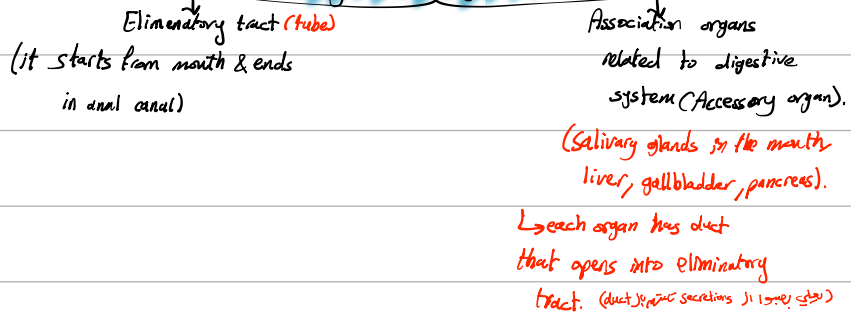
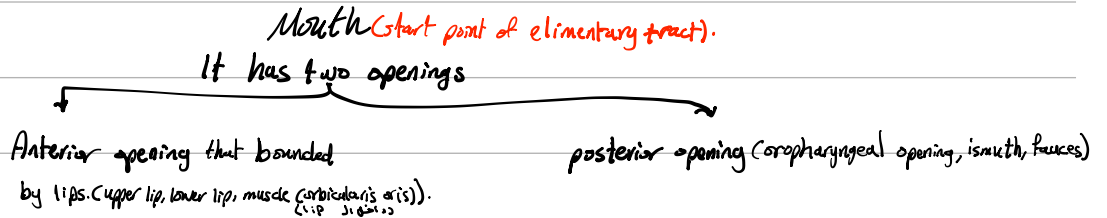


The Digestive System in the Head and Neck

Digestive system



* let's start with mouth =>



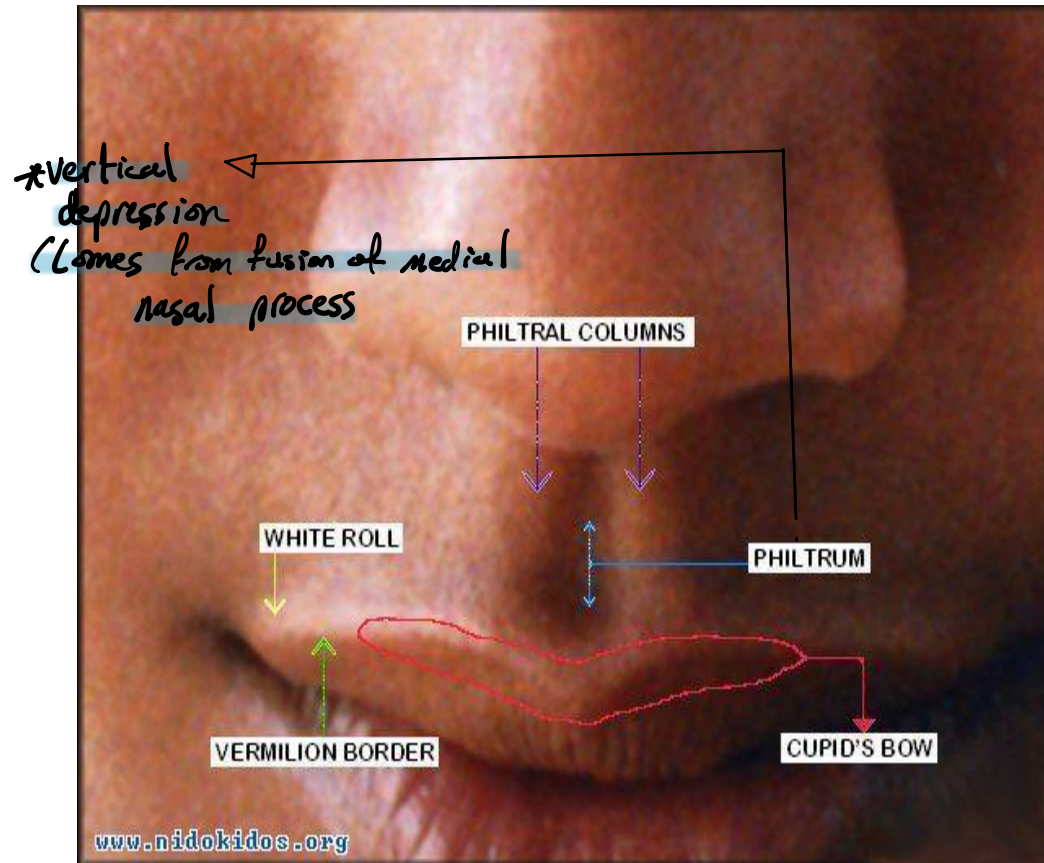
Remember!

* **Orbicularis oris:**
is circular skeletal muscle that is supplied by facial nerve.
Its action is compression the lips.

food → bolus → chewing → dorsum of the tongue →
swallowing → pharynx → esophagus → stomach → ----

The Mouth

- The Lips
- The lips are two fleshy folds that surround the oral orifice
- They are covered on the outside by skin and are lined on the inside by mucous membrane
- the substance of the lips is made up by the orbicularis oris muscle and the muscles that radiate from the lips into the face
- Also included are the labial blood vessels and nerves, connective tissue, and many small salivary glands.
- The philtrum is the shallow vertical groove seen in the midline on the outer surface of the upper lip. Median folds of mucous membrane—the labial frenulae—connect the inner surface of the lips to the gums.



* If we take section from the lip (upper or lower), we will see three zones (layers) →

① Externally: Skin (hair follicles, sebaceous glands)

↳ stratified squamous epithelium keratinized.

② Vermilion (transitional) zone → red (rich in blood vessels).

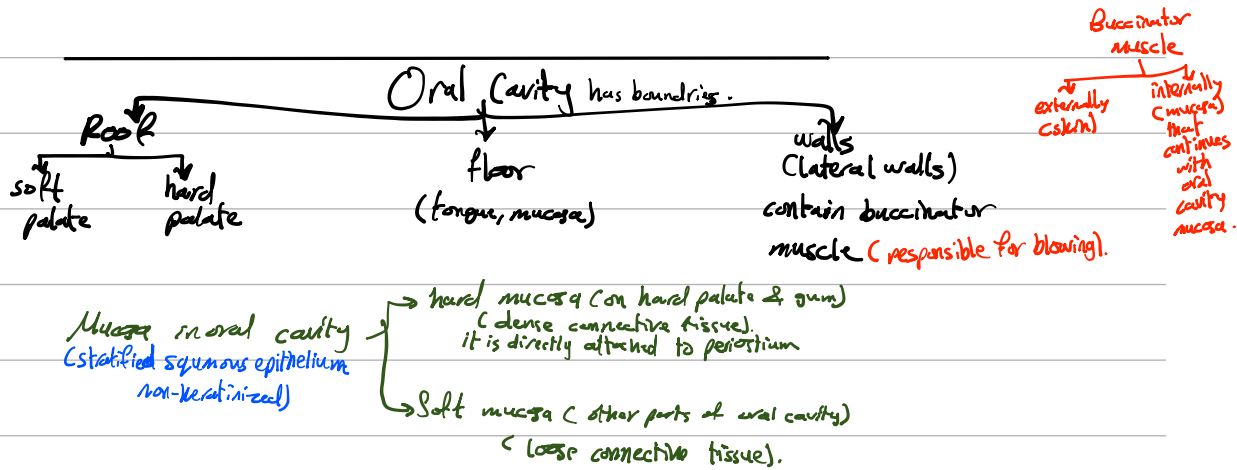
↳ rich in nerve endings.

↳ Modified epithelium.

③ Internally (inner surface of the lip that related to oral cavity):

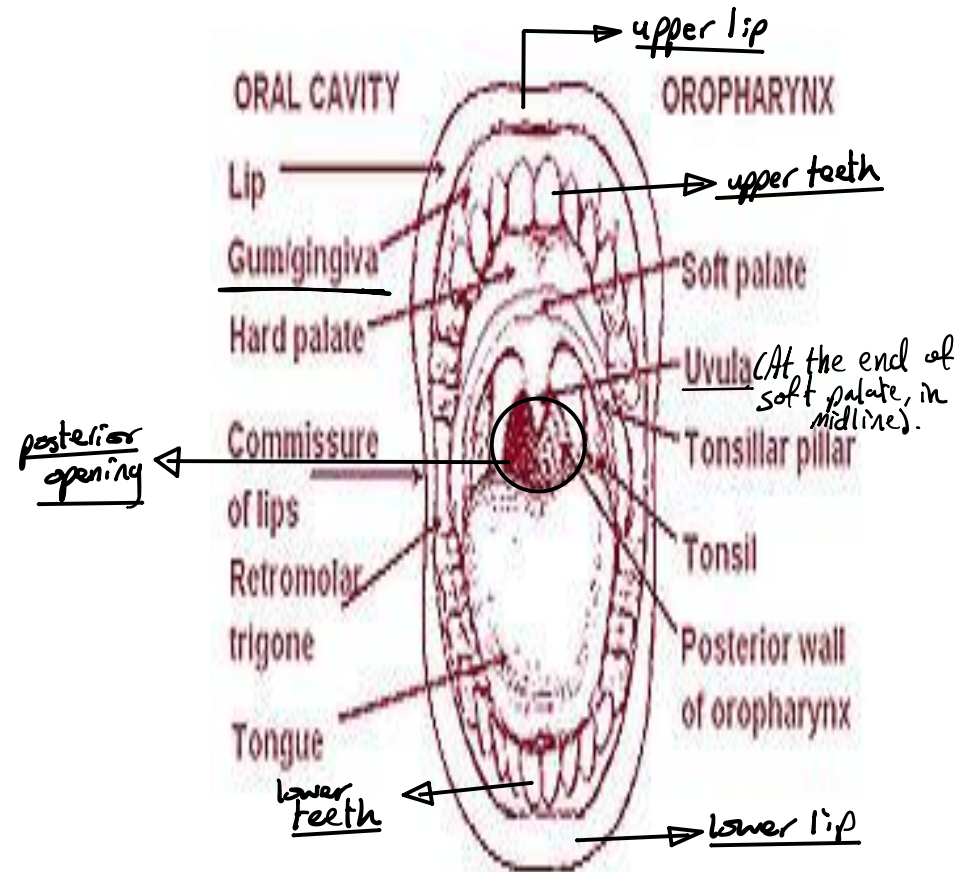
mucosa → stratified squamous epithelium non-keratinized

↳ Contains labial glands (secrete mucus).



The Mouth Cavity

- The mouth extends from the lips to the pharynx
- The entrance into the pharynx, the oropharyngeal isthmus, is formed on each side by the palatoglossal fold
- The mouth is divided into the vestibule and the **mouth cavity proper**.



(مكان ما يتصلح من شاة الأسنان)

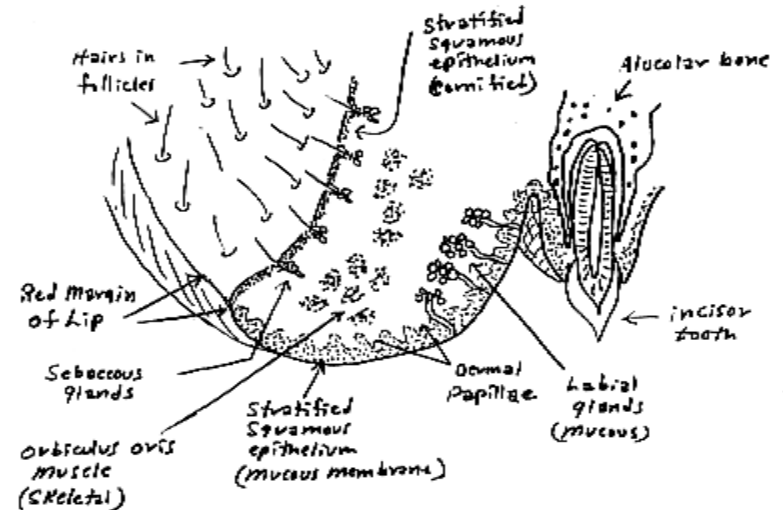
Vestibule lies between closed teeth & the lateral walls.

✓ large salivary gland (parotid gland) opens its duct into vestibule at the level of upper second molar.

Vestibule (Mouth)

other glands
بيفتحوا إلى
oral cavity

- The vestibule lies between the lips and the cheeks externally and the gums and the teeth internally
- This slitlike space communicates with the exterior through the oral fissure between the lips
- when the jaws are closed, it communicates with the mouth proper behind the third molar tooth on each side.
- The vestibule is limited above and below by the reflection of the mucous membrane from the lips and cheeks to the gums.
- The lateral wall of the vestibule is formed by the cheek, which is made up by the buccinator muscle and is lined with mucous membrane.
- The tone of the buccinator muscle and that of the muscles of the lips keeps the walls of the vestibule in contact with one another
- The duct of the parotid salivary gland opens on a small papilla into the vestibule opposite the upper second molar tooth

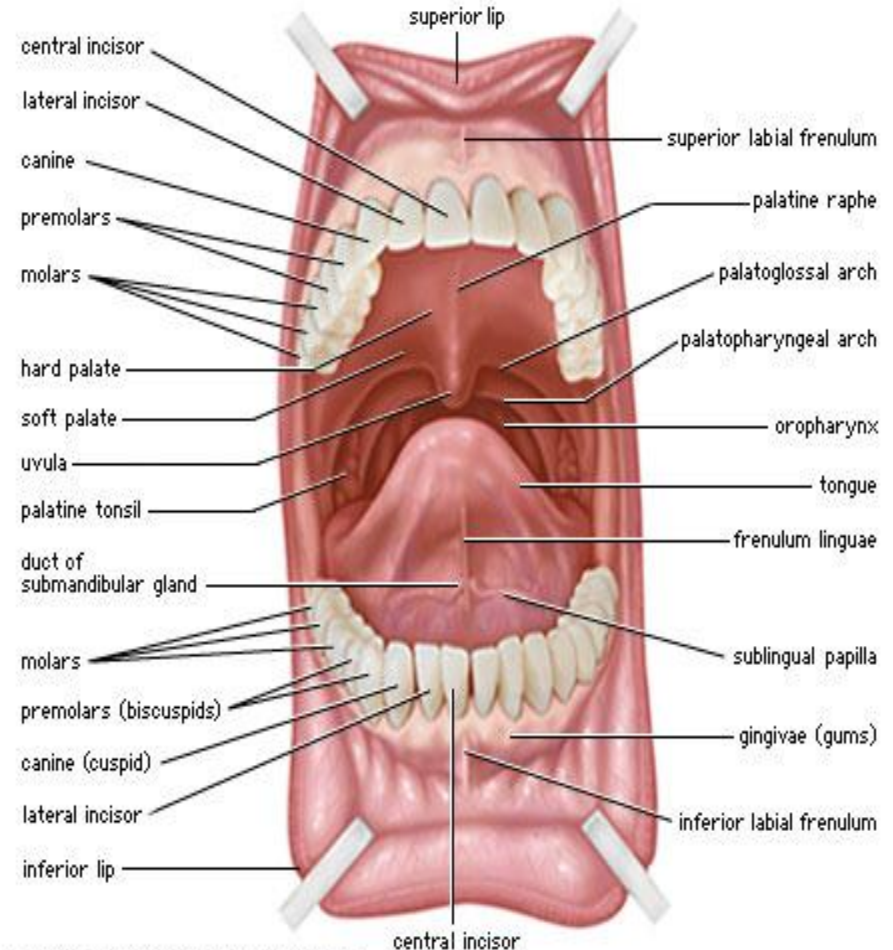


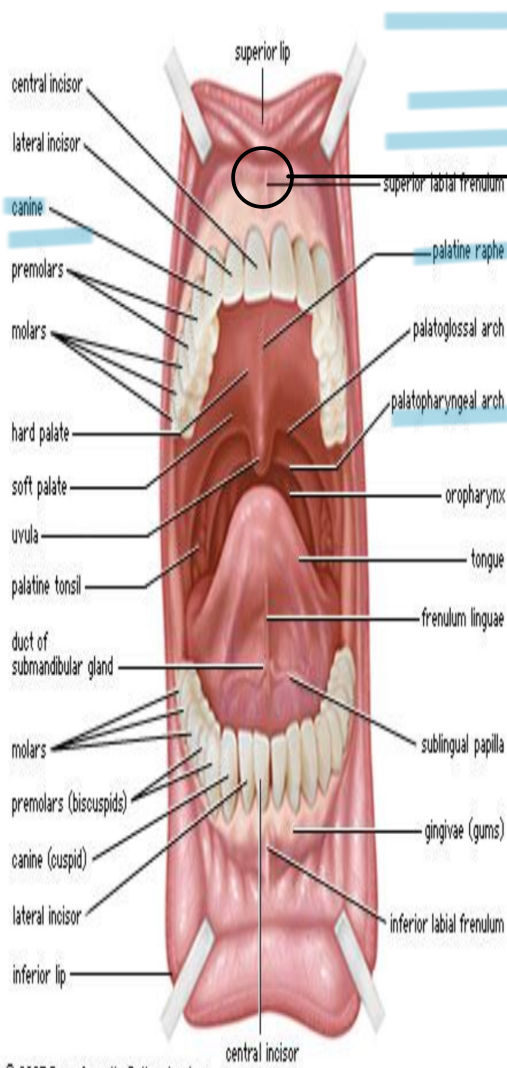
Note: The vestibule & oral cavity are connected to each other by small space behind the last molar.

Roof
floor
lateral walls (closed teeth).

Mouth Proper (Is the cavity inside the closed teeth)

- The mouth proper has a roof and a floor.
- The roof of the mouth is formed by the hard palate in front and the soft palate behind
- The floor is formed largely by the anterior two thirds of the tongue and by the reflection of the mucous membrane from the sides of the tongue to the gum of the mandible
- fold of mucous membrane called the frenulum of the tongue connects the undersurface of the tongue in the midline to the floor of the mouth
- Lateral to the frenulum, the mucous membrane forms a fringed fold, the plica fimbriata
- The submandibular duct of the submandibular gland opens onto the floor of the mouth on the summit of a small papilla on either side of the frenulum of the tongue
- The sublingual gland projects up into the mouth, producing a low fold of mucous membrane, the sublingual fold
- Numerous ducts of the gland open on the summit of the fold.





(fold of mucosa connects the lip with internal mucosa).

posterior opening

superior: end of soft palate (uvula)

inferior: posterior third of the tongue.

lateral side: two folds (anterior: palatoglossal fold (contains palatoglossal muscle), posterior: palatopharyngeal fold (contains palatopharyngeal muscle)).

(fold of mucosa in midline of the tongue)

Between these two folds, the palatine tonsils are located

tonsils filtrate bacteria, viruses & foreign bodies that enter through the anterior opening → inflammation (tonsillitis) commonly in children.

Mucous Membrane of the Mouth

- In the vestibule the mucous membrane is tethered to the buccinator muscle by elastic fibers in the submucosa
- prevent redundant folds of mucous membrane from being bitten between the teeth when the jaws are closed
- The mucous membrane of the gingiva, or gum, is strongly attached to the alveolar periosteum.

Sensory Innervation of the Mouth

- **Roof:** The greater palatine and nasopalatine nerves from the maxillary division of the trigeminal nerve
- **Floor:** The lingual nerve (common sensation), a branch of the mandibular division of the trigeminal nerve.
→ General sensations (pain, temperature, touch) from the tongue & floor of the mouth.
- The taste fibers travel in the chorda tympani nerve, a branch of the facial nerve.
On the dorsum of the tongue → taste buds → Chorda tympani brings taste sensations from them.
- Cheek: The buccal nerve, a branch of the mandibular division of the trigeminal nerve (the buccinator muscle is innervated by the buccal branch of the facial nerve)
sensory for the mucosa of the cheek.

The Teeth

- The **gingivae (gums)** are specialized regions of the oral mucosa that surround the teeth and cover adjacent regions of the alveolar bone.
- ① **Deciduous Teeth (Milk teeth)**
- There are 20 deciduous teeth: four incisors^{الانواع}, two canines^{الانواع}, and four molars^{الطواحين} in each jaw
 - 10 in upper jaw
 - 10 in lower jaw

Starts with two incisors in lower jaw then in upper jaw.
- They begin to erupt about 6 months after birth and have all erupted by the end of 2 years.
complete eruption.
- The teeth of the lower jaw usually appear before those of the upper jaw.

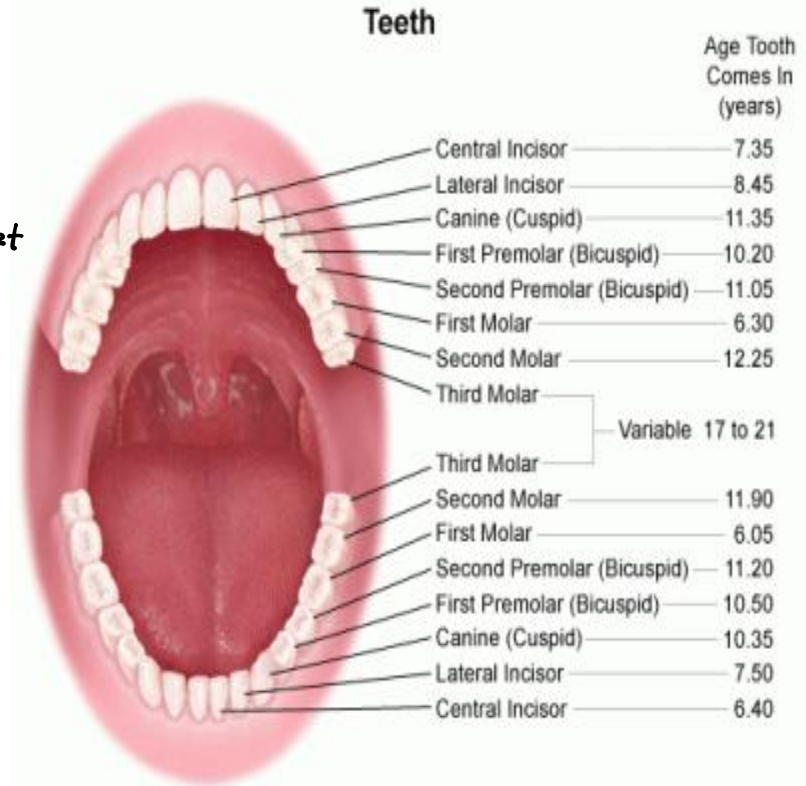
② Permanent Teeth

- There are 32 permanent teeth: *(16 in upper jaw, 16 in lower jaw).*
 four incisors, two canines, four premolars, and six molars in each jaw *(الطواحين)*

- They begin to erupt at 6 years of age *to 12 years erupt the wisdom teeth.*

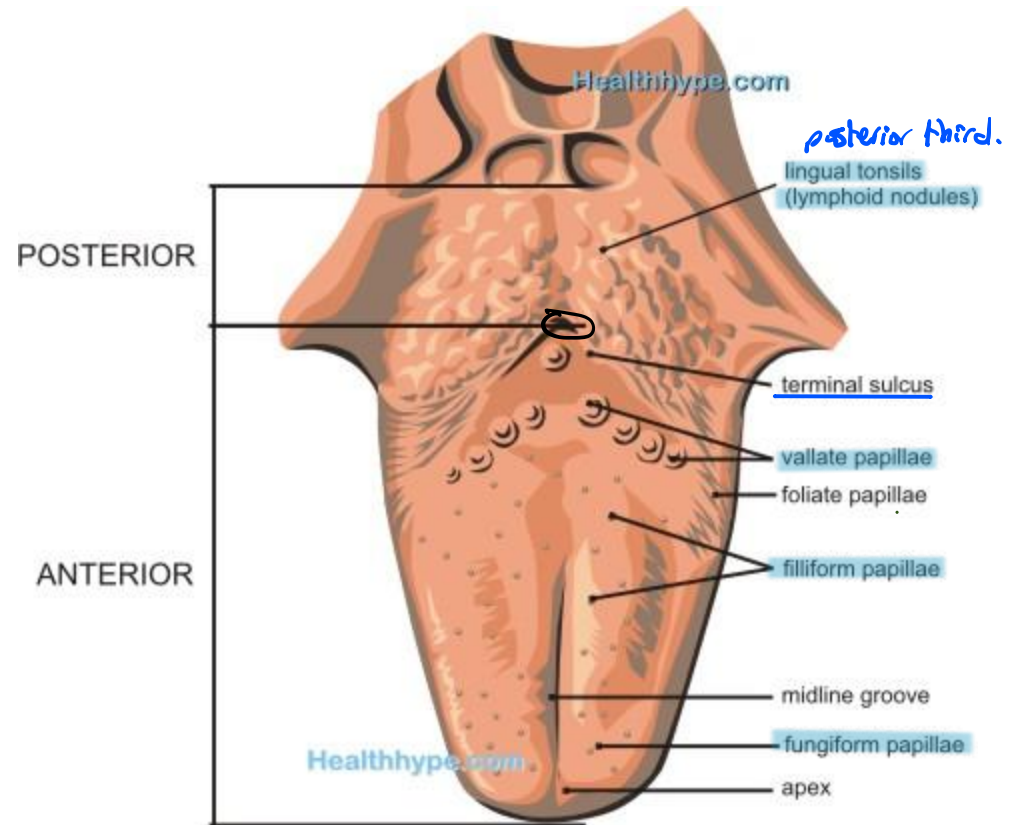
ضروس الحقل
 (wisdom teeth)
 The last tooth to erupt is the third molar, which may happen between the ages of 17 and 30

- The teeth of the lower jaw appear before those of the upper jaw.



The Tongue

- The tongue is a mass of striated muscle covered with mucous membrane
- The muscles attach the tongue to the styloid process and the soft palate above and to the mandible and the hyoid bone below
- The tongue is divided into right and left halves by a median fibrous septum.



The tongue : Muscular organ (extrinsic & intrinsic muscles).

✓ It is separated into right & left by midline.

✓ Also, it is separated into anterior 2/3 & posterior 1/3.

↳ depends in land mark (Foramen cecum).

*The differences between anterior 2/3 & posterior

1/3 ⇒

① Developmental origin.

filiform papillae fungiform papillae.

② Anterior 2/3 has taste buds (lingual papillae), but the posterior third hasn't taste buds, it contains lymphatic tissue → lymphoid tissue (lingual tonsils).

keratinized ←
injuries بسبب تأثير الطعام والشراب حاد

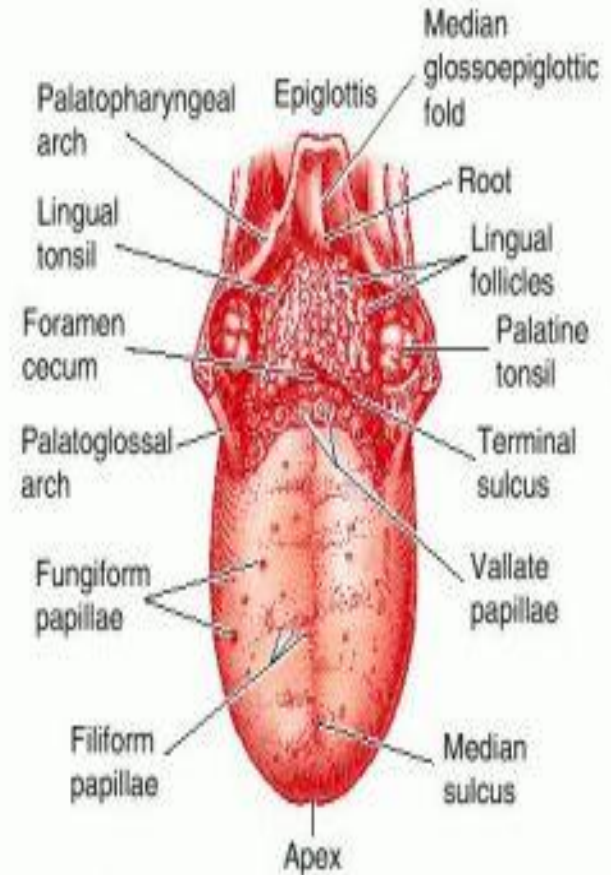
*Dorsum of the tongue
(Adherents to the muscle of the tongue).

→ upper surface: modified stratified squamous epithelium or para-keratinized

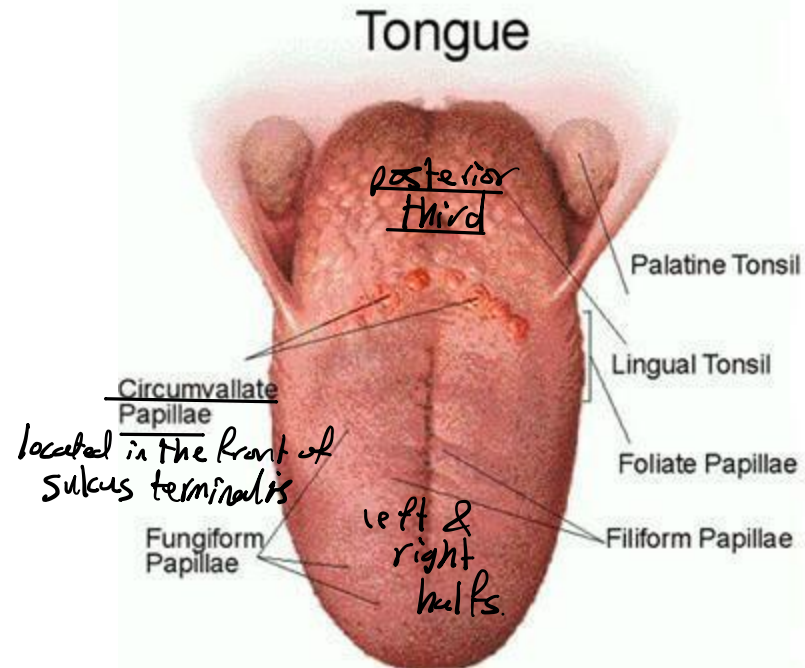
→ lower surface: mucosa (stratified squamous epithelium non-keratinized).

Mucous Membrane of the Tongue

- The mucous membrane of the upper surface of the tongue can be divided into anterior and posterior parts by a V-shaped sulcus, the sulcus terminalis
- The apex of the sulcus projects backward and is marked by a small pit, the foramen cecum
- The apex of the sulcus projects backward and is marked by a small pit, the foramen cecum
- the foramen cecum is an embryologic remnant and marks the site of the upper end of the thyroglossal duct



- Three types of papillae are present on the upper surface of the anterior two thirds of the tongue: the filiform papillae, the fungiform papillae, and the vallate papillae.
- The mucous membrane covering the posterior third of the tongue is devoid of papillae but has an irregular surface caused by the presence of underlying lymph nodules, the lingual tonsil.
- The mucous membrane on the inferior surface of the tongue is reflected from the tongue to the floor of the mouth
- In the midline anteriorly, the undersurface of the tongue is connected to the floor of the mouth by a fold of mucous membrane, the frenulum of the tongue
- On the lateral side of the frenulum, the deep lingual vein can be seen through the mucous membrane
- Lateral to the lingual vein, the mucous membrane forms a fringed fold called the plica fimbriata



Muscles of the tongue

Intrinsic muscles

* Make longitudinal or oblique fibers inside the tongue.

* They are supplied by hypoglossal nerve.

* Action: Support the shape of the tongue.

Extrinsic muscles

① Styloglossus (from styloid process).

② Palatoglossus (from the palate).

③ Genioglossus (from superior genial tubercle).

④ Hyoglossus (from hyoid bone).

* Nerve supply: Hypoglossal nerve
except palatoglossus is supplied by accessory with the vagus.

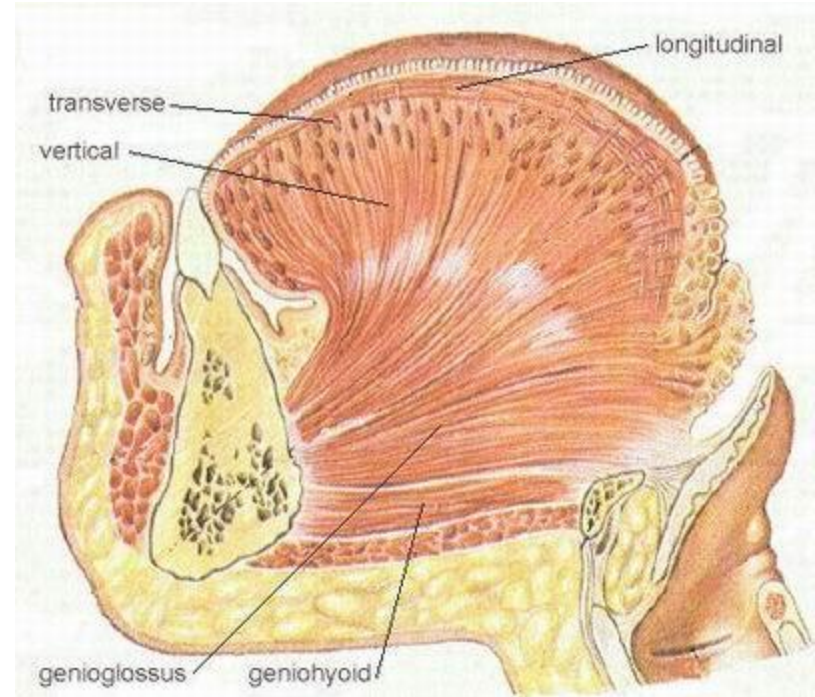
So, injury in the right hypoglossal nerve will cause deviation to the right side (paralyzed side).

* Action: Genioglossus ⇒ when the two muscles contract, they will protrude the tongue straight outside the mouth.

→ Other muscles move the tongue upward, backward, downward.

Muscles of the Tongue

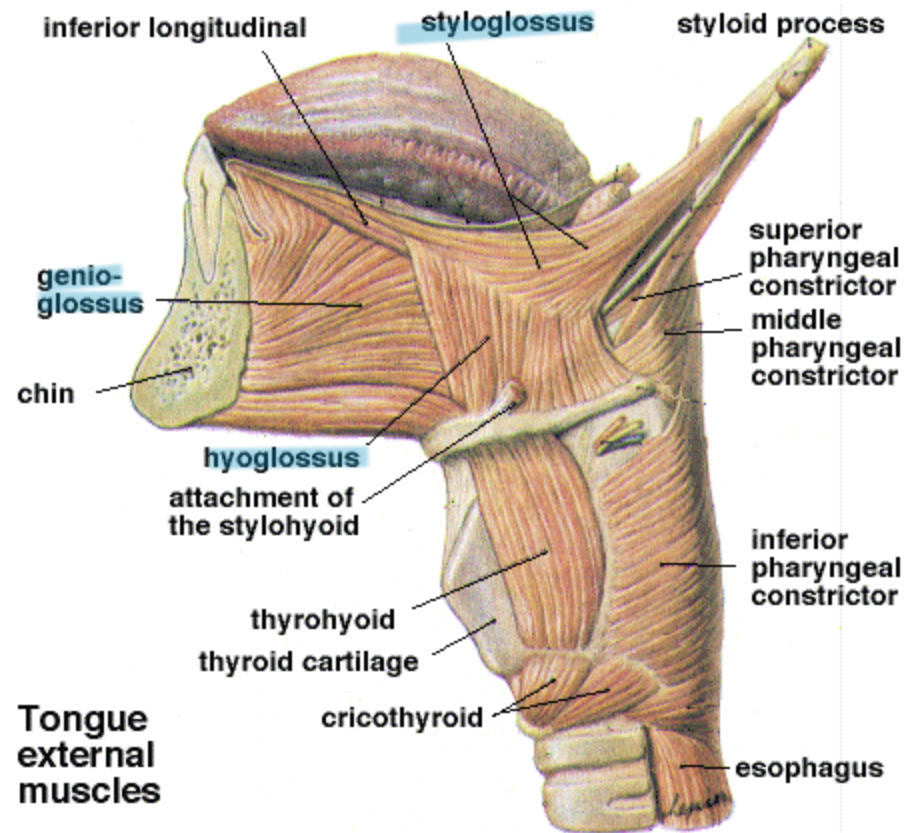
- The muscles of the tongue are divided into two types: **intrinsic** and **extrinsic**
- Intrinsic Muscles
- These muscles are confined to the tongue and are not attached to bone.
- They consist of longitudinal, transverse, and vertical fibers.
- Nerve supply: Hypoglossal nerve
- Action: Alter the shape of the tongue



Extrinsic Muscles

تجريح اللسان بالجهاز الفموي

- These muscles are attached to bones and the soft palate
- They are the genioglossus (Superior genial spine of mandible), Protrudes apex of tongue through mouth
- the hyoglossus (Body and greater cornu of hyoid bone), Depresses tongue
- the styloglossus (Styloid process of temporal bone), Draws tongue upward and backward
- and the palatoglossus (Palatine aponeurosis), Pulls roots of tongue upward and backward, narrows oropharyngeal isthmus
- Insertion : Blends with each other, the palatoglossus inserts at Side of tongue
- Nerve supply: Hypoglossal nerve



Movements of the Tongue

- Protrusion: The genioglossus muscles on both sides acting together
- Retraction: Styloglossus and hyoglossus muscles on both sides acting together
- Depression: Hyoglossus muscles on both sides acting together
- Retraction and elevation of the posterior third: Styloglossus and palatoglossus muscles on both sides acting together
- Shape changes: Intrinsic muscles

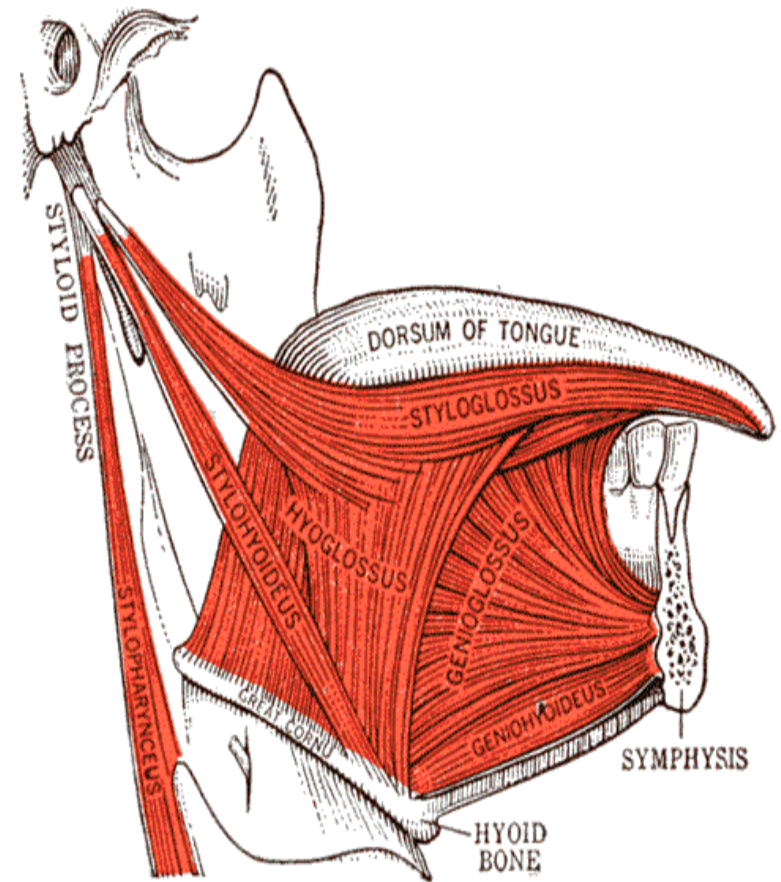


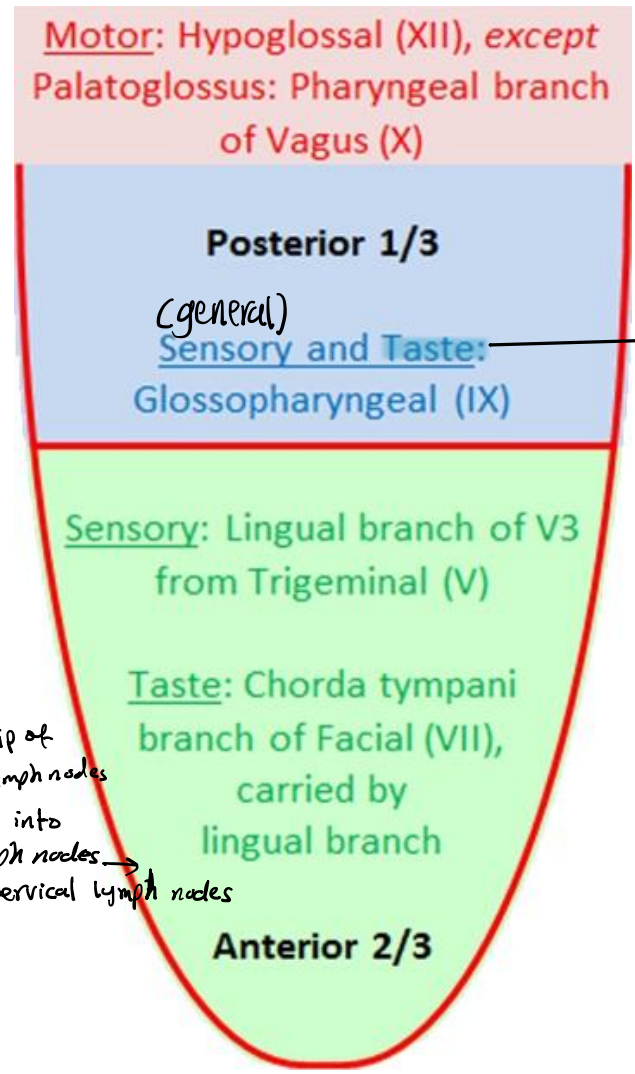
FIG. 89. SOME OF THE MUSCLES OF THE TONGUE. Viewed from the right side.

Not supply by chorda tympani!!

أصلها من 1/3 الخلفية
taste buds

The developmental origin of **circumvallate papillae** comes from posterior 1/3, but located in the anterior 2/3. & they are supplied by glossopharyngeal nerve.

- Sensory Innervation
- Anterior two thirds: Lingual nerve branch of mandibular division of trigeminal nerve (general sensation) and chorda tympani branch of the facial nerve (taste)
- Posterior third: Glossopharyngeal nerve (general sensation and taste)
- Blood Supply
- The lingual artery, the tonsillar branch of the facial artery, and the ascending pharyngeal artery supply the tongue



- The veins drain into the internal jugular vein.
- Lymph Drainage
- **Tip:** Submental lymph nodes
- Sides of the anterior two thirds: Submandibular and deep cervical lymph nodes
- Posterior third: Deep cervical lymph nodes

lymphatic drainage in the oral cavity & tongue →
 Submental nodes drainage: ±: midline (Tip of the tongue, philtrum, mid at lower lip, tip of the nose) → submental lymph nodes
 * Other structures drainage into submandibular lymph nodes → Deep cervical lymph nodes

The Palate

Hard palate → lies by mucosa dense & adherent with periosteum. & make grooves (rugae).

Soft tissue: covering by loose connective tissue, in midline at the end: uvula.

- The palate forms the roof of the mouth and the floor of the nasal cavity.
- It is divided into two parts: the hard palate in front and the soft palate behind.
- Hard Palate
- The hard palate is formed by the palatine processes of the maxillae and the horizontal plates of the palatine bones

It is continuous behind with the soft palate.

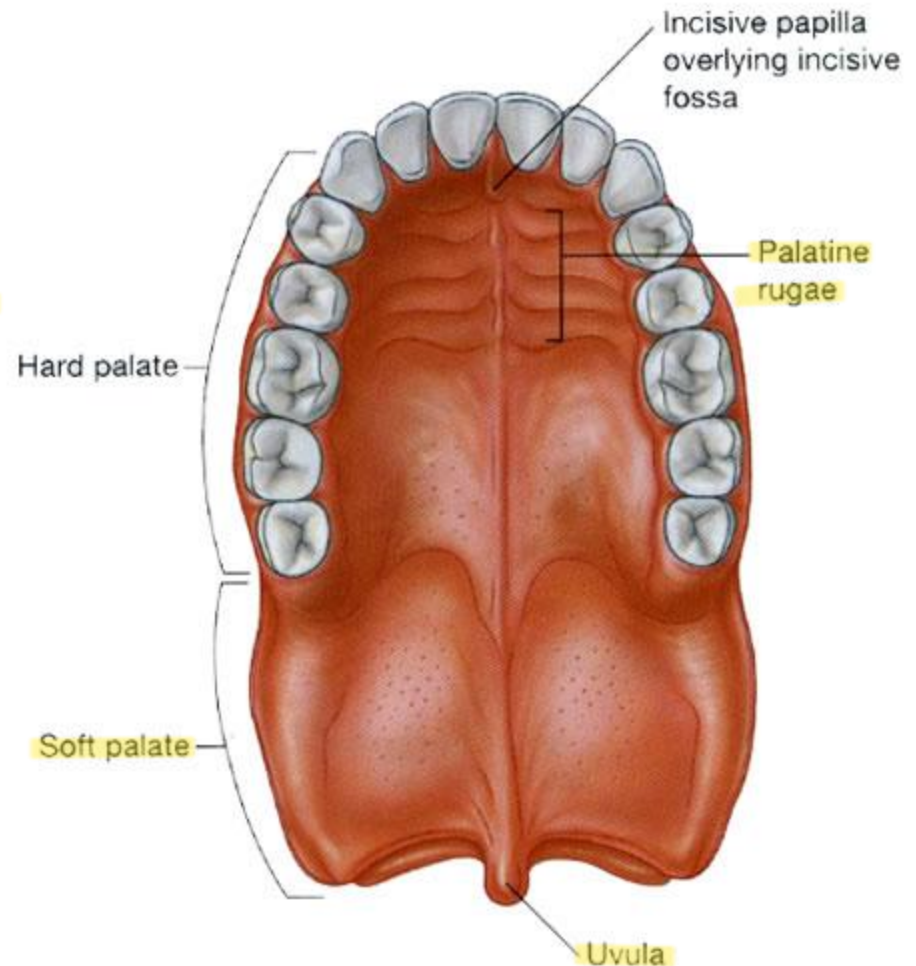
Soft Palate

The soft palate is a mobile fold attached to the posterior border of the hard palate

Its free posterior border presents in the midline a conical projection called the uvula.

The soft palate is continuous at the sides with the lateral wall of the pharynx

The soft palate is composed of mucous membrane, palatine aponeurosis, and muscles.



tendon that
formed on
the spine of
the
hard palate.

* Soft palate : is formed from the extension from
palatine tendon.

* Soft palate is a muscular structure
(composed from five muscles) → So, it is
mobile structure

→ Upward, backward → to close
nasopharynx through vomiting.

→ Downward, forward → to close
the oropharyngeal ismuth through
mastication, to increase the oral
cavity tension.

suddenly through ~~swallowing~~
swallowing.

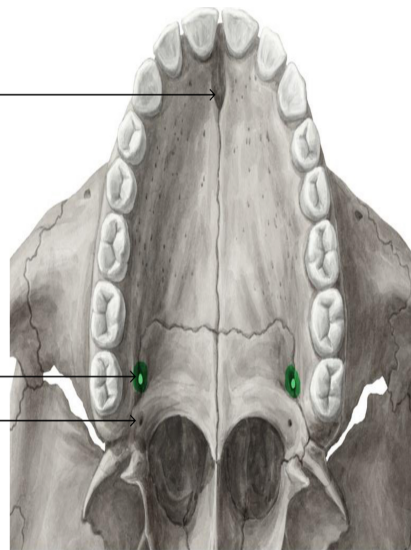
To pass greater
& lesser palatine
nerves & vessels.



Incisive foramen

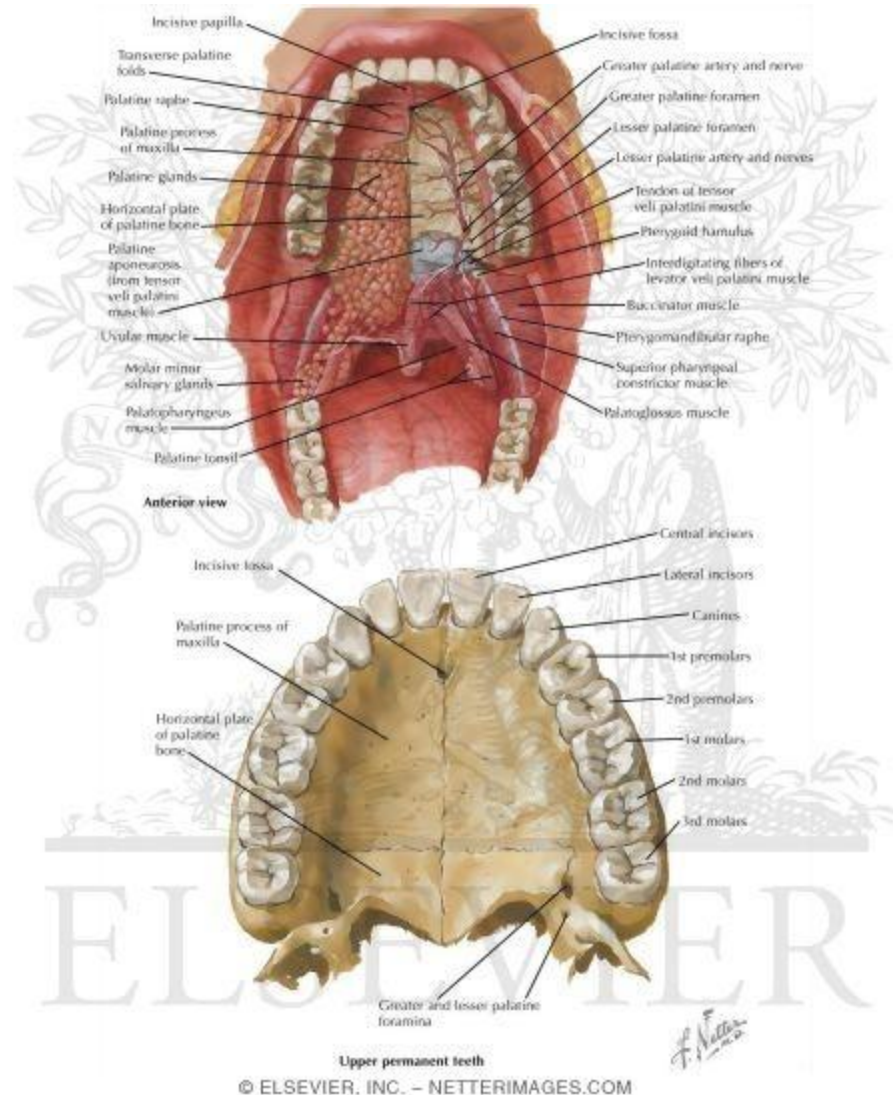
Greater palatine
foramen

Lesser palatine
foramen



* palatine aponeurosis (tendon) → Starts from the spine process in the hard palate
 → right & left tensor veli palatini muscles connect to each other from their side & form palatine aponeurosis.
 In the end, it makes extension in the midline at soft palate (uvula).

- The mucous membrane covers the upper and lower surfaces of the soft palate.
- The palatine aponeurosis is a fibrous sheet attached to the posterior border of the hard palate
- It is the expanded tendon of the tensor veli palatini muscle.

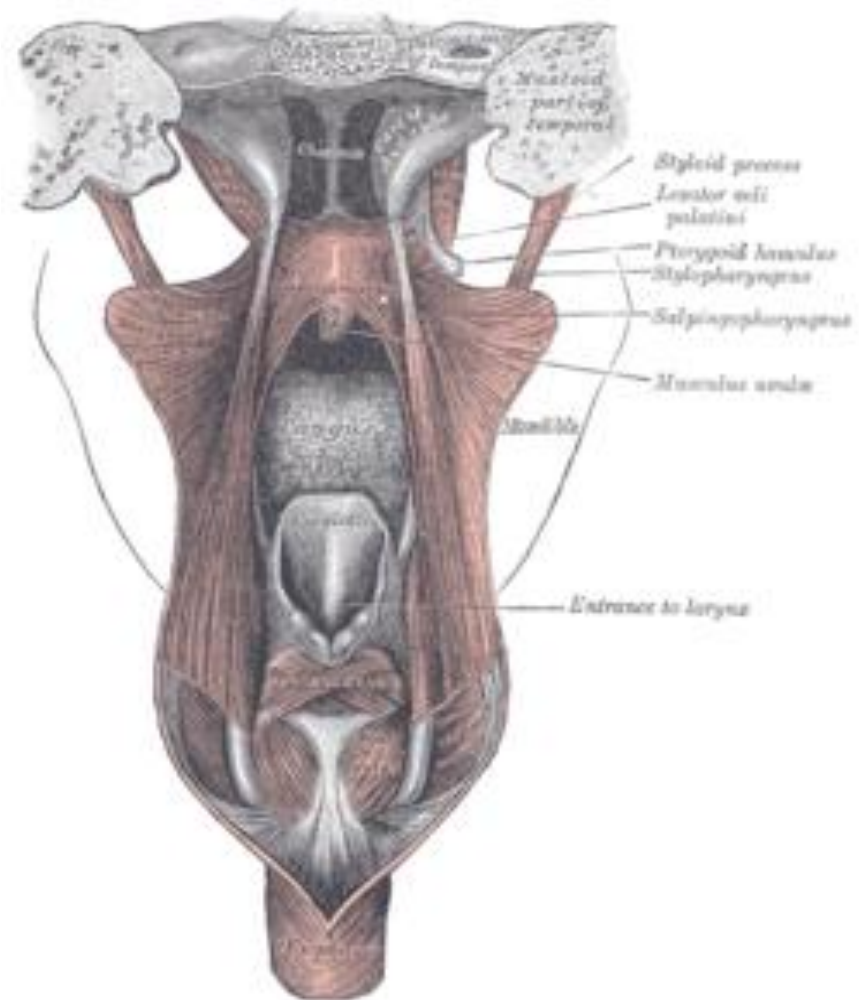


Muscles of the Soft Palate

*palatoglossus is located in palatoglossal fold (arch).

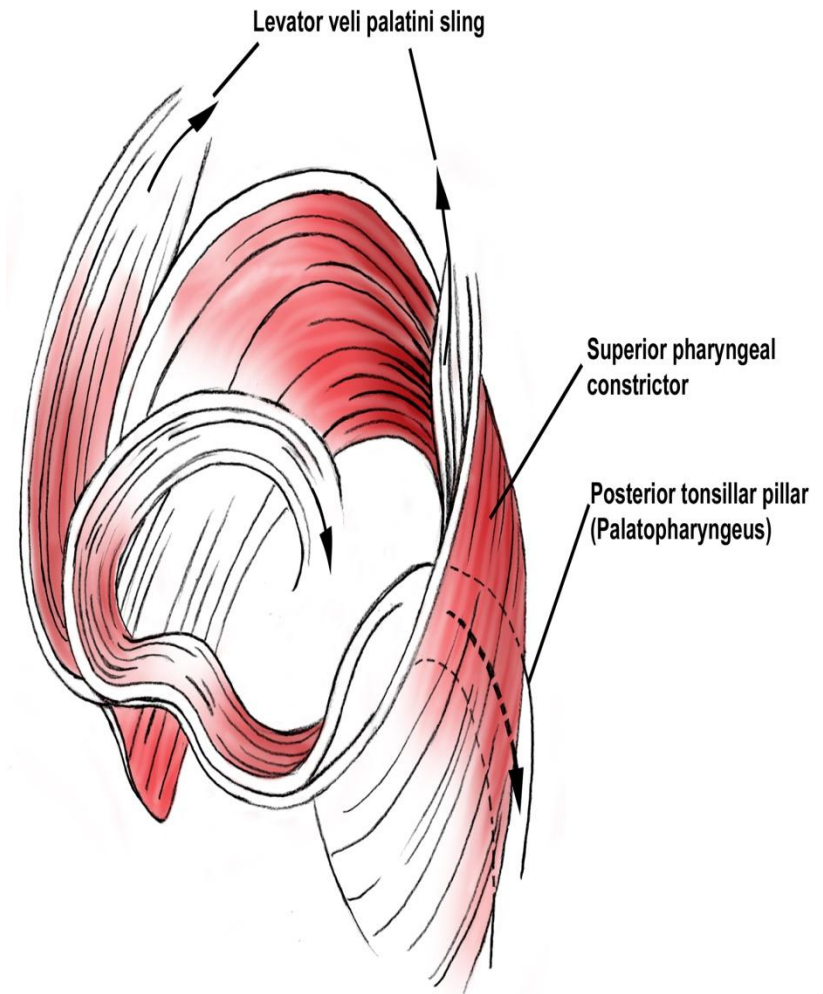
*palatopharyngeus is located in palatopharyngeal fold.

- The muscles of the soft palate are the **tensor veli palatini**, the **levator veli palatini**, the **palatoglossus**, the **palatopharyngeus**, and the **musculus uvulae**
- The muscle fibers of the tensor veli palatini converge as they descend from their origin to form a narrow tendon, which turns medially around the pterygoid hamulus
- The tendon, together with the tendon of the opposite side, expands to form the palatine aponeurosis
- When the muscles of the two sides contract, the soft palate is tightened so that the soft palate may be moved upward or downward as a tense sheet.

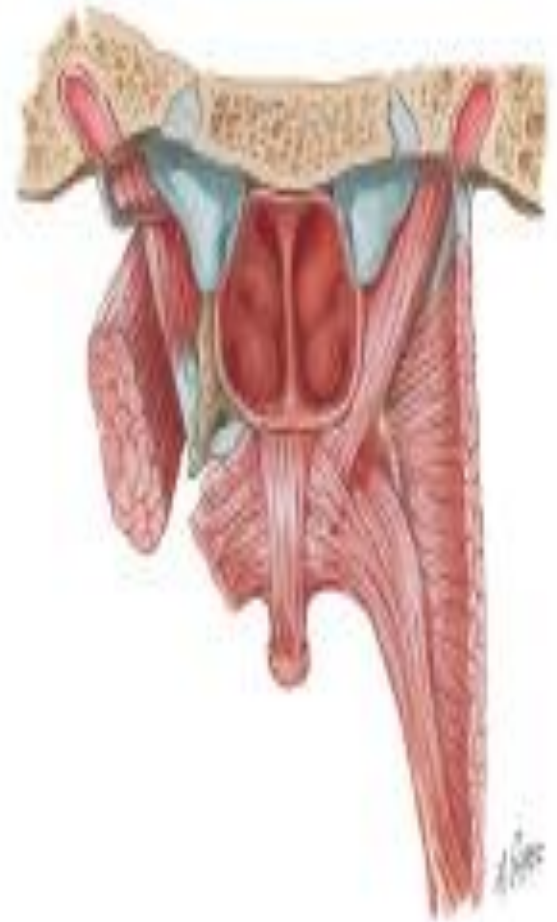


• Pharyngeal plexus is located on the posterior wall of the pharynx & it is composed from glossopharyngeal nerve & accessory through the Vagus.

- Levator veli palatini :
- O: Petrous part of temporal bone, auditory tube
- I: Palatine aponeurosis
- Innerv.: Pharyngeal plexus
- Action: Raises soft palate
(Elevates the nasopharynx)
- Tensor veli palatini
- Spine of sphenoid, auditory tube
- With muscle of other side, forms palatine aponeurosis
- Nerve to medial pterygoid from mandibular nerve
- Tenses soft palate



- Palatopharyngeus
 - Palatine aponeurosis
 - Posterior border of thyroid cartilage
 - Pharyngeal plexus
 - Elevates wall of pharynx, pulls palatopharyngeal folds medially
-
- Musculus uvulae
 - Posterior border of hard palate
 - Mucous membrane of uvula
 - Pharyngeal plexus
 - Elevates uvula



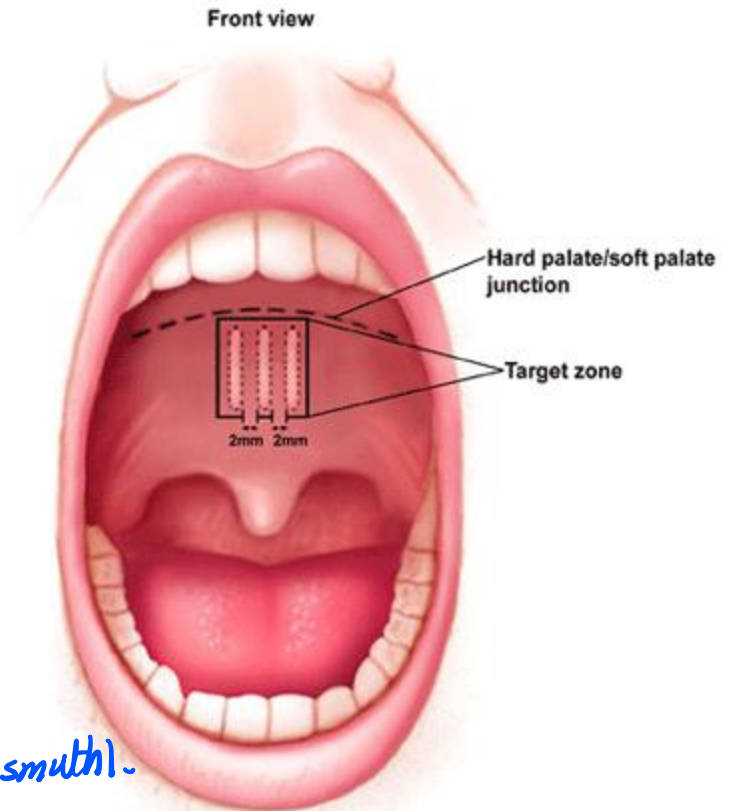
Movements of the Soft Palate

- The pharyngeal isthmus (the communicating channel between the nasal and oral parts of the pharynx) is closed by raising the soft palate.
- Closure occurs during the production of explosive consonants in speech.
- The soft palate is raised by the contraction of the levator veli palatini on each side.
- At the same time, the upper fibers of the superior constrictor muscle contract and pull the posterior pharyngeal wall forward
- The palatopharyngeus muscles on both sides also contract so that the palatopharyngeal arches are pulled medially, like side curtains
- By this means the nasal part of the pharynx is closed off from the oral part.

* Vomiting → Closing for the nasopharynx (nasopharyngeal isthmus).

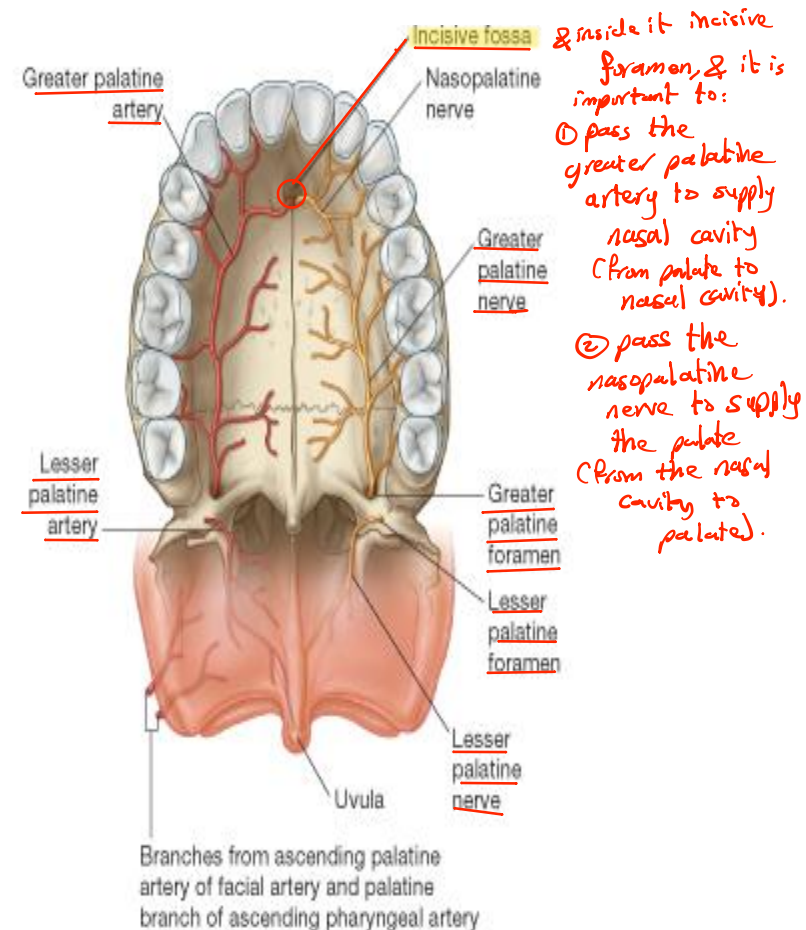
* Mastication → Closing for the oropharyngeal isthmus.

* Normal → Both nasal cavity & oral cavity are open, & it is important for respiration (Inhalation) & articulation.



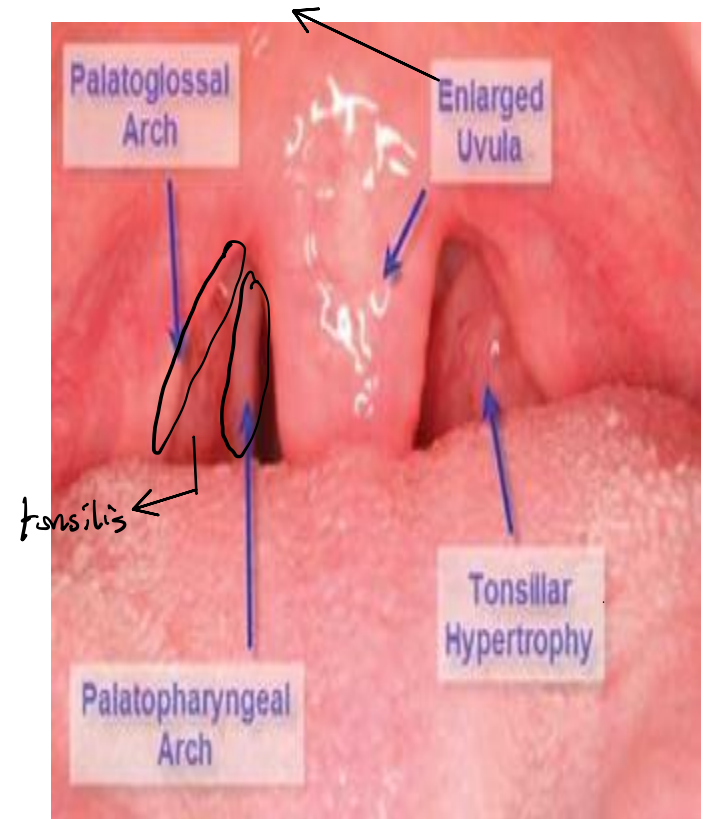
Nerve Supply of the Palate

- The greater and lesser palatine nerves from the maxillary division of the trigeminal nerve enter the palate through the greater and lesser palatine foramina
- The nasopalatine nerve, also a branch of the maxillary nerve, enters the front of the hard palate through the incisive foramen.
- *(from pharyngeal plexus).* The glossopharyngeal nerve also supplies the soft palate
- Blood Supply of the Palate
- The greater palatine branch of the maxillary artery, the ascending palatine branch of the facial artery, and the ascending pharyngeal artery
- Lymph Drainage of the Palate
- Deep Cervical Lymph Nodes



- The palatoglossal arch is a fold of mucous membrane containing the palatoglossus muscle, which extends from the soft palate to the side of the tongue
- The palatoglossal arch marks where the mouth becomes the pharynx.
- The palatopharyngeal arch is a fold of mucous membrane behind the palatoglossal arch
- runs downward and laterally to join the pharyngeal wall.
- The muscle contained within the fold is the palatopharyngeus muscle.
- The palatine tonsils, which are masses of lymphoid tissue, are located between the palatoglossal and palatopharyngeal arches

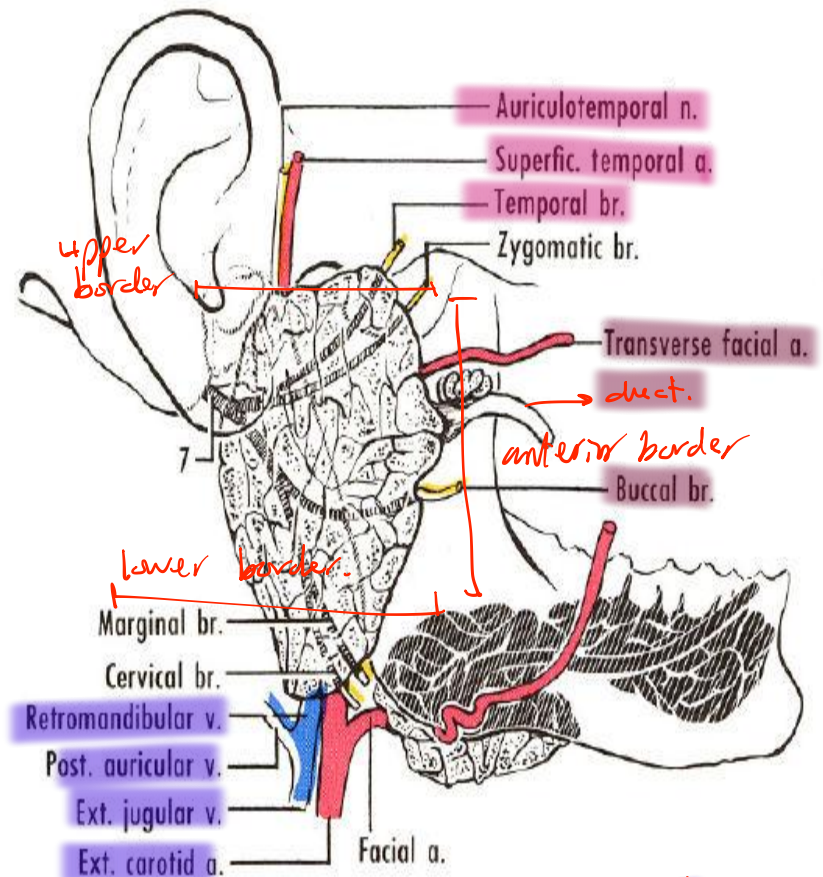
Disease leads to enlargement of the uvula (like diphtheria).



Study of the gland → Site
 → capsule of gland.
 → Contents & the type of secretion.

The Salivary Glands

- Parotid Gland
- The parotid gland is the largest salivary gland and is composed mostly of serous acini
- lies in a deep hollow below the external auditory meatus, behind the ramus of the mandible and in front of the sternocleidomastoid muscle
- The facial nerve divides the gland into superficial and deep lobes
- The parotid duct emerges from the anterior border of the gland and passes forward over the lateral surface of the masseter.
- It enters the vestibule of the mouth upon a small papilla opposite the upper second molar tooth
- Parasympathetic secretomotor supply arises from the glossopharyngeal nerve
- The nerves reach the gland via the tympanic branch, the lesser petrosal nerve, the otic ganglion, and the auriculotemporal nerve.



↳ relations of the gland

Salivary glands

Minor

- labial salivary gland
- palatine salivary gland
- lingual gland

Major

- parotid (covered by two capsules, serous secretion).
- submandibular (mixed secretion)
- sublingual (mostly mucus, little serous).

Nerve supply for any gland (3 roots)

sensory (bring sensation)

sympathetic (affect the SV & makes vasoconstriction)

parasympathetic (secretation)

* Nerve supply for parotid gland:

(postganglionic)
- sympathetic: ECA plexus (from superior cervical sympathetic ganglion).

- Sensory: Auriculotemporal nerve

- parasympathetic: lesser petrosal nerve (preganglionic)
synapse in otic ganglion,

في الوريد الپستگوانگلیونیک → هو اوریکلوتیمپورال : سلیو ← گانگلیون

Auriculotemporal gives the parotid sensory & parasympathetic fibers.

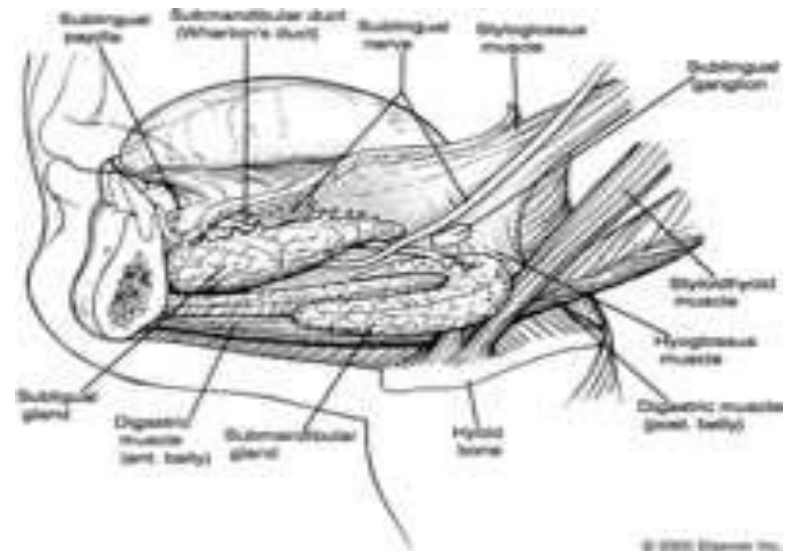
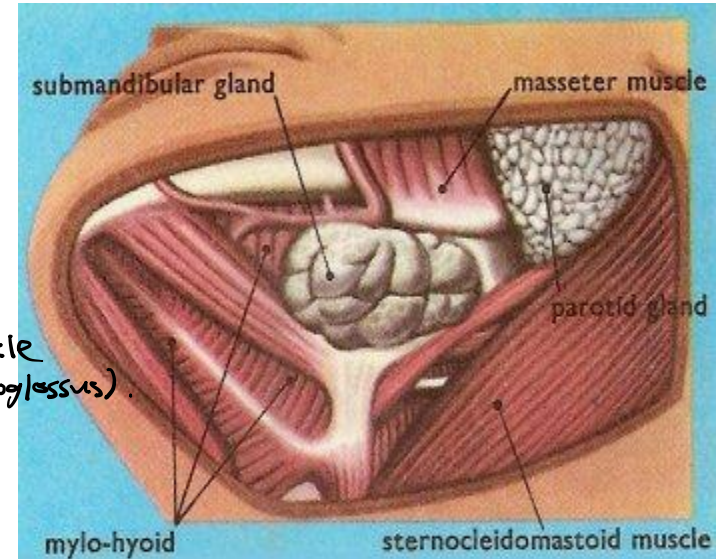
Question: Which of the following nerves secretomotor to the parotid? Auriculotemporal.
Sensory? Auriculotemporal.

Otic ganglion is located lower to foramen orate

Submandibular Gland

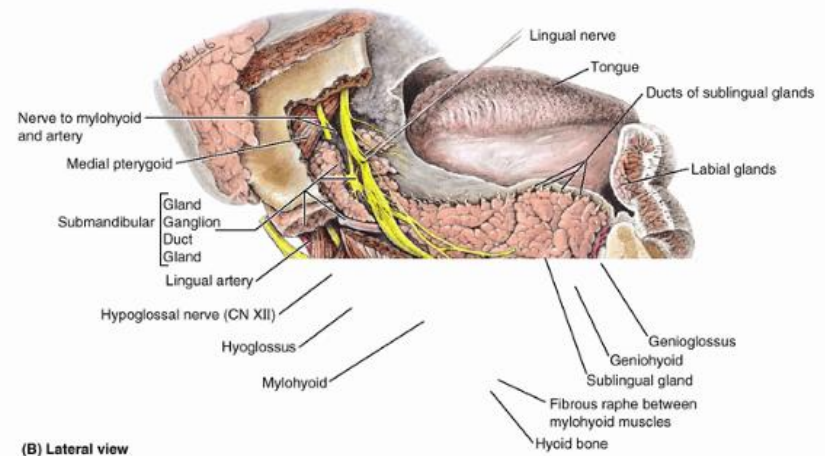
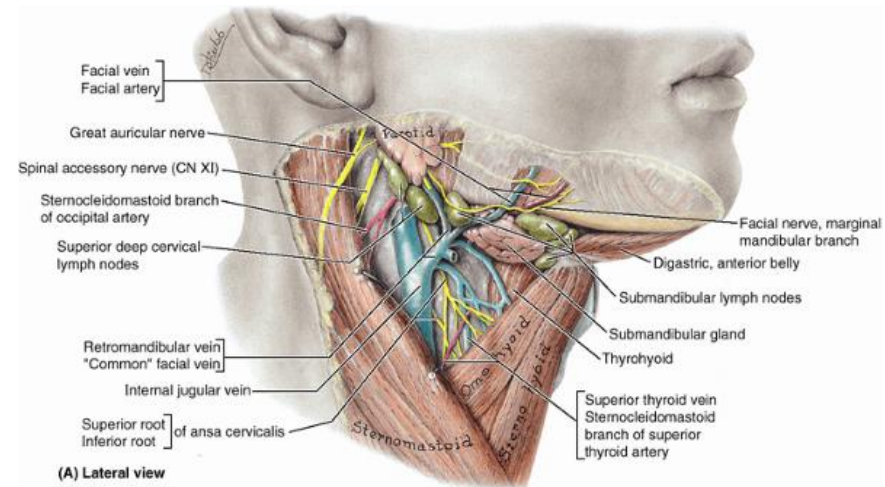
- The submandibular gland consists of a mixture of serous and mucous acini
- It lies beneath the lower border of the body of the mandible
- divided into superficial and deep parts by the mylohyoid muscle
 ↳ It is located between two muscles (mylohyoid, hyoglossus).
- The deep part of the gland lies beneath the mucous membrane of the mouth on the side of the tongue.
- The submandibular duct emerges from the anterior end of the deep part of the gland and runs forward beneath the mucous membrane of the mouth.
- It opens into the mouth on a small papilla, which is situated at the side of the frenulum of the tongue
- Parasympathetic secretomotor supply is from the facial nerve via the chorda tympani, and the submandibular ganglion
- The postganglionic fibers pass directly to the gland.

↳ Direct or by lingual nerve.



Anatomical relations

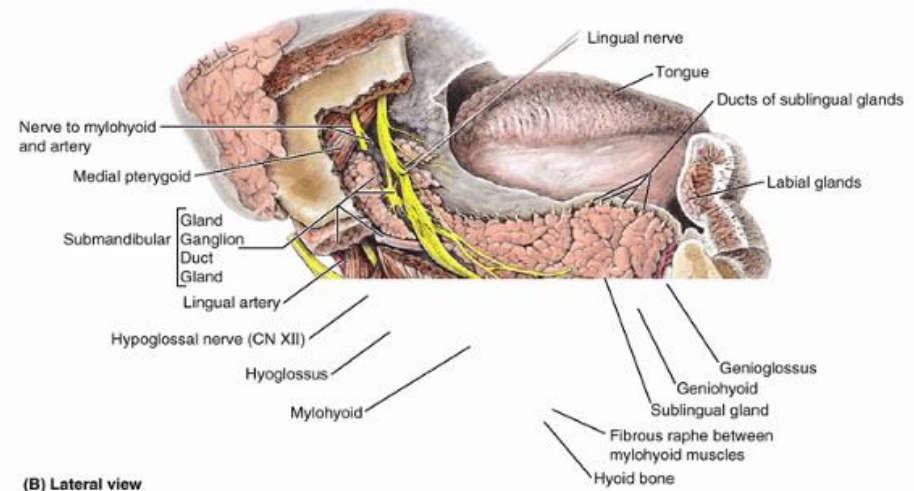
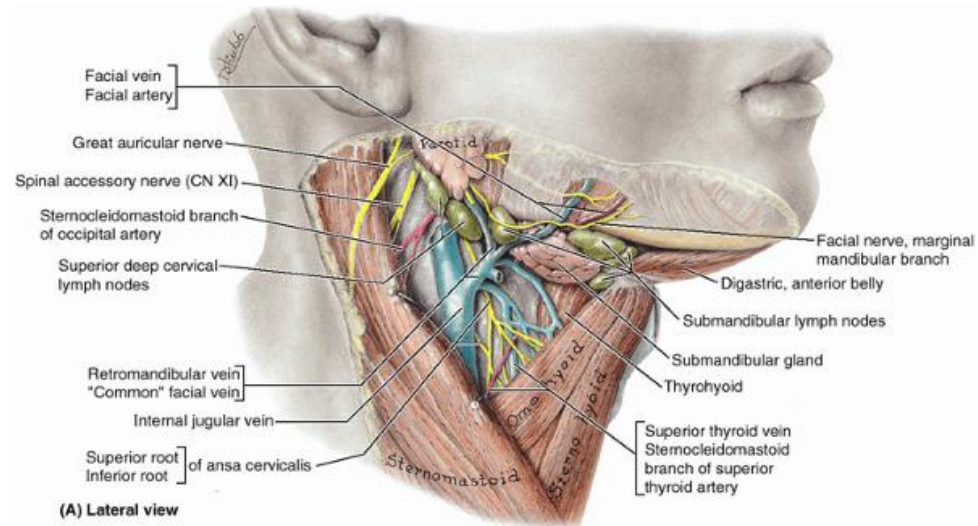
- Parotid
- Lies in the parotid bed that is formed by:
 - the sternocleidomastoid muscle behind;
 - the ramus of mandible in front;
- superiorly, the base of the trench is formed by the external acoustic meatus and the posterior aspect of the zygomatic arch.
- The parotid duct passes anteriorly across the external surface of the masseter muscle and then turns medially to penetrate the buccinator muscle of the cheek and open into the oral cavity adjacent to the crown of the second upper molar tooth
- The parotid gland encloses the external carotid artery, the retromandibular vein, and the origin of the extracranial part of the facial nerve [VII].



Submandibular gland

Under the tongue, it has two openings called lingual papillae.

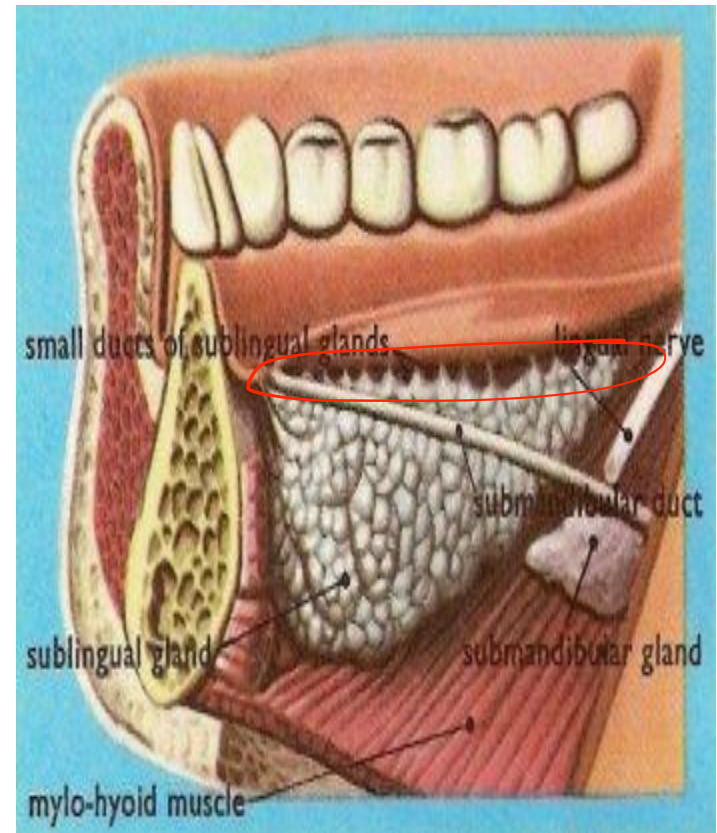
- the larger arm of the hook is directed forward in the horizontal plane below the mylohyoid muscle and is therefore outside the boundaries of the oral cavity-this larger superficial part of the gland is directly against a shallow impression on the medial side of the mandible (submandibular fossa) inferior to the mylohyoid line;
- the smaller arm of the hook (or deep part) of the gland loops around the posterior margin of the mylohyoid muscle to enter and lie within the floor of the oral cavity where it is lateral to the root of the tongue on the lateral surface of the hyoglossus muscle.
- The lingual nerve loops under the submandibular duct, crossing first the lateral side and then the medial side of the duct, as the nerve descends anteromedially through the floor of the oral cavity and then ascends into the tongue.



Sublingual Gland

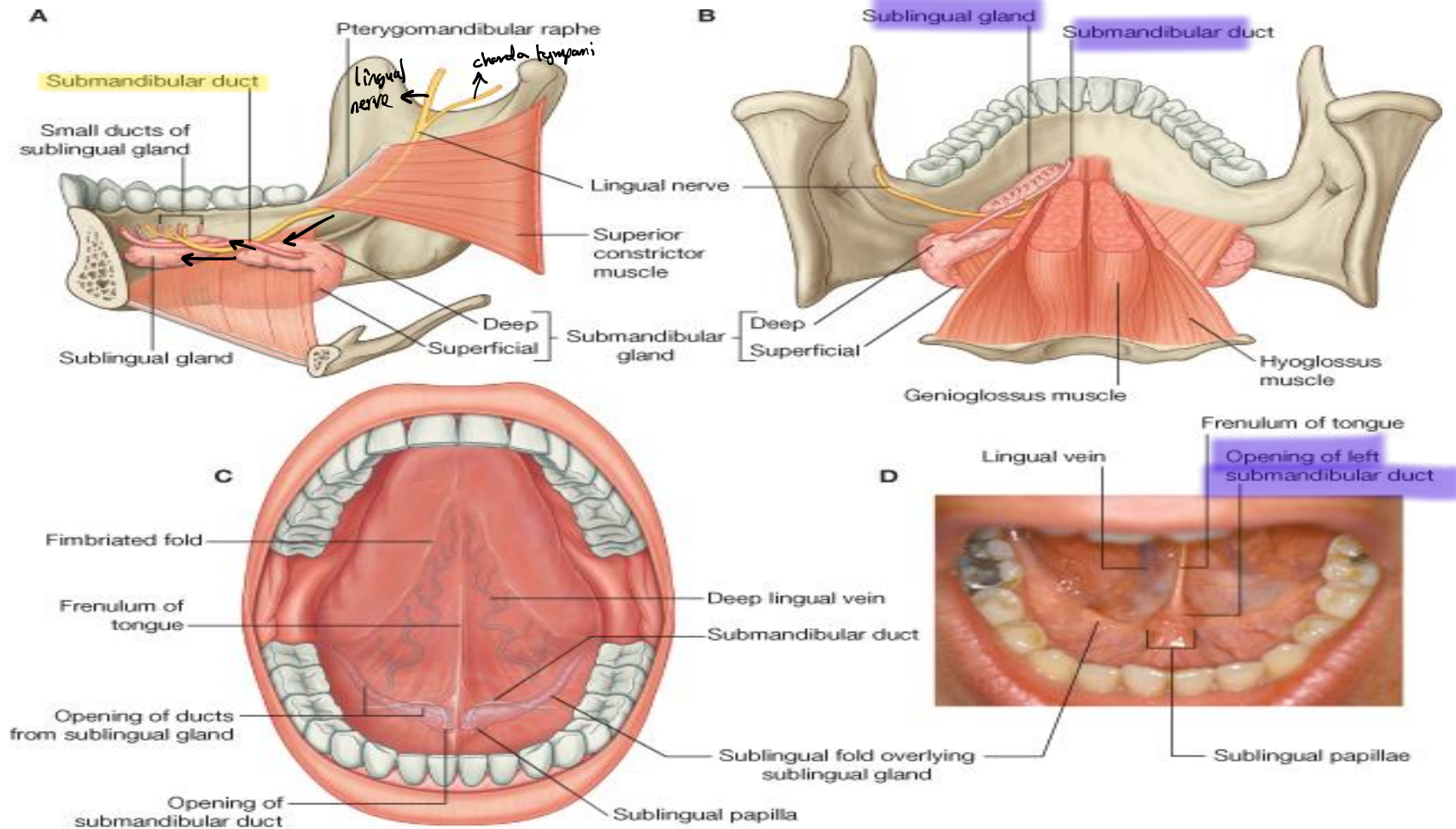
- The sublingual gland lies beneath the mucous membrane (sublingual fold) of the floor of the mouth, close to the frenulum of the tongue
- It has both serous and mucous acini, with the latter predominating.
- The sublingual ducts (8 to 20 in number) open into the mouth on the summit of the sublingual fold
- Parasympathetic secretomotor supply is from the facial nerve via the chorda tympani, and the submandibular ganglion. Postganglionic fibers pass directly to the gland.

*small duct → open direct to the floor of the mouth.
submandibular gland.*



Sublingual and submandibular gland

lingual nerve → lateral the duct → below the duct →
Medial to the duct (mandibular duct).



The pharynx

It extends from the base of the skull to the lower border of sixth cervical vertebra, then it continues as esophagus.

- * Muscular tube, but it opens anteriorly ⇒
- ① The part of pharynx that opens anteriorly to the nasal cavity is called nasopharynx ⇒ & the name of opening is choanae
 - ② The part that opens to oral cavity is called oropharynx, & the opening is called oropharyngeal isthmus.
 - ③ The part that opens to larynx is called laryngopharynx or laryngopharynx & the opening is called inlet of the larynx that is bounded by epiglottis.

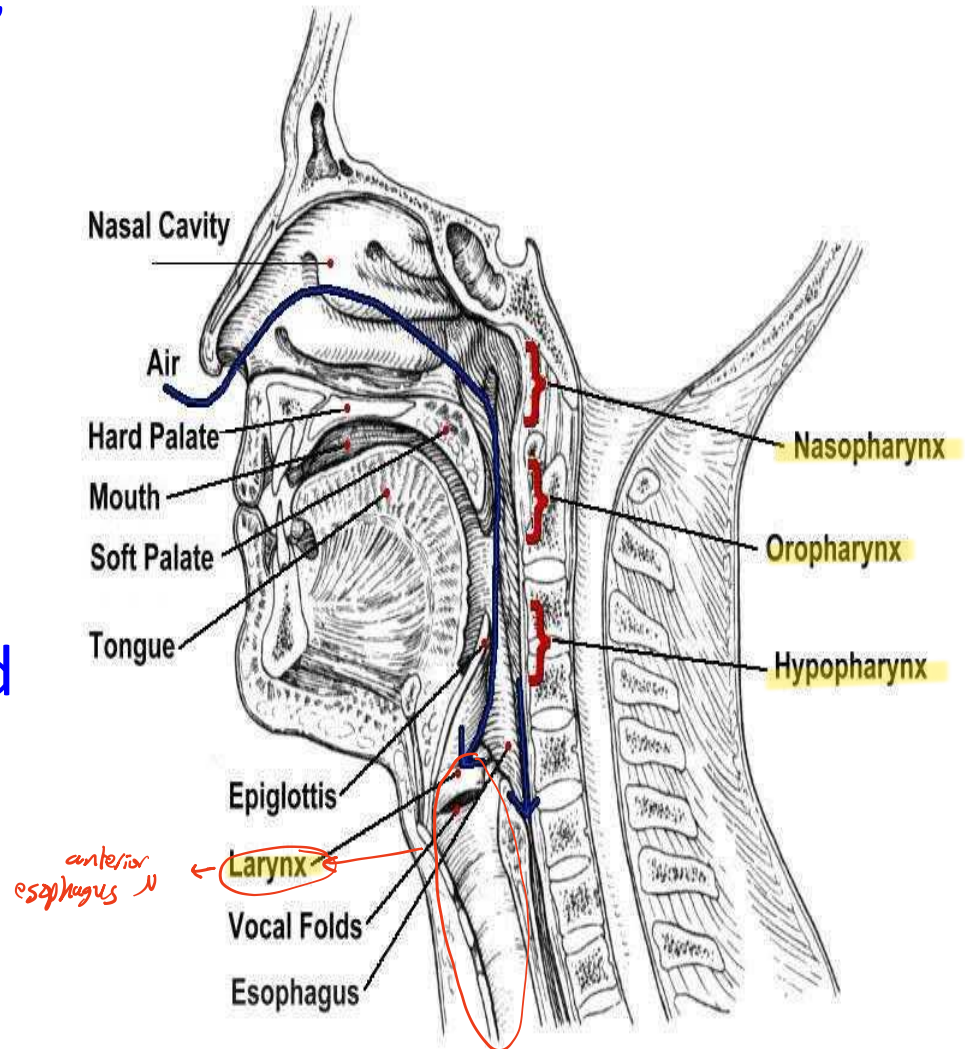
Walls of pharynx

- ① The lining epithelium is mucosa (stratified squamous epithelium non-keratinized) → ② loose (areolar) connective tissue → ③ muscular layer → ④ connective tissue.

Note: the muscles are located between two connective tissue layer.

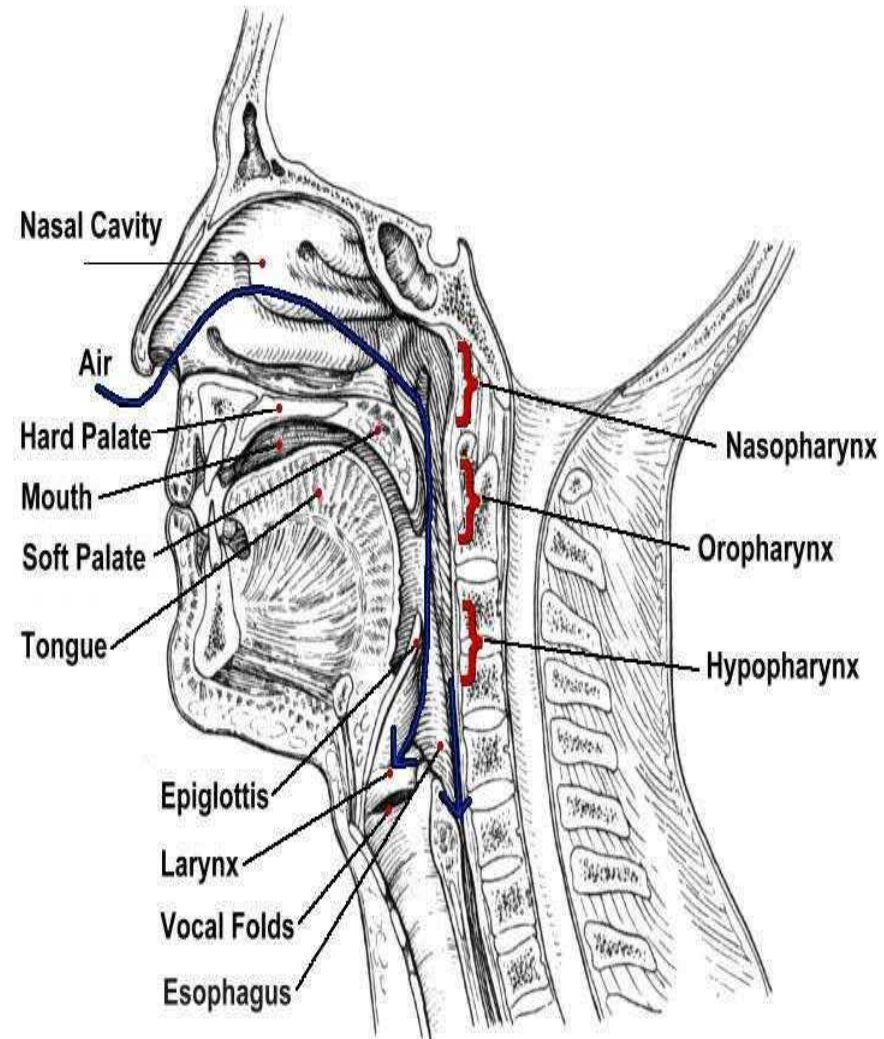
The Pharynx

- The pharynx is situated behind the nasal cavities, the mouth, and the larynx
- and may be divided into nasal, oral, and laryngeal parts
- The pharynx is funnel shaped, its upper, wider end lying under the skull and its lower, narrow end becoming continuous with the esophagus opposite the sixth cervical vertebra



The Pharynx

- The pharynx has a musculomembranous wall, which is deficient anteriorly.
- Here, it is replaced by the posterior openings into the nose (choanae), the opening into the mouth, and the inlet of the larynx.
- By means of the auditory tube, the mucous membrane is also continuous with that of the tympanic cavity.

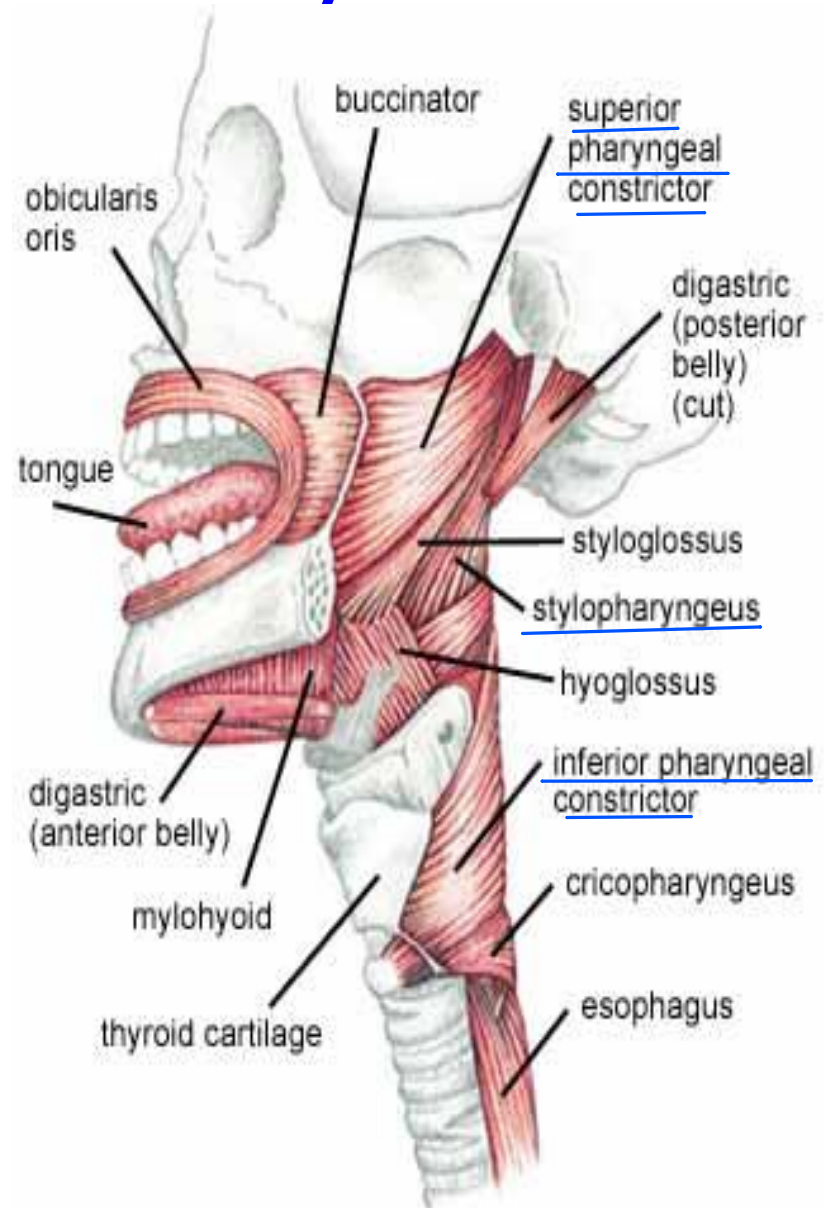


three
constrictors
two
oblique
muscles.

Muscles of the Pharynx

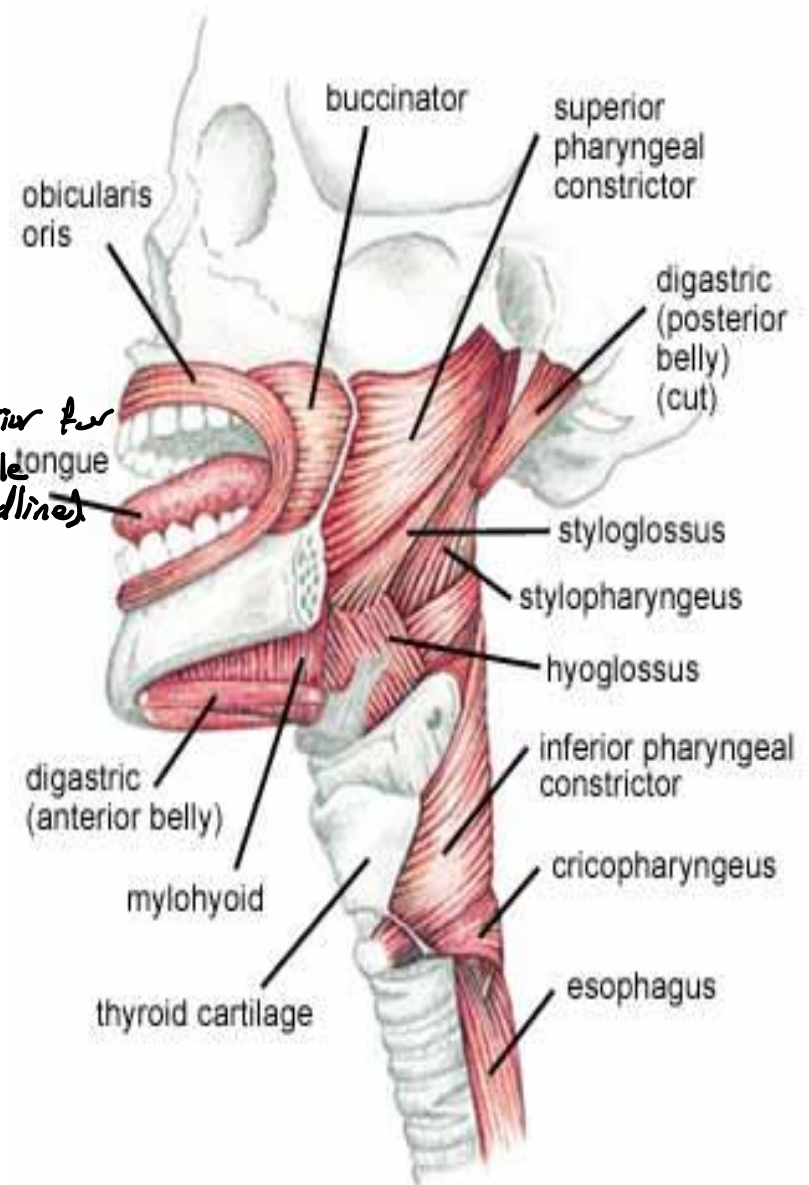
- The muscles in the wall of the pharynx consist of the superior, middle, and inferior constrictor muscles
- whose fibers run in a somewhat circular direction, and the stylopharyngeus and salpingopharyngeus muscles, whose fibers run in a somewhat longitudinal direction.

→ see from internal side.



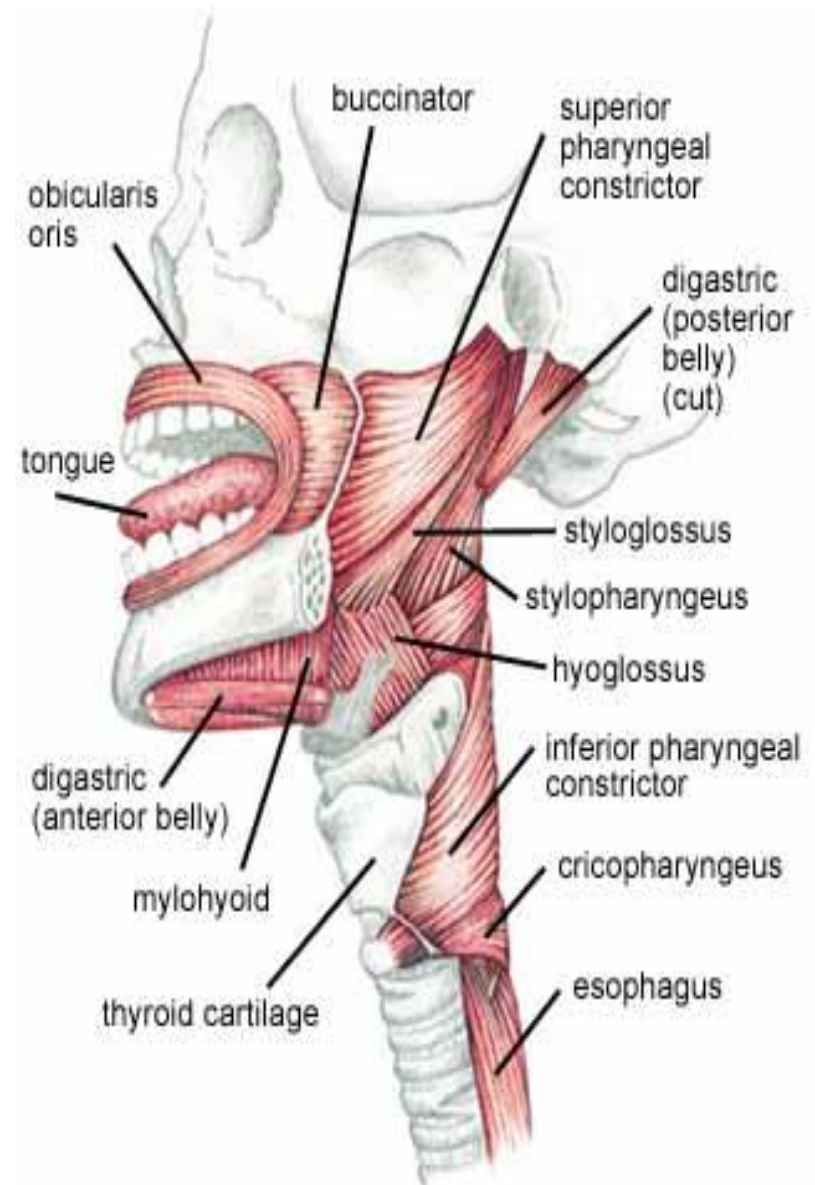
Muscles of the Pharynx

- The three constrictor muscles extend around the pharyngeal wall to be inserted into a fibrous band or raphe that extends from the *(front to the foramen magnum.)* pharyngeal tubercle on the basilar part of the occipital bone of the skull down to the esophagus



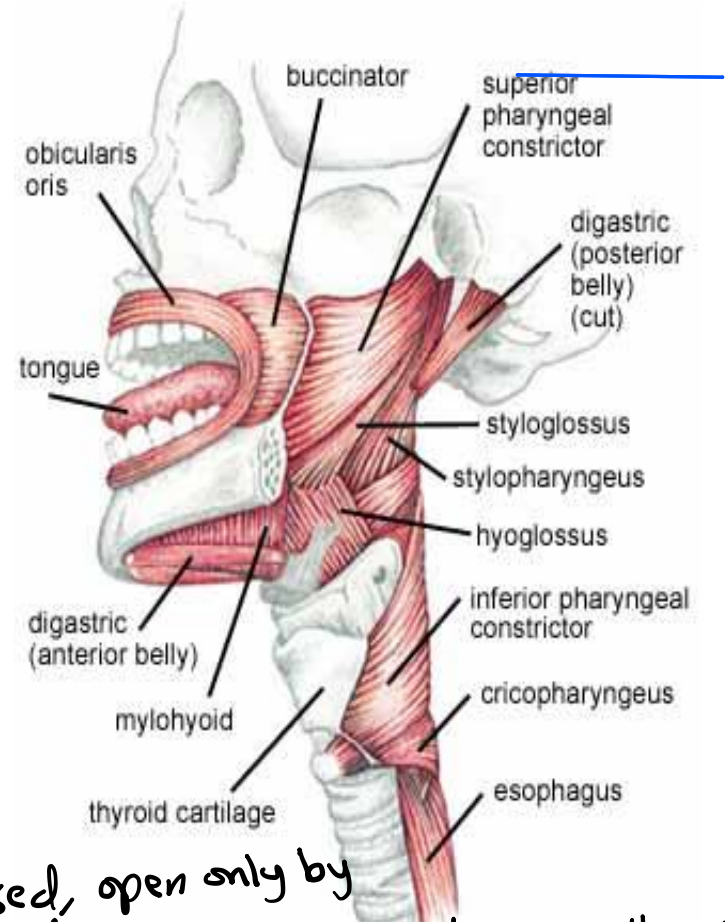
Muscles of the Pharynx

- The three constrictor muscles overlap each other so that the middle constrictor lies on the outside of the lower part of the superior constrictor and the inferior constrictor lies outside the lower part of the middle constrictor



Muscles of the Pharynx (cont.)

- The lower part of the inferior constrictor, which arises from the cricoid cartilage, is called the cricopharyngeus muscle
- The fibers of the cricopharyngeus pass horizontally around the lowest and narrowest part of the pharynx and act as a sphincter



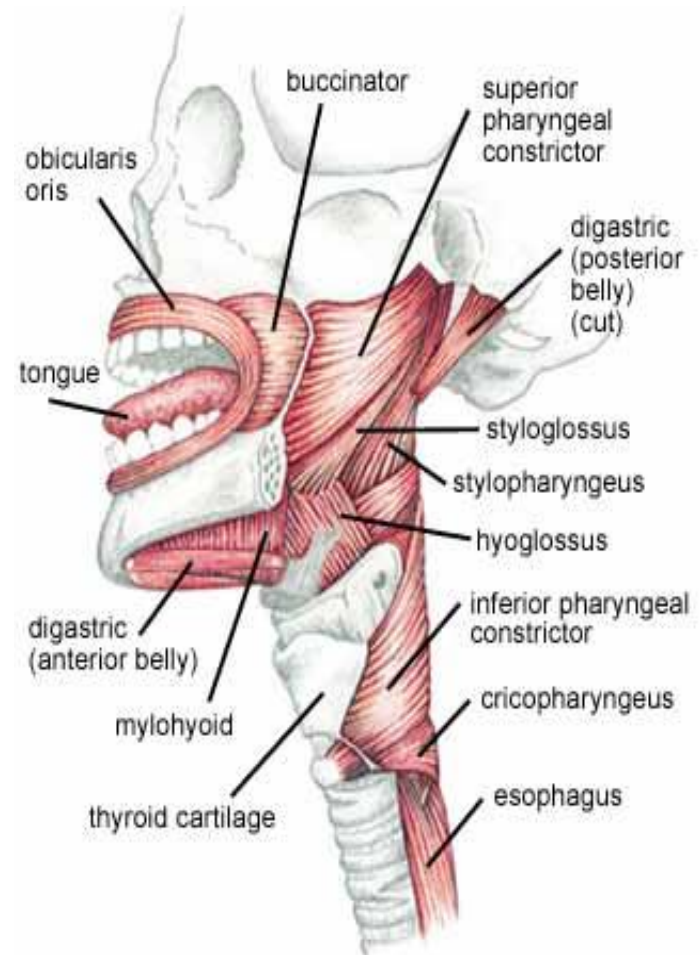
CI is always closed, open only by the stimulation of bolus. To prevent passage the air (larynx & respiratory system)

aggregates in funds → dark spots in X-ray.

Muscles of the Pharynx (cont.)

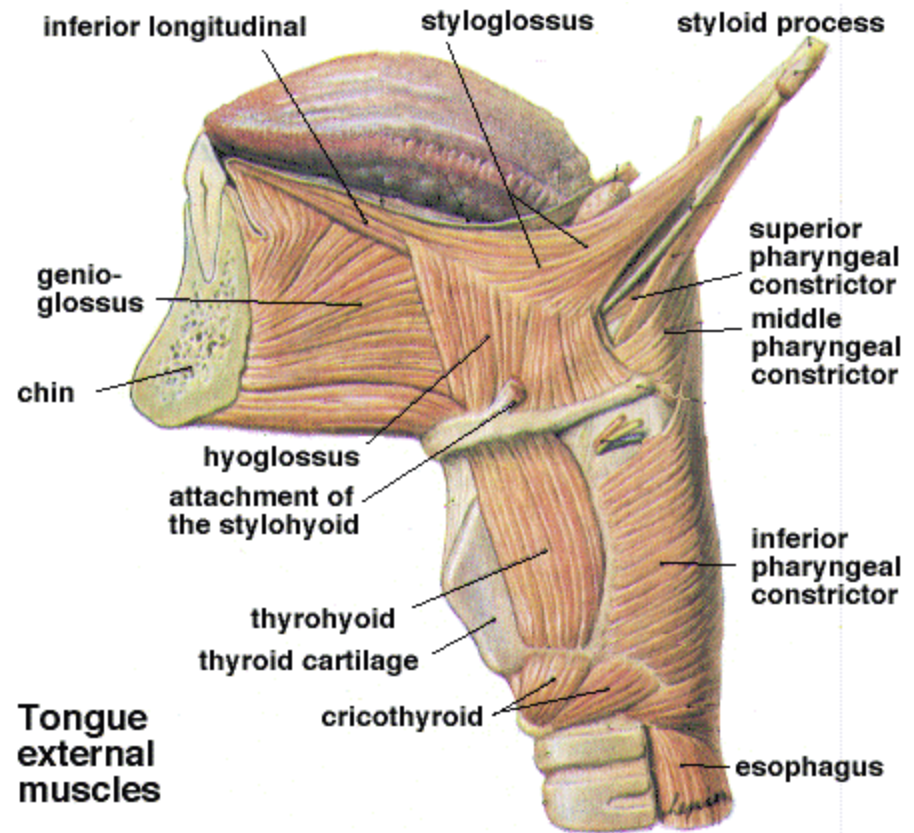
Small area lies above the upper border of cricopharyngeus (very sensitive).

- Killian's dehiscence is the area on the posterior pharyngeal wall between the upper propulsive part of the inferior constrictor and the lower sphincteric part, the cricopharyngeus.



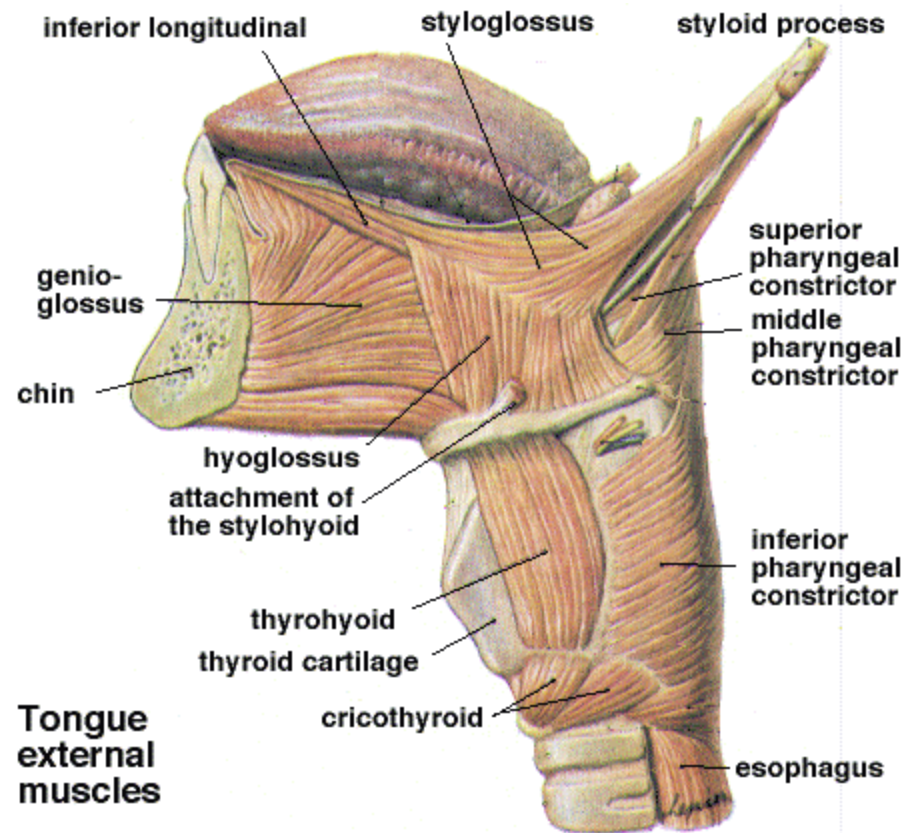
Muscles of the Pharynx

- Superior constrictor
- O: Medial pterygoid plate, pterygoid hamulus, pterygomandibular ligament, mylohyoid line of mandible
- Ins: Pharyngeal tubercle of occipital bone, raphe in midline posteriorly
- Inerv: Pharyngeal plexus (3 nerves)

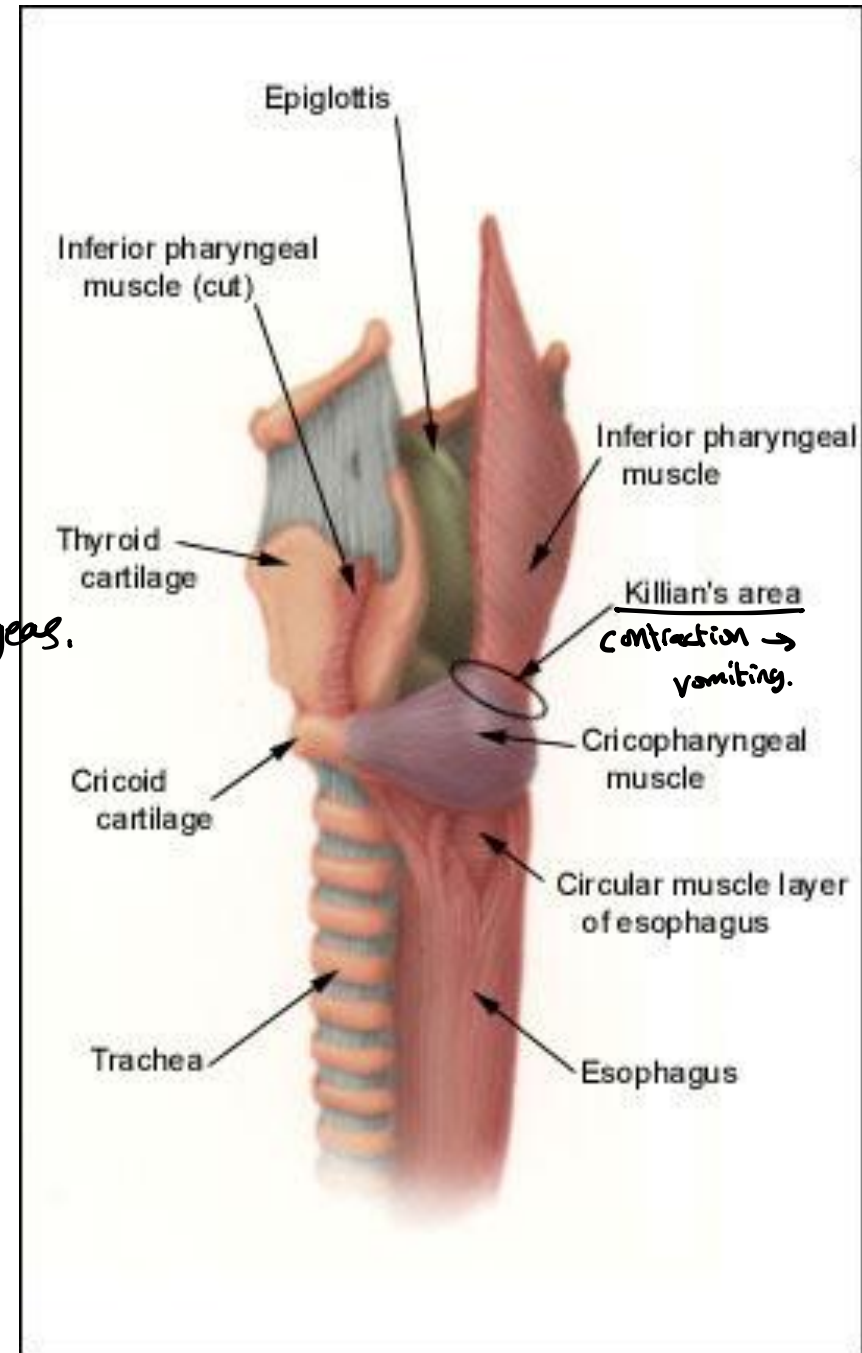


Aids soft palate in closing off nasal pharynx, propels bolus downward

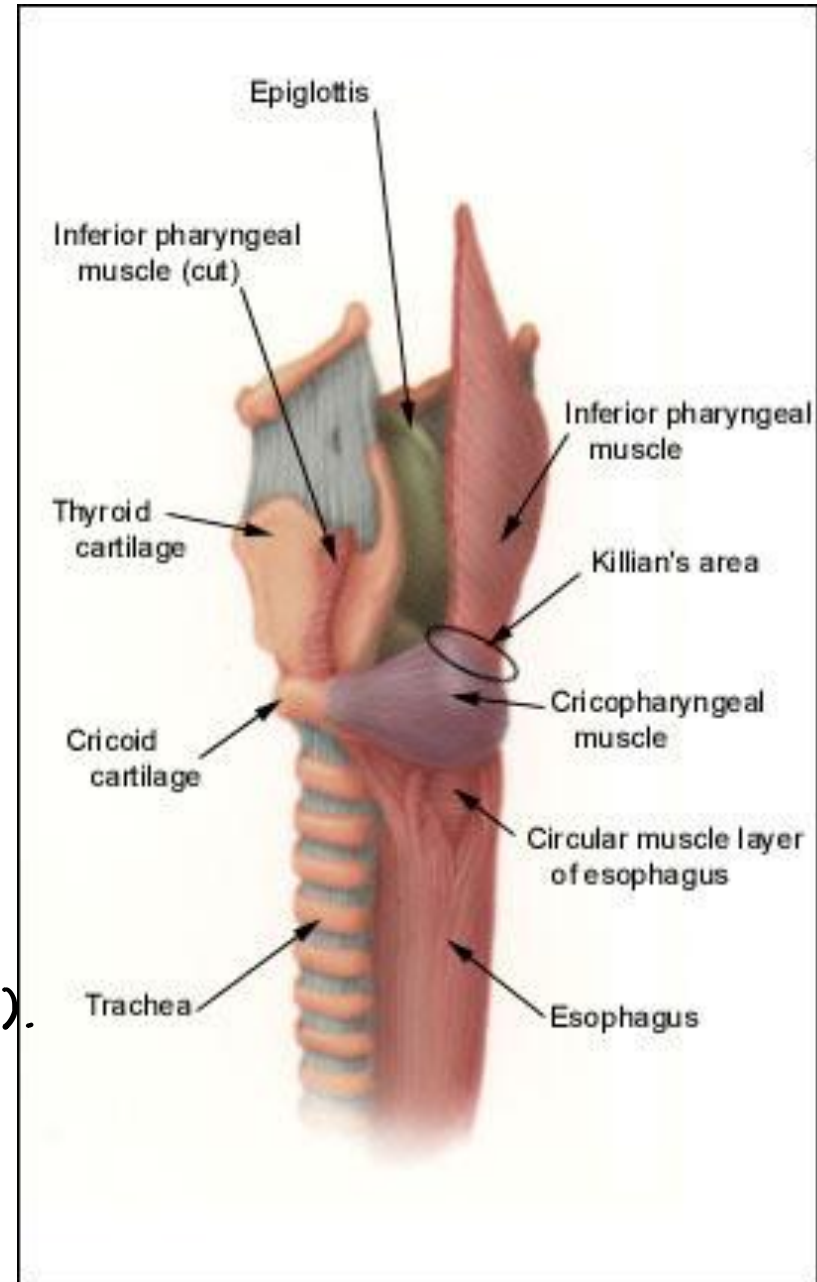
- Middle constrictor
- Lower part of stylohyoid ligament, lesser and greater cornu of hyoid bone
- Pharyngeal raphe
- Pharyngeal plexus
- Propels bolus downward



- Inferior constrictor
- Lamina of thyroid cartilage, cricoid cartilage
 - ↳ for cricopharyngeus.
- Pharyngeal raphe
- Pharyngeal plexus
- Propels bolus downward



- Cricopharyngeus
- Lowest fibers of inferior constrictor muscle
- Sphincter at lower end of pharynx
- Stylopharyngeus
- Styloid process of temporal bone
- Posterior border of thyroid cartilage
- Glossopharyngeal nerve *(only, not plexus)*.
- Elevates larynx during swallowing



- Salpingopharyngeus
- Auditory tube
- Blends with palatopharyngeus
- Pharyngeal plexus
- Elevates pharynx
- Palatopharyngeus
- Palatine aponeurosis
- Posterior border of thyroid cartilage
- Pharyngeal plexus
- Elevates wall of pharynx, pulls palatopharyngeal arch medially

↓
عند

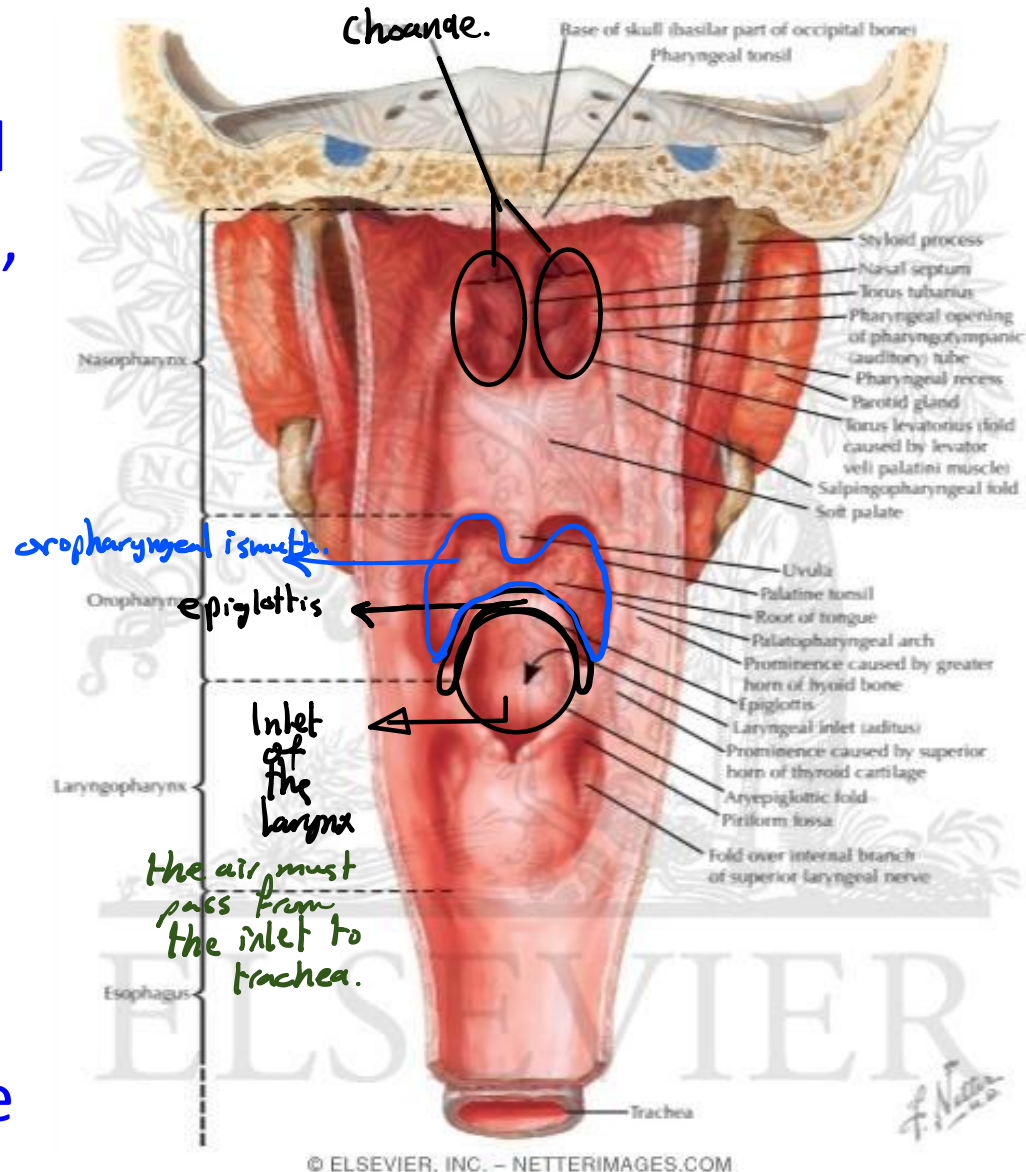
Auditory tube

✓ It is important in air pressure balance.

✓ Disadvantage: If the child vomits in prone position → vomit can pass superiorly to the nasal cavity & by the auditory tube, it will reach the middle ear & cause otitis media.

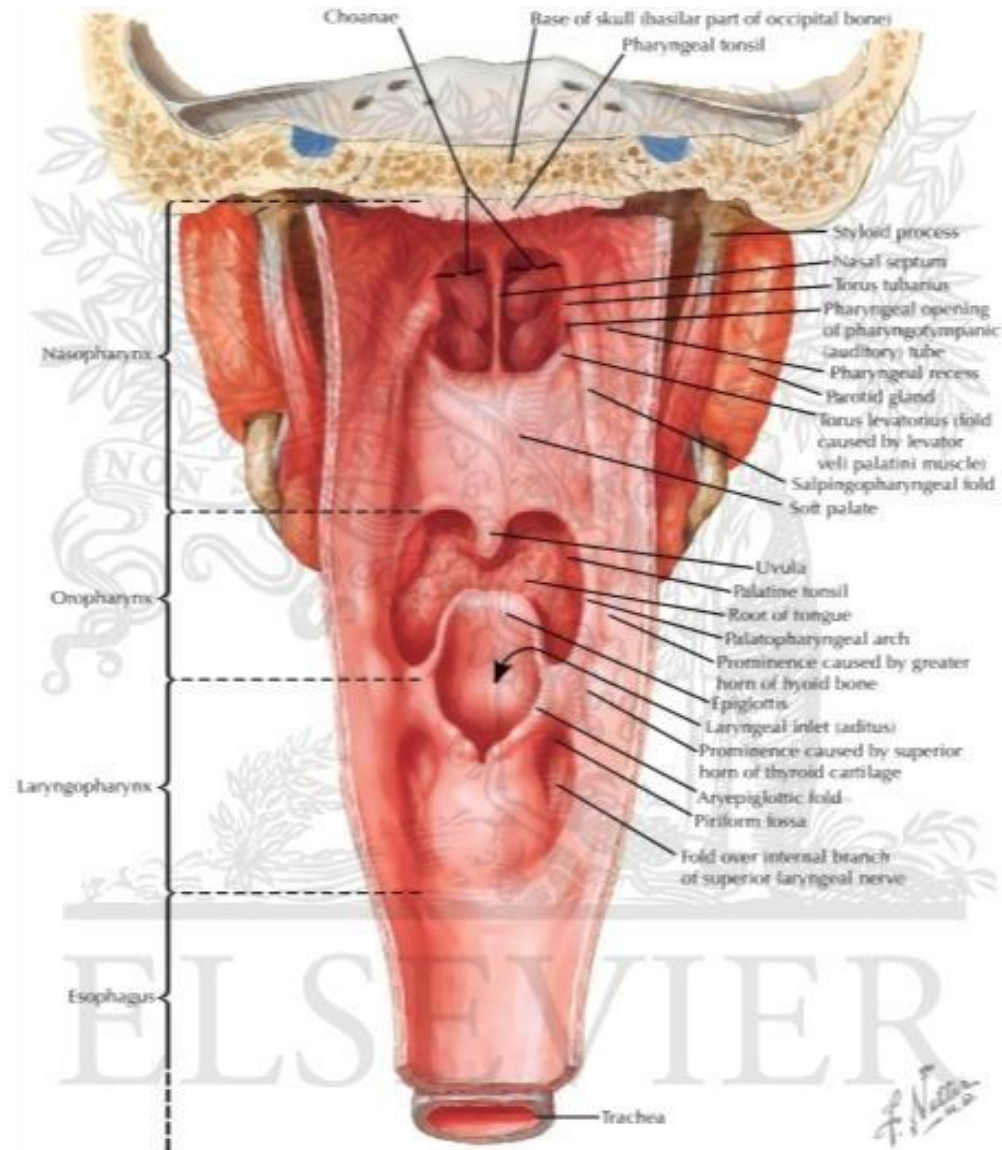
Interior of the Pharynx

- The pharynx is divided into three parts: the nasal pharynx, the oral pharynx, and the laryngeal pharynx.
- Nasal Pharynx
- This lies above the soft palate and behind the nasal cavities
- In the submucosa of the roof is a collection of lymphoid tissue called the pharyngeal tonsil



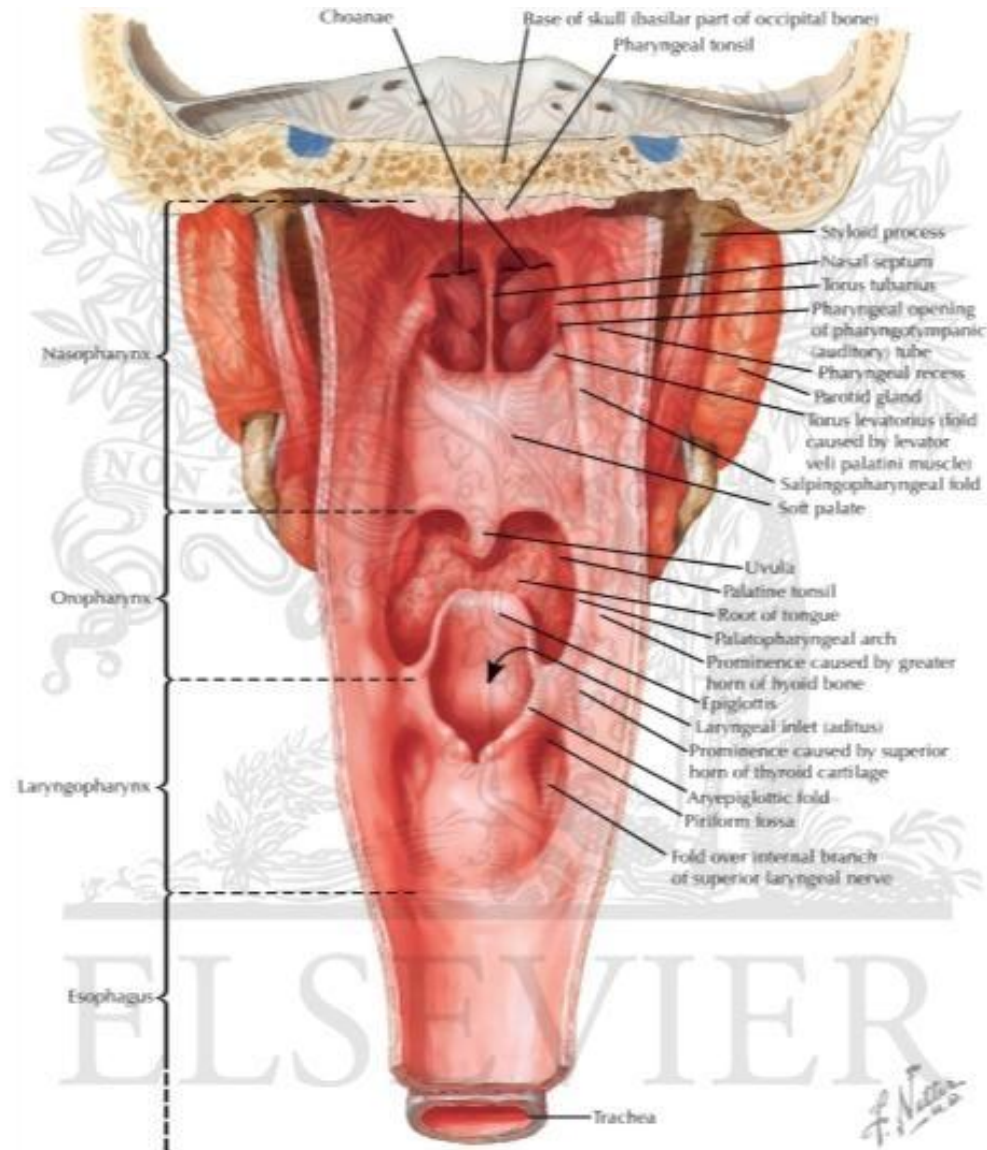
Interior of the Pharynx

- The pharyngeal isthmus is the opening in the floor between the soft palate and the posterior pharyngeal wall
- On the lateral wall is the opening of the auditory tube, the elevated ridge of which is called the tubal elevation



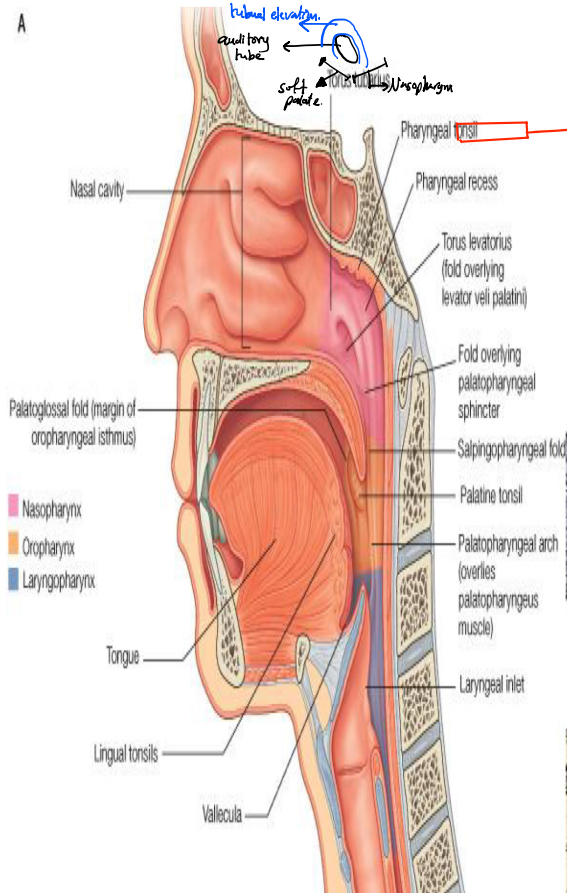
Interior of the Pharynx

- The pharyngeal recess is a depression in the pharyngeal wall behind the tubal elevation
- The salpingopharyngeal fold is a vertical fold of mucous membrane covering the salpingopharyngeus muscle.



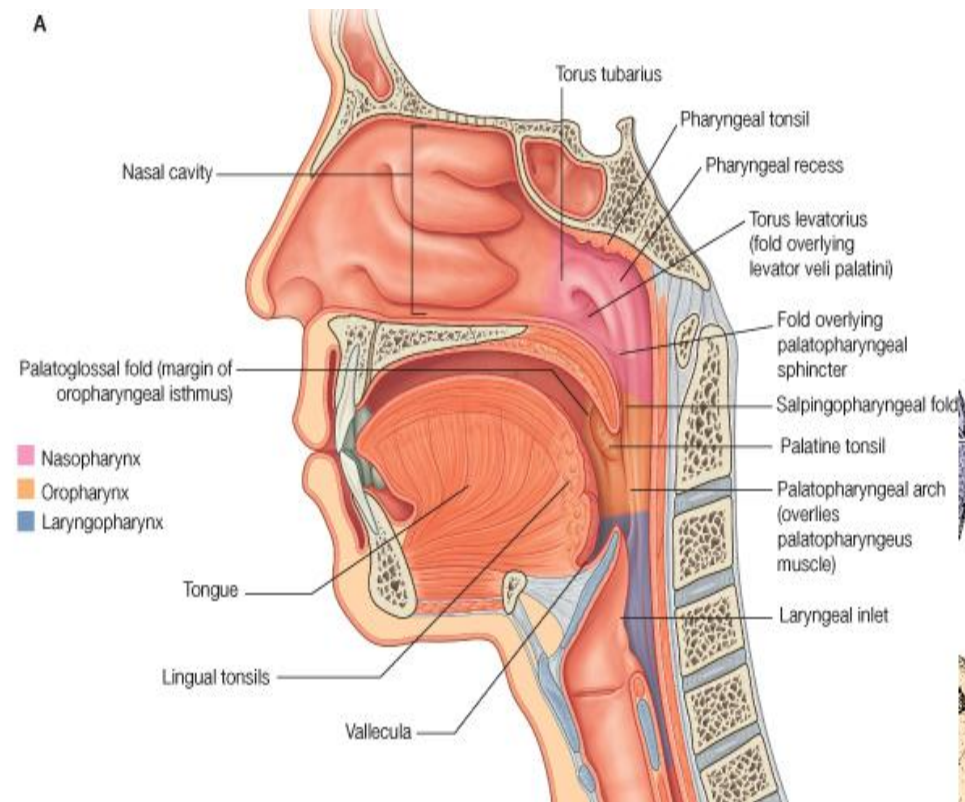
Nasopharynx ⇒ Starts from the base of the skull
& ends at the soft palate.

At the roof of nasopharynx ⇒ Enlargement of pharyngeal tonsils ⇒
Adenoids ⇒ Lead to nasopharynx
block.



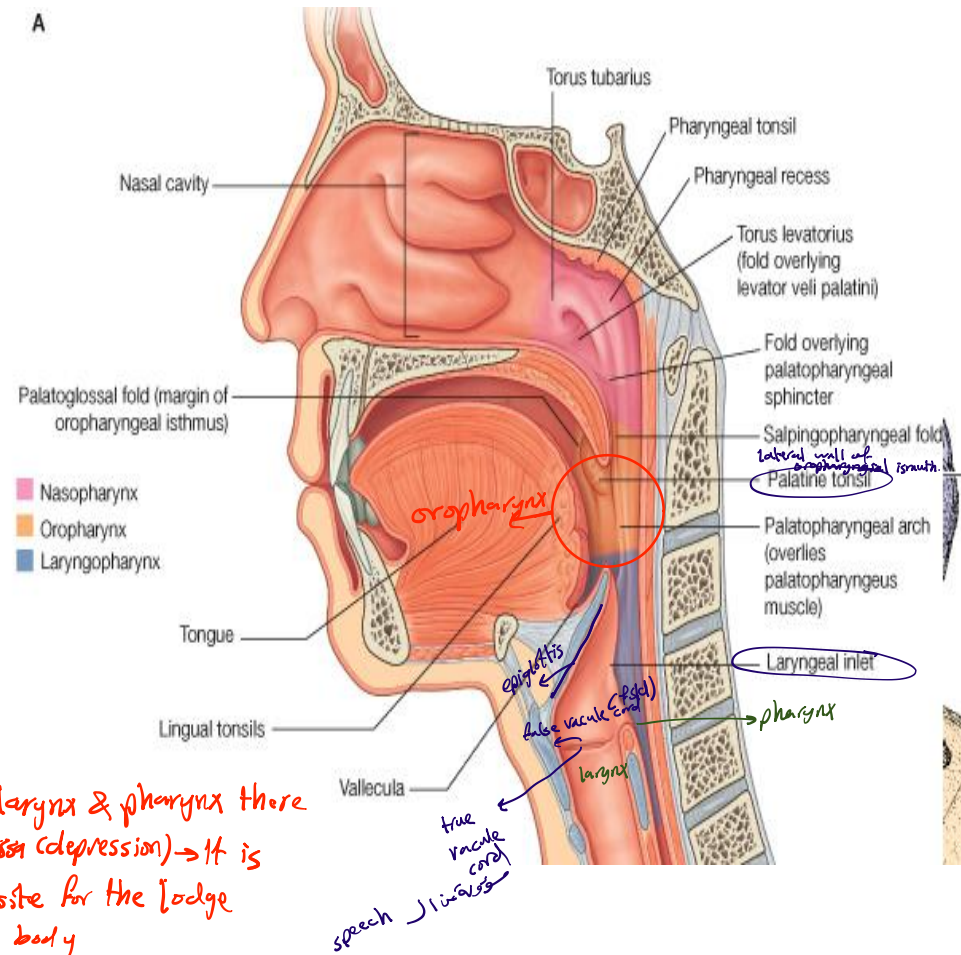
Oral Pharynx

- This lies behind the oral cavity
- The floor is formed by the posterior one third of the tongue and the interval between the tongue and epiglottis
- In the midline is the median glossoepiglottic fold and on each side the lateral glossoepiglottic fold.



Oral Pharynx

- The depression on each side of the median glossoepiglottic fold is called the vallecula
- On the lateral wall on each side are the palatoglossal and the palatopharyngeal arches or folds and the palatine tonsils between them

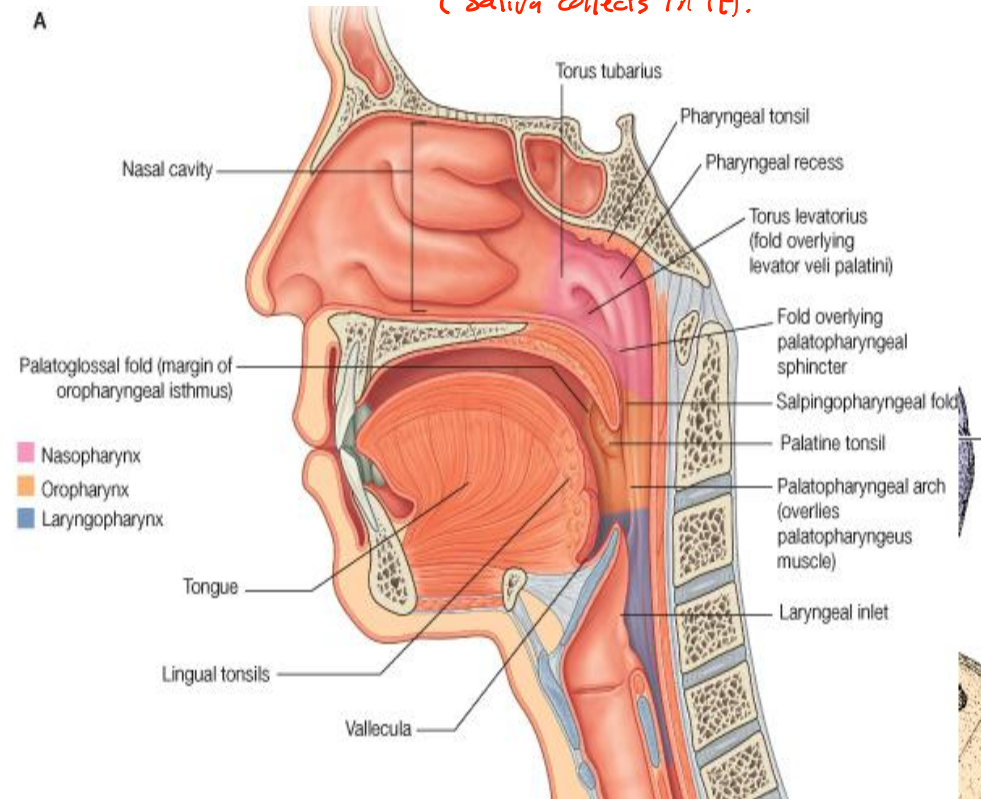


*Between the larynx & pharynx there is performed fossa (depression) → It is the common site for the lodge of foreign body

Oral Pharynx

**Connection between the tongue & epiglottis → glossoepiglottic fold → And the space between them is called valleculae (Saliva collects in it).*

- interval between the two palatoglossal arches is called the oropharyngeal isthmus and marks the boundary between the mouth and pharynx.



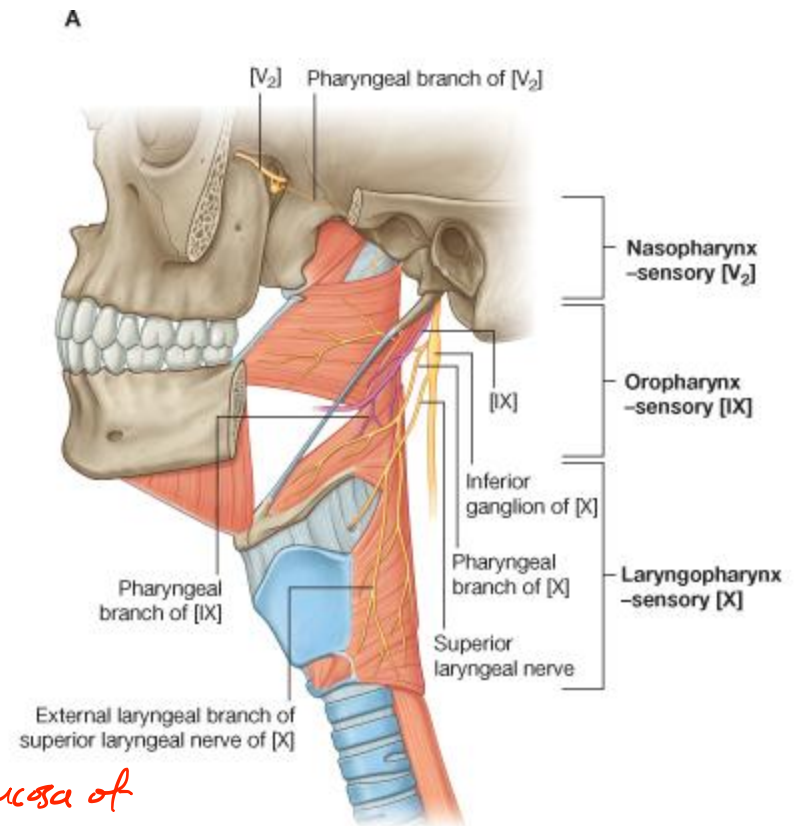
Laryngeal Pharynx

- This lies behind the opening into the larynx
- The lateral wall is formed by the thyroid cartilage and the thyrohyoid membrane
- The piriform fossa is a depression in the mucous membrane on each side of the laryngeal inlet

Sensory Nerve Supply of the Pharyngeal Mucous Membrane

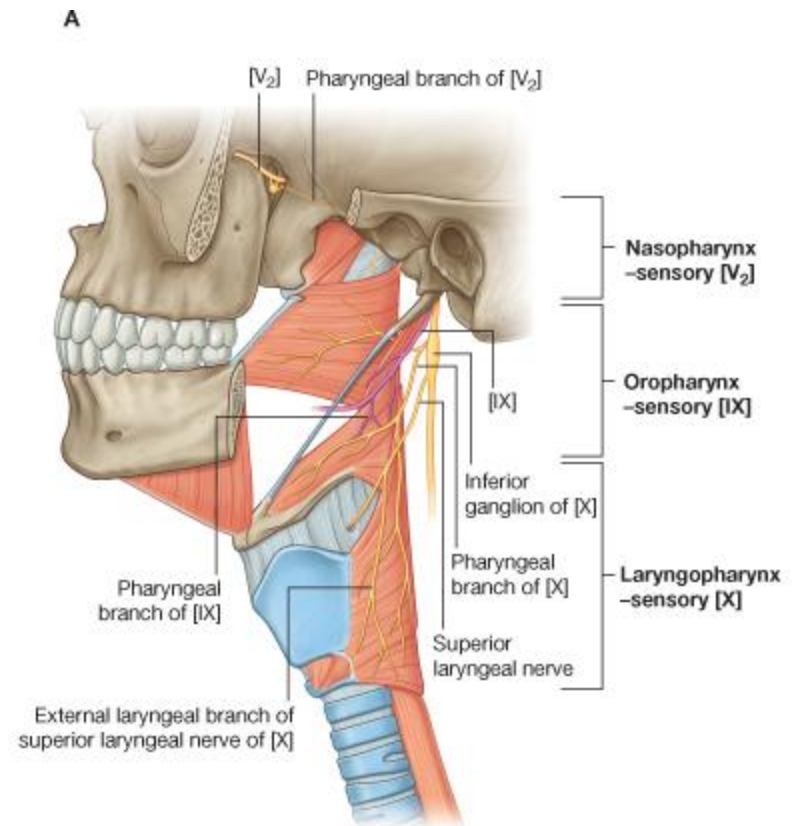
- Nasal pharynx: The maxillary nerve (V₂)
- Oral pharynx: The glossopharyngeal nerve
- Laryngeal pharynx (around the entrance into the larynx): The internal laryngeal branch of the vagus nerve

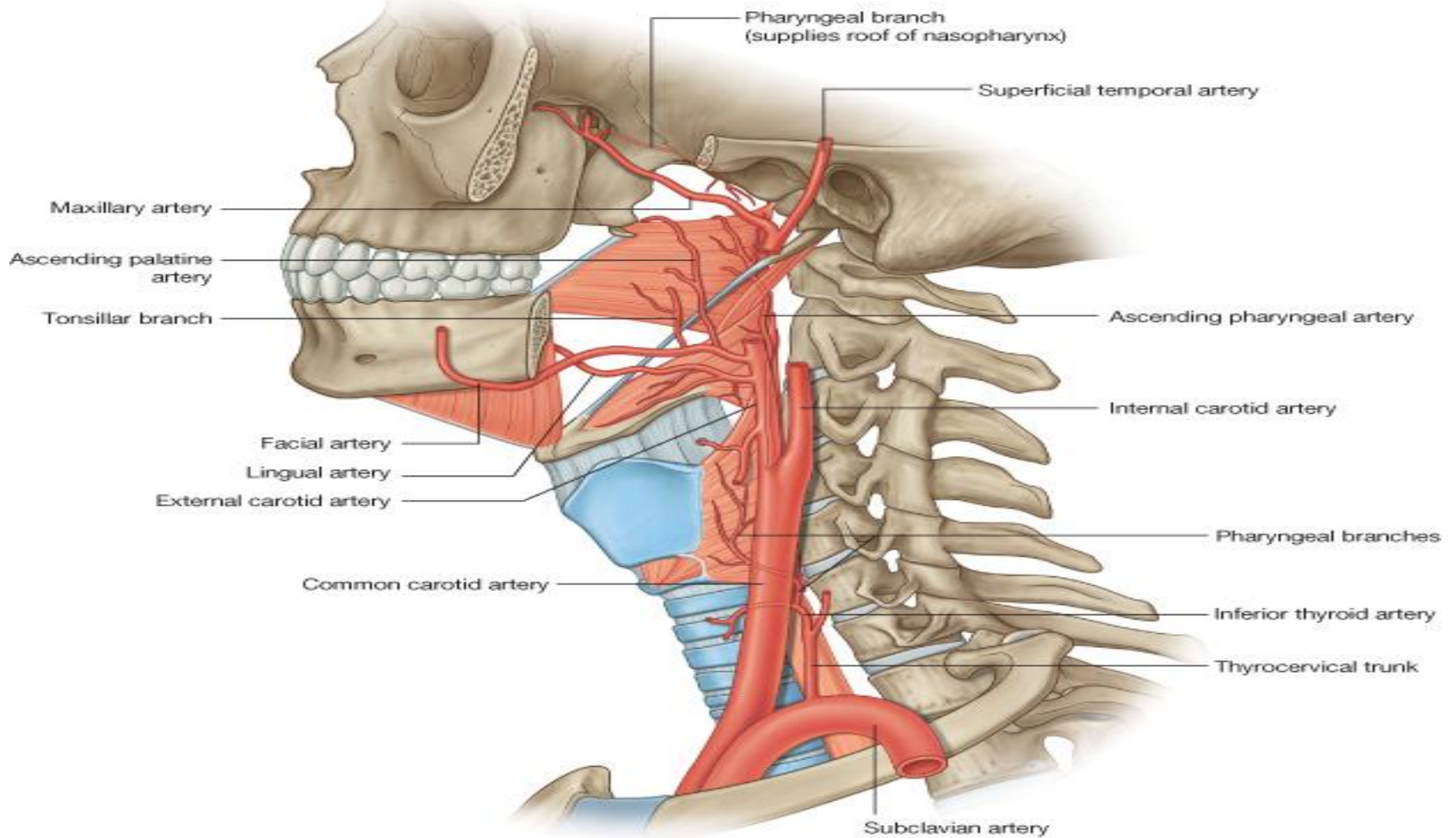
How this nerve reaches the mucosa of the larynx? between the middle & inferior constrictor muscles of the pharynx.



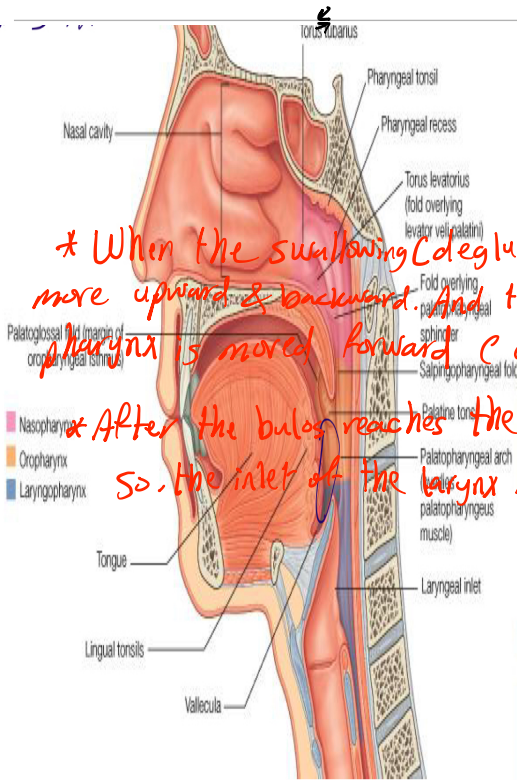
Sensory Nerve Supply of the Pharyngeal Mucous Membrane

- Blood Supply of the Pharynx
- Ascending pharyngeal, tonsillar branches of facial arteries, and branches of maxillary and lingual arteries
- Lymph Drainage of the Pharynx
- Directly into the deep cervical lymph nodes or indirectly via the retropharyngeal or paratracheal nodes into the deep cervical nodes





* Through the mastication, the tension (pressure) inside the oral cavity should be raised. → By closing the oropharyngeal ismuth, so the soft palate moves downward and the base of the tongue moves more upward.



* When the swallowing (deglutition) starts, soft palate will move upward & backward. And the posterior wall of the pharynx is moved forward (closing for nasopharynx opening).

* After the bulus reaches the pharynx, it shouldn't enter the larynx → so, the inlet of the larynx must be closed → (Bulus push the epiglottis downward & backward & the larynx mucosa moves upward) → completely closing for the inlet of larynx.

The Process of Swallowing (Deglutition)

- Masticated food is formed into a ball or bolus on the dorsum of the tongue and voluntarily pushed upward and backward against the undersurface of the hard palate
- This is brought about by the contraction of the styloglossus muscles on both sides, which pull the root of the tongue upward and backward
- The palatoglossus muscles then squeeze the bolus backward into the pharynx.

The Process of Swallowing (Deglutition)

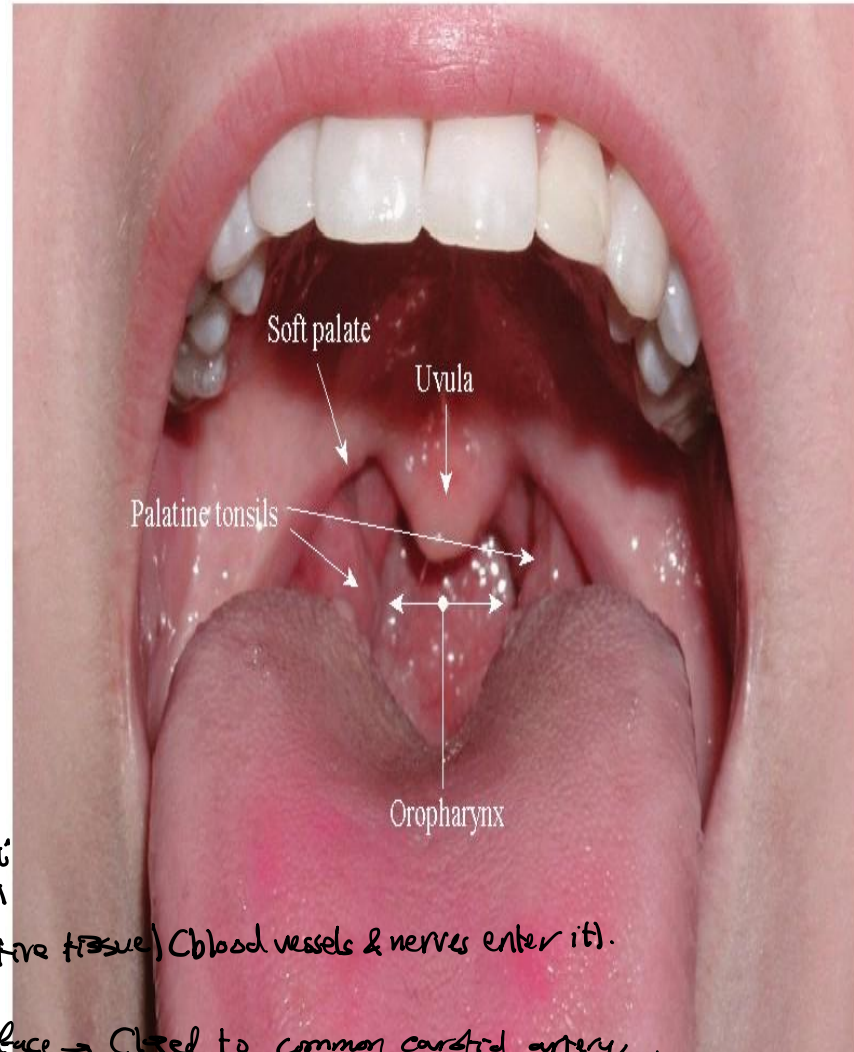
- From this point onward the process of swallowing becomes an involuntary act.
- The nasal part of the pharynx is now shut off from the oral part of the pharynx by the elevation of the soft palate
- the pulling forward of the posterior wall of the pharynx by the upper fibers of the superior constrictor muscle, and the contraction of the palatopharyngeus muscles. This prevents the passage of food and drink into the nasal cavities

- The larynx and the laryngeal part of the pharynx are pulled upward by the contraction of the stylopharyngeus, salpingopharyngeus, thyrohyoid, and palatopharyngeus muscles
- The main part of the larynx is thus elevated to the posterior surface of the epiglottis, and the entrance into the larynx is closed
- The laryngeal entrance is made smaller by the approximation of the aryepiglottic folds, and the arytenoid cartilages are pulled forward by the contraction of the aryepiglottic, oblique arytenoid, and thyroarytenoid muscles.

- The bolus moves downward over the epiglottis, the closed entrance into the larynx, and reaches the lower part of the pharynx as the result of the successive contraction of the superior, middle, and inferior constrictor muscles
- Some of the food slides down the groove on either side of the entrance into the larynx, that is, down through the piriform fossae
- Finally, the lower part of the pharyngeal wall (the cricopharyngeus muscle) relaxes and the bolus enters the esophagus.

Palatine Tonsils

- The palatine tonsils are two masses of lymphoid tissue, each located in the depression on the lateral wall of the oral part of the pharynx between the palatoglossal and palatopharyngeal arches
- Each tonsil is covered by mucous membrane, and its free medial surface projects into the pharynx
- The surface is pitted by numerous small openings that lead into the tonsillar crypts.
- The tonsil is covered on its lateral surface by a fibrous capsule



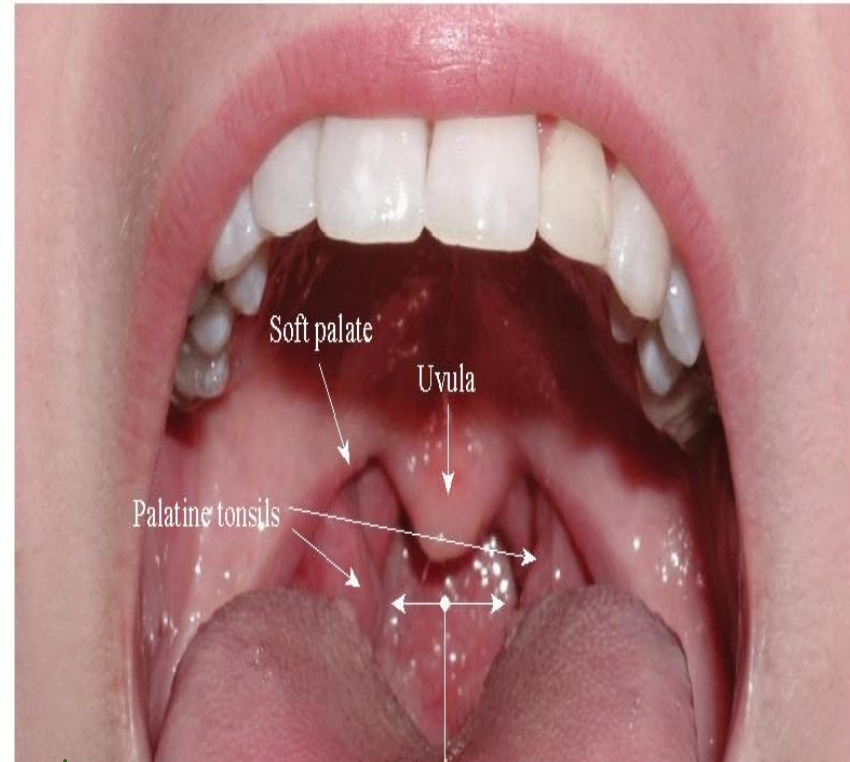
ناجمن عن اللوزيات

(loose connective tissue) (blood vessels & nerves enter it).

lateral surface → Closed to common carotid artery, tonsillar branch of facial artery, veins

Palatine Tonsils

- The capsule is separated from the superior constrictor muscle by loose areolar tissue
- and the external palatine vein (suprapalatine vein). descends from the soft palate in this tissue to join the pharyngeal venous plexus
- Lateral to the superior constrictor muscle lie the styloglossus muscle, the loop of the facial artery, and the internal carotid artery.
- The tonsil reaches its maximum size during early childhood, but after puberty it diminishes considerably in size.

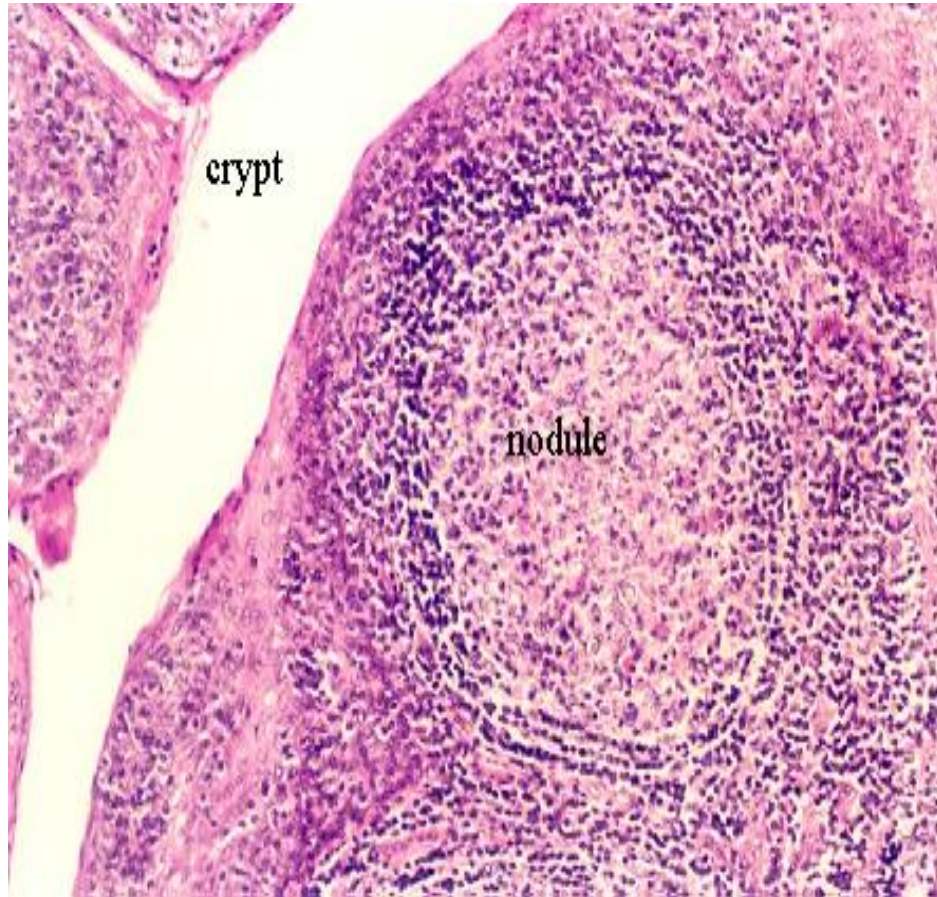


To avoid ← tonsillectomy ← هذه العملية (3-4) مرات بالأسبوع
 bacteria complications (strep. pyogenes).

- Typically, tonsillectomy is through the oral cavity by extending an index to the lateral surface; by using the scalpel, the surgeon opens the lateral capsules to have better access to the tonsils and removes them.
- Ligation and cutting of the tonsillar artery and done to prevent any bleeding. vein(two ligations) must be
- *After tonsillectomy we enroll the patient for 24 hours in the hospital for further supervision if any postoperative bleeding took place (caused by the vein, why? The vein pierces the constrictor muscle, and the contraction of this muscle can cause the release of the ligation of the vein, causing bleeding)
- Enlargement in pharyngeal tonsil can cause blockage in the nasopharynx
- Enlargement in palatine tonsils leads to difficulty in swallowing

Blood Supply

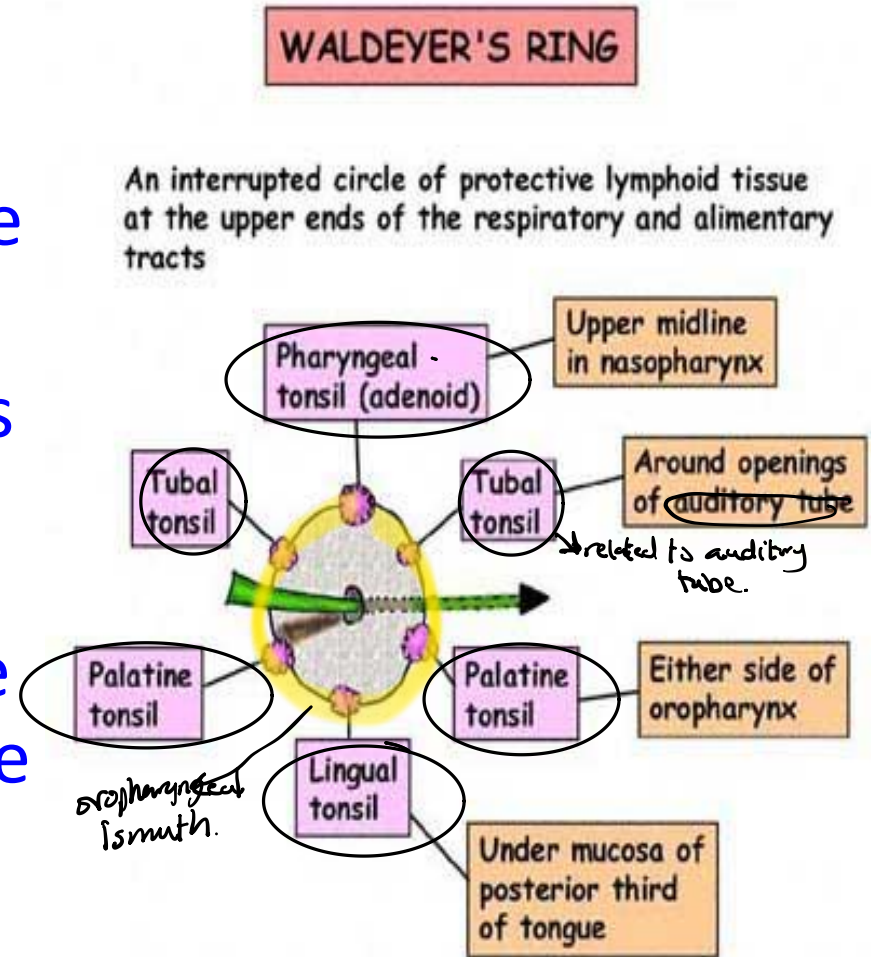
- The tonsillar branch of the facial artery. The veins pierce the superior constrictor muscle and join the external palatine, the pharyngeal, or the facial veins.
- Lymph Drainage of the Tonsil
- The upper deep cervical lymph nodes, just below and behind the angle of the mandible



(Filtration bacteria, viruses & foreign bodies).

Waldeyer's Ring of Lymphoid Tissue

- The lymphoid tissue that surrounds the opening into the respiratory and digestive systems forms a ring
- The lateral part of the ring is formed by the palatine tonsils and tubal tonsils (lymphoid tissue around the opening of the auditory tube in the lateral wall of the nasopharynx)



The pharyngeal tonsil in the roof of the nasopharynx forms the upper part, and the lingual tonsil on the posterior third of the tongue forms the lower part.