

The Digestive System in the Head and Neck

* The mouth has anterior and posterior openings, the anterior one bounded by lips and there is orbicularis oris which is circular muscle, it supplied by Facial nerve, so it is responsible for close the mouth

The Mouth

* The posterior opening called oropharyngeal isthmus (opening) (Fauces) which is opened to pharynx

- The Lips * when you eat something and chewing it, it go to the dorsum of the tongue and make deglutition or swallowing and go to the pharynx to esophagus to stomach where digestion occur

- The lips are two fleshy folds that surround the oral orifice

* The upper lip is formed from the maxillary prominence and medial nasal prominence with the junction occurring between the lateral one-third and medial one-third = remember
زنجبیل
Cliff = Lip

- They are covered on the outside by skin and are lined on the inside by mucous membrane

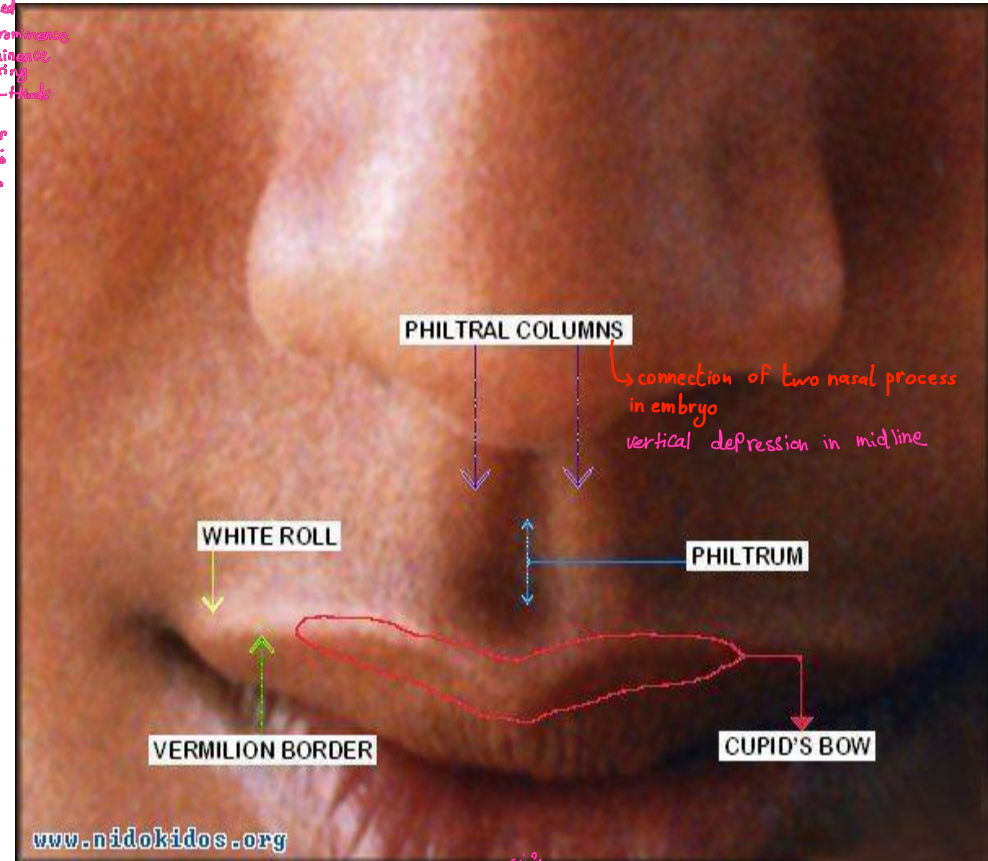
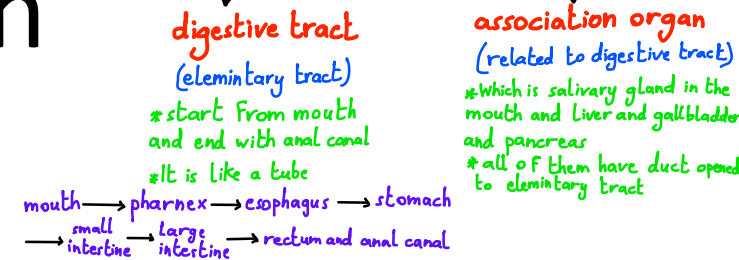
- the substance of the lips is made up by the orbicularis oris muscle and the muscles that radiate from the lips into the face

→ covered by skin (stratified squamous epithelium keratinized)

- 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.

digestive system



* The lips have 3 zones:- 1- zone of skin with hair follicle and sebaceous gland (stratified squamous keratinized)
2- has red color called vermilion zone (transitional zone) and it's red because it's rich with blood vessels, has modified epithelium, rich in nerve terminal (has high sensation)
3- inner surface of the lip, it is related to oral cavity, has stratified squamous non-keratinized, it characterized by labial glands produce mucus

* No sebaceous and sweat gland
* No hair follicles

The Mouth Cavity

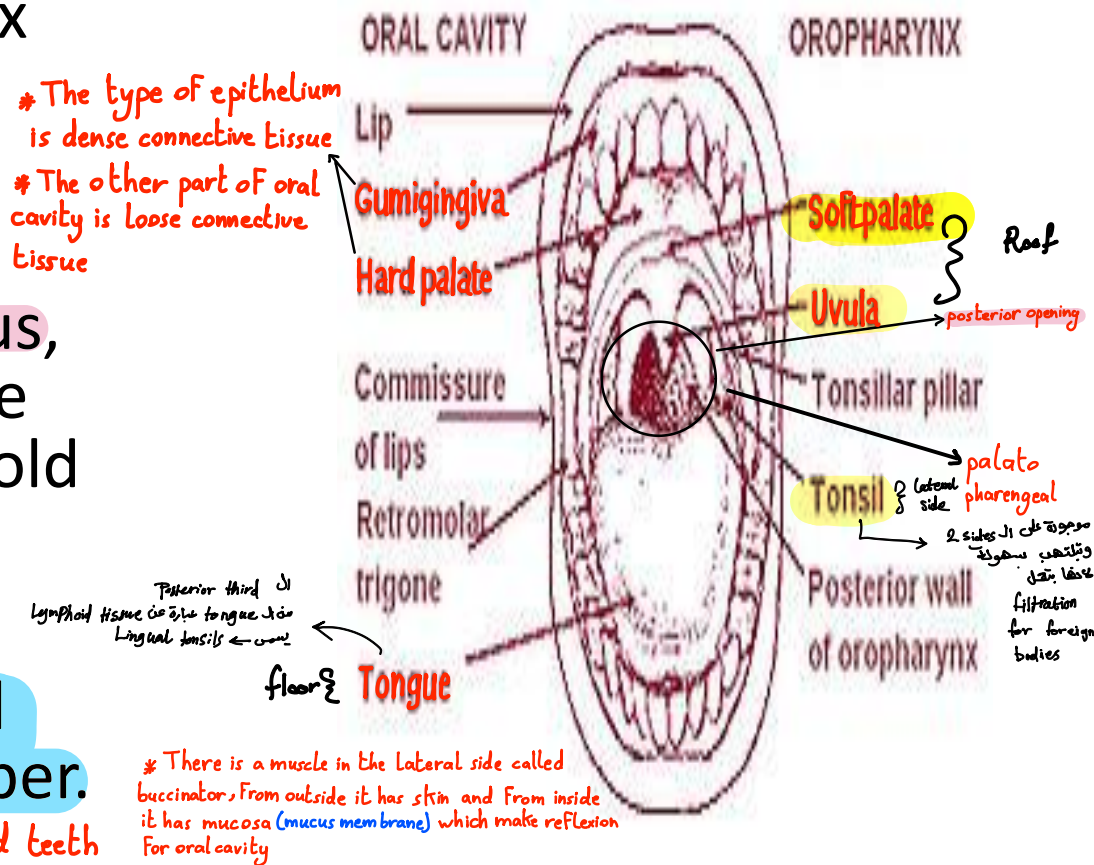
- The mouth extends from the lips to the pharynx

- 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.

↳ cavity inside closed teeth

Boundaries of Posterior opening:



Post. Mouth opening = fauces

* There is a connection between the vestibule and mouth proper in the last molar

* It is between closed teeth and the lateral wall and lips anteriorly

* It is opened to the parotid gland through a duct at the level of upper second molar

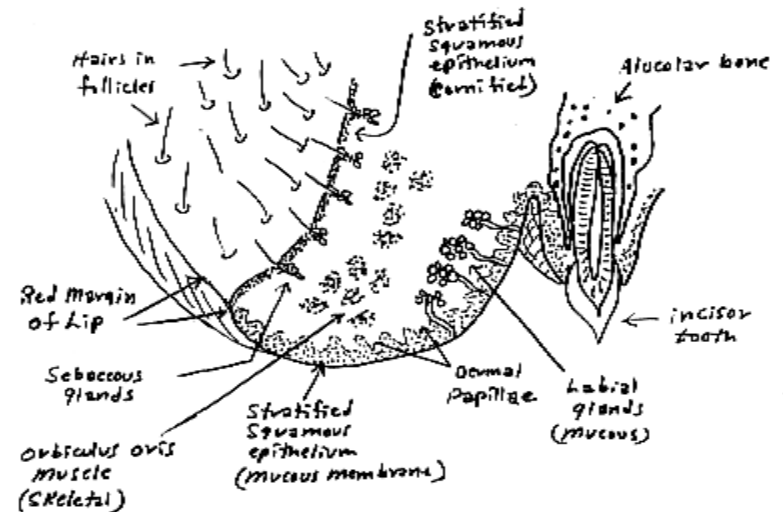
Vestibule

مكان وضع فرشاة الأسنان

← وظيفة: يتفتح فيه الغدة اللعابية Parotid فينقل الإفرازات إلى Mouth Proper
by opening behind the last molar

- 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

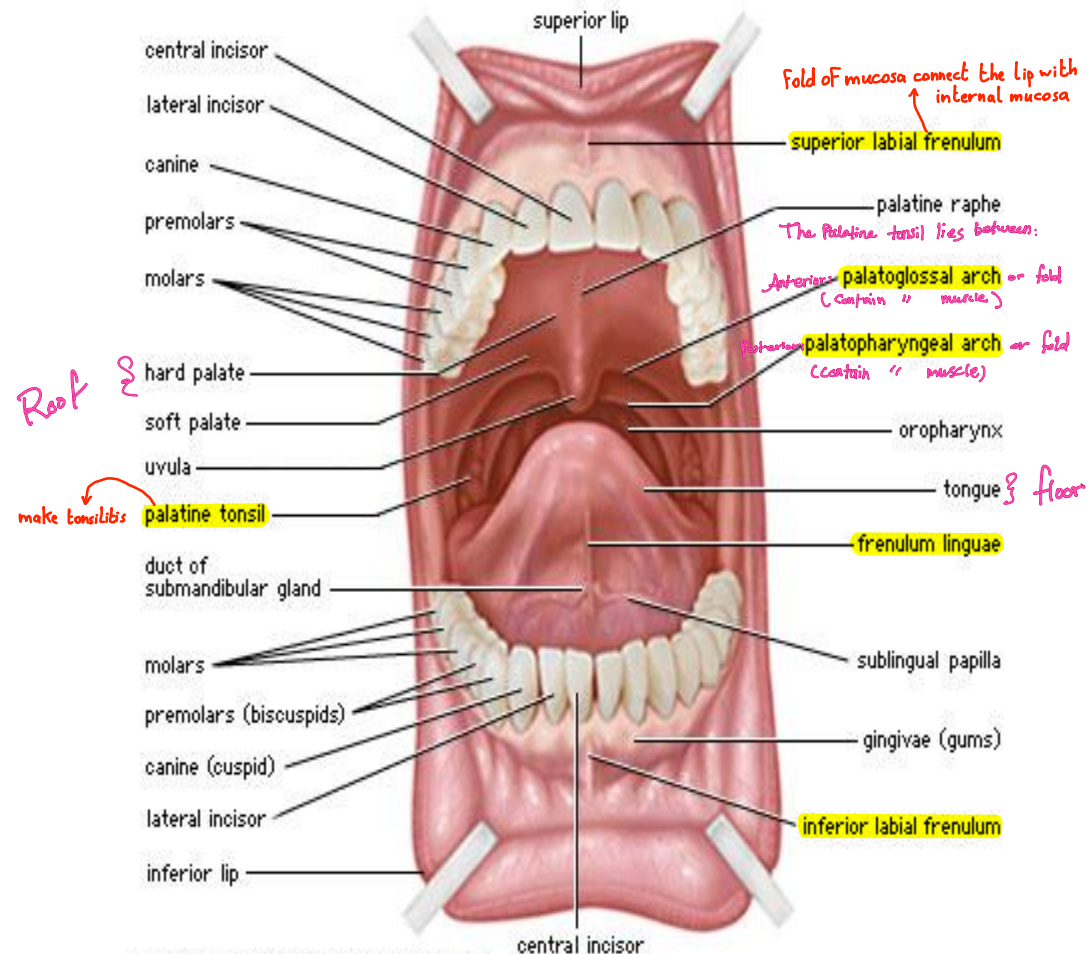
Vestibule (Mouth)



Mouth Proper

↳ cavity inside 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.



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Consist of:

1. Soft and elastic C.T → under the tongue and floor of mouth
2. dense C.T → covering the hard Palate, gum, teeth

Mucous Membrane of the Mouth

- In the vestibule the mucous membrane is ^{مقيّد} 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.

page

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 sensation For the tongue and the mouth (pain, touch, temperature)*
- **The taste** fibers travel in the chorda tympani nerve, a branch of the facial nerve. *special sensation For the tongue (taste)*
taste buds are dorsum of tongue in 2/3
- **Cheek:** *↘ mucosa inside* 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)

Blood supply : Branches of facial + lingual arteries

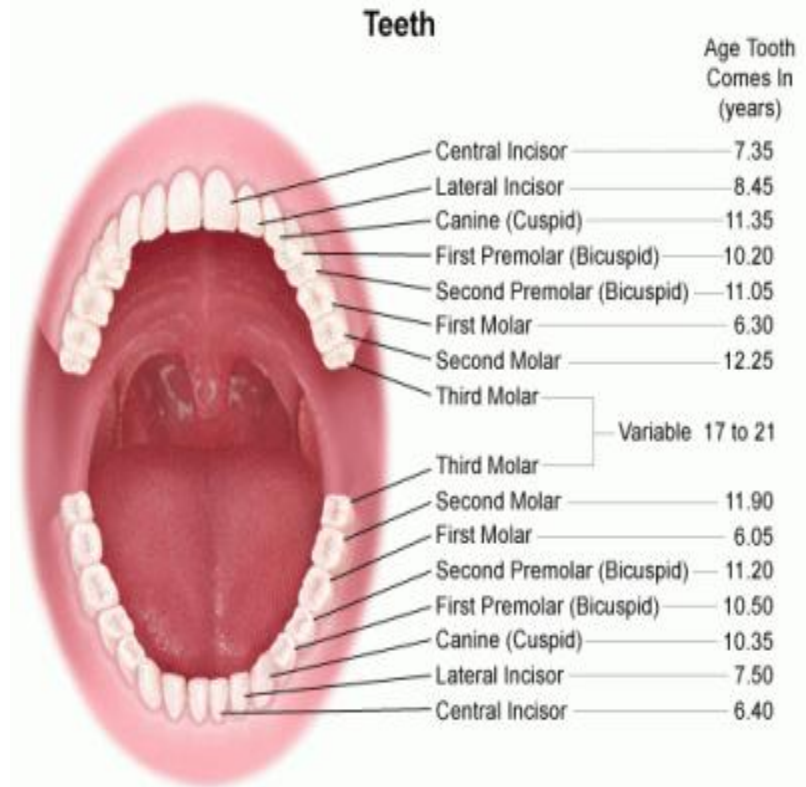
The Teeth

- The **gingivae (gums)** are specialized regions of the oral mucosa that surround the teeth and cover adjacent regions of the alveolar bone.
مكان وجود السن (has dense connective tissue)

1.

- **Deciduous Teeth (milk teeth)**
- There are 20 deciduous teeth: four incisors, two canines, and four molars in each jaw.
قواطع (أنياب) (ملوامين)
- They begin to erupt about 6 months after birth and have all erupted by the end of 2 years.
lower incisors → upper incisors (last molar)
- The teeth of the lower jaw usually appear before those of the upper jaw.

- 2. دائمة
Permanent Teeth
- 16 16 ضواعم
There are 32 permanent teeth: four incisors, two canines, four premolars, and six molars in each jaw
→ wisdom tooth
- تبديل
They begin to erupt at 6 years of age
→ continue to 12 years
- The last tooth to erupt is the third molar, which may happen between the ages of 17 and 30
* The last teeth erupted at 12 years except wisdom teeth from 17 to 30
- The teeth of the lower jaw appear before those of the upper jaw.



The Tongue

* It is muscular organ:- all of it is muscles

* has **extrinsic** (outside the tongue) and **intrinsic** (inside the tongue)
 ↳ control the movement of the tongue ↳ control the shape of the tongue (bundle of muscle fibers)

- The tongue is a mass of striated muscle covered with mucous membrane

* It is symmetrical organ

يُقسم إلى نصفين متساويين
 Symmetrical

- 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.

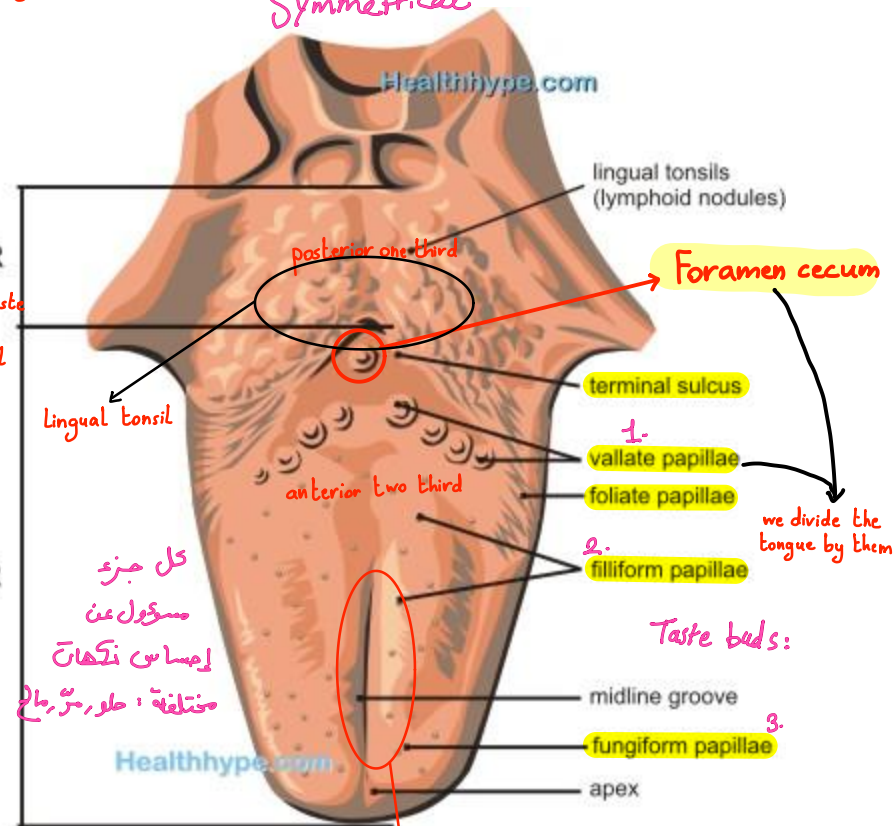
Why we have ant + Post ?

* Post: developed from 3rd Pharyngeal arch and innervated by: Glossopharyngeal N

* Ant: from 1st Pharyngeal arch, innervation: lingual N
 ولها السبب منفتحهم عن جفن

1 third
 POSTERIOR
 has lymphoid tissue, no taste buds, has lymphatic tissue and it's called lingual tonsil

2 thirds
 ANTERIOR
 has taste buds (lingual papillae) like Filiform and Fungiform



mid line:- divide the tongue into right and left half

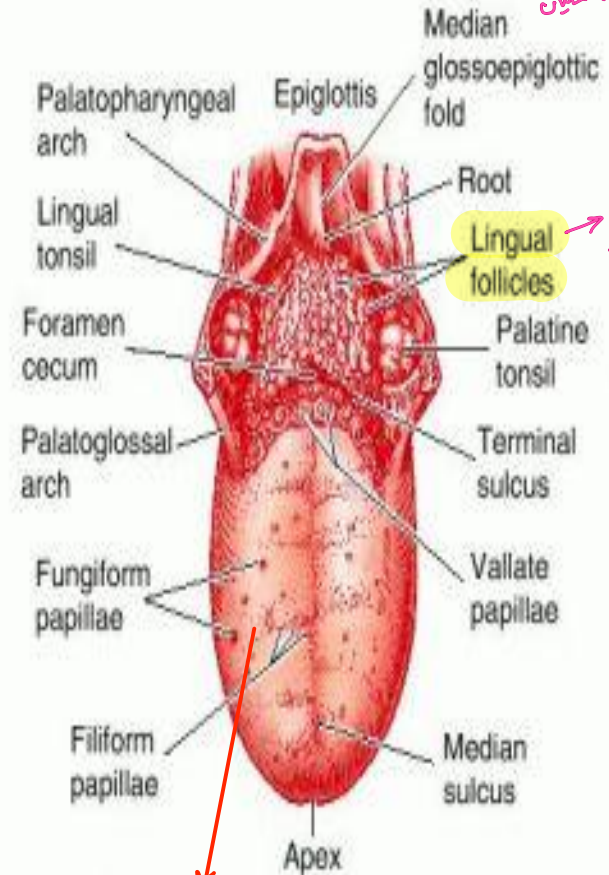
Mucous Membrane of the Tongue

dorsal + ventral

- 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

* The dorsum needs adherent to the muscle of the tongue → *تلفه*
 * we called the epithelial of the dorsum modified stratified squamous epithelium (paraKeratinized)
 * The lower surface is covered by mucosa and it's stratified squamous non-keratinized

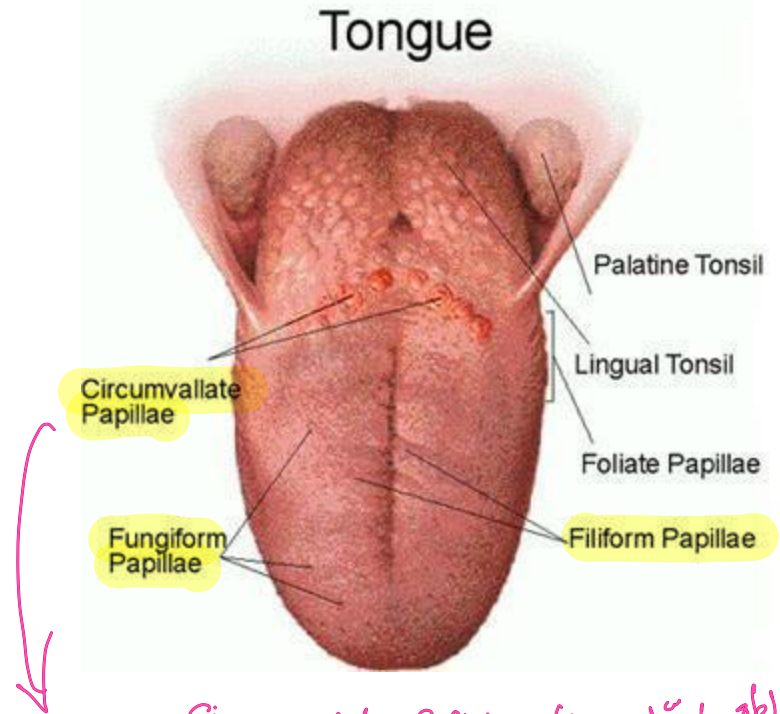
بني بروج بعد العليان
 كراتين على
 المضطربة



Remember
 it's lymphoid
 tissue
 No taste
 buds

has stratified squamous
 non keratinized

- 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



بالحس الطعم المر (bitter): Circumvallate Papillae

بغذيتها ← Glossopharyngeal N! مع اخفا من ال Anterior بغني لغزوفون بغذيتها Lingual N

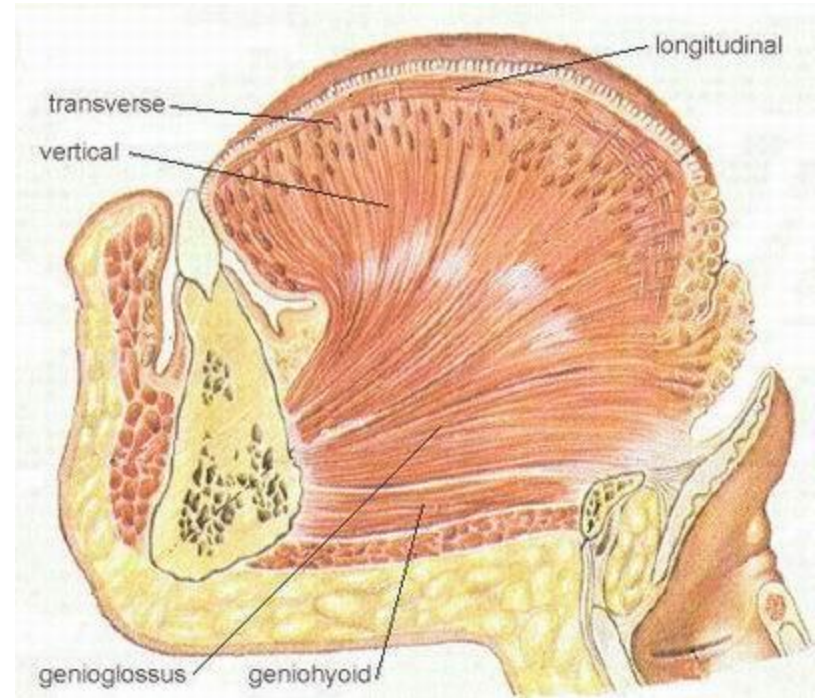
السبب يرجع ل development عشان هيك هتقدر تميزه

Muscles of the Tongue

- The muscles of the tongue are divided into two types: intrinsic and extrinsic

Intrinsic Muscles *Shape*

- 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

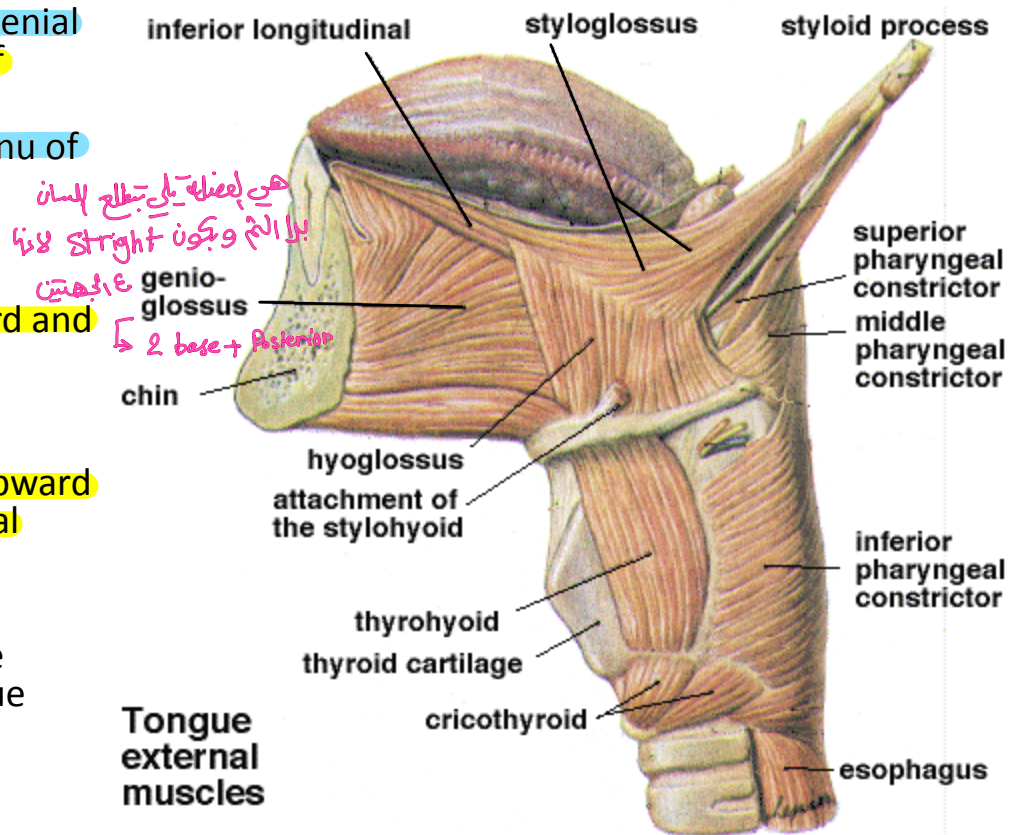


١٢٥
 * What is the effect of injury of the right hypoglossal nerve?
 * the tongue will deviate to the right side (to the paralyzed side)

Extrinsic Muscles

↳ supplied by hypoglossal except palatoglossal supplied by accessory from vagus (Cranial Part)

- 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

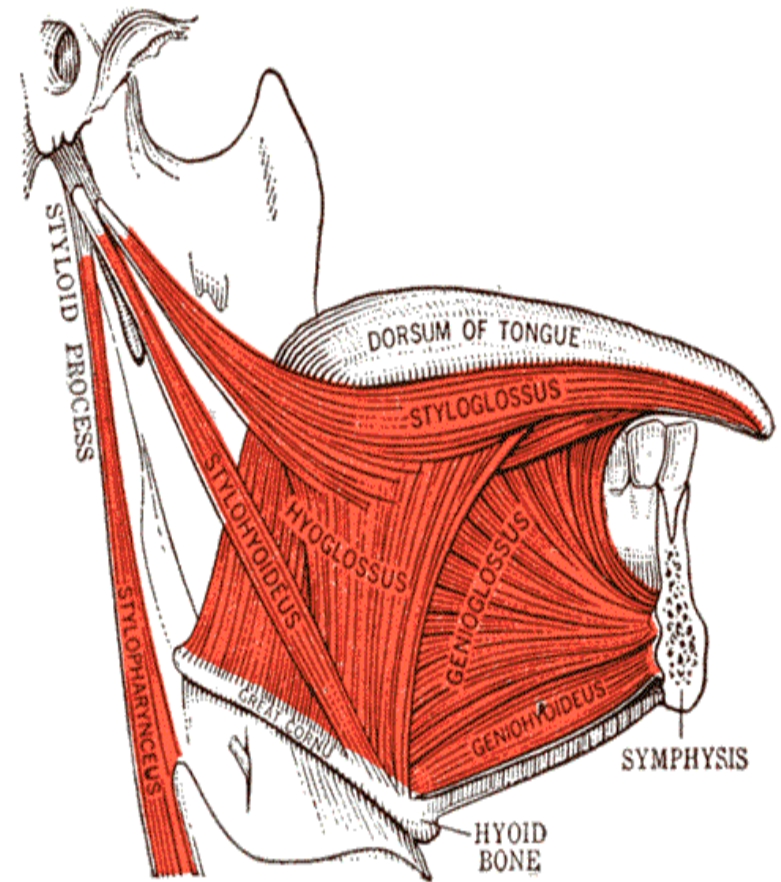
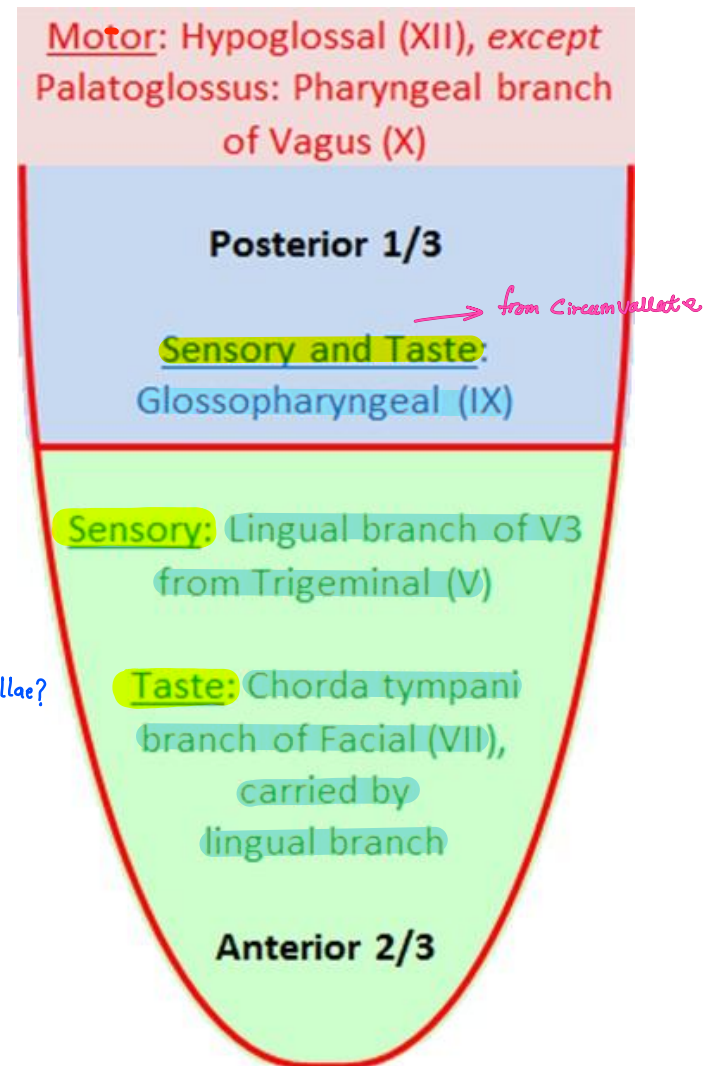


FIG. 89. SOME OF THE MUSCLES OF THE TONGUE. Viewed from the right side.

- 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
- *branches from external carotid*
- **The veins drain into the internal jugular vein.**
- **What is the nerve supply of circumvallate papillae?
glossopharyngeal nerve
- **Lymph Drainage**
- **Tip:** Submental lymph nodes
- **Sides of the anterior two thirds:** Submandibular and deep cervical lymph nodes
- **Posterior third:** Deep cervical lymph nodes



The Palate

* There are two palates:-

1- hard palate (dense, adherent with periosteum, make grooves)

2- soft palate (loose connective tissue, extend from spine from hard palate make palatine tendon which is essential in soft palate)

- 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.

1.

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.

2.

Soft Palate

* It is composed of five muscles, so it is muscular structure like the tongue and it's covered by mucosa

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

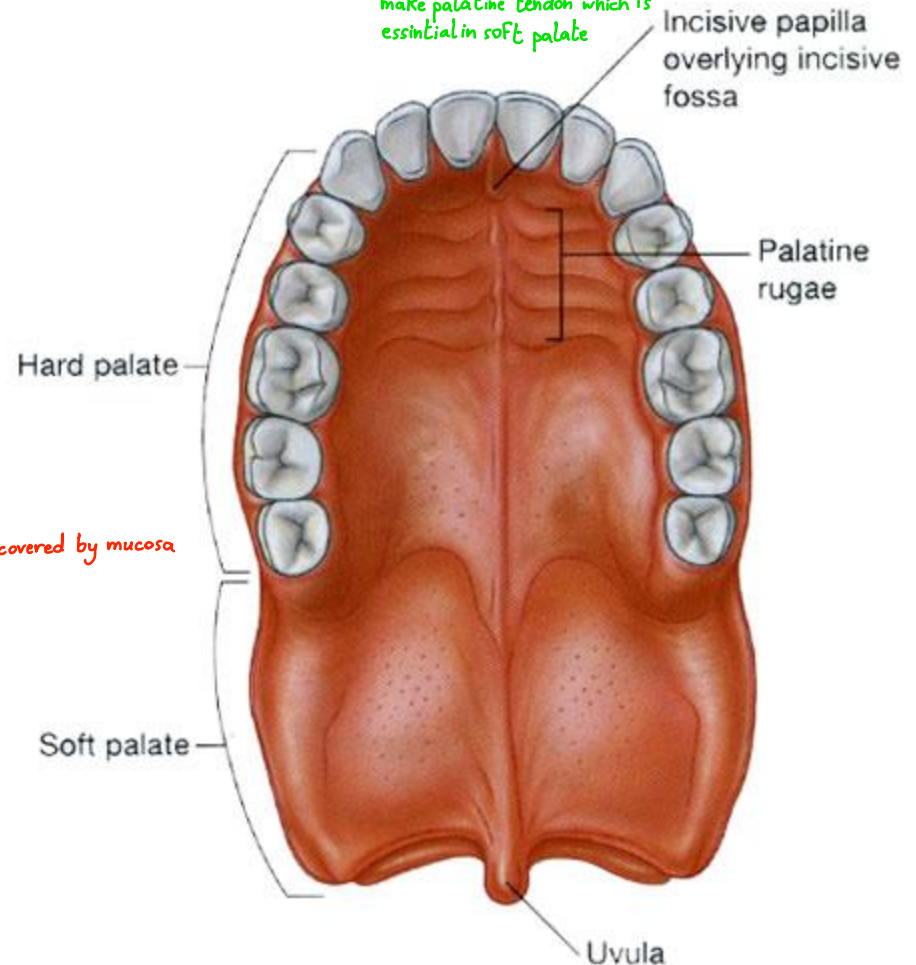
* It is raised upwards, backwards or downwards, forwards

→ in mastication or swallowing
→ this close the nasopharynx and we see it in vomiting

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.



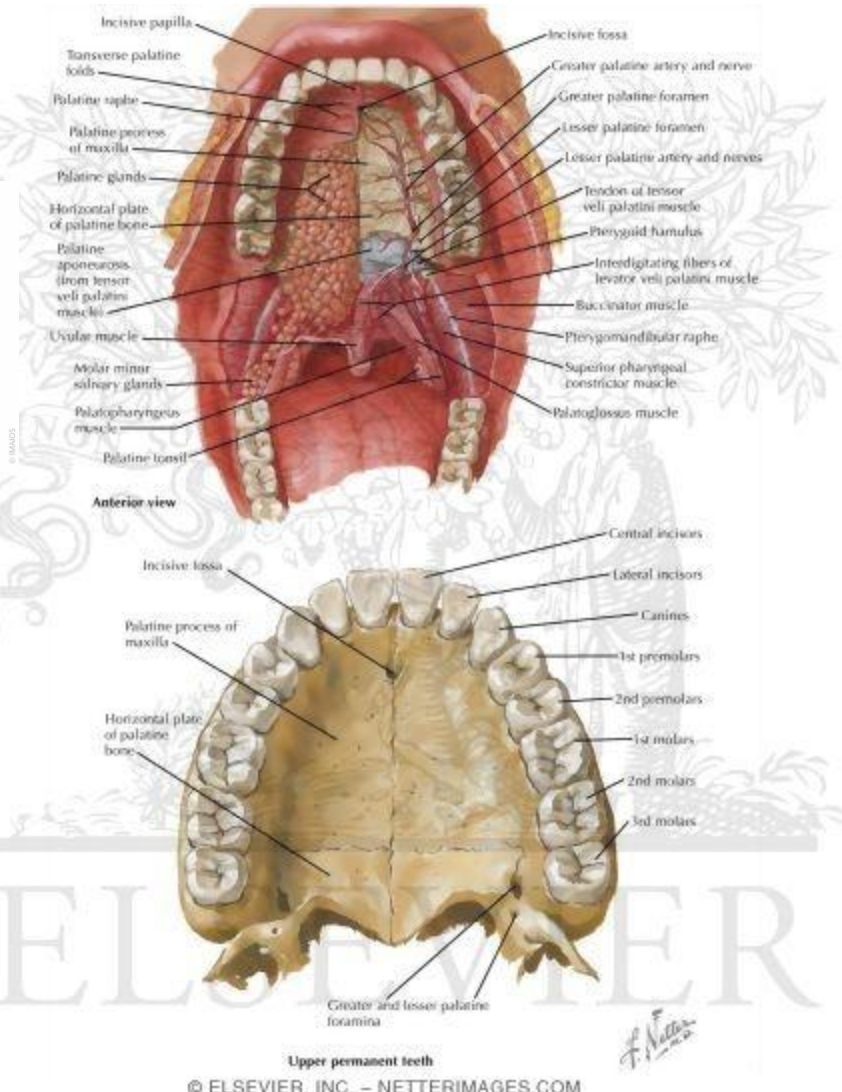
- The mucous membrane covers the upper and lower surfaces of the soft palate.

- The palatine aponeurosis is a fibrous sheet attached to the posterior border of the hard palate

→ it is composed of two muscles meet in the midline called tensor veli palatini muscle

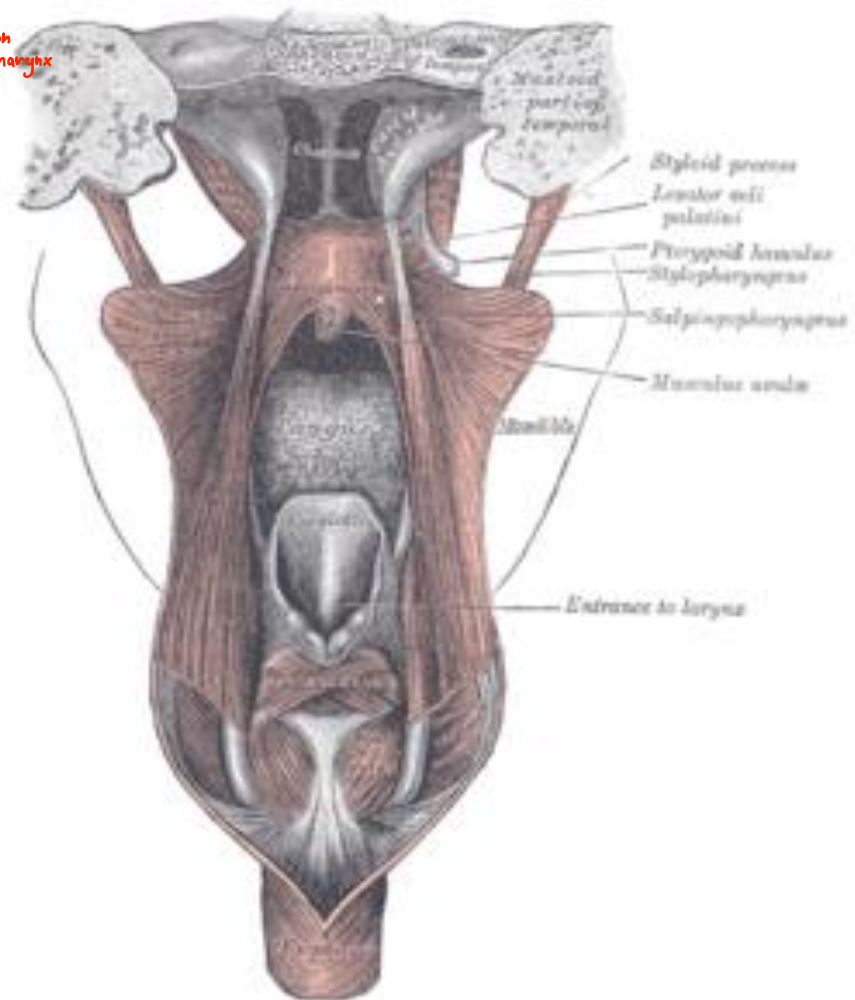
- It is the expanded tendon of the tensor veli palatini muscle.

→ the extension of the midline called uvula



Muscles of the Soft Palate

- The muscles of the soft palate are the **tensor veli palatini**, the **levator veli palatini**, the **palatoglossus**, the **palatopharyngeus**, and the **musculus uvulae**.
Handwritten notes: "make elevation and close nasopharynx" with an arrow pointing to the levator veli palatini; "around palatine tonsils" with an arrow pointing to the palatopharyngeus.
- 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.



- **Levator veli palatini:**

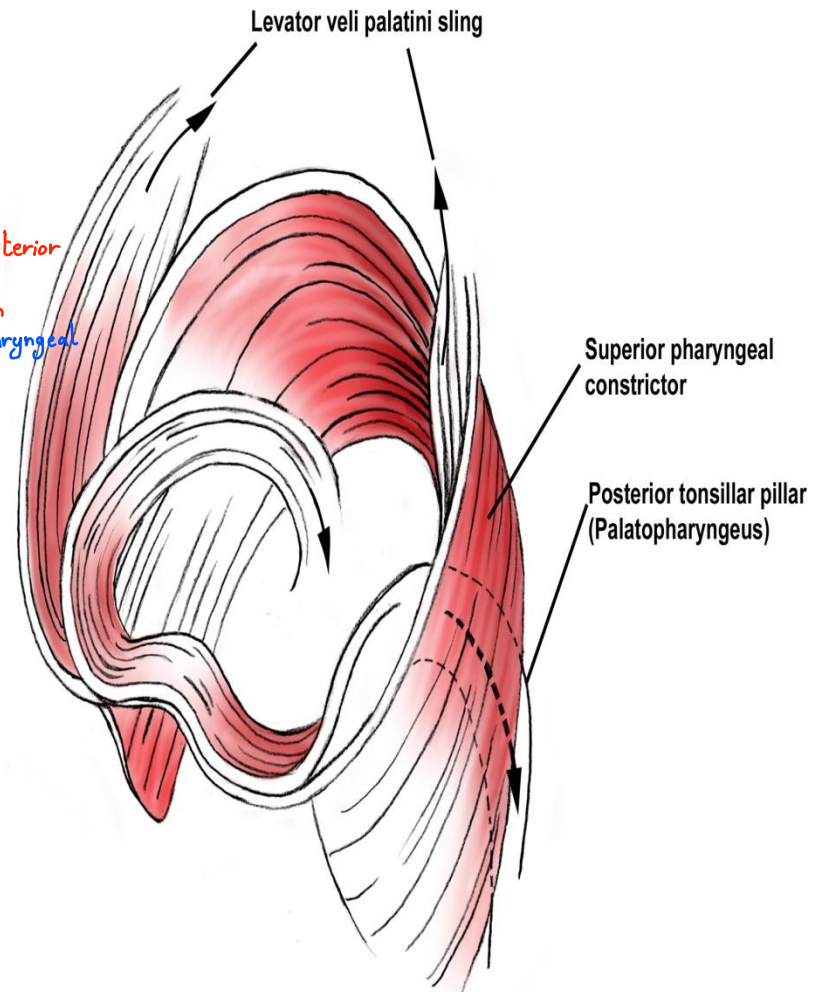
- **O:** ^{origin} Petrous part of temporal bone, auditory tube

- **I:** ^{insertion} Palatine aponeurosis

- **Innerv:** ^{innervation/nerve} Pharyngeal plexus

- **Action:** Raises soft palate

→ it is present in the posterior wall of the pharynx
 * It is composed from three nerves:- 1-glossopharyngeal 2-accessory 3-vagus



- **Tensor veli palatini**

- ^{origin} Spine of sphenoid, auditory tube

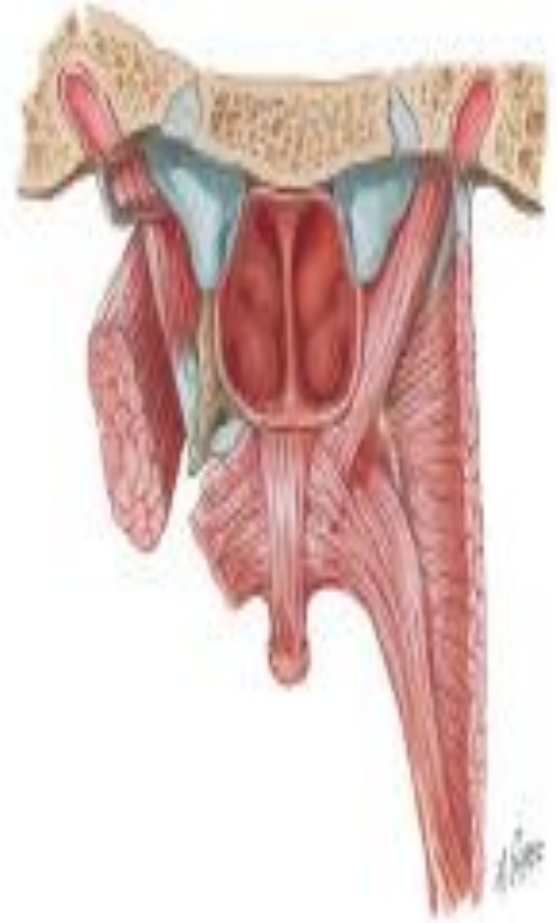
- ^{insertion} With muscle of other side, forms palatine aponeurosis

- ^{nerve} Nerve to medial pterygoid from mandibular nerve

- ^{action} Tenses soft palate

Exception →

- **Palatopharyngeus**
- ^{origin} Palatine aponeurosis
- ^{insertion} Posterior border of thyroid cartilage
- ^{nerve} Pharyngeal plexus
- ^{action} Elevates wall of pharynx, pulls palatopharyngeal folds medially
- **Musculus uvulae**
- ^{origin} Posterior border of hard palate
- ^{insertion} Mucous membrane of uvula
- ^{nerve} Pharyngeal plexus
- ^{action} Elevates uvula



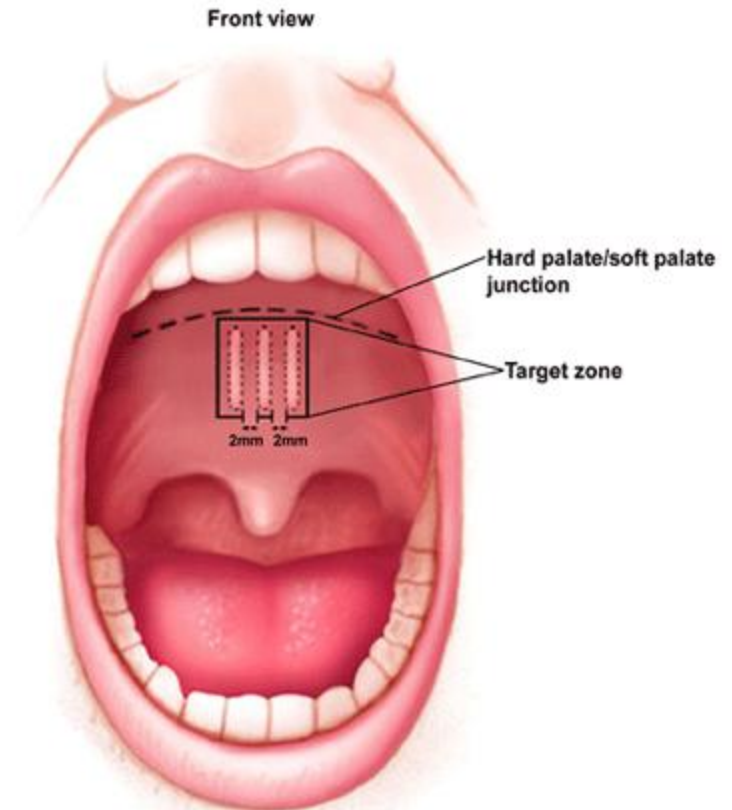
Movements of the Soft Palate

* It is very important

* In vomiting, it makes closure of nasopharynx (nasopharyngeal isthmus) → in mastication: Closure for oropharyngeal isthmus.

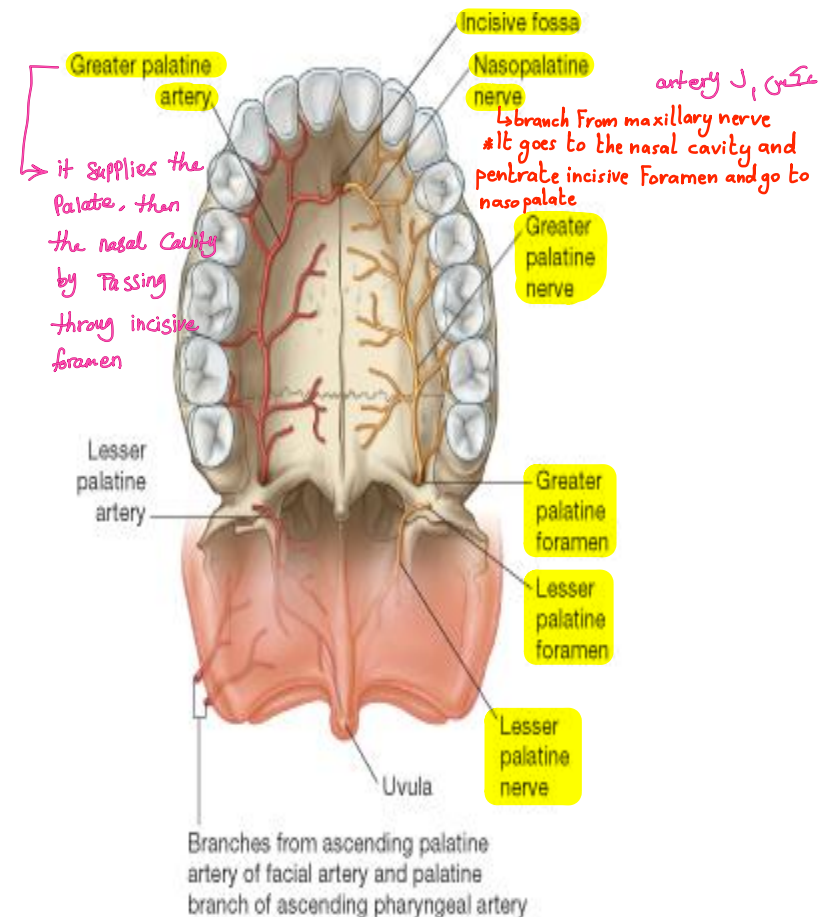
* In normal condition when it is midline, the nasal and oral cavity are opened and we use it in articulation of vowels and in respiration, we can breathe from the nose and oral cavity ← حروف

- 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.

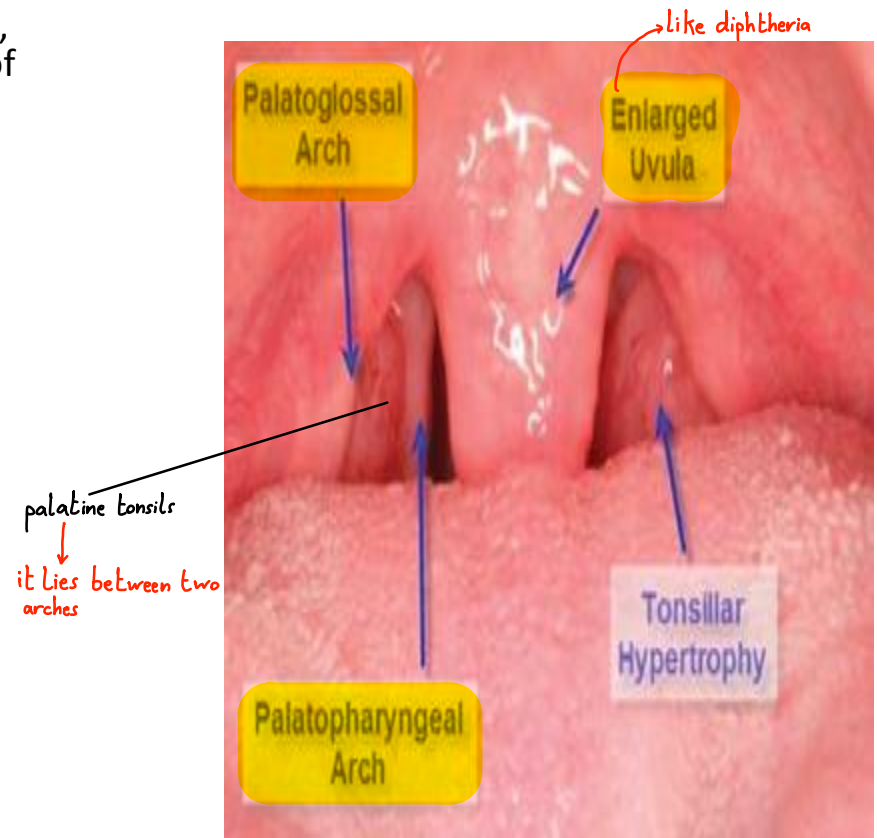


Nerve Supply of the Palate

- 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.
- 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



: Gland بك تعرف عن كل

Site, no. of capsules

Content, type of secretions

Relations, innervation

→ affect indirectly on the secretion

* For every gland, there are 3 innervation:- sensory, sympathetic (For blood vessels, make vasoconstriction) and parasympathetic (secretomotor, control the secretion of the gland) → directly

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 and masseter muscle → in front of ear

* Most superficial ←

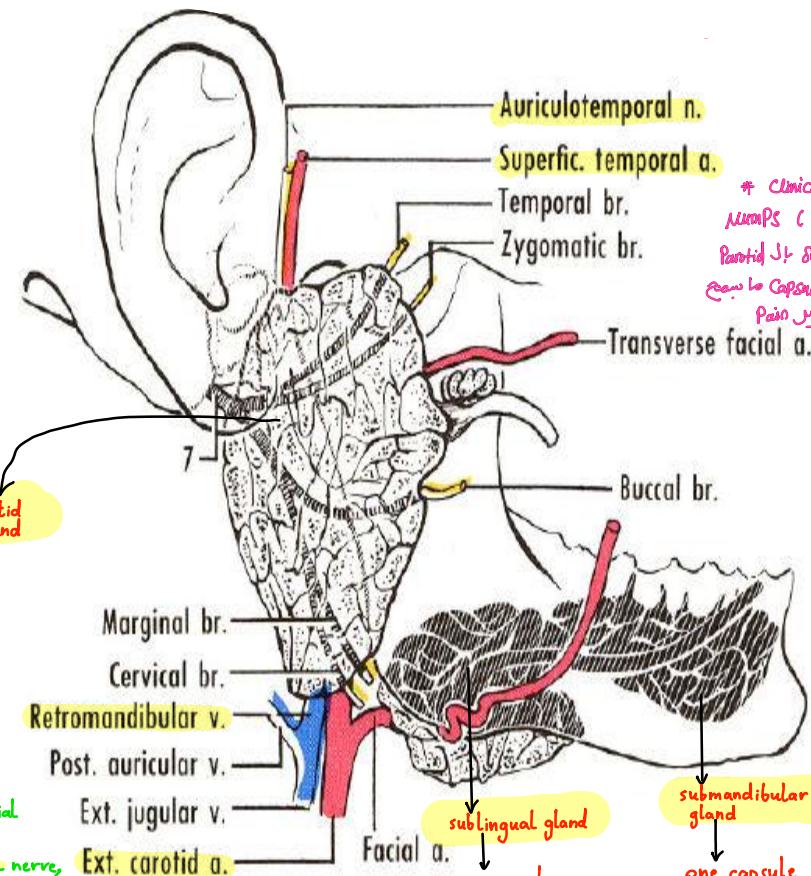
- The facial nerve divides the gland into superficial and deep lobes has no function on the gland

ECA → the deeper structure

- 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.

→ Secretomotor (Para) and sensory


content:- upper border:- superficial temporal artery, auriculotemporal nerve, temporal branch of F + lymphatic nodes (Parotid lymph nodes)
facial nerve anterior border:- duct, transverse facial artery, buccal nerve
lower border:- common carotid artery, retromandibular vein

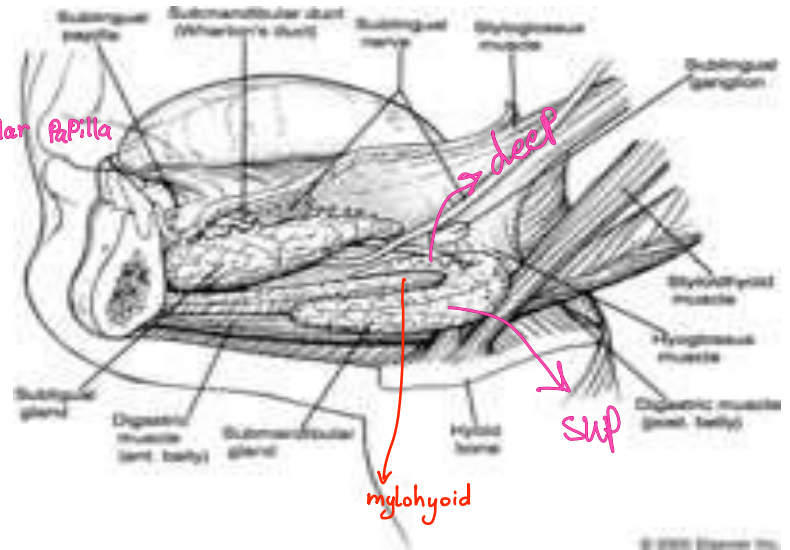
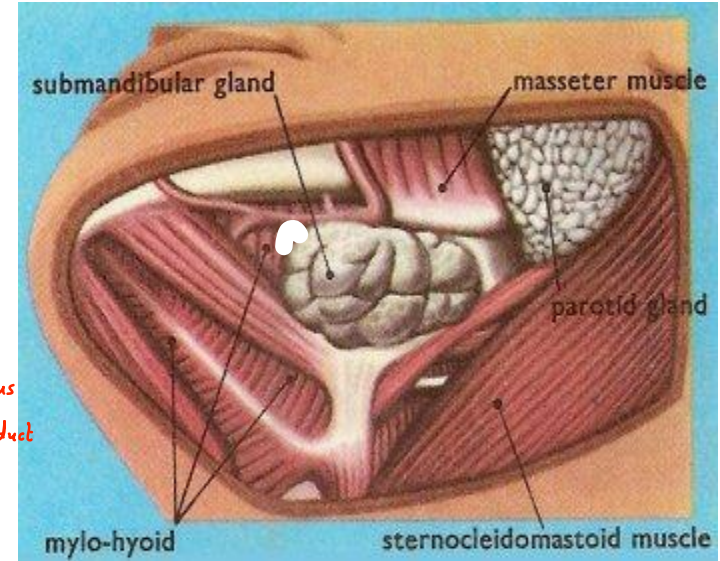


* Clinical info:
Mumps (viral infection)
Parotid ↓ Swelling هون ديمع
بن وفج ال Capsules ما سمع
ال Swelling فنبين Pain

← جَايَة بَيْنِ رَد
ant. and Post. belly
of digastric

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
 - * The deep is between mylohyoid and hyoglossus
 - * From deep, there is a duct arise
 - 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.
 - at the base of tongue (floor of the mouth)
 - It opens into the mouth on a small papilla, which is situated at the side of the frenulum of the tongue
 - Called Submandibular Papilla
 - Parasympathetic secretomotor supply is from the facial nerve via the chorda tympani, and the submandibular ganglion
 - The postganglionic fibers pass directly to the gland.
- 
- The diagram shows a sagittal section of the head and neck. The submandibular gland is depicted as a large, lobulated structure located below the mandible. A duct, the submandibular duct, is shown originating from the anterior end of the deep part of the gland and running forward beneath the mucous membrane of the mouth. The duct terminates at a small papilla, the submandibular papilla, which is situated at the side of the frenulum of the tongue. The diagram also shows the mylohyoid and hyoglossus muscles, which are mentioned in the text as defining the deep part of the gland.



Anatomical relations

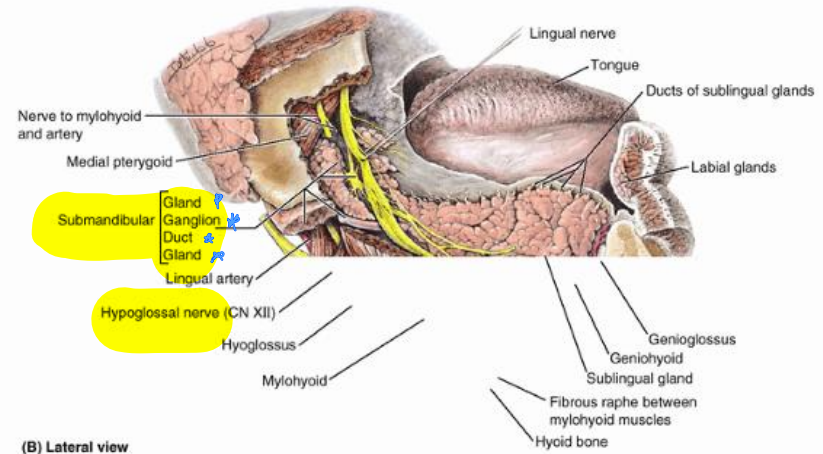
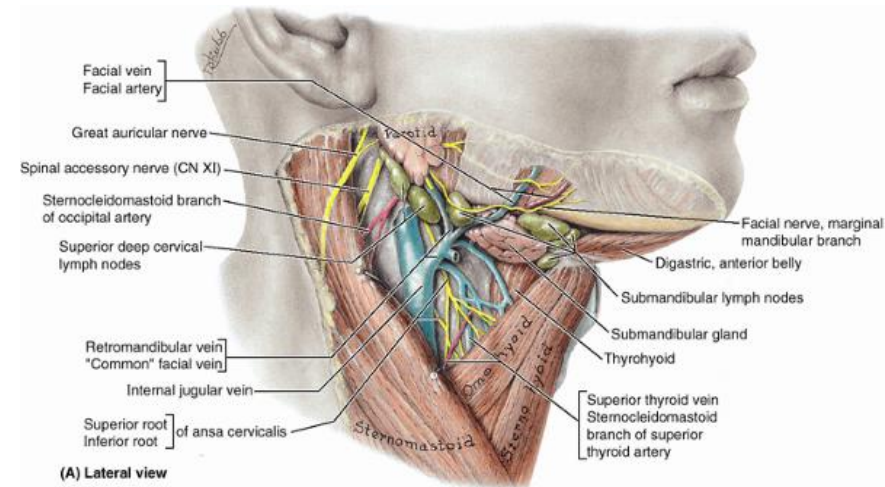
Parotid Gland has:

1) Apex → toward the Pharynx

2) base → the Part of the Gland under the skin

3) bed (structures *parotid*) → styloid process, Ant. belly of digastric and stylohyoid muscles, last of cranial N + facial N, IJV, CCV.

- 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].



There is 5 structures between
Mylohyoid and hyoglossus muscles:

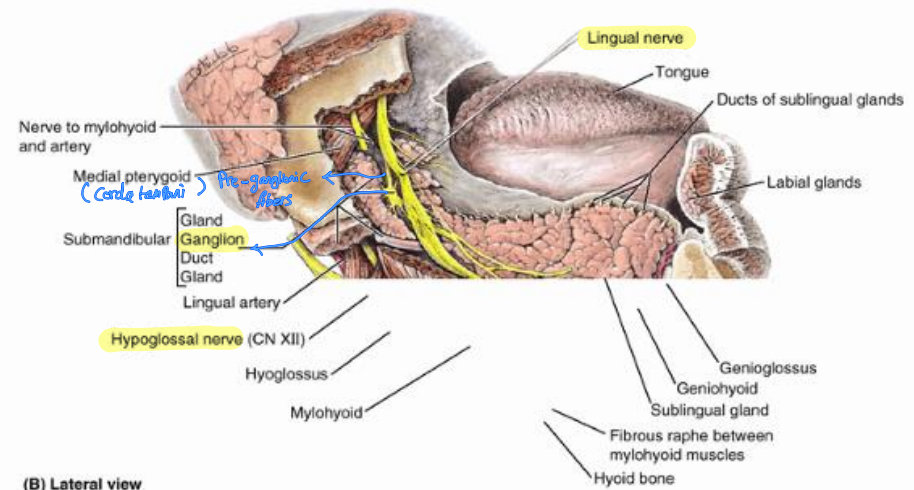
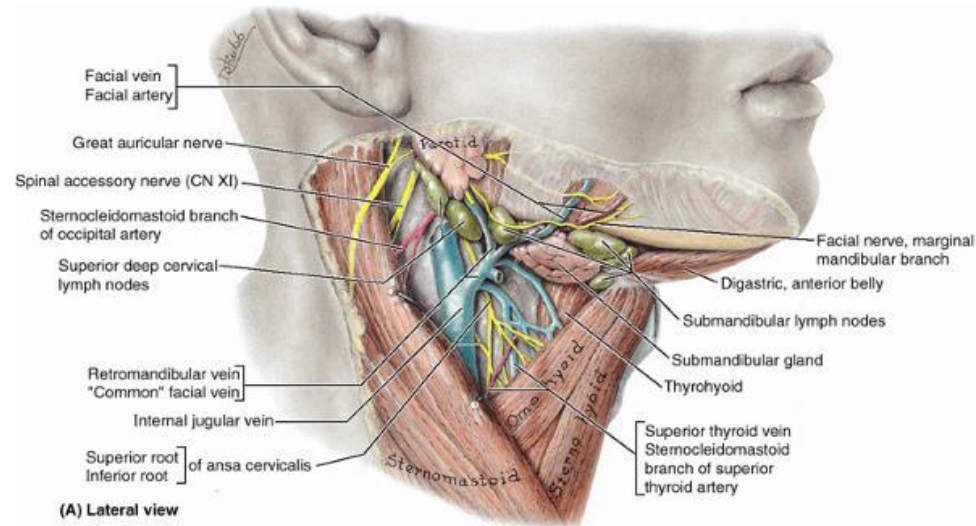
* 3 Submandibular →

- Deep part of submandibular Gland
- Submandibular ganglion
- " duct

* 2 nerves → • lingual • Hypoglossal

Submandibular gland

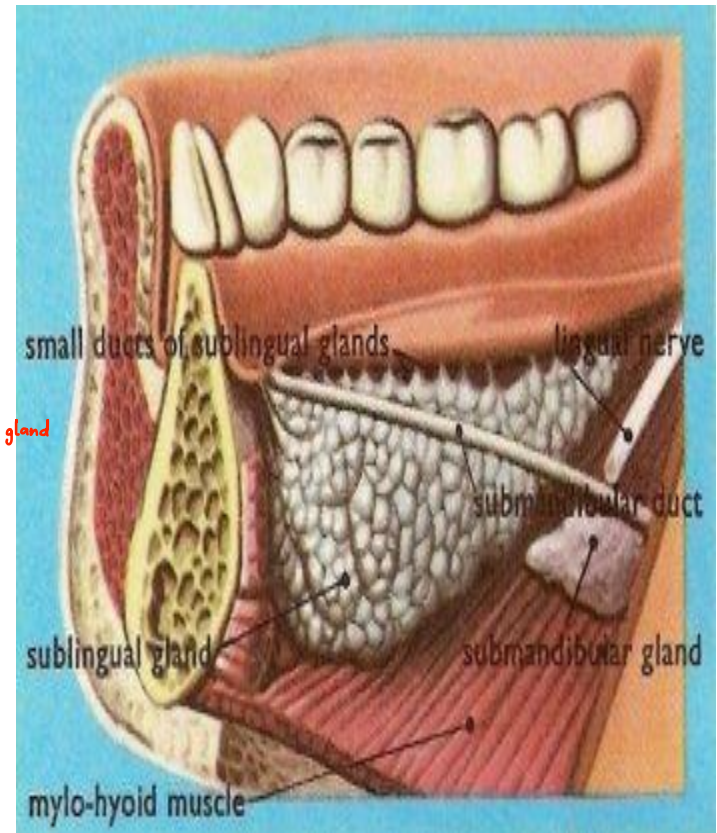
- the larger arm of the hook is directed forward in the horizontal plane below the mylohyoid muscle and is therefore outside the boundaries of the oral cavity-this larger superficial part of the gland is directly against a shallow impression on the medial side of the mandible (submandibular fossa) inferior 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

حُتَّ اللسان

- 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 *or through submandibular gland* *directly*
- Parasympathetic secretomotor supply is from the facial nerve via the chorda tympani, and the submandibular ganglion. Postganglionic fibers pass directly to the gland.

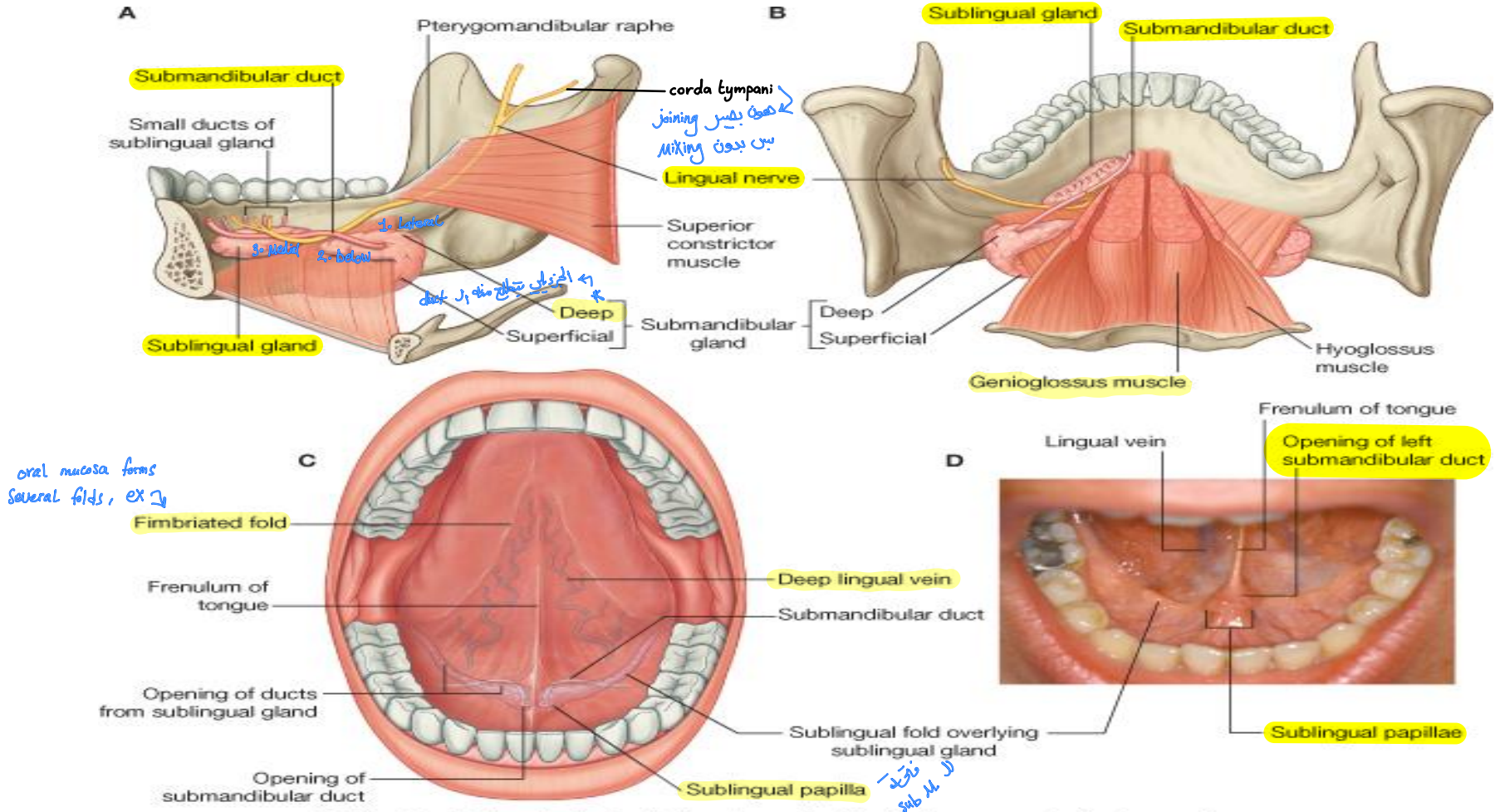


Structures medial to the sublingual gland :

- submandibular duct
- lingual N
- Genioglossus muscle

Sublingual and submandibular gland

ال Course ١ دuct م sub.
بالنسبة لـ *lingual* : ثلاثي



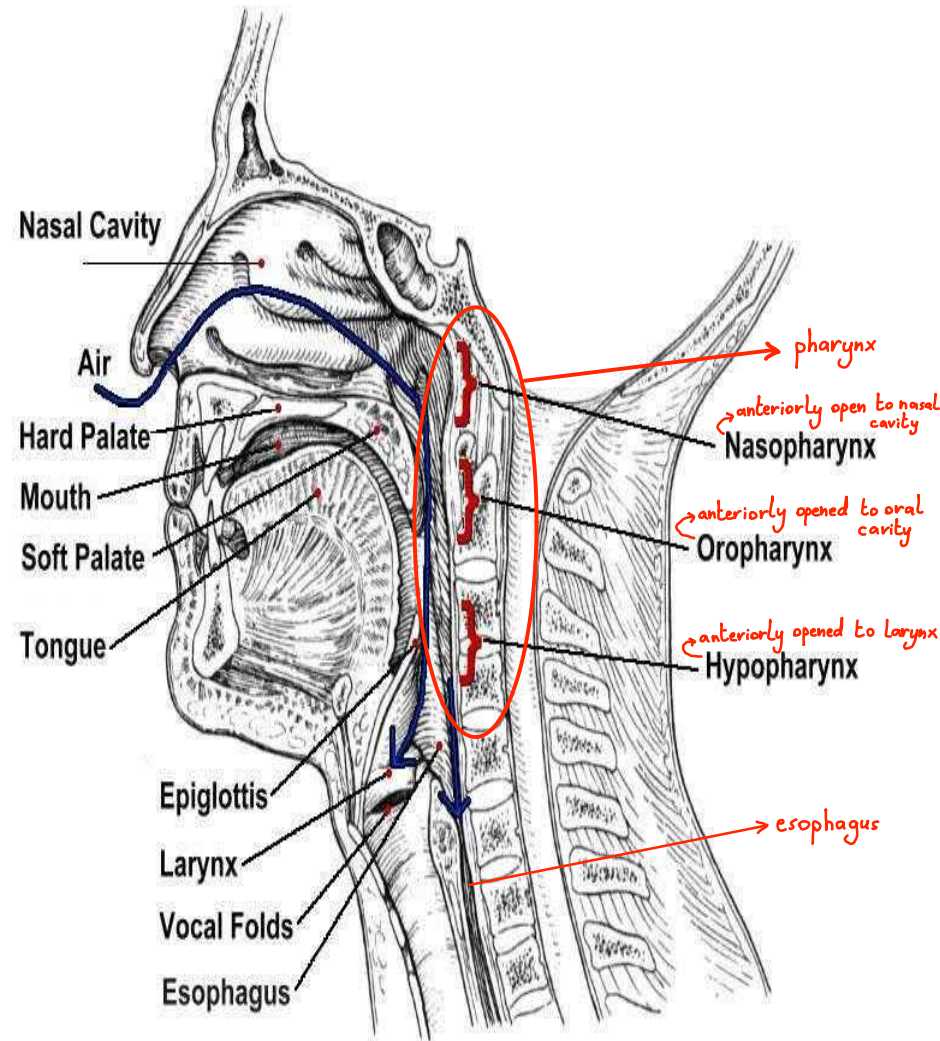
Innervation Comparison of Salivary Glands

Feature	Parotid Gland	Submandibular & Sublingual Glands
Parasympathetic Origin	Inferior salivatory nucleus (Medulla oblongata)	Superior salivatory nucleus (Medulla oblongata)
Parasympathetic Nerve	Glossopharyngeal nerve (CN IX) → Tympanic branch → Lesser petrosal nerve	Facial nerve (CN VII) → Chorda tympani → joins Lingual nerve
Ganglion (synapse site)	Otic ganglion (below foramen ovale)	Submandibular ganglion (in the submandibular triangle)
Post-ganglionic Fibers	From otic ganglion via auriculotemporal nerve (V3)	From ganglion → directly to submandibular gland or via lingual nerve to sublingual gland
Sympathetic Origin	Superior cervical sympathetic ganglion	Same (Superior cervical sympathetic ganglion)
Sympathetic Path	Along external carotid artery and branches (e.g., superficial temporal artery)	Along lingual artery
Sensory Innervation	Auriculotemporal nerve (branch of mandibular nerve V3)	Lingual nerve (branch of mandibular nerve V3)

The Pharynx

* The pharynx extends from the base of the skull to the lower border of 6th cervical vertebra, continues as esophagus
* The pharynx is a muscular tube, but it's open anteriorly (make U shape)

- 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.

* The lining epithelium is stratified squamous non-keratinized, then there is loose areolar connective tissue, then muscular layer and finally there is connective tissue
 * The muscle located between two connective tissue

* There are three muscles called constrictor of pharynx:
 1-superior constrictor 2-middle constrictor 3-inferior constrictor

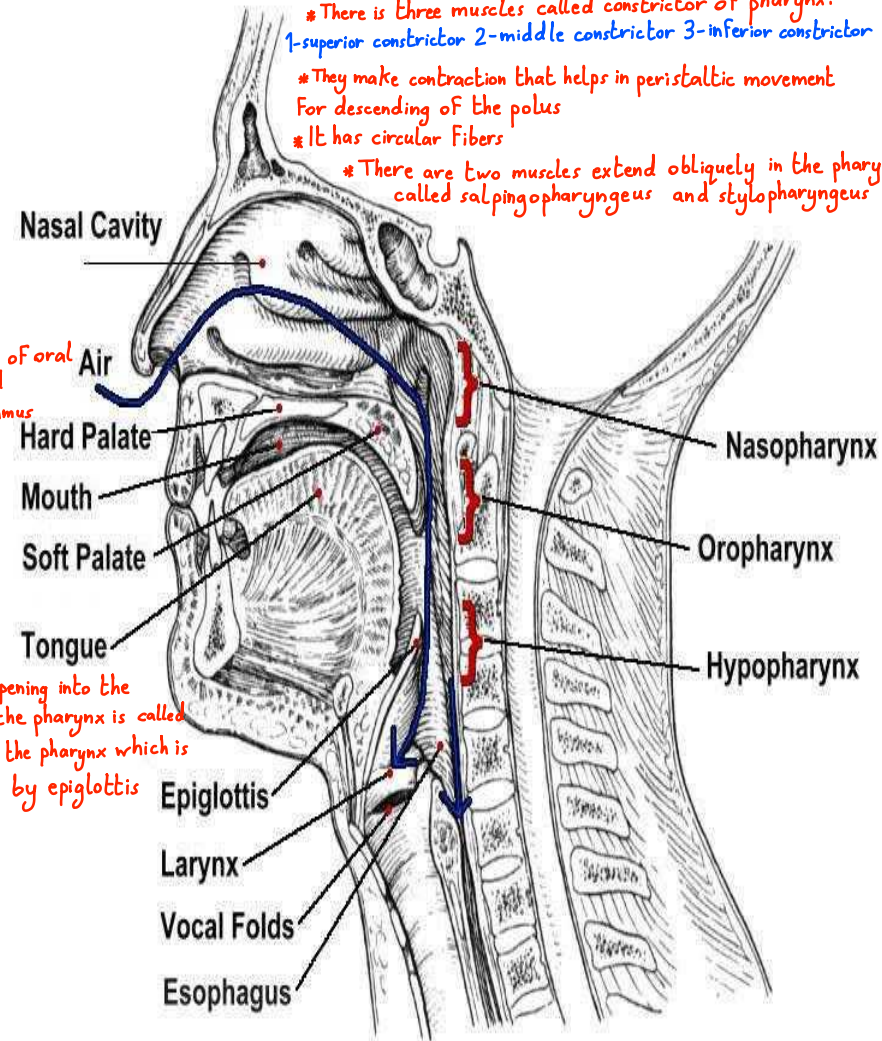
* They make contraction that helps in peristaltic movement for descending of the bolus

* It has circular fibers

* There are two muscles extend obliquely in the pharynx called salpingopharyngeus and stylopharyngeus

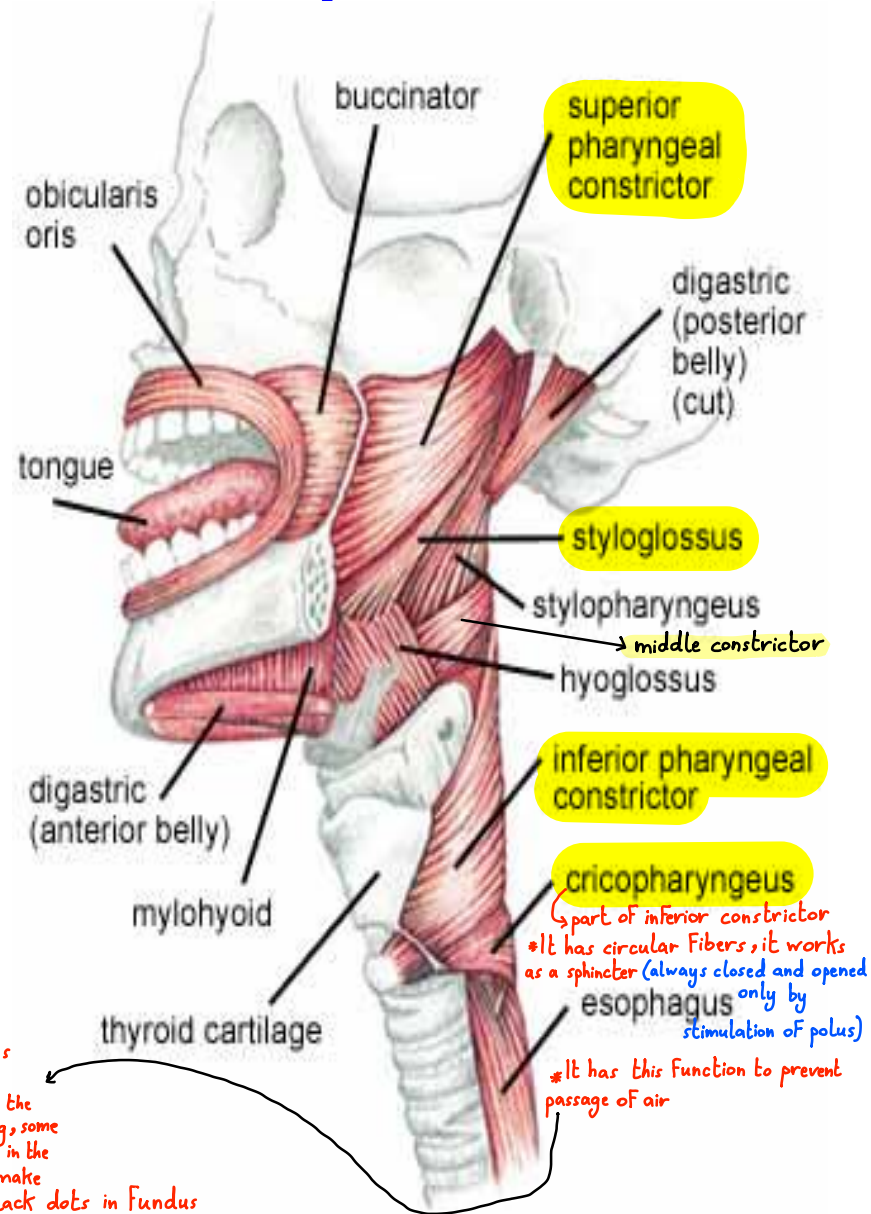
* The opening of oral cavity is called oropharyngeal isthmus

* The opening into the inlet of the pharynx is called inlet of the pharynx which is bounded by epiglottis



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.

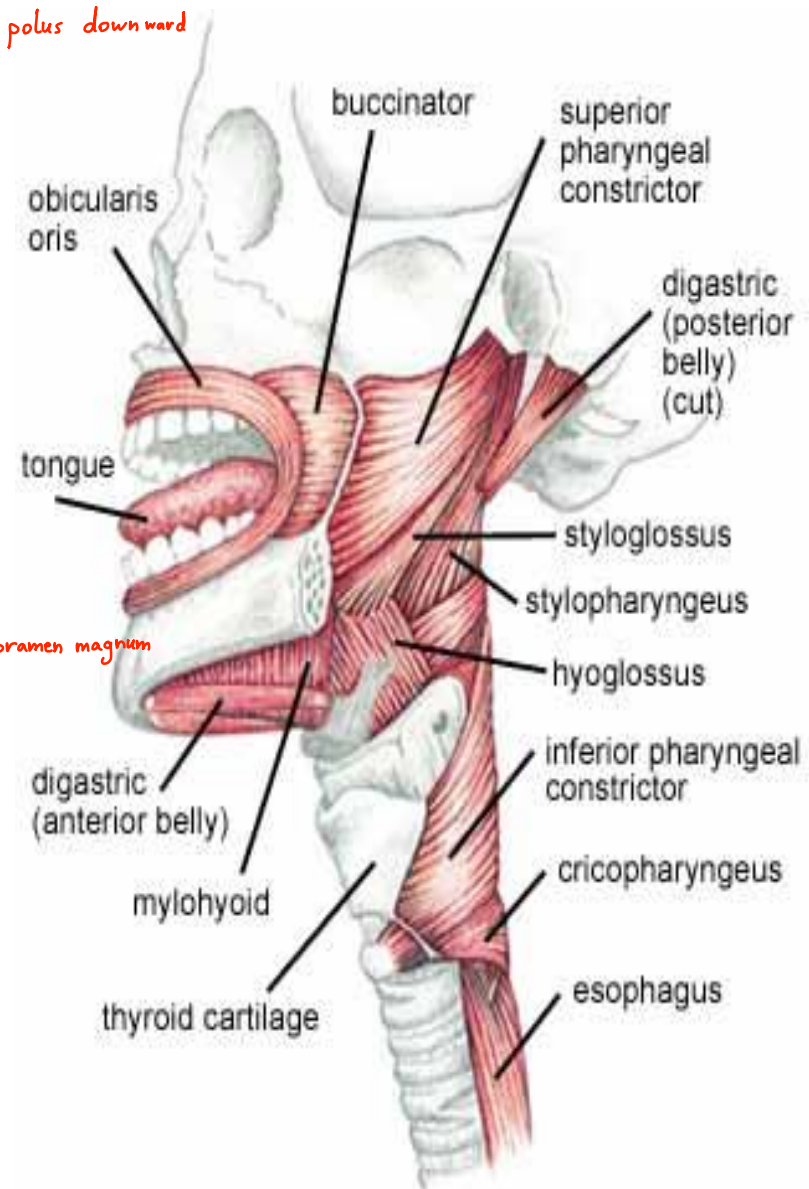


Muscles of the Pharynx

- The three constrictor muscles extend around the pharyngeal wall to be inserted into a fibrous band or raphe that extends from the pharyngeal tubercle on the basilar part of the skull down to the esophagus

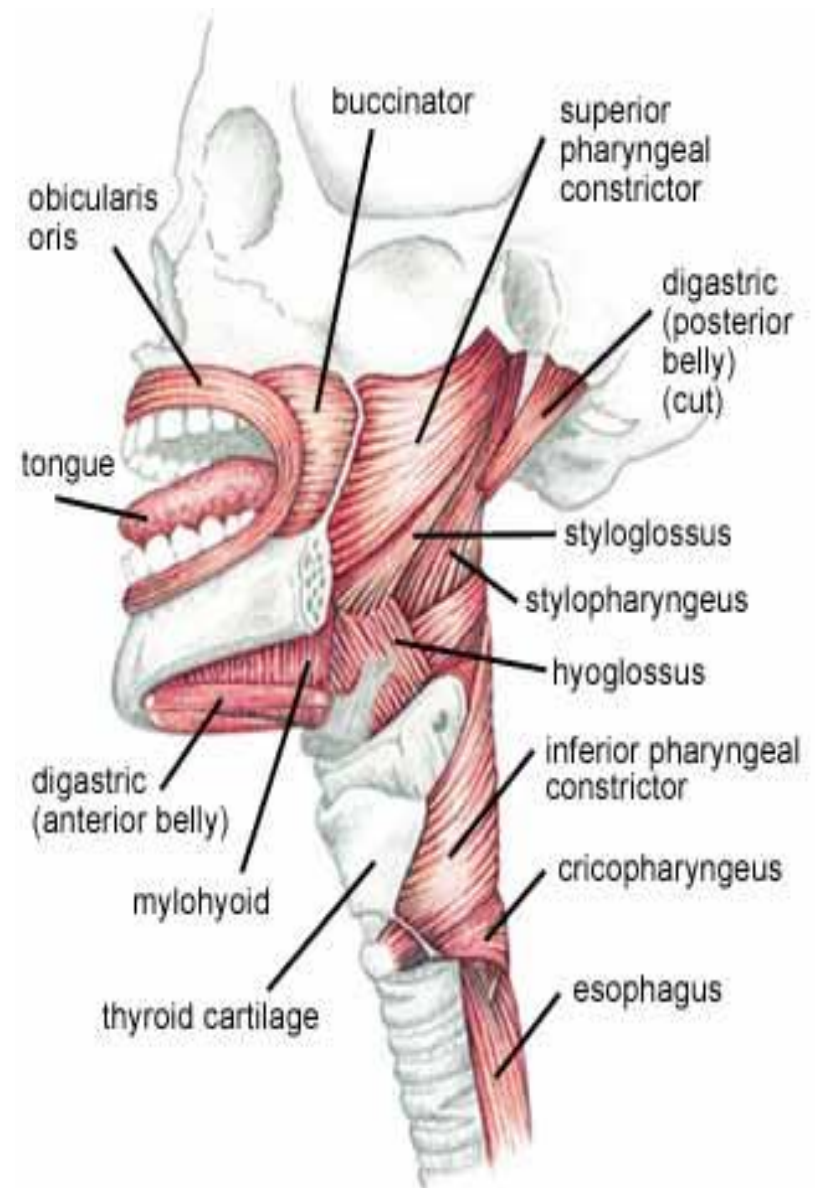
→ they propel the bolus downward to the esophagus

→ present anterior to Foramen magnum



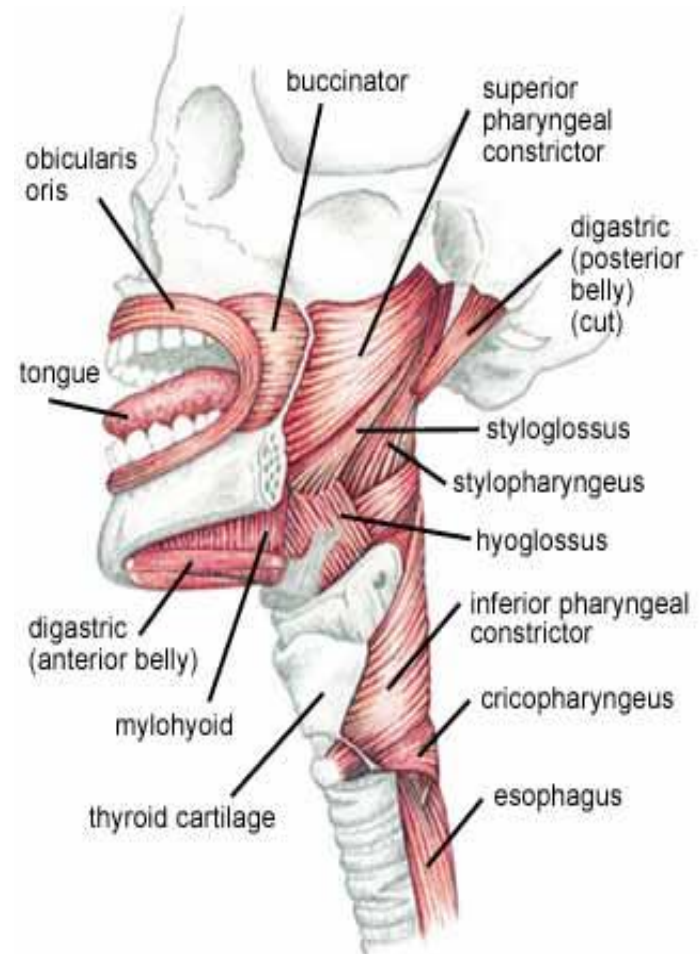
Muscles of the Pharynx

- 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



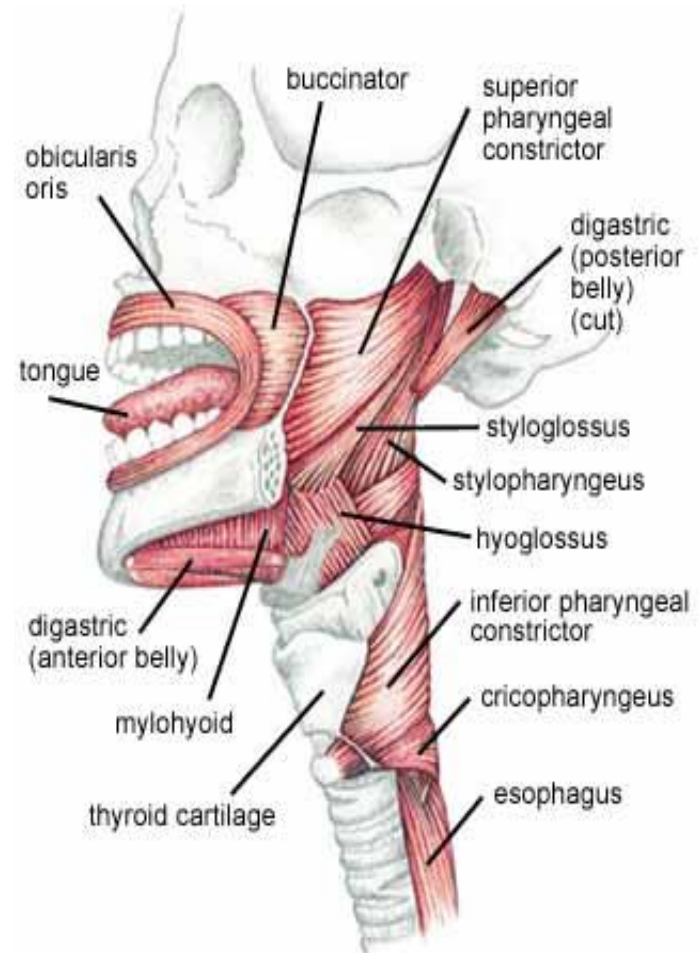
Muscles of the Pharynx (cont.)

- 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



Muscles of the Pharynx (cont.)

- **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.
*→ It is a small area lies above the upper border of cricopharyngeus
* This area is very sensitive, so any thing stimulate it to be contracted and vomiting occur*



Muscles of the Pharynx

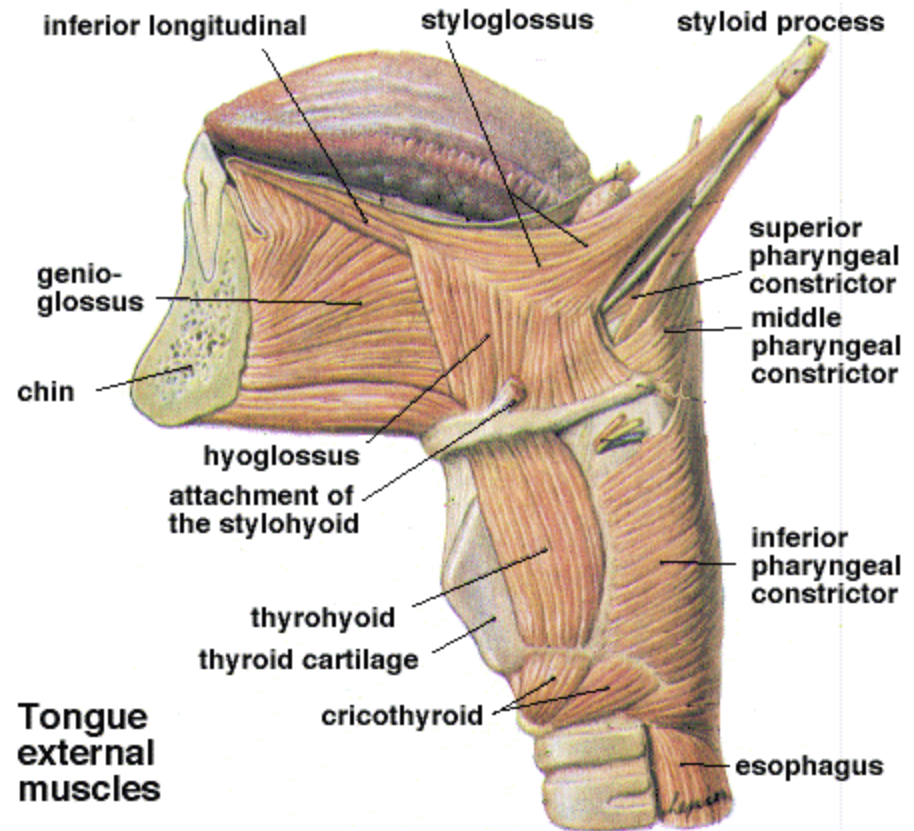
- **Superior constrictor**

O: Medial pterygoid plate, pterygoid hamulus, pterygomandibular ligament, mylohyoid line of mandible

Ins: Pharyngeal tubercle of occipital bone, raphe in midline posteriorly

Inerrv: Pharyngeal plexus

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



Three nerves:-
1-vagus
2-accessory
3-glossopharyngeal

- **Middle constrictor**

origin

- Lower part of stylohyoid ligament, lesser and greater cornu of hyoid bone

insertion

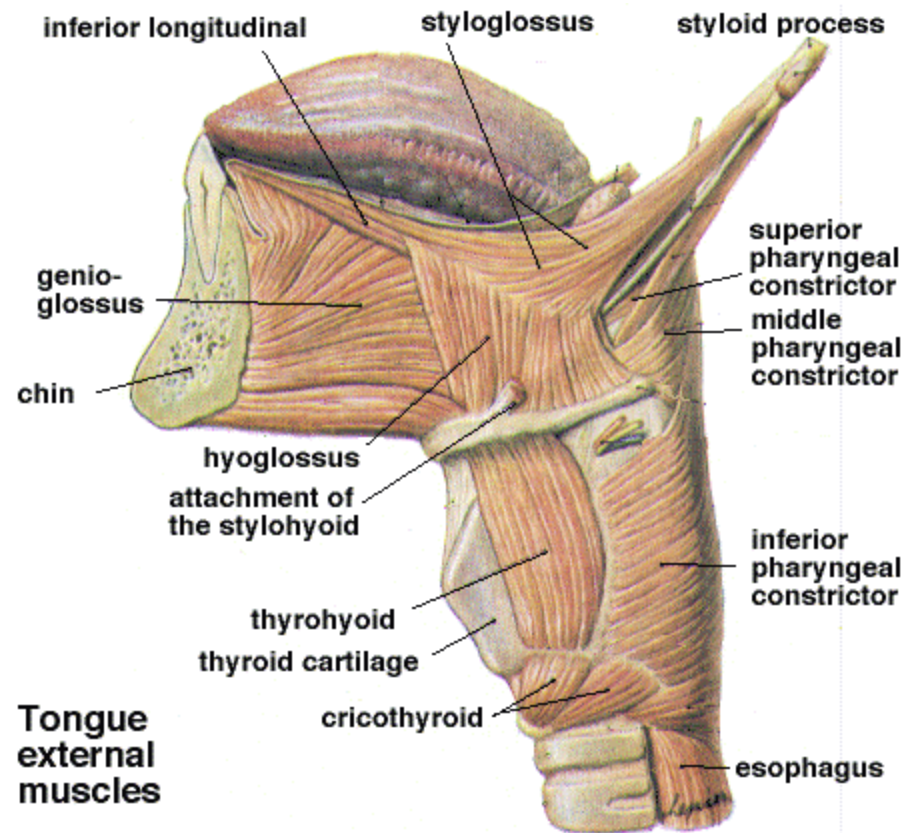
- Pharyngeal raphe

nerve

- Pharyngeal plexus

action

- Propels bolus downward



- **Inferior constrictor**

origin

- Lamina of thyroid cartilage, cricoid cartilage

insertion

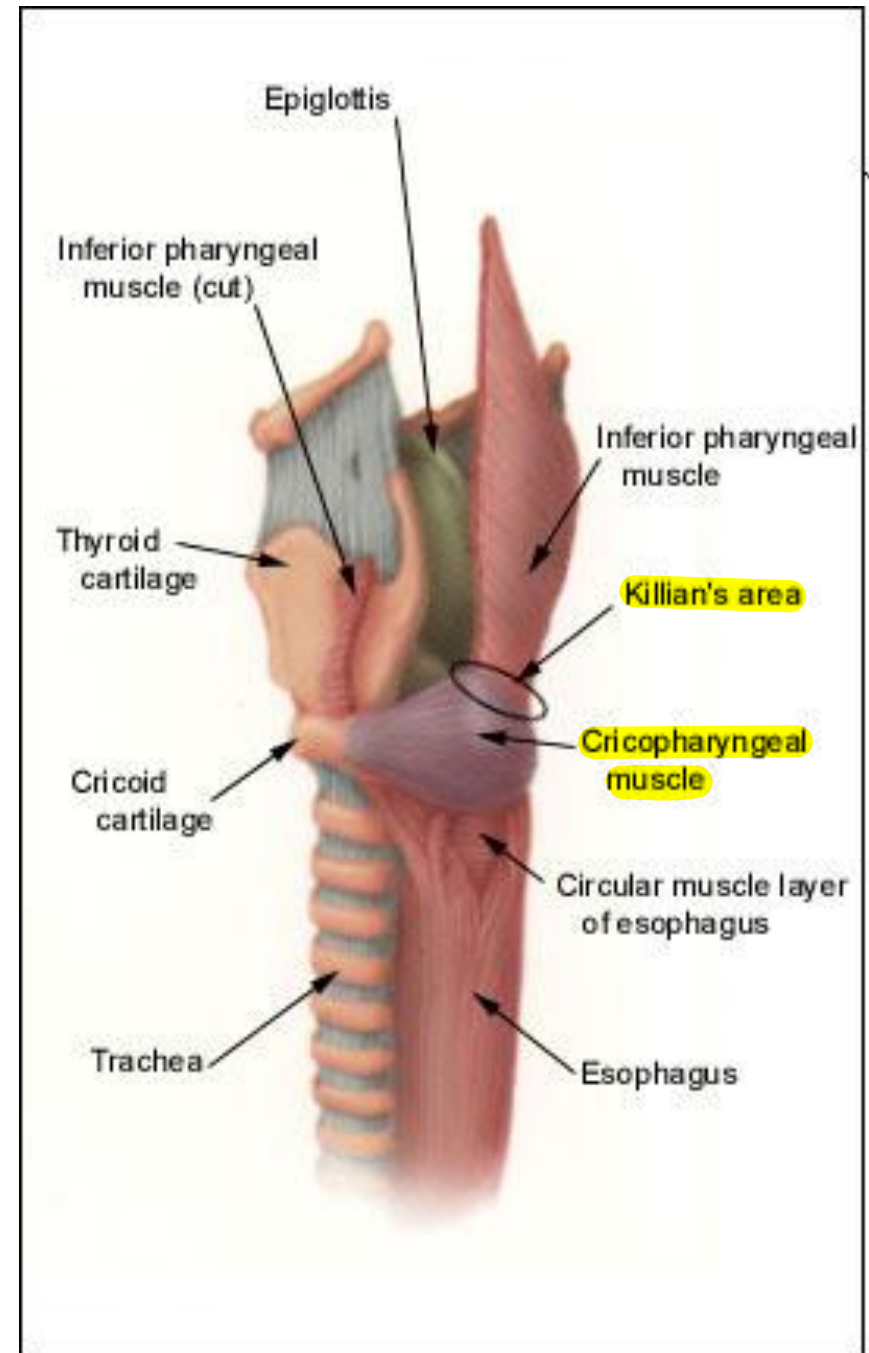
- Pharyngeal raphe


nerve

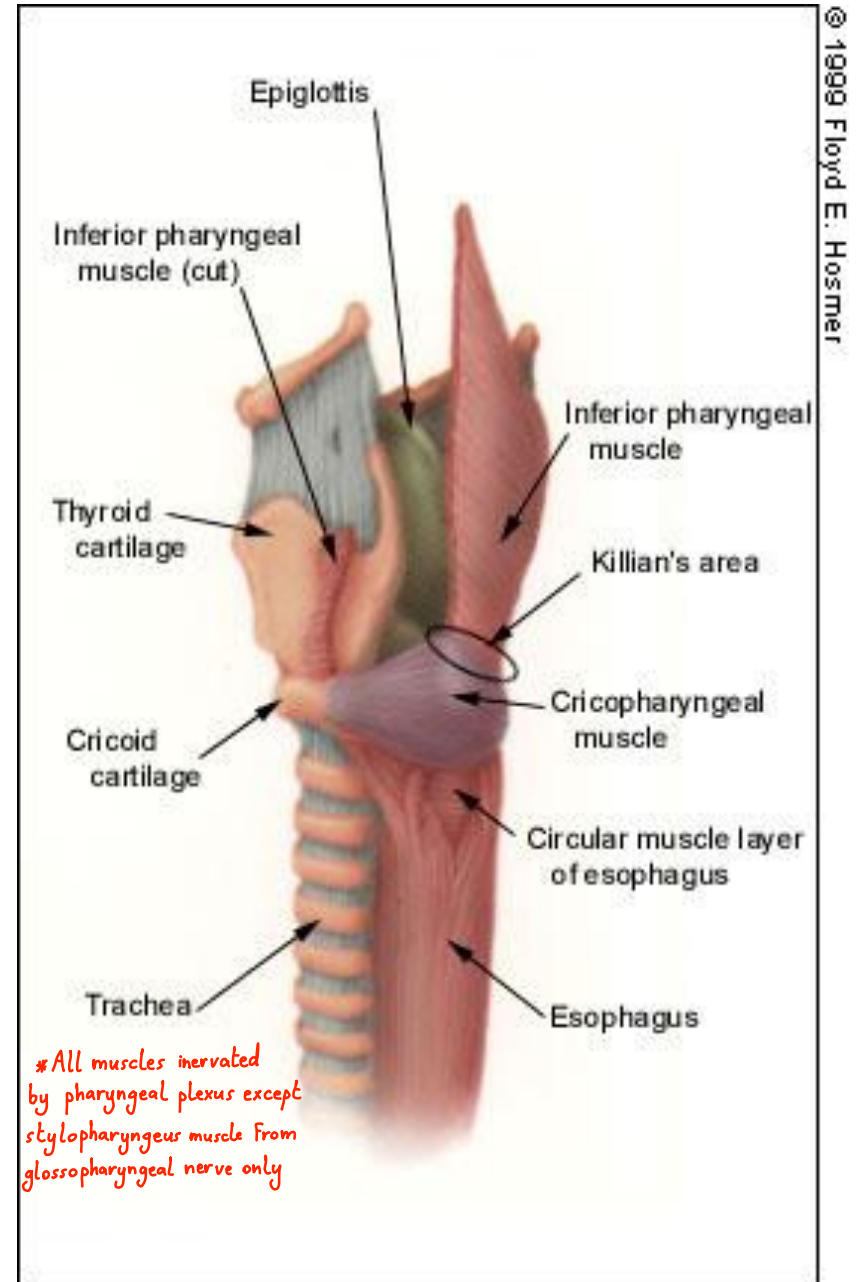
- Pharyngeal plexus

action

- Propels bolus downward



- **Cricopharyngeus**
- ^{part} Lowest fibers of inferior constrictor muscle
- Sphincter at lower end of pharynx
- **Stylopharyngeus**
- ^{origin} Styloid process of temporal bone
- ^{insertion} Posterior border of thyroid cartilage
- ^{nerve}  Glossopharyngeal nerve
- ^{action} Elevates larynx during swallowing



- Salpingopharyngeus

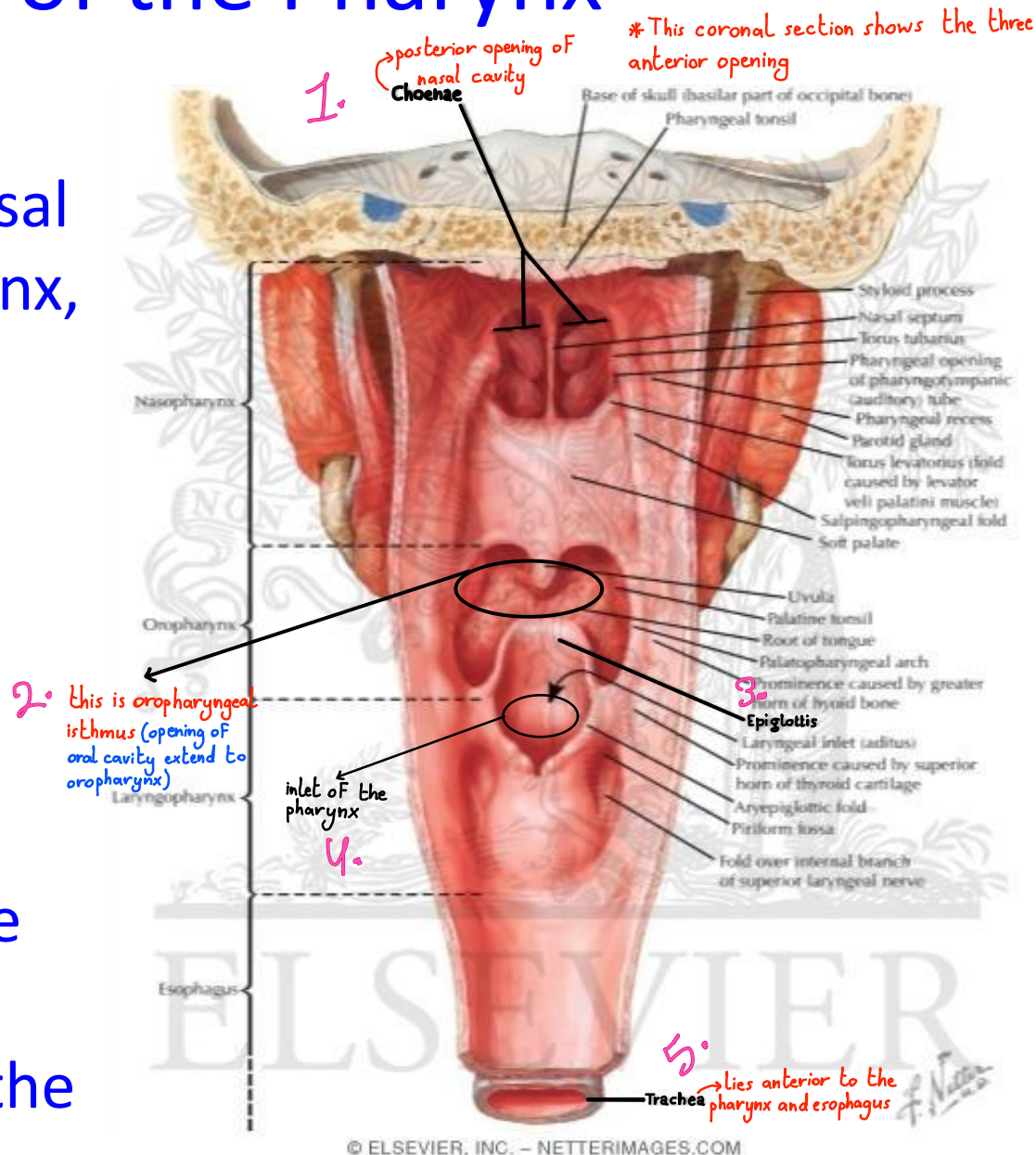
- Auditory tube

→ eustachian tube which present in the lateral wall of nasopharynx, it is important in the balance of air pressure in tympanic membrane and has disadvantage in children who sleep on his back, some vomits will go to nasal cavity and by eustachian tube reaches the middle ear and make otitis media

- 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

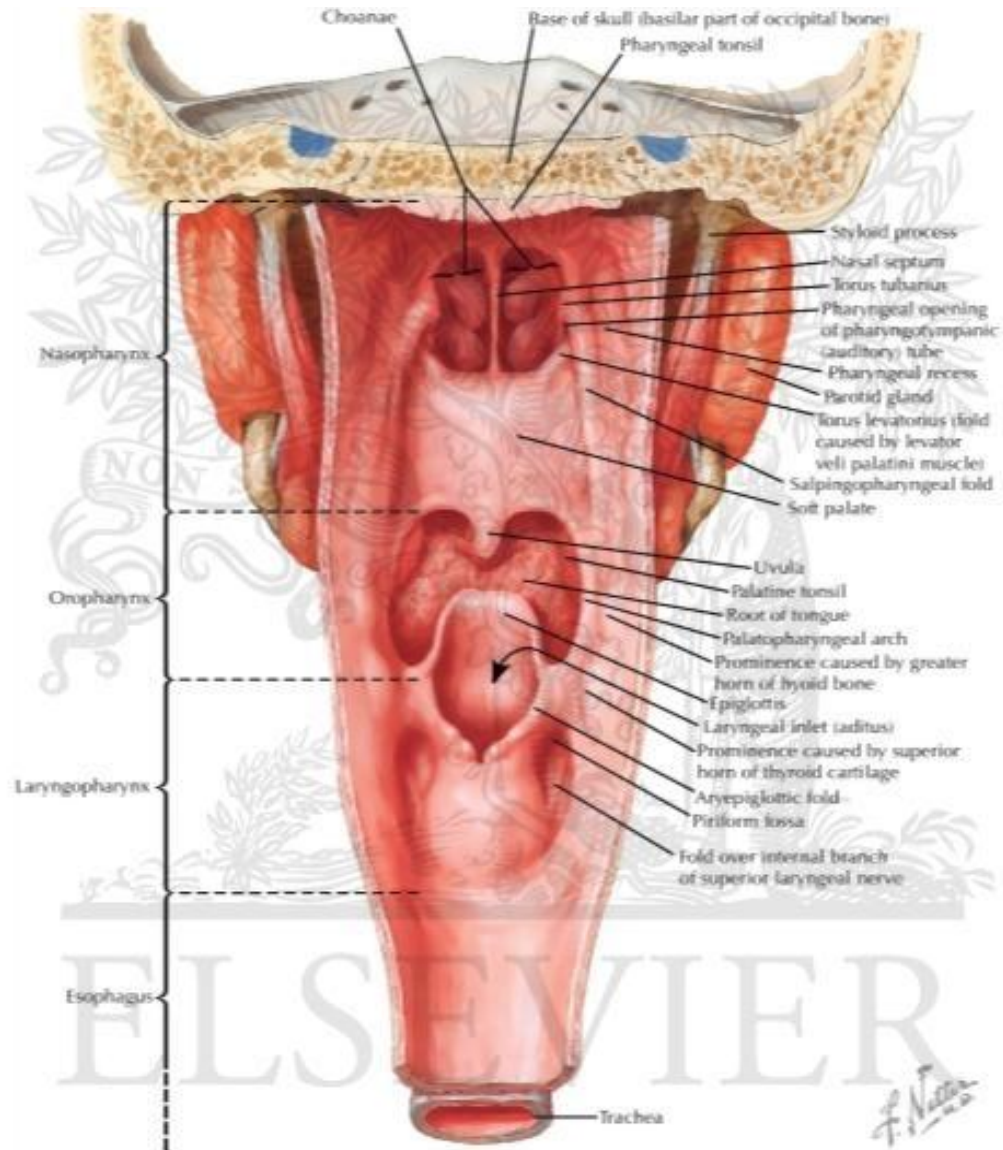
Interior of the Pharynx

- 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



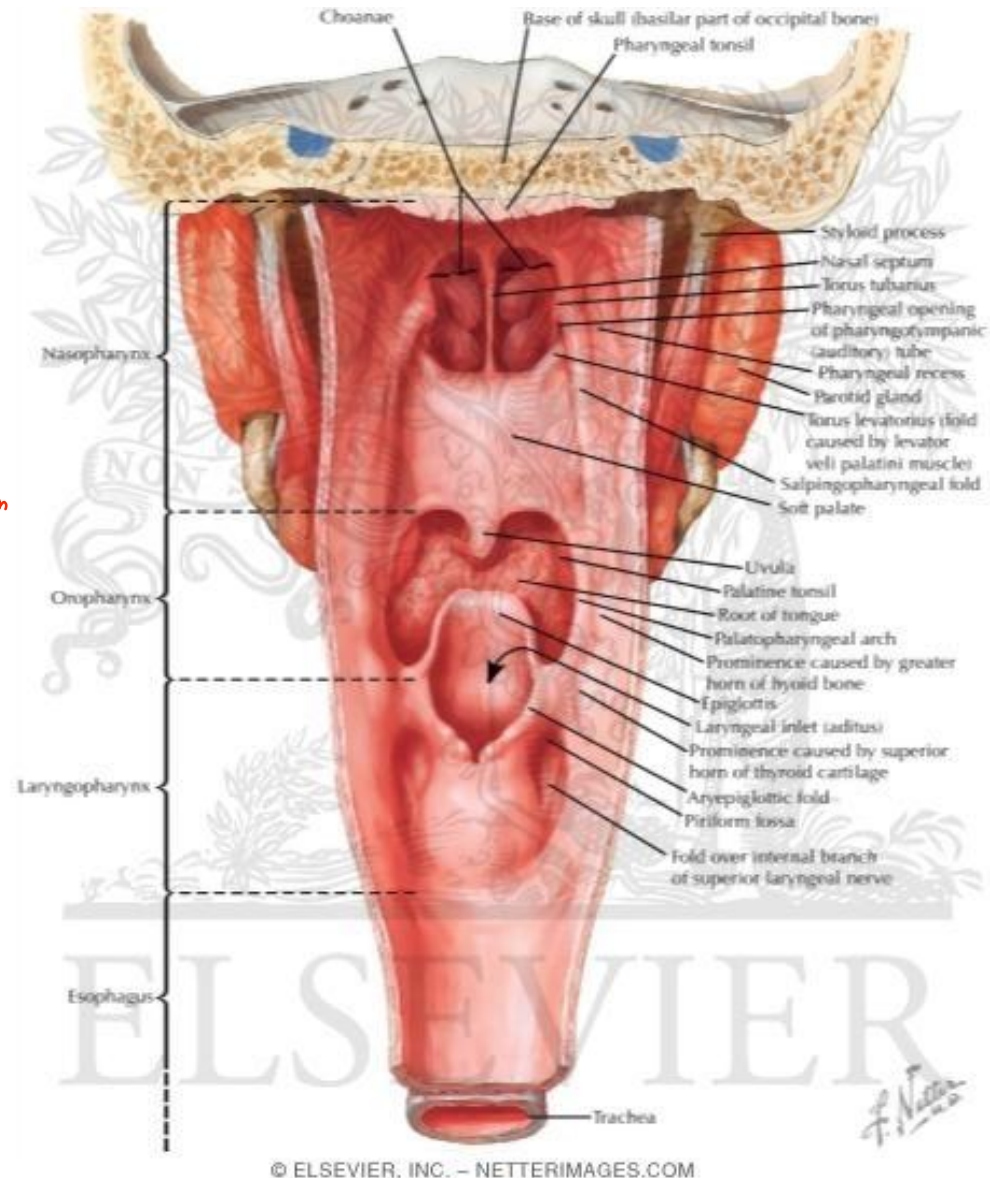
Interior of the Pharynx

- 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

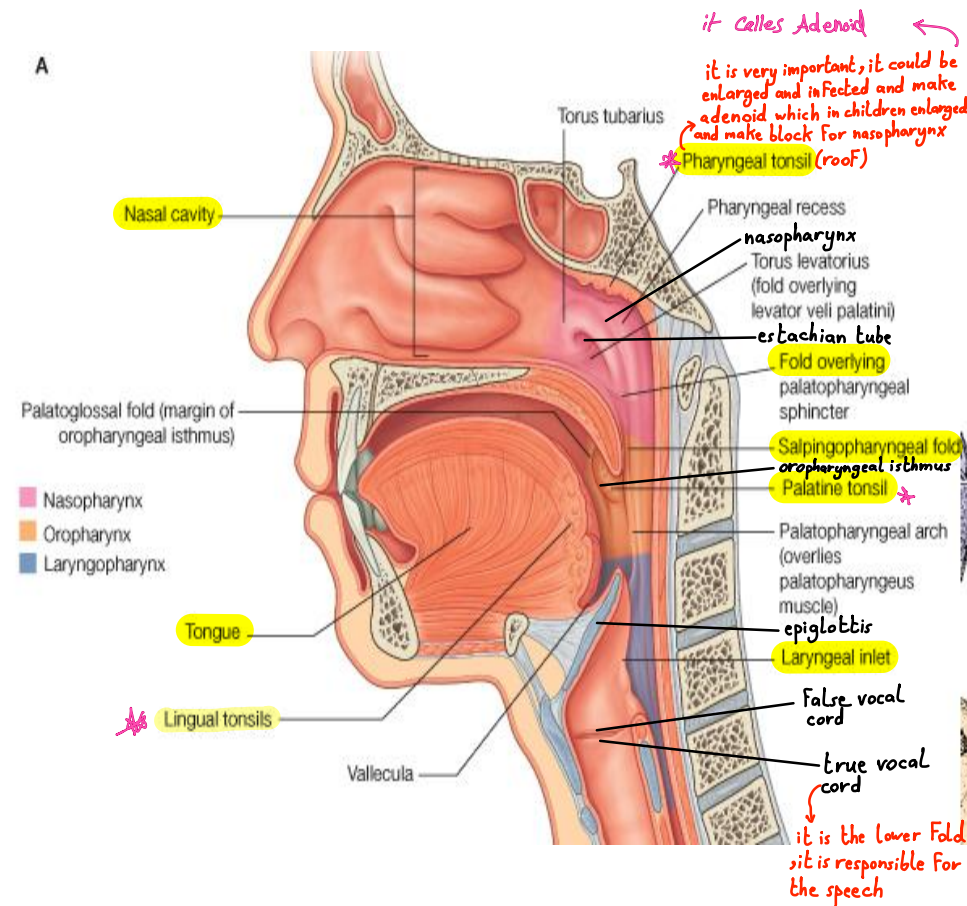
- The pharyngeal recess is a depression in the pharyngeal wall behind the tubal elevation
- The salpingopharyngeal fold is a vertical fold of mucous membrane covering the salpingopharyngeus muscle.



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.

- * The nasopharynx starts from base of the skull and ends in soft palate
- * palatine tonsil is present in oropharyngeal isthmus and infected frequently called tonsillitis



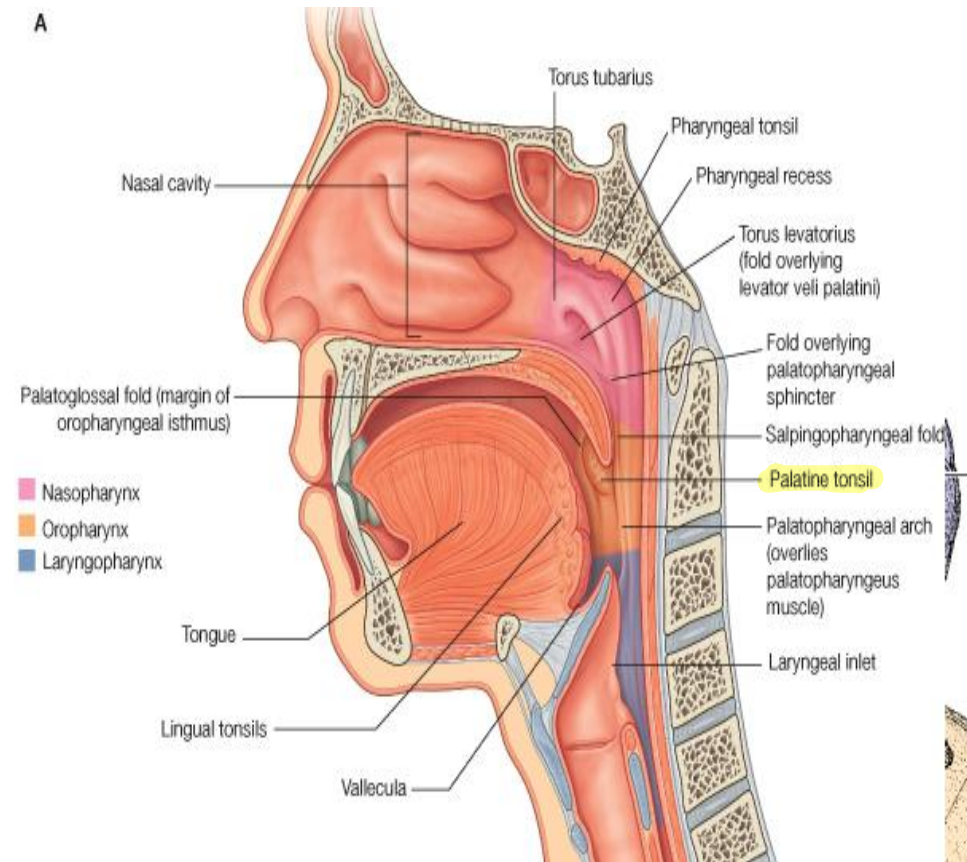
Oral Pharynx

- 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

* The connection of the tongue and epiglottis is called glossoepiglottic Fold and the space between them is called vallecula

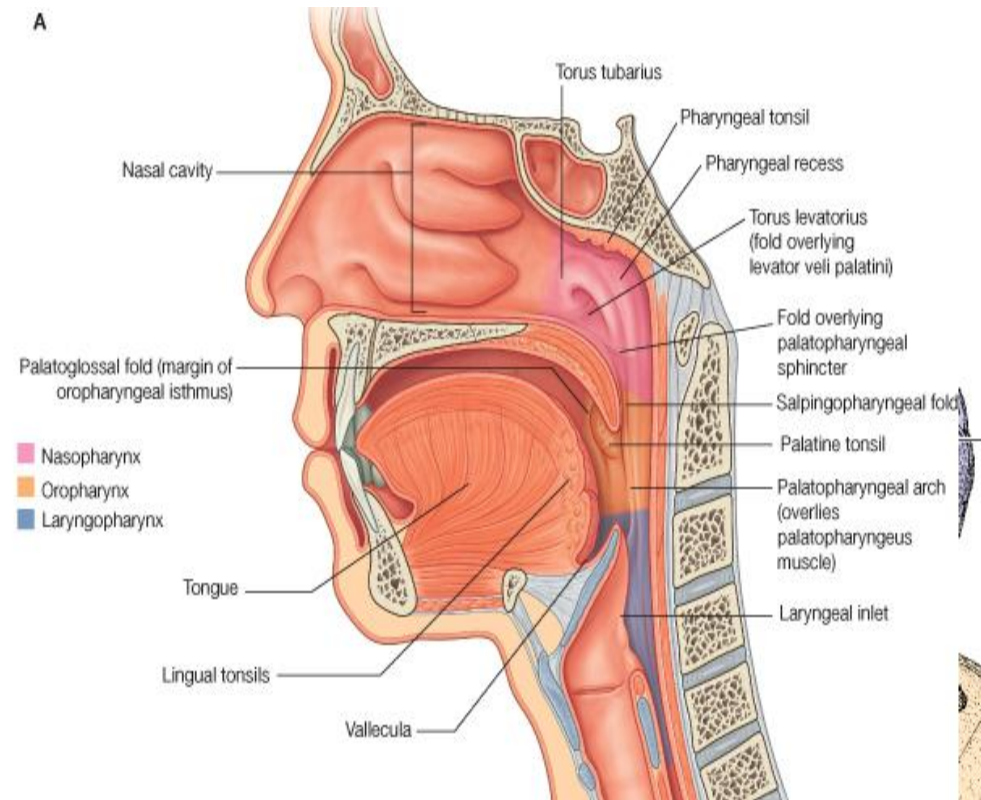
* between the pharynx and larynx is depression called periform Fossa which is common site For lodge of Foreign bodies

↳ Fish Spine بالذات



Oral Pharynx

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



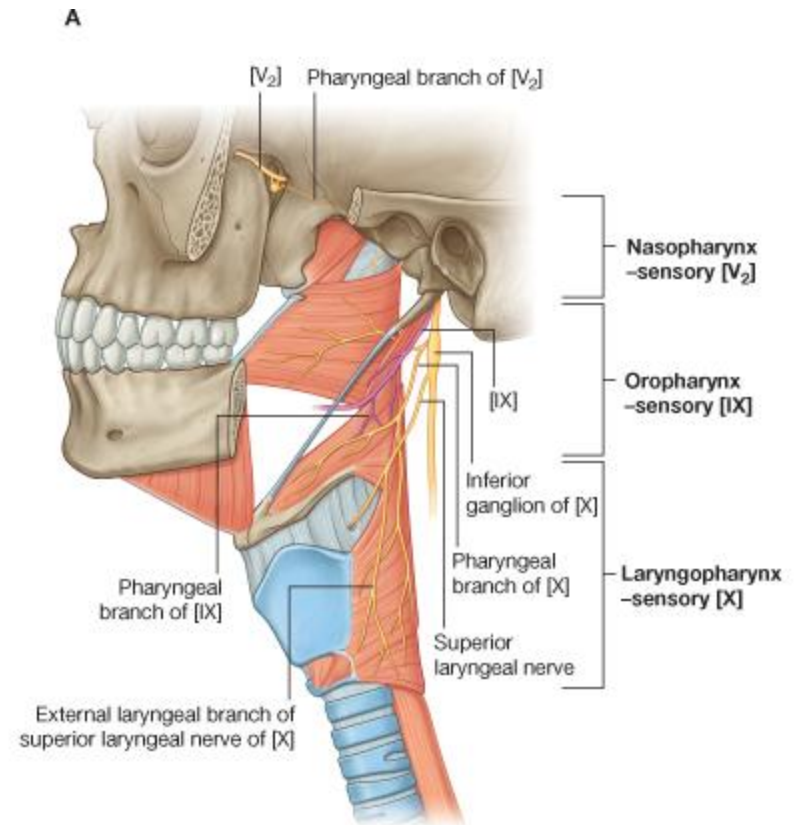
Laryngeal Pharynx

- 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

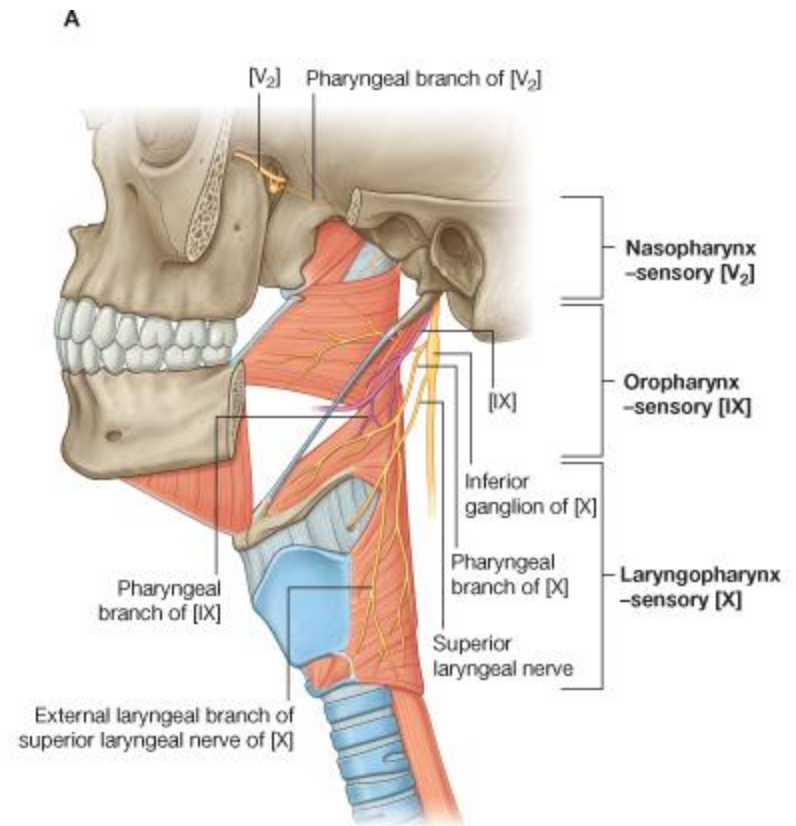
- **Nasal pharynx:** The maxillary nerve (V₂)
- **Oral pharynx:** The glossopharyngeal nerve
- **Laryngeal pharynx** (around the entrance into the larynx): The internal laryngeal branch of the vagus nerve

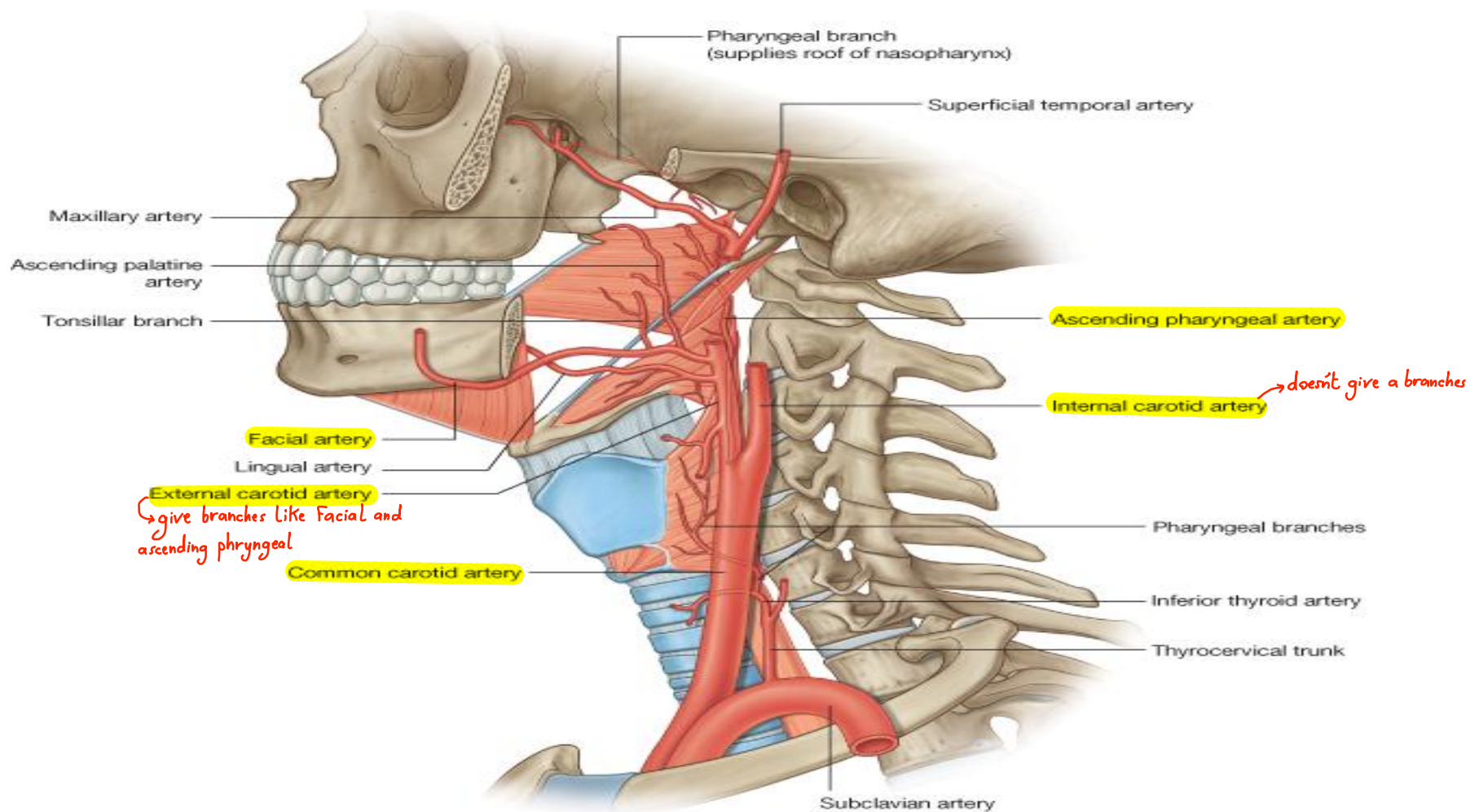
→ It reach to the larynx mucosa between middle and inferior constrictor muscle of the pharynx



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





The Process of Swallowing (Deglutition)

* When someone swallow, first we make a pressure in oral cavity due to mastication, so here the soft palate close the oropharynx, then it moves upward and backward and posterior wall of the pharynx go forward, so there is closure for nasopharynx to make the bolus go downward
* When the bolus reaches to pharynx, it mustn't go to inlet of the larynx (it cause coughing to get it out), so the bolus will push epiglottis downward, backward, this movements upward and downward make complete closure to inlet of pharynx, so the bolus go to the esophagus

- 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

→ make Filtration For bacteria, viruses and Foreign bodies in children, but in adults, it becomes smaller, so inflammation decreased

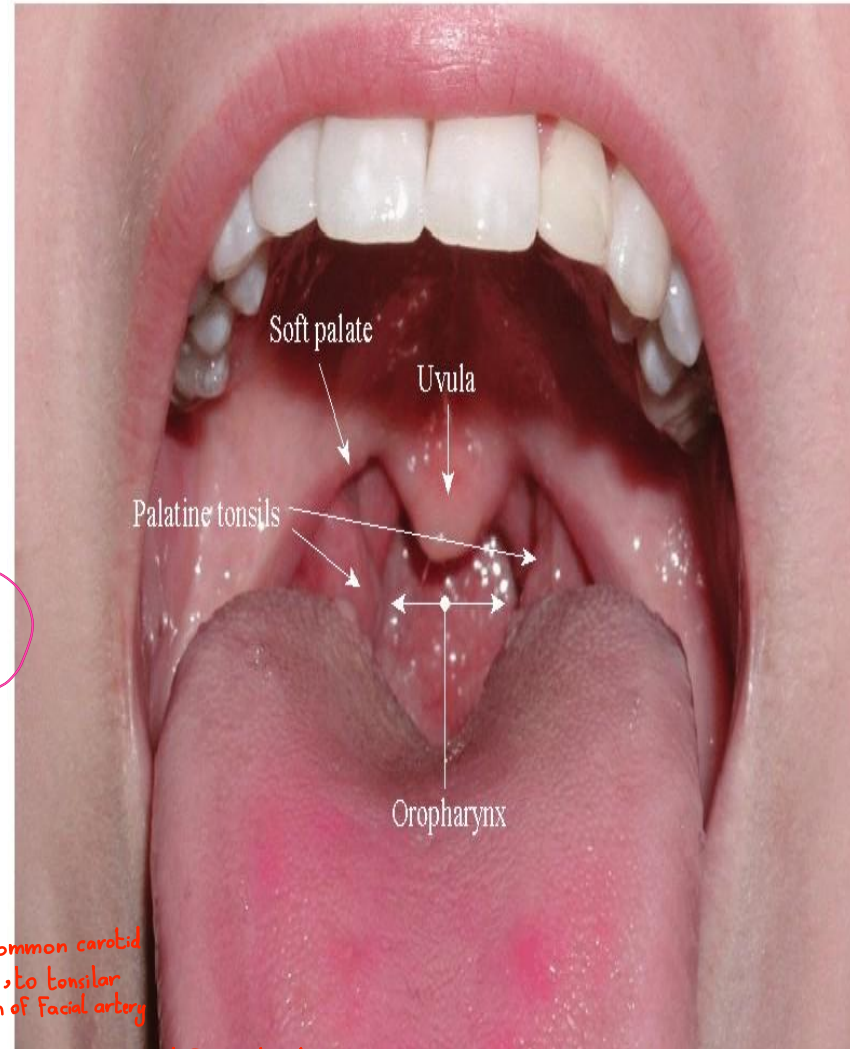
* The palatine tonsil located between two arches:- 1- palatoglossal arch and located in lateral wall of oropharyngeal isthmus. 2- palatopharyngeal arch

- 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

دخا يصير في infection الطيبين
بشقوق (Pus pockets) في الحبيبات

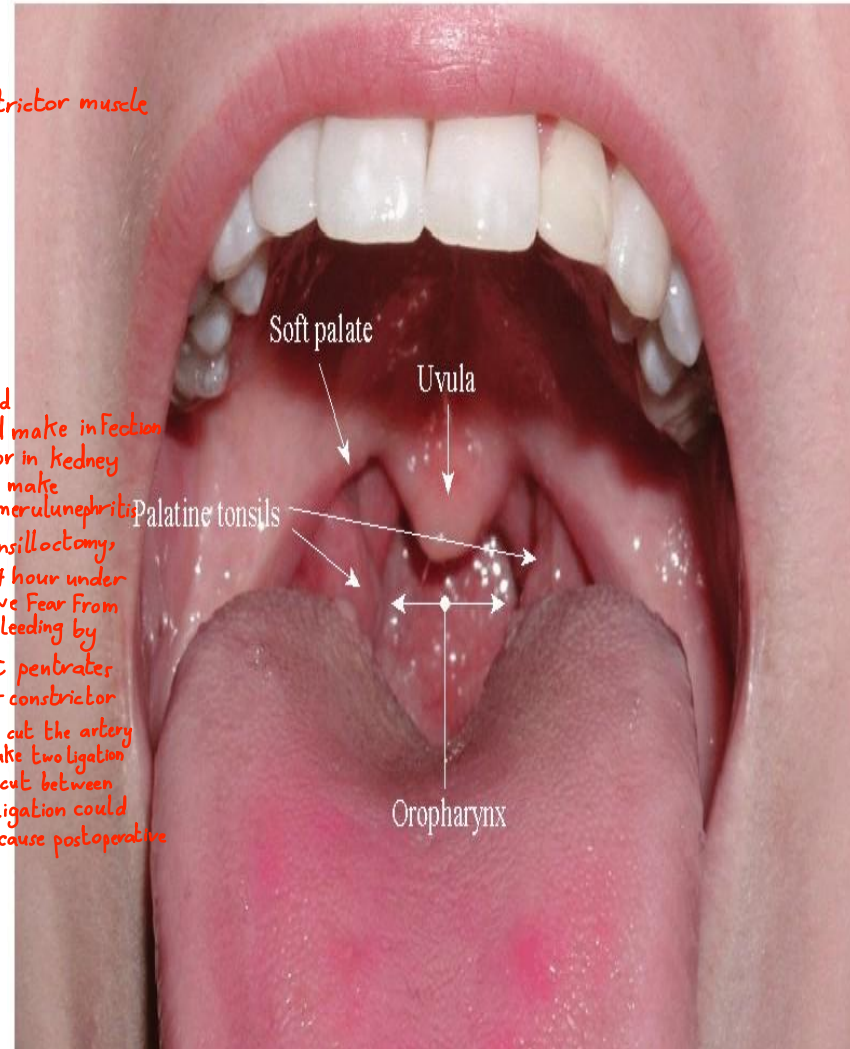
→ it is closed to common carotid artery, to tonsillar branch of facial artery

→ has loose connective tissue and from it enters blood supply, nerve supply and veins to the glands



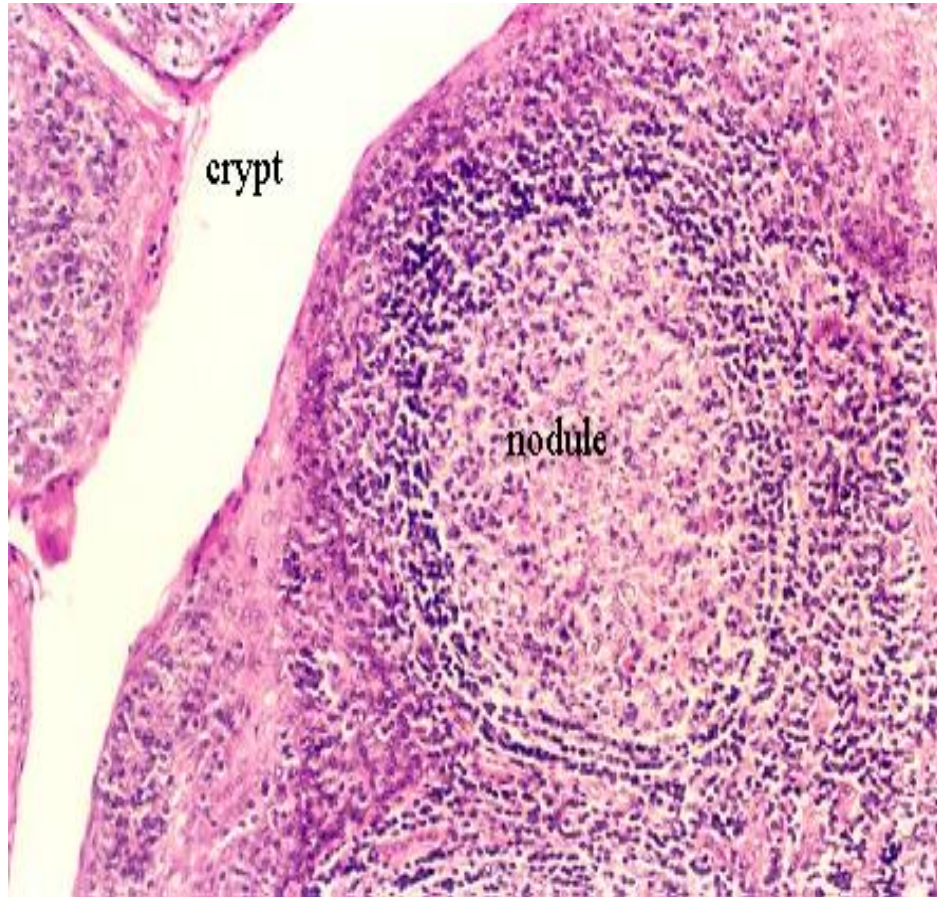
Palatine Tonsils

- The capsule is separated from the superior constrictor muscle by loose areolar tissue
- and the ^(supra)external palatine vein descends from the soft palate in this tissue to join the pharyngeal venous plexus
 - * after tonsillectomy which is made in children who are infected more than four or five times because streptococcus which infects tonsil, spread and go to the joint and make arthritis or go to heart and make infection on it or in kidney and make glomerulonephritis
- Lateral to the superior constrictor muscle lie the styloglossus muscle, the loop of the facial artery, and the internal carotid artery.
 - * after we make tonsillectomy, we keep the patient 24 hour under observation because we fear from postoperative bleeding by vein because it penetrates the superior constrictor
 - * so, when we cut the artery or vein, we make two ligation and make a cut between them, but it ligation could release and cause postoperative bleeding
- The tonsil reaches its maximum size during early childhood, but after puberty it diminishes considerably in size.



Blood Supply

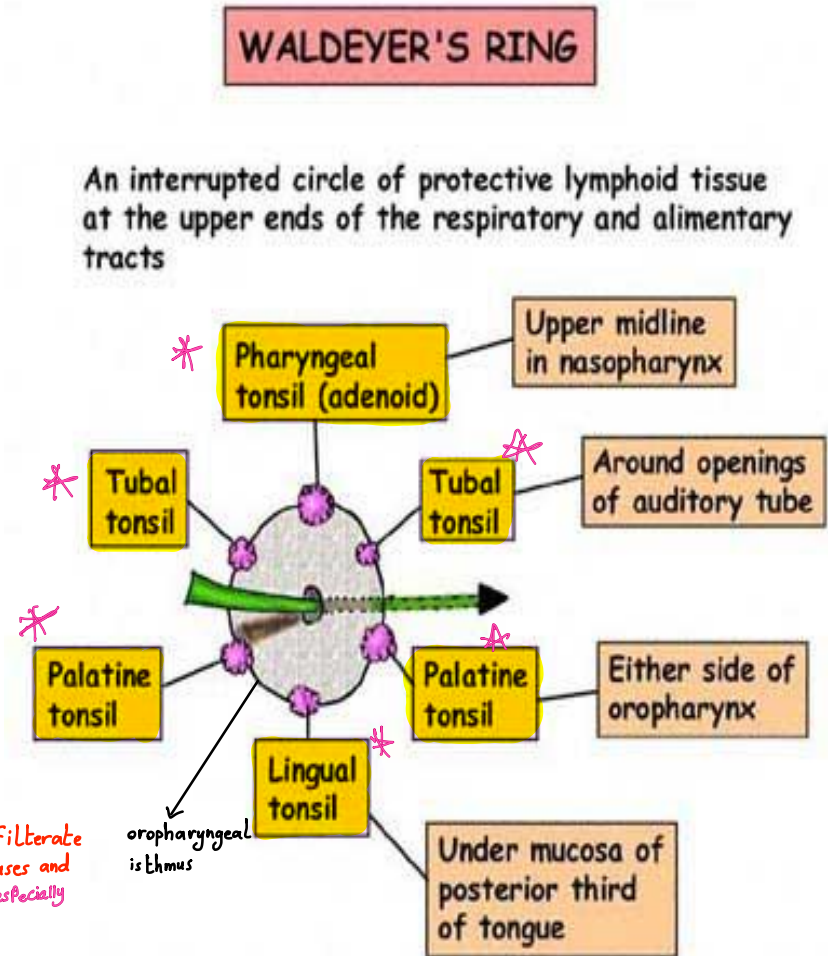
- ^{*important} The tonsillar branch of the facial artery. The veins pierce the superior constrictor muscle and join the external palatine, the pharyngeal, or the facial veins.
- Lymph Drainage of the Tonsil
- The upper deep cervical lymph nodes, just below and behind the angle of the mandible



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 tonsils filterate of bacteria, viruses and foreign bodies especially in children.



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.

قال ﷺ: أيعجز أحدكم أن يقرأ في ليلة ثلث القرآن؟
قالوا: وكيف يقرأ ثلث القرآن؟
قال ﷺ: {قل هو الله أحد} تعدل ثلث القرآن.

سُورَةُ الْإِخْلَاصِ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قُلْ هُوَ اللَّهُ أَحَدٌ ۝^١ اللَّهُ الصَّمَدُ ۝^٢ لَمْ يَلِدْ وَلَمْ يُولَدْ ۝^٣
وَلَمْ يَكُنْ لَهُ كُفُوًا أَحَدٌ ۝^٤



بواسطة تطبيق آية