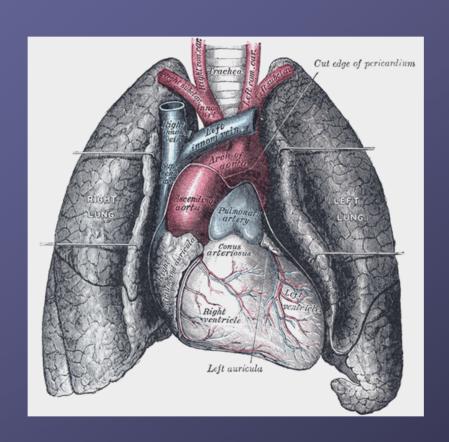
ANATOMY OF LUNGS



- 1. Gross Anatomy of Lungs
- 2. Surfaces and Borders of Lungs
- 3. Hilum and Root of Lungs
- 4. Fissures and Lobes of Lungs
- 5. Bronchopulmonary segments

- 6. Histopathology of Alveoli
- 7. Surfactant
- 8. Blood supply of lungs
- 9. Lymphatics of Lungs
- 10. Nerve supply of Lungs
- 11. Pleura
- 12. Mediastinum

GROSS ANATOMY OF LUNGS

Lungs are a pair of respiratory organs situated in a thoracic cavity. Right and left lung are separated by the mediastinum.

Texture -- Spongy

Color - Young - brown

Adults -- mottled black due to deposition of carbon particles

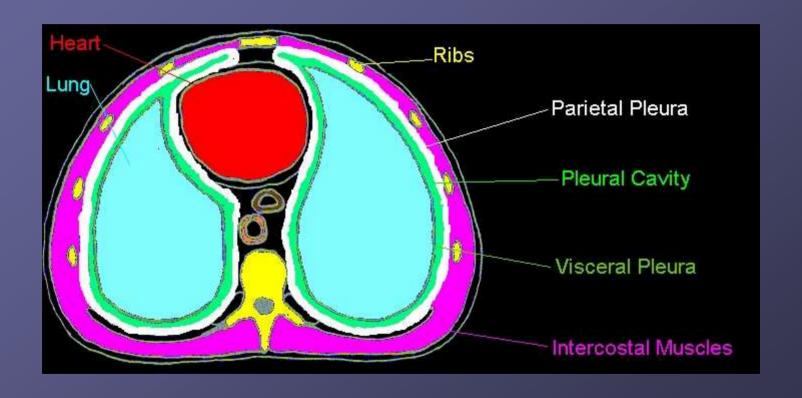
Weight-

Right lung - 600 gms

Left lung - 550 gms



THORACIC CAVITY

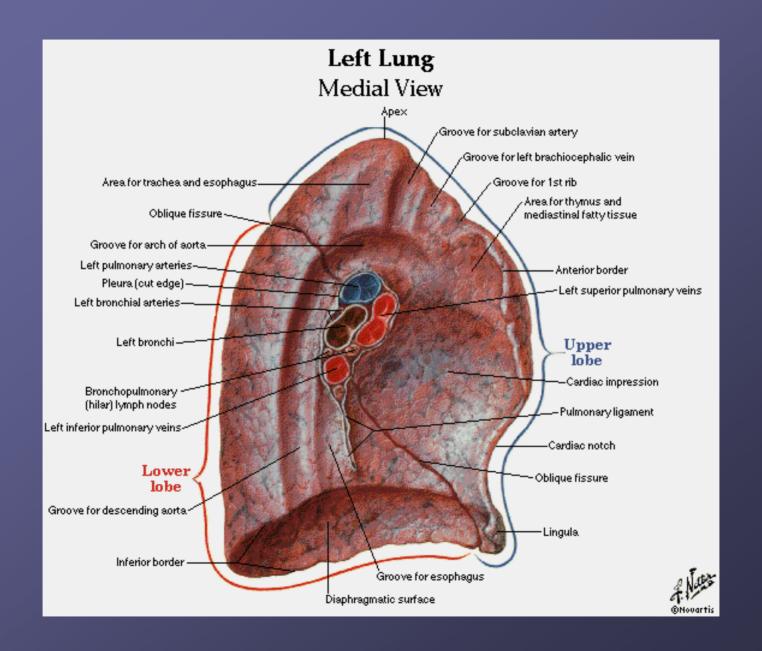


- Conical
- (apex pulmonis)
 - (basis pulmonis)
- anterior (margo anterior)
 - posterior (margo posterior)
 - Inferior (margo inferior)
- 2 Surfaces costal (facies costalis)
 - medial (facies mediastinus)
 - anterior (mediastinal)
 - posterior (vertebral)



- Blunt
- Lies above the level of anterior end of 1st Rib.
- Reaches 1-2 cm above medial 1/3rd of clavicle.
- Coverings –
 cervical pleura.
 suprapleural membane

- Grooved by-
 - Subclavian artery
 Subclavian vein



BASE

Semilunar and concave.

Rests on dome of Diaphragm.

Right sided dome is higher than left.

BORDERS

- ANTERIOR BORDER –
- Corresponds to the anterior (Costomediastinal) line of pleural reflection.
- 2. It is deeply notched in the left lung posterior to 5th costal cartilage by the pericardium and extends vertically downwards to form Lingula. This is called cardiac notch (percussion in this area gives a dull note as compared to dull note obtained over lung).

INFERIOR BORDER

Thin and sharp

It seperates the base of lung from the costal surface and extends into phrenicocostal sinus.

POSTERIOR BORDER

Thick and ill defined

Fits into deep paravertebral gutter.

Extends from C7 to T10.

SURFACES OF THE LUNG

- 1. Costal Surface
- It is in contact with costal pleura and overlying thoracic wall.
- 2. Medial Surface
- Posterior / Vertebral Part
- Anterior / Mediastinal Part

Relations of Posterior Part

1. Vertebral Part

2. Intervertebral Discs

3. Posterior Intercostal Vessels

4. Splanchic Nerves

RELATIONS OF ANTERIOR PART

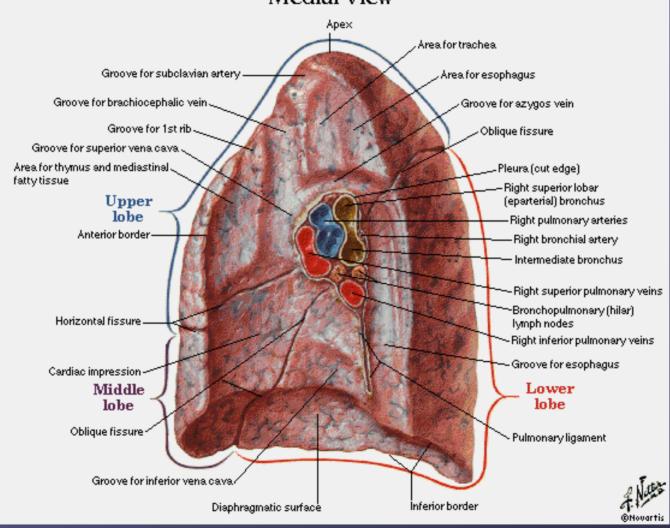
RIGHT SIDE

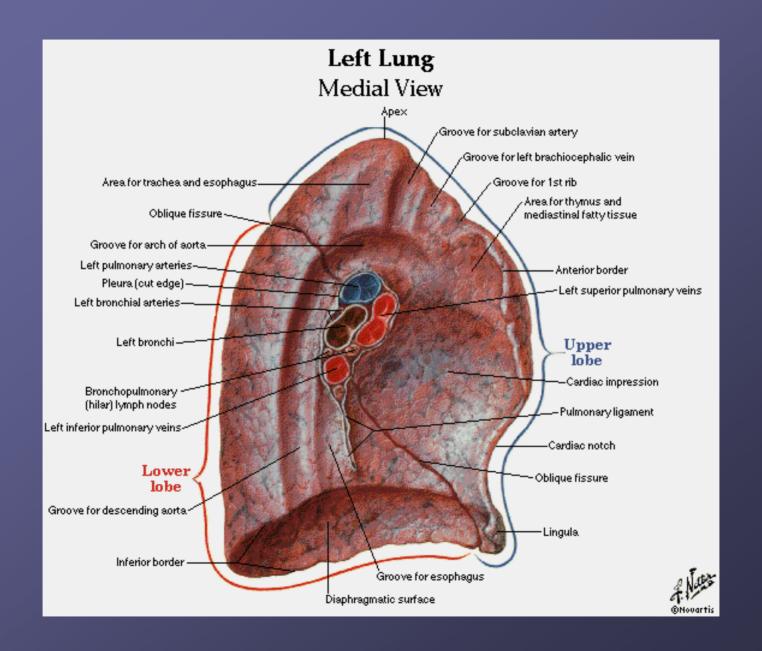
- 1. Right atrium
- 2. Small part of RV
- 3. SVC
- 4. Right brachiocephalic vein(lower part)
- 5. Azygos vein
- 6. Esophagus
- 7. IVC
- 8. Trachea
- 9. Right vagus nerve
- 10. Right phrenic nerve

LEFT SIDE

- Left ventricle
- 2. Pulmonary trunk
- 3. Arch of Aorta
- Descending thoracic aorta
- 5. Left Subclavian Artery
- 6. Thoracic duct
- 7. Left Brachiocephalic Vein
- 8. Left vagus nerve
- Left phrenic nerve
- 10. Left recurrent laryngeal nerve

Right Lung Medial View





<u>HILUM</u>

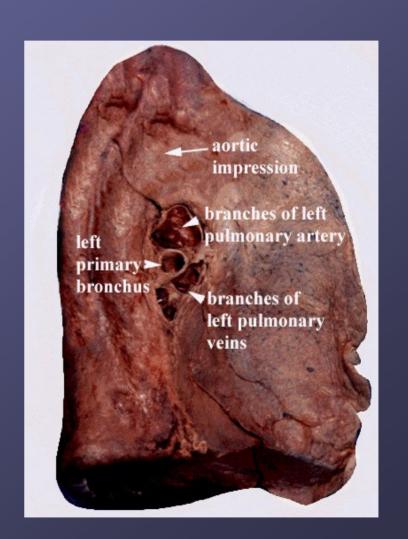
 It is a large depressed area that lies near the centre of the medial surface.

 Various structures enter and leave the lung via its root.

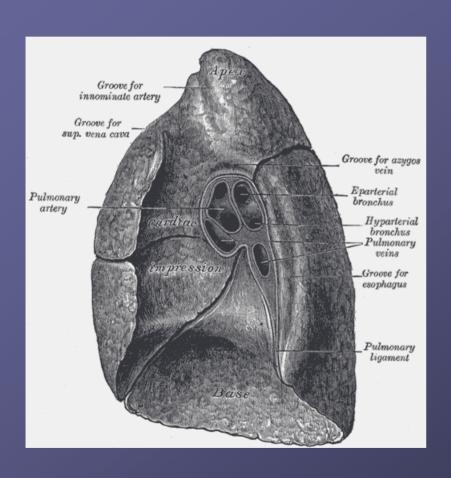
ROOT OF THE LUNG

The root is enclosed in a short tubular sheet of pleura that joins the pulmonary and mediastinal parts of pleura. It extends inferiorly as a narrow fold - <u>The pulmonary</u> ligament.

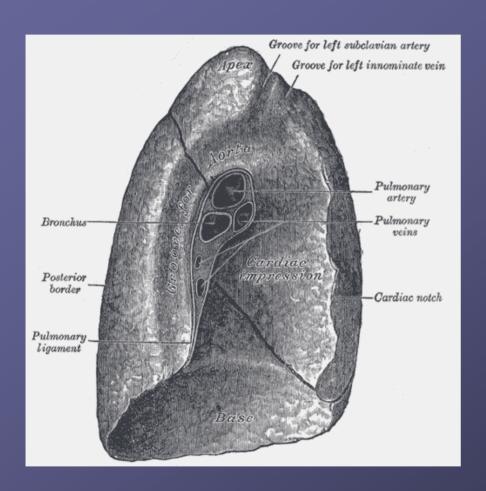
 It lies opposite of the bodies of 5th, 6th and 7th thoracic vertebra



STRUCTURES OF THE ROOT

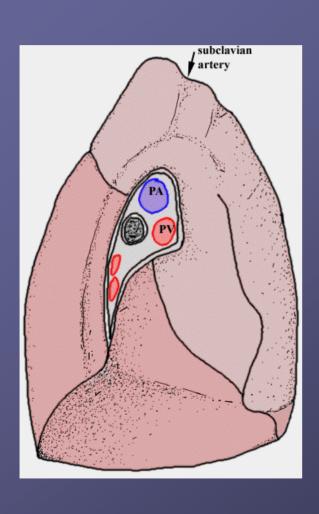


- Principal Bronchus on the left side.
- Eparterial and Hyparterial on the right side.
- One pulmonary artery .
- Two pulmonary veins -Superior Inferior
- Bronchial arteriesOne on right sideTwo on left side



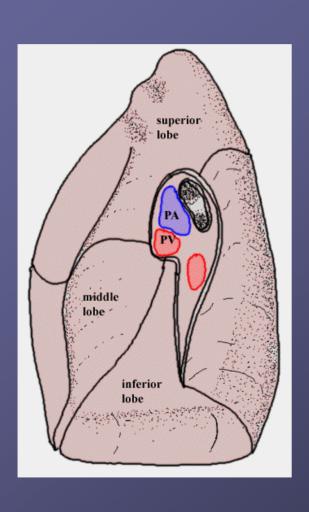
- Bronchial veins
- Anterior and posterior pulmonary plexus of nerves.
- Lymphatics
- Bronchopulmonary Lymphnodes
- Areolar tissue.

ARRANGEMENT OF STRUCTURES IN THE ROOT



- BEFORE BACKWARDS
- 1. Superior pulmonary vein.
- 2. Pulmonary artery.
- 3. Bronchus.

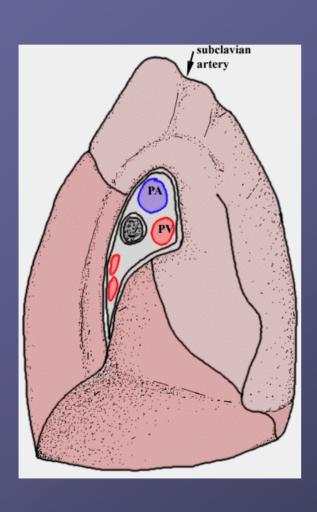
ARRANGEMENT OF STRUCTURES IN THE ROOT



ABOVE DOWNWARDS

- A. Right Side
 - 1. Eparterial Bronchus.
 - 2. Pulmonary Artery.
 - 3. Hyparterial Bronchus.
 - 4. Inferior Pulmonary Vein.

ARRANGEMENT OF STRUCTURES IN THE ROOT

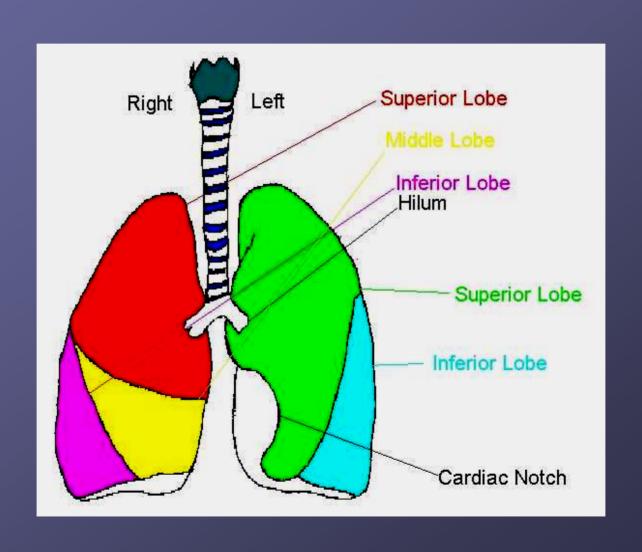


ABOVE DOWNWARDS

B. Left Side

- 1. Pulmonary artery.
- 2. Bronchus.
- 3. Inferior pulmonary vein

FISSURES AND LOBES OF LUNGS



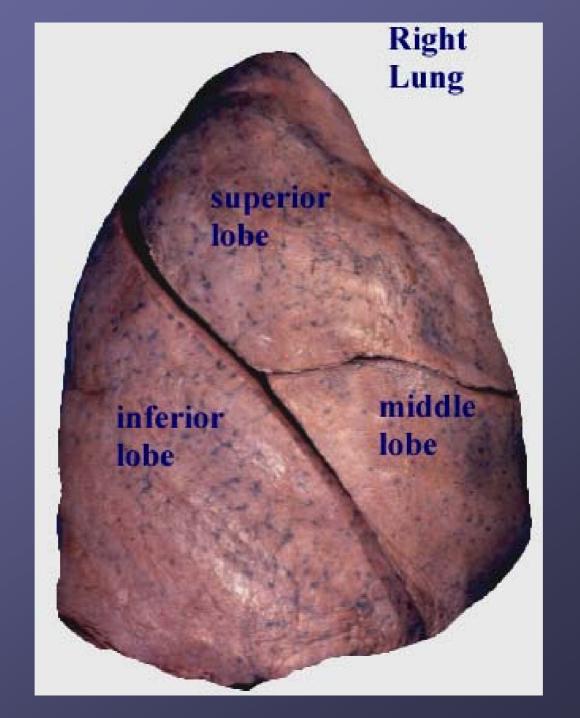
OBLIQUE FISSURE

 It begins posteriorly at the level of 5th thoracic vertebra.

 Passes antero-inferiorly in a spiral course to meet the inferior margin close to 6th costochondral junction.

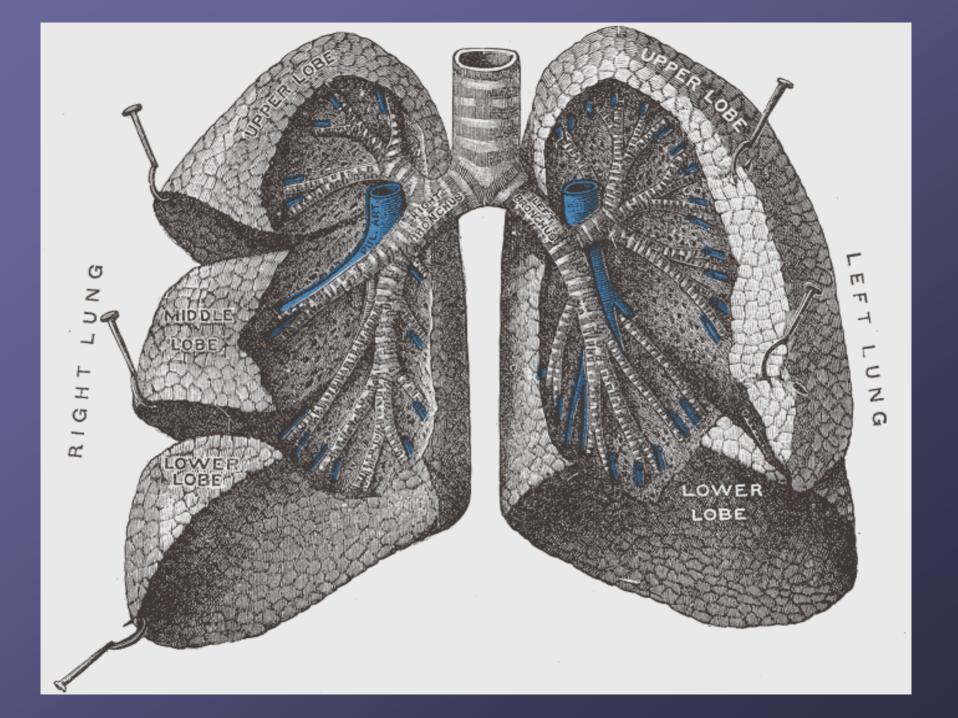
HORIZONTAL FISSURE

- It extends from anterior margin at the level of 4th costal cartilage.
- Runs horizontally backwards to meet the oblique fissure in the mid-axillary line.
- Pulmonary pleura extends into the fissures of the lungs so that the lobes can move on each other during respiration.



BRONCHOPULMONARY SEGMENTS

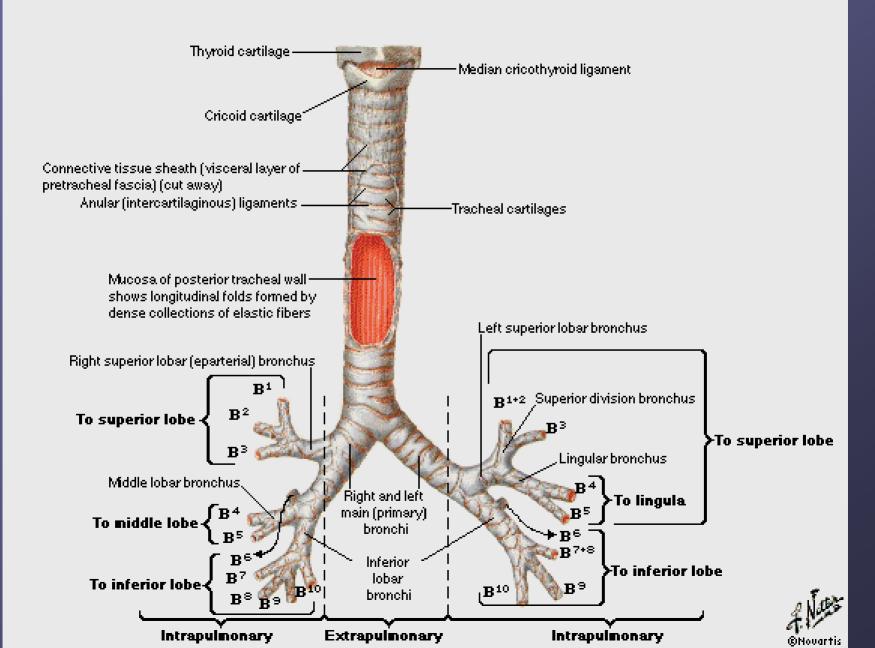
• These are well defined areas of the lungs, each of which is aerated by a segmental / tertiary bronchus.



Trachea Right and Left Principal Bronchus Lobar Bronchi(Secondary)[2L,3R] Segmental Bronchi(Tertiary)[8L,10R] Terminal Bronchioles (25000 in no.) Respiratory Bronchioles Alveolar ducts **ACINUS** Alveolar sacs Alveoli

Trachea and Major Bronchi

Anterior View



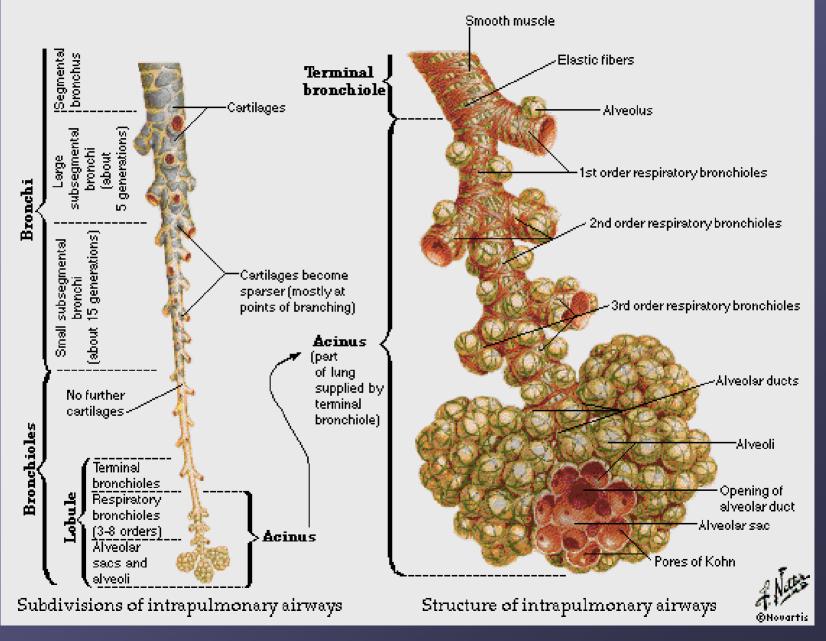
The ultimate pulmonary unit from respiratory brochiole to alveoli is called <u>Acinus</u>.

There are about 28 orders of division of tracheo-bronchial tree.

Total no. of alveoli has been estimated to be between 200 - 600 million, with a total surface area of 40 - 80 meter square.

Intrapulmonary Airways

Schema



BRONCHOPULMONARY SEGMENTS

Right main bronchus

Left main bronchus

1. Shorter

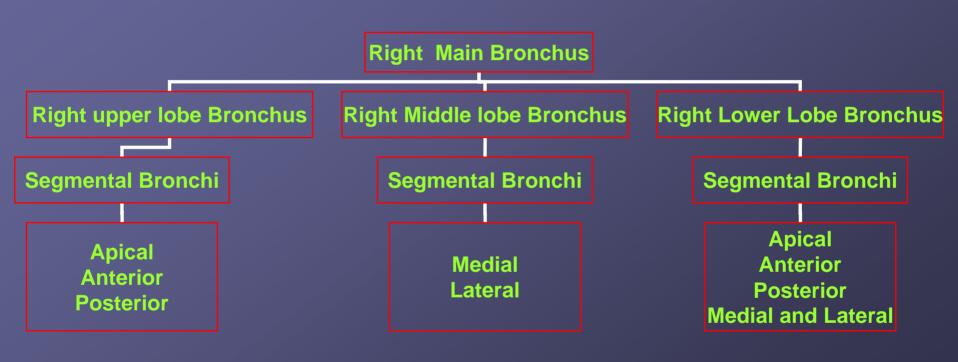
2. Wider.

3. More in line with trachea.

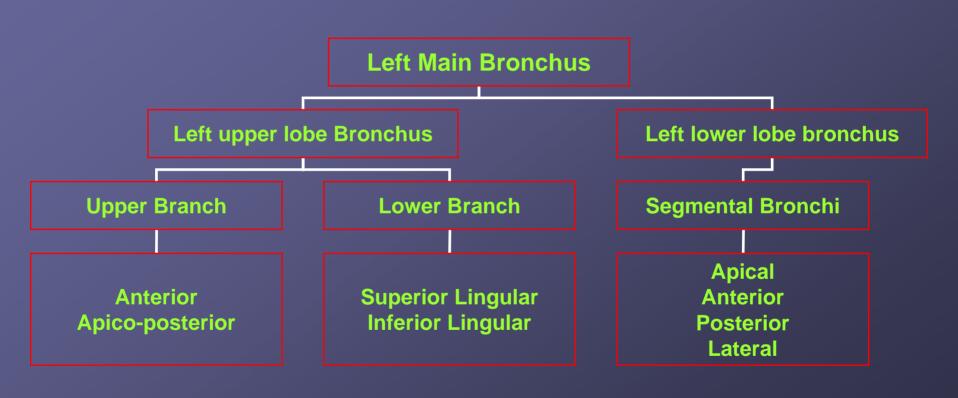
- 1. Longer
- 2. Narrower.

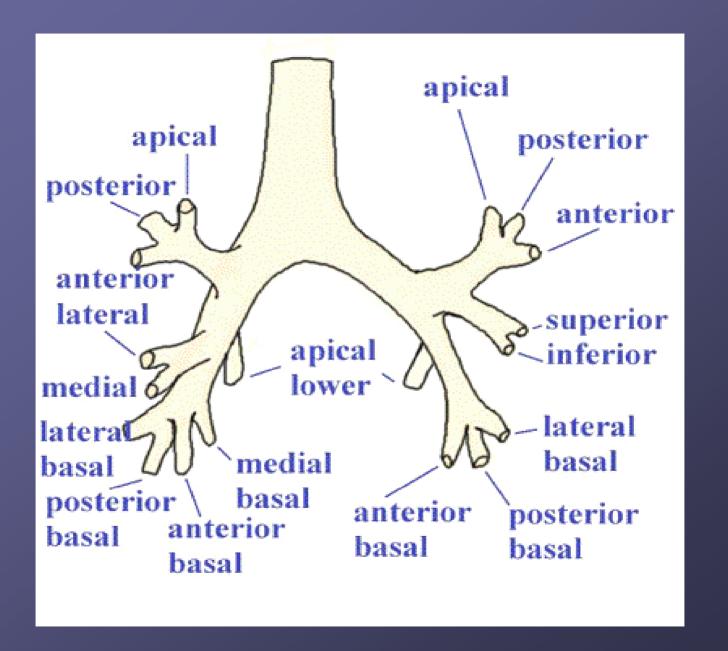
3. More oblique than the right.

BRONCHOPULMONARY SEGMENTS

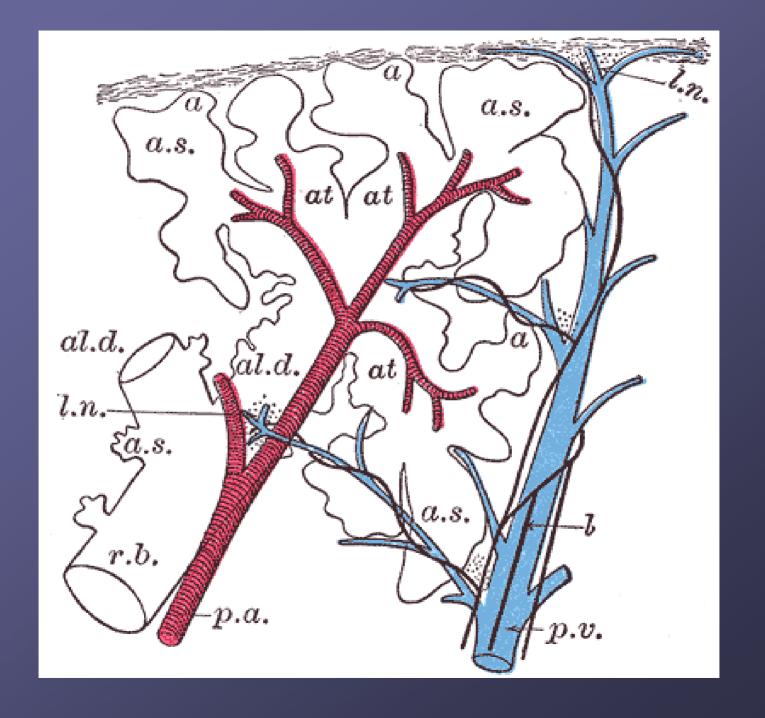


BRONCHOPULMONARY SEGMENTS





- These segments are pyramidal in shape with apex towards the root of lung.
- Each segment is an independent respiratory unit.
- Each segment has its own separate artery(branches of pulmonary artery).
- Pulmonary Veins run in inter-segmental planes between adjoining segments.
- Thus a bronchopulmonary segment is not a bronchovascular segment as it does not have its own vein.



CLINICAL SIGNIFICANCE

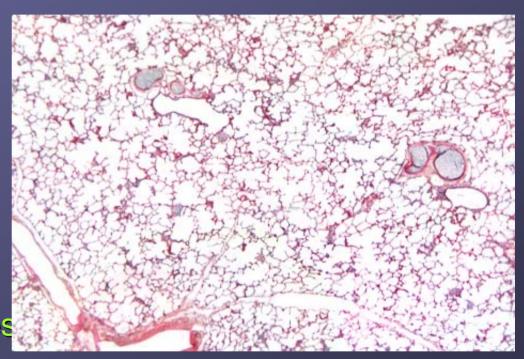
 Segmental resection with minimal destruction to the surrounding lung tissue.

To visualize the interior of a bronchi through a bronchoscope when diseases process is limited in a segment.

HISTOPATHOLOGY OF ALVEOLI

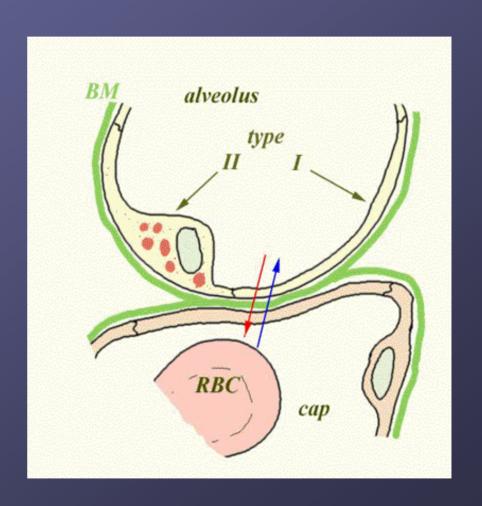
ALVEOLAR WALL

- 1. Alveolar epithelial cells-Type I pneumocytes Type II pneumocytes
- 2. Basement Membrane
- 3. Interstitial Space-
 - Collagen
 - Elastin
 - Unmyelinated Nerves
 - Macrophages
- 4. Capillary Basement Membrane
- 5. Capillary Endothelial Cells.



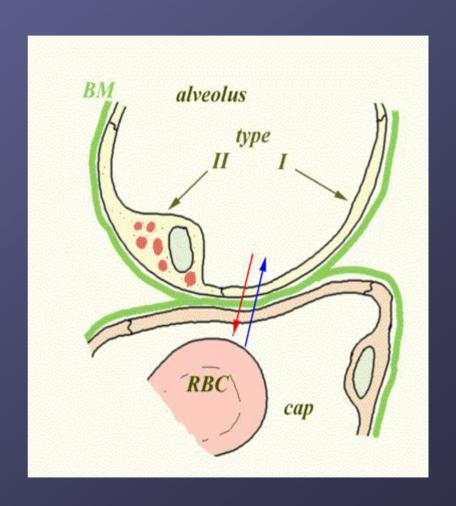
Type I Pneumocyte

- Pavement epithelial cells of alveoli.
- Less in no. than type II.
- More surface area(flattened)
- Contain pinocytic vesicles.
- Specialized for diffusion of gases.



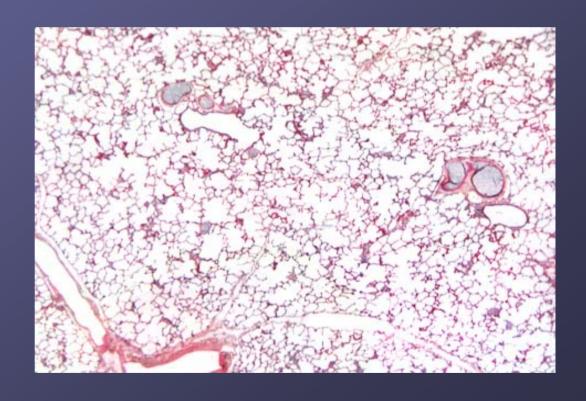
Type II Pneumocytes

- More numerous than type I.
- Cuboidal in shape.
- Rich in mitochondria, ER and vacuoles containing osmiophillic lamellar bodies.
- Type I are precursors of type II.

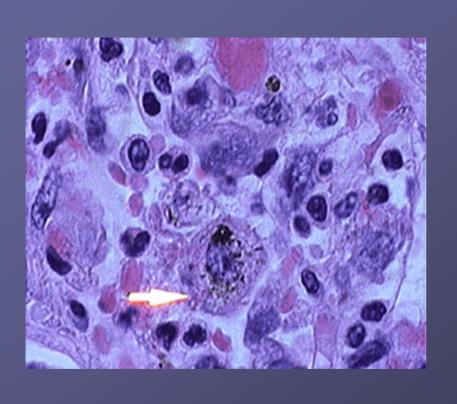


ENDOTHELIAL CELLS

- Most numerous.
- Presence of pinocytic vacuoles that meet the luminal surface to form <u>caveolae</u>.
- Walls of caveolae has, ACE.
- Source of NO, natural pulmonary vasodilator.



ALVEOLAR MACROPHAGES



- Primary defence mechanism.
- Takes part in inflammatory and immunological reactions.
- Activates lysosomes, proteases, complement, thromboplastin, cytokines IF-α, TNF-α, IL-1, IL-8.

SURFACTANT

- Lines the inner layer of alveolar epithelium.
- Synthesized by SER of type II pneumocytes.
- Function
 - 1. To reduce the surface tension of alveoli mainly during expiration, thus reduces the work of lung inflation.
 - 2. Waterproofing.
- Surfactant synthesis starts after 26 weeks of fetal life. Therefore premature infants, with insufficient surfactant suffer from HMD.

All the best...