Name: Ajibade Opeyemi Melody

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**Assignment**

* **Development of the Lungs**

The development of the human lungs arise from the laryngotracheal groove and develop to maturity over several weeks in the foetus and for several years following birth

The larynx, trachea, bronchi and lungs that make up the respiratory tract, begin to form during the fourth week of embryogenesis from the lung bud which appears ventrally to the caudal portion of the foregut.

The respiratory tract has a branching structure, and is also known as the respiratory tree. In the embryo this structure is developed in the process of branching morphogenesis, and is generated by the repeated splitting of the tip of the branch. In the development of the lungs (as in some other organs) the epithelium forms branching tubes.The lung has a left-right symmetry and each bud known as a bronchial bud grows out as a tubular epithelium that becomes a bronchus. Each bronchus branches into bronchioles. The branching is a result of the tip of each tube bifurcating. The branching process forms the bronchi, bronchioles, and ultimately the alveoli. The four genes mostly associated with branching morphogenesis in the lung are the intercellular signalling protein – sonic hedgehog (SHH), fibroblast growth factors FGF10 and FGFR2b, and bone morphogenetic protein BMP4. FGF10 is seen to have the most prominent role. FGF10 is a paracrine signalling molecule needed for epithelial branching, and SHH inhibits FGF10. The development of the alveoli is influenced by a different mechanism whereby continued bifurcation is stopped and the distal tips become dilated to form the alveoli.

At the end of the fourth week the lung bud divides into two, the right and left primary bronchial buds on each side of the trachea. During the fifth week the right bud branches into three secondary bronchial buds and the left branches into two secondary bronchial buds. These give rise to the lobes of the lungs, three on the right and two on the left. Over the following week, the secondary buds branch into tertiary buds, about ten on each side. From the sixth week to the sixteenth week, the major elements of the lungs appear except the alveoli. From week 16 to week 26, the bronchi enlarge and lung tissue becomes highly vascularized. Bronchioles and alveolar ducts also develop. By week 26 the terminal bronchioles have formed which branch into two omentum respiratory bronchioles. During the period covering the 26th week until birth the important blood–air barrier is established. Specialized type I alveolar cells where gas exchange will take place, together with the type II alveolar cells that secrete pulmonary surfactant, appear. The surfactant reduces the surface tension at the air-alveolar surface which allows expansion of the alveolar sacs. The alveolar sacs contain the primitive alveoli that form at lesser the end of the alveolar ducts, and their appearance around the seventh month marks the point at which limited respiration would be possible, and the premature baby could survive.

* **Rotation of the stomach and the formation of the omental bursa**

The **omental bursa** or **lesser sac** is a hollow space that is formed by the greater and its adjacent organs. It communicates with the greater sac via the epiploic foramen of winslow, which is known as the general cavity of the abdomen that sits within the [peritoneum](https://www.kenhub.com/en/library/anatomy/the-peritoneum), but outside the lesser sac. In addition, like anything in anatomy, the omental bursa doesn't just exist as a standalone and isolated entity, but rather it communicates with several other spaces and recesses found throughout the body. During embryonic development, the peritoneum is anchored to the gut in the midline of the abdomen anteriorly, with the dorsal mesentery securing it posteriorly. The mesenteric layers develop in an **anterior** **direction** around the upper alimentary canal, carrying the blood supply and creating the **ventral** **mesentery**. Due to the growth of the organs, they gradually become larger and have to shift in order to fit into the abdominal cavity. The stomach rotates 90 degrees, the spleen is displaced to the left and the liver moves to the right. The peritoneum twists with these movements which lead to the formation of the falciform ligament, the lesser omentum and the coronary ligaments of the liver . Throughout this entire process, the cavity of the lesser sac is created.

* **Development of the esophagus**

In early embryogenesis, the esophagus develops from the endodermal primitive gut tube. The ventral part of the embryo abuts the yolk sac. During the second week of embryological development, as the embryo grows, it begins to surround parts of the sac. The enveloped portions form the basis for the adult gastrointestinal tract. The sac is surrounded by a network of vitelline arteries. Over time, these arteries consolidate into the three main arteries that supply the developing gastrointestinal tract: the celiac artery, superior mesenteric artery, and inferior mesenteric artery. The areas supplied by these arteries are used to define the midgut, hindgut and foregut. The surrounded sac becomes the primitive gut. Sections of this gut begin to differentiate into the organs of the gastrointestinal tract, such as the esophagus, stomach, and intestines. The esophagus develops as part of the foregut tube. The innervation of the esophagus develops from the pharyngeal arches.