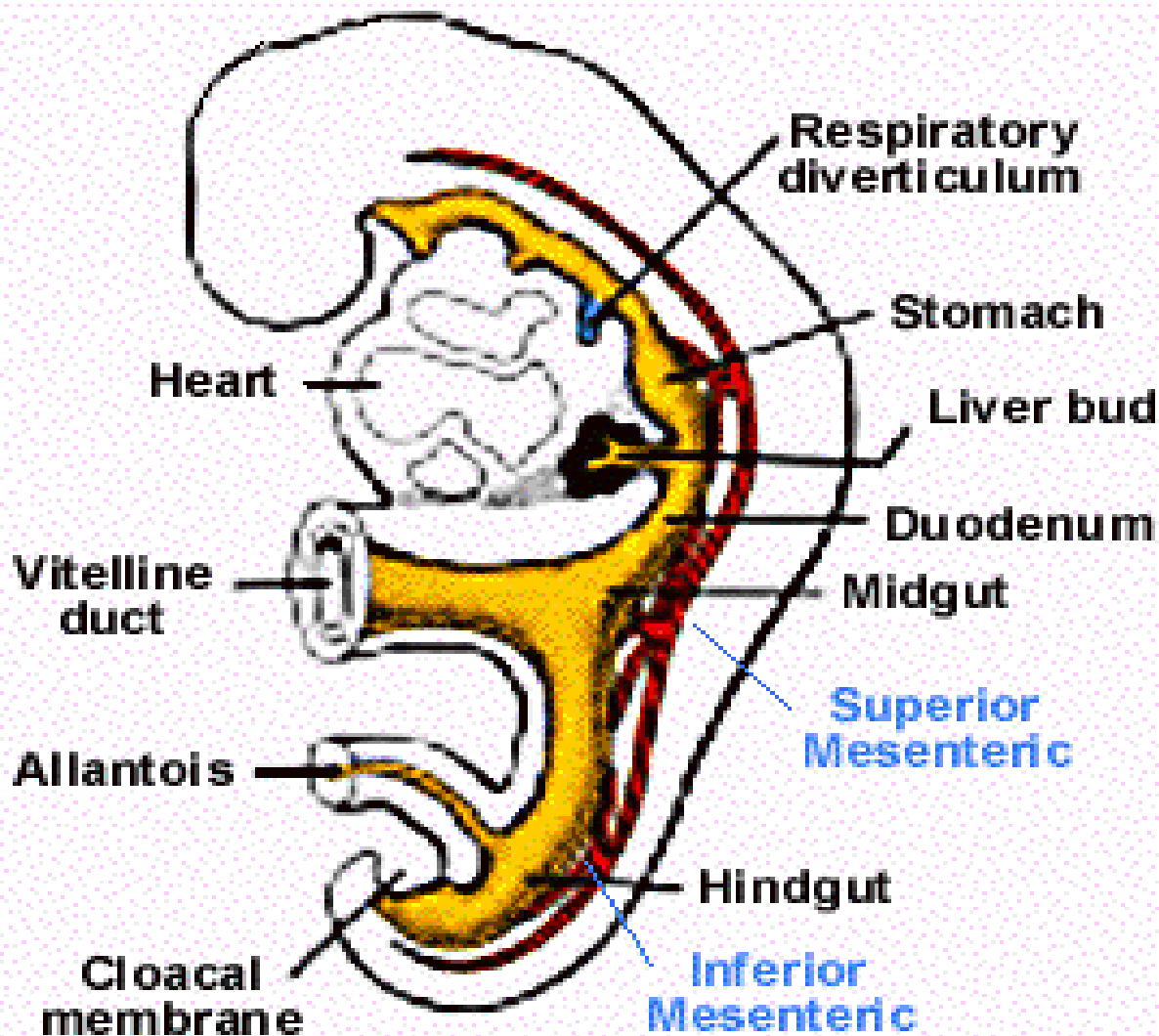
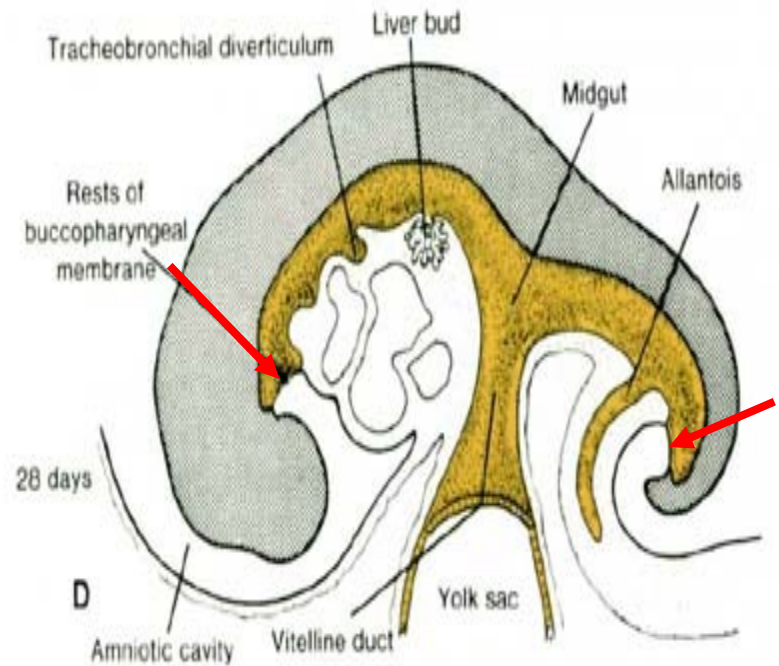
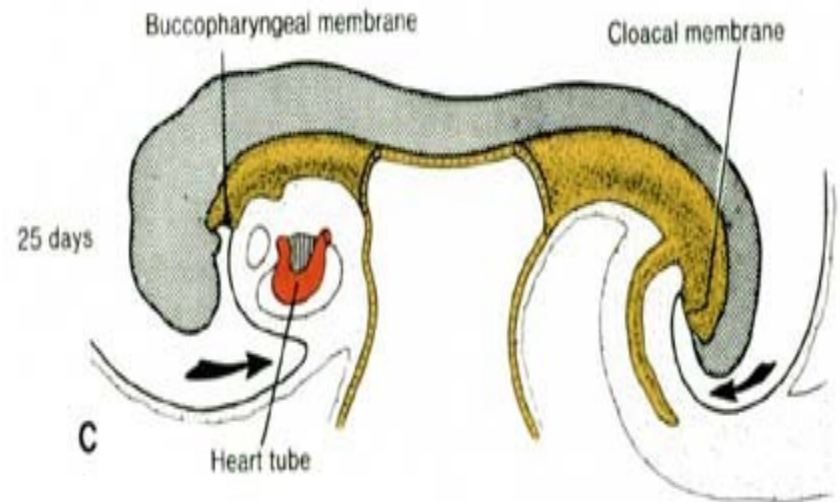
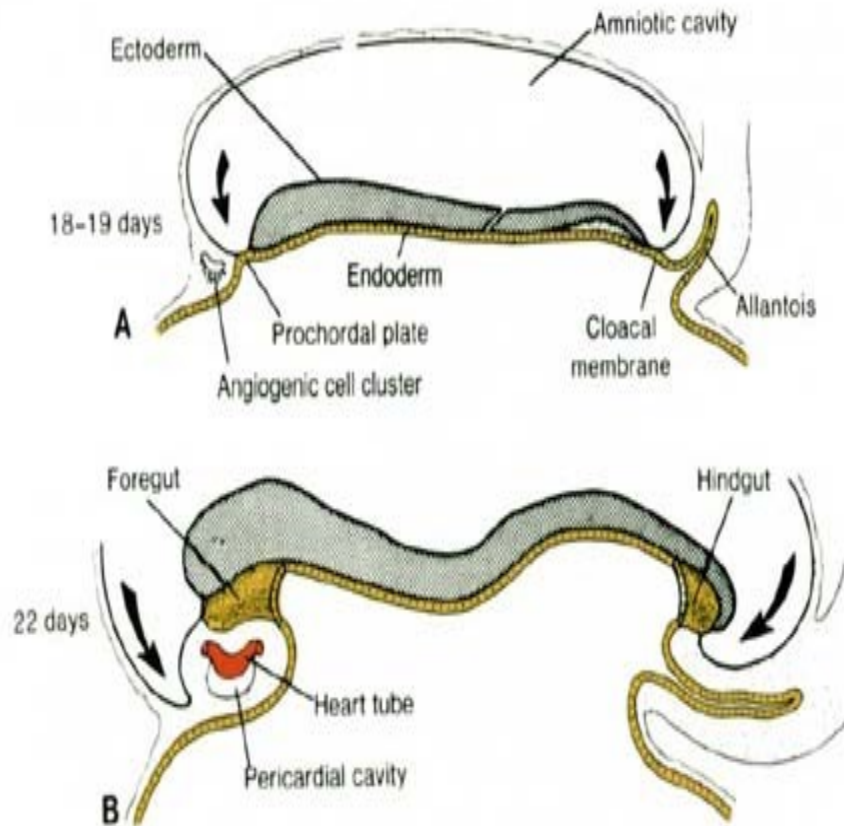


Embryology: Development of digestive system



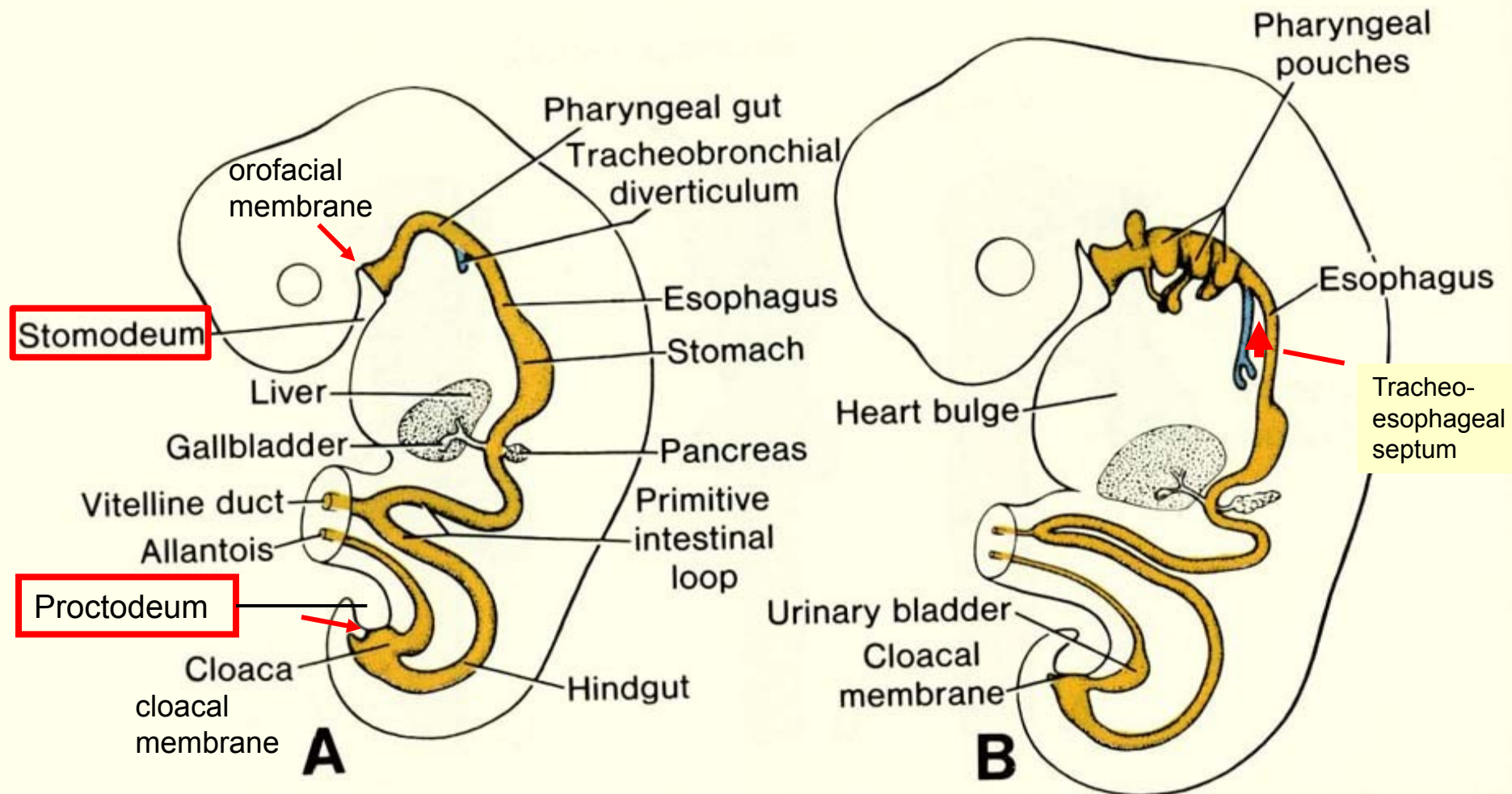


- Flecture of embryo – incorporation of endoderm to form primitive gut.
- Outside of embryo – yolk sac and allantois.
- Vitelline duct

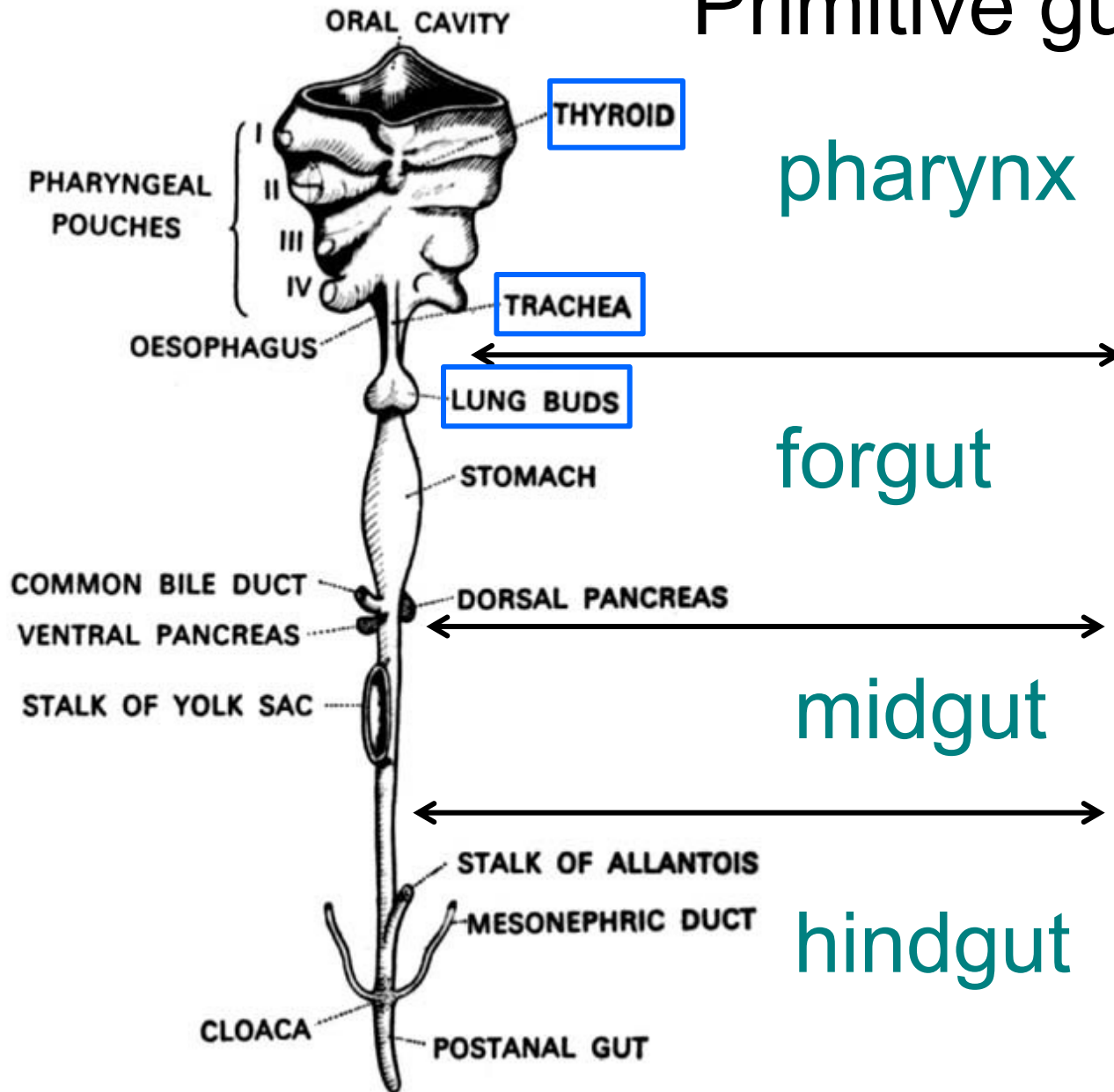
Stomodeum (primitive mouth) ⇒ the oral cavity + the salivary glands

Proctodeum ⇒ primitive anal pit

Primitive gut ⇒ whole digestive tube + accessory glands



Primitive gut

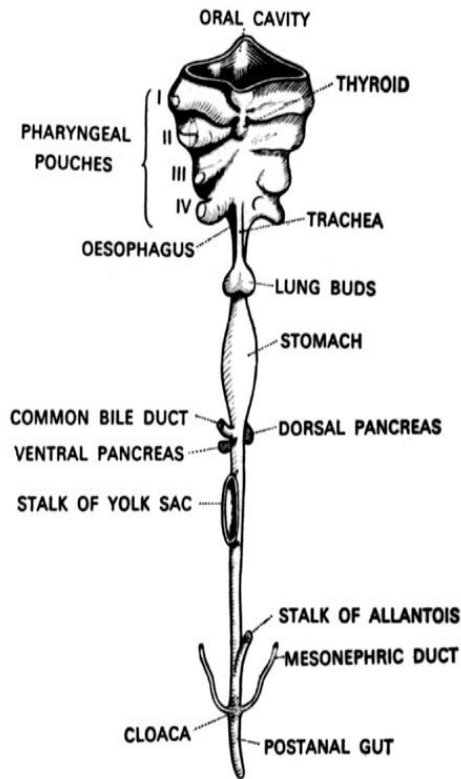


Derivatives of

foregut – pharynx,
(+ respiratory diverticle), esophagus,
stomach, cranial part of duodenum,
(+ liver, gall bladder pancreas)

midgut – caudal part of duodenum, small
intestine and part of large intestine (1/3 of
colon transv.)

hindgut – the rest of large intestine,
rectum, upper part of the anal canal



Tissues in GIT

- The **epithelium** of gut and **glandular cells** of associated glands of the gastrointestinal tract develop **from endoderm**
- The **connective tissue**, **muscle tissue** and **mesothelium** derive from splanchnic **mesoderm**
- The **enteric nervous system** develops from **neural crest**

primitive gut

foregut

from
pharyngeal
membrane



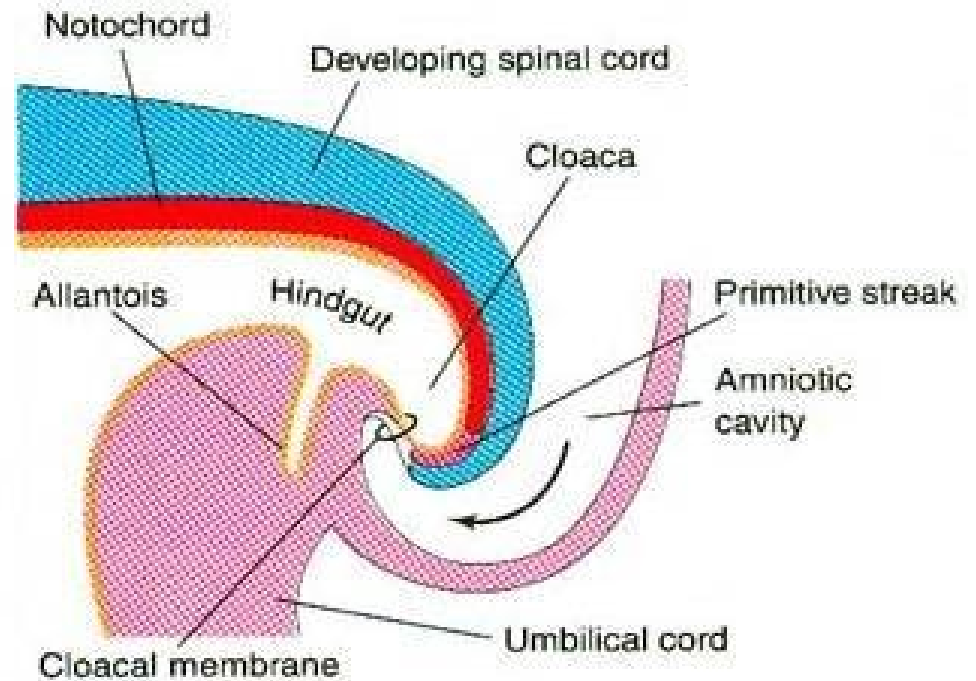
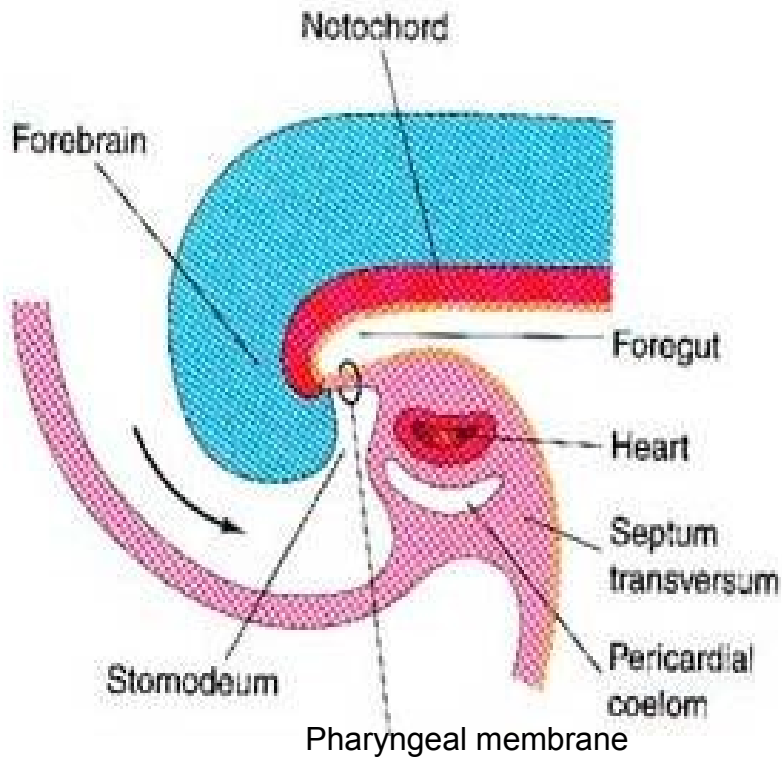
midgut

above ductus
omphalomesentericus
and yolk sack

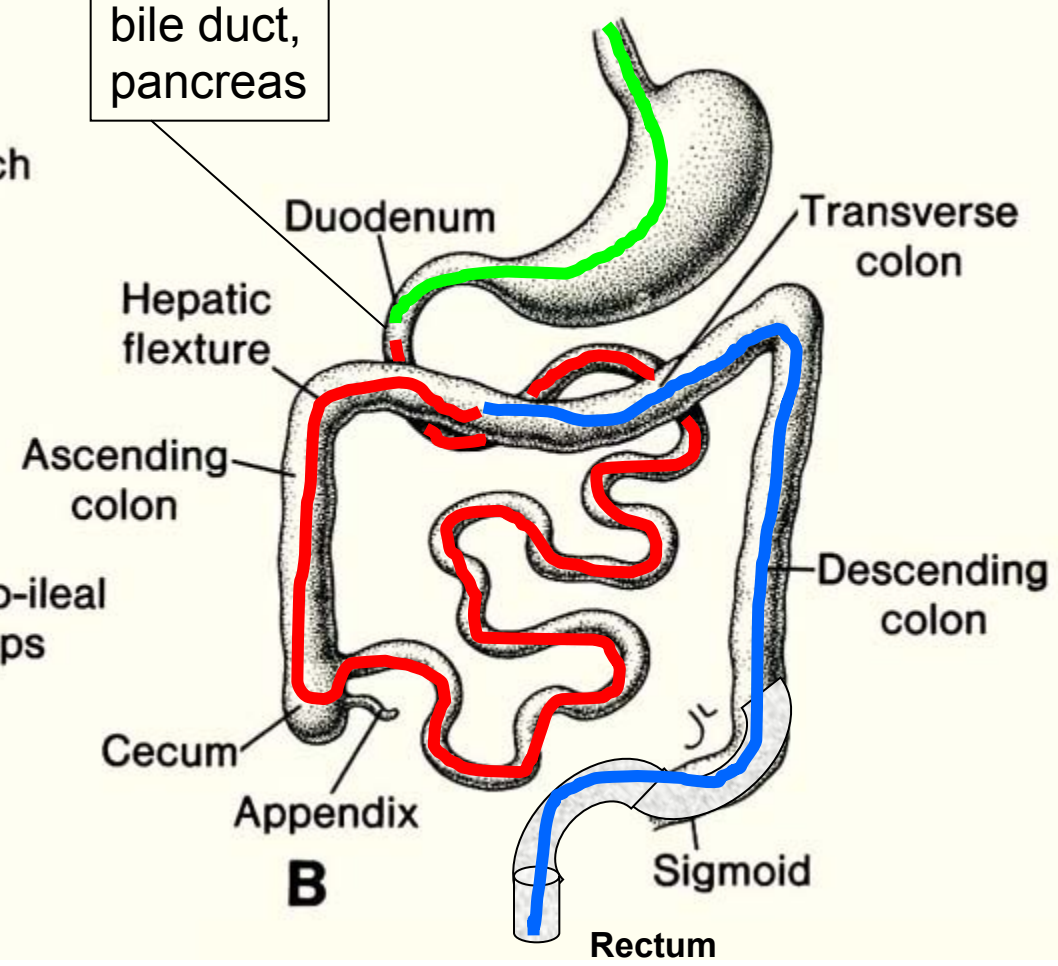
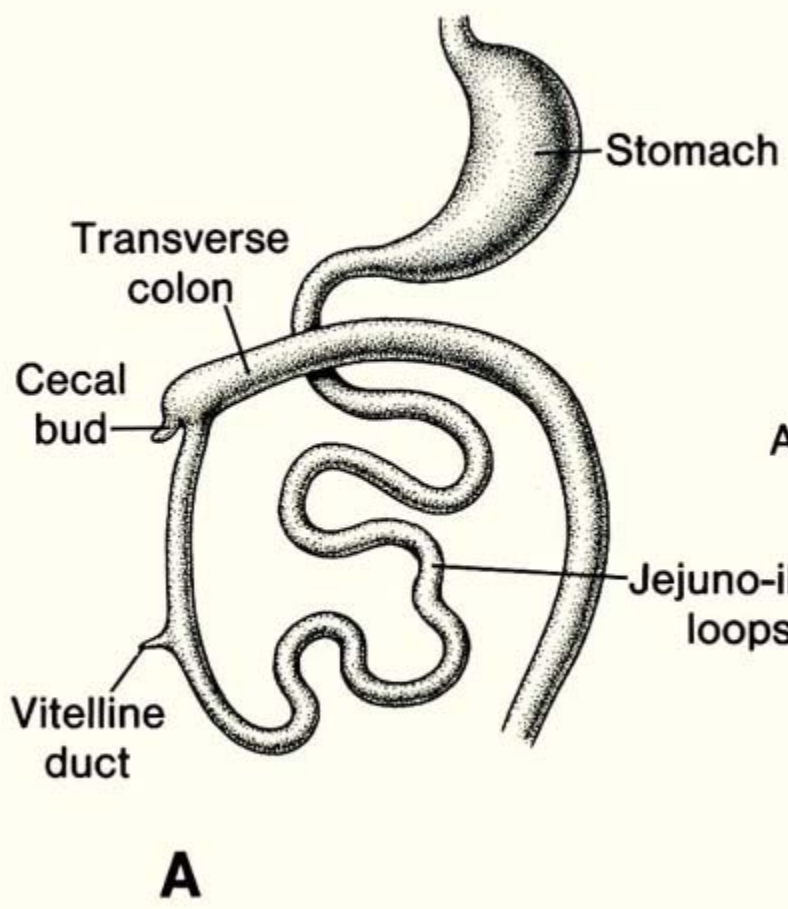


hindgut

to cloacal
membrane



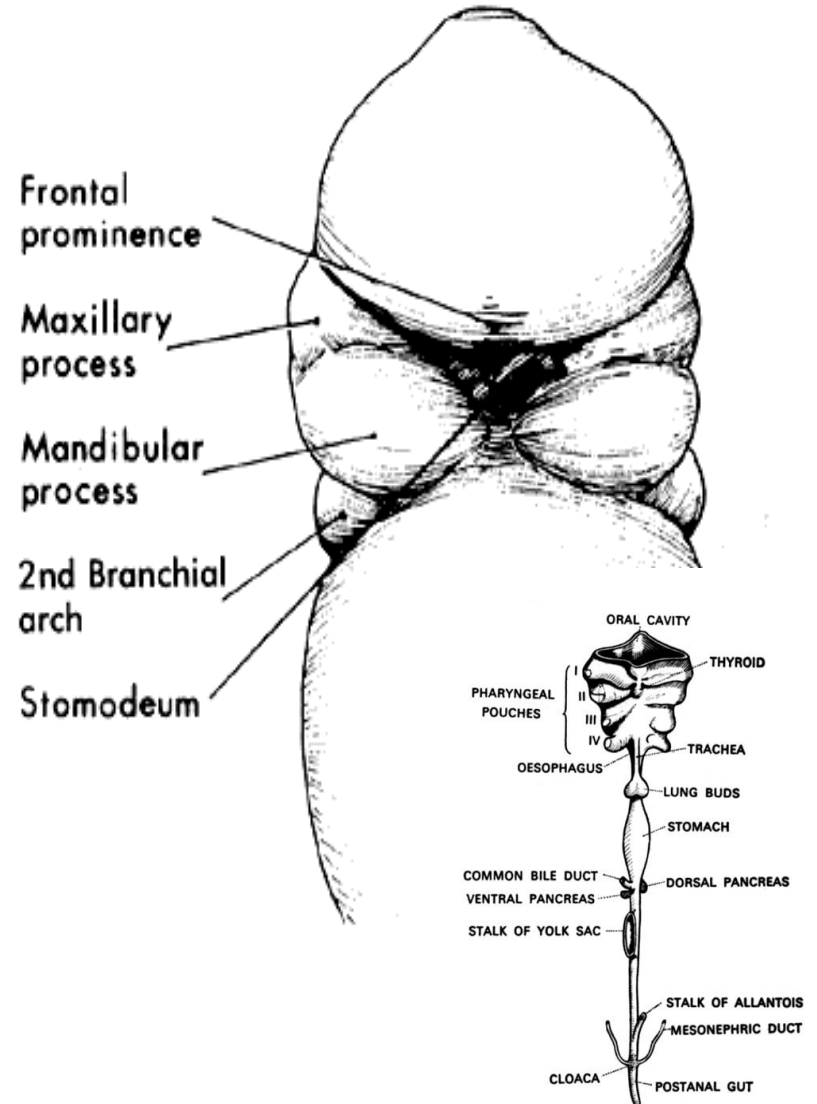
liver,
bile duct,
pancreas



Origin: **foregut**, **midgut**, **hindgut**

Oral cavity

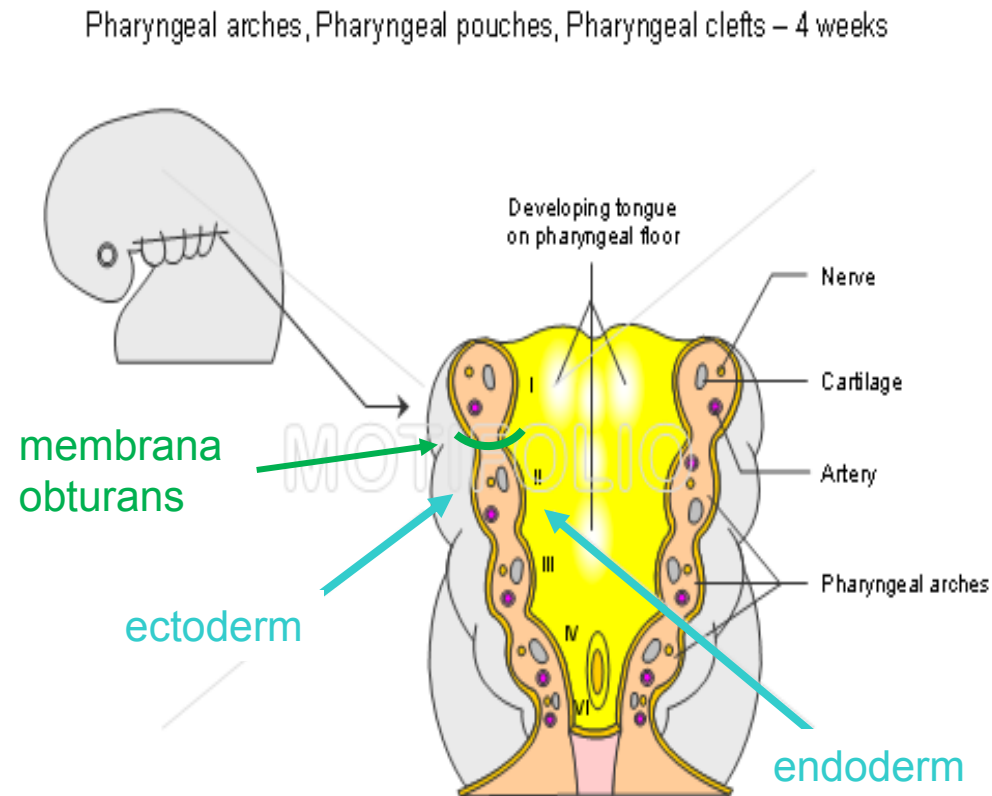
- primitive mouth pit
 - **stomodeum**
- lined with ectoderm
- surrounded by:
 - processus frontalis (single)
 - proc. maxillares (paired)
 - proc. mandibulares (paired)
- orophacial membrane
(it ruptures during the 4th week, primitive gut communicates with amnionic cavity)



Pharyngeal (branchial) apparatus

Pharyngeal arches

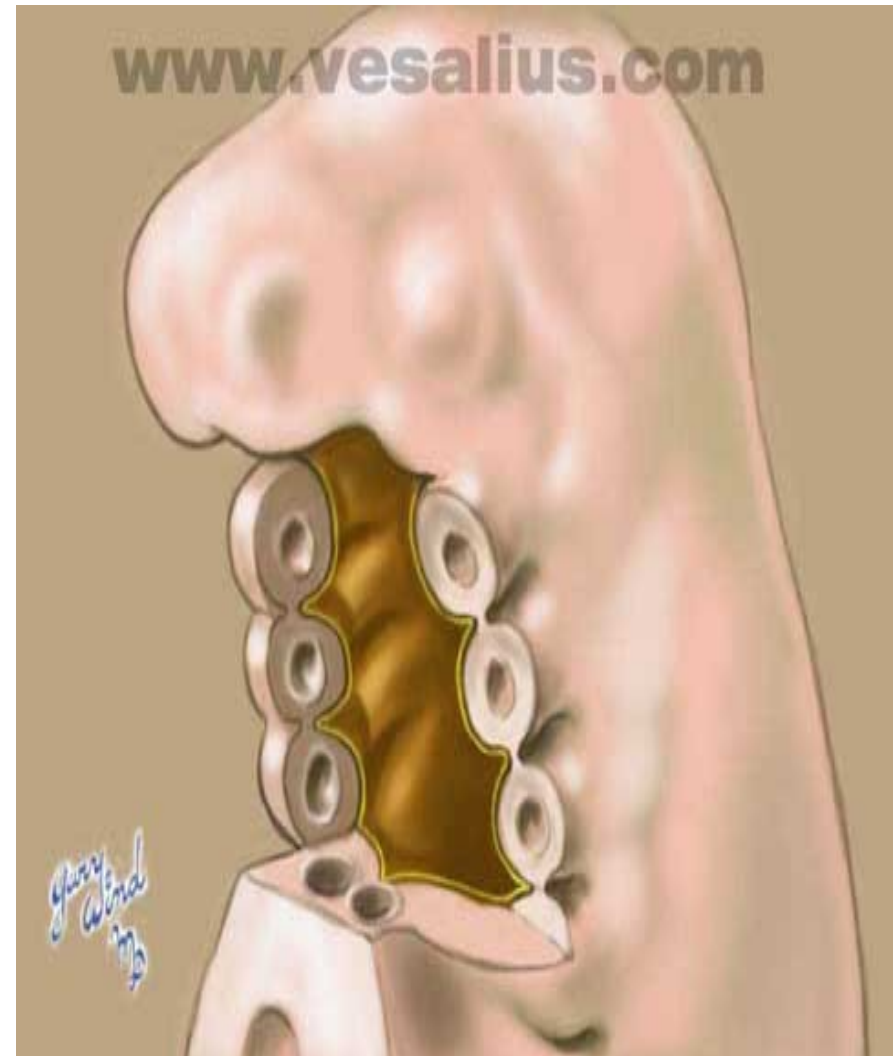
- appear in weeks 4 - 5
- on the ventral side of the pharyngeal gut.
- each arch = cartilage, nerve, aortic arch artery and muscle
- pharyngeal **clefts** and **pouches** are located between the arches
- **membrana obturans**



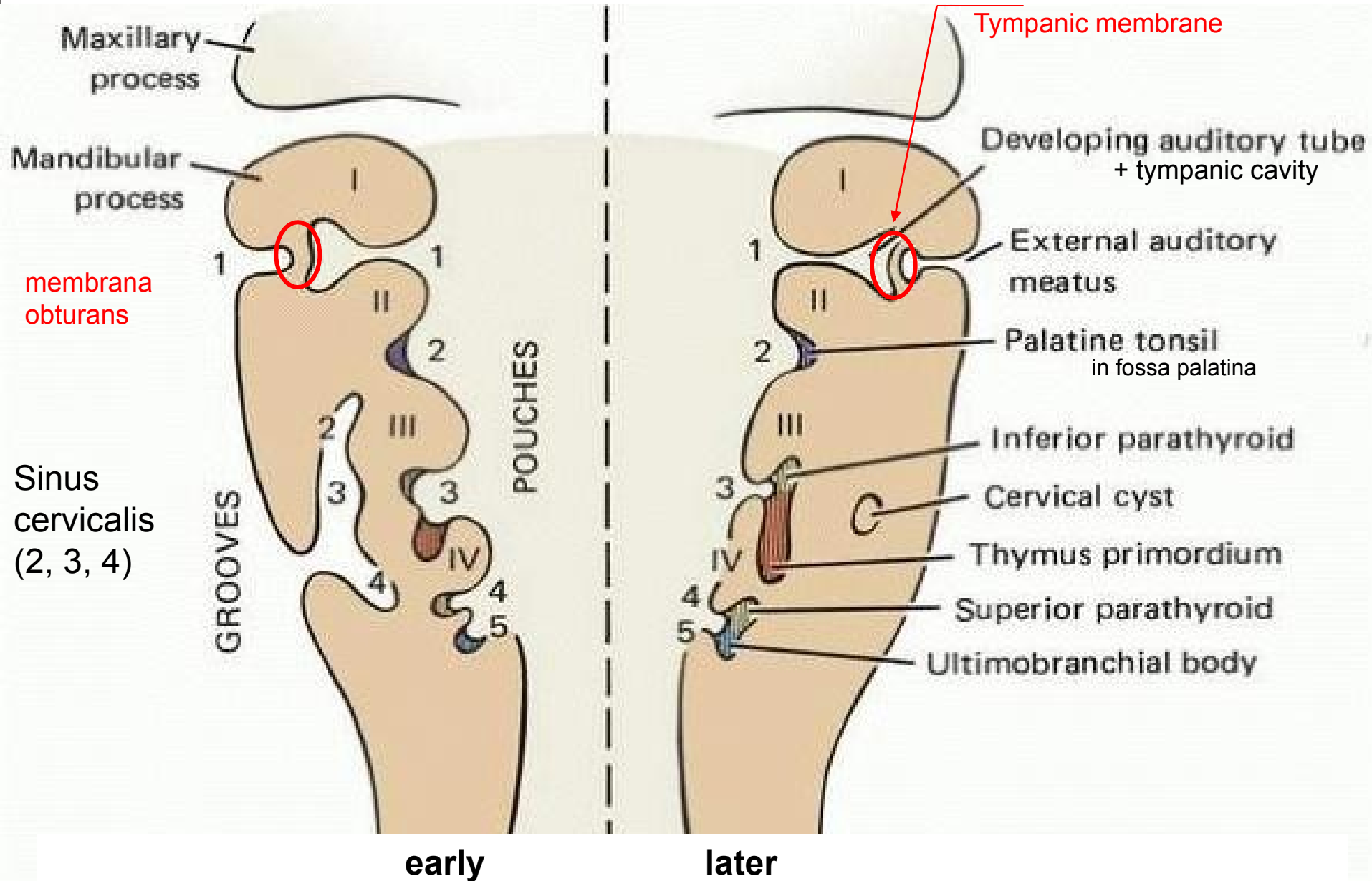
Ectodermal pharyngeal clefts (grooves)



Endodermal pharyngeal pouches



Fate of pharyngeal pouches and grooves (clefts)



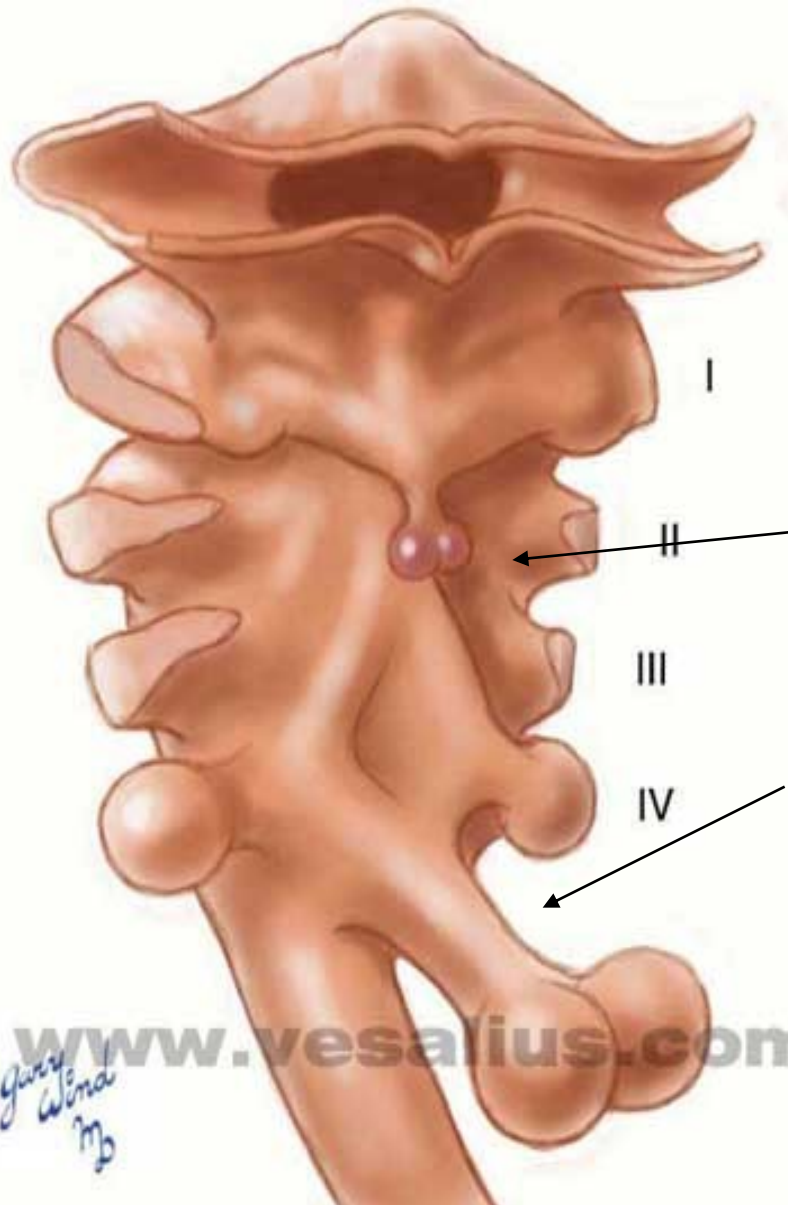
Structures derived from Arches

ARCH	Nerve	Muscles	Skeletal Structures	Ligaments
1 (maxillary/mandibular)	trigeminal (V)		malleus, incus	ant.lig. of malleus, sphenomandibular ligament
2 (hyoid)	facial (VII)		stapes, styloid process, lesser cornu of hyoid, upper part of body of hyoid bone	stylohyoid ligament
3	glossopharyngeal (IX)		greater cornu of hyoid, lower part of body of hyoid bone	
4 & 6	superior laryngeal and recurrent laryngeal branch of vagus (X)		thyroid, cricoid, arytenoid, corniculate and cuneiform cartilages	

Esophagus development

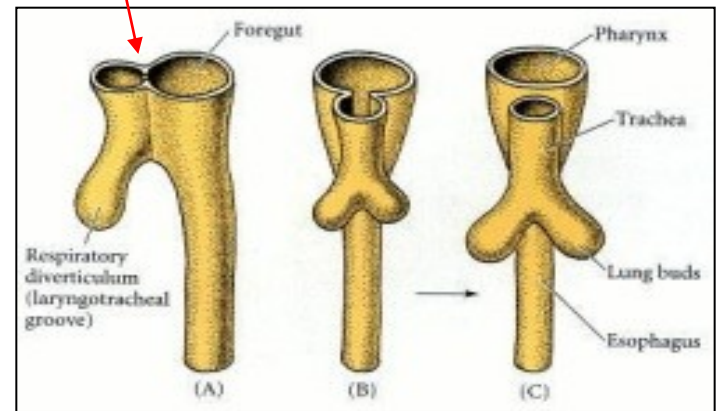
below respiratory diverticle,
behind larynx and trachea

primitive pharynx



thyroid gl.

laryngotracheal
diverticle



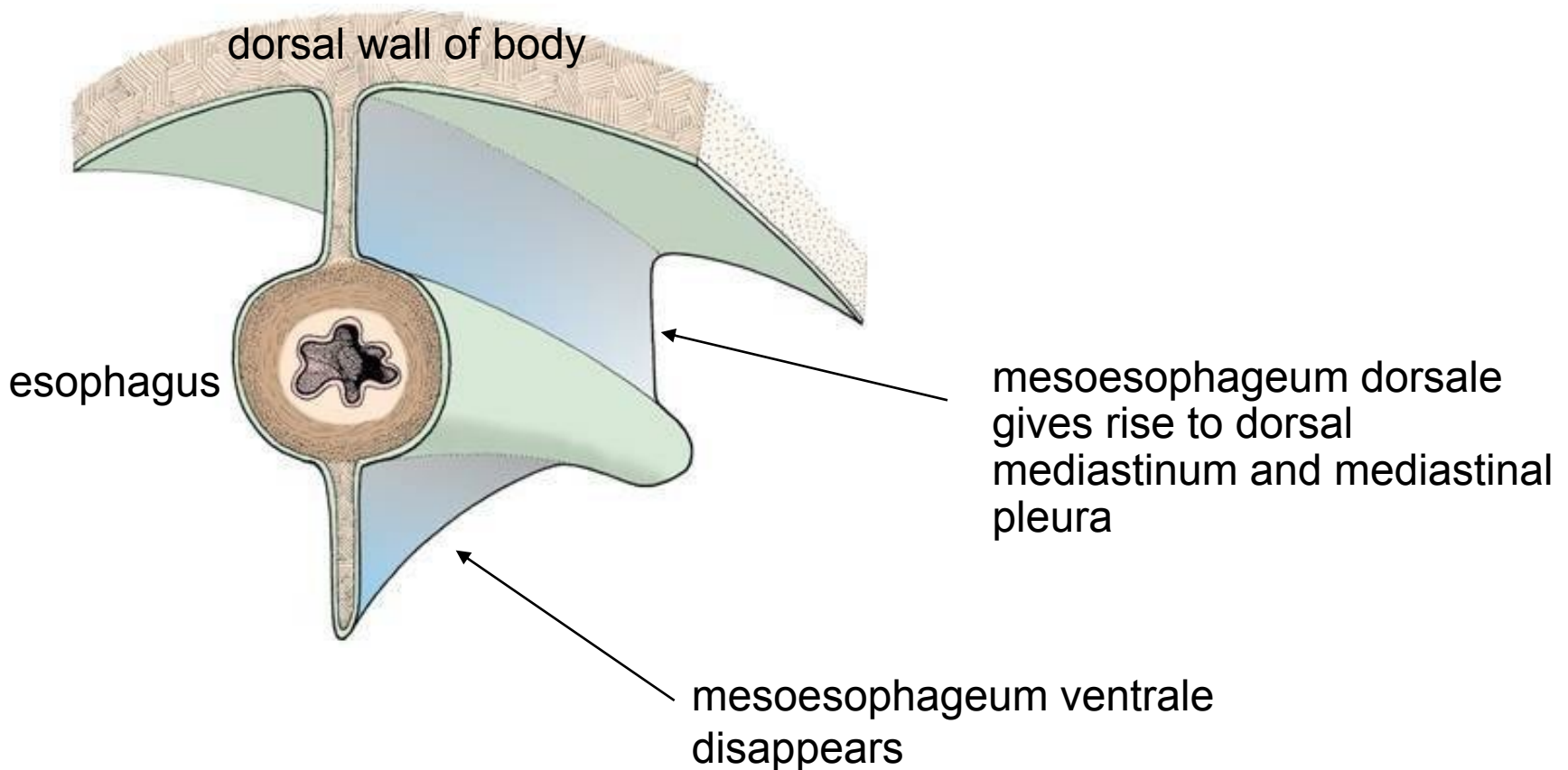
esophagus

Esophagus development

- differentiation of epithelium from endoderm
- during the 8th week endoderm proliferates and temporarily closes esophageal lumen
- other tissues and structures in the wall arise from splanchnic mesoderm

Mesenteries – suspensory duplicature derived from mesoderm and mesenchyme (a fold of tissue that attaches organs to the body wall)

mesoesophageum



Teratology

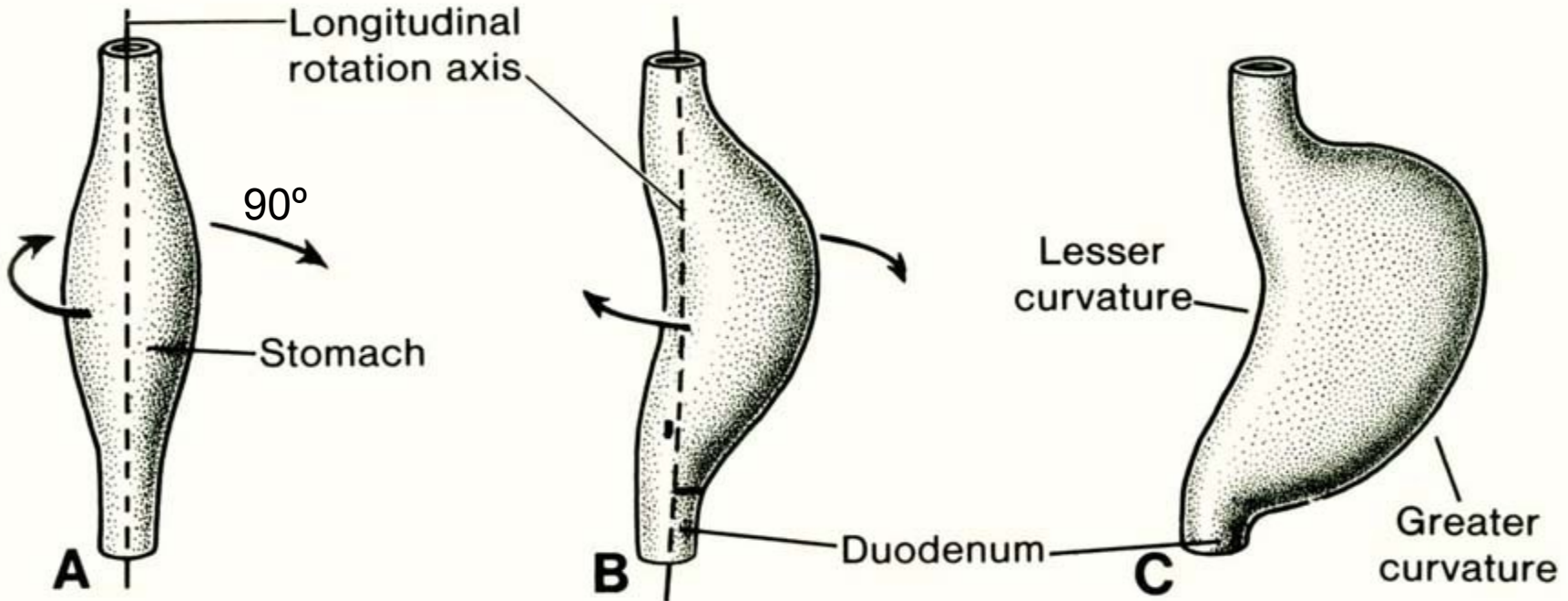
Esophageal atresia – failure of recanalization or septum deviation

Susp.: polyhydramnios, fetus cannot swallow

Esophageal stenosis – narrow lumen, incomplete recanalization

Tracheoesophageal fistula – defect in septum

Stomach development



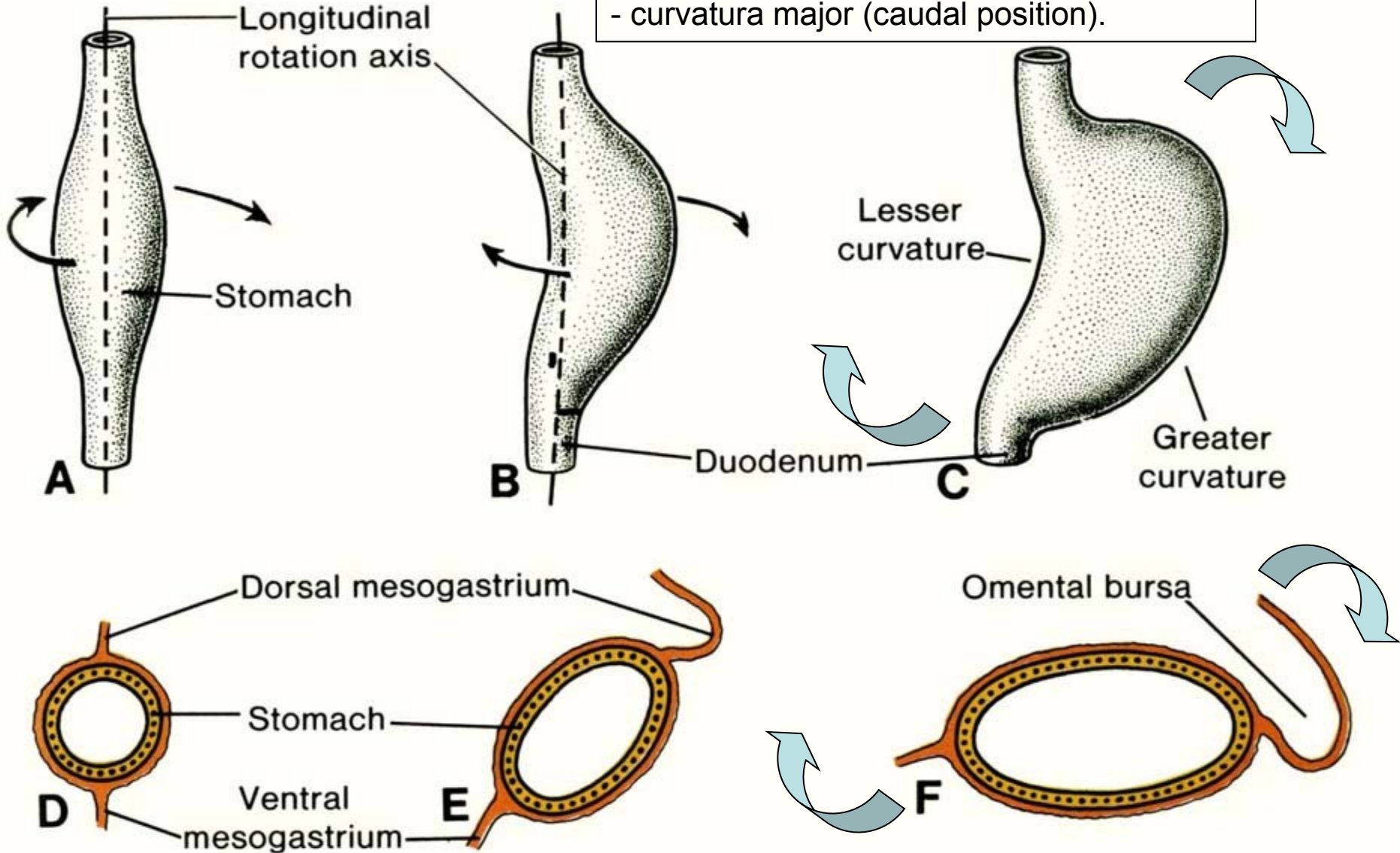
- in the 4th week – spindle dilatation of distal foregut in median plane
- endoderm – epithelium and glandular cells
- splanchnic mesoderm – other tissues of stomach wall

Rotation around longitudinal axis:

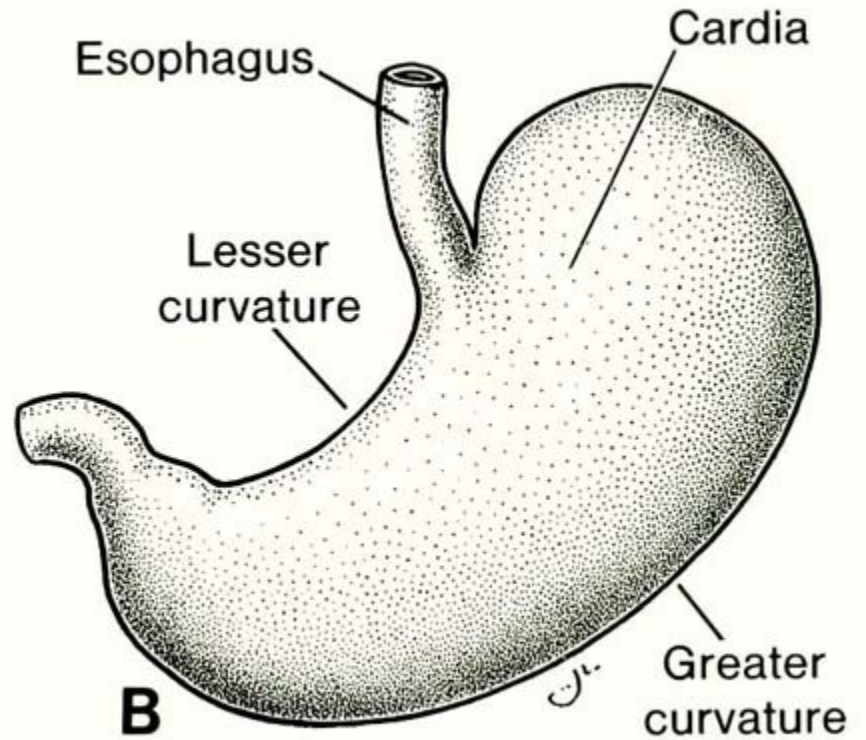
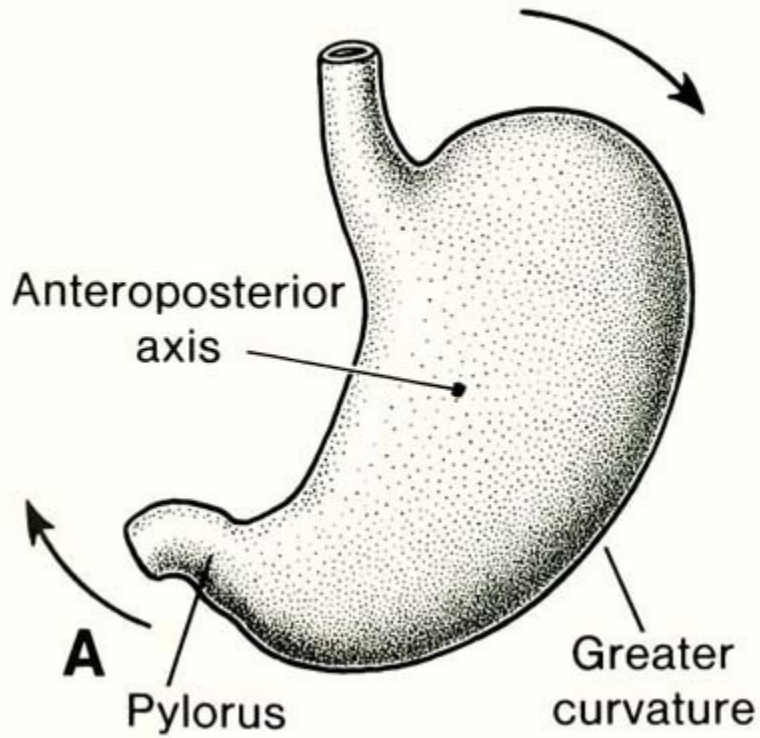
- left side → ventrally,
- right side → dorsally.

Uneven growth of ventral and dorsal wall:

- curvatura minor (to the right),
 - curvatura major (to the left).
- Rotation around sagittal axis :
- curvatura minor (cranial position),
 - curvatura major (caudal position).

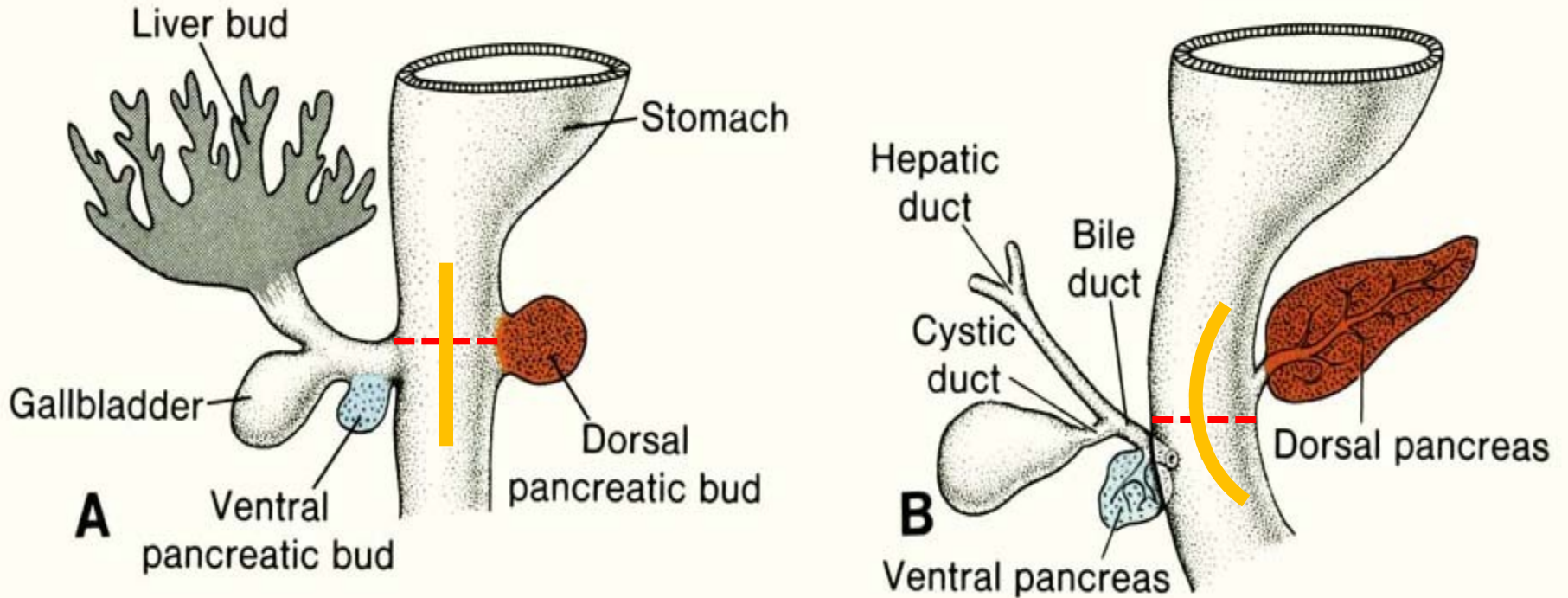


Sagittal rotation axis



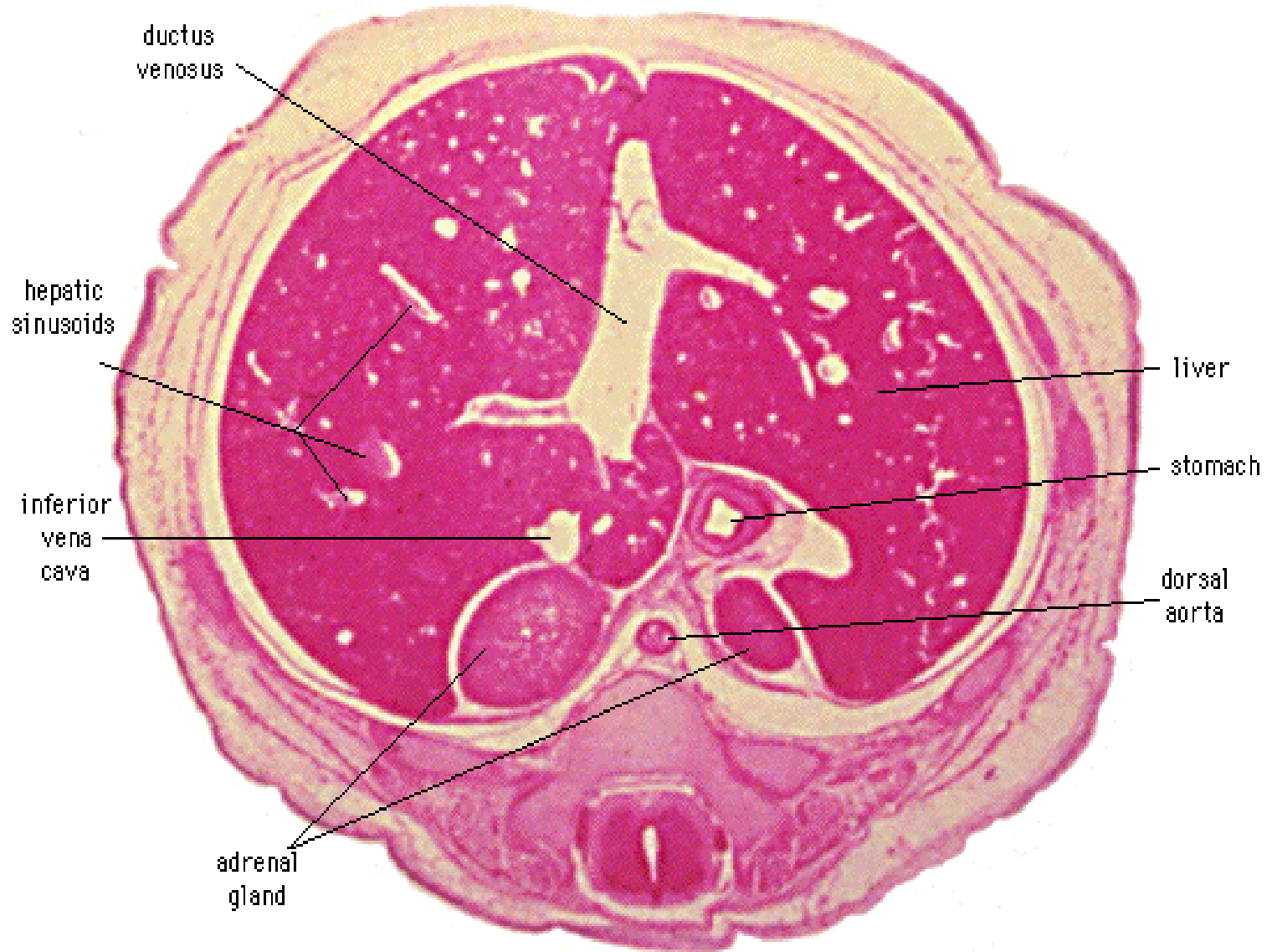
foregut | midgut

duodenum



duodenal loop

Liver



Teratology

Pyloric stenosis – muscular hypertrophy, unknown etiology

Duodenal stenosis – incomplete recanalization

Duodenal atresia – polyhydramnios

vomiting

Midgut

The derivatives

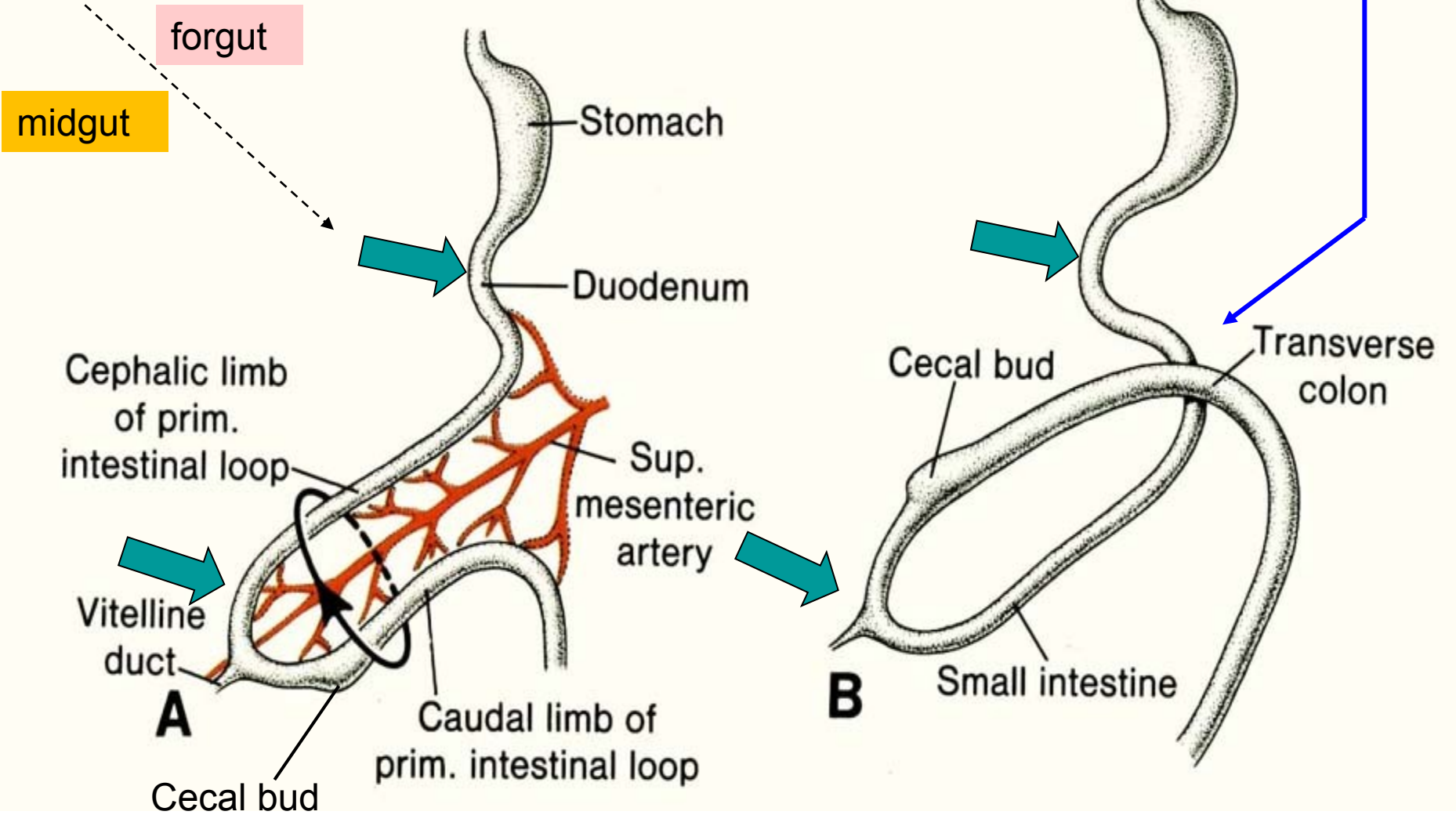
- the distal duodenum, jejunum, and proximal ileum +
- the distal ileum, cecum, appendix, ascending colon, and proximal 2/3 of transverse colon.

the midgut grows faster than the embryo, creating:

- **duodenal loop**
- **umbilical loop**

Duodenal loop and umbilical loop

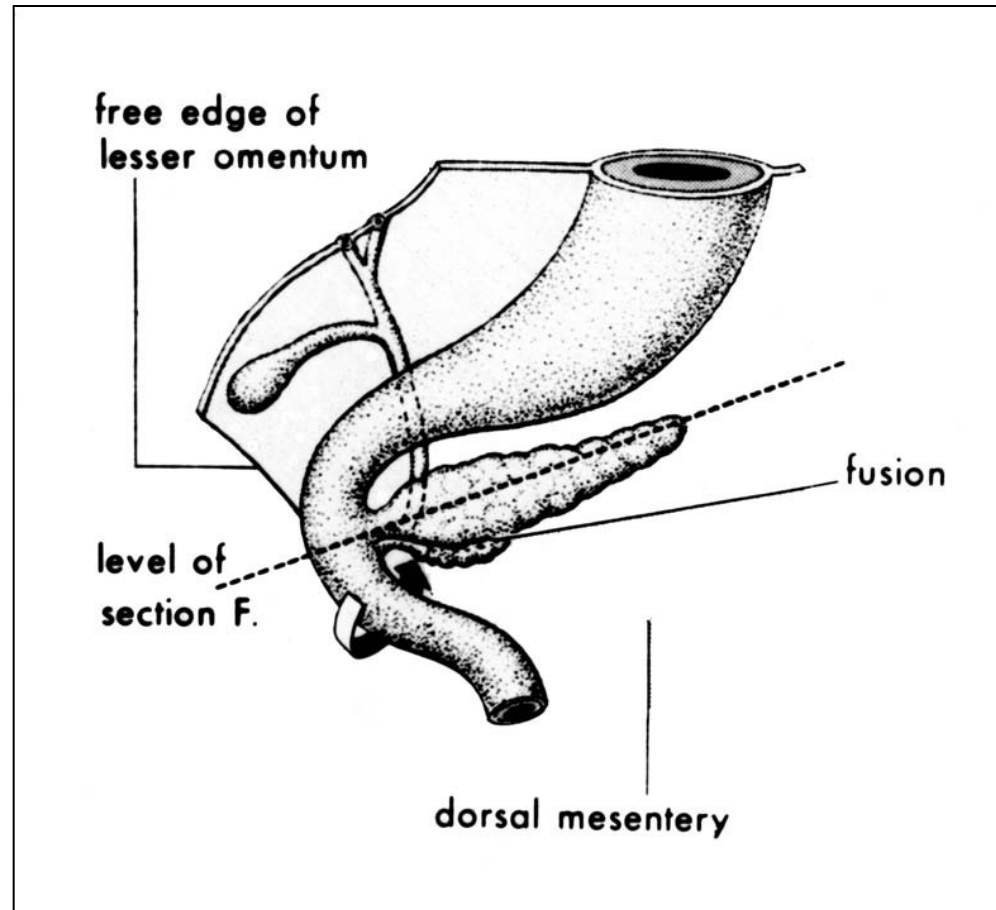
Flexura duodenojejunalis



Umbilical loop herniates into the umbilical cord (**physiologic herniation**, in week 6-10)

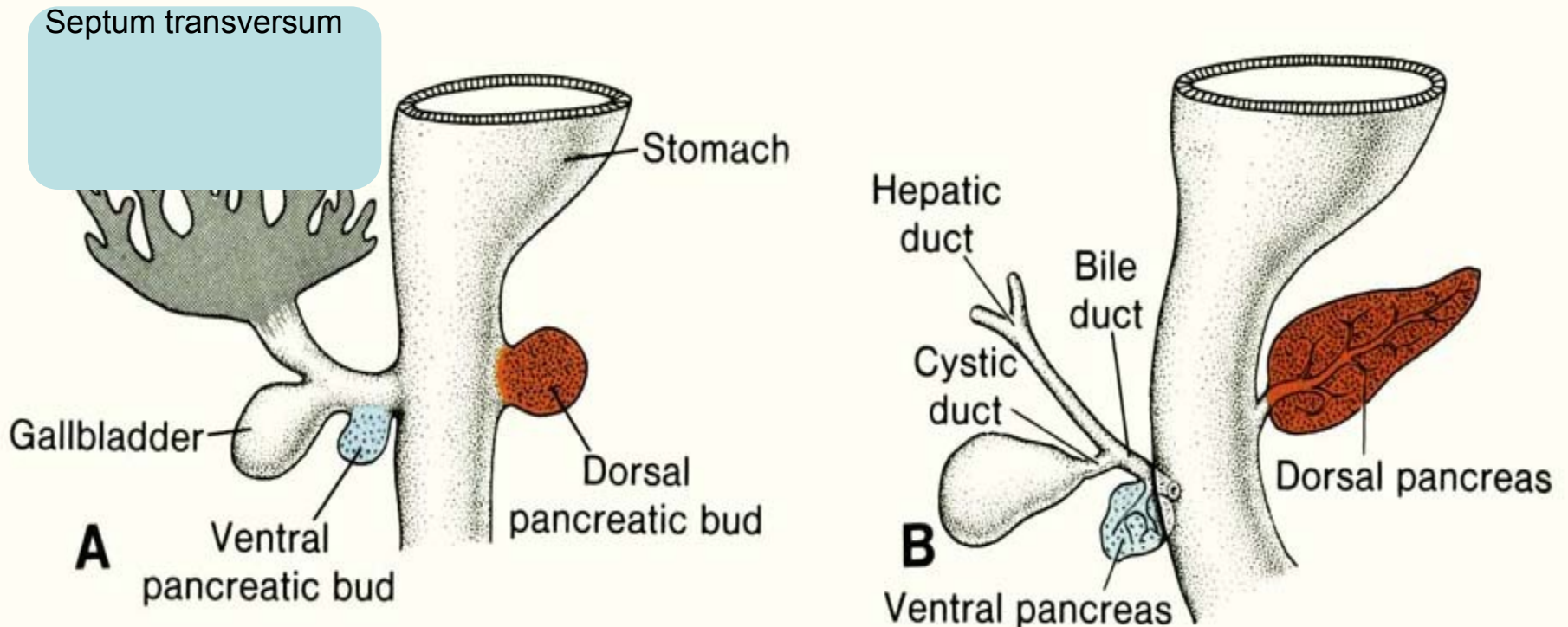
Duodenum development

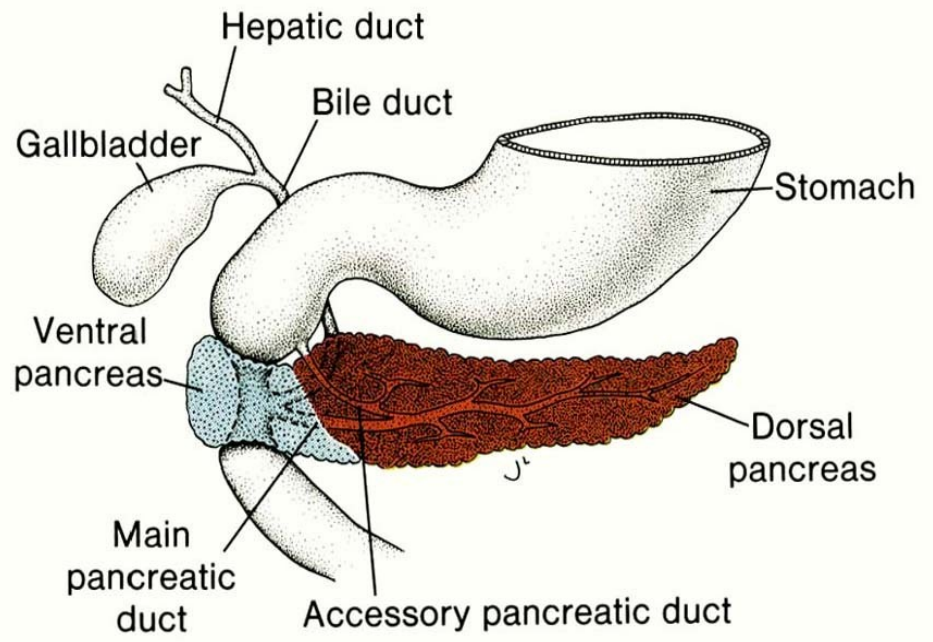
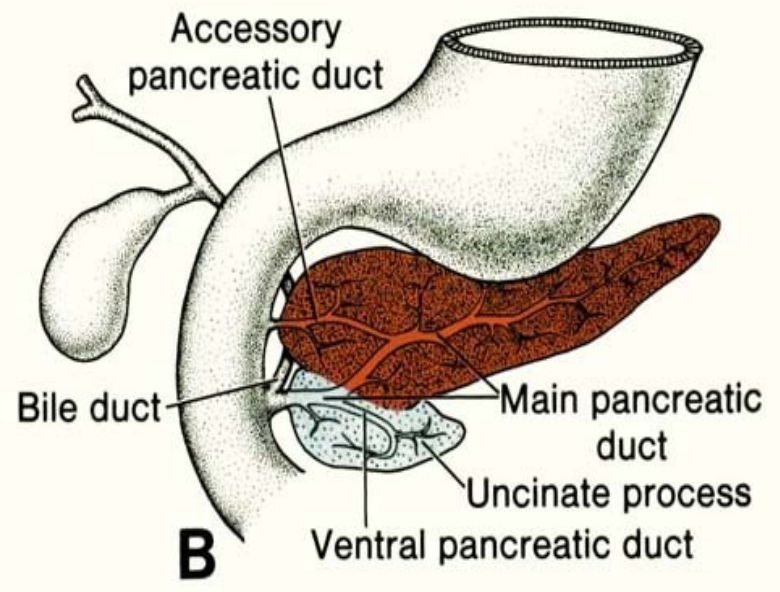
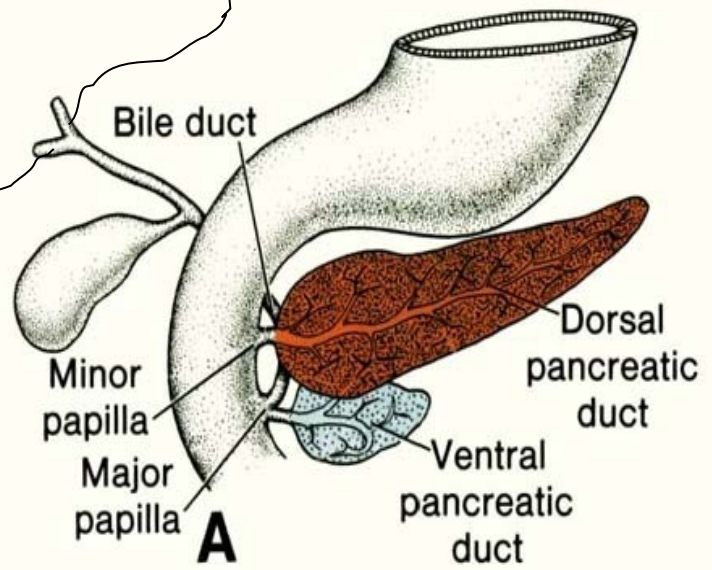
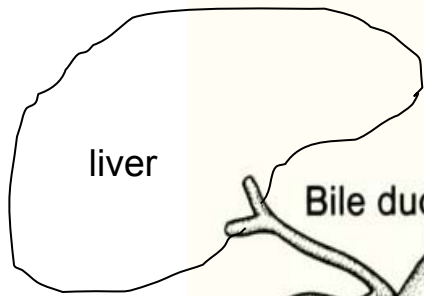
- **Duodenal loop** – 2 limbs:
upper limb (from foregut)
lower limb (from midgut)
- Week 5 – 8, duodenum is temporarily obliterated
- On top of loop – diverticles (for liver, gallbladder, pancreas)



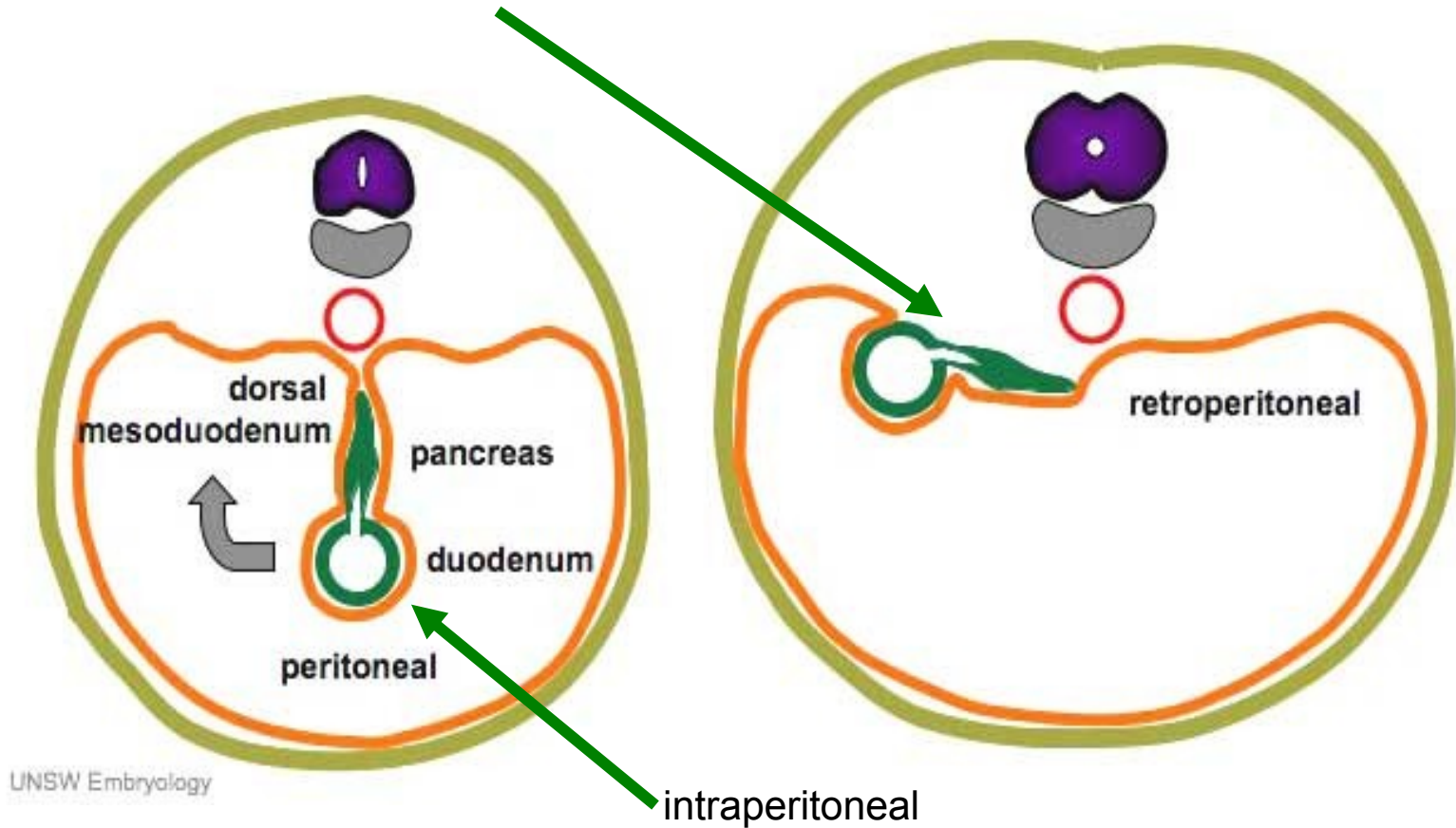
Liver, gall bladder, pancreas

The **liver bud** (hepatocystic diverticle) appears at the distal end of the foregut (week 4) and divides into hepatic and **cystic diverticles**, later ventral pancreatic bud and dorsal pancreatic bud (week 5). Both pancreatic buds meet and fuse (week 6).





Due to rotation of stomach, mesenteries and umbilical loop, duodenal loop changes its position (from front to the right) and becomes retroperitoneal organ (together with pancreas)

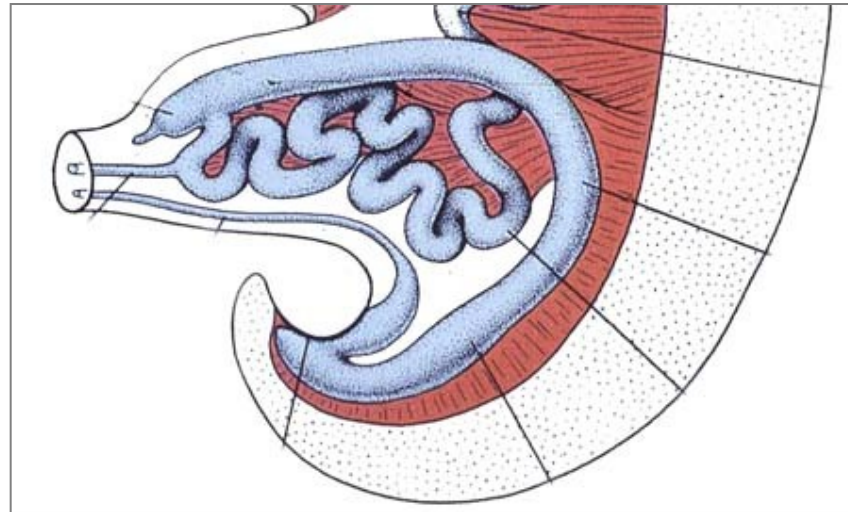


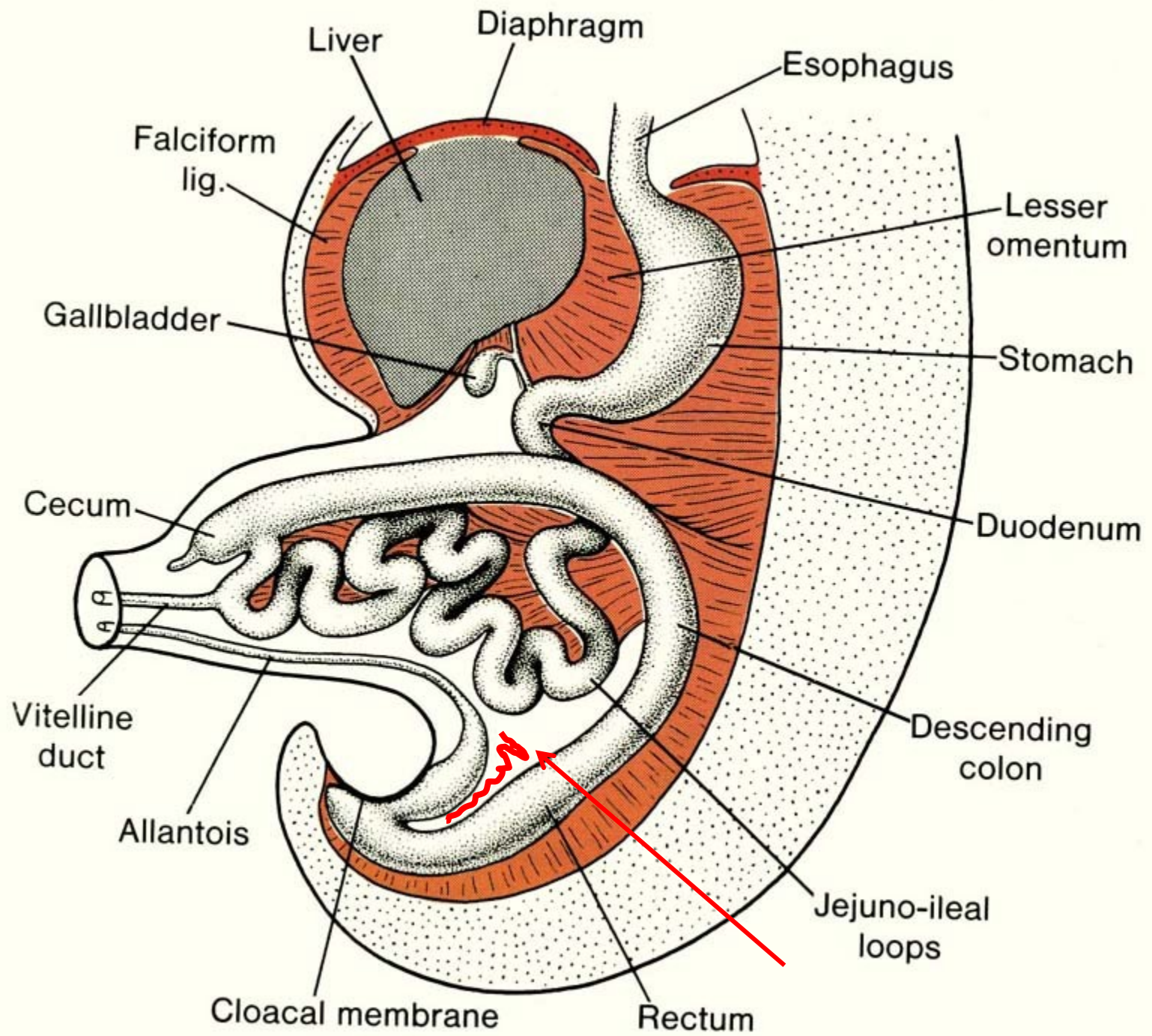
Spleen

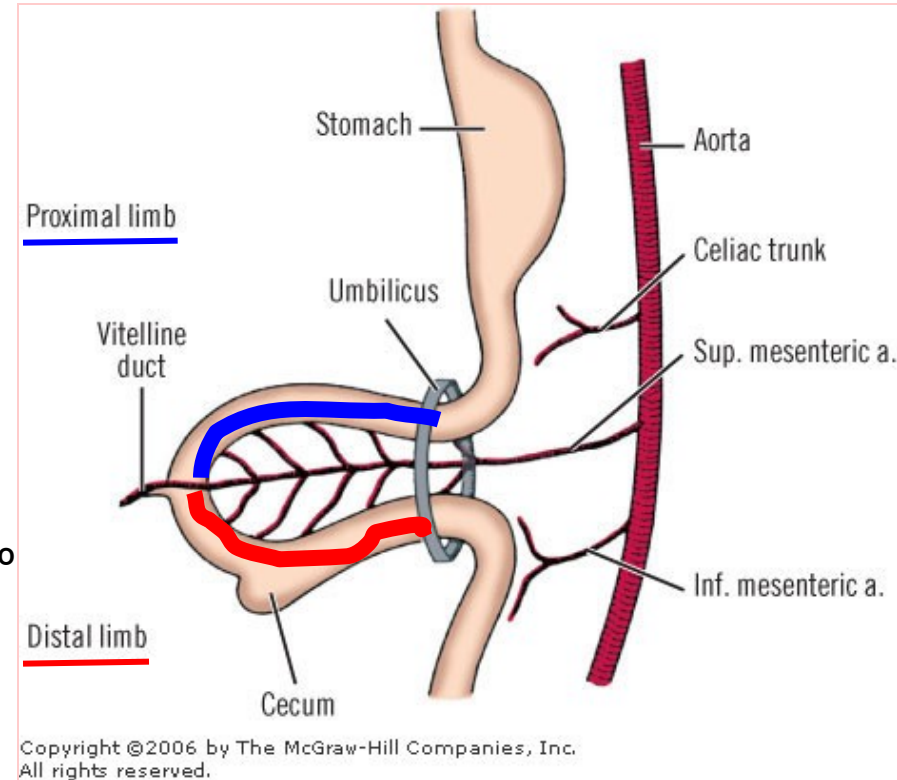
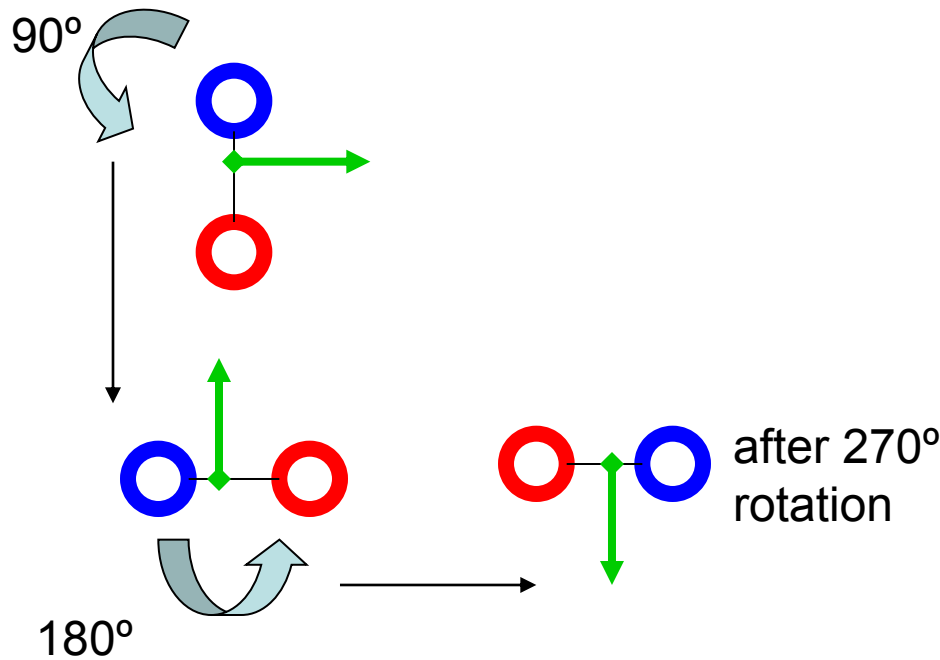
- derives from mass of cells in dorsal mesogastrium during week 5

Intestines development

- Umbilical loop – 2 limbs:
 - cranial – jejunoileal limb (jejunum, major part of ileum)
 - caudal – ileocecal limb (rest of ileum, caecum + appendix, colon ascendens and 2/3 of colon transversum)
- A. mesenterica sup. – axis of rotation
- week 6 – **physiologic herniation** into the umbilical cord, week 10 – reposition into abdominal cavity







- In the umbilical cord, the midgut loop rotates **90°** counter-clockwise direction around the axis of the superior mesenteric artery.
- Upon returning, the gut undergoes another **180°** counter-clockwise rotation, placing the cecum and appendix near the right lobe of the liver.
- The total rotation of the gut is **270°**.

Hindgut

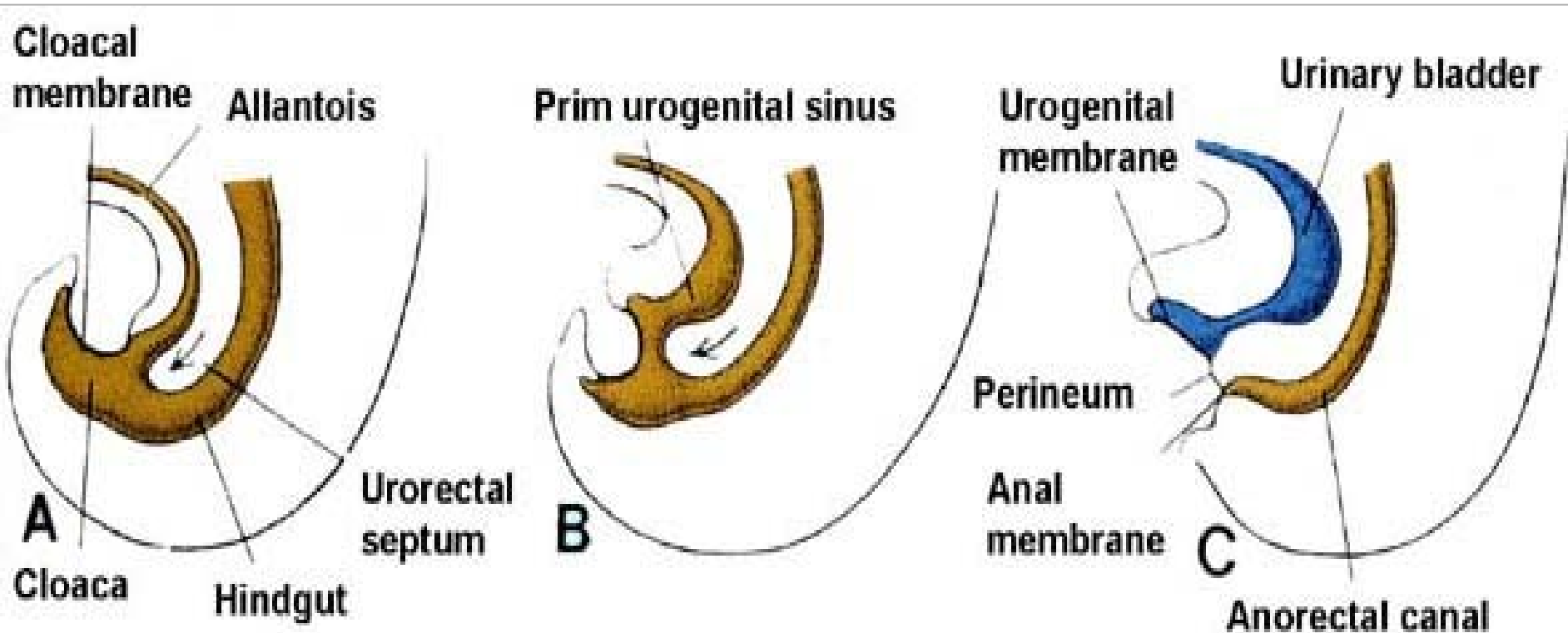
The distal end of the hindgut – the cloaca.

Derivatives of the hindgut: the distal 1/3 of the transverse colon, descending colon, sigmoid colon, rectum and upper part of anal canal (above the pectinate line).

Division of the cloaca - **urorectal septum** divides the cloaca into a ventral urogenital sinus and a dorsal **anorectal canal**.

The **cloacal membrane** breaks down during the 7th week.

Distal to the pectinate line (site of the former cloacal membrane), the epithelium of the anal canal derives from ectoderm of **proctodeum** (primitive anal pit)

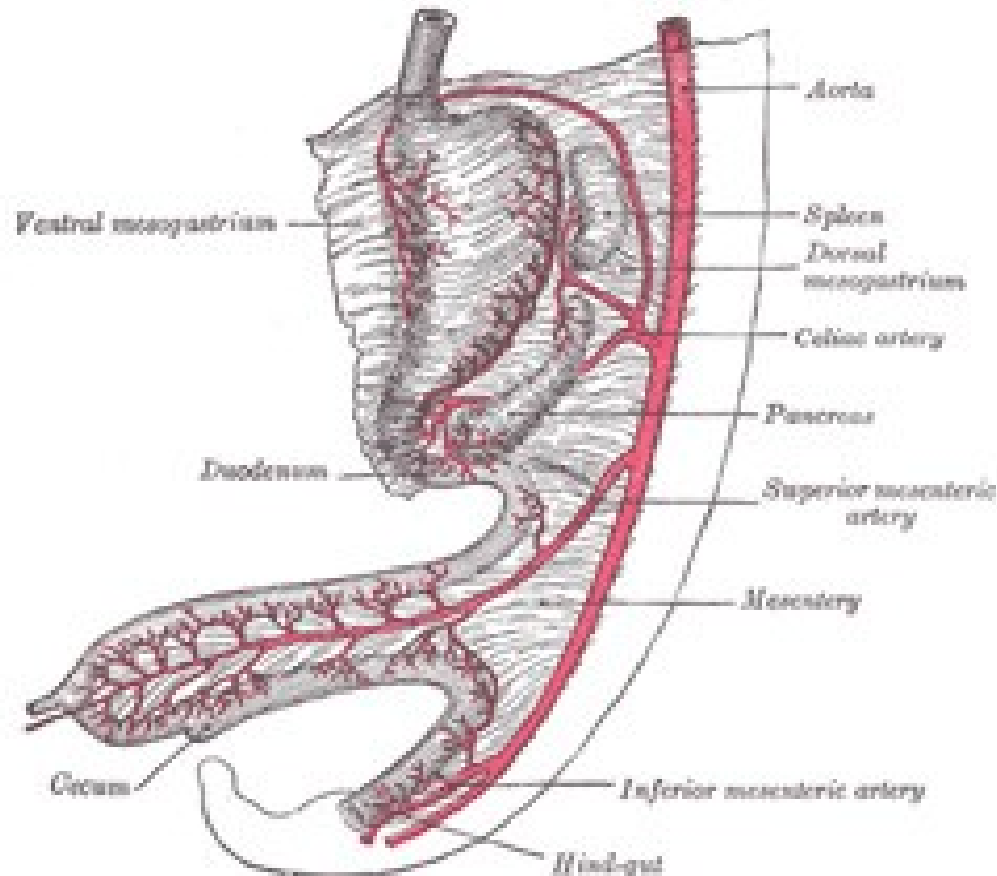


Mesenteries

- double layer of peritoneum enclosing organs and connecting them to the body wall

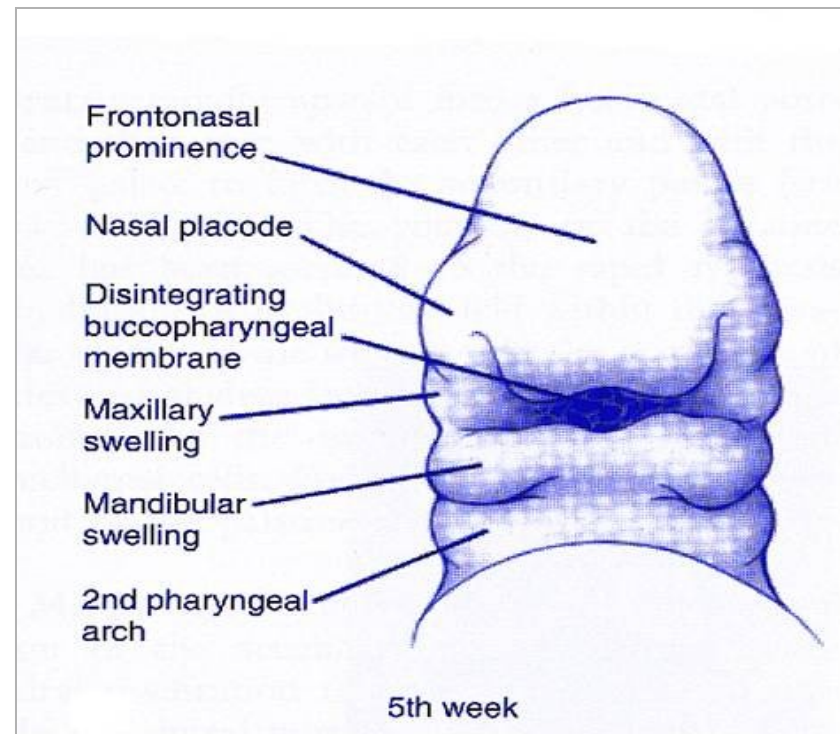
Ventral mesentery exists only in region of distal part of esophagus, stomach (lesser omentum) and upper part of duodenum

Dorsal mesentery forms dorsal mesogastrium (greater omentum), dorsal mesoduodenum, mesentery proper (jejunum, ileum)



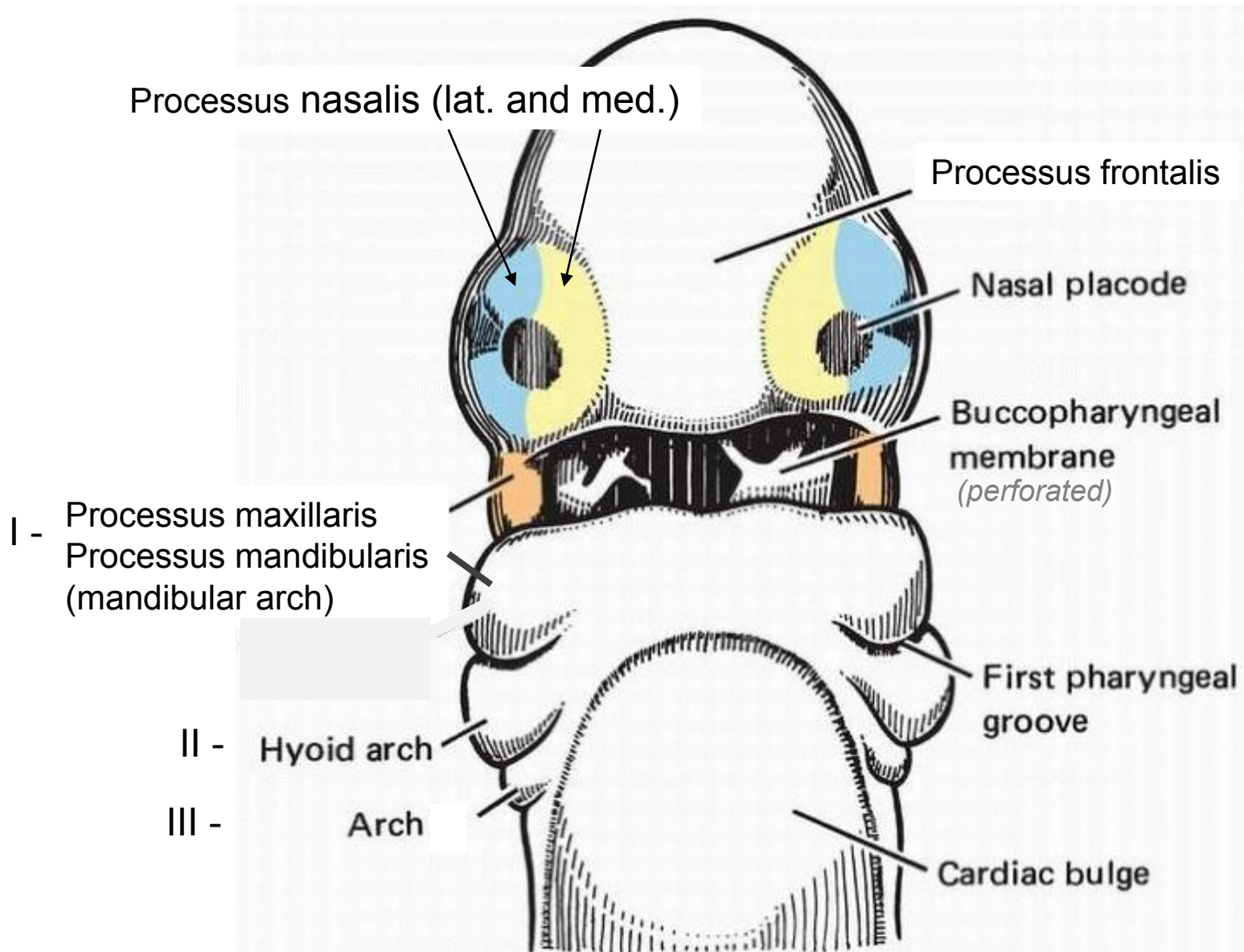
Stomodeum and face development

- During the 2nd month i.u.
- Stomodeum
- Mesenchymal processes covered with ectoderm
 - processus frontonasalis
 - processus mandibulares
 - processus maxillares

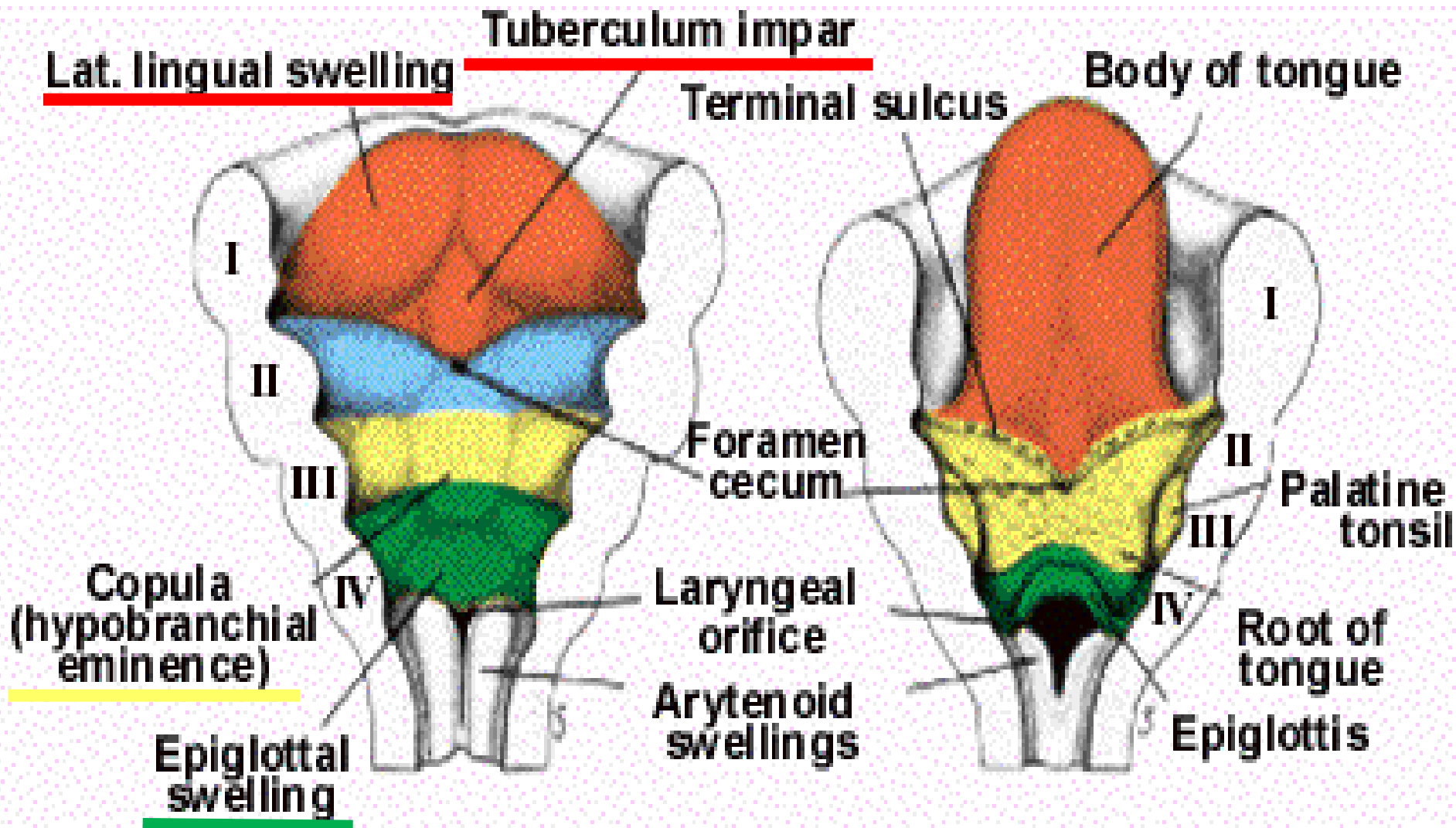


Frontal view of an embryo at 4 to 5 weeks of age.

Observe the branchial arch formation and the ruptured buccopharyngeal membrane.

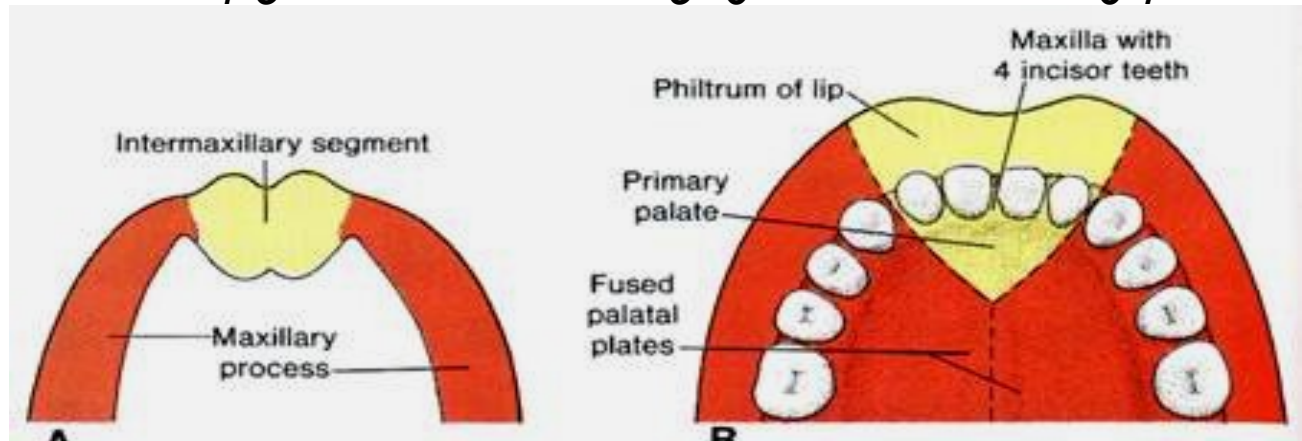
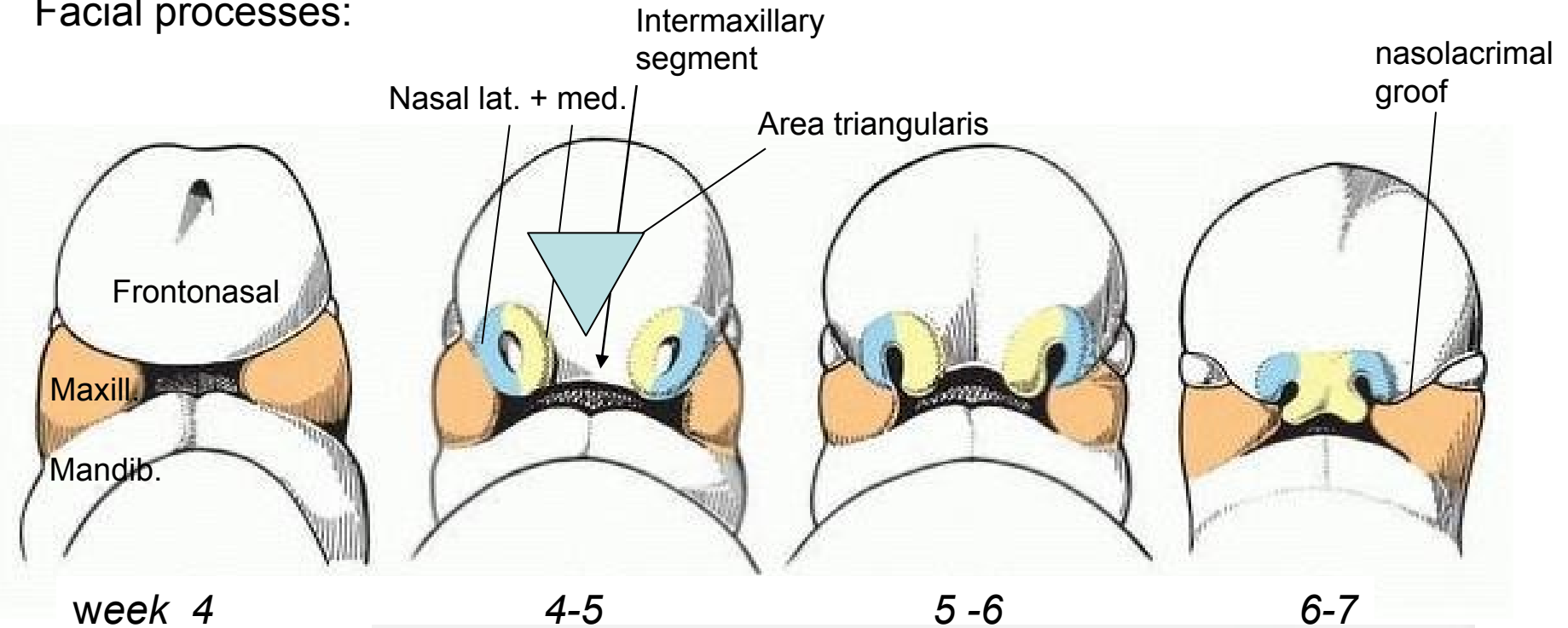


Development of the tongue (from pharyngeal arches)



Developing face

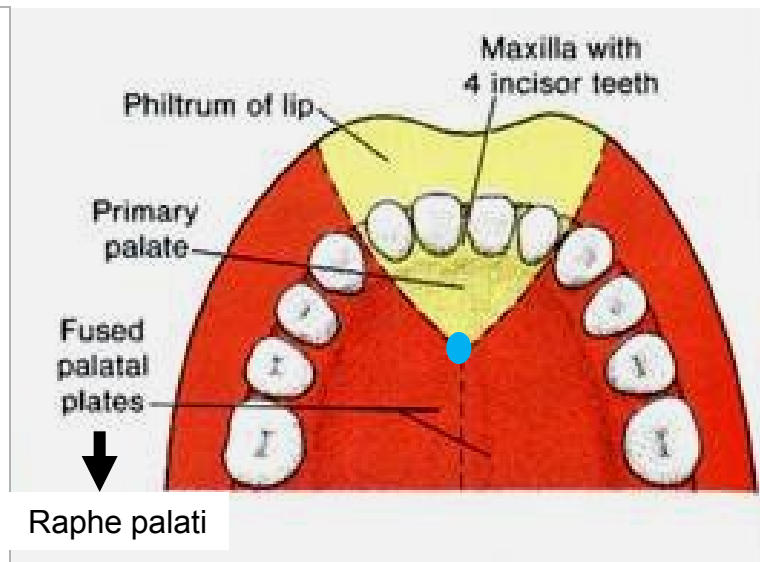
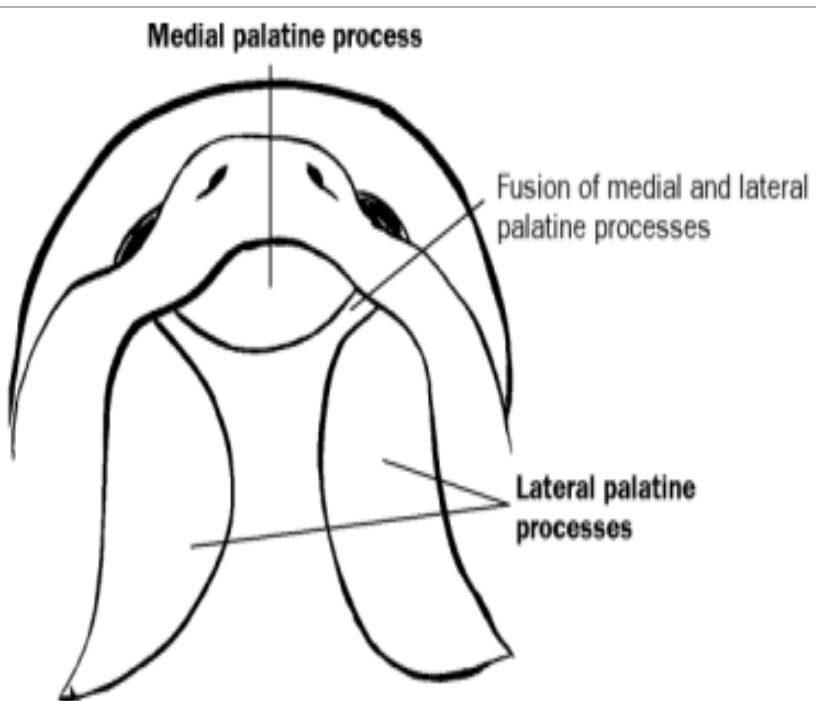
Facial processes:



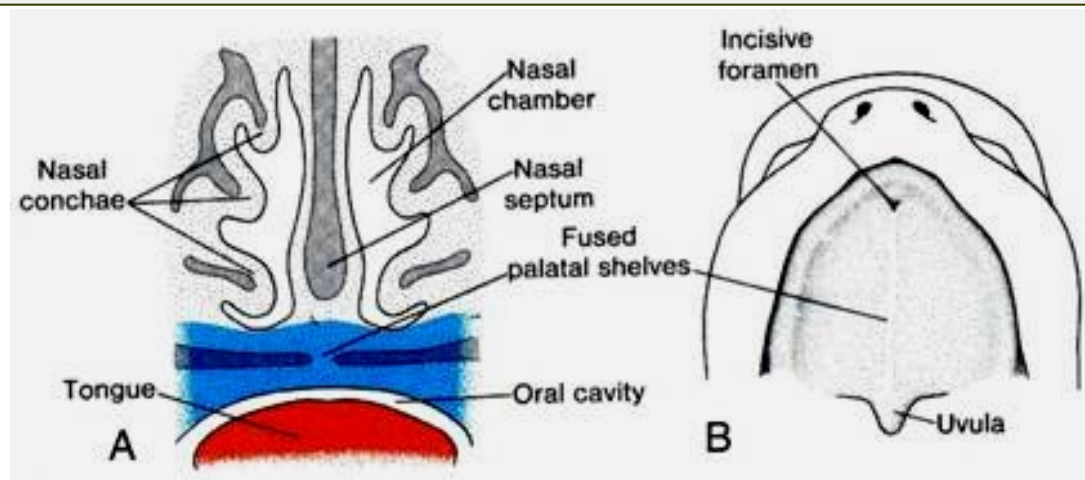
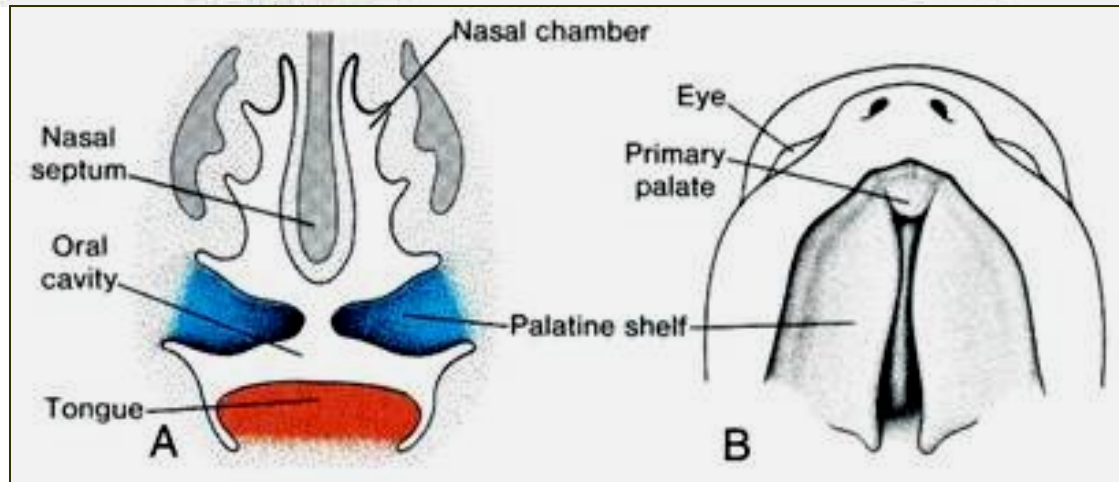
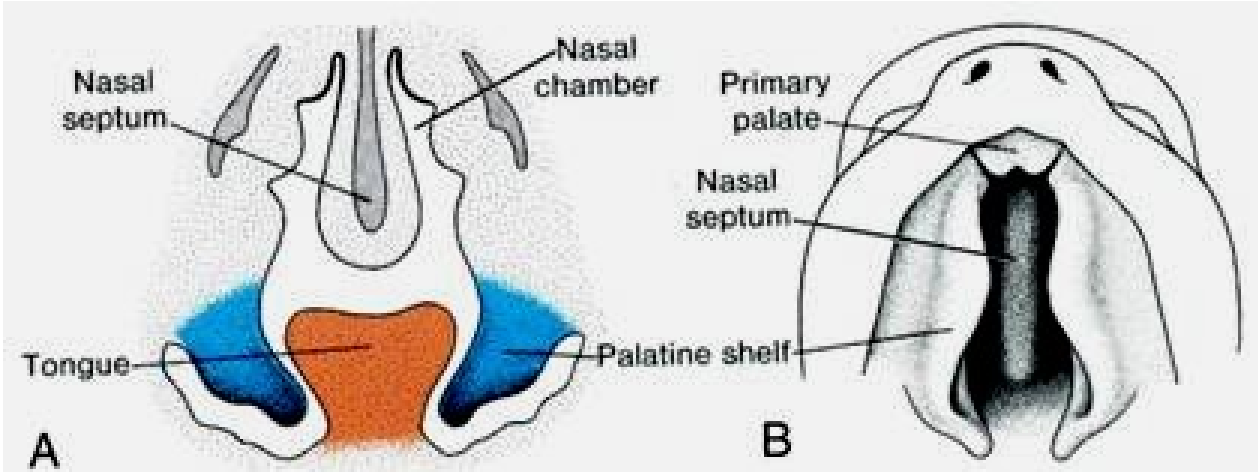
Palate development

3 ectoderm-mesenchymal plates:

- a) **medial palatine plate (1)** – from processus nasalis medialis (intermaxillare) ⇒ primary palate
- b) **lateral palatine plates (2)** – from medial side of maxillary processes ⇒ secondary palate



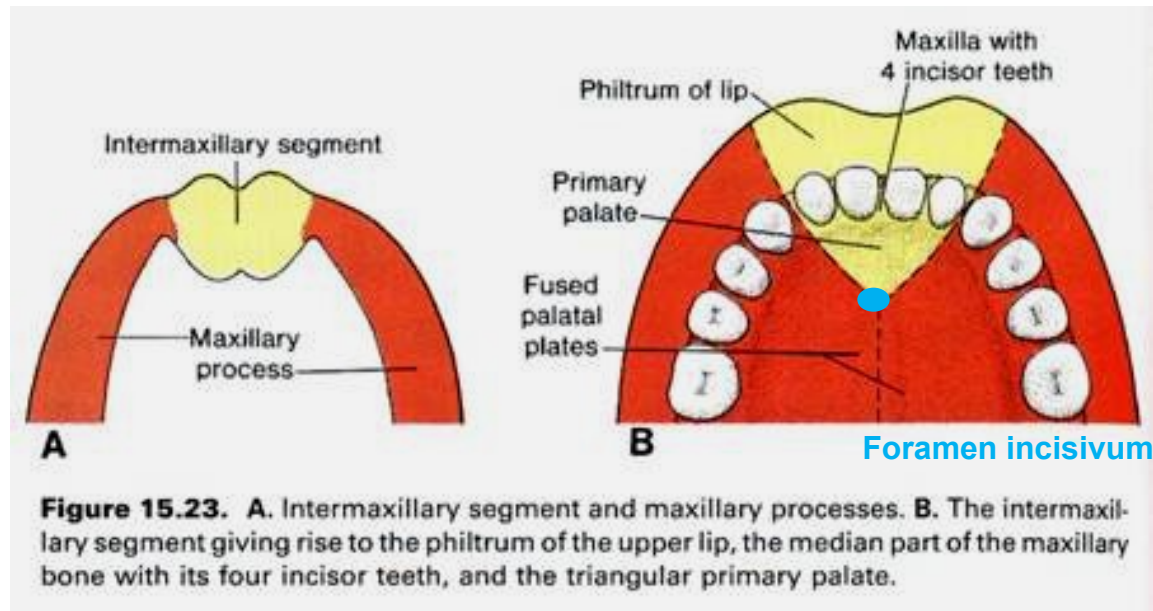
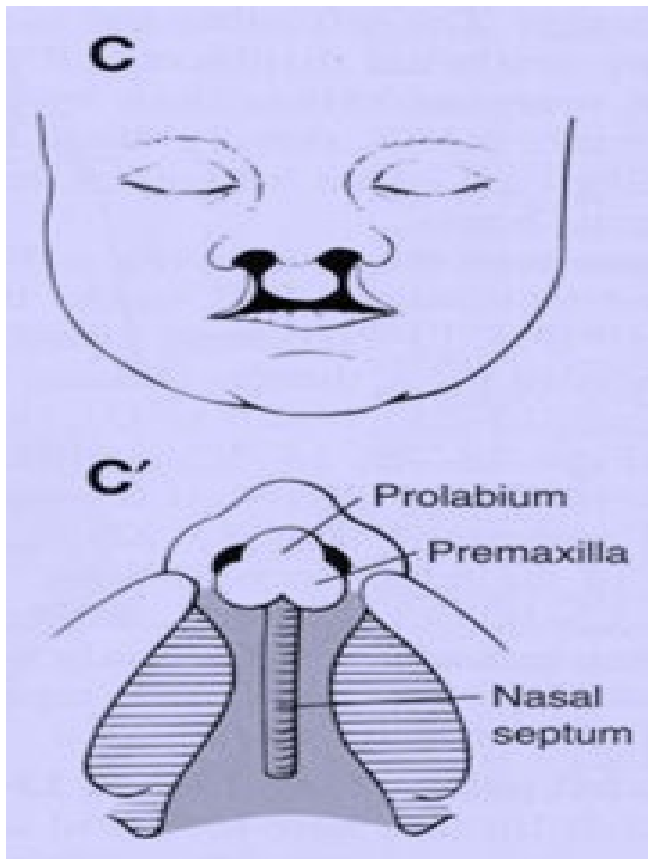
Foramen incisivum



Clefts of maxilla and palate

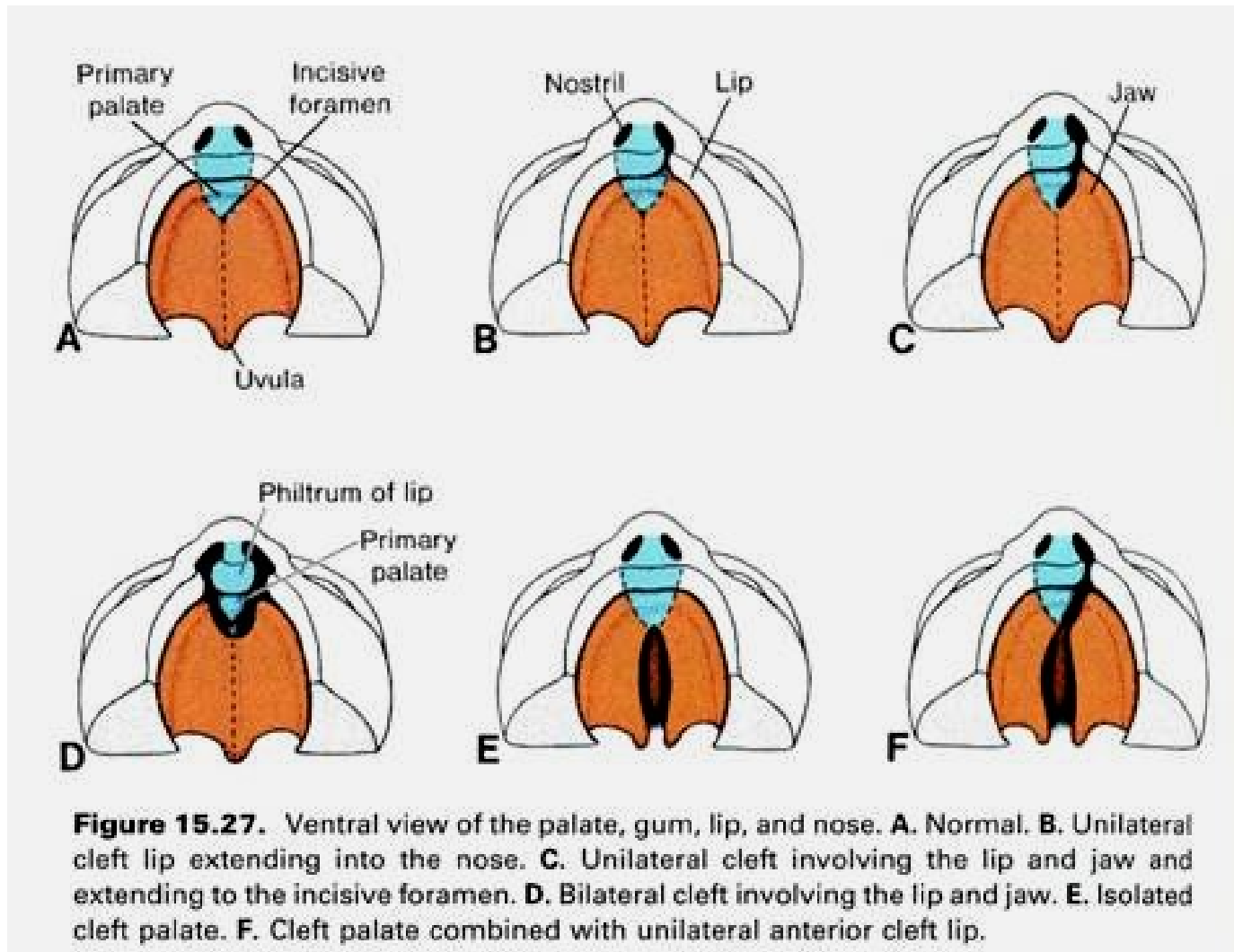
Cleft between lateral incisivus and caninus

Cheilo-gnatho-palato-schisis unilateralis or bilateralis



cheilo – gnatho – palatoschisis

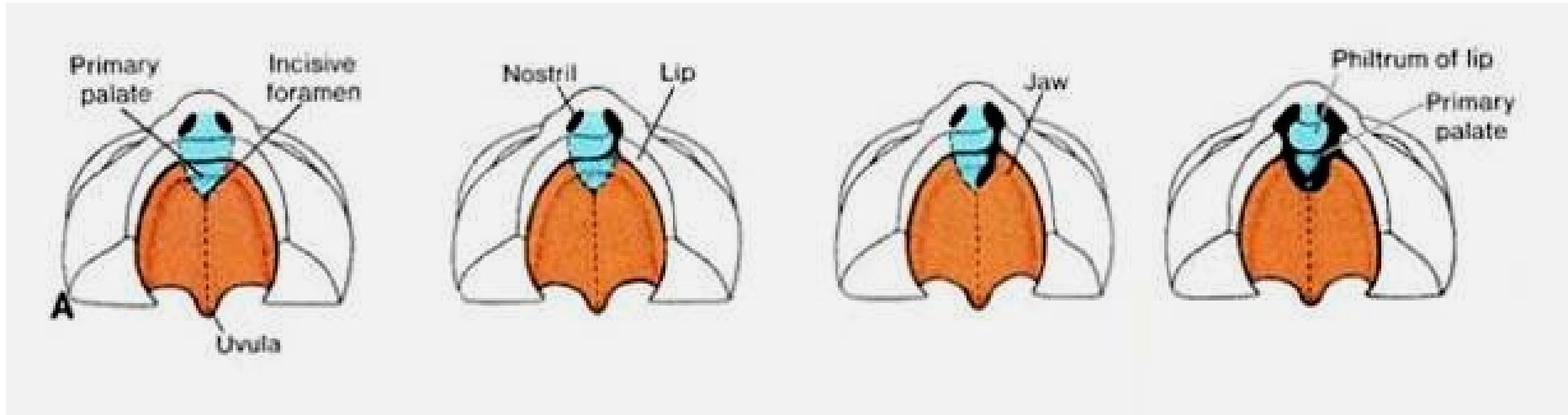
1: 2500, heredity- autosomal dominant



Clefts of primary palate

Ventrally from foramen incisivum

One or both lateral plates don't fuse with primary palate



Clefts of secondary and primary palates

Ventrally and dorsally from foramen incisivum

Lateral palatine plates are not fused with primary palate

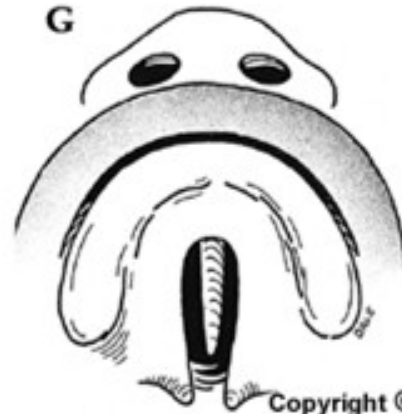
Nasal septum is free if lateral plates are not fused (raphe palati is absent)

Clefts of secondary palate (palatoschisis)

behind foramen incisivum

Nonfused palatine plate in middle plane (completely – soft and hard palate and uvula)

staphyloschisis (uvula bifida)



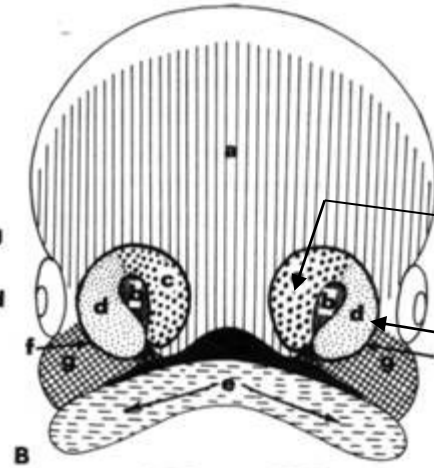
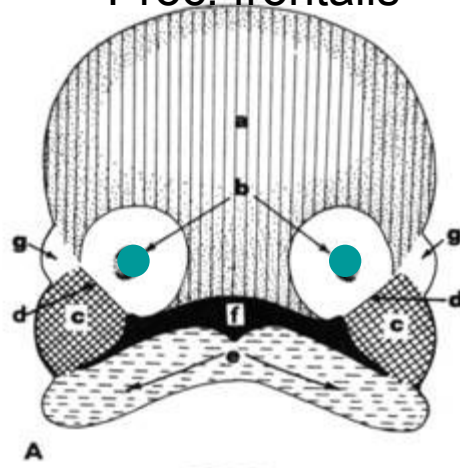
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Proc. frontalis

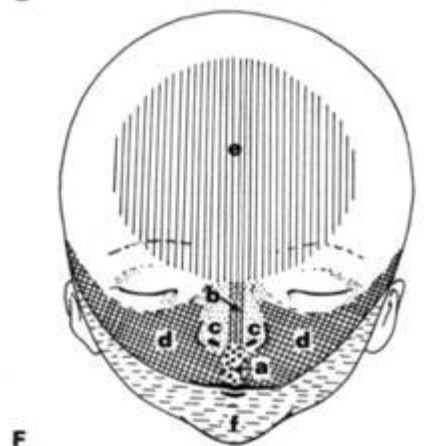
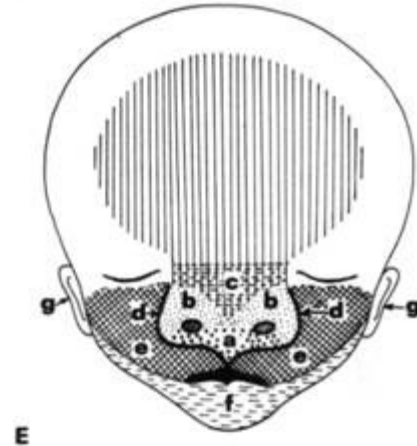
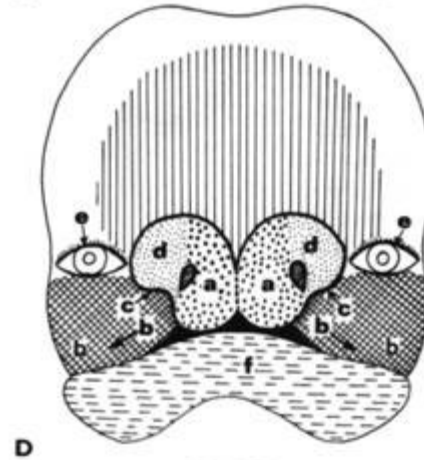
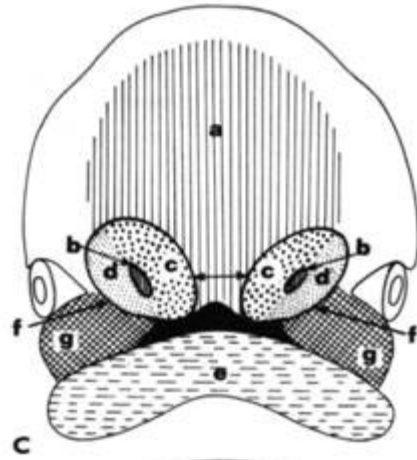
Nasal placodes

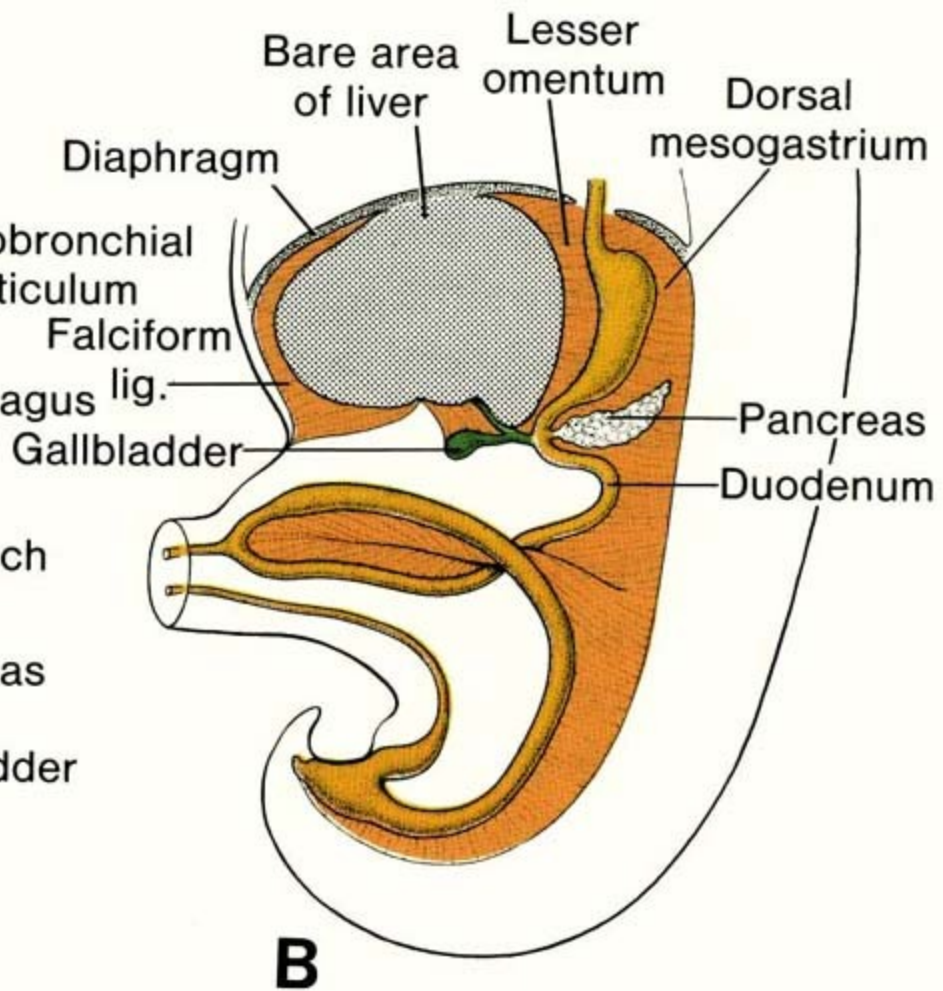
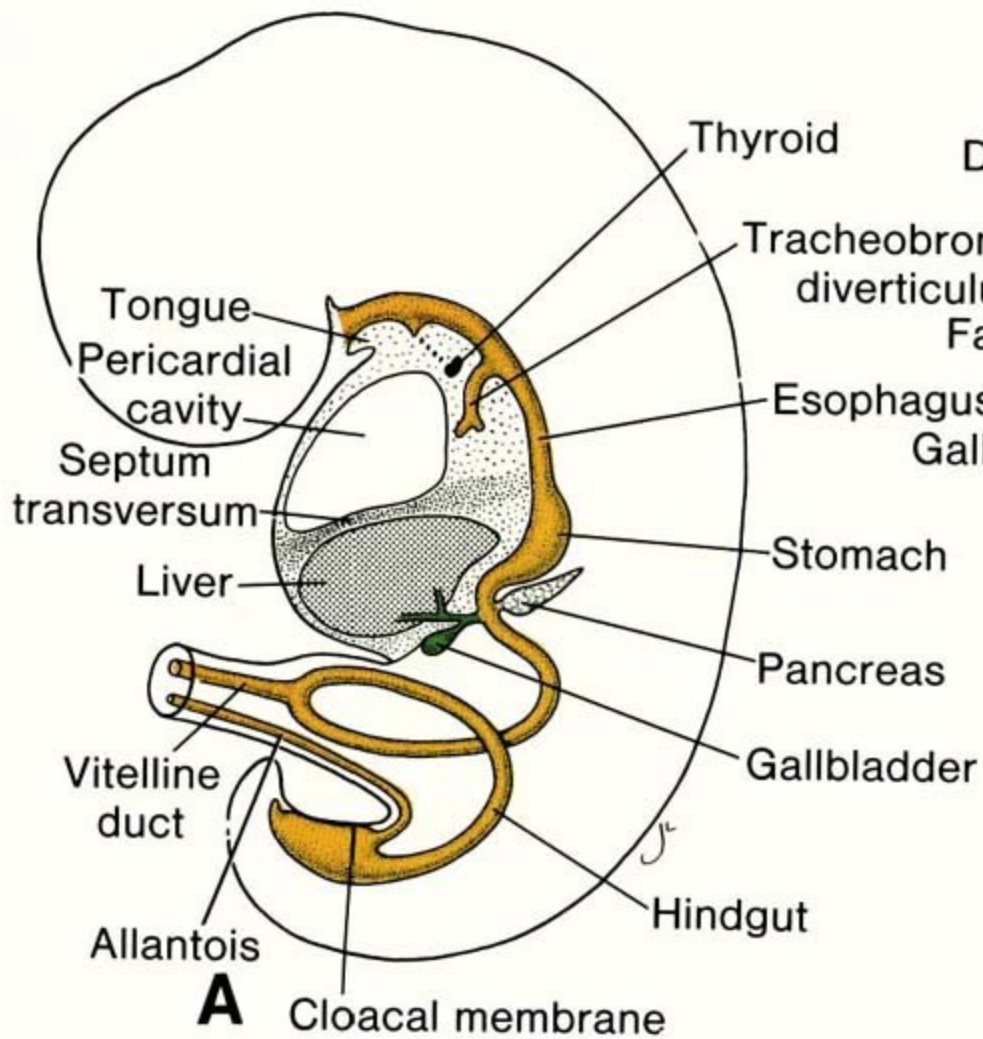
Nasal pits

Nasal canals

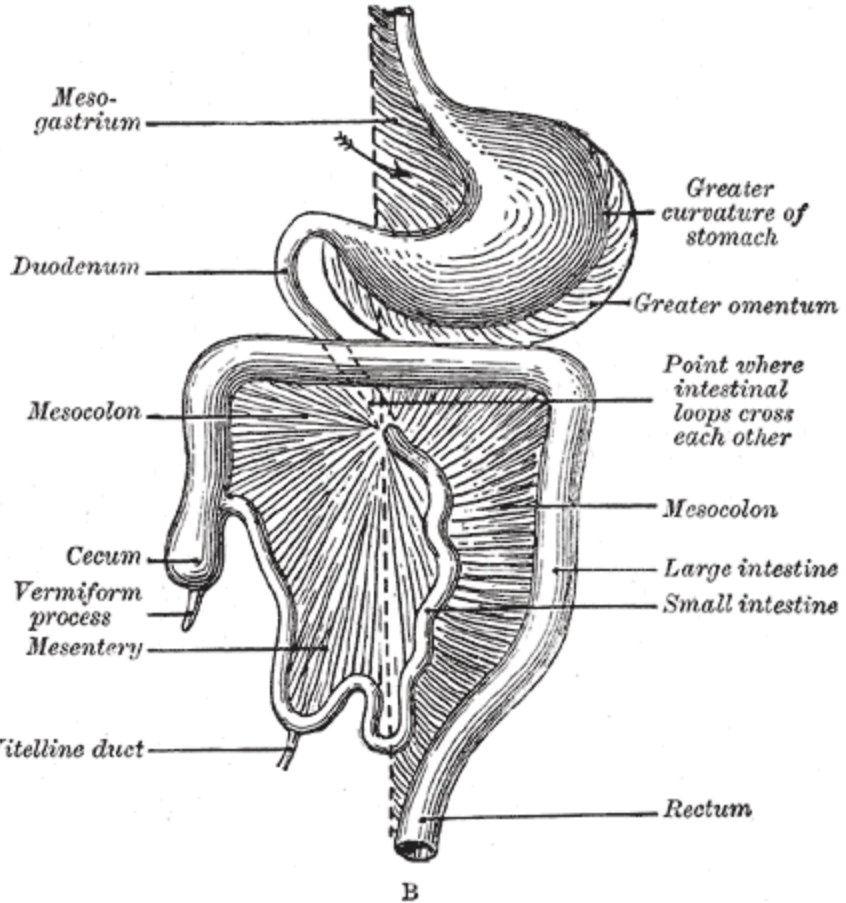
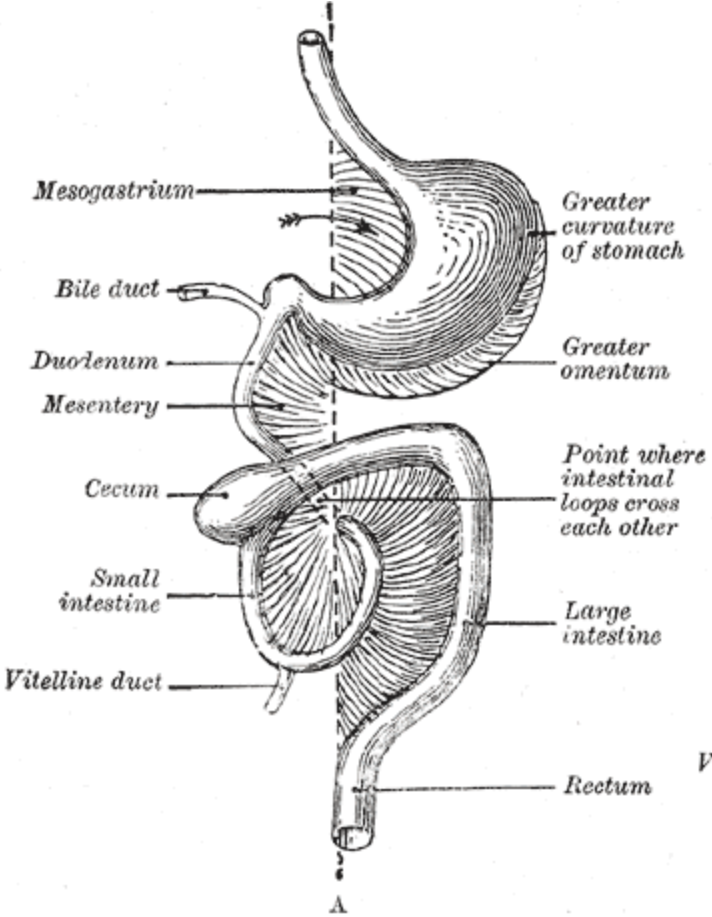


Proc. nasalis
medialis
et
lateralis





Mesenteries



sklovina

dentin

dentální papila a zubní pulpa

