#Anatomy

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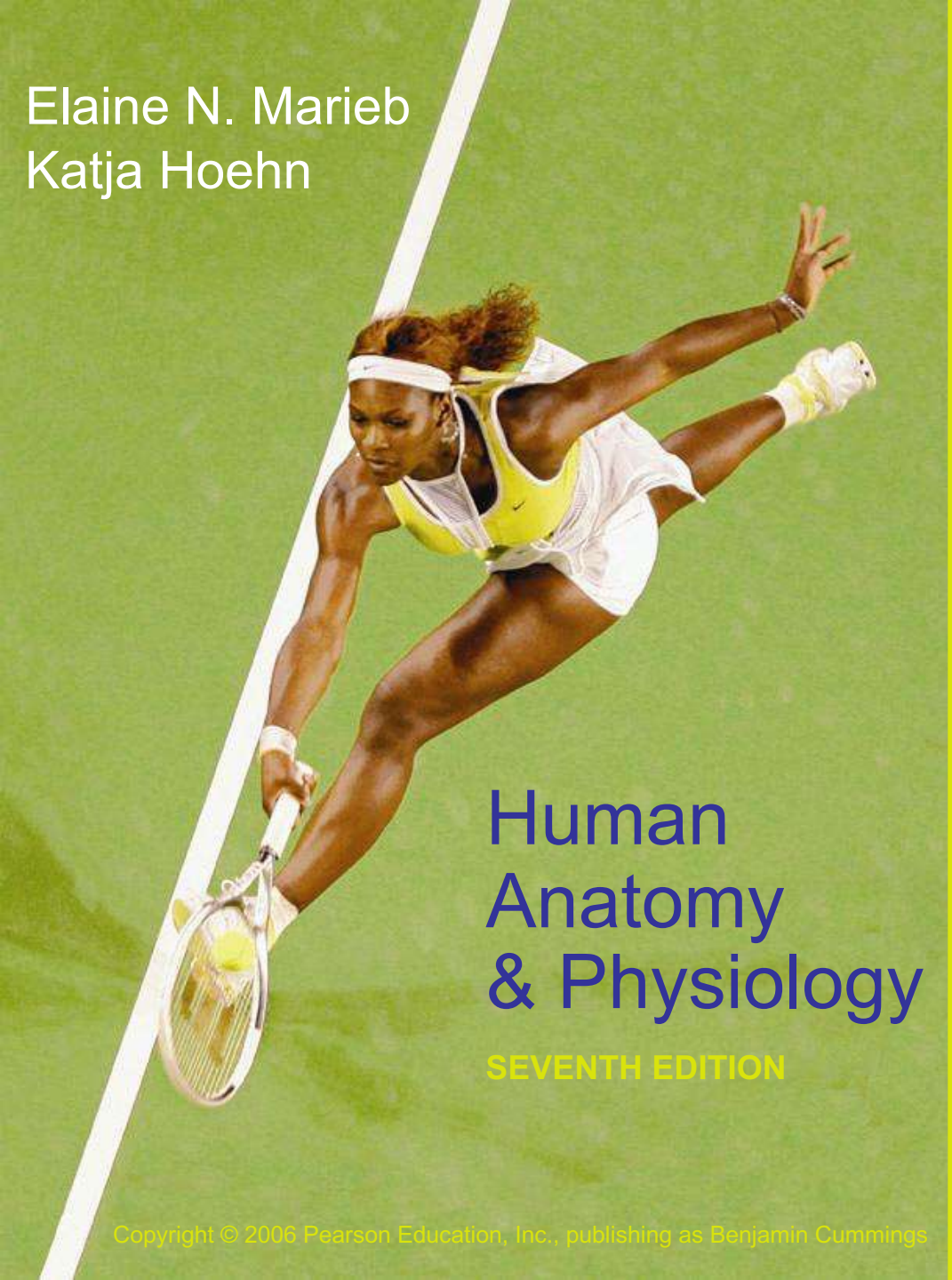


Human Anatomy & Physiology

SEVENTH EDITION

PowerPoint® Lecture Slides
prepared by Vince Austin,
Bluegrass Technical
and Community College

CHAPTER 23 PART A

The Digestive System

Gastro_Intestinal
هاضم - جاف

Digestive System: Overview

- The alimentary canal or gastrointestinal (GI) tract digests and absorbs food → Start from oral cavity.
- Alimentary canal – mouth, pharynx, esophagus, stomach, small intestine, and large intestine
- Accessory digestive organs – teeth, tongue, gallbladder, salivary glands, liver, and pancreas

Supporting Glands + Organs.

Digestive system → in → do secretions to absorb food entering your Body. → out

Some Parts of the GI system are out side the Body and other Parts are inside.

Alimentary Canal

Accesary digestive organs

What is the function of the GI System?

↳ making nutrient accessible to the Body.

→ what kind of activity we do to access unstable molecules?

1) Ingestion 2) Moving food down 3) Mechanical digestion

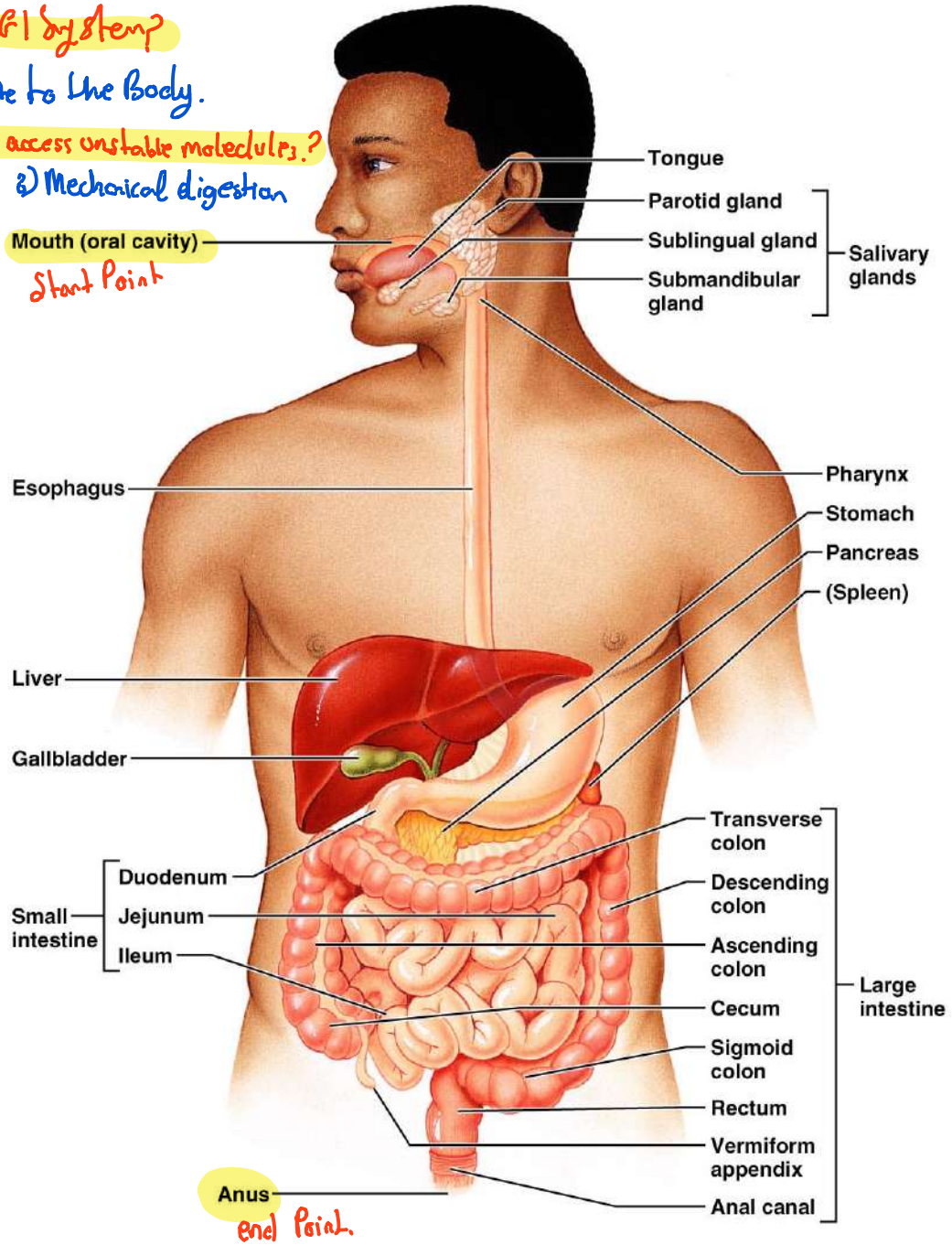
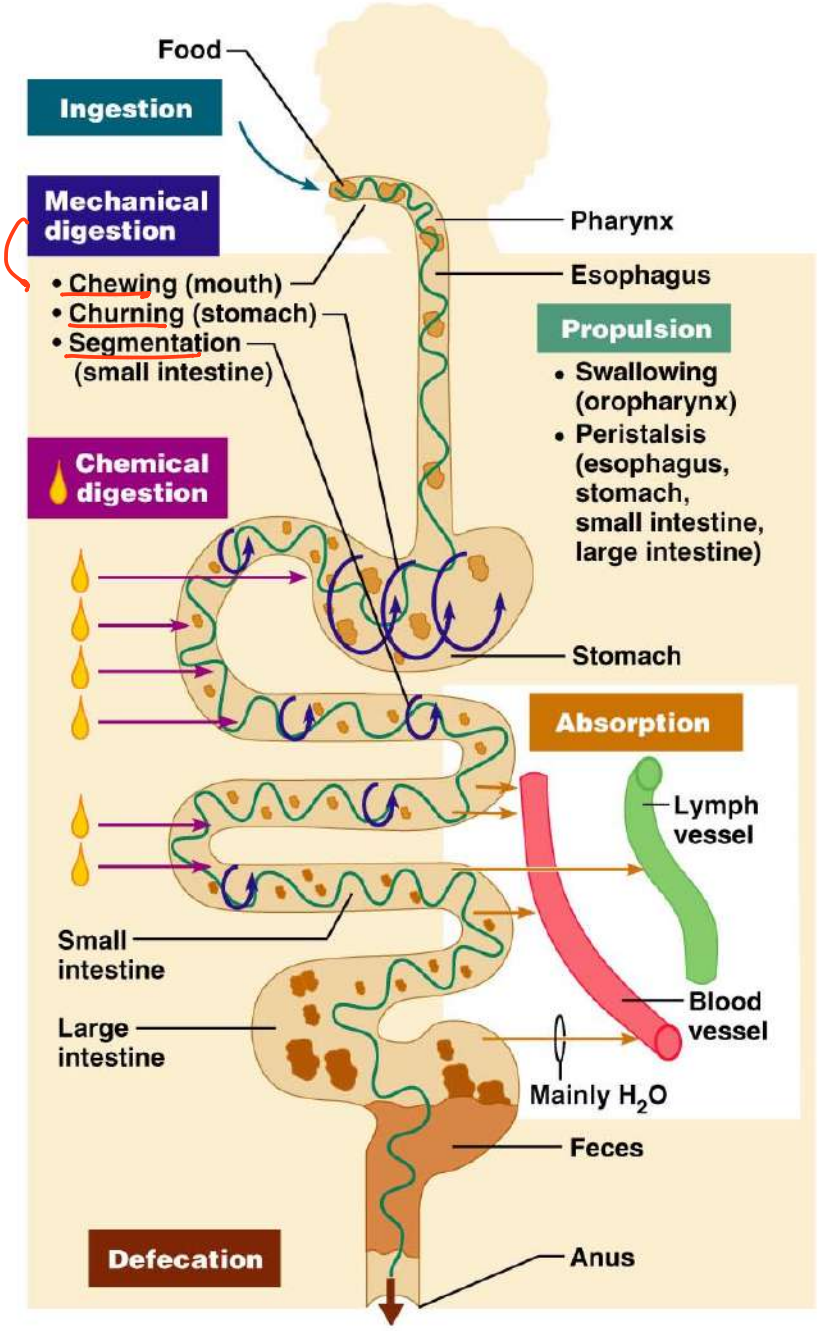


Figure 23.1

Digestive Process

- The GI tract is a "disassembly" line
  - Nutrients become more available to the body in each step → As we go down in the GI Tract → more absorbation → so nutrients are more available to the Body.
- There are six essential activities:
  - Ingestion, propulsion, and mechanical digestion
  - Chemical digestion, absorption, and defecation
    - absorption → taking up nutrients for the use of the Body.
    - chemical digestion → Producing fluids containing enzymes and co. enzymes → so they can break up Bonds in ingested food.
    - defecation → moving the Rest of none used molecules outside the Body.



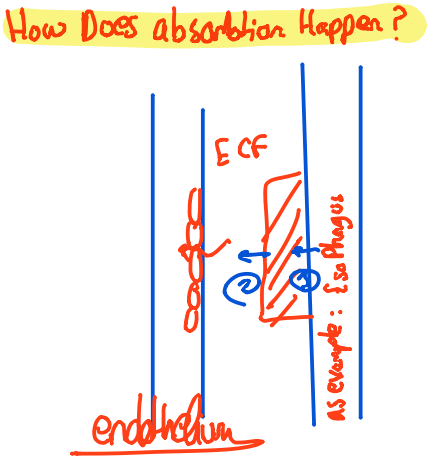


Figure 23.2

Gastrointestinal Tract Activities

- **Ingestion** – taking food into the digestive tract
- **Propulsion** – swallowing and peristalsis
  - Peristalsis – waves of contraction and relaxation of muscles in the organ walls

Movement → By muscles

~> Happens to move food down the GI Tract

- **Mechanical digestion** – chewing, mixing, and churning food

Segmentation.

Moving from esophagus to the large intestines => all parts in the tracts have 4 walls.

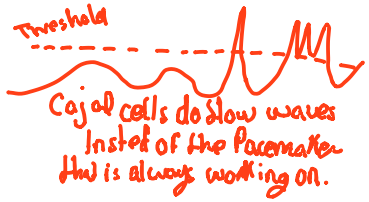
1) Mucosa
2) Submucosa
3) Muscularies
4) Serosa

* we have something called Cajal cells..?
↳ the one the Pacemaker for the GI Tract (Stomach)
But they are not Regulonas Pacemakers in the Heart why?
Because they contract in a way depending on the condition and type of food ingested

PLAY

***InterActive Physiology*®: Motility, pages 3-5**

* The Activity of GI system is Controled by it's own AP initiation and also has it's own Brain
↳ Have Cajal cell → Pacemaker



Peristalsis and Segmentation

Contraction

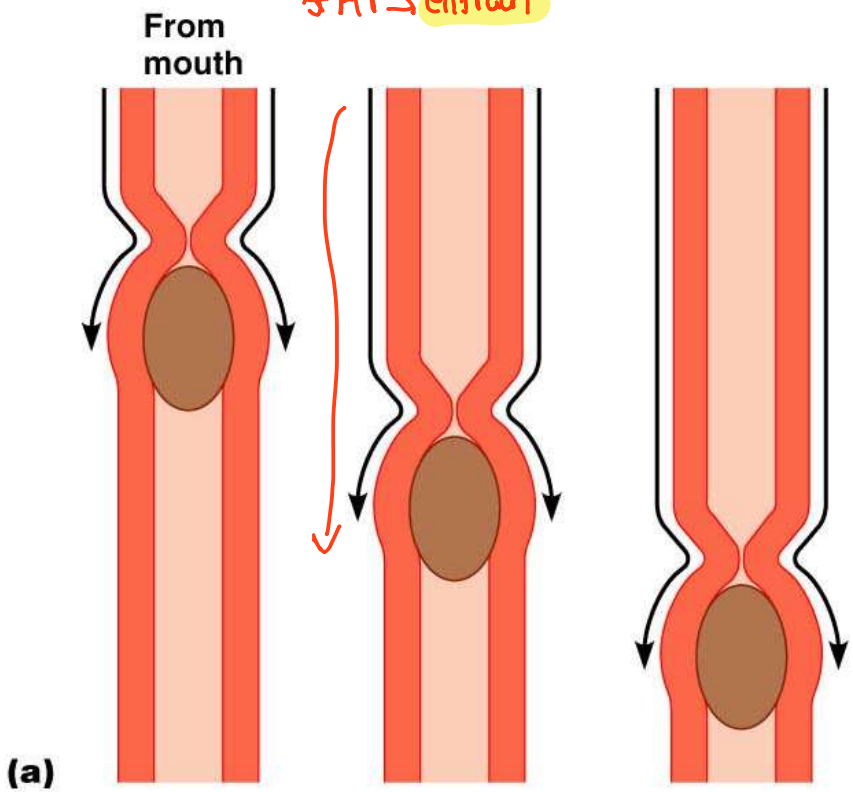
Mixing of the food.

* At any situation Peristalsis Happen whereas Segmentation only Happens at Specified Parts of the GI Tract.

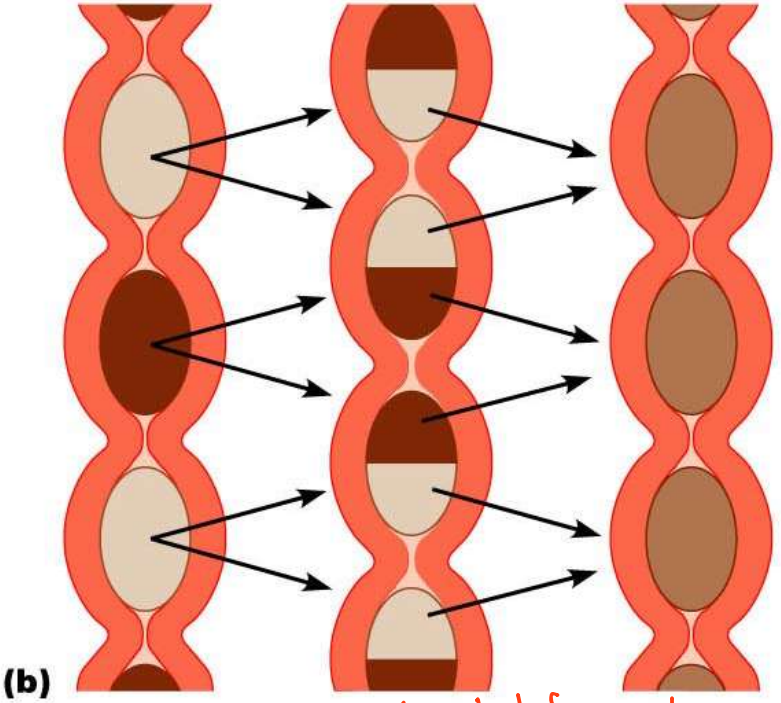
esophagus → Peri only

Stomach → Seg + Peri

* AP → entracti



Adjoint Segments of the alimentary Canal organs alternately Contract and Relax → Food is moved down along + at Primary Propulsive some mixing may occur.



* Nonadjectent Segments Contract + Relax.
↓ Food moves forward and Backward
* Primarily → mix But Propulsion may occur

Figure 23.3

Gastrointestinal Tract Activities

- **Chemical digestion** – catabolic breakdown of food
- **Absorption** – movement of nutrients from the GI tract to the blood or lymph
- **Defecation** – elimination of indigestible solid wastes

GI Tract

- External environment for the digestive process
- Regulation of digestion involves:
  - Mechanical and chemical stimuli – **stretch receptors, osmolarity, and presence of substrate in the lumen**
  - Extrinsic control by **CNS** centers
  - Intrinsic control by (**ENS**) local centers

Receptors of the GI Tract

Our GI tract have different Receptors which are all important Because we need to know How the food is getting ingested

- Mechano- and chemoreceptors respond to:
  - **Stretch, osmolarity, and pH**
    - Distension → How much do you eat.
    - osmolarity → water
    - pH → acidity
    - * Polypeptide → Proteins.
  - **Presence of substrate, and end products of digestion**
- They initiate reflexes that:
  - Activate or inhibit digestive glands
  - Mix lumen contents and move them along

* Any kind of activity Require Sensation by these Receptor

→ Receptor → Produce Reflexes: Active / inhibit

Nervous Control of the GI Tract

- **Intrinsic controls** → these are the ones created by within the GI → Hormone
  - Nerve plexuses near the GI tract (ENS) initiate short reflexes
  - Short reflexes are mediated by local enteric plexuses (gut brain)
- **Extrinsic controls** → triggered from Brain. (Pleasure center) (anxity, Pressure.
  - Long reflexes arising outside the GI tract
  - CNS centers and extrinsic autonomic nerves

Gastrin → activated by other factor...

for example Seating Rating OR Bacteria full food which effect our Body and that's depends on the within of GI system (ENS)

Nervous Control of the GI Tract

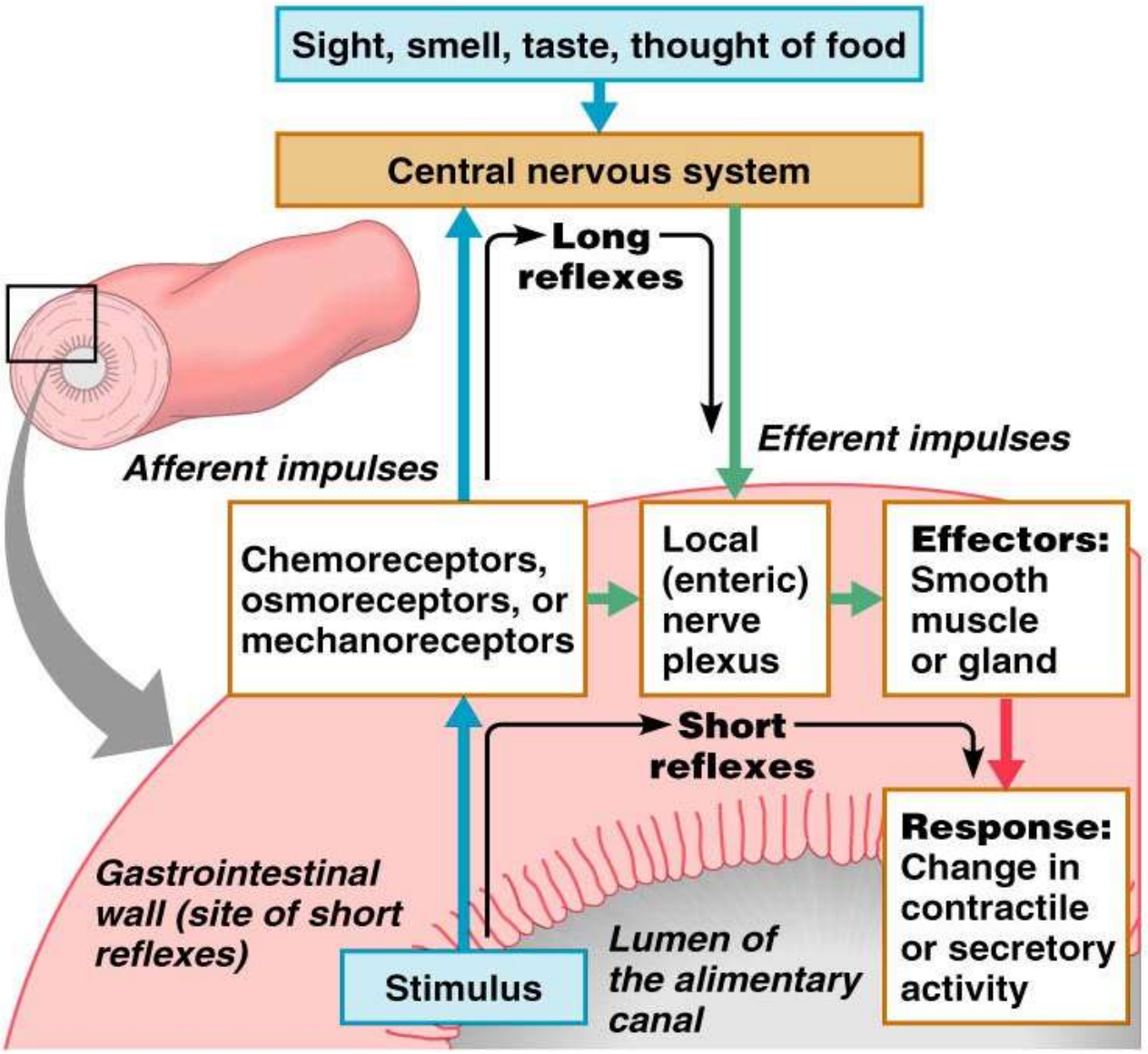


Figure 23.4

Peritoneum and Peritoneal Cavity

Lined up by a double membrane which attached directly with the inner organs.

- **Peritoneum** – serous membrane of the abdominal cavity
  - Visceral – covers external surface of most digestive organs
  - Parietal – lines the body wall
- **Peritoneal cavity**
  - Lubricates digestive organs
  - Allows them to slide across one another

Peritoneum and Peritoneal Cavity

Kidney
↳ Retro Peritonium.

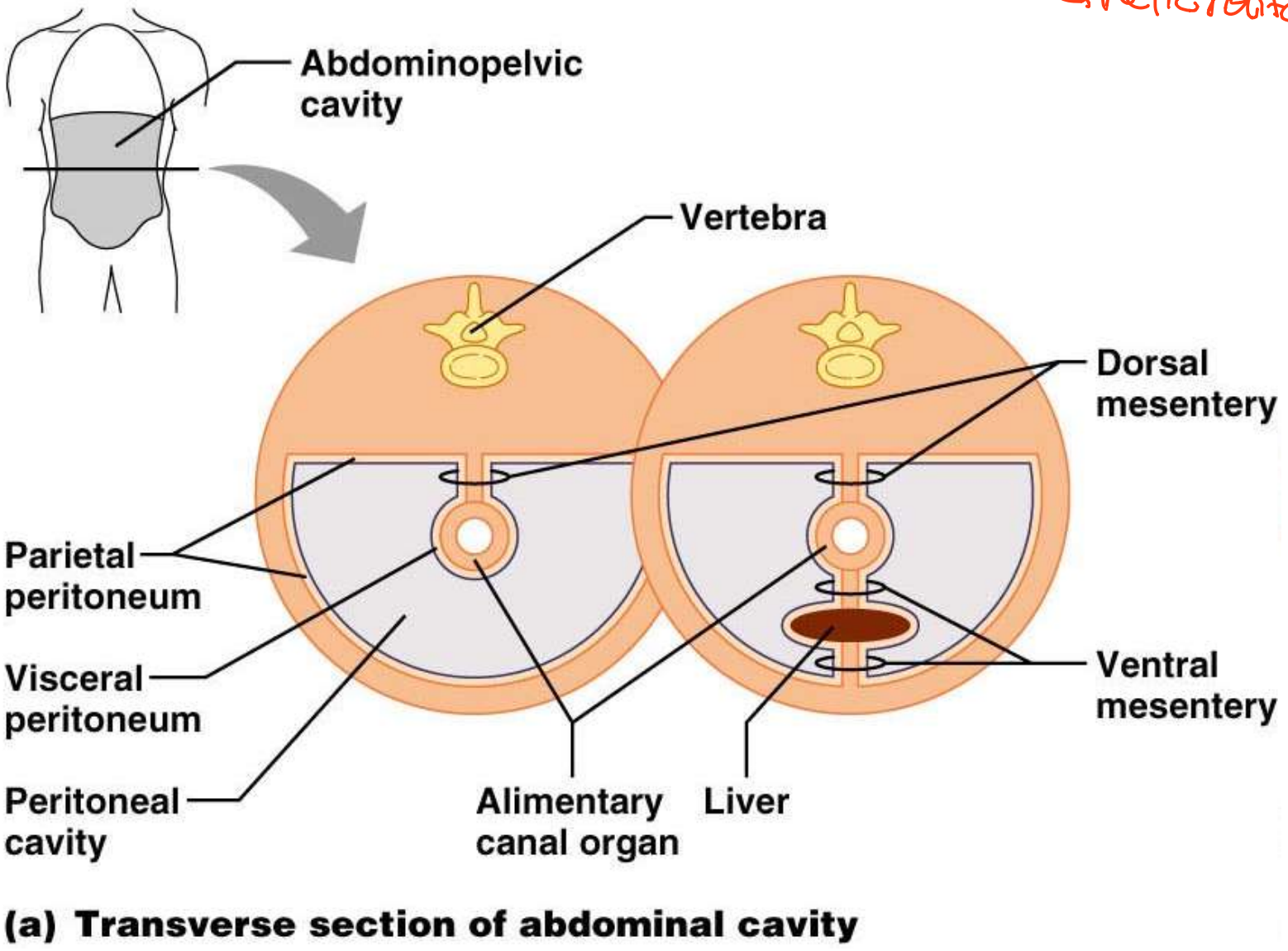


Figure 23.5a

Peritoneum and Peritoneal Cavity

- **Mesentery** – double layer of peritoneum that provides:
  - Vascular and nerve supplies to the viscera
  - Hold digestive organs in place and store fat
- **Retroperitoneal organs** – organs outside the peritoneum (Kidneys)
- **Peritoneal organs** (intraperitoneal) – organs surrounded by peritoneum → Stomach, liver, Pancreas
  ↳ Inside the abdominal cavity → surrounded by a Peritoneum.

Blood Supply: Splanchnic Circulation

↳ we have something different, different arteries which supply blood to organs.

- Arteries and the organs they serve include
  - The hepatic, splenic, and left gastric: liver, spleen, and stomach
  - Inferior and superior mesenteric: small and large intestines

↳ makes blood vessels inside

↳ when you do workout nothing happen to your organs because of the membrane.

([illegible])

Blood Supply: Splanchnic Circulation

↳ (whole circulation that comes from the GI).

- **Hepatic portal circulation**:
  - Collects nutrient-rich venous blood from the digestive viscera
  - Delivers this blood to the liver for metabolic processing and storage

*Purifying blood before it goes out to Blood Stream again.

Histology of the Alimentary Canal

- From esophagus to the anal canal the walls of the **GI tract have the same four tunics**
  - From the lumen outward they are the **mucosa, submucosa, muscularis externa, and serosa**
- Each tunic has a predominant tissue type and a specific digestive function

Vary in shape
Irregular + connective tissues.
+ large
Blood vessels.
Lymphatic and nerves.

epithilial cells. + Connective Tissues.
absorptive and secretory layer of the GI Tract
on it we have villi + micro villi to increase absorption.

3 layers of muscles.

Pick up nutrient that comes from the mucosa

Responsible for the segmental contraction + Peristalsis movement

Secretory epithil. cells + Connective Tissues
Reduce friction from muscles movement

Mucosa:
cells which Produce Mucos
Goblet Cells
Absorbs cells
Bicarbonate Producing cells .... and so on.

What separates the submucosa from muscularis? nerve plexus.

Histology of the Alimentary Canal

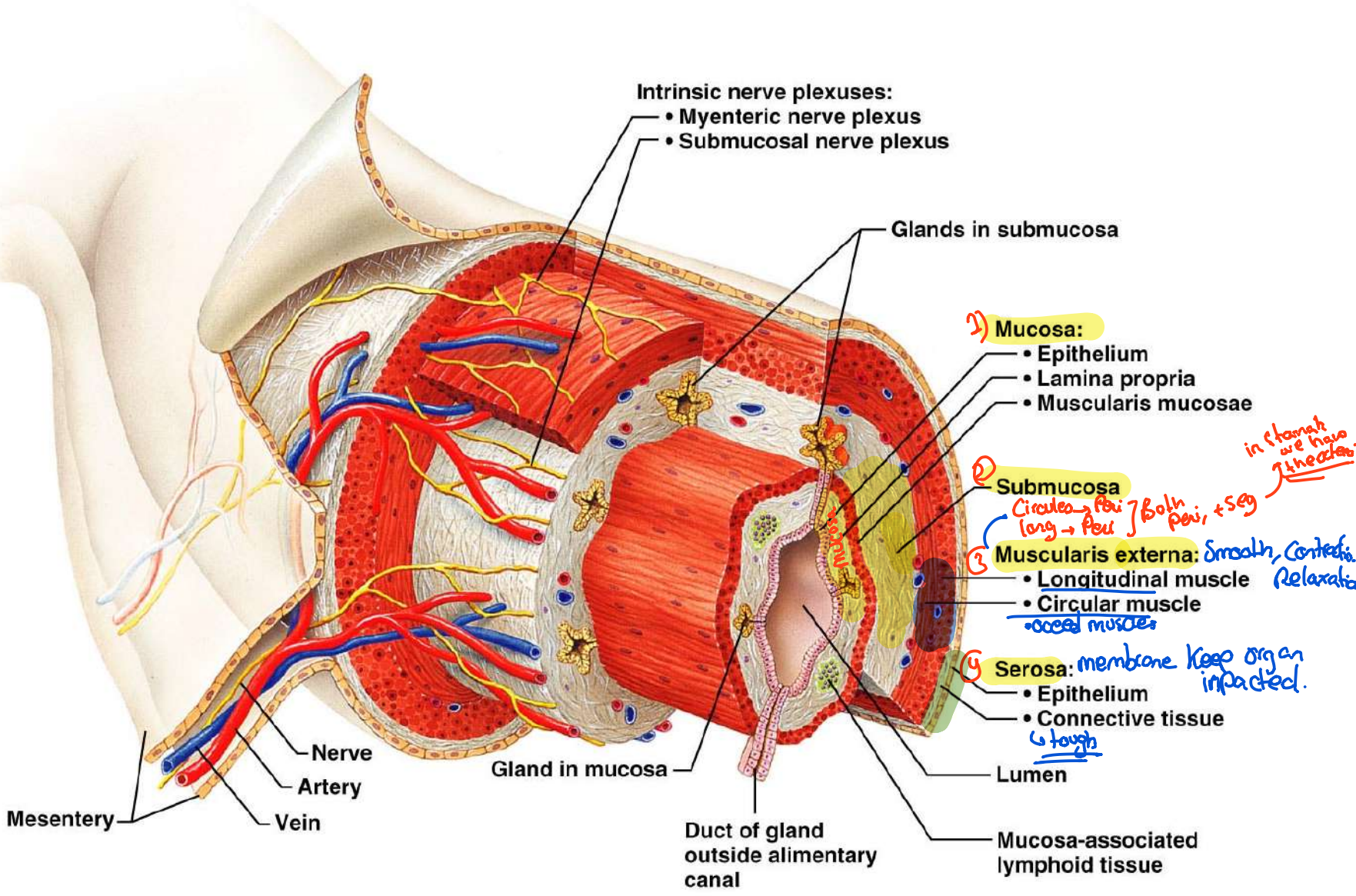
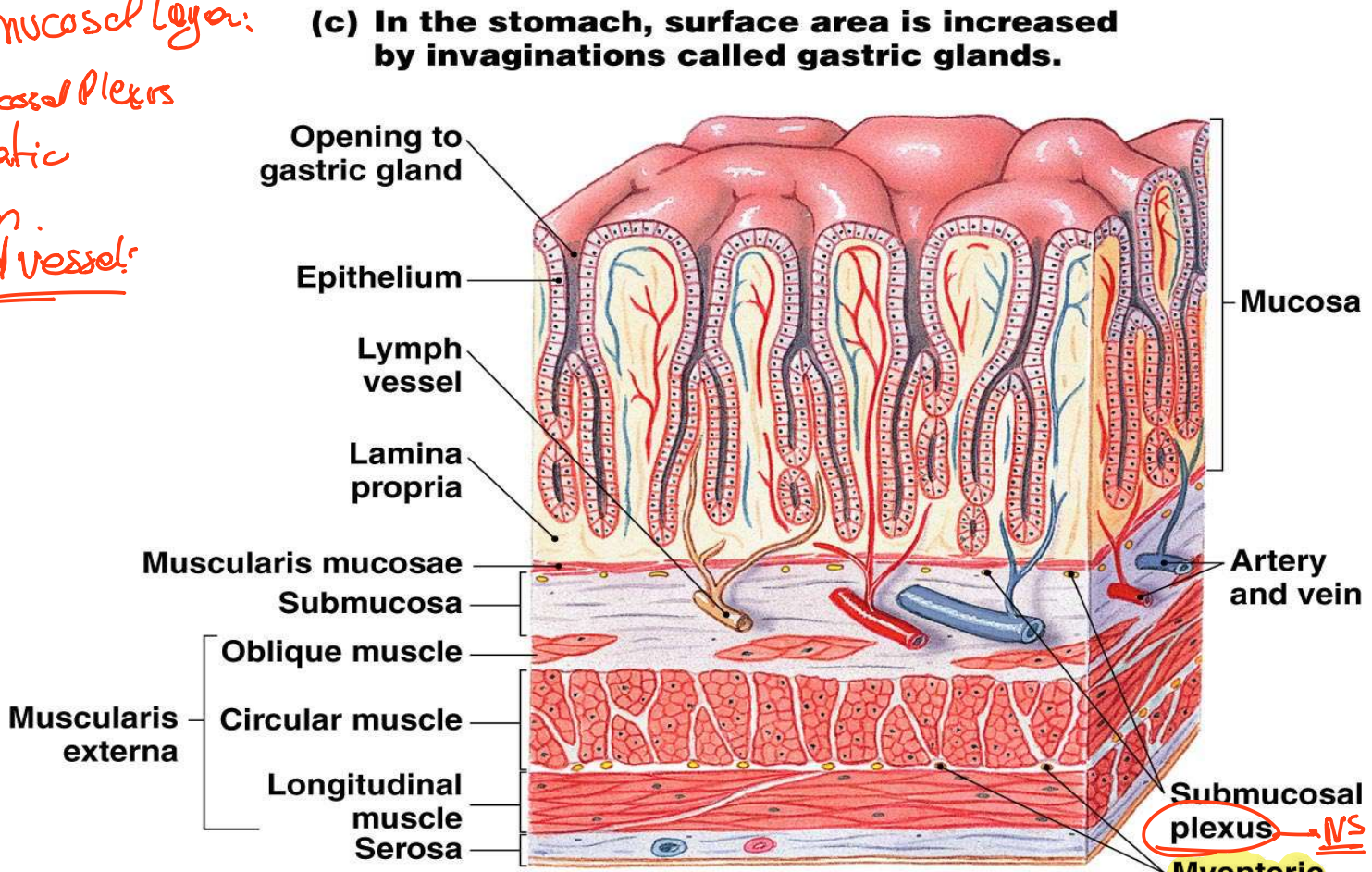


Figure 23.6

Layers of GIT

Sub mucosal layer:
1. Submucosal Plexus
2. lymphatic
3. Smooth.
4. Blood vessels



Mucosa

- Moist epithelial layer that lines the lumen of the alimentary canal
- **Three major functions:**
  - **Secretion of mucus** + enzymes + Hormons + Acids.
  - **Absorption of end products of digestion**
  - **Protection against infectious disease**
- Consists of three layers: a lining epithelium, lamina propria, and muscularis mucosae

Mucosa: Epithelial Lining

- Simple columnar epithelium and mucus-secreting goblet cells
- Mucus secretions:
  - **Protect digestive organs from digesting themselves**
  - **Ease food along the tract**
- Stomach and small intestine mucosa contain:
  - **Enzyme-secreting cells**
  - **Hormone-secreting cells (making them endocrine and digestive organs)**

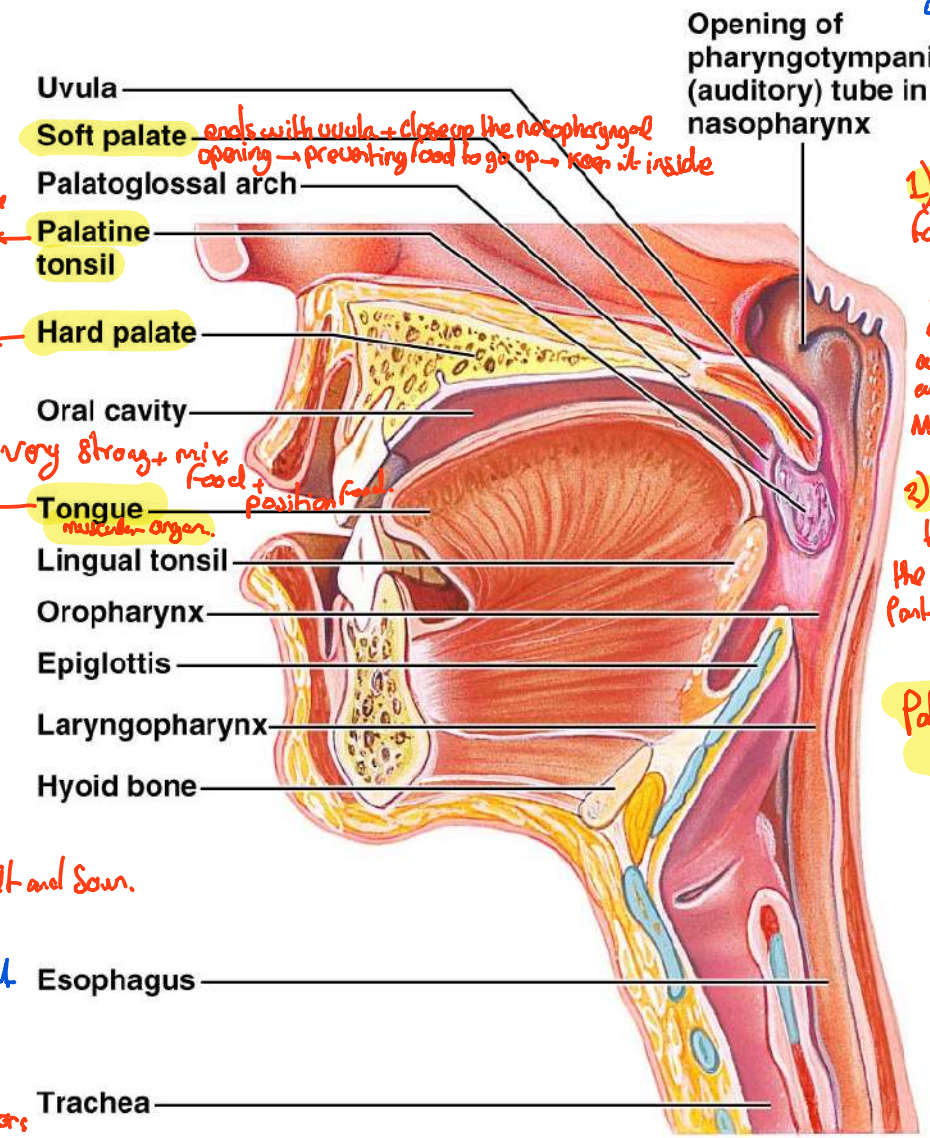
Other Sublayers

- **Submucosa** – dense connective tissue containing elastic fibers, blood and lymphatic vessels, lymph nodes, and nerves
- **Muscularis externa** – responsible for segmentation and peristalsis
- **Serosa** – the protective visceral peritoneum
  - Replaced by the fibrous adventitia in the esophagus
  - Retroperitoneal organs have both an adventitia and serosa

Enteric Nervous System

- Composed of two major intrinsic nerve plexuses:
  - **Submucosal nerve plexus** – regulates glands and smooth muscle in the mucosa
  - **Myenteric nerve plexus** – Major nerve supply that controls GI tract mobility
- Segmentation and peristalsis are largely automatic involving local reflex arcs
- Linked to the CNS via long autonomic reflex arc

Anatomy of the Oral Cavity: Mouth



* We usually start with the oral cavity: we have structures that are present in the oral cavity and those structures aiming to do the function.
* we need to ingest food + speech by the oral cavity.

1) Lips: they have essentially Receptors for sensitivity → for Temperature, Taste, Texture
+ it's the entrance to the enteral organs and at the same time they are surrounded by strong muscles and those muscles are from the strongest muscles in body.

2) Teeth: important for speech but they are important for cutting and crushing the food so we can ingest food in smaller particals

Palate we superior to teeth and tongue.

Soft palate ends with uvula + closes up the nasopharyngeal opening → preventing food to go up → keep it inside

First defense to the body → easily get infected →

Bony → important to crush and to help with swallowing

Tongue: muscular organ. very strong + mix food + position food.
at it's upper surface it has papillas → they help to do friction on the food
+ it has taste buds → site for tasting food.

* we have 4 tastes that can be tasted by mouth: sweet, bitter, salt and sour.
But we also have different tastes
→ Apples + Bananas have different tastes that we can differentiate: by smell that also contribute to how we taste things → mixture of Receptors from smell + taste. Together

Figure 23.7a

Palate

- **Hard palate –** underlain by palatine bones and palatine processes of the maxillae
  - Assists the tongue in chewing
  - Slightly corrugated on either side of the raphe (midline ridge)
- **Soft palate** – mobile fold formed mostly of skeletal muscle
  - Closes off the nasopharynx during swallowing
  - Uvula projects downward from its free edge
- Palatoglossal and palatopharyngeal arches form the borders of the fauces

Tongue

- Occupies the floor of the mouth and fills the oral cavity when mouth is closed
- Functions include:
  - **Gripping and repositioning food during chewing**
  - **Mixing food with saliva and forming the bolus**
  - **Initiation of swallowing, and speech**
- Intrinsic muscles change the shape of the tongue
- Extrinsic muscles alter the tongue's position
- Lingual frenulum secures the tongue to the floor of the mouth

Tongue

Papila → Friction

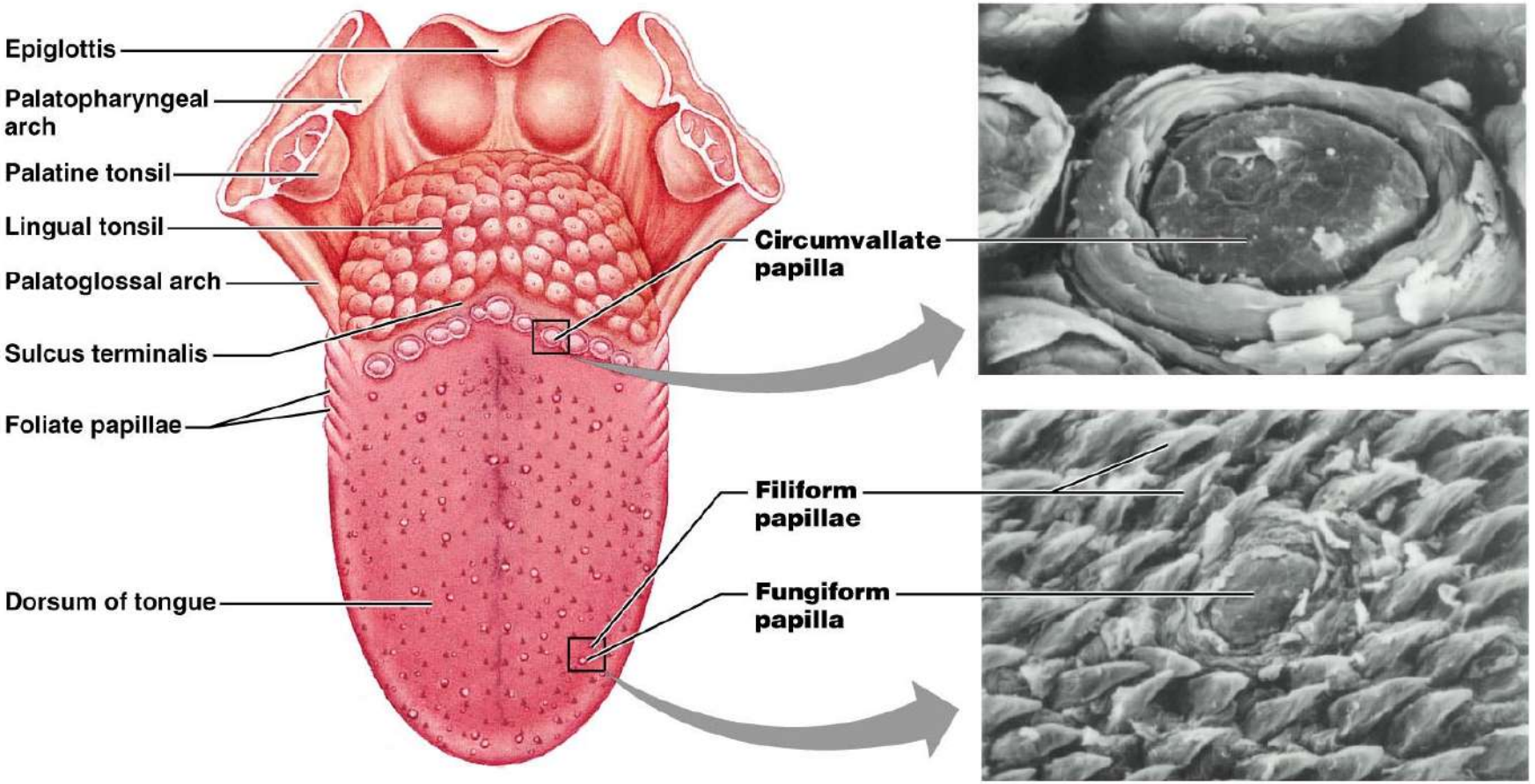


Figure 23.8

Tongue

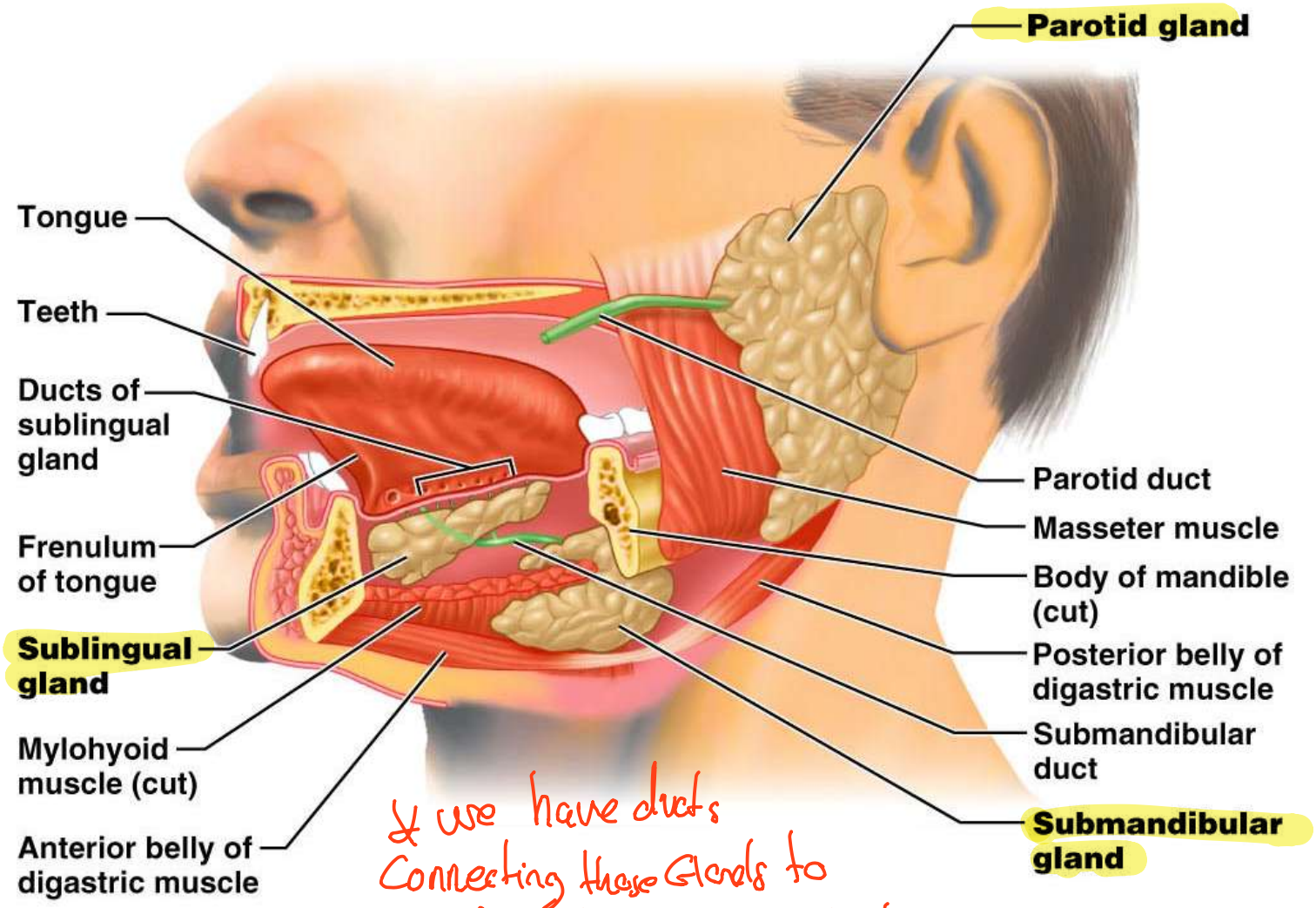
- Superior surface bears three types of papillae
  - Filiform – give the tongue roughness and provide friction
  - Fungiform – scattered widely over the tongue and give it a reddish hue
  - Circumvallate – V-shaped row in back of tongue

↳ contain the taste buds

Salivary Glands

- Three pairs of extrinsic glands – **parotid, submandibular, and sublingual**
- Intrinsic salivary glands (**buccal glands**) scattered throughout the oral mucosa
- Function of Saliva:
  - **Cleanses the mouth**
  - **Moistens and dissolves food chemicals**
  - **Aids in bolus formation**
  - **Contains enzymes that break down starch**

Salivary Glands



& we have ducts Connecting these Glands to Oral cavity — exocrine glands → not for Blood but in a lumen.

Figure 23.9a

Saliva: Source and Composition

- Secreted from serous and mucous cells of salivary glands
- **97-99.5% water, hypo-osmotic, slightly acidic solution containing**
  - **Electrolytes** – Na^+, K^+, Cl^-, PO_4^{2-}, HCO_3^-
  - **Digestive enzyme** – salivary amylase → Salivary amylase.
  - **Proteins** – mucin, lysozyme, defensins, and IgA
  - **Metabolic wastes** – urea and uric acid

Produce mucos

↓ Saliva may contain lypase

Control of Salivation

- Intrinsic salivary glands keep the mouth moist
- Extrinsic salivary glands secrete serous, enzyme-rich saliva in response to:
  - Ingested food which stimulates chemoreceptors and pressoreceptors
  - The thought of food
- **Strong sympathetic stimulation inhibits salivation and results in dry mouth**

Pharynx → Common Pathway → it has 3 openings

- From the mouth, the oro- and laryngopharynx allow passage of:
  1) 2)
  - **Food and fluids to the esophagus** directs
  - **Air to the trachea** → it's open all the time
    +
- Lined with stratified squamous epithelium and mucus glands
- Has two skeletal muscle layers
  - Inner longitudinal
  - Outer pharyngeal constrictors

] 2 muscles

3) Nasopharynx → But it's not a place for food entering.

Esophagus

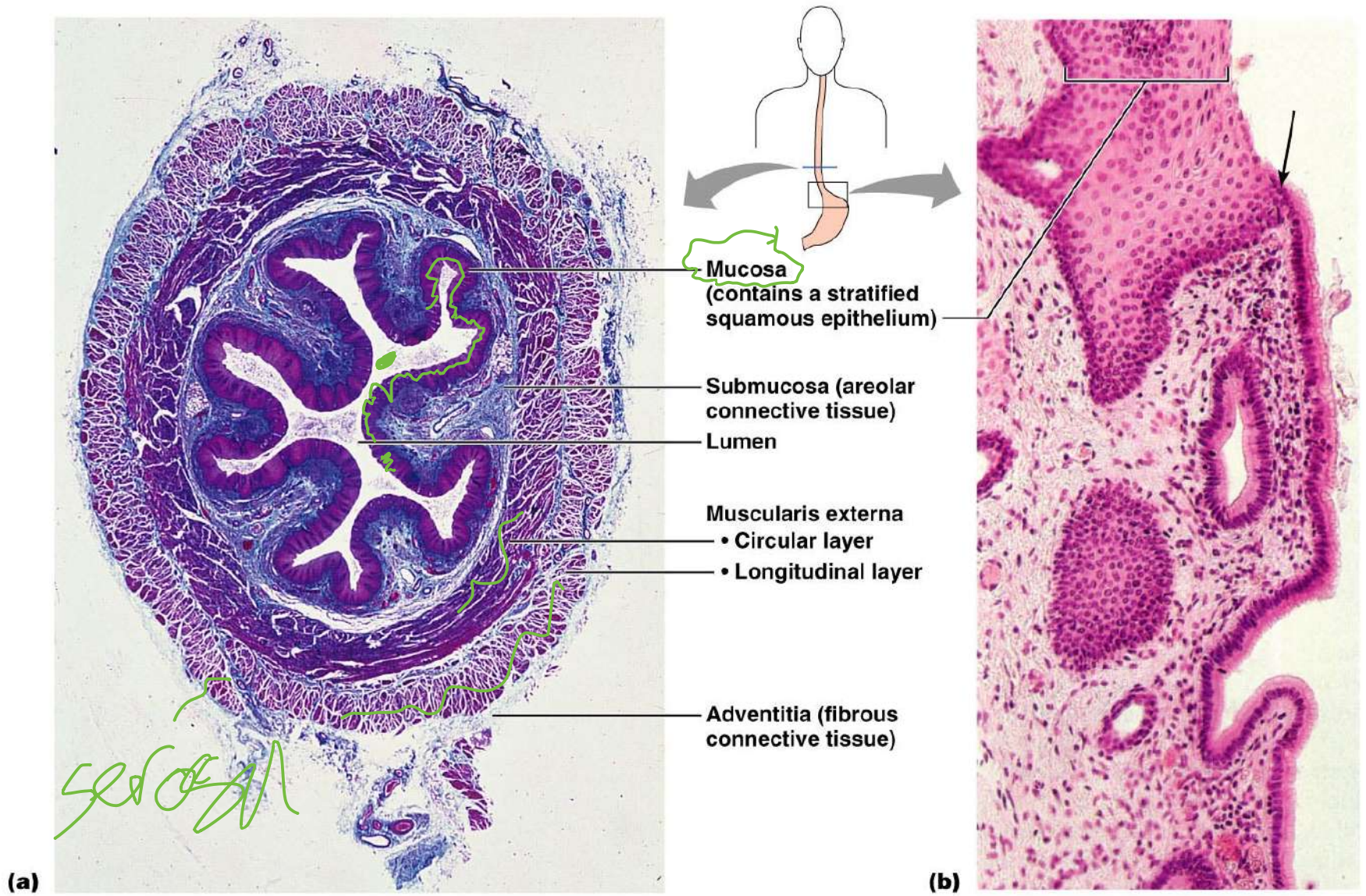
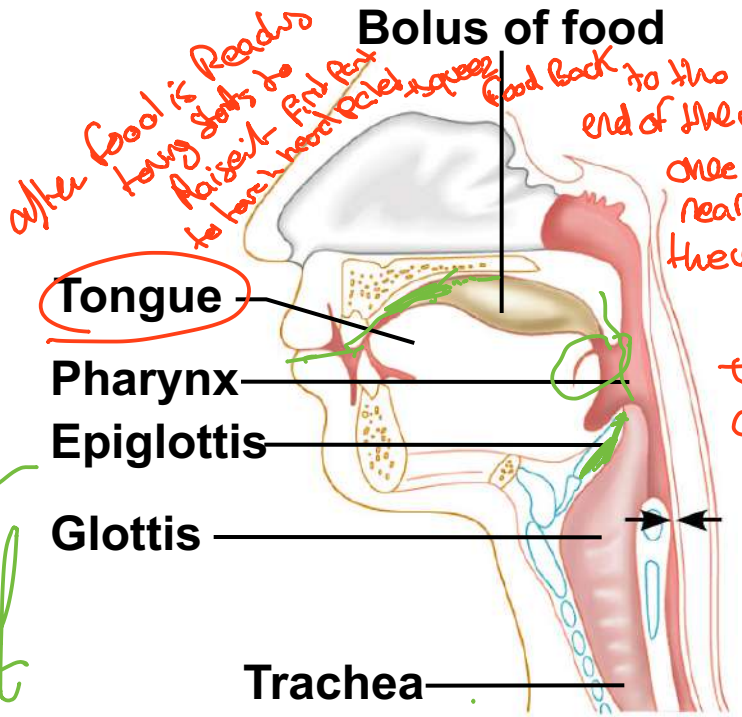


Figure 23.12

Digestive Processes in the Mouth

- Food is **ingested**
- **Mechanical digestion** begins (chewing)
- **Propulsion** is initiated by swallowing
- Salivary amylase begins **chemical** breakdown of starch
- The pharynx and esophagus serve as conduits to pass food from the mouth to the stomach

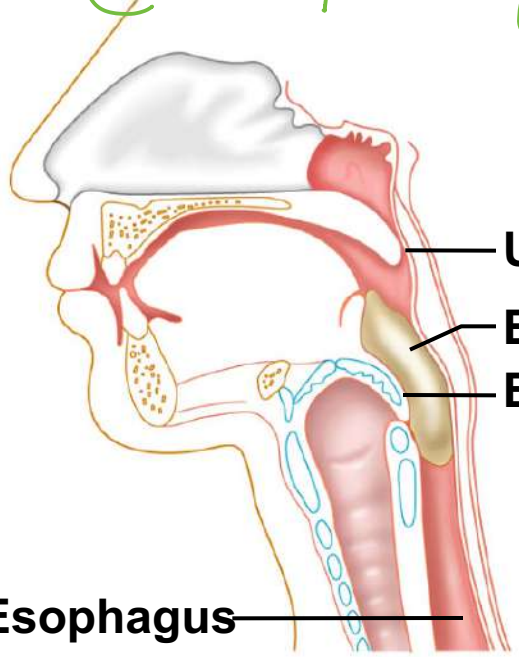
Deglutition (Swallowing)



(a) Upper esophagea sphincter contracted

Figure 23.13

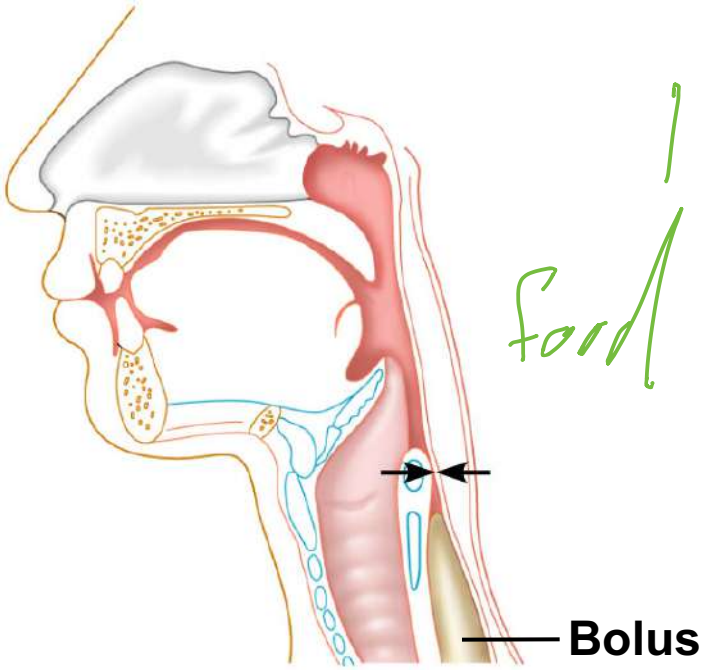
Deglutition (Swallowing)



(b) Upper esophageal sphincter relaxed

Figure 23.13

Deglutition (Swallowing)



(c) Upper esophageal sphincter contracted

Figure 23.13

Deglutition (Swallowing)

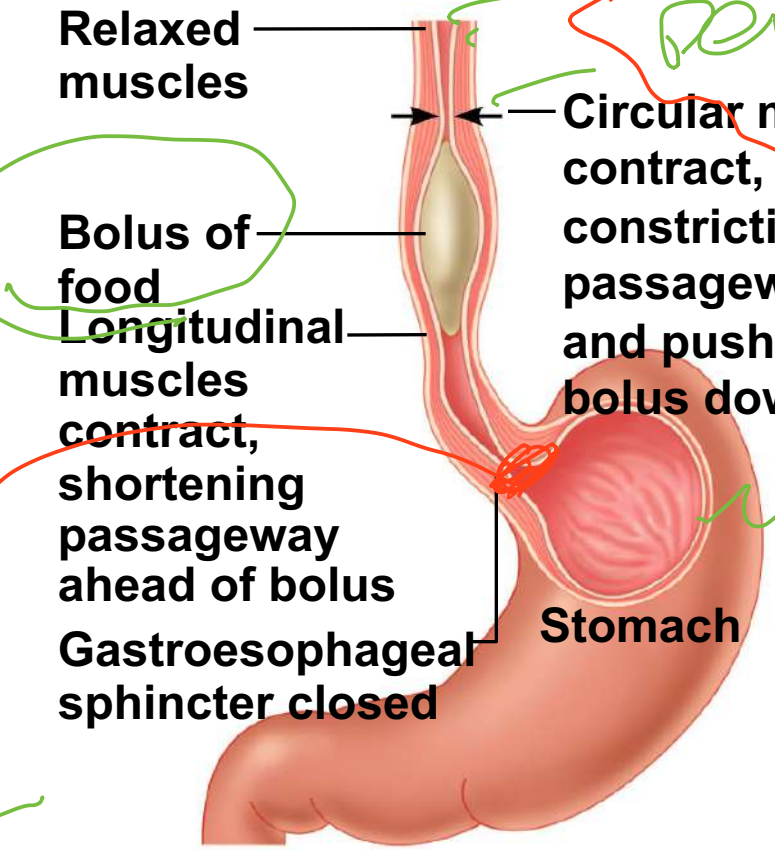


Figure 23.13

Deglutition (Swallowing)

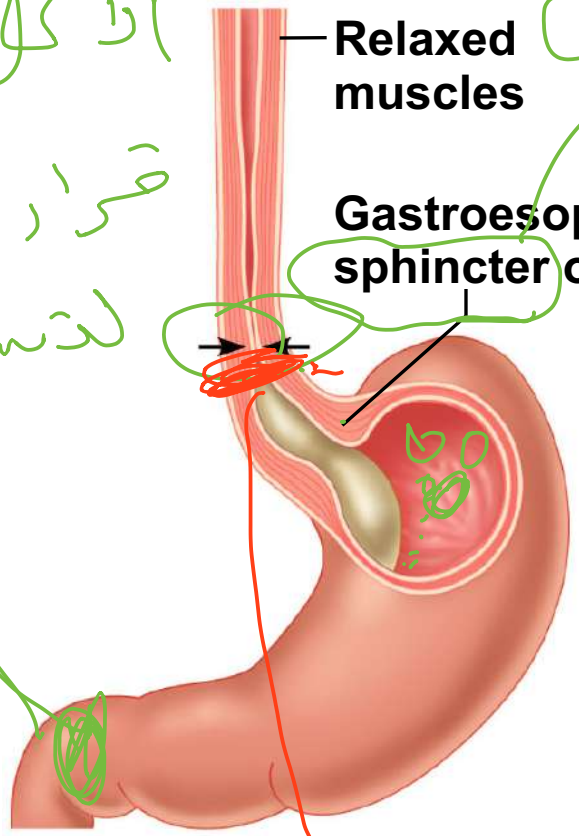


Figure 23.13

Stomach

- Chemical breakdown of proteins begins and food is converted to chyme
- **Cardiac region** – surrounds the cardiac orifice
- **Fundus** – dome-shaped region beneath the diaphragm
- **Body** – mid-portion of the stomach
- **Pyloric region** – made up of the antrum and canal which terminates at the pylorus
- The **pylorus** is continuous with the duodenum through the **pyloric sphincter**

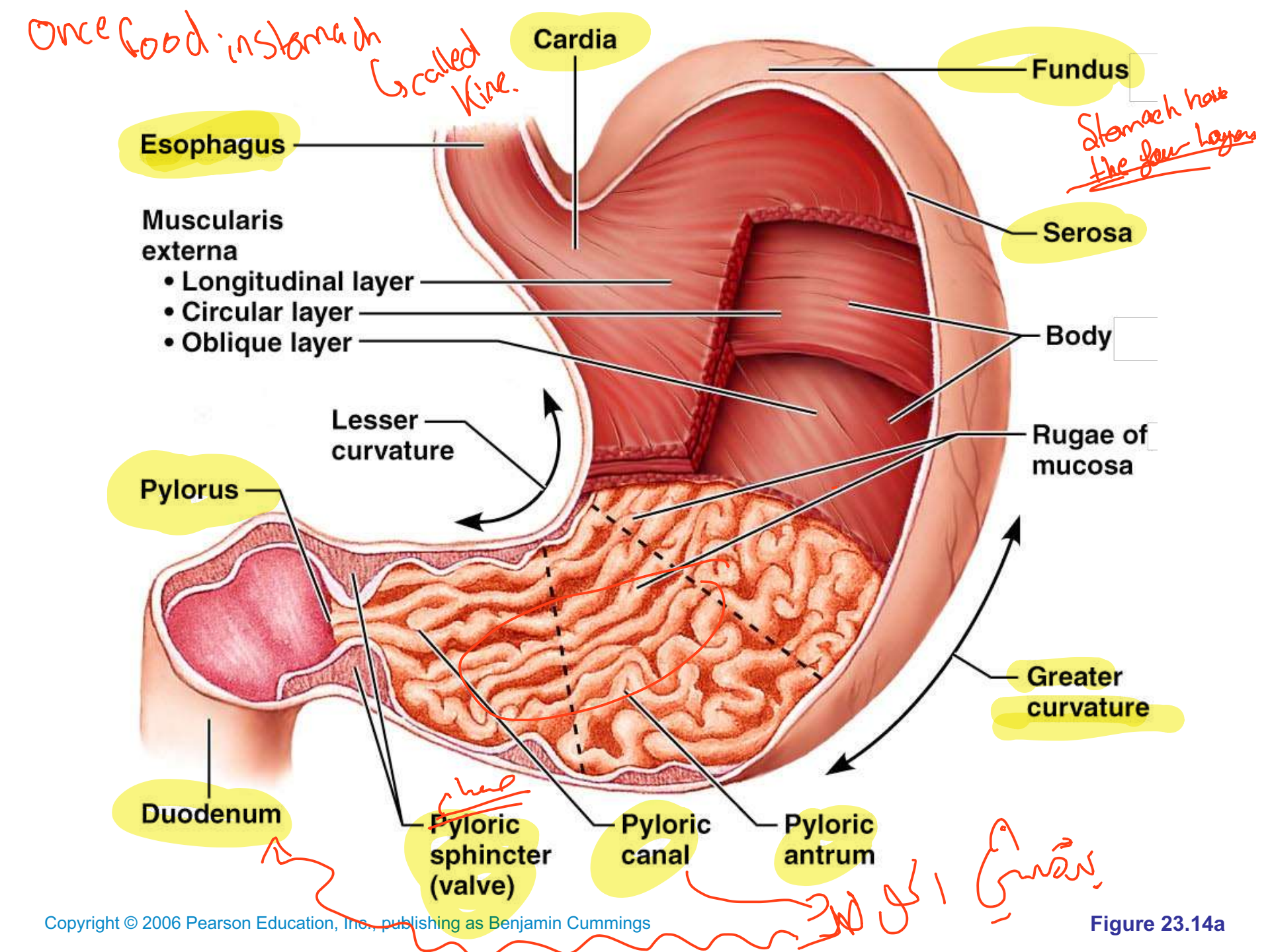


Figure 23.14a

(c) In the stomach, surface area is increased by invaginations called gastric glands.

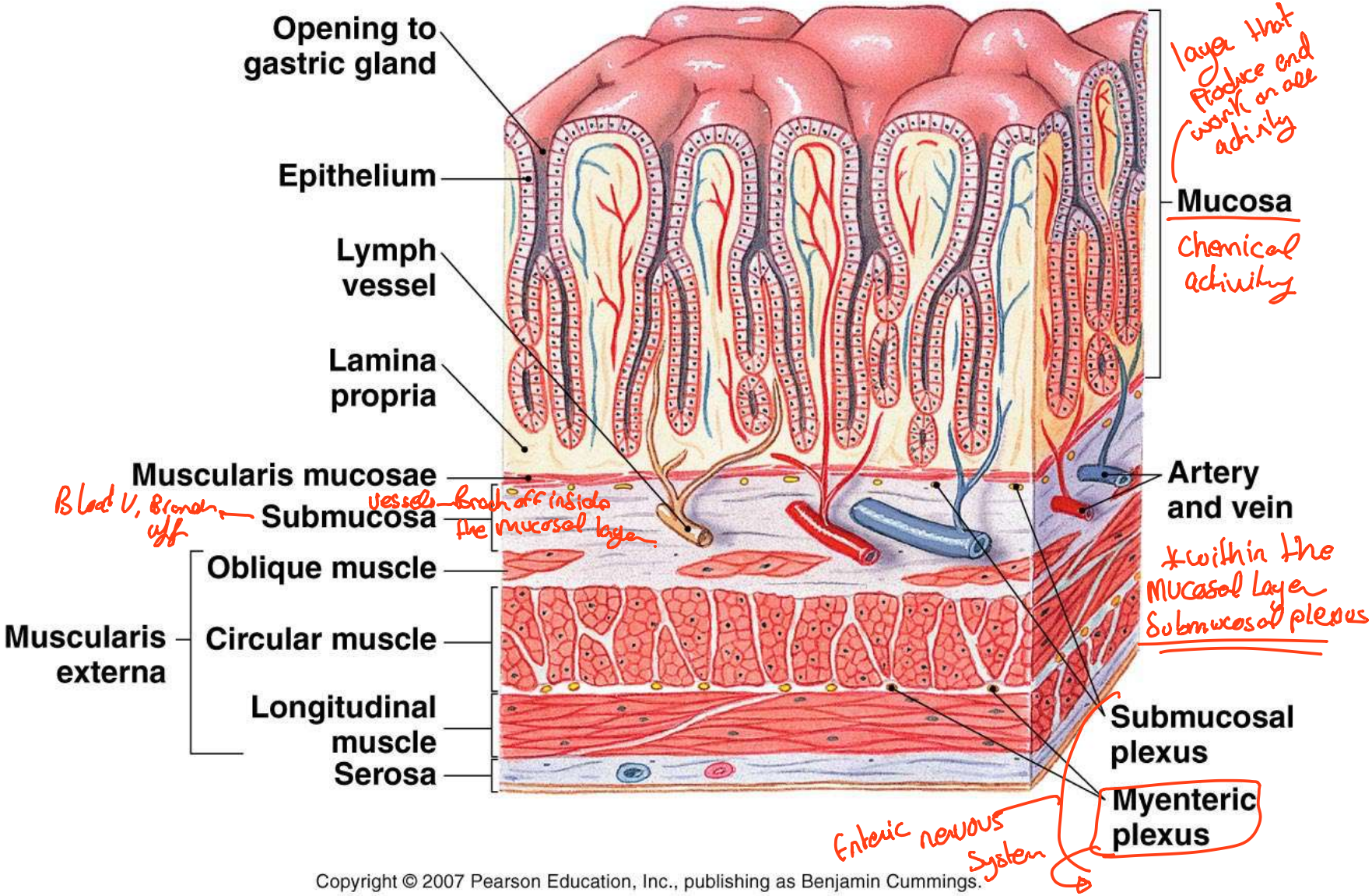
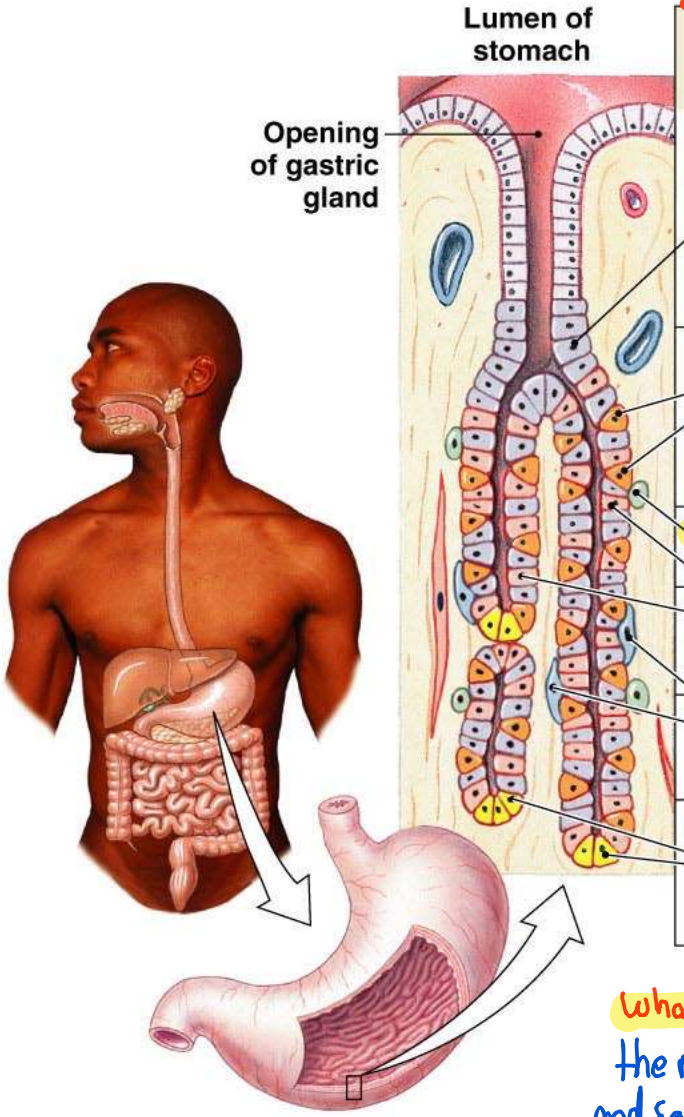


Figure 21-2c



all of these are epithelial secretory cells.

Cell Types	Substance Secreted	Stimulus for Release	Function of Secretion
Mucous neck cell (similar to goblet cells; entrance, gastric glands)	Mucus (it can provid kind of a layer to separate inside the lumen and does not touch the surface of stomach from inside.)	Tonic secretion; with irritation of mucosa	Physical barrier between lumen and epithelium
	Bicarbonate (important to keep the media near the surface of the stomach neutral — neutralize)	Secreted with mucus	Buffers gastric acid to prevent damage to epithelium
Parietal cells (produce 2 main chemicals)	Gastric acid (HCl) (important to produce + activate pepsin)	Acetylcholine, gastrin, histamine (+ defense system because it's like enhance the acidic environment)	Activates pepsin; kills bacteria
	Intrinsic factor (important for absorption of vitamin B_{12})		Complexes with vitamin B_{12} to permit absorption
Enterochromaffin-like cell	Histamine (stimulates the secretion of acid)	Acetylcholine, gastrin	Stimulates gastric acid secretion.
Chief cells (important cell that releases the enzyme that break down protein + activated by acids)	Pepsin(ogen)	Acetylcholine acid, secretin	Digests proteins
	Gastric lipase (different from lipase in saliva)		Digests fats
D cells (↳ inhibition)	Somatostatin (polypeptide)	Acid in the stomach	Inhibits gastric acid secretion
G cells (endocrine) (↳ gastrin ↳ released through blood.)	Hormone. Gastrin	Acetylcholine, peptides, and amino acids	Stimulates gastric acid secretion

What is the difference between lipase in the saliva, stomach and small intestine?
the media → some type of lipase can work in neutral environment and some other can work in acidic + another type work in an alkaine media.
↳ lipase is protein ⇒ for example the lipase found in the mouth works in the mouth only, once they go down to the intestines → denaturate.
↳ so some other lipase is produced in there.

Figure 21-25

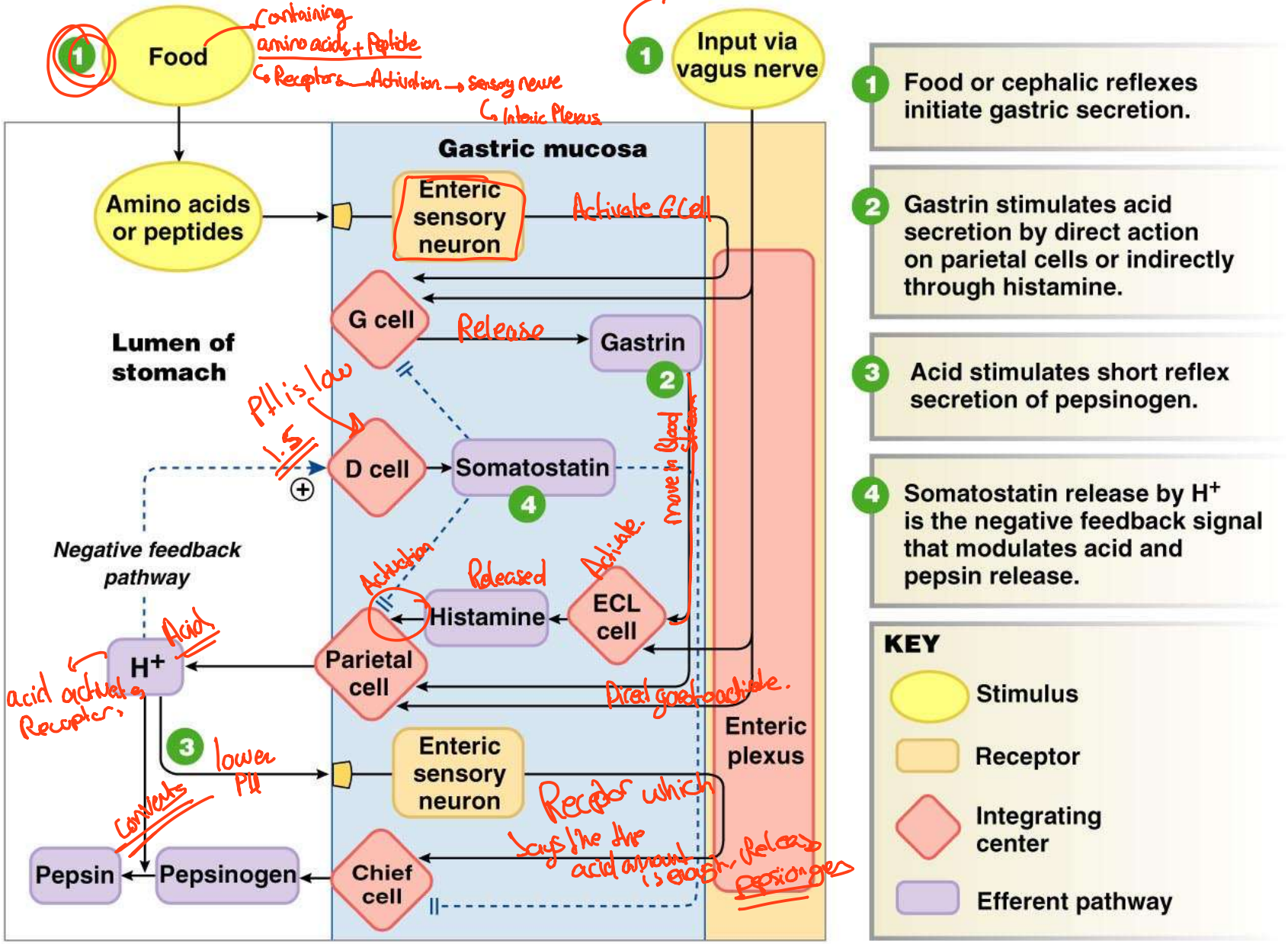


Figure 21-26

Glands of the Stomach Fundus and Body

- Gastric glands of the fundus and body have a variety of secretory cells
  - **Mucous neck cells** – secrete acid mucus
  - **Parietal cells** – secrete HCl and intrinsic factor
  - **Chief cells** – produce pepsinogen
    - Pepsinogen is activated to pepsin by:
      - HCl in the stomach
      - Pepsin itself via a positive feedback mechanism
  - **Enteroendocrine cells (ECC)** – secrete gastrin, histamine, endorphins, serotonin, cholecystokinin (CCK), and somatostatin into the lamina propria

Not all Hormones are found in Stomach.

Stomach Lining

How can we Prevent the damage of the cells because of the acid?

- The stomach is exposed to the harshest conditions in the digestive tract
- To keep from digesting itself, the stomach has a mucosal barrier with:
  - **A thick coat of bicarbonate-rich mucus** on the stomach wall → Prevent watery fluids including the acids from Penetrating until it gets to the surface of stomach
  - **Epithelial cells that are joined by tight junctions** → Do not allow the Passage of fluids Between them → Prevent acid from getting in them → Prevent Damage
  - Gastric glands that have cells **impermeable to HCl**
- **Damaged epithelial cells are quickly replaced**

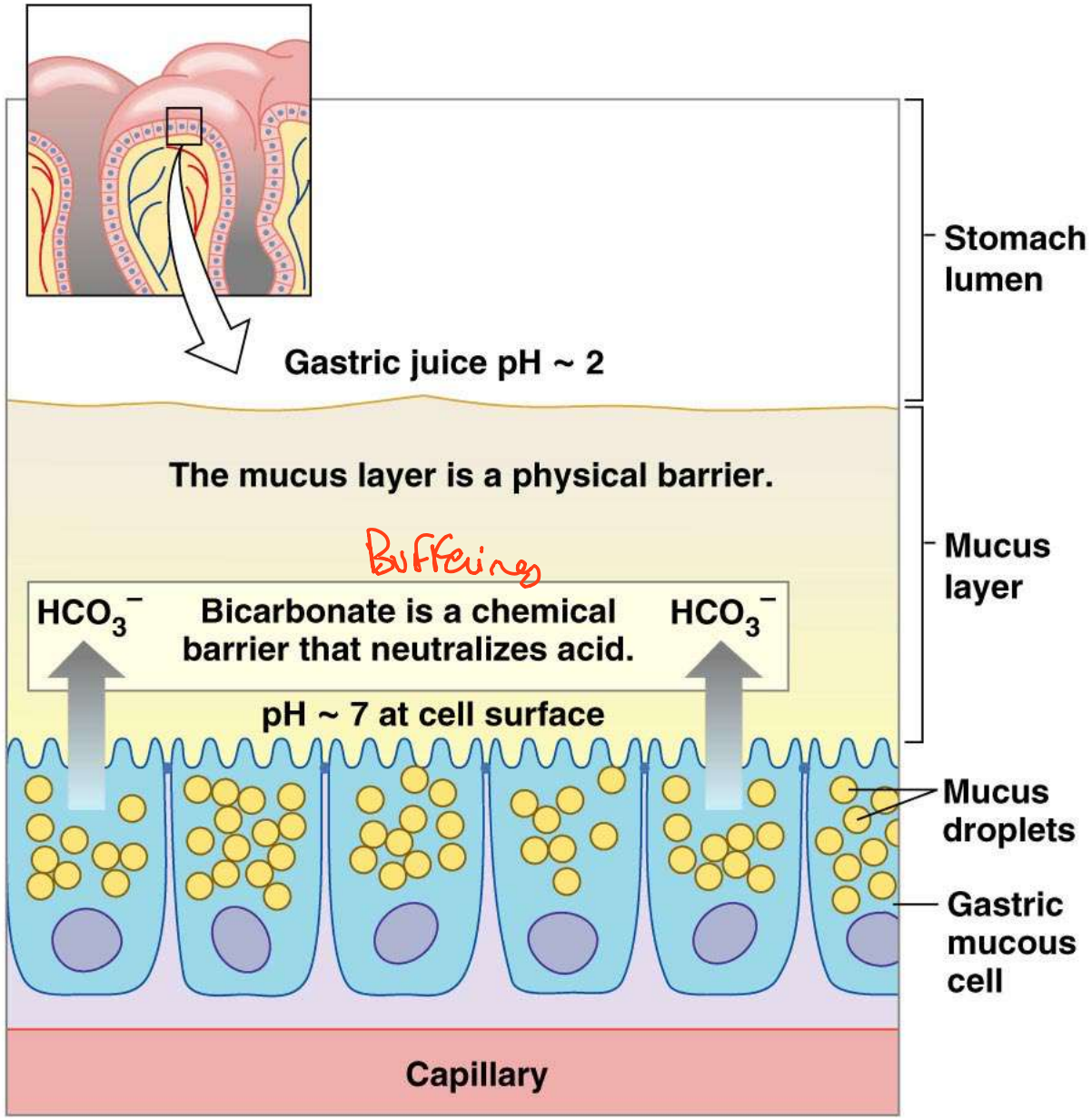


Figure 21-27

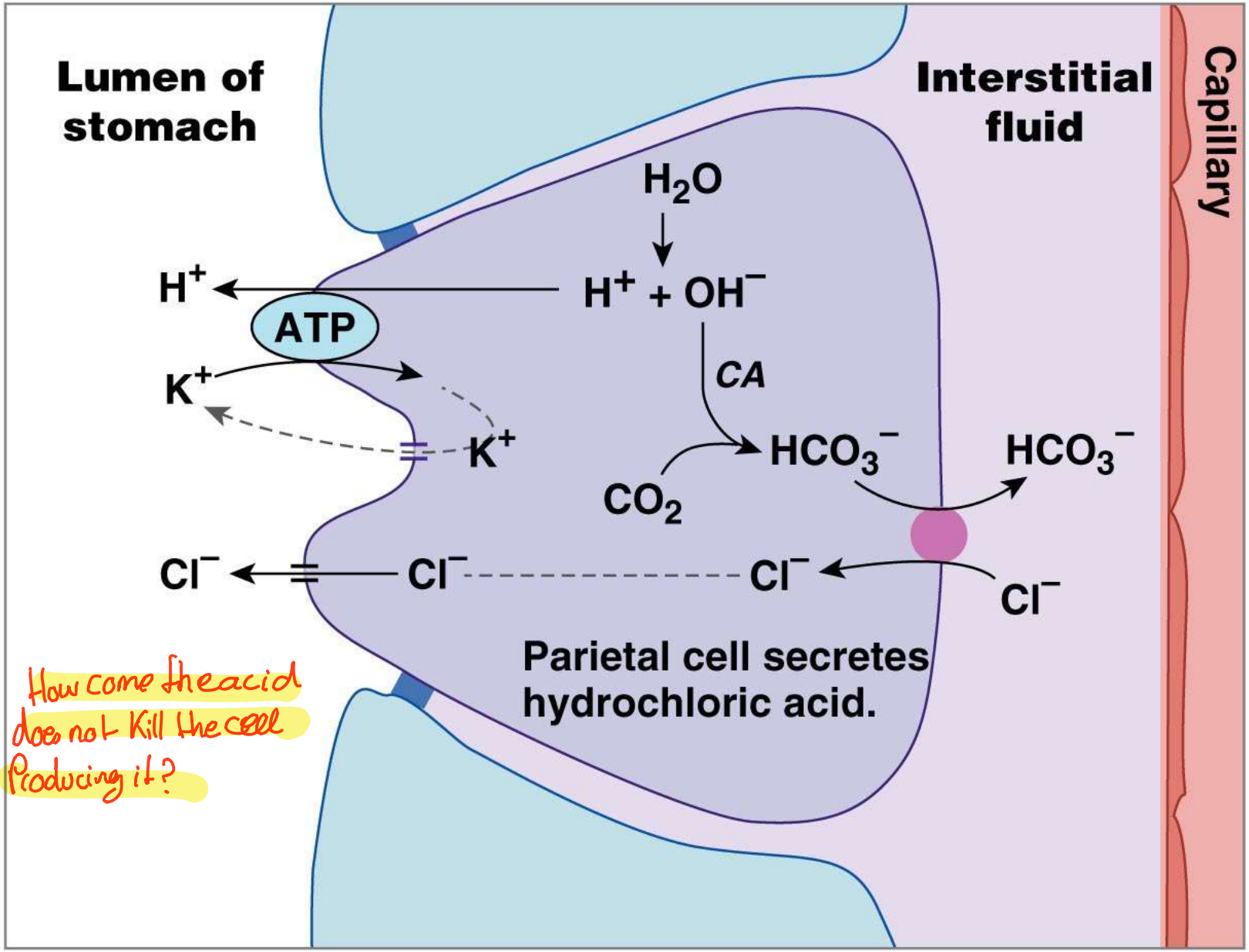


Figure 21-6

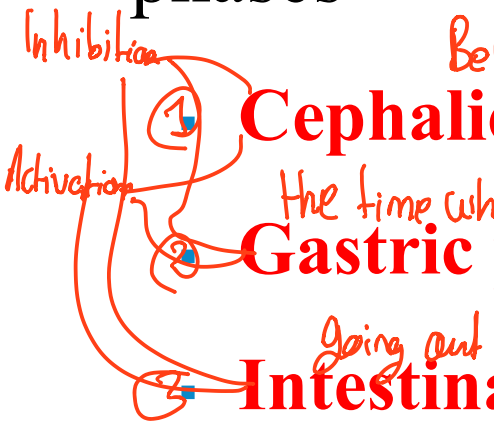
Digestion in the Stomach

- The stomach:
  - Holds ingested food
  - Degrades this food both physically and chemically
  - Delivers chyme to the small intestine
  - Enzymatically **digests proteins with pepsin**
  - **Secretes intrinsic factor** required for absorption of vitamin B_{12}

Regulation of Gastric Secretion

Process In Stomach Passes in 3 Phases.

- Neural and hormonal mechanisms regulate the release of gastric juice
- Stimulatory and inhibitory events occur in three phases



Before Food → How do we Prepare stomach for Food.

Cephalic (reflex) phase: prior to food entry

The time when food entering stomach

Gastric phase: once food enters the stomach

Going out to intestines.

Intestinal phase: as partially digested food enters the duodenum

Cephalic Phase

- **Excitatory** events include:
  - Sight or thought of food
  - Stimulation of taste or smell receptors
- **Inhibitory** events include:
  - Loss of appetite or depression
  - Decrease in stimulation of the parasympathetic division

Gastric Phase → Happening within the stomach itself.

- **Excitatory** events include:
  - Stomach distension
  - Activation of stretch receptors (neural activation)
  - Activation of chemoreceptors by peptides, caffeine, and rising pH
  - Release of gastrin to the blood
- **Inhibitory** events include:
  - A pH lower than 2
  - Emotional upset that overrides the parasympathetic division

Intestinal Phase → what's the effect that is coming from duodenum on the stomach.

- **Excitatory phase** – low pH; partially digested food enters the duodenum and encourages gastric gland activity
- **Inhibitory phase** – distension of duodenum, presence of fatty, acidic, or hypertonic chyme, and/or irritants in the duodenum
  - Initiates inhibition of **local reflexes and vagal nuclei**
  - Closes the pyloric sphincter

* When we have chyme → From stomach + empty in the duodenum → low pH

Release of Gastric Juice: Stimulatory Events

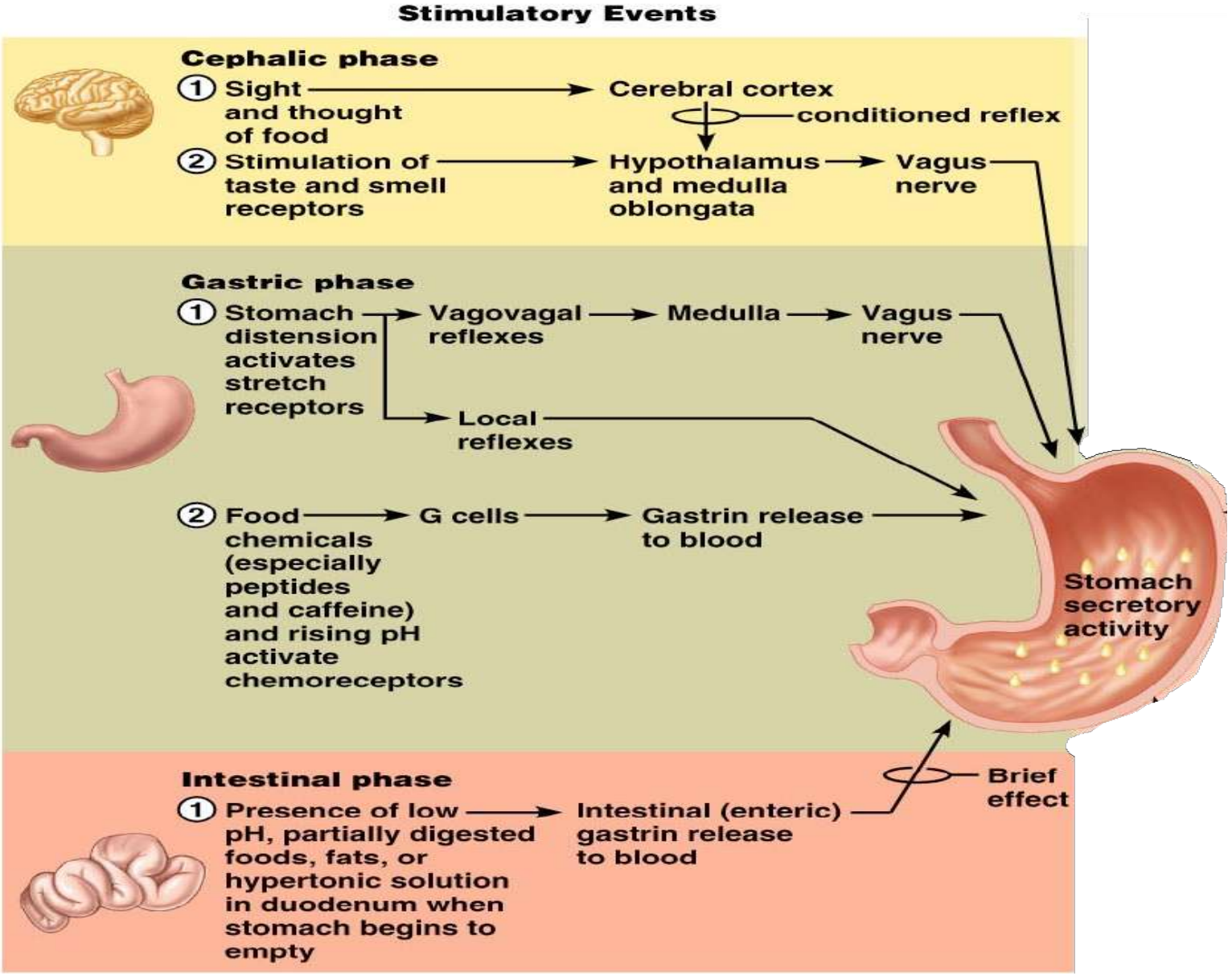


Figure 23.16.1

Release of Gastric Juice: Inhibitory Events

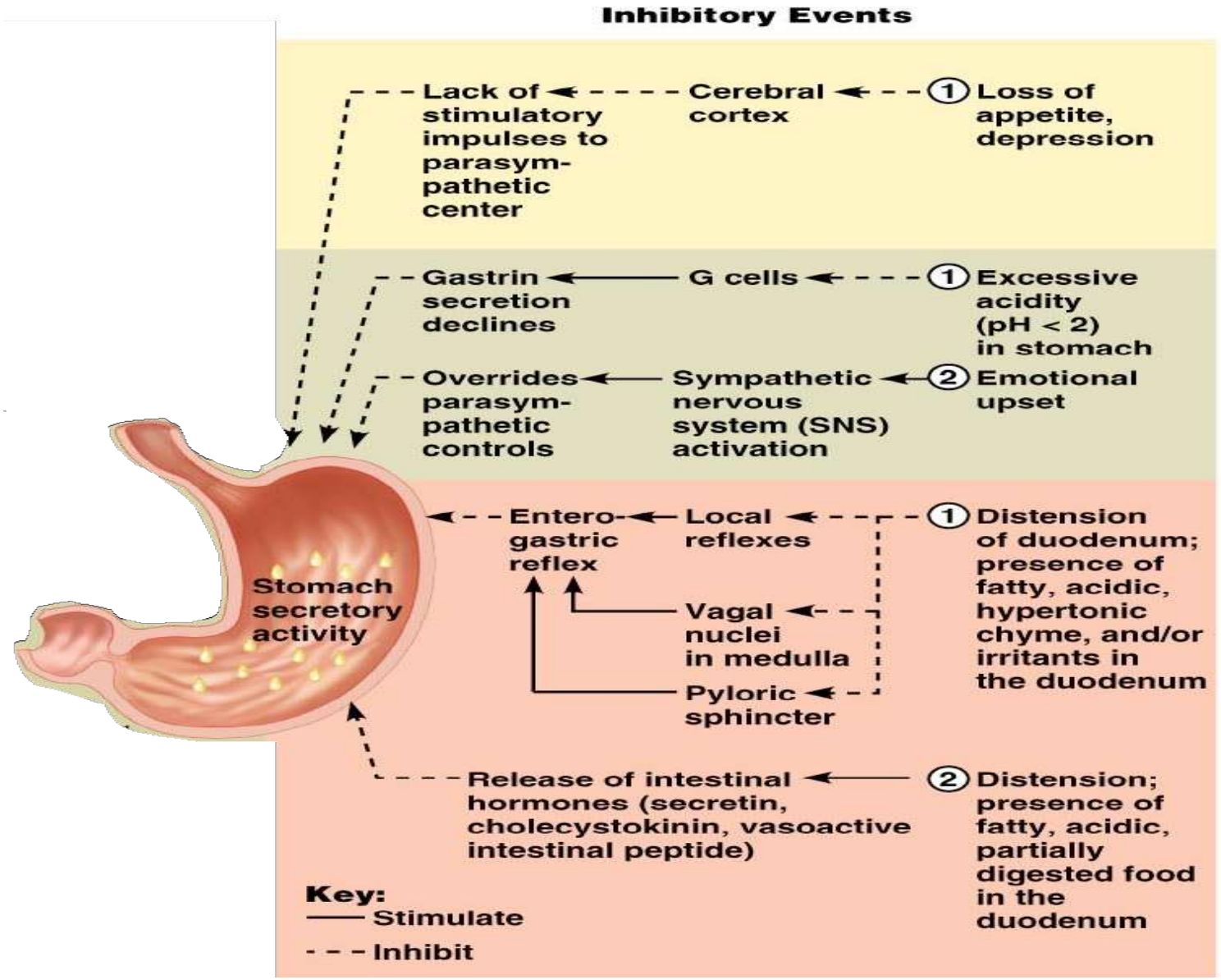


Figure 23.16.2

Regulation and Mechanism of HCl Secretion

- HCl secretion is stimulated by ACh, histamine, and gastrin through second-messenger systems
- Release of hydrochloric acid:
  - Is low if only one ligand binds to parietal cells
  - Is high if all three ligands bind to parietal cells
- **Antihistamines block H_2 receptors and decrease HCl release**

Important Ds.

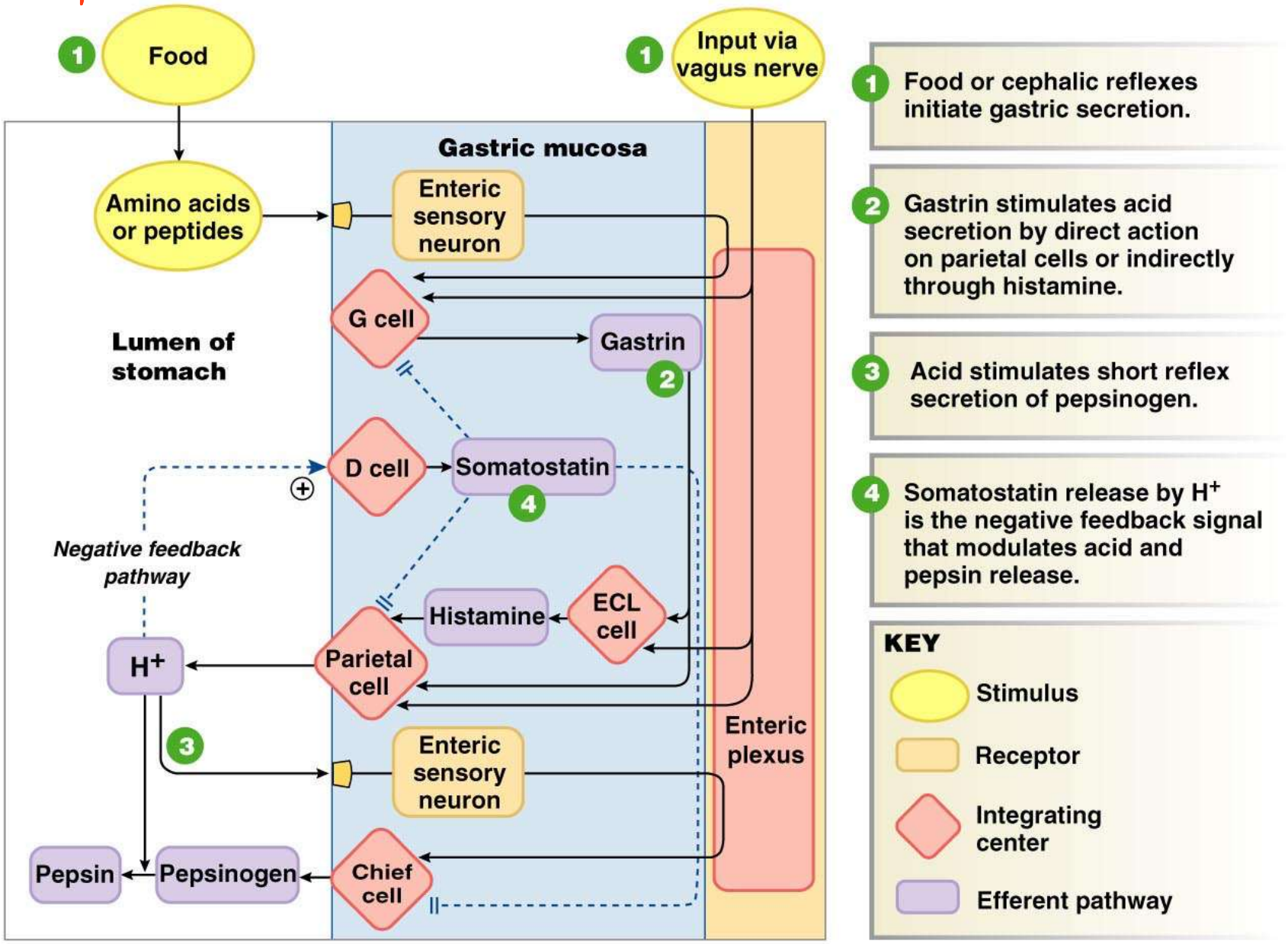


Figure 21-26

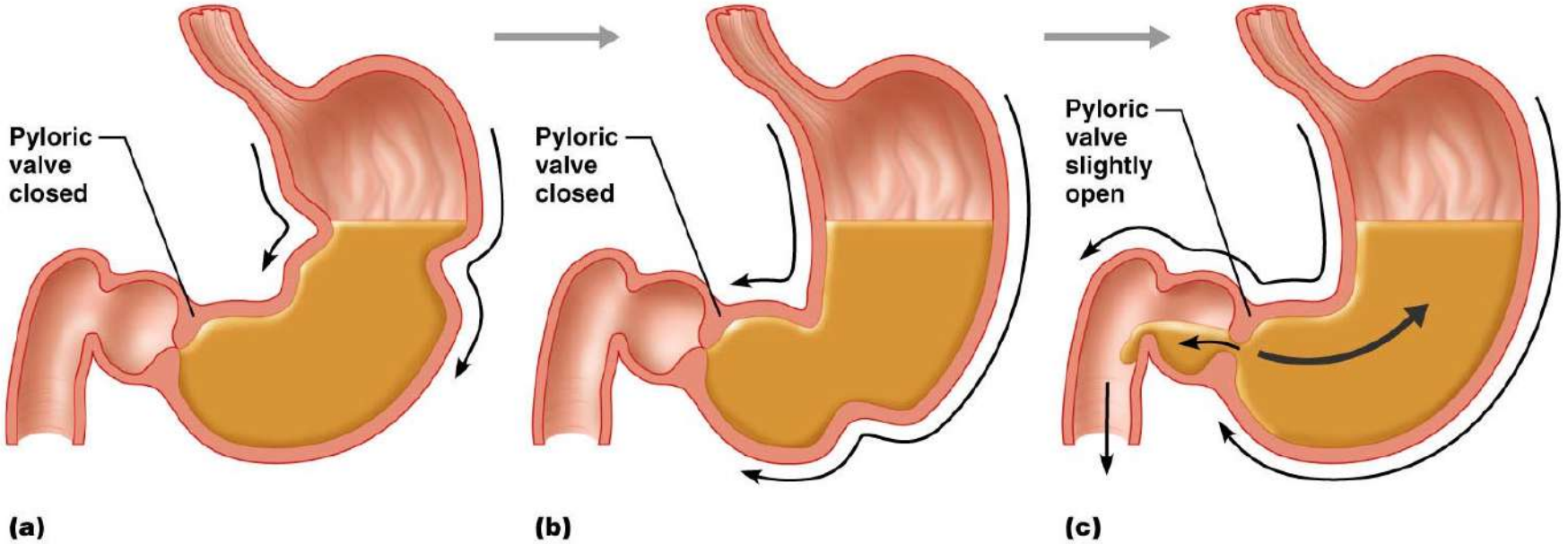
Response of the Stomach to Filling

- Stomach pressure remains constant until about **1L of food is ingested**
- Relative unchanging pressure results from reflex-mediated **relaxation and plasticity**
- **Reflex-mediated events** include:
  - **Receptive relaxation** – as food travels in the esophagus, stomach muscles relax
  - **Adaptive relaxation** – the stomach dilates in response to gastric filling
- **Plasticity** – intrinsic ability of smooth muscle to exhibit **the stress-relaxation response**

Gastric Contractile Activity

- Peristaltic waves move toward the pylorus at the rate of 3 contracxtions per minute
- This **basic electrical rhythm (BER)** is initiated by **pacemaker cells** (**cells of Cajal**)
- Most vigorous peristalsis and mixing occurs near the pylorus
- Chyme is either:
  - Delivered in small amounts to the duodenum or
  - Forced backward into the stomach for further mixing

Gastric Contractile Activity



Give never Release.

Figure 23.18

Regulation of Gastric Emptying

- Gastric emptying is regulated by:
  - **The neural enterogastric reflex**:

A nervous reflex whereby stretching of the wall of the duodenum results in inhibition of gastric motility and reduced rate of emptying of the stomach.

It is a feedback mechanism to regulate the rate at which partially digested food (chyme) leaves the stomach and enters the small intestine.

Regulation of Gastric Emptying

- **Hormonal (enterogastrone) mechanisms**:

An enterogastrone hormones secreted by the mucosa of the duodenum in the lower gastrointestinal tract in response to dietary lipids that inhibits the forward motion of the contents of chyme.

These mechanisms inhibit gastric secretion and duodenal filling

Regulation of Gastric Emptying

- Carbohydrate-rich chyme quickly moves through the duodenum
- Fat-laden chyme is digested more slowly causing food to remain in the stomach longer

Regulation of Gastric Emptying

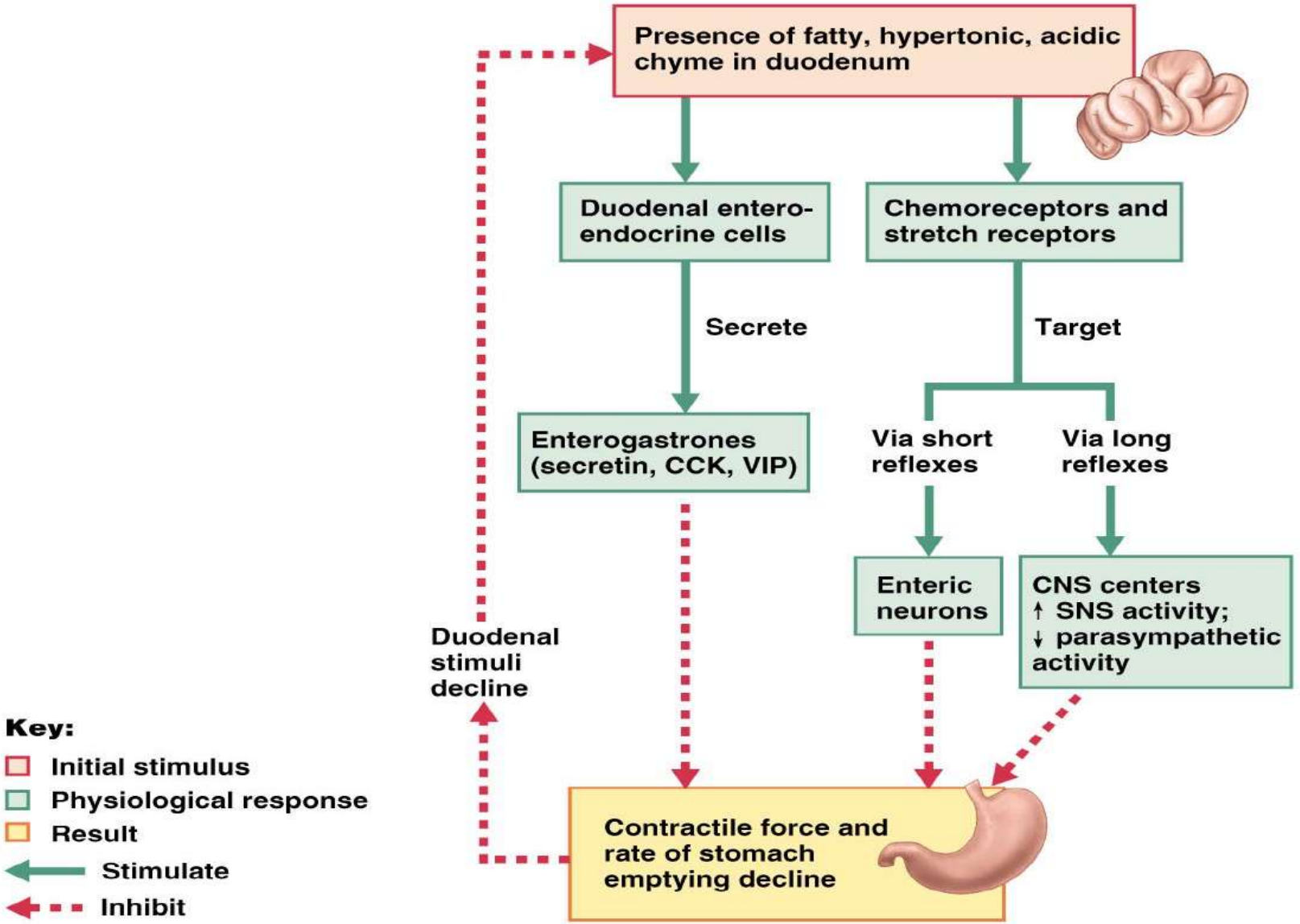


Figure 23.19

Small Intestine: Gross Anatomy

- Runs from pyloric sphincter to the ileocecal valve
- Has three subdivisions: **duodenum, jejunum, and ileum**
- The bile duct and main pancreatic duct:
  - Join the duodenum at the hepatopancreatic ampulla
  - Are controlled by the sphincter of Oddi
- The jejunum extends from the duodenum to the ileum
- The ileum joins the large intestine at the ileocecal valve

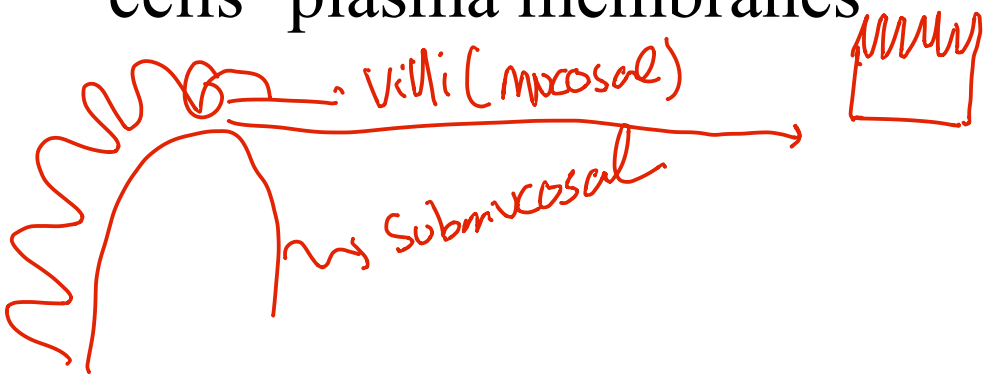
Small Intestine: Microscopic Anatomy

- Structural modifications of the small intestine wall increase surface area

*a cell Produce Steroidal Hormone
↳ Smooth endoplasmic Reticulum.

mucosal + Submucosal.

  - **Plicae circulares**: deep circular folds of the mucosa and submucosa
  - **Villi** – fingerlike extensions of the mucosa
  - **Microvilli** – tiny projections of absorptive mucosal cells' plasma membranes



*any cell of microvilli has enzymes that are attached on → called brushborder enzymes

*we use free Ribosomes to make Proteins that are needed to the cell itself.

Small Intestine: Microscopic Anatomy

folds → increase surface area.

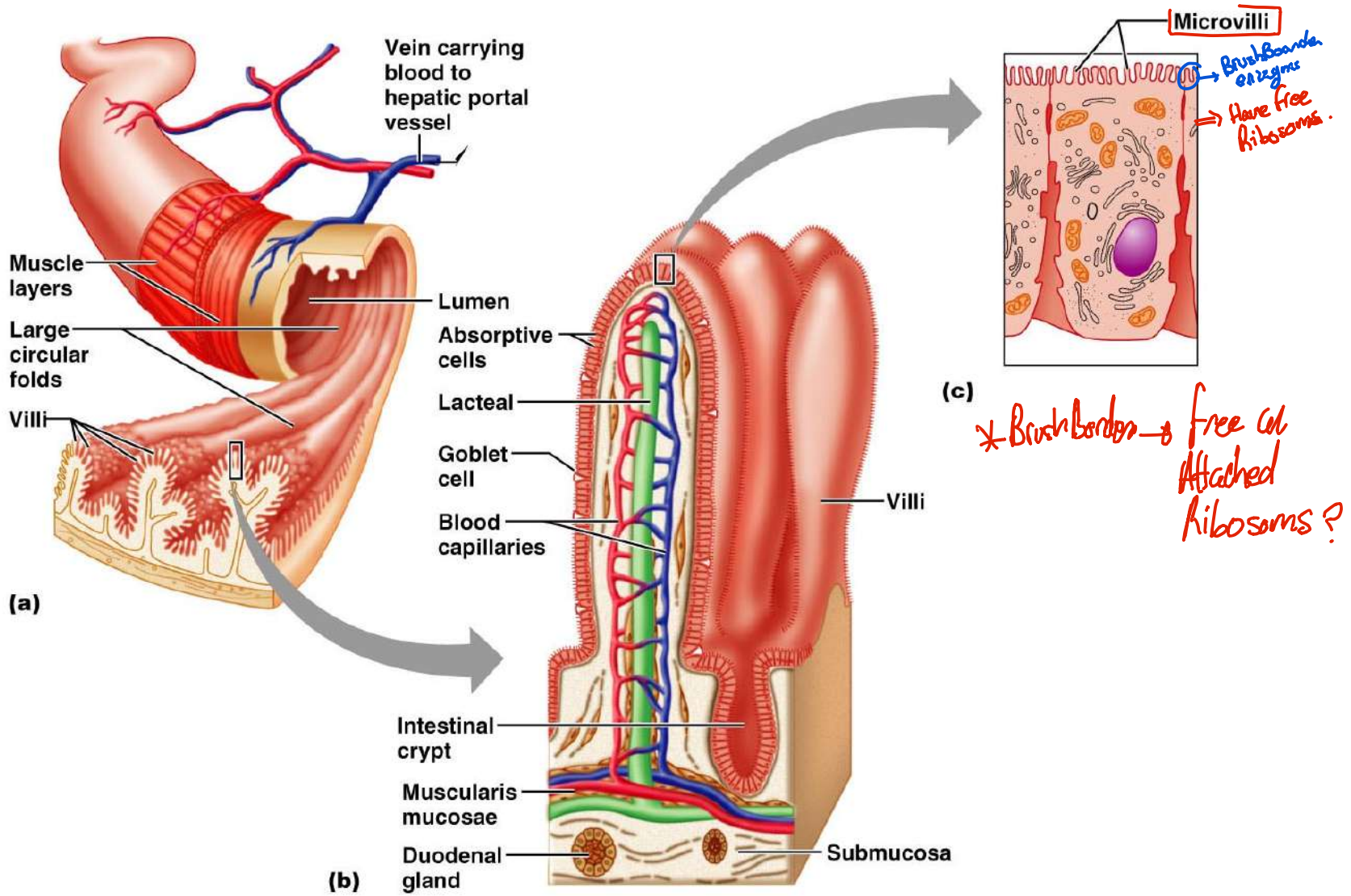


Figure 23.21

Motility in the Small Intestine

- The most common motion of the small intestine is segmentation
  - It is initiated by intrinsic pacemaker cells (Cajal cells)
  - Moves contents steadily toward the ileocecal valve
- After nutrients have been absorbed:
  - Peristalsis begins with each wave starting distal to the previous
  - Meal remnants, bacteria, mucosal cells, and debris are moved into the large intestine

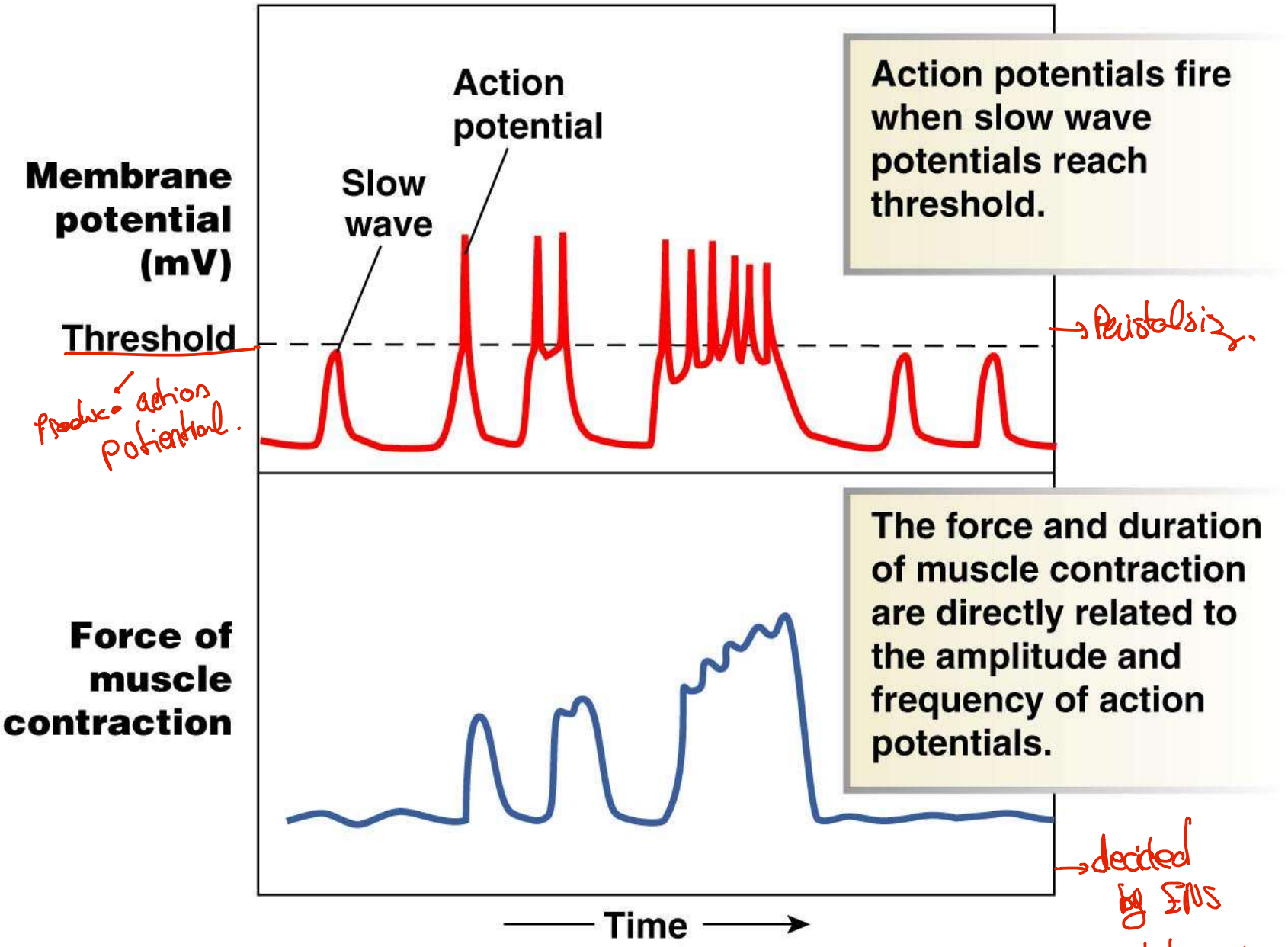


Figure 21-3

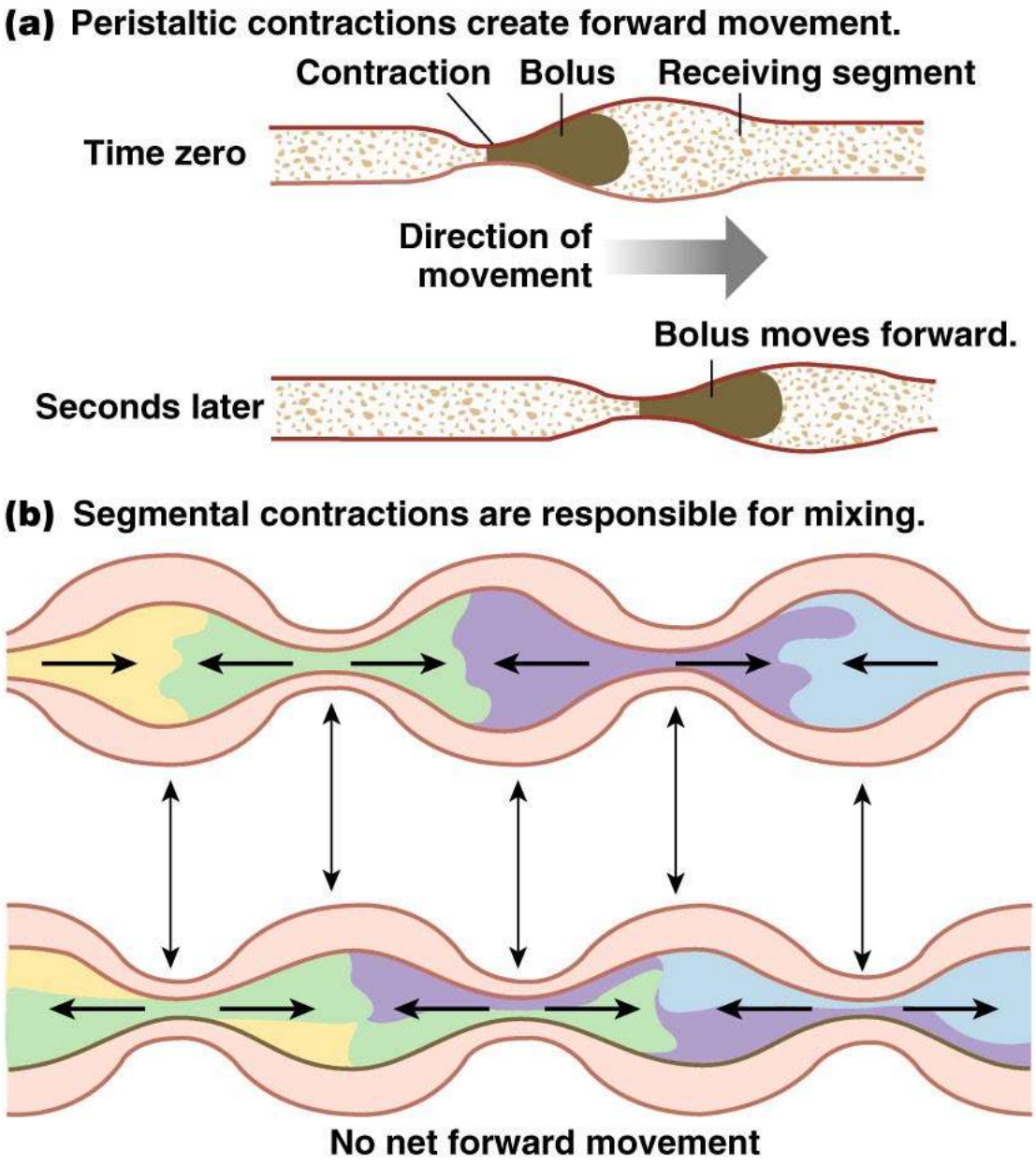


Figure 21-4 - Overview

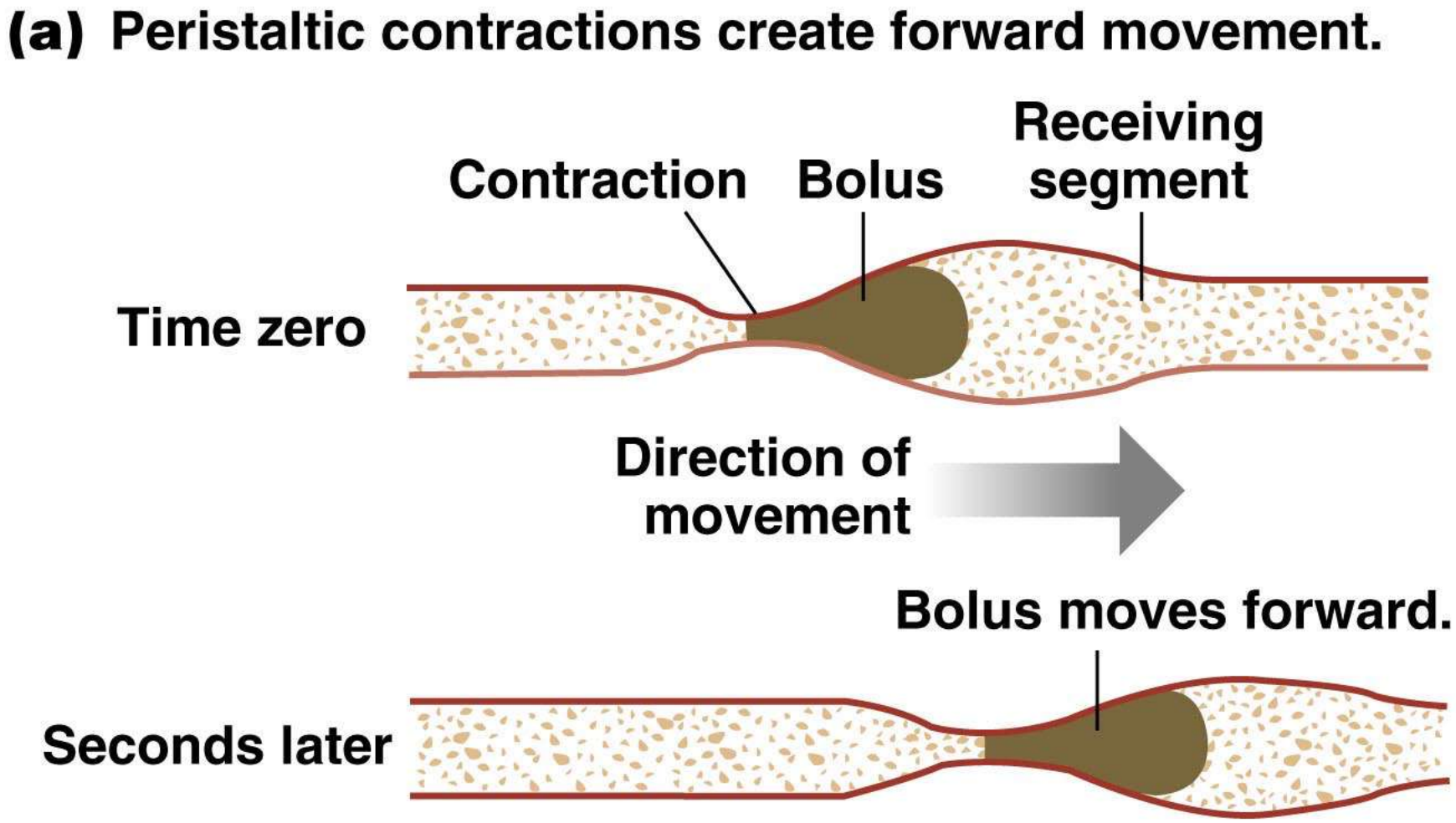


Figure 21-4a

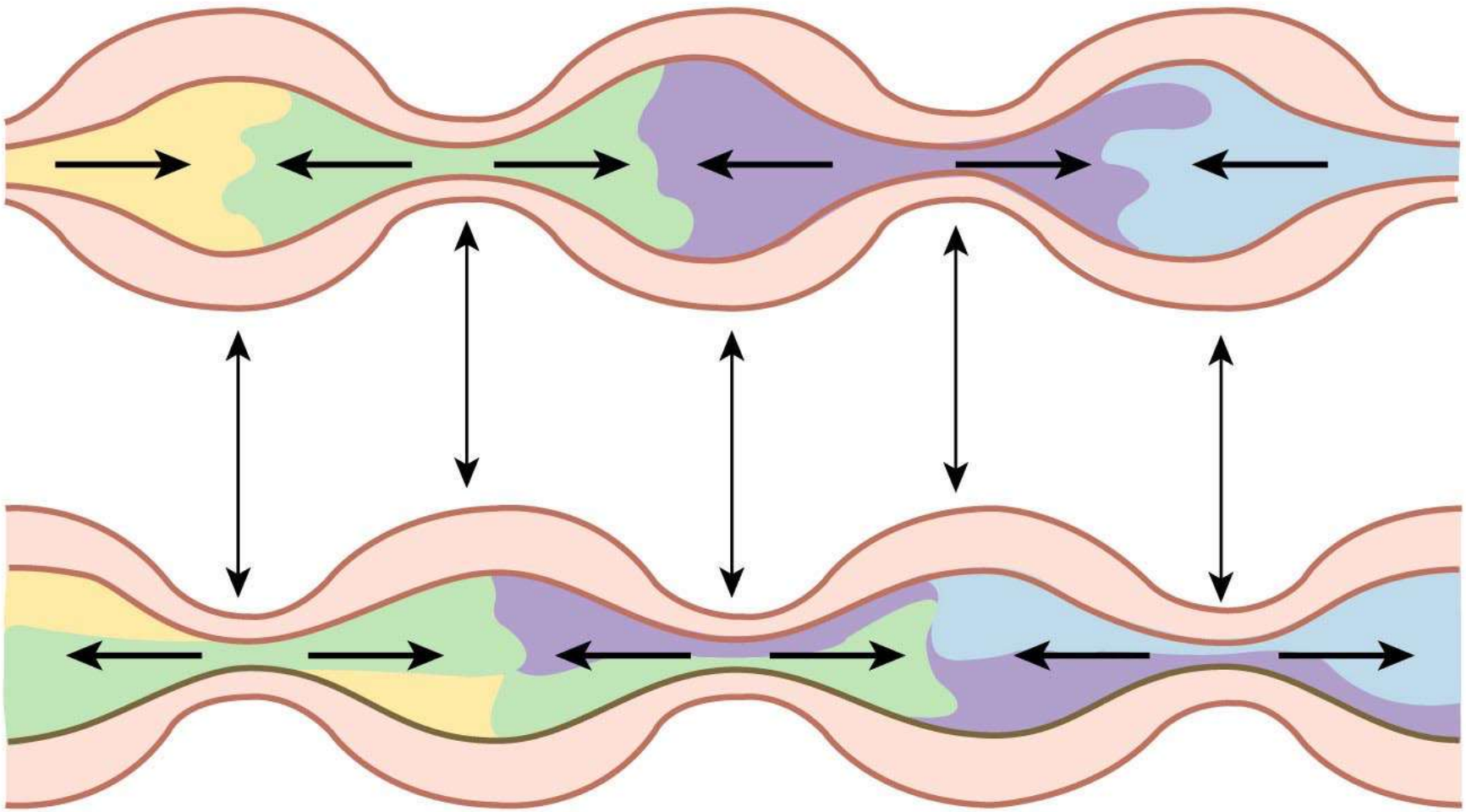


Figure 21-4b

Control of Motility

- **Local enteric neurons** of the GI tract coordinate intestinal motility

Parasympathetic.

- **Cholinergic neurons** cause:
  - Contraction and shortening of the circular muscle layer
  - Shortening of longitudinal muscle
  - Distension of the intestine

Motilin → increase motility

Control of Motility

- Other impulses relax the circular muscle
- **The gastroileal reflex and gastrin**: once stomach → food to duodenum.
  - Relax the ileocecal sphincter
  - Allow chyme to pass into the large intestine

Liver

- The largest gland in the body
- Superficially has four lobes – right, left, caudate, and quadrate
- The falciform ligament:
  - Separates the right and left lobes anteriorly
  - Suspends the liver from the diaphragm and anterior abdominal wall

(a) The liver is the largest of the internal organs, weighing about 1.5 kg (3.3 lb) in an adult. It lies just under the diaphragm, toward the right side of the body.

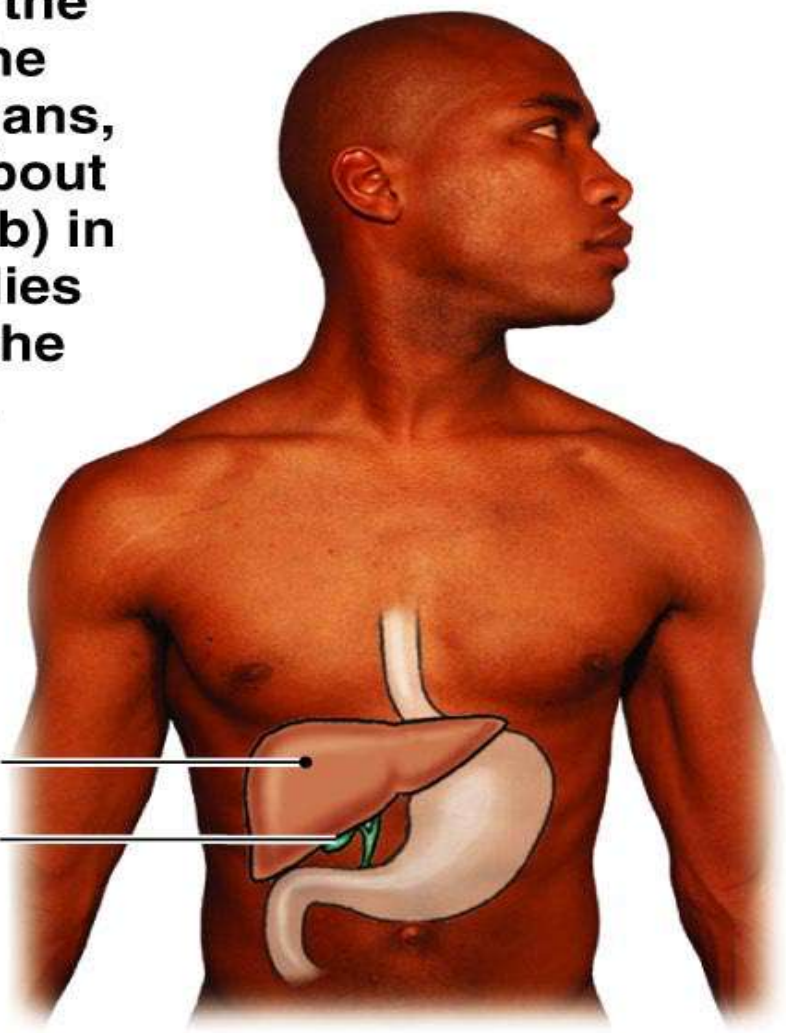
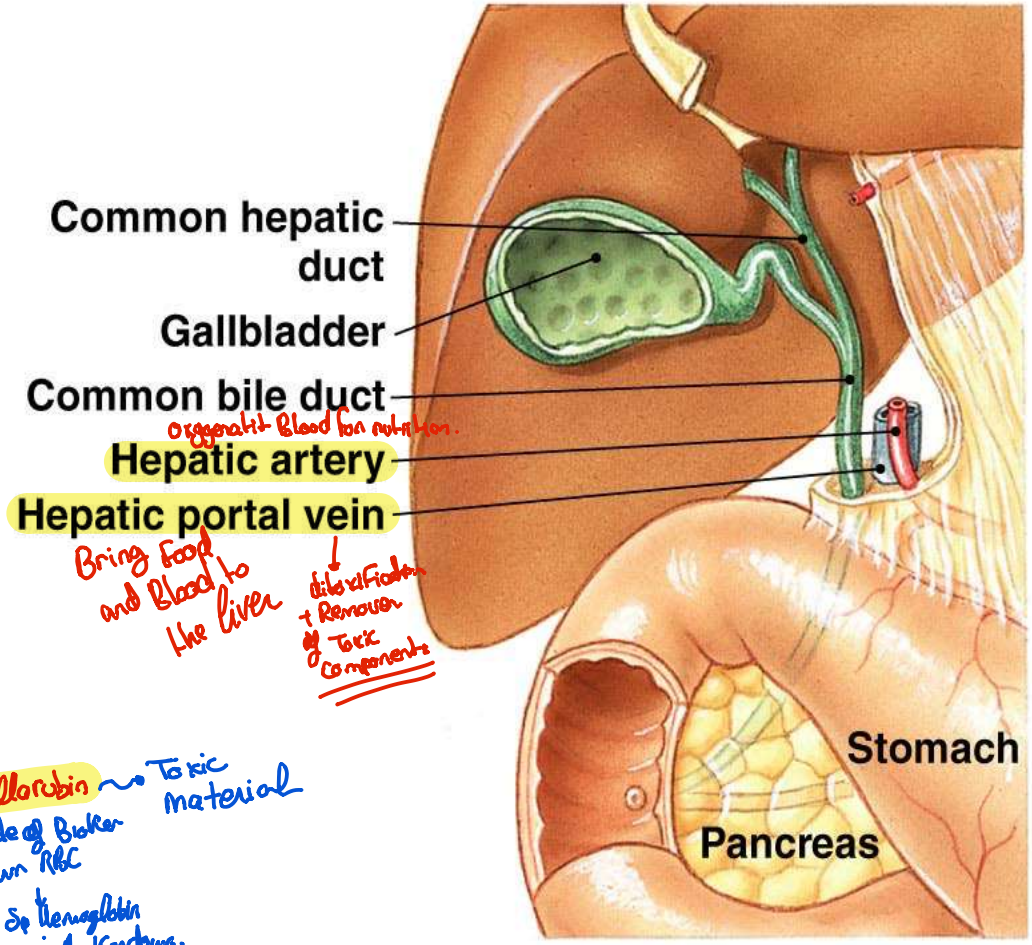


Figure 21-10a



(b) Blood flow to the liver comes from two sources. Oxygenated blood containing metabolites from peripheral tissues reaches the liver via the hepatic artery. Blood to the liver via the hepatic portal vein is rich in absorbed nutrients from the gastrointestinal tract (Fig. 21-30) and contains hemoglobin breakdown products from the spleen. Blood leaves the liver in the hepatic vein (not shown). Bile synthesized in the liver is secreted into the **common hepatic duct** for storage in the gallbladder. From there, it is secreted into the lumen of the intestine through the **common bile duct.**

Figure 21-10b

Liver: Associated Structures

- Bile leaves the liver via:
  - **Bile ducts**, which fuse into the common hepatic duct
  - **The common hepatic duct**, which fuses with the cystic duct
    - These two ducts form the bile duct

Gallbladder and Associated Ducts

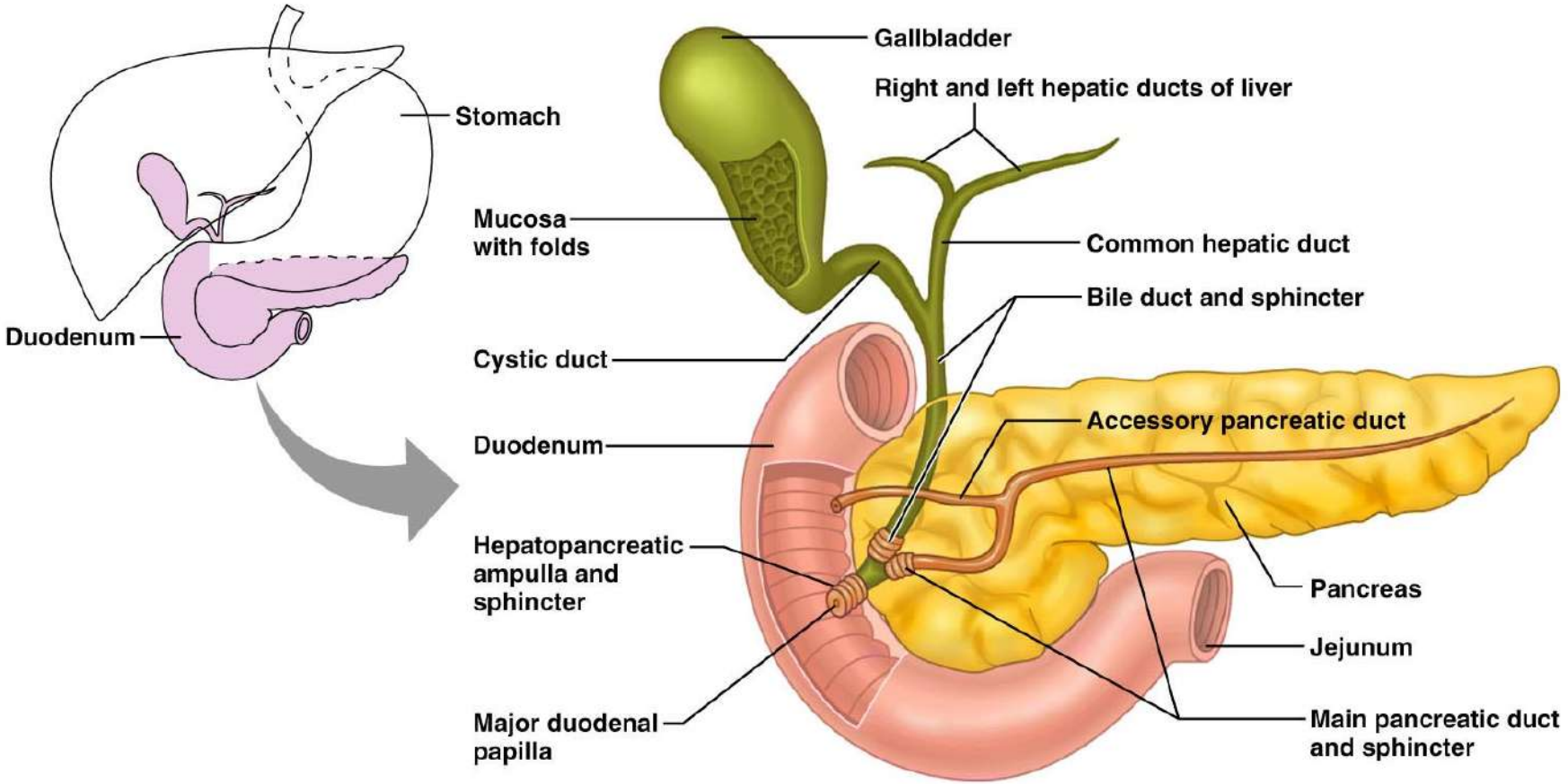


Figure 23.20

Liver: Microscopic Anatomy

- **Hexagonal-shaped liver lobules** are the structural and functional units of the liver
  - Composed of **hepatocyte** (liver cell) plates radiating outward from a central vein
  - **Portal triads** are found at each of the six corners of each liver lobule

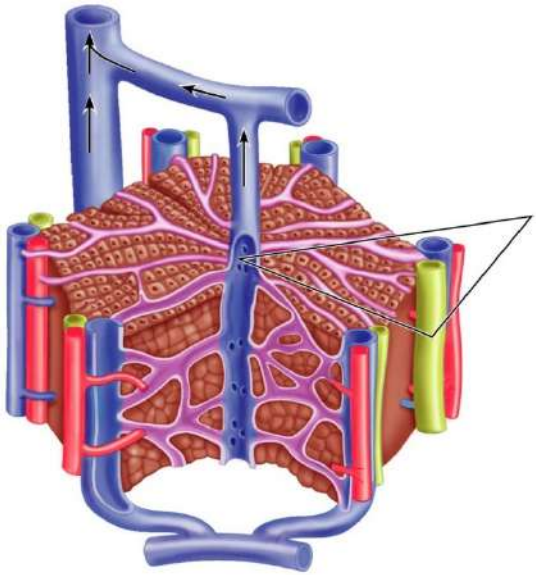


Figure 23.24c

Liver: Microscopic Anatomy

- Hepatocytes' **functions** include:
  - **Production of bile**
  - **Processing blood-borne nutrients**
  - **Storage of fat-soluble vitamins**
  - **Detoxification**
- Secreted bile flows between hepatocytes toward the bile ducts in the portal triads

Composition of Bile

- A yellow-green, alkaline solution containing bile salts, bile pigments, cholesterol, neutral fats, phospholipids, and electrolytes
- **Bile salts are cholesterol derivatives** that:
  - **Emulsify fat**
  - **Facilitate fat and cholesterol absorption**
  - **Help solubilize cholesterol**
- Enterohepatic circulation recycles bile salts
- The chief bile pigment is **bilirubin**, a waste product of heme

The Gallbladder

- Thin-walled, green muscular sac on the ventral surface of the liver
- **Stores and concentrates bile** by absorbing its water and ions
- **Releases bile** via the cystic duct, which flows into the bile duct

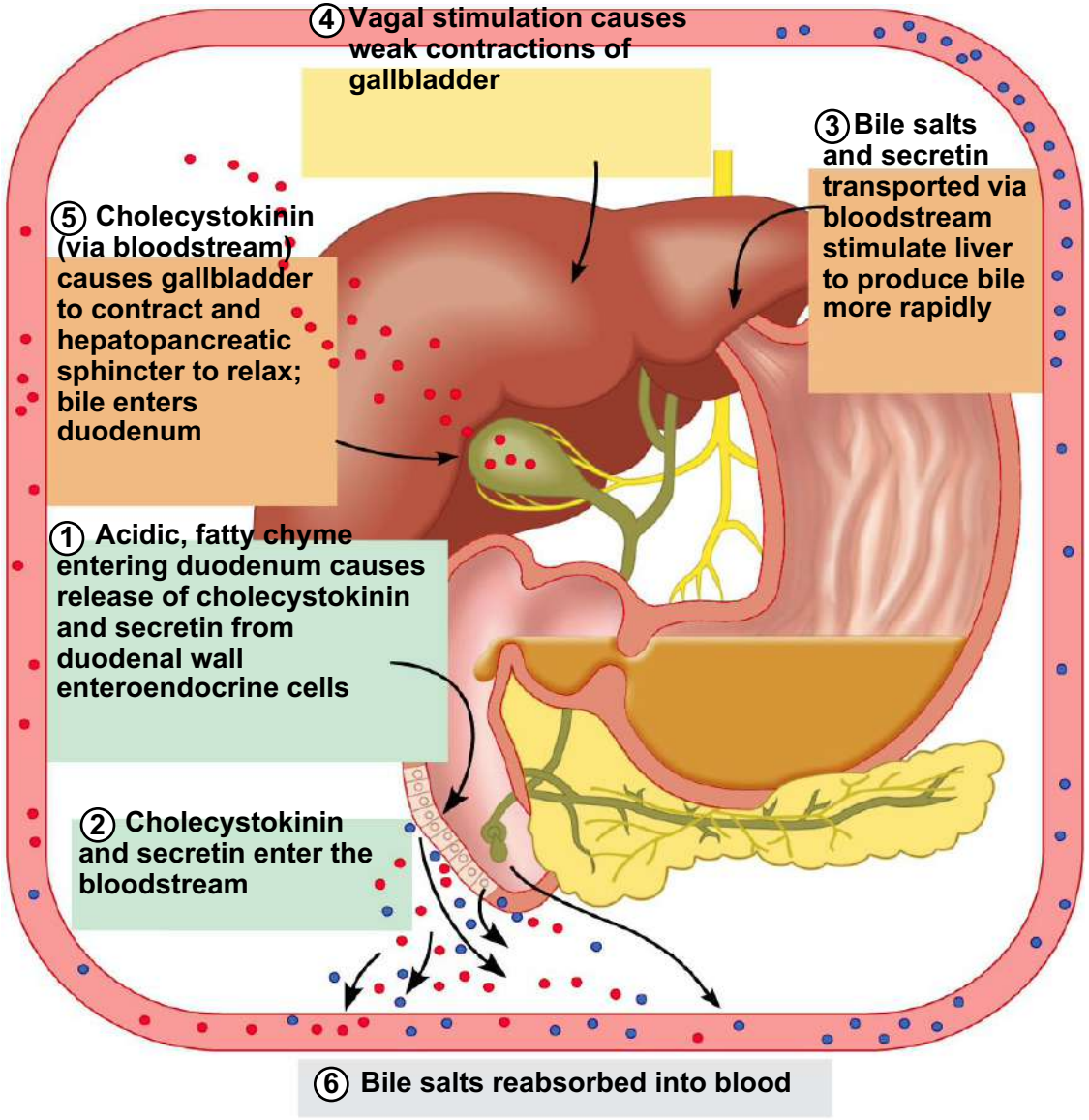
Regulation of Bile Release

- Acidic, fatty chyme causes the duodenum to release:
  - **Cholecystokinin (CCK) and secretin** into the bloodstream
- CCK and secretin transported in blood stimulate liver to produce bile
- **Vagal stimulation** causes weak contractions of the gallbladder

Regulation of Bile Release

- **Cholecystokinin (CCK)** causes:
  - **The gallbladder to contract**
  - **The hepato-pancreatic sphincter to relax**
- As a result, bile enters the duodenum

Regulation of Bile Release



How will salts enter Blood Stream.

↓

Reabsorbtion

Figure 23.25

Pancreas

- Location
  - Lies deep to the greater curvature of the stomach
  - The head is encircled by the duodenum and the tail abuts the spleen

Duodenum and Related Organs

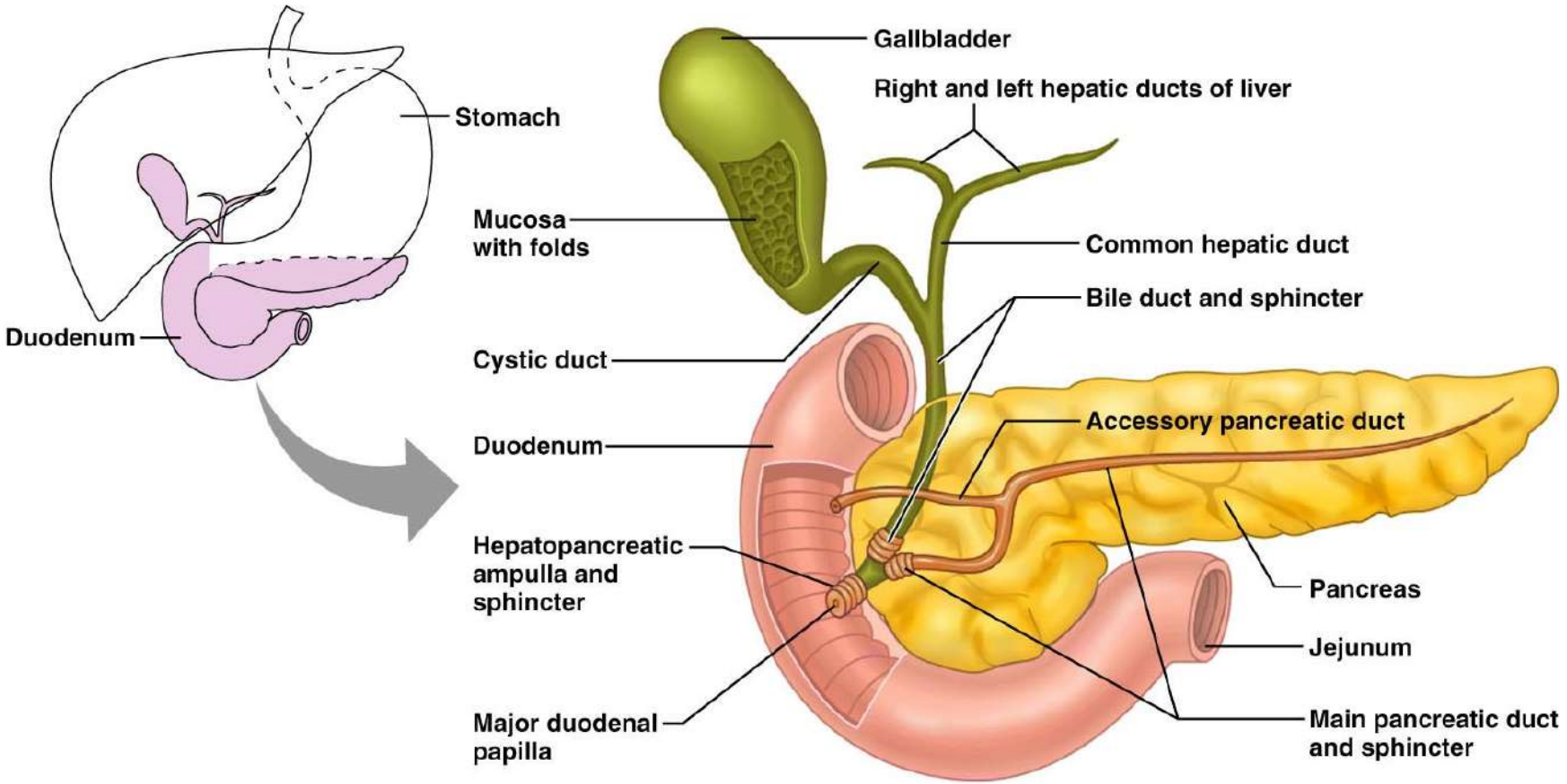


Figure 23.20

Pancreas

- **Exocrine function**
  - Secretes pancreatic juice which breaks down all categories of foodstuff
  - Acini (clusters of secretory cells) contain zymogen granules with digestive enzymes
- The pancreas also has an **endocrine function** – release of insulin and glucagon

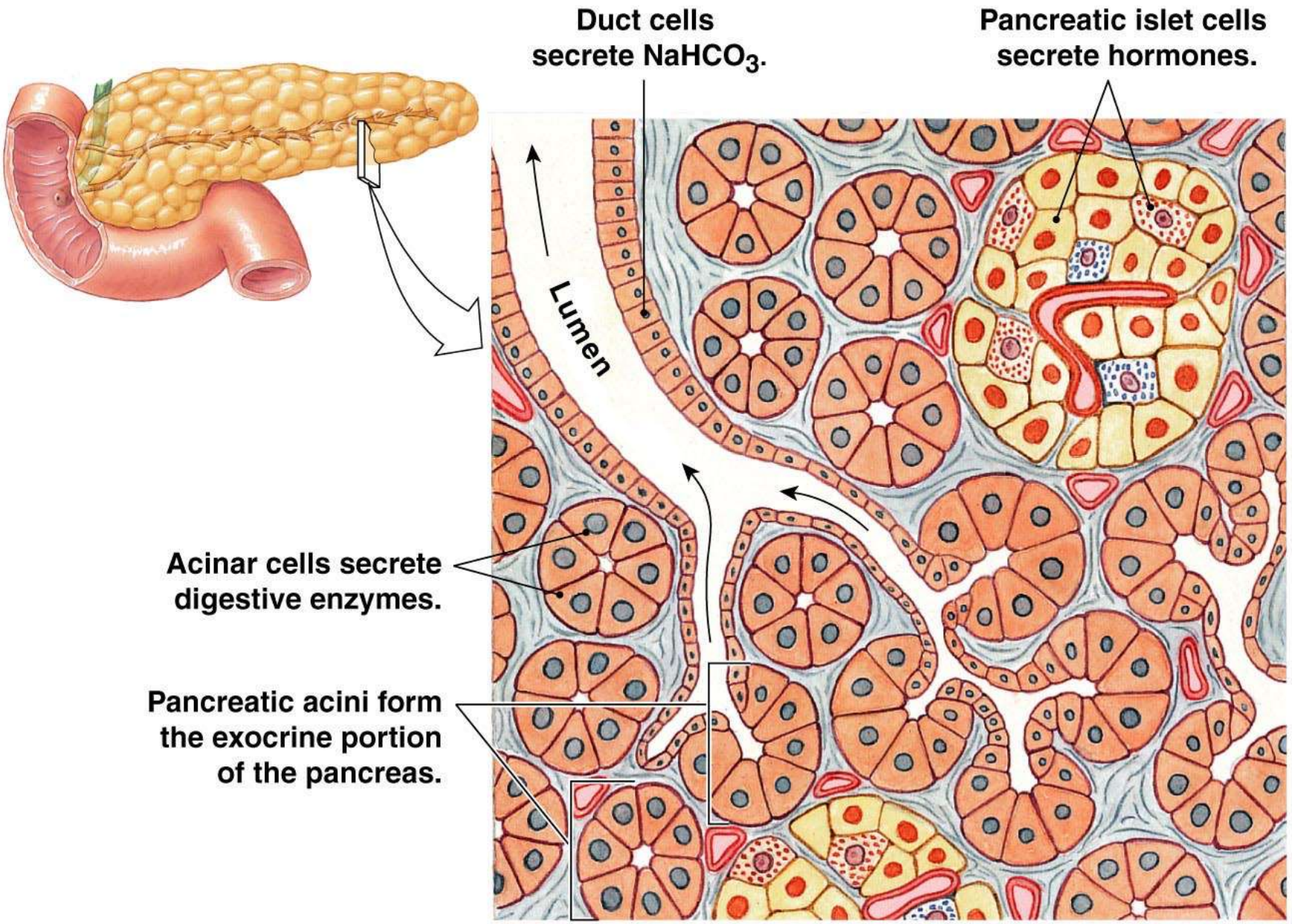


Figure 21-7

Acinus of the Pancreas

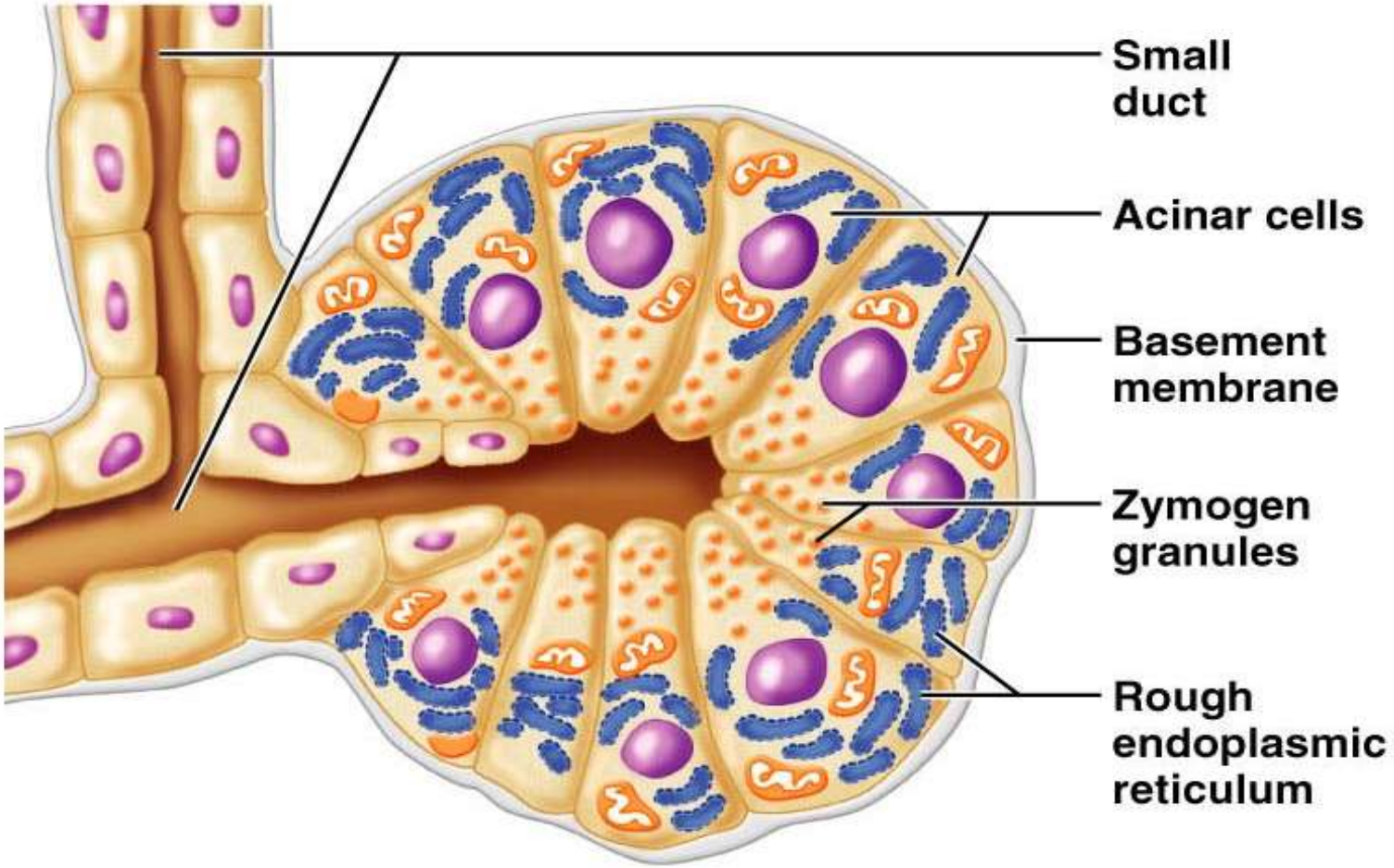


Figure 23.26a

Composition and Function of Pancreatic Juice

- Water solution of enzymes and electrolytes (primarily HCO_3^-)
  - Neutralizes acid chyme
  - Provides optimal environment for pancreatic enzymes
- Enzymes are released in inactive form and activated in the duodenum

Pancreatic Enzymes' Activation

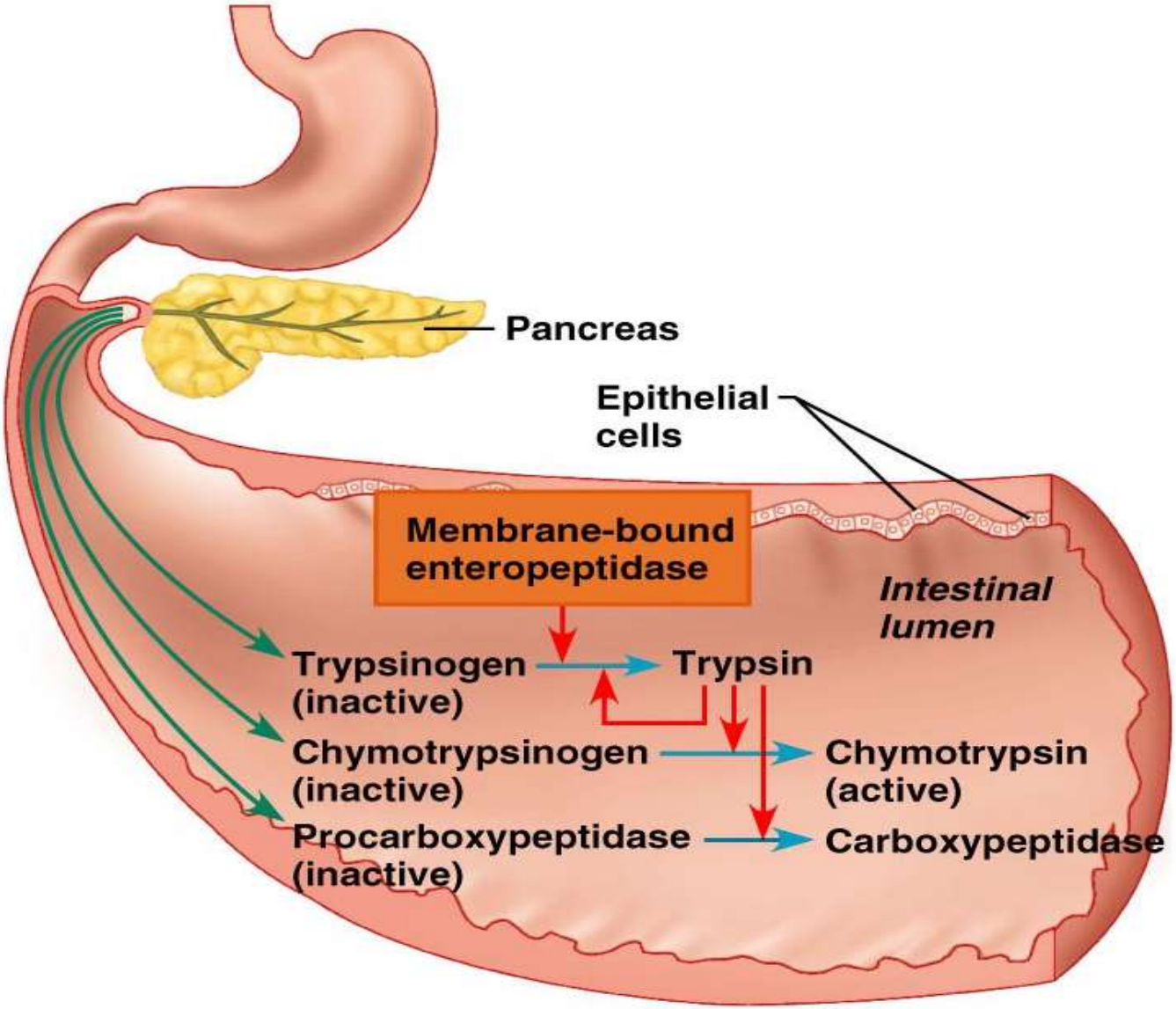


Figure 23.27

Regulation of Pancreatic Secretion

- **Secretin and CCK** are released when fatty or acidic chyme enters the duodenum
- **CCK and secretin** enter the bloodstream
- Upon reaching the pancreas:
  - **CCK induces the secretion of enzyme-rich pancreatic juice**
  - **Secretin causes secretion of bicarbonate-rich pancreatic juice**
- **Vagal stimulation** also causes release of pancreatic juice

Regulation of Pancreatic Secretion

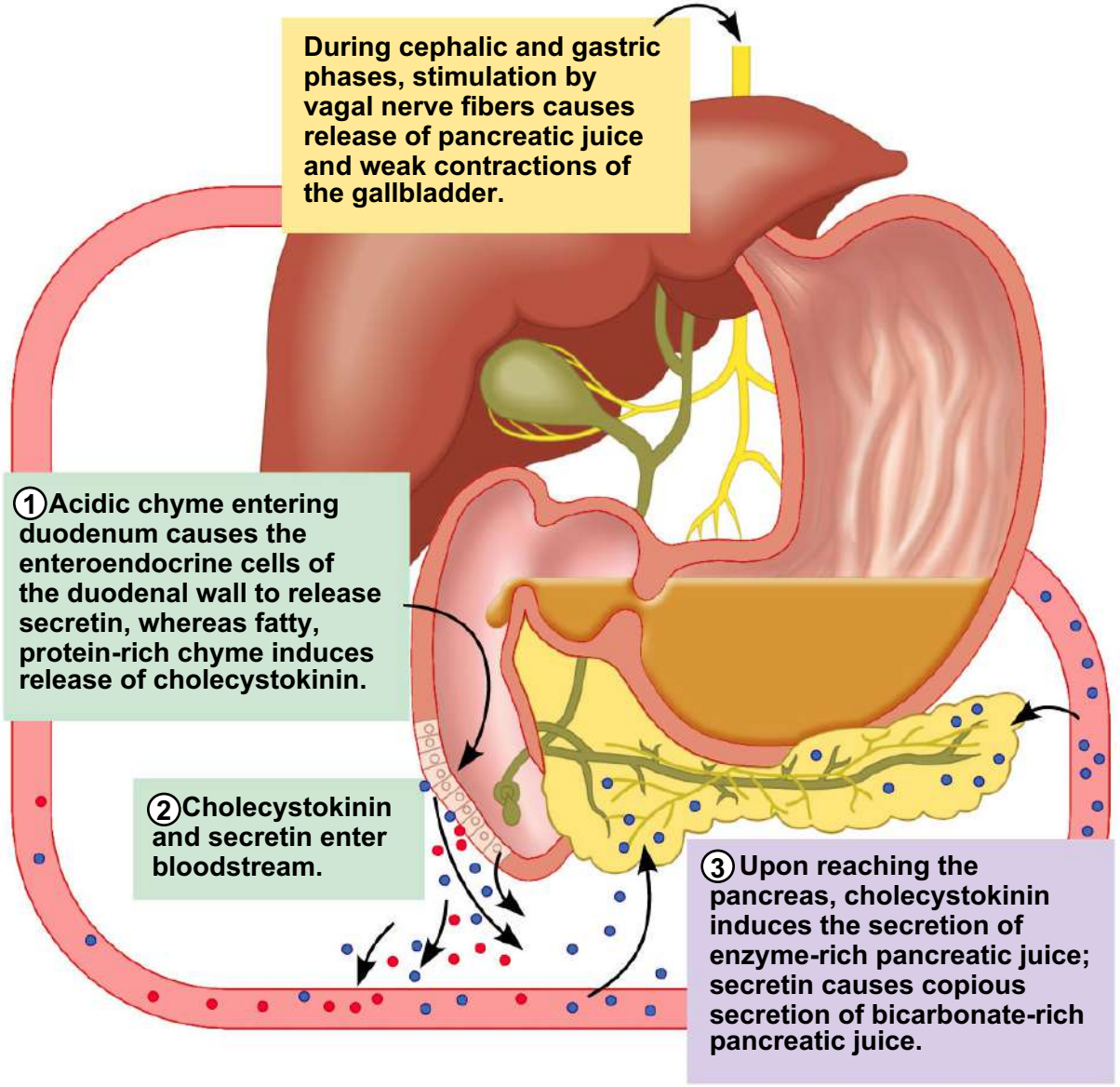


Figure 23.28

The Digestive Hormones

TABLE 21-1 The Digestive Hormones

	STIMULUS FOR RELEASE	PRIMARY TARGET(S)	PRIMARY EFFECT(S)	OTHER INFORMATION
STOMACH				
Gastrin	Peptides and amino acids; neural reflexes	ECL cells and parietal cells	Stimulates gastric acid secretion and mucosal growth.	Somatostatin inhibits release.
INTESTINE				
Cholecystokinin (CCK)	Fatty acids and some amino acids	Gallbladder, pancreas, stomach	Stimulates gallbladder contraction and pancreatic enzyme secretion. Inhibits gastric emptying and acid secretion.	Promotes satiety. Some effects may be due to CCK as a neurotransmitter.
Secretin	Acid in small intestine	Pancreas, stomach	Stimulates bicarbonate secretion. Inhibits gastric emptying and acid secretion.	
Motilin	Fasting: periodic release every 1.5–2 hours	Gastric and intestinal smooth muscle	Stimulates migrating motor complex.	Inhibited by eating a meal.
Gastric inhibitory peptide (GIP)	Glucose, fatty acids, and amino acids in small intestine	Beta cells of pancreas	Stimulates insulin release (feedforward mechanism). Inhibits gastric emptying and acid secretion.	
Glucagon-like peptide 1 (GLP-1)	Mixed meal that includes carbohydrates or fats in the lumen	Endocrine pancreas	Stimulates insulin release. Inhibits glucagon release and gastric function.	Promotes satiety.

Chemical Digestion: Carbohydrates

- Absorption: via cotransport with Na^+, and facilitated diffusion
  - Enter the capillary bed in the villi
  - Transported to the liver via the hepatic portal vein
- Enzymes used: salivary amylase, pancreatic amylase, and brush border enzymes

Chemical Digestion: Proteins

- Absorption: similar to carbohydrates
- Enzymes used: pepsin in the stomach
- Enzymes acting in the small intestine
  - Pancreatic enzymes – trypsin, chymotrypsin, and carboxypeptidase
  - Brush border enzymes – aminopeptidases, carboxypeptidases, and dipeptidases

PLAY

***InterActive Physiology*®:**
Digestion and Absorption, pages 5 and 8

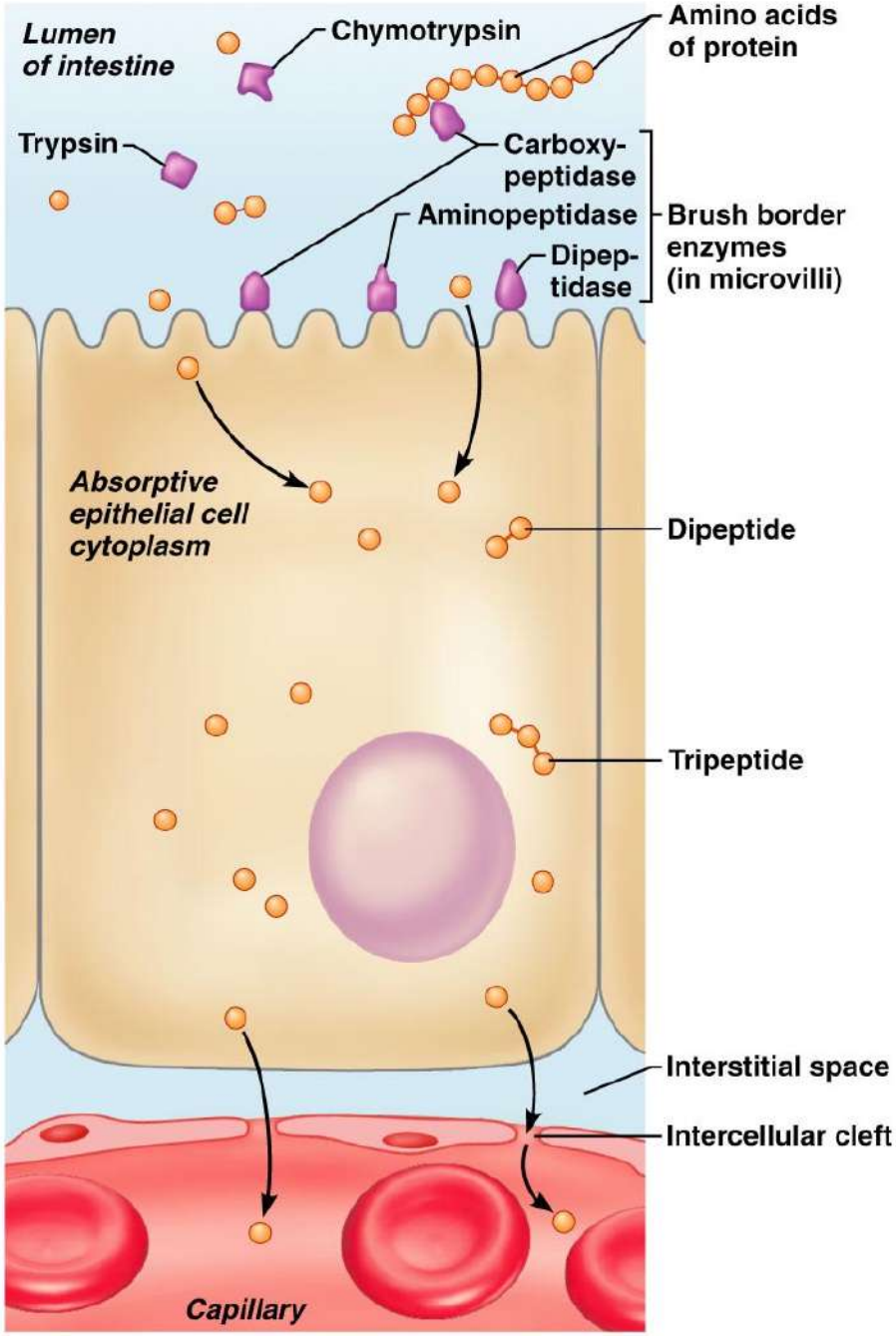


Figure 23.34

Chemical Digestion: Fats

- Absorption: Diffusion into intestinal cells where they:
  - Combine with proteins and extrude chylomicrons
  - Enter lacteals and are transported to systemic circulation via lymph
- Glycerol and short chain fatty acids are:
  - Absorbed into the capillary blood in villi
  - Transported via the hepatic portal vein
- Enzymes/chemicals used: bile salts and pancreatic lipase

Chemical Digestion: Fats

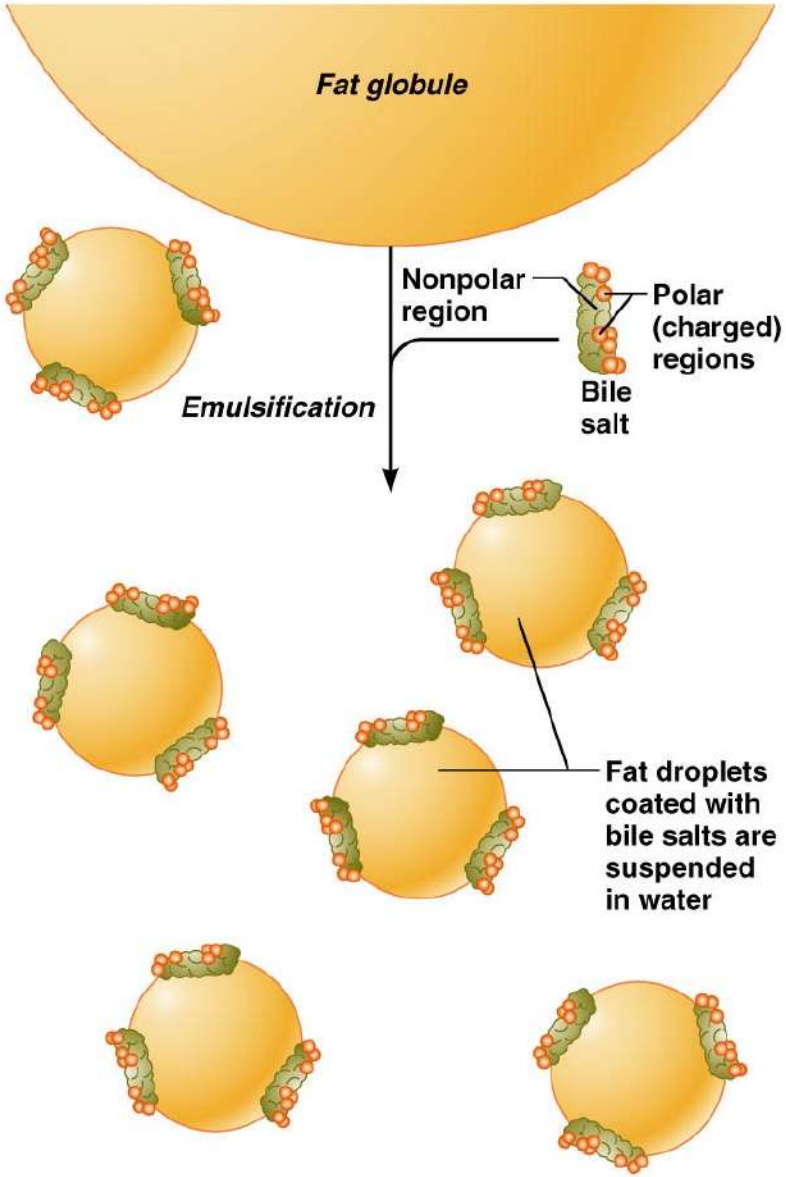
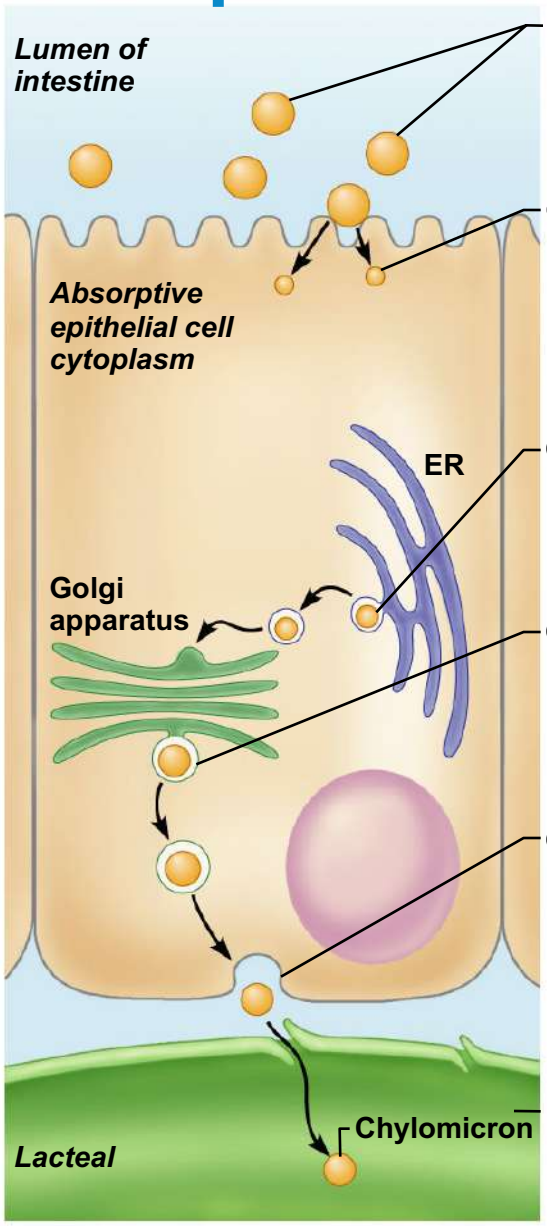


Figure 23.35

Fatty Acid Absorption

- Fatty acids and monoglycerides enter intestinal cells via diffusion
- They are combined with proteins within the cells
- Resulting chylomicrons are extruded
- They enter lacteals and are transported to the circulation via lymph

Fatty Acid Absorption



Fatty acids and monoglycerides associated with micelles in lumen of intestine

① Fatty acids and monoglycerides resulting from fat digestion leave micelles and enter epithelial cell by diffusion.

② Fatty acids are used to synthesize triglycerides in smooth endo-plasmic reticulum.

③ Fatty globules are combined with proteins to form chylomicrons (within Golgi apparatus).

④ Vesicles containing chylomicrons migrate to the basal membrane, are extruded from the epithelial cell, and enter a lacteal (lymphatic capillary).

⑤ Lymph in the lacteal transports chylomicrons away from intestine.

Figure 23.36

Chemical Digestion: Nucleic Acids

- Absorption: active transport via membrane carriers
- Absorbed in villi and transported to liver via hepatic portal vein
- Enzymes used: pancreatic ribonucleases and deoxyribonuclease in the small intestines

Electrolyte Absorption

- Most ions are actively absorbed along the length of small intestine
  - Na^+ is coupled with absorption of glucose and amino acids
  - Ionic iron is transported into mucosal cells where it binds to ferritin
- Anions passively follow the electrical potential established by Na^+

Electrolyte Absorption

- K^+ diffuses across the intestinal mucosa in response to osmotic gradients
- Ca^{2+} absorption:
  - Is related to blood levels of ionic calcium
  - Is regulated by vitamin D and parathyroid hormone (PTH)

Water Absorption

- 95% of water is absorbed in the small intestines by osmosis
- Water moves in both directions across intestinal mucosa
- Net osmosis occurs whenever a concentration gradient is established by active transport of solutes into the mucosal cells
- Water uptake is coupled with solute uptake, and as water moves into mucosal cells, substances follow along their concentration gradients

Large Intestine

- Has three unique features:
  - Teniae coli – three bands of longitudinal smooth muscle in its muscularis
  - Haustra – pocketlike sacs caused by the tone of the teniae coli
  - Epiploic appendages – fat-filled pouches of visceral peritoneum

Large Intestine

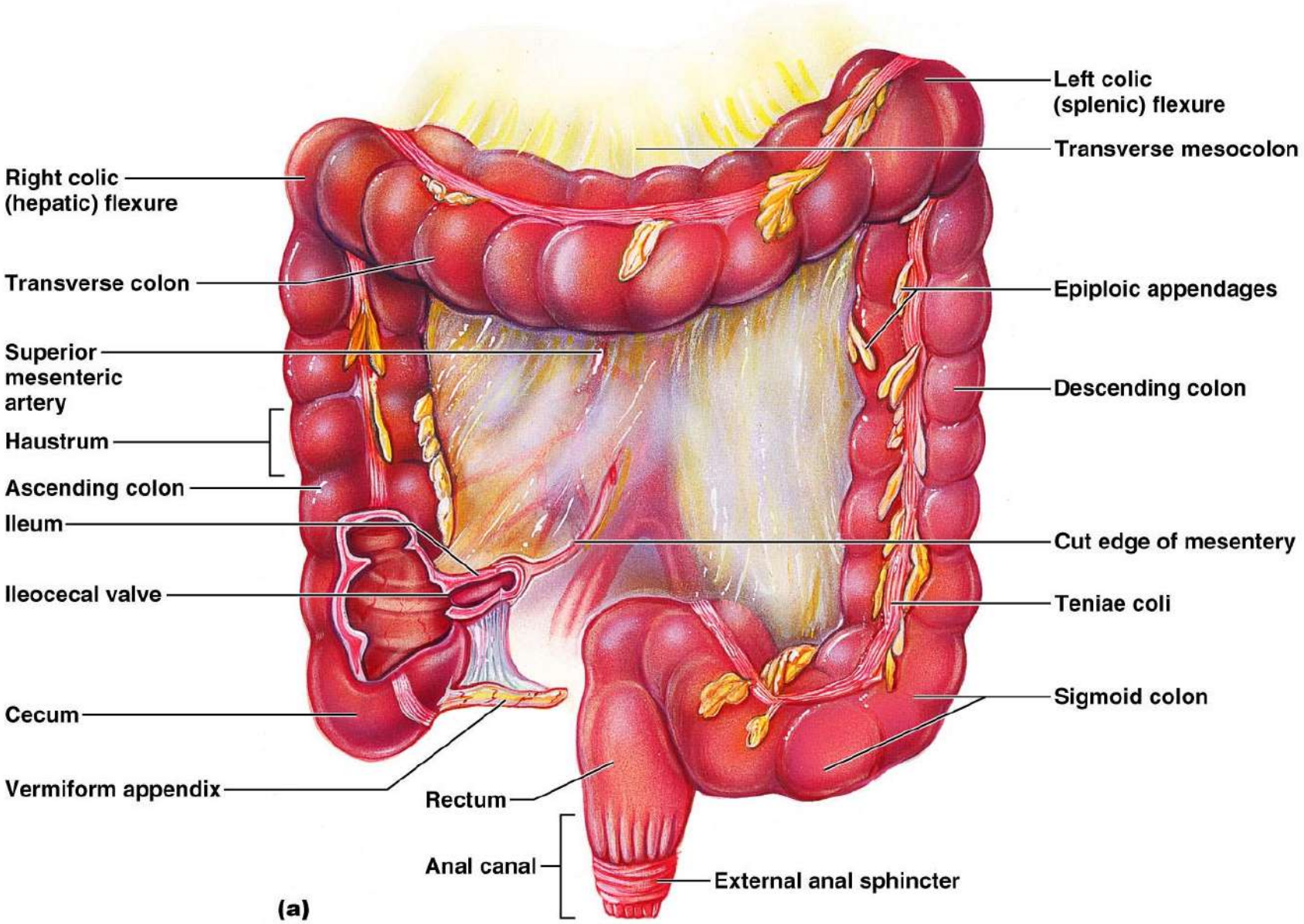


Figure 23.29a

Valves and Sphincters of the Rectum and Anus

- Three valves of the rectum stop feces from being passed with gas
- The anus has two sphincters:
  - Internal anal sphincter composed of smooth muscle
  - External anal sphincter composed of skeletal muscle
- These sphincters are closed except during defecation

Structure of the Anal Canal

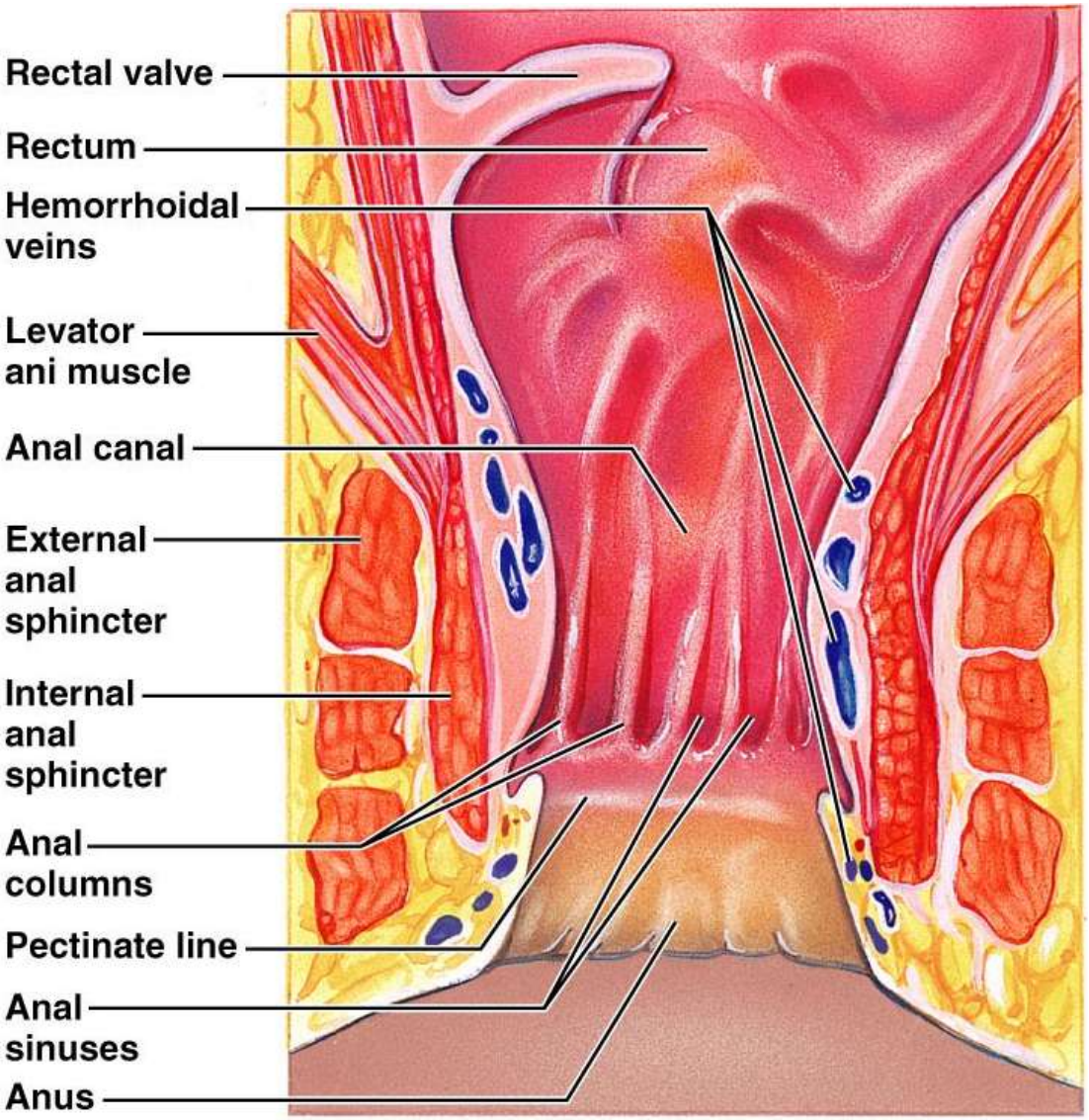


Figure 23.29b

Bacterial Flora

- The bacterial flora of the large intestine consist of:
  - Bacteria surviving the small intestine that enter the cecum and
  - Those entering via the anus
- These bacteria:
  - Colonize the colon
  - Ferment indigestible carbohydrates
  - Release irritating acids and gases (flatus)
  - Synthesize B complex vitamins and vitamin K

Functions of the Large Intestine

- Other than digestion of enteric bacteria, no further digestion takes place
- Vitamins, water, and electrolytes are reclaimed
- Its major function is propulsion of fecal material toward the anus
- Though essential for comfort, the colon is not essential for life

Motility of the Large Intestine

- Haustral contractions
  - Slow segmenting movements that move the contents of the colon
  - Haustra sequentially contract as they are stimulated by distension
- Presence of food in the stomach:
  - Activates the gastrocolic reflex
  - Initiates peristalsis that forces contents toward the rectum

Defecation

- Distension of rectal walls caused by feces:
  - Stimulates contraction of the rectal walls
  - Relaxes the internal anal sphincter
- Voluntary signals stimulate relaxation of the external anal sphincter and defecation occurs

Defecation

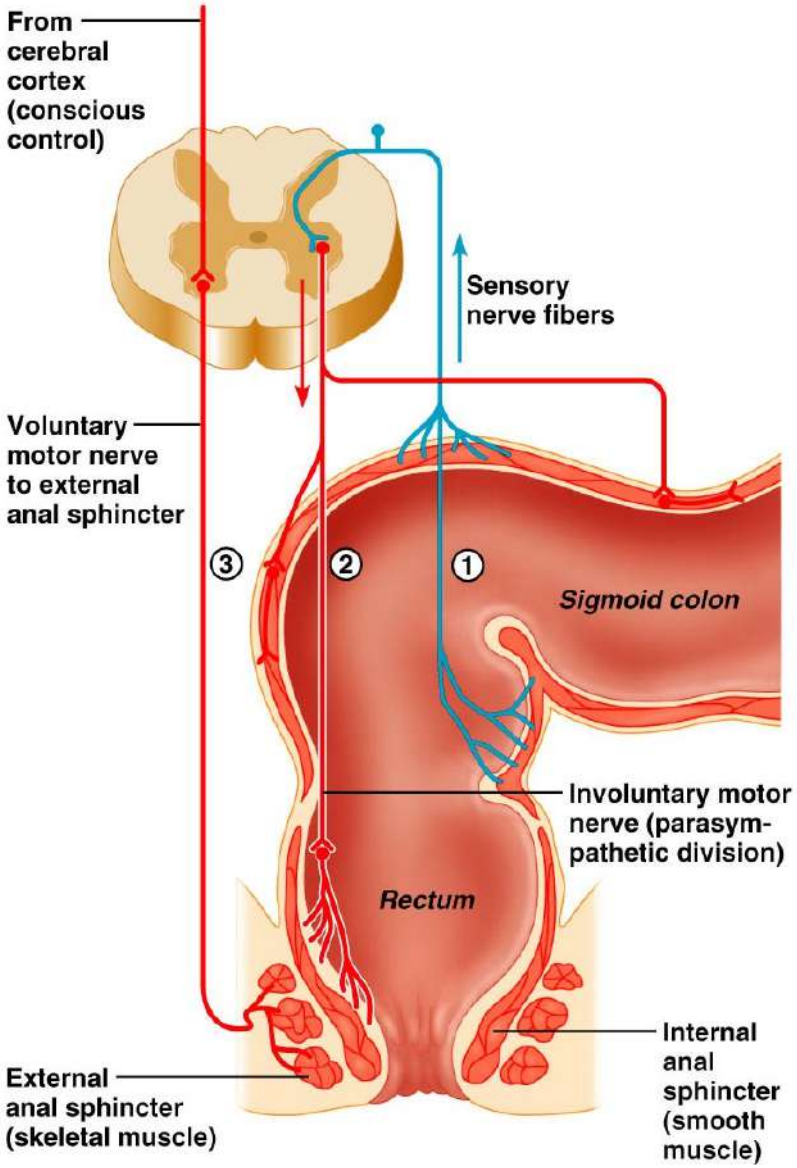


Figure 23.32

Malabsorption of Nutrients

- Results from anything that interferes with delivery of bile or pancreatic juice
- Factors that damage the intestinal mucosa (e.g., bacterial infection)
- Gluten enteropathy (adult celiac disease) – gluten damages the intestinal villi and reduces the length of microvilli
  - Treated by eliminating gluten from the diet (all grains but rice and corn)

Cancer

- Stomach and colon cancers rarely have early signs or symptoms
- Metastasized colon cancers frequently cause secondary liver cancer
- Prevention is by regular dental and medical examinations

Cancer

- Colon cancer is the 2nd largest cause of cancer deaths in males (lung cancer is 1st)
- Forms from benign mucosal tumors called polyps whose formation increases with age
- Regular colon examination should be done for all those over 50