# I. CALVARIUM - skull cap.

- A. Bones Calvarium consists single Frontal, Sphenoid and Occipital bones and paired Parietal and Temporal bones (lobes of Cerebral Cortex are named for bones of skull).
  - B. Sutures named fibrous joints that connect bones of calvarium:
    - 1. **Coronal suture** between Frontal and Parietal bones
    - 2. Sagittal suture between Parietal bones
    - 3. Lambdoidal suture between Parietal and Occipital bones

### C. Landmarks:

- 1. Bregma midpoint of Coronal Suture
- 2. Lambda midpoint of Lambdoidal suture
- 3. Pterion area of junction of Sphenoid, Temporal, Parietal and Frontal bones (Note: Skull fractures in region of Pterion are clinical important, ex. Epidural Hematoma)
- D. Fontanelles in infants, bones are further apart and joined by fontanelles; fontanelles permit cranial compression at birth, later cranial growth:
  - 1. Anterior Fontanelle at Bregma
  - 2. **Posterior Fontanelle** at Lambda
  - 3. Lateral Fontanelle- at Pterion

Clinical: **Anterior Fontanelle** can be used to **access Superior Sagittal venous sinus in neonates.** 

Forensic note: Sutures progressively fuse with age; extent of fusion can be used to estimate age of skull.

# E. Internal structure of calvarium

- 1. Calvarium consists of **hard inner and outer tables** of cortical bone surrounding layer of **spongy bone (Diploe = double**).
- 2. **Diploic veins** course within diploe, connect both to cranial cavity and surface of skull via **Emissary veins** (can transmit infection through emissary veins, see below).

- F. Blood supply to calvarium outer surface receives branches from arteries to scalp (see below); inner surface receives branches from Meningeal arteries (coursing immediately below bone).
- II. **SCALP** layers of skin and connective tissue overlying calvarium.
  - A. Layers superficial to deep
    - 1. **S**kin with associated hair follicles, sweat glands and sebaceous glands.
- 2. **C**onnective tissue layer dense fibrous connective tissue surrounding arteries and nerves.
- 3. Epicranial Aponeurosis thin tendinous sheet, tightly attached to skin and connective tissue above; moveable anteriorly and posteriorly; laterally attached to temporal fascia; attached to Frontalis and Occipitalis muscles.
- 4. Loose Areolar tissue loosely connects epicranial aponeurosis to periosteum of skull; crossed by emissary veins (see below).
- 5. **P**ericranium periosteum (connective tissue layer) of outer side of calvarium.

Clinical note: Infections can readily spread through loose areolar layer deep to epicranial aponeurosis.

Primitive note: When tribesmen scalp someone, they merely cut along the periphery of the scalp. It is then readily **removed between the layers of the epicranial aponeurosis and the loose areolar tissue**. Civilized people (including medical students) do not keep scalps as souvenirs.

## B. Innervation

- 1. branches of Trigeminal nerve innervate anterior and lateral scalp: 1) Supratrochlear and 2) Supraorbital nerves (anterior scalp), 3) Zygomaticotemporal and 4) Auriculotemporal nerves (lateral scalp).
- 2. Cervical spinal nerves innervate lateral and posterior scalp: 1) Lesser Occipital nerves (from ventral ramus of C2) and 2) Greater Occipital nerves (from dorsal ramus of C2).
  - C. Arterial Supply very rich

- 1. branches of Ophthalmic artery (from Internal Carotid Artery): Supratrochlear and Supraorbital arteries (anterior scalp)
- 2. branches of External Carotid artery 1) Superficial Temporal artery (to lateral scalp); 2) Posterior Auricular artery (scalp above and posterior to external ear); 3) Occipital artery (posterior scalp).

Clinical note: There are extensive anastomoses between arteries to scalp; scalp wounds can bleed profusely from both sides of cut.

D. Venous drainage - by veins with same names as arteries; also drain via emissary veins (passing into diploe) into interior of skull.

Clinical note: Infections can spread from scalp to brain via Emissary veins.

- III. **CRANIAL NERVES** brain is bilaterally symmetrical; cortex is connected to spinal cord by brainstem; outflow/inflow of brain is via cranial nerves; cranial nerves are numbered using Roman numerals:
- I. Olfactory sense of smell
- II. Optic vision
- III. Oculomotor eye muscles
- IV. Trochlear eye muscles
- V. Trigeminal sensory to skin; motor to muscles of mastication (chewing), etc.
- VI. Abducens eye muscles
- VII. Facial motor to muscles of facial expression, etc.; taste to ant. tongue
- VIII. Vestibulo-Cochlear hearing and balance (vestibular apparatus)
- IX. Glossopharyngeal sensory to pharynx
- X. Vagus sensory and motor to larynx (voice box), etc.
- XI. Accessory motor to Trapezius and Sternocleidomastoid
- XII. Hypoglossal motor to muscles of tongue (no sensory)

### IV. LANDMARKS AND BONES OF SKULL

- A. Views of skull
  - 1. Front of skull
    - a. Frontal bone forms forehead, upper margin and roof of orbit
    - b. Orbit bones covered in orbit lecture.
    - c. Zygomatic bones form cheeks.
- d. Maxilla has sockets for upper teeth (alveolar processes); infraorbital foramen (below orbit).

- e. Nasal apertures (Choanae) covered superiorly by nasal bones.
- f. Mandible separate bone; alveolar processes for lower teeth; mental foramen (below second pre-molar tooth).

#### 2. Lateral view

- a. Zygomatic arch consists of zygomatic bones and zygomatic processes of maxillary and temporal bones.
- b. Temporomandibular joint joint between head of mandible (upper end of ramus) and temporal bone.
- c. Temporal bone has parts: 1) mastoid process (inferiorly), 2) squamous (flat) part laterally; 3) tympanic part forms anterior side of external auditory meatus (opening of ear); 4) petrous part is inside skull.
- d. Parietal, Temporal, Frontal and Sphenoid bones form lateral side of cranial cavity.

### 3. Posterior view of skull

a. Occipital bone - has Superior and Inferior Nuchal lines; External Occipital protuberance (inion) is raised bump in middle of Superior Nuchal line.

### 4. Base of skull

- a. Temporal bone has Styloid process for muscle attachment.
- b. Occipital bone has Foramen Magnum for spinal cord and vertebral arteries; occipital condyles articulate with vertebra C1 (Atlas).
- c. Palatine bones and palatine process of maxillary bones form hard palate.

### B. Individual bones of skull

attachment.

- 1. Sphenoid bone "core" of skull forms part of orbit, lateral side of skull, base of skull, parts of all three cranial fossae.
- a. Medial and Lateral Pterygoid plates processes for muscle attachments.
  - b. Spine of Sphenoid on inferior side of sphenoid for ligament
- c. Lesser wing of Sphenoid in interior of skull, above Superior Orbital fissure.
- d. Greater wing of sphenoid extends below Superior Orbital fissure, extends out laterally.
- e. Sella Turcica (Turkish saddle) depression above body of sphenoid (central part) between Anterior and Posterior Clinoid processes; pituitary gland is located in

Sella Turcica.

f. Clivus - central part of sphenoid that extends down to Posterior Cranial Fossa.

Clinical Note: Parts of Sphenoid bone are important landmarks in Neurology.

- V. **CRANIAL CAVITY** divided into depressions or fossae that are functionally related to parts of brain and facial skeleton.
  - A. Anterior cranial fossa related to roof of nasal cavity (also forms roof of orbit).
    - 1. contains Olfactory bulbs and Frontal lobes of cortex.
- 2. Foramina in cribriform plate of ethmoid bone conduct branches (fila olfactoria) of olfactory nerve (CNI).
  - B. Middle cranial fossa related to orbit, nasal cavity and face.
- 1. contains Pituitary gland, Temporal lobes of cortex and cranial nerves from rostral brainstem.
- 2. Foramina for nerves to orbit (Optic nerve and nerves to eye muscles), nasal cavity and face (CNII-CNVI).
  - C. Posterior cranial fossa related to face oral cavity, neck.
- 1. contains lower brainstem and cerebellum; Petrous part of Temporal bone contains cochlea (hearing) and semicircular canals (gravity).
- 2. Foramina for nerves to face, oral cavity (also taste), muscles of tongue and neck (CNVII-CNXII); Foramen Magnum transmits Spinal Cord and Vertebral arteries.

## CHECKLIST OF FEATURES AND BONES OF SKULL TO IDENTIFY

Coronal suture - between Frontal and Parietal bones

Sagittal suture - between Parietal bones

Lambdoidal suture - between Parietal and Occipital bones

Bregma - midpoint of Coronal Suture

Lambda - midpoint of Lambdoidal suture

**Pterion** - junction of Sphenoid, Temporal, Parietal and Frontal bones (fracture - **Epidural Hematoma**)

Anterior Fontanelle - located at Bregma

Posterior Fontanelle - located at Lambda

**Lateral Fontanelle** - located at Pterion

**Diploe** - spongy bone in calvarium between hard inner and outer tables

Zygomatic arch - zygomatic bones and zygomatic processes of maxillary and temporal bones

**Temporomandibular joint** - joint between head of mandible and mandibular fossa of temporal bone

Mastoid process - inferior part of temporal bone posterior to external auditory meatus

**Squamous part of Temporal bone** - lateral part, contributes to calvarium

Tympanic part of Temporal bone - anterior to external auditory meatus

Petrous part of Temporal bone - hard bone, inside cranial cavity (contains cochlea, semicircular canals)

Superior and Inferior nuchal lines - raised ridges on posterior surface of Occipital bone

External Occipital protuberance - raised midline bump in Superior Nuchal line

**Bony palate** - palatine bones, palatine process of maxillary bones

**Medial Pterygoid plates**- inferior projection of Sphenoid bone for muscle attachment (has hamulus (hook) for Tensor Palati muscle)

**Lateral Pterygoid plates** - inferior projection of Sphenoid bone for muscle attachment (Pterygoid muscles)

**Spine of Sphenoid** - inferior projection for ligament attachment

Lesser wing of Sphenoid - smaller part of Sphenoid Superior to Superior orbital fissure

Greater wing of Sphenoid - larger part of Sphenoid, extends laterally

**Sella Turcica** - depression above body of sphenoid (contains pituitary gland)

Anterior and Posterior Clinoid processes - anterior and posterior projections around sella turcica

Clivus - central part of sphenoid extending into Posterior Cranial Fossa