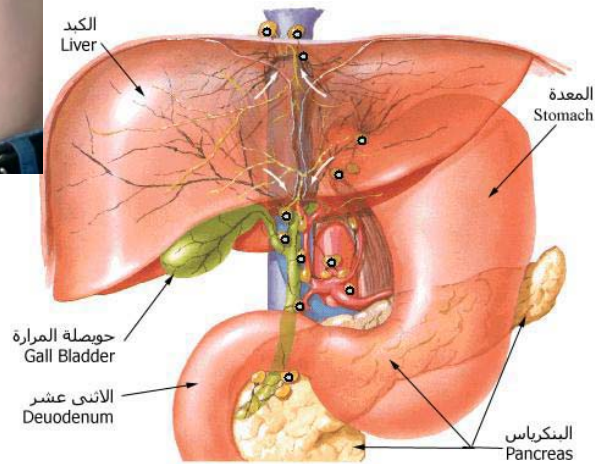


Stomach, Liver, Gall Bladder, Duodenum, Spleen

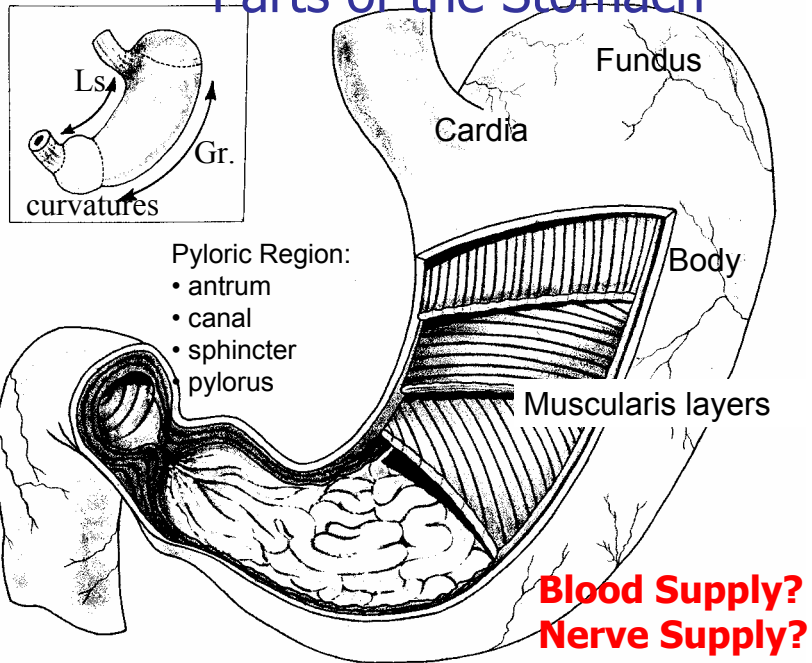


1. Male patient with alcoholic cirrhosis

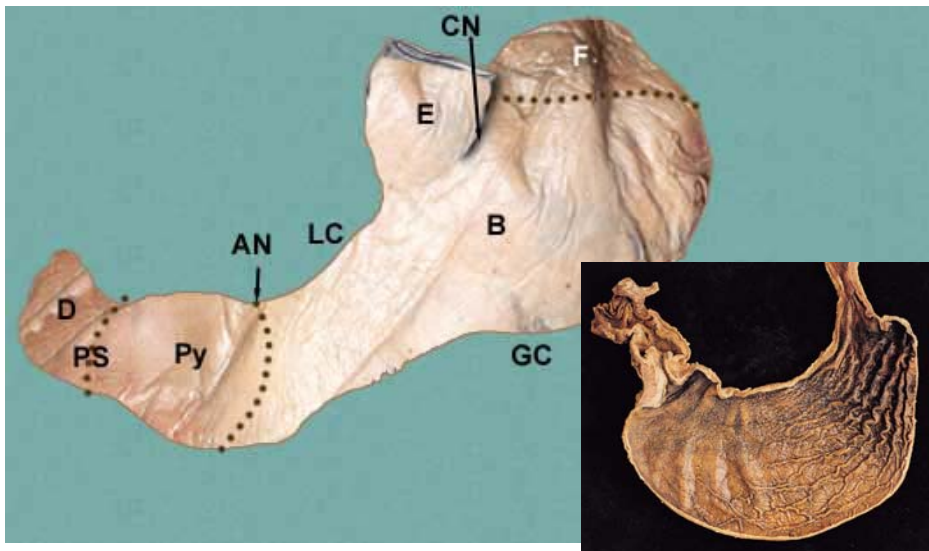
Objectives:

- Describe position and shape of stomach
- Describe parts of the liver
- Describe the gall bladder and landmarks
- Describe the duodenum and relationships
- Discuss the position of the spleen

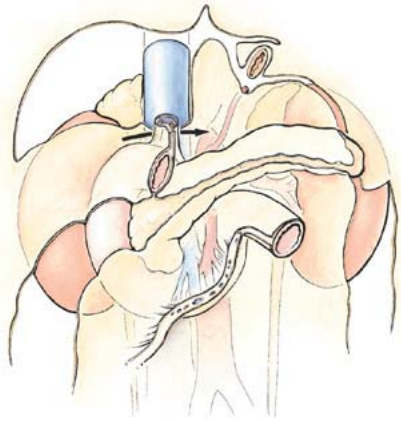
Parts of the Stomach



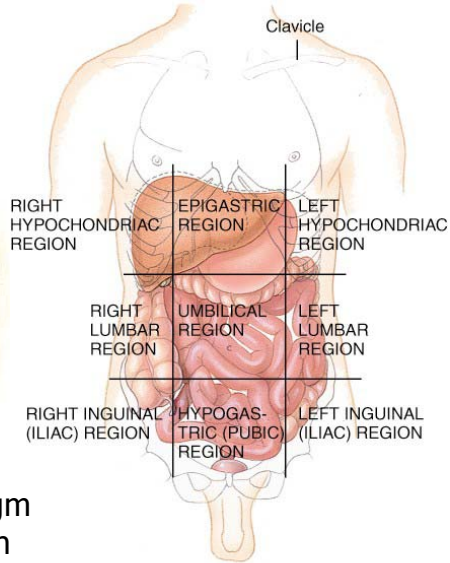
Parts of the Stomach



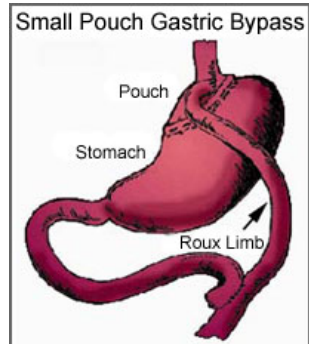
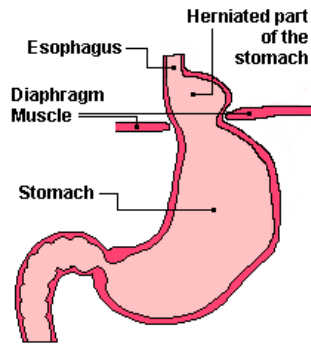
Position and Neighbouring Structures



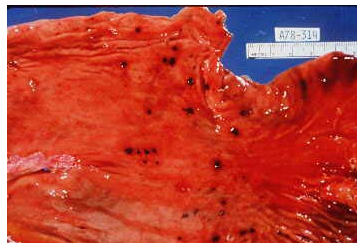
- left costal margin, diaphragm
- lesser sac, pancreas, spleen



(a) Anterior view showing abdominopelvic regions

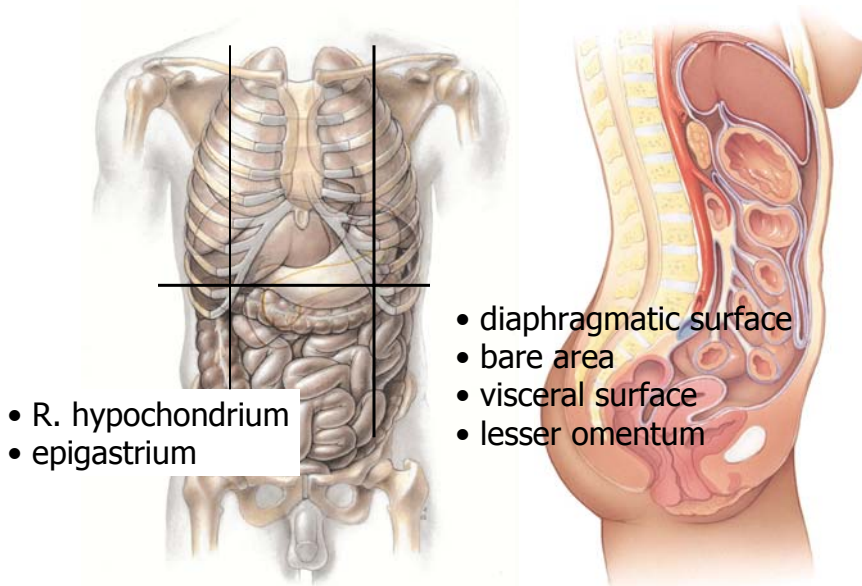


Stomach



Peptic Ulcer

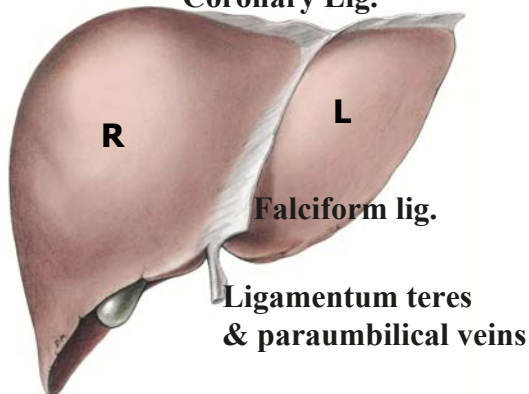
Position of the Liver



Anchoring attachments of Liver

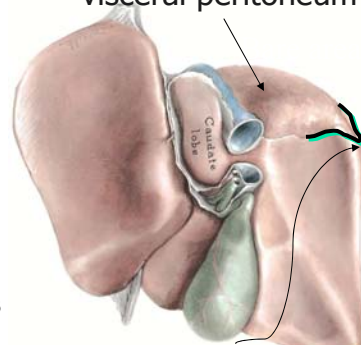
Diaphragmatic Surface

Coronary Lig.



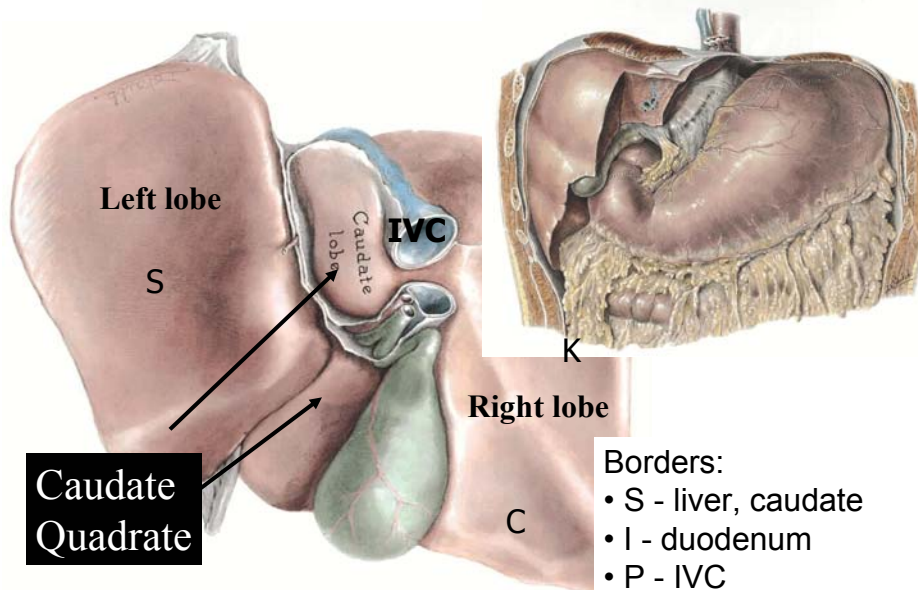
Coronary ligament: reflection of peritoneum attaching diaphragm and liver

Bare area: devoid of visceral peritoneum

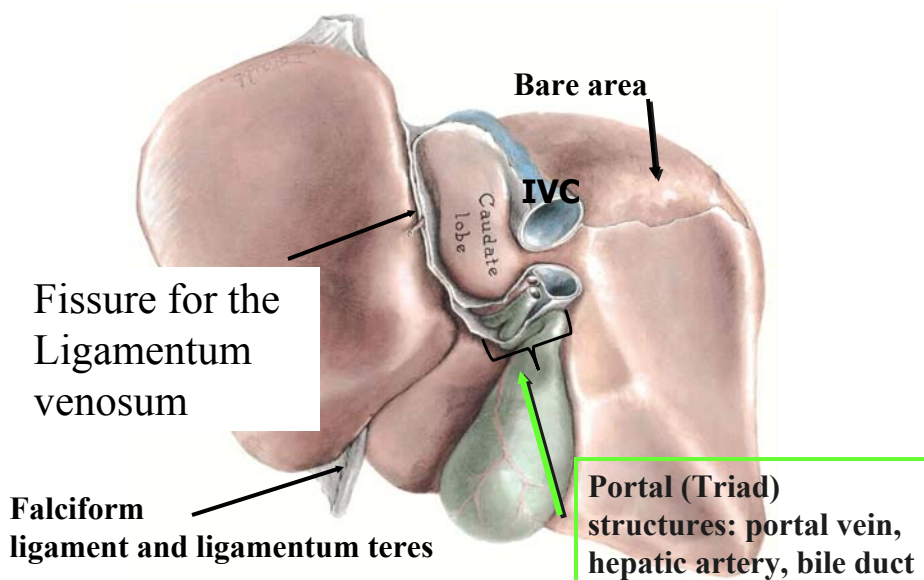


Triangular ligament

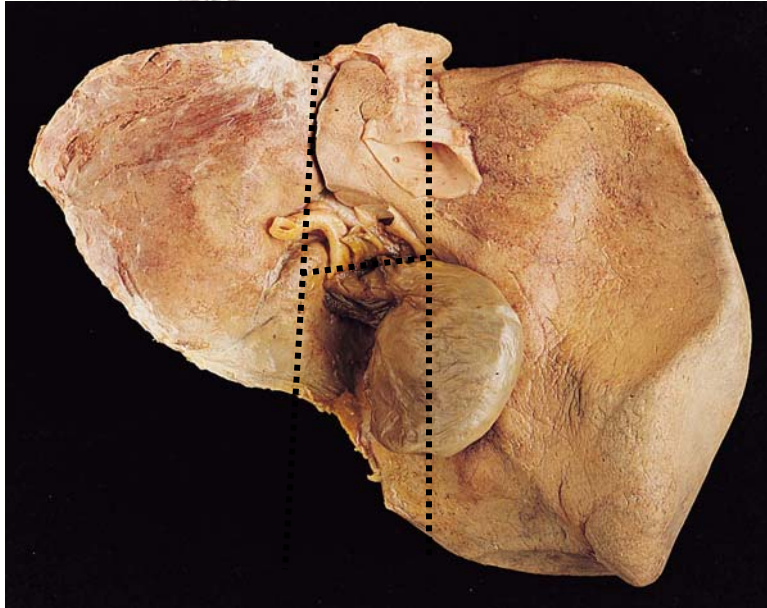
Lobes of the Liver - Visceral surface



Visceral surface of the Liver



Visceral surface - Porta Hepatis



Cirrhosis of the liver:



- small regenerative nodules, yellowish hue indicating fatty changes

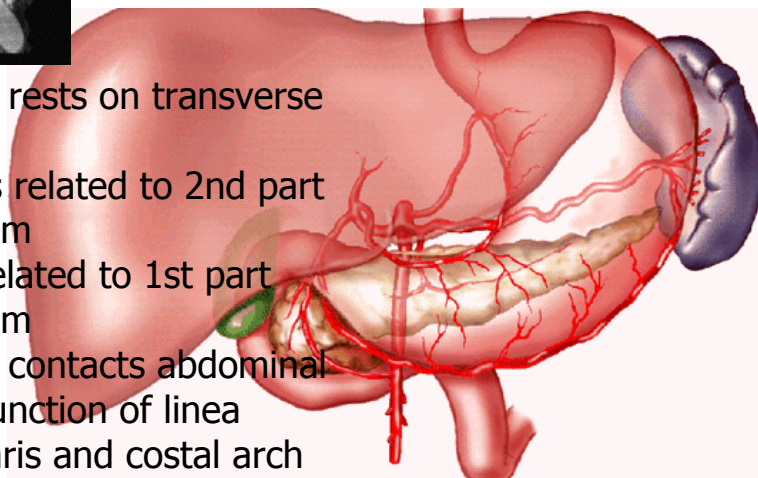
Gall Bladder



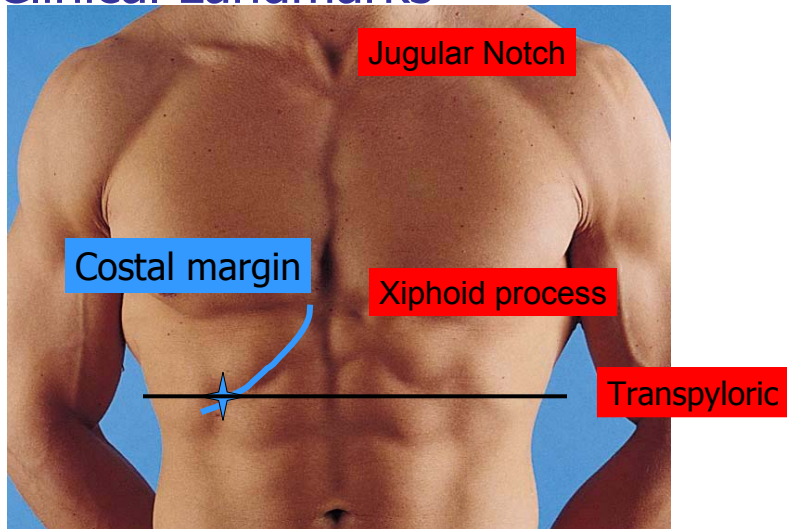
Gall Bladder



- fundus rests on transverse colon
- body is related to 2nd part duodenum
- neck related to 1st part duodenum
- fundus contacts abdominal wall at junction of linea semilunaris and costal arch



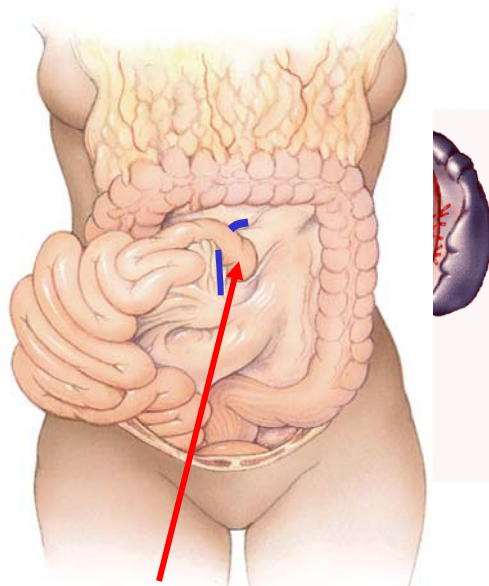
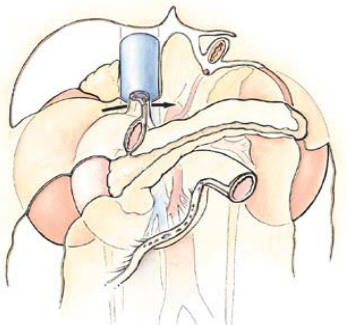
Clinical Landmarks



Murphy's sign: pain palpable distended or inflamed gall bladder

Duodenum

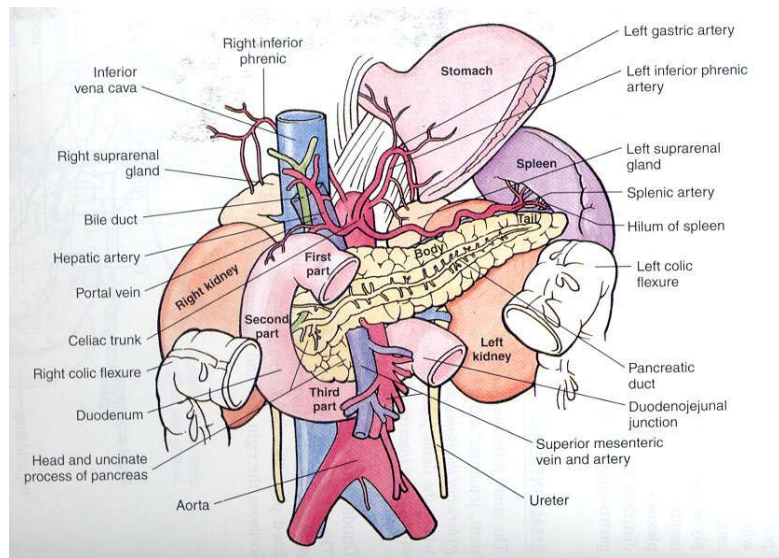
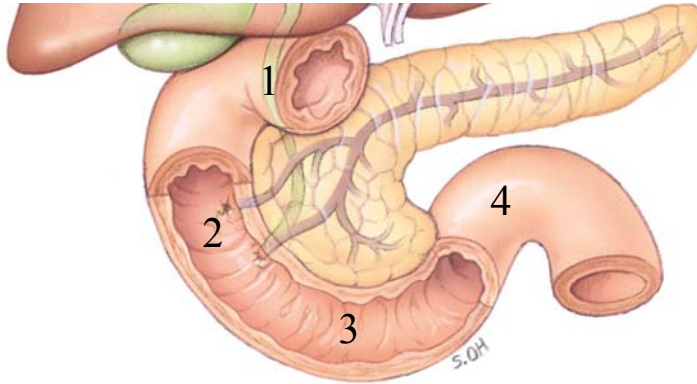
- Contacts gall bladder
- R of L1-L3, related to kidn
- Crosses L3 anterior to IVC
- Turns forward, suspensor



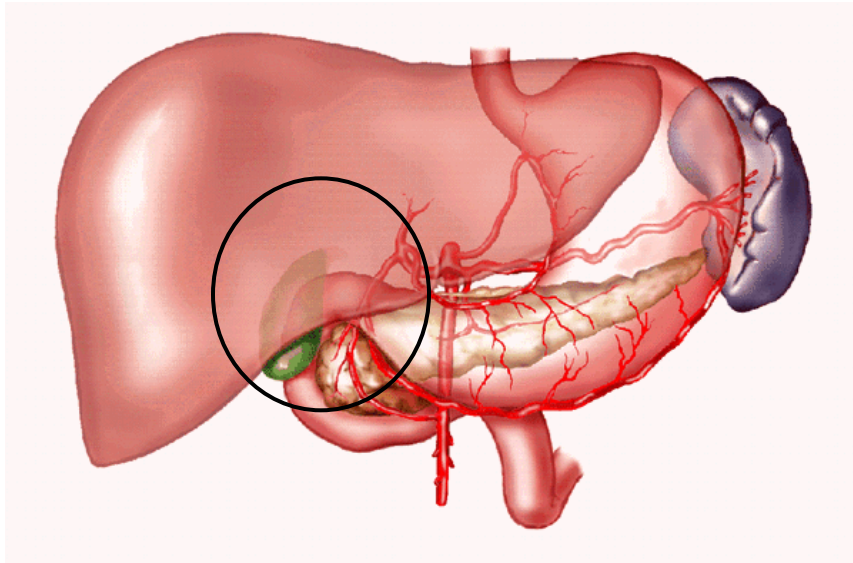
- duodenojejunal flexure

Parts of the Duodenum

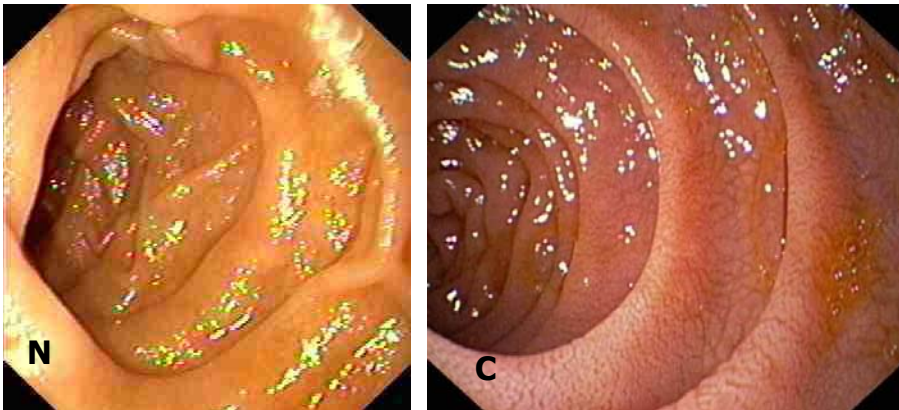
1. Short, anterolateral to L1 (intraperitoneal)
2. Descending, inferiorly along L2,L3, parallel IVC
3. Horizontal, crosses IVC and aorta, posterior to superior mesenteric artery, L3 level
4. Ascending from L3 - L2, left of aorta to pancreas



Importance of Superior portion of Duodenum?



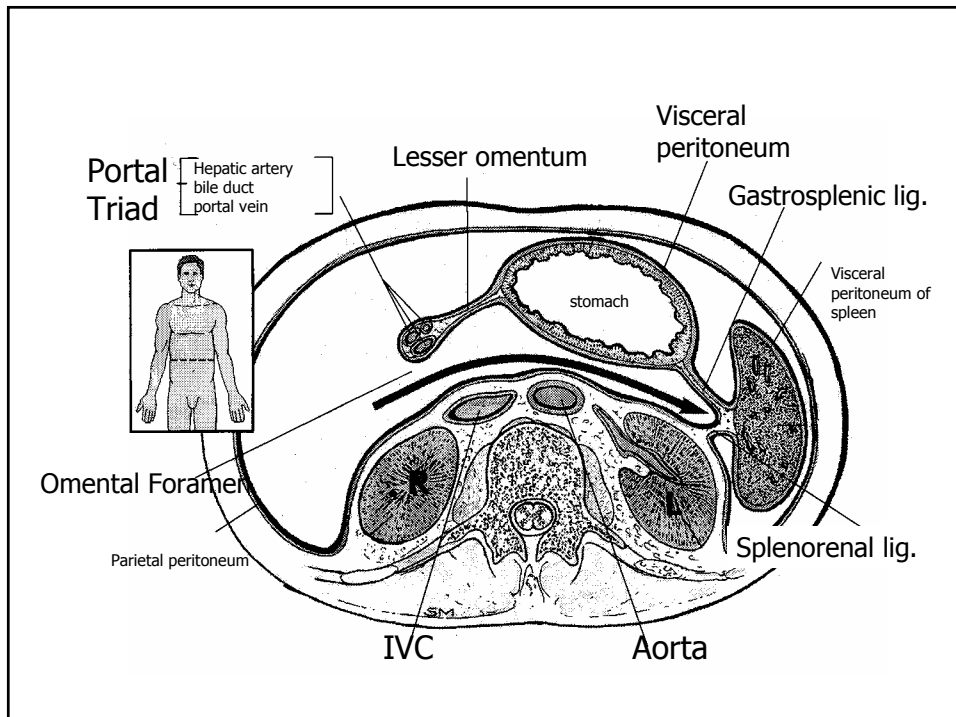
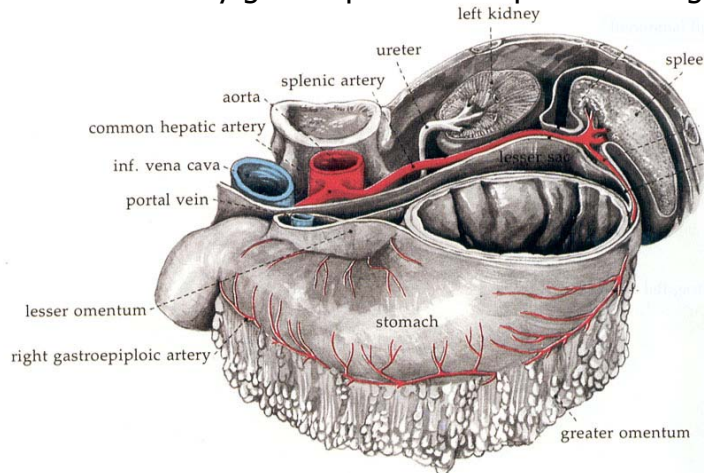
Endoscopy Pictures



Endoscopy of the descending (2nd part) of duodenum is important to exclude celiac disease

Spleen

- in front of ribs 9,10,11, diaphragm and costodiaphragmatic recess
- left hypochondrium region
- connected by gastrosplenic and splenorenal ligaments



Features of the Spleen

- hilum on medial aspect
- slightly notched anterior/superior border
- surfaces:
 - gastric
 - colic (left colic flexure)
 - renal
 - tail of pancreas

