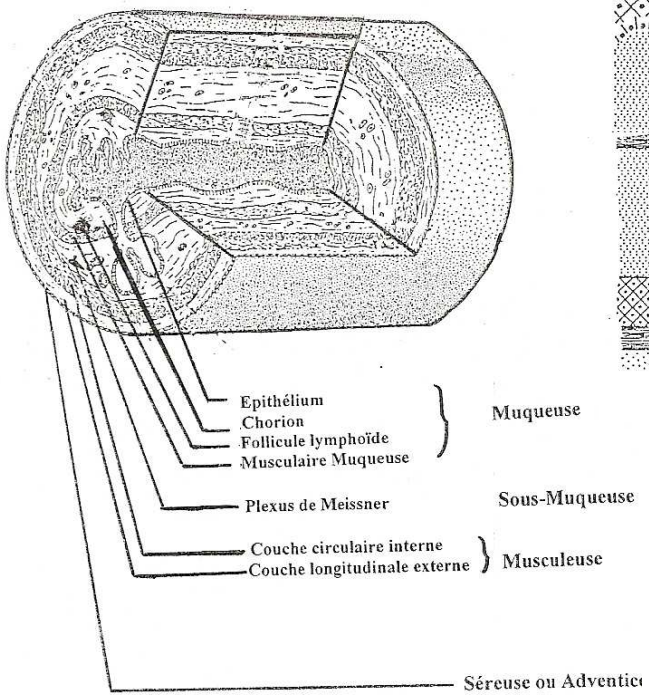
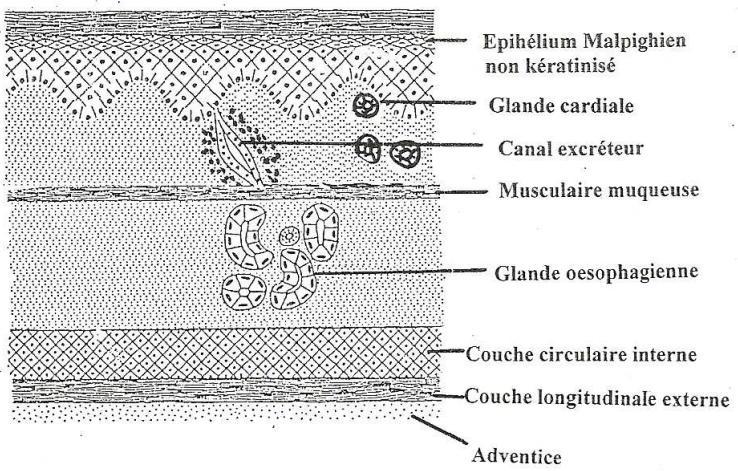
ORGANISATION GENERALE

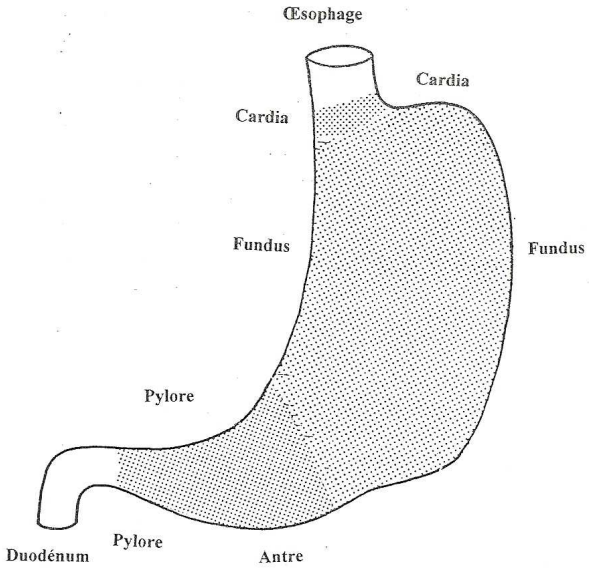
DU TUBE DIGESTIF



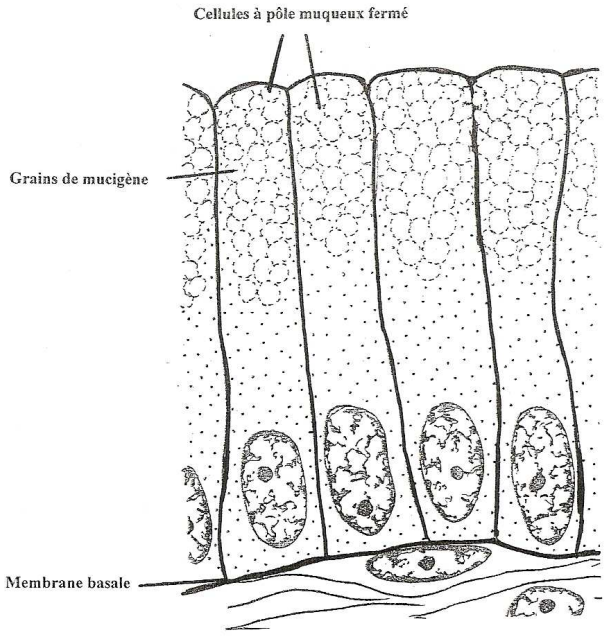
ŒSOPHAGE
(1/3 INFERIEUR)



CORRESPONDANCE ANATOMIQUE DES 3 TYPES DE MUQUEUSES GASTRIQUES



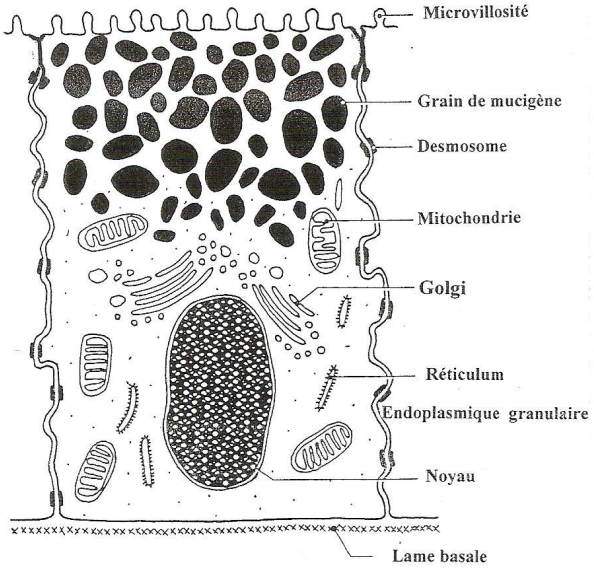
EPITHELIUM GASTRIQUE EN M.O.



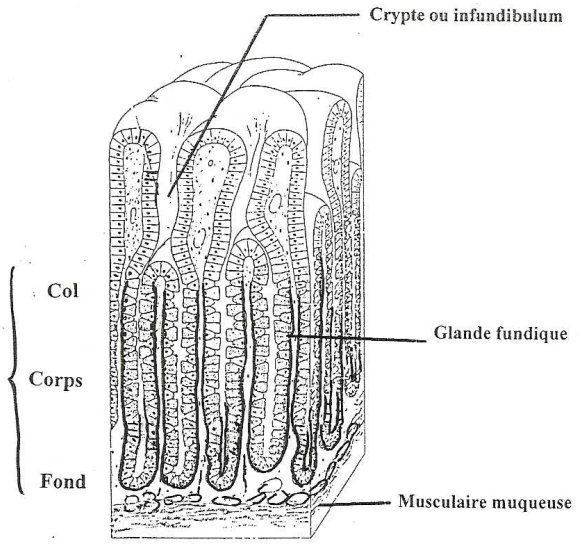
CELLULE à PÔLE MUQUEUX FERME

ou MUCOCYTE

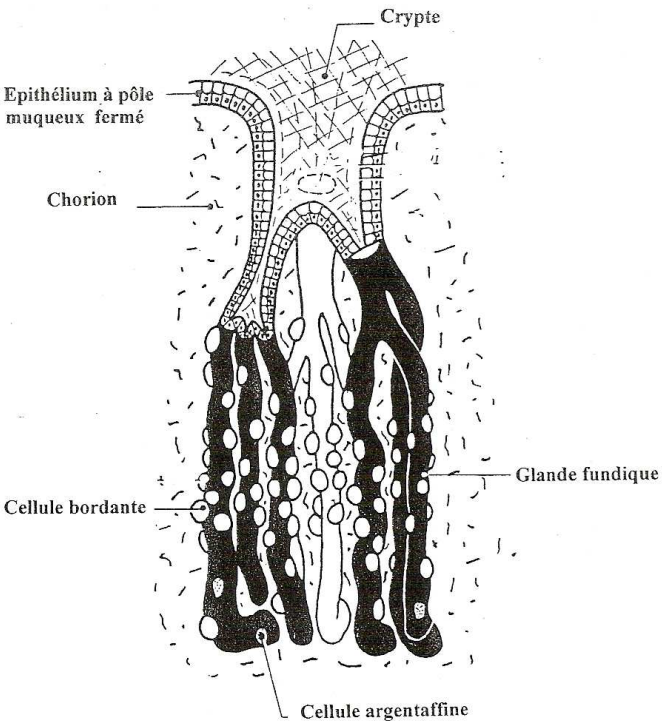
en M.E.



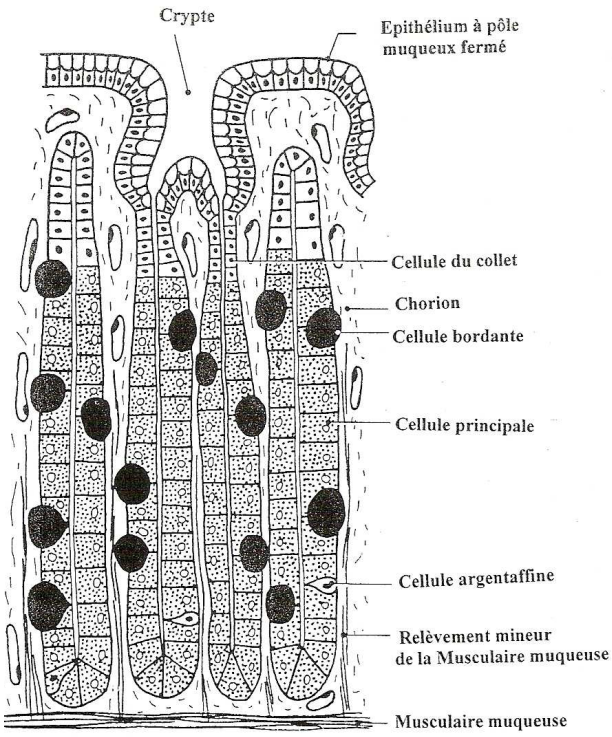
ESTOMAC FUNDIQUE



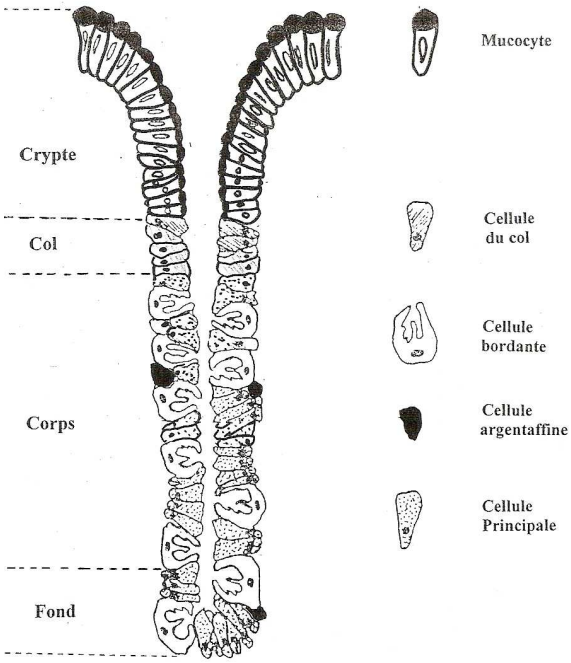
DISPOSITION DES GLANDES FUNDIQUES



GLANDES FUNDIQUES EN M.O.

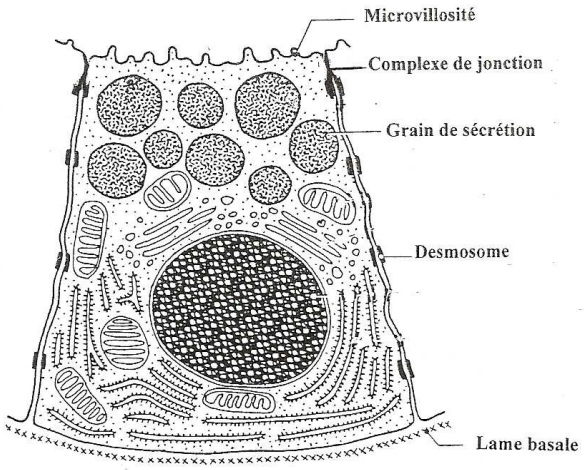


GLANDE GASTRIQUE



CELLULE PRINCIPALE

M.E.

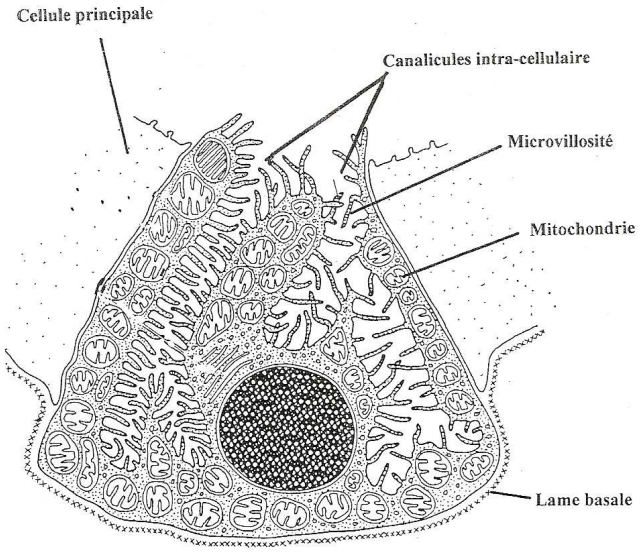


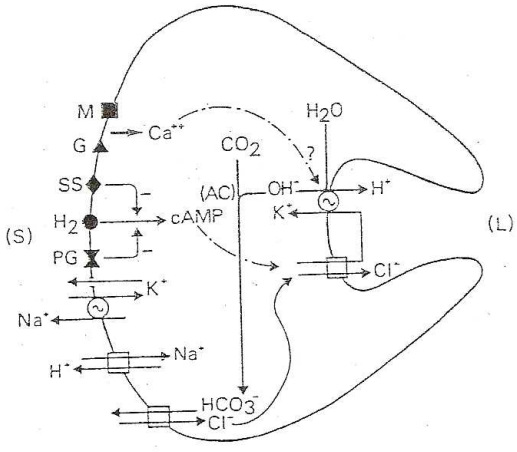
SECRETION D'IONS H+

PAR LA CELLULE BORDANTE

CELLULE BORDANTE

M.E.





M : Récepteur à l'acétylcholine
G : Récepteur à la Gastrine
SS : Récepteur à la Somatostatine
H2 : Récepteur à l'Histamine
PG : Récepteur aux Prostaglandines

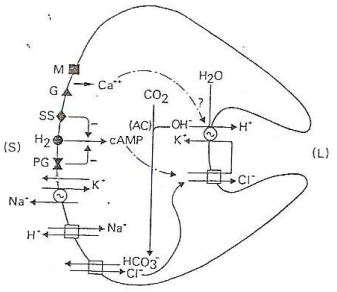


Figure 5. A comprehensive scheme for acid secretion operation. The secretion of H^+ and Cl^- is operated at the luminal membrane of the parietal cell by the (H^+, K^+)-ATPase working in cooperation with a Cl^- and a K^+ channel. K^+ is recycled into the cell in exchange for H^+. The hydroxyl ion OH^- resulting from the splitting of the H_2O molecule is evacuated as $HCO3^-$ which is formed by the intervention of carbonic anhydrase (AC) and metabolic CO_2. An Na^+/H^+ exchanger and an Na^+/K^+-ATPase make up the ion circuitry on the basal membrane. This membrane is also equipped with several receptors including those for the prostaglandins (PG), histamine (H_2), somatostatin (SS), gastrin (G) and acetylcholine (M), which involve either cAMP or Ca^{++} as second intracellular messenger. (S) : serosal side; (L) : luminal side.

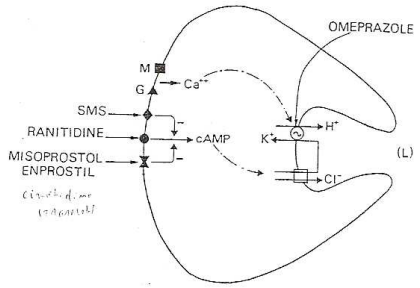
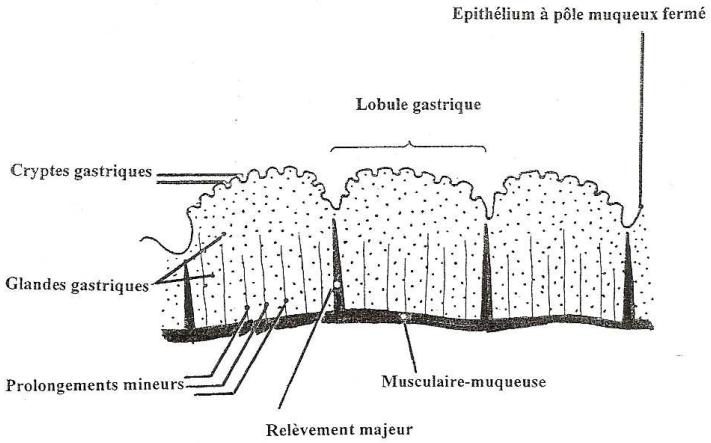


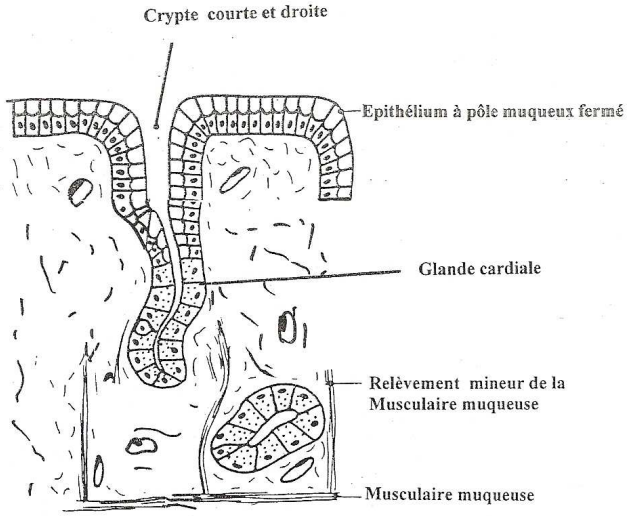
Figure 6. Mechanism of action of acid secretion inhibitors. Ranitidine blocks the H_2-receptor by competing with histamine for binding. The somatostatin analogue SMS and the prostaglandin analogues misoprostol and enprostil act by non-competitive inhibition of cAMP production by the H_2 receptor. Omeprazole inhibits the ultimate step of acid secretion machinery, i.e. : the (H^+, K^+)-ATPase. To date, there are non available inhibitors of muscarinic (M) and gastrin (G) receptors. (L stands for the lumen of the stomach.)

STRUCTURE DE BASE DE LA MUSCULAIRE MUQUEUSE DE LA PAROI GASTRIQUE



CARDIA

M.O.



PYLORE

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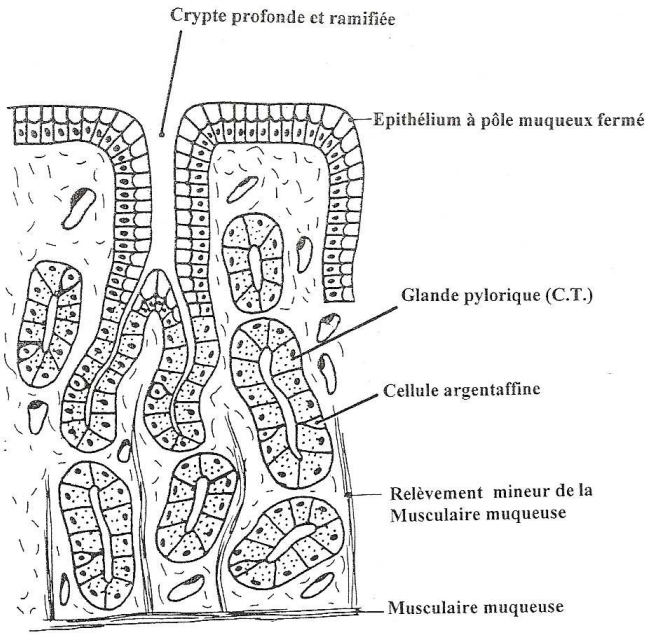
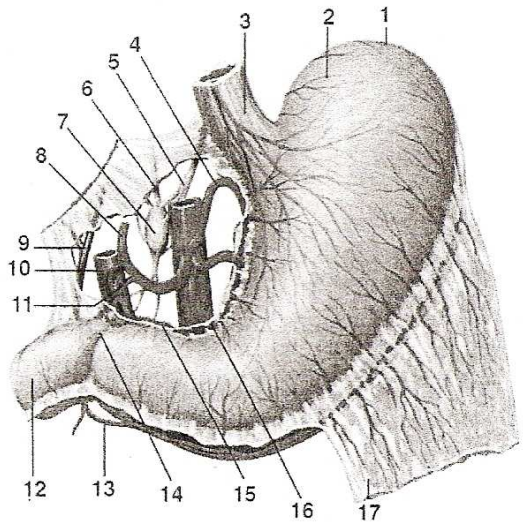
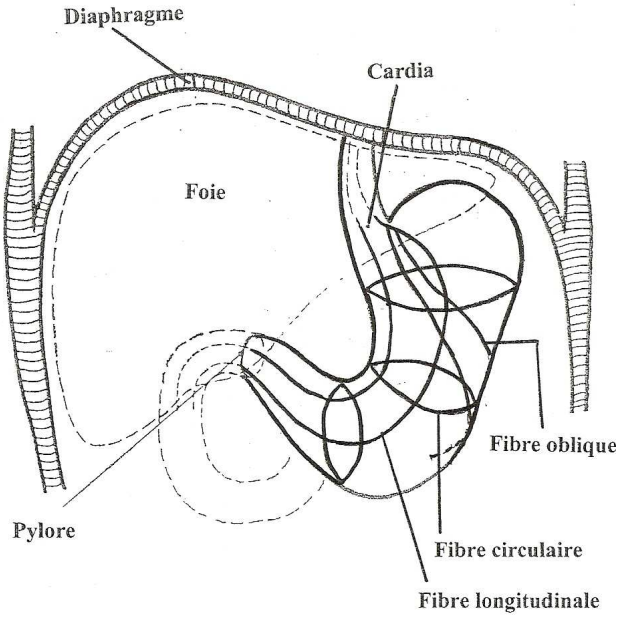


VAISSEAUX SANGUINS DE L'ESTOMAC

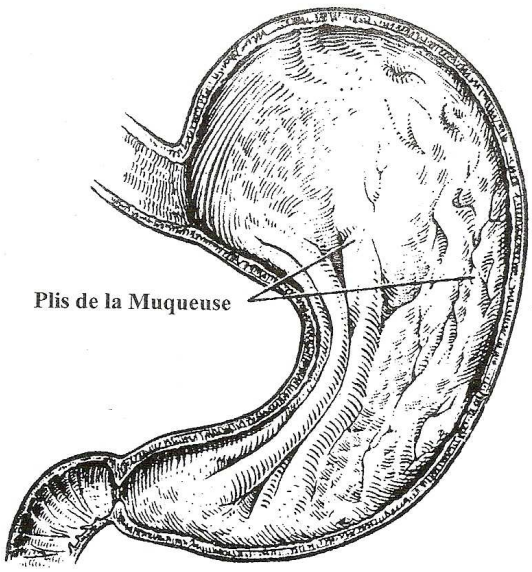


1. pôle supérieur de la grande courbure,
2. grosse tubérosité,
3. oesophage,
4. artère coronaire stomachique,
5. nerf vague (X),
6. nerf splanchnique,
7. plexus préviscéral,
8. artère hépatique propre,
9. canal hépatique,
10. veine cave inférieure,
11. artère pancréatico-duodénale,
12. duodénum,
13. artère gastro-épiploïque droite,
14. pylore,
15. artère gastrique droite,
16. aorte abdominale,
17. grand épiploon.

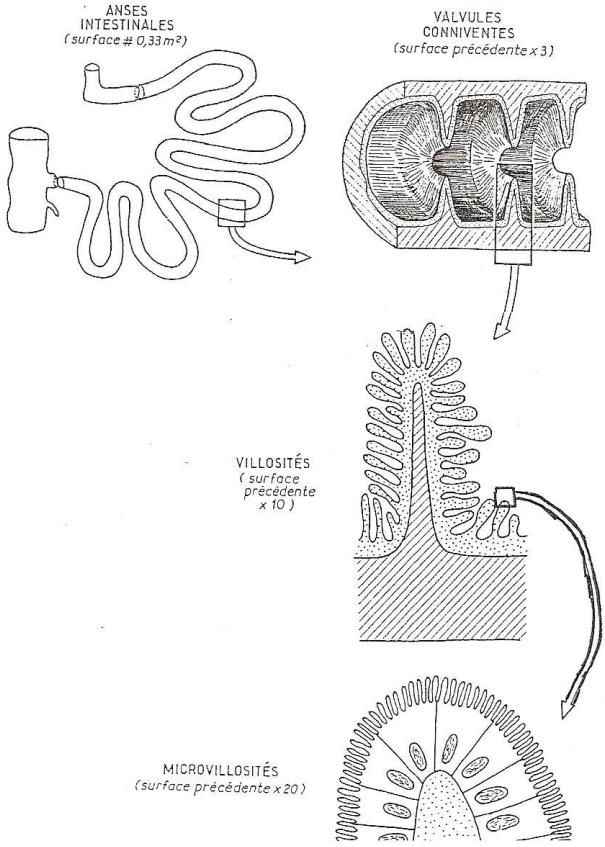
DISPOSITION DES FIBRES MUSCULAIRES DE LA MUSCULEUSE GASTRIQUE



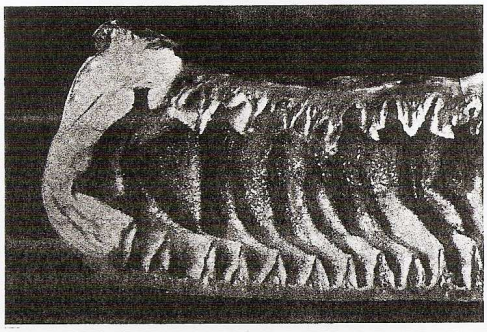
ASPECT MACROSCOPIQUE DE L'ESTOMAC



DISPOSITIFS D'AMPLIFICATION DE L'INTESTIN GRÊLE

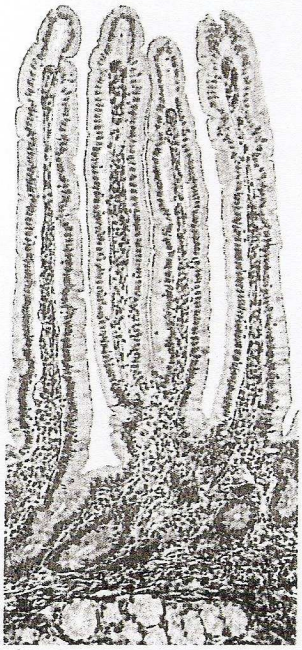


JEJUNUM OUVERT
(Vue macroscopique)



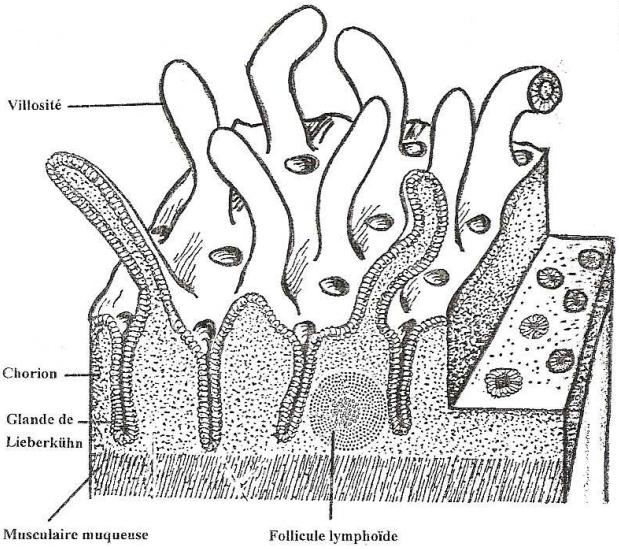
Valvules conniventes de Kerckring

VILLOSITES INTESTINALES
M.O.



FRAGMENT DE MUQUEUSE INTESTINALE

(Vue tridimensionnelle)



VALVULE CONNIVENTE

DE KERKRING

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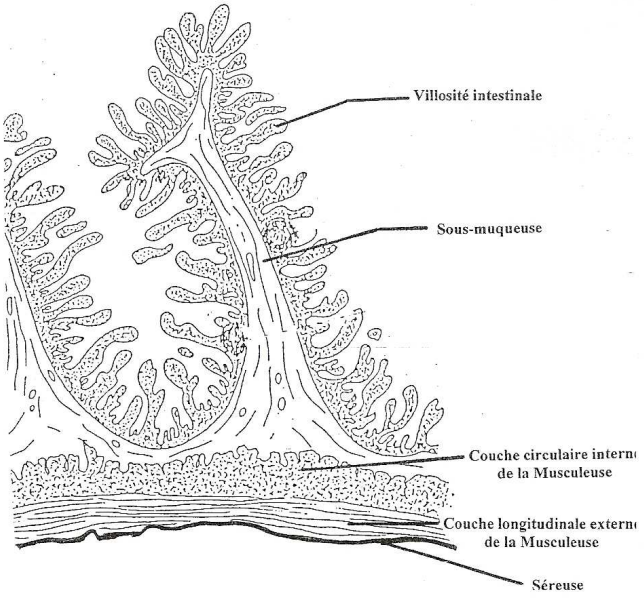
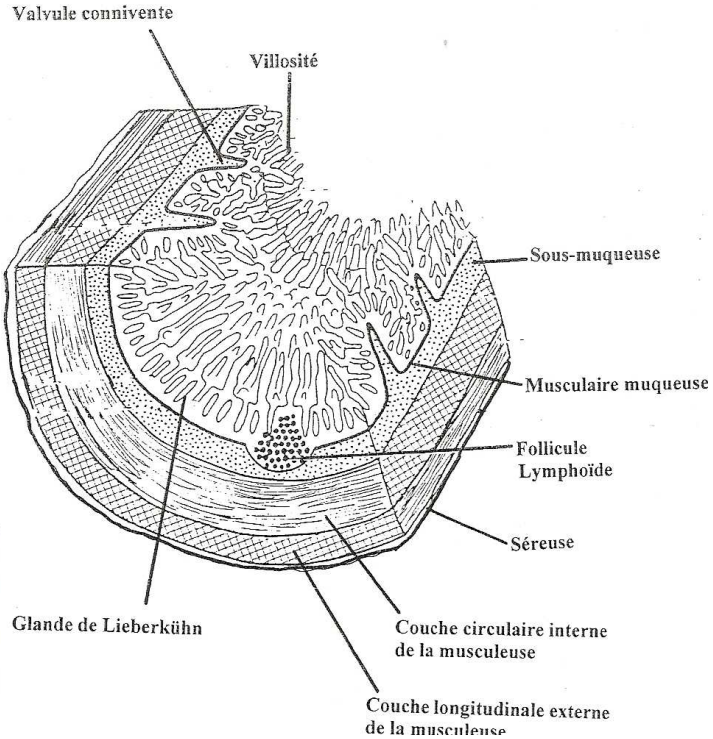


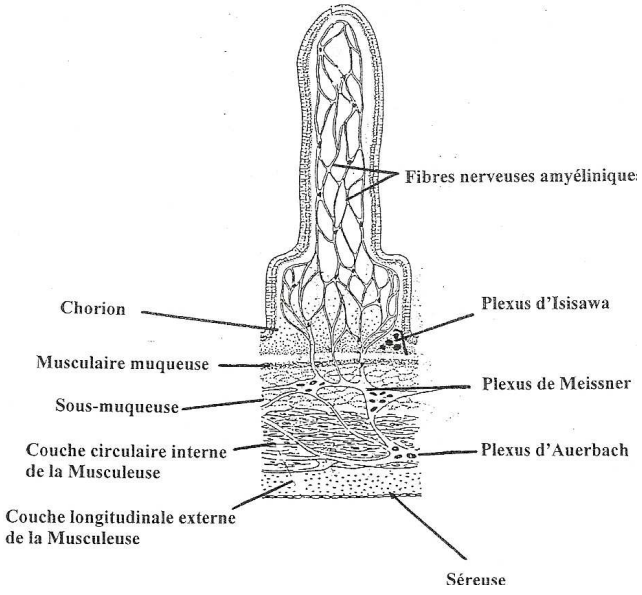
STRUCTURE DE L'INTESTIN GRÊLE

M.O.



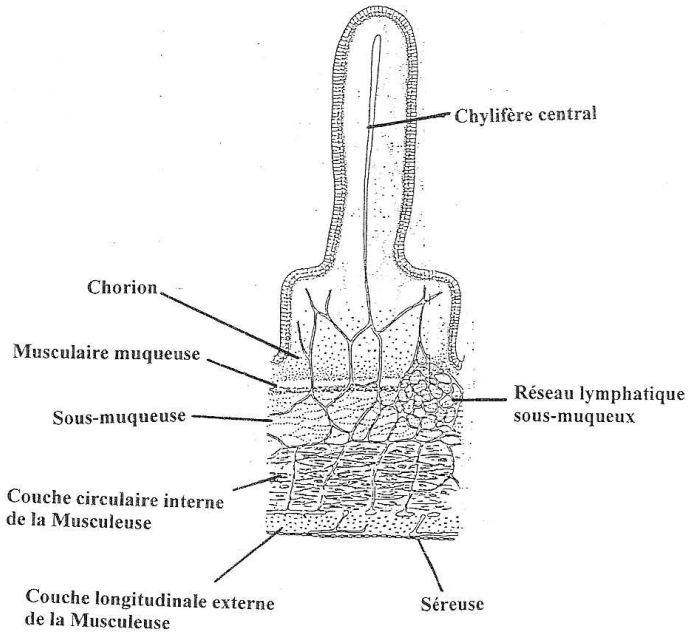
INNERVATION

DE LA VILLOSITE INTESTINALE



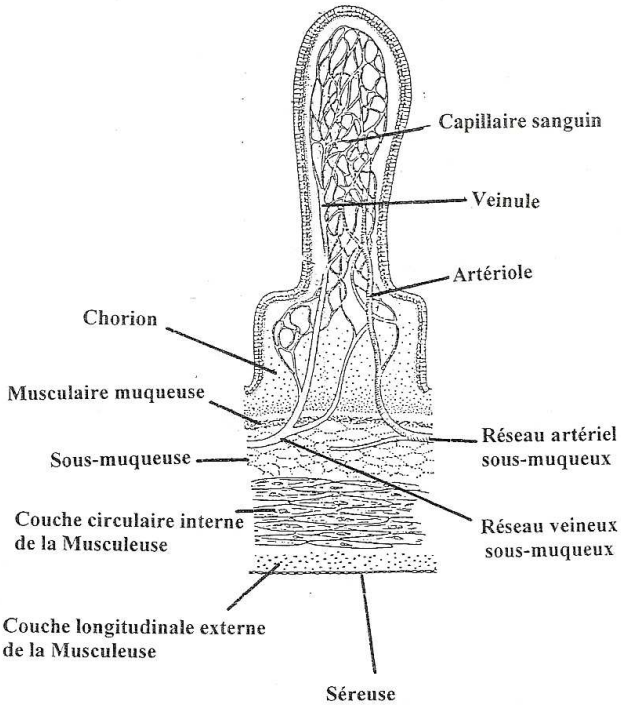
VASULARISATION LYMPHATIQUE

DE LA VILLOSITE INTESTINALE



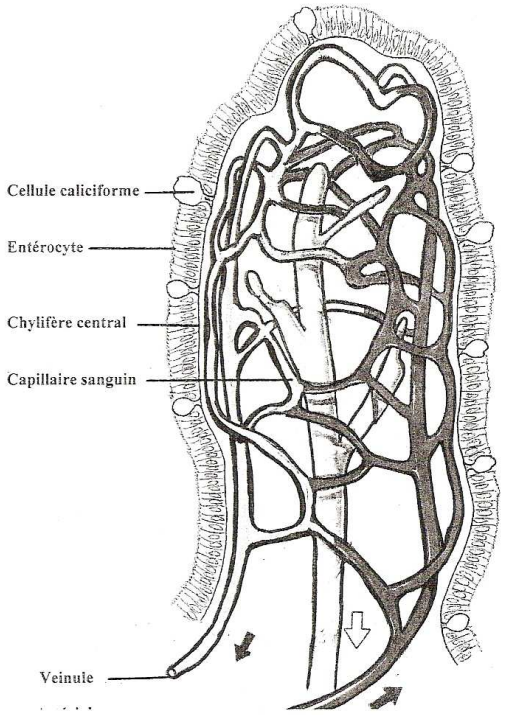
VASCULARISATION SANGUINE

DE LA VILLOSITE INTESTINALE

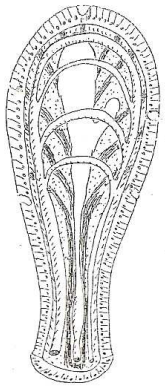


VILLOSITE INTESTINALE

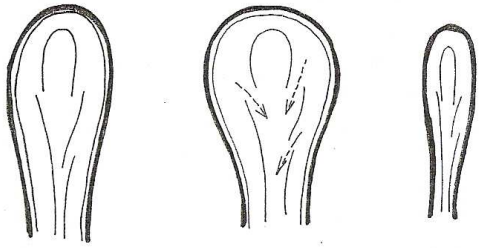
(VASCULARISATION)



MUSCLE DE BRÜCKE



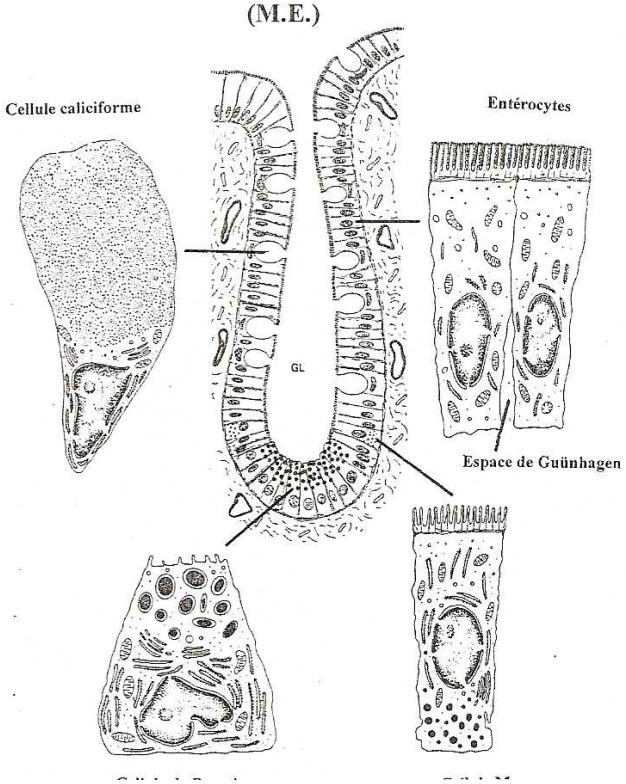
CONTRACTION DU MUSCLE DE BRÜCKE



CELLULES EXOCRINES

D'UNE GLANDE DE LIEBERKÜHN

(M.E.)



GLANDES DE LIEBERKÜHN

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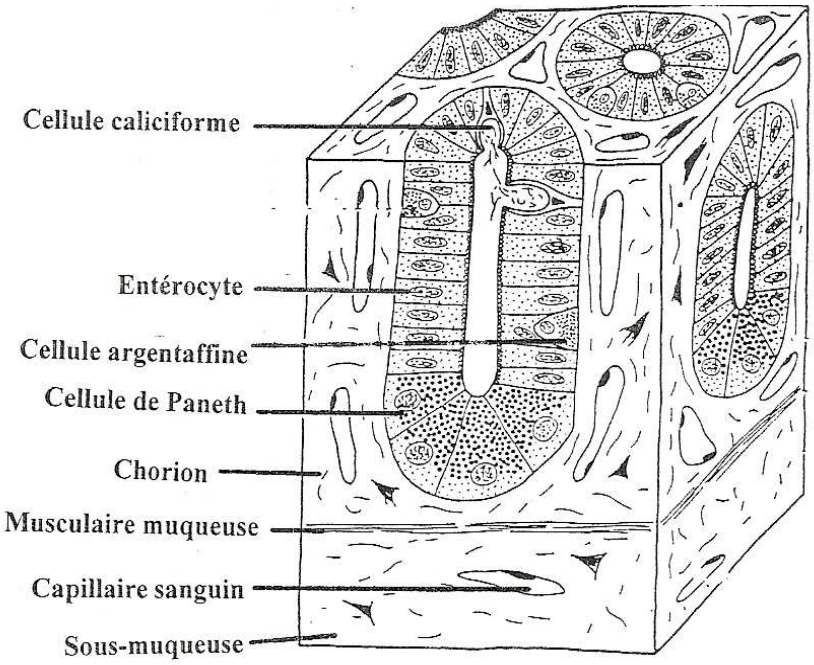

ENTERON

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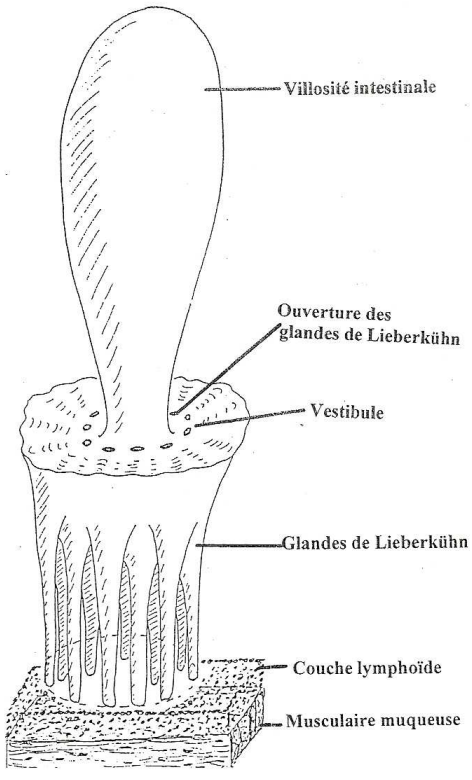

STRUCTURE DE LA PAROI COLIQUE

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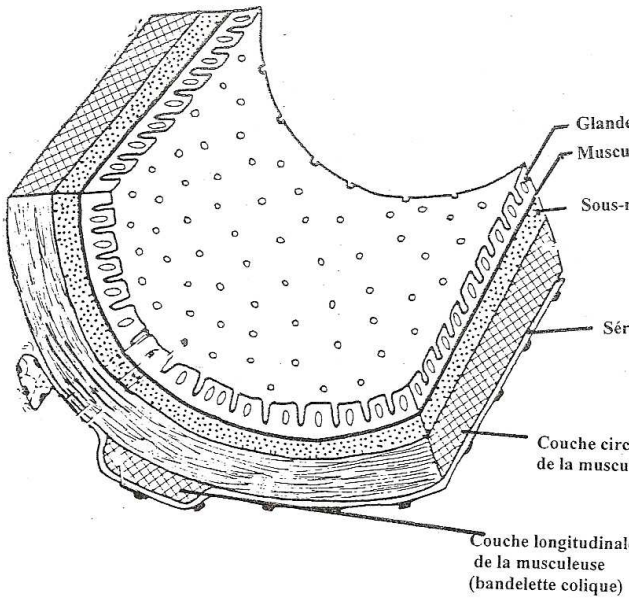
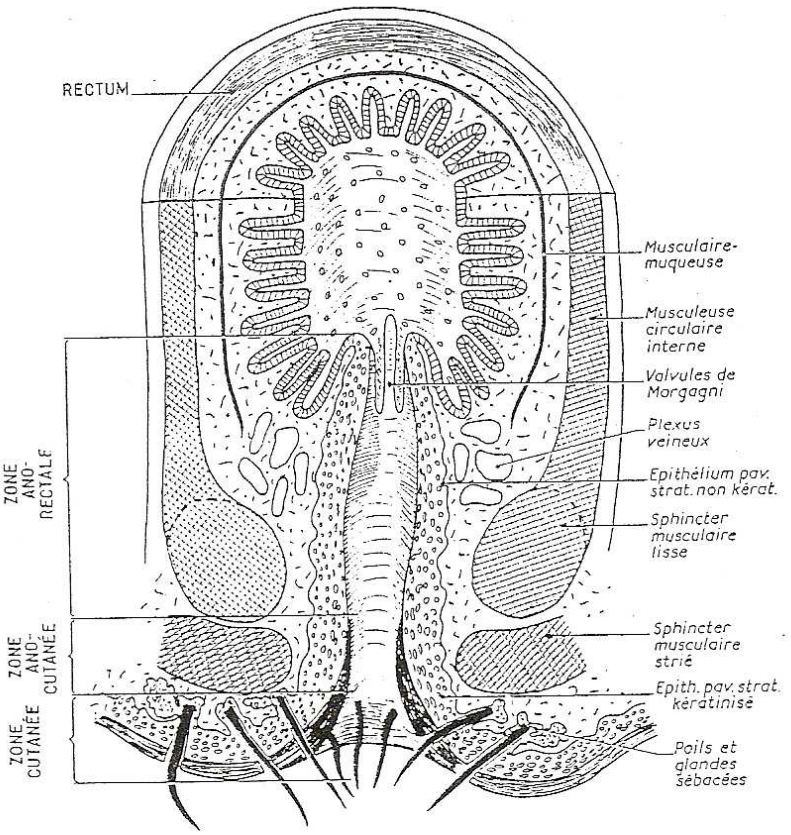
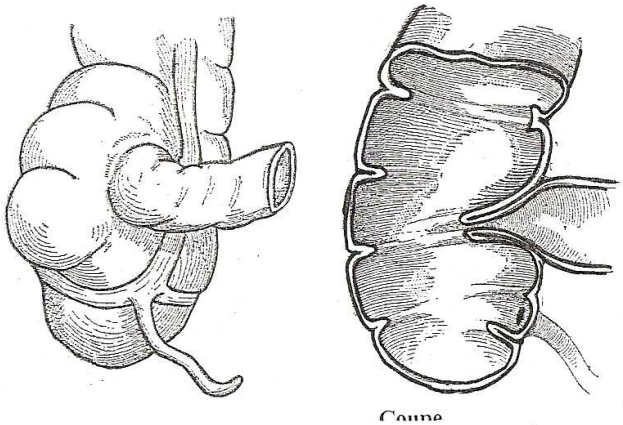


STRUCTURE DU CANAL ANAL (C.L.)



CAECUM

Vue Externe



Coupe

APPENDICE

M.O.

(Coupe transversale)