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Branches of abdominal aorta ppt

The splanchnic circulation is a complex system. A number of important functions depend on its normal operation, including digestion and absorption within the gut, maintenance of the mucosal barrier, and successful healing of surgical anastomoses, but we have little quantitative information about its physiology because routine measurement in humans is so difficult. This article outlines some basic science and describes how influential the splanchnic circulation might be in our clinical practice. The term 'splanchnic circulation' describes the blood flow to the abdominal gastrointestinal organs including the stomach, liver, spleen, pancreas, small intestine, and large intestine. It comprises three major branches of the abdominal aorta; the coeliac artery; superior mesenteric artery (SMA); and inferior mesenteric artery (IMA) (Fig. 1). The hepatic portal circulation delivers the majority of the blood flow to the liver. Fig 1 Schematic representation of the splanchnic circulation. The coeliac artery is the first major division of the abdominal aorta, branching at T12 in a horizontal direction ~ 1.25 cm in length. It shows three main divisions such as the left gastric artery, common hepatic artery, and splenic artery and is the primary blood supply to the stomach, upper duodenum, spleen, and pancreas. The SMA arises from the abdominal aorta anteriorly at L1, usually 1 cm inferior to the coeliac artery. The five major divisions of the SMA are the inferior pancreaticoduodenal artery, intestinal arteries, ileocolic, right colic, and middle colic arteries. The SMA supplies the lower part of the duodenum, jejunum, ileum, caecum, appendix, ascending colon, and two-thirds of the transverse colon. It is the largest of the splanchnic arterial vessels delivering >10% of the cardiac output and therefore has significant implications for embolic mesenteric ischaemia. The IMA branches anteriorly from the abdominal aorta at L3, midway between the renal arteries and the iliac bifurcation. The main branches of the IMA are the left colic artery, the sigmoid branches, and the superior rectal artery. It forms a watershed with the middle colic artery and supplies blood to the final third of the transverse colon, descending colon, and upper rectum. Resting splanchnic blood flow (SBF) is typically 30 ml min⁻¹ 100 g⁻¹ of tissue, which equates to 25-30% of the cardiac output. This may decrease to

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