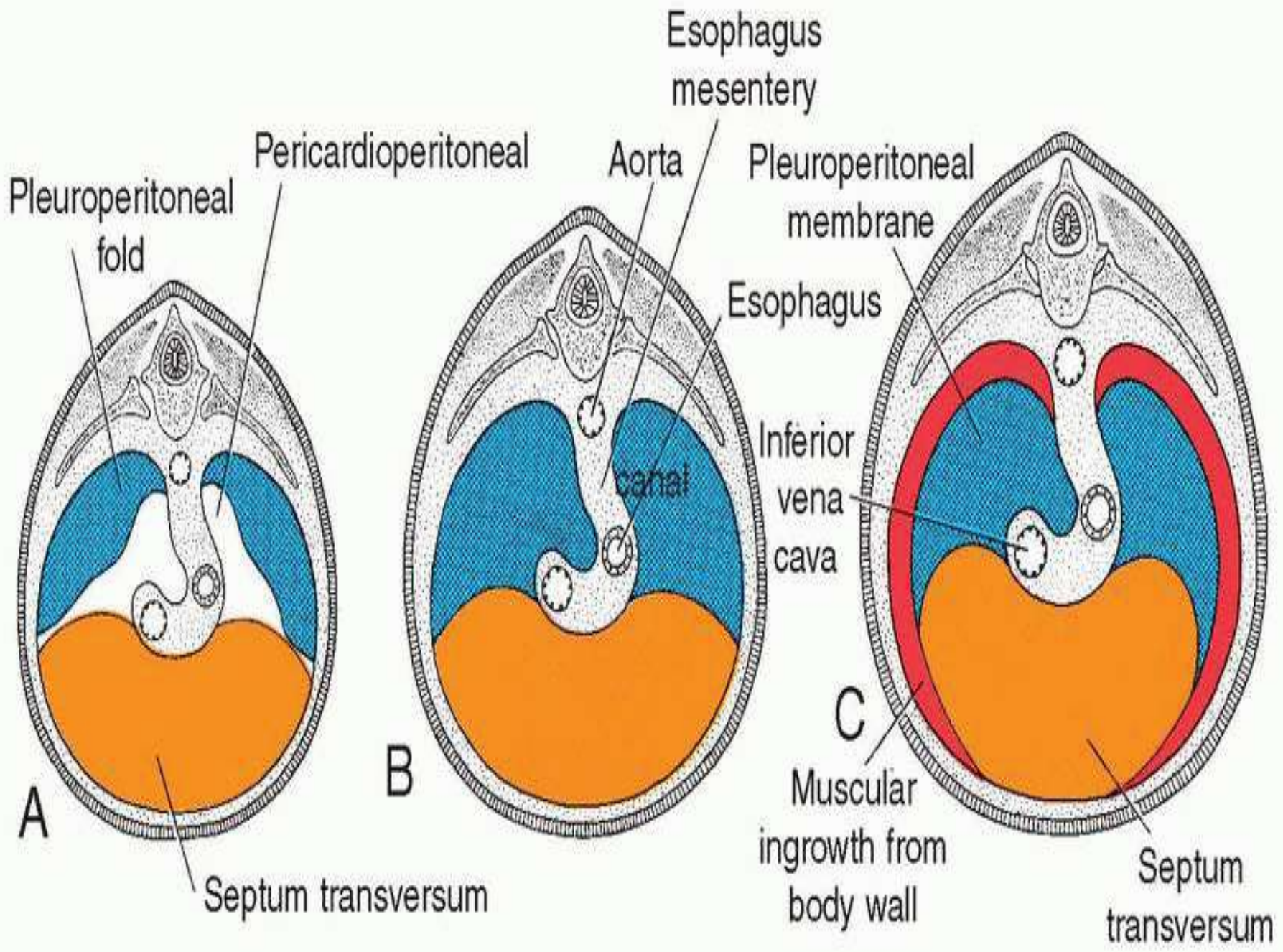


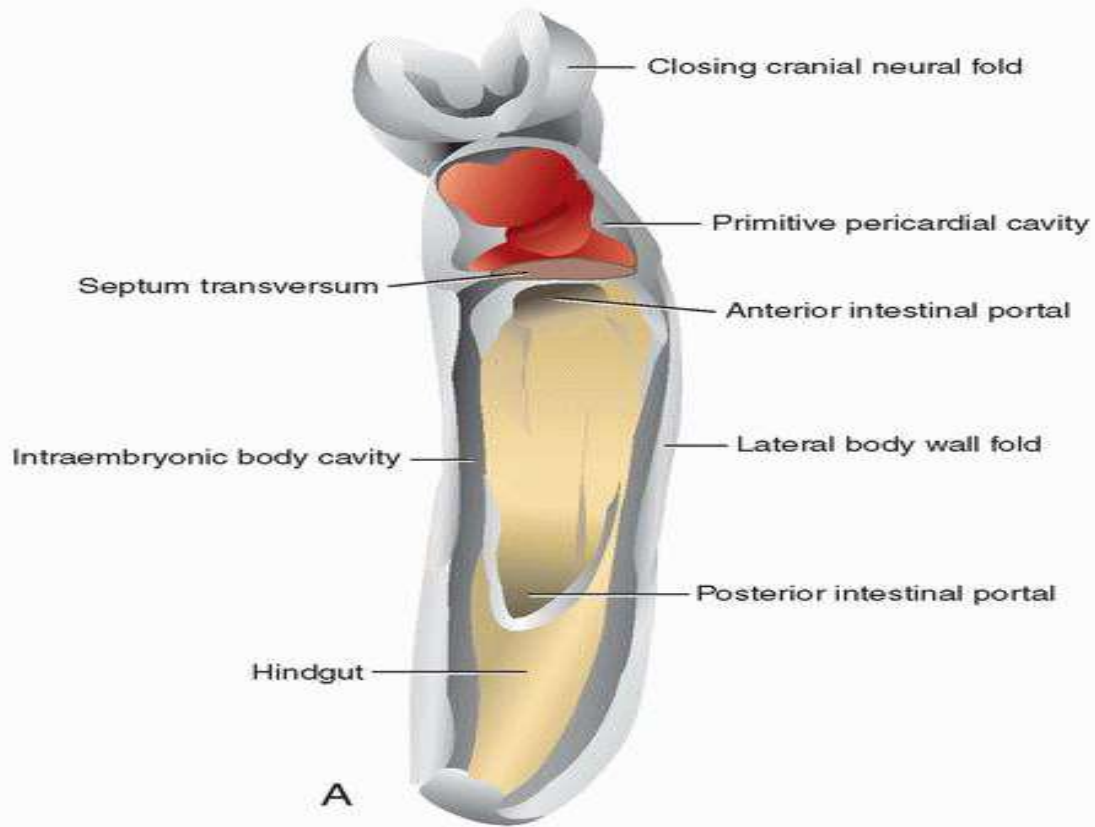
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

21. DEVELOPMENT OF THE DIAPHRAGM AND APPLIED ANATOMY

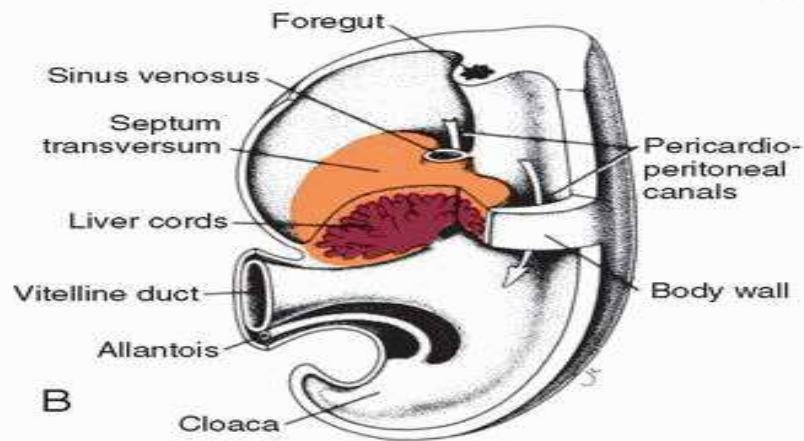
The diaphragm is derived from the following structures:

1. The **septum transversum**, which forms the central tendon of the diaphragm;
2. The two **pleuroperitoneal membranes**;
3. Muscular components from **somites at cervical segments three to five**;
4. Mesentery of the esophagus, in which the **crura** of the diaphragm develop .

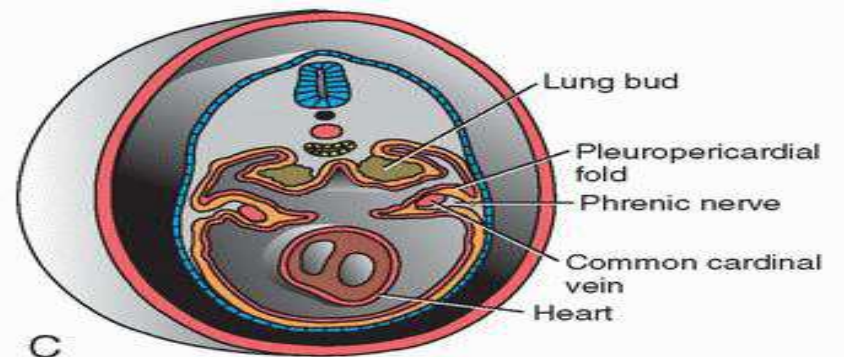




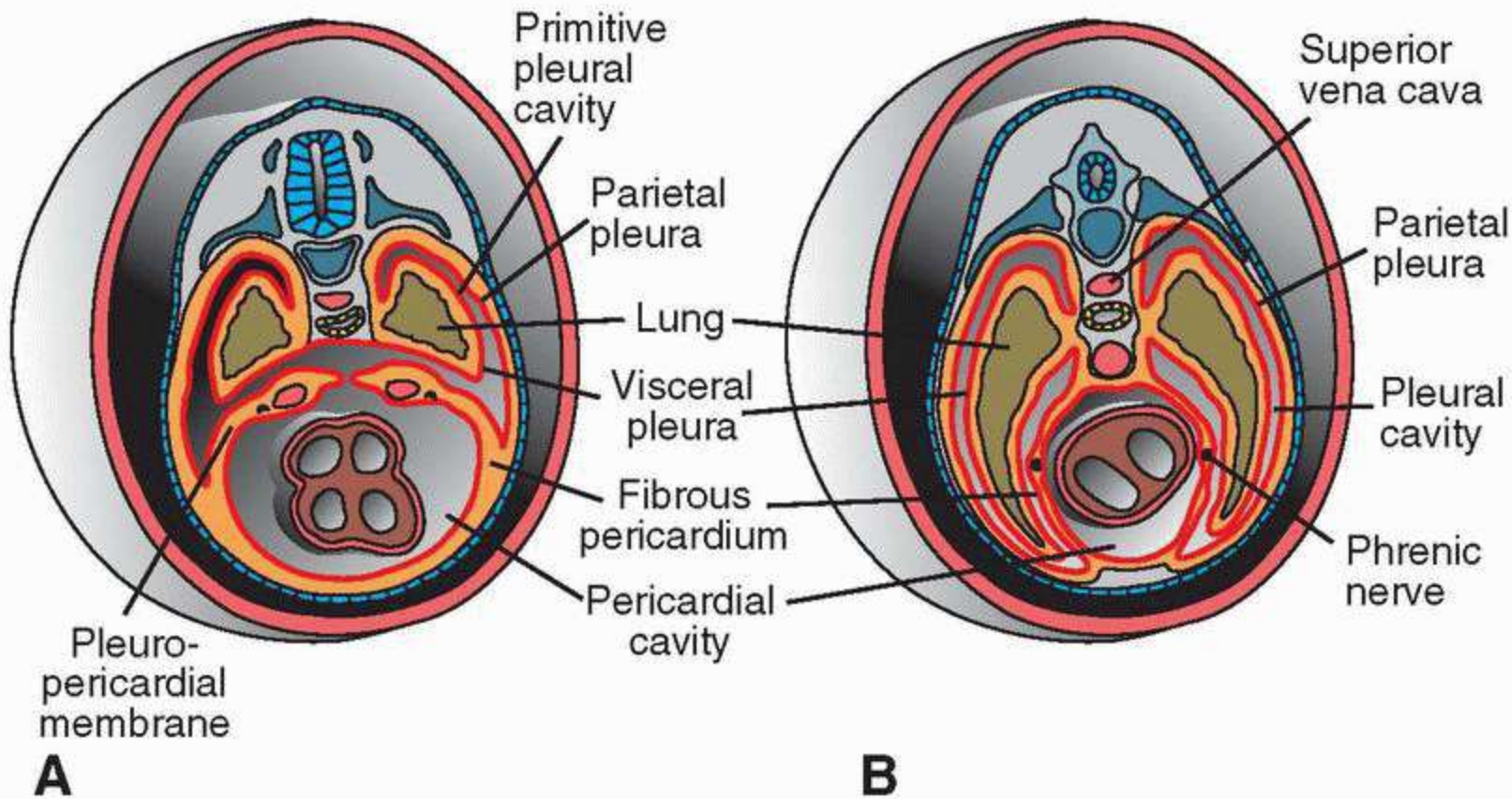
A



B



C



During the 4th week,

- The septum transversum lies opposite cervical somites
- The nerve components of the third, fourth, and fifth cervical segments of the spinal cord grow into the septum.
- This nerves is called phrenic nerves which supplies the diaphragm.

- The **phrenic nerves** supply the diaphragm with its motor and sensory innervation.
- Since the most peripheral part of the diaphragm is derived from mesenchyme of the **thoracic wall**.
- So its sensory supply is from **lower intercostal nerves**.

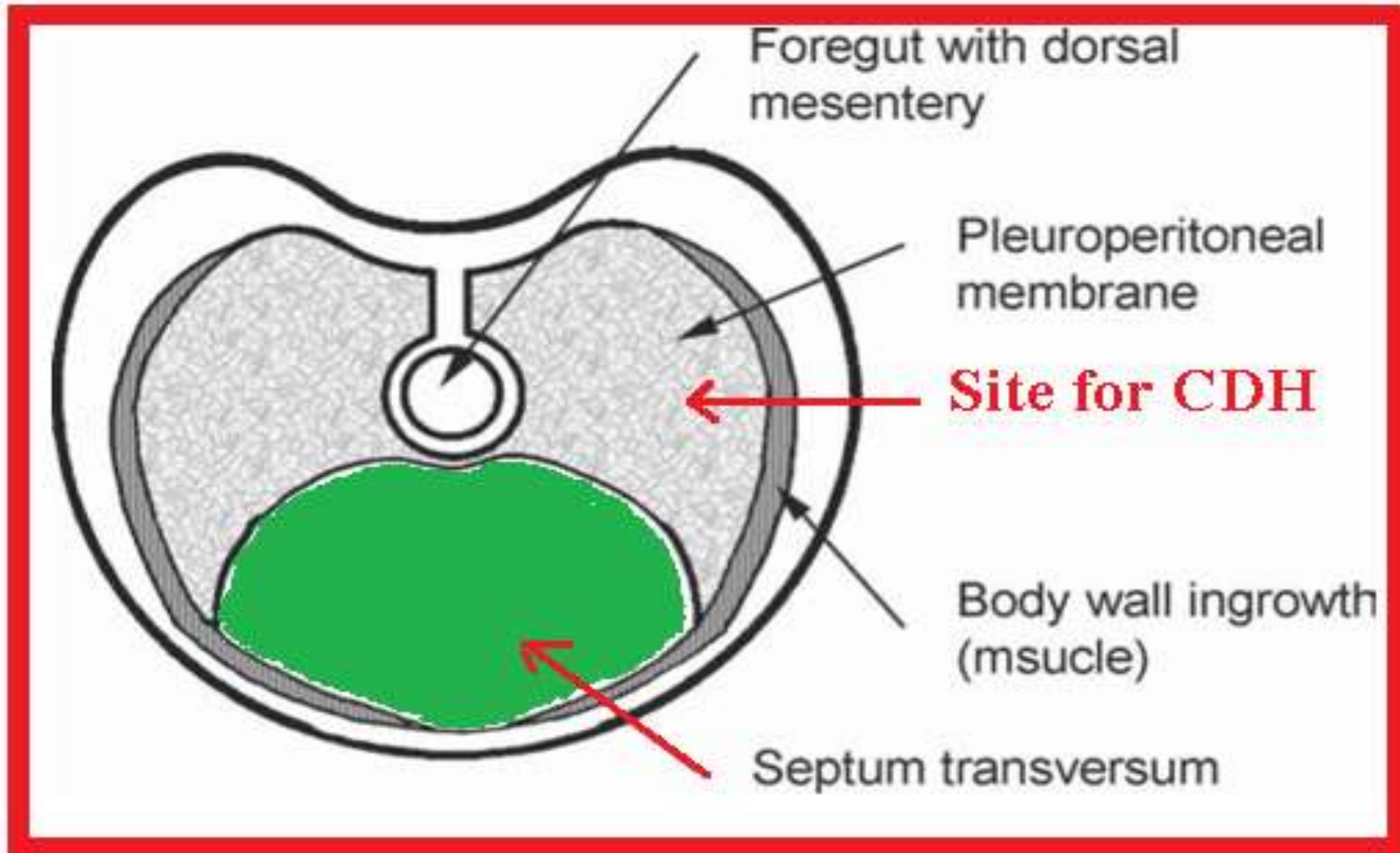
Congenital diaphragmatic hernia (CDH)

It occurs when the **Thoracoabdominal Diaphragm** fails to close during development. Which allows the intestine etc. to go into the thorax.

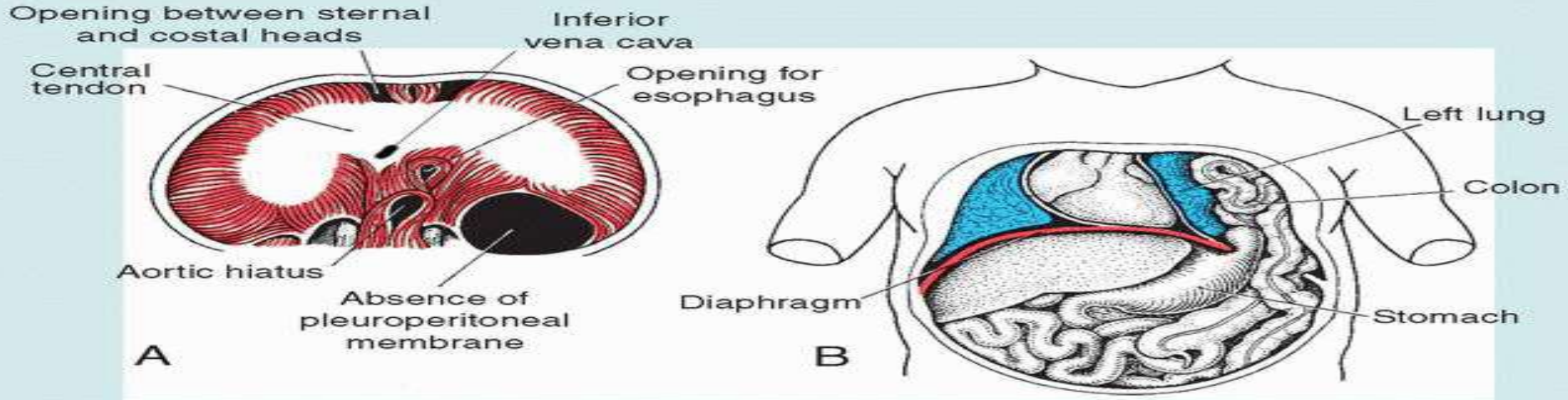
This can be a cause of partial failure of the development of the contents of the thorax.

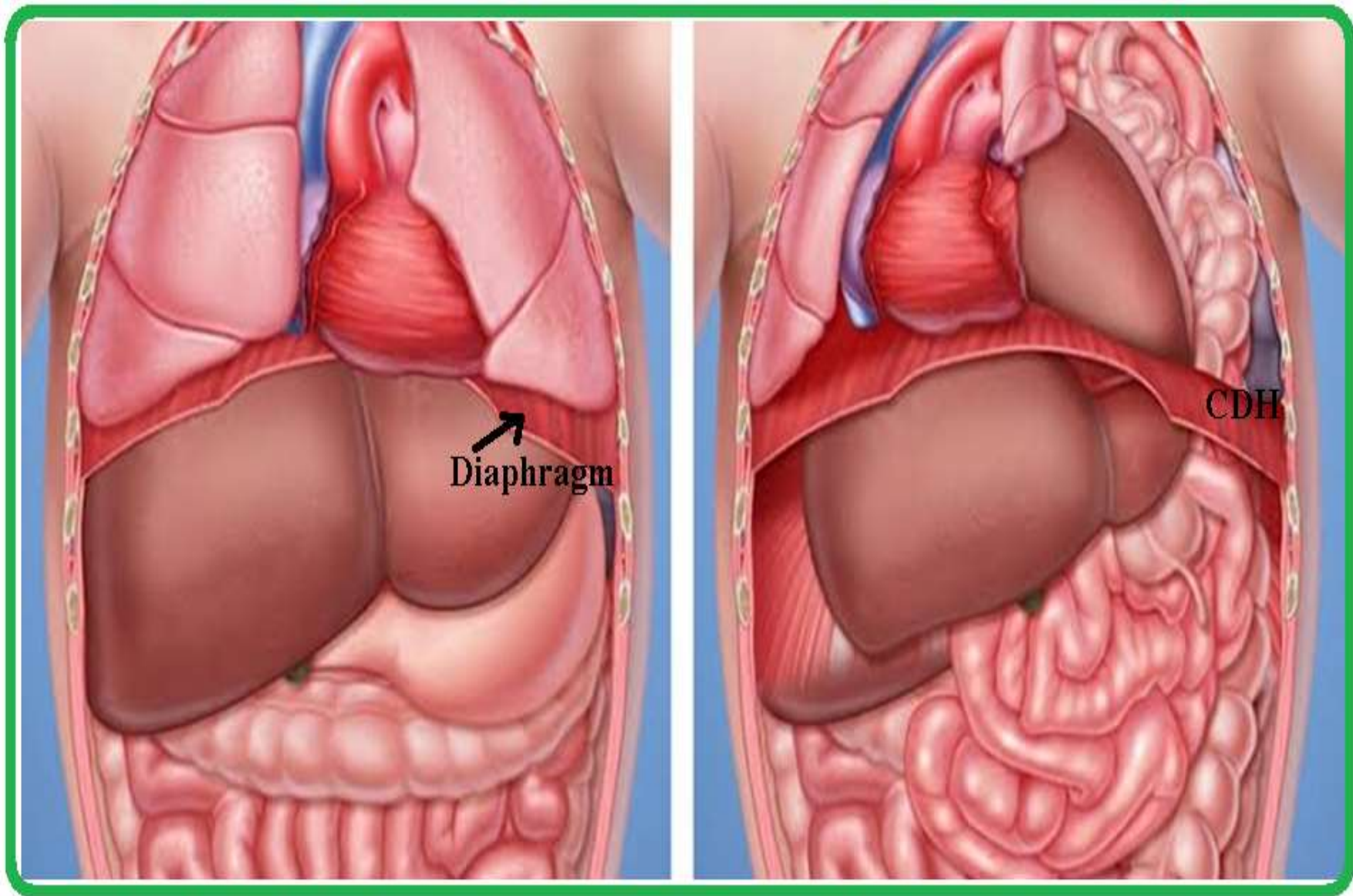
This also causes lack of development of abdominal wall which also causes difficulty in surgical treatment of this condition. As abdomen can not accommodate the intestine safely after surgical treatment.

The pleuroperitoneal folds which form pleuroperitoneal membrane a site for CDH



Finding of CDH. Look at left defect in pleuroperitoneal membrane.





THANKS