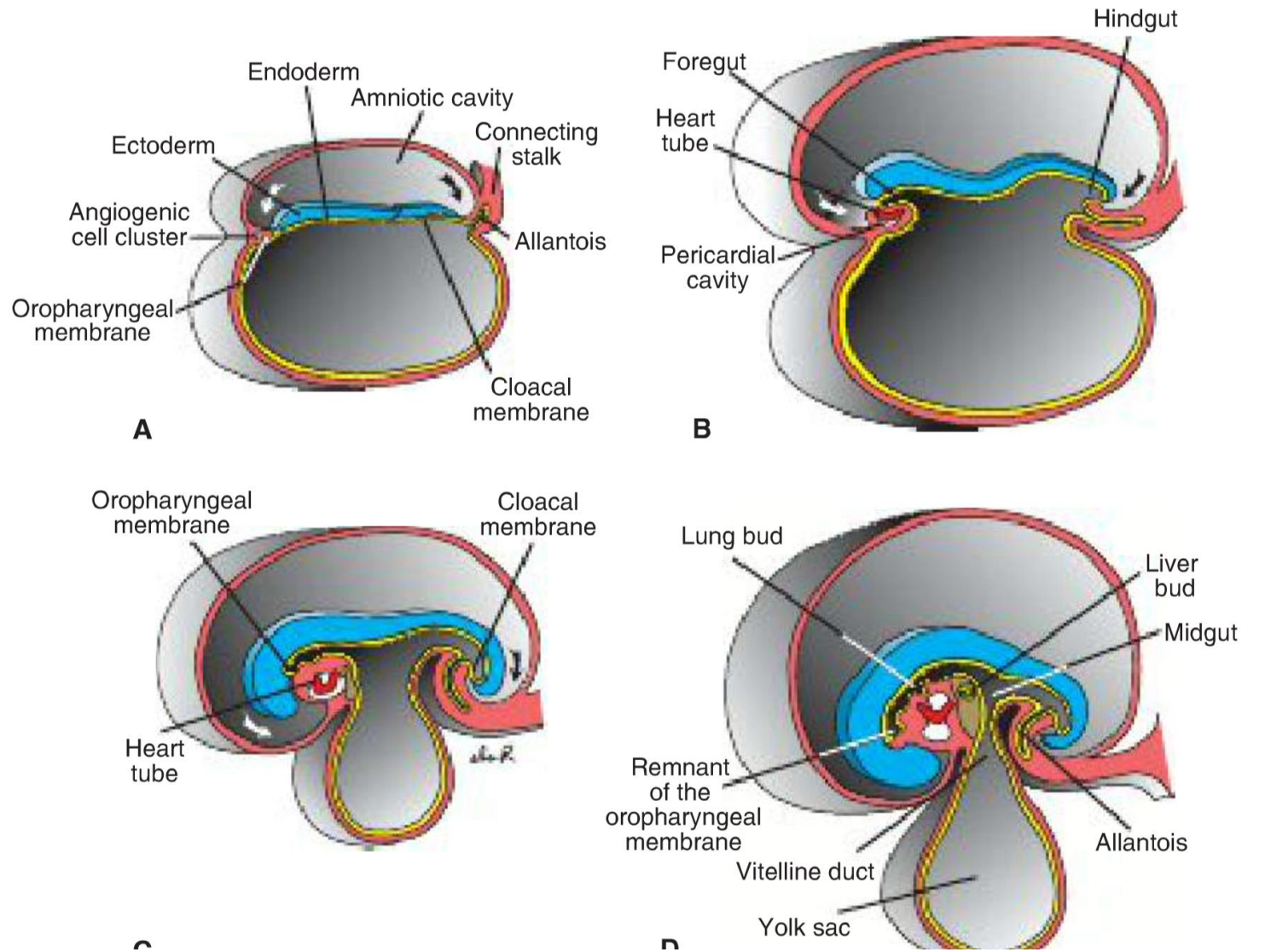


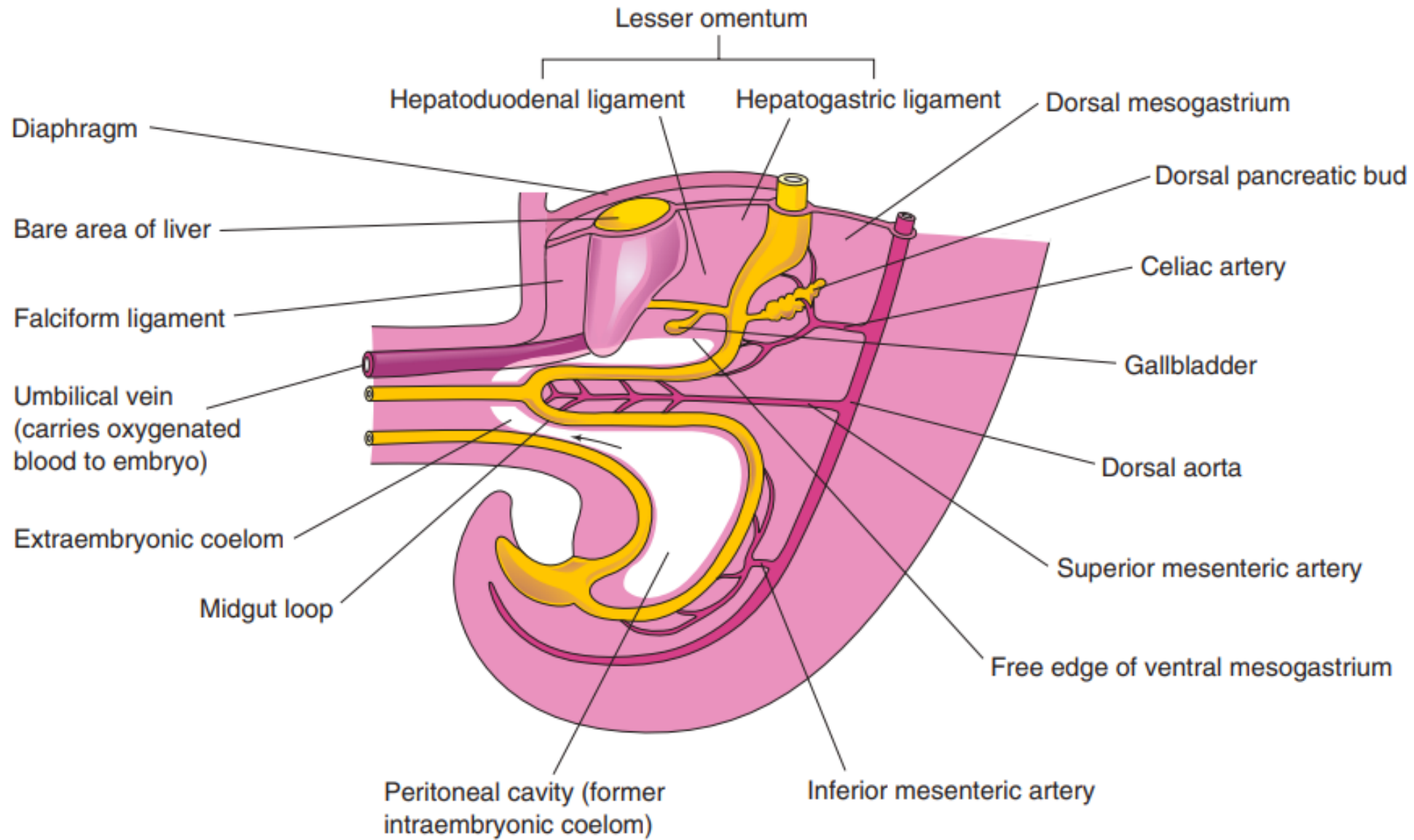
Development and teratology of digestive system.

Anna Mac Gillavry

03.03.2025

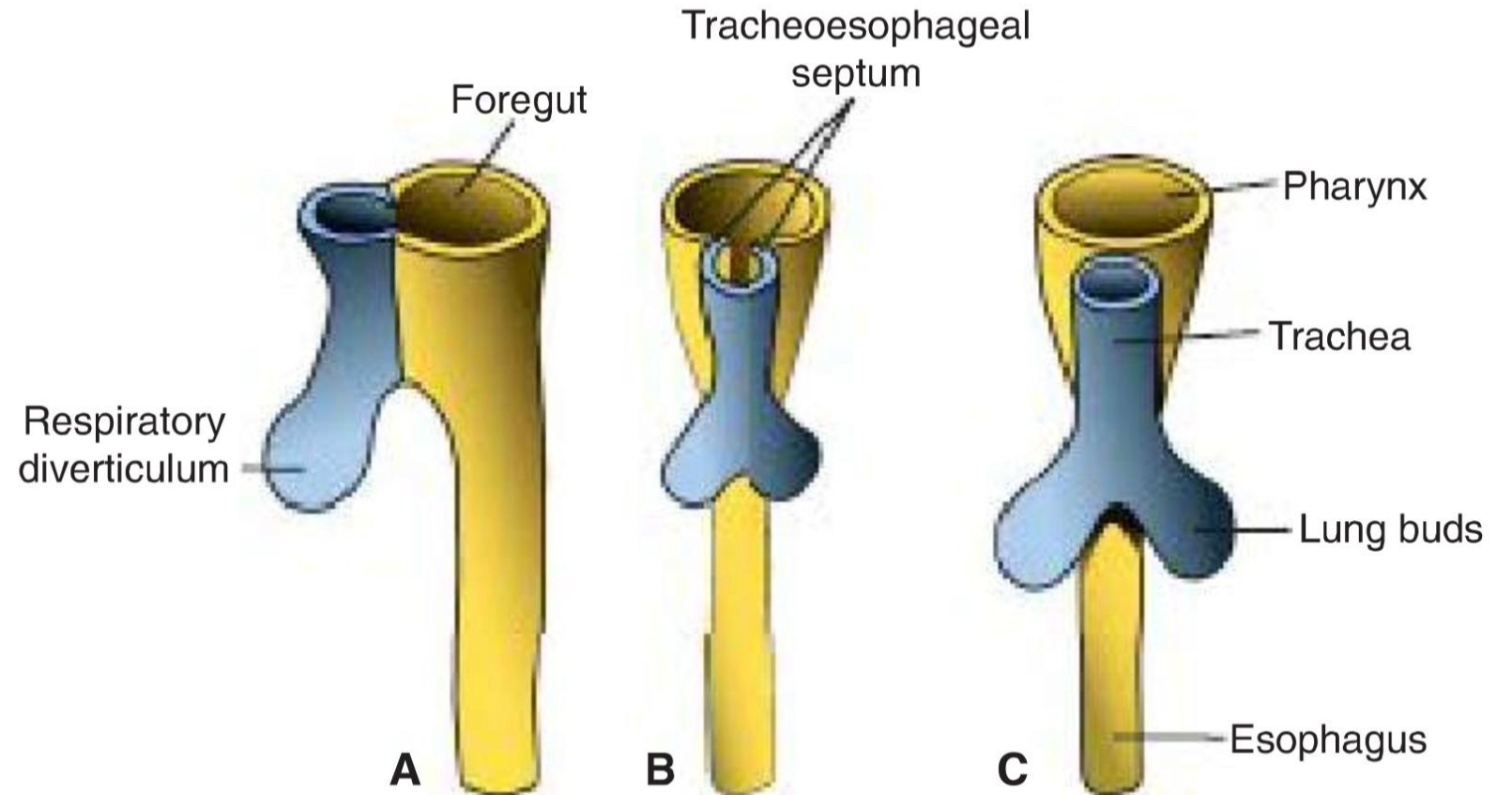
- Primitive gut formation results from the lateral folding of the embryo
- Foregut, midgut and hindgut
- (Yolk sac, allantois)





Esophagus

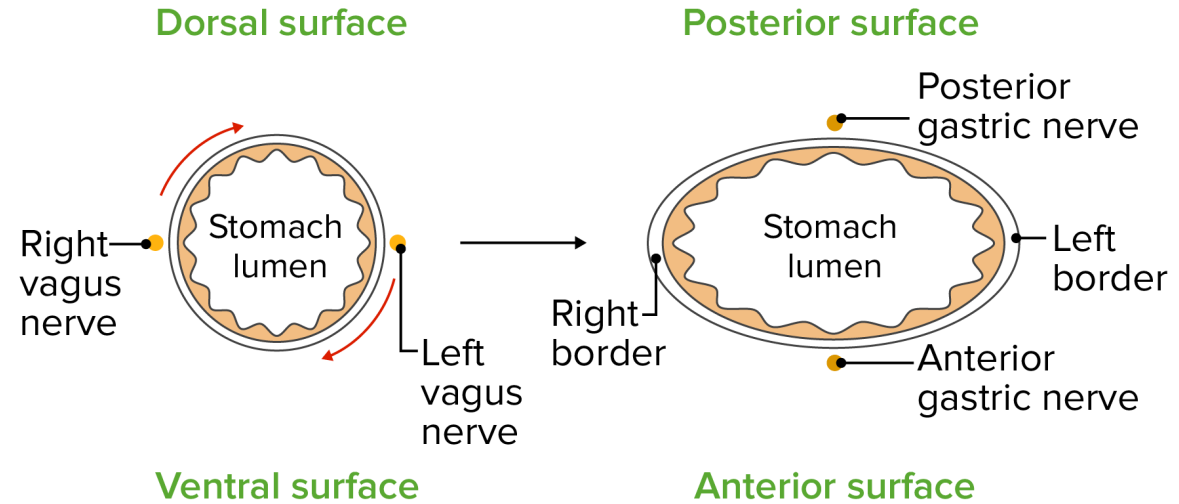
4th week



Stomach

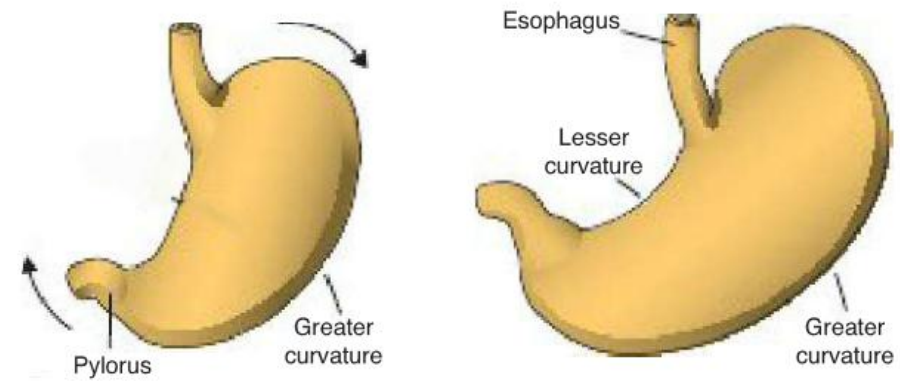
Two rounds of rotation:

1. 90° clockwise along the longitudinal axis

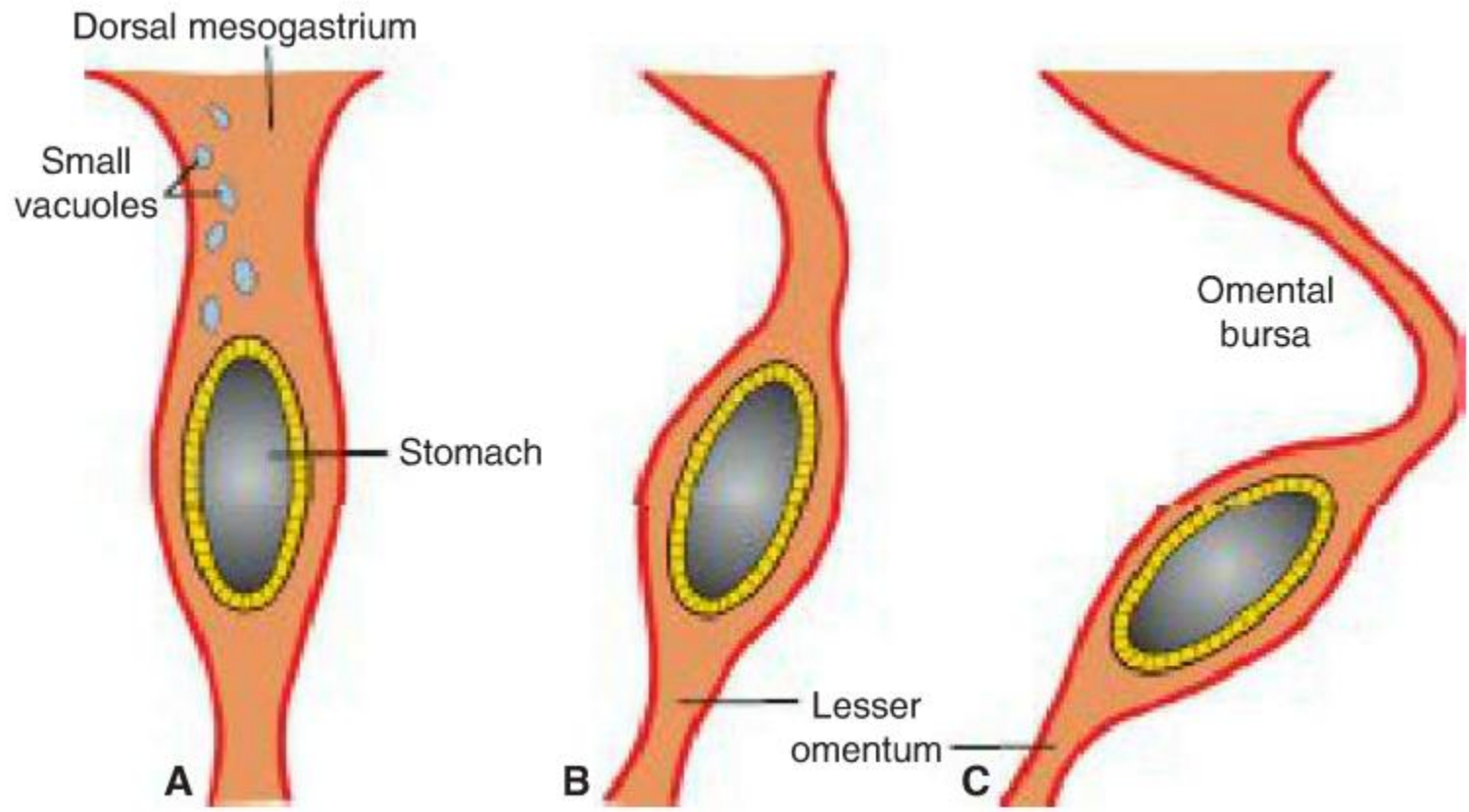


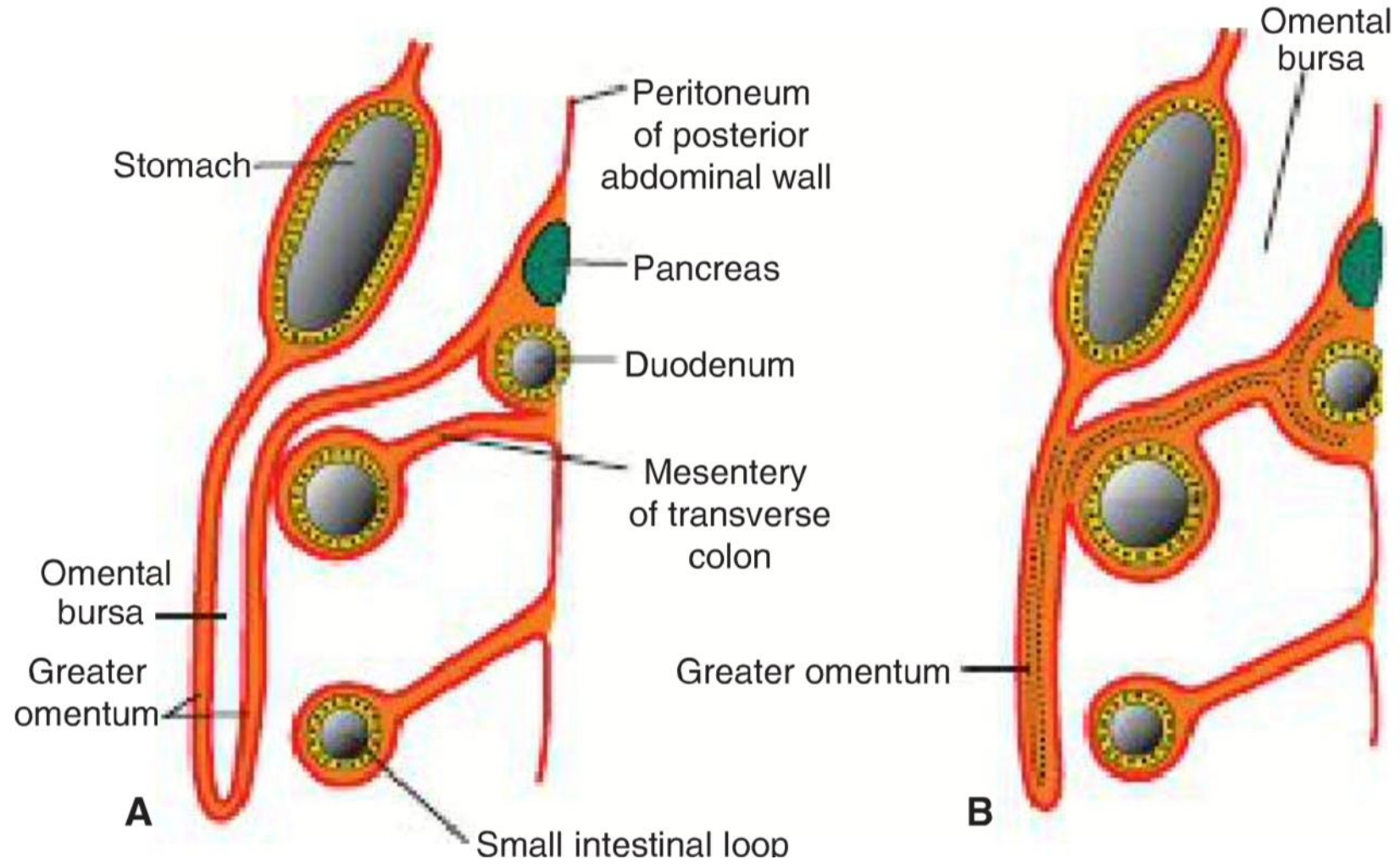
[Desarrollo de los Órganos Abdominales | Concise Medical Knowledge \(lecturio.com\)](#)

2. anteroposterior axis



T.W. Sadler, Langman's medical embryology, 14th edition



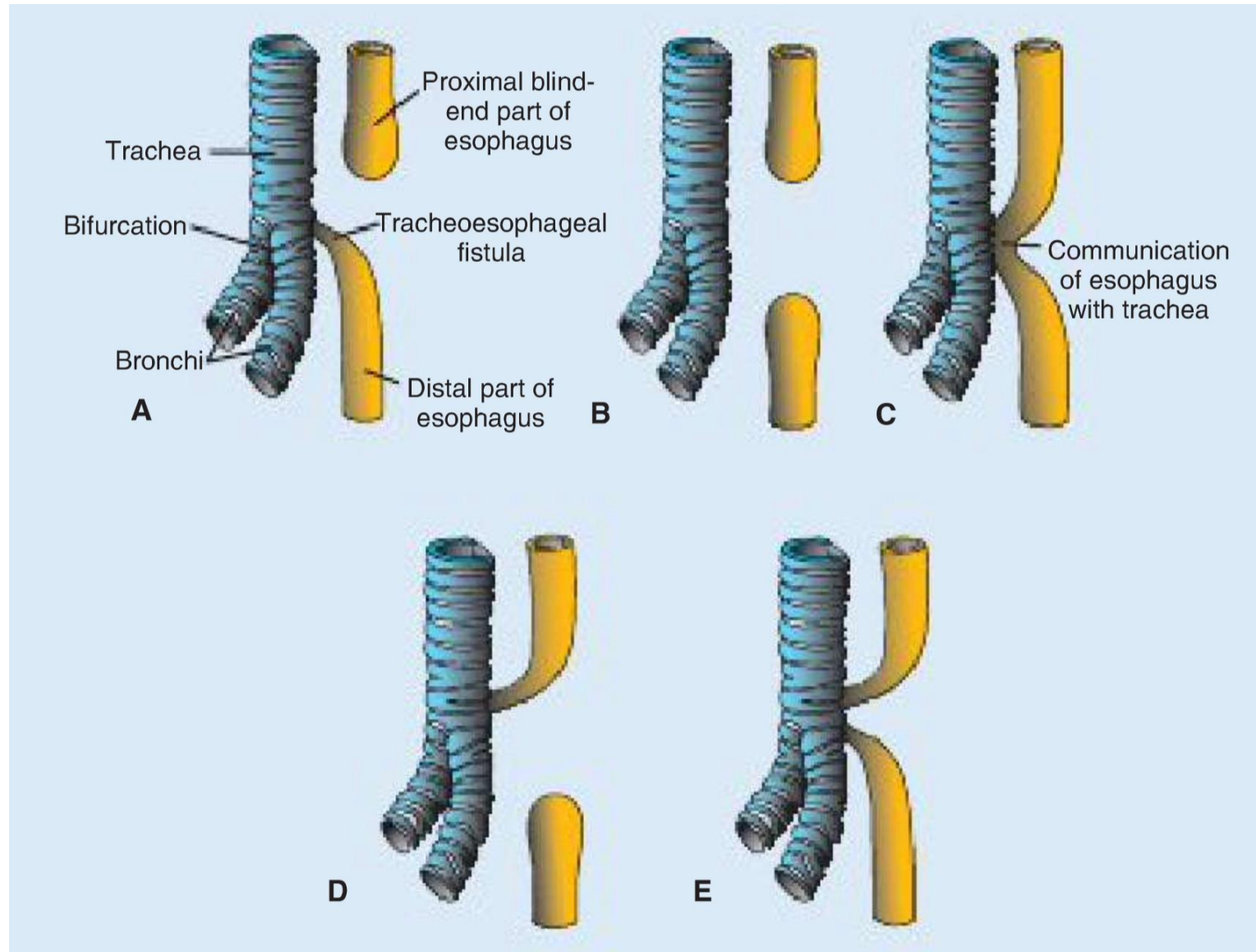


Esophagus:

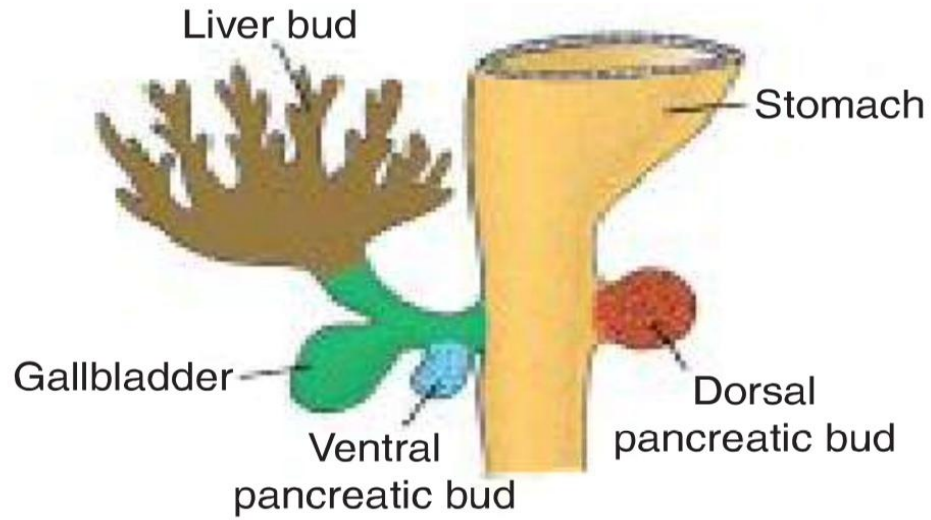
- esophageal atresia and/or tracheoesophageal fistula - *polyhydramnios*
- esophageal stenosis
- congenital hiatal hernia

Stomach:

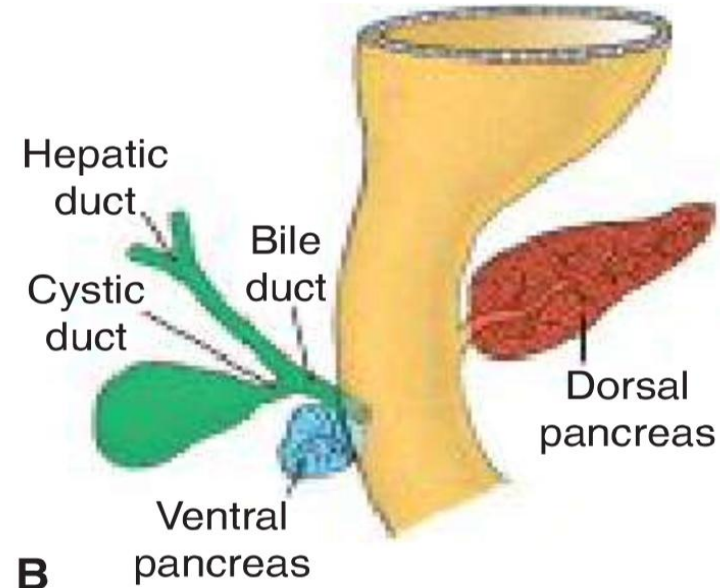
- pyloric stenosis (1 in 150 males, 1 in 750 females) – develops during fetal life, however, can develop as a result of postnatal exposure (e.g. erythromycin)



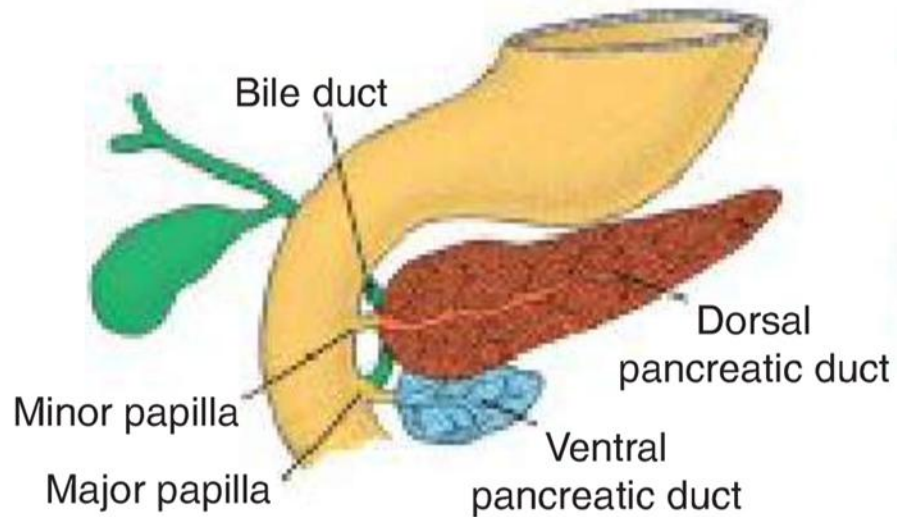
Development of the liver and pancreas



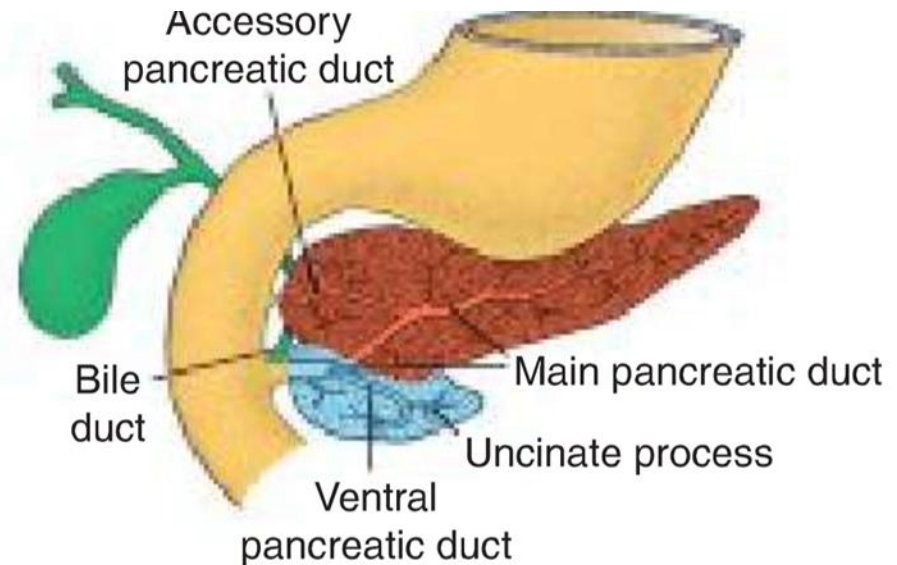
A



B

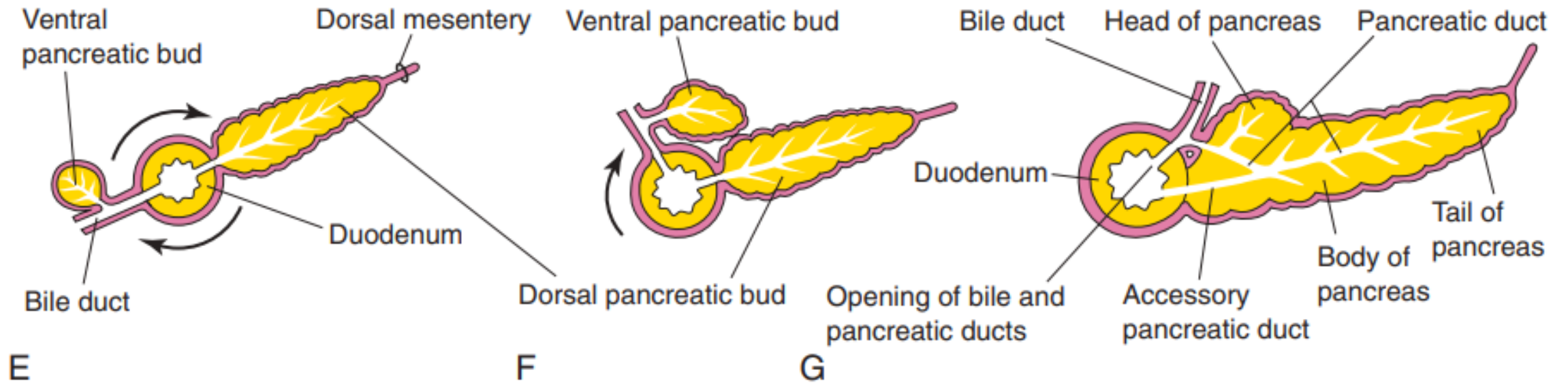


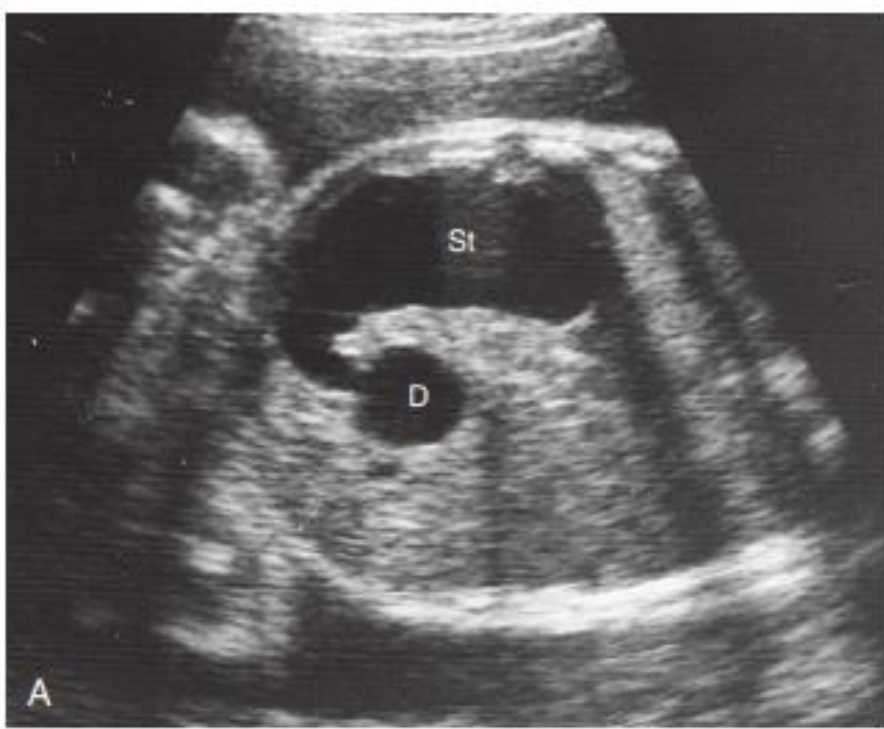
A



B

Development of the pancreas





Duodenum:

- duodenal stenosis/atresia – results from incomplete recanalization; affects 20-30% of patients with Down syndrome, 20% of premature neonates

symptoms: polyhydramnios

„Doble-Bubble“ = stomach and proximal duodenum



Liver - birth defects are rare:

Accessory hepatic ducts – usually asymptomatic, in 5% of population

Gallbladder duplication - usually asymptomatic

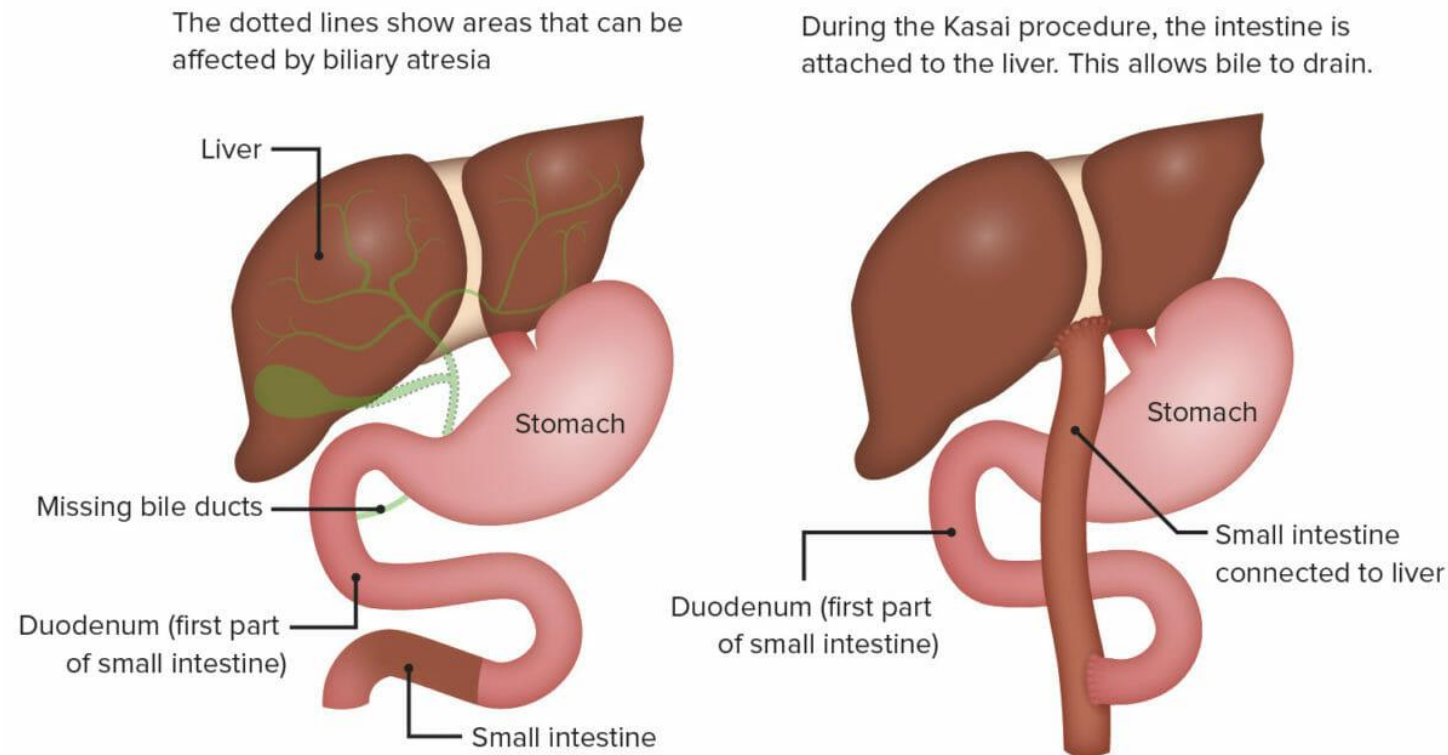
Intrahepatic biliary duct atresia/hypoplasia (1/100000)



Extrahepatic biliary atresia (1/15000 in US, however, higher rates in East Asia) –

15-20% has a patent proximal duct and fixable defect, the rest requires the liver transplant; *symptoms*: neonatal jaundice;

Kasai procedure (hepatportoenterostomy) → liver transplant!!!

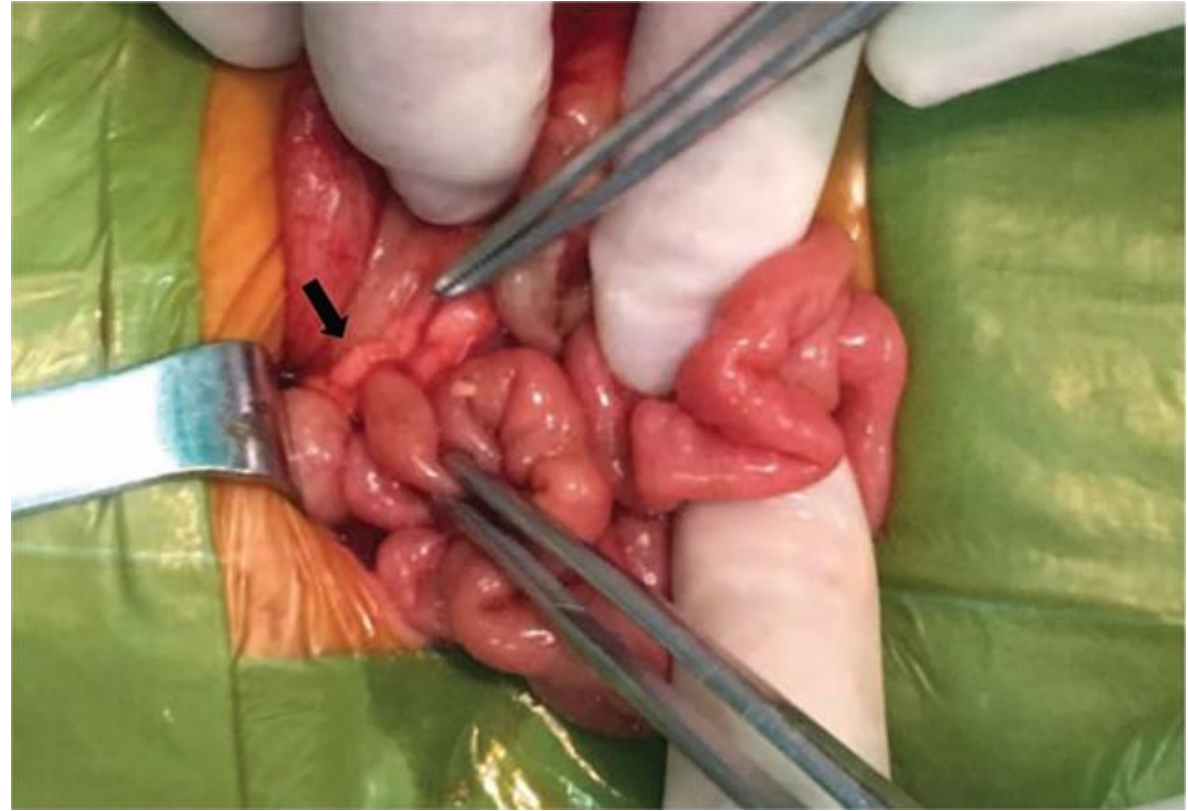


Pancreas:

Annular pancreas

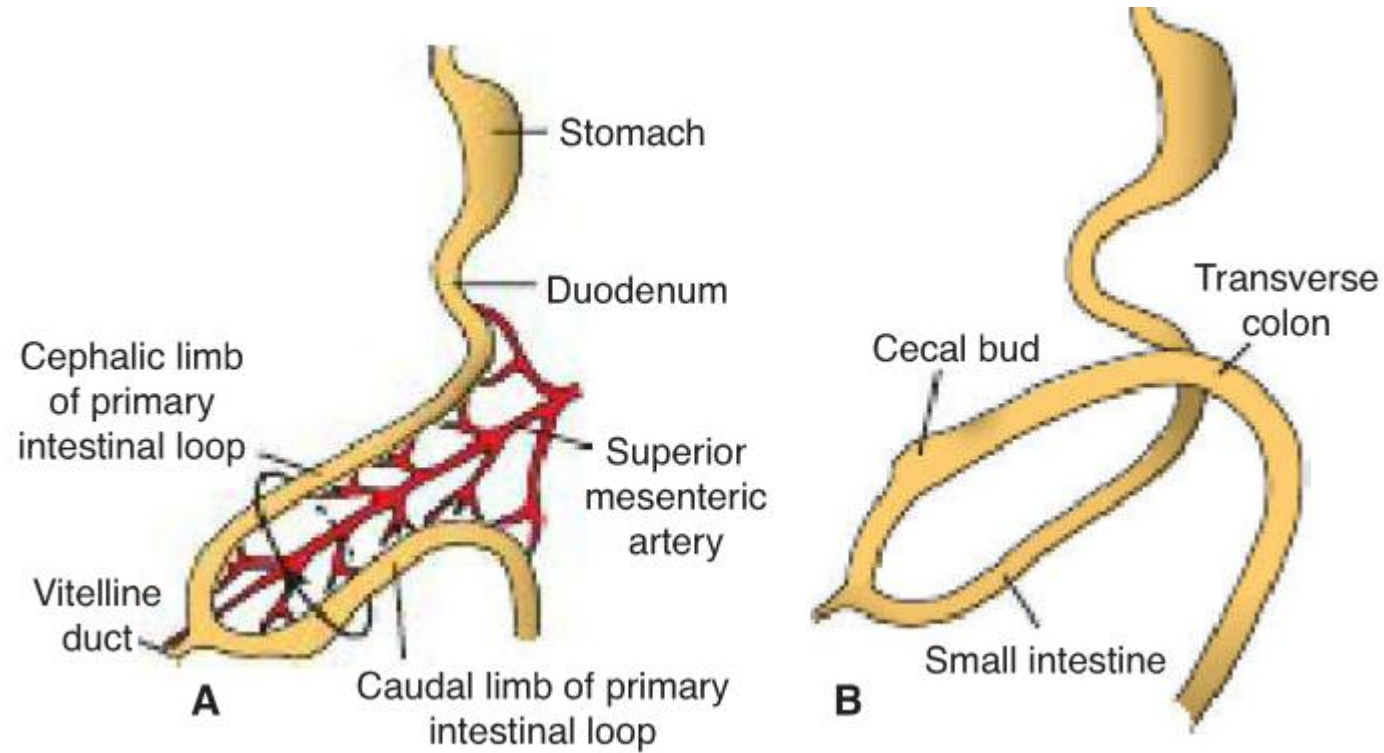
Accessory pancreatic tissue

Accessory spleens – in 10 % of population



[A newborn patient with both annular pancreas and Meckel's di... : Medicine \(lww.com\)](#)

Midgut development. Physiological herniation.



Midgut development. Physiological herniation.

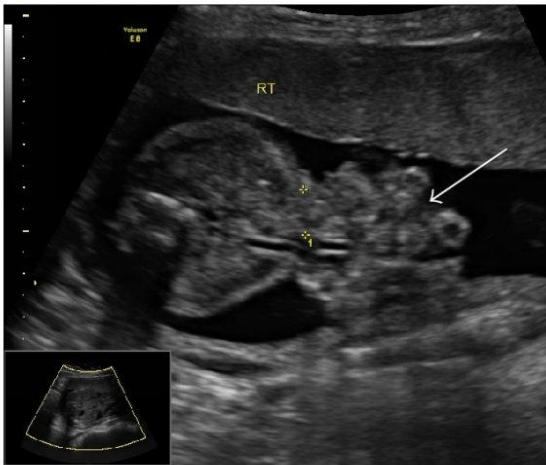
6th – 10th week



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)

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



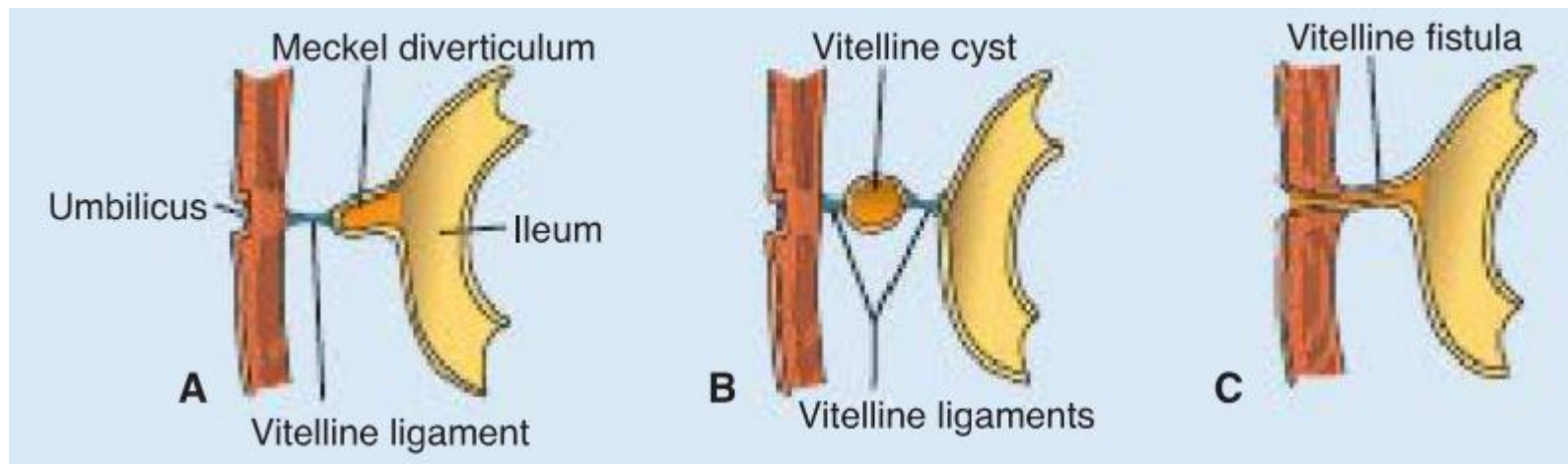


Vitelline duct abnormalities

Meckel or ileal diverticulum – in 2 to 4 % of people, 3-5 times more prevalent in males

Enterocystoma or vitelline cyst

Umbilical or vitelline fistula



T.W. Sadler, Langman's medical embryology, 14th edition



[A newborn patient with both annular pancreas and Meckel's di... : Medicine \(lww.com\)](#)

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

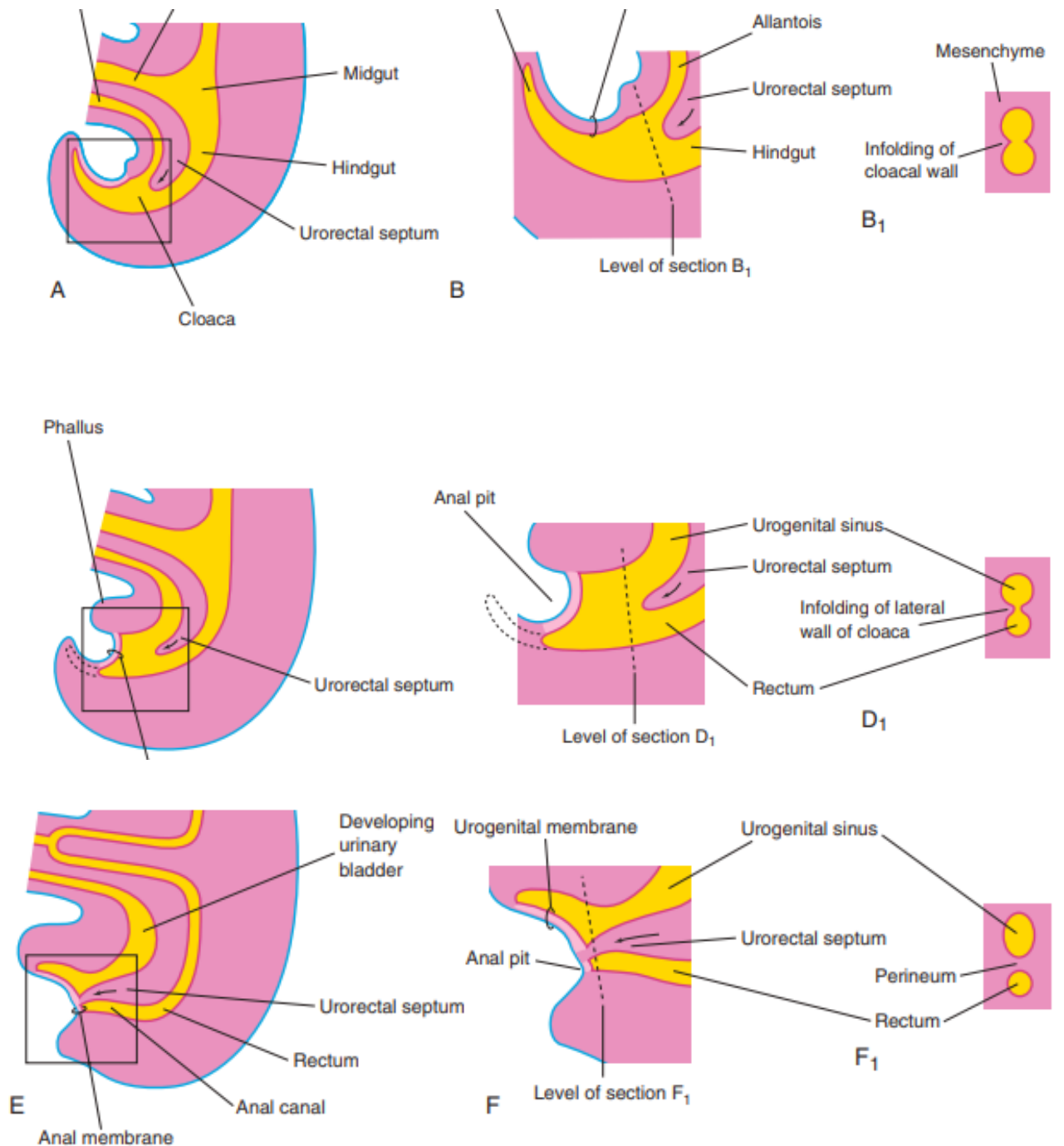
- Most occur in duodenum, fewest in the colon, equal number in jejunum and ileum; in 50 % of cases a region of bowel is missing completely, in 20 % cases the fibrous cord is present; stenoses represent only 5 % of cases

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.

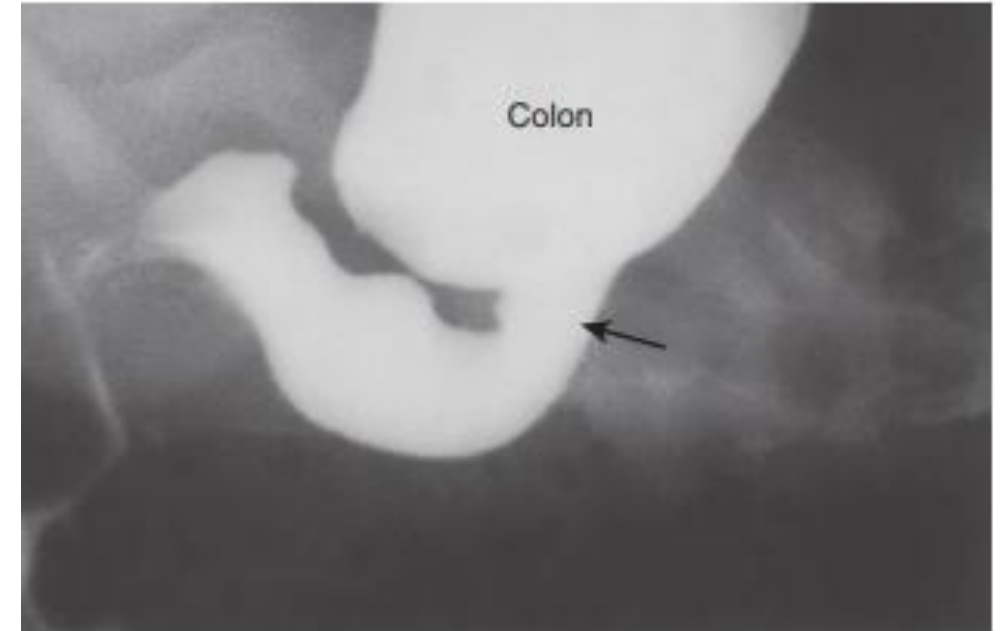
Imperforate anus - 1/5000 more common in males than females

Anorectal birth defects

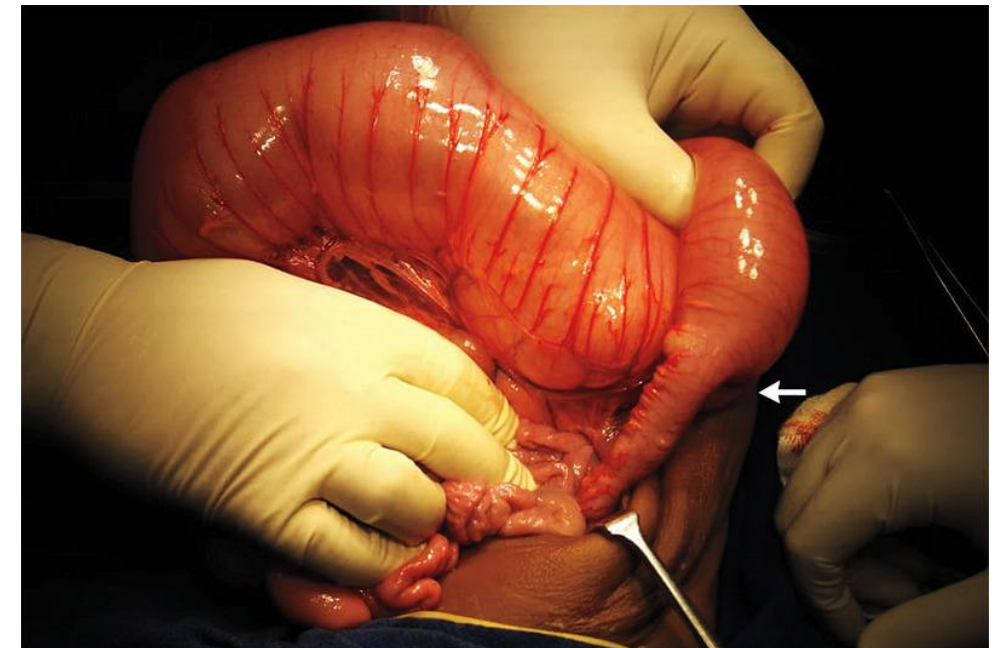
- High vs. Low (rectum ends superior or inferior to the *puborectalis* muscle respectively)

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



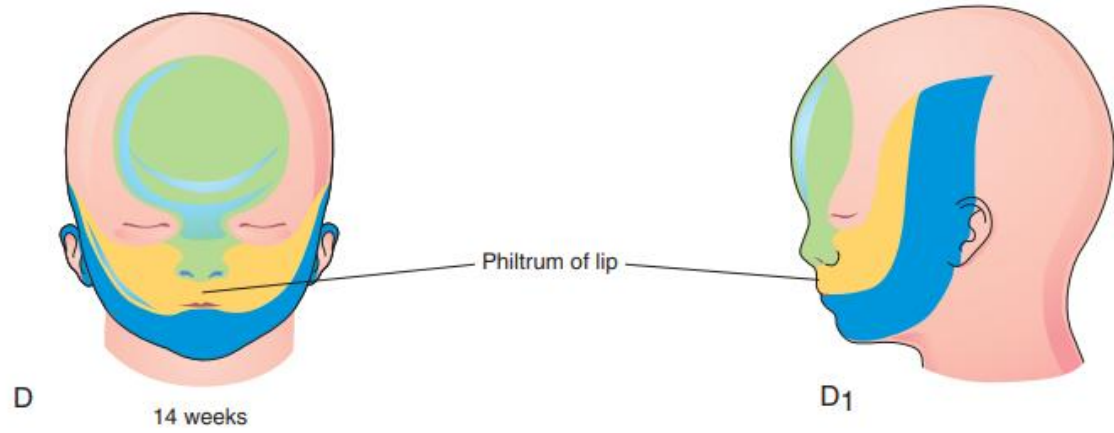
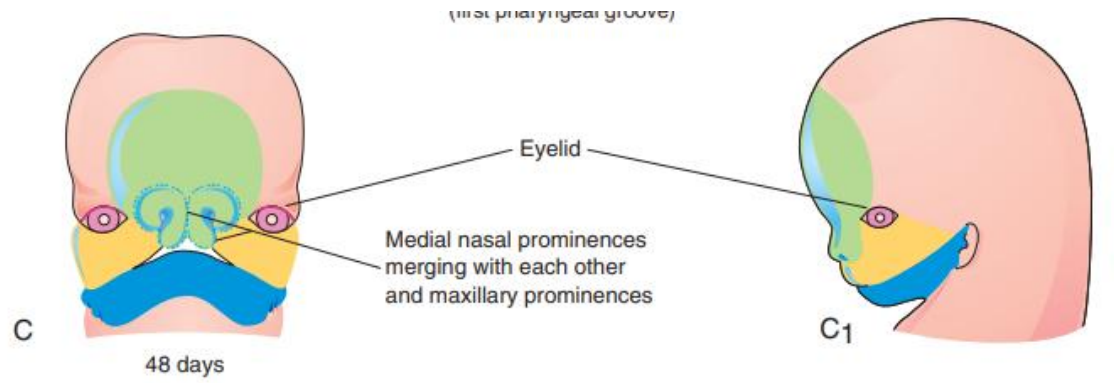
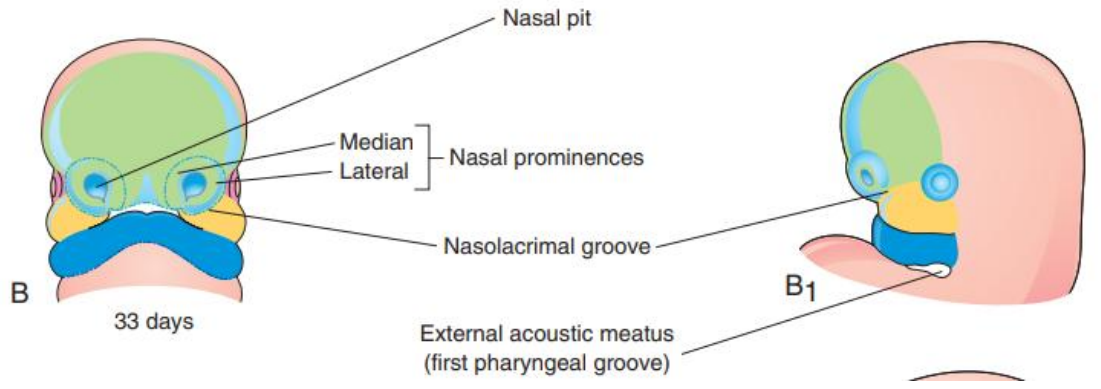
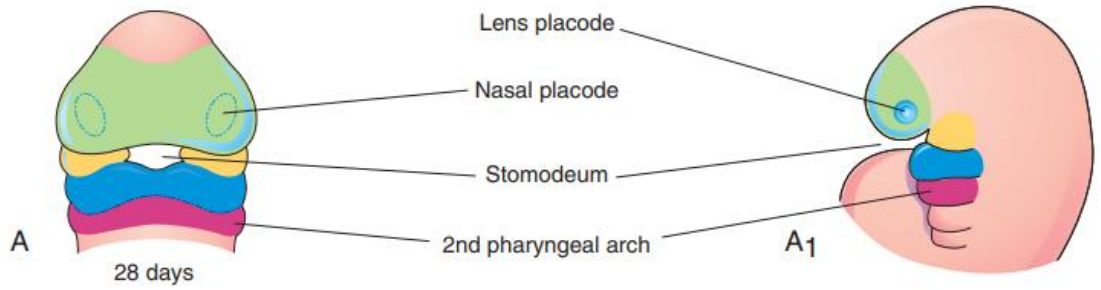
K. Moor, Before we are born, 10th edition



Transition Zone in Hirschsprung's Disease | NEJM

Development of the face

Frontonasal prominence
 Maxillary prominence
 Mandibular prominence



Anterior cleft deformities

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

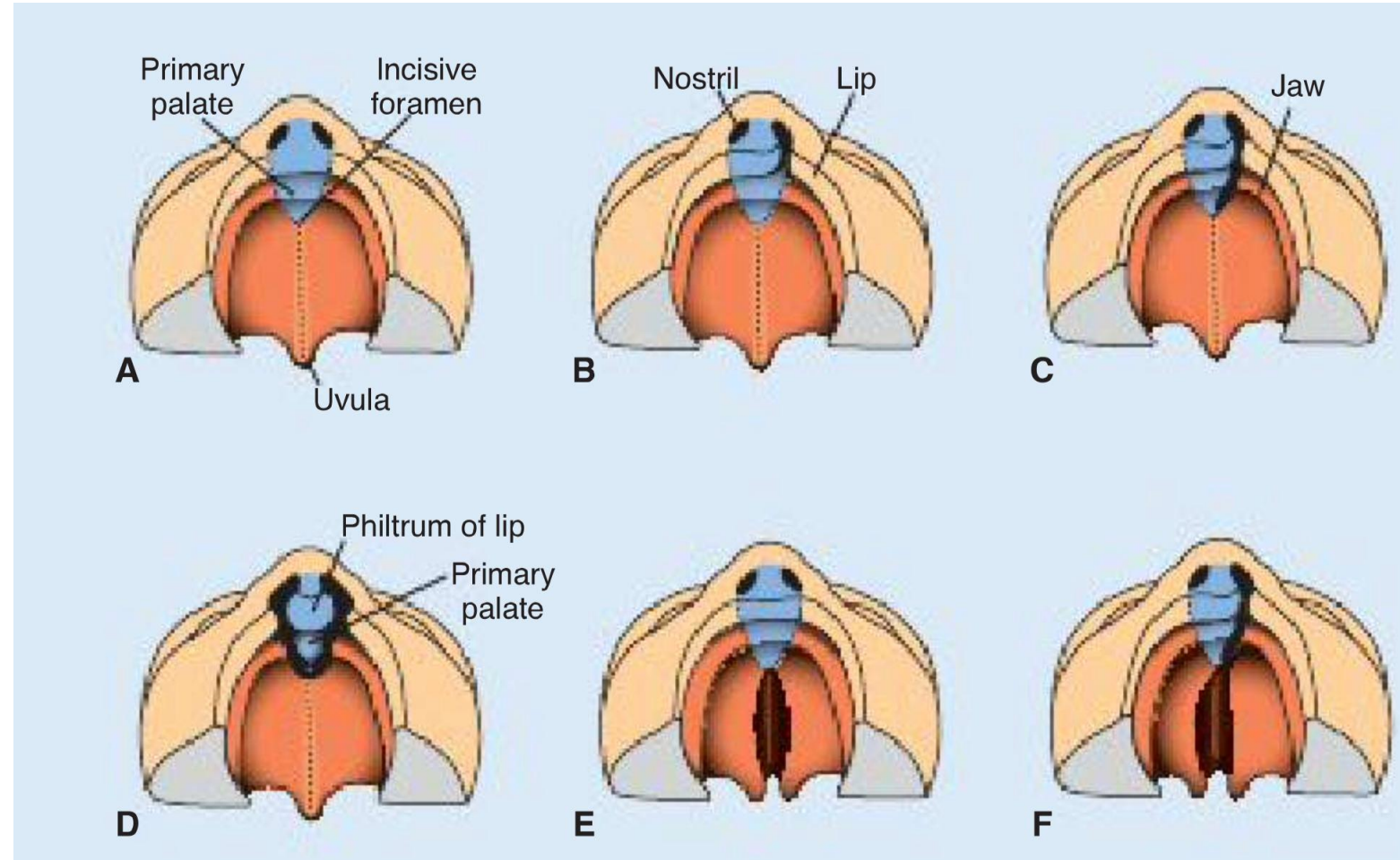
Cleft upper jaw

Cleft between the primary and the secondary palates

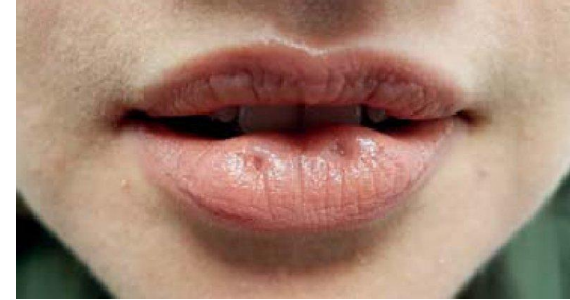
Posterior cleft deformities

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

Cleft uvula



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

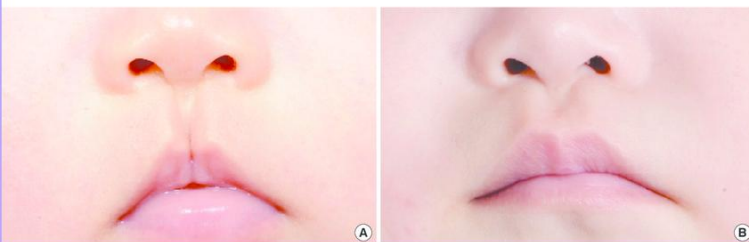


[Van der Woude Syndrome \(30.10.2020\) \(aerzteblatt.de\)](#)

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

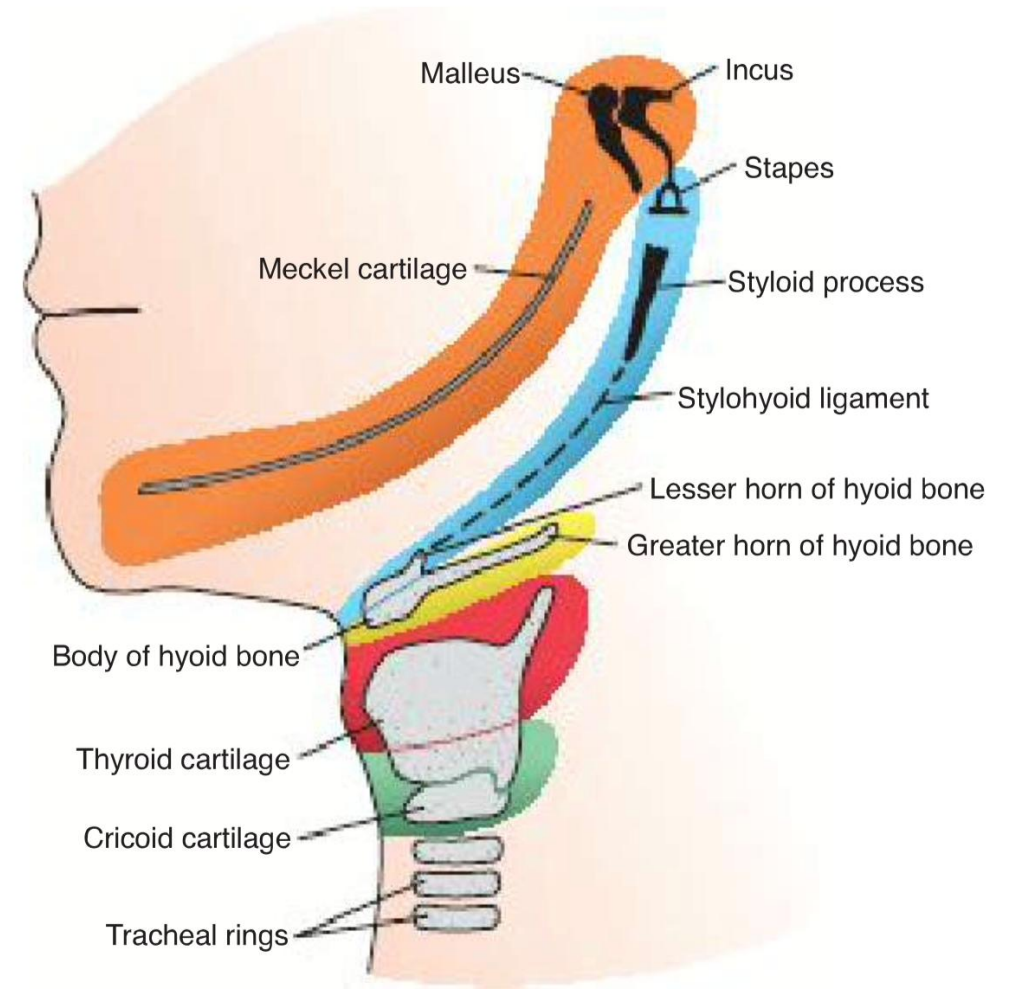
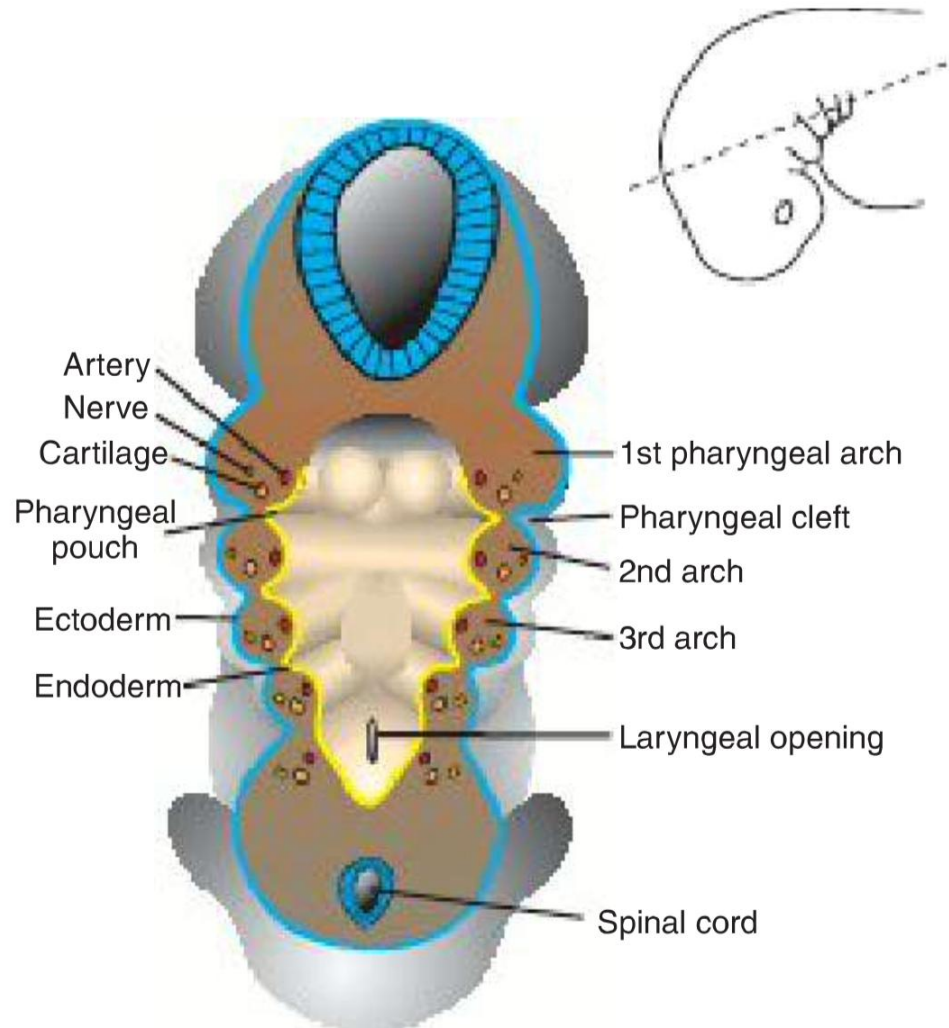
[A] Preoperative feature of median cleft lip. [B] Outcome of surgery at 9 months postoperatively. A natural Cupid's bow, philtrum and tubercle was achieved.



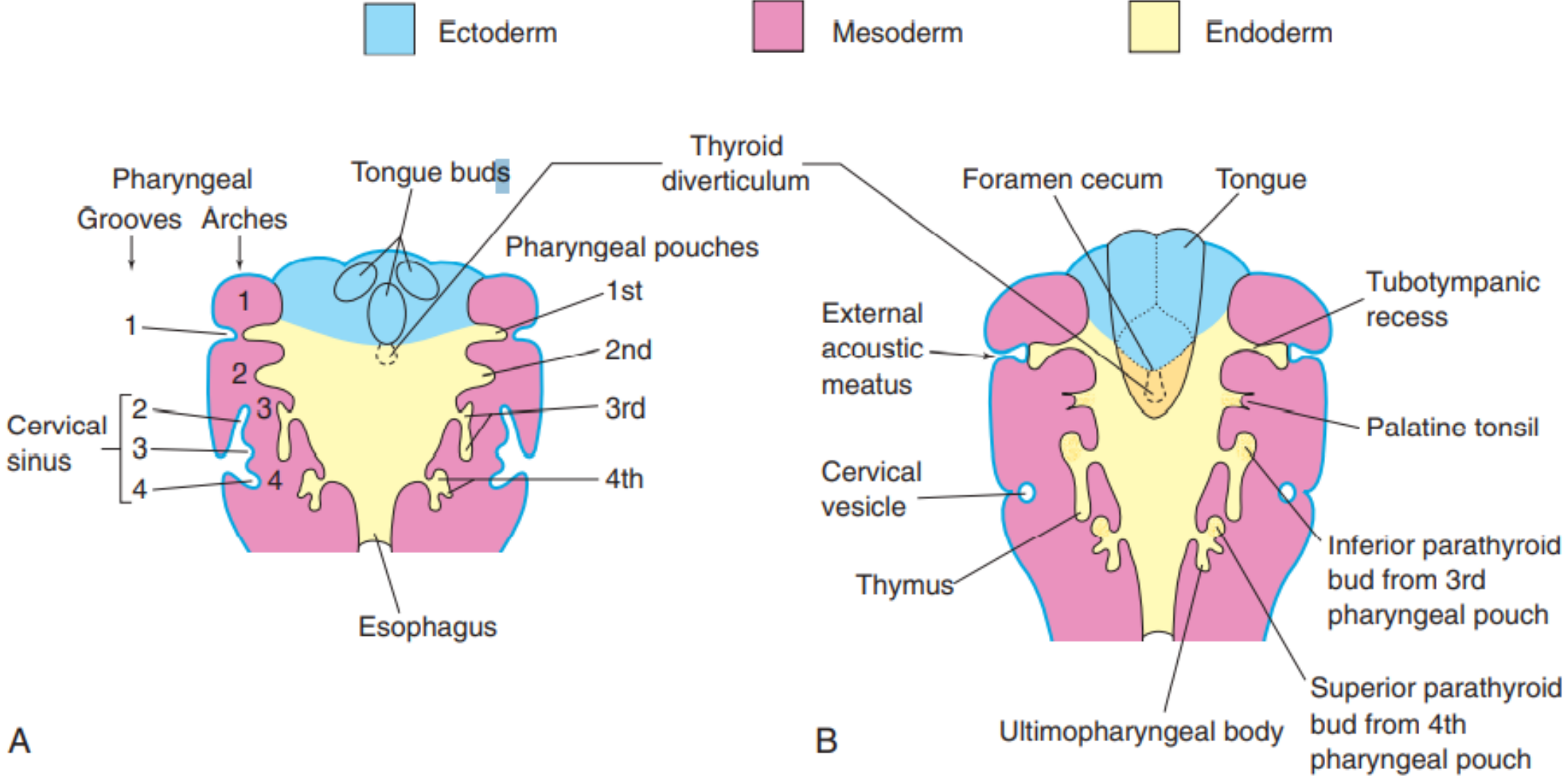
[A] Preoperative feature of median cleft lip and upper lip pit. [B] Repaired median cleft lip with pit removal. Natural, symmetrical Cupid's bow was achieved postoperatively and successful excision of the accompanying upper lip pit was done.

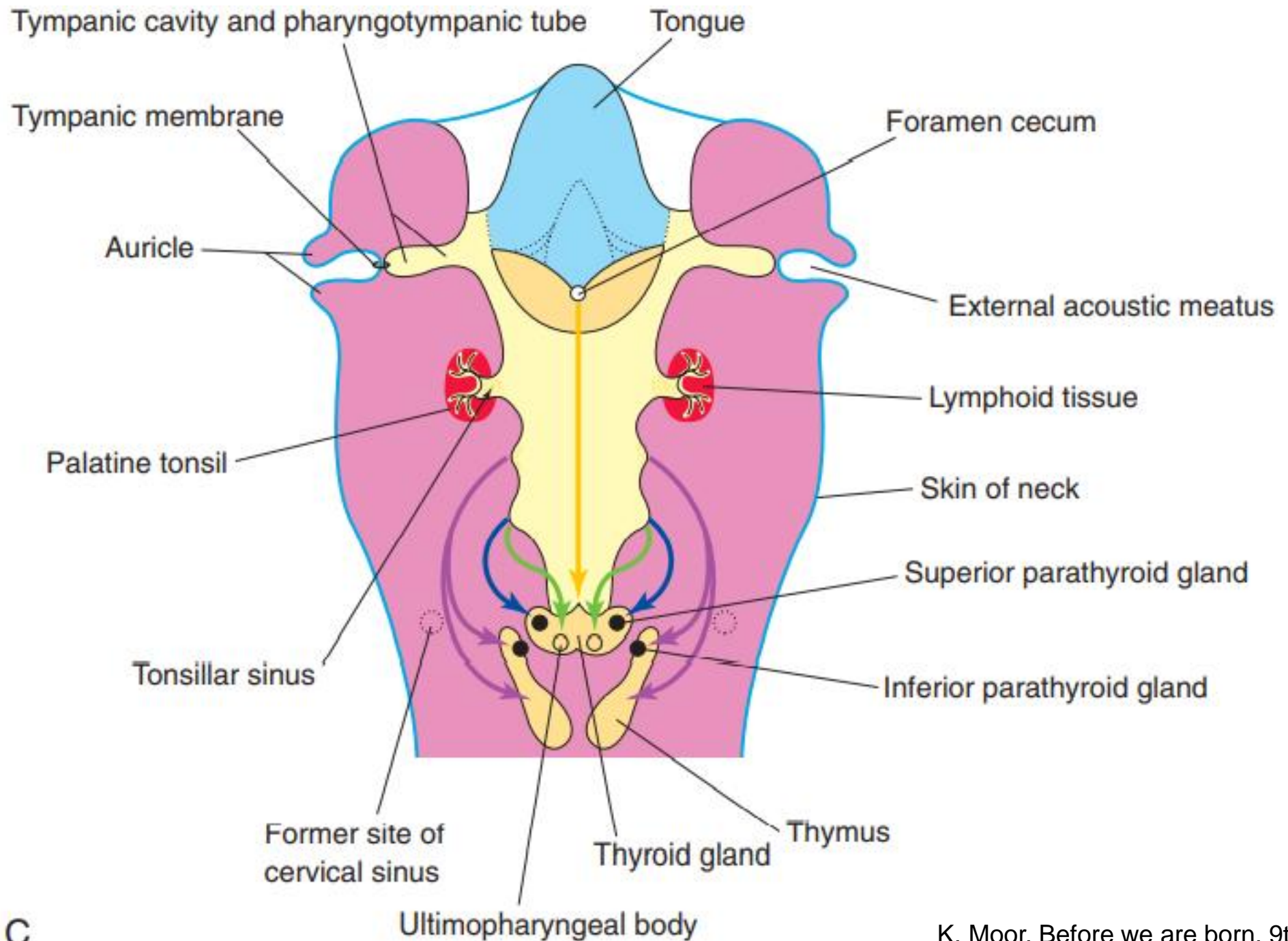


Neck region



Neck region – pharyngeal apparatus





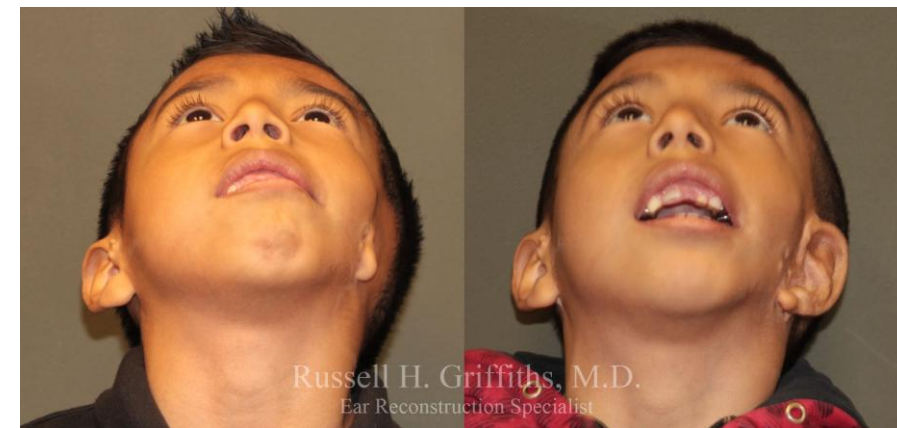
C

Craniofacial defects associated with neural crest cells

- Mandibulofacial dysostosis – Treacher Collins syndrome: autosomal dominant, 1/50000
- Robin sequence: first-arch structures, 1/8500 – micrognathia, cleft palate and glossoptosis
- 22q11.2 deletion syndromes: DiGeorge syndrome, DiGeorge anomaly, velocardiofacial syndrome etc.
 - 1/4000
- Hemifacial microsomia (oculoauriculovertebral spectrum – Goldenhar syndrome) – 1/5600, asymmetry in 65% cases; involves maxillary, temporal, zygomatic bones, ears, eyes, vertebrae. Cardiac defects in 50% cases.



<https://economictimes.indiatimes.com/magazines/panache/man-born-with-treacher-collins-syndrome-was-rejected-by-biological-parents-36-hrs-after-birth-for-his-face-but-his-adoptive-mom-didnt-care/articleshow/93541374.cms?from=mdr>



[Case 1 - One Stage Microtia Reconstruction for Hemifacial Microsomia - Before and After Gallery](#)