PAROTID AND INFRATEMPORAL REGIONS

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I. **TEMPORAL FOSSA** - between superior temporal line (superiorly) and zygomatic arch (inferiorly); contains: Temporalis muscle, Deep Temporal nerves and arteries, branches of Superficial Temporal artery; Auriculotemporal nerve to overlying skin.

II. **INFRATEMPORAL FOSSA** - Boundaries - superior: Greater wing of Sphenoid bone zygomatic arch; lateral: ramus of Mandible; medial: Lateral Pterygoid plate; anterior: Maxillary bone.

III. **MAXILLARY ARTERY** - Terminal branch of External Carotid artery; Arises posterior to neck of mandible (embedded in parotid gland); Three parts: First part posterior and medial to neck of mandible; Second part superficial to or within Lat. Pterygoid muscle; Third part within Pterygopalatine Fossa; Branches - branches of first and third parts pass through foramina.

ARTERY	FORAMEN	STRUCTURES SUPPLIED			
First part - posterior and medial to neck of mandible					
1. Deep Auricular Artery	External Auditory Meatus	Outer Ear, Tympanic Membrane			
2. Anterior Tympanic Artery *	Petrotympanic Fissure	<u>Middle Ear</u>			
3. Middle Meningeal Artery*	Foramen Spinosum	Calvarium, Middle Cranial Fossa			
(4. Accessory Meningeal A.)*	Forman Ovale	Calvarium, Middle Cranial Fossa			
5. Inferior Alveolar Artery*	<u>Mandibular Foramen</u>	<u>Mandibular teeth; branch -</u> Mental A. to chin			
Second part - superficial to or within Lateral Pterygoid muscle					
1. Deep Temporal Artery		Temporalis muscle			
2. Pterygoid Arteries		Med. and Lat. Pterygoid m.			
3. Masseteric Artery		Masseter			
4. Buccal Artery		over Buccinator to Cheek			
Third part - within Pterygopalatine fossa					
<u>1. Post. Superior Alveolar</u> Artery*	<u>Post. Sup. Alveolar</u> <u>Foramen</u>	Posterior Maxillary Teeth			
2. Descending Palatine Artery*	Greater and Lesser Palatine Foramina	Hard and Soft Palate			
3. Artery of Pterygoid Canal	Pterygoid Canal	Upper pharynx, Auditory tube			
4. Sphenopalatine Artery*	Sphenopalatine Foramen	Nasal Cavity, Palate			
5. Infraorbital Artery*	Infraorbital Foramen	Skin below orbit; branches: Anterior Maxillary Teeth			

* - CLINICALLY IMPORTANT BRANCHES

Clinical Note: Cannot ligate Maxillary artery - Maxillary artery is major source of blood supply for nasal cavity, middle ear, calvarium, oral cavity (teeth); cannot effectively ligate artery medial to mandible; bleeding treated by cautery (ex. nosebleed - epistaxis)

A. Note: Foramina of Infratemporal Fossa - Foramen Ovale - for V3 and Accessory Meningeal artery; Foramen Spinosum - for Middle meningeal artery and Nervous Spinosus; Mandibular foramen for Inferior alveolar nerve, artery, vein; Pterygomaxillary fissure - for Maxillary artery and branches of Maxillary nerve (V2).

B. Note: Contents of Infratemporal Fossa - Medial and Lateral Pterygoid muscles; branches of V3 (Mandibular division of Trigeminal nerve); branches of Maxillary artery; Pterygoid venous plexus.

IV. **PTERYGOID VENOUS PLEXUS** - veins (venae comitantes) accompany branches of maxillary artery; have same names; drain to pterygoid venous plexus (superficial to Lateral pterygoid muscle); plexus has anastomoses with facial vein and cavernous sinus (by veins following Middle Meningeal a.).

Clinical Note: Pterygoid venous plexus has anastomoses with veins that drain to Cavernous Sinus; **Infections can spread from teeth, nasal cavity, palate, etc. to brain** (similar to anastomoses of Facial Vein).

V. **TEMPORO-MANDIBULAR JOINT (TMJ)** - synovial joint between head of mandible and mandibular fossa of temporal bone; articular tubercle is anterior to fossa.

A. Capsule surrounds joint - is attached tightly to head of mandible, loosely to temporal bone.

B. Articular disc - cartilaginous disc divides joint into two compartments; hinge movements occur in lower compartment; sliding movements in upper compartment.

Clinical Note: TMJ Jaw Lock - in sliding movements, articular disc moves with head of mandible; disc can get stuck on zygomatic arch and jaw 'locked' open (held open by **articular tubercle**)

C. Ligaments

1. Major ligament - Temporomandibular (Lateral) Ligament - thickening of joint capsule on lateral side; prevents movement posteriorly and inferiorly.

2. Other ligaments - functions unclear: a. Sphenomandibular Ligament - attached to spine of sphenoid and lingula of mandible; Stylomandibular Ligament - attached to styloid process and posterior border of mandible.

D. Movements

1. Depression-elevation (opening and closing mouth) - first part hinge movement in lower compartment; second part sliding in upper compartment.

2. Protrusion-retrusion (anterior-posterior) movements - occur as sliding movements in upper compartment.

3. Lateral movements - sliding movements in upper compartment.

VI. MUSCLES OF MASTICATION

MUSCLE	ORIGIN	INSERTION	ACTION	NERVE
Masseter	Zygomatic arch	Mandible - lateral side of ramus	Elevate mandible	V3
Temporalis	Temporal bone	Mandible - coronoid process	Elevate, retrude mandible	V3
Medial Pterygoid	Lateral pterygoid plate - medial side	Mandible - medial side of ramus	Elevate mandible	V3
Lateral Pterygoid	 Sphenoid bone - Greater wing Lateral pterygoid plate - lateral side 	1) Mandible - neck 2) Articular disc of TMJ	Depress, protrude mandible	V3

Clinical Note: Lateral Pterygoid is attached to and moves articular disc of TMJ anteriorly when opening mouth. Malfunction of Lateral Pterygoid can contribute to TMJ problems.

Anatomical Note: Lateral movements - Lateral movements of the jaw occur in chewing. Masseter and Temporalis (outside the mandible) pull the jaw toward the <u>same</u> side; Medial and Lateral Pterygoid muscles (inside the mandible) pull the jaw toward the <u>opposite</u> side.

Clinical Note: Damage to Trigeminal Nerve (CN V) - Jaw deviates **TOWARD paralyzed side** (patient opens mouth); unopposed action of Lateral Pterygoid muscle of intact side

VII. **PAROTID REGION** - area between mastoid process and ramus of mandible occupied by parotid gland.

A. Development of Parotid gland - develops from buds that arise from ectodermal lining of primitive mouth; buds branch to form solid cords; cords develop lumens to form ducts; ducts join.

Note: can have Accessory Parotid glands if ducts join incompletely; no clinical consequence.

B. Capsule - gland is enclosed in a dense fibrous capsule derived from investing layer of deep cervical fascia; capsule is attached superiorly to zygomatic arch and tympanic part of temporal bone.

Clinical Note: Mumps is a viral infection that causes swelling of the parotid gland; may be quite **painful due to tightness of capsule** surrounding parotid; similar pain in carcinoma of parotid

C. Parotid duct - passes superficial to masseter muscle to pierce buccinator opposite maxillary second molar tooth.

Note: Parotid duct makes a 90 degree turn when entering buccinator; this turn acts as a passive valve that prevents air from entering parotid duct when using cheeks to increase pressure in oral cavity, as when blowing a balloon.

D. Structures within parotid (superficial to deep) - Facial nerve and its terminal branches; Retromandibular vein; External Carotid artery and its terminal branches; Auriculotemporal nerve; parotid lymph nodes.

Clinical Note: Referred pain (Ear ache) from Parotid - When parotid swells during mumps or in parotid tumor, pain is often referred to outer ear and temporal region due to compression of Auriculotemporal nerve.

E. Nerve supply - Visceral Motor (Parasympathetic) fibers from Glossopharyngeal nerve (Otic ganglion).