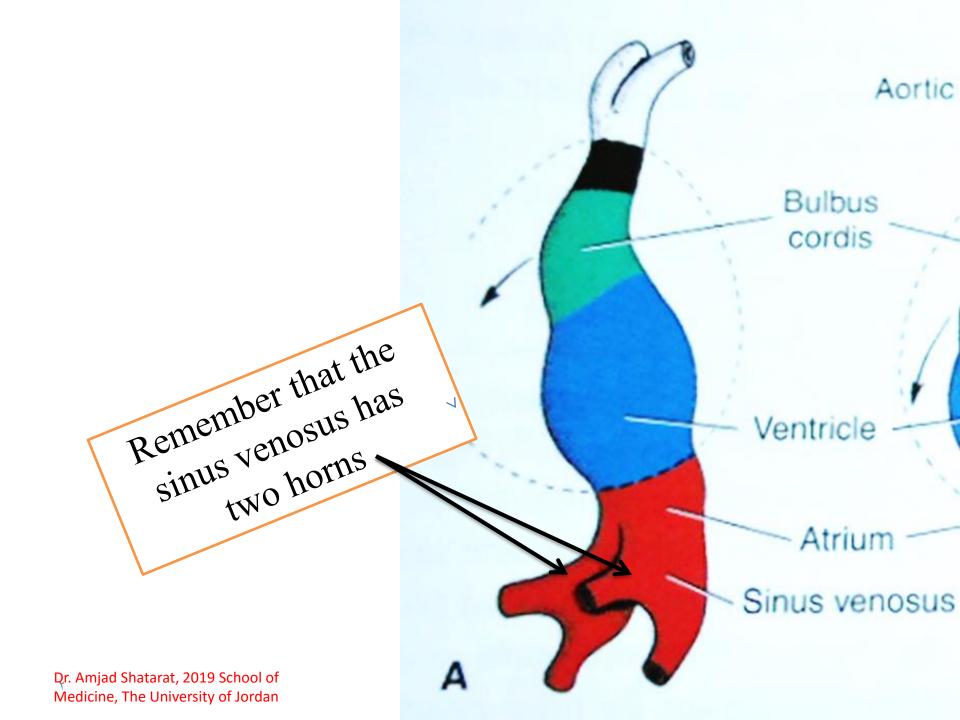
# Development of Major Blood Vessels

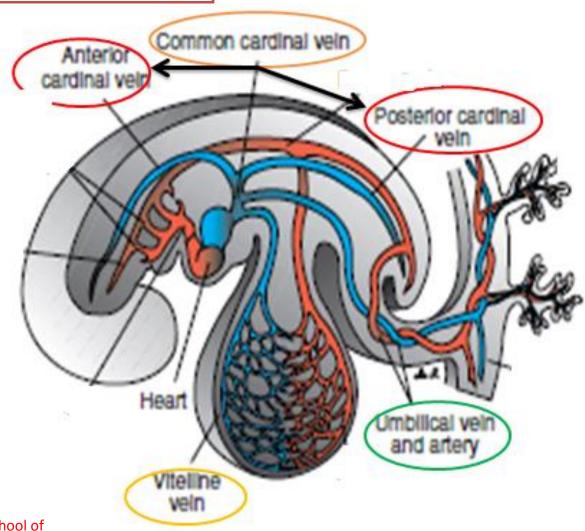
Venous system



The sinus venosus represent the venous end of the heart It receives 3 veins:

- **1- Common cardinal vein** → **body wall**
- 2- Umbilical vein → from placenta
- 3- Vitelline vein → from yolk sac

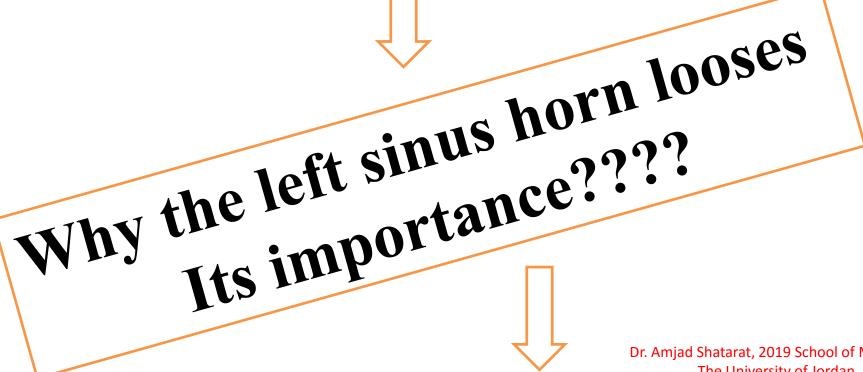




However!!!!!

# The left sinus horn of the sinus venosus is loosing

its importance and blood from the left side is **rechanneled** toward the *right* 



Due to

# left-to-right shunts of blood



1-The first left-to-right shunt
is a result of
the transformation
of both
vitelline and umbilical veins





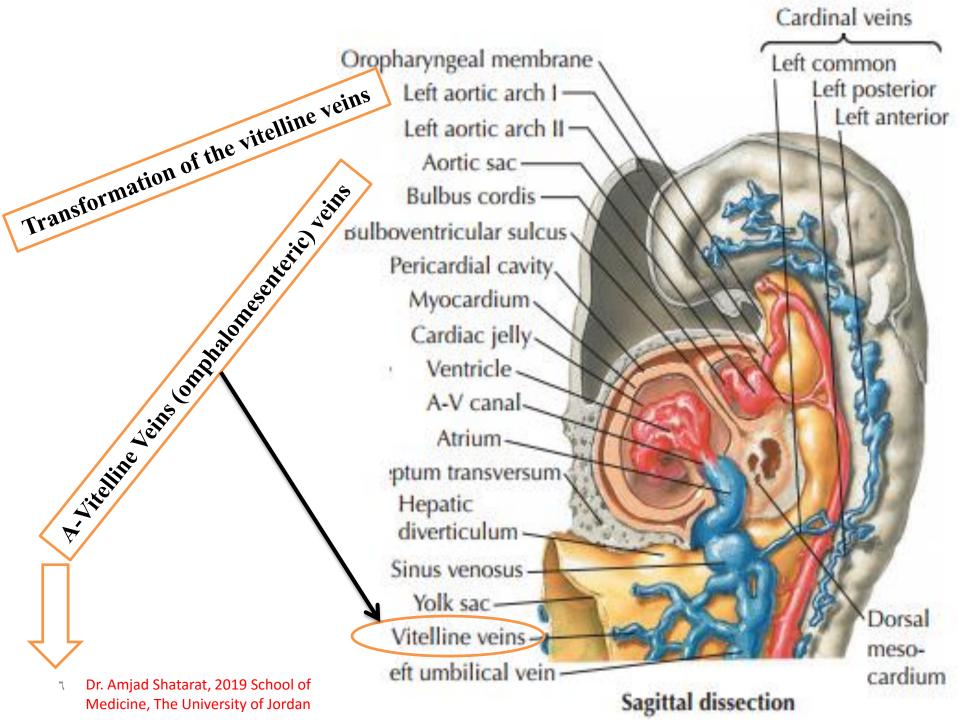
2-The second left-to-right shunt occurs when the left anterior cardinal vein

### becomes connected

To the right anterior cardinal vein by

an oblique anastomosis

????????



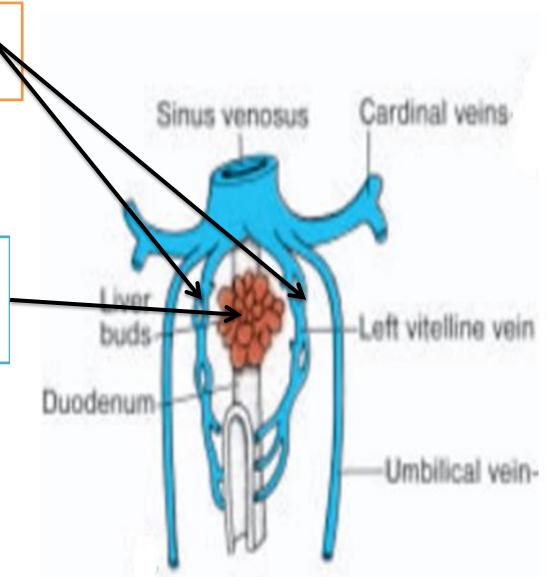
### Vitelline Veins (omphalomesenteric) veins

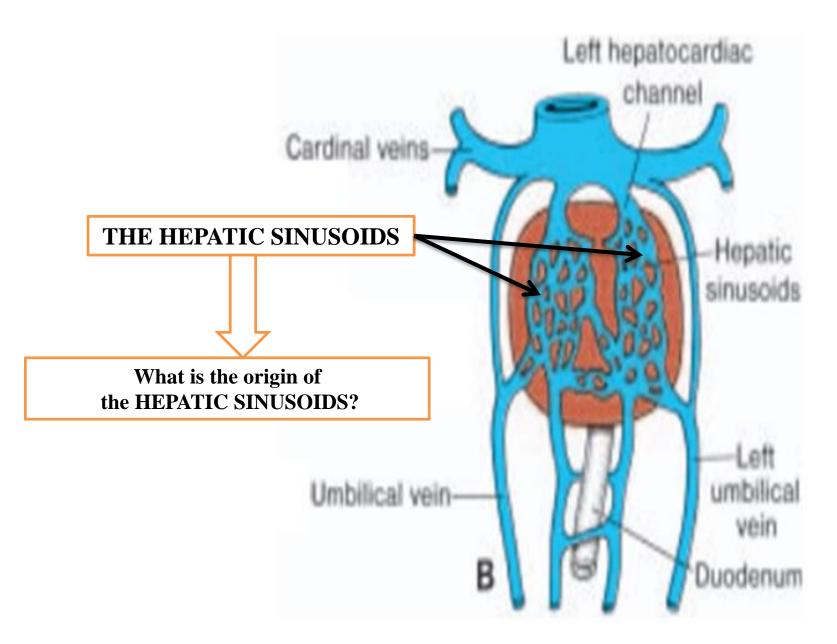
1-The vitelline veins form a plexus around the developing duodenum then it enters **the sinus venosus** 

2-The growing liver cords interrupt the course of the vitelline veins, and form an extensive vascular network



THE HEPATIC SINUSOIDS





It should be noted that at this time **the left sinus horn** of the sinus venosus is loosing
its importance and blood from the left side
of the liver is rechanneled toward the right,
resulting in an enlargement of
the right vitelline
vein
Also called
(right hepatocardiac channel)

Notice how the left vitelline vein Is redirected to the right vitelline vein which is in its turn getting bigger

Vitelline veins

Right hepatocardiac channel

Duodenum

3-The right hepatocardiac channel forms the hepatocardiac portion of

The inferior vena cava

4-The proximal part of the left vitelline vein disappears

5- The anastomotic network around the duodenum develops into a single vessel,

The portal vein

Hepatic portion of inferior vena cava Hepatic vein Hepatic vein (right vitelline) (left vitelline) Ductus venosus Portal vein Left umbilical vein Superior mesenteric vein Splenic vein

6- The **superior mesenteric vein**, which drains the primary intestinal loop, derives **from the right vitelline vein** 

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7- The distal portion of the left vitelline vein also disappear

# Right vitelline vein

You should know by now; 1-the origin of all of the following:

### THE HEPATIC SINUSOIDS

The hepatocardiac portion of the inferior vena cava

The portal vein

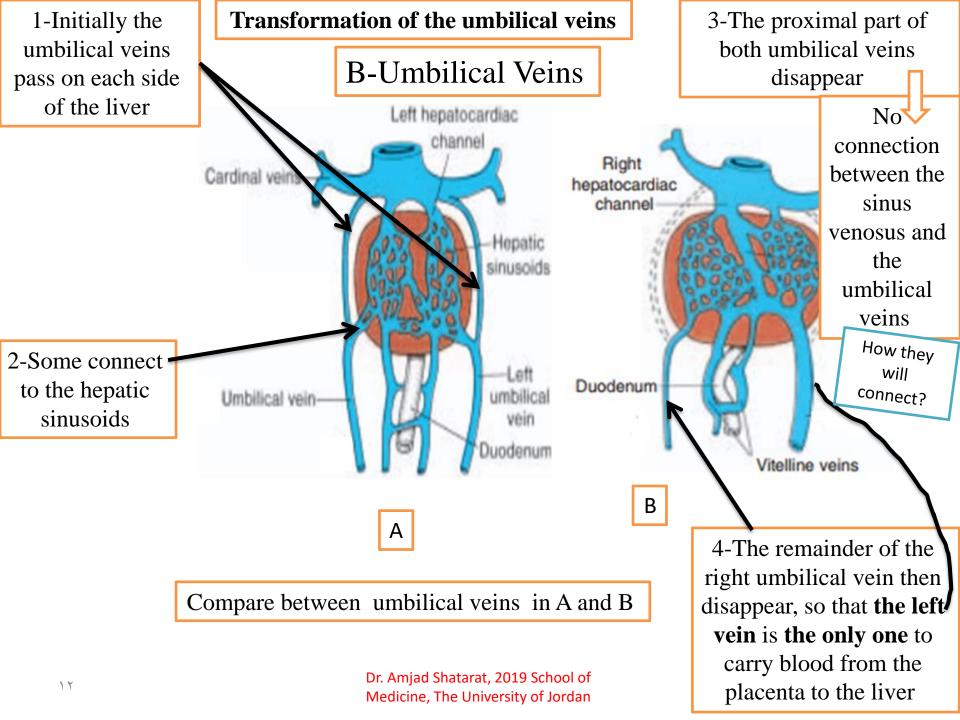
The superior mesenteric vein

2- what is the fate of the left vitelline vein

The proximal part of the left vitelline vein disappear

The distal portion of the left vitelline vein also disappear

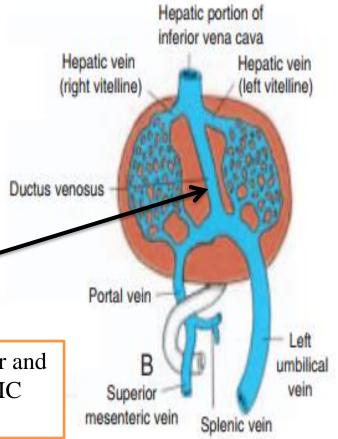
Left vitelline vein



5-With the increase of the placental circulation, a direct communication forms between the left umbilical vein and the right hepatocardiac channel To Form

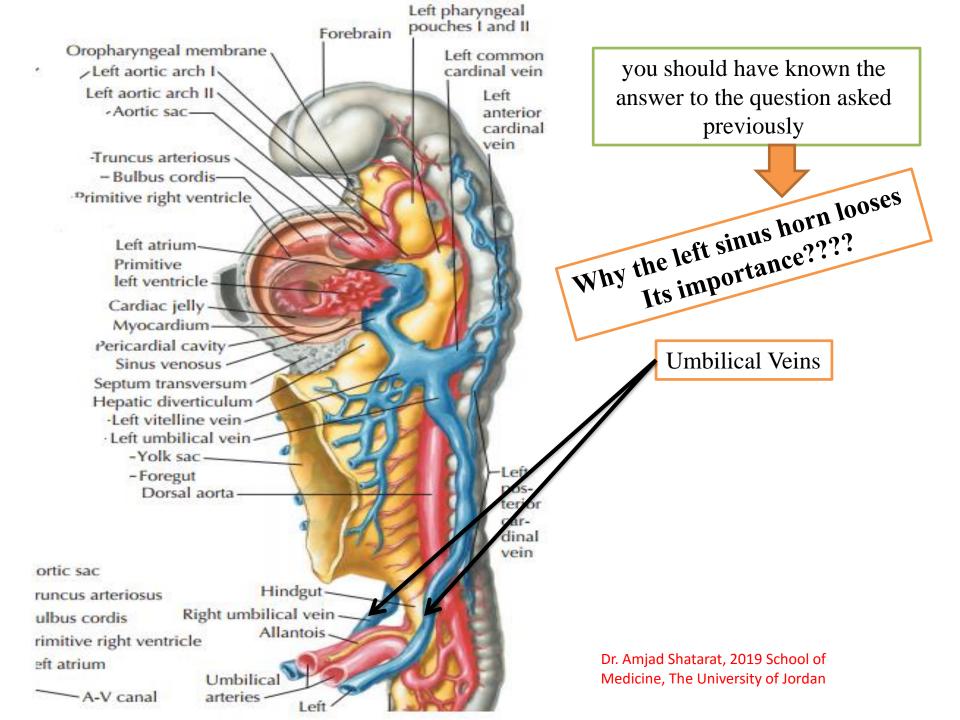
# The ductus venosus

This vessel bypasses the sinusoidal plexus of the liver and directly connects the left umbilical vein to HEPATIC PORTION OF THE INFERIOR VENA CAVA



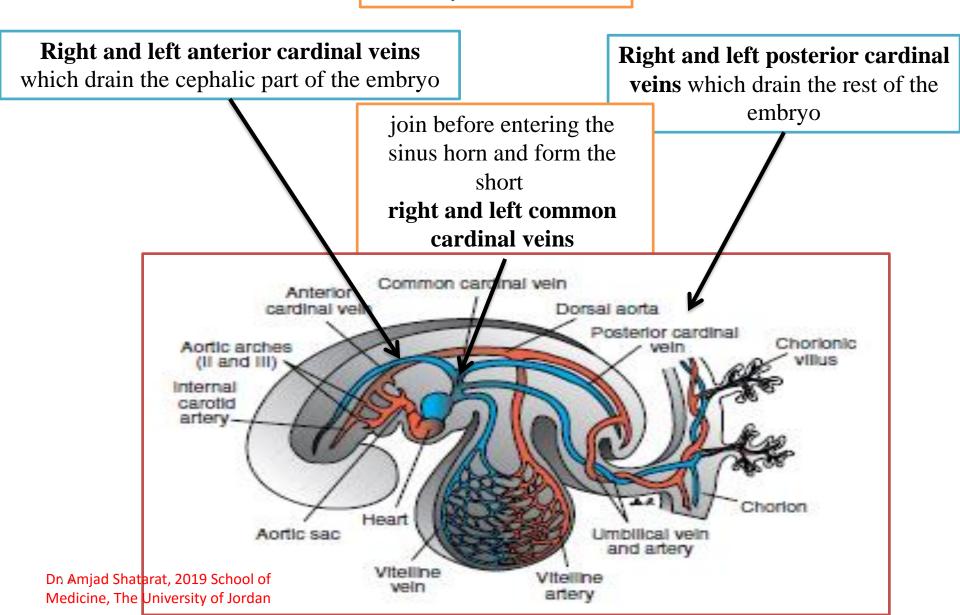
6- After birth the left umbilical vein and ductus venosus are **obliterated**left umbilical vein forms...... the ligamentum teres
hepatis

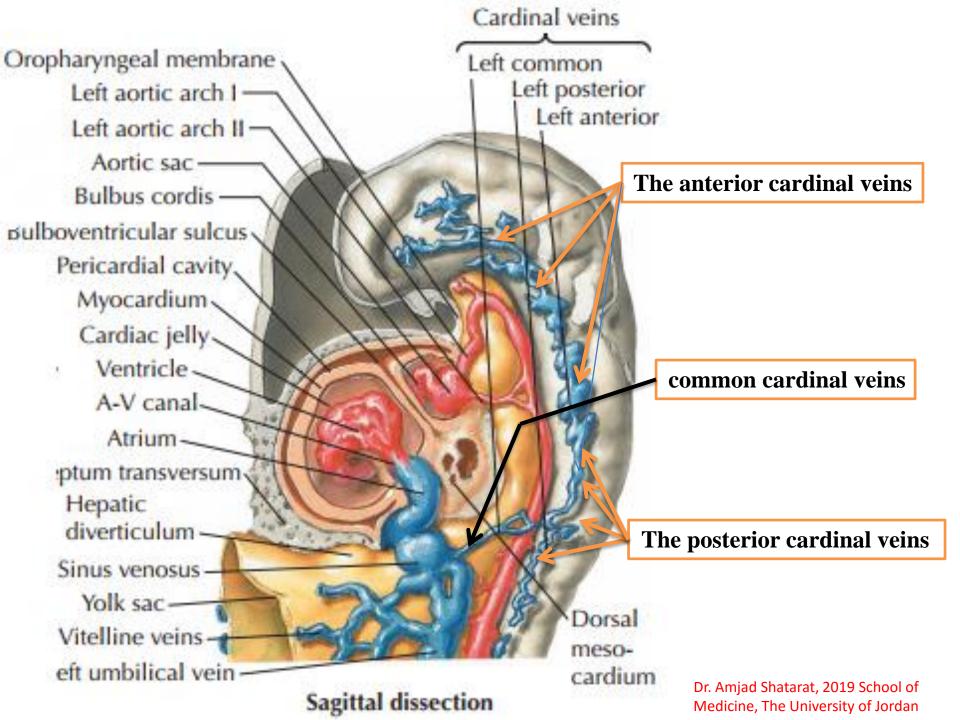
ductus venosus forms.....the ligamentum venosum



# C- Cardinal Veins

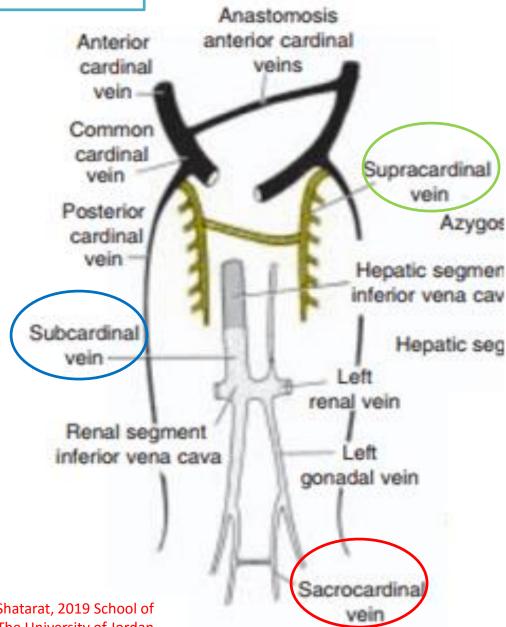
1-This system consists of:





additional veins are formed:

- 2- During the fourth week, the cardinal veins form a symmetrical system During the fifth to the seventh week a number of additional veins are formed:
- (a) The subcardinal veins which mainly drain the kidneys
  - (b) The sacrocardinal veins which drain the lower extremities
- (c) The supracardinal veins which drain the body wall by way of the intercostal veins, taking over the functions of the posterior cardinal veins



3-The anastomosis between the anterior cardinal veins develops into

## the left brachiocephalic vein.



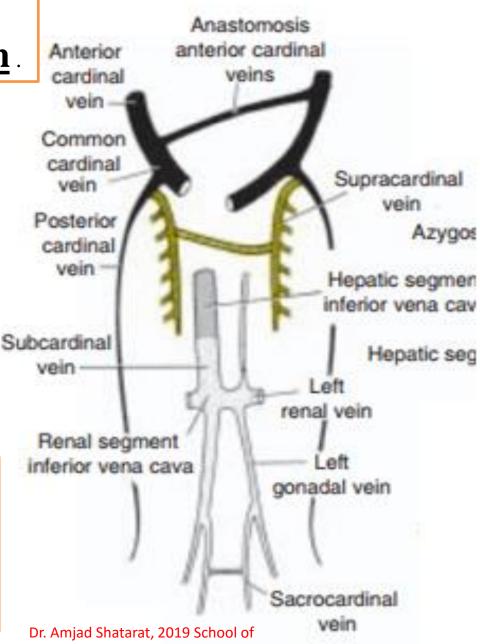
4- Most of the blood from the left side of the head and the left upper extremity is then channeled to the right

Now, you should have understood

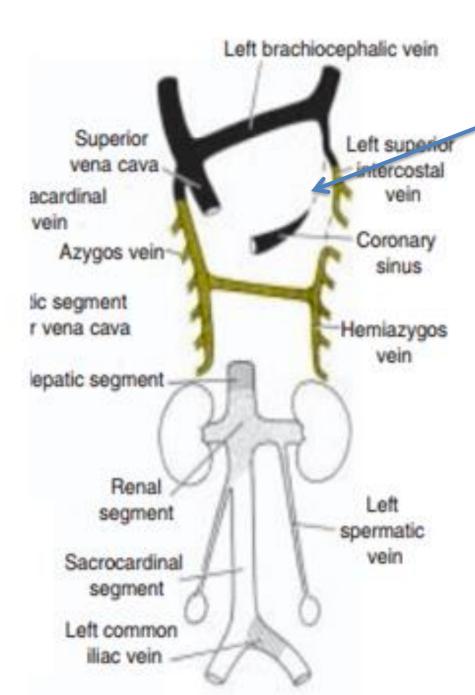
The second left-to-right shunt occurs when the left anterior cardinal vein **becomes** 

connected

To the right anterior cardinal vein by an oblique anastomosis



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5- <u>The terminal portion</u> of the left posterior cardinal vein entering into the left brachiocephalic vein is retained as a small vessel. <u>the left superior intercostal</u> vein This vessel receives blood from the second and third intercostal spaces

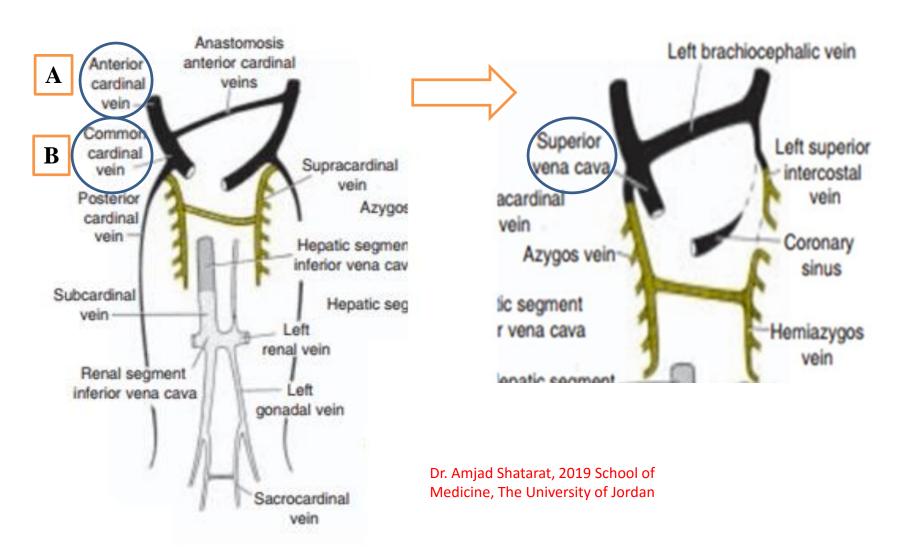
You should understand, by now, why the left superior intercostal vein

Drains into the left brachiocephalic vein

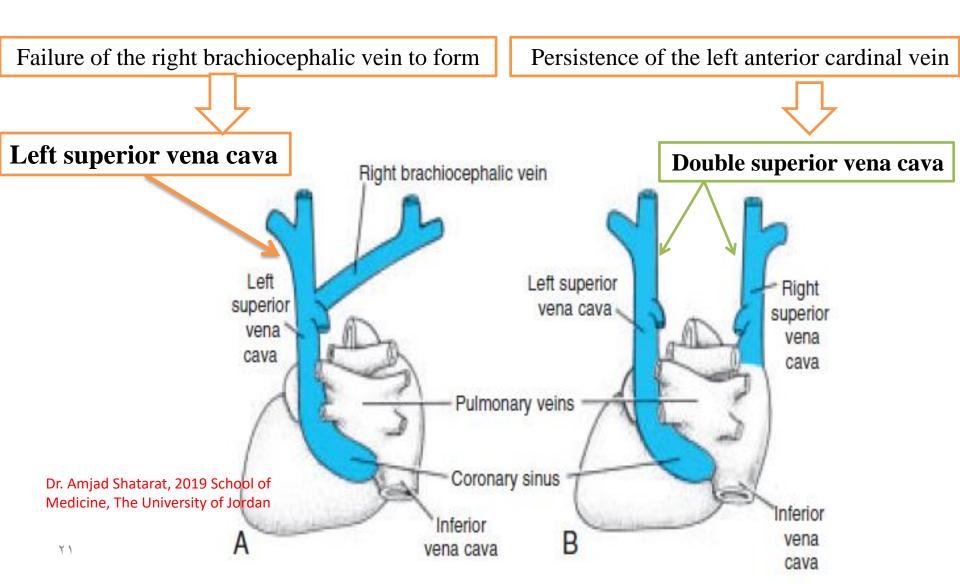
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# 6- The superior vena cava is formed by A-The right common cardinal vein

# A-The right common cardinal vein B-The proximal portion of the right anterior cardinal vein



# Clinical correlates



# Development of the inferior vena cava

Anastomosis 7- The anastomosis between the anterior cardinal Anterior veins cardinal subcardinal veins vein *forms* Common the left renal vein. cardinal Supracardinal When this communication has vein Posterior been established, the left cardinal subcardinal vein disappears, and vein Hepatic segmen only its distal portion remains as inferior vena cav the left gonadal vein. ubcardina Hepatic seg renal vein **????** Renal segment inferior vena cava gonadal vein Hence the right subcardinal vein becomes the main drainage channel and develops into the renal segment of the inferior vena cava Sacrocardinal

8- The anastomosis between the sacrocardinal veins forms

# The left common iliac vein

The right sacrocardinal vein becomes sacrocardinal segment of the inferior **vena cava**. When the renal segment of the inferior vena cava connects with the hepatic segment, which is derived from the right vitelline vein, the inferior vena cava, consisting of hepatic, renal, and sacrocardinal segments, is complete

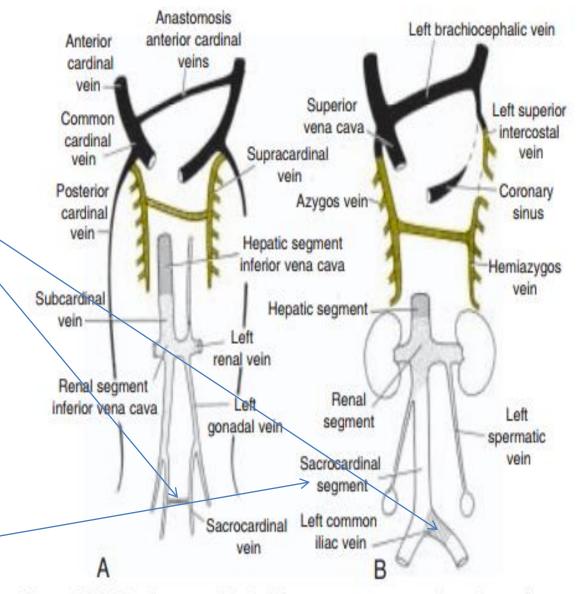


Figure 11.44 Development of the inferior vena cava, azygos vein, and superior vena cava. A. Seventh week. The anastomosis lies between the subcardinals, supracardinals, sacrocardinals, and anterior cardinals. B. The venous system at birth showing the three commonents of the inferior vena cava.

9- With obliteration of the major portion of the posterior cardinal veins,

# the supracardinal veins assume a greater role in

draining the body wall.

The 4th to 11th right intercostal veins empty into the right supracardinal vein, which together with a portion of the posterior cardinal vein forms the

# azygos vein

10- On the left, the 4th to 7th intercostal veins enter into the left supracardinal vein, and the left supracardinal vein, then known as the

# hemiazygos vein

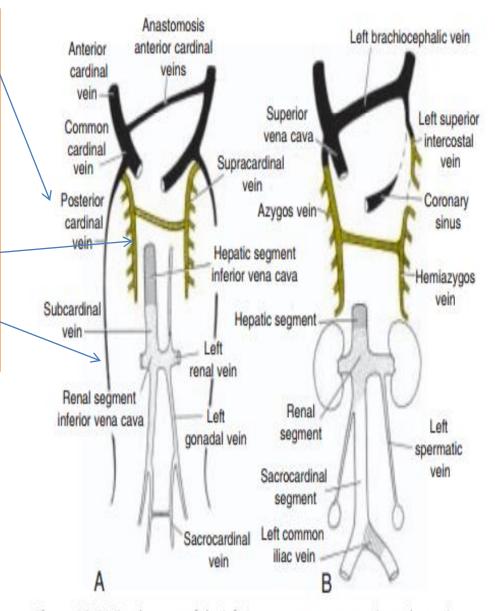


Figure 11.44 Development of the inferior vena cava, azygos vein, and superior vena cava. A. Seventh week. The anastomosis lies between the subcardinals, supracardinals, sacrocardinals, and anterior cardinals. B. The venous system at birth showing the three components of the inferior vena cava.

# Clinical correlates

Double inferior vena cava: Left sacrocardinal vein remain connected to the left subcardinal vein Absence of the inferior cava: The right subcardinal vein fails to make the connection with the liver

