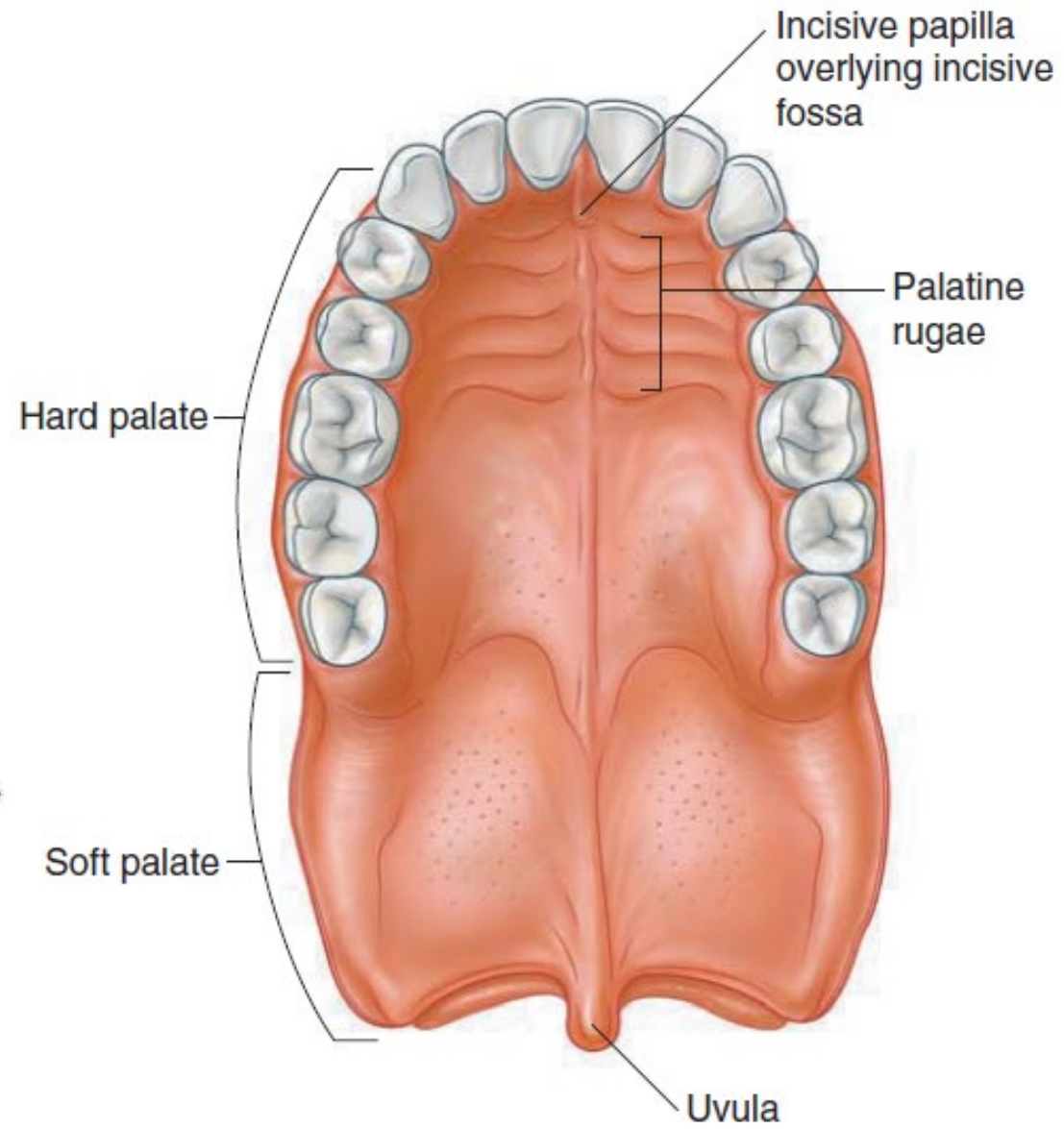
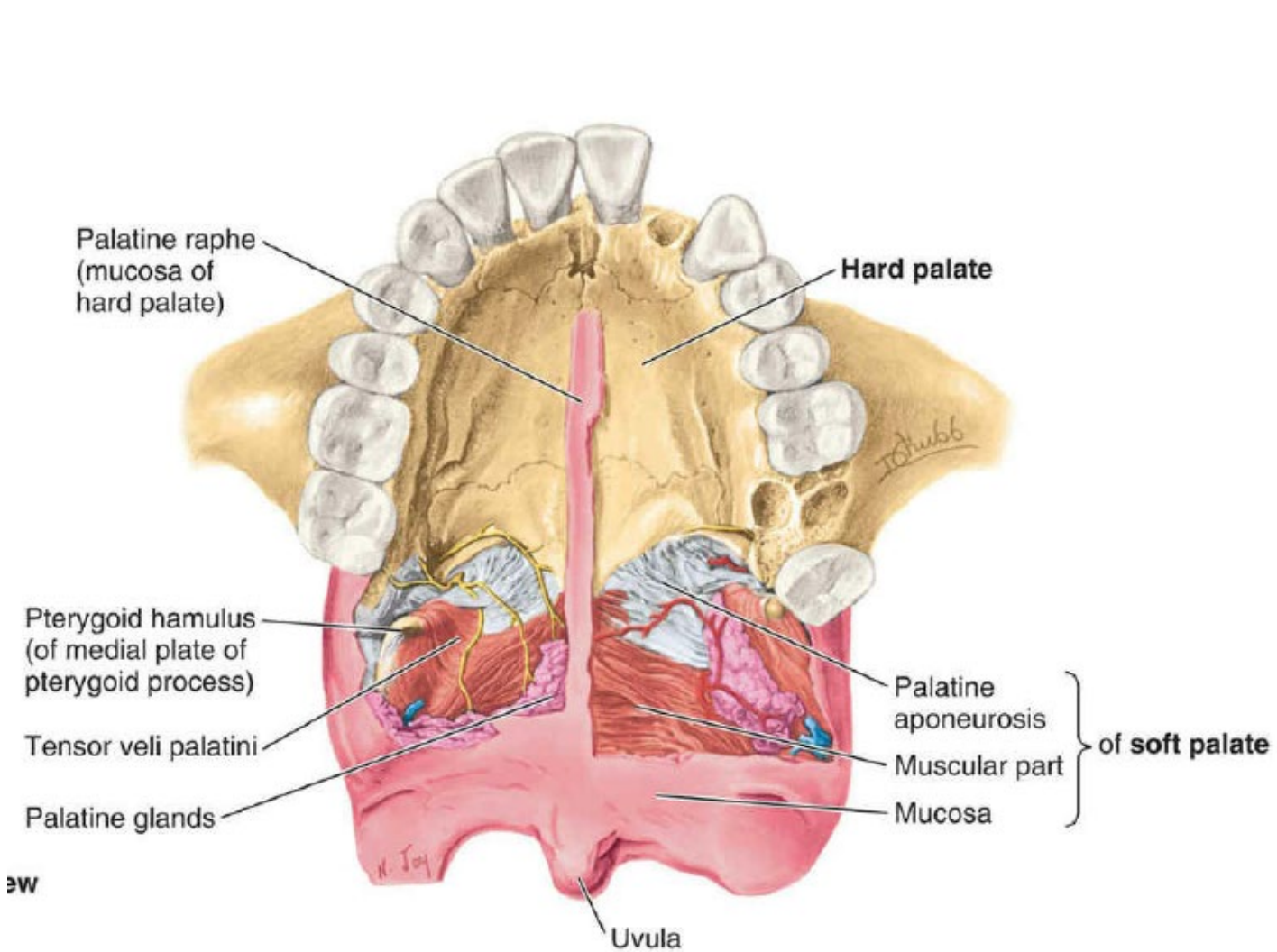


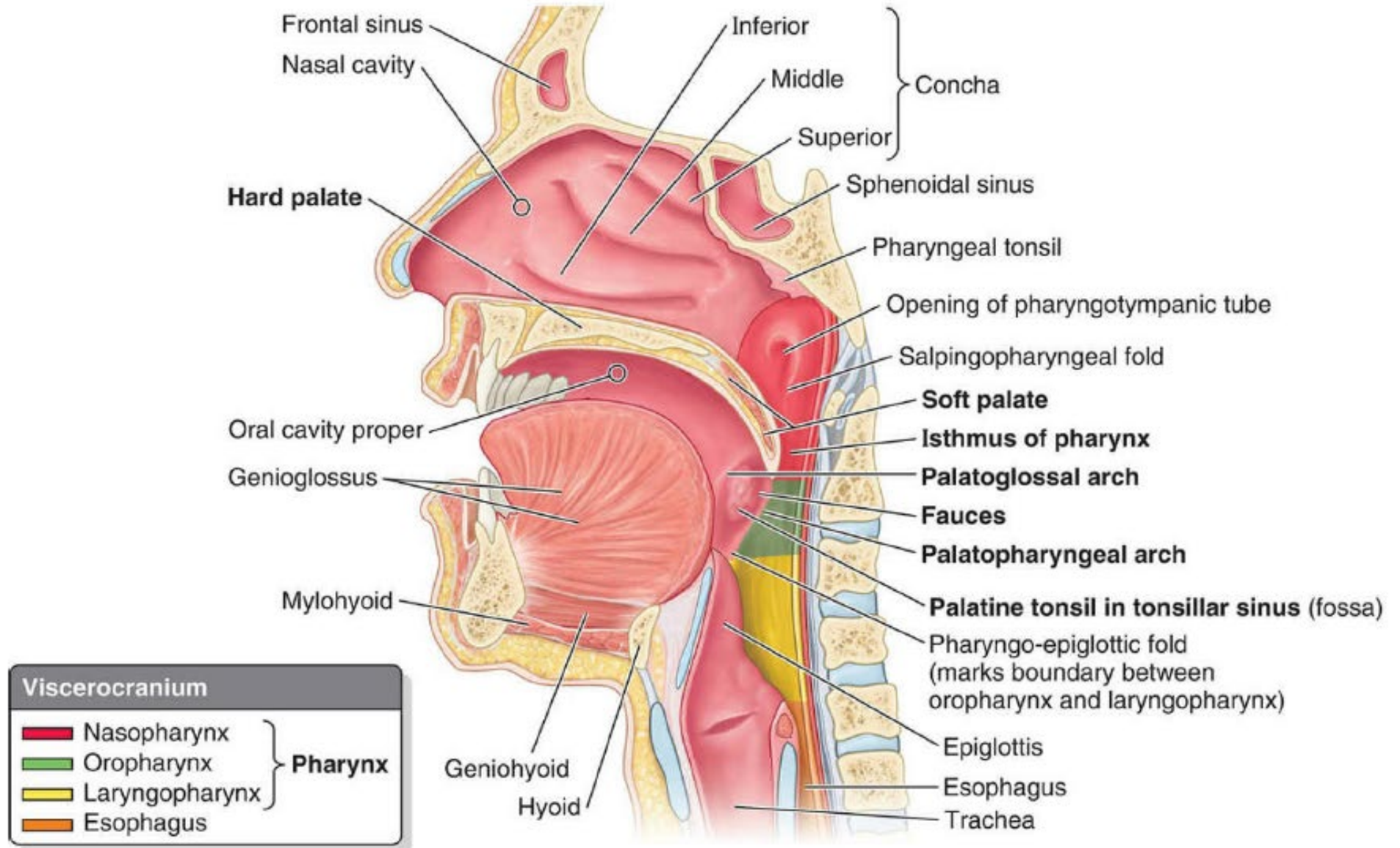
ORAL CAVITY – Part 2

Department of human anatomy – mucom 2019

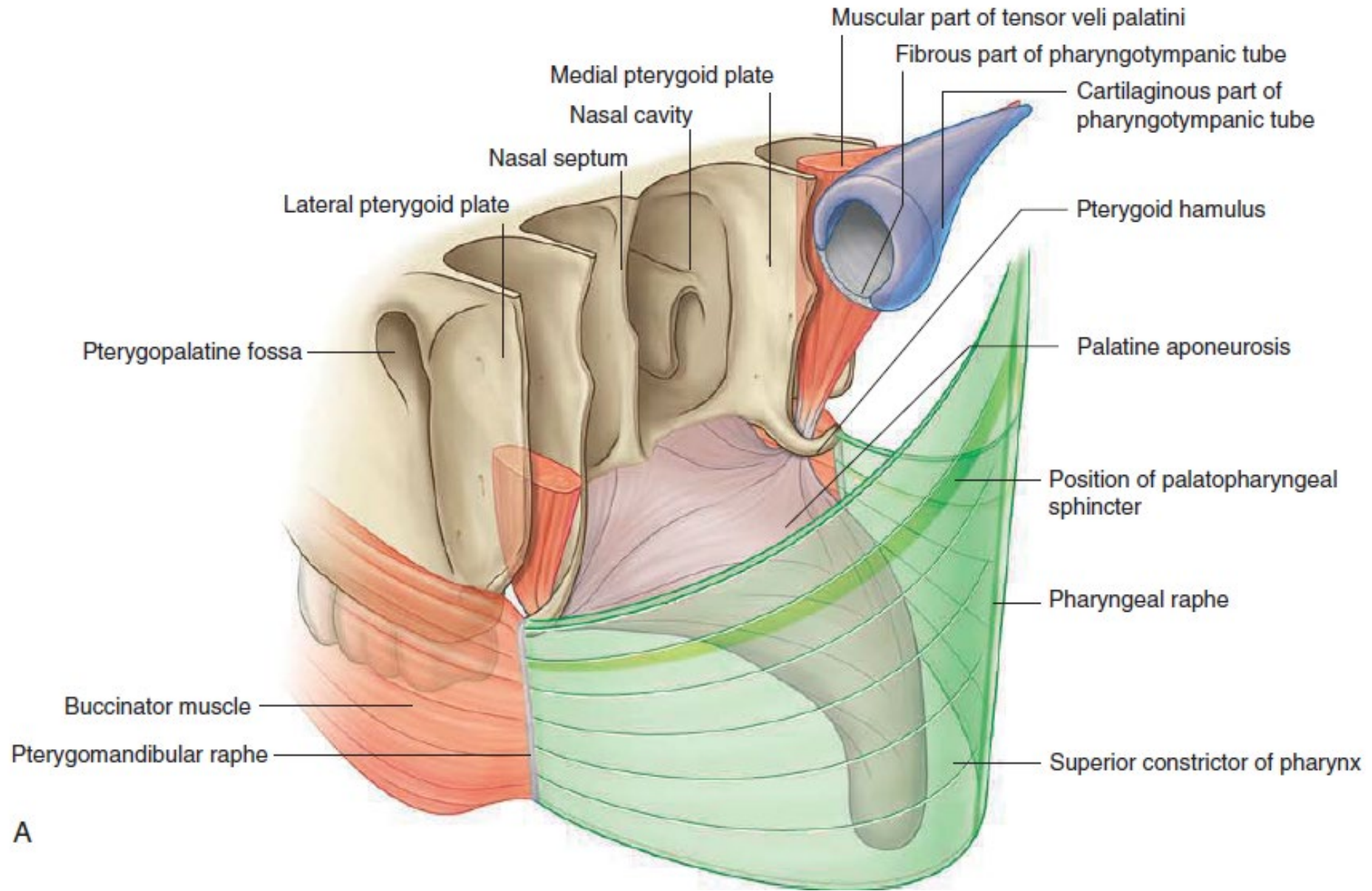
Objectives

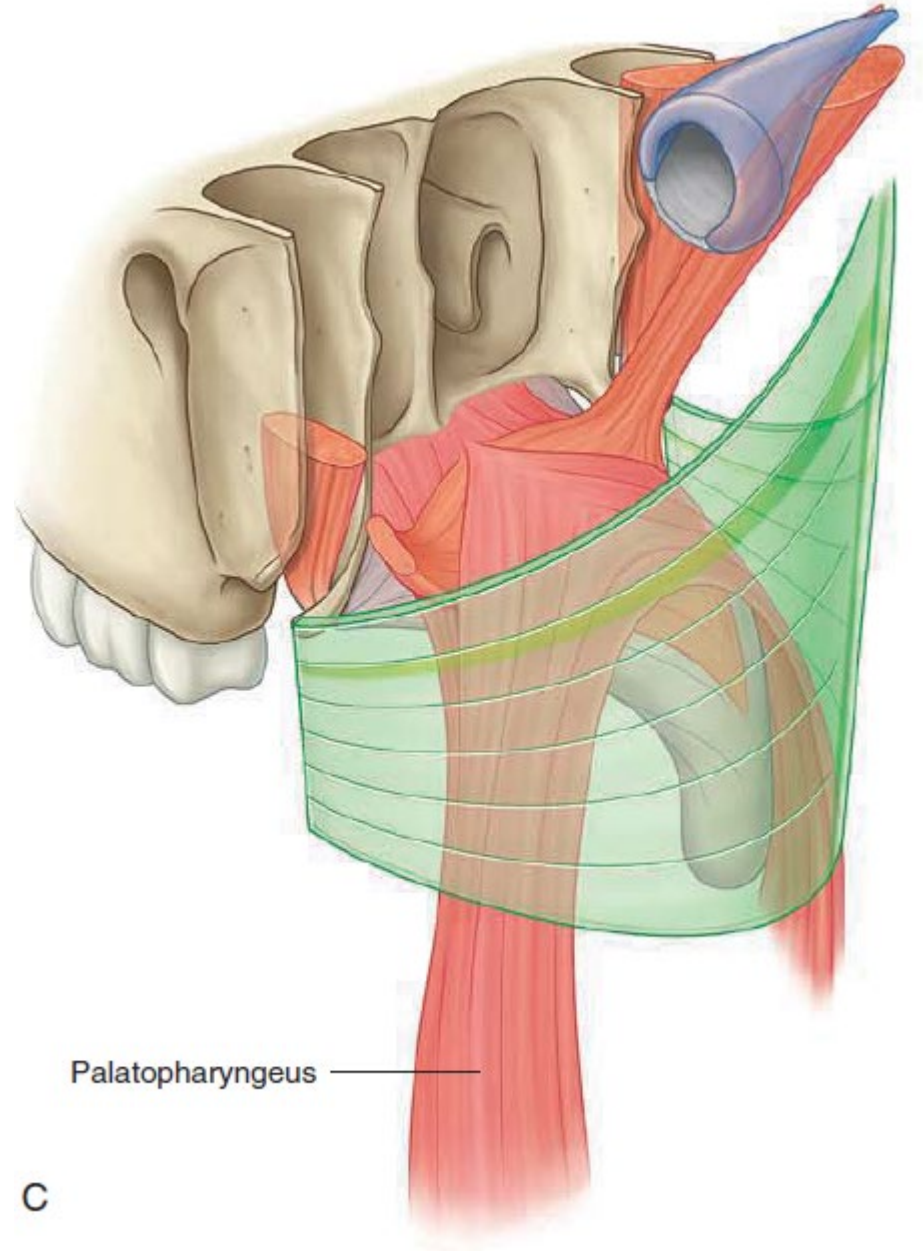
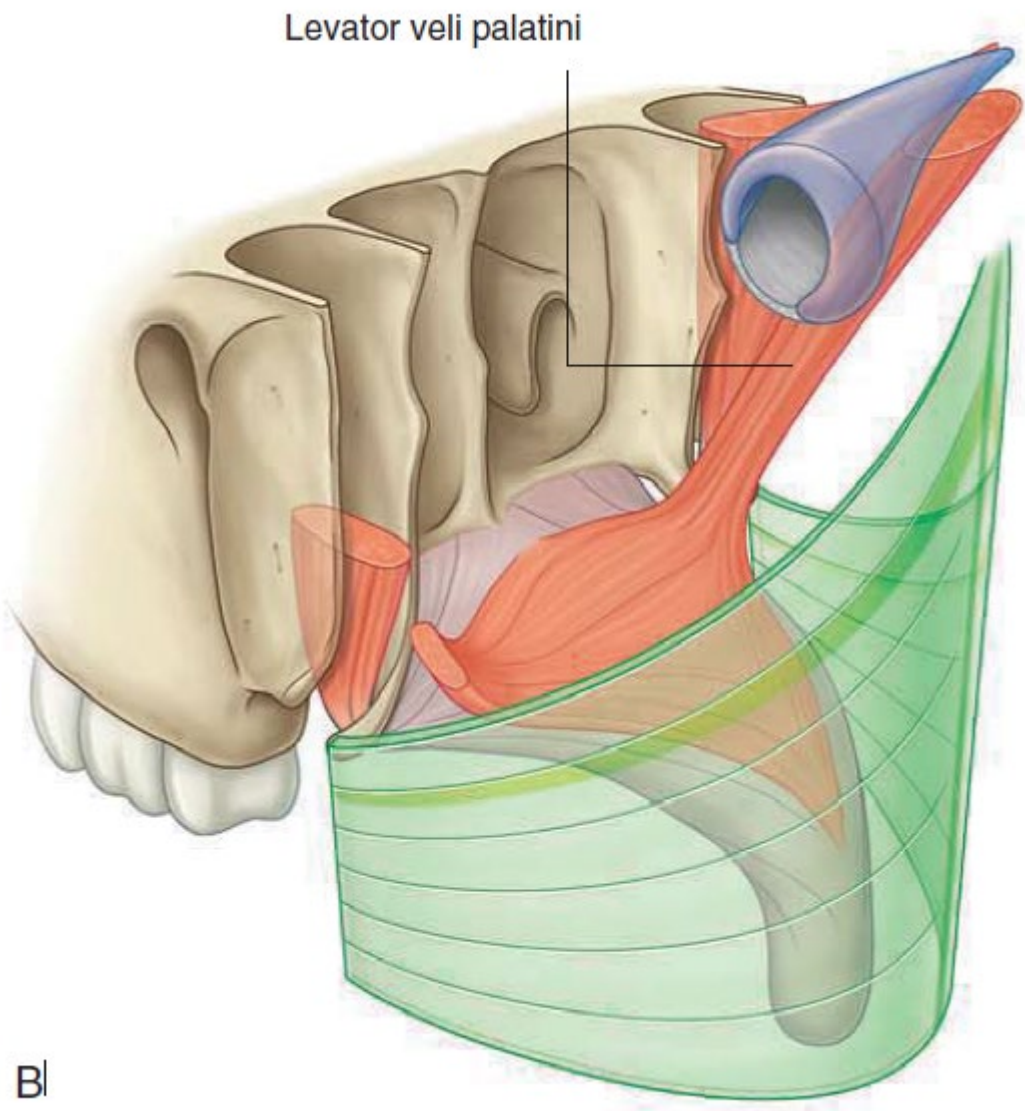
- Learn about anatomical features of hard and soft palate, including forming bones and muscles, blood supply and innervation.
- Understand the main features of the oral fissure and lips.
- Know the components and function of oropharyngeal isthmus.
- Know the general anatomical features of teeth and gingiva.





Medial view of right half of viscerocranium





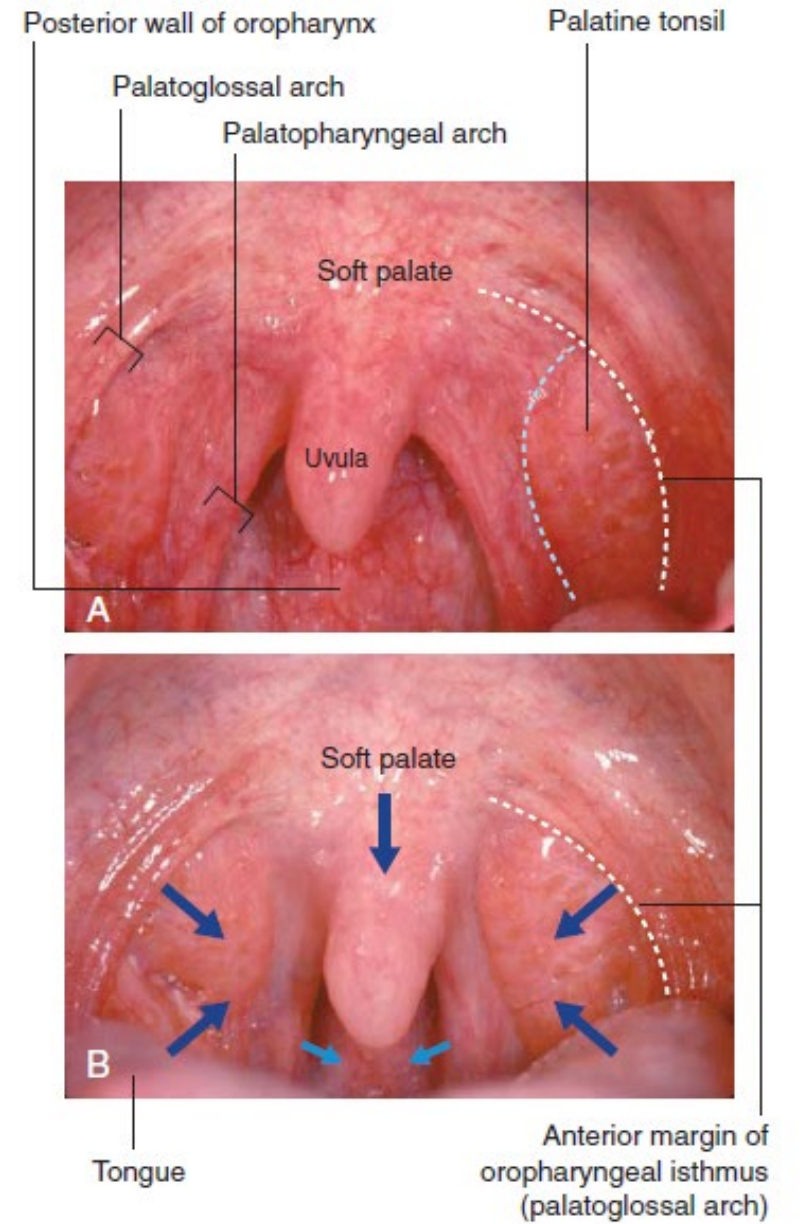
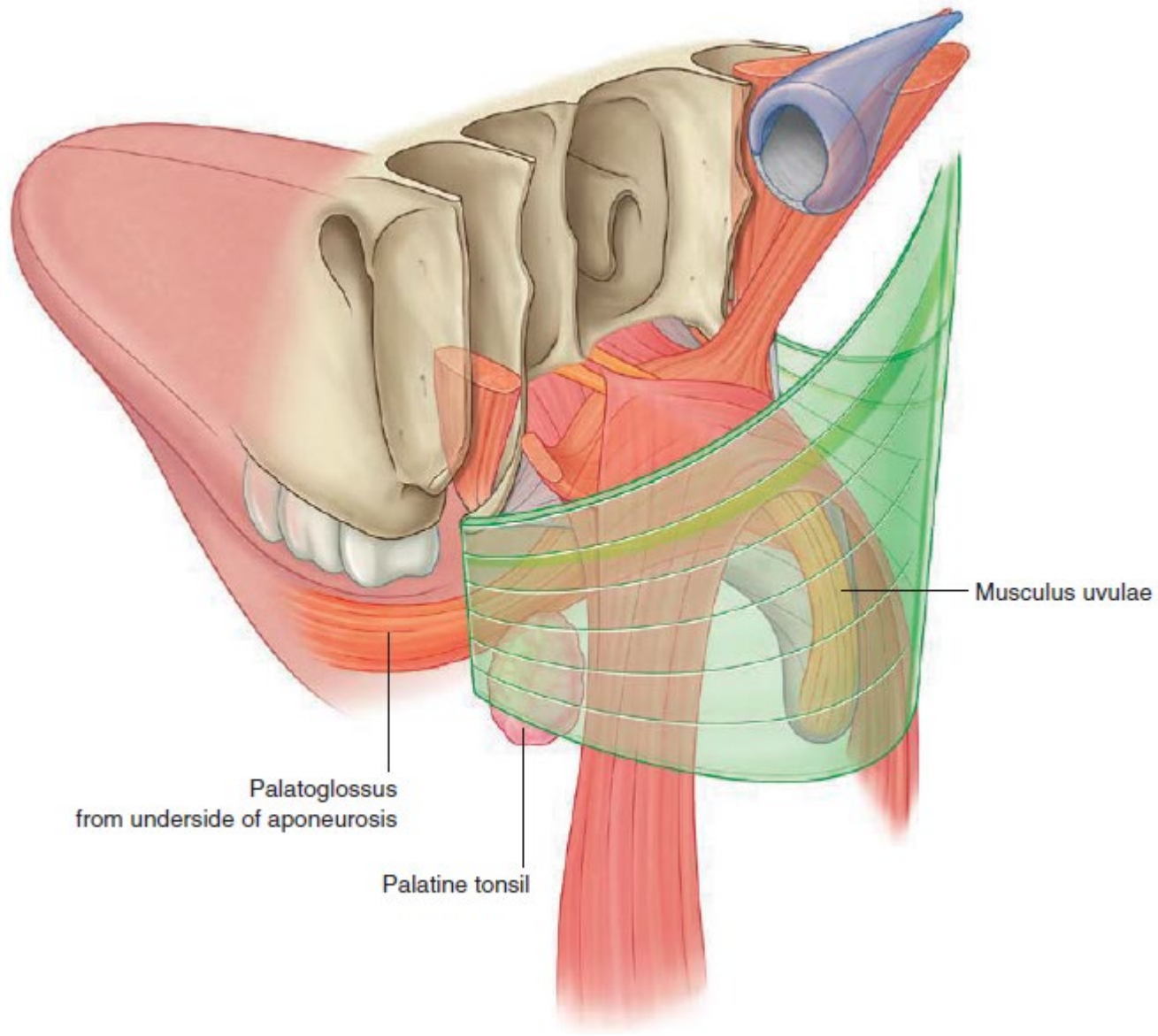
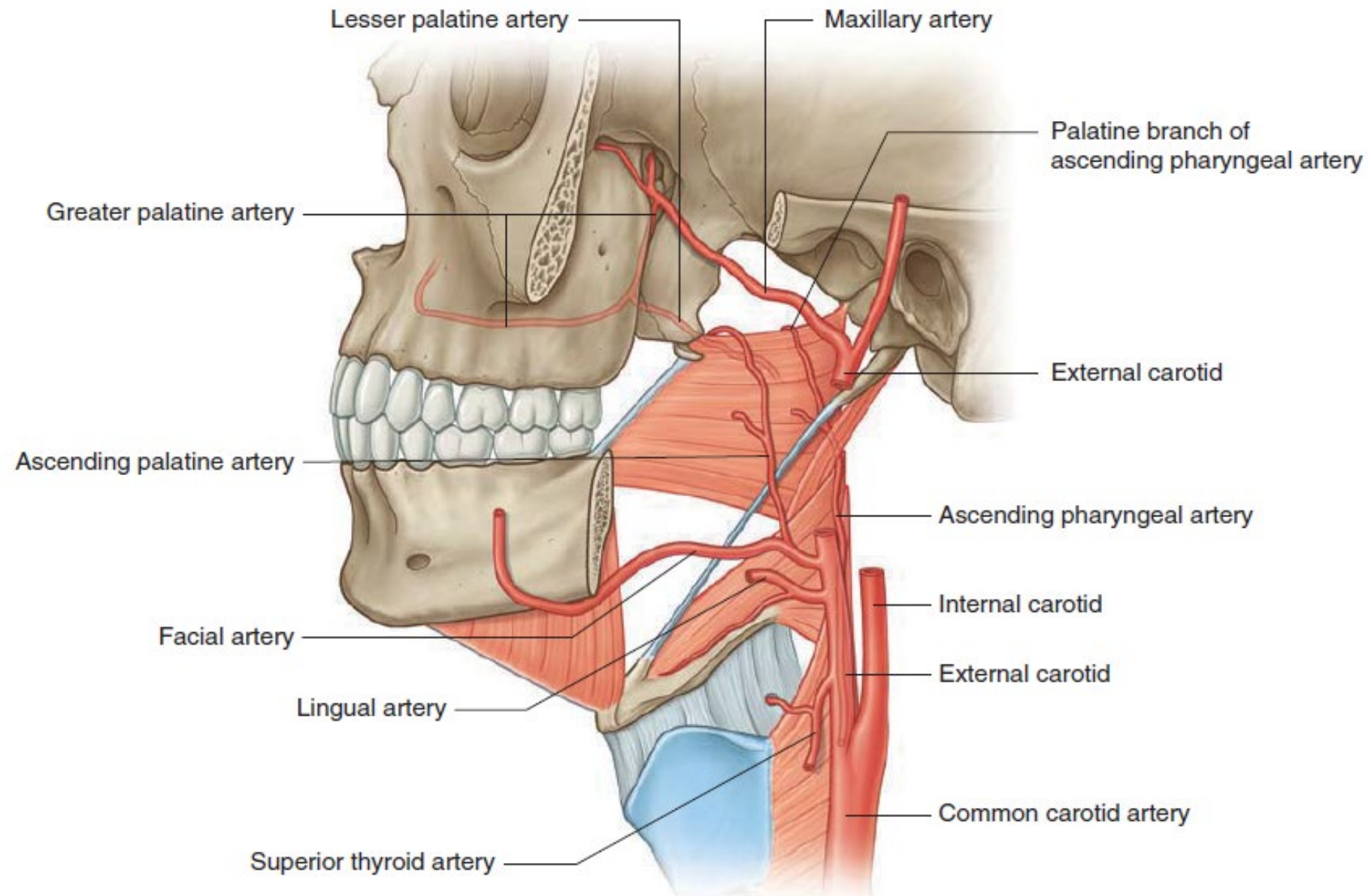
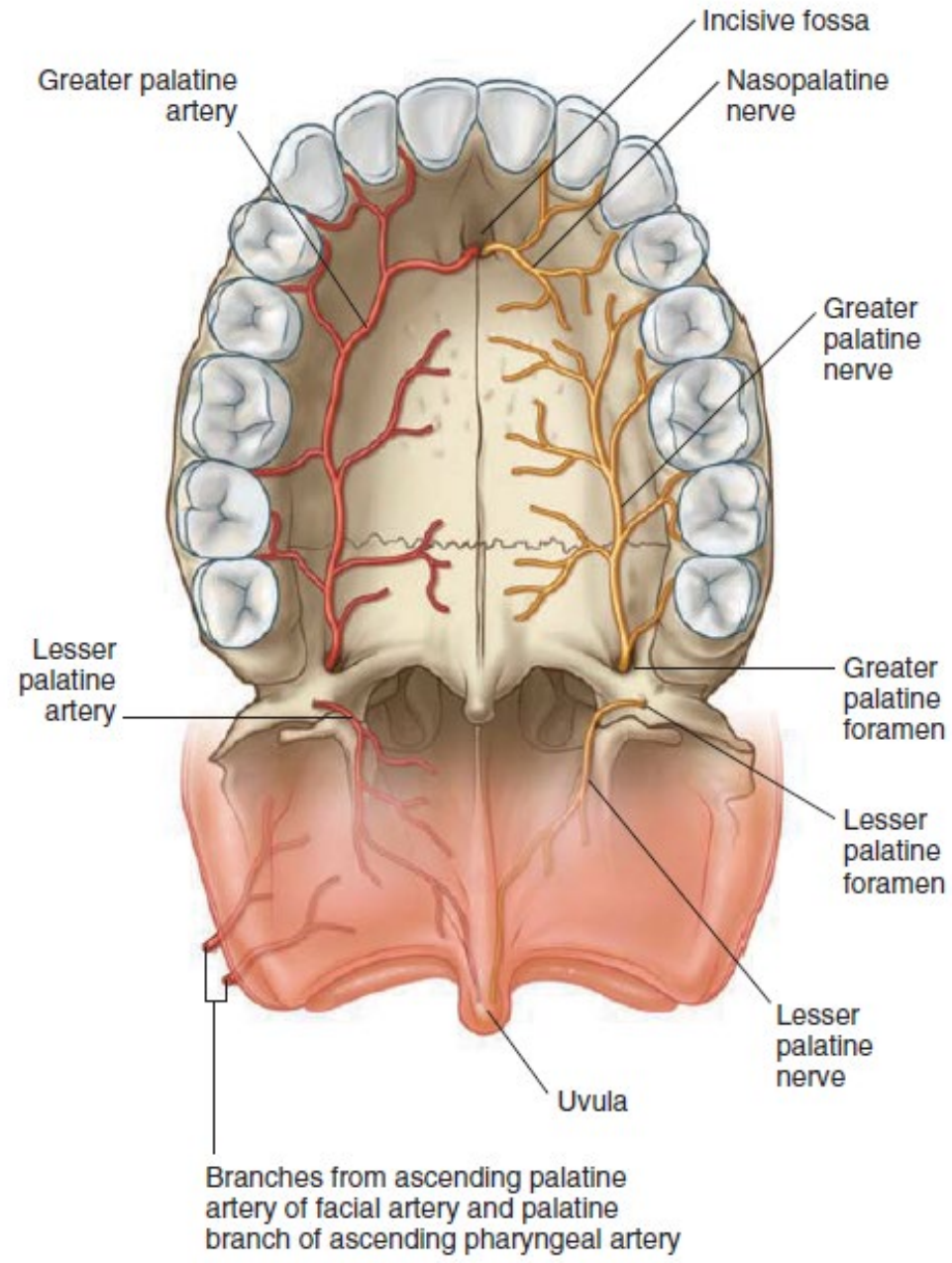
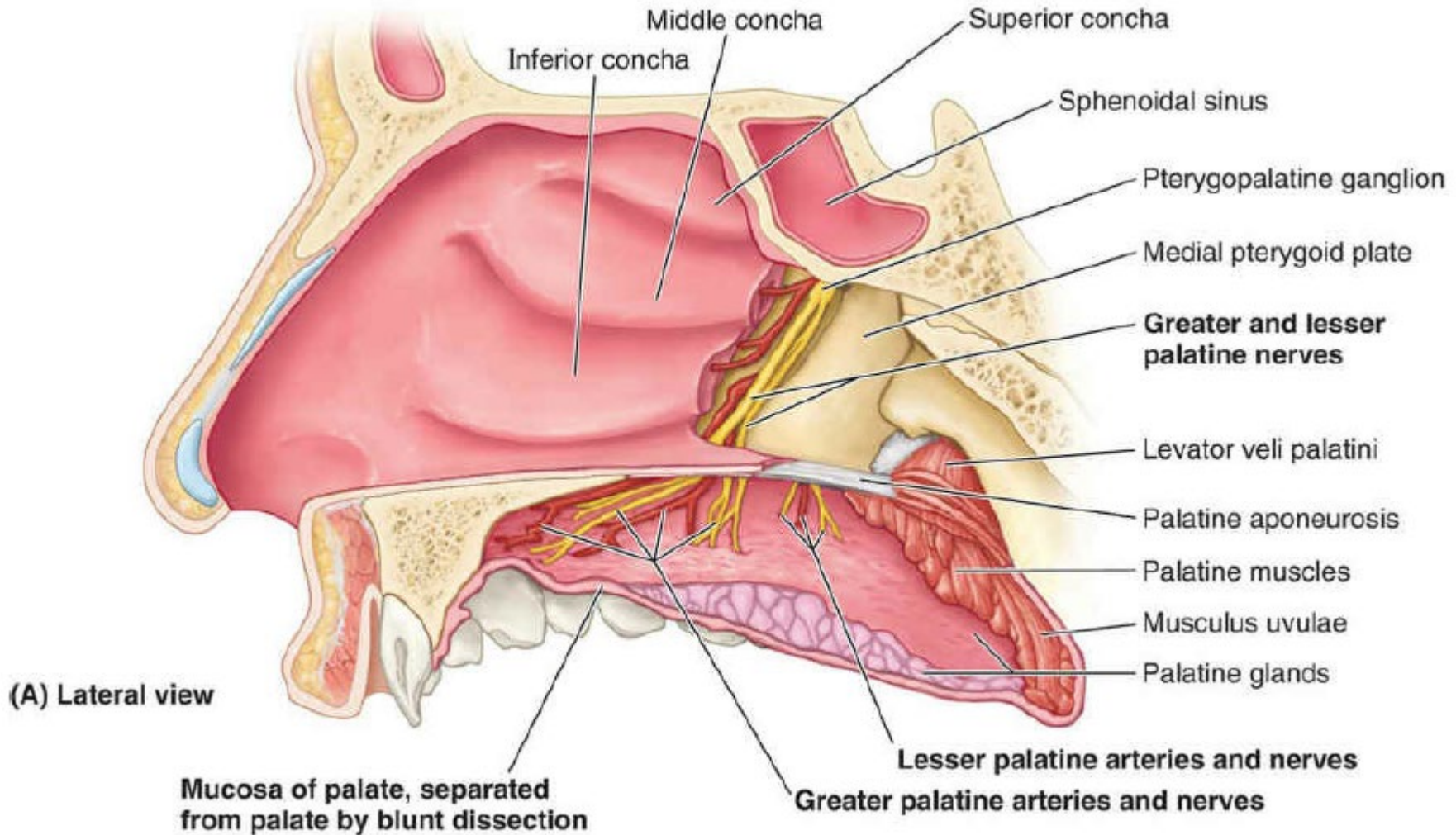


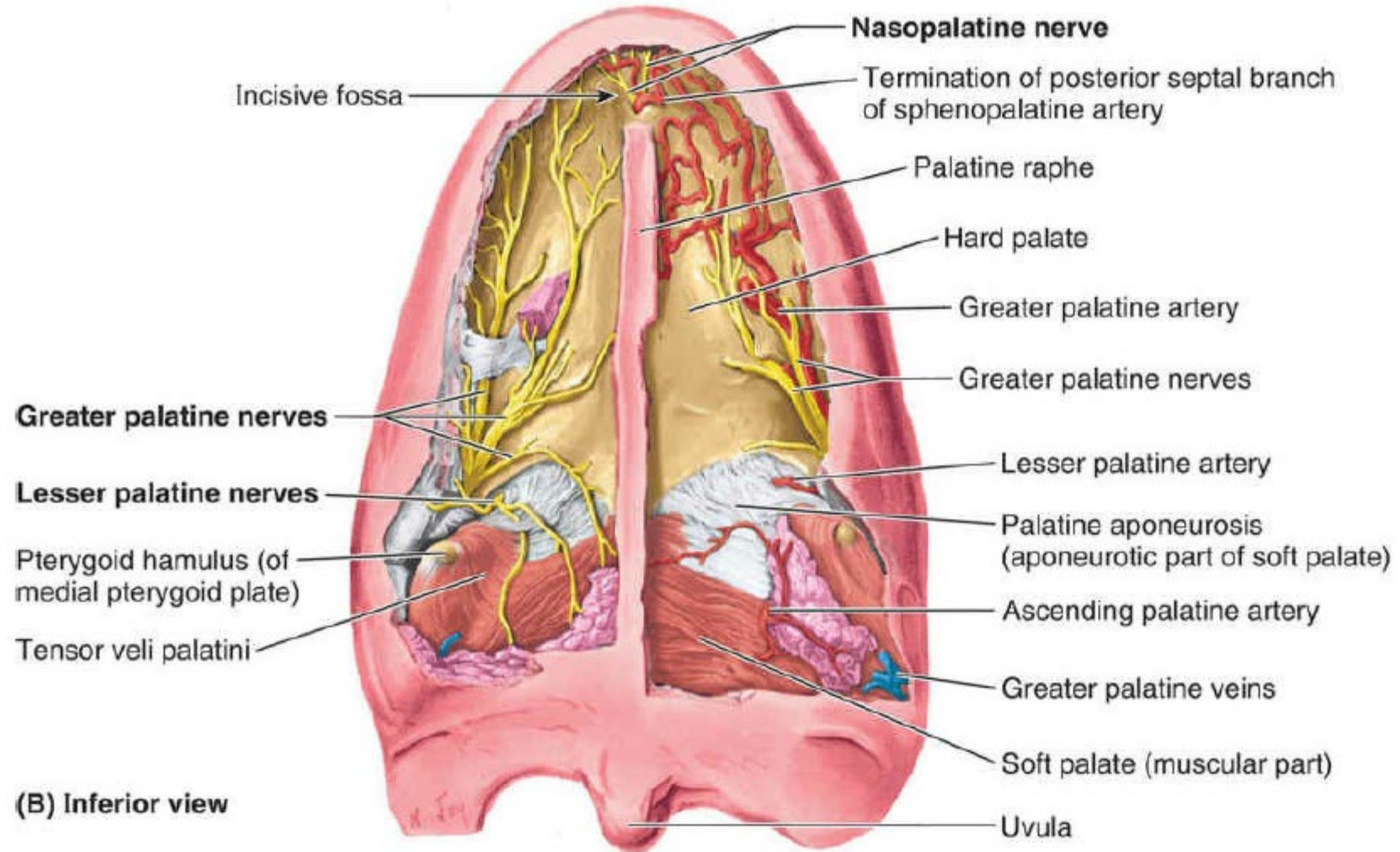
Table 8.22 Muscles of the soft palate

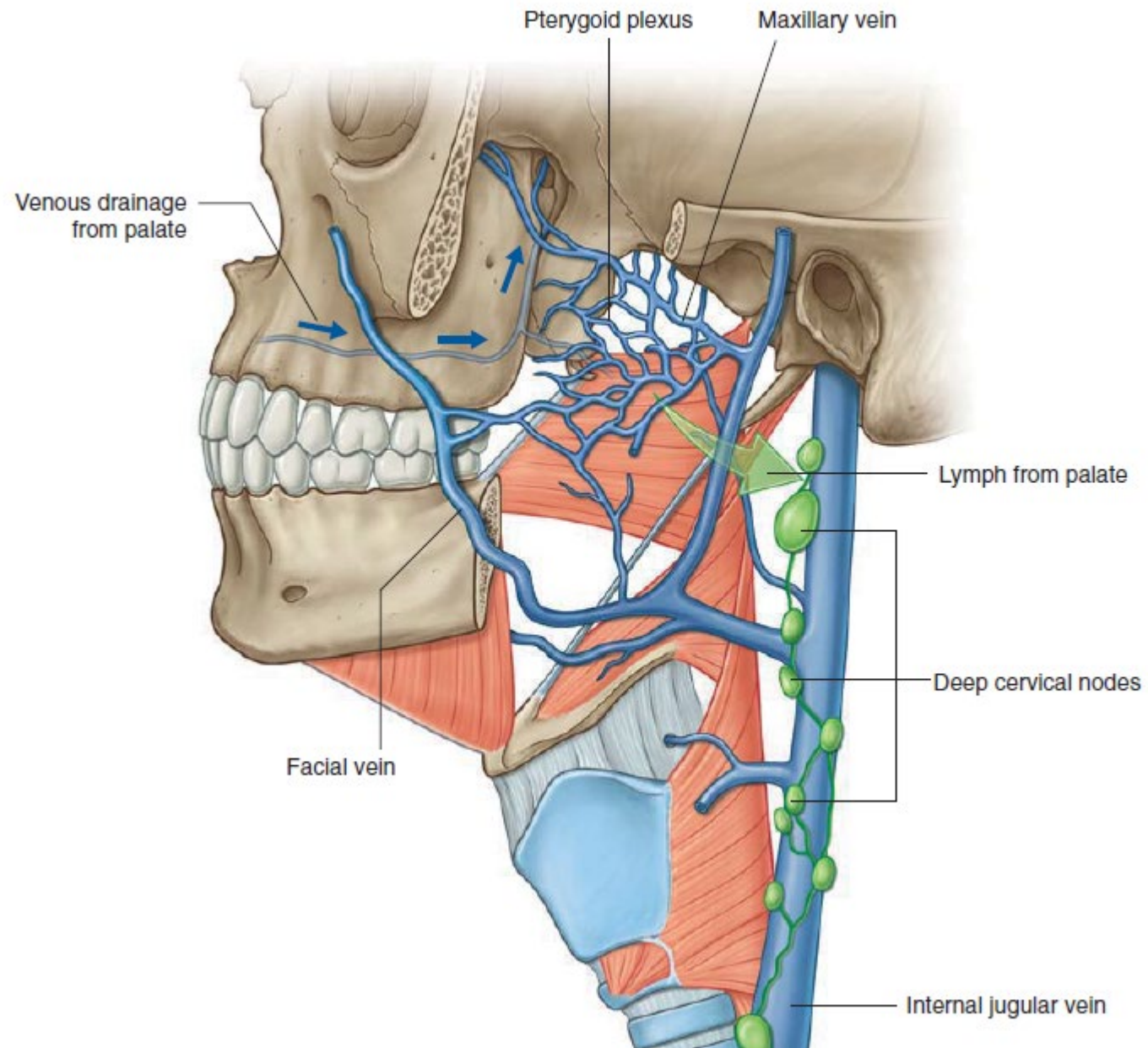
Muscle	Origin	Insertion	Innervation	Function
Tensor veli palatini	Scaphoid fossa of sphenoid bone; fibrous part of pharyngotympanic tube; spine of sphenoid	Palatine aponeurosis	Mandibular nerve [V ₃] via the branch to medial pterygoid muscle	Tenses the soft palate; opens the pharyngotympanic tube
Levator veli palatini	Petrous part of temporal bone anterior to opening for carotid canal	Superior surface of palatine aponeurosis	Vagus nerve [X] via pharyngeal branch to pharyngeal plexus	Only muscle to elevate the soft palate above the neutral position
Palatopharyngeus	Superior surface of palatine aponeurosis	Pharyngeal wall	Vagus nerve [X] via pharyngeal branch to pharyngeal plexus	Depresses soft palate; moves palatopharyngeal arch toward midline; elevates pharynx
Palatoglossus	Inferior surface of palatine aponeurosis	Lateral margin of tongue	Vagus nerve [X] via pharyngeal branch to pharyngeal plexus	Depresses palate; moves palatoglossal arch toward midline; elevates back of the tongue
Musculus uvulae	Posterior nasal spine of hard palate	Connective tissue of uvula	Vagus nerve [X] via pharyngeal branch to pharyngeal plexus	Elevates and retracts uvula; thickens central region of soft palate

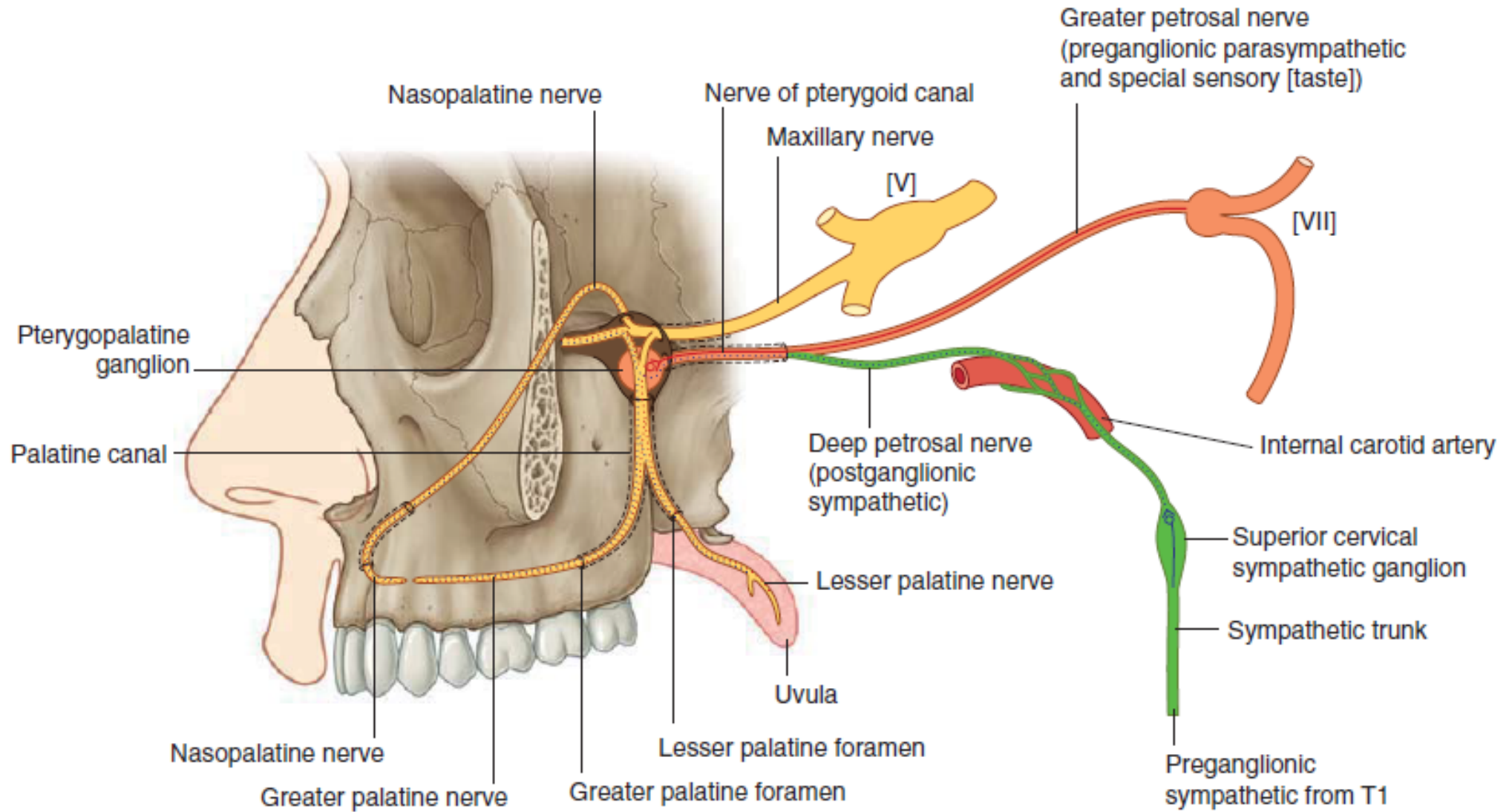


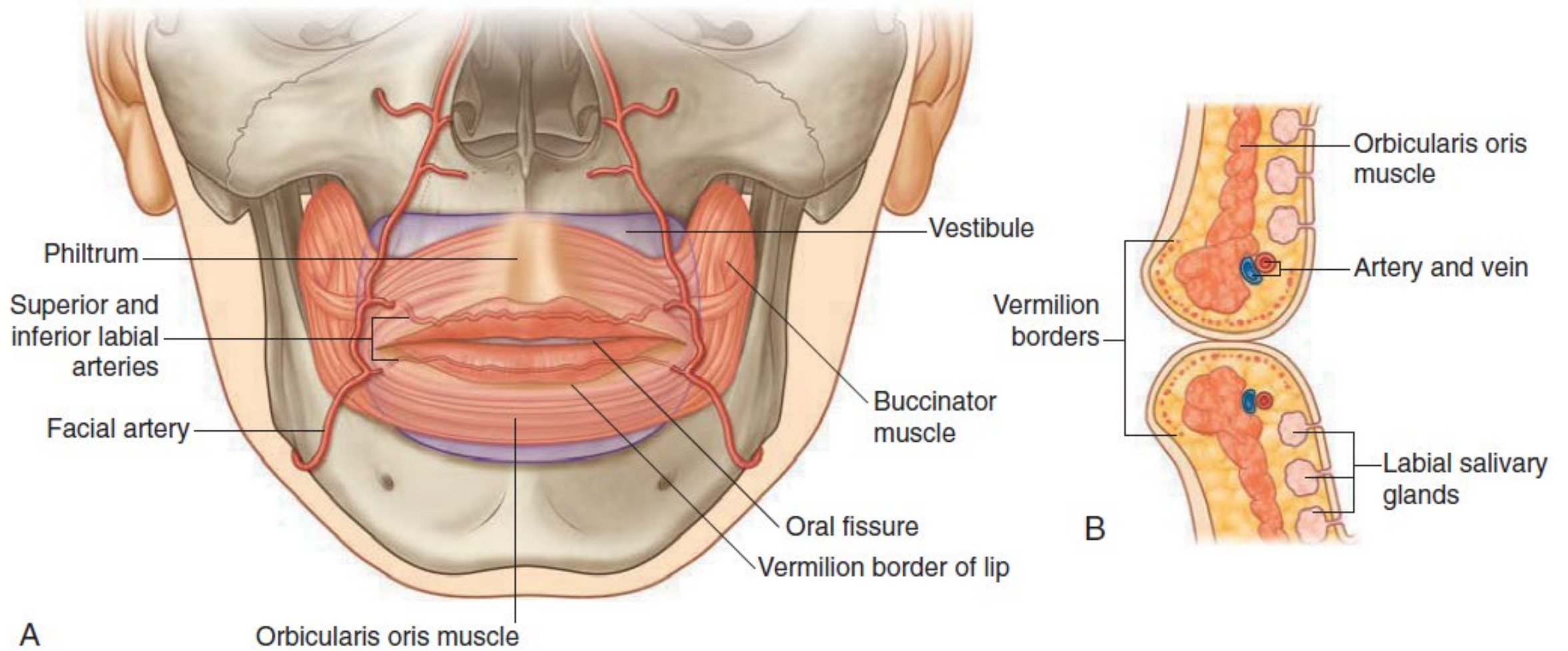


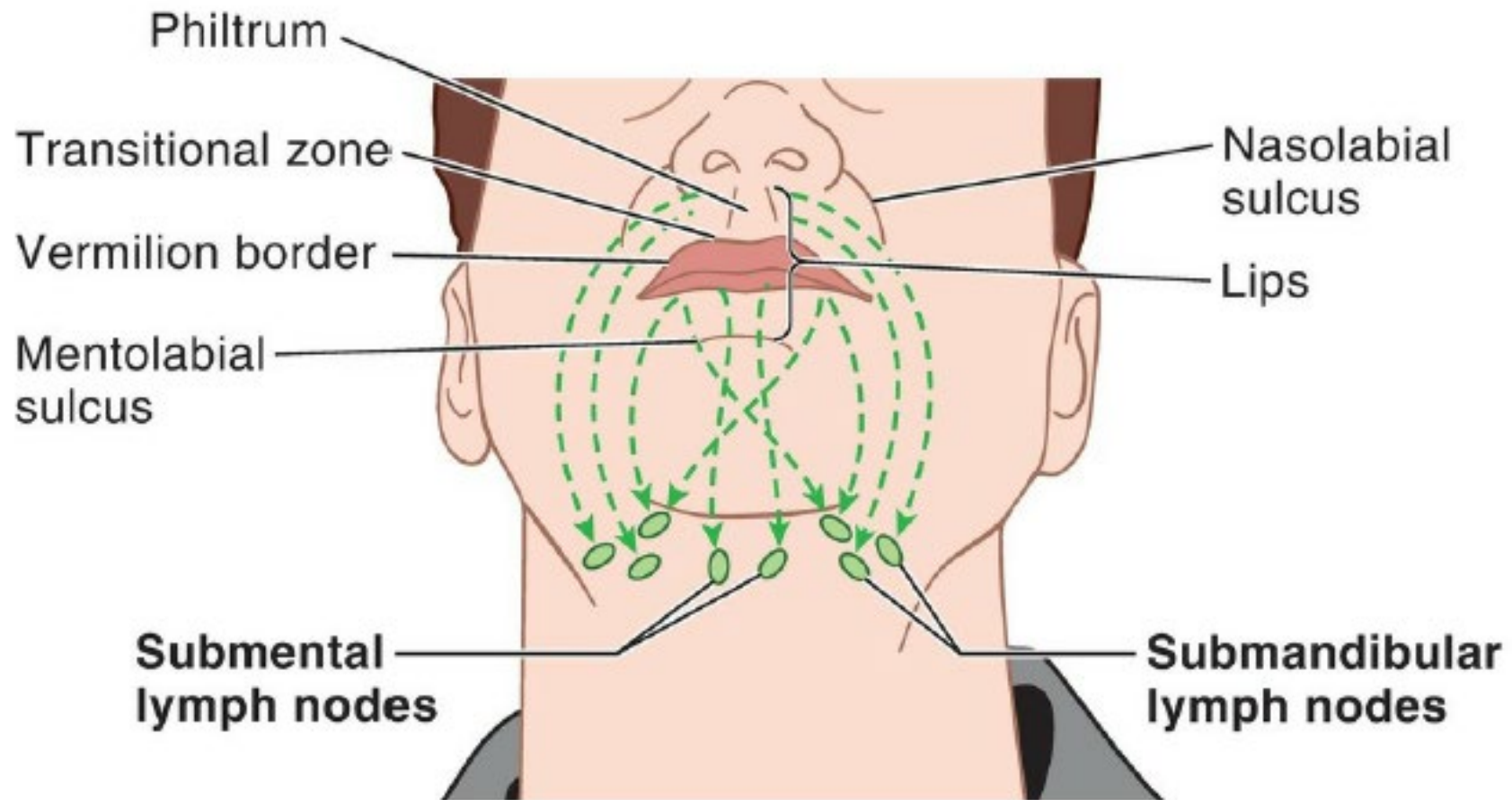








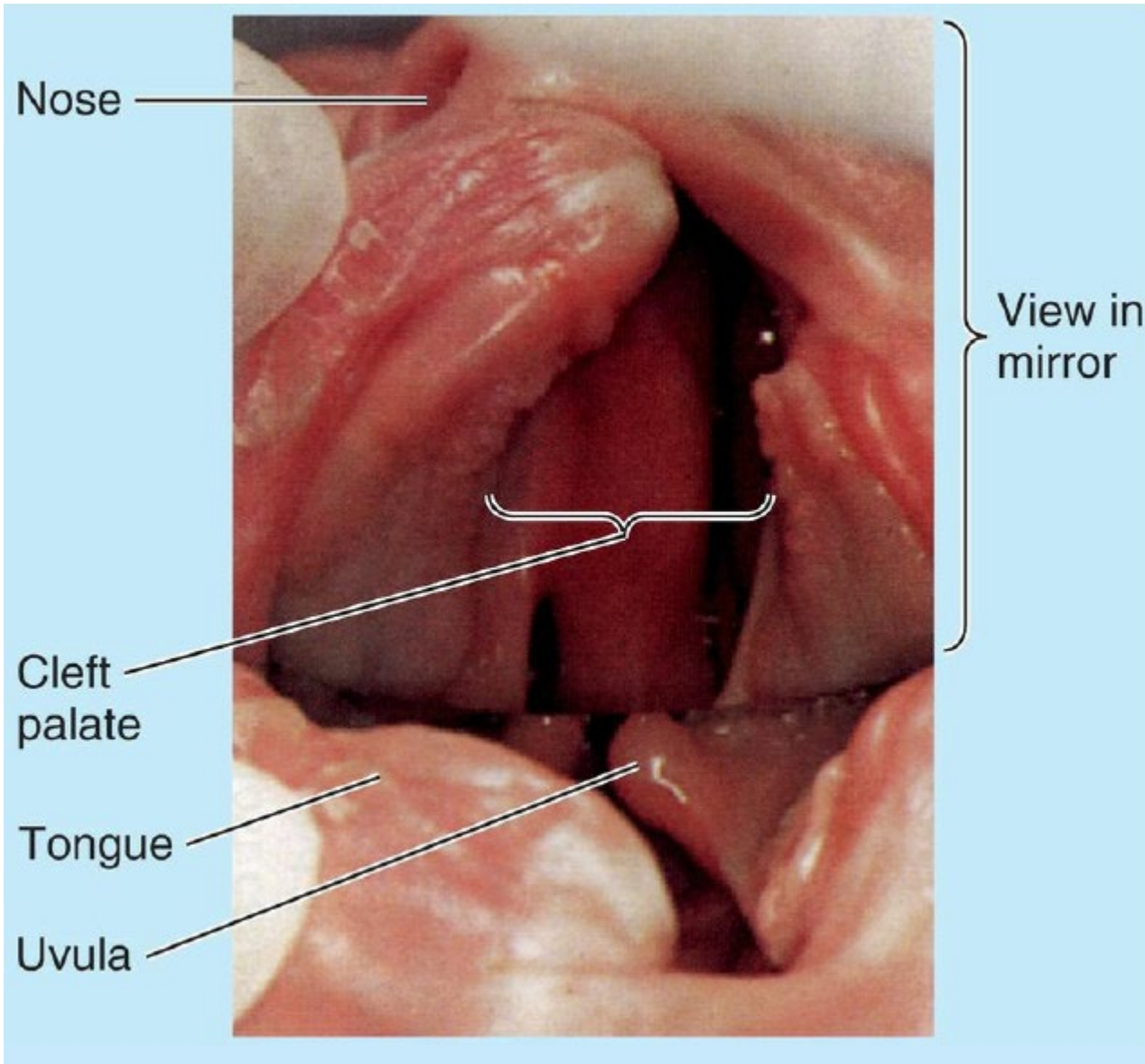






Cleft Lip

Cleft lip is a birth defect (usually of the upper lip) that occurs in 1 of 1,000 births; 60–80% of affected infants are males. The clefts vary from a small notch in the transitional zone of the lip and vermilion border to a notch that extends through the lip into the nose. In severe cases, the cleft extends deeper and is continuous with a cleft in the palate. Cleft lip may be unilateral or bilateral (Moore et al., 2016).

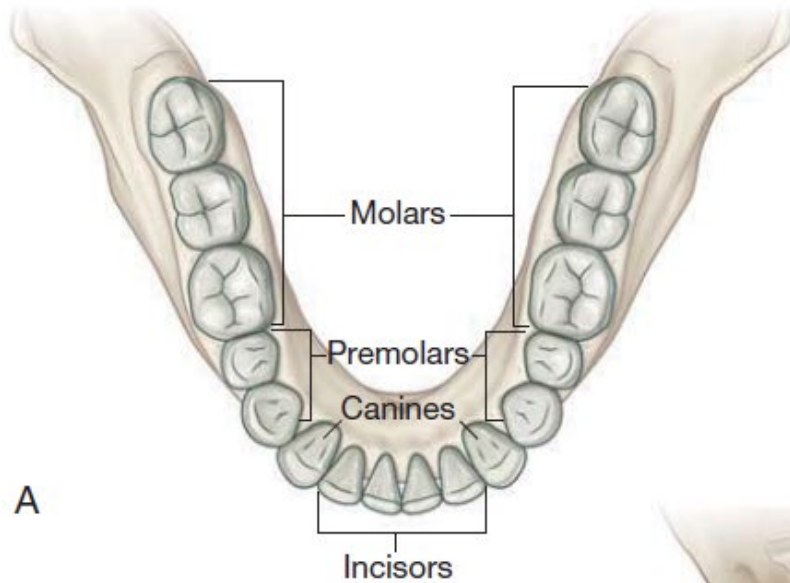
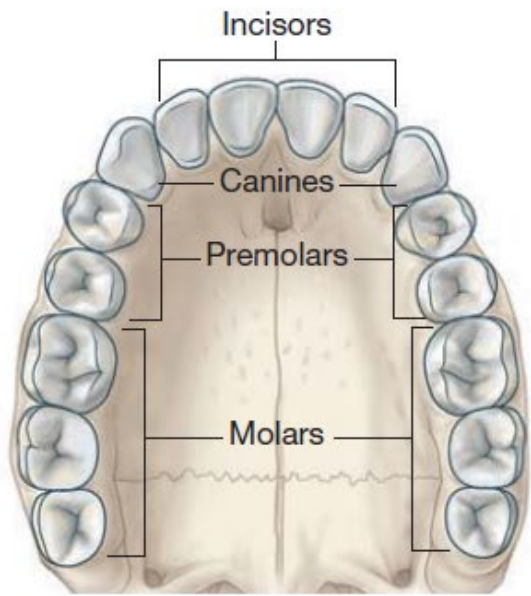


Cleft Palate

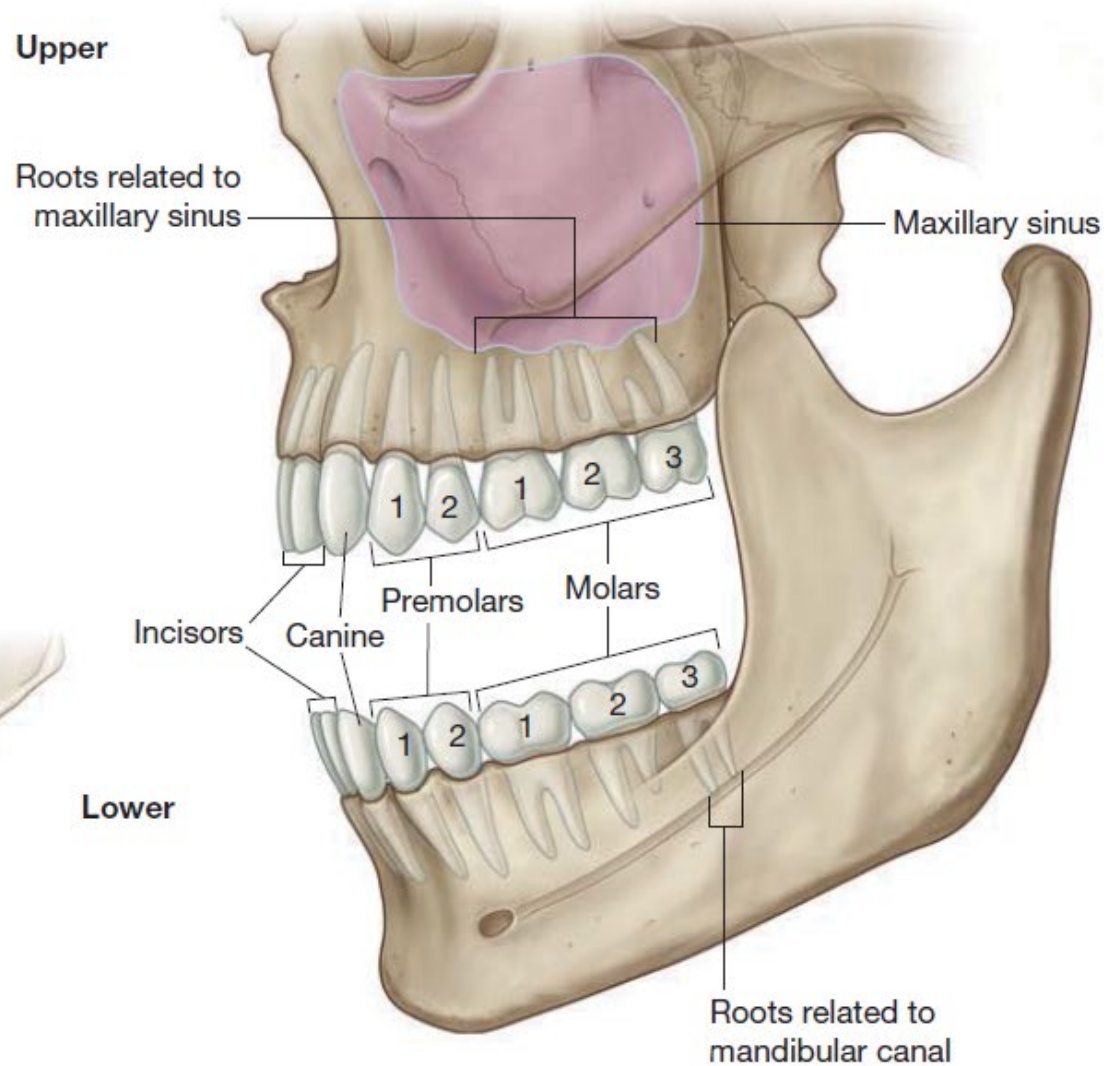
Cleft palate, with or without cleft lip, occurs in approximately 1 of 2,500 births and is more common in females than in males. The cleft may involve only the uvula, giving it a fishtail appearance, or it may extend through the soft and hard regions of the palate. In severe cases associated with cleft lip, the cleft palate extends through the alveolar processes of the maxillae and the lips on both sides. (Moore et al., 2016).

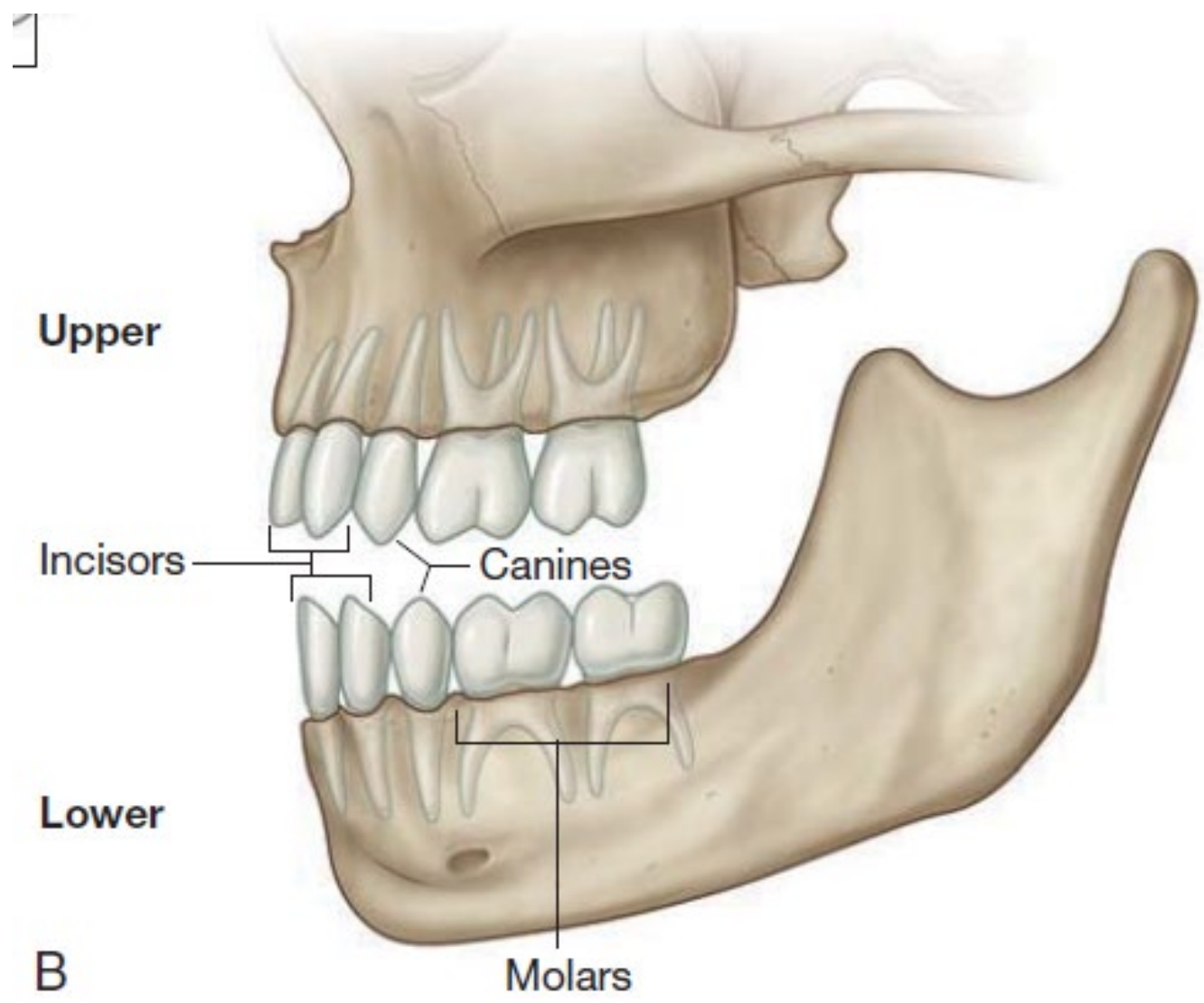
Gag Reflex

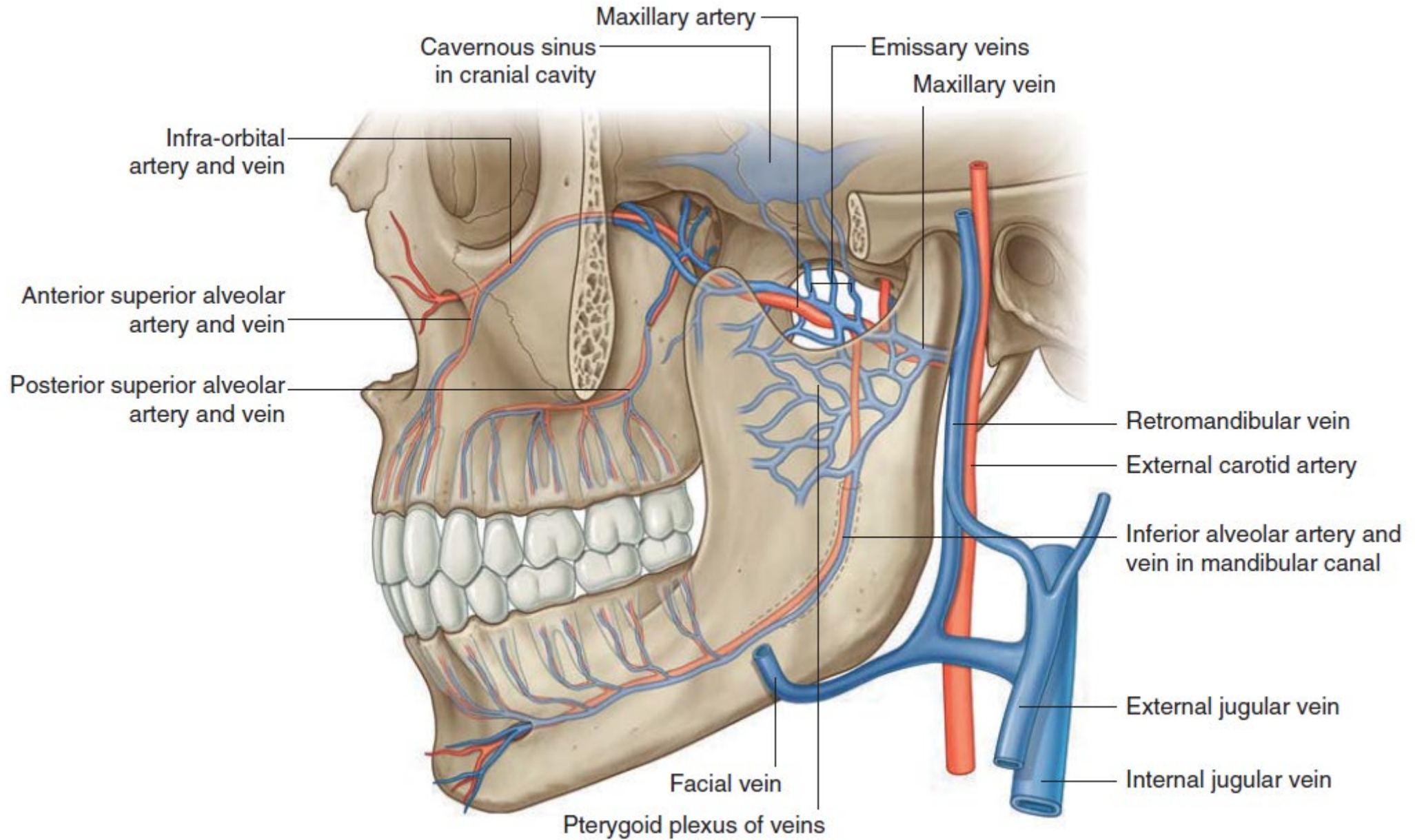
It is possible to touch the anterior part of the tongue without feeling discomfort. However, when the posterior part is touched, the individual gags. CN IX and CN X are responsible for the muscular contraction of each side of the pharynx. Glossopharyngeal branches provide the afferent limb of the gag reflex.



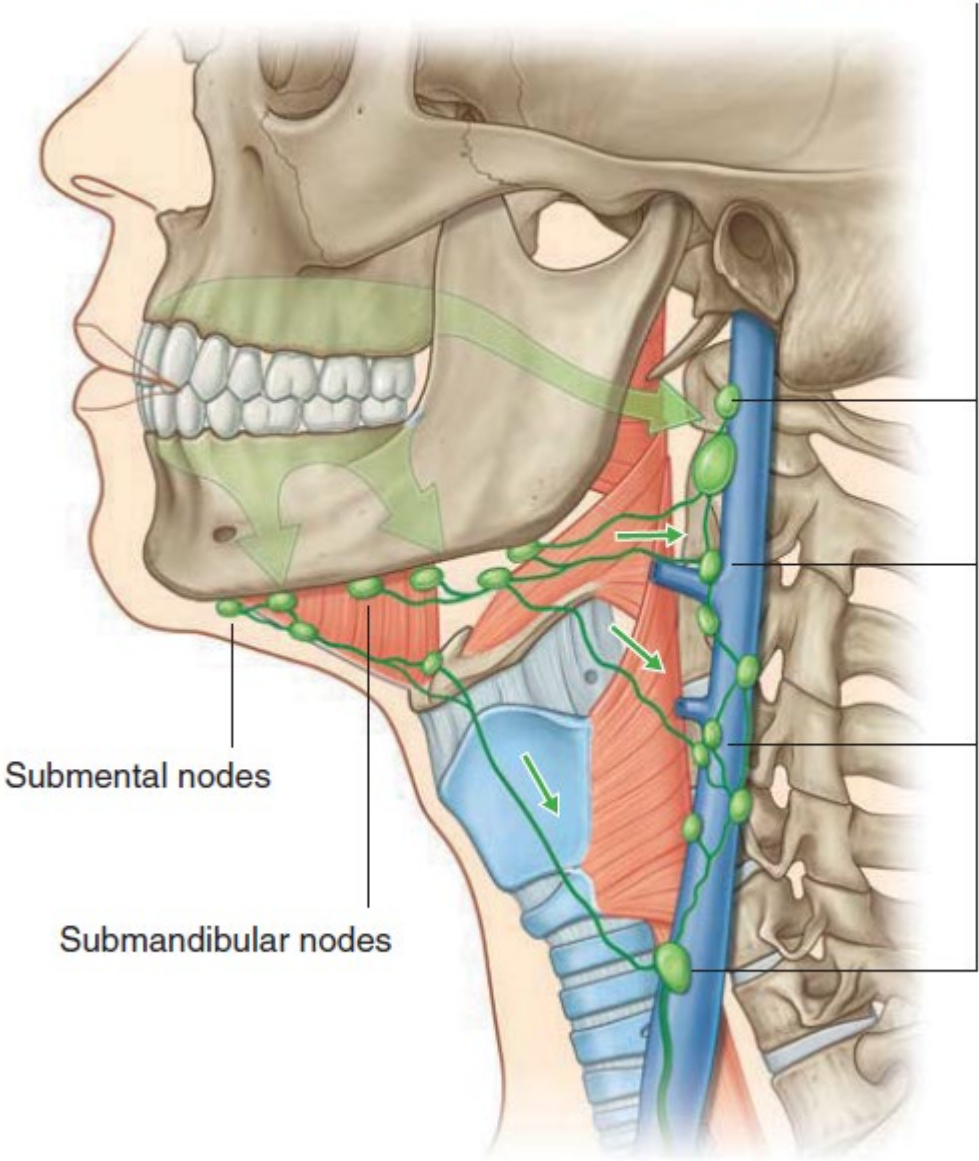
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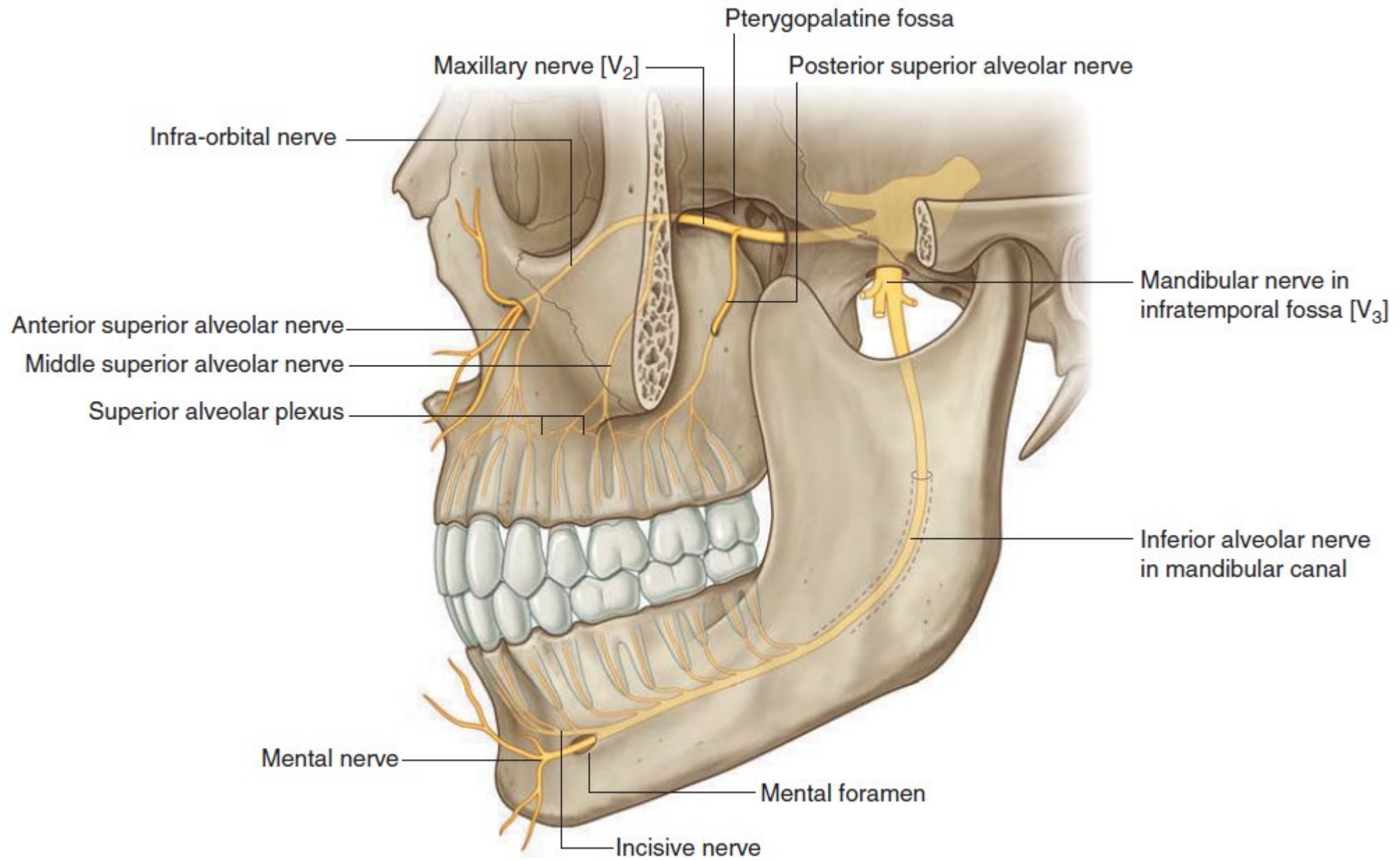


Deep cervical nodes



Submental nodes

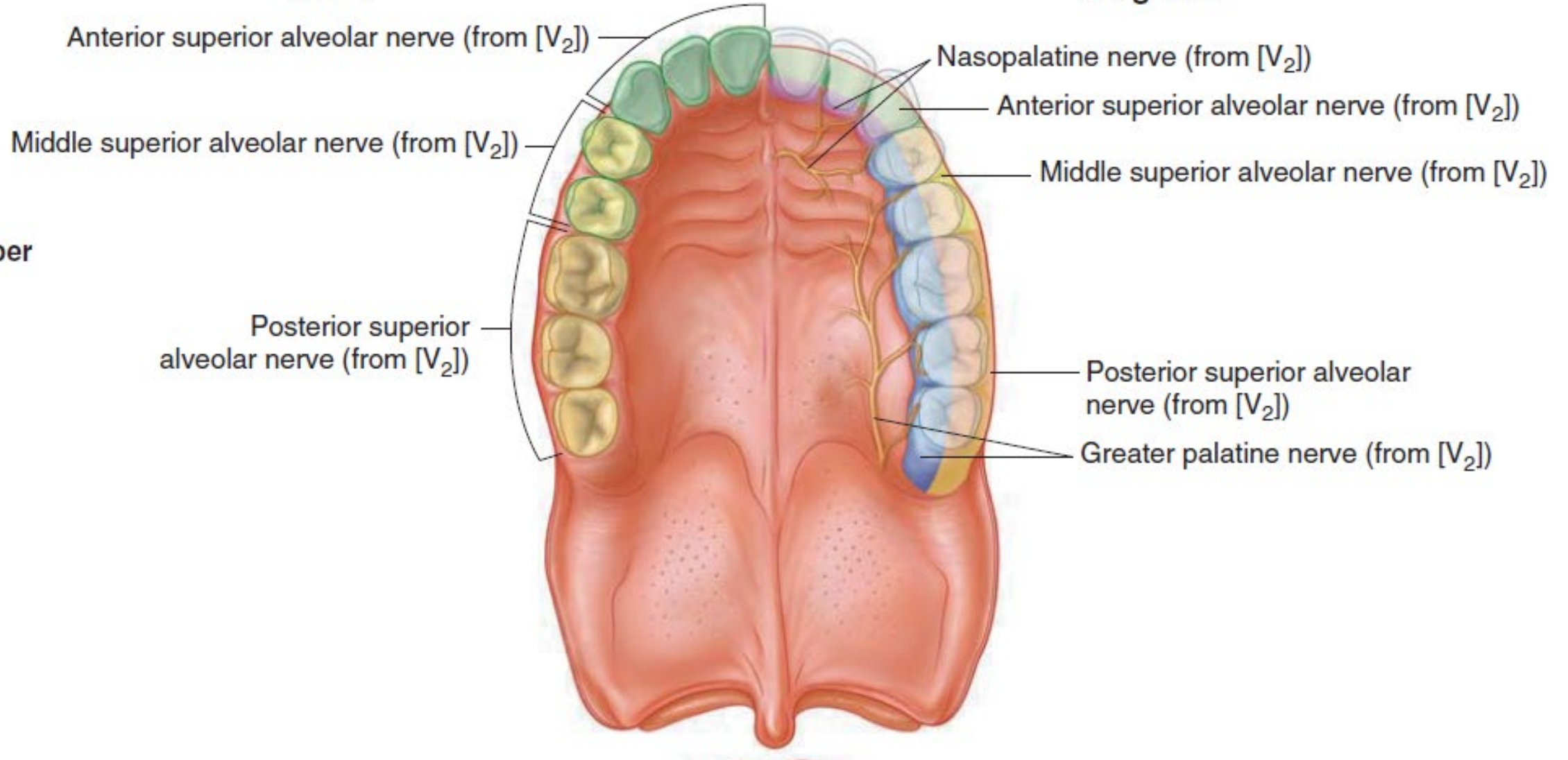
Submandibular nodes



Teeth

Gingivae

Upper



Lower

