

Human Embryology: Heart Development II

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Human Vascular Development

- Overview
- Aortic Arch Development
- Arterial Vascular Development
- Venous System Development
- Lymphatic Development
- Transition from Fetal to Post-Natal Circulation

Development of the Arterial and Venous Systems

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Cranial Ends of the Dorsal Aortae Form a Dorsoventral Loop: The First Aortic Arch

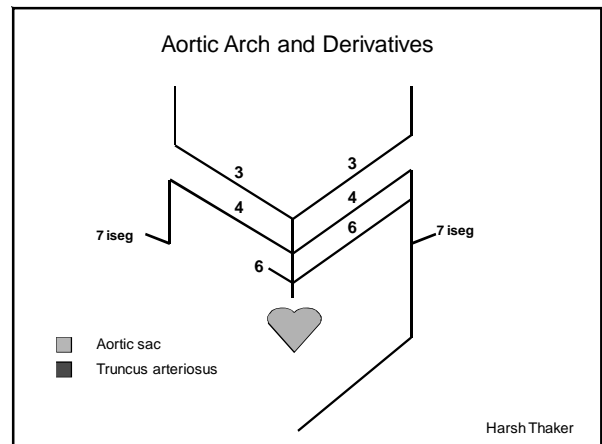
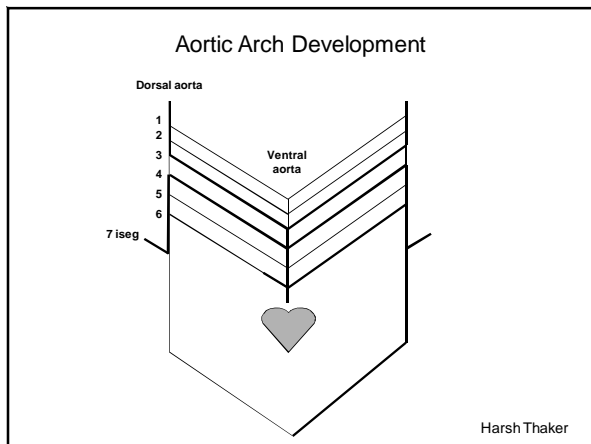
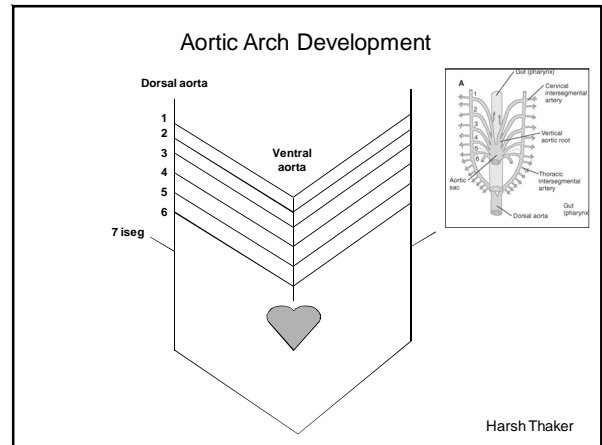
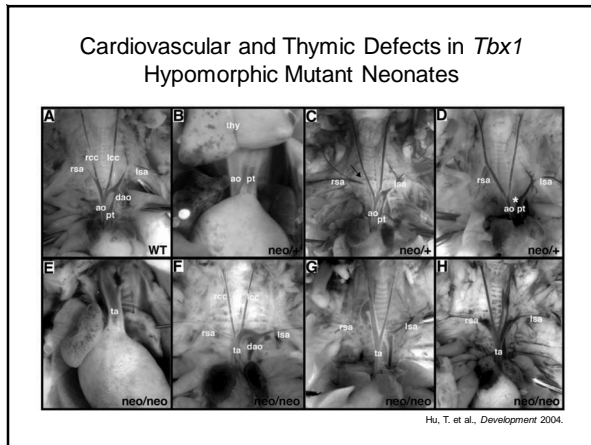
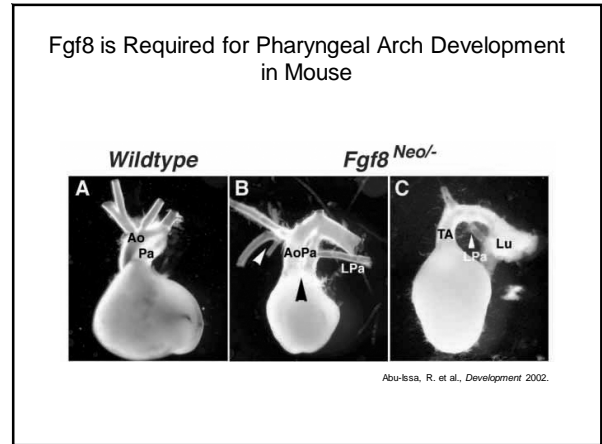
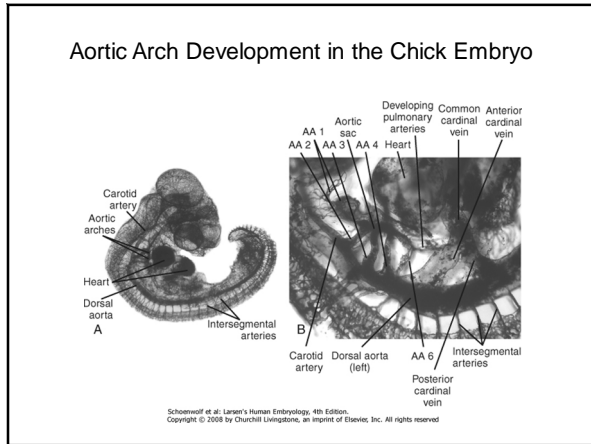
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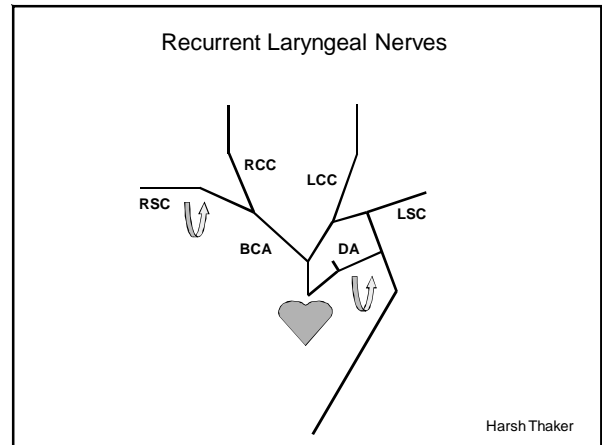
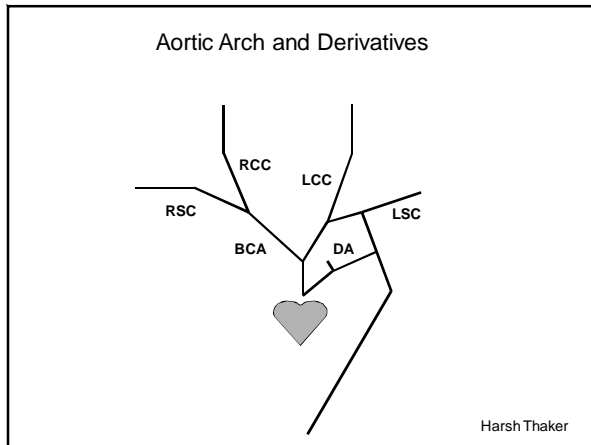
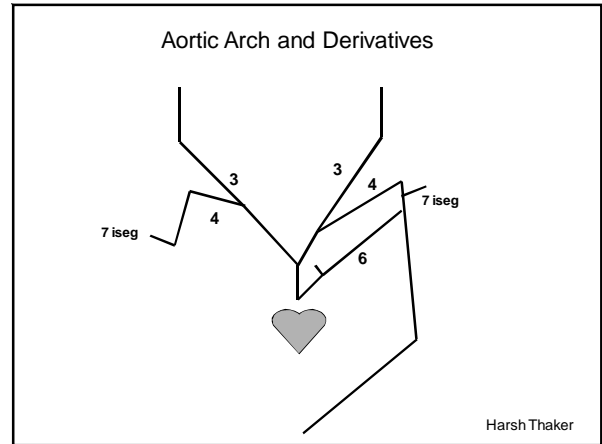
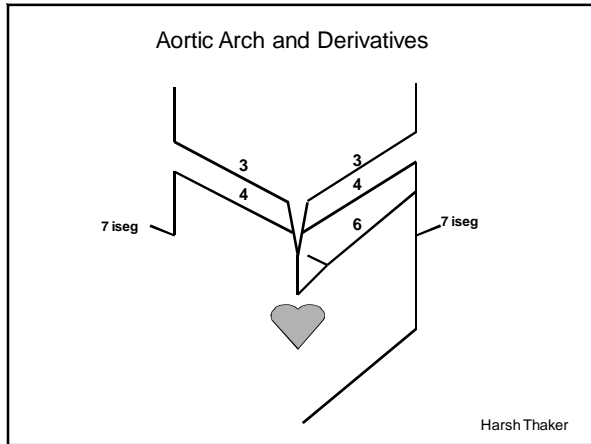
Aortic Arches Arise in a Craniocaudal Sequence Surrounding the Pharynx

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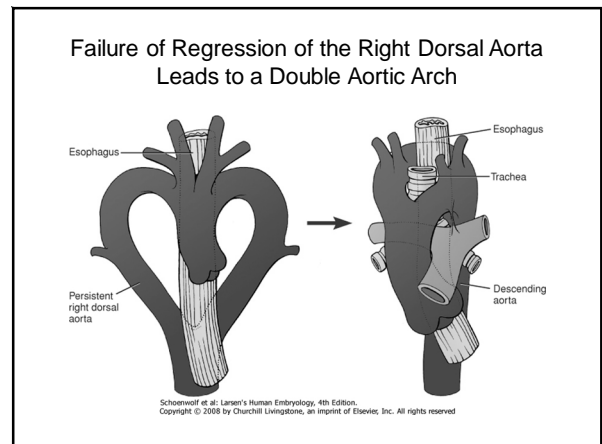
Aortic Arches Give Rise to Important Head, Neck, and Upper Thorax Vessels

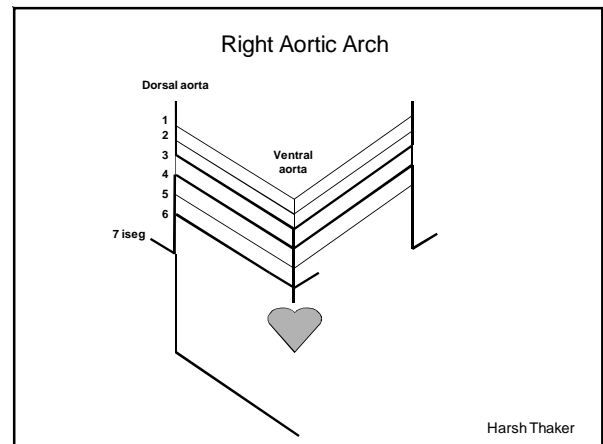
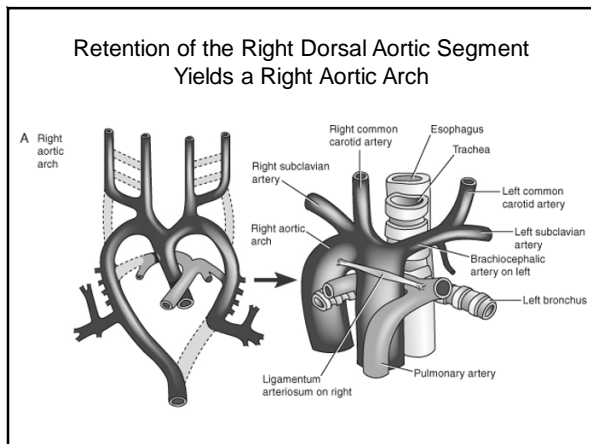
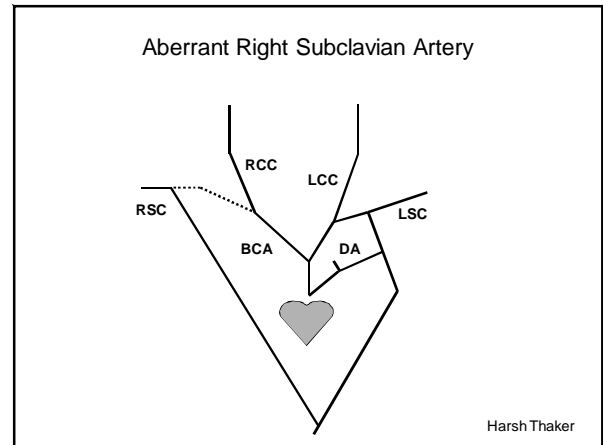
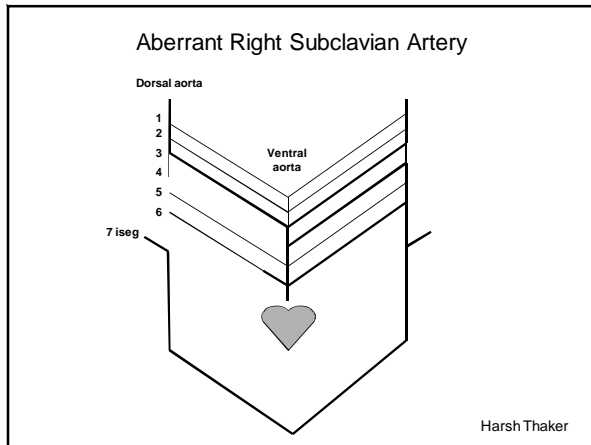
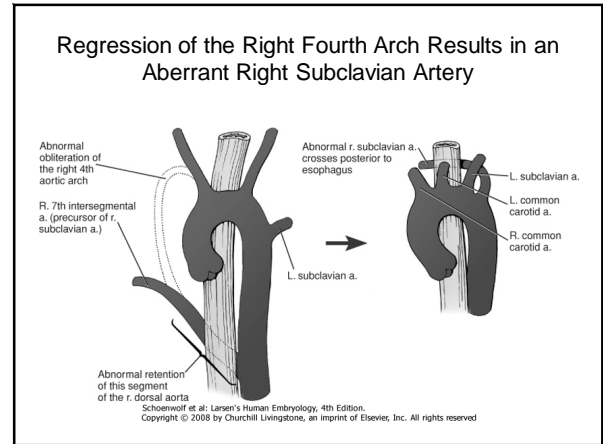
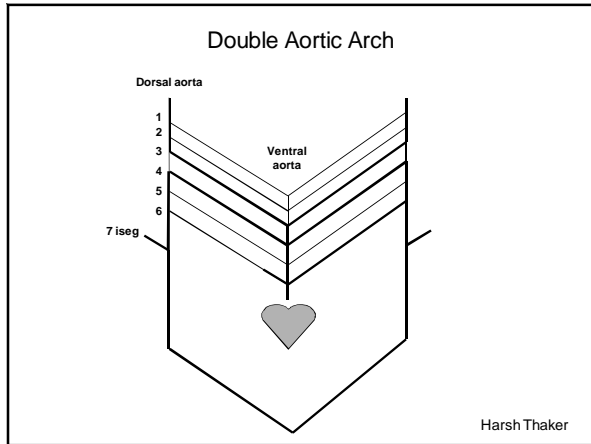
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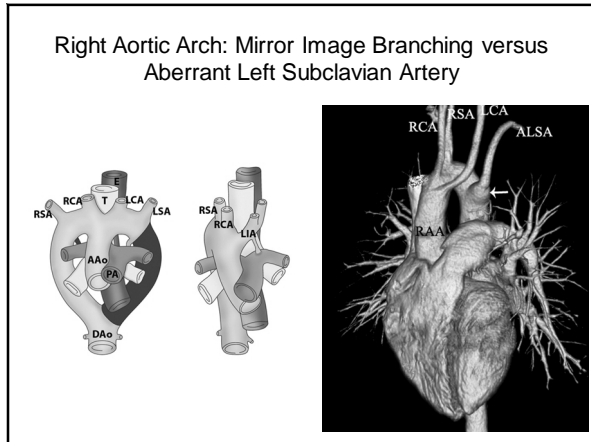




- Defects in Normal Regression of the Arterial System Lead to Vascular Anomalies
- Double Aortic Arch
 - Failure of the right dorsal aorta to regress
 - Aberrant Right Subclavian Artery
 - Regression of the right fourth arch
 - 1% of the general population
 - 40% of patients with Trisomy 21 and CHD
 - Right Aortic Arch
 - Retention of the right dorsal aorta segment
 - 13-35% of patients with TOF
 - 8% of patients with TGA

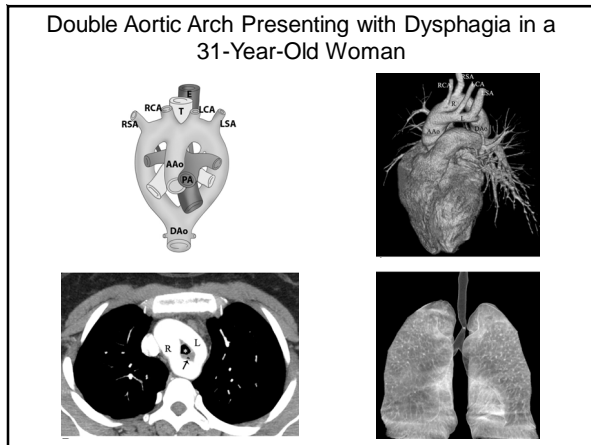






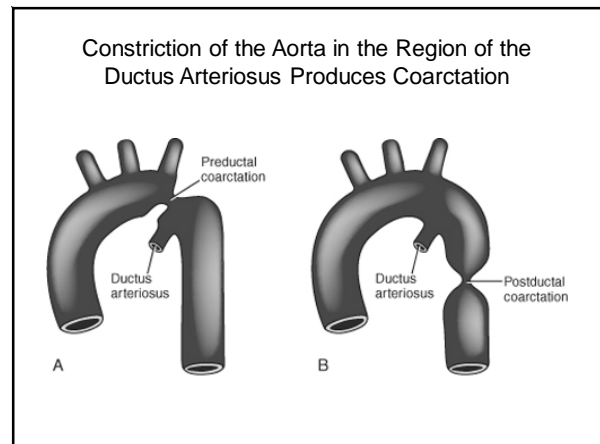
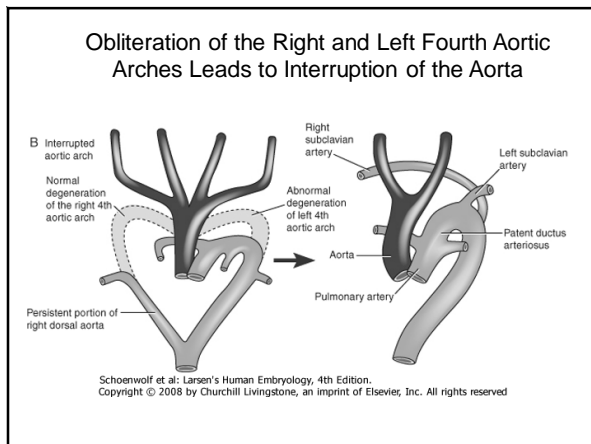
Vascular Rings May Cause Compression of the Trachea and the Esophagus

- Double Aortic Arch
 - Failure of the right dorsal aorta to regress
- Right Aortic Arch
 - Ductus arteriosus is directed towards the right
 - If the ductus, or later, the ligamentum arteriosum, passes behind the esophagus, constriction may occur

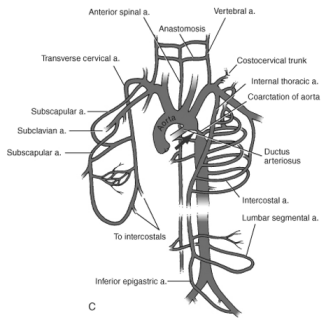


Aortic Arch Anomalies Can Cause Significant Clinically Compromise in the Neonatal Period

- Interrupted Aortic Arch
 - Obliteration of the right and left fourth aortic arches
- Coarctation of the Aorta
 - Constriction of the aorta in the region of the ductus arteriosus
 - 0.3% of live births
 - Most common cardiac anomaly in Turner's Syndrome

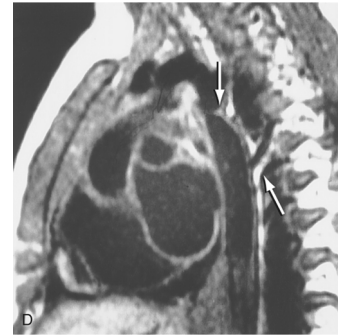


Post-ductal Coarctation of the Aorta Utilizes Collateral Circulation to Supply Blood to the Lower Body



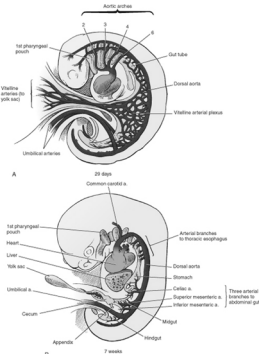
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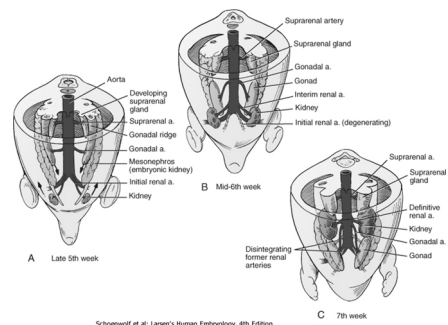
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Vitelline Arteries Give Rise to the Arterial Supply of the Gastrointestinal Tract



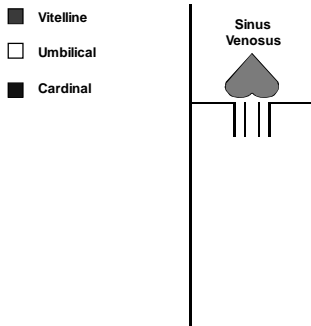
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Lateral Branches of the Descending Aorta Highlight Developmental Histories of Each Organ



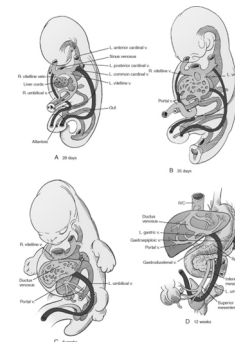
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The Developing Venous System

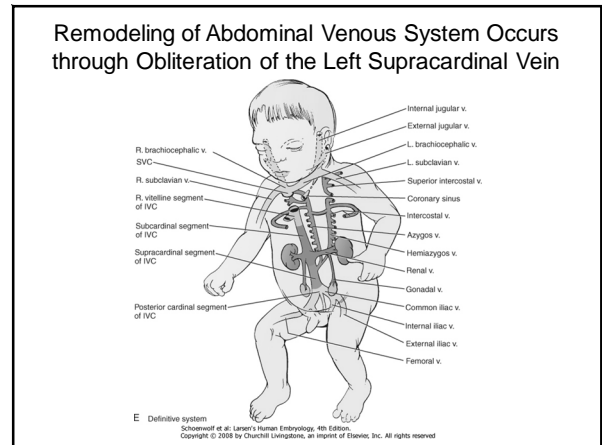
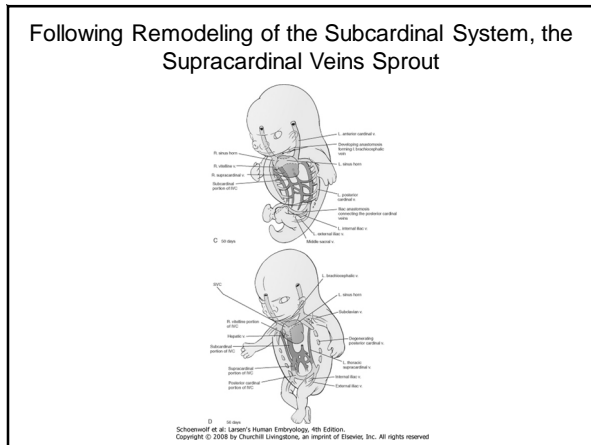
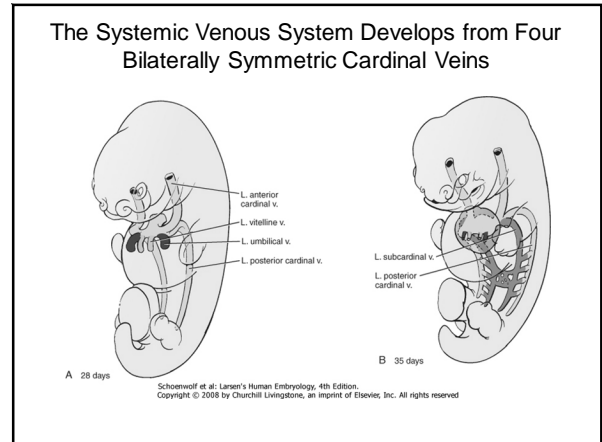
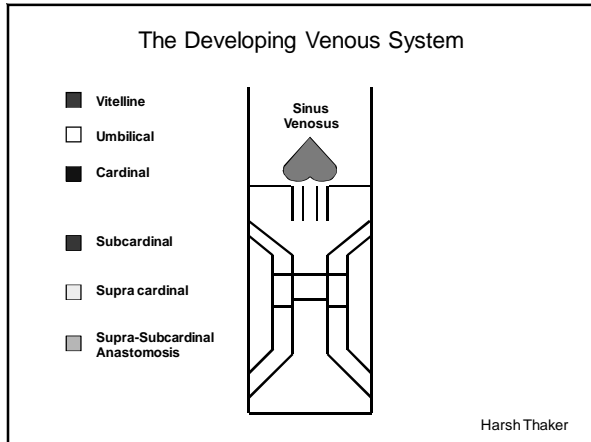


Harsh Thaker

Vitelline Veins Form a Portal System to Drain Blood from the Foregut, Midgut, and Part of the Anorectal Canal



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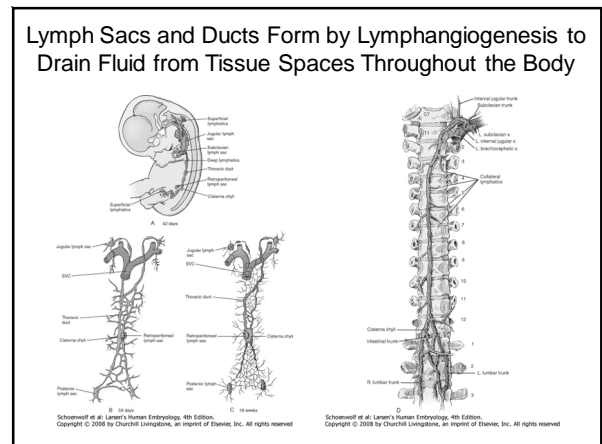
Failure of Left Cardinal Veins to Undergo Normal Regression Leads to Venous Anomalies

A Double inferior vena cava

B Double superior vena cava

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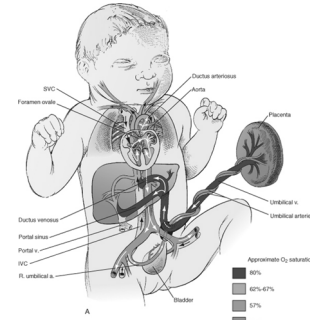
- LSVC occurs in 0.3% to 0.5% of the normal population
- In 65% of cases, left brachiocephalic vein is also missing
- 4% of patients with CHD have an LSVC
- Usually drains to the coronary sinus



Cystic Hygromas Develop in Turner's Syndrome Patients Secondary to Blockage of Lymphatic Ducts

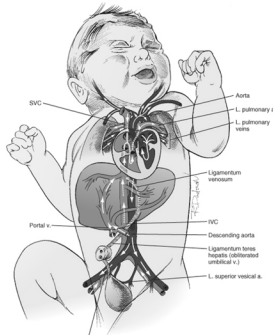


Fetal Circulation Bypasses the Developing Pulmonary Circulation



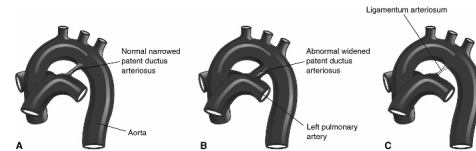
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Pulmonary Vascular Resistance Drops Precipitously and Initiates the Transition to Post-Natal Circulation



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Normal Closure of the Ductus Arteriosus Occurs during the Transition to Neonatal Circulation in Series



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- Prostaglandins maintain a patent ductus arteriosus
- Indomethacin is used to induce ductal closure
- Physiologic closure occurs by 2 days in 82% of patients