

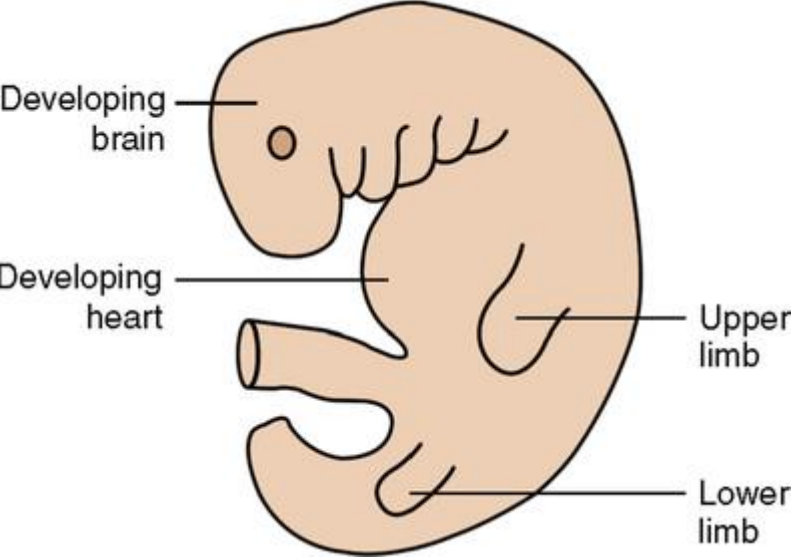


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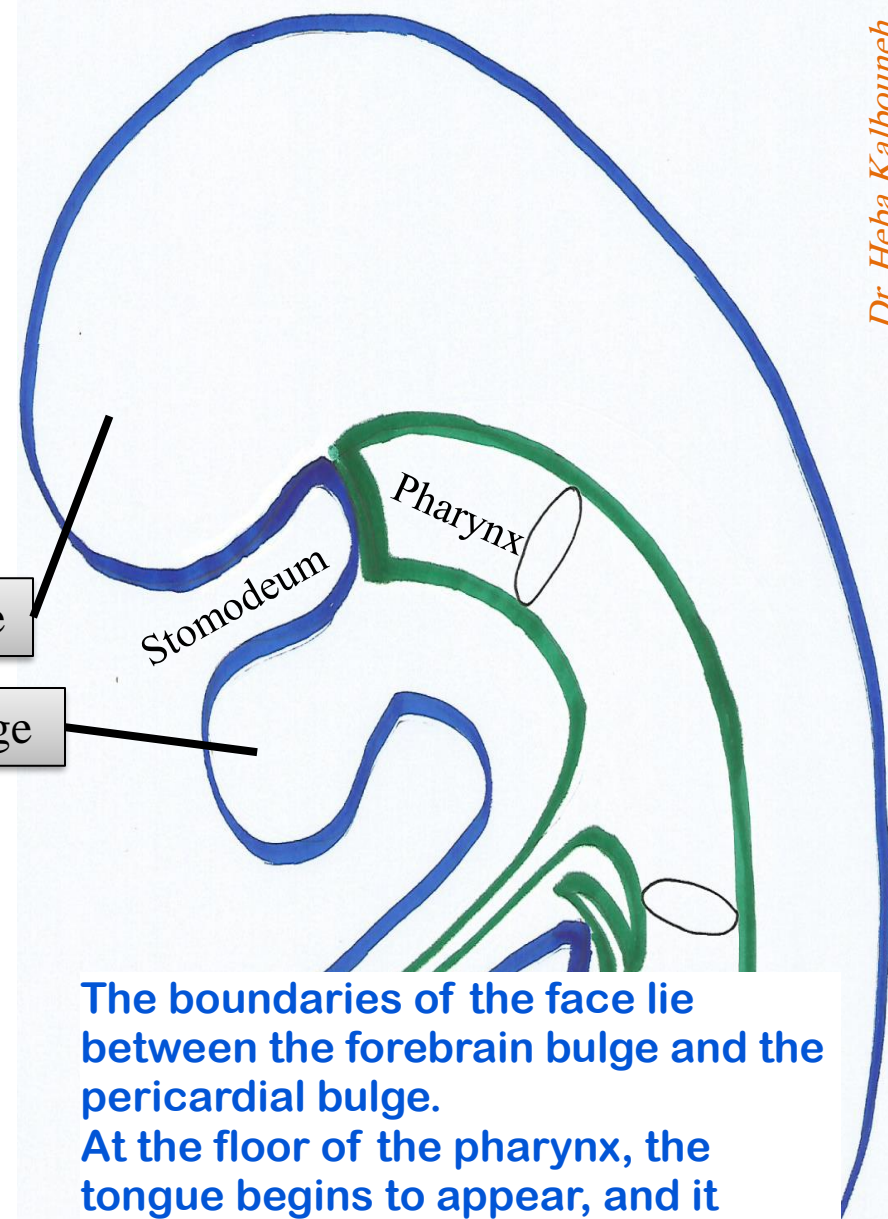
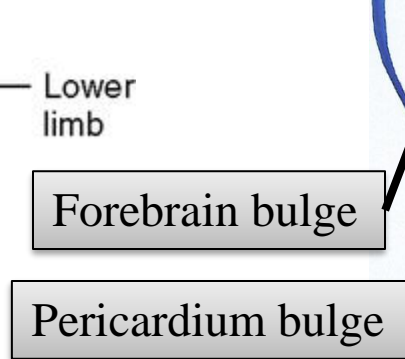


# Development of Face and Palate

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Professor of Anatomy and Histology

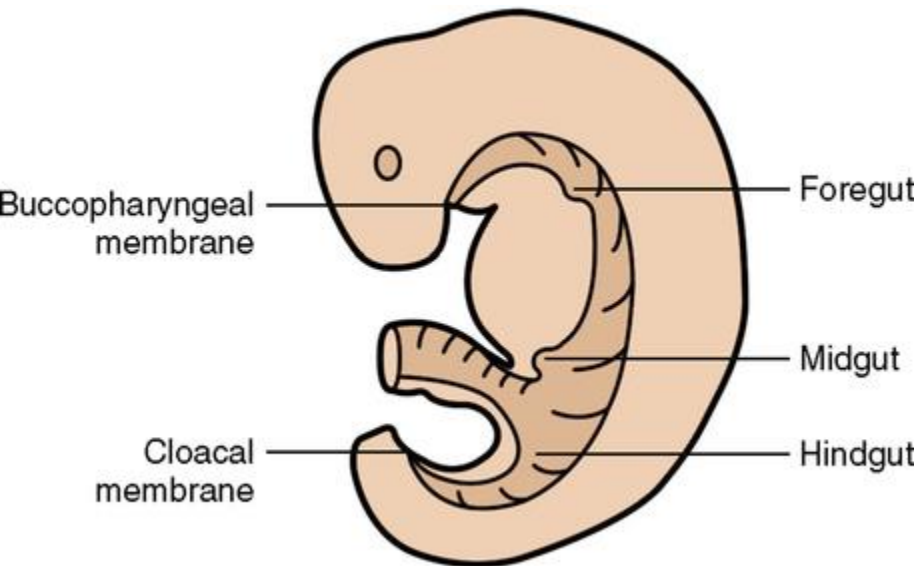


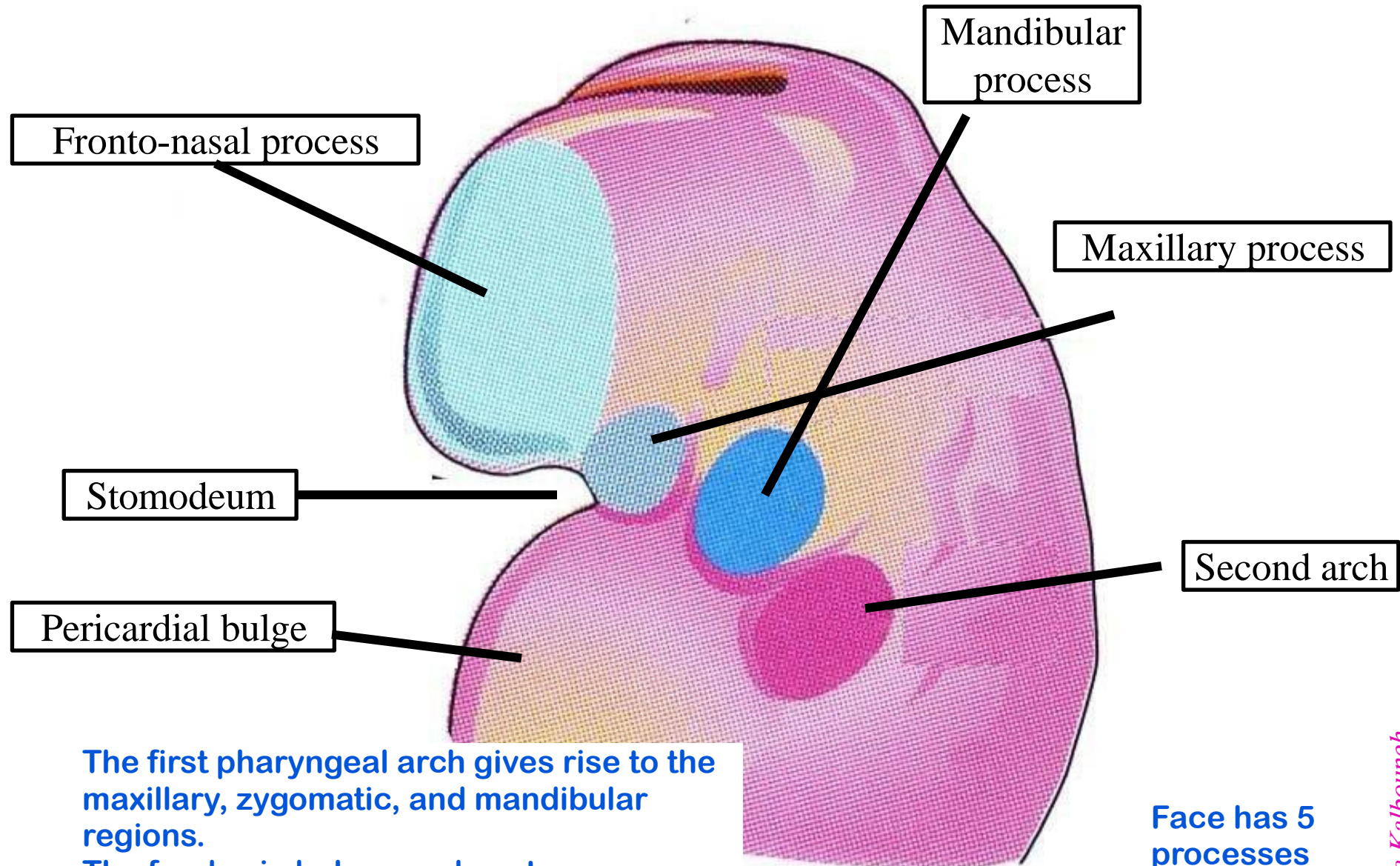
The pharynx is the most cranial part of the foregut, where the six pharyngeal arches are formed.



The boundaries of the face lie between the forebrain bulge and the pericardial bulge.

At the floor of the pharynx, the tongue begins to appear, and it moves outward when the buccopharyngeal membrane breaks.

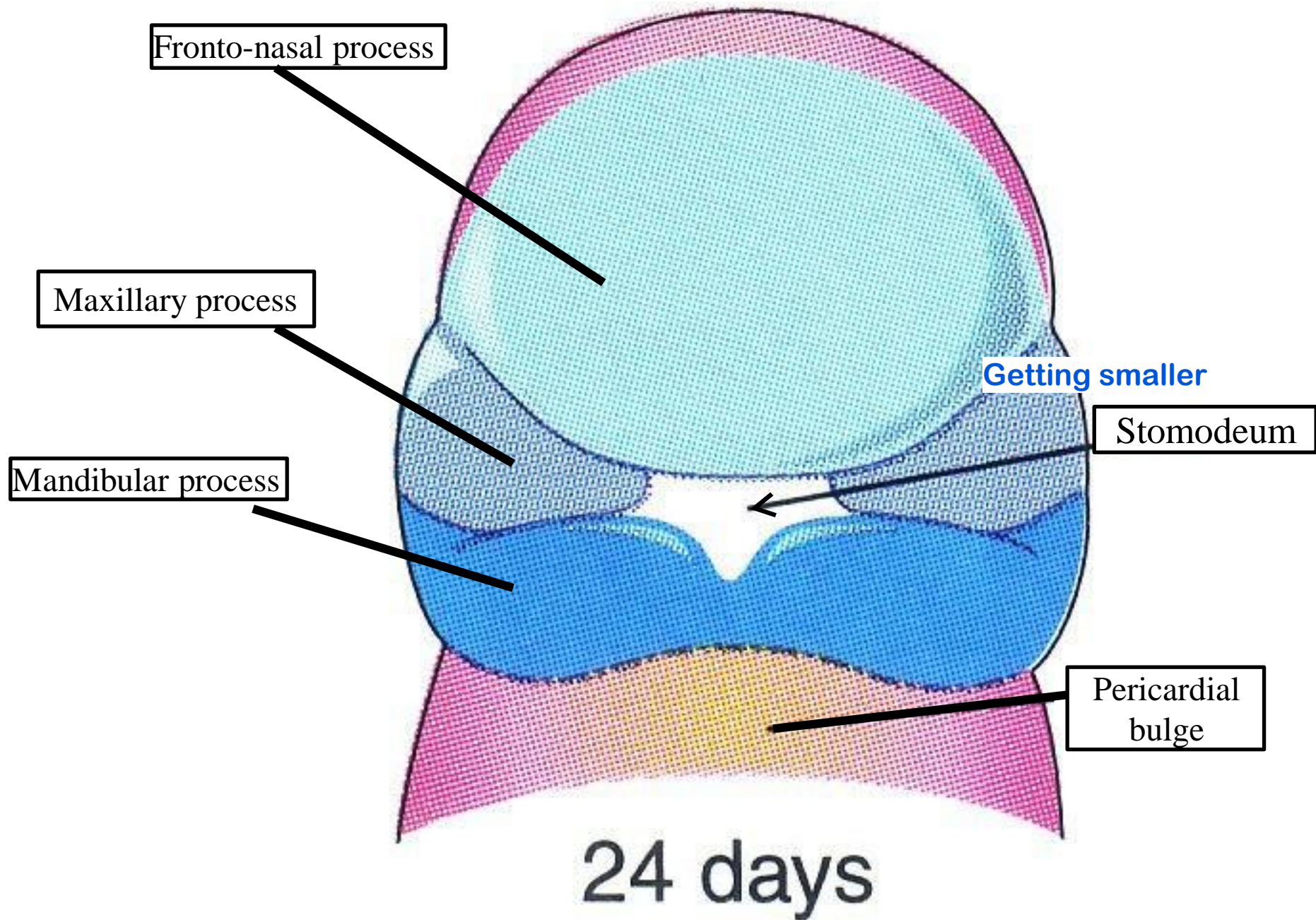




The first pharyngeal arch gives rise to the maxillary, zygomatic, and mandibular regions.  
The forebrain bulge sends out a process called the frontonasal process.

Face has 5 processes





At the sides of the frontonasal bone, there are thickened areas called nasal placodes, which have a central depressed region called the nasal pit.

Nasal placode

The nasal pit is surrounded by elevated areas named the medial and lateral nasal prominences.

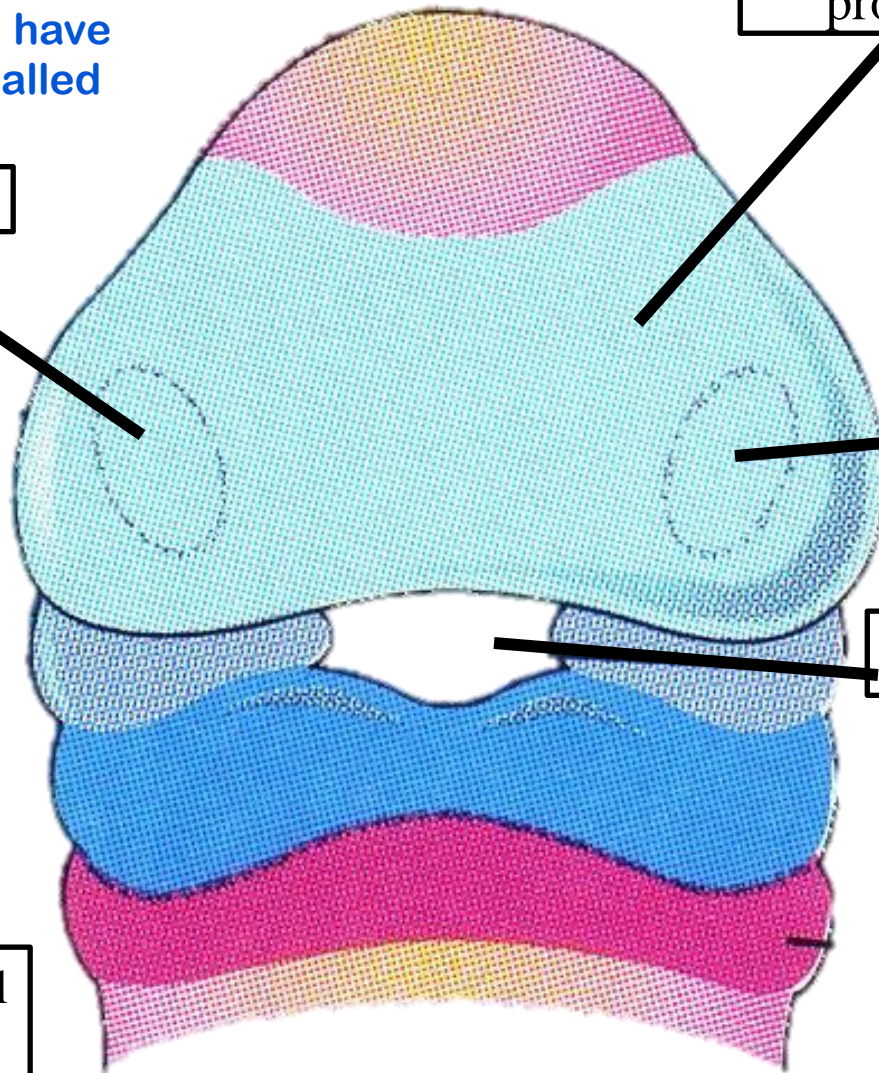
Between the nasal placodes, there is a nasal cleft, which eventually disappears.

On both sides of the frontonasal prominence, local thickenings of the surface ectoderm will be formed, the **nasal placodes**

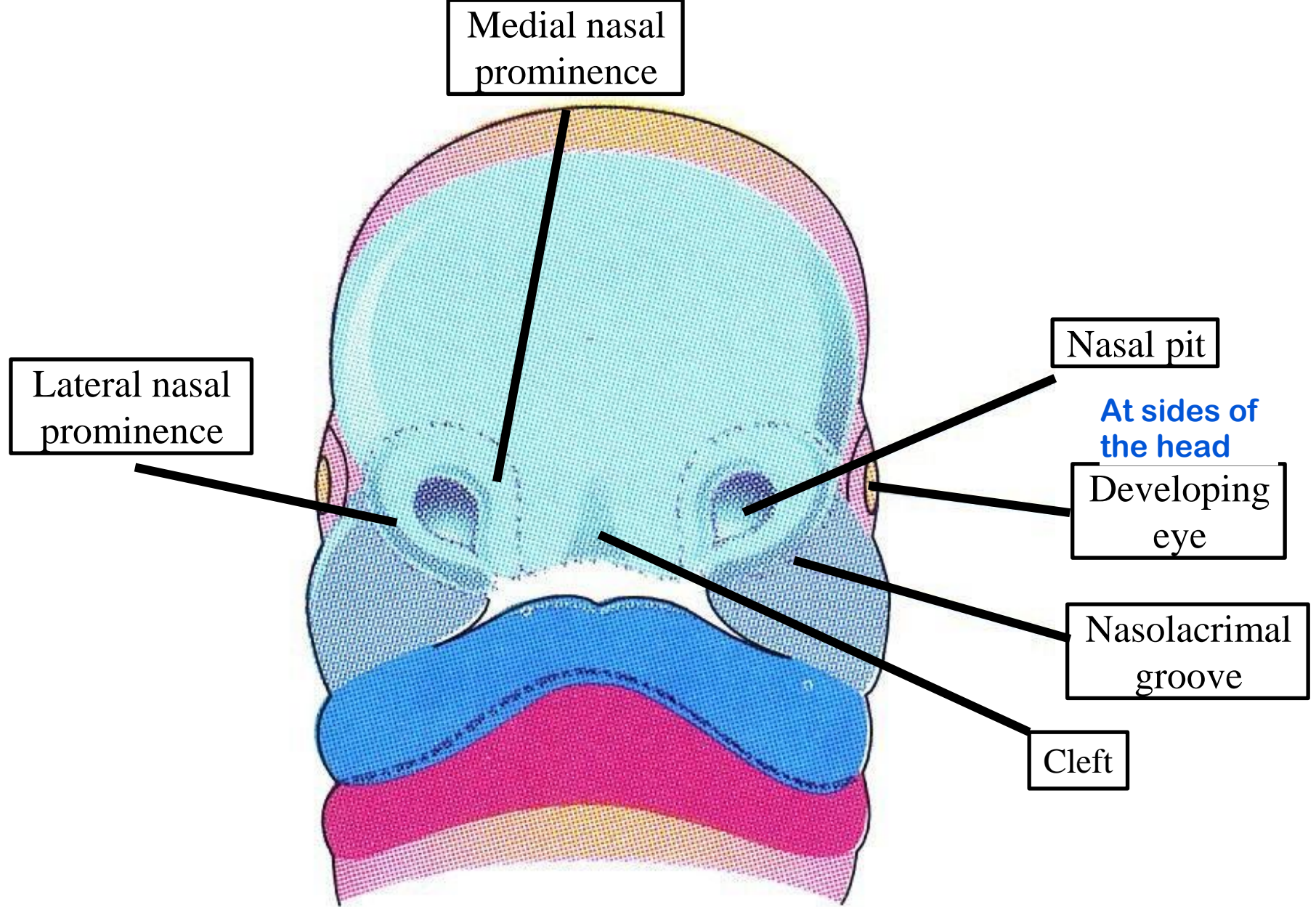
Fronto-nasal process

Nasal placode

Stomodeum





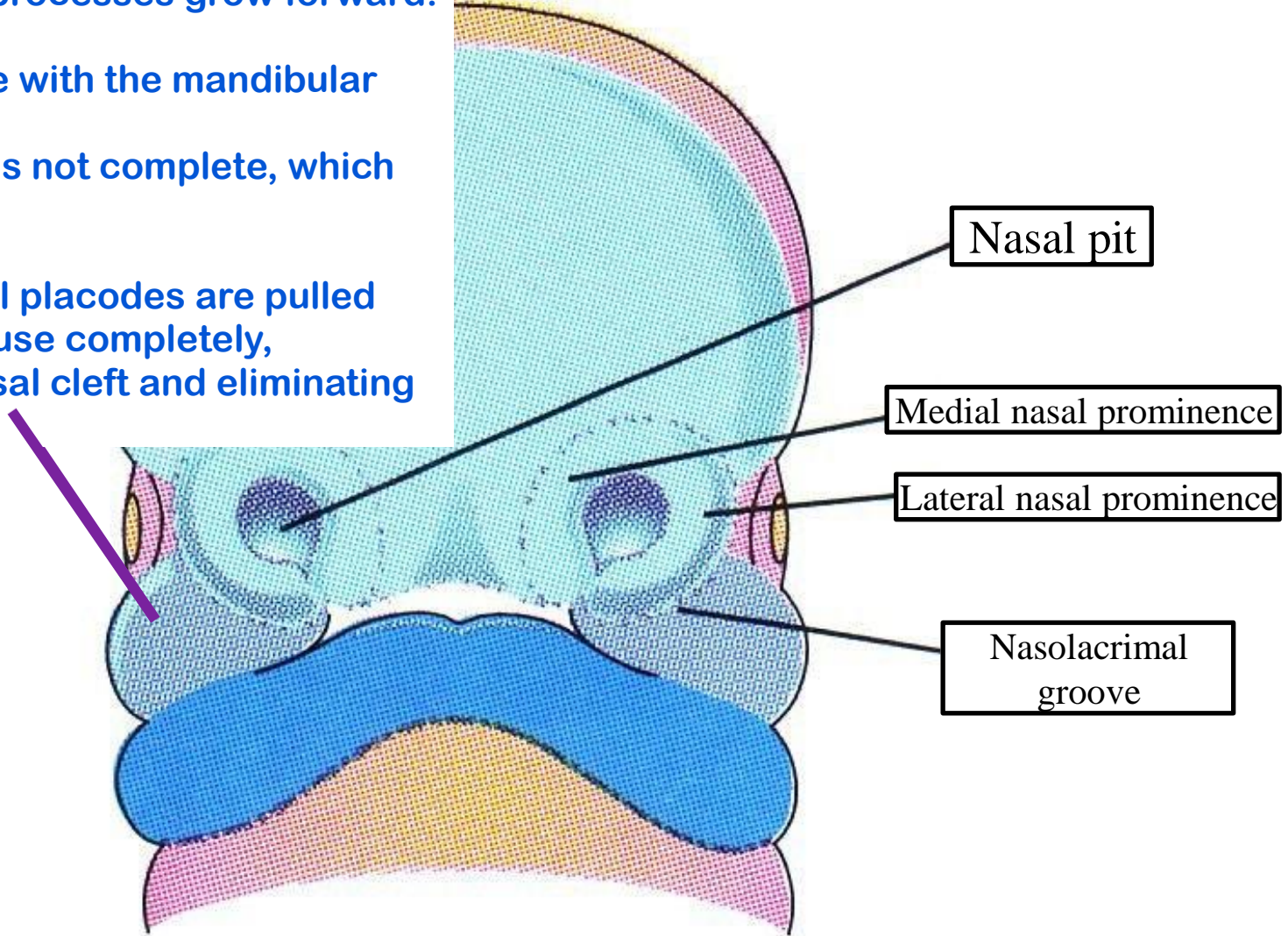


31 days

The maxillary processes grow forward:

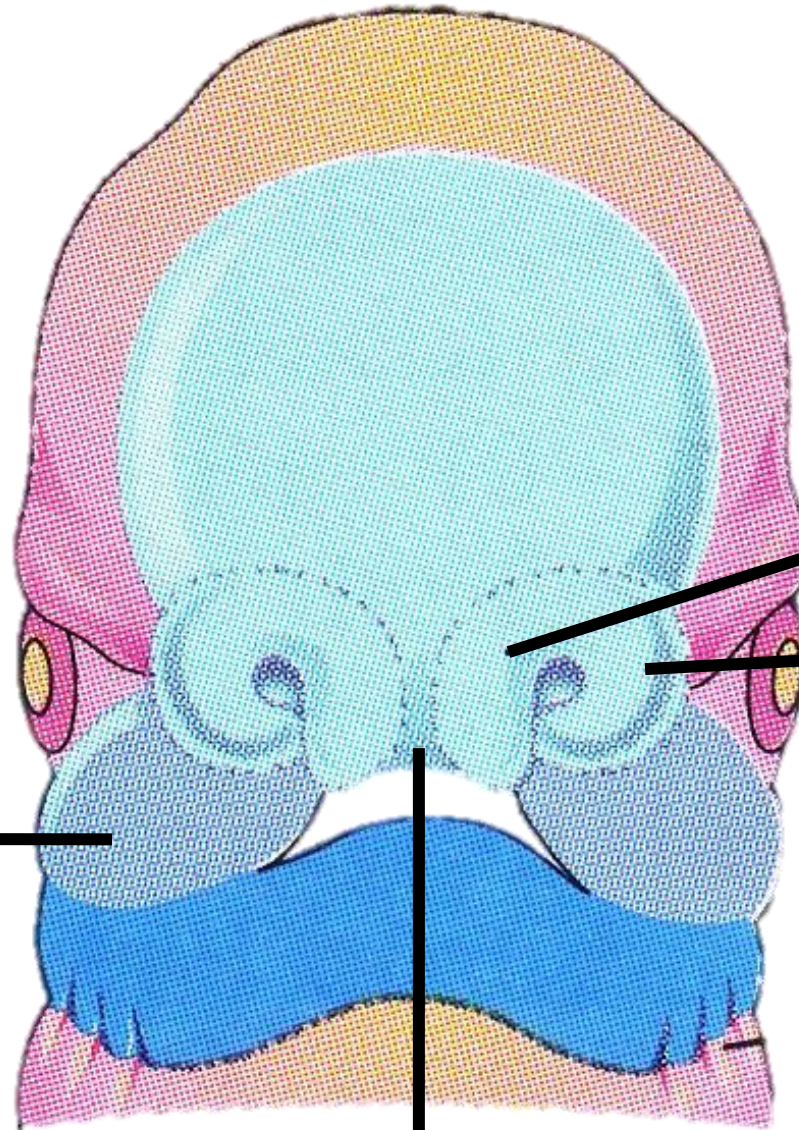
1.They fuse with the mandibular processes,  
but the fusion is not complete, which  
forms the lips.

2.The nasal placodes are pulled  
together and fuse completely,  
closing the nasal cleft and eliminating  
any gap.



33 days





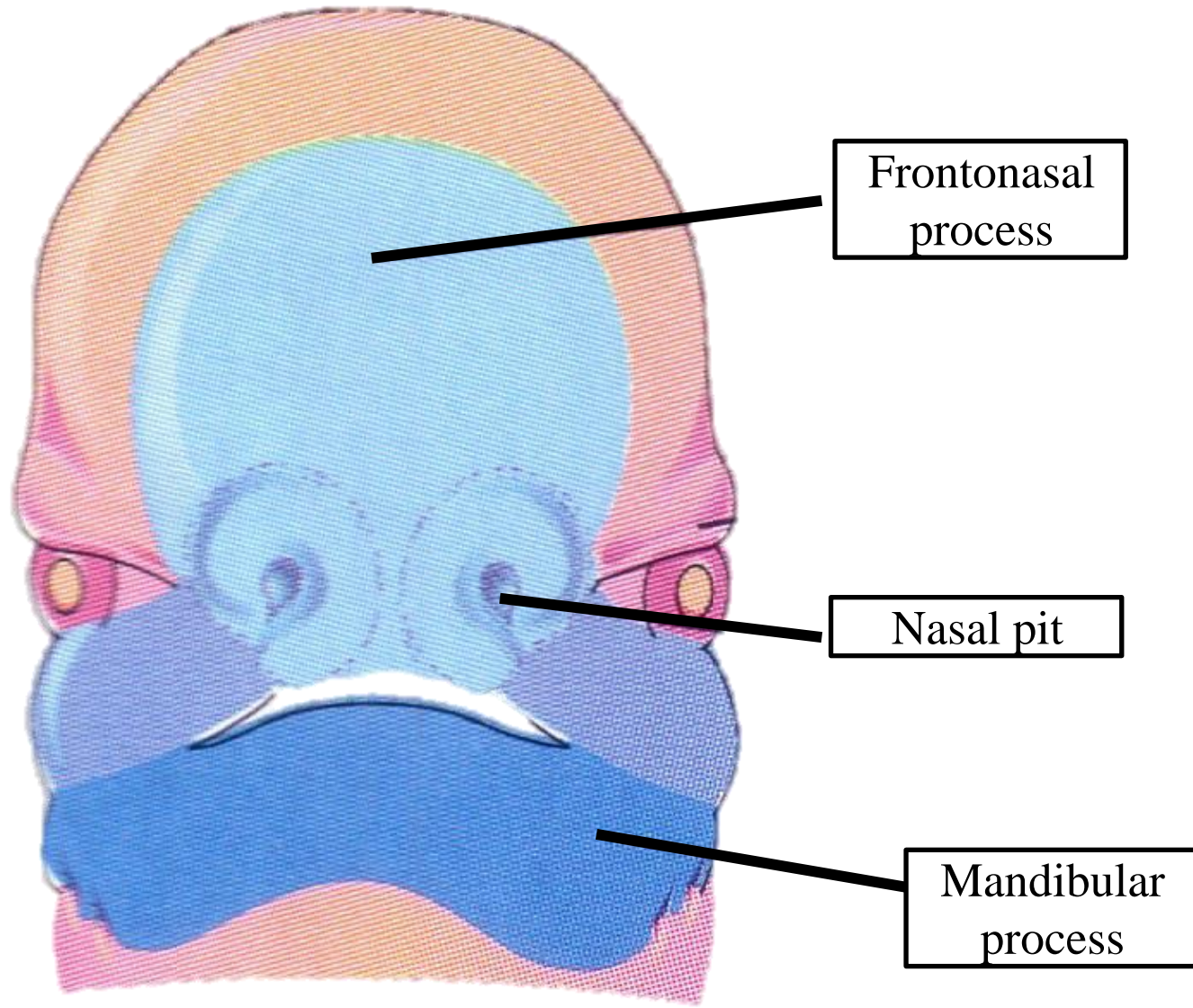
Maxillary process

Medial nasal prominence

Lateral nasal prominence

Cleft



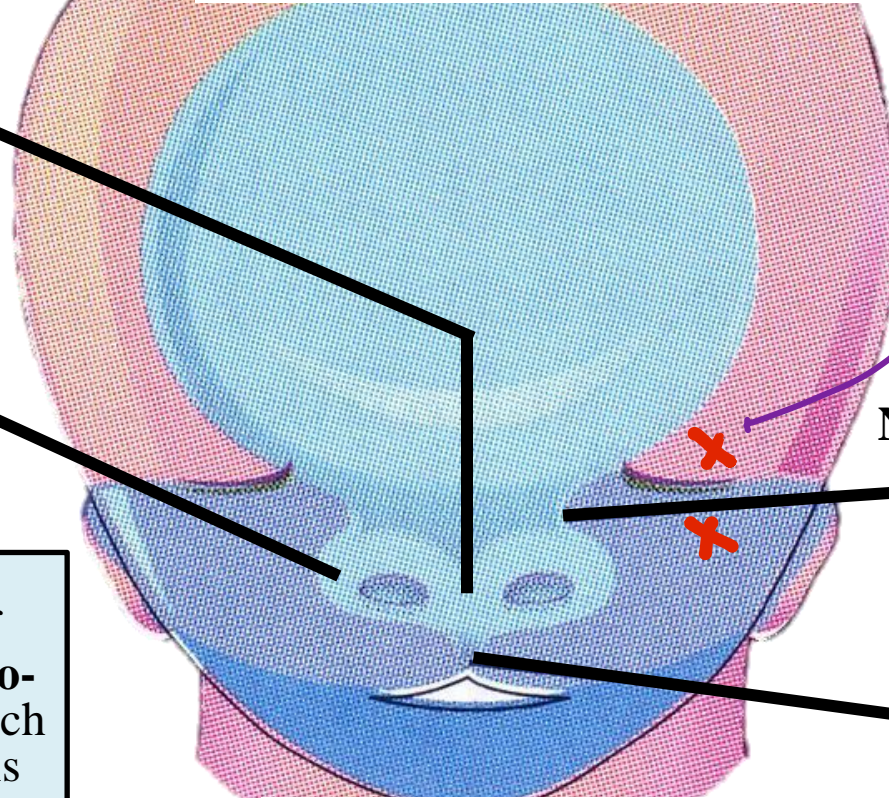


Complete fusion occurs between the maxillary and frontonasal processes, except at the area of the orbit where the upper and lower eyelids are present. This is why the upper eyelid is supplied by V1 (ophthalmic nerve) and the lower eyelid by V2 (maxillary nerve).

**Medial nasal prominences** fuse and form the middle part of the nose **Septum**

**Lateral nasal prominence** forms the ala of the nose

The maxillary process is separated from the side of fronto-nasal process by **naso-lacrimal groove**, inside which a cord of ectodermal cells is formed then becomes canalized to form naso-lacrimal duct. Its upper end forms lacrimal sac.

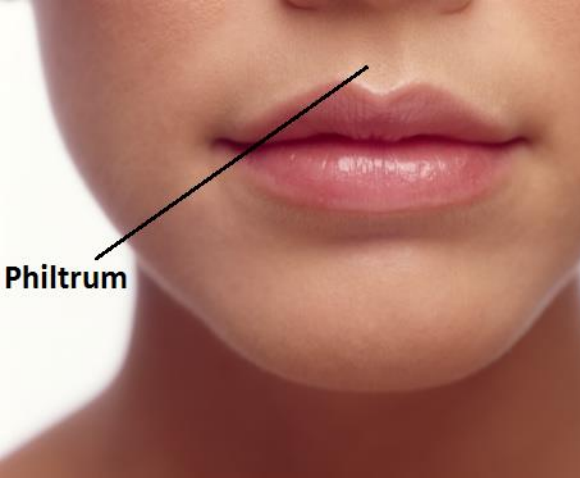


**Naso-lacrimal groove**

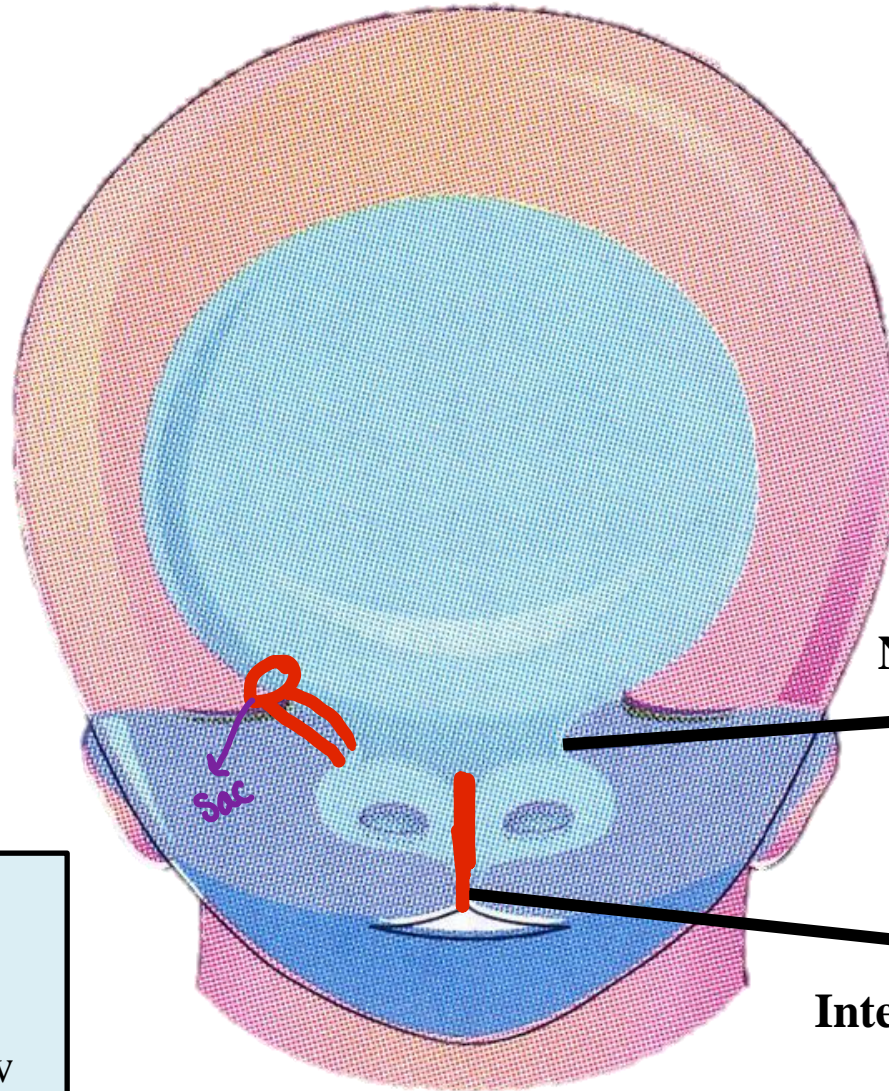
Located between the maxillary processes , prevents complete fusion and forms the middle part of the lip and a portion of the palate.

The two medial nasal folds fuse to form the **Intermaxillary segment**





Philtrum



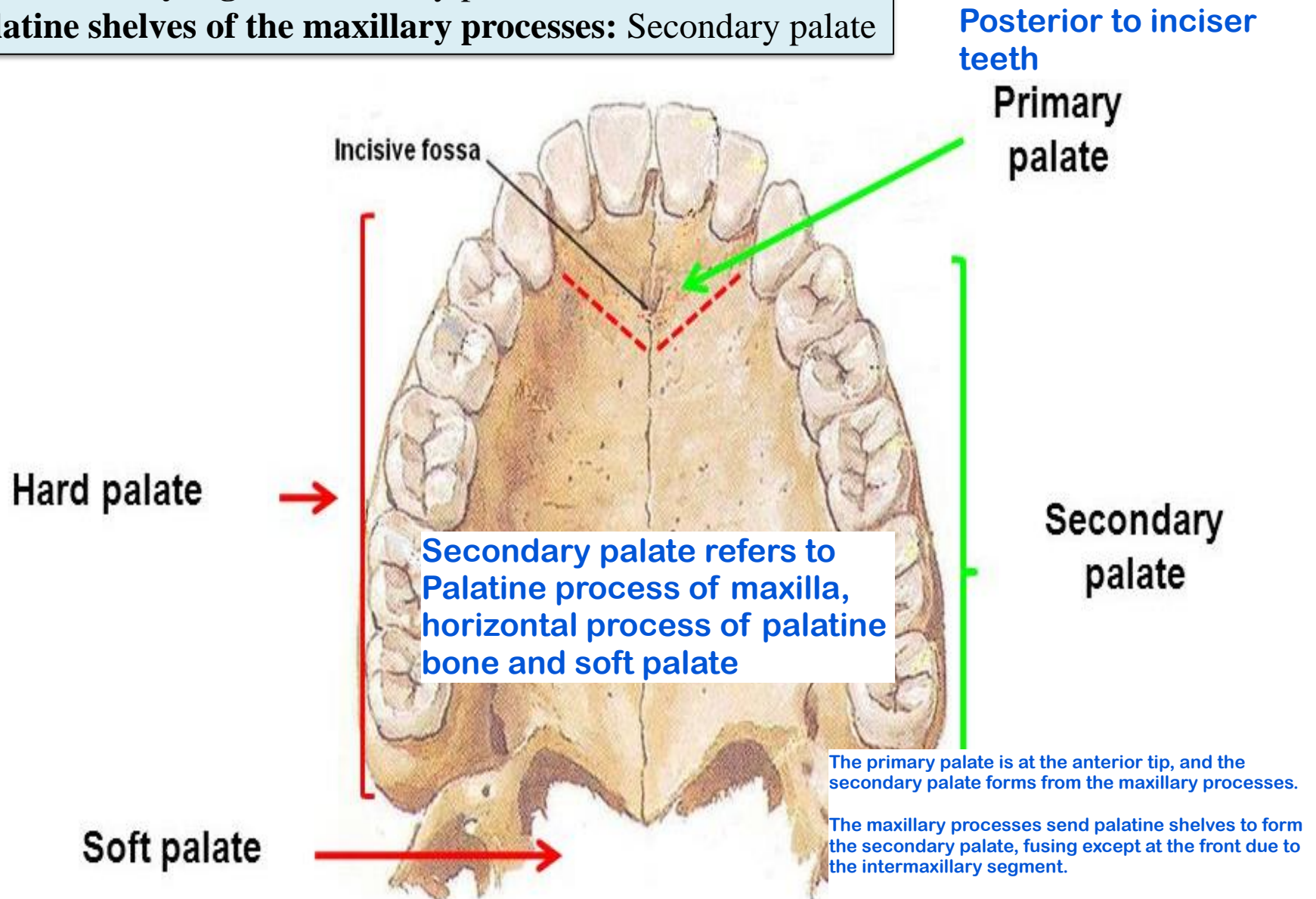
Naso-lacrimal groove

Intermaxillary segment

**Intermaxillary segment:**  
from fused medial nasal  
prominences. It forms  
philtrum, part of upper jaw  
that carries upper 4 incisors  
and primary palate

**Intermaxillary segment: Primary palate**

**Palatine shelves of the maxillary processes: Secondary palate**



The primary palate is at the anterior tip, and the secondary palate forms from the maxillary processes.

The maxillary processes send palatine shelves to form the secondary palate, fusing except at the front due to the intermaxillary segment.

V1 (ophthalmic nerve) for the frontal nasal area.  
V2 (maxillary nerve) for the maxillary area.  
V3 (mandibular nerve) for the mandibular area.



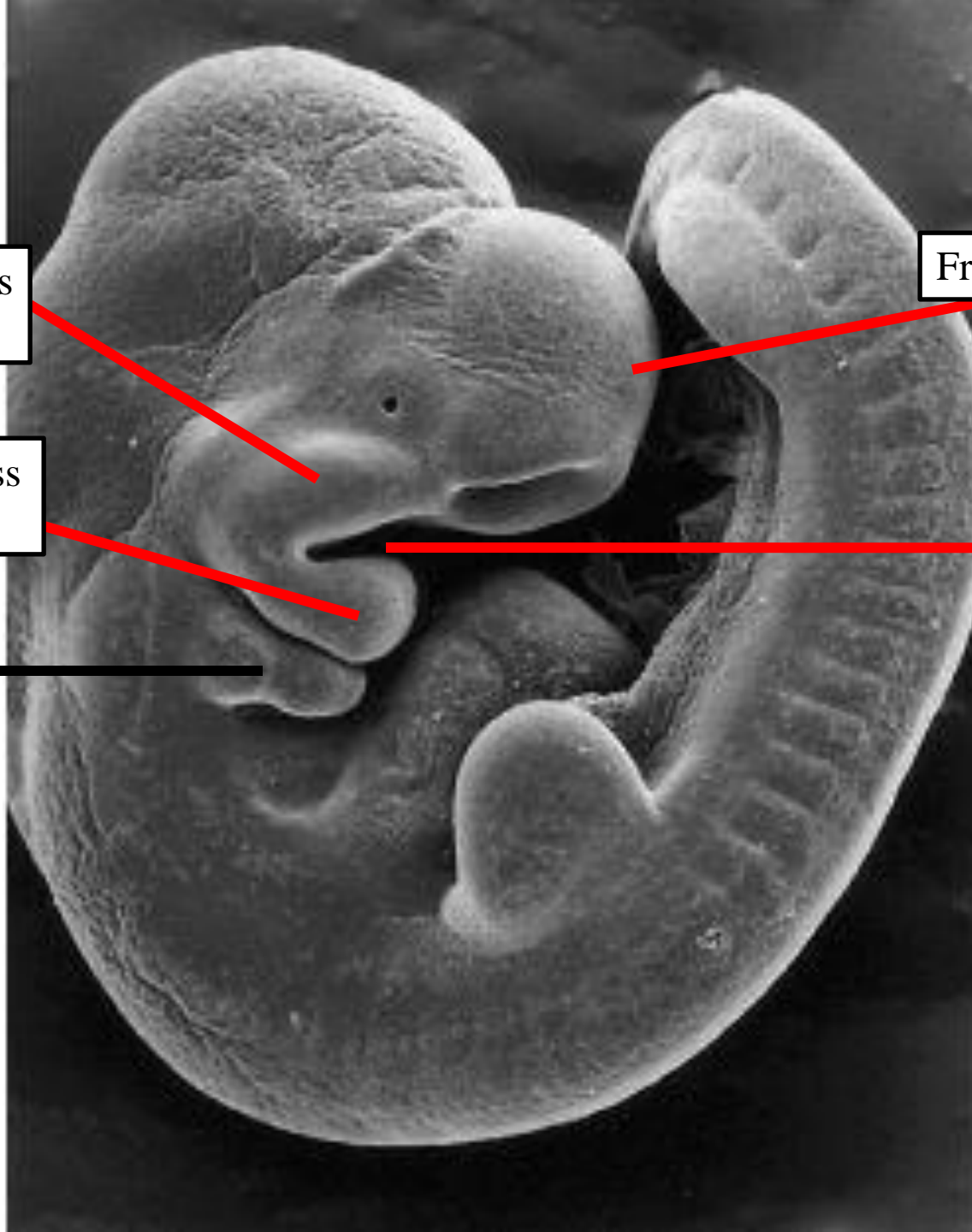
Maxillary process  
of first arch

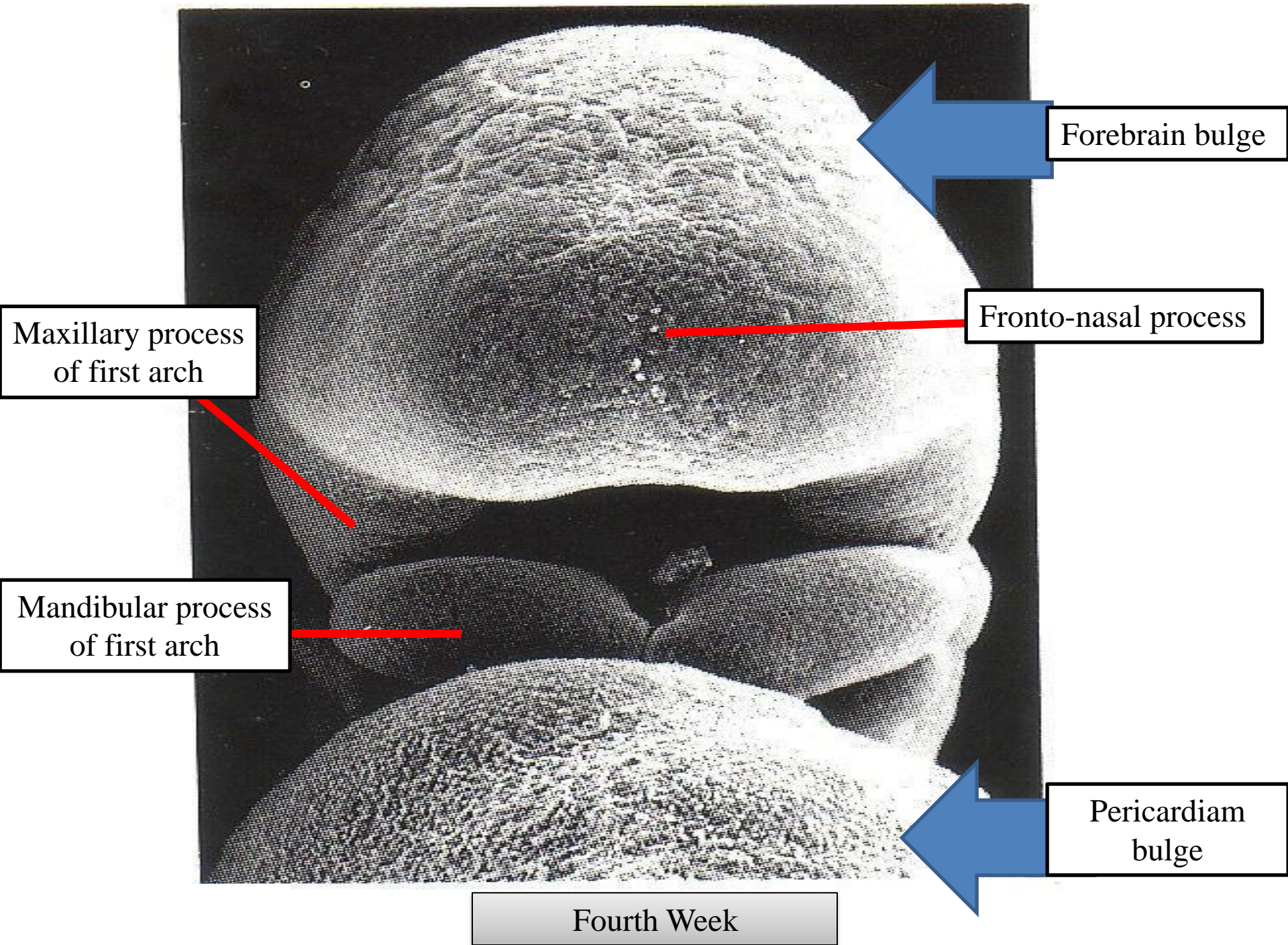
Fronto-nasal process

Mandibular process  
of first arch

Stomodeum

Second arch





Forebrain bulge

Fronto-nasal process

Maxillary process  
of first arch

Mandibular process  
of first arch

Pericardium  
bulge

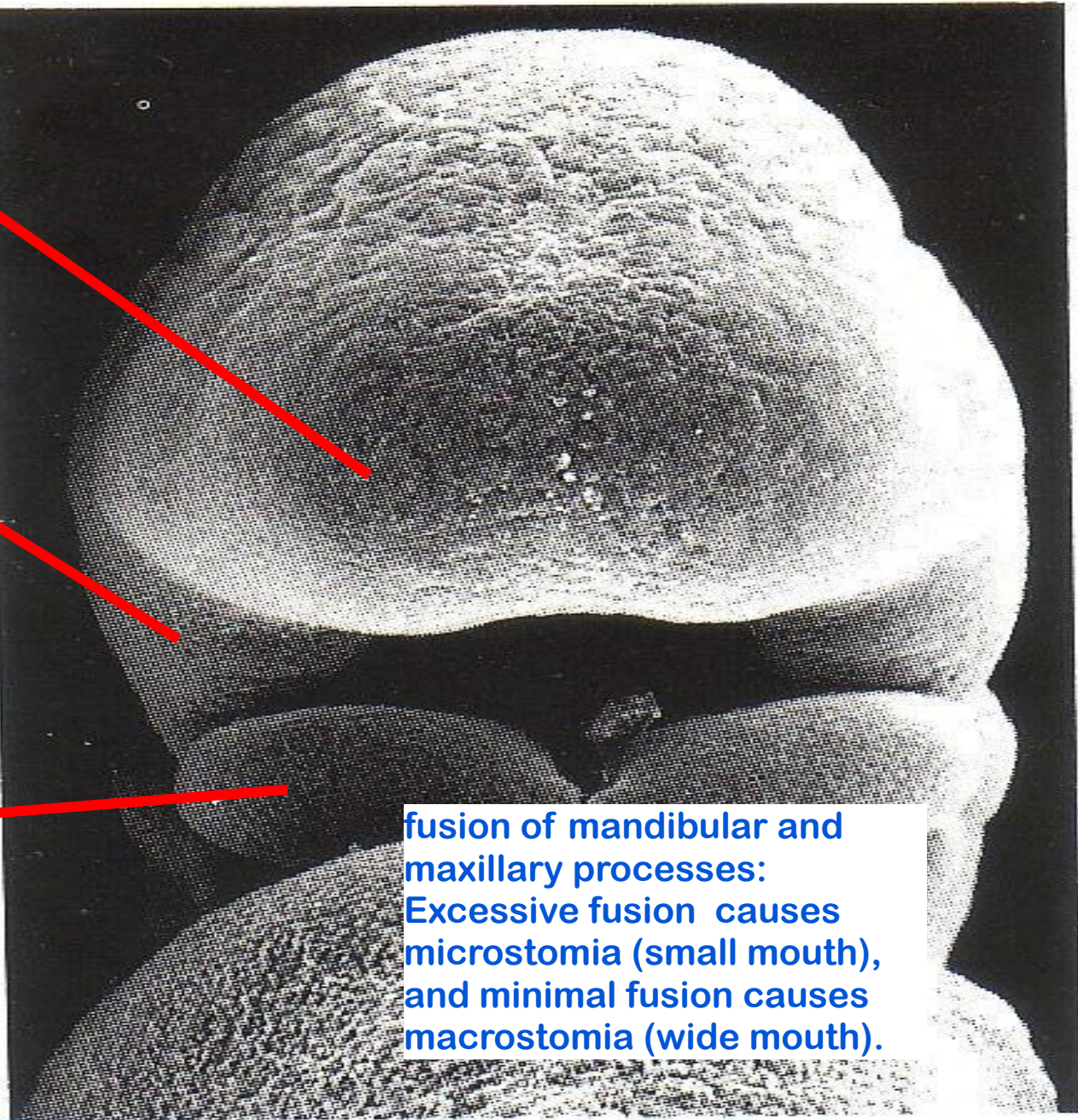
Fourth Week



The **frontonasal process** grows downward toward the stomodeum

The **maxillary process** grows medially

The **mandibular processes** approach one another in the midline below the stomodeum and fuse to form the lower jaw and lower lip



fusion of mandibular and maxillary processes: Excessive fusion causes microstomia (small mouth), and minimal fusion causes macrostomia (wide mouth).

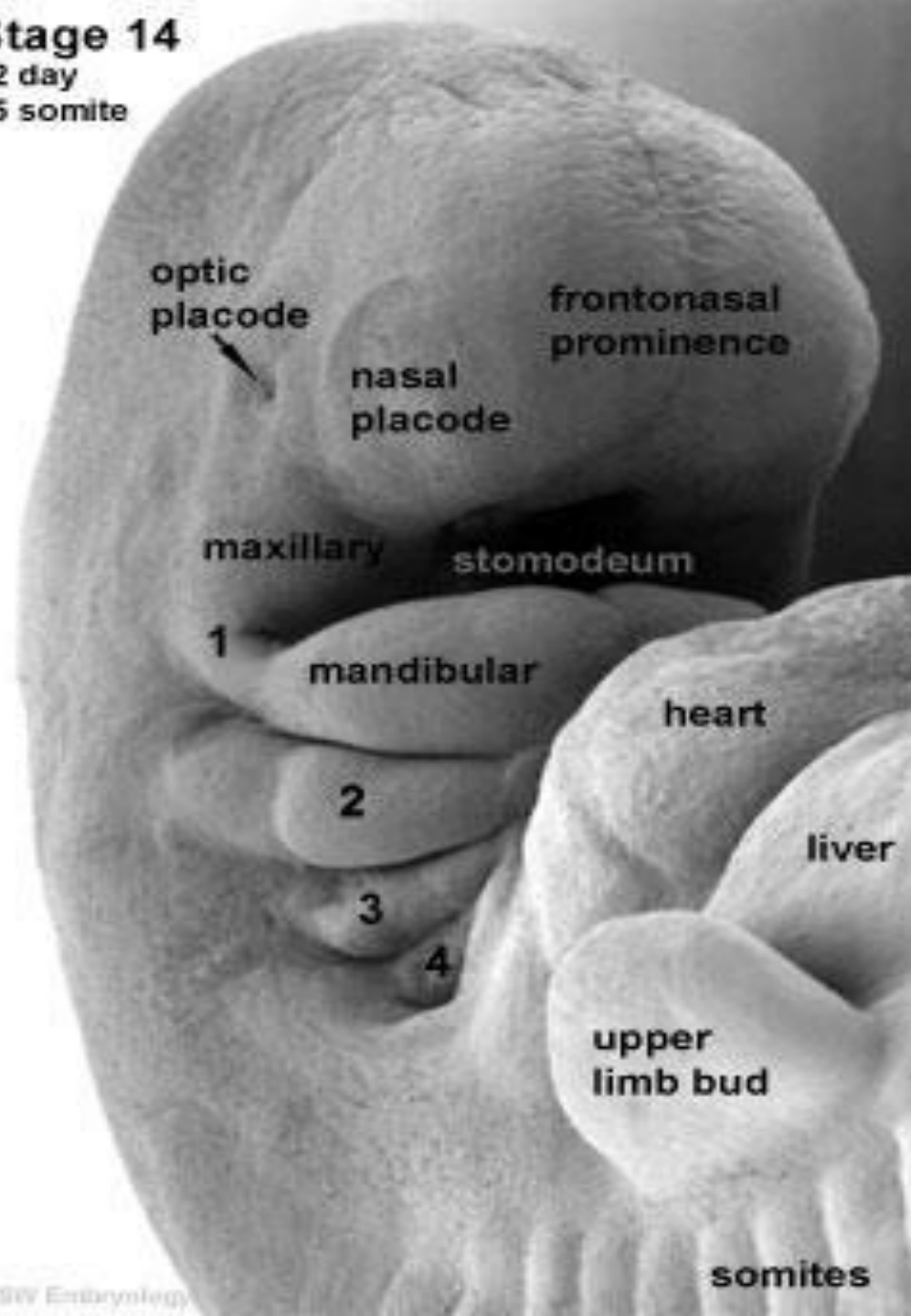
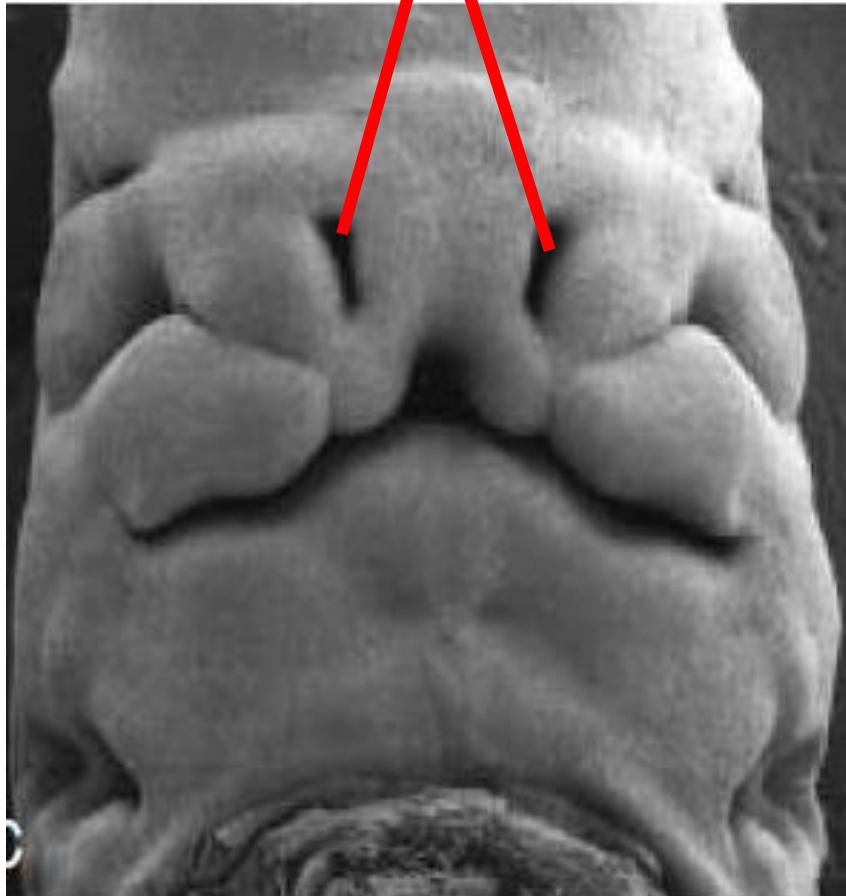
Fourth Week

**Stage 14**

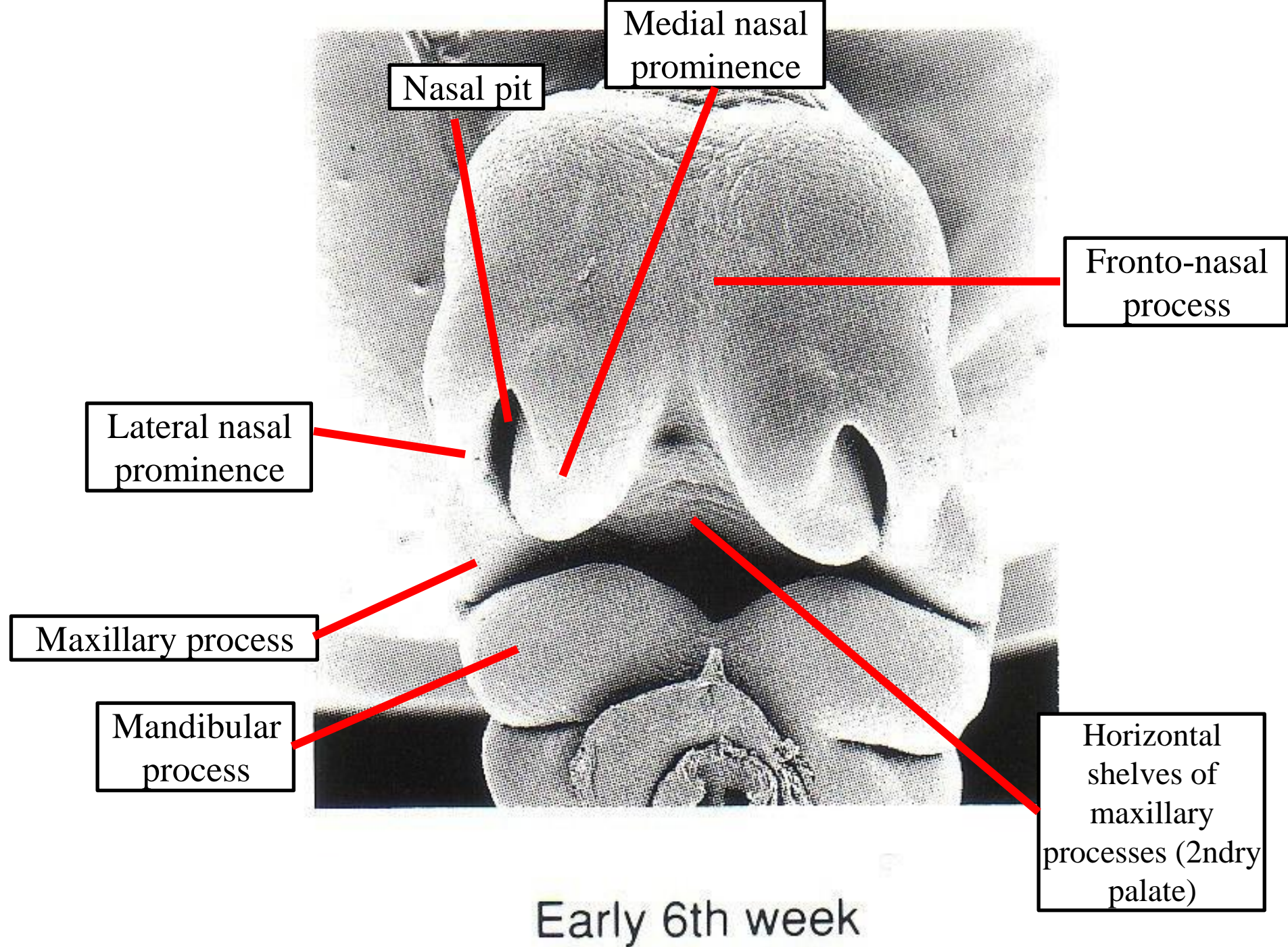
32 day

35 somite

NASAL PITS







# Development of face

Face is developed from 5 processes (prominences):

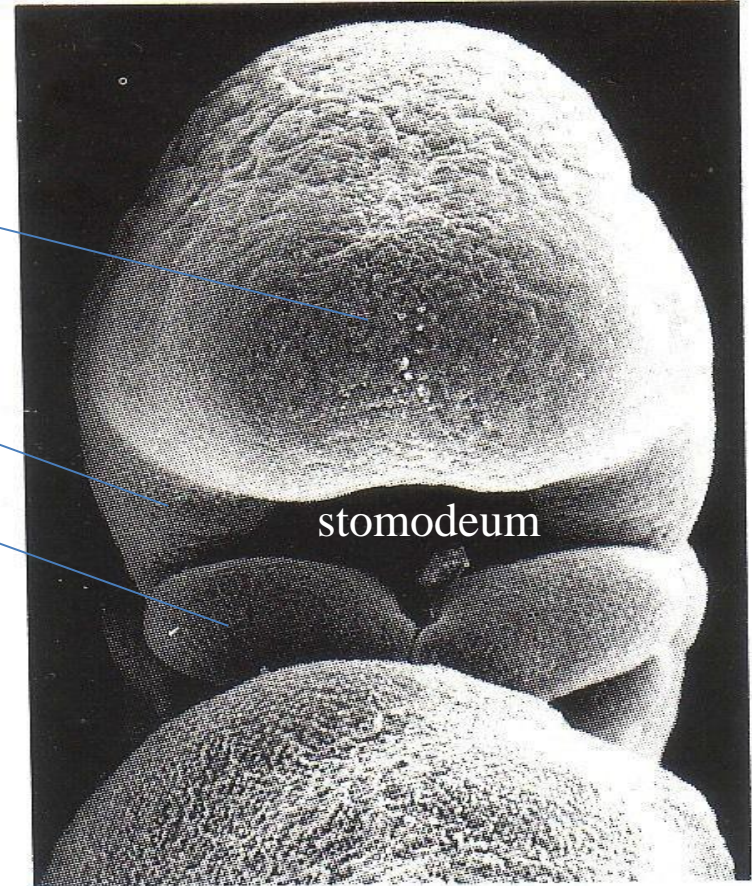
**One fronto-nasal process**

**2 maxillary processes**

**2 mandibular processes**

- ✓ **Maxillary process** is a forward growth of **dorsal end of 1<sup>st</sup> pharyngeal arch**.
- ✓ **Mandibular process** is a forward growth of **ventral end of 1<sup>st</sup> pharyngeal arch**.

These processes surround stomodeum (primitive nasal and oral cavities). Bucco-pharyngeal membrane will rupture to allow continuity between oro-nasal and pharyngeal cavities.





# Fronto-nasal process

- **Nasal placodes:** rounded thickenings of the surface ectoderm in the lower lateral parts of the fronto-nasal process.
- **Nasal pits & prominences:** invagination of placode will form nasal pits which are surrounded by medial & lateral nasal prominences (folds).
- **Intermaxillary segment:** from fused medial nasal prominences. It forms philtrum, part of upper jaw that carries upper 4 incisors and primary palate.

# Maxillary process

- ✓ It is separated from other maxillary process by intermaxillary segment.
- ✓ It fuses partially with mandibular process to form the cheek.
- ✓ Palatine process is formed as inward projection of maxillary process to form secondary palate which divides stomodeum into upper nasal and lower oral cavities.

So maxillary process forms lower eyelid, upper part of cheek, upper lip except philtrum, upper jaw except part that carries upper incisors and most of hard palate.

# Mandibular process

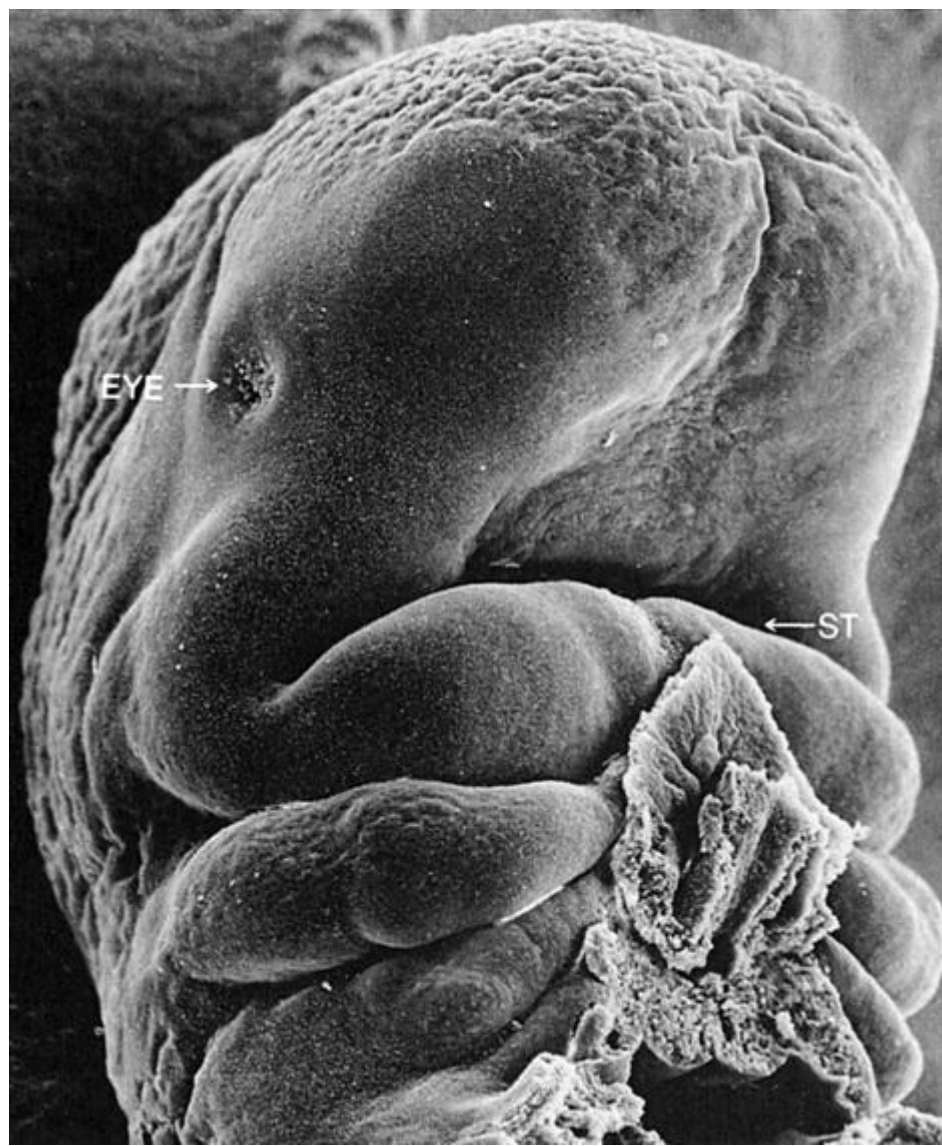
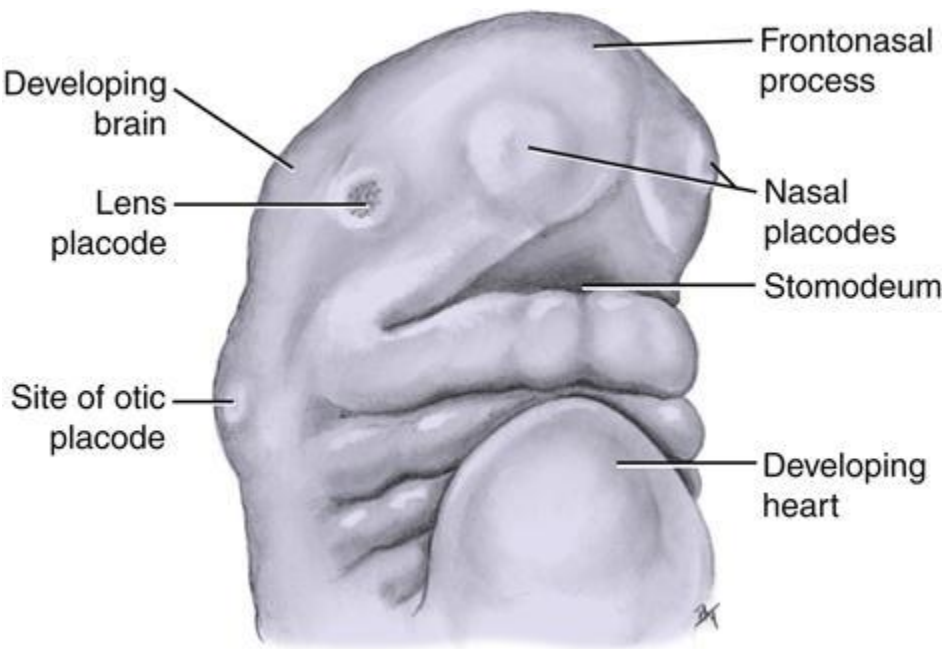
It forms the lower part of cheek, whole lower lip and lower jaw and floor of mouth.

## **Development of palate:**

- 1- **Primary palate:** from intermaxillary segment of fronto-nasal process.
- 2- **Secondary palate:** from palatine shelves of maxillary processes that form most of hard palate and soft palate.

Hard palate receives downward growth of nasal septum

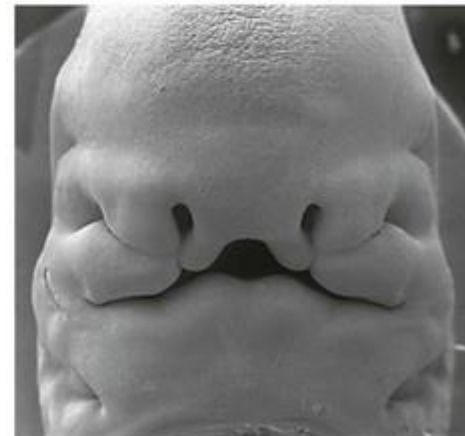
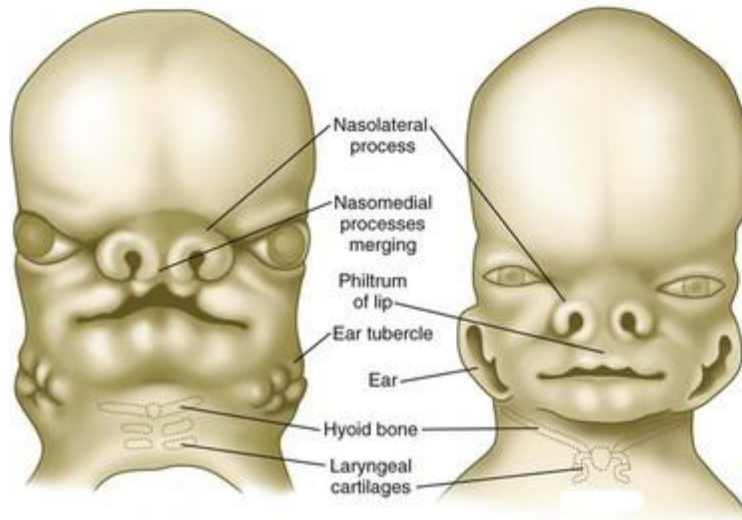
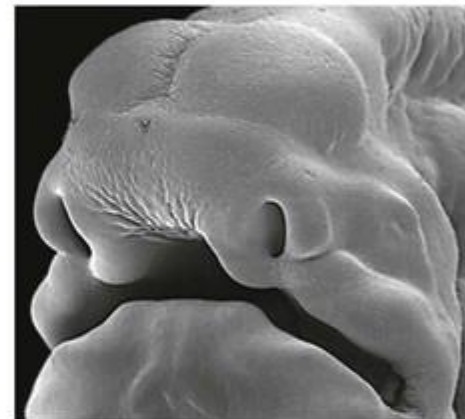
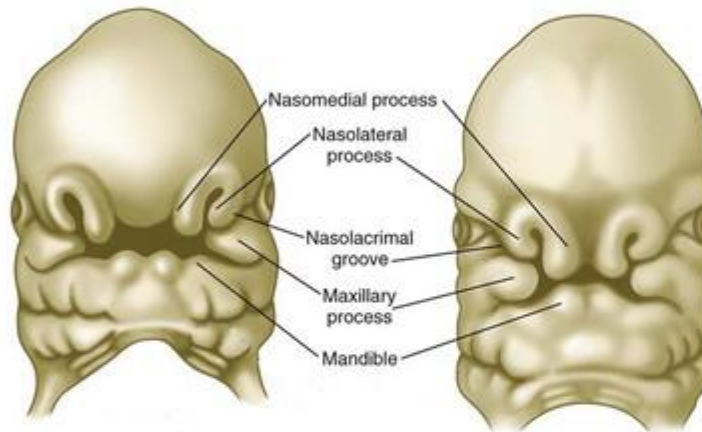
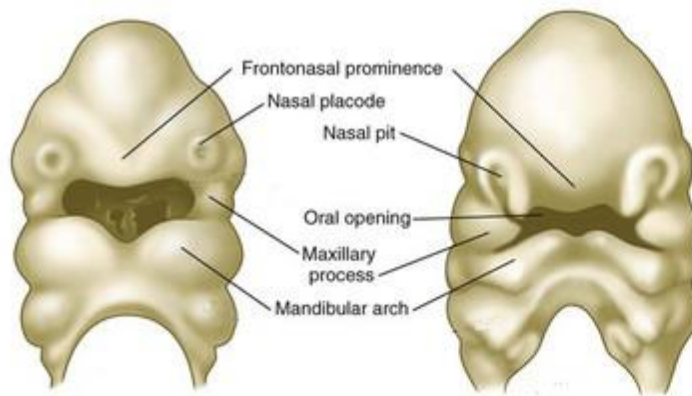


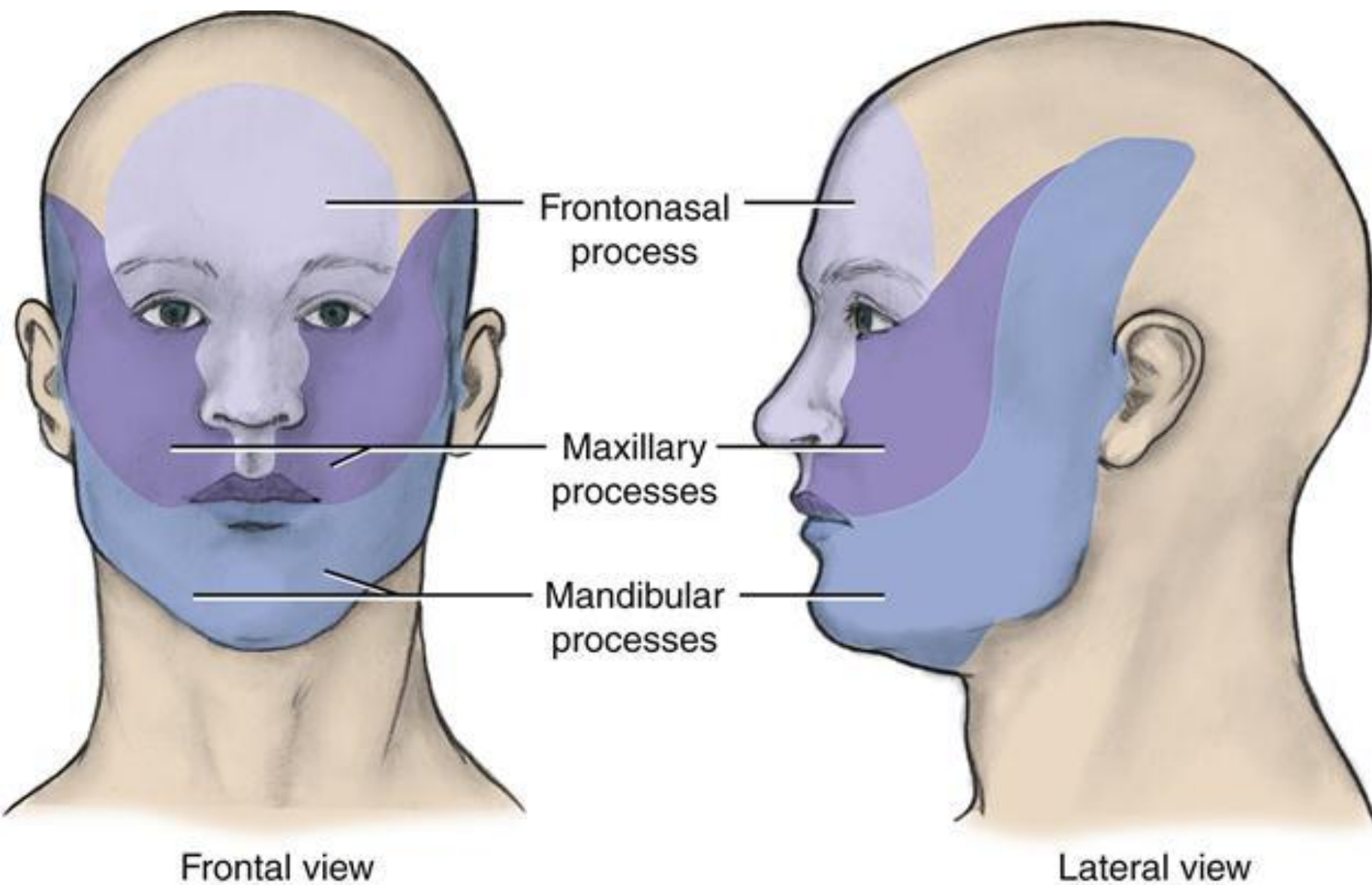


**Ectodermal tubercles forming the auricle**







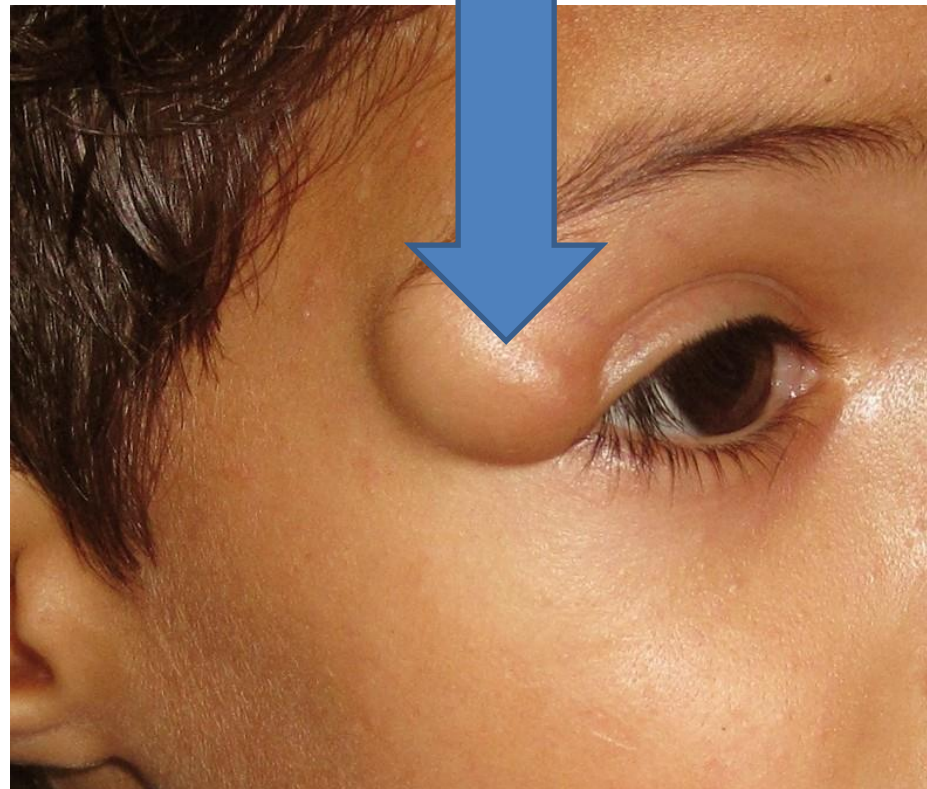




# Congenital anomalies

**Dermoid cyst:** cystic swelling at a line of fusion between processes of the face

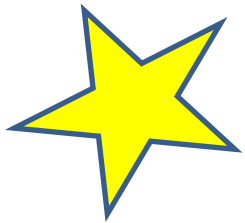
## Dermoid cyst





**Oblique facial cleft:** failure of fusion  
between maxillary and fronto-nasal  
processes.

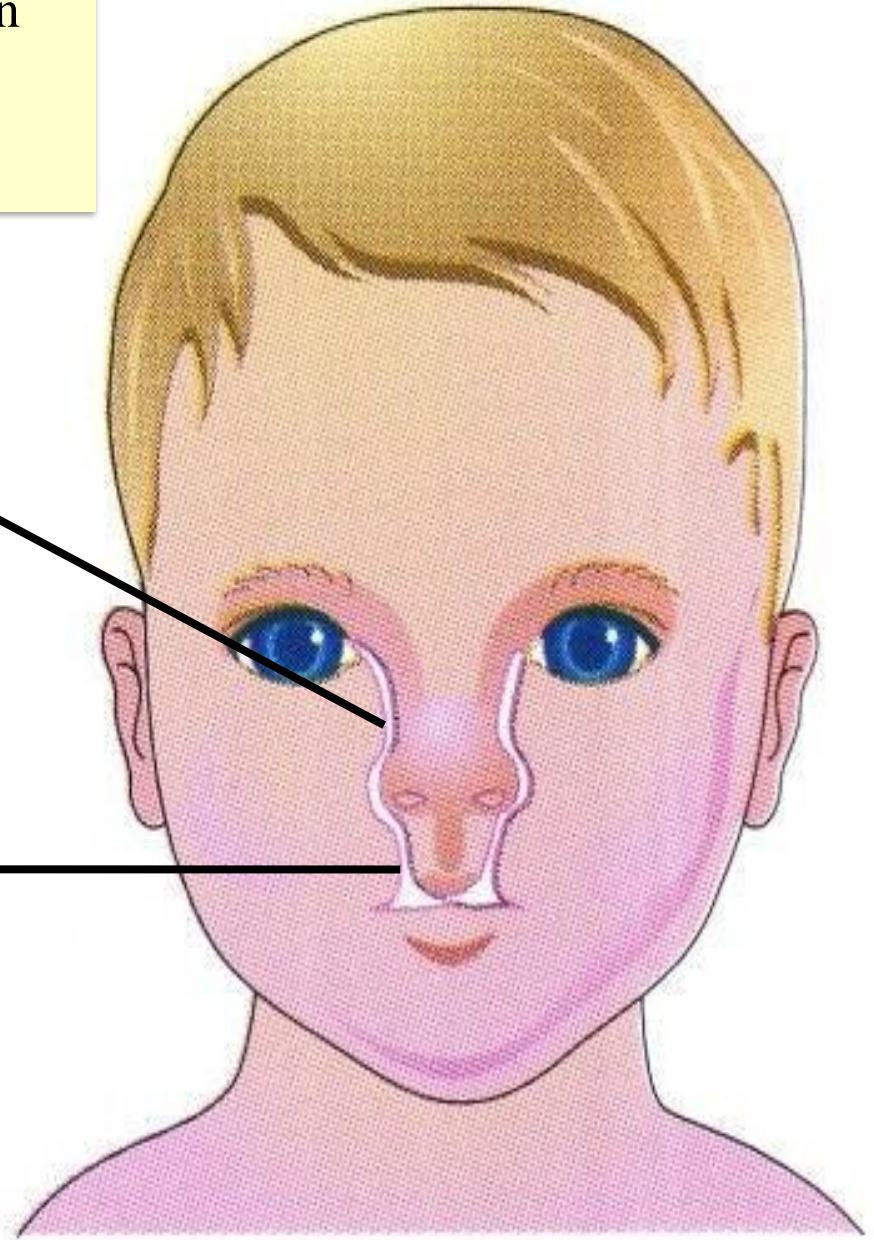
**Oblique facial cleft**

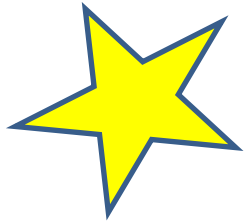


Unilateral or  
bilateral

**Cleft lip**

**C**

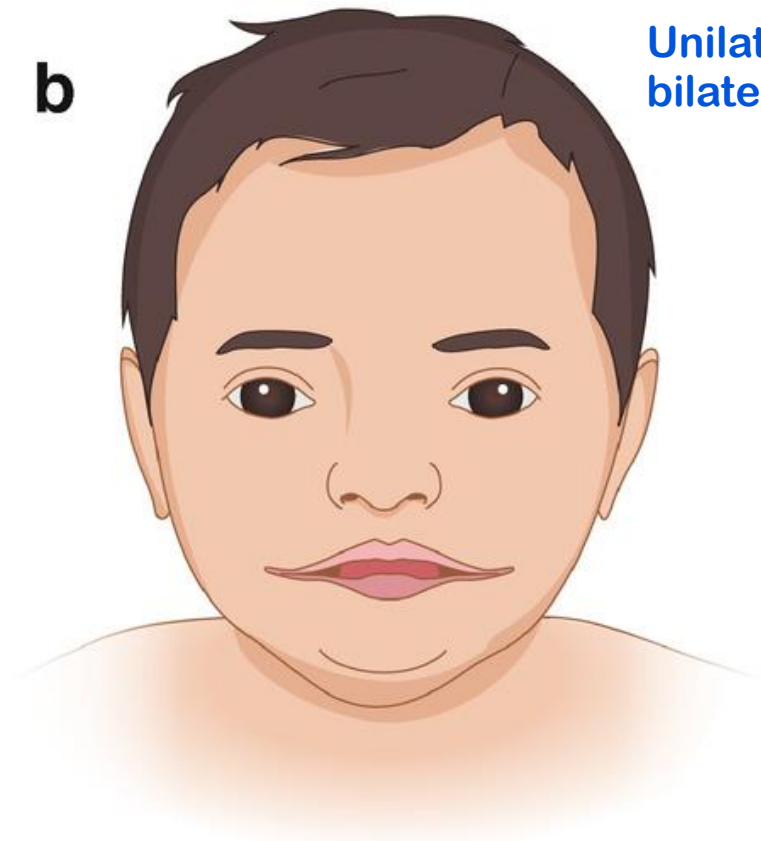




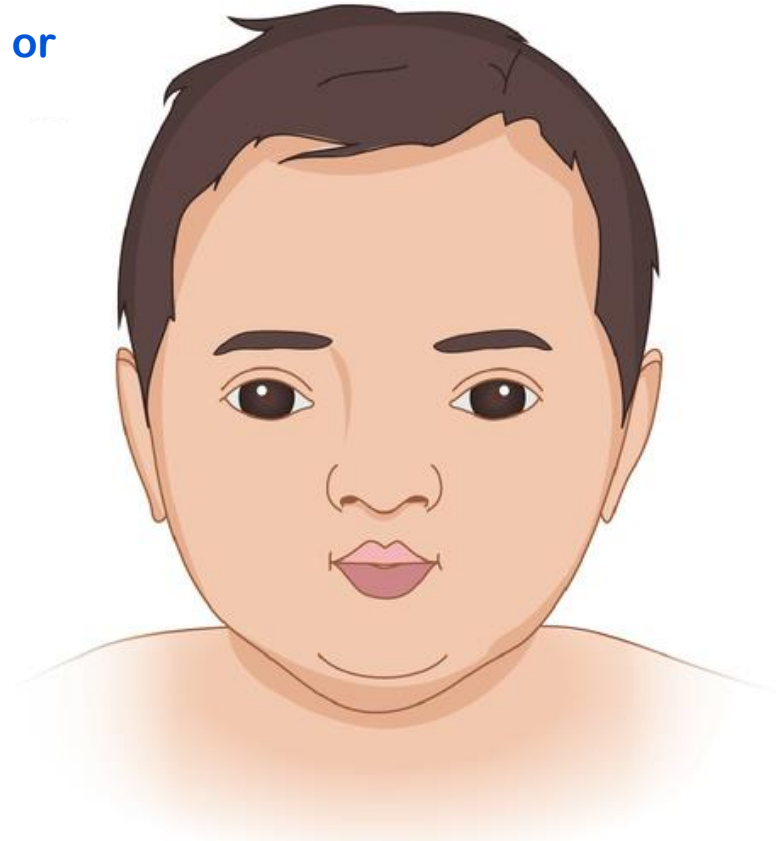
**Macrostomia or Microstomia:** defective or marked fusion between maxillary and mandibular processes

**b**

Unilateral or  
bilateral

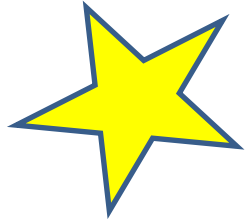


Macrostomia



Microstomia





# Unilateral Cleft lip

COMMON CASE

**Cleft (hare) lip:** cleft lip due to failure of fusion between maxillary process and intermaxillary segment.



## Bilateral Cleft lip



### **Median cleft lip:**

Results from malfusion of the medial nasal prominences



### **Cleft Lower Lip**

The cleft is exactly central and is caused by incomplete fusion of the mandibular processes

**Extremely rare**





# Cleft palate

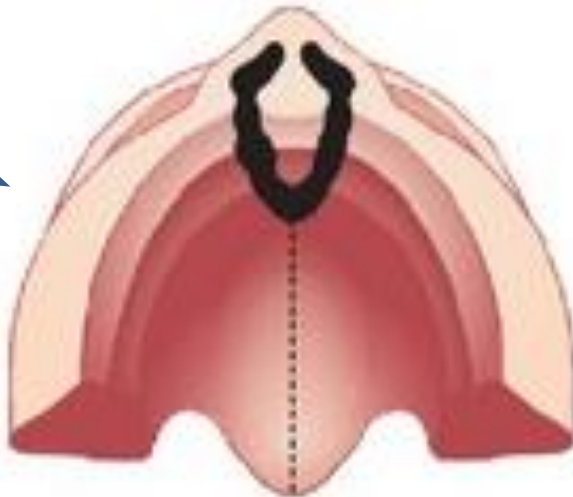
**Cleft palate:** failure of fusion between different parts that form palate

The incisive foramen is considered the dividing landmark between the anterior and posterior cleft deformities

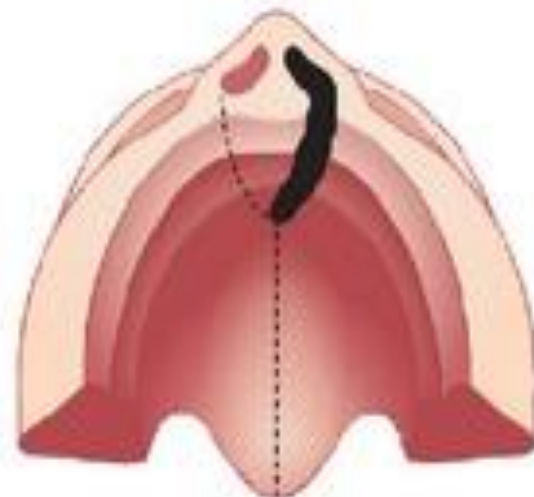
## Cleft of the primary palate

- ✓ Results from failure of the maxillary process to fuse with the intermaxillary segment
- ✓ Takes place **anterior to the incisive foramen**, therefore this type is Anterior cleft palate
- ✓ Note: that cleft of the primary palate is always **anterior**
- ✓ Can be unilateral and bilateral

**Primary Bilateral Cleft Palate**  
(combined with bilateral cleft lip)



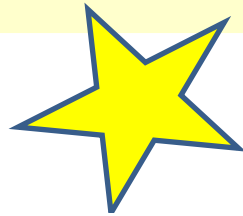
**Primary Unilateral Cleft Palate**  
(combined with unilateral cleft lip)



## Secondary cleft palate

### Cleft of the secondary palate

- ✓ Results from failure of the maxillary processes to fuse with each other
- ✓ Takes place **posterior to the incisive foramen**, therefore this type is Posterior cleft palate
- ✓ Note that cleft of the secondary palate is always **posterior**



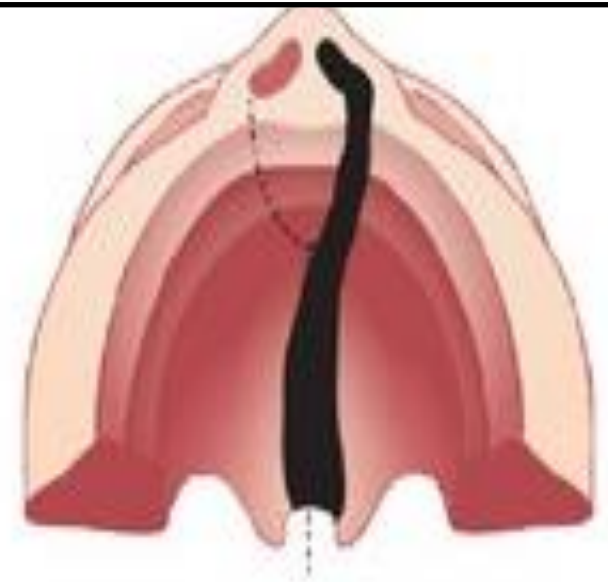
Secondary clefts are more dangerous than primary clefts. (Primary palate clefts usually cosmetic)



## Primary and secondary Cleft palates (combined with unilateral cleft lip)

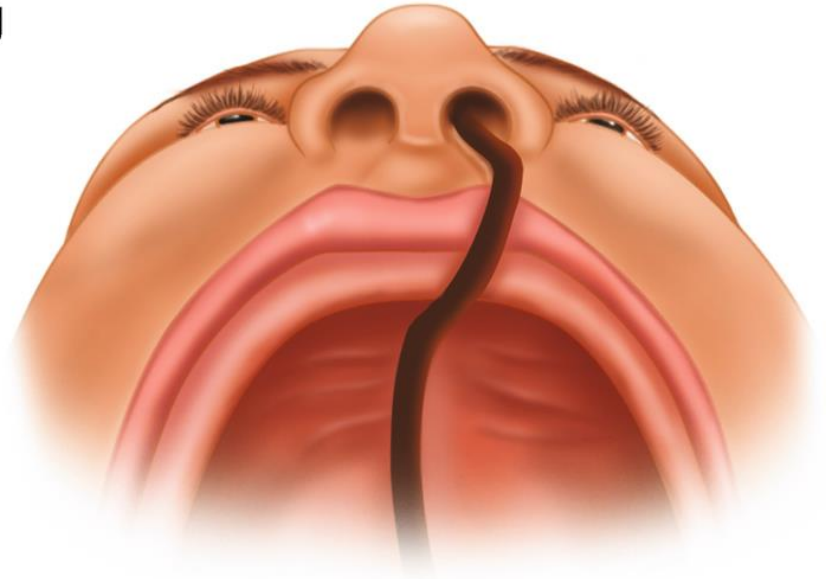
### Cleft of the primary and secondary palate

- ✓ Results from failure of the maxillary processes to fuse with each other and with the intermaxillary segment
- ✓ Takes place **anterior and posterior to the incisive foramen**, therefore this type is mixed anterior and posterior cleft palates



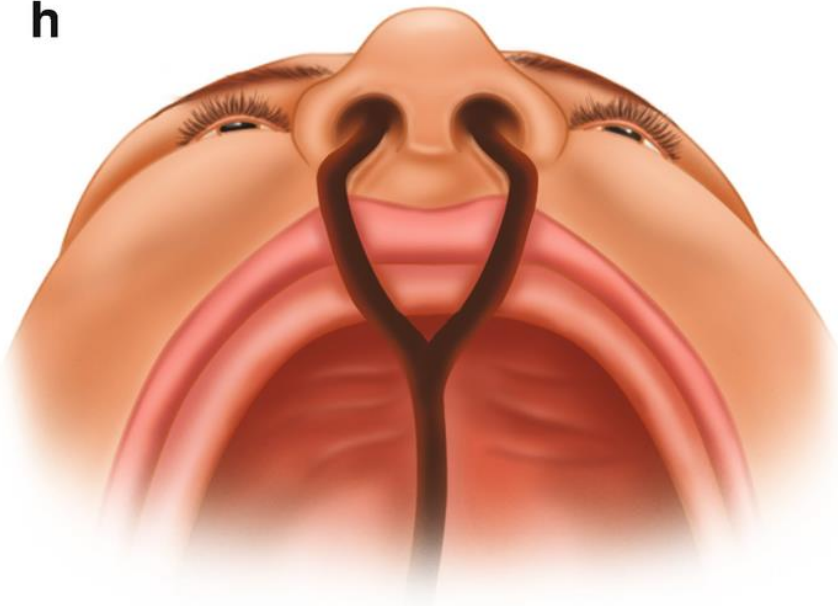


**g**



Unilateral complete cleft lip and palate

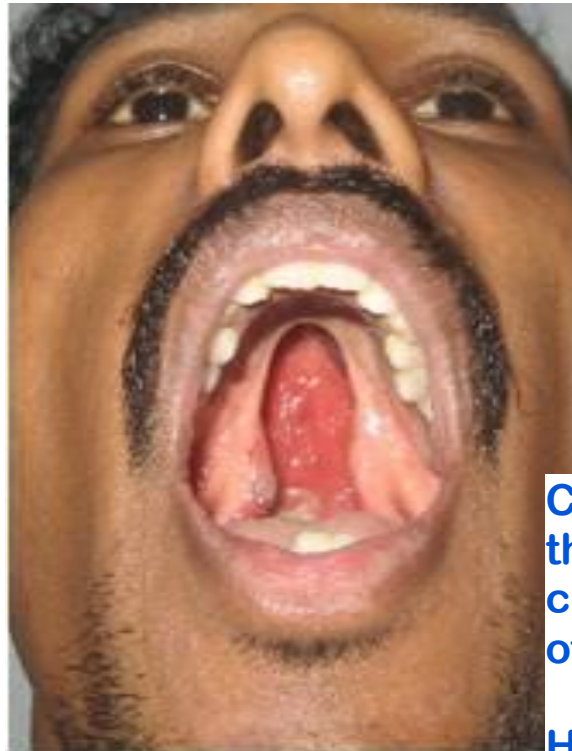
**h**



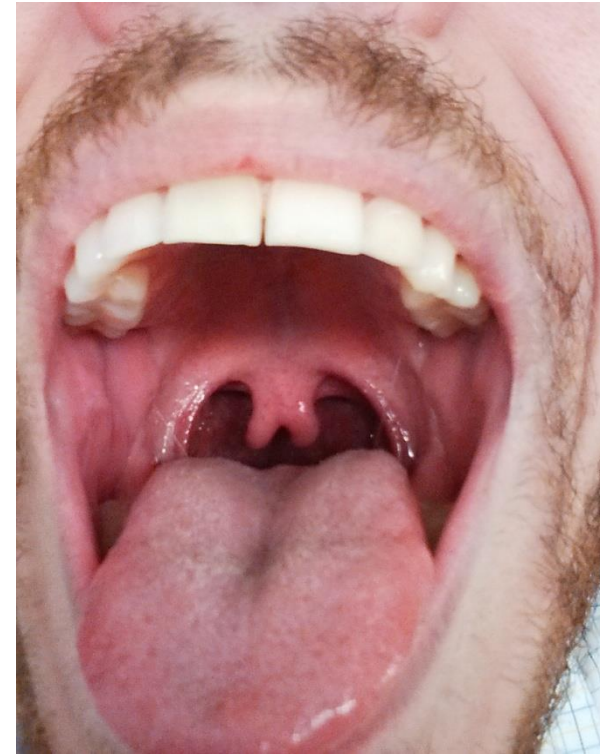
Bilateral Cleft Lip & Palate



**Primary and secondary Cleft palates**  
(combined with unilateral cleft lip)



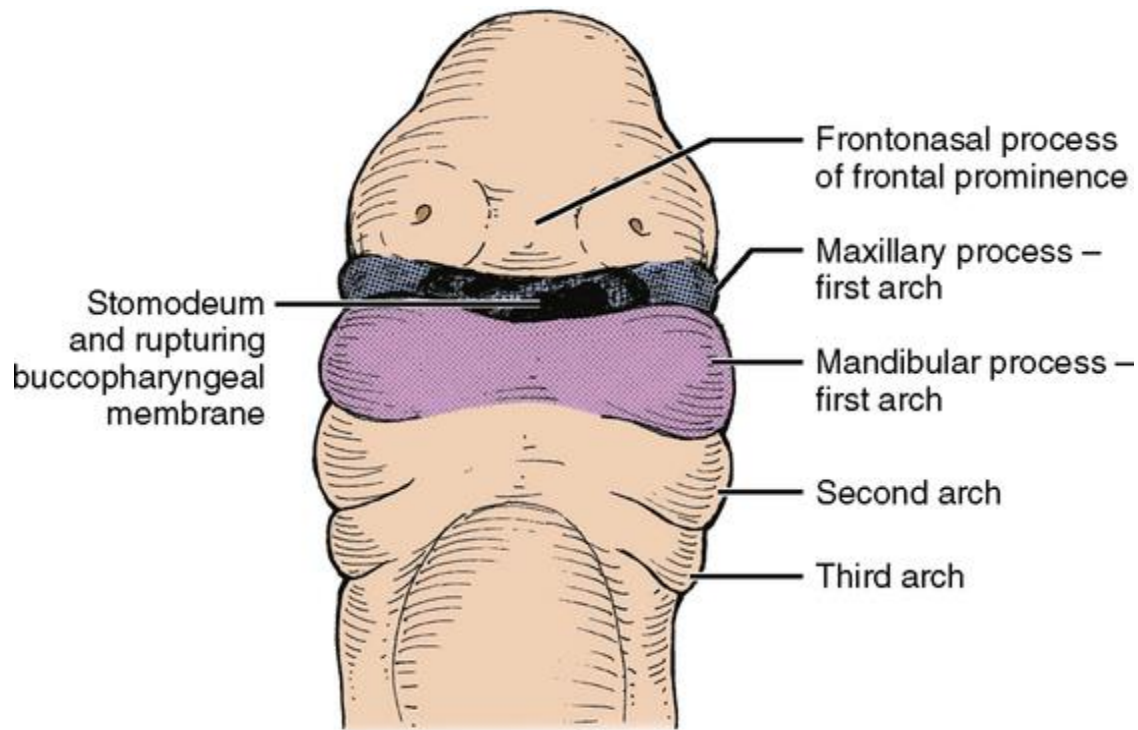
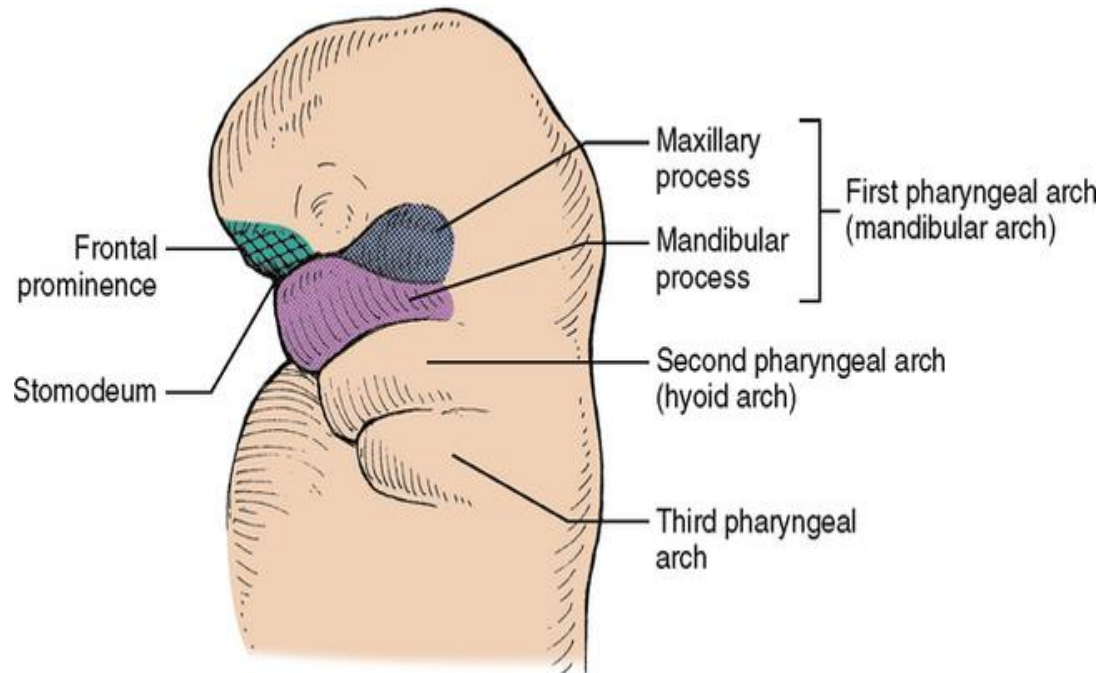
**Secondary cleft palate**



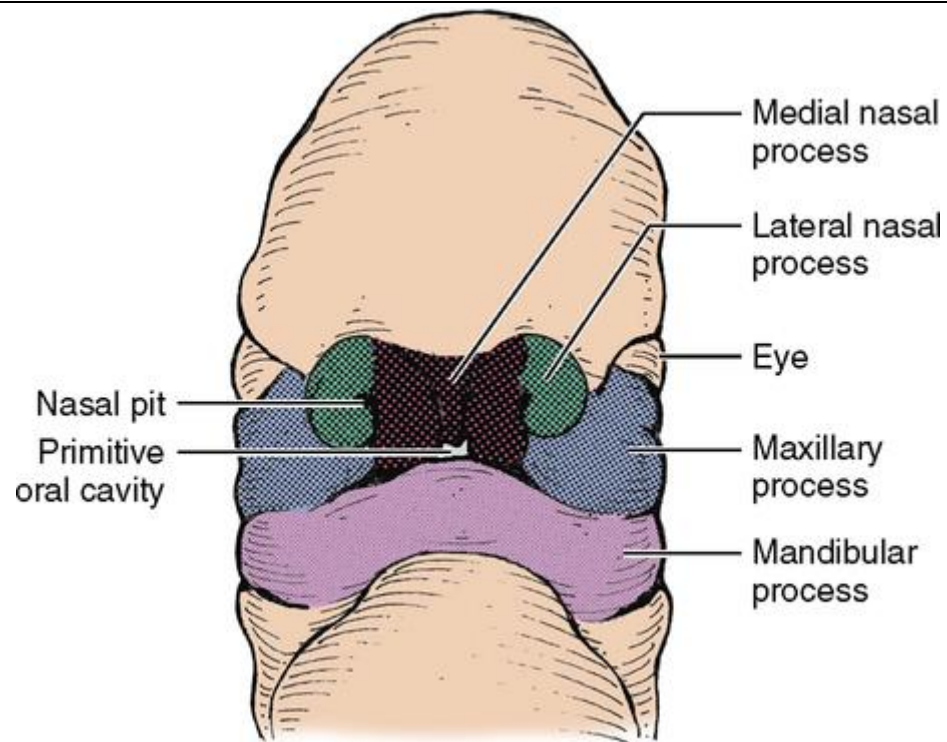
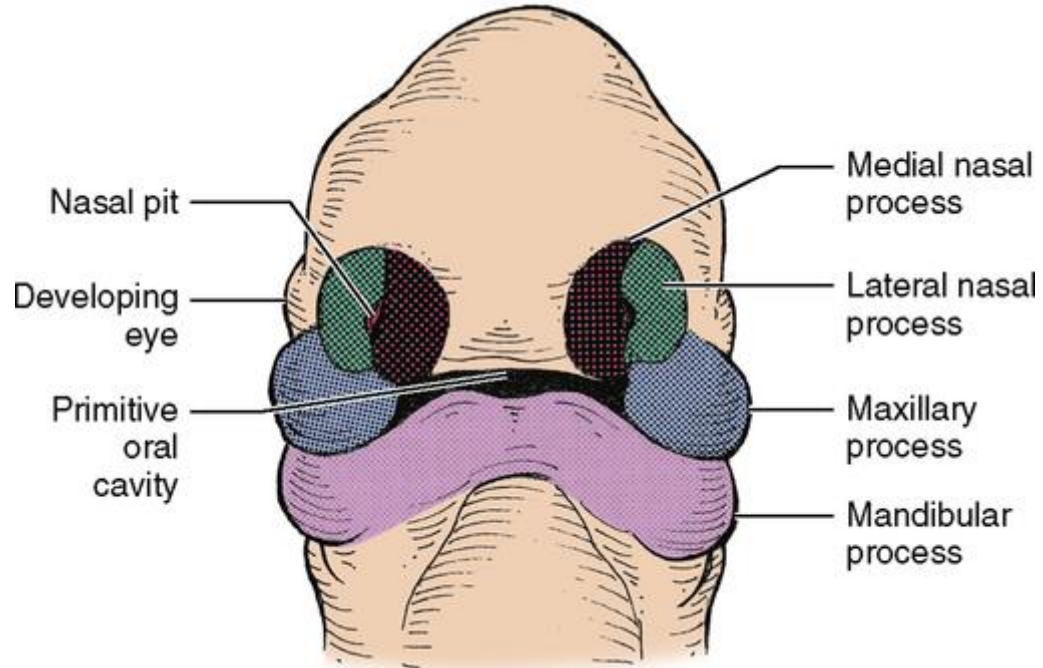
**Cleft uvula**

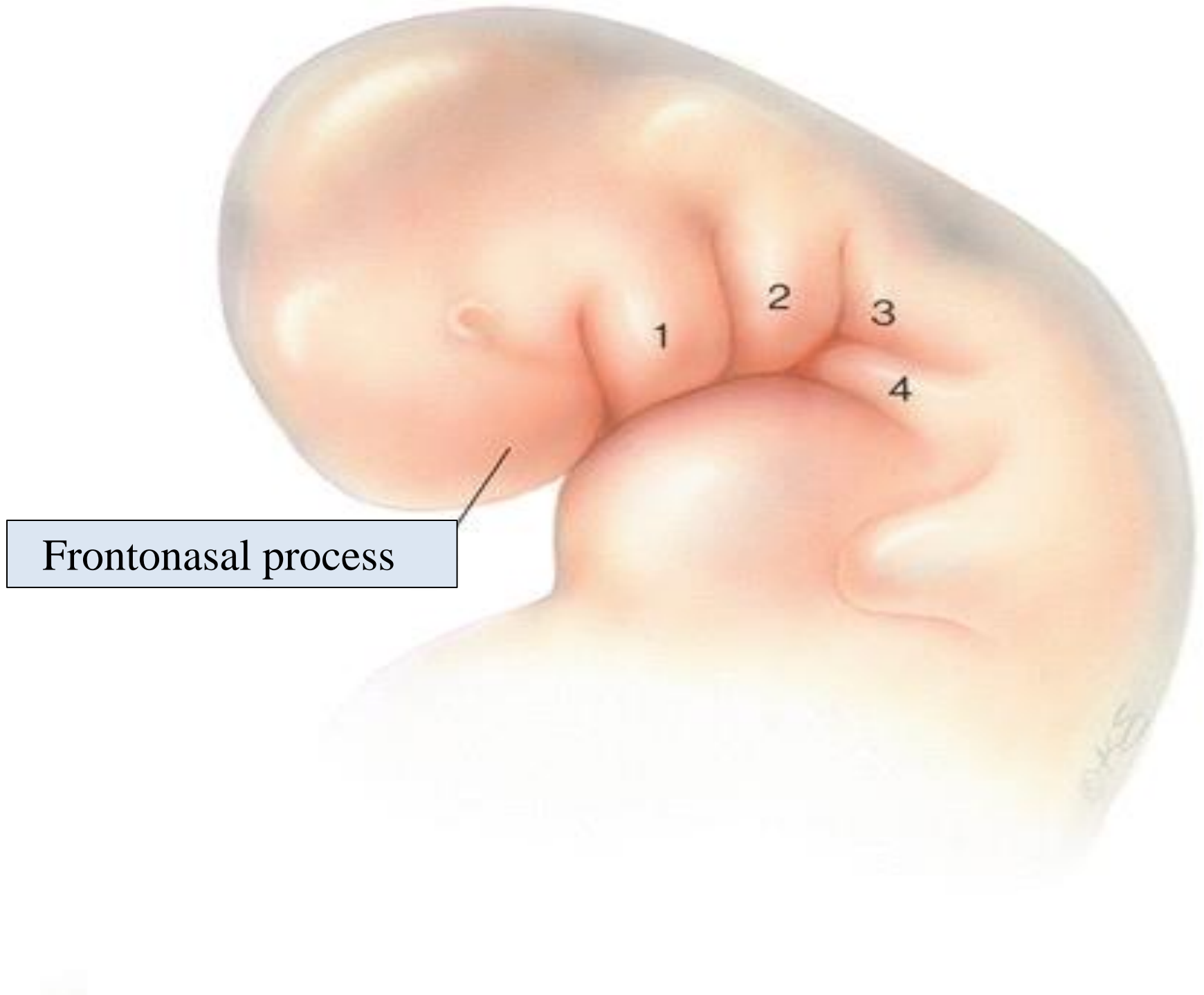
Cleft uvula happens when the soft palate fails to fuse completely, even if the rest of the palate fused properly.

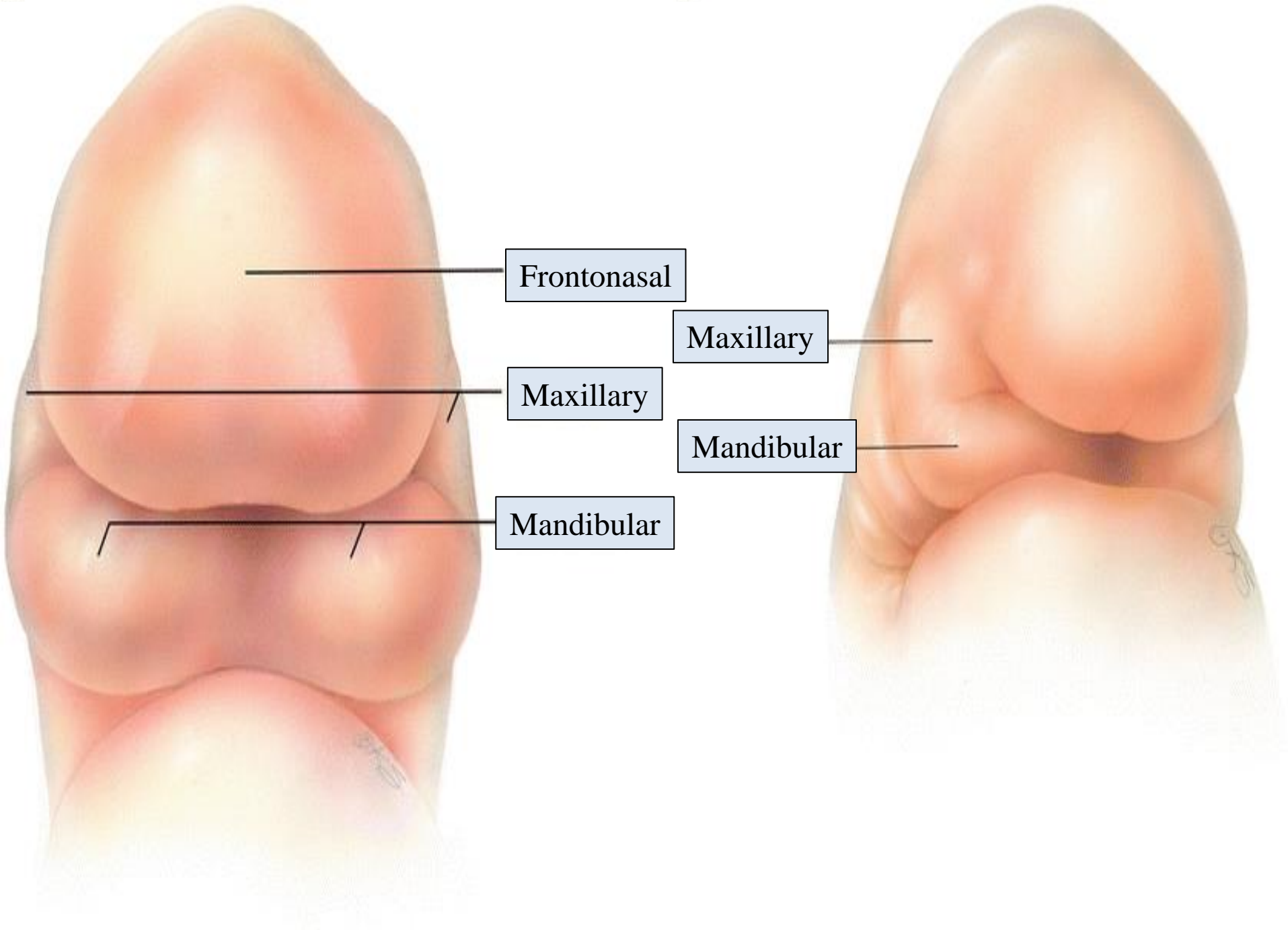
Has no clinical consequences



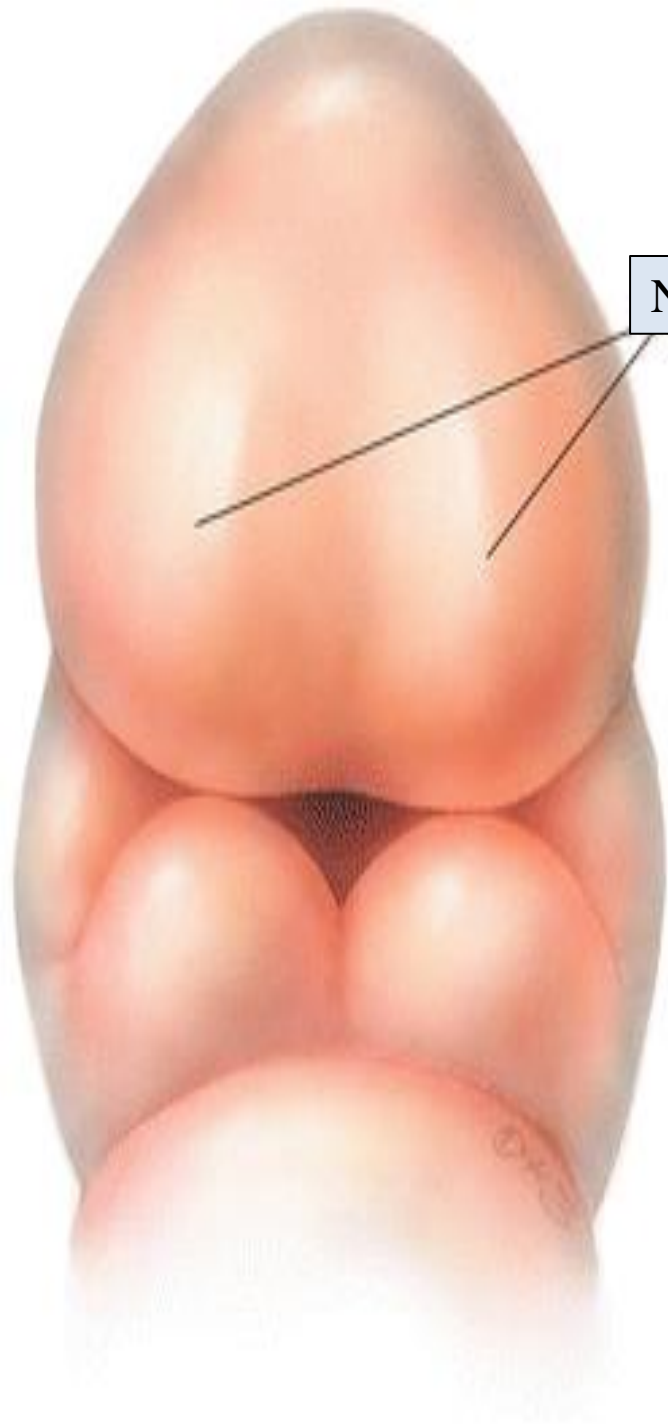










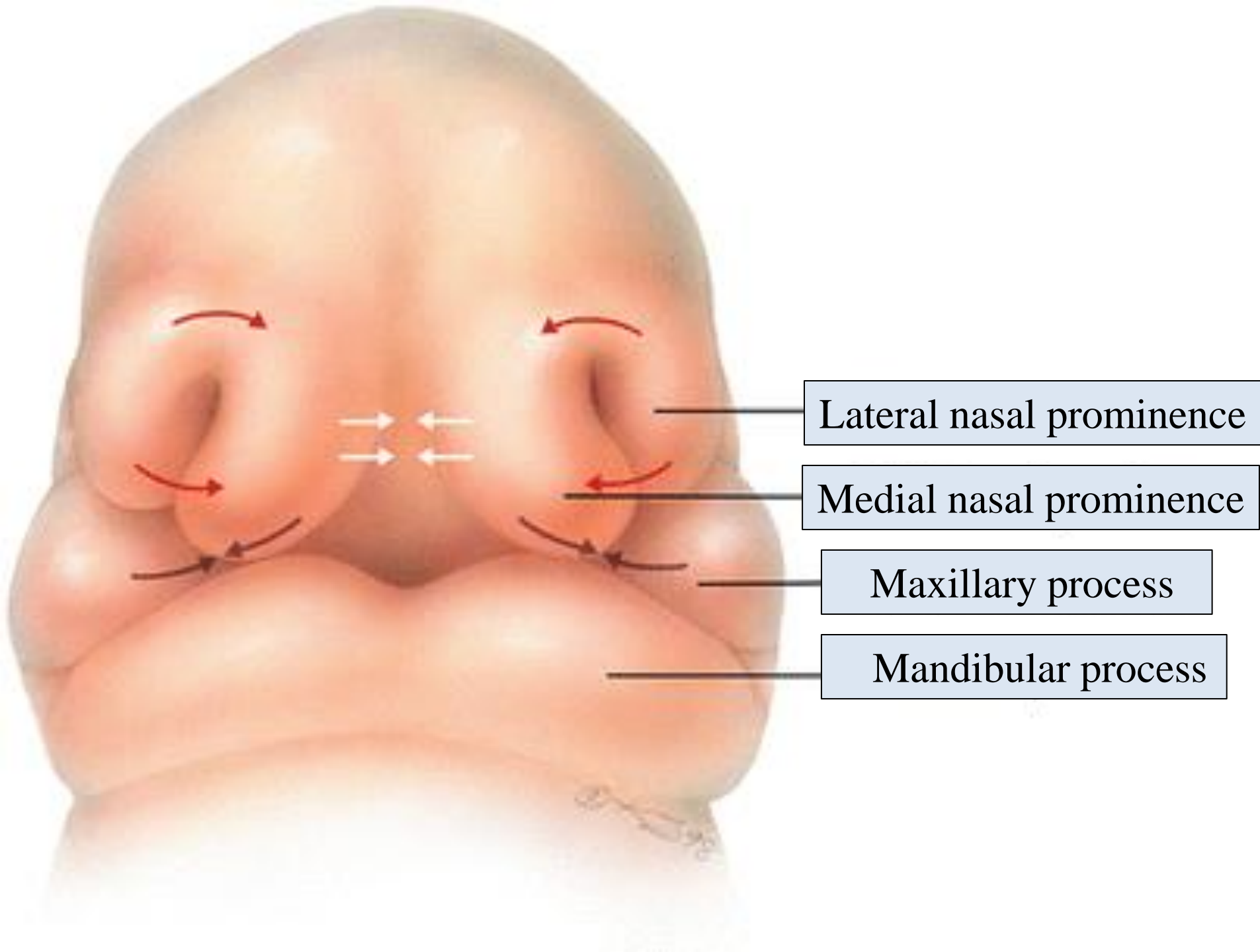


Nasal placodes

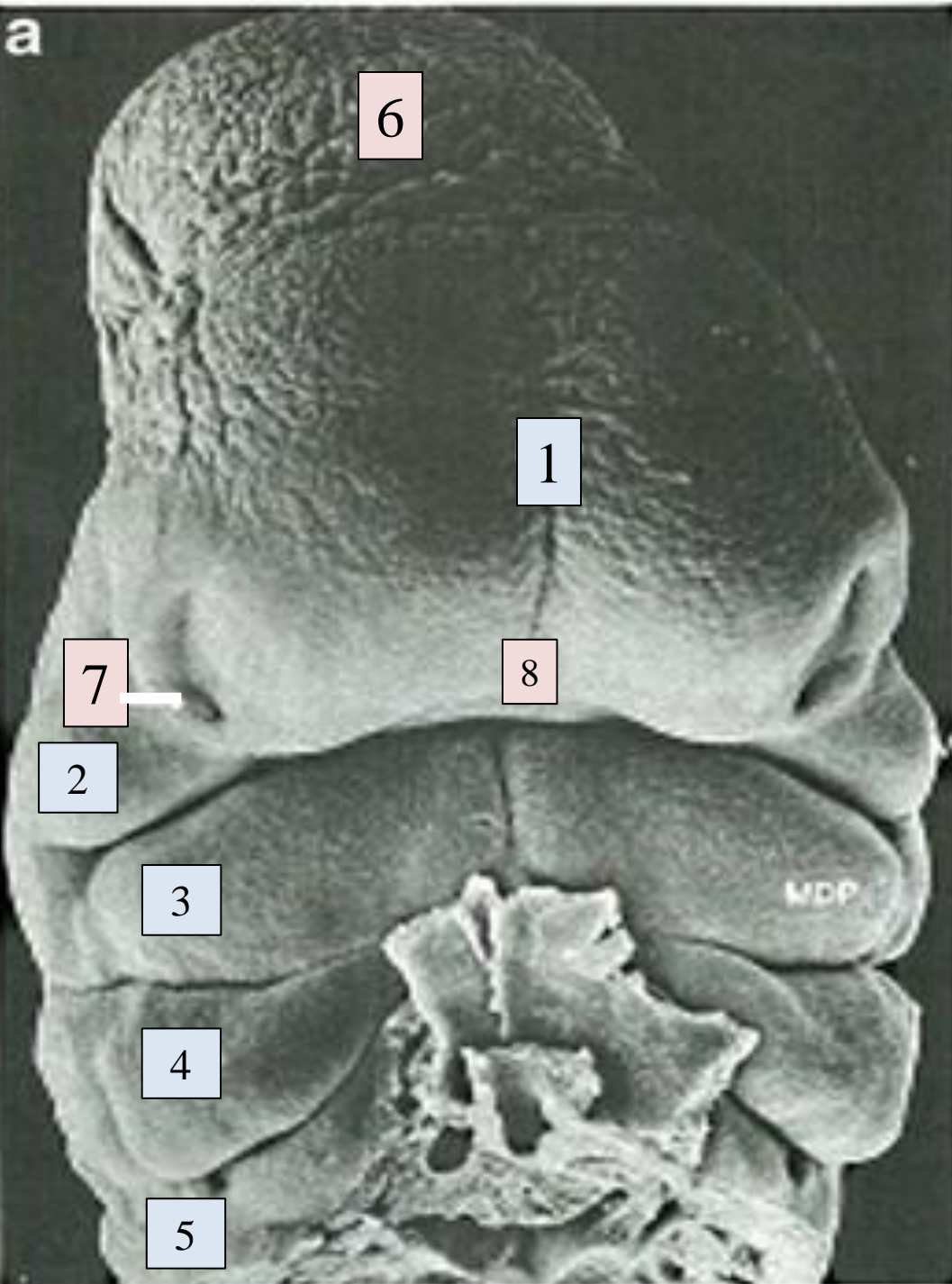


Medial nasal prominence

Lateral nasal prominence



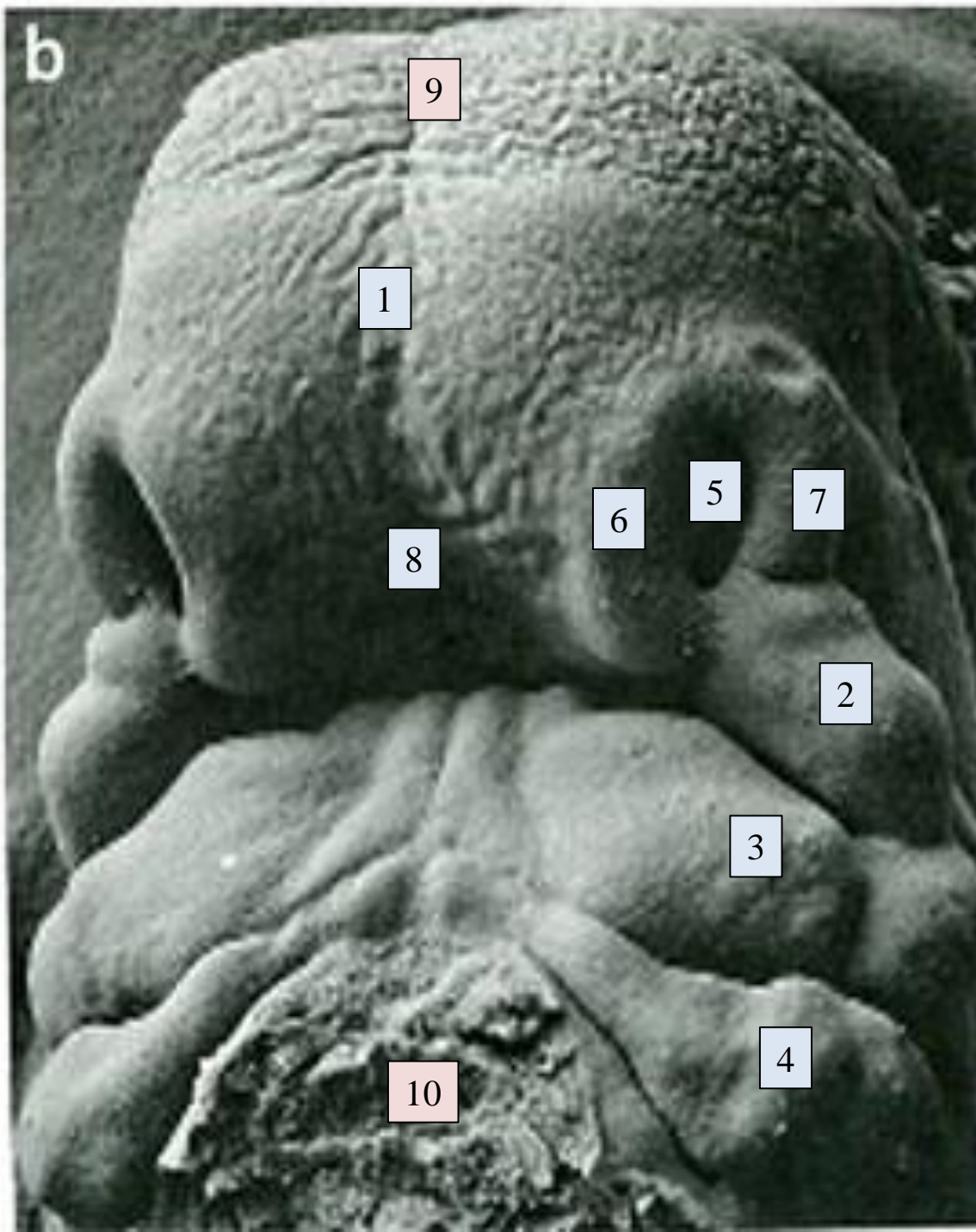
a



- 1: Frontonasal process
- 2: Maxillary process
- 3: Mandibular process
- 4: Second arch
- 5: Third arch

- 6: Forebrain bulge
- 7: Nasal placode
- 8: Nasal cleft





1: Frontonasal process

2: Maxillary process

3: Mandibular process

4: Second arch

5: Nasal pit

6: Medial nasal prominence

7: Lateral nasal prominence

8: Nasal cleft

9: Forebrain bulge

10: Pericardial bulge

Refer to

<http://www.indiana.edu/~anat550/hnanim/face/face.swf>

<https://www.youtube.com/watch?v=oz1kJexvEFE>