يمنع أخذ السلايدات بدون إذن المحرر واي يخالف ذلك يقع تحت طائلة المسؤولية القانونية جميع المعلومات للاستخدام التعليمي فقط

الأستاذ الدكتور يوسف حسين

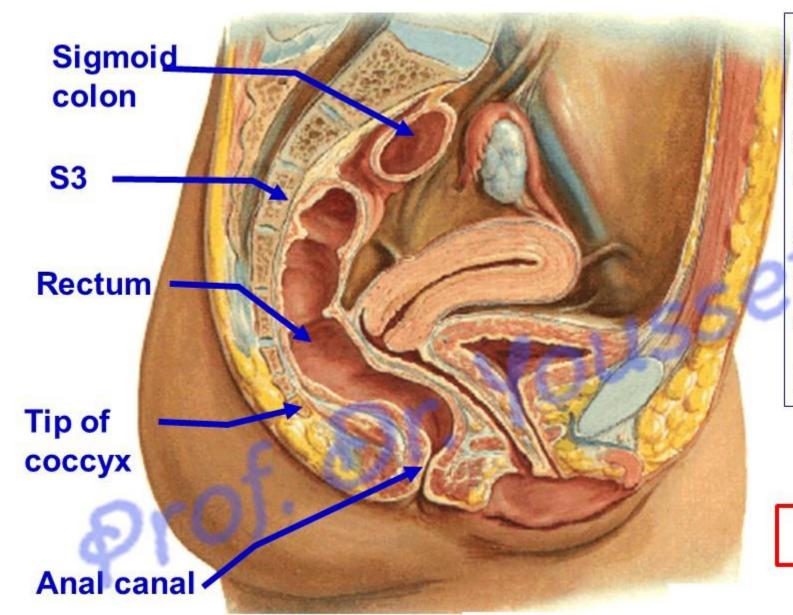
00201224904201 32131 رئيس قسم التشريح والأنسجة والأجنة

كلية الطب - جامعة مؤتة - الأردن

دكتوراة من جامعة كولونيا المانيا

Prof. Dr. Youssef Hussein Anatomy - YouTube





** Beginning: a continuation of the sigmoid colon at the 3rd sacral vertebra.

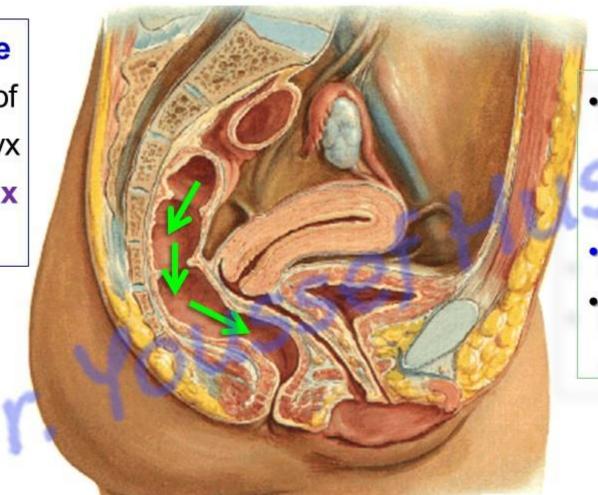
** End: at anorectal junction; one inch below and in front the tip of the coccyx.

** Length, it is about 12 cm long.

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Anteroposterior flexure

 Follows the curvature of the sacrum and coccyx (Sacral flexure, convex backward).



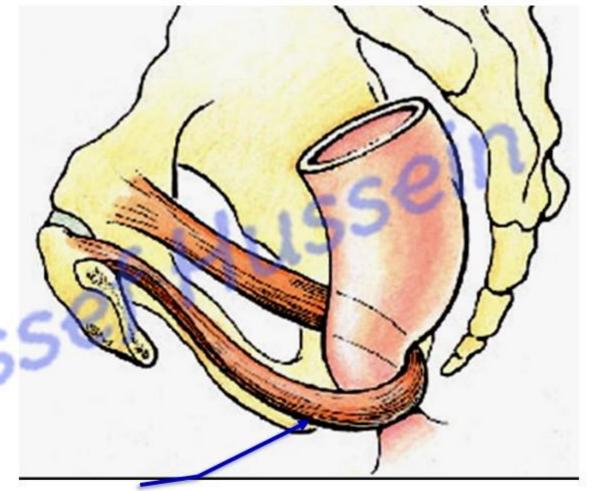
It descends
 Downwards and
 backwards

- Downwards
- Downwards and forwards

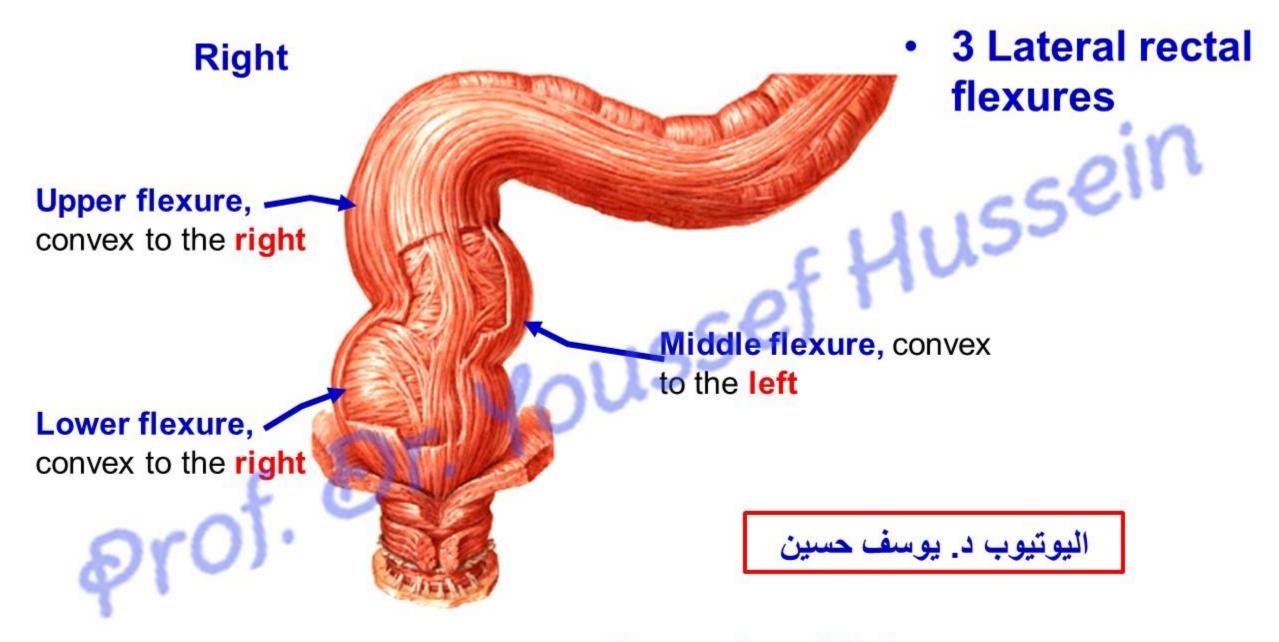
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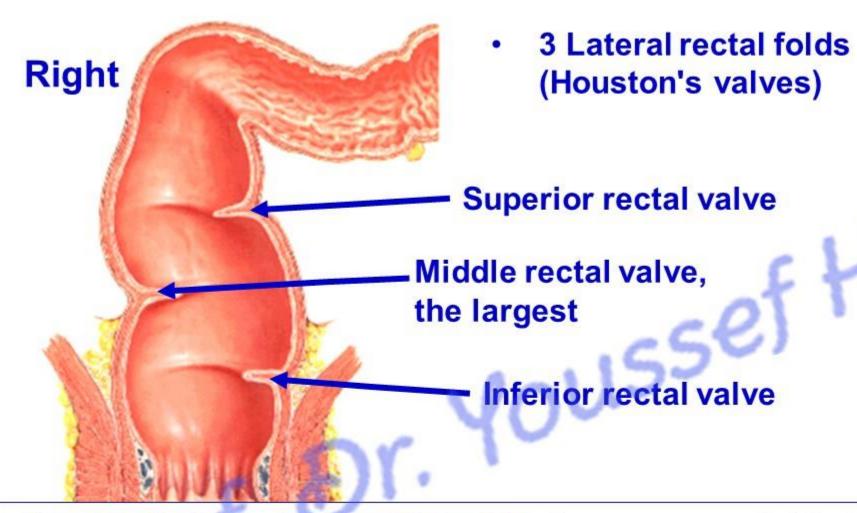
Anteroposterior flexure

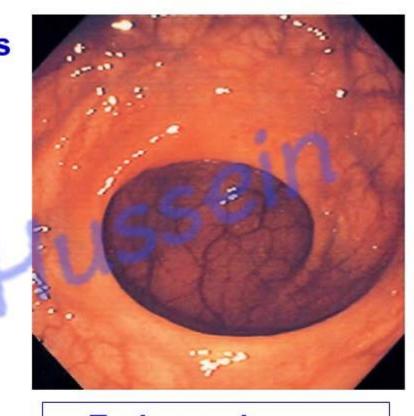
- At anorectal junction (convex forward): puborectalis portion of levator ani muscles forms a sling at the junction of rectum with anal canal and pulls this part of forward.
- It is an important mechanism for fecal continence during the resting state by its active contraction during peristaltic contractions if defecation is not to occur



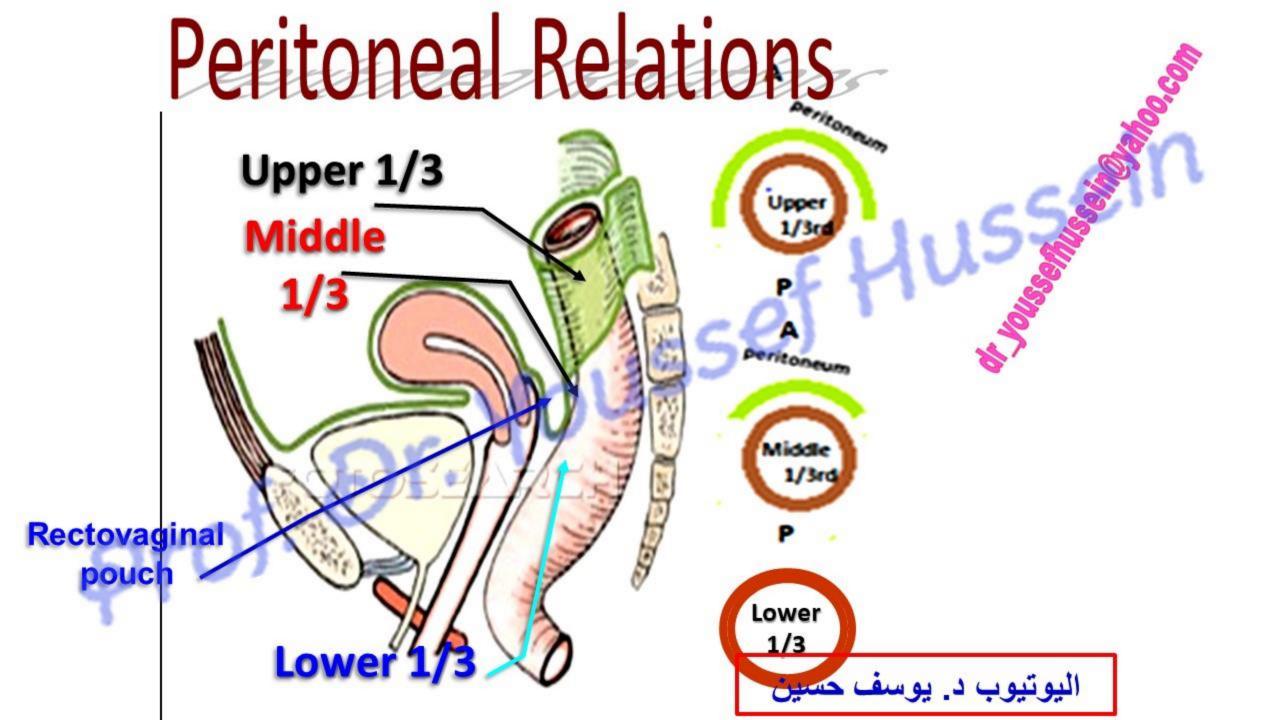
puborectalis

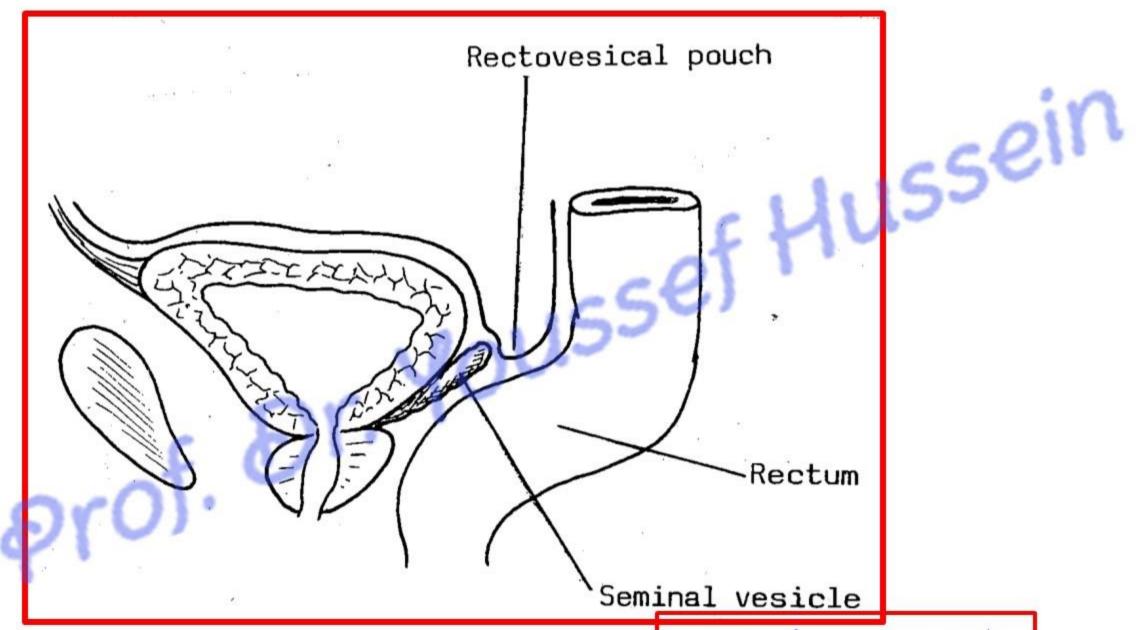






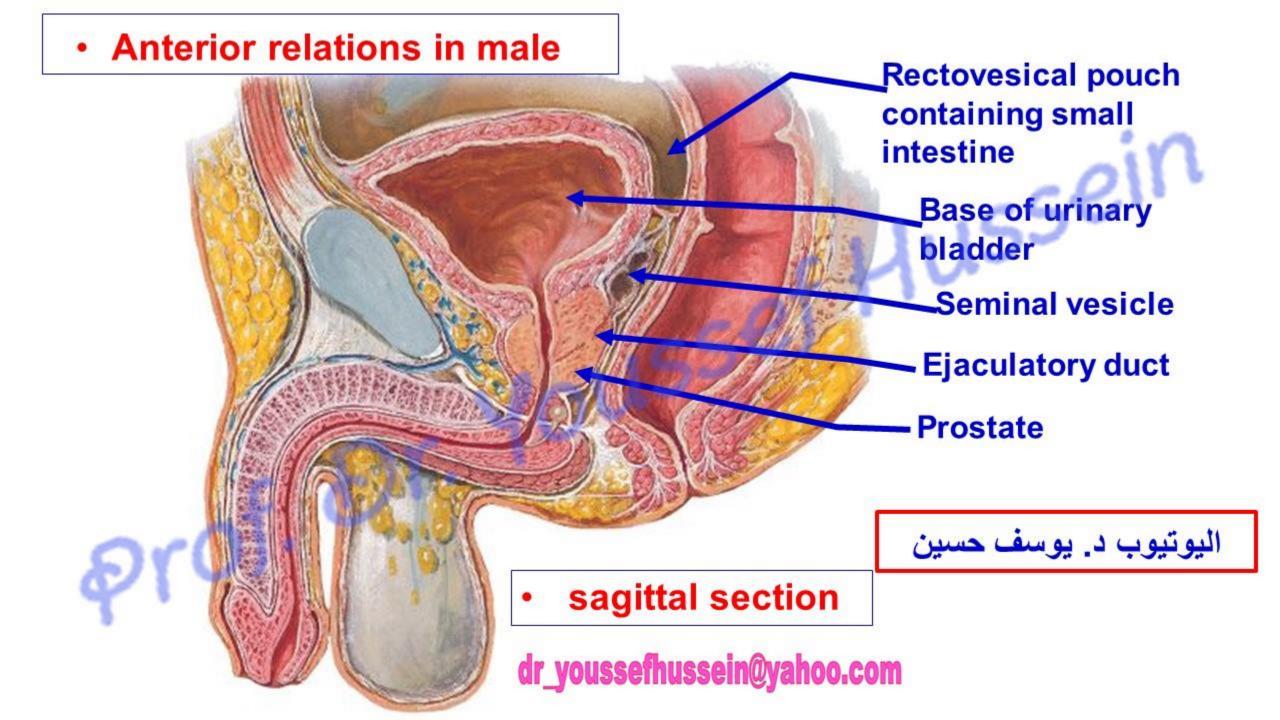
- Endoscopic appearance
- Rectal shelves- Houston's valve: 3 transverse folds lie close to inner aspect of concave side of 3 lateral flexures.
- Functions; support the weight of the stool, and prevent اليوتيوب د. يوسف حسين and prevent its urging toward the anus. dr_youssefhussein@yahoo.com

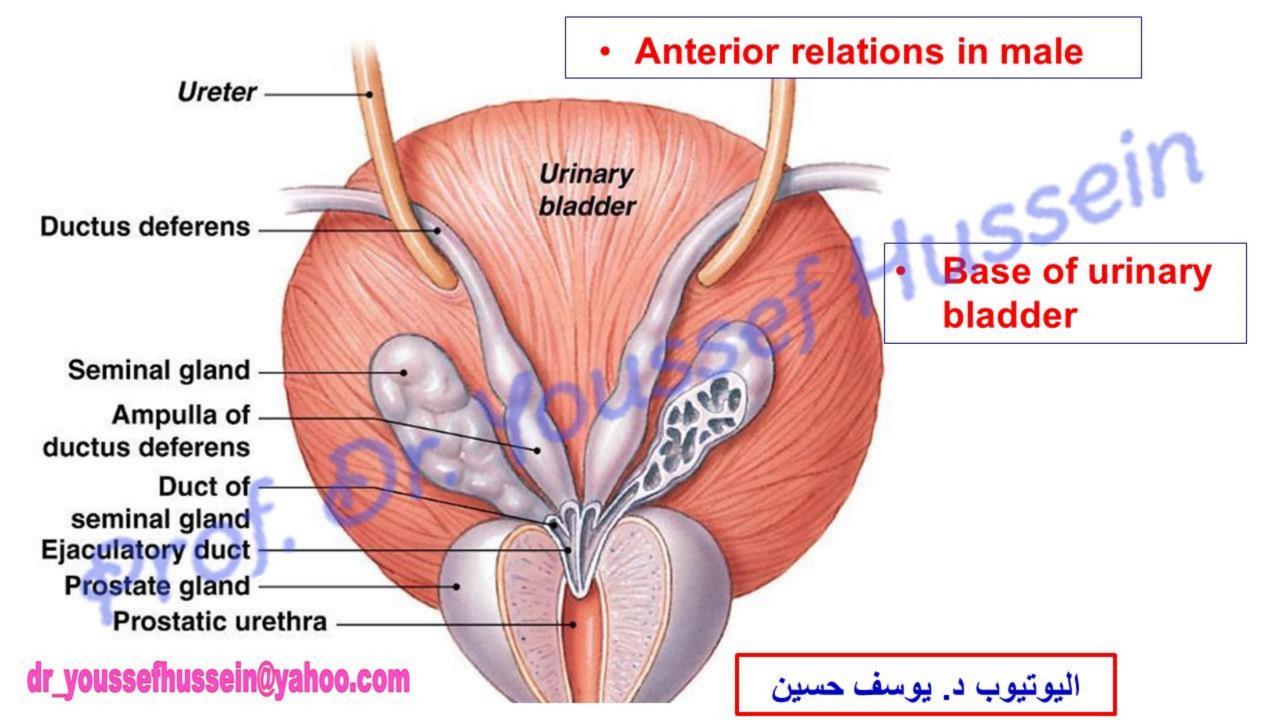




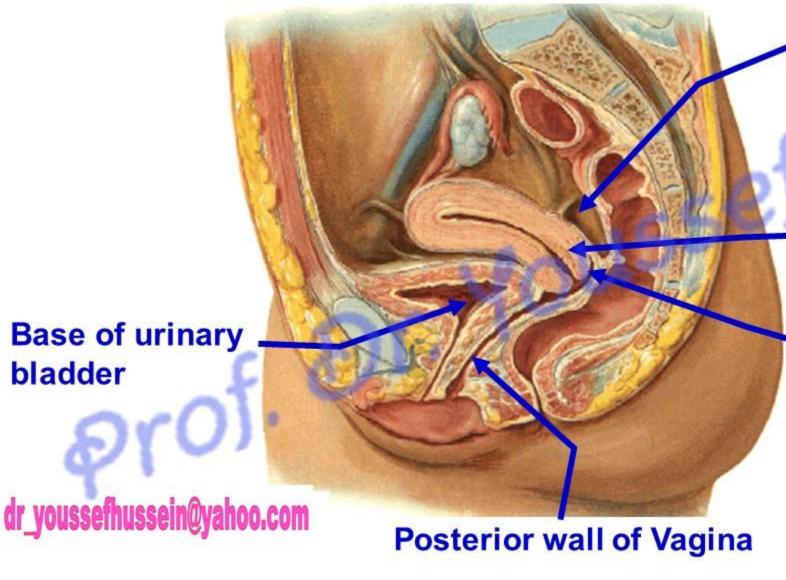
** Peritoneal covering;

- 1- The upper third, is covered by peritoneum on the front and sides.
- 2- The middle third is only covered by peritoneum anteriorly.
- 3- The lower third has no peritoneal covering.
- a- In female; Reflection of peritoneum occurs from the front of the rectum at the Junction of its middle 1/3 and lower 1/3 on to the upper part of the posterior wall of the vagina to form the rectovaginal, or Douglas pouch (5.5 cm from anal orifice).
 b- In male; Reflection of peritoneum occurs from the front of the rectum at the junction
- of its middle 1/3 and lower 1/3 to the upper part of the posterior surface (base) of urinary bladder, called the rectovesical pouch of Denonviller (7.5 cm from anal orifice)





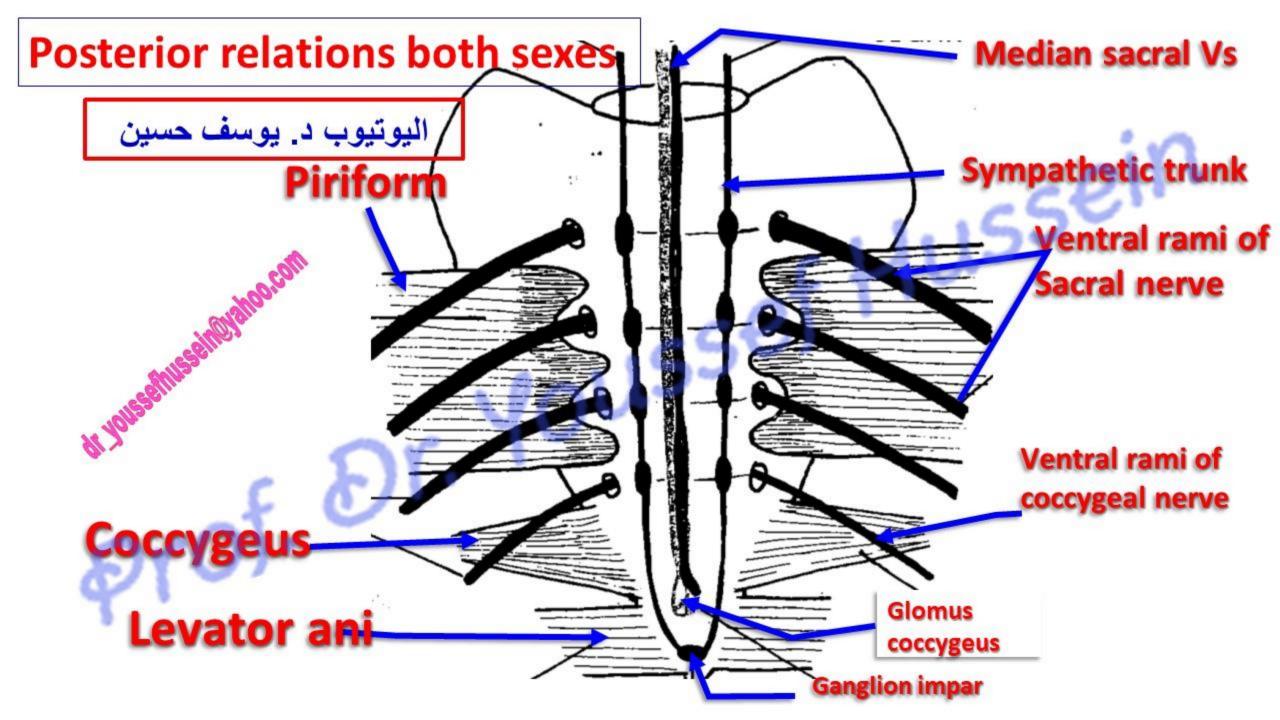
Anterior relations in female

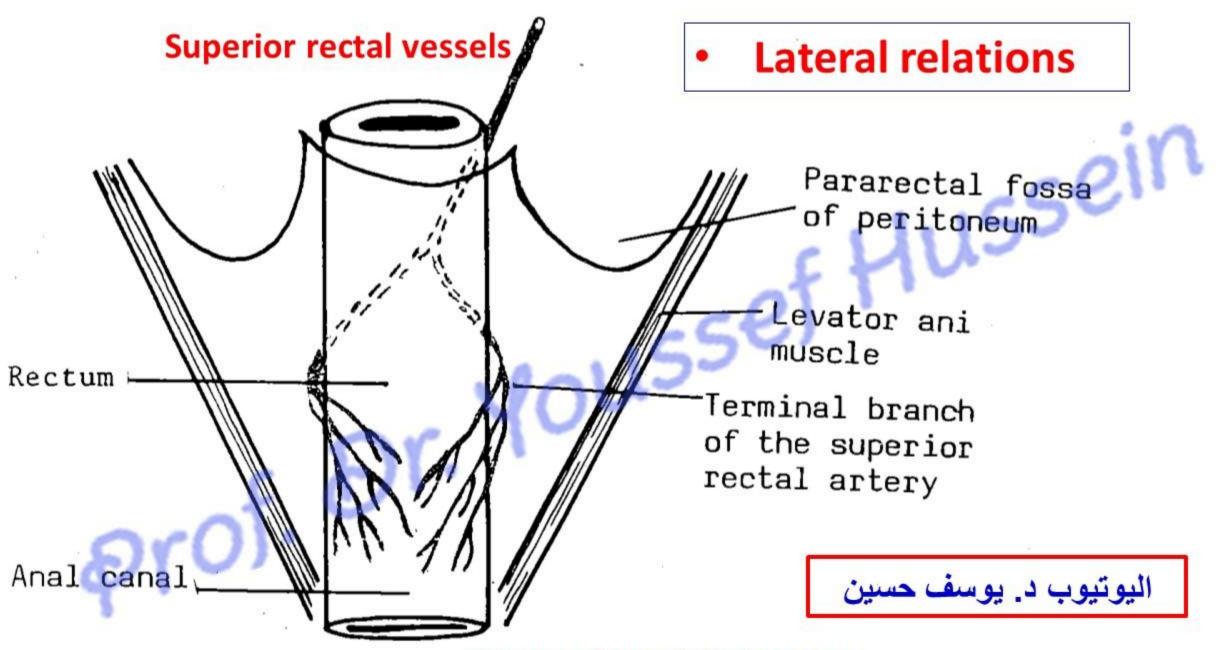


Rectovaginal pouch containing small intestine

Cervix of uterus

Posterior fornix of vagina





Factors support the rectum (Store of the stool)

- 1. Pelvic diaphragm (levator ani and coccygeus).
- 2. Perineal body.
- ussem 3. Lateral ligament of the rectum: condensation of pelvic fascia.
- 4. Rectovesical fascia of Denonviller in male (anterior): from the rectum to the back of the urinary bladder.
- 5. Rectovaginal fascia of Douglas in female (anterior): from the rectum to the back of the vagina.
- 6. Fascia of Waldeyer (posterior): condensation of pelvic fascia, connects rectum to the sacrum

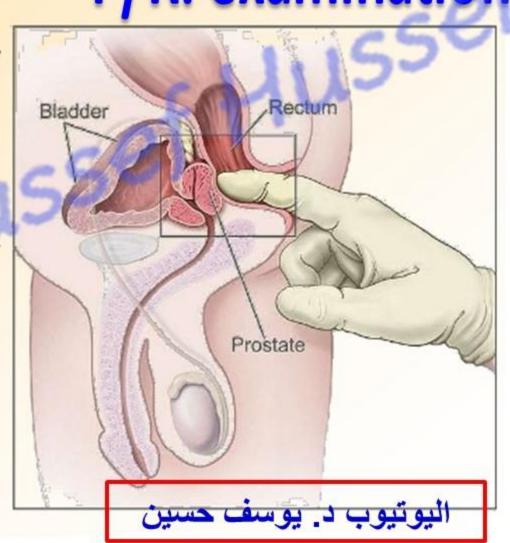
Rectal prolapse: the rectum protrudes from the anal canal

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Digital Rectal Examination Examination to check for P/R. examination

 Examination to check for abnormalities of organs or other structures in the pelvis and lower abdomen

- To check for
 - growths in or enlargement of the prostate gland in males. A tumor in the prostate can often be felt as a hard lump
 - problems in female reproductive organs (uterus and ovaries)
 - rectal bleeding or tumors in the rectum



Ulcerative colitis

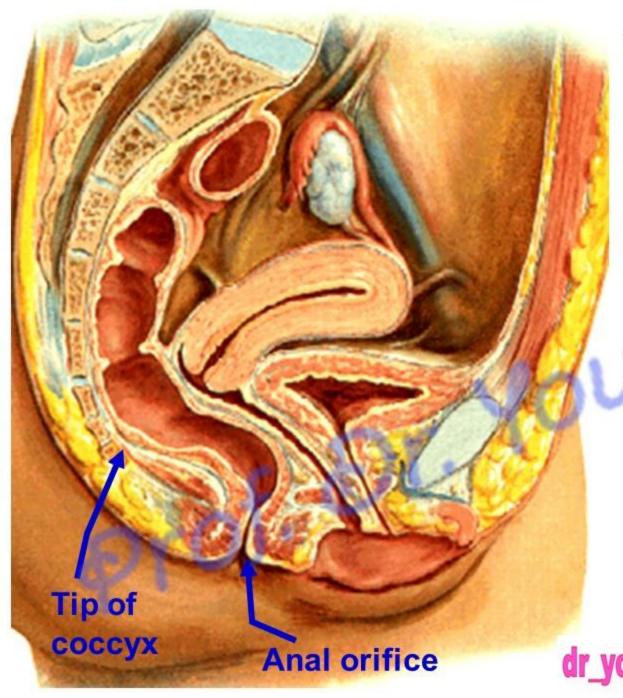
- is chronic ulceration of the colon and rectum with cramping abdominal pain, rectal bleeding, diarrhea, and loose discharge of pus and mucus with scanty fecal particles.
- Complications include hemorrhoids, abscesses, anemia, electrolyte imbalance, perforation of the colon, and carcinoma.

Irritable bowel syndrome (Nervous colon)

- Causes: unknown, Genetic factors, Food sensitivity, bacterial overgrowth and neurotransmitter
- Abdominal cramps, bloating, diarrhea or constipation







Anal Canal

** Beginning, one Inch below and in front of the tip of the coccyx as a continuation of the rectum.

** Length; It is about 4 cm long.

** End: It descends downwards and backwards to end at the anus (anal orifice).

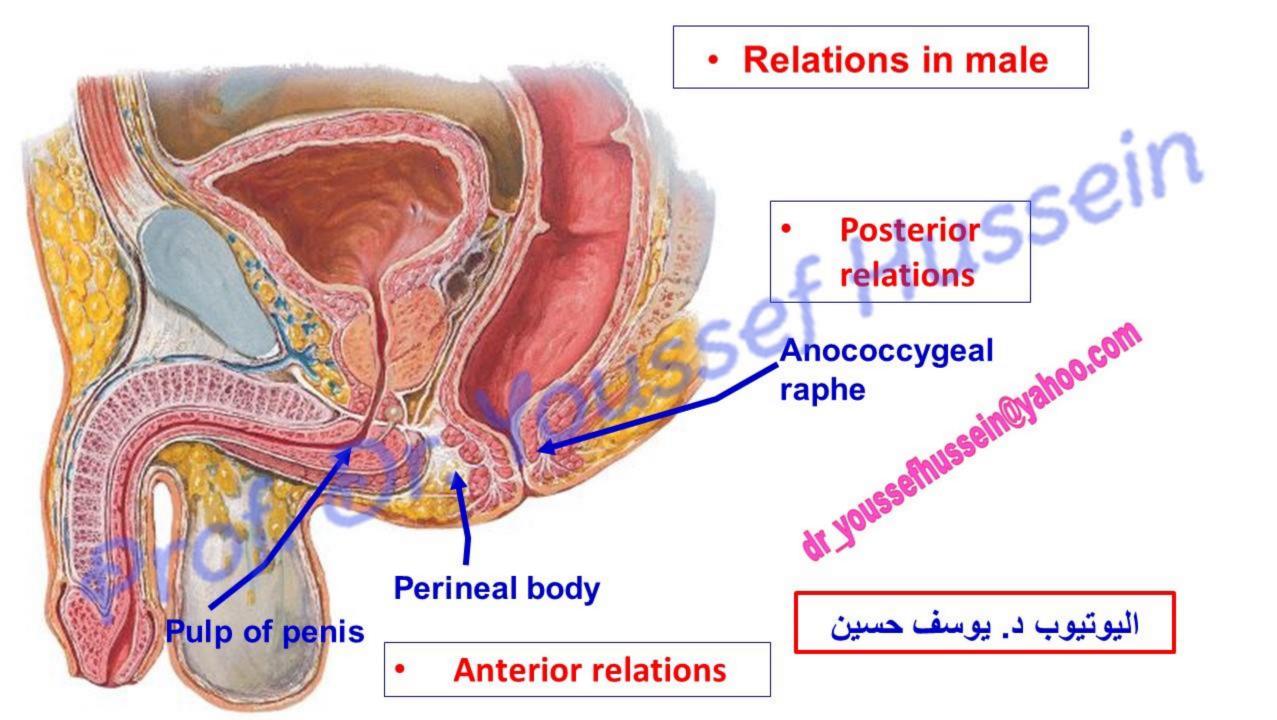
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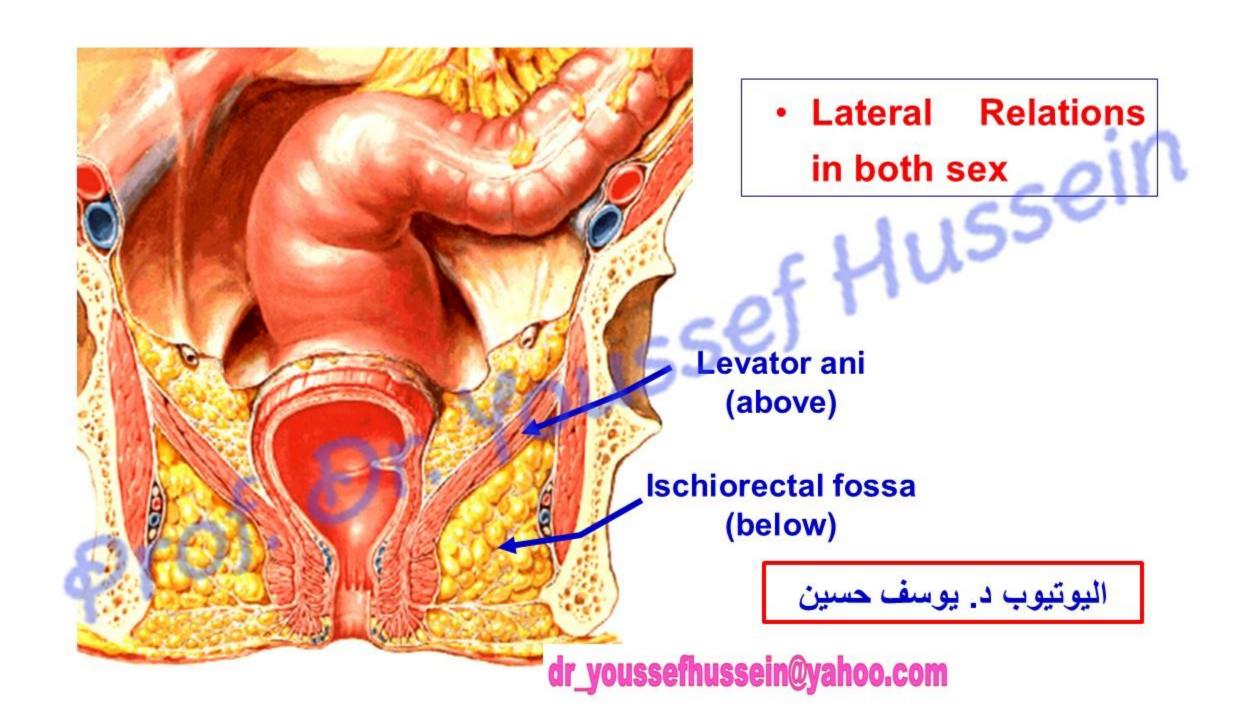
 Posterior relations in female

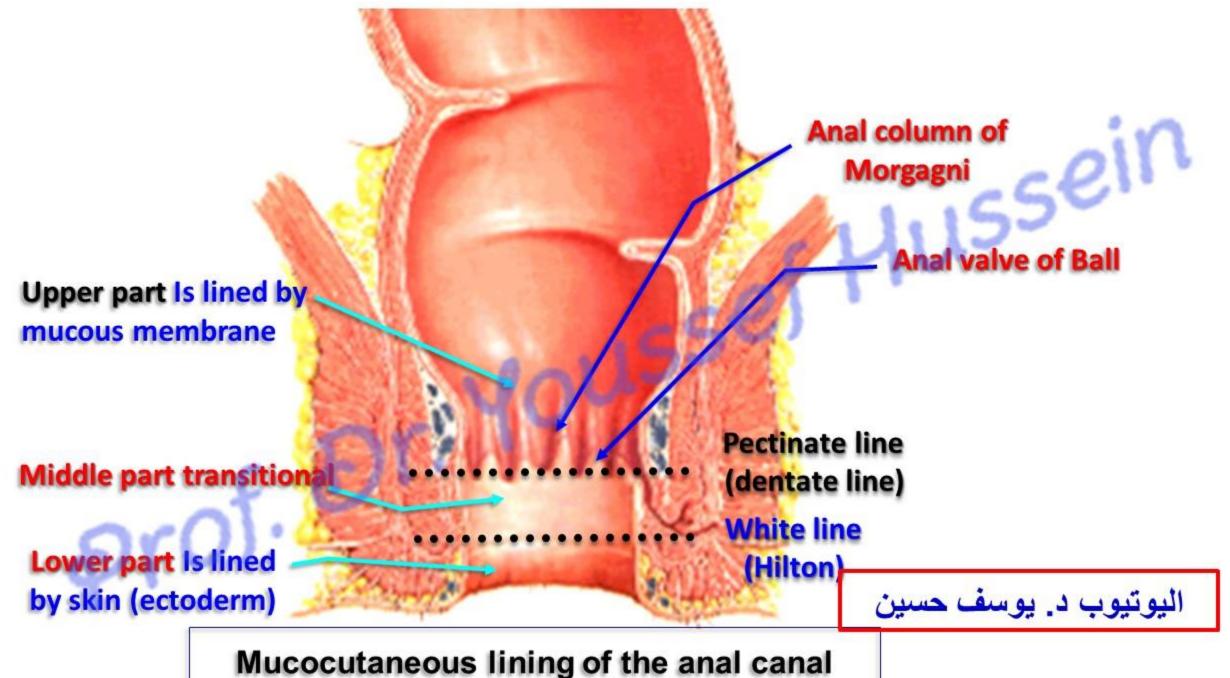
Anococcygeal raphe

dr_youssefhussein@yahoo.com

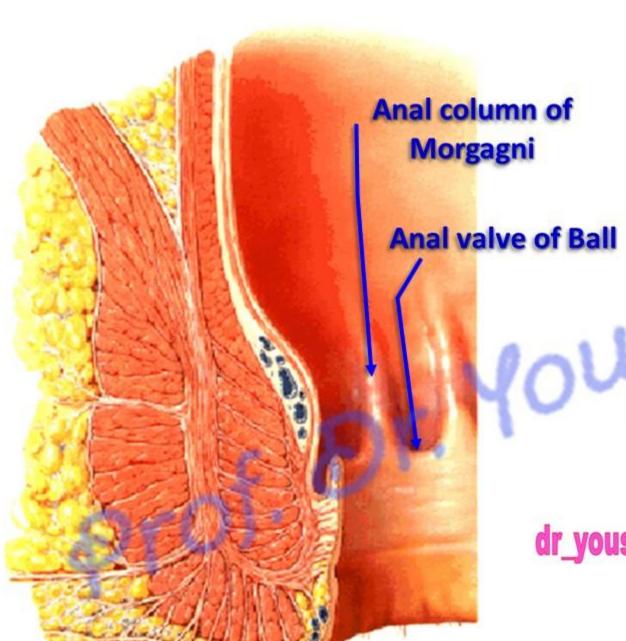
Relations in female **Anterior** relations in female Posterior wall of vagina اليوتيوب د. يوسف حسين **Perineal body**







Mucocutaneous lining of the anal canal



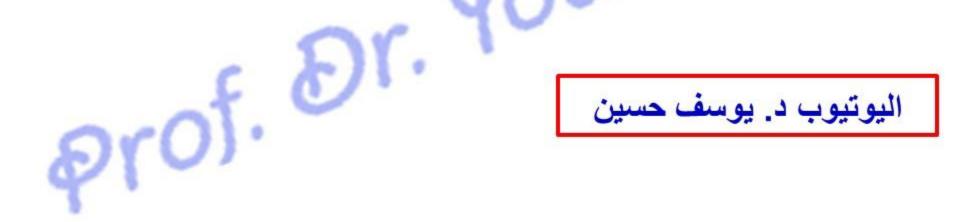
** Internal appearance (Mucous membrane) of the anal canal

- Upper part, (1.5 cm) mucous part, endodermal (lined by simple columnar epithelium).
- It shows 6-10 vertical folds called anal columns of Morgagni.
- The lower end of the anal columns is connected by crescentic folds called **anal valves** of **Ball**.
- Above each anal valve there is a small recess called anal sinus receiving the opening of the anal gland.

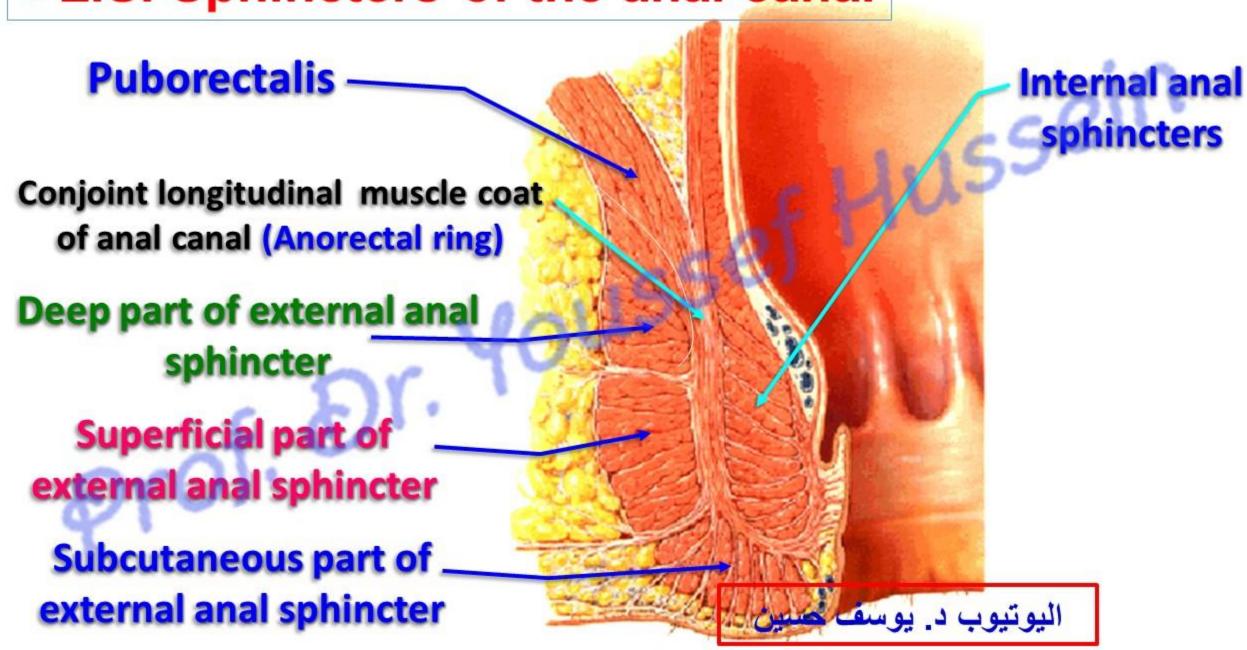
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** Internal appearance (Mucous membrane) of the anal canal

- 2- Middle part (1.5 cm); transitional zone;
- It is lined by stratified squamous epithelium devoid of sweat and sebaceous glands.
- It extends from the pectinate line above to the white line below.
- The white line of Hilton demarcates the lower end of the internal anal sphincter.
- 3- Lower part, (1 cm), ectodermal in origin,
- It is lined by true skin containing sweat and sebaceous glands
- Anal fissure, tear of the lining of the anal canal leading to severe pain and bleeding.



L.S. Sphincters of the anal canal



Sphincters of the anal canal A- Internal anal sphincter:

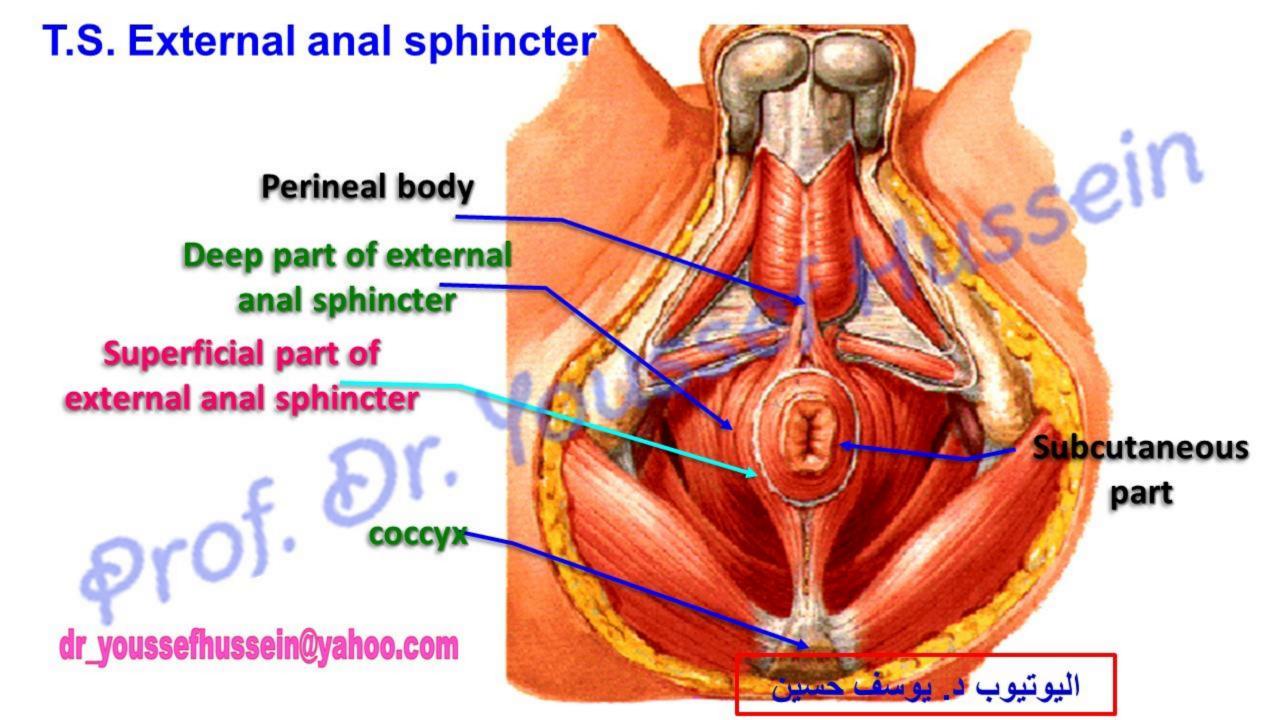
- It surrounds the upper 2/3 of the anal canal.
- It is a thickening of circular smooth muscle layer of the gut.
- It is thickened in chronic constipation.
- It is an involuntary muscle.
- Nerve supply by autonomic nerves.
 - Parasympathetic fibers from S2, 3, 4, produces relaxation of the sphincter.
 - Sympathetic fibers from inferior hypogastric plexus, produces contraction of sphincter.

B- External anal sphincter;

- It surrounds the whole length of the anal canal; outside the internal anal sphincter.
- It is formed of striated muscle fibers.
- It is a **voluntary** muscle.
- Nerve supply by inferior rectal nerve from pudendal nerve.



yussem



** Parts of the external anal sphincter;

- 1- Subcutaneous part (under the skin),
 - It is a thick circular band surrounding the lower part of the anal canal.
 - has no bony attachment
- 2- Superficial part: above the subcutaneous part,
 - It is formed of two bands surrounding lower part of the internal anal sphincter.
 - They arise from the coccyx and inserted into the perineal body.
- 3- Deep part: above the superficial part.
 - It is a **thick circular band** surrounding the **upper part** of the internal anal sphincter. has **no bony** attachment

C- Ano-rectal ring;

- It is formed by the fusion of, a- Internal anal sphincter.
 - b- Deep part of the external anal sphincter.
 - c- Puborectalis part of the levator ani muscle.

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Division of the ring produces fecal incontinence

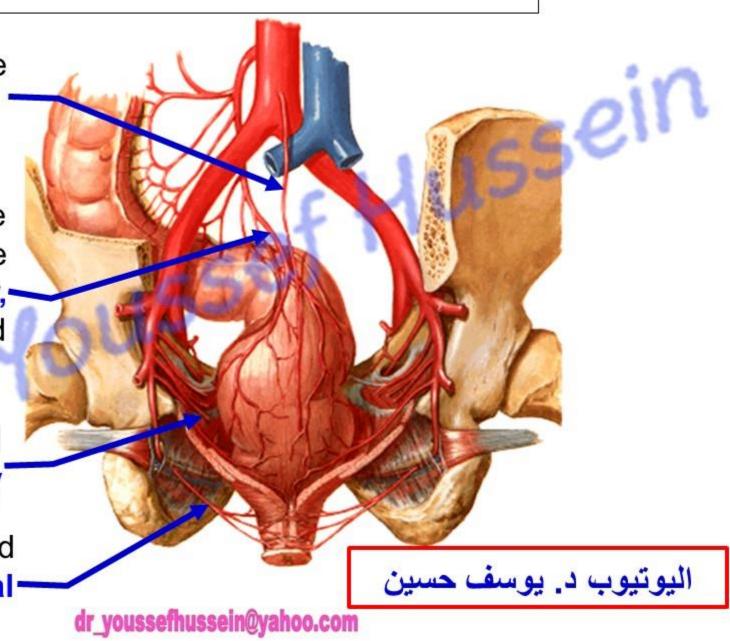
Arterial supply of the rectum and anal canal

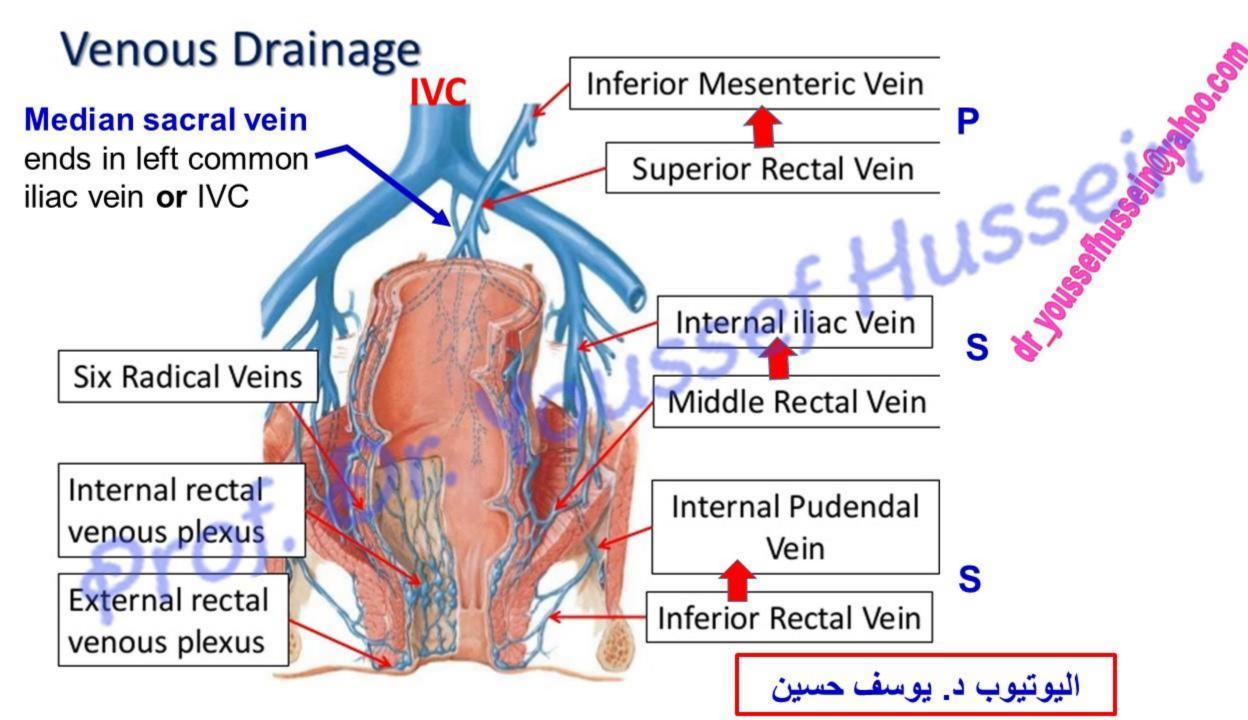
Median sacral artery, (single branch) from abdominal aorta.

Superior rectal artery, (single branch) continuation of the inferior mesenteric artery, anastomosis with the middle and inferior rectal arteries

Middle rectal arteries (right and left) from the internal iliac artery

Inferior rectal arteries (right and left) from the internal pudendal artery.



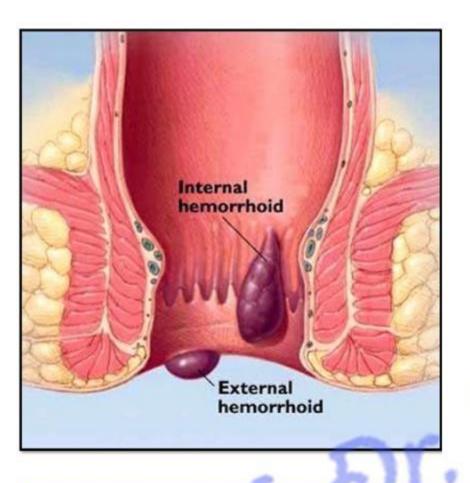


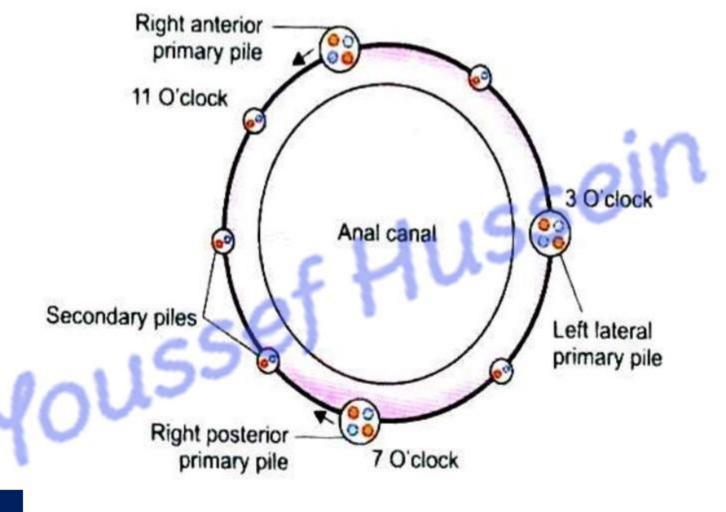
Internal rectal venous plexuses

- External rectal venous plexuses

- It lies in the submucosa.
- It is drained mainly by superior rectal vein (portal).
- Dilatation of this plexus leads to internal piles.
- It occurs mainly at the 3, 7, 11 O'clock positions.
- Painless bleeding and prolapse from the anal opening

- It lies outside the muscle wall
- It is drained mainly by middle and inferior rectal veins (systemic).
- Dilatation of this plexus leads to external piles.
- It occurs under the skin around the anus (painful and bleeding).





Hemorrhoids (Piles): Swollen (enlarged) and inflammation of veins in the wall of the anal canal leading to bleeding and pain

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Lymphatic drainage of the rectum & anal canal

Middle part into the internal iliac lymph nodes

Lower part drains into the superficial inguinal lymph nodes

Upper part drains into pararectal then to inferior mesenteric lymph nodes.

dr_youssefhussein@yahoo.com

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