

Peritoneal formations

- Peritoneal cavity has a complex shape; highly convoluted as has a surface area greater than the skin
- Mesentery is a double layer of peritoneum with a core of connective tissue that occurs as a result of the invagination of the peritoneum by an organ
 - Provides means of neurovascular communication between organ and body wall
- Omentum is a prominent, four layered peritoneal fold
- Greater omentum hangs down from the greater curvature of the stomach and proximal duodenum; folds back to attach to the anterior transverse colon and its mesentery
- Lesser omentum connects the lesser curvature of the stomach and proximal duodenum to the liver
- Peritoneal ligament is a double layer of peritoneum connecting an organ with another organ or to the abdominal wall
- The liver connects to
 - Anterior abdominal wall (falciform ligament)
 - Stomach (hypogastric ligament)
 - Duodenum (hepatoduodenal ligament; conducts the portal tract)
- Hypogastric and hepatoduodenal ligaments are continuous parts of the lesser omentum
- The stomach connects to
 - Inferior surface of the diaphragm (gastrophrenic ligament)
 - Spleen (gastrosplenic ligament)
 - Transverse colon (gastrocoelic ligament)
- Bare areas are the areas of the organ not covered by peritoneum, where neurovascular structures enter and exit
- Peritoneal fold is a reflection of peritoneum from the body wall by underlying vessels, ducts, and ligaments formed from obliterated foetal vessels e.g. umbilical folds; some contain blood vessels
- A peritoneal recess/fossa is a pouch of peritoneum formed by a peritoneal fold