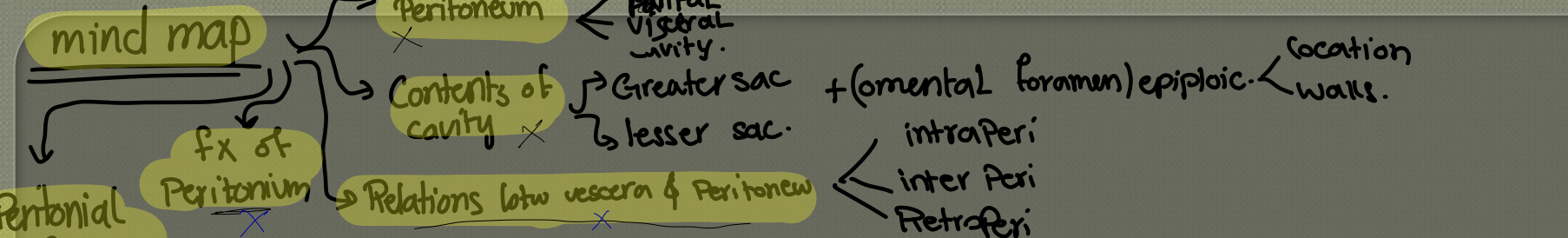
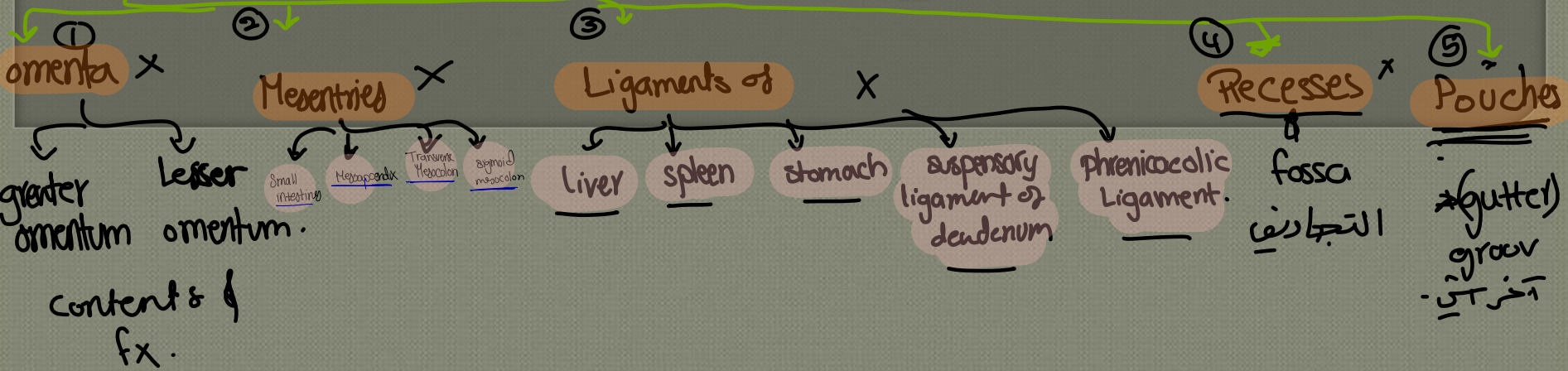


mind map



The peritoneum



رحمك الله
للعجزان
﴿ سُبْحَانَ اللَّهِ ﴾
فضله ورسوله إنما إلى الله أنجبون.

The peritoneum

* Peritoneum

thin serous membrane

Parietal
- Lies Anterior abdominal wall

visceral
- Covers the viscera
- Continues with Parietal

Cavity (space)
- Between Parietal & visceral.
- In trade (closed) sac
- To locate (diagnose) a disorder through physical tests - uterus - vagina

* Peritoneum Cavity

Greater Sac

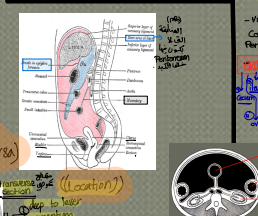
Lesser sac (omental bursa)



* Fx of Peritonism

Supportive viscera
- Serum fluid moistens the organs

Fat Storage
- Lymphatic drainage



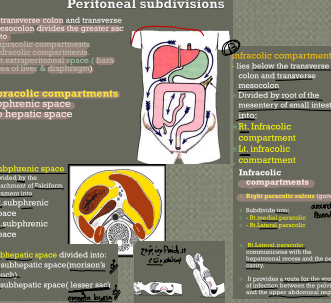
* Relationship between viscera & Peritoneum

IntraPeri- viscera
- Viscera totally covered by peritoneum on their Ant. surface only

RetroPeri- viscera
- Partially covered by peritoneum on their Ant. surface only
- Some organs lie on the posterior abdominal wall behind the peritoneum

InterPeri- viscera
- are not completely wrapped by peritoneum
- one surface attach to abdominal or other organs

* Peritoneal subdivisions

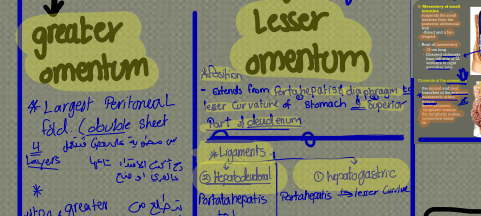


* Peritoneal Reflections & folds

Omenta → two-layered fold of peritoneum extends from the stomach to adjacent organs.

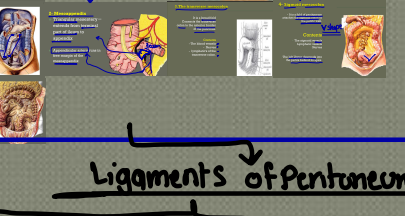
greater omentum
- Largest peritoneal fold (double sheet)
- hangs from greater curvature of stomach
- folds back to form gastrocolic ligament

Lesser omentum
- connects lesser curvature of stomach to liver & gallbladder



Mesenteries

2-layered fold of peritoneum that suspends organs from the posterior abdominal wall.



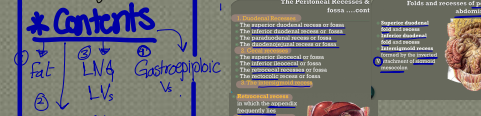
Ligaments of Peritoneum



* Contents

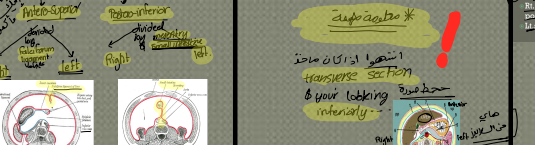
Contents
- Fat
- LNs
- Lvs
- ANS (symp/parasymp)

fx
- Proctive (LL) macrophages
- synthesis of fat
- Limit spread of infection



* Pouches

In the lesser pelvis, the peritoneum dips downwards forming a larger fossa, named pouch.
Clinical importance → internal abdominal hernia



Thank you