



GI CORRECTIONS

Correction team



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Anatomy Sheets:

Sheet 1:

Page 9

In the table posterior third of the tongue:

Innervation:

It supplied by glossopharyngeal nerve which provides TASTE AND SENSORY not motor

(The muscles are innervated by the hypoglossus except for the palatoglossus muscle which is supplied by the pharyngeal plexus.)

Page 12

Injury of hypoglossal nerve leads to deviation of the TONGUE (not the mouth) toward the paralyzed side

Page 10

The filiform papillae don't have taste buds

Page 5

The palatine tonsils are subjected to tonsillitis

Page 6

The submandibular gland

A papilla is present at the side of the frenulum, this papilla is used by the duct (of the submandibular gland) to empty the contents of the gland

Page 13

1. The muscles of the soft palate:

The fifth one is the PALATOGLOSSUS muscle

2. Same page (question of the student)

The muscles coming from above are INSERTED in the tendon rather than take origin

3. Note: the palatoglossal muscle and palatopharyngeus muscle have folds around the palatine tonsils not uvulae

Page 16

The deep part isHyoglossus not hypo

Page 5 last line

"Note these 2 muscles contract TOGETHER."

Page 6 line 20

"Parotid gland is located INFRONT of the ear"

Page 17

The deep part is located between mylohyoid and HYOGLOSSUS

Note: The sides of mouth proper are not the cheeks they are the teeth.

Sheet 2:

Page 11:

Delete the last line that says "posteriorly: cricoid cartilage covered by mucosa"

Explanation:

* The boundaries of the inlet of the larynx are epiglottis and aryepiglottic folds only.

*The relationship between the PHARYNX and the cricoid cartilage:

The cricoid cartilage is anterior.

*The relationship between the LARYNX and the cricoid cartilage:

The cricoid cartilage is a complete ring that SURROUNDS part of the larynx

The cricoid cartilage has 2 parts (lamina and arch). The lamina is posterior and the arch is anterior.

Note that the LAMINA of the cricoid cartilage is in fact the part that is anterior to the PHARYNX.

The dr. said that the cricoid cartilage is the last part of the trachea, but, the cricoid cartilage is located at the BEGINNING of the trachea

Pharyngeal tonsil, not tonsils. There's only one

Sheet 3:

Page 3 first line, instead of "heart">>> abdomen

Page 9

The first paragraph

Superior epigastric artery is a branch of the internal thoracic which arises from SUBCLAVIAN not the brachiocephalic

Page 10:

"Located above the parietal peritoneum" more accurate to say superficial to the parietal peritoneum instead of above.

Sheet 4:

Page 18:

In highly selective vagotomy, we cut all branches except the pylorus branches (n. to Latarjet)

Page 13: Replace lymphatics with fat

Page 14:

Main branches from the celiac trunk.

Change "hepatic --> common hepatic" and from the branches of common hepatic artery, replace gastroepiploic by "Hepatic artery proper"

Page 9 last paragraph gastro phrenic ligament instead of gastro colic.

Page 14 (1 cm not 5)

Page 18 --> helicobacter pylori becomes pathogenic when there is LOW RESISTANCE in the body not when there is not resistance.

Sheet 5:

Page 7, 4th part of duodenum not jejunum

Sheet 6:

Page 6:

Blood supply of caecum

*anterior and posterior cecal arteries which a branches from ileocolic artery (not ileocecal artery)

Page 20:

Nerve supply of transverse colon, the lateral third of transverse colon --> by the inferior mesenteric plexus; parasympathetic (pelvic splanchnic nerve which has a root value S2, S3, S4) and sympathetic nerve

General note, ileocecal artery = ileocolic artery

There is a mistake in the slides:

The left paracolic gutter is related to the ascending colon >>>> it is the RIGHT paracolic

An important note: “Left paracolic gutter is separated from the diaphragm by the colic phrenic ligament unlike the right >>>>that's why the right sub phrenic collections are more common than left sub phrenic collection”

Sheet 7:

Page 22

In the paragraph that talks about the surfaces of the spleen, the fourth line, cross out the word "right", and write "left" instead of it.

Page 21

At the bottom of the page, just cross out the word "pancreas", and write "spleen" instead.

Page 1:

The right statement is “it weighs 1/50 of the body weight in adults”

1st paragraph (the function of the liver is more important or it accounts more in infant); it's wrong in the sheet

Location paragraph (it's not in the left hypogastric it's in the left hypochondriac region); according to the doctor.

Page 3

Porta hepatis conducts portal vein not hepatic vein

Page 7

The Dr. Said not all these structures going TO the porta hepatis ...he added that (portal vein and hepatic artery are going to porta hepatis BUT bile duct OUT from it)

Make sure of this point...

Page 18

Stone formation (cholelithiasis) >>> not cholecystitis

Page 19

"The pancreas has 3 surfaces and borders" These relations are for the BODY of pancreas not the whole organ

The tail I think that the tail of pancreas the one that must be protected... not the ligament (according to the Dr.) during splenectomy...

بصفحة 21 اخر سطر لازم تكون , the spleen has

بصفحة 19 اول جملة اللي هي the head is present in the concavity of the duodenum : لازم تكون تابعة لفقرة ال head , أما بالنسبة للجملة اللي بعدا the main pancreatic duct begins at the tail : لازم تكون مع فقرة ال tail و بدون ال bile duct..

بالنسبة لل body فالدكتور ما ركز عليه بس في معلومة عنه بالاسلايد اللي هي

: Runs upward and to the left across the midline and it's somewhat triangular in cross-section...

في كمان بصفحة 22 السطر التاسع لازم تكون the left colic flexure مو right

Page 2

(Upper border instead of other border).

Note: (correction in the slides (pancreas slides) :

... فقط duct المفروض bud بدل ... في خطأ بسيط بالاسلايدات ... واضح هو بس للتنبيه لا اكثر

- The main pancreatic duct is formed by the
 - a- distal part of the dorsal pancreatic duct
 - b- Entire ventral pancreatic duct not bud
- The proximal part of the ventral pancreatic duct may:
 - a- be obliterated --> no accessory pancreatic duct

b- Persist --> there will be an accessory pancreatic duct that opens in the minor duodenal papilla...

Small intestine slide:

Slide # 12: Second Part of the Duodenum

- Written:

Next to the 3rd and 4th lumbar vertebrae

- What written in snell book is that?

The second part of the duodenum runs vertically downward in front of the hilum of the right kidney on the right side of the 2nd and 3rd lumbar vertebrae (NOT 3rd & 4th)

Histology 1:

Page 6

Serosa is thin continuous with. Mesentery or peritoneum and it's covered by simple squamous lining called mesothelium

But the adventitia is thick and have no mesothelium

Histology 2:

Page 13

"Villi is present on the edges of payer's patches"

Change payer's patches to plicae circularis

Page 15

Microvilli diameter 0.1 micrometer instead of meter

Page 2:

In figure's 1 key >>2 is indicated as lamina propria with CARDIAC GLANDS, [cor. >>Esophageal glands]
<< cardiac glands is specific to the esophageal glands in the lamina propria at the lower esophagus
(near the cardia of stomach)

Page 13: at the edges of payer's patches There are villi [corr. >>at the edges' of plicae circularis]

Page 15: microvilli is around .1 m in diameter [corr. >> .1 um "micrometer"]

Histology 3:

Page 9:

Change originated blood to oxygenated blood (from the hepatic artery)

Virology 2:

Page 3:

IP = 2-26 weeks NOT 20-60