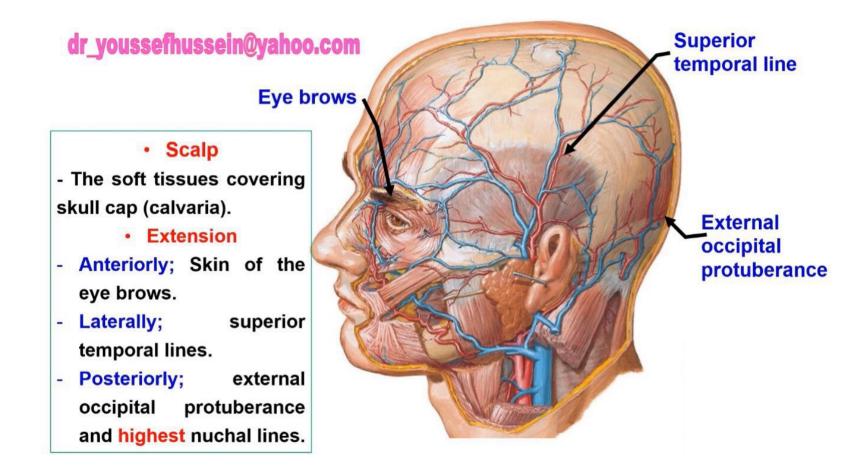


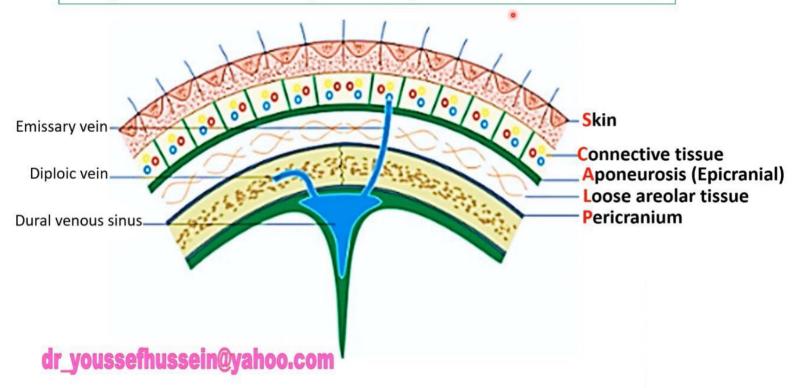
أستاذ التشريح وعلم الأجنة - كلية الطب - جامعة الزقازيق - مصر رئيس قسم التشريح و الأنسجة و الأجنة - كلية الطب - جامعة مؤتة - الأردن مساعد العميد لشؤون الطلاب والامتحانات - كلية الطب - جامعة مؤتة - الأردن دكتوراة من جامعة كولونيا المانيا

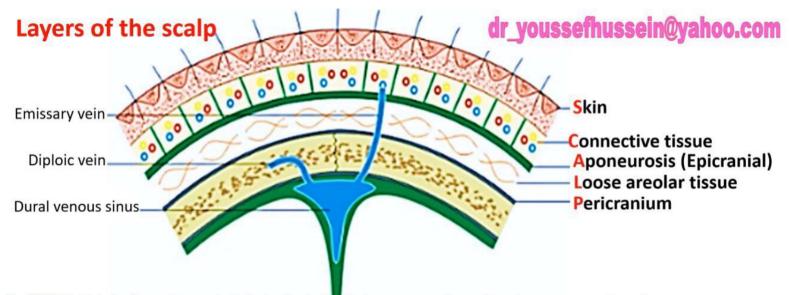
اليوتيوب Prof. Dr. Youssef Hussein Anatomy اليوتيوب الفيس د. يوسف حسين (استاذ التشريح)



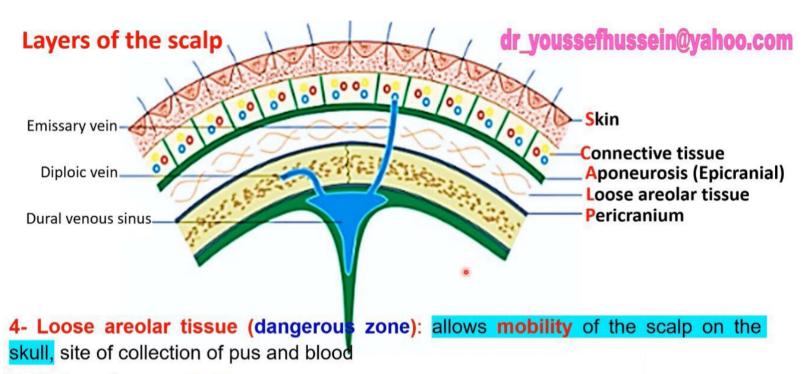


# Layers of the scalp: 5 layers (S.C.A.L.P.)



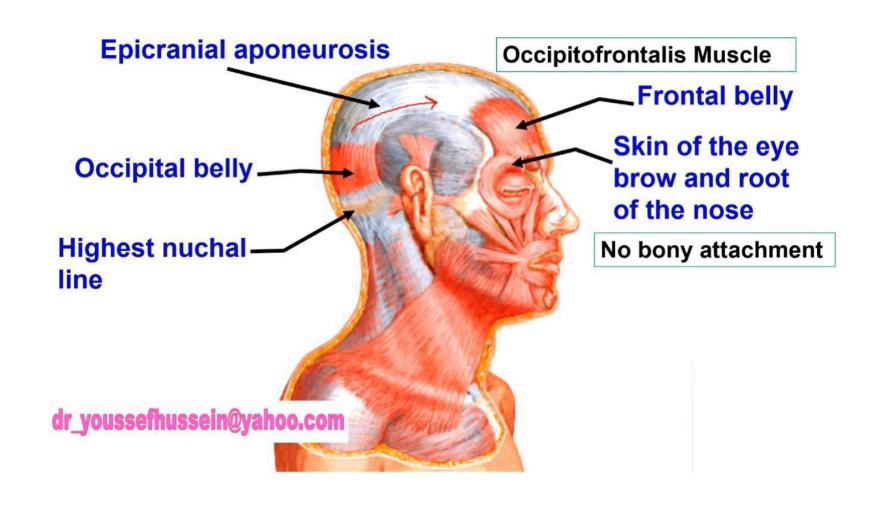


- I- Skin: thick, tough and rich in hair follicles, sweat and sebaceous glands.
- 2- Connective tissues: formed of dense fibrous tissue, contains blood vessels nerves and lymphatic.
- 3- Aponeurosis of occipitofrontalis muscle (galea aponeurotica).
- The first 3 layers attached together and move on the underlying layer.

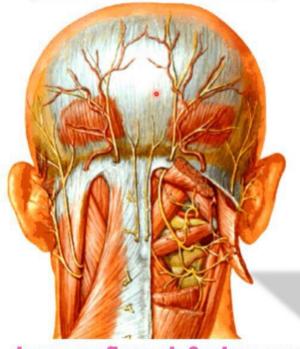


5- Pericranium (periosteum): it does not adherent to the skull bones but the sutures of the skull by band of the fibrous tissue called sutural ligan



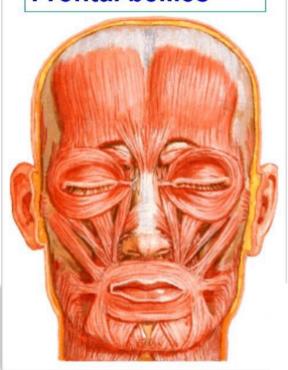


# **Occipital bellies**



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# **Frontal bellies**



### \* Occipitofrontalis Muscle

- It is formed of 2 frontal bellies and 2 occipital bellies connected together by the epicranial aponeurosis.
- The two frontal bellies are much larger than the occipital bellies.
- The two frontal bellies come **close together** in the median plane, while the two occipital bellies are separated by a **gap** of epicranial aponeurosis (**galea aponeurotica**).

### a- The occipital bellies

- \* Origin; from the highest nuchal lines.
- \* Insertion; epicranial aponeurosis.
- \* Nerve supply, posterior auricular branch of facial nerve.

#### b- The frontal bellies

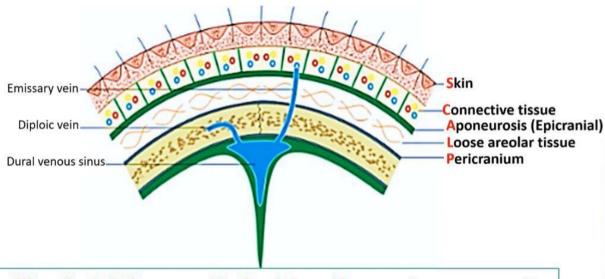
- \* Origin; from epicranial aponeurosis.
- \* Insertion; to the skin of the eye brows and root of the nose (no bony
- \* Nerve supply; temporal branches of the facial nerve.

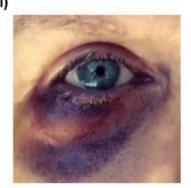




- \* Action of occipital belly
- Pull the scalp backward leading to smooth skin of forehead.

- \* Action of frontal belly
- Elevate the eye brows producing transverse wrinkles of skin of the forehead (expression of surprise).

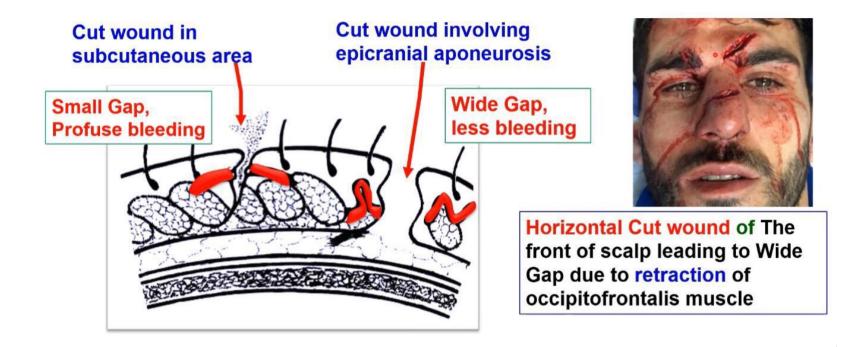




- The first 3 layers attached together and move on the underlying layer.
- Bleeding under the first 3 layers forms diffuse hematoma extending throughout the scalp and reach the upper eye lids (Black eye).

- Fracture of the skull bone produces a localized hematoma because the periosteum is firmly attached to the sutures.



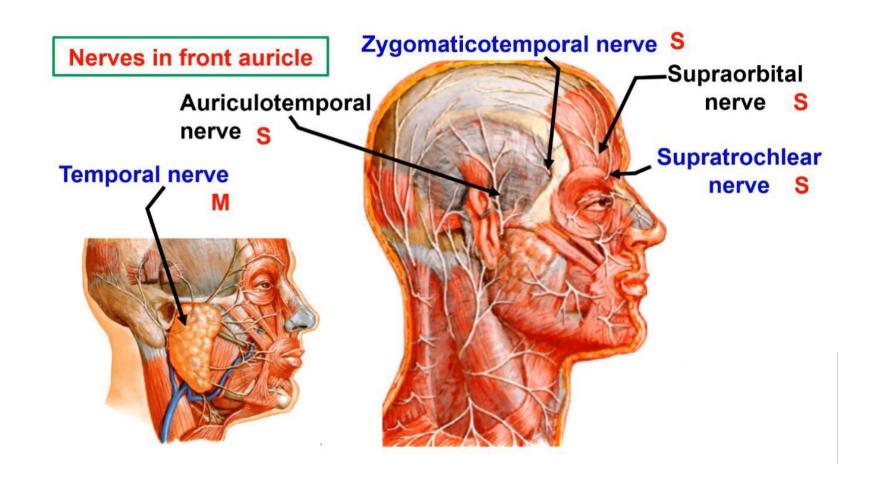


### Clinical anatomy

- Wide gap and less bleeding when epicranial aponeurosis is lacerated in coronal plane (Deep wound), because of the pull of the frontal and occipital bellies of the occipitofrontalis muscle in opposite directions (anteriorly and posteriorly).
- Profuse bleeding: The connective tissue is dense fibrous and adherent to the wall of the blood vessels so prevents their contraction or retraction following injury., The arteries supplying the scalp anastomose freely with each other.
- Small gap: Attachment of the skin to the epicranial aponeurosis keeps the edges of superficial wounds together



- Scalp is supplied by 10 nerves on each side.
- Five nerves infront the auricle
- Fives nerves behind the auricle.
- Each 5 nerves, 4 sensory and 1motor.



#### A- Nerves in front the auricle

- A- Branches of the ophthalmic nerve.
- a. Supratrochlear nerve (Sensory): leaves the orbit through supratrochlear notch supplies
  - 1- The medial part of the upper eye lid.
  - 2- Forehead and scalp till the coronal suture.
  - **b- Supraorbital nerve (Sensory):** leaves the orbit through supraorbital notch or foramen supplies
    - 1- The middle part of the upper eye lid.
    - 2- Forehead and scalp till the lambdoid suture.
- B- Branch of the maxillary nerve.
  - **Zygomaticotemporal nerve (Sensory)** passes through zygon foramen to the anterior part of the temporal region (temple).

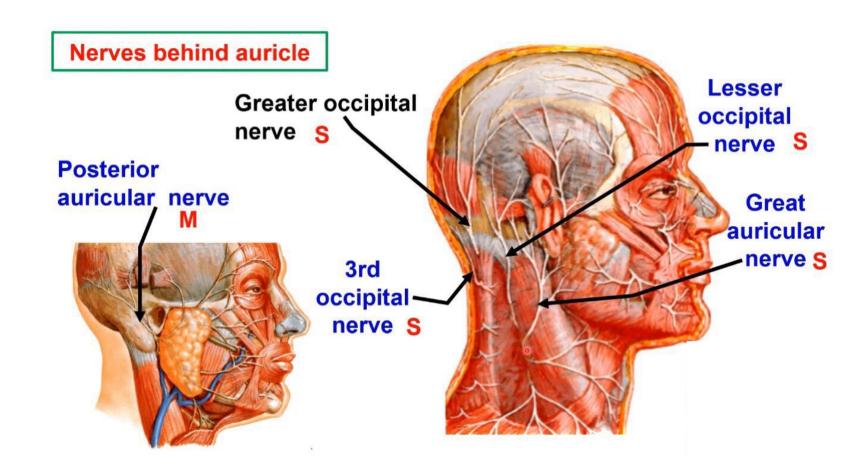
#### A- Nerves in front the auricle

#### C- Branch of the mandibular nerve.

- Auriculotemporal nerve (Sensory):
- It enters the parotid gland and leaves it through the upper end, supplies
  - 1- Posterior part of the temporal region (temple).
  - 2- Upper 1/2 of the outer surface of the auricle.
  - 3- Skin of the external auditory meatus and ear drum.
  - 4- Parasympathetic to the Parotid gland.

## D-Temporal branch of the facial nerve (motor):

- It leaves the parotid gland through the upper end.
- It ascends to the scalp in front of the auricle.
- It supplies **frontal** belly of occipitofrontalis and auricularis muscles.

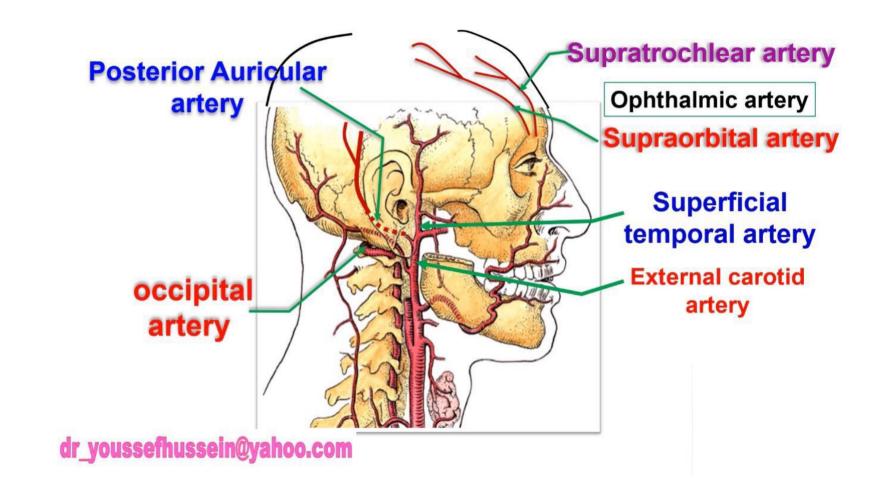


#### B- Nerves behind the auricle

- 1- Great auricular nerve (sensory): Branch of cervical plexus (ventral rami of C2 & 3).
- It appears at middle of posterior border of sternomastoid muscle, ascends towards angle of the mandible.
- It supplies; a- Skin behind the auricle.
  - b- Skin of the lower 1/2 of the auricle (outer and inner surface).
  - c- Skin over the angle of mandible.
- 2- Lesser occipital nerve (sensory): Branch of cervical plexus (ventral rami of C2).
- It supplies; a- Skin behind the auricle.
  - b- Skin of the upper 1/2 of the inner surface of auricle.
- 3- Greater occipital nerve (sensory): Branch of the dorsal rami of C2.
- It is a thick nerve, supplies the greater part of the back of the scalp.
- 4- Third occipital nerve (sensory): branch from the dorsal rami of C3.
- It supplies the scalp covering the external occipital protuberance.
- 5- Posterior auricular nerve (motor): a branch of the facial nerve.
- It supplies occipital belly of occipitofrontalis and auricularis muscles.

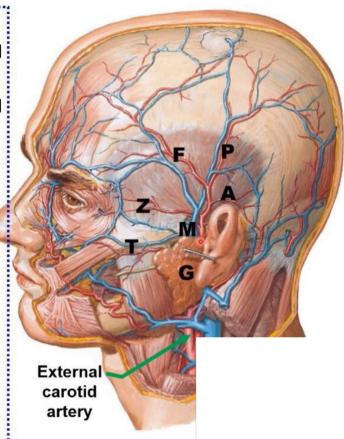
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### Superficial temporal artery:

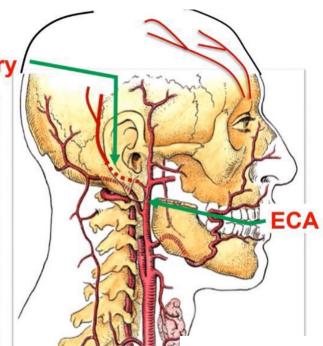
- The smallest terminal branches of the external carotid artery **inside the parotid gland**.
- It emerges from the upper pole of the parotid gland.
- It crosses root of zygomatic arch just infront auricle.
- Pulsation can be felt infront of auricle.
- Branches: TZPMT
- (1) Glandular to the parotid gland.
- (2) Transverse facial artery.
- (3) **Zygomaticoorbital** artery.
- (4) Anterior auricular artery.
- (5) Middle temporal artery (the largest branch), ascends and grooving temporal bone deep to the temporalis muscle.
- (6)Terminal branches (Frontal & Parietal): to scalp.



Posterior auricular artery

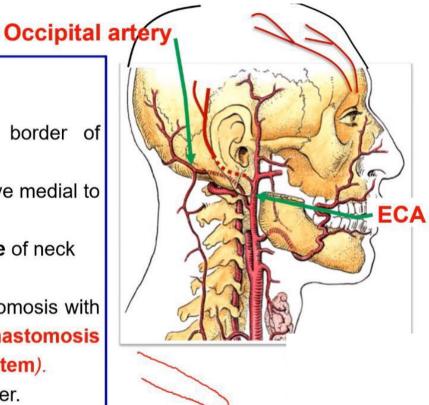
# Posterior auricular artery

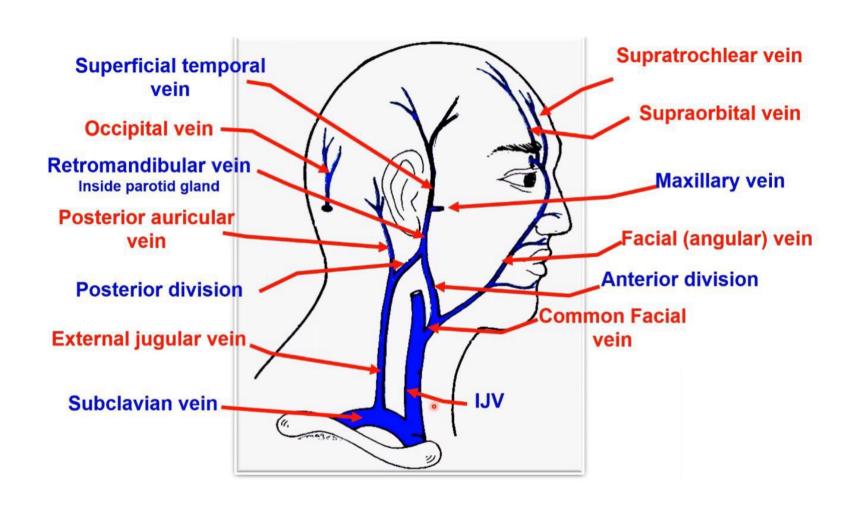
- branch of the external carotid artery.
- It passes backwards on upper border of posterior belly of digastric muscle. It gives;
- a- Occipital branch to scalp behind the auricle.
- b- Auricular branch to the auricle.
- C- Stylomastoid branch enters the stylomastoid foramen. It supplies tympanic cavity, mastoid antrum and mastoid air cells.



# Occipital artery

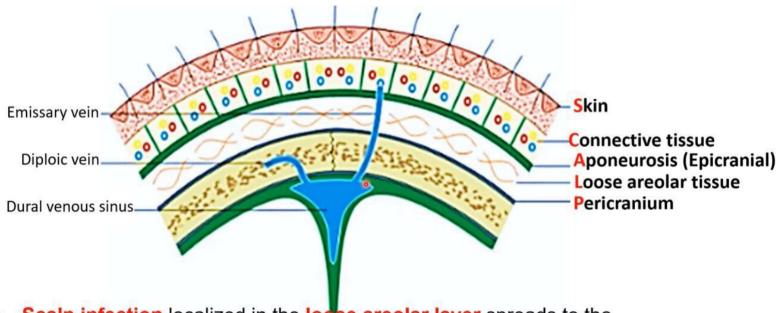
- -: branch of the external carotid artery.
- It passes backwards on lower border of posterior belly of digastric muscle.
- It passes through the occipital groove medial to the mastoid process.
- Crossing apex of posterior triangle of neck
- Branches;
- a- Descending cervical artery anastomosis with the deep cervical artery (site of anastomosis between carotid and subclavian system).
- **b- Meningeal branch** to the dura matter.
- c- Terminal branch to the back of the scalp.





## · Veins of the scalp

- 1- Supraorbital and supratrochlear veins;
- They unit at the medial angle of the eye to form the anterior facial vein (angular).
- 2- Superficial temporal vein; enters the parotid gland.
- Inside the gland, it fuses with the **maxillary vein** to form the **retromandibular vein** that divided into anterior and posterior divisions.
- 3- Posterior auricular vein unites with the posterior division of retromandibular vein to form the external jugular vein that ends in the subclavian vein.
- \*\* The anterior division of the retromandibular vein fused with the anterior facial vein forming the common facial vein that ends in the internal jugular vein.
- 4- Occipital vein; drains into the suboccipital plexus of veins.
- Facial vein may be end in the pterygoid venous plexus around substance of lateral pterygoid muscle through the deep facial vein



 Scalp infection localized in the logse areolar layer spreads to the intracranial dural venous sinuses through emissary veins (valveless), causing meningitis or septicemia.

