

Gastrointestinal System

Anatomy and function

Spyros Syggelos MD, PhD Department of Anatomy - Histology - Embryology

GI tract anatomy

- 30 ft. long from mouth to anus.
- Consists of
 - mouth,
 - esophagus,
 - stomach,
 - small intestine,
 - large intestine,
 - rectum, anus.
- Associated organs: liver, pancreas, gallbladder.





Surface anatomy of the abdominal wall, showing abdominal viscera:

1, liver; 2, oesophagus; 3, stomach; 4, spleen; 5, gallbladder; 6, first part of duodenum; 7, head of pancreas; 8, duodenojejunal flexure; 9, transverse colon; 10, ascending colon; 11, descending colon; 12, sigmoid colon; 13, terminal ileum; 14, appendix

Digestion Phases

- 1. Ingestion
- 2. Movement
- 3. Mechanical and Chemical Digestion
- 4. Absorption
- 5. Elimination



Digestion

- Types
 - Mechanical (physical)
 - Chew
 - Tear
 - Grind
 - Mash
 - Mix
 - Chemical
 - Enzymatic reactions to improve digestion of
 - Carbohydrates
 - Proteins
 - Lipids

Function of GI tract

- Each part of system performs different activities.
- Ingestion and propulsion of food: mouth, pharynx, esophagus.
- **Digestion** and **absorption**: mouth, stomach, small intestine.
- Elimination: large intestine



Design of the Four Layers in the GI System



Factors affecting GI tract:

- Emotional factors: stress, anxiety..
- **Physical factors**: diet, alcohol, caffeine, cigarette smoking, fatigue, organic diseases.
- Emotional and physical factors may be manifested by anorexia, epigastric and abdominal pain, diarrhea, constipation.

Mouth

 Teeth mechanically break down food into small pieces. Tongue mixes food with saliva (contains amylase, which helps break down starch).



 Epiglottis is a flap-like structure at the back of the throat that closes over the trachea preventing food from entering it. It is located in the Pharynx.



Esophagus

- Approximately 20 cm long.
- Functions include:
- 1. Secrete mucus
- 2.Moves food from the throat to the stomach using muscle movement called peristalsis





Peristalsis





This is a normal esophagus with the usual white to tan smooth mucosa seen at the left. The gastroesophageal junction (not an anatomic sphincter) is at the center, and the stomach is at the right. The upper GI endoscopic view of the transition from squamous mucosa to pink columnar mucosa is seen below.



If acid from the stomach gets in here that's heartburn.

note the junction of the pale pink squamous epithelium of the oesophagus on the left with the redder stomach mucosa

PERITONEUM

General features

- The peritoneum is a thin serous membrane that line the walls of the abdominal and pelvic cavities and cover the organs within these cavities
- **Parietal peritoneum** lines the walls of the abdominal and pelvic cavities
- Visceral peritoneum covers the organs
- Peritoneal cavity the potential space between the parietal and visceral layer of peritoneum, in the male, is a closed sac, but in the female, there is a communication with the exterior through the uterine tubes, the uterus, and the vagina



The relationship between viscera and peritoneum

- Intraperitoneal viscera viscera completely surrounded by peritoneum, example, stomach, superior part of duodenum, jejunum, ileum, cecum, vermiform appendix, transverse and sigmoid colons, spleen and ovary
- Interperitoneal viscera most part of viscera surrounded by peritoneum, example, liver, gallbladder, ascending and descending colon, upper part of rectum, urinary bladder and uterus
- Retroperitoneal viscera some organs lie on the posterior abdominal wall and are covered by peritoneum on their anterior surfaces only, example, kidney, pancreas, descending and horizontal parts of duodenum, middle and lower parts of rectum.



Structures which are formed by peritoneum

Omentum – two-layered fold of peritoneum that extends from stomach to adjacent organs

Greater____

Lesser

Mesenteries or mesocolons –

two-layered fold of peritoneum

that attach part of the

intestines to the posterior

abdominal wall



Mesentery



- Supports 20' of small intestine hold in place yet allows movement
- Allows blood vessels and nervous system to enter and leave

Transverse mesocolon – a

double fold of peritoneum which connects the transverse colon to the posterior abdominal wall

Sigmoid mesocolon

inverted V-shaped, with apex located in front of left ureter and division of common iliac artery



Stomach

- J-shaped muscular bag that stores the food you eat, breaks it down into tiny pieces.
- Mixes food with Digestive Juices that contain enzymes to break down **Proteins and Lipids**.
- Acid (HCI) in the stomach Kills Bacteria.
- Food found in the stomach is called Chyme.



(b)

Stomach

- Function is to store food, mix food with gastric secretions, and empty contents into small intestine.
- Absorbs only small amounts of water, alcohol, electrolytes and certain drugs.
- Usual length of time food in stomach: 3-4 hrs.







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Gastric body and antrum:

endoscopic view showing normal rugal folds in the body of the stomach – the distal antrum is smooth

Small intestine

- Functions are digestion and absorption.
- Digestion completed in small intestine, where carbohydrates and fats are brokendown.
- ~23 ft. long, extends from pylorus to ileocecal valve. Composed of duodenum, jejunum, ileum.



Small Intestine

- Small intestines are roughly 7 meters long
- Lining of intestine walls has finger-like projections called villi, to increase surface area.



FIXED (Retro peritoneal) PART (NO MESENTERY) DUODENUM



FREE (MOVABLE) PART (WITH MESENTERY) JEJUNUM & ILEUM





- The duodenum is divided into (4) parts:
- 1st : Superior.
- 2nd : Descending (vertical).
- 3rd : Inferior (Horizontal)
- 4th : Ascending

JEJUNUM & ILEUM



SHAPE: Coiled tube **LENGTH:** 6 meters (20 feet) **DBEGINNING: at Duodeno**jejunal flexure **TERMINATION: at Ilieo**caecal junction **DEMBRYOLOGICAL ORIGIN:** Midgut **Blood SUPPLY: Superior** mesenteric A & V **JLYMPHATIC DRAINAGE: Superior mesenteric lymph** nodes

	jejunum jejunum plicae circulares aterial arcades superior mesenteric artery	rterial arcades
	JEJUNUM	ILEUM
LENGTH	Shorter (proximal 2/5) of SI	Longer (distal 3/5) of SI
DIAMETER	Wider	Narrower
WALL	Thicker (more plicae circulares)	Thinner (less plicae circulares)
APPEARANCE	Dark red (more vascular)	Light red (less vascular)
VESSELS	High & Less arcades (long terminal branches)	Low & More arcades (short terminal branches
MESENTERIC FAT	Small amount & away from intestinal border	Large amount & close to intestinal border

Accessory Organs The Glands

• Not part of the path of food, but play a critical role.

• Include: Liver, gall bladder, and pancreas



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Liver

- Directly affects digestion by producing bile
 - Bile helps digest fat
 - filters out toxins and waste including drugs and alcohol and poisons.





PORTAL VEIN



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Gall Bladder

• Stores bile from the liver, releases it into the small intestine.





A tonically contracted **sphincter** (the *sphincter of Oddi*) keeps **pancreatic fluid** and **bile** (produced in liver and stored in gallbladder) from entering the small intestine <u>except during a meal</u>.

sphincter of Oddi

Gall Bladder

• Fatty diets can cause gallstones







Pancreas

- Produces digestive enzymes to digest fats, carbohydrates and proteins (EXOCRINE FUNCTION)
- Regulates blood sugar by producing <u>insulin</u> (ENDOCRINE FUNCTION)





Large Intestine

- About 1.5 meters long
- Accepts what small intestines don't absorb
- Rectum (short term storage which holds feces before it is expelled).



Large intestine

- Function is absorption of water and electrolytes, elimination (forms feces and serves as reservoir)
- 4 parts: cecum (and appendix), colon (ascending colon on the right side, transverse, descending colon on the left side, sigmoid), rectum, anus.







(b) Cecum and appendix

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Laparoscopic view of normal appendix

(outlined), elevated from a pelvic position







Colonoscopic view of left colon.

The mucosa is indented by contracting circular muscle



Thank you for your attention