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18/mhs01/087

The part of the gastrointestinal tract (GIT) lying between the stomach and anus, is described as the intestine or **bowel**. This region is further divided anatomically and functionally into the small intestine or bowel (duodenum, jejunum and ileum) and large intestine or bowel (cecum and colon). Initially development concerns the midgut region, connected to the yolk sac, and the hindgut region, ending at the cloacal membrane. This is followed by two mechanical processes of elongation and rotation. Elongation, growth in length, leaves the midgut "herniated" at the umbilicus and external to the abdomen. Rotation, around a mesentery axis, establishes the anatomical position of the large intestine within the peritoneal space.

Migration of neural crest cells into the wall establishes the enteric nervous system, which has a role in peristalsis and secretion. Prenatally, secretions also accumulate in this region and are the first postnatal bowel movement, the meconium.

The small intestine grows in length rapidly in the last trimester, at birth it is about half the eventual adult length. Like most of the gut, this region is not "functional" until after birth, when development continues by populating the large intestine with commensal bacteria and the establishment of the immune structure in the wall.

A recent 3 dimensional study has suggested a modified “en-bloc rotation” of the small intestine, compared the earlier simplified description of 270 degree rotation. If one insists on using the term rotation for this movement, it would be largely around a craniocaudal axis (in the transverse plane) rather than a dorsoventral axis (frontal plane). In view of the brief time window and orientation of the apparent rotational axis, we conclude that the distal ileum and cecum “slide” rather than “rotate” as from the umbilical orifice to the lower-right abdominal cavity."