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3 portal systems

This article is about portal venous systems in general. For the system involving the liver, see the liver portal system. This article needs additional quotes for verification. Please help improve this article by adding quotes to reliable sources. Unsrned material may be challenged and removed. Find Sources: Portal Venous System - News Newspapers Books scholar JSTOR (October 2016) (Learn how and when to delete this model message) General diagram of a portal venous system, for example, this occurs in the pituitary portal system between the hypothalamus and the anterior pituitary gland. In the circulatory system of animals, a portal venous system occurs when a hair bed melts into another hair bed through the veins, without first passing through the heart. The capillaries and blood vessels that connect them are considered part of the portal venous system. They are relatively rare because the majority of hair beds flow into the veins that then flow into the heart, not into another hair bed. Portal venous systems are considered venous because the blood vessels that join the two hair beds are either veins or veneers. Examples of such systems include the liver portal system, the portal pituitary system, and (in non-mammals) the renal portal system. Unqualified, the portal venous system often refers to the liver portal system. For this reason, the portal vein most often refers to the liver portal vein. The functional importance of such a system is that it transports products directly from one region to another region in relatively high concentrations. If the heart was involved in the blood flow between these two regions, these products would be distributed around the rest of the body. In humans The human liver portal system delivers about three quarters of the blood that goes to the liver. The final common route for the transport of venous blood from the spleen, pancreas, gallbladder and abdominal part of the gastrointestinal tract [1] (except for the lower anal canal and sigmoid colon) is through the portal liver vein. This portal vein is formed by the union of the upper mesenteric vein and the posterior splenic vein at the neck of the pancreas at the level of the vertebral body L1. Rising to the liver, the portal vein passes posterior to the upper part of the duodenodum and enters the right margin of the lower omentum. It predates the omental and posterior counterstasy to both the bile duct, which is slightly to the right, and the liver artery itself, which is slightly to the left. To of the liver, the portal vein is divided into right and left branches that enter the liver parenchyma. It clears the right and left gastric veins, the cystic vein and the para-umbilical veins as tributaries. There is another human portal venous system, the portal system, which carries hormones from the hypothalamus to the pituitary gland. Notes - Gallego, Carmen; Velasco, Maria; Marcuello, Pilar; Tejedor, Daniel; From Campo, Lourdes; Frieria, Alfonsa (January 1, 2002). Congenital and acquired abnormalities of the portal venous system. RadioGraphics. 22 (1): 141–159. doi:10.1148/radiographics.22.1.g02ja08141. ISSN 0271-5333. PMID 11796904. Extract from The gallbladder is a small bag-shaped muscle that stores bile from the liver. It is located behind the liver. The liver produces bile continuously, but the body only needs it a few times a day. Excess is found in the liver and cystic ducts, which are connected to the gallbladder. When reported, the gallbladder contracts and tightens bile through the cystic duct and into the common bile duct. The most common disease that affects the gallbladder is gallstones forming, or cholelithiasis. These stones are often composed of substances found in bile, namely cholesterol. They can lodge in the bile ducts and can cause extreme pain. The liver portal systemThe liver portal system is a series of veins that carry blood from the capillaries of the stomach, intestine, spleen and pancreas to the capillaries of the liver. It is part of the body's filtration system. Its main function is to provide de-oxygenated blood to the liver so that it is detoxified before it returns to the heart. The liver portal system consists of: Liver portal vein: This is the main vein linked to the liver. It forms at the connection of the lower and upper mesenteric veins. Lower mesenteric vein: This vein takes blood from the colon and rectum and connects with the portal vein. Upper mesenteric vein: This drains blood from the small intestine and connects with the portal liver vein. Gastrosplenic vein: This tributary is formed by the union of the splenic vein of the splenic spleen and the gastric vein of the stomach. It joins the mesenteric vein inside the pancreas. The liver portal system is designed to rid the body of toxins, and it cannot detect those that are designed to help it. Some medications should be taken under the tongue, by the skin, or by suppository to avoid entering the liver portal system and being metabolized prematurely in the liver before reaching general circulation. Image: by Colin Davis. License: CC BY 2.0 When blood passes through the gastrointestinal tract, it absorbs many substances from food. This may include essential nutrients (with the exception of fats that enter lymphatic system), but also dangerous and harmful foreign particles and pathogens. One of the important functions of the liver is the detoxification of the body. The blood carries these many substances from the gastrointestinal tract directly into the liver where they undergo In this way, harmful substances can be quickly neutralized. In pharmacology, the presence of a first-pass effect must be taken into account when administering oral medications, and the dosage of medications must be adjusted to compensate for this effect. If a dose of medication is too low, the majority of the drug is metabolized in the liver and is no longer effective. The liver must filter blood from the spleen as well as it is well known that red blood cells are degraded here. Their constituents accumulate in the blood and must be completely disassembled and recycled into the liver. The vein system portals the liver In addition to the blood flow of the stomach and intestines large and small, the blood from the gallbladder, pancreas and spleen also flows to the liver through the portal vein (technically called the liver portal vein). The portal vein drains the blood delivered to the above organs via the 3 large unused branches of the aorta: the celiac trunk, the upper mesenteric artery and the lower mesenteric artery. The liver portal vein is formed by the splenic and upper mesenteric veins. The lower mesenteric vein flows into the splenic vein. The majority of blood in the abdomen passes through these 3 large veins. The following branches flow directly into the portal vein: Cystic Vein Right and left Posterior pancreatic veins pre pyloric vein Paraumbilical vein Since the blood is only partially saturated with oxygen, the liver needs additional oxygenated blood to meet its needs, and the liver artery of the celiac trunk assumes this task. The portal vein carries blood that contains chemicals to be transformed to ensure the safety of the body. The portal vein and the liver artery, as well as the common bile duct, the main duct carrying bile, form the porta hepatis. Once the blood is processed, it flows into the lower cava vena through the liver veins. Their vascular tree collects blood from the centrilobular veins of the hepatic sinusoids after the vessels of the porta hepatis have delivered blood to their intrahepatic branches (see liver). Portal-systemic anastomoses When the liver is damaged, for example in cirrhosis of chronic alcohol abuse, the vascular bed in the liver parenchyma is reduced. Therefore, at a constant flow, the same volume of blood must be pushed out of the portal vein by fewer vessels. The pressure in the portal vein increases and portal hypertension develops. This hypertension can be so large that the blood reverses its flow direction. It no longer flows directly into the liver, but rather away from the liver. He is looking for other ways back to the These other pathways form the portosystemic anastomoses: portal veins → gastric veins → esophageal veins → veins azygos/hemiazygos → upper vena cavasanal anastomoses vena cava: a) portal vein → → veins → paraumbilical veins → upper epigastric vein → internal thoracic vein → subclavian vein → vena cava b superior) Portal vein → umbilical veins → paraumbilical veins → → lower epigastric vein → external iliac vein → vena cava c lower) Portal vein → umbilical veins → paraumbilical veins → superficial abdominal veins: thoracoepigitic vein, lateral thoric vein, and superficial epigastric vein Portal vein → upper and lower mesenteric vein → colic veins → ascending lumbar veins → directly into the lower vena cava or through the azygos/hemiazygos veins → upper vein of vena vein portal → lower mesenteric vein → upper rectal veins (hemorrhoids) → middle/lower rectal veins (hemorrhoids) → internal iliac vein → lower cava vena Usually , the aforementioned collateral circulation has to do with small vessels, which are not suitable for larger amounts of blood. Due to increased pressure, they expand and may become visible. Vein liver portal. Variation of formation Image of Lecturio Anastomosis through the veins of the esophagus forms esophageal varicose veins. These thin veins can stretch to the point where they can burst, causing upper intestinal hemorrhage. Chronic bleeding causes anemia, and acute situations can be life-threatening (see 1). A phenomenon on the skin of the abdomen in which protruding veins develop around the umbilicus is called jellyfish caput. They arise through the bypass over the reopened umbilical veins (see 2). The paraumbilical vein passes along the round ligament of the liver to join the superficial epigastric veins that flow into the outer iliac. If they become dilated, the surface of the skin is high and these varicose veins radiate from the omblicus in the form of caput-jellyfish (see 3). In the case of the colic vein, small branches of the colic veins join to the retroperitoneal veins that flow into the lower vena cava (see 3). Excessive filling of rectal veins causes hemorrhoids. These can also be extended to such an extent that they burst (see 4). Shunting procedures have emerged to decompress the portal system in case of severe hemorrhage but relatively preserved liver function. The most common are: Slenorenal shunt decompression of the portal system via an anastomosis between the left renal vein and the portocaval splenic vein Shunt Decompression of the portal system via an anastomosis between the portal vein and the lower vene cava procedure In antihypertensive radiological procedure designed to create a connection between an intrahepatic branch of the portal vein and the liver vein vein

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