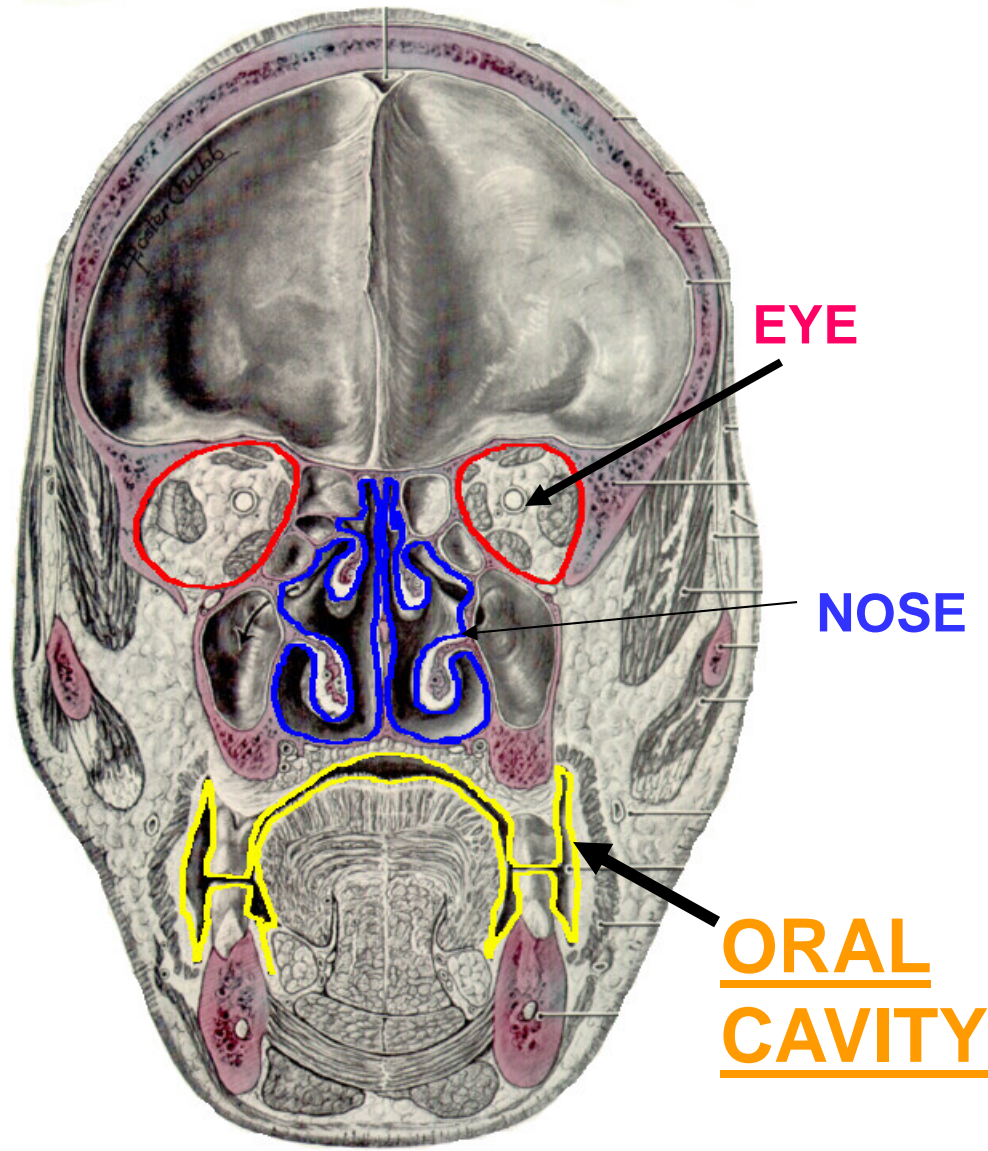


ORAL CAVITY



WHY IS HEAD & NECK SO COMPLICATED?

SPECIAL SENSES (VISION, AUDITORY) AND CHEMICAL SENSES (TASTE, SMELL) - OLFACTION) SURROUND ORAL CAVITY; YOU SENSE WHAT YOU EAT (AND AVOID BEING EATEN)

OUTLINE: ORAL CAVITY

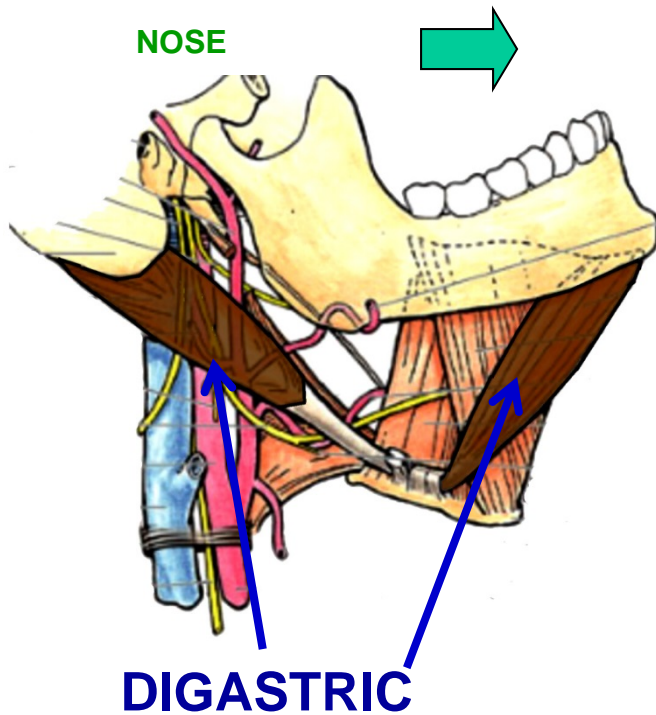
I. SUBMANDIBULAR REGION

II. TONGUE

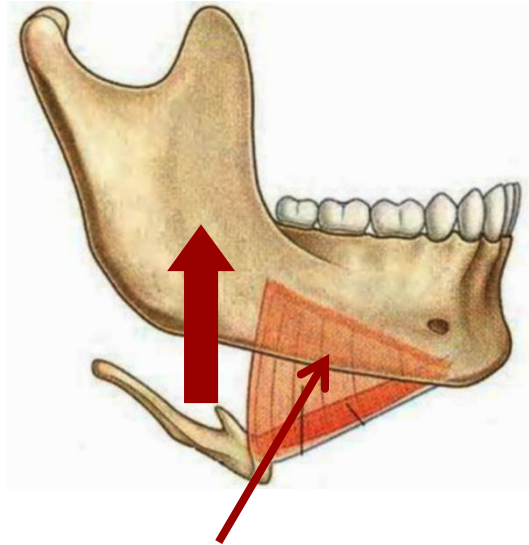
III. NERVES, ARTERIES, SALIVARY GLANDS

word on the street (of day) - ANGINA = condition with intense pain: from L. or G., strangling, choking

I. SUBMANDIBULAR REGION = AREA BETWEEN MANDIBLE AND HYOID BONE; REVIEW MUSCLES

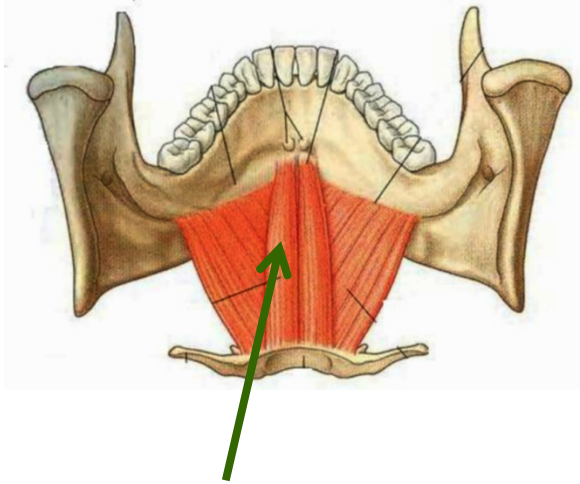


ACTION - Depress mandible, OPEN MOUTH
INN - V3, VII



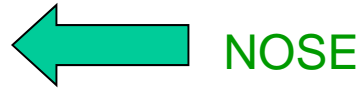
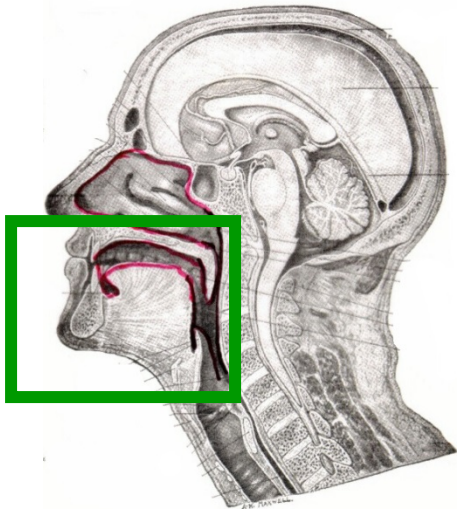
ACTION - Elevate hyoid, RAISE FLOOR OF MOUTH
INN - V3

view from inside mouth



ACTION - PULL HYOID FORWARD
INN - C1 (with XII)

SUBMANDIBULAR REGION *

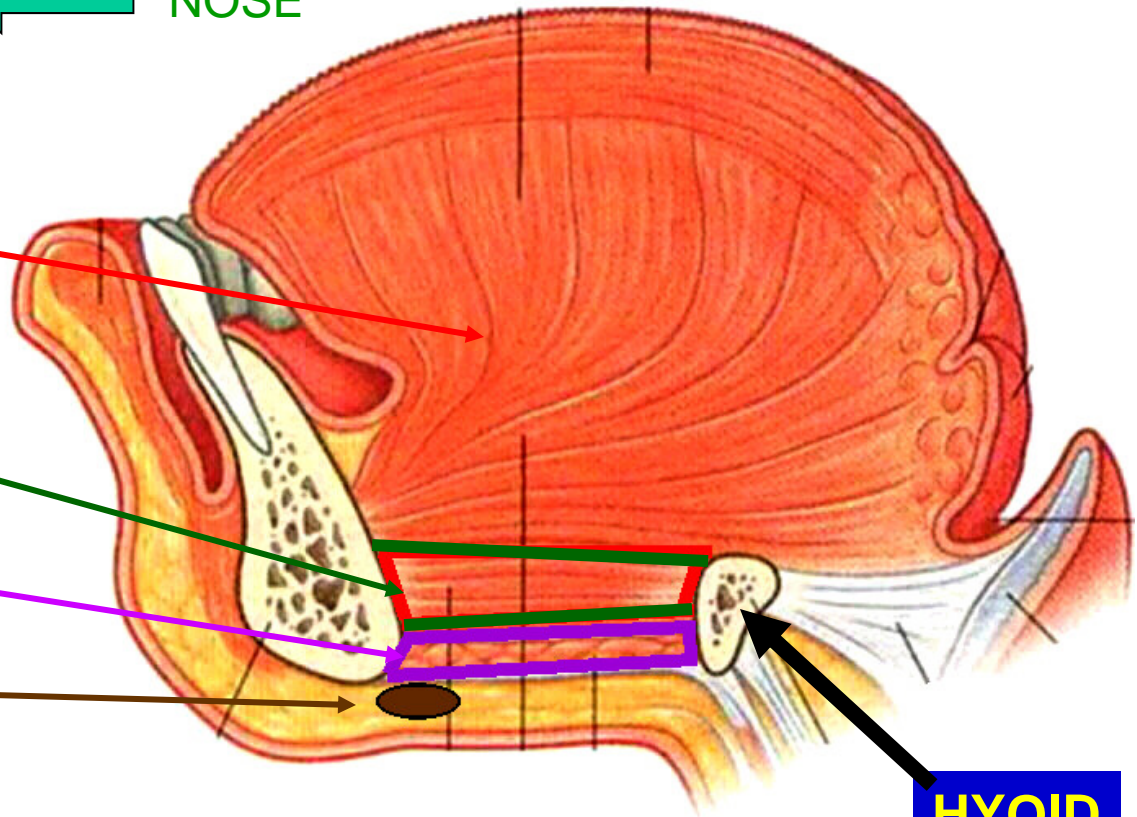


GENIOGLOSSUS
- mandible-tongue

GENIOHYOID
- mandible-hyoid

MYLOHYOID
- cut on end

DIGASTRIC

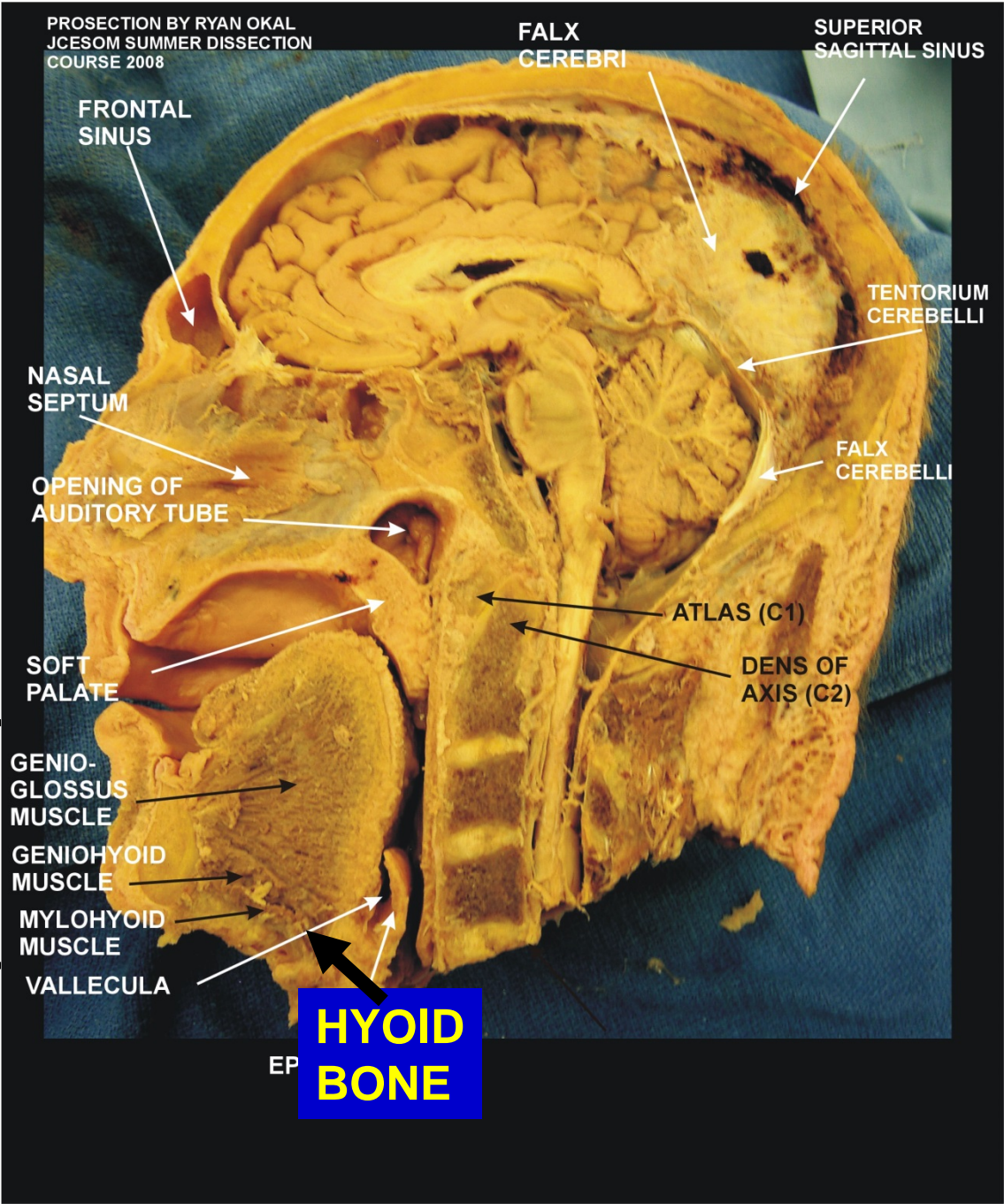


**HYOID
BONE**

**MUSCLES VIEWED ON BISECTED HEAD – ID ON
PRACTICAL BASED ON LOCATION, FIBER ORIENTATION**

MEDIAL VIEW OF BISECTED HEAD

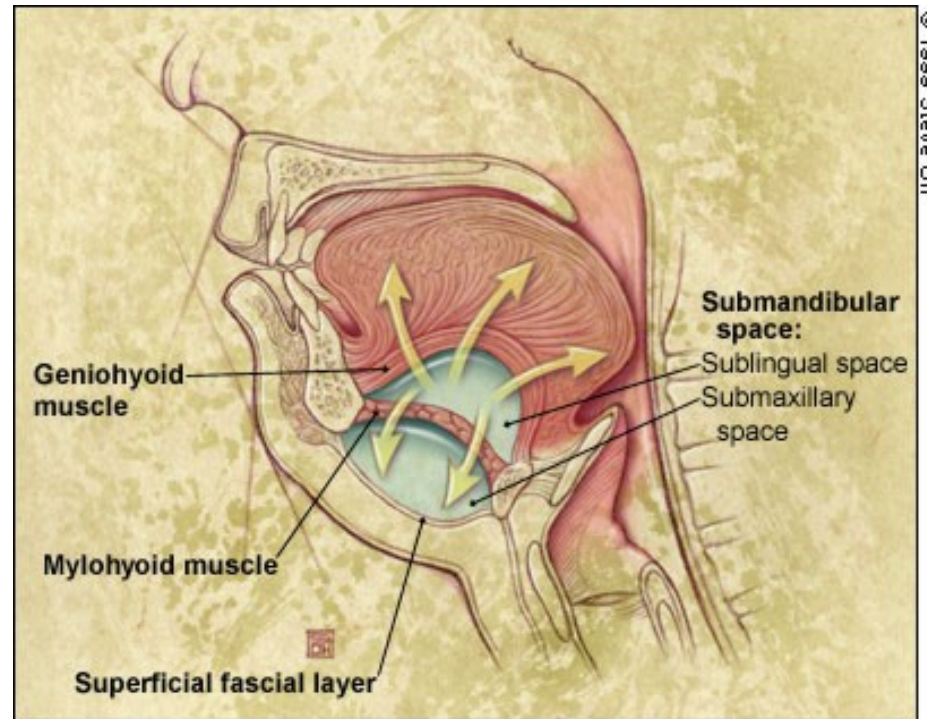
PROSECTON BY RYAN OKAL
JCESOM SUMMER DISSECTION
COURSE 2008



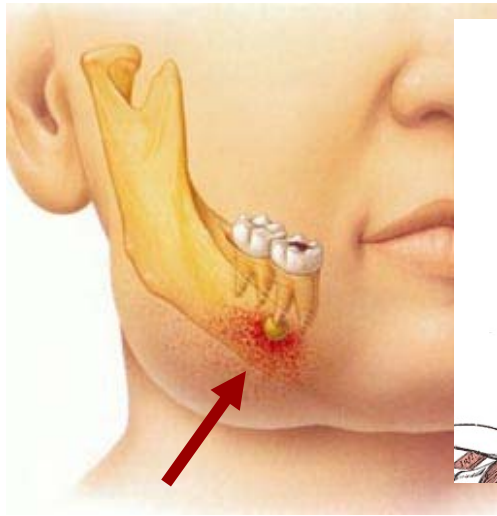
**MUSCLES
OF
FLOOR
OF
MOUTH**

**HYOID
BONE**

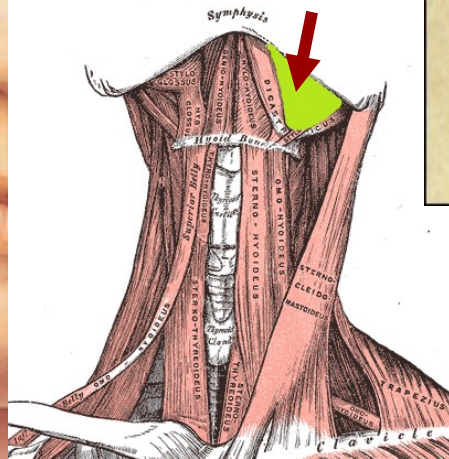
BOARD QUESTION: LUDWIG'S ANGINA - infection of floor of mouth (Submandibular space), often due to spread from abscessed mandibular tooth *



© 1999 Steve Oh



tooth abscess

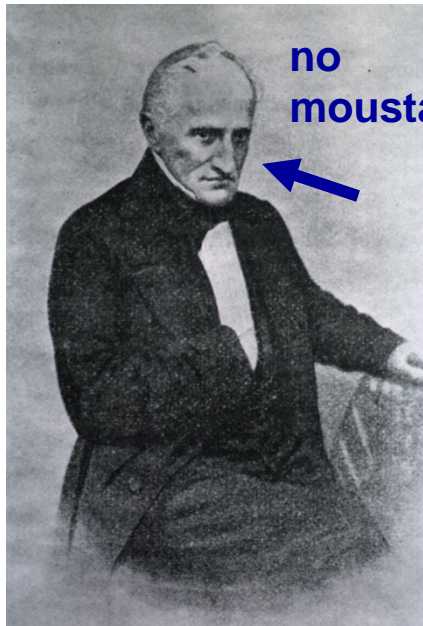


Submandibular Space - in Anterior Triangle of neck

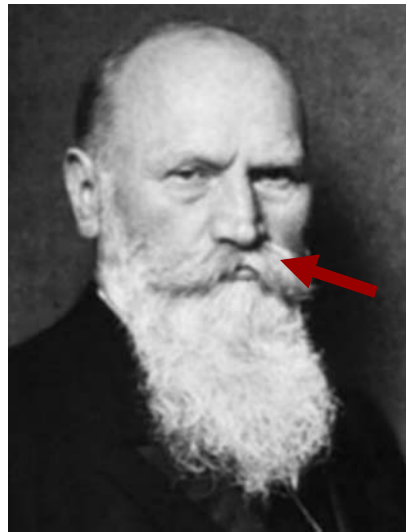
Infection may obstruct airway, push up tongue

Angina = condition with intense pain: from L. strangling

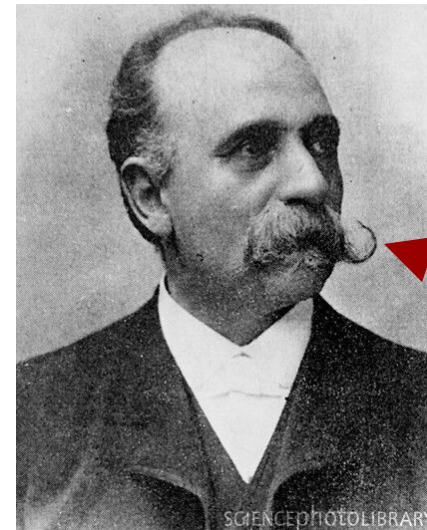
IMPLICIT: EXCELLENCE IN ANATOMY/SCIENCE IS CORRELATED WITH THE PRESENCE OF A MOUSTACHE/BEARD



WILHELM FREDERICK VON LUDWIG (1790-1865) -
- German surgeon
- first described submandibular infection



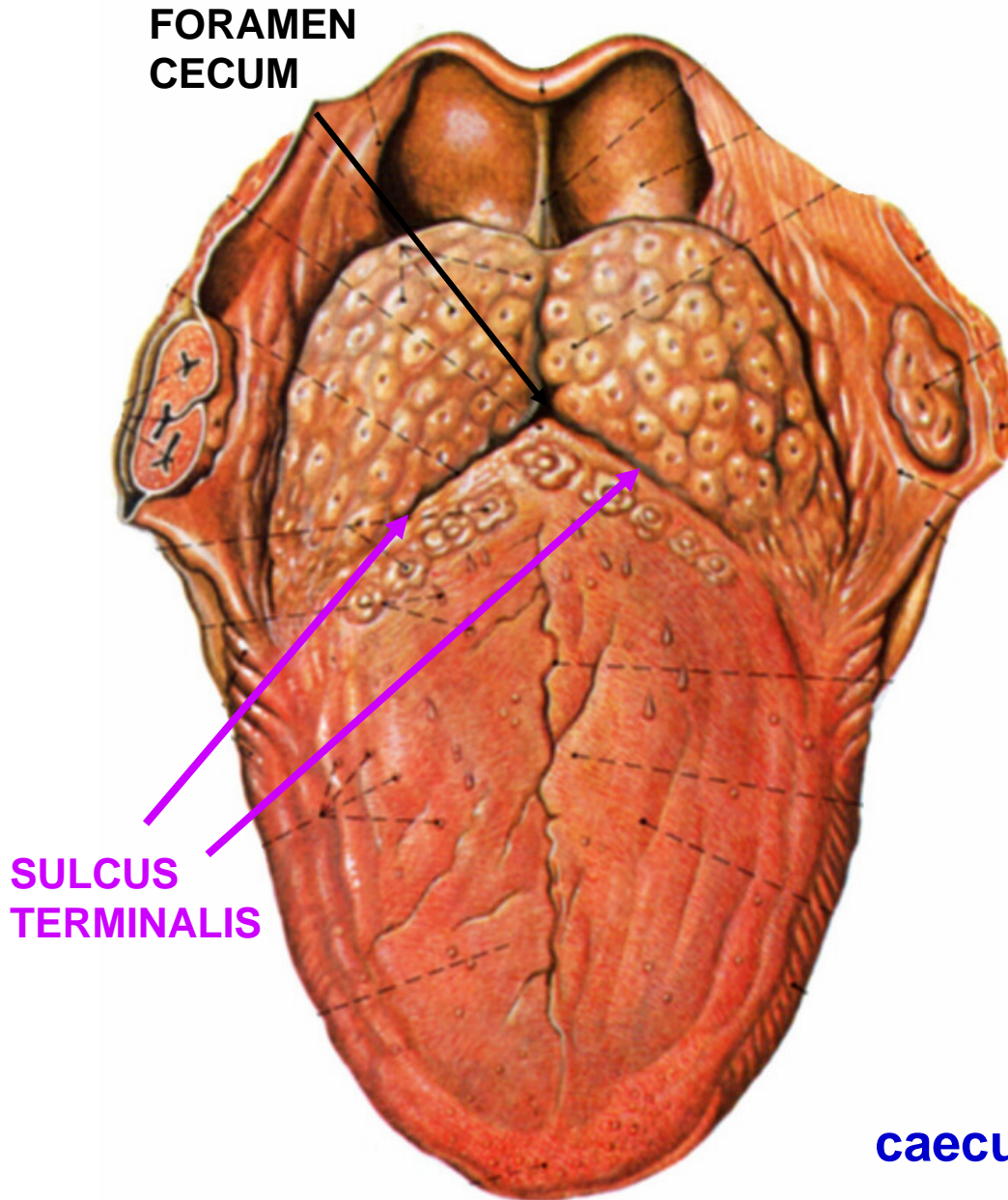
WALDEYER -
- coined term neuron
- reputation: stealing ideas from others
- however, identified all tonsils/lymphatic tissues in head



GOLGI -
- reputation: genius
- identified cell organelles
- identified sense organs in muscle tendons

Fact: No clear correlation exists; most early anatomists/scientists were male; most males had facial hair; there are/were also many excellent female scientists (ex. Rosalind Franklin, Jane Macpherson)

II. TONGUE



MOBILE MUSCULAR ORGAN
ATTACHED TO HYOID, MANDIBLE and
SKULL BY MUSCLES

FUNCTIONS: CHEWING FOOD,
SPEECH, SWALLOWING, TASTE AND
INFANTILE EMOTIONAL
EXPRESSIONS

A. SUPERFICIAL STRUCTURES

1. SULCUS TERMINALIS - V-SHAPE
GROOVE DIVIDES TONGUE INTO:
ANT. 2/3- ORAL PART - SOMATIC
SENSORY; POST 1/3 -PHARYNGEAL
PART - VISCERAL SENSORY

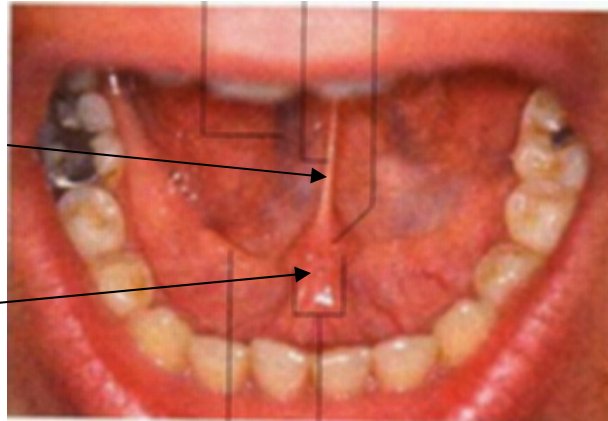
2. FORAMEN CAECUM - PIT IN
MIDDLE OF SULCUS TERMINALIS-
SITE OF INVAGINATION OF THYROID
GLAND

caecum - L. blind pouch

FOLDS, LANDMARKS BENEATH TONGUE

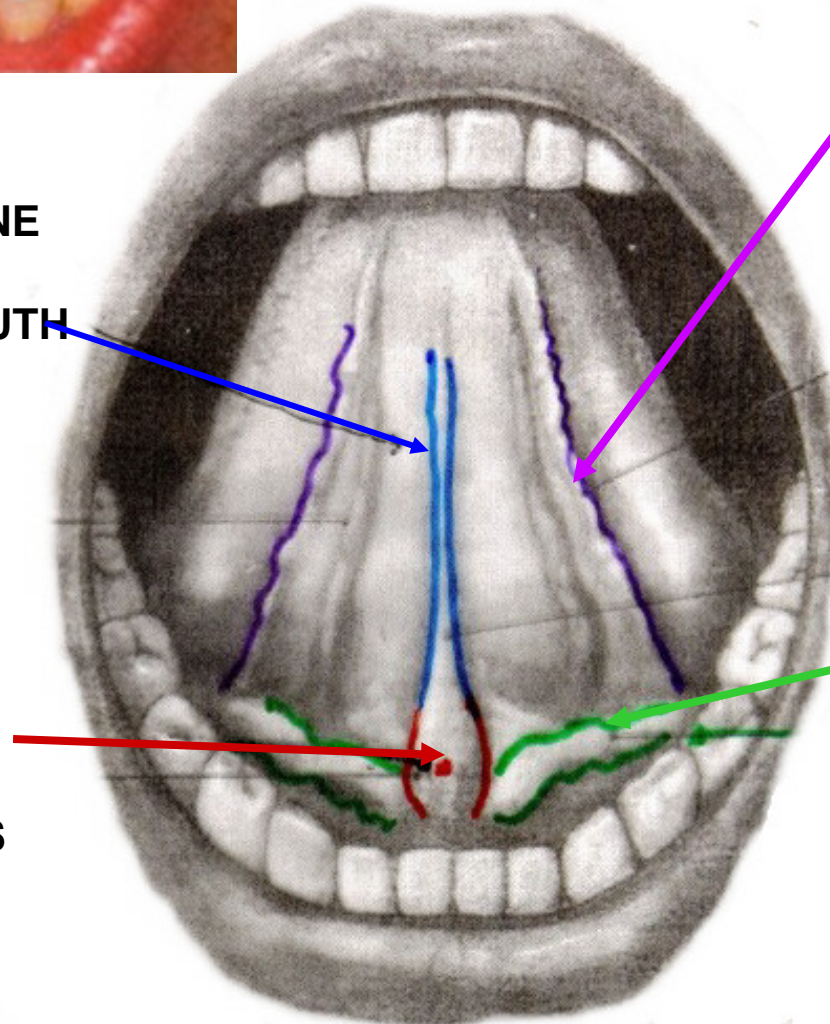
LINGUAL FRENULUM

SUB-LINGUAL PAPILLA



3. LINGUAL FRENULUM (L. BRIDLE) MIDLINE FOLD FROM FLOOR OF MOUTH

SUBLINGUAL PAPILLA- SWELLING AT BASE OF FRENULUM; OPENINGS SUBMANDIB. SALIV. GLANDS



4. FIMBRIATED FOLDS (PLICA FIMBRIATA) (L. FRINGE) - LATERAL TO LINGUAL FRENULUM, LOCATION OF LINGUAL VEINS

5. SUBLINGUAL FOLDS (PLICA SUBLINGUALIS) OVERLIE and HAVE OPENINGS FOR SUBLINGUAL SALIV GLANDS

B. MUSCLES OF TONGUE - all innervated by XII

A) GENIOGLOSSUS

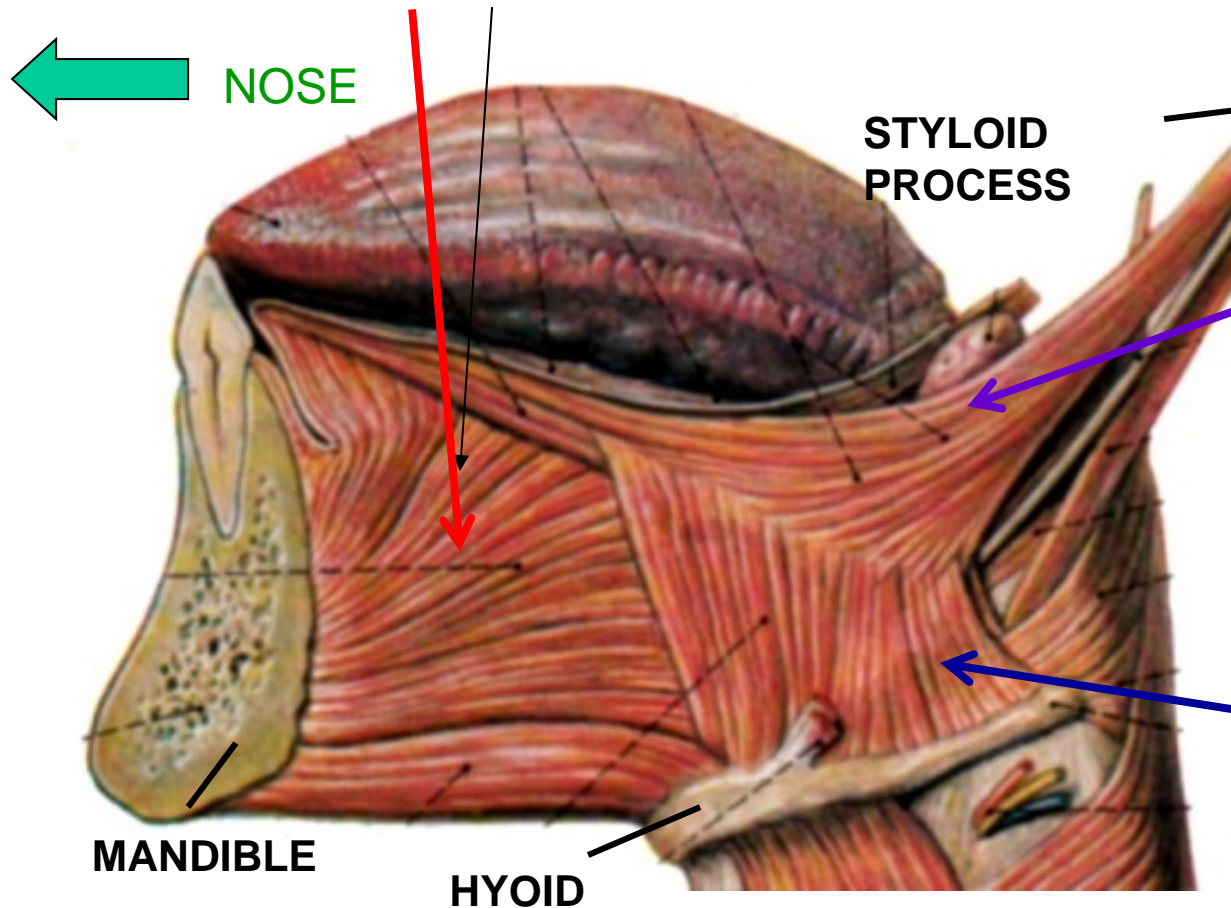
O - GENIAL TUBERCLE OF MANDIBLE

I - TONGUE TO ITS DORSAL SURFACE

A - PROTRUDE

1. EXTRINSIC MUSCLES -

ATTACH TONGUE TO BONES



C) STYLOGLOSSUS -

O - STYLOID PROCESS OF TEMP. BONE
I - LAT. SIDE OF TONGUE

A - DRAWS TONGUE SUPERIORLY and POSTERIORLY

B) HYOGLOSSUS -

O - GREATER & LESSER HORNS OF HYOID BONE
I - LAT. SIDE OF TONGUE

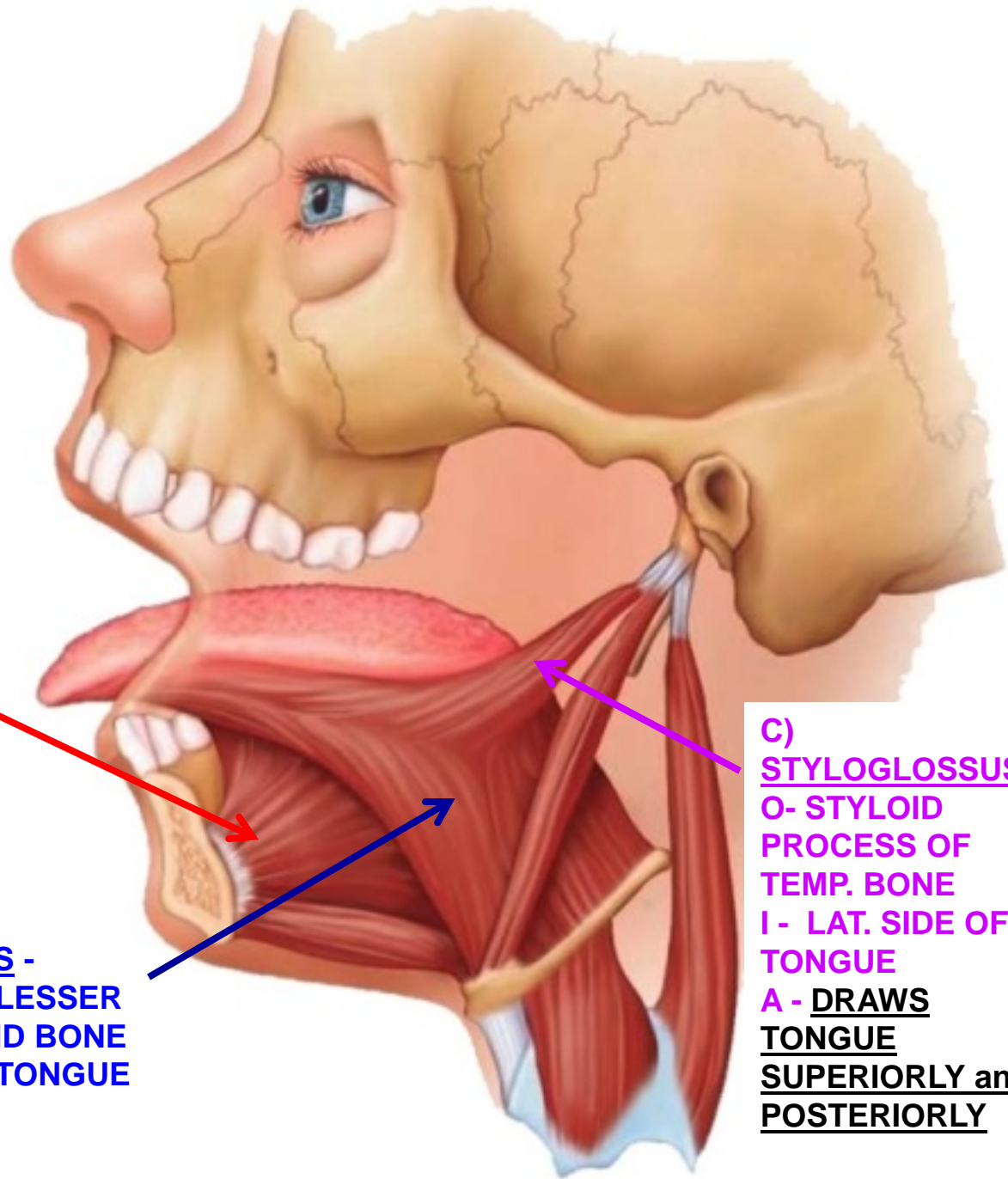
A - DEPRESS

B. MUSCLES OF TONGUE - all innervated by XII

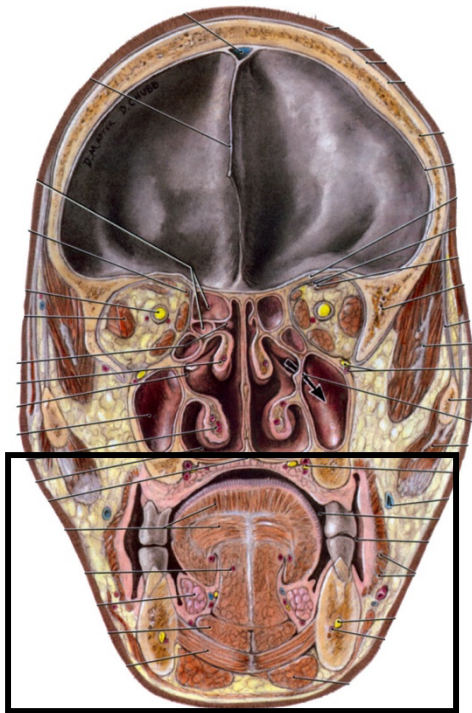
A) GENIOGLOSSUS
O - GENIAL TUBERCLE OF MANDIBLE
I - TONGUE TO ITS DORSAL SURFACE
A - PROTRUDE

B) HYOGLOSSUS -
O - GREATER & LESSER HORNS OF HYOID BONE
I - LAT. SIDE OF TONGUE
A - DEPRESS

C) STYLOGLOSSUS -
O - STYLOID PROCESS OF TEMP. BONE
I - LAT. SIDE OF TONGUE
A - DRAWS TONGUE SUPERIORLY and POSTERIORLY

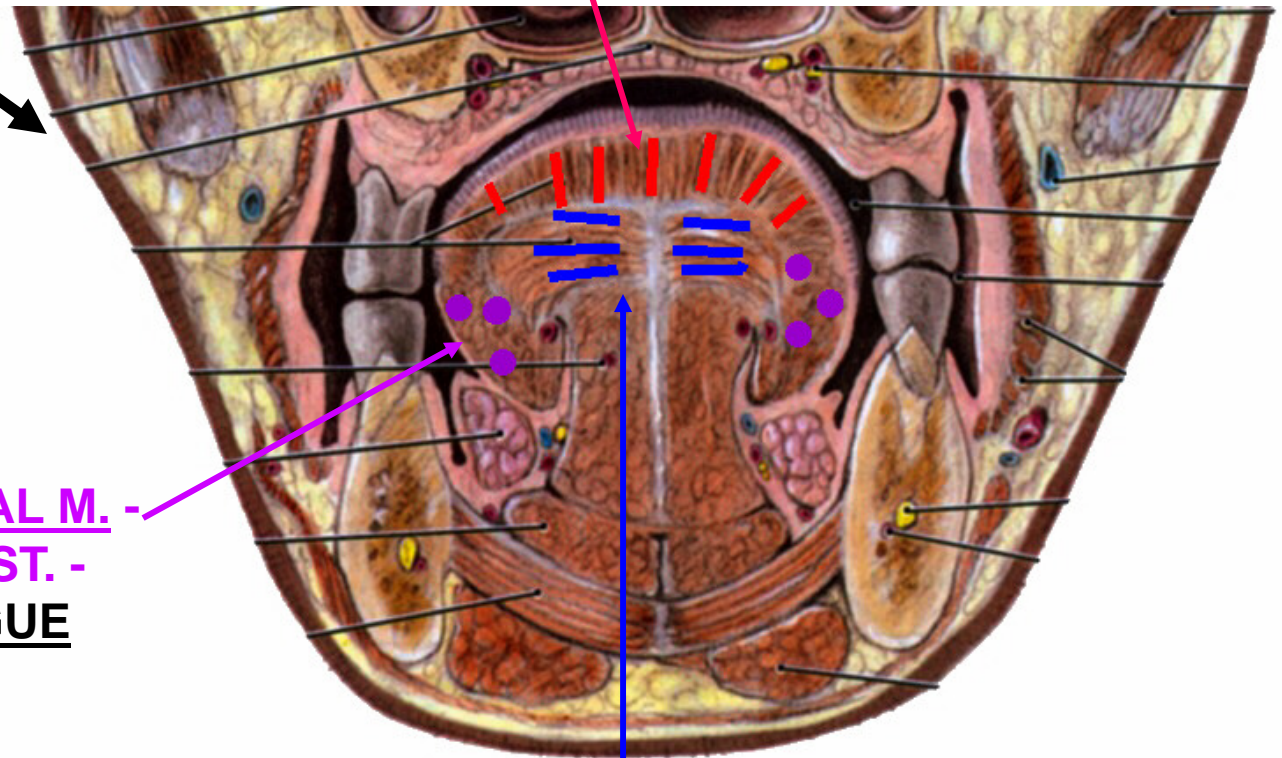


2. INTRINSIC MUSCLES OF TONGUE



CORONAL SECTION

A) VERTICAL M. - FIBERS SUP & INF - FLATTEN and BROADEN TONGUE



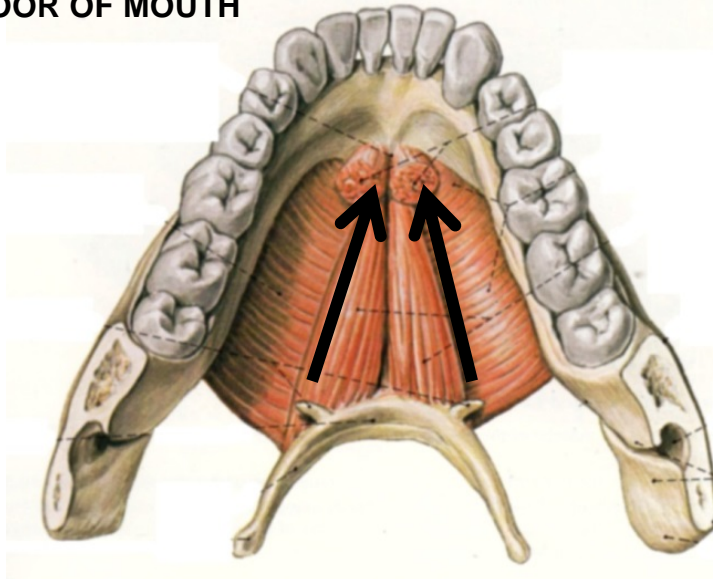
C) LONGITUDINAL M. - FIBERS ANT-POST. - SHORTEN TONGUE

B) TRANSVERSE M. - FIBERS HORIZONTAL - NARROW TONGUE

ALL INTRINSIC AND
EXTRINSIC MUSCLES –
INN BY CN XII

VIEW OF FLOOR OF MOUTH

**GENIO-
GLOSSUS
DIRECTION
OF
ACTION**



**CLINICAL SIGN OF
DAMAGE TO
HYPOGLOSSAL
NERVE (XII)**

**GENIO-
GLOSSUS
INTACT**



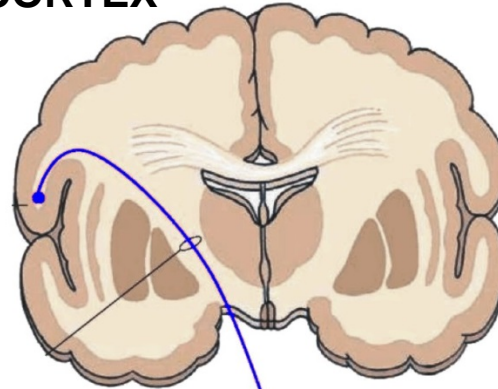
**DAMAGE
HYPOGLOSSAL
NERVE ON ONE
SIDE**

**GENIO-
GLOSSUS
PARALYZED**

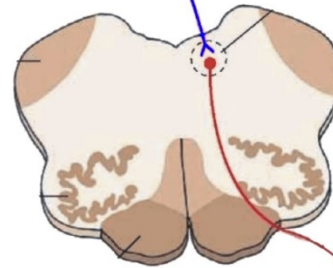
**LOWER MOTOR NEURON LESION - PROTRUDED TONGUE **
DEVIATES TOWARD SIDE OF LESION - due to unopposed action
of the **Genioglossus** muscle.**

**UPPER MOTOR
NEURON TO
GENIOGLOSSUS -
CONTRALATERAL**

CORTEX



**BRAINSTEM -
MEDULLA**



**UPPER MOTOR NEURON -
CRANIAL NERVES - ALL
BILATERAL EXCEPT:**
1) ONLY CONTRALATERAL:
**- VII - LOWER FACE (BELOW
ORBICULARIS OCULI)**
- XII - GENIOGLOSSUS
- XI - TRAPEZIUS
2) ONLY IPSILATERAL:
- XI - STERNOCLEIDOMASTOID

**HYPOGLOSSAL
LOWER MOTOR
TO GENIOGLOSSUS
MUSCLE (IPSILATERAL)**

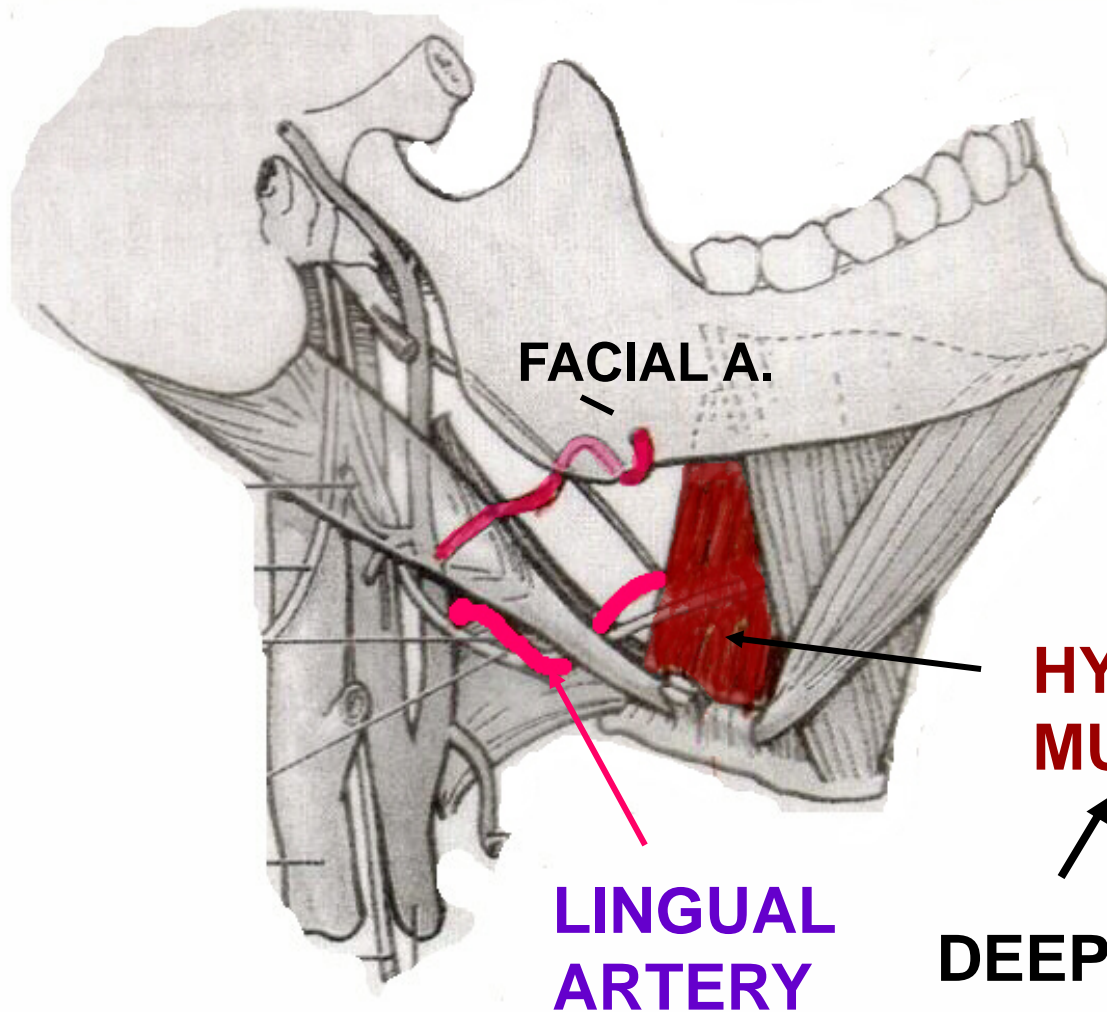
**DAMAGE
UPPER MOTOR -
TONGUE
DEVIATES
AWAY FROM SIDE
OF CORTICAL
LESION ****



**DAMAGE
LOWER MOTOR -
TONGUE
DEVIATES **
TOWARD SIDE OF
LOWER MOTOR
NEURON LESION**

C. ARTERIES TO TONGUE - LINGUAL ARTERY

NOSE →



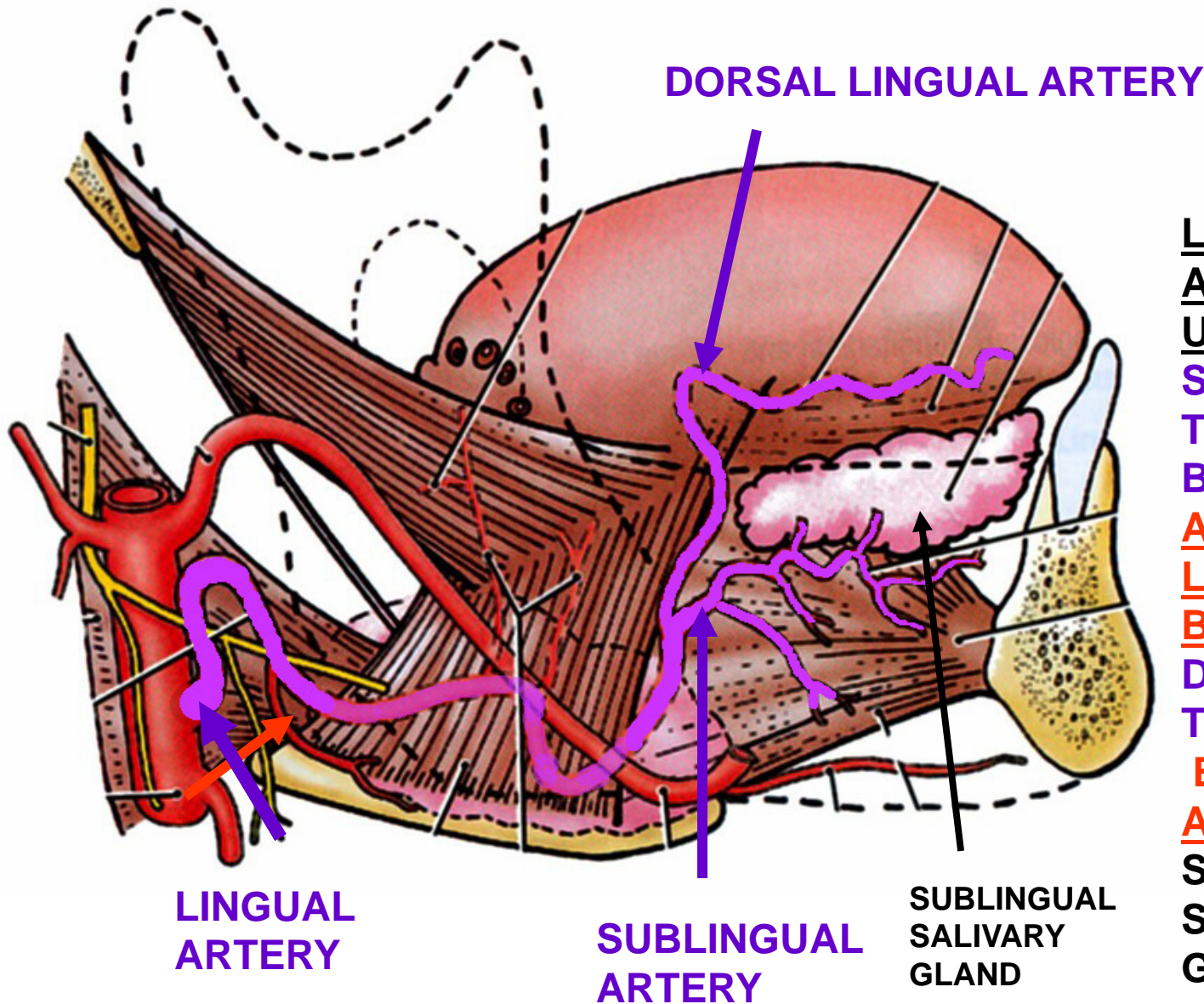
ARISES FROM
EXTERNAL
CAROTID ARTERY
DEEP TO POST
MARGIN OF
HYOGLOSSUS

HYOGLOSSUS
MUSCLE

DEEP TO

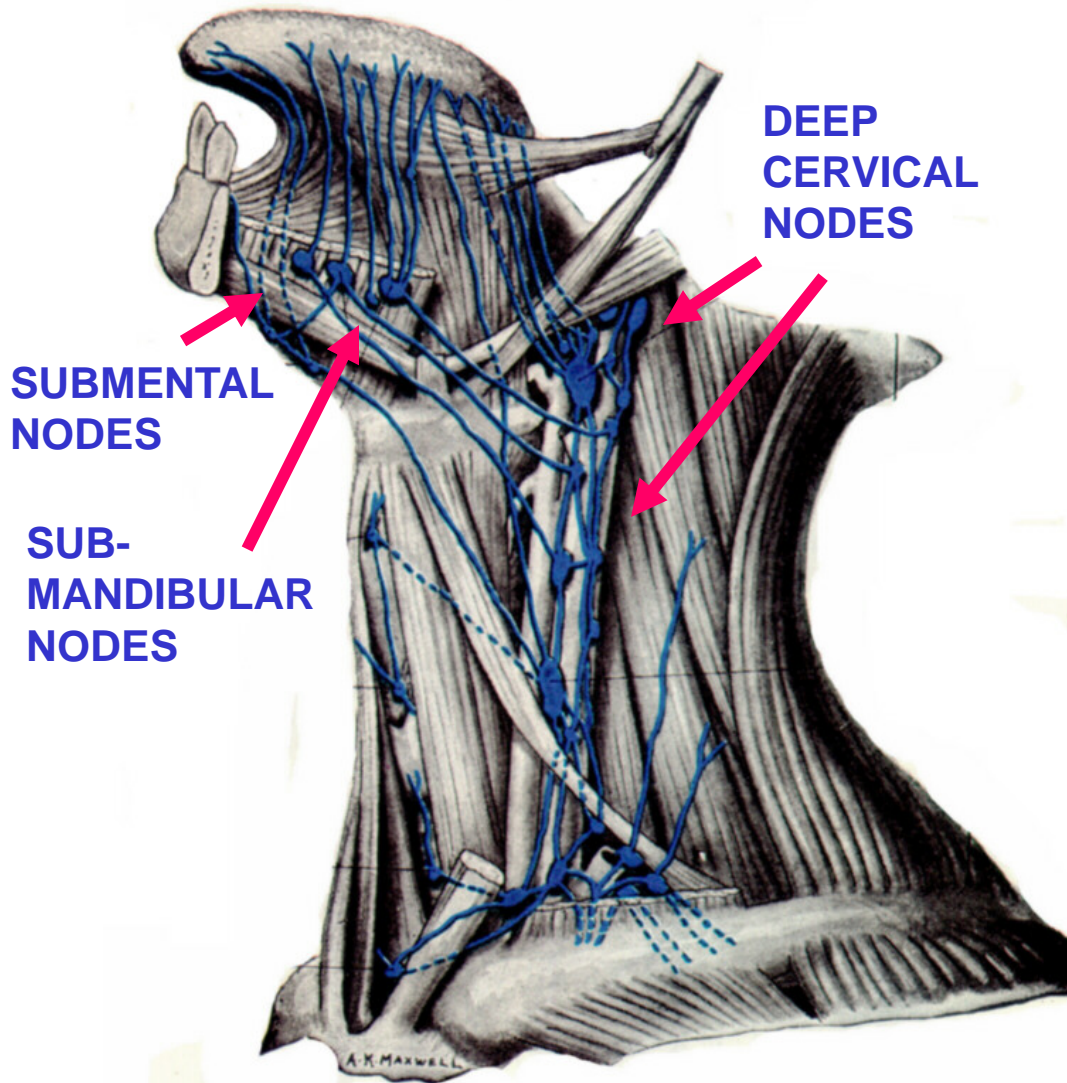
LINGUAL ARTERY

NOSE →



LINGUAL ARTERY- TURNS UPWARD TO SUPPLY TONGUE BRANCHES
A) DORSAL LINGUAL BRANCHES- TO DORSUM OF TONGUE
B) SUBLINGUAL ARTERY - TO SUBLINGUAL SALIVARY GLAND

D. LYMPHATICS OF TONGUE



1. TIP OF TONGUE to SUBMENTAL NODES
2. REST OF ANTERIOR 2/3 OF TONGUE to SUBMANDIBULAR NODES AND DEEP CERVICAL LYMPH NODES
3. POSTERIOR 1/3 OF TONGUE TO DEEP CERVICAL LYMPH NODES

NOTE: LYMPH * VESSELS OF TONGUE CROSS MIDLINE; LESION MAY SPREAD TO OPPOSITE SIDE

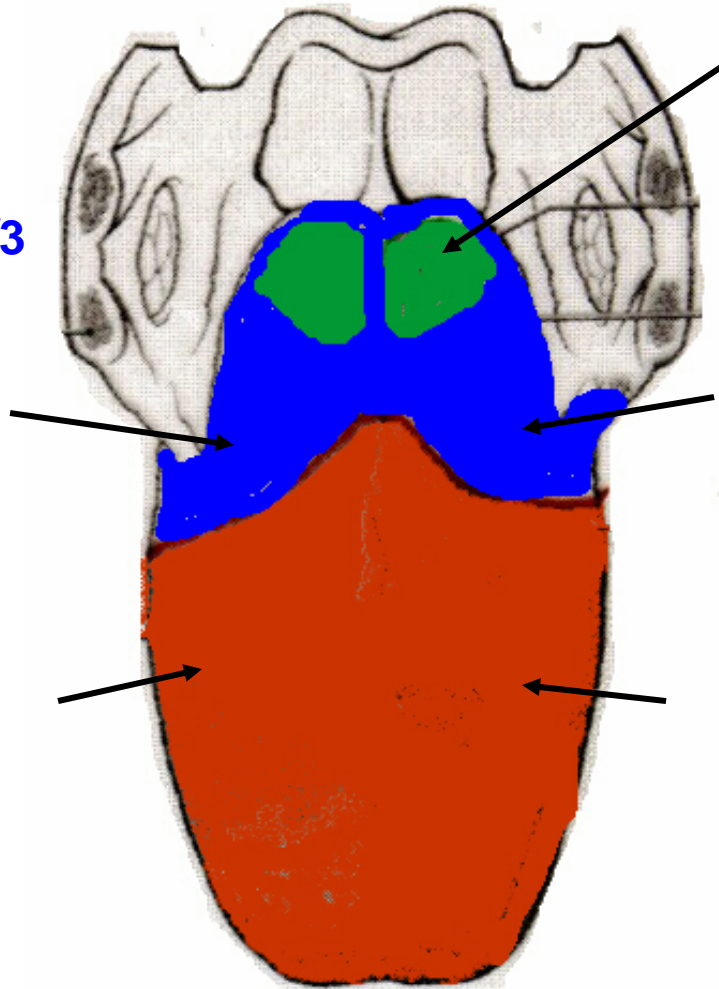
E. SENSORY INNERVATION OF TONGUE

NOTE:



PHARYNGEAL PART- POST 1/3 and ANT. TO EPIGLOTTIS- VISCERAL SENSORY, TOUCH, PAIN; TASTE

ORAL PART - ANT 2/3 - SOMATIC SENSORY TOUCH, PAIN; TASTE

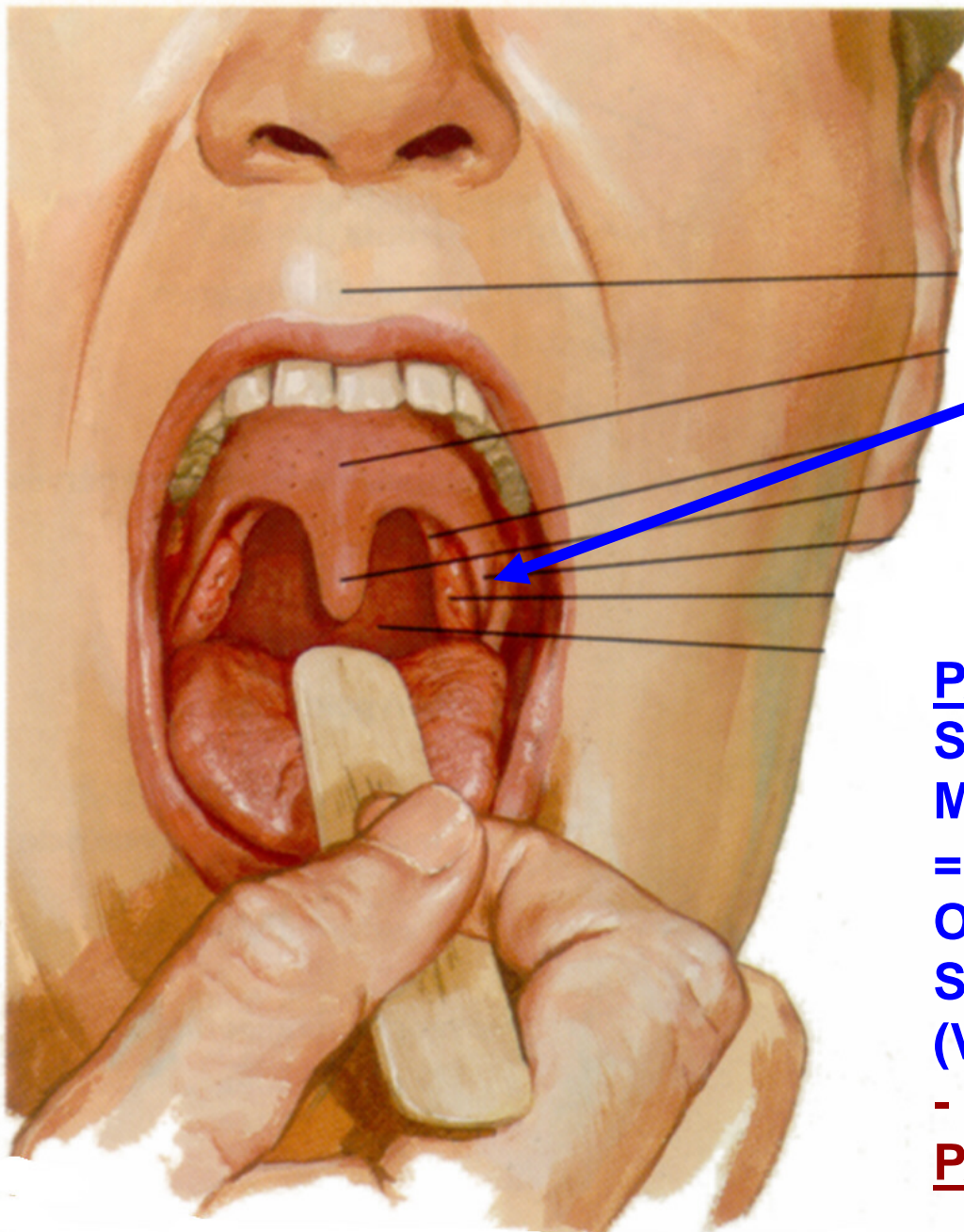


ANT. TO EPIGLOTTIS -
1) X- VAGUS- VISCERAL SENSORY TOUCH AND TASTE

POST. 1/3 OF TONGUE
1) IX - GLOSSOPHARYNGEAL - VISCERAL SENSORY TOUCH AND TASTE

ANT. 2/3 OF TONGUE
1) V3 - LINGUAL N. SOMATIC SENSORY TOUCH
2) VII - CHORDA TYMPANI - TASTE

NOTE: ALL MUSCLES INNERVATED BY XII HYPOGLOSSAL (SOMATIC MOTOR)
NOTE; PALATOGLOSSUS IS MUSCLE OF PALATE INNERVATED BY X (VAGUS)



**SAY
AAHH!**

**PALATOGLOSSAL
ARCH**

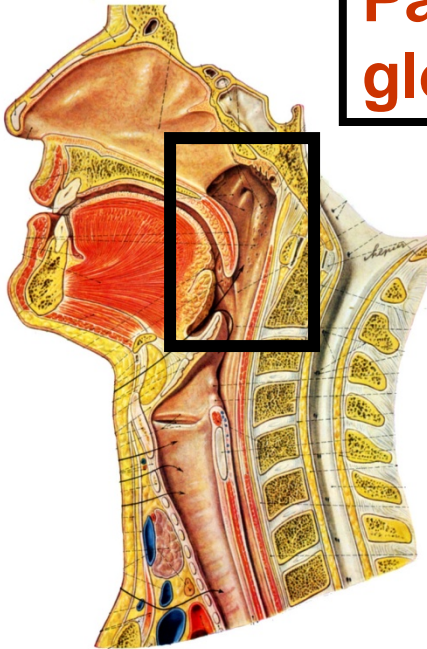
**PALATOGLOSSAL ARCH =
SITE OF OROPHARYNGEAL
MEMBRANE
= BOUNDARY BETWEEN
ORAL CAVITY (SOMATIC
SENSORY) AND PHARYNX
(VISCERAL SENSORY)
- **OVERLIES**
PALATOGLOSSUS MUSCLE**

PALATOGLOSSUS IS A MUSCLE OF SOFT PALATE

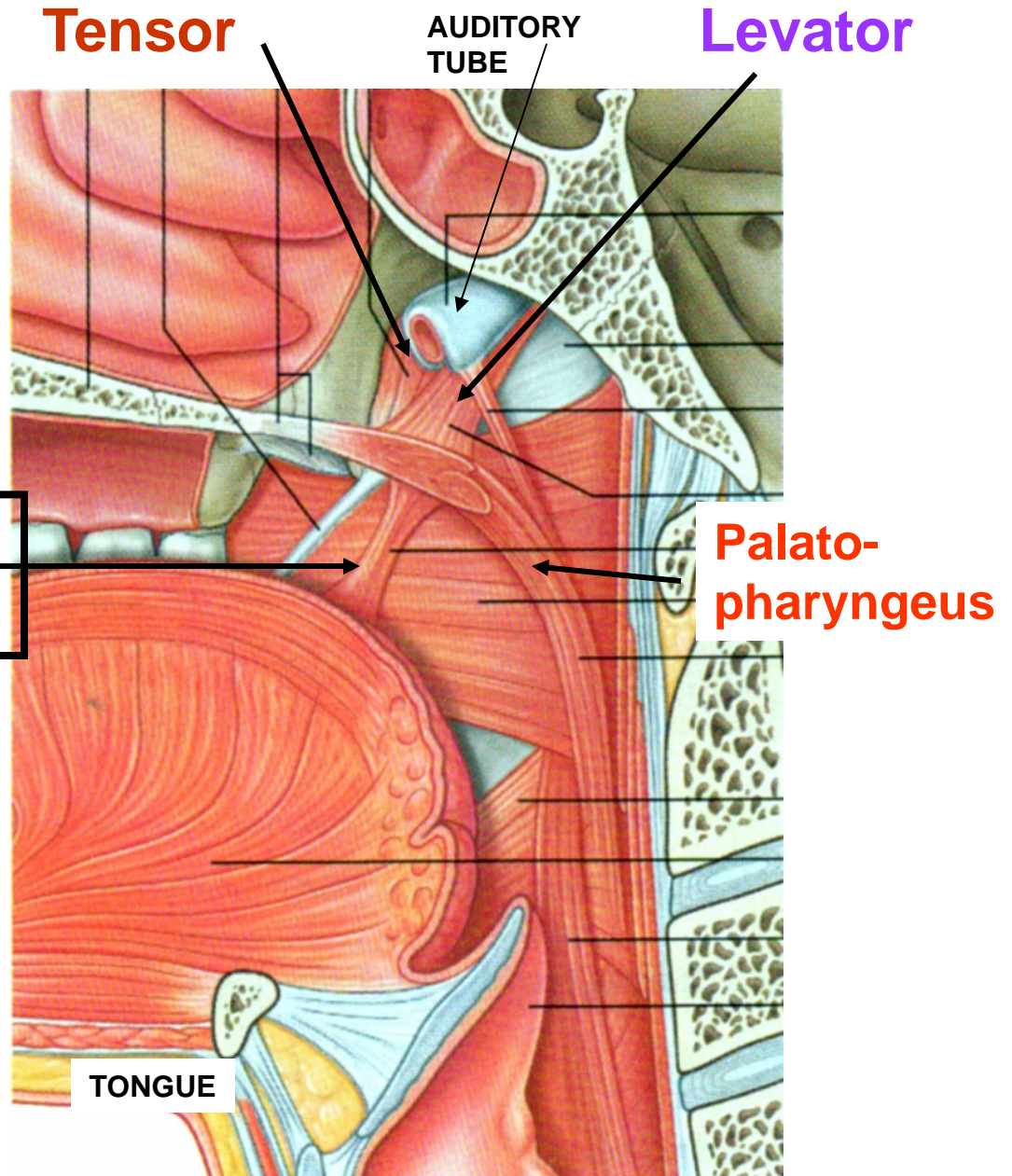
Innervation - VAGUS
CN X

Palatoglossus

O - Palatine
aponeurosis, I - Side of
tongue; A - Draws
palate down, raises
tongue



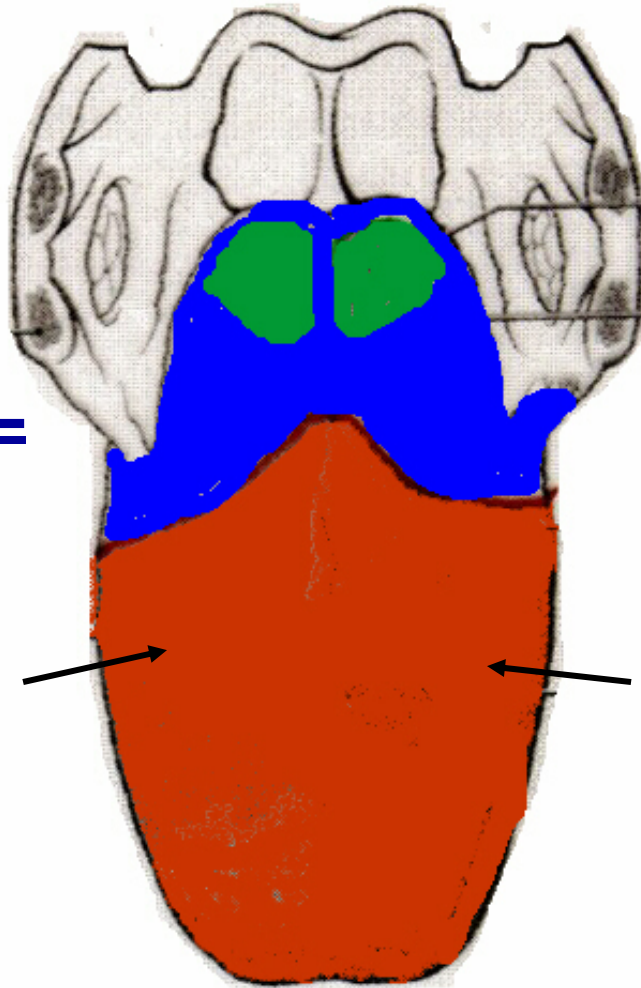
Palato-
glossus



III. INNERVATION OF ANTERIOR 2/3 OF TONGUE - in two Cranial Nerves - V, VII

SOMATIC SENSORY -
(GSA)
IN TRIGEMINAL N. (V)

V3 - LINGUAL N. -
SOMATIC SENSORY TOUCH

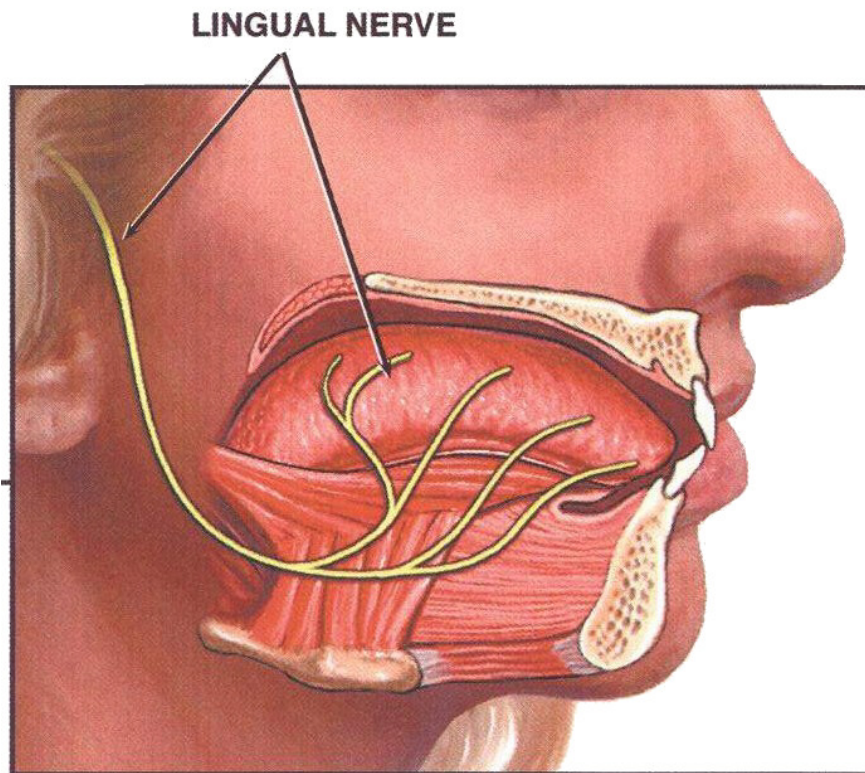


TASTE -
(SVA)
IN FACIAL N. (VII)

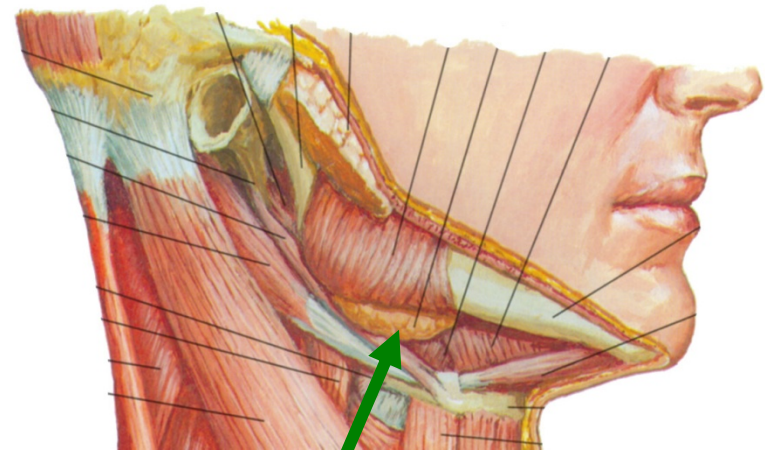
VII - CHORDA TYMPANI -
TASTE

III. PATHWAYS OF NERVES TO TONGUE

LINGUAL NERVE (V3) - PROVIDES SOMATIC SENSATION (precise touch, etc.) to ANT. 2/3 OF TONGUE



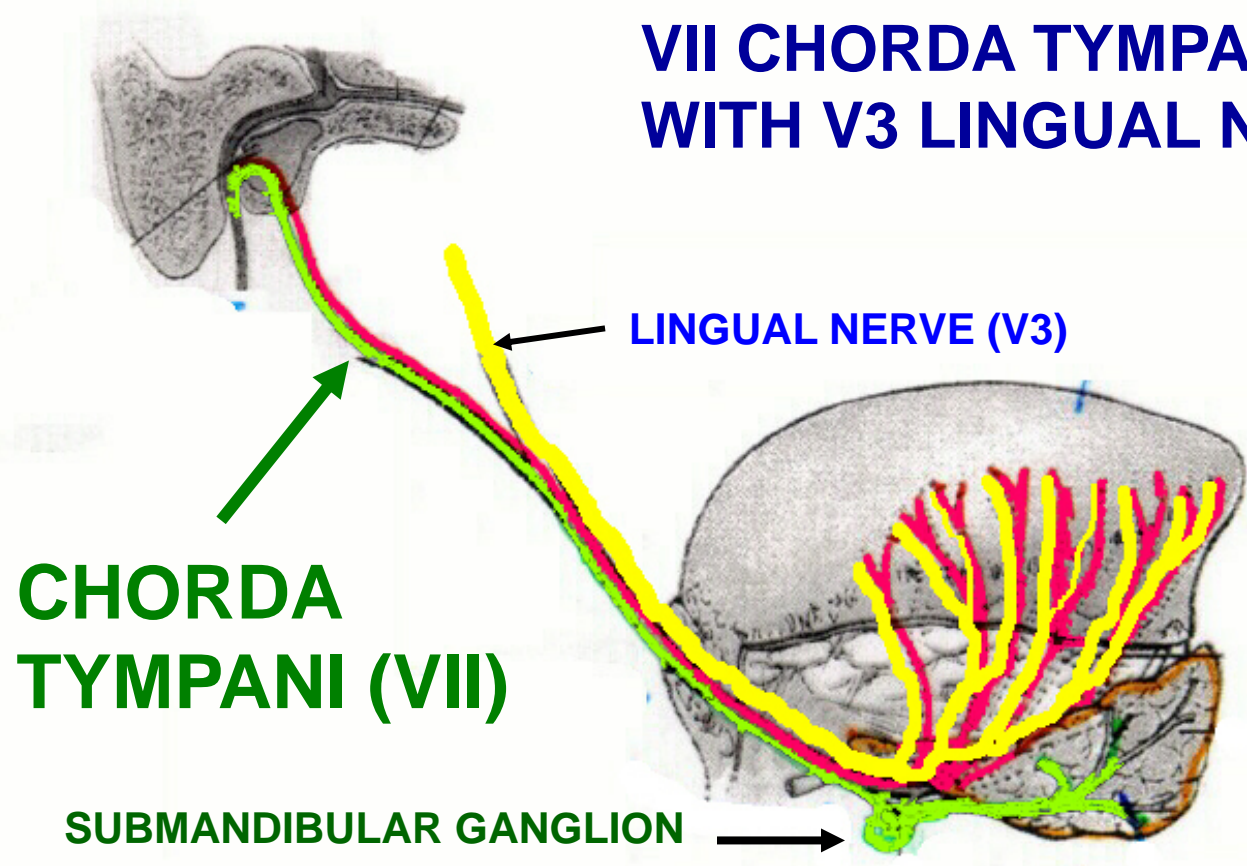
LATERAL VIEW OF THE TONGUE



SUBMANDIBULAR SALIVARY GLAND

LINGUAL NERVE COURSES NEAR SUBMANDIBULAR AND SUBLINGUAL SALIVARY GLANDS

VII CHORDA TYMPANI HITCHHIKES WITH V3 LINGUAL NERVE



CHORDA TYMPANI (VII)

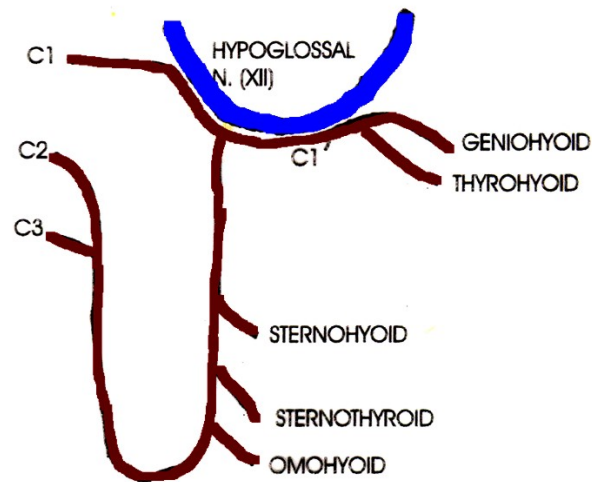
LINGUAL NERVE (V3)

SUBMANDIBULAR GANGLION

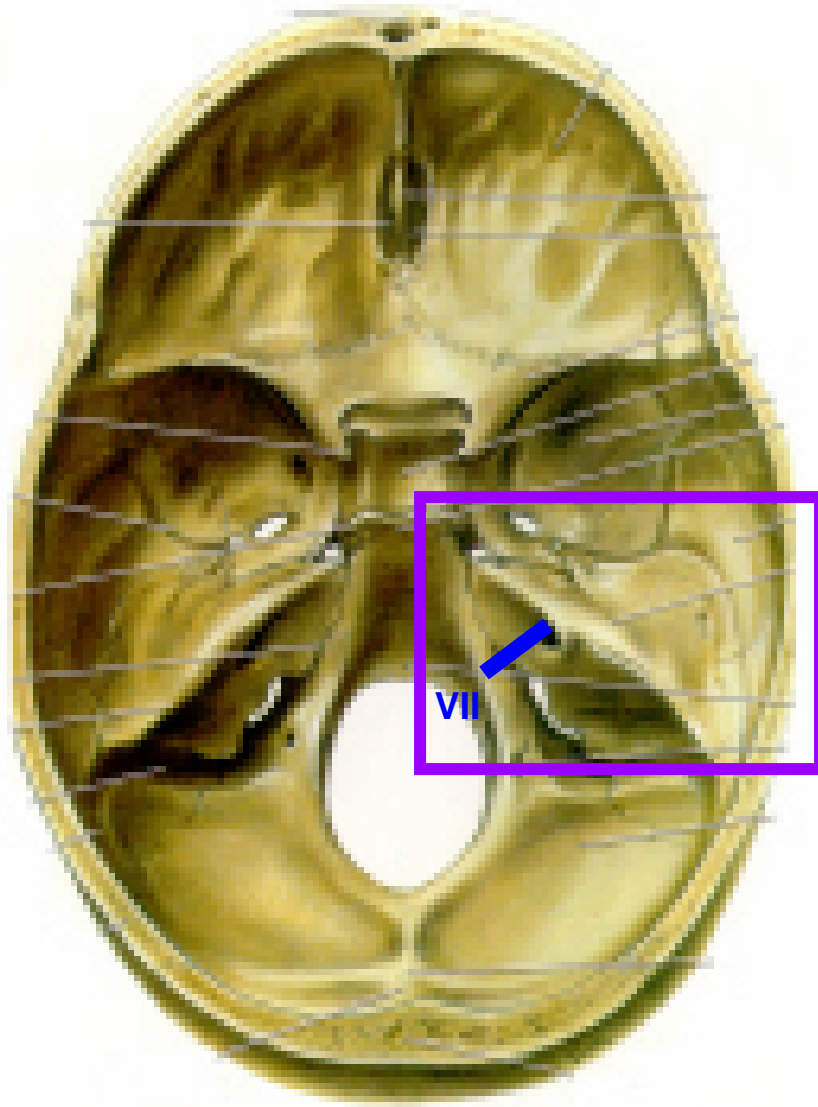
CHORDA TYMPANI (VII)-
Parasympathetics
 - to
Submandibular,
Sublingual
salivary glands
 - **Taste fibers** - to
taste buds on Ant.
2/3 of tongue

SIMILAR TO ANSA CERVICALIS

RECALL: CN XII Receives hitchhiking fibers of C1



VII – FACIAL – review pathway



VII leaves Posterior
Cranial fossa via
Internal Auditory
Meatus

Look
inside
Petrous
part of
temporal
bone

FACIAL NERVE

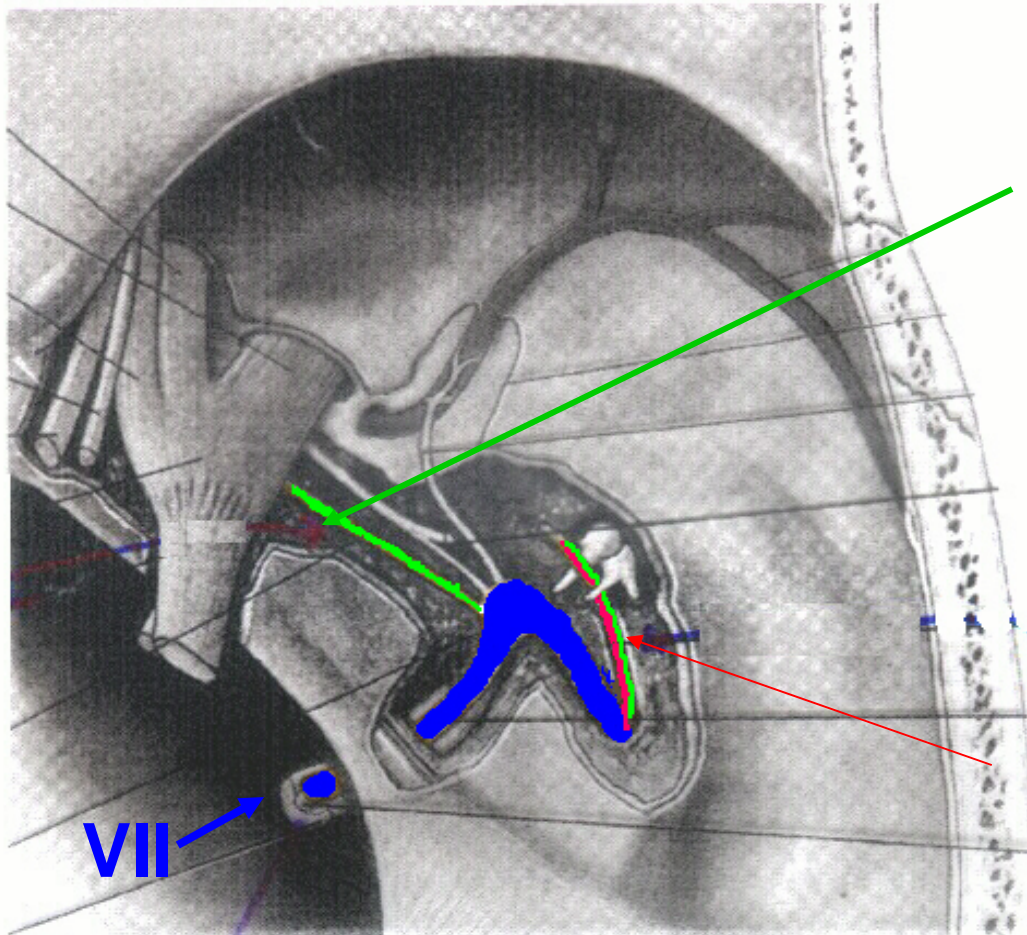
VII leaves Post. Cranial fossa via Internal Aud. Meatus - enters Facial Canal

Branches in Facial Canal

1. Greater Petrosal N.
- Visceral motor Parasymp. to
Lacrimal gland, mucous glands of nose and palate,
- Visceral sensory to Nasopharynx

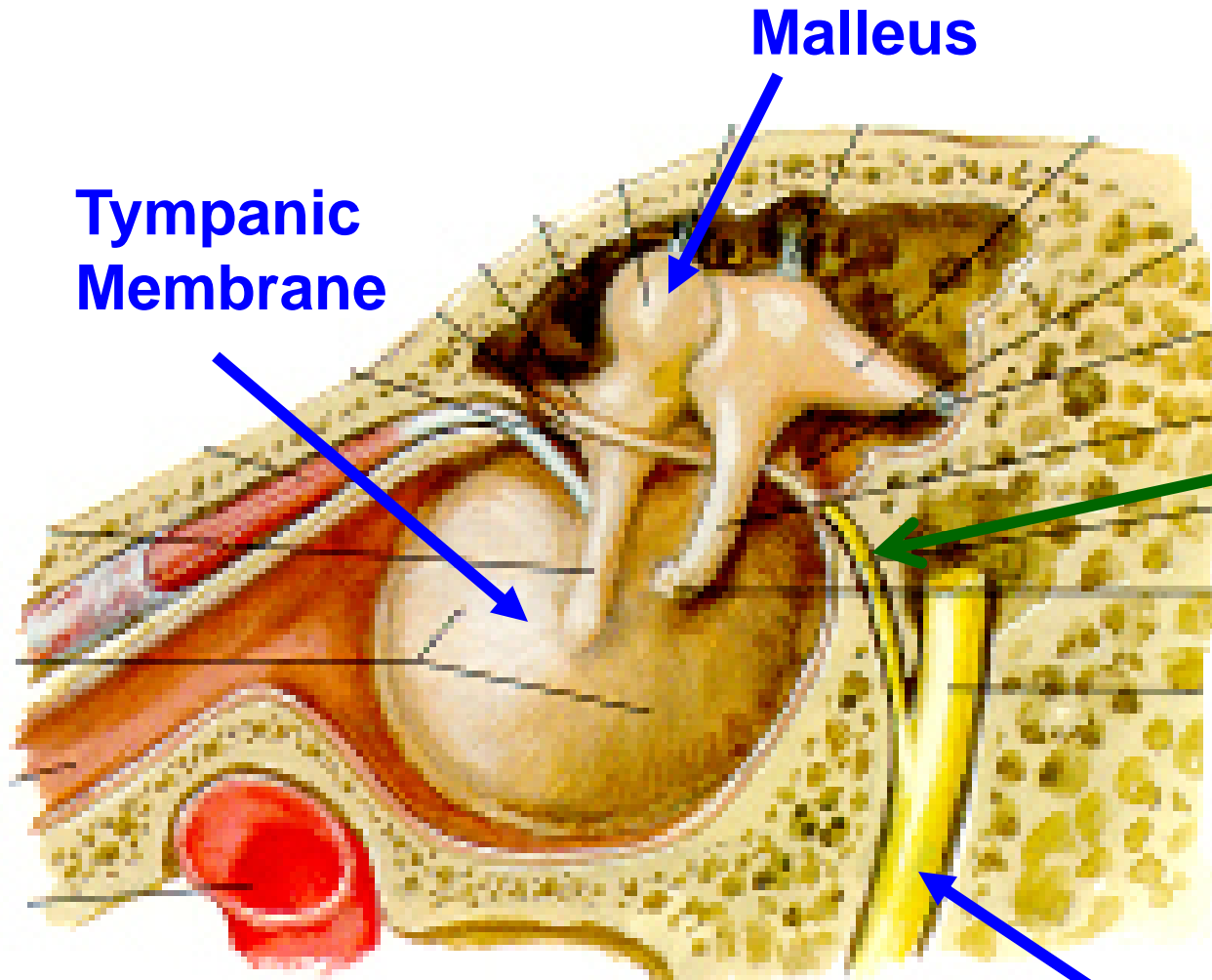
2. Stapedial N. - Branchio-motor to stapedius

3. Chorda Tympani
Taste to ant 2/3 tongue
Visceral motor Parasymp to submandibular, subling. salivary glands



CHORDA TYMPANI CROSSES TYMPANIC MEMBRANE

Taste to ant. 2/3 of tongue
Parasympathetic to submandibular, sublingual salivary glands



Tympanic Membrane

Malleus

- Chorda Tympani has no function in middle ear
- Crosses through tympanic cavity
- Over handle of malleus

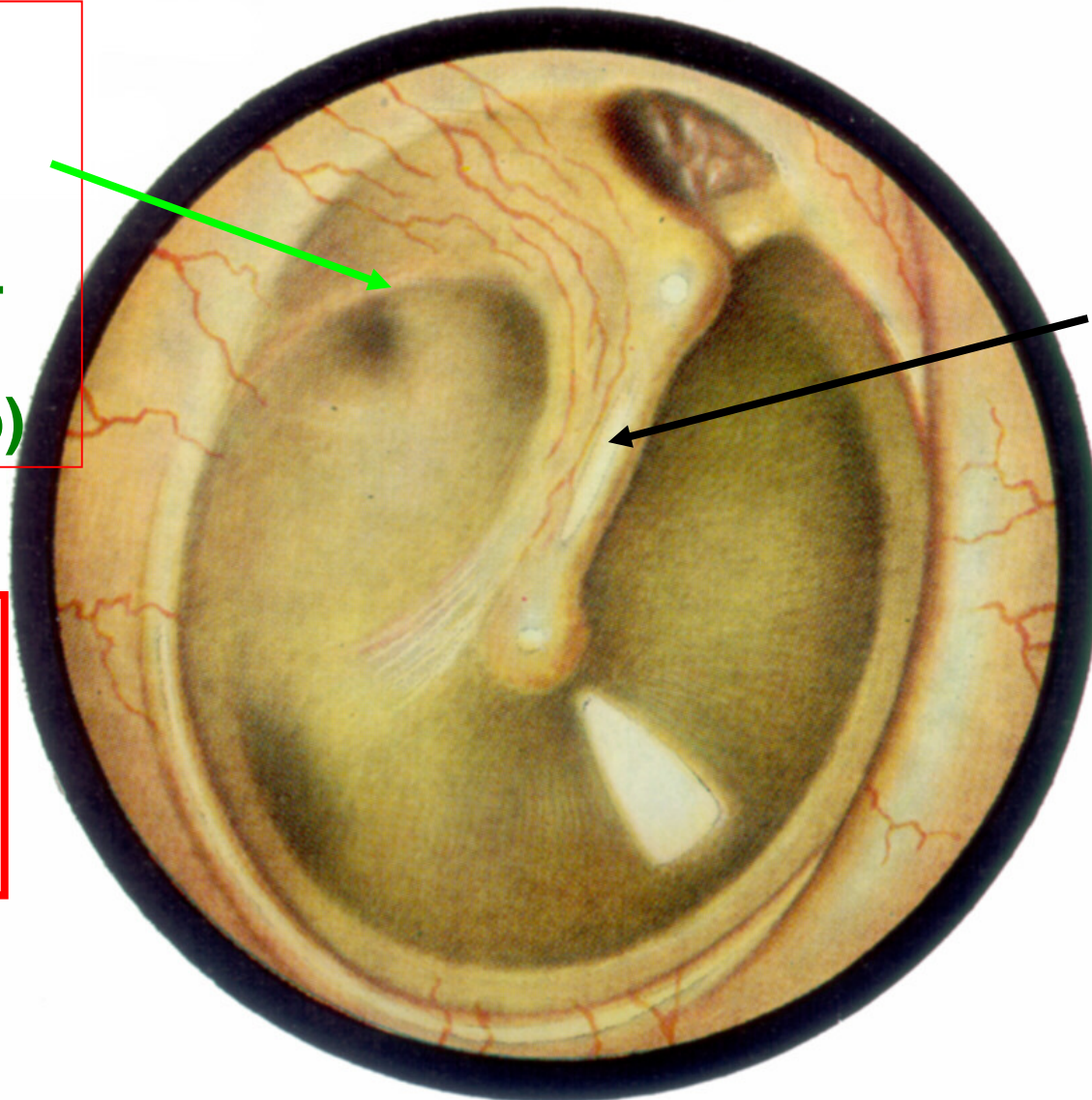
VIEW OF INNER SURFACE

FACIAL NERVE

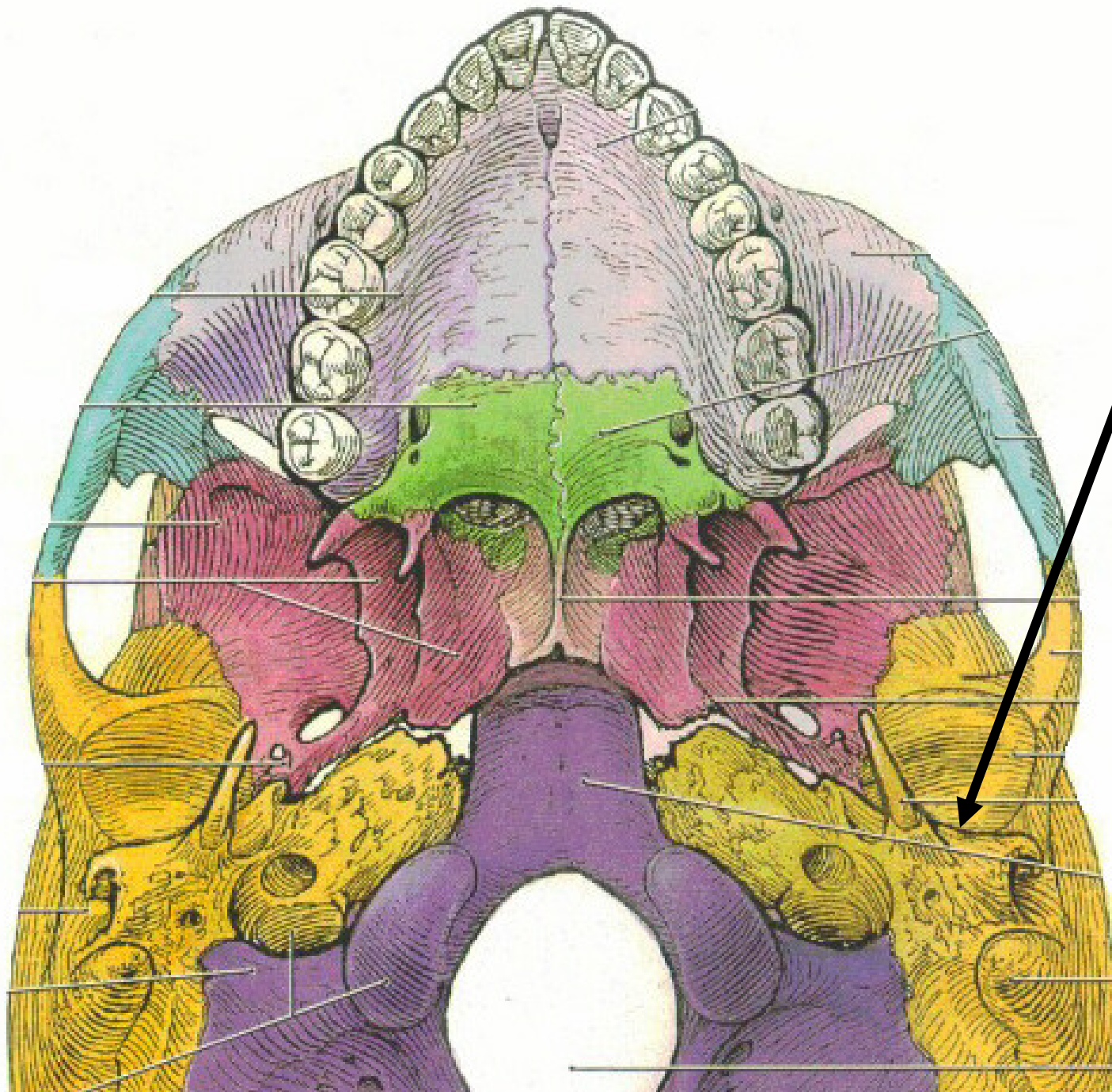
OTOSCOPE VIEW OF TYMPANIC MEMBRANE

**CHORDA
TYMPANI:
TASTE,
VISCERAL
MOTOR
(parasymp)**

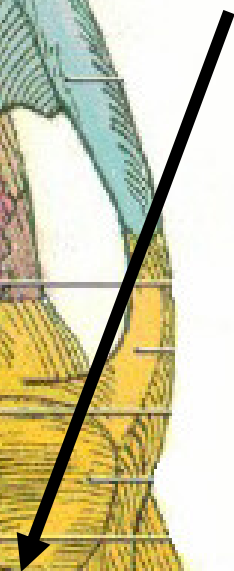
**Lose
taste if
pierce
tympanic
membrane**



**MALLEUS –
manubrium
(handle)**

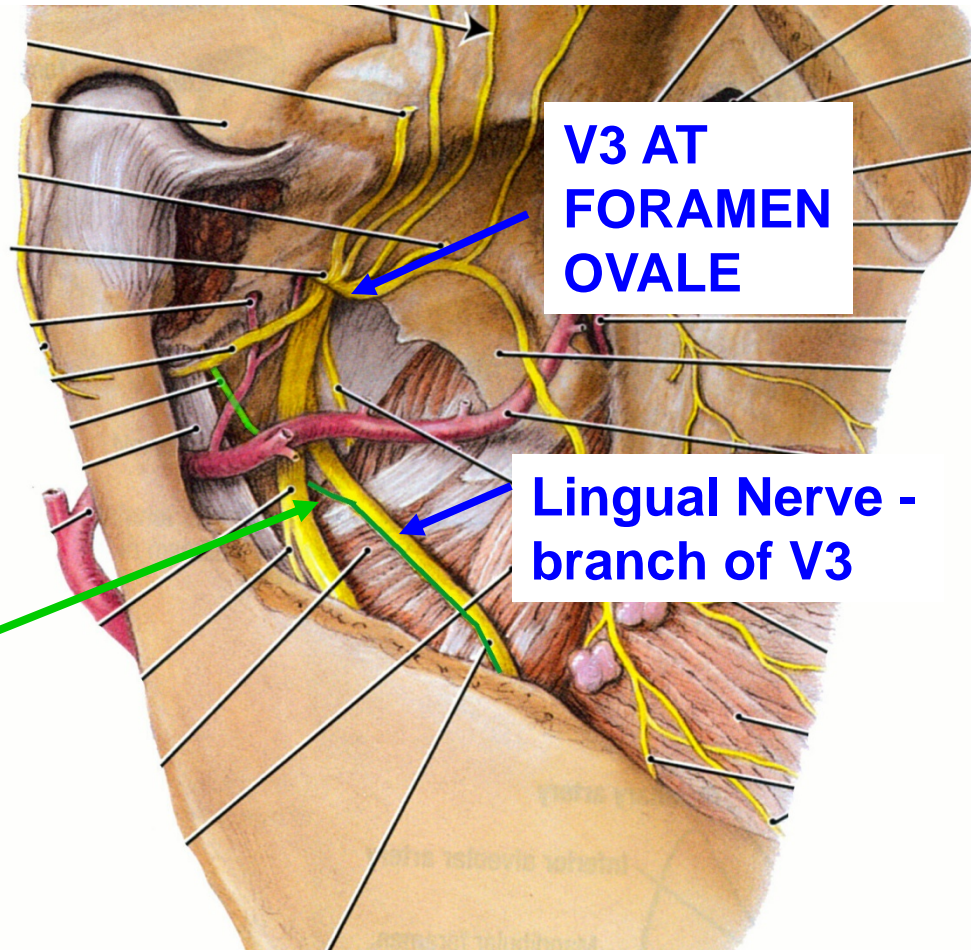
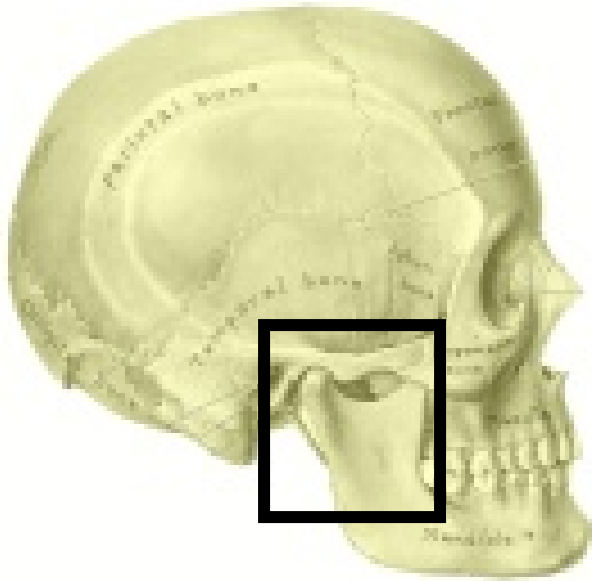


PETRO-
TYMPANIC
FISSURE - for
CHORDA
TYMPANI and
ANT.
TYMPANIC
ARTERY



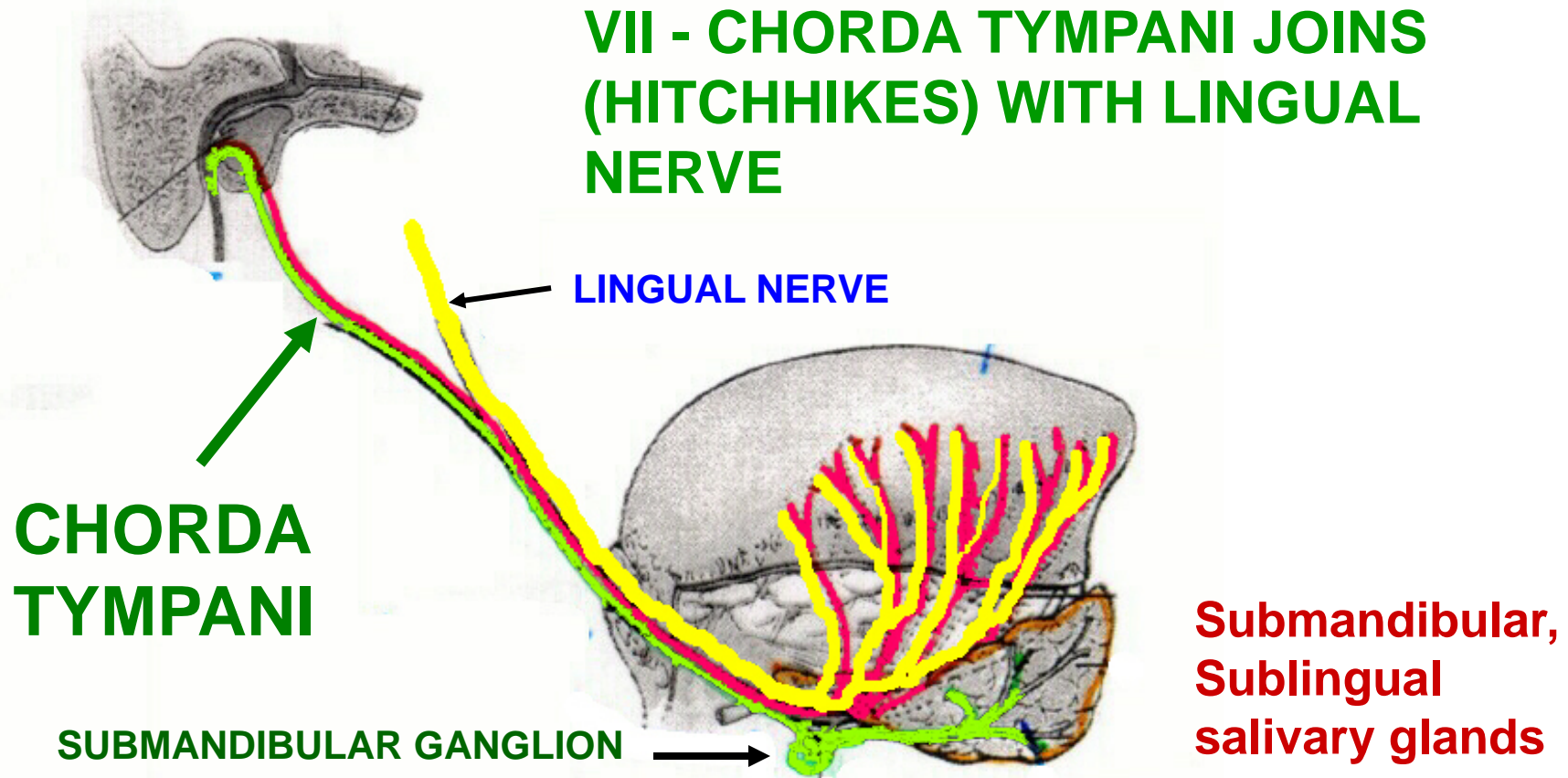
**VII - CHORDA TYMPANI - PARASYMPATHETIC TO
SUBMANDIBULAR AND SUBLINGUAL GLANDS,
TASTE FIBERS TO ANT 2/3 OF TONGUE**

NOSE



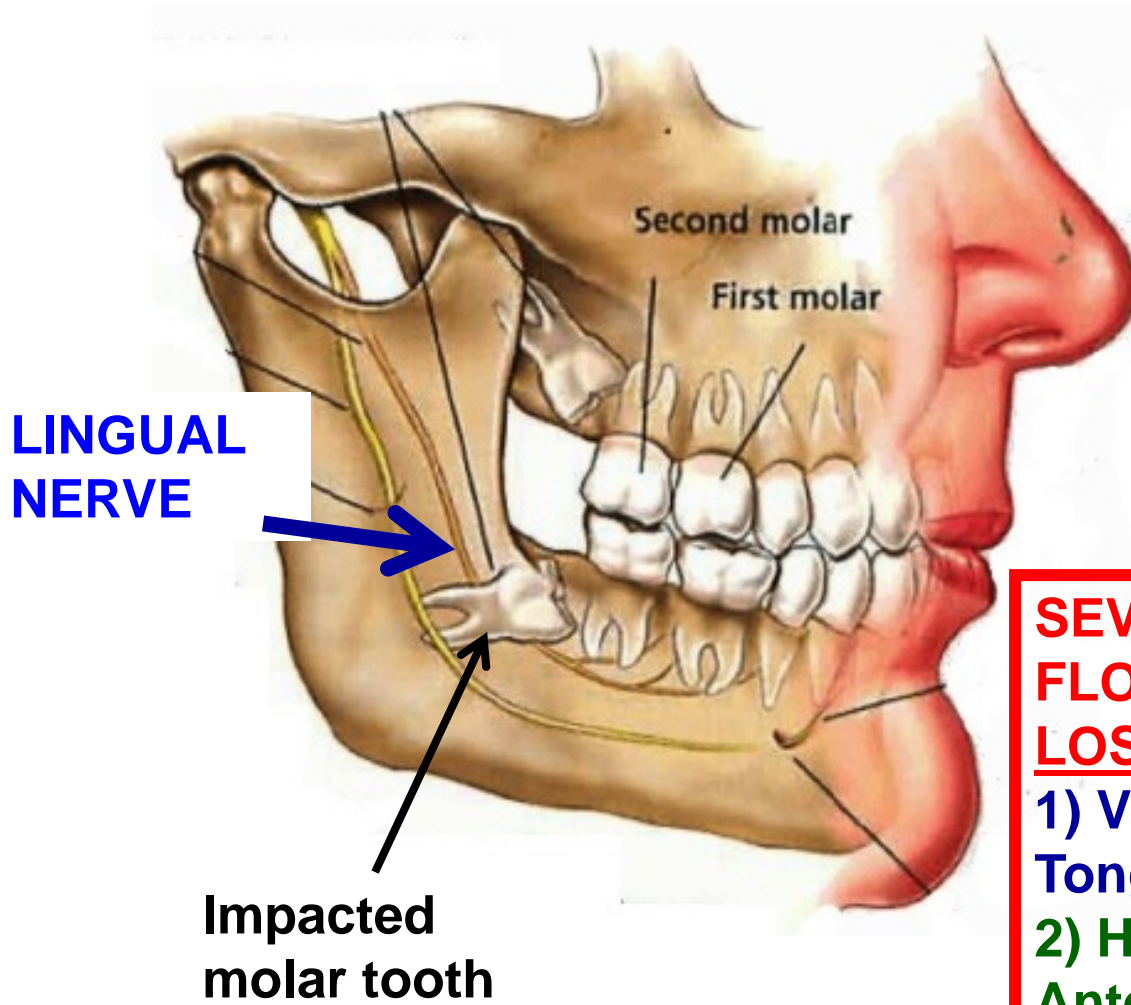
**CHORDA
TYMPANI joins
and hitchhikes
with Lingual
Nerve (V3)**

VII - CHORDA TYMPANI JOINS (HITCHHIKES) WITH LINGUAL NERVE



- Parasympathetics - synapse in Submandibular ganglion; post. ganglionics to Submandibular, Sublingual salivary glands
- Taste fibers - continue to taste buds on Ant. 2/3 of tongue

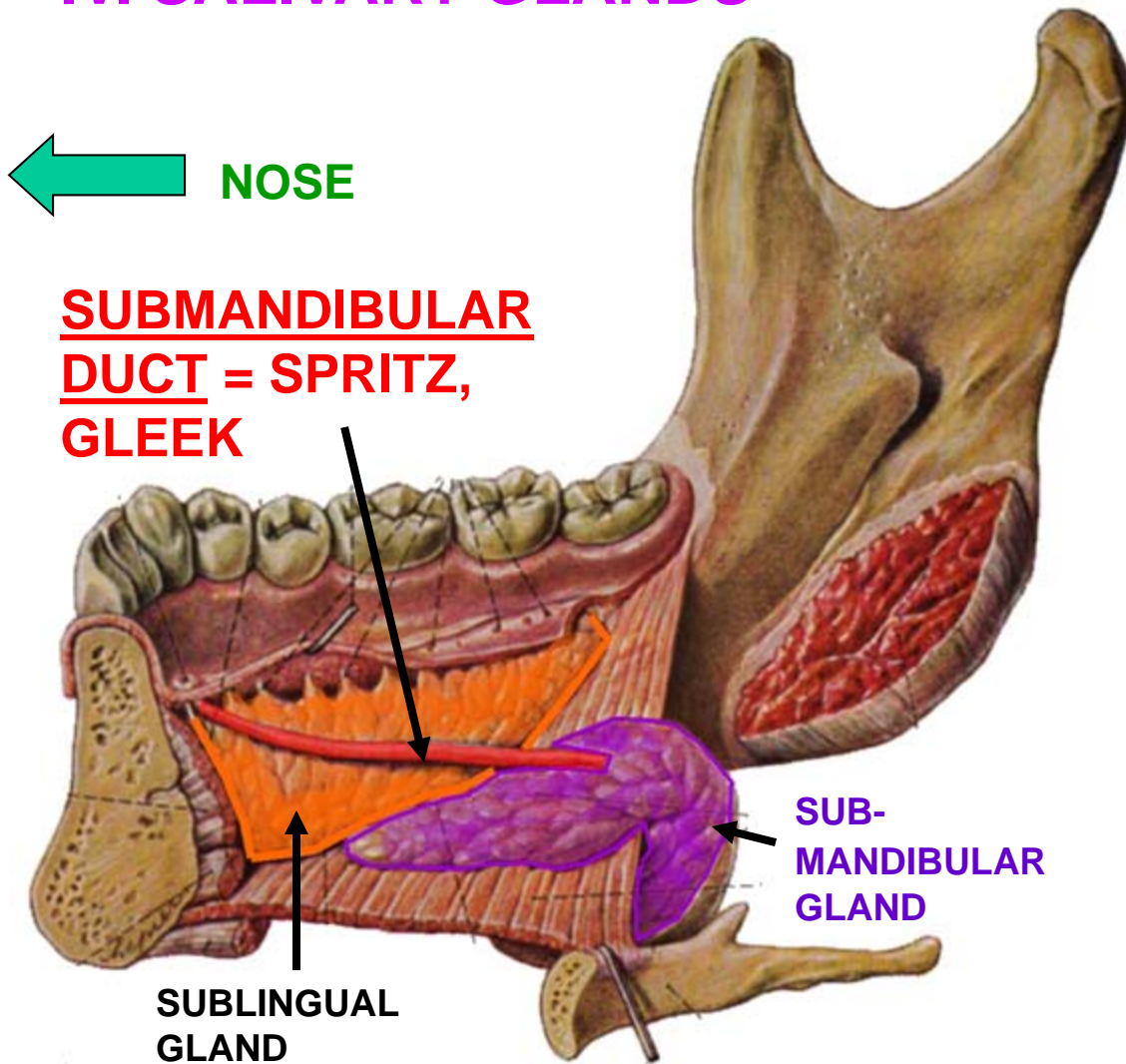
CLINICAL: LINGUAL NERVE (V3) CAN BE DAMAGED IN THE FLOOR OF THE MOUTH



- Lingual nerve courses below mucosa in floor of mouth
- Can readily be damaged during dental extraction of impacted molar tooth
- Also damaged in children: ex. fall with glass pop bottle in mouth

**SEVERING LINGUAL NERVE IN FLOOR OF MOUTH -
LOSE TOUCH AND TASTE:**
1) V - General sensation to Ant. Tongue AND
2) Hitchhiking VII - Taste fibers to Anterior Tongue

IV. SALIVARY GLANDS



1) SUBMANDIBULAR GLAND - C SHAPED, WRAPS AROUND POST BORDER OF MYLOHYOID; -CAPSULE ATTACHED TO MANDIBLE, DERIVED FROM INVESTING LAYER

SUBMANDIBULAR DUCT- ARISES BETWEEN MYLOHYOID (ANT) & HYOGLOSSUS- POST - OPENS- 1-3 ORIFICES ON SUBLINGUAL PAPILLA

2) SUBLINGUAL GLANDS- LOCATED BETWEEN MANDIBLE & GENIOGLOSSUS -OPENS- 10-12 SMALL DUCTS TO SUBLINGUAL FOLDS (PLICAE SUBLINGUALIS)

SALIVARY GLANDS INNERVATION BY CN VII

NOSE →

SUBMANDIBULAR
GANGLION

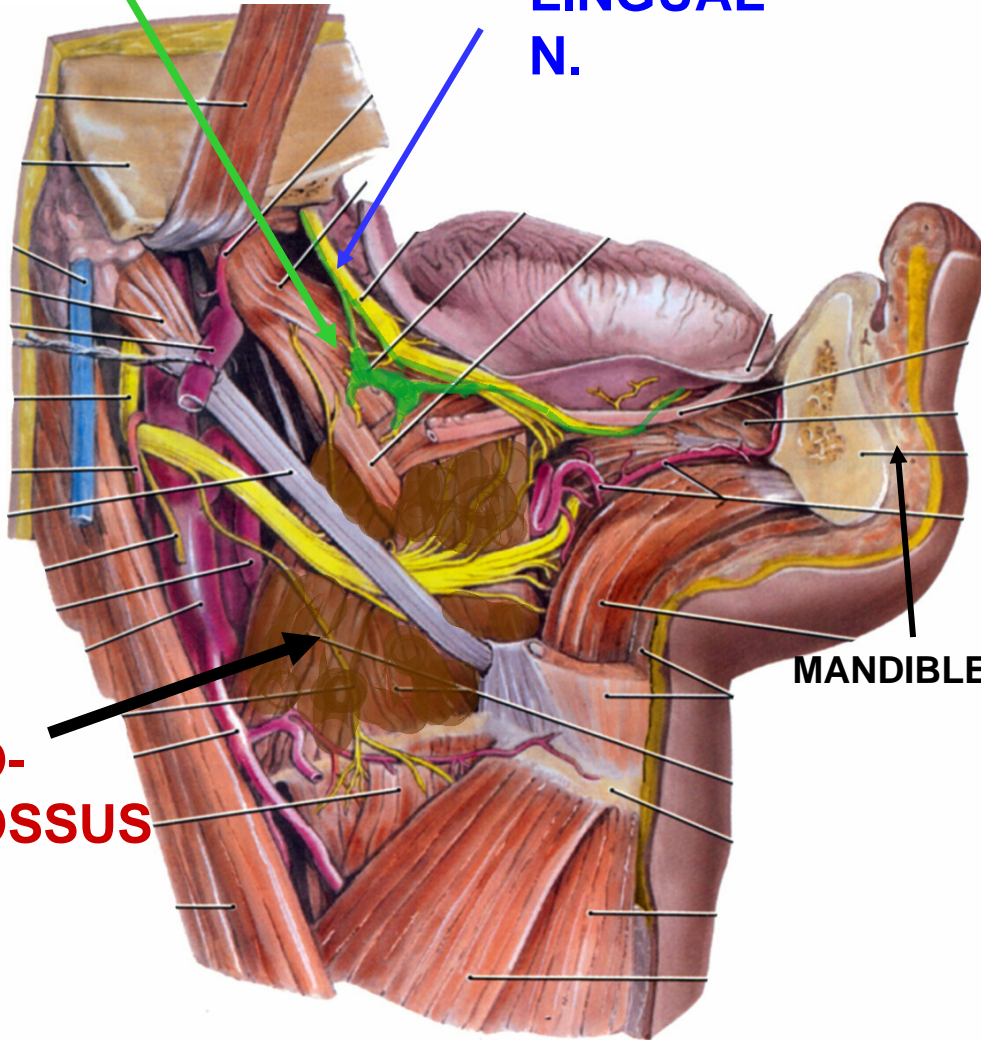
LINGUAL
N.

PARASYMPATHETICS
FROM VII (CHORDA
TYMPANI) HITCHHIKE
WITH LINGUAL NERVE ;

SUBMANDIBULAR
GANGLION (VII) -
SUSPENDED FROM
LINGUAL N., INN
SUBMANDIBULAR &
SUBLINGUAL SALIV.
GLAND

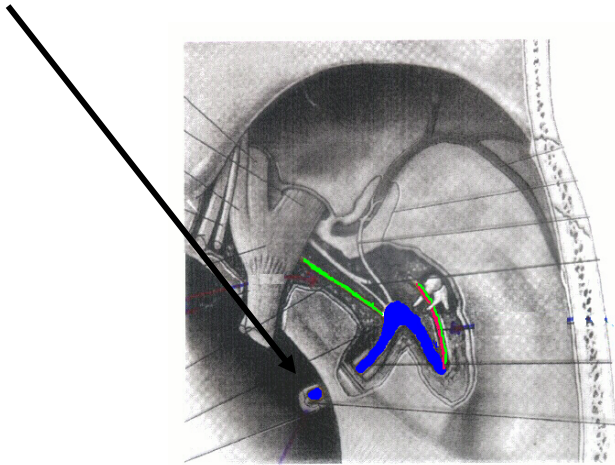
HYO-
GLOSSUS
M.

MANDIBLE

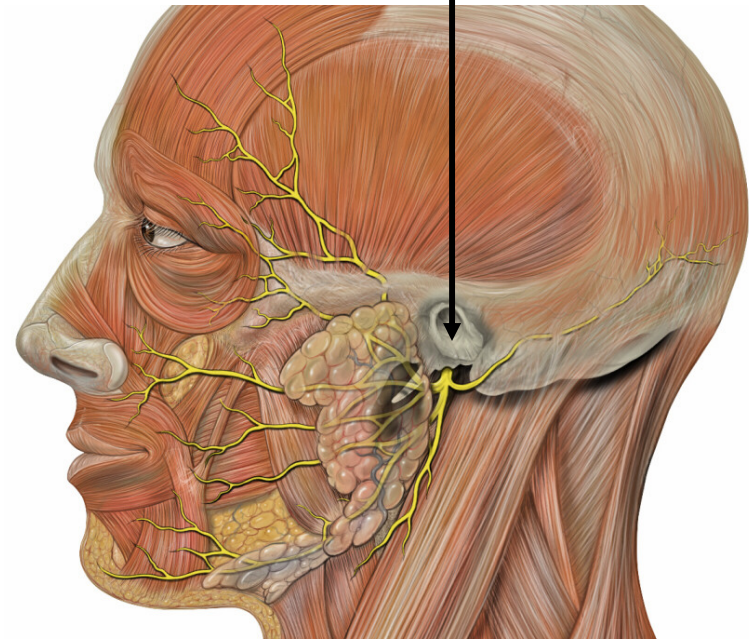


FACIAL NERVE (CRANIAL NERVE VII) - MANY BRANCHES INSIDE TEMPORAL BONE

VII - leaves post cranial fossa via Internal Auditory Meatus



VII - EXITS SKULL VIA STYLOMASTOID FORAMEN



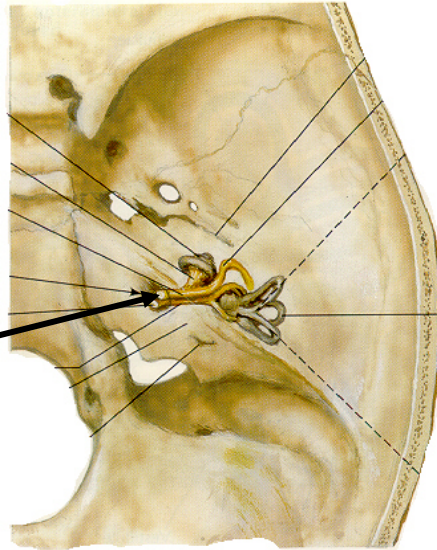
Branches arise in petrous temporal bone:

- 1) Parasympathetics - to Pterygopalatine ganglion - Lacrimal gland, Mucous glands nose palate**
- 2) Taste fibers to ant. 2/3 tongue Chorda tympani - also contains parasymp. Submand., Sub.ling saliv. glands**

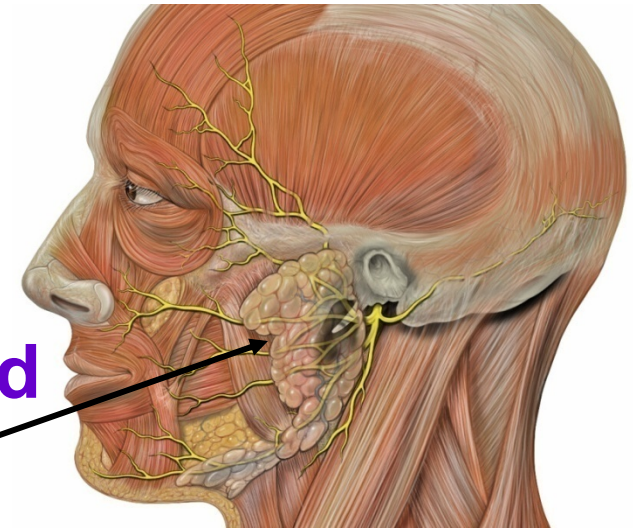
branches only to Muscles Facial Expression, Neck muscles

IV. SYMPTOMS OF DAMAGE TO FACIAL NERVE DEPEND UPON LOCATION

Int. aud.
meatus



Stylo-
mastoid
foramen
or
in Parotid
Gland



VII - FACIAL AND
VIII - VESTIBULO-COCHLEAR

VII - ONLY

ACOUSTIC NEUROMA (NEURINOMA)-
tumor at INTERNAL AUDITORY **
MEATUS - BLOCK VII AND VIII

VIII - auditory/vestibular deficits

VII - all FACIAL NERVE SYMPTOMS
PRESENT - facial paralysis, loss
of taste, hyperacusia, decrease in
secretion of lacrimal and salivary glands

VII - ONLY facial paralysis;
NO loss of taste, NO **
hyperacusia, NO decrease in
secretion of lacrimal and salivary
glands

NO auditory/vestibular deficits;
VIII NOT AFFECTED