

Title: Sheet 1 – Nasal Cavity 1

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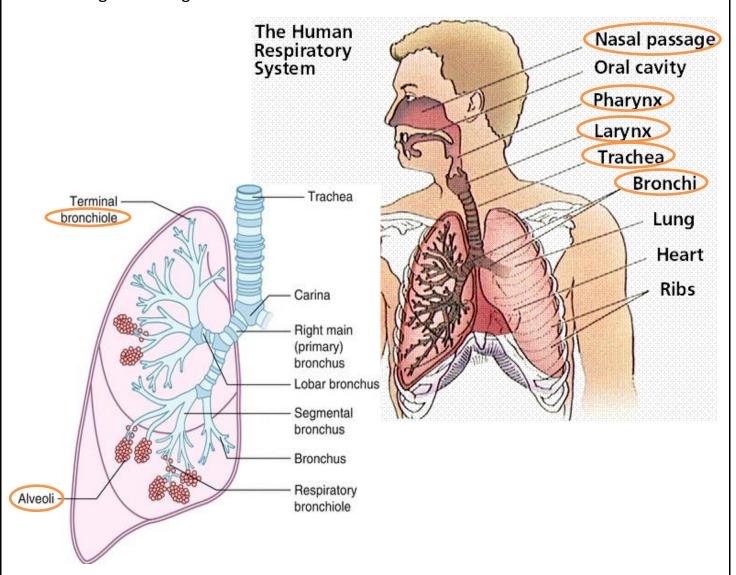
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(note: anything in blue is not mentioned by the doctor)

We'll start with the respiratory system **organs**:

From the **Nose** or the **nasal cavity** \rightarrow to the **Pharynx** (it's divided into 3 regions according to location: Nasopharynx, Oropharynx and Laryngopharynx) \rightarrow **Larynx** where the phonation or the articulation occurs, since it contains vocal cords that are responsible of speech \rightarrow **Trachea** which branches to form \rightarrow 2 main **Bronchi**, main right bronchus and main left bronchus, bronchi also branch to form \rightarrow **Bronchioles** inside the lungs, which end in \rightarrow *a cluster of air sacs called* **Alveoli**, we have billions of them in the lungs and these alveoli are responsible for gas exchange, they are surrounded by a very large network of blood capillaries (the largest capillaries in the body) to give a large surface area for gas exchange.



- The **lungs** are surrounded by pleura (the same as the pericardium) so there is <u>parietal and visceral pleura</u>.
- Each **lung** has a hilum; the place where the bronchi and blood vessels enter the lung and the veins exit, it also contains nerves and lymphatics.

Functions of the respiratory system:

1. Gas exchange, which occurs during respiration.

Normally the respiratory rate is 18-22 per minute, but we have some variations:

- A. During rest: Normal inspiration & expiration.
- B. During <u>exercise</u>: <u>Deep</u> inspiration & expiration = increase of respiration rate.
- C. Children have: Rapid respiration, it can reach >40/minute.
- Clinical note: <u>First thing to check</u> while being in the emergency is the respiration, if it stops for 2-5 minutes, brain death may occur.

So, if respiration stops, we may do a <u>tracheostomy</u> (an opening in the trachea), or to <u>put</u> a <u>nasolaryngeal tube</u> or named <u>endotracheal tube</u> (a tube in the trachea between true vocal cords) *if you put it above the vocal cords it may cause→ adduction & suffocation.

2. Regulation of blood Ph.

In patients with respiratory disorders, we do gas analysis in the blood, which is the amount of O_2 and CO_2 in the arterial blood (not venous blood).

3. Filters the inspired air

The vestibule of the nose (nose bulge) contains thick hair called vibrissae, where the inspired air is <u>firstly filtered</u>.

(10:00)

4. Contains receptors for smell, and produce vocal sounds (phonation)

The roof of the nose contains bipolar cells for smell sensation, and filaments of olfactory nerve "1st cranial nerve" (starting from the roof of the nose and ending in the smell center which translates this smell).

Also, the larynx contains true vocal cords, which are responsible for phonation or speech.

5. Excretes small amounts of water and heat.

Histological layers of respiratory tract:

Mucosa \rightarrow Submucosa \rightarrow Supportive layer (<u>cartilage</u> 'hyaline cartilage in the <u>trachea</u>' **Or** <u>smooth muscle</u> 'in the <u>bronchioles'</u>) \rightarrow adventitia.

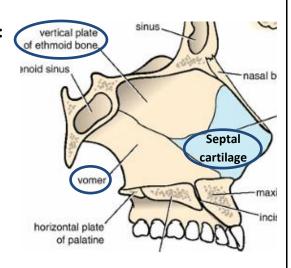
In the **submucosa**: there is a gland responsible for mucous secretion, filtration of dust and foreign bodies and moisturizing the air, especially in the nose.

Let's go deeply in the organs, starting from **THE NOSE**:

The Nose is divided into to **two cavities**:

External Nose & Nasal Cavity (Internal Nose), separated by a septum (medial wall of the nose), the septum is divided into: cartilage (anteriorly) & vertical plate of ethmoid bone (above) & the vomer (posteriorly & downward).

The parts of the septum are shown in this picture \rightarrow

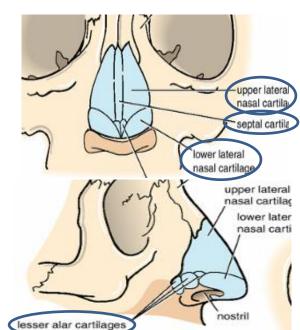


1) External Nose: Has 2 main parts, cartilaginous and bony:

A. **Cartilaginous framework**: Plates of hyaline cartilage in the anterior 2/3 of the nose, and it's movable.

It has three parts:

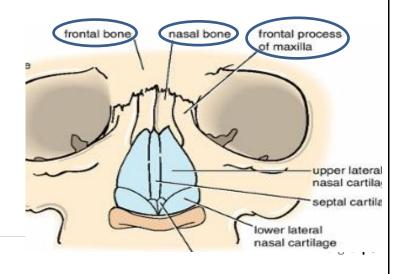
- Septal cartilage (medial wall).
- <u>Lateral nasal cartilage</u> (lateral wall) divides into: Upper & Lower lateral cartilages
- Alar cartilage, in the ala of the nose, it's covered by muscles:
 naris compressor and naris dilator muscles (these muscles are the reason why rabbits and some humans can move their alas).



B. **Bony framework**:

It also has three parts:

- The nasal bone.
- Frontal process of maxilla
- Nasal part of frontal bone



The blood supply of skin of external nose:

- The <u>ophthalmic</u> artery: A Branch of the <u>internal carotid artery</u> from the skull. The ophthalmic artery travels with the optic nerve to the eye then to the nose.
- The <u>maxillary</u> artery: One of the terminal branches of <u>external carotid artery</u>. The external carotid artery branches in the <u>parotid gland</u> to give us the maxillary and superficial temporal arteries.
- The <u>facial</u> artery: Also branches from <u>external carotid artery</u>, it gives rise to the <u>superior labial</u> artery, it supplies the <u>ala and the lower part of the septum</u>.

Nerve supply of external nose (sensory innervation):

- Branches of the ophthalmic nerve:
 - A. Infratrochlear nerve.
 - B. External nasal (a direct continuation of the anterior ethmoidal nerve which comes from the ophthalmic nerve).
- The <u>maxillary nerve</u> gives the infraorbital branch (when traveling through the infraorbital foramen).

2) Nasal Cavity (Internal Nose):

Starting with Nasal cavity **functions**:

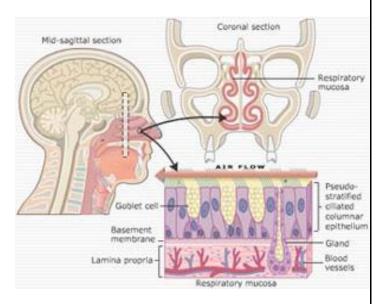
- A. Respiratory.
- B. Olfactory.
- C. Resonance of the voice (نغمة الصوت), it differs from one person to another.
- This function is done by the nasal sinuses (cavities covered by mucosa and contains air).
- That's why when a person has sinusitis (inflammation of air sinuses) you notice that their voice will change.
- Nasal sinuses are found inside some of the skull bones, not all skull bones.
- They are: The <u>Maxillary</u>, <u>Ethmoidal</u>, and <u>Sphenoid</u>, <u>Frontal</u> air sinuses. They have ducts that open in the <u>lateral wall</u> of the nose. When you find a green-yellow secretion in your nasal cavity this indicates sinusitis because normally the secretions should be watery.
- *To remember them: My Extremely Sweet Friend*.

D. Drains lacrimal fluid

The <u>inferior meatus</u> has an opening for the nasolacrimal duct.

This duct starts from the <u>lacrimal sac</u> which is located at the medial side of the <u>eye</u> and filled with <u>tears</u>.

So, when someone cries a lot some of his tears go down on his cheek and <u>most of</u> the tears move into the lacrimal sac to the inferior meatus, so it's normal that tears go down from his nose.



• Clinical note: Some <u>children</u> are born with <u>blocked nasolacrimal duct</u>, either at the beginning, middle or end of it.

As a result, <u>all of their tears</u> are flushed on the <u>cheeks</u>, and this may induce an <u>inflammation</u> \rightarrow the surgeon should open the blocked duct (drainage).

E. Protective functions: Sneezing, Filtration, Proteolytic enzymes, Warming and moistening the air.

The nasal cavity extends from the **anterior nasal opening** (**nostril**/anterior nares) to the **posterior nasal apertures** (**choana**/ posterior nares). It opens into the nasopharynx.

Nasal cavity parts:

 Nostril: The <u>anterior nares</u> of the nasal cavity from which <u>air comes in</u>.

Held open continuously by the surrounding alar cartilage and septal cartilage.
Can be widened further by the action of the related muscles of facial expression.

Vestibule: which is the area of the nasal cavity lying
 above the nostril in the ala of the nose, the vestibule's <u>mucosa</u> is the same as skin <u>stratified squamous keratinized with hair follicles (vibrissae)</u>.
 It's divided into right and left halves by the nasal septum.
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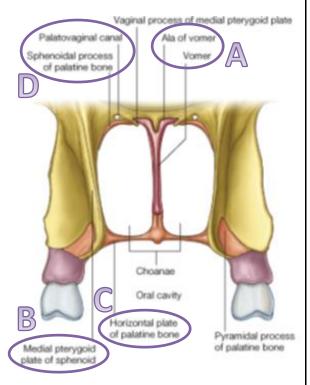
Cribriform plate

Sphenopalatine foramen

Choana: The posterior nares of the nasal cavity.
 They're rigid openings between the nasal cavities and the nasopharynx.

They're completely surrounded by bone:

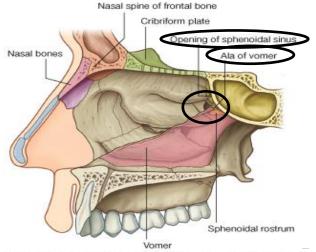
- **A. Medially**, the vomer (nasal septum) and it has a superior process called ala of vomer.
- B. Laterally, Medial pterygoid plate.
- **C. Anteriorly** and **inferiorly**, horizontal plate of palatine bone.
- **D.** At the **roof**, there is:
 - A foramen called palatovaginal canal which leads to the nasopharynx.
 - Sphenoidal process of palatine bone.



The nasal cavity is bounded by medial wall, lateral wall, roof and floor:

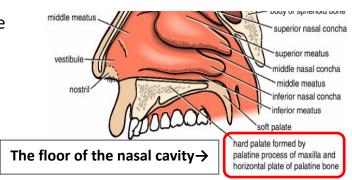
1- Roof:

- A. *Sloping* **Anterior** part: Made of Nasal spine of the frontal bone and the nasal bones.
- B. **Middle** part: Contains the horizontal cribriform plate of ethmoid {cribriform means (غربالية) because of the fact that filaments of the olfactory nerve pass through it}
- \rightarrow **Bipolar cells** give rise to filaments of **olfactory nerve** (which pass through the cribriform) \rightarrow the filaments gather **synapse in the olfactory bulb** (above cribriform) \rightarrow give rise to the **olfactory tract** \rightarrow This tract travels till it reaches the **center of smell in temporal lobe** \rightarrow you get the smell **sensation**.
- C. *Sloping* **Posterior** part: (The picture →)
 - Anterior surface of the sphenoid bone (body) and sphenoidal sinus.
 - Ala of the vomer.
 - Vaginal process of the palatine bone.



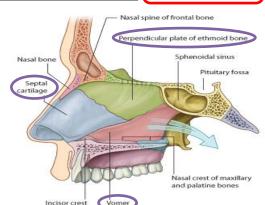
- **2- Floor**: The upper surface of the hard palate It's composed of 2 parts:
 - A. Palatine process of maxilla.
 - B. <u>Horizontal plate</u> of <u>palatine</u> bone.

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3- The medial wall: The nasal septum

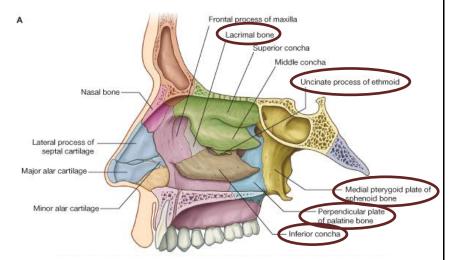
(as we mentioned in p3) the septum is divided into: <u>cartilage</u> (anteriorly), <u>perpendicular plate of ethmoid</u> <u>bone</u> (posteriorly & superiorly), and the <u>vomer</u> (posteriorly & downward).



4- The lateral wall: It's formed by <u>bone</u>, <u>cartilage</u>, and <u>soft tissues</u>. For warming and moisturizing since it contains large number venous blood plexus.

Bony support of the lateral wall:

- A. Ethmoidal labyrinth and its uncinated process.
- B. Perpendicular plate of the palatine bone.
- C. Medial plate of the pterygoid process.
- D. *Medial surfaces of the* lacrimal bones *and maxillae*.
- E. Inferior concha of maxilla.



Parts of the lateral wall:

- A. Vestibule (mentioned before).
- B. **Antrum** (atrium): Located at the same level of **middle meatus**. \downarrow
- C. 3 Conchaes and 3 meatuses and 1 recess:

- ➤ **The conchae**: It is a bulge of bone which is covered by mucosa. The conchae functions to <u>increase the surface area</u> of the nasal cavity. There are three conchaes:
 - **Superior**, it originates from ethmoidal bone.
 - **Middle**, originates from ethmoidal bone.
 - **Inferior**, originates from is the <u>maxilla</u>.

All Conchae extend medially across the nasal cavity → separating it into four air channels: 3 meatuses & 1 Spheno-ethmoidal recess.

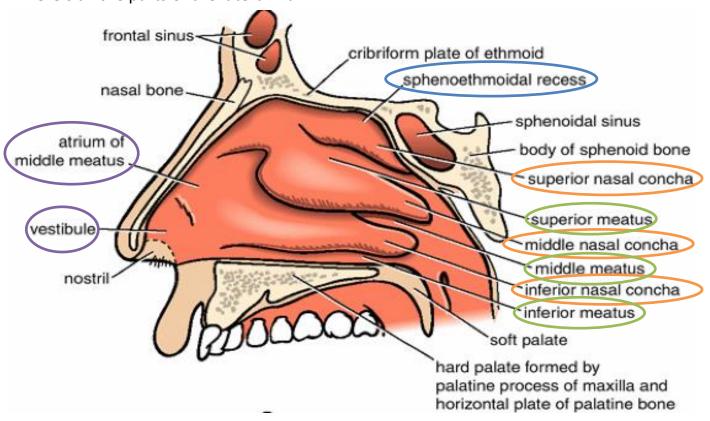
- ➤ The meatus: Which is a groove below the conchae "groove below the bulge". (the conchae = shelf & below them grooves = meatus).
 - There are three meatuses on the lateral wall of the nasal cavity:

 Superior, Middle, and Inferior meatuses. Each meatus below a conchae

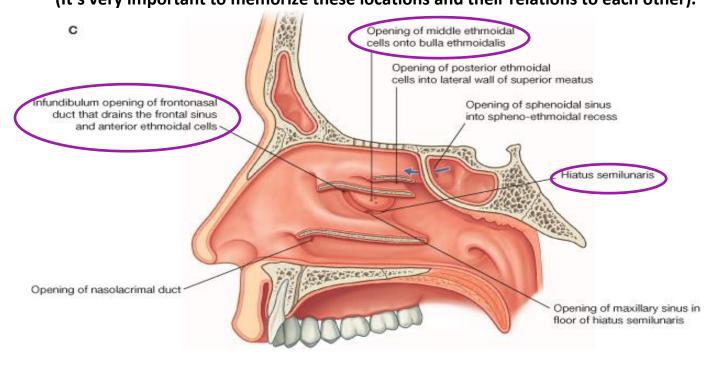
 (Anterior end of each concha curves inferiorly to form a lip that overlies the end of the related meatus).
- The recess: It is called sphenoethmoidal recess.

 It's the recess into which sphenoid sinus opens. It lies in the lateral wall of nasal cavity. And it drains the sphenoidal air sinus (Drainage: allowing a passage for the secretions of the sphenoidal air sinus if it gets inflamed).

Here's all the parts of the lateral wall:



- Lateral wall of the **middle meatus** elevates to form → the *dome-shaped* **Ethmoidal bulla (or bulla ethmoidalis).** Formed by the underlying middle ethmoidal cells, which expand the medial wall of the ethmoidal labyrinth.
- **Inferior** to the ethmoidal bulla is a curved gutter: The **Hiatus semilunaris**. Formed by the **mucosa** covering the lateral wall: Defect in the bony wall between the ethmoidal bulla above and the uncinate process below.
- Anterior end of the hiatus semilunaris forms a channel (the Ethmoidal infundibulum)
 → Curves upwards and continues as the Frontonasal duct through the anterior part of
 the ethmoidal labyrinth to open into the frontal sinus.
 (It's very important to memorize these locations and their relations to each other).



Paranasal sinuses and nasolacrimal duct and their site of drainage into the lateral wall of nasal cavity:

- The **sphenoidal** air sinus opens into \rightarrow <u>sphenoethmoidal</u> **recess**.
- The maxillary air sinus opens in → the middle and posterior meatus into the inferoposterior part of hiatus semilunaris.
- The **frontal** air sinus opens into → the middle meatus anterior to the infundibulum and frontonasal duct.
- The **ethmoidal** sinuses: There are 3 ethmoidal sinuses on each side, meaning they are 6 in total, their drainage openings are:
 - ➤ The **anterior** ethmoidal sinus opens in → the anterior part of **hiatus semilunaris** in the middle meatus.
 - ➤ The **middle** ethmoidal sinus opens in → the middle meatus in the bulge called **ethmoidal bulla** which contains the sinus & the opening of the sinus.
 - \triangleright The **posterior** ethmoidal sinus opens in \rightarrow the superior meatus.
- Nasolacrimal duct opens into → the lateral wall of the inferior nasal meatus.

All of the air sinuses have good drainage except the maxillary, because **all sinuses** (except maxillary) **drain in the infundibulm anterior to hiatus semilunaris**, and even if there is an infection, the secretion will flow down easily to the nose through drainage openings.

Why except for the maxillary sinus? since the maxillary drainage opening is high up in the inferoposterior part of hiatus semilunaris \rightarrow so the drainage is very bad.

When can we drain it? If the person bends over and his head is below (like in prostration/ \rightarrow so when an inflamed maxillary air sinus patient prostrates this will cause a throbbing pain.

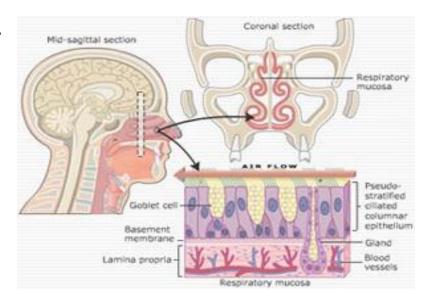
Mucous membrane:

The nasal cavity and respiratory tract are lined with pseudostratified ciliated columnar epithelium. **Excluding** 2 structures:

- 1- The **vestibule's** epithelium: <u>stratified squamous keratinized with hair follicles</u> (modified skin with vibrissae).
- 2- The **roof of the nasal cavity** just above the superior conchae is covered with <u>olfactory mucosa</u> (pseudo stratified ciliated columnar + <u>bipolar cell</u>), since it contains bipolar cells (<u>olfactory nerve endings</u>) for smell sensation.
- The mucous membrane is very thick around the conchae, that is the reason behind the feeling of nose obstruction in the case of rhinitis (inflammation in the mucosa of the nose), as the mucosa gets extremely thick which makes breathing from nose harder.

Functions of the mucous membrane:

- 1- Heating and moisturizing of air, this occurs due to the large number of veins plexuses in the submucosa.
- **2- Trapping foreign particles** and organisms in the inspired air.



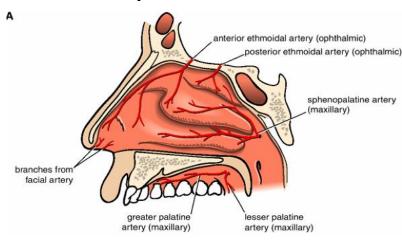
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Blood supply and nerve supply of the nasal cavity

When discussing the blood or nerve supply of the nose, we divide it into two major categories:

Vessels and nerves that supply the **septum** & the ones that supply the **lateral wall.**

The **lateral wall** is divided into 4 quadrants: **Superior anterior**, **superior posterior**, **inferior anterior**,



and inferior posterior. (The doctor said don't focus on quadrants but he read them)

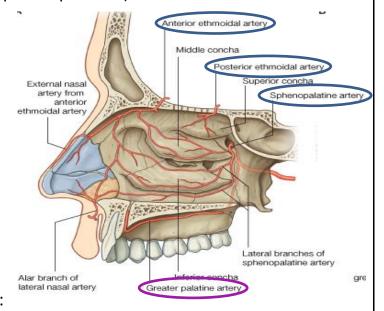
1- Sphenopalatine artery (or nasopalatine A.): (The largest vessel supplying the nasal cavity) it's one of **maxillary artery branches** artery in the **pterygopalatine fossa**, it enters the nasal cavity by passing <u>medially</u> through the <u>sphenopalatine foramen</u>.

which then gives **Short** and **Long sphenopalatine arteries**.

- A. Short sphenopalatine artery (Posterior lateral nasal branches) \rightarrow supply a large part of the lateral side of the nose (Posterior Superior quadrant).
- B. Long sphenopalatine artery (Posterior septal nasal branch) → passes over the roof of the cavity and onto the nasal septum to contribute to medial wall "septum" blood supply (It's the most important branch going to the septum).

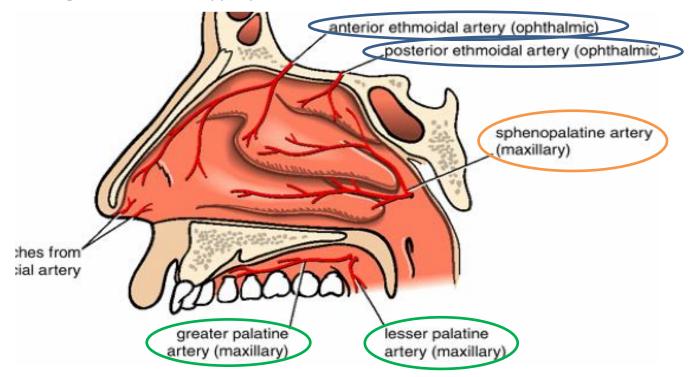
It can also supply part of the lateral wall.

2- The Palatine artery: Also a branch of the maxillary artery → it further divides into the **Greater & lesser palatine** arteries:



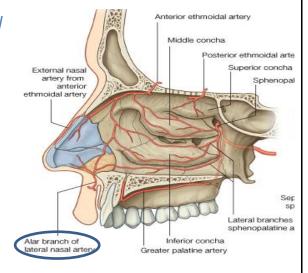
- A. **Greater palatine artery:** Arises in the pterygopalatine fossa \rightarrow then it passes through the greater palatine foramen of the hard palate \rightarrow then to the incisive canal to supply the anterior regions of the medial wall and adjacent floor of the nasal cavity (postero and antero-inferior quadrant of **lateral** wall).
- B. Lesser palatine artery: It supplies the soft palate.

- **3. The ethmoidal arteries:** originate in the orbit from the ophthalmic artery:
- A. **Anterior ethmoidal artery** (it accompanies the anterior ethmoidal **nerve**), *descending* through a slit-like foramen lateral to the crista galli.
 - It supplies the **medial (septal)** and **lateral wall** (anterior- superior quadrant).
- B. **Posterior ethmoidal artery** *descends into the nasal cavity through the cribriform plate.*
 - It gives branches to upper parts of the **medial** and **lateral** walls.



- **4. Superior labial and lateral nasal arteries:** Facial artery branches anteriorly and supply lateral wall and medial wall.
- A. **Superior labial** gives an alar branch supplies the region around the naris, and a septal branch that supplies anterior regions of the nasal septum. Also, supplies the lateral wall.
- B. Lateral nasal arteries supply blood of the external nose and give alar branches that pass around the lateral margin of the naris and supply the nasal vestibule.
- **5. Alveolar arteries** are: branches from the <u>infraorbital</u>, which is a branch from the <u>maxillary</u> artery.

Superior alveolar supplies the <u>lateral</u> wall.

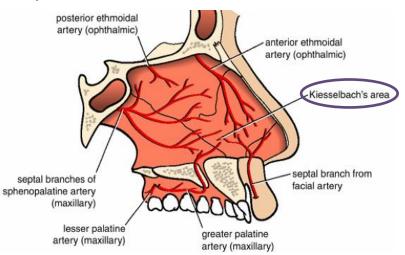


Epistaxis: It is **bleeding from the nose**.

Occurs after a hit on the nose, especially in children.

• Cause:

Vessels that supply the nasal cavities form extensive anastomoses with each other in the anterior region of the medial wall (septum) close to the surface (Kiesselbach's area), this area is the major site of 'nose bleeds' or epistaxis.



So, rupture of some of these blood vessels (esp. in **Kiesselbach's area**) \rightarrow epistaxis.

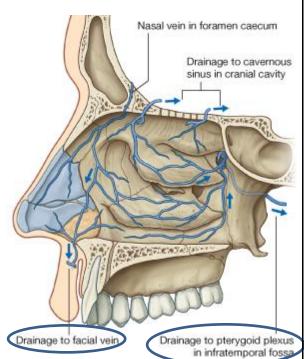
Control of bleeding:

After very uncontrolled severe bleeding, we do cauterization (stop bleeding) of **long sphenopalatine** artery (from **nasopalatine A.** which is a branch of the **maxillary A.**) and **superior labial artery** (which is a branch of the **facial**) since the **most ruptured** anastomosis in epistaxis is the anastomose of these 2 arteries.

Venous drainage of the nasal cavity:

The nasal cavity is divided into anterior 1/3 and posterior 2/3.

- The **anterior 1/3** drain into the **facial** vein.
- -The posterior 2/3 drain into lateral pterygoid plexus (around the lateral pterygoid muscle) > the lateral pterygoid plexus drains into the maxillary vein > the maxillary joins the superficial temporal in the parotid gland to form retromandibular vein.



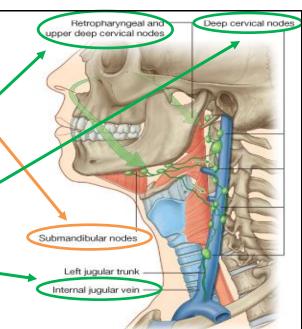
Usually the veins follow the arteries:

Veins from **anterior** regions of the nasal cavities join \Rightarrow the **facial vein.** Veins that pass with branches originating from the **maxillary artery** drain into \Rightarrow the **pterygoid plexus.**

Lymphatic drainage of the nasal cavity:

 Anterior part passes around the margins of the nares and then drains into the submandibular lymph nodes.

 Upper & posterior parts drain into retropharyngeal (upper deep cervical) lymph nodes which then drain into deep cervical lymph nodes (which are located around the internal jugular vein).



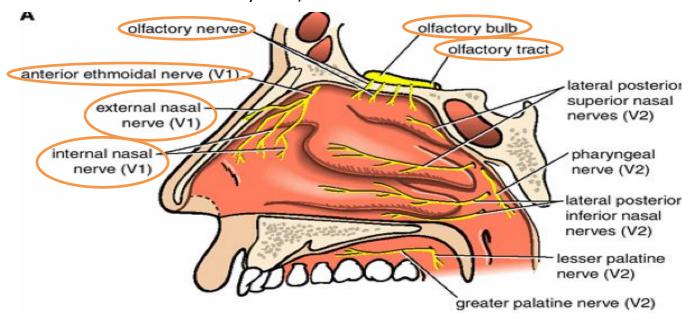
Innervation of the nasal cavity:

A. The **olfactory nerve**: **starts as bipolar cells in the roof,** responsible for special **smell sensation**/olfaction, composed of axons from receptors in the olfactory epithelium at the top of each nasal cavity, olfactory filaments pass superiorly through the cribriform plate to synapse within the olfactory bulb of the brain.

Bipolar cells \rightarrow olfactory filaments \rightarrow olfactory bulb \rightarrow olfactory tract \rightarrow smell center in the temporal lobe.

B. Branches of ophthalmic nerve through nasociliary nerve in the orbit: Anterior ethmoidal $N \rightarrow$ sensory to lateral & medial walls \rightarrow continues on the undersurface of the nasal bone to \rightarrow the external surface of the nose by traveling between the nasal bone and lateral nasal cartilage, terminates as the external nasal N.

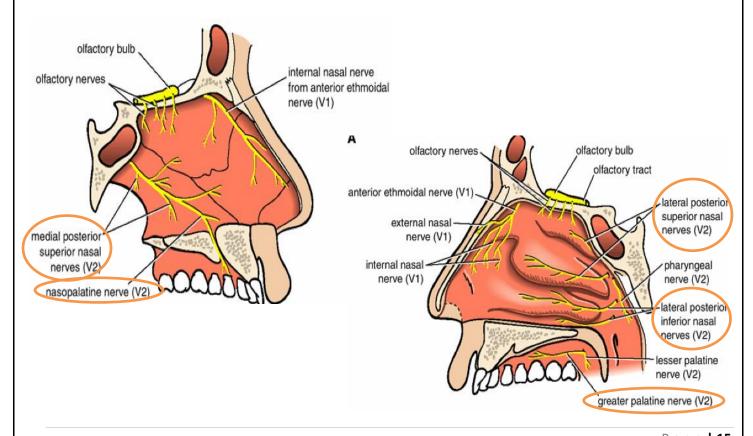
Posterior ethmoidal N \rightarrow through a canal (post. Ethmoidal foramen) in the medial wall of the orbit \rightarrow supplies the mucosa of the ethmoidal & sphenoid **air sinuses.** (Normally does not extend into the nasal cavity itself).

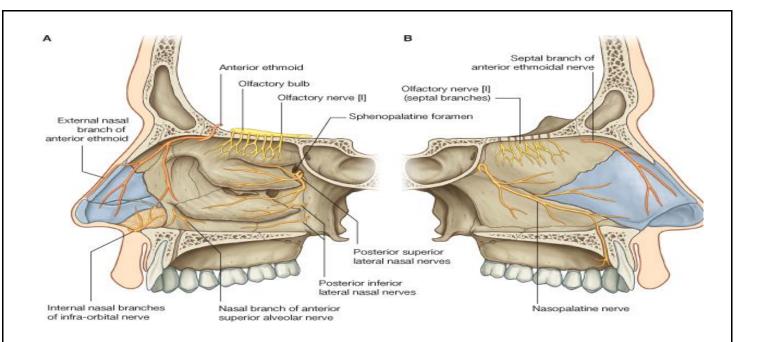


Branches of the **ophthalmic** and **maxillary** nerves: supply **general sensation** to the nose (sensory).

Maxillary nerve: has branches that supply the lateral wall and the septum and their names correspond to the names of the arteries. (The doctor didn't read the following, but he explained them in the second lecture).

- Originates in the pterygopalatine fossa just lateral to the lateral wall of the nasal cavity
- Leaves the fossa to enter the nasal cavity by passing medially through the sphenopalatine foramen
- 1. **Posterior superior** lateral nasal nerves: pass forward on and supply the lateral wall of the nasal cavity.
- 2. **Posterior inferior** nasal nerves: originate from the **greater palatine nerve**, innervate the lateral wall of the nasal cavity.
- 3. **Anterior superior alveolar** branch of the **infra-orbital nerve**: supplies the lateral wall near the anterior end of the **inferior concha**.
- 4. **Largest** of these nerves is the **nasopalatine** nerve: passes through the **incisive canal** onto the **roof** of the oral cavity and terminates by supplying the oral mucosa posterior to the incisor teeth.
- 5. **Posterior superior medial** nasal nerves: cross the **roof** to the nasal septum and supply both these regions.
- C. **Parasympathetic** (secretomotor) comes through the facial nerve so the facial gives the secretomotor innervation for the mucous glands of the nose.





Summary for blood supply and innervations:

Postero-superior quadrant: Posterior-superior lateral nerve and vessels (short

spheno palatine)

Postero-inferior quadrant: Greater palatine nerve and vessels

Antero-superior quadrant: Ant. Ethmoidal nerve (internal and external nerve) and

artery

Antero-inferior quadrant: Ant. Superior alveolar nerve and branches from the

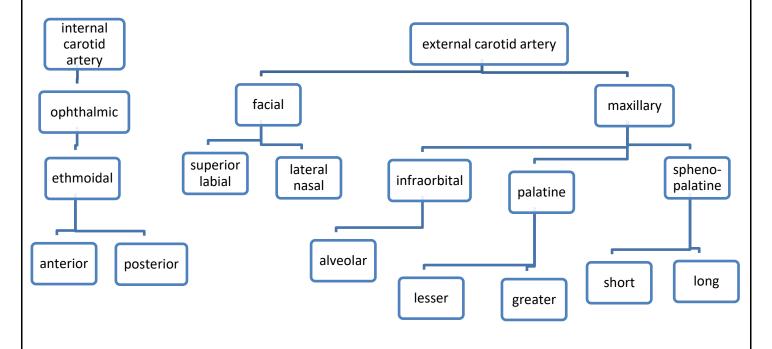
facial and greater palatine artery

Nasal septum: Lower posterior part by the long sphenopalatine nerve

Upper anterior part by the septal branch of the anterior

ethmoidal nerve.

Blood supply by the long sphenopalatine artery.



Superior meatus	Middle meatus	Inferior meatus	Sphenoethmoidal recess
Posterior ethmoidal sinus	Anterior ethmoidal sinus Middle ethmoidal sinus Maxillary air sinus Frontal air sinus	Nasolacrimal duct	Sphenoidal air sinus

Questions from sheet 2017:

1) pseudostratified ciliated columnar epithelium lining all of the following except:

- A-infraepiglottis
- B- Lateral wall of nasal cavity
- C- Conducting bronchiole
- D- Superior part of nasal cavity (or olfactory part/roof)
- E- Nasopharynx

2) All of the following nerves supply the lateral wall of the nasal cavity except:

- A- anterior ethmoidal nerve
- B- Posterior ethmoidal nerve
- C- Anterior palatine nerve (greater)
- D- Posterior superior lateral nasal nerve
- E- Anterior superior alveolar

3) Epistaxis in the kiesselbach's area most common artery?

- A- short sphenopalatine artery
- B- anterior ethmoidal artery
- C- posterior ethmoidal artery
- D- lateral nasal artery
- E- superior labial artery



Answers: 1) D , 2) B , 3) E