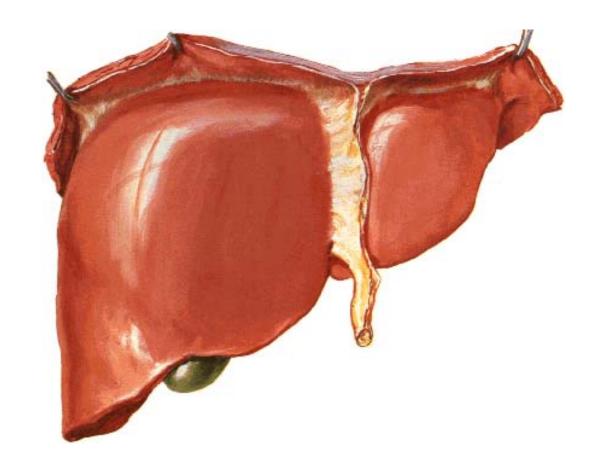
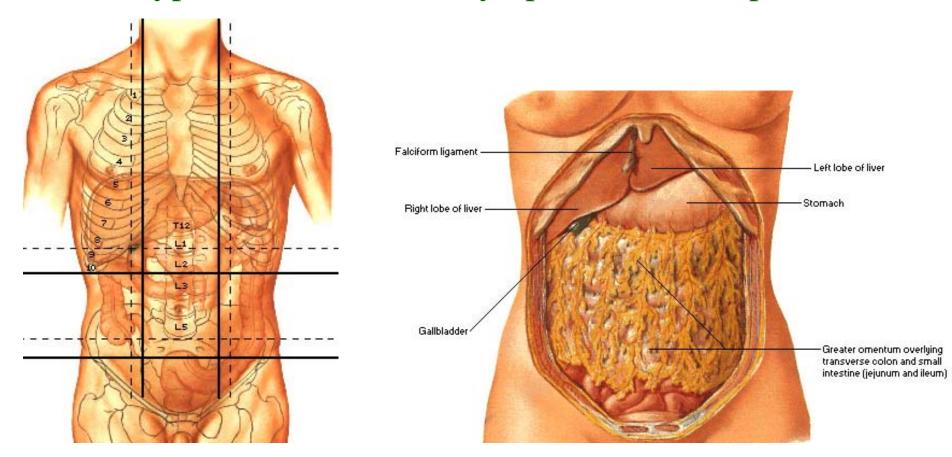
- Hepatic
- Largest Gland
- Wedge Shaped
 (Resemble 4 sided pyramid & apex on left



- Exocrine (secrete bile) as well as endocrine
- (Liberate Glucose from Glycogen, Pl. proteins,
- heparin Directly into blood stream
- Involved in metabolic, detoxification activities

- Occupy Rt. Upper Quadrant
- Occupy Regions –
- * Rt Hypochondrium,
- Epigastrium-upper part
- Lt. Hypochondrium Partly up-to Lt. lateral plane



• Weight- 1.4 – 1.8 KG

- At birth – 150 gms.

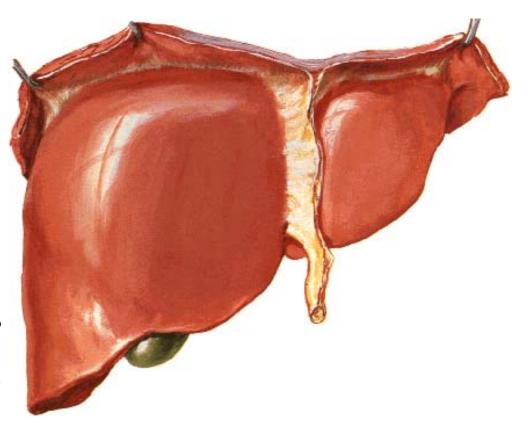
Proportionate weight – Higher in children

Adult- 1/36th of body Wt

New Born- 1/18th of body Wt

Due to Haematopoietic Function

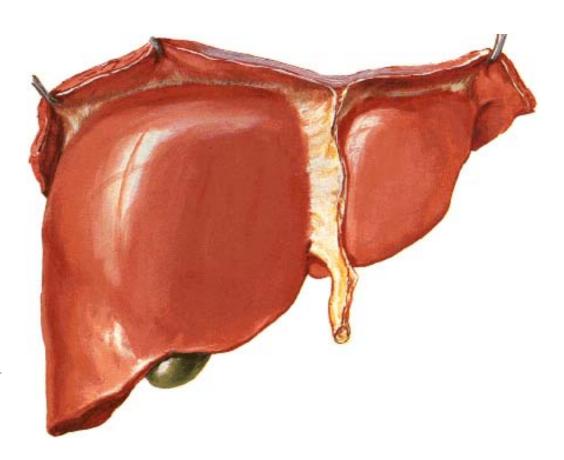
- Reddish brown
- Soft, solid
- Friable to touch
- Highly Vascular
- Bleed continuously
- Undergo rapid mitosis
- Move with respiration
- Essential for life



Factors keeping in position

- ❖Intra-abdominal pressure maintained by tone of intra-abdominal muscles
- Hepatic veins opening in IVC
- Ligaments of Liver

- > Surfaces
- **Borders**
- **Lobes**
- > Fissures
- > Porta Hepatis
- ➤ Bare area
- ➤ Ligaments & peritoneal
- . reflections



2 Surfaces

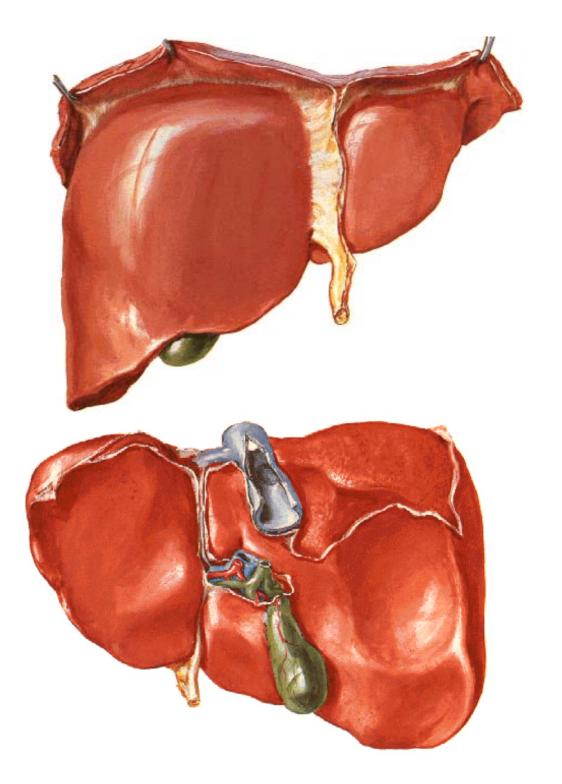
- > Parietal
- ➤ Visceral (Inferior)

Subdivisions of Parietal

- **>**Superior
- **>** Anterior
- ►Rt. Lateral
- **>**Posterior

3 Borders

- ➤ Postero-superior
- >Postero-inferior
- **≻**Inferior



Borders

Inferior border

- Sharp
- Separate inferior surface from Ant. & Rt. Lateral

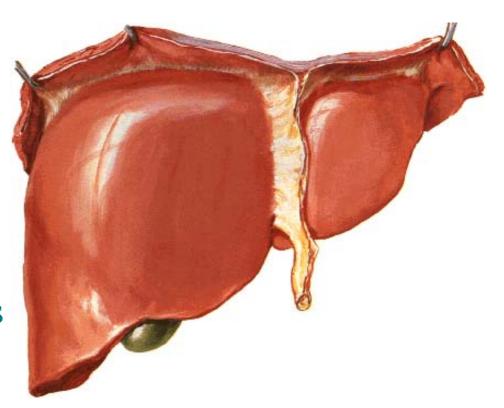
Features

Interlobar notch –

Lodges Ligamentum Teres
(Left Umbilical Vein)

Cystic notch –

Lodge fundus of Gall bladder



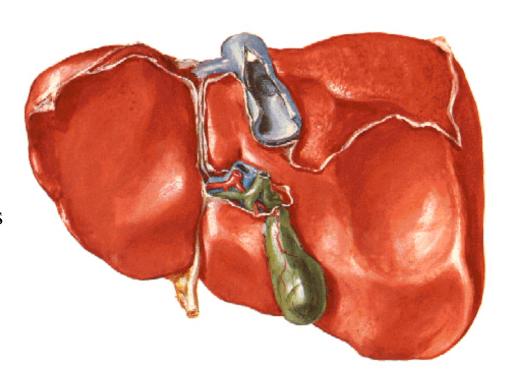
Postero-Inferior Border

Separate Inferior From Posterior surface

Extent – From Rt. To Lt.

- Lower layer of Coronary Lig.
- Lower end –Vena caval groove
- Tr. Line across caudate lobe
 Above caudate & papillary process
- Ant.(Lt.) lip of fissure for Lig. Venosum (Ductus Venosus)
- Lower end of Oesophageal goove
- Sharp post. Margin of Lt. lobe

Surfaces and Bed of Liver Visceral Surface



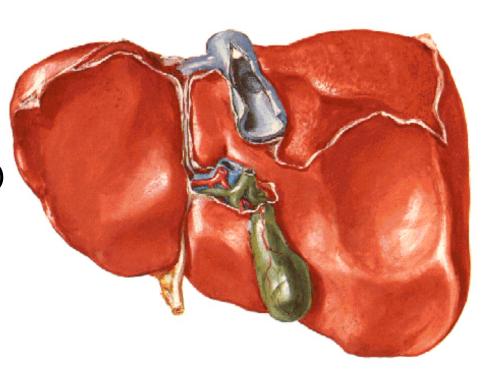
Postero- Superior Border

Separate posterior from superior surface

Demarcation

- Upper layer of coronary Lig.
- Vena caval groove (upper End)
- Lt. Triangular Lig.

Surfaces and Bed of Liver Visceral Surface



Superior Surface

Moulded with diaphragm ,Convex on sides
 & depressed in middle (Cardiac impression)

Relation

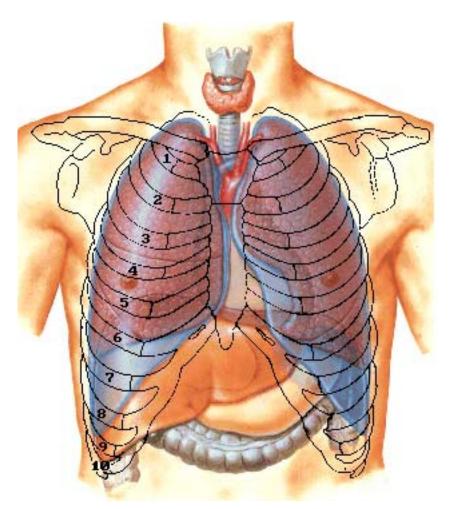
- Corresponding lung & pleural sac above the diaphragm
- Above central tendon inferior surface of heart separated by fibrous pericardium & pericardial sac

Rt. Lateral surface

- Convex
- Covered with peritoneum

Relation

- Undersurface of Rt.
 Part of Diaphragm
- 7th 11th Rib (Rt. side)



Rt. Lateral surface

Between ribs & Pleura

Upper 1/3rd

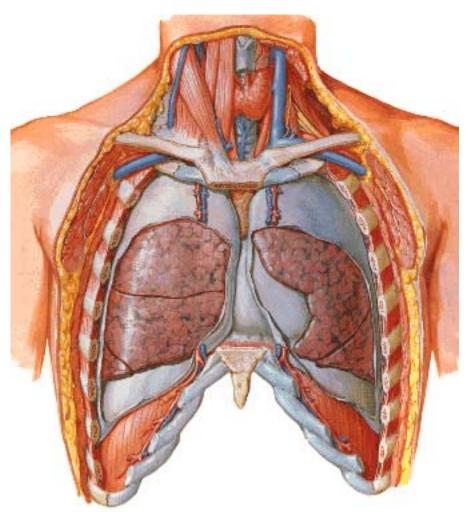
- Lower border of Rt. Lung (Lung extend up-to 8th rib in mid-axillary line)
- Rt. Pleural sac

Middle 1/3rd

• Costo-diaphragmatic recess of Rt. Pleura (Pleura Extend upto 10th rib in mid-axillary line)

Lower1/3rd

No Lung, No Pleura
Diaphragm comes in contact
with 10th & 11th rib



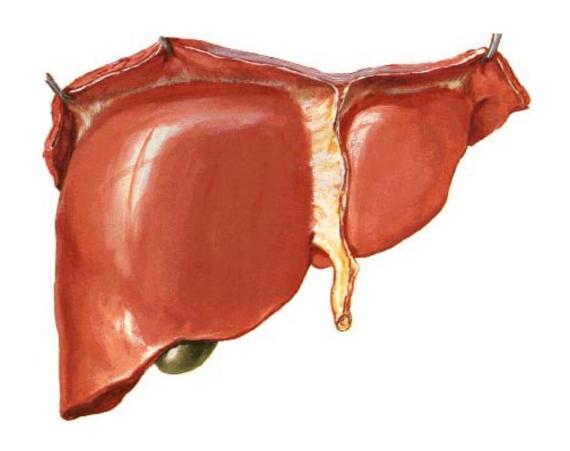
Clinical Importance

Biopsy of Liver

- Done in forced expiration
- Liver approached through Rt. 9th or 10th Intercostal space in mid axillary line to avoid damage to lung

Anterior Surface

- Roughly Triangular in outline
- Subdivided
 Anatomically into Rt
 & Lt lobes by the
 attachment of
 Falciform ligament
- Broad Rt part, narrow Lt. part & intermediate triangular portion

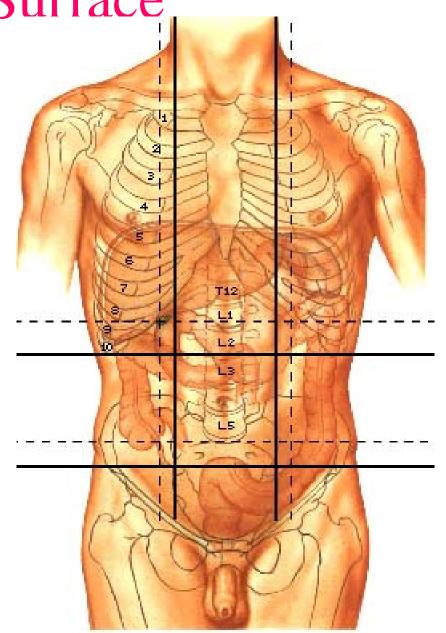


Anterior Surface

Relations of Right Part

Lie below Rt. Costal margin

- Diaphragm
- $46^{th} 10^{th}$ rib Rt. Side
- Lung & pleura



Anterior Surface

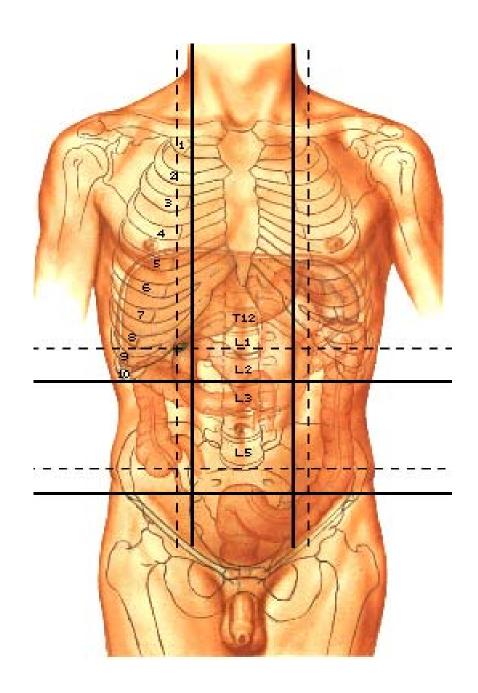
Relations of Left part

Lie below Left costal margin

- Diaphragm
- ❖ 7th & 8th left costal cartilages

Intermediate part

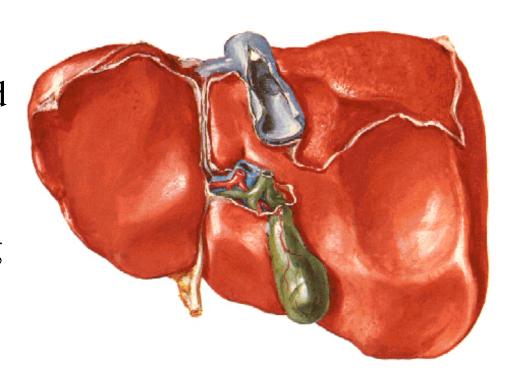
- Xiphoid Process
- Ant. Abdo. Wall



Posterior Surface

Surfaces and Bed of Liver

- Lie b/w Postero-Sup. &
 Postero Inf. Border
- Deeply concave backward (for V. Column)
 - Called vertebral groove
- Convex on Rt. Occupying Rt. Para-vertebral gutter

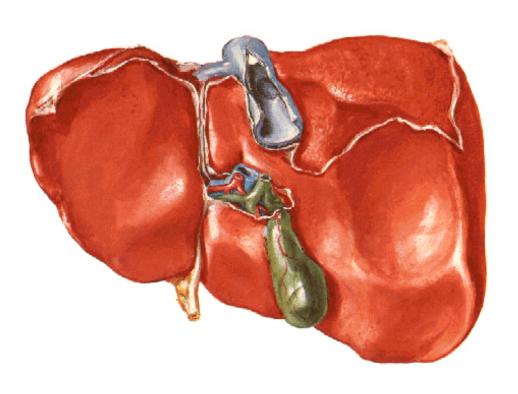


Posterior Surface

Features from Right to Left

- ➤ Largest bare area
- ➤ Groove for IVC
- Caudate lobe
- Fissure for Ligamentum Venosum
- ➤ Groove for Oesophagus

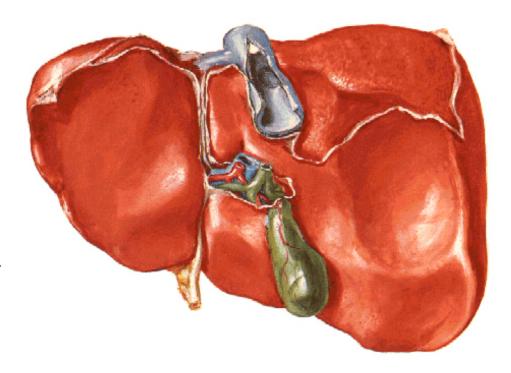
Surfaces and Bed of Liver



Largest Bare Area

Surfaces and Bed of Liver

- On post surface of Rt. Lobe
- Triangular shaped
- Apex Rt. Triangular Ligament
- Base Groove for IVC
- Upper & lower limits Sup. & Inf. Layer of coronary ligament



Groove For IVC

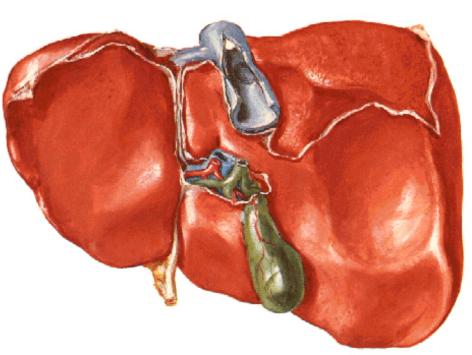
Surfaces and Bed of Liver Visceral Surface

Non peritoneal vertical groove

Floor pierced by Hepatic veins

Arranged in two groups ,
 upper & Lower

- Devoid of valves
- Upper Gr.- Rt., Intermediate & Lt. Veins
- Lower usually two on left & one on Rt.



Caudate Lobe

• On Rt.-

Groove for Vena cava

• On Lt.—

Boundaries

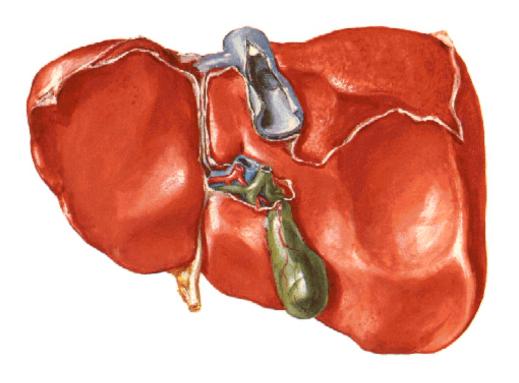
Fissure for Lig. Venosum

- Above –by Postero-Sup. Border
- Below –by Porta Hepatis

Features

Caudate preocess (Rt.) & Papillary process (Lt.)

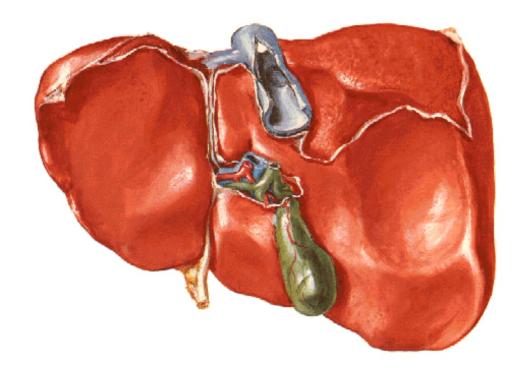
Surfaces and Bed of Liver
Visceral Surface



Fissure for Ligamentum Venosum

Surfaces and Bed of Liver Visceral Surface

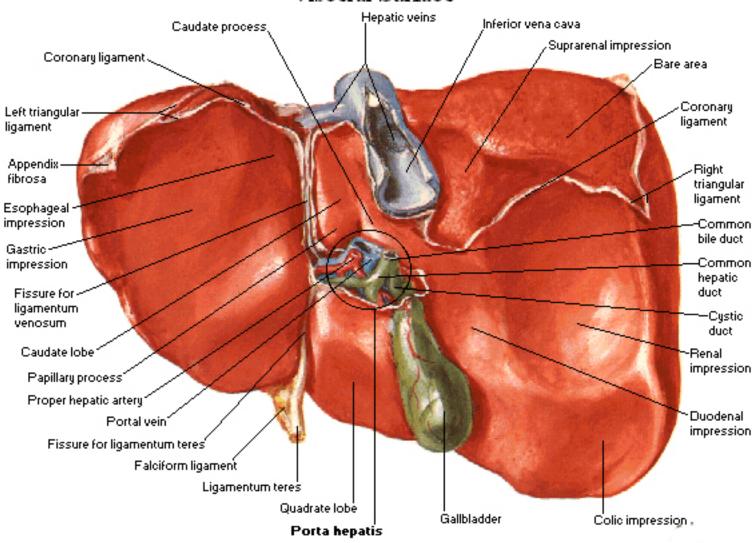
- Deep Vertical Cleft
- Floor lodges
 Ligamentum Venosum
 (Remnant of Ductus
 Venosus of Foetal life)



Inferior Surface

Impressions – Lt. To Rt.

- Gastric impression- fundus & body of stomach
- Tuber omentale
- Fissure for Ligamentum Teres
- Quadrate Lobe
- Porta Hepatis
- Caudate & papillary process
- Fossa for Gall bladder
- Duodenal impression (Junction Of Ist & Iind Part)
- Colic Impression (Rt. Colic Flexture)
- Renal Impression ant surface & upper part(Rt. Kidney)



Porta Hepatis

- Transverse non peritoneal fissure Gateway of liver
- Extent

from neck of Gb to Fissure for Lig. Teres & Venosum & intervene b/w –

Quadrate lobe in front &

Caudate process behind

Porta Hepatis

Structures Entering Liver

- Rt. & Lt. Branches of Hepatic Artery
- Rt. & Lt divisions of Portal vein
- Hepatic Plexus of Nerves

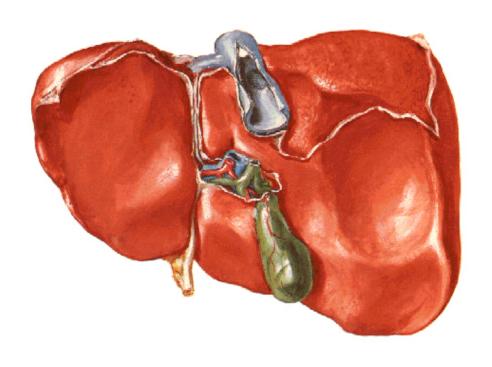
Structures Leaving

- Rt. & Lt. Hepatic ducts
- Lymphatics of Liver

Arranggement from before backwards

Ducts, Arteries & Veins

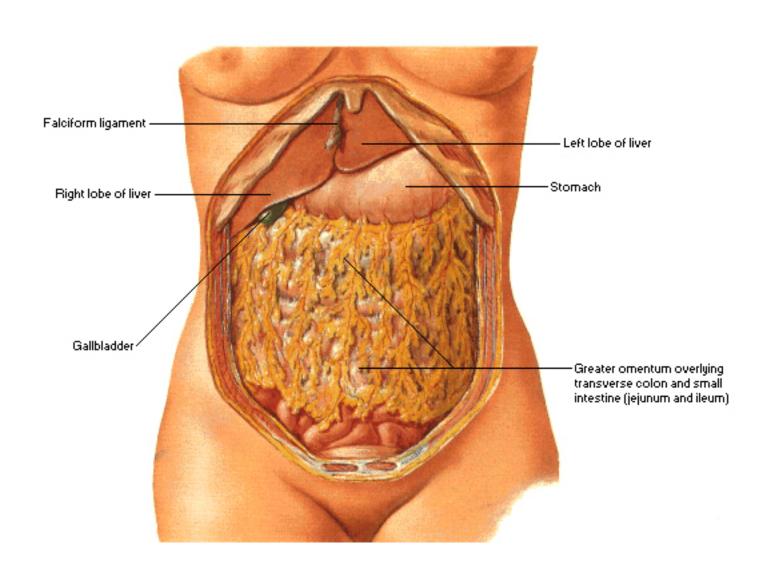
Surfaces and Bed of Liver Visceral Surface



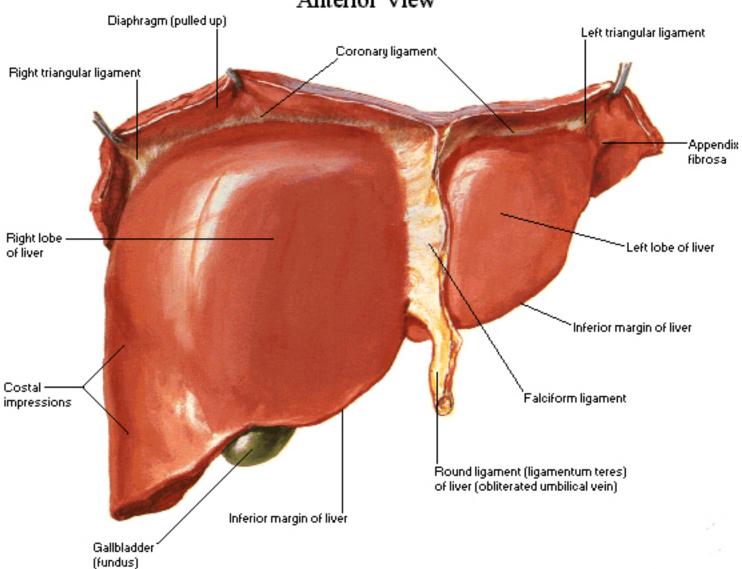
Applied Anatomy

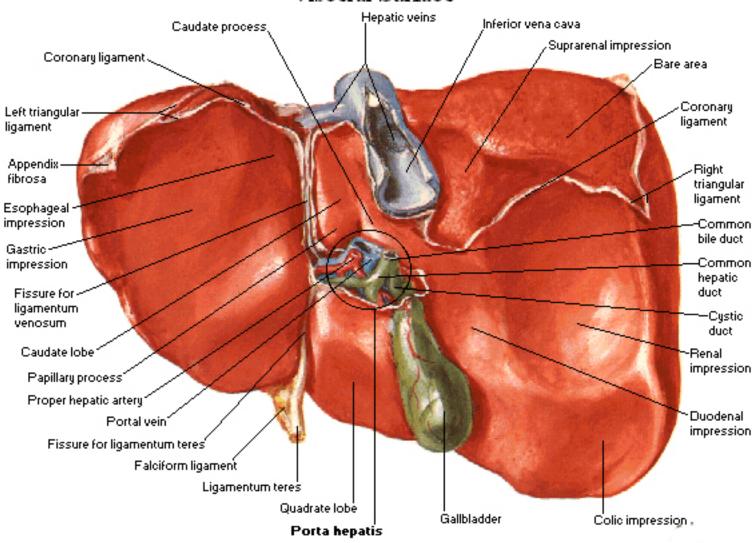
- Palpation
- Hepatitis
- Cirrhosis of Liver
- Amoebic Liver abscess
- Hepato-cellular Carcinoma

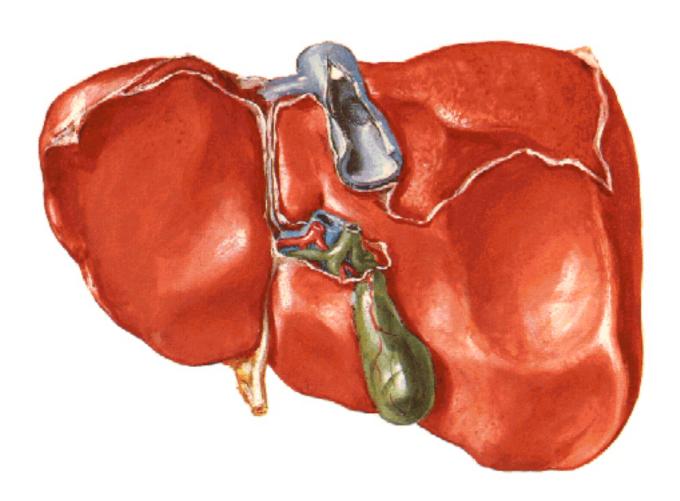
Greater Omentum and Abdominal Viscera



Anterior View

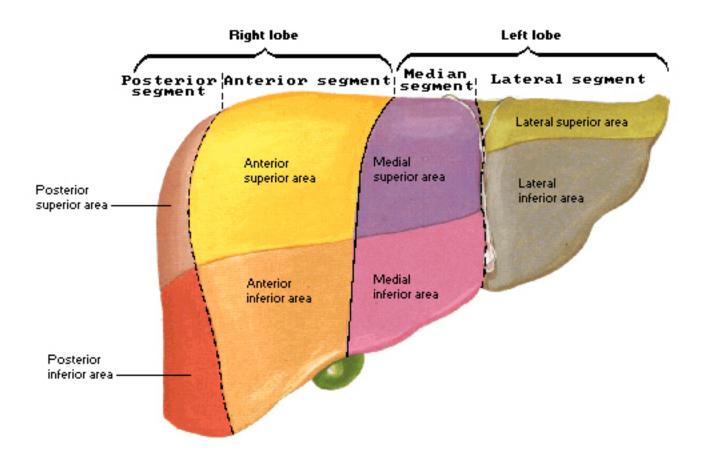






Liver Segments and Lobules

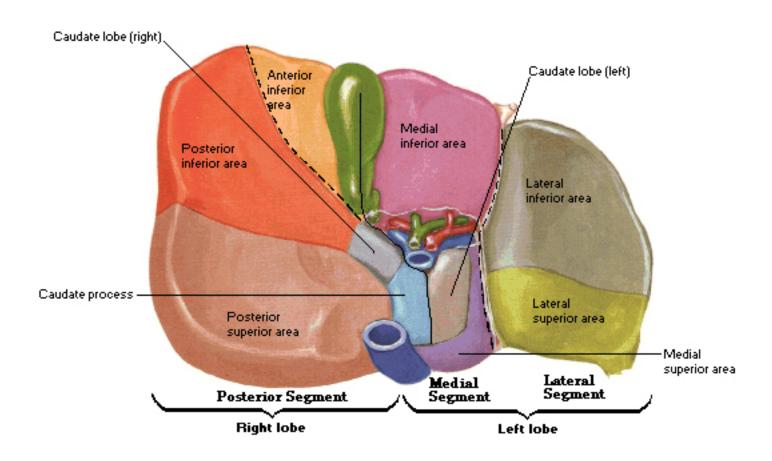
Parietal Surface



Division into segments is based upon ramifications of bile ducts and hepatic vessels. It does not entirely correspond with division into lobes

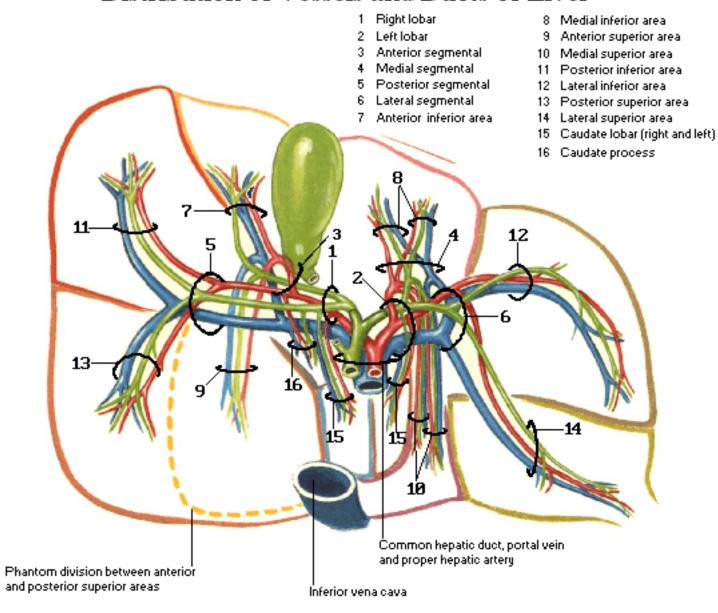
Liver Segments and Lobules

Visceral Surface

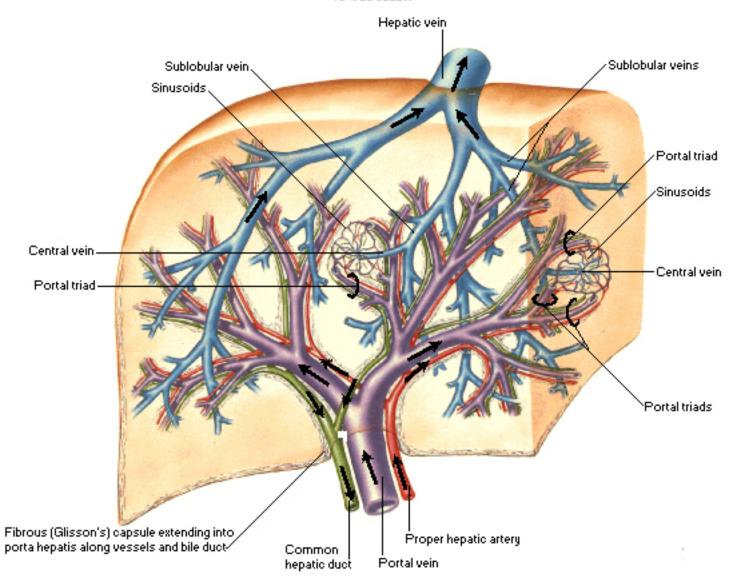


Division into segments is based upon ramifications of bile ducts and hepatic vessels. It does not entirely correspond with division into lobes

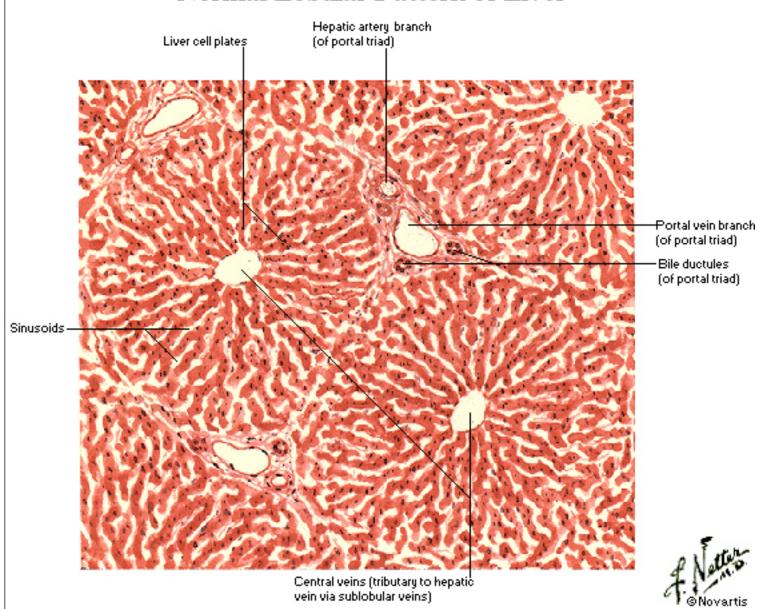
Distribution of Vessels and Ducts of Liver



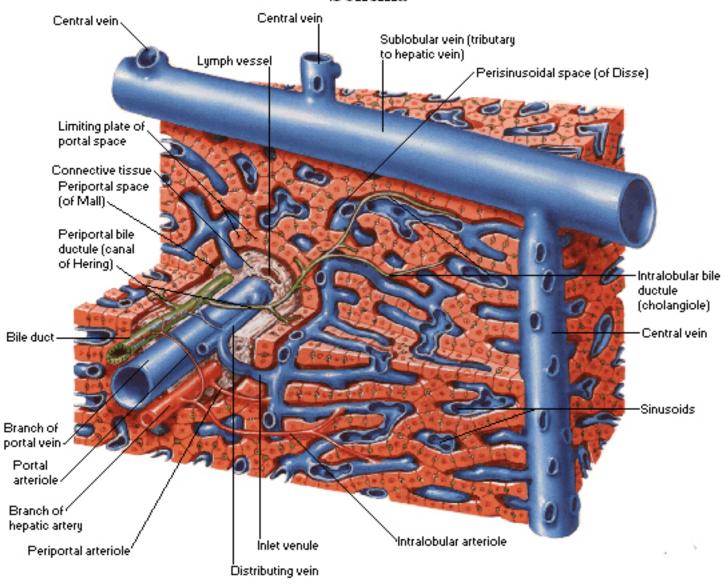
Intrahepatic Vascular and Duct Systems Schema



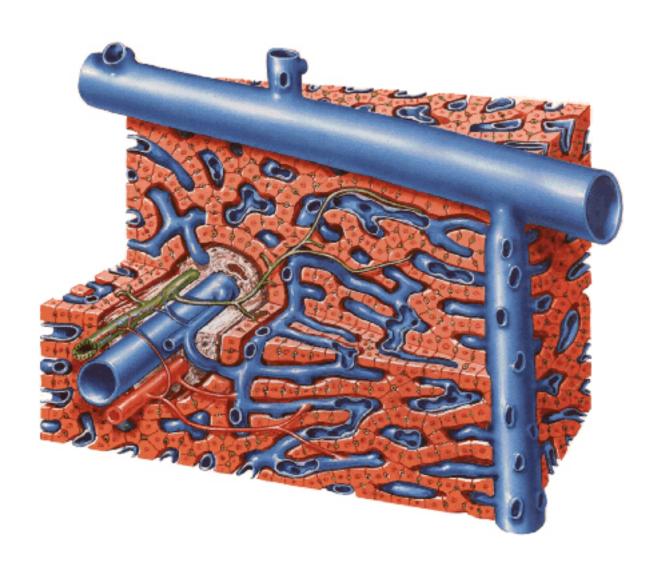
Normal Lobular Pattern of Liver



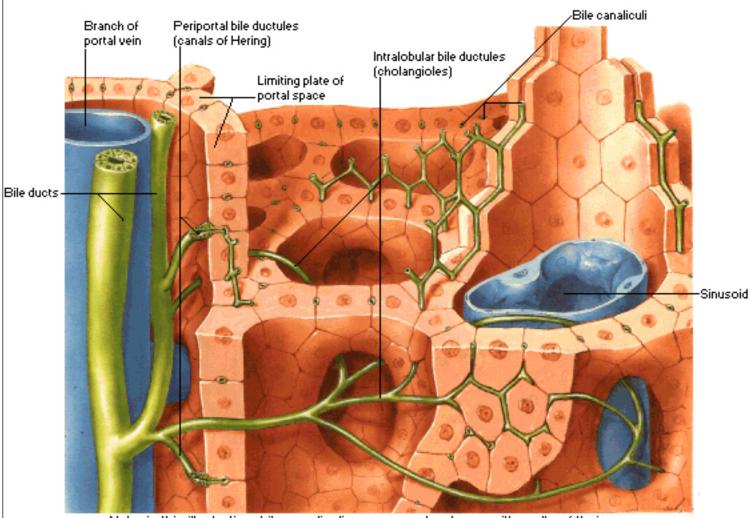
Liver Structure Schema



Liver Structure Schema

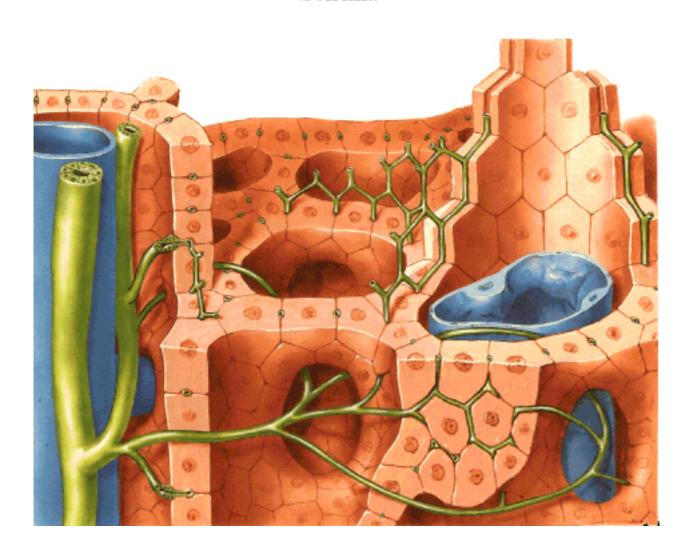


Intrahepatic Biliary System Schema

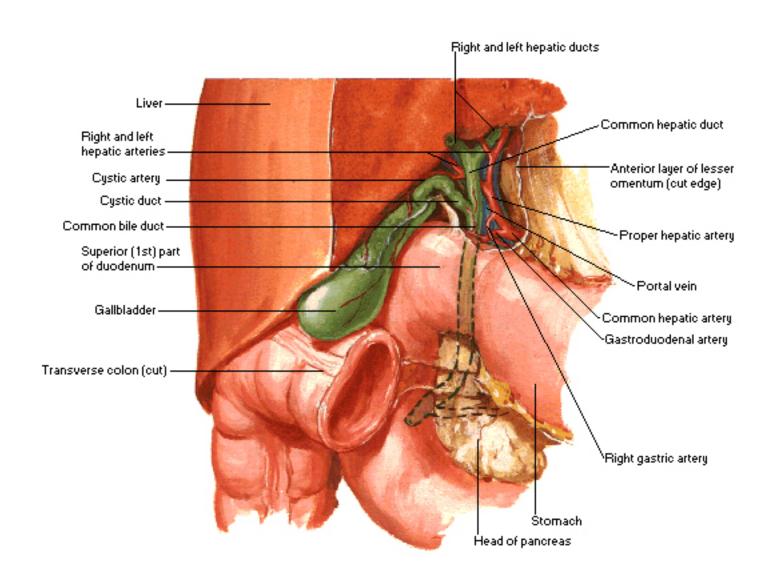


Note: in this illustration, bile canaliculi appear as structures with walls of their own. However, as shown in image 275B, boundaries of canaliculi are actually a specialization of surface membranes of adjoining liver parenchymal cells

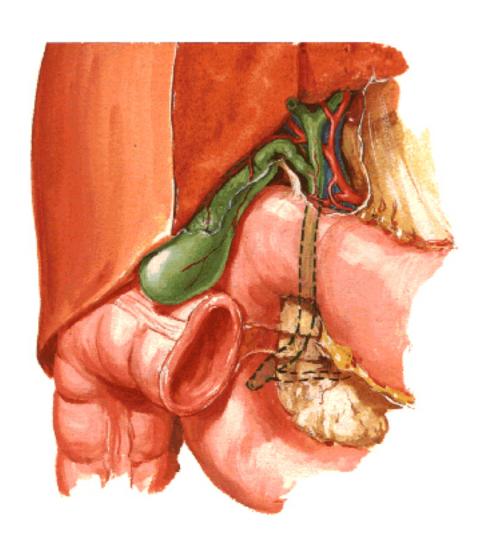
Intrahepatic Biliary System Schema



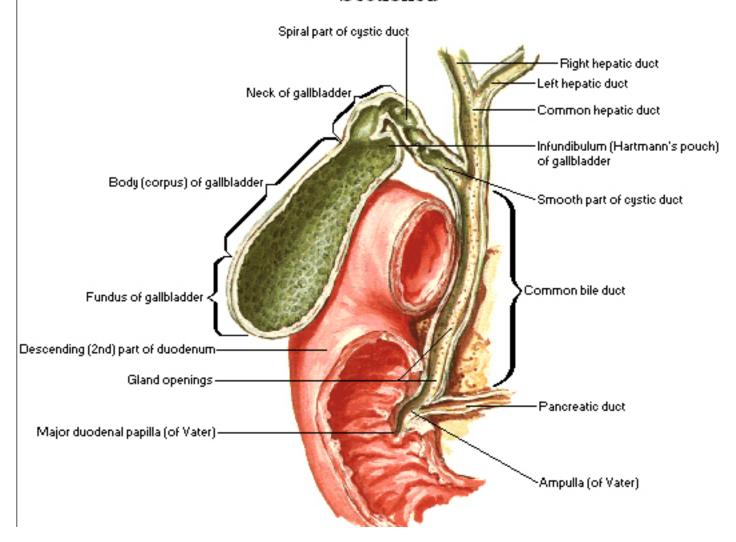
Gallbladder and Extrahepatic Bile Ducts



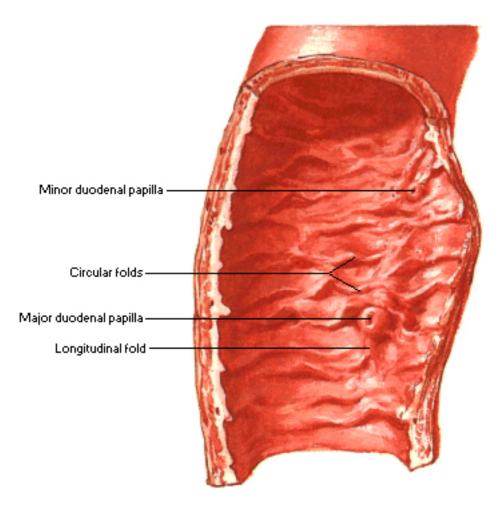
Gallbladder and Extrahepatic Bile Ducts



Gallbladder and Extrahepatic Bile Ducts Sectioned



Choledochoduodenal Junction



Interior of descending (2nd) part of duodenum

Choledochoduodenal Junction

Dissection Common bile duct (ductus choledochus) -Longitudinal muscle of duodenum Circular muscle of duodenum Pancreatic duct Longitudinal duodenal muscle Sphincter of common seen through opening bile duct (choledochus) in circular muscle -Longitudinal bundle Reinforcing fibers Pancreatic duct sphincter (inconstant) Reinforcing fibers Fibers to longitudinal bundle 'Duodenal muscle fibers to longitudinal bundle Sphincter of

hepatopancreatic

ampulla