Abdomen dissection visual manual

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Skin and fasciae

Abdomen

with incision lines indicated



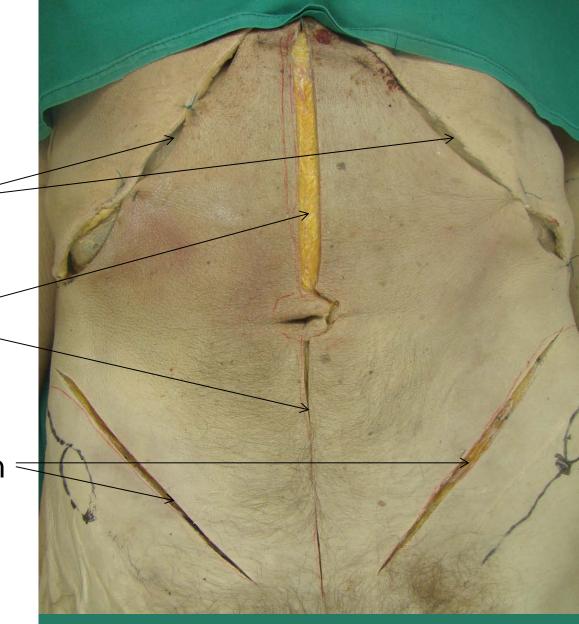
Median incision



Subcostal incision -

Median incision

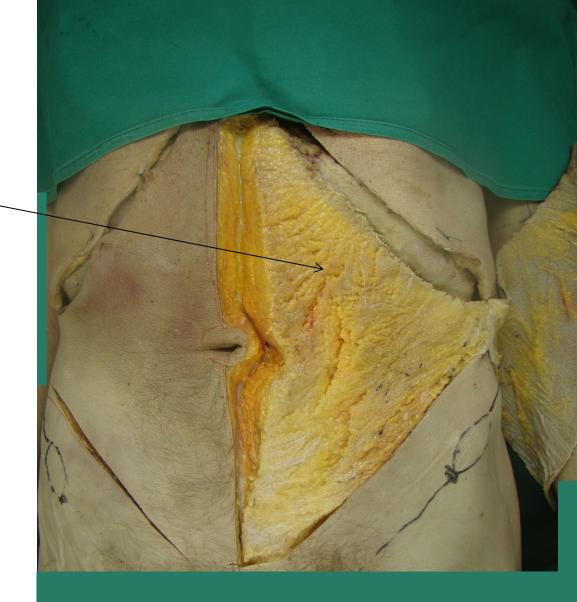
Both side groin incision



Superficial fascia



Superficial fatty fascia (Camper's fascia)



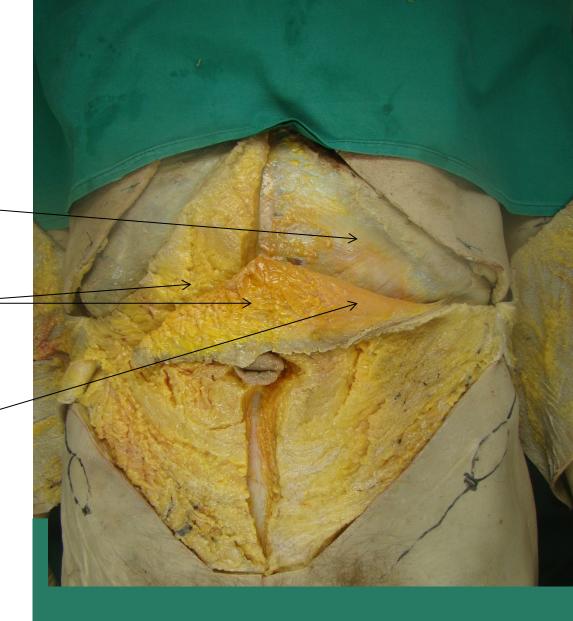
Superficial fatty fascia (Camper's fascia)



Fascia over external abdominal oblique muscle

Camper's fascia (superficial, fatty)

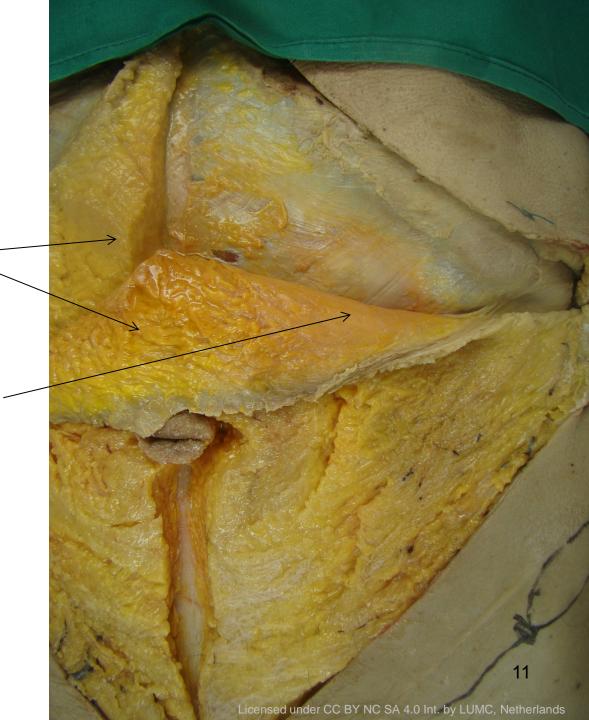
Scarpa's fascia (deep, membraneous) (the shiny continuous tissue)



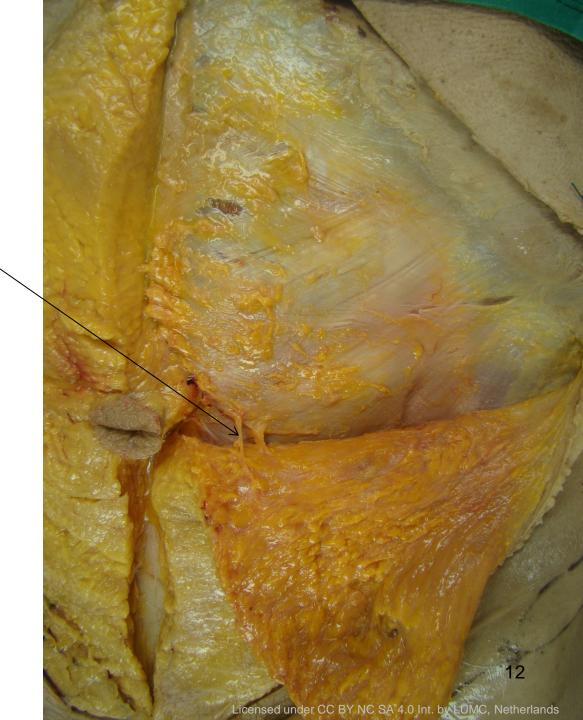
Closeup

Camper's fascia (superficial, fatty)

Scarpa's fascia (deep, membraneous) (the shiny continuous tissue)

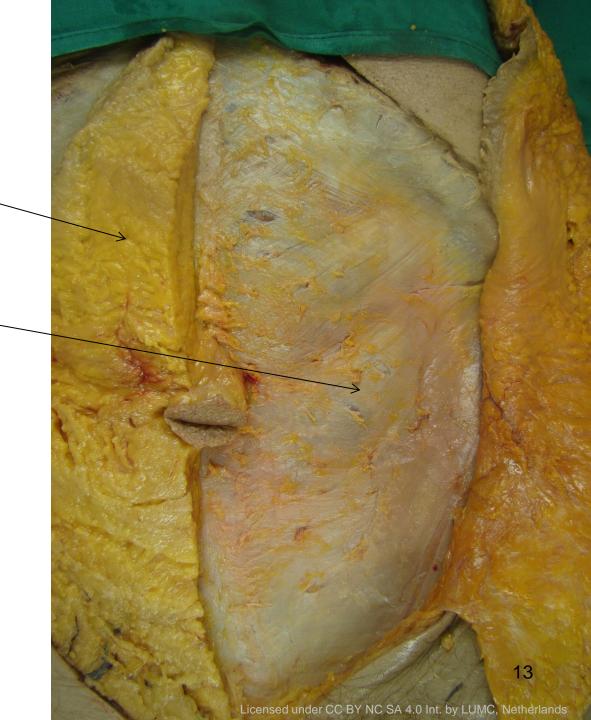


Anterior cutaneous branches of intercostal nerves (T10)



Camper's fascia (superficial fatty layer)

Fascia



Superficial fatty layer removed on both sides, looking on fascia



Fascia

Aponeurosis (1) of external abdominal oblique muscle contributing to Anterior sheath of rectus abdominis muscle

Aponeurosis (2) of external abdominal oblique muscle

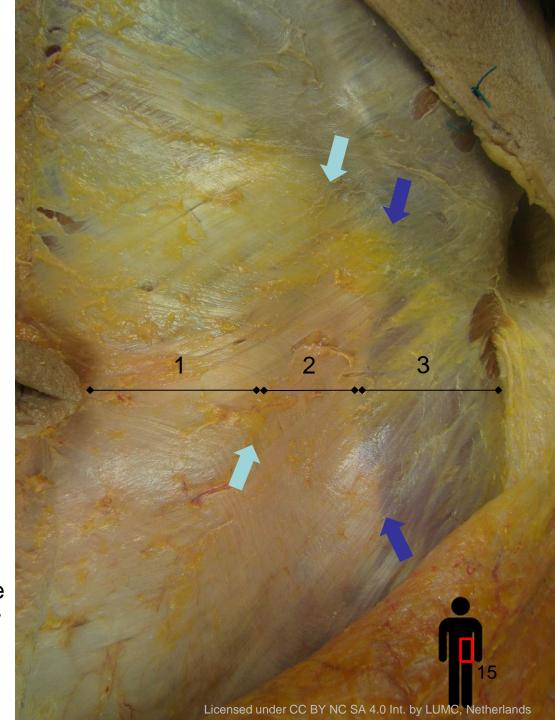
Fascia (3) over external abdominal oblique muscle

(these are all continuous)

Linea semilunaris

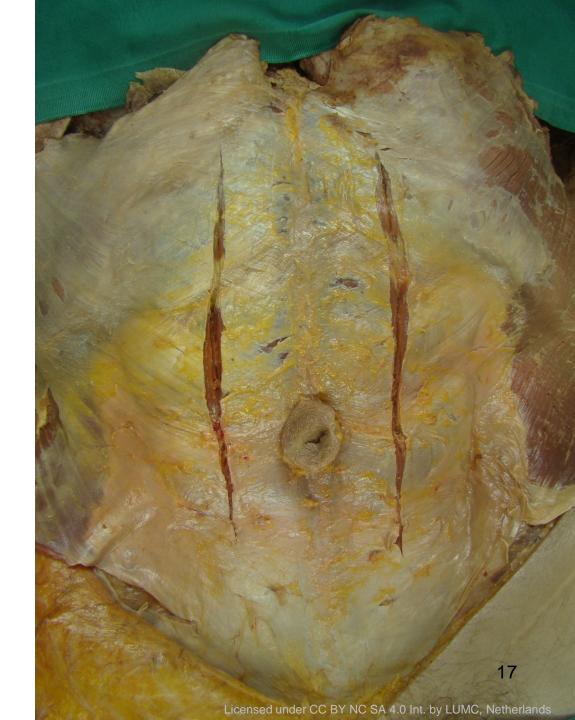
(Spieghel's line)

= definitions vary:
 lateral rectus border → or
 transition → of oblique and transverse
 muscles to their aponeuroses – draw
 imaginary line between blue arrows



Rectus abdominis muscle and sheath

Opening of the anterior rectus sheath



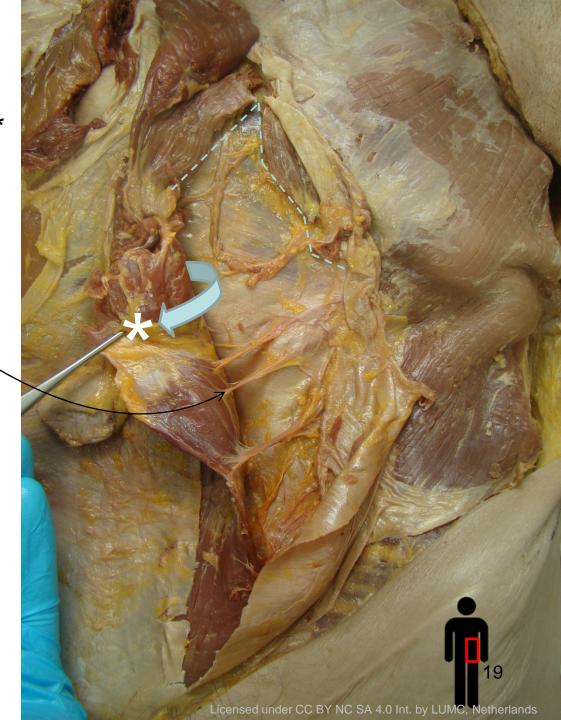
Rectus abdominis muscle and its intersections



Rectus abdominis muscle*
cut (blue dashed line) and folded
medially (blue arrow)

innervated by

anterior cutaneous branches of thoracoabdominal (or intercostal) nerves (T7-T12)

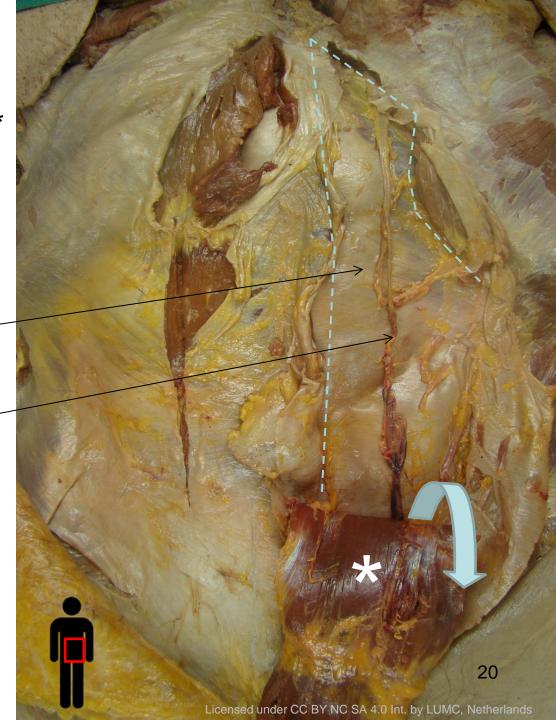


Rectus abdominis muscle* cut (blue dashed line) and folded caudally (blue arrow)

exposing

Posterior rectus sheath

Superior epigastric vessels (artery and vein)



Closeup

Superior and inferior epigastric arteries and veins



'Lines'

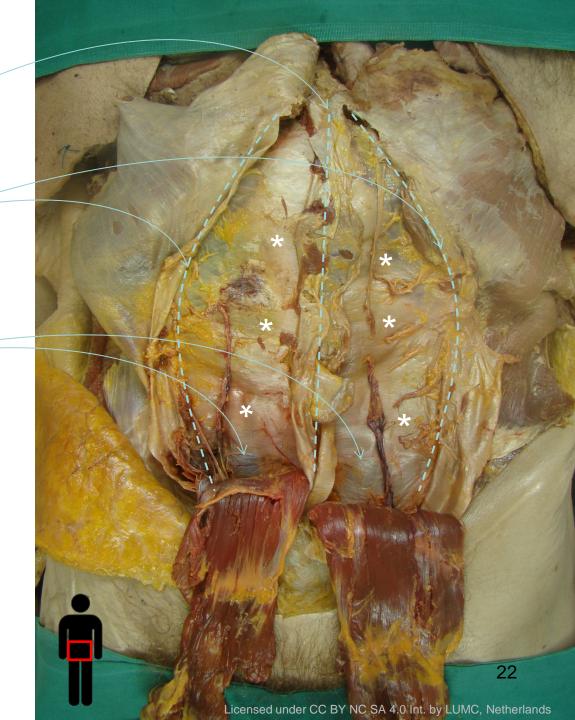
Linea alba

Linea semilunaris (Spieghel line)

Linea arcuata (Linea semicircularis, Douglas line)

Posterior rectus sheath*

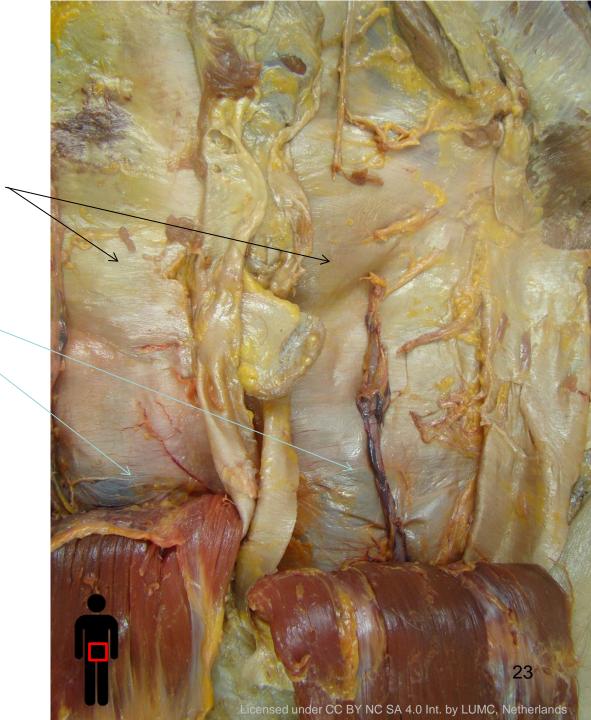
Note: linea arcuata is often (as here) not a very clear-cut line, but more a thinning of the tissue



Closeup

Posterior rectus sheath

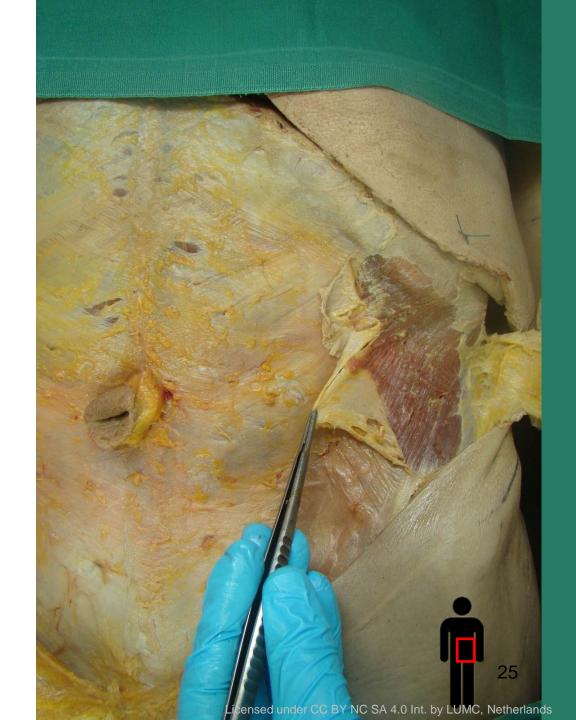
Linea arcuata (Linea semicircularis, Douglas line)



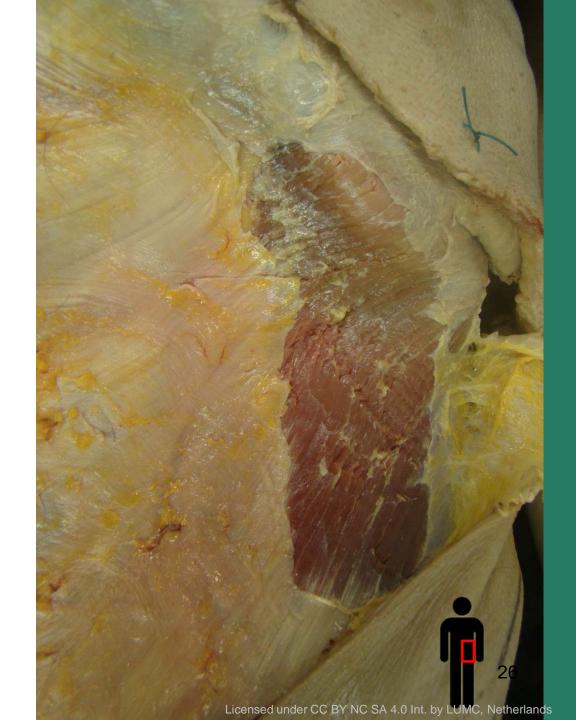
Lateral muscles of abdominal wall

Fascia opened over External abdominal oblique muscle
Note fibre direction

(note: the fascia is continuous with aponeurosis)



External abdominal oblique muscle
Note fibre direction



Serratus anterior muscle interdigitation with

External abdominal oblique muscle



Serratus anterior muscle interdigitation with

External abdominal oblique muscle



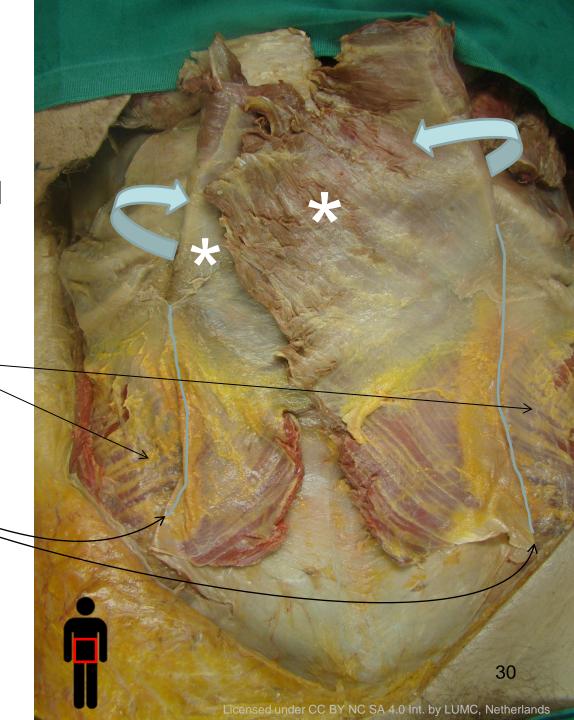
External abdominal oblique muscle origin detached from ribs



Both external abdominal oblique muscles* folded medially

Internal abdominal oblique muscle

Linea semilunaris Spiegheli



Closeup

External abdominal oblique muscle* folded medially

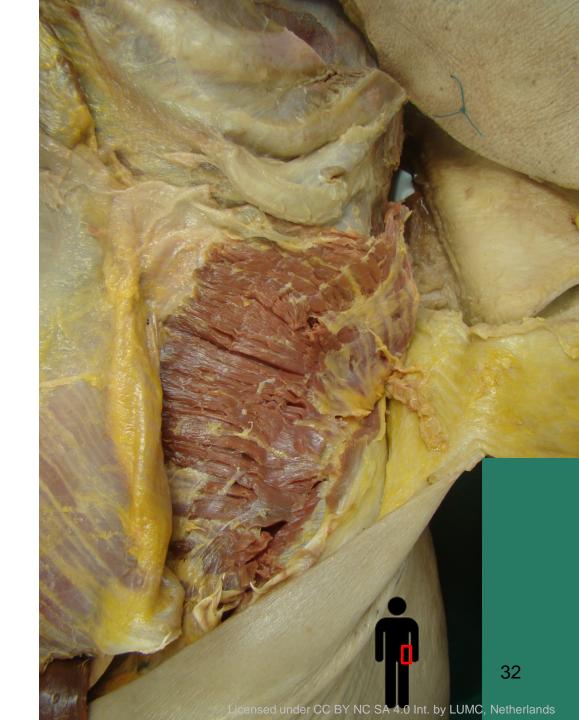
Internal oblique abdominal muscle

Rectus abdominis muscle folded caudally

View on left half of abdomen



Internal abdominal oblique muscle, note fibre direction



Internal abdominal oblique muscle* is folded medially

Lateral cutaneous branch of thoracoabdominal (=intercostal) nerves innervate internal abdominal oblique muscle

Transverse abdominal muscle



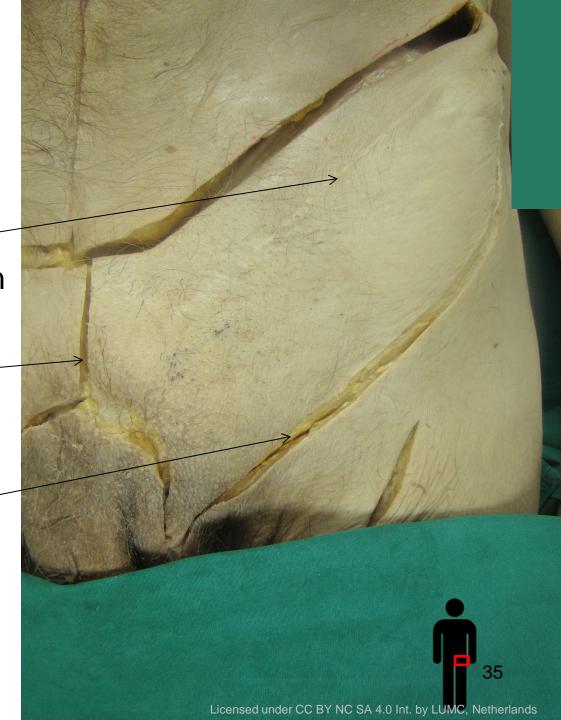
Inguinal area

Preparing inguinal region

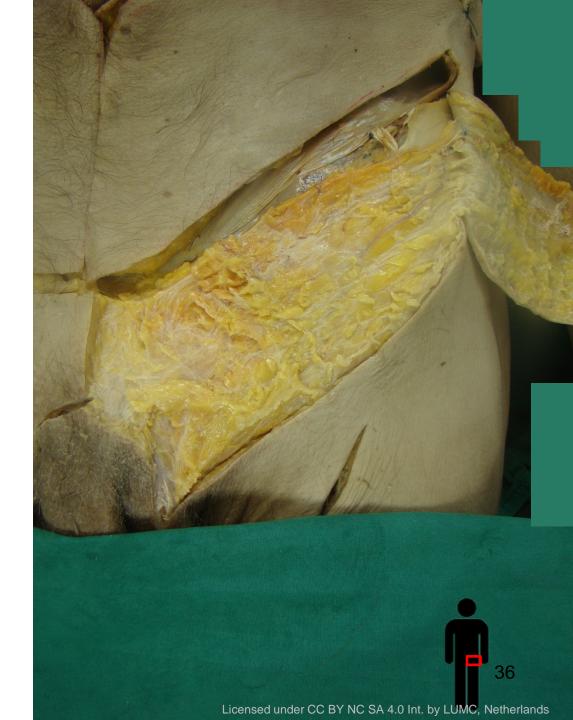
 Scar of previous herniorrhaphy operation

 Mid line incision to mid scrotum

Incision parallel and under inguinal ligament



Superficial fascia of inguinal region



Left side

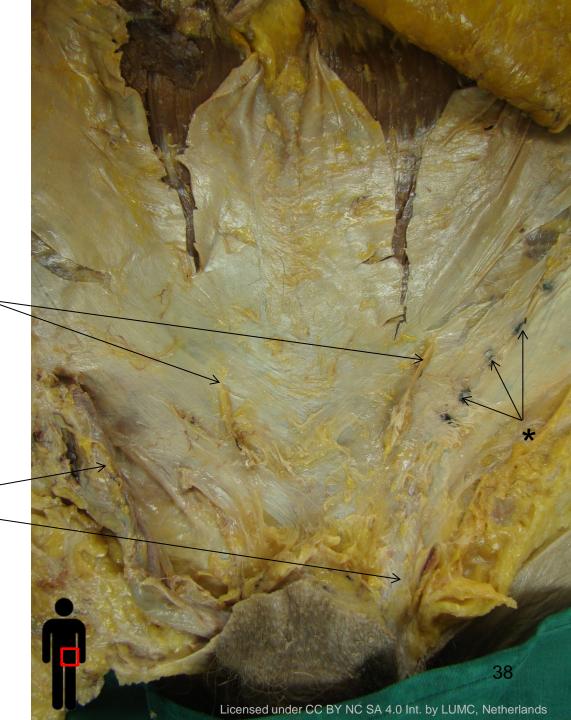
Iliohypogastric nerve emerging from external oblique muscle aponeurosis



Iliohypogastric nerves

Herniorrhaphy's stiches*

Spermatic cord



Both sides

Anterior wall of inguinal canal (aponeurosis of ext. obl. abd. muscle) cut (dashed line) and folded open

Oblique internal abdominal muscle

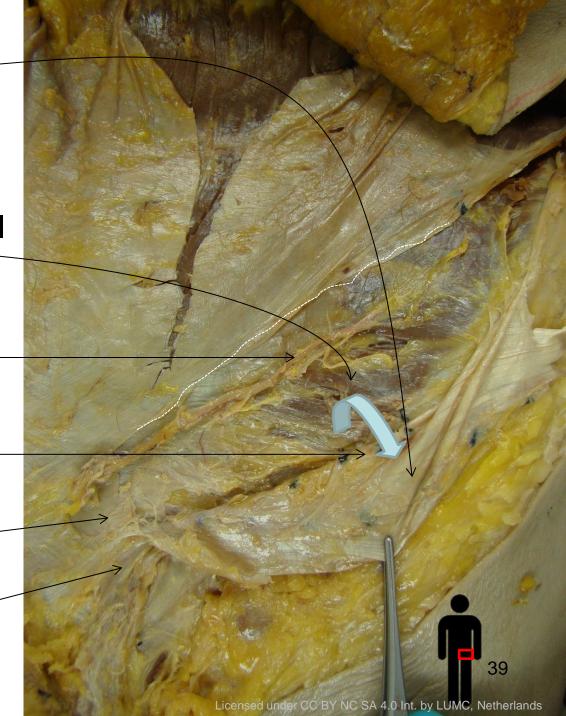
lliohypogastric nerve

Inguinal ligament

Conjoint tendon

Spermatic cord

Left side



External inguinal ring

Spermatic cord

Note: this photo is from a different specimen



Left side

External oblique abdominal muscle aponeurosis — covering Inguinal canal

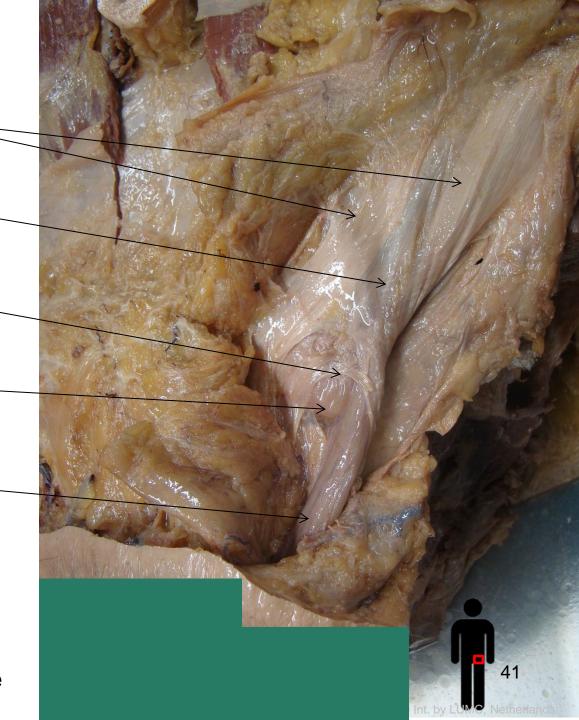
External inguinal ring

Inguinal hernia

Spermatic cord

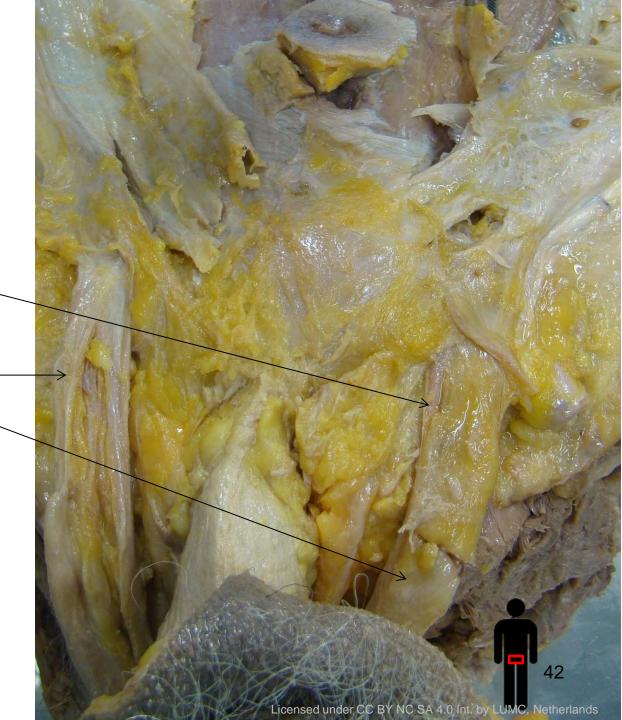
Note: this photo is from a different specimen

Left side



Ilioinguinal nerve

Funiculus



Both sides

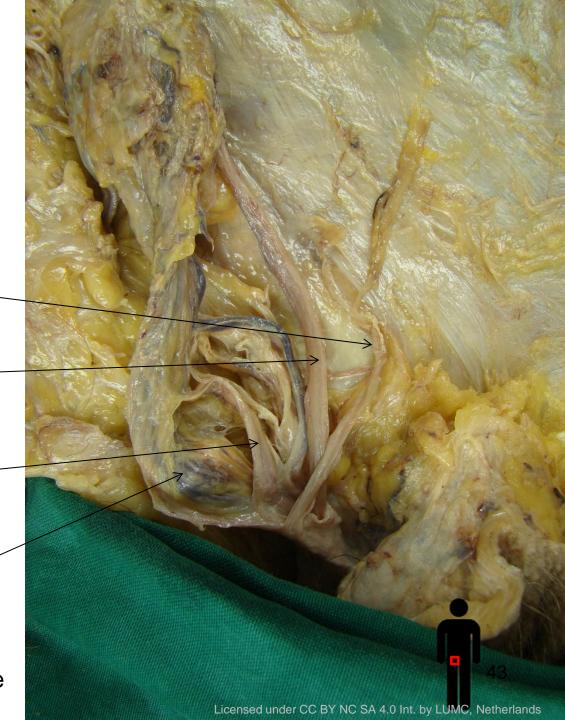
Spermatic cord and its contents

Ilioinguinal nerve-

Ductus deferens

Genitofemoral nerve, genital branch

Testicular vessel



Lateral (indirect) hernia sac

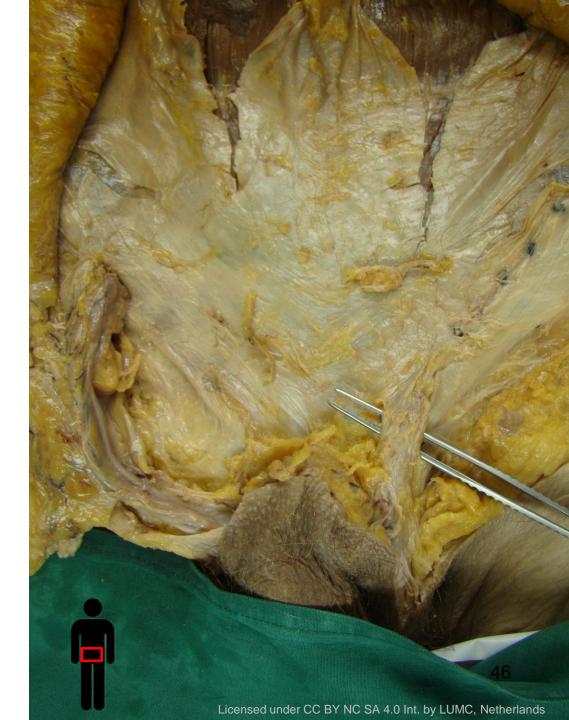


Lateral (indirect) hernia sac

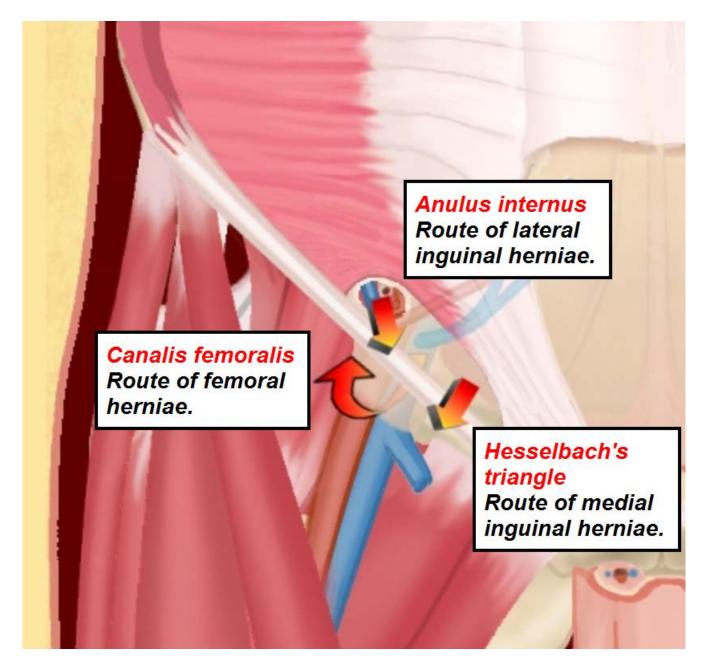


Right side lateral (indirect) inguinal hernia

Left side hernia repaired



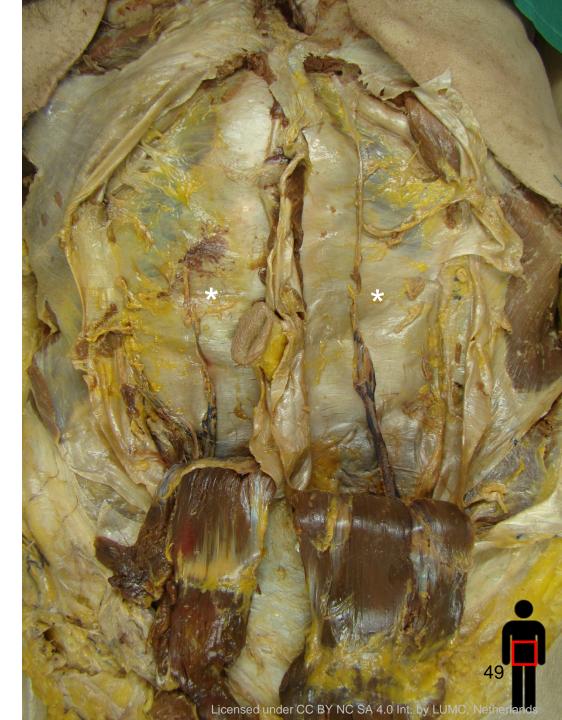
Both sides



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Pre-peritoneum

Posterior rectus sheath *



Opened Posterior rectus sheath

displaying
Parietal peritoneum

Umbilicus



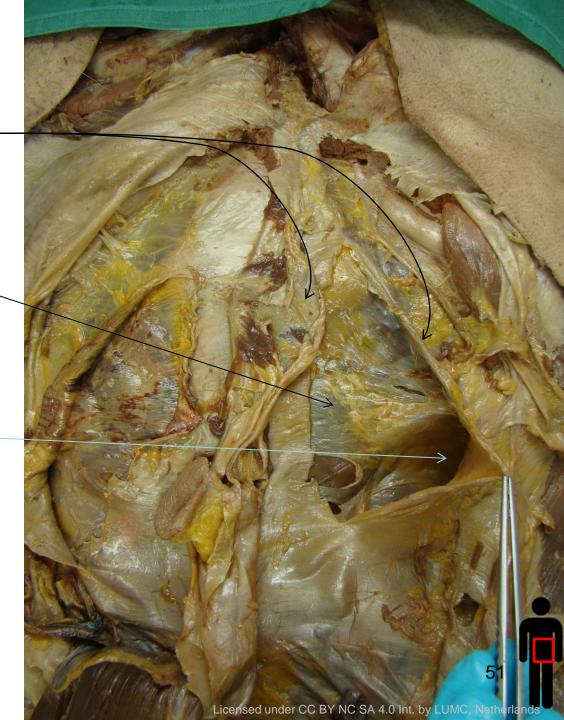
Opening lateralwards between fascia layer and

parietal peritoneum

exposes

Bogros' space (lateral abdominal extraperitoneal space)

Note: Opened on both sides, arrows only on left side



Bogros' space left

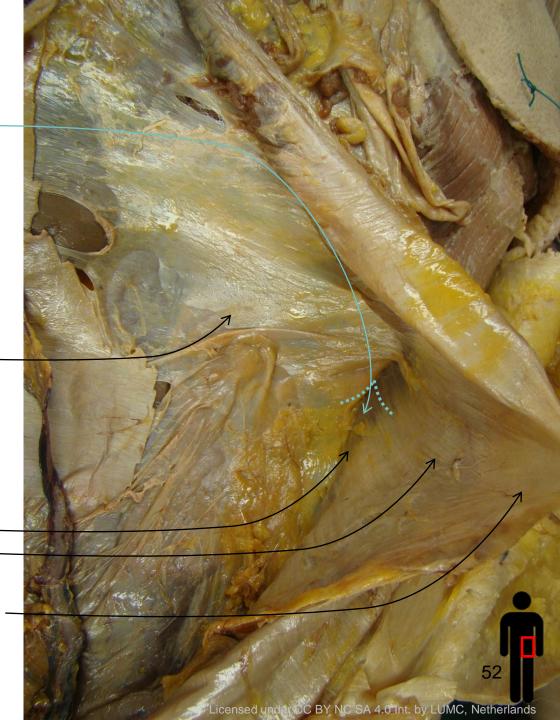
between

parietal peritoneum and fascia layer

consisting of:

transverse fascia (= the fascia internal to the transverse abdominal muscle)

aponeurosis of transverse abdom. muscle—
continuing to contribute to the posterior sheath of rectus abdominis muscle



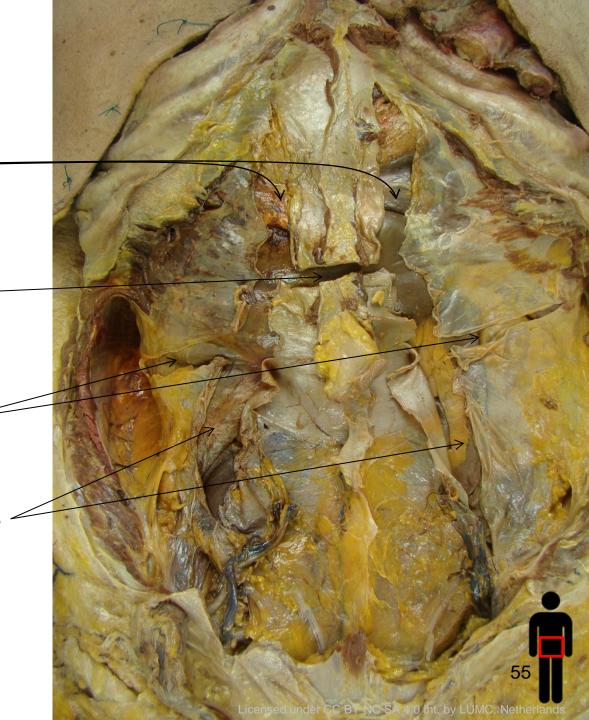
Bogros' space right



Opening peritoneum and peritoneal ligaments of the abdominal wall

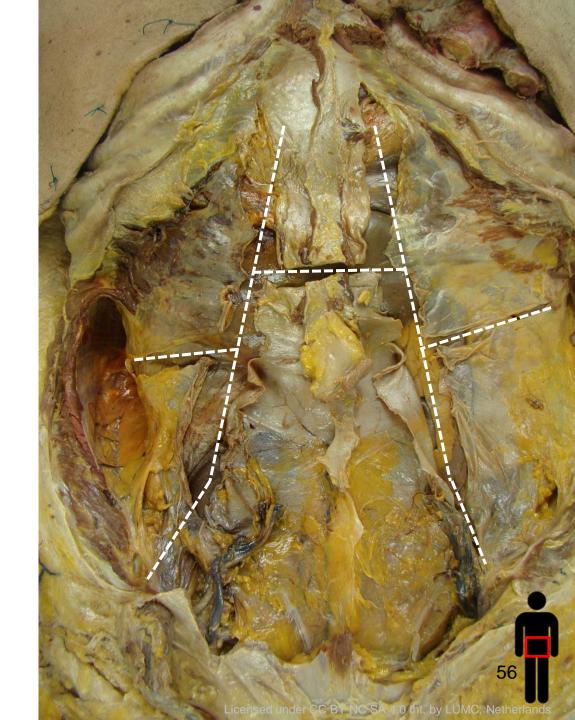
Opening of peritoneum

- Incisions lateral of median line
- Transverse incision above umbilicus
- Lateral incisions
- Inferolateral incisions toward inguinal ligament

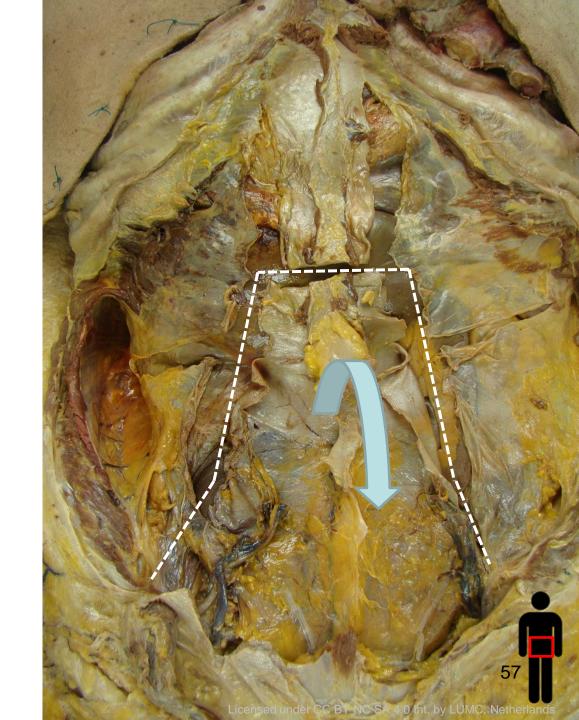


Opening of peritoneum

- Incisions lateral of median line
- Transverse incision above umbilicus
- Lateral incisions
- Inferolateral incisions toward inguinal ligament



Fold the part of the peritoneum below the navel caudally



Peritoneum inferior of navel folded caudally, view on interior side

Plicae umbilicales:

Mediana

Medialis

Lateralis

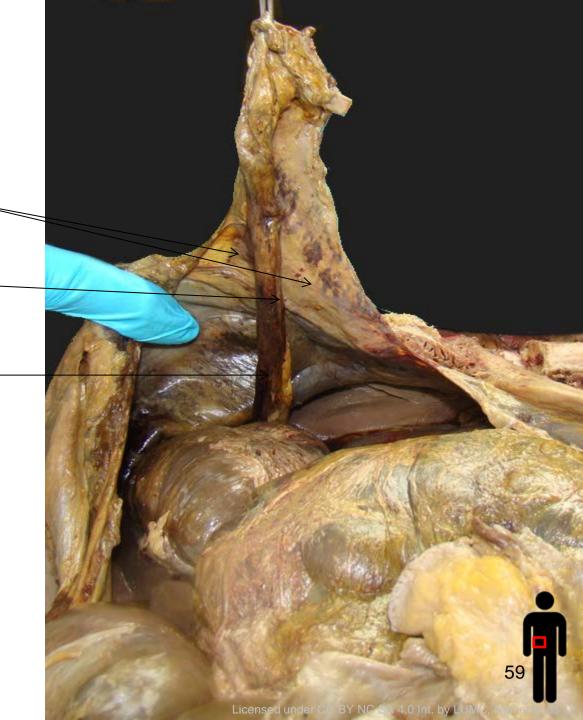


Parietal peritoneum

Falciform ligament (only small ridge visible)

Ligamentum teres hepatis

(View from the feet)



Inside the peritoneal cavity, Intestines

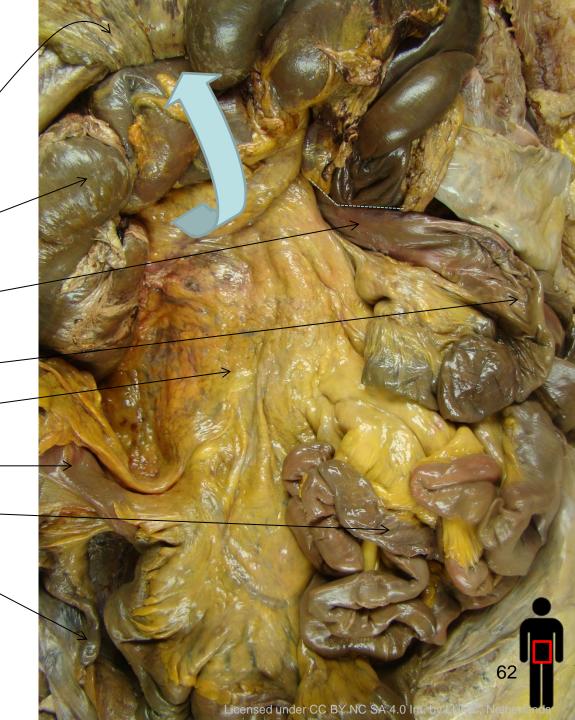
Greater omentum



Greater omentum and transverse colon folded cranially

Greater omentum / transverse colon Duodenojejunal flexure (Treitz)

Jejunum
Mesentery
Ileocaecal junction
Ileum
Appendix



Jejunum and ileum folded towards the left

Duodenojejunal flexure

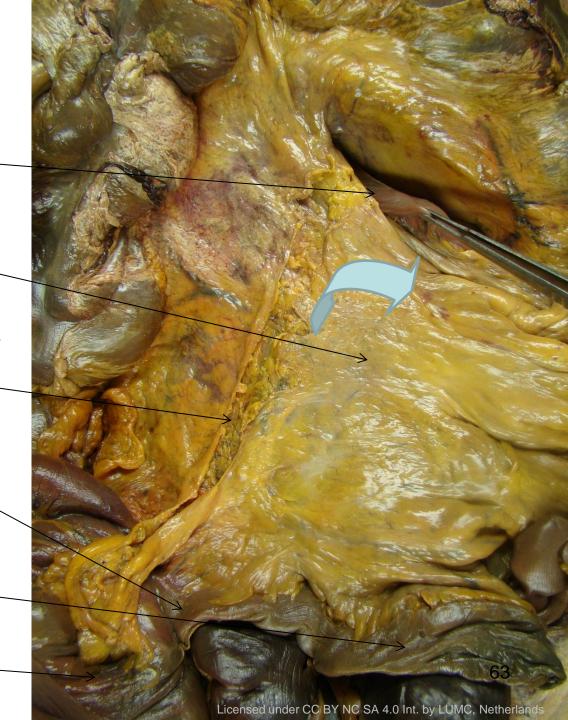
Mesentery

Cut indicating location of Radix mesenterii

Ileocaecal junction

lleum

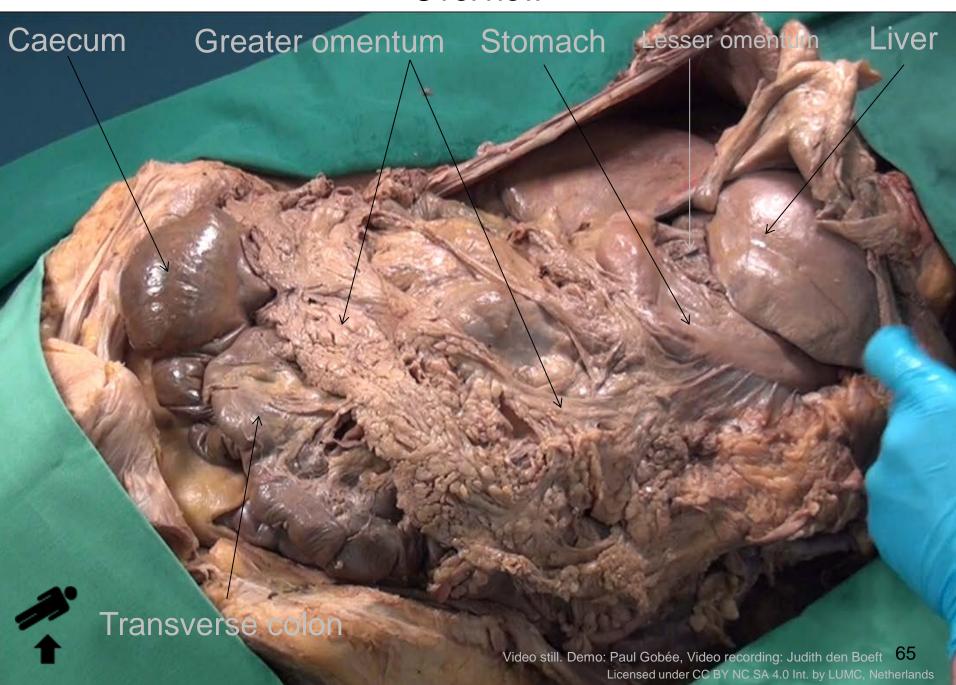
Caecum



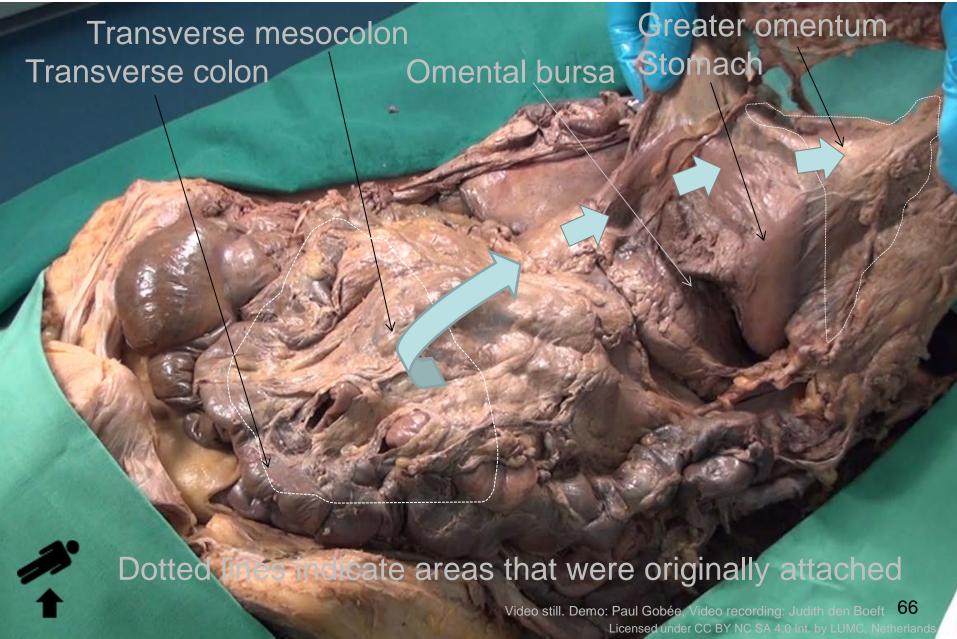
Peritoneum (mesocolon, mesentery, omenta)

Some views from another specimen, highlighting the peritoneum.

Overview



Greater omentum detached from transverse mesocolon and folded cranialward, allowing view in omental bursa

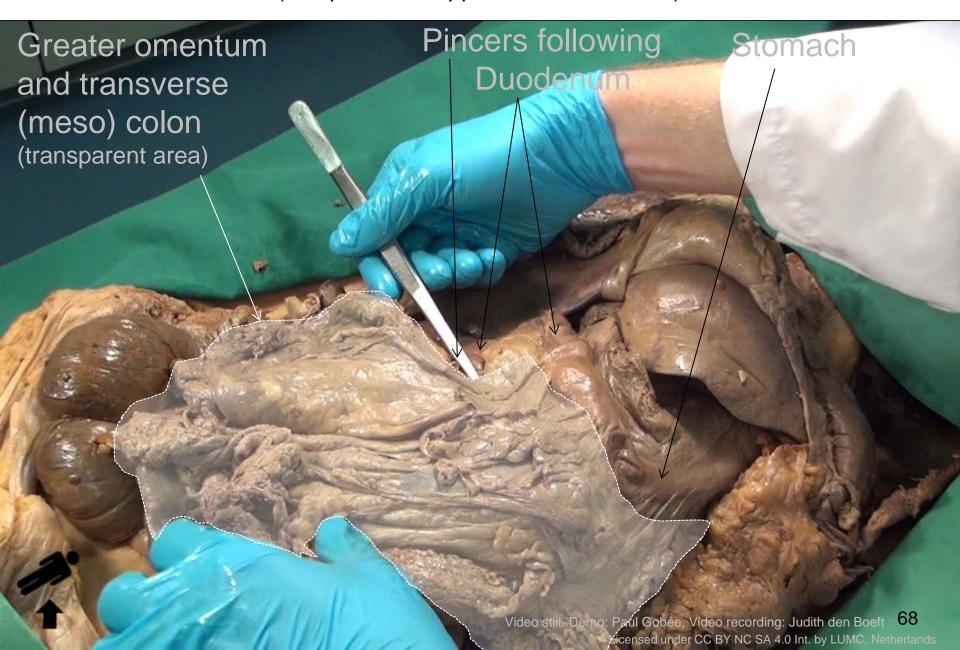


View into Omental bursa

Duodenum Pancreas (dotted outline) Spleen Stomach

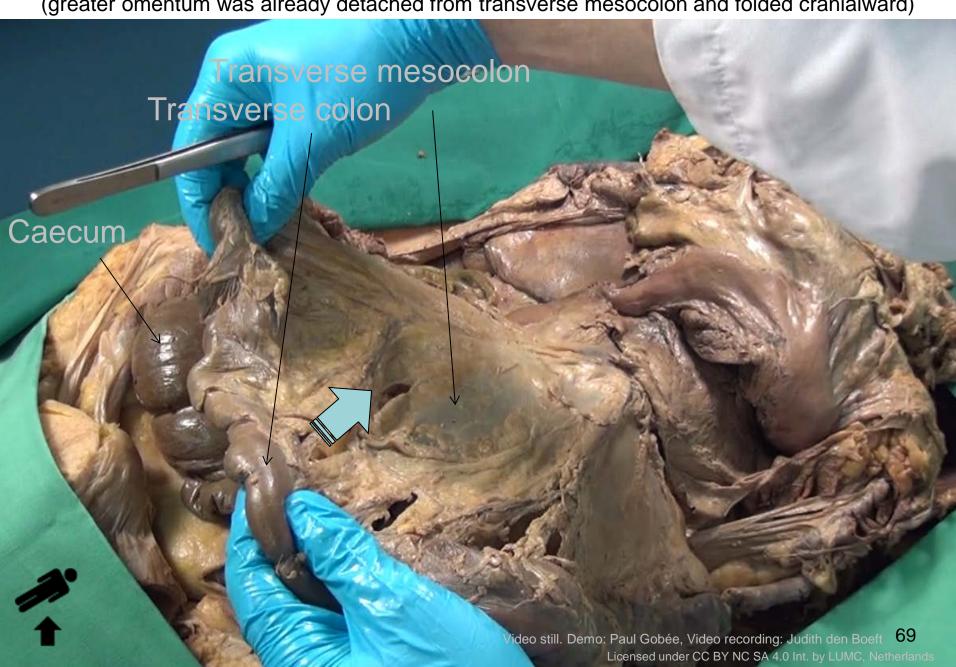


Pincers following duodenum, where it crosses dorsal of trv. colon (see pincers reappear 2 slides further)



Folding the transverse colon and its mesocolon cranialward

(greater omentum was already detached from transverse mesocolon and folded cranialward)



Transverse colon and its mesocolon folded cranialward, allowing view on small intestines

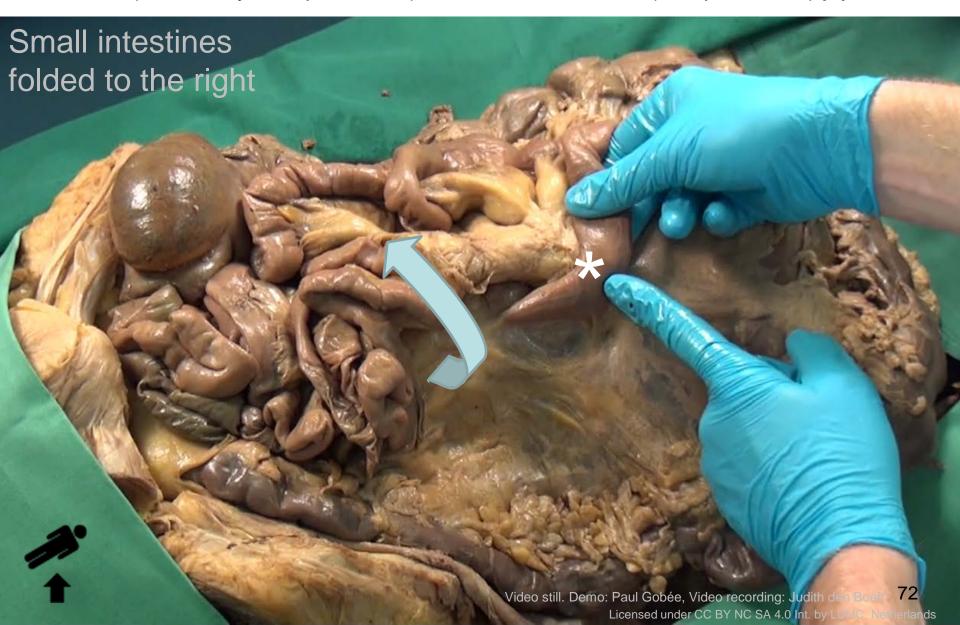


Pincers reappearing at Treitz' point *



Treitz' point *:

where (secondary retroperitoneal) duodenum becomes (intraperitoneal) jejunum



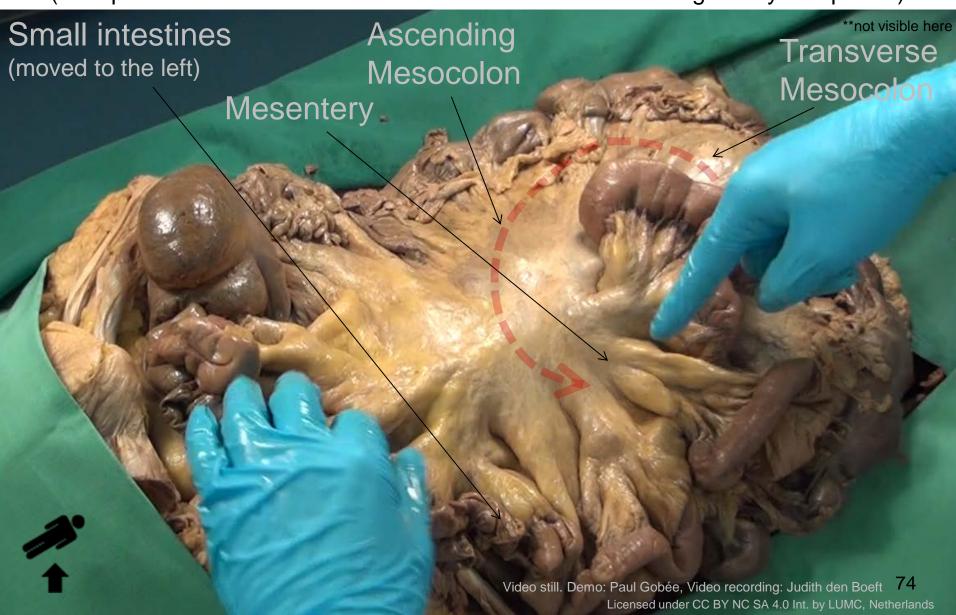
Showing continuity of descending, transverse, (ascending)** mesocolon and mesentery

(transparent red curved line indicates intestinal rotation during embryonal period)

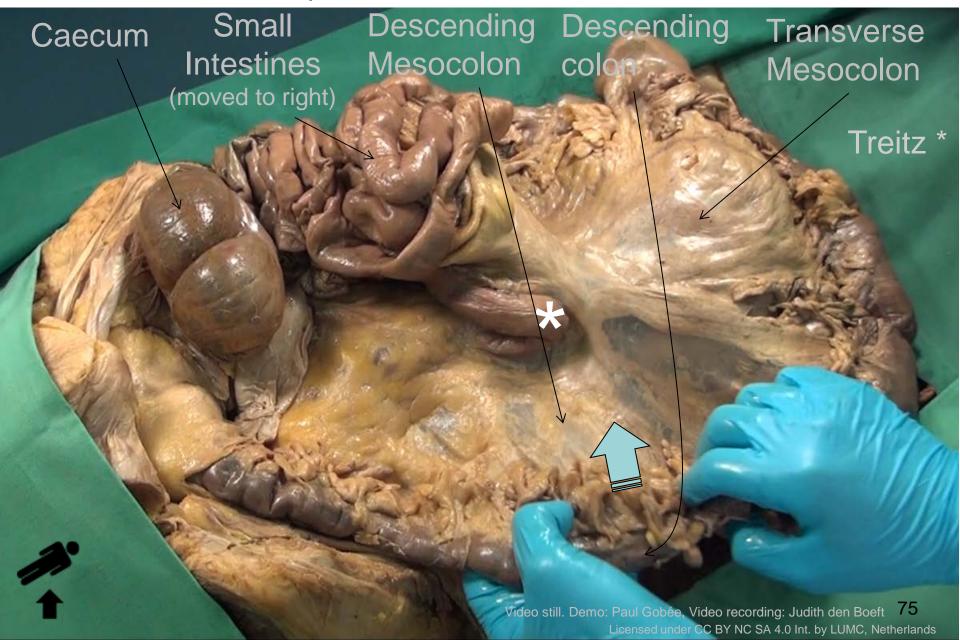


Showing continuity of (descending)**, transverse, ascending mesocolon and mesentery

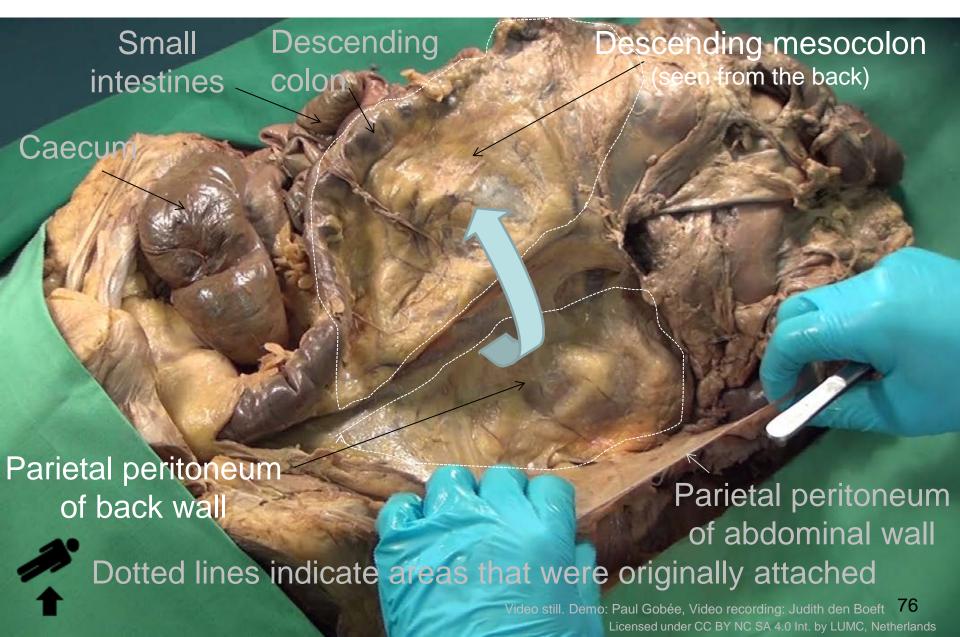
(transparent red curved line indicates intestinal rotation during embryonal period)



Descending (meso)colon can be detached from parietal peritoneum on back wall



Descending (meso) colon detached from parietal peritoneum of back wall and folded to right



Ascending (meso)colon can also be detached and lifted from parietal peritoneum of back wall

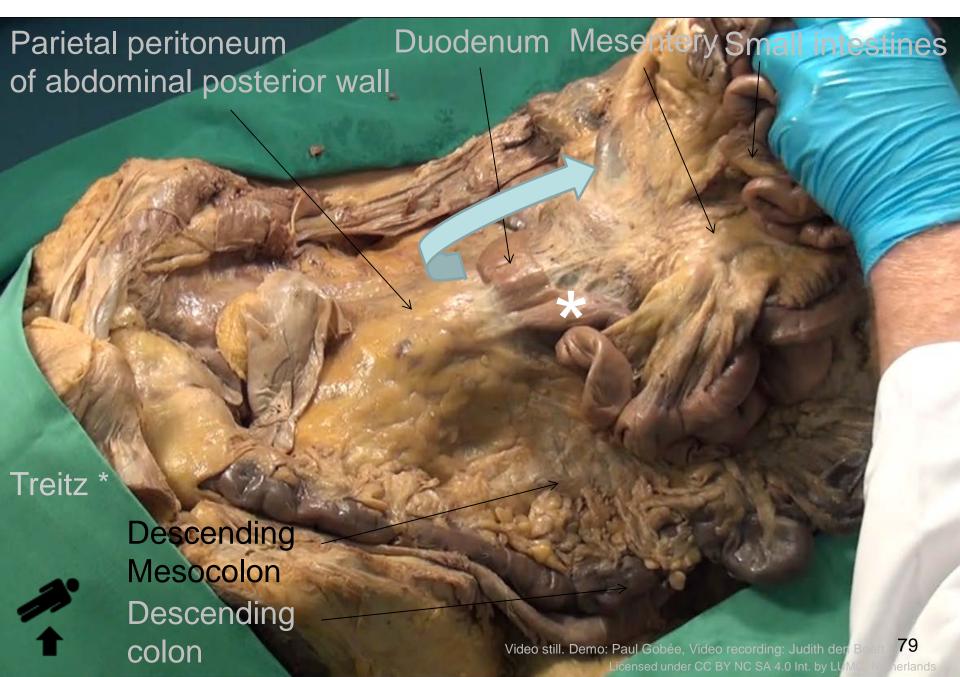
Ascending colon Ascending mesocolon



This allows to mobilise ascending colon and small intestines together and move them cranialward

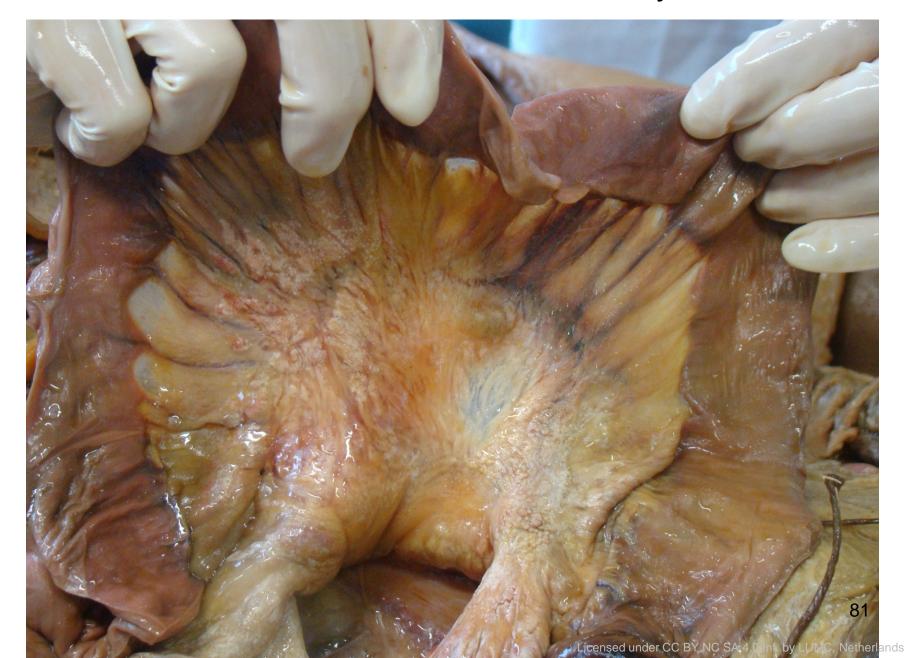


Ascending colon and small intestines folded cranialward

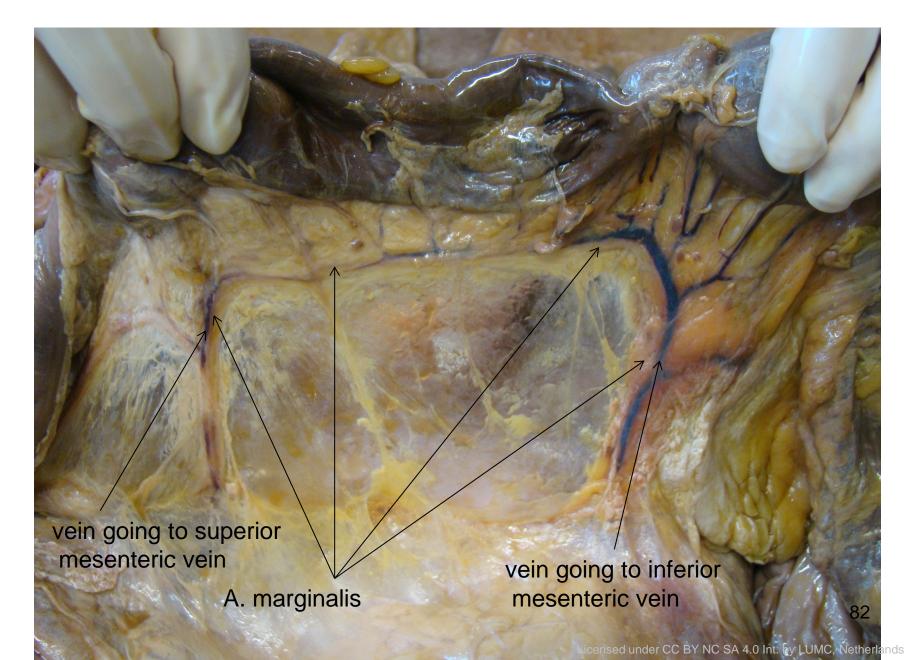


Blood vessels of Intestines

Blood vessels in Mesentery



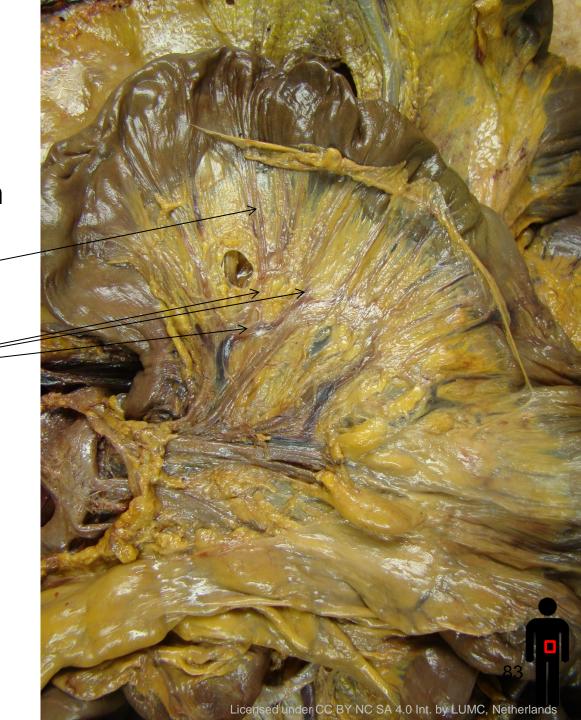
Blood vessels in Transverse mesocolon



Blood vessels of jejunum

Vasa recta

Arcades



Blood vessels of jejunum

(view inside mesentery by opening one of its both peritoneal layers)

Vasa recta

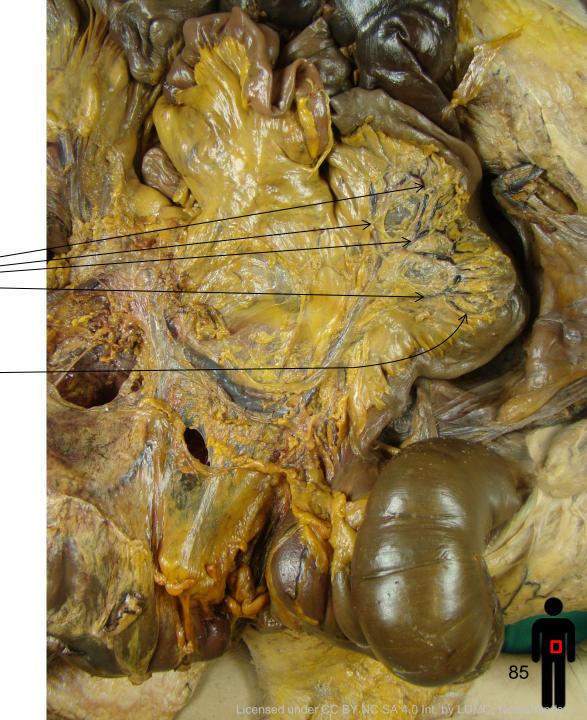
Arcades



Blood vessels of ileum

Arcades

Vasa recta



Jejunum

lleum

Note the difference in the configuration of the arcades and the vasa recta between jejunum and ileum!

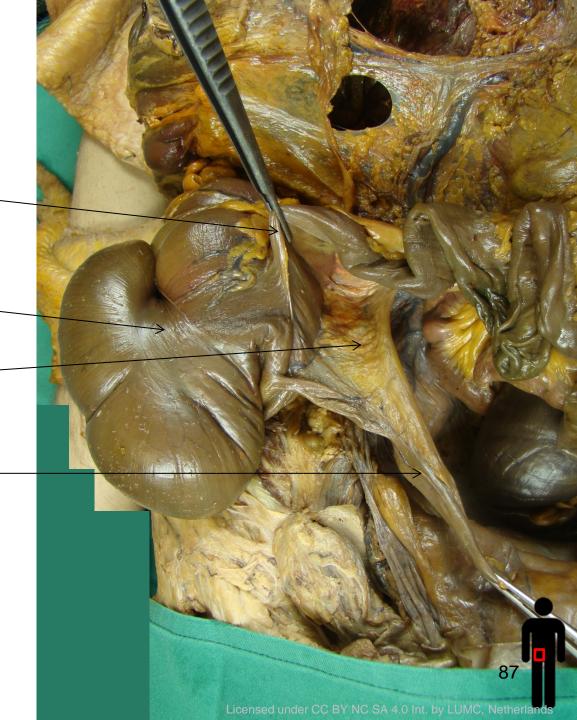


Ileocaecal junction-

Caecum

Meso-appendix

Appendix



Superior mesenteric artery (1) and its branches:

- Jejunal arteries (2)
- Ileal arteries (3)
- Ileocaecal artery (4)
- Right colic arteries (5)
- Middle colic artery (6)
- Marginal artery (7)



Superior mesenteric vein (1) and its branches:

- Jejunal veins (2)
- Ileal veins (3)
- Ileocaecal vein (4)
- Right colic veins (5)
- Middle colic vein (6)

Note that the arteries are coloured light whilst the veins are coloured darker and are slightly wider. The veins lie directly adjacent to the arteries.



Inferior mesenteric artery (1) and its branches:

- Left colic artery (2)
- Sigmoid artery (3)
- Superior rectal artery (4)

Aorta (0)

Note that the left colic artery continues in the marginal artery (5)



Inferior mesenteric vein (1) and its branches:

- Left colic vein (2)
- Sigmoid vein (3)
- Superior rectal vein (4)

Note that the arteries are coloured light whilst the veins are coloured darker and are slightly wider. The veins lie directly adjacent to the arteries.



Intestines removed and posterior parietal peritoneum opened: view on posterior abdominal wall:

Celiac trunk

Superior mesenteric artery

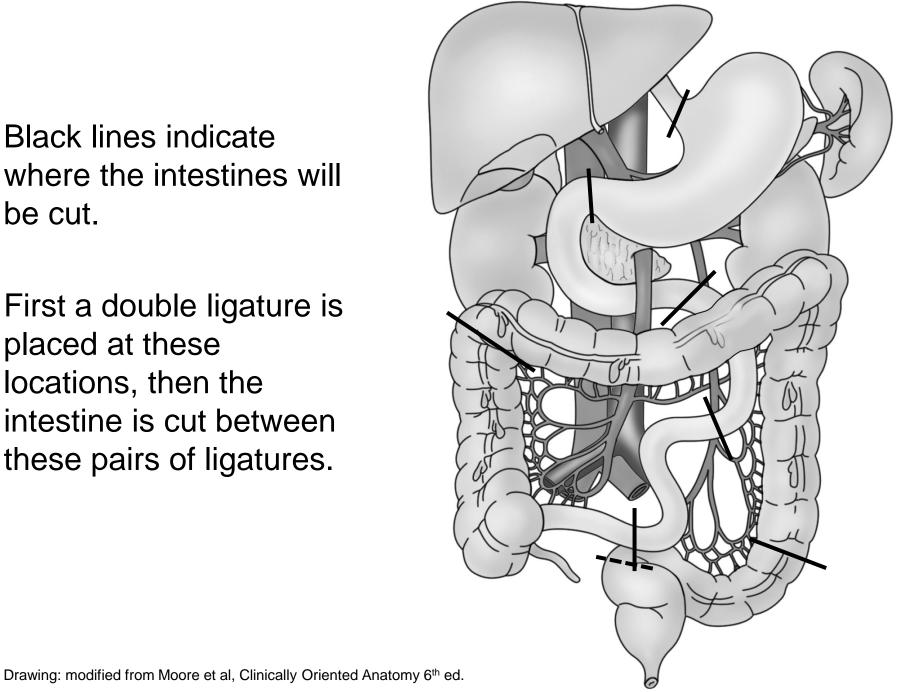
Inferior mesenteric artery



Removing and opening of intestines

Black lines indicate where the intestines will be cut.

First a double ligature is placed at these locations, then the intestine is cut between these pairs of ligatures.



Double ligation of duodenojejunal flexure



Double ligation of iliocaecal junction



Ligation of sigmoid colon



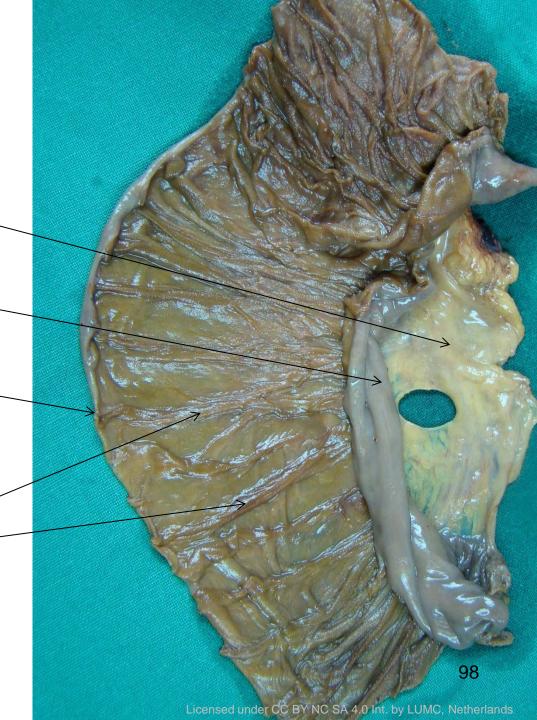
Jejunum (opened)

Mesentery

Mesenteric side

Anti mesenteric side

Plicae circulares (Kerckring)



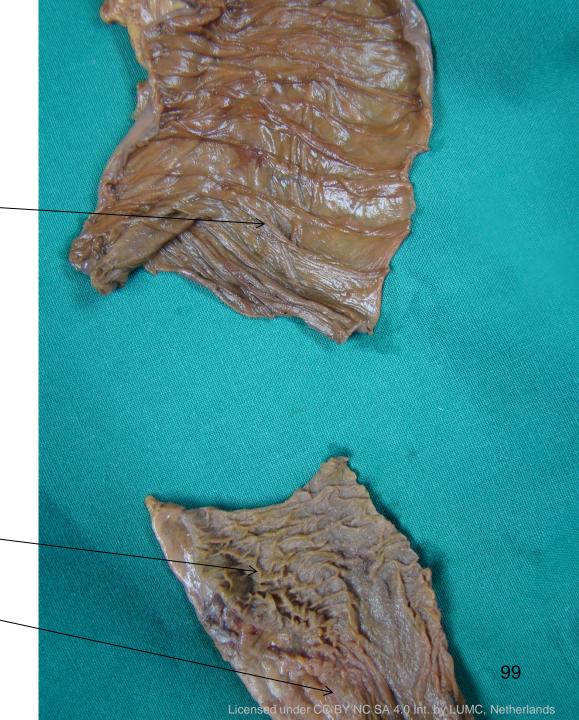
<u>Jejunum</u>

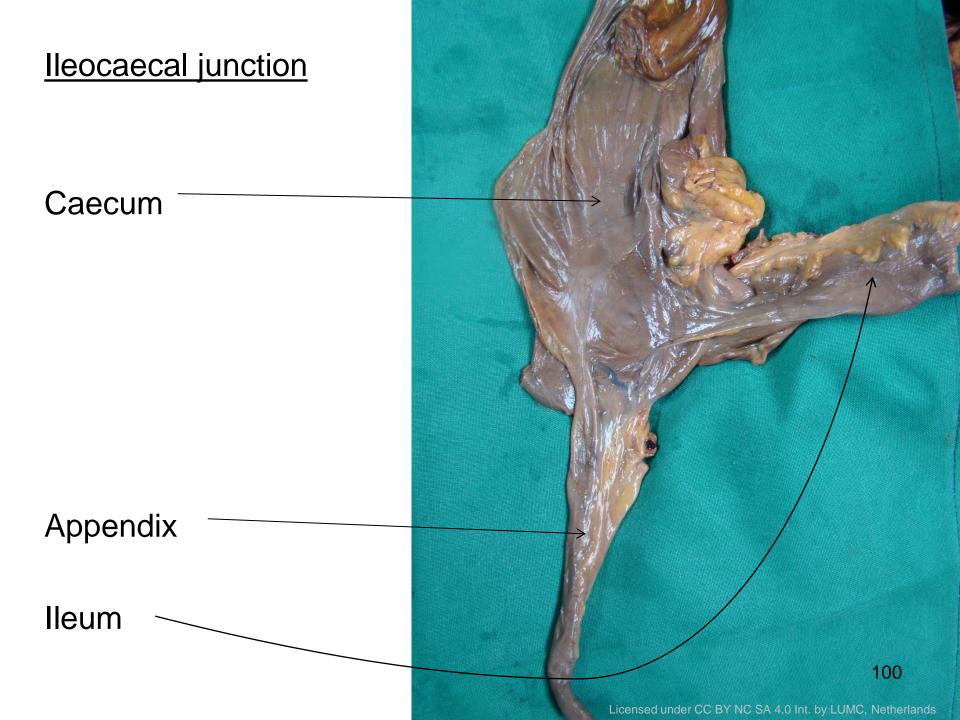
Plicae circularis

(Terminal) ileum

Plicae circularis

Possible Peyer's patch





<u>Ileocaecal junction</u> (opened)

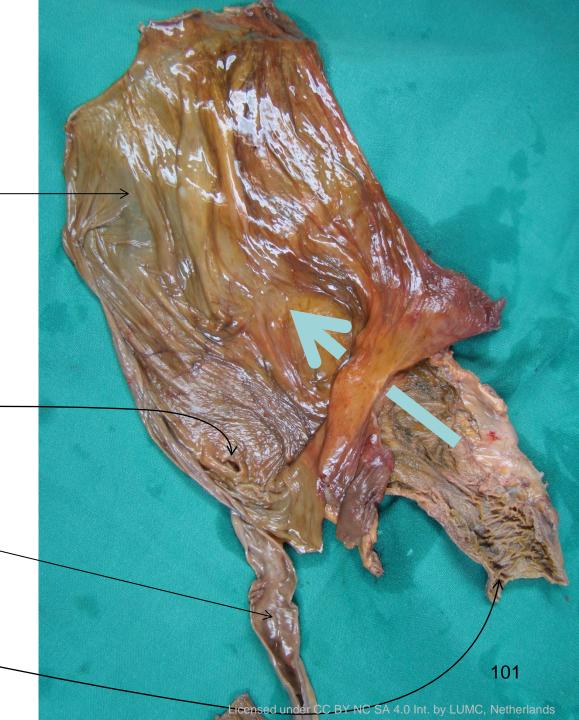
Caecum

Opening of ileum (large blue arrow)

Opening of appendix-

Appendix -

lleum



<u>Ileocaecal junction</u> (opened)

Caecum

lleocaecal valve

Appendix

lleum

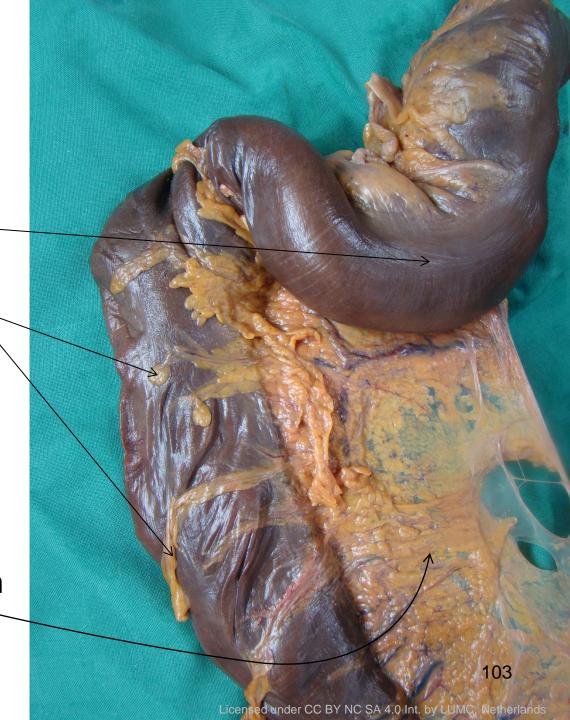


Sigmoid colon:

Tenia coli

Omental appendices

Mesocolon sigmoideum (mesosigmoid)



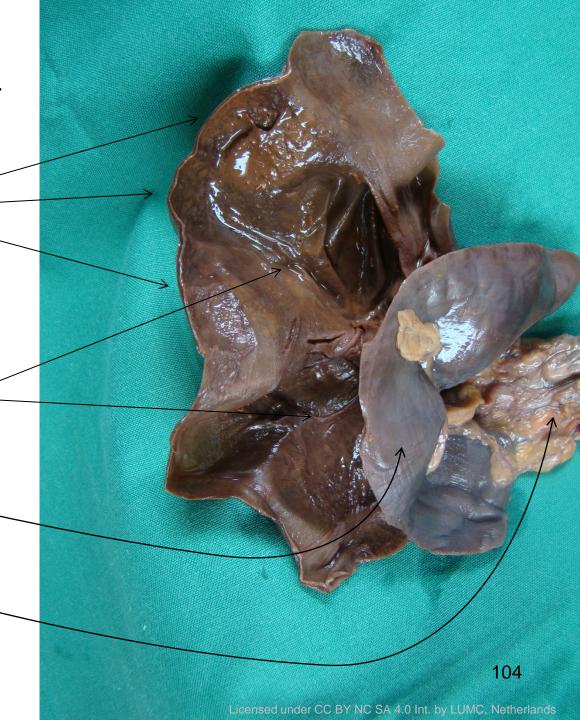
Sigmoid colon (opened)

Haustrae coli

Plicae semilunaris

Teniae coli

Mesocolon sigmoideum (mesosigmoid)



Lesser omentum

Liver

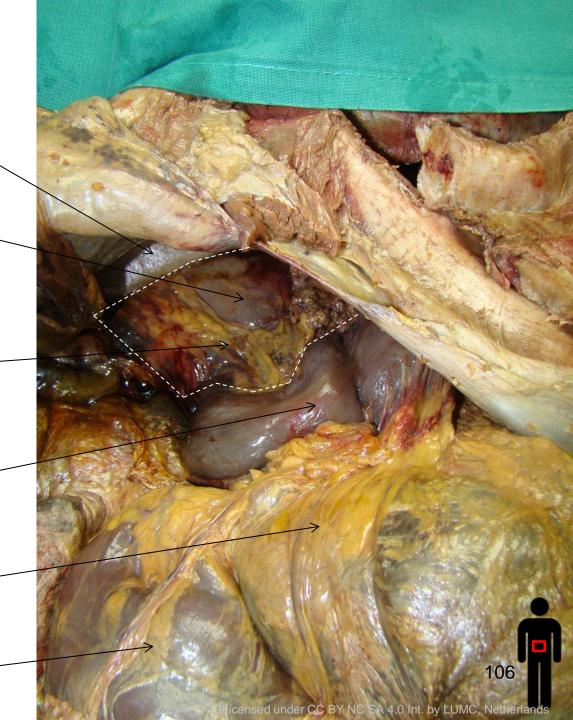
Lobus caudatus of liver showing through hole in lesser omentum

Lesser omentum (white dashed outline)

Stomach

Greater omentum

Transverse colon



Liver edge

Ligamentum teres hepatis

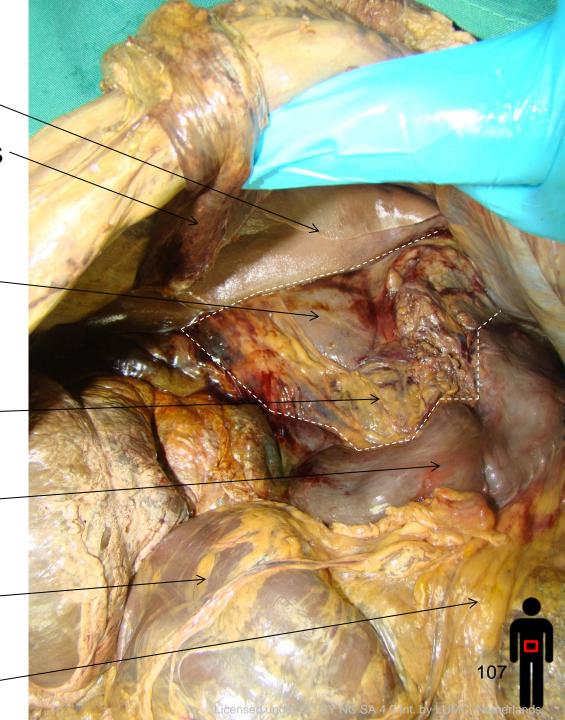
Lobus caudatus of liver showing through hole in lesser omentum

Lesser omentum

Stomach

Transverse colon

Greater omentum

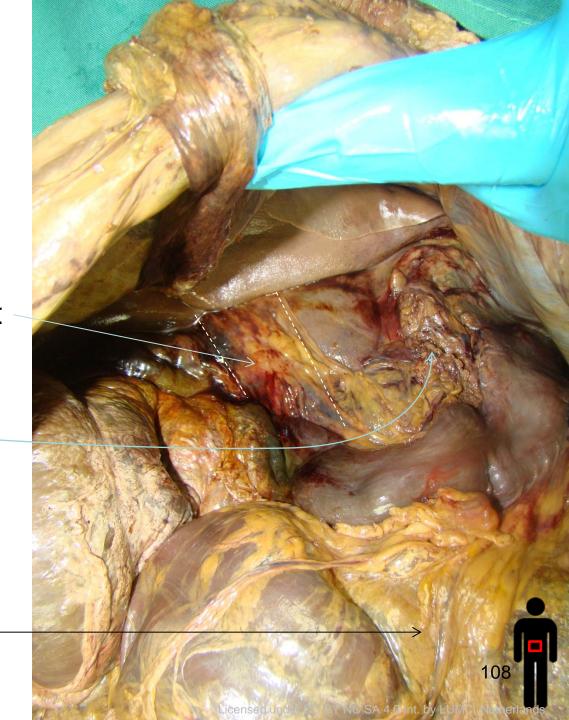


Lesser omentum can be divided into:

Hepatoduodenal ligament (white dashed outline)

Hepatogastric ligament

Greater omentum



Hepatogastric ligament



Looking into omental bursa

Free edge of hepatoduodenal ligament

Liver

Omental foramen (looking into omental bursa)

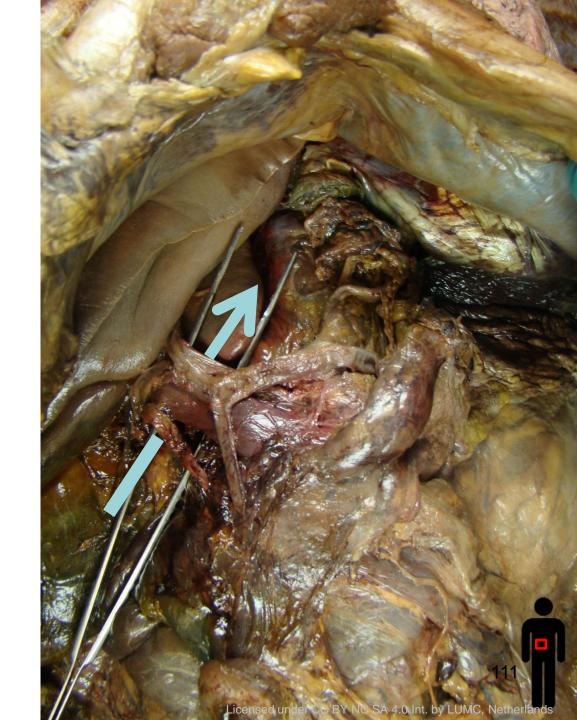
Gall bladder



<u>Lesser omentum</u> <u>removed</u>

(structures in hepatoduodenal ligament exposed)

Pincers (and arrow) through omental foramen into bursa omentalis



Structures in hepatoduodenal ligament

and

Celiac Trunk derivatives

Common hepatic artery
Proper hepatic artery
Left hepatic artery
Right hepatic artery
Cystic artery

Portal vein*

Common bile duct

Gastroduodenal artery

Duodenum (white dashed outline)



Left hepatic duct

Right hepatic duct

Cystic artery

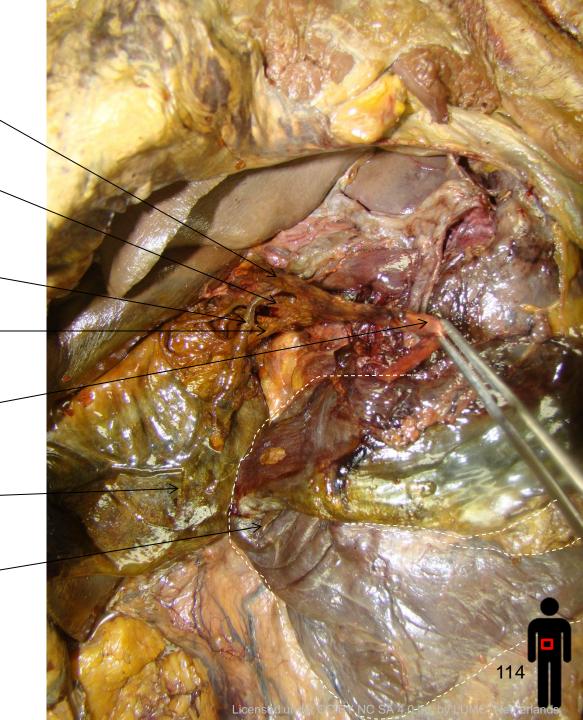
Cystic duct

Common bile duct

Gall bladder

Duodenum

(white dashed outline)



Celiac trunk

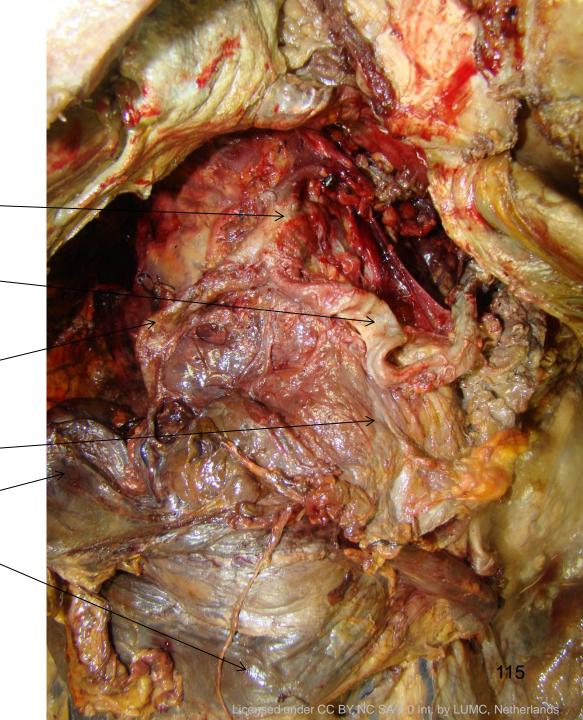
Splenic artery

(note the coiling)

Hepatic artery

Pancreas

Duodenum



Left gastric artery

Celiac trunk (white dashed outline)

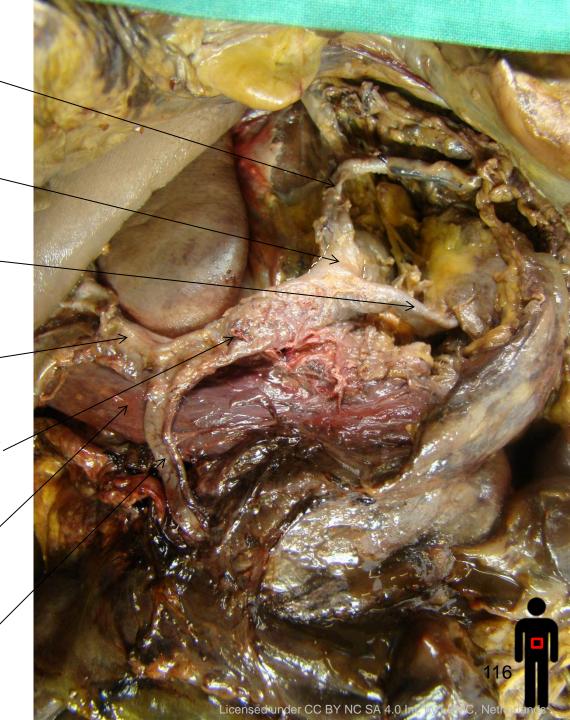
Splenic artery

Proper hepatic artery

Common hepatic artery

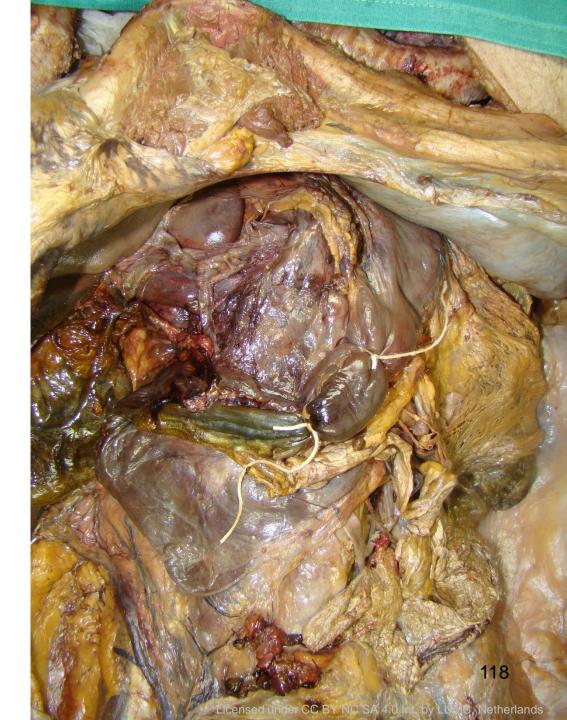
Portal vein

Gastroduodenal artery



Stomach

Double ligation of duodenopyloric part



Double ligation on gastro-esophageal junction



Fundus

Cardia

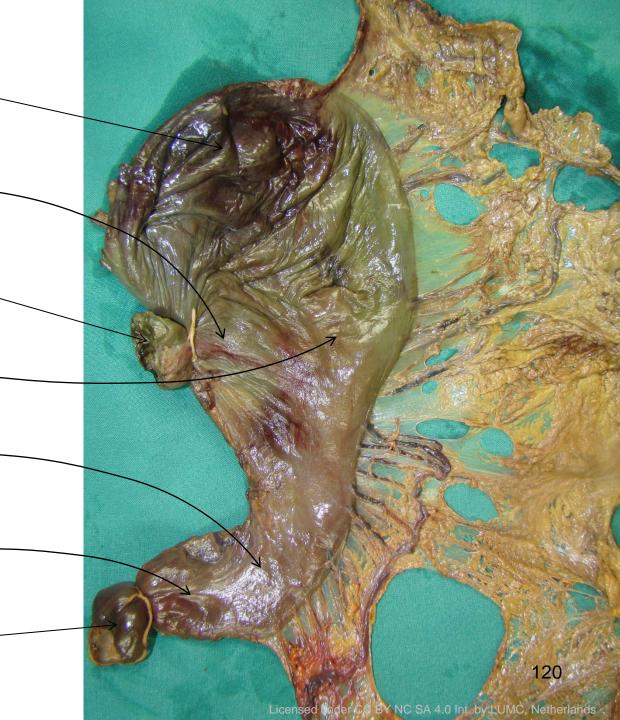
Esophagus

Body

Pyloric antrum

Pyloric canal

Duodenum



Stomach and greater omentum

Left gastro-epiploic artery-

Right gastro-epiploic artery



Stomach opened

Pyloric sphincter muscle





Liver

Costal margin

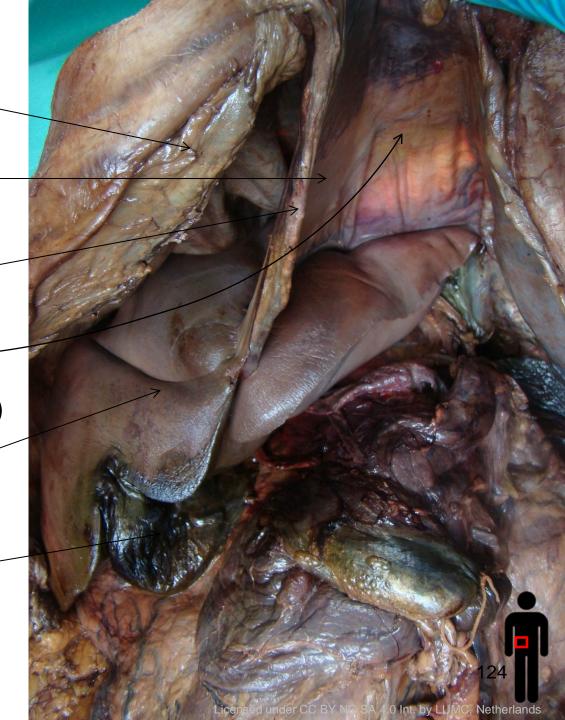
Falciform ligament

Teres hepatis ligament

Diaphragm (covered by peritoneum)

Liver

Gall bladder



Frontal view of liver

(viewing slightly from the medial, also exposing the liver's inferior side (inf))

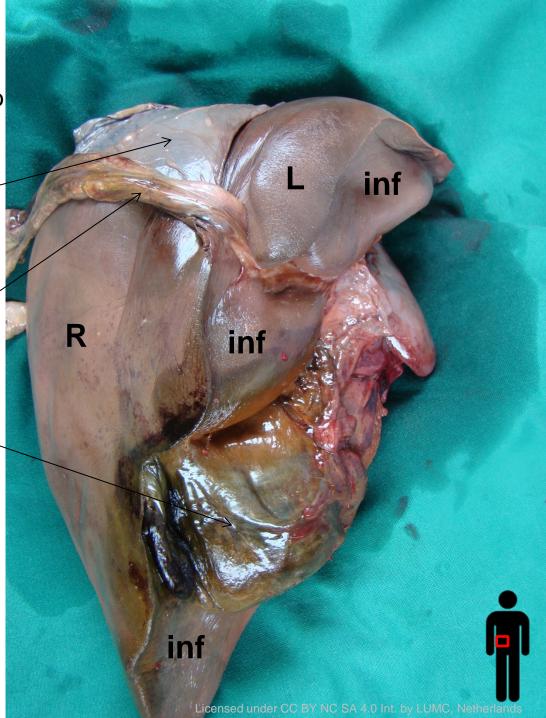
Falciform ligament (lying folded over liver)

Teres hepatis ligament

Gall bladder

Left lobe (L)

Right lobe (R)



Superoanterior view of liver

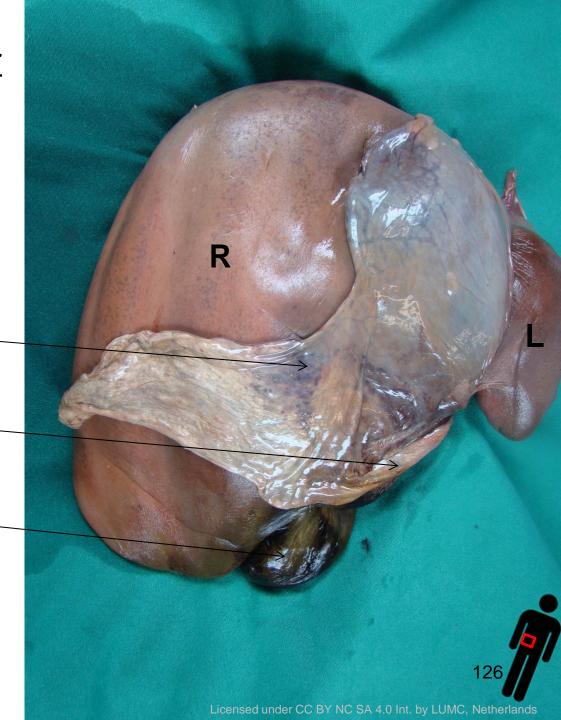
Right lobe (R)

Left lobe (L)

Falciform ligament

Teres hepatis ligament

Gall bladder



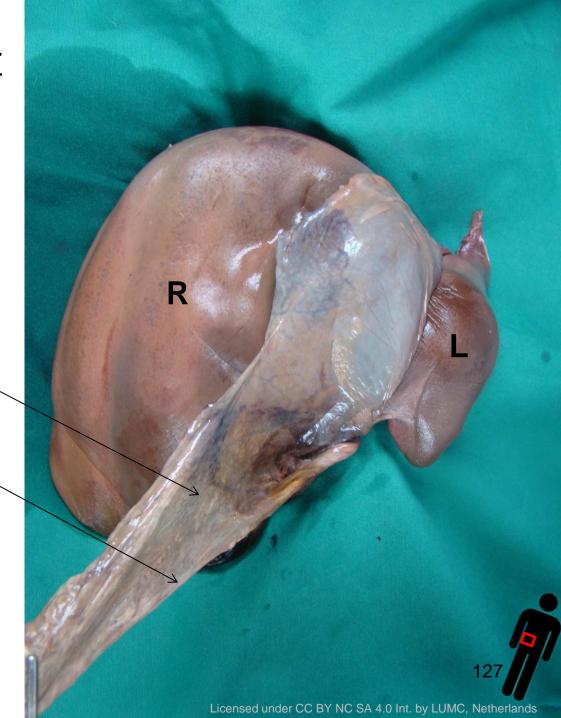
Superoanterior view of liver

Right lobe (R)

Left lobe (L)

Falciform ligament (stretched)

Teres hepatis ligament



Superior view

Left lobe

Hepatic veins opening into Inferior Vena Cava

Falciform ligament —

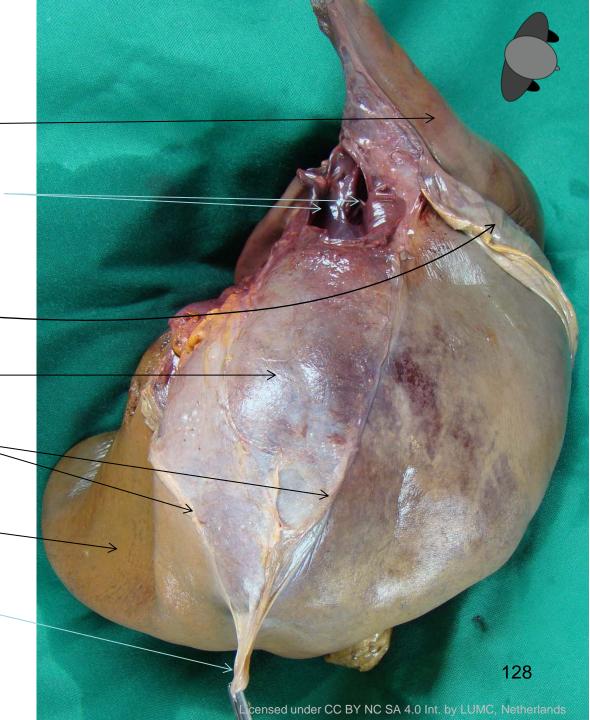
Bare area of liver -

Coronary ligament

Right lobe

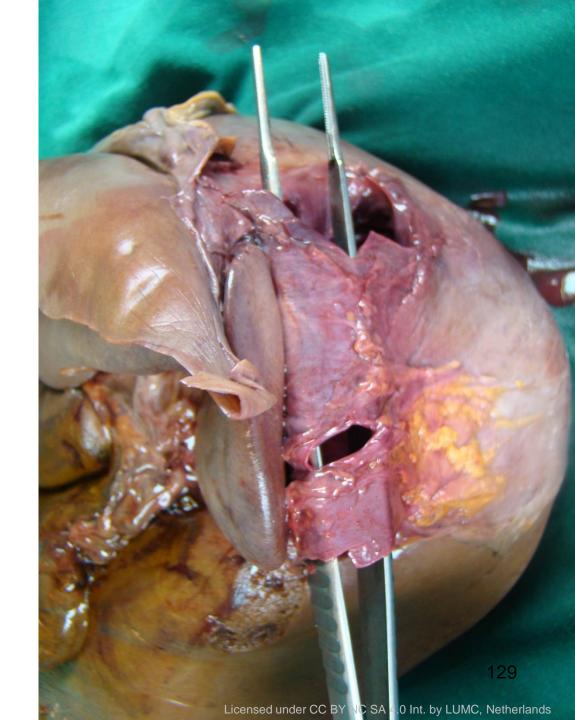
Right Triangular

ligament



Posterior view

Pincers inside
Inferior Vena Cava



Inferior surface of liver

Left lobe (L)

Teres hepatis lig. (TH)

Caudate lobe

Quadrate lobe

Porta hepatis containing:

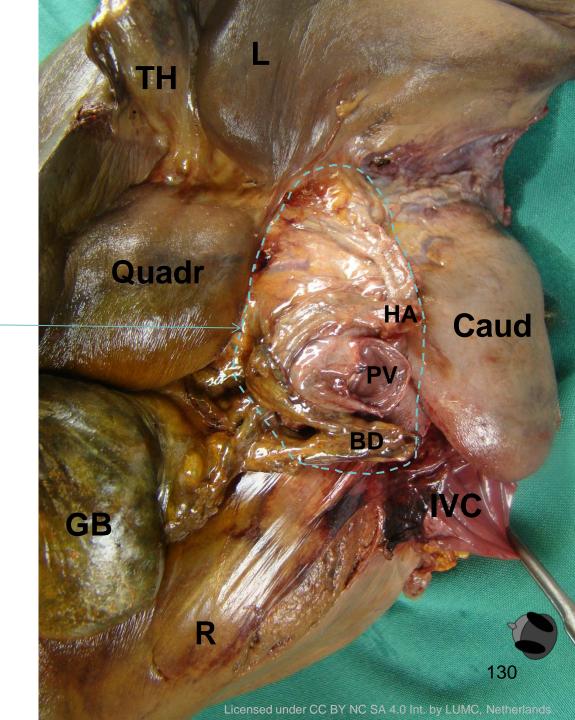
Hepatic artery (HA)

Portal vein (PV)

Bile duct (BD)

Gall bladder (GB)
Inferior vena cava (IVC)

Right lobe (R)



Inferior surface of liver

Porta hepatis:

Hepatic artery (HA)

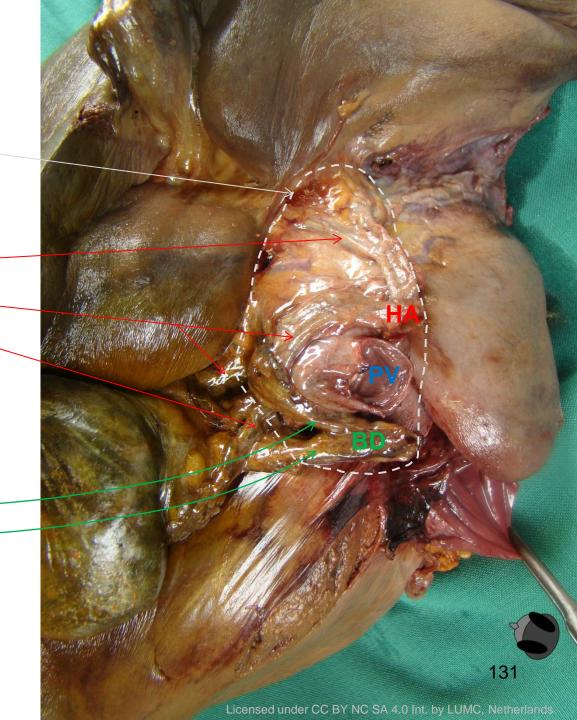
Left hepatic artery Right hepatic artery Cystic artery

Portal vein (PV)

Bile duct (BD)

Hepatic duct

Cystic duct



Prenatal blood flow

(red dotted line)

Teres hepatis lig. (TH)

(embryol: umbilical vein)

to:

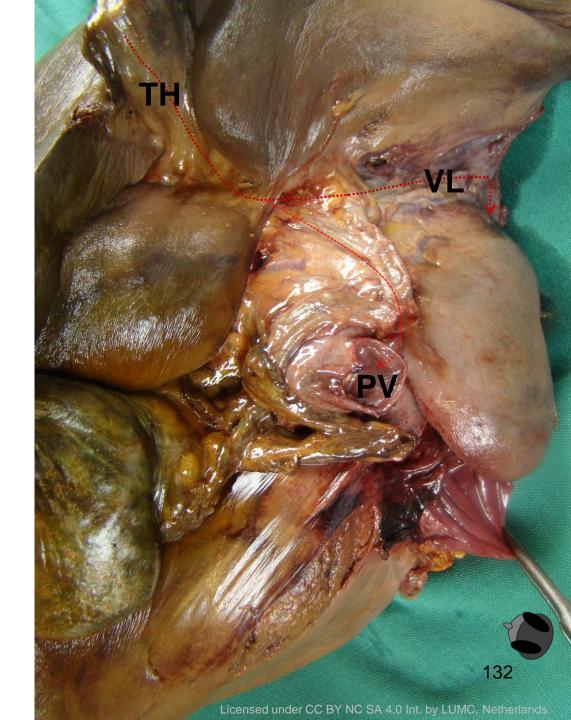
Portal vein (PV)

blood must pass through liver and:

Venous ligament (VL)

(embryol: venous duct)

shortcut to Inferior Vena Cava



Porta hepatis (closeup)

Hepatic artery

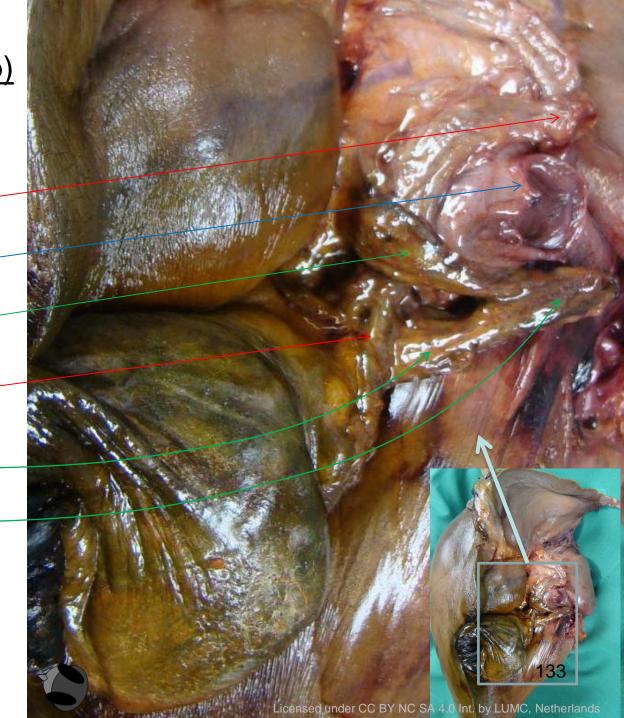
Portal vein

Hepatic duct

Cystic artery

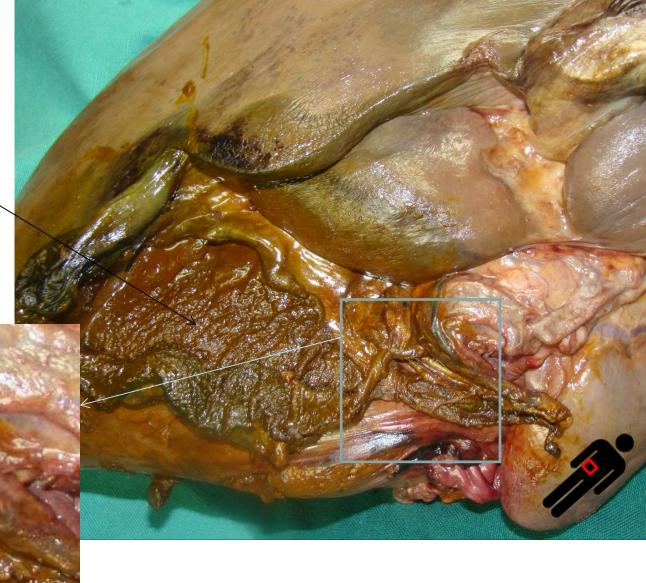
Cystic duct

Common bile duct



Gall bladder opened

Plica spiralis heisteri



Liver in slices

Liver in slices

Transversely cut

view on slices from inferior



Liver in slices

Transversely cut

view on slices from inferior



Porta hepatis:

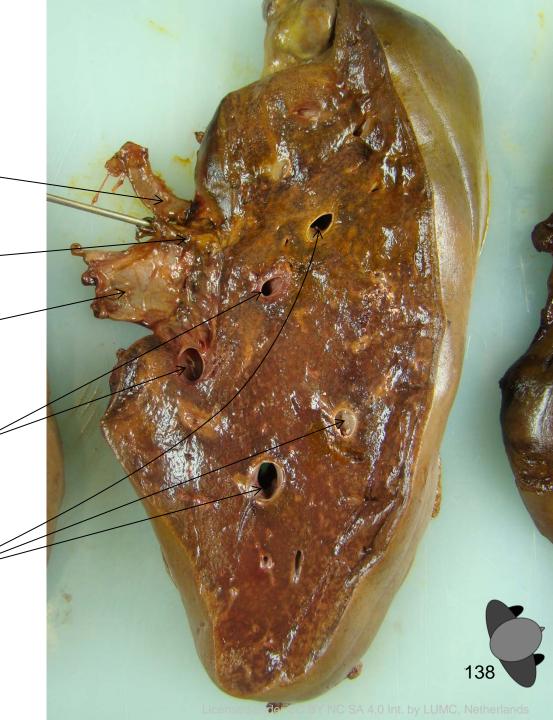
Hepatic Artery

Common bile duct

Portal vein

Hepatic vein branches (thin wall)

Portal vein branches / (thicker wall)

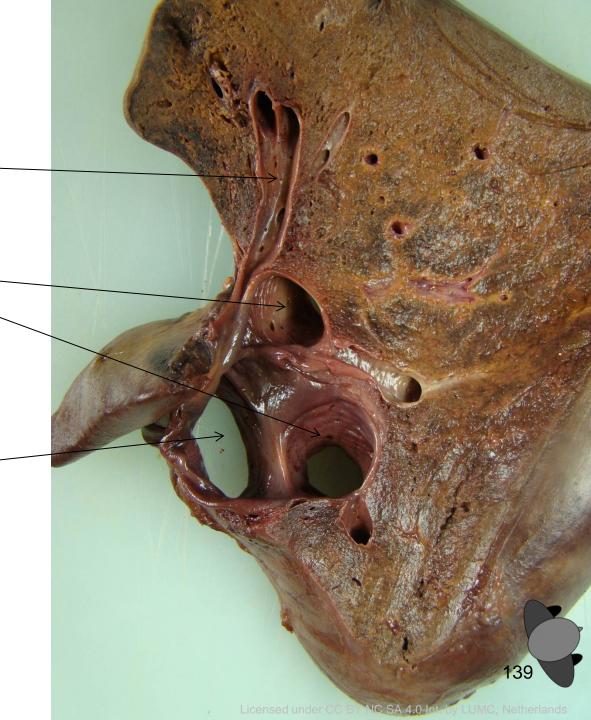


Hepatic vein

Portal veins

(recognizable by whitish wall)

Inferior Vena Cava



Pancreas

Posterior view

Duodenum

Common bile duct

Spleen

Splenic artery

Pancreas

Portal vein

Infer. mesenter. vein

Splenic vein

Superior mesenter. vein



Head of pancreas and duodenum

Common bile duct

posterior view

Main pancreatic duct

Hepatopancreatic

ampulla

Accessory pancreatic duct



Closeup

(Posterior view)

There are many variants.
In this case the major papilla (Vater's papilla)
(into which the hepatopancreatic ampulla ends) lies at the superior part of the head of the pancreas.

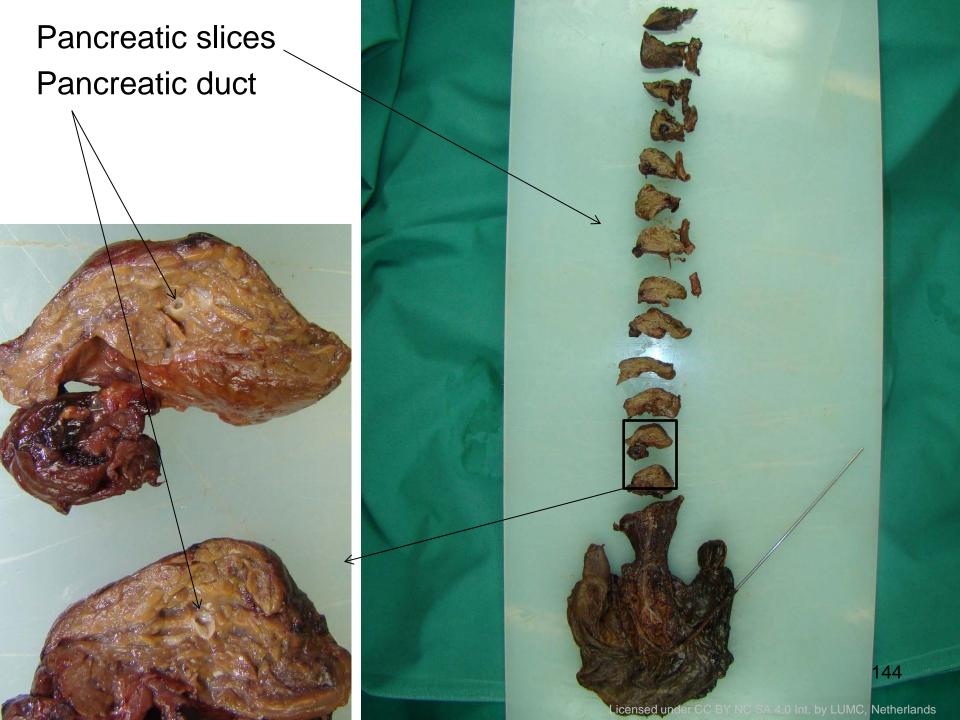
Main pancreatic duct

Accessory pancreatic duct

Common bile duct

Hepatopancreatic ampulla





Spleen

Spleen in slices



Renal and gonadal blood vessels and ureters

Inferior vena cava

Left renal vein

Right kidney

Abdominal aorta

Testicular veins

Ureters



Closeup

Celiac trunk

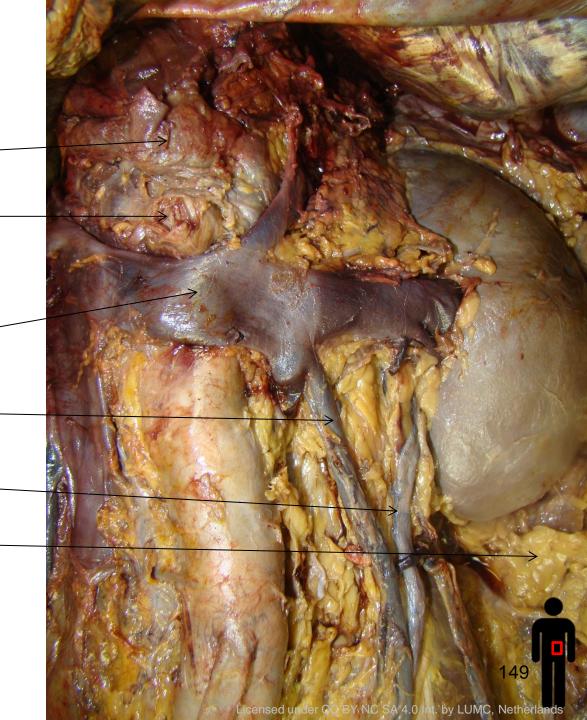
Superior mesenteric artery (cut)

Left renal vein

Left testicular vein

Left ureter

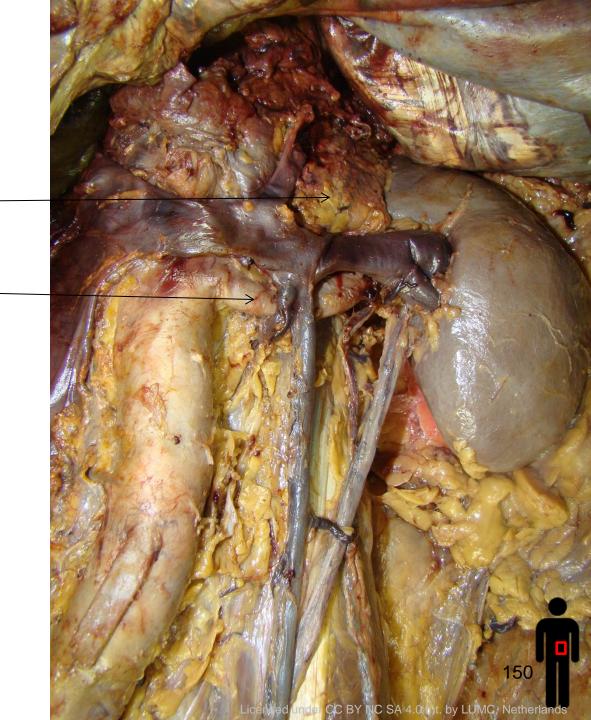
Pararenal fat tissue



Closeup

Suprarenal gland

Left renal artery



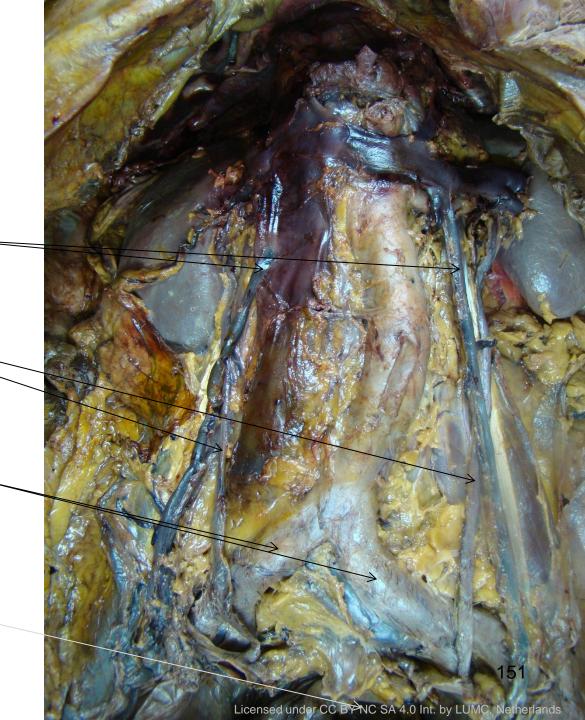
Overview

Testicular vessels

Ureters

Common iliac arteries

Pelvis



Closeup lower abdomen

Ureters

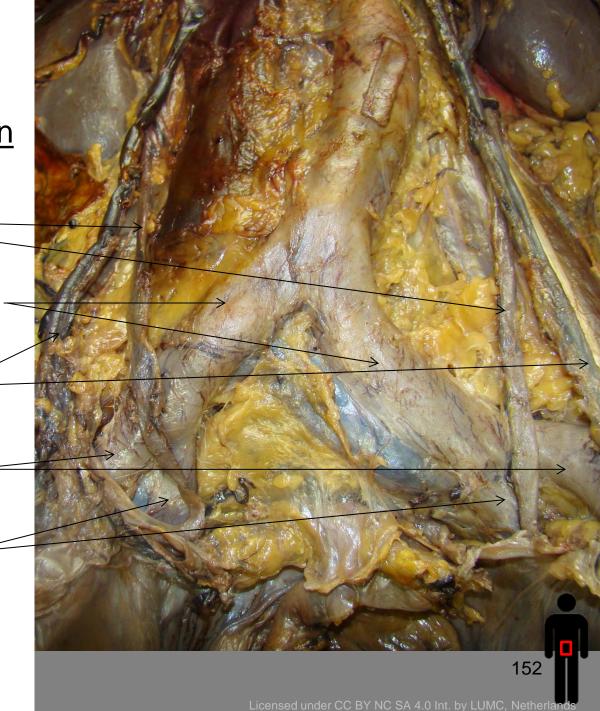
Common iliac arteries

Testicular vessels

External iliac artery

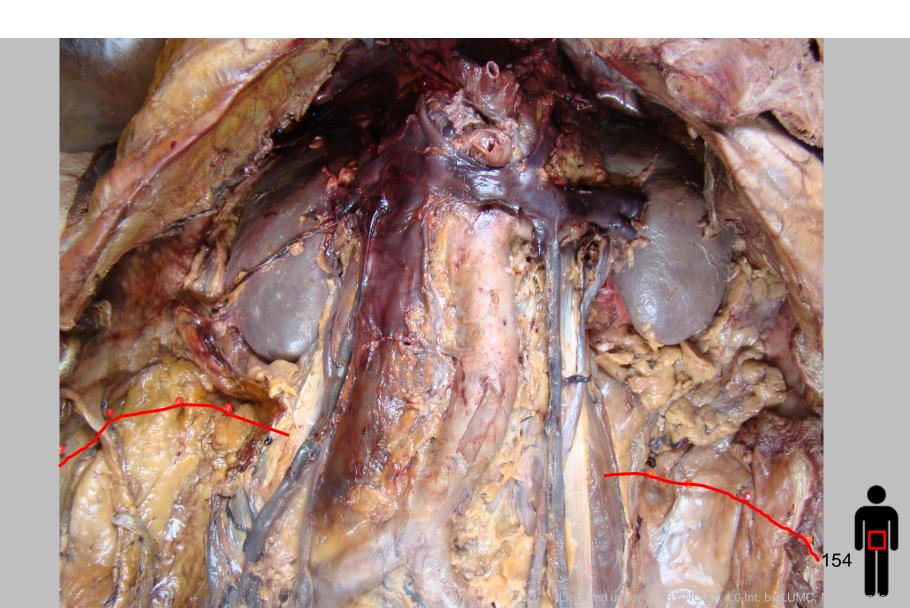
Internal iliac artery

Note: ureter crosses over iliac bifurcation



Kidneys

Lower border of the kidneys and iliac crests



Anterior surface of the kidneys and suprarenal glands



Posterior surface of the kidneys and suprarenal glands



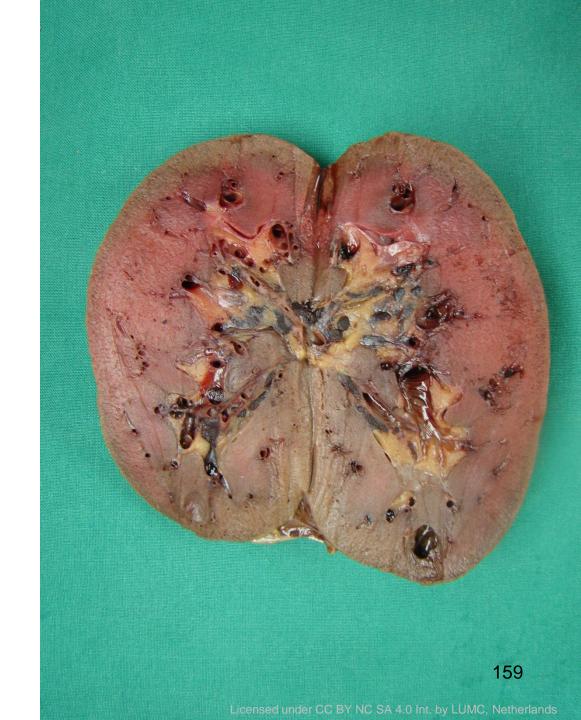
Fibrous capsule of the kidney



Fibrous capsule of the kidney



Kidney opened

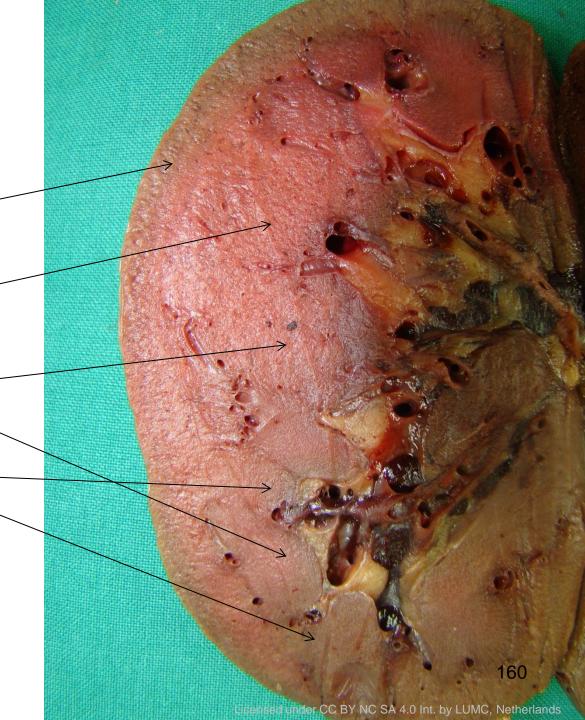


Renal cortex

Renal medulla

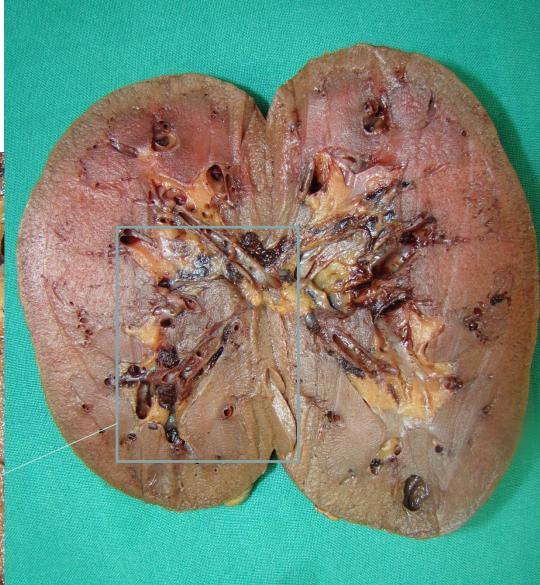
Renal pyramid -

Renal column



Minor calyx and Major calyx /





Sympathetic trunk

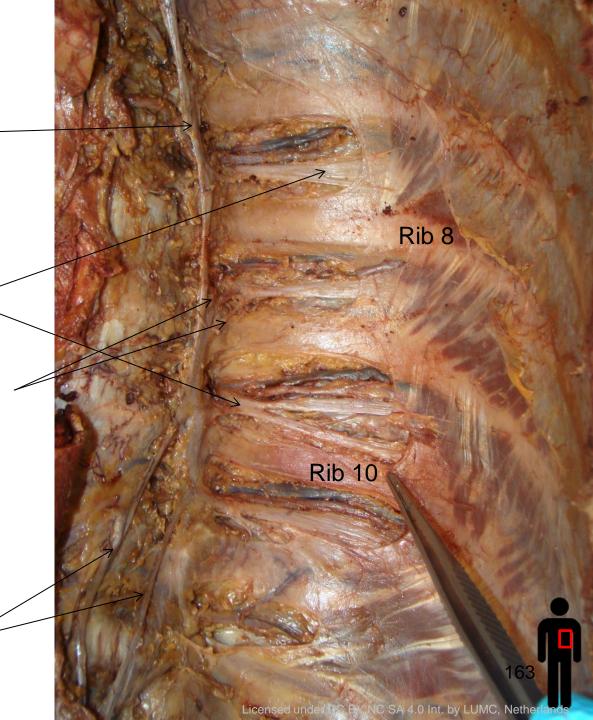
Thorax

Sympathetic trunk

Intercostal nerves

Gray and white ramus

Splanchnic nerves



Thorax

Sympathetic trunk

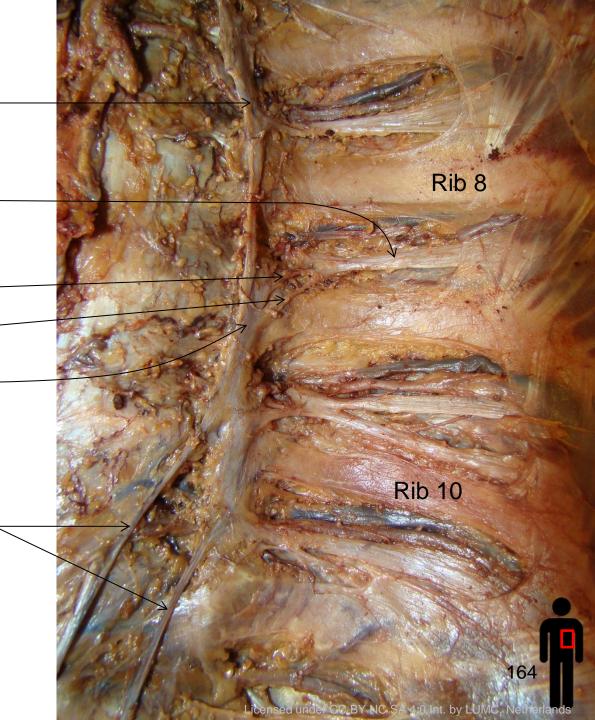
Intercostal nerve

Gray ramus -

White ramus -

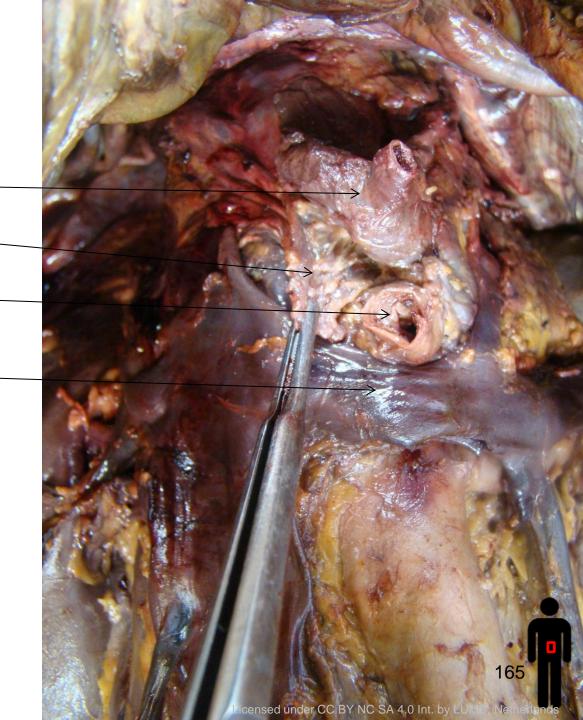
Ganglion

(Thoracic) splanchnic nerves



Abdomen

Celiac trunk
Preaortic plexus
Superior mesenteric artery
Left renal vein

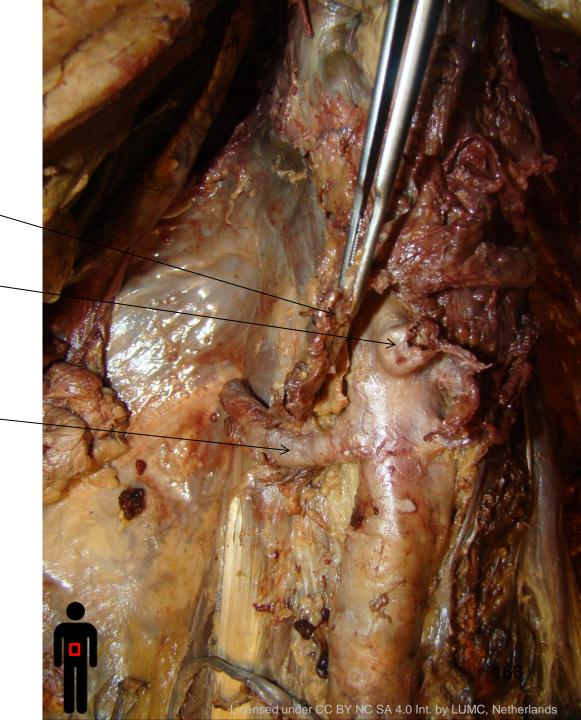


Abdomen

Pre aortic plexus

Superior mesenteric artery

Right renal artery



Lumbar plexus

Lumbar plexus (right):

Diaphragm

Quadratus lumborum m.

Subcostal nerve

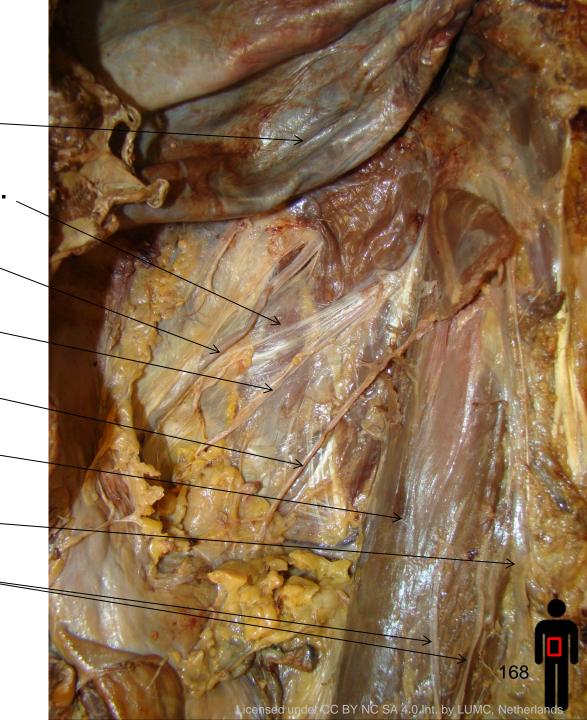
Iliohypogastric nerve

Ilioinguinal nerve

Psoas major muscle

Sympathetic trunk

Genitofemoral nerve



Lumbar plexus (left):

Psoas muscle removed

Subcostal nerve

Iliohypogastric nerve

Ilioinguinal nerve

Psoas nerve

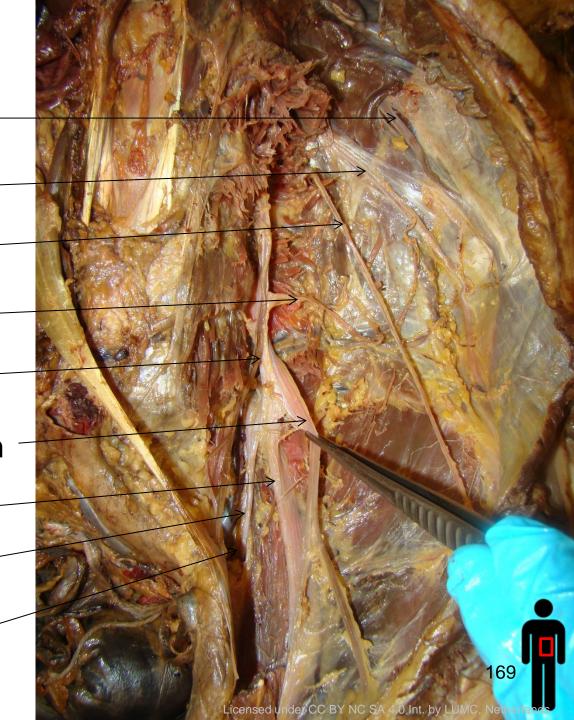
Genitofemoral nerve

Lat cutaneous N of thigh

Femoral nerve

Obturator nerve

Lumbosacral trunk



Right side

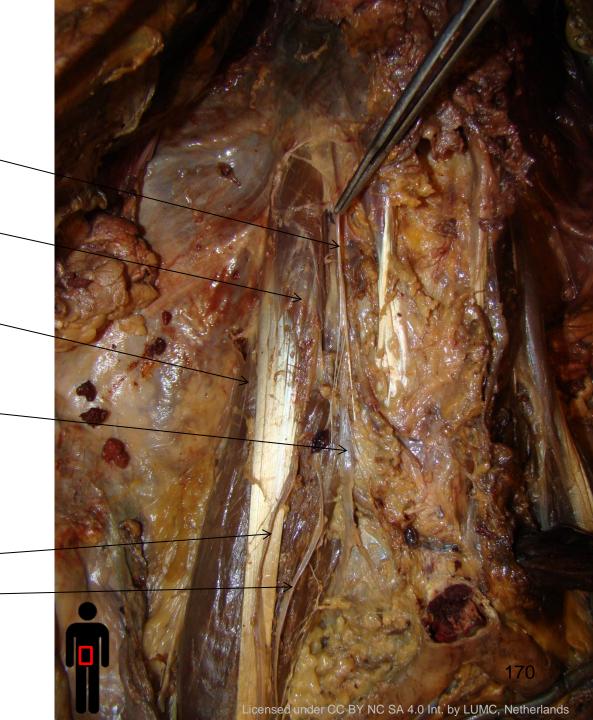
Splanchnic nerve

Psoas minor muscle

Psoas major muscle

Sympathetic trunk

Genitofemoral nerve: femoral branch - genital branch -



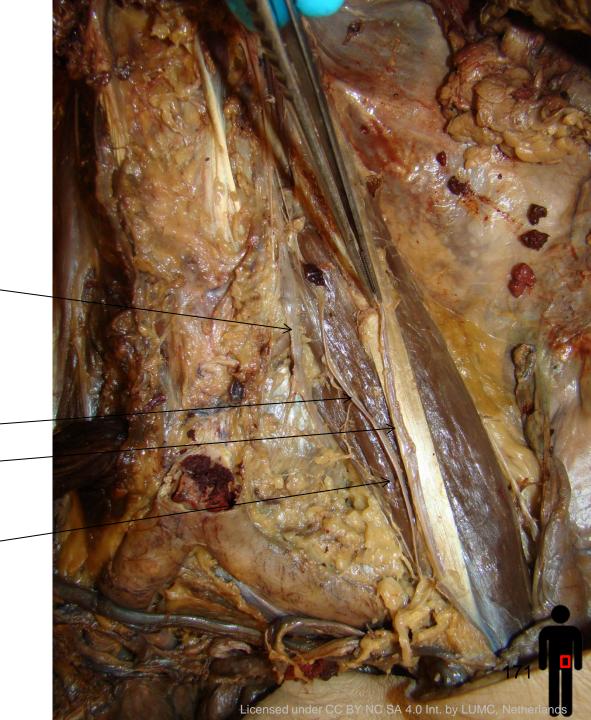
Left side

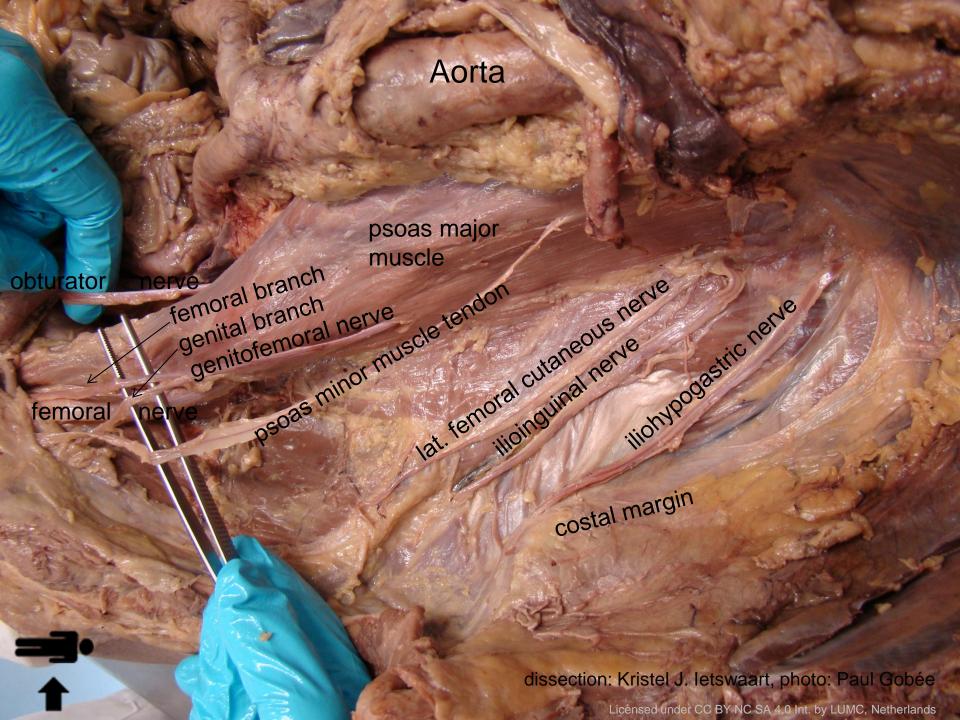
Sympathetic trunk

Genitofemoral nerve:

femoral branch genital branch

Psoas major muscle





We gratefully thank the people who were willing to donate their bodies for medical teaching. They enable us to see the anatomy in reality.