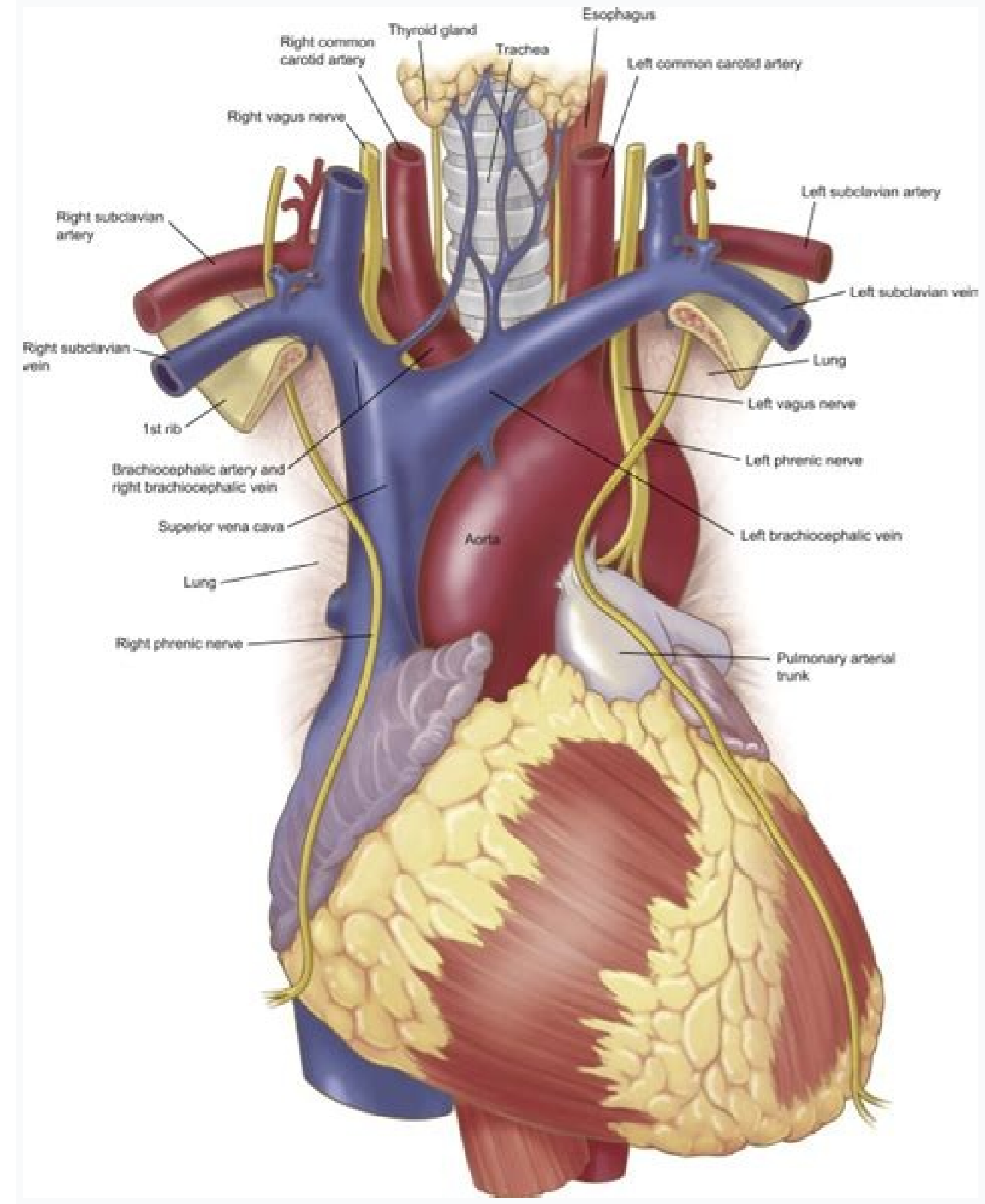
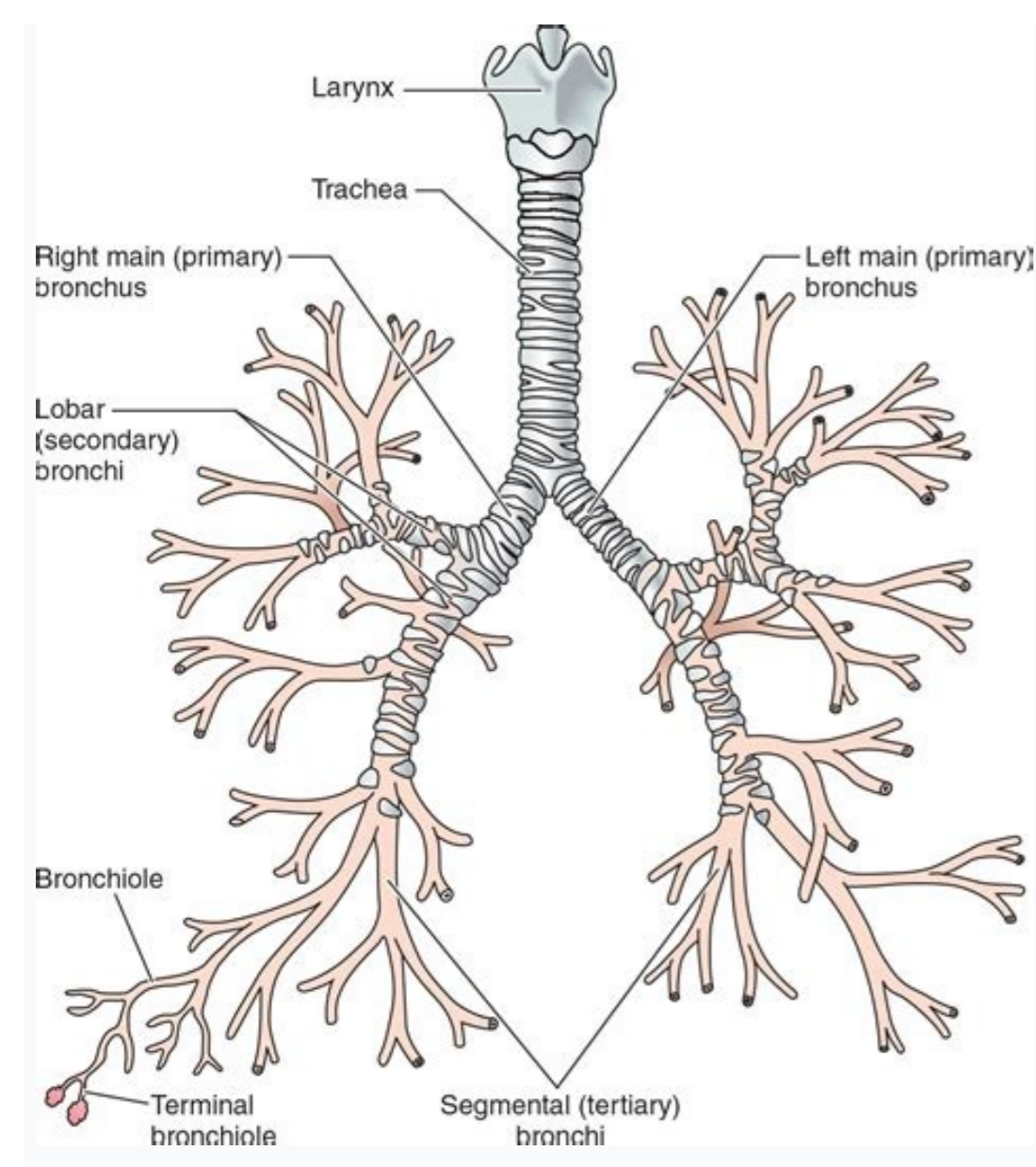


I'm not robot!



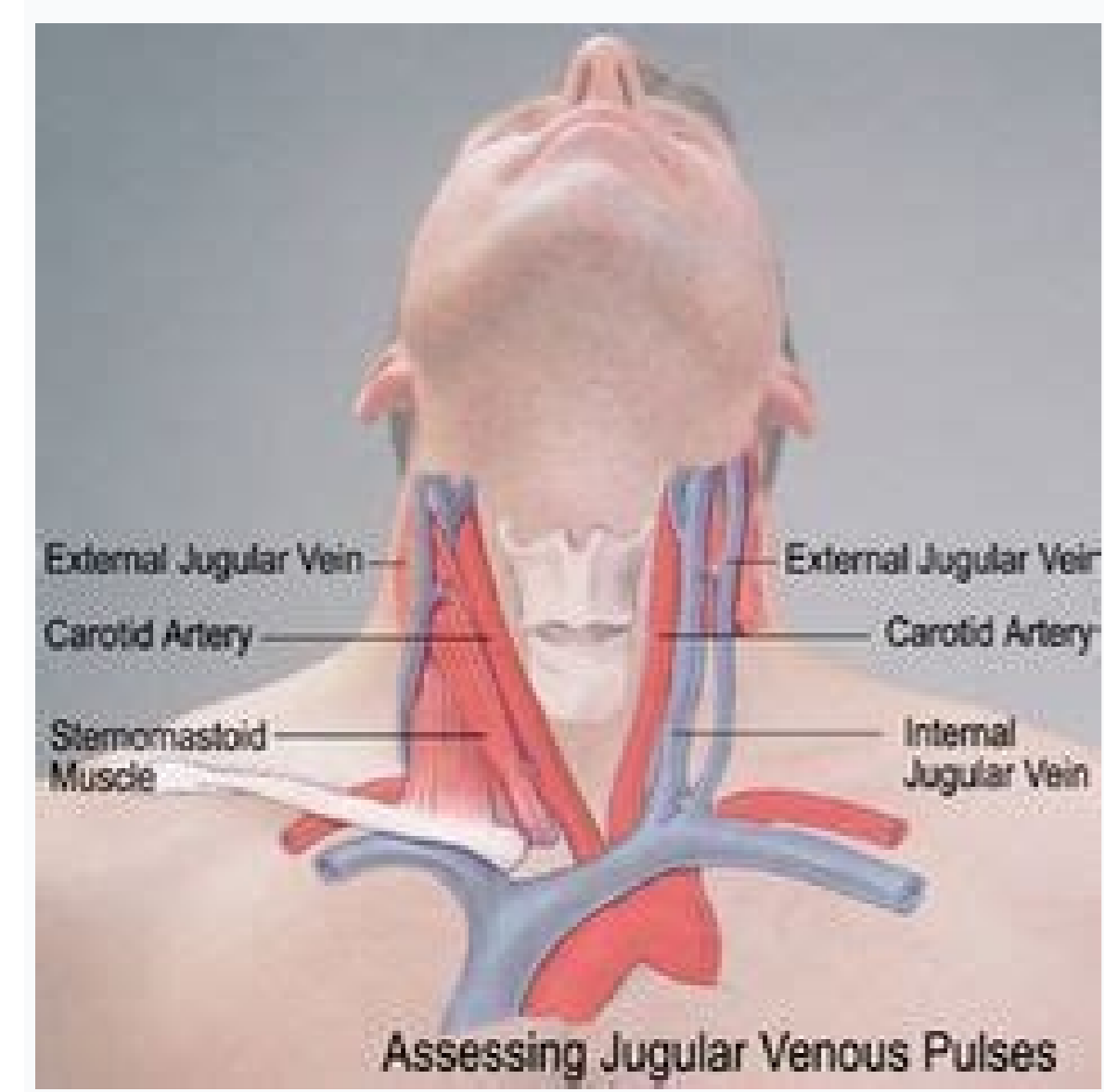
Apply to
 of oxygen

Arteries
 - Derived from 2 internal carotid and vertebral art. in subarachnoid space
 - circle of Willis

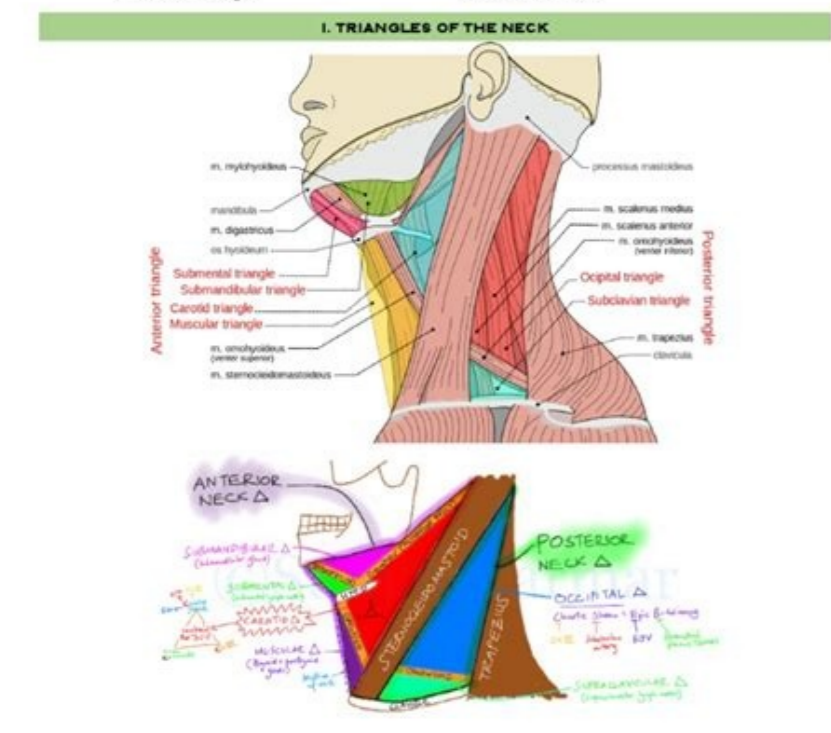
Internal carotid art. (ant. Circulation)
 - Common carotid art. → cervical portion (3 branchings) → temporal petrosus portion (carotid canal) → sigmoid sinus (close to C1-V1 & n3) → carotid groove (side body of sphenoid) → post. Communicating art. → Central art. → ophthalmic art. → Communicating art.

- All terminal branches of CA will form cerebral art. Circle around interpeduncular fossa
- contain venous plexuses and carotid plexus of sympathetic nerves
- branches: central retinal, ophthalmic, art choroid

PDF



TRIANGLES OF ANATOMY	
I. Triangles of the Neck	II. Triangles of the Back
Anterior Triangle	• Triangle of Auscultation
• Digastric/Submandibular Triangle	• Lumbax Triangle of Feet
• Submental Triangle	• Grynfeltt-Leaushaft Triangle
• Carotid Triangle	III. Triangle of Cast
• Muscular Triangle	IV. Femoral Triangle
Posterior Triangle	V. Heuser's Triangle
• Occipital Triangle	VI. Ross's Triangle
• Subscapular Triangle	



Functions of the aorta. Meaning of aorta.

Aortic development occurs during the third week of gestation. It is a complex process that can lead to a variety of congenital variants and pathological anomalies. In diagnostic and interventional radiology, the knowledge of aortic abnormalities and variant branch sequence is crucially important. This article provides a general system of the aortic arch variability. 1 is an associated complex process is the formation of the endocast tube (day 21), which lends itself to a variety of congenital variants. Each primitive aorta consists of a ventral and dorsal segment that is contained through the first four arcs. The two ventral arches merge to form the fore bag. The dorsal arches merge to form the descending aorta of the Mother Line. Six pair-arches, the so-called ranoman arch artists, develop between the ventral and dorsal aortic. In addition, the dorsal aorta emits vain intersecting arts (Fig. 1). Gloor drawing of the development of the aorta and its branches. 1, first argument; 2, according to the arcs; 3, third arcs; 4, fourth arc; 5, fifth arc; 6, sixth arc; AA, arcuated arc; VA, Ventral Aorta; DA, dorsal aorta; CC, Common Payment Art; IC, internal poster artist; CE, external caring artist; RS, Right Subclavia Arthão; AV, VERTEBRAL ARTION; PT, pulmonary trunk; RP, right pulmonary artist; LP, left pulmonary artist; DB, Duct Arteriosus Botalli. The vessels derived from each arc are the following: the first pair contributes to the formation of the maxillary and external dealer. The second pair contributes to the formation of the stapedic arts. The third arcs constitutes the innate of internal prosecution and, therefore, the carotid. proximal segments of the third thirdform the common carotid arteries. Along with segments of the dorsal aorta, the distal portions contribute to the formation of the internal carotid arteries. The left arc of the fourth pair forms the segment of the normal left aortic arc between the left and subclavian common carotid arteries. The fourth right arc forms the proximal right subclavian artery. The right distal subclavian artery is derived from a portion of the right dorsal aorta and the seventh right intersegmental artery. The rudimentary vessels that return early develop outside the fifth pair. The left arc of the sixth pair contributes to the formation of the main and left pulmonary arteries and arteriosus ductus; this duct oblitera a few days after birth. The sixth right arc contributes to the formation of the right pulmonary artery.2. With the caudated migration of the heart in the second fetal month, the seventh intersegmental arteries expand and migrate cephalus to form the distal subclavian arteries. The left subclavian artery is derived entirely from the seventh left intersegmental artery, while the portions of the right are derived from the fourth right arc and the right dorsal aorta.2 The malformations of the aortic arc system can be explained by the persistence of segments of the aortic arcs that normally return or disappear from segments that normally remain, or both. The regression of the right dorsal aortic root (between the right subclavian artery and the descending aorta) and the right arterioso leaves the normal left aortic arch. The classical left aortic arch and descending thoracic aorta are seen in ~70% of individuals. The three main branches of the aortic arc are the brachiocephalic (innominate) artery (dividing in the right subclavia and common carotid arteries), the common left carotid artery and the left subclavian artery. 2 Magnetic resonance is widely accepted to be gold standard for arc imagehtiw noitatraoc dna ,tcefed latpes ralucirtnev htiv noitatraoc ,noitatraoc detalosi otni deifissalcbus eh yam noitatraoc citroA 6.sitidracodne ro ,noitcessid citroa ,medicca ralucisavorberec yllanoisacco ro eruliaf caidrac fo tuser a sa ,noitcurtsbo fo etis eht naht rehtar ytreves eht ot detalar si noitatneser ta Ega ,esiwrehto 7.noitatraoc citroa rof Ecnedivevide to desnoc yam smra eht Fo rovaf rom Ro mm 02 Fo Ecnereffid erussserp doolb chiltys gel/mnet selsiusuf rop (noromaf romsyf (nina rop. 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(Images courtesy of A. Gamillscheg, Department of Cardiology, Mother University of Graz, Graz, ä Use). Simple radiography of the chest in a 12-year-old boy with proven aortic coarctation. The ribbon notch (arrow) due to the pressure indicates the widening and tortuosity of the intercostal artist that provides the collateral blood flow to circumvent the sterile action segment. The interrupted argument is defined as the loss of luminous continuity between the ascending and descending aorta. It is associated with a multitude of lesions ranging from septal defects isolated to complexes. An interrupted argument can be subclassified into anatomical types based on the location of the interruption.8 Although the results have improved, the repair of this abnormality is associated with significant mortality and morbidity. 10 In the intrauterine life, the arterous Botalli duct allows the blood flow between the aorta (distal to left subclostist artist) and pulmonary artist (Fig. 5). In a full-time child, the duct usually closes within the first 2 days of life. Persistent pattern of this point is usually permanent, two times more common in girls as in boys (Figs. 6 and 7). Most cases occur as isolated defects. The concomitant findings are left ventricular hypertrophy and dilation of pulmonary artist. The persistent arterous duct may also be associated with aortic coar, transposition of the large vessels and ventricular septum defect. 11 (a) aortogram (lateral vision) representing a ralucisavodne ralucisavodne otnemanimob odnartsom amargoigna a atipeR JB(.)ates(osoiretra etnetap ed was successful in this young adult patient. (Images courtesy of A. Gamillscheg, Department of Pediatric Cardiology, Medical University of Graz, Graz, Austria.) Occlusion of a patent arteriosus duct in a teenager with the use of Amplatzer (AGA, Golden Valley, MN) occluder duct. (A) During this intervention, the fluoroscopic images show the sheath (here with guide) taking the following course: vena cava inferior — right atrium — right ventricle — pulmonary trunk — arteriosus ductus of content — descending aorta. (B) Post-intervention artography shows the smallest residual shunt. (Images courtesy of A. Gamillscheg, Department of Pediatric Cardiology, Medical University of Graz, Graz, Austria.) A common brachiocephalic trunk, in which both common carotid arteries and the right subclavian artery arise from a single trunk outside the arc. is the most frequent normal variant of branching of the aortic arc (Fig. 8).2 This so-called bovine trunk occurs in ~10 to 22% of individuals according to the literature and represents more than two-thirds of all anomalies of the arched vessels. 12,13 Very recently, a descriptive aortic arc naming scheme was postulated because the human aortic branching pattern to which the term cattle aortic arc is attributed is not commonly found in cattle. 14 The other anomalies of the main branches represent < 3% of the anomalies of the arc vessels. The origins of the 2Unusual vertebral artery are several. 15,16 Not rarely does the left vertebral artery arise from the aortic arch, with reported prevalences from 2.4 to 5.8% (Fig. 9).17 The most frequent location is between the carotid arteries and left common subclavians. 2 Rarely, the proximal left vertebral artery is duplicated. In this case, one part arises from the arch and the other from the left subclavian, or both originate from the aortic arch. Occasionally, the left vertebral artery is the last branch of the aortic arch, whichis true for both vertebral arteries. 18. So far, oneCase of bilateral origin of the bow of the vertebral arteries was reported in the literature. 19 Reconstructed 3D magnetic resonance imaging in a 38-year-old woman, showing a rare branching pattern of the aortic arc (view of the posterior). The right common carotid artery (RC) gives rise to the right vertebral artery (RV); The left vertebral artery (LV) arises directly from the aortic arch between the left common carotid artery (LC) and the left subclavian artery (LS); The right subclavian artery (RS) originates as the last branch and takes a retroesophageal course ("ARTERIA LUSORIA"). The IMA thyroid artery is a collateral vessel that feeds the thyroid glands20 according to the literature, this vessel occurs in up to 16.9%.21 It can be a branch of the aortic arc between the brachiocephalic and left subclavian arteries. However, it is most often a branch of the brachiocephalic artery. Another variant of origin is the common right carotid artery. In the remaining cases, it may originate from the breast arteries, subclavia or internal inferior. Courses for the right behind the esophagus in ~ 80% of these cases, between the esophagus and the trachea in 15%, and before the trachea or bronchial of the main trunk in 5%.2 A retroesophageal course can be the cause of so-called lusoriaic dysphagia (Fig. 11). 23,24 The right aberrant brachiocephalic artery is rare. Schematic design of a branching sequence variant of supra-aortic arteries with the right subclavian artery originating distal to the left. RC, right carotid artery; LC, left carotid artery; LS, left subclavian artery; RS, right subclavian artery; AA, aortic aortic arc aortic anatomic anomaly that occurs in

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