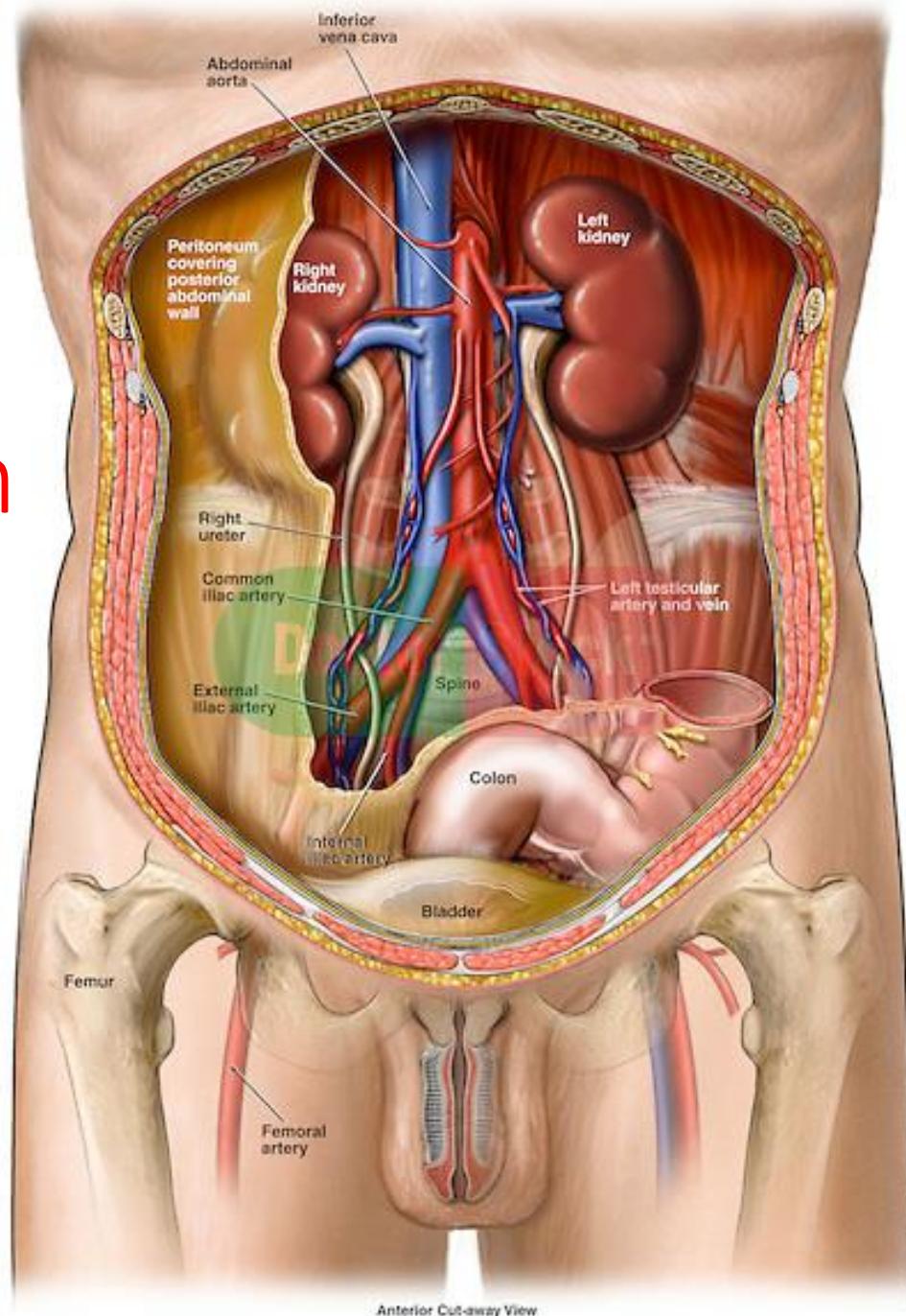
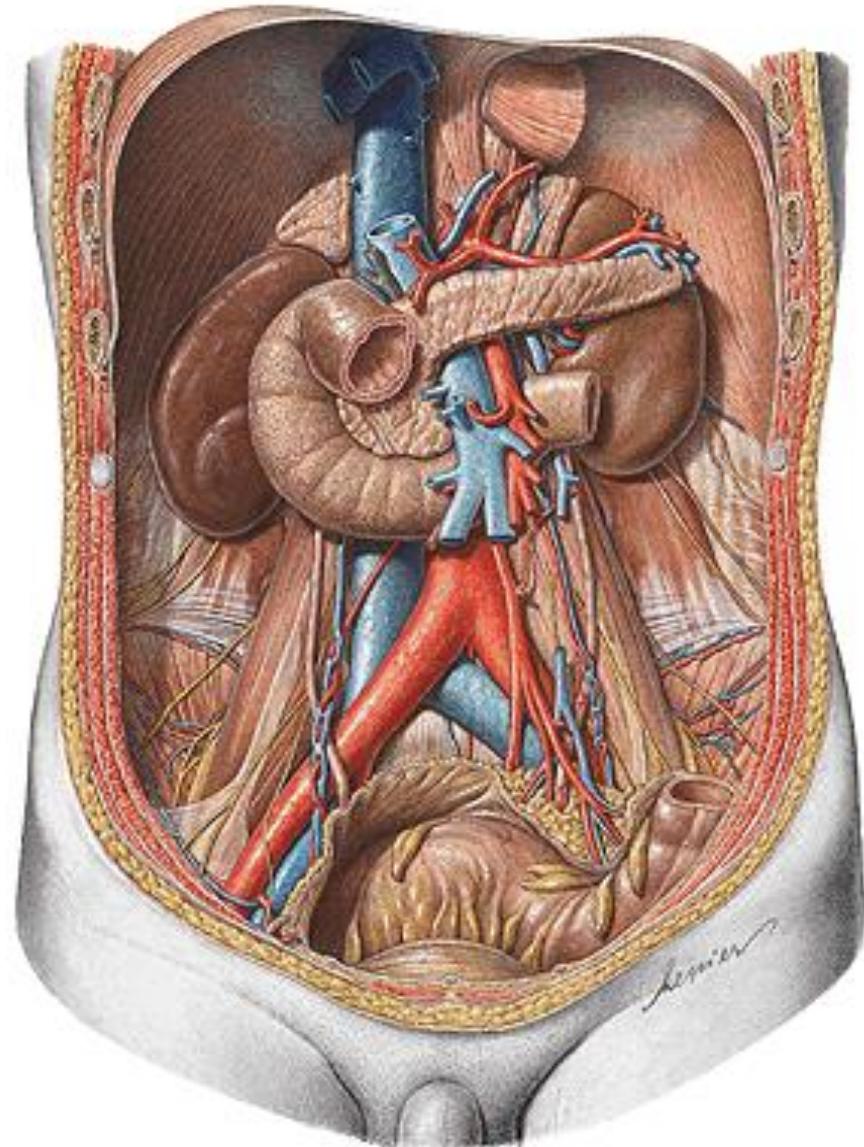
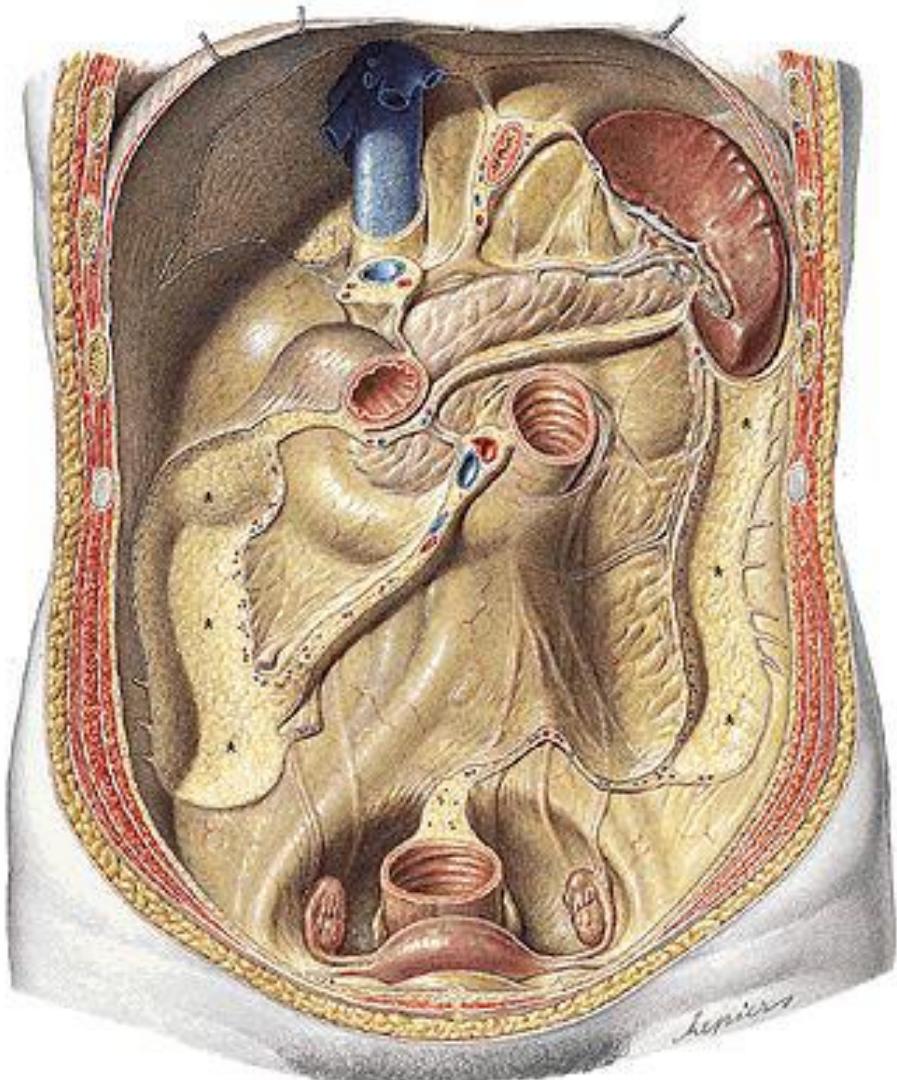


# Retroperitoneum

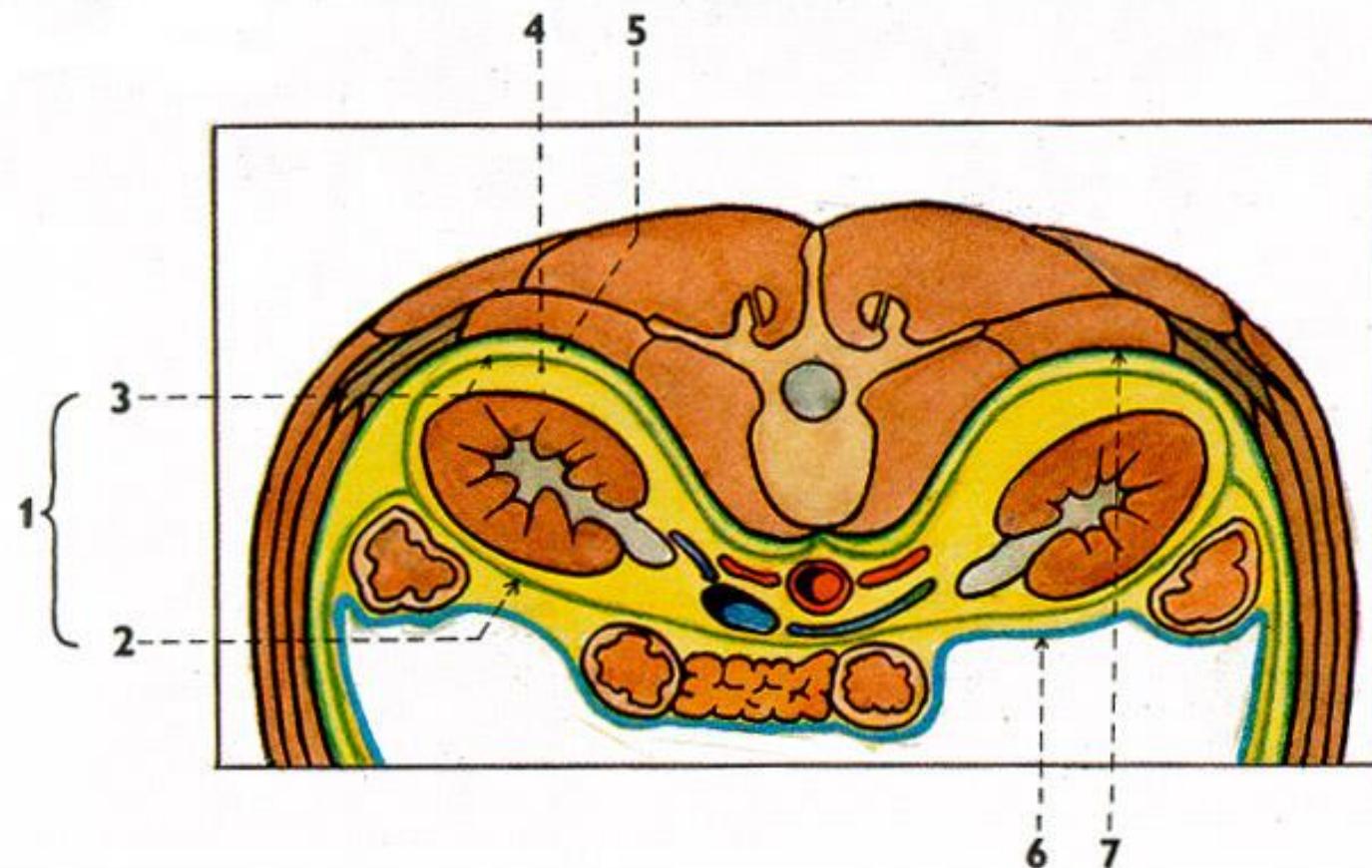


# Retroperitoneum



# Position, fixation and renal covers

## Transverse section at the level of L1



1 - fascia renalis *Gerotae*

2 - lamina prerenalis *Toldti*

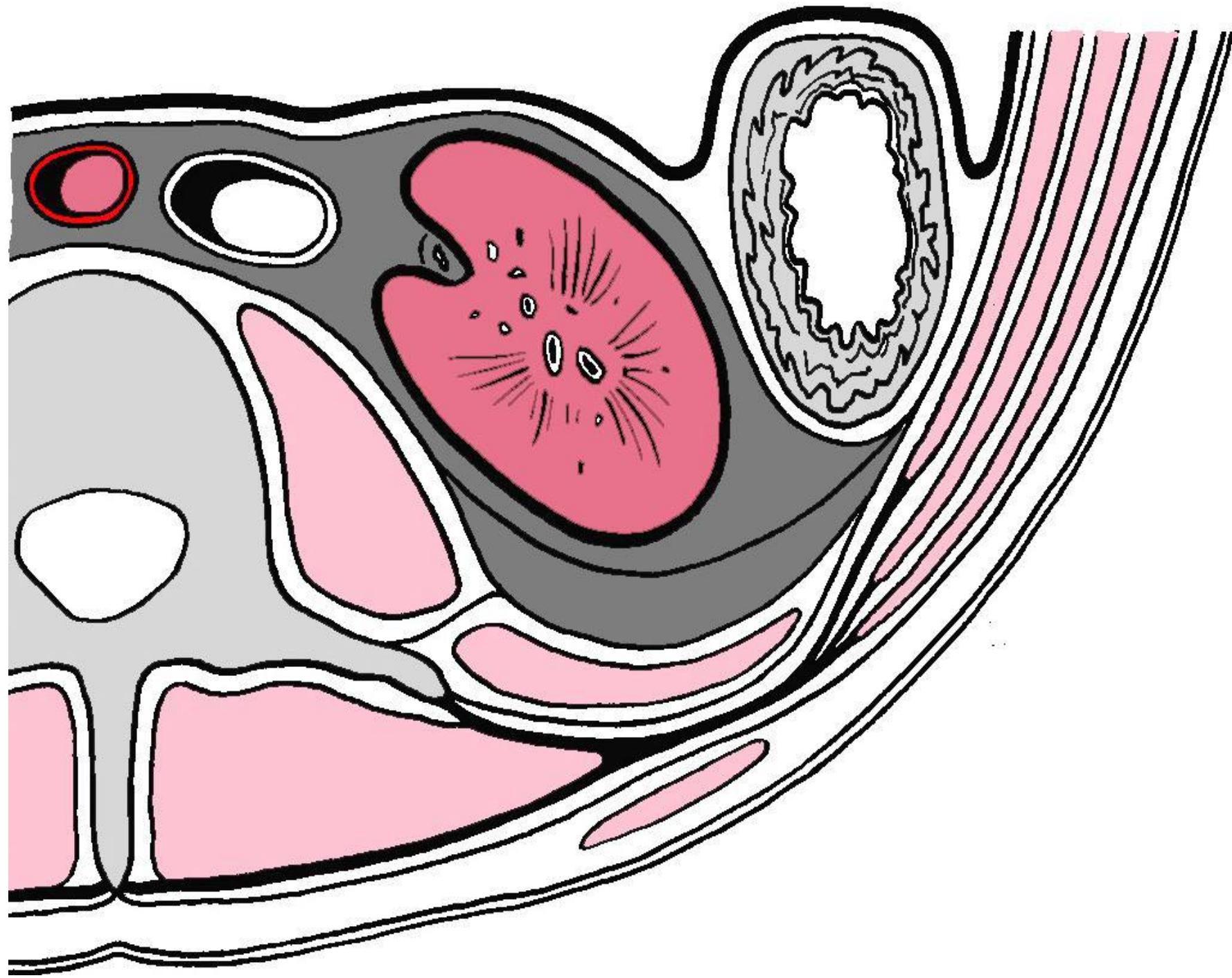
3 - lamina retrorenalis *Zuckerkandeli*

4 - corpus adiposum perirenale

5 - corpus adiposum pararenale

6 - peritoneum

7 - fascia transversalis

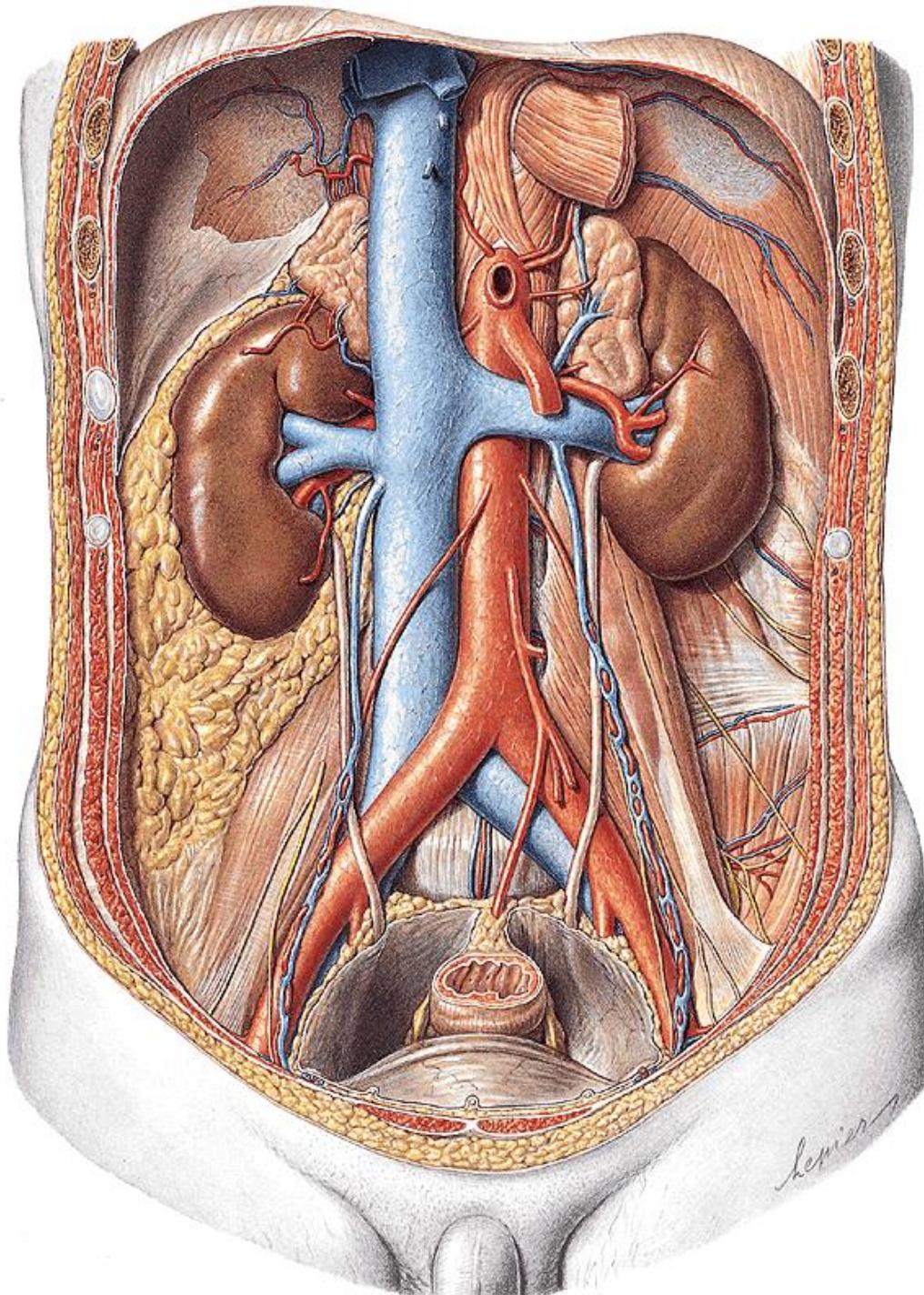


# Aorta abdominalis

origin: hiatus oesophageus  
diaphragmatis

end: bifurcatio aortae L4

- retroperitoneum, slightly left to vertebral column
- v. cava inferior + ductus thoracicus right to aorta abdominalis



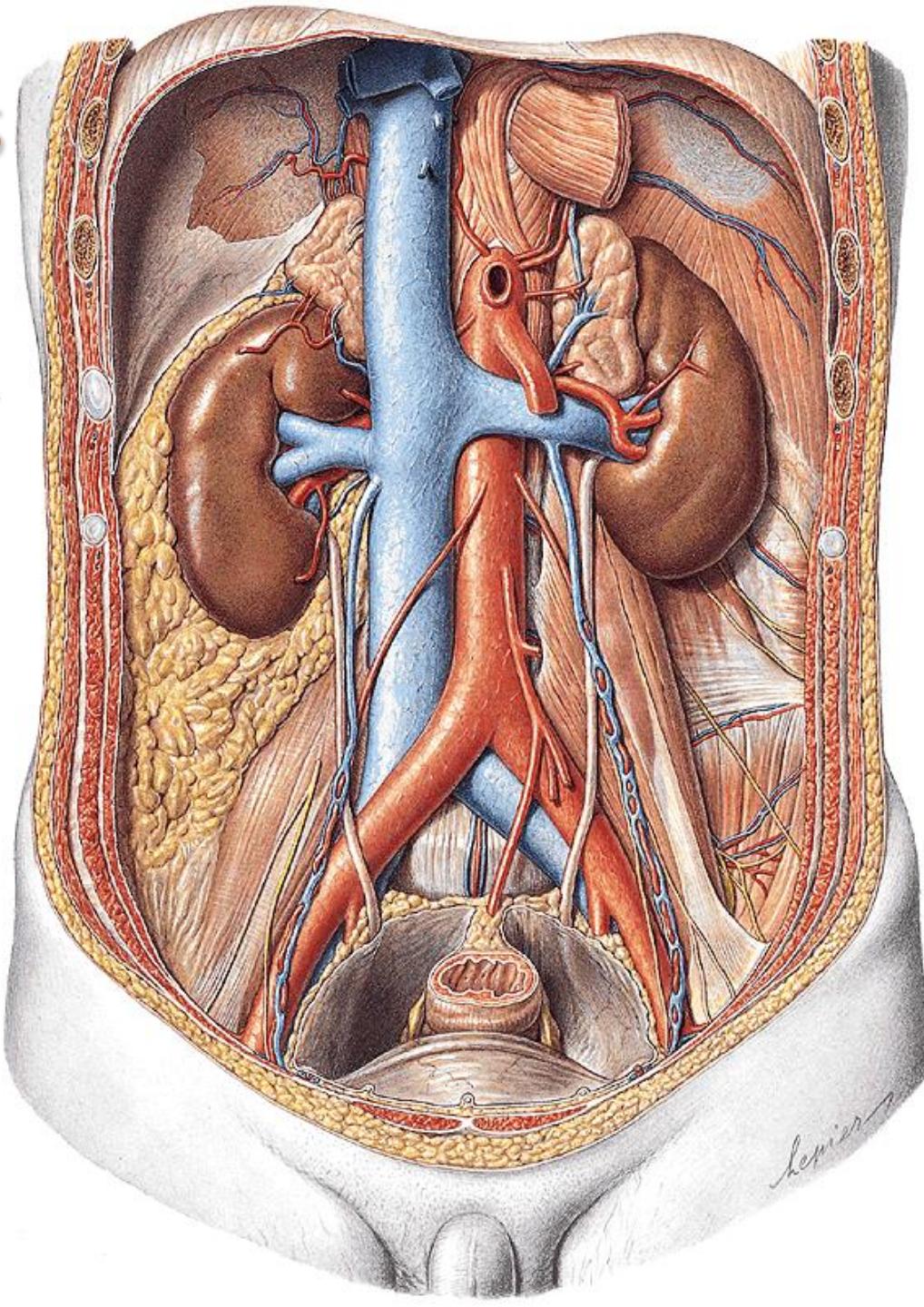
# Aorta abdominalis

parietal branches: *paired*

- a. phrenica inf.
- aa. lumbales 1st - 4th
- rr. retroperitoneales (6-7)

visceral branches: *paired*

- a. suprarenalis media
- a. renalis
- a. renalis accessoria (30%)
- a. testicularis♂ / ovarica♀



# AORTA ABDOMINALIS

a. suprarenalis sup.

a. suprarenalis media

a. suprarenalis inf.

a. renalis

a. ovarica /  
testicularis

a. phrenica inf.

truncus coeliacus

a. mesenterica sup.

a. mesenterica inf.

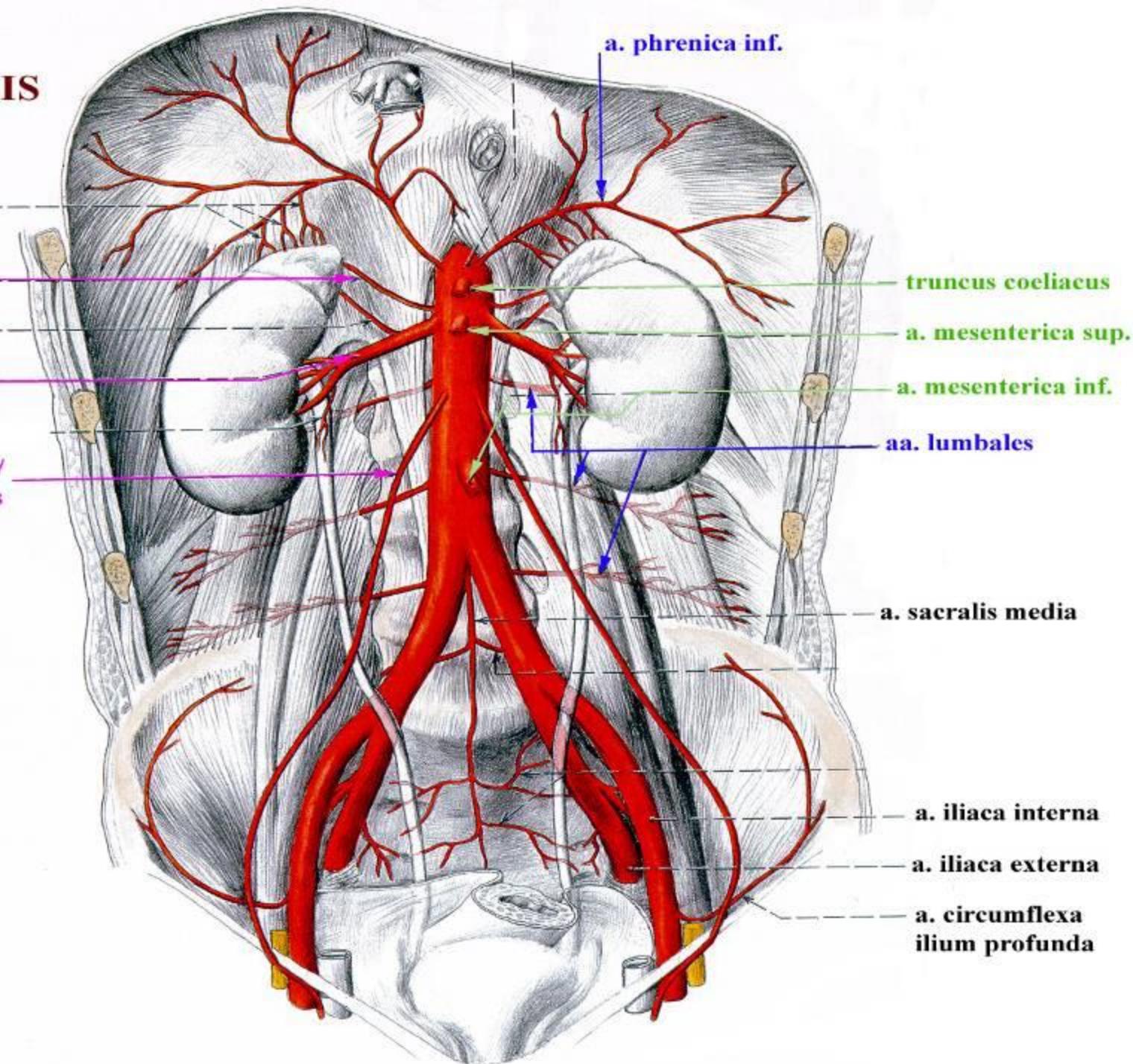
aa. lumbales

a. sacralis media

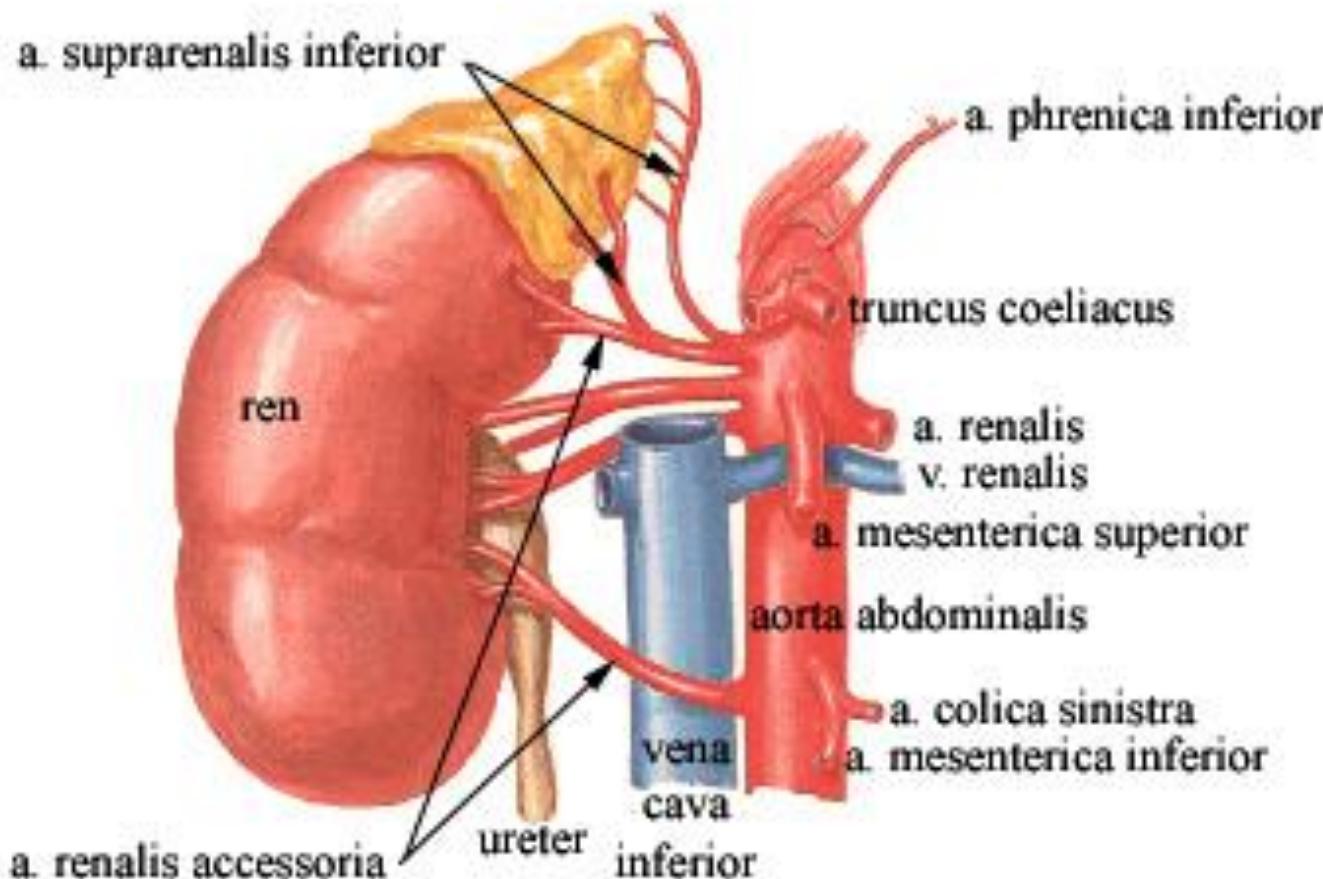
a. iliaca interna

a. iliaca externa

a. circumflexa  
ilium profunda



# ARTERIA RENALIS ACCESSORIA



- enters upper pole (less), hilum or inferior pole (more) of kidney
- incidence 30%

# Aorta abdominalis

terminal branches: paired

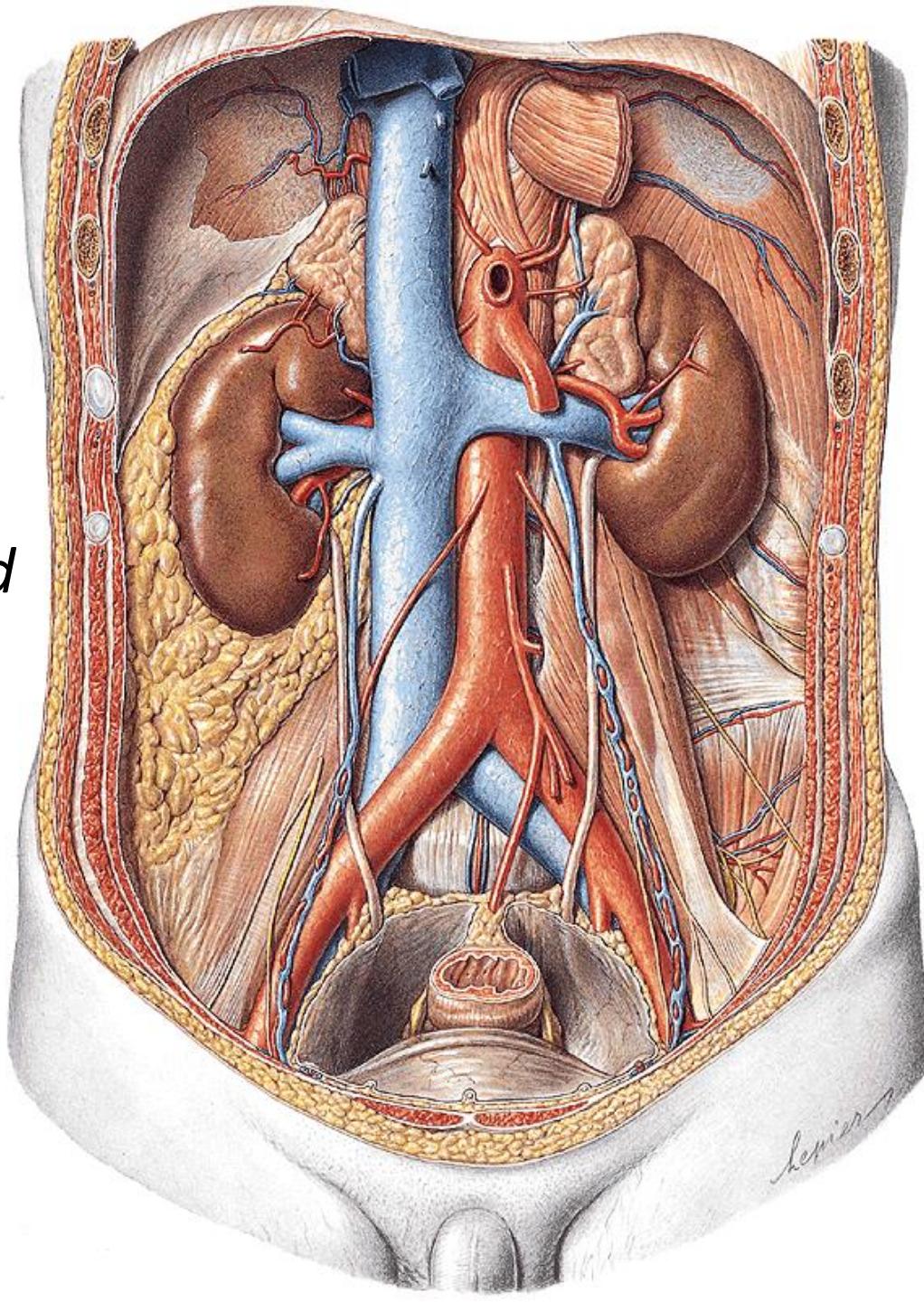
- a. iliaca communis

terminal branches : unpaired

- a. sacralis mediana

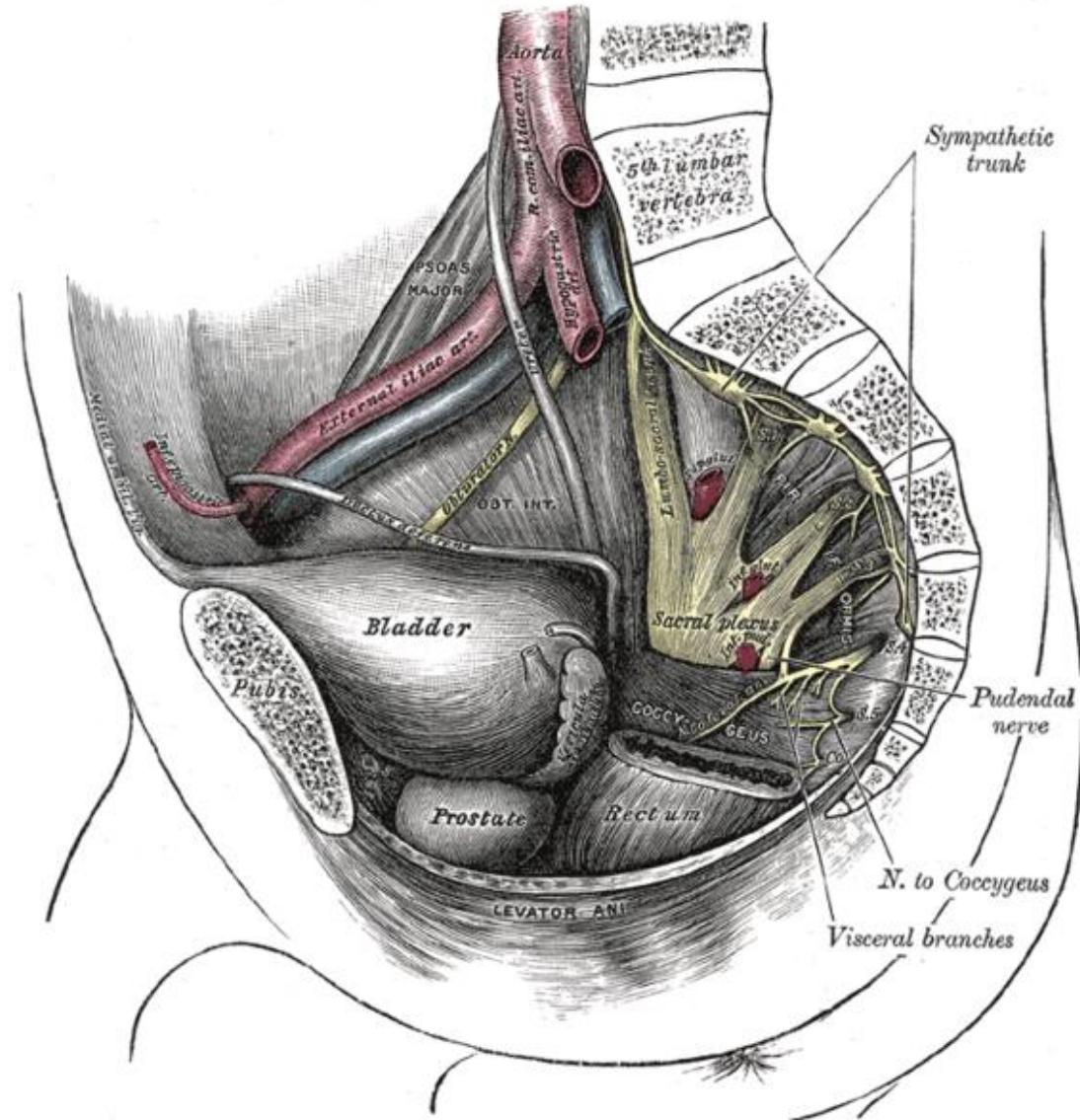
visceral branches : unpaired

- truncus coeliacus
- a. mesenterica superior
- a. mesenterica inferior

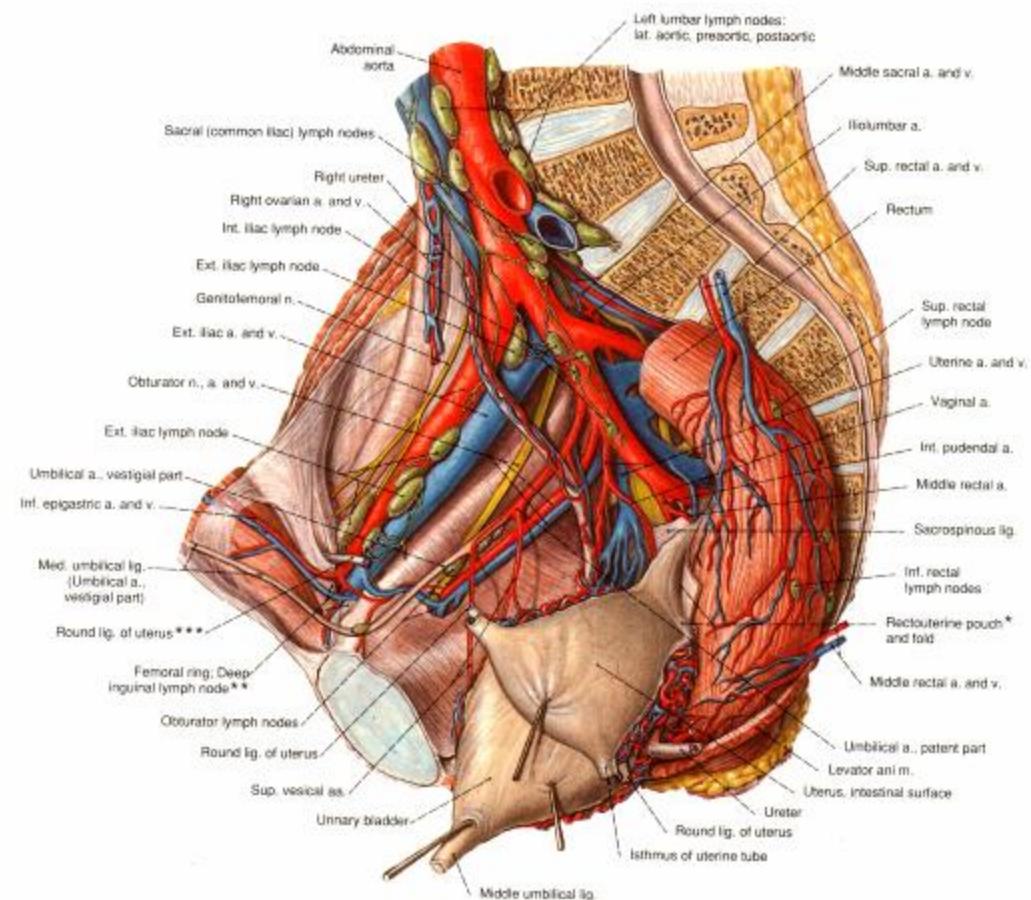
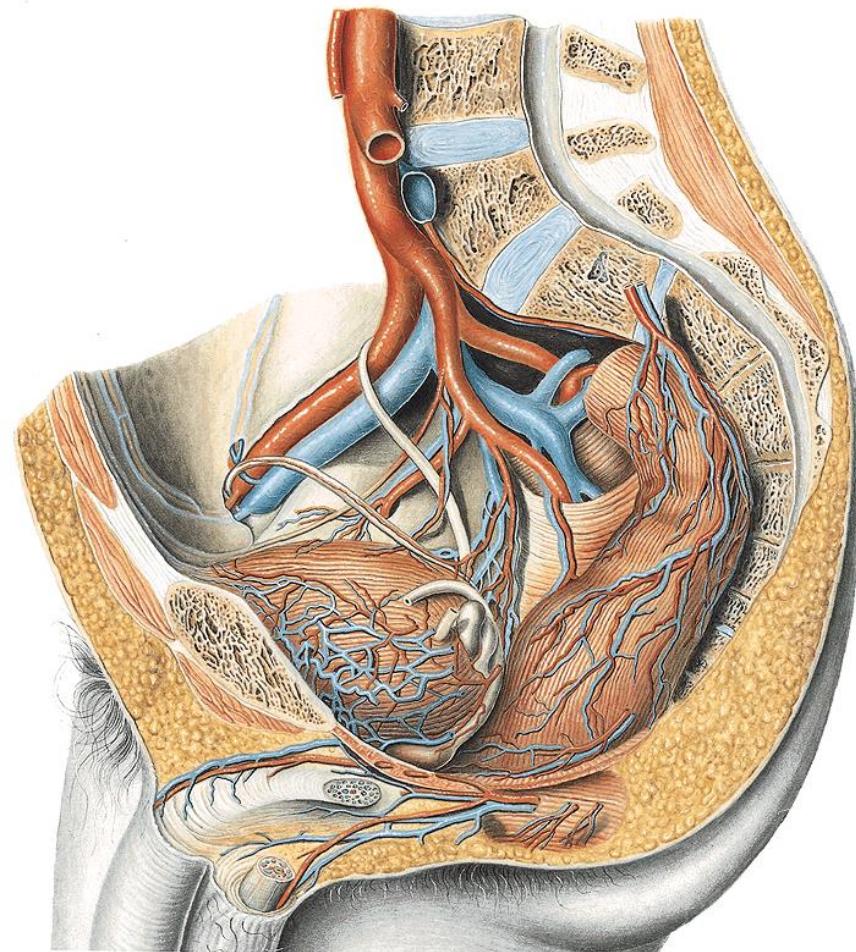


# Arteria iliaca communis

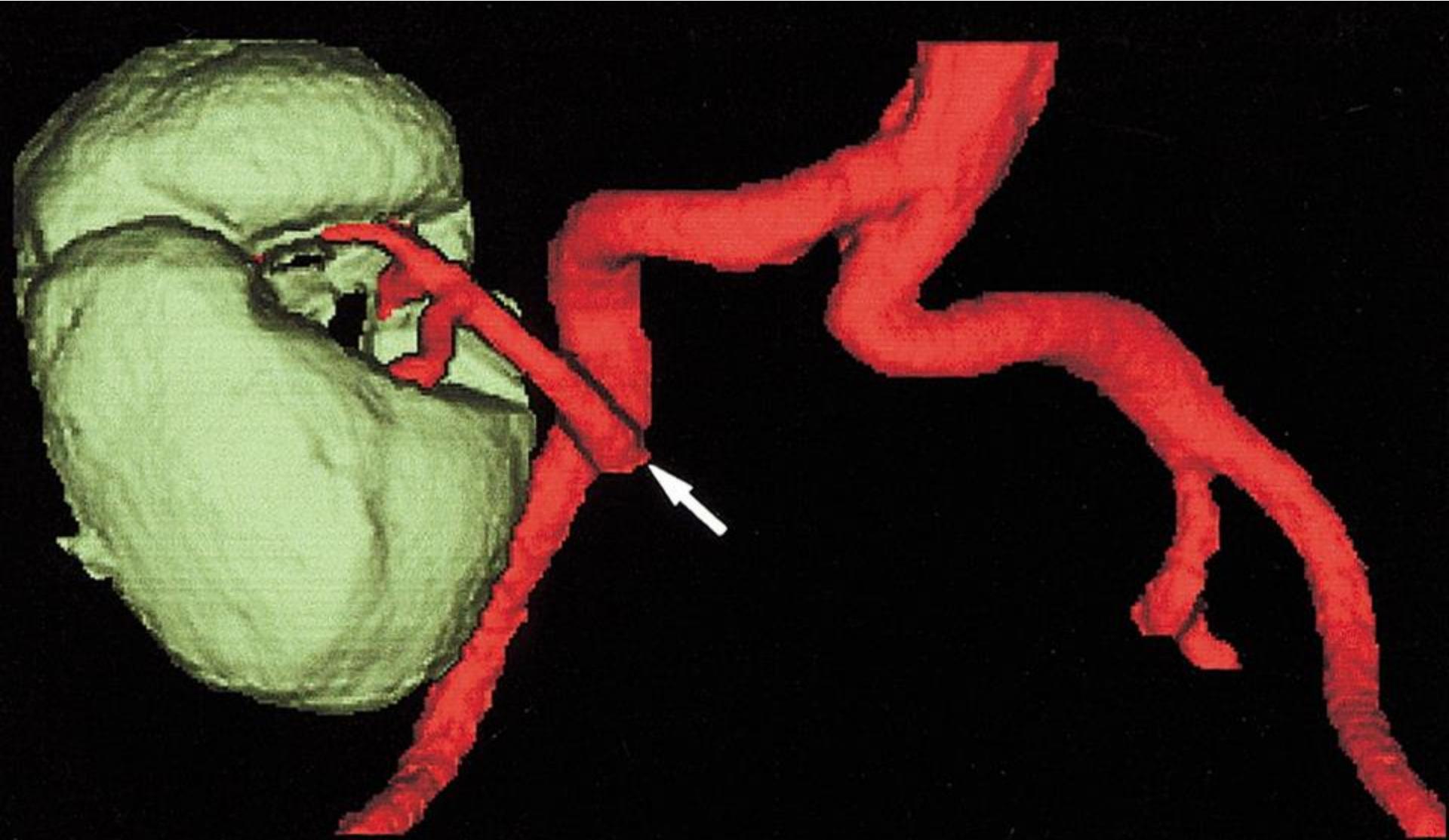
- 4 cm long
  - 1 cm wide
- origin: L4
- medial to m. psoas major
  - dorsal to ureter
- end: bifurcation ventral to articulatio sacroiliaca
- a. iliaca externa
  - a. iliaca interna



# Arteriae iliaceae



# Transplanted kidney to AIC



# Arteria iliaca externa

articulatio sacroiliaca → lacuna vasorum →  
a. femoralis

dorsal to ureter

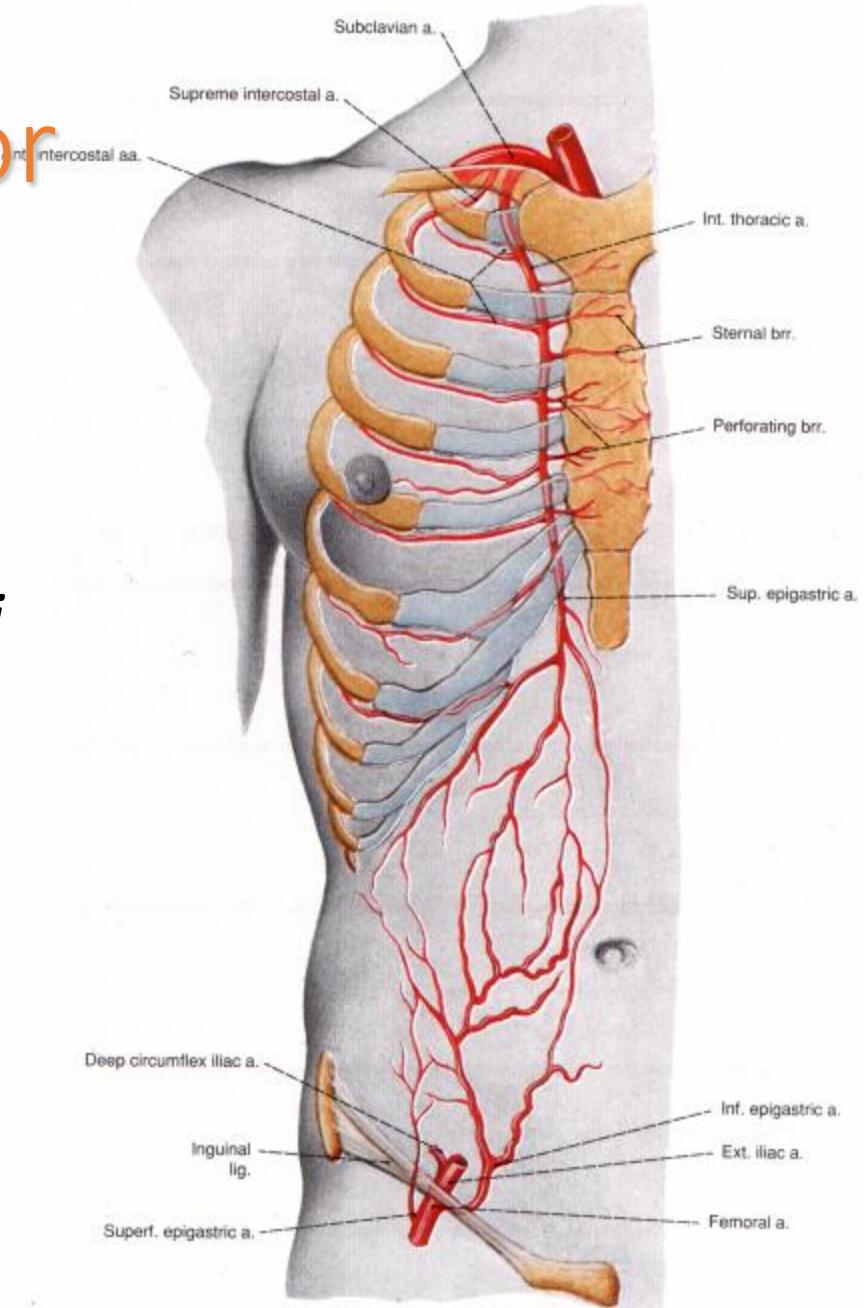
2 branches (located distally)

- a. circumflexa ilium profunda
- a. epigastrica inferior
  - *clinical abbreviation „DIEP“*
  - *cutaneous / musculo-cutaneous flaps*

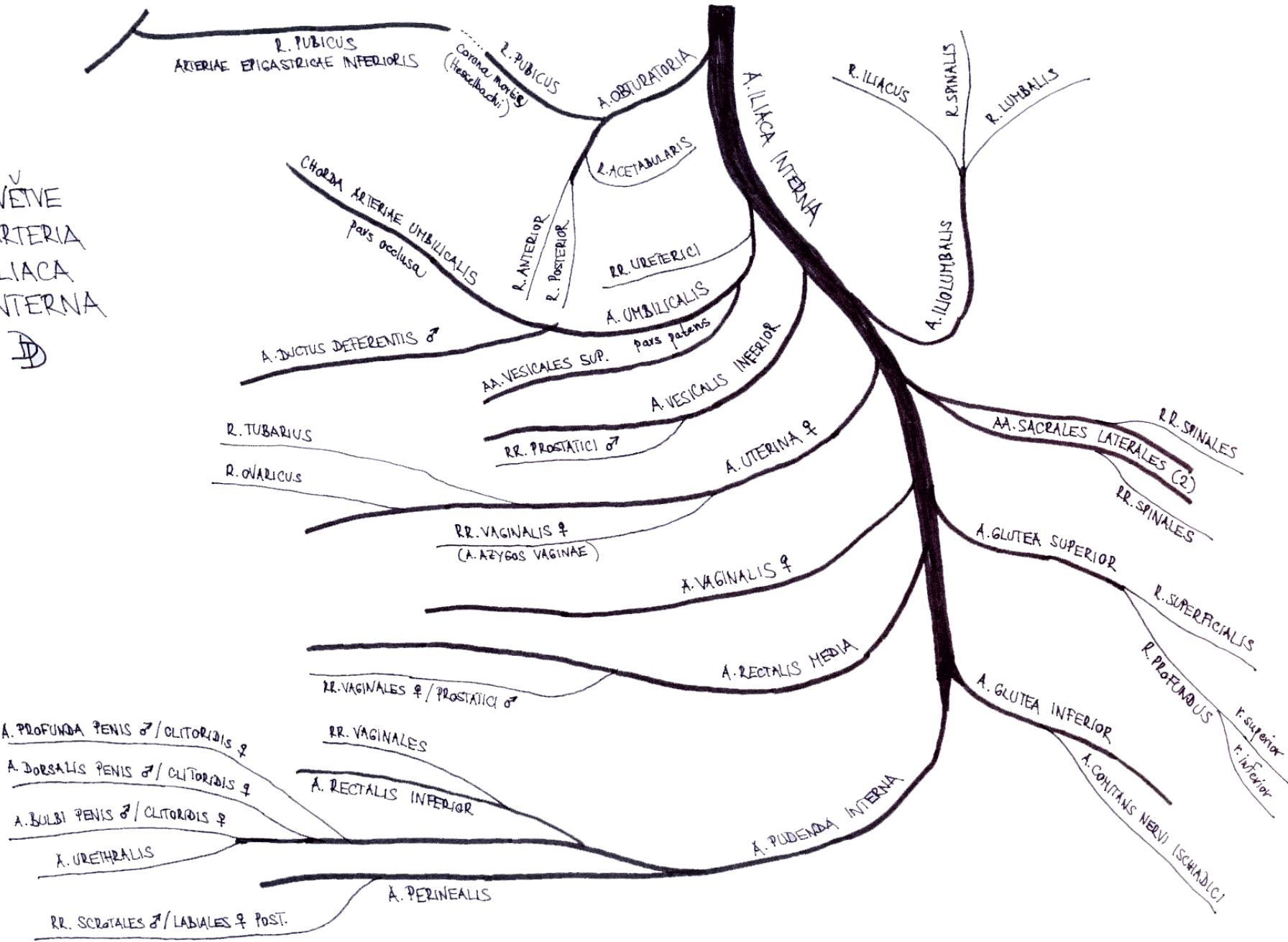


# A. epigastrica inferior

- r. pubicus
- *a. obturatoria accessoria/aberrans = corona mortis Hesselbachi*
- a. cremasterica ♂ / a. lig. teretis uteri ♀
- r. medialis + lateralis
- *cutaneous perforators*

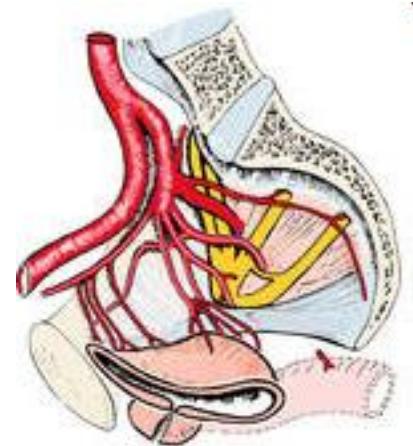


V  
VE  
ARTERIA  
ILIACA  
INTERNA



# Arteria iliaca interna

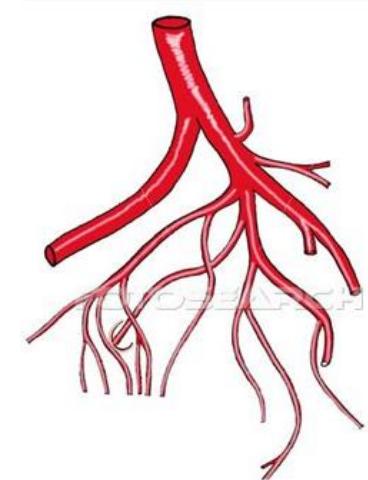
- lesser pelvis + buttocks
- obsolete term „a. hypogastrica“
- short (3-4 cm)
- anterior division
  - 3 branches
- posterior division
  - all organs of lesser pelvis
  - *ligation in postpartal haemorrhage*



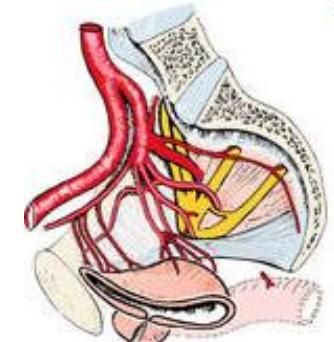
# Arteria iliaca interna - branches

parietal branches: 5

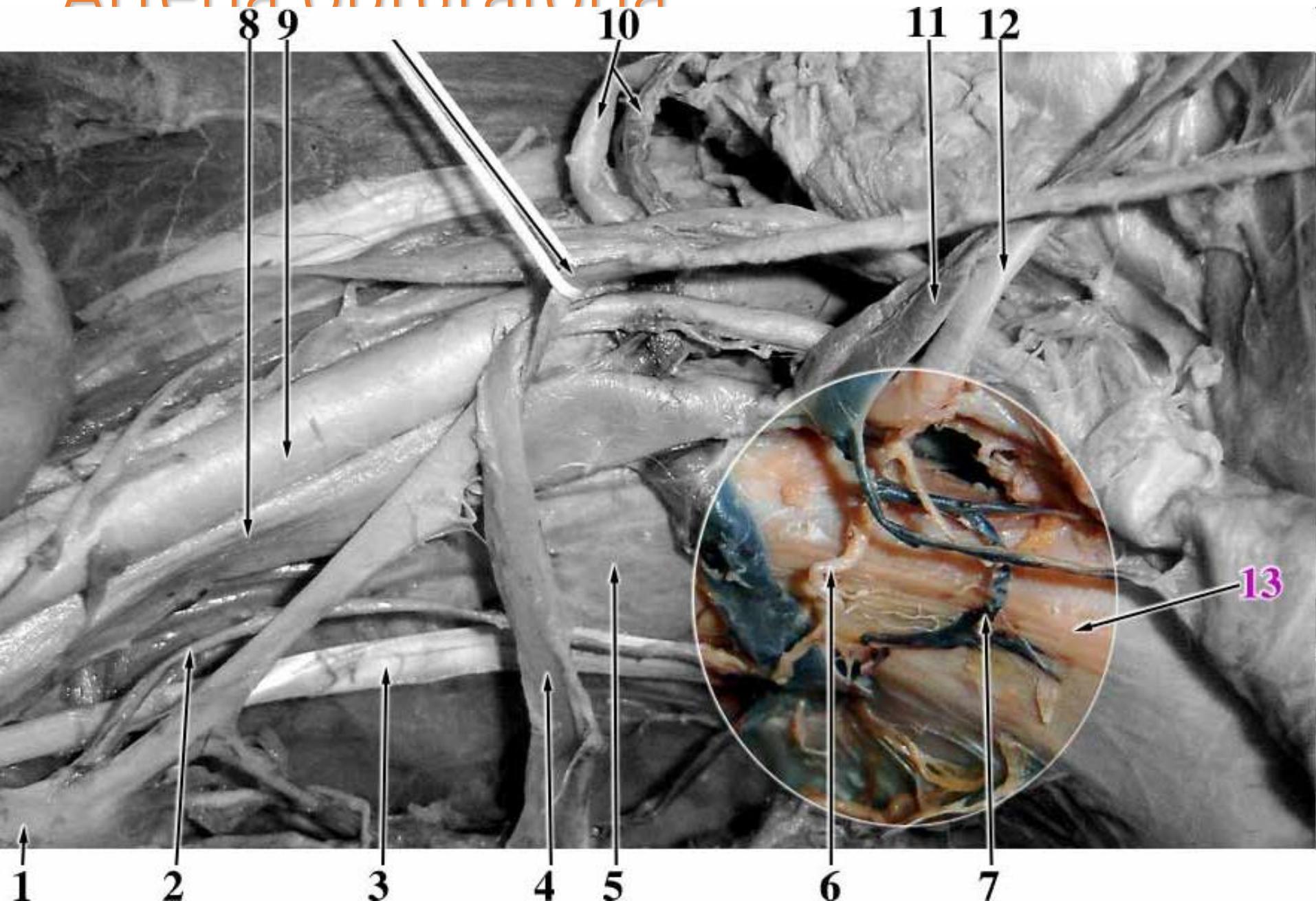
- a. iliolumbalis
  - r. iliacus, lumbalis, spinalis
- a. obturatoria
  - *canalis obturatorius*
- aa. sacrales laterales sup. + inf. (→2)
  - *foramina sacralia anteriors*
  - rr. spinales
- a. glutea superior
  - *foramen suprapiriforme*
  - r. superficialis + profundus
- a. glutea inferior
  - *foramen infrapiriforme*
  - a. comitans nervi ischiadicci



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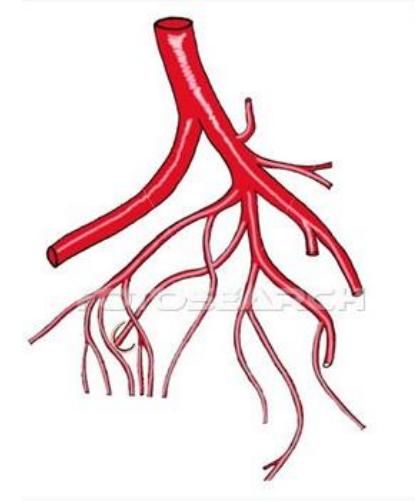
# Arteria obturatoria



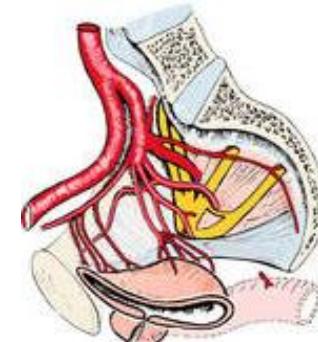
# Arteria iliaca interna – branches

visceral branches: 6

- a. umbilicalis
  - aa. vesicales superiores
  - a. ductus deferentis ♂
- a. vesicalis inferior
  - rr. prostatici ♂
- a. uterina ♀
  - ventral to ureter
  - r. vaginalis
  - r. ovaricus
  - r. tubarius
- a. rectalis media
  - rr. prostatici ♂ / rr. vaginales ♀
- a. vaginalis ♀
- a. pudenda interna



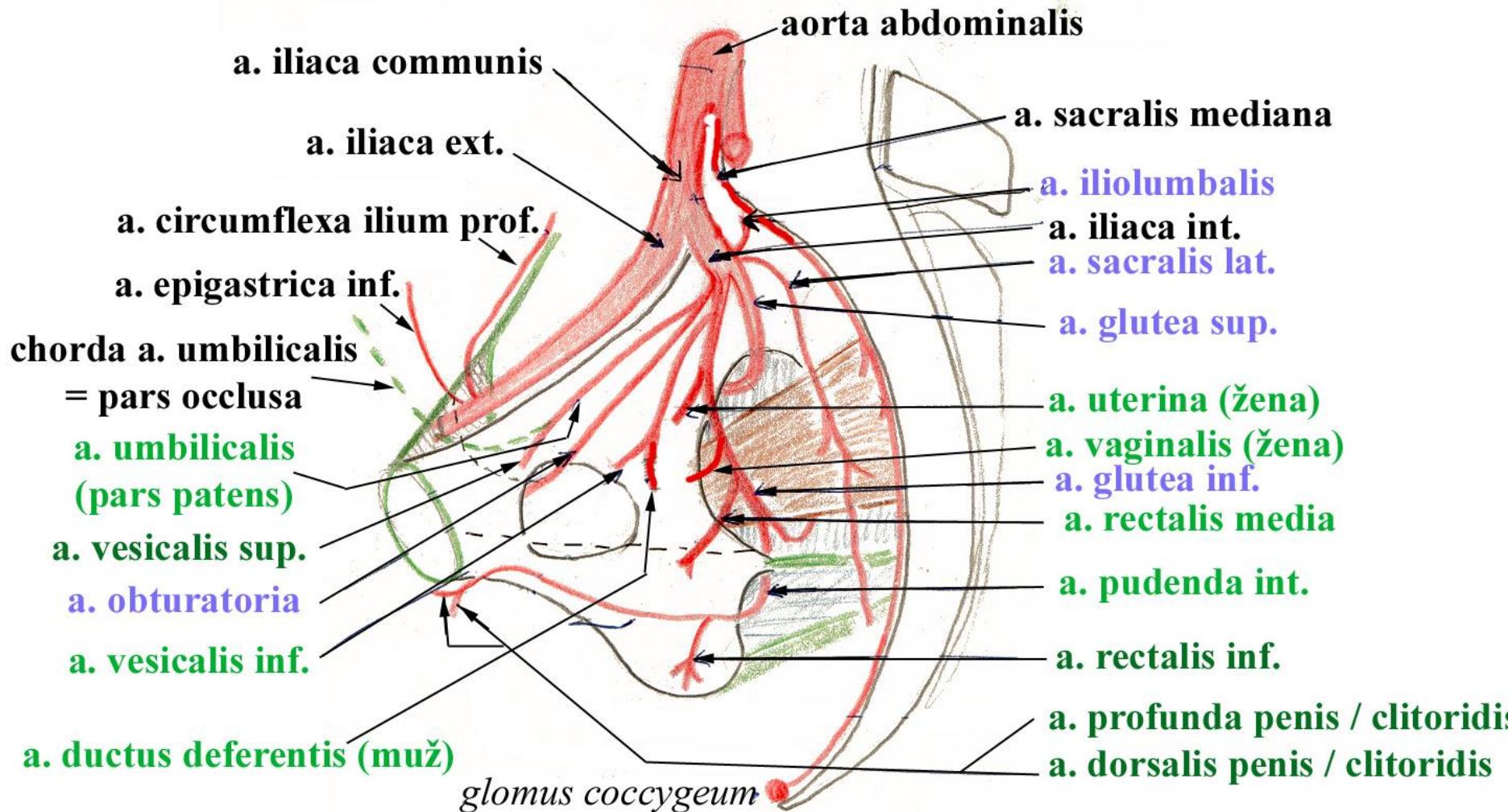
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parietální větve

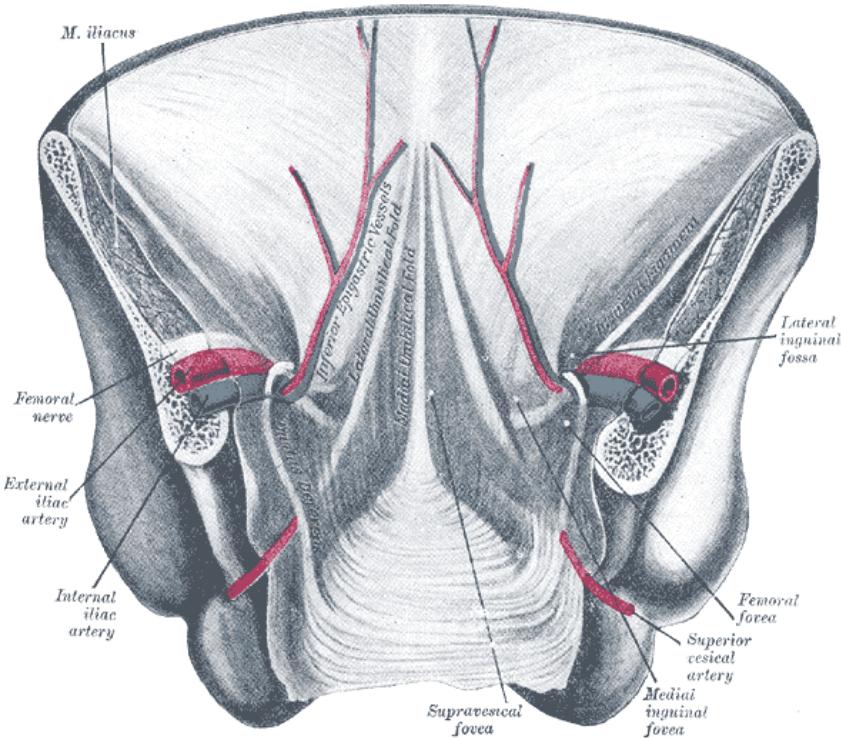
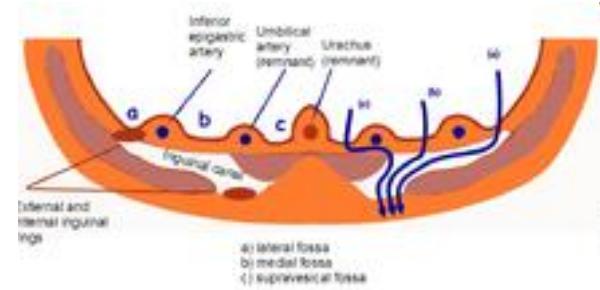
# TEPNY PÁNVE

viscerální větve



# Arteria umbilicalis

- pars patens
  - aa. vesicales superiores
  - a. ductus deferentis ♂
- pars occlusa
  - fetal vessel with unoxygenated blood leading to placenta
  - lig. umbilicale mediale (chorda a. umbilicalis)
  - fascia vesicoumbilicalis



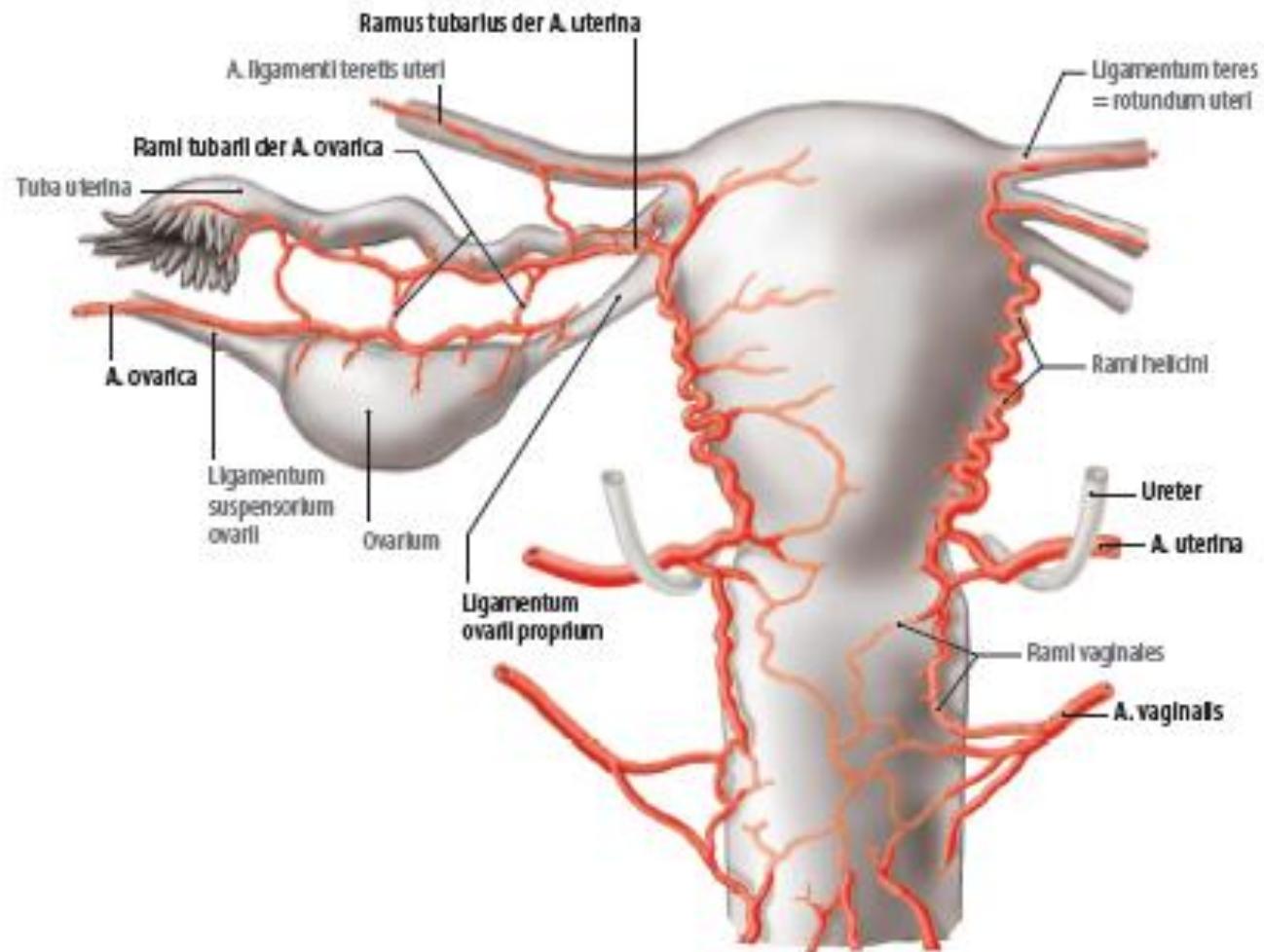
# Arteries of female internal genital organs

## Ao. abdominalis:

- a. ovarica

## A. iliaca interna:

- a. uterina
- a. vaginalis
- (a. pudenda int.)

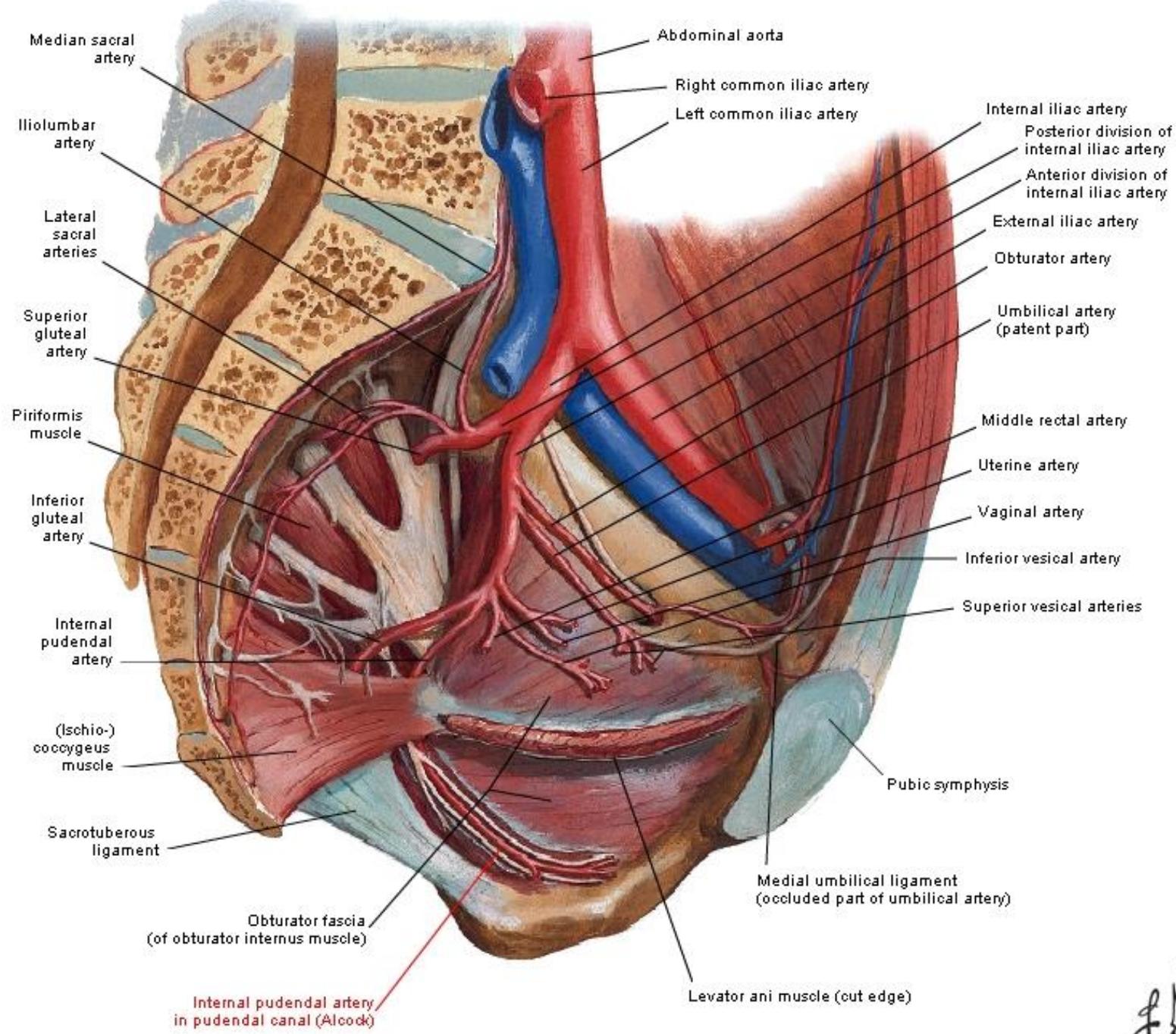


# Arteria pudenda interna

topography: foramen infrapiriforme → foramen ischiadicum minus → fossa ischioanalis (canalis pudendalis *Alcocki*)

branches:

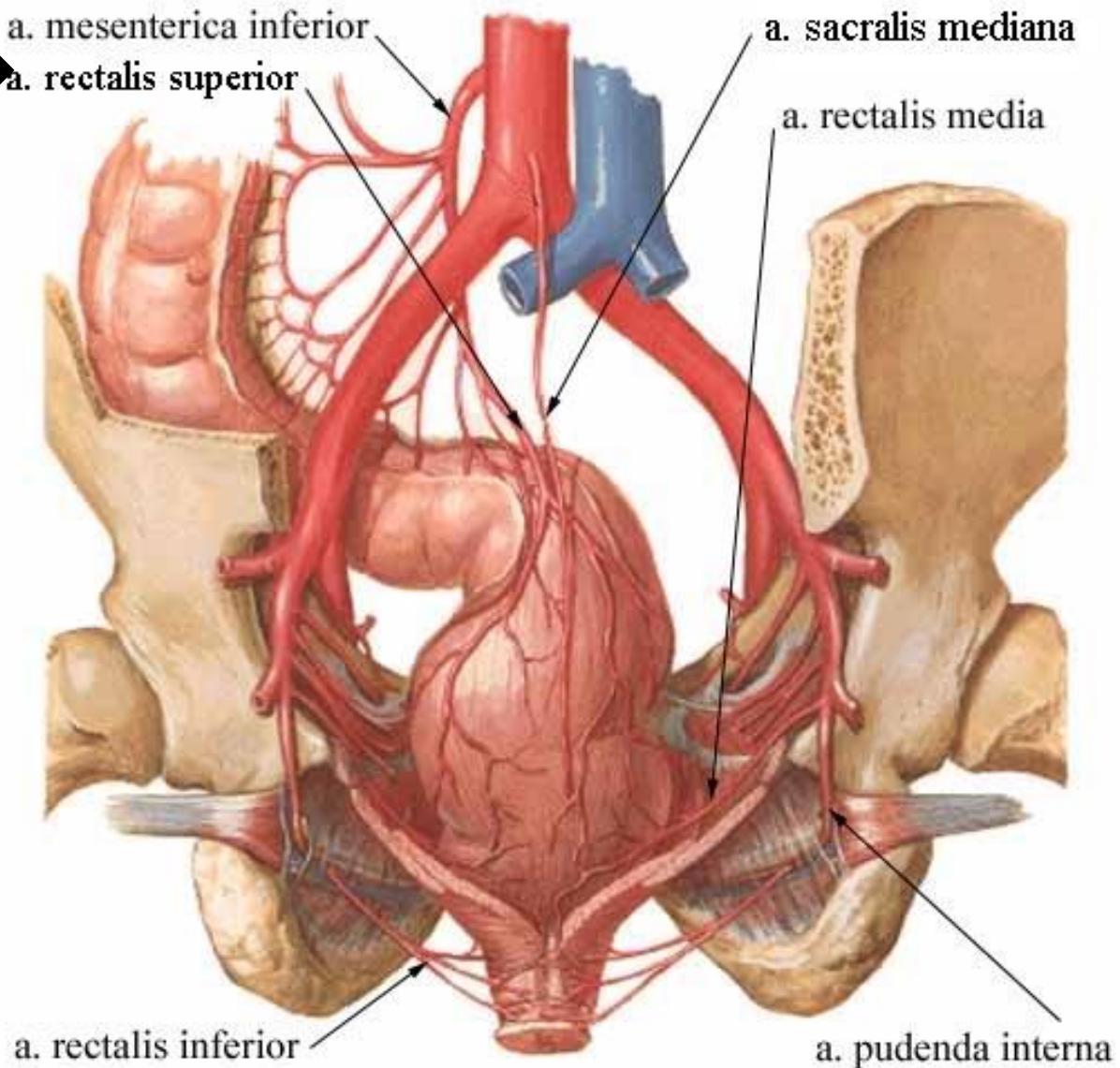
- a. rectalis inferior
  - rr. vaginales ♀
- a. perinealis
- rr. scrotales ♂ / labiales ♀ anteriores
- a. urethralis
- a. bulbi penis ♂ / vestibuli ♀
- a. dorsalis penis ♂ / clitoridis ♀
- a. profunda penis ♂ / vestibuli ♀



f. Net

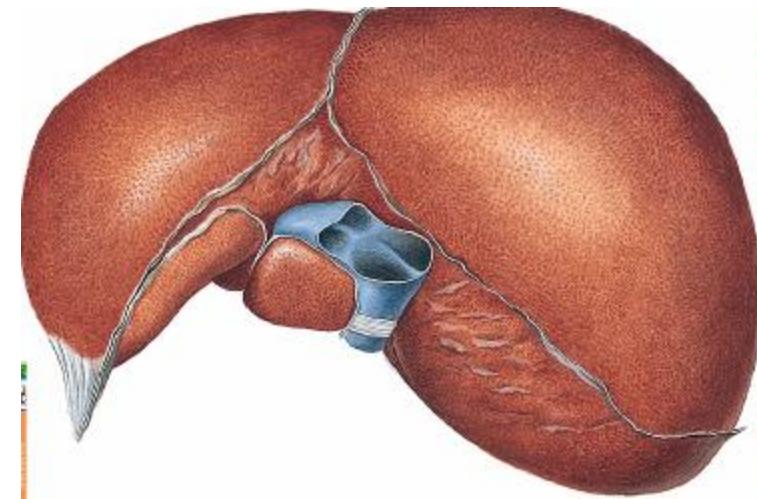
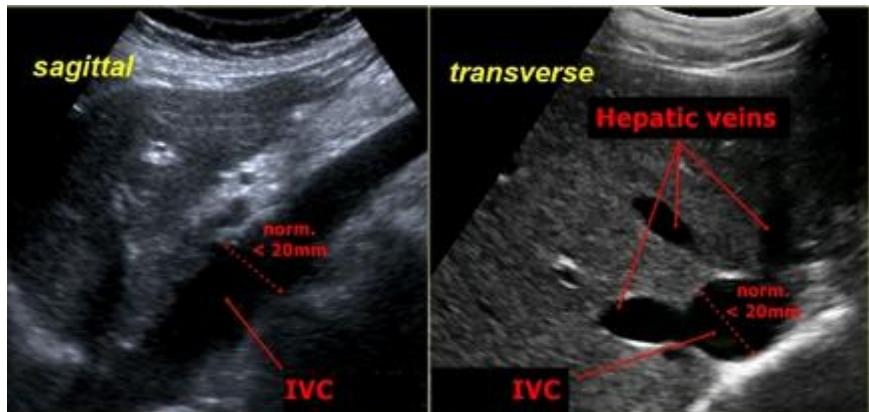
# Rectum

- a. mesenterica inf. →  
a. rectalis sup.
- a. iliaca int. → a.  
rectalis media
  - present in 50%,  
insignificant for  
rectum
- a. iliaca int. → a.  
pudenda int. → a.  
rectalis inf

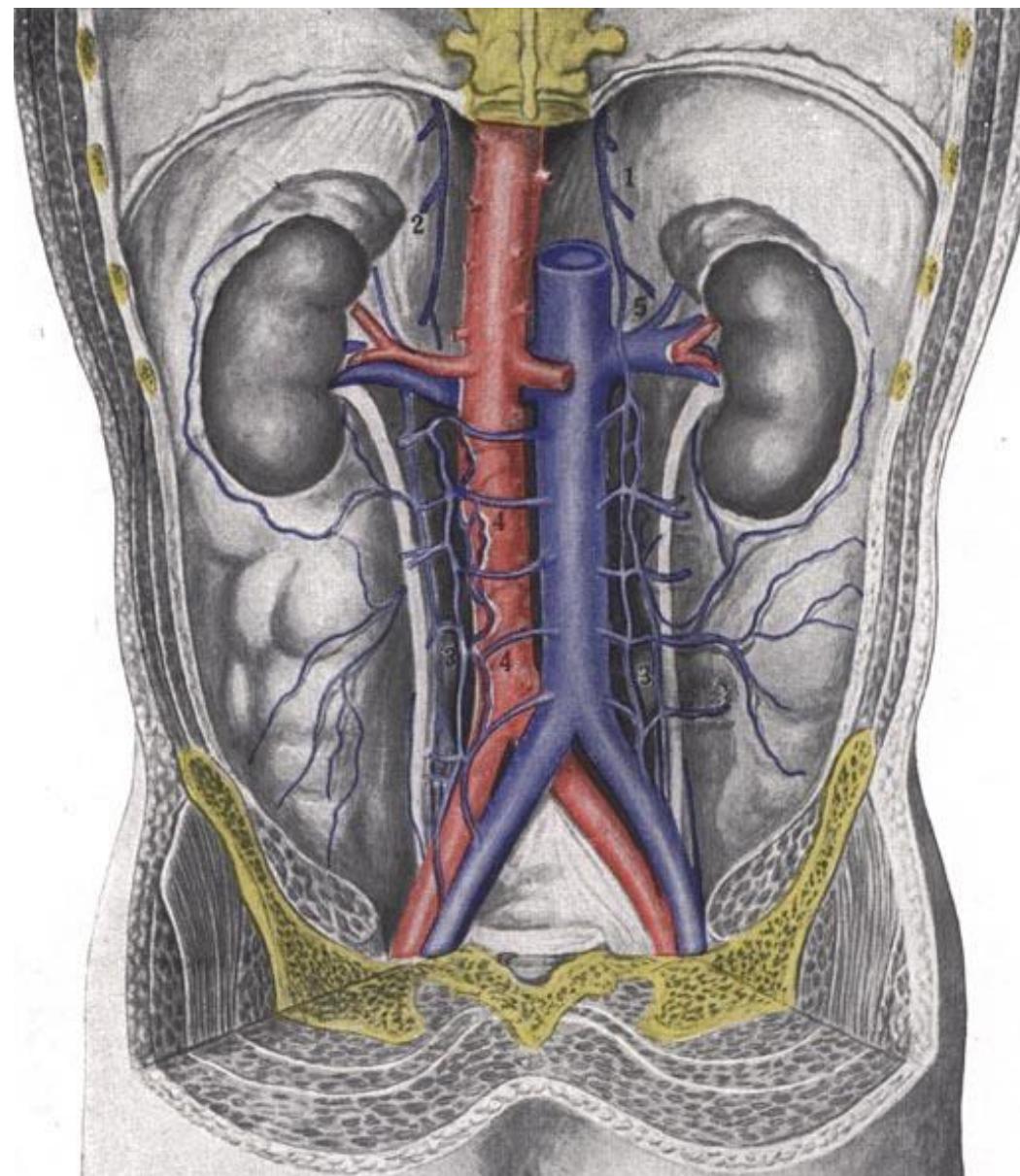
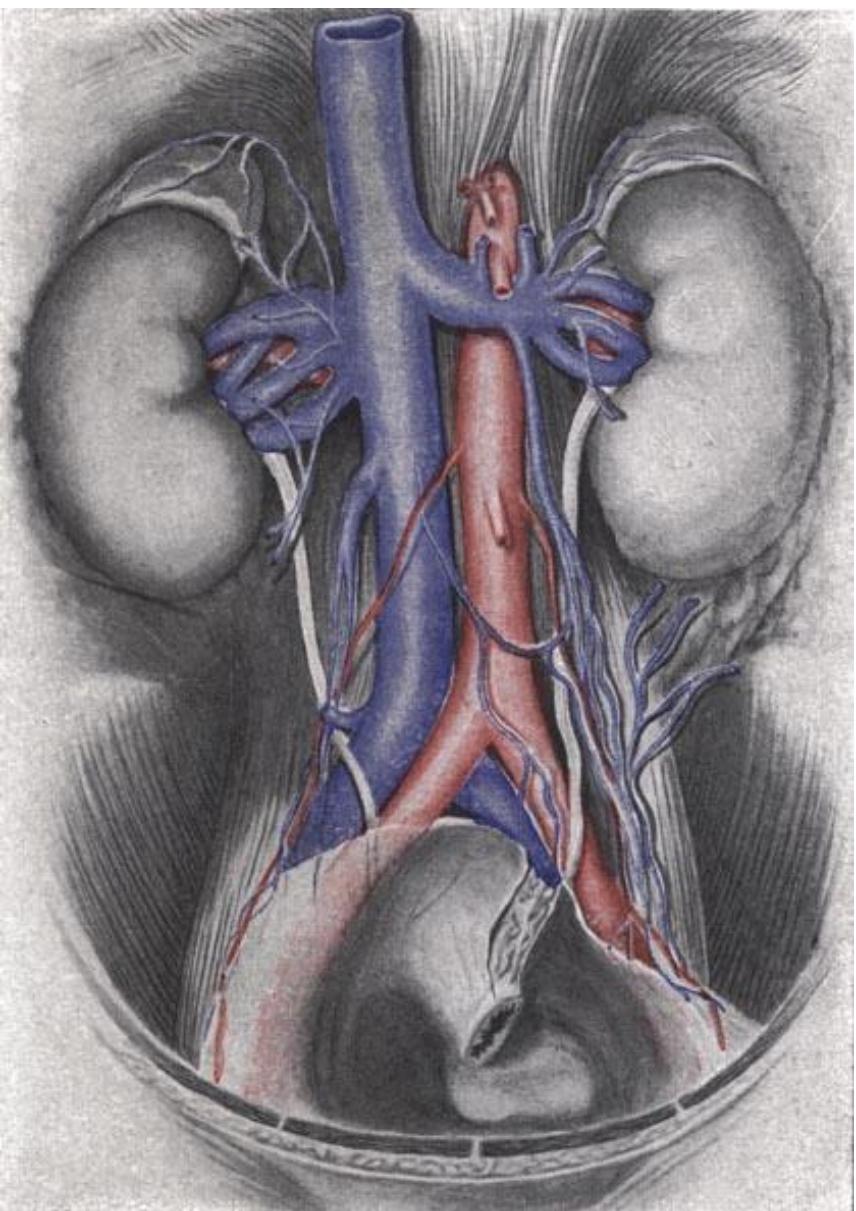


# Vena cava inferior

- origin: confluence of vv. iliaceae communes (L4)
- right to aorta abdominalis, in retroperitoneum
- no valves, rarely doubled
- sulcus venae cavae hepatis
- foramen venae cavae diaphragmatis
- caliber: 2 cm at liver, 3.5 cm at heart
- end: atrium dextrum (T8)



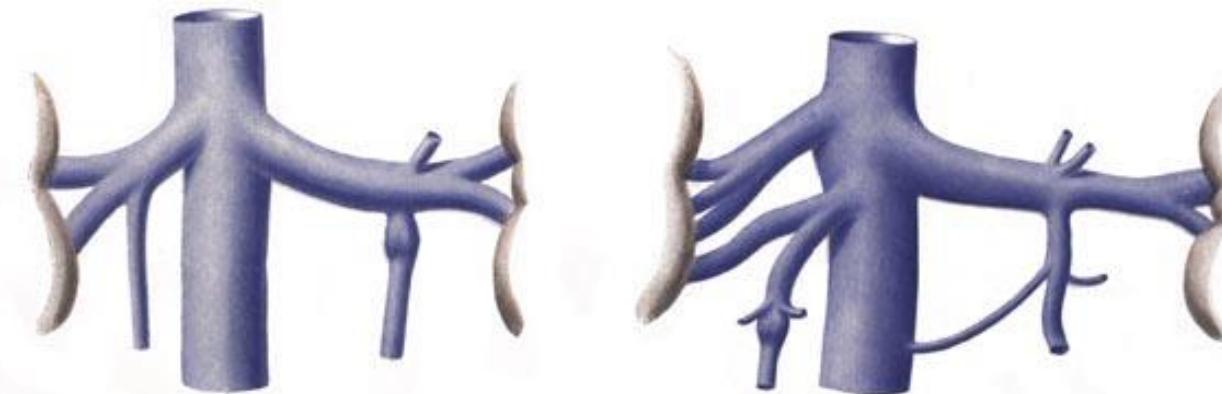
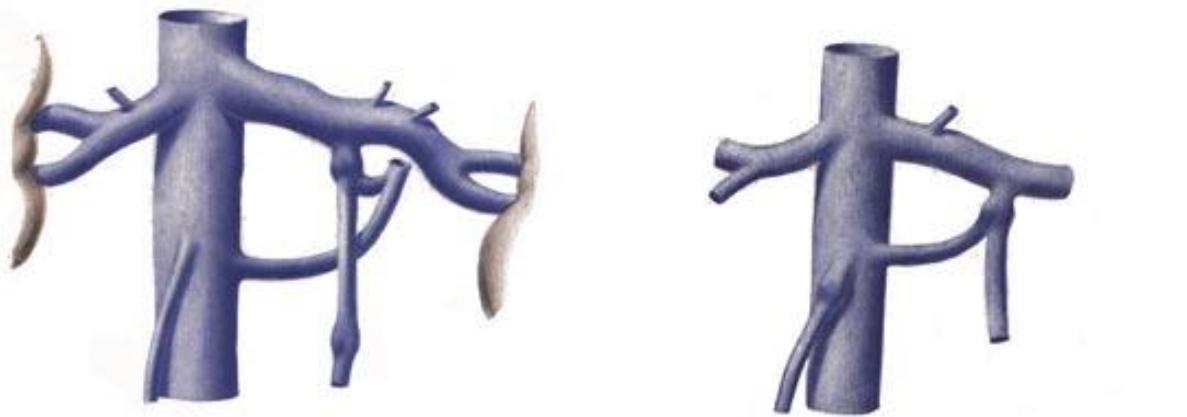
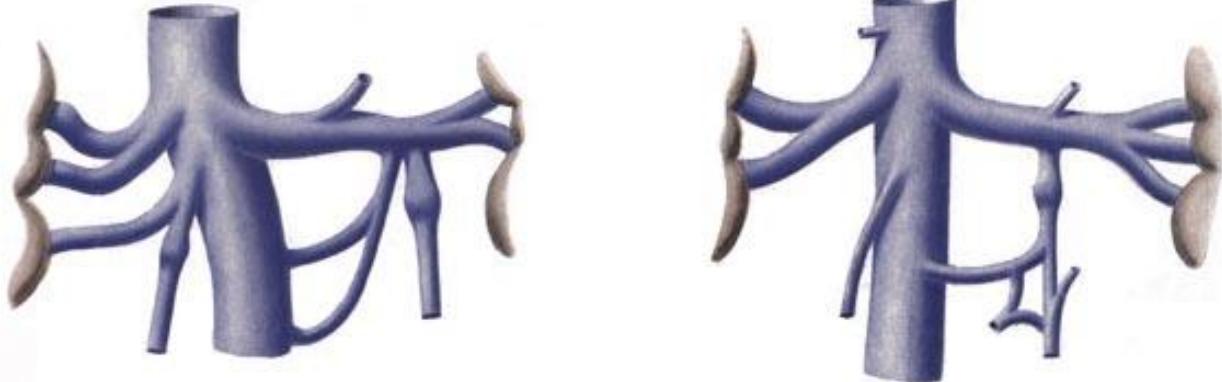
# Vena cava inferior



# Vena cava inferior - tributaries

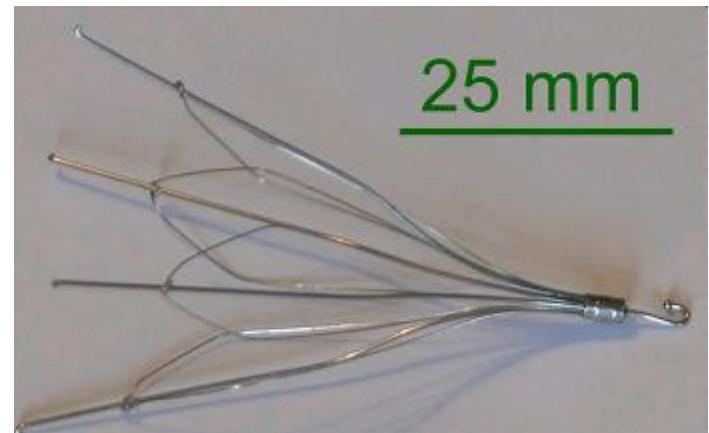
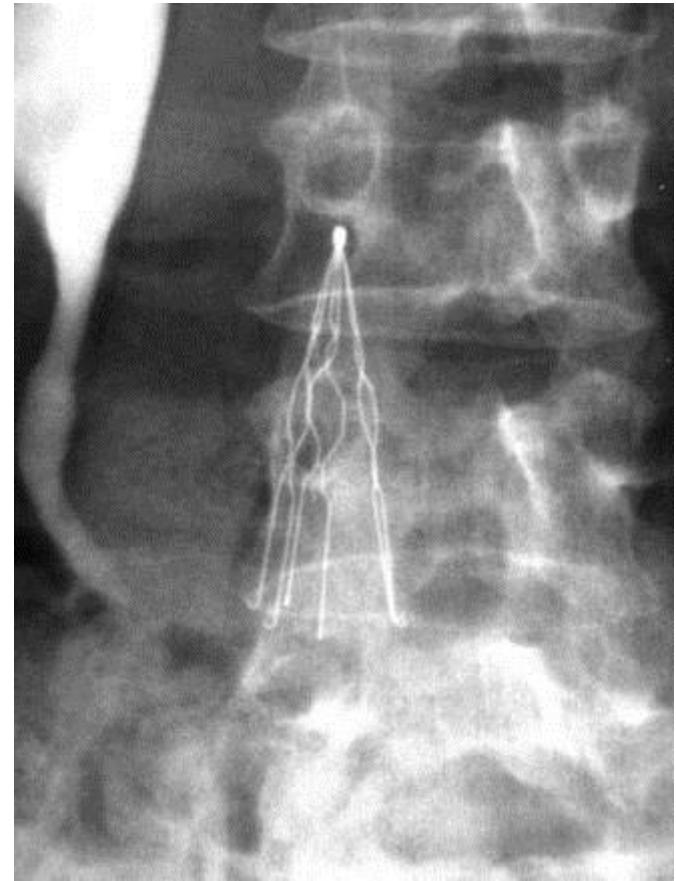
- variation of VCI course, arrangement and tributaries
- parietal:
  - vv. iliaceae communes, vv. lumbales I-IV (*interconnected with v. lumbalis ascendens*), vv. phrenicae inf., v. sacralis mediana
- visceral:
  - vv. renales
  - v. testicularis ♂/ ovarica dx. ♀ (begins as plexus pampiniformis)
  - v. suprarenalis dx.
  - vv. hepaticae dextra, intermedia, sinistra (ductus venosus *Aranzii*)

## Variability of formation of VCI visceral tributaries

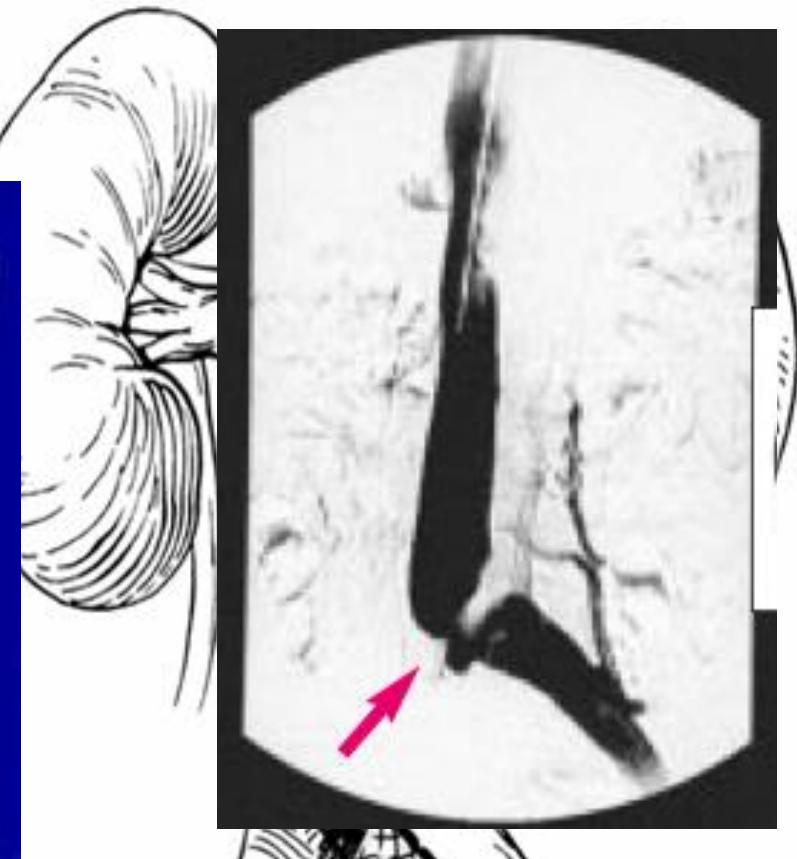
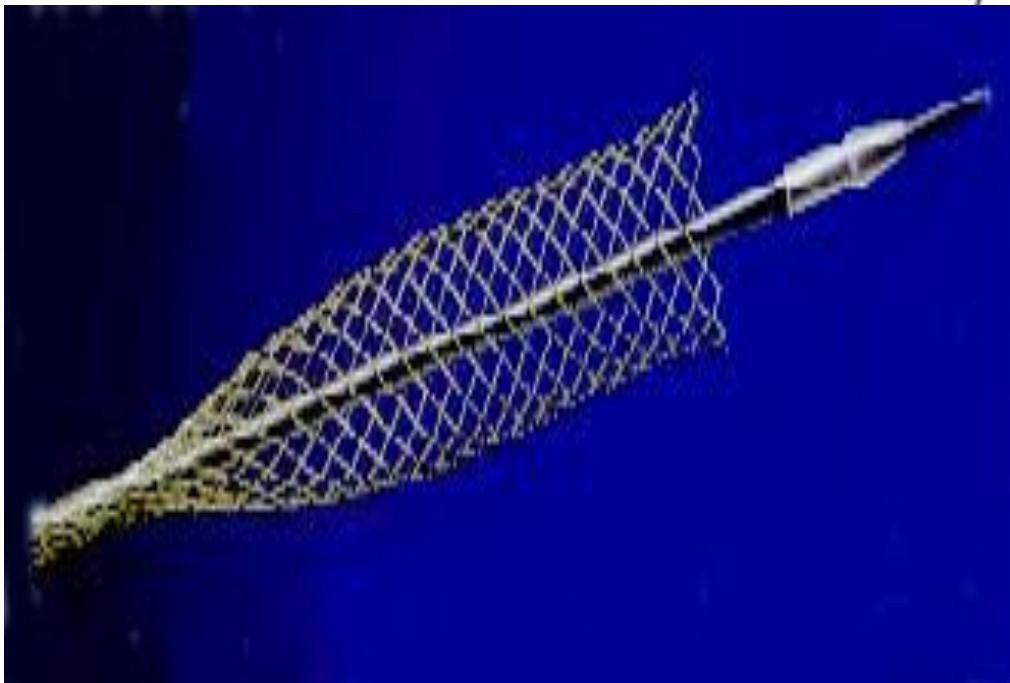


# VCI – clinical relevance

- compression
  - aortal aneurysm
  - pregnant uterus
  - abdominal tumours
- thrombosis
- prevention of fatal pulmonary embolism – Greenfield's filter
  - in venous thromboembolic disease + contraindication of anticoagulation treatment

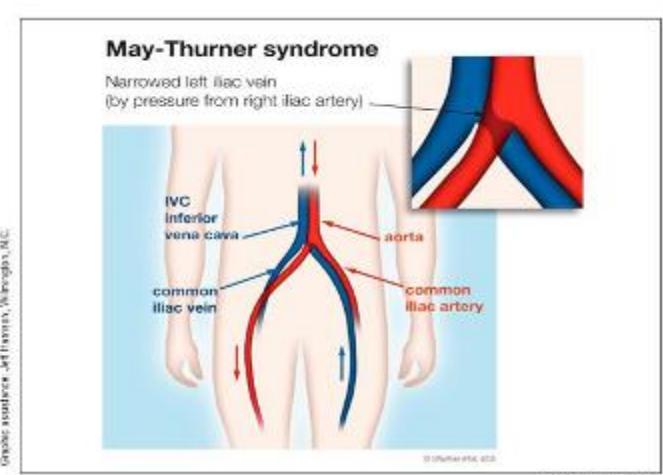


# Vena iliaca communis



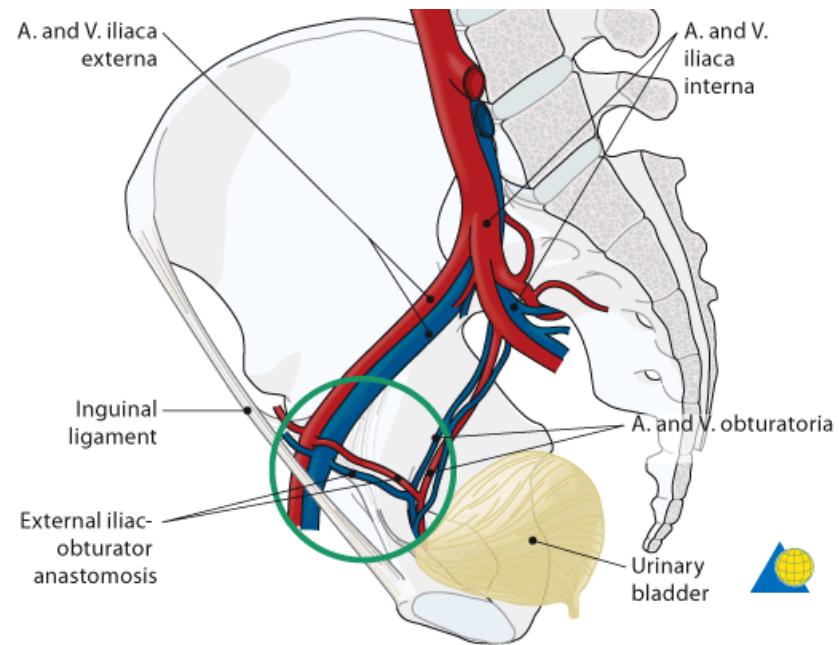
(AIcax.)

- thrombosis follows
- treatment: stent



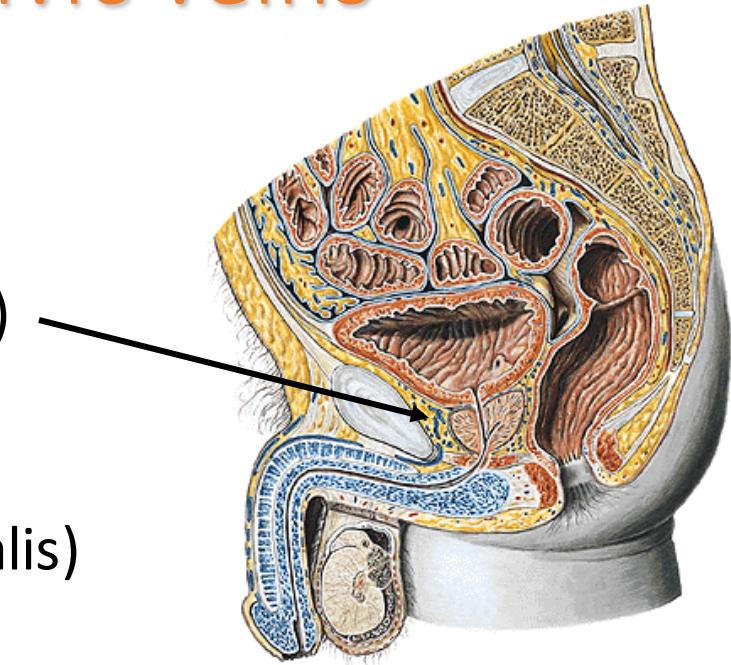
# Vena iliaca externa

- branches correspond to arterial
- venous corona mortis present in 75%
- valves present in 20%
  - usually rudimentary



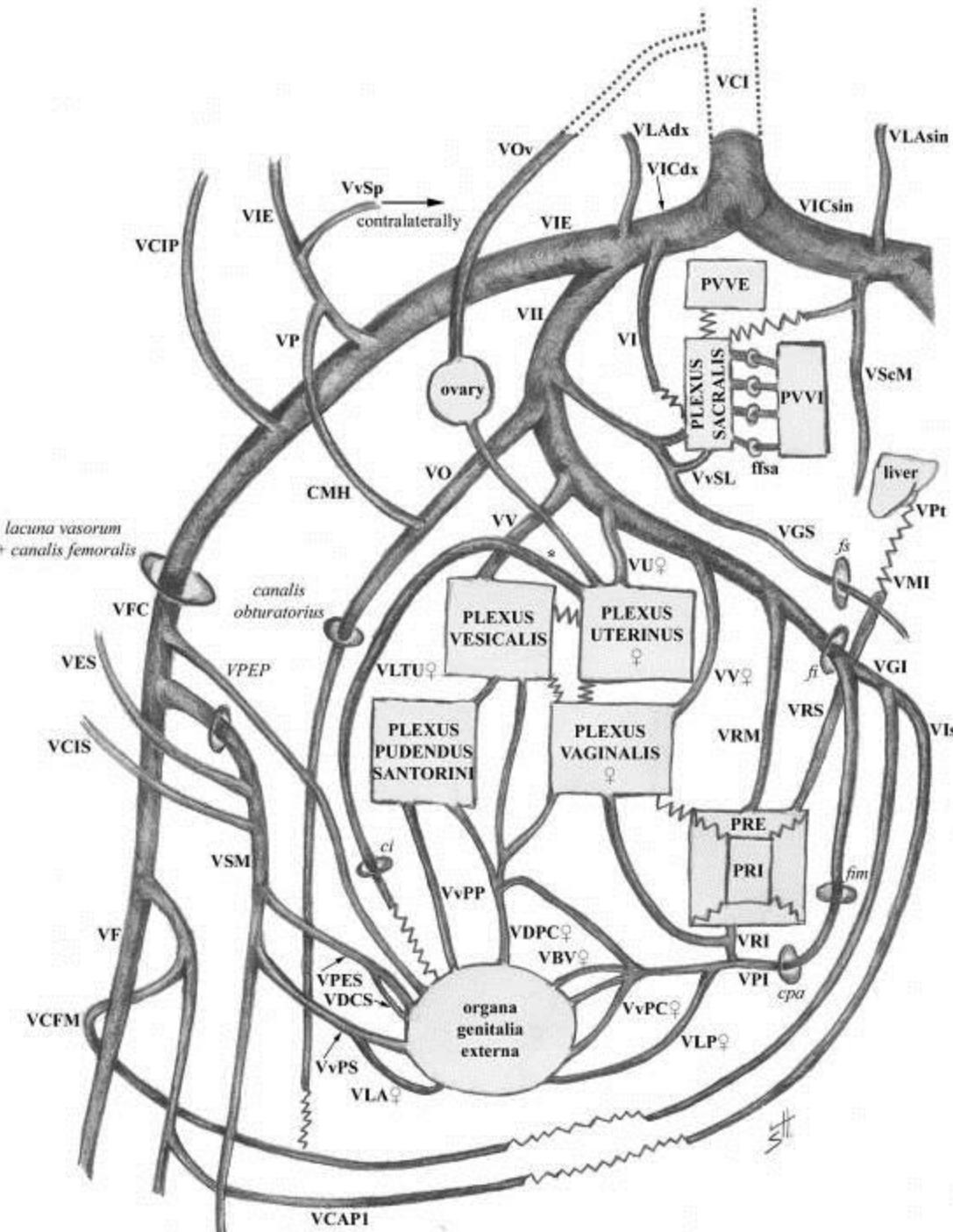
# Vena iliaca interna – pelvic veins

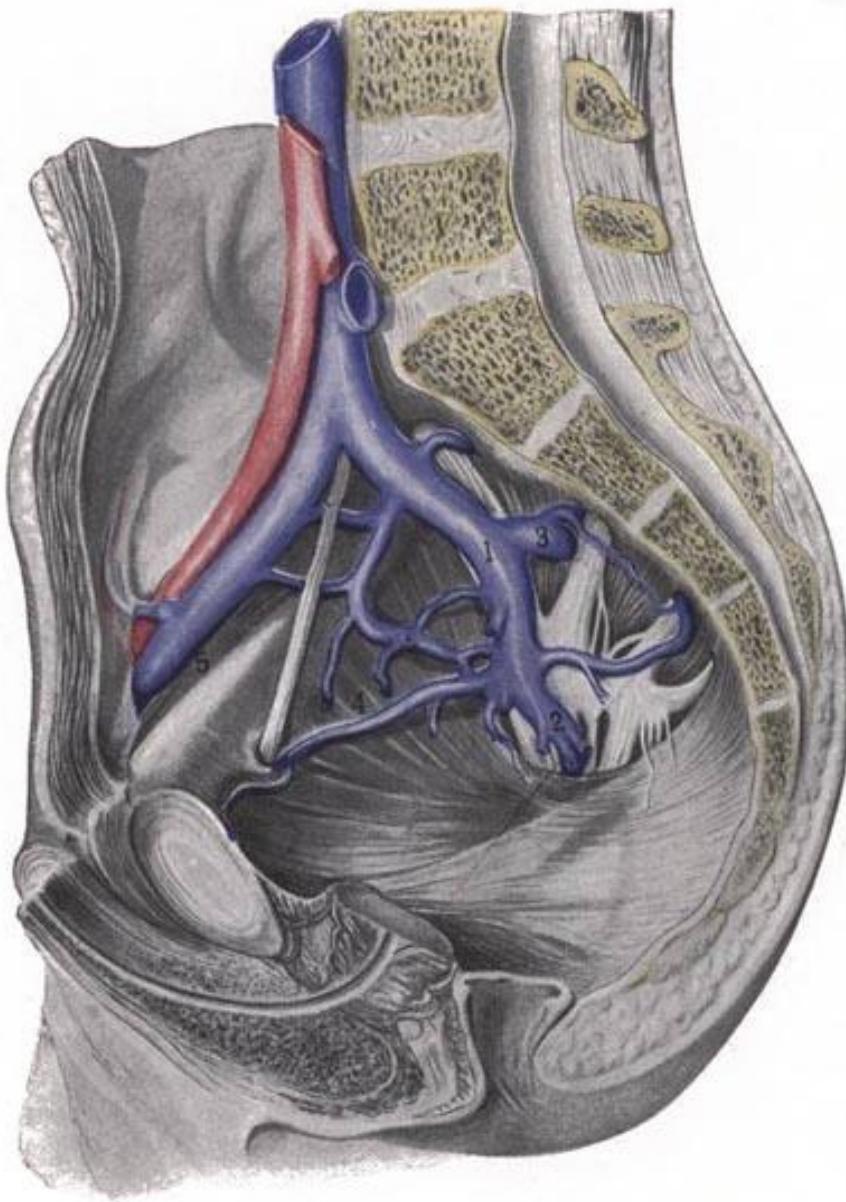
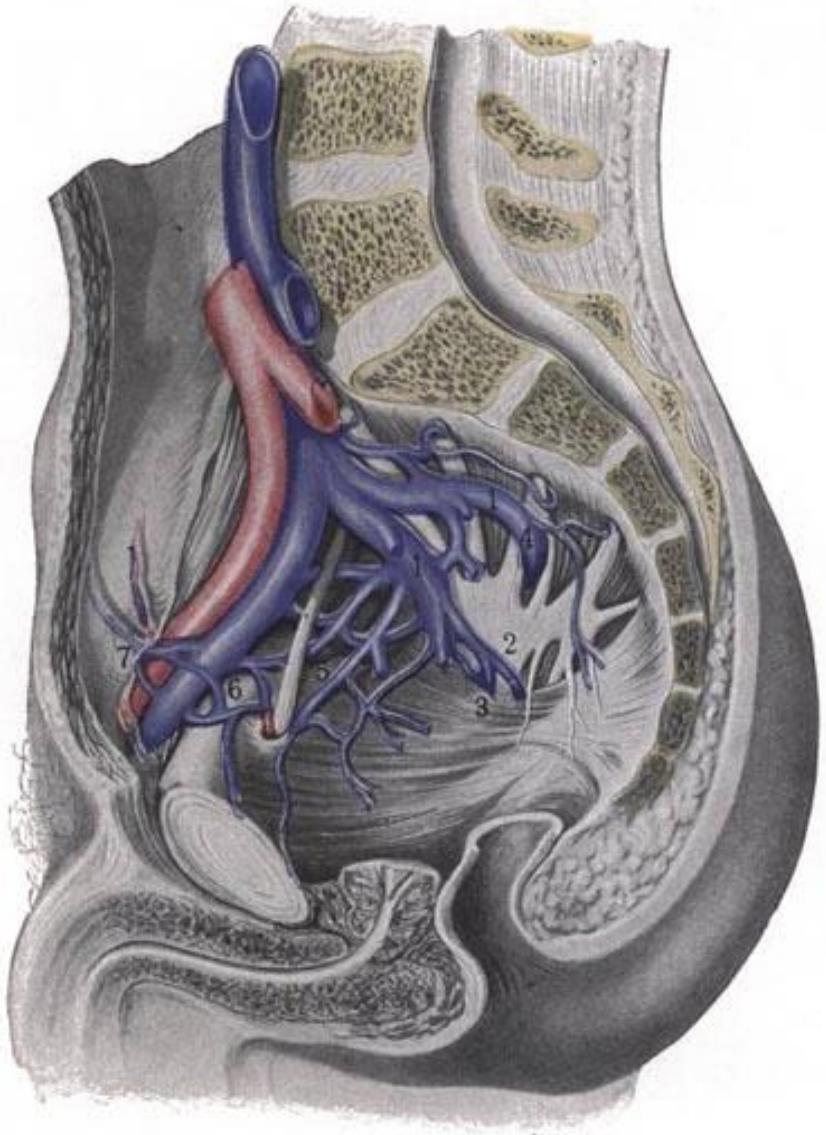
- *parietal*: correspond to arteries
- *visceral*: plexuses
  - plexus venosus pudendus (*Santorini*)
    - within spatiū retropubicum (*Retzii*)
  - p.v. vesicalis + prostaticus
  - p.v. uterinus + vaginalis (uterovaginalis)
  - p.v. rectalis
    - p.v. rectalis externus (within tunica adventitia)
    - p.v. rectalis internus = p. haemorrhoidalidis (within tunica submucosa)
  - p.v. sacralis (interconnected with vv. sacrales lat. + mediana)

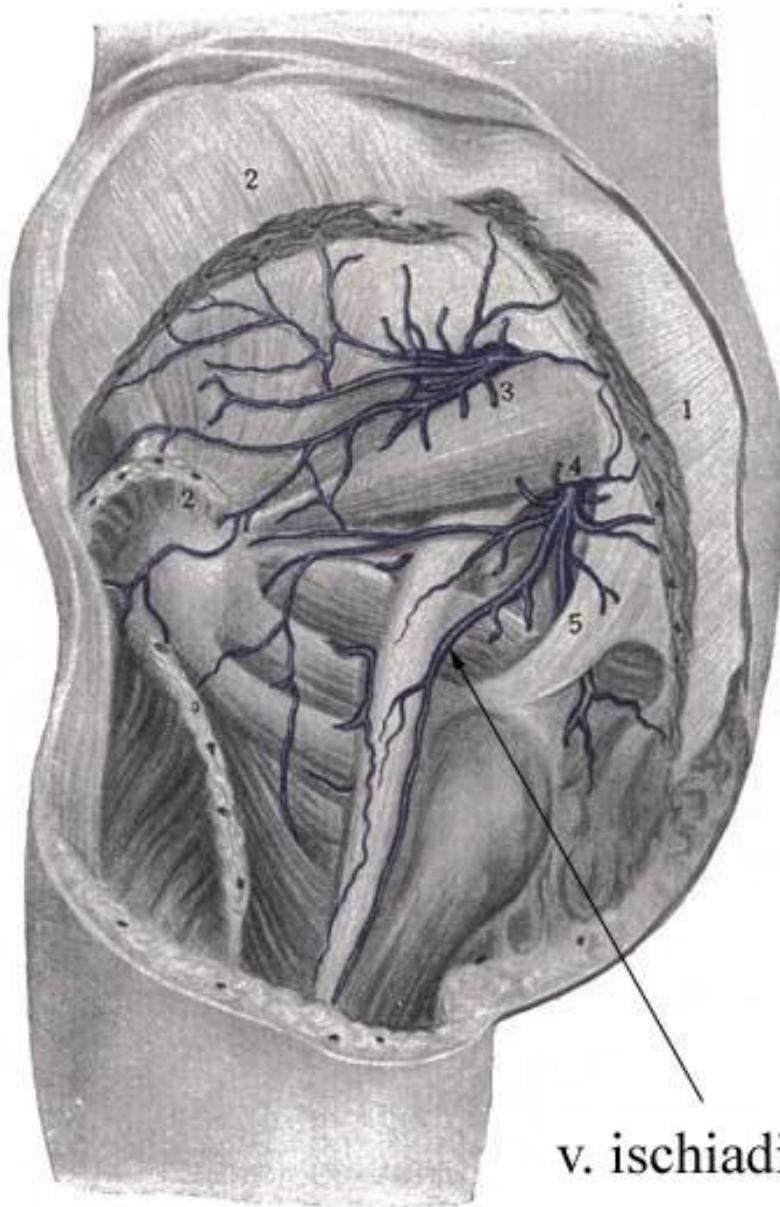


# Veins of pelvis

- v. lig. teretis uteri ♀
- vv. lig. lati uteri ♀
- vv. suprapubicae
- v. ischiadica

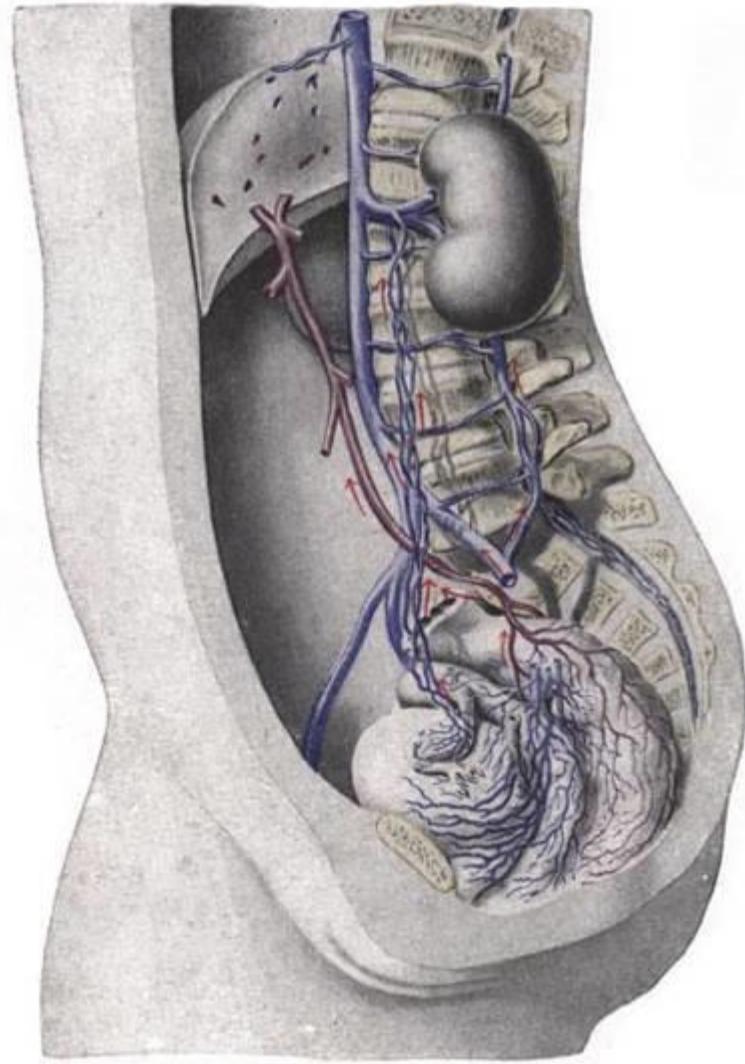
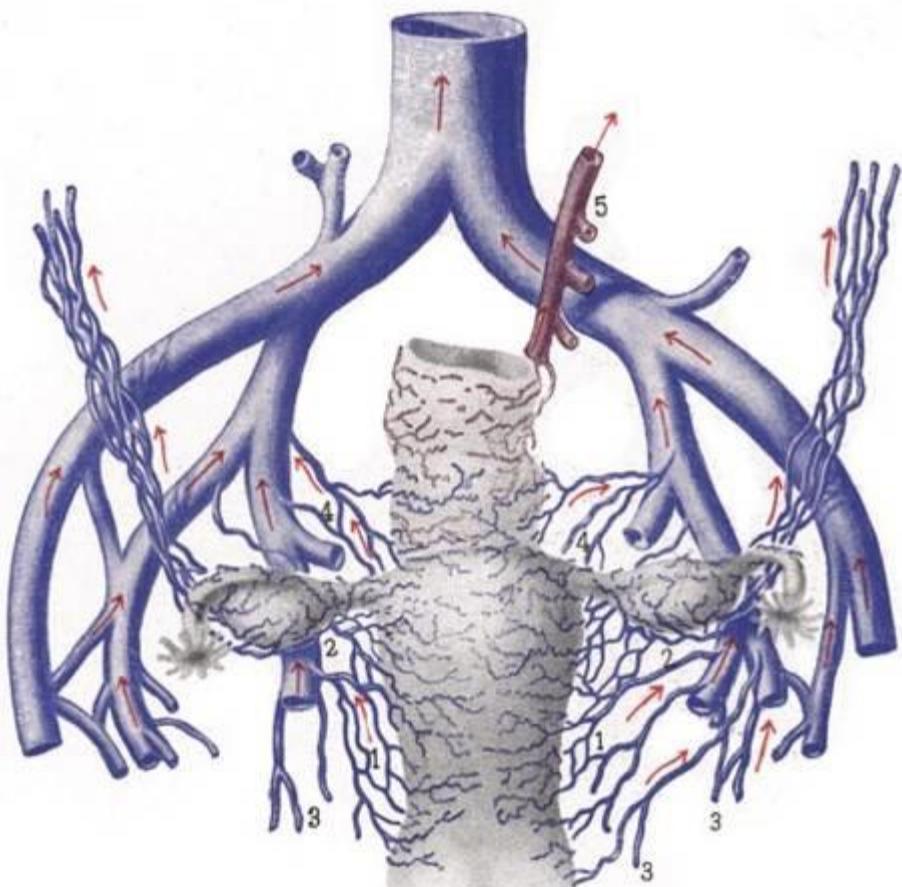






v. ischiadica

# Direction of venous outflow from pelvis

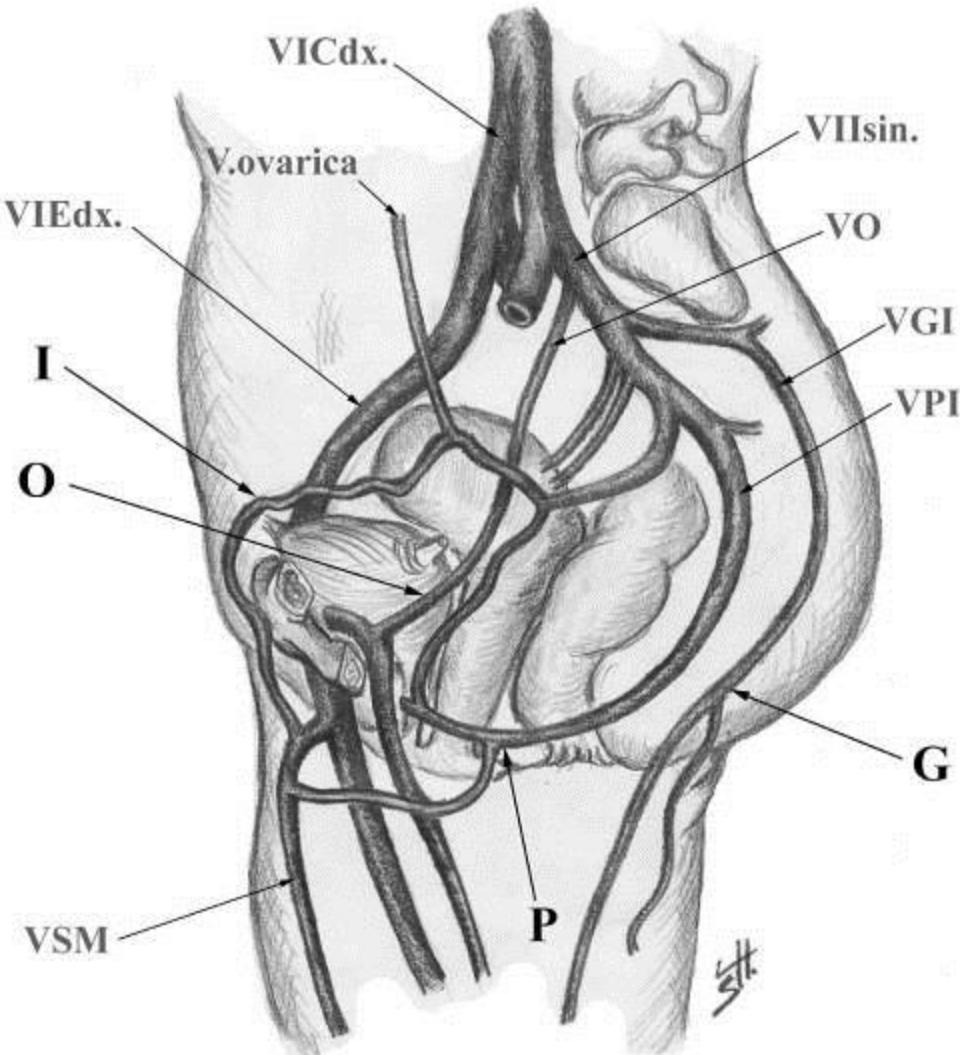


# Veins of pelvis – clinical relevance

- pelvis fractures → heavy bleeding
- slowed blood flow → thrombosis → embolism
- uptake of calcium in thrombi → phleboliths  
(visible in X-ray snaps)
- pelvic varices – connections with LL veins
- v. iliaca int. and its tributaries are not moveable  
→ easy bleeding and difficult closure in surgery

# Site od connections between pelvic and lower limb veins

- canalis inguinalis
- canalis obturatorius
- foramen infrapiriforme
- perineum
- *change of flow direction in varices*

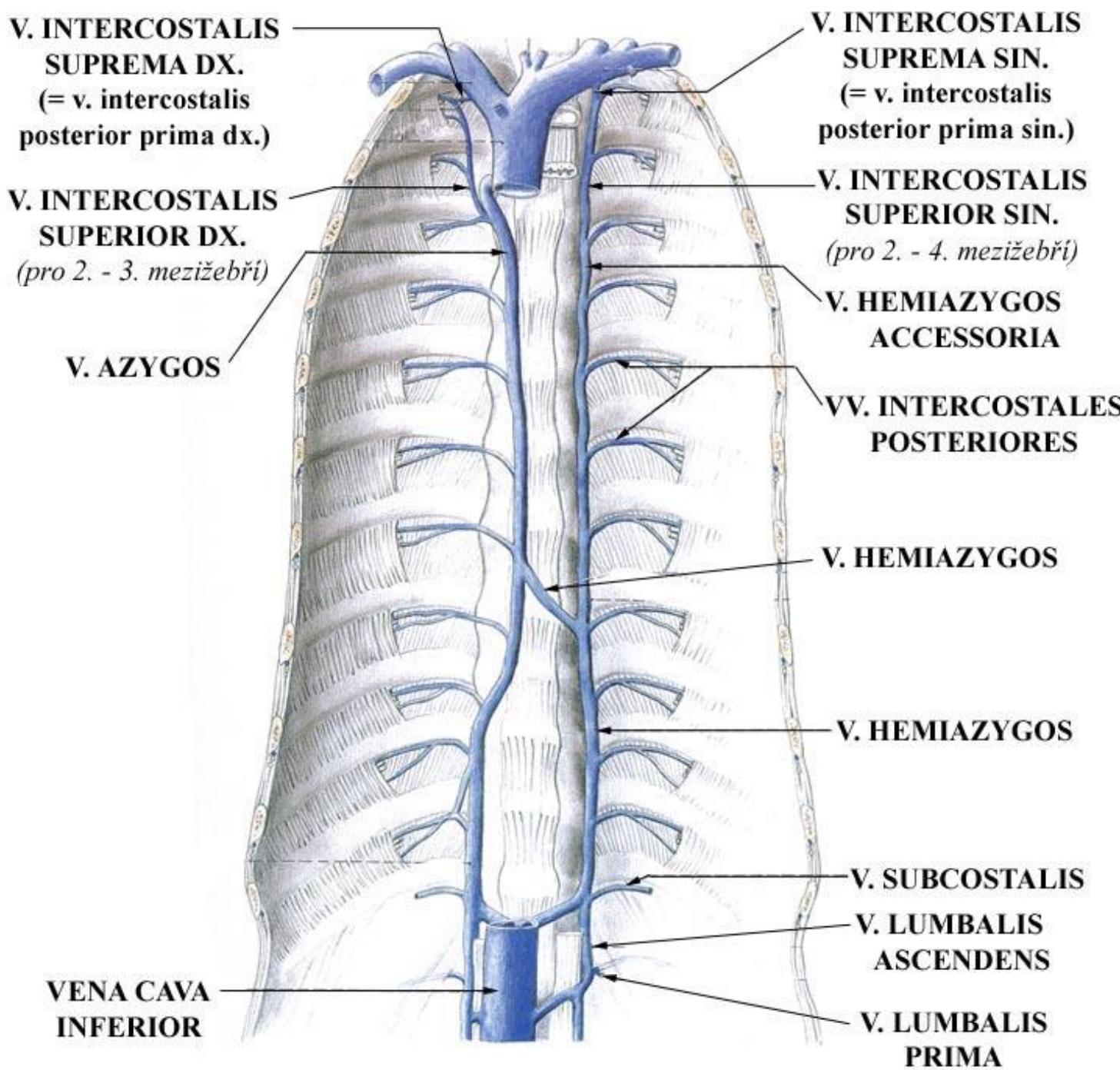


# Vena azygos system

## v. azygos + hemiazygos

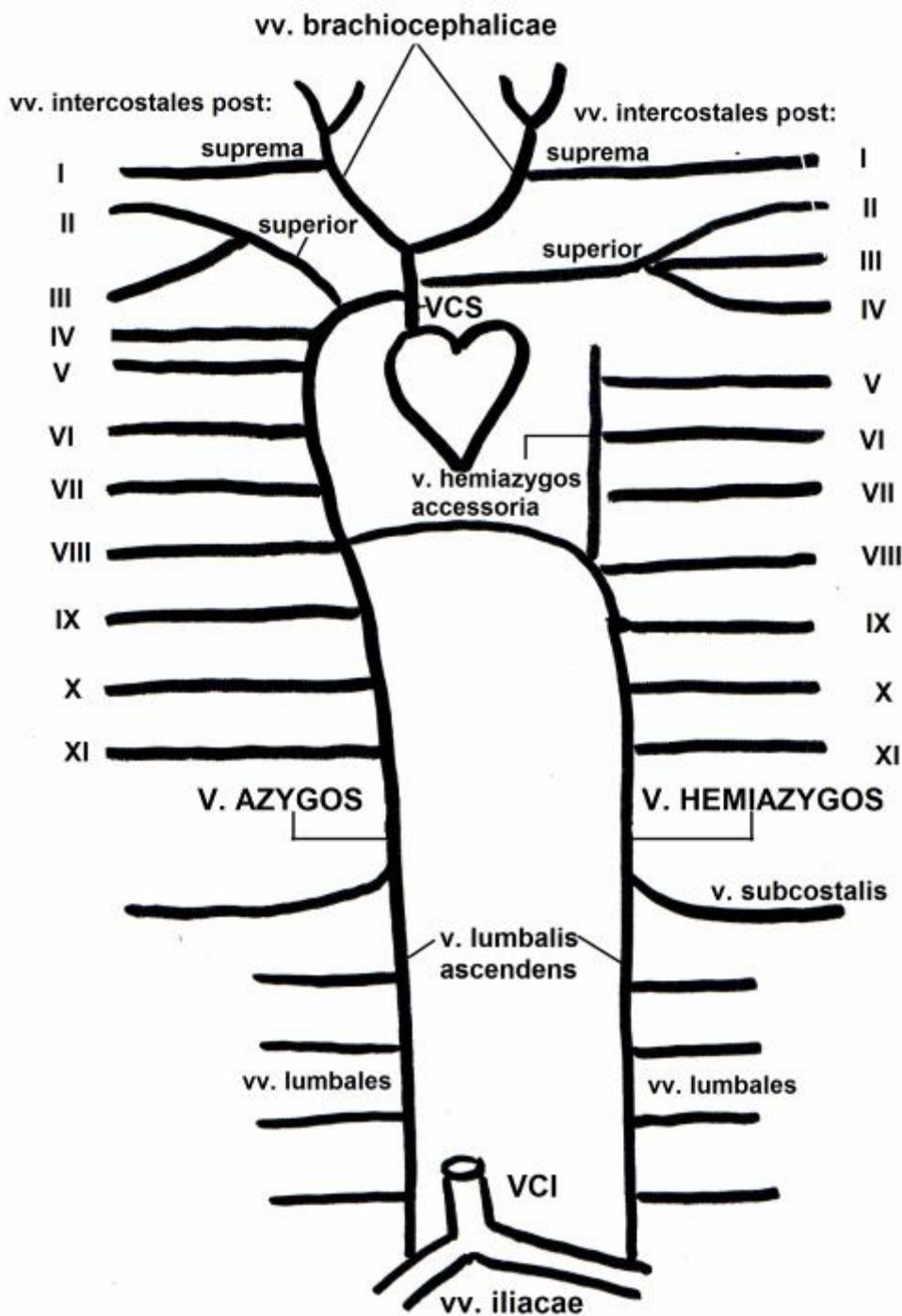
- accompany aorta thoracica
- no valves
- mediastinum posterius inferius → mediastinum superius
- origin: v. lumbalis ascendens + v. subcostalis
- pass through diaphragm: via pars lumbalis or hiatus aorticus
- end: v. hemiazygos opens into v. azygos at level of T7-9
- v. azygos opens into VCS
  - arcus v. azygoi





# Tributaries of vena azygos system

- parietal:
  - vv. intercostales posteriores
  - v. intercostales sup. dx.
  - v. hemiazygos accessoria
  - vv. phrenicae sup.
- visceral:
  - vv. oesophageae
  - vv. bronchiales
  - vv. mediastinales



# Cavo-caval anastomoses

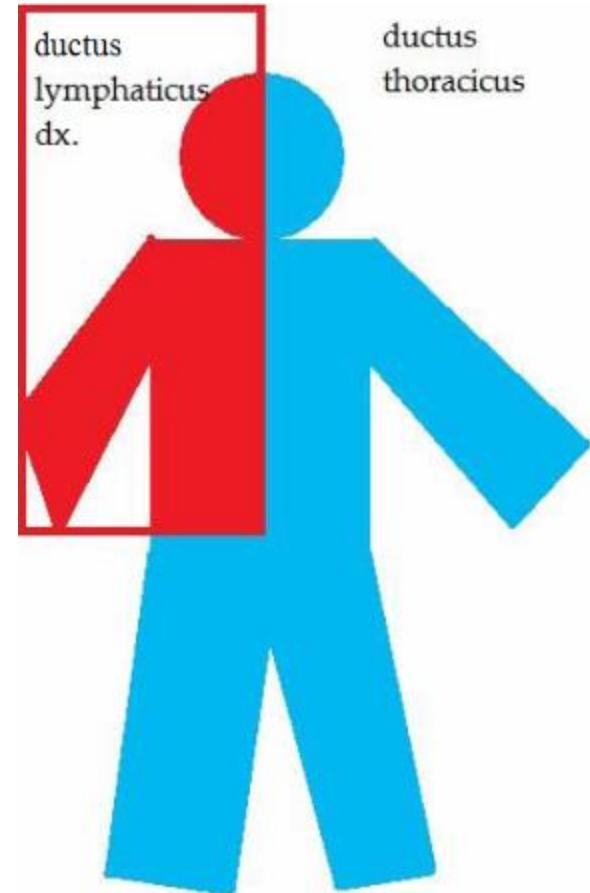
VCI

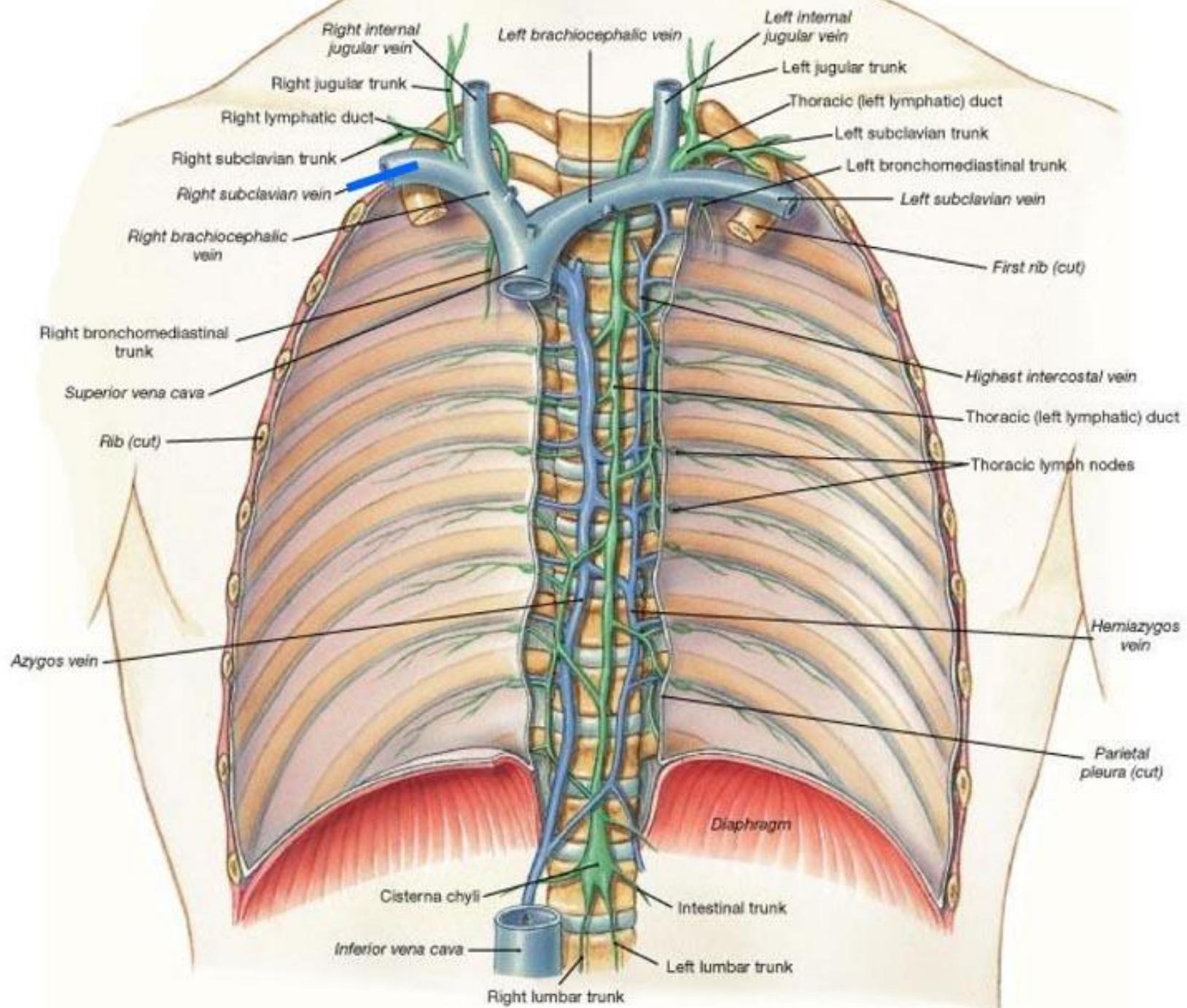
VCS

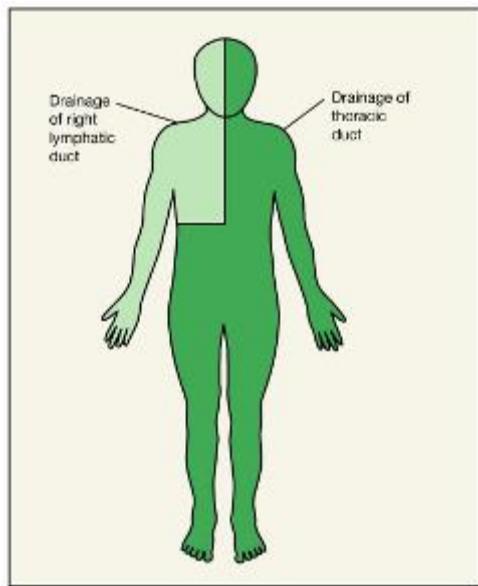
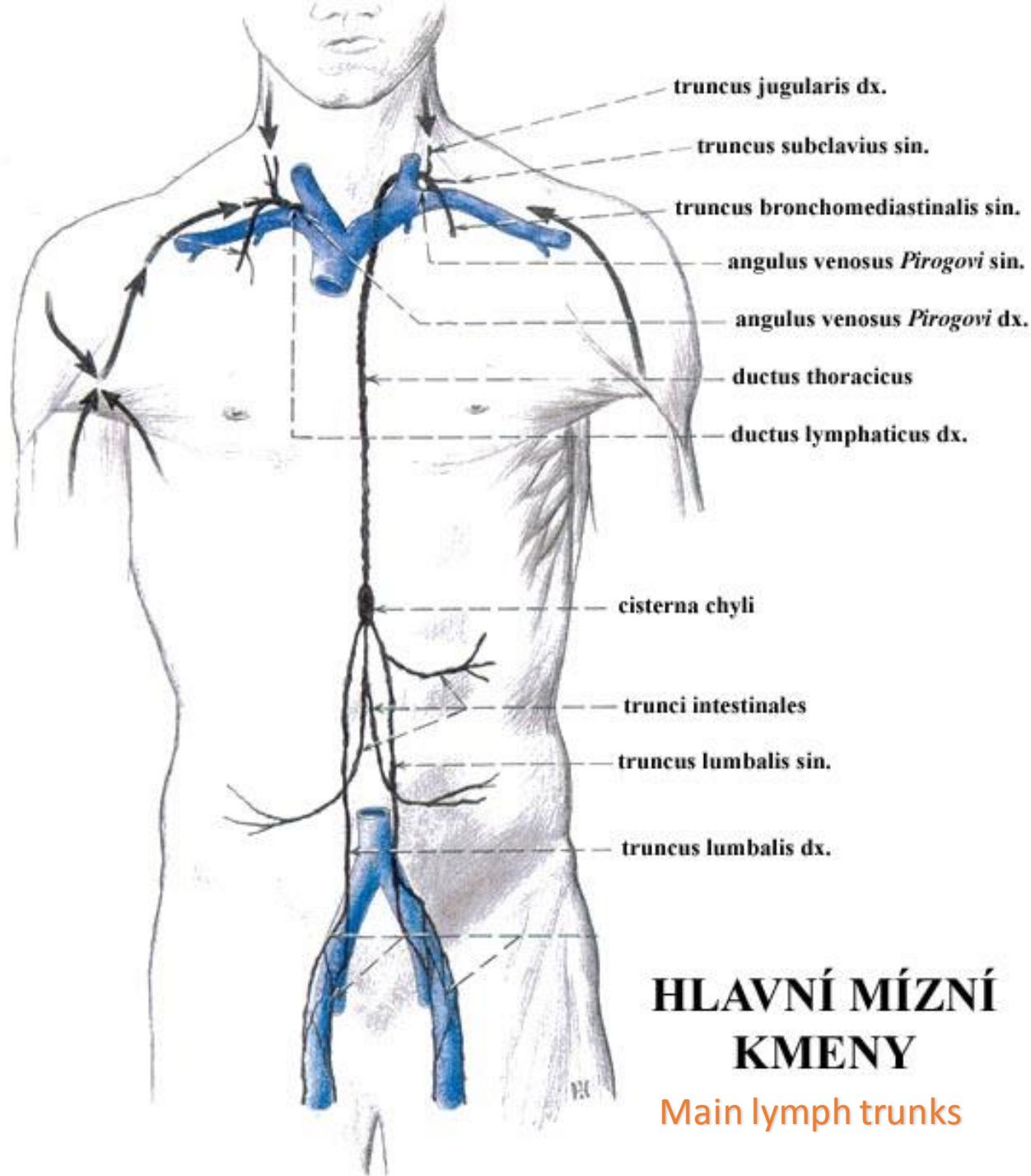
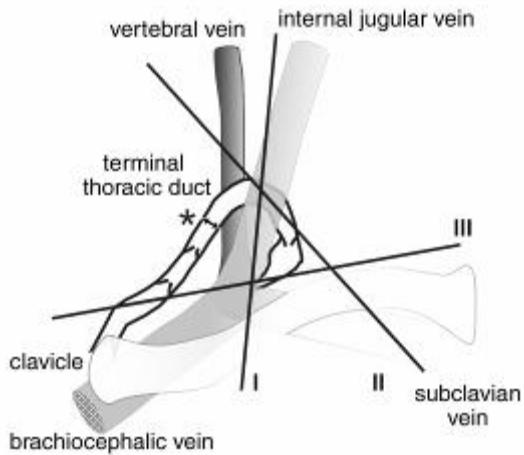
- vv. lumbales – v. azygos + hemiazygos
- v. epigastrica inf. – v. epigastrica sup.
- v. epigastrica spf. – vv. thoracoepigastricae
- plexus venosi vertebrales (*Batson's*)

# Lymph vessels general arrangement

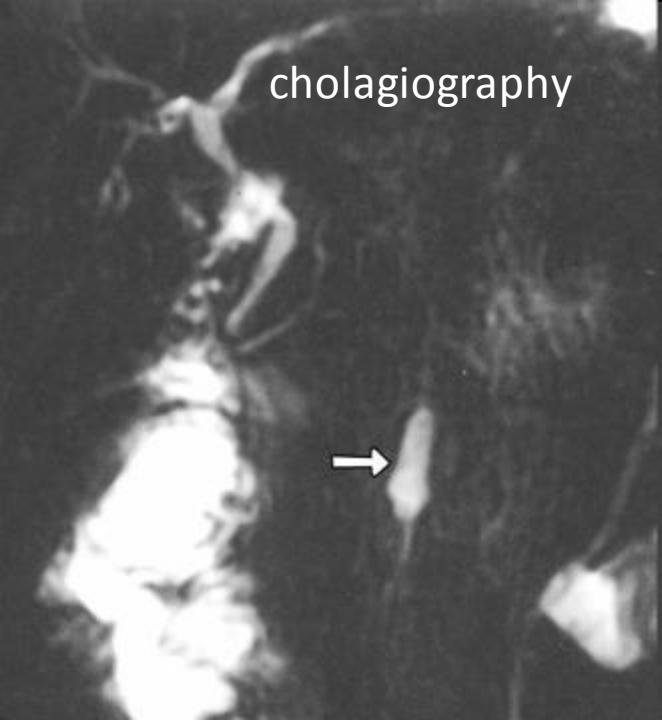
- lymph capillaries → lymph vessels
- limbs (collectors): superficial → deep vessels
- organs: plexuses (subcapsular + deep) → lymph trunks → lymph ducts
- lymph nodes put in vessels



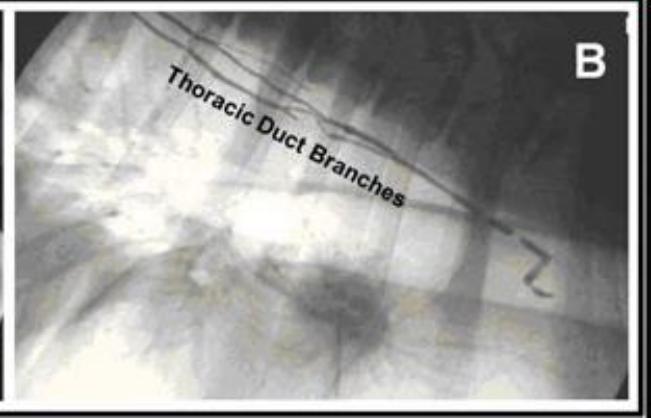
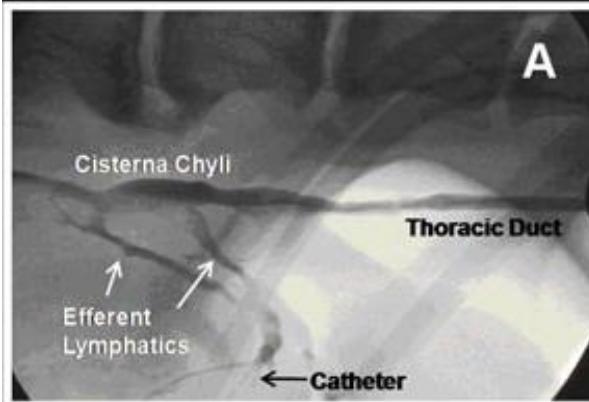




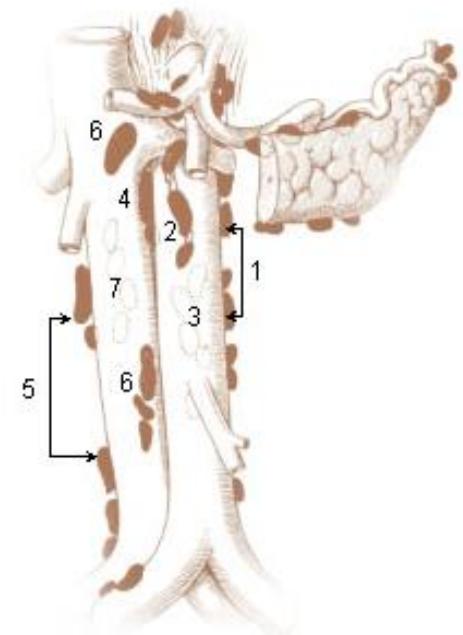
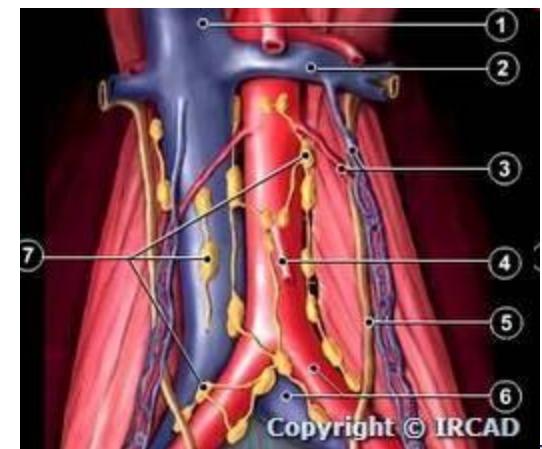
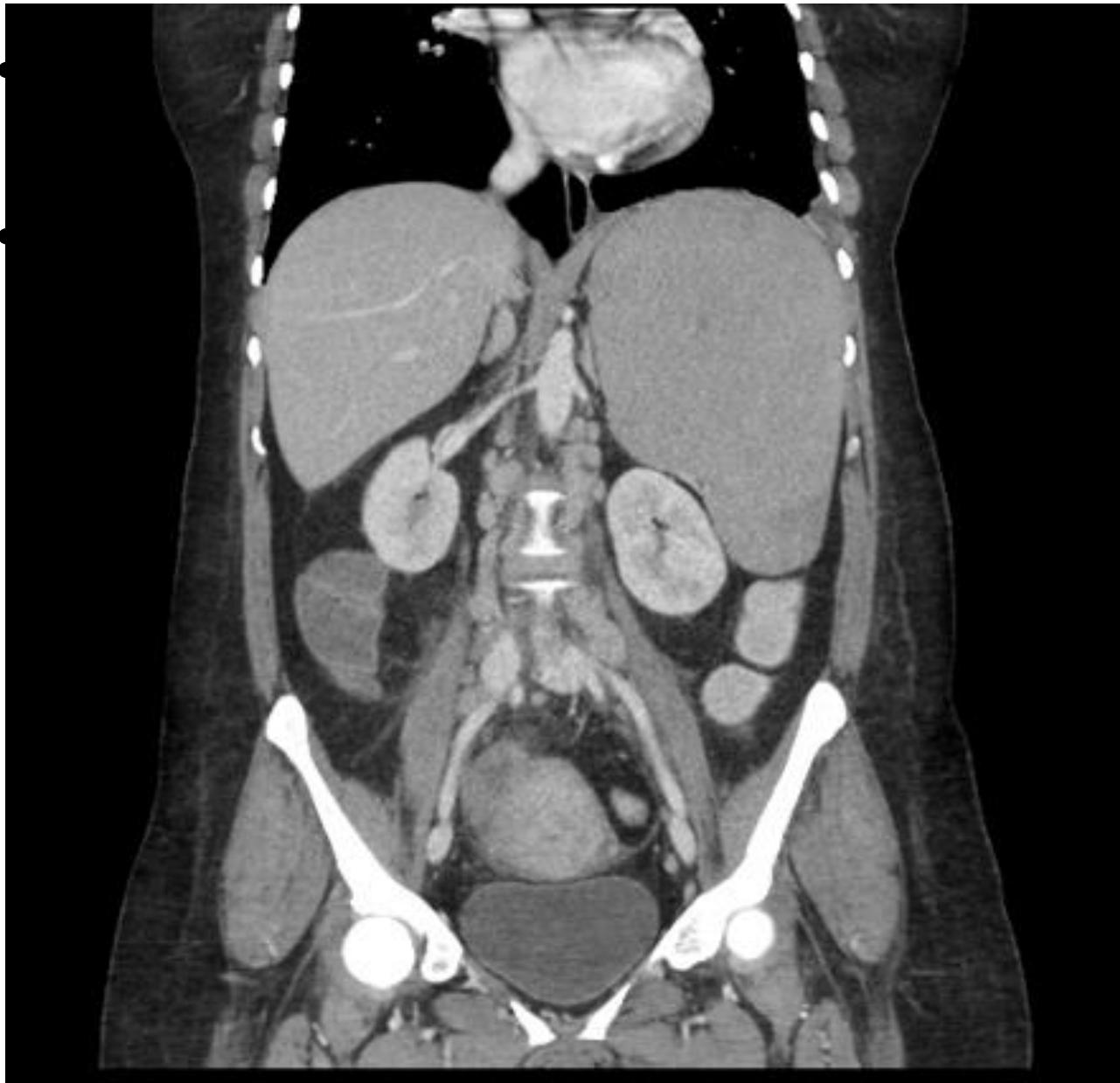
cholangiography



CISTERNA  
CHYLI

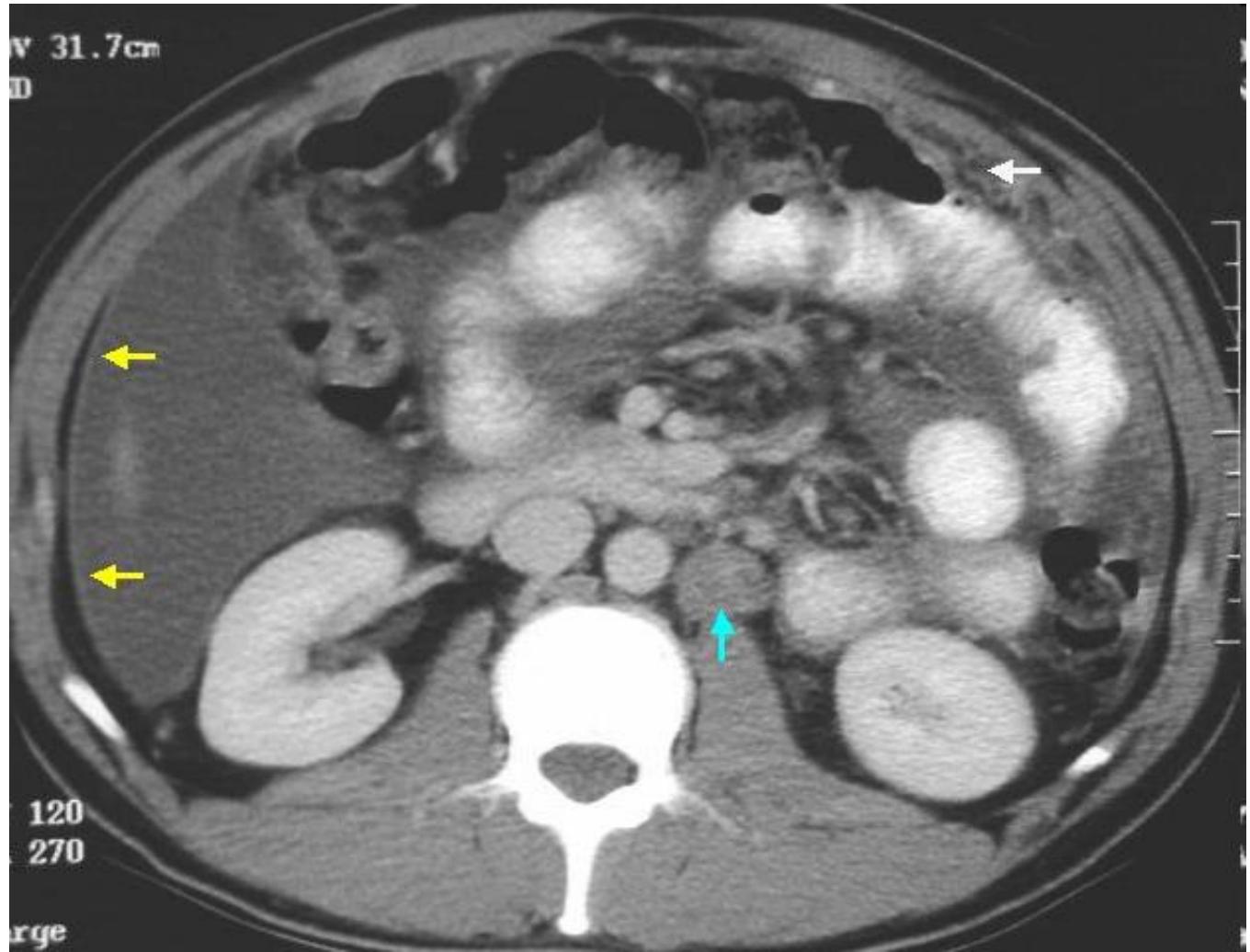


# Abdomen



# Colorectal metastasis

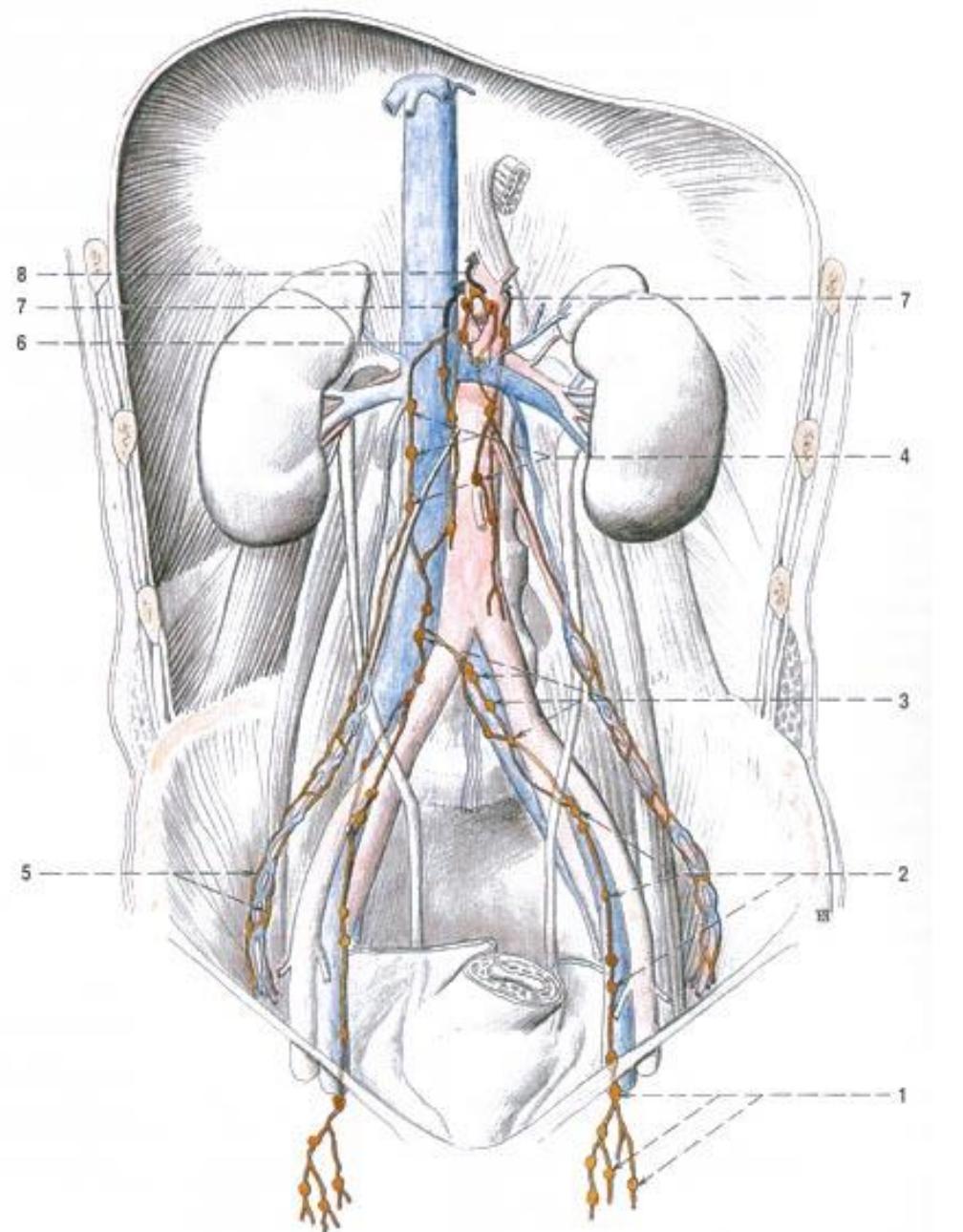
# Tuberculosis



# Testis ♂

# Ovary ♀

- n.l. lumbales
- *L2 – development*
- *scrotum → n.l. inguinales superficiales*
- *! no puncture !*

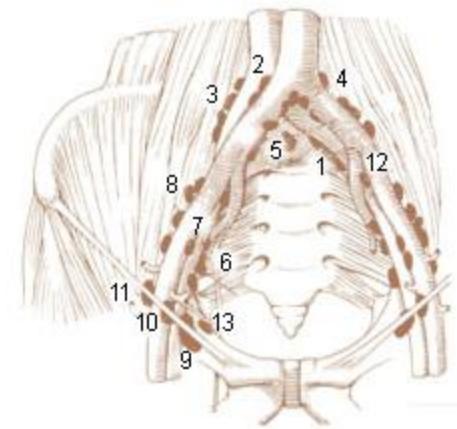
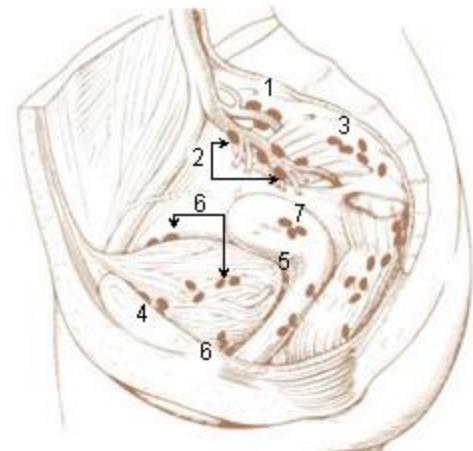


Obr. 138. NODI ILIACI EXTERNI ET NODI LUMBALES  
 1 nodi inguinales superficiales et profundi  
 2 nodi iliaci externi  
 3 nodi iliaci communes  
 4 nodi lumbales

5 mizní kolektory z varlete / ovaria; jdoucí podél vasa testicula / ovarica do nodi lumbales  
 6 nodi coeliaci  
 7 odtok mezi cestou truncus lumbalis do cisterna chyli  
 8 odtok mezi cestou truncus lumbalis do cisterna chyli

# Pelvis

- n.l. parietales
  - communes
  - externi (obturatorii)
  - interni
    - gluteales sup.+inf.
    - sacrales (rectum, prostata, cervix uteri, fornix vagi)
- n.l. viscerales
  - paravesicales
  - parauterini ♀, paravaginales ♀
  - pararectales



# Abdomen and pelvis clinical relevance



# Uterus

## anatomical classification:

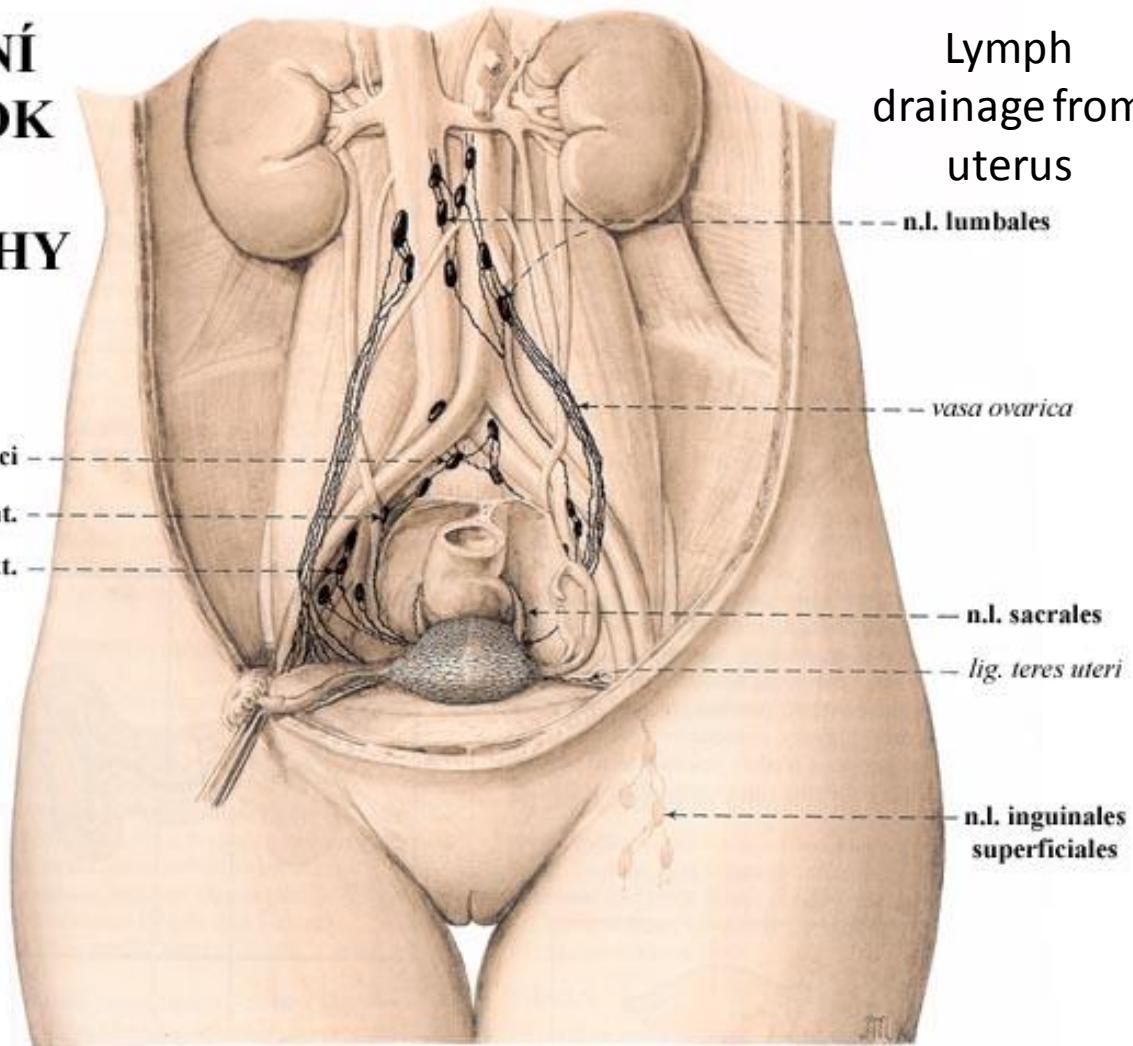
- n.l. lumbales ← fundus + corpus
- n.l. iliaci interni (iliaci externi, iliaci communes, obturatorii) ← corpus, isthmus + cervix
- n.l. sacrales ← isthmus, cervix
- n.l. inguinales superficiales ← margines + cornua  
*(exceptionally!)*

## clinical classification: according to corpus and cervix cancer

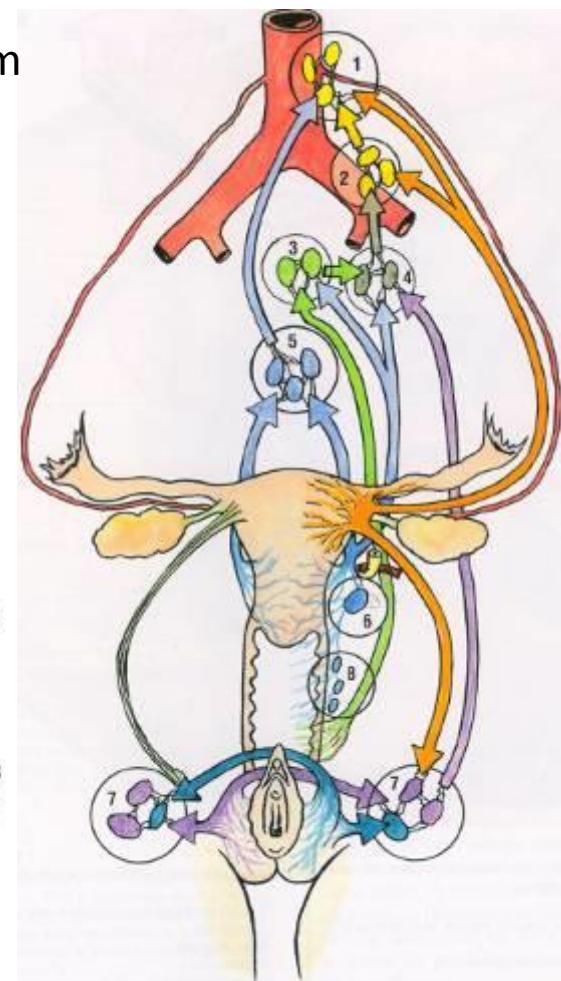
- corpus uteri → n.l. iliaci int.+ lumbales + (inguinales superficiales)
- cervix uteri → n.l. iliaci int.+ sacrales

# Uterus

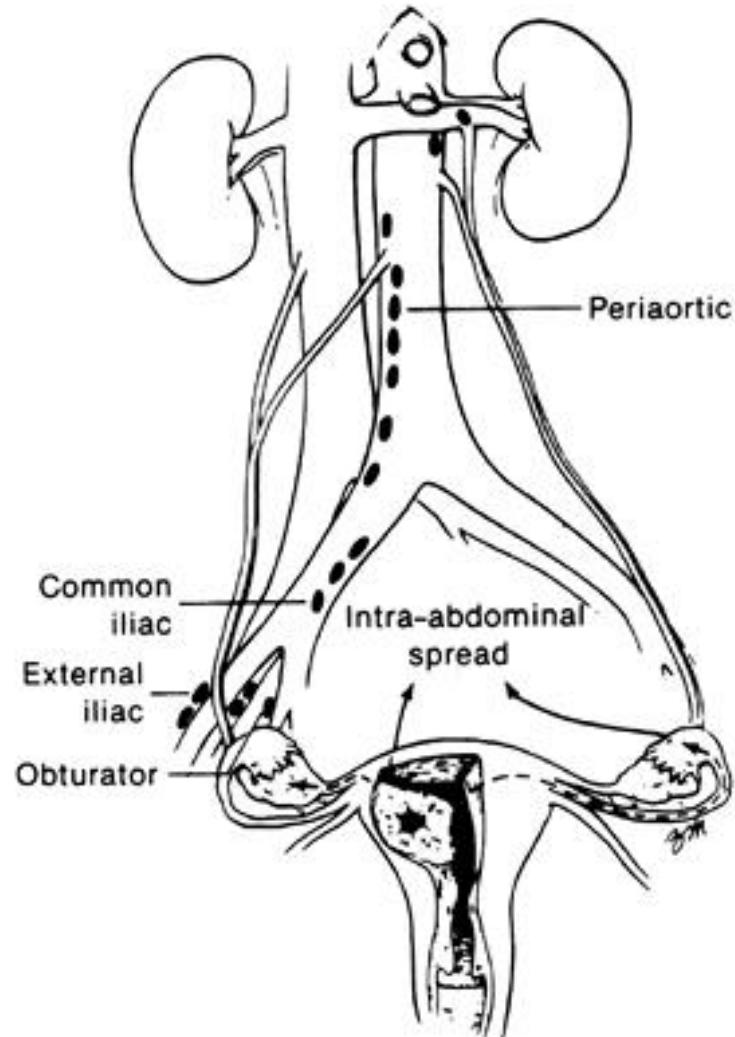
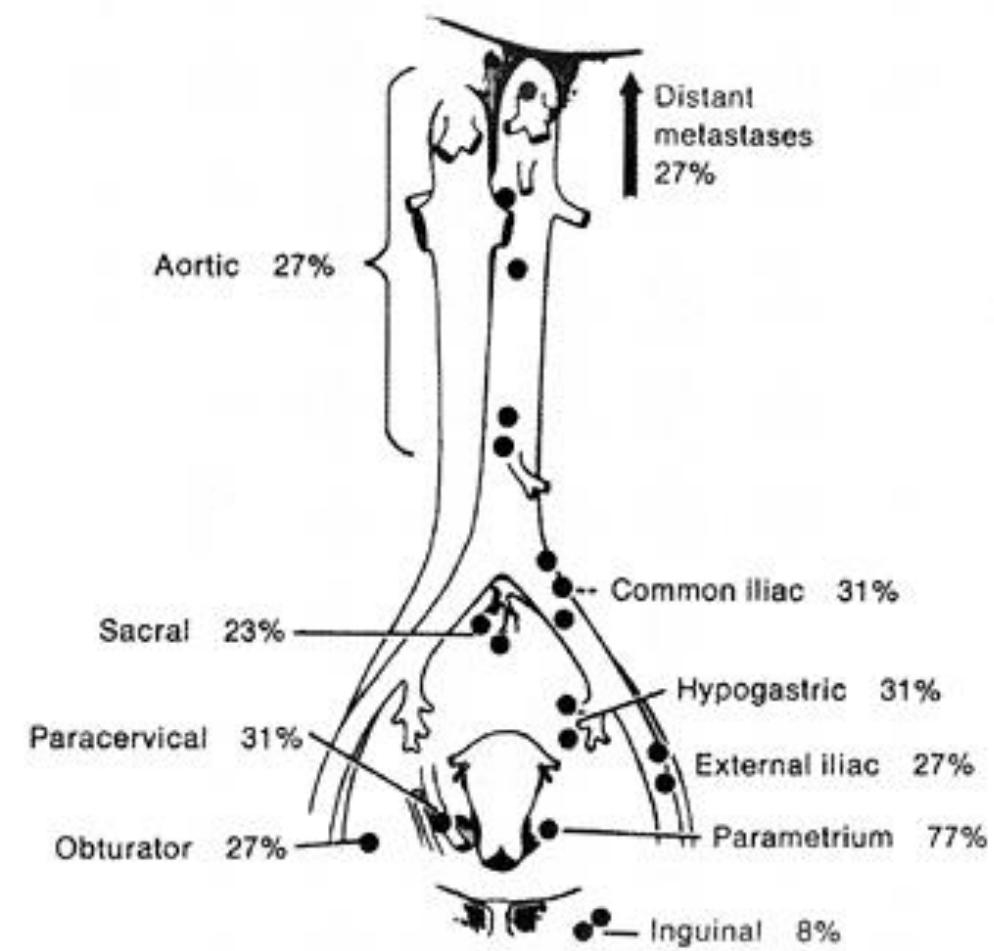
MÍZNÍ  
ODTOK  
Z  
DĚLOHY



Lymph  
drainage from  
uterus



# Cervix cancer – lymph nodes involvement



# Prostate

- n.l. iliaci int. + ext.
- n.l. sacrales



Lymph vessels and nodes of pelvis

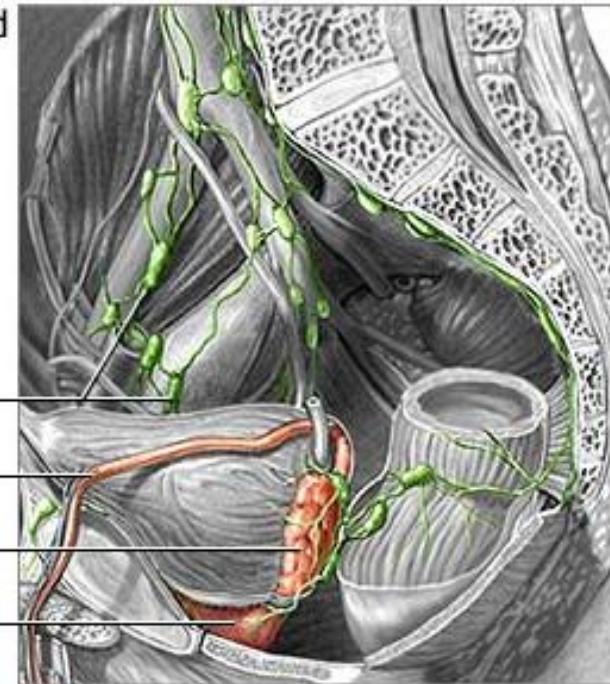


Lymph nodes

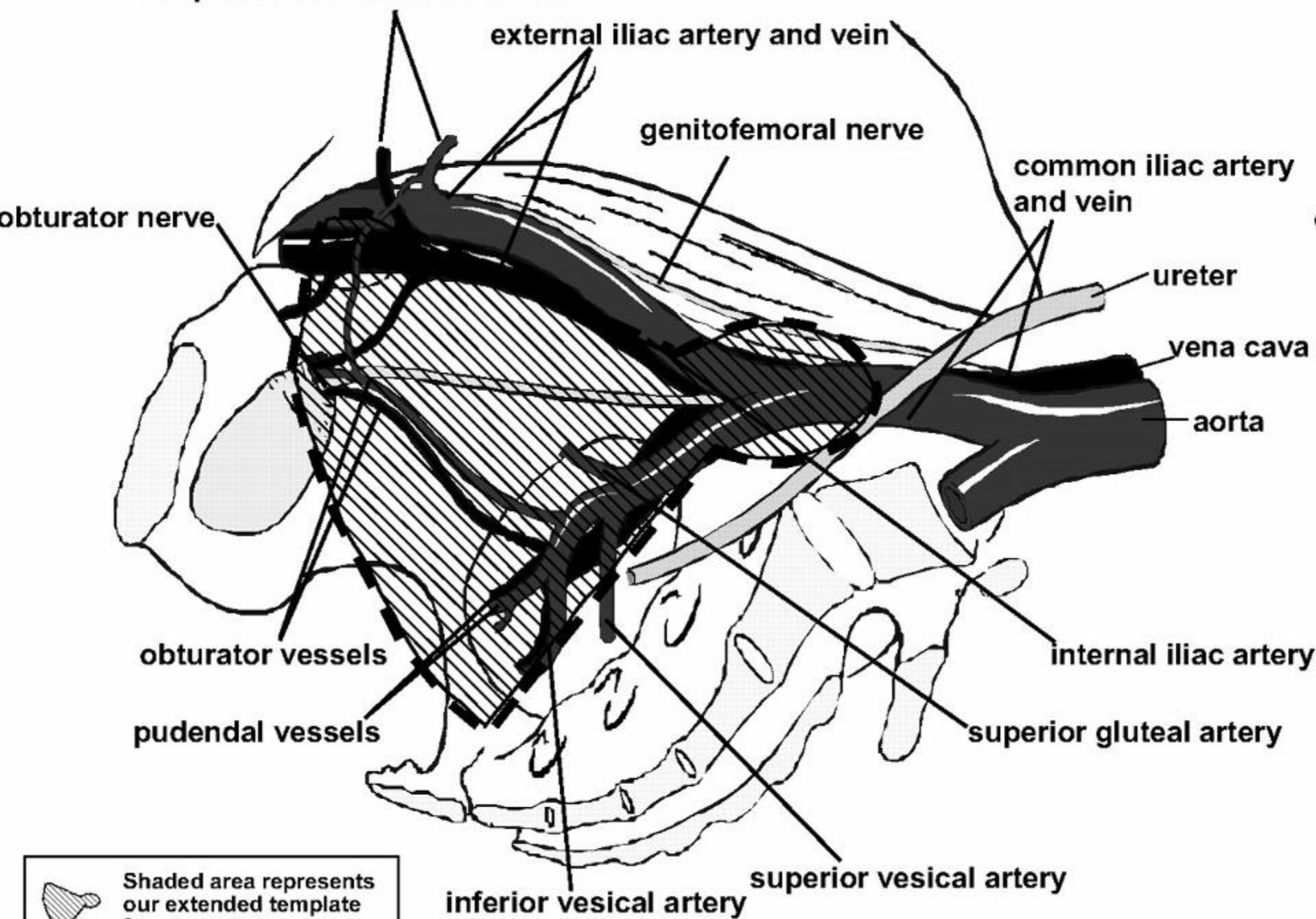
Vas deferens

Seminal vesicle

Prostate gland



**deep circumflex ileum vessels**



Shaded area represents  
our extended template  
for prostate cancer

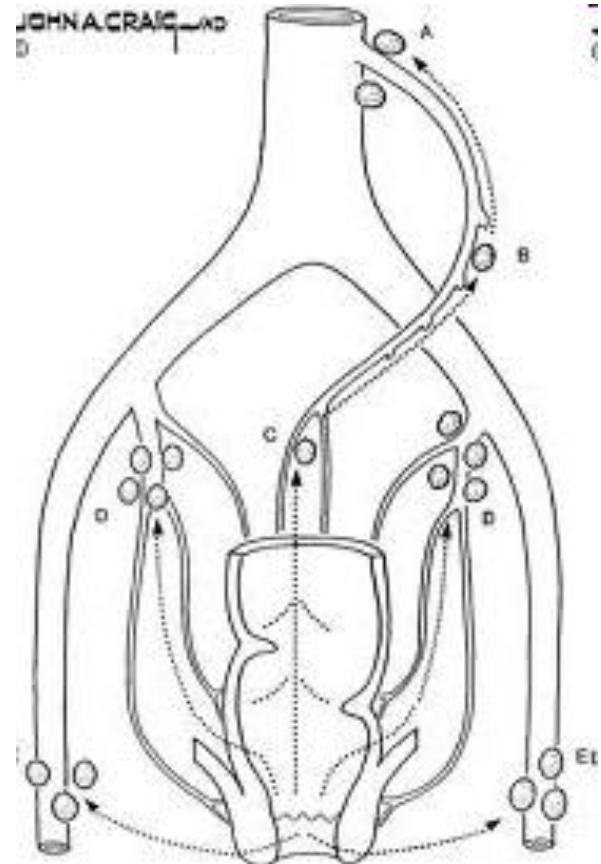
# Rectum + anal canal

- ampulla

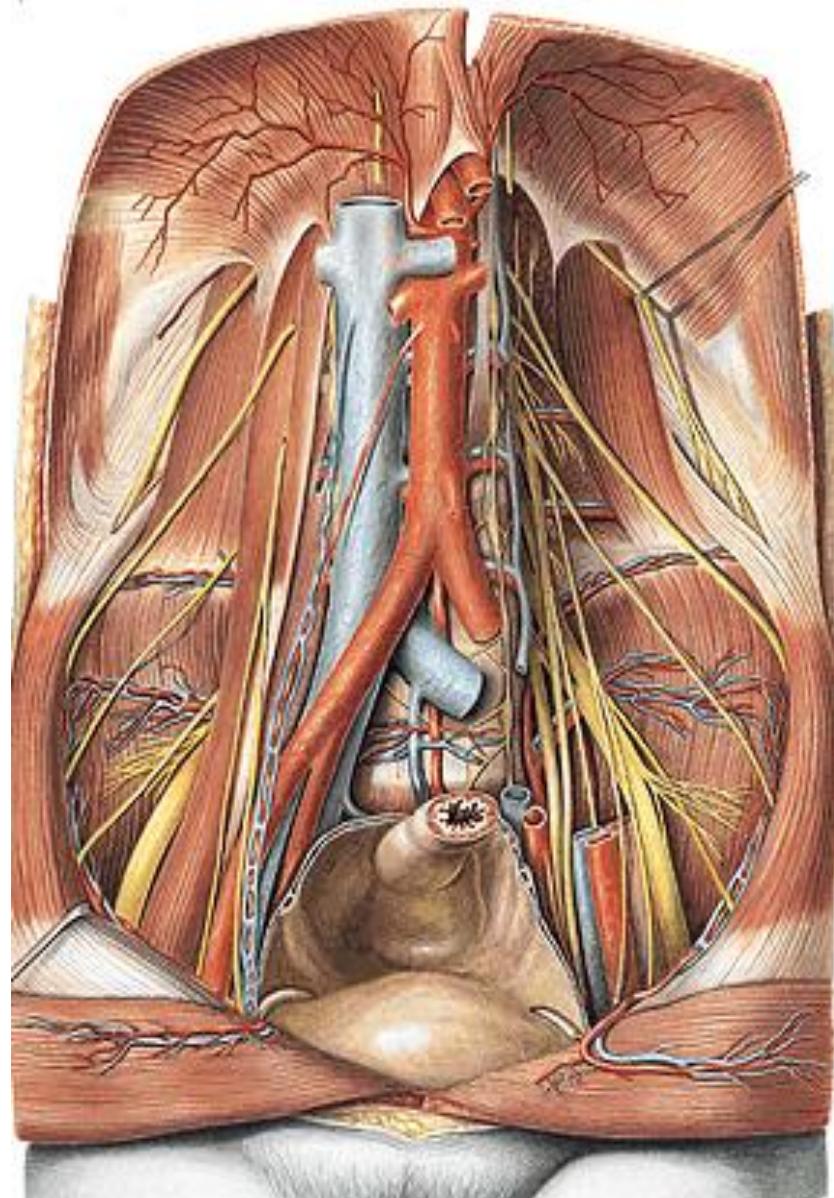
- oral part: → n.l. rectales sup. → n.l. mesenterici inf.
- aboral part: → n.l. pararectales → n.l. iliaci interni
- *n.l. obturatorii, sacrales*

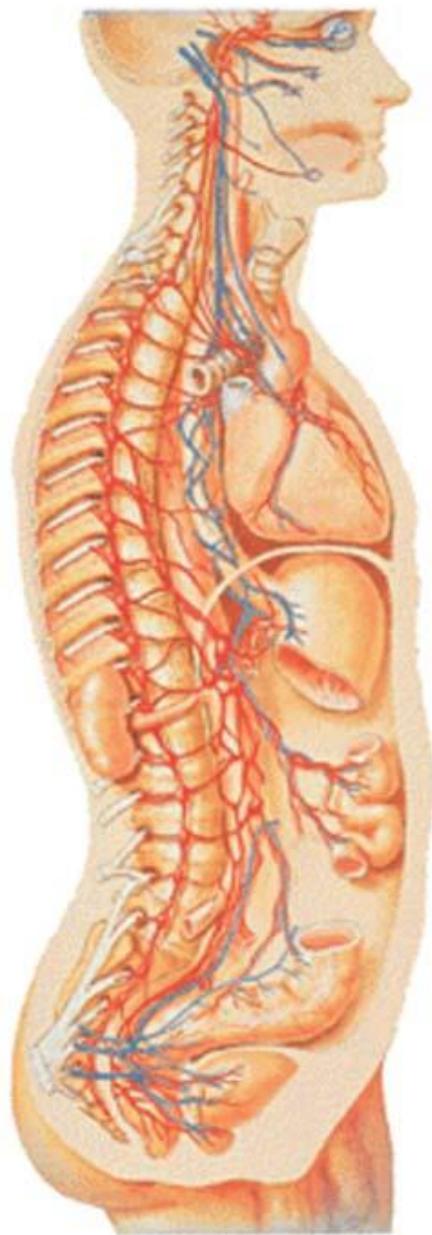
- canalis analis

→ n.l. pararectales + n.l. inguinales superficiales

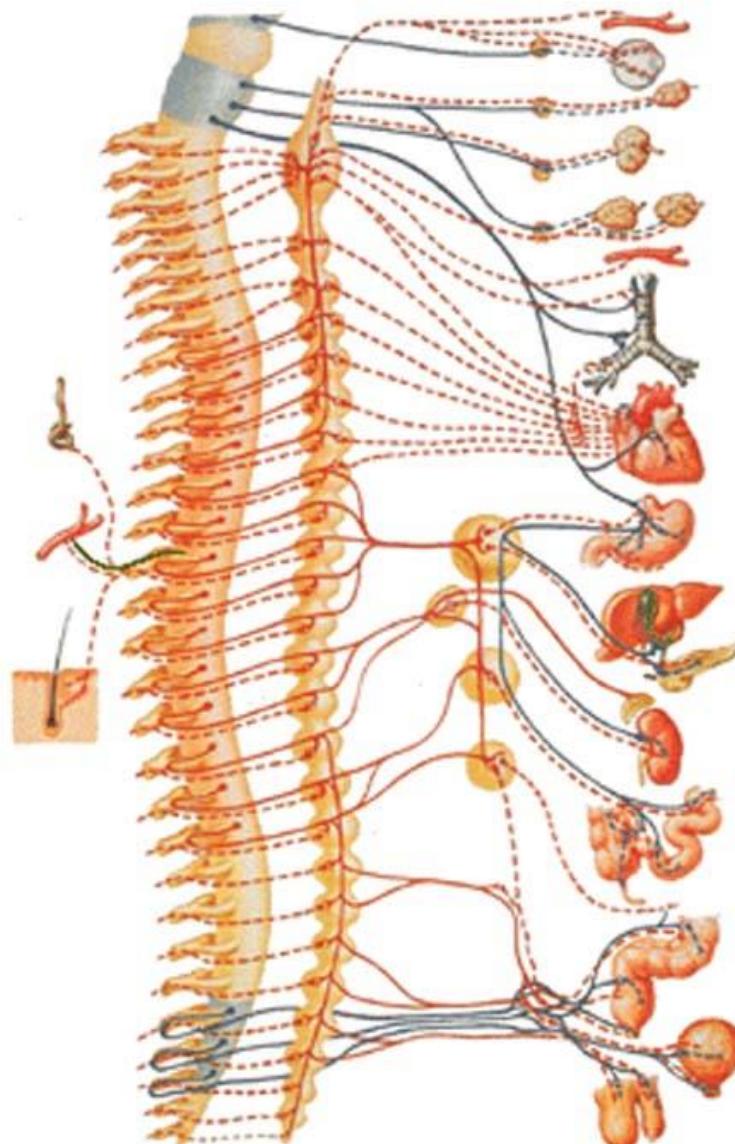


# Nerves of retroperitoneum

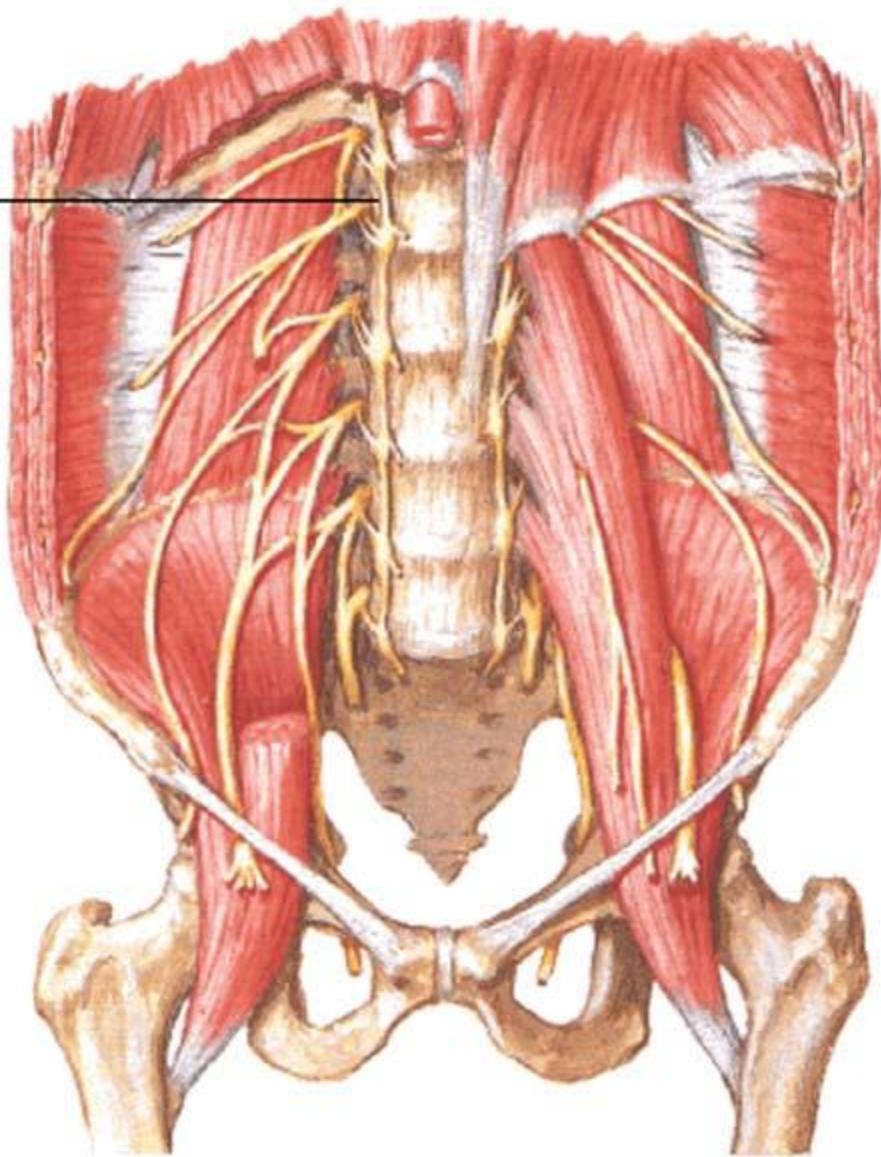




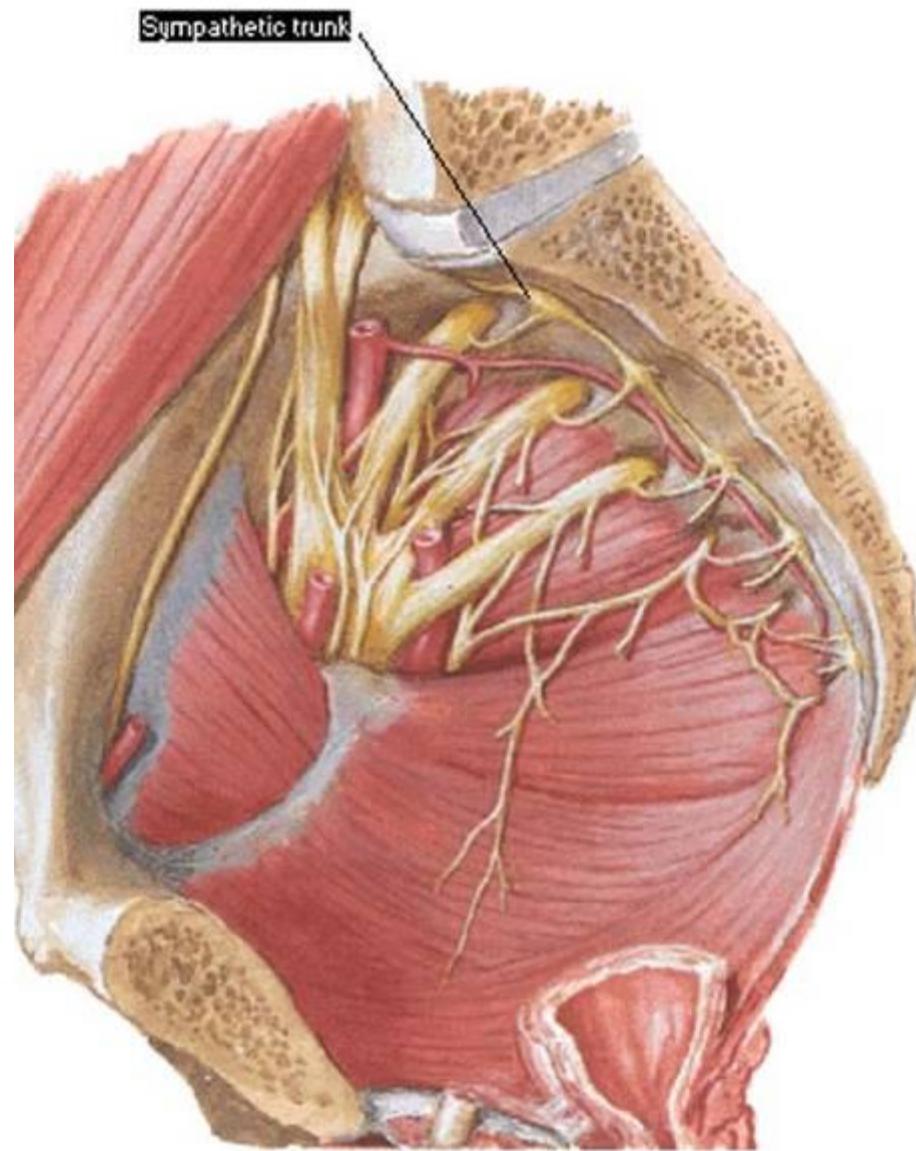
— Sympathetic fibers  
— Parasympathetic fibers



Sympathetic fibers      Presynaptic —  
                                  Postsynaptic - - -  
Parasympathetic fibers      Presynaptic —  
                                  Postsynaptic - - -  
Antidromic conduction —



# Sympathetic trunk



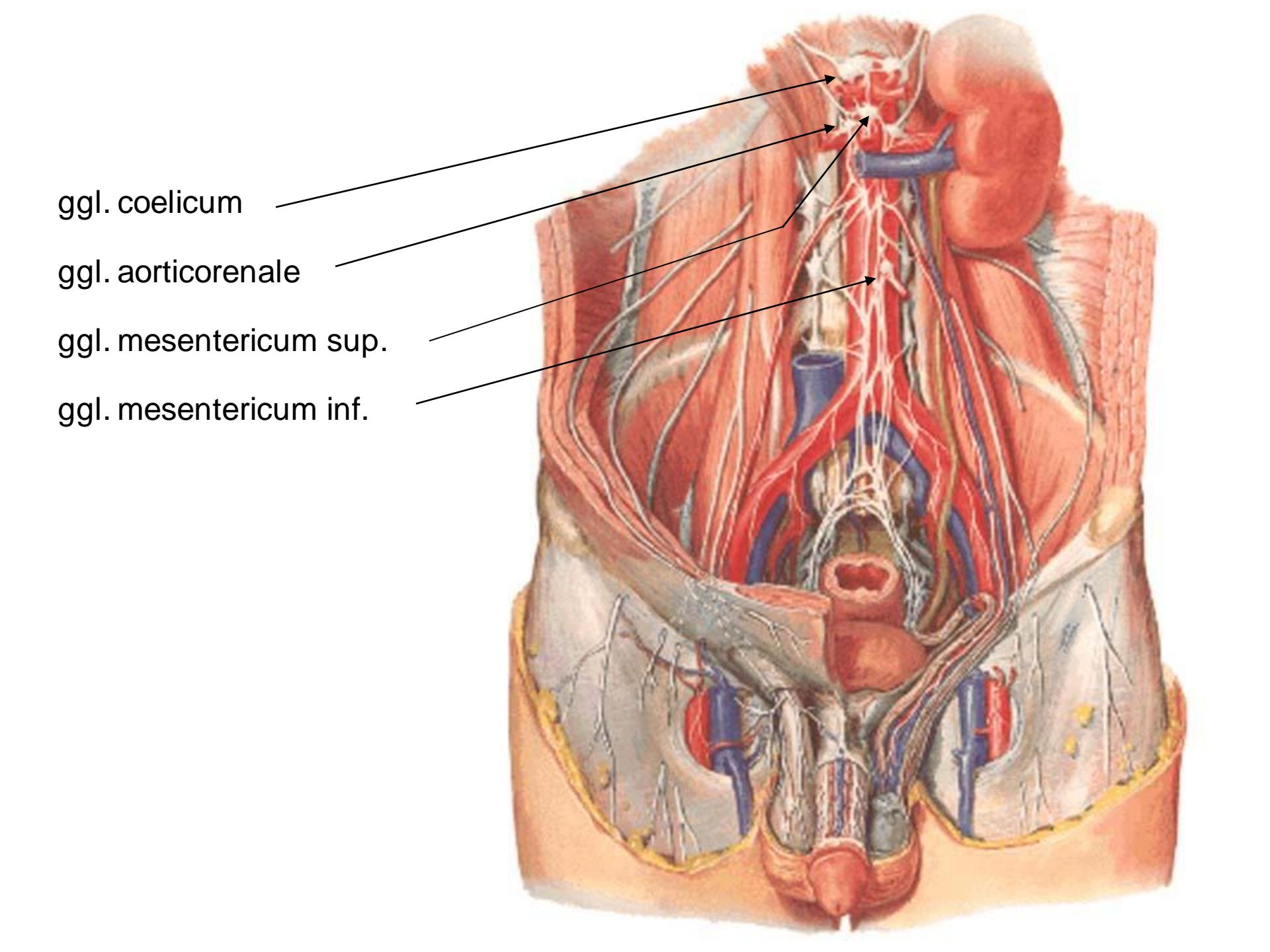
# Plexus aorticus abdominalis

**sympathetic fibers:** nn. splanchnici thoracici (major, minor, imus), lumbales 1-3

**parasympathetic fibers:** rr. coeliaci nn. vagorum

**mixed plexus** around aorta abdominalis + prevertebral ganglia

- paired **ggl. coeliacum** + **ggl. aortorenale**
  - unpaired **ggl. mesentericum sup.** + **inf.**
- along arteries → homonymous plexuses
- stomach → oral majority of rectum (**enteric system**), pancreas, liver
  - spleen, suprarenal glands, kidneys, ureters, testes♂ / ovaries♀, uterine tubes (1/2) ♀



ggl. coeliacum

ggl. aorticorenale

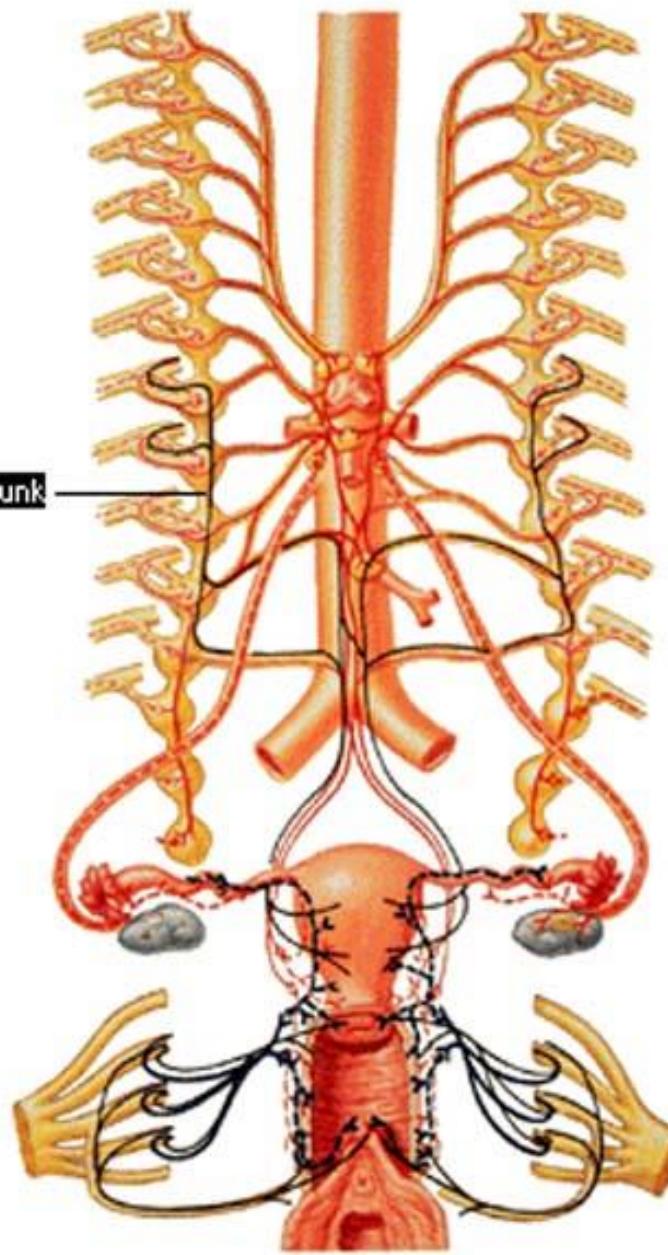
ggl. mesentericum sup.

ggl. mesentericum inf.

# Plexus aorticus abdominalis and its continuation

- **plexus hypogastricus superior** (**pure sympathetic** (from bifurcatio across promontorium))  
→ n. hypogastricus dx. + sin. → **plexus hypogastricus inferior** s. pelvis (mixed plexus) → pelvic organs except ovaries ♀, uterine tubes (1/2) ♀, fundus uteri ♀ and urinary bladder
- **plexus iliacus** dx. + sin. (**pure sympathetic**) → lower limb

# Innervation of Female Reproductive Organs



**Sympathetic fibers**

Presynaptic \_\_\_\_\_

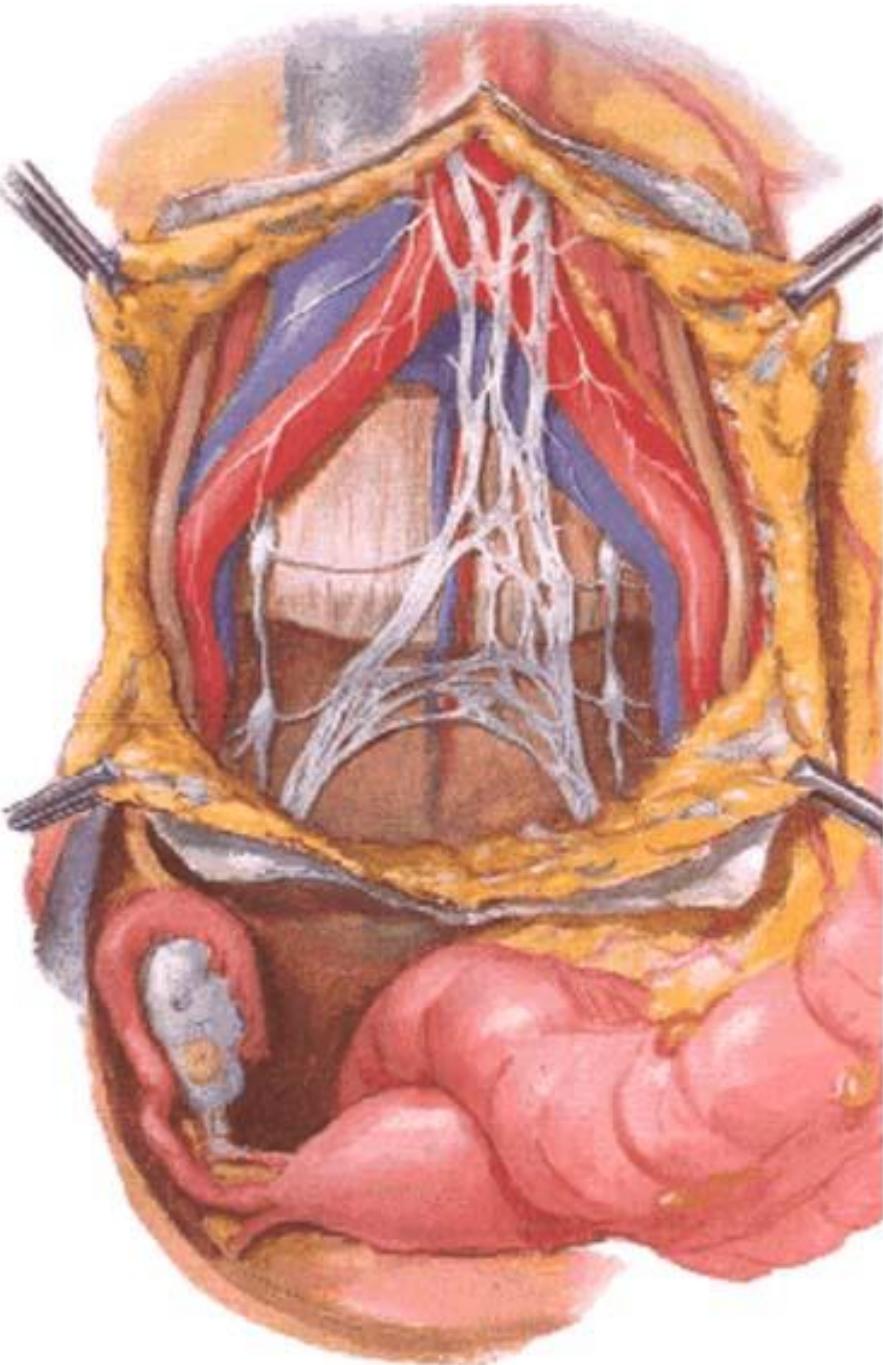
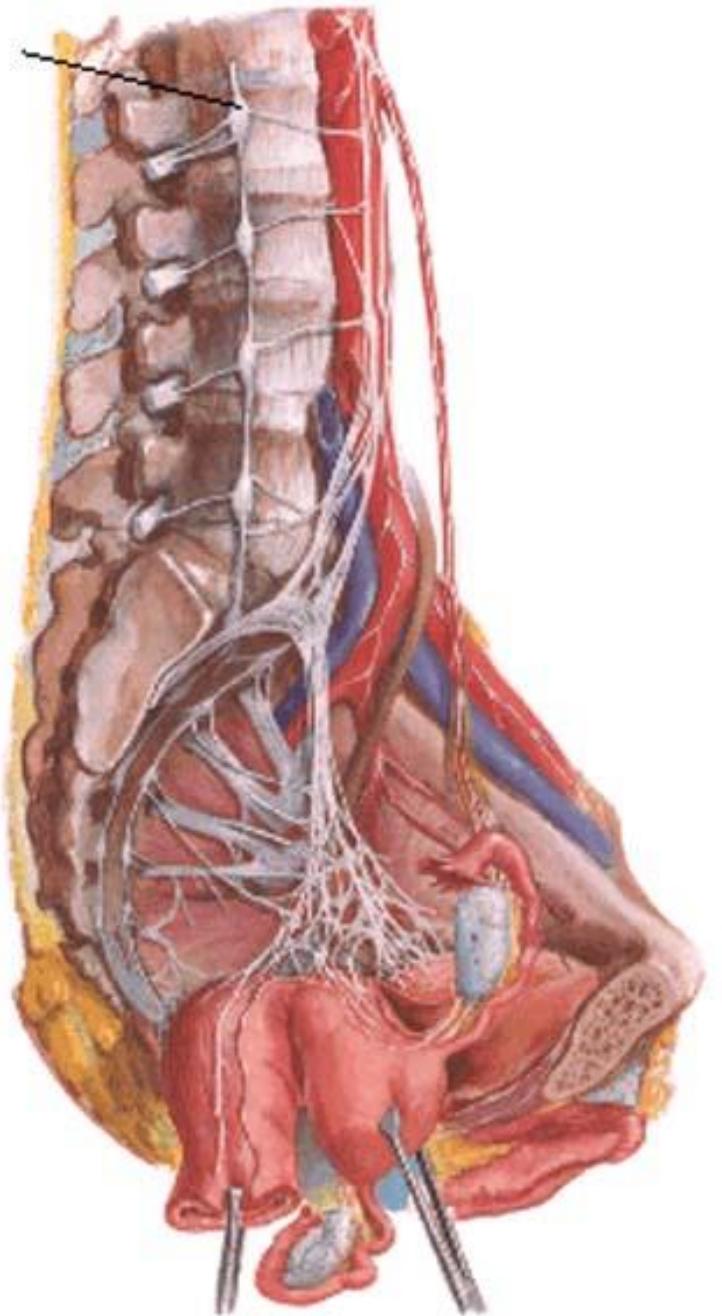
Postsynaptic -----

**Parasympathetic fibers**

Presynaptic \_\_\_\_\_

Postsynaptic -----

**Afferent fibers** \_\_\_\_\_



# Plexus hypogastricus inferior s. pelvicus

mixed plexus

AF-PS: nn. splanchnici pelvici S2-4 (*obsoletely nn. erigentes*)

AF-S: truncus sympatheticus → plexus aorticus abdominalis → plexus hypogastricus superior → nn. hypogastrici

AF-S: truncus sympatheticus → ganglia sacralia → nn. splanchnici sacrales

- pelvic organs except ovaries ♀, uterine tubes (1/2) ♀, fundus of uterus ♀ and fundus of urinary bladder

EF (mixed): → plexus rectalis (aboral minority of rectum)

→ parasympathetic fibers ascend as orally as *Cannon-Bőhm's point* = hindgut

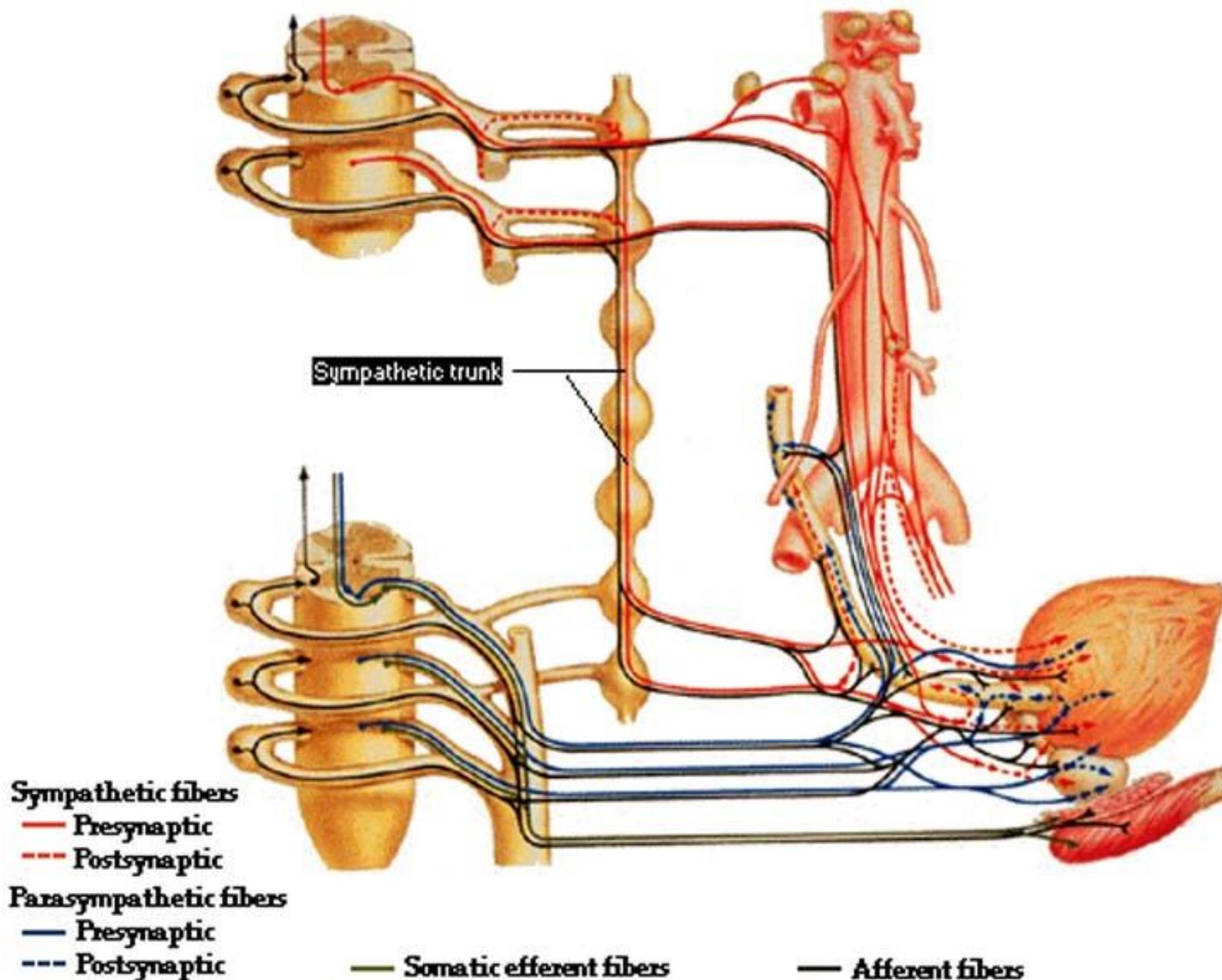
→ plexus prostaticus + deferentialis ♂ / uterovaginalis ♀

→ plexus vesicalis

- m. sphincter urethrae (nucleus n. pudendi *Onufi* in spinal cord segments S2-4)

→ n. cavernosus penis ♂ / clitoridis ♀ (erectile bodies)

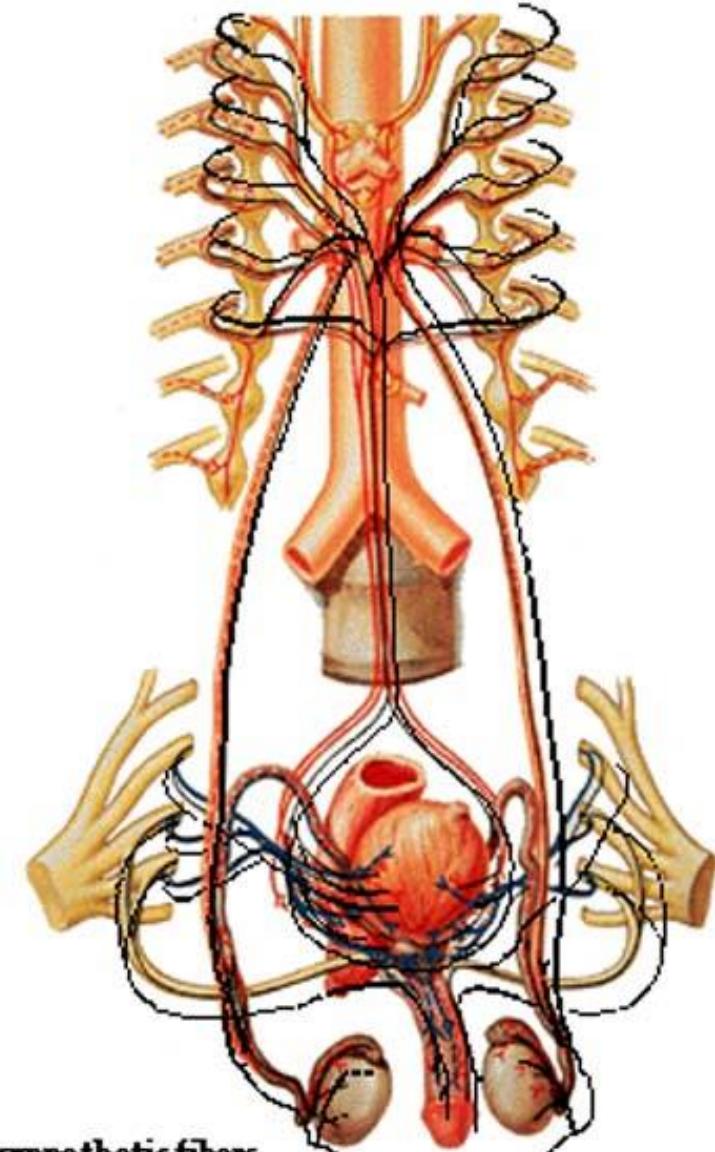
# Innervation of Urinary Bladder



# Innervation of Male Reproductive Organs



Plexus hypogastricus inferior s. pelvis



Sympathetic fibers  
— Presynaptic  
--- Postsynaptic

Parasympathetic fibers  
— Presynaptic  
--- Postsynaptic  
— Afferent fibers