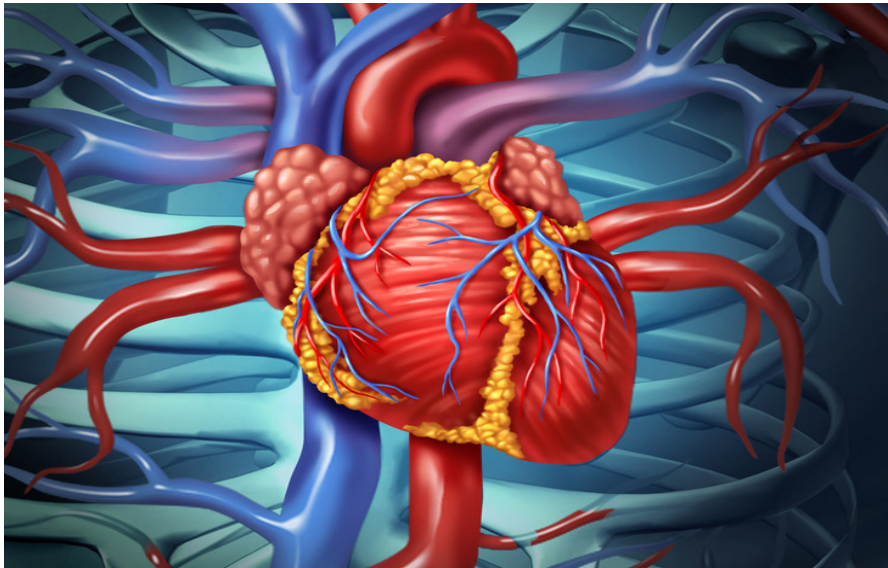


Jordan University
Faculty Of Medicine



Cardiovascular system

DR. AHMED SALMAN

Associate professor of anatomy & embryology



How to Contact me ?

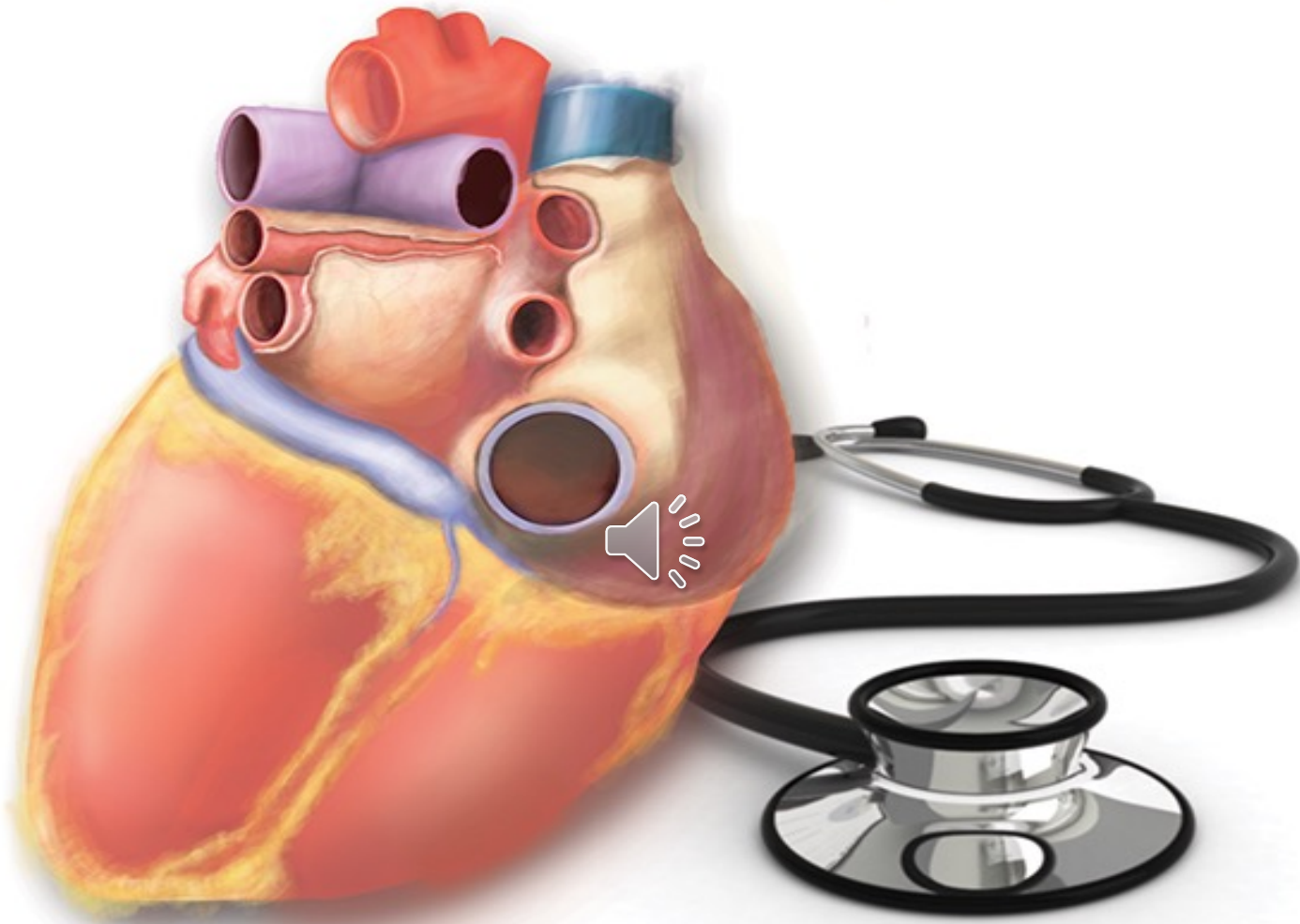
Teams

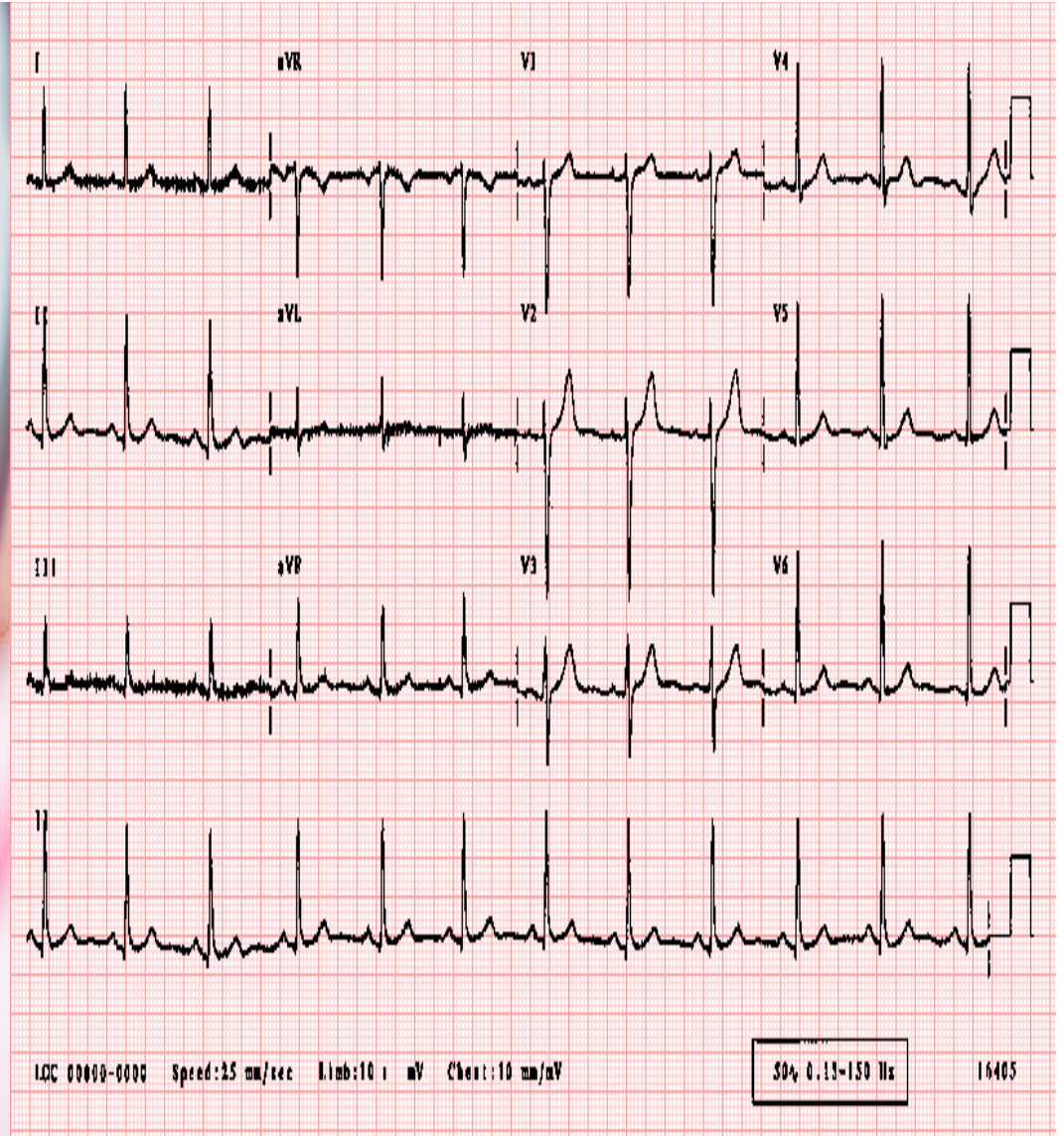


Microsoft Teams

Dr. Ahmed Samir
2022



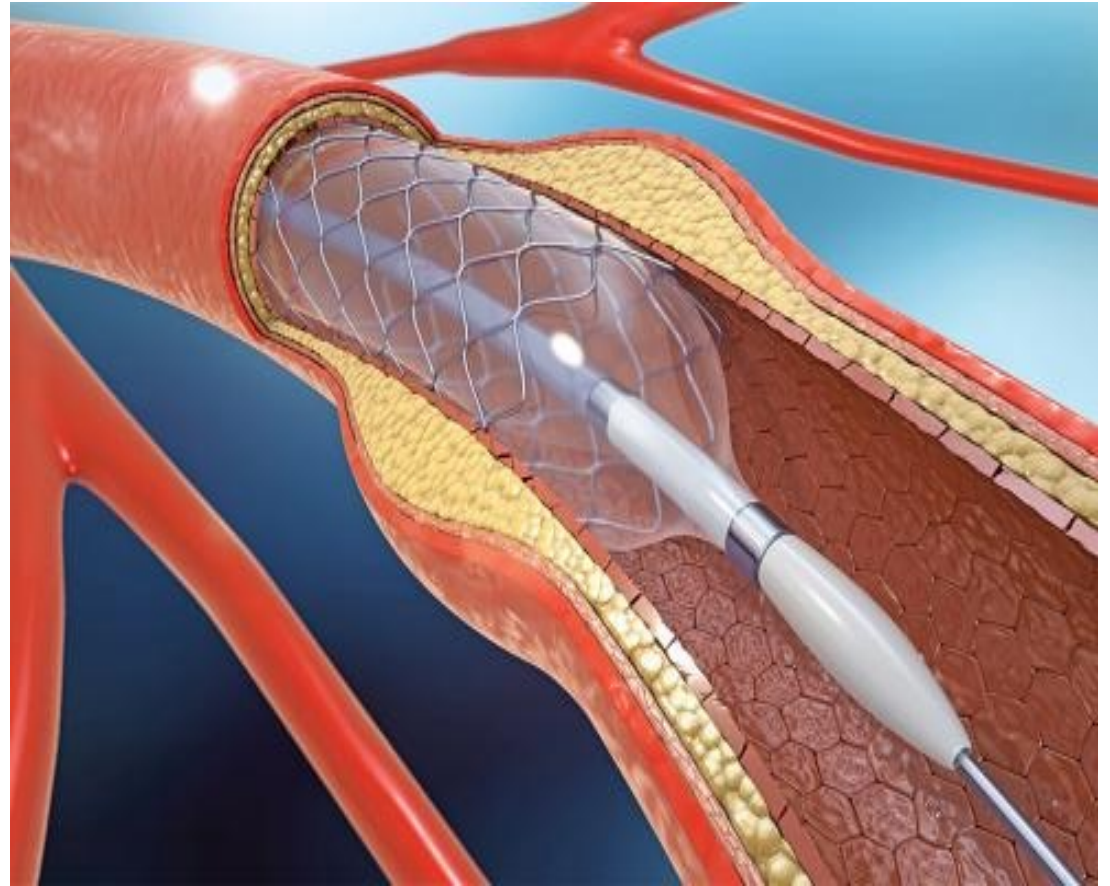
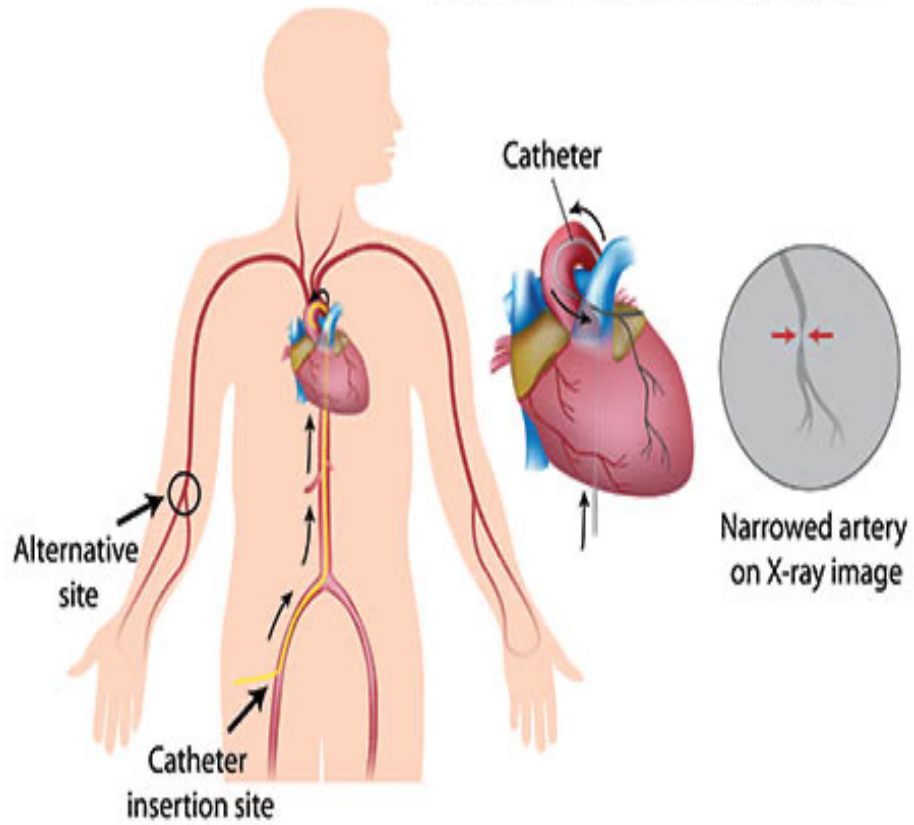


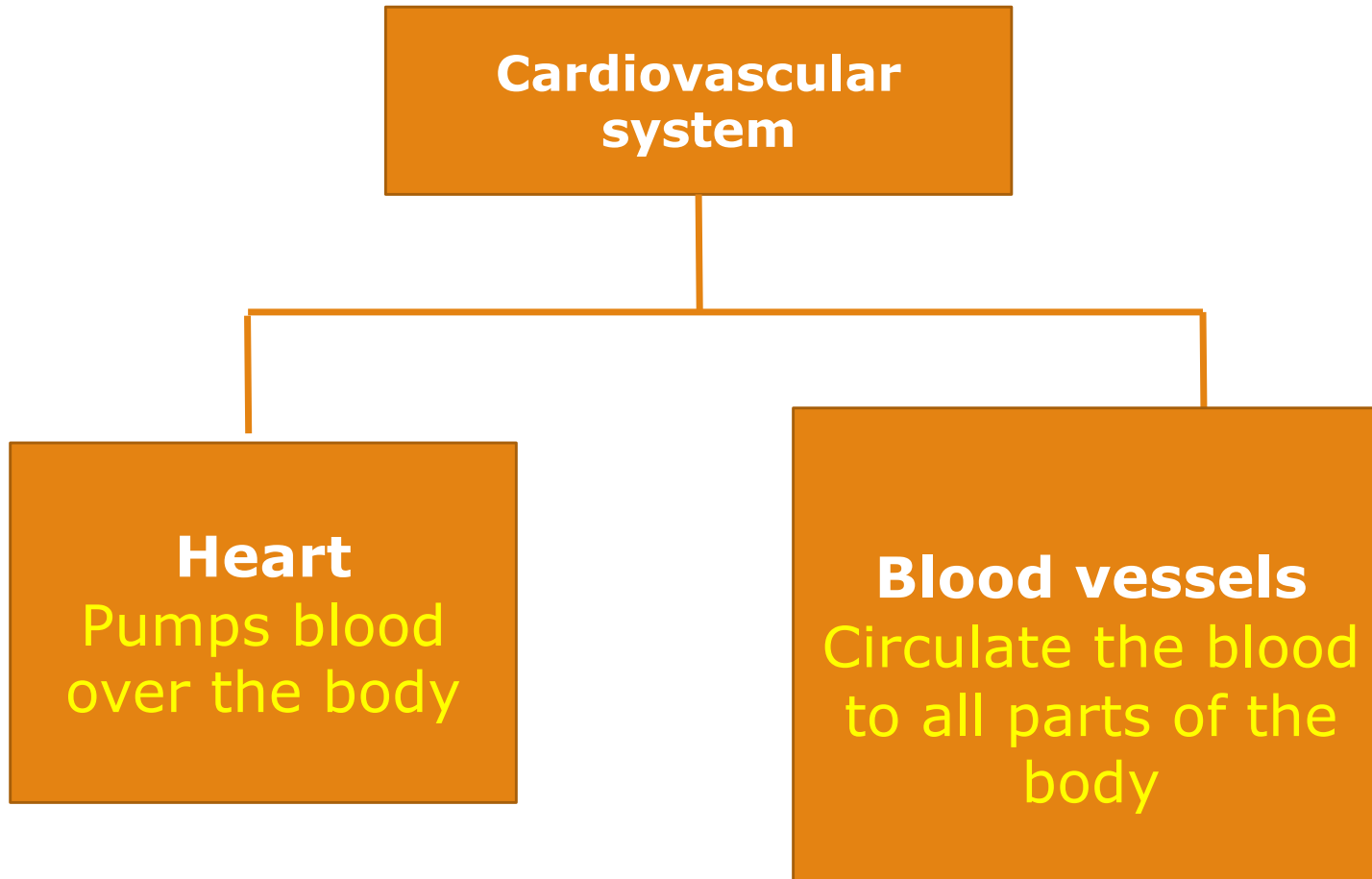




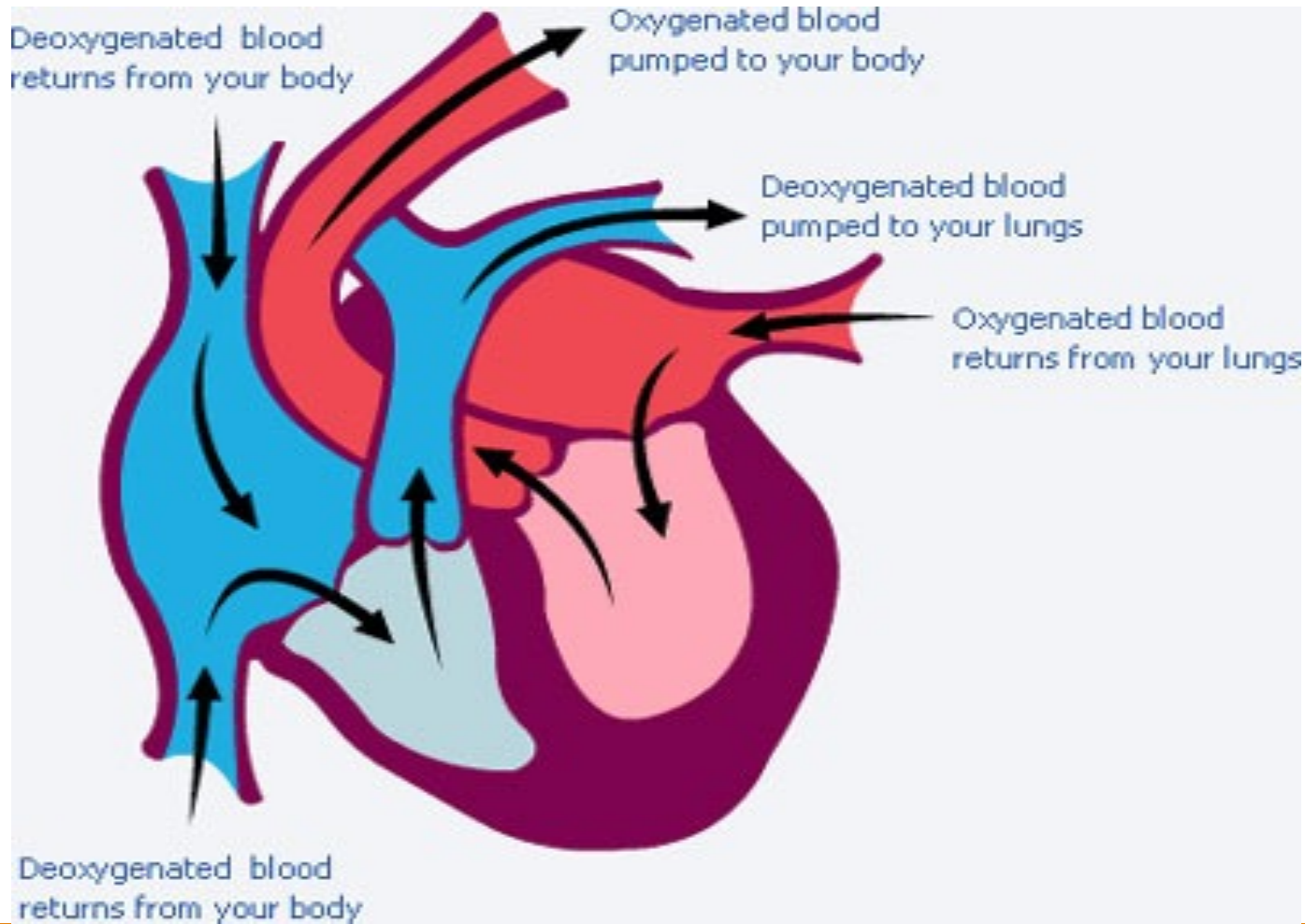


Cardiac Catheterization

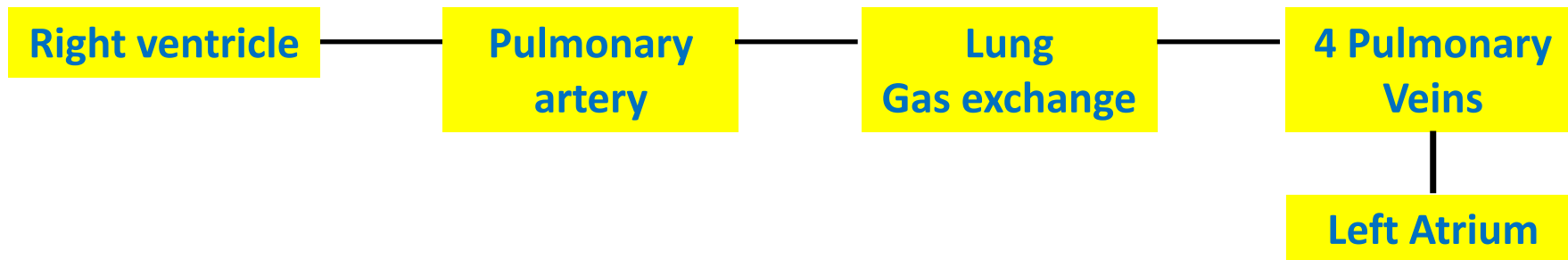




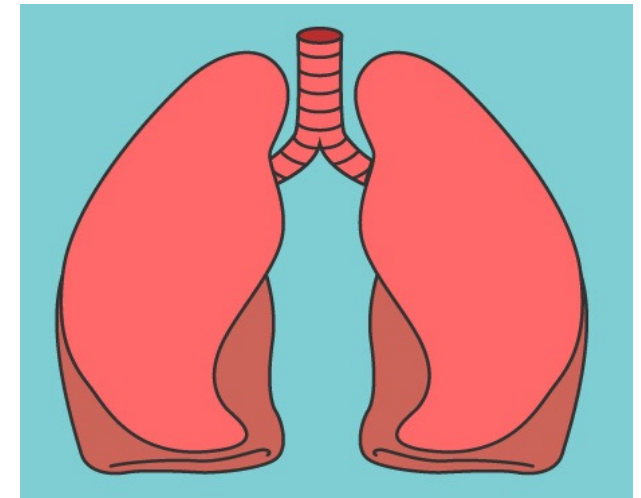
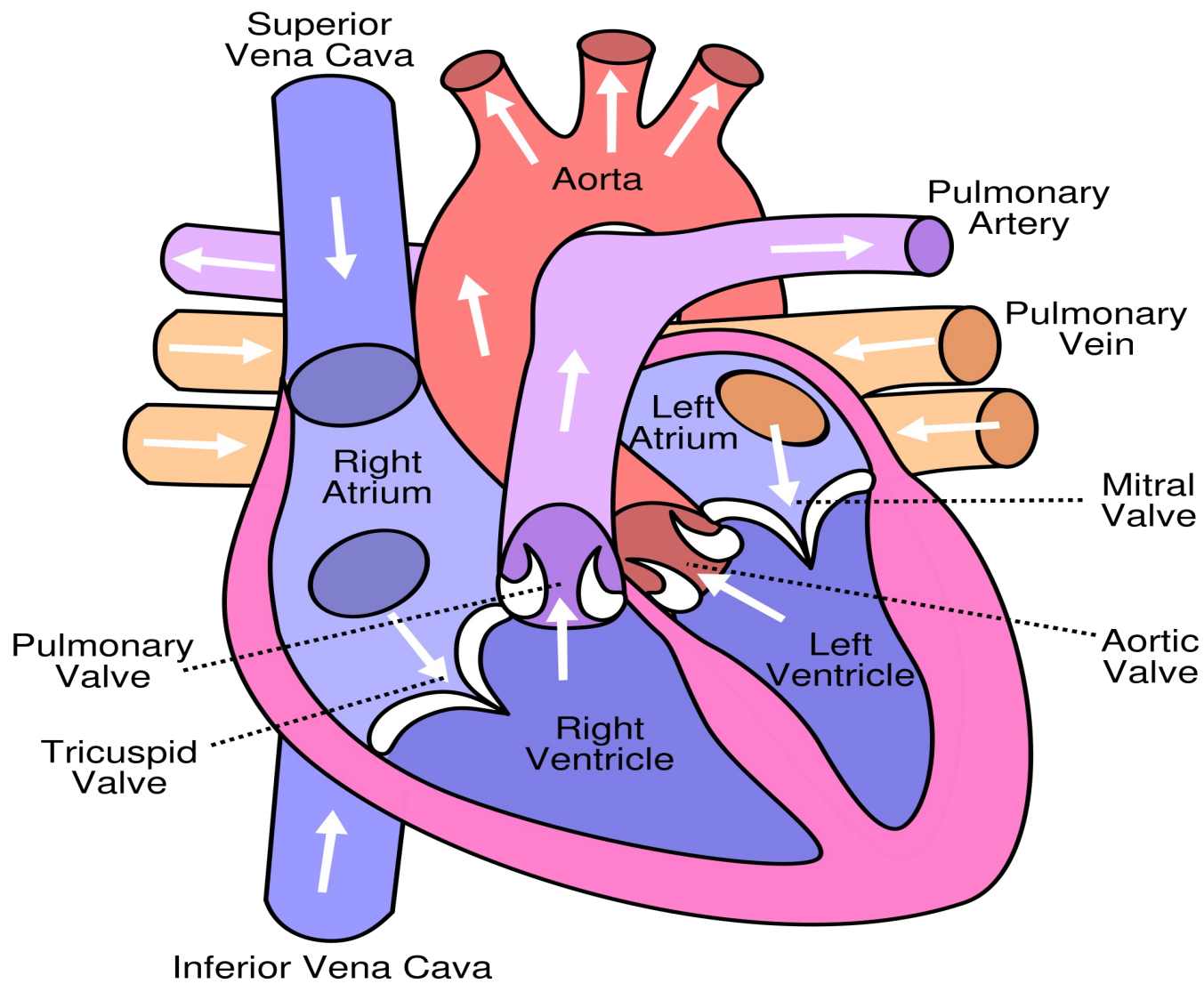
The function cardiovascular system is to carry oxygen and nutrients and to eliminate carbon dioxide and other waste products from the body.



Pulmonary Circulation

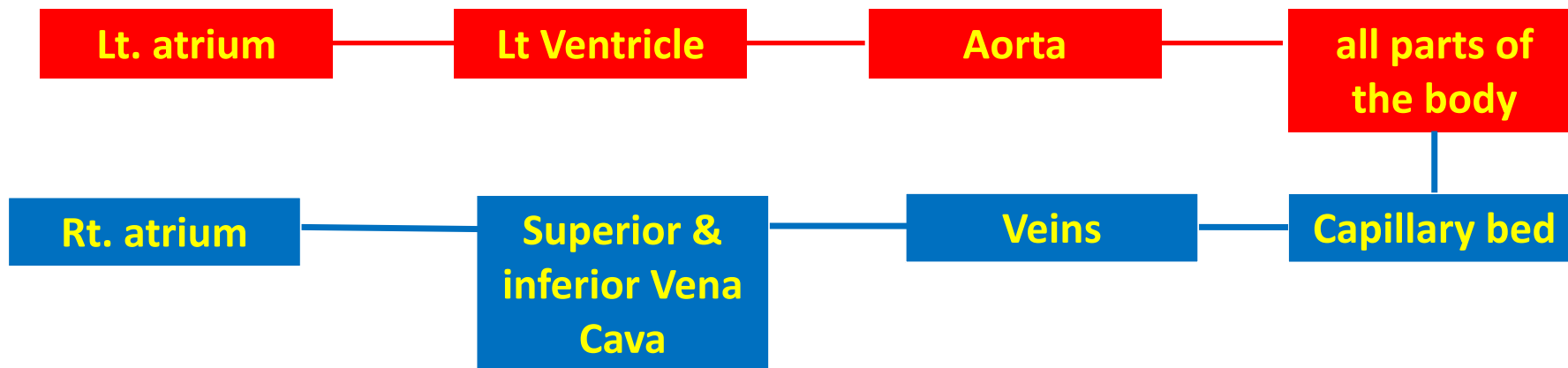


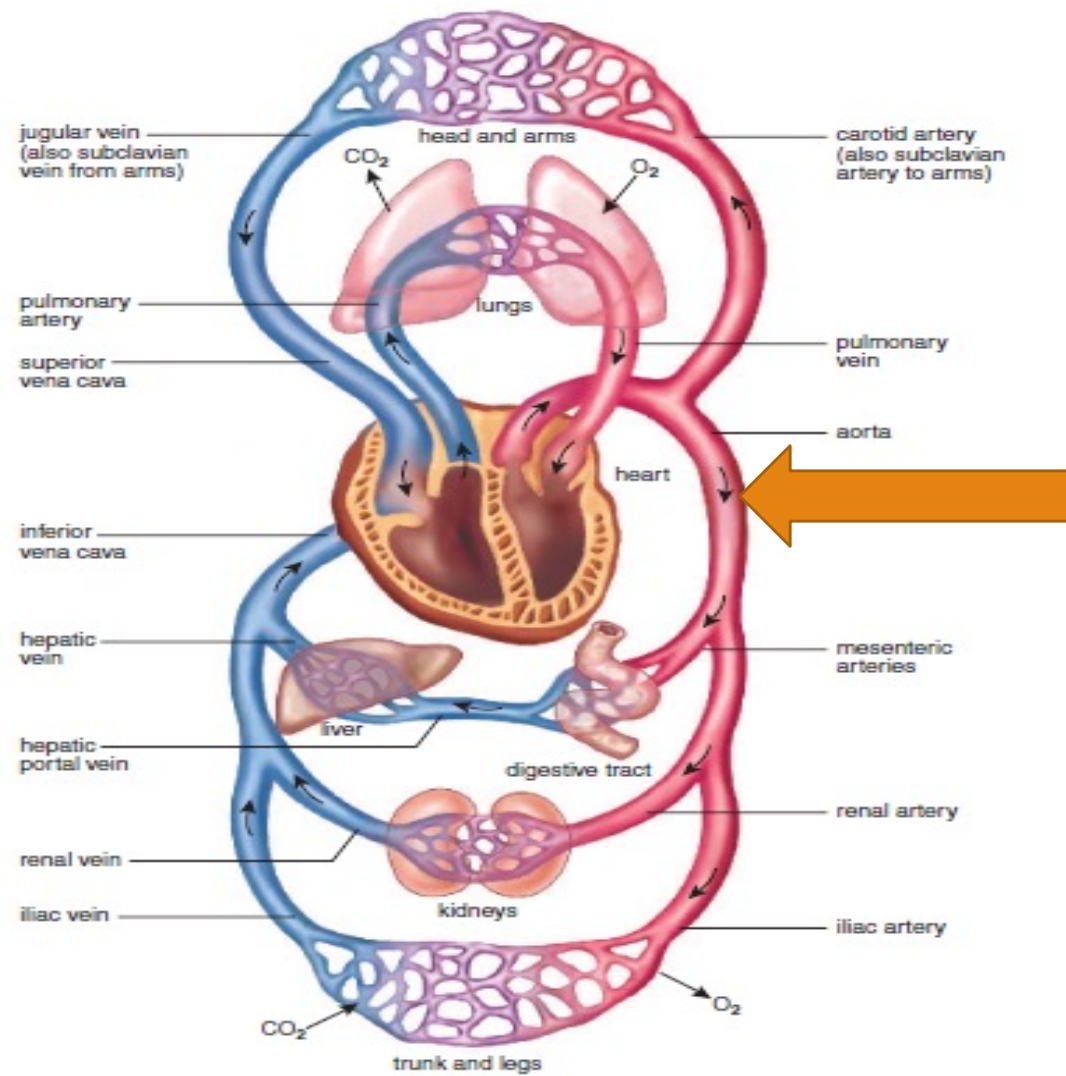
- Pulmonary veins are the only veins that carry oxygenated blood
- Pulmonary arteries are the only arteries that carry deoxygenated blood



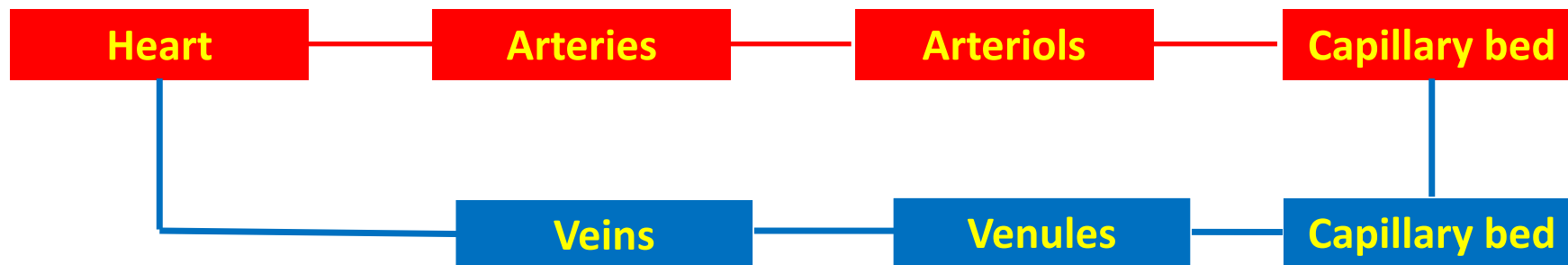
Systemic Circulation

It carries the oxygenated blood from the heart to the body.
And return deoxygenated blood from the body to heart.

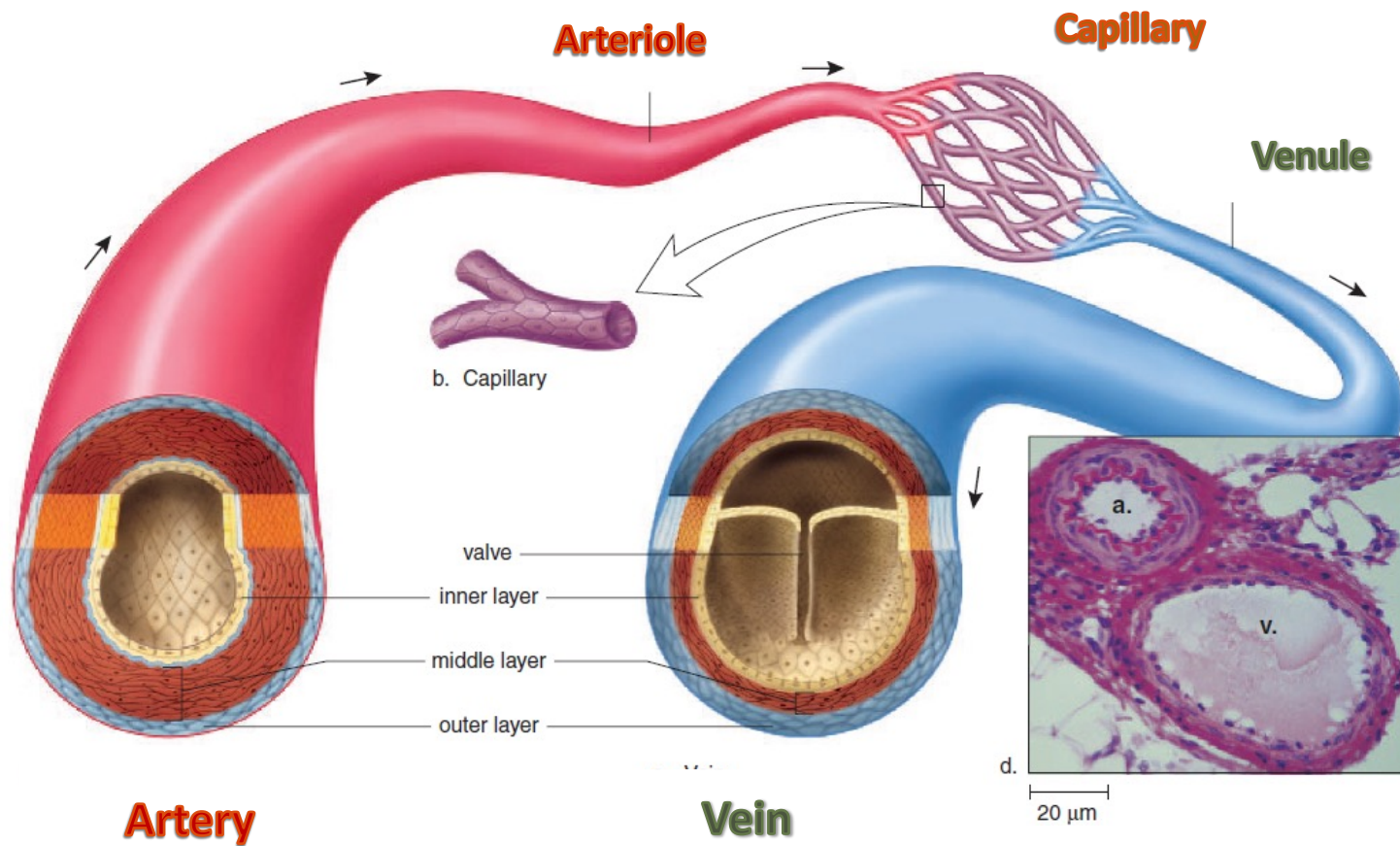




Peripheral Circulation



- ✓ Blood flow in capillaries is regulated by smooth muscle sphincter called precapillary sphincter
- ✓ Vein with large diameter have valves that allow blood flow in one direction only (to the heart)



Thoracic wall

Boundaries :

Anteriorly : sternum and costal cartilages

Posteriorly : vertebral column

On either side : ribs and intercostal spaces

The thoracic wall is composed of :

1- Skeleton (Thoracic cage)

2-Intercostal muscles

3-Intercostal vessels

4-Intercostal nerves

Skeleton of the thorax

This is an Osseo cartilaginous cavity composed of :

1-Sternum

2-Ribs

3-Costal cartilage

4-Thoracic Vertebrae

Sternum

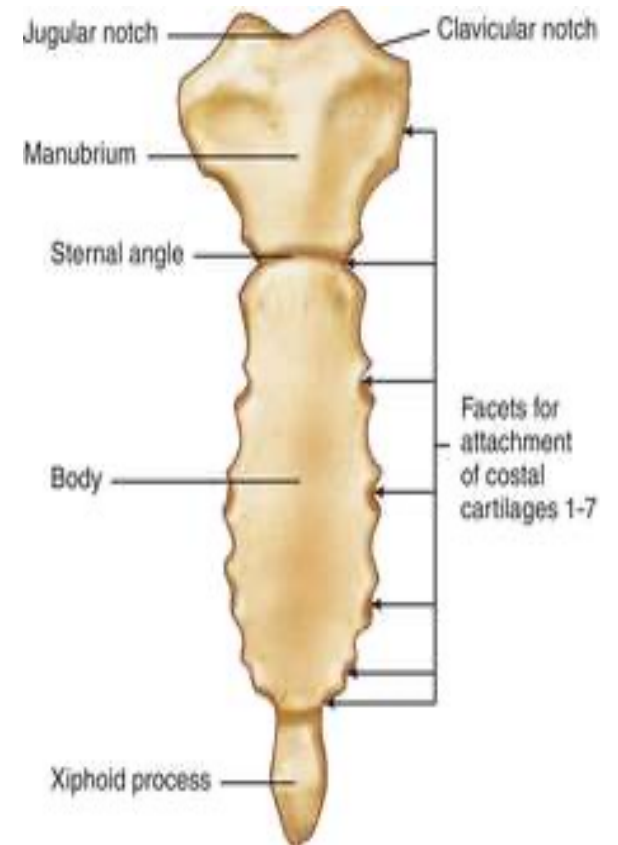
It has Three parts

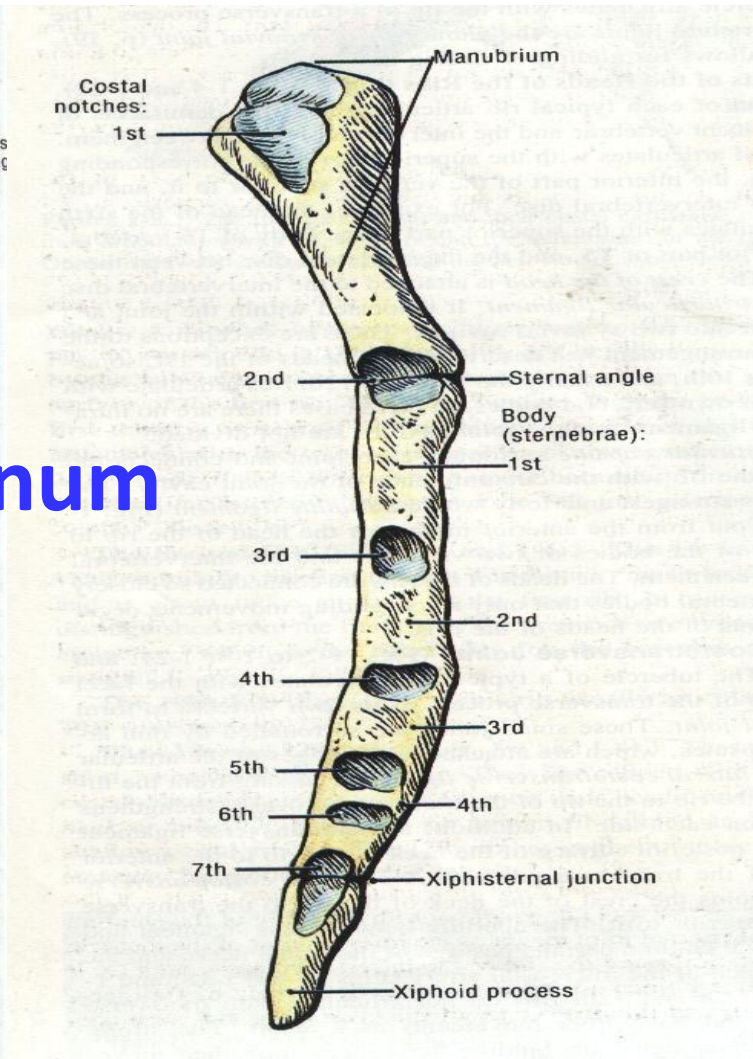
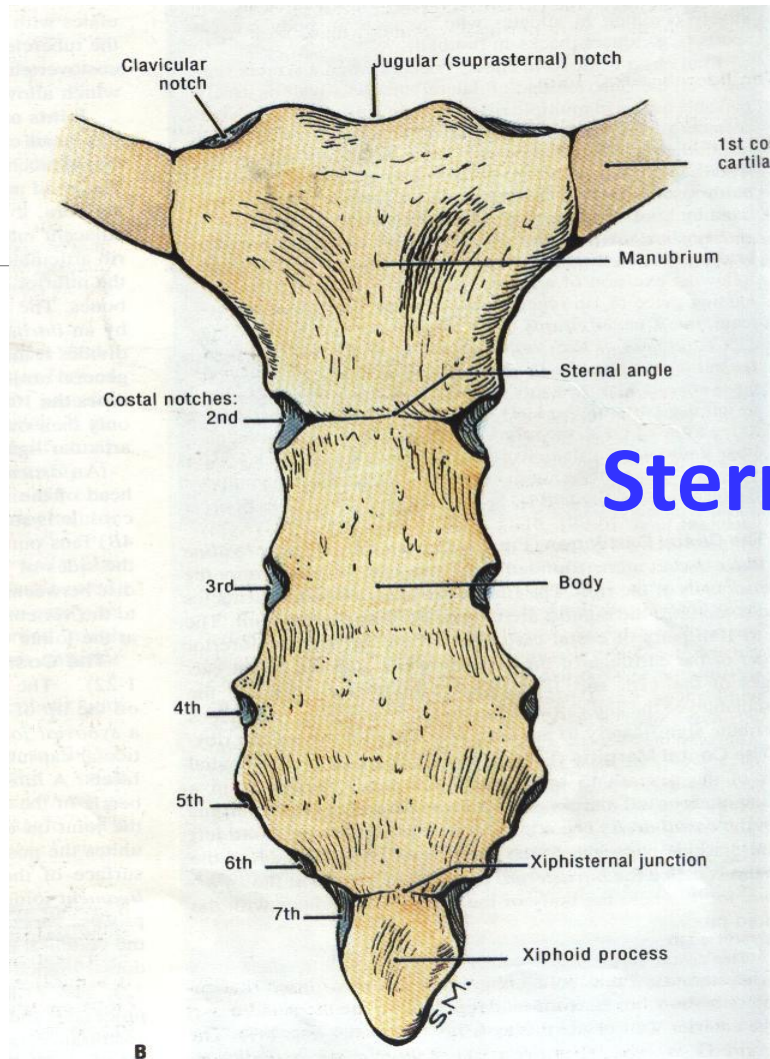
- Manubrium
- Body
- Xiphoid process
- The sternal angle (angle of Louis) it formed by the articulation of the manubrium with the body of the sternum
- It is at the level of the second costal cartilage

Q. What is function of sternal angle ?

A. Counting of the ribs

N.B : Sternum is one of sites to take Bone marrow biopsy

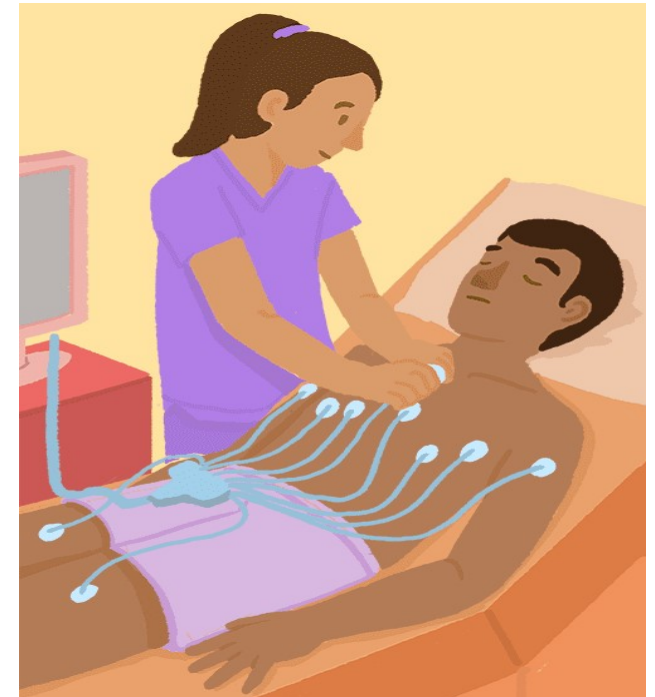
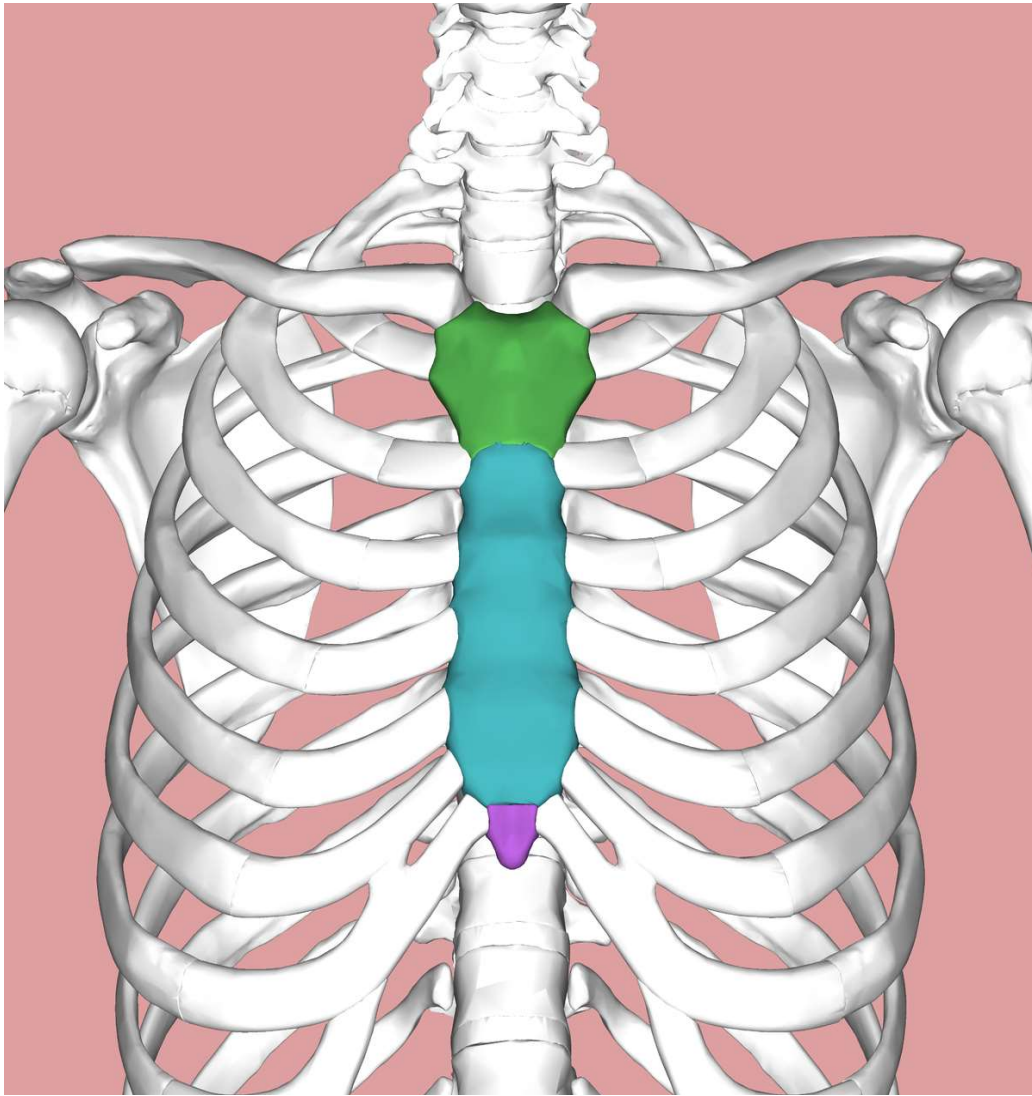


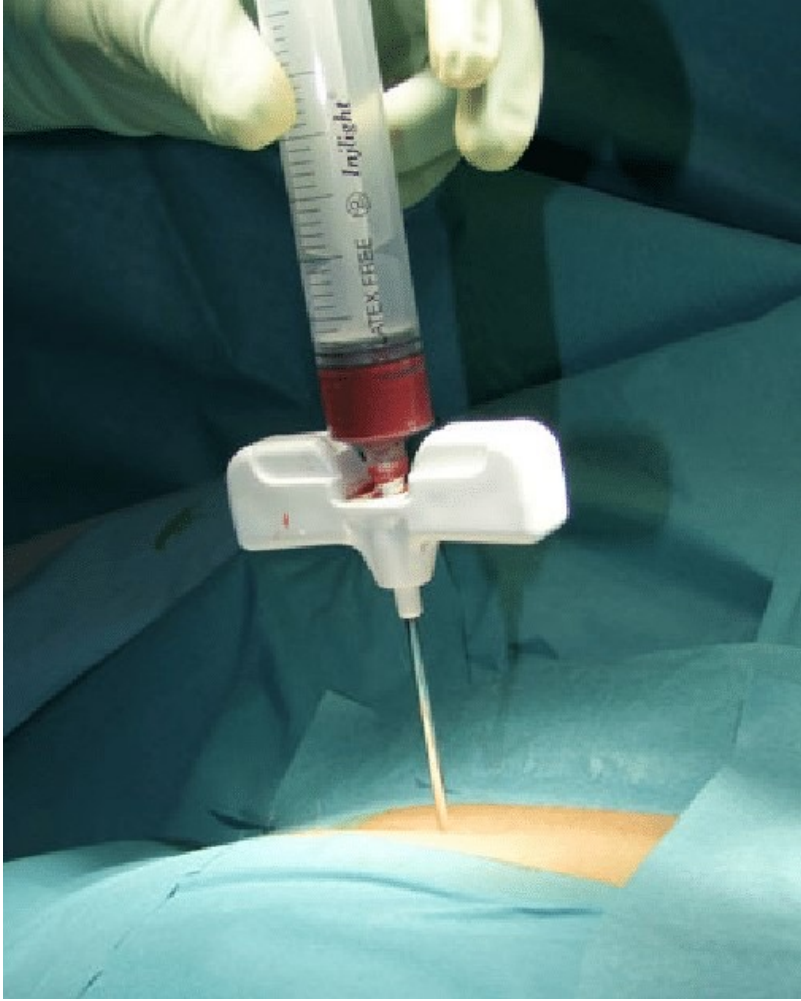
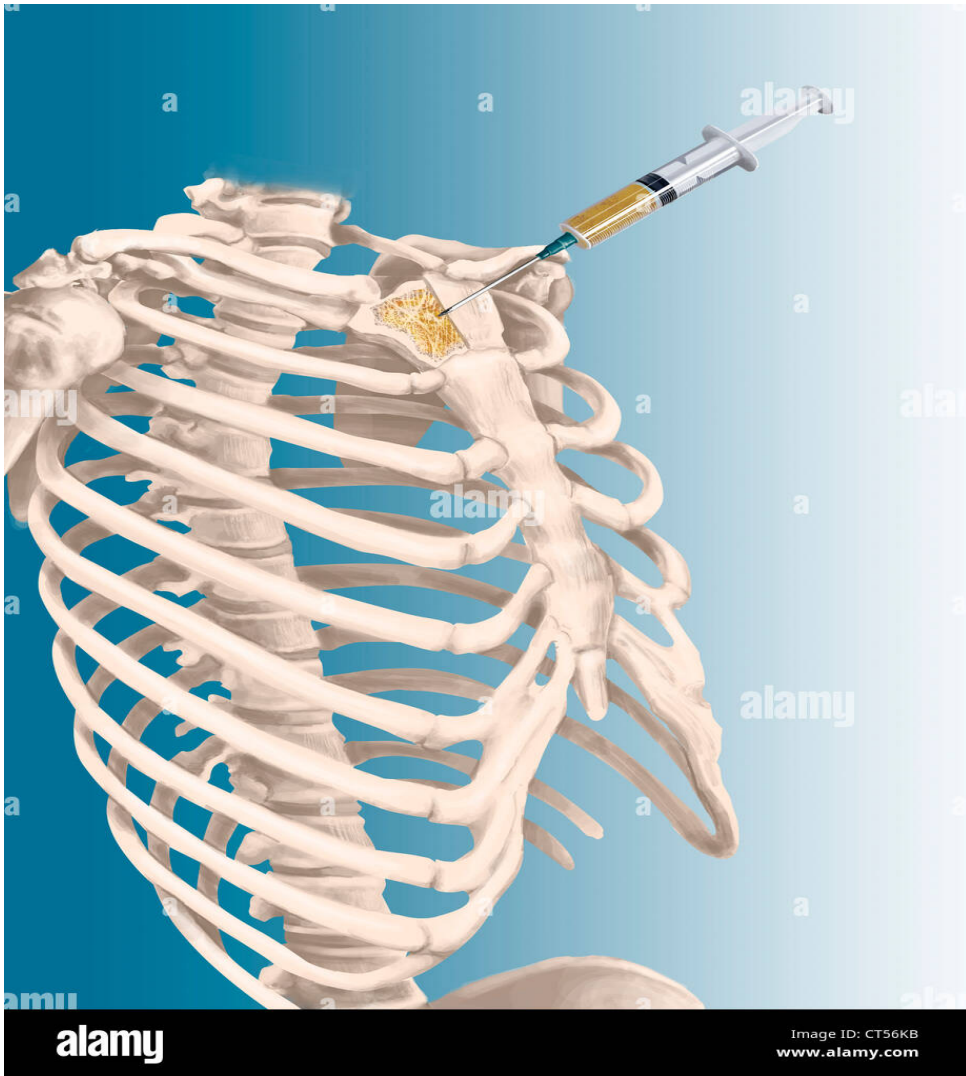


Sternum

B





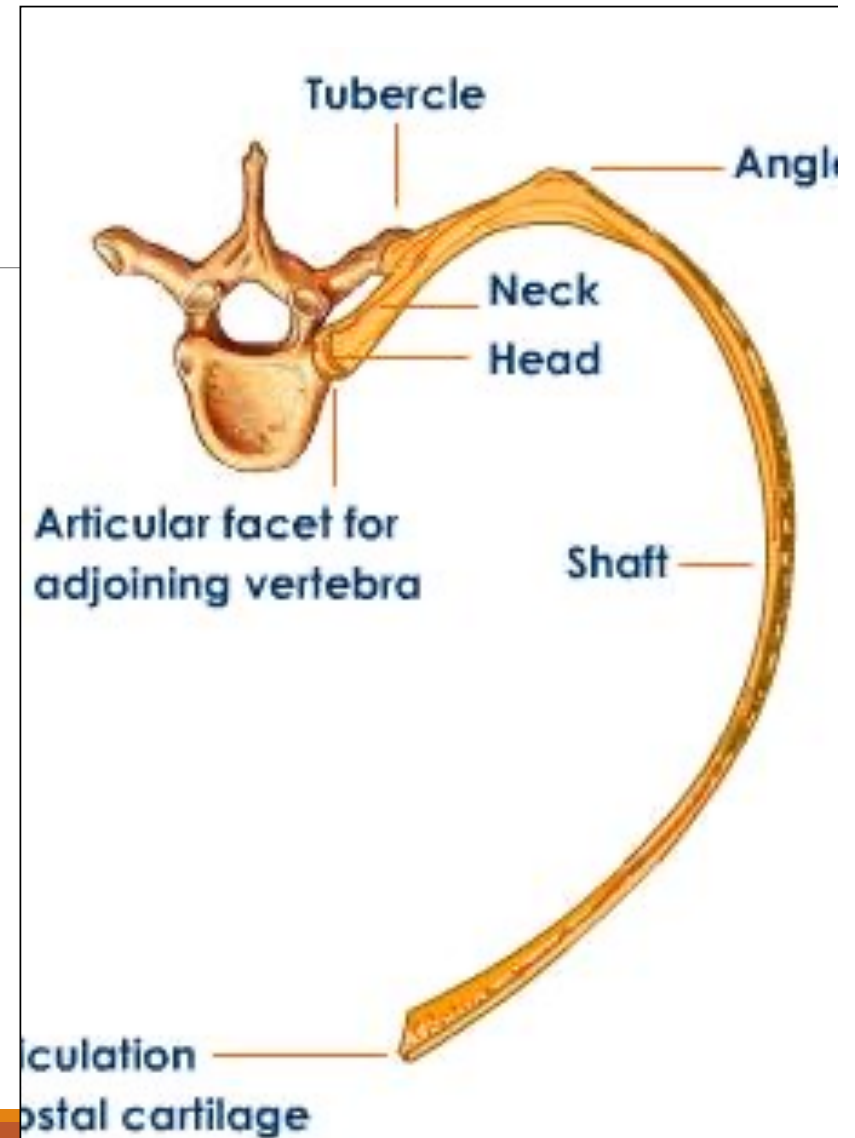


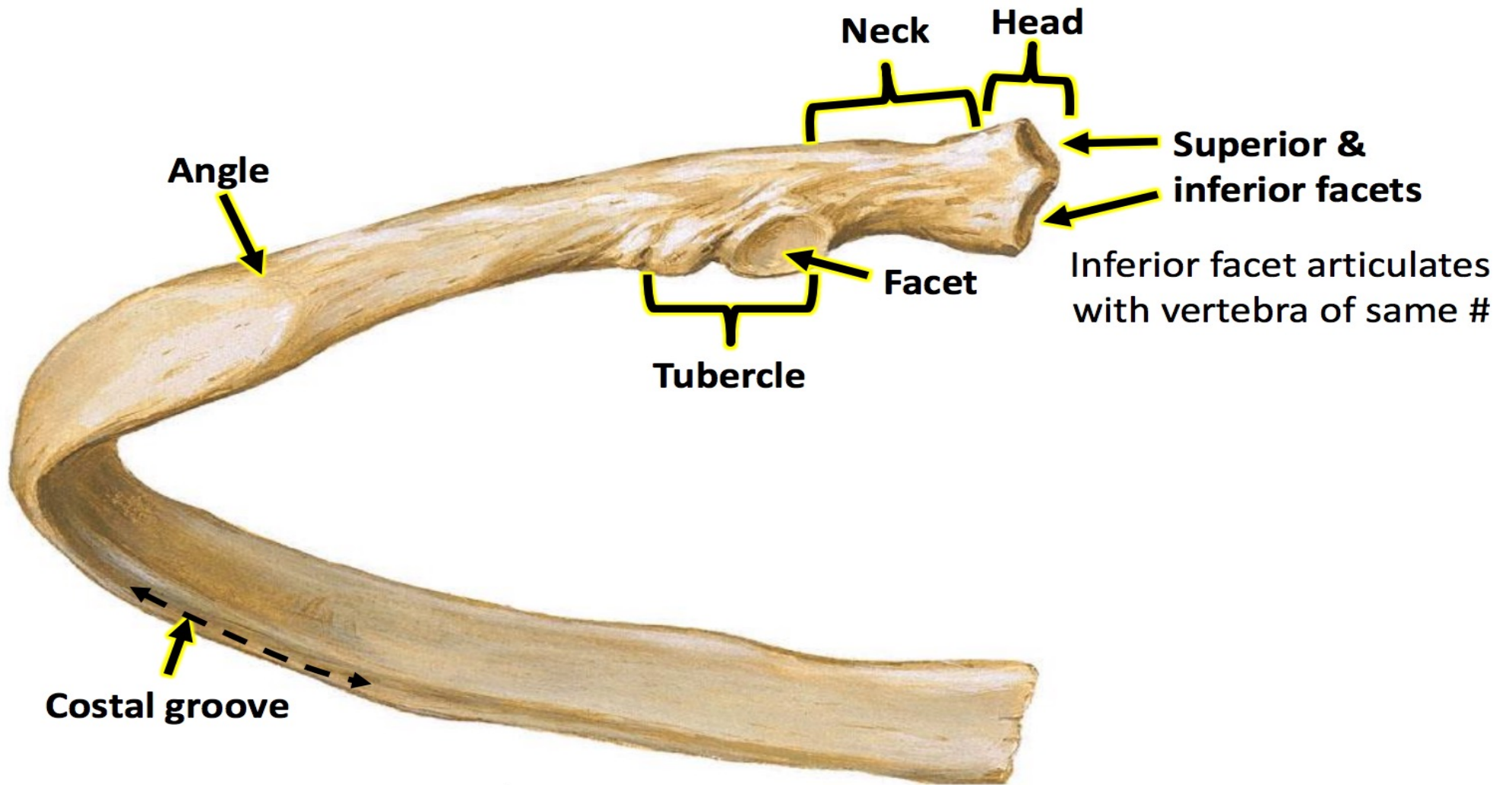
Bone marrow biopsy

Ribs

Typical Rib should has this landmarks

- Head
- Neck
- Tubercle
- Angle
- Shaft or body
- **Subcostal Groove** , contains
 - A-Intercostal **V**ein
 - B-Intercostal **A**rtery
 - C-Intercostal **N**erve

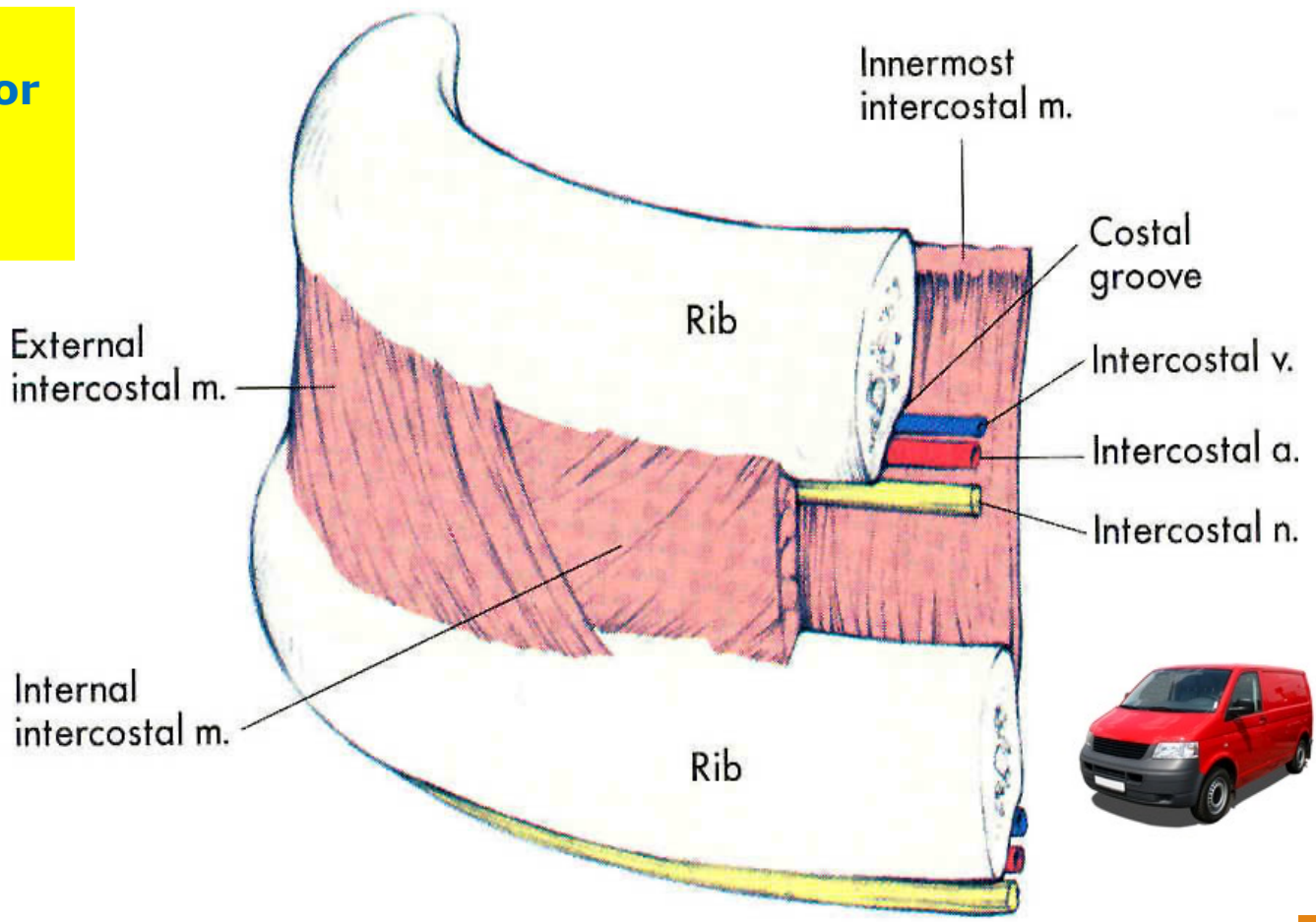
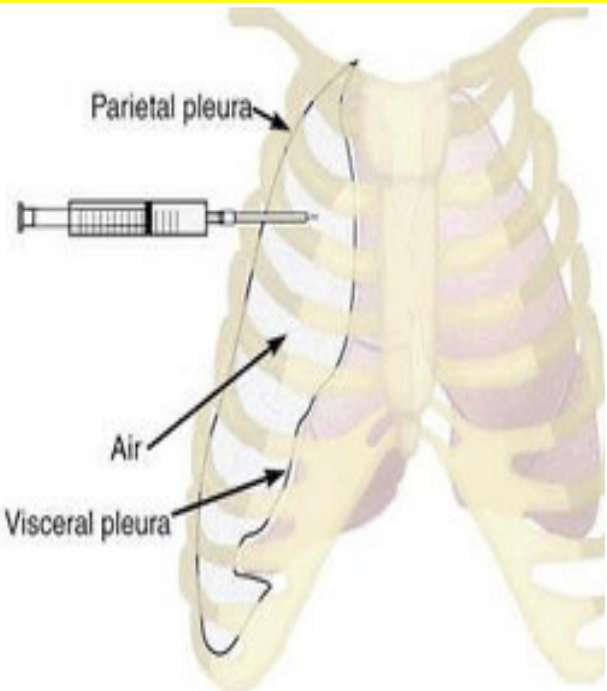




Left rib: Posterior view

Subcostal Groove : contains; Intercostal vein Intercostal artery and Intercostal nerve
VAN

The needle should be inserted above the superior border of the rib



Arterial supply of thoracic wall

```
graph TD; A[Arterial supply of thoracic wall] --> B[Anterior wall]; A --> C[Posterior wall];
```

Anterior wall

9 on each side

2 in each space

Upper 6 from internal thoracic artery.

7,8,9 from musculophrenic artery

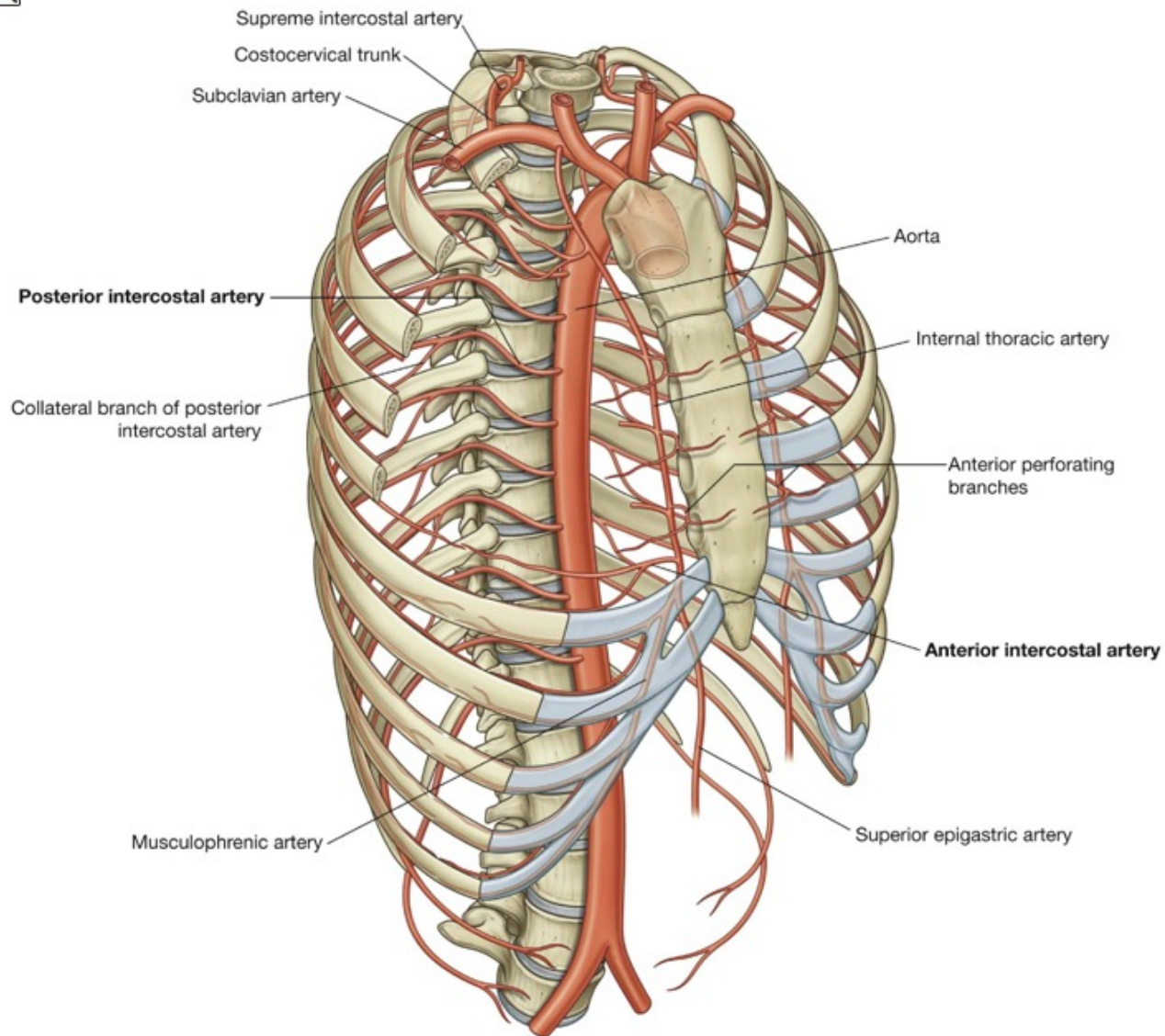
Posterior wall

11 on each side

One in each space

1st, 2nd from superior intercostal artery.

3 -11 from descending thoracic aorta.



Internal Thoracic (Mammary) artery

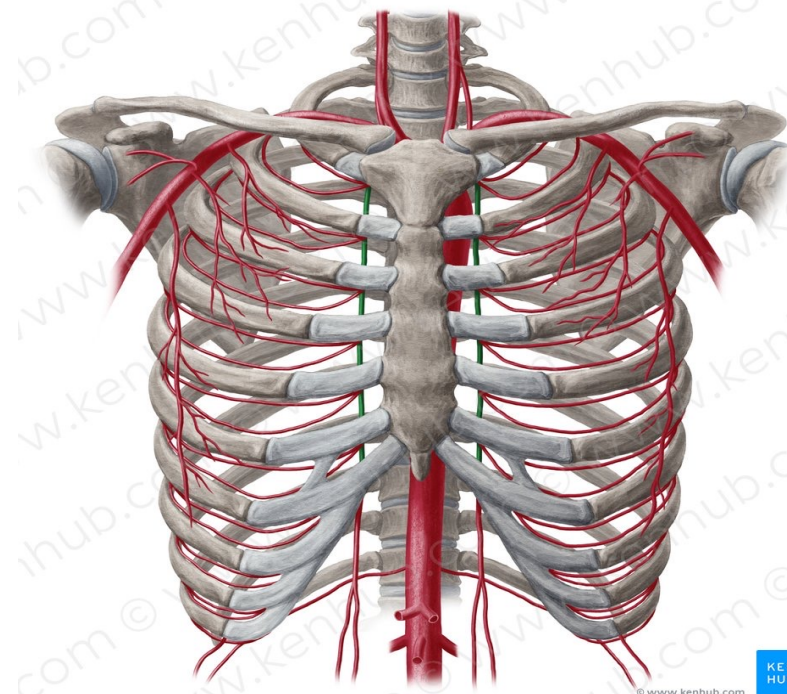
Origin: branch of 1st part of subclavian artery

Course: it descends vertically behind upper 6 costal cartilages and intercostal spaces

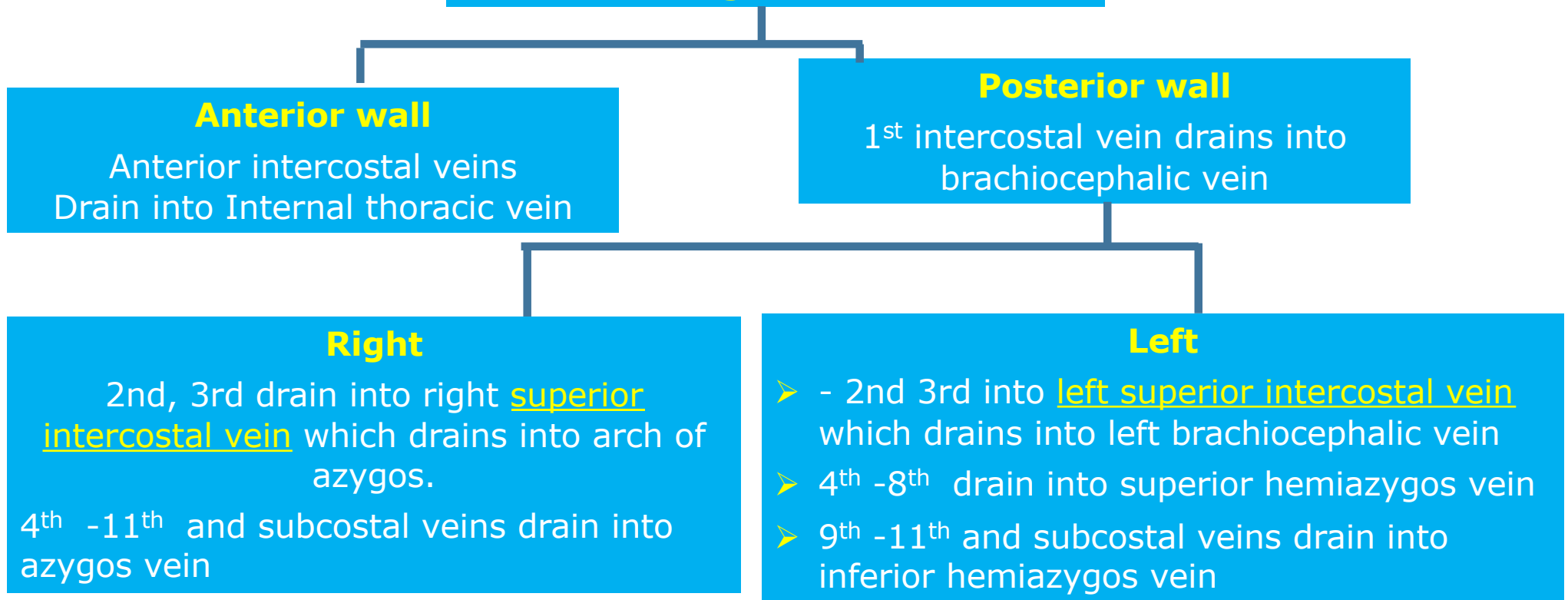
Termination: opposite the 6th intercostal space into : superior epigastric A. and Musculophrenic A.

Branches :

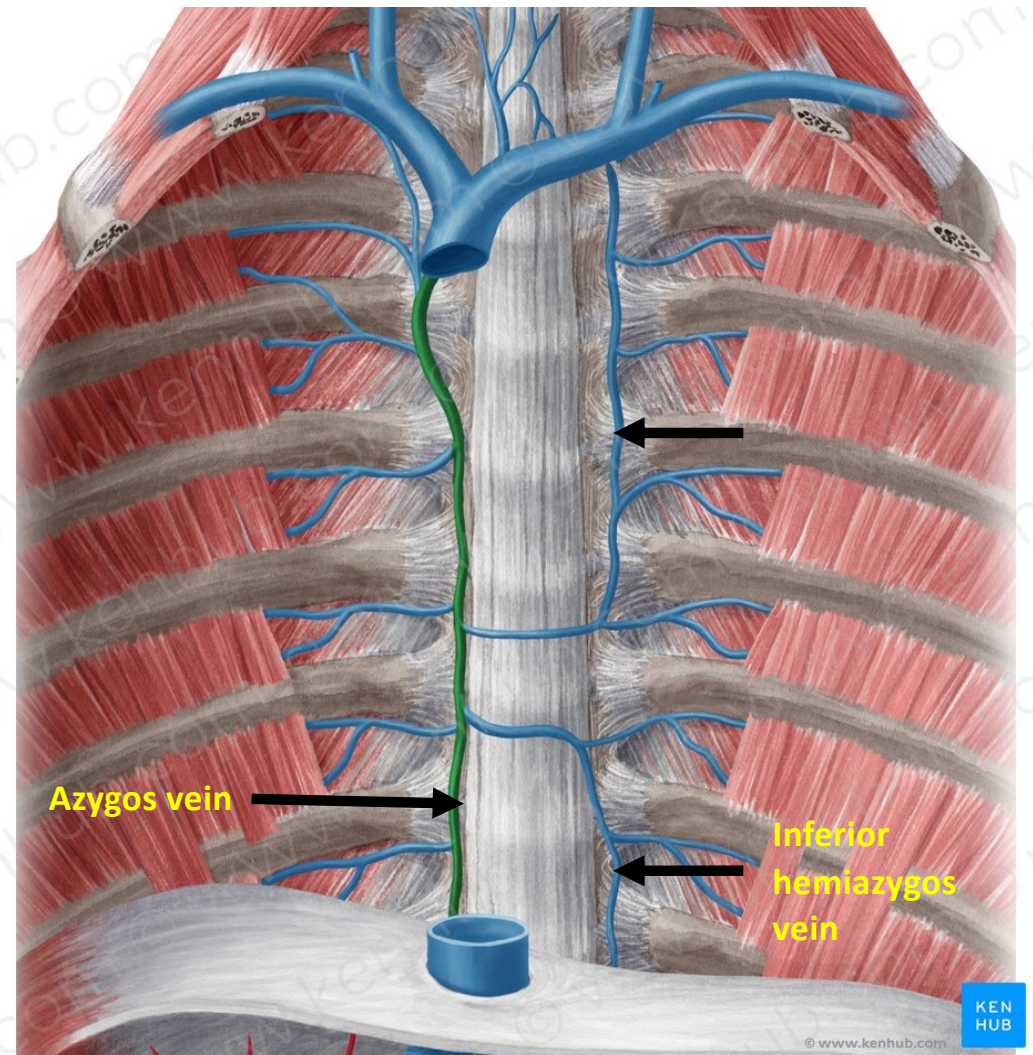
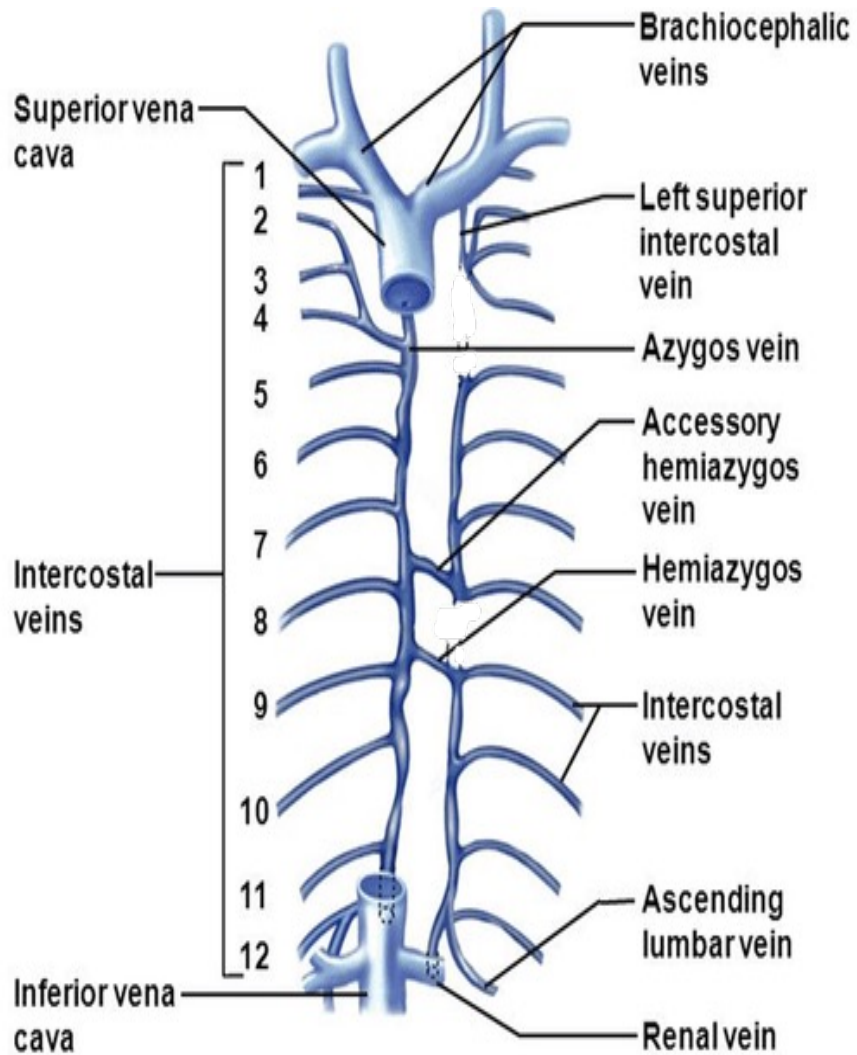
- 1-Pericardio-phrenic
- 2- Pericardial branches
- 3- Anterior intercostal a to upper six spaces.
- 4- Perforating branches to skin , muscles and mammary gland.



Venous drainage of thoracic wall



The posterior intercostal veins of the 2nd and 3rd (and occasionally 4th) intercostal spaces unite to form a trunk called the superior intercostal vein



Vertebral venous plexus

Is a valveless plexiform of veins

Location : epidural space between the wall of the vertebral canal and the dura mater

Tributaries from

- ✓ Spinal cord
- ✓ Vertebrae
- ✓ Vertebral veins
- ✓ Basilar plexus
- ✓ Occipital and sigmoid dural sinuses

Communication

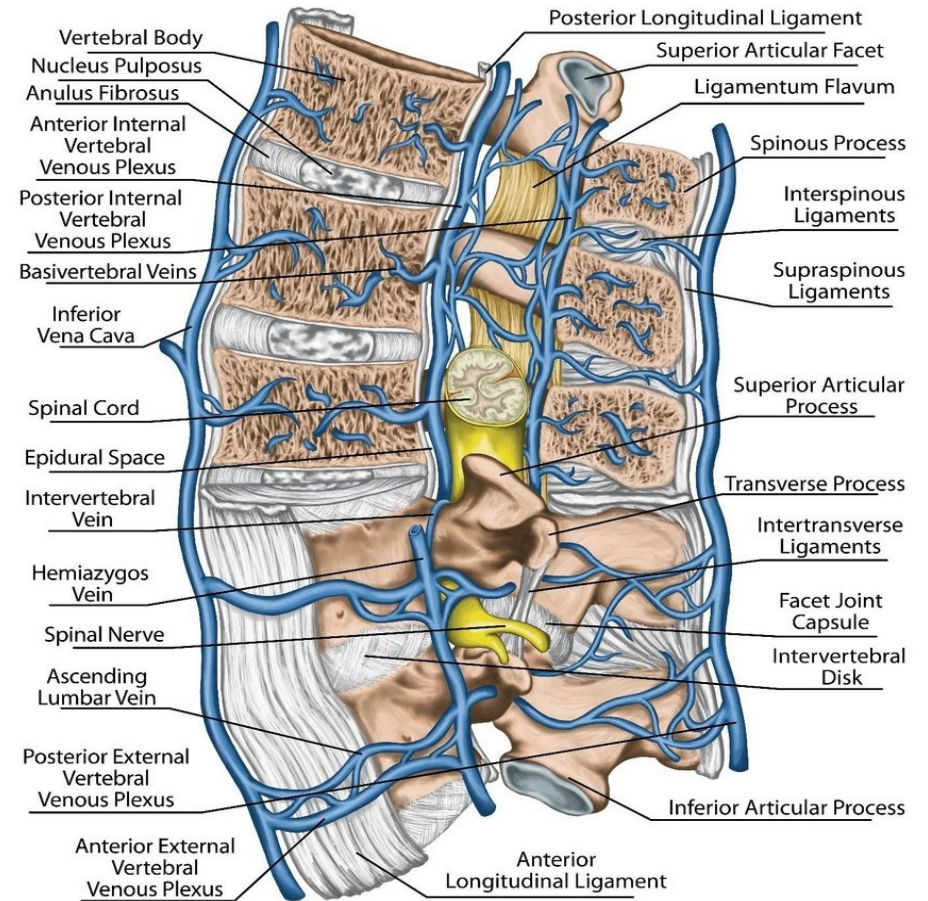
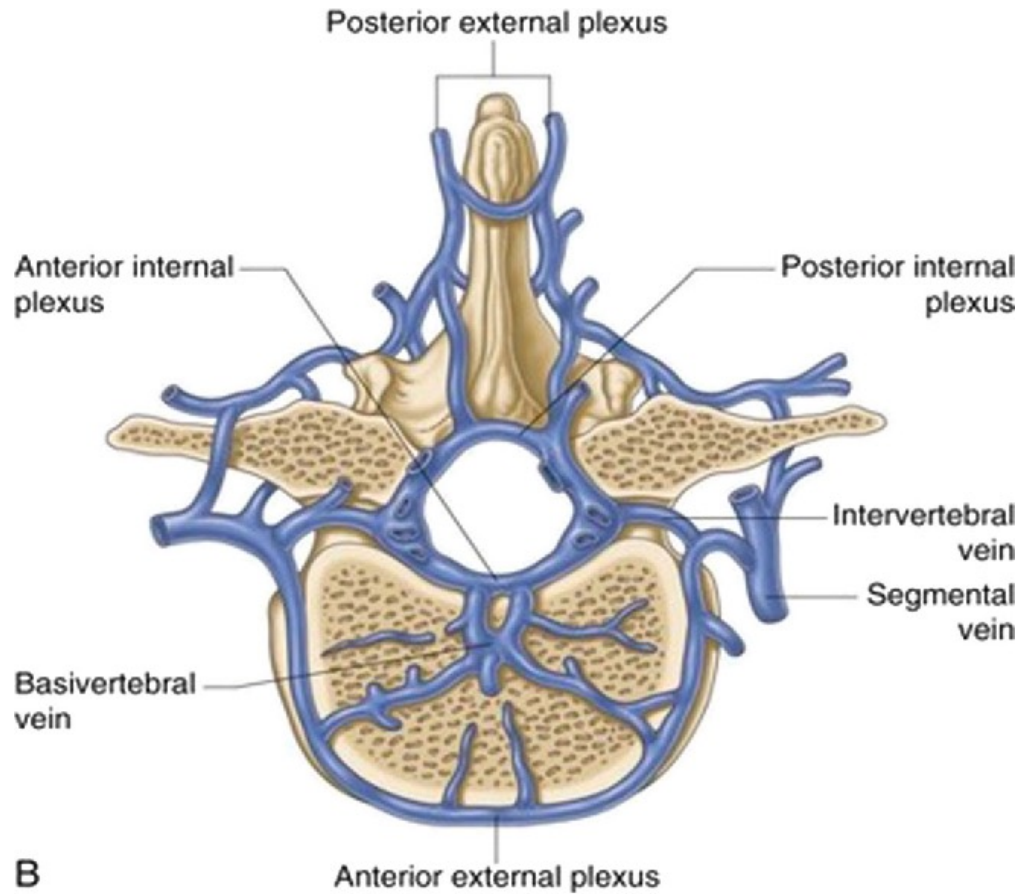
Anteriorly receive the basivertebral veins, which lie within the vertebral bodies.

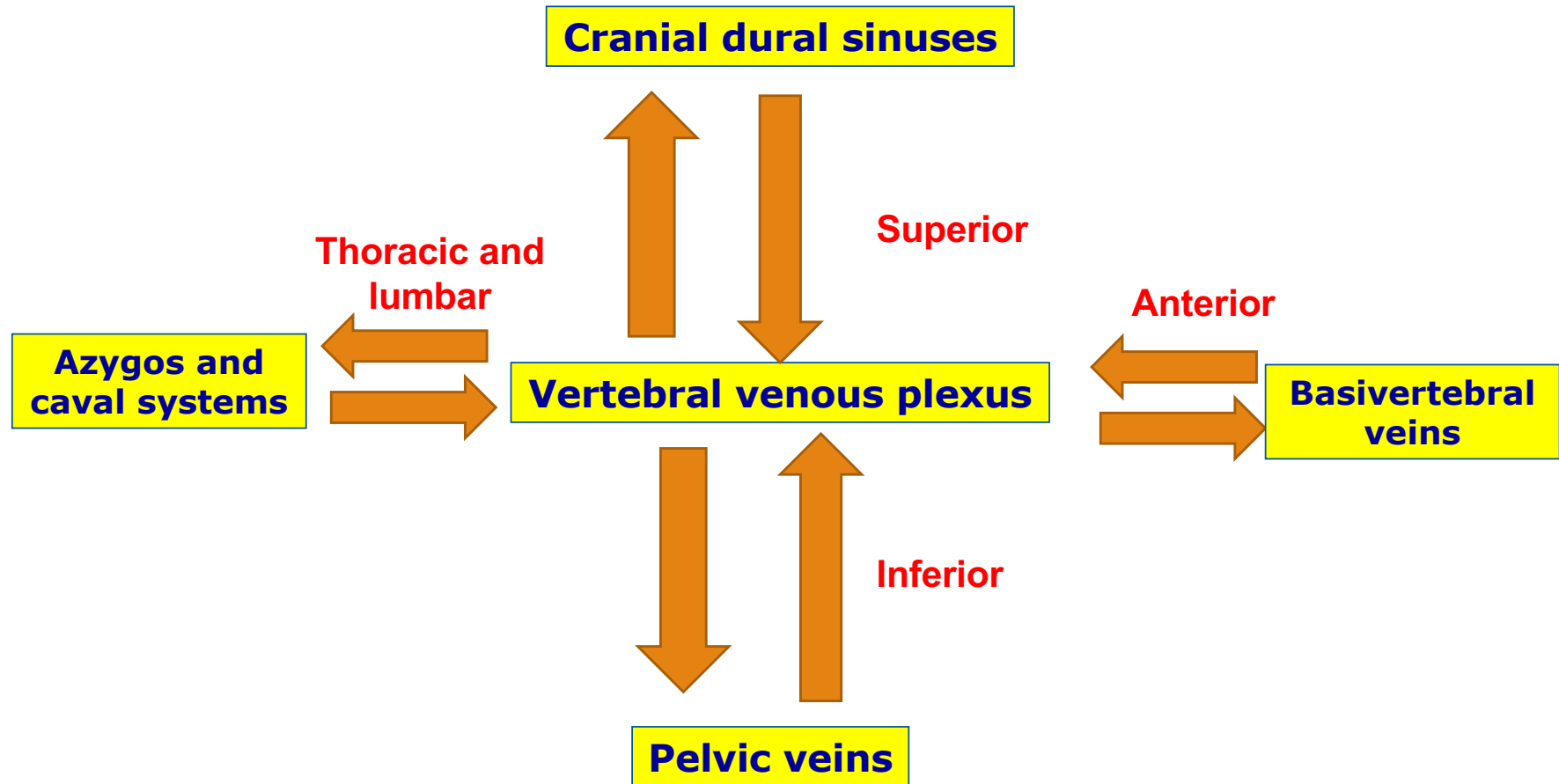
Superiorly with the cranial dural sinuses

inferiorly with the pelvic veins

It communicates with both the azygos and caval systems in the thoracic and abdominal regions

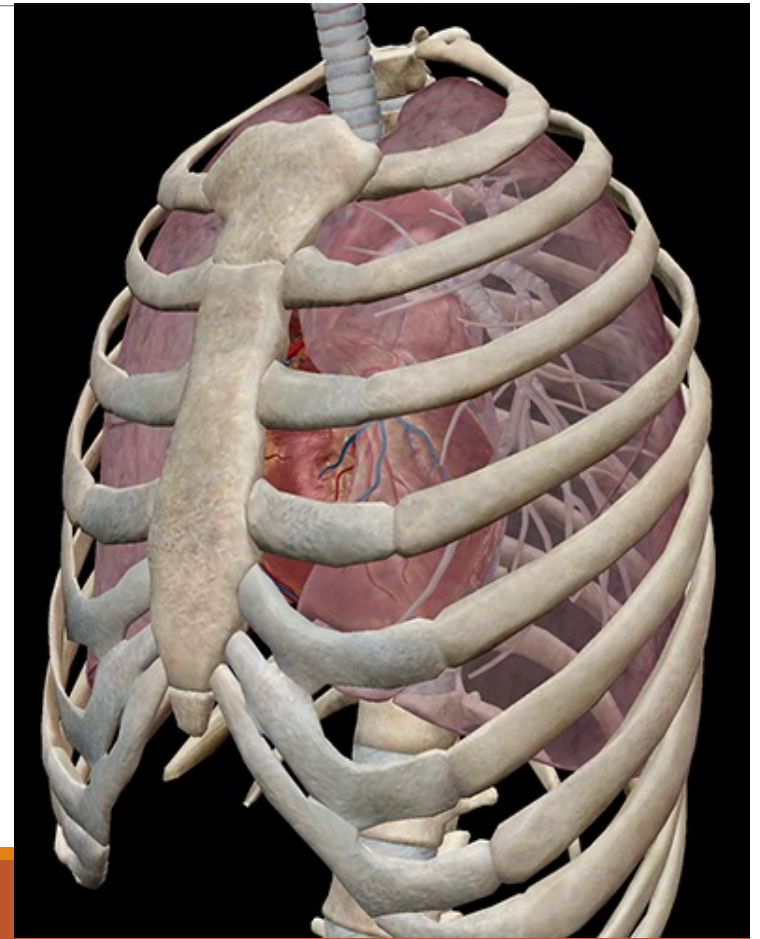
It is the route of early metastasis of carcinoma from the lung, breast, and prostate gland to bones and the central nervous system (CNS).

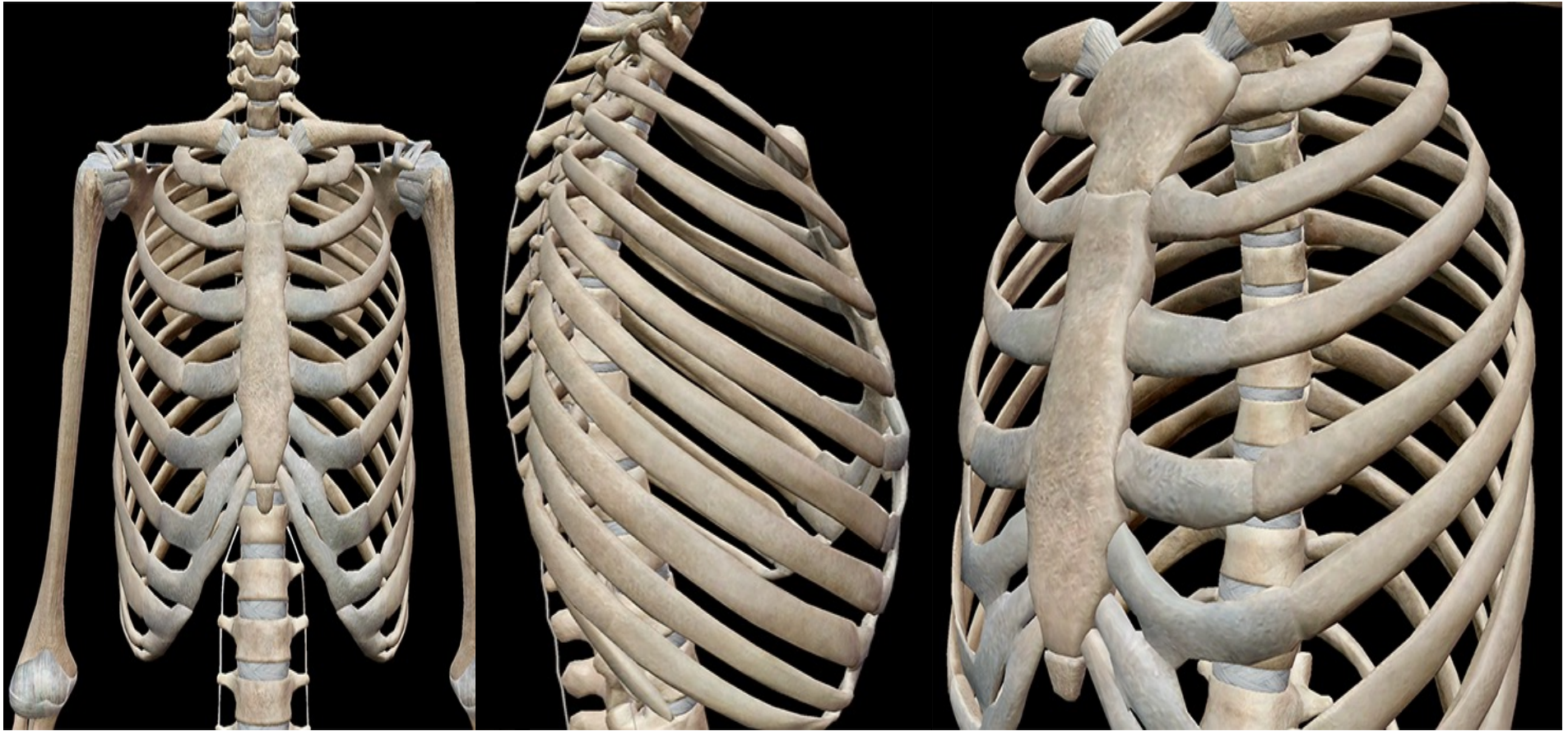




Thoracic cavity

- ❑ It bounded by thoracic cage , diaphragm.
- ❑ It extends upward into the root of the neck
About one finger breadth above the clavicle
on each side
- ❑ It contains two pleural cavities containing
lungs and mediastinum

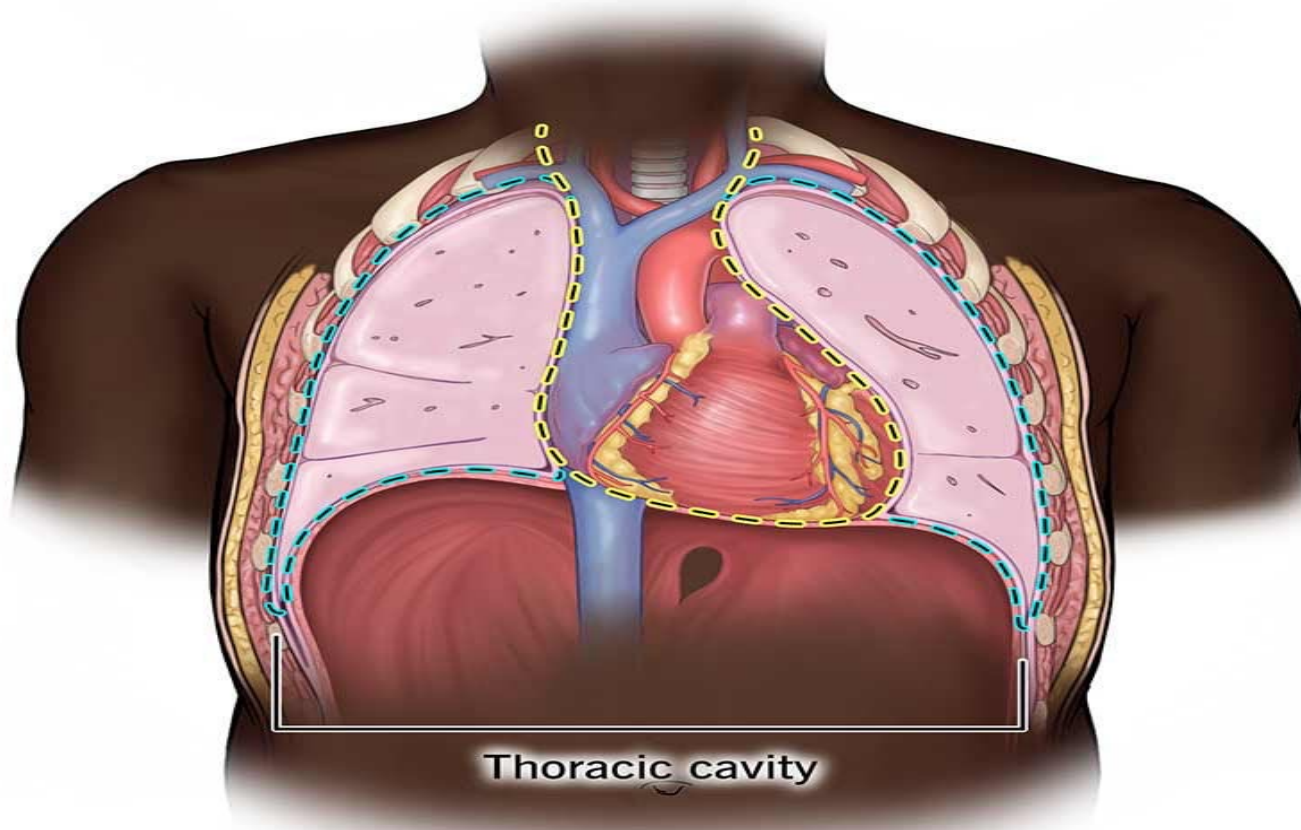




Watch this video

<https://www.youtube.com/watch?v=FSbQHigjCG4&t=4s>

Mediastinum



 Mediastinum

 Pleural cavities

Mediastinum

It is the region between the two pleural cavities.

Boundaries :

Superior: Thoracic Inlet

Inferior: Diaphragm

Anterior: Sternum

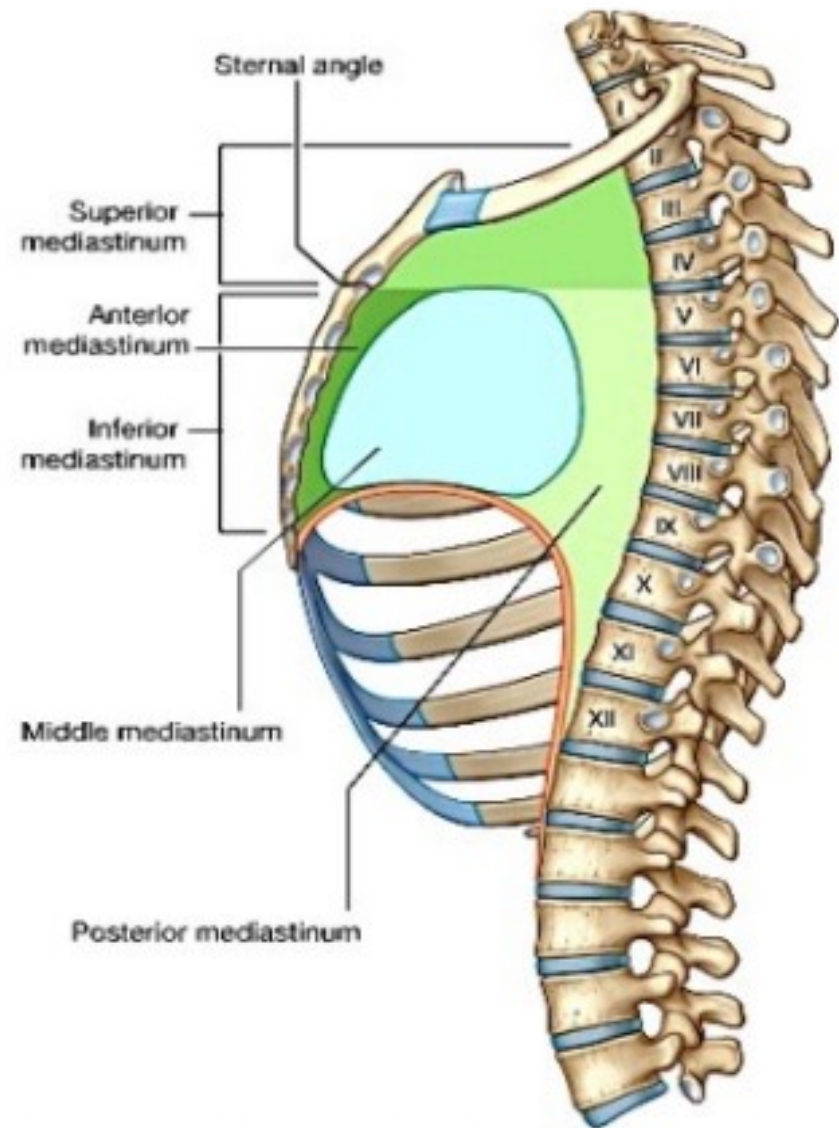
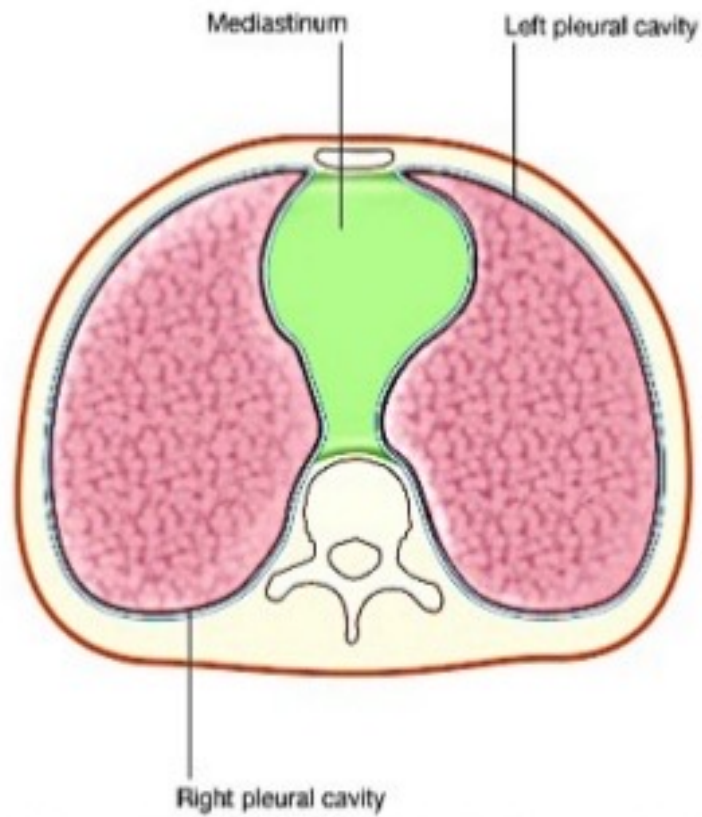
Posterior: Vertebral column

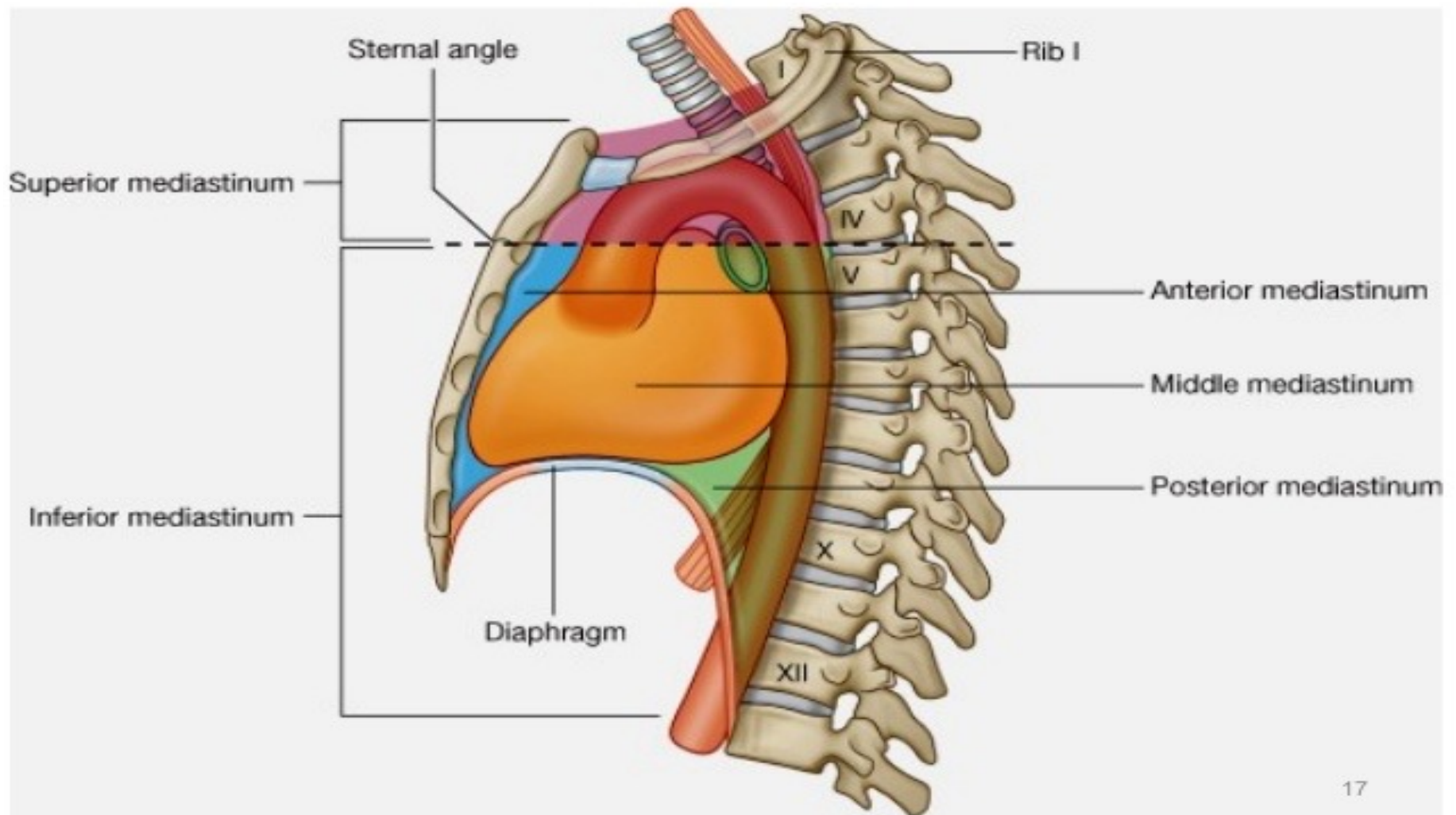
REED ONLY

N.B:

Anatomists refer to the superior thoracic aperture as the thoracic inlet because non-circulating substances (air and food) may enter the thorax only through this aperture.

When clinicians refer to the superior thoracic aperture as the thoracic outlet, they are emphasizing the arteries and T1 spinal nerves that emerge from the thorax through this aperture to enter the lower neck and upper limbs



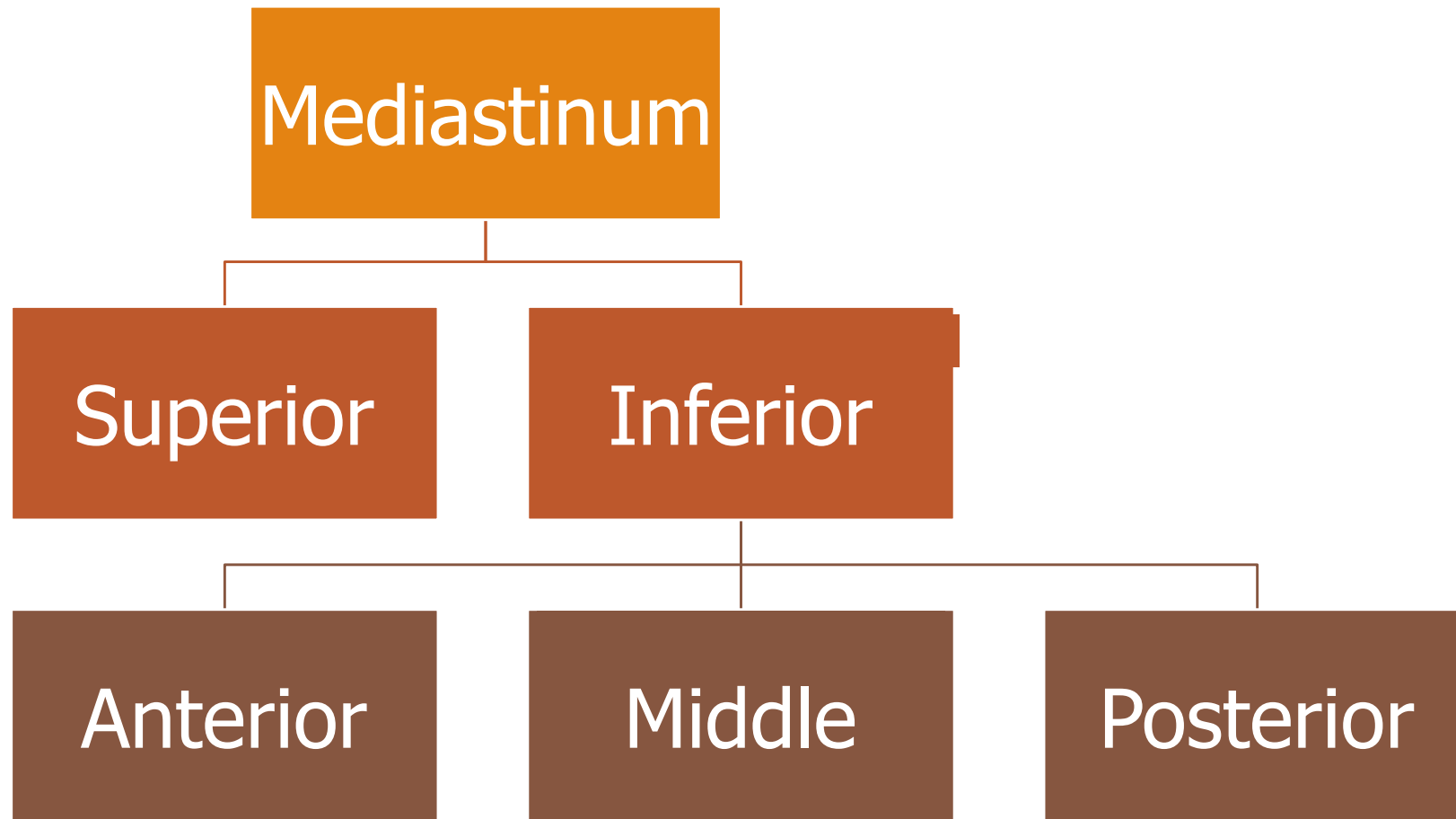


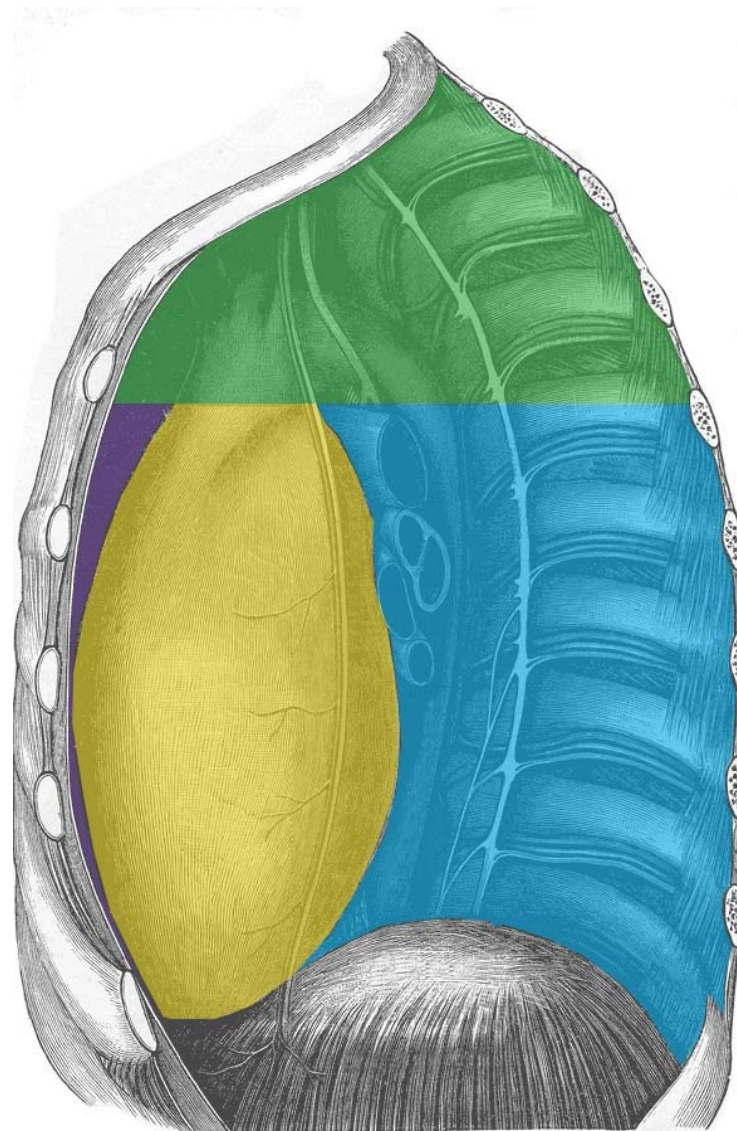
Subdivisions

Division :

An imaginary line from sternal angle to lower border of 4th thoracic vertebra divide mediastinum into :

- ✓ **Superior mediastinum** above the line and inferior mediastinum below the line.
- ✓ **Inferior mediastinum** divided into ;
 - **Middle mediastinum** contains heart and pericardium
 - **Anterior mediastinum** in front middle mediastinum
 - **Posterior mediastinum** behind middle mediastinum





- Superior mediastinum
- Anterior mediastinum
- Middle mediastinum
- Posterior mediastinum

The Superior mediastinum

Boundaries:

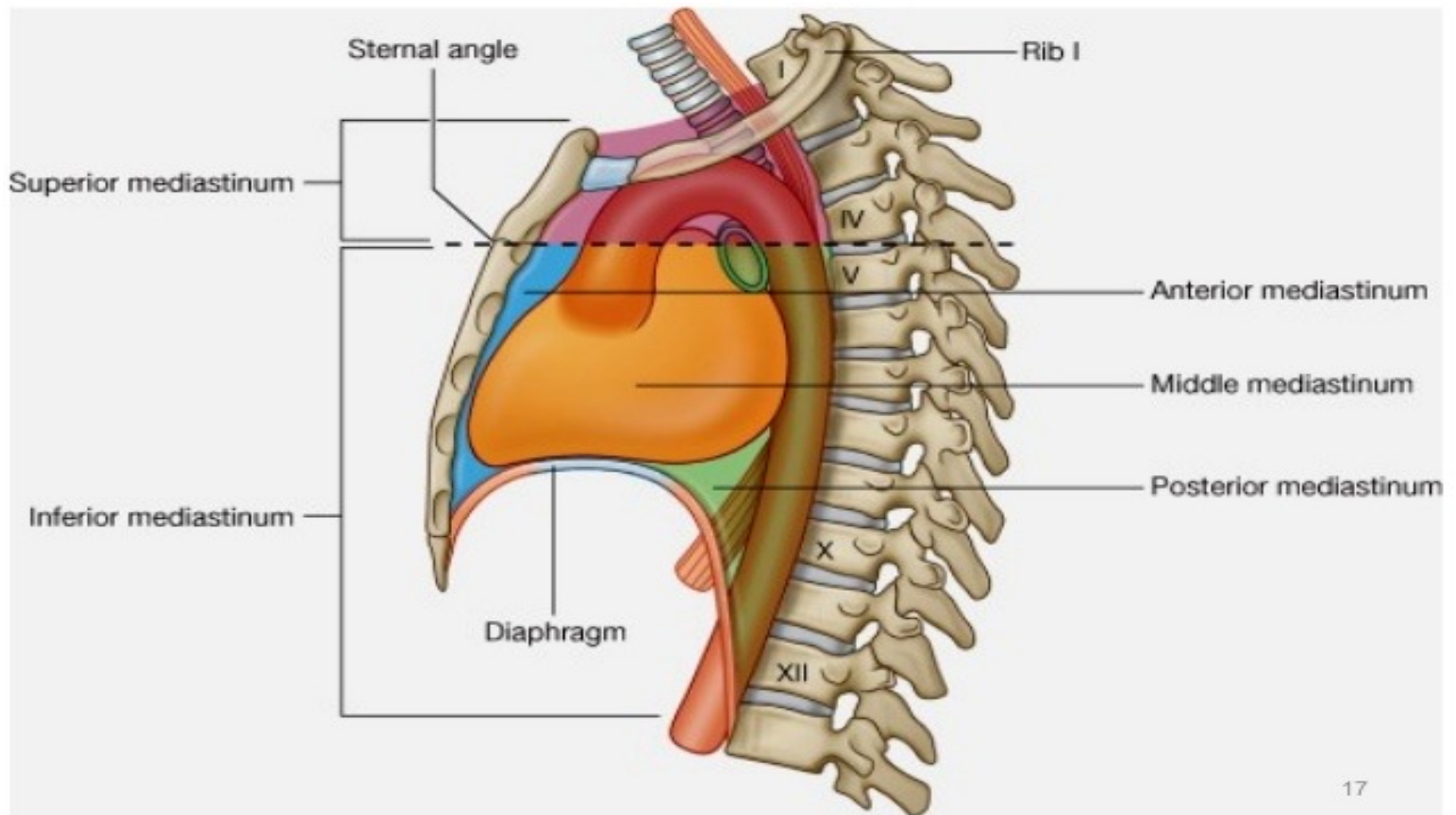
Anteriorly: manubrium sterni.

Posteriorly: upper four thoracic vertebrae.

Superiorly: thoracic inlet.

Inferiorly: imaginary plane.

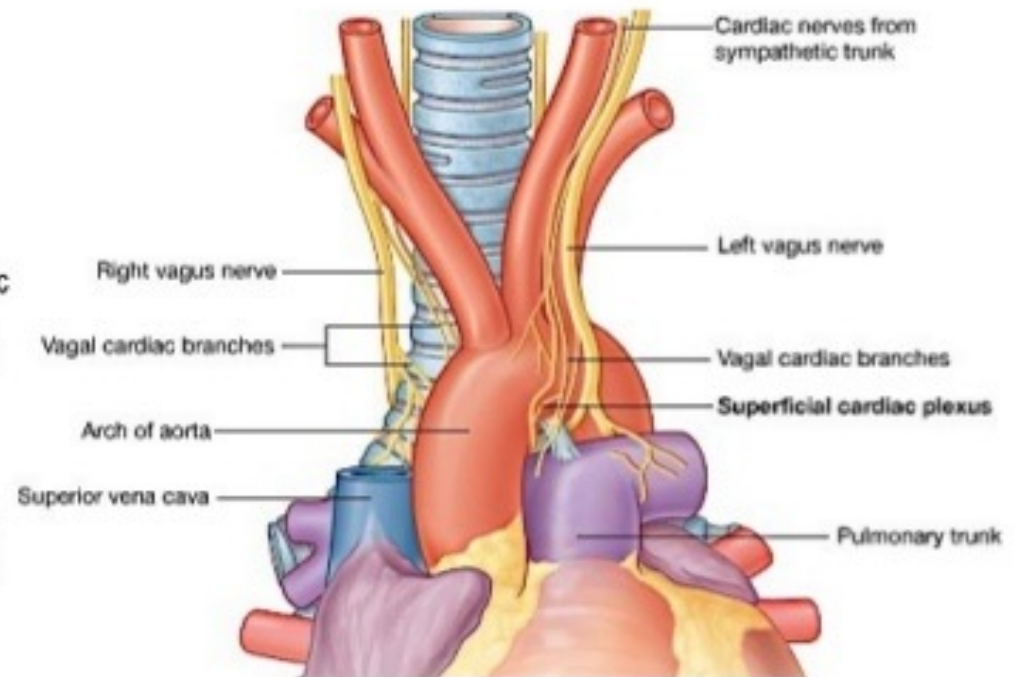
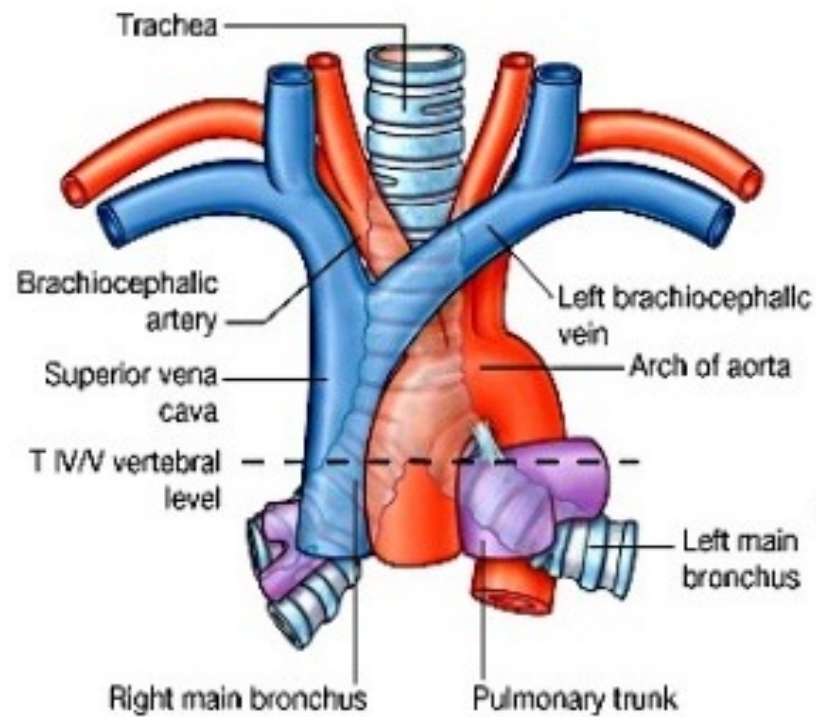
On each side: mediastinal pleura.



Contents of superior Mediastinum

- 1- Arch of Aorta and its branches
- 2- Brachiocephalic veins and superior vena cava
- 3- Thoracic duct
- 4- Thymus
- 5- Phrenic and vagus nerves
- 6- Trachea
- 7- Oesophagus

Superior Mediastinum - contents



Brachiocephalic vein (Right and left)

Formation : By union internal jugular and subclavian veins

Beginning : Posterior to the sternoclavicular joint

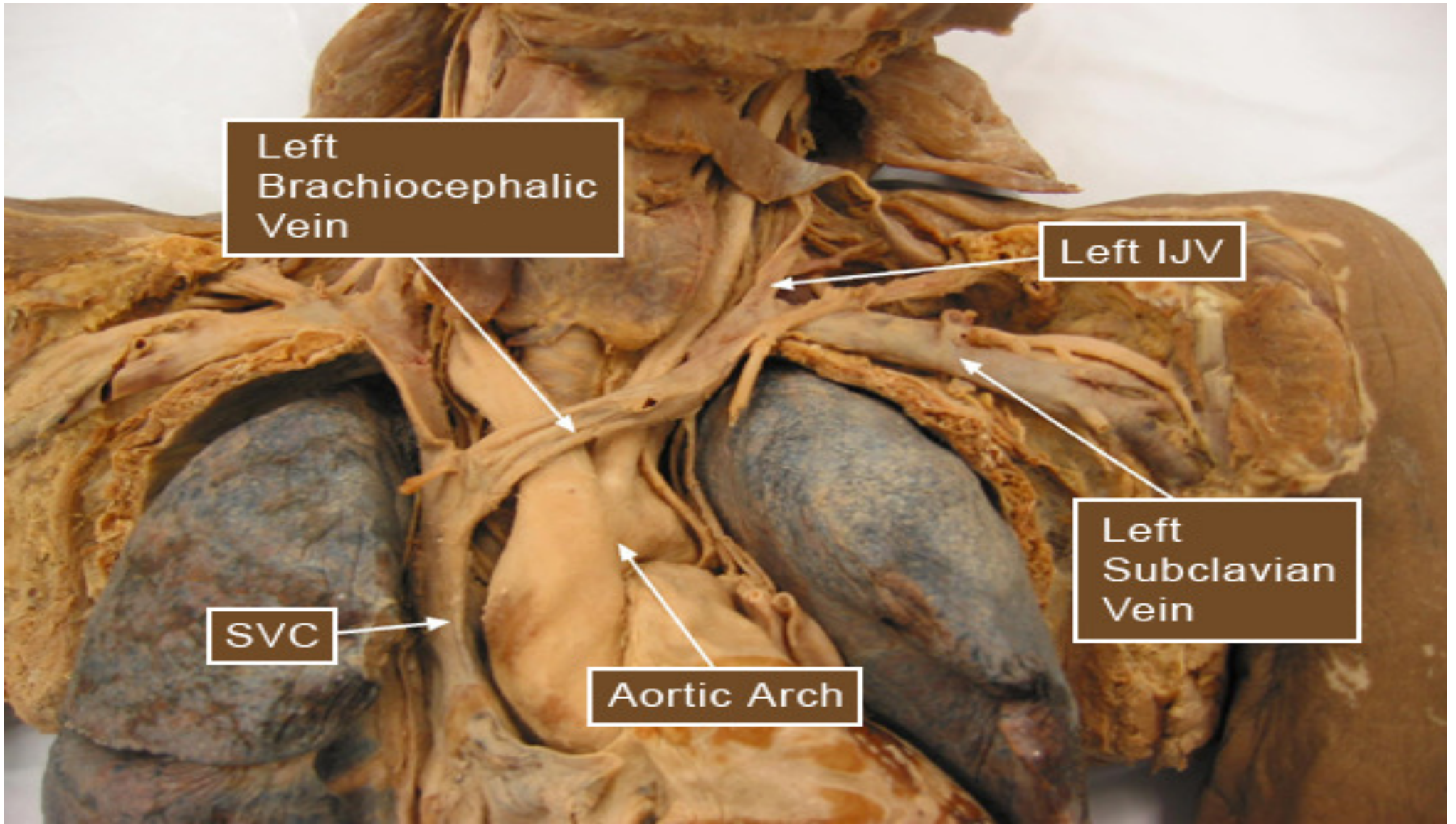
Termination : 1st right costal cartilage

Both right and left Brachiocephalic veins joined together to form superior venae cava

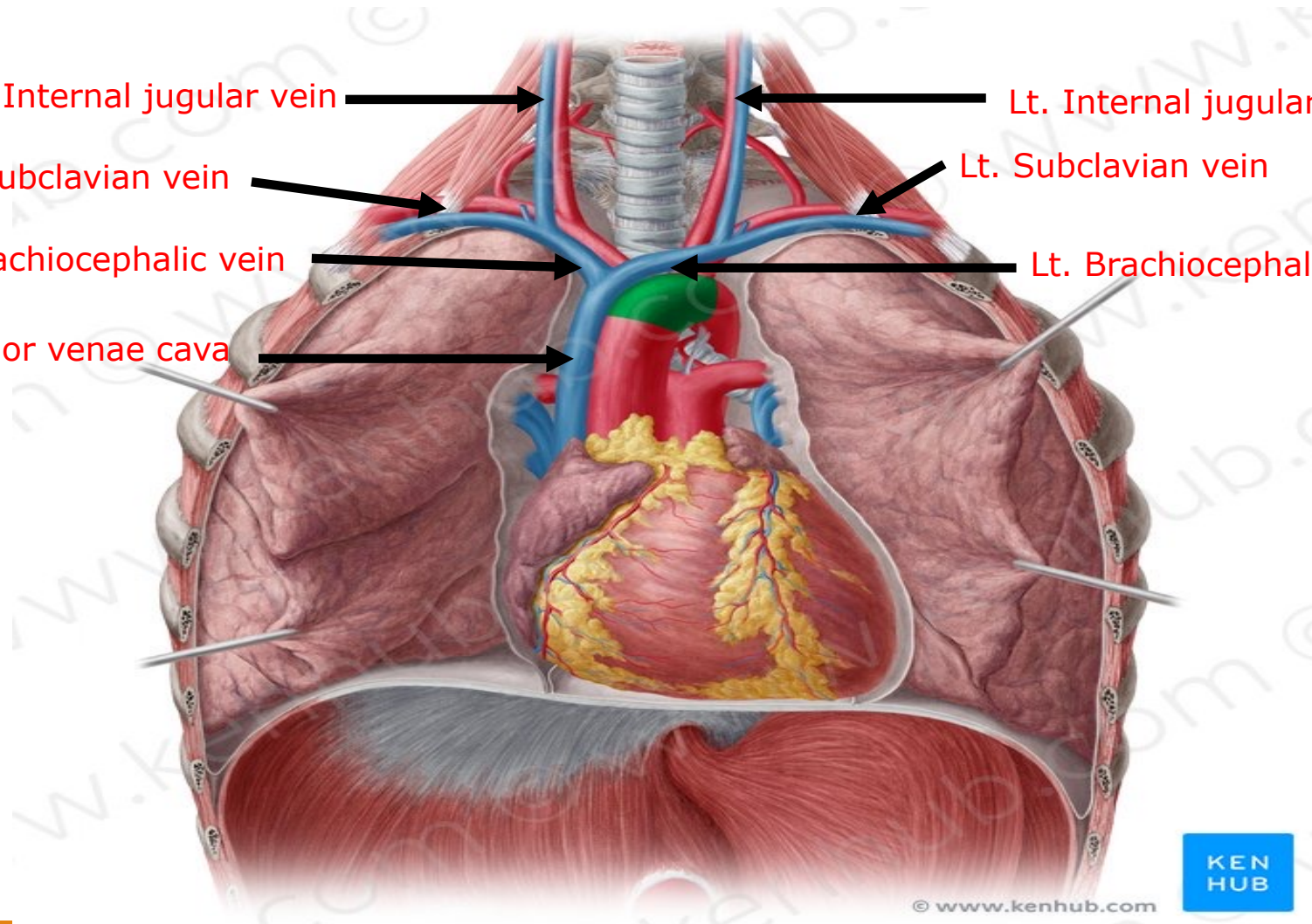
N.B : The left Brachiocephalic vein is longer than the right

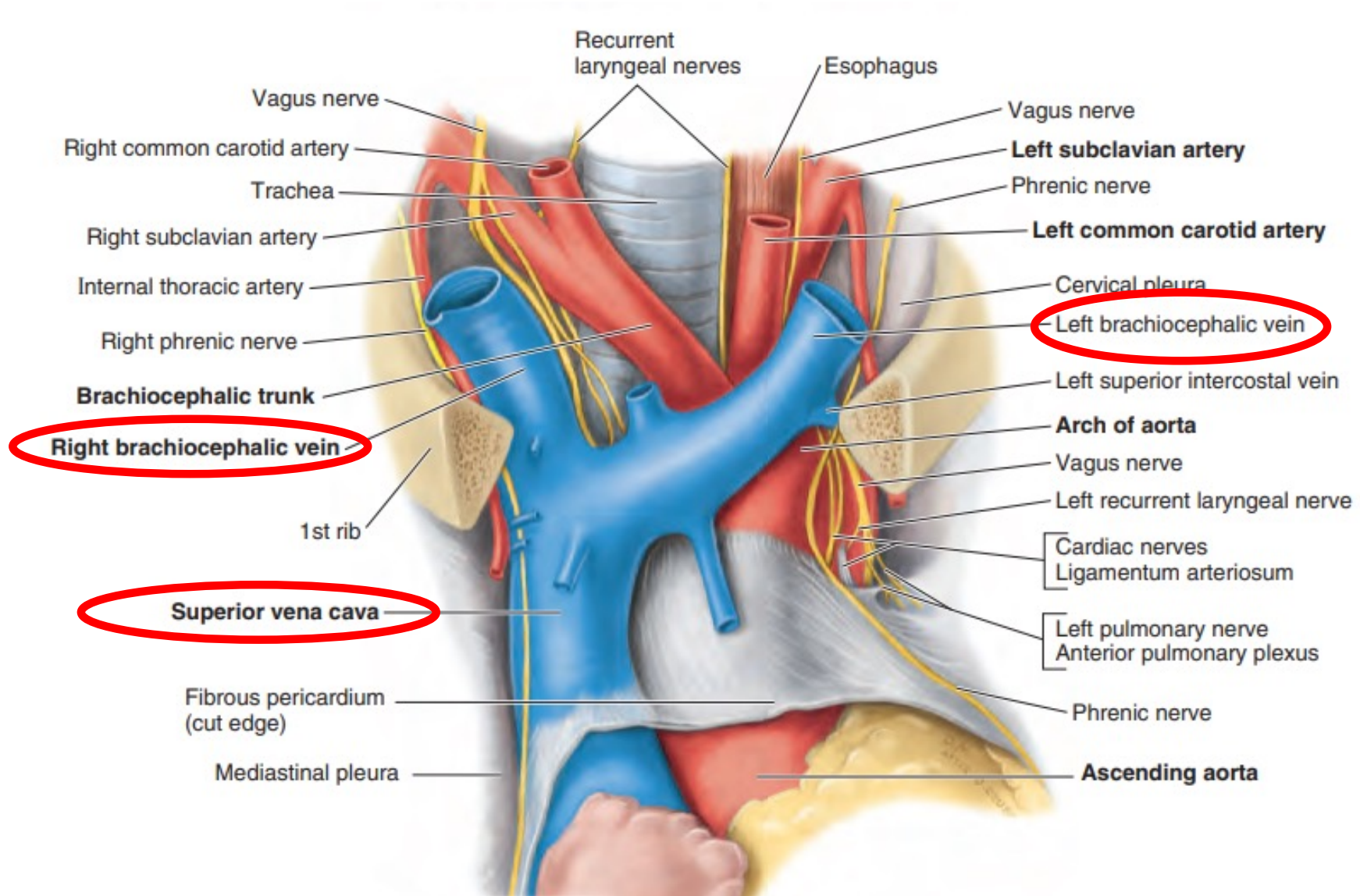
Brachiocephalic vein **WHY ??**

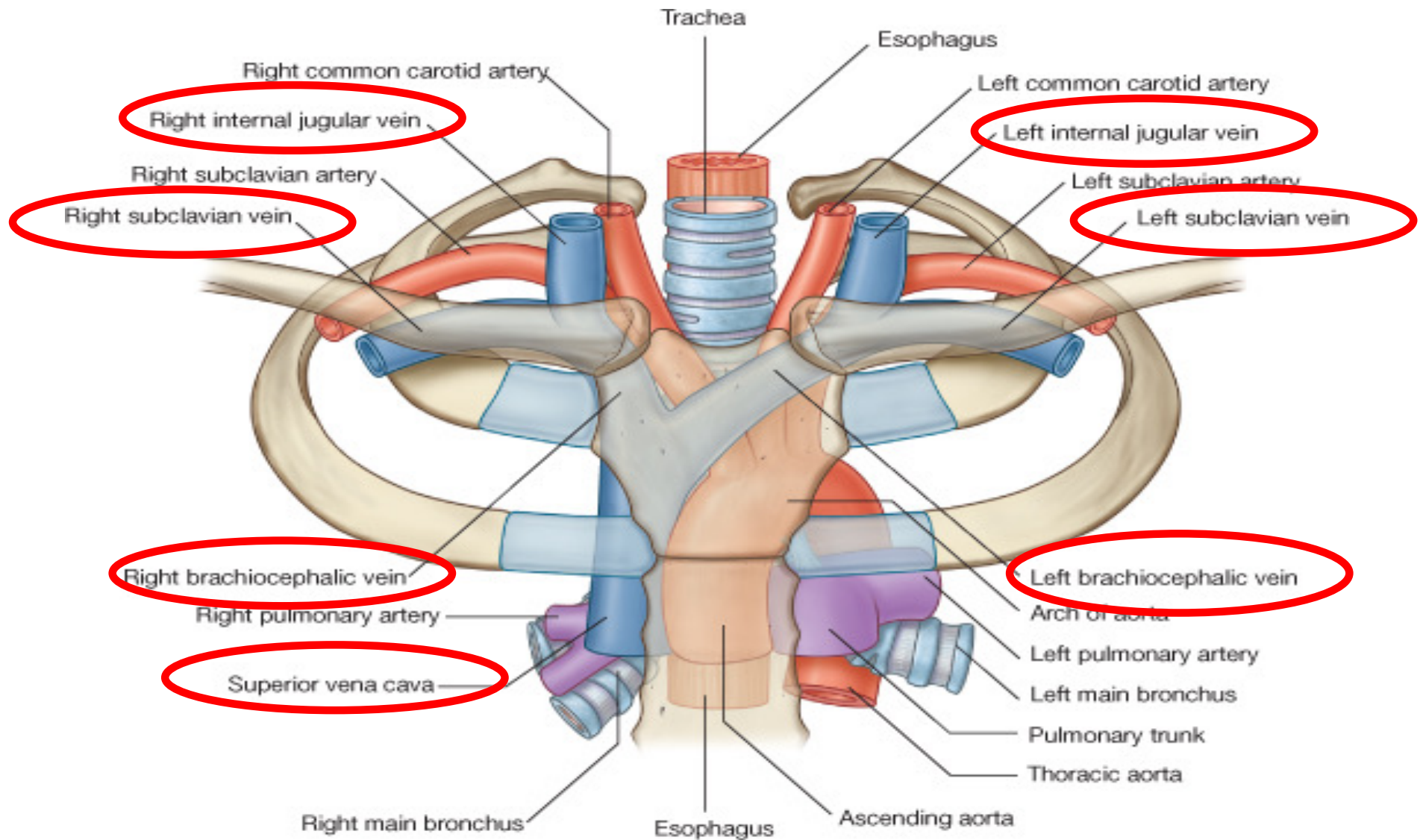
It passes from the left to the right side, anterior to the roots of the three major branches of the arch of the aorta



Rt. Internal jugular vein → ← Lt. Internal jugular vein
Rt. Subclavian vein ← Lt. Subclavian vein
Rt. Brachiocephalic vein ← Lt. Brachiocephalic vein
Superior venae cava →







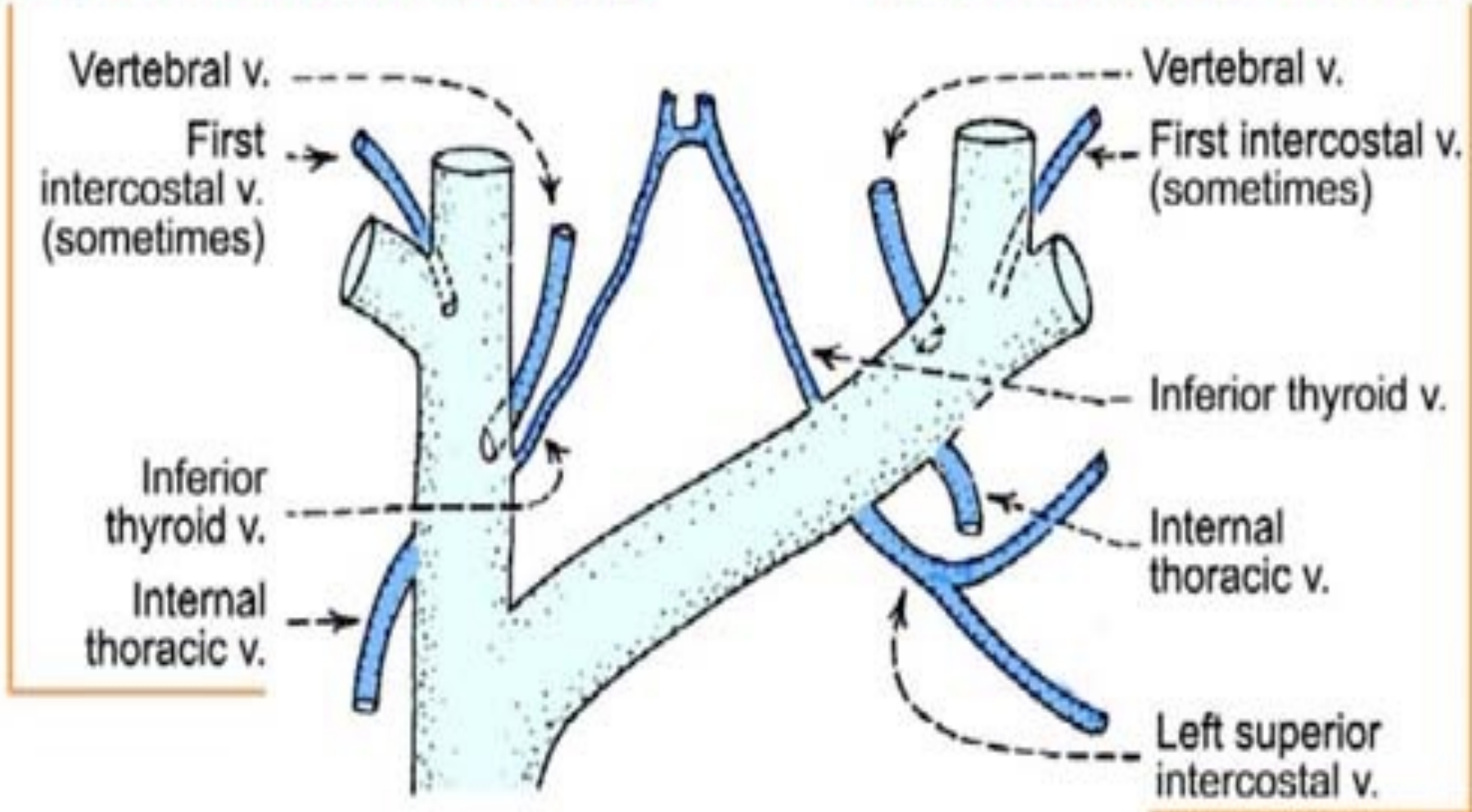
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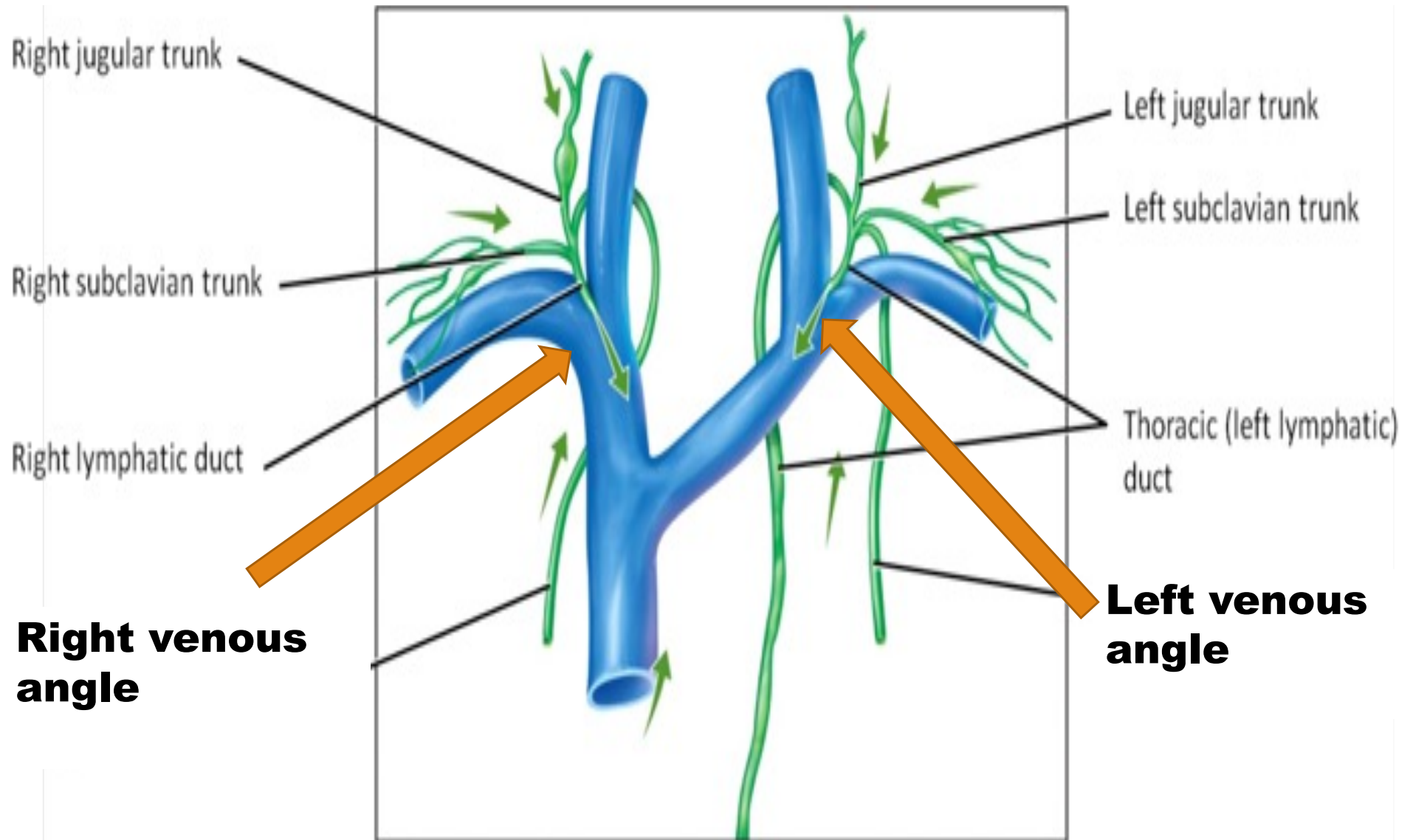
Tributaries of Brachiocephalic vein

Rt. Brachiocephalic vein	Lt. Brachiocephalic vein
Inferior thyroid vein	Inferior thyroid vein
Right vertebral vein	Left vertebral vein
Right Internal thoracic vein	Left Internal thoracic vein
Right first posterior intercostal	Left first posterior intercostal vein
	Left superior intercostal vein

Tributaries of RIGHT BRACHIOCEPHALIC VEIN

Tributaries of LEFT BRACHIOCEPHALIC VEIN





Superior venae cava

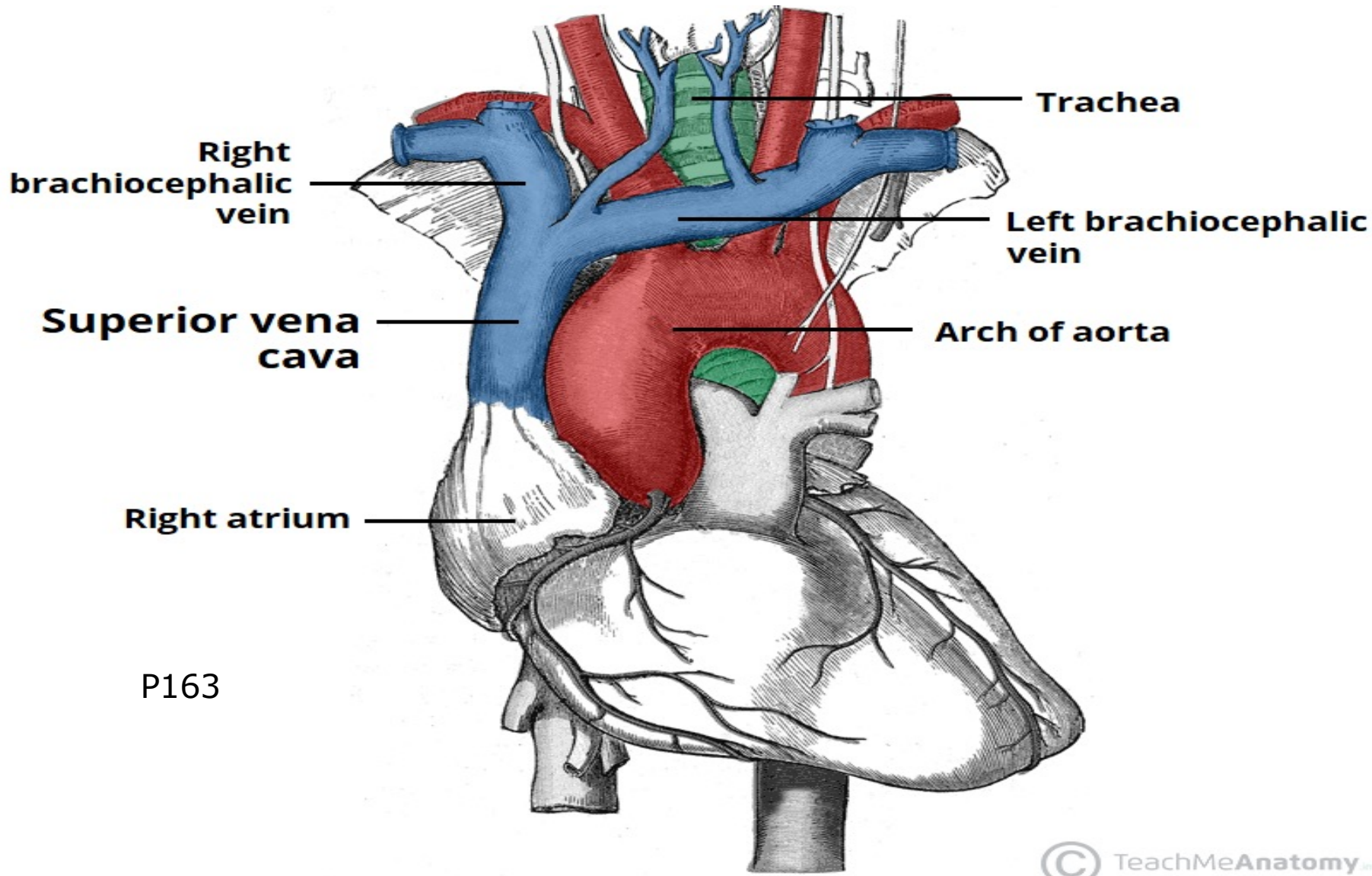
Formation : By union the right and left Brachiocephalic veins

Beginning : 1st right costal cartilage

Termination : 3rd right costal cartilage

as it enters the right atrium of the heart

It receives the venous return from the upper half of the body,
above the diaphragm



P163

Arteries of the superior mediastinum

I-Arch of the aorta

Beginning : Right border of sternum at 2nd right costal cartilage

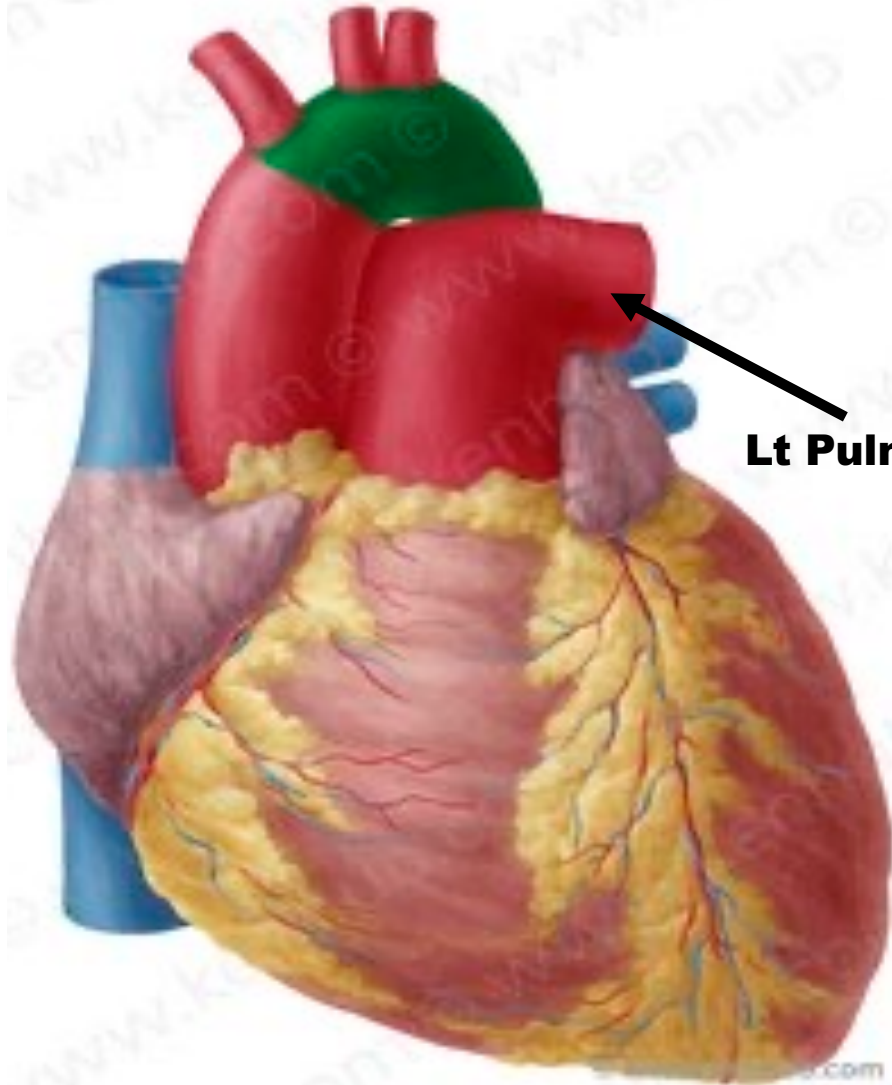
Termination: Lower border 4th thoracic vertebra
by becoming the thoracic (descending) aorta

Course:

- It arches superiorly, posteriorly and to the left, and then inferiorly.
- The arch ascends anterior to the right pulmonary artery and the bifurcation of the trachea.
- It passes over the root of the left lung to become at the left side of the trachea and esophagus

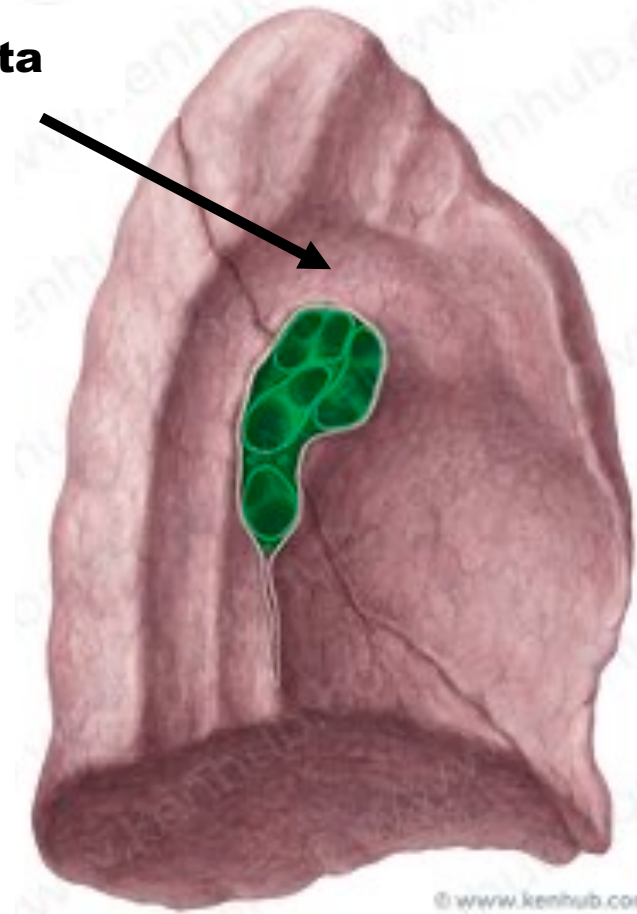
N.B The ligamentum arteriosum :

- it is the remnant of the fetal ductus arteriosus.
- It passes from the root of the left pulmonary artery to the inferior surface of the arch of the aorta



Arch of Aorta

Lt Pulmonary A



Relations

Anteriorly and to the left:

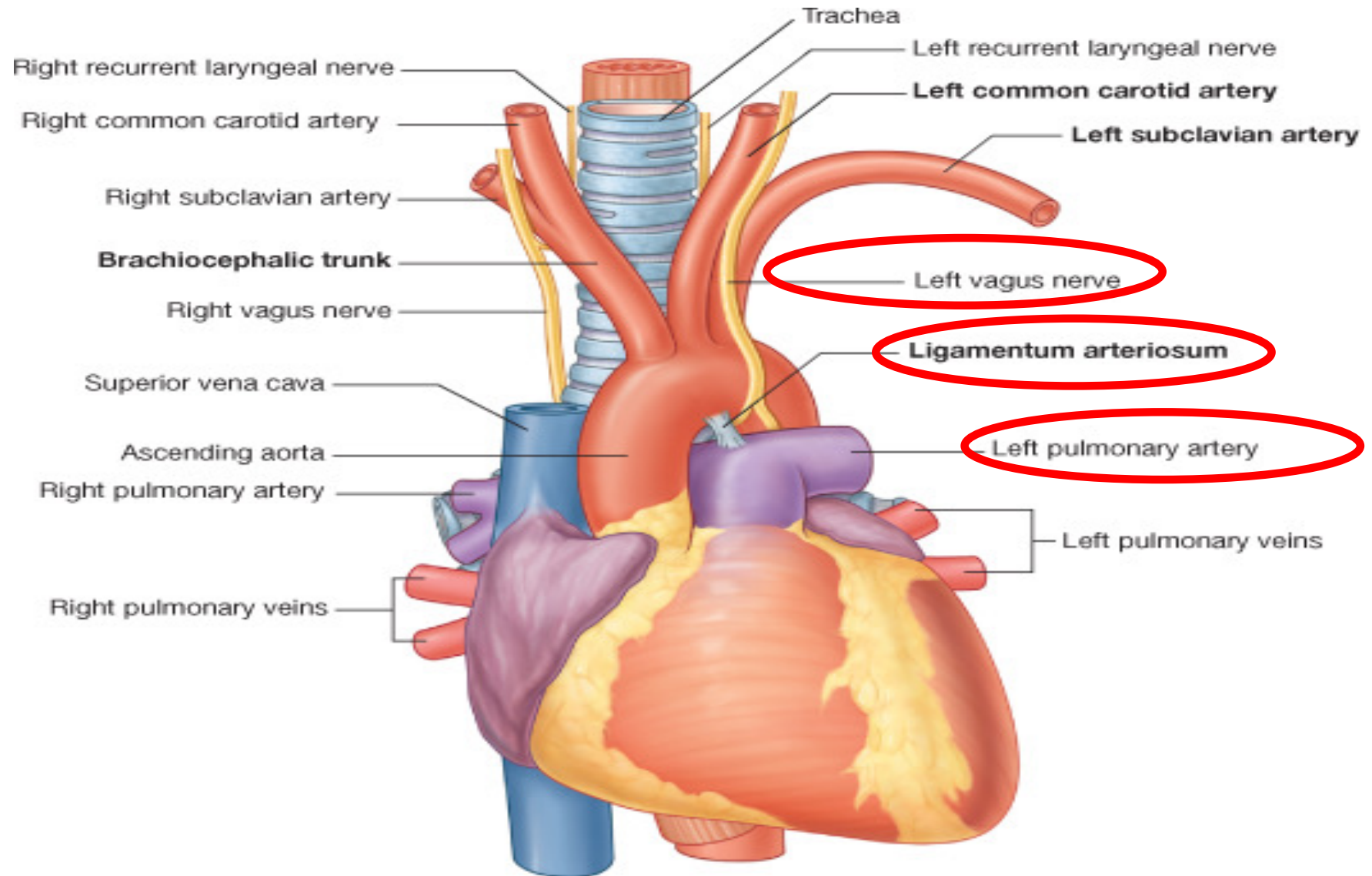
left phrenic, left vagus and left superior intercostal vein

Posteriorly and to the right:

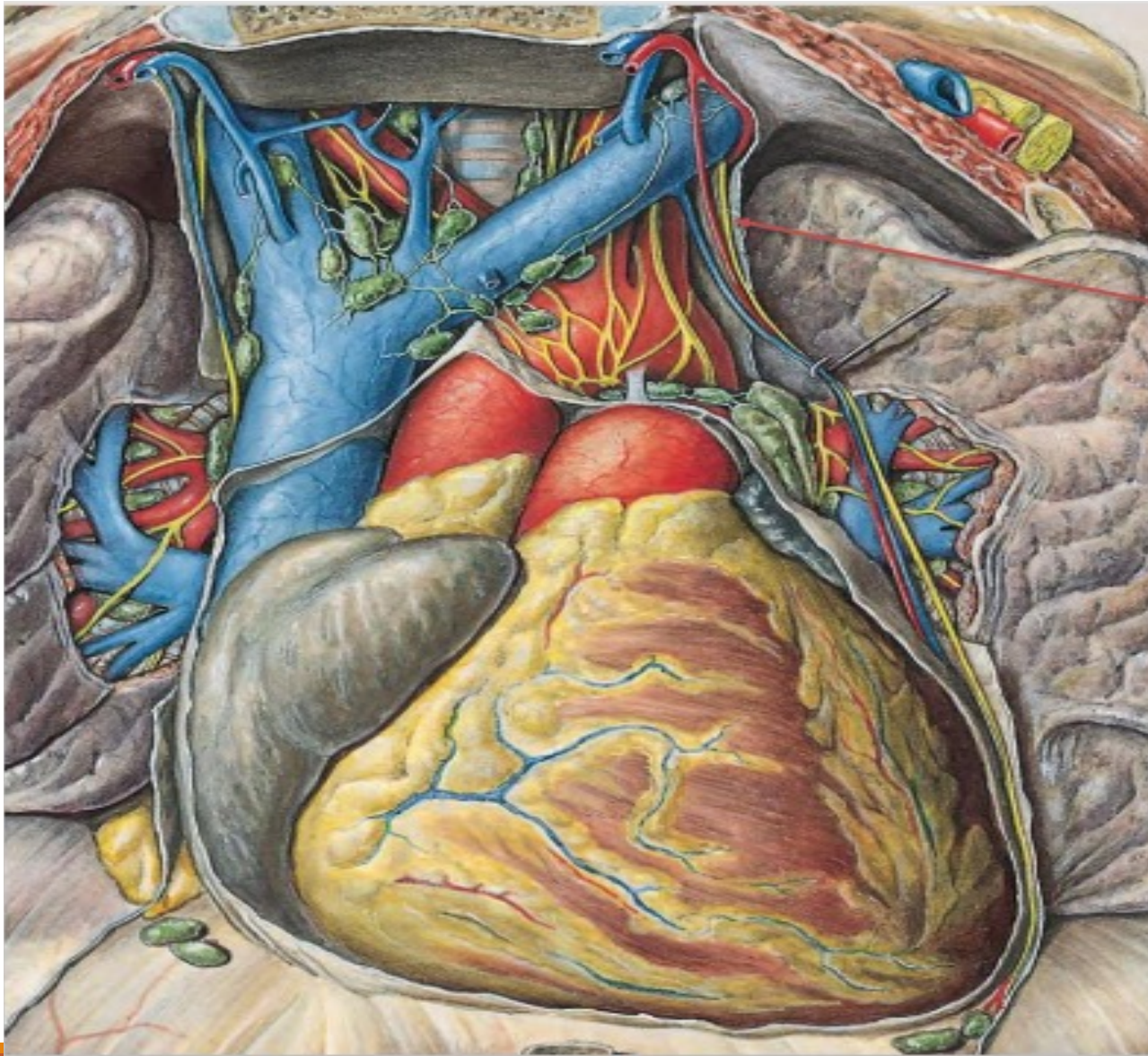
Esophagus, trachea, left recurrent laryngeal nerve and thoracic duct

Inferiorly :

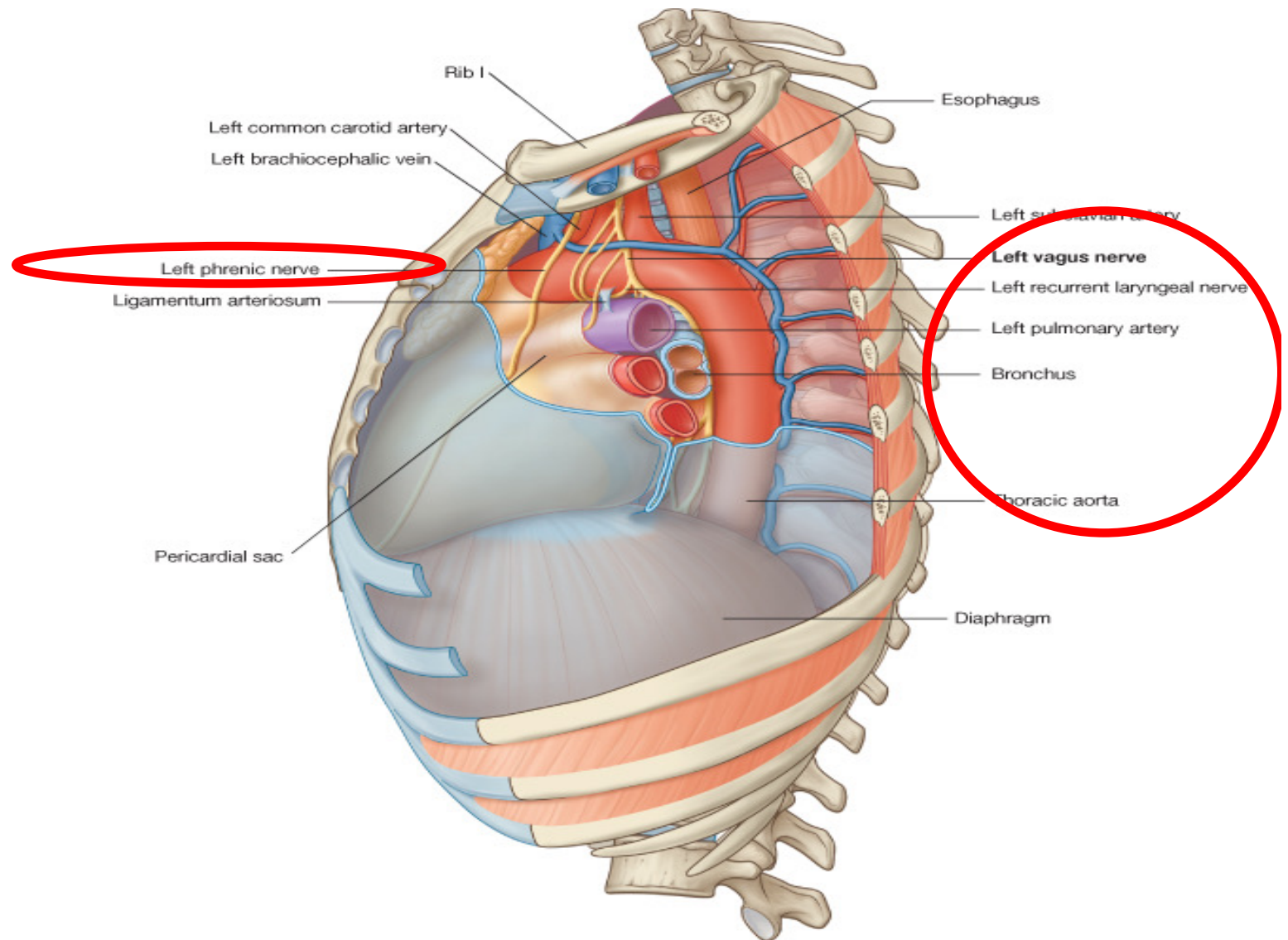
- ✓ Bifurcation of pulmonary trunk
- ✓ Ligamentum arteriosum.
- ✓ Superficial cardiac plexus
- ✓ left recurrent laryngeal nerve.
- ✓ Left main bronchus



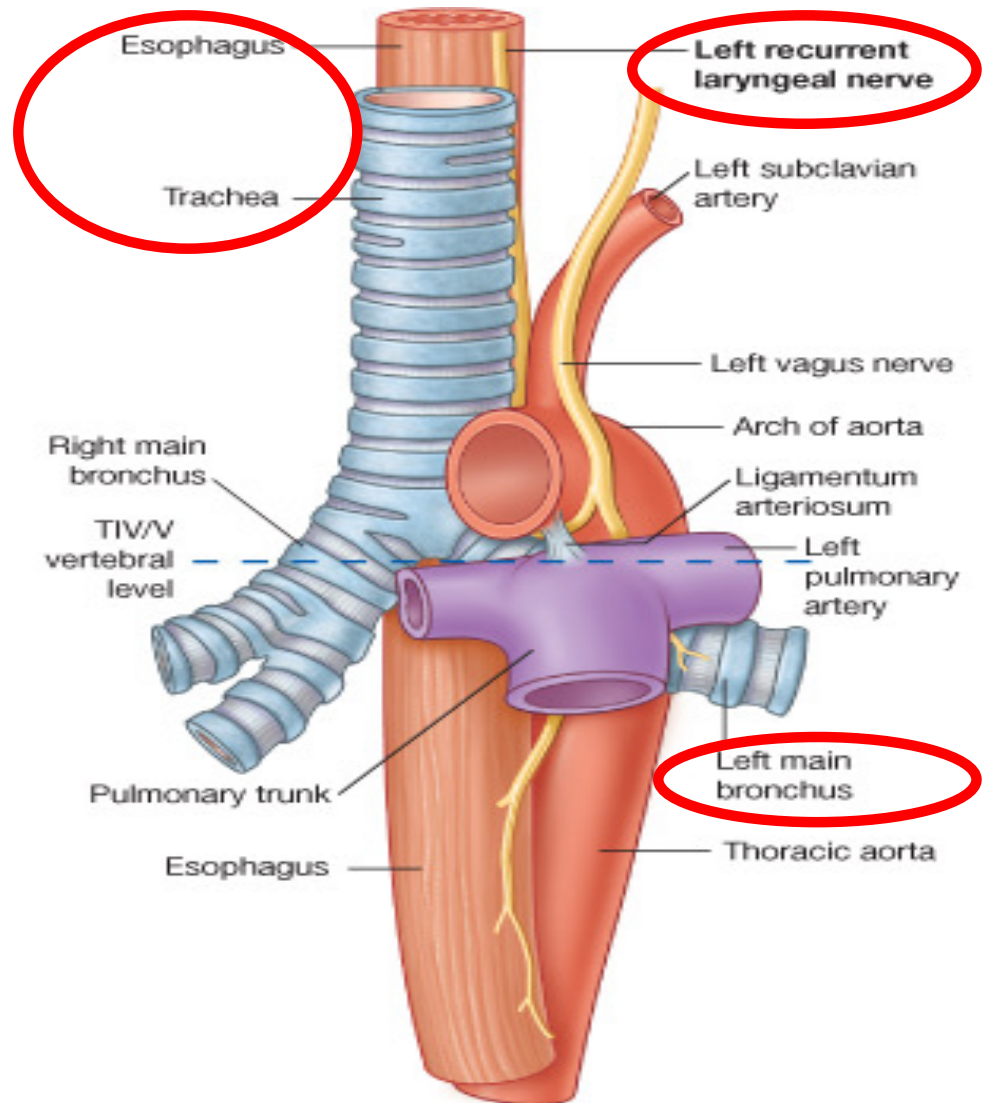
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Left phrenic nerve



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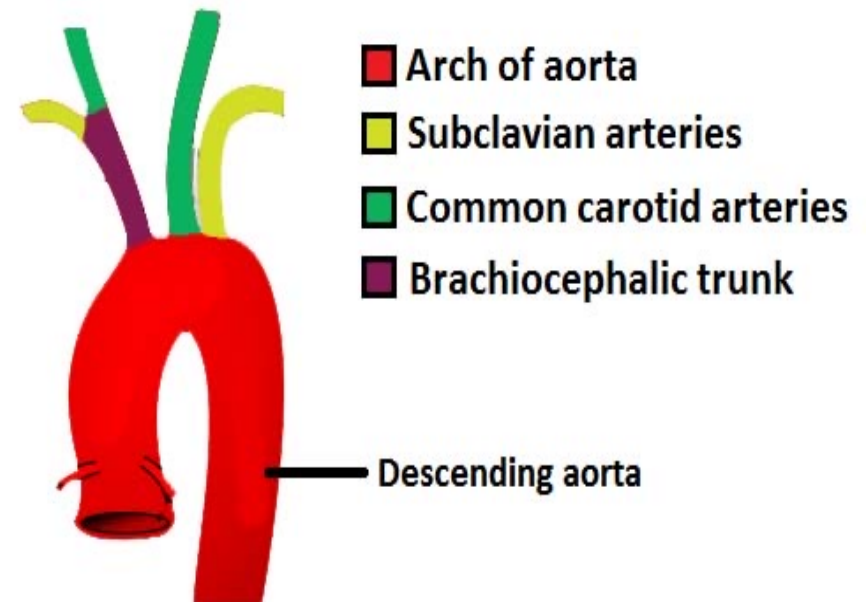


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Aortic arch branches

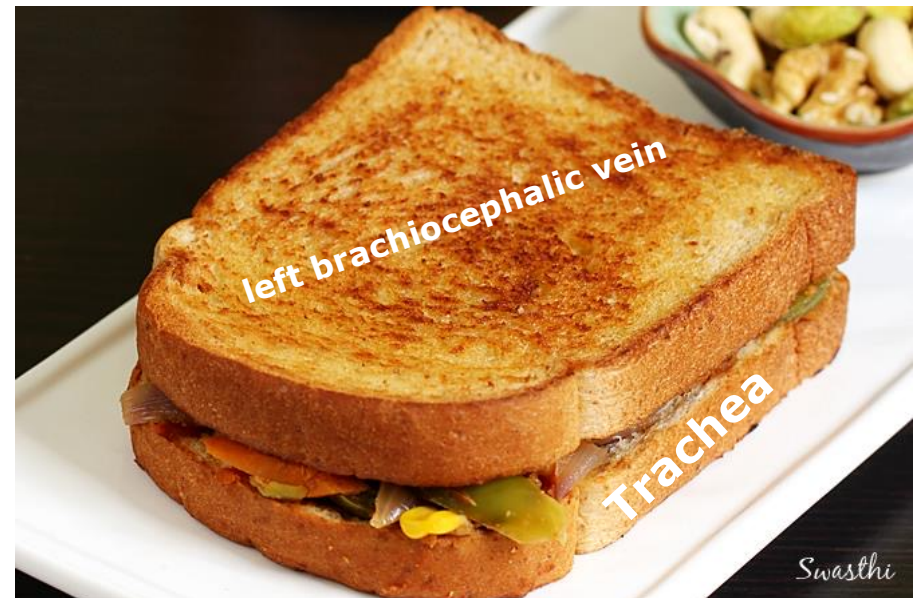
Three branches

1. Brachiocephalic trunk
2. Left common carotid artery
3. Left subclavian artery



The brachiocephalic trunk:

- It arises posterior to the manubrium, where it is anterior to the trachea and posterior to the left brachiocephalic vein
- At the **right sternoclavicular (SC) joint**, it divides into the right common carotid and right subclavian arteries.

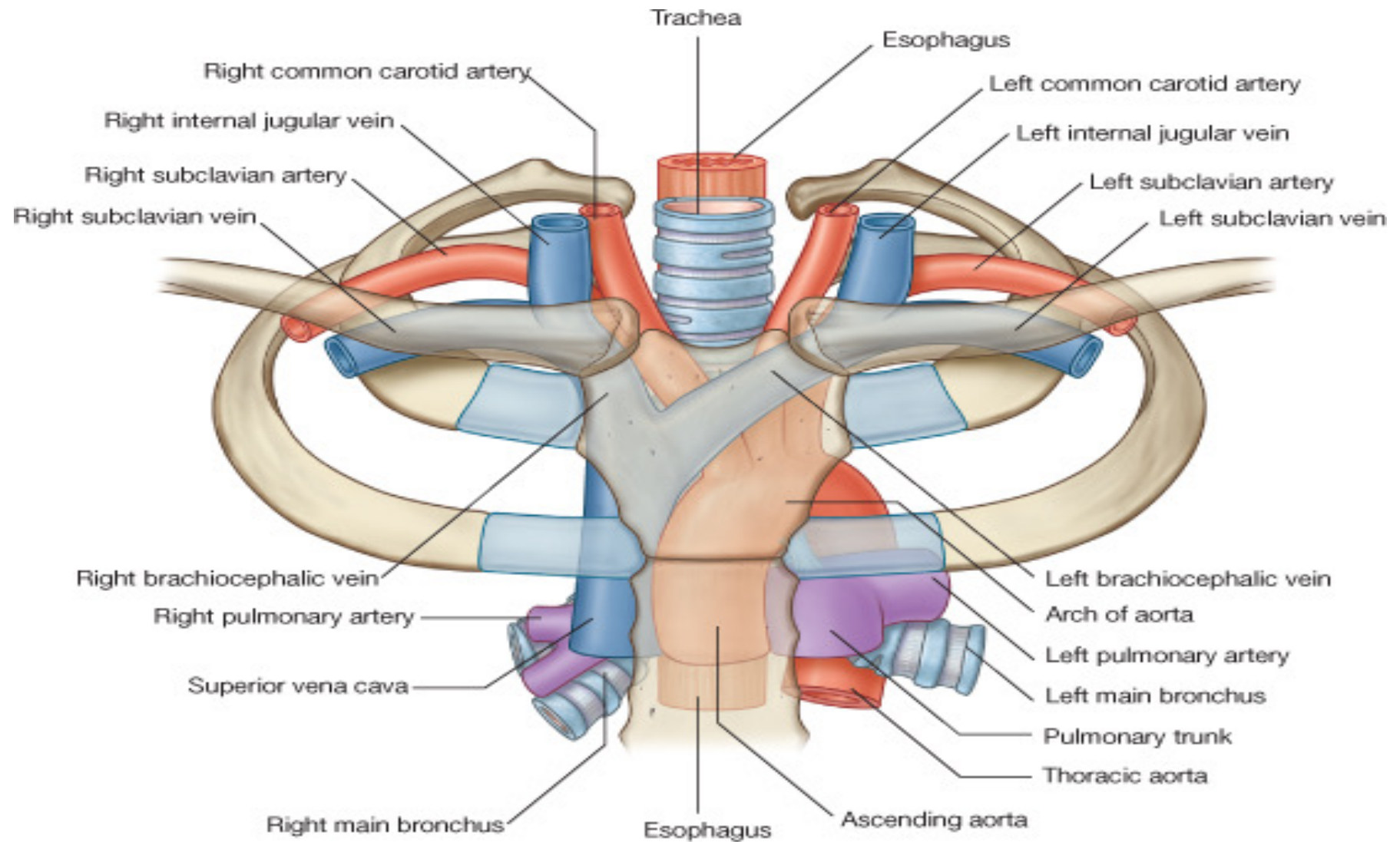


The left common carotid artery:

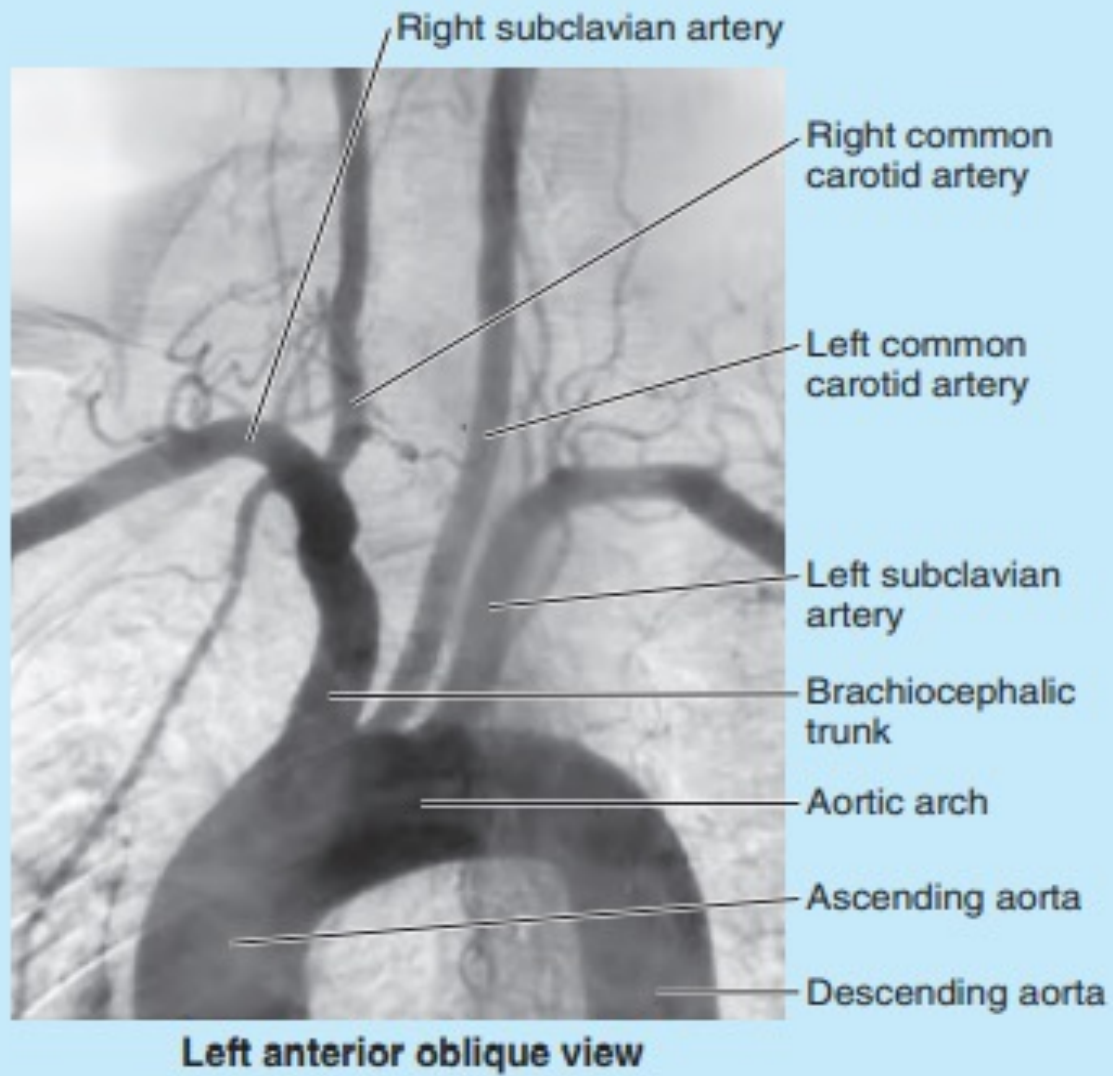
- It arises posterior to the manubrium
- It enters the neck by passing posterior to the **left SC joint.**

The left subclavian artery :

- It arises from the posterior part of the arch behind left common carotid artery
- It leaves the thorax and enters the root of the neck by passing posterior to the **left SC joint.**



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Aortic angiogram (aortogram)
Clinically Oriented Anatomy. Keith Moore.

Nerves of the superior mediastinum

I-Vagus Nerve

Right vagus nerve

- ❑ Passes on the right side of the trachea ,then posterior to the right brachiocephalic vein, SVC
- ❑ It contributes to Rt. pulmonary, esophageal and cardiac plexuses
- ❑ It gives right recurrent laryngeal nerve ,which hooks around the right subclavian artery and ascends between the trachea and esophagus to supply the larynx

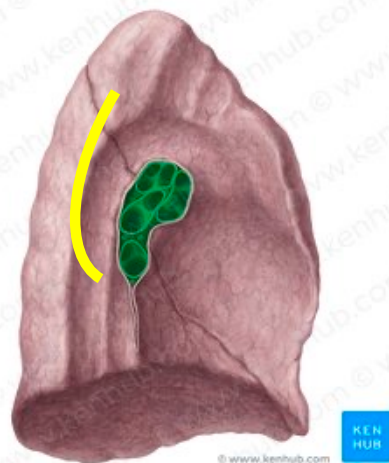


The left vagus nerve

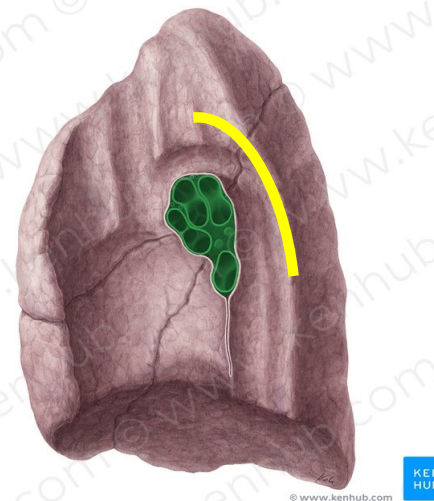
- ❑ It enters the mediastinum between the left common carotid artery and left subclavian artery.
- ❑ It gives left recurrent laryngeal nerve which hooks around the arch of the aorta, lateral to the ligamentum arteriosum, and ascends in the groove between the trachea and the esophagus to supply the larynx

Both vagi are passing behind the root of the lung

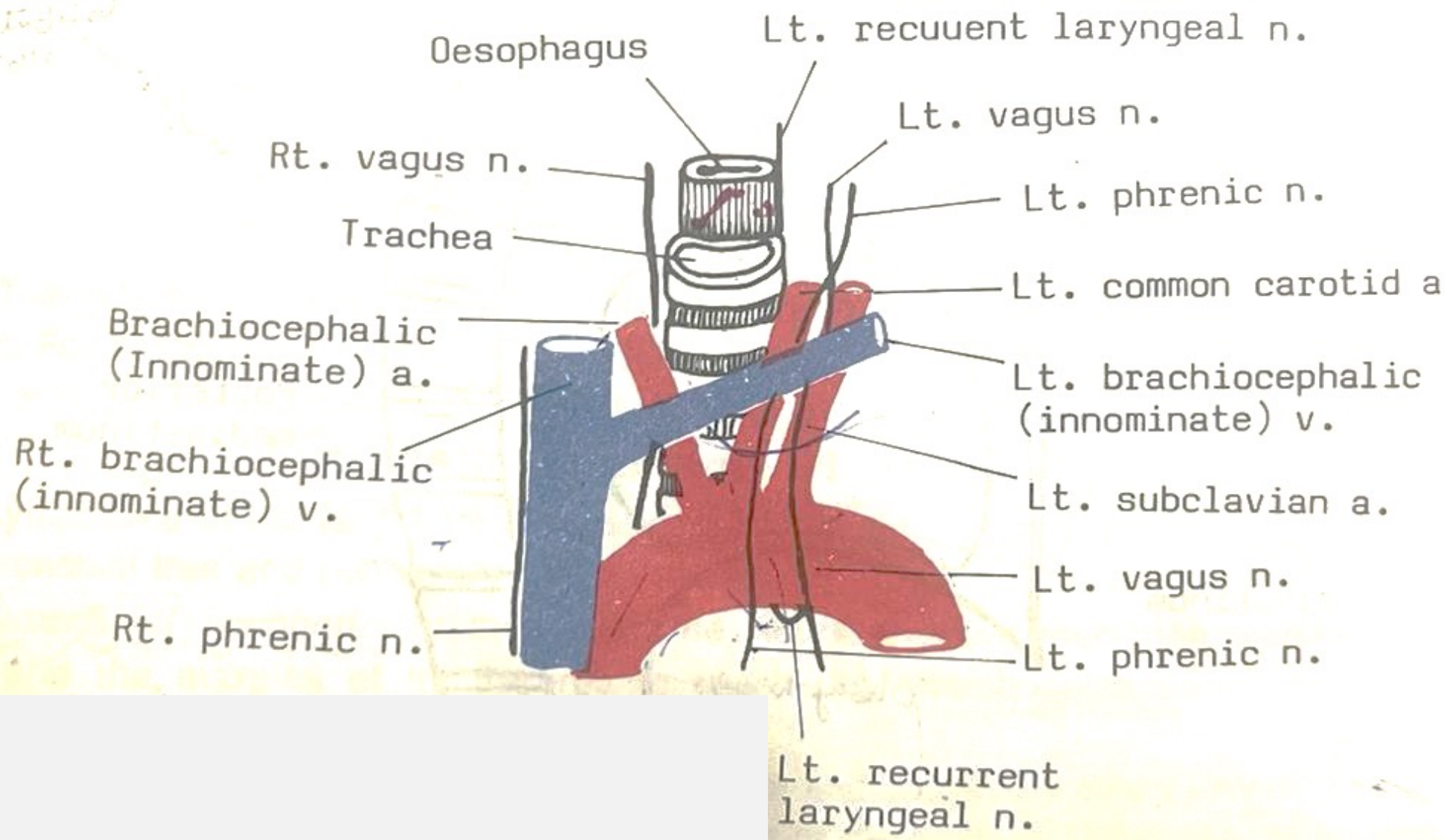
Left Lung



Right Lung



*one laryngeal
one phrenic*



The phrenic nerves : is motor and sensory nerve supply for the diaphragm and sensory to the pericardium and mediastinal pleura.

The right phrenic nerve : passes along the right side of the right brachiocephalic vein, SVC, and the pericardium over the right atrium and descends on the right side of the IVC to passes through caval opening of the diaphragm.

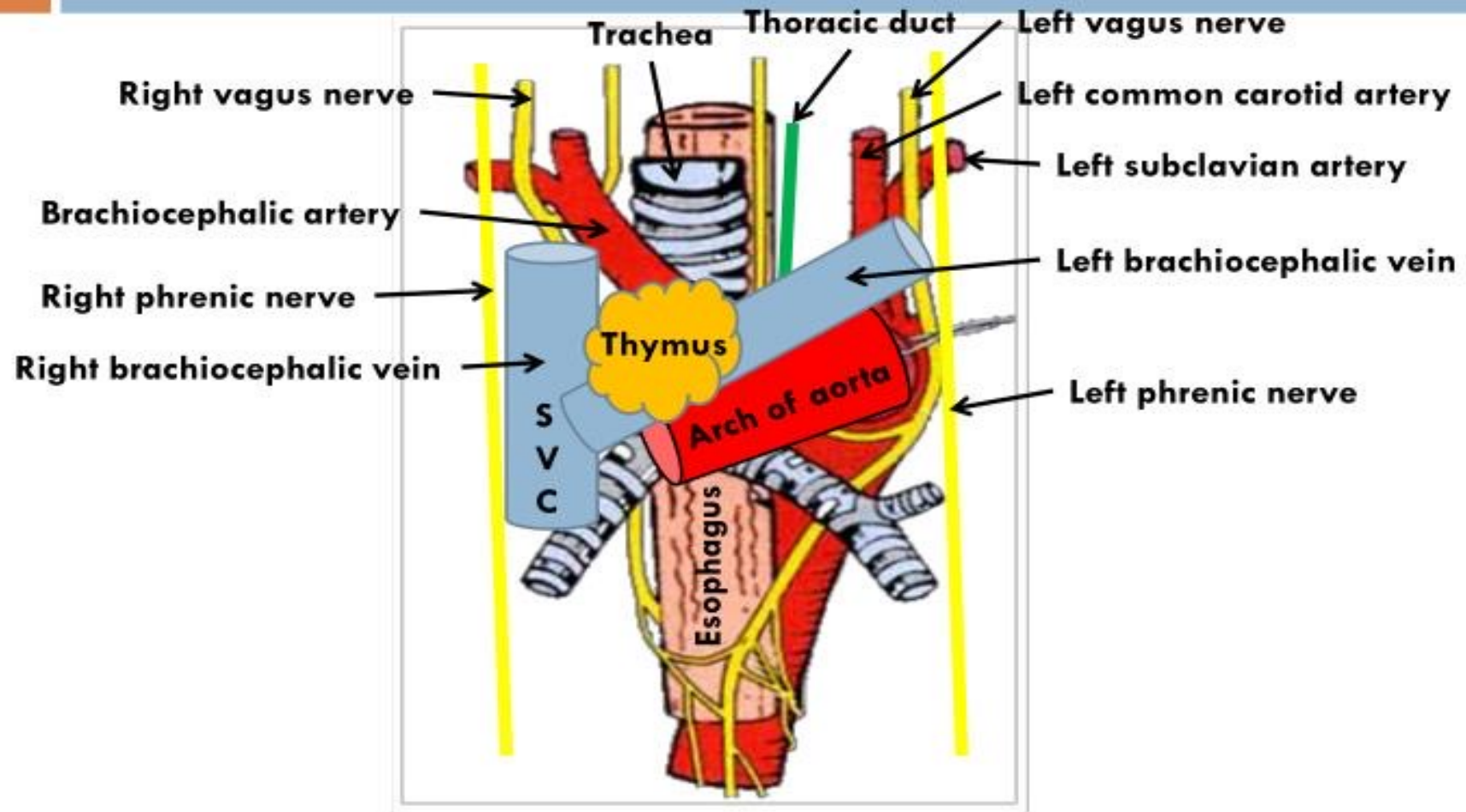
The left phrenic nerve :

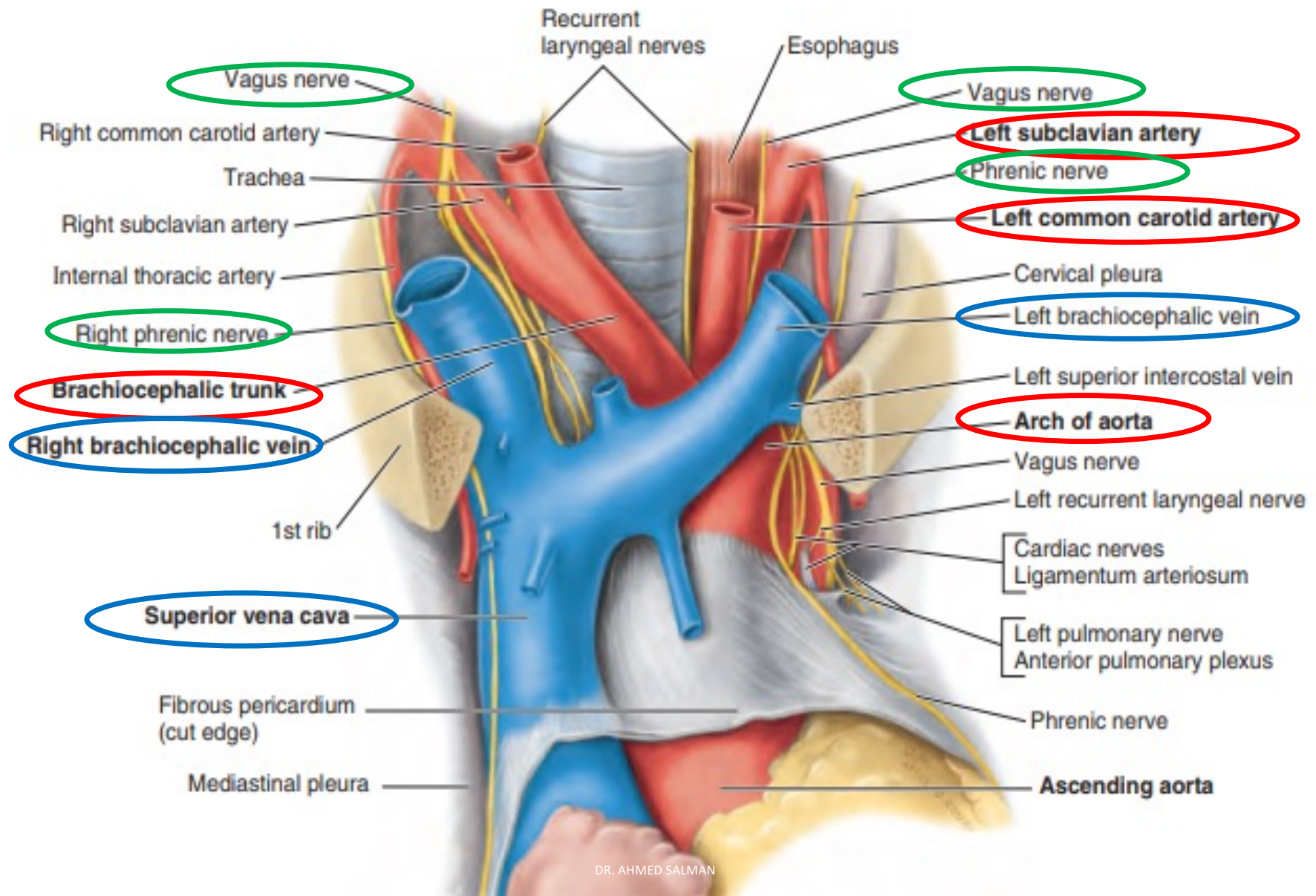
It crosses the left vagus ,then ,it runs along the fibrous pericardium , the left atrium and ventricle of the heart.

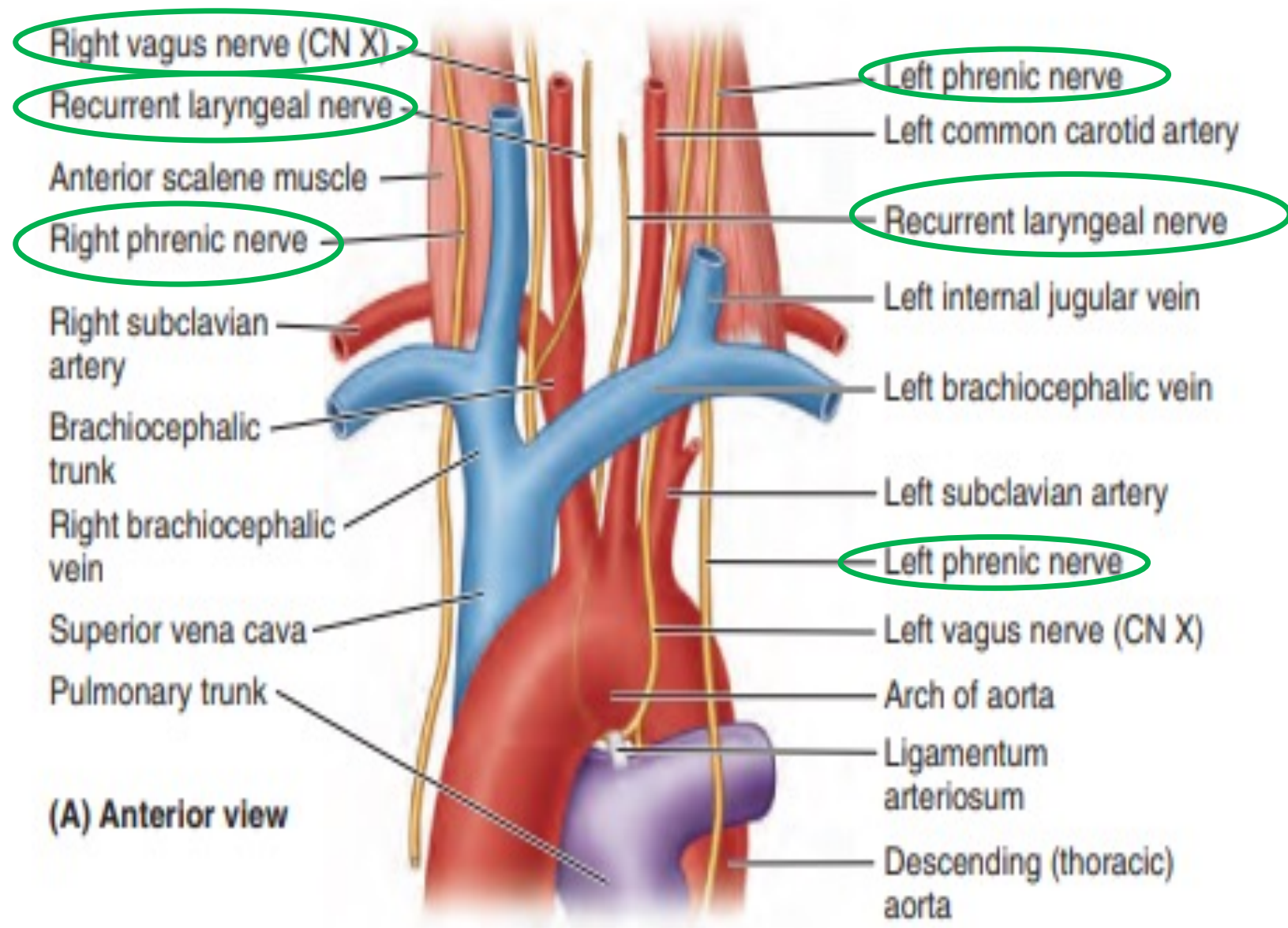
It pierces the diaphragm to the left of the pericardium

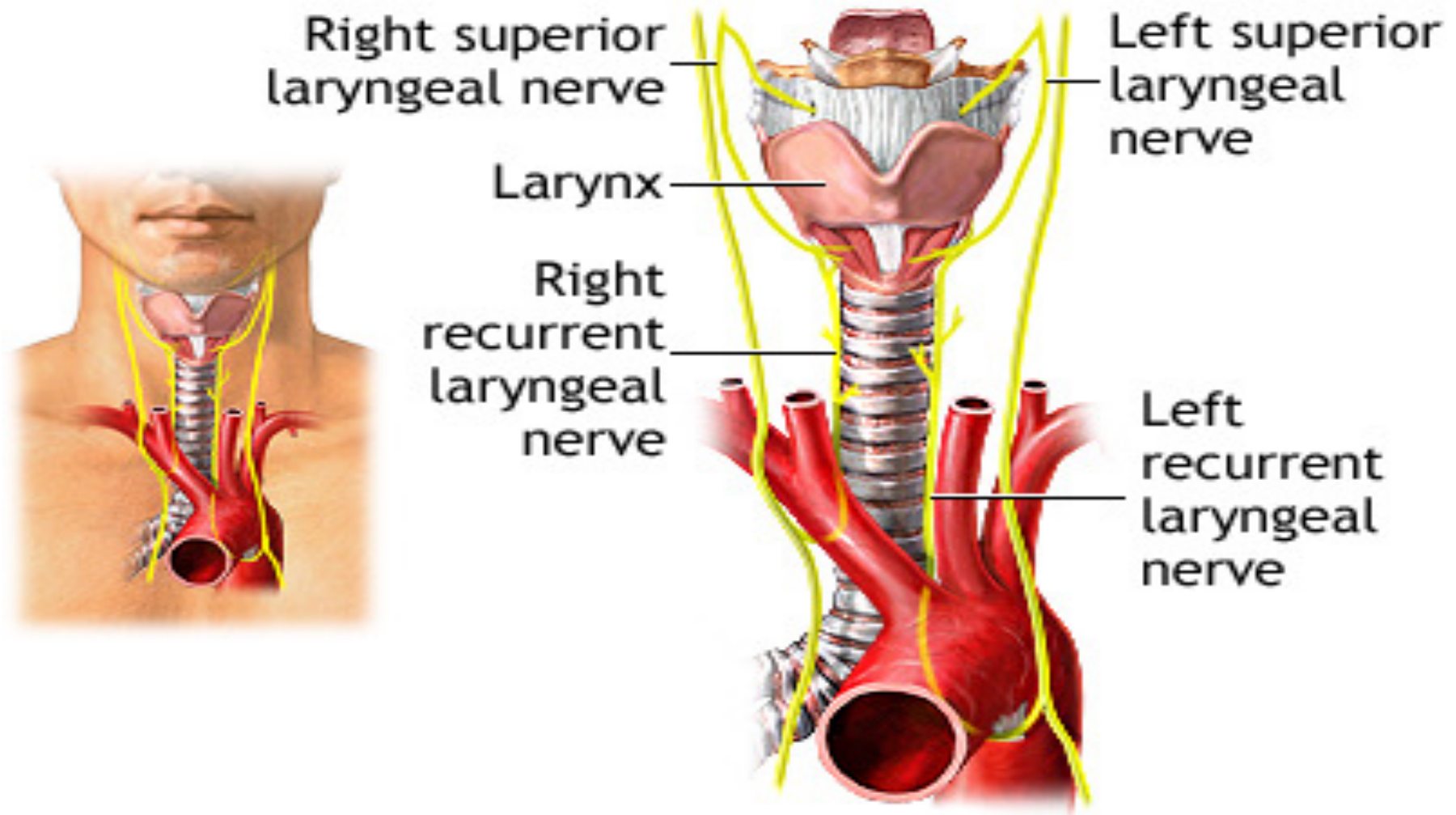
Both phrenic nerves are passing anterior to the root of the lungs

CONTENTS OF SUPERIOR MEDIASTINUM

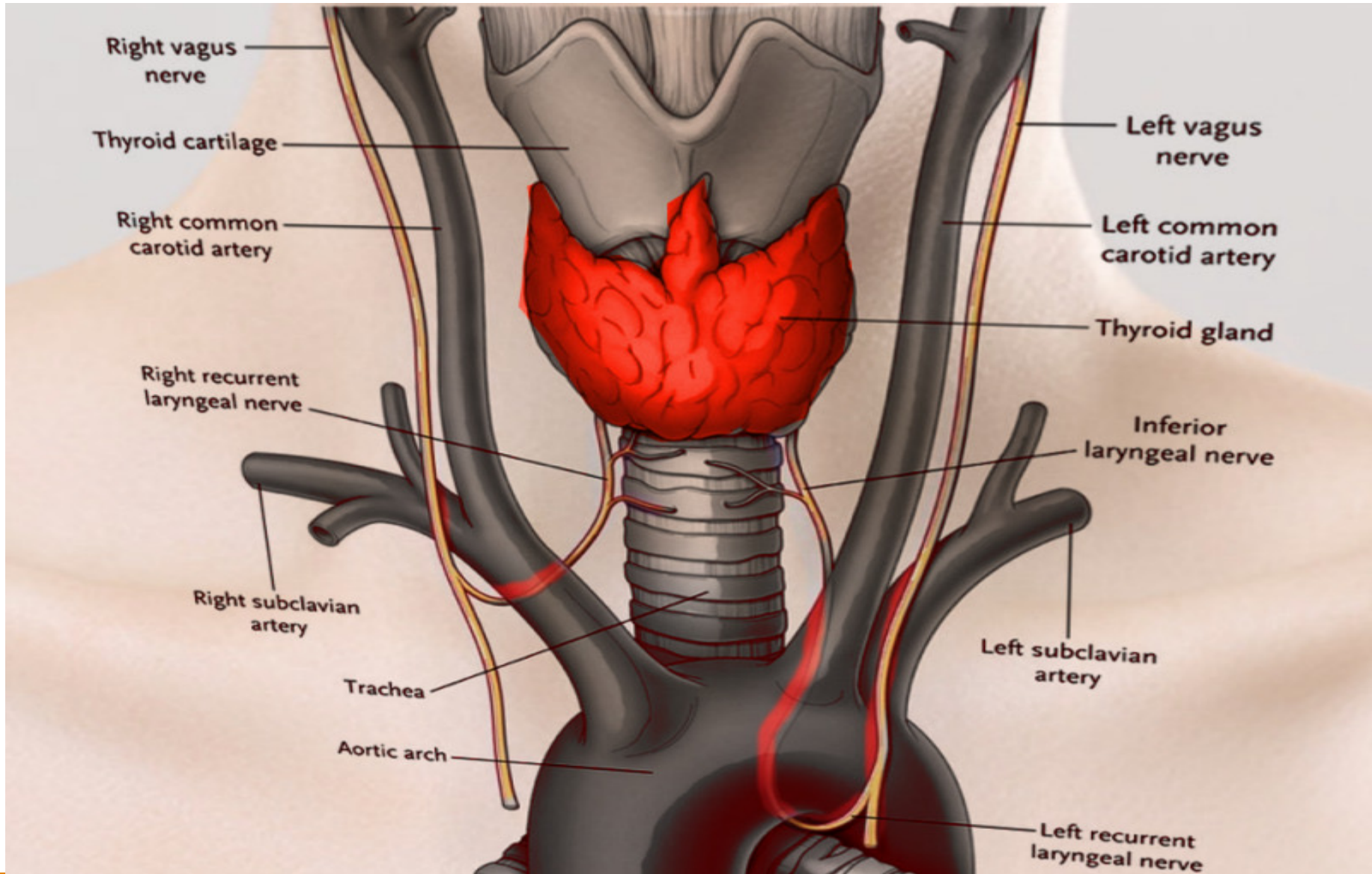


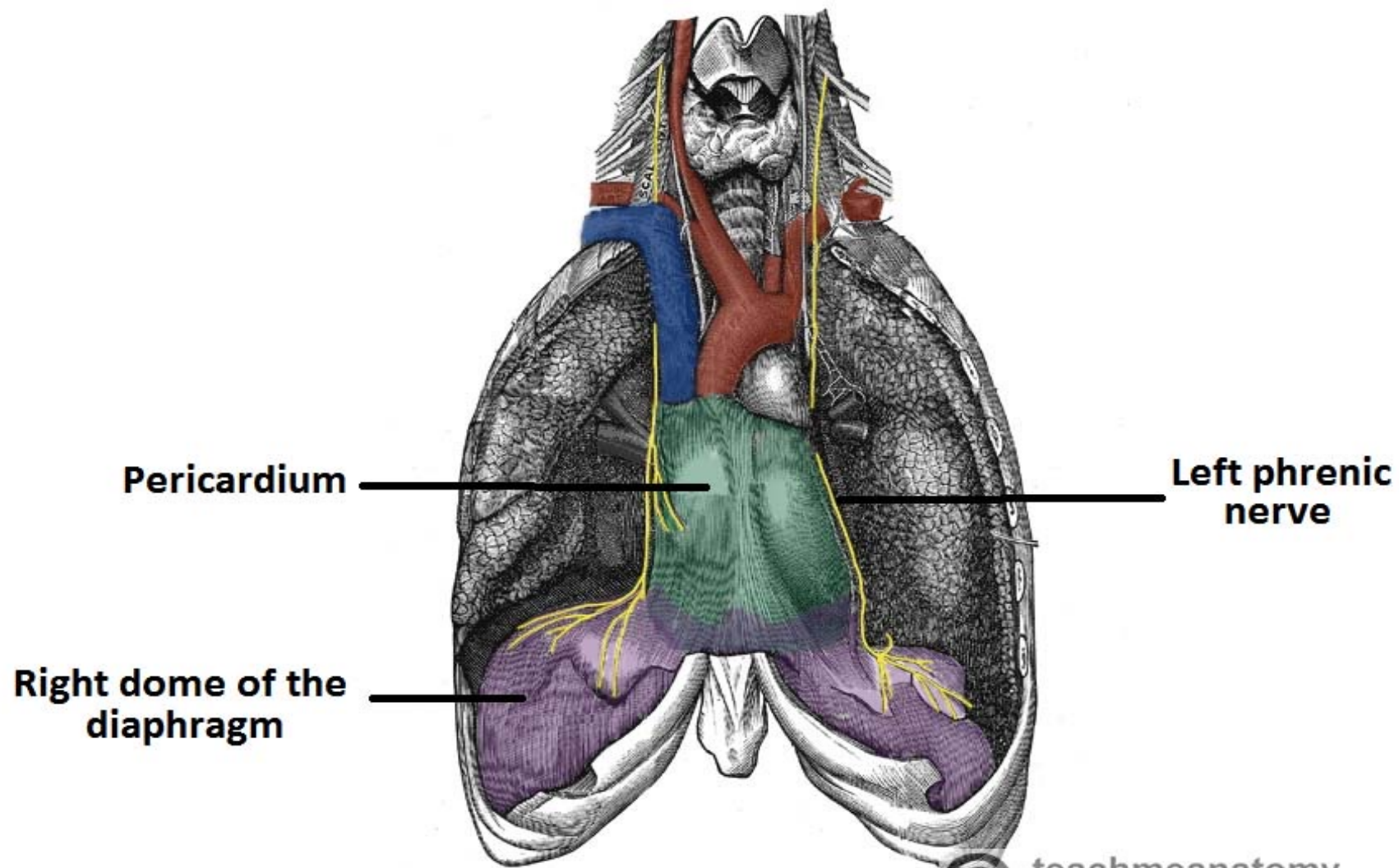






ADAM.





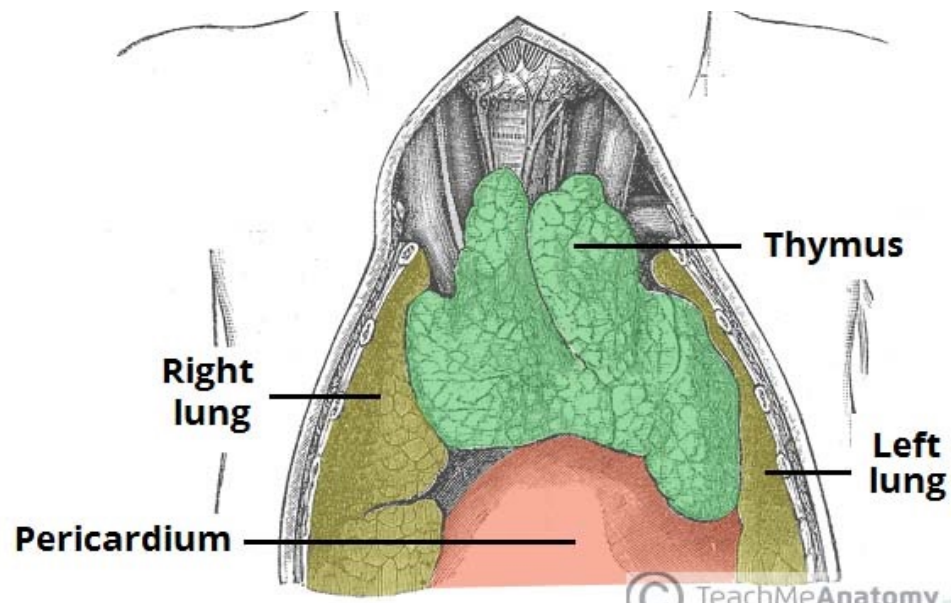
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Anterior Mediastinum

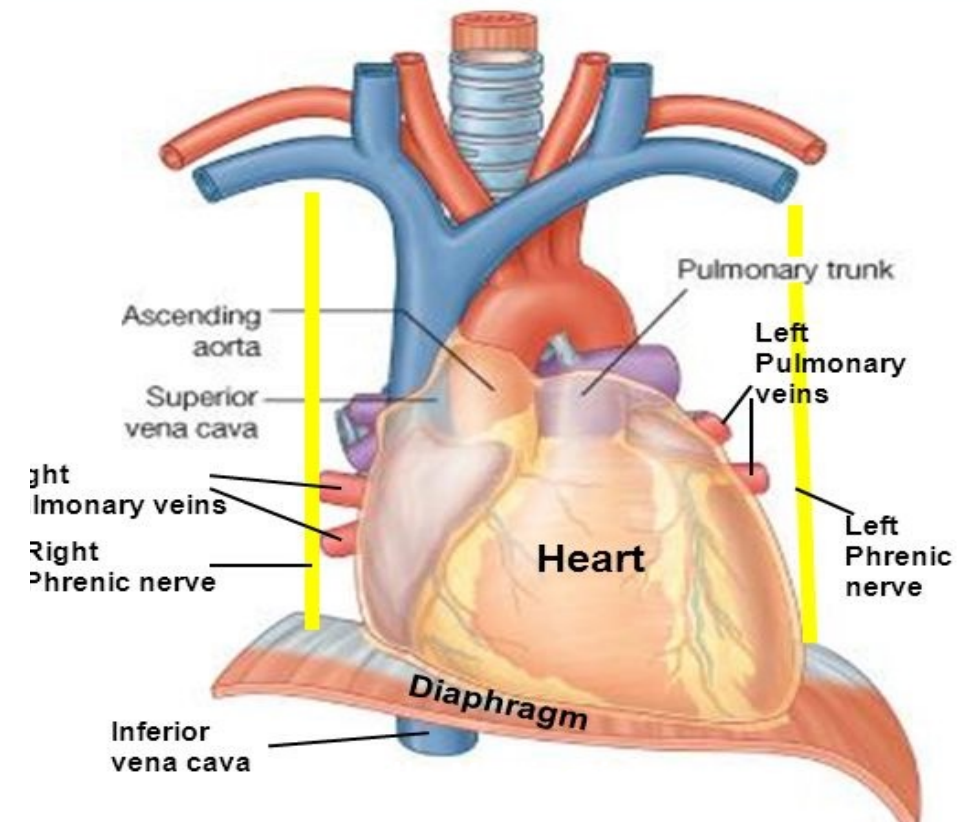
It lies between pericardium and sternum

Contents :

- 1- Superior and inferior sterno-pericardial ligaments
- 2-Mediastinal branches of internal thoracic artery.
- 3-Remains of thymus gland.
- 4-Lymph nodes.



Anterior Mediastinum



A 62 years old male patient has diagnosed as lung cancer .
He is a heavy smoker, diabetic, and hypertensive. During a chemotherapy session for lung cancer, he complained of dyspnea for a week, and the doctor noticed edema in the face and arms .
The doctor asked him to raise his hands above the head, and he noticed increased the edema.

What is your provisional diagnosis ??



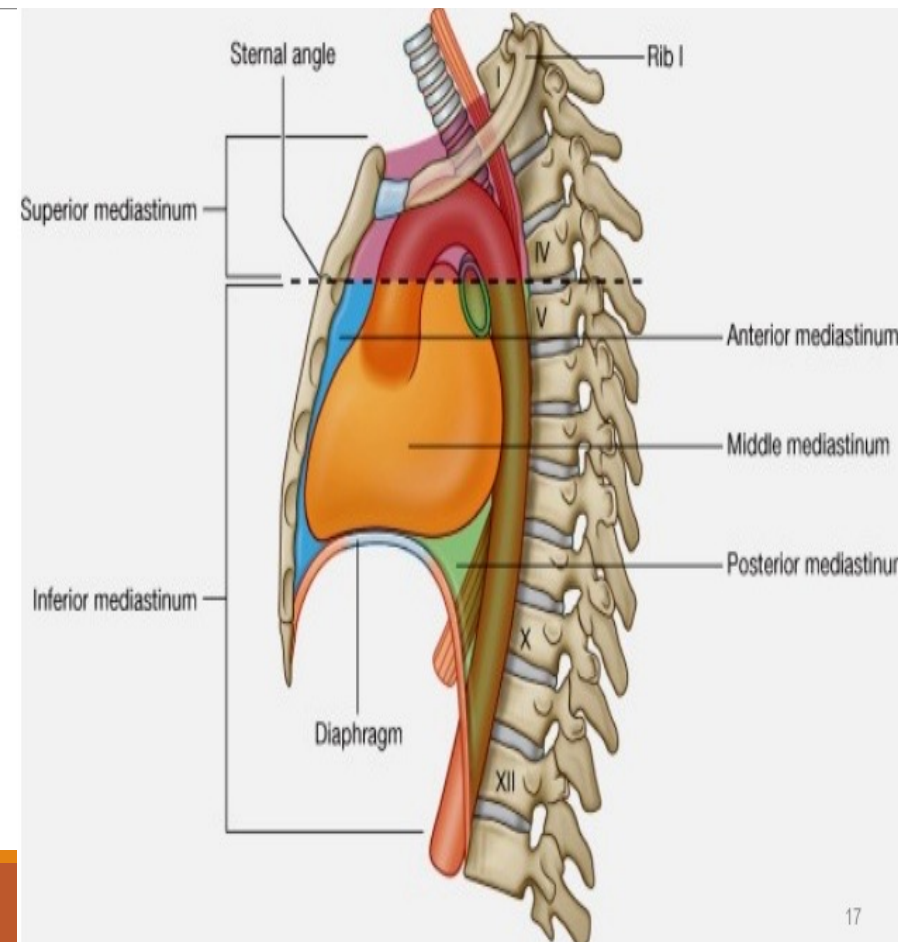
Posterior mediastinum

Boundaries:

Anteriorly : Pericardium & heart.

Posteriorly : Lower 8 thoracic vertebrae.
(T5-T12)

Laterally : Mediastinal pleura on each side.



Contents of posterior mediastinum:

1. Inferior vena cava (Artery)
2. Superior vena cava (Vein)
3. Inferior vena cava (Vein)
4. Thoracic duct (Lymph)
5. Inferior vena cava (Lymph)
6. Vagus nerve (Nerve)
7. Esophagus (Tube)

Contents of posterior mediastinum:

1. Descending thoracic aorta (**Artery**)
2. Azygos vein (**Vein**)
3. Superior and inferior hemiazygos veins (**Vein**)
4. Thoracic duct (**Lymph**)
5. Posterior mediastinal lymph nodes (**Lymph**)
6. Right and left vagi (**Nerve**)
7. Esophagus (**Tube**)

Descending thoracic aorta

Beginning : as a continuation of the arch of the aorta on the left side of the inferior border of the body of the **T4** vertebra

Course : It descends on the posterior mediastinum on the left sides of the **T5–T12** vertebrae

- It lies posterior to the root of the left lung and pericardium.
- The esophagus descends on the right side of aorta then crosses in front of it at level of **T7**.

Termination : It becomes abdominal aorta as it enters abdomen at **T12** vertebra through the aortic hiatus in the diaphragm

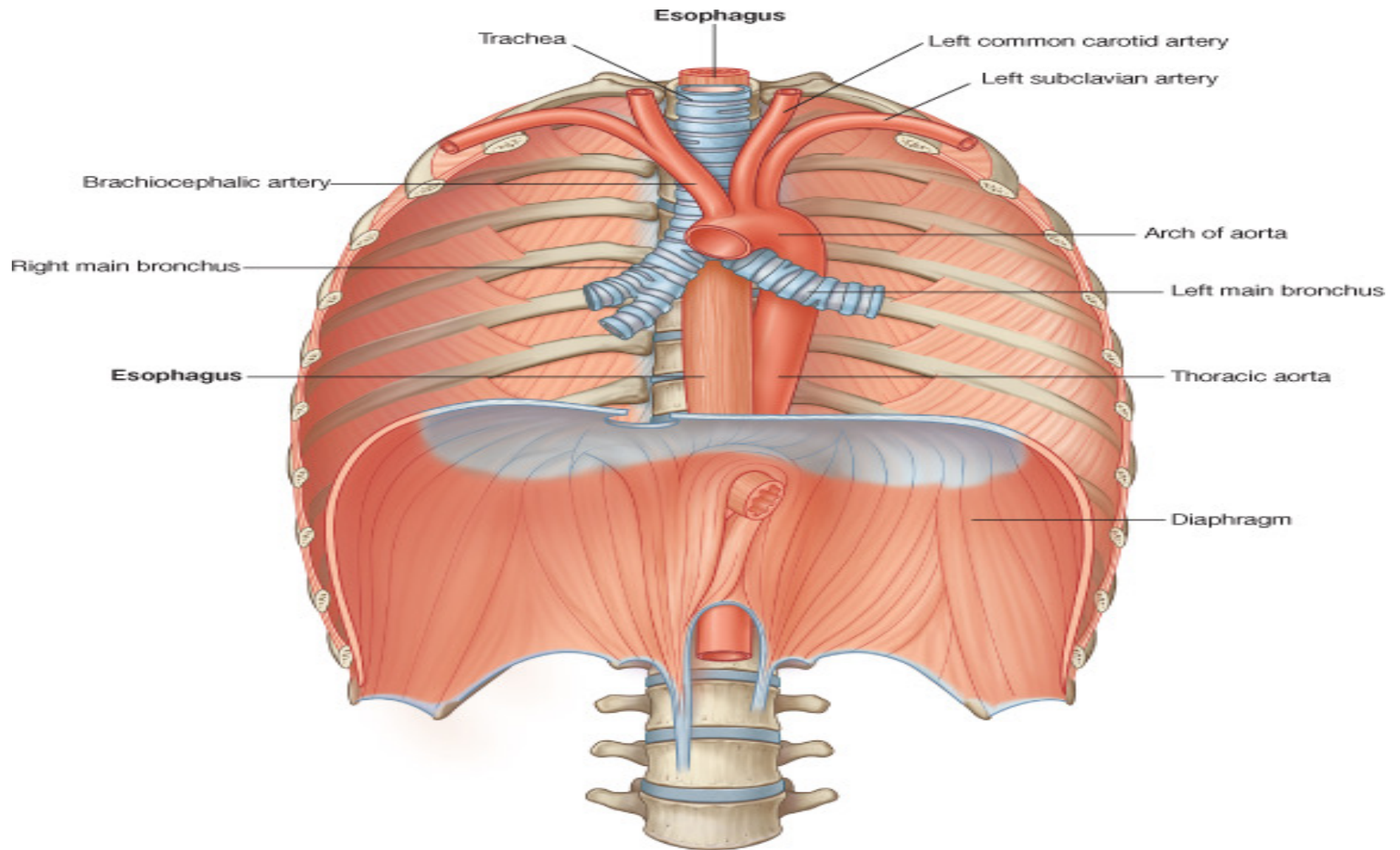
Branches:

➤ **Parietal branches:**

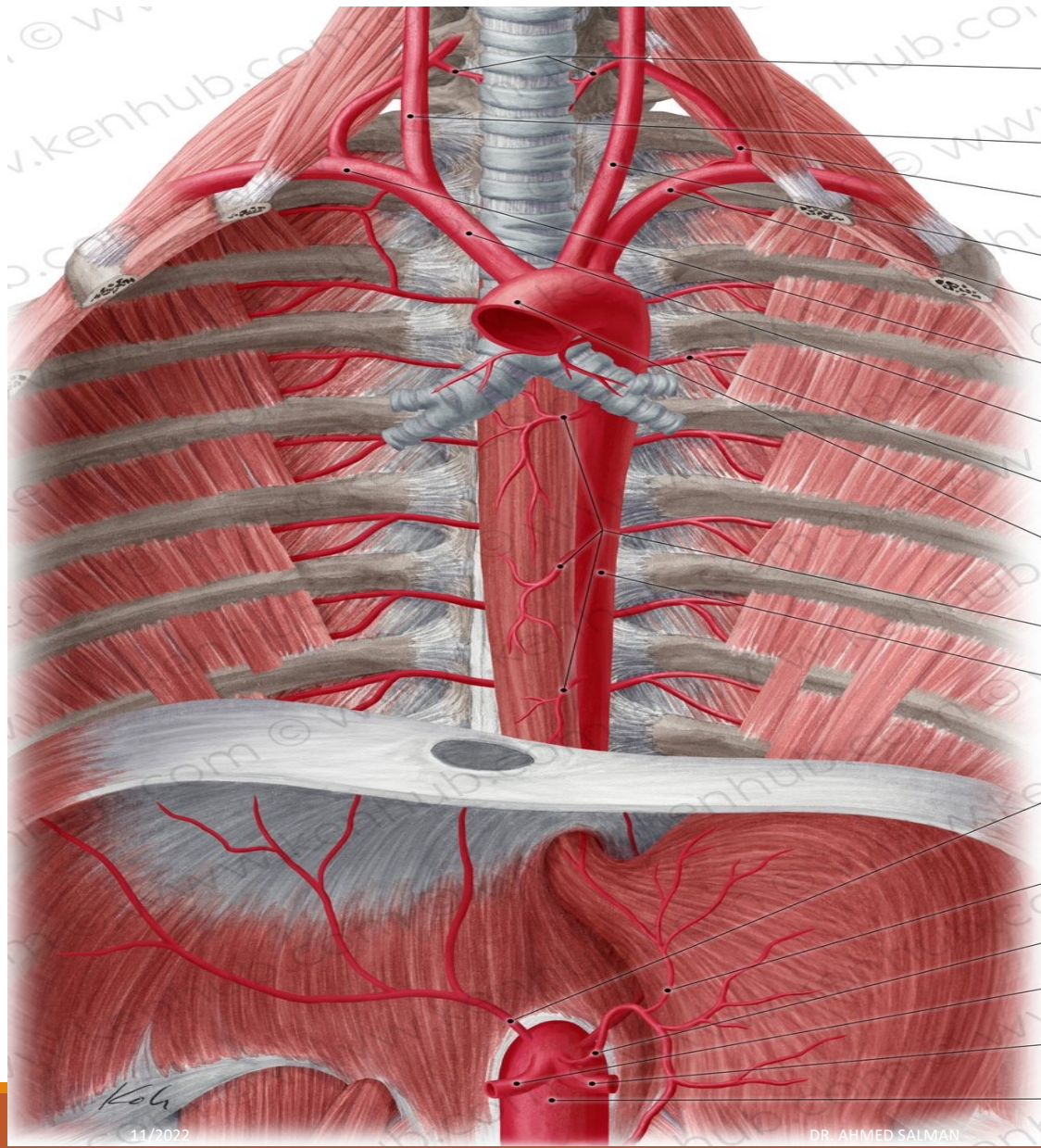
1. Posterior intercostal arteries from 3-11.
2. Subcostal artery.
3. Superior phrenic artery.

➤ **Visceral branches:**

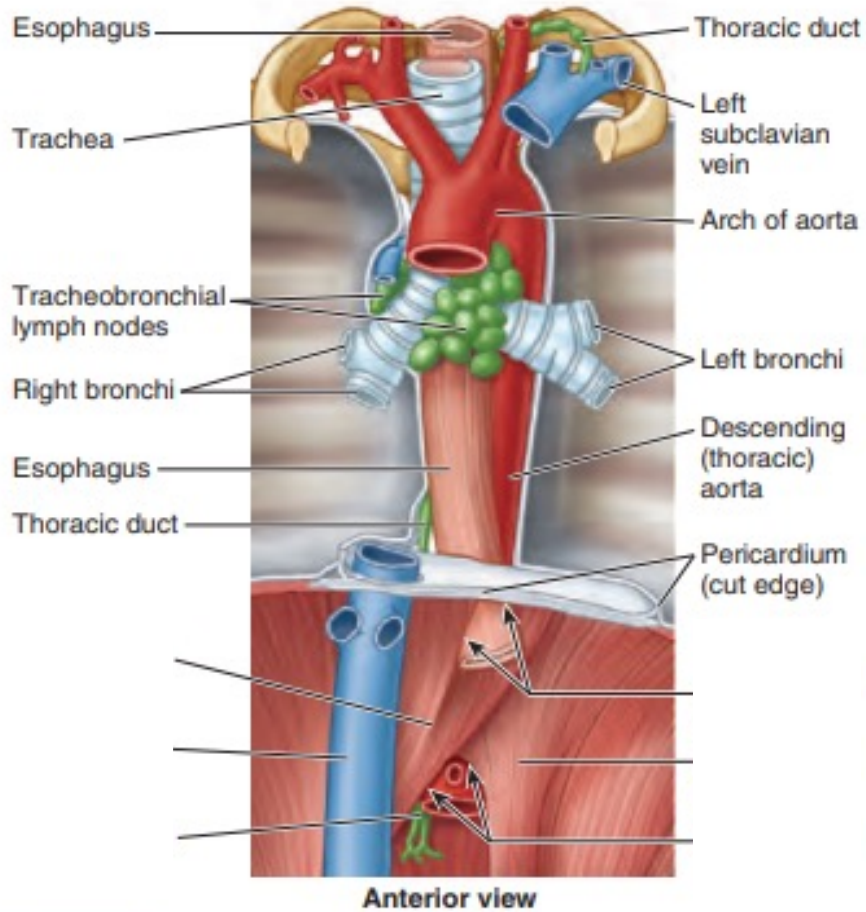
1. Bronchial arteries.
2. Esophageal branches.
3. Pericardial branches.
4. Mediastinal branches.



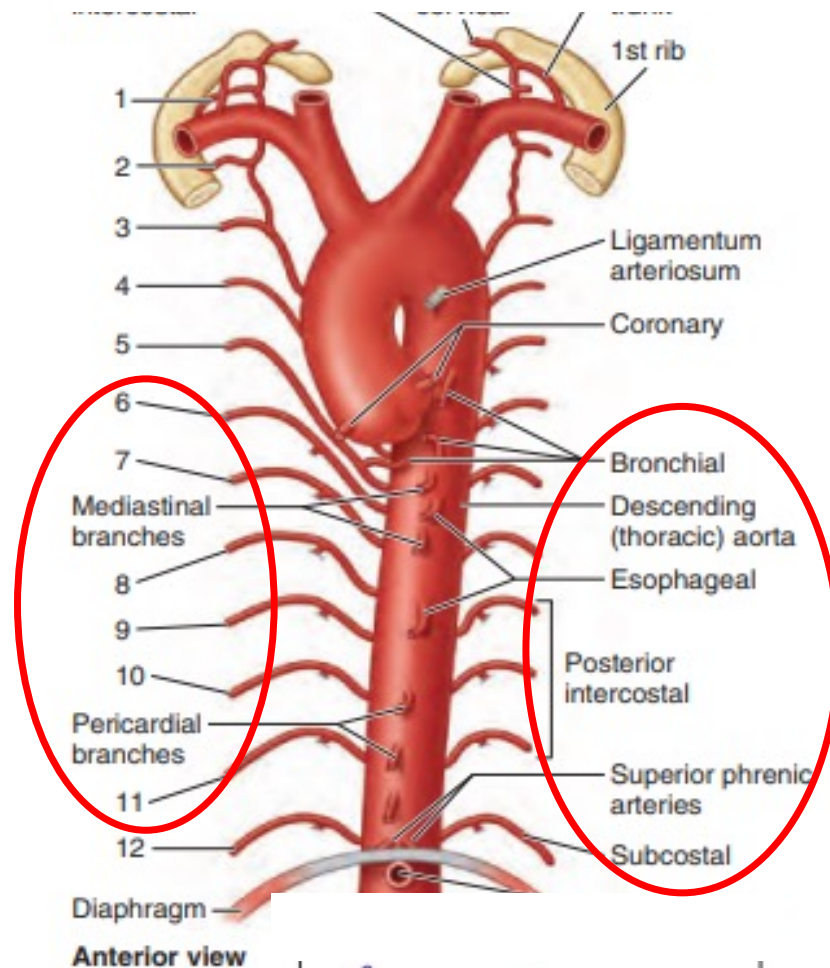
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- Right common carotid artery
- Thyrocervical trunk
- Left common carotid artery
- Left subclavian artery
- Right subclavian artery
- Brachiocephalic trunk
- Posterior intercostal artery
- Ascending aorta
- Esophageal branches of aorta
- Descending thoracic aorta
- Inferior phrenic artery
- Left gastric artery
- Common hepatic artery
- Splenic artery
- Abdominal aorta



and esophagus. Enlargement of the inferior tracheobronchial (carinal) nodes may widen the angle between the main bronchi. In this specimen, the thoracic duct enters the left subclavian vein.



Azygos Vein

Beginning :

- From the back of IVC opposite **L2** (level of renal vein)
- Or by union of right subcostal and right ascending lumbar veins.

Course:

- It ascends through **aortic** opening of diaphragm.
- Then it ascends in posterior mediastinum til **T4** where it arches forwards above right bronchus

Termination: the back of SVC opposite **right 2nd costal cartilage.**

SVC

1st CC

Beginning

2nd CC

Receive Azygos

3rd CC

Termination

Tributaries:

1. Right subcostal vein.
2. Right ascending lumbar vein.
3. Right posterior intercostal veins from 4-11
(2nd and 3rd posterior intercostal veins drained into right superior intercostal vein which drained into arch of azygos.
4. Right subcostal vein
5. Superior and inferior hemiazygos veins.
6. Right bronchial veins.
7. Esophageal veins.
8. Pericardial veins.
9. Mediastinal veins.

Branches of descending aorta:

Posterior intercostal arteries from 3-11.

Subcostal artery.

Superior phrenic artery.

Bronchial arteries.

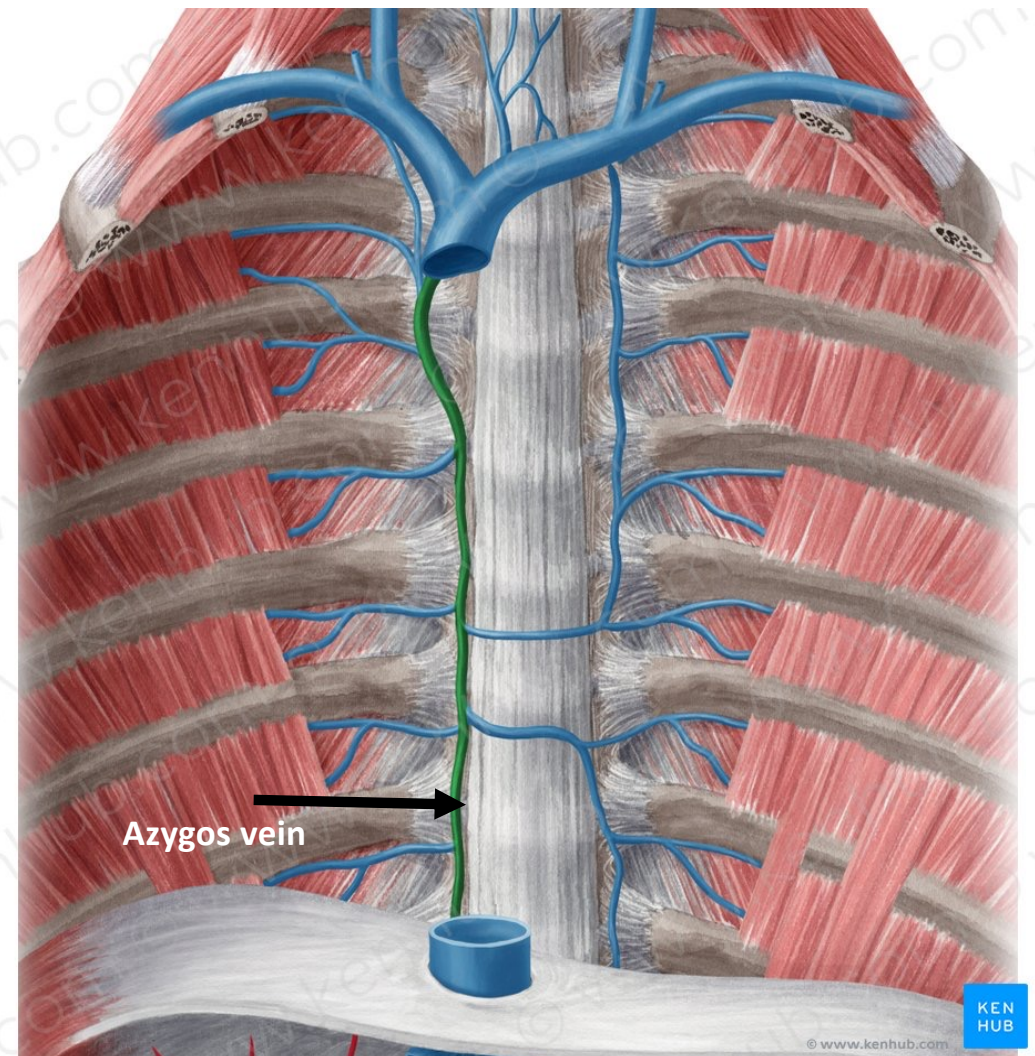
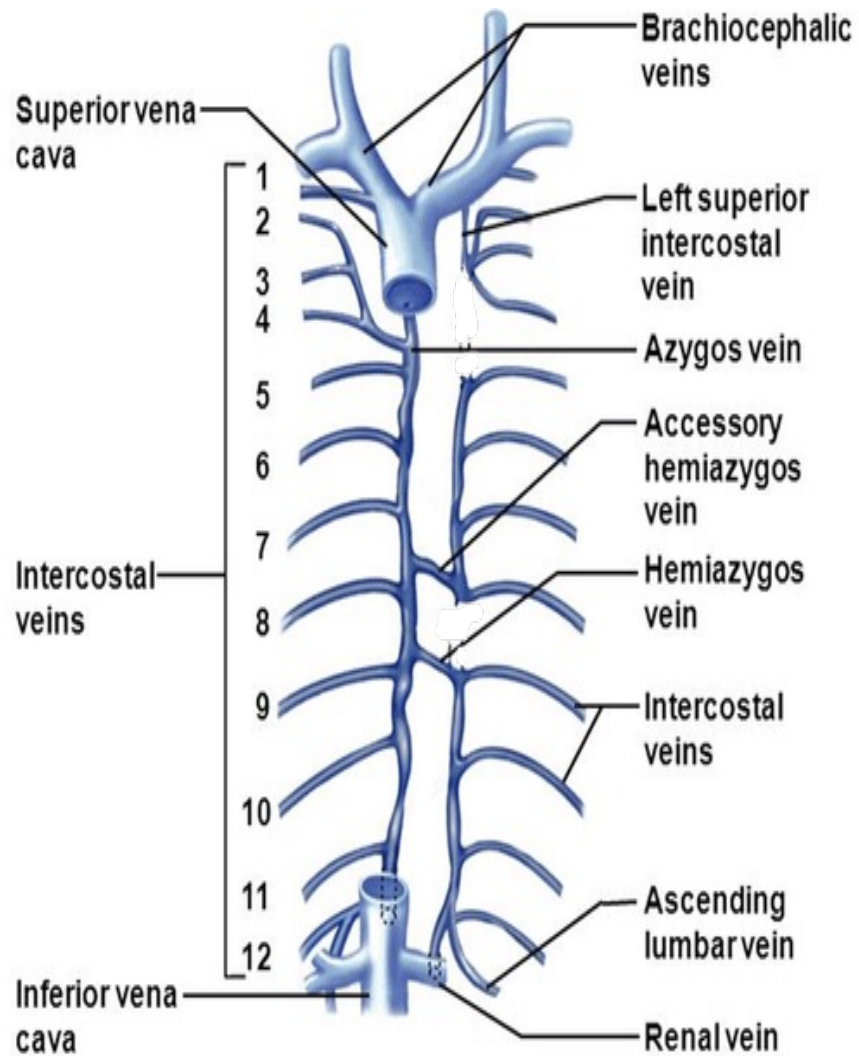
Esophageal branches.

Pericardial branches.

Mediastinal branches.

Clinical note:

- Azygos vein is a direct link between SVC and IVC .
- So, it can help in cases of thrombosis of SVC or IVC
- The azygos vein communicates with the vertebral venous plexuses that drain the back, vertebrae, and structures in the vertebral canal.



Superior hemiazygos

It is a longitudinal venous channel that descends on the left side of vertebral body

Termination:

At the level of **T7**, it curves to right to end in azygos vein.

Tributaries:

1. Left posterior intercostal veins from 4-8
2. Left bronchial veins.

Inferior hemiazygos vein

Beginning : From the back of the left renal vein opposite L2.

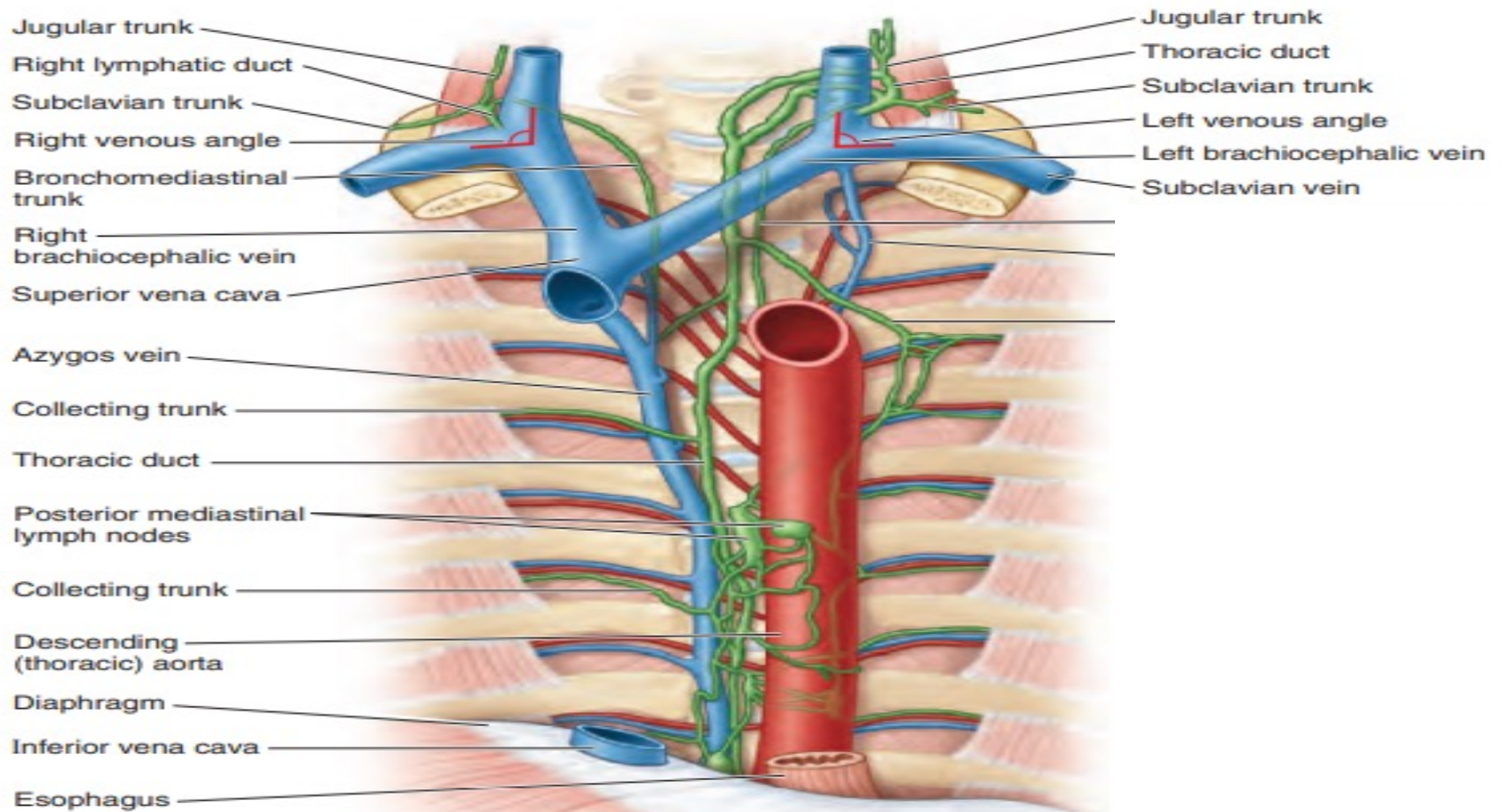
- Or by union of left subcostal and left ascending lumbar veins.

Termination :

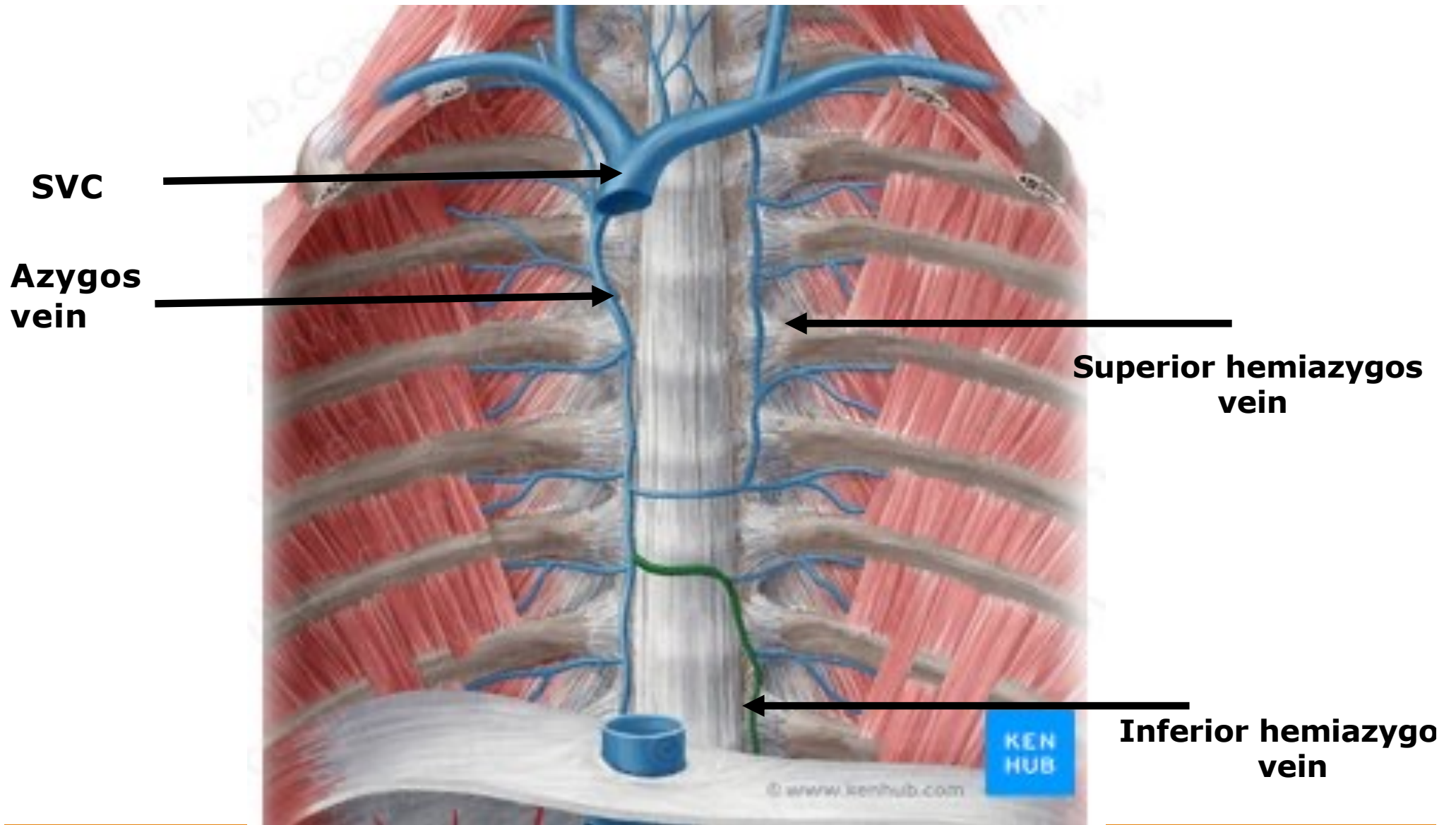
- At the level of **T8**, it curves to the right to end into azygos vein.

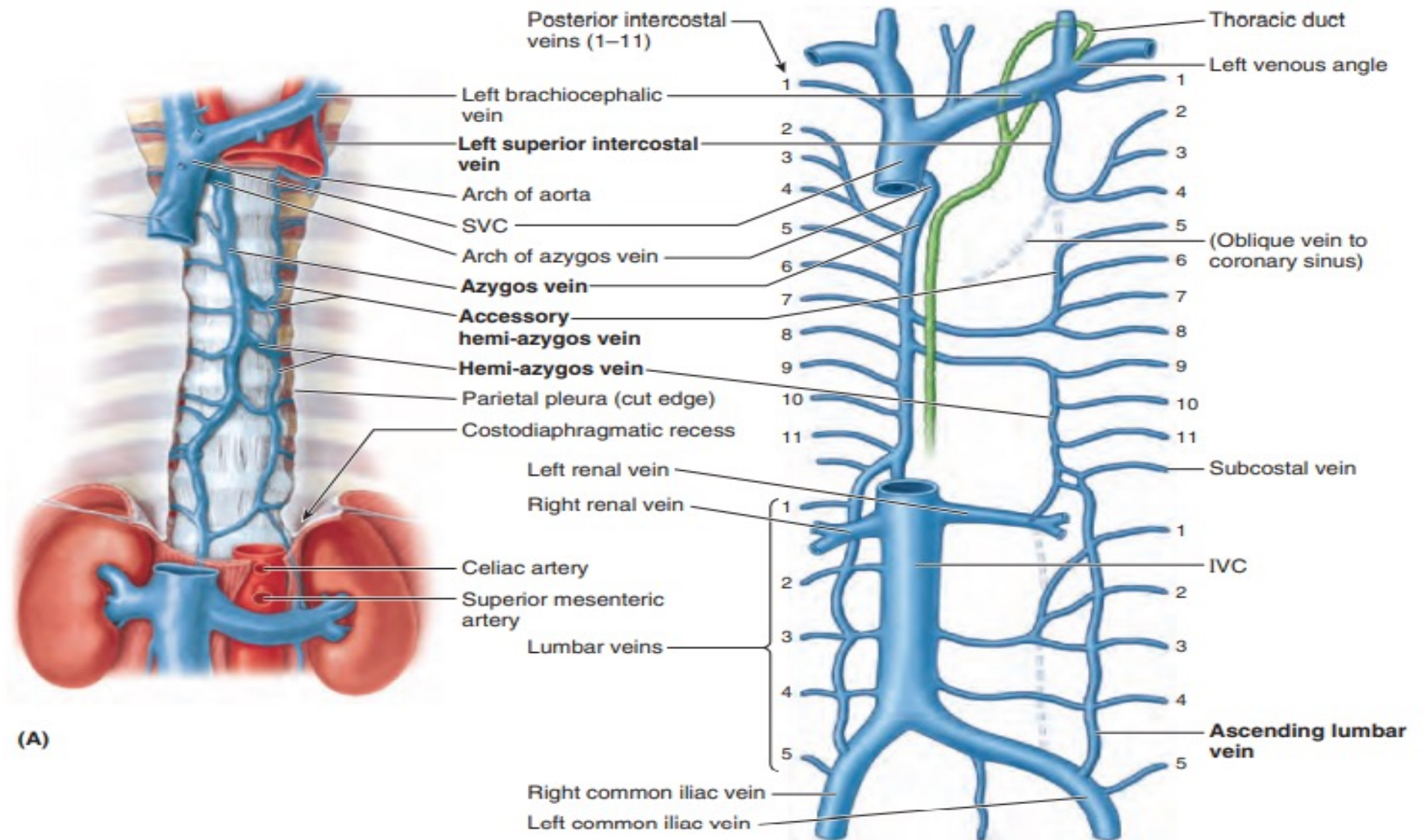
Tributaries:

1. Left posterior intercostal veins from 9-11.
2. Left subcostal and left ascending lumbar veins.

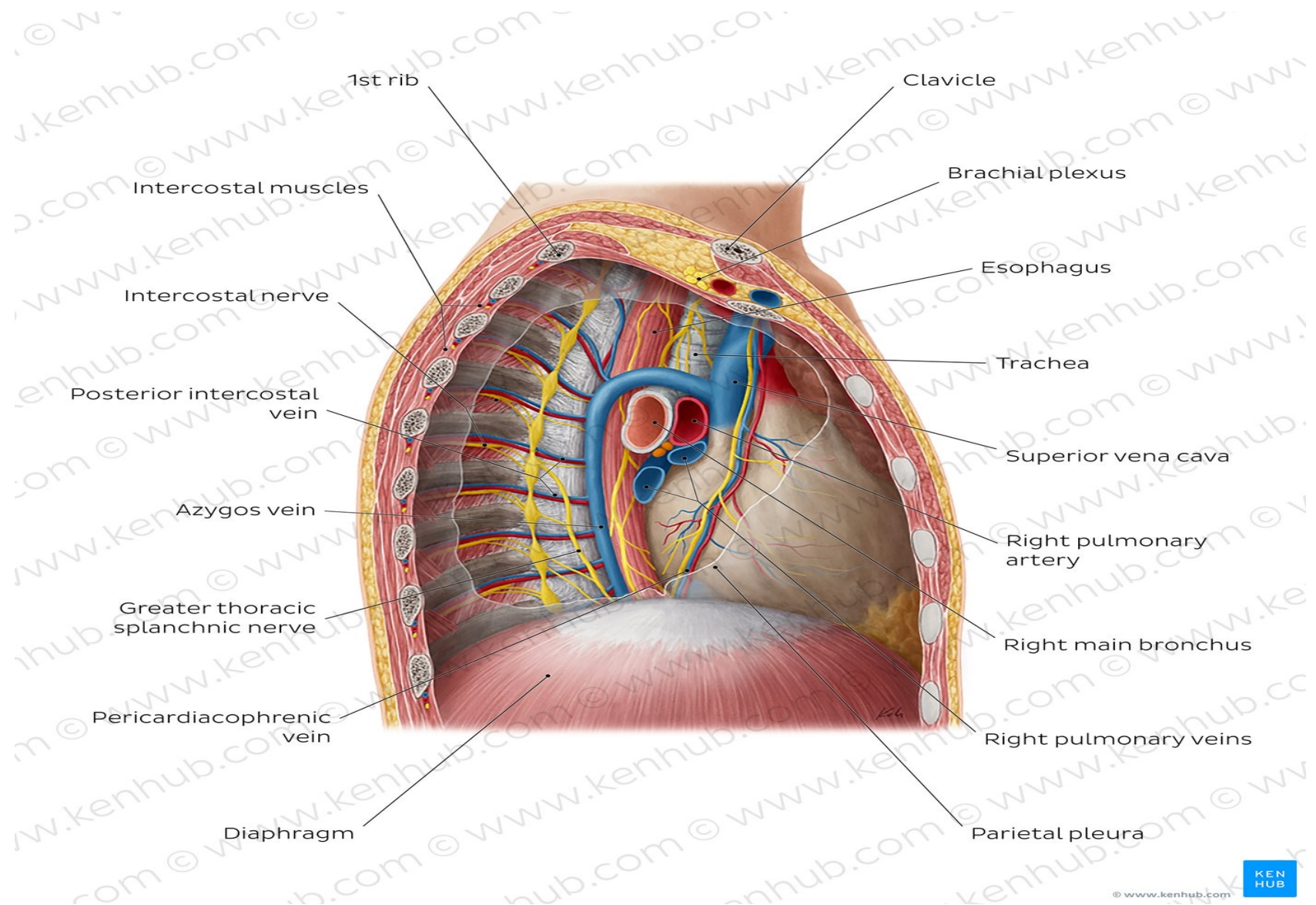


(A) Anterior view





(A)

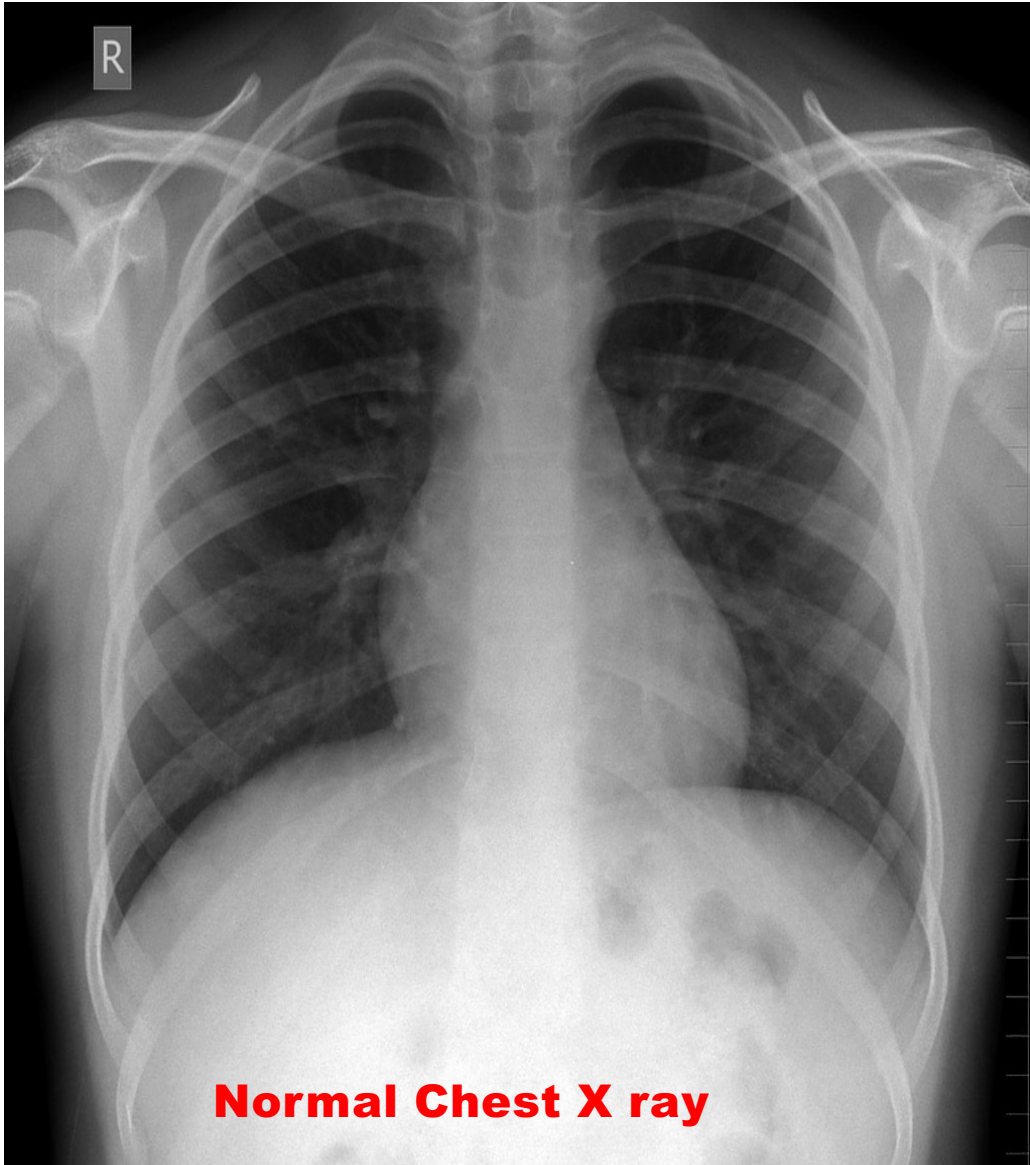


Mediastinal syndrome

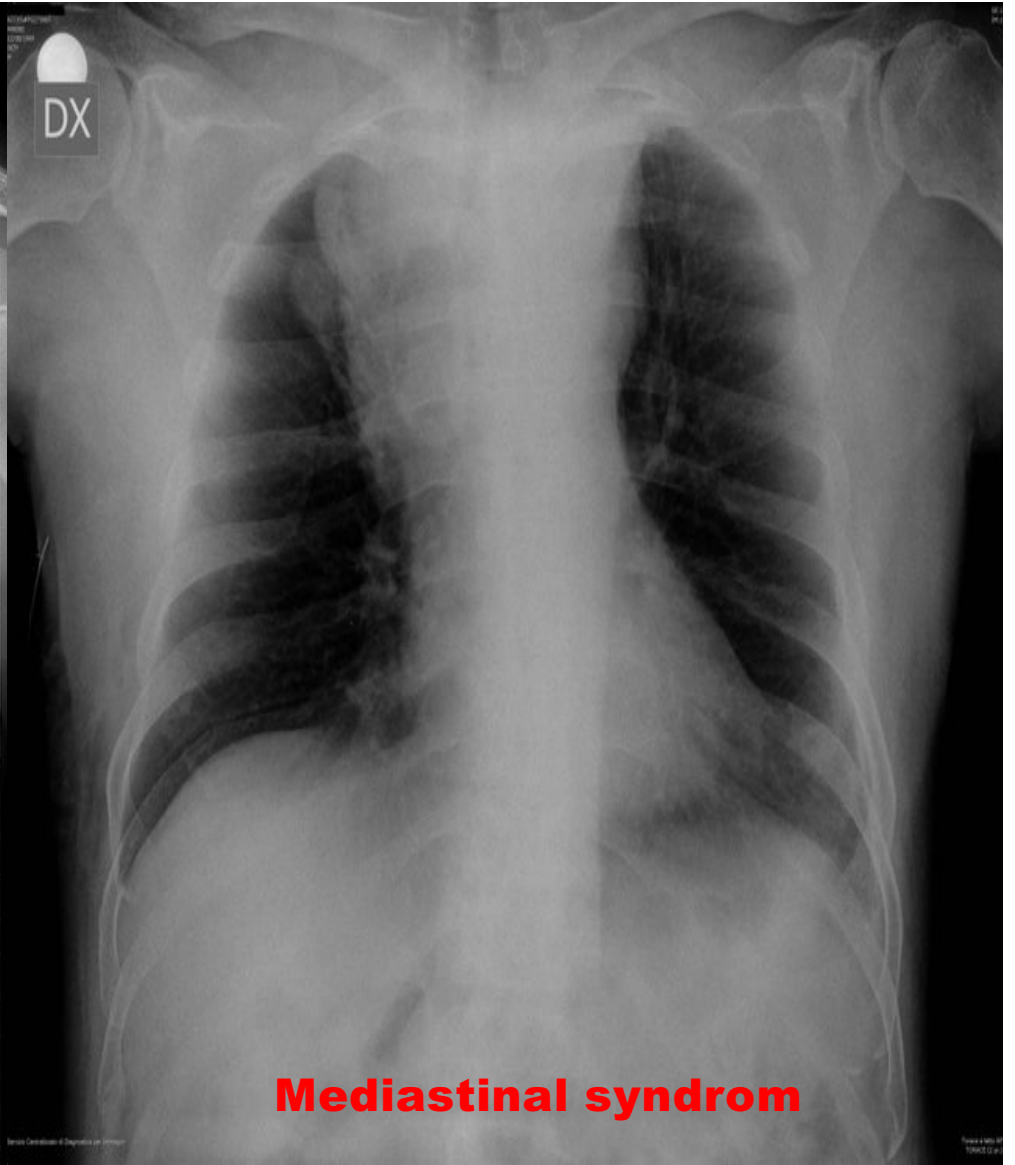
Definition: group of symptoms due to compression of the mediastinal contents by a space-occupying lesion.e.g. malignant tumour as lung cancer or non-Hodgkin's lymphoma

Symptoms:

- **Dyspnea:** due to compression of **trachea.**
- **Dysphagia:** due to compression of **esophagus.**
- **Congestion of veins:** due to compression of **SVC.**
- **Ischemia:** due to compression of **branches of arch of aorta.**
- **Hoarseness of voice:** due to compression on **left recurrent laryngeal nerve.**
- **Paralysis of hemi-diaphragm:** due to compression on **phrenic nerve.**



Normal Chest X ray



Mediastinal syndrom

Superior vena cava syndrome (SVCS)

Due to obstruction of Superior vena cava

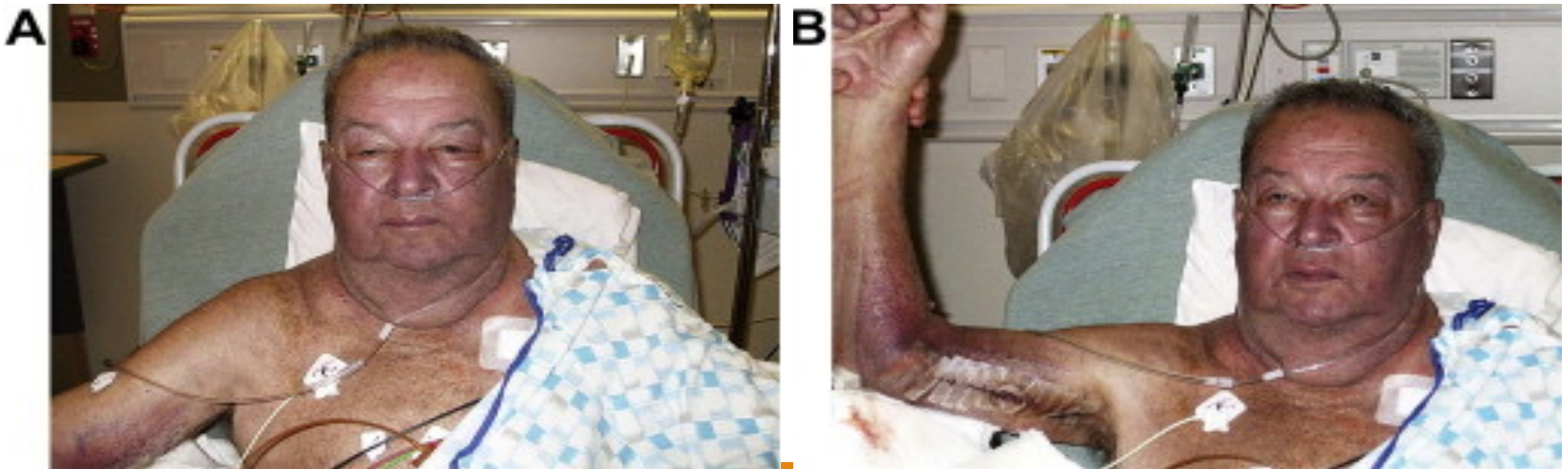
Manifestation

Dyspnea and edema in the face and arms

Pemberton sign:

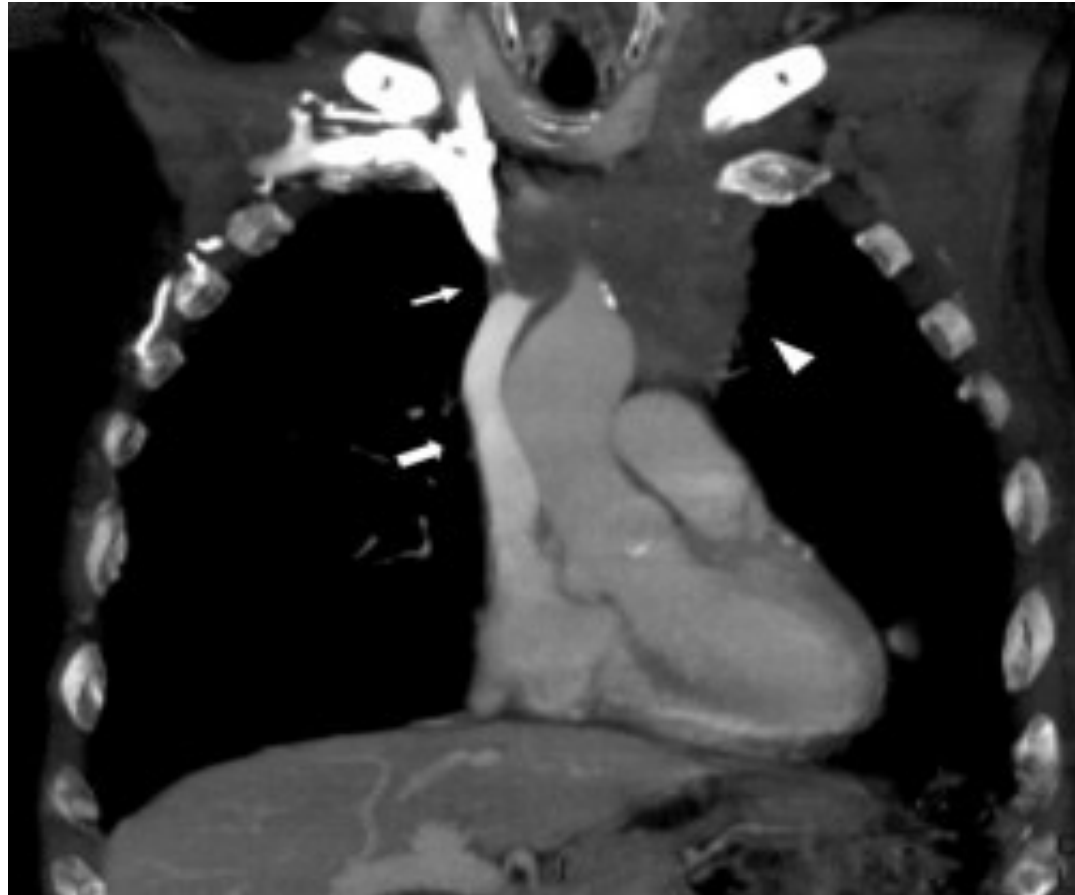
Ask the patient to raise both arms above head , facial edema or cyanosis indicates SVCS

<https://www.youtube.com/watch?v=dz4CEkntWPM>





Front chest X-ray showing the overly short distal catheter (white arrow) and the dilation of the arch of the azygos vein (venous shunt) indicating the obstruction of the superior vena cava.



The CT scan (coronal reconstruction) detects the tumoral mass (tip of arrow) provoking a focal occlusion of the superior vena cava (SVC) (arrow). The underlying SVC (wide arrow) is permeable and opacified by the collateral veins (re-entry by the azygos vein). Stasis of the contrast product in the SVC underlying the obstacle.

Jugular venous pressure (JVP)

Reed Only

- ✓ It provides an indirect measure of central venous pressure.
- ✓ The internal jugular vein connects to the right atrium without any intervening valves, thus acting as a column for the blood in the right atrium.

Difference between carotid and jugular pulse

The jugular venous pulse is:

Not palpable.

Obliterated by pressure.

Variable with respiration - it decreases with inspiration.

Causes of increased Jugular venous pressure

Heart failure.

Constrictive pericarditis

Pulmonary hypertension.

Fluid overload – eg. renal disease.

Superior vena cava obstruction .

<https://www.youtube.com/watch?v=4YBXaWWG3Ns>

Jugular venous pressure

