

ORAL CAVITY

© 2021zillmusom

I. **SUBMANDIBULAR REGION** - area between mandible and hyoid bone - REVIEW MUSCLES IN SUBMANDIBULAR REGION - Digastric, Mylohyoid and Geniohyoid; on bisected head see (inferior to superior): **Mylohyoid, Geniohyoid and Genioglossus.**

Clinical: Ludwig's Angina - (Angina = condition with intense pain: from L. strangling) - infection of floor of mouth (Submandibular space), often due to spread from abscessed mandibular tooth; Infection may obstruct airway, push up tongue.

II. **TONGUE** - mobile muscular organ involved in speech, swallowing and taste; attached to hyoid, mandible and skull by muscles.

A. Superficial Structures

1. **Sulcus terminalis** – V-shaped groove dividing anterior 2/3 and posterior 1/3 of tongue.

2. **Foramen caecum** - pit in middle of sulcus terminalis; marks site of invagination of thyroid diverticulum.

3. **Lingual frenulum** (= L. bridle) - midline fold extending from floor of mouth to tongue on inferior surface; has swelling at floor of mouth called **Sublingual Papilla**; Submandibular salivary glands open to Sublingual papilla (see below).

4. **Fimbriated folds (Plica fimbriata)** - small folds lateral to lingual frenulum; mark location of lingual veins (fimbriated = L. having a fringe)

5. **Sublingual folds (Plicae sublingualis)** - overlie Sublingual salivary glands and have openings for ducts of glands.

B. Muscles of Tongue - all innervated by Hypoglossal nerve (CN XII).

1. Extrinsic muscles - attach to bones; move tongue

| MUSCLE | ORIGIN | INSERTION | ACTION |
|--------------|---|--------------------------------------|---|
| Genioglossus | Mandible - genial tubercle on inner side | Tongue - up to dorsal surface | Protrudes Tongue |
| Hyoglossus | Hyoid bone - greater and lesser horns | Lateral side of Tongue | Depresses Tongue |
| Styloglossus | Temporal bone - styloid process | Lateral side of Tongue | Draws Tongue superiorly and posteriorly |

Note: Palatoglossus is muscle of soft palate - innervated by CNX (Vagus)

2. Intrinsic muscles - have no bony attachment; change shape of tongue.

| MUSCLE | FIBER ORIENTATION | ACTION |
|---------------------|--------------------|----------------------------|
| Longitudinal muscle | Anterior-posterior | Shorten Tongue |
| Transverse muscle | Horizontal | Narrow Tongue |
| Vertical muscle | Superior-inferior | Flatten and Broaden Tongue |

Clinical Note: In **damage to XII (Lower Motor Neuron) on one side**, there is atrophy of the tongue on the side of the lesion and the **protruded tongue deviates toward the side of the lesion** (due to unopposed action of the **Genioglossus** muscle); **Upper Motor Neuron Lesion** - Tongue control is bilateral by cortex (**EXCEPT GENIOGLOSSUS**) - **protrude tongue deviates away from side of cortical lesion.**

C. Arteries - Lingual artery - arises from External Carotid artery and courses deep to Hyoglossus muscle; turns upward to supply tongue; branches: a) Dorsal Lingual branches to dorsum of tongue; b) Sublingual artery to sublingual salivary gland.

D. Lymphatic drainage - **tip of tongue** drains to **Submental lymph nodes**; remainder of **anterior two thirds** drains to **Submandibular and Deep cervical** lymph nodes; **posterior third** drains to **Deep cervical lymph nodes.**

Important Clinical Note: Lymph vessels **cross over midline** of tongue; **cancer on one side may spread to opposite side** via crossing lymphatics.

E. Sensory Innervation

1. **General sensation** (touch, pain, etc.) - 1) **Somatic Sensory to anterior 2/3 of tongue - Lingual nerve (V3); 2) Visceral Sensory to posterior 1/3 of tongue and area anterior to epiglottis - Glossopharyngeal nerve (IX)** to posterior 1/3 of tongue, **Vagus (X) nerve** to area anterior to epiglottis.

2. **Chemical Sense (Taste) - Chorda tympani (VII) to anterior 2/3 of tongue, Glossopharyngeal (IX) to taste buds of posterior 1/3 of tongue, Vagus (X) to taste buds anterior to epiglottis.**

| REGION | GENERAL SENSATION (TOUCH, PAIN, ETC.) | TASTE |
|-------------------------|--|--|
| Anterior 2/3 of tongue | Lingual Nerve (V3) - Somatic Sensory | Chorda Tympani (VII) - hitchhike with Lingual N. |
| Posterior 1/3 of tongue | Glossopharyngeal Nerve (IX) - Visceral Sensory | Glossopharyngeal Nerve (IX) |
| Anterior to Epiglottis | Vagus Nerve (X) - Visceral Sensory | Vagus Nerve (X) |

III. PATHWAYS OF NERVES TO TONGUE - Nerve branches from VII (Facial Nerve) hitchhike with branches of V (Trigeminal Nerve)

1. Lingual nerve (from V3) - arises from mandibular division (V3) of trigeminal nerve; courses medial to ramus of mandible; joined by chorda tympani (see below); enters floor of mouth medial to root of third mandibular molar tooth; courses upward on **lateral surface of Hyoglossus muscle** to terminate in dorsum of tongue; provides general sensation (Somatic Sensory) to anterior two thirds of tongue.

2. Chorda tympani (from VII) - arises from Facial nerve in facial canal (inside petrous part of temporal bone); passes across tympanic membrane medial to malleus; passes out of tympanic cavity into Infratemporal fossa by Petrotympenic Fissure (see Skull Session);

Anatomical Note: Chorda tympani carries 1) **taste fibers to anterior two thirds of tongue** and 2) **parasympathetic preganglionic fibers to submandibular ganglion that supply submandibular and sublingual salivary glands**; submandibular ganglion is suspended from lingual nerve superior to submandibular salivary gland.

Clinical Note: Damage to Lingual Nerve - Lingual nerve courses immediately below mucosa in floor of mouth; can readily be damaged during dental extraction of impacted molar tooth or in fall with glass pop bottle in mouth (children); **severing nerve in mouth, lose touch and taste to anterior 2/3 of tongue** (fibers from chorda tympani).

Clinical/Diagnostic Note about damage to VII - Facial nerve is complex; many branches arise inside cranial cavity; however, when Facial nerve courses out of skull (stylomastoid foramen) it only contains Branchiomotor fibers to muscles of facial expression. **Damage to VII outside the skull only causes facial paralysis (no lost of taste, hyperacusia, etc.)**

IV. SALIVARY GLANDS - both innervated by parasympathetics from VII Chorda Tympani (to Submandibular Ganglion)

1. Submandibular salivary glands

a. Location - C shaped gland wraps around posterior border of Mylohyoid adjacent to body of mandible.

b. Submandibular duct - arises from gland between Mylohyoid and Hyoglossus muscles; opens by one to three orifices on sublingual papilla (adjacent to lingual frenulum).

2. Sublingual salivary glands

a. Location - in floor of mouth between mandible and Genioglossus muscle; horseshoe-shaped glandular masses around lingual frenulum.

b. Ducts - numerous (10 to 12) small ducts that open into mouth on plicae sublingualis.

Clinical/Entertaining Note: Saliva can be ejected out Submandibular duct by compression (contract Mylohyoid); this occurs in gleeking (spritzing, entertaining for children, not adults) but also **involuntary in some individuals (clinical condition)**.

MUSCLES OF ORAL CAVITY/TONGUE SUBMANDIBULAR REGION

