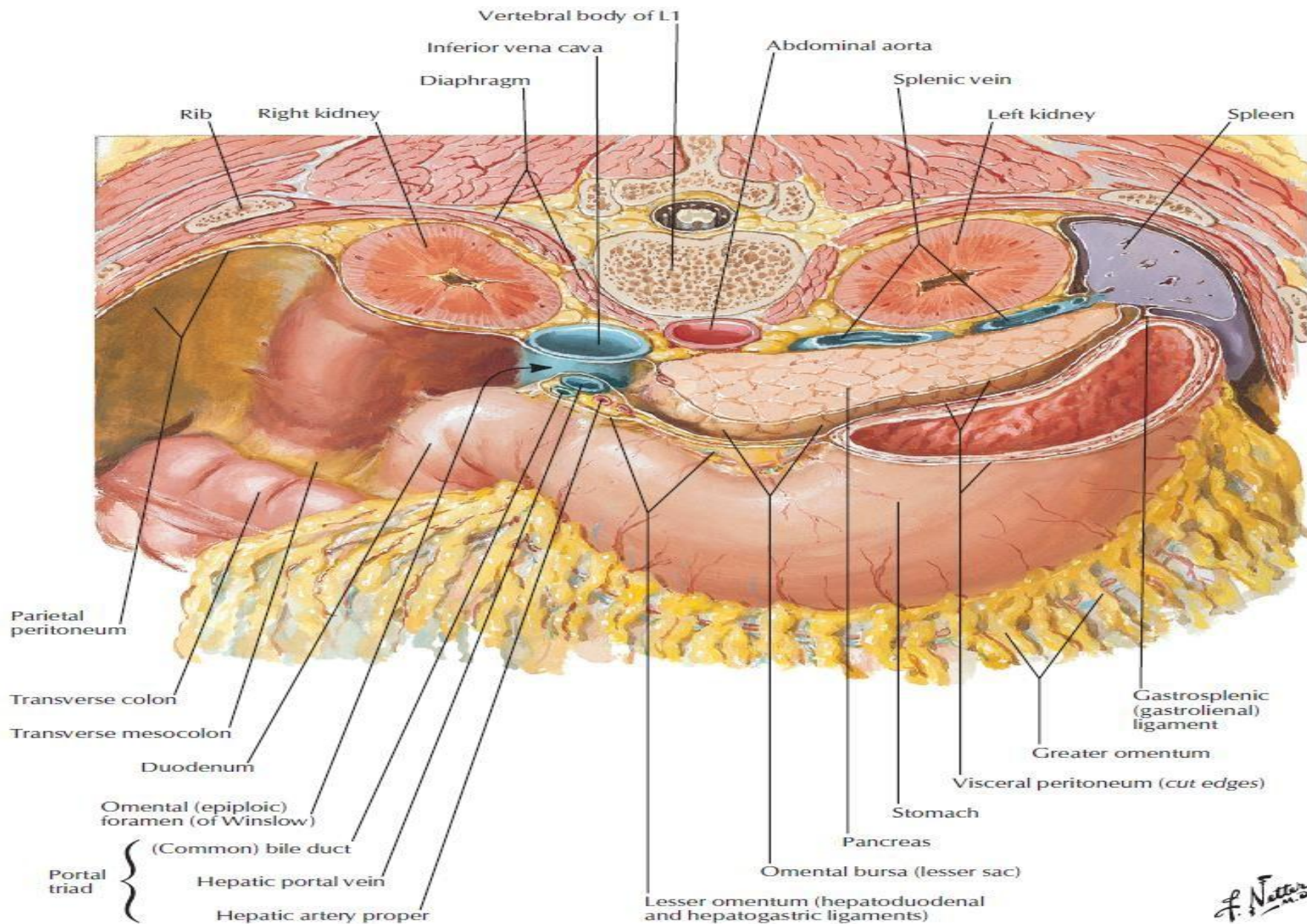


Small Intestine

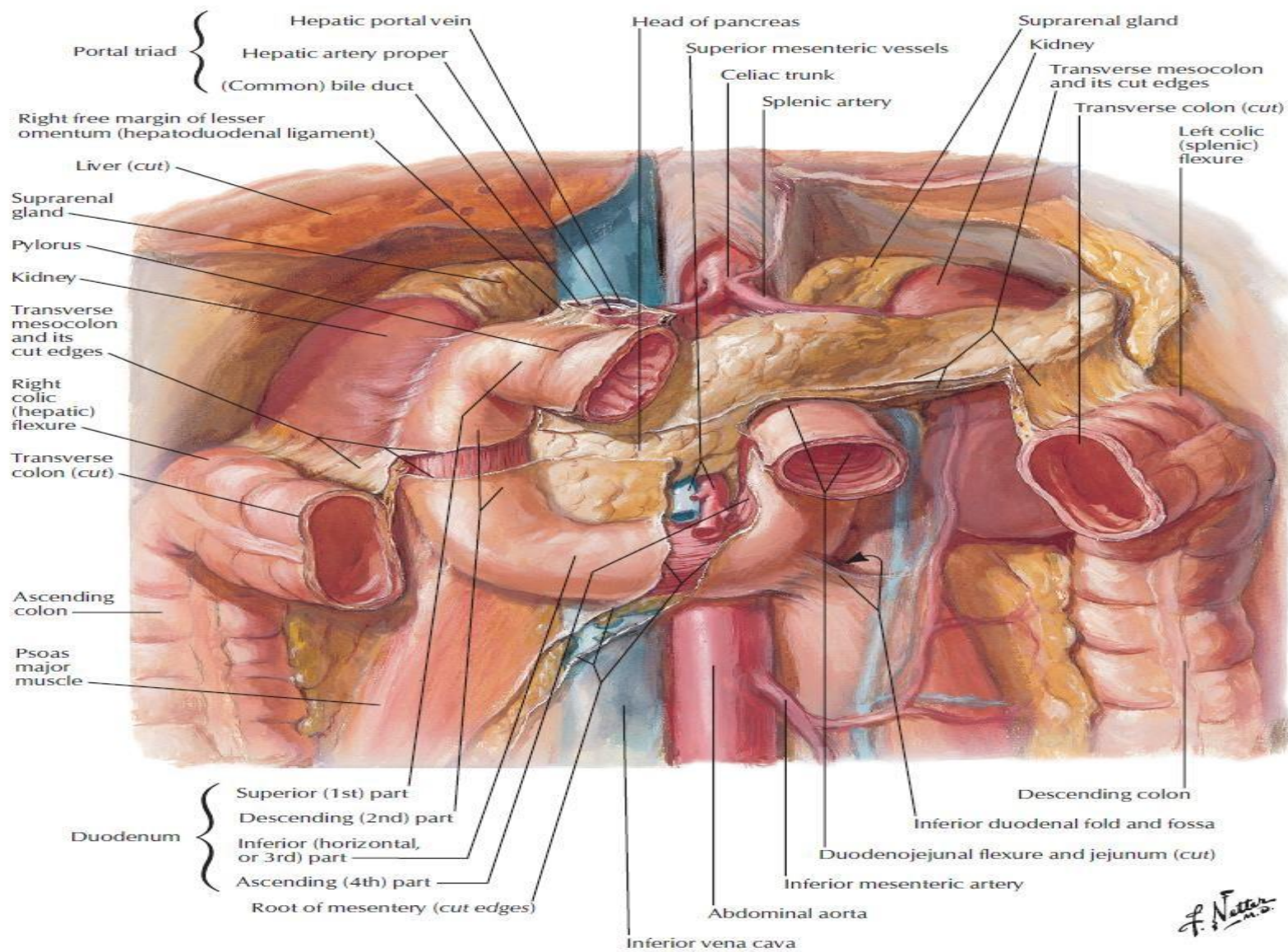
Study these figures with the sheet.
Please note that the numbering of the figures is as follows , the figure in the next slide is Figure 1 and so on.

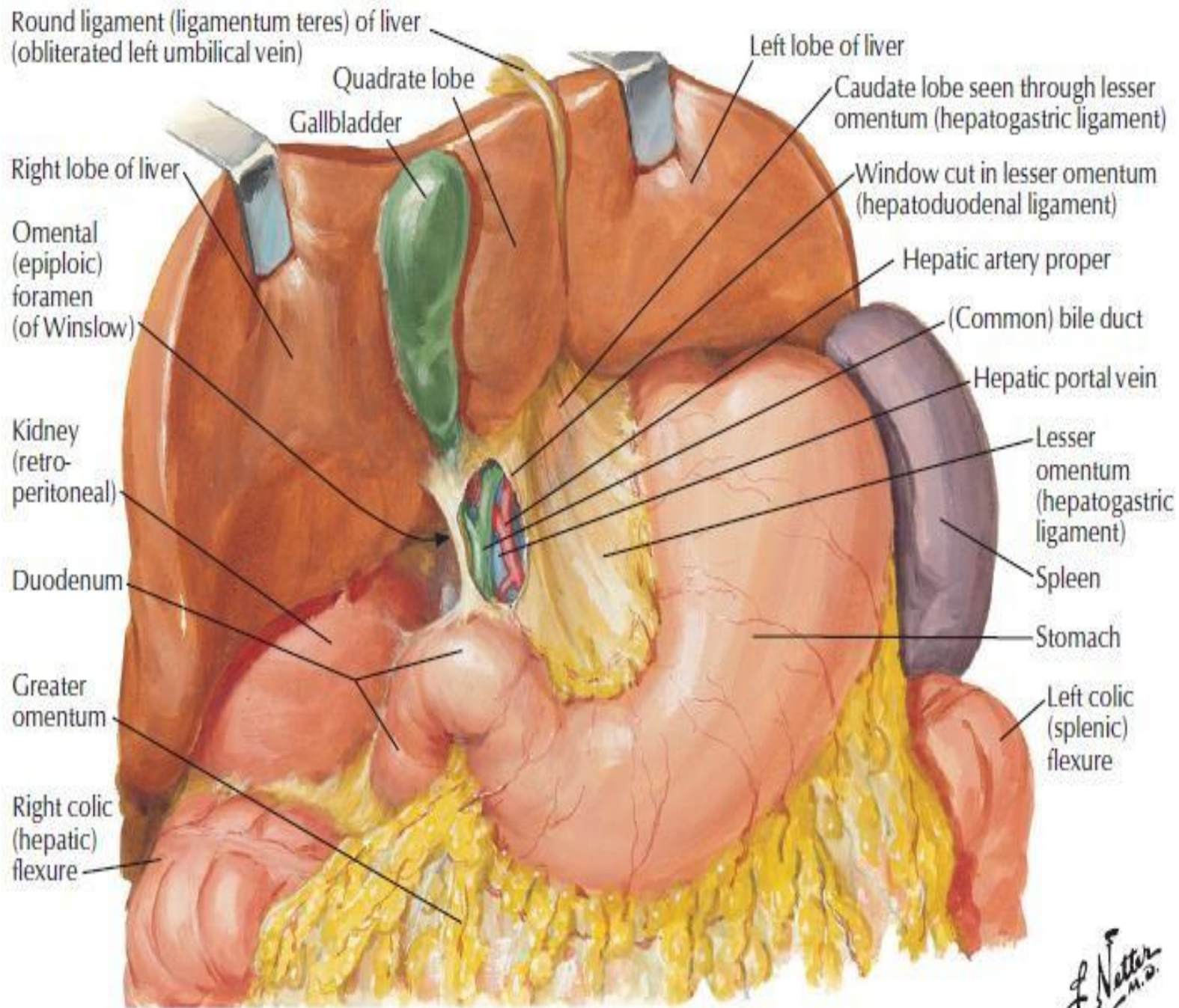


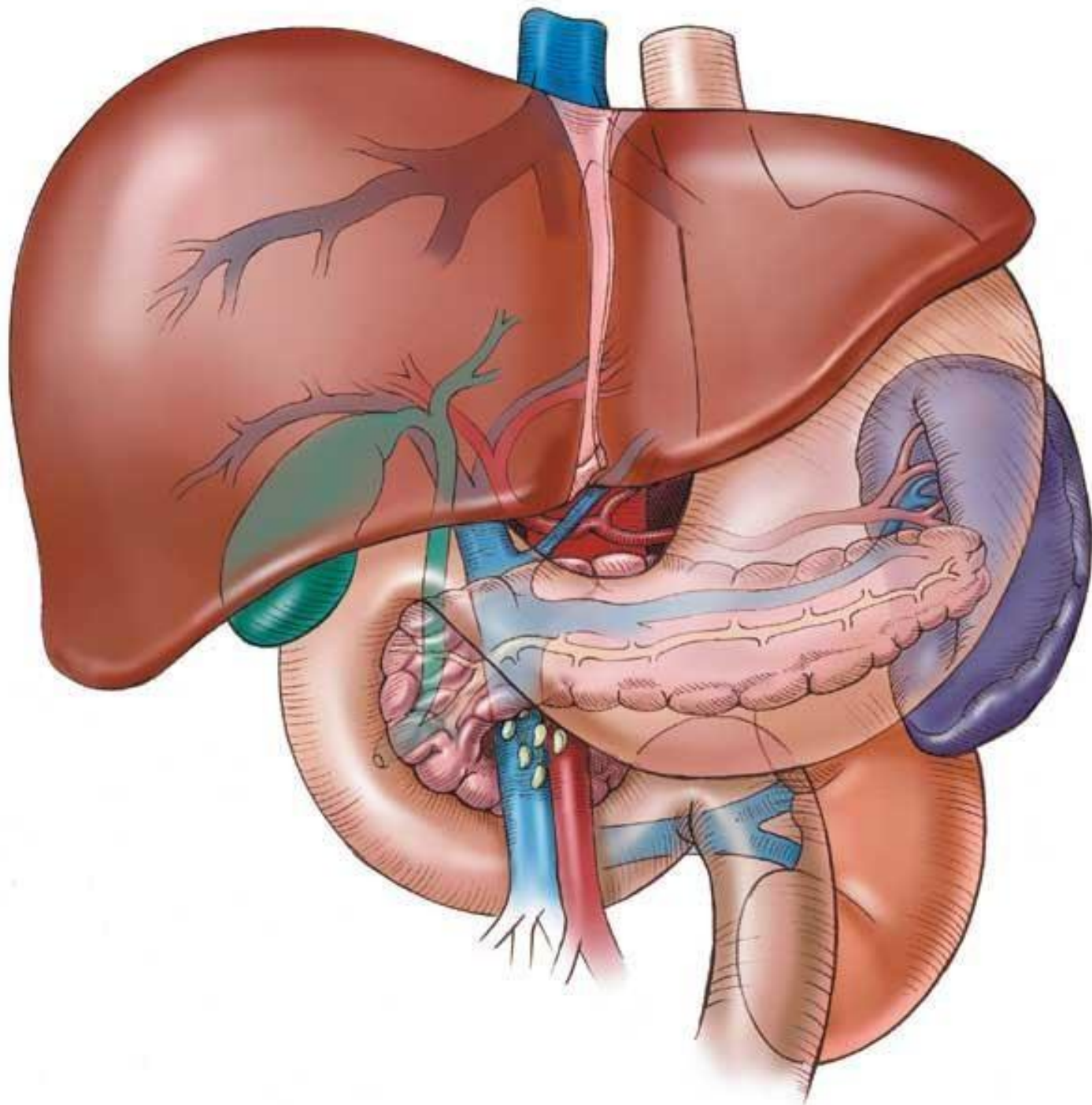




F. Netter M.D.

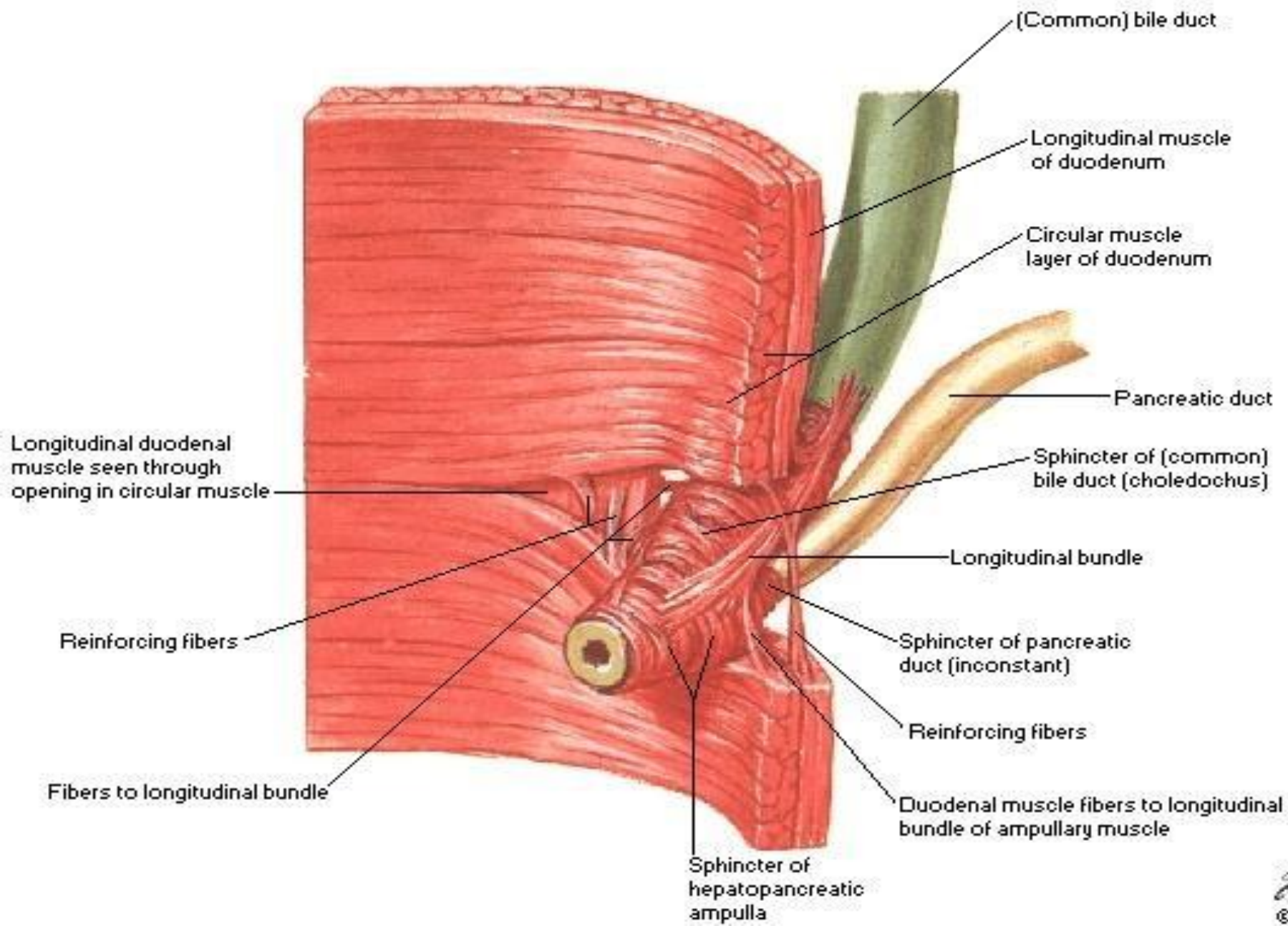




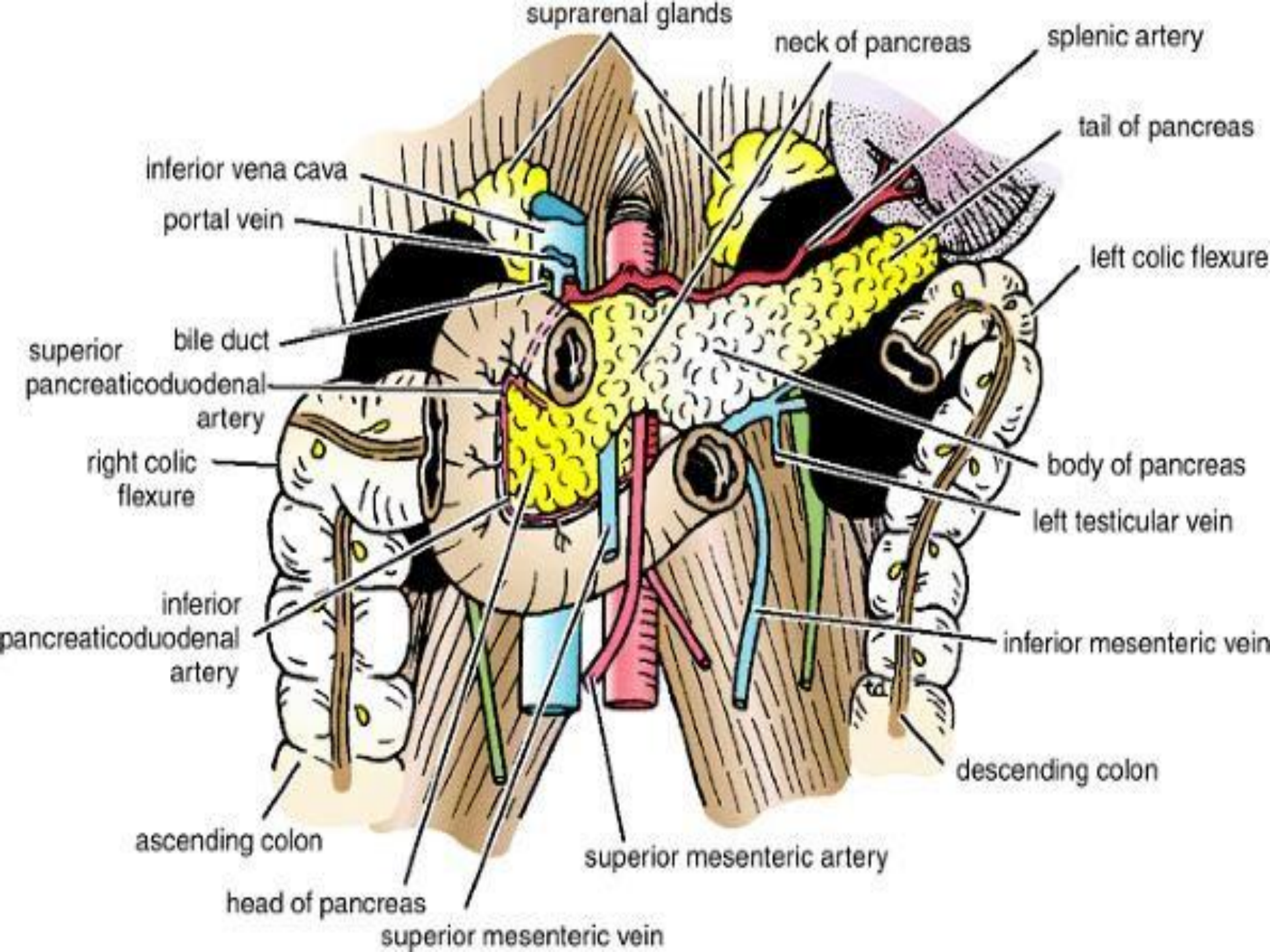


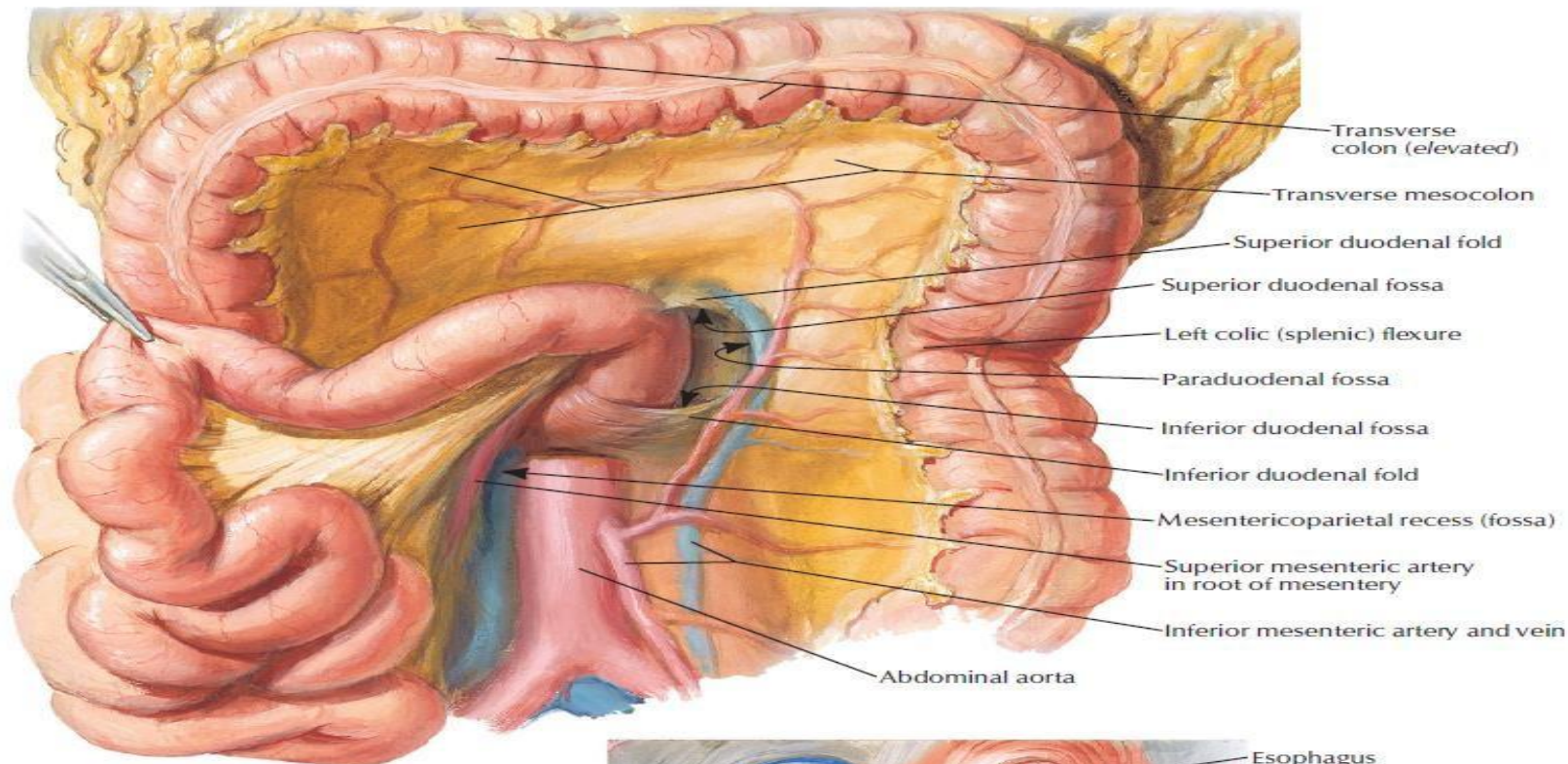
Junction of Bile Duct and Duodenum

Dissection



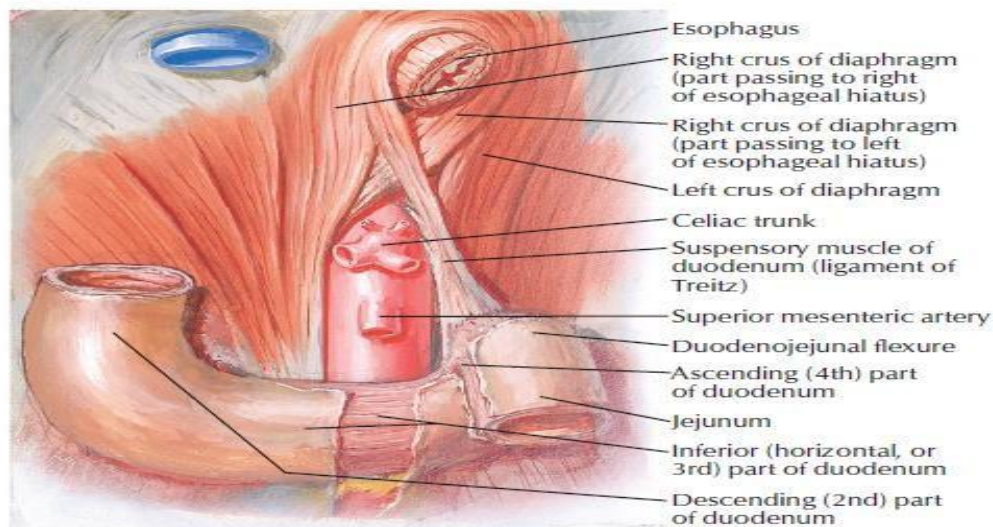




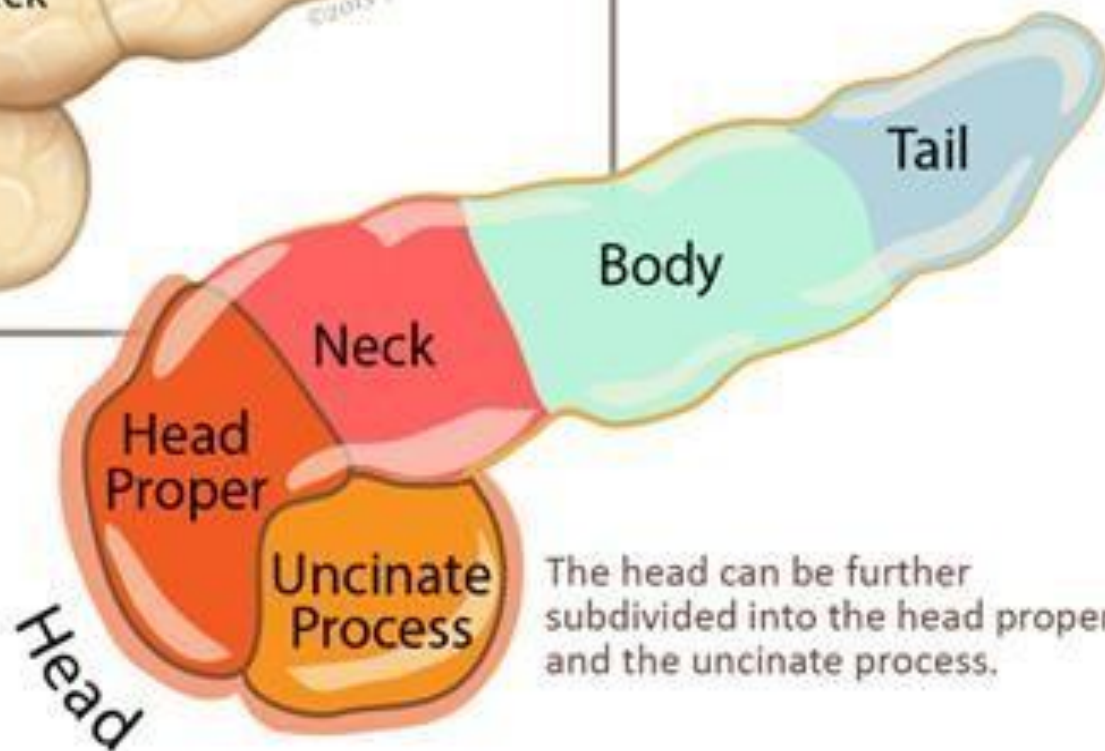
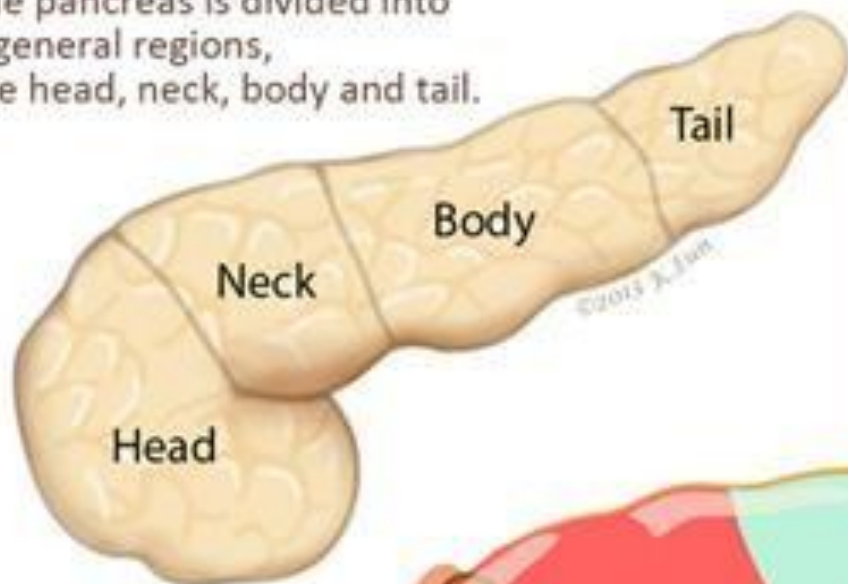


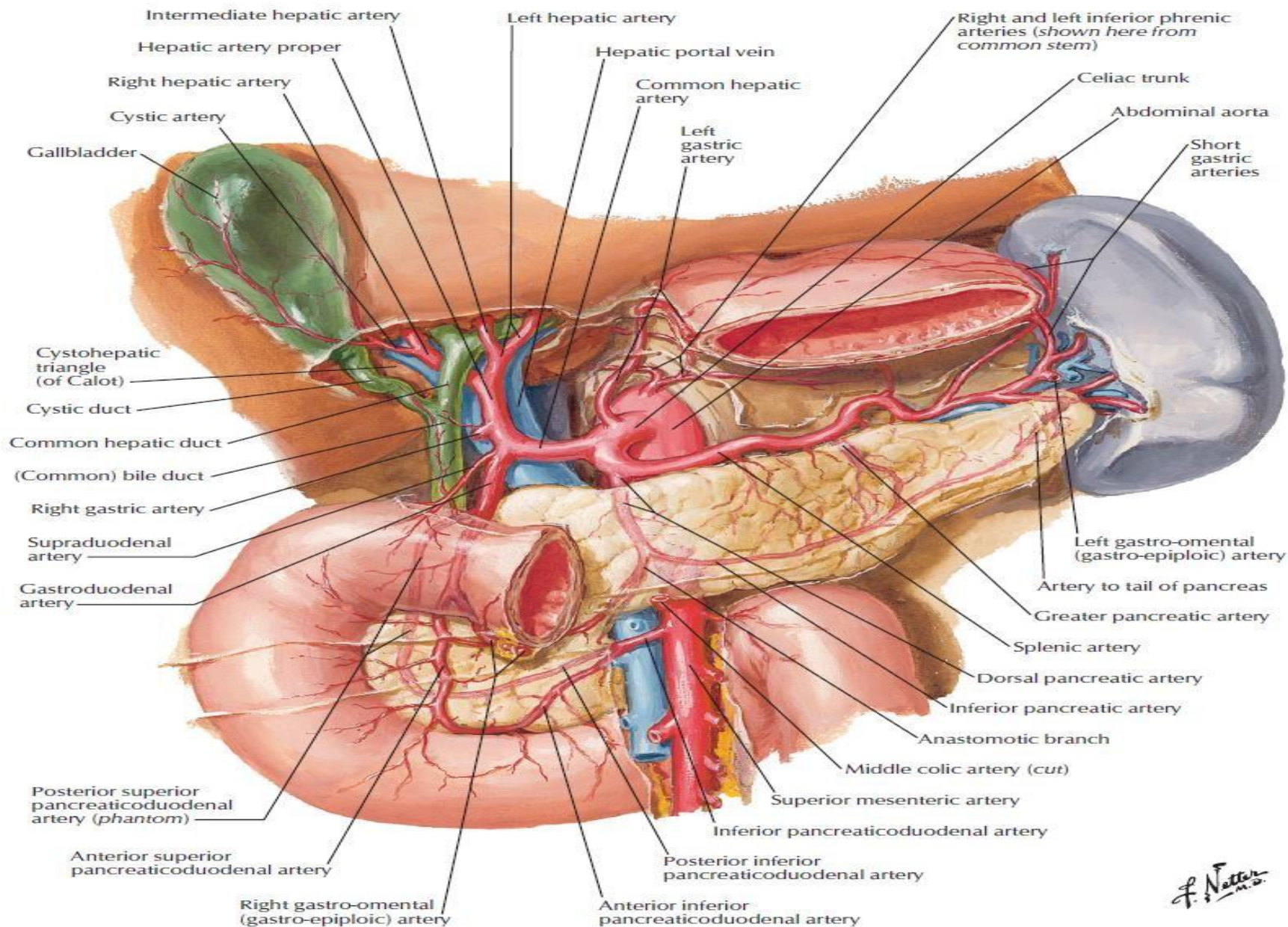
Exposure of suspensory muscle of duodenum (ligament of Treitz)

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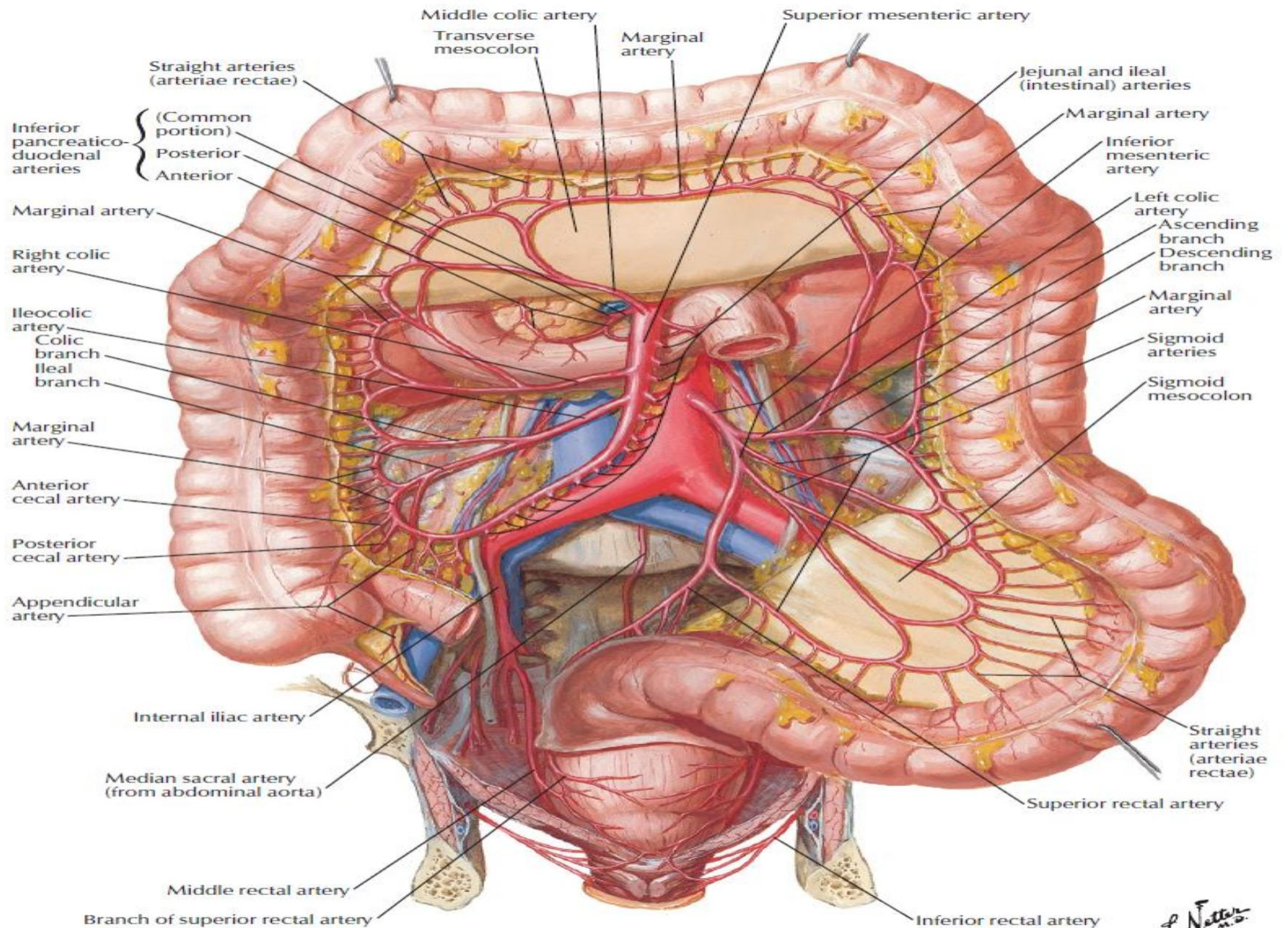


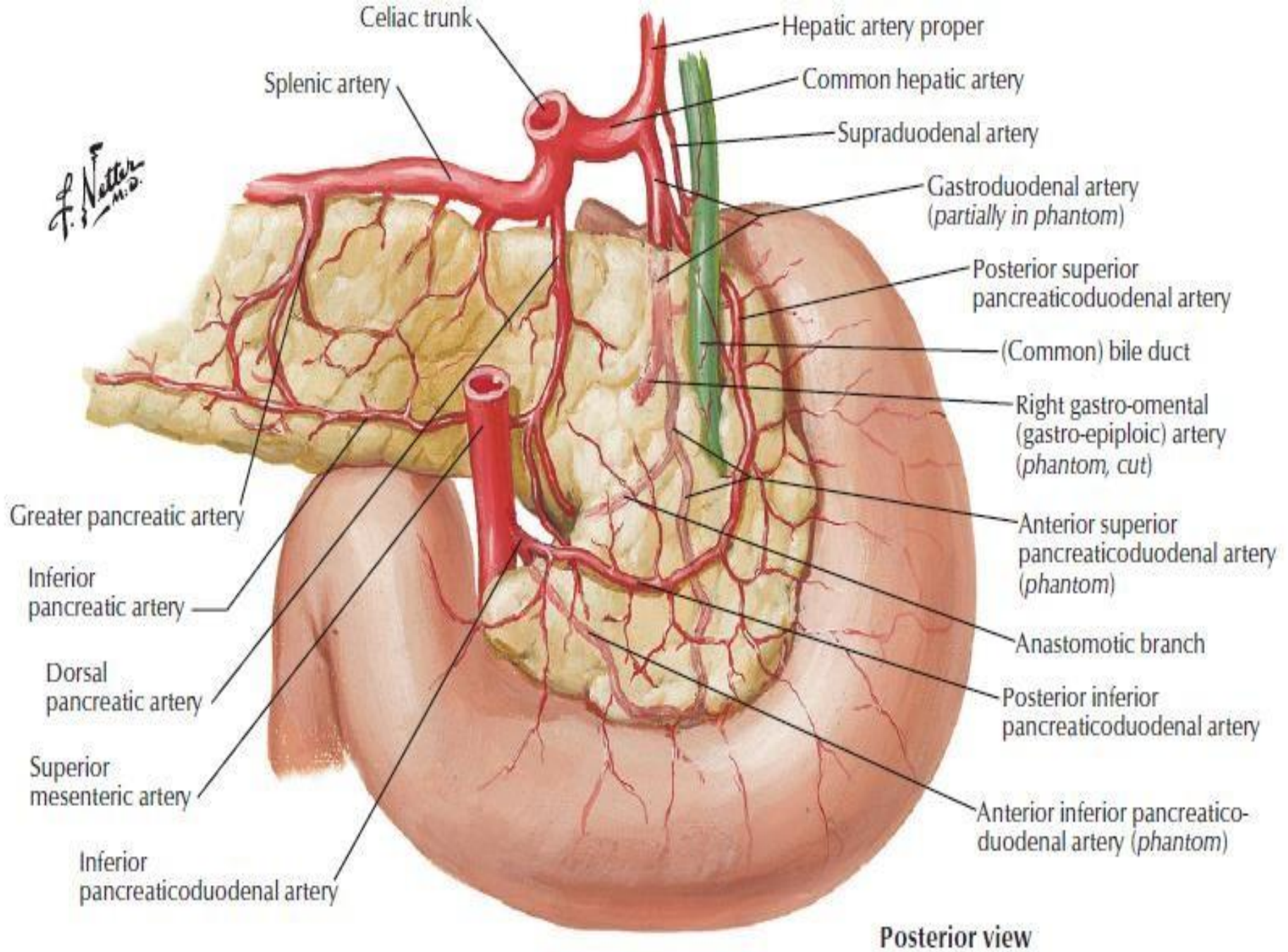
The pancreas is divided into 4 general regions, the head, neck, body and tail.

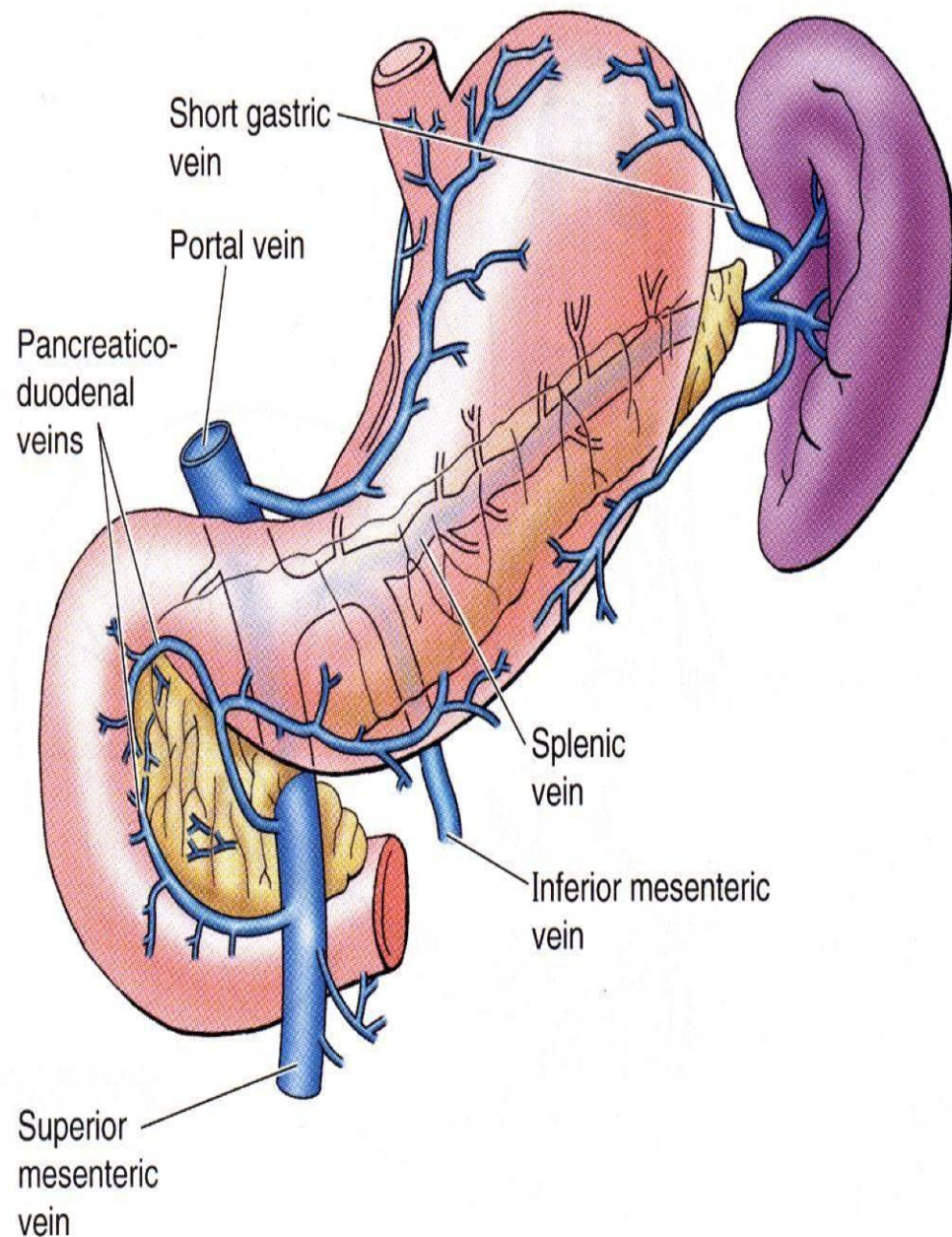
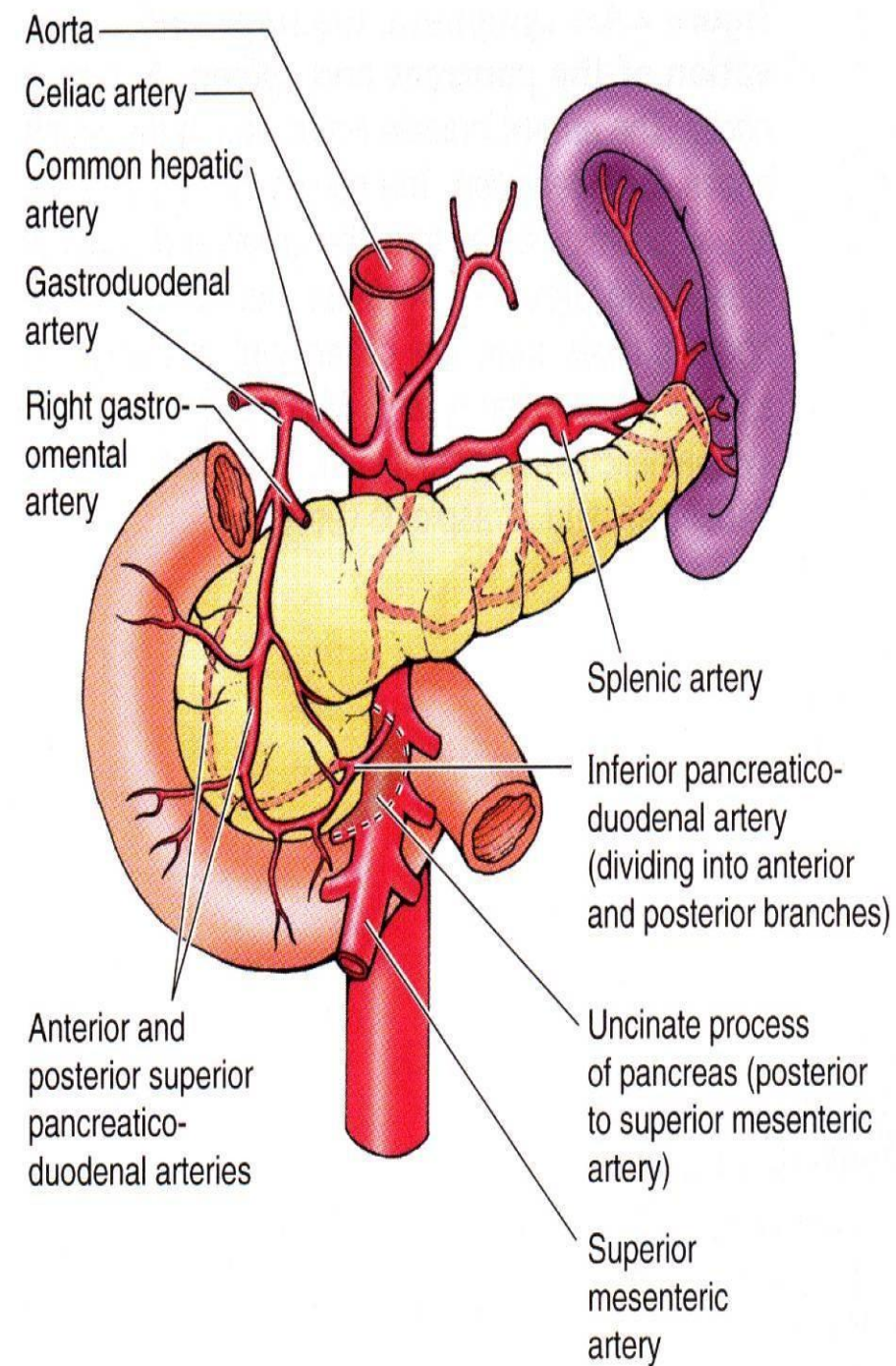


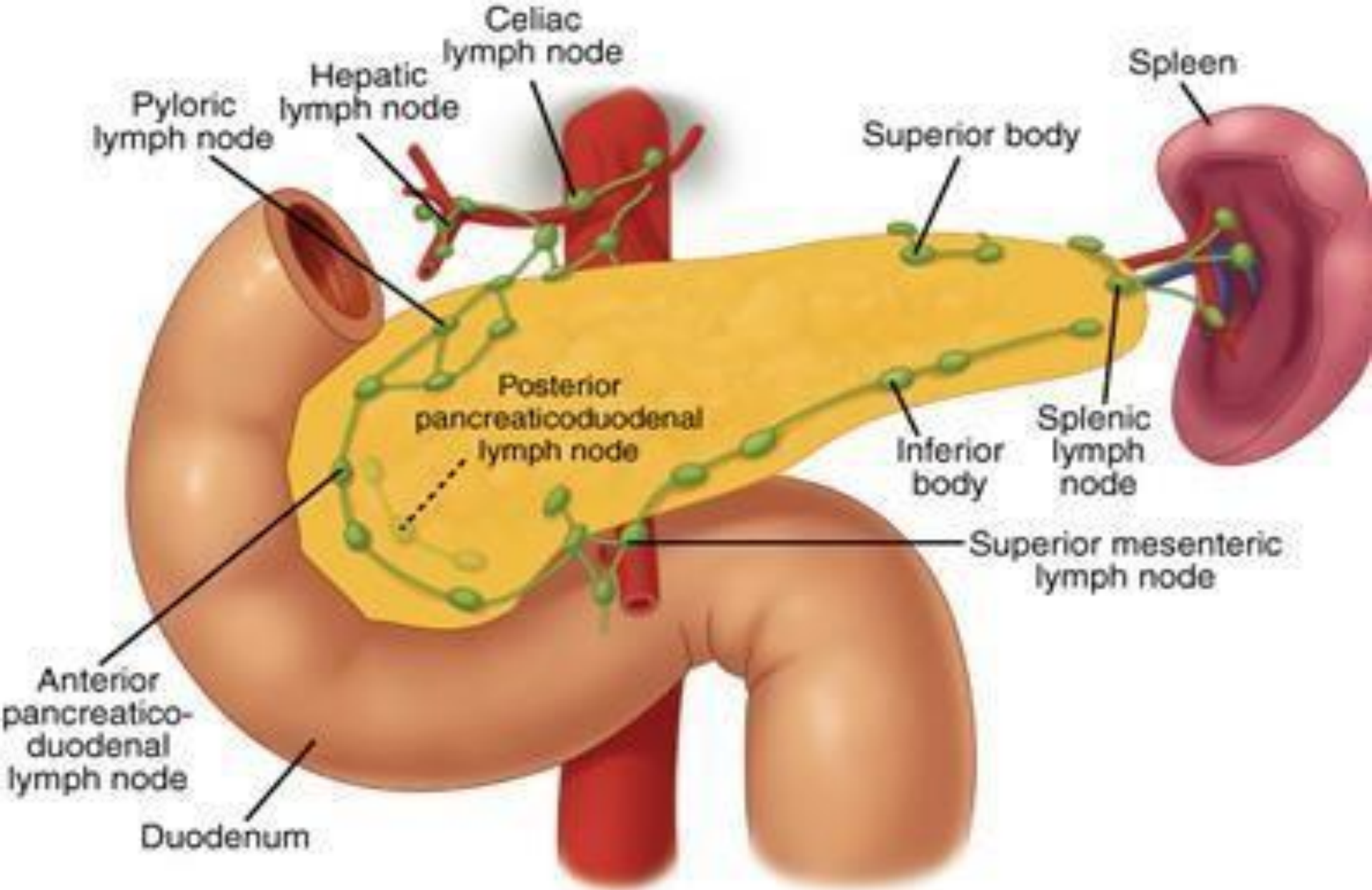


F. Netter M.D.







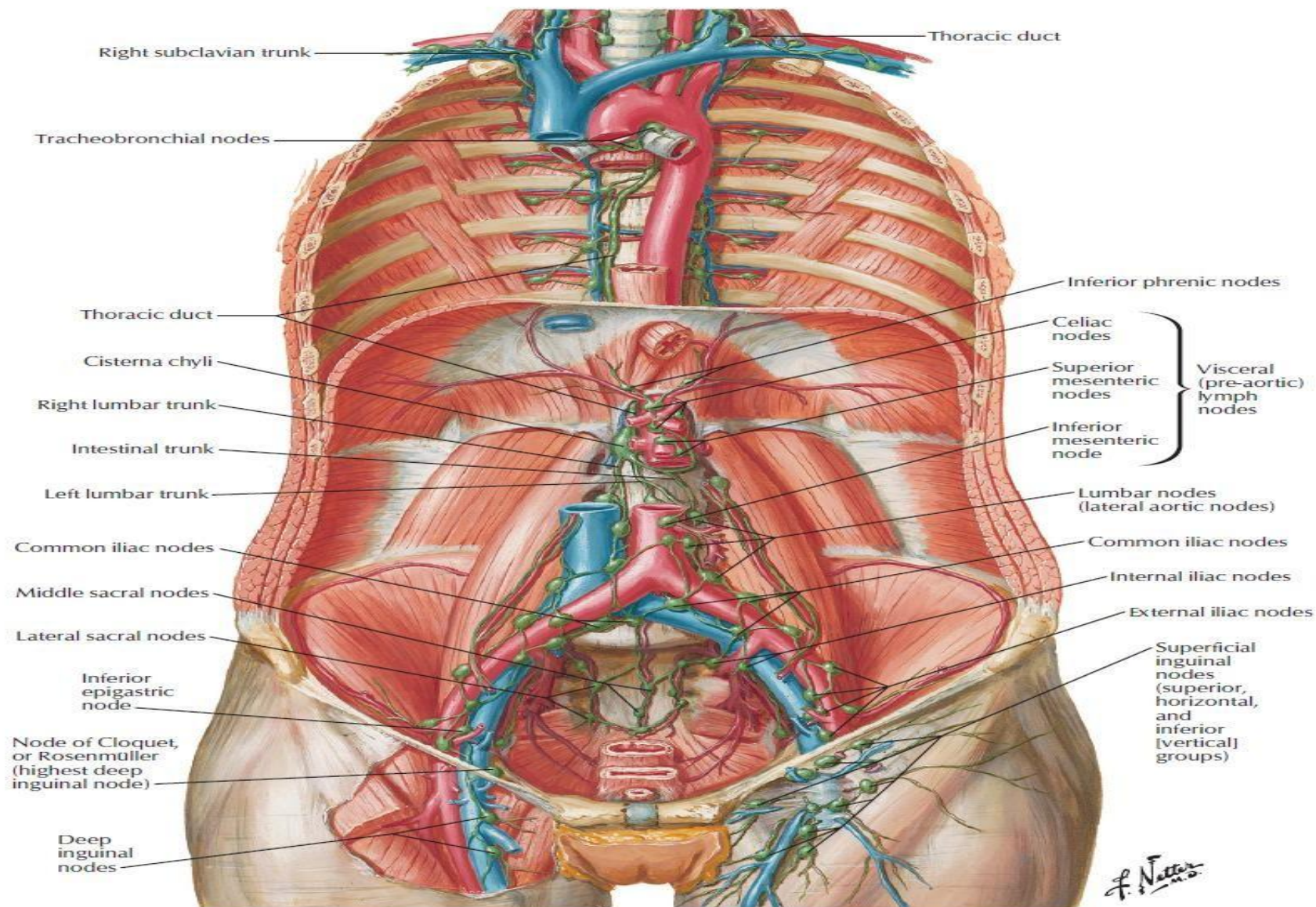


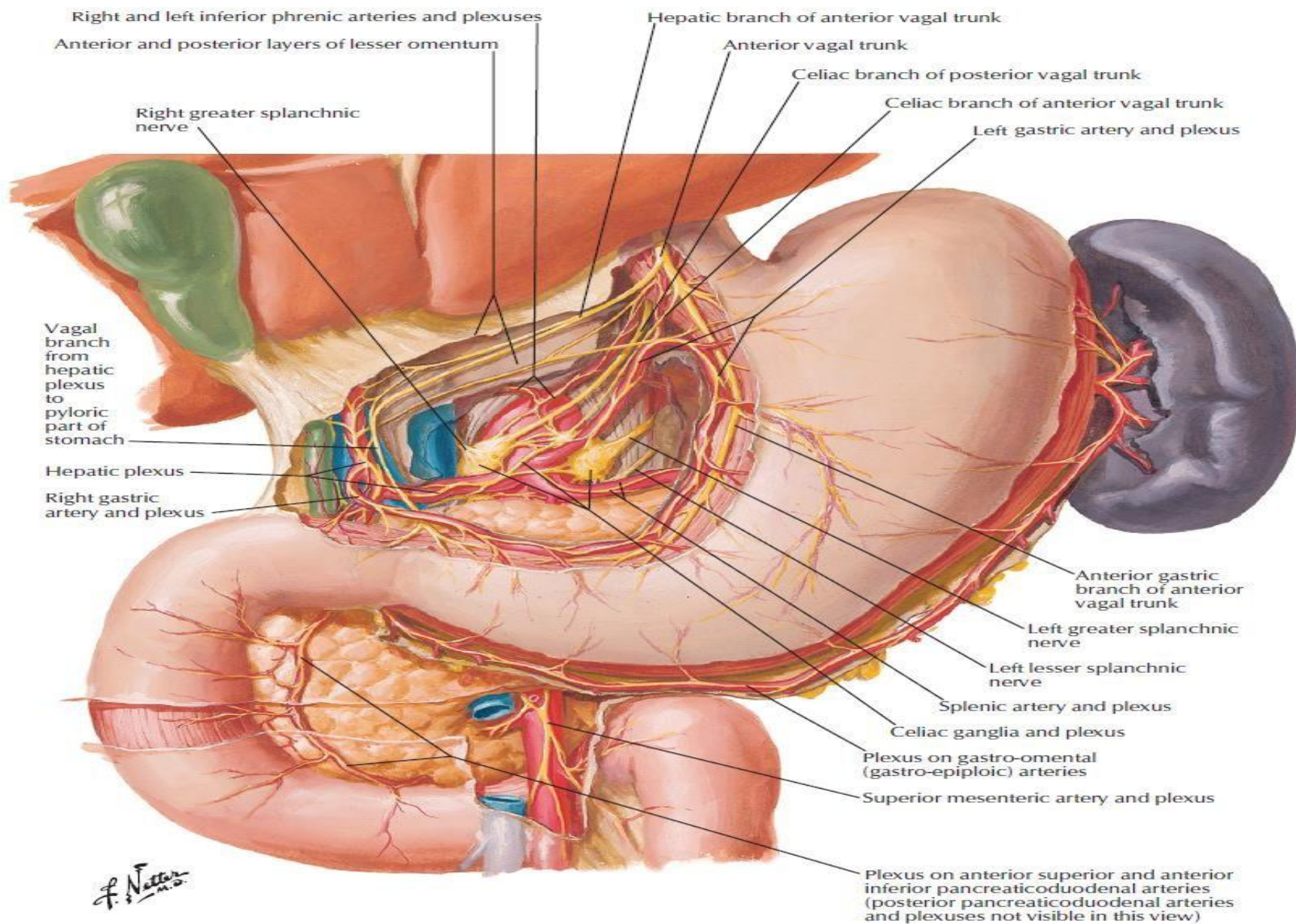
Source: Brunicaudi FC, Andersen DK, Billiar TR, Dunn DL, Hunter JG, Matthews JB, Pollock RE: *Schwartz's Principles of Surgery, 9th Edition*; <http://www.accessmedicine.com>

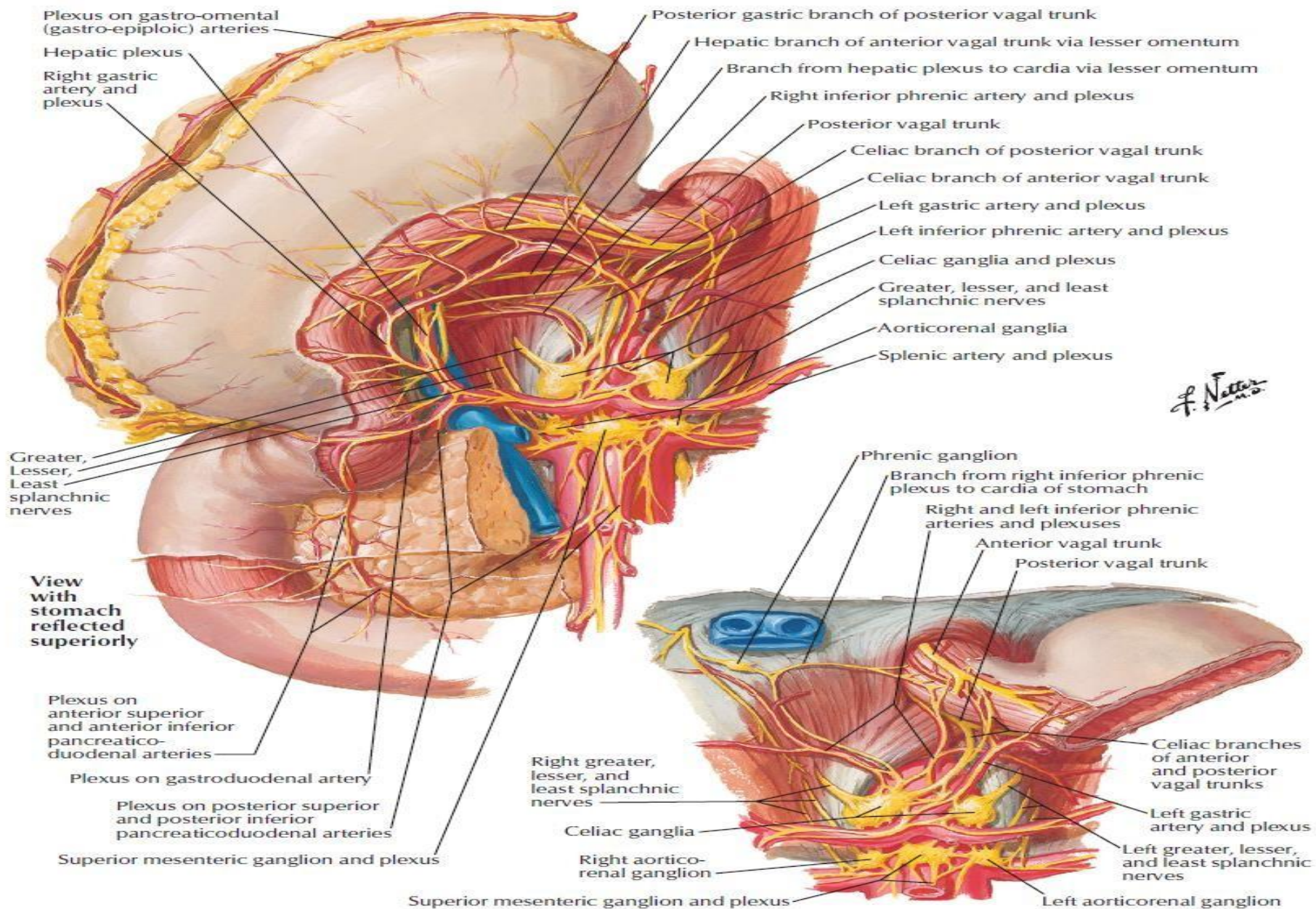
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Lymph Vessels and Nodes of Posterior Abdominal Wall

See also

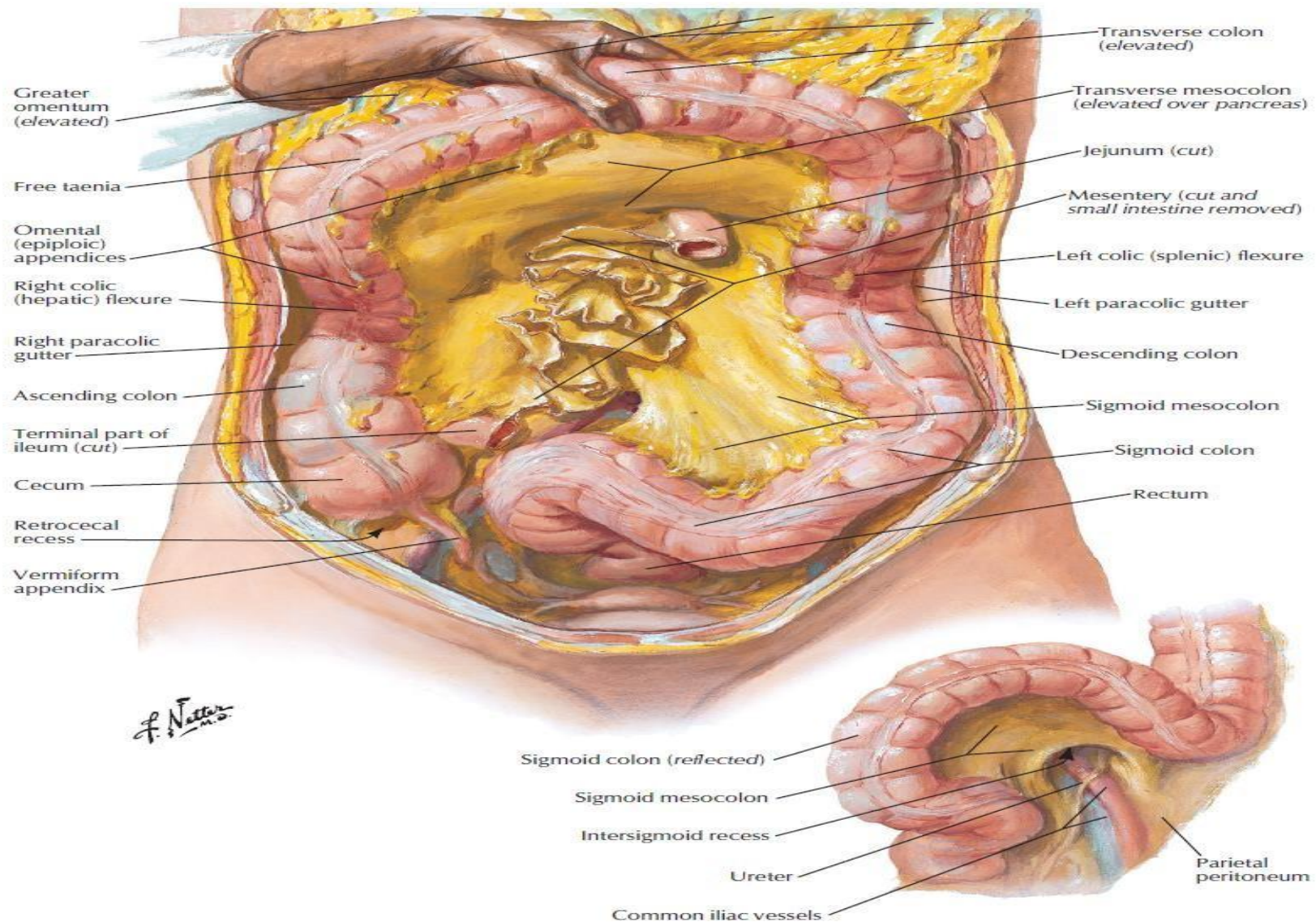






Mesenteric Relations of Intestines (continued)

See also



Small Intestine

Stomach

Duodenum

Jejunum

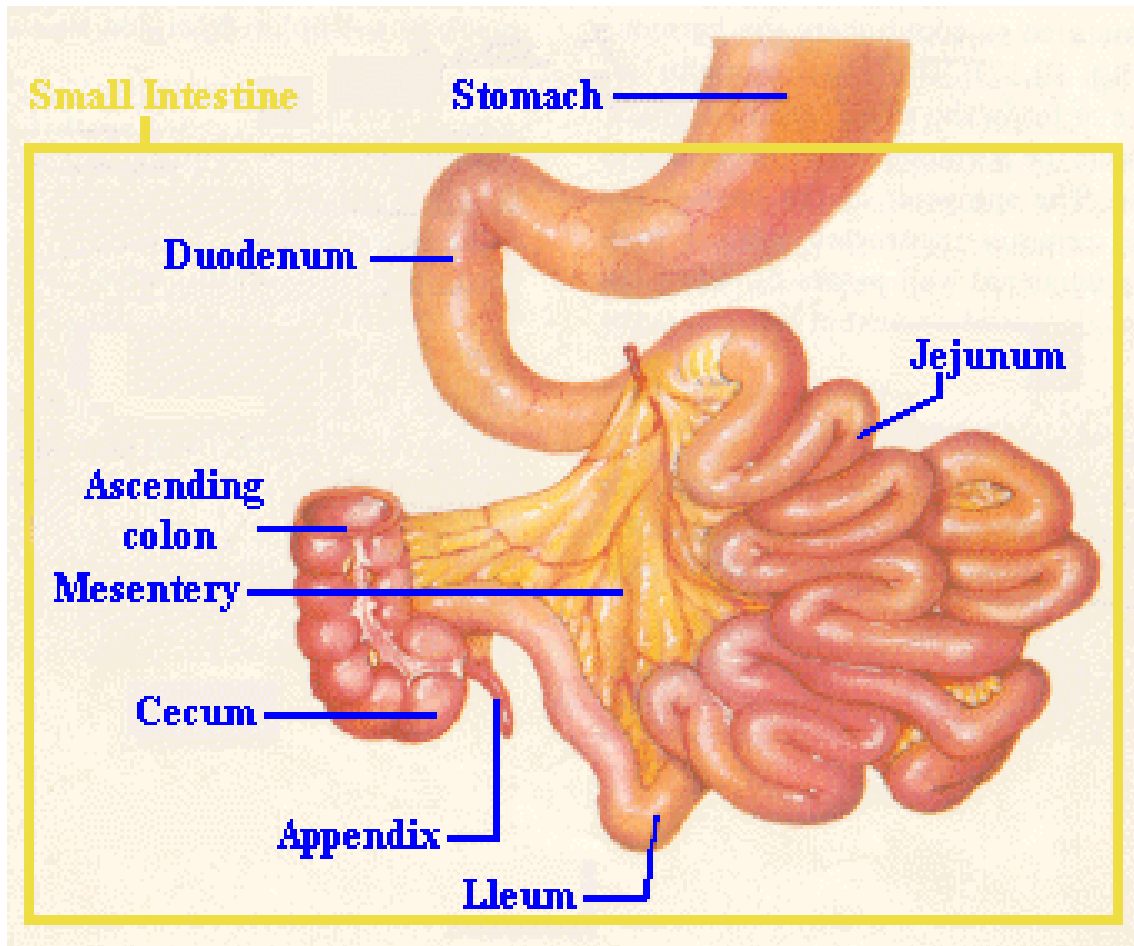
**Ascending
colon**

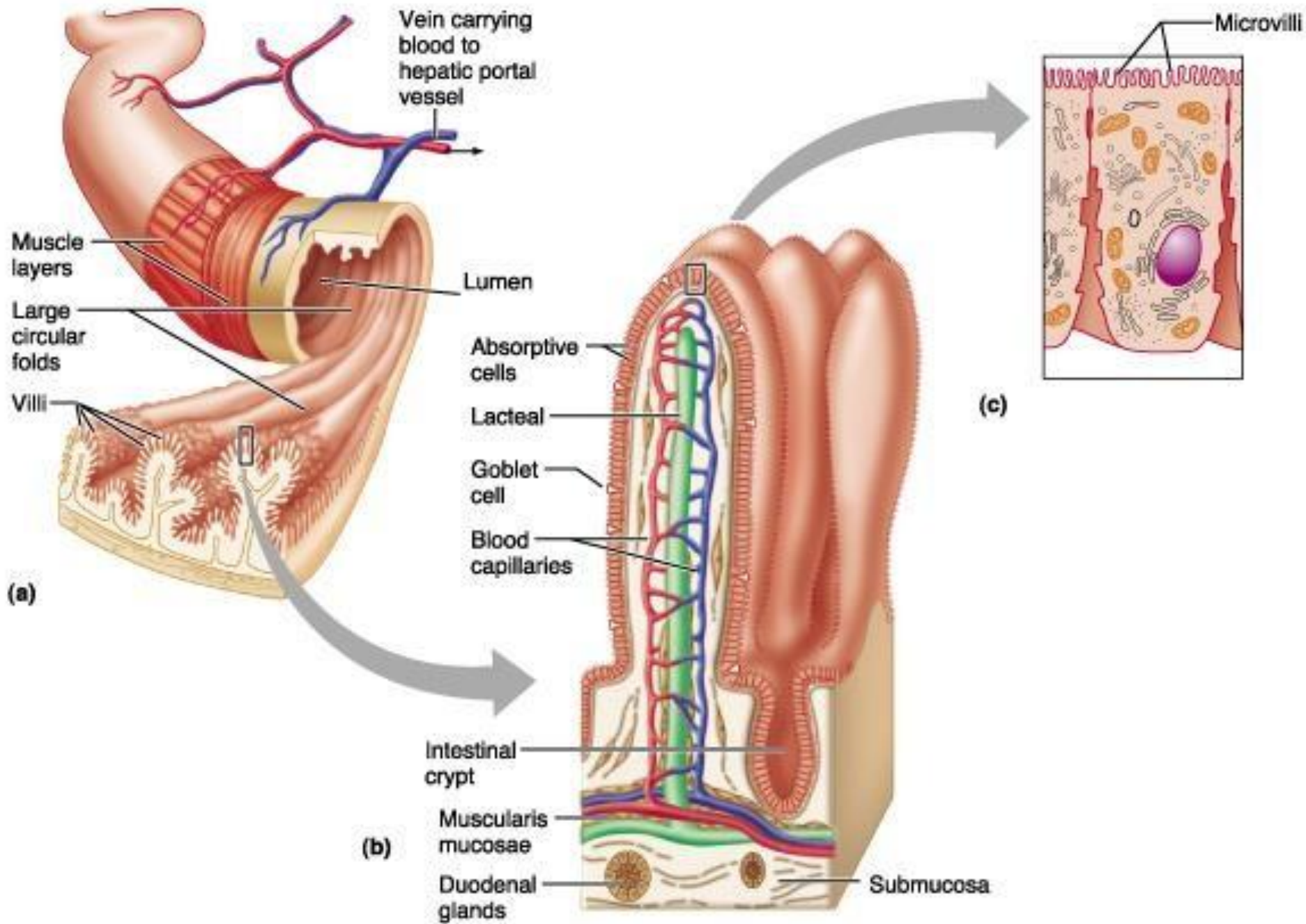
Mesentery

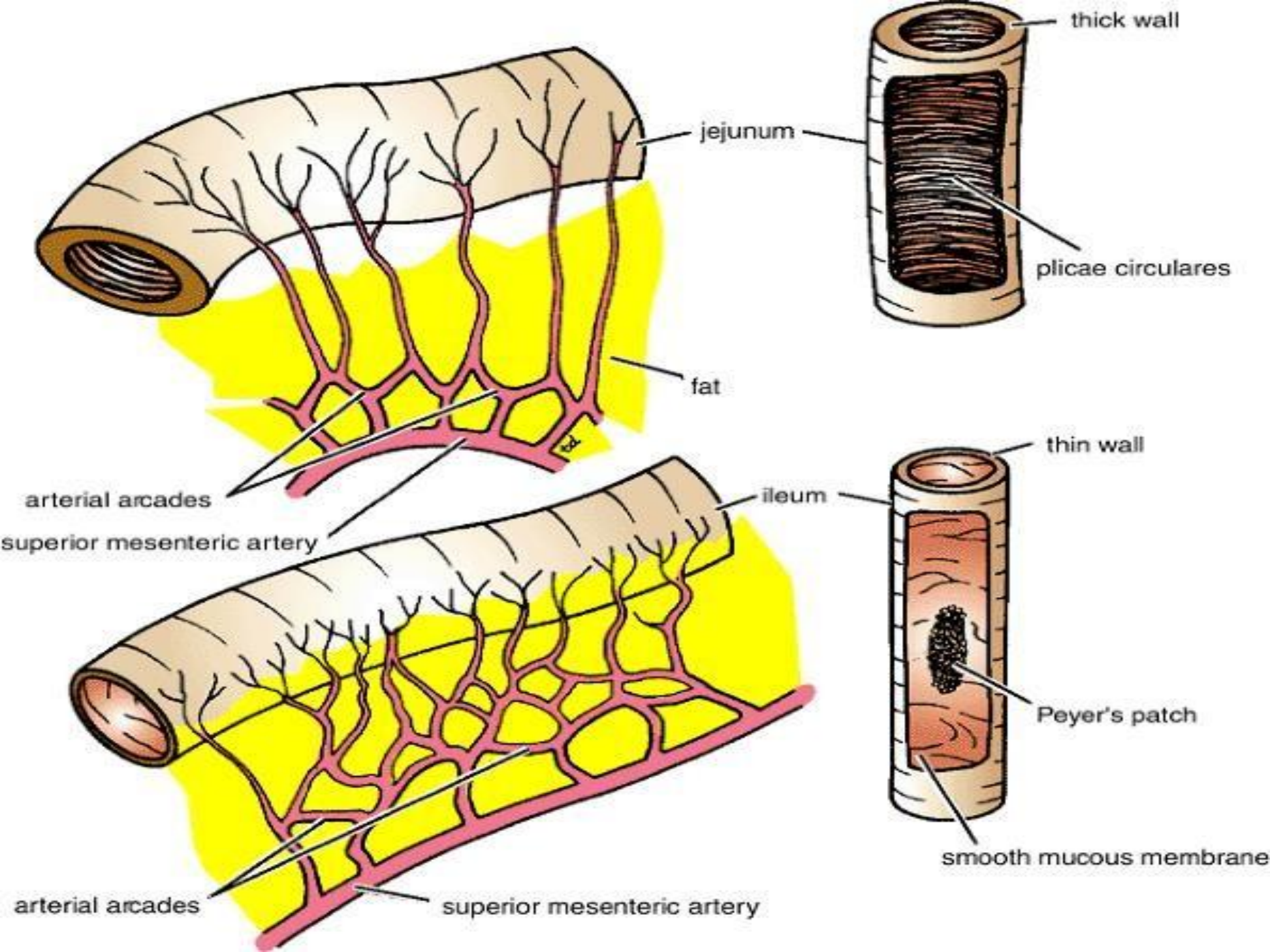
Cecum

Appendix

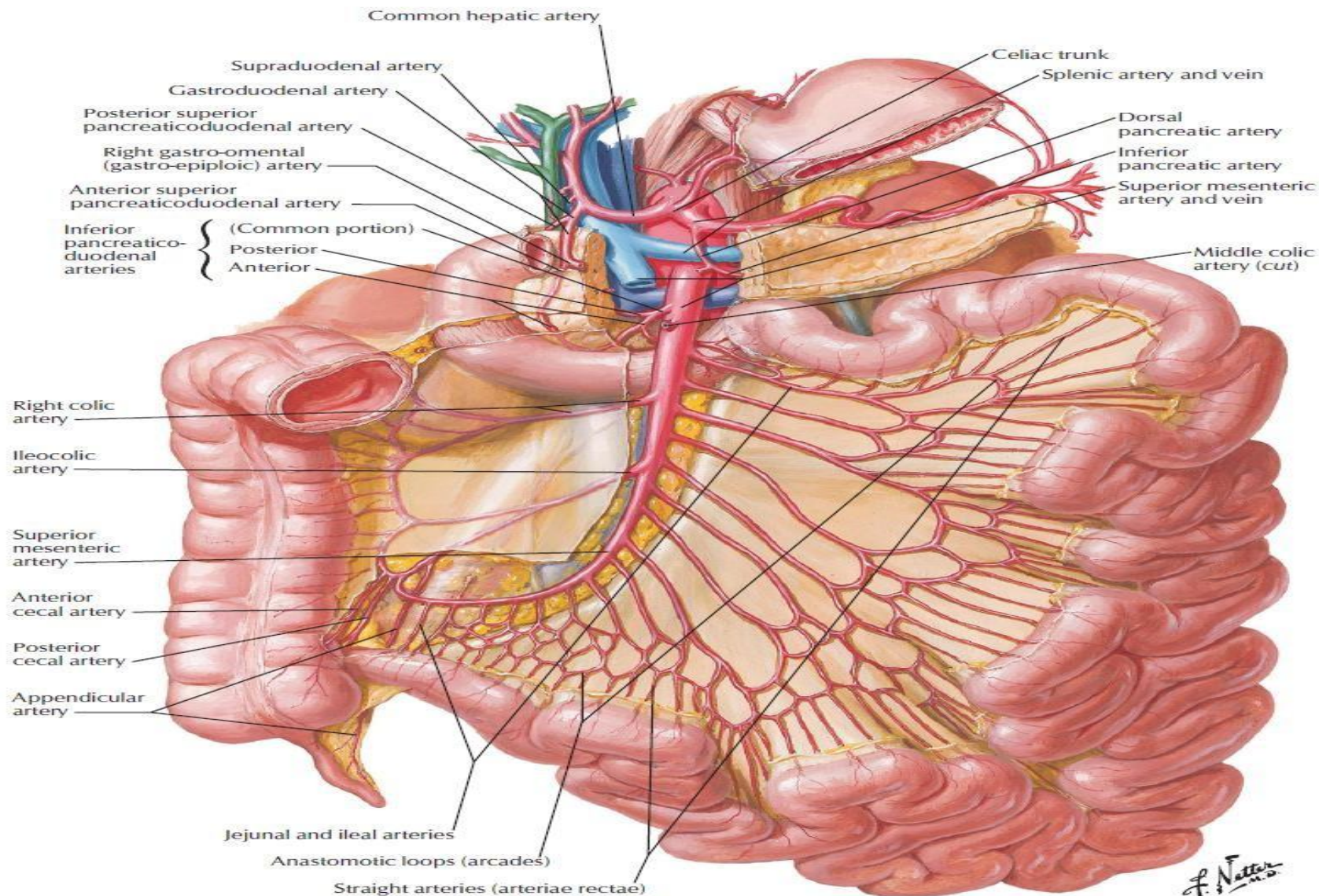
Ileum

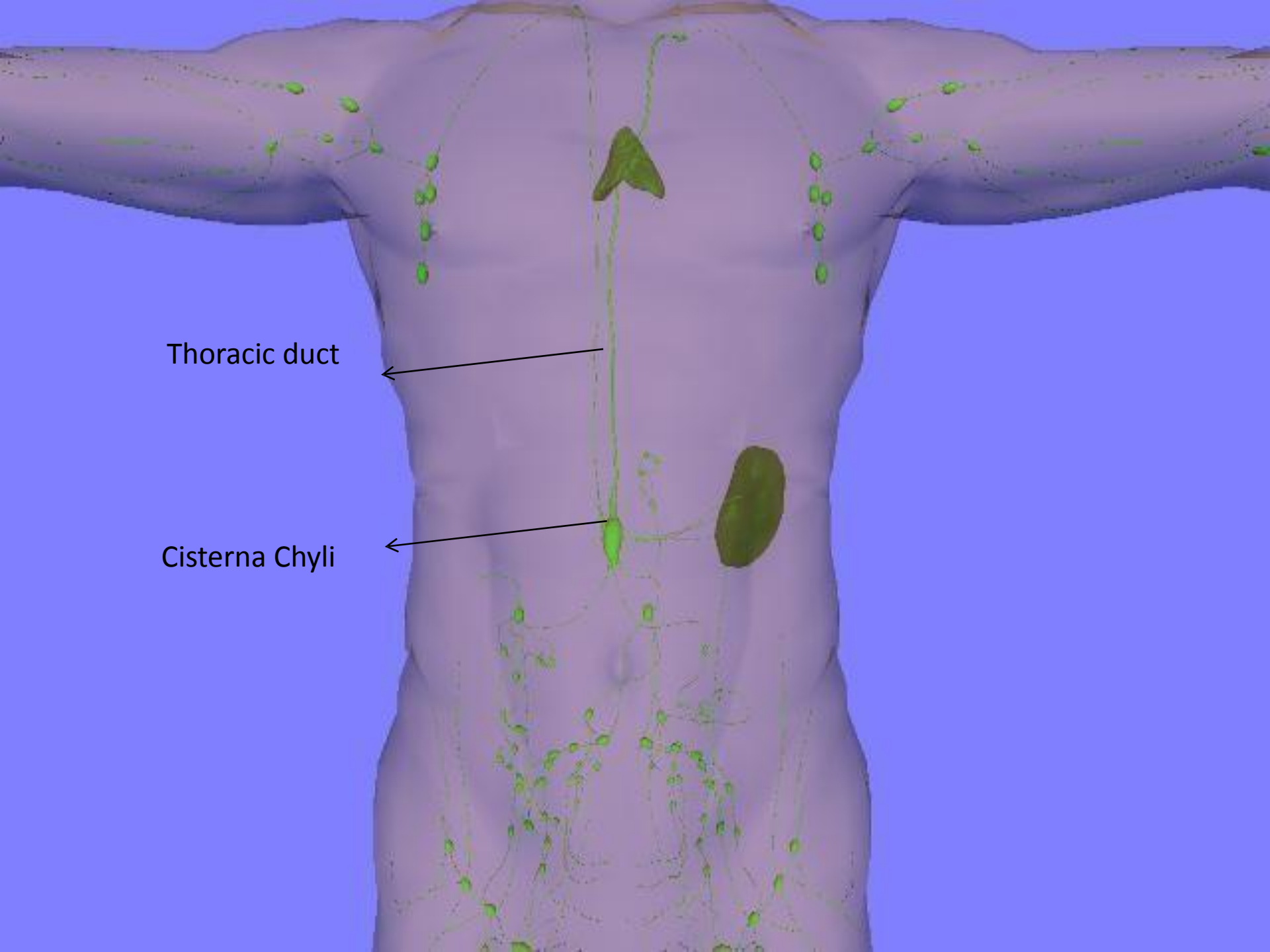






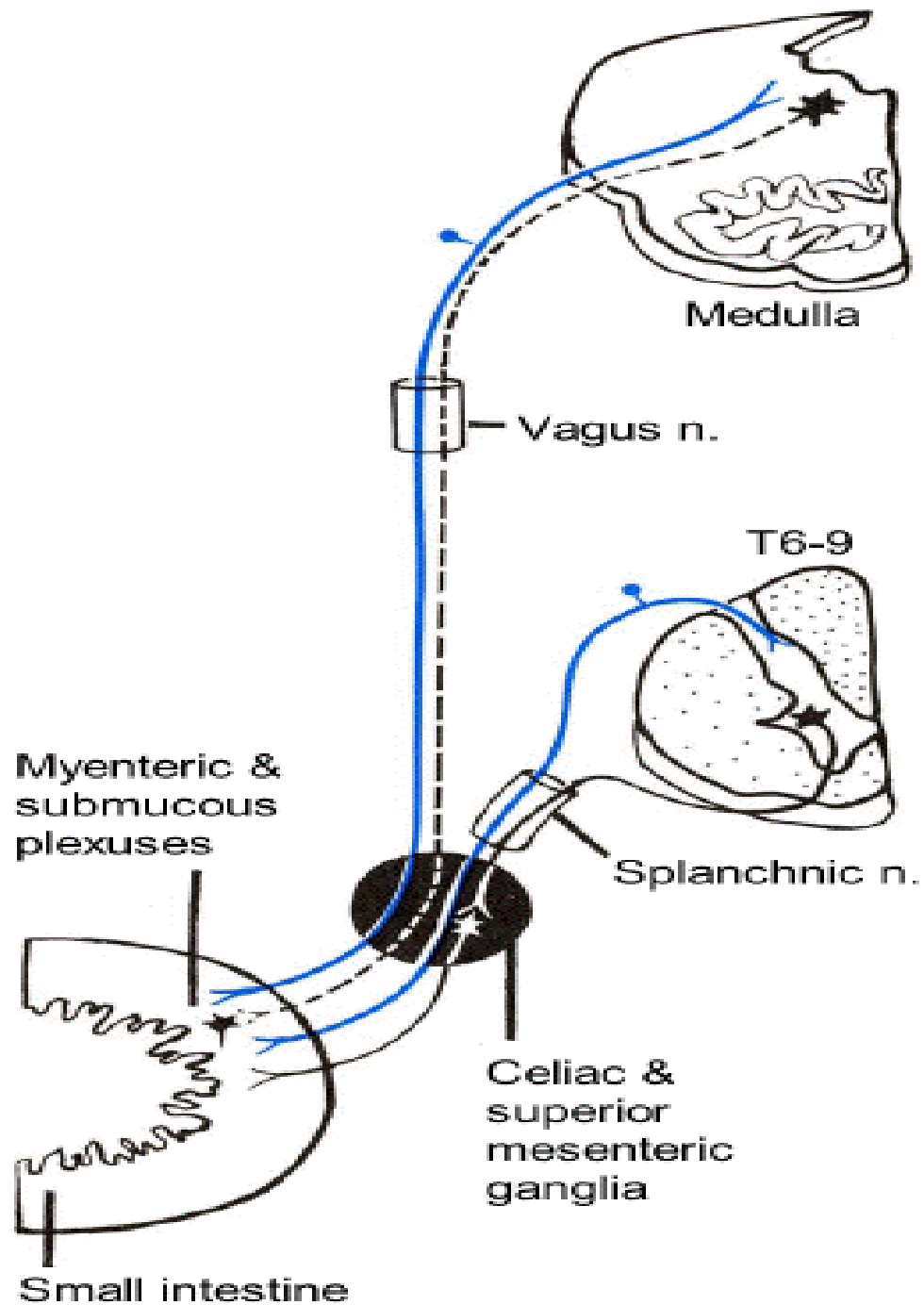
Arteries of Small Intestine





Thoracic duct

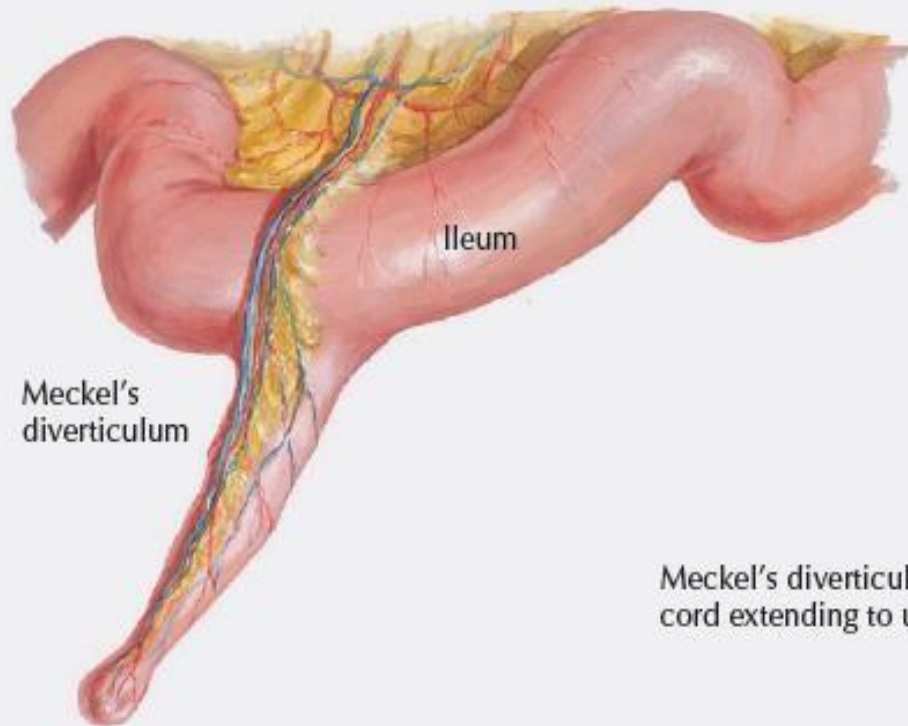
Cisterna Chyli



Meckel's Diverticulum

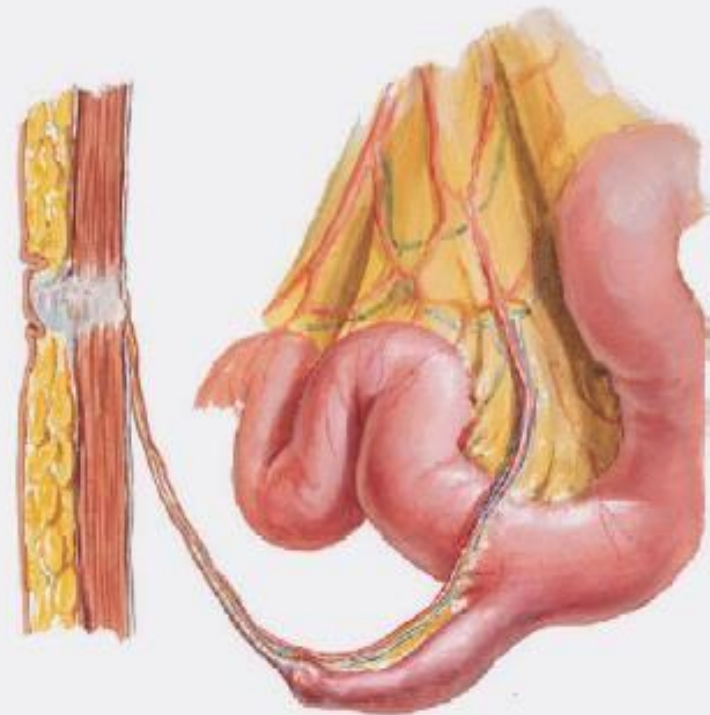
Meckel's diverticulum is the most common developmental anomaly of the bowel and results from failure of the vitelline (yolk stalk) duct to involute once the gut loop has reentered the abdominal cavity. It is often referred to as the "syndrome of twos" for the following reasons:

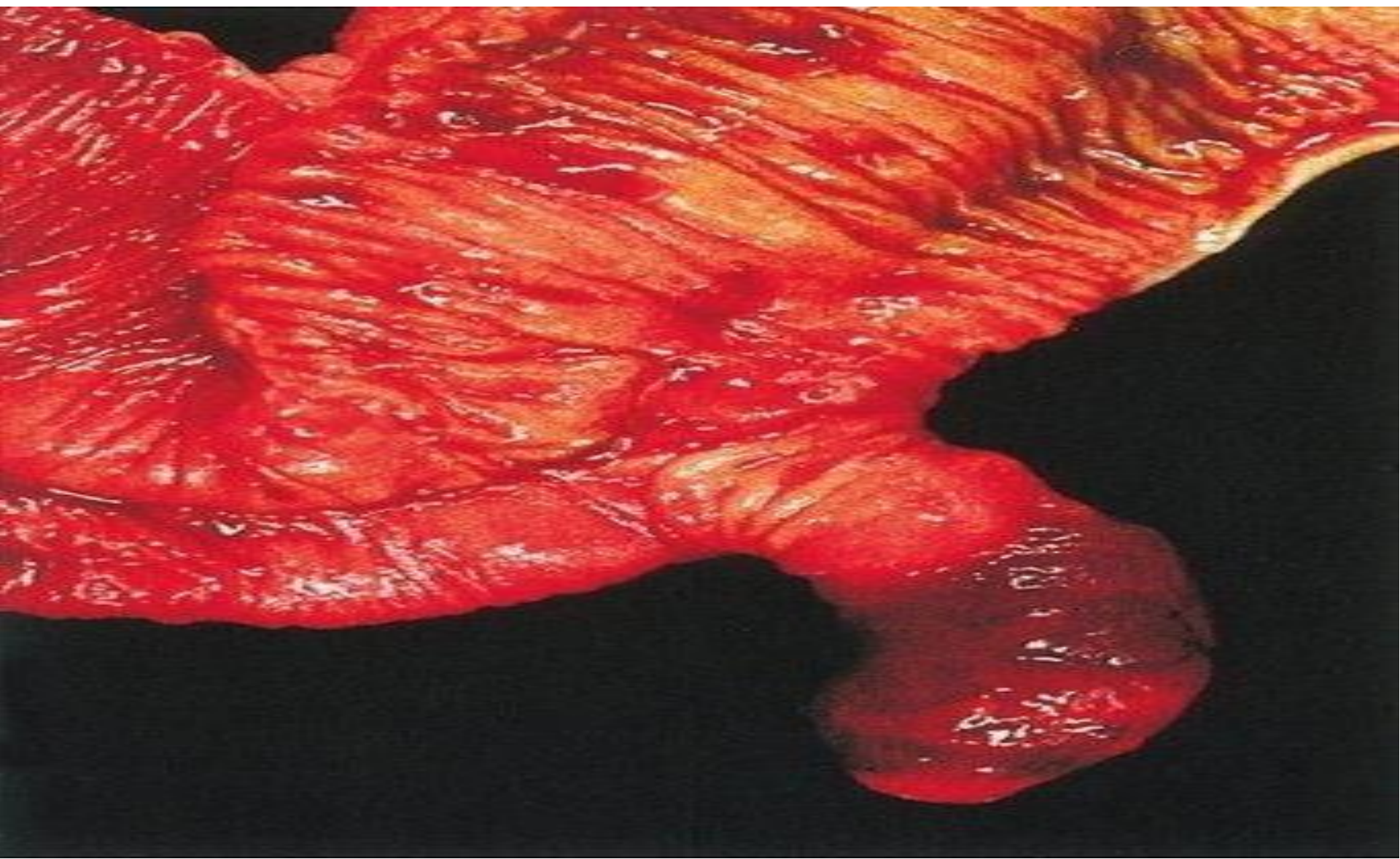
- It occurs in approximately 2% of the population.
- It is about 2 inches (5 cm) long.
- It is located about 2 feet from the ileocecal junction.
- It often contains at least two types of mucosa.



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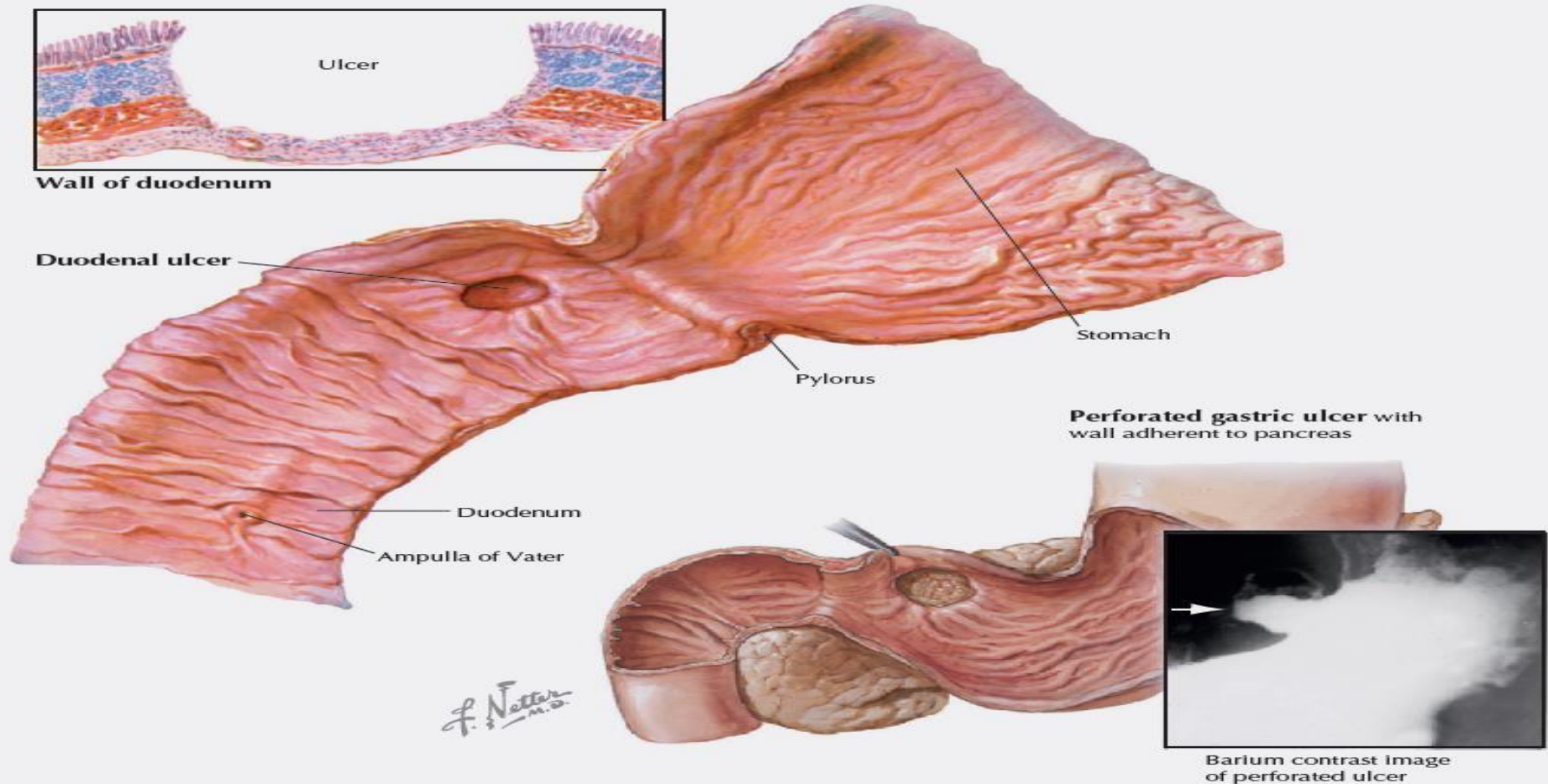
Meckel's diverticulum with fibrous cord extending to umbilicus





Peptic Ulcer Disease

Peptic ulcers are GI lesions that extend through the muscularis mucosae and are remitting, relapsing lesions. (*Erosions*, on the other hand, affect only the superficial epithelium.) Acute lesions are small and shallow, whereas chronic ulcers may erode into the muscularis externa or perforate the serosa. Although they may occur in the stomach, most occur in the first part of the duodenum, which is referred to by clinicians as the *duodenal cap*.



Characteristics of Peptic Ulcers	
Characteristic	Description
Site	98% in first part of duodenum or stomach, in ratio of approximately 4:1
Prevalence	Worldwide approximately 5%; in United States approximately 2% in males and 1.5% in females
Age	Young adults, increasing with age
Aggravating factors	Mucosal exposure to gastric acid and pepsin; <i>H. pylori</i> infection (almost 80% of duodenal ulcers and 70% of gastric ulcers); use of nonsteroidal antiinflammatory drugs, aspirin, or alcohol; smoking