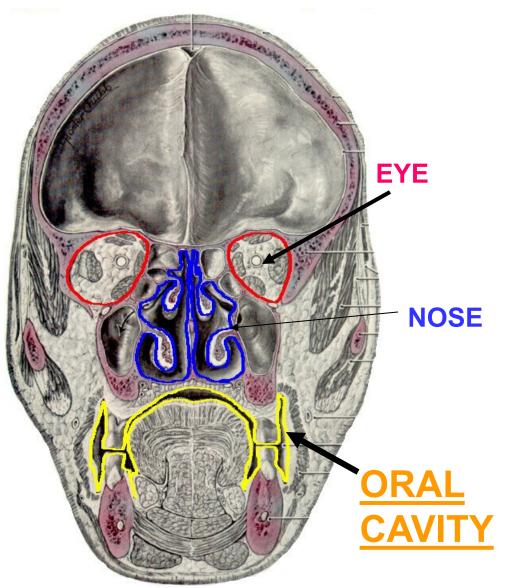
ORAL CAVITY

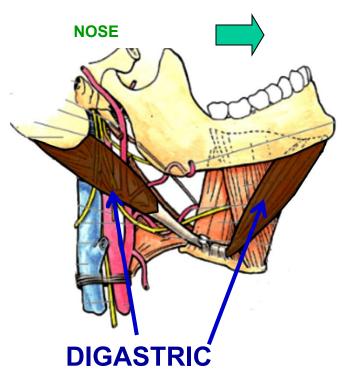


OUTLINE: ORAL CAVITY
I. SUBMANDIBULAR
REGION
II. TONGUE
III. NERVES, ARTERIES,
SALIVARY GLANDS

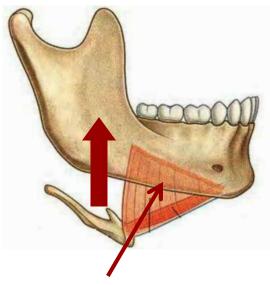
word on the street (of day) - ANGINA = condition with intense pain: from L. or G., strangling, choking

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

view from inside mouth

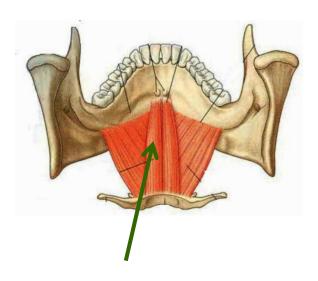


ACTION - Depress mandible, OPEN MOUTH INN - V3, VII



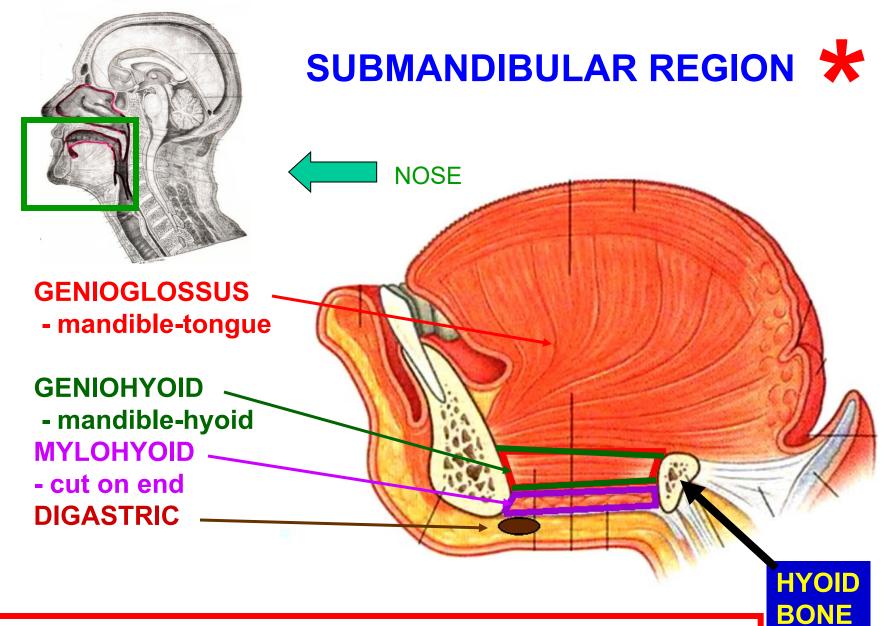
MYLOHYOID

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



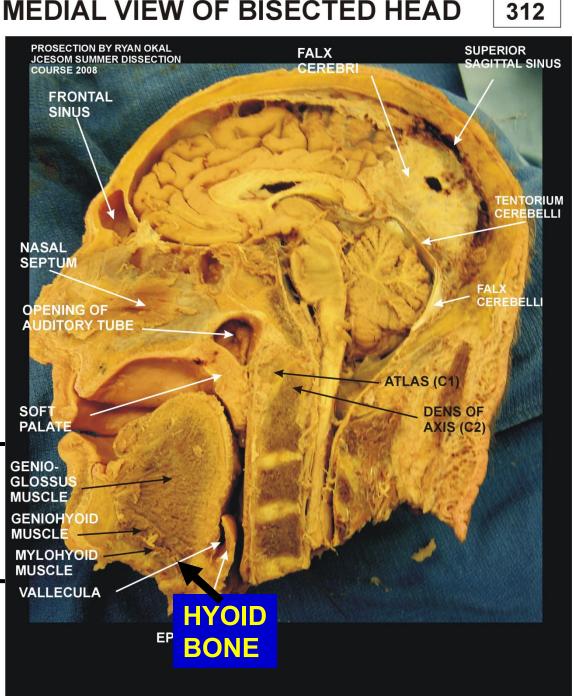
GENIOHYOID

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



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

MEDIAL VIEW OF BISECTED HEAD



MUSCLES

FLOOR

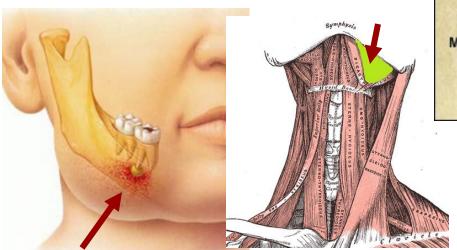
MOUTH

OF

OF

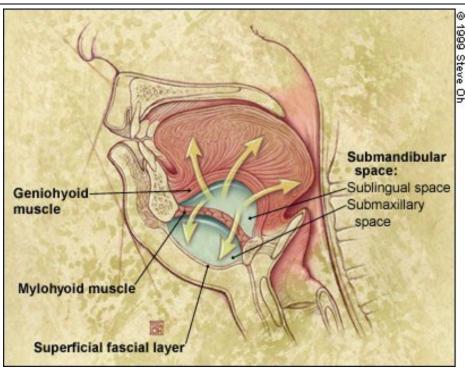
BOARD QUESTION: <u>LUDWIG'S ANGINA</u> - infection of floor of mouth (Submandibular space), often due to spread from abscessed mandibular tooth **





tooth abscess

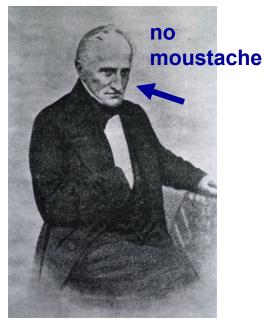
Submandibular Space - in **AnteriorTriangle of neck**



Infection may obstruct airway, push up tongue

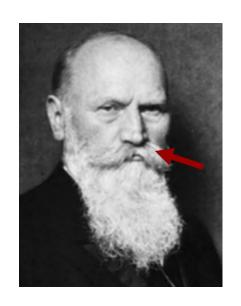
Angina = condition with intense pain: from L. strangling

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

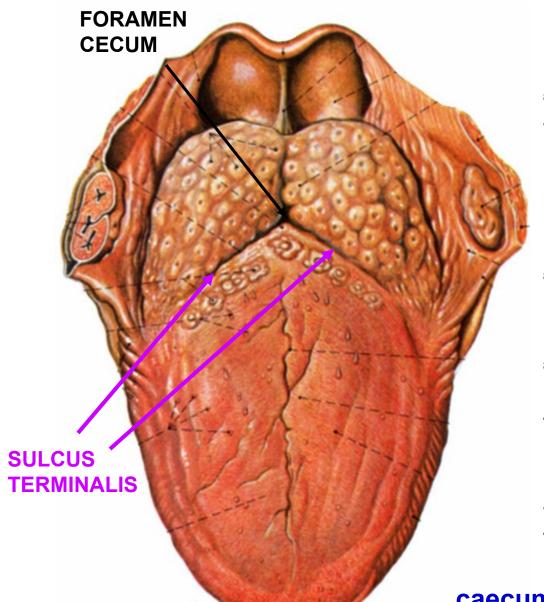


GOLGI-

- 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. <u>SULCUS TERMINALIS</u> V-SHAPE GROOVE DIVIDES TONGUE INTO: <u>ANT. 2/3- ORAL PART</u> - SOMATIC SENSORY; <u>POST 1/3 -PHARYNGEAL</u> PART - VISCERAL SENSORY
- 2. <u>FORAMEN CAECUM</u> PIT IN MIDDLE OF SULCUS TERMINALIS-SITE OF INVAGINATION OF THYROID GLAND

caecum - L. blind pouch

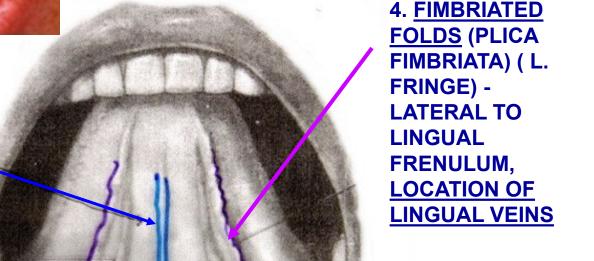
LINGUAL FRENULUM

SUB-LINGUAL PAPILLA

FOLDS, LANDMARKS BENEATH TONGUE

3. <u>LINGUAL</u>
FRENULUM (L.
BRIDLE) MIDLINE
FOLD FROM
FLOOR OF MOUTH

SUBLINGUAL
PAPILLASWELLING AT
BASE OF
FRENULUM;
OPENINGS
SUBMANDIB.
SALIV. GLANDS

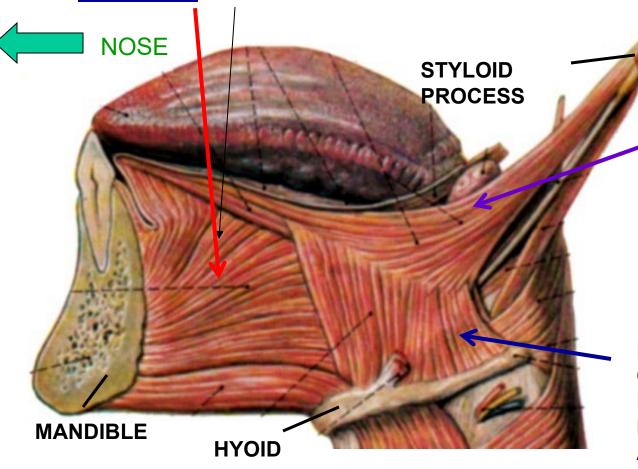


5. SUBLINGUAL
FOLDS (PLICA
SUBLINGUALIS)
OVERLIE and
HAVE OPENINGS
FOR
SUBLINGUAL
SALIV GLANDS

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) <u>HYOGLOSSUS</u> O - GREATER & LESSER
HORNS OF HYOID BONE
I - LAT. SIDE OF TONGUE
A - DEPRESS

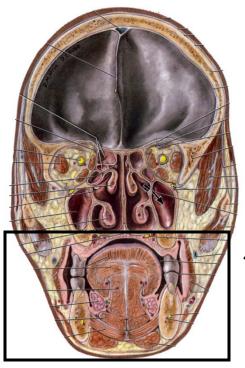
B. MUSCLES OF TONGUE - all innervated by XII

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

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

B) <u>HYOGLOSSUS</u> -O - GREATER & LESSER HORNS OF HYOID BONE I - LAT. SIDE OF TONGUE

A - DEPRESS



2. INTRINSIC MUSCLES OF TONGUE

A) <u>VERTICAL M.</u> - FIBERS SUP & INF - <u>FLATTEN and BROADEN TONGUE</u>

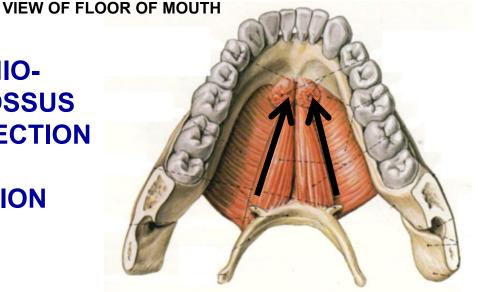
CORONAL SECTION

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

ALL INTRINSIC AND
EXTRINSIC MUSCLES INN BY CN XII

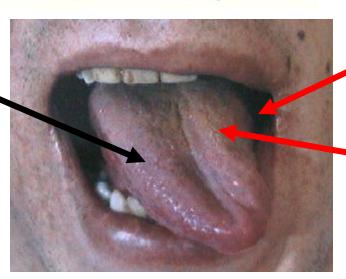
B) <u>TRANSVERSE M.</u> - FIBERS HORIZONTAL - NARROW TONGUE

GENIO-GLOSSUS DIRECTION OF **ACTION**



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

GENIO-GLOSSUS INTACT

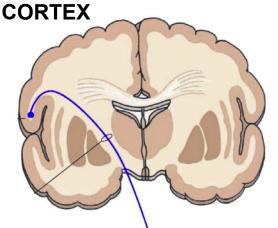


DAMAGE **HYPOGLOSSAL NERVE ON ONE** SIDE

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



UPPER MOTOR NEURON - CRANIAL NERVES - ALL BILATERAL EXCEPT:

1) ONLY CONTRALATERAL:

- VII - LOWER FACE (BELOW

ORBICULARIS OCULI)

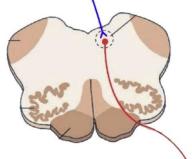
- XII - GENIOGLOSSUS

- XI - TRAPEZIUS

2) ONLY IPSILATERAL:

- XI - STERNOCLEIDOMASTOID

BRAINSTEM - MEDULLA



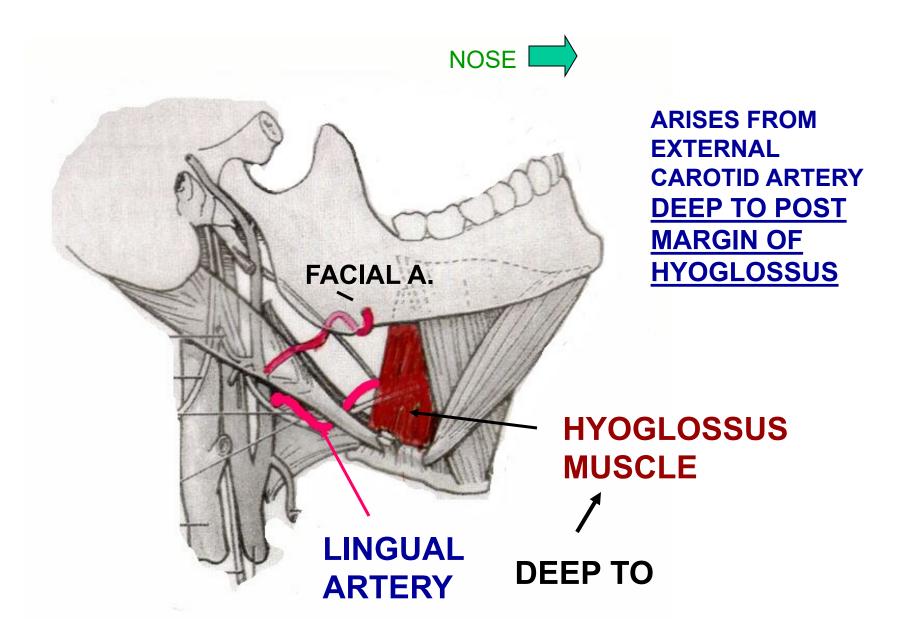
HYPOGLOSSAL LOWER MOTOR TO GENIOGLOSSUS MUSCLE (IPSILATERAL)

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



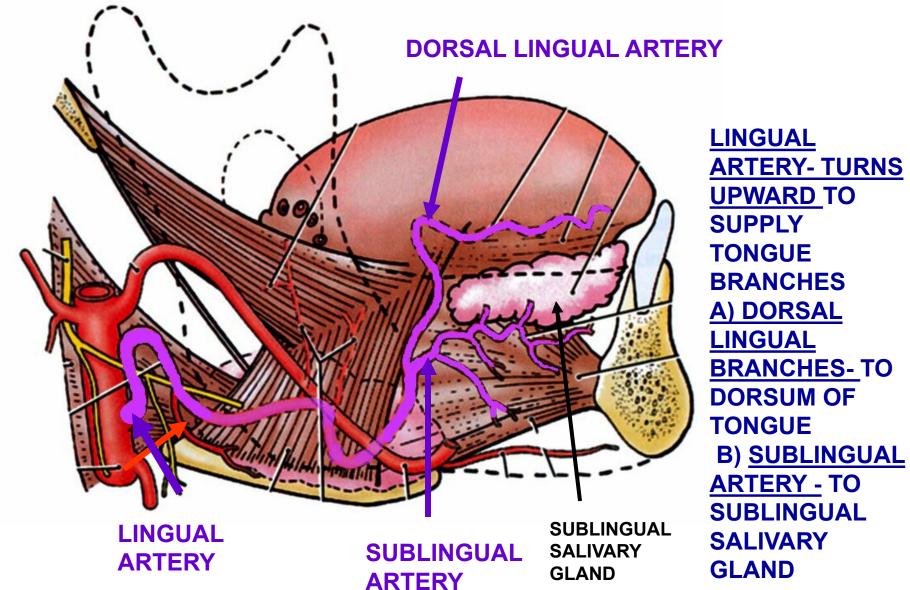
DAMAGE
LOWER MOTOR TONGUE
DEVIATES **
TOWARD SIDE OF
LOWER MOTOR
NEURON LESION

C. ARTERIES TO TONGUE - LINGUAL ARTERY



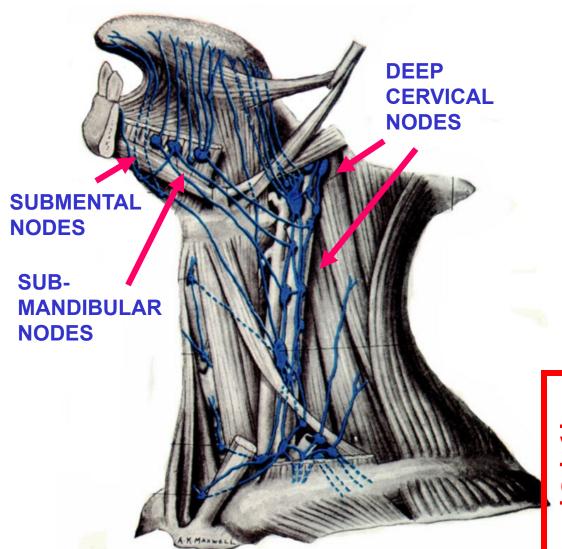
LINGUAL ARTERY





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

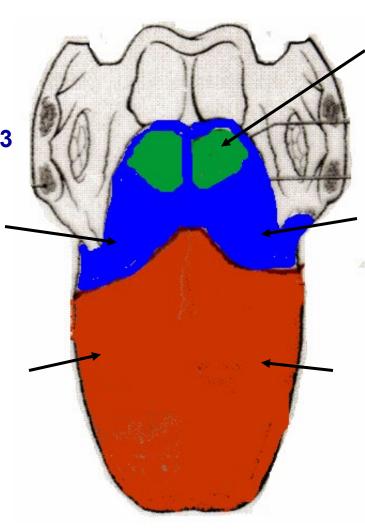
NOTE: LYMPH
VESSELS OF TONGUE
CROSS MIDLINE;
LESION MAY SPREAD
TO OPPOSITE SIDE

E. SENSORY INNERVATION OF TONGUE

NOTE:

PHARYNGEAL
PART- POST 1/3
and ANT. TO
EPIGLOTTISVISCERAL
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

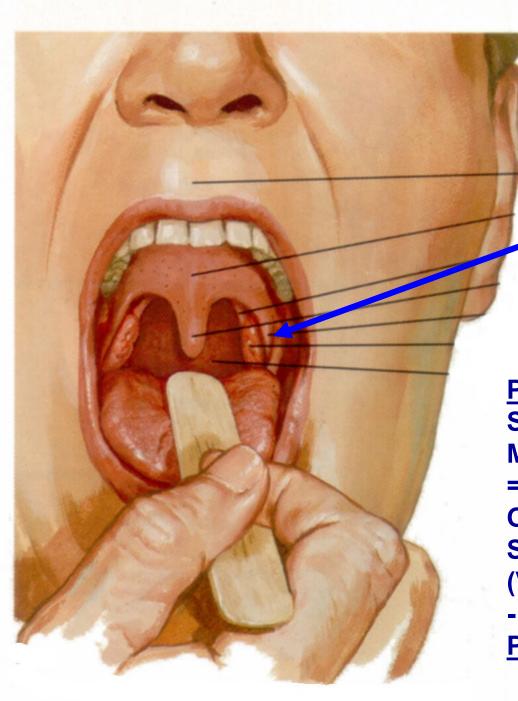
ANT. 2/3 OF TONGUE

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

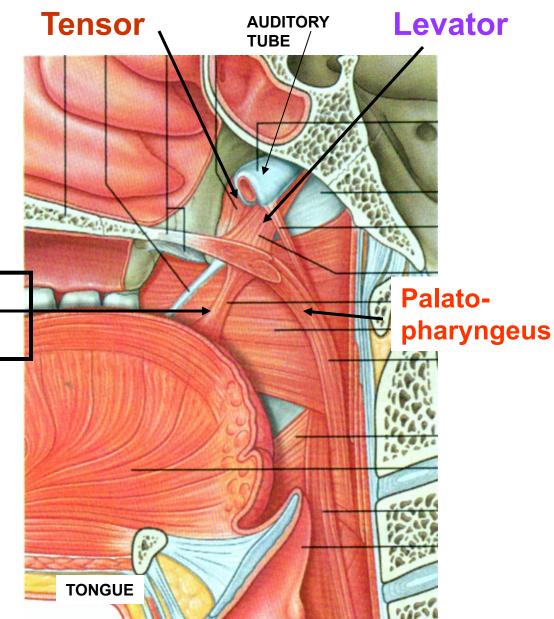
Innervation - VAGUS CN X

<u>Palatoglossus</u>

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

Palato-

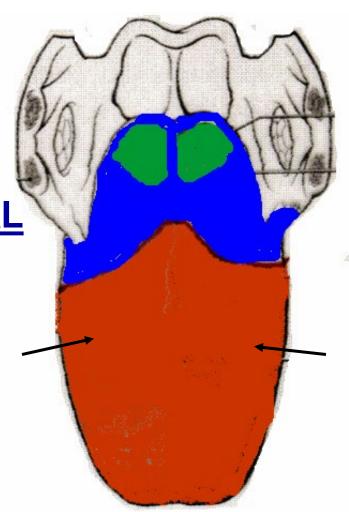
glossus



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

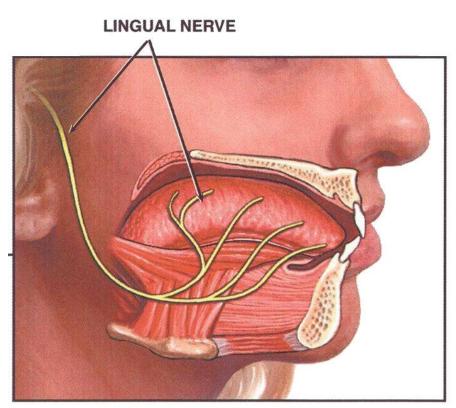


TASTE (SVA)
IN FACIAL
N. (VII)

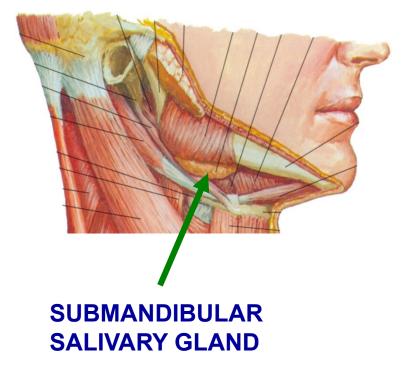
VII - CHORDA TYMPANI -TASTE

III. PATHWAYS OF NERVES TO TONGUE

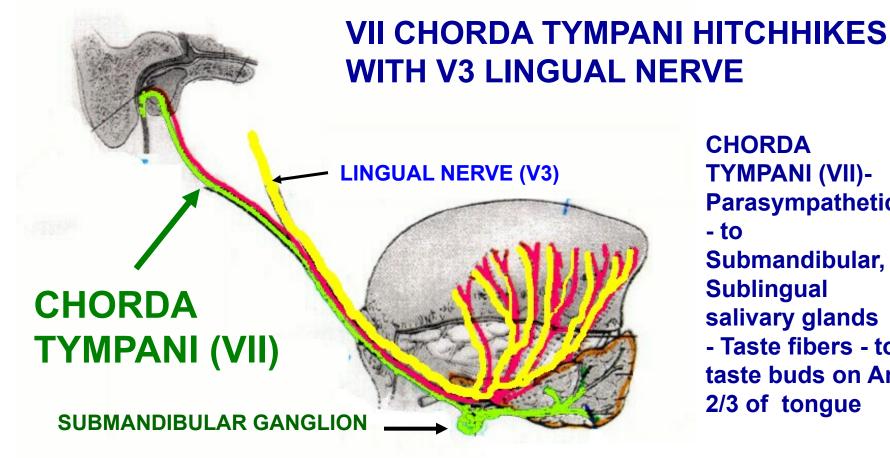
LINGUAL NERVE (V3) - PROVIDES SOMATIC SENSATION (precise touch, etc.) to ANT. 2/3 OF TONGUE







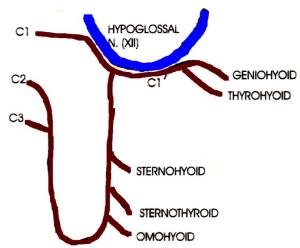
LINGUAL NERVE COURSES NEAR SUBMANDIBULAR AND SUBLINGUAL SALIVARY GLANDS



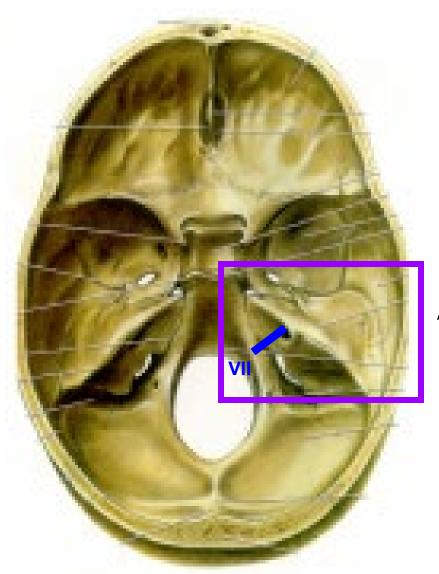
CHORDA TYMPANI (VII)-**Parasympathetics** - to Submandibular, **Sublingual** salivary glands - Taste fibers - to taste buds on Ant. 2/3 of tongue

SIMILAR TO ANSA CERVICALIS

RECALL: CN XII Receives hitchhiking fibers of C1



VII – FACIAL – review pathway

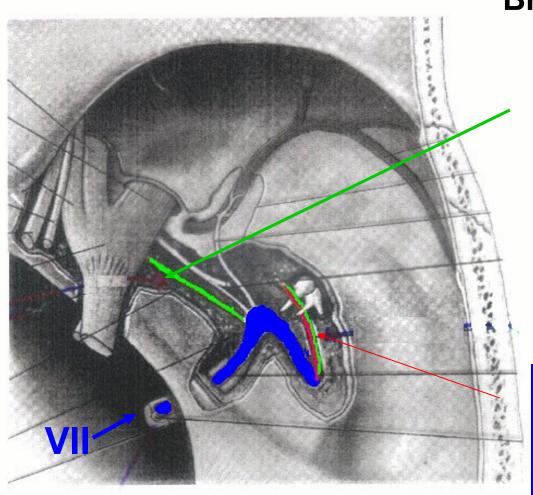


VII leaves Posterior Cranial fossa via Internal Auditory Meatus

Look
inside
Petrous
part of
temporal
bone

FACIAL NERVE

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



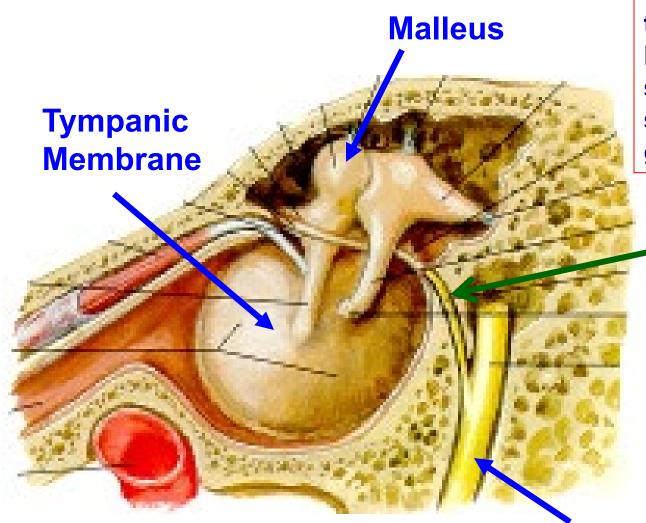
Branches in Facial Canal

- 1. Greater Petrosal N.
- Visceral motor Parasymp. to

Lacrimal gland, mucous glands of nose and palate,

- Visceral sensory to Nasopharynx
- 2. Stapedial N. Branchiomotor to stapedius
- 3. Chorda Tympani
 Taste to ant 2/3 tongue
 Visceral motor Parasymp to
 submandibular, subling.
 salivary glands

CHORDA TYMPANI CROSSES TYMPANIC MEMBRANE



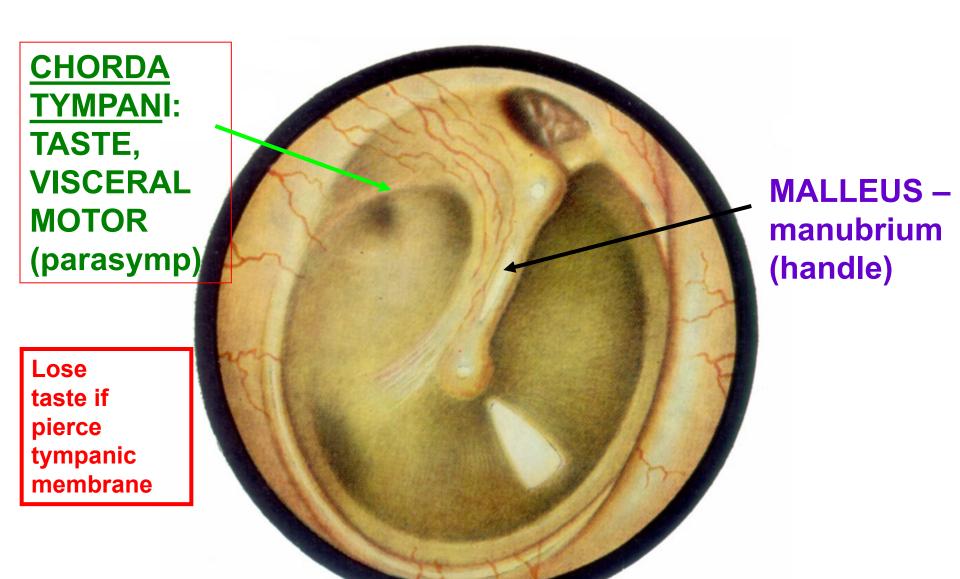
Taste to ant. 2/3 of tongue
Parasympathetic to submandibular, sublingual salivary glands

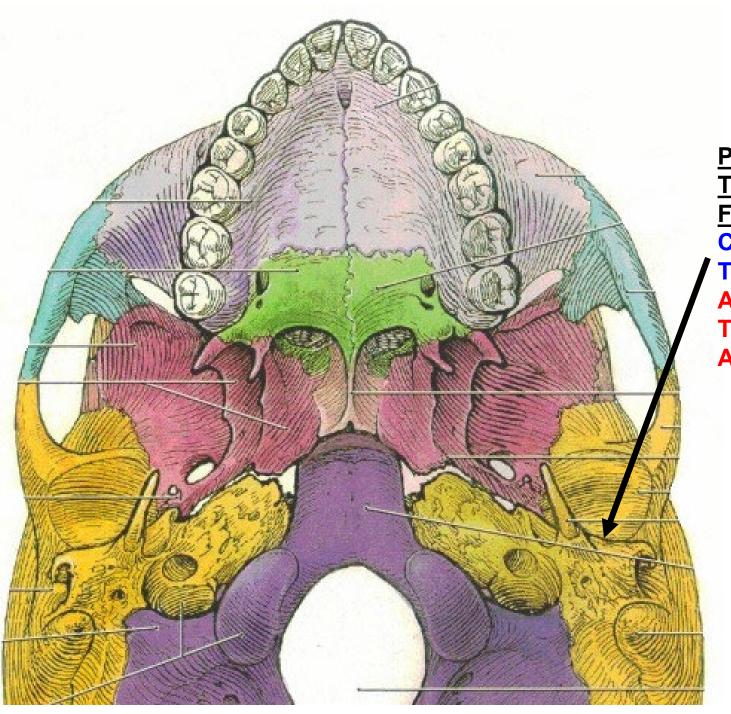
- Chorda
Tympani has
no function in
middle ear
- Crosses
through
tympanic cavity
- Over handle of
malleus

VIEW OF INNER SURFACE

FACIAL NERVE

OTOSCOPE VIEW OF TYMPANIC MEMBRANE

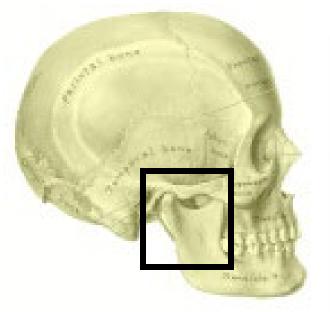




PETROTYMPANIC
FISSURE - for CHORDA
TYMPANI and ANT.
TYMPANIC
ARTERY

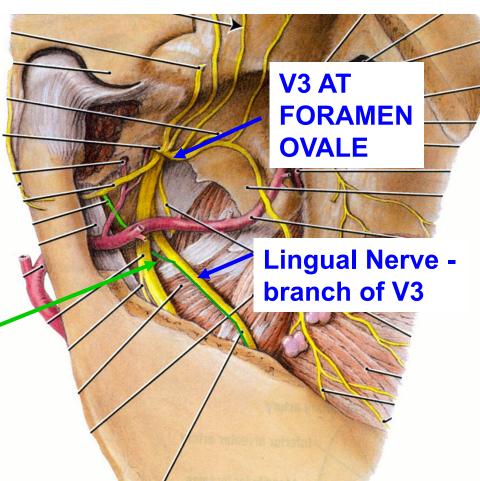
VII - CHORDA TYMPANI - PARASYMPATHETIC TO SUBMANDIBULAR AND SUBLINGUAL GLANDS, TASTE FIBERS TO ANT 2/3 OF TONGUE

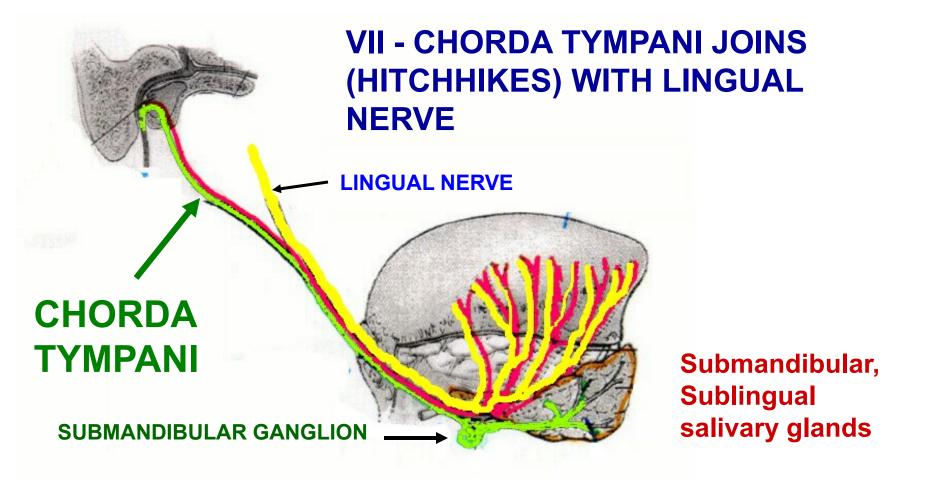




CHORDA

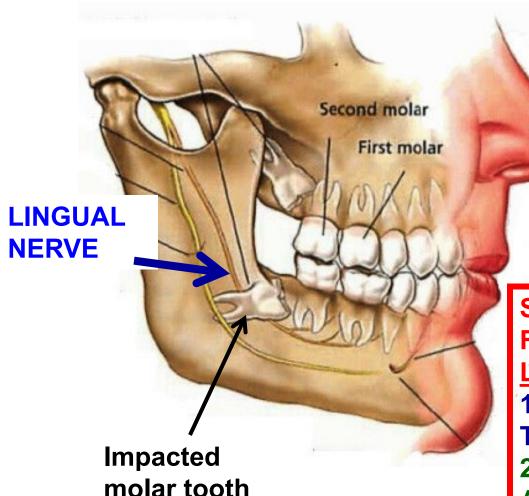
TYMPANI joins and hitchhikes with Lingual Nerve (V3)





- <u>Parasympathetics synapse in Submandibular</u> 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



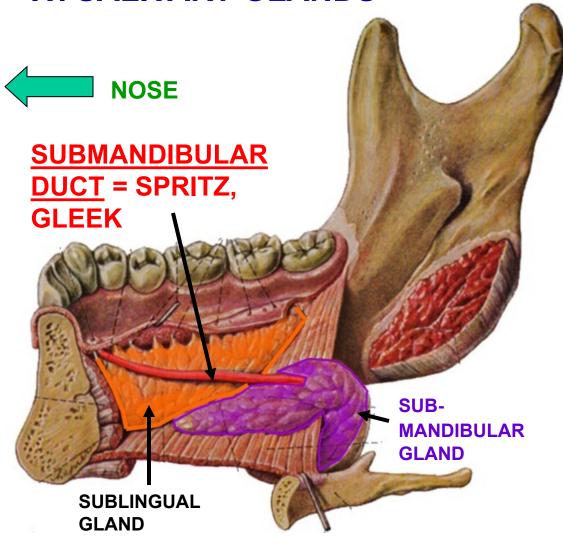
- Lingual nerve courses below mucosa in floor of mouth
- Can readily be damaged during dental extraction of impacted molar tooth
- Also damaged in children: ex. fall with glass pop bottle in mouth



SEVERING LINGUAL NERVE IN FLOOR OF MOUTH - LOSE TOUCH AND TASTE:

- 1) V General sensation to Ant. Tongue AND
- 2) Hitchiking VII Taste fibers to Anterior Tongue

IV. SALIVARY GLANDS



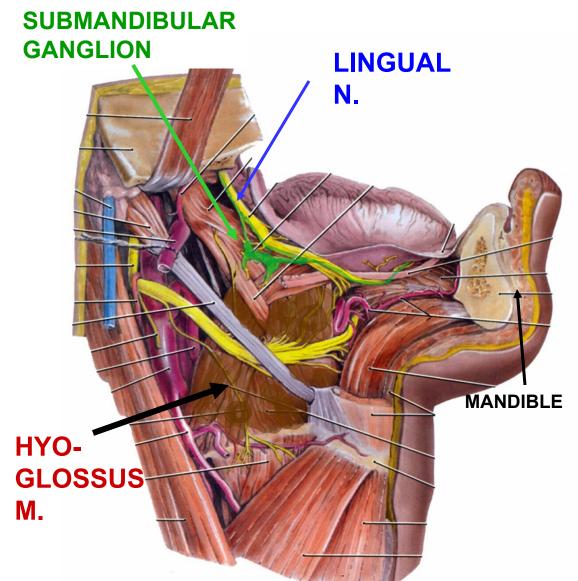
1) SUBMANDIBULAR
GLAND - C SHAPED,
WRAPS AROUND POST
BORDER OF MYLOHYOID;
-CAPSULE ATTACHED TO
MANDIBLE, DERIVED
FROM INVESTING LAYER

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

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

SALIVARY GLANDS INNERVATION BY CN VII



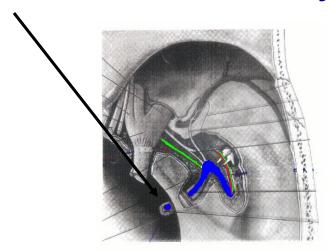


PARASYMPATHETICS
FROM VII (CHORDA
TYMPANI) HITCHHIKE
WITH LINGUAL NERVE;

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

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

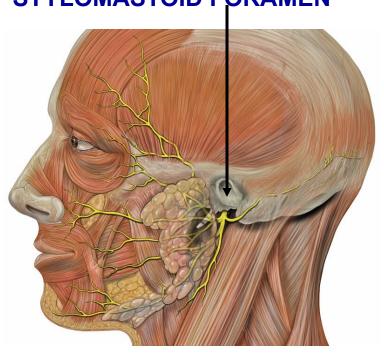
VII - leaves post cranial fossa via Internal Auditory Meatus



Branches arise in petrous temporal bone:

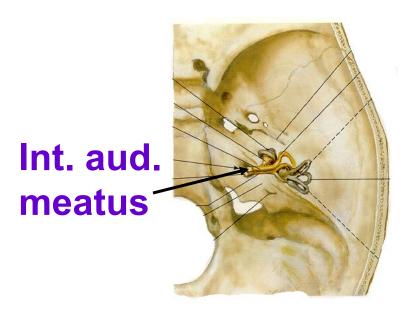
- 1) Parasympathetics to Pterygopalatine ganglion Lacrimal gland, Mucous glands nose palate
- 2) Taste fibers to ant. 2/3 tongue Chorda tympani also contains parasymp. Submand., Sub.ling saliv. glands

VII - EXITS SKULL VIA STYLOMASTOID FORAMEN

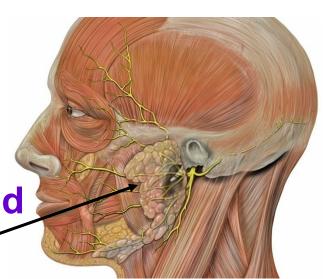


branches only to Muscles Facial Expression, Neck muscles

IV. SYMPTOMS OF DAMAGE TO FACIAL NERVE DEPEND UPON LOCATION



Stylomastoid foramen or in Parotid Gland



VII - FACIAL AND
VIII - VESTIBULO-COCHLEAR

ACOUSTIC NEUROMA (NEURINOMA)-tumor at INTERNAL AUDITORY

VIII - auditory/vestibular deficits

MEATUS - BLOCK VII AND VIII

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

VII - ONLY

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

NO auditory/vestibular deficits; VIII NOT AFFECTED