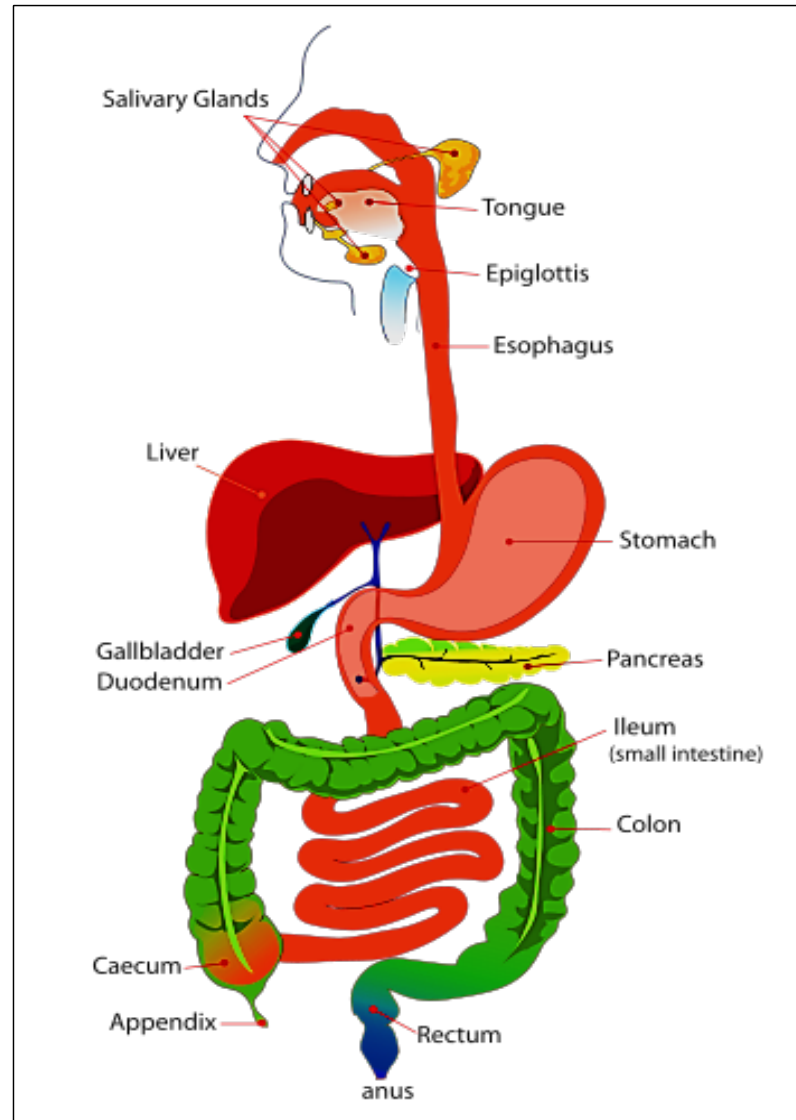


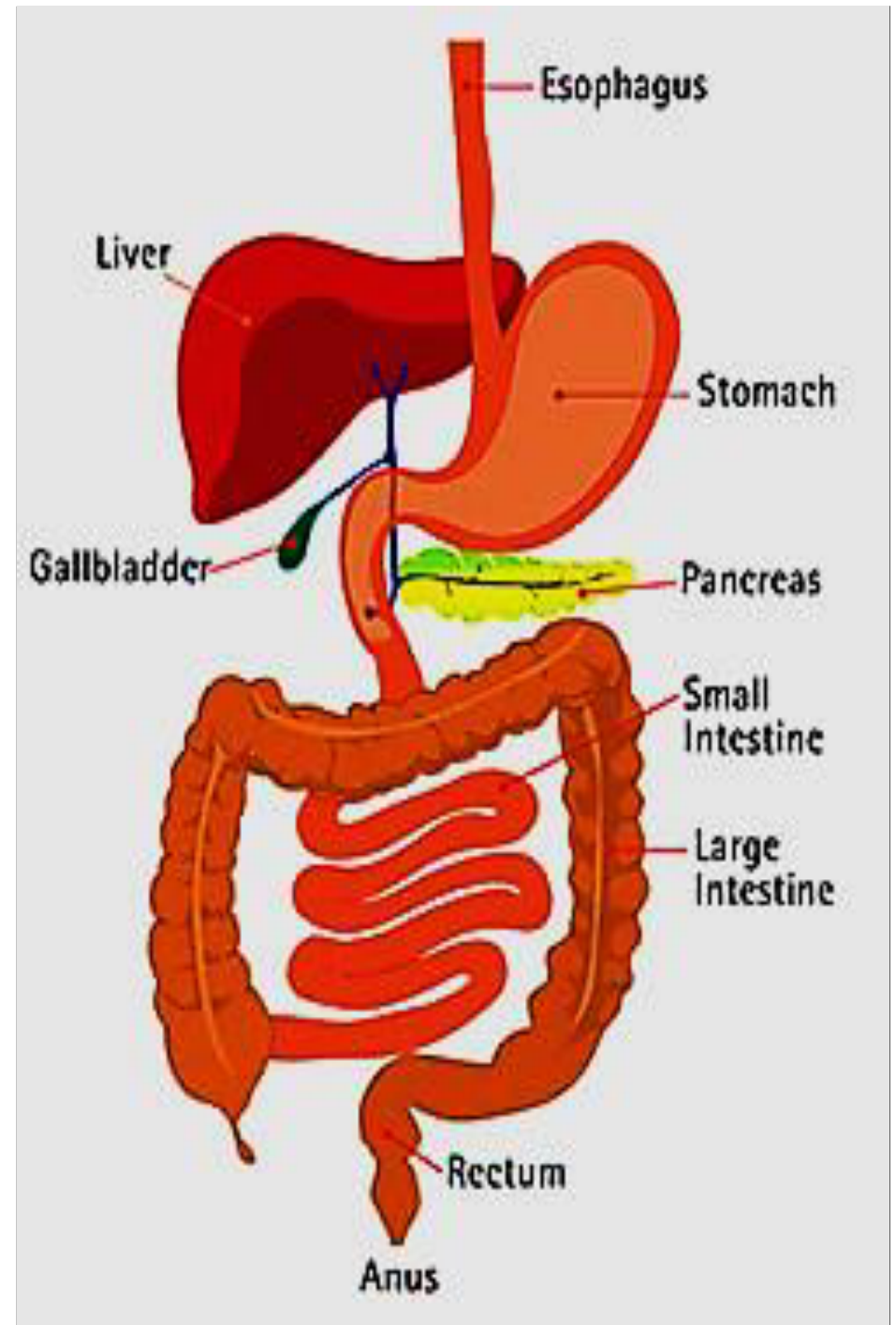
The digestive system III



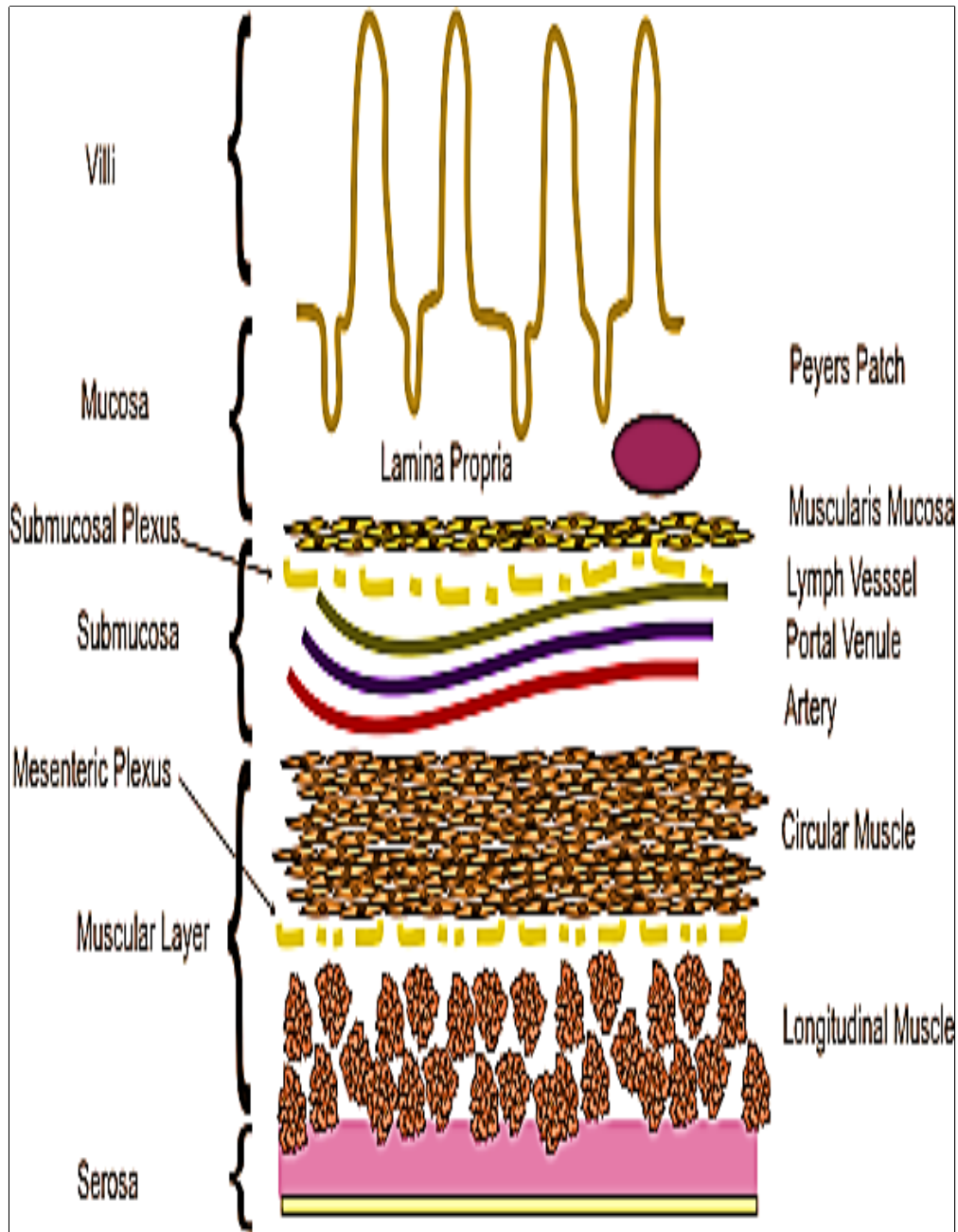
The gastro- intestinal tract:

Composed of:

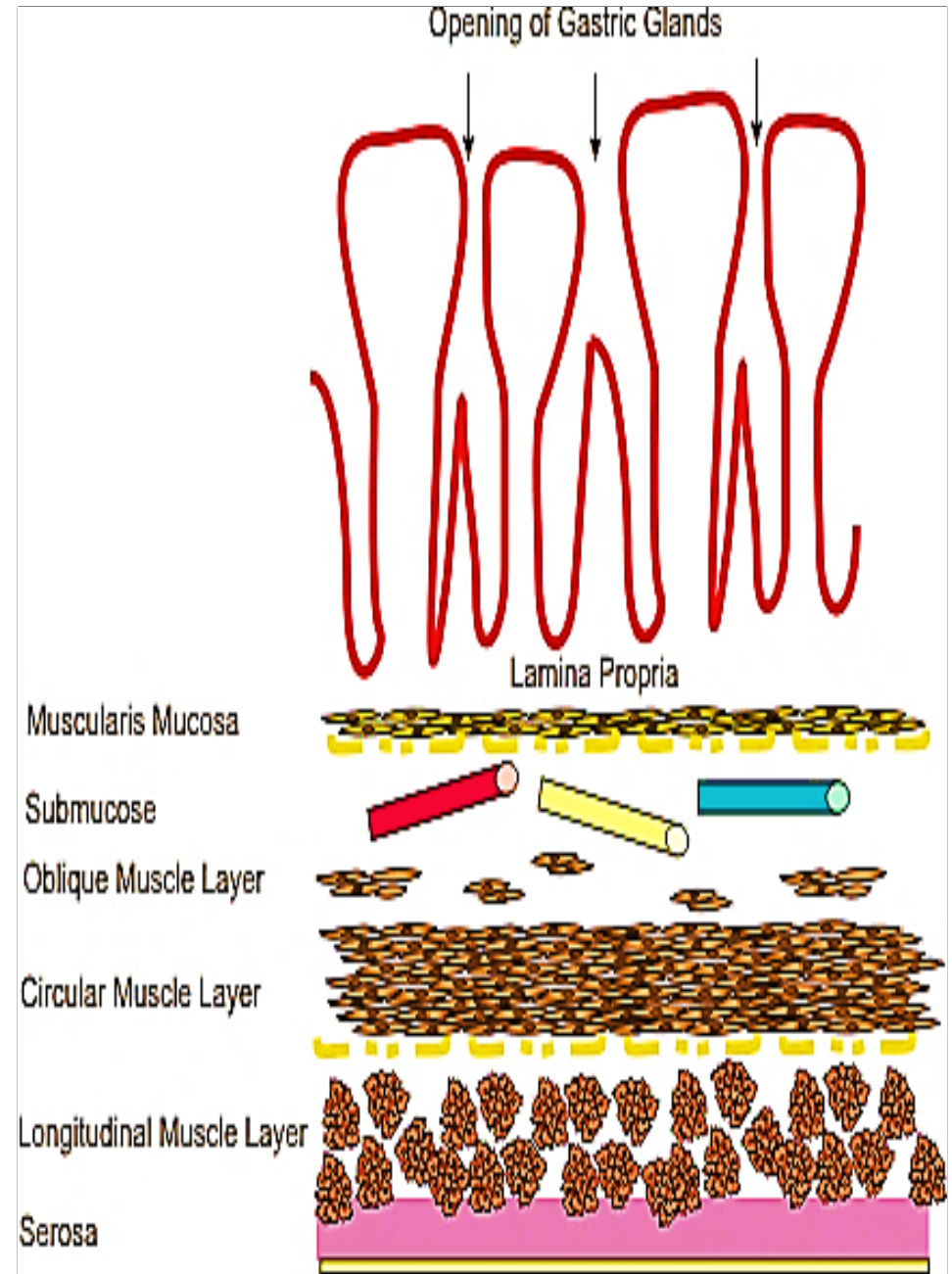
- Esophagus
- Stomach
- Small intestine
- Large intestine
- Anal canal



Wall of small intestine



Wall of stomach



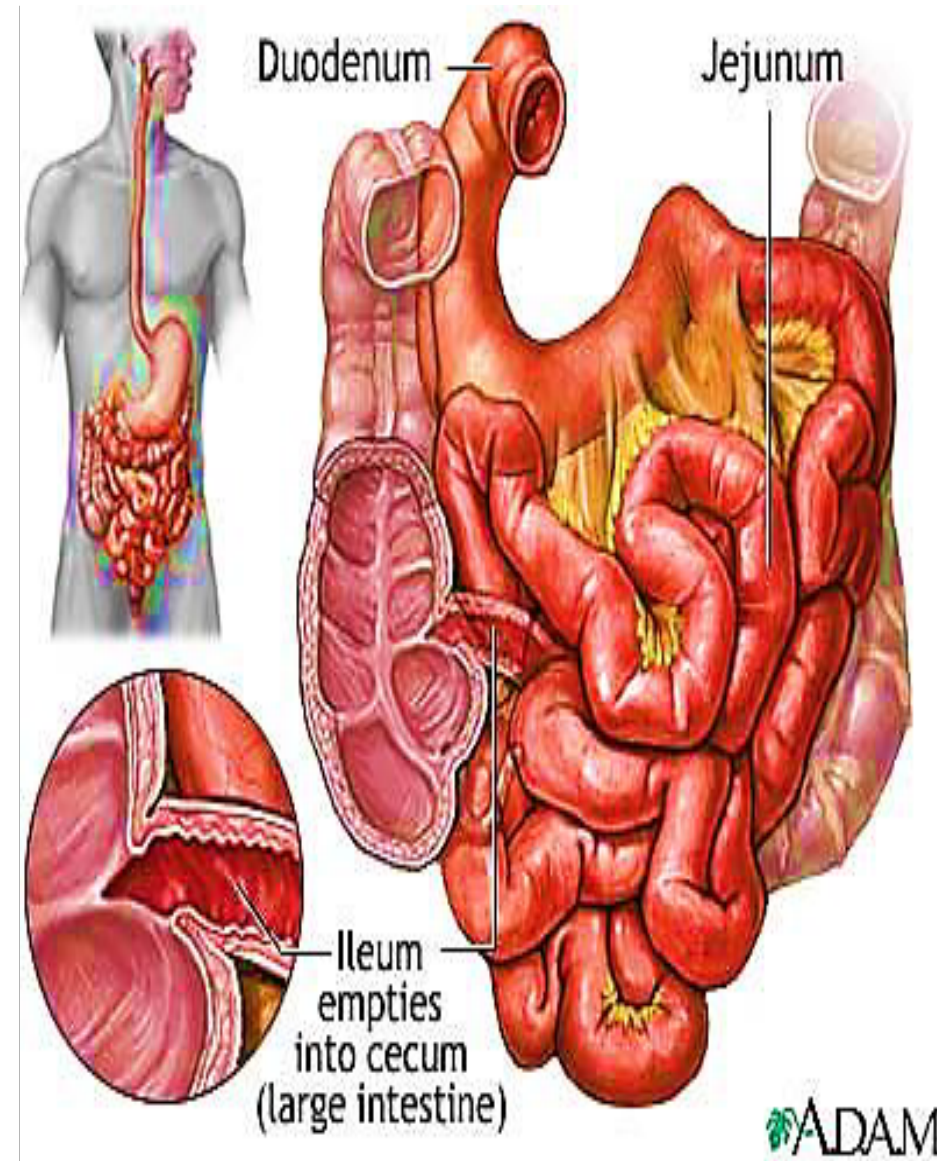
Small intestine

? Parts of small intestine:

- Duodenum
- Jejunum
- Ileum

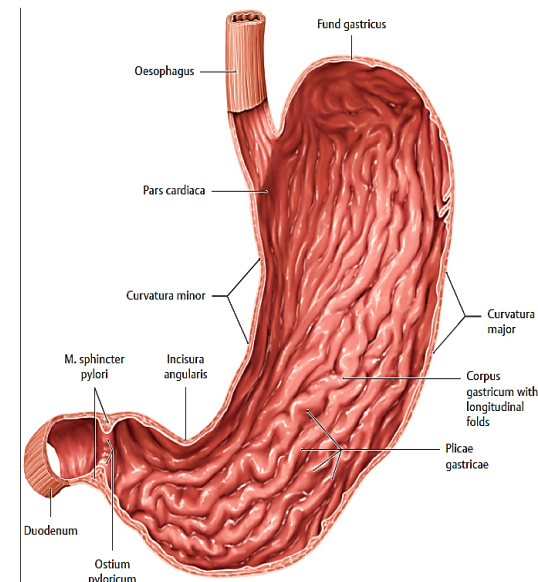
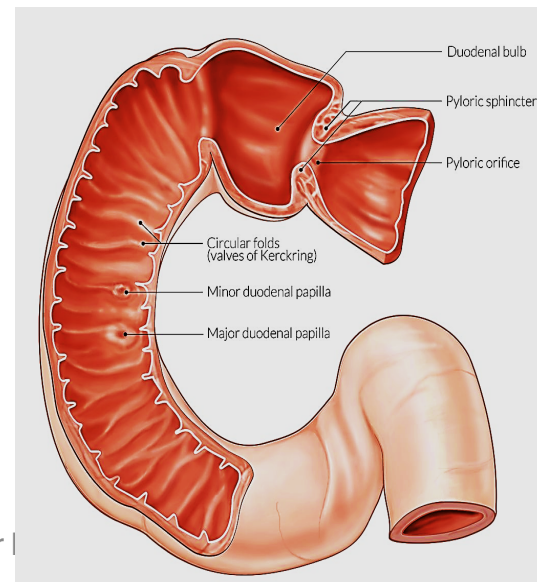
? Function:

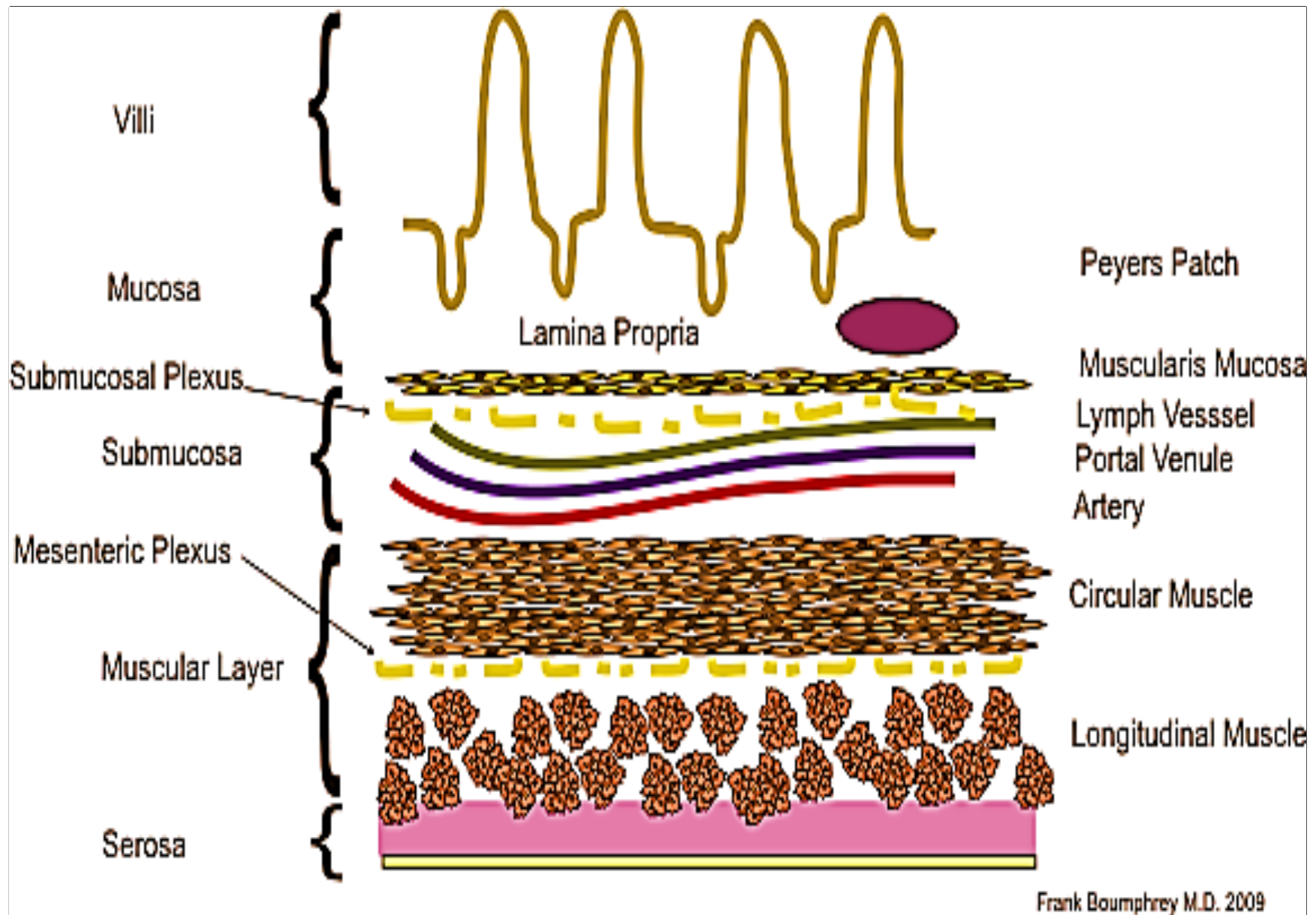
- Complete of Digestion
- Absorption of digested food
- Endocrine secretion



Adaption of Small intestine to its function

- The small intestine is the longest segment (7.5m) of the GIT which provide long contact between food & digestive enzymes
- The presence of Plicae circulares (valves of Kerckirng) which is more prominent in the lower part of duodenum jejunum because maximum absorption occurs there
- The presence of villi
- The presence of microvilli





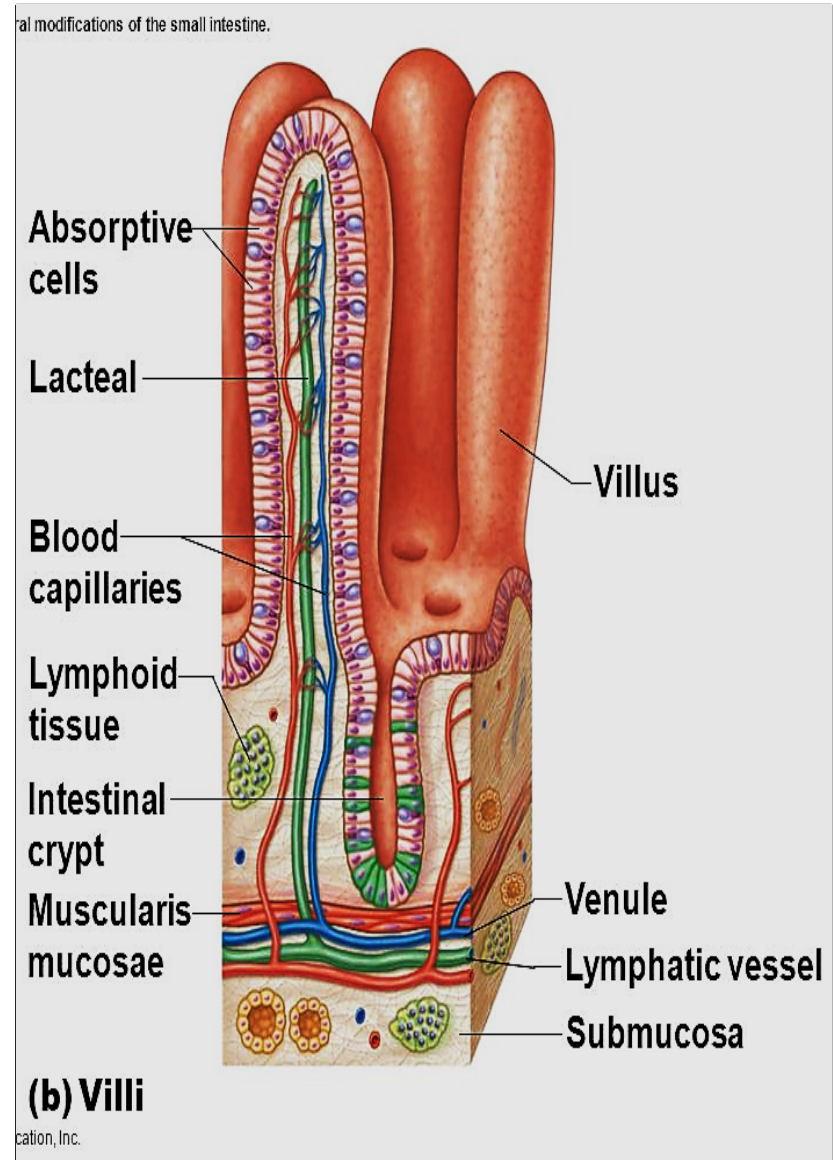
General structure of the small intestine

I- The mucosa

Contains : villi & crypts,

The villi are finger like projections, extend into lumen of SI. They have central core of C.T. (lamina propria)

The crypts of Lieberkühn (intestinal glands) : simple tubular glands in the C.T. of lamina propria between the bases of the villi



The intestinal villi

- Each villus is formed of:

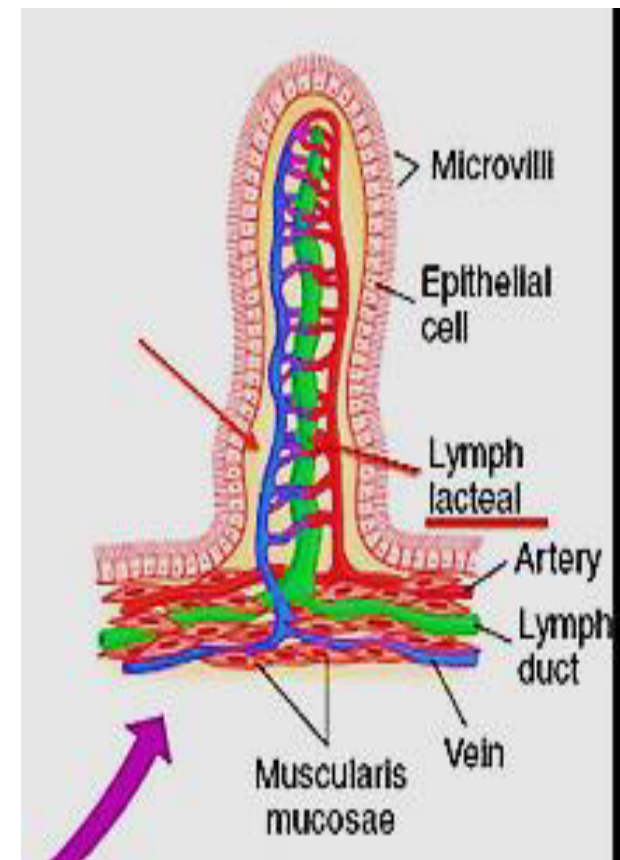
a) Epithelium: showing only **3 types** of cells :
columnar absorbing cells (90%),
goblet cells (9.5%), endocrine cells (0.5%)

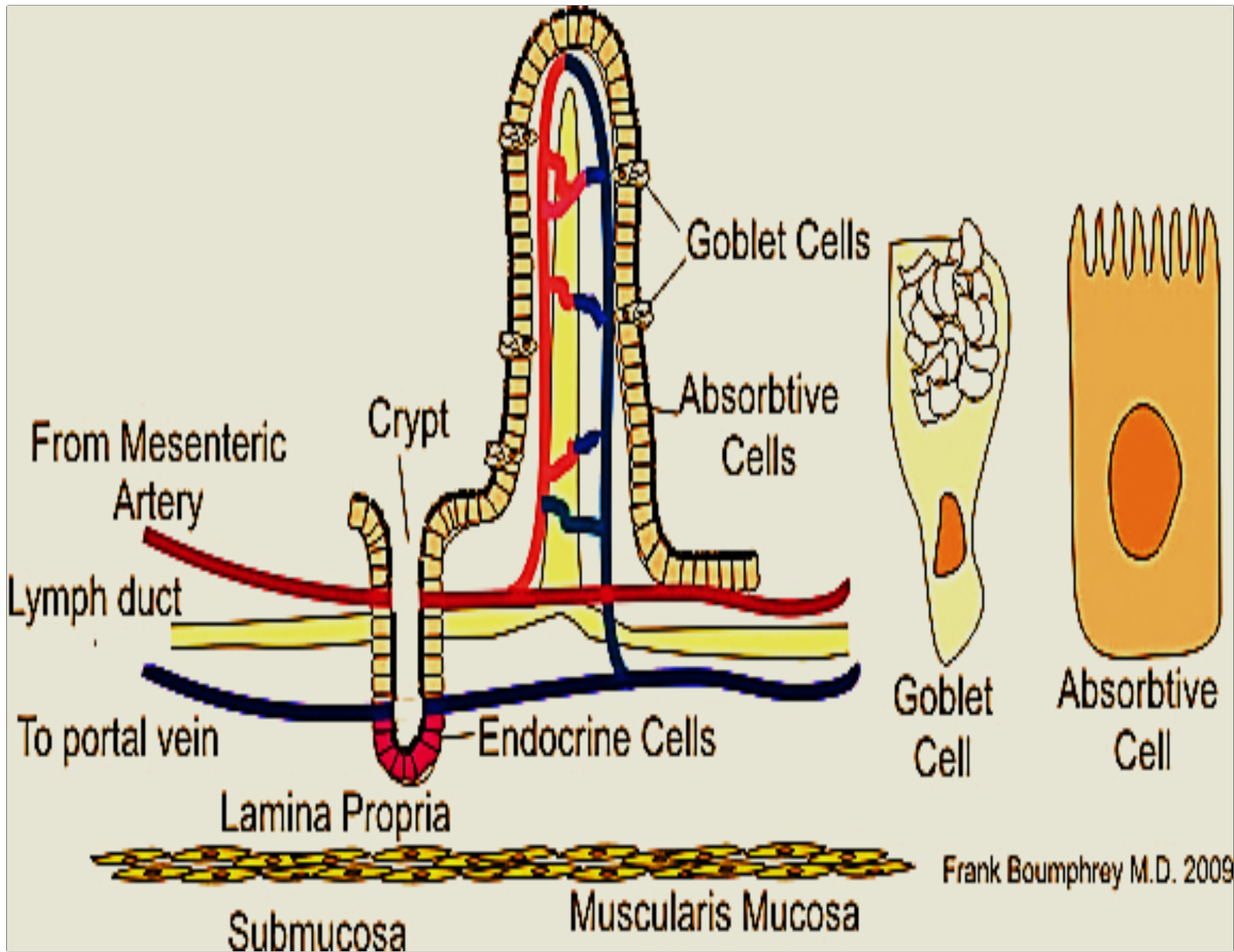
b) Central CT core (lamina propria) contains:

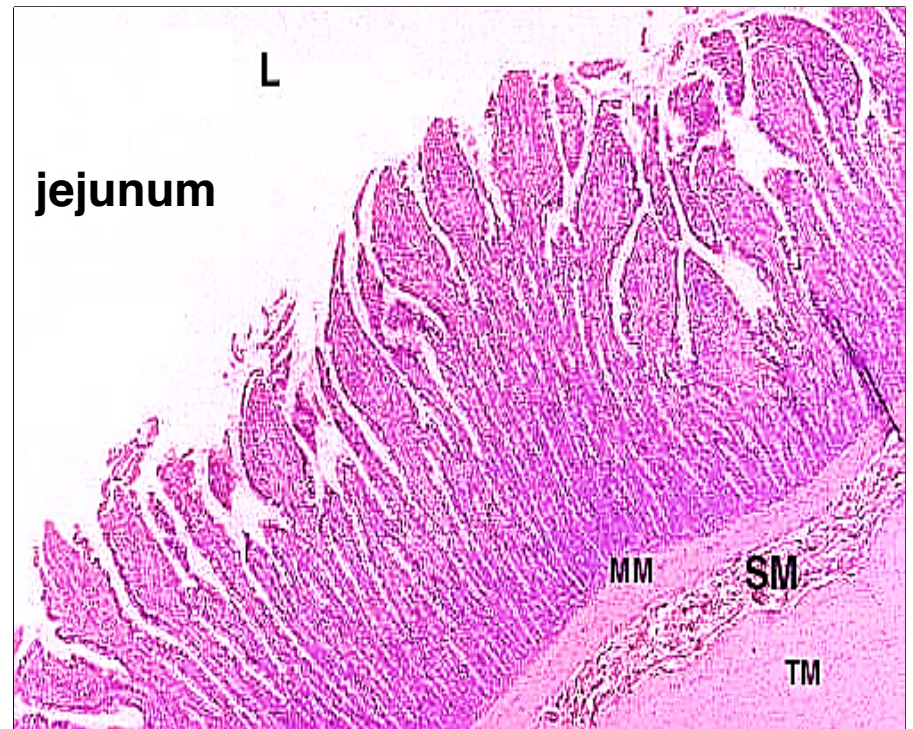
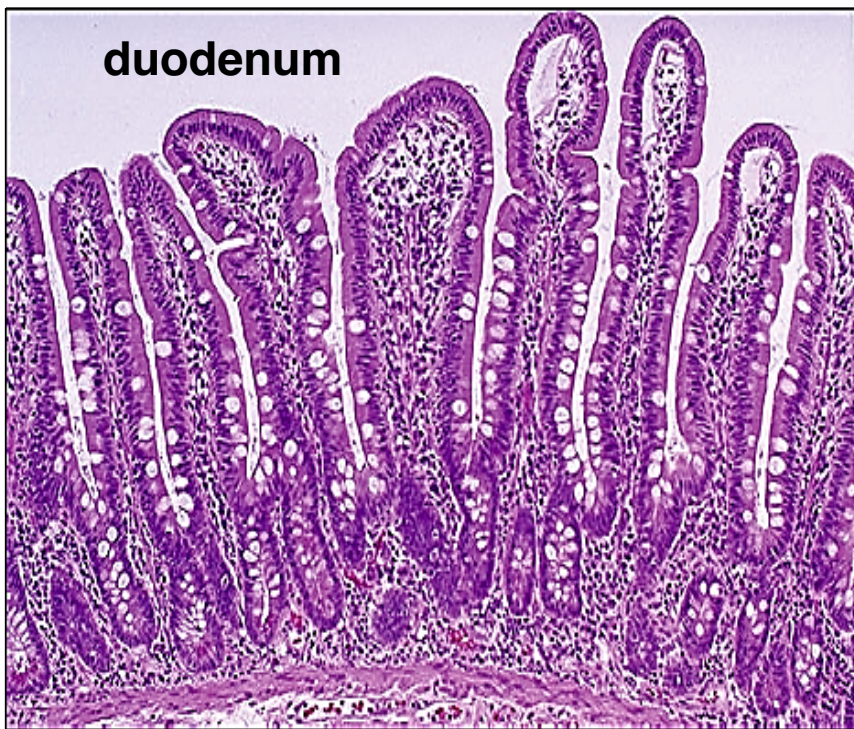
1- Network of fenestrated capillaries

2- Central blind end lymphatic (lacteal) needed for the absorption of fat . The fat is absorbed in the form of chylomicron (large molecules)to end in the thoracic duct

3- smooth muscle fibers . Its contraction aid in the flow of lymph in the lymphatic capillaries. Since lymphatic capillaries wall is devoid of smooth muscle fibers







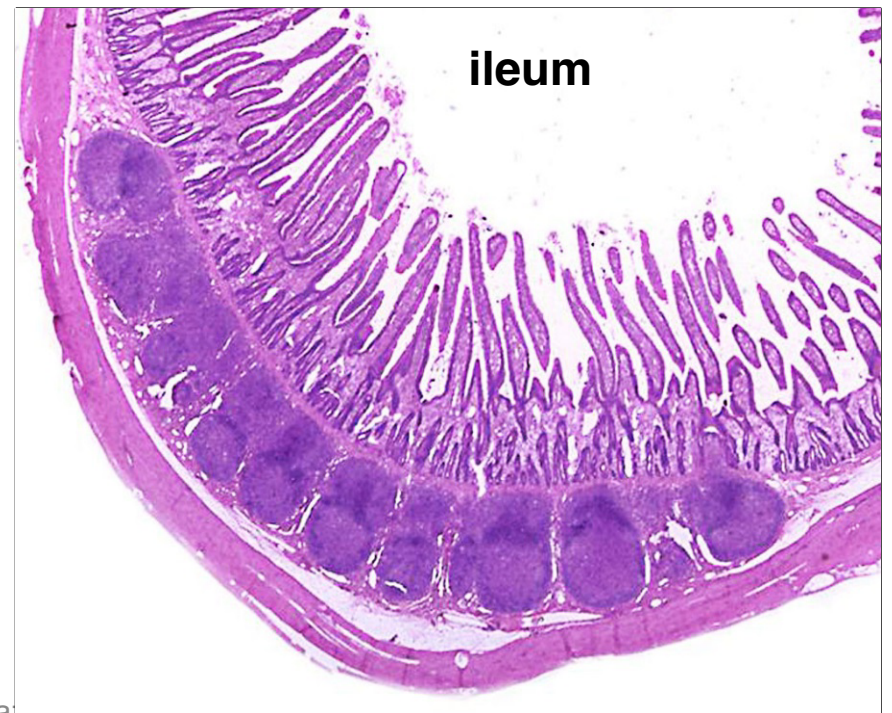
Villi vary in shape throughout the different segments of Small Intestine:

☐ Duodenum: broad, leaf- like

☐ Jejunum : long & slender

(↑ absorption)

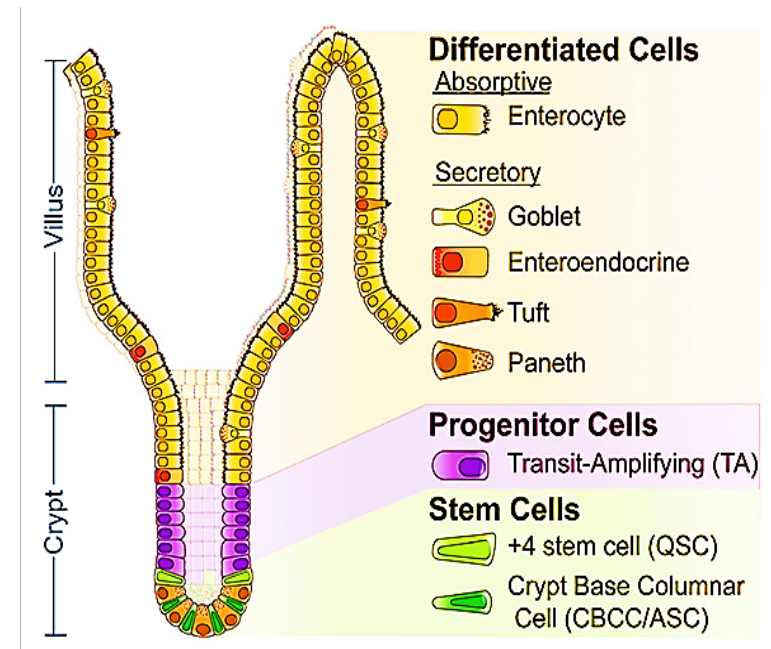
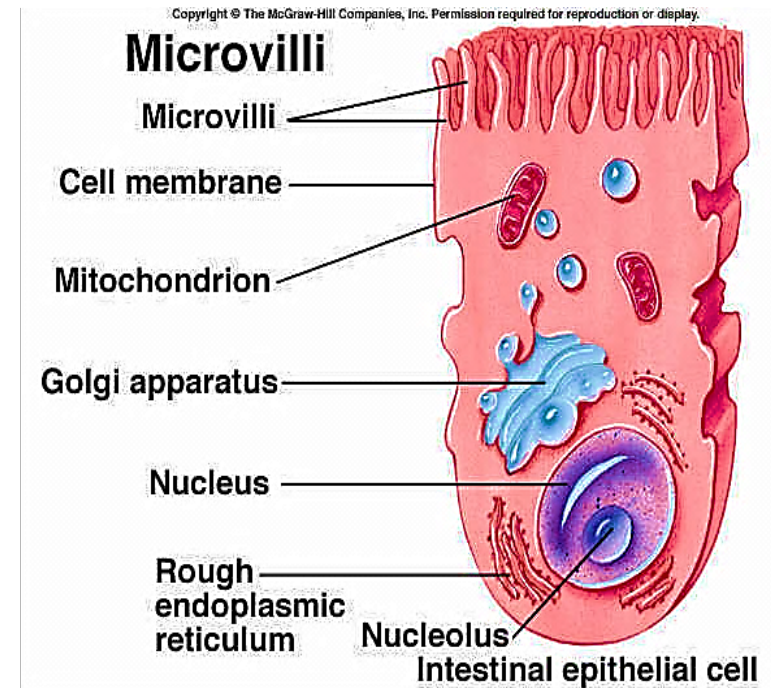
☐ Ileum: short, absent over Peyer's patches (↓ absorption)

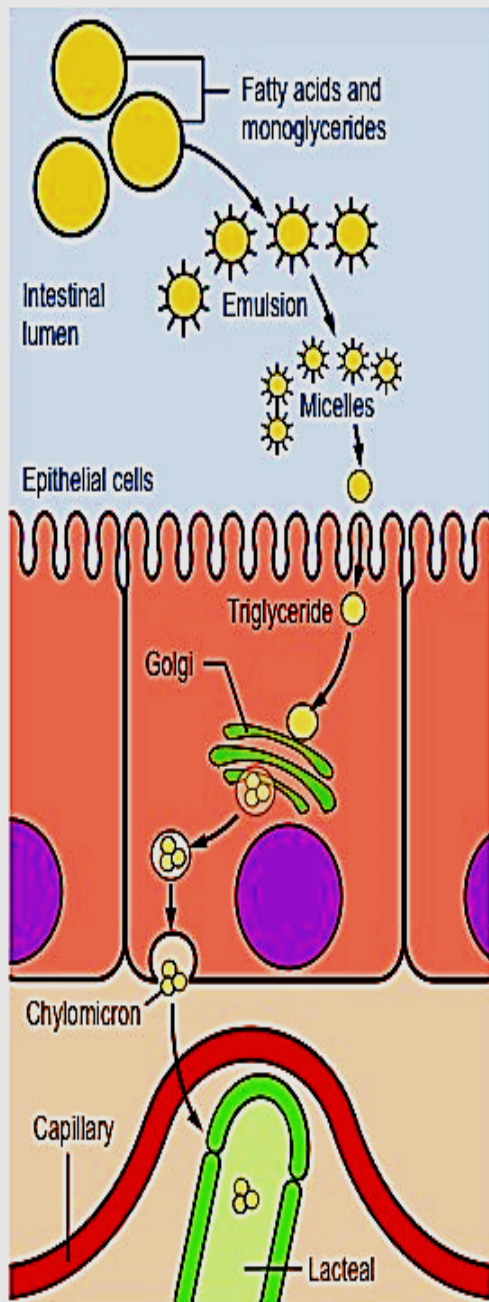


Type of cells on villi

1- Enterocytes:

- Absorptive cells
- Tall columnar cells e basal oval nuclei & **brush border** of microvilli to increase The absorptive surface area (10 folds) covered with cell coat
- E/M: ↑ sER (form chylomicron), Golgi, ↑ mitochondria, their lateral borders show tight junctions (**Leaky Gut syndrome**)
- Their function is : Terminal digestion & absorption of carbohydrates , proteins & Fat



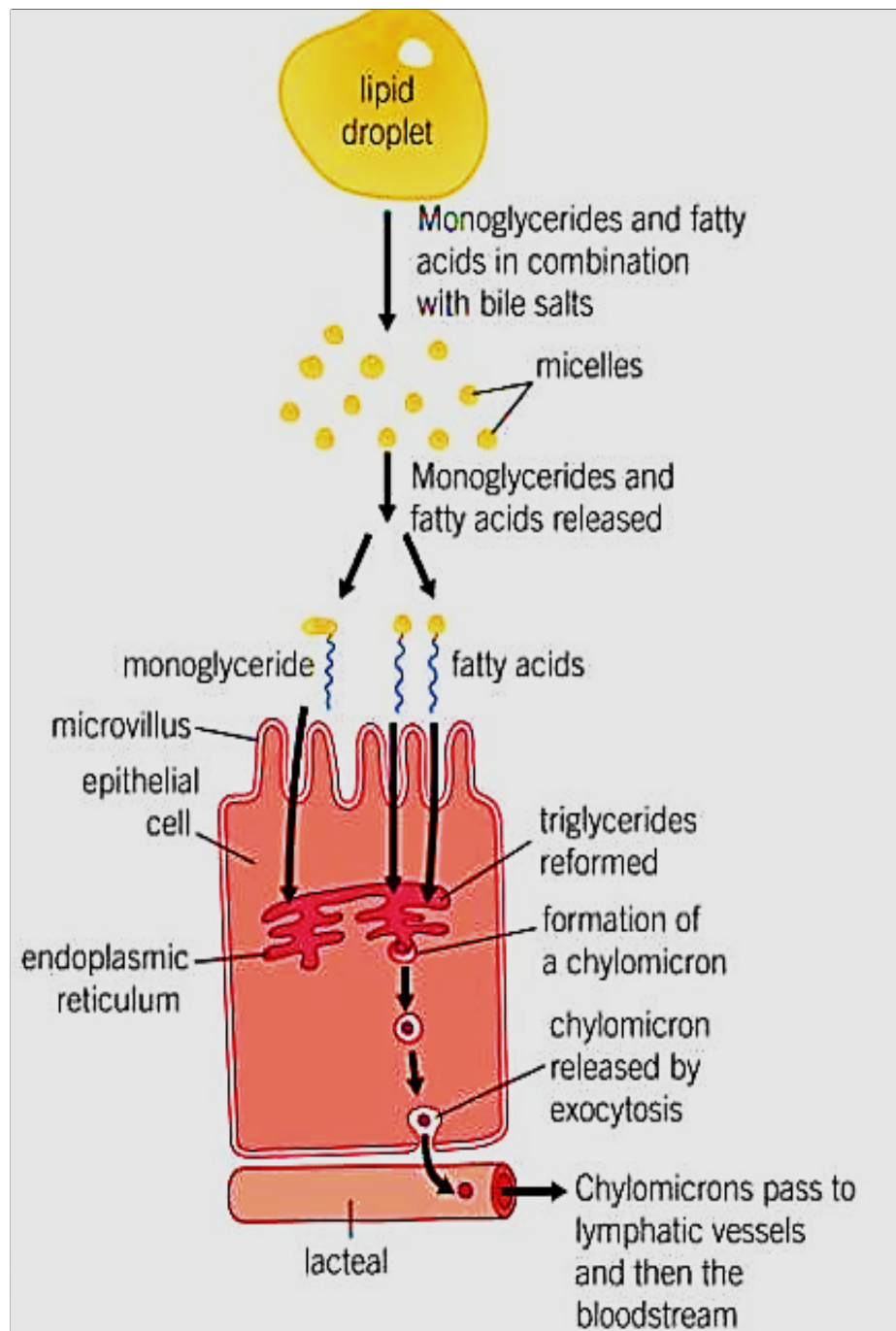


Fatty acids and monoglycerides are emulsified by bile salts to form micelles

Fatty acids enter the epithelial cells and link to form triglycerides

Triglycerides combine with proteins inside the Golgi body to form chylomicrons

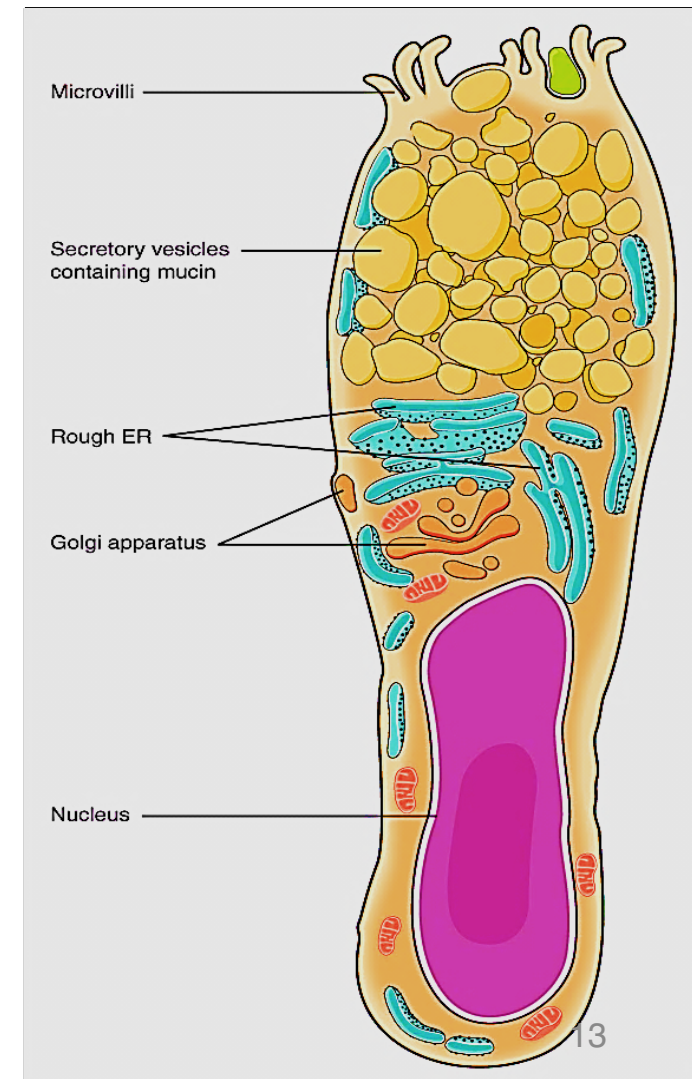
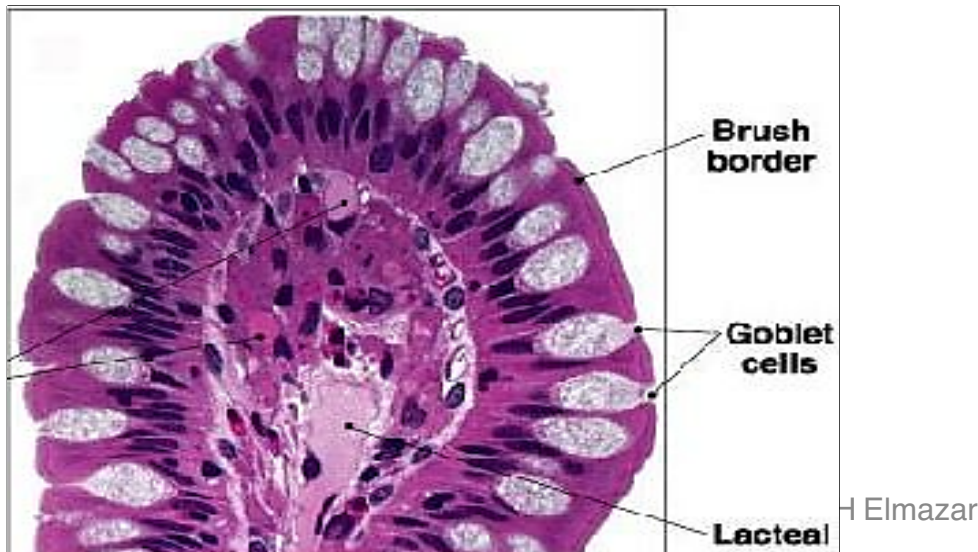
Chylomicrons enter the lacteal and are transported away from the intestine



Absorption of fat & formation of chylomicron in enterocytes

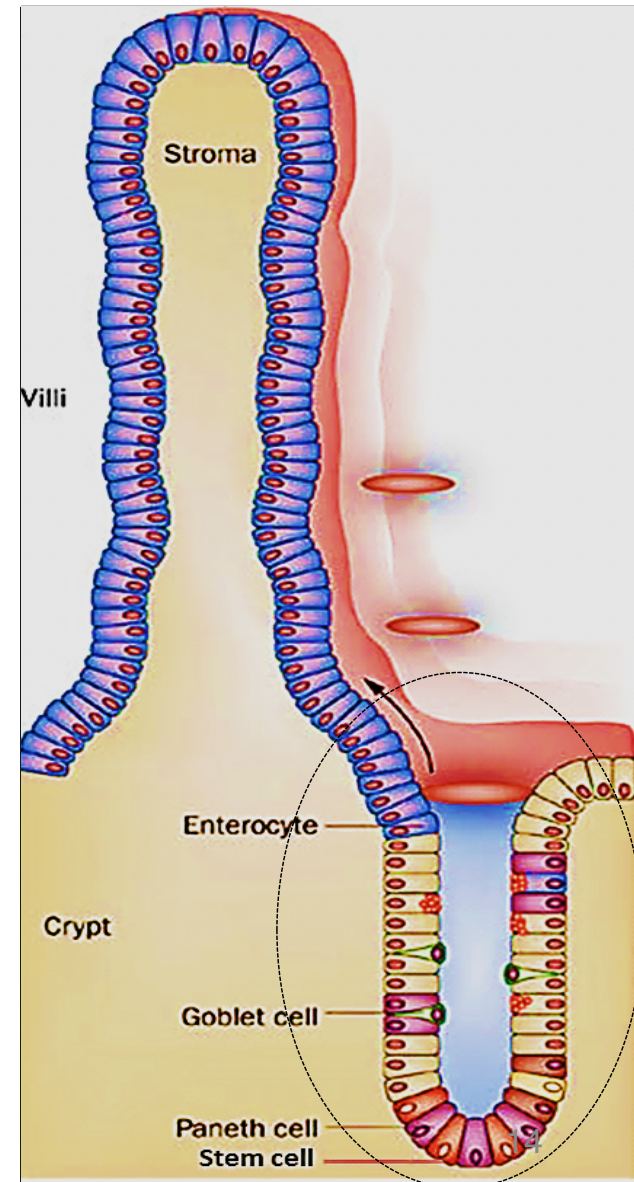
2- Goblet cells :

- Present between the enterocytes on the villi & in the upper part of the crypts and increase in # toward the ileum
- Unicellular mucous (glycoprotein) secreting cell
- Each cell has expanded apical part full of mucin granules & basal cylindrical part contain the deeply nucleus
- Secretes mucus at intervals for lubrication



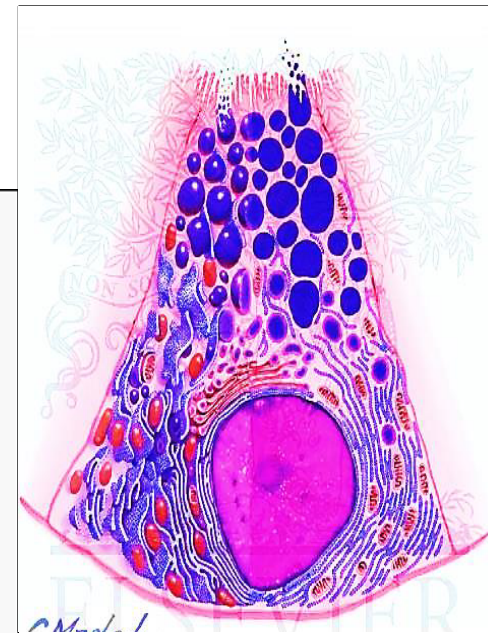
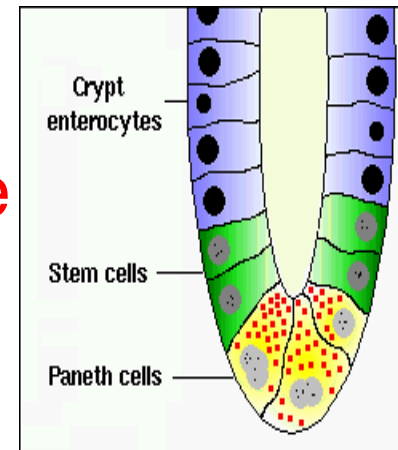
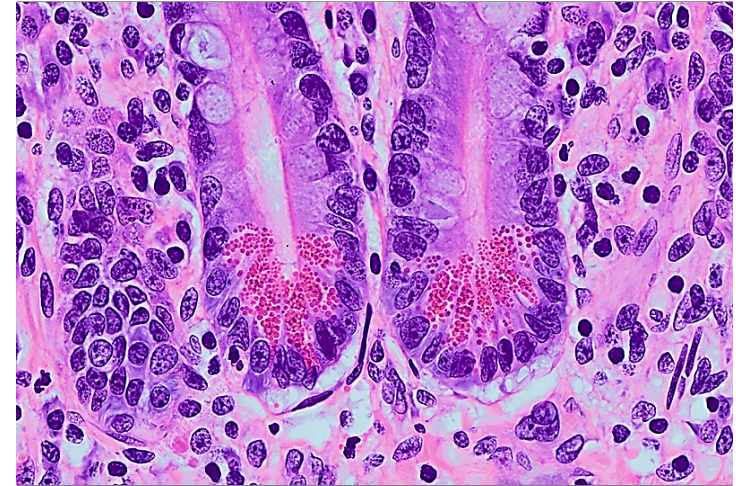
Crypts of Leiberkuhn

- They are simple tubular glands occupy the thickness of the lamina propria
- 6 types of cells line the crypts:
 - 1- Enterocytes
 - 2- Goblet cells
 - 3- Paneth cells
 - 4- endocrine cells
 - 5- stem cells
 - 6- M cells (Microfold cells)



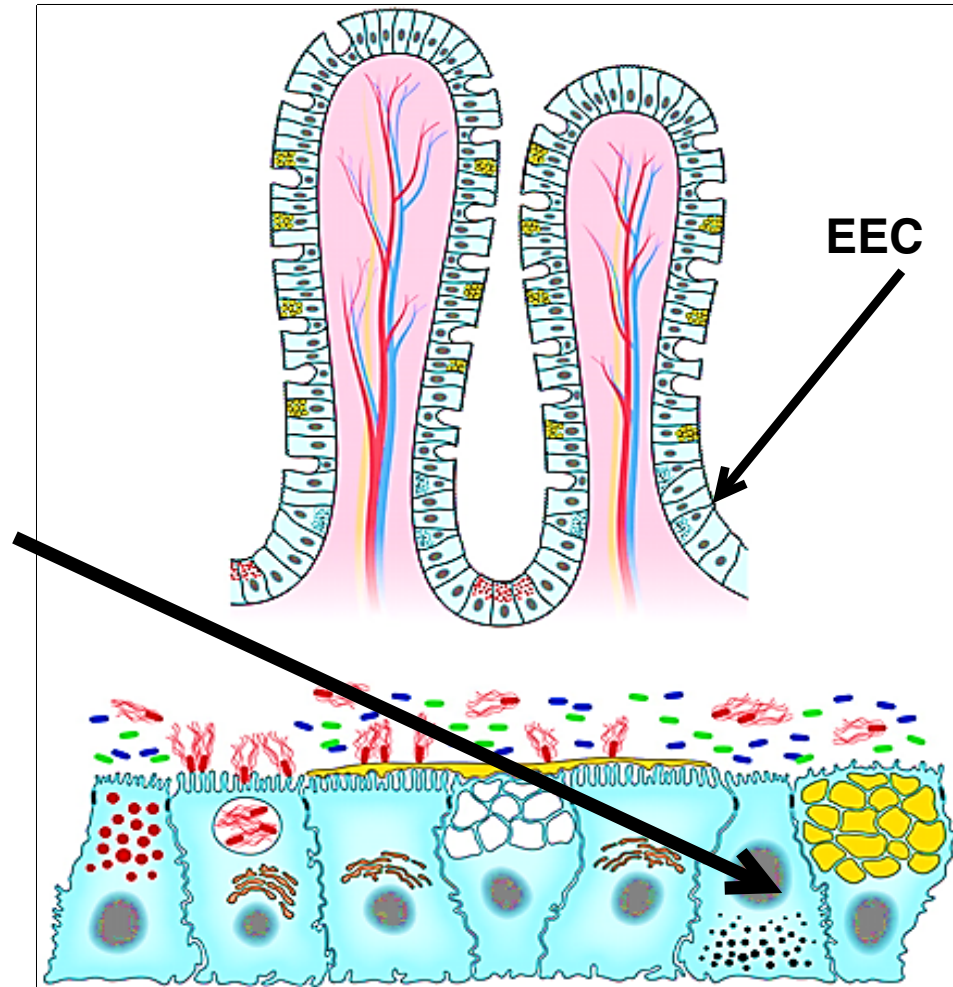
3- Paneth cells:

- Present in groups at bottoms of crypts only
- Pyramidal cells e basal oval nuclei & narrow apical part
- Basal cytoplasm is basophilic due to \uparrow rER, apical part has acidophilic zymogen granules
- They secrete **intestinal lysozyme** which has bactericidal effect



4- Enteroendocrine cells:

- **Secrets intestinal hormones**
e.g Secretin
- Present mainly in **base of crypts**,
- Their secretions released to blood
- Their secretions **control peristalsis**
e.g. motilin H & sense of being satisfied after eating

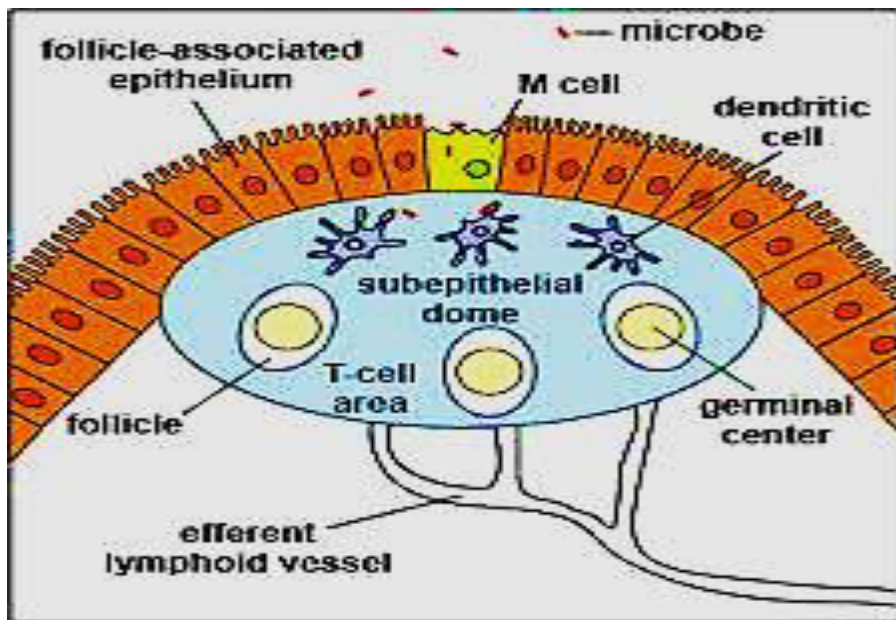


5- Stem cells :

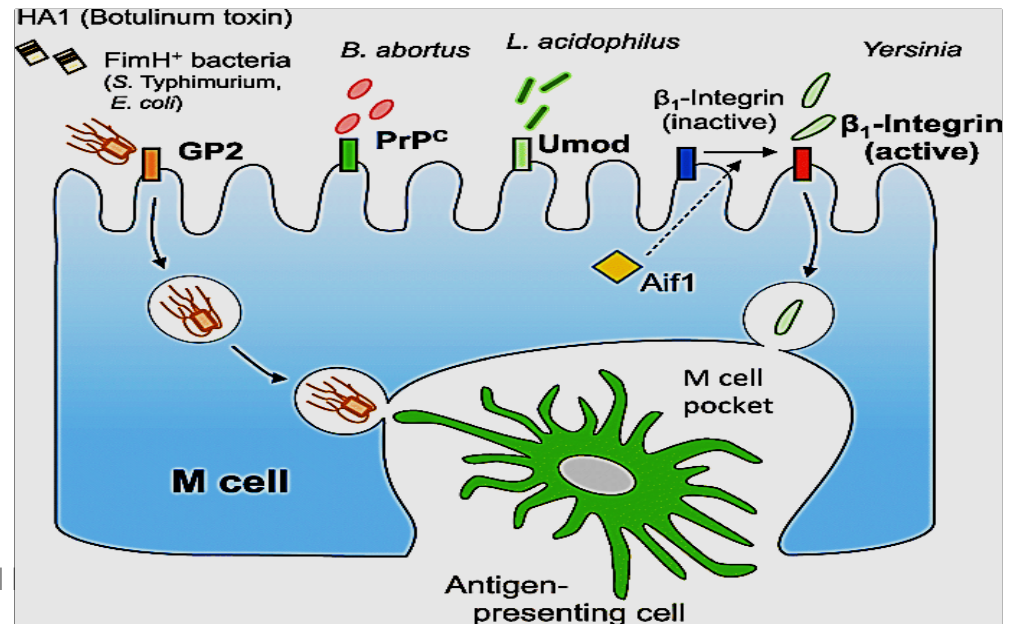
- Short columnar cells ,present at **base of crypts** in between Paneth cells
- Differentiate to replace other cells

6- M (microfold) cells:

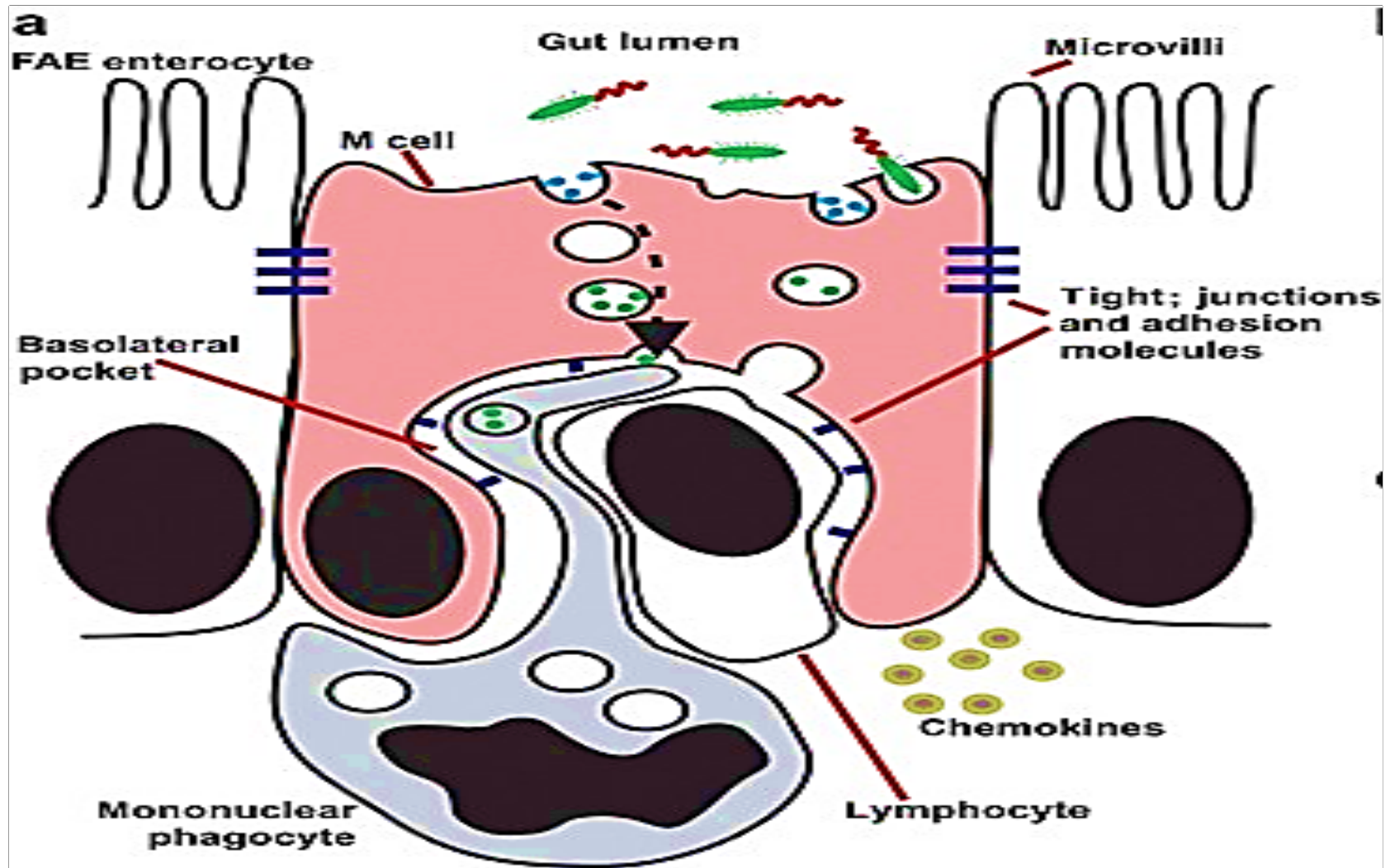
- Squamous - like cells present in between enterocytes of ileum in association with **lymphoid nodules of Peyer's patches**. Play a role in intestinal mucosal immunity
- Have microfolds on their apical surface & basal membrane invaginations forming pockets.
- Phagocytosis & transport antigens from intestinal lumen to the underlying macrophages & lymphocytes



Dr H



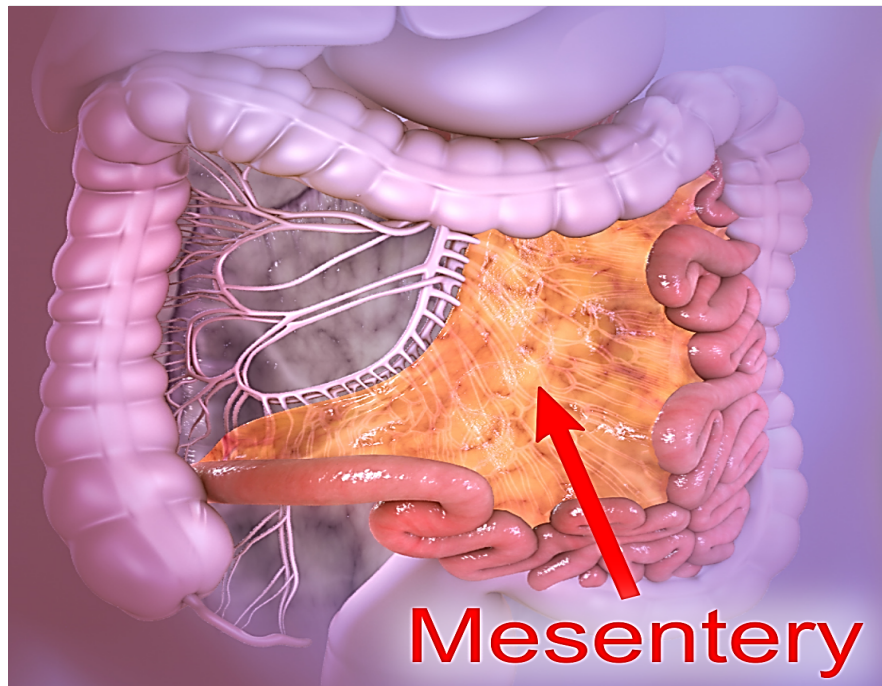
M- cells



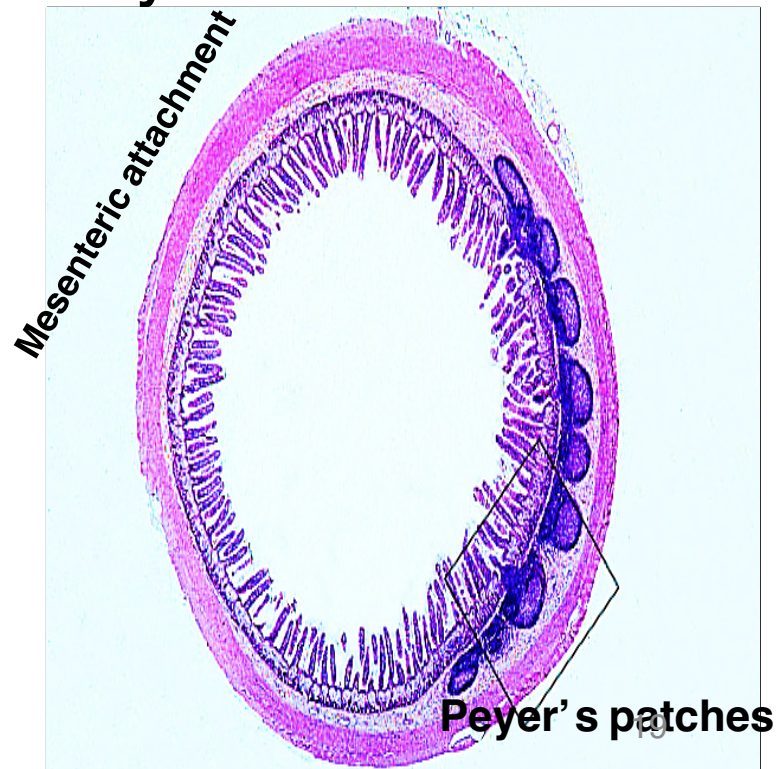
M cells function as guards against intestinal toxins and/or pathogens, transporting them (trans-epithelial) to awaiting immune cells. M cells specialize in transcytosis (i.e., trans-epithelial transport)

Peyer's patches (ileum)

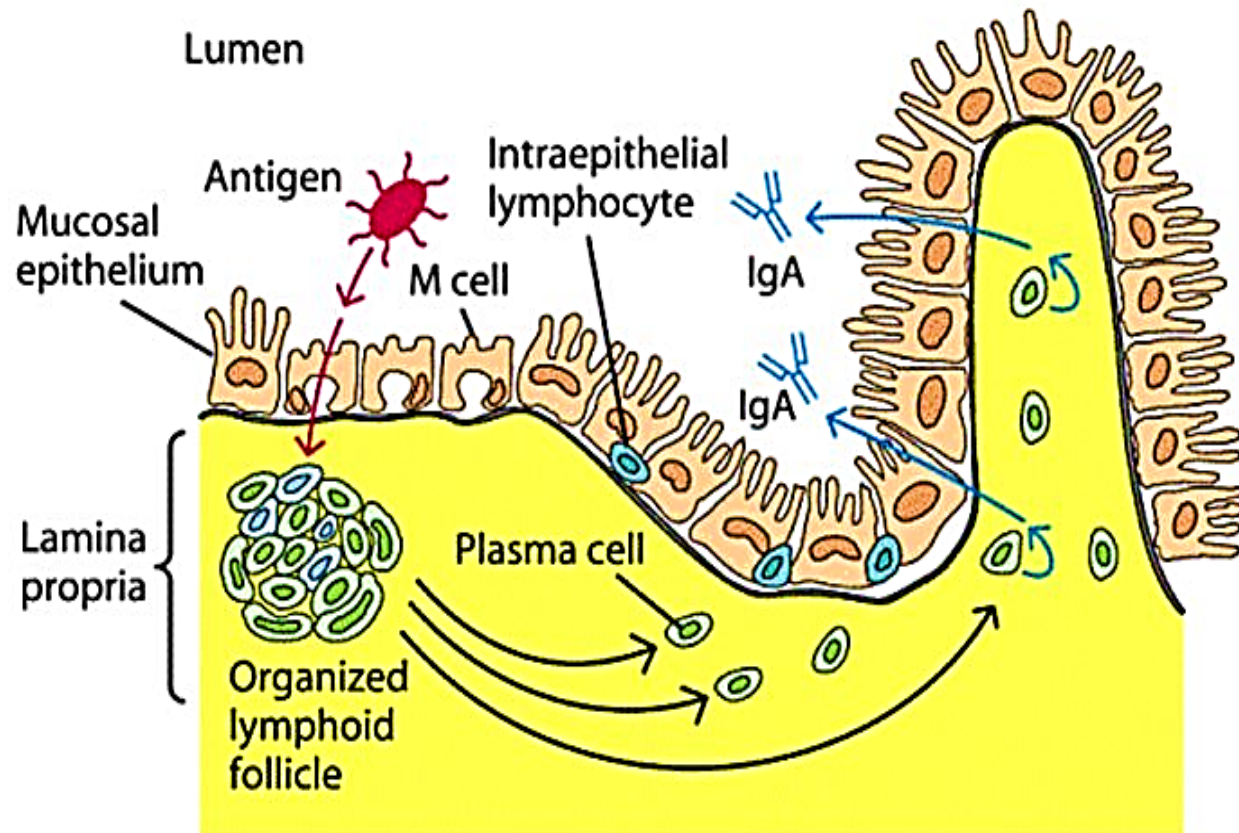
- a) present mainly in the ileum. In both lamina propria of mucosa & submucosa (MALT)
- b) They are aggregations of lymph follicles, lies in the side opposite to the mesenteric attachment.
- c) the intestinal villi **absent over** Peyer's patches (why?)
- d) They are important for mucosal immunity



H Elmazar



Mucosal Associated Lymphoid Tissue

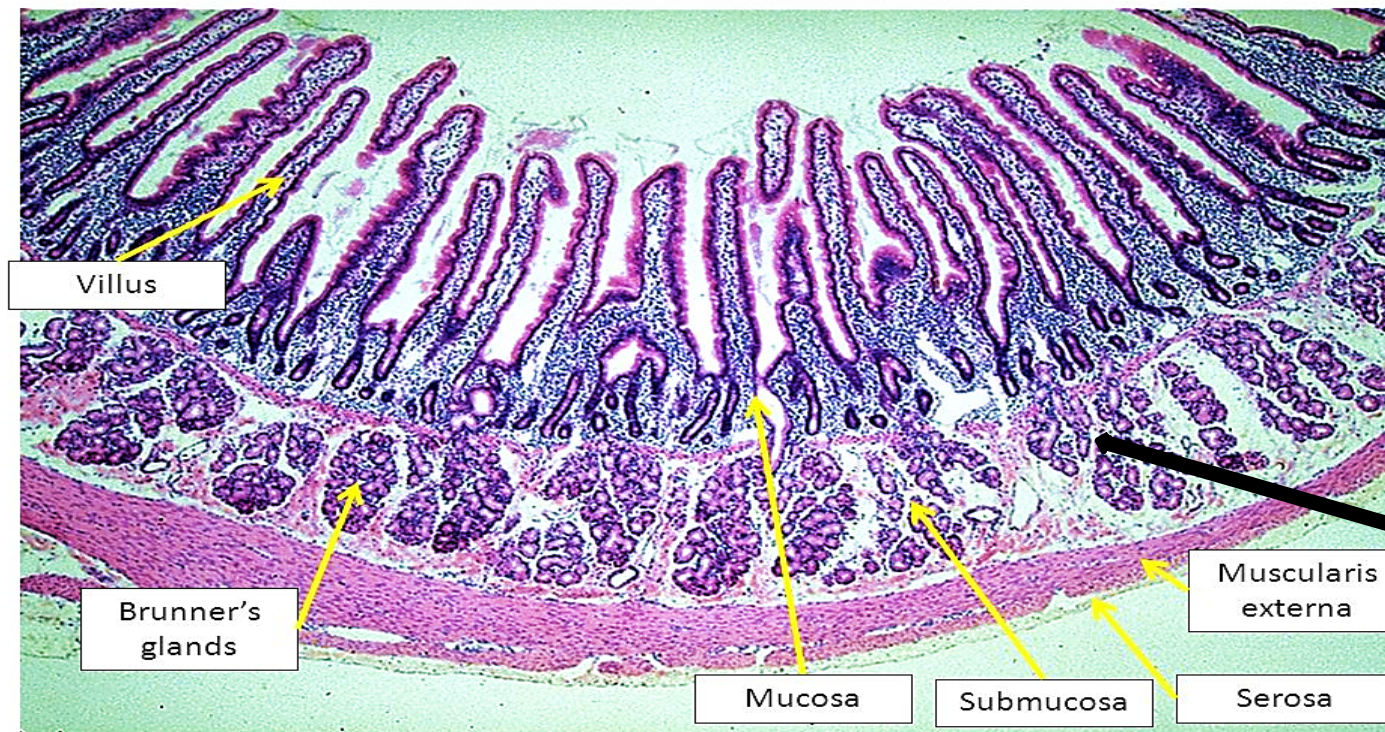


Antigen transported across the epithelial layer by M cells at an inductive site activates B cells in the underlying lymphoid follicles. The activated B cells differentiate into IgA-producing plasma cells, which migrate along the submucosa. The outer mucosal epithelial layer contains intraepithelial lymphocytes, of which are T cells.

Brunner's glands

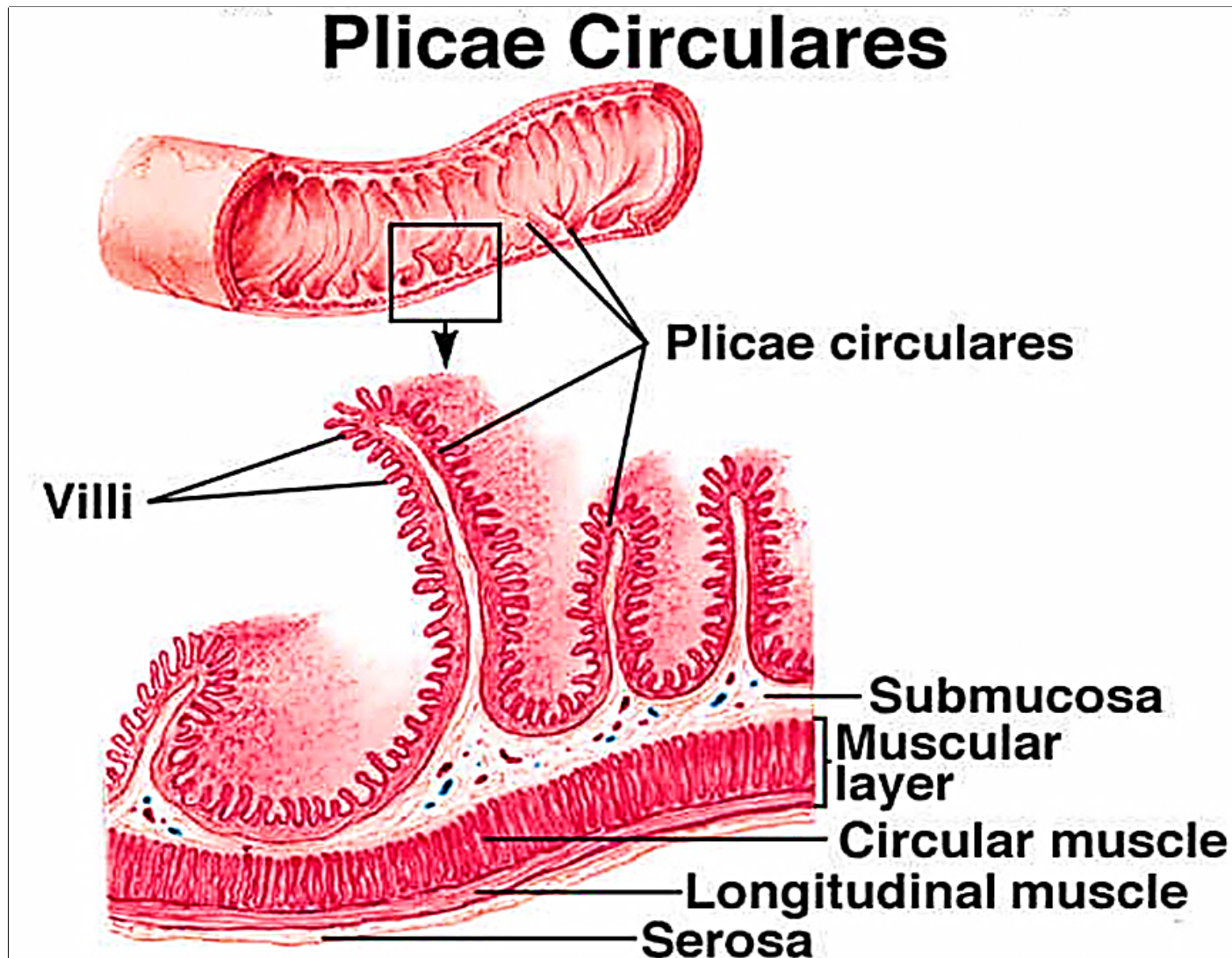
- Found in the **submucosa** of the duodenum
- Their ducts open into the bases of intestinal crypts
- They secrete **alkaline mucous**

Duodenum



Brunner's
glands

Plicae Circularis: Permanent circular folds of mucosa & submucosa projecting into the lumen of small intestine



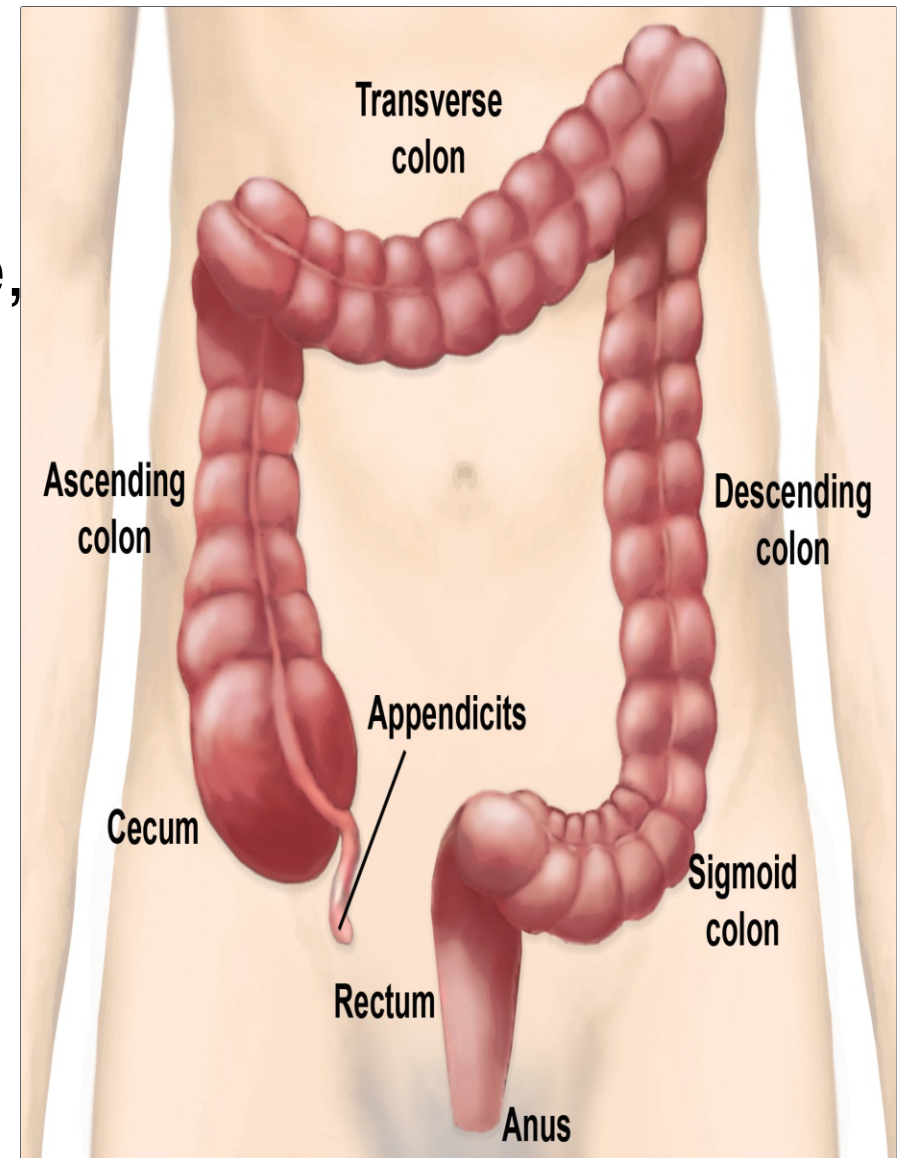
Large intestine

Composed of:

- Cecum
- Colon (ascending, transverse, descending, sigmoid)
- Rectum
- Anal canal

Function:

- Absorption of water & ions
- Production of mucus
- Formation of fecal mass



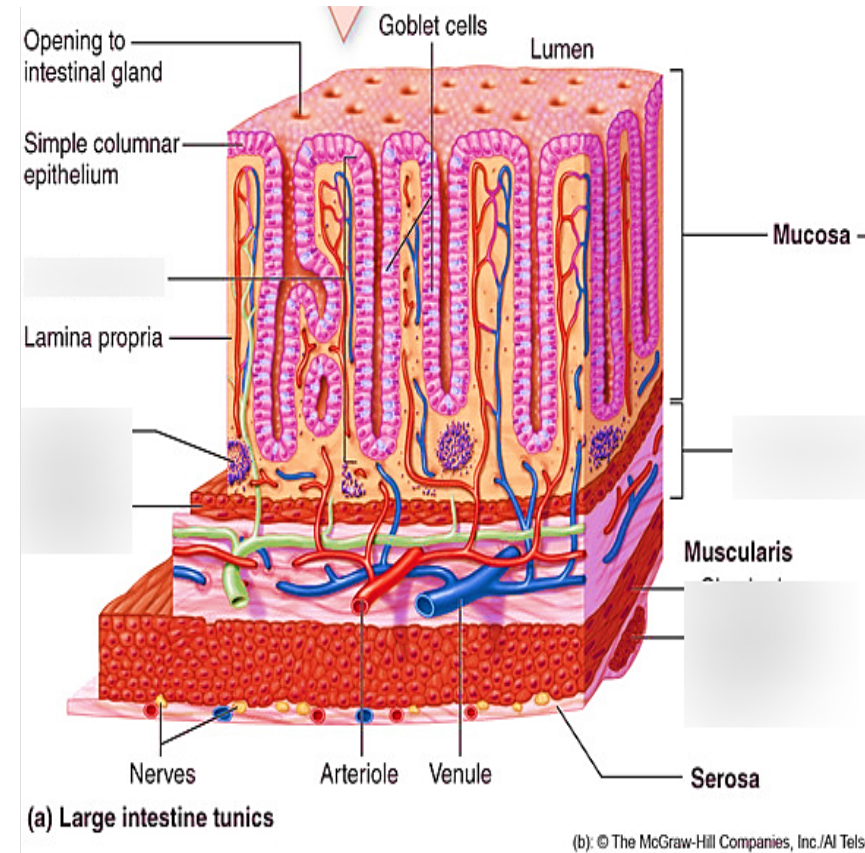
The large intestine

1- the mucosa: thick, smooth contains No villi only crypts (deep & wide)

a) The epithelium: Enterocytes, **MANY goblet cells, stem cells and endocrine cells**

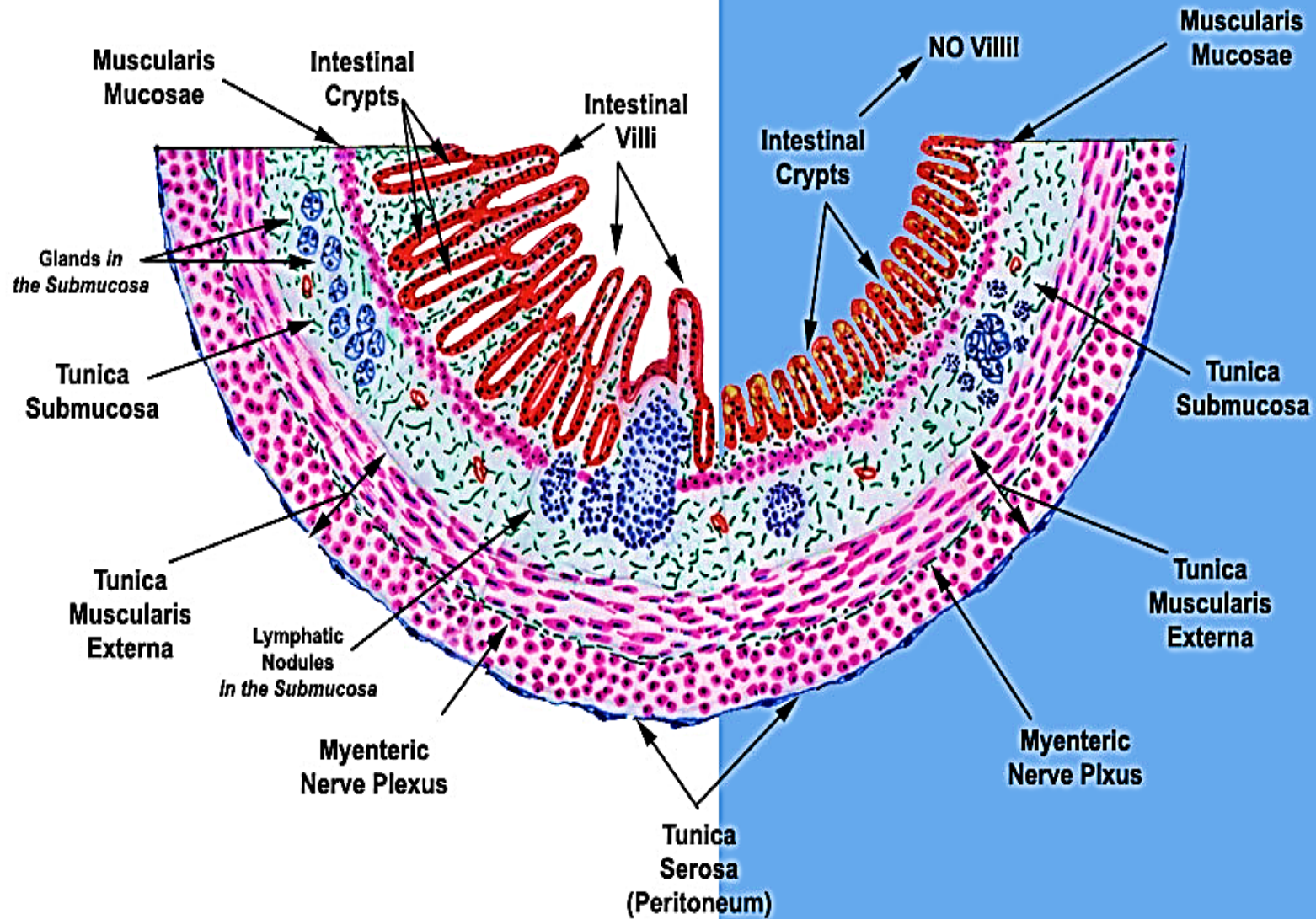
b) The lamina propria :
contains the **crypts, lymphoid follicles**

c) the muscularis mucosa :
well developed layer



SMALL INTESTINE

LARGE INTESTINE



cells lining The crypts of large intestine

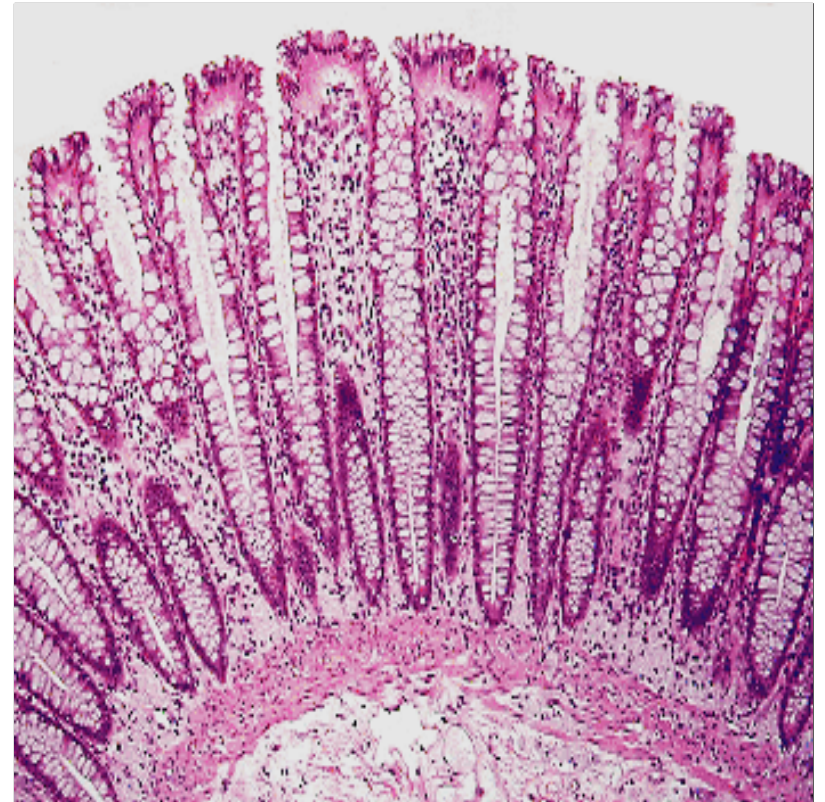
1- Simple columnar cells e brush border (short & few in #) for absorption of water

2- Goblet cells: very numerous to secrete mucus

3- Endocrine cells: secretes Serotonin

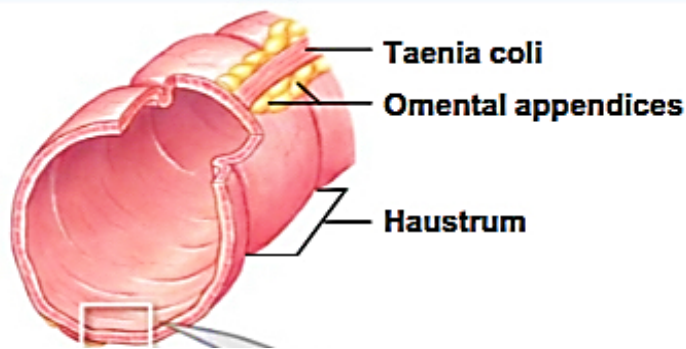
(Although is best known as a neurotransmitter critical for central nervous system (CNS) development and function. **95% of the body's serotonin, however, is produced in the intestine ... (irritable bowel syndrome)**)

4- stem cells: at the base of the crypts



Taenia coli

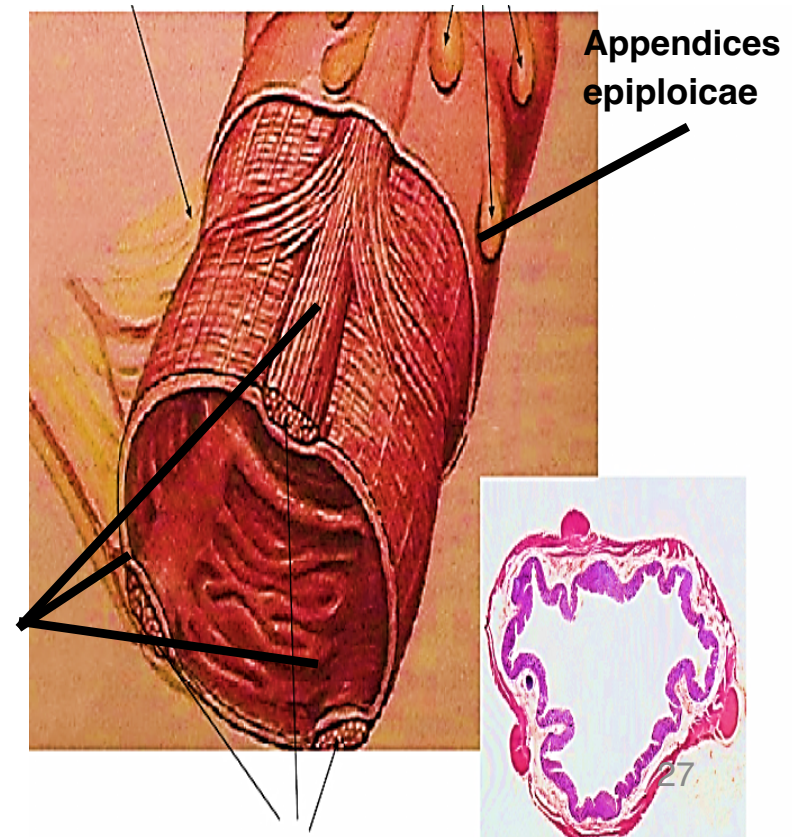
- **The musculosa** of the large intestine 2 layers (IC & OL).
- **IC** is continuous but the **OL** breaks up into **3 longitudinal bands** to forms the taenia coli
- Responsible for haustra (segmentation) of colon. Haustra helps to push contents of colon through with peristalsis



appendices Epiploicae

The serosa: shows small pouches of peritoneum contains fat

Taenia coli

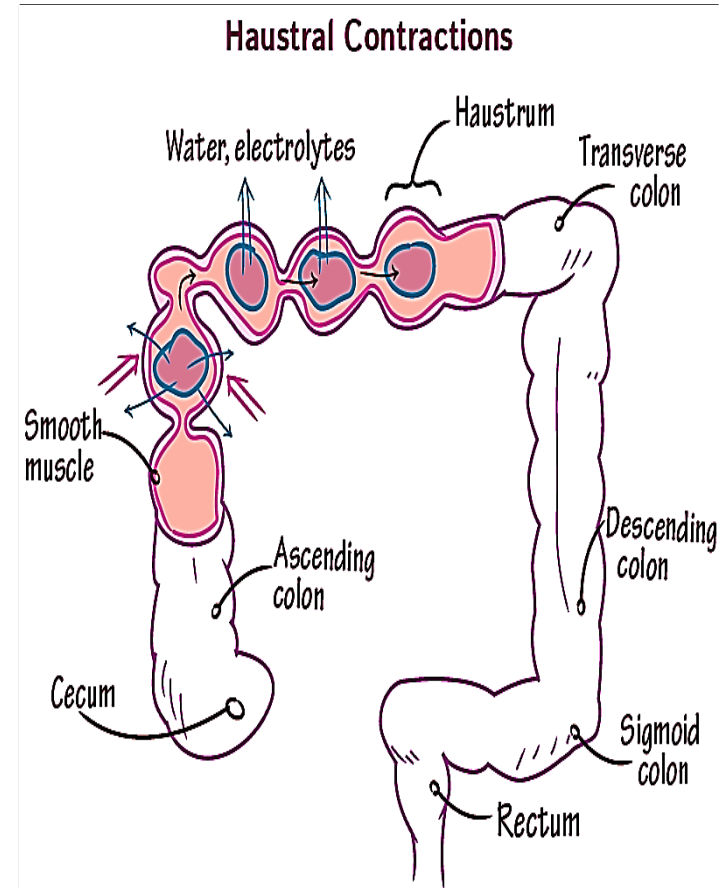


Importance of taenia coli

There are 2 types of ms. contractions in the large intestine **Haustral & peristaltic contractions**

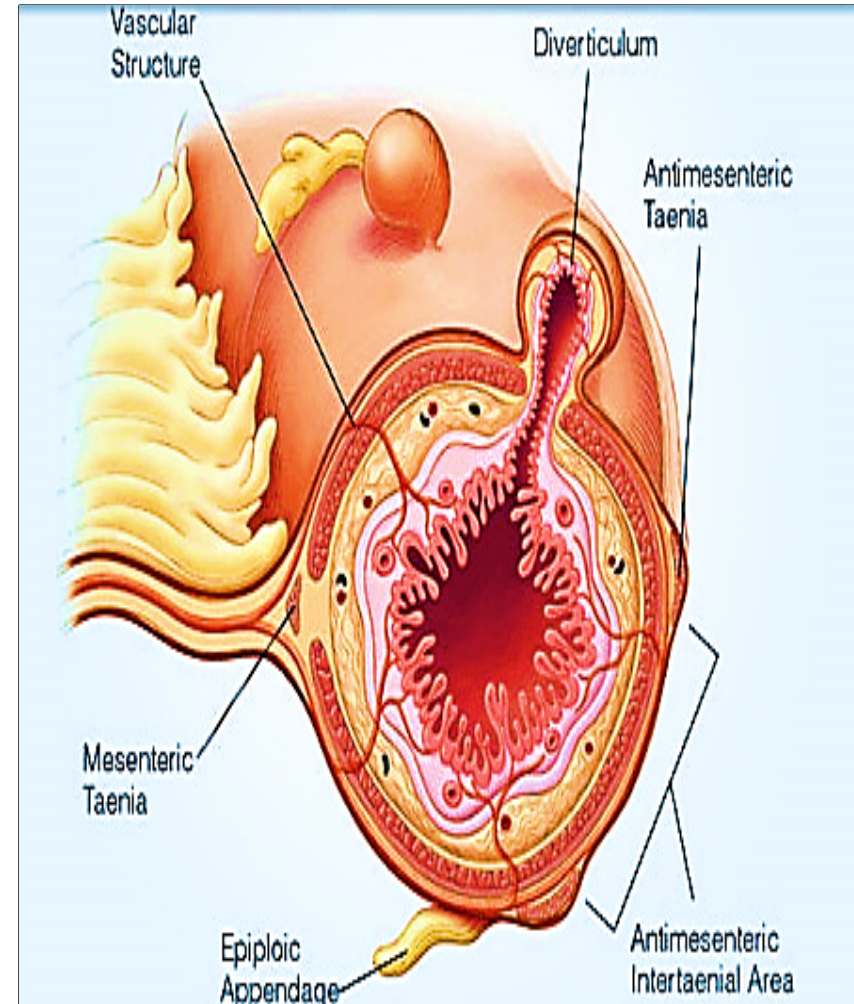
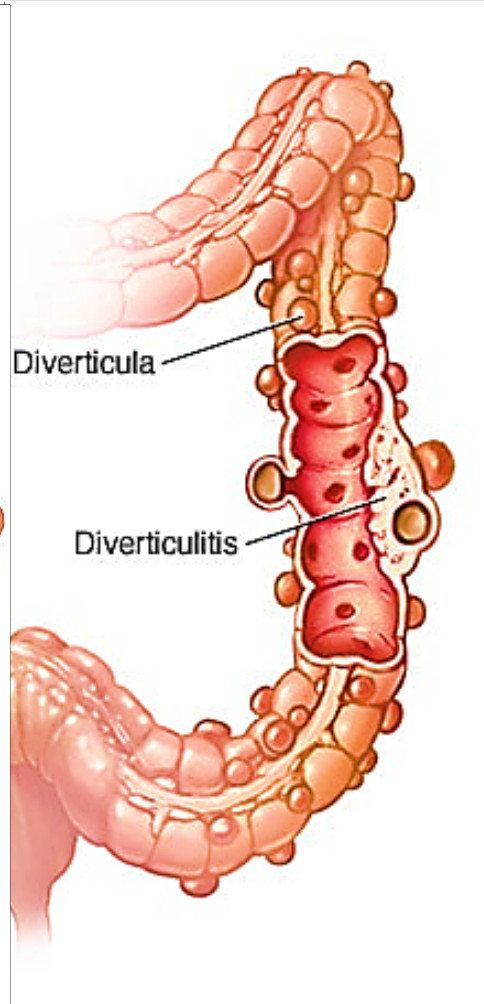
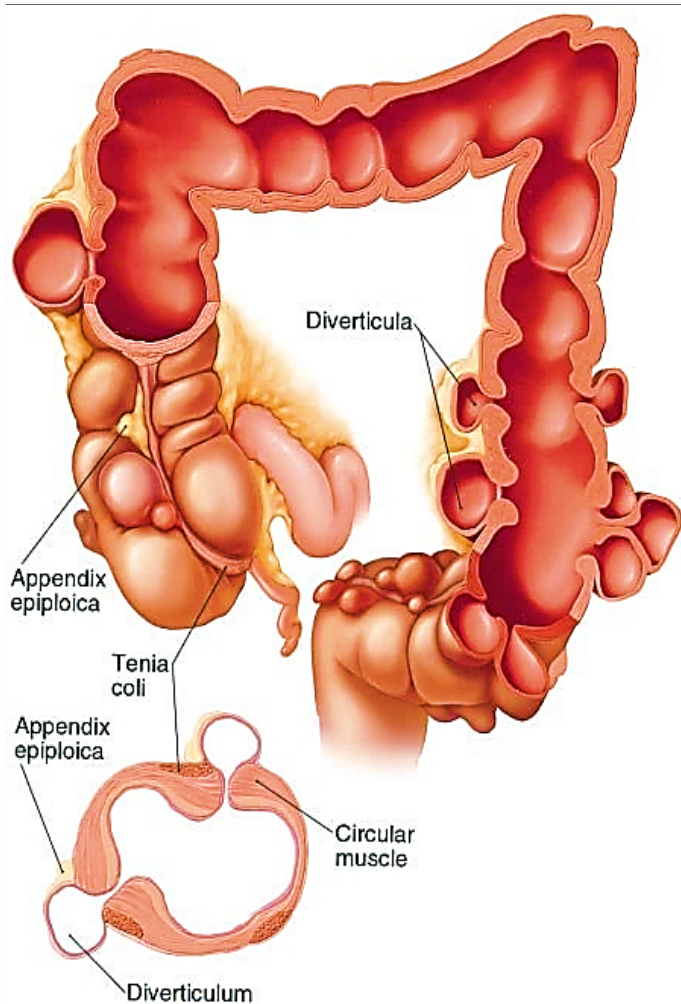
Haustral movement : localized slow movement. The distension of one haustrum initiate contraction T Coli which pushes the waste product to the next Haustrum → slow to allow time for water absorption

Peristaltic movement involve both IC & OL ms → distal mass movement of colonic content from part to another (once/day)



✓ Also occurs in descending & sigmoid colon to further concentrate fecal waste.

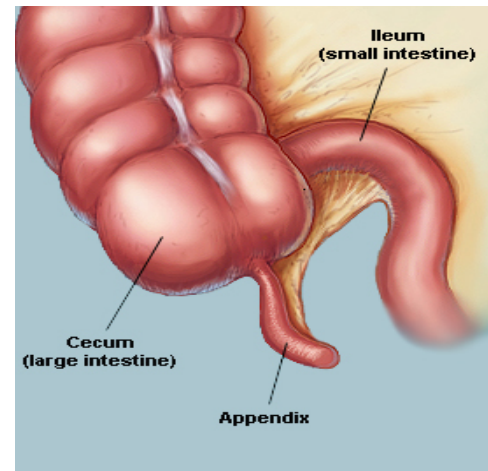
Diverticulosis



Diverticulosis is caused by small outward bulges in the large intestine (diverticula) wall in areas lack Taenia coli which can be blocked with food residue . If any of the diverticula become infected, this leads to symptoms of diverticulitis. The exact reason why diverticula develop is not known, but they are associated with not eating enough fiber

The appendix

It is a projection from the cecum, 8 cm

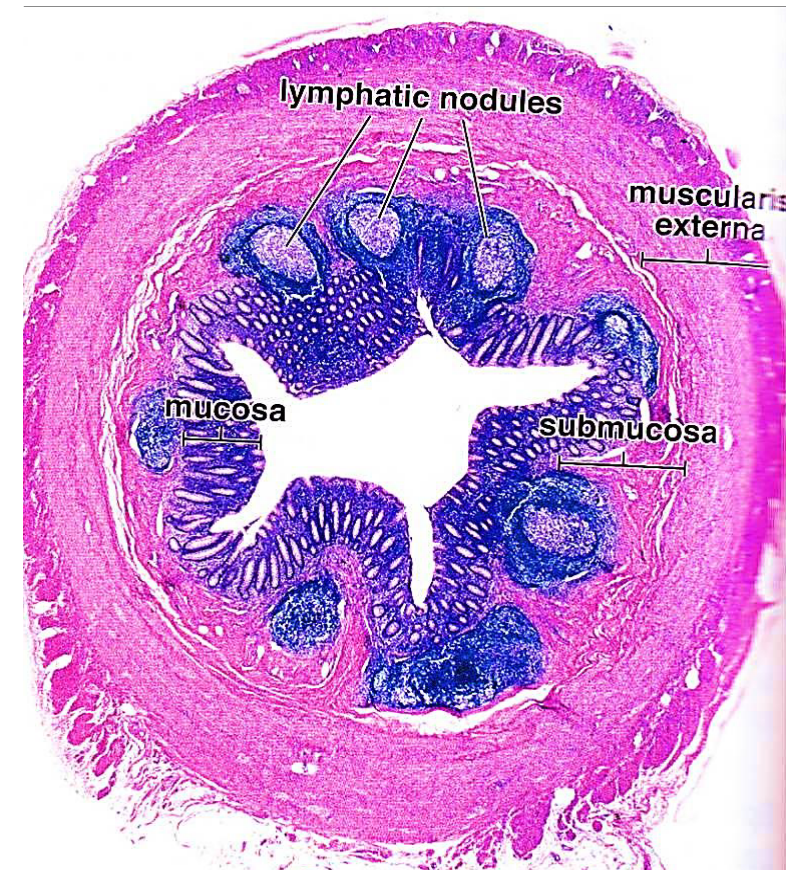


- The mucosa: crypts short & few in number

a) **Epithelium**: simple columnar + goblet cells + endocrine cells

b) **The corium & submucosa**: rich in lymphoid follicles

c) **No** muscularis mucosa, **NO** taenia coli **No** appendices epiploicae



The anal canal

The mucosa of the anal canal shows permanent vertical folds called

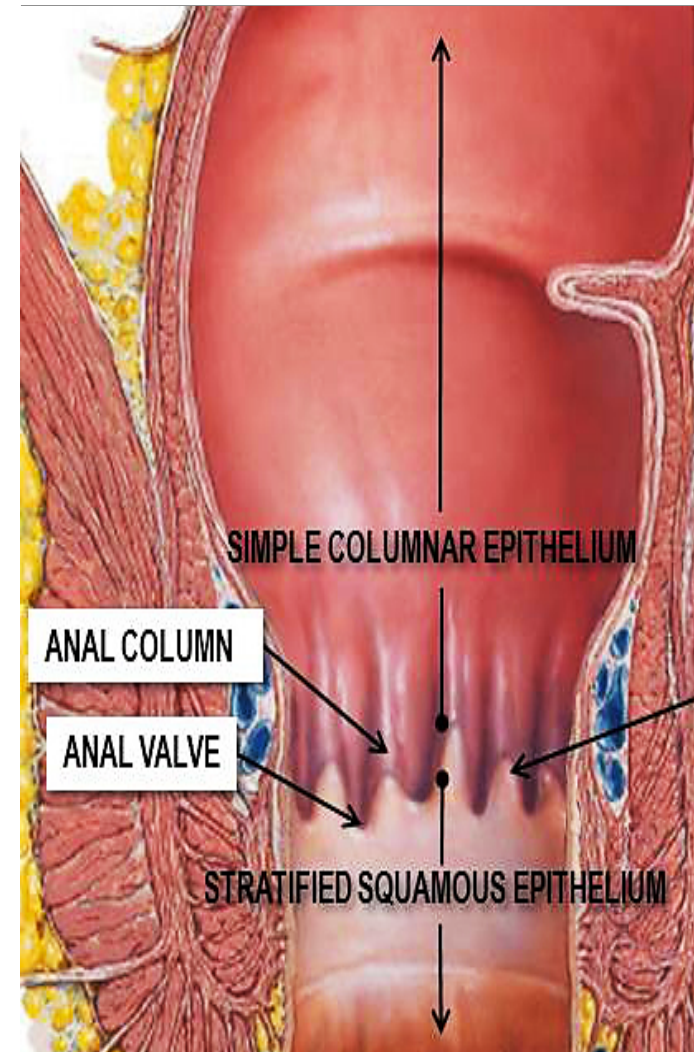
columns of Morgagni

The ends of Morgagni columns connected together with transverse mucosal folds called **anal valves**

which mark the pectinate line

The columns mark the recto-anal junction

The epithelium is stratified columnar on columns of Morgagni

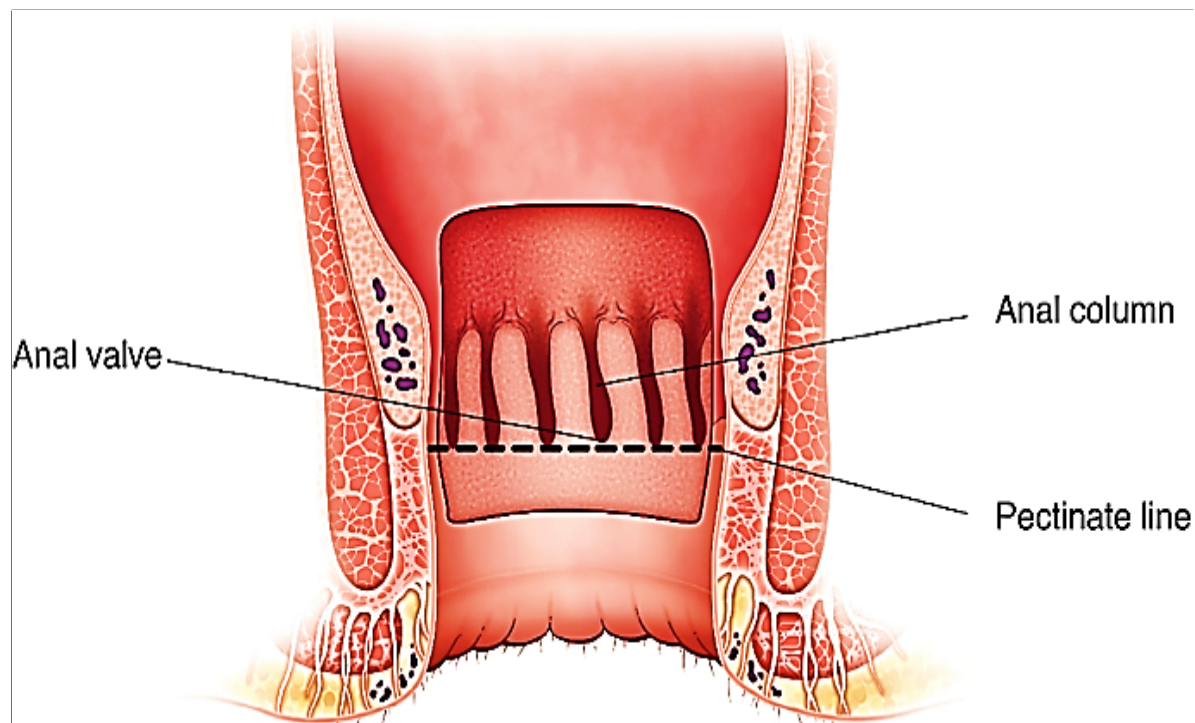


Importance of the pectinate line

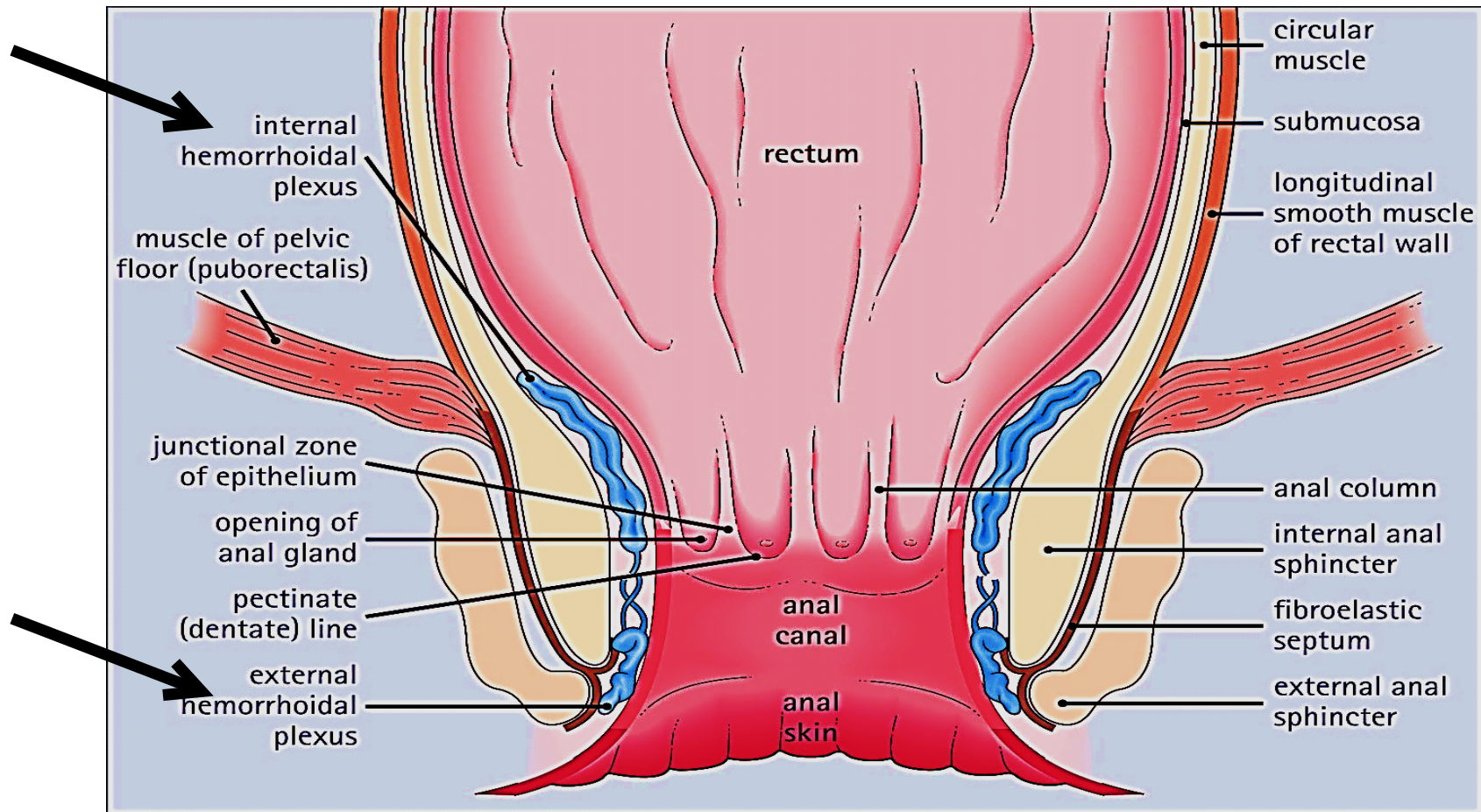
The pectinate line demarcates the **upper two-thirds** of the anal canal from the **lower one-third**.

It also serves as an embryologic landmark that explains the different arterial supply, venous drainage, lymphatic drainage, and nervous supply of the segments of the anal canal

Even tumors arise in the upper 2/3 different from tumors arise in the lower 1/3

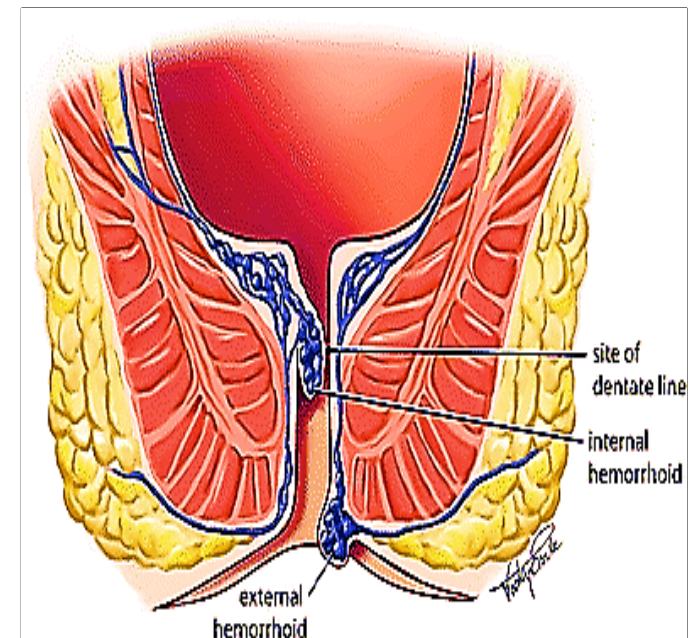
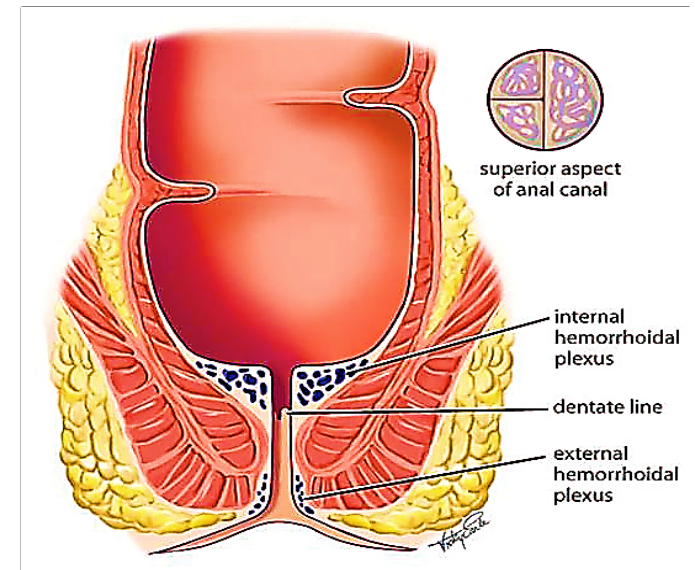


- C.T. under the level of the valves is rich e convoluted veins → **the internal piles (plexus of veins)**
- At the anus another group of veins under the skin forms the **external piles**

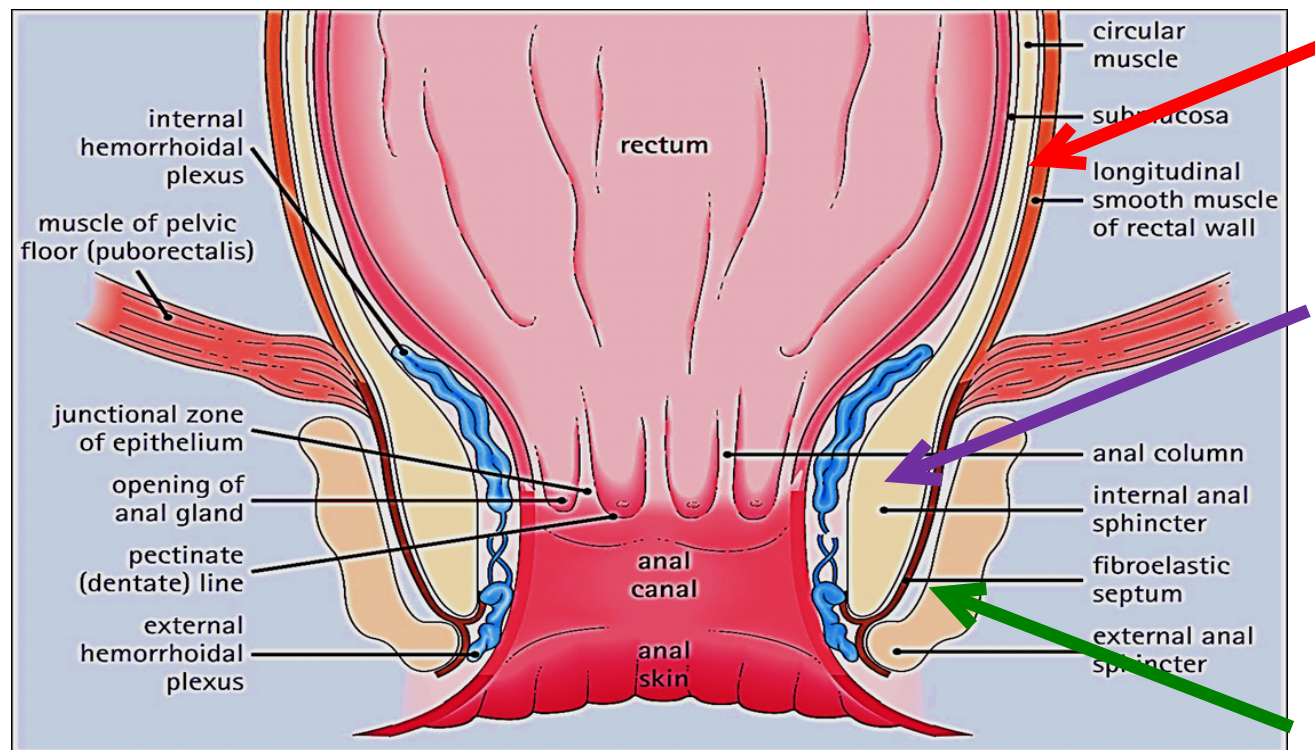


Hemorrhoids also called piles, are swollen veins of the anus and lower rectum, similar to varicose

Internal hemorrhoids are usually painless, but tend to bleed. External hemorrhoids may cause pain



- The **inner circular** becomes thick to form internal anal sphincter (Involuntary)
- The **outer longitudinal** layer of rectum **pass unchanged** the between internal & external sphincters of the anal canal
- The **skeletal ms** of pelvic floor form the **external sphincter** (voluntary)



Thank you

