ANNOTATION ON A FIXED SEGMENT OF TERMINAL ILEUM AND ITS BLOOD SUPPLY*

PAULA M. WILSON, M.B., F.C.S. (S.A.), *Department of Anatomy, University of Cape Town*

This note is a corollary to an article written in 1963[1] on a case with subhepatic caecum, rudimentary appendix and a retroperitoneal loop of terminal ileum which lay in the position normally occupied by the ascending colon and received its blood supply via a marginal artery. The cadaver of an elderly non-White male dissected in the Department of Anatomy this year was found to have 9 cm. of retroperitoneal terminal ileum lying in the bed normally filled by the caecum and ascending colon. Pressure against the posterior body wall had led to resorption of the mesentery of the terminal ileum and fixation of this part according to the principle outlined in my previous article. In the present case, however, there had been partial descent of the caecum and the appendix was of normal dimensions. The caecum measured 8 cm. in width and 7¼ cm. in depth, the appendix was 6 cm. long and the ascending colon extended only for 7 cm. before continuing into the transverse colon.

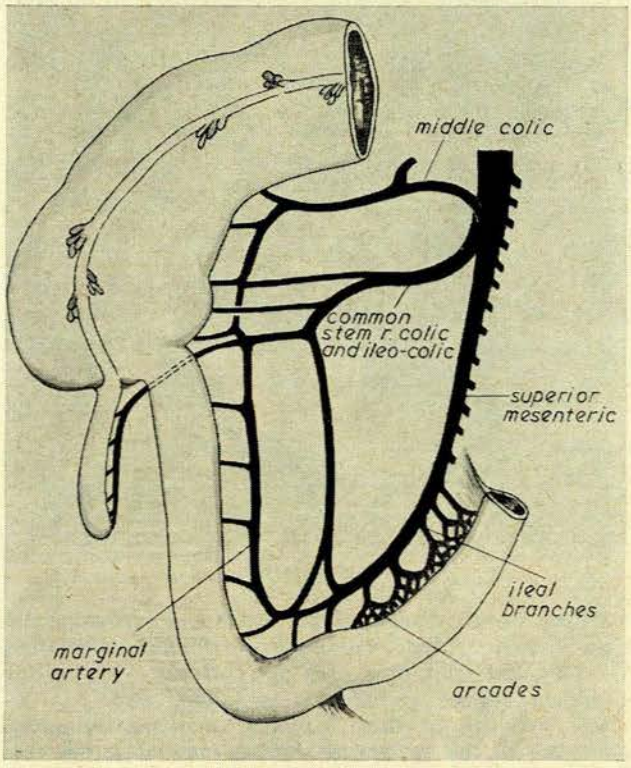

Fig. 1. See text.

Fig. 1 shows the disposition of the parts and again illustrates the inexplicable departure from the normal vascular patterns of small and large bowel. Thus the small bowel suspended in the mesentery received its blood supply by the usual vascular arcades characteristic of jejunal and ileal regions from the vessels so named, whereas the fixed part of the terminal ileum was supplied by ileocolic and right colic contributions by way of the marginal artery, as if it were in fact the ascending colon. Branches from the ileocolic, right colic and middle colic vessels supplied the caecum, appendix and ascending colon in the manner shown in the diagram.

The blood-vessels and peritoneum were found in their correct anatomical positions and it appears that we must accept the abnormal disposition of the parts as the reason for the unusual arrangement of these elements. The development of arcades can apparently only occur through the linkage of jejunal and ileal branches, and the marginal artery develops in relation to ileocolic, right colic, middle colic and left-sided branches of the inferior mesenteric. The degree of fixity or otherwise of the bowel is clearly not a factor, as a marginal artery is found in relation to the transverse colon and to the pelvic colon.

This anomaly could prove disconcerting in the operating theatre if encountered at appendicectomy or right hemicolectomy, and therefore seems worth while recording.

*Date received: 3 July 1968.

ACKNOWLEDGEMENTS

I wish to acknowledge the careful exhibition of the blood-vessels by Mr G. Isalacoupolos and the drawing by Mr D. J. Coetzee.

REFERENCES

1. Wilson, P. M (1963): S. Afr. J. Lab. Clin. Med., **9**, 86.

MEDICAL NEWS REPORTING CONFERENCE

Doctors are constantly bickering about the incorrect way the press reports medical news. During the forthcoming Medical News Reporting Conference which will take place in Pretoria on 4 and 5 July they will have the opportunity to air their views and to discuss problems pertaining to the dissemination of medical news with senior journalists from all over the world.

The support the press has been giving the conference has been most gratifying. Now we must ask our colleagues to do the same. The conference will be open to all registered doctors or paramedical workers and to all journalists. Delegates wishing to partake in the discussions must register as such, at a fee of R10. Registration forms were published in the *Journal* of 8 March and additional forms may be obtained from this office. The considerable cost involved in the organization of such a symposium makes it imperative that a registration fee be charged and we feel sure that readers will realize that the importance of the conference is such that the expenditure will be well justified.

A résumé of the main papers which will be read at the conference was published in the *Journal* of 5 April and further particulars may be obtained from the Organizing Secretary, P.O. Box 643, Cape Town.