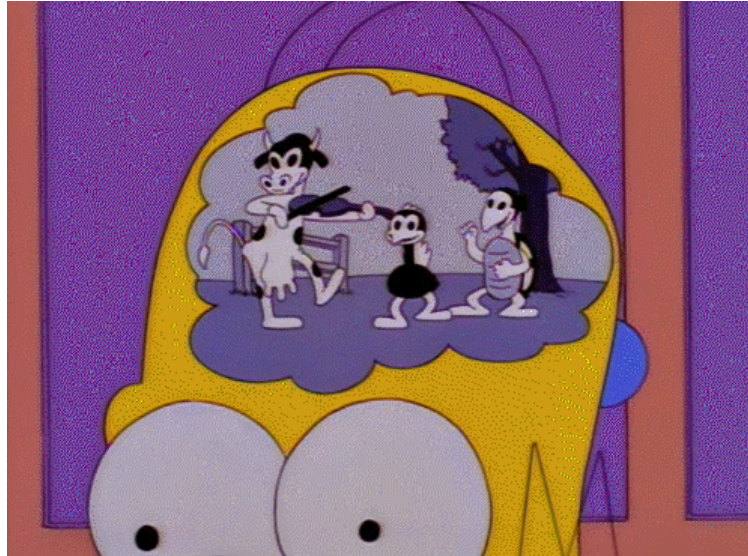
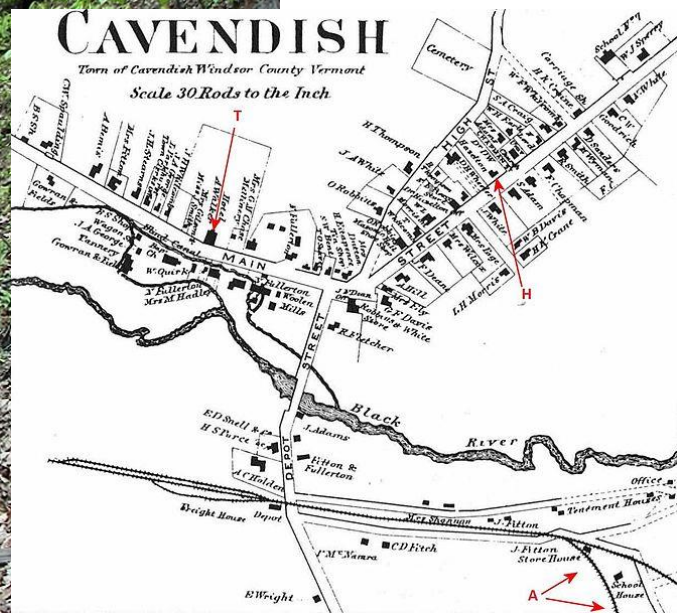


# GSSE ANATOMY HEAD

Nick Skladnev + Matt Rackemann

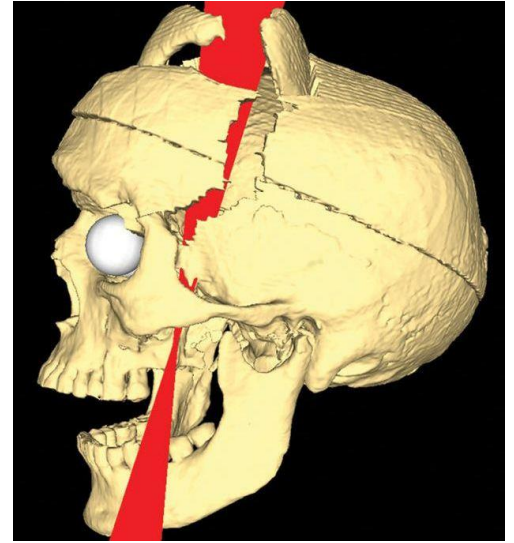


1848...





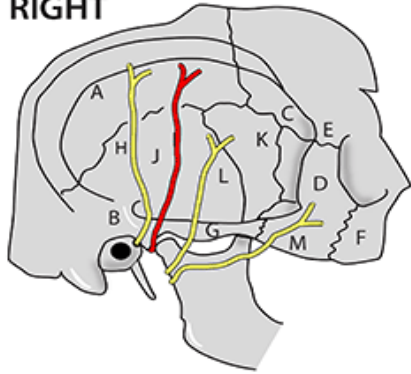
*"Doctor, here is business  
enough for you."*



# Infratemporal Fossa: Relations

## TEMPORAL FOSSA

RIGHT



Medial to temporalis - attached  
inferior to inferior temporal line (A)

**Roof:** Temporalis fascia

**Posterior:** Supramastoid crest (B)

**Floor:** Skull - pterion (C)

**Anterior:** Zygoma (D), zygomatic  
process of frontal bone (E) &  
zygomatic process of maxilla (F)

**Inferior:** Zygomatic arch & zygomatic  
process of temporal bone (G)

**Contains:** Temporalis, deep temporal arteries (maxillary), deep temporal  
nerves (Vc), Superficial temporal artery (external carotid).  
Auriculotemporal nerve (H) from Vc

**Other structures shown:** temporal bone (J), greater wing of sphenoid  
(K), Temporal branch of VII (L) zygomatic branch of VII (M)

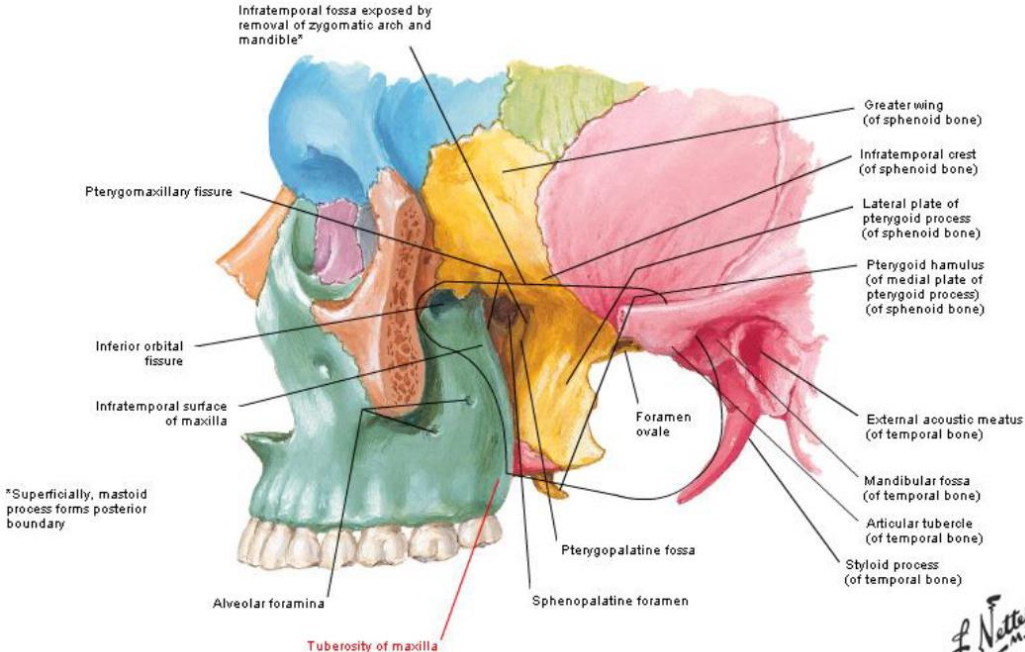


WHY?

Because lots of things *transition* here



# Infratemporal Fossa: Boundaries

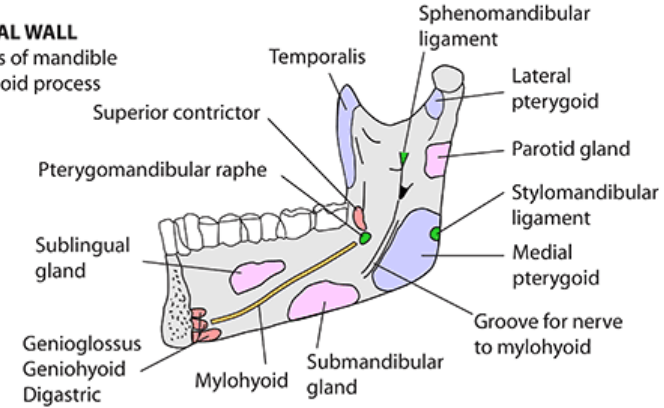


## INFRATEMPORAL FOSSA - BOUNDARIES

- Base of skull
- Between pharynx & ramus of mandible

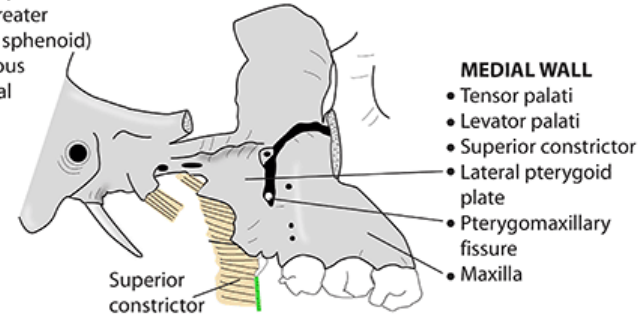
### LATERAL WALL

- Ramus of mandible
- Coronoid process



### ROOF

- Infratemporal crest (greater wing of sphenoid)
- Squamous temporal



### MEDIAL WALL

- Tensor palati
- Levator palati
- Superior constrictor
- Lateral pterygoid plate
- Pterygomaxillary fissure
- Maxilla

### POSTERIOR WALL

- Carotid sheath

### ANTERIOR WALL

- Posterior maxilla
- Inferior orbital fissure

# Infratemporal Fossa: Contents

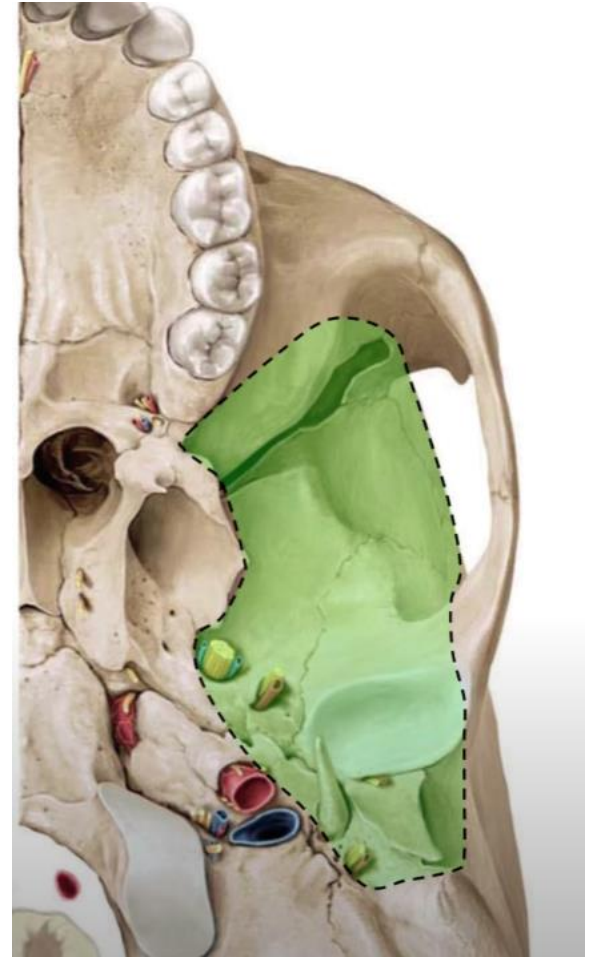
**Lets have a think about what we expect to see..**

Infraorbital fissure = Zygomatic (V2)

Foramen Ovale = Mandibular (V3), LPN, AMA

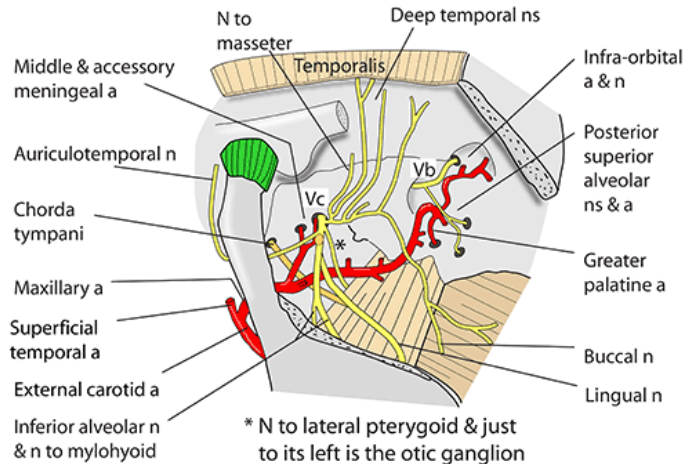
Foramen spinosum = MMA, MMV, meningeal (V3)

Petrotympenic fissure = Chorda tympani -> lingual n



# Infratemporal Fossa: Contents

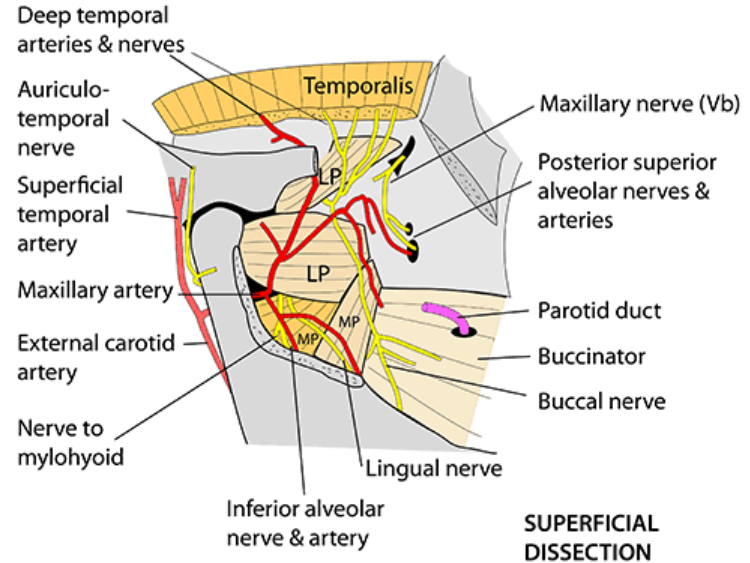
## INFRATEMPORAL FOSSA - DEEP DISSECTION



## INFRATEMPORAL FOSSA - CONTENTS

### CONTENTS

- Pterygoid muscles
- Fat
- Insertion of temporalis
- Chorda tympani
- Posterior superior alveolar branches of Vb (maxillary branch of trigeminal)
- Pterygoid venous plexus
- Mandibular nerve & branches
- Otic ganglion
- Maxillary artery & branches



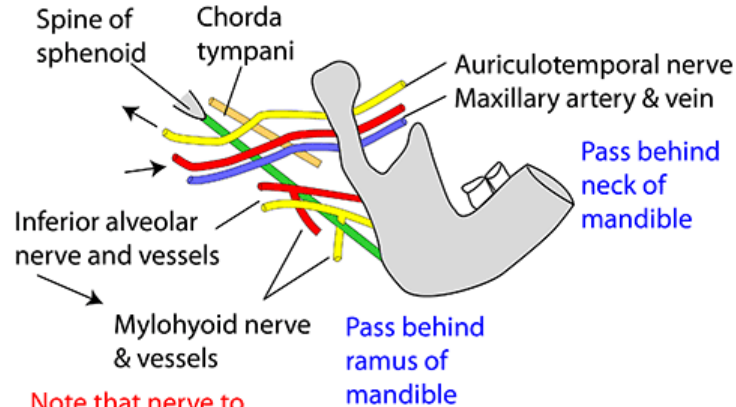
### SUPERFICIAL DISSECTION

LP = lateral pterygoid  
MP = medial pterygoid

# Infratemporal Fossa: Contents

## SPHENOMANDIBULAR LIGAMENT RELATIONS

Structures that pass between ligament and mandible



Note that nerve to  
mylohyoid pierces the  
ligament



**Q: With respect to the infratemporal fossa**

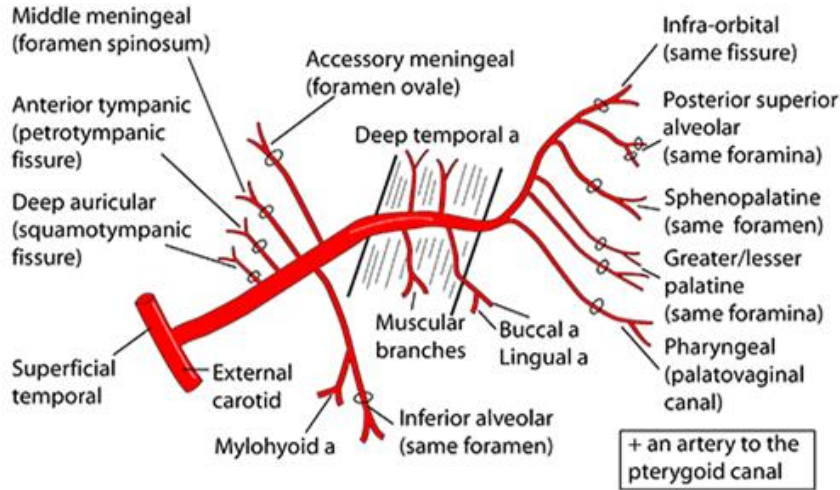
- 1: It contains only the lateral pterygoid muscle, whilst the medial pterygoid is considered separate medially
- 2: The lingual nerve appears here as it runs across the lateral aspect of the lateral pterygoid muscle division of the mandibular nerve
- 3: It is largely made up of the sphenoid bone
- 4: Nerve to mylohyoid passes laterally to the sphenomandibular ligament
- 5: The maxillary artery runs along the lower border of the lateral pterygoid muscle

**Q: With respect to the infratemporal fossa**

- 1: It contains only the lateral pterygoid muscle, whilst the medial pterygoid is considered separate medially = **F**
- 2: The lingual nerve appears here as it runs across the lateral aspect of the lateral pterygoid muscle division of the mandibular nerve = **F**
- 3: It is largely made up of the sphenoid bone = **T**
- 4: Nerve to mylohyoid passes laterally to the sphenomandibular ligament = **F**
- 5: The maxillary artery runs along the lower border of the lateral pterygoid muscle = **T**

# Maxillary Artery

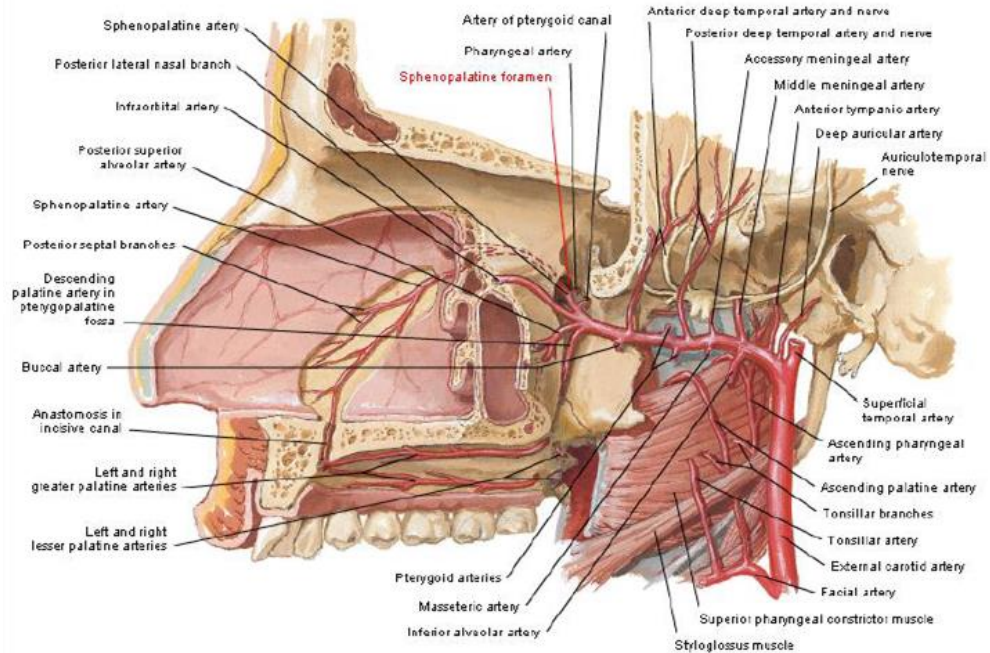
In infratemporal fossa, either within or lateral to the superficial head of lateral pterygoid muscle. This muscle is shown below



**BEFORE LATERAL PTERYGOID 5 BRANCHES INTO BONE**

**LATERAL OR WITHIN LATERAL PTERYGOID. 4/5 BRANCHES TO SOFT TISSUE**

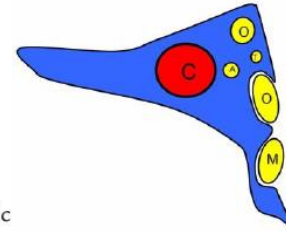
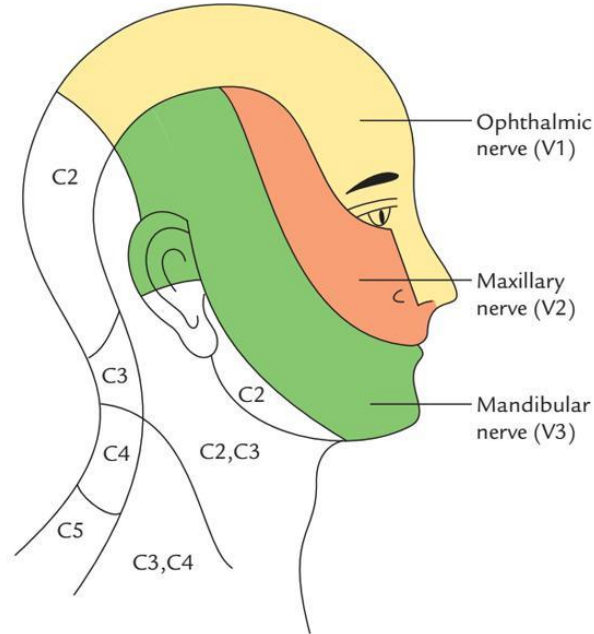
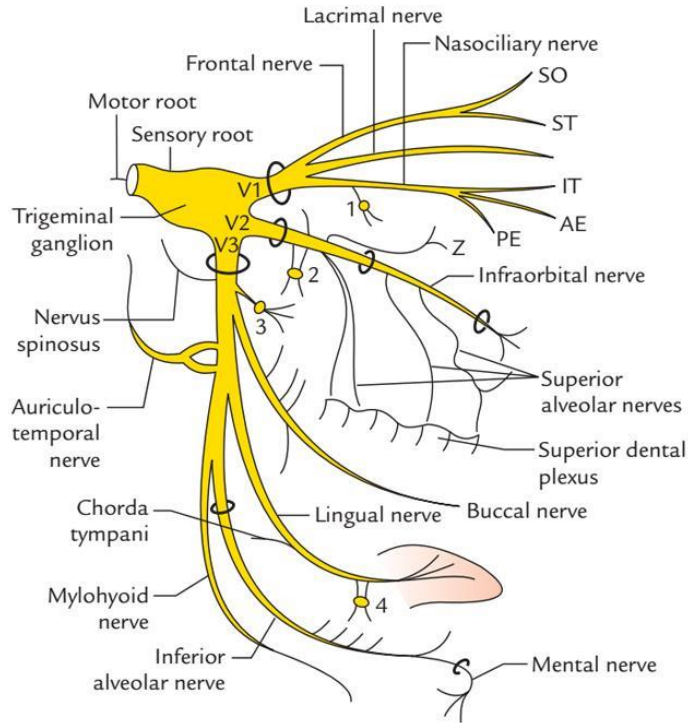
**BEYOND LATERAL PTERYGOID 5/6 BRANCHES WITH NERVES**



# Trigeminal nerve (CN V)

## Overview

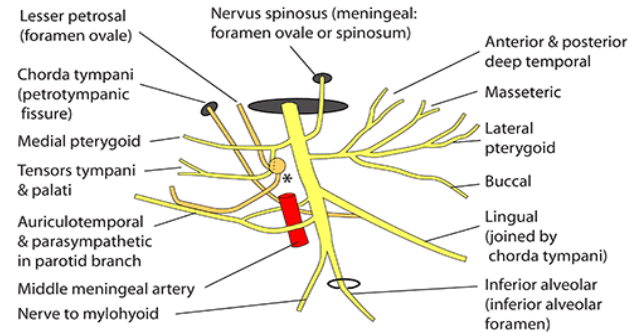
Big boy in Meckel's cave  
 V1 Ophthalmic – SOF – 3  
 V2 Maxillary – FR – 4  
 V3 Mandibular – FO – 2, 4, 3



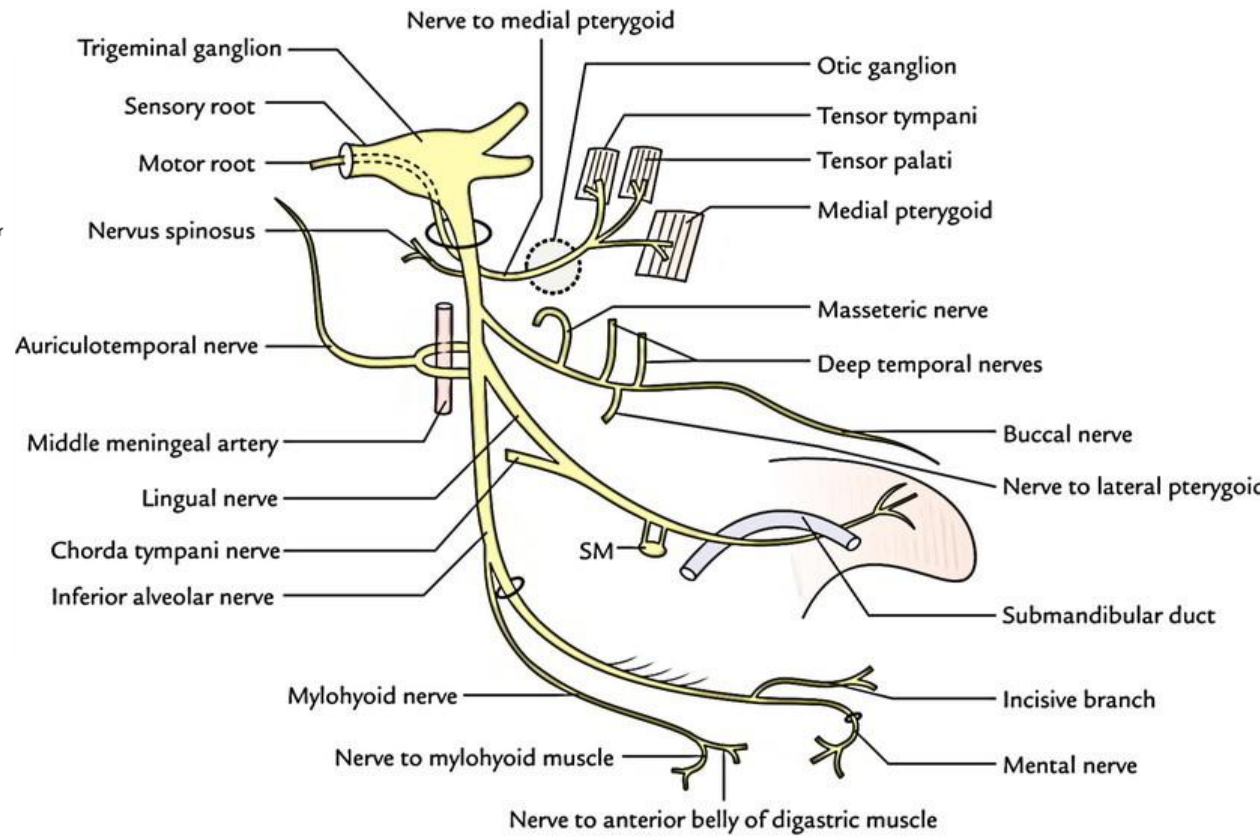
- |                         |
|-------------------------|
| Oculomotor (III)        |
| Trochlear Nerve (IV)    |
| Ophthalmic Nerve (V1)   |
| Maxillary Nerve (V2)    |
| Internal Carotid Artery |
| Abducens Nerve (VI)     |
| The sympathetic plexus  |

# Mandibular nerve (CN V<sub>3</sub>)

**MANDIBULAR DIVISION OF TRIGEMINAL NERVE (Vc), EMERGING FROM FORAMEN OVALE DEEP IN INFRATEMPORAL FOSSA**



\* Otic ganglion. Parasympathetics from lesser petrosal nerve synapse within it and post-ganglionic fibres are taken to the parotid gland by the auriculotemporal nerve



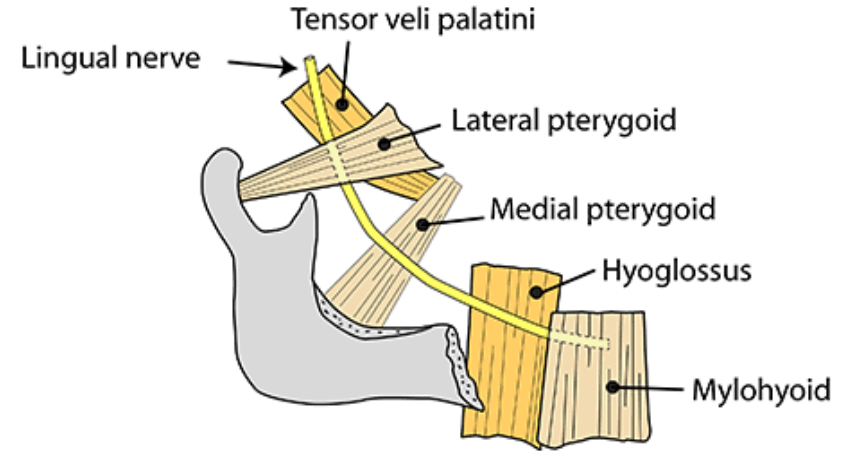
# Lingual Nerve

Enters the mouth from outside the pharynx by passing below the inferior border of the superior constrictor at its attachment to the mandible

The lingual nerve appears below the lateral pterygoid on the side wall of the pharynx and passes forwards and downwards **between the medial pterygoid and the mandible**

1. comes into contact with the mandible, making a groove below and medial to the **third molar**, just above the posterior end of the mylohyoid line
1. **is a branch of the posterior division of the mandibular nerve.**
1. **runs on the mylohyoid muscle and is SUPERIOR to the hypoglossal nerve.**

## LINGUAL NERVE: RELATION TO MUSCLES

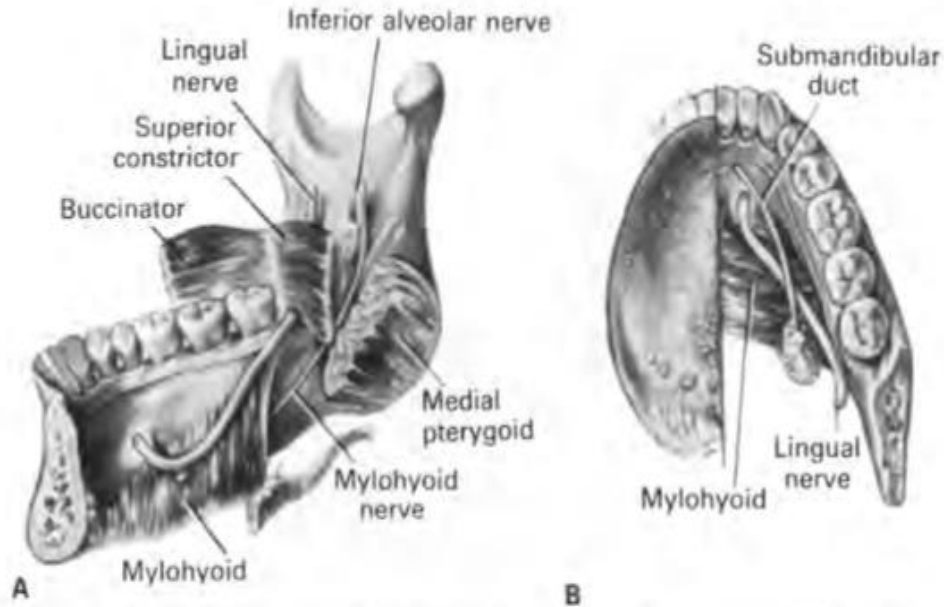


The lingual nerve passes between:

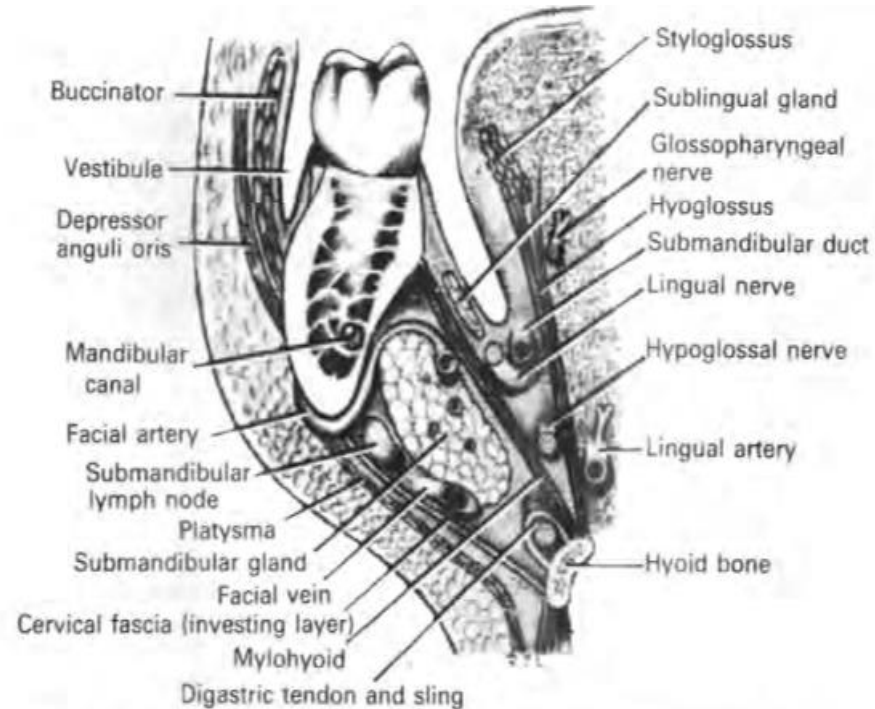
1. Tensor veli palatini and lateral pterygoid
2. Medial pterygoid and mandible
3. Mandible and mucosa of mouth
4. Mylohyoid and hyoglossus

The lingual nerve is best considered as a **"2-way nerve"**:  
**General sensory:** ant. 2/3 tongue  
**Taste (via chorda tympani):** ant 2/3 tongue  
**Secretomotor (via chorda tympani):** submandibular & sublingual glands

# Lingual Nerve



**Fig. 6.26** Course of the right lingual nerve from outside the pharynx to within the mouth. In **A**, viewed from within the mouth, the nerve is seen passing under the free lower border of the superior constrictor, which interdigitates with buccinator at the pterygomandibular raphe. In **B**, the nerve is viewed from above, entering the mouth in contact with the periosteum below and behind the third molar tooth.



**Fig. 6.25** Coronal section of the left side of the mandible and adjacent structures, just behind the first molar tooth, viewed from behind.

## 24249 – The lingual nerve

- 1: appears in the infratemporal fossa on the lateral aspect of the lateral pterygoid muscle (T/F)
- 2: is a branch of the anterior division of the mandibular nerve (T/F)
- 3: runs on the hyoglossus muscle inferior to the hypoglossal nerve (T/F)
- 4: enters the mouth by passing between the superior and middle constrictor muscles (T/F)



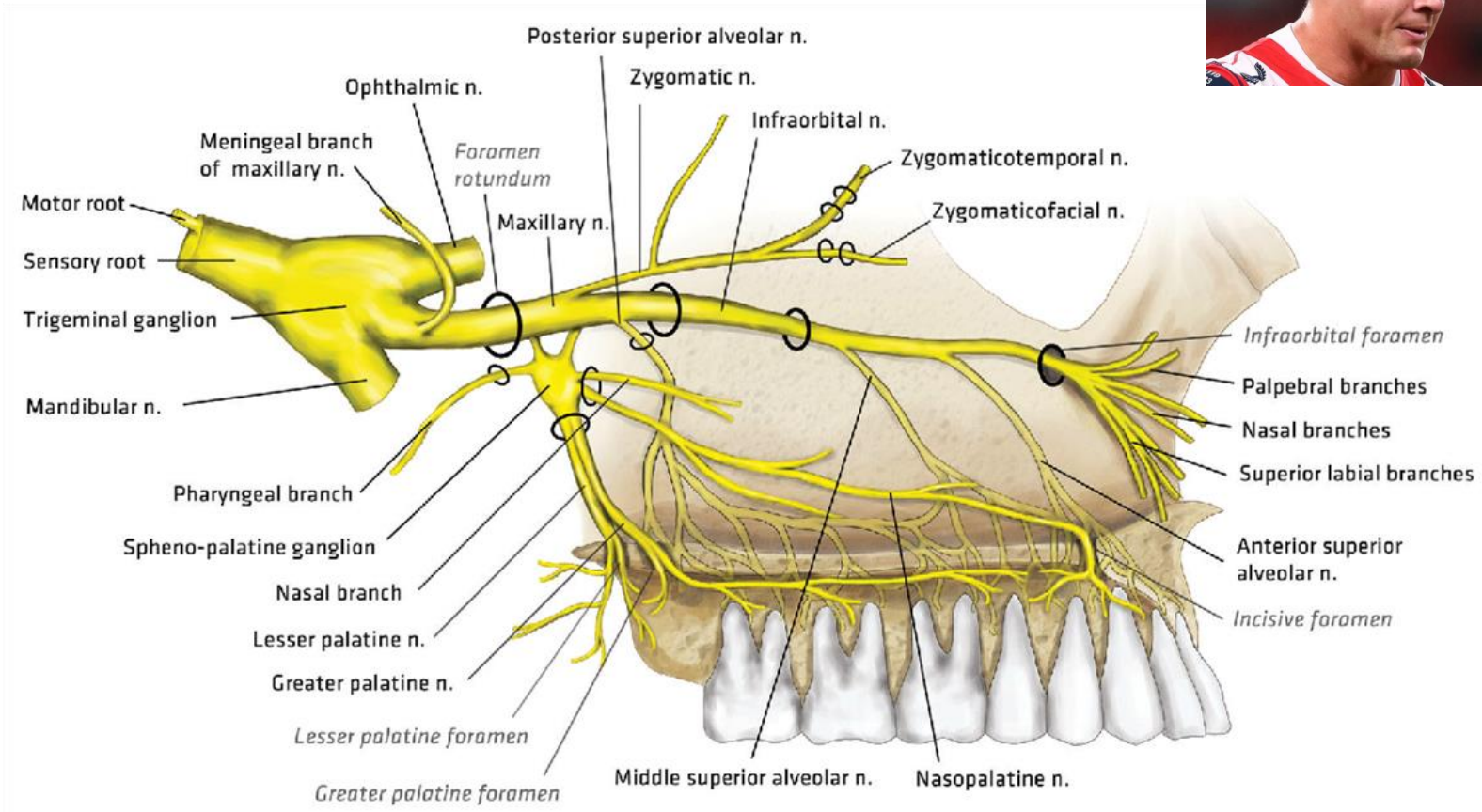
**False, appears below the lateral pterygoid between the medial pterygoid and the mandible**

**False, is a branch of the posterior division of the mandibular nerve.**

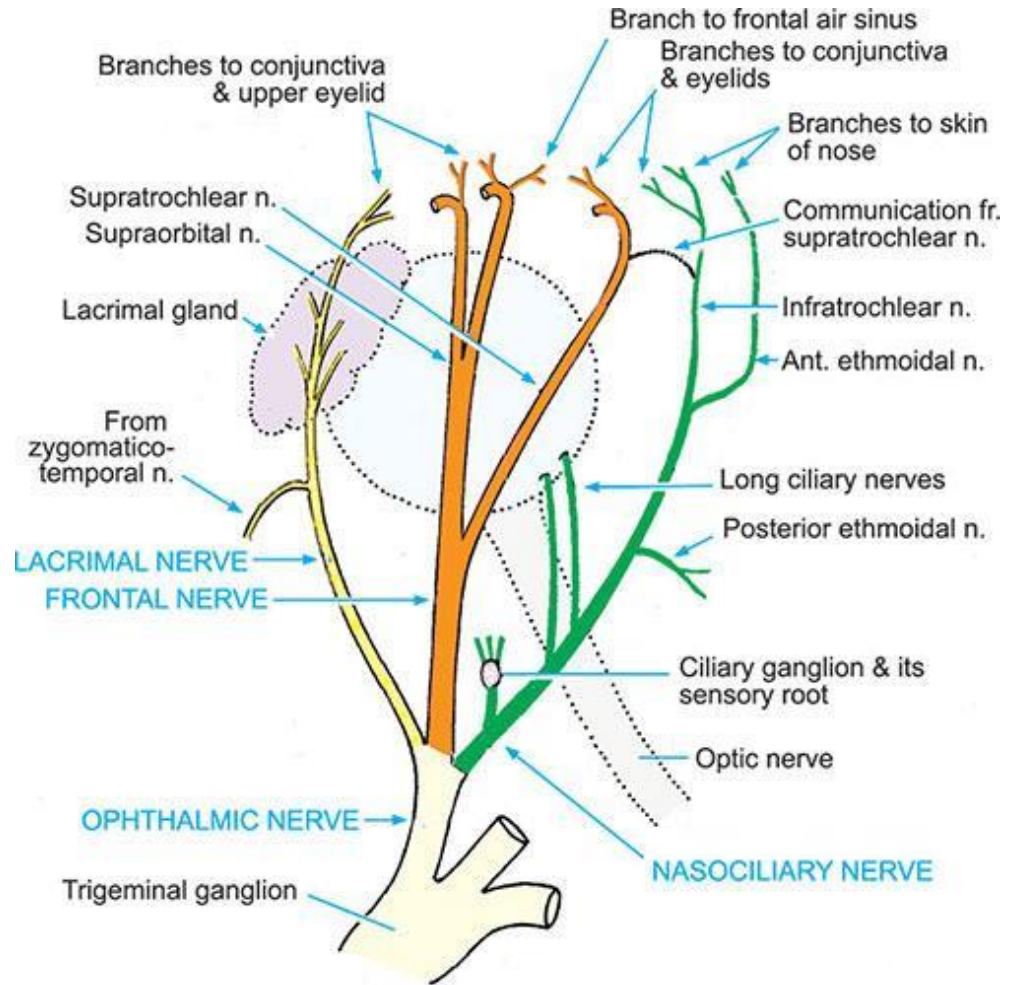
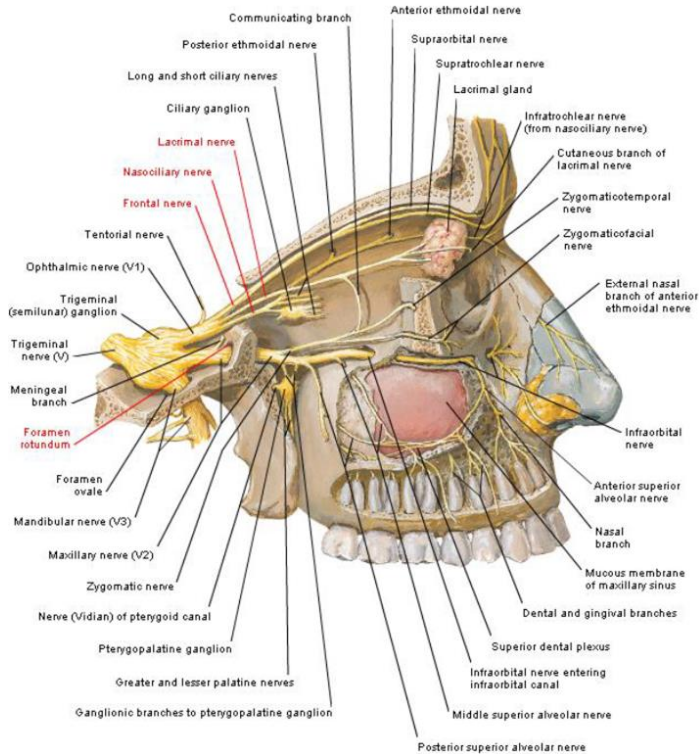
**False, runs on the mylohyoid muscle and is SUPERIOR to the hypoglossal nerve.**

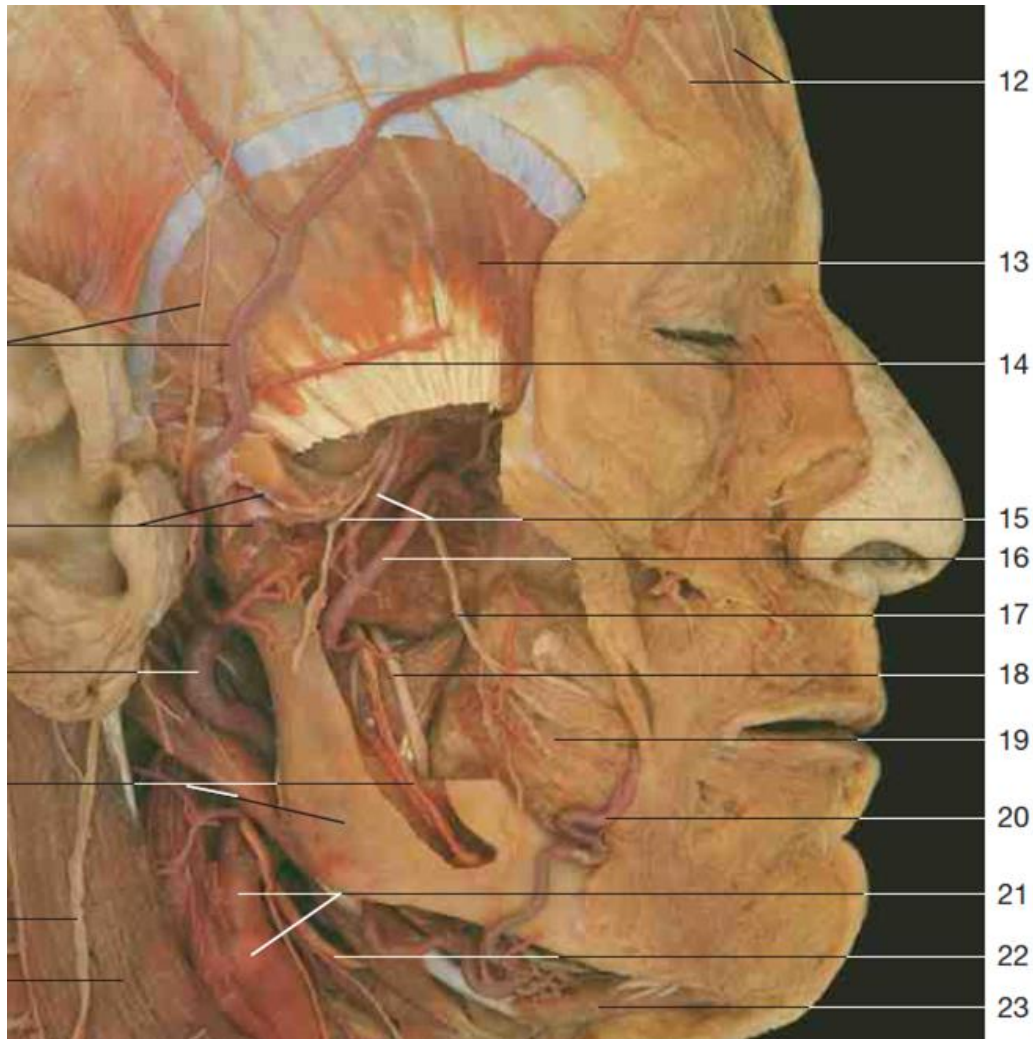
**True, below the inferior border of the superior constrictor at its attachment to the mandible**

# Maxillary nerve (CN V<sub>2</sub>)



# Ophthalmic nerve (CN V<sub>1</sub>)

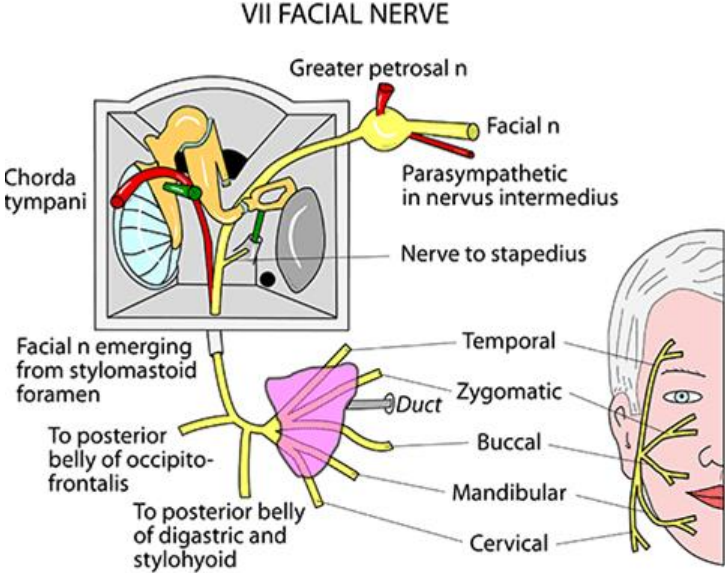
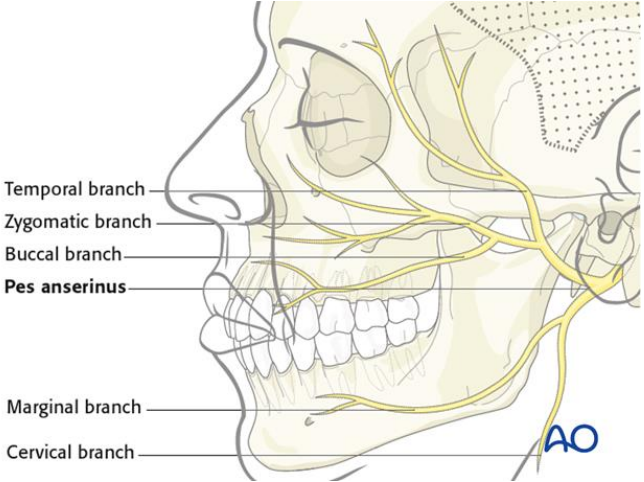




1. Identify structure labelled '16'
2. Identify structure labelled '13'
3. Identify structure labelled '18'
4. Which structure joins to accompany '18' to its final sensory destination?
5. Describe innervation of '19'

# Facial nerve (CN VII)

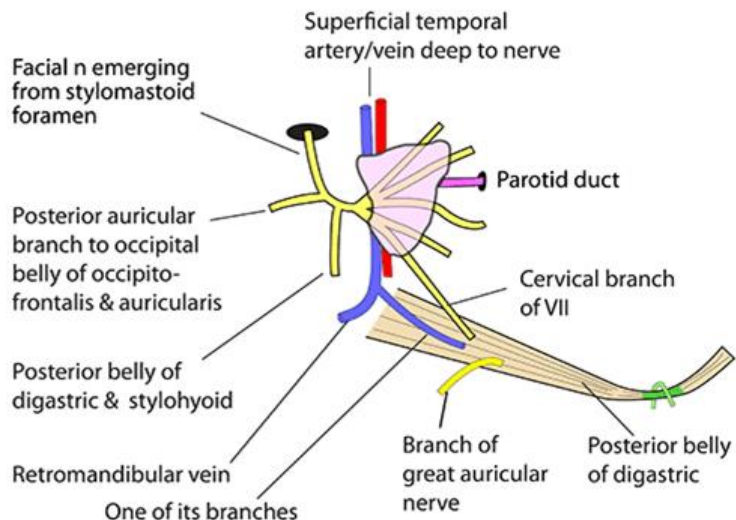
## Overview



# Facial nerve (CN VII)

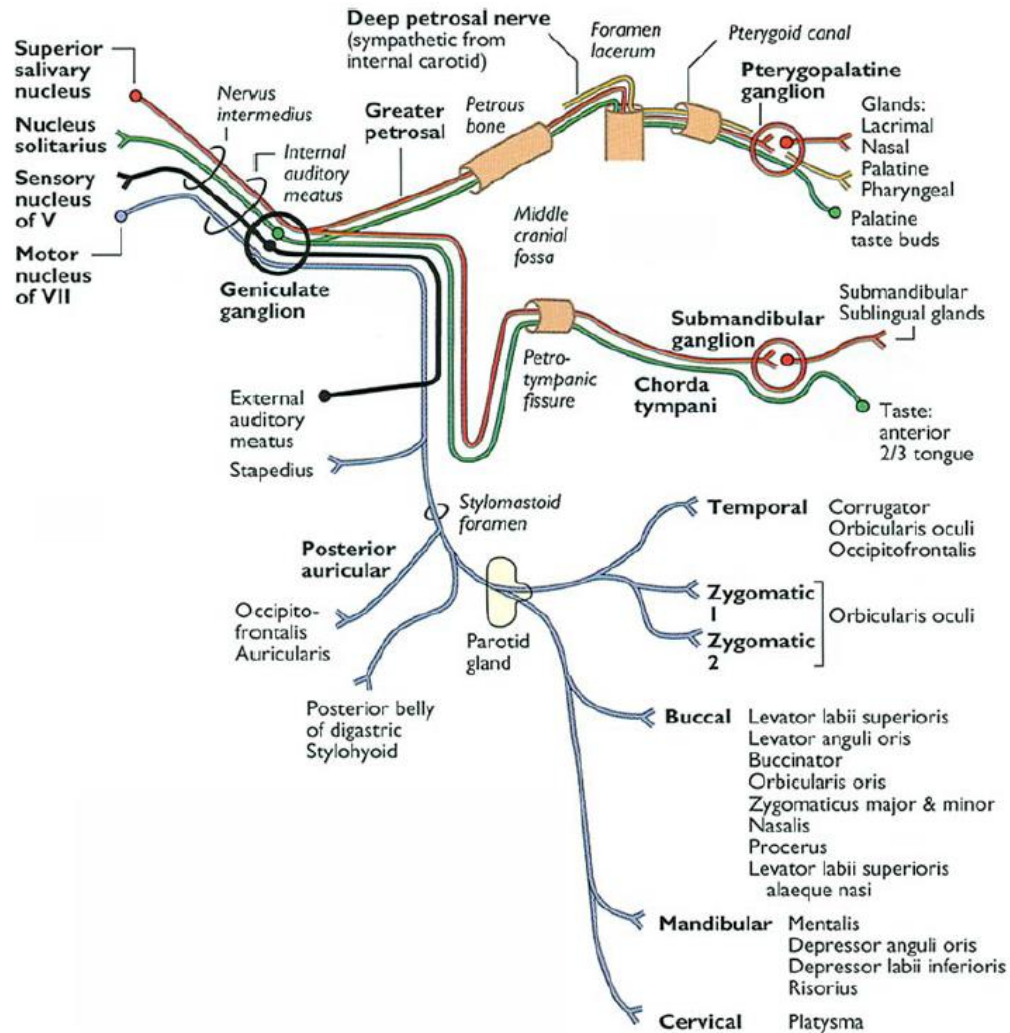
## Detailed

### RIGHT FACIAL NERVE IN & BEFORE THE PAROTID



Note: Only three structures lie anterior to the posterior belly of digastric:-

- Cervical branch of VII
- Branch of the retromandibular vein
- Branch of great auricular nerve (cervical plexus)

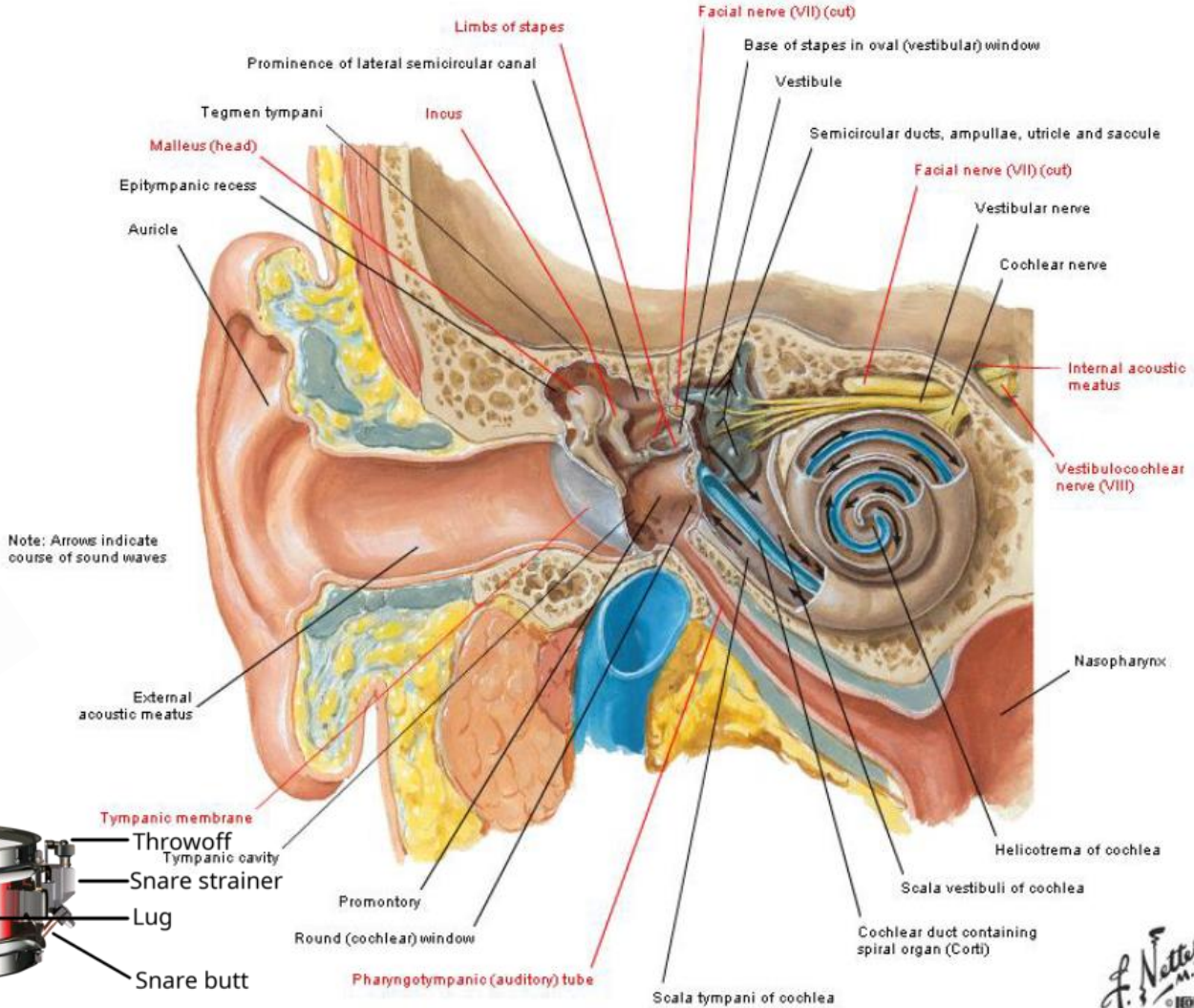


# Middle Ear

TM  
 Malleus + Incus + Stapes  
 Oval window  
 Stapedius (CN VII)  
 Promontory



Note: Arrows indicate course of sound waves



**Q: With respect to cranial nerve VII**

- 1: The anterior belly of digastric is supplied by fibres from the 7<sup>th</sup> cranial nerve
- 2: The chorda tympani joins the lingual nerve on the lower border of the lateral pterygoid muscle
- 3: Innervates all muscles of mastication except buccinator
- 4: Supplies motor fibres to stapedius
- 5: The zygomatic branch is extracranial



**Q: With respect to cranial nerve VII**

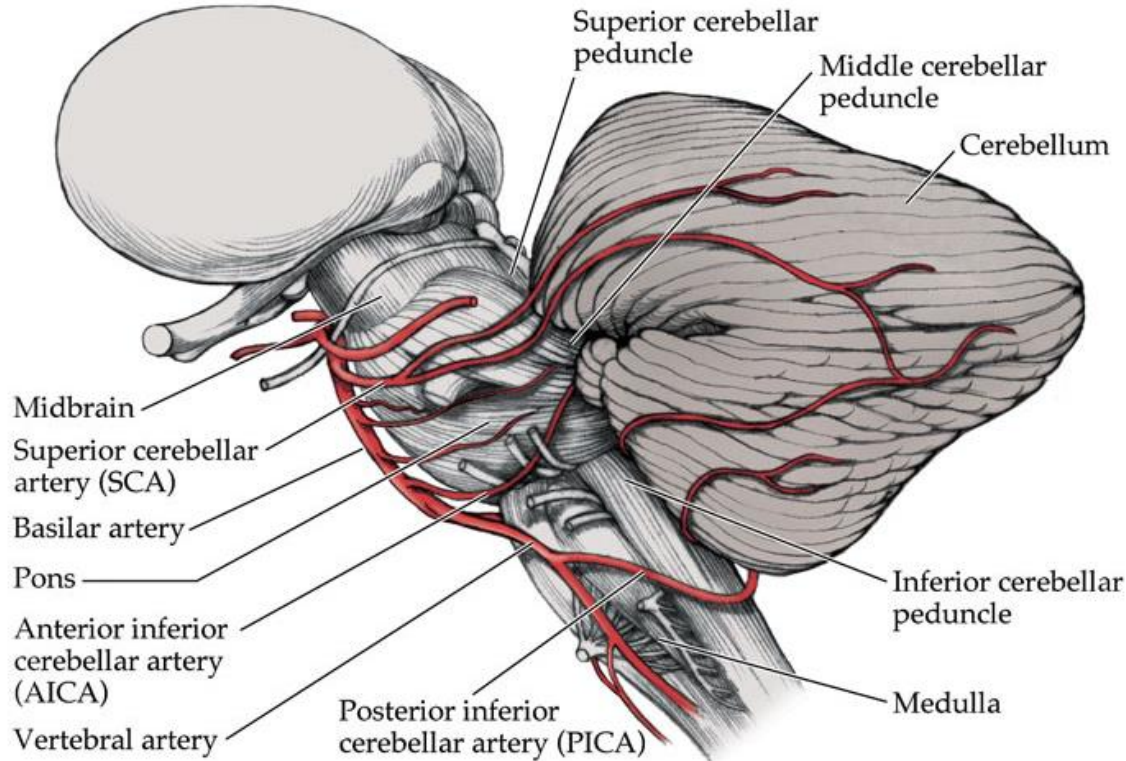
- 1: The anterior belly of digastric is supplied by fibres from the 7<sup>th</sup> cranial nerve = **F**
- 2: The chorda tympani joins the lingual nerve on the lower border of the lateral pterygoid muscle = **T**
- 3: Innervates all muscles of mastication except buccinator = **F**
- 4: Supplies motor fibres to stapedius = **T**
- 5: The zygomatic branch is extracranial = **T**

# Nerves that 'steal' muscles

## RULES OF NERVE SUPPLY FOR MUSCLE GROUPS

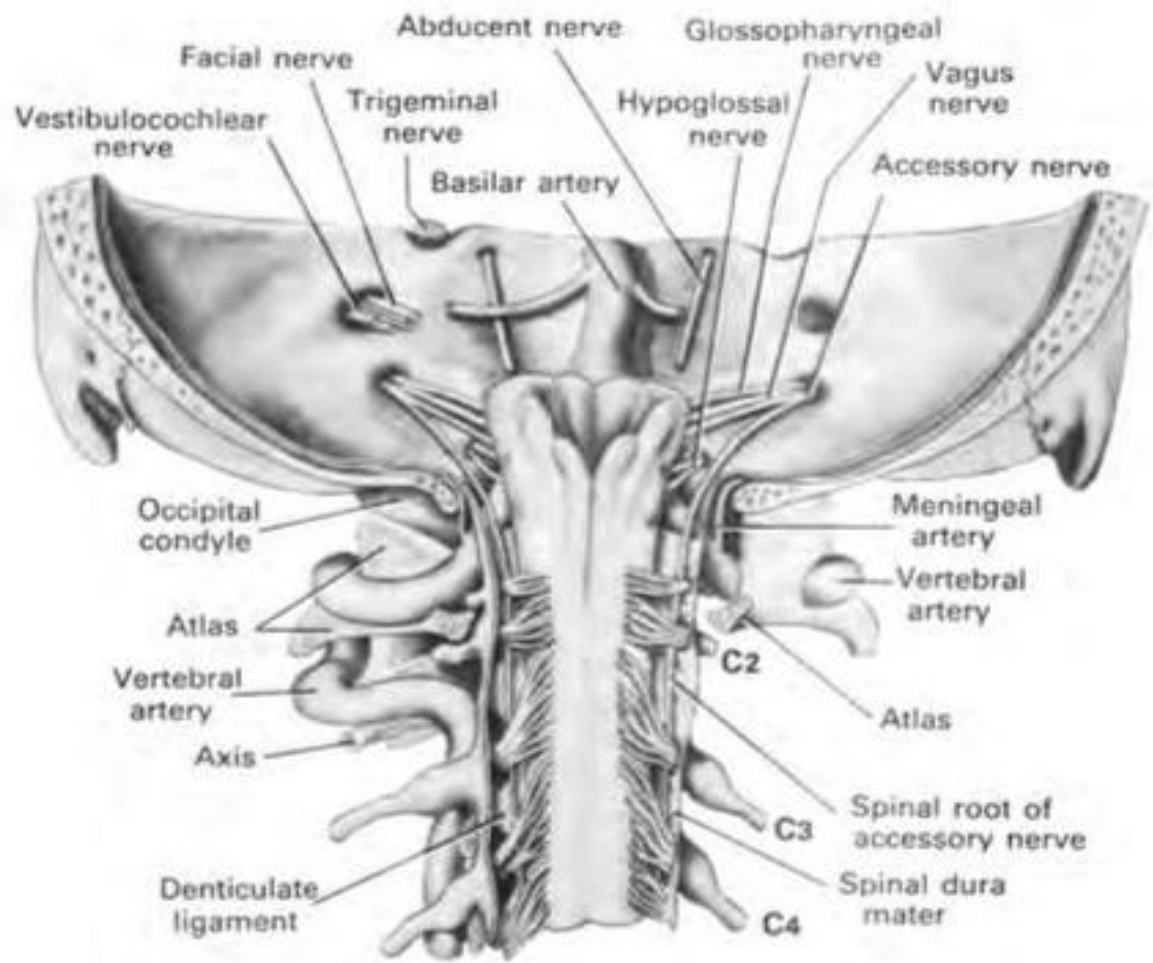
ALL MUSCLES OF	SUPPLIED BY	EXCEPT	WHICH IS SUPPLIED BY
PHARYNX	Pharyngeal plexus (IX, X & sympathetic)	Stylopharyngeus	Glossopharyngeal (IX)
PALATE	Pharyngeal plexus (IX, X & sympathetic)	Tensor veli palatini	Nerve to medial pterygoid (Vc)
TONGUE	Hypoglossal (XII)	Palatoglossus	Pharyngeal plexus (IX, X & sympathetic)
FACIAL EXPRESSION & BUCCINATOR	Facial (VII)	Levator palpebrae superioris	Oculomotor (III)
MASTICATION	Mandibular division of Trigeminal (Vc)	Buccinator	Facial (VII)
LARYNX	Recurrent laryngeal	Cricothyroid	External branch of superior laryngeal nerve (X)

# Posterior arterial circulation



Blood supply of Pons?

Blood supply of the medulla?



**Fig. 6.96** Posterior cranial fossa and the vertebral canal opened from behind.

# Medullary Syndromes:

Medial medullary syndrome: paralysis of the tongue on the same side and hemiplegia with loss of touch and kinaesthetic sense on the opposite side

Caused by: damage to the anterior spinal branch of the vertebral gives penetrating branches which supply the region next to the midline, i.e. the part containing the pyramid, medial lemniscus and hypoglossal nucleus

Lateral medullary syndrome: Vocal fold, palatal and pharyngeal muscle paralysis on the ipsilateral side → dysphonia/dysphagia

Loss of pain and temperature sensation on the ipsilateral face and contralateral body (due to loss of uncrossed spinal tract of trigeminal and crossed spinal lemniscus)

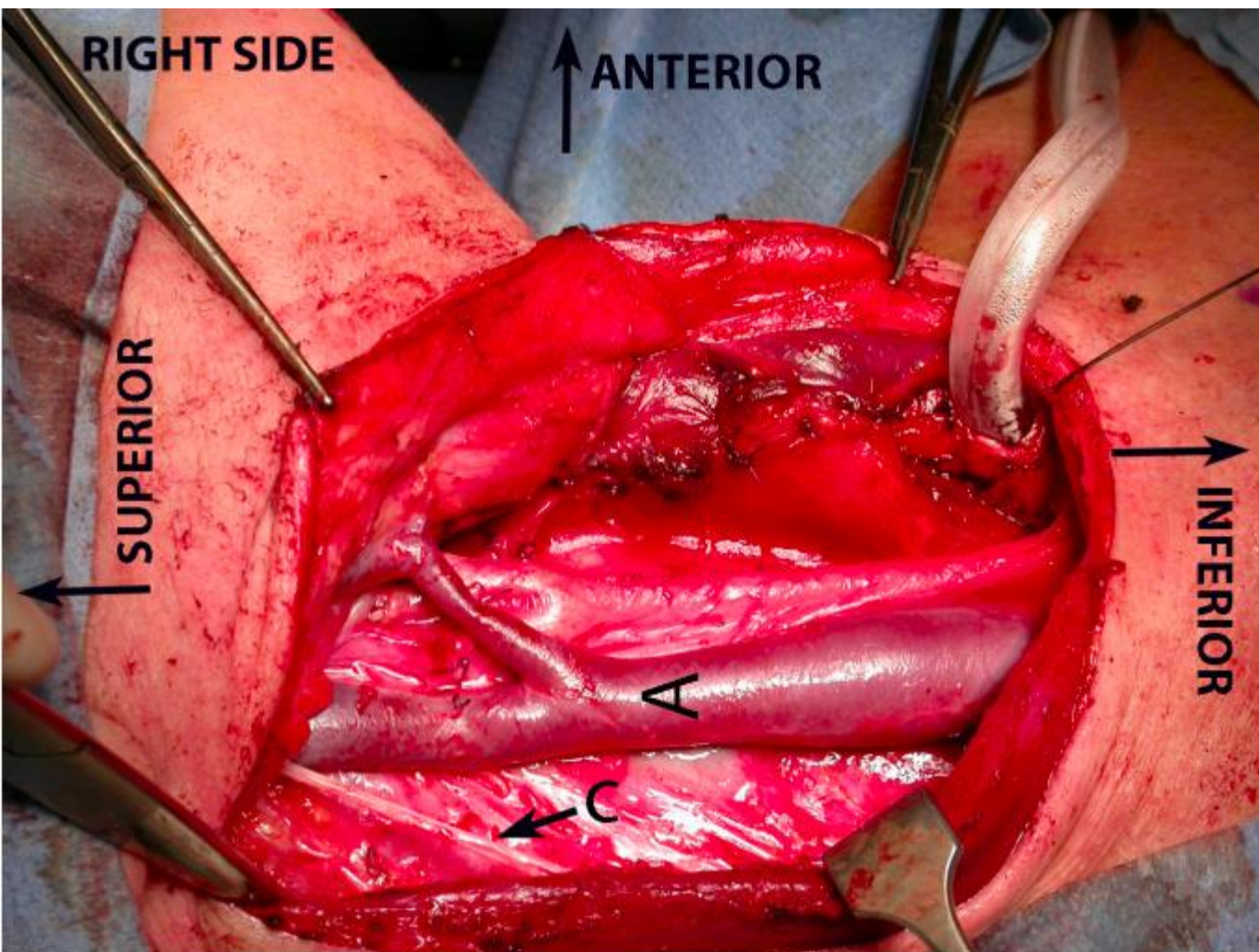
Horner's syndrome on the ipsilateral side due to descending sympathetic fibre disruption

Vertigo, nystagmus, nausea and vomiting from vestibular nuclei involvement

Caused by: ??? which vessel?

S. Thrombosis of the posterior inferior cerebellar artery causes palatal and pharyngeal paralysis  
BECAUSE R. the posterior inferior cerebellar artery supplies the nucleus ambiguus

Answer: S is true, R is true and a valid explanation of S



i. The structure A is formed in the region of:

---

---

ii. Structure A is formed from:

---

---

iii. The termination of A is at:

---

---

iv. The structure C is:

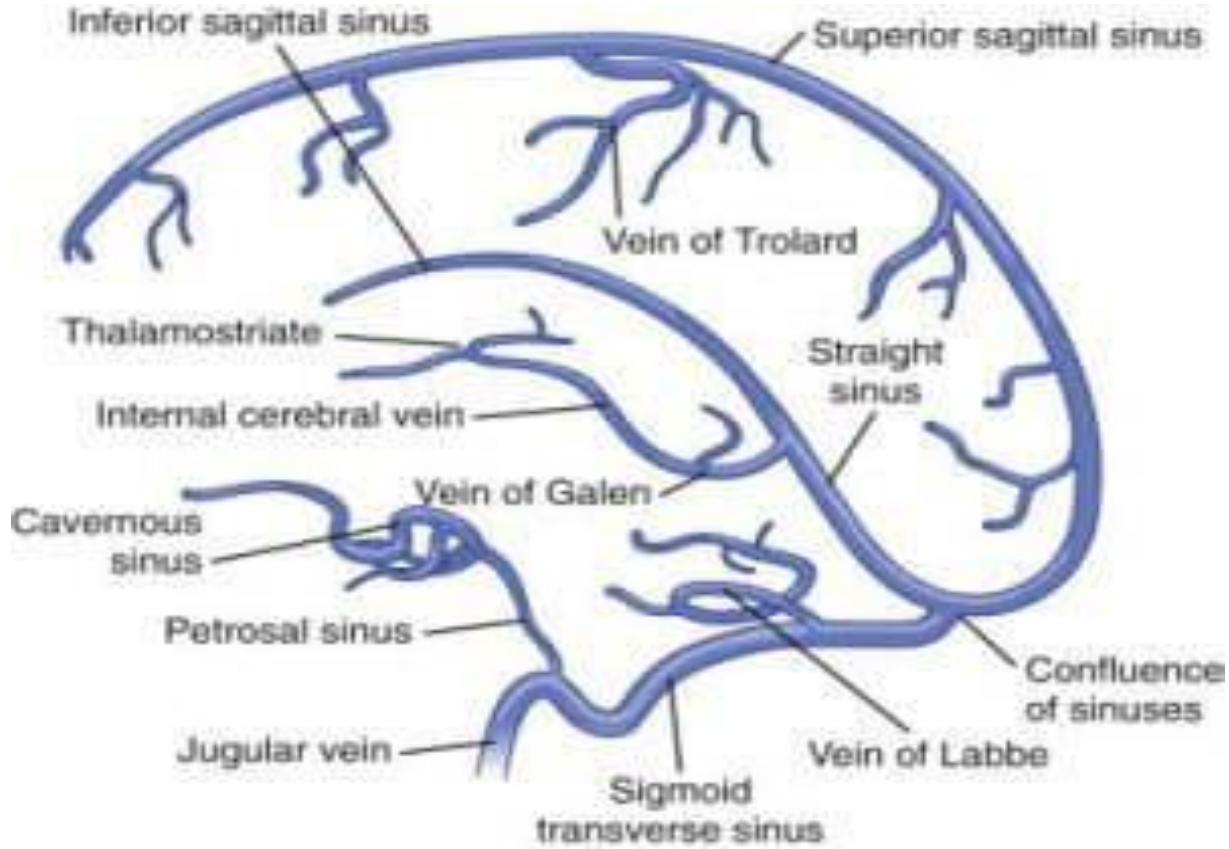
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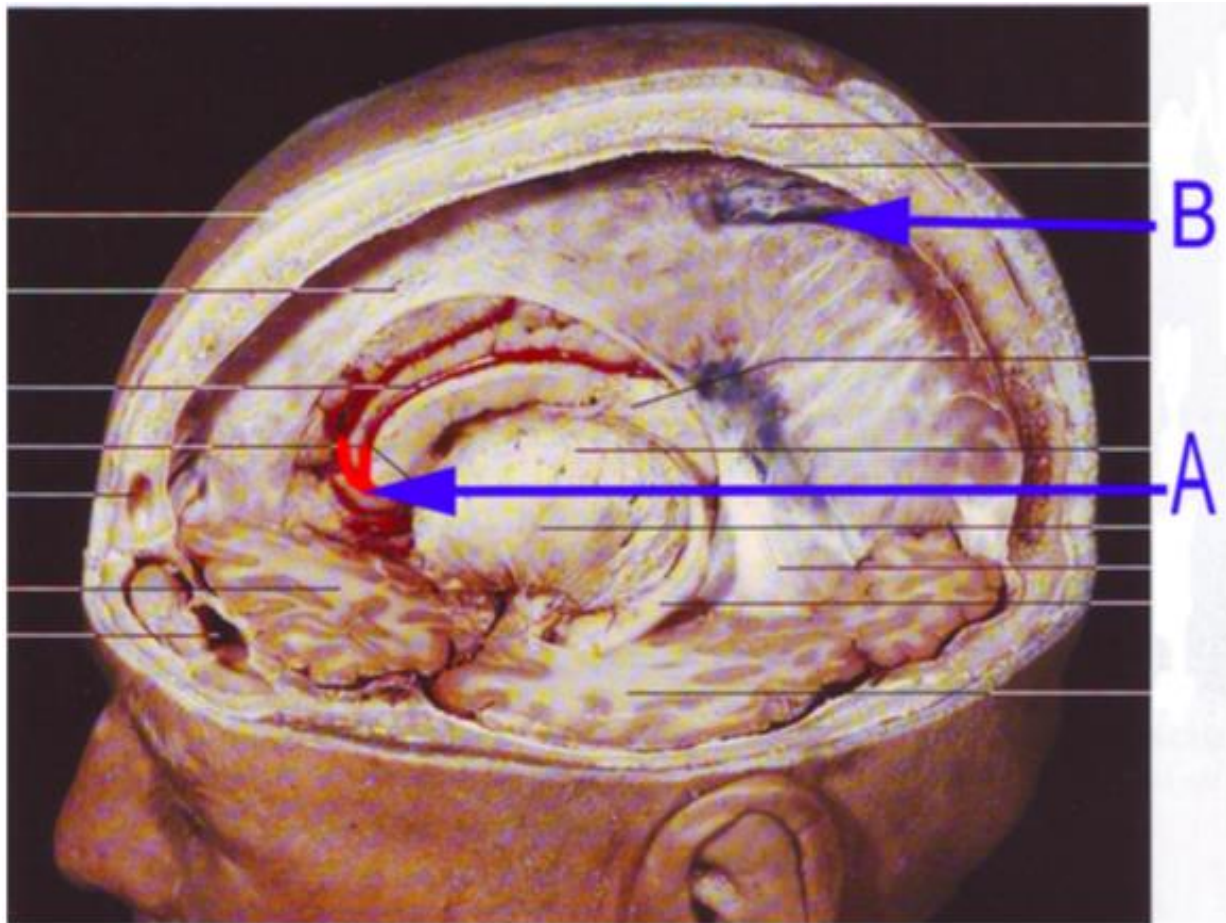
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- i. Below skull / below / inferior to jugular foramen
- ii. (The union of) sigmoid sinus and inferior petrosal sinus
- iii. (Confluence of) right subclavian vein and (origin of ) right brachiocephalic vein
- iv. Spinal accessory nerve / accessory nerve / External accessory nerve

# Cerebral Venous supply





i. The structure A is:

---

---

ii. Give two functional territories supplied by this structure:

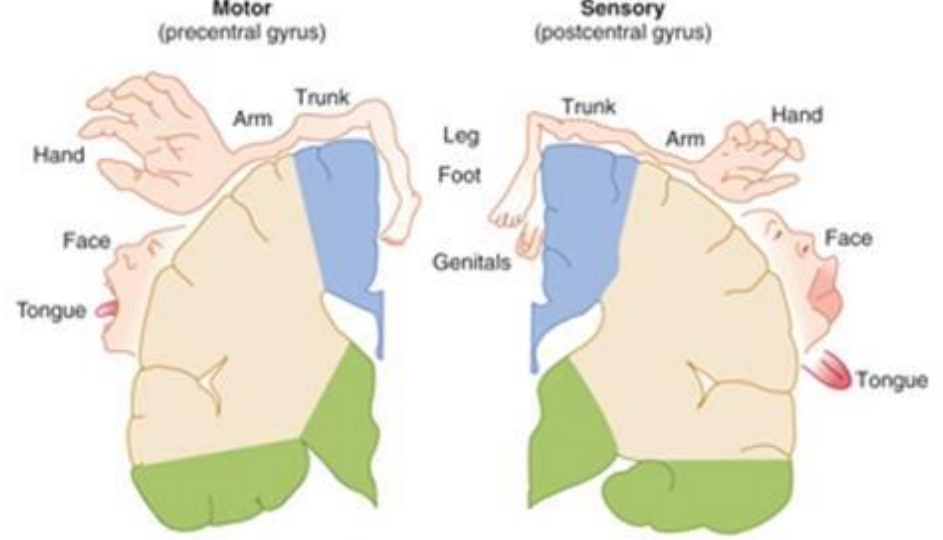
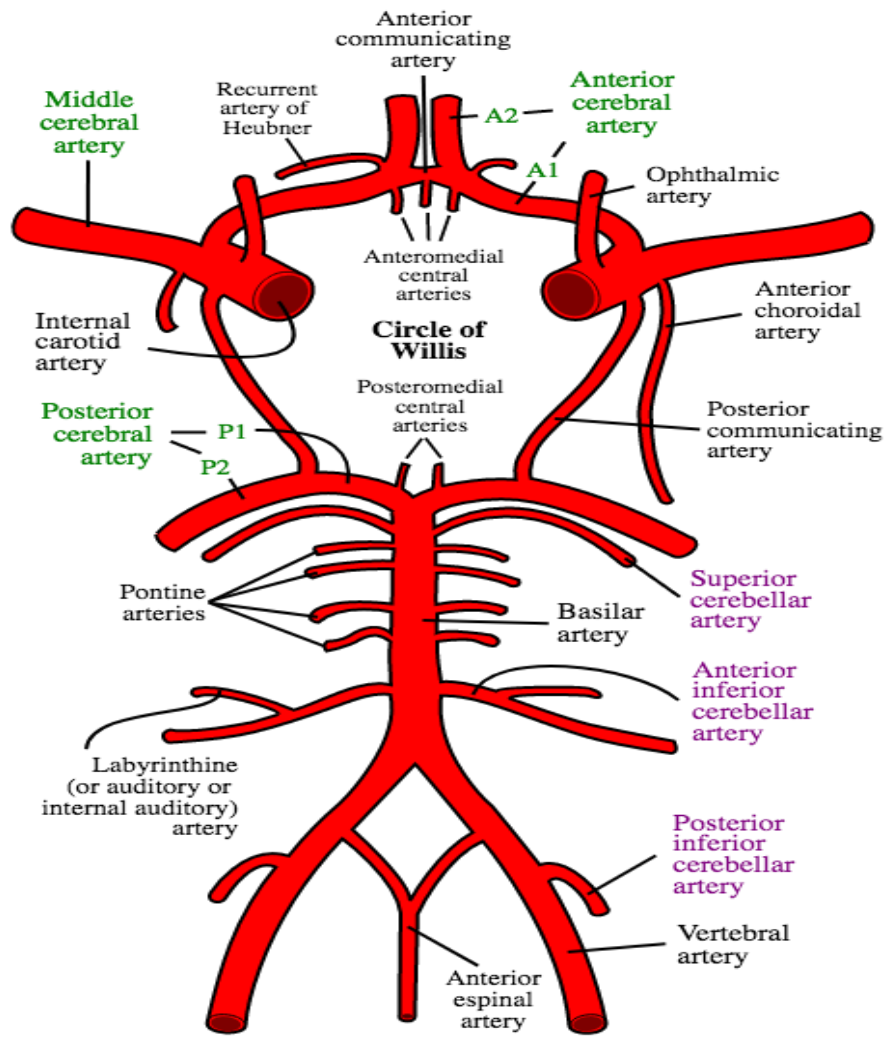
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iii. What major cerebral lobe does it supply distally?:

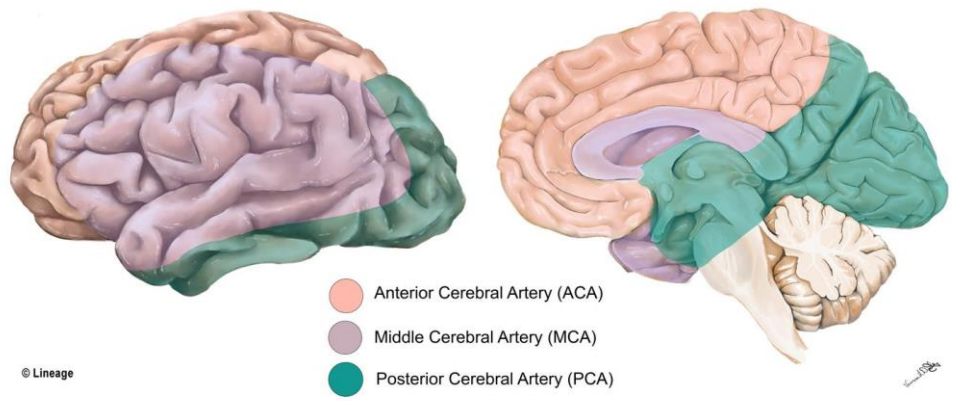
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Anterior cerebral artery    Middle cerebral artery    Posterior cerebral artery

**Cerebral Cortex Vascular Supply**



With Williams' assistance Harlow shaved the scalp around the region of the tamping iron's exit, then **removed coagulated blood, small bone fragments, and "an ounce or more" of protruding brain.** After probing for foreign bodies and replacing two large detached pieces of bone, Harlow **closed the wound with adhesive straps, leaving it partially open for drainage;** the entrance wound in the cheek was bandaged only loosely, for the same reason. A **wet compress was applied, then a nightcap,** then further bandaging to secure these dressings. Harlow also dressed Gage's hands and forearms (which along with his face had been "deeply burned") and ordered that Gage's **head be kept elevated.**



"cut off the fungi which were sprouting out from the top of the brain and filling the opening, and made free application of caustic to them. With a scalpel I laid open the [frontalis muscle, from the exit wound down to the top of the nose] and immediately there were discharged eight ounces [250 ml] of ill-conditioned pus, with blood, and excessively fetid."



Fig. 1. In the left hemisphere, the brain is divided into two halves by the longitudinal fissure. The upper half is the cerebral hemisphere and the lower half is the cerebellum. The brain is covered by three layers of meninges: the dura mater, the arachnoid mater, and the pia mater.

Fig. 2. The brain is divided into two halves by the longitudinal fissure. The upper half is the cerebral hemisphere and the lower half is the cerebellum. The brain is covered by three layers of meninges: the dura mater, the arachnoid mater, and the pia mater.

The brain is divided into two halves by the longitudinal fissure. The upper half is the cerebral hemisphere and the lower half is the cerebellum. The brain is covered by three layers of meninges: the dura mater, the arachnoid mater, and the pia mater.

Fig. 3. The brain is divided into two halves by the longitudinal fissure. The upper half is the cerebral hemisphere and the lower half is the cerebellum. The brain is covered by three layers of meninges: the dura mater, the arachnoid mater, and the pia mater.

Fig. 4. The brain is divided into two halves by the longitudinal fissure. The upper half is the cerebral hemisphere and the lower half is the cerebellum. The brain is covered by three layers of meninges: the dura mater, the arachnoid mater, and the pia mater.