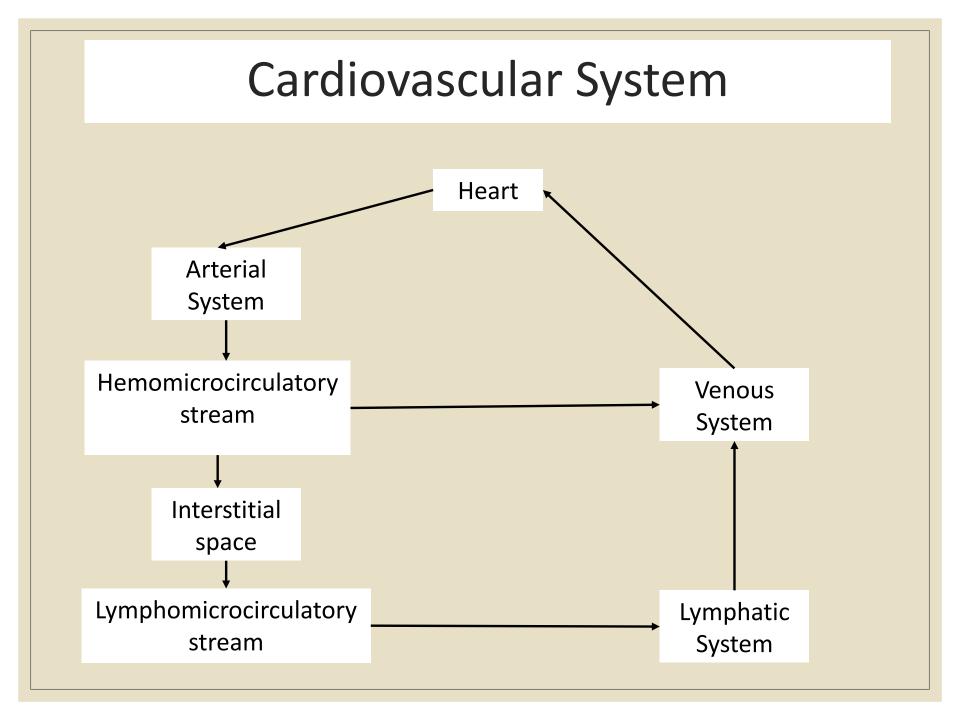
KAZAN FEDERAL (VOLGA REGION) UNIVERSITY INSTITUTE OF FUNDAMENTAL MEDICINE AND BIOLOGY DEPARTMENT OF MORPHOLOGY AND GENERAL PATHOLOGY

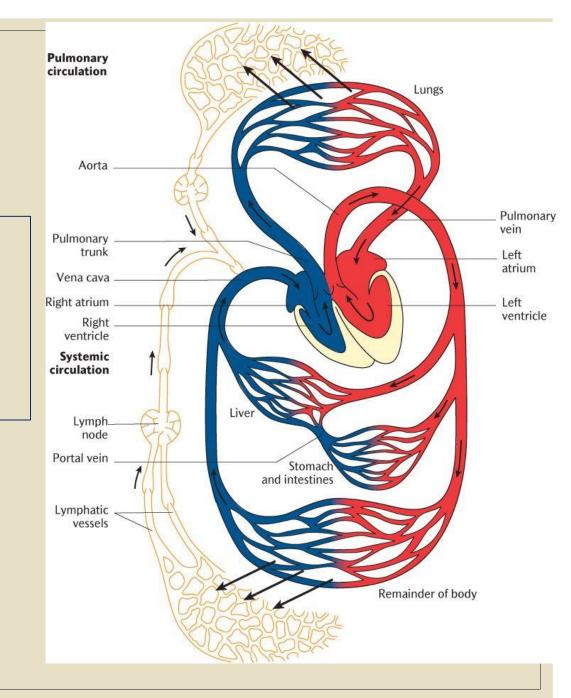
> Blood vessels development

> > Zaikina Elvira Ildarovna, *MD, PhD, Senior lecturer*



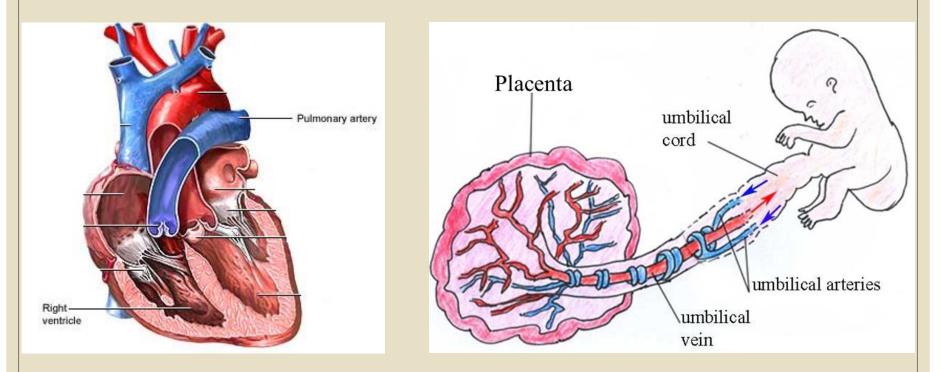
Arteries

- Arteries of pulmonary circulation
- Arteries of systemic circulation
- Arteries of the heart





blood vessels that carry blood (most often arterial blood) from heart ventricle to organs and tissues.



Exceptions:

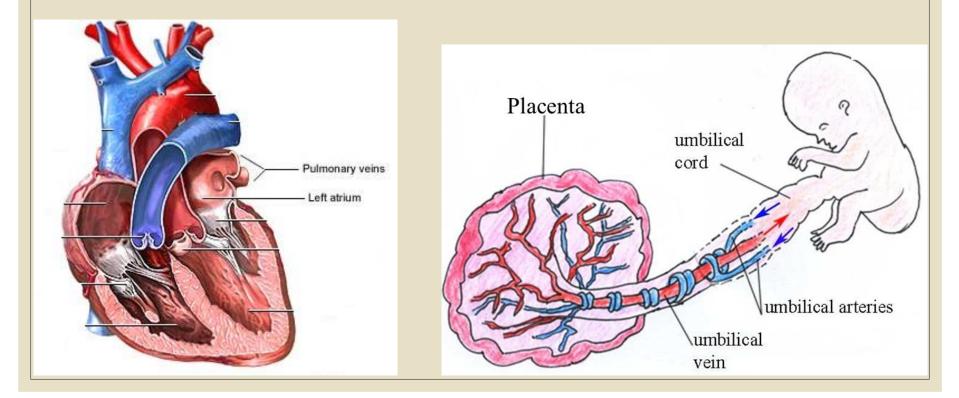
Pulmonary arteries – conduct venous blood from right ventricle to lungs
 Umbilical arteries – conduct venous blood from fetus to placenta

Veins

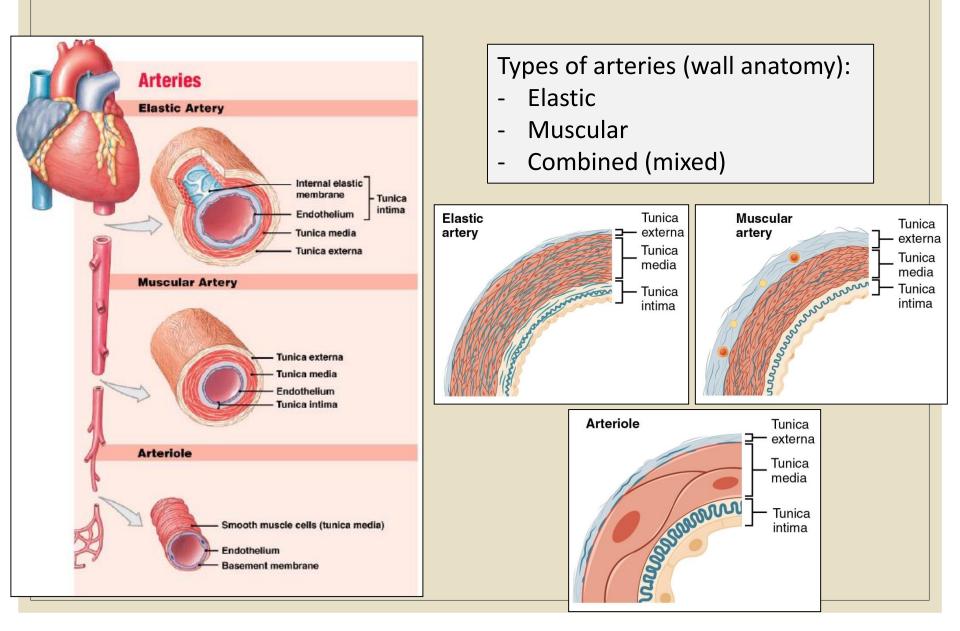
blood vessels that carry blood (most often venous blood) from organs and tissues to heart atrium

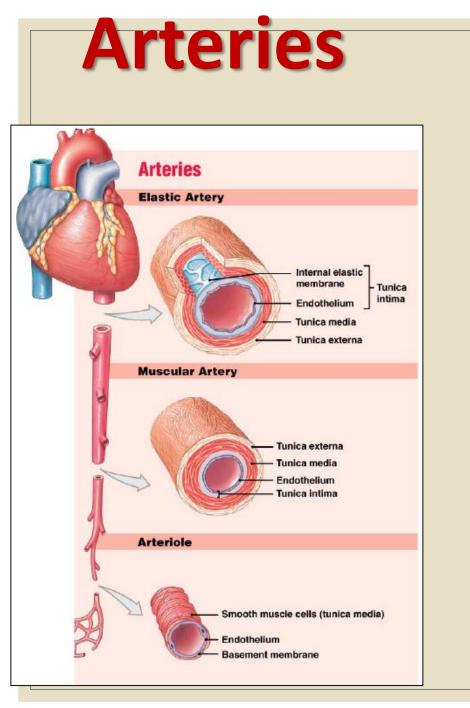
Exceptions:

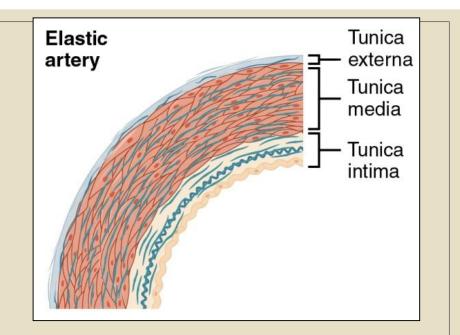
Pulmonary veins – conduct arterial blood from lungs to left atrium
 Umbilical veins – conduct arterial blood from placenta to fetus



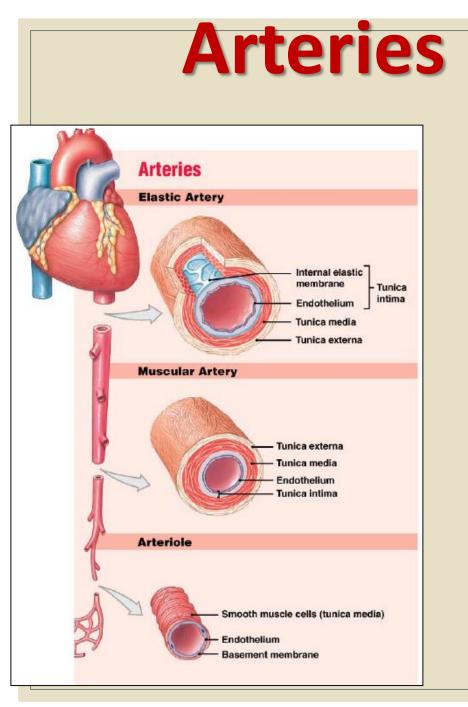
Arteries

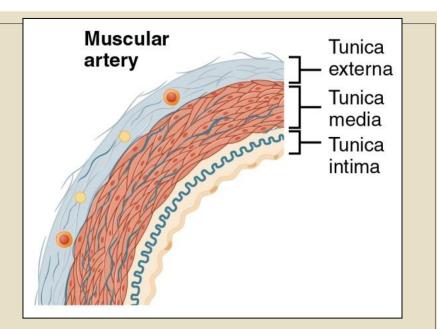






- Elastic arteries- large thick walled, aorta and its branches
- has elastin in all tunics, especially tunica media
- has "<u>pressure smoothing</u> <u>effect</u>"

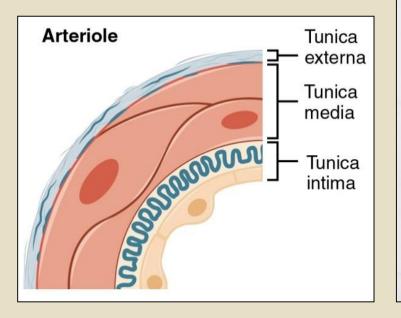


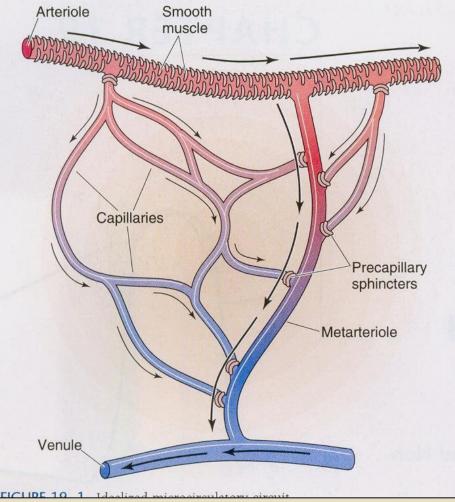


- Muscular arteries most of the arteries
- thickest media more smooth muscle
- active in vasoconstriction

Arterioles

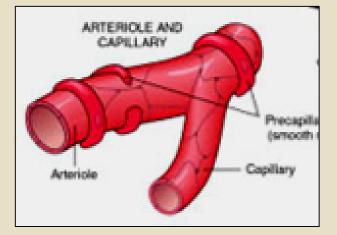
- 3mm-10μm diameter of lumen
- blood flow to capillaries is determined by diameter of arterioles

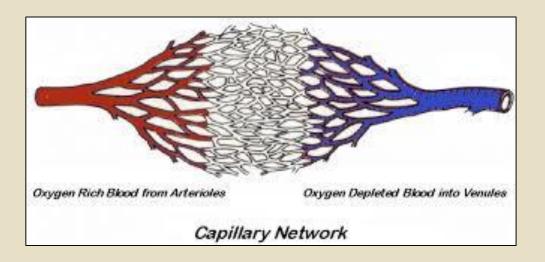




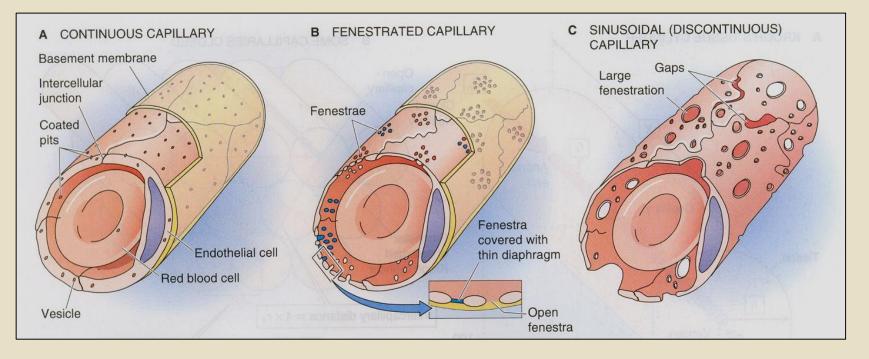
CAPILLARIES

- smallest 1mm long x 8-10µm diameter
- tunica intima only endothelium
- exchange of gases, nutrients with interstitial fluid





Types of Capillaries

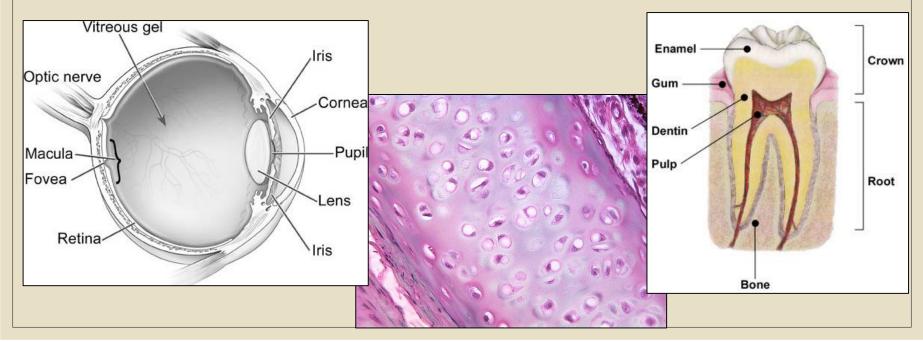


- <u>Continuous</u> one endothelial cell wraps all around ends joined by tight junctions (brain)
- Fenestrated have windows very permeable to fluids and solutes
- <u>Sinusoidal</u> modified, very leaky

Tissues without vessels

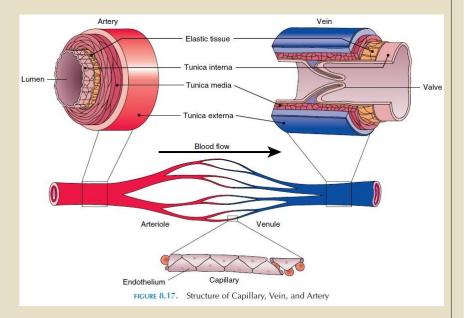
- transparent tissues of the eye (cornea, corpus vitreum, lens)
- cartilage
- epithelium
- endothelium
- dentin and enamel

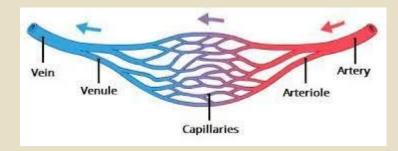
They are tolerant and can be transplanted without risk of rejection

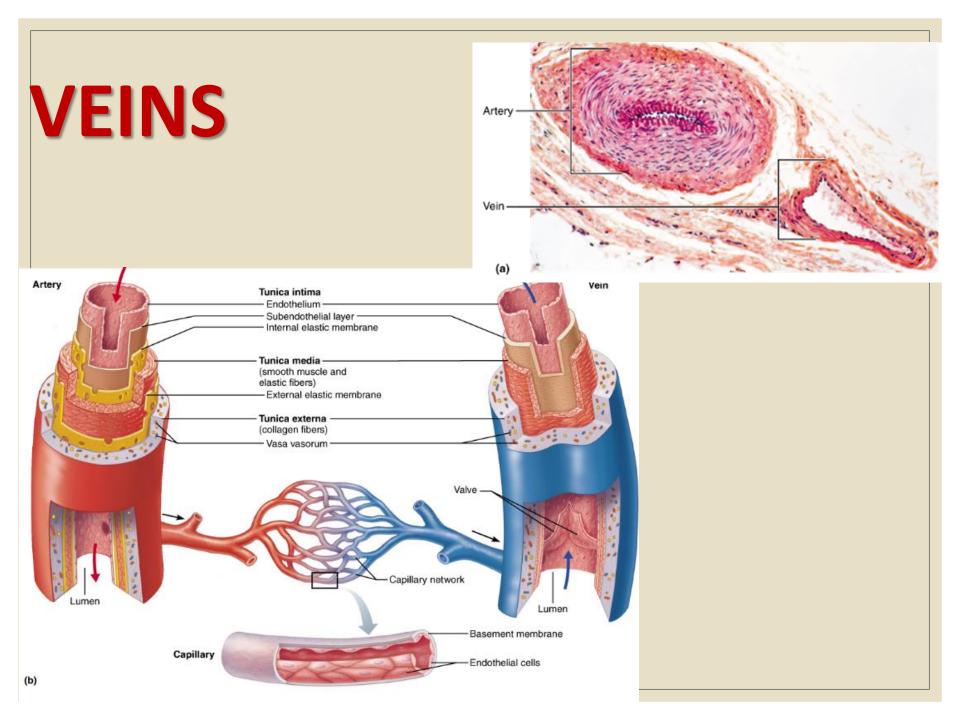


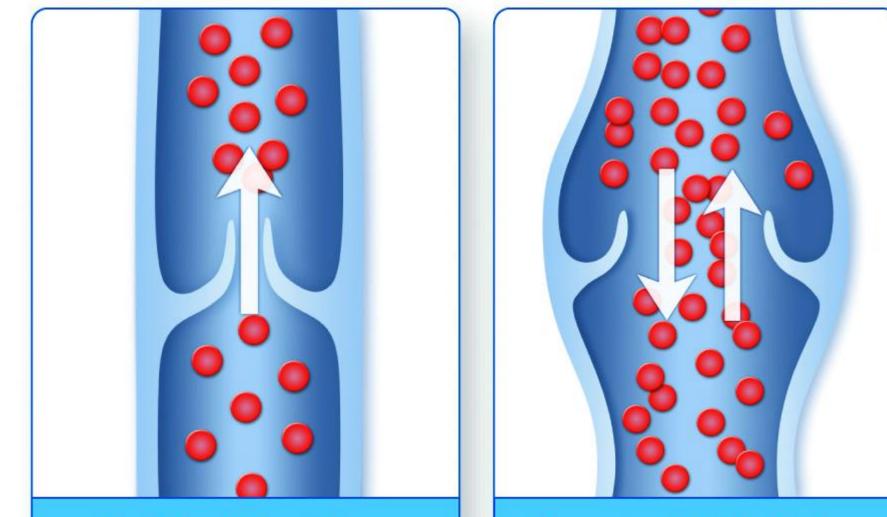
VENULES

- diameter are usually big 8-30 mcm
- the wall of postcapillary venules is similar in structure to the capillary wall
- the architectonics of venules is the same as that of arterioles.





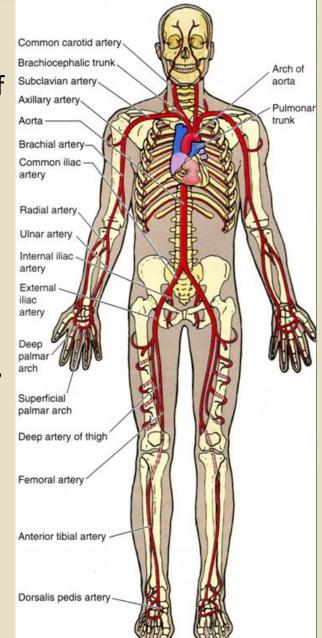




Healthy Vein Valves & Correct Blood Flow Damaged Vein Valve & Incorrect Blood Flow

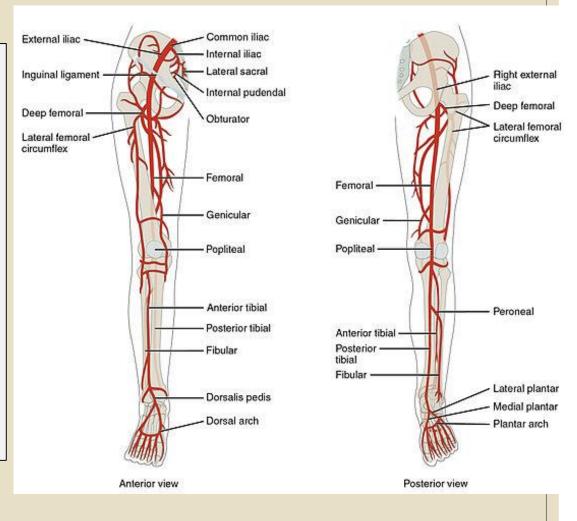
Arteries. Some features

- in the trunk parietal and visceral branches of aorta
- The parietal branches are paired: they are symmetrical and segmental. The visceral branches can be unpaired or paired: this depends on the supplied organs.
- arteries reache organ along the shortest ways, usually together with nerves
- every region has its own original main artery (head and neck – carotid artery, abdomen – abdominal part of aorta, etc.)
- with or without anastomoses (connections)

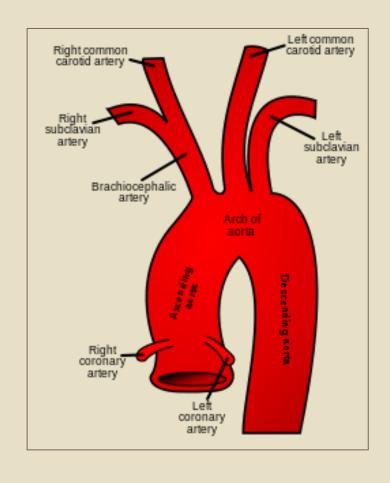


Arterial blood supply of the limbs

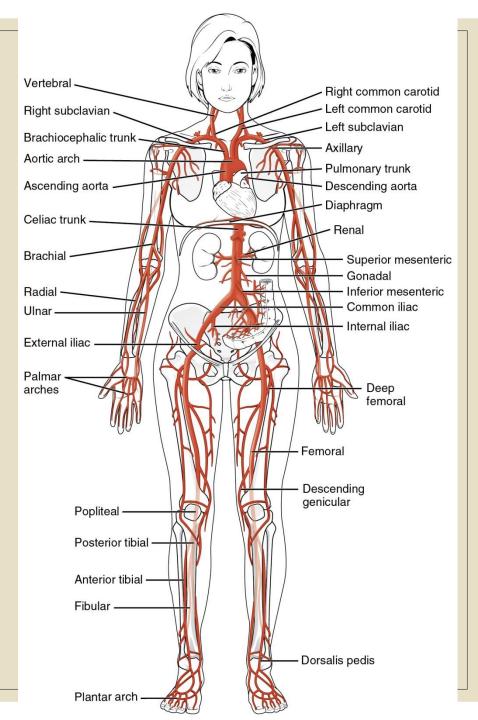
- mostly on the *flexor side* of the limbs
- around joints form arterial network
- on the palm and foot form *arterial arches*

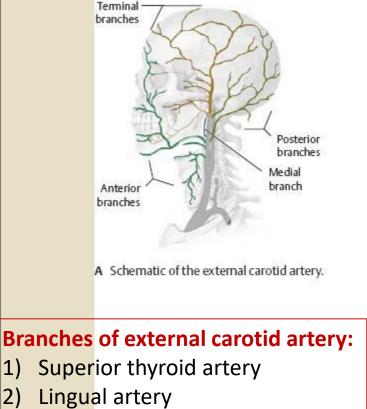


The main arteries



Diameter of aortal bulb – 25-30mm Diameter of descending aorta – 21-22mm

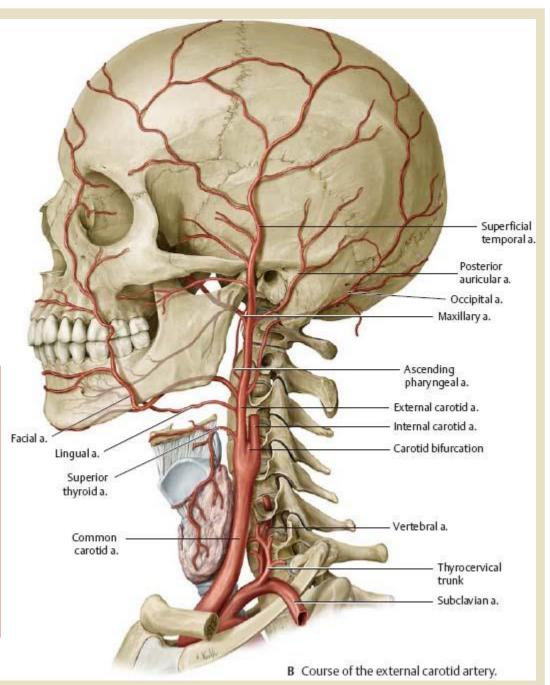


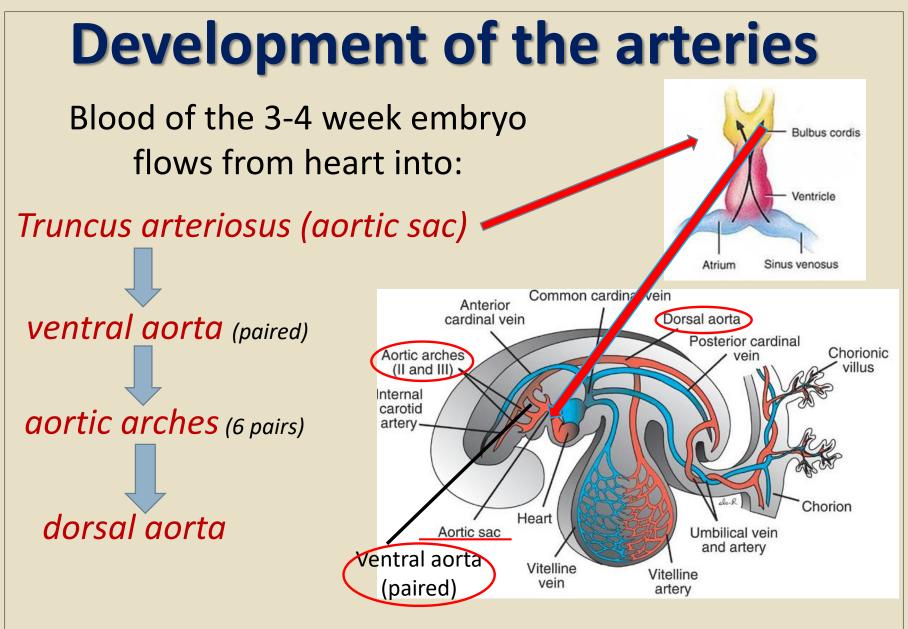


2) Facial artery 3)

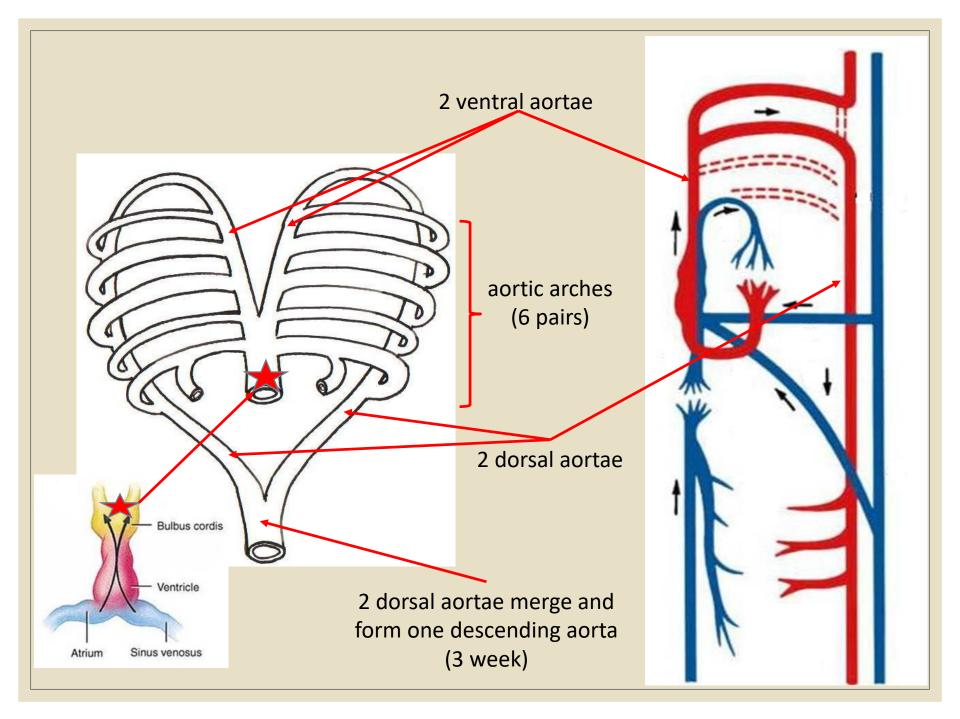
1)

- Maxillary artery 4)
- Ascending pharyngeal artery 5)
- **Occipital artery** 6)
- 7) Posterior auricular artery
- Superficial temporal artery 8)

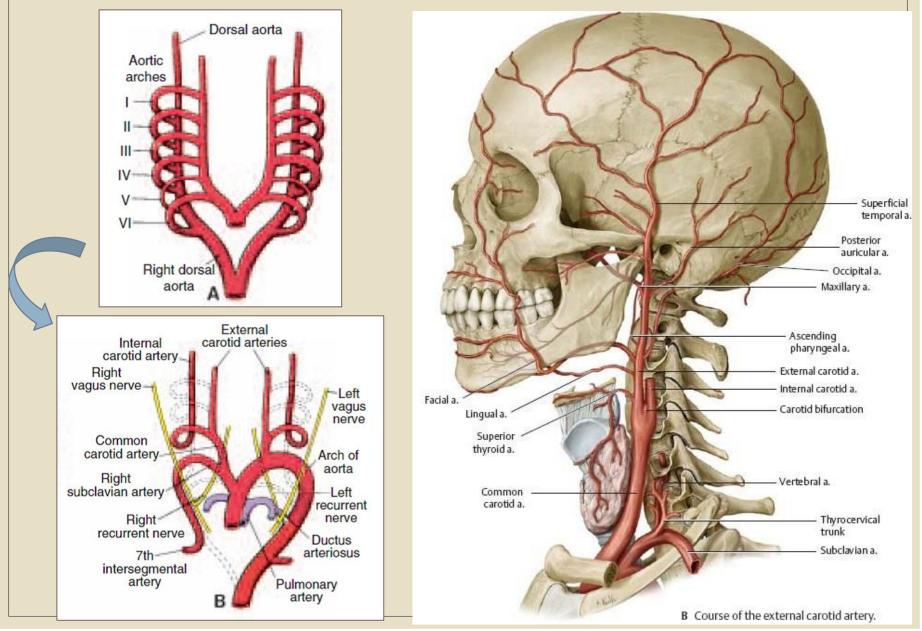




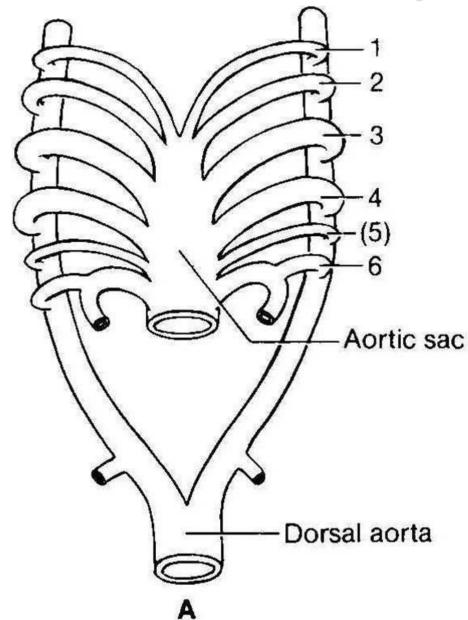
The structure of the embryo resembles the vascular system of animals with a gill apparatus

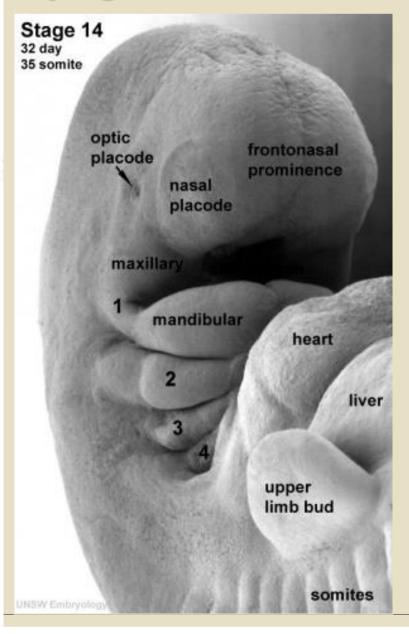


Dorsal end of ventral aorta – external carotid artery

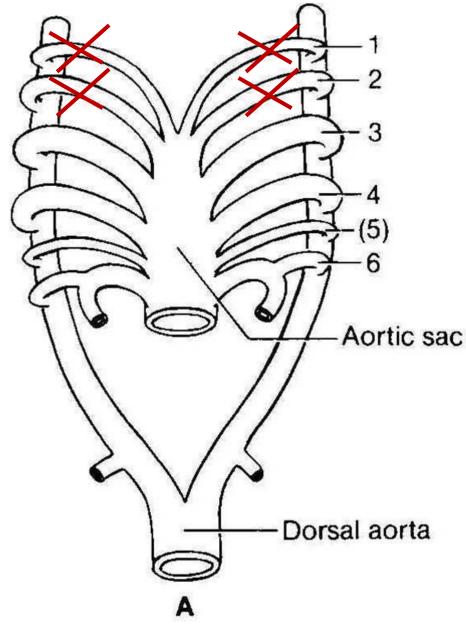


Aortic arches – pharyngeal arches

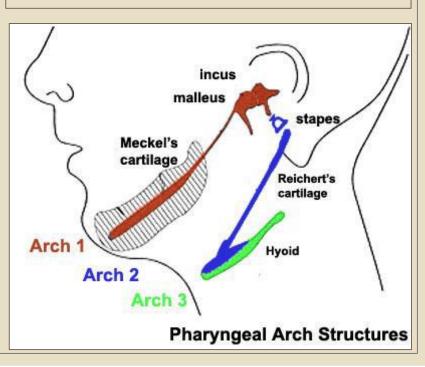




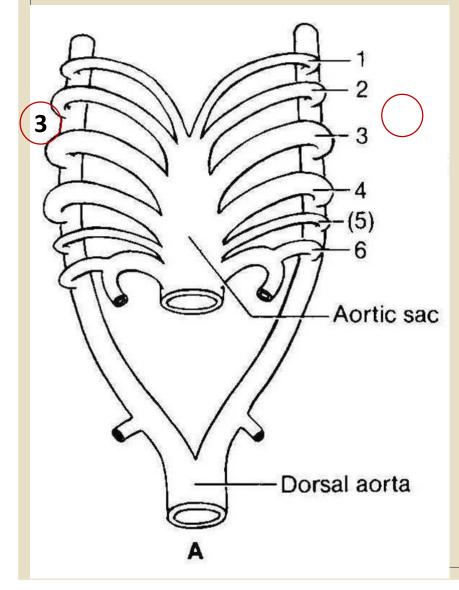
Aortic arches – pharyngeal arches

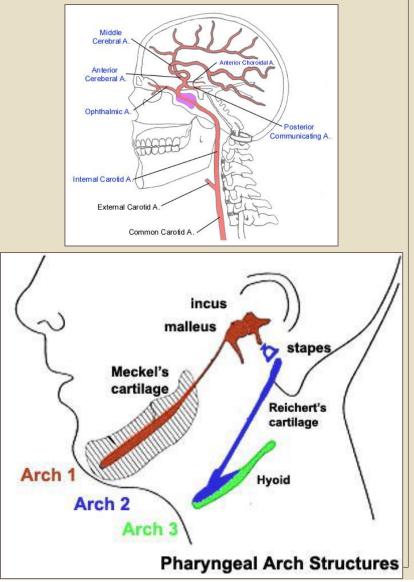


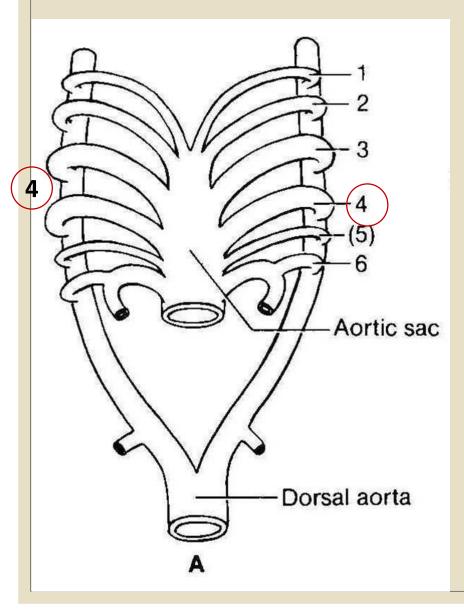
Aortic arches 1 completely regress except to form maxillary artery. Aortic arches 2 completely regress except to form stapedial and hyoid arteries.



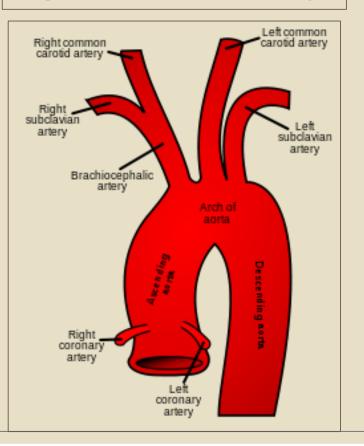
Aortic arches 3 forms common, external (partially) and internal carotid arteries.

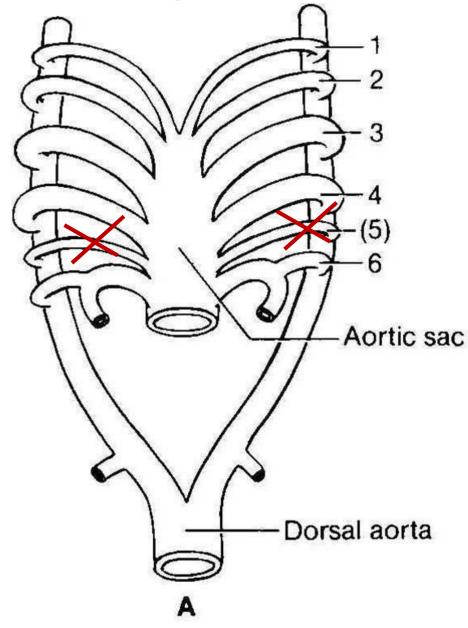




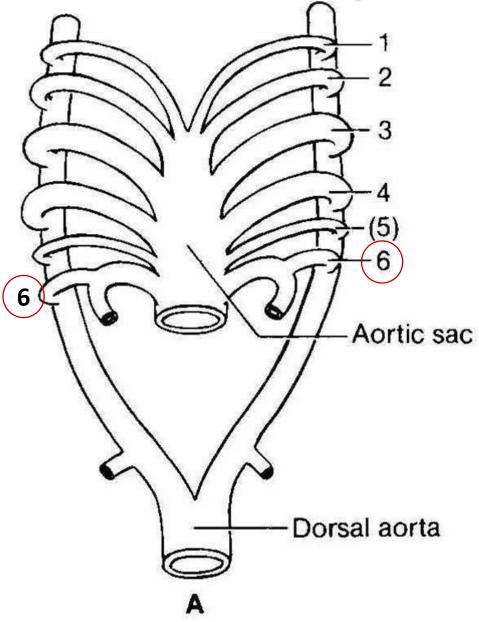


Aortic arch 4 left forms arch of aorta. Aortic arch 4 right forms right subclavian artery.

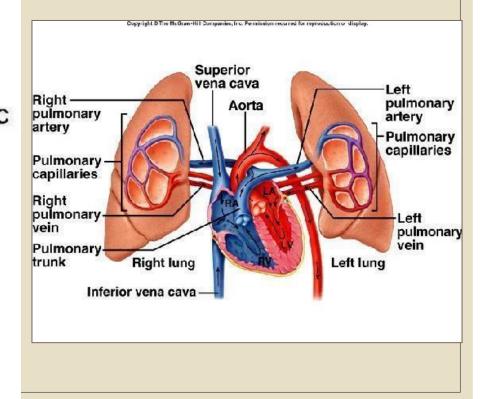


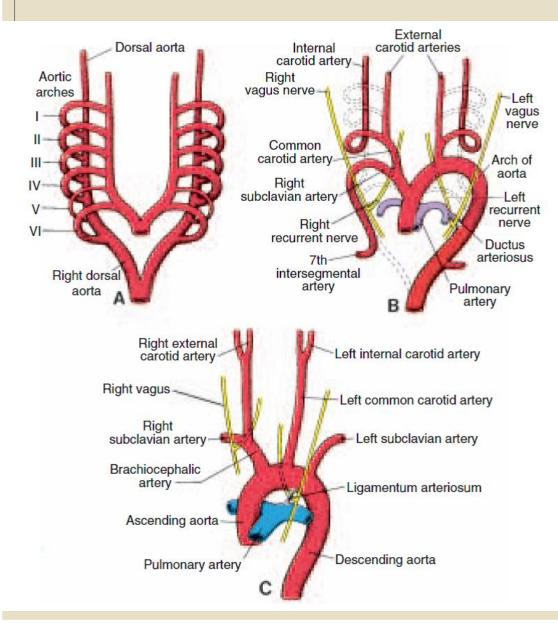


Aortic arches 5 completely regress.

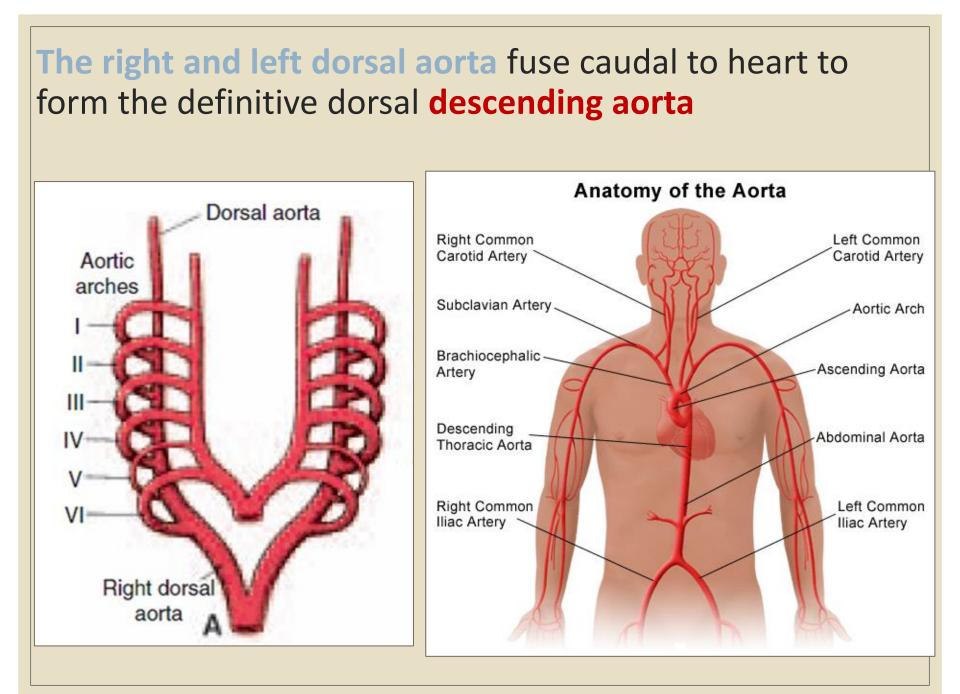


Aortic arches 6 form pulmonary arteries.

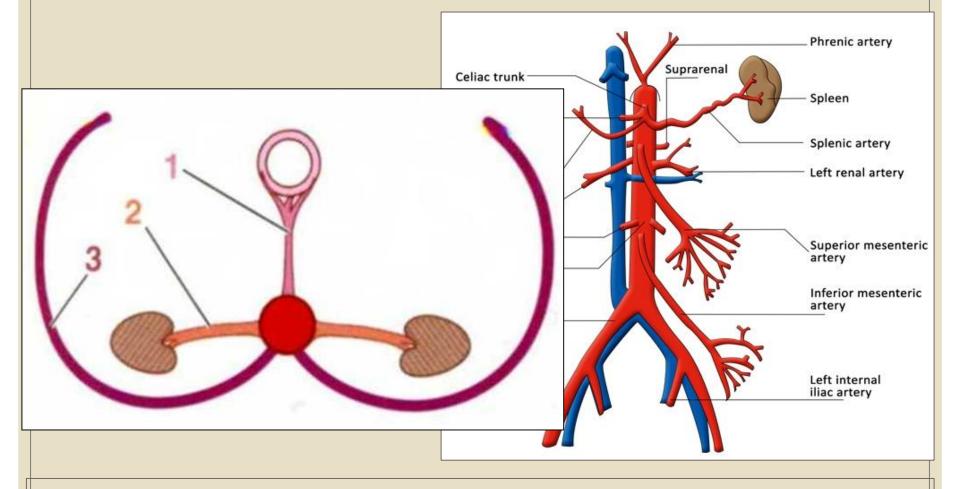




dorsal end of ventral aorta – external carotid artery I and II aortic arches – reduce III aortic arch – common, external and internal carotid arteries right IV aortic arch – right subclavian artery left IV aortic arch – arch of aorta V aortic arch – reduce VI aortic arch pulmonary arteries

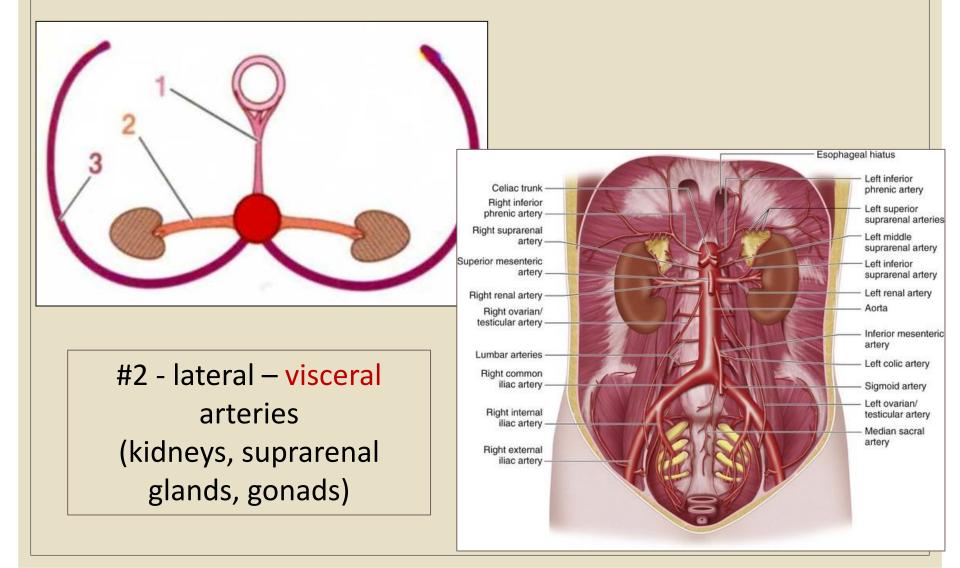


Branches of dorsal aorta – descending aorta (thoracic and abdominal parts of aorta):

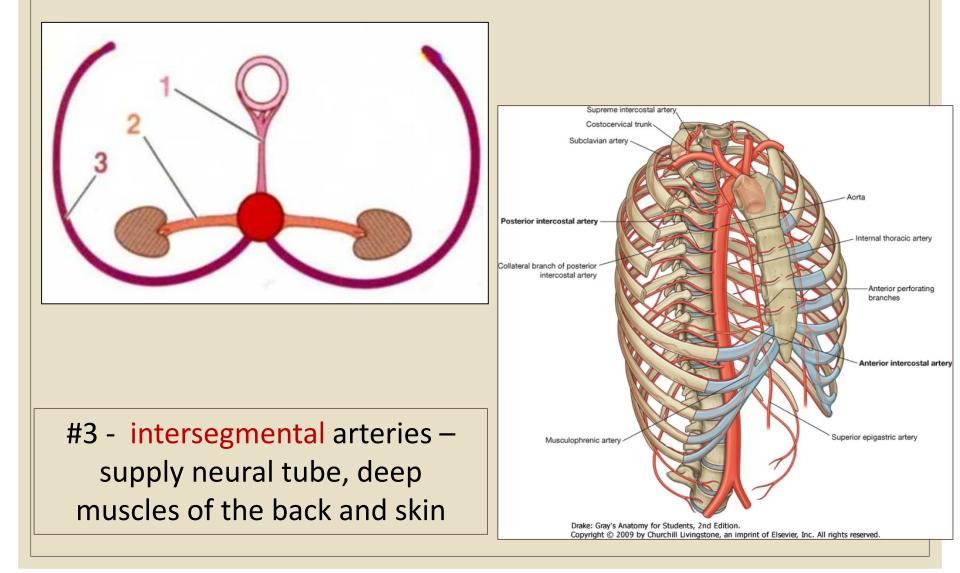


#1 - ventral – vitelline arteries (yolk sac, celiac, superior and inferior mesenteric arteries) and umbilical arteries (fetus-placenta)

Branches of dorsal aorta – descending aorta (thoracic and abdominal parts of aorta):

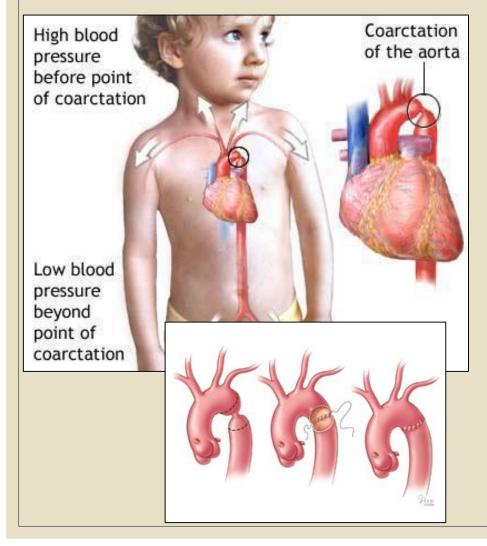


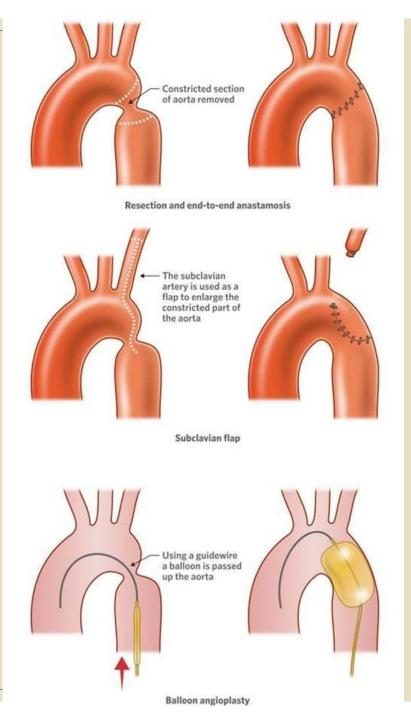
Branches of dorsal aorta – descending aorta (thoracic and abdominal parts of aorta):



Coarctation of aorta

Congenital pathology of aorta development
Disproportional development of parts of the body



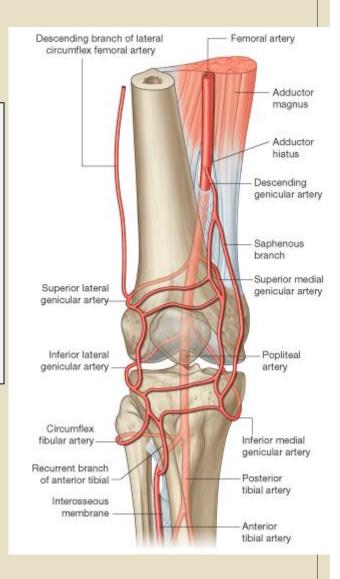


Anastomoses

1) Between different systems of arteries:

- external and internal carotid arteries
- external and internal iliac arteries
- vessels of the right and left parts of the body

2) Inside system of one artery

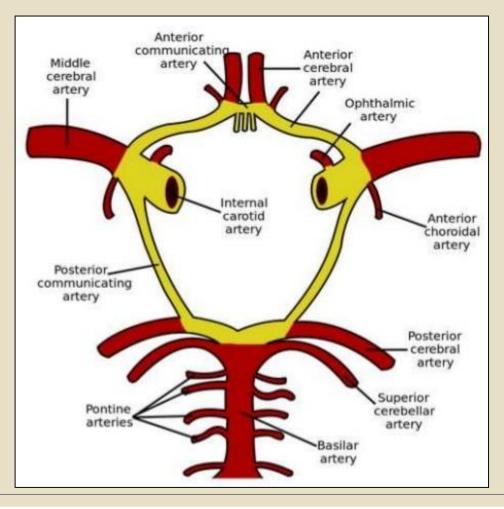


Anastomoses on the head

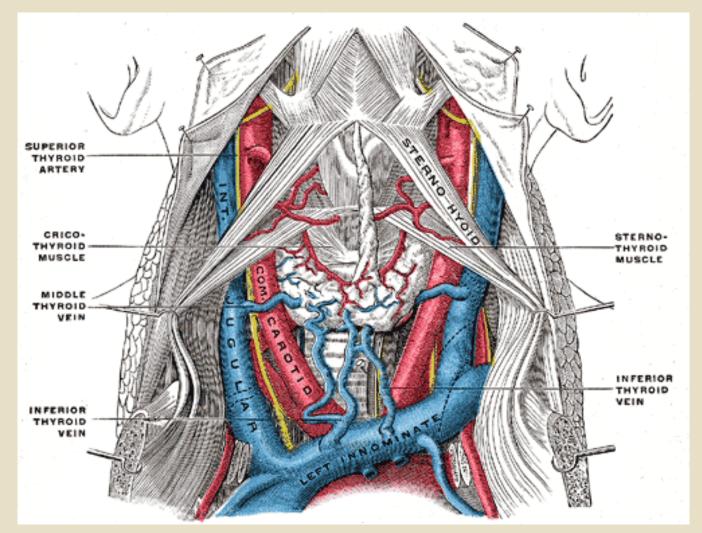
a. angularis
(branch of facial artery – external carotid artery) a. dorsalis nasi
(branch of ophthalmic artery – internal carotid artery)

KEN HUB

Arterial blood supply of the brain – circle of Willis

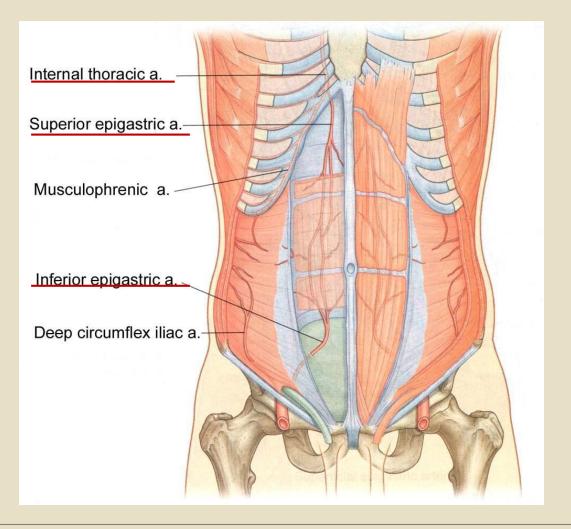


Arterial anastomoses of the neck

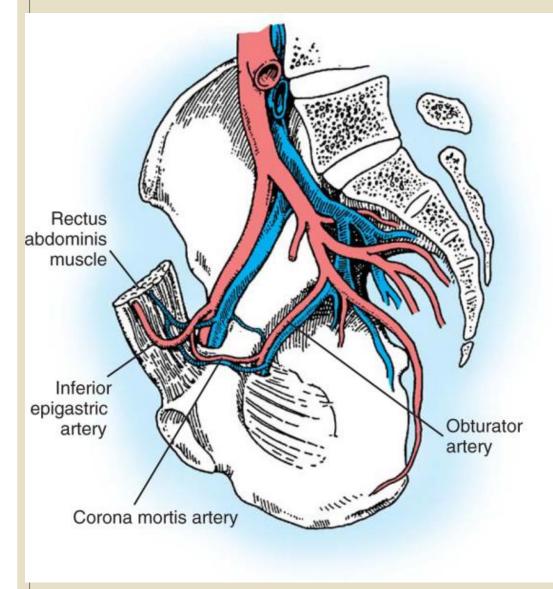


 between left and right external carotid arteries (arterial network of the organ)

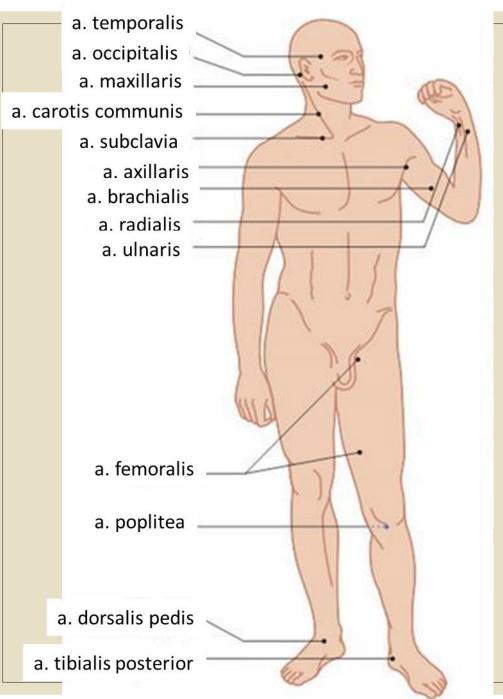
Arterial anastomoses of the anterior abdominal wall



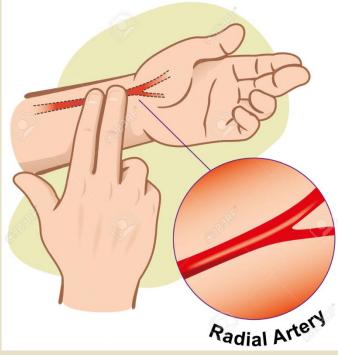
Corona mortis – " crown of death"



- 15-30% of people wound of this anastomosis (during hernial sac operation) leads to strong bleeding, which is very hard to stop



Pulse points

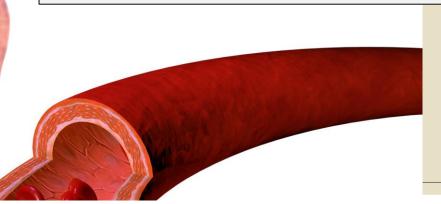


Blood pressure

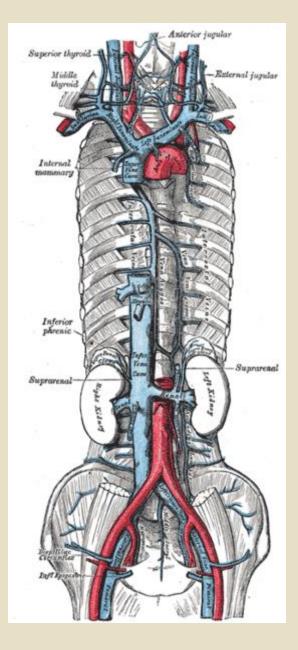
120/80?



120 – cardiac (force of the heart)
80 – tension of the vessels ("kidney")



Veins has: ✓ roots ✓ tributaries (influents)

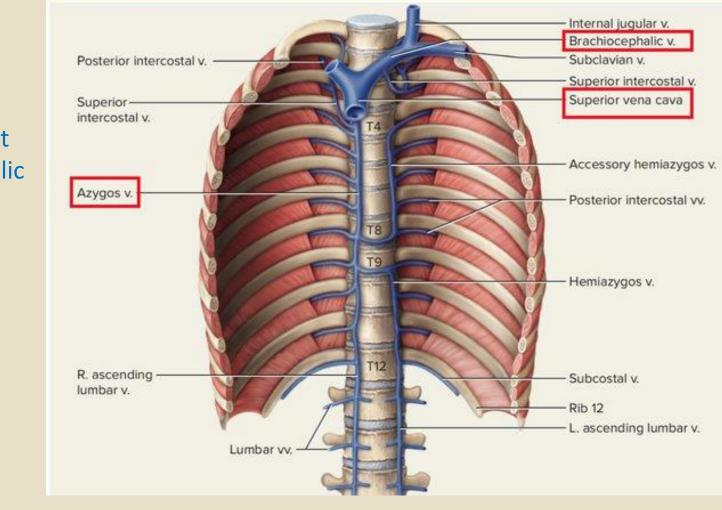


Arteries has branches

Vena cava superior

 ✓ Roots: left and right brachiocephalic veins

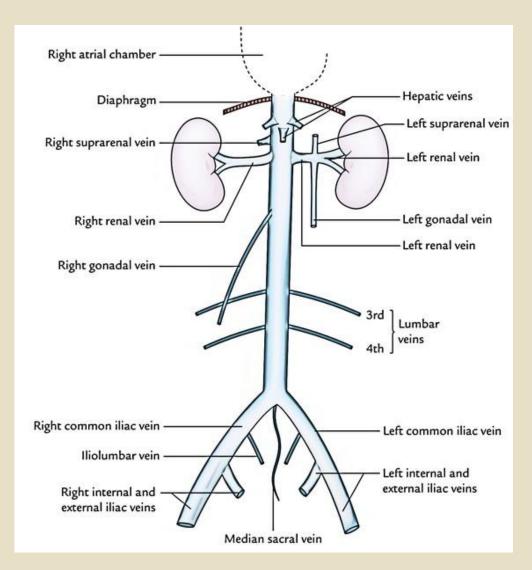
 ✓ Tributary (influent):
 Azygos vein



 ✓ Roots:
 left and right common iliac veins

- ✓ Tributaries (influents):
- 1. Parietal
- Lumbar veins
- Phrenic veins
- 2. Visceral
- Testicular/Ovarian
 veins (more often right one only)
- Renal veins
- Suprarenal veins (more often right one only)
- Hepatic vein

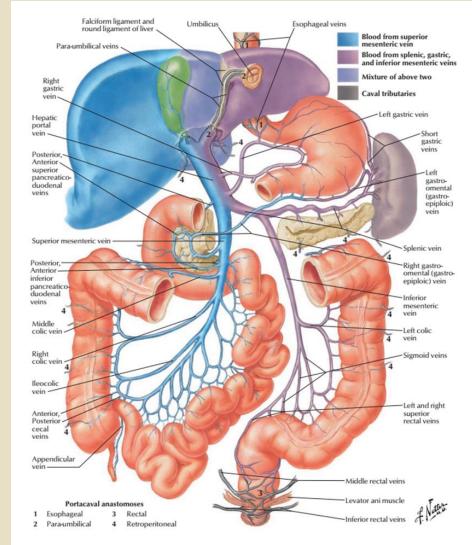
Vena cava inferior

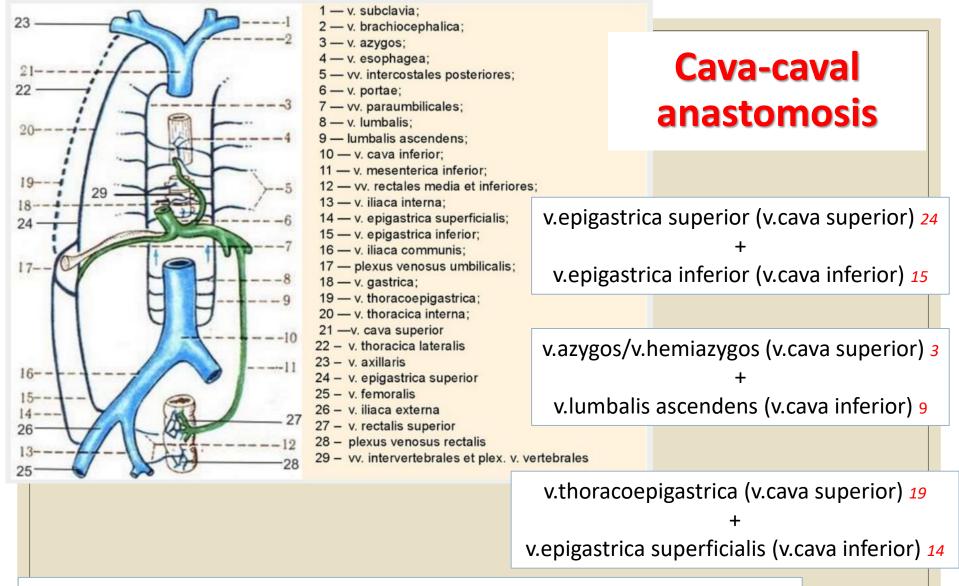


Vena porta

✓ Roots:

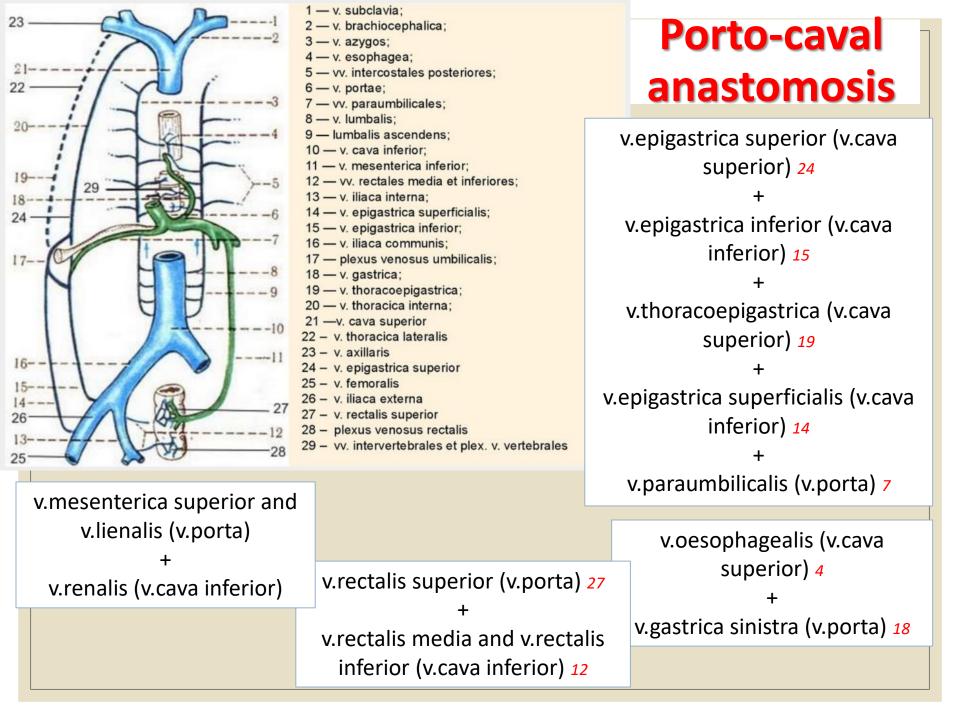
- Splenic vein
- Superior mesenteric vein
- Inferior mesenteric vein
- ✓ Tributaries (influents):
- Gastric veins
- Umbilical | / paraumbilical vein





plexus.v.vertebrales: 29

- <u>neck</u>: vv.vertebrales-v.brachiocephalica (v.cava superior)
- <u>thorax</u>: vv.intercostales posteriors-v.azygos/v.hemiazygos (v.cava superior)
- <u>abdomen</u>: vv.lumbales (v.cava inferior)



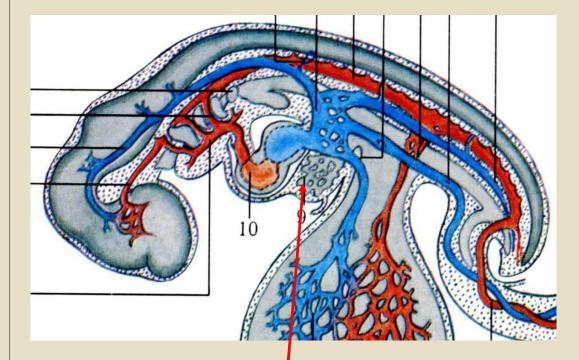
Caput Medusae Gorgon

In portal hypertension, as in the case of cirrhosis of the liver, the porto-caval anastomoses become congested and form venous dilatations



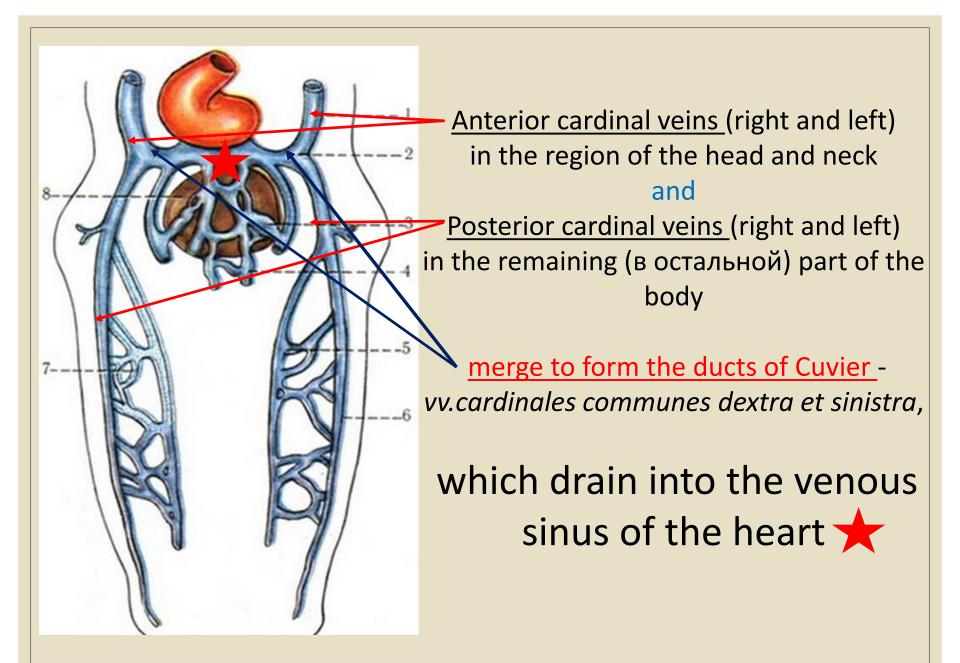


Veins are formed during the fourth week of embryonic development

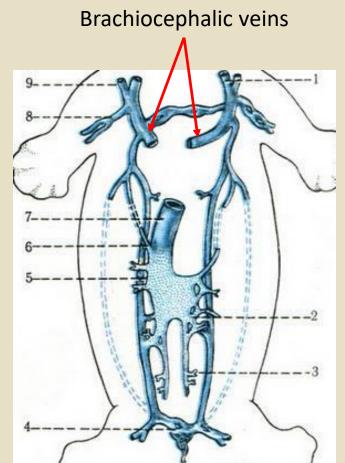


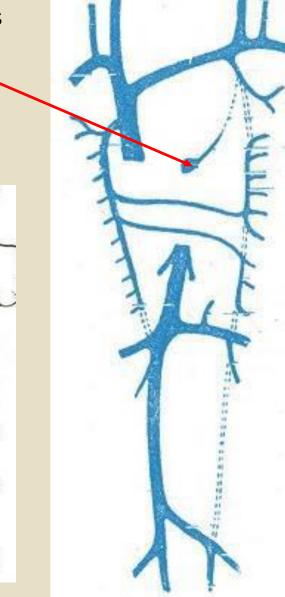
All the veins drains into the venous sinus of the heart

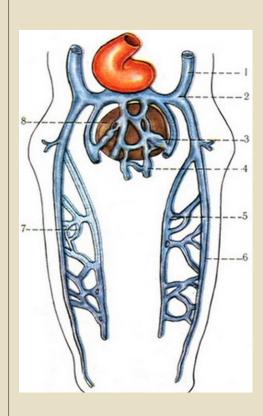
- vv. cardinales
- vv. vitellinae (which drain the yok sac)
- vv.umbilicalis
 (develop due to the development of the placental blood circulation)
- primary vena cava inferior

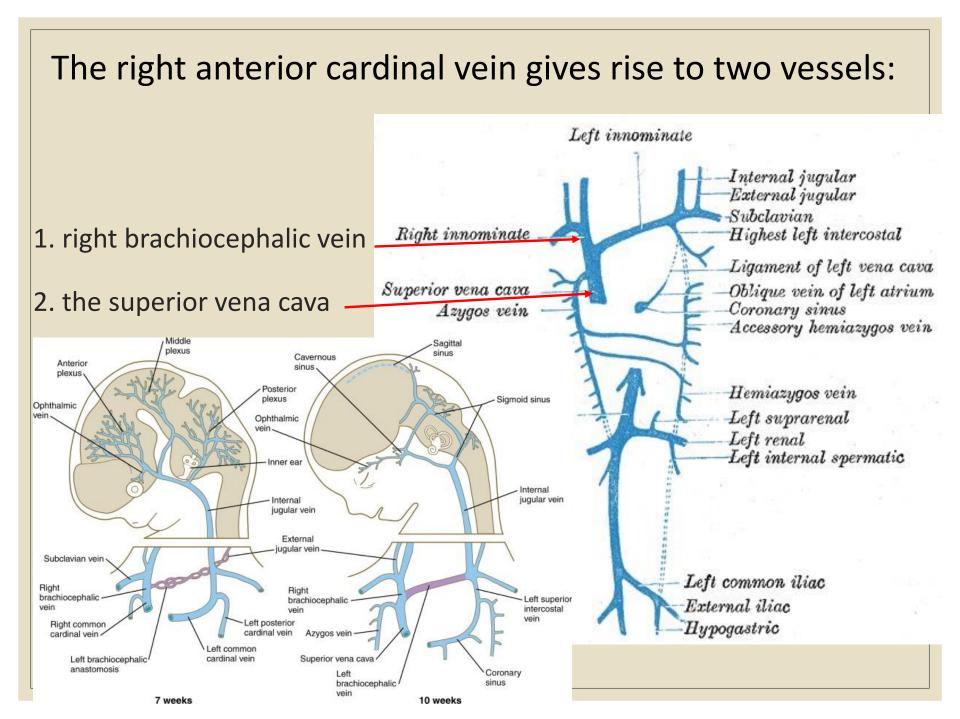


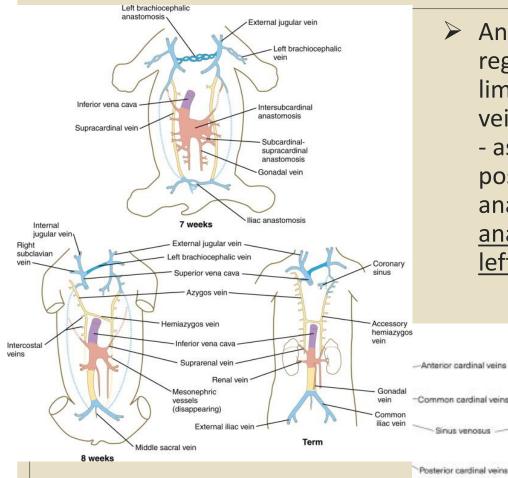
Left Cuvier's duct ceases to function. Its walls collapse, and it obliterates, except for a small segment, which becomes the coronary sinus of the heart











An anastomosis found in the iliac region drains blood from the left lower limb into the right posterior cardinal vein;

- as a result, the segment of the left posterior cardinal vein above the anastomosis reduces, <u>while the</u> <u>anastomosis itself transforms into the</u> <u>left common iliac vein</u>.

Right hepatocardiac channel-

(right vitelline vein)

Subcardinal veins

Intersubcardinal

anastomoses

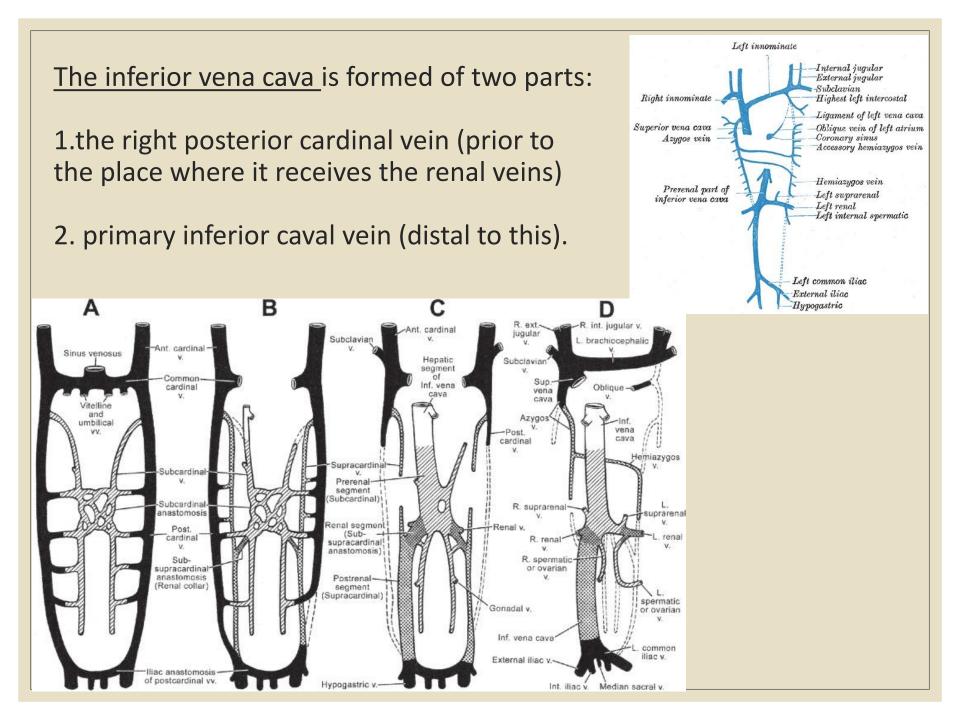
Suprasubcardinal anastomoses

Supracardinal veina

iac anastomoser of the posterior cardinal veins

The formation of the <u>inferior vena</u> <u>cava</u> is associated with the appearance of anastomoses between the posterior cardinal veins.

Liver



- Since the inferior vena cava brings blood to the heart from the entire caudal part of the body, the posterior cardinal veins become less important;
- their development is retarded, and they transform into the azygos vein (right posterior cardinal vein) and the hemiazygos and accessory hemiazygos veins (left posterior cardinal vein).

Subcardinal veins

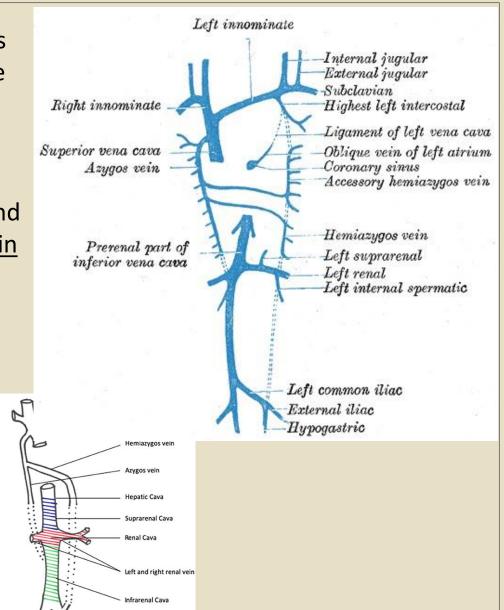
Postcardinal veins

Intersubcardinal

anastomis

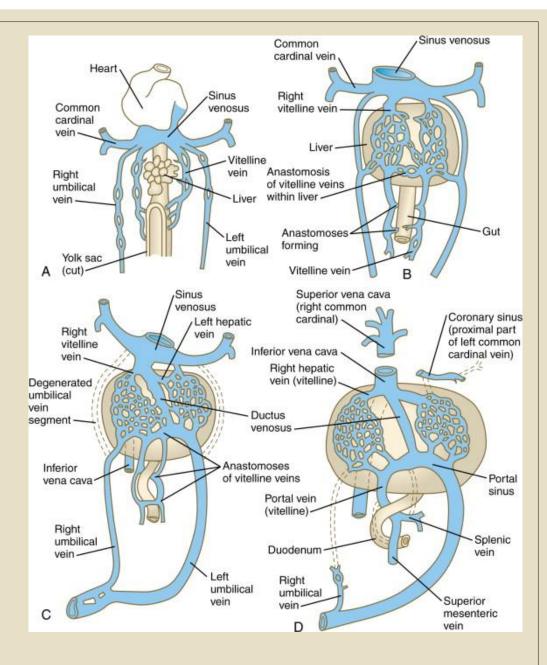
Supra-subcardinal anastomis

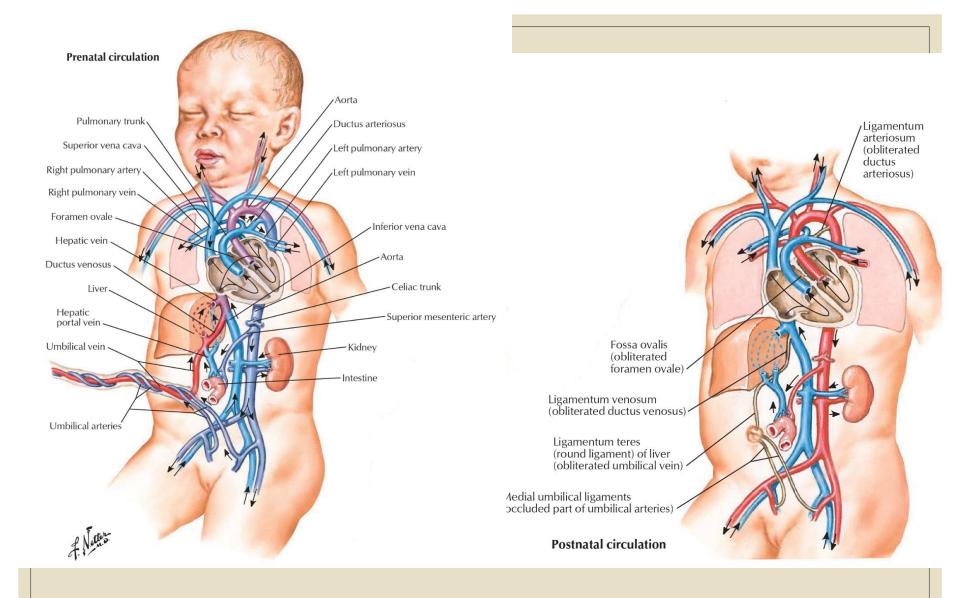
supracardinal veins



mmon iliac veins

<u>The portal vein is derived from the</u> <u>omphalomesenteric veins</u> along which blood from the yolk sac reaches the liver. The segment of these veins between their junction with the mesenteric vein and the hepatic porta transforms into the portal vein.





ductus venosus (duct of Arantius)



ligamentum venosum