

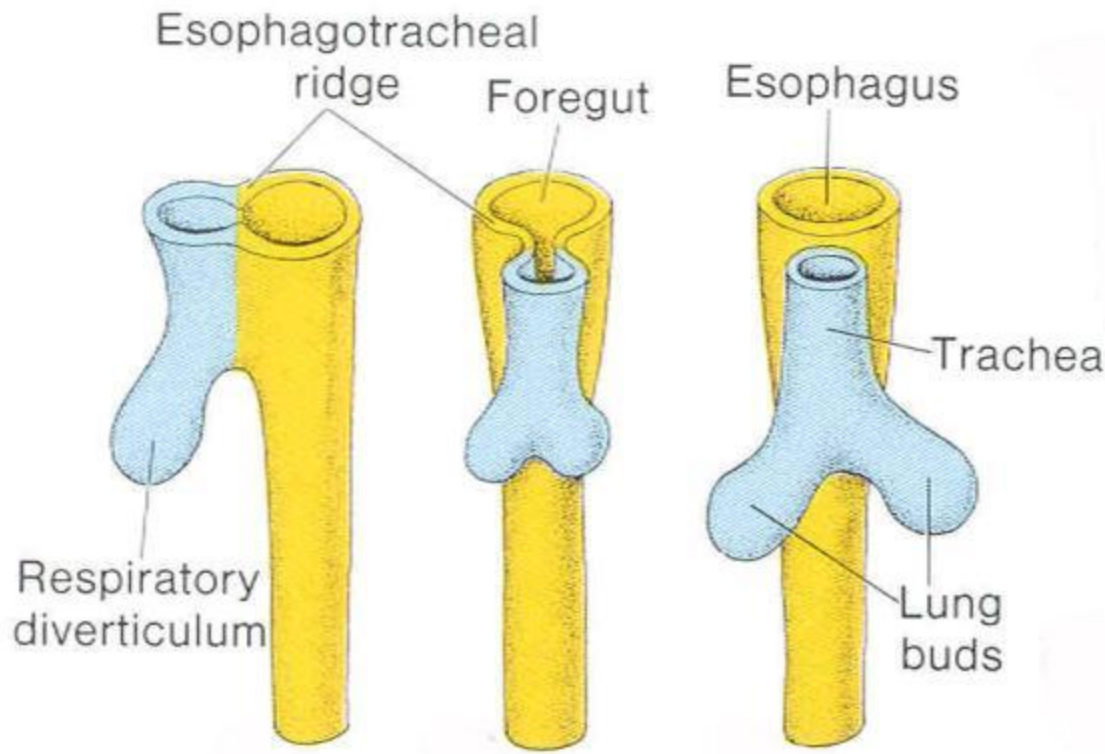
Biology 323

Human Anatomy for Biology Majors

Lecture 12

Dr. Stuart S. Sumida

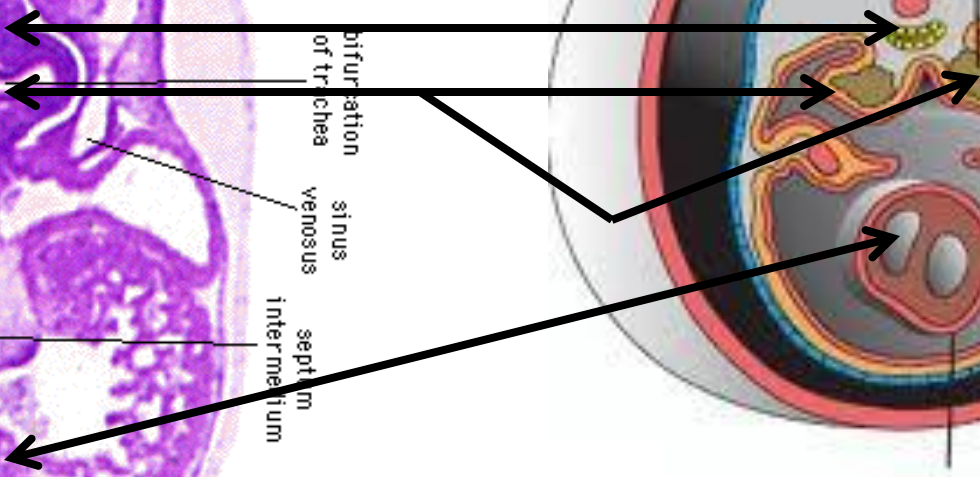
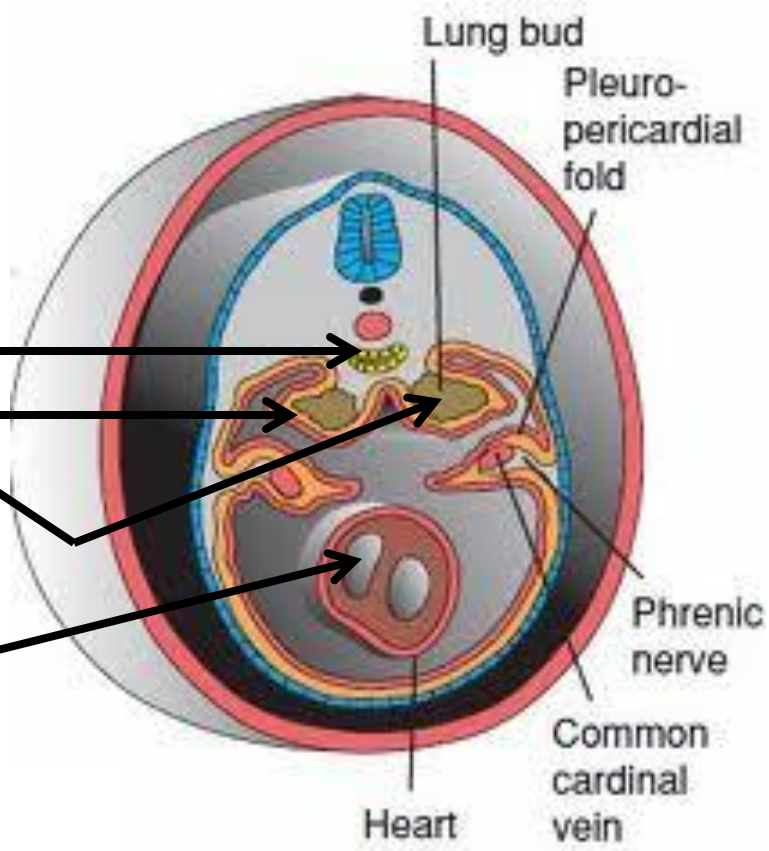
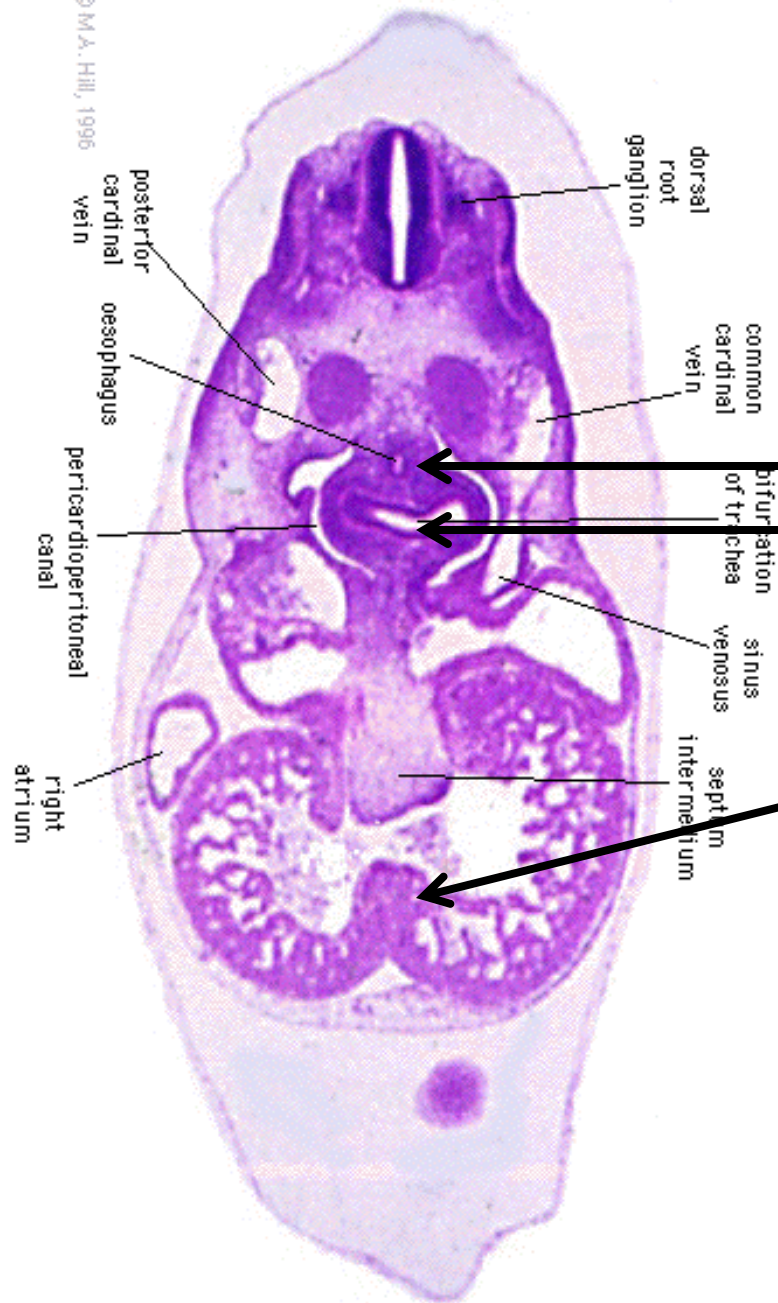
Respiratory System: Development, Structure, Mechanics

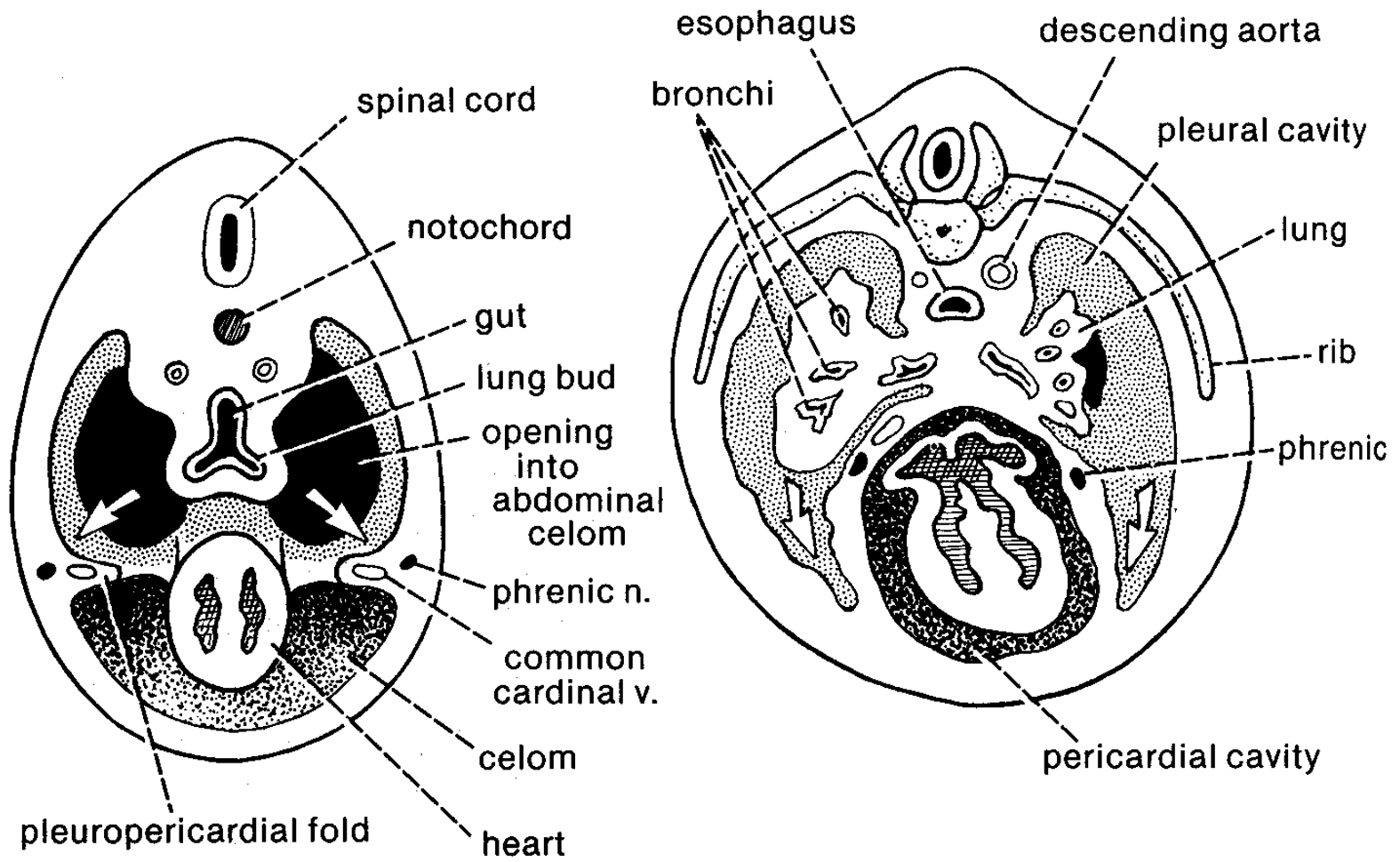


Trachea is a tubular outgrowth of the embryonic gut.

Begins as a bud in pharynx floor.

Each fork is called a primary bronchus.

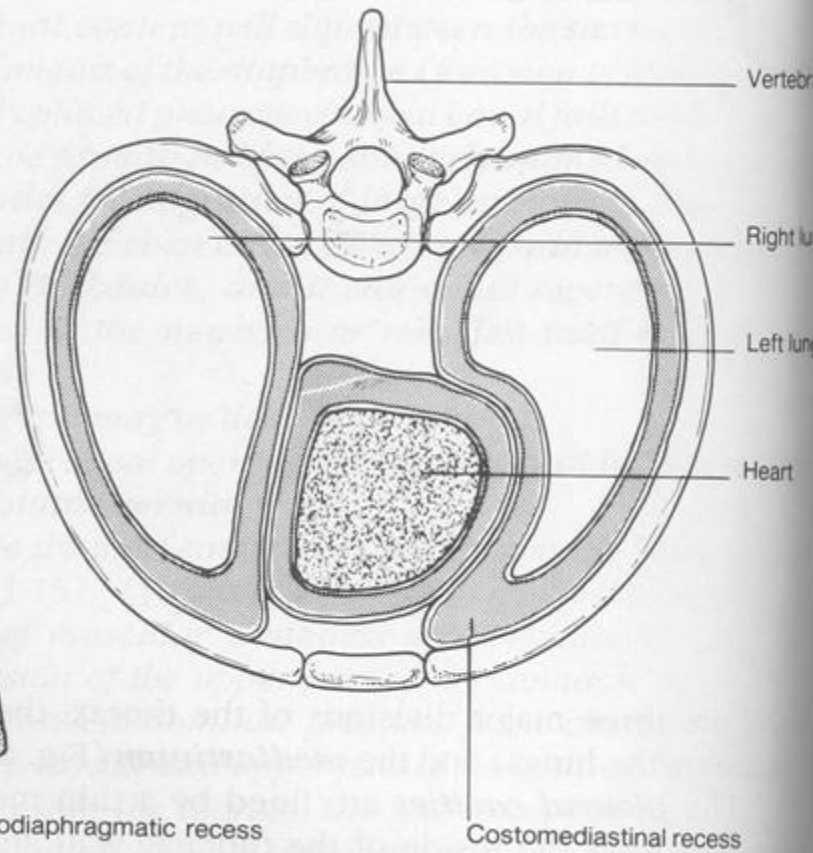
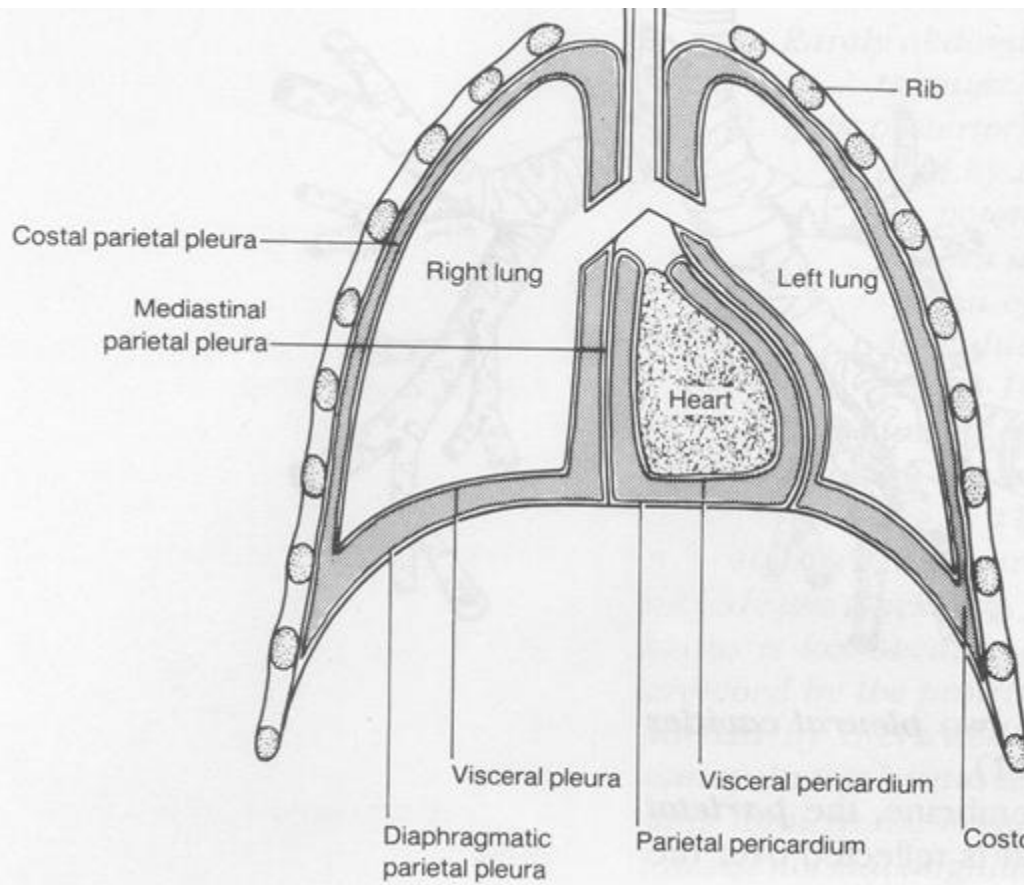


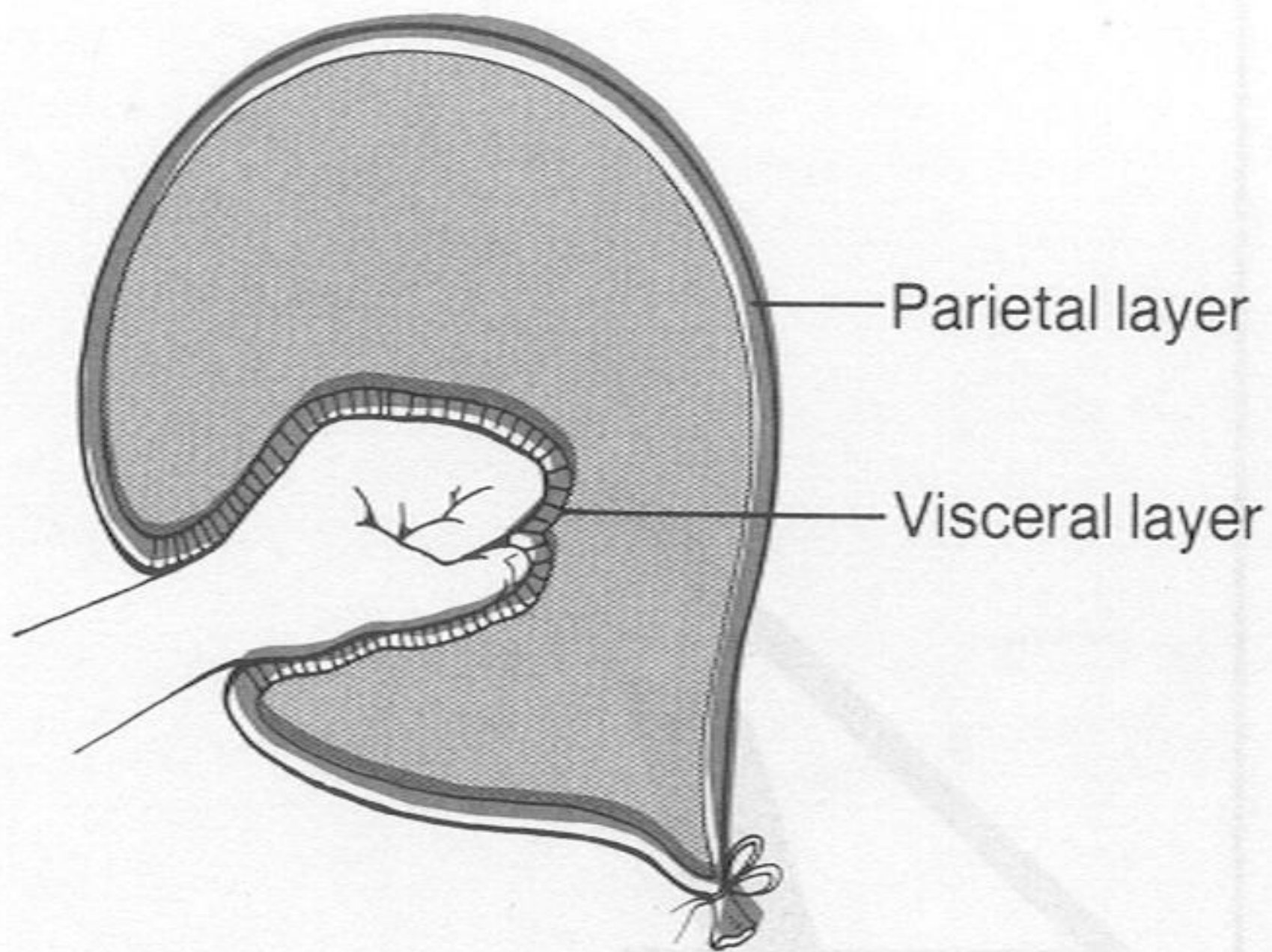


GERM LAYER DERIVATIONS

As outgrowths of pharynx, lung lining is derived from endoderm.

Cartilagenous support of bronchi is derived from visceral arch skeleton. Therefore, from NEURAL CREST.

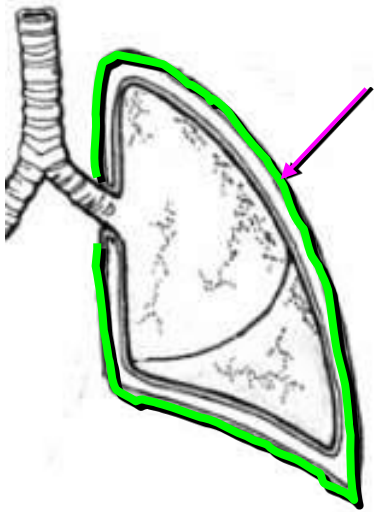




Parietal pleura lines the structures which surround the pleural sacs.
Each part of the parietal pleura is named for its association

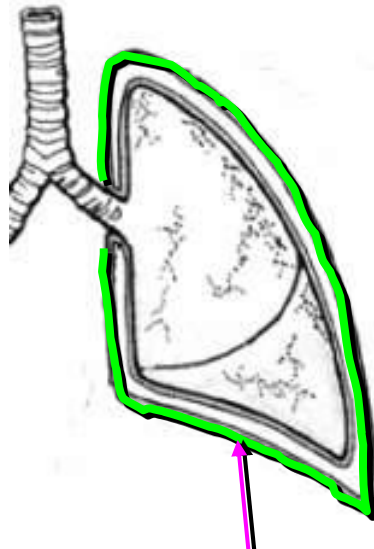
costal

- lies against ribs



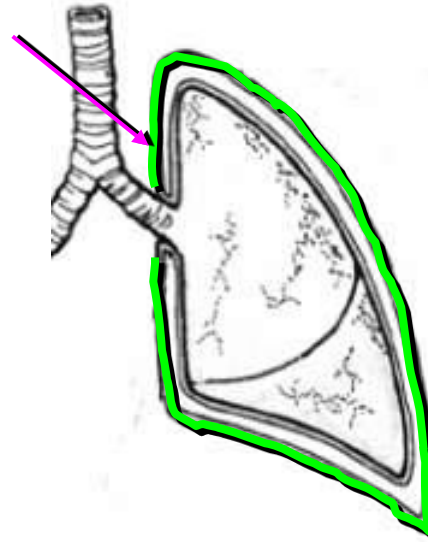
diaphragmatic

- lies against diaphragm.



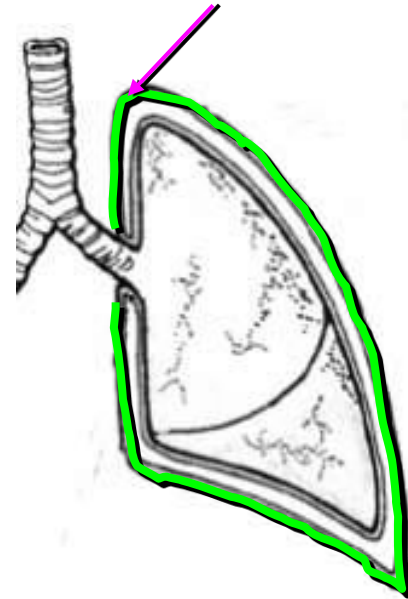
mediastinal

- lies against mediastinum



cervical

- lies against root of neck



Routes of Lymphatic Drainage of Lungs

R. internal jugular vein
R. inferior deep cervical (scalene) node
R. tracheal (paratracheal) nodes
R. jugular lymph trunk
R. lymph duct
R. subclavian vein and subclavian lymph trunk
R. brachiocephalic (innominate) vein

R. bronchomediastinal lymph trunk
R. superior tracheobronchial nodes
Inferior tracheobronchial (carinal) nodes
R. bronchopulmonary (hilar) nodes
R. pulmonary (intrapulmonary) nodes

Drainage of all lobes of right lung to r. bronchopulmonary (hilar) nodes, thence to r. superior and to inferior (carinal) tracheobronchial nodes, to r. tracheal (paratracheal) nodes, on way to r. brachiocephalic vein via bronchomediastinal trunk and/or scalene node

Drainage is along bronchi, arteries, and veins as well as via interlobular and pleural plexuses

L. internal jugular vein
L. inferior deep cervical (scalene) node
L. tracheal (paratracheal) nodes
Thoracic duct
L. subclavian vein
L. brachiocephalic (innominate) vein
L. bronchomediastinal lymph trunk

Aortic arch node
L. superior tracheobronchial nodes
L. bronchopulmonary (hilar) nodes
L. pulmonary (intrapulmonary) nodes

Drainage of most of l. upper lobe to l. bronchopulmonary (hilar) nodes, to carinal and superior bronchopulmonary and tracheal nodes, as well as to aortic arch nodes on way to bronchomediastinal trunk, thoracic duct, and brachiocephalic trunk

Drainage of l. lower lobe to l. tracheobronchial (hilar) nodes, then mostly to carinal nodes to join lymph nodes from right lung in r. superior tracheobronchial and tracheal nodes

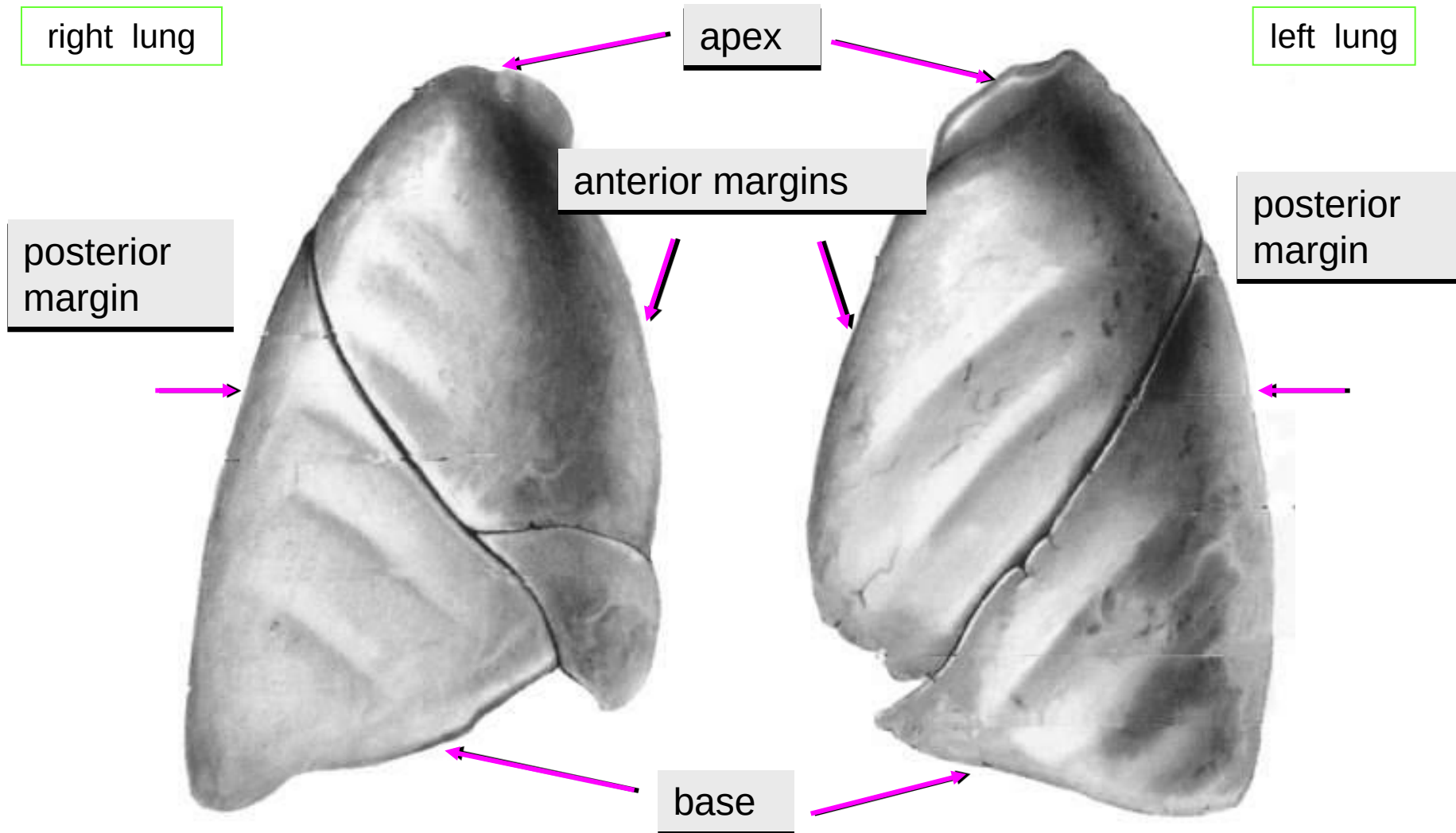
Pulmonary ligament
Route to mediastinum

Subpleural lymphatic plexus

Interlobular lymph vessels

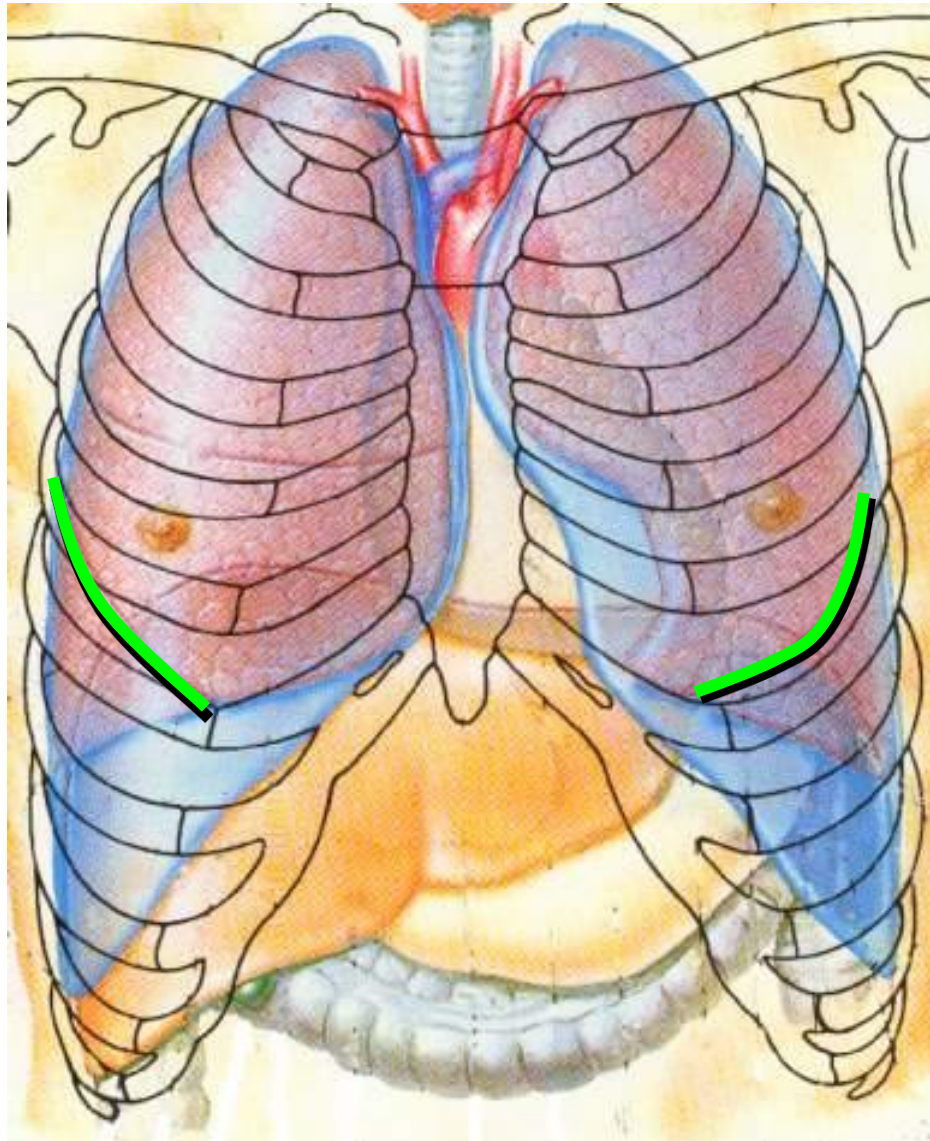
F. Netter
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Each lung has rounded (blunt) posterior and sharp anterior margins
Each lung has a base and apex.



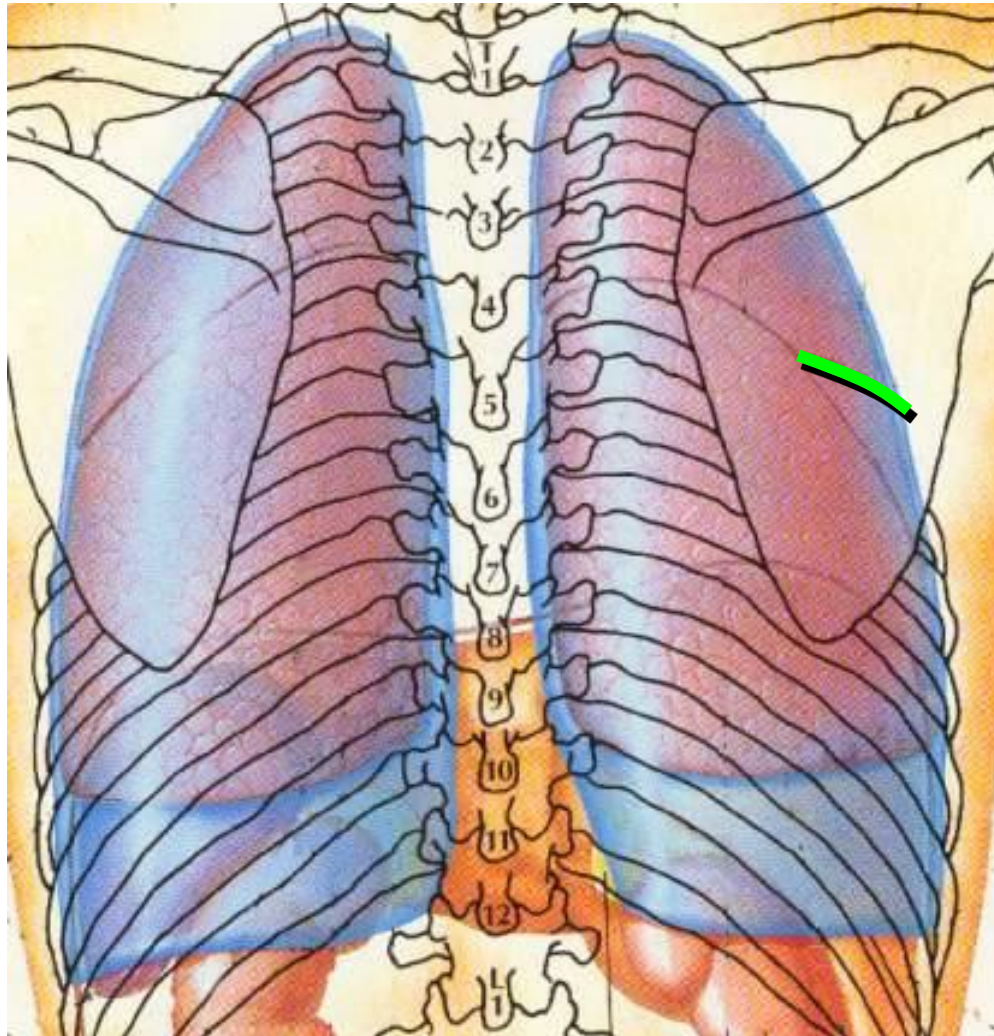
The oblique fissure crosses the 5th interspace and ends at 6th costochondral junction

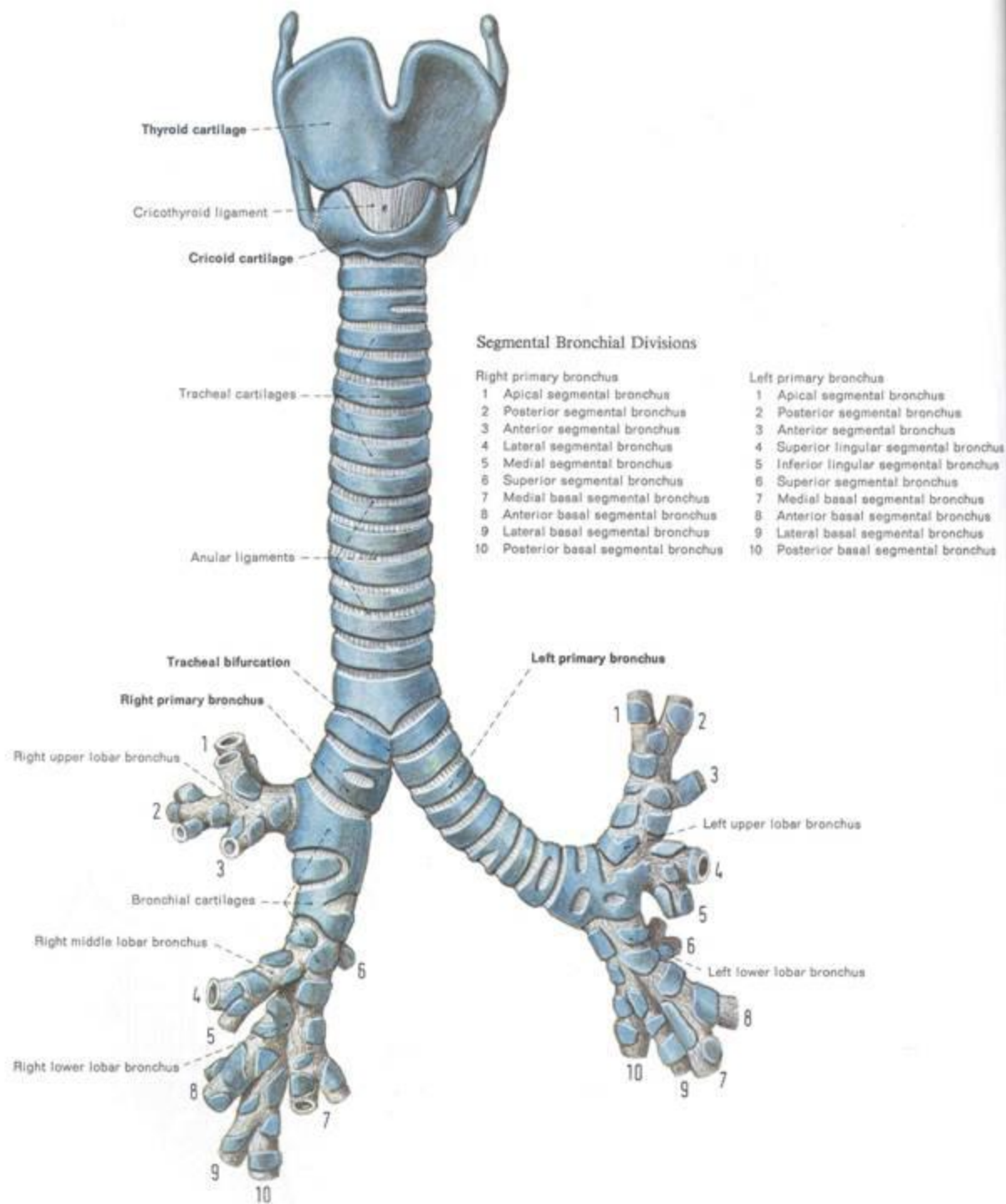
Note positions of clavicles and ribs relative to lungs.



The horizontal fissure begins posterolaterally at the oblique fissure and passes deep to the 5th rib.

Note positions of scapulae and costal recess relative to lungs.

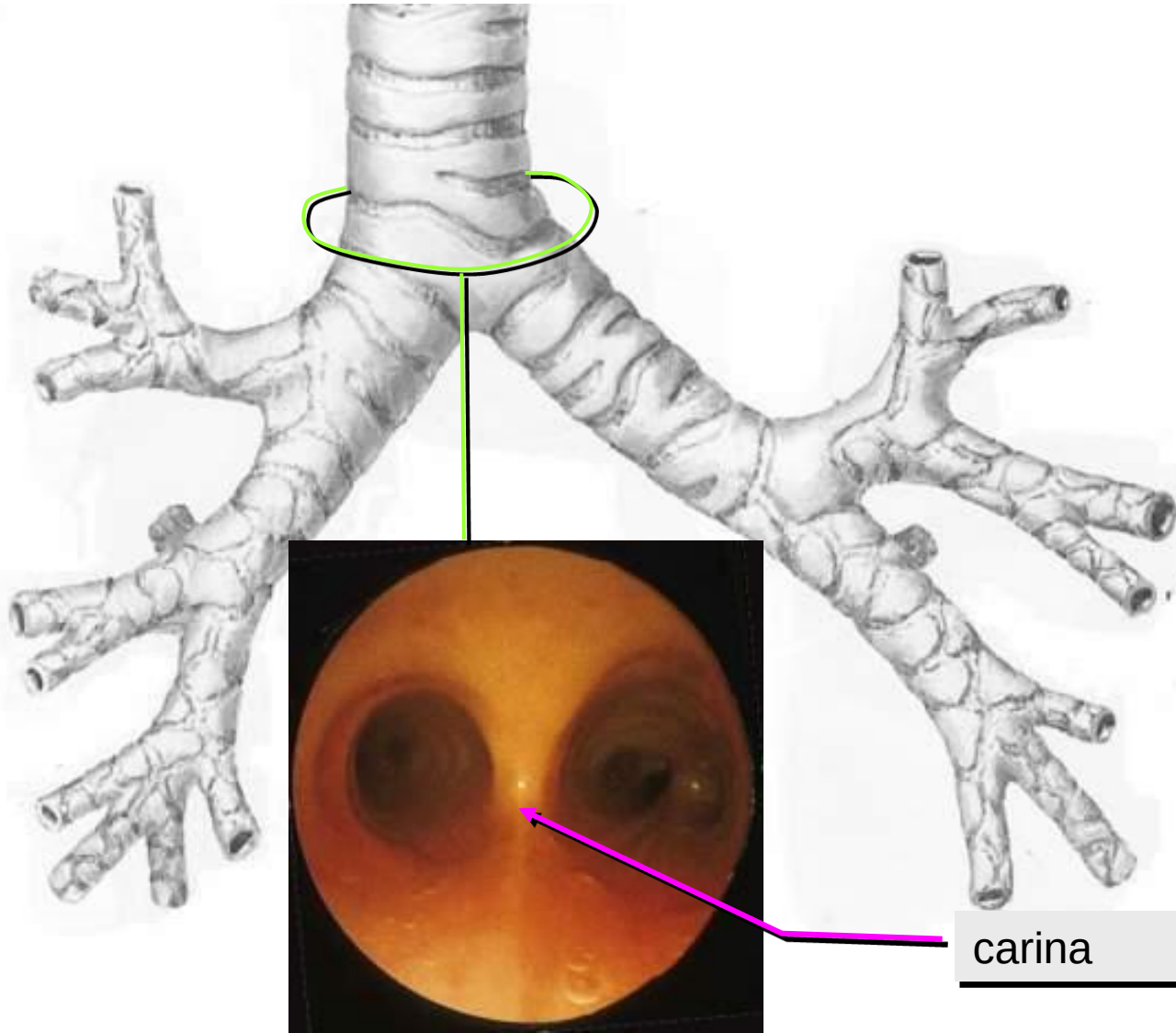




The bronchial tree can be visualized on x-ray by allowing a contrast medium to spread along the bronchial walls



The trachea bifurcates into main bronchi at about the level of T4
A midline upward-projecting cartilage (carina) is a good endoscopic landmark



Arcuate ligaments:

1. median

2. medial

3. lateral

caval opening (IVC)

central tendon

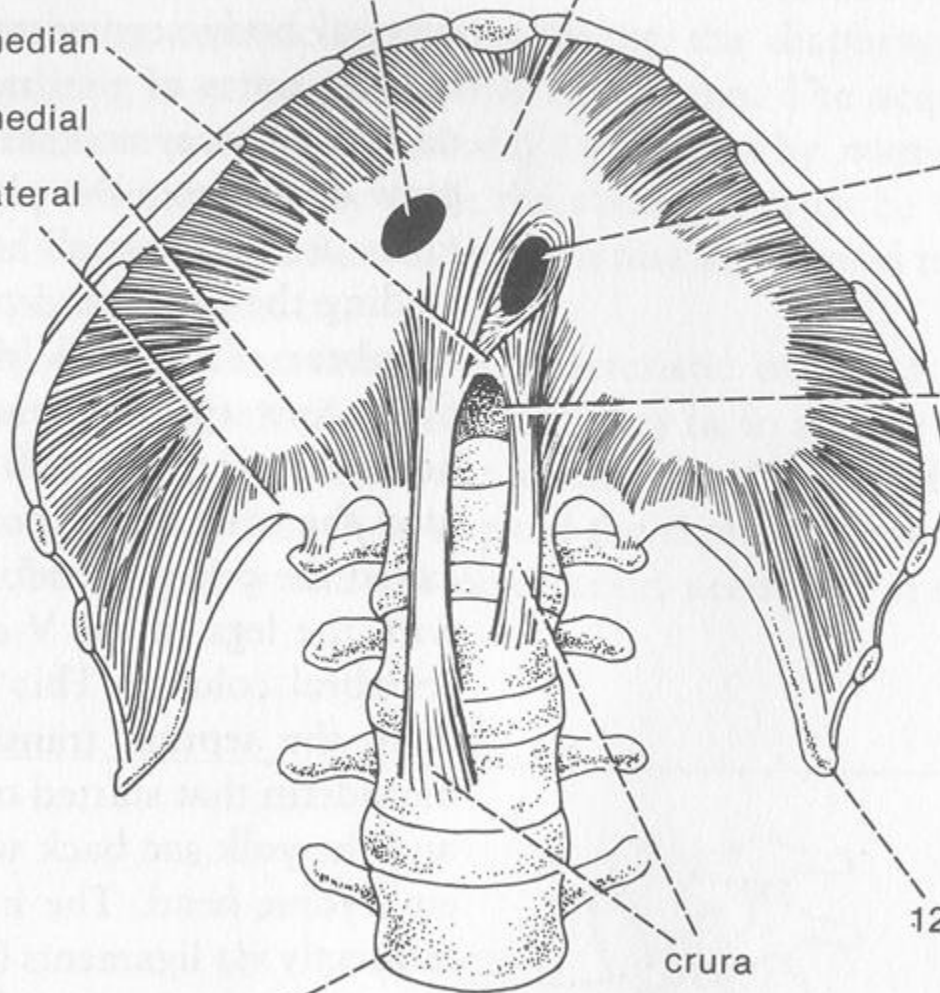
esophageal opening

aortic opening

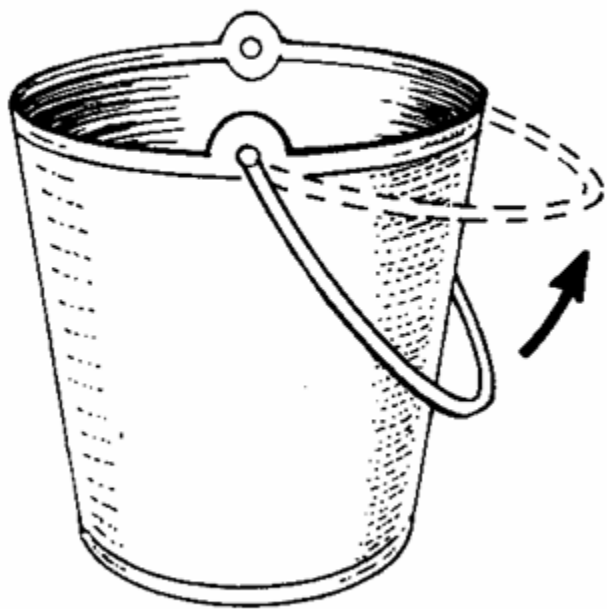
12th rib

crura

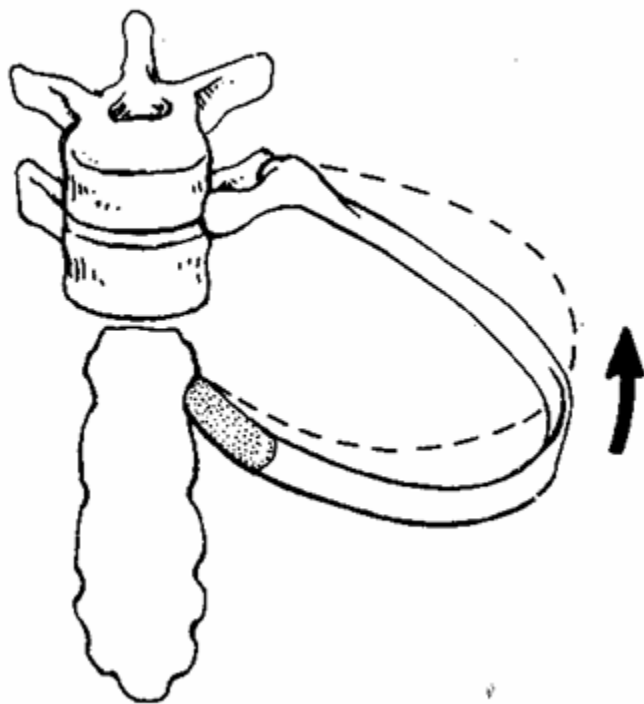
L.4



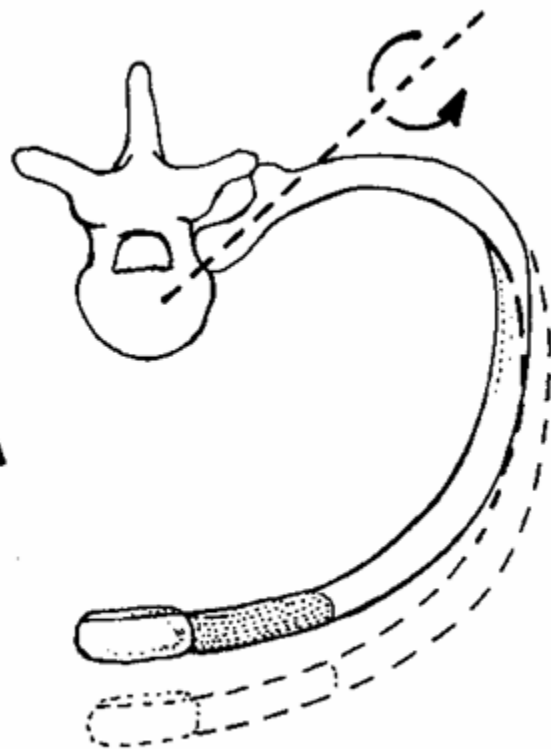
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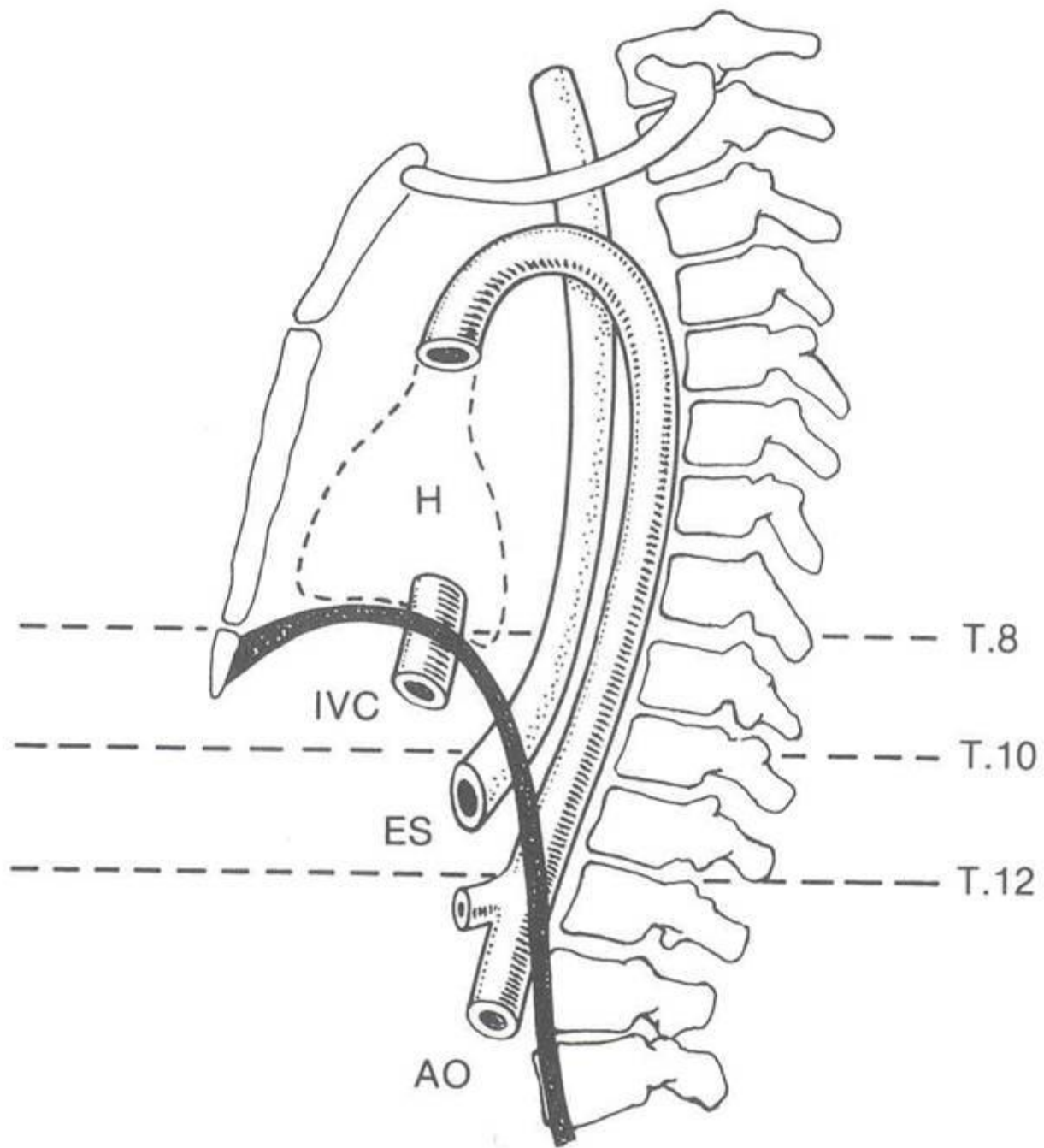


B



C





INNERVATION OF THE LUNG:

Sympathetic: from sympathetic levels T1-6 with synapse between preganglionic and postganglionic neurons in paravertebral ganglia T2-5; dilation of bronchi and blood vessels.

Parasympathetic: Vagus Nerve (X); constriction of bronchi and blood vessels.

AUTONOMIC FIBER PLACEMENT:

Sympathetic – “Thoracolumbar” (T1-L2)

Parasympathetic = “Cranio-sacral” (Cnn III, VII, IX, X; S2-4)

