

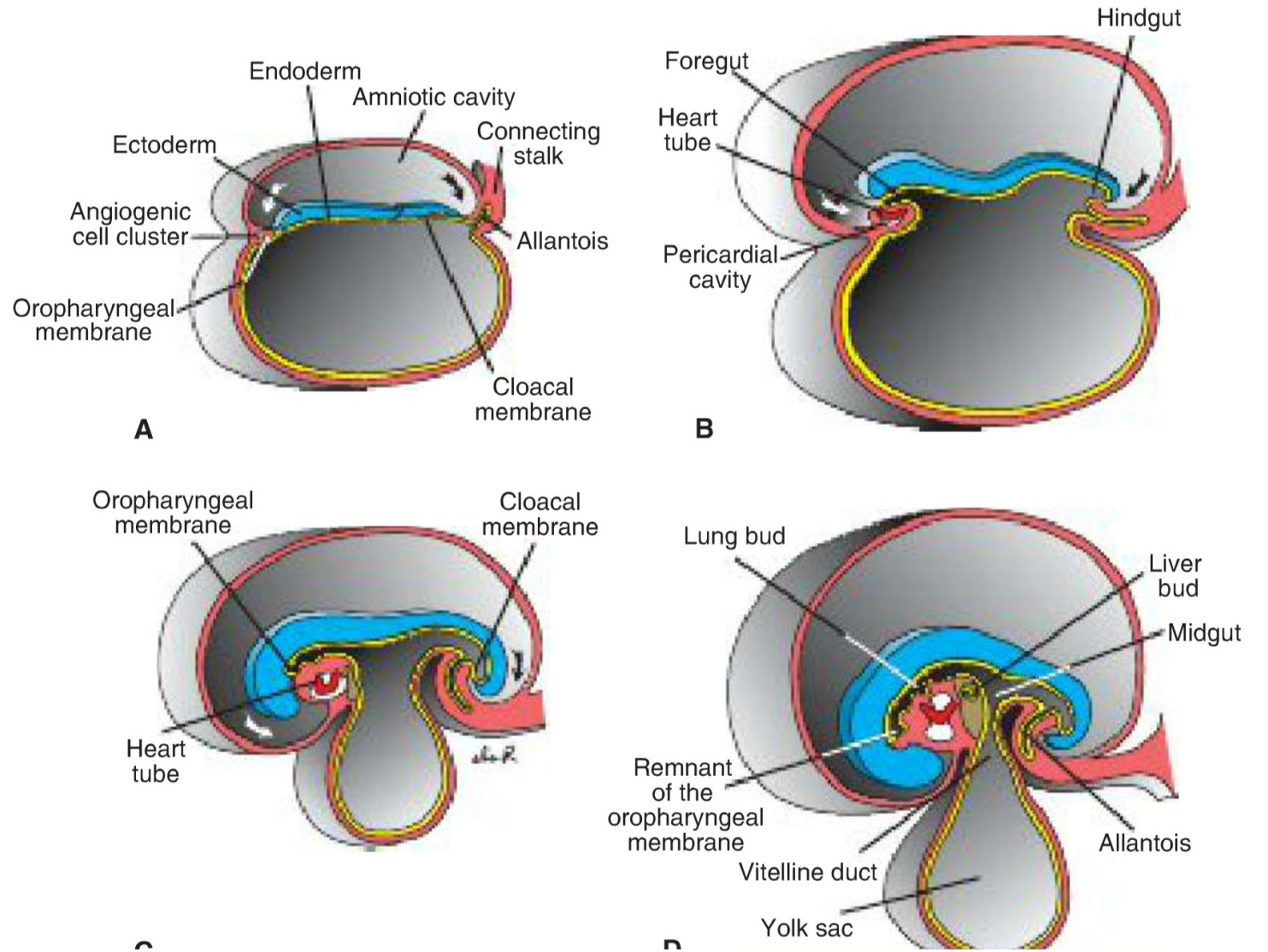
Development and teratology of digestive system.

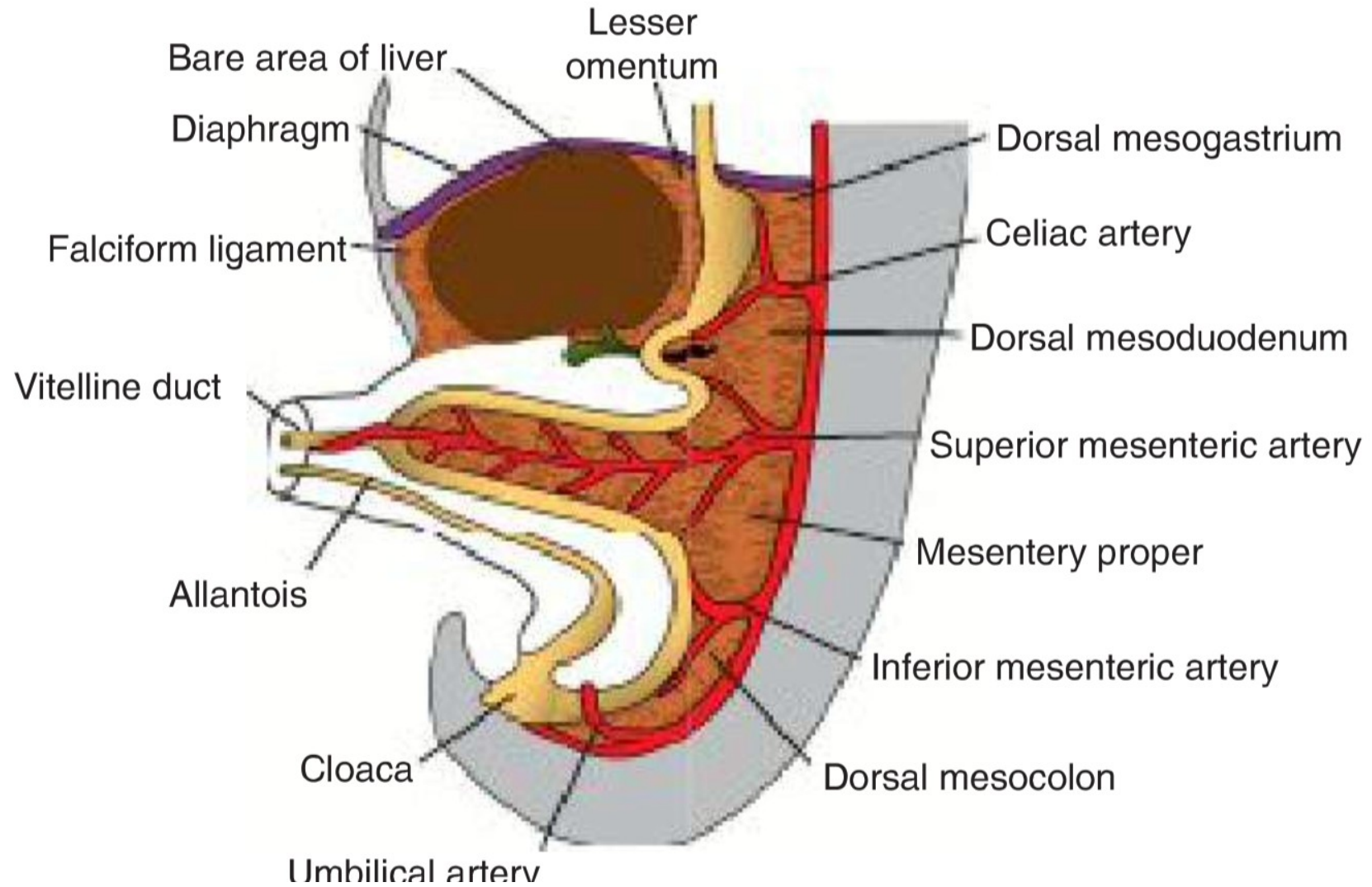
Development of facial and cervical region, face clefts.

Anna Mac Gillavry

14.03.2022

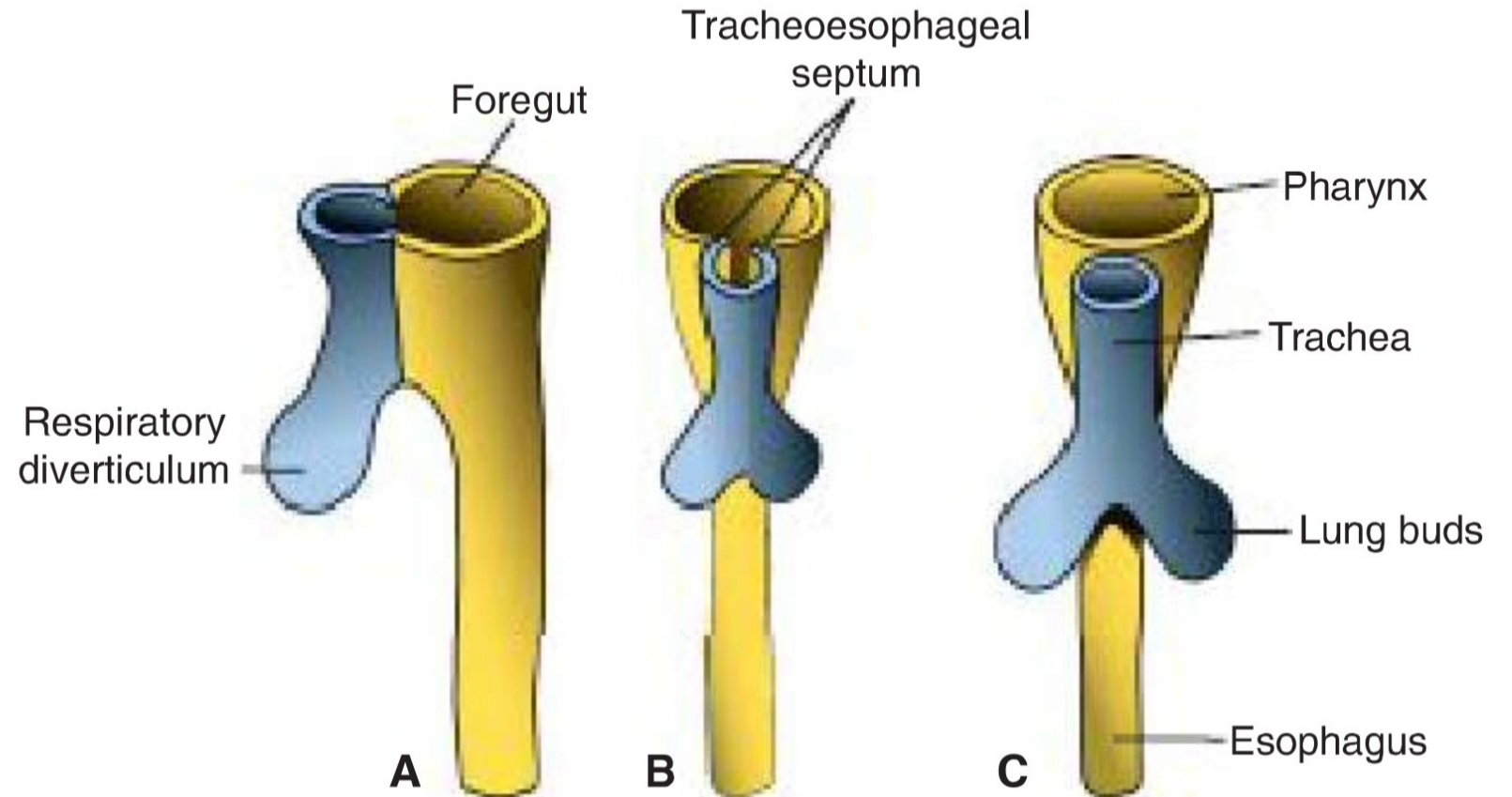
- Primitive gut formation results from the lateral folding of the embryo
- Foregut, midgut and hindgut
- (Yolk sac, allantois)



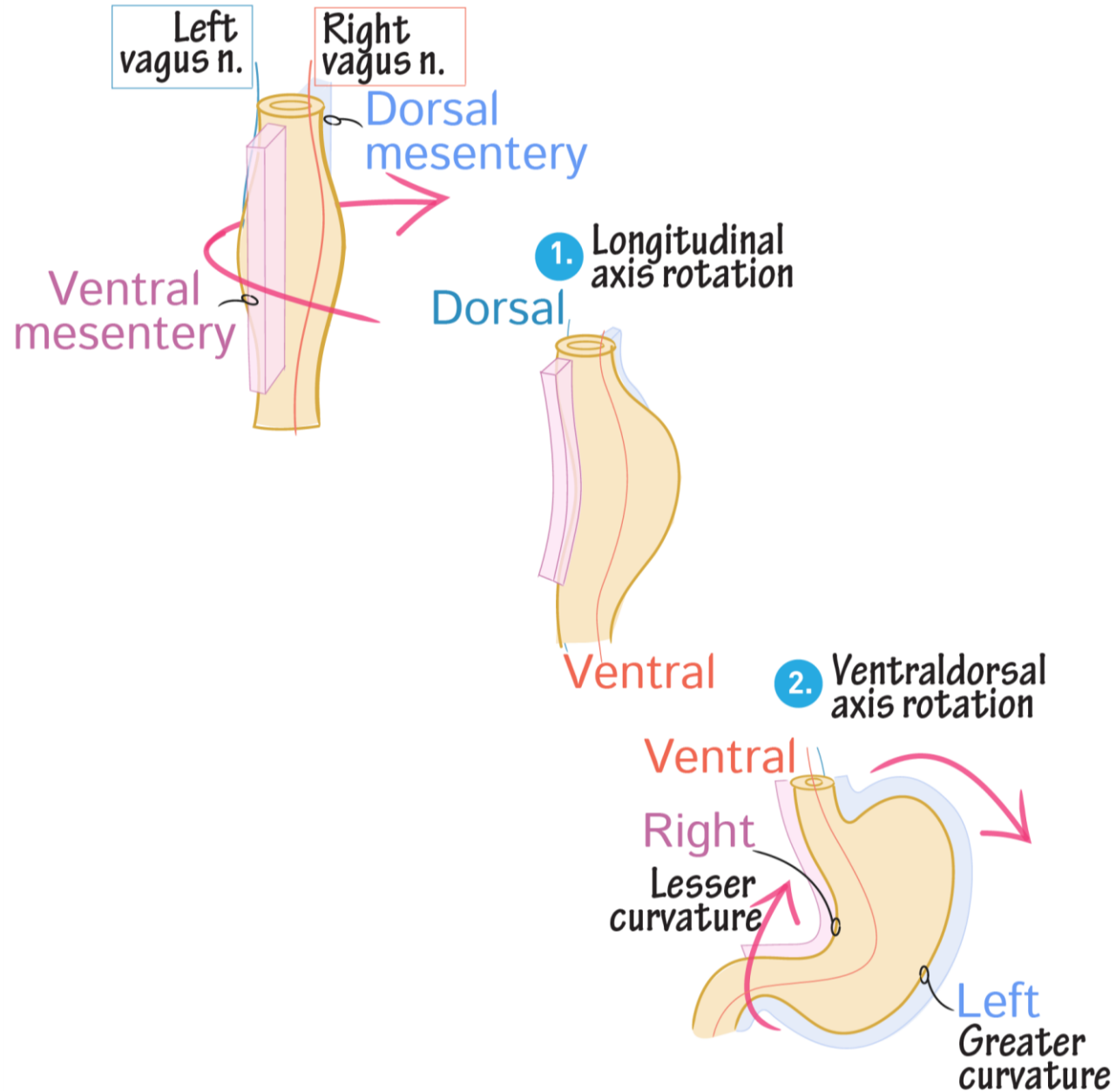


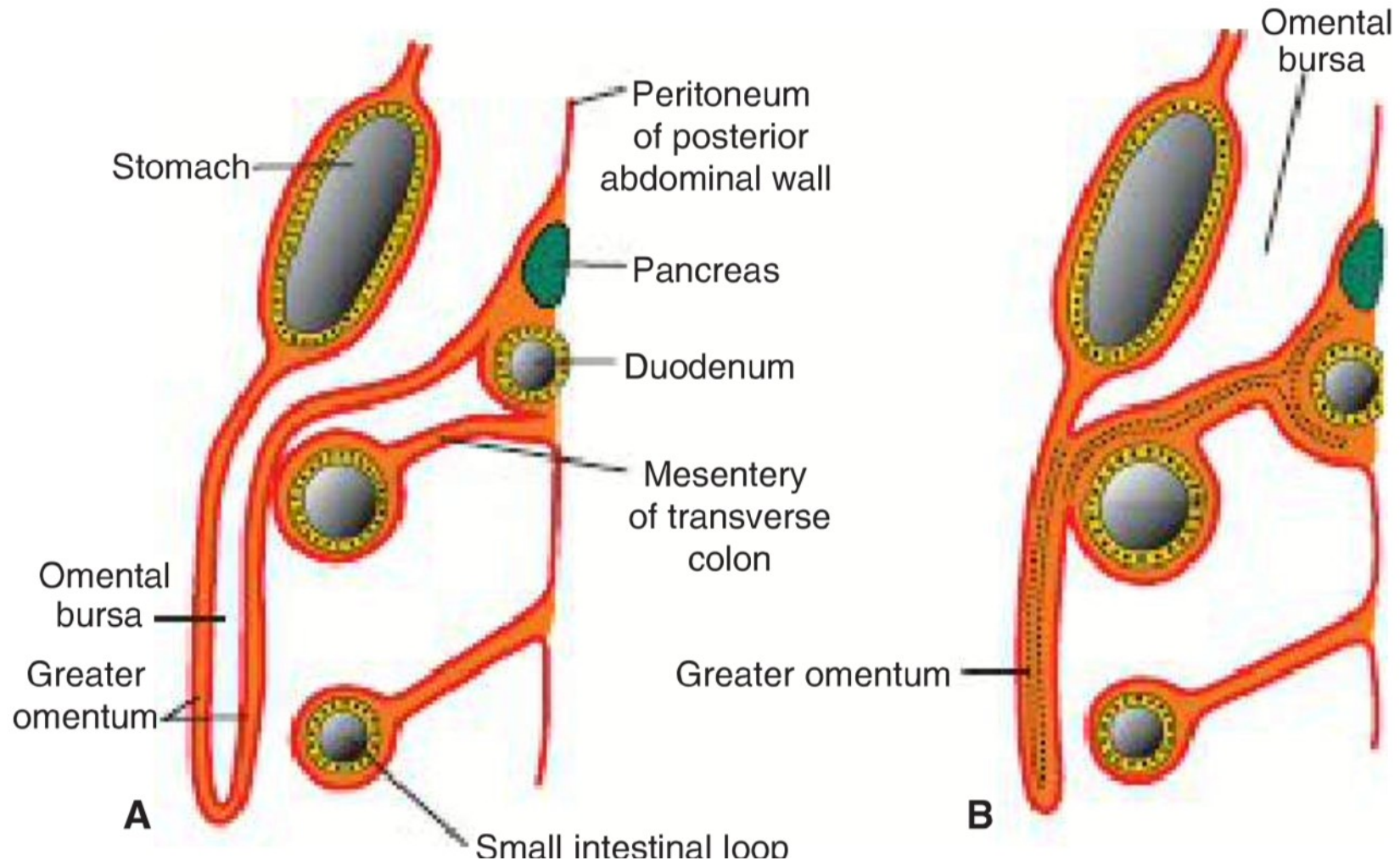
Esophagus

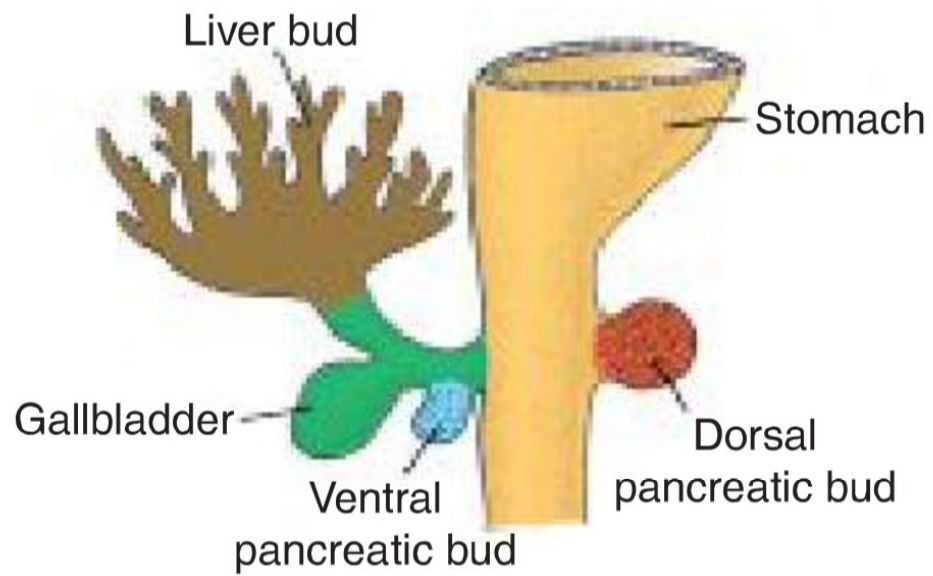
4 weeks



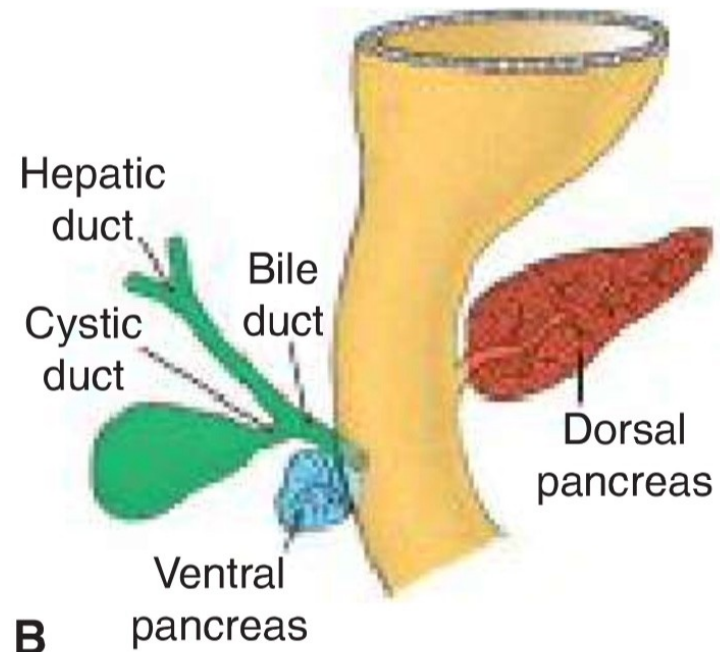
Stomach



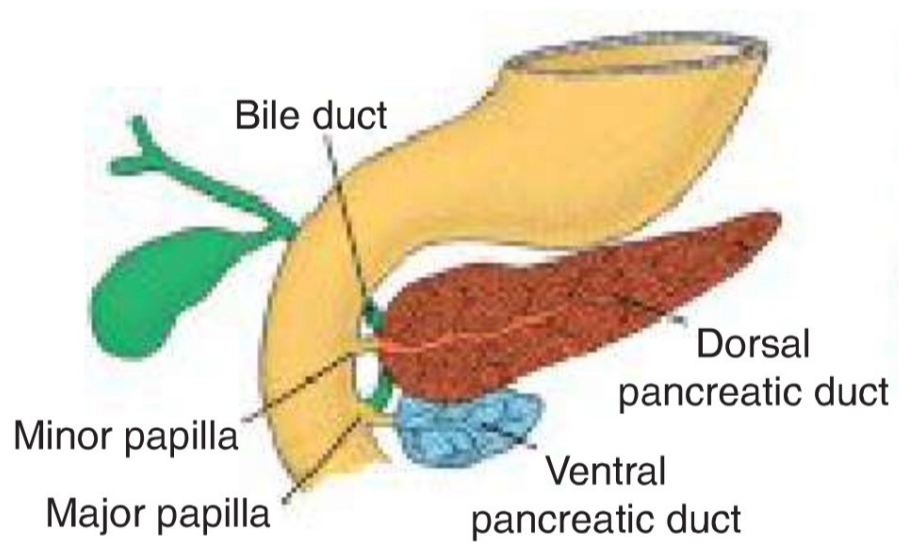




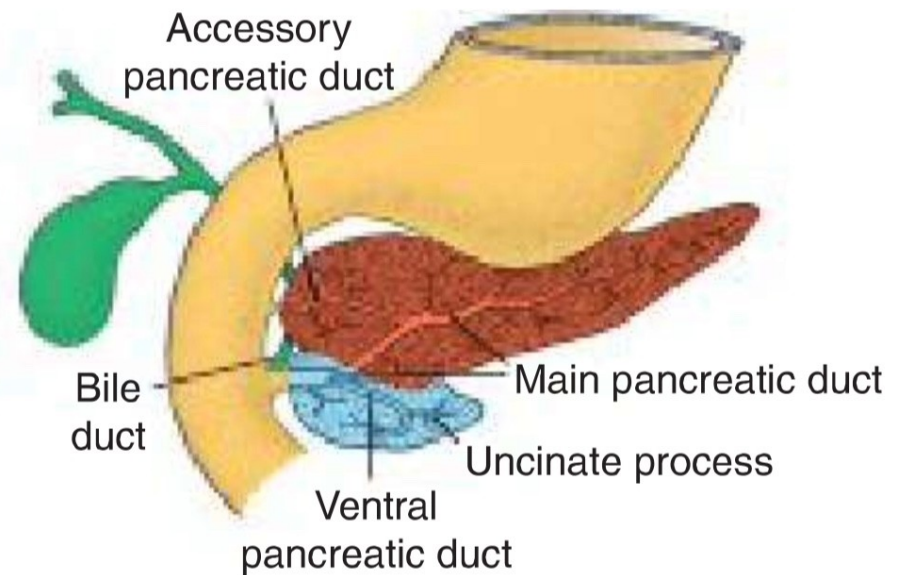
A



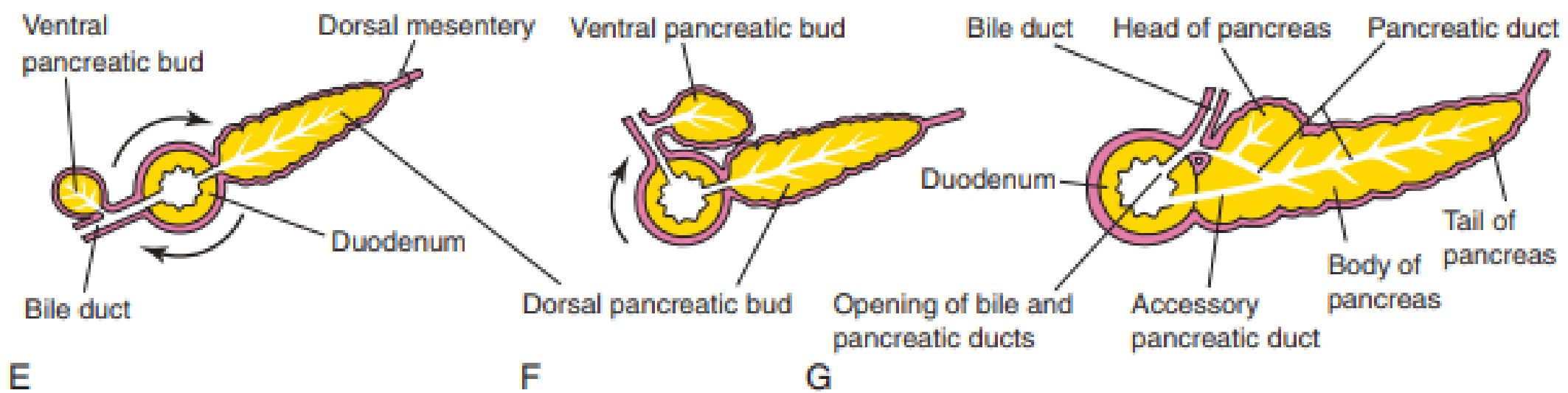
B



A

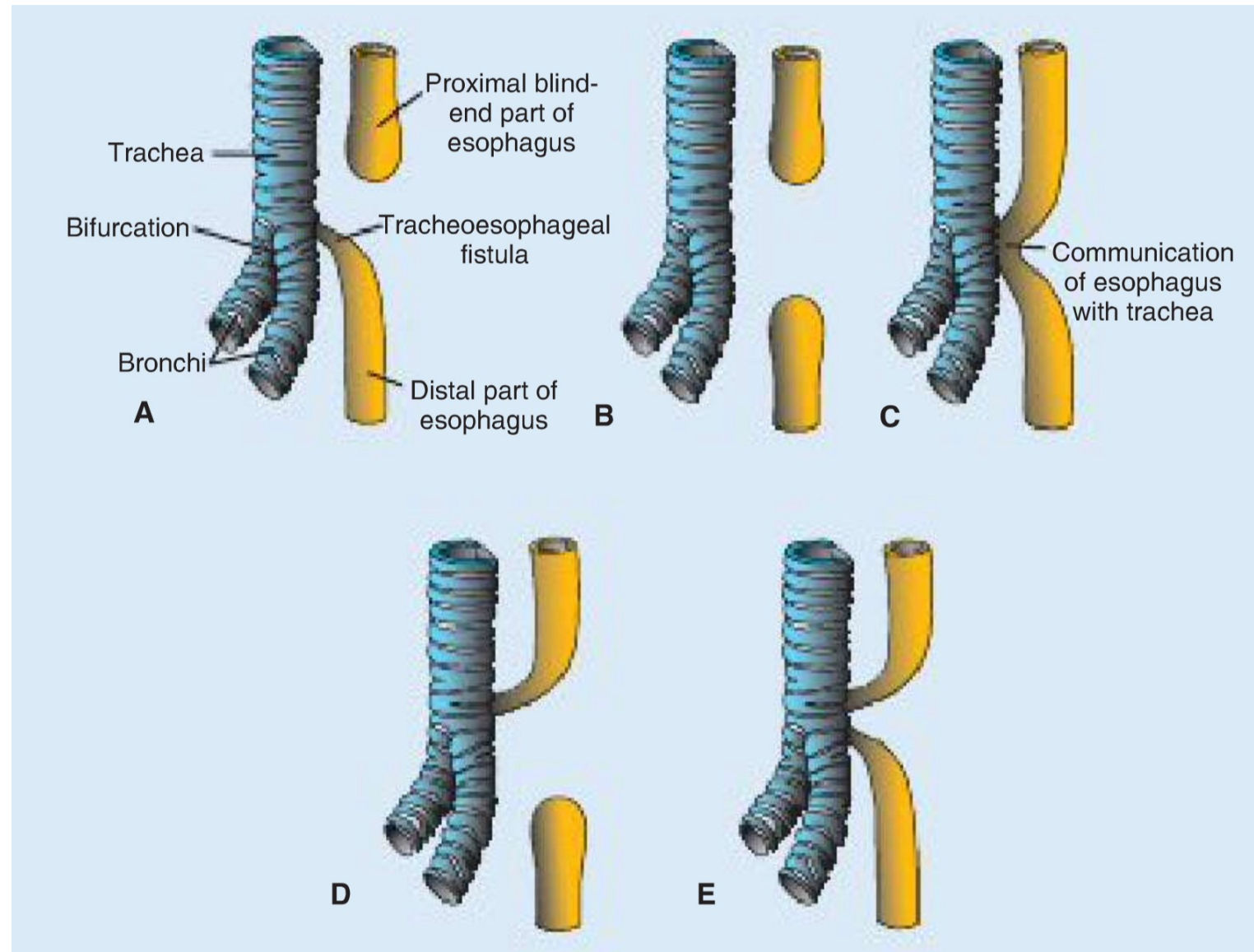


B



Esophagus:

- esophageal atresia and/or tracheoesophageal fistula
- esophageal stenosis
- congenital hiatal hernia



Stomach:

Pyloric stenosis (1 in 150 males, 1 in 750 females) – develops during fetal life, however, can develop as a result of postnatal exposure

Liver - birth defects are rare:

Accessory hepatic ducts

Gallbladder duplication

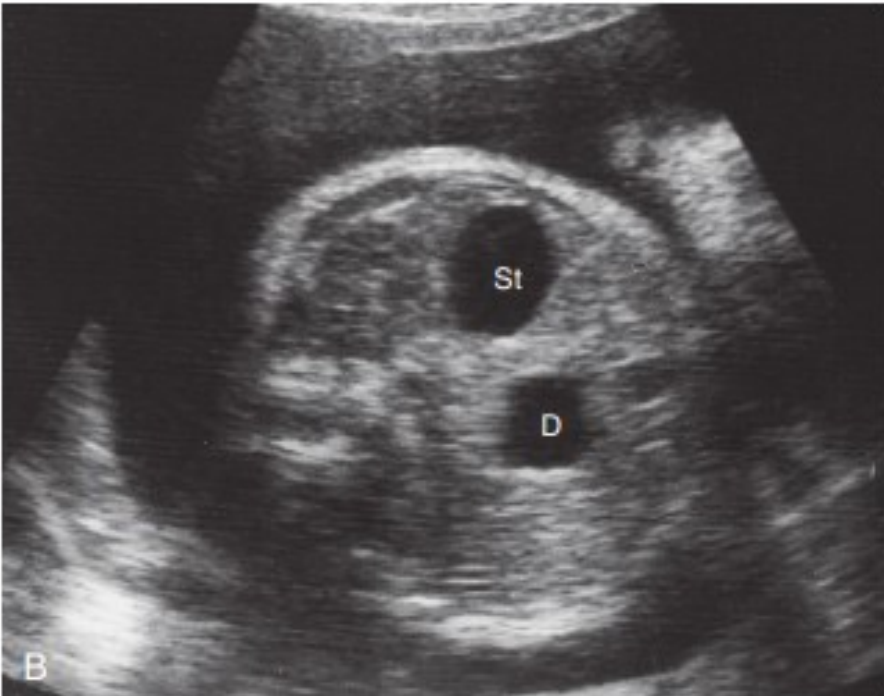
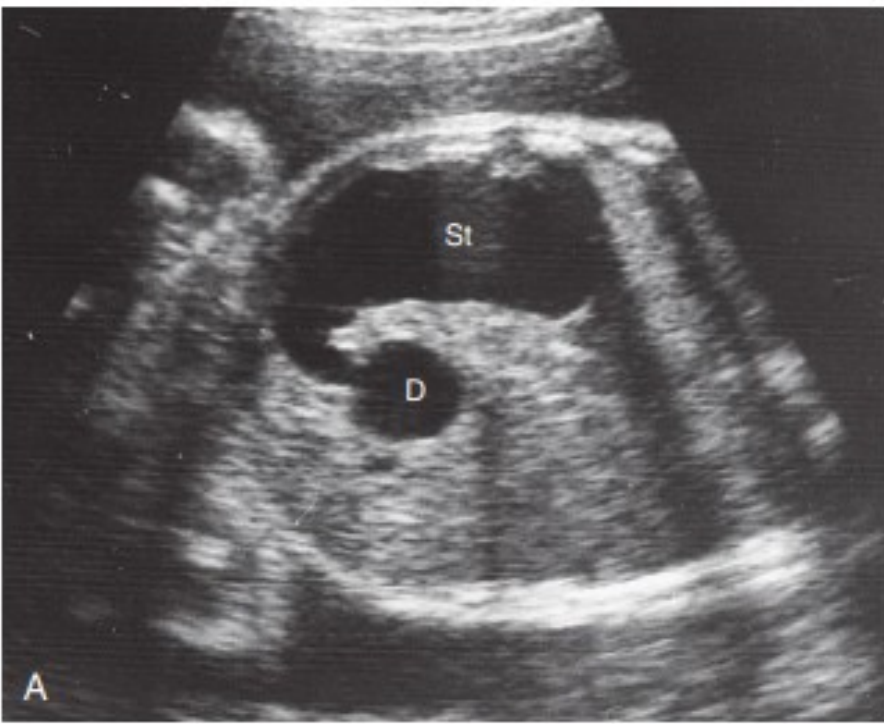
Extrahepatic biliary atresia (1/15000)

Intrahepatic biliary duct atresia/hypoplasia (1/100000)

Pancreas:

Annular pancreas

Accessory spleens – in 10 % of population

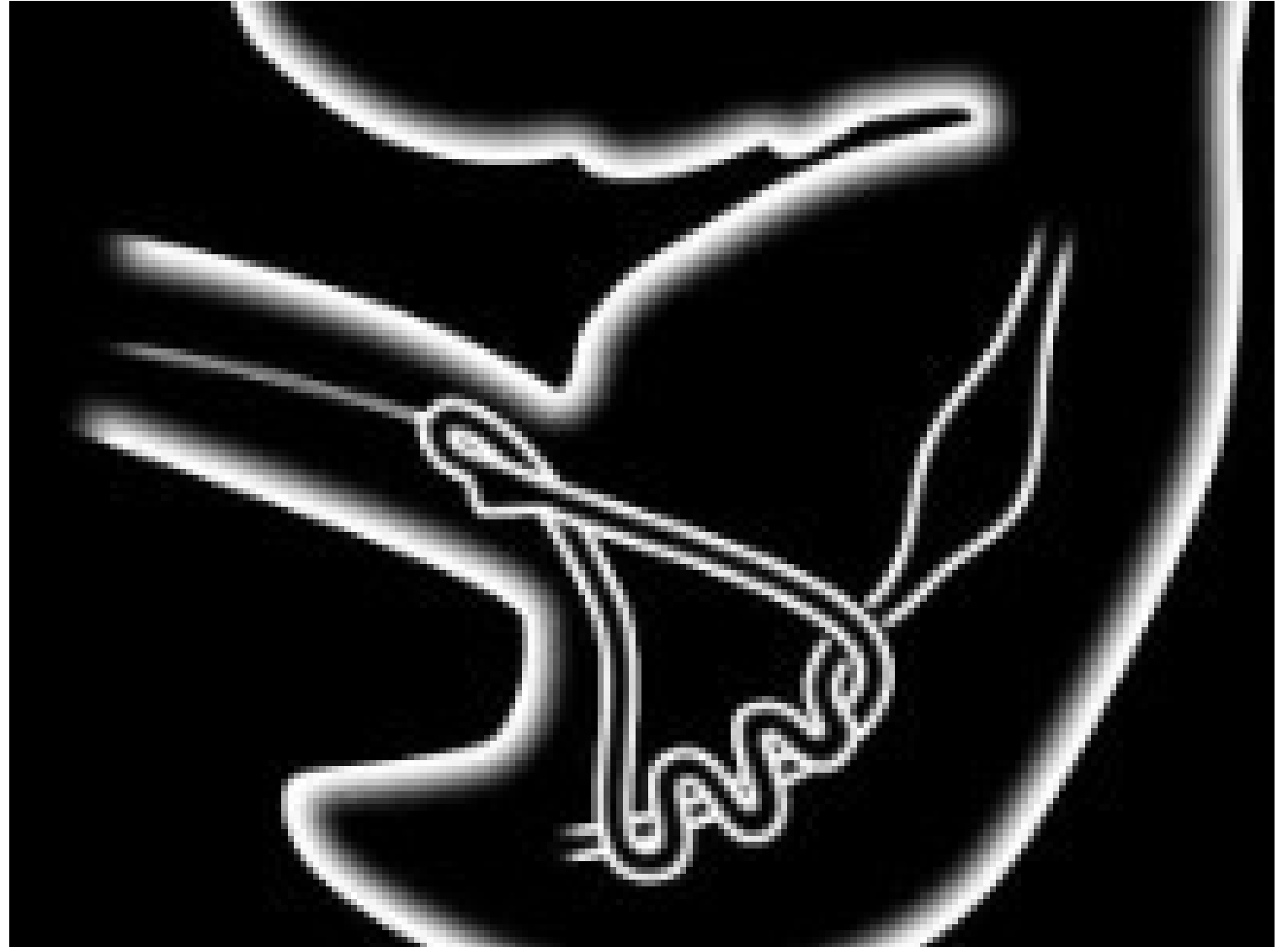


Duodenum:
Duodenal stenosis/atresia – results
from incomplete recanalization

Polyhydramnios
„Doble-Bubble“

Midgut development. Physiological herniation.

6th – 10th week



Body wall defects

Gastroschisis (3,5/10000) – most common in infants from thin women under 20; usually not associated with chromosomal abnormalities and other severe defects, thus the mortality rate is low (unless associated with volvulus)

X

Omphalocele (2,5/10000) – up to 25 % mortality rate

Vitelline duct abnormalities

Meckel or ileal diverticulum – in 2 to 4 % of people, 3-5 times more prevalent in males (inflammation symptoms mimic those of appendicitis)

Enterocystoma or vitelline cyst

Umbilical or vitelline fistula

Gut rotation defects

Left-sided colon – colon and cecum are the first to return from the umbilical cord cavity as the result of only 90° rotation

Reversed rotation of the intestinal loop

Duplications of intestinal loops and cysts

Gut atresias and stenoses

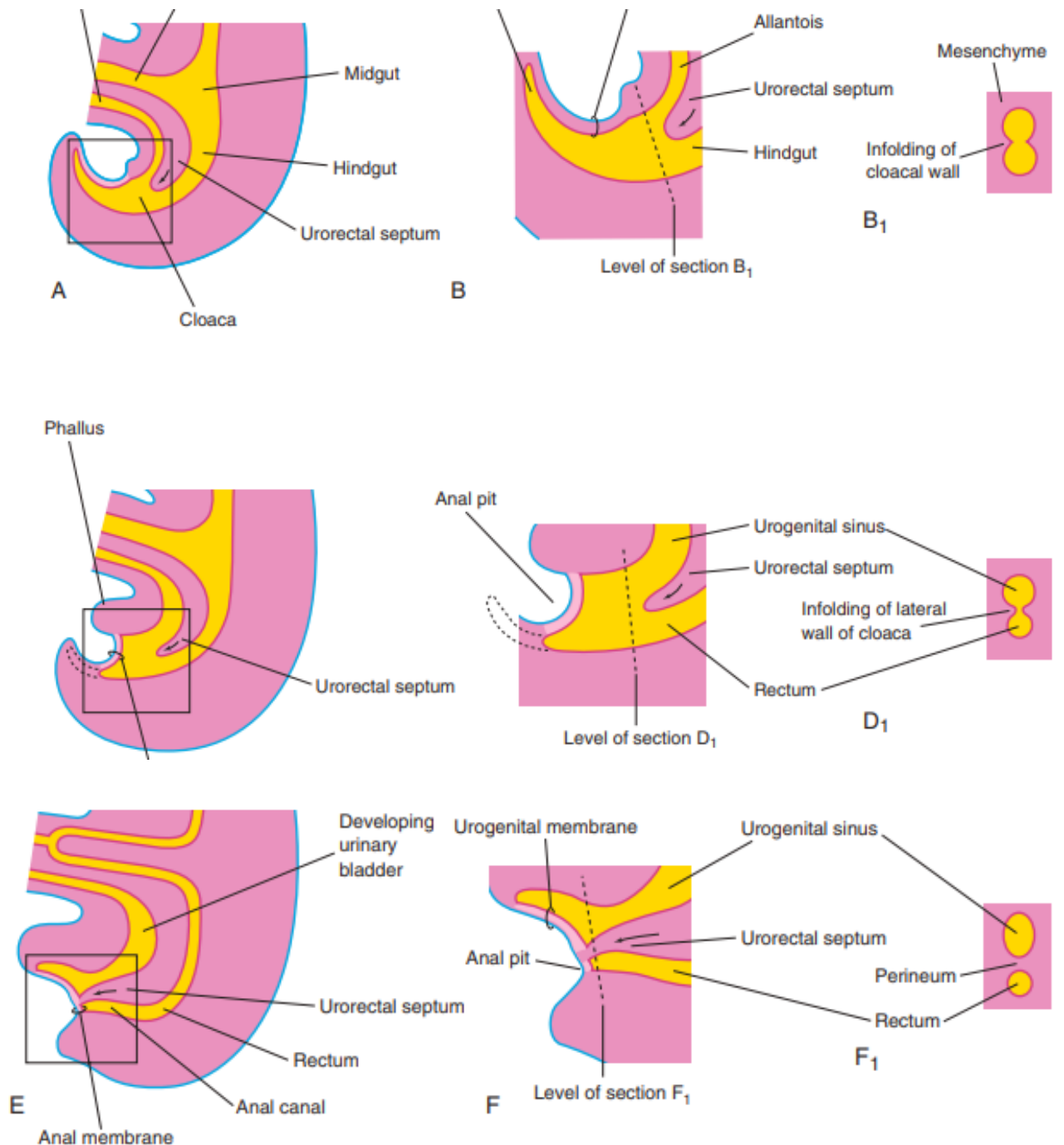
- Most occur in duodenum, fewest in the colon, equal number in jejunum and ileum; in 50 % of cases a region of bowel is missing completely, in 20 % cases the fibrous cord is present; stenoses represent only 5 % of cases

Apple peel atresia - 10 % of atresias: in the proximal jejunum, intestine is short, portion distal to the lesion coiled around remanant of mesenteries

Hindgut

Hindgut derivatives:

- Left third of the transverse colon, descending colon, sigmoid colon, rectum, superior part of the anal canal
- The epithelium of the urinary bladder and most of the urethra!!!



Congenital megacolon

(Hirschsprung disease) – 1/5000, males are affected 4 times more often than females.

Imperforate anus - 1/5000 more common in males than females

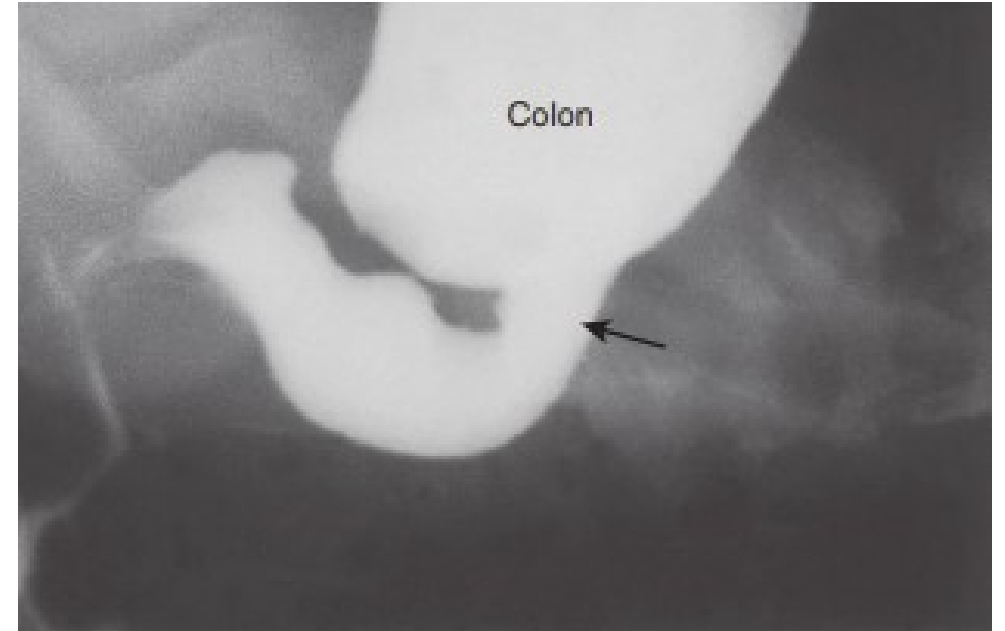
Anorectal birth defects

- High vs. Low (rectum end superior or inferior to the puborectalis muscle respectively)

Low: anal agenesis, with or without fistula
anal stenosis

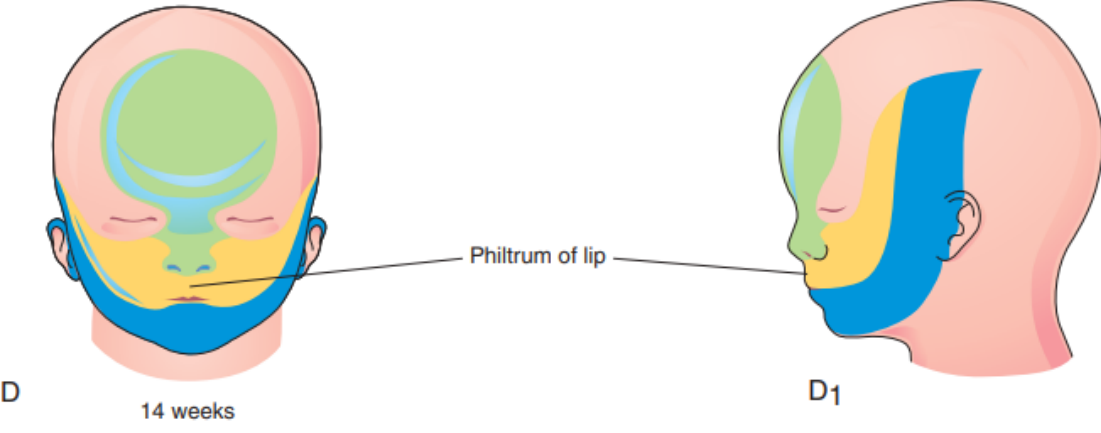
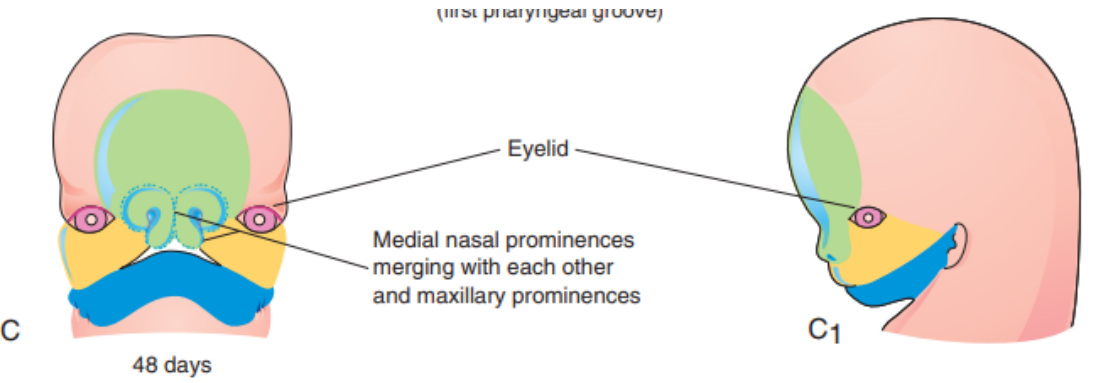
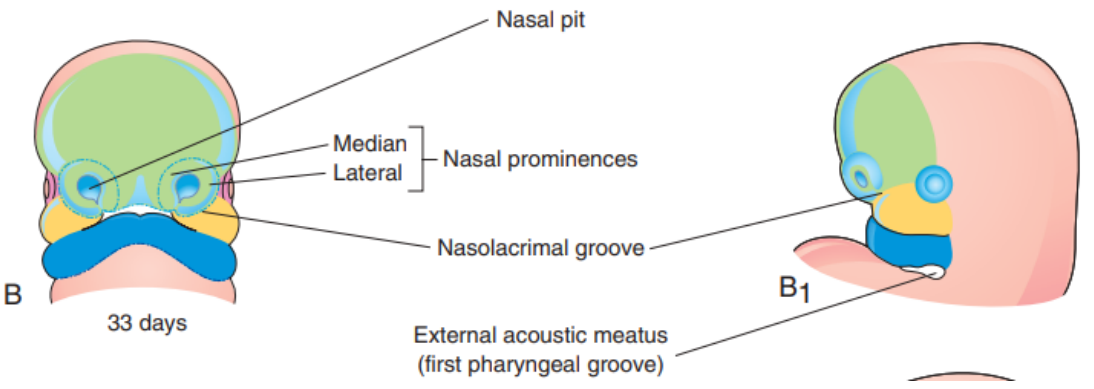
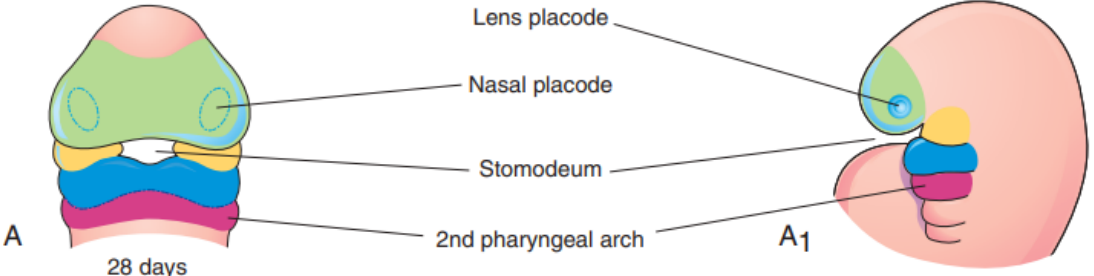
membranous atresia of anus

High: anorectal agenesis, with or without fistula (2/3 of anorectal defects)
rectal atresia



Development of the face

Frontonasal prominence
 Maxillary prominence
 Mandibular prominence



Anterior cleft deformities

Lateral cleft lip (1/700, 65 % - male infants)

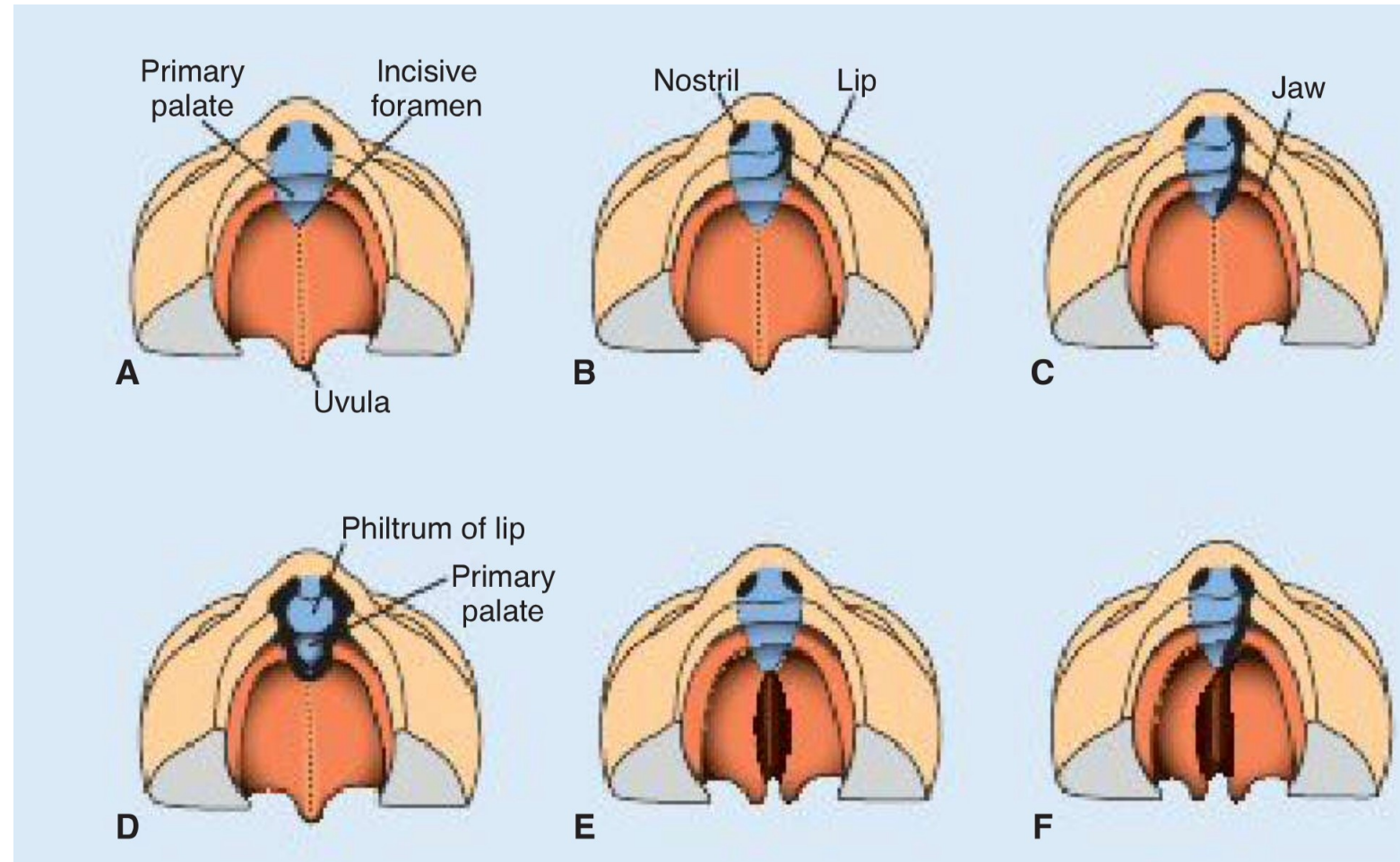
Cleft upper jaw

Cleft between the primary and the secondary palates

Posterior cleft deformities

Cleft secondary palate (1/1500, 55 % female infants)

Cleft uvula

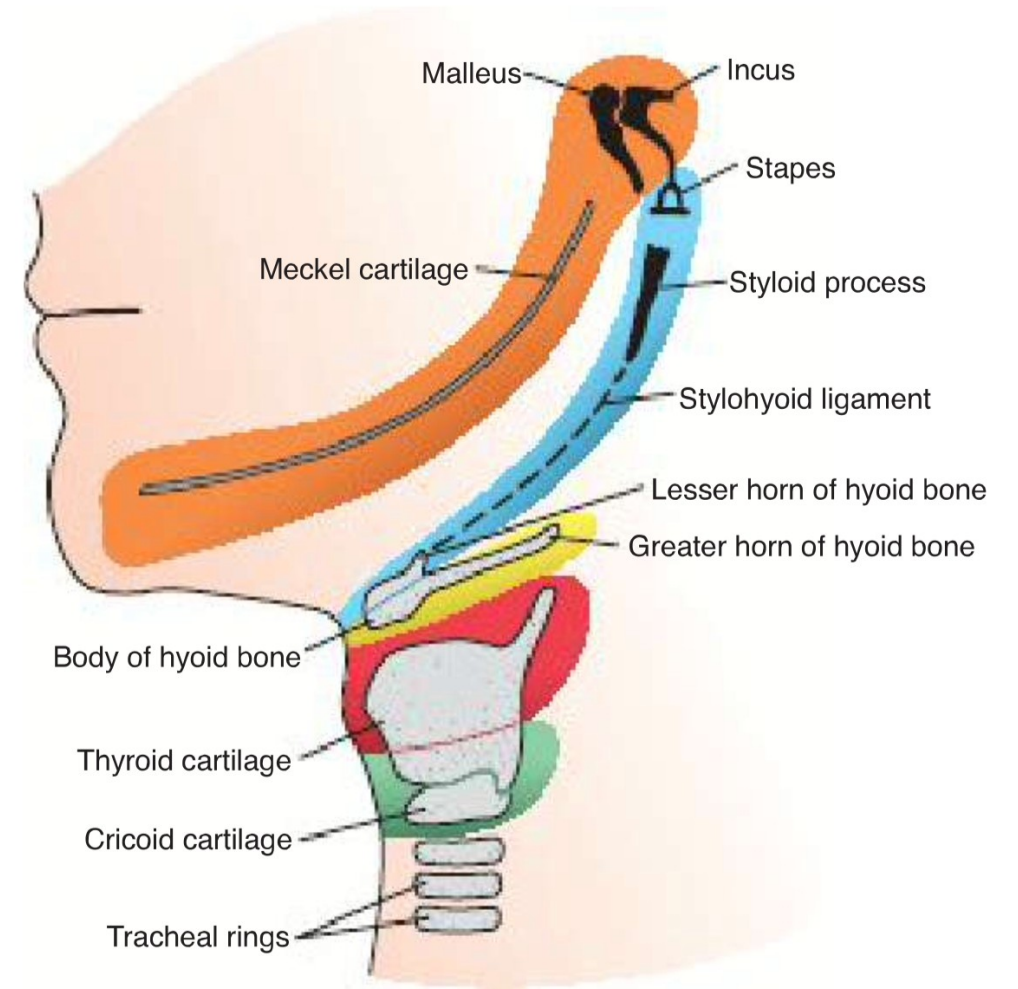
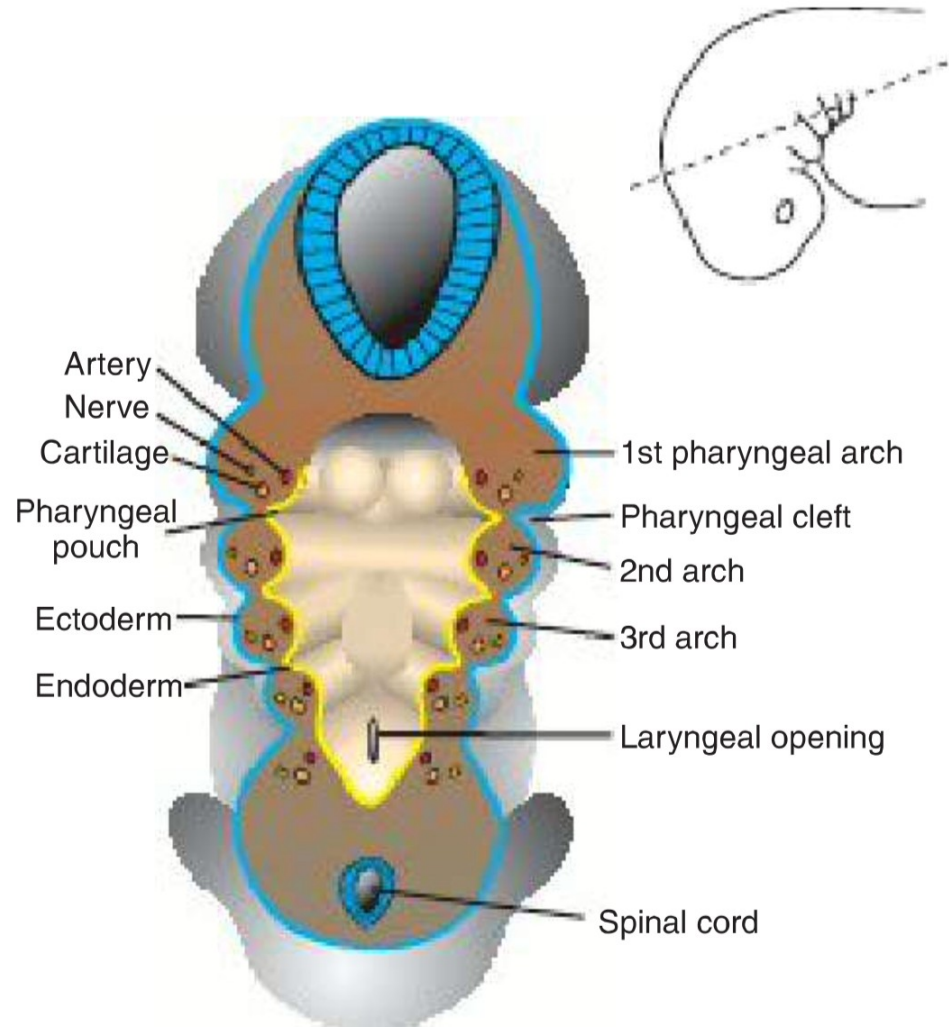


Van der Woude syndrome – pits in the lower lip in 88 % of patients

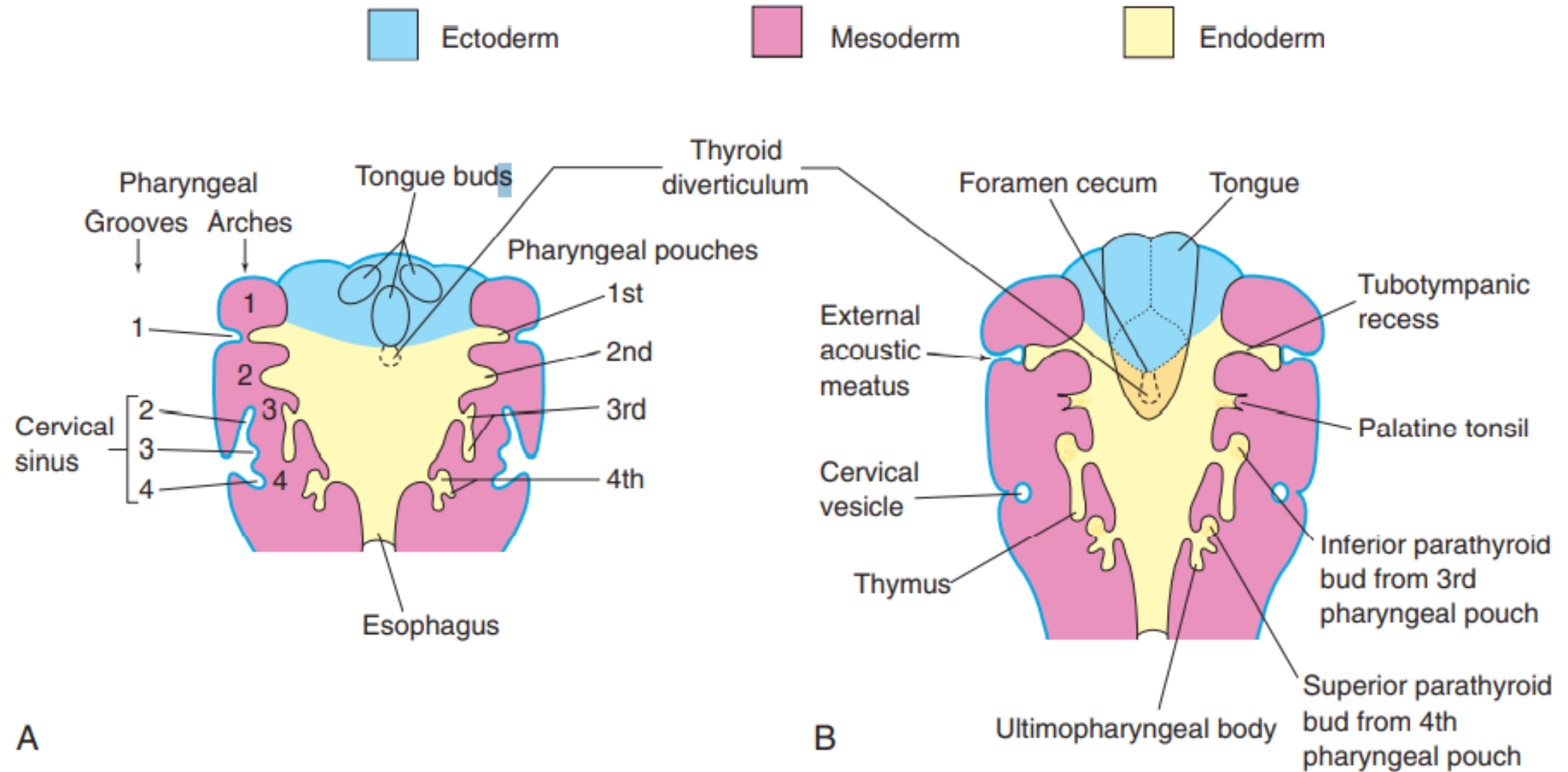
Oblique facial cleft

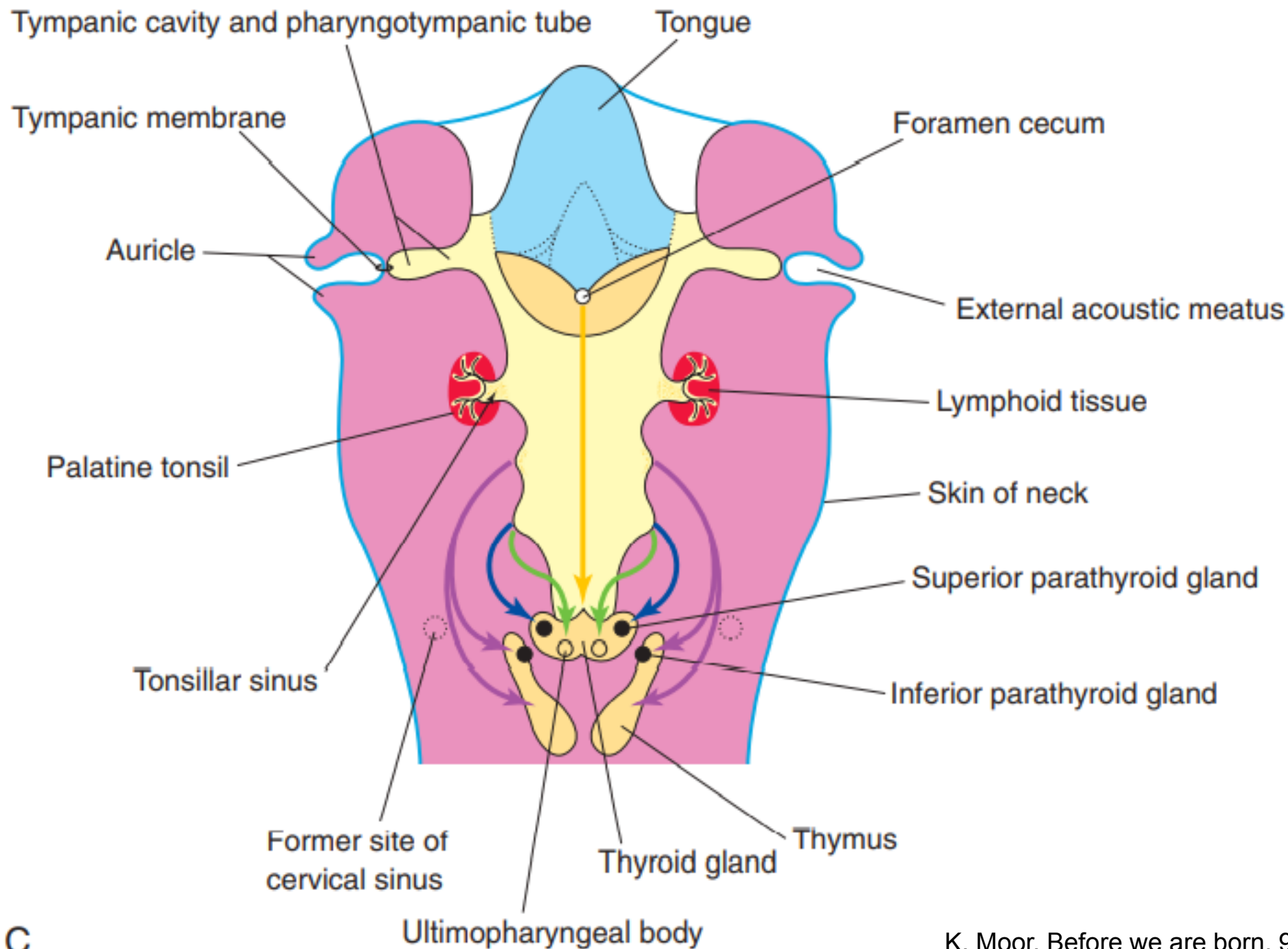
Median cleft lip – incomplete merging of the two medial nasal prominences; different degrees of midline structures loss -----
holoprosencephaly – fusion of lateral ventricles, synophthalmia

Neck region



Neck region – pharyngeal apparatus





C

Ectopic thymic and parathyroid tissue

Branchial fistulas: external and internal

Cervical cysts

Craniofacial defects associated with neural crest cells:

- Mandibulofacial dysostosis – Treacher Collins syndrome
- Robin sequence
- DiGeorge syndrome, DiGeorge anomaly, velocardiofacial syndrome etc.
 - deletion on 22q11.2 (1/4000)
- Hemifacial microsomia (oculoauriculovertebral spectrum – Goldenhar syndrome)