

CARDIOVASCULAR SYSTEM

MEDIASTINUM & PERICARDIUM

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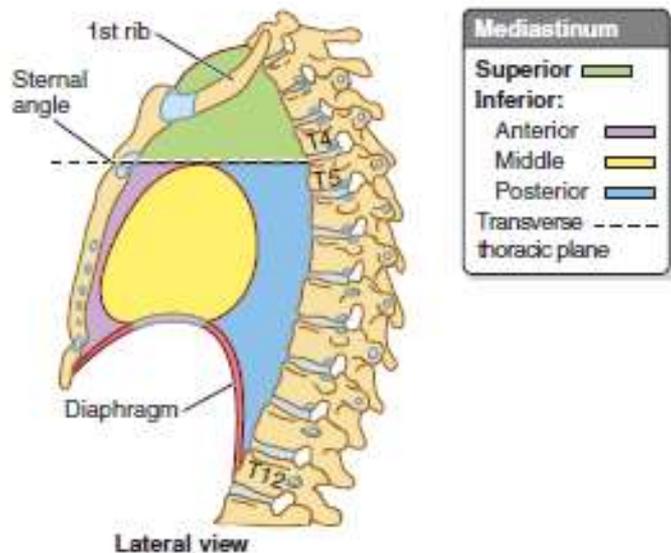
College of Medicine /University Of Mutah
2022-2023

Mediastinum

** It is the space between the two pleural cavities.

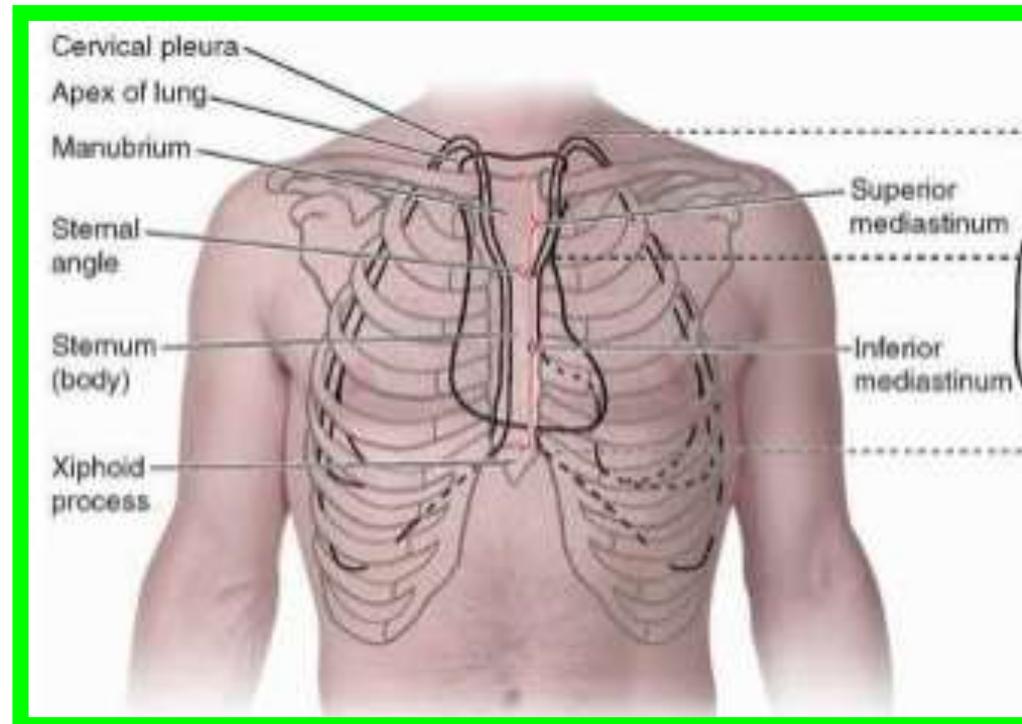
** Boundaries of the mediastinum:

- ✓ **Anteriorly:** Sternum.
- ✓ **Posteriorly:** All thoracic vertebrae.
- ✓ **Superiorly:** Thoracic inlet.
- ✓ **Inferiorly:** Diaphragm.



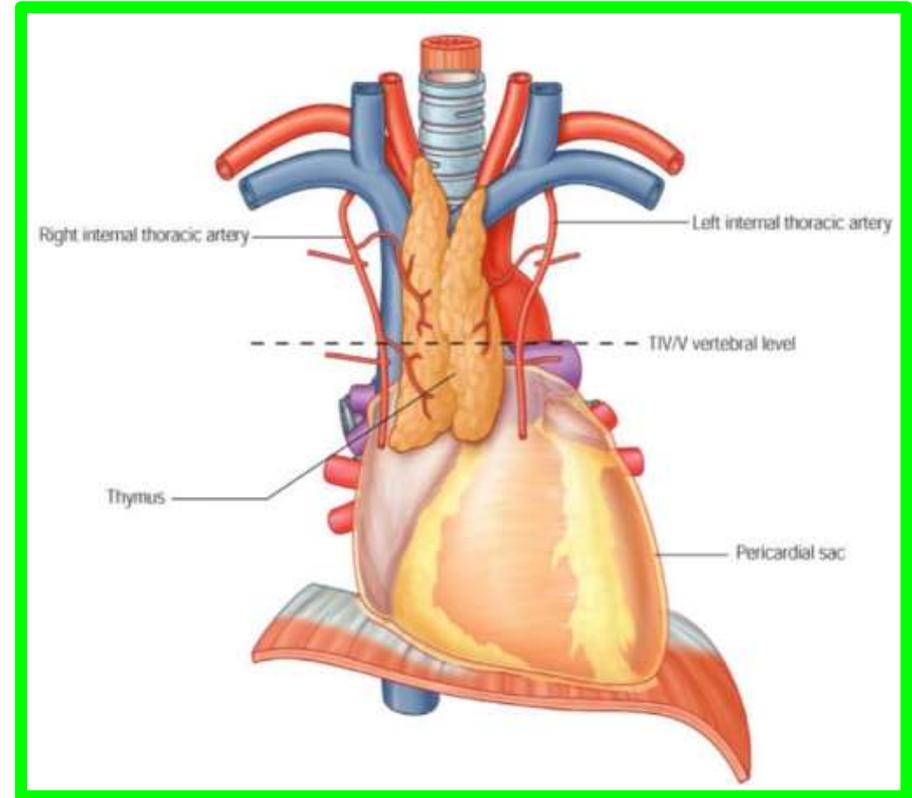
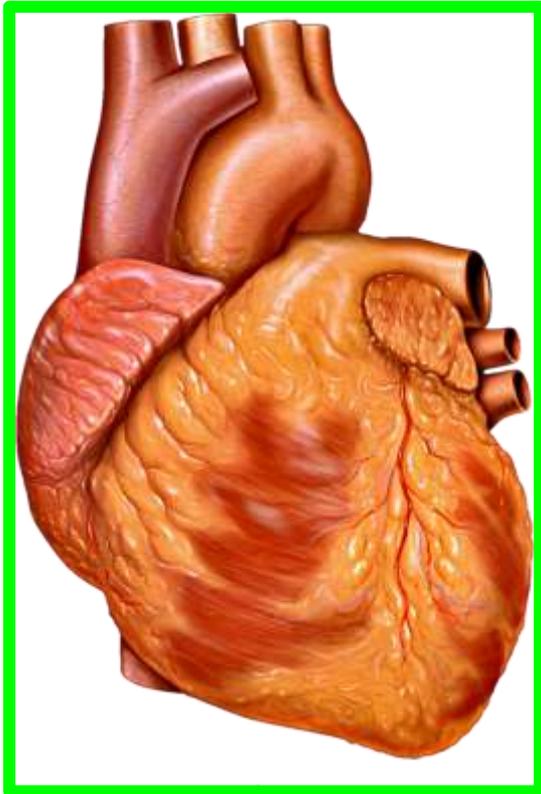
Lateral view

FIGURE 1.23. Subdivisions of mediastinum.



Mediastinum

- In living persons is a highly mobile region because it consists primarily of hollow (liquid- or air-filled) visceral structures



The connective tissue here becomes more fibrous and rigid with age; hence, the mediastinal structures become less mobile

Mediastinum

6 November 2022

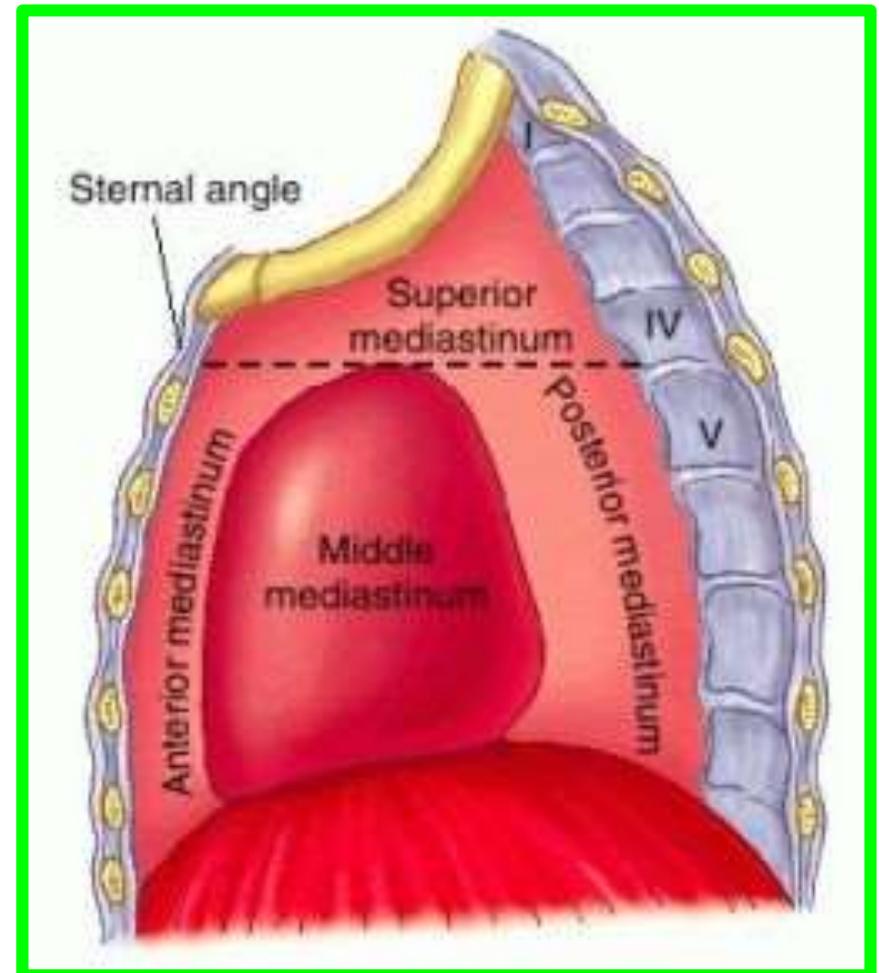
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** The mediastinum is divided by a horizontal imaginary line extends from the sternal angle (**angle of Louis**) to the **inter-vertebral disc of T4/T5** into **superior and inferior mediastinum**.

** The inferior mediastinum is divided by the heart and pericardium into:

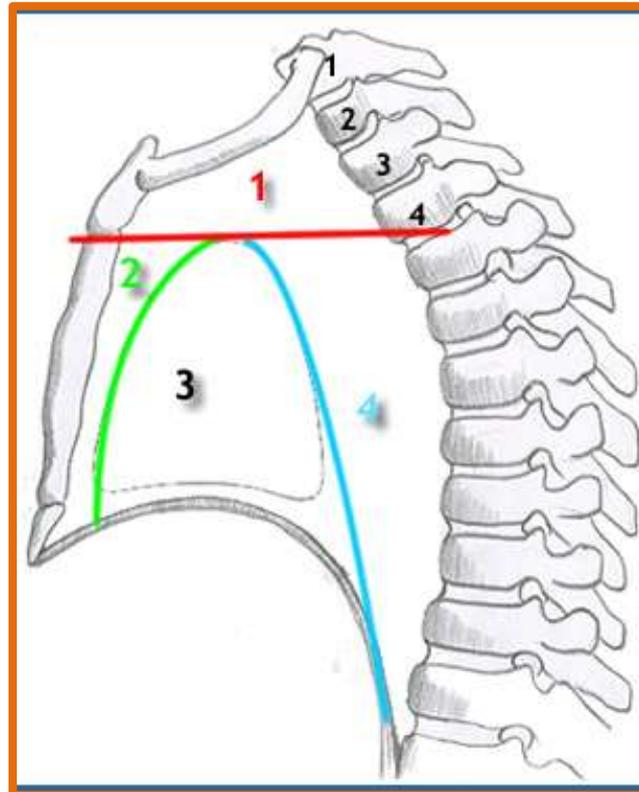
- **Anterior mediastinum**
- **Middle mediastinum**
- **Posterior mediastinum**



Superior mediastinum

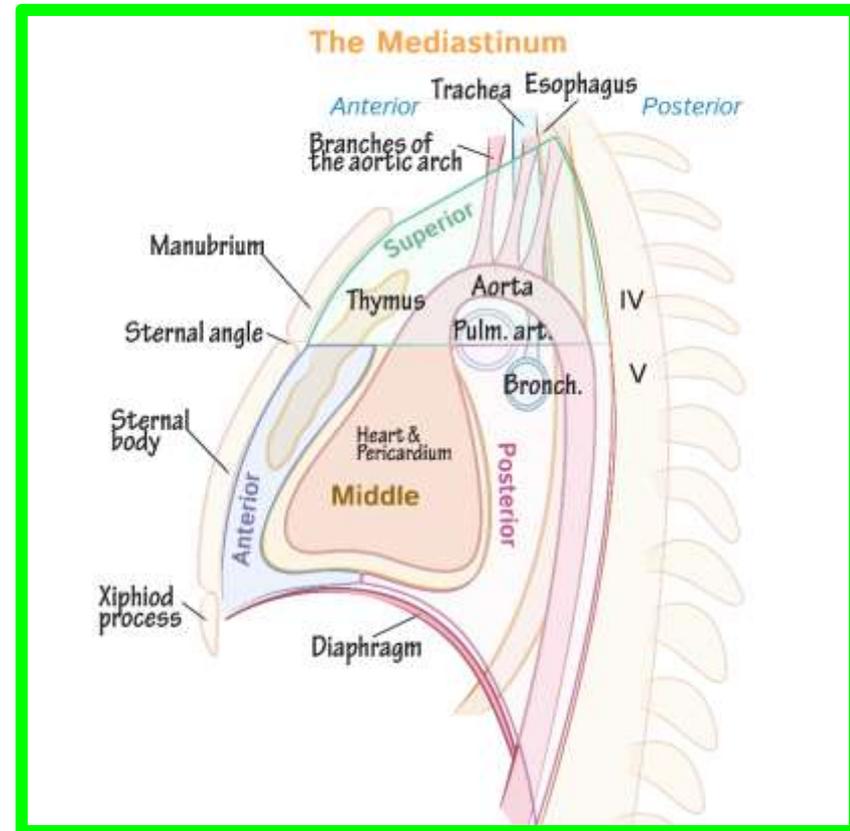
** Boundaries:

- ✓ **Anteriorly:** manubrium sterni.
- ✓ **Posteriorly:** upper 4 thoracic vertebrae.
- ✓ **Superiorly:** inlet of the thoracic cavity.
- ✓ **Inferiorly:** the imaginary plane from the sternal angle to the lower border of T4.



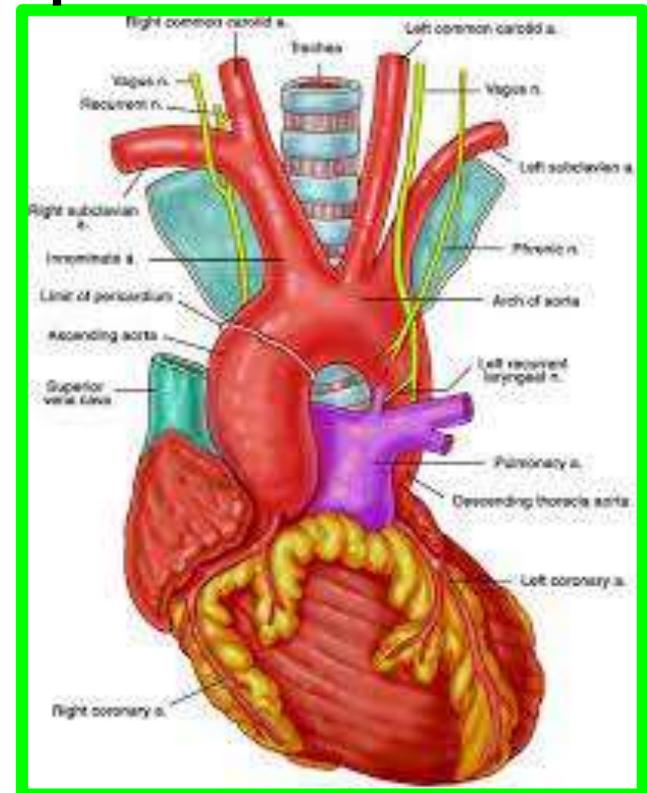
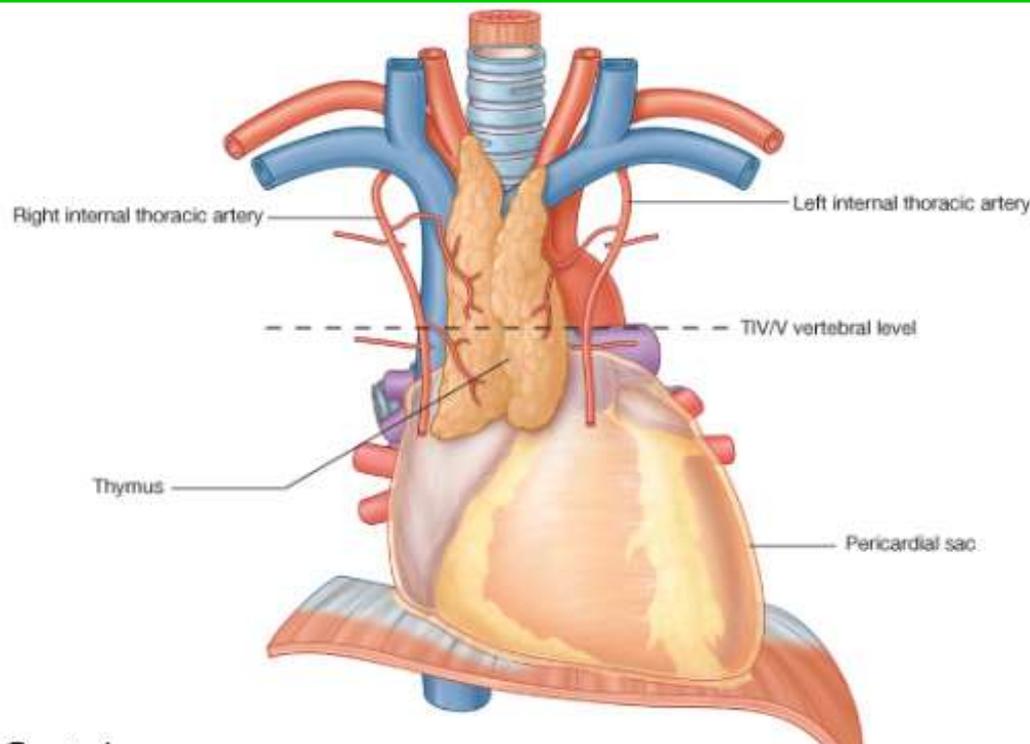
Contents of Superior Mediastinum

- 1) Sternohyoid and sternothyroid muscles.
- 2) Thymus gland.
- 3) Large veins;
 - a. left brachiocephalic vein.
 - b. Right brachiocephalic vein.
 - c. Upper half of superior vena cava.
- 4) Large arteries;
 - A. Arch of the aorta:
 - B. Brachiocephalic artery.
 - C. Left common carotid artery.
 - D. Left subclavian artery.



Contents of Superior Mediastinum

- 5) Trachea.
- 6) Oesophagus
- 7) Right and left vagus nerves.
- 8) Right and left phrenic nerves
- 9) Thoracic duct.
- 10) Lymph nodes.
- 11) Left recurrent laryngeal nerve.
- 12) Left superior intercostals vein.
- 13) Cardiac plexus.

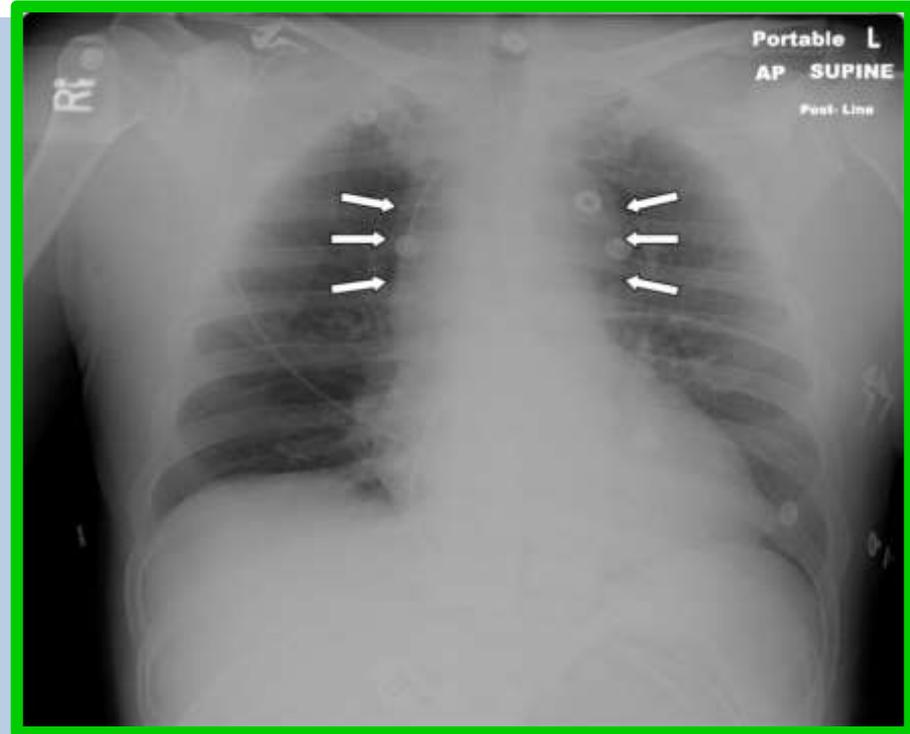


Widening of Mediastinum

✓ It is often observed after trauma which produces hemorrhage into the mediastinum from lacerated great vessels such as the **aorta** or **SVC**.

✓ Malignant lymphoma (cancer of lymphatic tissue)

✓ Hypertrophy (enlargement) of the heart (often occurring due to congestive heart failure)



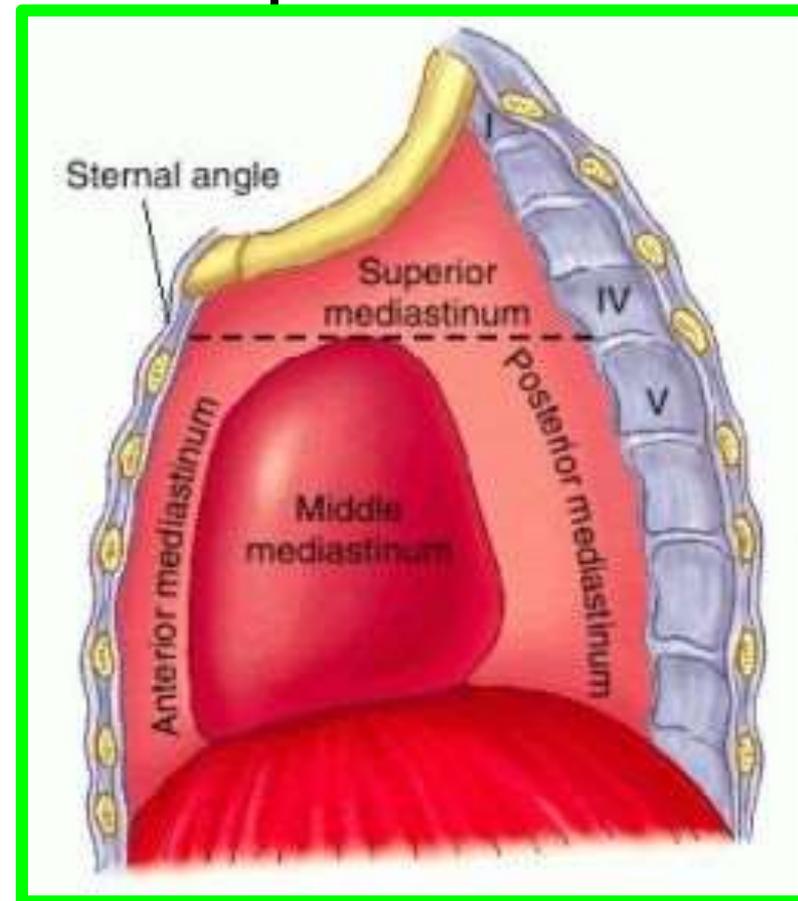
- 1- Compression of veins leading to **venous congestion** of upper limb, head and Neck
- 2- Compression of the arteries leading to **ischemia** of upper limb, head & neck.
- 3- Compression of the trachea leading to **dyspnea** (difficult of respiration).
- 4- Compression of the oesophagus leading to **dysphagia** (difficult in swallowing).

Tracheal tag: The trachea ends at the level of **T4/T5**. This level descends during inspiration to the level of **T6**.

Anterior mediastinum

** Boundaries;

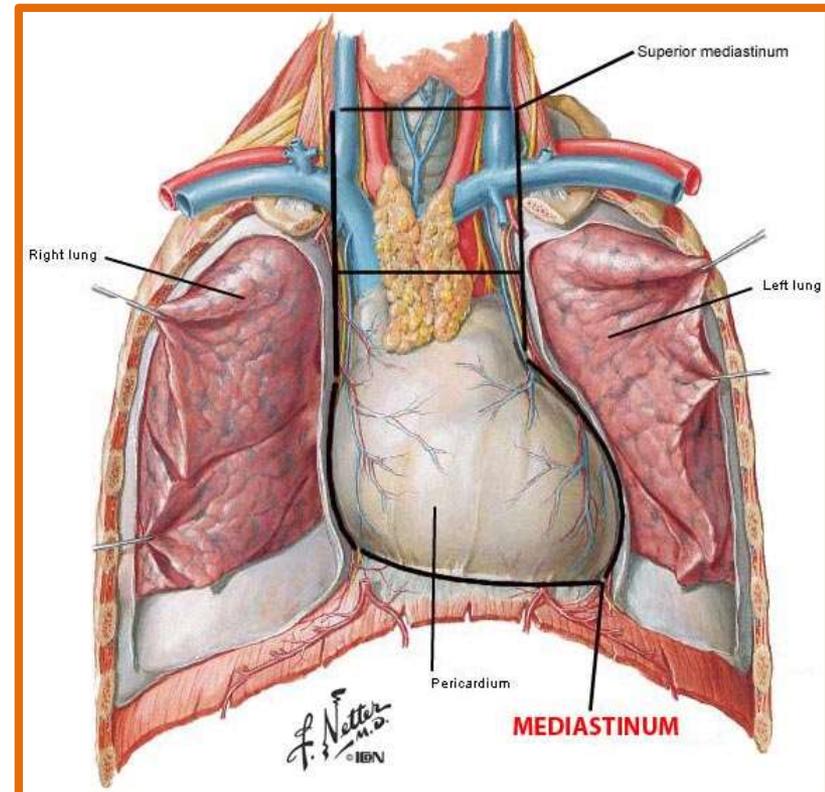
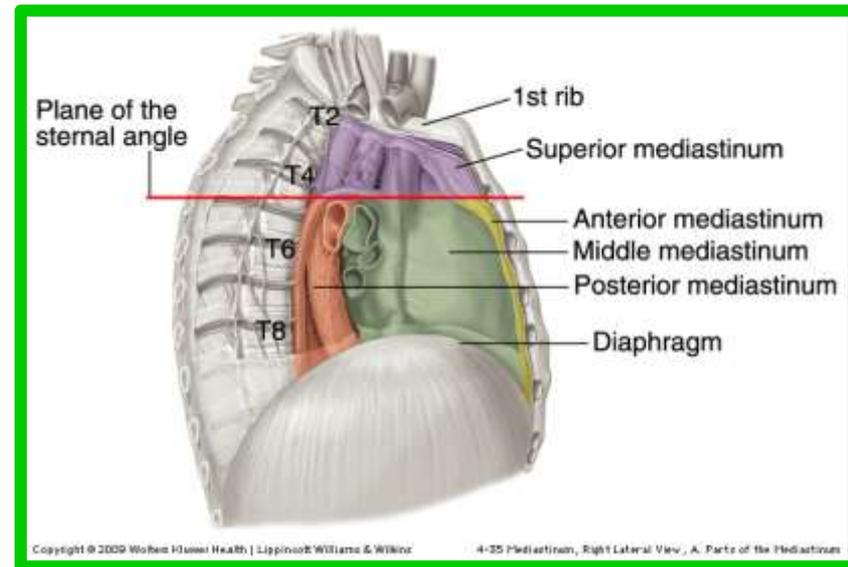
- ❖ **Anteriorly;** The body of the sternum.
- ❖ **Posteriorly;** the pericardium and the heart.
- ❖ **Superiorly;** the horizontal transverse thoracic plane
- ❖ **Inferiorly;** the diaphragm.
- ❖ **On each side;** the pleura and lung.



Anterior mediastinum

** Contents

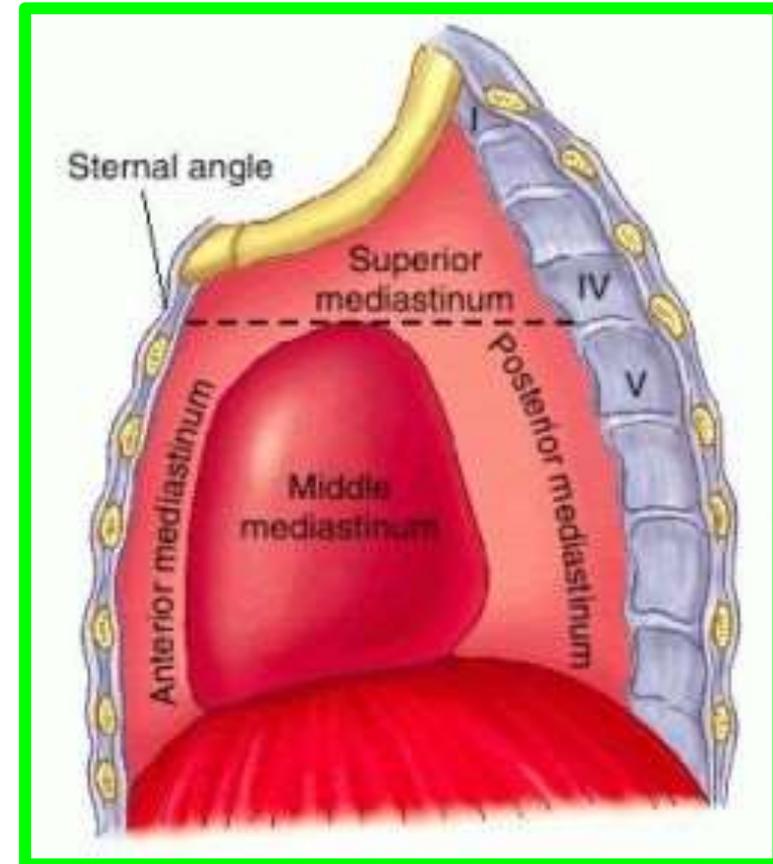
- 1) Thymus gland.
- 2) Superior and inferior of sterno-pericardial ligaments. They connect the fibrous pericardium to the back of the body of the sternum.
- 3) Sternocostalis muscle.
- 4) Few lymph nodes.
- 5) Loss areolar connective tissue.
- 6) Mediastinal branches of internal thoracic artery.



Middle mediastinum

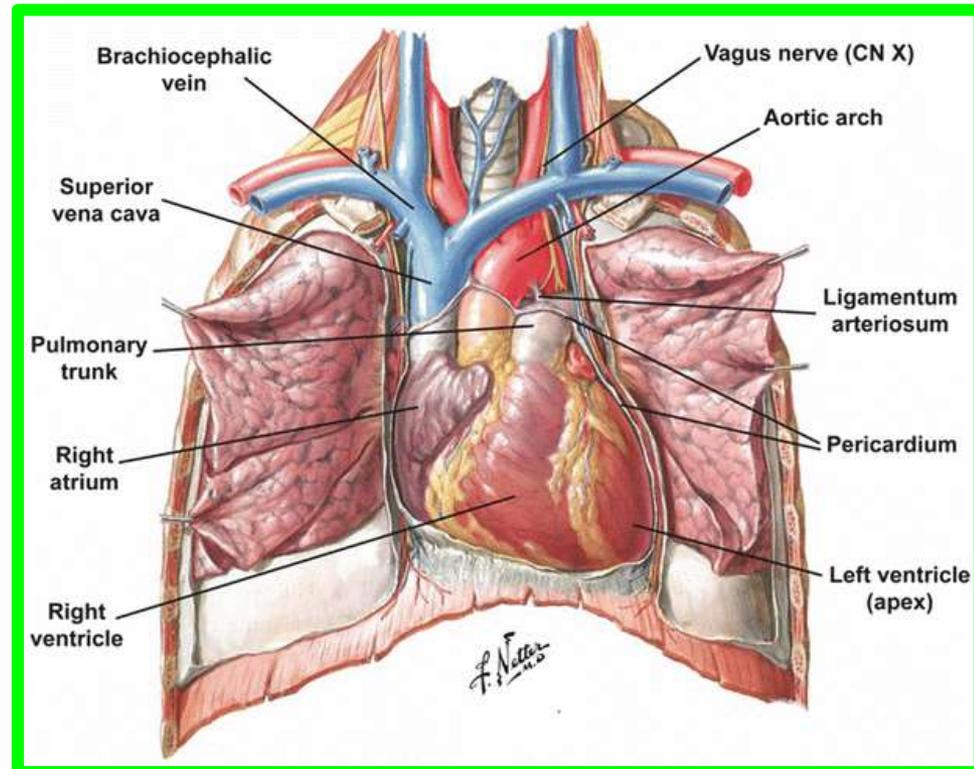
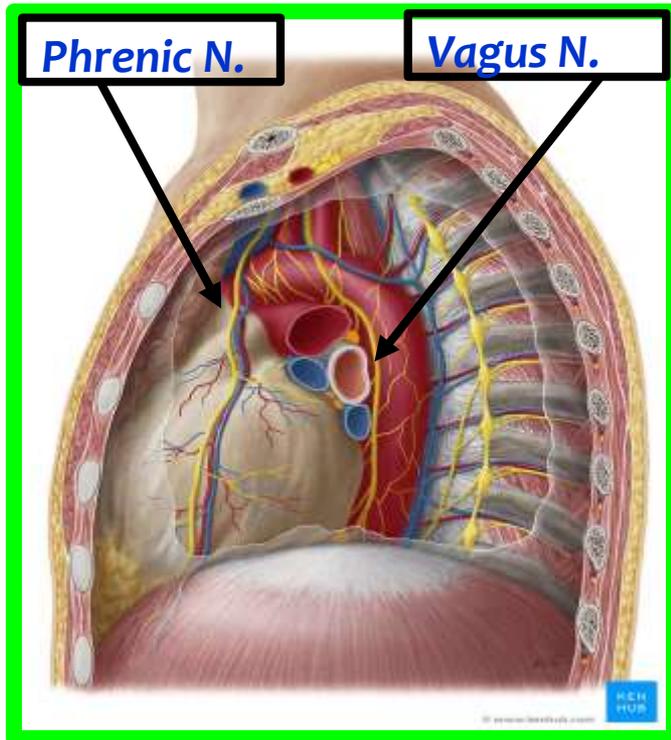
** Boundaries;

- ❖ **Anteriorly;** anterior mediastinum.
- ❖ **Posteriorly:** posterior mediastinum.
- ❖ **Superiorly:** The horizontal transverse thoracic plane
- ❖ **Inferiorly:** the diaphragm
- ❖ **On each side;** the pleura and lung.



- 1) The heart and pericardium
- 2) Beginning and termination of
 - A. Aorta and pulmonary trunk.
 - B. SVC and IVC.
 - C. 4 pulmonary veins.

- 3) Deep cardiac plexus.
- 4) Right and left phrenic nerves
- 5) The bifurcation of the trachea and the 2 bronchi.
- 6) lymph nodes.

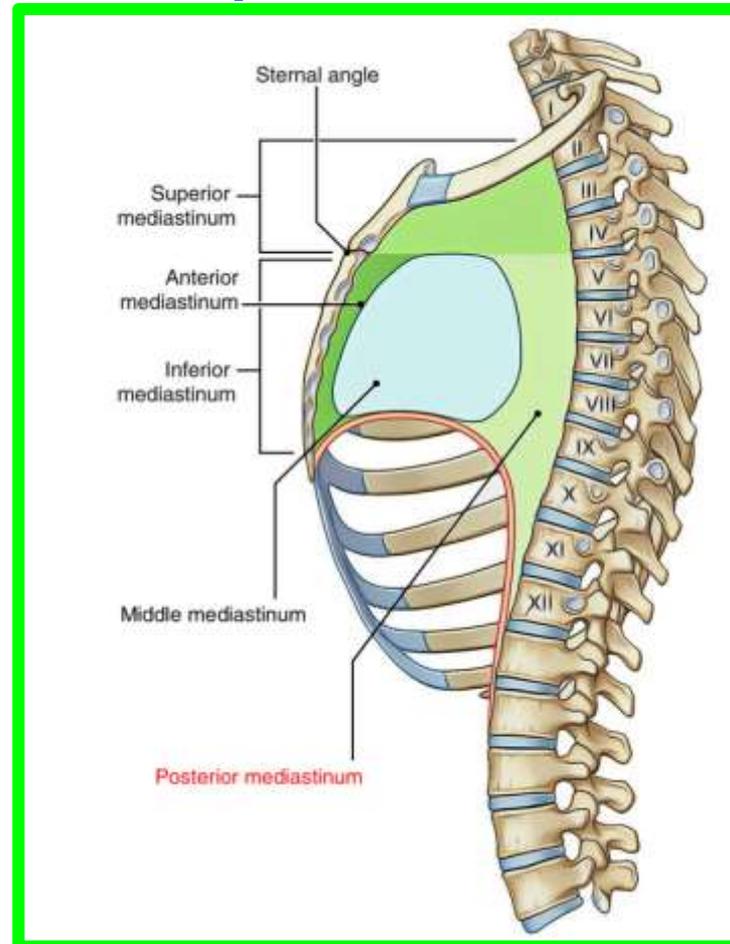
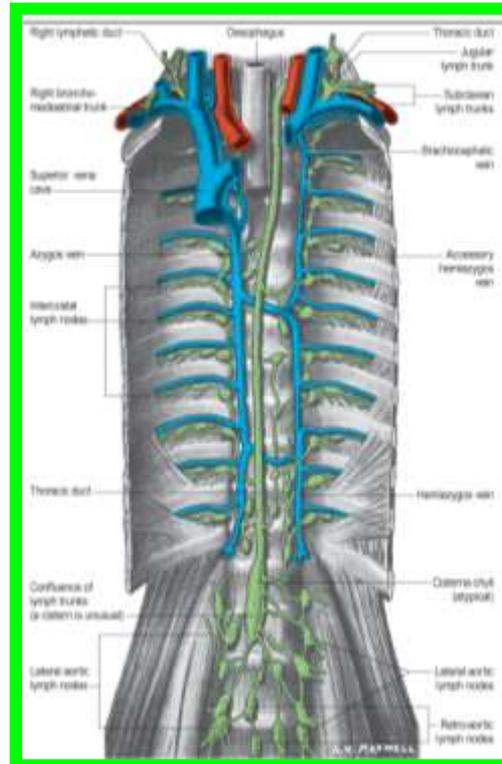
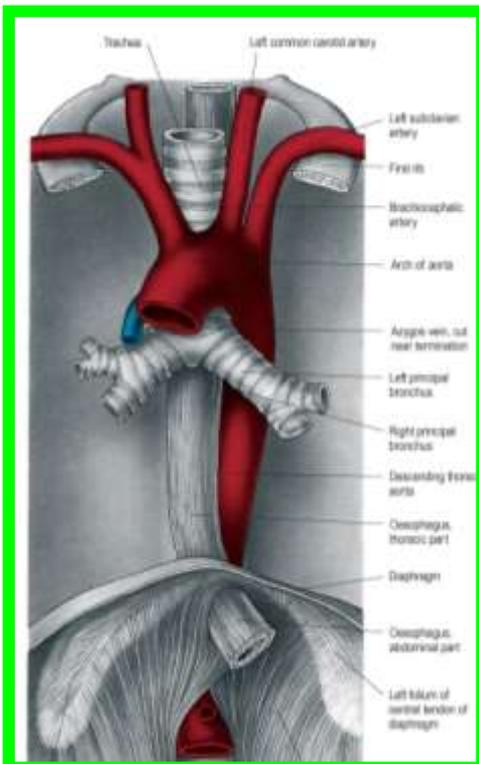


Posterior mediastinum

** Boundaries;

- ✓ **Anteriorly**, pericardium.
- ✓ **Posteriorly**, The bodies of T5 to T12 thoracic vertebrae.
- ✓ **Superiorly**, The horizontal transverse thoracic plane
- ✓ **Inferiorly**, diaphragm.
- ✓ **On each side**, pleura and lung.

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Posterior mediastinum

- 1) Oesophagus and oesophageal nerve plexus.
- 2) Descending thoracic aorta.
- 3) Thoracic duct.
- 4) Azygos vein.
- 5) Hemiazygos vein.
- 6) Accessory hemiazygos vein.
- 7) Right and left vagus nerves.
- 8) Sympathetic chains
- 9) Posterior mediastinal lymph nodes.
- 10) Pre-vertebral muscles.
- 11) Anterior longitudinal ligament.

** Contents

Posterior Mediastinum Contents

mnemonic : "DATES"

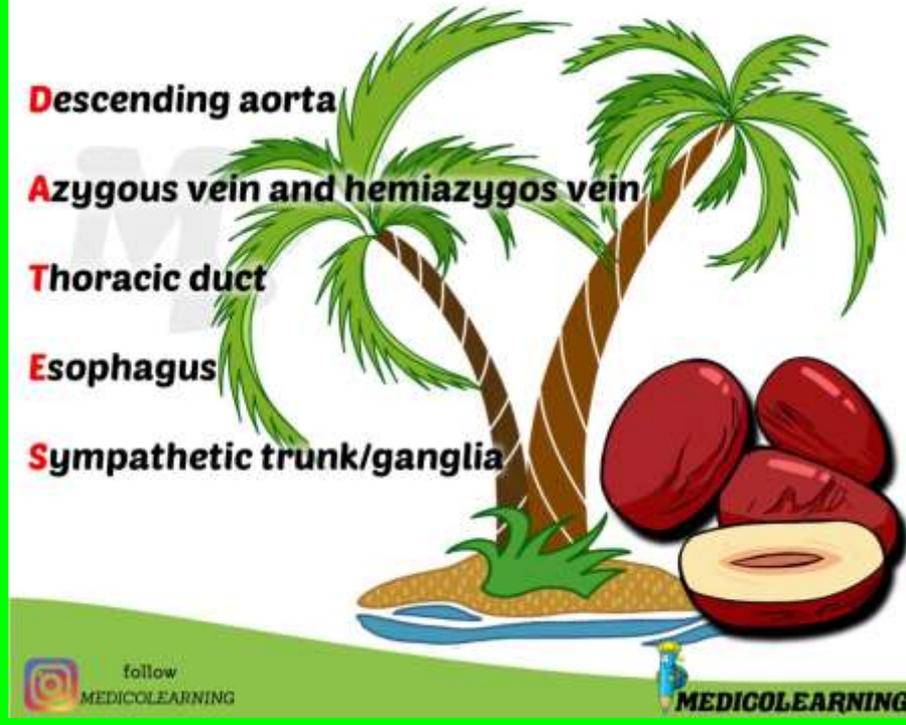
Descending aorta

Azygos vein and hemiazygos vein

Thoracic duct

Esophagus

Sympathetic trunk/ganglia

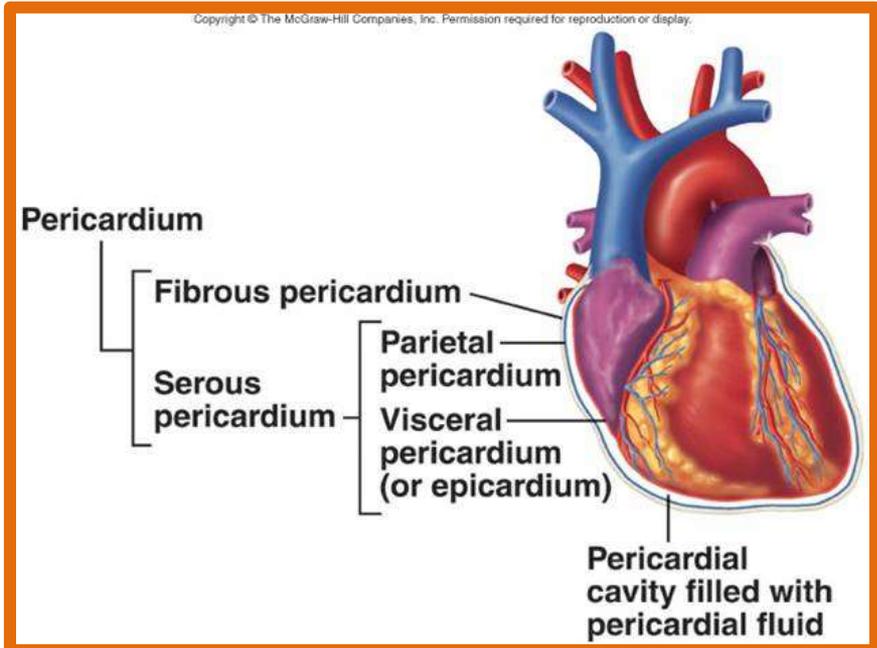
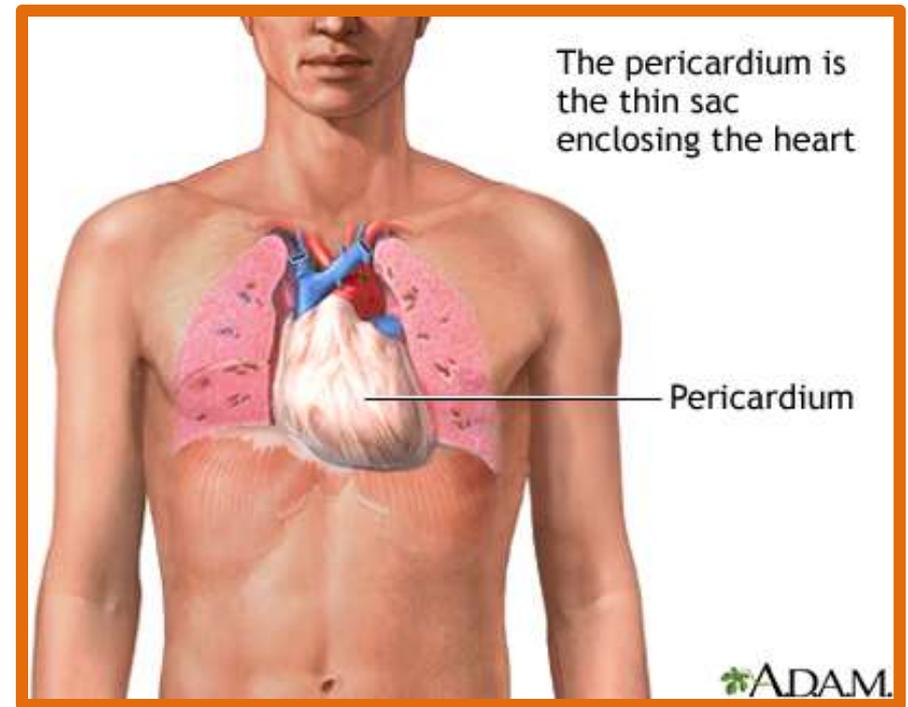


Pericardium

The pericardium is a **fibroserous sac** that encloses the heart and the roots of the great vessels.

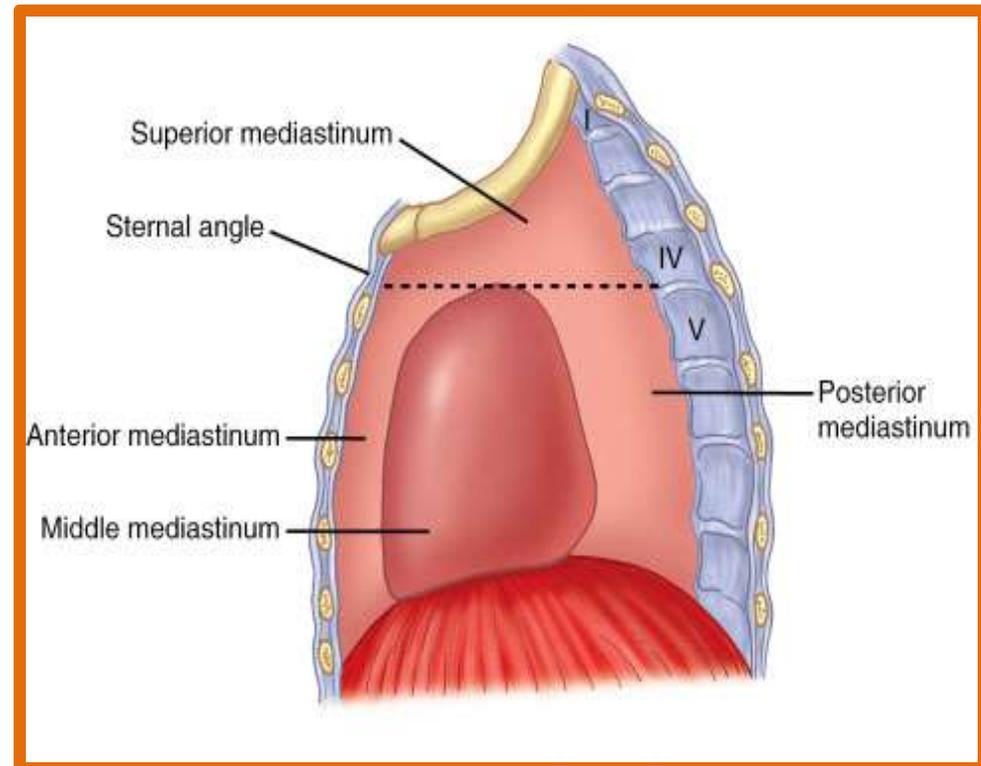
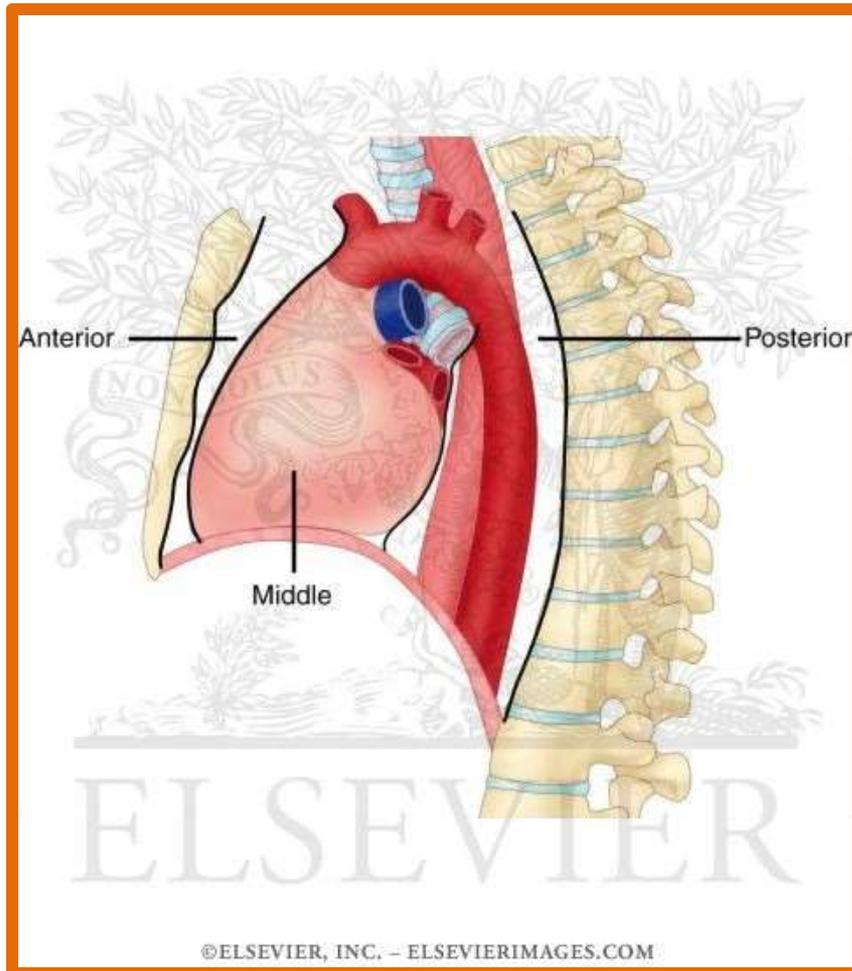
** Functions

- 1- Maintains a constant position of the heart.
- 2- Being non elastic, it prevent over distension of the heart.
- 3- Keeps the mouths of the blood vessels open.



Pericardium

The pericardium lies within **the middle mediastinum**, posterior to the body of the sternum and the **2nd** to the **6th** costal cartilages and anterior to **the 5th** to **the 8th** thoracic vertebrae

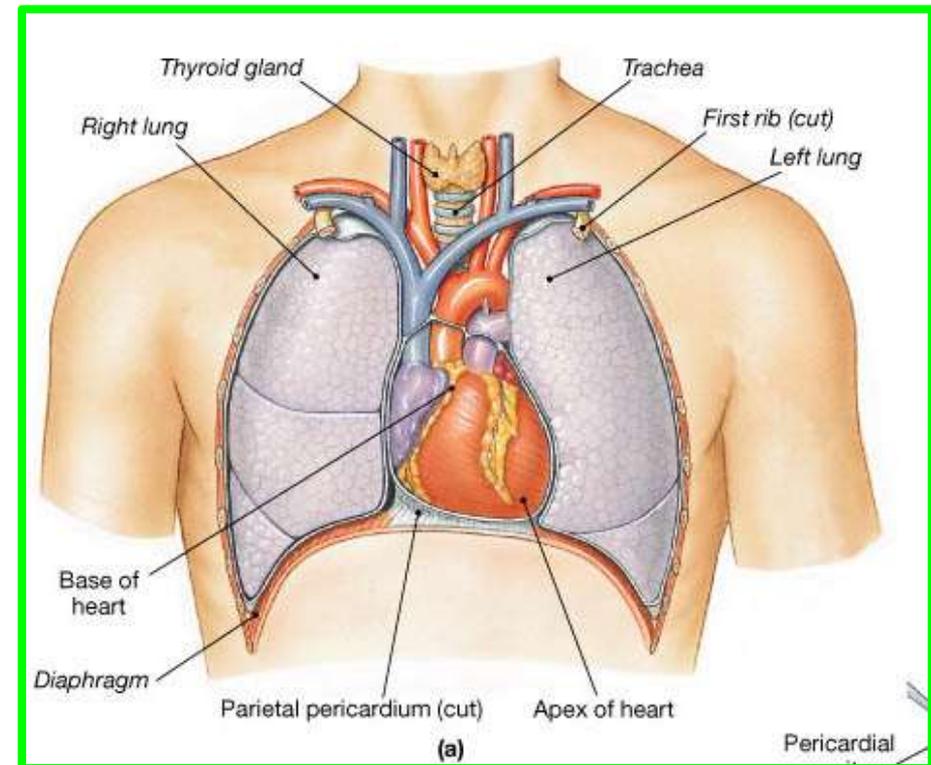
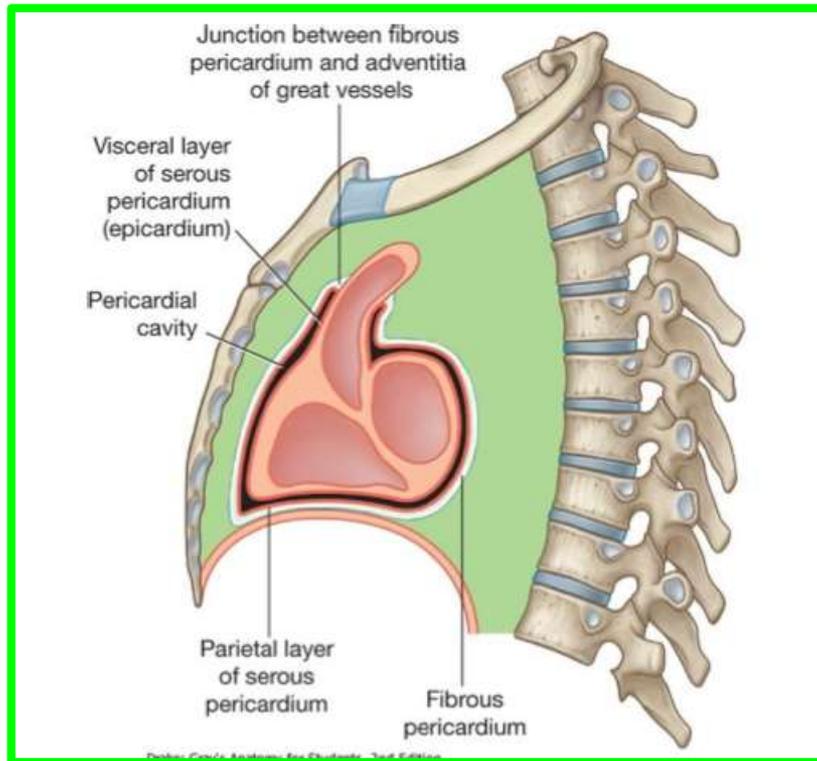


Fibrous Pericardium

Is the strong fibrous part of the sac.

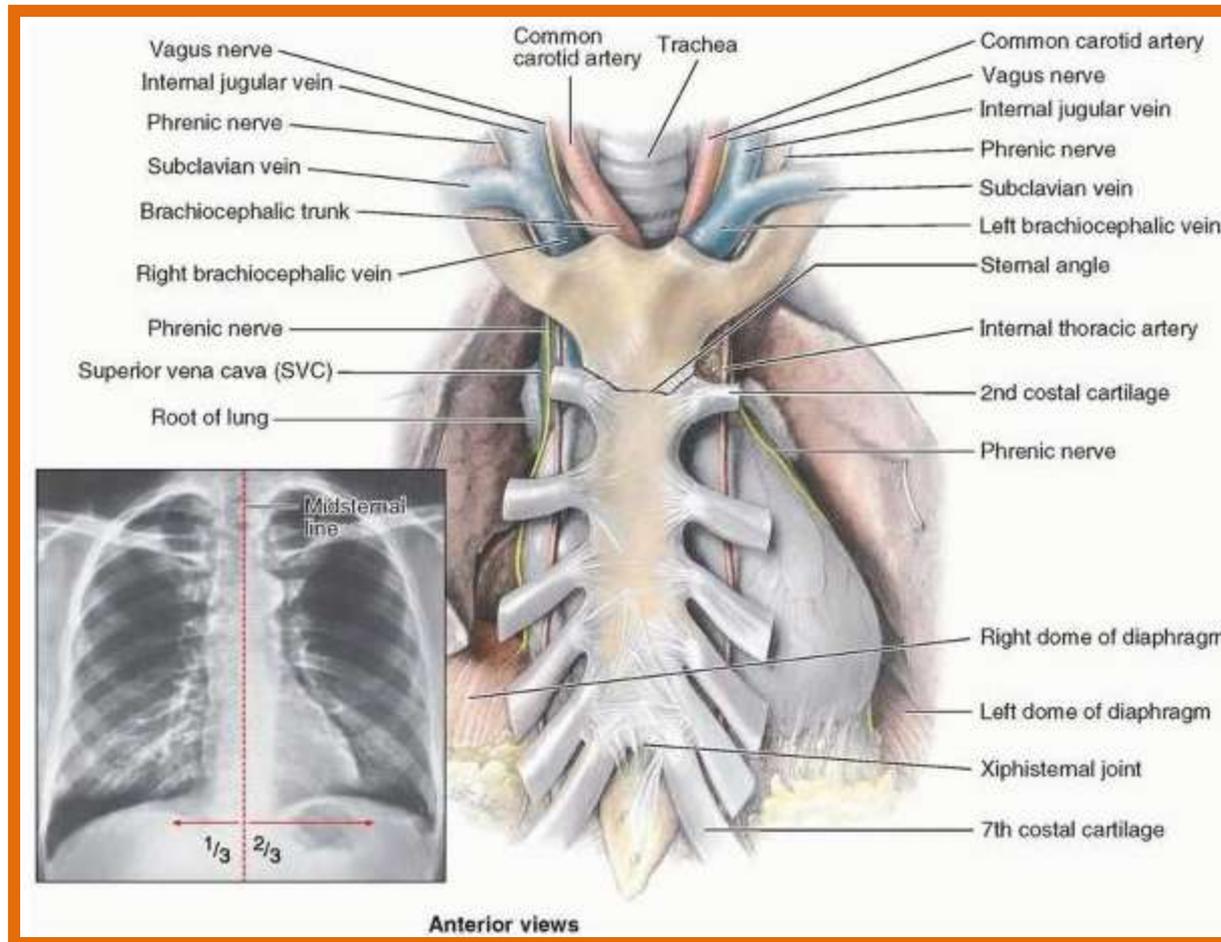
It is firmly attached below to the central tendon of the diaphragm.

It fuses with the outer coats of the great blood vessels passing through it namely, the **aorta**, the **pulmonary trunk**, the **superior and inferior venae cavae**, and the **pulmonary veins**



Fibrous Pericardium

The fibrous pericardium is attached in front to the sternum by the sternopericardial ligaments (Superior and Inferior)



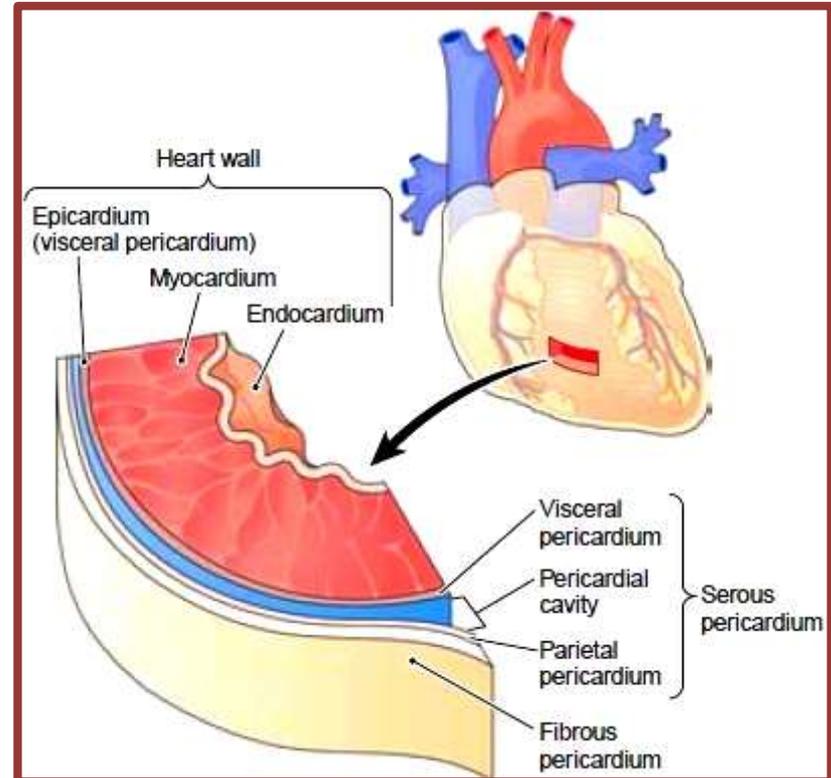
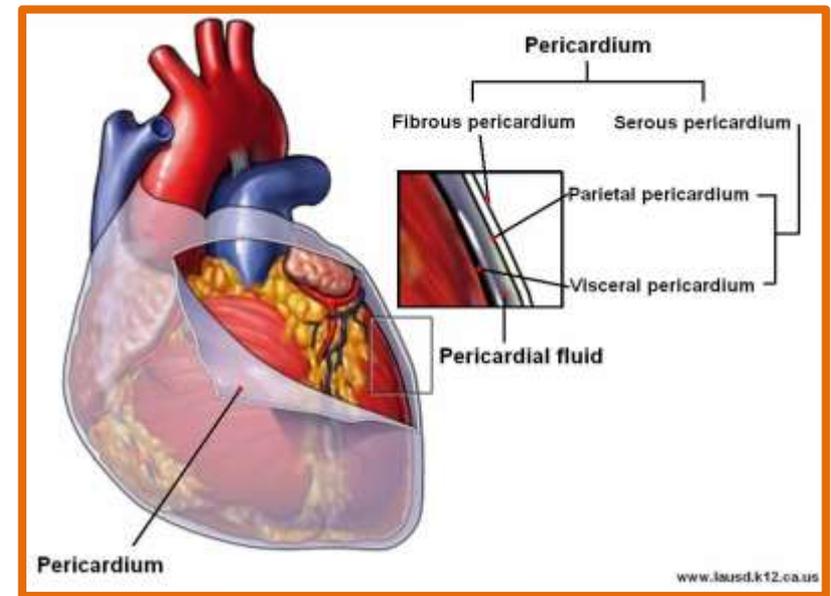
Serous Pericardium

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The serous pericardium lines the fibrous pericardium and coats the heart.

❑ It is divided into **parietal** and **visceral layers**

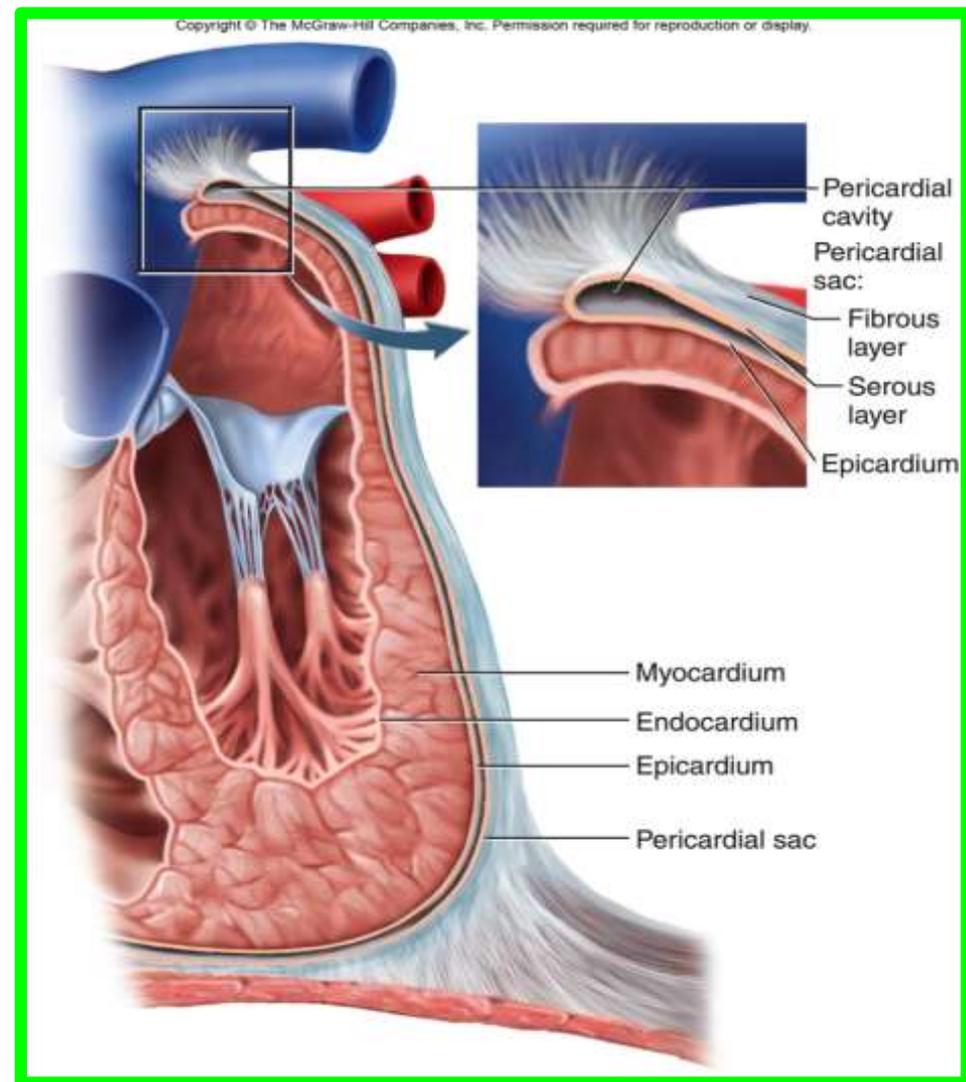
❖ **The parietal layer** lines the fibrous pericardium and is reflected around the roots of the great vessels to become continuous with **the visceral layer** of **serous pericardium** that closely covers the heart



Serous Pericardium

❖ **The visceral layer** is closely applied to the heart and is often called **the epicardium**.

The slitlike space between **the parietal** and **visceral layers** is referred to as **the pericardial Cavity**.



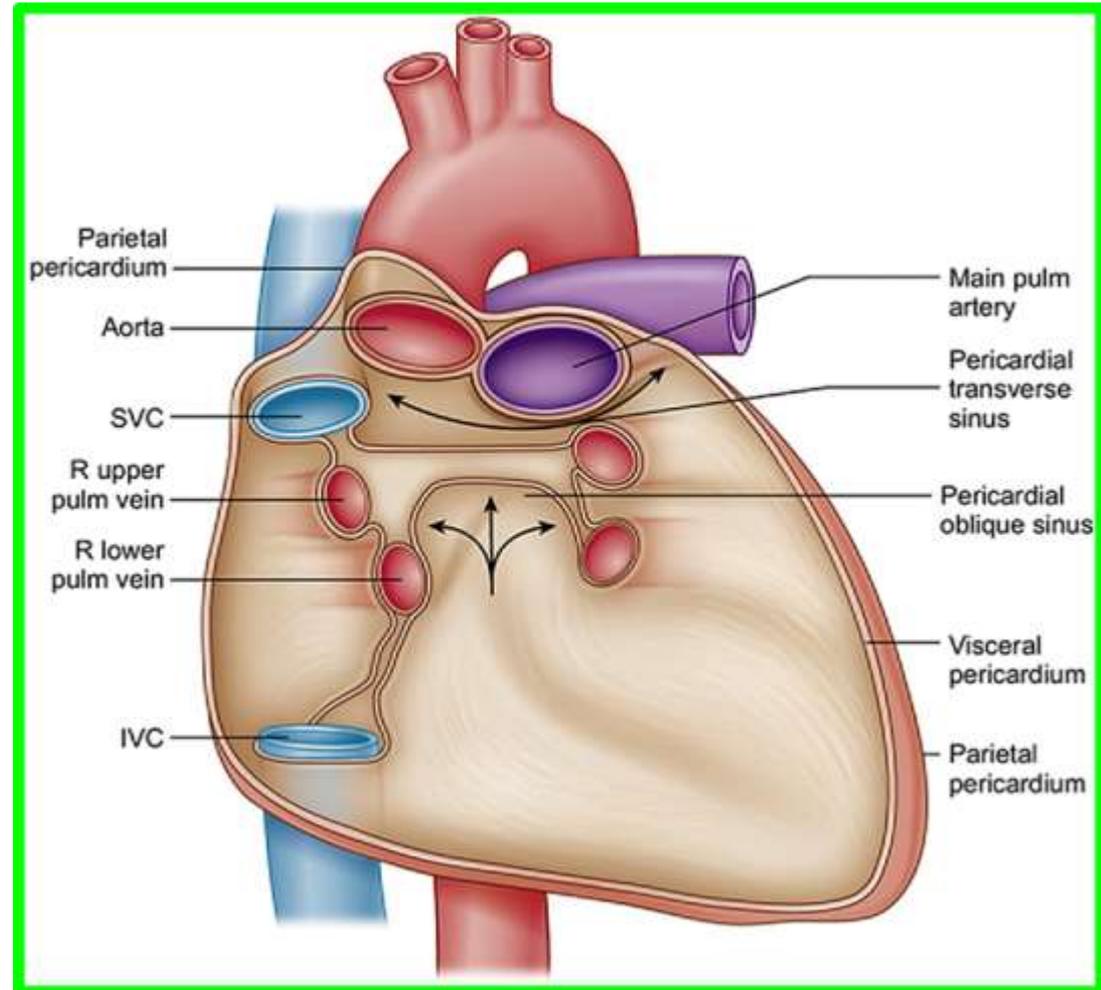
Normally, the cavity contains a small amount of tissue fluid (about 50 mL), **the pericardial fluid**, which acts as a lubricant to facilitate movements of the heart

Pericardial Sinuses

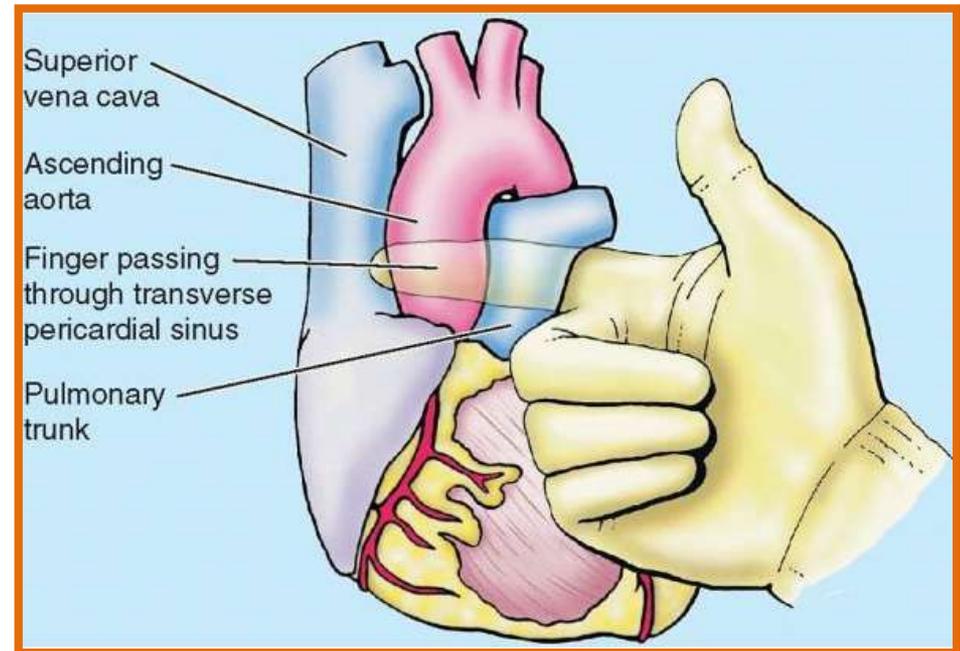
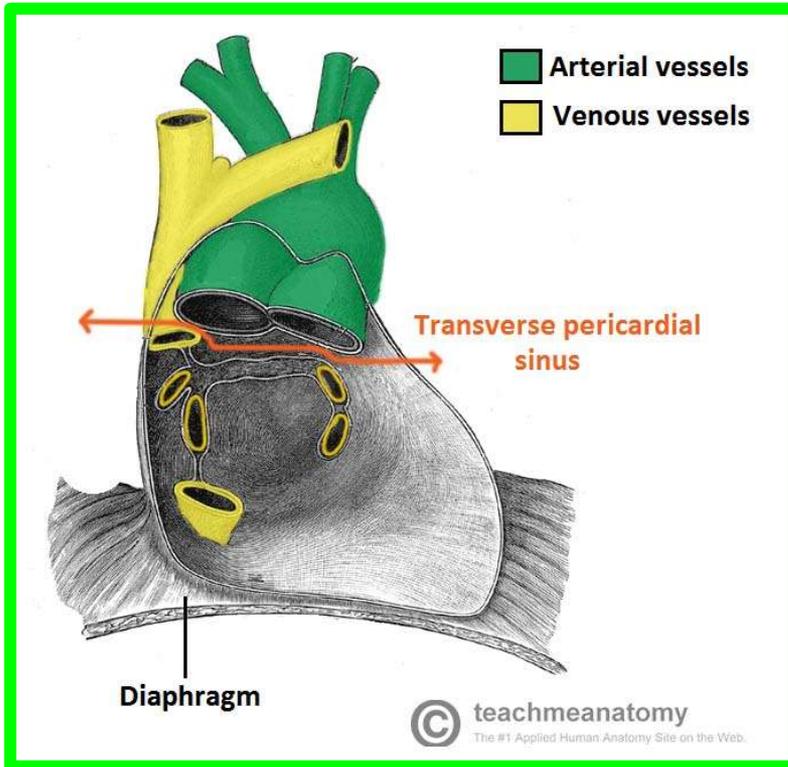
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Between parietal and visceral layers there are two sinuses:

- ❑ the transverse sinus and
- ❑ the oblique sinus of the pericardium.



- ❖ The **transverse sinus** is a passage above the heart, between the **ascending aorta and pulmonary trunk** in front and **the superior vena cava, left atrium and pulmonary veins** behind



- ✓ It is through the transverse sinus that **temporary ligature is passed to occlude pulmonary trunk and aorta during pulmonary embolectomy and cardiac operations.**

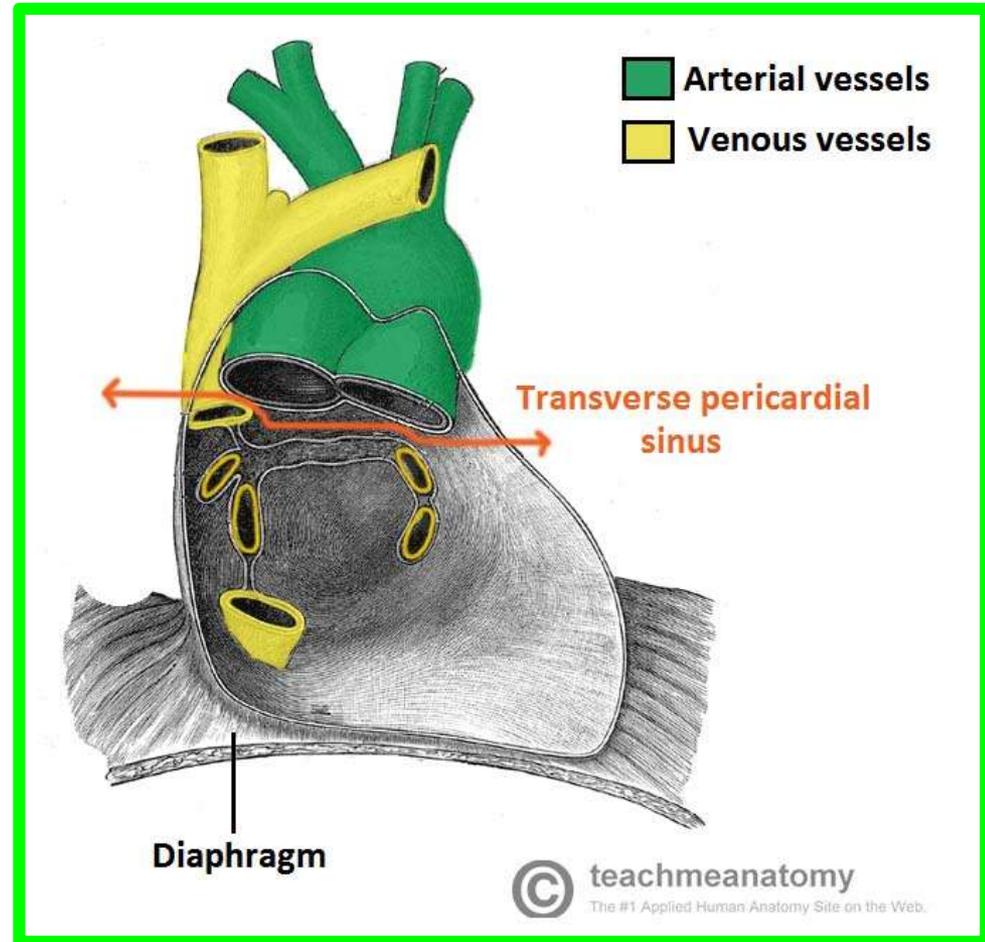
The transverse sinus

** Formation:

- It is formed by the reflection of **the visceral pericardium** from the front of the **2 atria** to the back of the ascending aorta and pulmonary trunk.

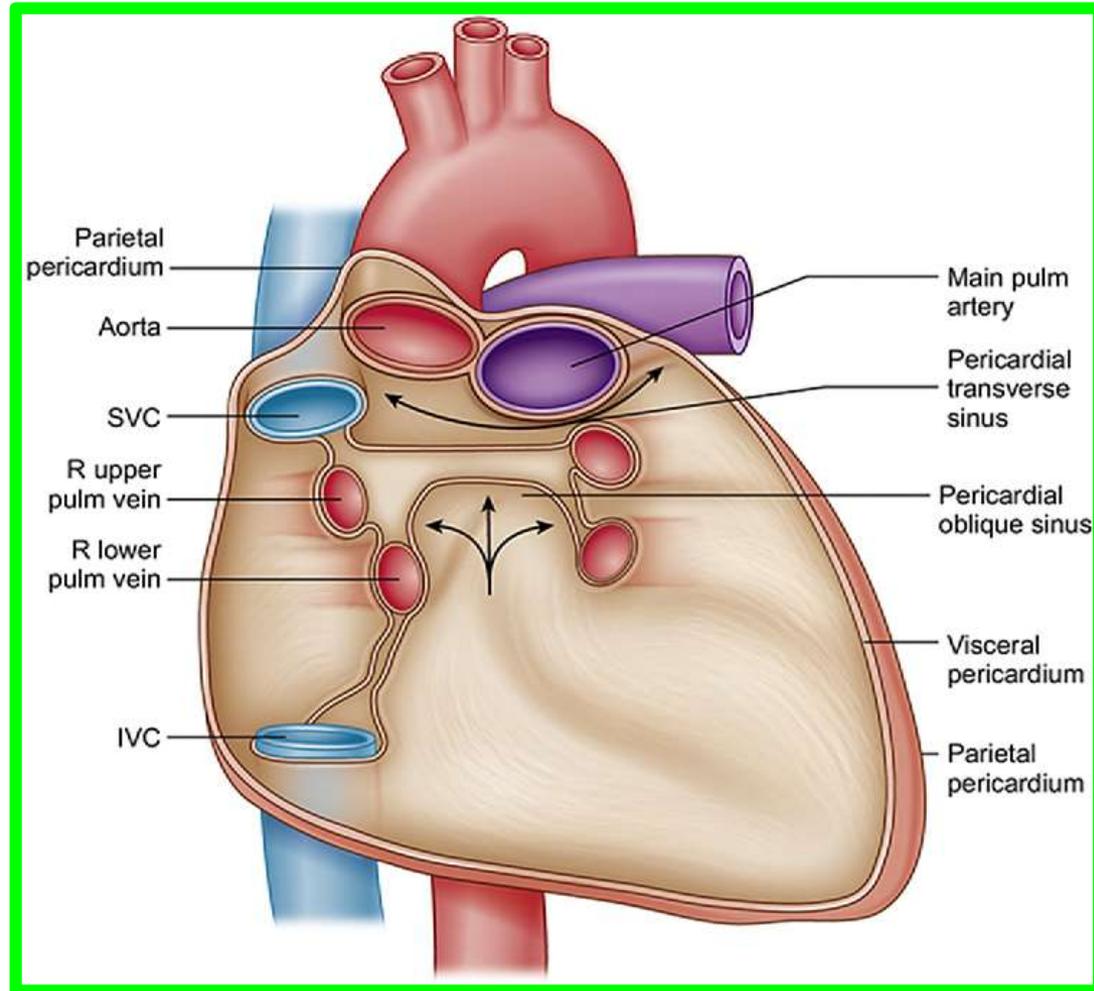
** Boundaries:

- ✓ **Anteriorly**, ascending aorta and pulmonary trunk.
- ✓ **Posteriorly**, SVC and 2 atria.
- ✓ **Superiorly**, Right pulmonary artery.
- ✓ **Inferiorly**, reflection of the visceral pericardium from the front of the 2 atria to the back of the great vessels.



❑ The **oblique sinus** is a space behind the heart, between **the left atrium** in front and **the fibrous pericardium** behind, posterior to which lies the oesophagus.

❑ A hand passed from below easily enters the oblique sinus, but the fingertips can only pass up as far as a **double fold of serous pericardium** that separates the **oblique and transverse sinuses** from each other



The oblique sinus

**** Formation:** It is formed by the reflection of the visceral layer at the upper part of the posterior aspect of the left atrium to lined the fibrous pericardium.

**** Boundaries:**

- ✓ **Anteriorly:** posterior wall of the left atrium.
- ✓ **Posteriorly:** Fibrous pericardium which separate the sinus from the contents of the posterior mediastinum.
- ✓ **Superiorly:** it is closed by reflection of the visceral layer from the back of the left atrium to fibrous pericardium.
- ✓ **Inferiorly (opening of the sinus):** continues with the pericardial cavity.
- ✓ **Right side:** I.V.C and 2 right pulmonary veins.
- ✓ **Left side:** 2 left pulmonary veins.

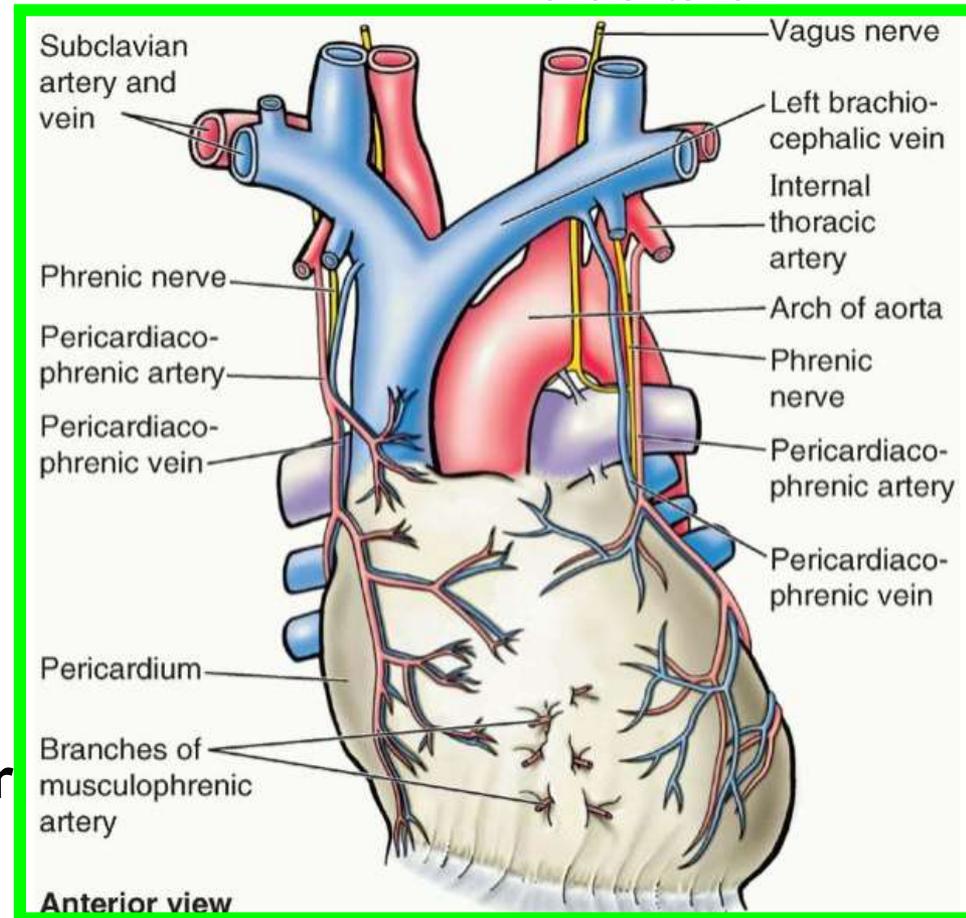
The arterial supply of the pericardium

is mainly from branch of **the internal thoracic artery,**
(the pericardiophrenic artery)

Smaller contributions of blood
come from the:

- **Musculophrenic artery,** a terminal branch of the internal thoracic artery.
- **Bronchial, esophageal, and superior phrenic arteries,** branches of the thoracic aorta.
- **Coronary arteries** (visceral layer of serous pericardium only), the first branches of the aorta.

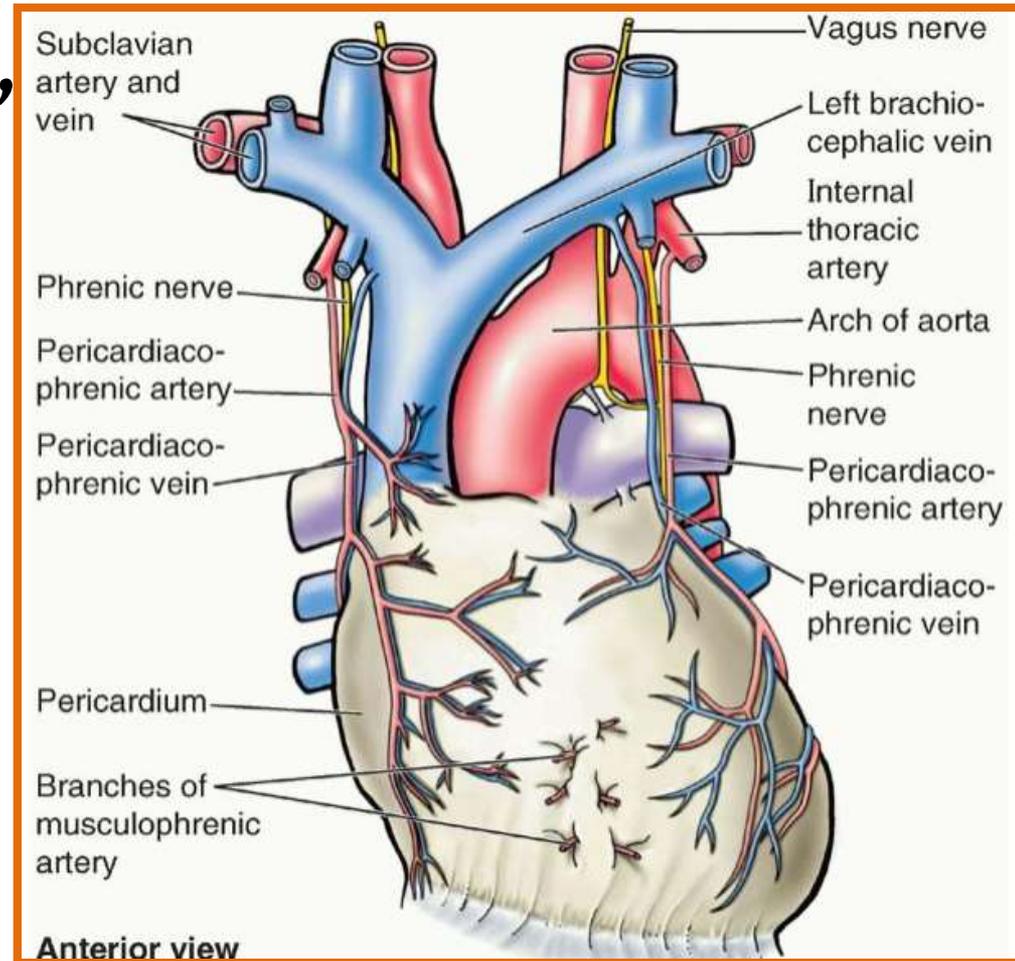
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The venous drainage of the pericardium is from the:

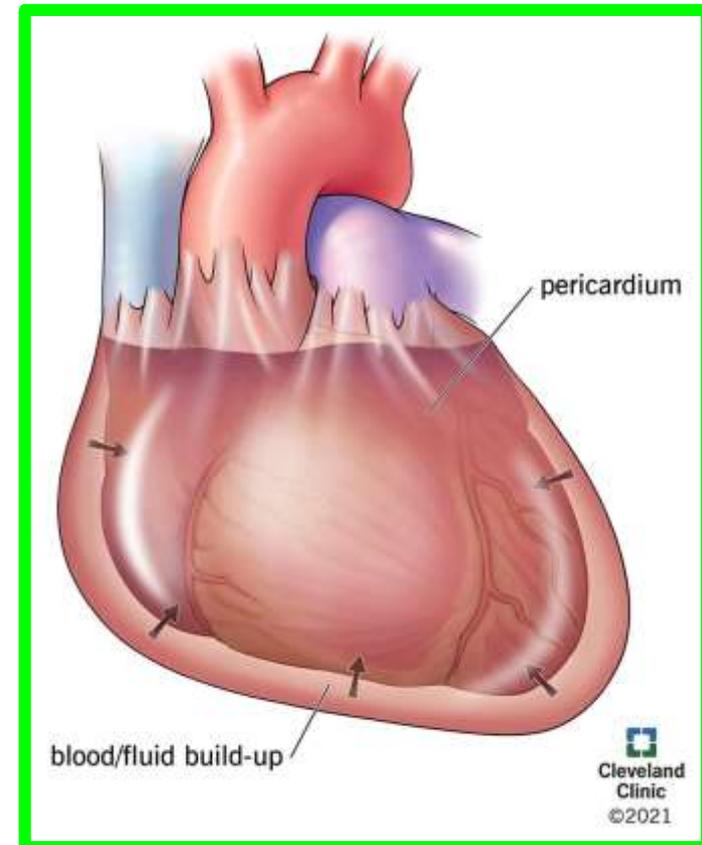
Pericardiophrenic veins, tributaries of the brachiocephalic (or internal thoracic) veins.

Variable tributaries of the azygos venous system



**** Applied anatomy; in certain disease the pericardial cavity may contain.**

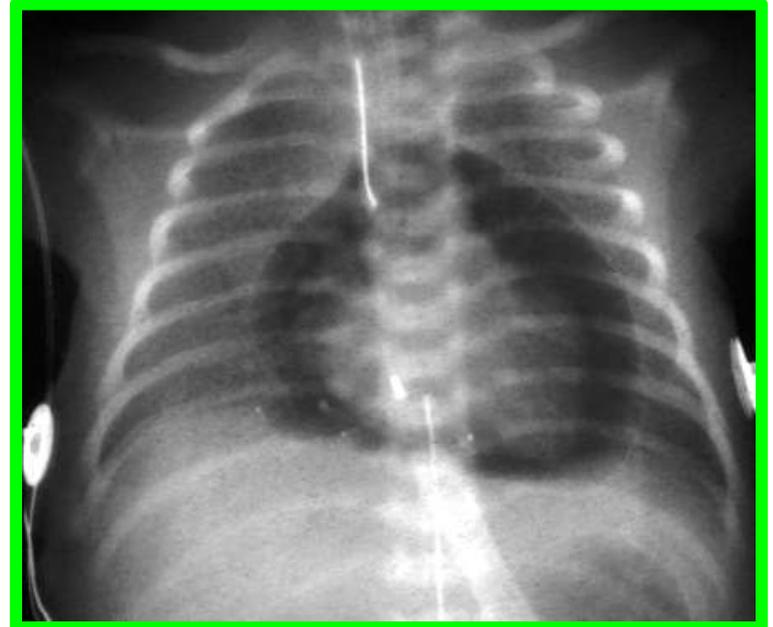
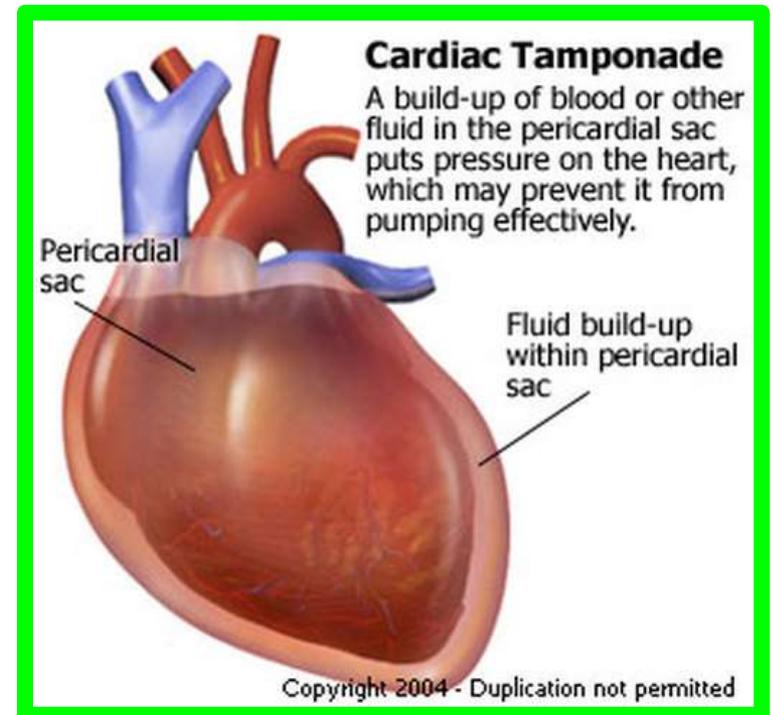
1. Blood (**haemopericardium**).
2. Pus (**pyopericardium**).
3. Lymphatic (**chylopericardium**).
4. Excess fluid than normal (**pericardial effusion**).



Cardiac Tamponade

The fibrous pericardium is a tough, inelastic, If **extensive pericardial effusion** exists, the compromised volume of the sac does not allow full expansion of the heart, limiting the amount of blood the heart can receive, which in turn reduces cardiac output.

Cardiac Tamponade (heart compression), is a **potentially lethal condition** because heart volume is increasingly compromised by the fluid outside the heart but inside the pericardial cavity.

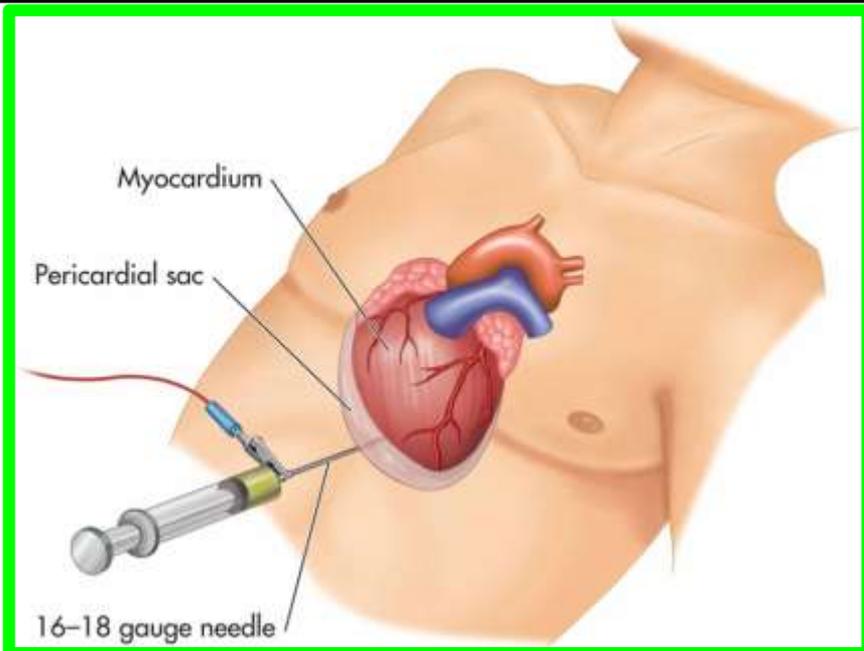


Pericardiocentesis

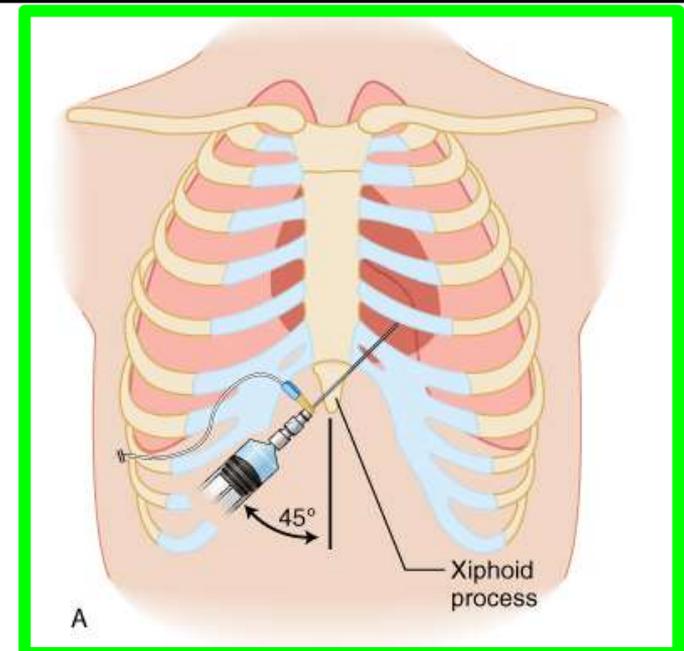
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Drainage of fluid from the pericardial cavity,, is usually necessary to relieve cardiac tamponade, a wide-bore needle may be inserted through the **left 5th or 6th intercostal space** near the sternum

In acute cardiac tamponade from hemopericardium, **an emergency thoracotomy** may be performed so that the pericardial sac may be incised to immediately relieve the tamponade and establish stasis of the hemorrhage (**stop the escape of blood**) from the heart

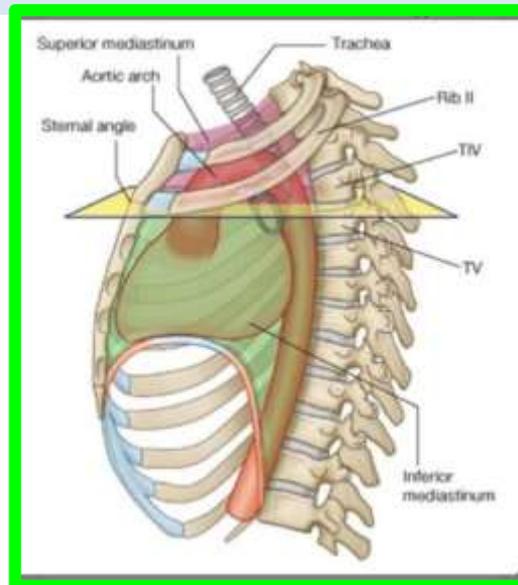


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Importance of the level of T4/T5 (sternal angle)

1. Junction of superior and inferior mediastinum.
2. Level of beginning and termination of arch of aorta.
3. Level of beginning of descending aorta.
4. Level of termination of azygos vein in the back of SVC.
5. Level of bifurcation of the trachea.
6. Level of bifurcation of the pulmonary trunk.
7. Level of sternal angle and anterior end of the 2nd rib.





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