

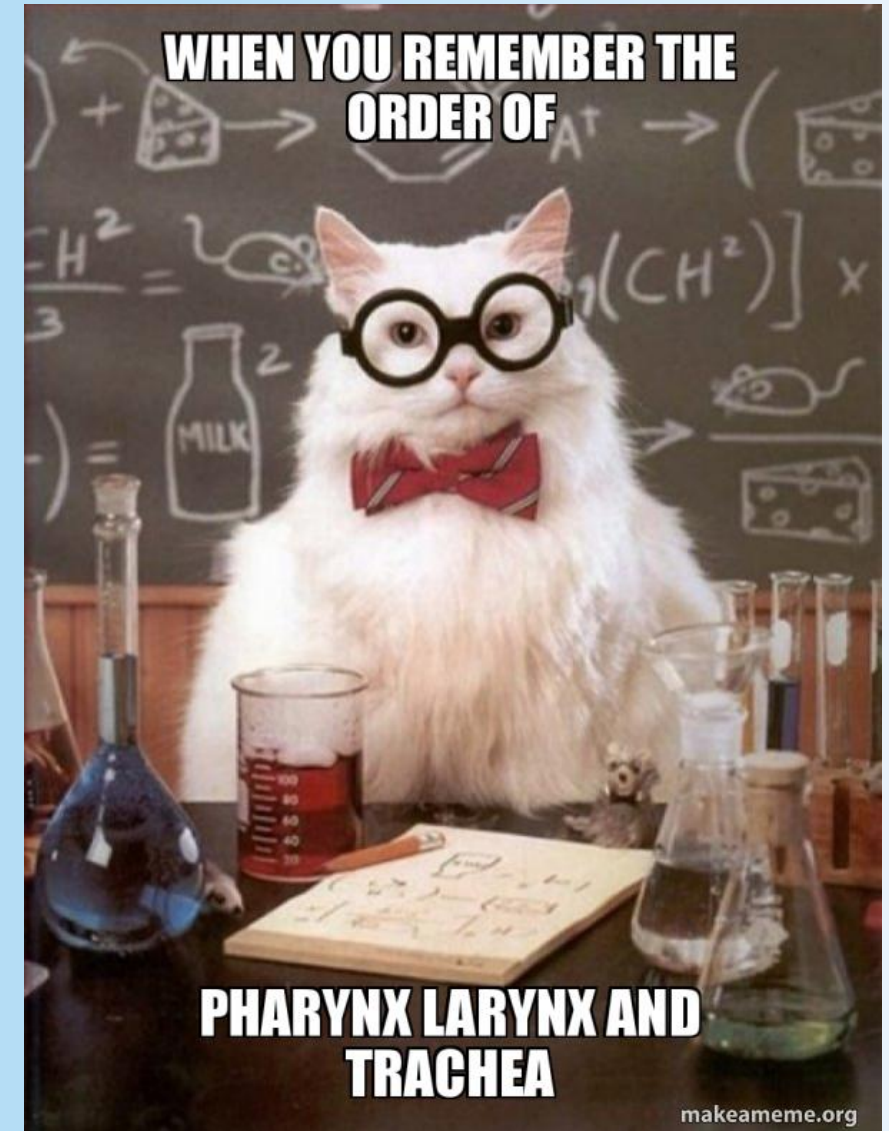
Throat and neck anatomy

Oral cavity, Pharynx, larynx and thyroid

By Glenn André Breivik

Agenda

- Oral cavity (*Quick part*)
- Pharynx (*Practical prep*)
- Larynx (*Theoretical prep*)
- Thyroid (*Theoretical prep*)
- Ansa cervicalis (*Theoretical prep*)



Every otorhinolaryngology patient
after the physician shunts the tongue
depressor in their oral cavity



Oral cavity

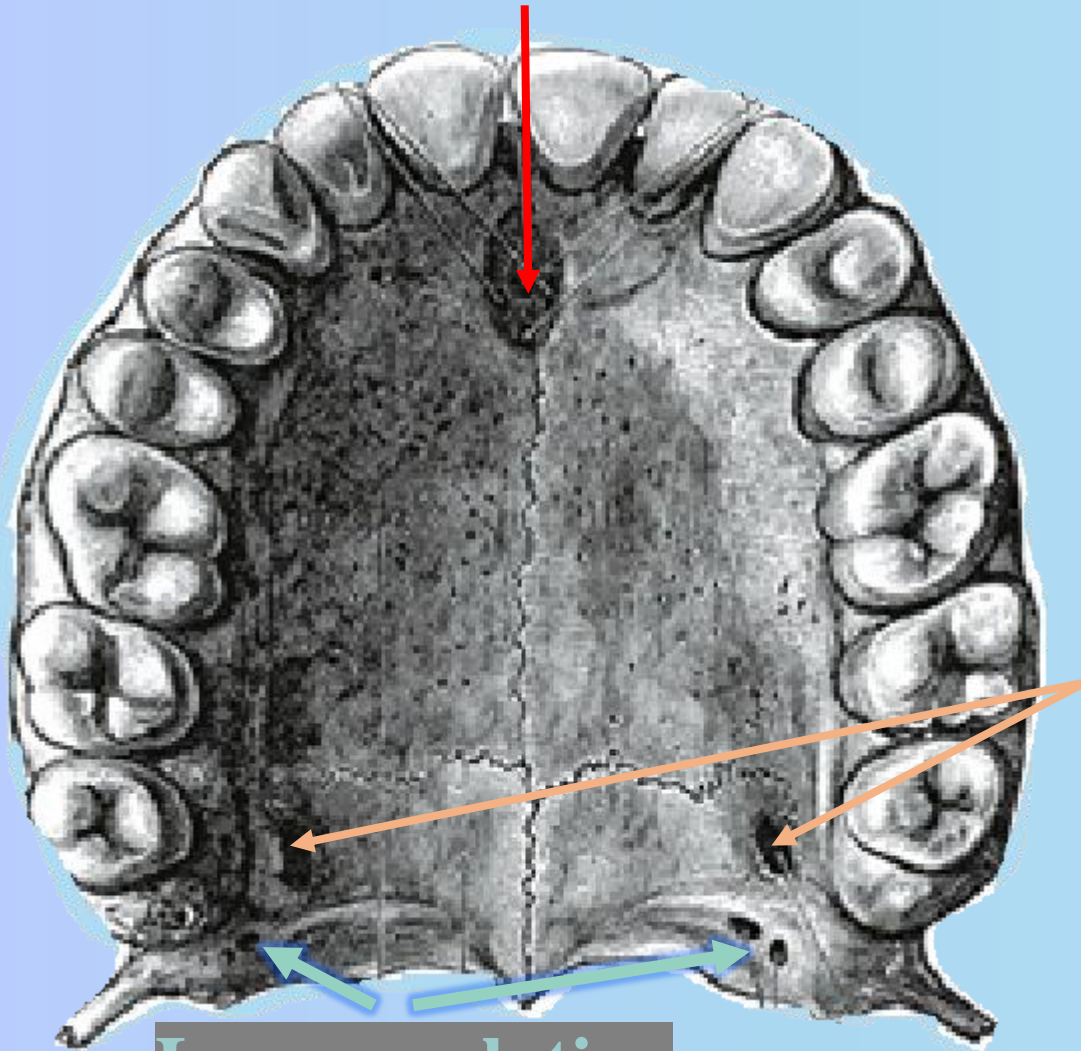
3 foramina in the palate

**Incisive
foramen**

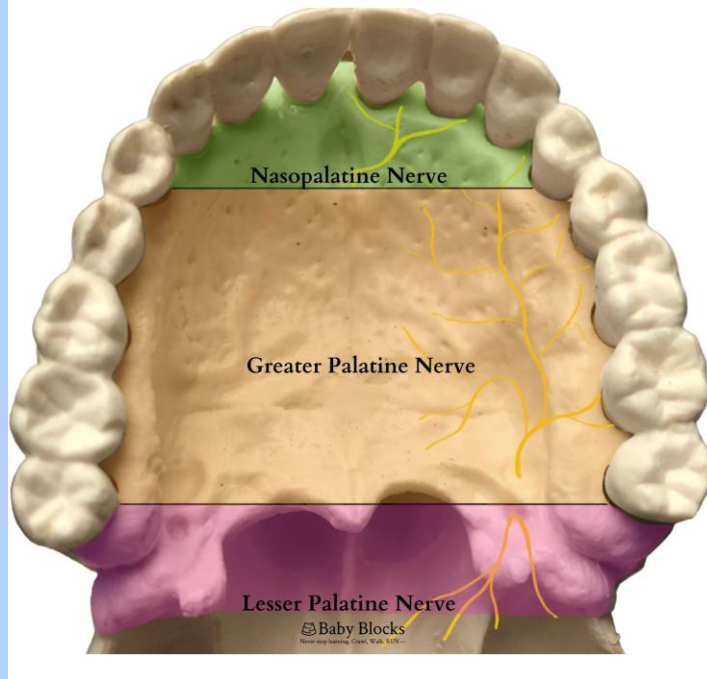
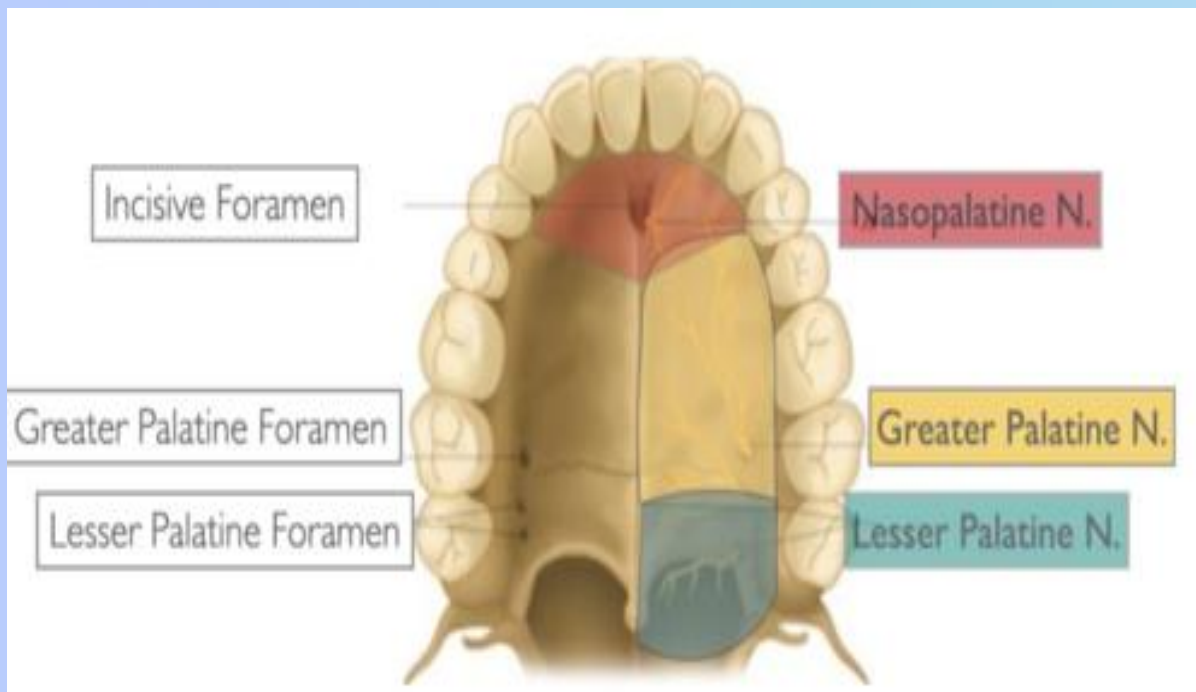
1. **Incisive foramen**
2. **Greater palatine foramen**
3. **Lesser palatine foramen**

**Greater palatine
foramen**

**Lesser palatine
foramen**



What exits each foramen?



1. **Incisive foramen:**

- Nasopalatine nerve

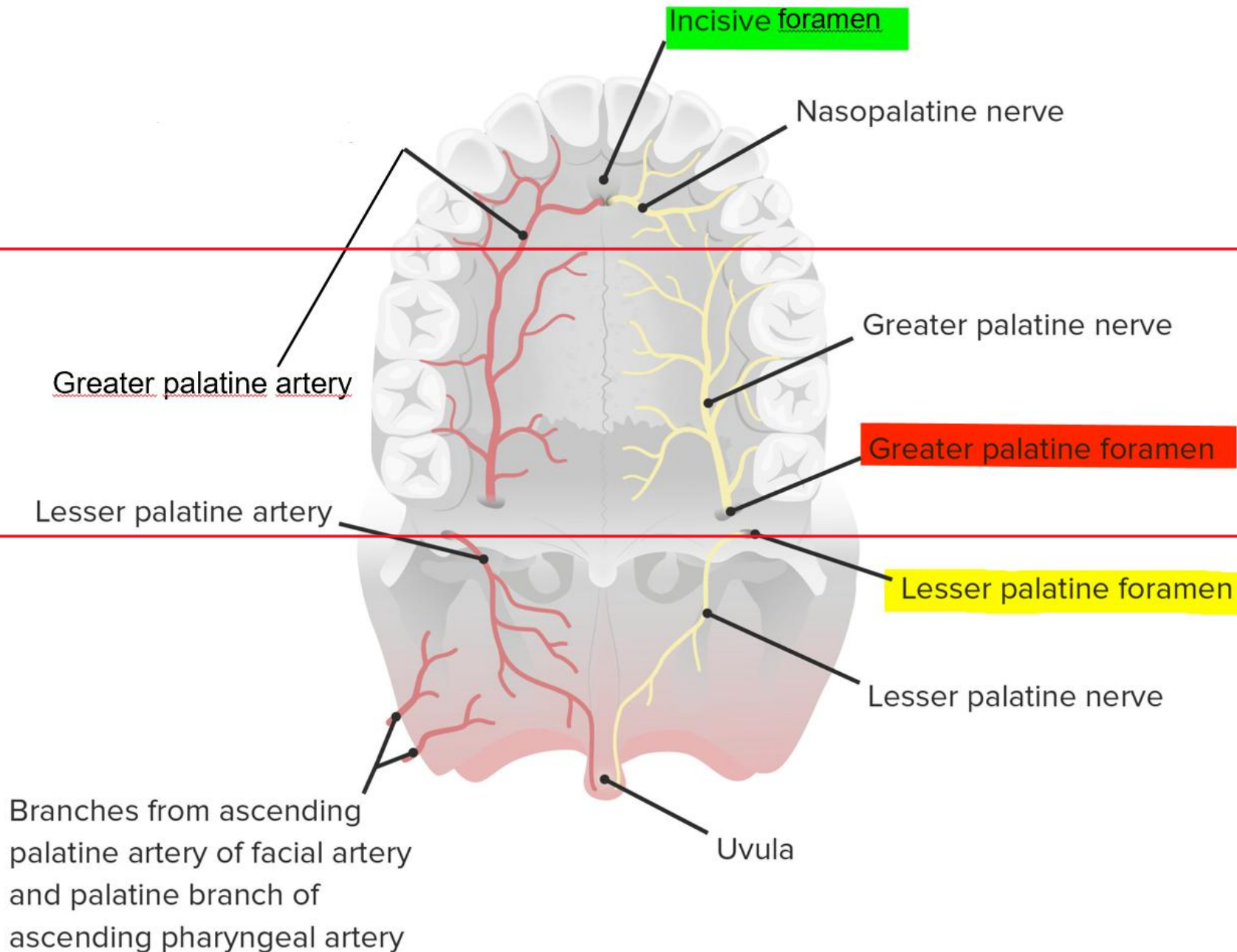
(Greater palatine artery only ENTERS!)

2. **Greater palatine foramen:**

- Greater palatine nerve
- +
- Greater palatine artery

3. **Lesser palatine foramen:**

- Lesser palatine nerve
- +
- Lesser palatine artery



Incisive area
(hard palate)

Greater palatine area
(hard palate)

Lesser palatine area
(soft palate)

Which artery and nerve does what?

- **Nasopalatine nerve**

→ Anterior 1/3 of hard palate and gingiva + posteroinferior portion of nasal septum

**Incisive
area
(hard palate)**

- **Greater palatine artery** (Supplies all of the palate)

→ Hard palate + nasal septum through the sphenopalatine artery by **entering** the incisive foramen.

**Greater
palatine
area
(hard palate)**

- **Greater palatine nerve**

→ Posterior 2/3 of the hard palate, glands and gingiva.

- **Lesser palatine artery** (Supplies all of the soft palate)

→ Soft palate + palatine tonsils

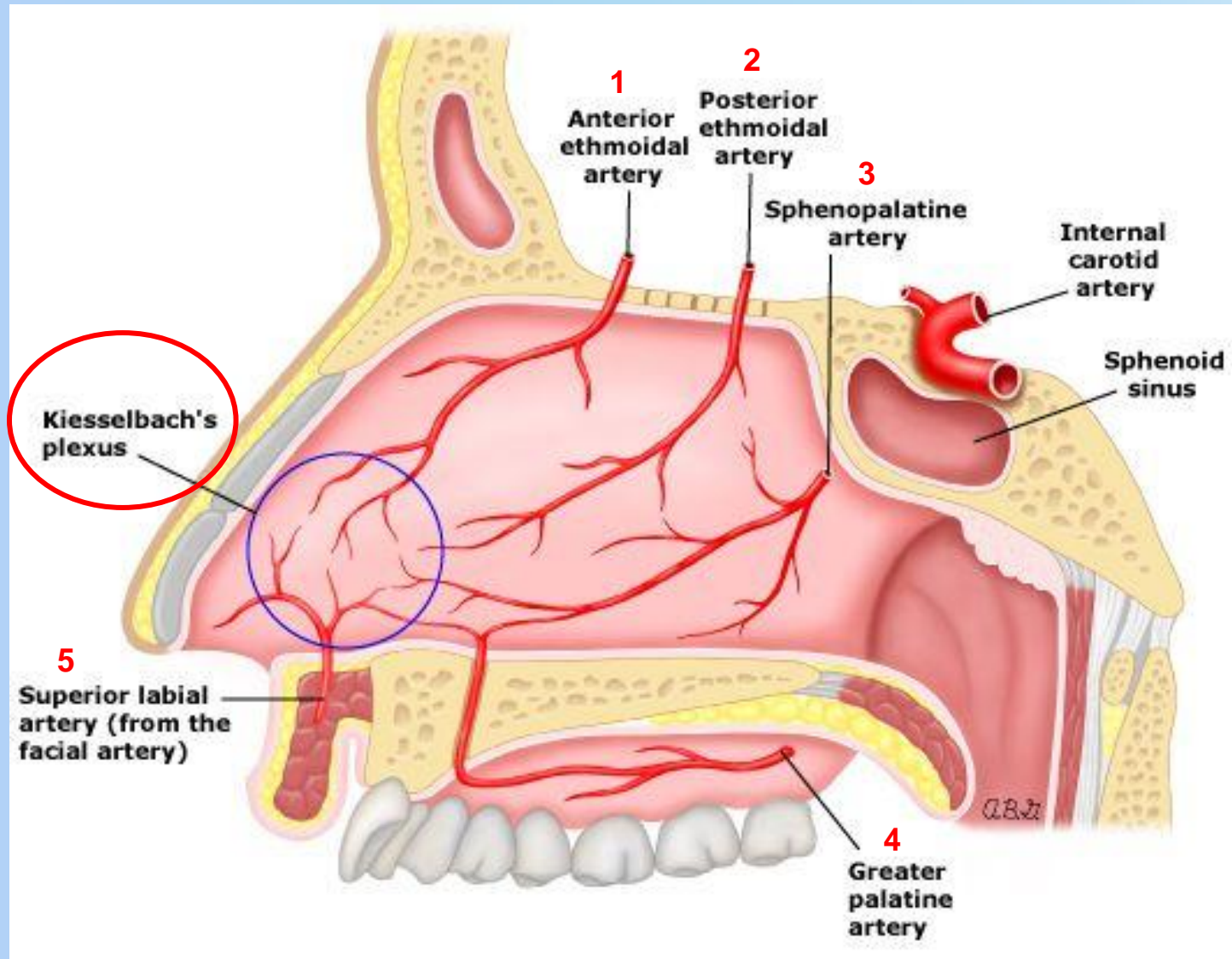
**Lesser
palatine
area
(soft palate)**

- **Lesser palatine nerve**

→ Anterior part of the soft palate, sensory innervation of the uvula and superior part of the palatine tonsils.

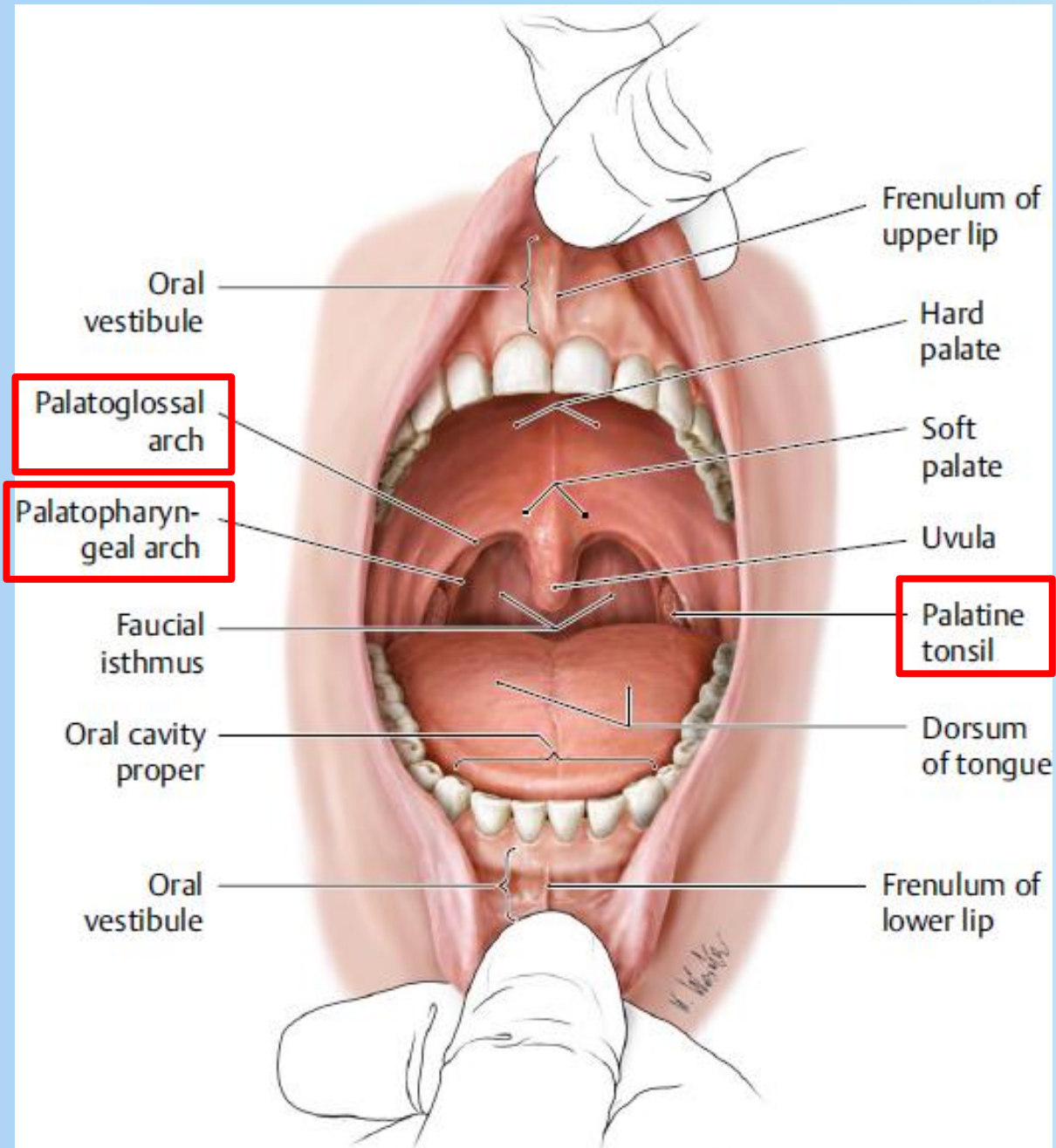
NB:

Posterior part of the soft palate is innervated by the pharyngeal branches of the trigeminal nerve (CN V) and glossopharyngeal nerve (CN IX)



- Kiesselbach`s plexus is often called Little`s area
- Kiesselbach`s plexus is often the reason/location for nosebleeds

The palatopharyngeal arch is the border from oral cavity to the pharynx (oropharynx)



Still located in the oral cavity!

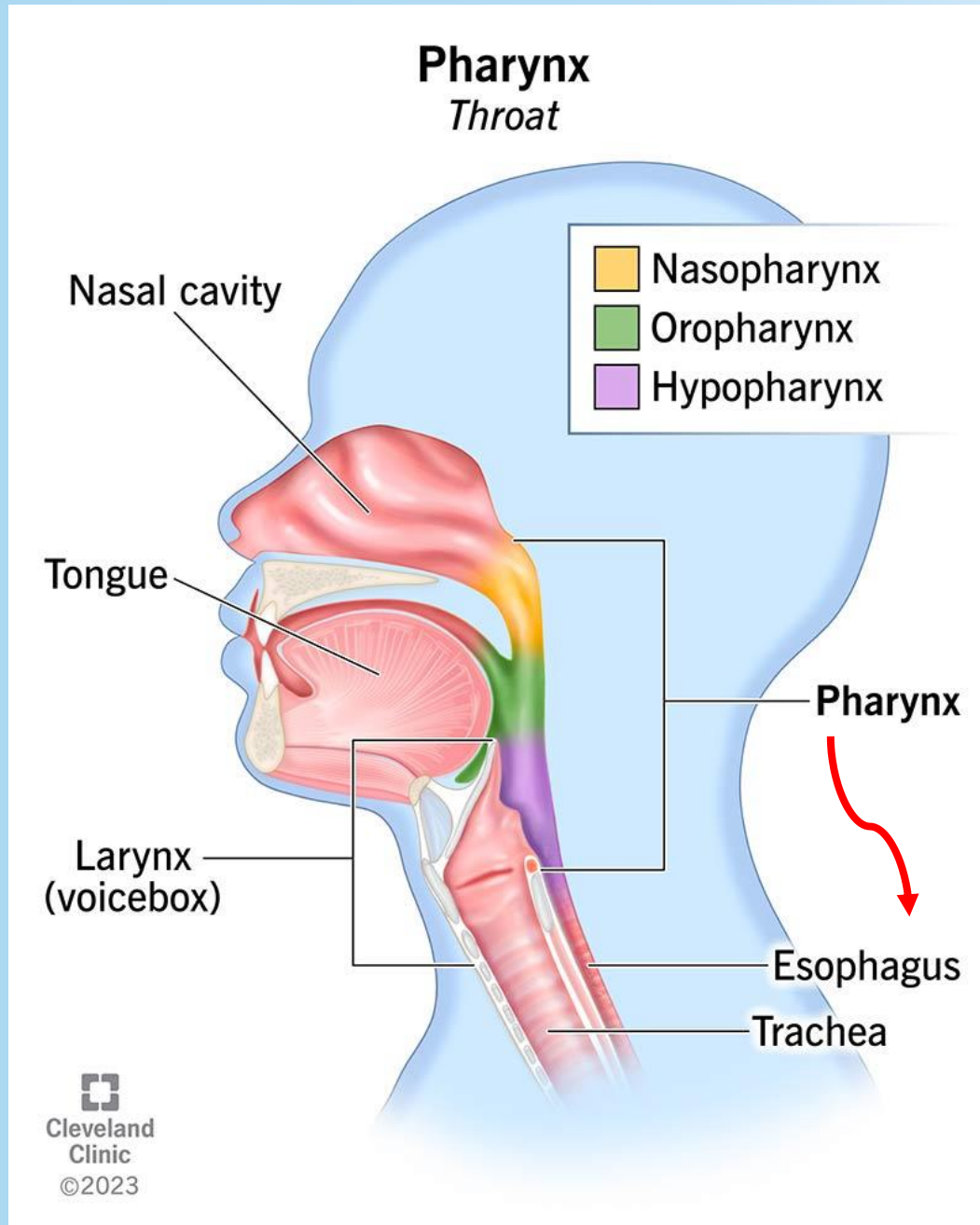


Pharynx

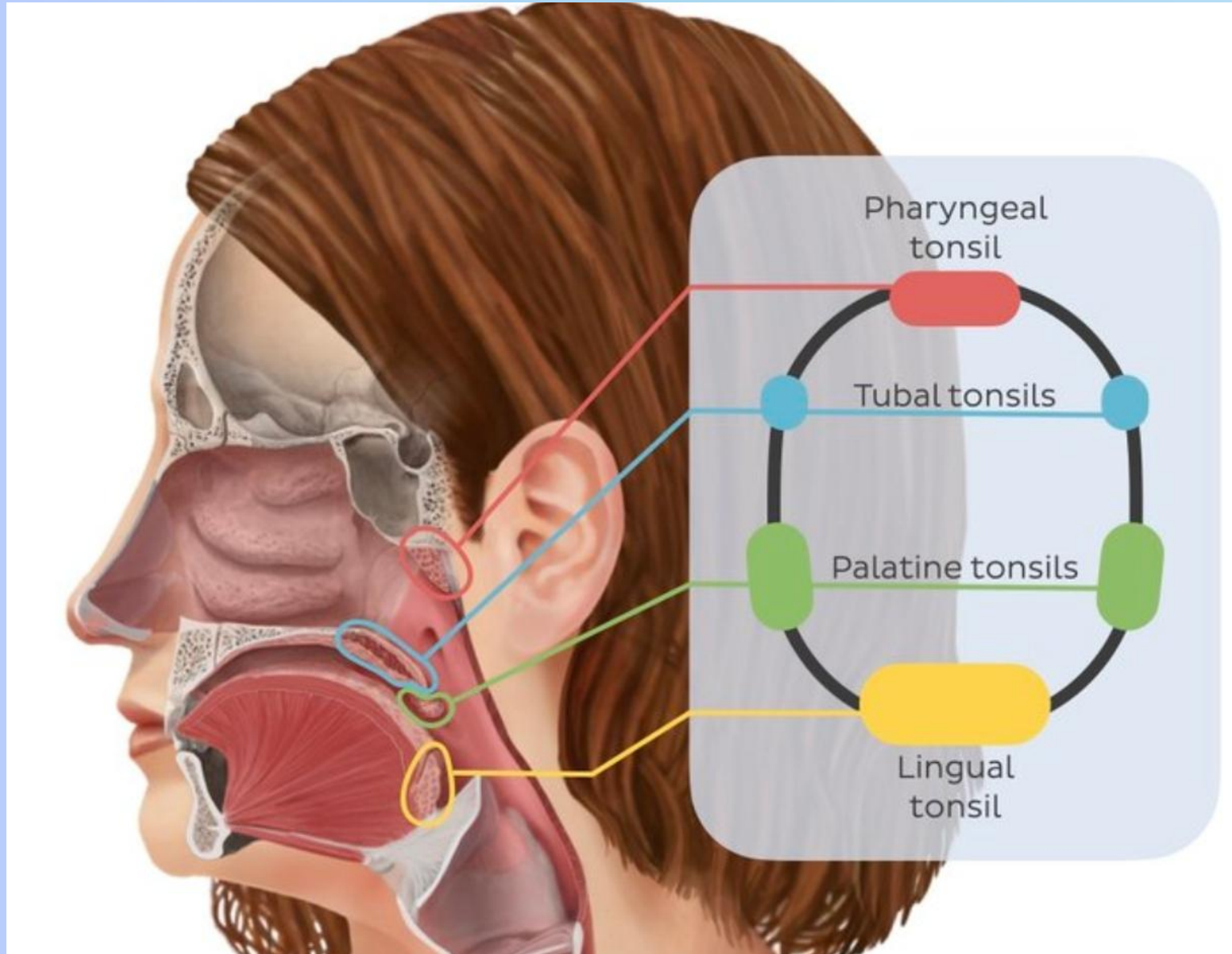
Pharynx = Esophagus

Larynx = Trachea

Epiglottis is the «border»

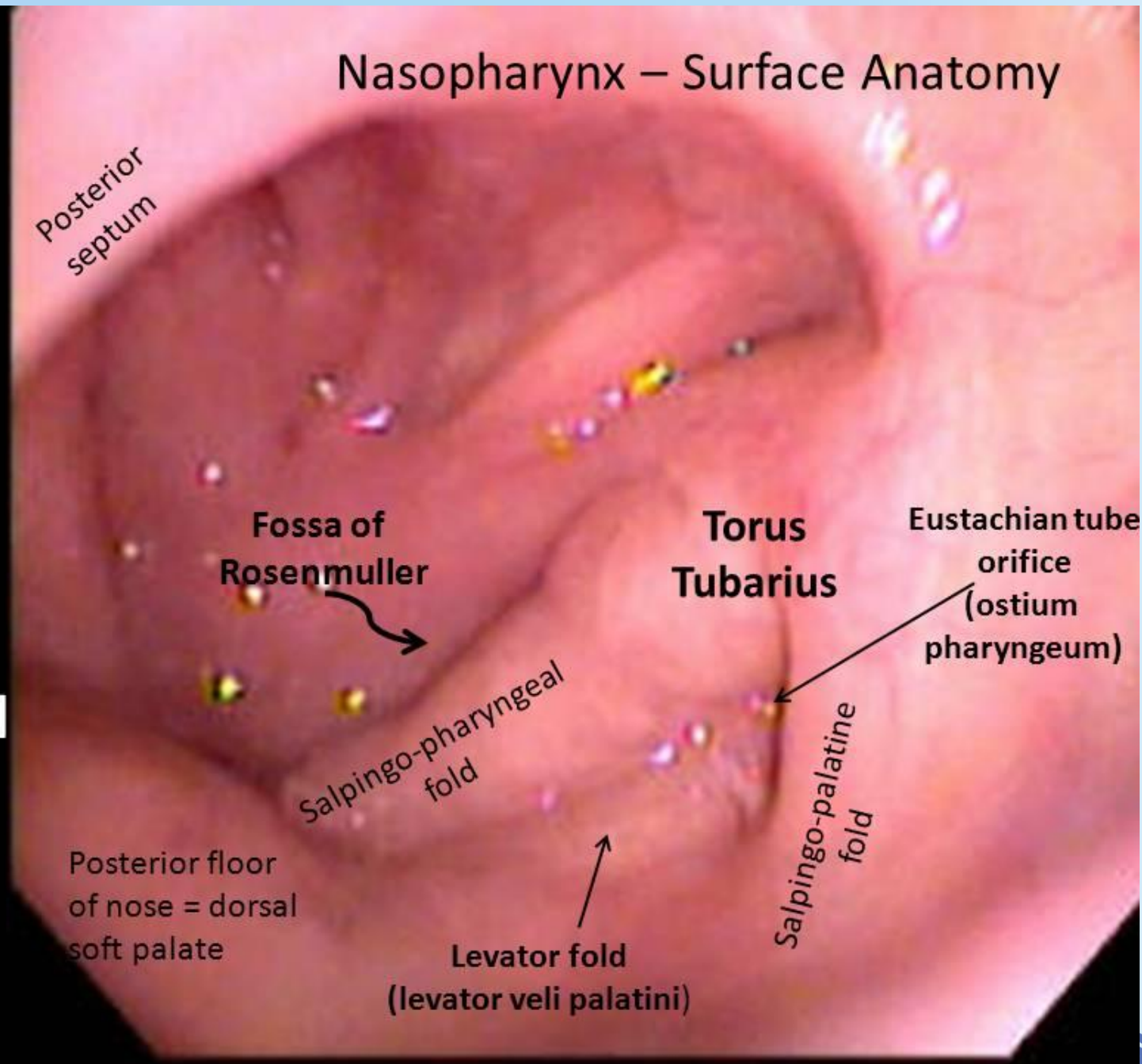


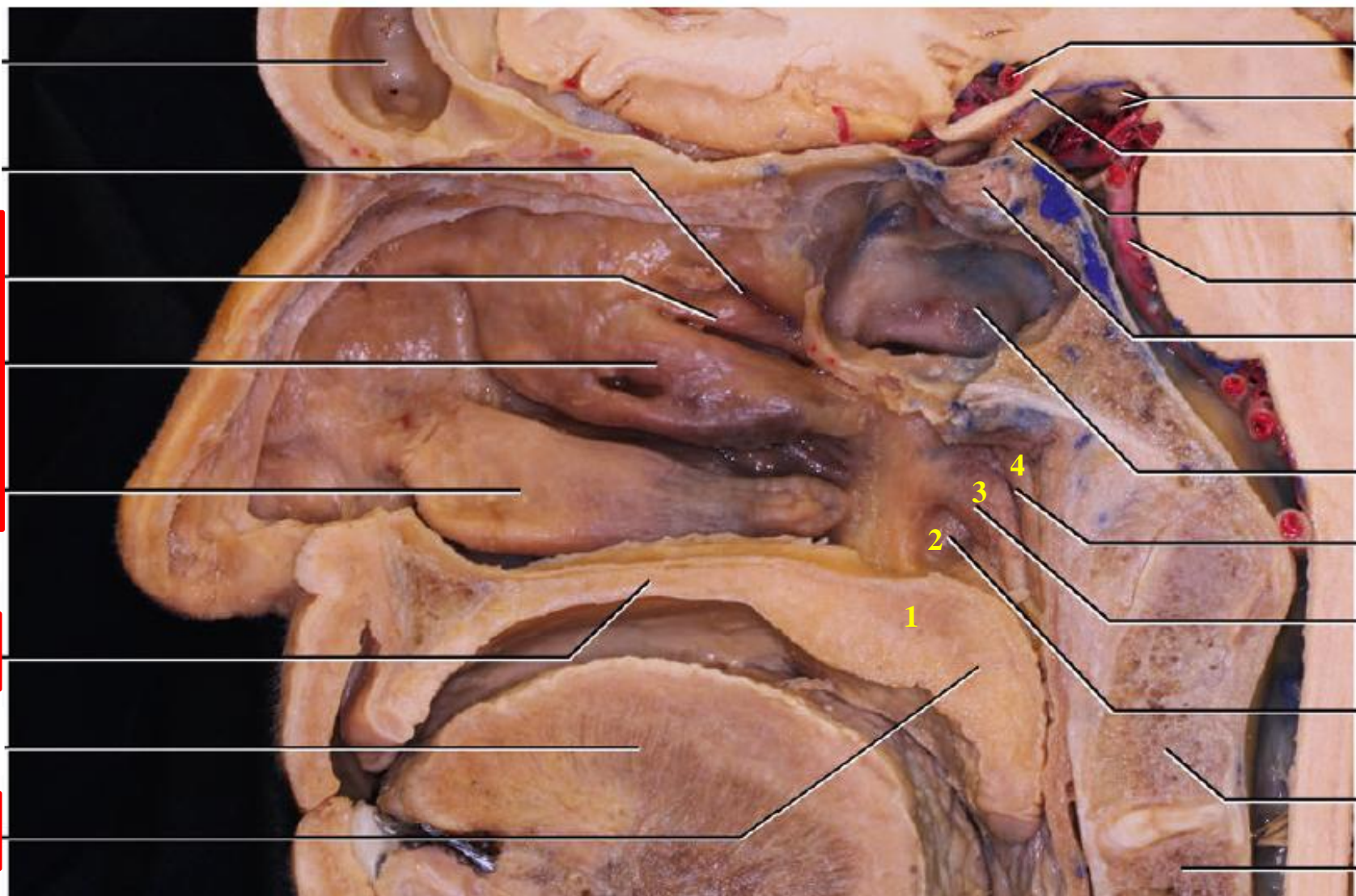
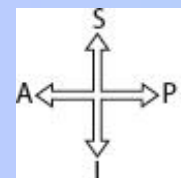
Ring of Waldeyer



- Tonsils are lymphoid organs - *they protect*
- **Tubal tonsil:**
Situating close to the Eustachian opening to protect the inner ear

**View of
naso-
pharynx
via scope
placed
through
left nostril**





Superior nasal concha
Concha nasalis superior

Middle nasal concha
Concha nasalis media

Inferior nasal concha
Concha nasalis inferior

Hard palate
Palatum durum

1 Soft palate
Palatum molle

Pharyngeal recess (Fossa of Rosenmüller) 4
Recessus pharyngeus

Torus tubarius (Tubal tonsil) 3
Torus tubarius

Pharyngeal opening of auditory tube Eustachian canal 2
Ostium pharyngeum tubae auditoriae

What is the structure`s purpose?

- **Fossa of Rosenmüller (pharyngeal recess):**

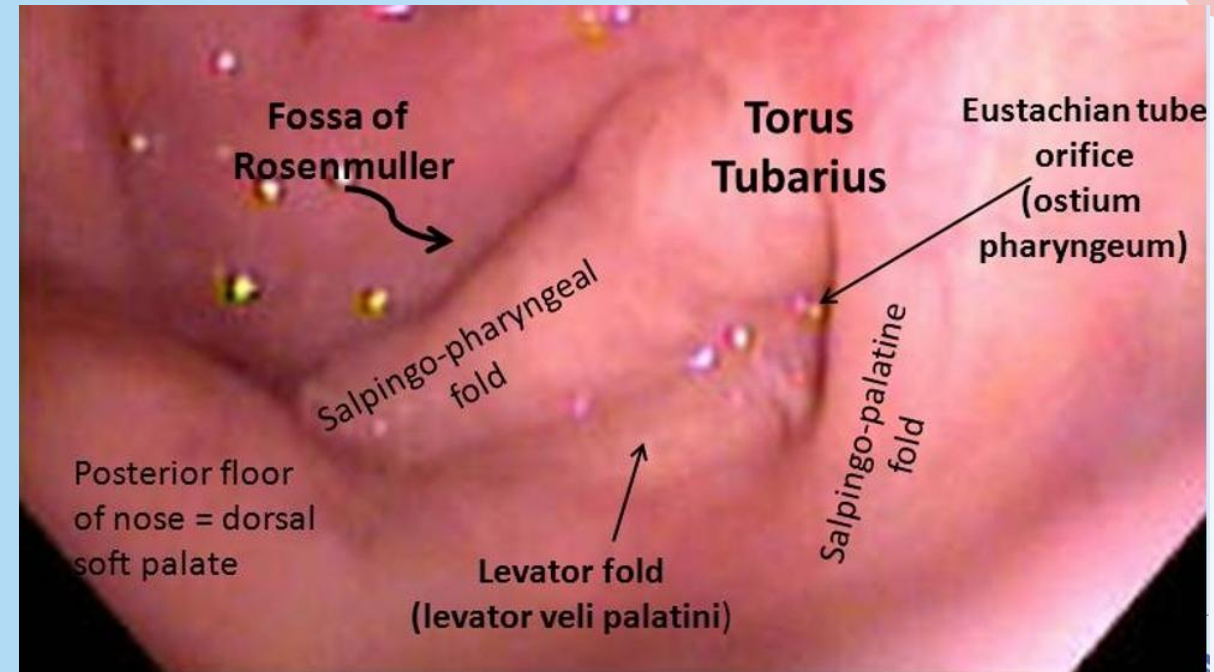
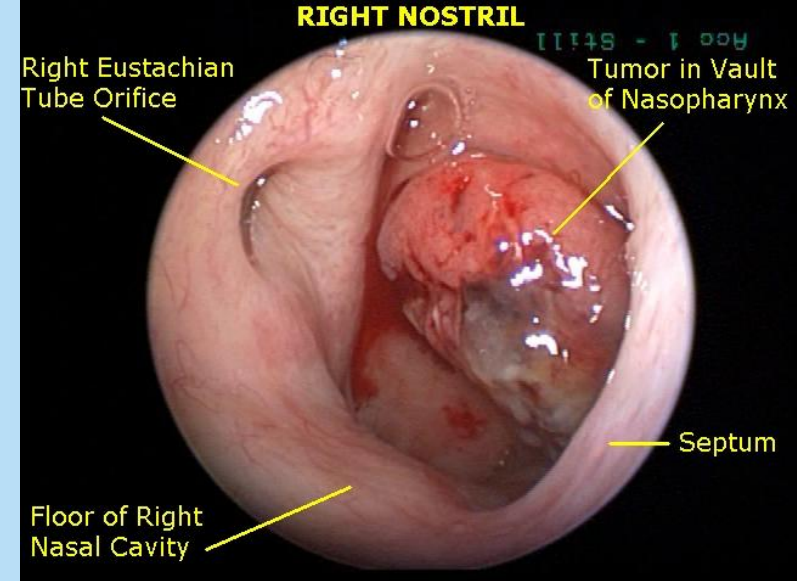
Often seen with nasopharyngeal carcinoma (NPC)

- **Salpingopharyngeal fold/muscle:**

Participates in the mechanism of swallowing, and **opens up** the Eustachian canal

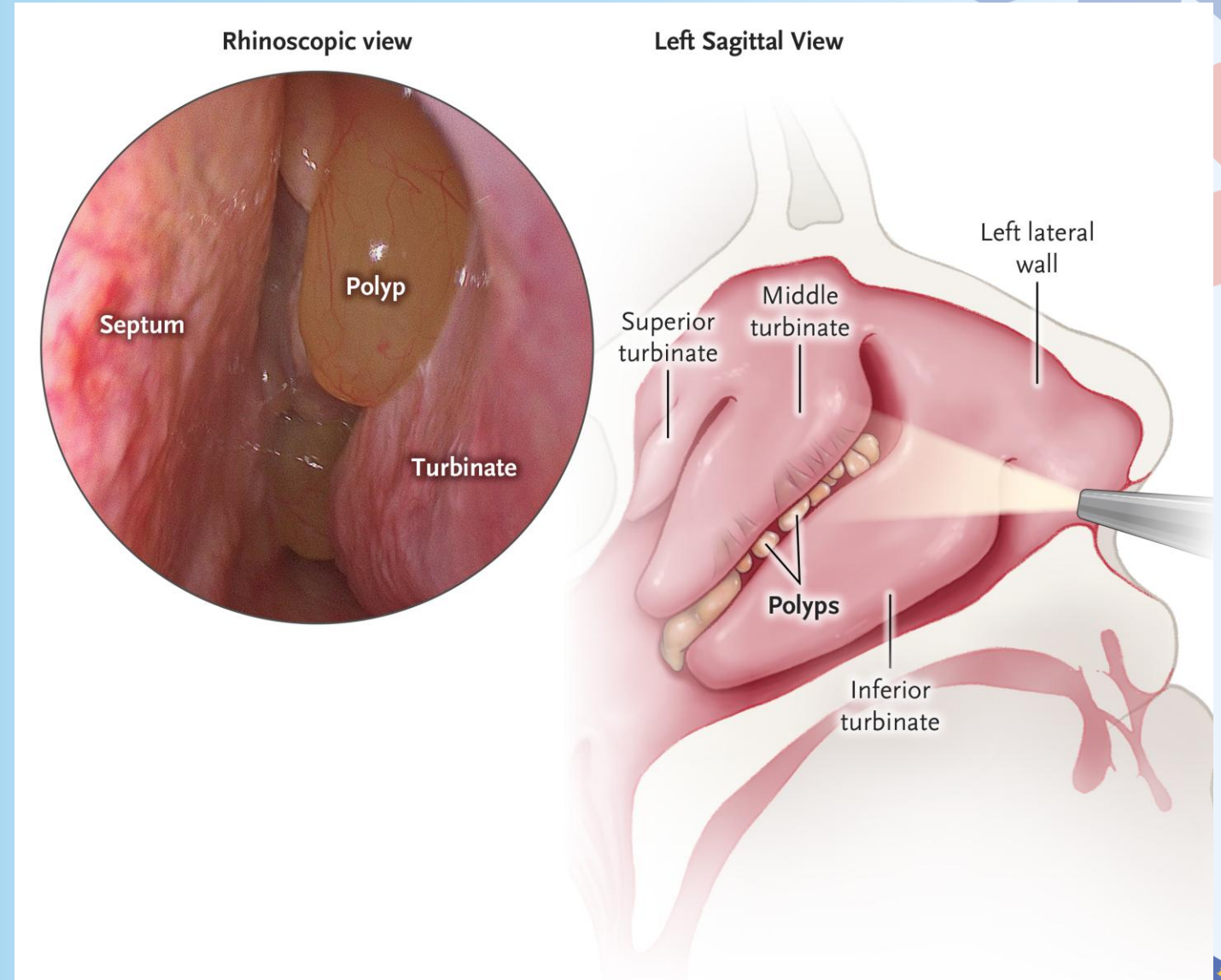
- **Salpingopalatine fold/muscle:**

Participates in the mechanism of swallowing, and **opens up** the Eustachian canal



What is the purpose of the conchae and the nasal meatus?

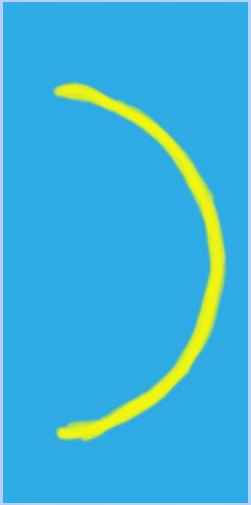
- Inferior, middle and superior conchae are also called «**turbinates**»
- They mix and warm up the air you breathe in
- **Clinically important:**
Nasal polyps can be found and removed from the conchae.



Tympanic membrane

- An embryologist's favourite structure!

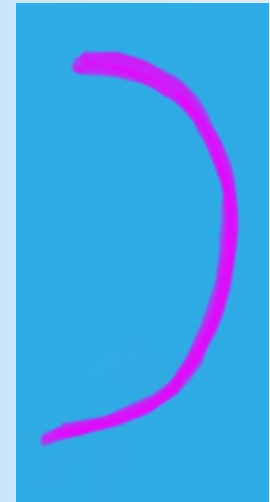
Consists of 3 layers:



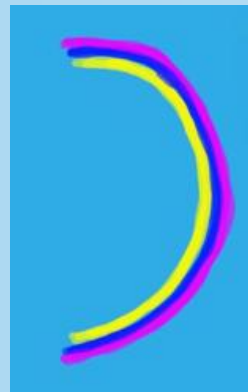
Skin
(most external)



**Connective
tissue**

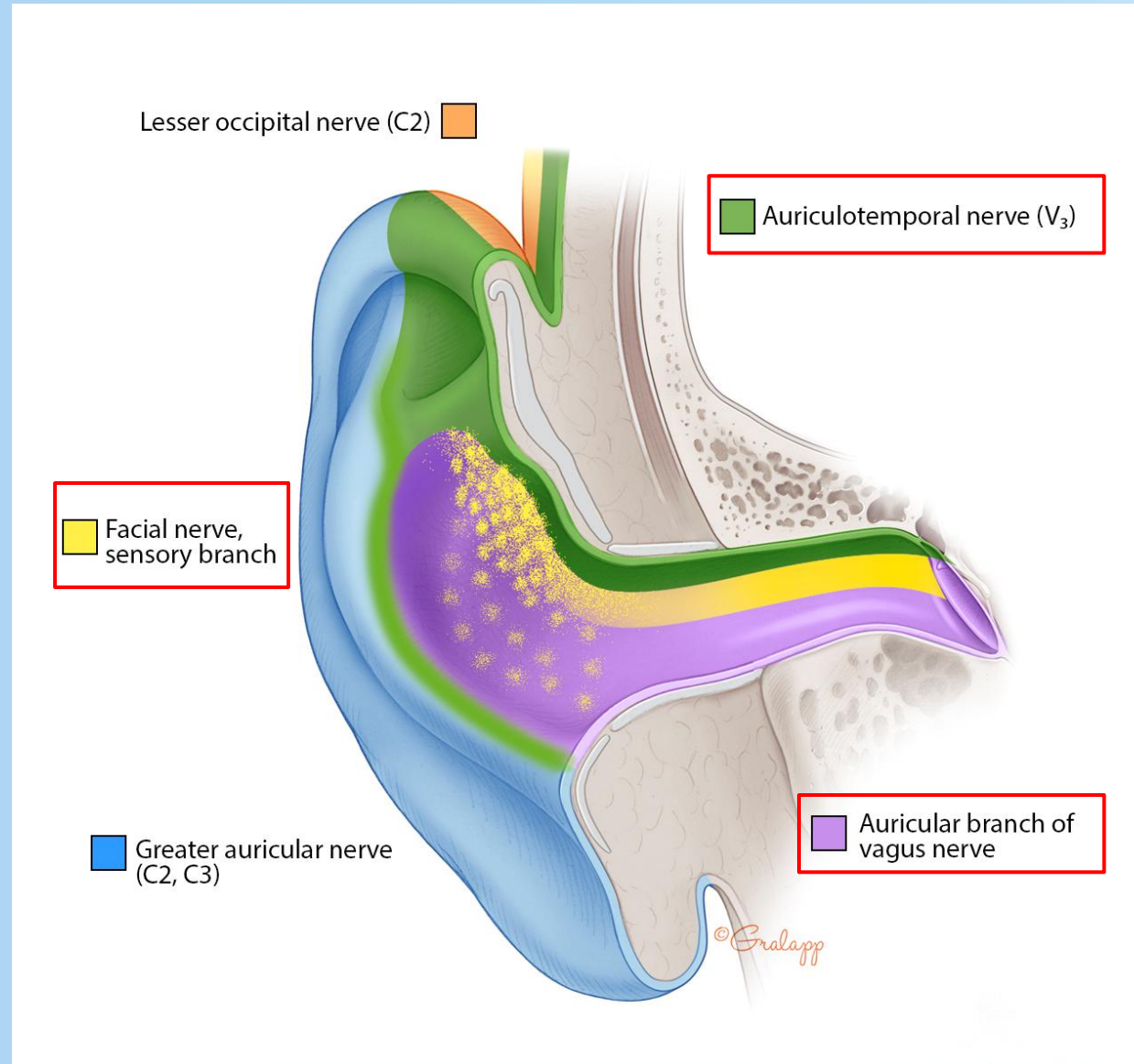


**Mucosal
layer (most internal)**



Tympanic membrane

Nerve innervation of the tympanic membrane



Which pharyngeal arch is related to which nerves?

Auriculotemporal nerve (V3)

Sensory branch of the Facial nerve (CN VII)

Auricular branch of vagus nerve (CN X)

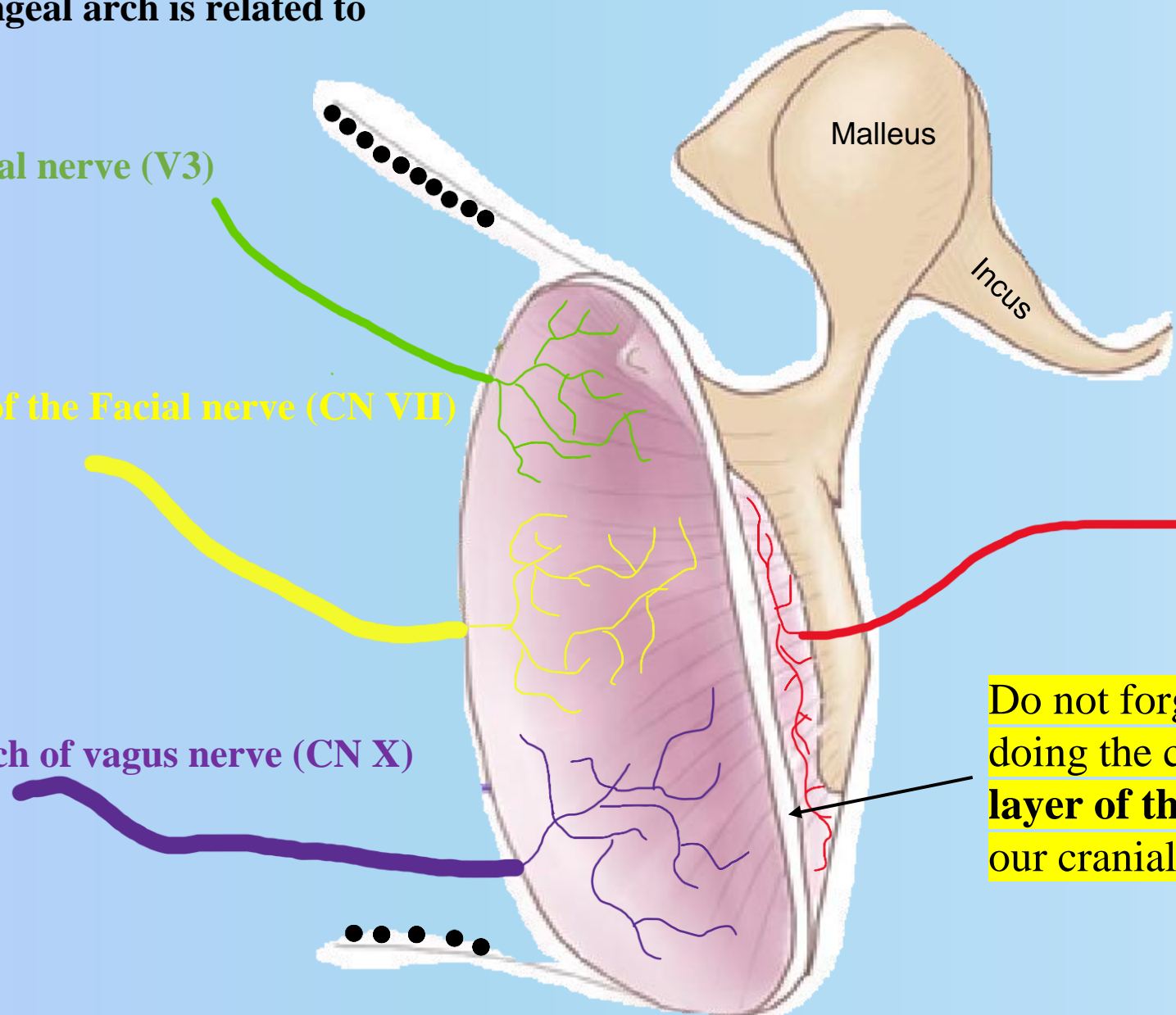
Malleus

Incus

Jacobson's nerve of
Glossopharyngeal nerve (CN IX)

Do not forget about the neural crest cells doing the connective tissue layer (**middle layer of the membrane**) and helping out our cranial nerves!

●●●●●●●● 1st pharyngeal groove





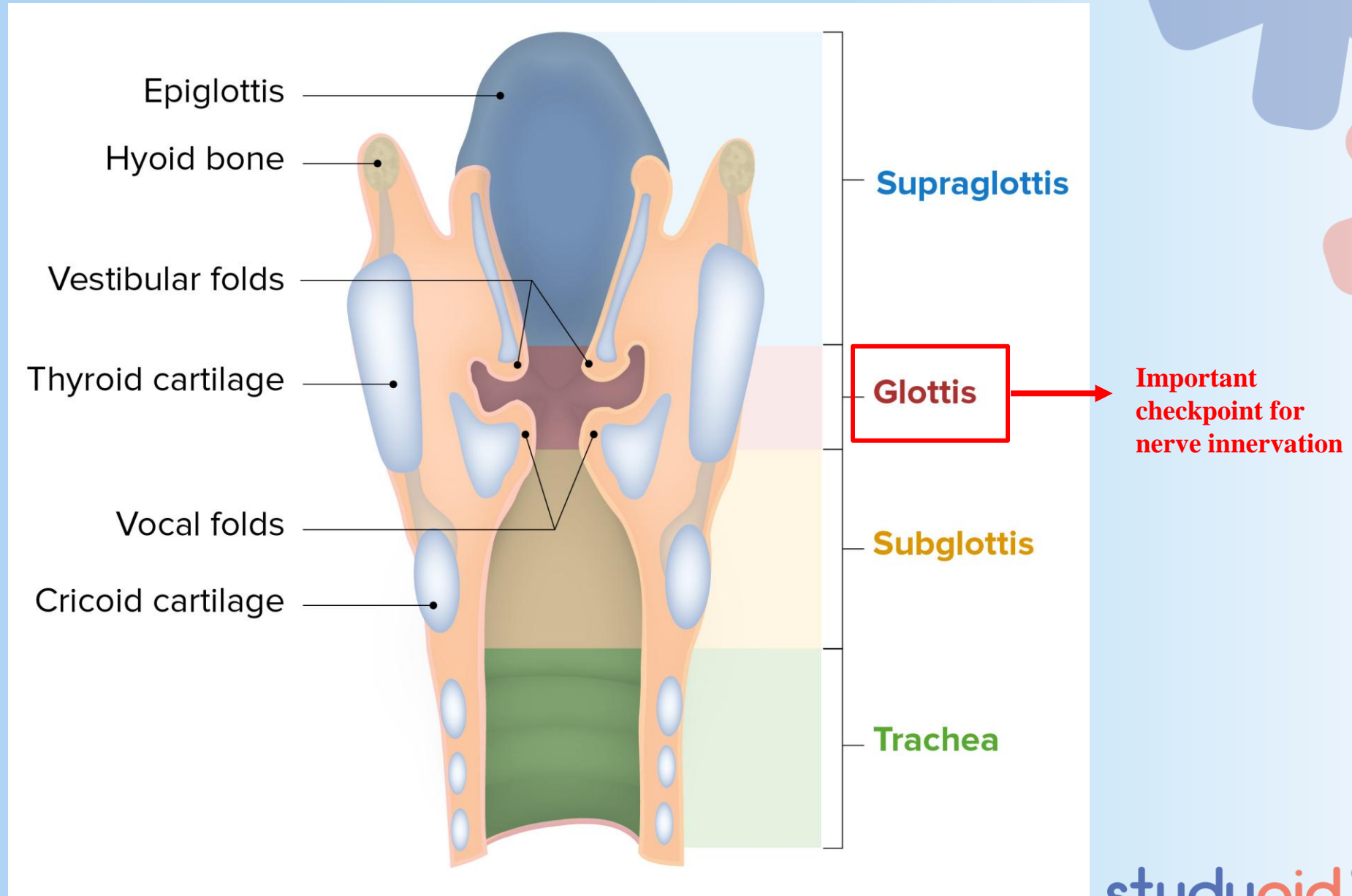
Exiting the
cranium and
going straight
to the larynx



Exiting the
cranium, descending into
the thorax, going
under the aortic arch,
climbing up the tracheo-
esophageal groove,
and going to the larynx

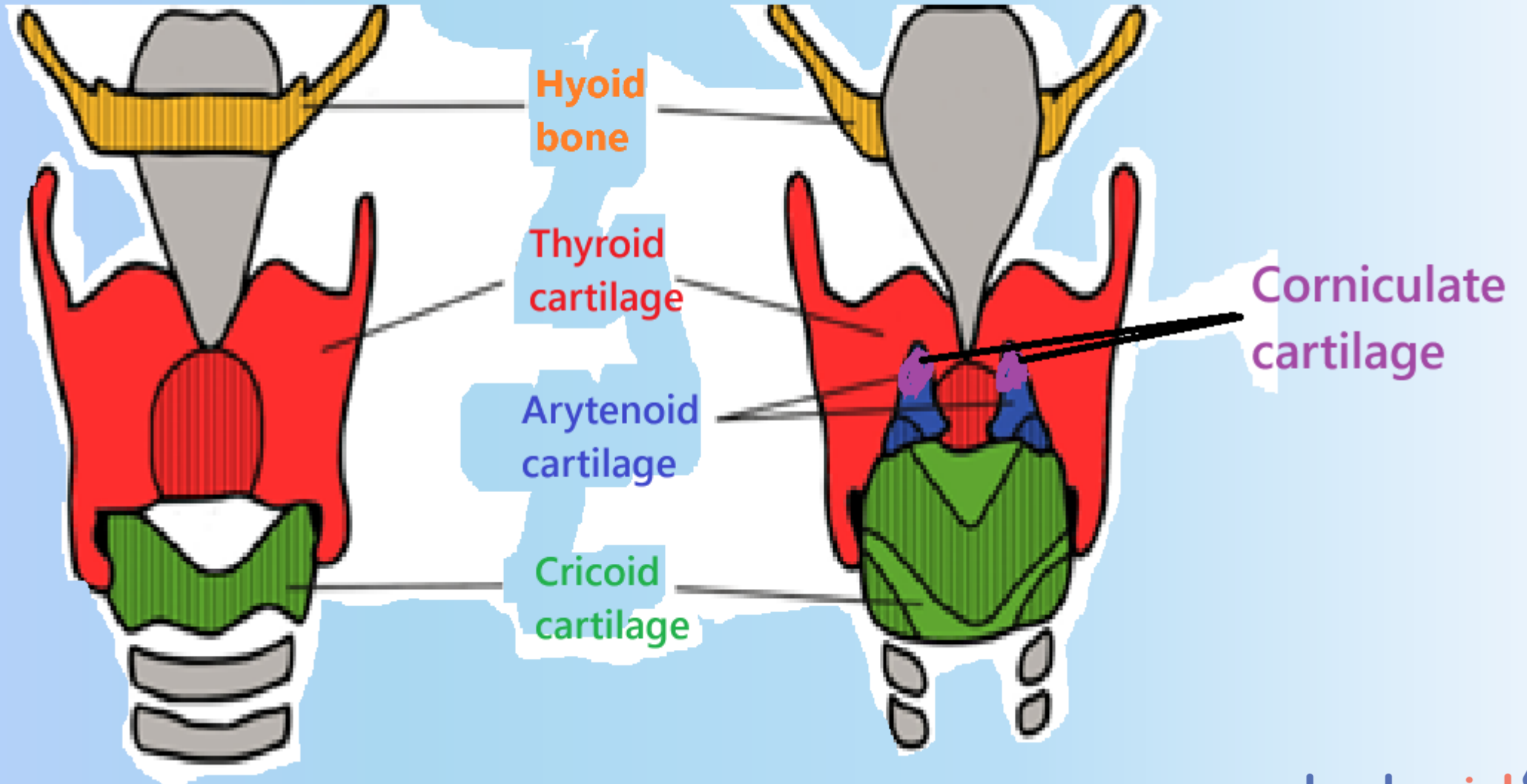
Larynx

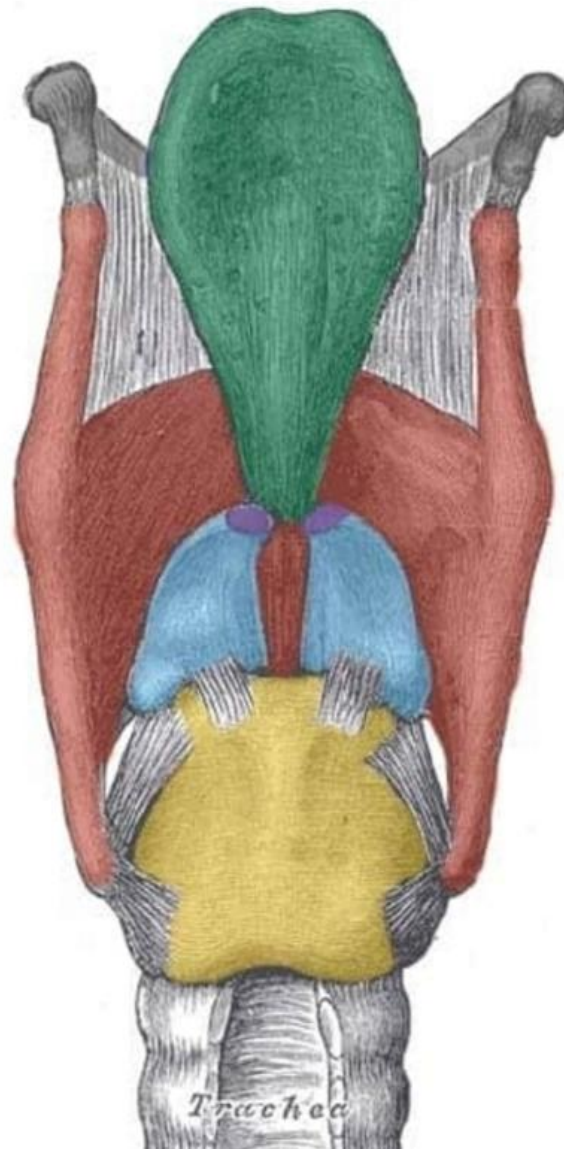
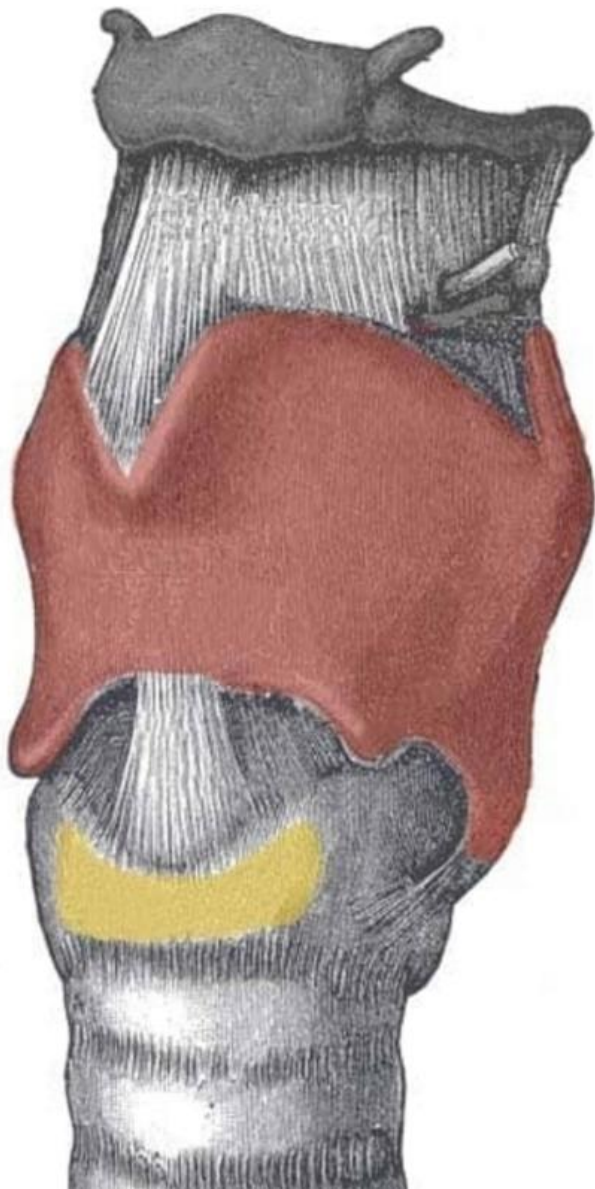
- Cartilage
- Muscles
- Nerves




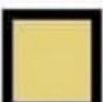




ANTERIOR VIEW

POSTERIOR VIEW



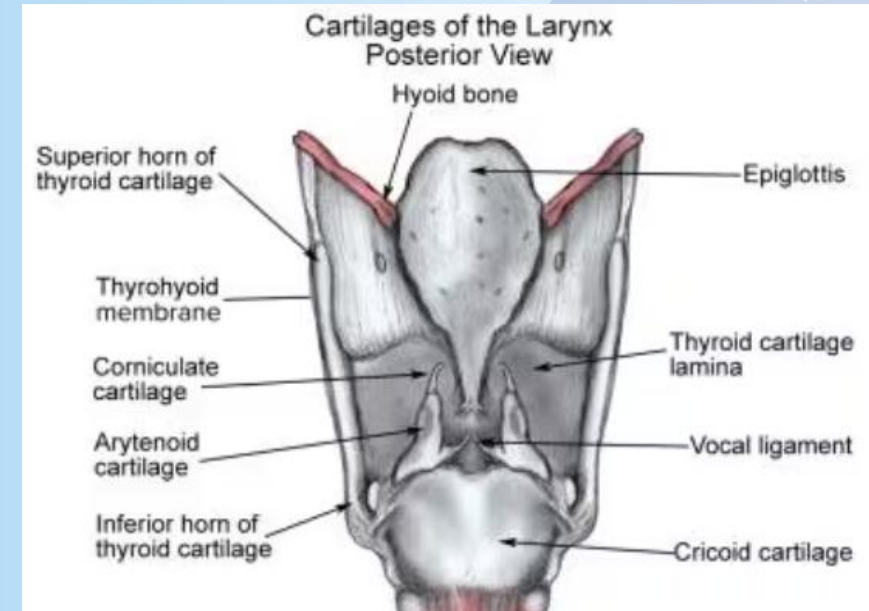


-  Epiglottis
-  Thyroid cartilage
-  Arytenoid cartilages
-  Cricoid cartilage
-  Corniculate cartilages
-  Thyrohyoid membrane

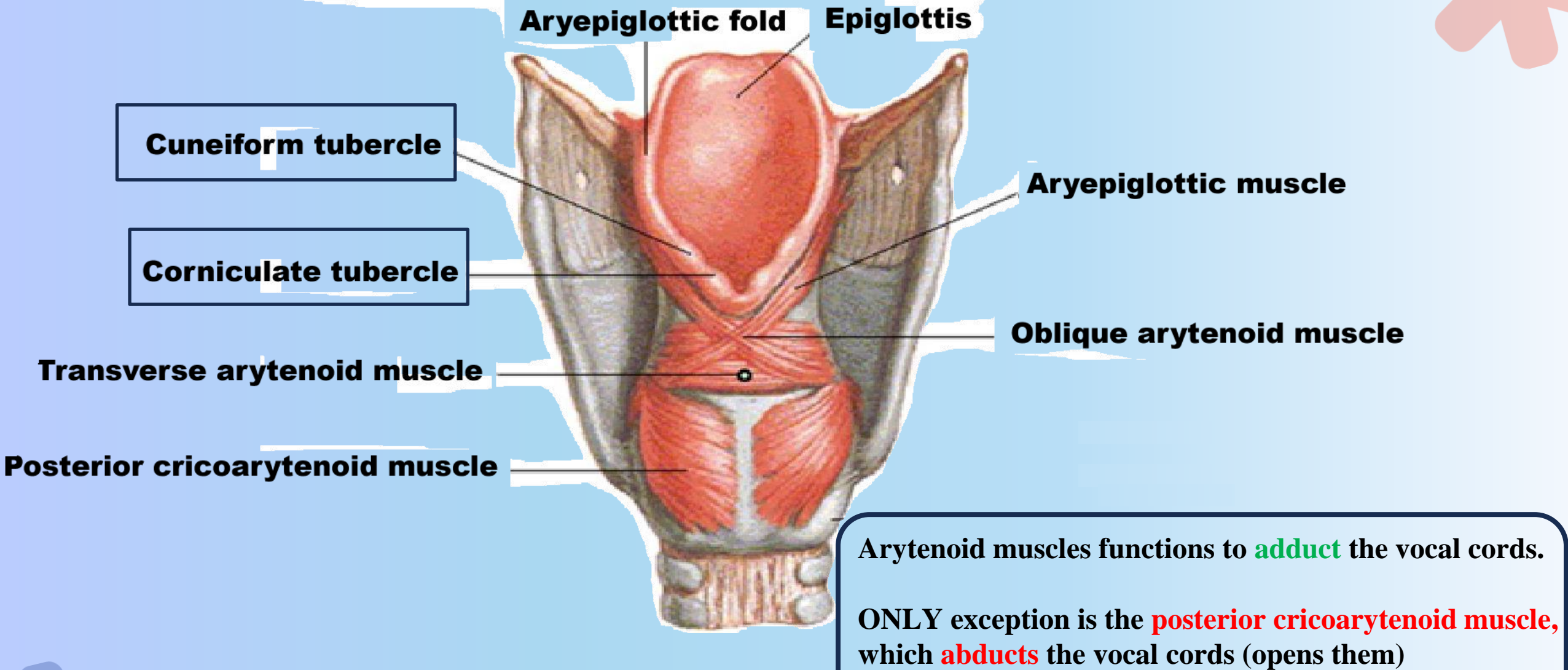
«Arytenoid» refers to the larynx, which is related to important cartilage/muscles that we need to have in order to produce sound. They often originate «from the back» and attach to the front.

Function of the laryngeal cartilage

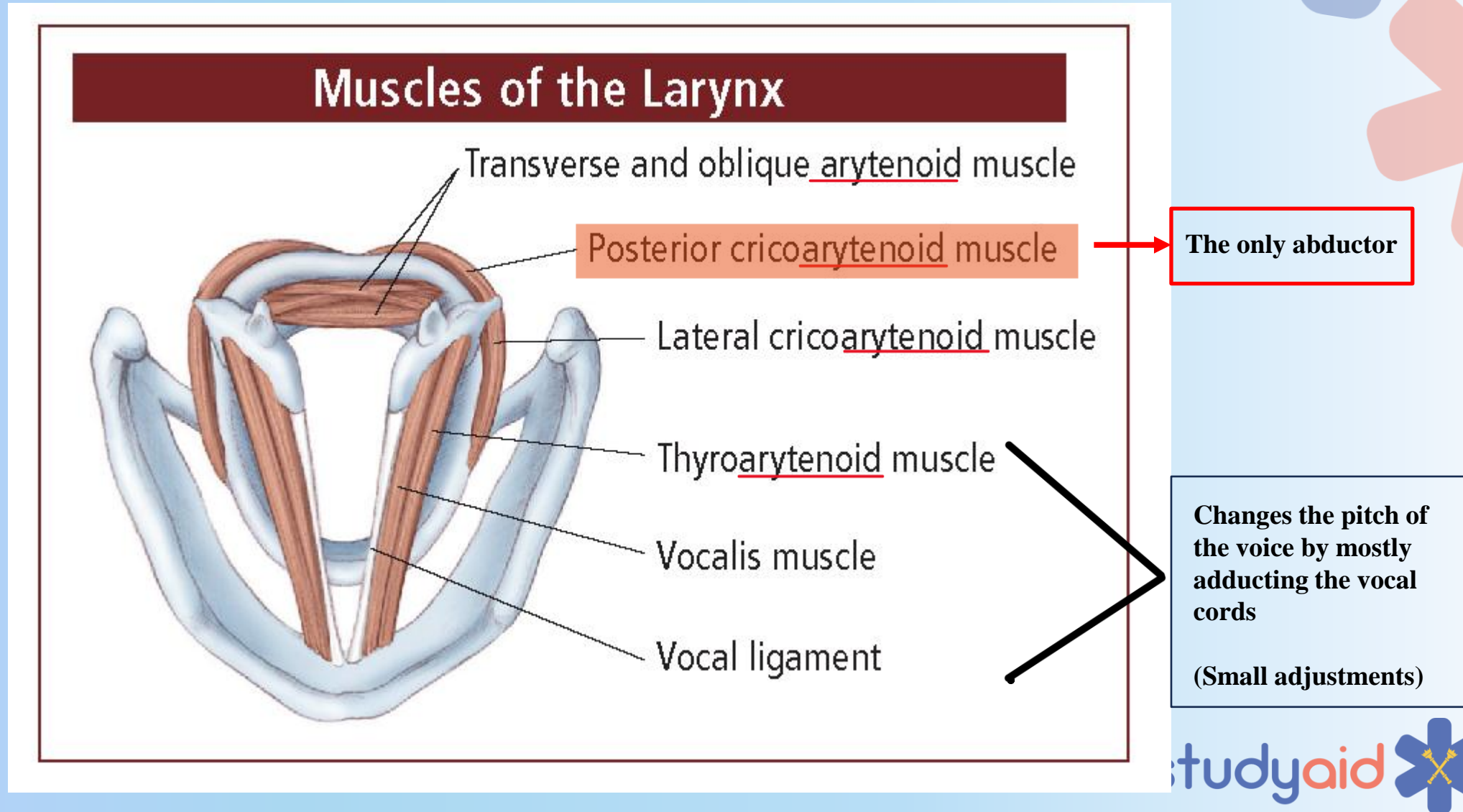
- **Epiglottis:**
→ Close when we swallow and lift up the thyroid cartilage
- **Thyroid cartilage:**
→ Protects the trachea and supports the vocal cords.
- **Arytenoid cartilage:**
→ Participates in moving the vocal folds and *create tension*
- **Cuneiform cartilage/tubercle:** **Very pinnable**
→ Strengthening the *vocal folds* and supporting the epiglottis
- **Corniculate cartilage/tubercle:** **Very pinnable**
→ Strengthens and supports the *aryepiglottic fold*
- **Cricoid cartilage:**
→ Important attachment points for muscles that serve the airway
- **Thyrohyoid membrane:**
→ Supports the thyroid cartilage in the swallowing function, and it works as a passage for nerves and arteries.



Intrinsic muscles, posterior view



Muscles related directly to the vocal cords



Importance of arytenoid cartilage

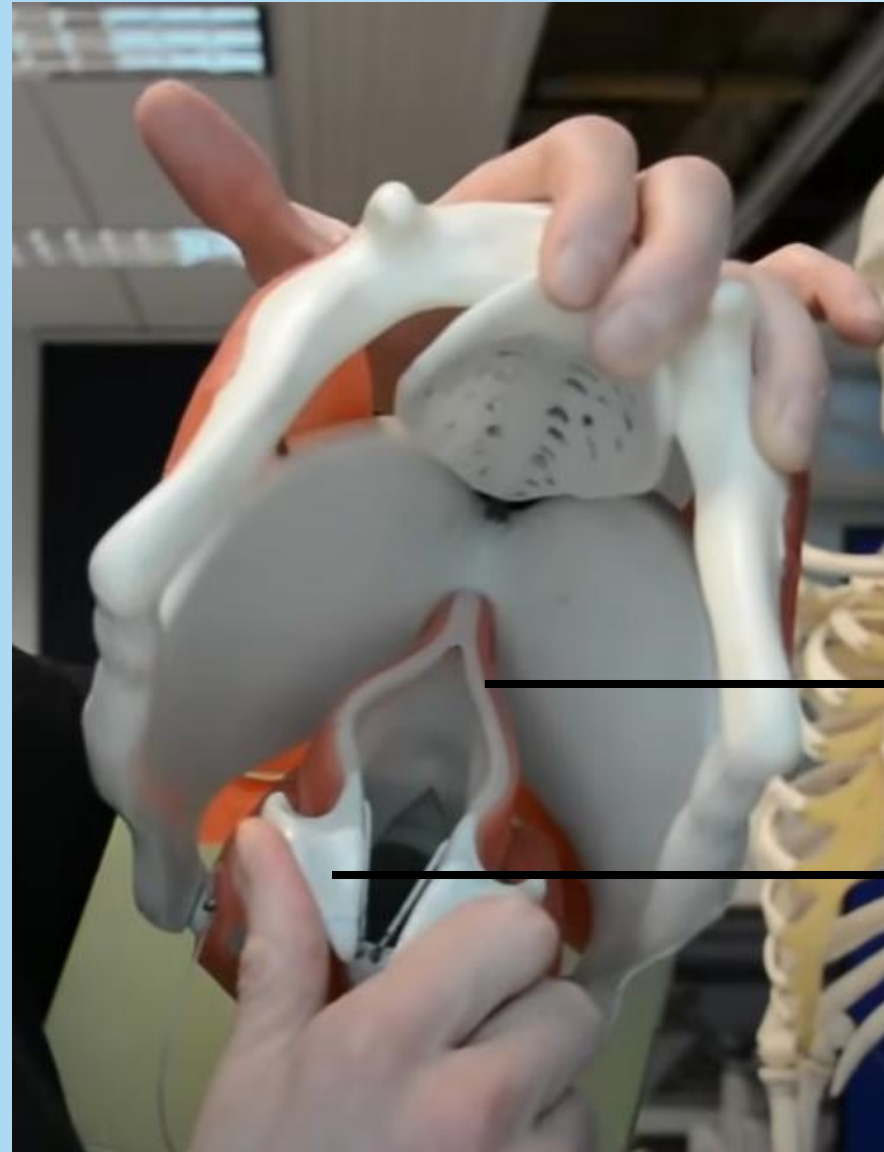
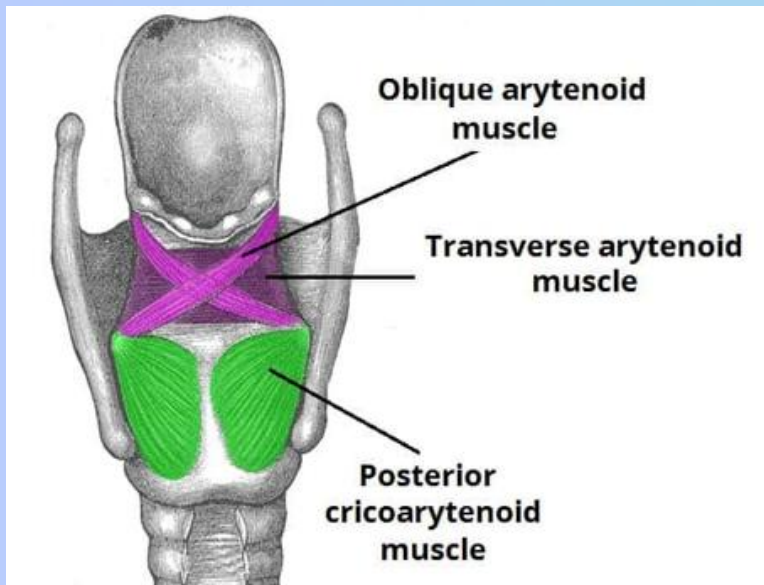
Adducts:

(Closes) vocal cords

Abducts:

vocal (Opens) cords

- Posterior cricoarytenoid muscle
- Lateral cricoarytenoid muscle
- Transverse arytenoid muscle
- Oblique arytenoid muscle



The hand works as the **posterior cricoarytenoid muscle**

Nerve innervation of the larynx

1. Superior laryngeal nerve



2. Inferior laryngeal nerve

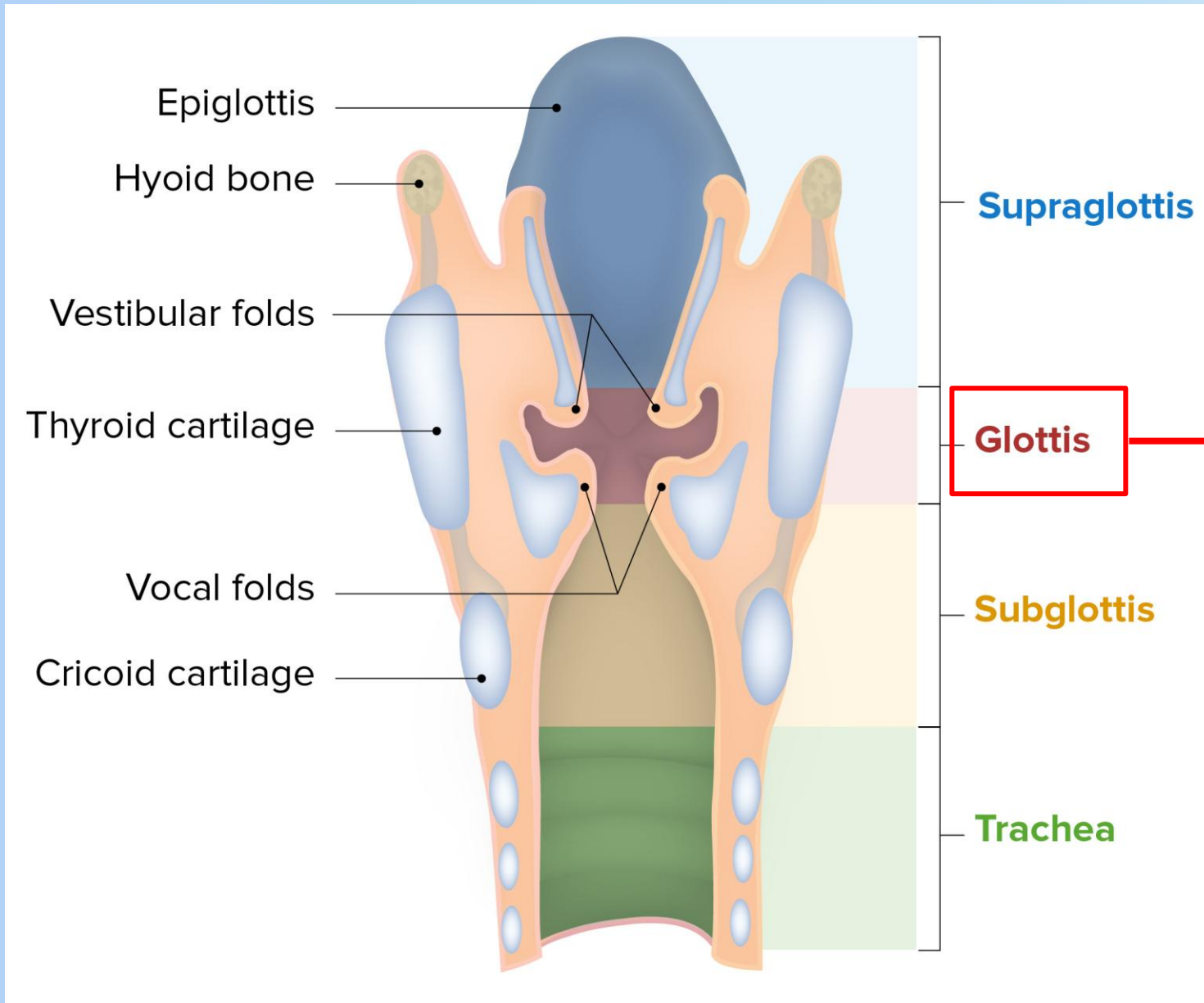
3. Internal laryngeal nerve

4. External laryngeal nerve

5. Recurrent laryngeal nerve

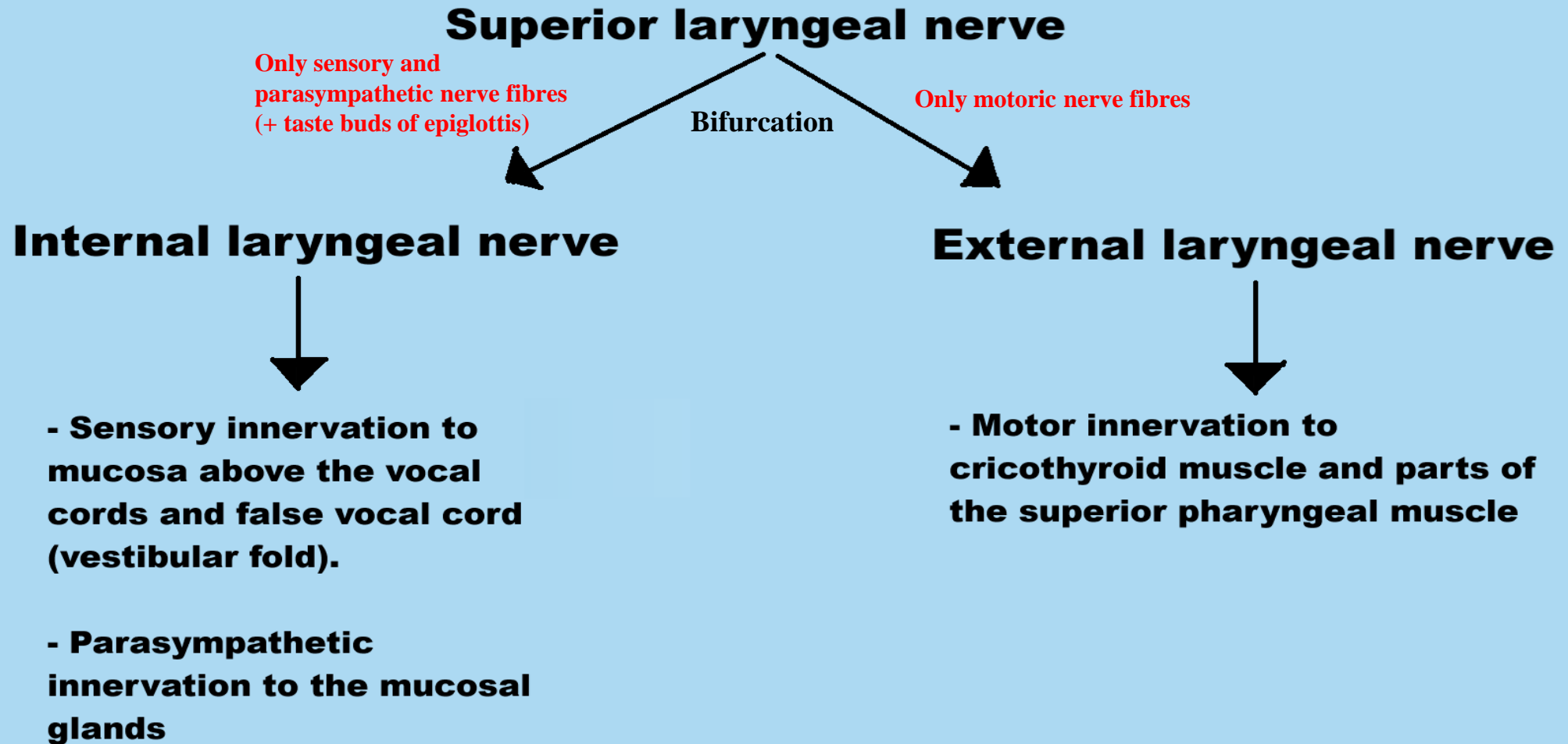


What do these nerves have in common other than mostly carrying the same type of nerve fibres and that they innervate the larynx together?



**Important
checkpoint for
nerve innervation**

Let's group the nerves



Recurrent laryngeal nerve



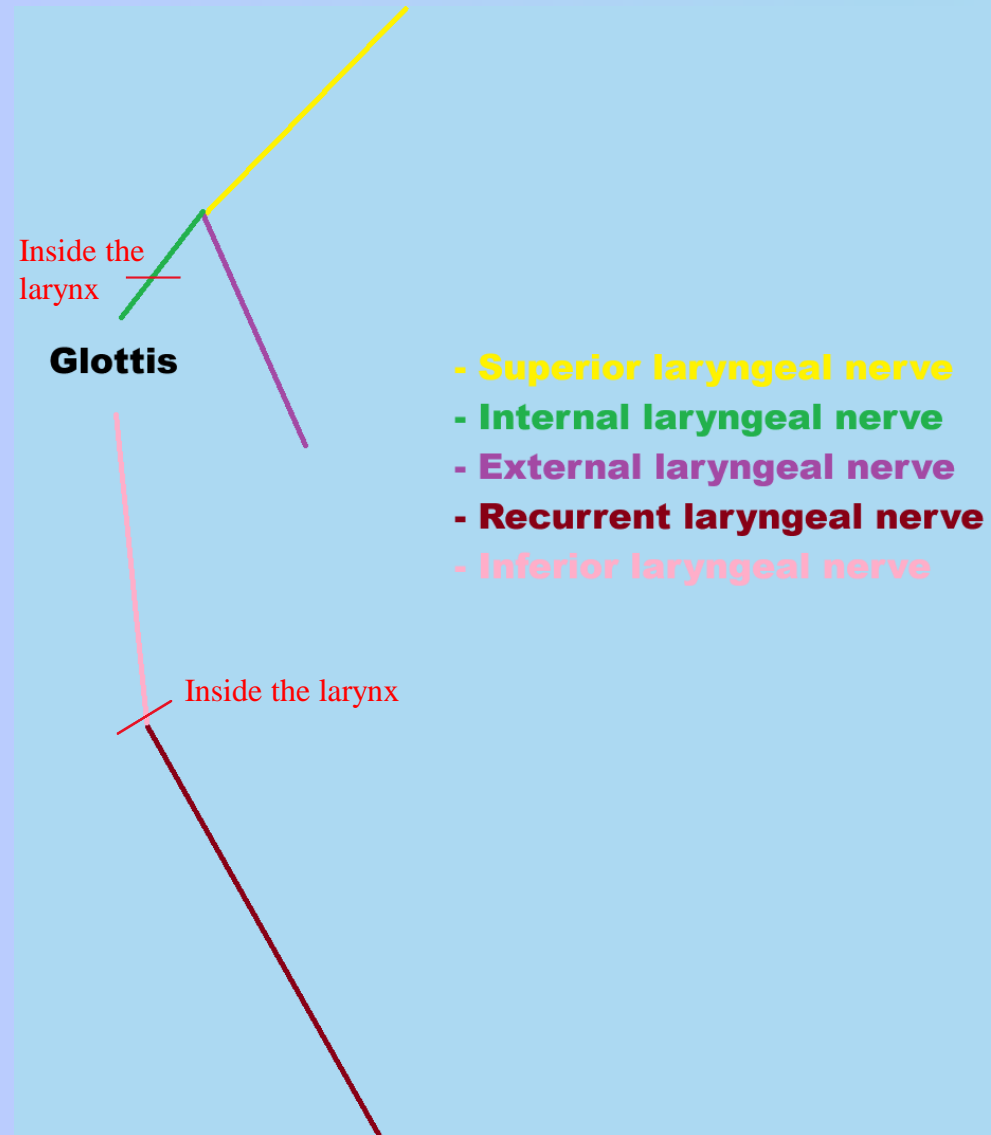
This is a continuation of the nerve (or a terminal branch), not an actual new branch

Inferior laryngeal nerve

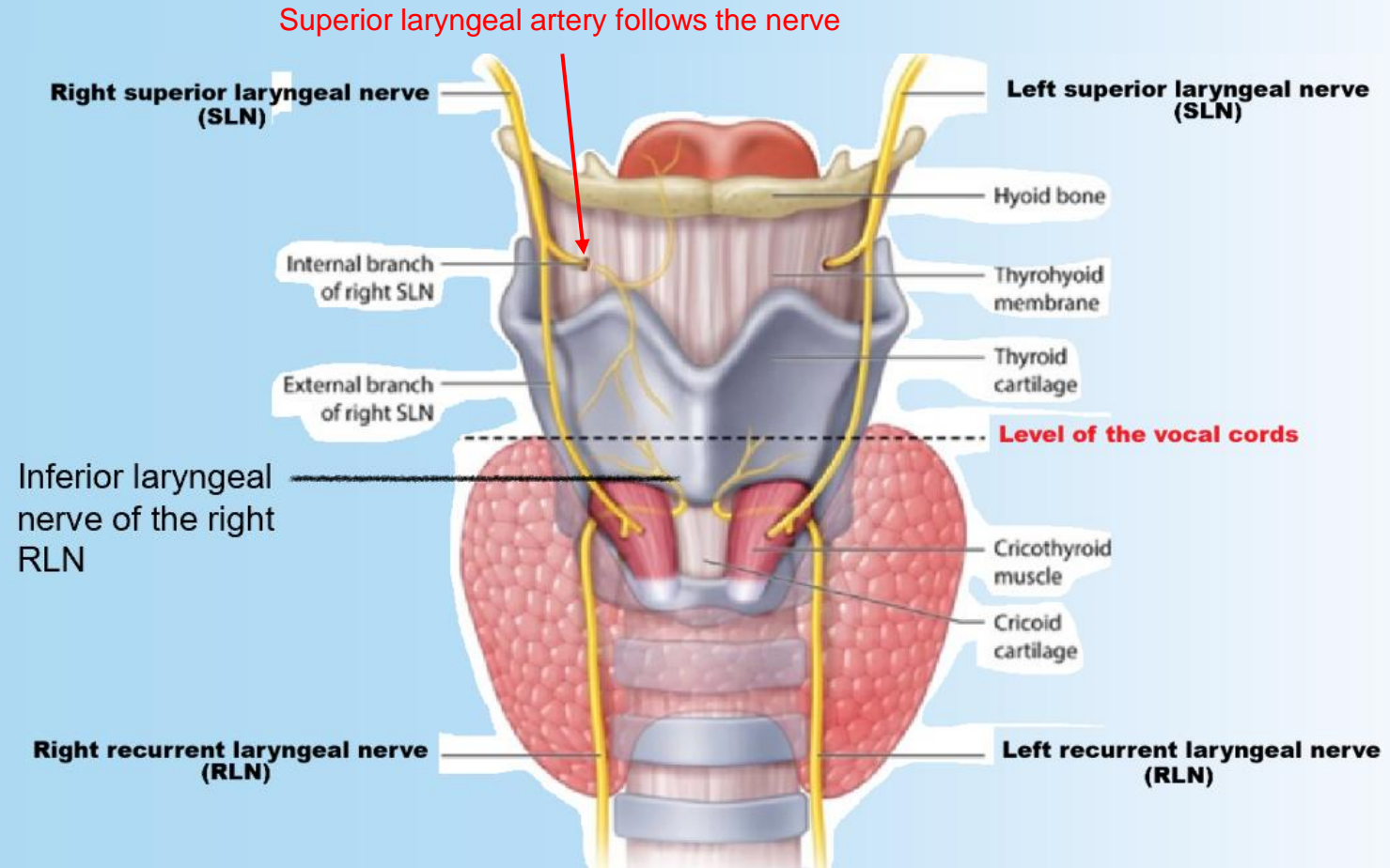


- **Has motor, sensory and parasympathetic nerve fibres.**
- **Innervates "everything" below the glottis + true vocal cords**
- **Innervates ALL intrinsic laryngeal muscles EXCEPT for the cricothyroid muscle.**
- **Is the nerve in charge of innervating the true vocal cords, and therefore impacts our speech when affected.**

Schematic drawing



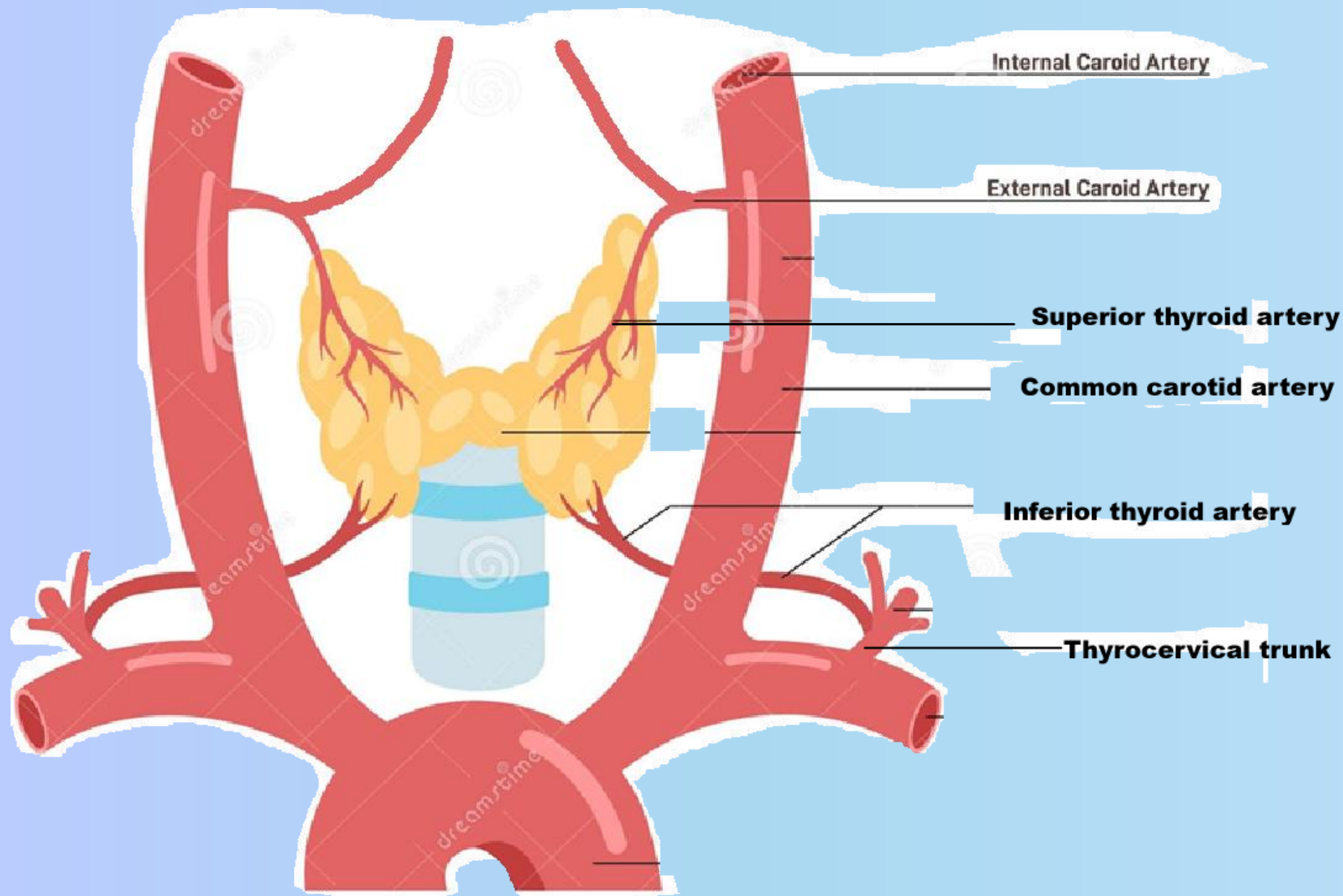
Visualised drawing



- What happens if the right or left RLN or inferior laryngeal nerve is affected?
- What happens if BOTH RLN or inferior laryngeal nerves is affected?

Thyroid

Blood supply



External carotid artery → Superior thyroid artery

Thyrocervical trunk → inferior thyroid artery

Ansa cervicalis

- Originates from C1, C2 and C3 and the nerve fibres hike with the hypoglossal nerve.
- **Consists of 2 nerves:**
Superior root (C1 and C2) and inferior root (C2 and C3) → They meet each other to form a loop
- The nerves often loop around the carotid sheath

Innervates 3 muscles:

1. Sternohyoid muscle
2. Sternothyroid muscle
3. Omohyoid muscle

