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لم ترد بالأصل

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بسم الله الرحمن الرحيم

The effect of small diameter portocaval shunt on cardiac performance in portal hypertensive patients with bleeding oesophageal varices.

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Anatomy of portal venous circulation:

The portal venous system is formed by the veins which carry blood from the stomach, small intestine and large intestine as well as spleen, pancreas and gall bladder. Blood of these veins is collected into the portal vein (Figure 1).

Portal vein is formed behind the neck of the pancreas by the union of the superior mesenteric and splenic veins, this union occurs in front of the inferior vena cava. Then the portal vein ascends in front of the inferior vena cava with slight inclination to the right and behind the first part of the duodenum, the bile duct and the gastro-duodenal artery. Then it ascends in the free margin of the lesser omentum in front of the opening into the lesser sac during this part of its course the bile duct and hepatic artery lie in front of it. The bile duct lies towards the right and the hepatic artery lies towards the left side. It runs 8-9 cm to the porta hepatis here it divides into two branches with a 90-100 angle of division. According to Hjorst, each passes into the corresponding lobe of the liver[1].

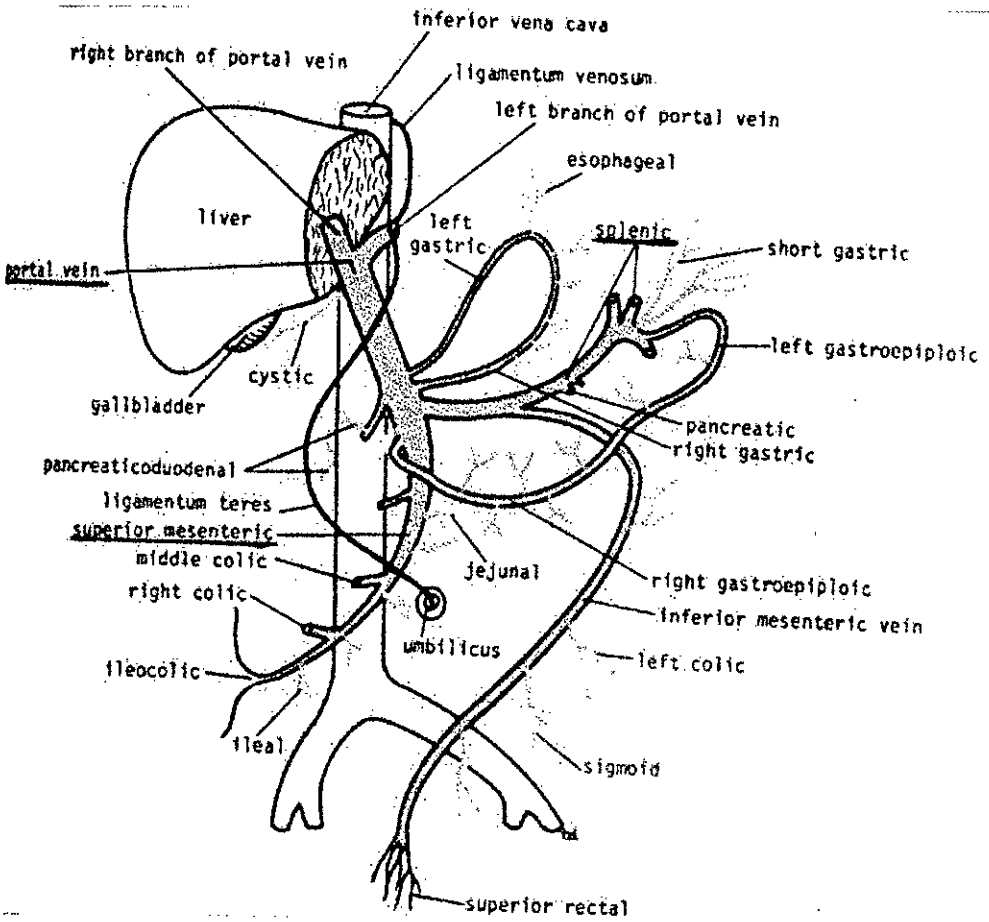

Figure 1: Anatomy of the portal vein.

The left branch, which is two time longer and narrower than the right one, courses an extra hepatic transverse course of 3-5 cm before entering the hepatic parenchyma. The right branch of the portal vein receives the cystic vein from the gall bladder. The left branch receives the paraumbilical veins which are small veins that run with the ligamentum teres through the falciform ligament and connect the portal vein with the veins of the anterior abdominal wall.

Tributaries:

1. *The left gastric vein:* runs to the left along the lesser curvature up to the oesophagus, with the left gastric artery and joins the portal vein at the upper border of the pancreas.

2. *The right gastric vein:* runs along the lesser curvature to the pylorus and receives the pre-pyloric vein and it empties into the portal vein.

3. *The left gastroepiploic vein:* runs with the arteries through the gastrosplenic omentum to the hilum of the spleen where they empties in the splenic vein.

4. *The splenic vein:* begins in the hilum of the spleen by confluence of half a dozen tributaries from that organ. It passes with the tail of pancreas below the splenic artery through the lienorenal ligament and joins the superior mesenteric vein at a right angle to form the portal vein.

5. *The right gastroepiploic vein:* runs to the right in the gastro-colic omentum then it runs down over the front of the pancreas behind the peritoneum to join the superior mesenteric vein at the lower border of the neck of pancreas.

6. *The superior pancreaticoduodenal vein:* runs up in the curve between the duodenum and the head of pancreas behind both and joins the portal vein at the upper border of the pancreas.

7. *The superior mesenteric vein:* drains the mid gut. It is a large trunk which lies to the right of the artery. It crosses the third part of the duodenum, runs between the uncinate process and the neck of pancreas and passes straight up as the portal vein behind the first part of the duodenum.

8. *The inferior mesenteric vein:* drains the hind gut. It begins as the superior rectal vein and runs up in the root of the sigmoid mesocolon on the left side of the superior rectal artery to the pelvic brim. It runs vertically upwards well to the left of the artery and passes behind the lower borders of the pancreas in front of the left renal vein and joins the splenic vein[2].

Collaterals: (Figure 2)

Schiff classified the collateralls into two groups, hepatopetal and hepatofugal collateralls[3]: