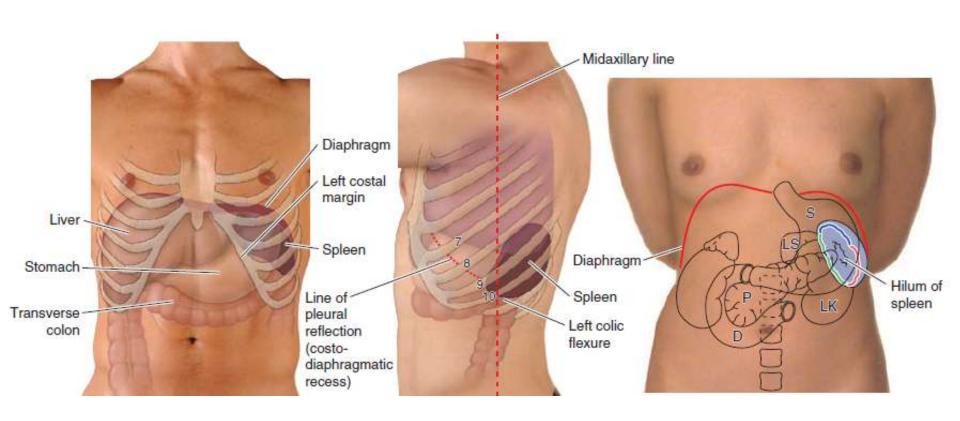
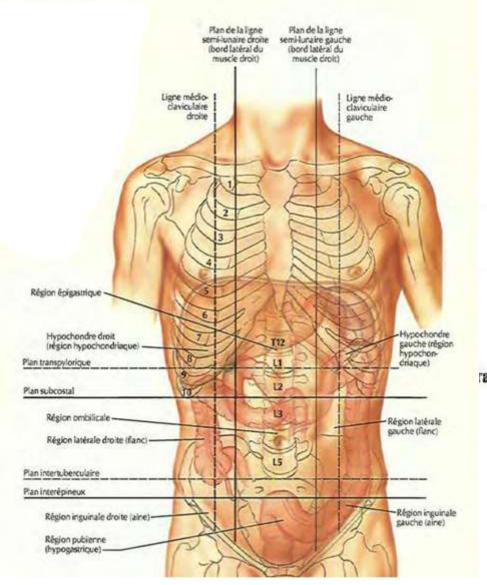
Anatomie de la rate

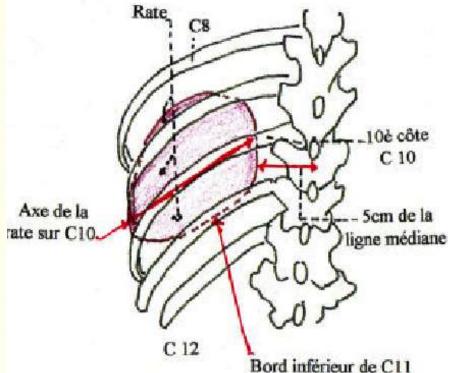
Situation



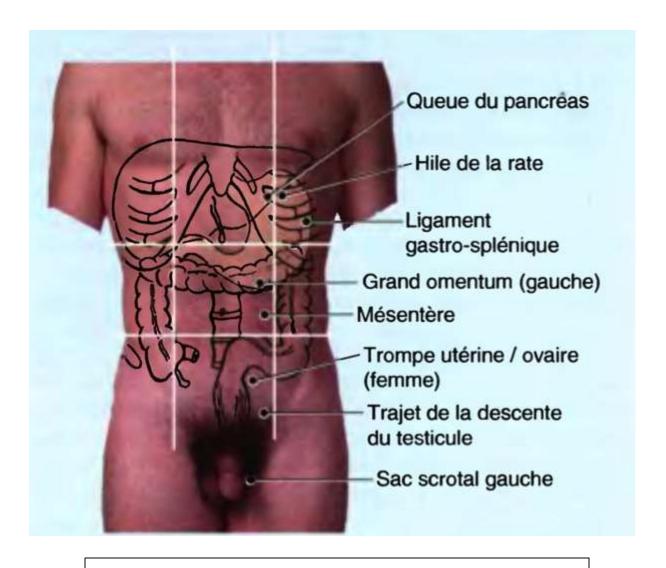
Situation



Axe de projection sur la 10è côte

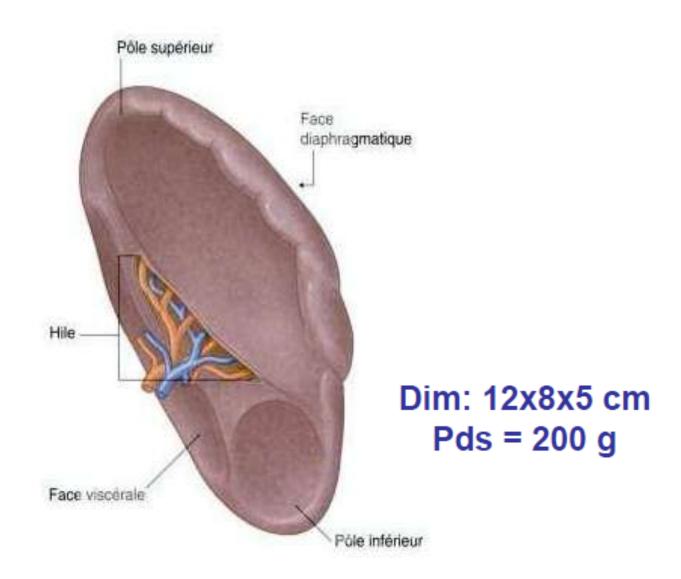


Situation

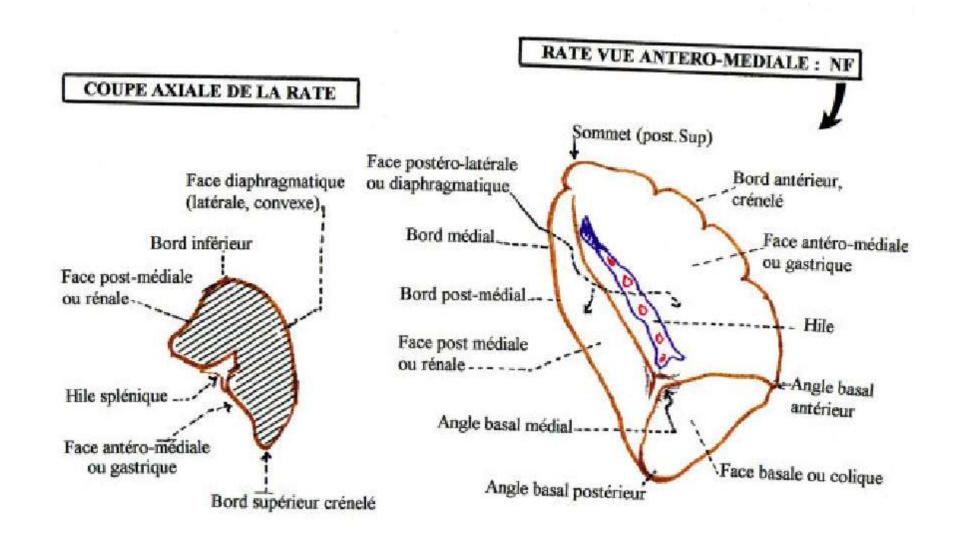


Sites potentiels de rates accessoires

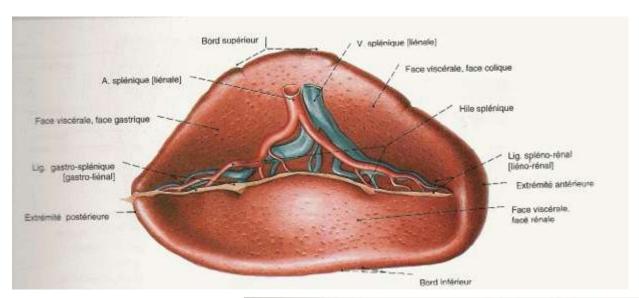
Morphologie externe

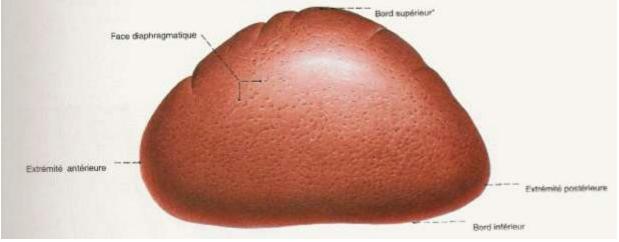


Morphologie externe

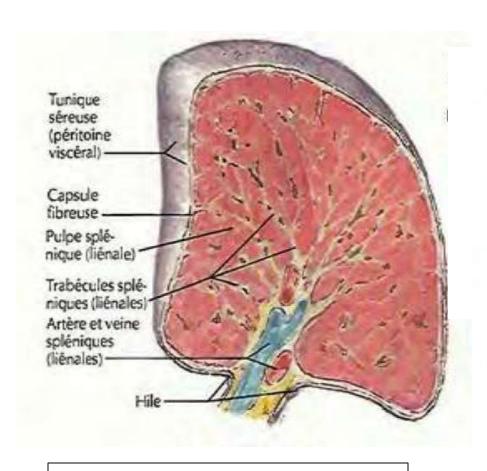


Morphologie externe

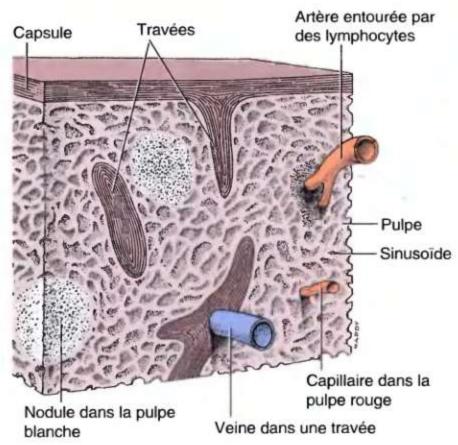




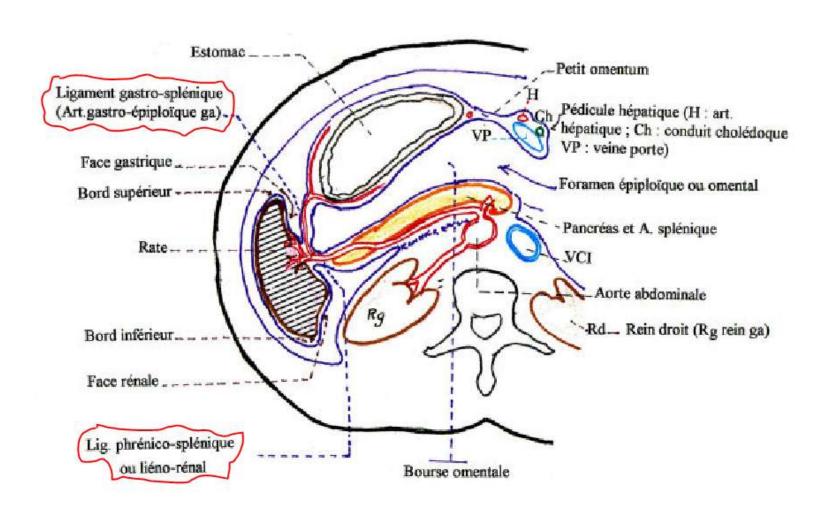
Structure



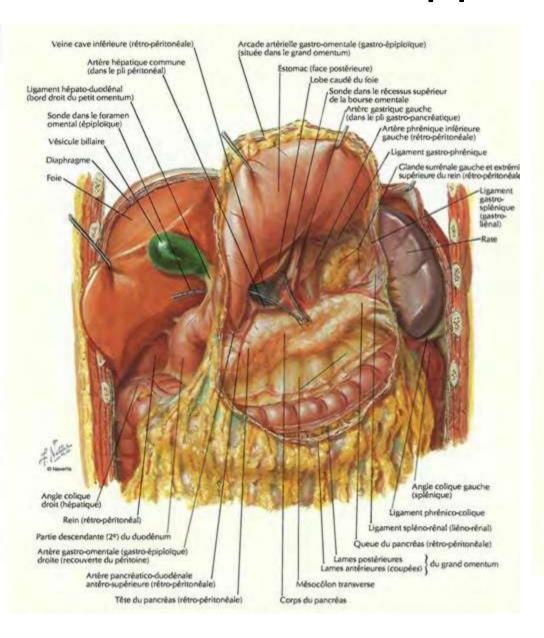


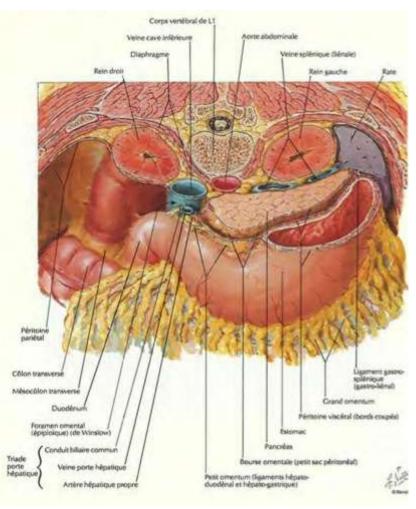


Moyens de fixité

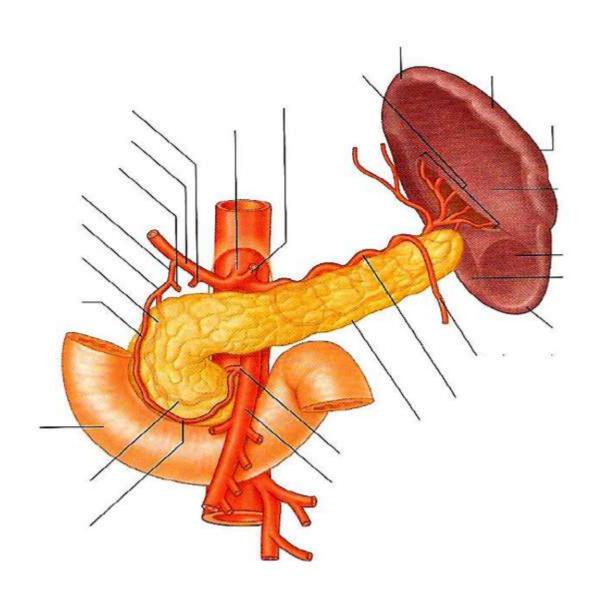


Rapports

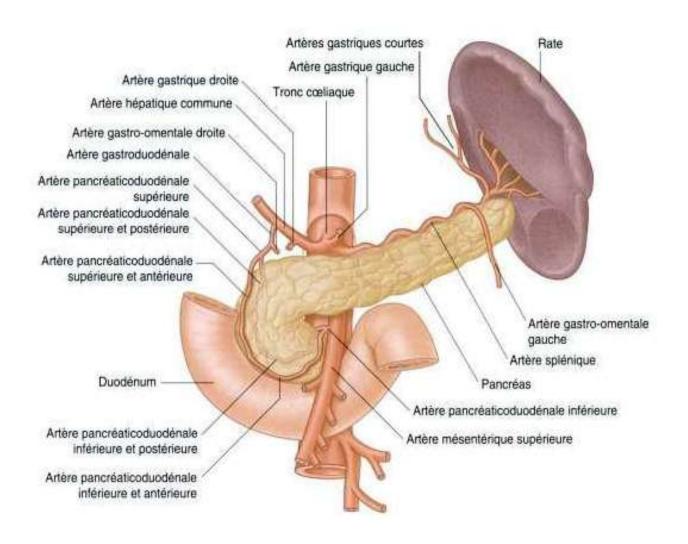




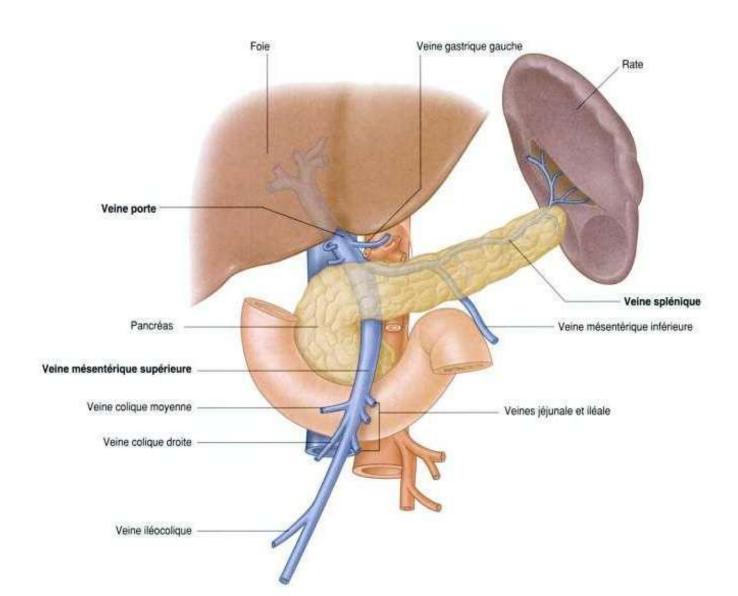
Vascularisation artérielle



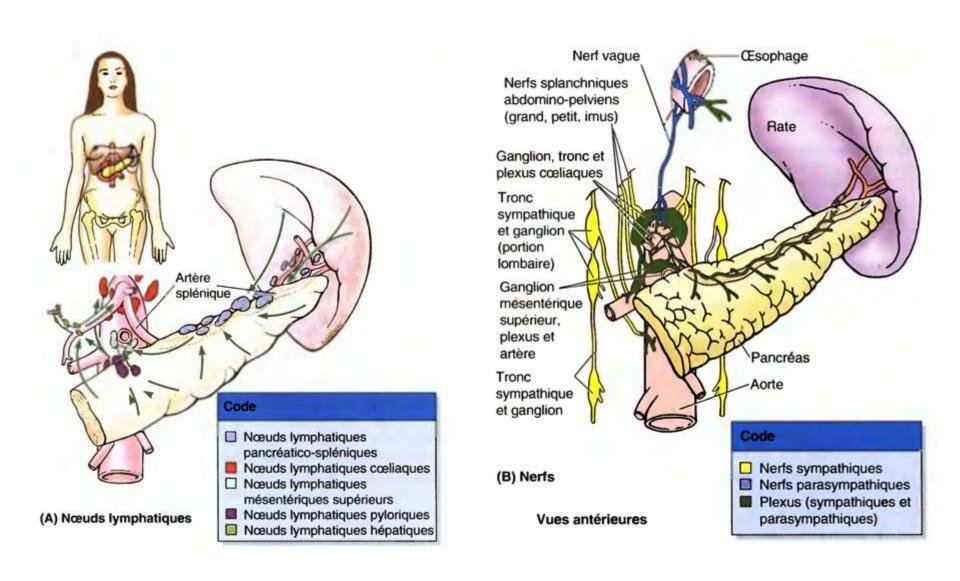
Vascularisation artérielle



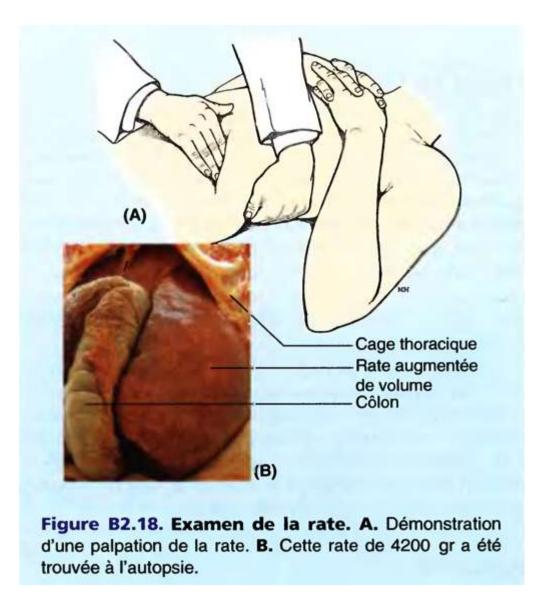
Vascularisation veineuse

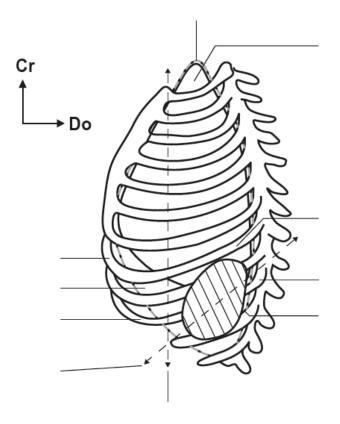


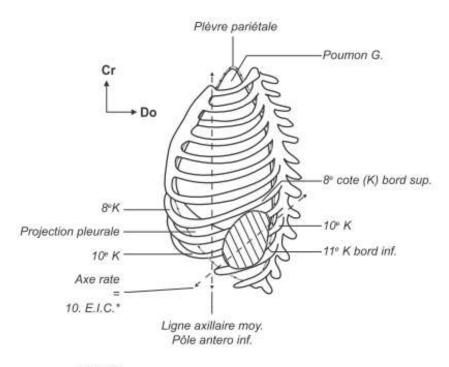
Lymphatiques et innervation



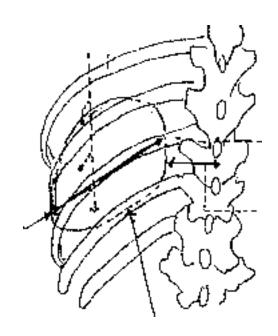
Applications cliniques



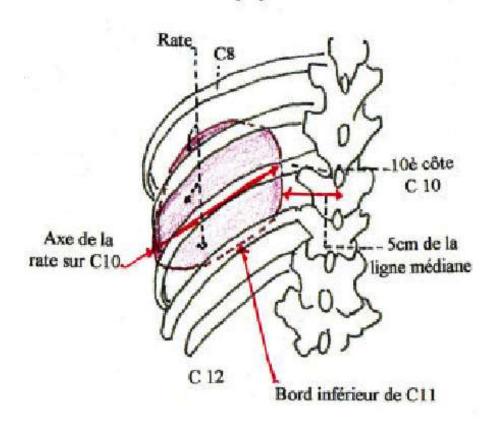


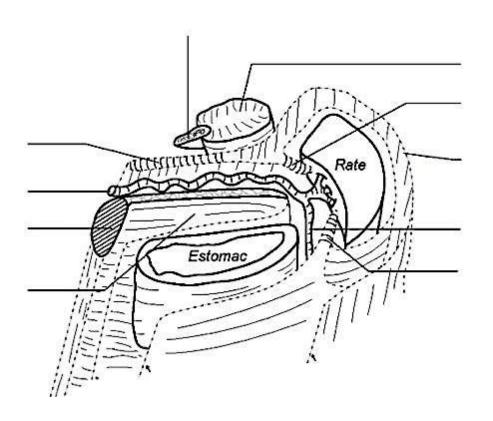


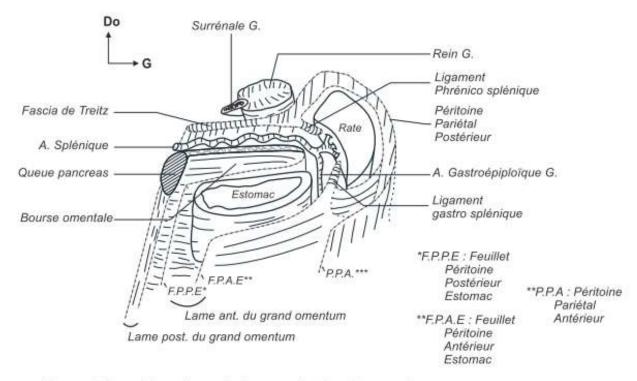
*Espace Inter costal **Projection - Vue LAT.**



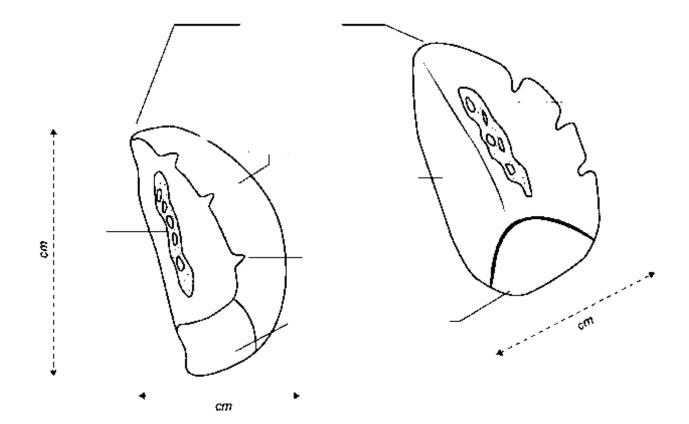
Axe de projection sur la 10è côte

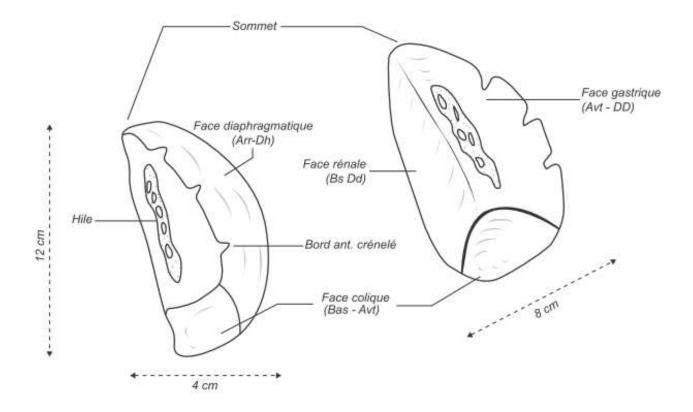




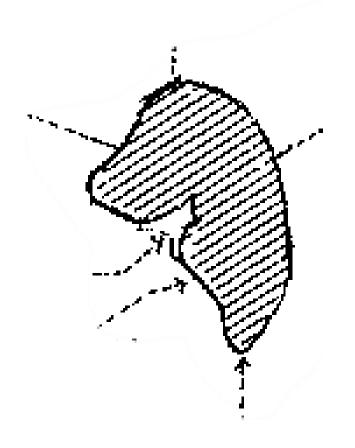


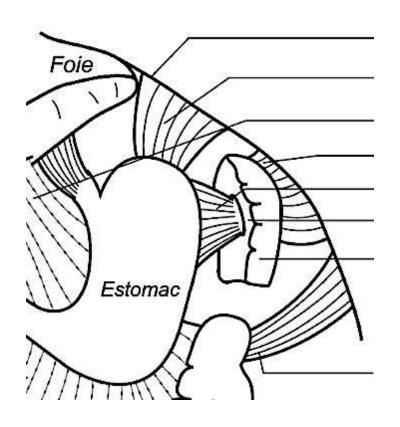
Vue en 3D schématique de la constitution du grand omentum

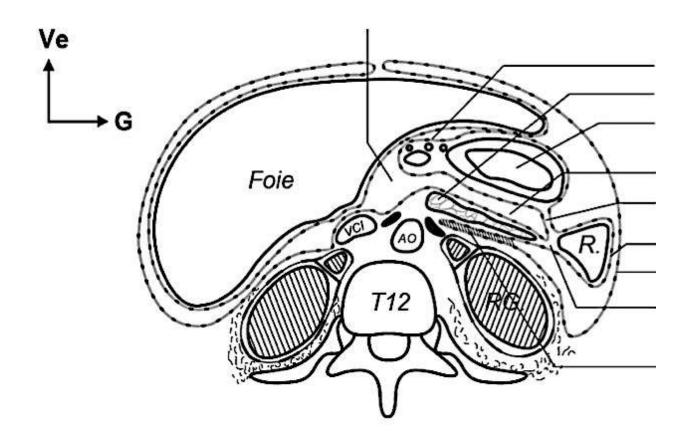


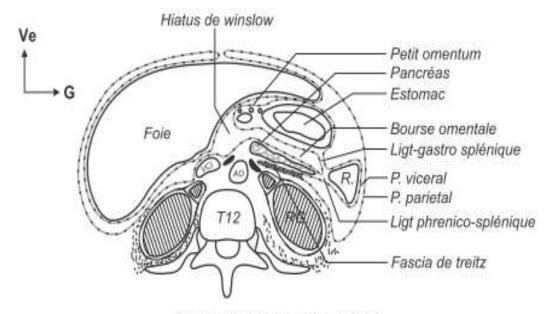


Vue Ant. Vue Int.

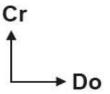


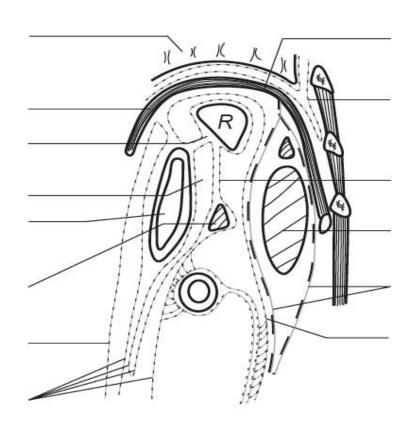


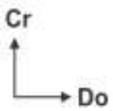


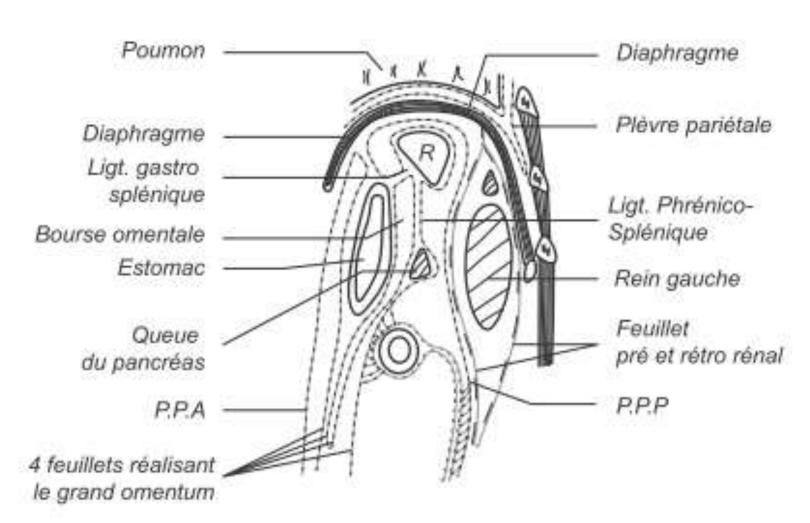


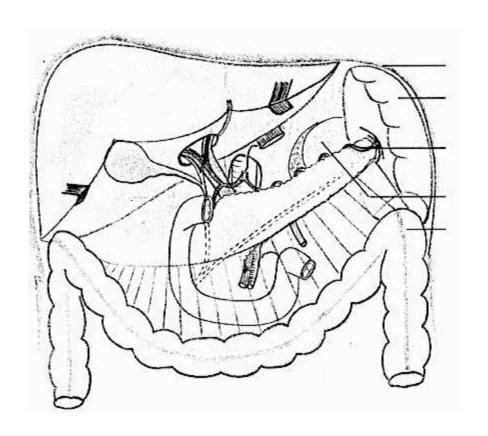
Coupe horizontale en T12

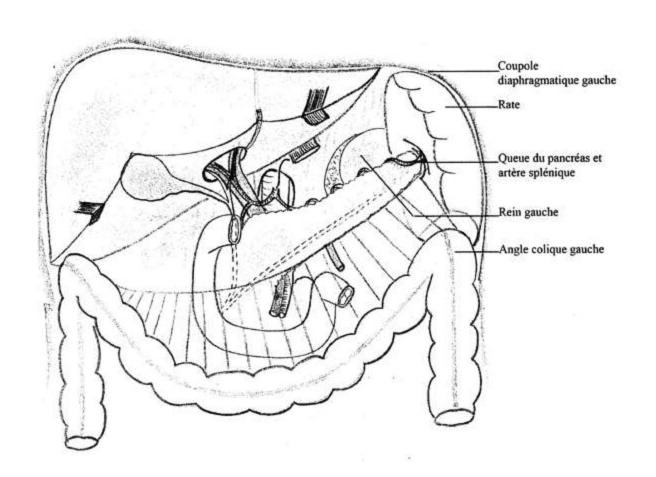


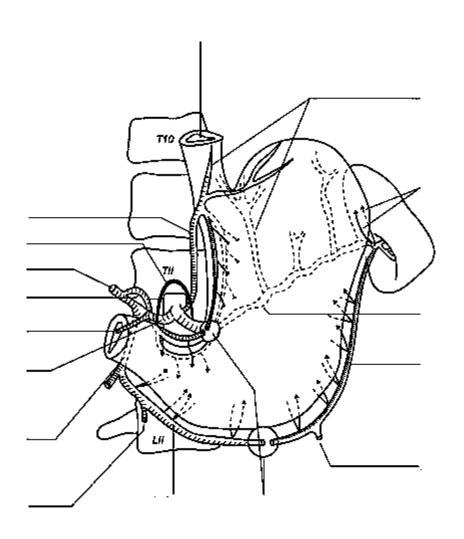


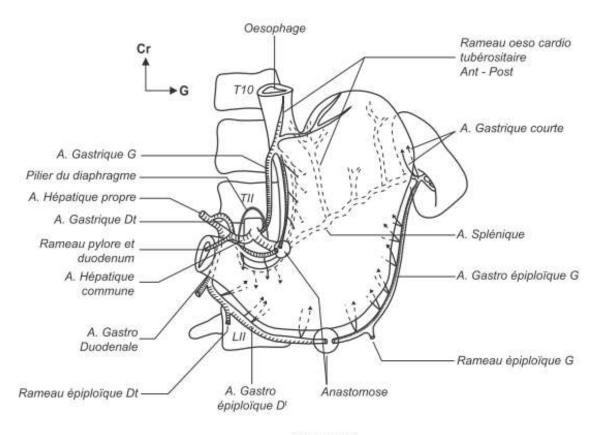






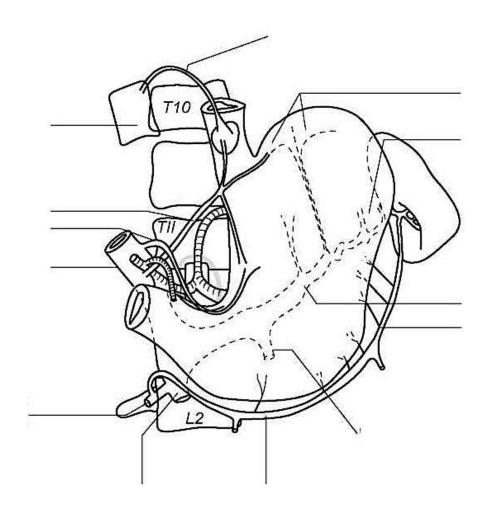


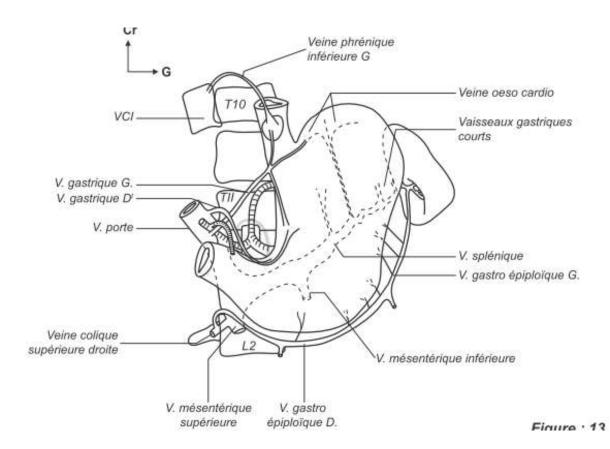


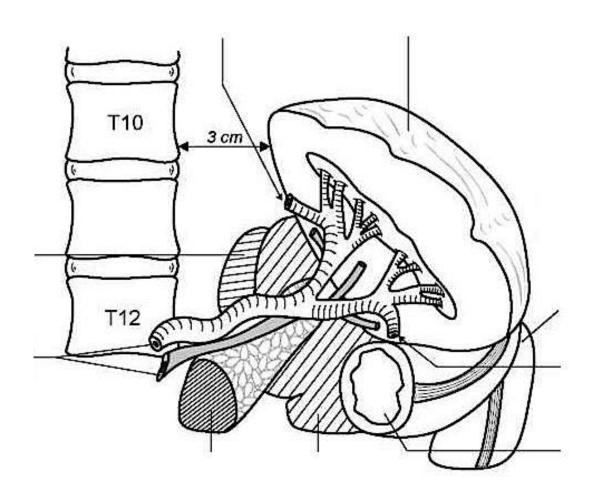


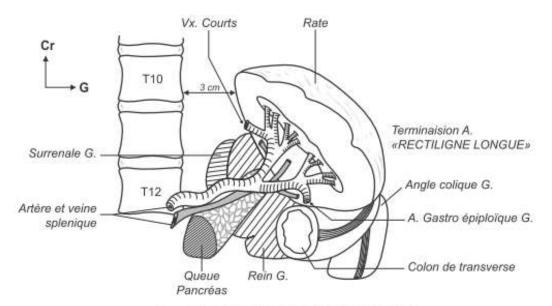
Vue ventrale

Vascularisation artérielle de l'estomac

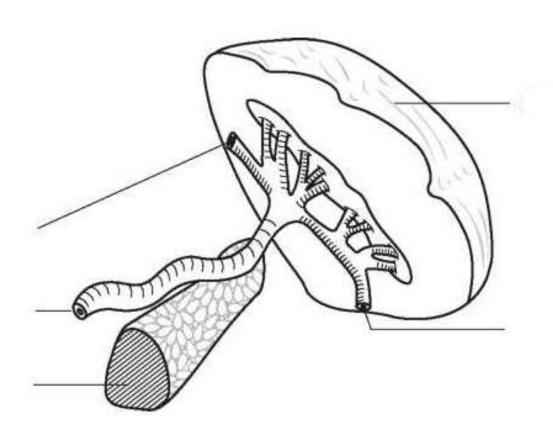


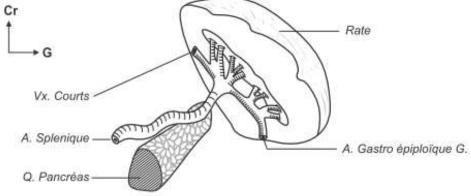






A. et. V. SPLENIQUE VUE VENTRALE

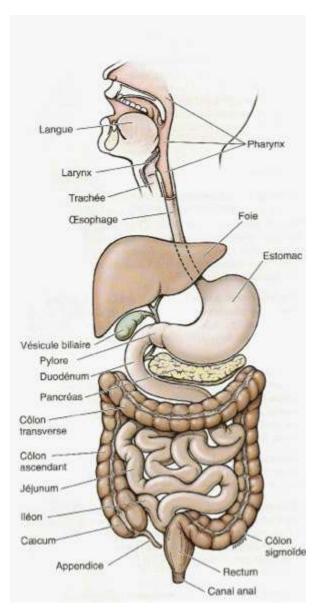


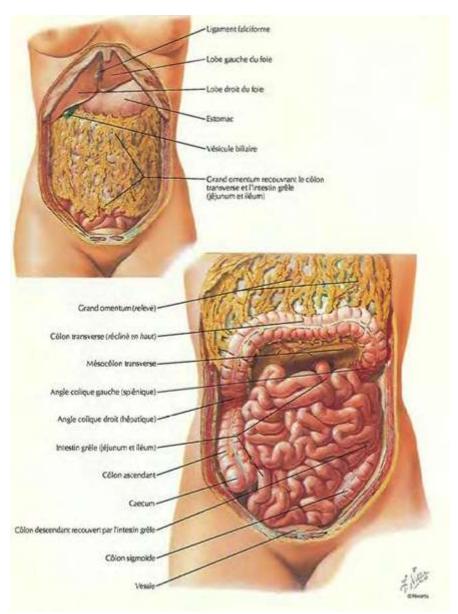


A. SPLENIQUE Terminaison « en peigne »

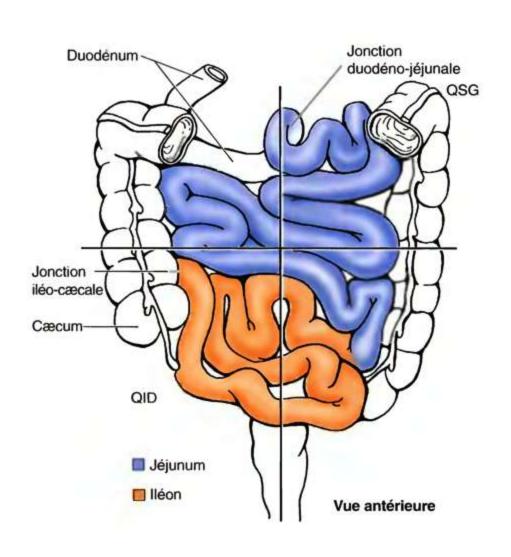
Intestin grêle

Situation

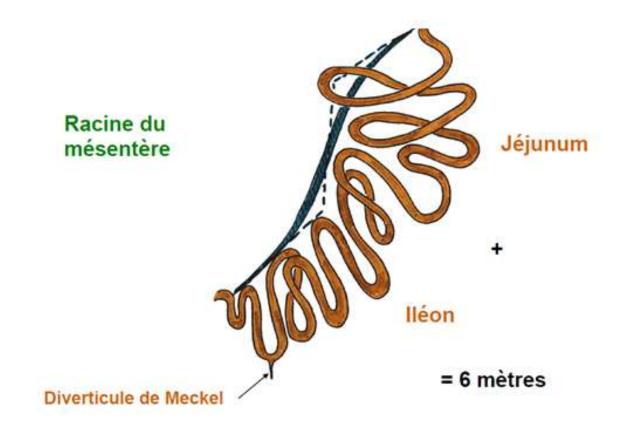




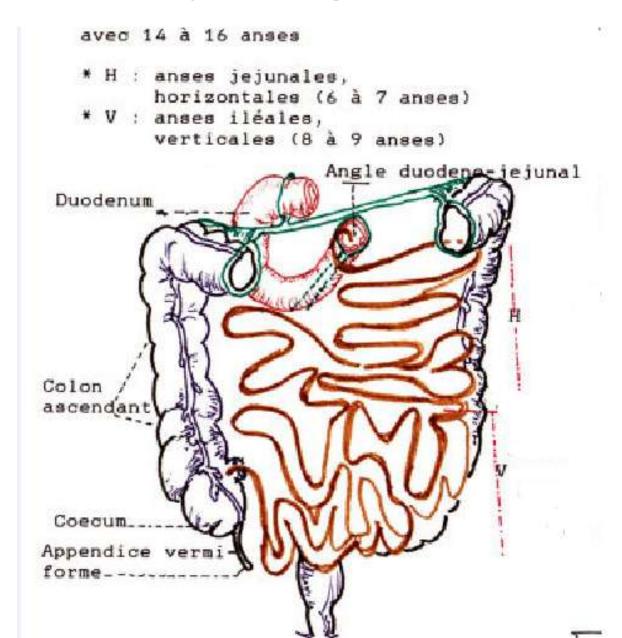
Morphologie externe

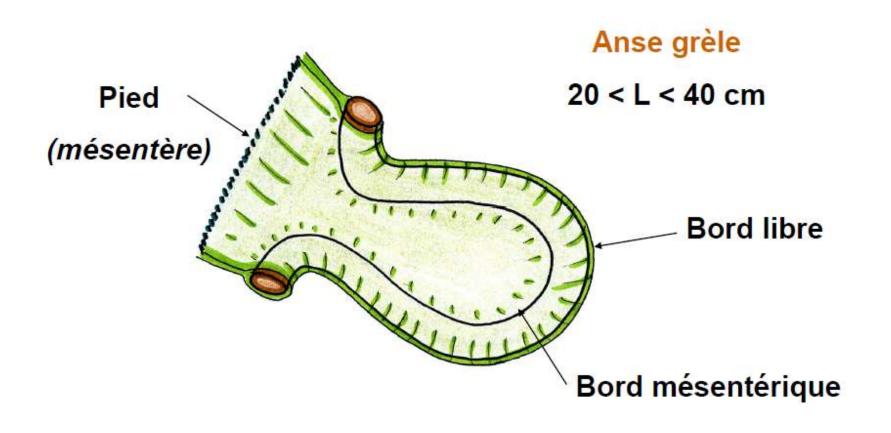


Morphologie externe



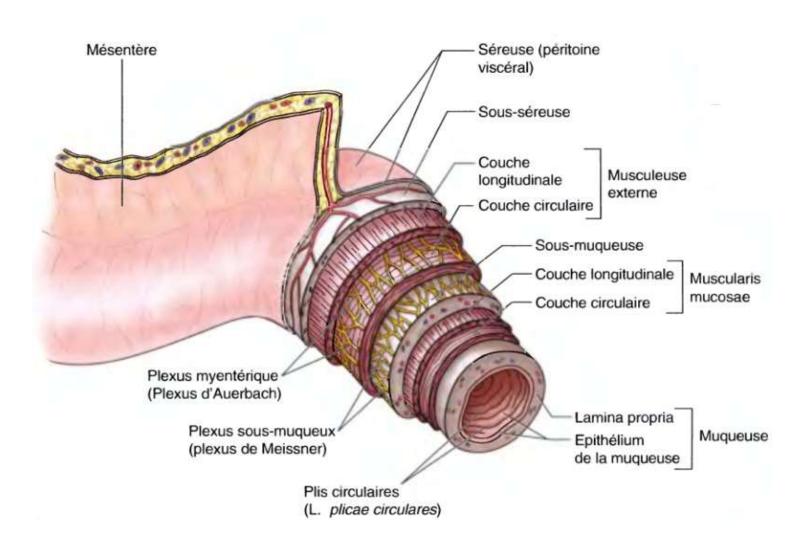
Morphologie externe



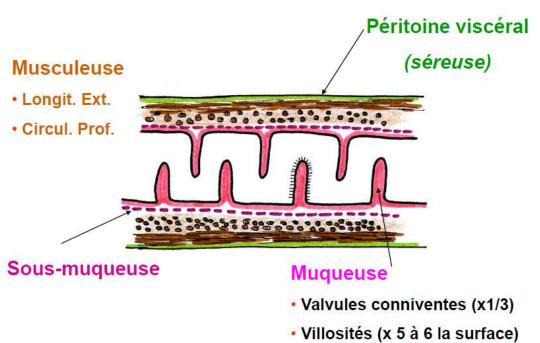


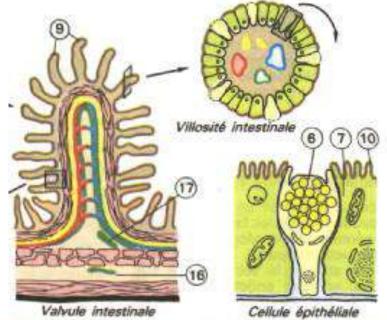
L' anse grêle

Jéjunum et iléon

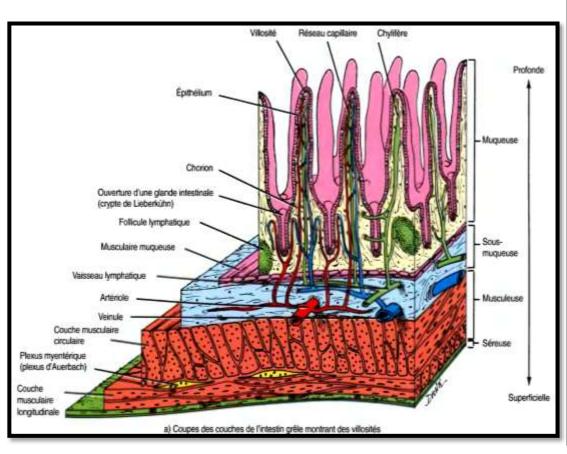


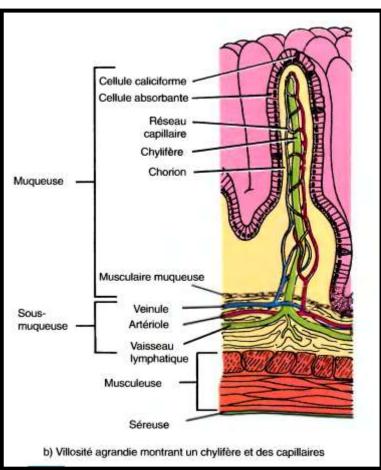
Jéjunum et iléon

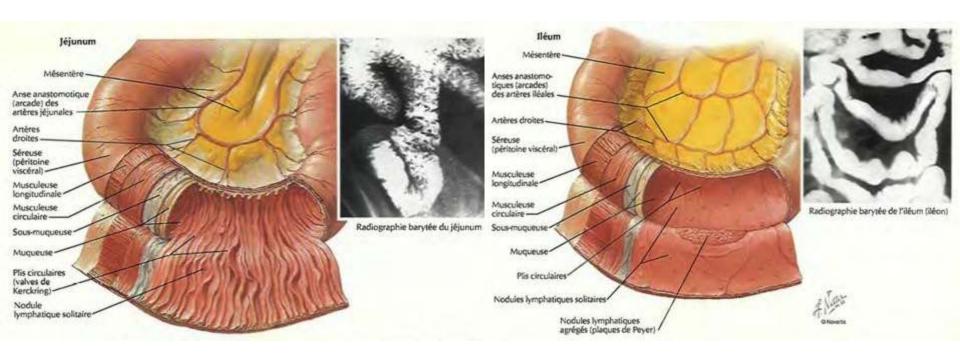


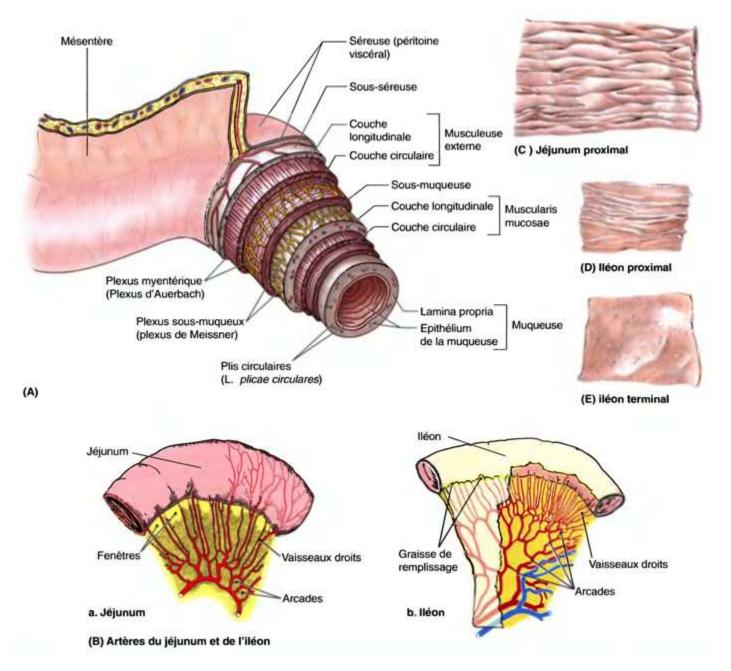


Jéjunum et iléon





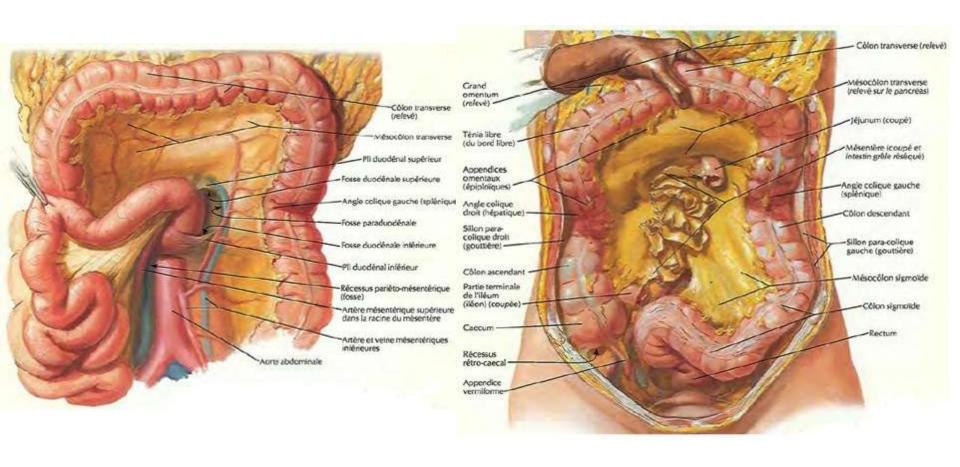




Structure

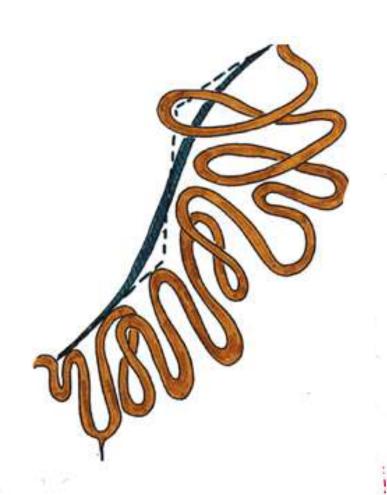
Caracteristiques	Jéjunum (Ba & C)		lléon (Bb, D & E)	
Couleur	Rouge sombre		Rose pâle	
Calibre	2–4 cm		2–3 cm	
Paroi	Épaisse et lourde		Mince et légère	
Vascularisation	Importante		Faible	
Vaisseaux droits	Longs	Ва	Courts	Bb
Arcades	Peu nombreuses mais larges		Nombreuses mais courtes	
Graisse dans le mésentère	Peu		Davantage	
Plis circulaires (L. plicae circulares)	Larges, longs et entassés (C)		Peu et clairsemés (D) ; absents dans la partie distale (E)	
Nodules lymphoïdes	Peu		Beaucoup (E)	

Caractéristiques distinctives du jéjunum et de l'iléon



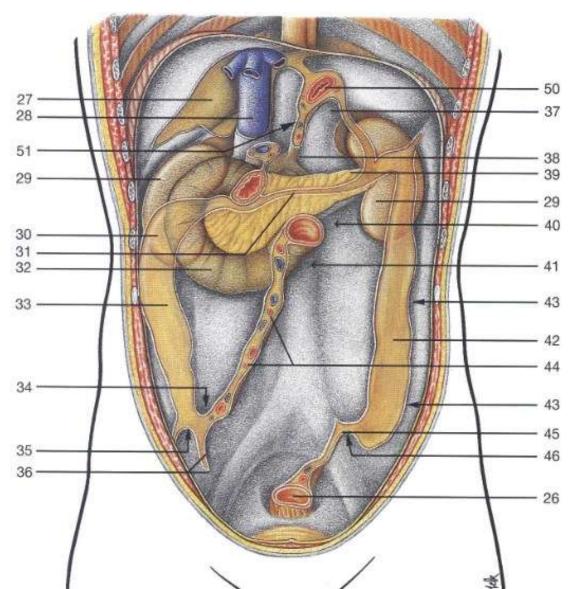
Racine du mésentère

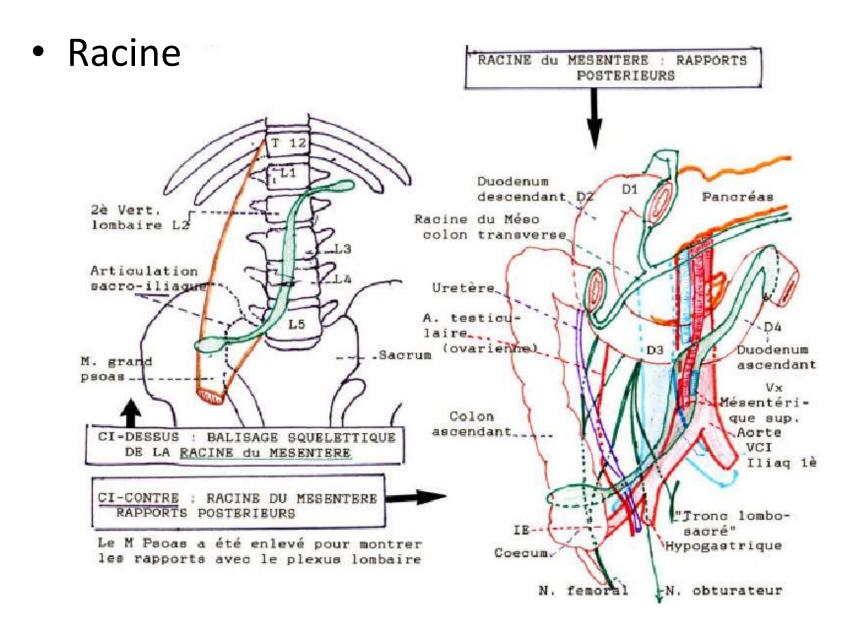
L = 16 cm



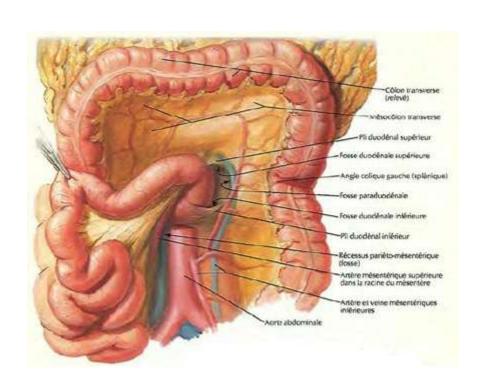
LE MESENTERE :2 bords : viscéral ou intestinal et pariétal ou racir du mésentère Angle duodeno-Mejunal (h : 0) mésentère varie de 0 à 15 cm Bord pariétal-(racine du mésentère) ---15 à 18 cm Bord visceral Angle iléo coecal (h = o)Bord viscéral, multiplissé (Moyenne 6 m : de 5,5 à 9m10)

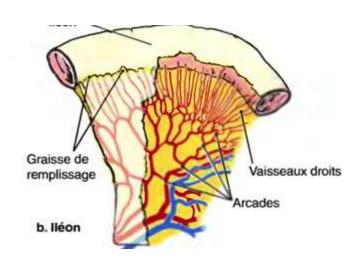
• Racine



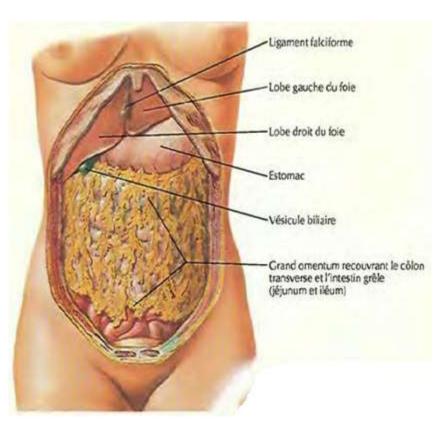


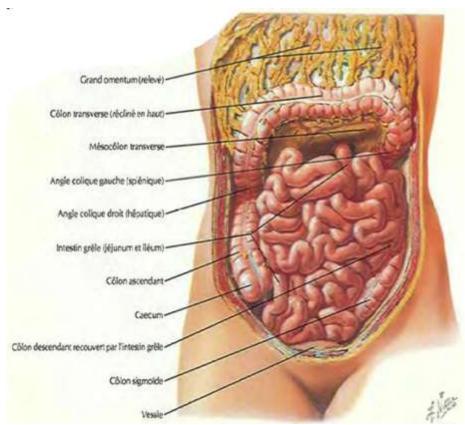
Contenu



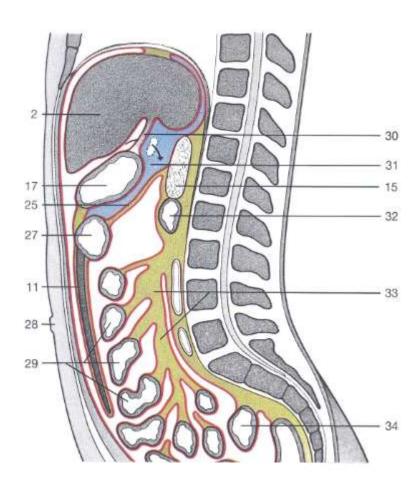


Antérieurs

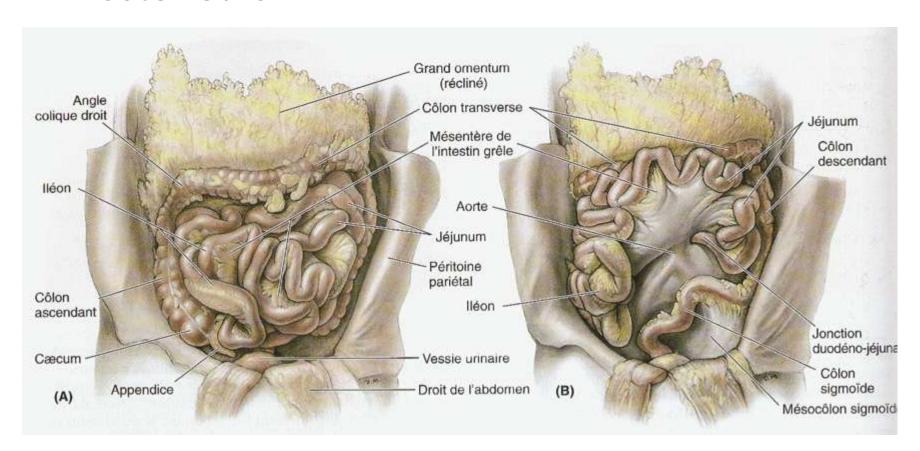




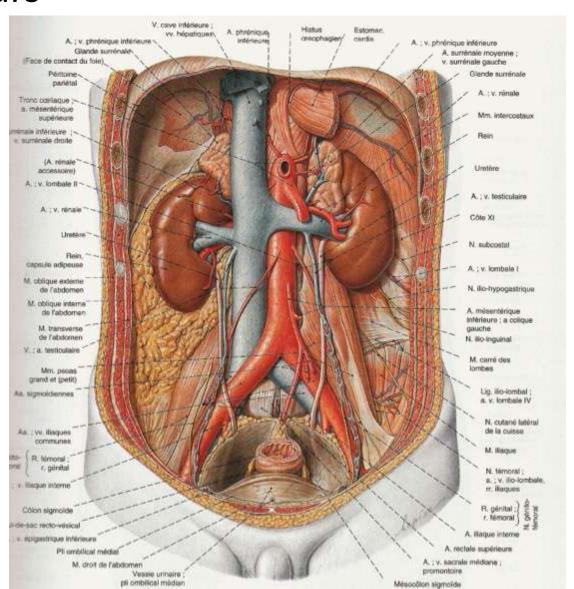
Antérieurs

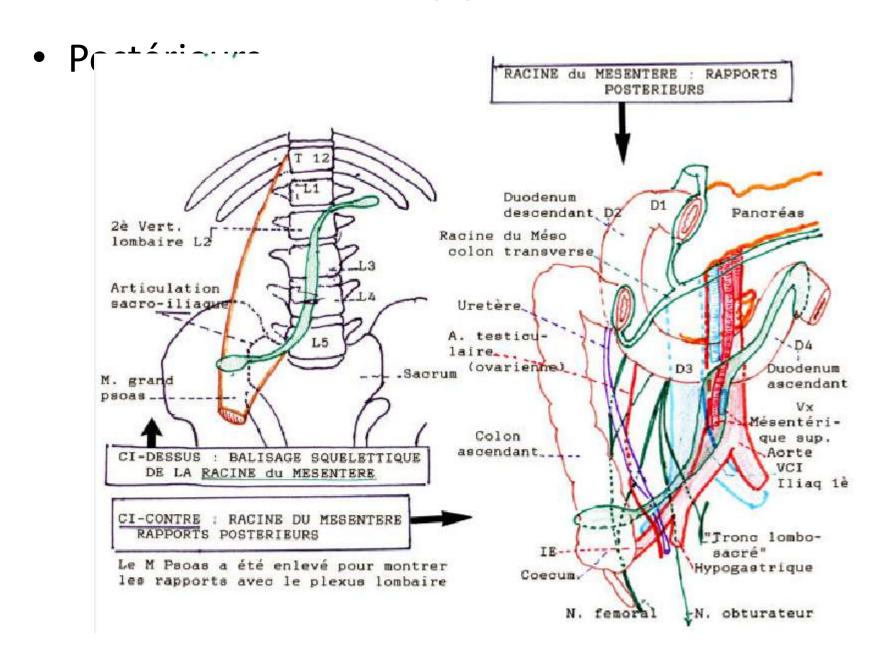


Postérieurs

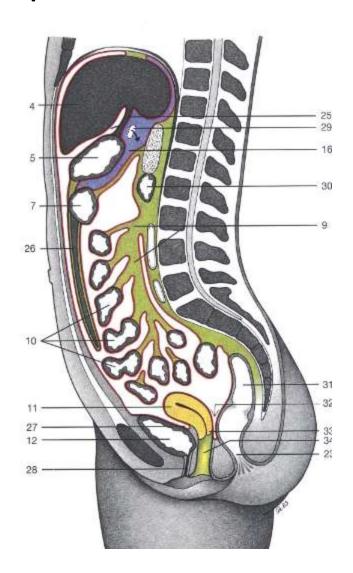


Postérieurs

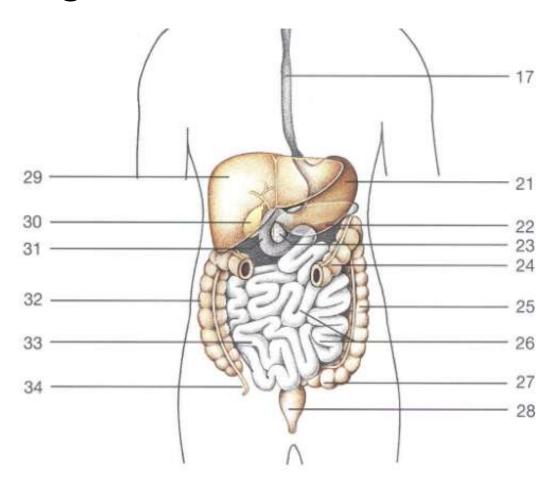


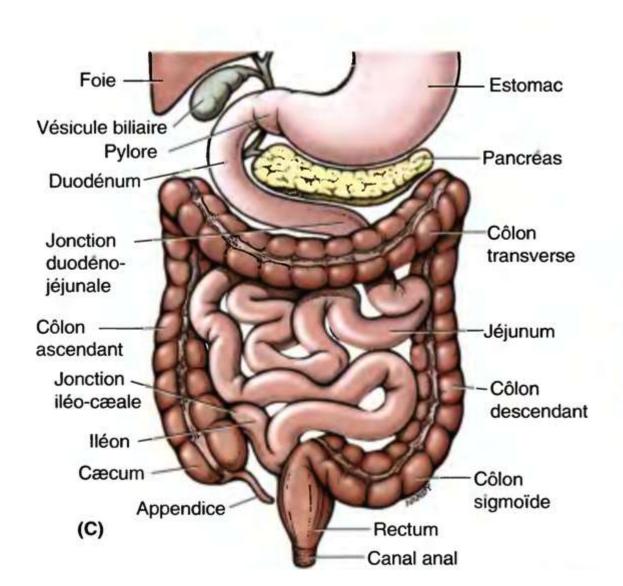


• Inférieurs et supérieurs

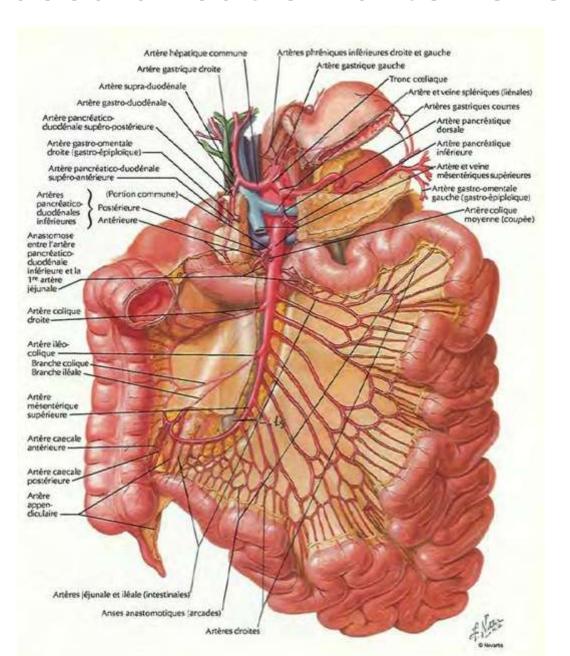


• Droits et gauches

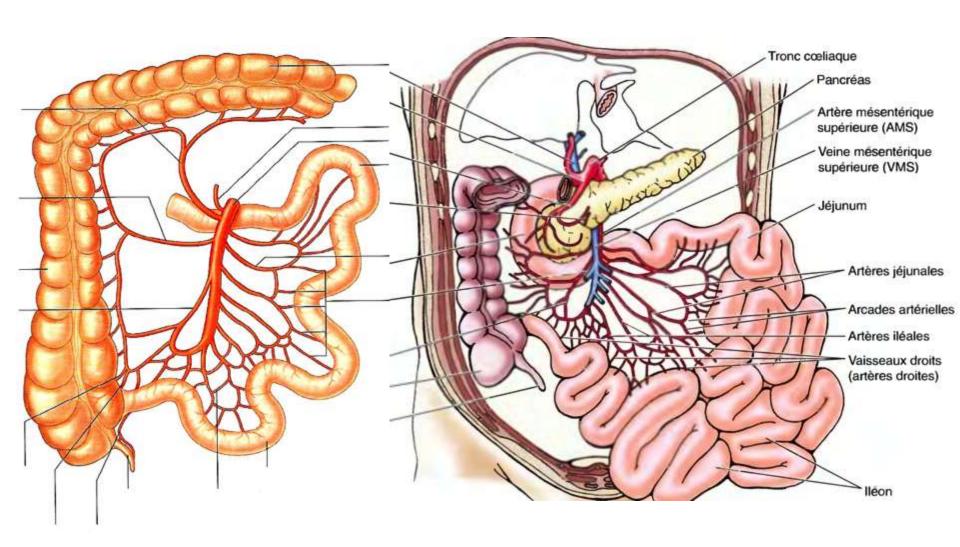




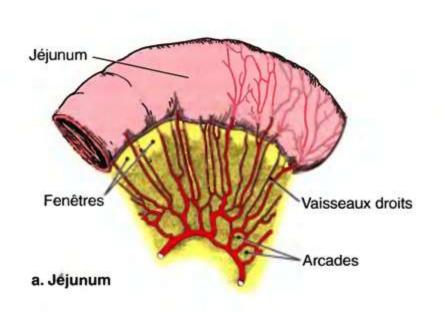
Vascularisation artérielle

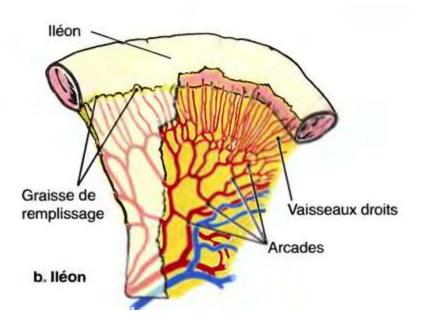


Vascularisation artérielle

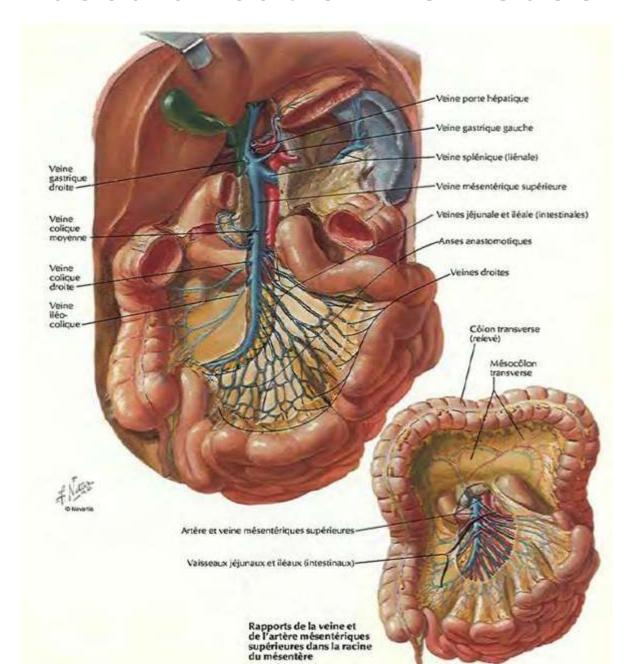


Vascularisation artérielle

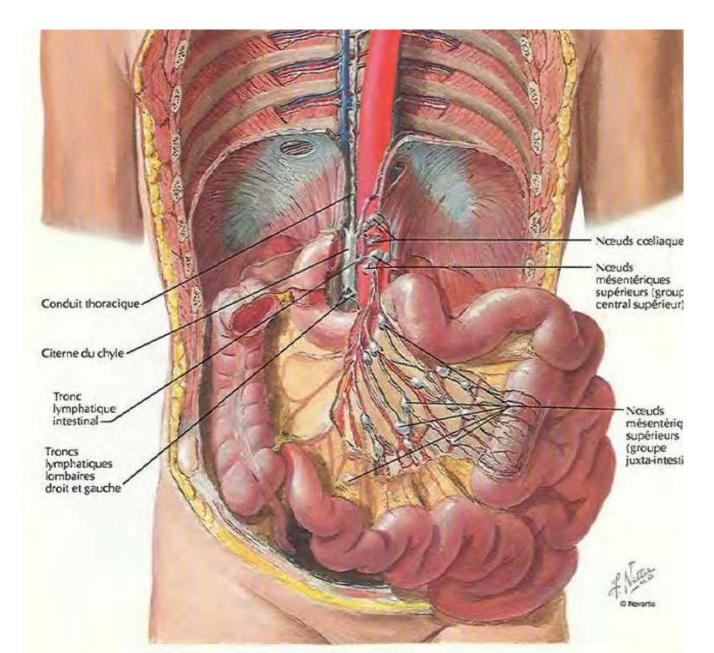




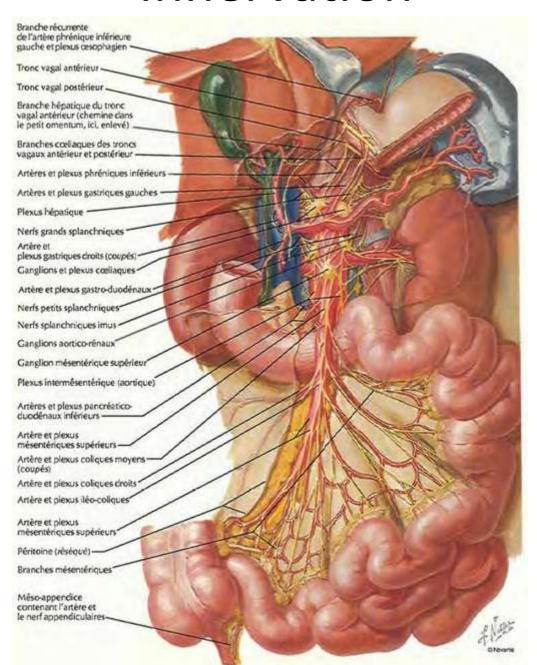
Vascularisation veineuse



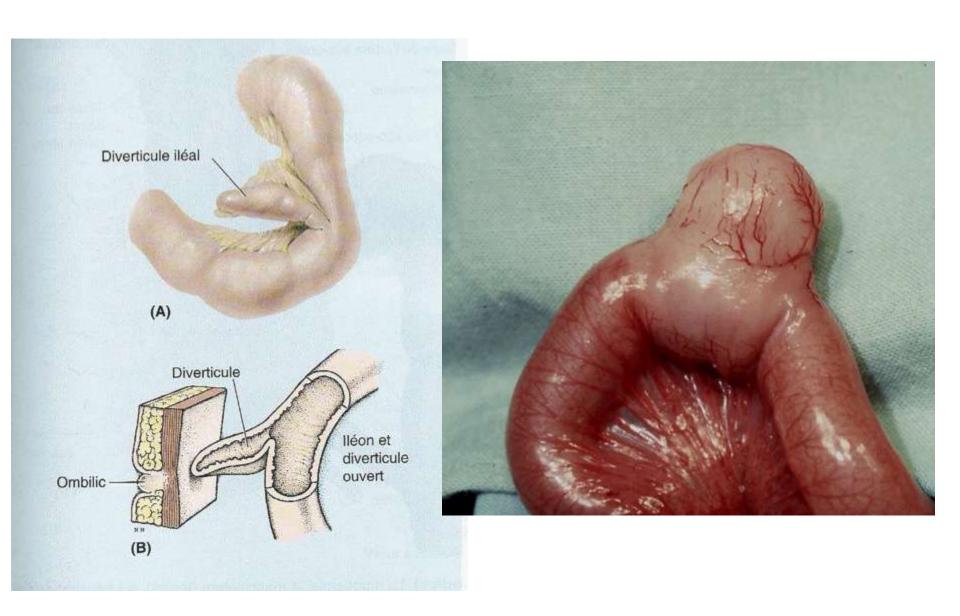
Lymphatiques



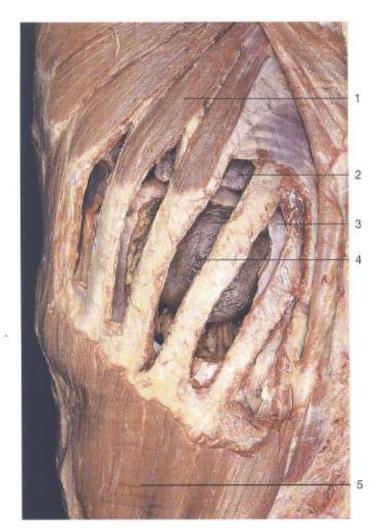
Innervation



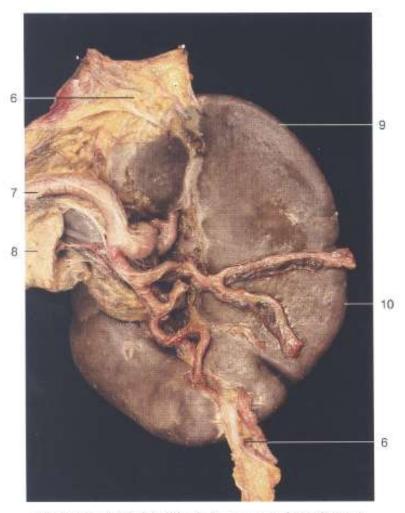
Applications cliniques



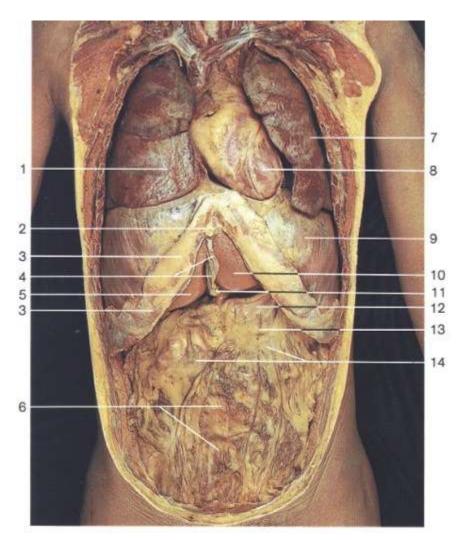
Illustrations sur sujets anatomiques



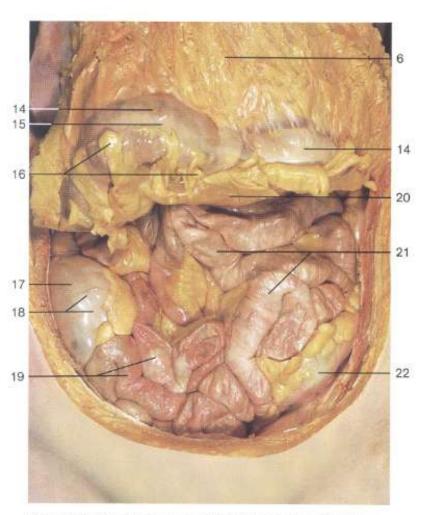
Situation de la rate in situ (vue latérale gauche). Les espaces intercostaux et le diaphragme ont été fenêtrés.



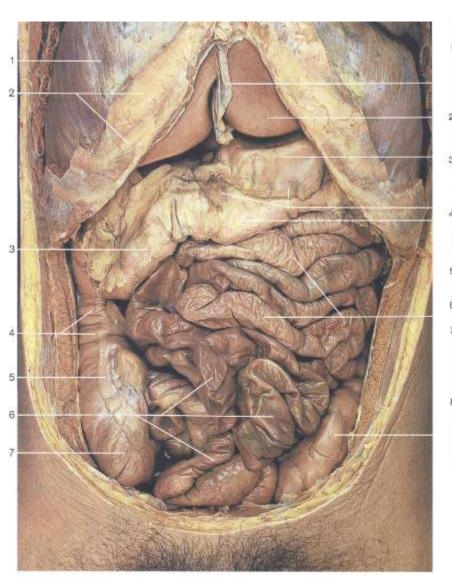
Rate (face viscérale), hile de la rate avec les vaisseaux, les nerfs et le ligament.



Organes abdominaux. La paroi antérieure du thorax et de l'abdomen a été enlevée.



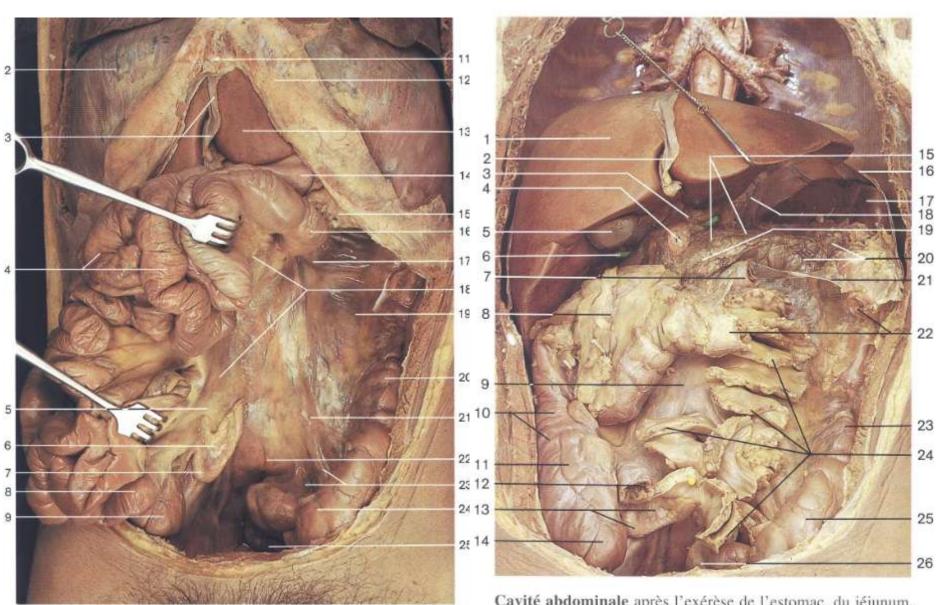
Organes abdominaux. Le grand épiploon qui est fixé au côlon transverse a été relevé.



Organes abdominaux in situ. Le grand épiploon a été enlevé.

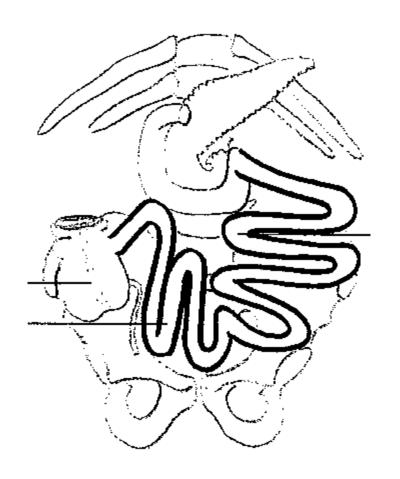


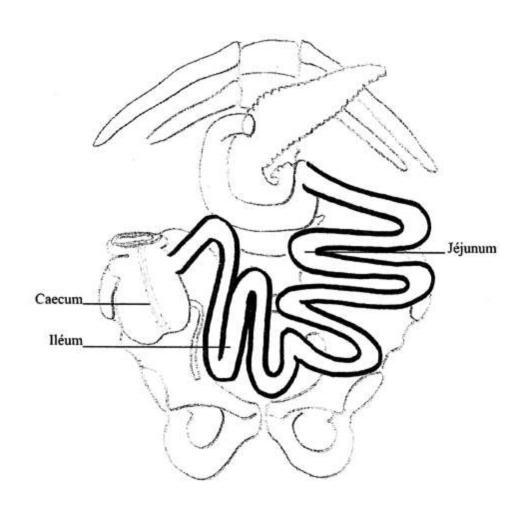
Organes abdominaux. Région rétro-péritonéale. Dissection de l'artère mésentérique inférieure et des plexus autonomes. Le côlon transverse avec le mésocôlon ont été relevés et l'intestin grêle récliné.

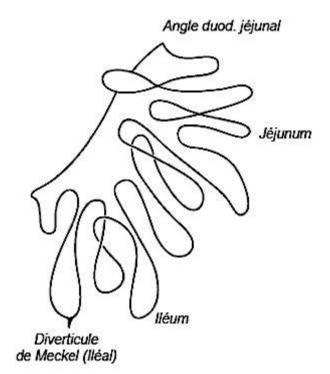


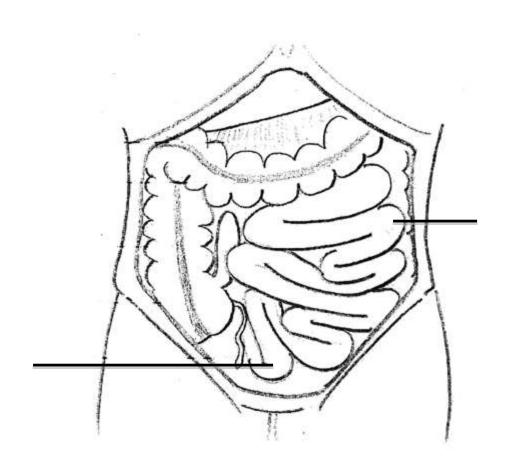
Cavité abdominale. Mésentère. L'intestin grêle a été récliné latéralement pour mettre en évidence le mésentère.

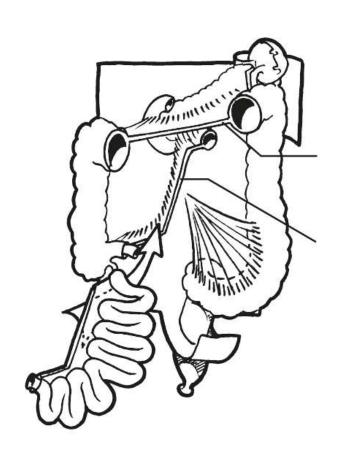
Cavité abdominale après l'exérèse de l'estomac, du jéjunum, de l'iléon et d'une partie du côlon transverse. Le foie a été légèrement relevé.

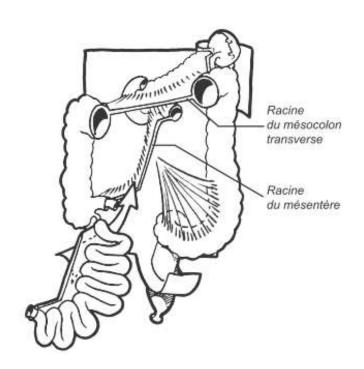


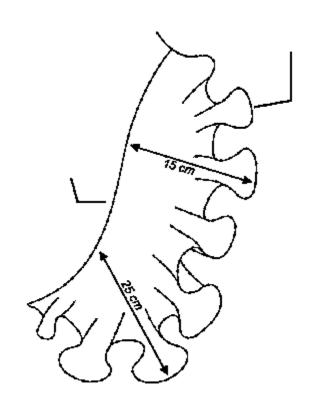


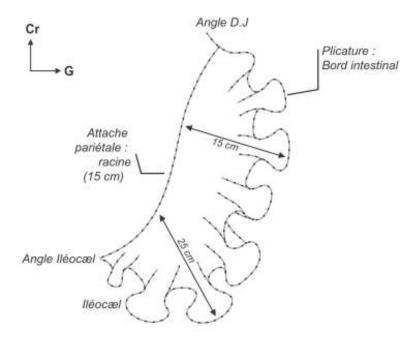




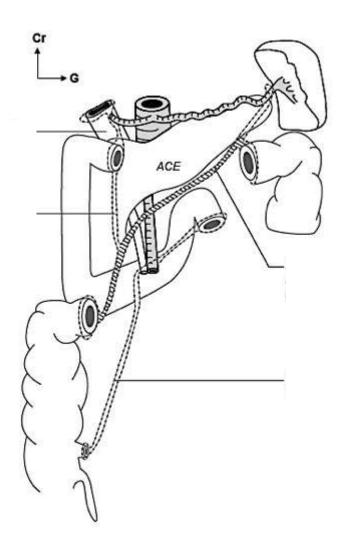


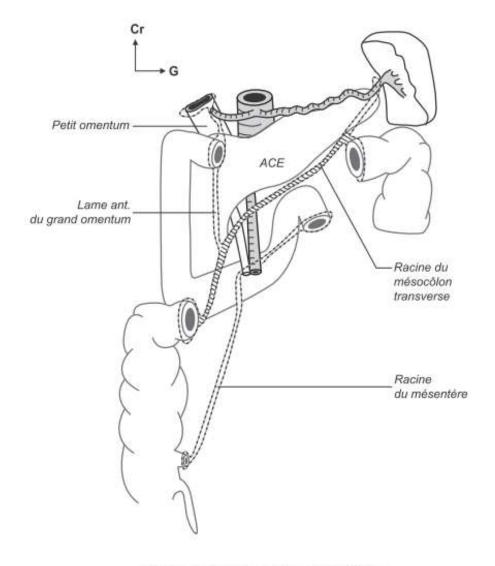




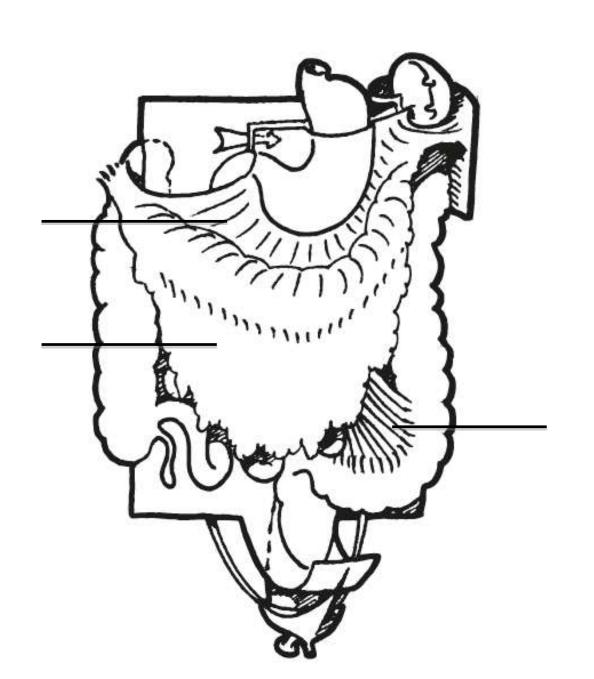


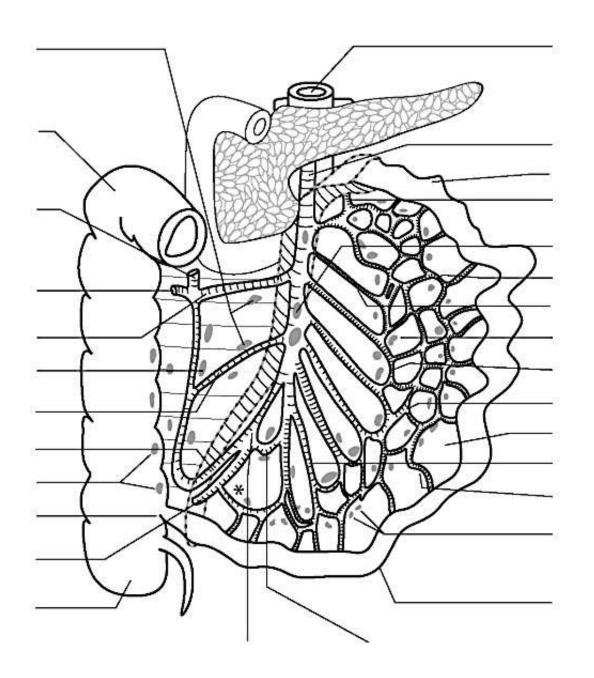
Mésentère

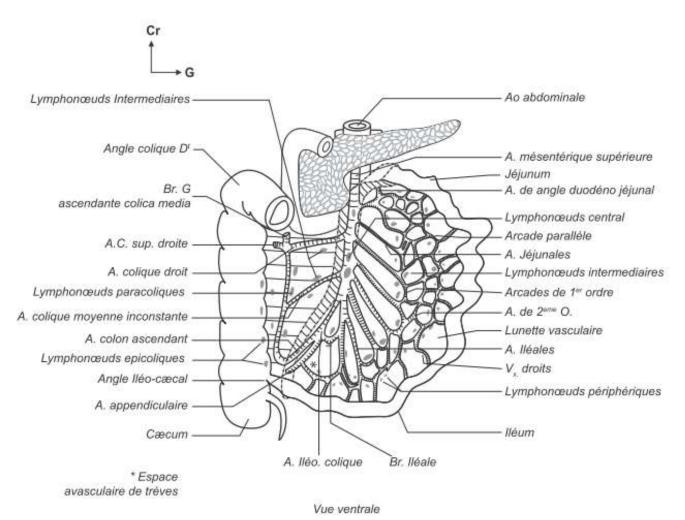




Tronc coeliaque : artère hépatique

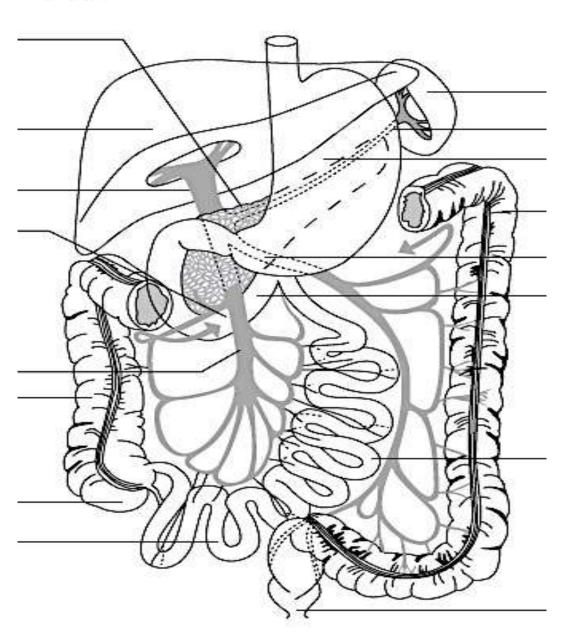




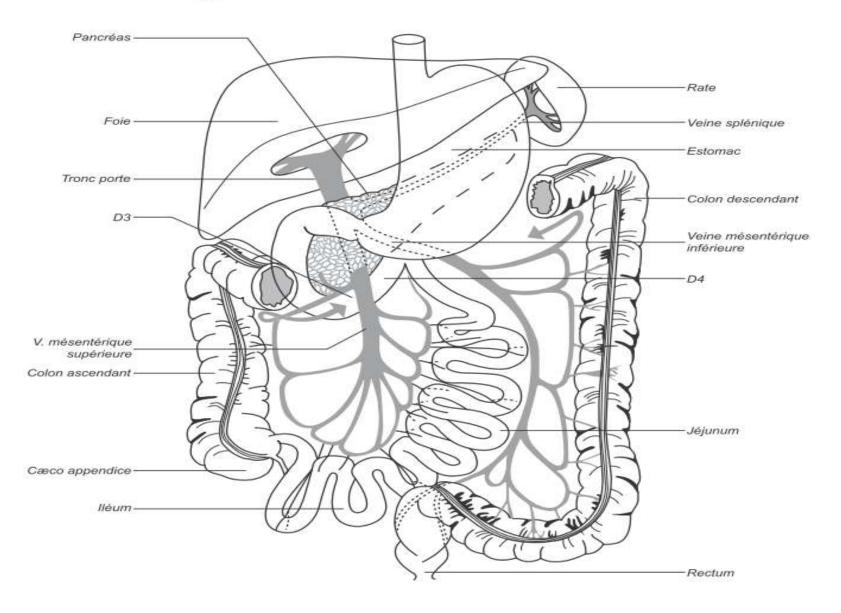


A. Mésentérique supérieure vascularisation artérielle intestin grêle et colont D^t



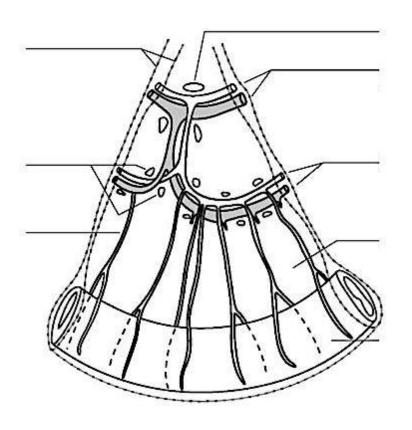


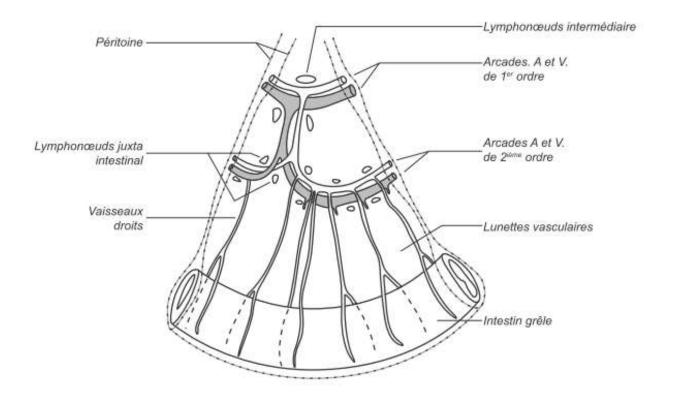




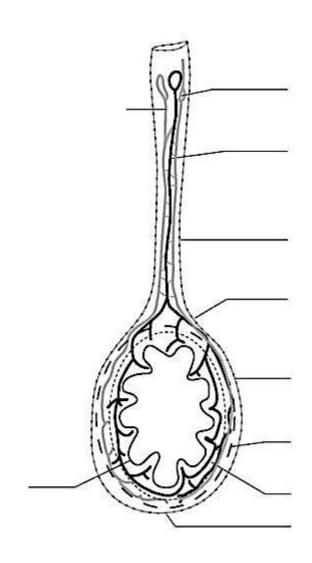
Vue ventrale

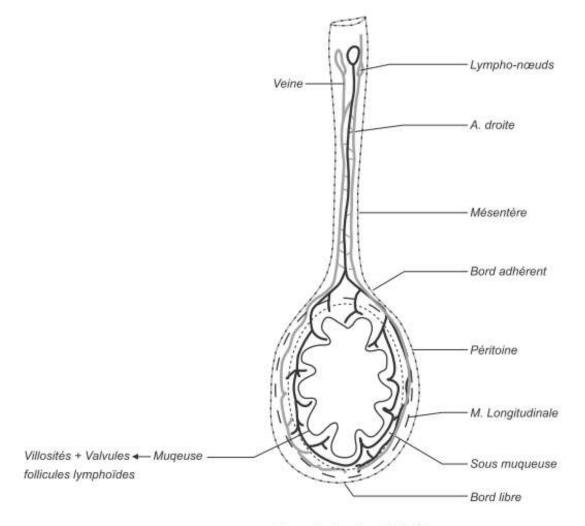
Vascularisation veineuse du colon, intestin grêle, rate





Vascularisation de l'intestin grêle





Vascularisation I. Grêle

