Heart

★ The heart is a hollow muscular organ which pumps the blood to the big vessels.

\star Position:

الكبس لا حواليه

- It lies within the **pericardium** in the **middle mediastinum**.
- It behind the **body of the sternum** & 2-6 **costal cartilages**.
- **1/3** of the heart is to the **right** while its **2/3** is to the **left** of the median plane.

\star Size and weight:

- It is slightly larger than the size of **closed fist**, with an average weight of **250-300 gm**.
- In **living** the dimensions of the heart can be detected by **percussion** and **echocardiography**.
- ★ Parts of the heart: it has 4 chambers; 2 atria (right and left) and
 2 ventricles (right and left).

★ Shape: it is **conica**l in shape, having the followings:

- A **base** (or posterior surface).
- An apex.
- The **axis** of the heart extends from the **base to the apex** is directed downwards, forwards and to the left.
- 2 surfaces: sternocostal (or anterior) and diaphragmatic (or inferior)
- 4 borders: superior, inferior, right and left.



Middle mediastinum





Position of heart within the pericardium in the middle mediastinum





★ External Features of the Heart :

(A) Base and apex of the Heart:

- 1- Base: (posterior surface)
 - It is the **posterior surface** of the heart.
 - It is directed **backwards and to right.**
 - It is **formed** of both atria (**mainly** by the **left** atrium).
 - Right and left **pulmonary arteries** run along its **upper border**.
 - **Coronary sulcus** which contains coronary sinus and circumflex artery run along the **lower border.**
 - The **SVC & the IVC** enter at the superior end & inferior end of the right atrium.
 - It is related to the middle 4 thoracic vertebrae (5th to 8th), separated from them by:
 - a) Oblique sinus of serous pericardium and posterior wall of fibrous pericardium.
 - **b)** The 2 left & 2 right pulmonary veins enter at left & right sides of left atrium.
 - c) Oblique vein of left atrium, in its way to open into coronary sinus.
 - **d)** Structures in the **posterior mediastinum**: descending thoracic aorta, esophagus, azygos vein and thoracic duct.





Removed the vertebrar, posterior view



Posterior mediastinum and base of the heart from behind

2- Apex:

- It is the **lower most** and **left most point** of the heart.
- It is **directed** downwards, forwards and to the left.
- It is **formed** only by the left ventricle.
- It **lies in** the left 5th intercostal space, just medial to the midclavicular line (about 3¹/₂ inches or 9 cm from the median plane).



• It is **related to** the left lung and pleura.



(B) Surfaces of the Heart:

1- Sternocostal (anterior) surface:

- It is **convex** bounded by the **4 borders** of the heart.
- This surface is fomed **mainly by right ventricle**.

- It is divided by **coronary (A-V) sulcus** into an **atrial part** (posterior & to the right) and a **ventricular part** (anterior & to the left).
 - > The **atrial part** is formed of the right atrium & its auricle and left auricle (left atrium is hidden by pulmonary trunk & ascending aort).
 - The ventricular part: Its right 2/3 is formed of right ventricle and its left 1/3 is formed of left ventricle.
- This surface show 2 grooves:
 - 1-Atrioventricular groove (coronary sulus)
 - 2- Anterior interventricular groove
- It has the following relations, from **before backwards**:
 - a- Anterior thoracic wall: sternum and 2-6 costal cartilages.
 - b- Anterior borders of the 2 pleurae and lungs: separate it from the anterior thoracic wall except at the region of cardiac notch of the left lung (bare area of pericardium)
 - c- Contents of the anterior mediastinum.
 - d- Pericardium.

2- Diaphragmatic (inferior) surface:

- It rests on the central tendon of the **diaphragm**, and is **limited** posteriorly by the coronary sulcus.
- Its left 2/3 is **formed** of left ventricle and its right 1/3 is formed of the right ventricle (the reverse of sternocostal surface).
- The 2 ventricles are separated by the **inferior interventricular** groove.
- This surface is related to base of **pericardium**, **c**entral tendon of **diaphragm** which separate the heart from underluing left lobe of **liver** and fundus of **stomach**.



Relations of diaphragmatic surface

(C) Borders of the Heart:

1- The upper border:

- It is formed by 2 atria (**mainly by** the left atrium).
- It is **hidden anteriorly** by the roots of the ascending aorta and pulmonary trunk.
- The right and left **pulmonary arteries run along it**.

2- The lower border:

- •It is **formed by 2 ventricles: mainly** by the **right** ventricle and small part near the apex by the left ventricle.
- •It **extends** from the opening of the **I.V.C.** into the right atrium to the **apex** of the heart.

3- Left border:

- It is slightly convex, and is formed in its lower main part by the left ventricle and in its upper smaller part by the left auricle.
- It is **related to** the pericardium, left phrenic nerve and pericardiaco-phrenic vessels which separate it from the left lung and pleura.

4- Right border:

- It is slightly **convex**, and is **formed by** the **right atrium only.**
- It **extends** from the opening of the **S.V.C.** above to the opening of the **I.V.C.** below.
- It is **related** to the pericardium, right phrenic nerve and pericardiaco-phrenic vessels which separate it from the right lung and pleura.



★ Grooves or Sulci: The heart has the following grooves:

1- Atrio-ventricular groove: (coronary groove)

•It forms a circle around the heart separating the two atria (posterior and to right) from two ventricles (anterior and to left).

2- The anterior and inferior interventricular grooves:

• It separates the two ventricles from anterior and inferior surfaces respectively.

Chambers of the heart

I) The atria

- ★ Thickness of the atrial wall is about 3 mm.
- ★ The 2 atria are separated by the **interatrial septum.**
- \star Each atrium has an **auricle** projecting up and forwards.

\star Different between right and left atria :

	1. Right atrium	2.Left atrium
	• It receives non-oxygenat ed	• It receives oxygenated blood from
od od	blood from all parts of the body	the lungs through 4 pulmonary
blo	through IVC , SVC & coronary	veins.
F	sinus .	
cit of ood	 Through tricuspid valve which has 3 cusps, admits 3 fingers and loads to right ventrials 	 Through mitral valve which has 2 cusps, admits 2 fingers and leads to left ventriale
Е) РІ		
te	• It lies anterior and to the	• It lies posterior and to the left to
S	right to the left atrium.	the right atrium.
	• It forms alone the right	• Forms main part of upper border &
	border of the heart & small	main part of the base .
	part of the base and anterior	
	surface.	
	 Anteriorly and on the right: 	• Anteriorly: The transverse sinus of
	the right lung, pleura,	pericardium separates the left atrium
	pericardium, right phrenic nerve	from ascending aorta and pulmonary
su	& pericardio-phrenic artery.	trunk.
atio	• Posteriorly : the left atrium and	• Posteriorly : The oblique sinus of
Rela	2 right pulmonary veins.	pericardium separates the left atrium
	• Left side: it is related to the	structures in posterior mediastinum.
	ascending aorta and pulmonary	N.B: The left atrium lies between
	trunk.	the transverse and oblique
		sinuses of pericardium.

e	• Its auricle overlaps the right aspect of ascending aorta.	• Its auricle overlaps
uric		left aspect of root of
Ā		pulmonary trunk.
	1. The crista terminalis:	• Smooth, except its
	• A thick muscular vertical ridge extends from the	auricle which
	opening of SVC to the opening of IVC and marked on	contains few musculi
	the outer surface by sulcus terminalis .	pectiniti.
	 The crista terminalis divides the right atrium to 	
	anterior and posterior walls.	
	2. Anterior wall: (Atrium proper)	
	• It forms the right auricle, rough due to the presence	
	of musculi pectinati (muscular ridges extend from	
	crista terminalis into the auricle to prevents over	
	distention of the right atrium during diastole).	
ity	 It is derived from the foetal atrium. 	
Cav	3. Posterior wall: (sinus venerum)	
	 It is smooth with S.V.C., I.V.C. and the coronary 	
	sinus open in this wall .	
	• It is derived from the absorbed right horn of sinus	
	venosus of the embryo.	
	4.The septal wall: (The interatrial septum) presents	
	• The fossa ovalis: in the lower part of the septum	• The interatrial
	above the orifice of IVC . It is the remains of	septum is smooth
	foramen ovale of the embryo.	
	 The annulus ovalis: a curved ridge forms the 	
	anterior, posterior and superior margins of the	
	fossa ovalis. It is the free lower border of septum	
	secundum of the embryo.	







II)The ventricles

- ★ The two ventricles are separated from each other by the interventricular septum which is marked on the surface to the anterior and inferior interventricular grooves.
- ★ The interventricular septum: convex anterior and to the right and concave posterior and to the left. It's derived from 2 sources in embryo that is why it is formed of 2 parts:
 - Membranous part: thin, forms the upper posterior part of the septum. It separates the left ventricle from both right ventricle and right atrium.
 - **2. Muscular part:** thick, larger **lower part**. It **separates** the left ventricle from the right ventricle.



	1.Right ventricle	2.left ventricles	
tion	Anterior and to the right of the left	• Posterior and to the left of the right	
posit	ventricle.	ventricle.	
	• It has 3 walls:	• It has 3 walls:	
	1) Anterior wall forms main part	1) Anterior wall forms small left	
	of sterno-costal surface.	part of sternocostal surface.	
	2) Inferior wall forms right 1/3	2) Inferior wall forms left 2/3 of	
nres	of diaphragmatic surface.	diaphragmatic surface.	
eati	3) Left (septal) wall formed by	3) Right (septal) wall concave	
ral f	the interventricular septum	towards its cavity \rightarrow this cavity	
enei	which is convex toward its	appears circular in cross	
Ğ	cavity \rightarrow this cavity appears	section.	
	cresentic in cross section.		
	• It forms the main part of lower	• It forms most of left border &	
	border of the heart except at	part of lower border at the apex .	
	apex.		
ess	0	•27 mm i.e. 3 times thicker since it	
Thickn	• 9 mm	pushes blood in all parts of body.	
•	I) Inflow rough lower part shows the following features :		
	1.Trabeculae carnae (thick muscul	ar ridges)	
	• Few and coarse.	Multiple and fine.	
ity	2. Moderator band (Septomargina	al trabecula)	
Cav	• Is thick muscle band between the I	/ septum	
	and to the base of the anterior papil	lary muscle.	
	• It prevents over distention of the rig	ht ventricle	
	It transmit the right branch of AV b	undle .	
	3.Papillary muscles:	1	

\star Different between right and left ventricles:

	• Are conical muscular projections.		
	• The apex of each muscle is attached to cordae tendenae which		
	connect them to the free border & ventricular surfaces of A-V cusps.		
	• 3 papillary muscles:		
	a-Anterior papillany muscle :/larg/		
			Anterior & posterior
	attached to anterior wall. b- Posterior papillary muscle: (smalles attached to inferior wall. c- Septal papillary muscles: numero small projections which arise from th		attached to the anterior
			and inferior walls
			respectively & their
			chordae tendinae are
			attached to both cusps
	interventricular septum.		of mitral valve
	• Small in size		• Larger in size.
	II)Outflow smoot	h upper	part
	• It lies just below pulmonary orifice	. It lies	just below partic arifics and
	and called Infundibulum (funnel	• It lies just below aortic orifi	
	shape) or conus arteiosus.	called	aortic vestidule.
	Right atrio-ventricular (tricuspid)	• Left a	atrio-ventricular (mitral)
	orifices is inlet orifice. It is guarded by the tricuspid valve. • Pulmonary orifices is the outlet ori	orifices is the inlet orifices. It is	
S		guarded by the mitral valve.	
fice		• Aort	c orifice is the outlet
Ori		orifice.	It is guarded by the aortic
	orifice. It is guarded by the	valve.	
	pulmonary valve.	• Vonac	cordic minimi, open by
			small orifices
		Severa	







★ Orifices and Valves of the heart:

I) Orifices and Valves of the atria: (see before)



II) Orifices and valves of the ventricles:

Orifices & Valves	Orifices & Valves		
of right ventricle	of left ventricle		
A-Right atrioventricular (A-V) orifice:	A- Left atrioventricular (A-V) orifice:		
• It is an oval orifice.	• It is a circular orifice.		
Between the right atrium and right	• Between the left atrium and left		
ventricle.	ventricle.		
Its plane is vertical.			
• Directed forwards and to the left (towards the apex of the heart).			
• It admits the tips of 3 fingers .	• It admits the tips of 2 fingers.		
• Each atrioventricular (A-V) orifice is surro	ounded by a fibrous ring that gives		
attachment to the cusps of the correspon	nding A-V valve.		
B- Tricuspid valve:	B- Mitral (bicuspid) valve:		
It consists of 3 cusps :	• It consists of 2 cusps :		
1)Anterior cusp attached to the	1) Anterior cusp is larger and		
anterior wall of the ventricle.	attached to the anterior wall of		
2) Posterior cusp attached to the	the ventricle.		
inferior wall of the ventricle.	2) Posterior cusp attached to the		
3) septal cusp attached to the	inferior wall of the ventricle.		
interventricular septum .			
• Each cusp is formed of a fold of en	ndocardium containing a thin layer of		
fibrous tissue. It is non-vascular exce	pt for the peripheral 2-3 mm.		
• Each cusp has a base attached to the f	fibrous ring surrounding the A-V orifice,		
, a free border that gives attachment t	o the chordae tendinae of the papillary		
muscles and 2 surfaces (atrial & ventric	cular surfaces).		
• The free margin of each cusp receives	• The free margin of each cusp receives		
chordae tendinae from the 2 of 3	chordae tendinae from the 2 papillary		
papillary muscles in the right ventricle.	muscles in the left ventricle.		
 The atrial surface of each cusp is 	• Both surfaces of the anterior cusp		

smooth while its ventricular	are smooth (as it gives no		
surface is rough as it gives	attachement to chordae tendinae) .		
attachment to the chordae	• While only the atrial surface of the		
tendinae.	posterior cusp is smooth as its		
	ventricular surface gives attachment		
	to chordae tendinae.		
C- Pulmonary orifice:	C- Aortic orifice:		
• It is a ci	rcular orifice.		
• It is situated horizontally at the upper	It is situated horizontally at the		
end of the infundibulum	upper end of the aortic vestibule		
• It is between the right ventricle and	• It is between the leftt ventricle and		
the pulmonary trunk	the aort.		
• It is surrounded by a fibrous ring th	at gives attachment to the 3 cusps of		
the corresponding valve.			
D- Pulmonary valve:	D- Aortic valve:		
D- Pulmonary valve:It consists of 3 semilunar cusps: 2	 D- Aortic valve: It consists of 3 semilunar cusps; 2 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. The root of the pulmonary trunk 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. The root of the ascending aorta 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. The root of the pulmonary trunk presents 3 slight dilatations opposite 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. The root of the ascending aorta presents 3 slight dilatations opposite 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. The root of the pulmonary trunk presents 3 slight dilatations opposite the cusps called pulmonary sinuses. 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. The root of the ascending aorta presents 3 slight dilatations opposite the cusps called aortic sinuses. 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. The root of the pulmonary trunk presents 3 slight dilatations opposite the cusps called pulmonary sinuses. The free margins of the cusps are 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. The root of the ascending aorta presents 3 slight dilatations opposite the cusps called aortic sinuses. The free margins of the cusps are 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. The root of the pulmonary trunk presents 3 slight dilatations opposite the cusps called pulmonary sinuses. The free margins of the cusps are directed upwards into the lumen of 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. The root of the ascending aorta presents 3 slight dilatations opposite the cusps called aortic sinuses. The free margins of the cusps are directed upwards into the lumen of 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. The root of the pulmonary trunk presents 3 slight dilatations opposite the cusps called pulmonary sinuses. The free margins of the cusps are directed upwards into the lumen of the pulmonary trunk. 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. The root of the ascending aorta presents 3 slight dilatations opposite the cusps called aortic sinuses. The free margins of the cusps are directed upwards into the lumen of the ascending aorta. 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. The root of the pulmonary trunk presents 3 slight dilatations opposite the cusps called pulmonary sinuses. The free margins of the cusps are directed upwards into the lumen of the pulmonary trunk. Each free border presents a fibrous to the second seco	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. The root of the ascending aorta presents 3 slight dilatations opposite the cusps called aortic sinuses. The free margins of the cusps are directed upwards into the lumen of the ascending aorta. 		
 D- Pulmonary valve: It consists of 3 semilunar cusps: 2 anterior and one posterior. The cusps form pockets with the wall of the pulmonary trunk. The root of the pulmonary trunk presents 3 slight dilatations opposite the cusps called pulmonary sinuses. The free margins of the cusps are directed upwards into the lumen of the pulmonary trunk. Each free border presents a fibrous to and 2 crescentic rims on either side 	 D- Aortic valve: It consists of 3 semilunar cusps; 2 posterior and one anterior. The cusps form pockets with the wall of the ascending aorta. The root of the ascending aorta presents 3 slight dilatations opposite the cusps called aortic sinuses. The free margins of the cusps are directed upwards into the lumen of the ascending aorta. thickening in the middle called nodule called lunules (the 3 nodules provide 		



Fibrous Skeleton of the Heart

★ It is the fibrous framework, formed of dense collagenous bundles, which surrounds the orifices of the heart.

★ Components of the fibrous skeleton:

- 1- Right and left atrioventricular rings:
 - The right ring surrounds the **right A-V orifice**, and is **larger** but **weaker** than the left ring.
 - The 2 rings form together an **8-shaped** structure.
 - They give **attachment to the bases of cusps** of the tricuspid and mitral valves respectively.

2- Fibrous rings of the pulmonary and aortic orifices:

 They surround the corresponding orifices and give attachment to the bases of cusps of the pulmonary and aortic valves.

3- Right and left fibrous trigones:

 The right fibrous trigone is a large mass of fibrous tissue between the aortic and the right A-V rings, while the left fibrous trigone is a small mass of fibrous tissue between the aortic and the left A-V rings.

★ Function of the fibrous skeleton:

- 1- It gives **attachment** to the **myocardial** fibers.
- 2- It give attachment to the **cusps** of the valves.
- 3- It prevents deformation of the heart.
- 4- It acts as **electrical insulator** between the atria and ventricles (the conductivity between the atria and ventricles occurs only through the atrioventricular bundle)



★ It is the system responsible for the **initiation and propagation of**

the electric rhythmic cardiac impulses responsible for the coordinated contractions of each cardiac cycle.

★ It is formed of **specialized cardiac muscle** fibers (not nerve tissue).

★ Components:

1- Sino-atrial (S.A.) node:

- It is situated in the wall of the **right atrium** in the upper part of sulcus terminalis to the right of opening of the S.V.C.
- It is **crescentic** in shape, 10-20 mm long and 8 mm wide.
- It is the **pace maker** of the heart that initiates the excitation wave (impulse) in each cardiac cycle.
- It is under control of the **autonomic** nerves system.

2- Atrio-ventricular (A.V.) node:

- It is situated in the lower and posterior part of the **inter-atrial septum**, 10 mm above the orifice of the coronary sinus.
- It is oval in shape, 8 mm long.

- It delay passage of impulses to the ventricles until full atrial contraction occurs.
- 3- Atrio-ventricular (A.V.) bundle (bundle of Hiss):
 - It is the **only muscular connection** between the atria and the ventricles.
 - It **transmits** the cardiac impulses from the A.V. node to the **ventricles.**
 - It arises from the A.V. node and traverses the fibrous skeleton of the heart to reach the interventricular septum. Then, it descends along the membranous part of the septum to reach the muscular part where it divides into right and left branches.

4- Right branch of the A.V. bundle:

- Descends just deep to the endocardium covering the right side of the septum, close to the cavity of the right ventricle as far as the moderator band.
- Then it passes through moderator band to reach base of anterior papillary muscle where it breaks up into a network of Purkinje fibers.

5- The left branch of the A.V bundle:

• It runs beneath the **endocardium** of the septum facing the cavity of the left ventricle towards the **apex** of the heart.

6- Purkinji Fibers:

• In each ventricle, they encircle the **bases of the papillary** muscles then ascend beneath the **endocardium** towards the base of the ventricle.

 This arrangement ensures that the ventricles contract from below upwards so that blood is pumped up through the big arteries and is not trapped in the ventricle.



Conducting system of the heat



 \star Please watch this video :

https://www.youtube.com/watch?v=TnFoJ7Hhi-M

Surface Anatomy of the Heart

[A] Borders of the heart:

- **1- Upper border:** an oblique straight line from lower border of 2nd left costal cartilage 1.5 cm from sternal margin (**point 1**) to the upper border of 3rd right costal cartilage 1.5 cm from sternal margin (**point 2**)
- **2- Right border:** a vertical line, slightly <u>convex</u> to the right, from **point 2** to 6th right costal cartilage 1.5 cm from sternal margin (**point 3**)
- **3- Lower border:** an oblique straight line from **point 3** to 5th left intercostal space 9 cm from median plane (**point 4**)
- 3- Left border: a vertical line, slightly convex to the left, from apex of the heart (*point 4*) to *point 1*.





[B] Grooves of the Heart:

- **1- Coronary or atrioventricular (A-V) sulcus:** an oblique line from the 3rd left to the 6th right sternocostal junctions.
- **2- Anterior interventricular groove:** an oblique line from the 3rd left sternocostal junction to inferior border of the heart 1.5 cm from the apex.

[C] Valves of the Heart:

- 1-Pulmonary valve: lies behind the 3rd left sternocostal junctions.
- 2-Aortic valve: behind the left margin of the sternum opposite the3rd left intercostal space.
- **3-Mitral valve:** behind the left half of the body of the sternum, opposite the **4th left sternocostal junction**.
- 4-Tricuspid valve: behind the center of the sternum opposite 4th intercostal space.

[D] Auscultatory areas:

• The closure and opening of the cardiac valves produce the heart sounds. Because of the mechanics of propagation of sound, the

sounds of the valves are **not** heard best over their anatomical position, but at the auscultatory areas.



Surface anatomy of the heart and its valves

- **Clinically** the sounds of valves are best heard at the following sites:
 - **1.Pulmonary valve:** at 2nd left sternocostal junction.
 - **2.Aortic valve:** at 2nd right sternocostal junction.
 - **3.Mitral valve:** at the apex of the heart.
 - 4.Tricuspid valve: at xiphisternal junction.



Mechanism of Fixation of the Heart

a-Fixation of the pericardium to the surrounding structures.

- **Anteriorly:** it is attached to the sternum by the superior and inferior **sterno-pericardial ligaments**.
- **Above:** it is continuous with the **pretracheal fascia** and **carotid sheath** thus becomes indirectly suspended to the **base of the skull**.
- **Below:** blends with the central tendon of the **diaphragm**.
- On the sides: blends with the mediastinal part of the parietal pleura.


b-Cardiac sling mechanism:

- It involves the **hooking of the great vessels** of the heart around thoracic structures.
- It includes:
 - a- Hooking of the **arch of the aorta and the left pulmonary** artery around the left principal bronchus
 - b- Hooking of the **arch of the azygos vein and right pulmonary** artery around the right principal bronchus
 - c- Hanging of the **subclavian vessels** across the 1st rib on each side at the thoracic inlet.





c- The diaphragm supports the heart from below.

Nerve Supply of the Heart

- ★ The heart is supplied by autonomic efferent fibers which control the rate and contractility of the heart; the sympathetic nerves increase both while the parasympathetic decrease them.
- ★ The autonomic supply of the heart forms cardiac plexuses which contain also afferent sympathetic fibers which convey pain sensation from the heart to the spinal cord.
- ★ The autonomic nerves are not responsible for the initiation or propagation of the cardiac impulse; this is the function of the S.A. node and the other components of the conducting system of the heart.

★ Origin of autonomic fibers:

A-Parasympathetic supply: derived from the 2 vagi.

- They are preganglionic parasympathetic fibers which arise from vagal nuclei in the medulla and pass in the following branches cardiac branches:
 - a- In the neck:
 - 1. Right and left **upper** cervical cardiac branches of the 2 vagi.
 - 2. Right and left **lower** cervical cardiac branches of the 2 vagi.

b- In the thorax:

- 1. Cardiac branches from the **right vagus** nerve.
- 2. Cardiac branches from the **left recurrent laryngeal** nerve.
- These preganglionic fibers **relay** in parasympathetic ganglia in the wall of the heart.

B- Sympathetic:

- Preganglionic fibers arise in the lateral horn of the upper 5 thoracic segments of the spinal cord.
- These fibers relay in the **3 cervical and upper 5 thoracic** sympathetic ganglia.
- The postganglionic fibres pass in the following branches from the sympathetic chains:
 - **a-In the neck:** Right and left **superior**, **middle and inferior** cervical cardiac branches of sympathetic chains.
 - b-In the thorax: Right and left cardiac branches from the
 2nd, 3rd and 4th thoracic ganglia.

Plexus	Formation	Site	Distributions
 Superficial cardiac 	 Superior cervical cardiac branch of the left sympathetic chain. Inferior cervical cardiac branch of the left vagus (parasympathetic). 	 In the concavity of arch of aorta, anterior to ligamentum arteriosum. 	 Branches to: 1-The deep cardiac plexus. 2-The right coronary plexus. 3-The left anterior pulmonary plexus.
 Deep cardiac 	• all cardiac branches of 2 sympathetic chains and the 2 vagi in the neck and thorax except those sharing in the superficial cardiac plexus.	 In front of bifurcation of trachea, deep to the aortic arch. 	 Branches to: 1- 2 atria. 2-Right and left coronary plexuses. 3-Right and left anterior pulmonary plexuses.

★ Cardiac Plexuses:





superior

cardiac brand



Blood supply of the heart A.Arterial supply

(Coronary arteries)

* The heart is supplied by two coronary arteries (right and left) which run in the sulci of the heart encircling it like a *crown* and hence the name coronary.



1. Right coronary artery:

- It **arises** from **anterior aortic sinus** of ascending aorta.
- It **passes between** the root of pulmonary trunk and right auricle.
- It **runs** downwards and to the right in the **coronary sulcus** directed till it reaches the point of **junction** of the right and inferior borders of the heart, here it **gives** the **right marginal** artery.
- Then it **turns** backwards to the left and **runs** in the posterior part of coronary sulcus where it **ends** by anastomosing with the circumflex branch of left coronary artery.

• Branches of right coronary artery:

a. Right marginal artery:

- It runs with the small cardiac vein along inferior border to the apex of the heart.
- It **supplies** the right ventricle.

b. Inferior interventricular artery:

- It **arises** near the termination of the right coronary artery.
- It **passes** in the inferior interventricular groove with the middle cardiac vein
- It ends near the apex by anastomosing with the anterior interventricular branch of left artery.
- It **supplies** both ventricles and posterior 1/3 of interventricular septum.

c. Small branches:

- Right atrium
- Right ventricle.
- SA node (sino-atrial)
- AV node (atrio-ventricular nodes).



A. Normal arterial pattern, anterior view







Anterior view

Distribution of the coronary arteries

2. Left coronary artery:

- It **arises** from **left posterior aortic sinus** of the ascending aorta.
- It is a very short artery **runs** forwards between the root of pulmonary trunk and left auricle to **reach** the upper end of anterior interventricular groove where it **ends** by dividing into two arteries: circumflex artery and artery anterior interventricular artery.
- Branches:
 - a. Circumflex artery:
 - It passes to the left in the coronary sulcus where it gives left marginal branch, then turns backwards around the left border of the heart and continue in the coronary sulcus with the coronary sinus to end by anastomosing with the right coronary artery.
 - It **supplies** the left atrium and left ventricle.

b. Anterior interventricular artery:

- It descends with the great cardiac vein in the anterior interventricular groove to reach the inferior border of the heart near the apex, then turns to reach the inferior interventricular groove.
- •It **ends** by anastomosing with inferior interventricular artery.
- It supplies the anterior surface of both ventricles and anterior 2/3 of interventricular septum.

c. Small unnamed branches:

- Most of left atrium and left ventricle
- Anterior 2/3 of the interventricular septum
- Branch to SA node and AV bundle & its branches.

Anastomosis between the branches of the coronary arteries



	Right coronary artery	Left coronary artery
Right ventricle	All of the right ventricle	small area related to the
	except small area .	anterior interventricular
Left ventricle	Small area of inferior	All of the left ventricle
	surface close to inferior	except small area supplied
	interventricular sulcus.	by right coronary .
Atria	Right atrium and small area	Most of the left atrium.
	of left atrium.	
Interventricular	Posterior 1/3 of	Anterior 2/3 of
septum.	interventricular septum.	interventricular septum.
Conductive	S.A node and A.V node	S.A node and AV
system		bundule & its branches

Summary of arterial supply to the heart:





***** Applied anatomy:

- Anastomoses between the branches of the right and left coronary arteries exist, but they are usually **poor except in athelets**.
- **Sudden occlusion** of one of the branches of coronary arteries usually leads to **myocardial infarction**, except in athelets.
- **Sudden occlusion** of one of the large branches of coronary arteries is a common cause of sudden death.
- Visualization of left side of heart or coronary arteries by diagnostic cardiac catheter (introduced from radial artery) and angiography.
- Visualization of right side of the heart and pulmonary trunk by diagnostic cardiac catheter (introduced from femoral vein) and angiography.
- Coronary occlusion is treated by stenting or coronary bypass operation.
- Cardiomegaly is enlargement of the heart.

B.Venous drainage

(Cardiac veins)

I) Coronary sinus:

- It is a **wide short** venous channel 3 cm long, runs in the posterior part of **coronary groove**.
- It **ends** into the right atrium to the left side of the opening of the inferior vena cava and its opening is guarded by a small valve.



Coronary Veins

• Tributaries:

1-Great cardiac vein:

- It begins near the apex and runs in the anterior interventricular sulcus with the anterior interventricular artery.
- Then it follows the course of circumflex artery to ends in the left end of the coronary sinus.
- It recieves the left marginal vein & veins mainly from left atrium & ventricle.

2- Middle cardiac vein:

- It begins near the apex of heart and passes in the inferior interventricular sulcus with inferior interventricular the artery,
- It ends in the middle of the coronary sinus.
- It **receives** the **veins** from the 2 ventricles.

3- Small cardiac vein:

- It begins near the apex and runs with the right marginal artery, along the lower border of the heart till the coronary sulcus where it turns backwards with the right coronary artery.
- It ends in near the right end of coronary sinus.
- It receives the right marginal vein & veins mainly from right atrium & ventricle.

4- Oblique vein of left atrium:

- It descends on the back of the atrium to end in the coronary sinus near its middle.
- **5- Posterior cardiac vein of left ventricle:** it runs on the left side of the middle cardiac vein and ends in the coronary sinus.

- **II) Anterior cardiac veins:** 3 or 4 small veins run from anterior surface of right ventricle to open in the cavity of the right atrium.
- **III) Venae cordis minimae:** Minute veins present **within the myocardium** and open in all chambers mainly right atrium.





Venous drainage of the heart



Position and part of pericardium

- ★ The pericardium is a **fibro serous sac** which **surrounds** the heart and the roots of large vessels attached to it (ascending aorta, pulmonary truck, lower ½ of SVC, terminal parts of IVC and 4 pulmonary veins).
- ★ It lies in the middle mediastinum extending from the plane of the sternal angle of louis above, to the diaphragm below. In front, it extends from the 2nd to the 6th costal cartilages. Behind, it lies opposite the 5th to the 8th thoracic vertebrae.
- ★ It is **formed of** two parts:
 - A) An **outer** fibrous layer called" **fibrous pericardium**.
 - B) An inner serous sac known as "serous pericardium".
- ★ Fibrous pericardium:
 - It is formed of **tough, inelastic strong fibrous** tissue.
 - It forms the **boundaries of the middle mediastinum**.
 - Shape: It is conical having a base, an apex and four surfaces:
 - 1) **Base:**
 - It is directed downwards and attached the central tendon of diaphragm.
 - 2) **Apex:**
 - > It is directed **upwards**.
 - It surrounds and fuses with the outer coats of the ascending aorta, pulmonary trunk and SVC.



3) Anterior surface:

- It is connected to the body of the sternum by superior and inferior sternopericardial ligaments.
- The anterior borders of the two pleurae and lungs separate it from body of sternum except the lower left part of body of sternum which lies in direct relation to the pericardium (bare area of pericardium).



4) Two lateral surfaces:

Each surface is related mainly to the corresponding lung, pleura, phrenic nerve and pericardiophrenic vessels.



5) **Posterior surface:** related to oesophagus and descending aorta separating them from the oblique sinus & left atrium.





★ Serous Pericardium:

It is a closed serous sac invaginated during fetal life from above and behind by the developing heart, so it is formed of 2 layers and a cavity:

a- Parietal layer:

- \succ It lines the inner surface of the fibrous pericardium.
- It is reflected onto the heart and the roots of the great vessels.

b-Visceral layer:

- > It covers and adherent to the heart forming the **epicardium**.
- c-The potential space between the parietal and visceral layers is the **pericardial cavity**; it is empty except for a thin film of serous fluid.





★ Sinuses of the Pericardium

> The visceral layer covering the heart (the epicardium) sends 2

tube-like extensions to cover the roots of the great vessels:

- **a-** The **anterior tube** surrounds the **arterial end** of the heart enclosing completely the ascending aorta and the pulmonary trunk together (both were one vessel in the embryo).
- **b-** The **posterior tube** encloses the **venous end** of the heart covering anteriorly and the sides only of the lower 1/2 of S.V.C. and terminal parts of I.V.C. & the 4 pulmonary veins (Their posterior surfaces are bare and not covered by epicardium).
- There are 2 sinuses related to the serous pericardium (inside the pericardial cavity):

I) Transverse Sinus of Pericardium:

- A transverse passage between the arterial and the venous ends of the heart. I
- > It connects the right and left sides of the pericardial cavity.

> Boundaries:

- **1- Anterior:** ascending aorta and pulmonary trunk.
- **2- Superior:** right pulmonary artery.
- **3- Posterior:** lower part of S.V.C. and the 2 atria, mainly left.
- 4- Inferior: the 2 atria, mainly left.



> How to reach:

- A finger is pushed from the right side in front of the lower part of the S.V.C. and behind the ascending aorta and pulmonary trunk.
- The finger will traverse the sinus and appear at its left end between the pulmonary trunk in front and the left auricle behind.





II) Oblique Sinus of Pericardium:

- The visceral layer of serous pericardium passes on the diaphragmatic surface of the heart then ascends to cover the back of the left atrium and reflected on the fibrous pericardium to form the parietal layer of serous pericardium.
- Thus a blind recess in the pericardial cavity is formed between the left atrium (in front) and the fibrous pericardium (behind).
- > Boundaries:
 - **1-Anterior:** back of the left atrium (i.e. base of the heart).
 - **2-Posterior:** parietal layer lining posterior fibrous pericardium separating the sinus from the structures in the posterior mediastinum (descending aorta and esophagus).

- **3-Superior:** the sinus is **closed** by the reflection of visceral layer of serous pericardium covering the back of the left atrium to the parietal layer of serous pericardium lining the posterior part of fibrous pericardium.
- **4-On the right side:** reflection of serous pericardium onto the S.V.C., the 2 right pulmonary veins and the I.V.C. (from above downwards).
- **5-On the left side:** reflection of serous pericardium onto the 2 left pulmonary veins (the left boundary is shorter than the right).
- **6-Inferior:** the sinus is **open** into the main pericardial cavity. The **entrance** to sinus is bounded by I.V.C. (below and to right) and the lower left pulmonary vein (above and to left).
- How to reach:
 - The apex of the heart is lifted upwards and 3 fingers are placed behind the heart to the left of the I.V.C. then pushed upwards till they are stopped by the blind upper end of the sinus.
 - The upper border of the left atrium separates the fingers in the oblique sinus from a finger put through the transverse sinus which lies just above and in front.



★ Blood supply of the ericardium:

a-Fibrous pericardium and parietal layer of serous pericardium:

- The arterial supply is from the internal thoracic arteries and their pericardiacophrenic and musculophrenic branches and from descending aorta.
- > The **venous** drainage is through the **azygos** venous system.

b- Visceral layer of serous pericardium:

- > The epicardium has the same blood supply **as the heart**.
- It receives its arterial supply from the right and left coronary arteries and its venous drainage is via the coronary sinus.



★ Nerve supply of the pericardium:

a- Fibrous pericardium and parietal layer of serous pericardium:

It is supplied by the **phrenic** nerves (C₃₋₅) which transmit somatic sensation; they are **sensitive to pain** (e.g. in pericarditis).

b- Visceral layer of serous pericardium:

It is supplied, as the heart, by **autonomic** fibres (sympathetic and parasympathetic). It is **insensitive to pain** but sensitive to **ischaemia**.

★ Functions of Pericardium

a- The fibrous pericardium:

- Protects the heart, maintains its position and prevents its overdistension.
- > Keeps the **mouth** of the large vessels open.

b- The serous pericardium:

- The oblique sinus acts as a potential space behind the left atrium allowing its movements. It also allows the pulsation of the descending thoracic aorta and the expansion of the esophagus during swallowing.
- The transverse sinus allows the distension of the great vessels, the ascending aorta and the pulmonary trunk, during systole.

***** Applied anatomy:

- **1. Pericarditis** is inflammation in the pericardium usually cause chest pain and pericardial rub on auscultation.
- 2. Accumulation of clear serous fluid or pus in the pericardial cavity is called **pericardial effusion** leading to dullness around the normal cardiac dullness on percussion and distal heart sounds on

auscultation.

- Accumulation of blood in the pericardiac cavity is called haemopericardium (usually due to infarction, cardiac operation or cardiac trauma).
- Cardiac tamponate is cardiac compression by haemopericardium usually leathal due to impairment of cardiac filling and cardiac output.
- 5. **Pericrdiocentesis** is drainage of fluid from the pericardial cavity by a wide bore needle inserted parasternal in the left 5th. or 6th. intercostal space (i.e bare area of pericardium to avoid injury of left pleura, left lung and left internal thoracic vessels). The pericardial sac can also be reached via the left infrastenal angle by passing the needle postero-superior towards the left shoulder





Sites of Pericrdiocentesis

6. During open heart surgery: The transverse sinus of pericardium is used to pass a rubber catheter or clamp around the ascending aorta and pulmonary trunk to fix the heart or to divert the circulation to heart lung machine.