Rectum & Anal canal

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EMBRYOLOGICAL basis – Nerve Supply of GUT

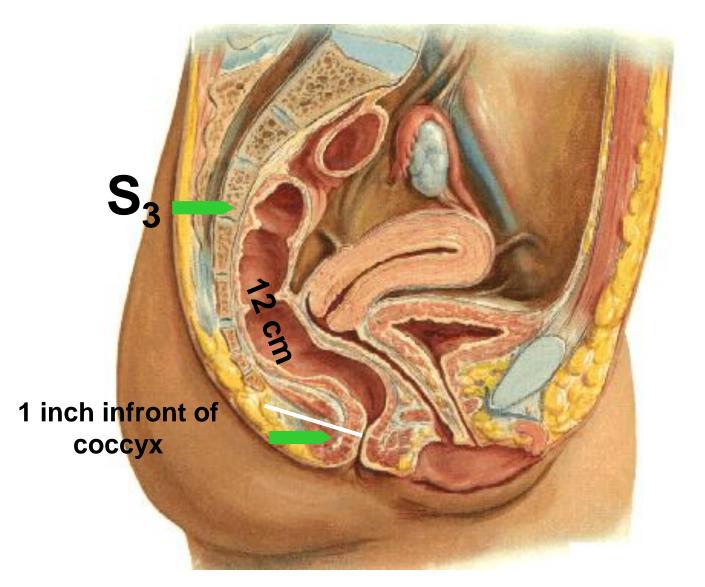
- Origin: Foregut (endoderm)
- Nerve supply: (Autonomic): Sympathetic Greater Splanchnic T5-T9 + Vagus – Coeliac trunk T12
- Origin: Midgut (endoderm)
- Nerve supply: (Autonomic): Sympathetic Lesser
 Splanchnic T10 T11 + Vagus Sup Mesenteric artery L1
- Origin: Hindgut (endoderm)
- Nerve supply: (Autonomic): Sympathetic Least Splanchnic T12 L1 + Hypogastric S2S3S4 – Inferior Mesenteric Artery L3
- Origin :lower 1/3 of anal canal ectoderm
 Nerve Supply: Somatic (inferior rectal Nerves)

- Straight quadrupeds
- Curved anteriorly puborectalis → levator ani
- Part of large intestine continuation of sigmoid colon , but lacks → Mesentery , taeniae coli , sacculations & haustrations & appendices epiploicae.
- Starts S3 → anorectal junction ant to tip of coccyx – apex of prostate
- •12 cms 5 inches transverse slit
- •Ampulla lower part

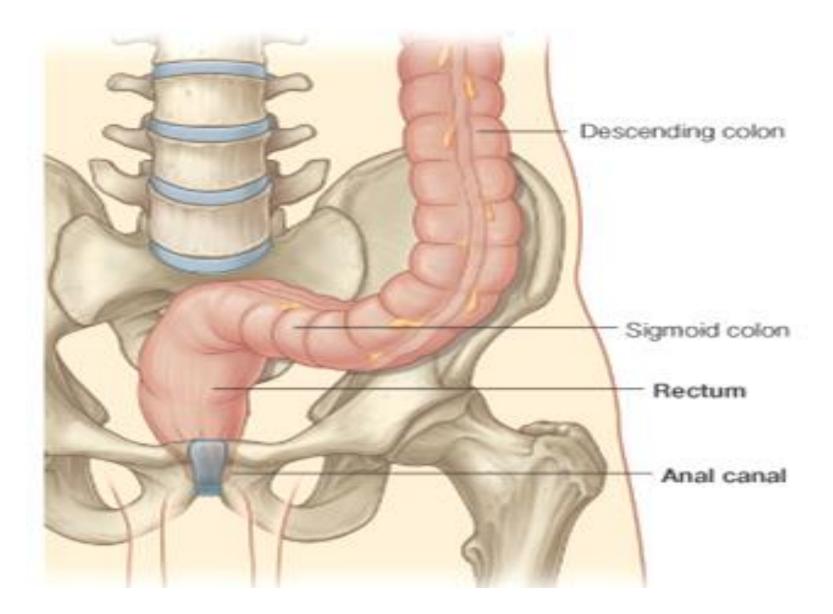
Development

- Mucosa above Houstons 3rd valve →
 endoderm pre allantoic part of hind gut.
- Mucosa below Houstons 3rd valve upto anal valves – endoderm from dorsal part of endodermal cloaca.
- •Musculature of rectum is derived from splanchnic mesoderm surrounding cloaca.
- Proctodeum the surface ectoderm mucocutaneous junction.
- •Anal membrane disappears and rectum communicates outside through anal canal.

Location & peritoneal relations of Rectum



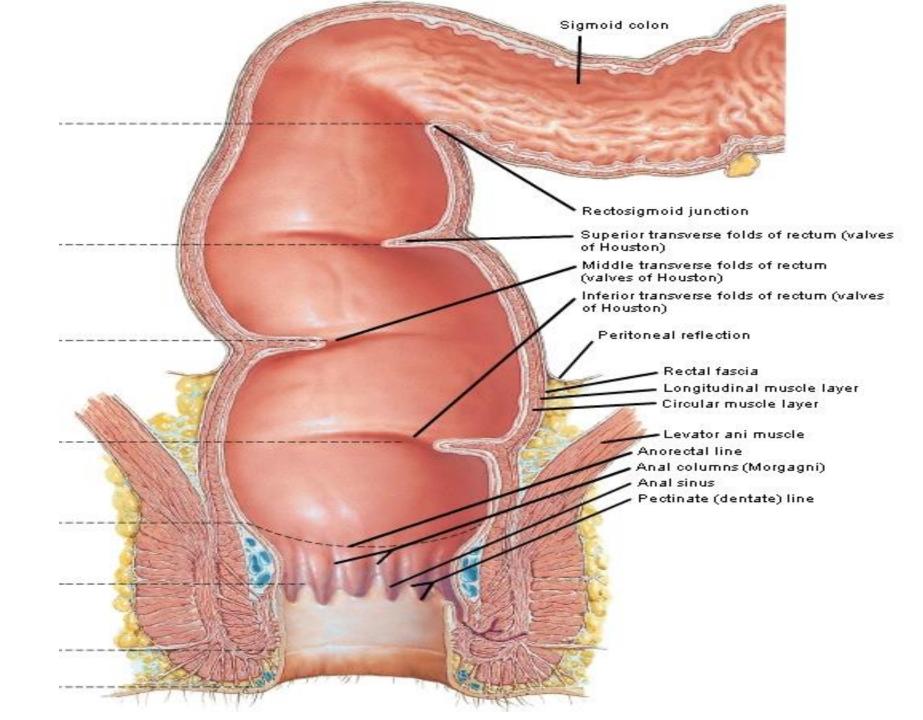
- <u>Beginning</u>: continuation of sigmoid colon at <u>S3.</u>
- <u>Termination:</u> continues as anal canal,
- one inch below & front of tip of coccyx.
- End is dilated to form rectal ampulla.
- Length: 13 cm(5 inches)



Flexures - Rectum

Anteroposterior curves – 2

- Sacral curve \rightarrow Posterior
- Perineal curve → Anterior puborectalis of levator ani.
- Lateral curves 3
- Upper convex to right –S3/S4
- Middle convex to left MOST Prominent SacroCoccygeal junction
- Lower convex to right tip of coccyx



- •Lateral curvatures → rudimentary sacculations
- Horizontal rectal valves on concavity

Peritoneal Covering + \rightarrow

- •Upper $1/3^{rd} \rightarrow$ ant & sides \rightarrow para rectal fossa
- •middle $1/3^{rd} \rightarrow$ anterior only
- •Male recto-vesical pouch 7.5 cms anus
- •Female rectouterine pouch of Douglas 5.5 cms anus & 7.5 cm external vaginal orifice

Peritoneal is absent \rightarrow

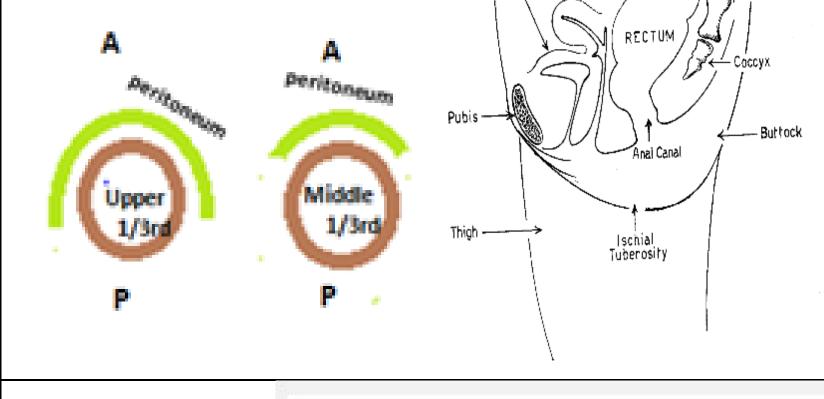
- Posterior surface complete absence
- •Lower 1/3 of rectum
- •Anal canal

Upper 1/3rd front and sides are covered by peritoneum. Middle 1/3rd front is only covered by peritoneum. Lower 1/3rd has No peritoneal covering.

Third

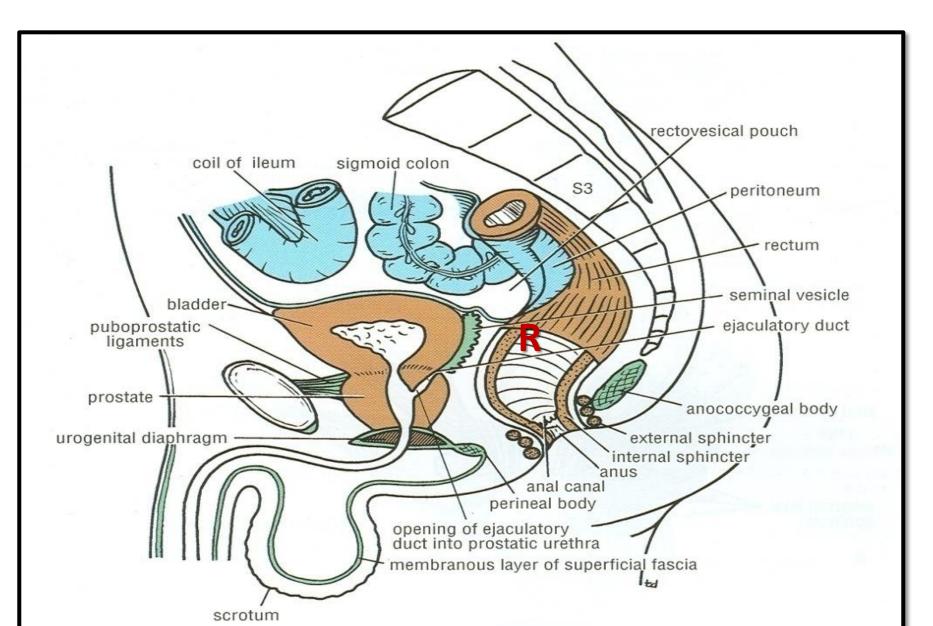
Sacral

Segment





Relations of Rectum in Pelvis



Relations of Rectum in Male

Anterior & peritoneal – sigmoid colon & small intestine

Anterior & non-peritoneal - seminal vesicles, ampulla of vas deferens ,posterior surfaces of urinary bladder & prostate gland.

Recto-vesical fascia – Fascia of Denonvillier

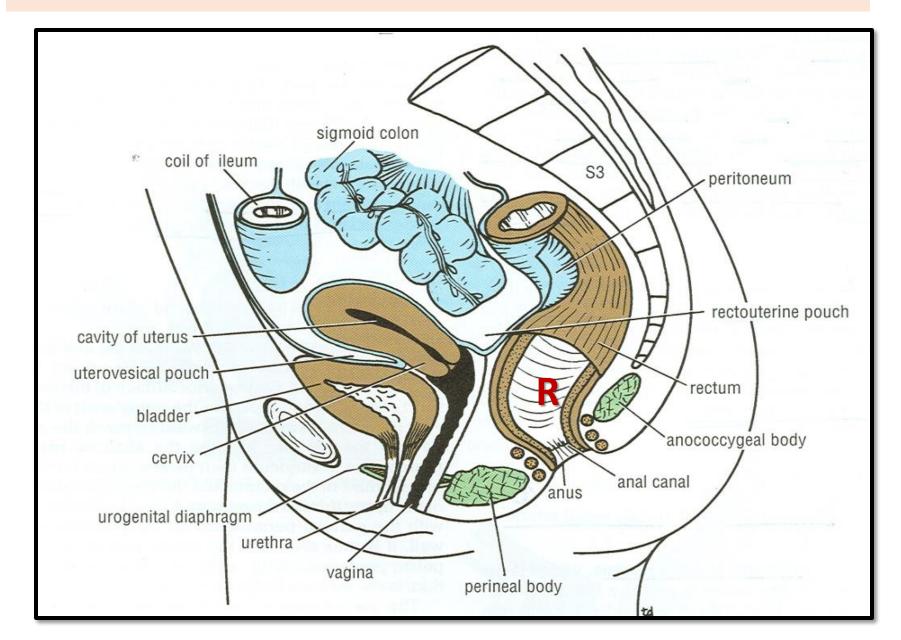
Posterior: midline -sacrum, Sup rectal Vs, sacral plexus, ganglion impar & coccyx. Fascia of Waldeyer

Posterior : lateral – piriformis ,coccygeus & levator ani and sympathetic trunks

Rectum -

- Lateral & upper 1/3rd para rectal fossa – containing sigmoid colon & small intestine
- Lateral & middle 1/3rd pelvi rectal space & – levator ani muscle → fat & lateral ligaments of rectum – convey – middle rectal vessels
- Lateral & lower 1/3rd ischio rectal or ischio anal fossa

Relations of Rectum in Pelvis



FEMALE PELVIS

<u>Anterior:</u> posterior wall of vagina & recto vaginal fascia

Posterior: sacrum , sacral plexus & coccyx

Support of rectum

- •Puborectal sling of levator ani anorectal flexure
- •Reflection of pelvic fascia & peritoneum
- •Waldeyer fascia & lateral ligaments of rectum
- •Pelvi rectal and ischiorectal fat

Wall of rectum

- Serous, muscular, submucosa & mucosa
- Serosa peritoneum incomplete
- Muscular outer longitudinal & inner circular
- Longitudinal muscle anterior blends at anorectal junction with puborectalis part of levator ani → corrugator ani cutis muscle & attached to white line of Hilton
- Some fibres also form urethra recto urethral muscle of Roux
- Coccyx recto coccygeus muscle
- Circular muscle entire rectum, in lower part → internal anal sphincter – covers upper 3/4th of anal canal

Rectum Interior - Mucosal folds

- Temporary longitudinal & in lower part disappear in distension
- •Permanent mucosal folds Horizontal -Houston's valve - 04,
- •1st & 3rd are constant.
- •1st S3 recto sigmoid junction
- •3rd S5 5 cms above anus & if completely encircles Nelaton's sphincter.
- •2nd about 2.5cms superior to 3rd valve

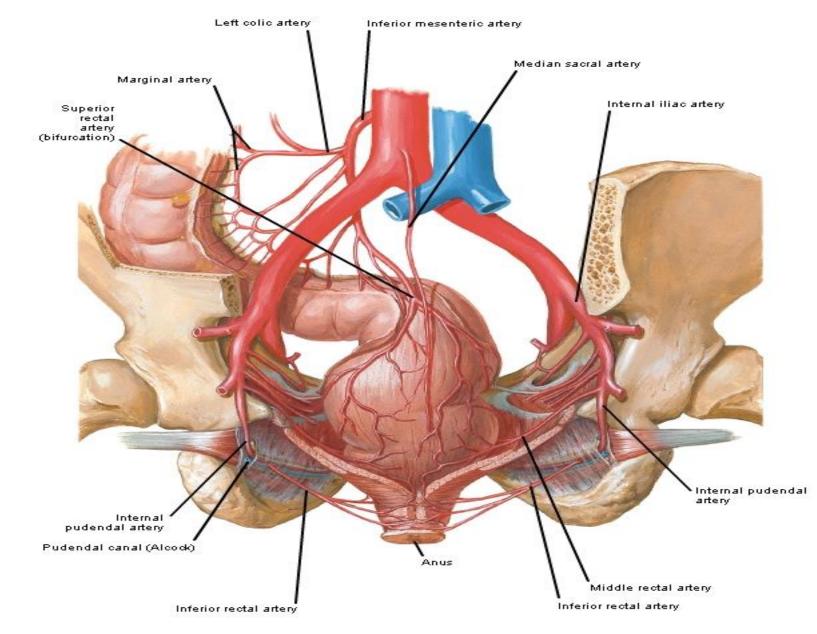
Rectum interior -Mucosal folds

- •3rd valve S5 is constant , 5 cms above anus & if completely encircles – **Nelaton's sphincter.**
- •3rd valve divides rectum into upper chamber
 → pre allantois part of hind gut. Contains faeces without reflex to defecate.
- Lower chamber develops from post –allantois part of cloaca. Sensitive for creating defaecation reflex in response to faeces.
- •4th valve 2.5 cms below the 4th valve

Houston's valve

- •Support weight of faeces due to erect posture
- Valves prevent passage holding faeces /instrumentation
- Cannula / rectal washing left lateral position to get easy passage and avoidance of injury to third valve

Arterial supply of rectum and anal canal



Arterial supply - Rectum

- Median sacral artery abdominal aorta
- Superior rectal artery continuation of inferior mesenteric artery
- Middle rectal artery ant div of internal iliac artery
- Inferior rectal artery internal pudendal artery Inferior gluteal artery - internal iliac artery

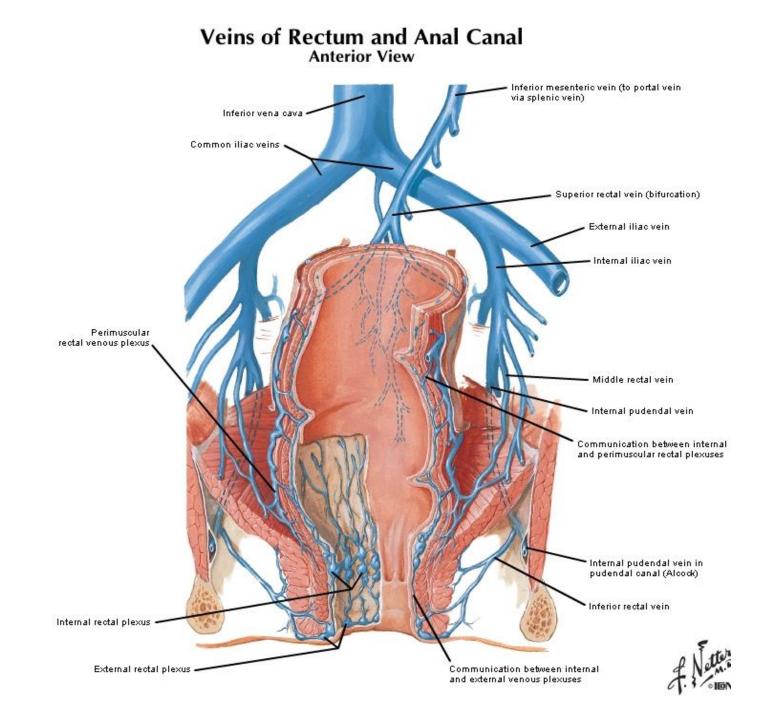
Arteries of Rectum & Anal canal

- Superior rectal
- Middle rectal
- Inferior rectal

Arterial supply – Rectum – 5

- Superior rectal artery unpaired main arterial supply → inferior mesenteric artery right & left branch its Straight branches → anastomose with branches of inferior rectal arteries in anal columns at pectinate line
- Middle rectal artery anterior division of internal iliac arteries → lateral rectal ligaments & supply lower part of rectum
- Inferior rectal arteries internal pudendal artery

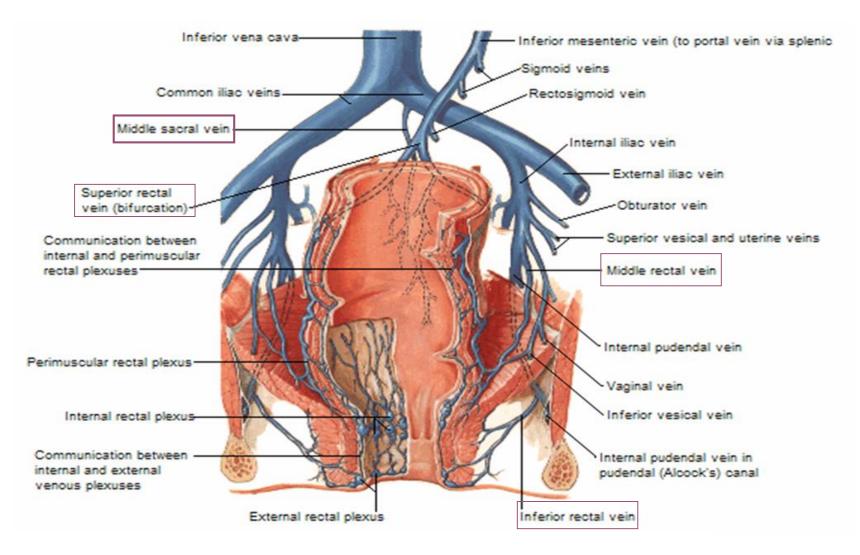
 → ischiorectal fossa and supplies peri anal skin ,
 anal sphincter and anastomose with branches of
 superior rectal artery at pectinate line.



Rectum - Venous drainage - Portosystemic anastomosis

- •Superior rectal vein inferior mesenteric vein Portal Vein
- •Middle rectal vein internal iliac vein Systemic Vein
- •Inferior rectal vein internal pudendal vein through – ischiorectal fossa – Systemic vein
- •Median sacral vein left common iliac vein

Veins of the rectum



Hemorrhoids

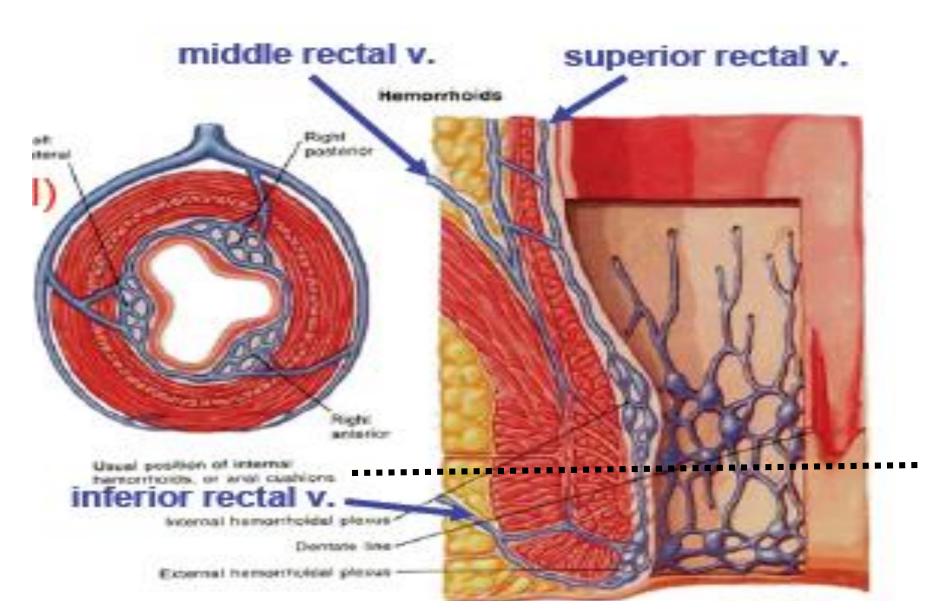
Internal hemorrhoids

- Tributary of superior rectal vein
- Above Hilton's line
- b/w mucosa & internal sphincter
- Generally painless

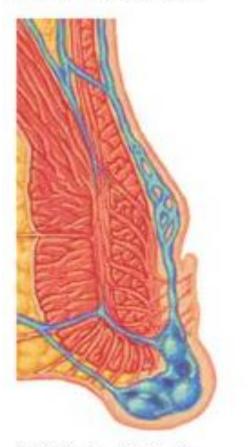
External hemorrhoids

- Tributary of inferior rectal vein
- Below Hilton's white line
- Around anus
- b/w peri anal skin & external sphincter
- Generally painful

Hemorrhoids



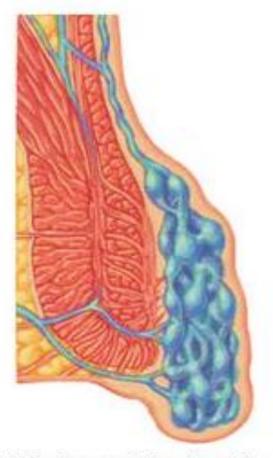
External hemorrhoid



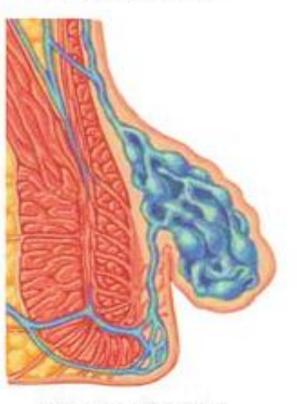
Origin below dentate line (external rectal plexus)

Internal hemorrhoid

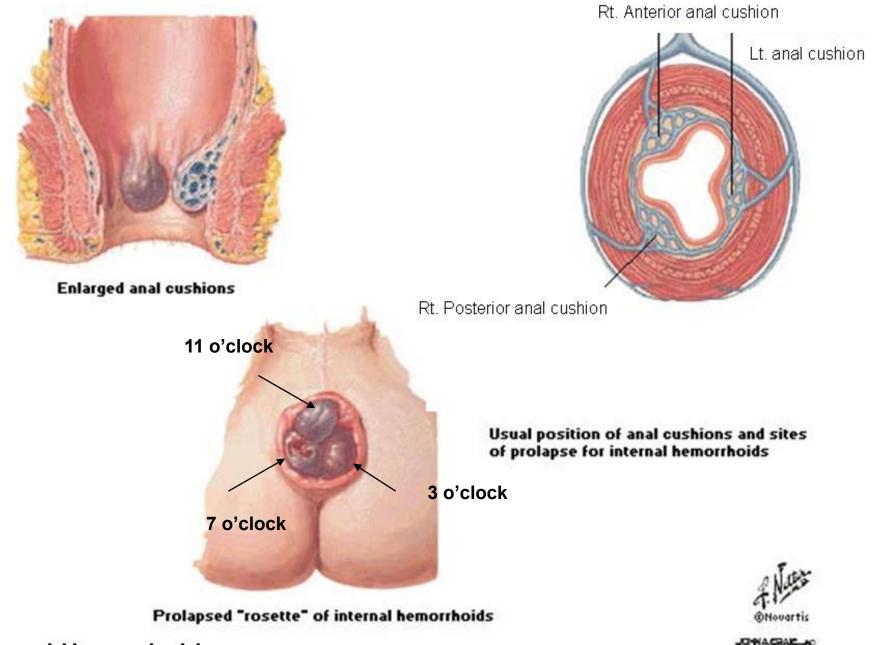




Origin above and below dentate line (internal and external rectal plexus)



Origin above dentate line (internal rectal plexus)



Internal Hemorrhoids

@Novartis

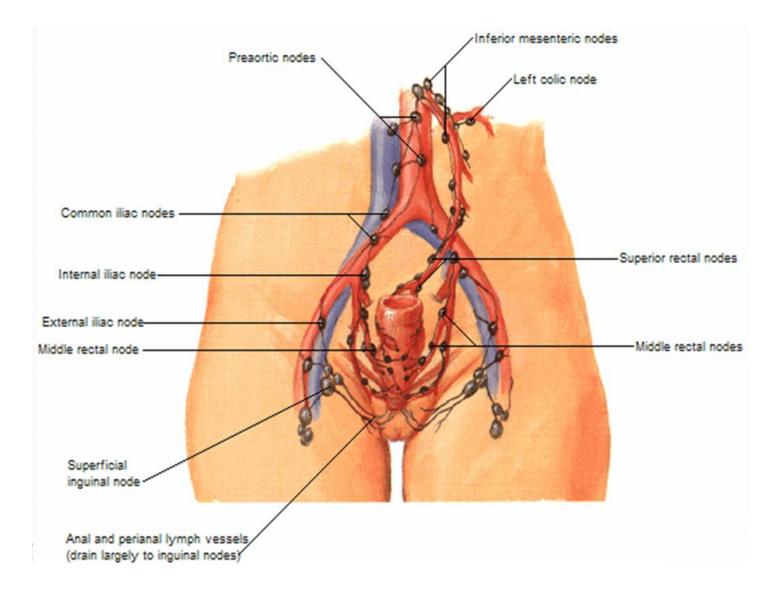
Primary internal piles

- Radicles and columns of superior rectal veins
- •3 o clock left lateral
- •7 o clock right posterior
- •11 o clock right anterior

Lymphatic drainage

- •Intramural plexus submucosal & intramuscular
- •Extramural plexus extramural outside rectal wall
- Upper half Sup rectal artery left common iliac lymph nodes & para rectal lymph nodes
- Middle half internal iliac lymph nodes.
- •Lower part upto anal valves above levator ani & piercing through it internal iliac lymph nodes
- •Below anal valves Horizontal group superficial inguinal lymph nodes

Lymphatic drainage of the rectum



Nerve supply – Rectum

- •Sympathetic sympathetic plexus L1L2 – vasomotor
- •Stimulate internal anal sphincter
- Inhibitory to rest of musculature
- Parasympathetic –inferior hypogastric plexus – S2S3S4 –
- Secretomotor to glands ,
- •stimulate peristalsis
- Relaxation to sphincters

Peculiarities of anal canal

- •3.8 cms in length
- •Antero posterior slit as lateral walls are approximated
- Anterior wall is shorter
- Posterior wall is longer

Anal canal

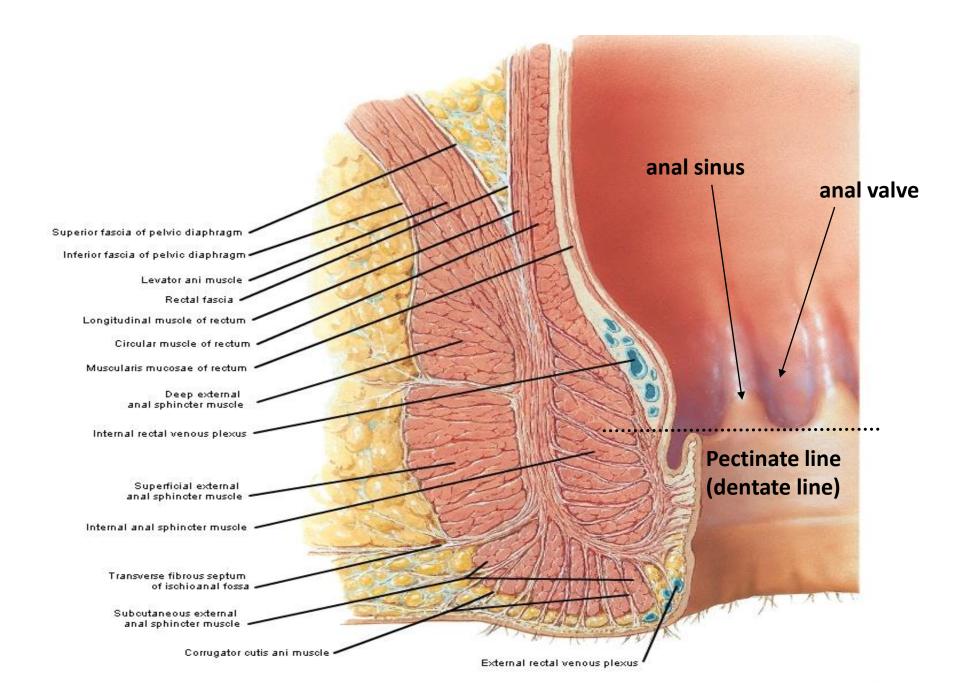
- **Beginning:**
- **It begins one inch** below and anterior to the tip of coccyx at recto-anal junction.
- Course: It runs down and backwards.
- Termination: ends at anus.

Anal canal

- •Relations:
- Laterally: Ischioanal /ischiorectal fossa.
- Posteriorly:
- Anococcygeal raphe between it and tip of coccyx.
- •Anteriorly:
- Perineal body , bulb of penis & spongy urethra in males.
- Perineal body & post wall of vagina in **females.**

Pectinate line

- Mucocutaneous junction of anal canal
- Anal valve level
- •Middle of internal sphincter
- •Upper part and lower part are different on all grounds



Anal canal – pectinate line – dentate line

Above

- Hind gut/endodermal
- Columnar
- Portal vein Superior Mesenteric Vein
- Internal iliac lymph nodes
- Internal haemorrhoids
- Autonomic nerve
- Painless

Below

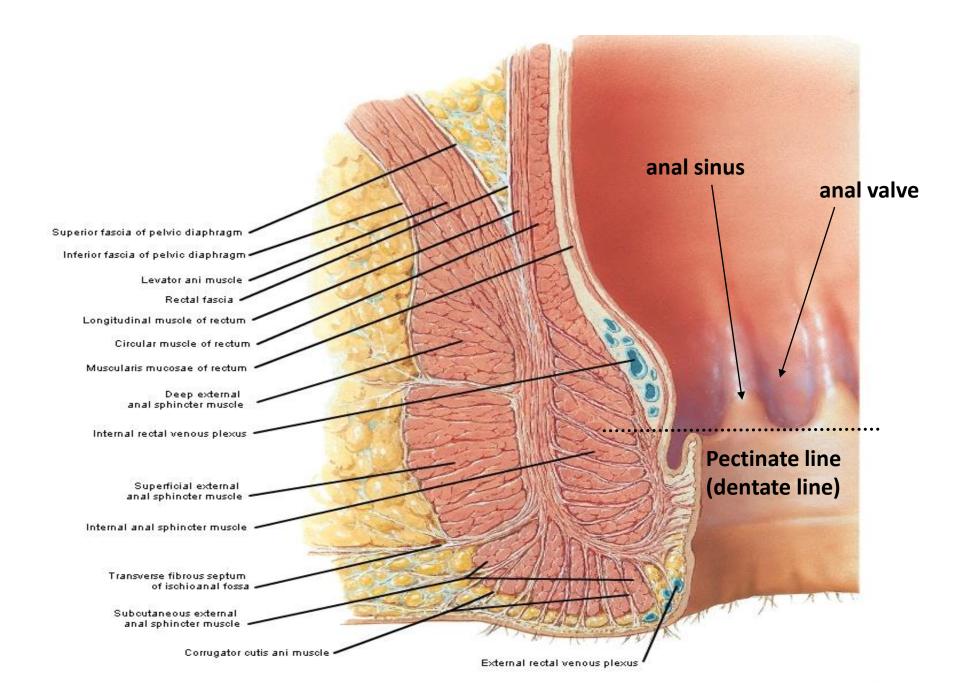
- Cloacal memb/ectodermal
- Stratified
- Middle /inferior rectal vein caval or systemic
- Superficial inguinal lymph nodes
- External haemorrhoids
- Pudendal nerve
- painful

Interior of anal canal

- •Pectinate line and white line of Hilton divide anal canal into three areas
- •Upper area 15 mm anal columns / valves / papillae / sinuses glands
- •Intermediate area 15 mm transition zone or area of pecten
- •Lower area 08 mm anal verge

Interior of anal canal – upper 15 mm

- Internal rectal venous plexuses plum red colour in living
- •Simple columnar/stratified columnar epithelium
- •Up to pectinate line
- •Features –
- Anal columns of Morgagni 6 to 10 longitudinal permanent mucosal folds with radicles of superior rectal veins → Primary OR Internal PILES
- Anal valves of Ball Horizontal mucosal folds connecting lower ends of anal columns - form – Pectinate or dentate line
- •Sentinel Pile rupture of anal valve with tag



Interior of anal canal – upper 15 mm

- Anal papilla epithelial processes from free margin of the anal valves
- Anal papilla represent remnants of anal membrane
- Anal sinuses recesses above the anal columns foreign bodies may lead to impaction and infection
- Anal glands floor of the anal sinuses receive ducts of tubular anal glands → infection may lead to anal fistula

Interior of anal canal – intermediate area 15 mm

- •Area b/w pectinate line & Hiltons line :
- •Area of Pecten /Transitional zone stratified squamous epithelium without sebaceous and sweat glands
- Area is surrounded by internal rectal venous plexus and is bluish in colour

Interior of anal canal – Lower area 08 mm

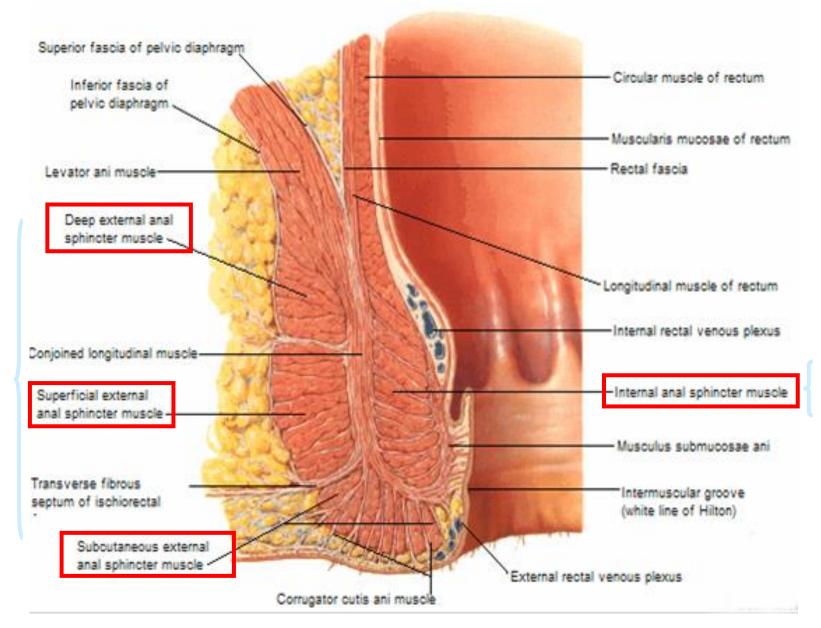
- •Lined with **true skin**
- Fusion of fibers from longitudinal muscle of rectum and levator ani leads to formation of **Corrugator cutis ani muscle**.

Anal sphincters:

Internal anal sphincter:

- It is the thickened **inner involuntary circula**r muscle layer of the anal canal.
- Surrounds the upper 3/4th of the anal canal, extending from ano-rectal junction till the white line (Hilton's line).
- Nerve supply: autonomic sympathetic L1L2
 inferior hypogastric plexus & parasympathetic
 S2S3S4

Sphincters of the anal canal



2

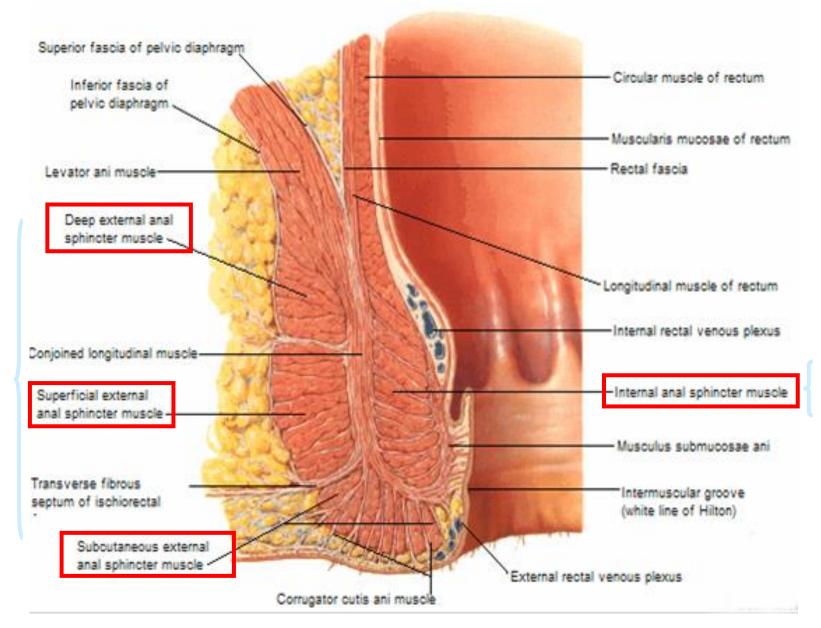
Blood ,nerve supply and lymph drainage of anal canal:

Pectinate line	Upper part	Lower part
Blood supply	 Superior rectal artery. drained by superior rectal vein (portal circulation). 	<pre>Middle rectal artery → internal iliac artery. Inferior rectal artery → internal pudendal arteryveins drain into internal iliac vein (systemic circulation.)</pre>
Nerve supply Lymphatic	autonomic nerve fibers. Pain insensitive/strech Internal iliac LNs.	Inferior rectal nerve Sensitive to pain & touch. Superficial inguinal LNs.
drainage		

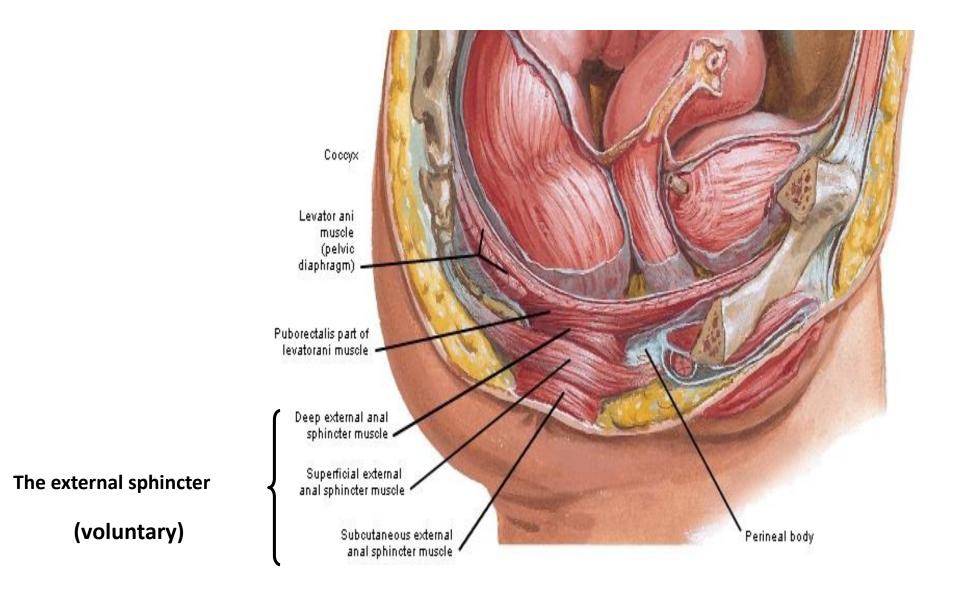
Anal sphincters: External anal sphincter:

- Striated voluntary muscle fibers.
- Surrounds whole length of anal canal
- •External sphincter is outside internal anal sphincter.
- Three Parts:
- I) Subcutaneous Part:
- II) Superficial Part:
- III) Deep Part
- Inferior rectal nerve → pudendal nerve & perineal branch of S4

Sphincters of the anal canal



2



External Anal sphincters:

 Inferior rectal nerve → pudendal nerve & perineal branch of S4

I) Subcutaneous Part:

- •Surrounds anus just under perianal skin.
- Attached to perineal body & anococcygeal raphe.

II) Superficial Part:

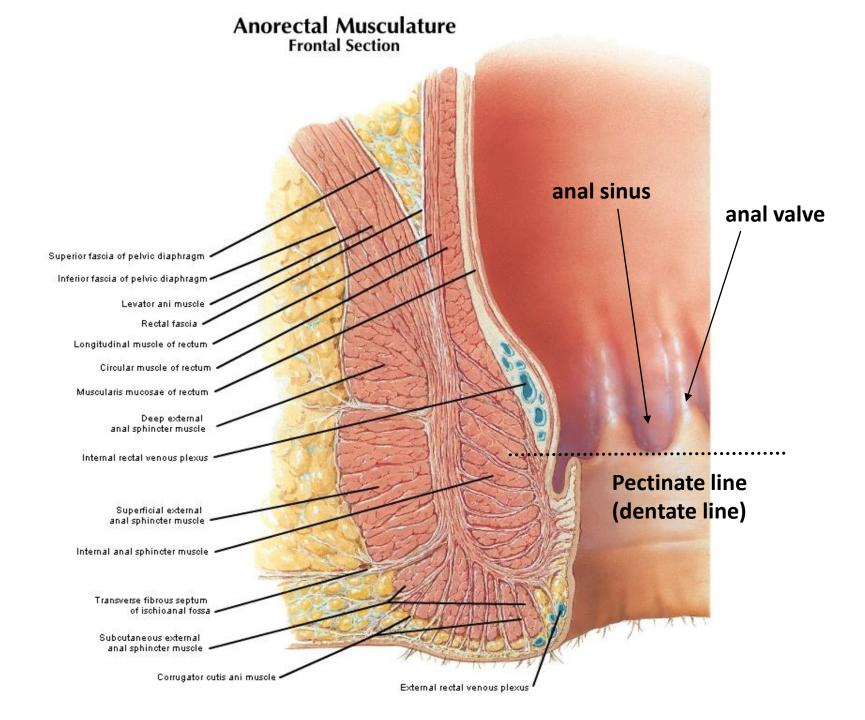
Surrounds lower part of internal sphincter above

subcutaneous part.

III) Deep Part – surrounds anorectal junction

Hilton's line

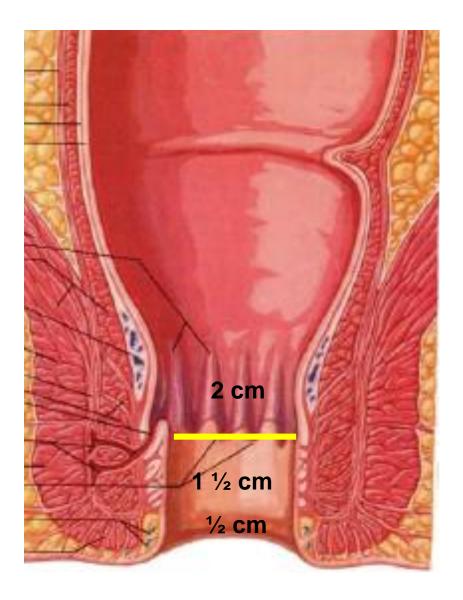
- •A colour contrast b/w bluish pink area above and dark black skin below
- •Anal intersphinteric groove at lower end of internal sphincter muscle
- Indicates lower margin of internal sphincter
- Anal fascia and lunate fascia extend up to Hiltons line



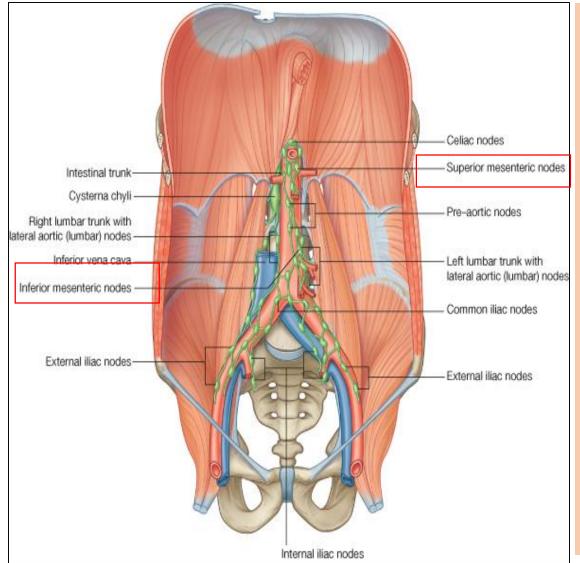
Anal Canal

- •Anal canal is related:
- Posteriorly fibrous tissue between it and coccyx (anococcygeal body),
- Laterally containing fat, ischioanal /ischiorectal fossae
- Anteriorly perineal body separating it from bulb of penis of urethra in male or lower part of vagina in female.

Anal canal - Vessels and nerves



Lymph drainage of Gut



- lymph vessels follow arteries.
- Ultimately,
- Pre-aortic lymph nodes (Superior & Inferior mesenteric).

EMBRYOLOGICAL basis – Nerve Supply of GUT

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- Origin :lower 1/3 of anal canal ectoderm
 Nerve Supply: Somatic (inferior rectal Nerves)