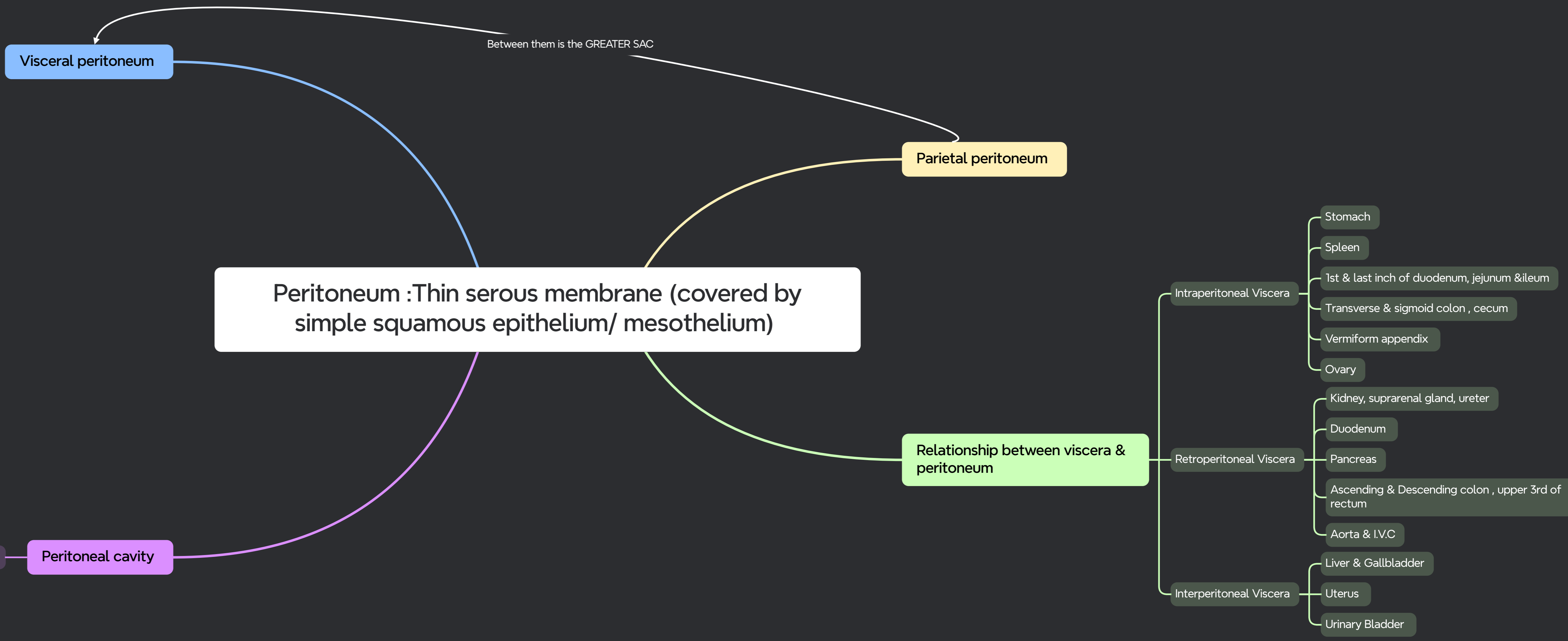
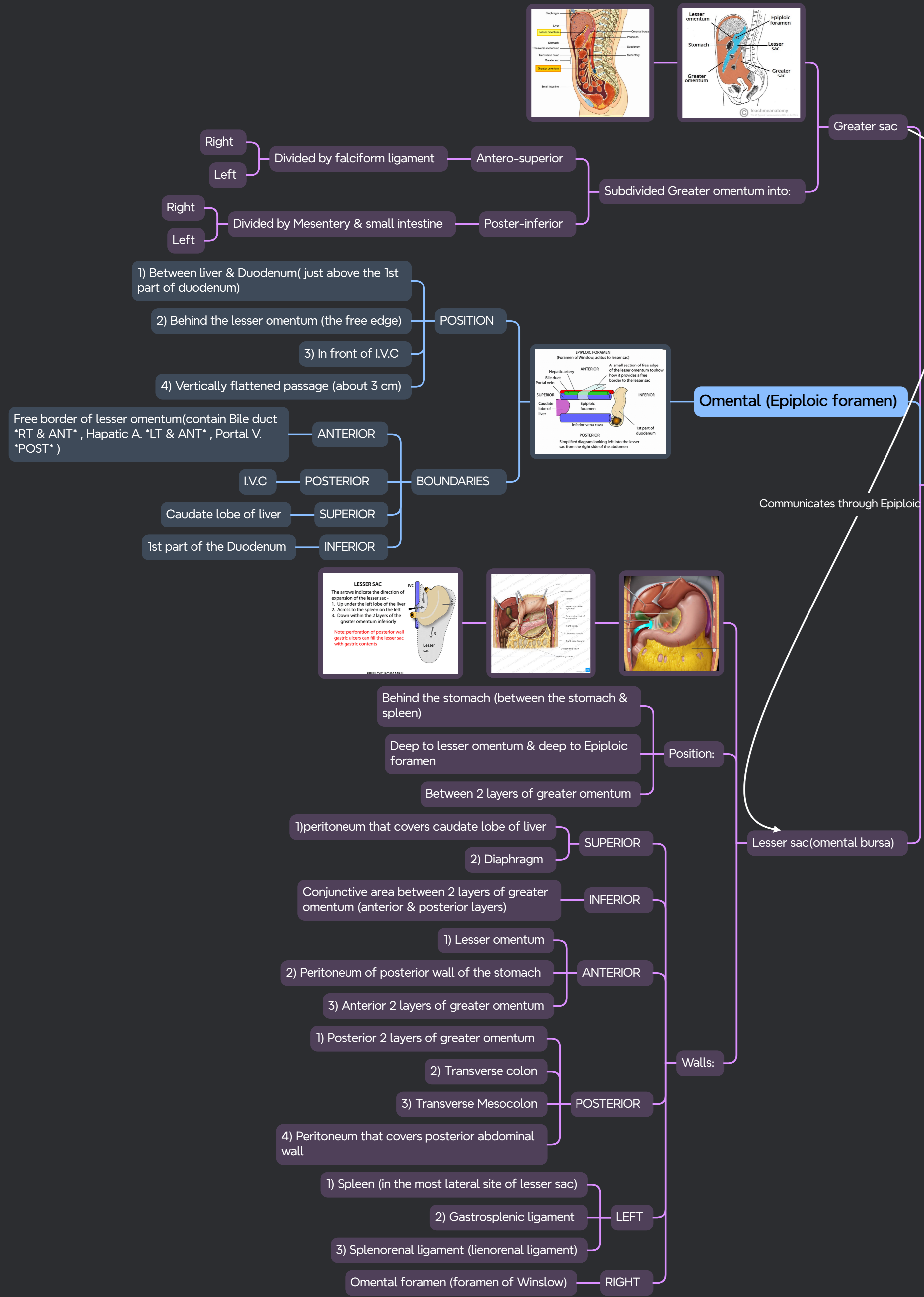
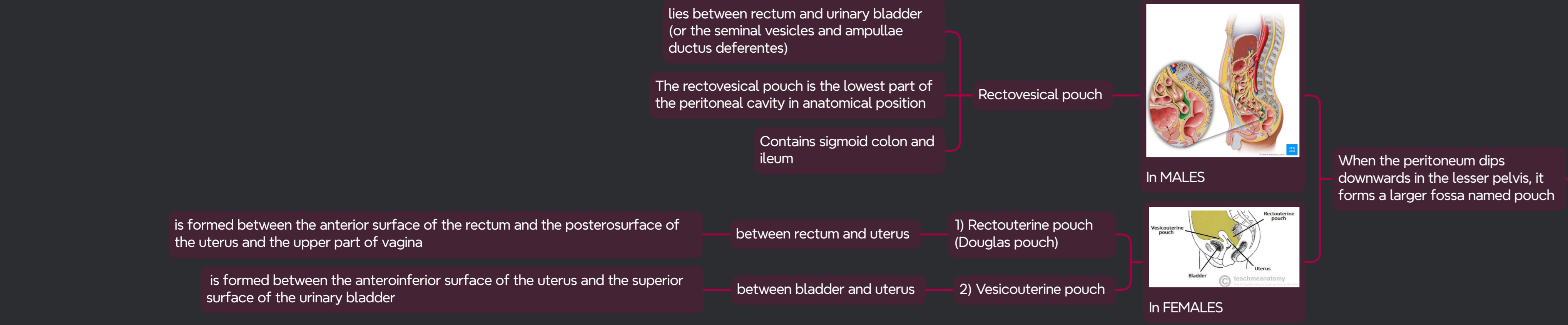


You will see ★ this means that the structure has a clinical importance in the last slide;)

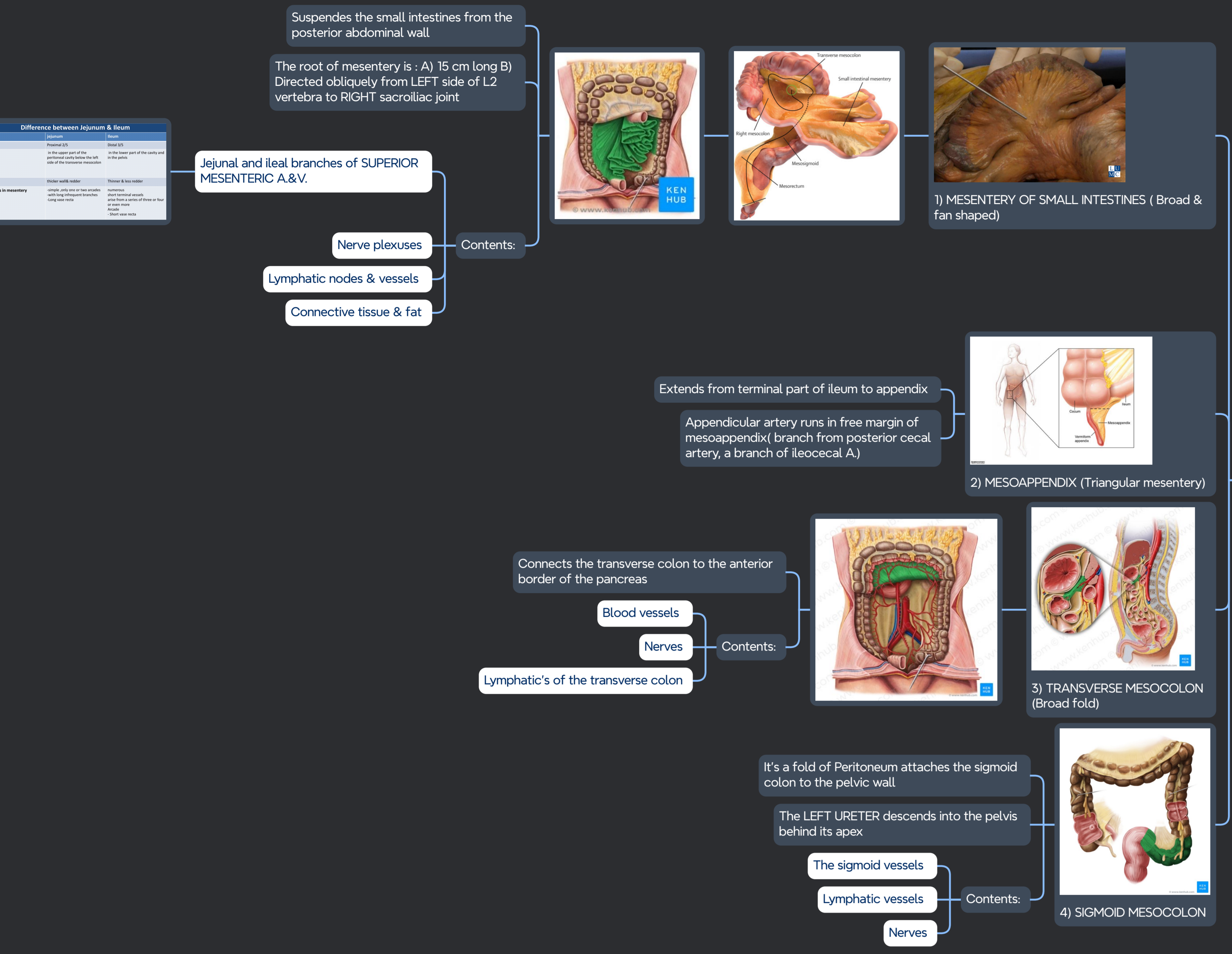


Peritoneal Reflection

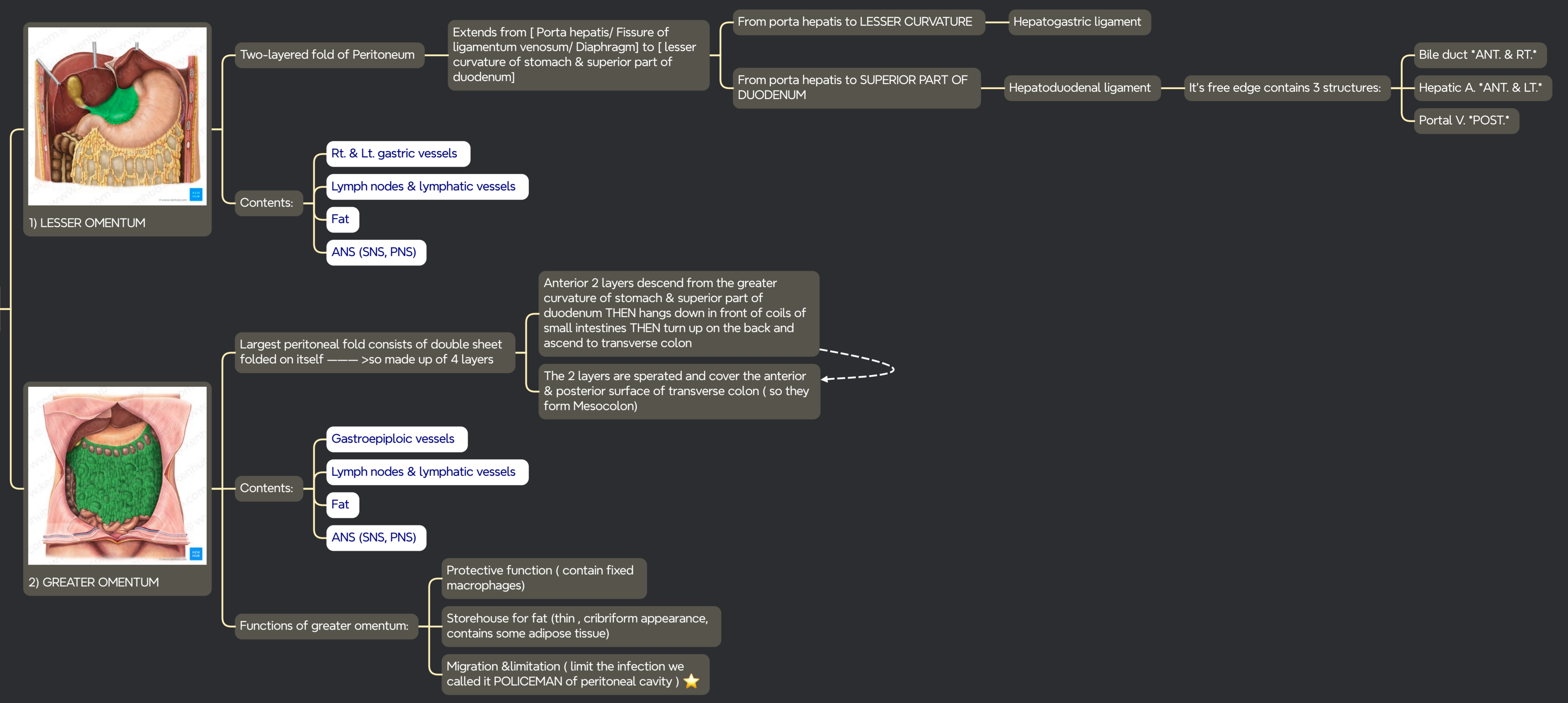
POUCHES



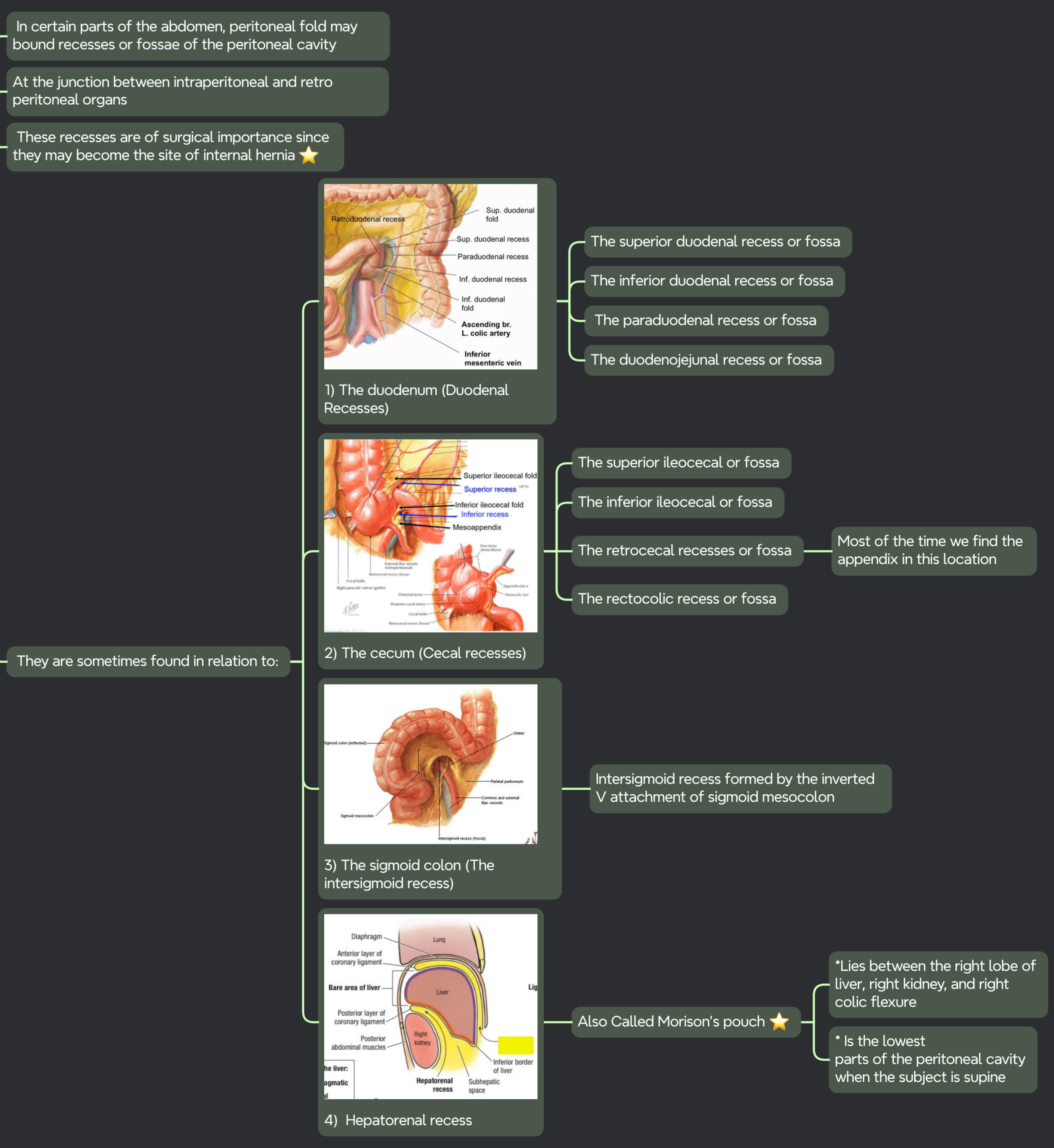
MESENTRIES OF THE PERITONEUM (two layered fold of Peritoneum that attach the intestines to the posterior abdominal wall)



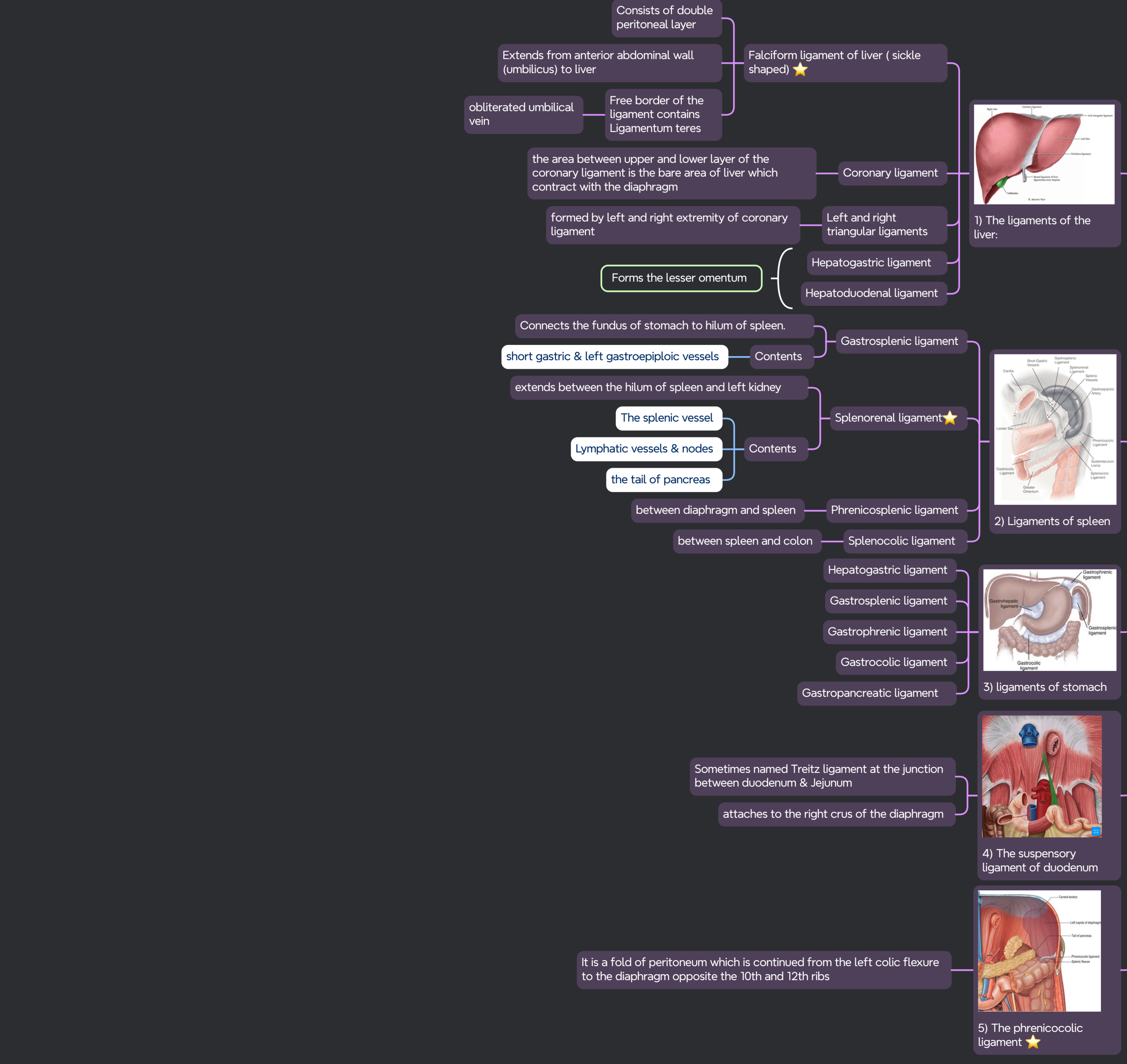
OMENTA (Broad peritoneal sheet associated with stomach)



THE PERITONEAL RECESSES & FOSSA



LIGAMENTS OF THE PERITONEUM



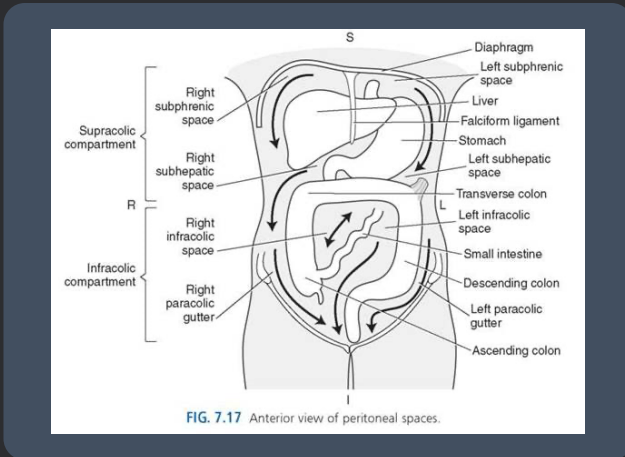
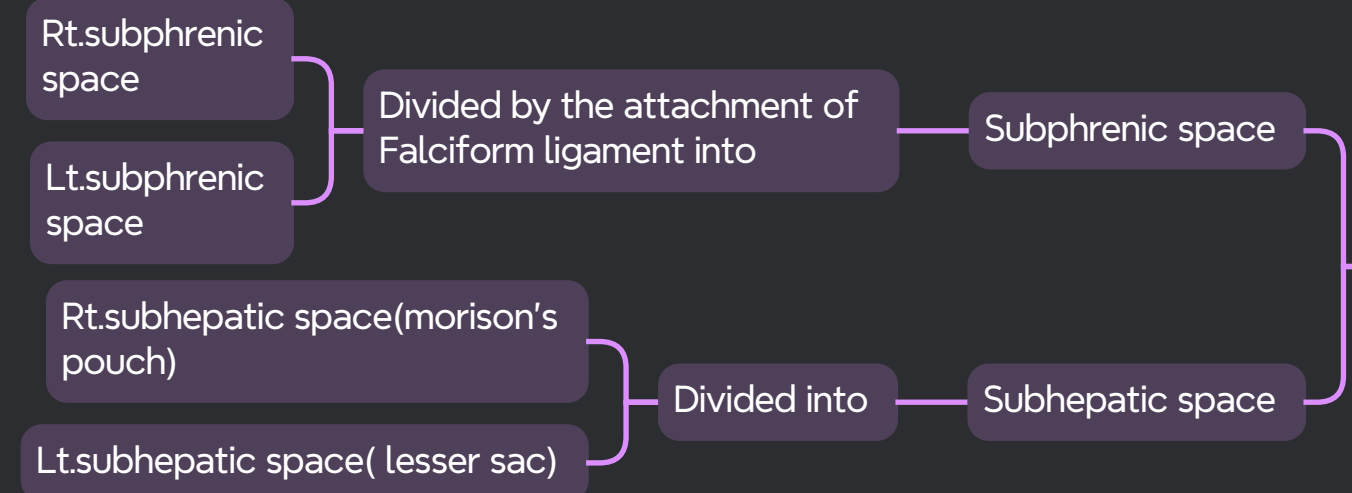


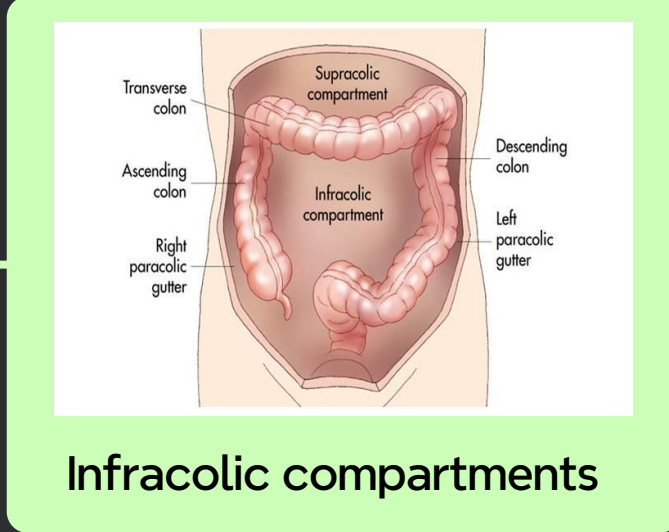
FIG. 7.17 Anterior view of peritoneal spaces.

Peritoneal subdivisions :The transverse colon and transverse mesocolon divides the greater sac into:

Rt. extraperitoneal space.(bare area of liver & diaphragm)



Supracolic compartments



Infracolic compartments

- Rt. Infracolic compartment
- Lt. infracolic compartment

Rt. paracolic sulcus (gutter)★

Subdivided into:

Rt. medial paracolic

Rt. Lateral paracolic

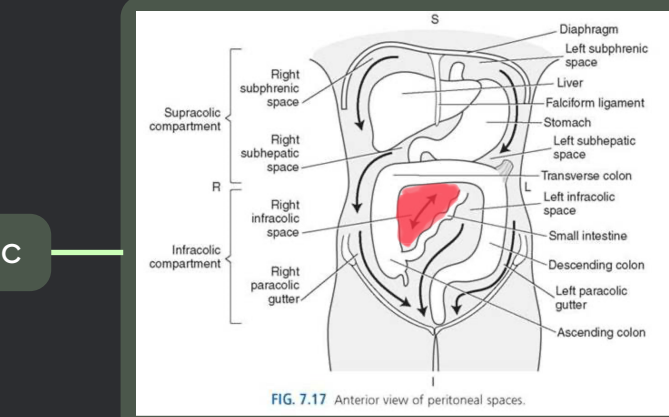


FIG. 7.17 Anterior view of peritoneal spaces.

Infection is localized (in red)

communicates with the hepatorenal recess and the pelvic cavity

It provides a route for the spread of infection between the pelvic and the upper abdominal region

Lt. paracolic sulcus (gutter)★

Subdivided into:

Lt. medial paracolic

Lt. Lateral paracolic

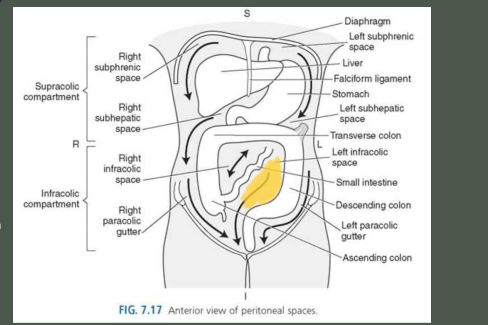


FIG. 7.17 Anterior view of peritoneal spaces.

open to the outside through the pelvis (in yellow)

separated from the area around the spleen by the PHRENICOCOLIC LIGAMENT

Clinical Notes:

1) GREATER OMENTUM:

The greater omentum may limit the spread of infection in the peritoneal cavity.

Because it migrates to the site of any inflammation in the peritoneal cavity and wraps itself around such a site, the greater omentum is commonly referred to as the "policeman" of the peritoneal cavity.

2) FALCIFORM LIGAMENT OF LIVER:

Prevents the spreading of infection from the right to the left. For example, if the appendix has ruptured & the pus reaches the area under the right diaphragm ----- > it won't spread to the left side.

3) SPLENORENAL LIGAMENT:

This ligament contains the tail of the pancreas. So if the patient has trauma on the left side (fracture of 9th, 10th, 11th ribs), the spleen may bleed & rupture, as it is a vascular organ -----> the doctor may need to perform a splenectomy. In this case, the surgeon must pay attention not to injure the pancreas (specifically the tail of the pancreas), because the pancreas will release its secretion & cause Peritonitis.

4) PHRENICOCOLIC LIGAMENT:

If there is an infection in the left lower abdomen site -----> it will prevent it from reaching the subdiaphragmatic space & causing an abscess.

5) PERITONEAL RECESSES:

These recesses are of surgical importance since they may become the site of internal hernia. A piece of intestine may enter a recess and may be constricted (strangulated) by the peritoneal fold -----> cutting off the blood supply which increases the risk of gangrene.

6) HEPATORENAL RECESS / MORISON'S POUCH:

In appendicitis and appendix rupture, infection can spread on the right side upwards, forming an abscess & fluid accumulation.

7) RIGHT LATERAL PARACOLIC GUTTER:

It provides a route for the spread of infection between the pelvic and the upper abdominal region to ----->

Morison's pouch and Right Subdiaphragmatic space as in appendicitis, forming an abscess.

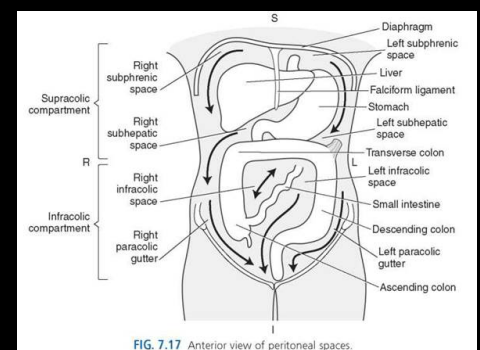


FIG. 7.17 Anterior view of peritoneal spaces.

Keep this picture in your mind 🧠, Deal?

