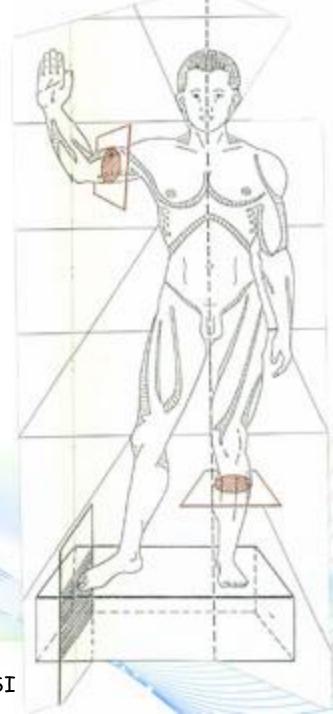




# THE DIAPHRAGM



PR.M.D EL AMRANI

PR. H.FENANE

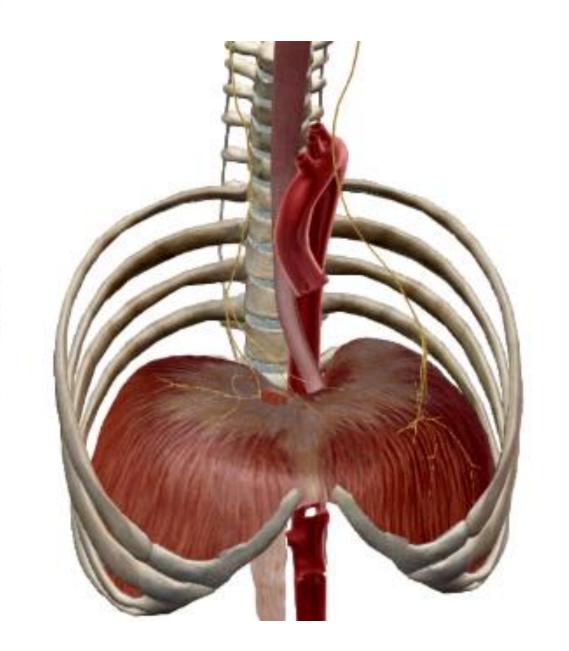
DR.CHAIMA KASSI

# Plan:

- I. INTRODUCTION
- II. DESCRIPTIVE ANATOMY
- III. ANATOMICAL RELATIONS

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- IV. BLOOD AND NERVE SUPPLY
- V. CLINICAL APPLICATIONS
- VI. CONCLUSION

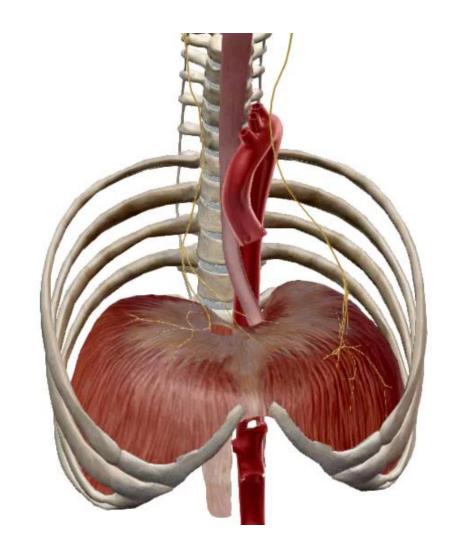


# I. INTRODUCTION:

The diaphragm is a musculoaponeurotic partition separating the thoracic cavity from the abdominal cavity.

- > It is traversed by
  - The esophagus.
  - · Blood vessels.
  - Nerves.

> It is the primary muscle for respiratory dynamics.



# II. <u>DESCRIPTIVE</u> <u>ANATOMY</u>:

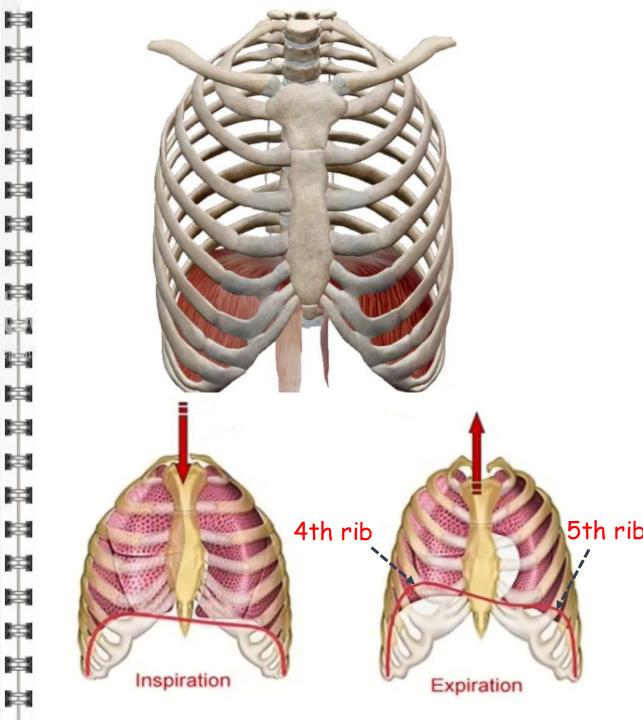
# 1. Shape:

The diaphragm forms a double dome, with an inferior concavity, of unequal height, with the right dome being higher than the left.

# 2. <u>Position:</u>

During forced expiration: it reaches the 4th rib on the right and the 5th rib on the left.

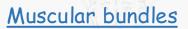
**During inspiration**: the domes descend by two intercostal spaces.



# 3. Constitution:

- > The diaphragm is composed of :
  - A peripheral muscular zone.
  - A central tendinous zone the phrenic center.



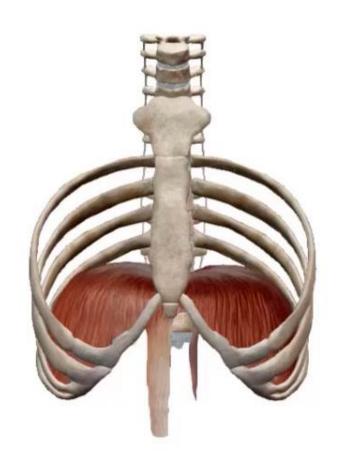


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A- Sternal portion

B- Chondro-costal portion

C- Lumbar portion



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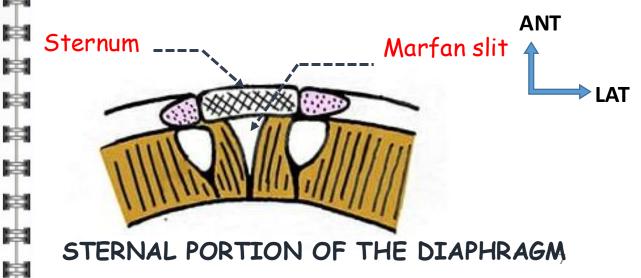
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#### A- Sternal portion:

- Two bundles that stretch from the base of the xyphoid process to the anterior border of the phrenic center.
- Two bundles define an avascular opening, known as the Marfan slit.

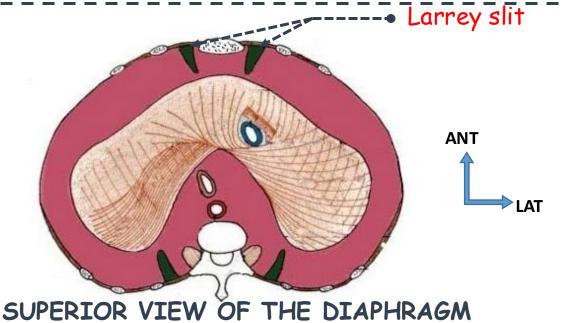




## B- Chondrocostal portion:

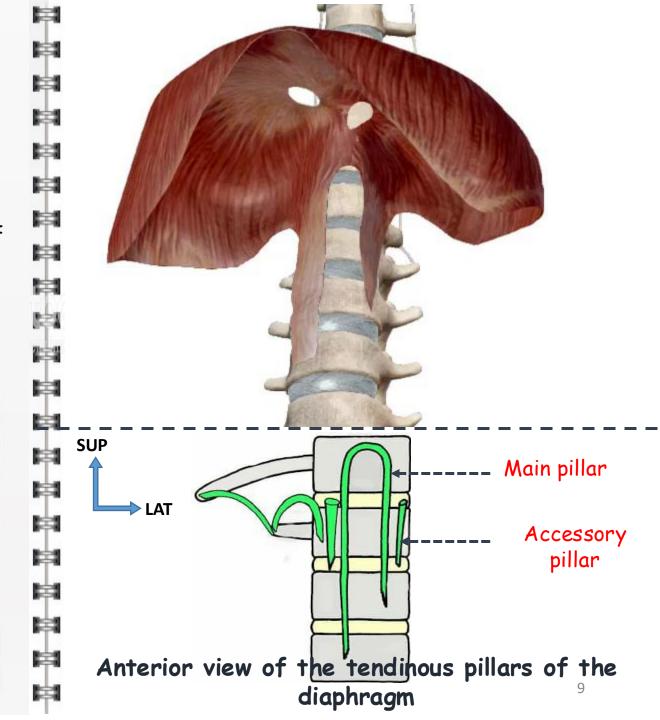
- Osseous segment
- Aponeurotic segment
- The chondrocostal portion is separated from the sternal portion by an opening: the Larrey slit or costoxiphoid hiatus.





## C- Lumbar portion:

- Medial segment (pillars of the diaphragm)
  - Main pillars
  - Accessory pillars



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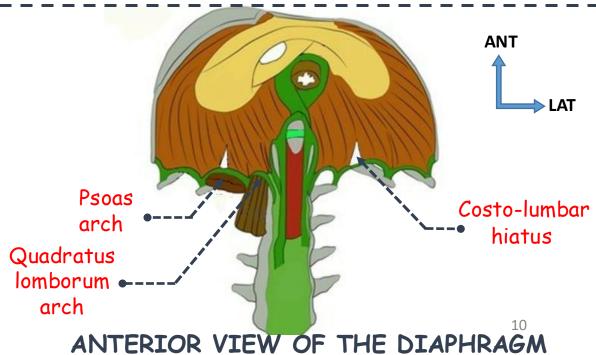
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## C- Lumbar portion:

- Lateral segment
  - The psoas arch or internal arcuate ligament
  - The quadratus lomborum muscle arch
- This bundle is sparsly distributed in its middle part, creating a true hiatus or the costo-lumbar hiatus of Henlé.





# Phrenic center:

#### A- Form:

It is a thin aponeurosis, pearly white and shiny in appearance.

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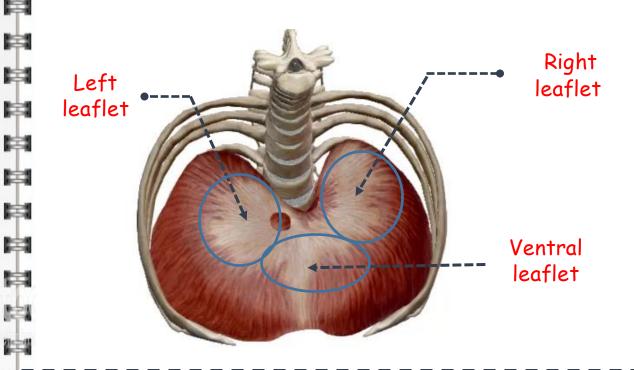
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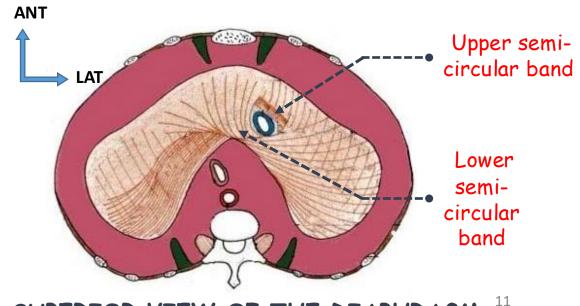
It is tre-foil shaped, with three leaflets:

- Ventral
- Right
- · Left.

#### **B-** Constitution:

- Fundamental fibers
- Association fibers





# 4. Orifices:

# Main orifices:

 Foramen of the inferior vena cava

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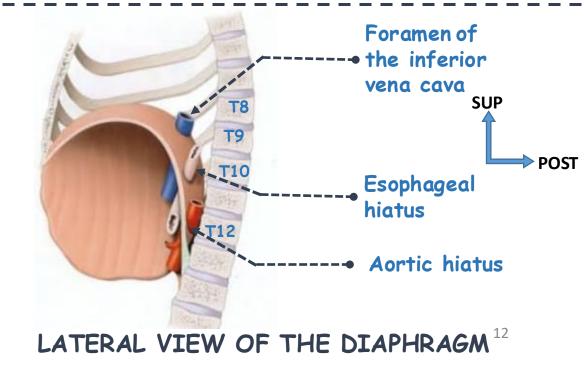
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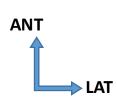
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- Esophageal hiatus
- Aortic hiatus





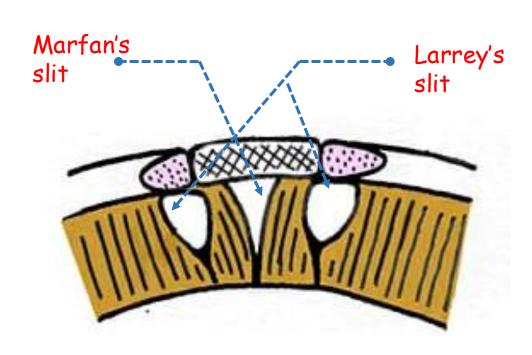


# Accessory orifices:

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#### > Anterior orifices

- · Marfan's slit
- · Larrey's slit



# STERNAL PORTION OF THE DIAPHRAGM



#### > Posterior orifices

- · Medial hiatus
- · Lateral hiatus
- Under the psoas arch
- Costo-lumbar hiatus

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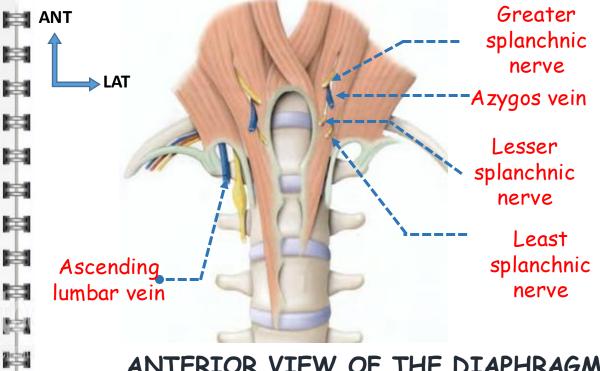
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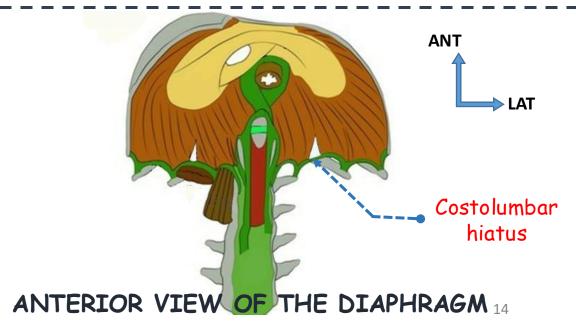
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>Lateral orifices



# ANTERIOR VIEW OF THE DIAPHRAGM

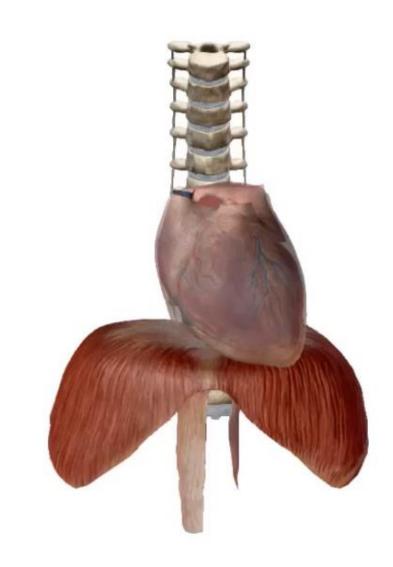


# III. ANATOMICAL RELATIONS:

- Superior or thoracic surface:
  - · The pericardium
  - The diaphragmatic pleurae

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- Inferior or abdominal surface:
- On the right:
  - ✓ The liver
- · On the left:
  - ✓ Abdominal esophagus, □
  - ✓ Greater curvature of the stomach
  - ✓ Left lobe of the liver,
  - ✓ The spleen,
  - ✓ Left colic flexure.

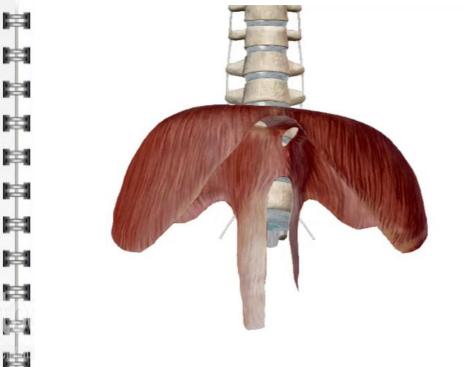


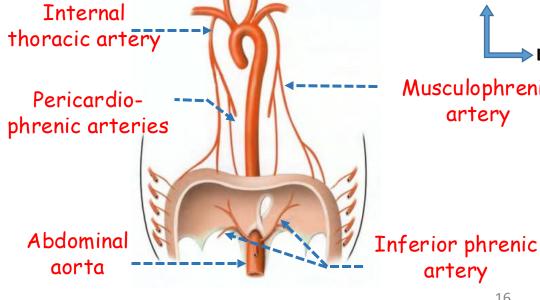
# **VASCULARIZATION** DRAINAGE SYSTEM:

- Arterial vascularization:
- The superior phrenic arteries
- The inferior phrenic arteries
- The internal thoracic arteries
- The last five intercostal arteries.
- Venous vascularization:
- They are satellites of the artéries

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**LAT** Musculophrenic artery

artery

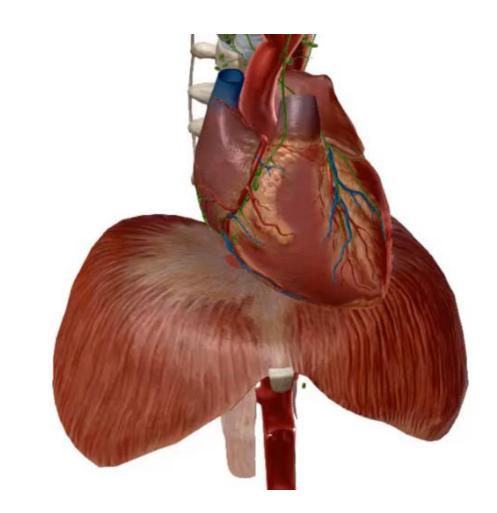
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ARTERIAL SUPPLY OF THE DIAPHRAGM

- > Lymphatic drainage:
- ✓ On the superior surface:
  - Anteriorly:
- Prepericardial lateral lymph nodes
- Mediastinal lymph nodes
  - Posteriorly:
- o Peri-esophageal lymph nodes.
- Juxta-aortic lumbar lymph nodes.
- ✓ On the inferior surface :
  - Subdiaphragmatic:
- Inferior diaphragmatic lymph nodes.
- o Juxta-aortic lymph nodes.
  - Transdiaphragmatic:

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- $\circ$  Juxta-phrenic lymph nodes.
- Retro-xyphoid lymph nodes.





Motor innervation:

It is provided by the right and left phrenic nerves.

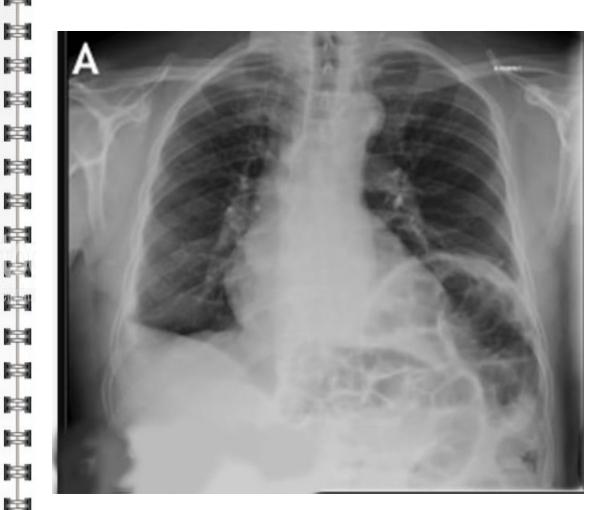
Sensory innervation:

It is provided by the last six intercostal nerves.



# VI. <u>CLINICAL</u> APPLICATIONS:

- Diaphragmatic paralysis:
- Paralysis of one half of the diaphragm (hemidiaphragm) occurs due to phrenic nerve damage.
- It can be detected radiographically by observing its paradoxal movement.



- Congenital diaphragmatic hernia:
- In congenital diaphragmatic hernia, a portion of the stomach and intestine herniates into the thoracic cavity through a defective posterolateral area of the diaphragm.

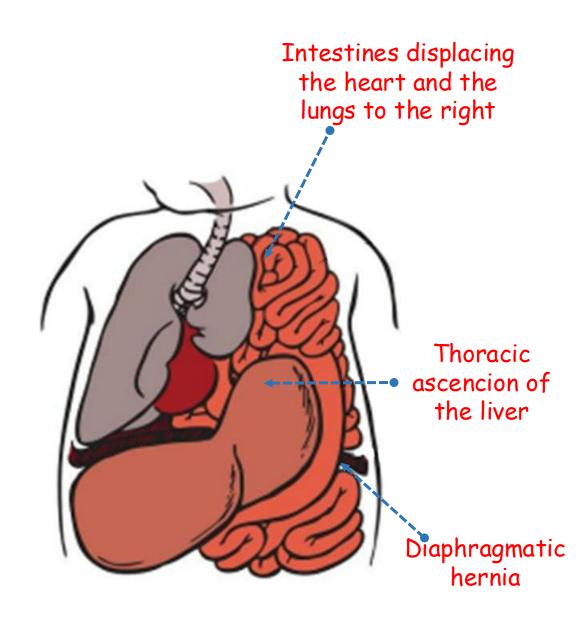
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 It most commonly occurs on the left side.



# ILLUSTRATION OF DIAPHRAGMATIC HERNIA ON THE LEFT SIDE

# VII. CONCLUSION:

- The diaphragm is a vital muscle in humans.
- It plays a primary role in inspiration and a secondary role in the resistance of the abdominal wall.

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 Its pathologies are varied, as are its diagnostic methods, which highlights the importance of understanding its anatomy.

