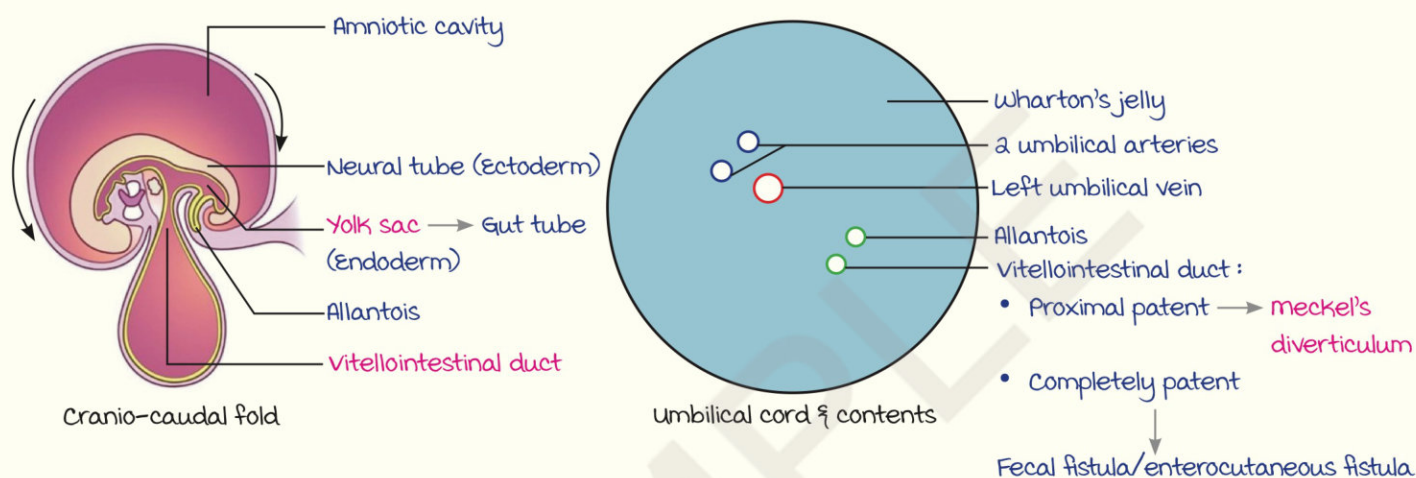


DEVELOPMENT OF FOREGUT & MIDGUT

----- Active space -----

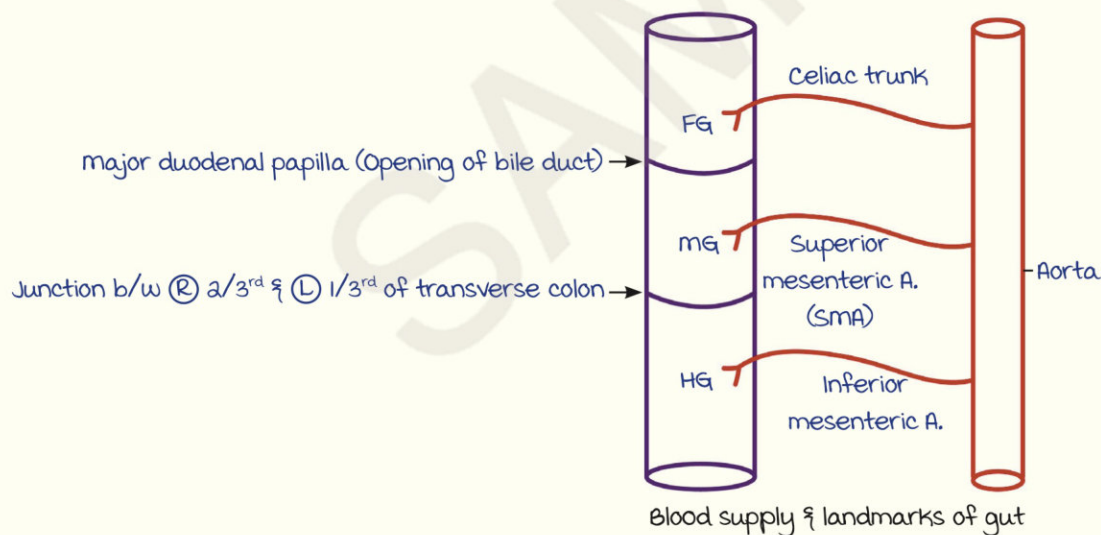
Vitellointestinal Duct

00:00:36



Foregut

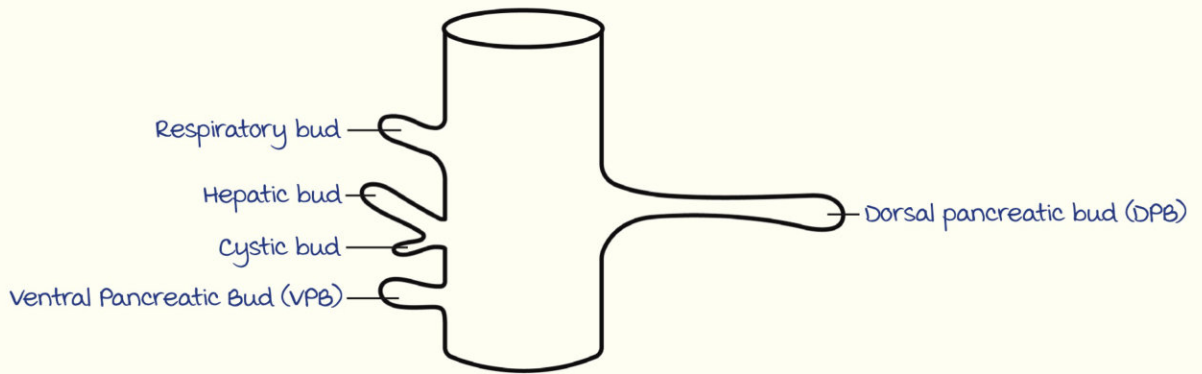
00:07:17



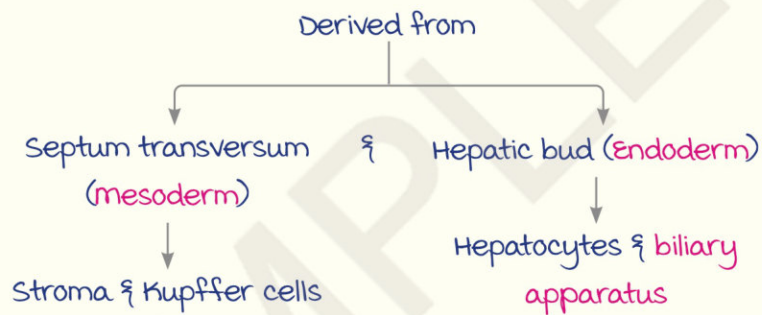
Note :

Ligament of Treitz : Landmark for upper vs. lower GI bleed.

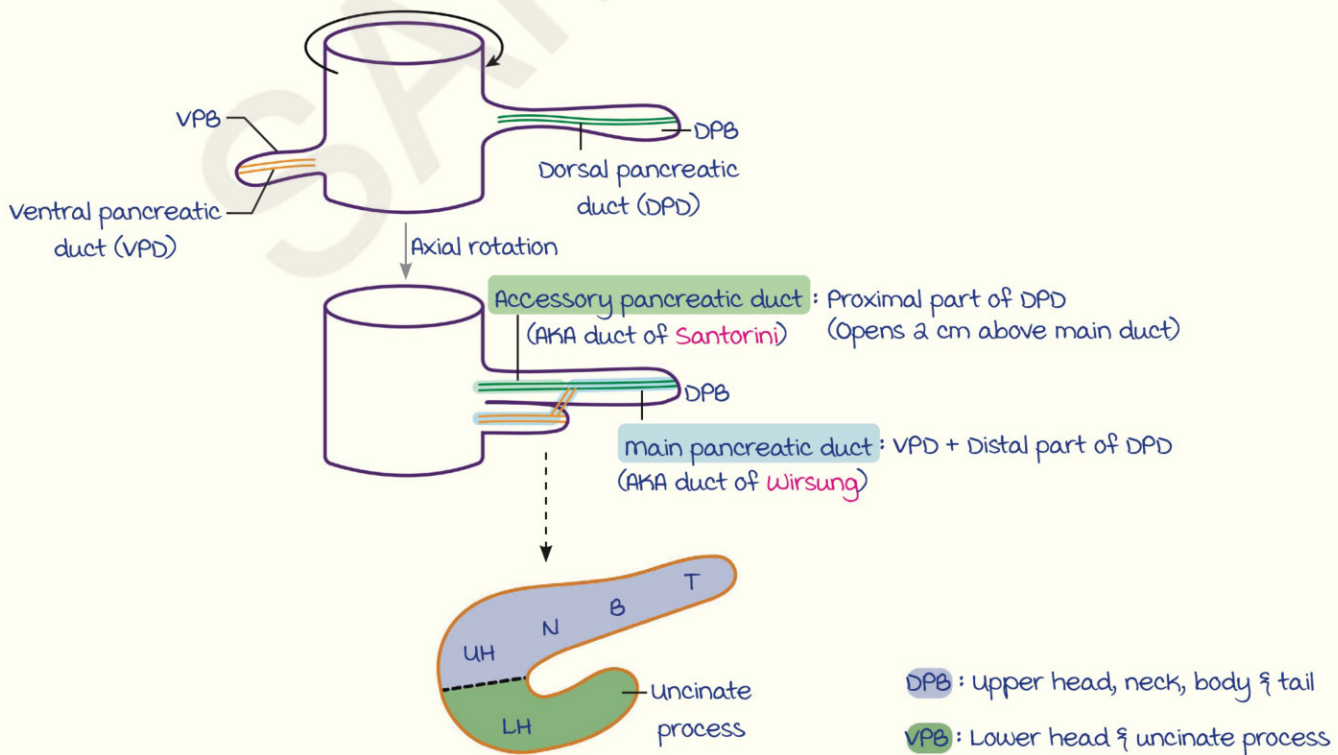
----- Active space ----- Foregut Tube :



Liver :



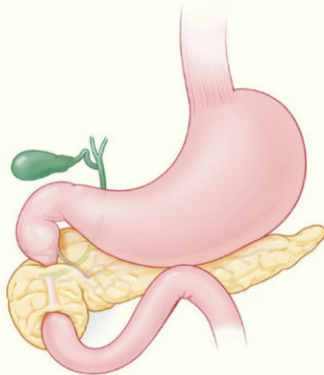
Pancreas :



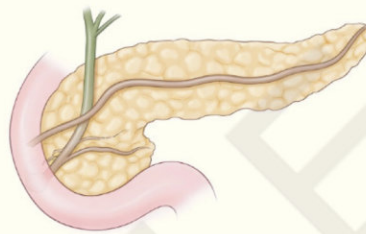
----- Active space -----

Developmental anomalies :

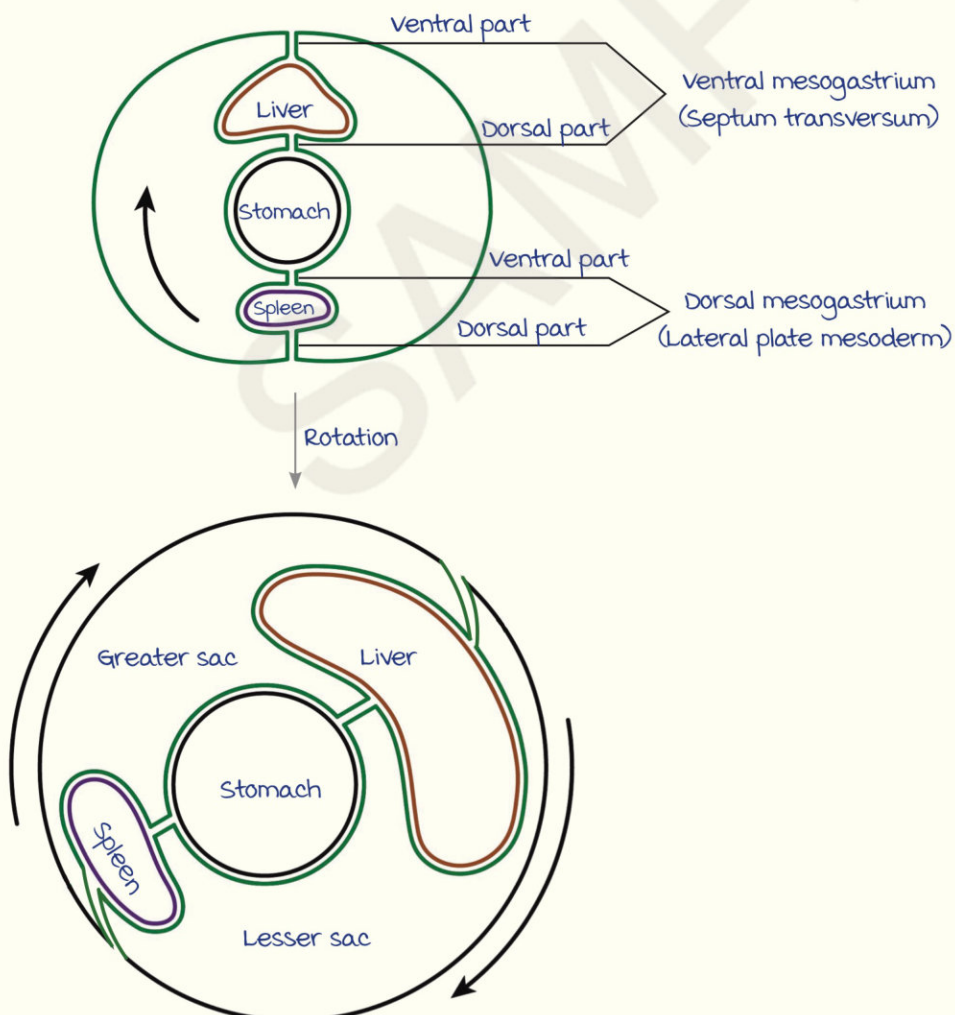
- Annular pancreas : Ventral pancreatic tissue rotates from both sides → Encircles duodenum → Duodenal stenosis.
- Pancreatic divisum (m/c) : No anastomosis b/w ventral & dorsal ducts; can be asymptomatic.



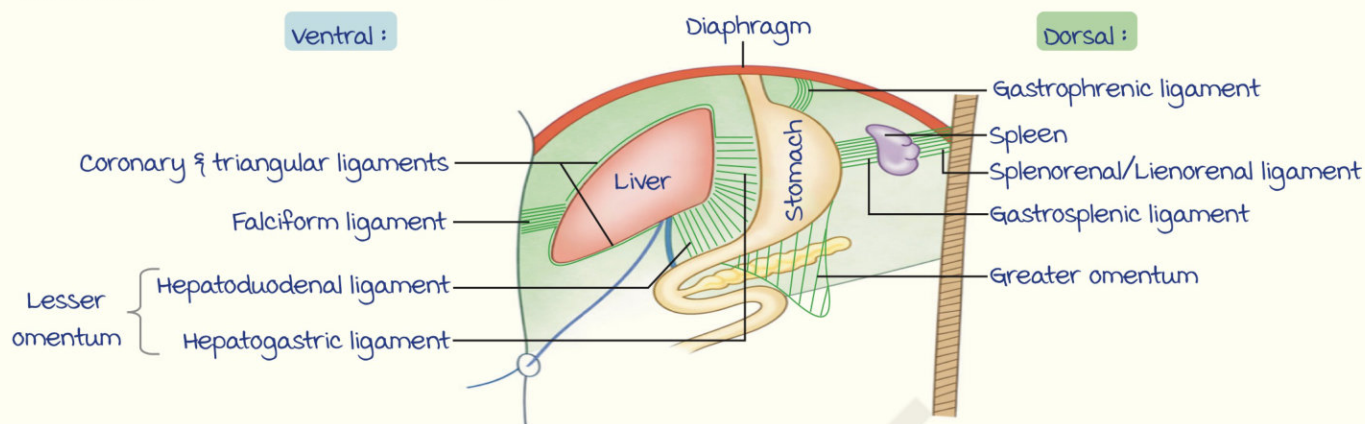
Annular pancreas



Pancreatic divisum

Stomach :

----- Active space ----- Derivatives of mesogastrium :



Midgut

00:39:08

Longest : ↑ Pace of growth (Pre-arterial >> post-arterial).

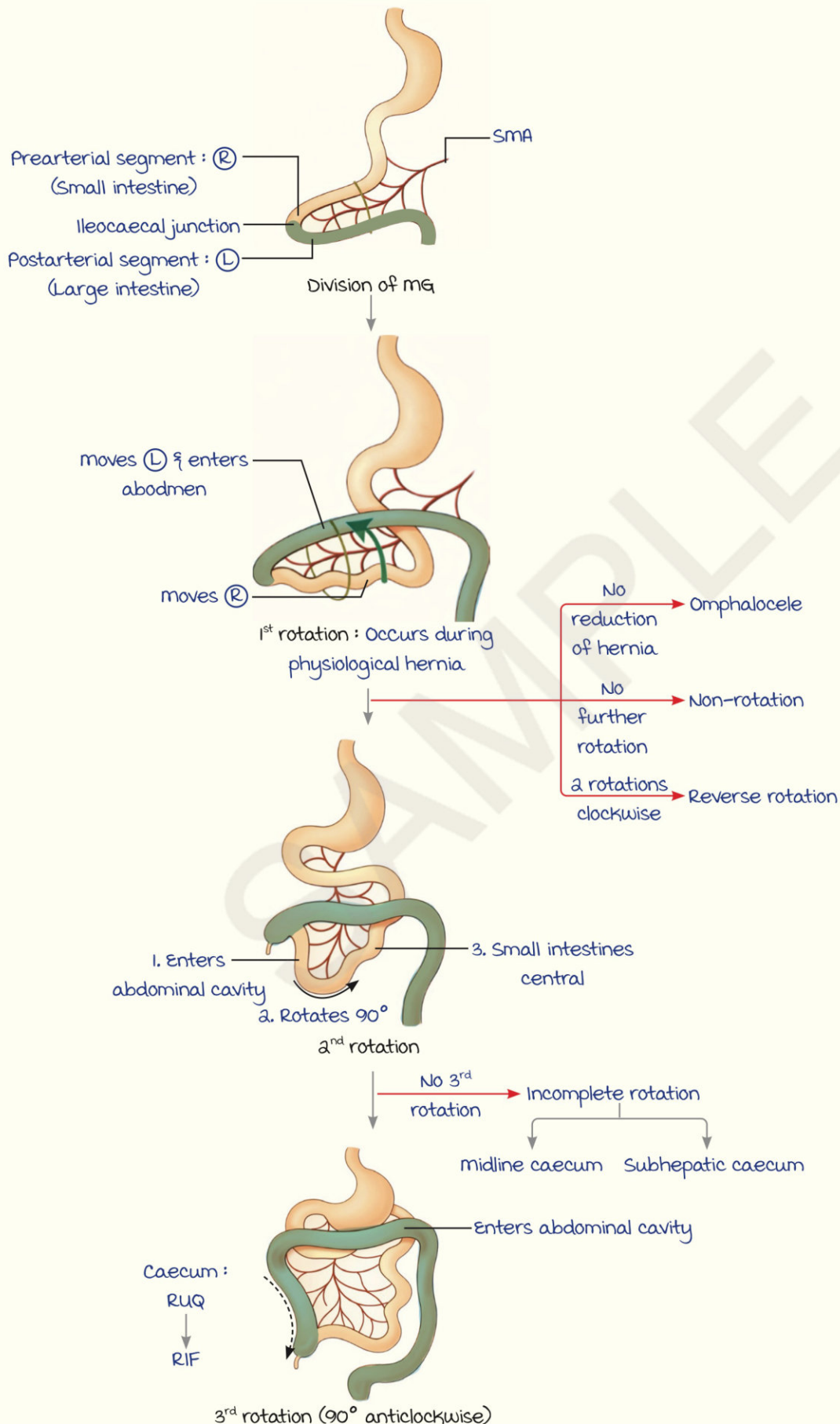
Physiological umbilical herniation :

Herniates at 6th week → Reduces by 10th week.

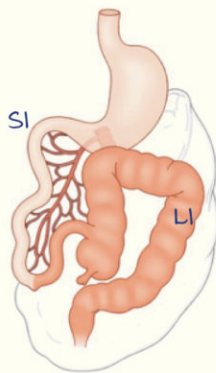
Midgut Rotation :

90° anticlockwise × 3 times → 270° anticlockwise.

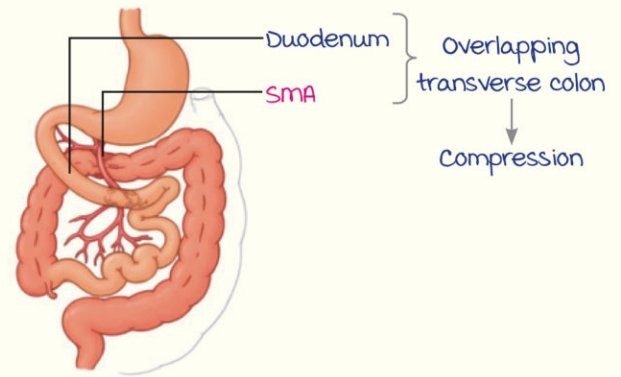
----- Active space -----



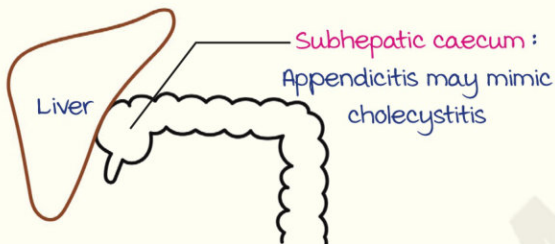
----- Active space ----- Anomalies of Rotation :



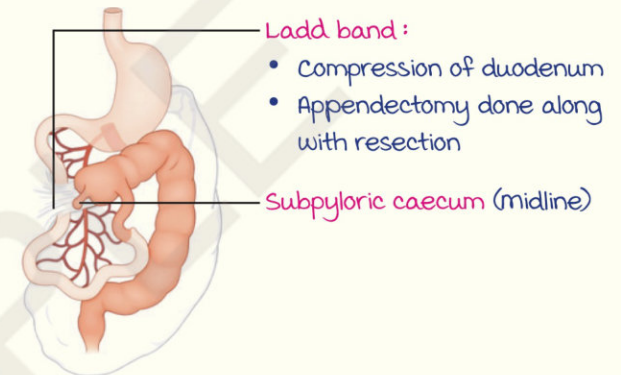
1. Non-rotation



2. Reverse rotation



3. Incomplete rotation



4. Incomplete rotation

5. Mixed rotation :

Uncoordinated rotation of pre & postarterial segments → **Caecal volvulus.**

Omphalocele vs. Gastroschisis :

	Omphalocele	Gastroschisis
Cause	Failure of reduction of physiological hernia	Incomplete internal folding ↓ Anterior wall defect ↓ MG reherniation
Location	midline	usually right to umbilicus
Peritoneal covering	⊕ With peritoneal sac & amnion	⊖, Inflamed bowel
Characteristic features	• Liver may be content • ↑ mortality : Associated with other anomalies	↑ Risk of internal obstruction



Omphalocele



Gastroschisis