

## OESOPHAGUS (27cm long)

**Nerves:** Sensation and motor via vagus nerves

**Lining:** Stratified squamous (non-keratinising)  
becoming columnar at stomach

Thick muscularis mucosae ++

Mucous glands in mucosa and submucosa

1/3rds	MUSCLE	ARTERY	VEIN	LYMPH	LENGTH (27cm)
Upper	Striated	Inferior thyroid	Inferior thyroid	Deep cervical	9cm
Middle	Striated/ smooth	Aortic branches	Azygos branches	Mediastinal	9cm
Lower	Smooth	Left gastric	Left gastric	Gastric	9cm

Syndrome

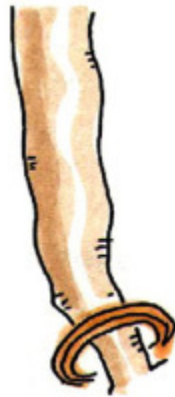
## RELATIONS OF OESOPHAGUS

Slight  
compression  
from:

Cricoid  
cartilage

Aorta  
Left bronchus  
left atrium

Diaphragmatic  
hiatus



**Posterior:** vertebrae, thoracic duct crosses to left at T5, hemiazygos/ accessory hemiazygos cross to right at T8/9, descending aorta, first 2 intercostal arteries from aorta

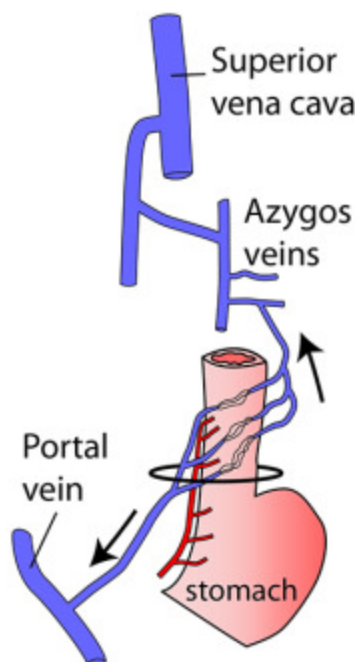
**Anterior:** trachea to T4/5, recurrent laryngeal nerves, left bronchus, left atrium, diaphragm

**Left:** thoracic duct, aorta, left subclavian artery, lung

**Right:** lung, azygos vein (hence good side to approach the oesophagus surgically)

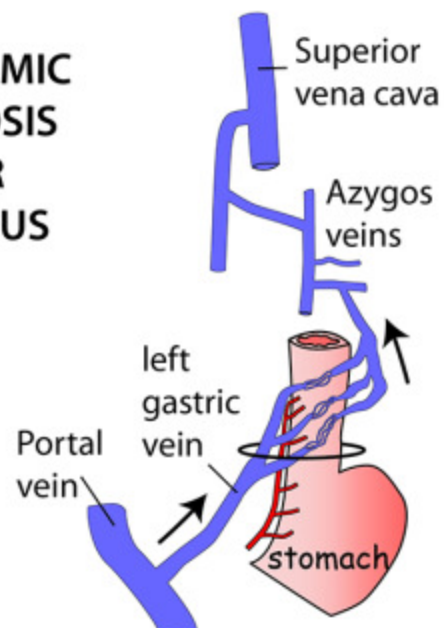
Endoscopic narrowings as above:  
From mouth at 17cm, 28cm, 45cm

Note: 45cm is also the length of thoracic duct, vas, femur, spinal cord and transverse colon



Normally blood  
drains equally to  
the portal and  
systemic systems

## PORTOSYSTEMIC ANASTOMOSIS IN LOWER OESOPHAGUS



In portal hypertension the portal vein is dilated and the pressure is higher than in the systemic circulation. Venous blood will flow via the left gastric veins toward the azygos veins and dilate the venous anastomosis in the lower oesophagus giving varicosities that easily bleed

## THE ROLE OF CRICOPHARYNGEUS IN THE MALLORY WEISS SYNDROME

