

What you need to know about left colic flexure

Because of its complex organization, more and more people have always been fascinated with the human body. This fascination is the primary reason why people immerse themselves to study more on the concept of human body, its parts and its seemingly endless mysteries and potentials.

One of the fields where people conduct extensive research is anatomy of human body to be used for medical purposes. Over the years, thousands and even millions of research, experiments, and studies have been conducted in the hope of discovering new illnesses and causes of various diseases in order to provide solutions to these medical problems.

LEFT COLIC FLEXURE AND THE LARGE INTESTINE

Many people do not know that there are several parts of the body that can be possible causes of other illnesses. One of which is the left colic flexure. Defined as the bend at the junction of the transverse and descending colon, left colic flexure is also known as "splenic flexure."

Experts say that there are basically two colic flexures in the transverse colon: the right colic flexure—the one that is adjacent to the liver—and the left colic flexure—the one that is near the human spleen. The latter, also called as "flexura lienalis," refers to the junction of the transverse and descending part of a person's colon and is located anterior to the left kidney and inferior to the spleen.

Located at the large intestine, the left colic flexure is a minor detail but can be quite complicated once it is not given proper attention.

Today, more and more health professionals pay attention to the large intestine because it can be a venue where many other diseases develop. The large intestine—which extends from the ileocecal junction to the person's anus—is usually 1.5m long. Medical experts say that one can identify the large intestine by bands of longitudinal muscle fibers known as "taeniae coli," that about 5mm wide on the surface.

Basically, there are three visible bands at the start of the appendix's base and extend from the cecum down to the rectum. Along its sides, tags of peritoneum filled with fat known, as "epiploic appendages" are present as well as the sacculations known, as "haustra." These basic characteristics are just some of the features that set the large intestine apart from the rest of the person's intestinal tract.

Basically, the large intestine is consists of the cecum, ascending colon, transverse colon, descending colon, sigmoid colon, rectum, anal canal, and anus. The most functional—if not the most important part of the large intestine—is the cecum. The cecum, which is said to be about 6cm long and is a blind cul-de-sac, lies in the right iliac fossa of a person.

This is basically the part of the colon situated below the opening of the ileum into the colon. One can find it right behind the abdominal wall and greater omentum. Here, there is frequent peritoneal recess are present. If there were, retrocecal recess appears behind the cecum, hiding the appendix.

When looked upon closely, one will find that the vermiform appendix that opens into the cecum about 2cm below the ileocecal opening hangs off. Once the cecum is open, once can already identify and locate the opening of the ileum into the cecum. This said opening is usually surrounded by thickened muscle that forms the iliocolic valve.

Although the left colic flexure or the splenic flexure does not play the same role as the cecum, it is a crucial part of the digestive system that needs to be paid attention if needed.