DIGESTIVE SYSTEM. ANATOMY OF THE STOMACH

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Abstract. Peptic ulcer disease occurs in people of any age, but most often in the 30s and 40s, it affects about 5% of the adult population. Urban residents suffer from stomach ulcers more often than rural residents, men suffer 6-7 times more often than women. Gastrointestinal bleeding is the most common complication. Sudden massive bleeding can be life-threatening. It is associated with a mortality rate of 5% to 10%. In Western countries, the percentage of people with Helicobacter pylori infection roughly corresponds to age (ie, 20% in their 20s, 30% in their 30s, 80% in their 80s, etc.). Prevalence is high in third world countries, where it is 70% of the population, and in developed countries it is a maximum of 40%. In general, Helicobacter pylori infections have decreased worldwide, more so in developed countries. Transmission occurs through food, contaminated groundwater, or human saliva (eg, kissing or sharing food containers). Peptic ulcer disease is often associated with Helicobacter pylori infection, but can also occur without it, including alcohol and energy drinks, frequent coffee consumption, chronic overwork, acute or long-term stress, injuries, fast food, improper diet with bitter, sour, salty or salty, extremely cold or hot foods, lack of proper sleep, NSAIDs, steroid hormones, sulfonamides, potassium chloride, anticoagulants, nitrofurans taking drugs, genetic predisposition, hyperparathyroidism, age-related hormonal changes, chronic gastritis, diabetes.

Key words: Stomach (gaster), digestion, anatomy, Tunica**,**

Stomach - ventriculus seu gaster is an organ in the upper layer of the abdominal cavity, most of which is located in the left area. The front wall of the stomach is paries anterior and the back wall is paries posterior. The area of connection of the stomach with the esophagus is called pars cardiaca, and the opening of the esophagus to the stomach is called ostium cardiacuni. The area where the stomach enters the duodenum is called the pars pylorica, and the opening in this area is called the ostium pyloricuni. The dome-shaped part of the stomach directed to the left, the fundus or the dome of the stomach is called the fornix. The part of the stomach from the dome of the stomach to its outlet is called the corpus ventriculi. The part of the pars pyloric part of the stomach

expands near the body, and the part that continues to the antrum pvloricum and the duodenum is called the canalis pyloricus. The upper part of the stomach and the small curvature on the right side is called curvatura ventriculi minor, and the large curvature directed downward and to the right in the convex state is called curvatura ventriculi major. forms, this area is called angulus ventriculi. At the end of its small curvature is a notch, called incesura angularis.

The stomach wall consists of 4 layers:

1. The mucous layer on the inner surface - tunica mucosa forms folds - plica gastricae. Glands that produce gastric juice - saccus gastricus are also located in the mucous membrane. These glands are divided into several groups according to their location: a) glands located at the entrance of the stomach-glandulae cardiacae; b) private glands in the body and dome of the stomach - glandulae gastricae propriae are composed of two types of cells: the main cells secrete pepsinogen enzyme; additional cells produce hydrochloric acid. d) glands located in the duodenum of the stomach - glandulae pyloricae are composed of only primary cells. Isolated lymph nodes - folliculi lymphatici gastrici are also found in the gastric mucosa. There are special muscles in the mucous membrane of the stomach, called lamina muscularis mucosae. Areas of the stomach - areae gastricae, small folds plicae villosae, and foveolae gastricae are visible on the surface of the mucosa.

2. Since the tela submucosa layer is located under the mucous layer, folds are formed on the inner surface of the stomach. In the area of small curvature, the burrs are located longitudinally, and as a result of the contraction of the muscle layer, the "stomach channel" - canalis gastricus is formed. This path connects the entrance and exit openings of the stomach. In the exit area of the stomach - the ostium pyloric opening folds form a ring, and such folds form a barrier (valve) that separates the stomach and duodenal cavities - valvula pvlorica.

3. Muscular layer - tunica muscularis consists of smooth muscles and is arranged in three layers. Longitudinal fibers - stratum longitudinale are located in the outer layer, circular fibers - stratum circulare in the middle layer, and oblique fibers - fibrae obliquae are located in the inner surface area. Ring-shaped muscle bundles are well developed in the area of the transition from the stomach to the duodenum and form the constrictor muscle of the exit area of the sphincter pylori. The contraction of this muscle and the valve in this area - valvula pylorica - separates the gastric and duodenal cavities.

4. Outer layer - tunica serosa is the visceral sheet of peritoneum. This membrane forms the lig.hepatogastricum ligament between the liver and the lesser curvature of the stomach, the lig.gastrolienale ligament between the stomach and the spleen, and the lig.gastrocolicuni ligament between the stomach and the transverse colon. it is considered an intraperitoneal organ due to its surrounding.

Summary

Today, there are various methods of diagnosing diseases of the digestive system, which make it possible to accurately identify the problem and prescribe effective treatment. Using modern technologies, a specialist, relying on his knowledge, perfectly studying the anatomy and physiology of the digestive organs, correctly diagnoses and treats is considered a great achievement of medical education.

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