RADIOLOGICAL ANATOMY OF THE HEAD AND NECK

المدرس الدكتور: تارا فاروق كريم كلية الطب / جامعة بغداد

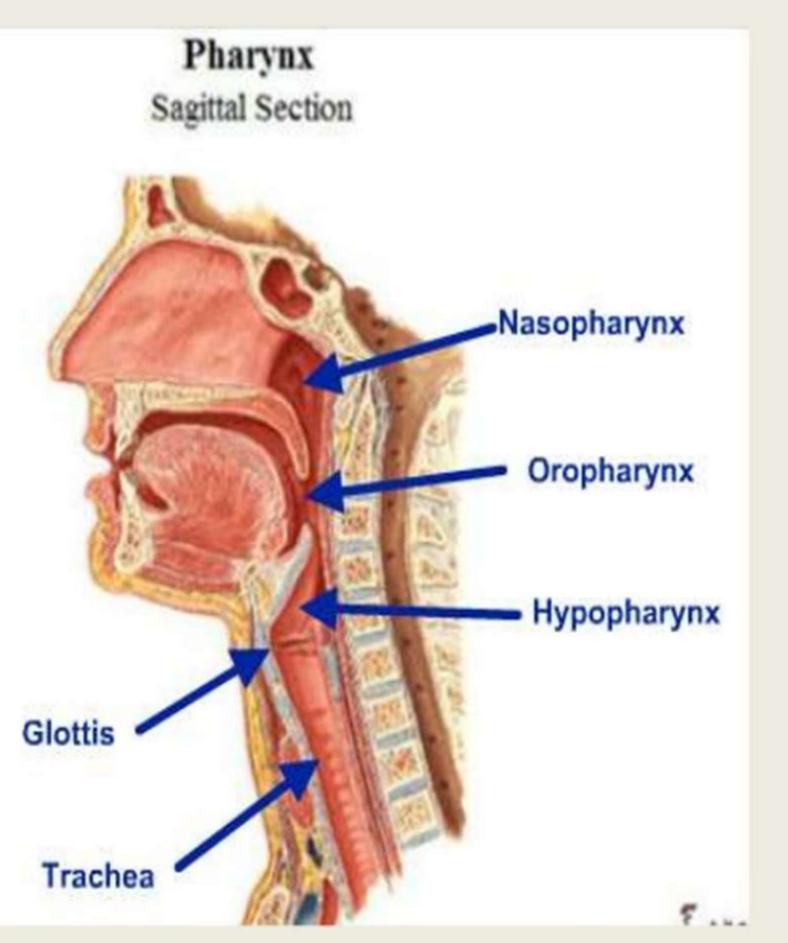


The pharynx and its related spaces. The oral cavity and the floor of the mouth. **The larynx.**

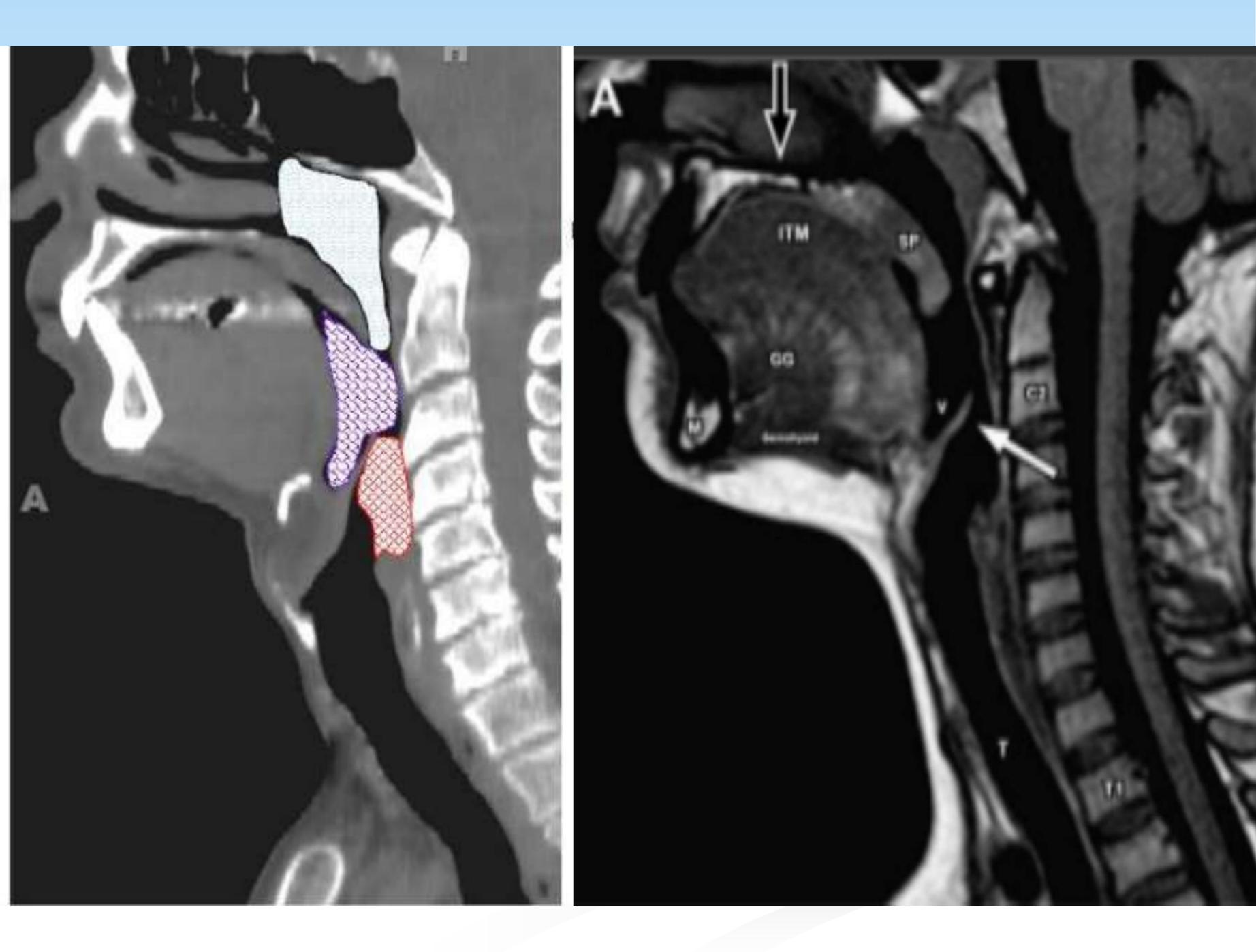
The cervical Lymph nodes levels.

THE PHARYNX

- Is a muscular tube extending from the base of the skull to the lower border of the cricoid cartilage(C6) as it continue with the esophagus:
- Nasopharynx.
- Oropharynx.
- Hypopharynx.





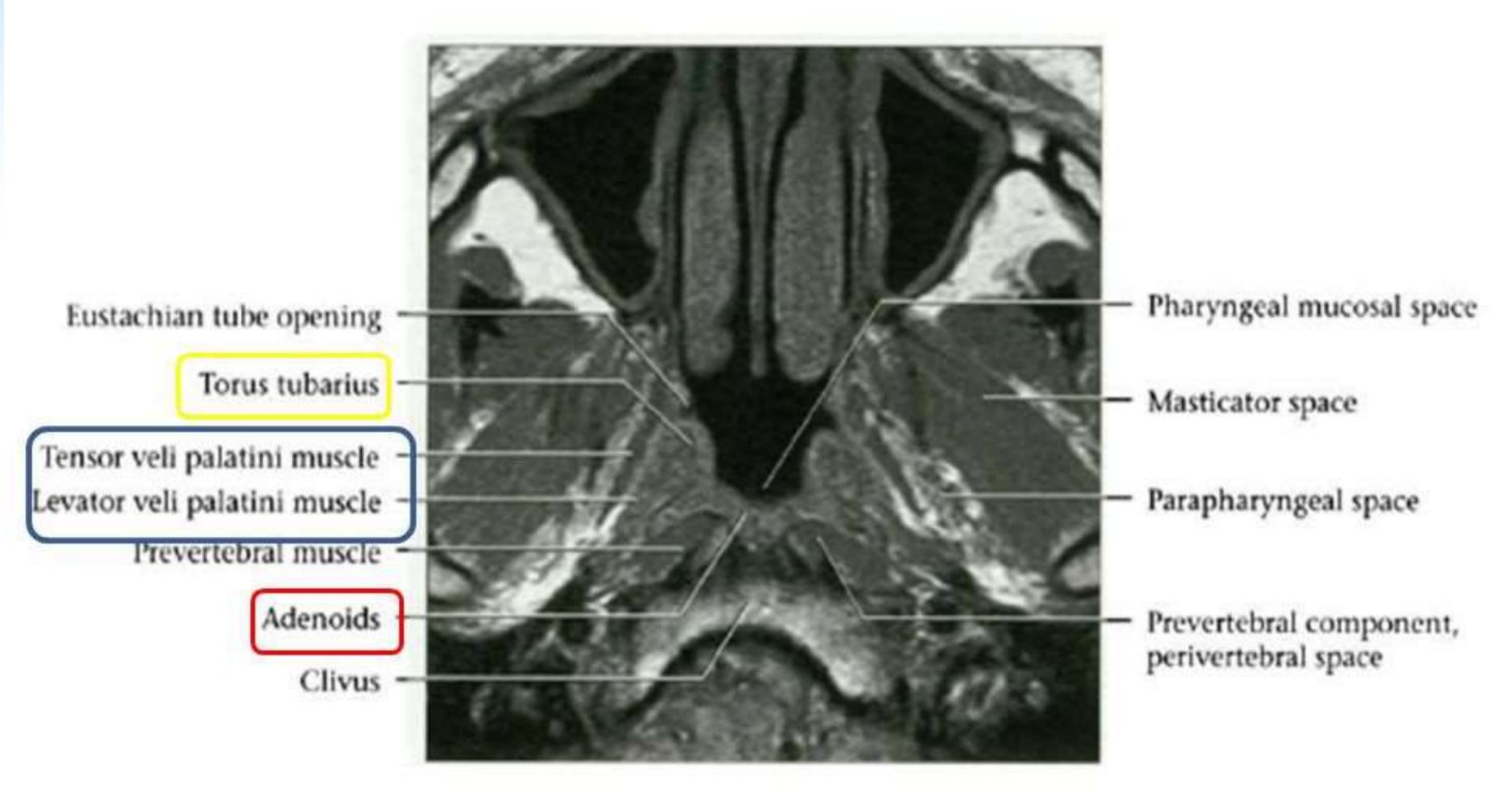


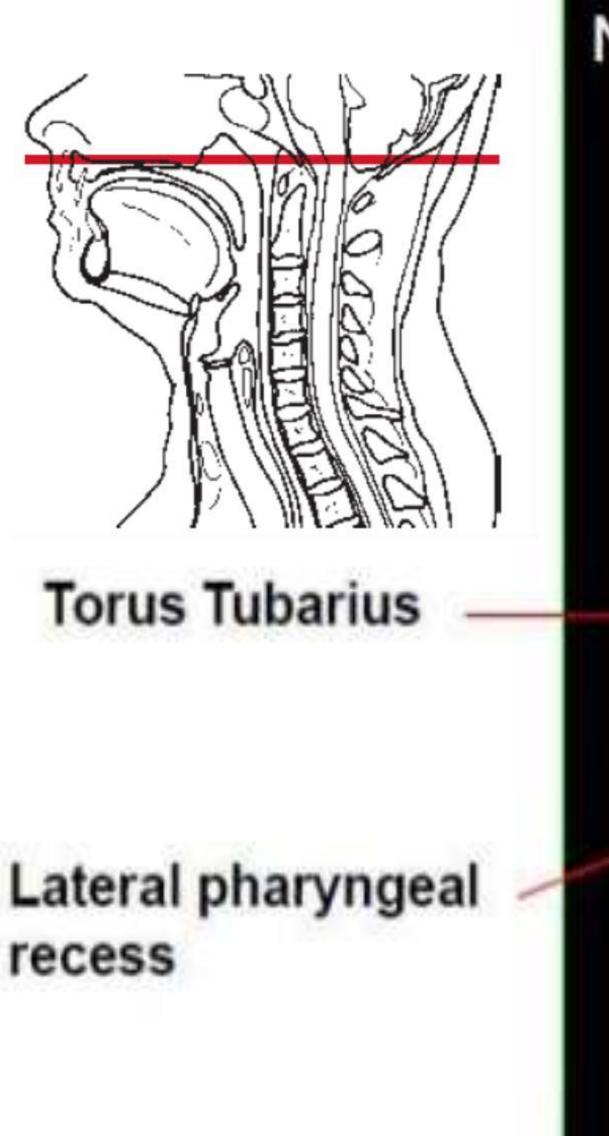
THE NASOPHARYNX, OROPHARYNX AND RELATED SPACES

- The nasopharynx is that
 part of the pharynx
 between the posterior
 choncae and the lower
 limit of the soft palate
- Posteriorly it lies on the upper cervical vertebrae and longus collis and capitus.



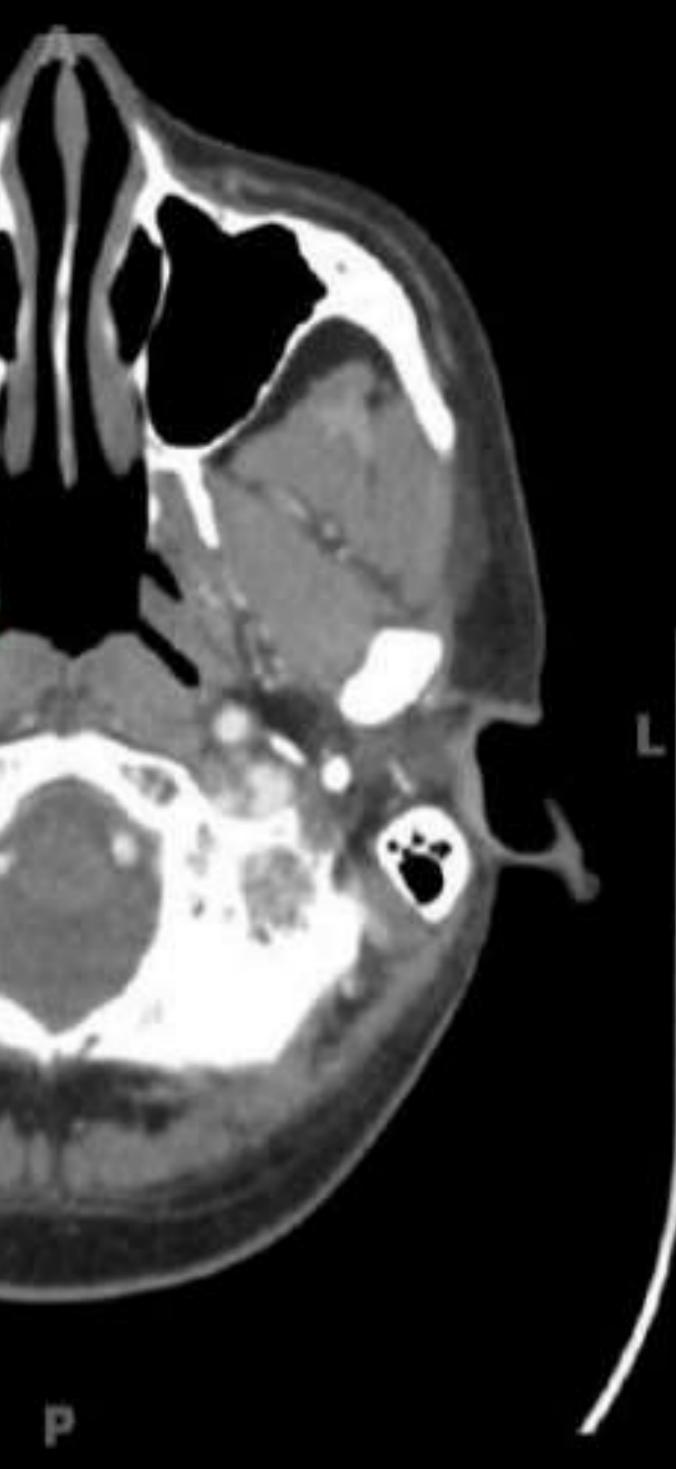
Axial T1 MR

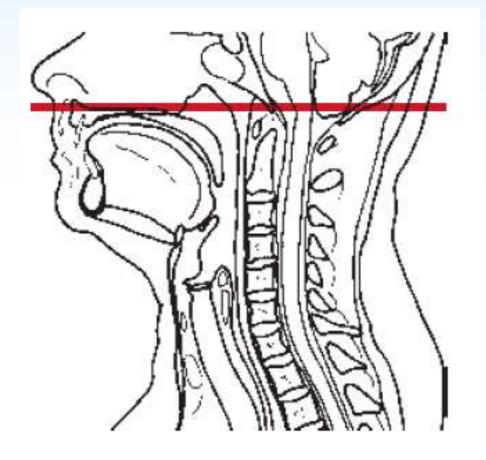


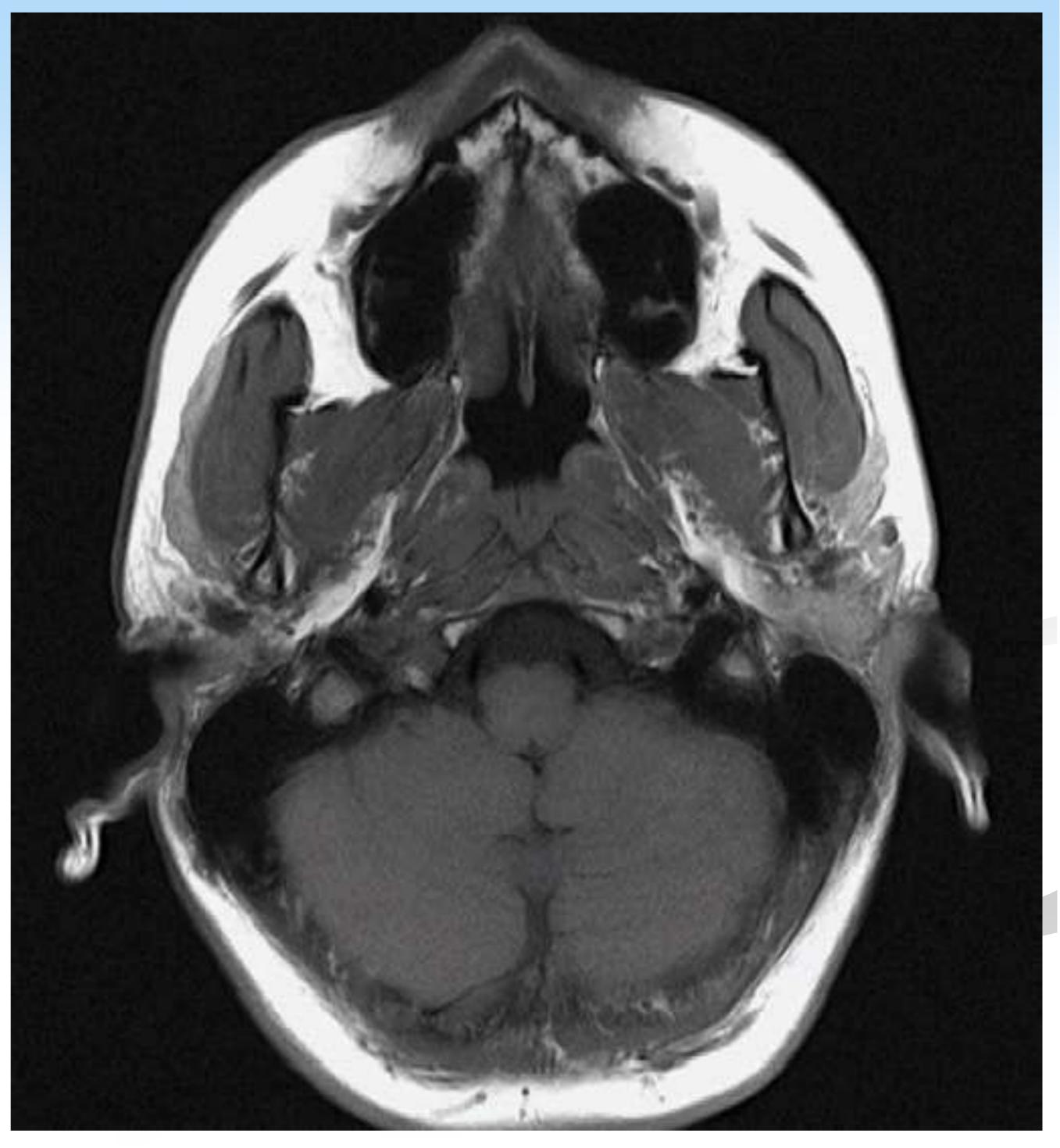


Nasopharynx

R







RELATED SPACES

Para pharyngeal space. Masticator space. Pharyngeal mucosal space. Parotid space. Carotid space. Buccal space



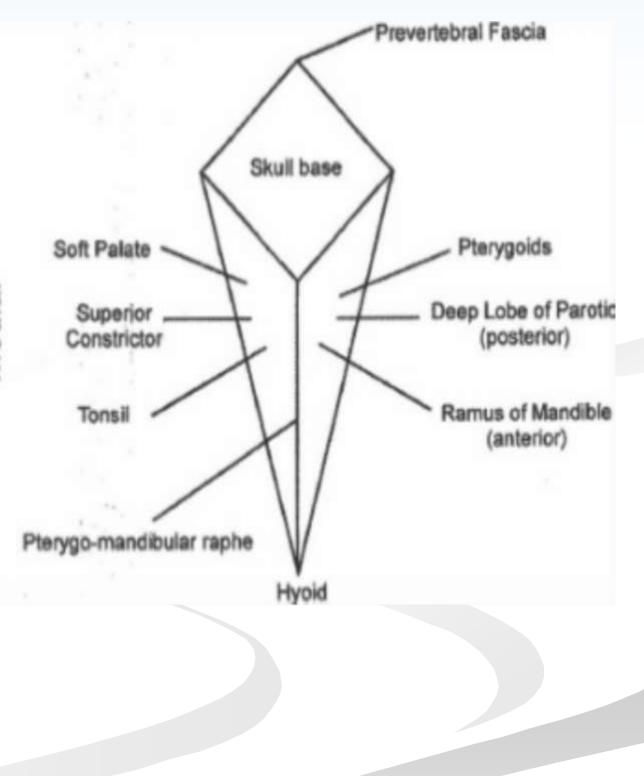


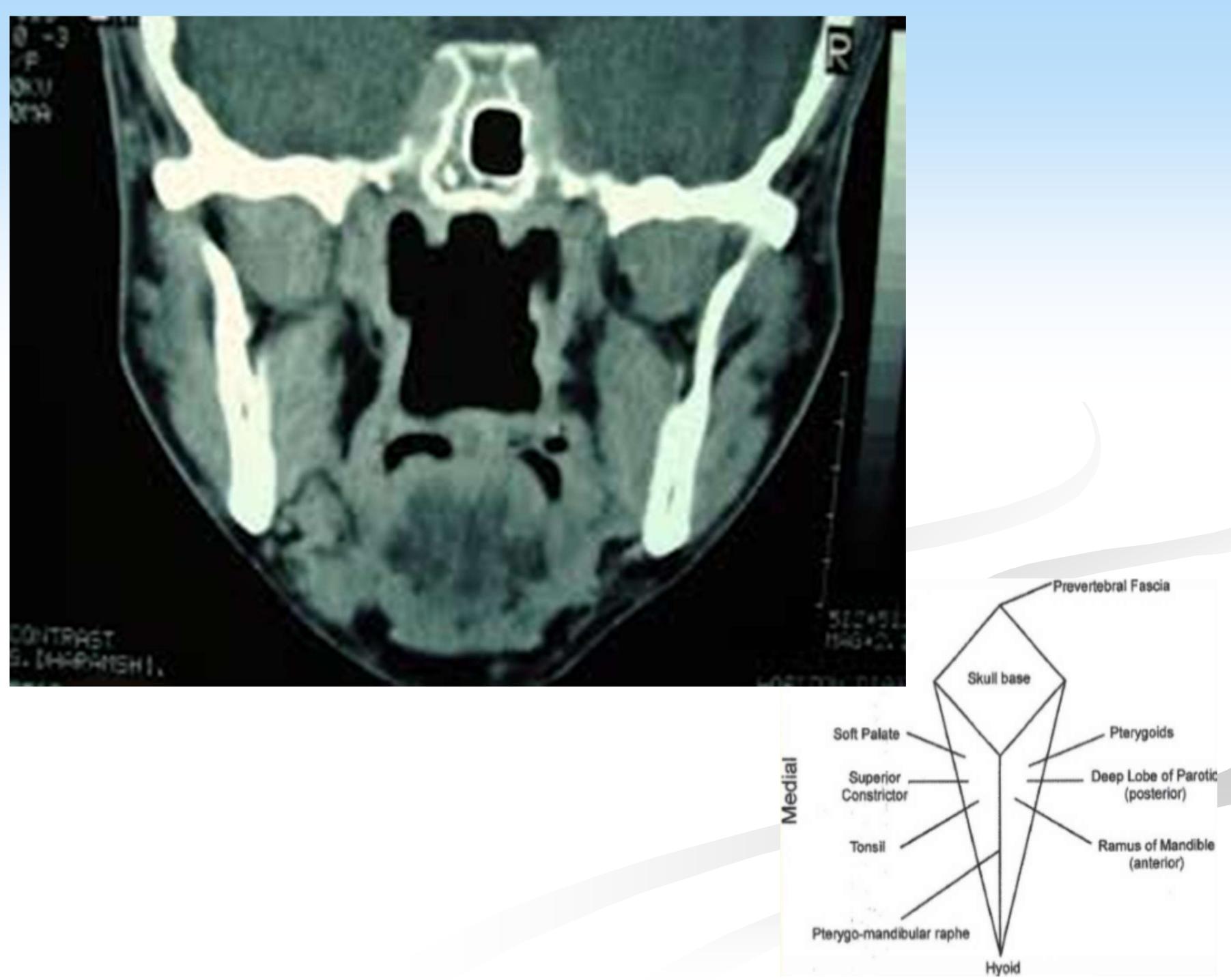
The parapharyngeal space

- The parapharyngeal space is shaped like an inverted pyramid lateral to the nasopharynx and extend from the base of the skull to the hyoid bone.
- Anterolaterally, lies the masticator space.
- Posteriorly; it is separated from the carotid sheath by the styloid

<u>process</u>.

The <u>deep part of the parotid gland</u> lies laterally.





Parapharyngeal space (PPS)

Contents:

Fat, minor salivary glands and vessels (internal) maxillary and ascending pharyngeal arteries and ptrygoid plexus of veins).

No mucosa, muscles, nodes, bones.

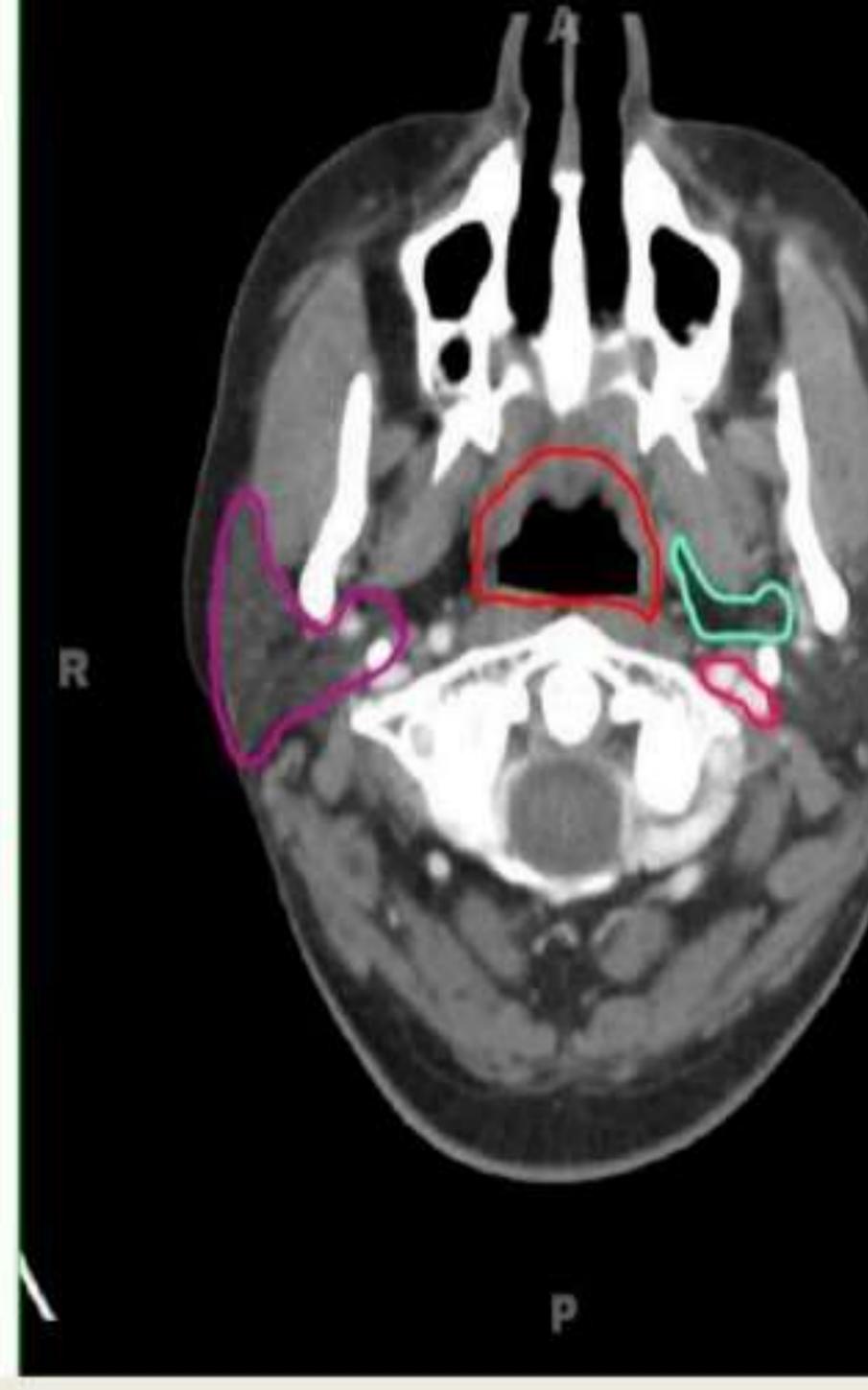
Pathology:

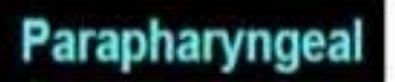
Rarely diseases can originate within. Minor salivary gland tumors, lipoma may be. To say it is from PPS, it should be completely surrounded by fat.



Pharyngeal mucosal



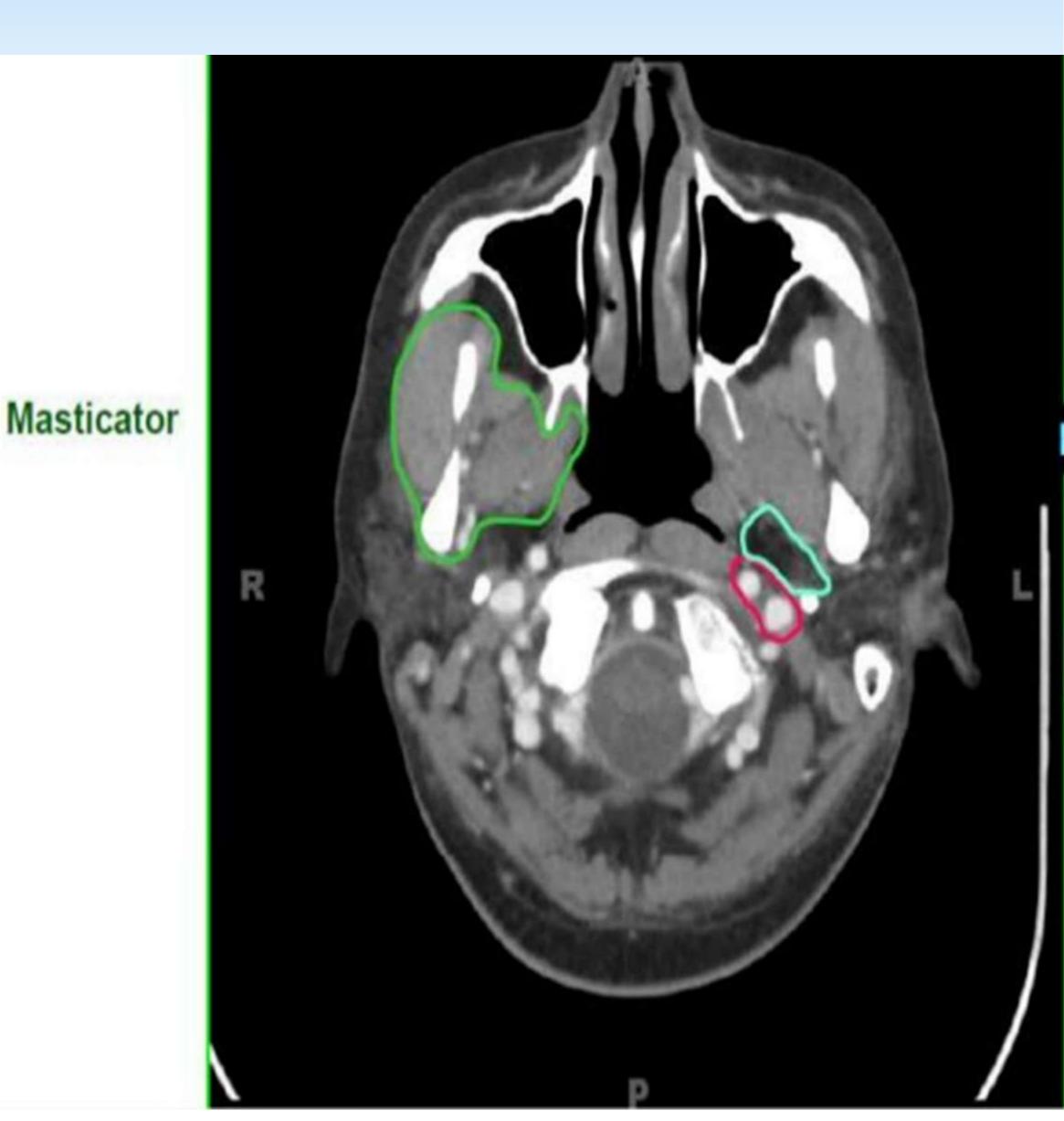




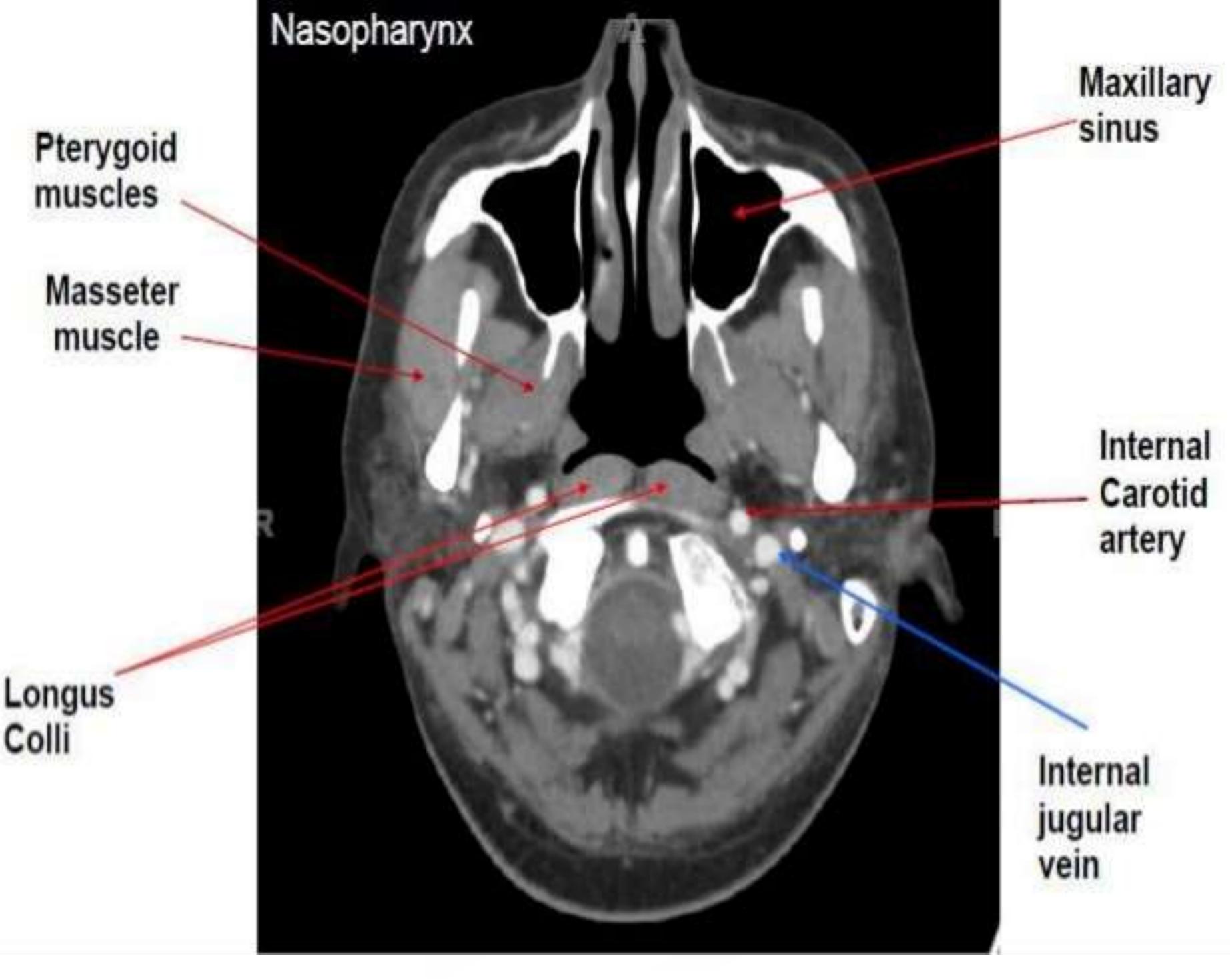


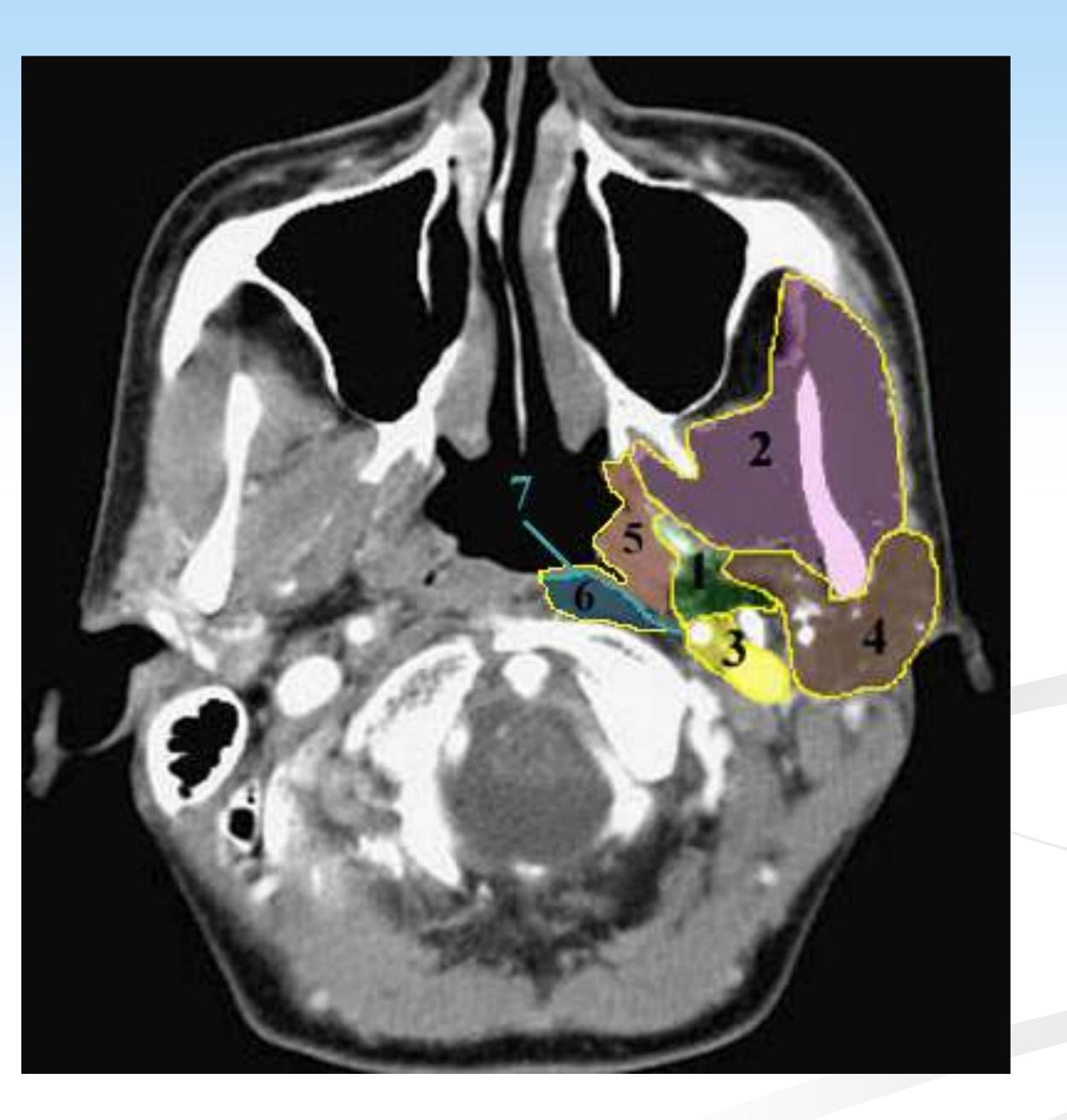
The Masticator Space

This space contains the mandible, the muscles of mastication, and the mandibular division of the trigeminal nerve.







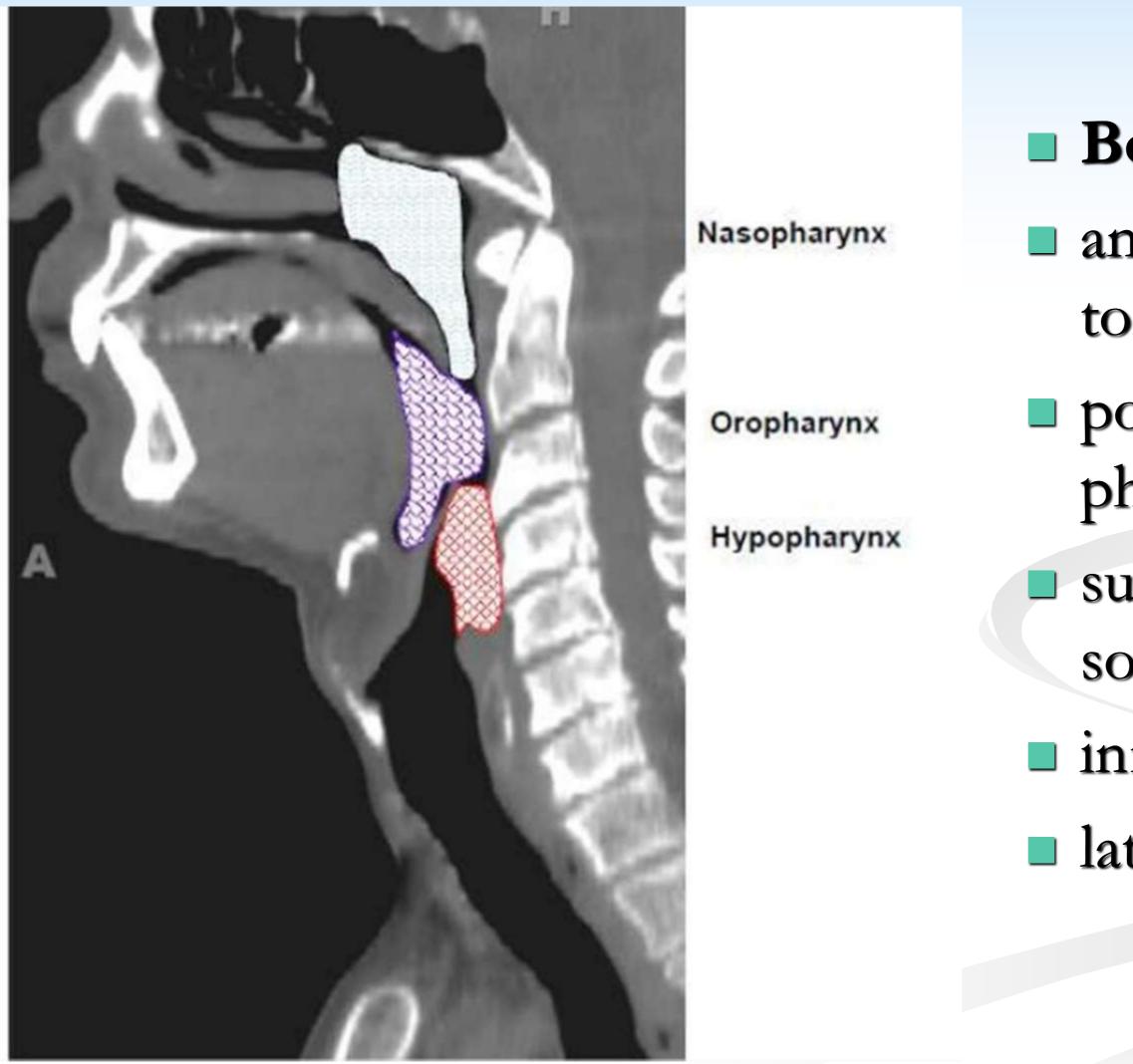


Contrast enhanced CT

1 Parapharyngeal space. 2 Masticator space. 3 Carotid space 4 Parotid space. 5 Mucosal space. 6 Perivertebral space (anterior portion). 7 Retropharyngeal

space (virtual at this level).

The oropharynx





Boundaries:

anteriorly: base of the tongue, lingual tonsils

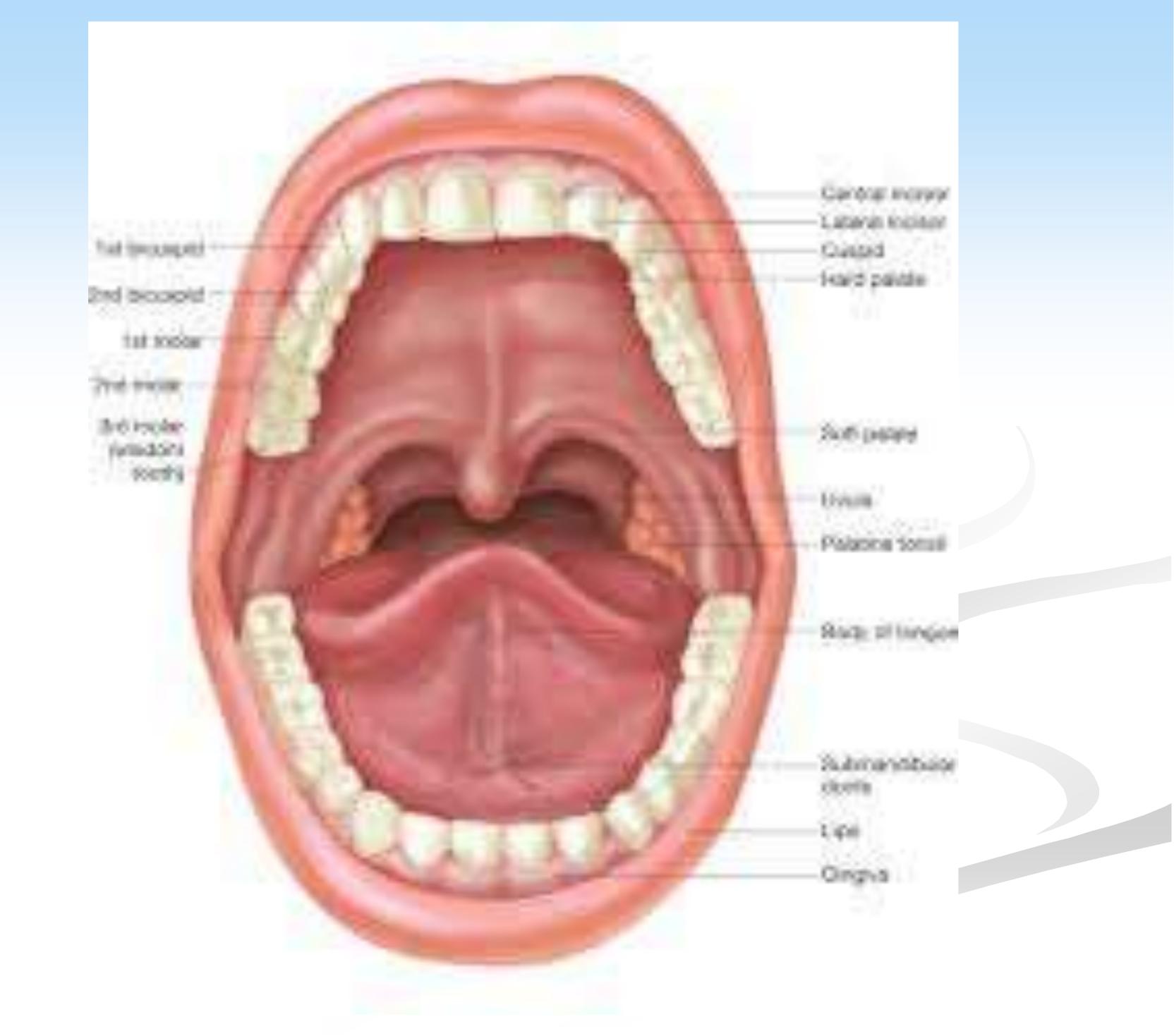
posteriorly: posterior

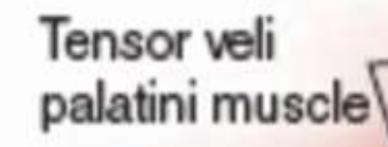
pharyngeal wall

superiorly: elevated soft palate

inferiorly: valleculae

laterally: palatine tonsils





Hamulus / Palatoglossus muscle

12-1-1-1

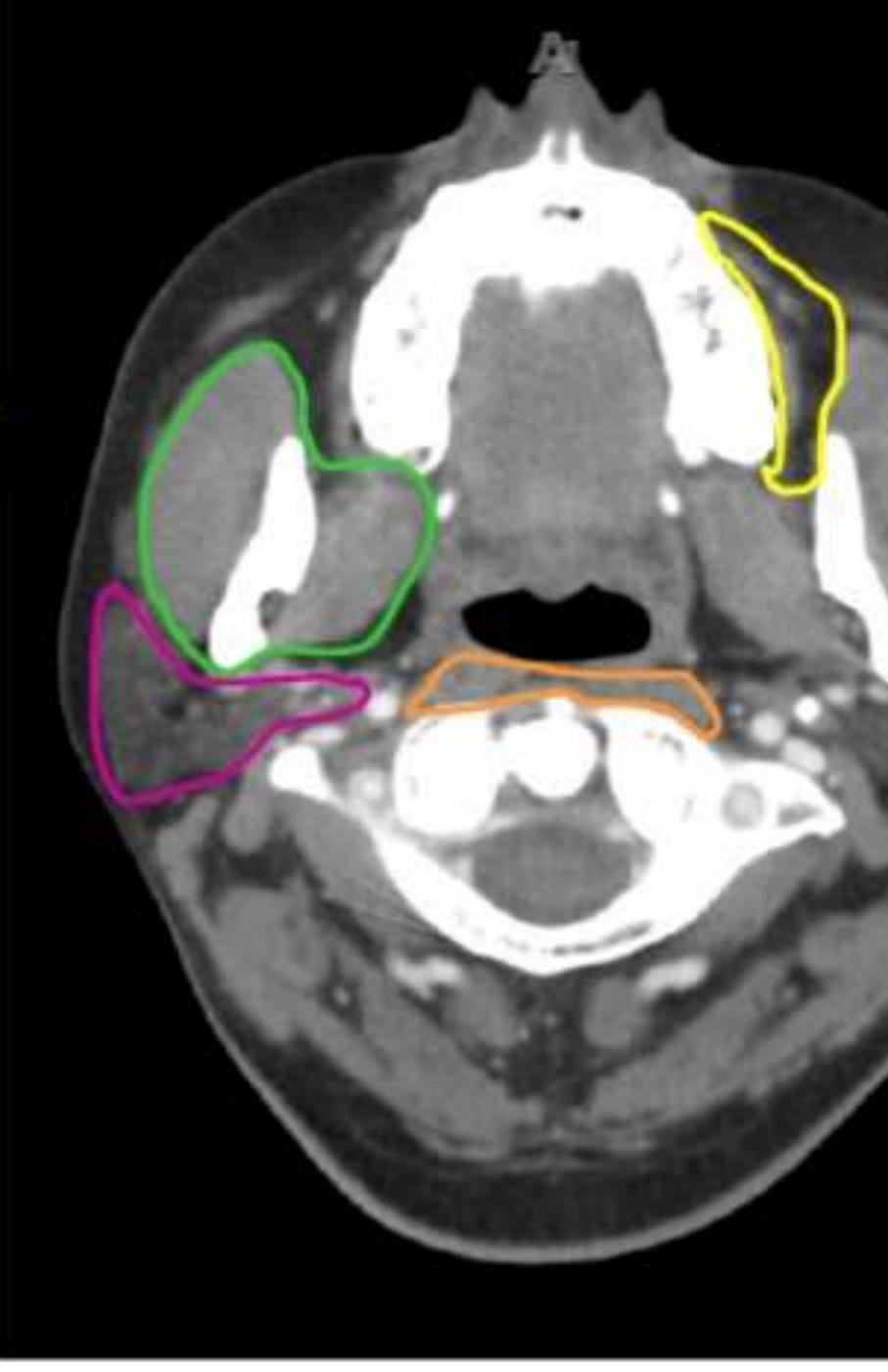
Levator veli palatini muscle

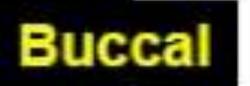
Superior pharyngeal constrictor muscle

Palatopharyngeus muscle

Masticator



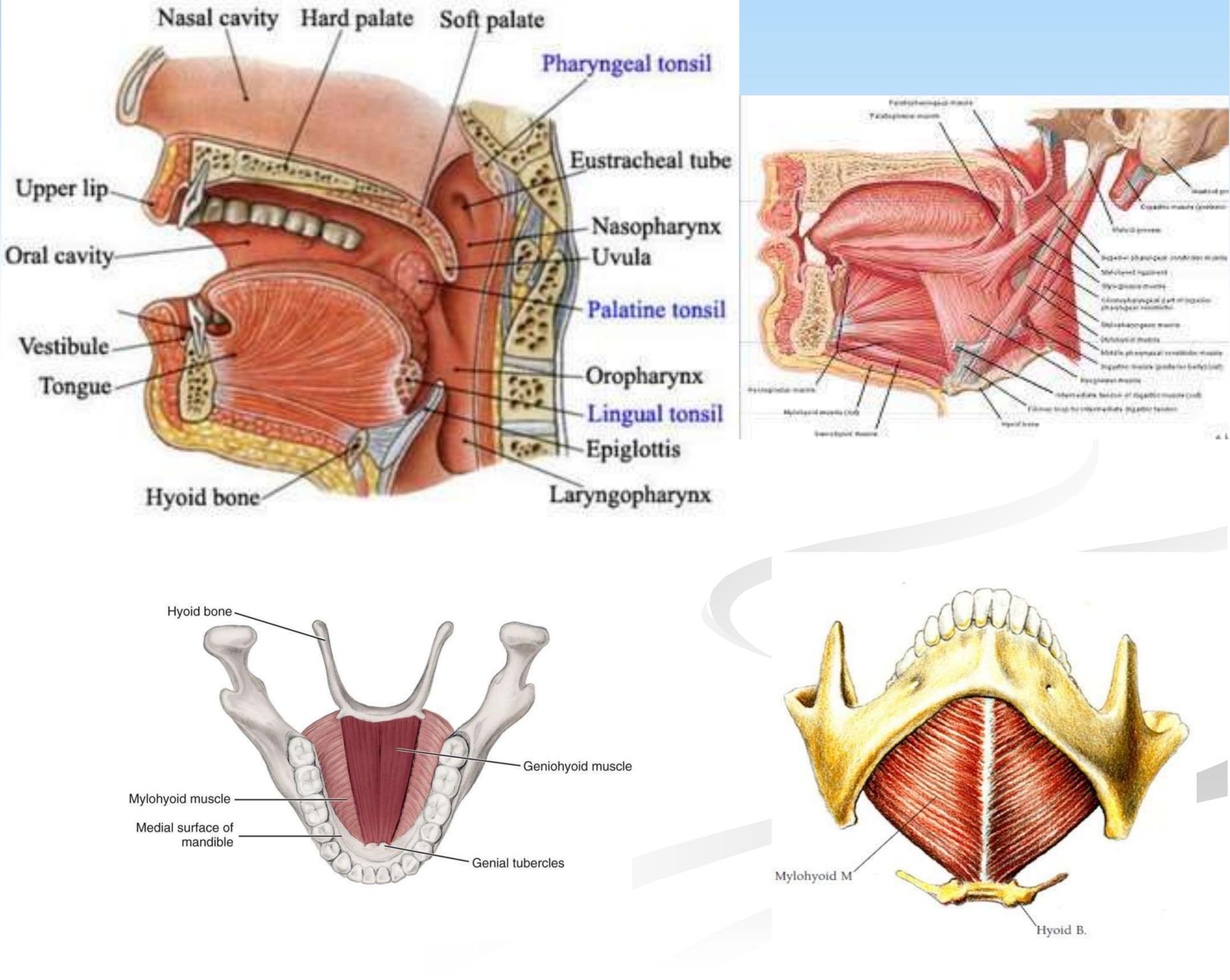




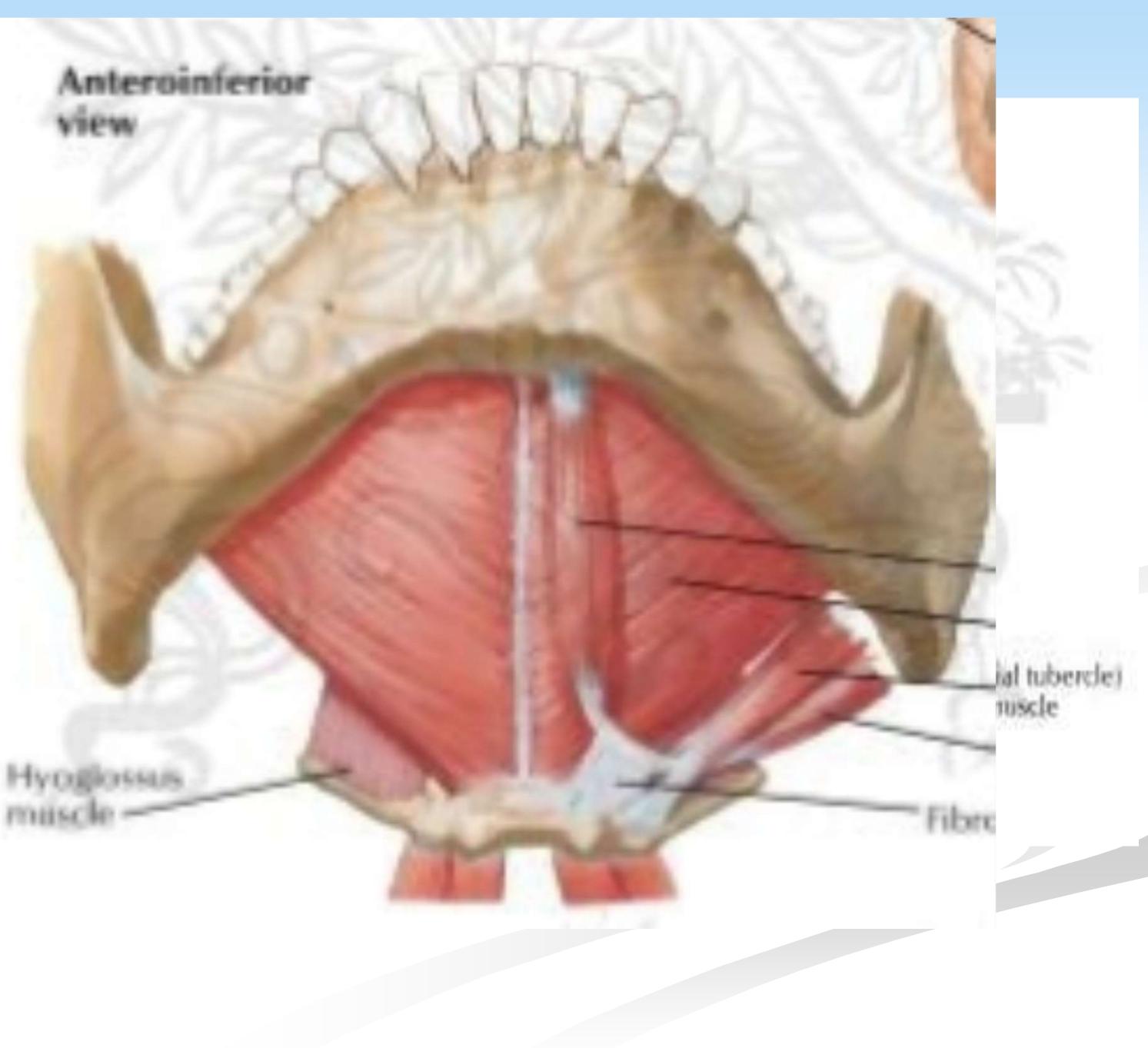


THE ORAL CAVITY







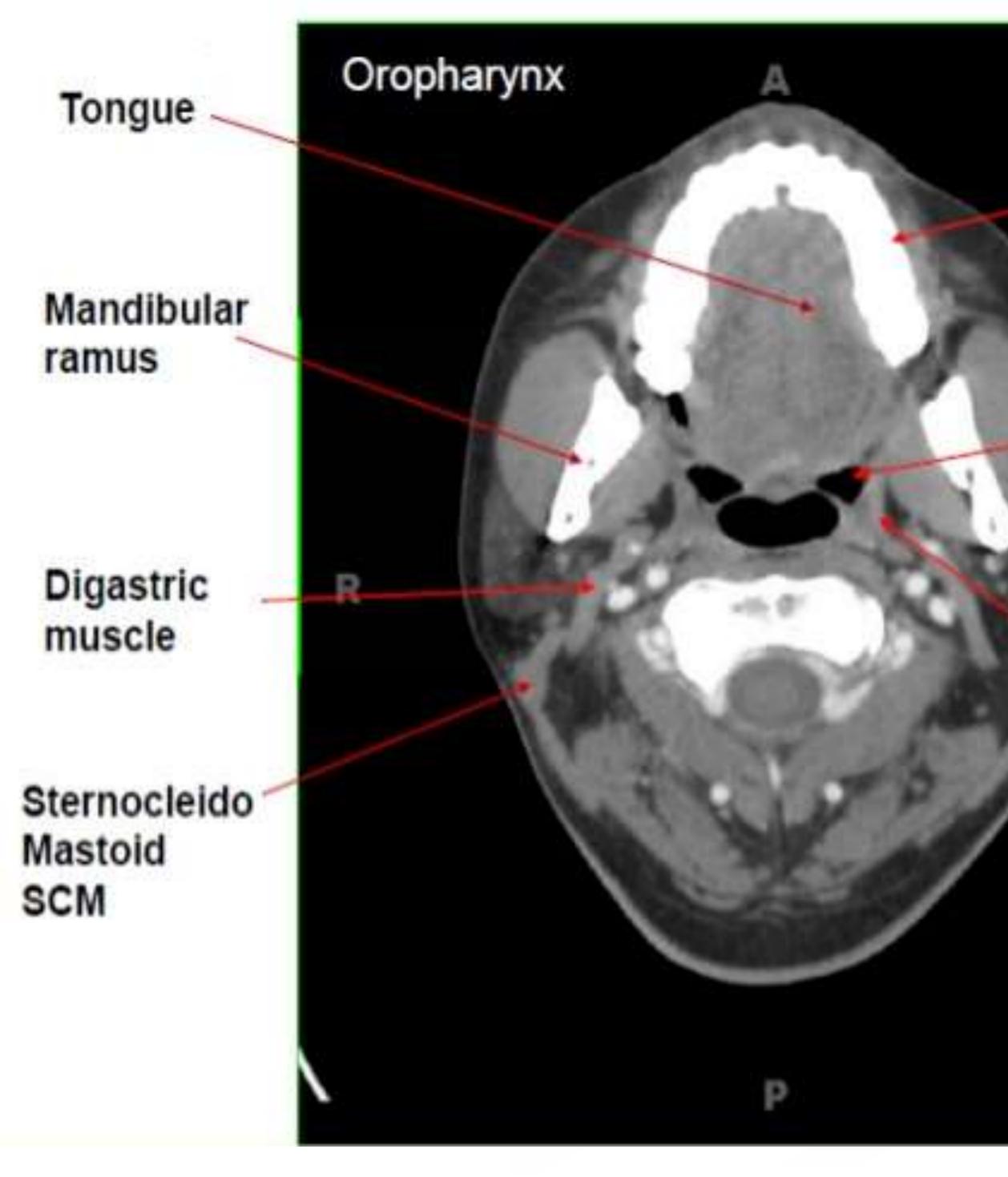


Oral cavity

- Tongue.
- Base of the tongue.

 Floor of the mouth(the part of the oral cavity that
 lies beneath the
 tongue)(The mylohyoid muscle and the anterior
 belly of the digastric muscle combined with geniohyoid muscle).



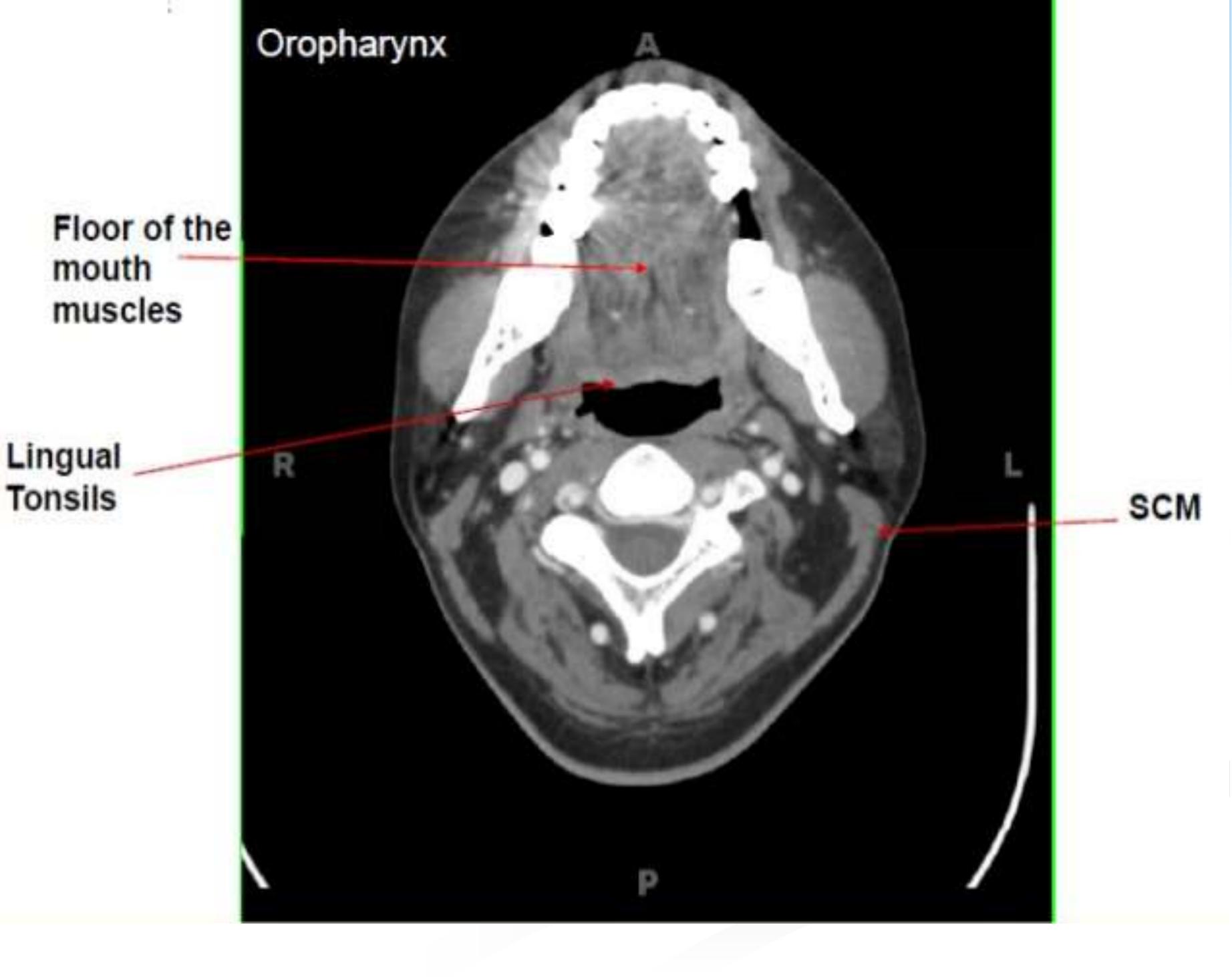


Superior Alveolar Ridgemax. bon

Palatine recess

Parotid gland

Palatine tonsils





SUBLINGUAL

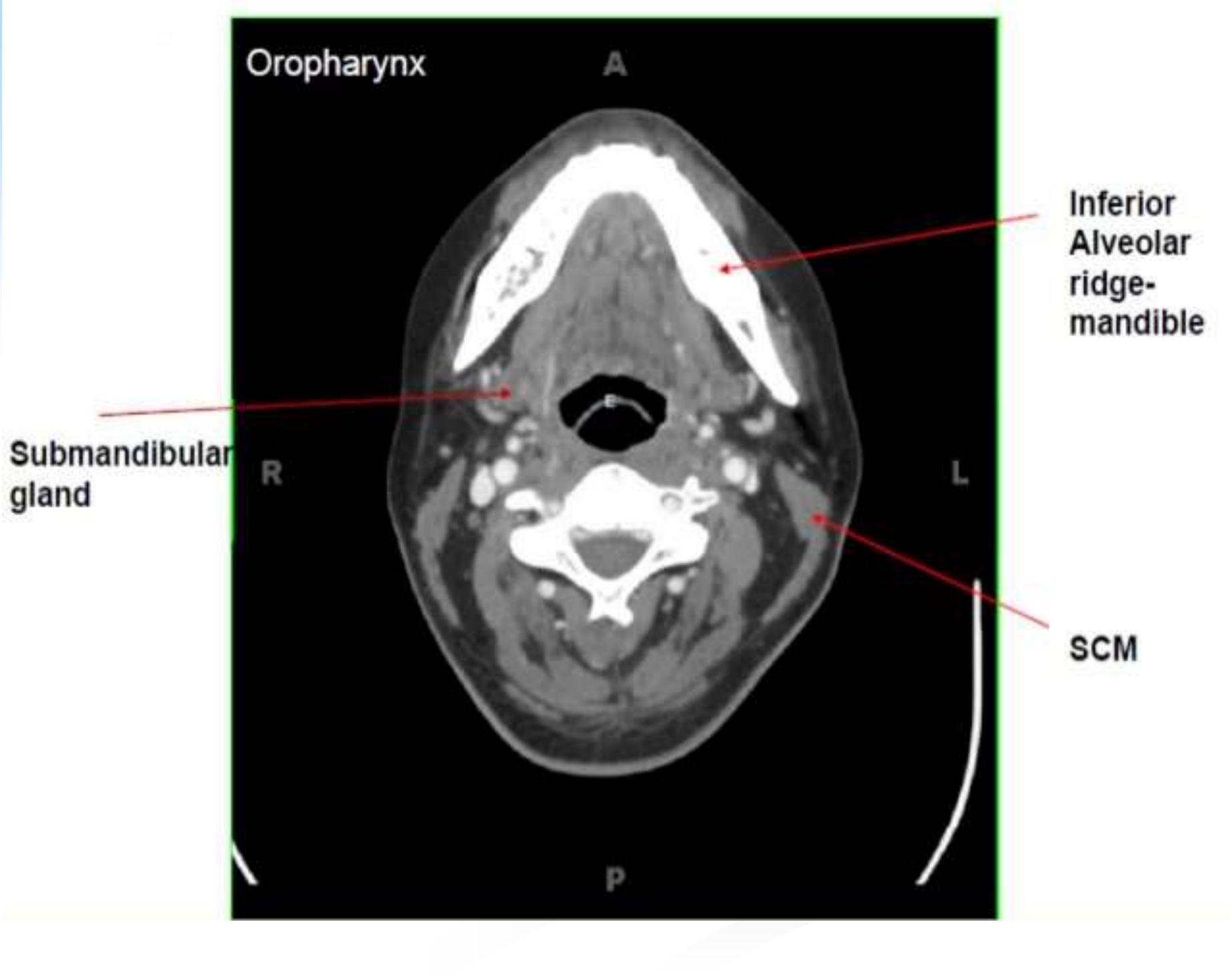
GENIOGLOSSUS M.

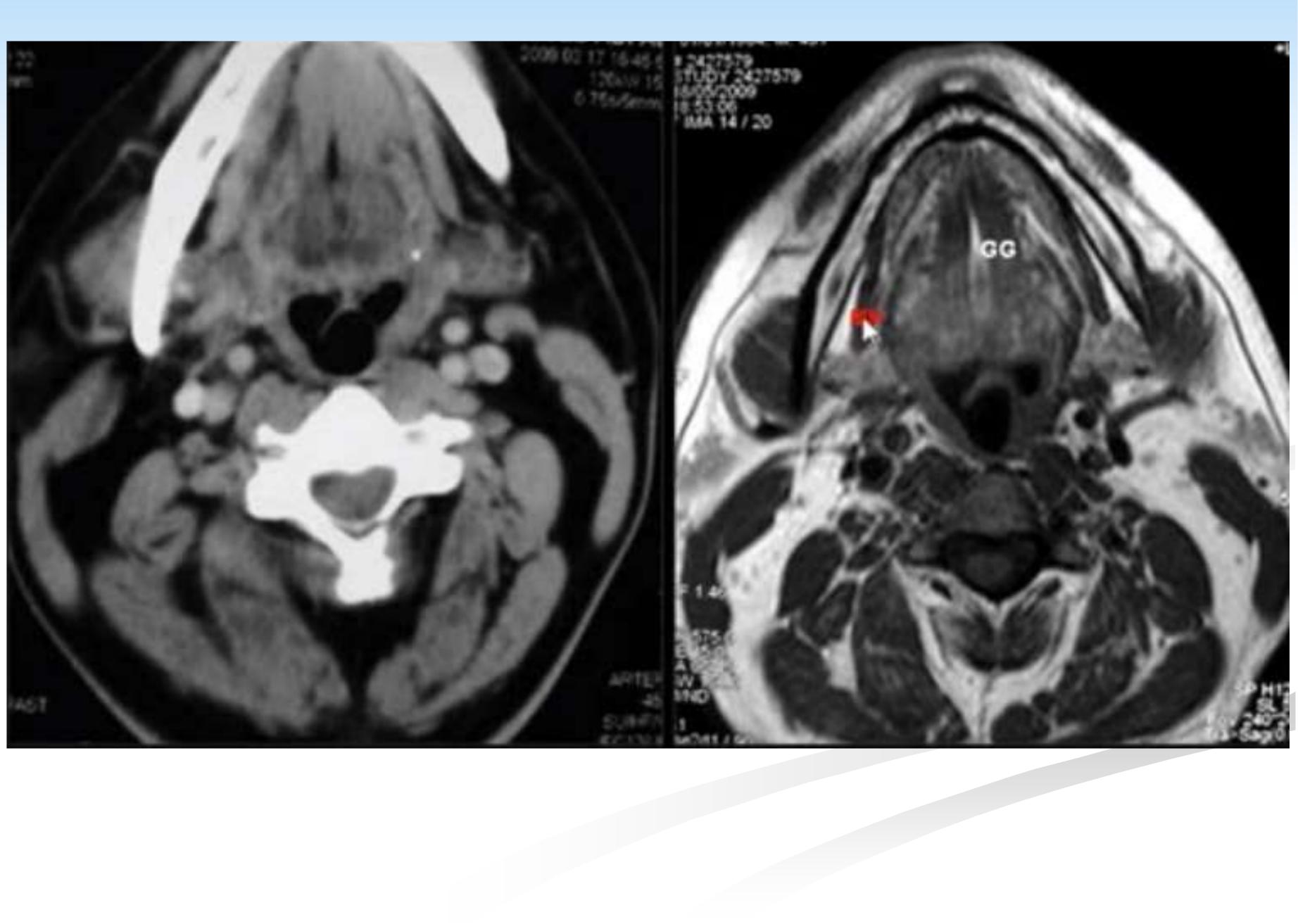
BASE OF THE TONGUE

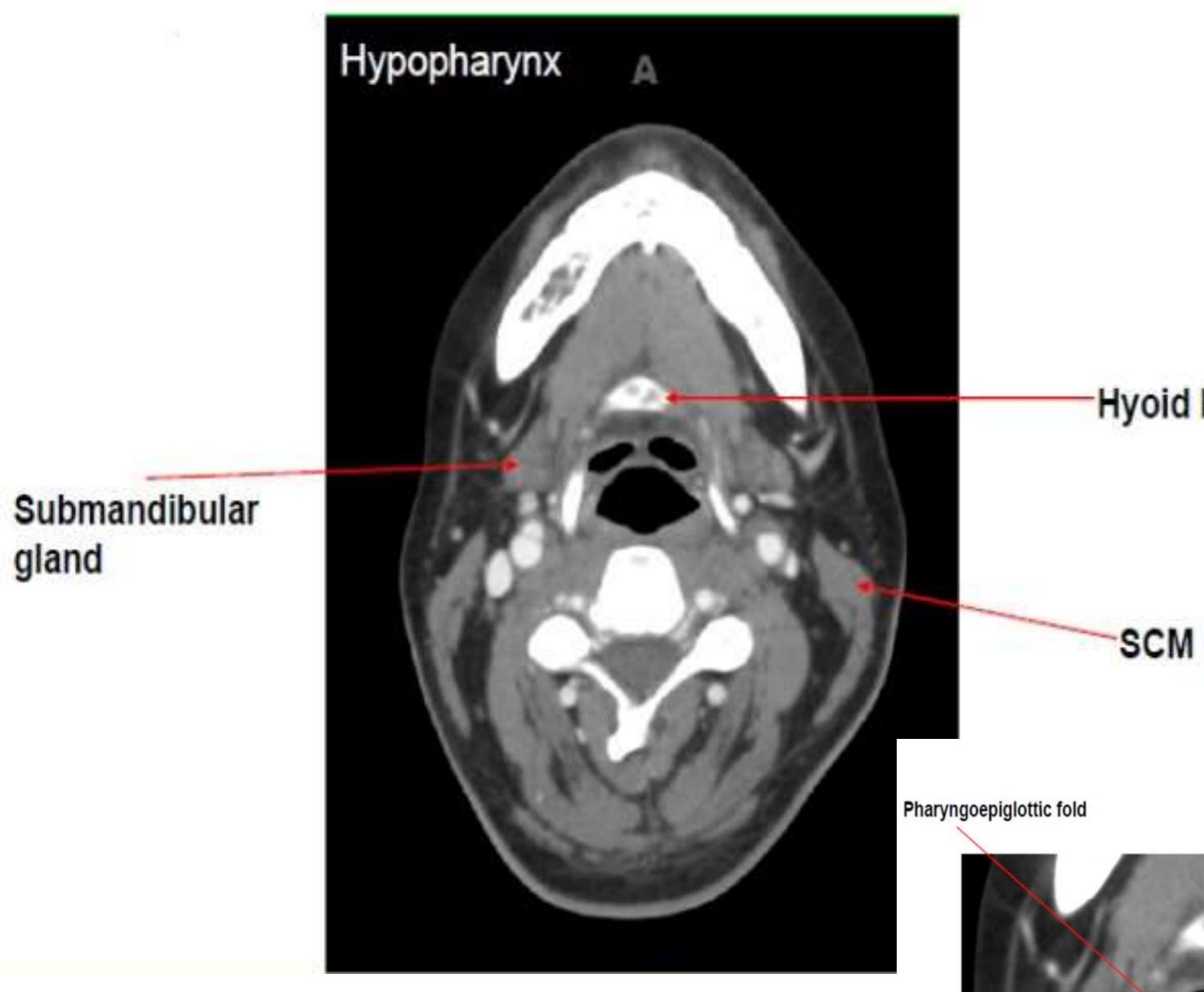
SUBMANDIBULAR

MYLOHYOID M.

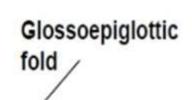
HYOGLOSSUS M.







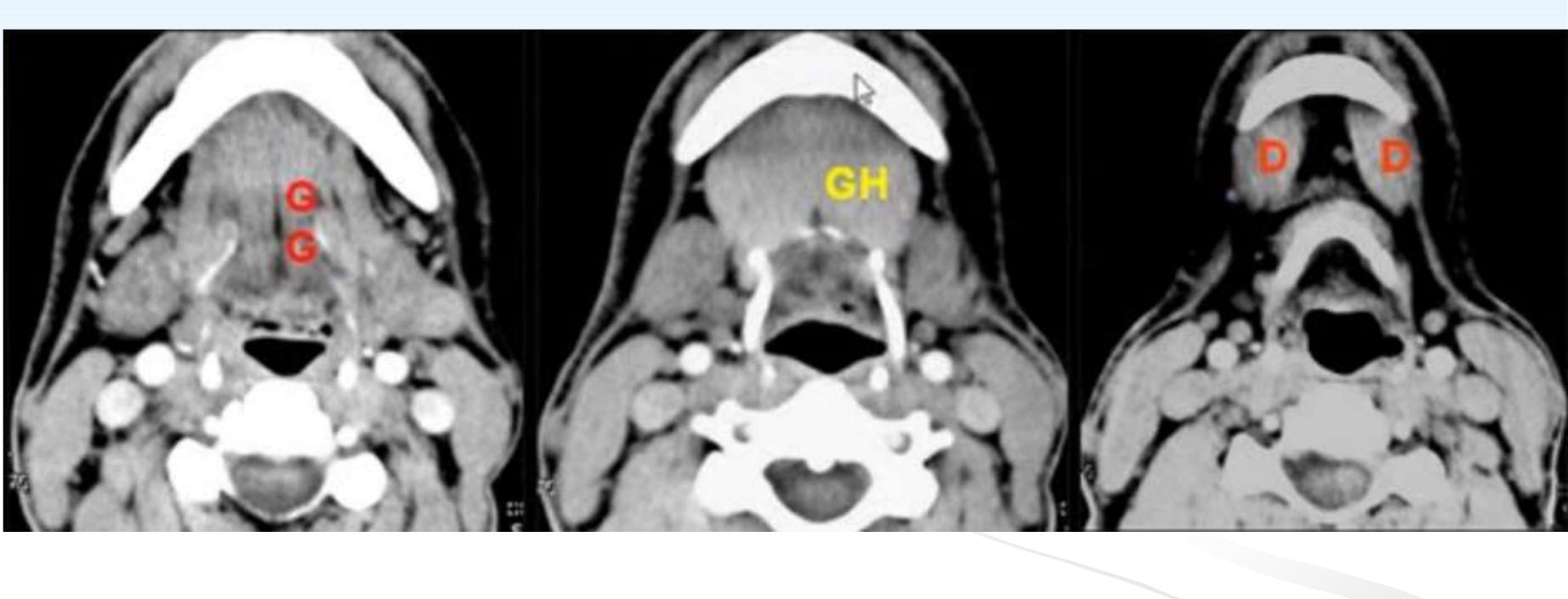
Hyoid bone

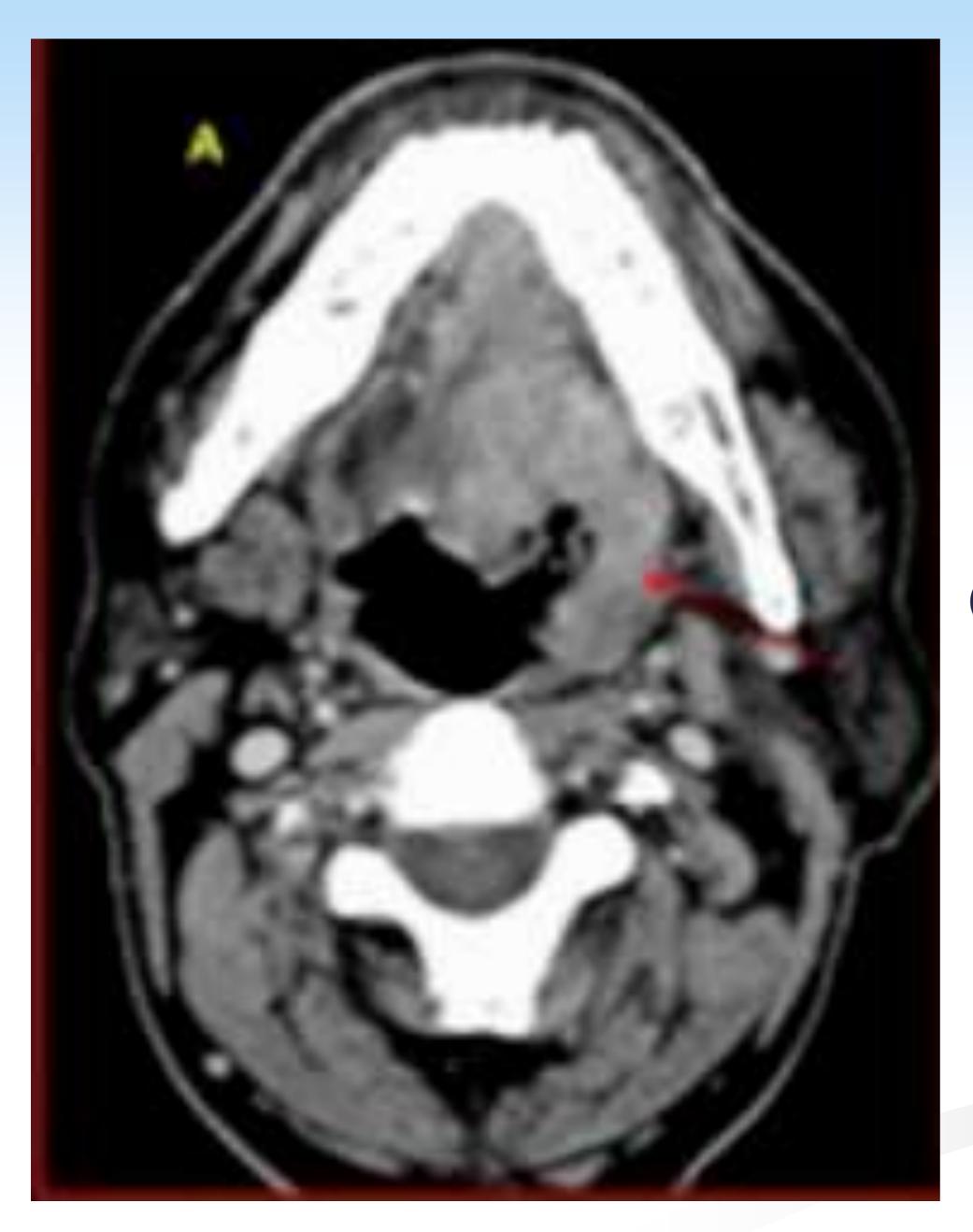




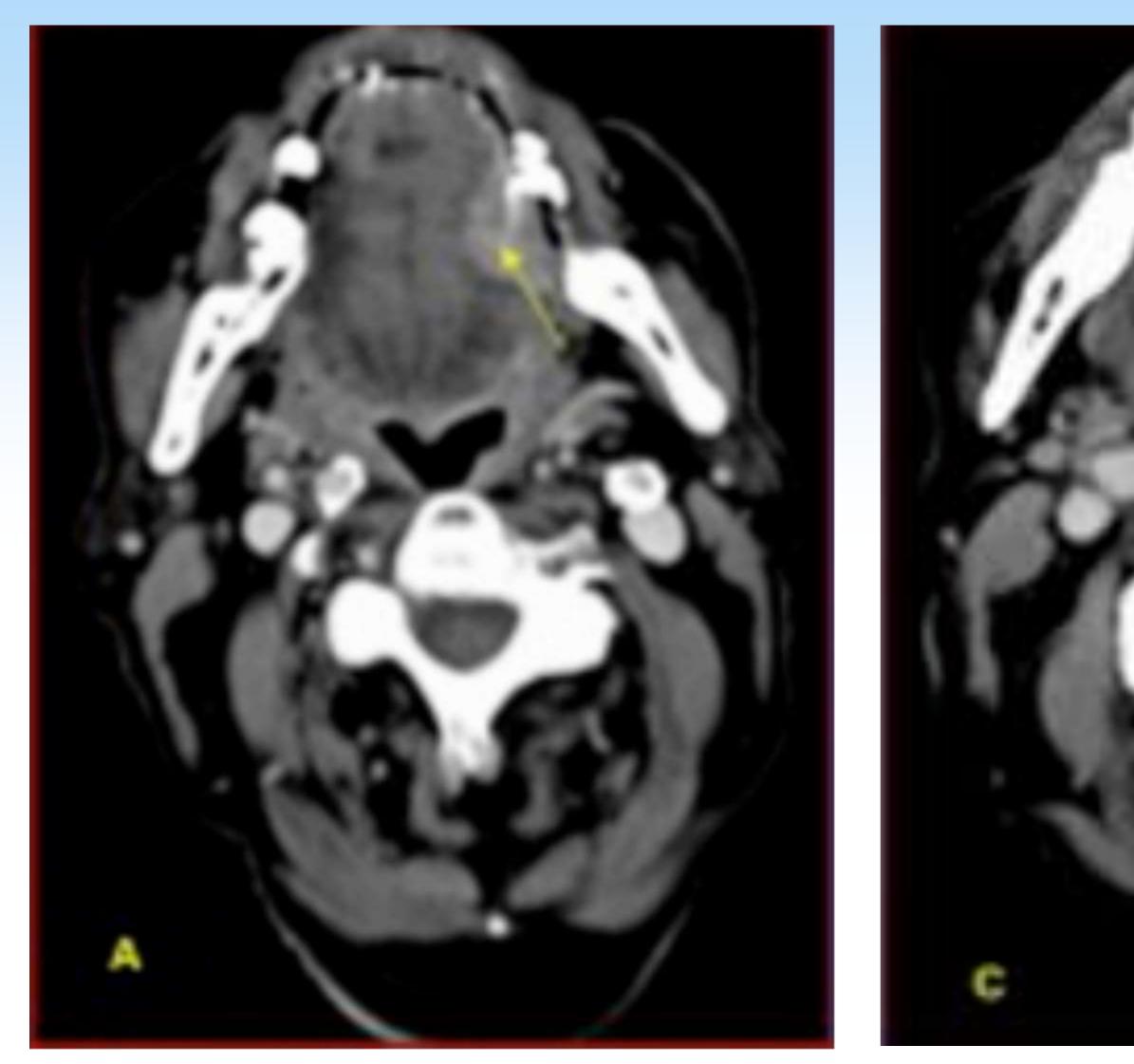




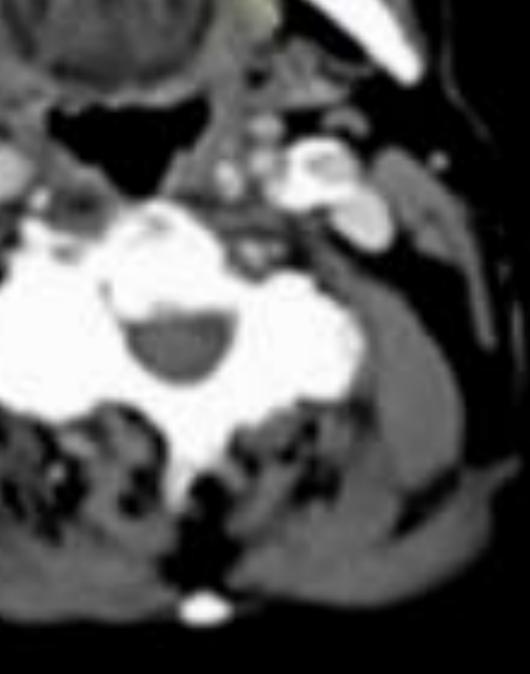




Squamous cell CA of the floor of the mouth (mass in the Lt aspect of the floor of the mouth which extends to the tonsillar area (arrow)



Squamous cell CA of the tongue in the LT. anterior aspect, does not cross the midline and invades the mylohyoid muscle of the floor of the mouth



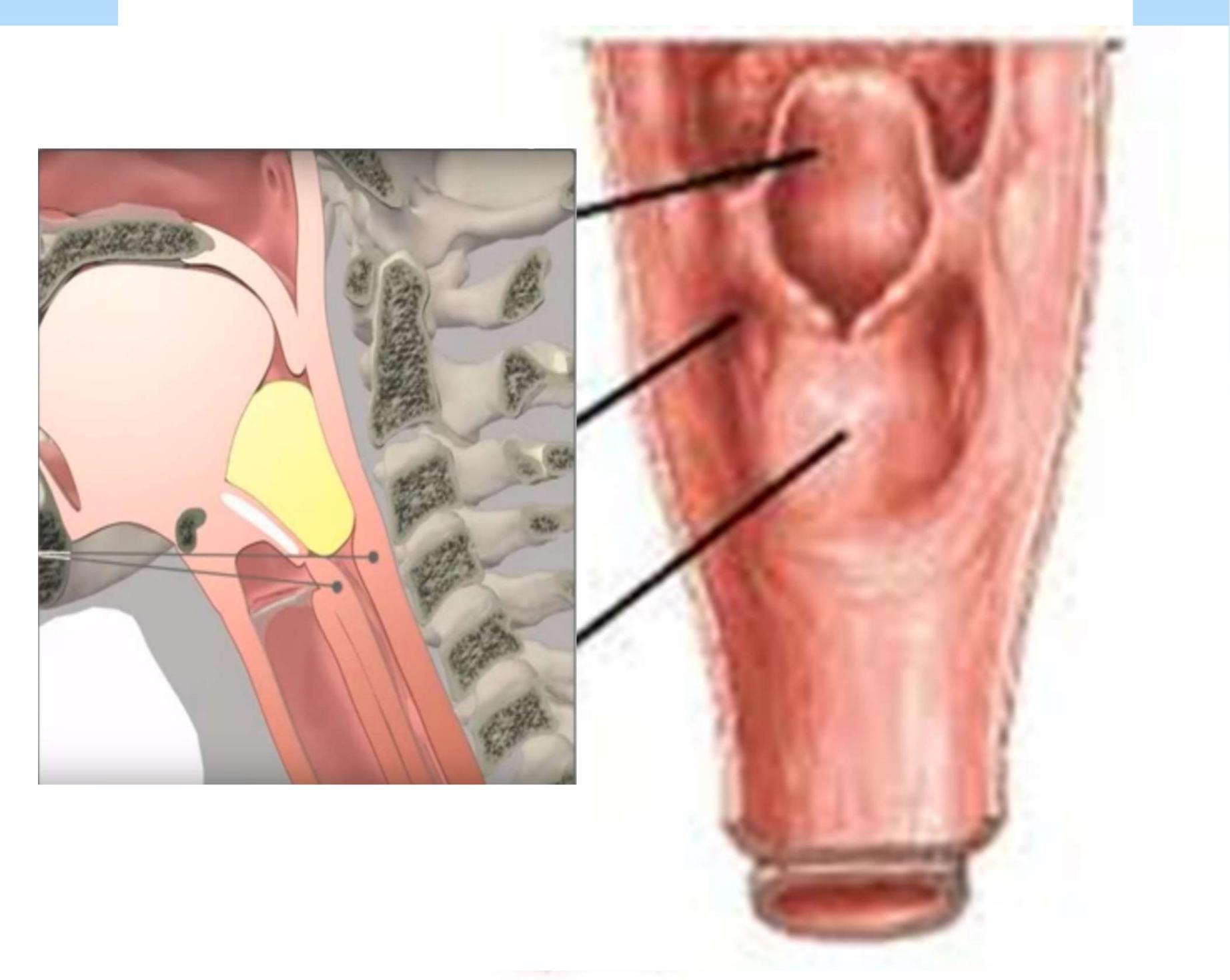
The hypopharynx(Laryngopharynx) and the Larynx

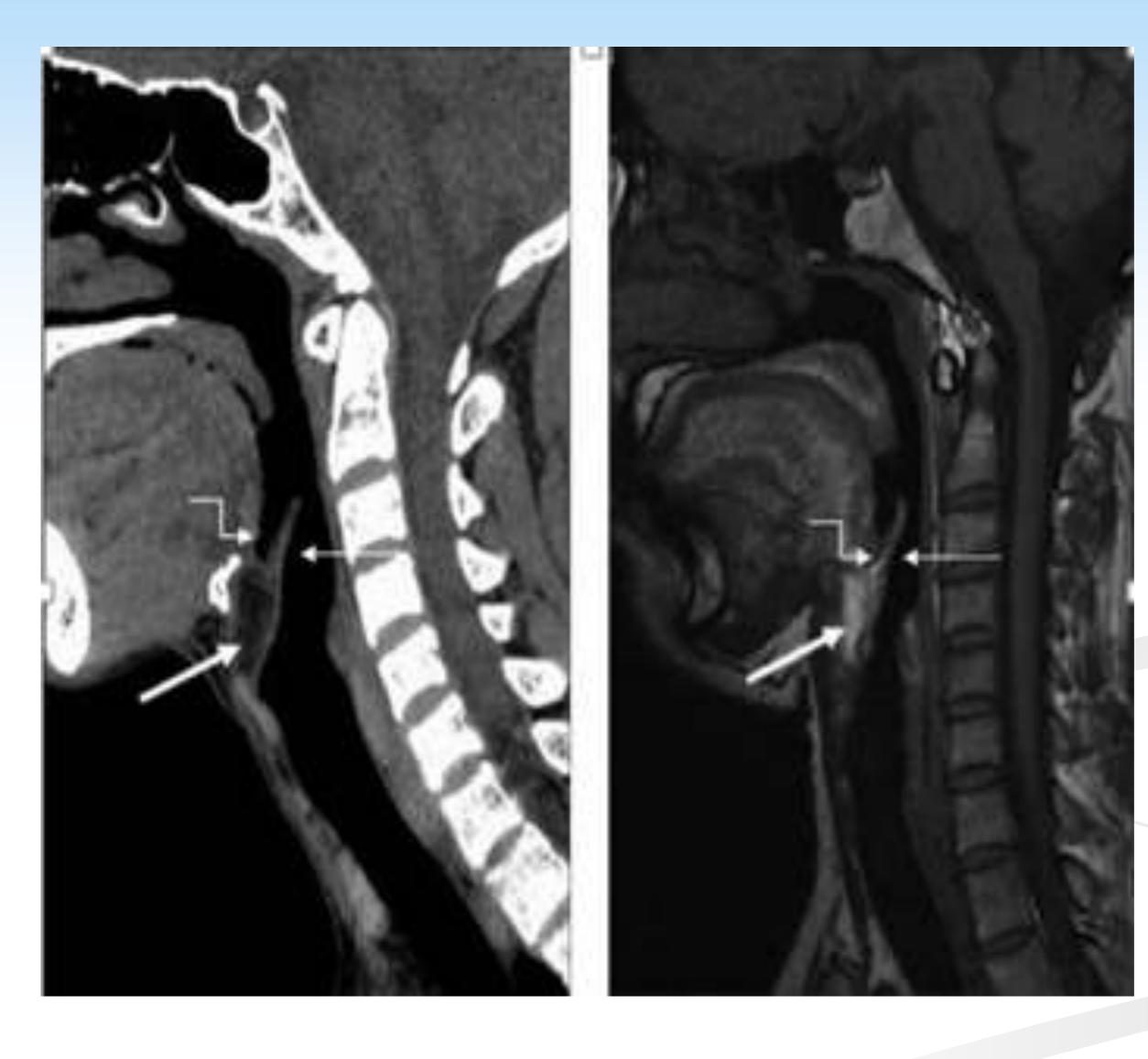


THE HYPOPHARYNX

- Situated behind and partly on sides of the larynx.
- Opposite to 3rd, 4th, 5th, 6th cervical vertebrae.
- Clinically it is divided into 3 regions :
- Pyriform Sinus(Lies on either side of larynx)
- Post-cricoid Region (It is a part of anterior wall of laryngopharynx between the upper and lower border of the cricoid lamina).
- Posterior Pharyngeal Wall(It extends from level of Hyoid) bone to the level of crico arytenoid joint).

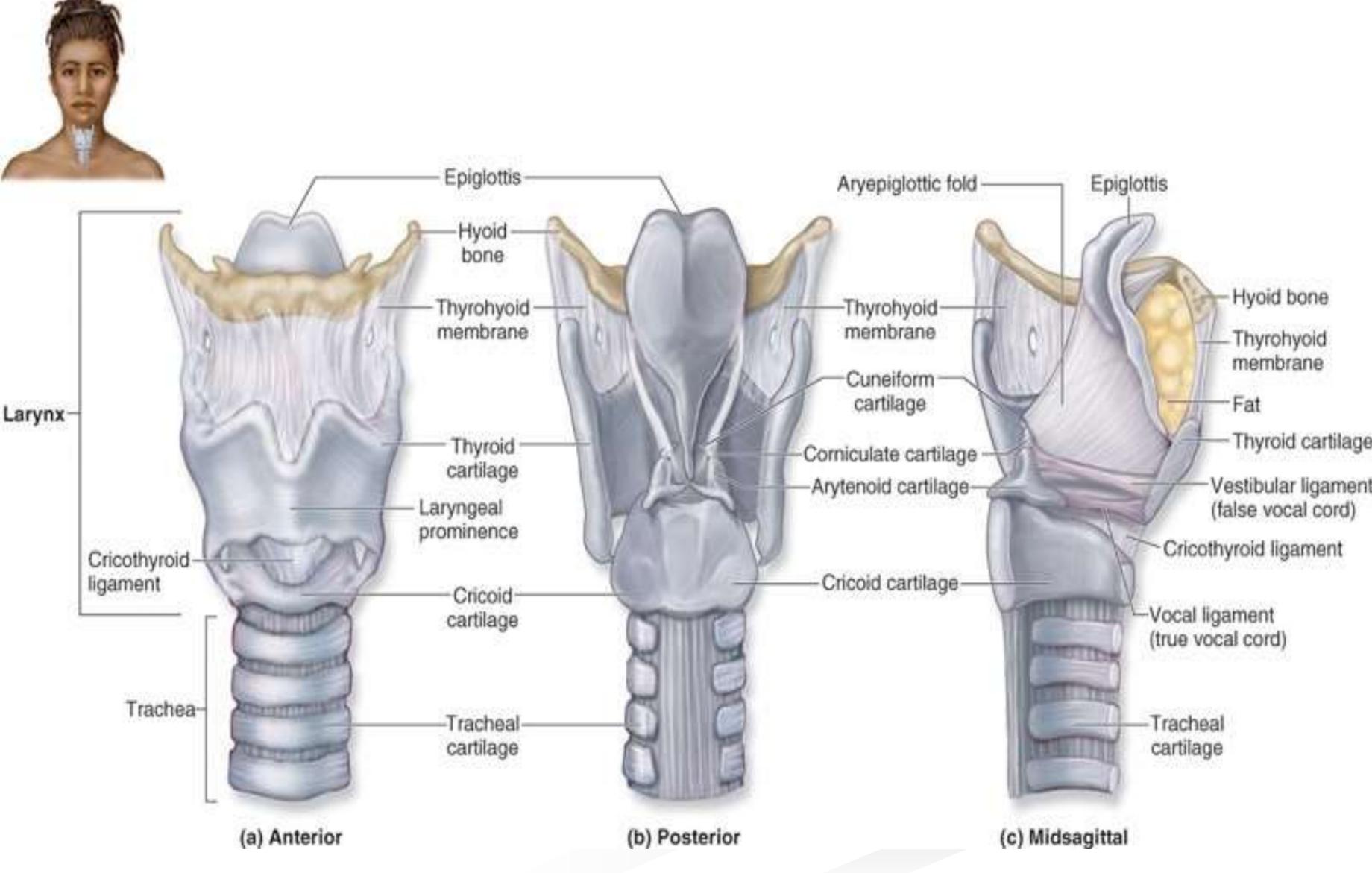






C3-epiglottis C4-hyoid bone C6-cricoid cartilage

THE LARYNX





А Epiglottis Aryepiglottic fold Hyoid bone Thyroid cartilage Cuneiform cartilage in free edge of aryepiglottic fold Vocal cord Cricothyroid membrane (free upper edge forms vocal cord)

Greater cornu of hyoid bone

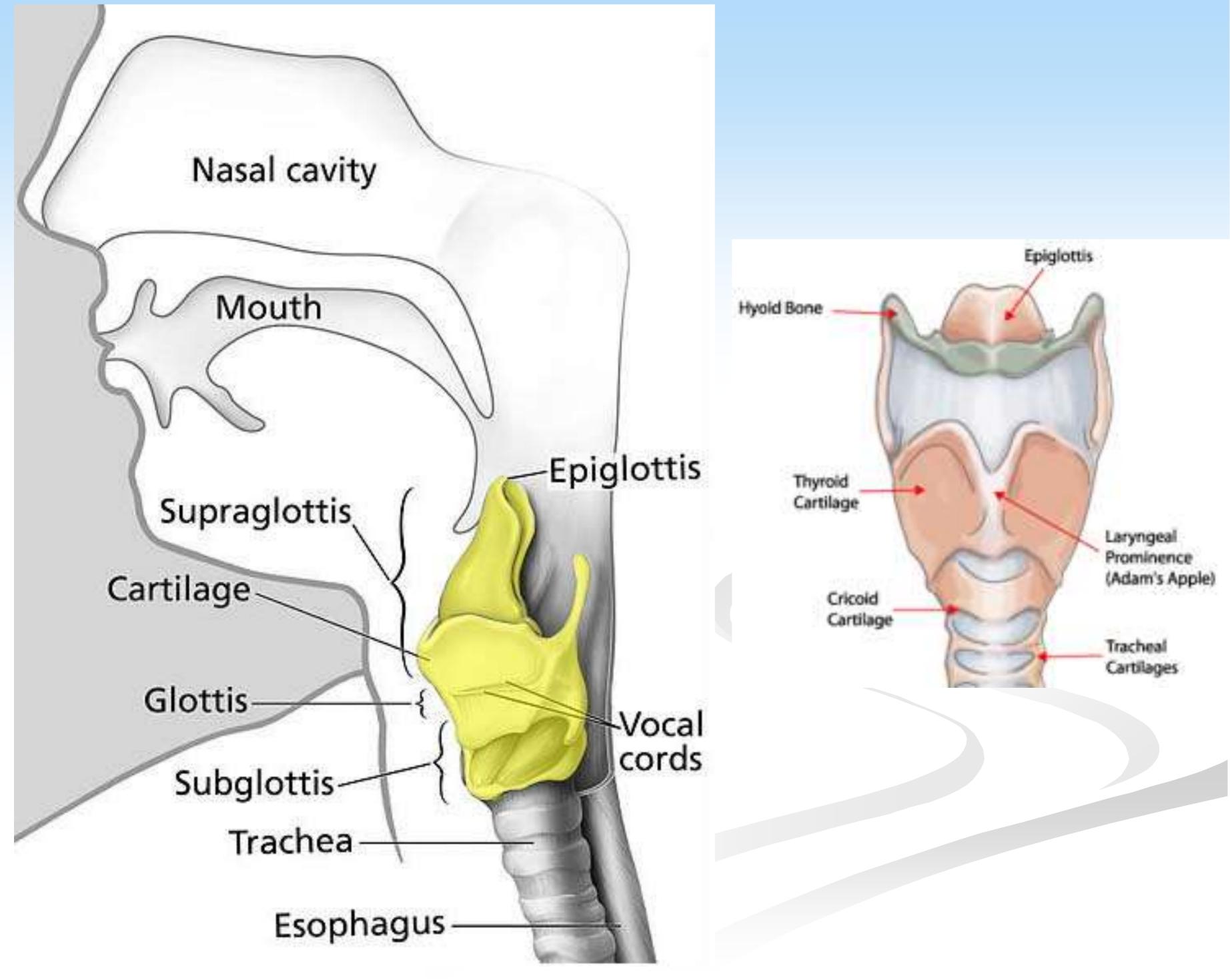
Triticeal cartilage in lateral thyrohyoid ligament

Superior comu of thyroid cartilage

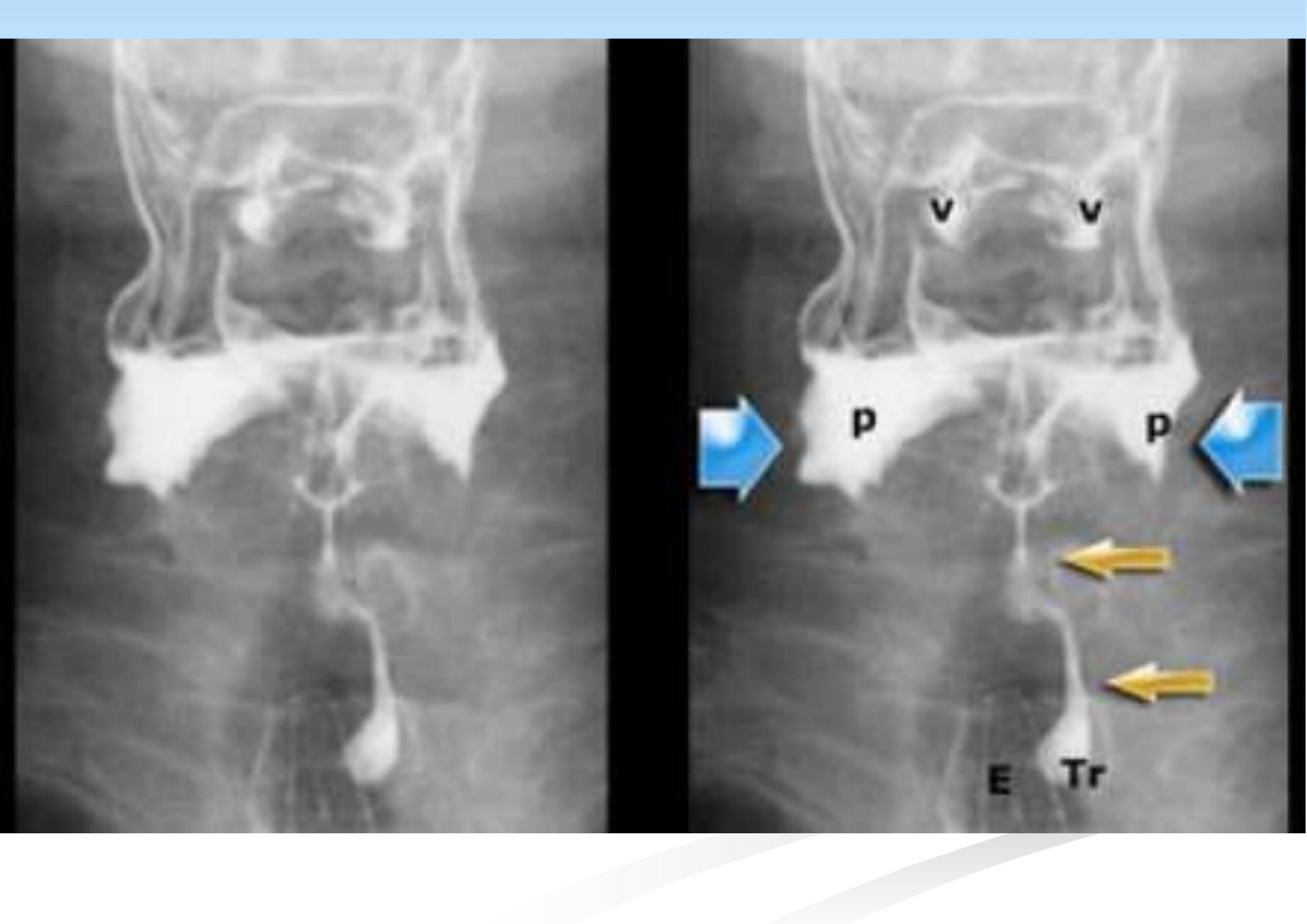
Corniculate cartilage

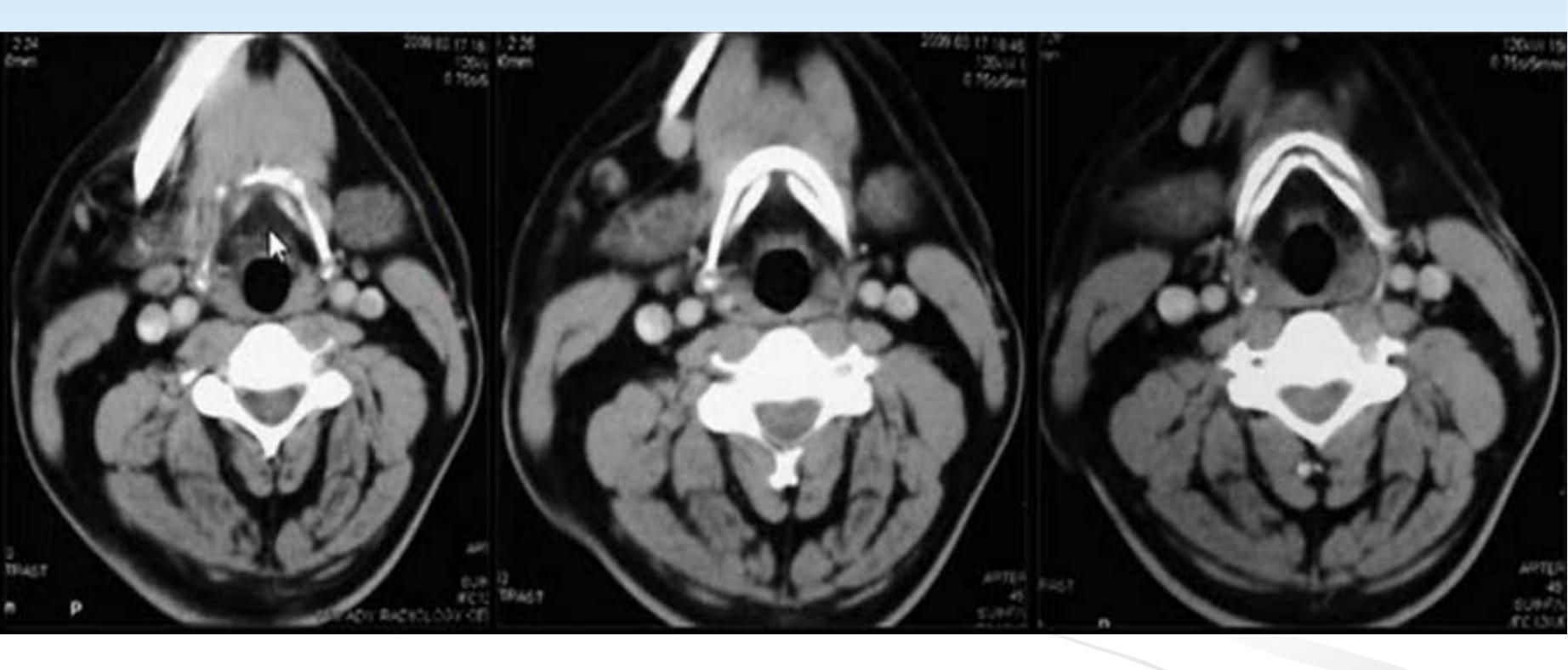
Arytenoid cartilage

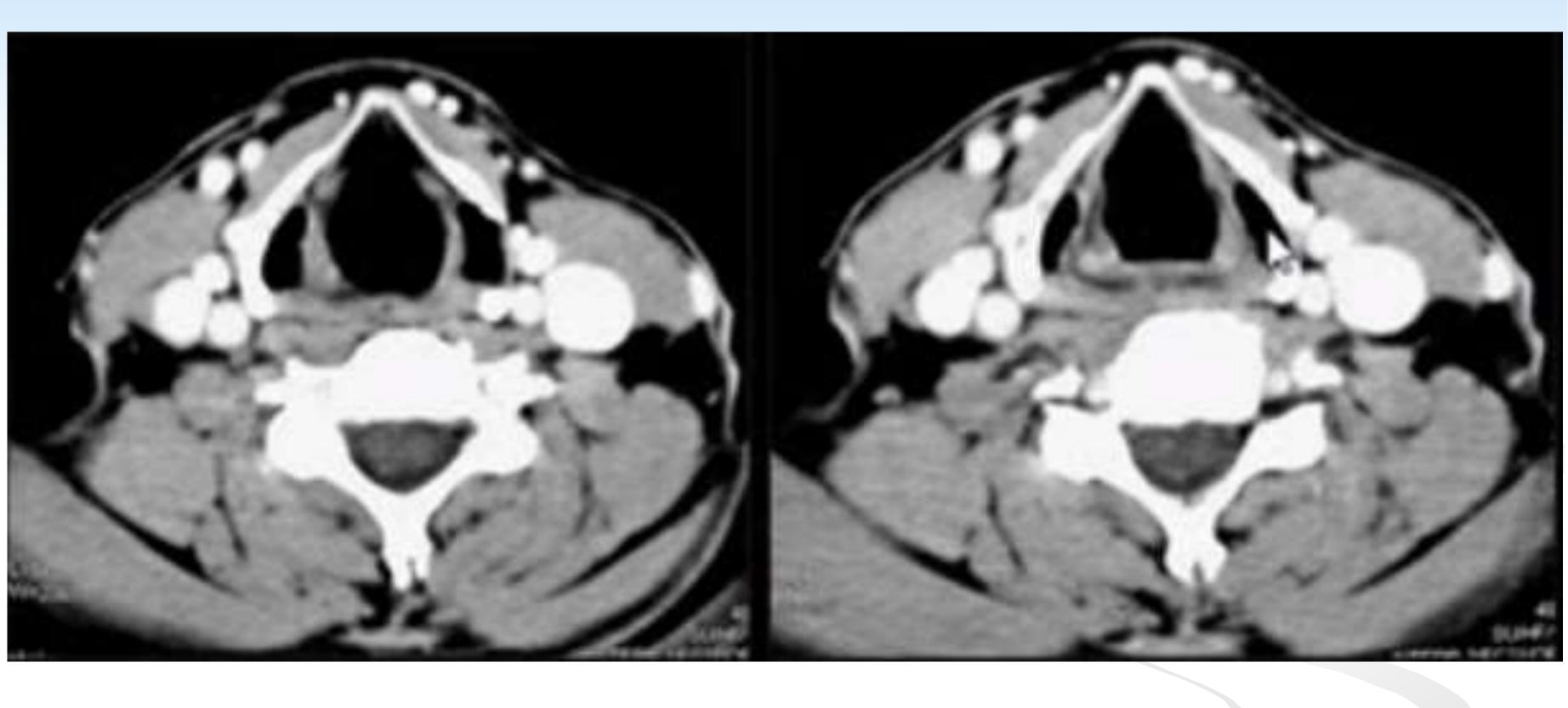
Cricoid cartilage









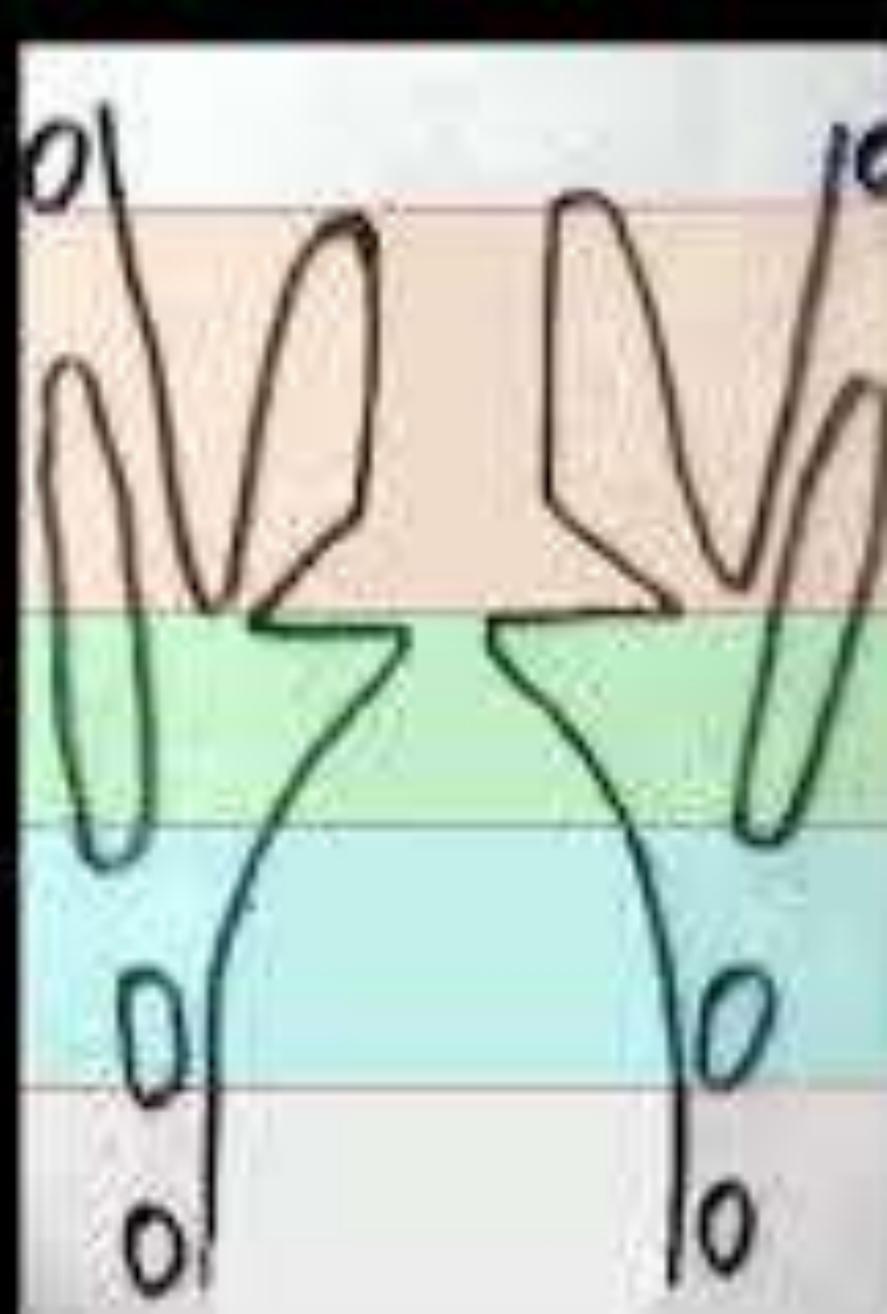


Oncological Di

A. Supraglottis: laryngeal inlet to apex of ventricle B. Glottis: apex of ventricle to 10 mm below

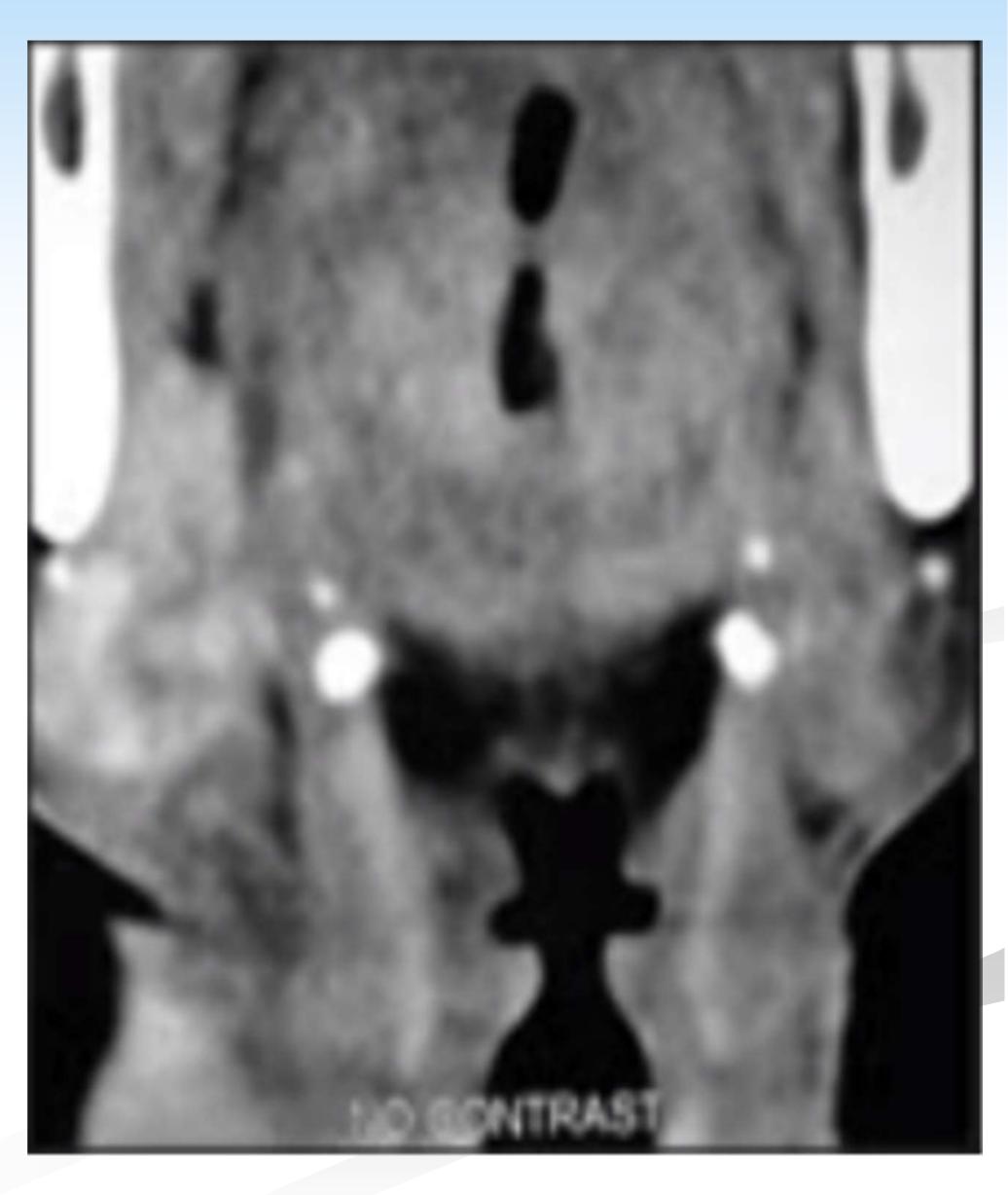
C Subglottis: lower glottic border to lower cricoid



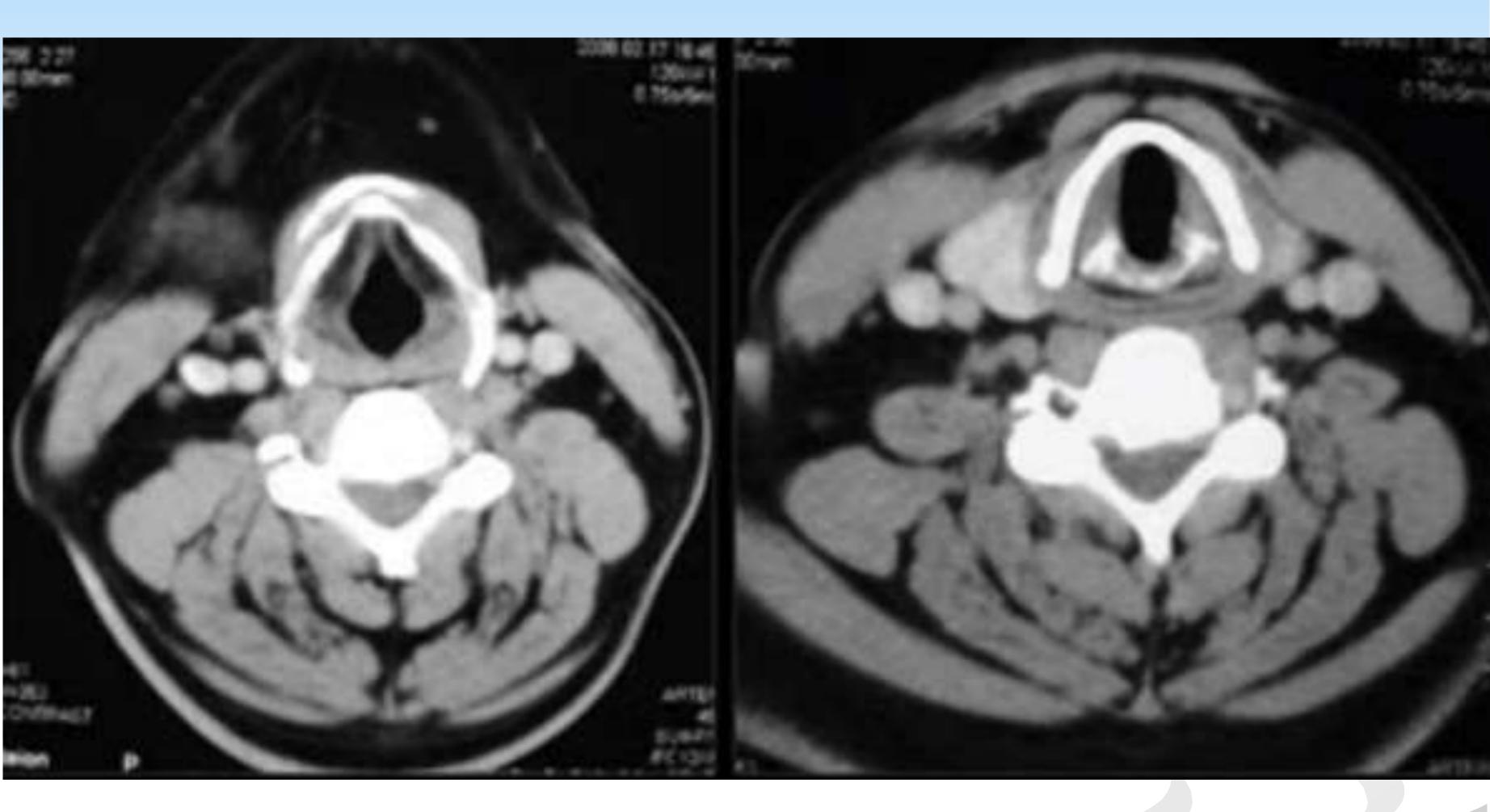








- The false cord are thick folds of mucous membranes parallel to the true vocal cords and filled with fat.
- The true cords are fibrous and divides the larynx into supra and infra glottis regions. The space between the true and false cords is called the laryngeal ventricle.

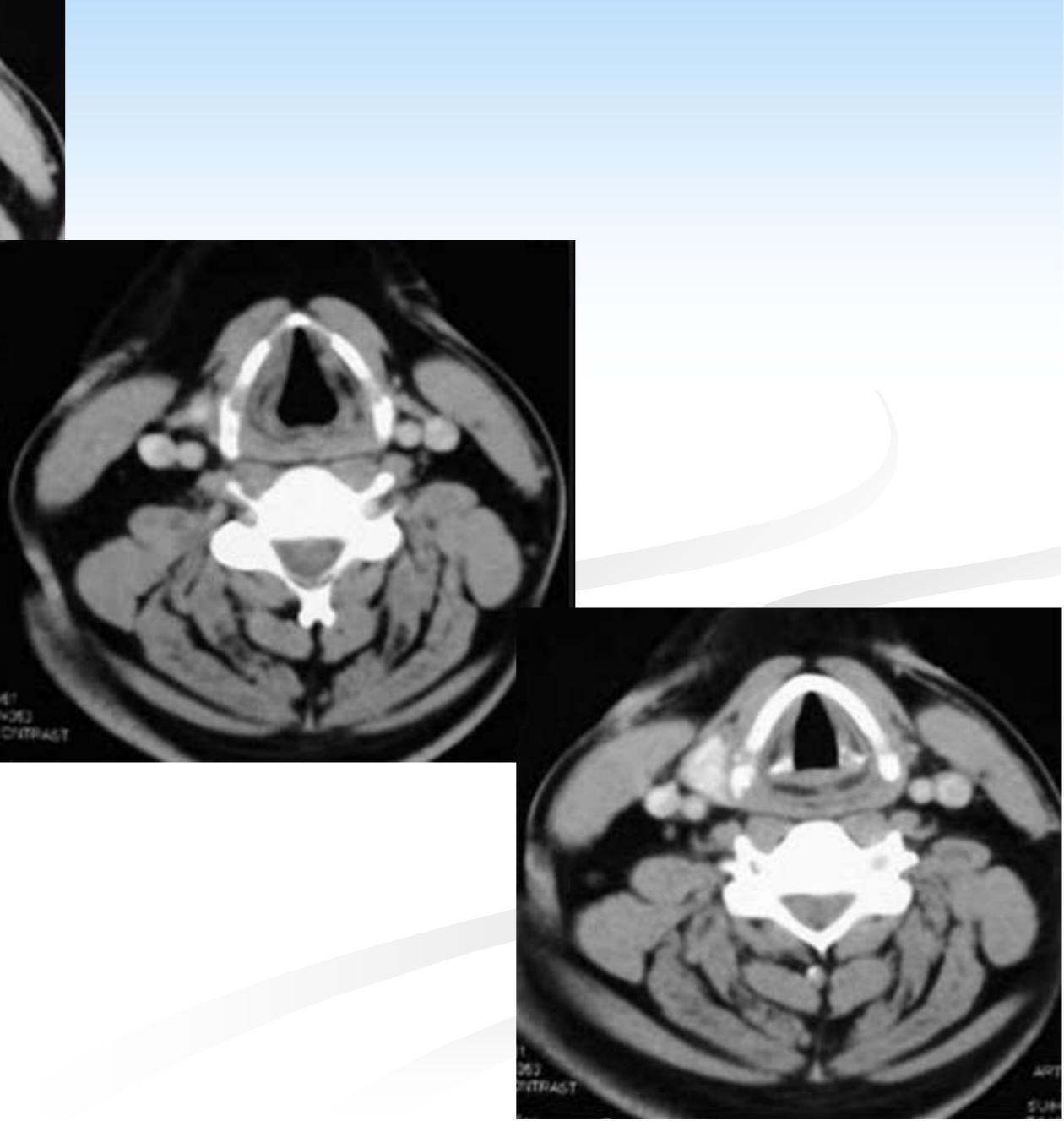


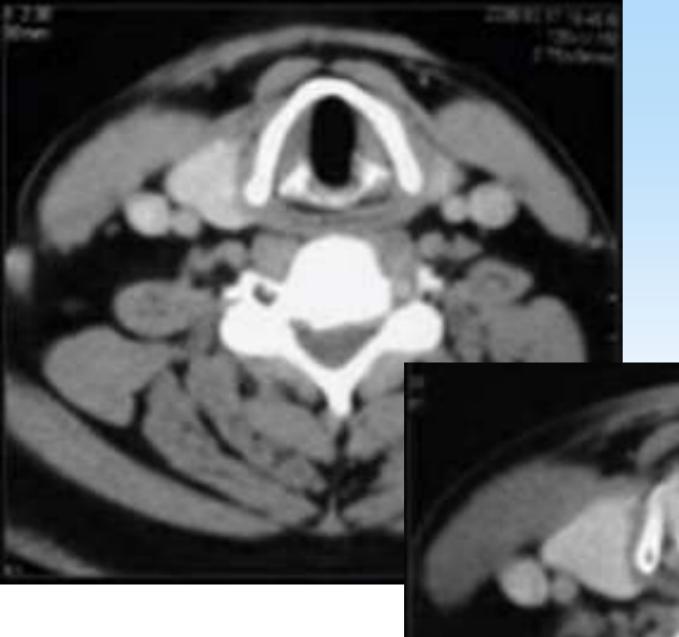
False vocal cord

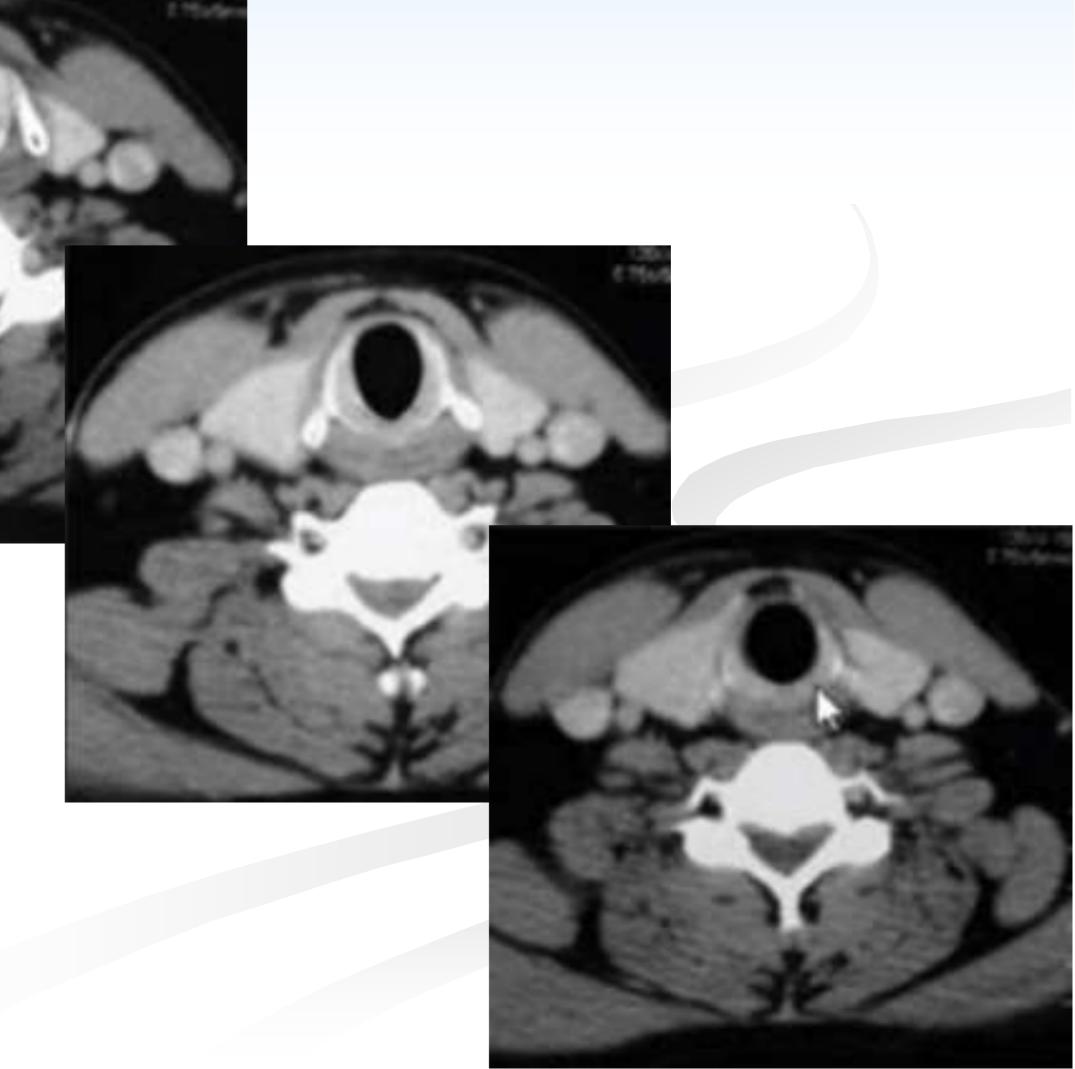


True vocal cord

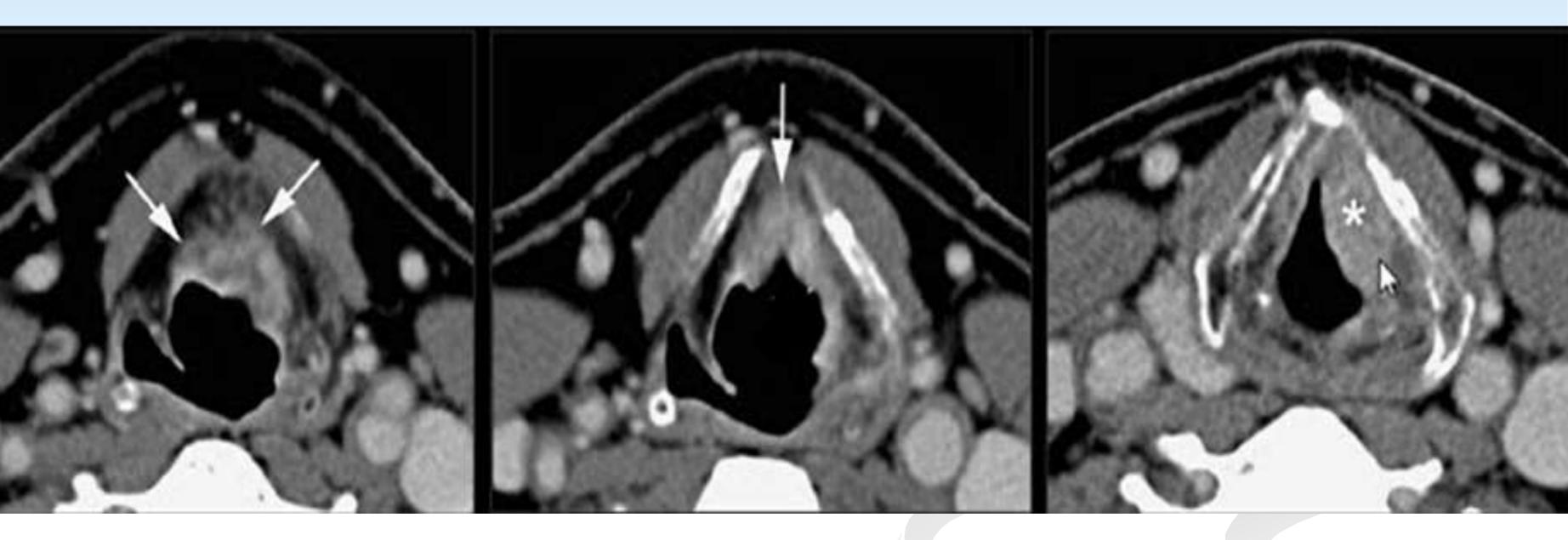








LARYNGEAL CA (SUPRA GLOTTIC)



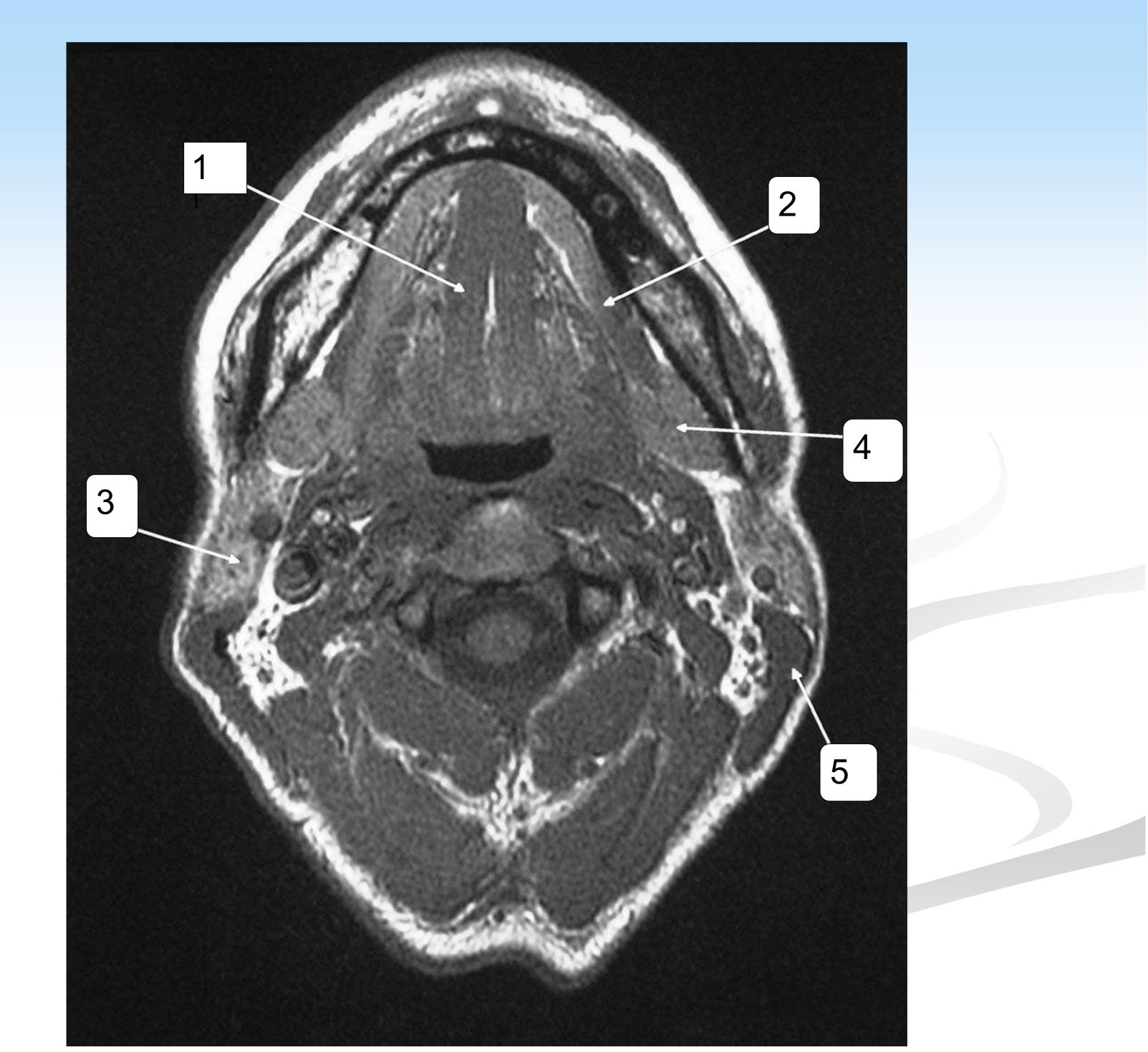
Thickening and enhancement of the epiglottis with infiltration of the pre epiglottic space . Downward tumor extension into the aryepiglottic fold with infiltration of the LT false vocal cord. *Sclerosis of the LT. thyroid cartilage indicates its invasion.*

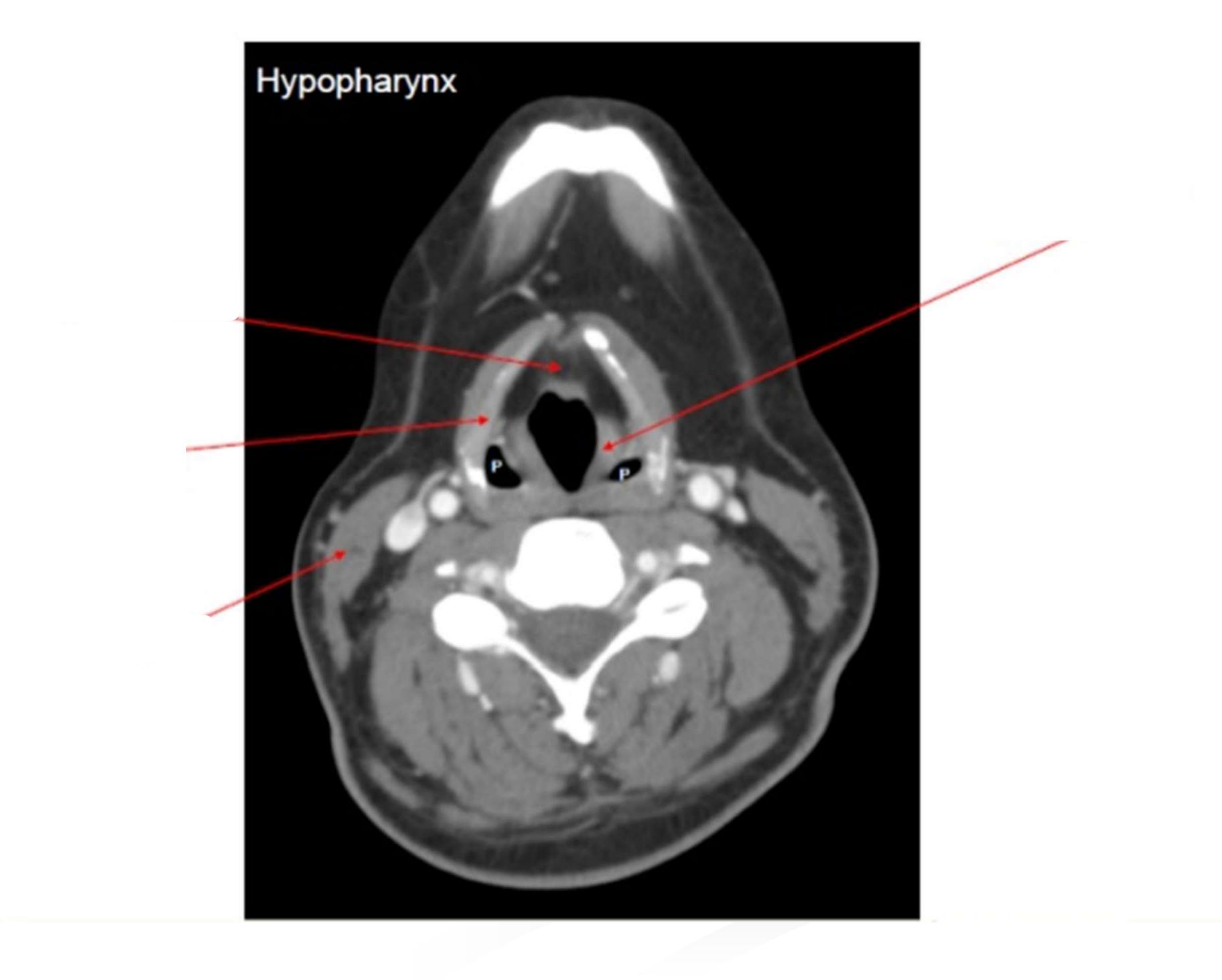


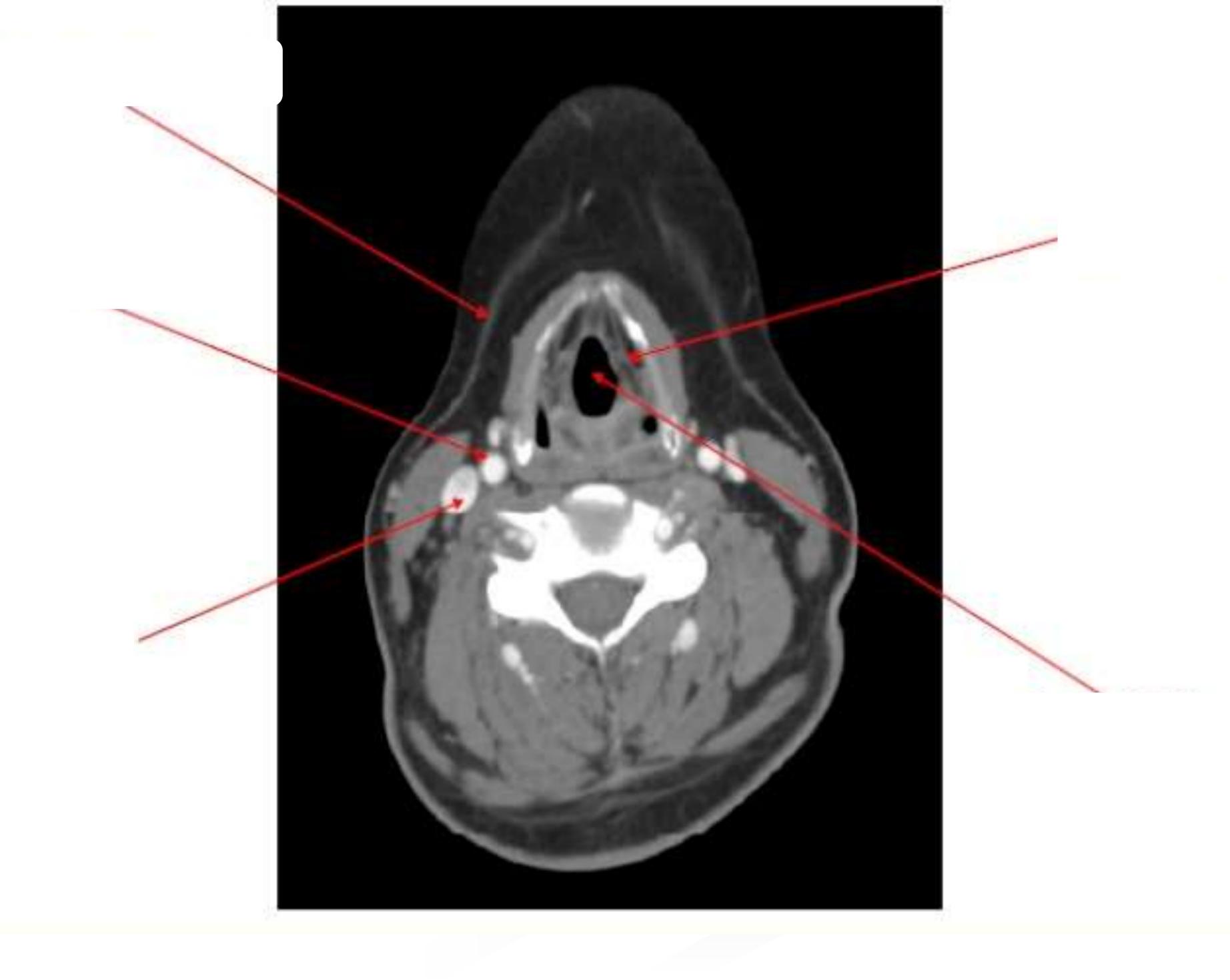
Glottic CA with anterior commissure invasion. The anterior commissure should be less than 1-2 mm thickness This lesion extends across the midline to the contralateral LT vocal cord.

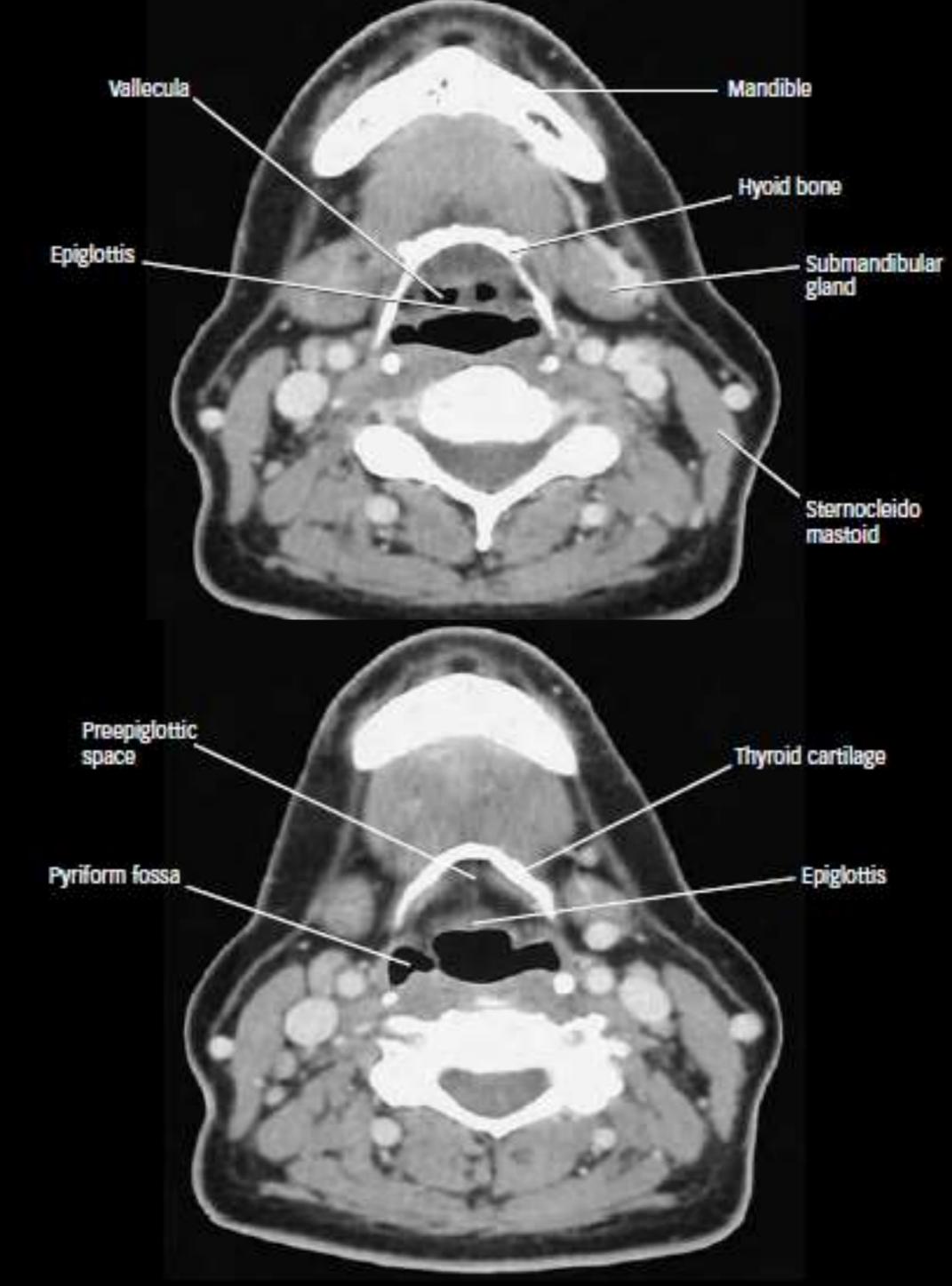
Quick review



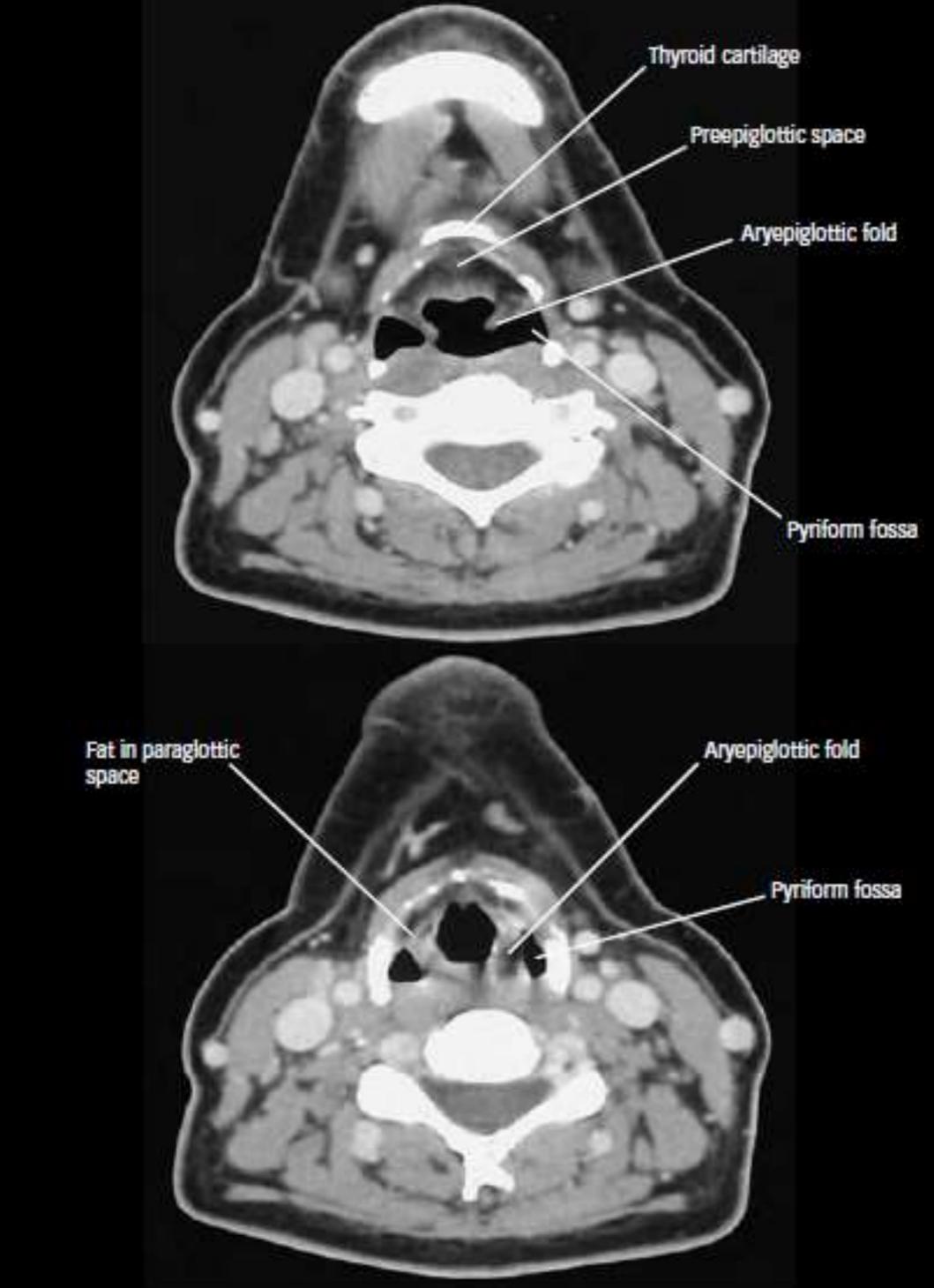




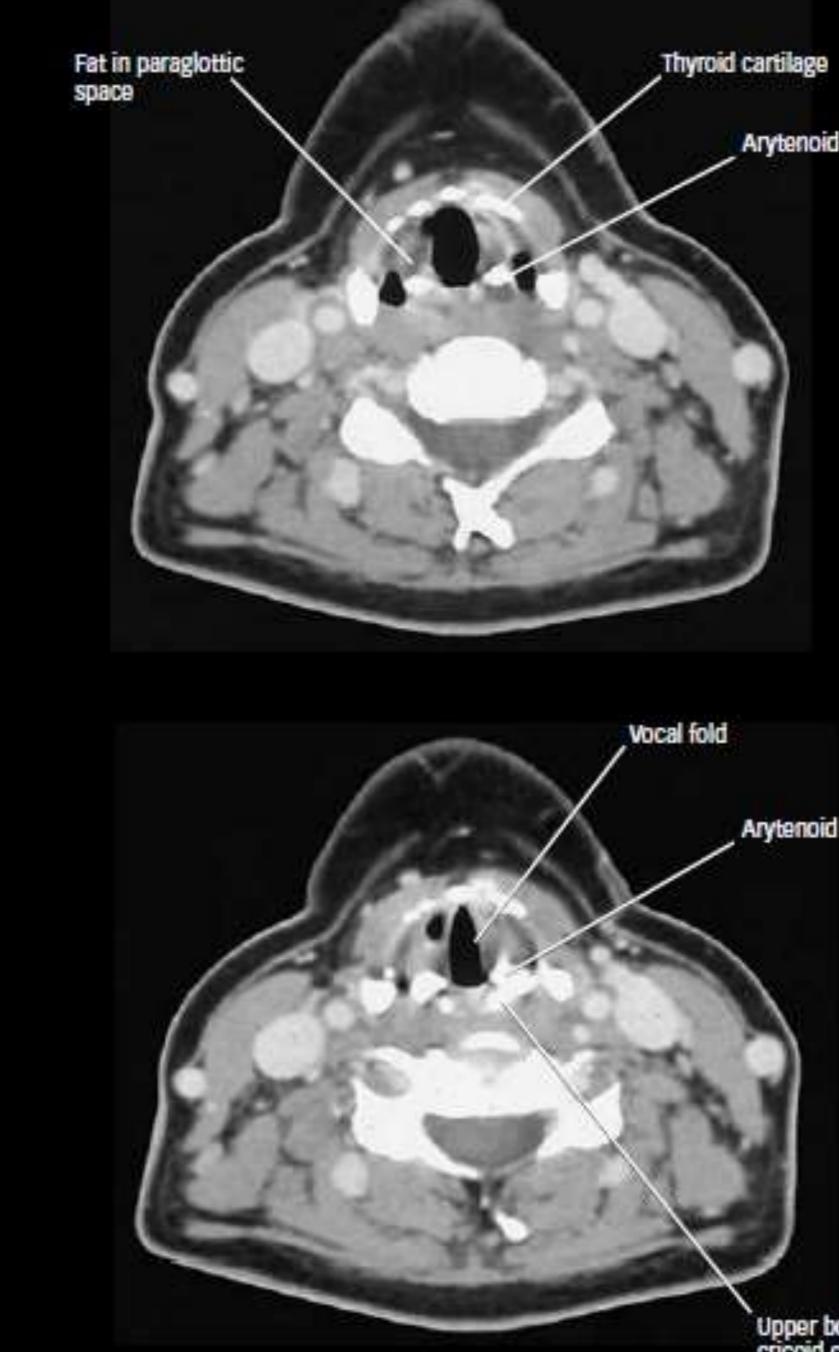








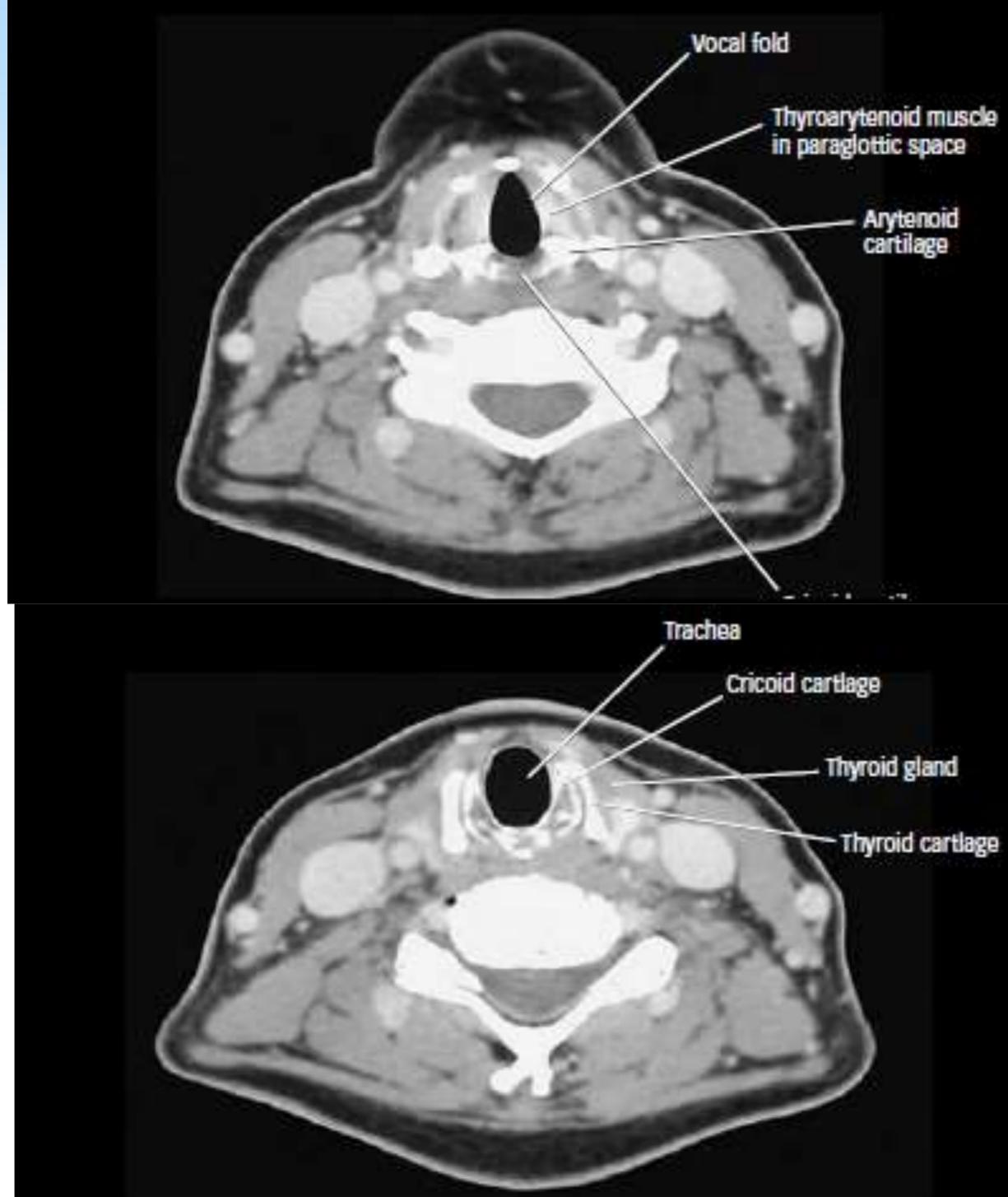




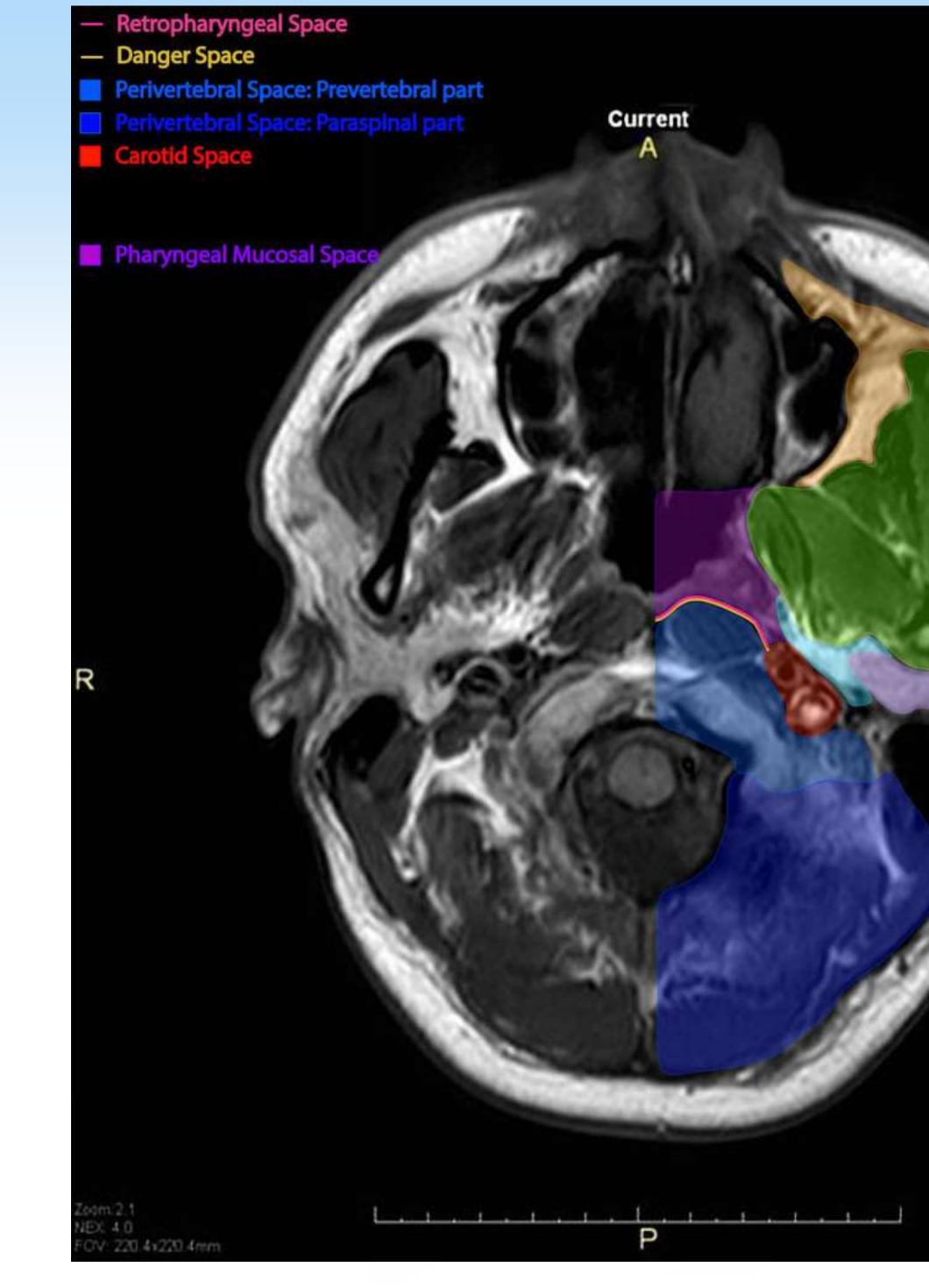
Arytenoid cartilage

Arytenoid cartilage

Upper border of cricoid cartilage







Parotid Space

Masticator Space Buccal Space Parapharyngeal Space



