

الأستاذ الدكتور يوسف حسين

أستاذ التشريح و علم 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 جروب القيس د. يوسف حسين (استاذ التشريح)



dr voussefhussein@vahoo.com

Muscles of mastication

General rules :

dr_youssefhussein@yahoo.com

They include 4 muscles:

1) Masseter.

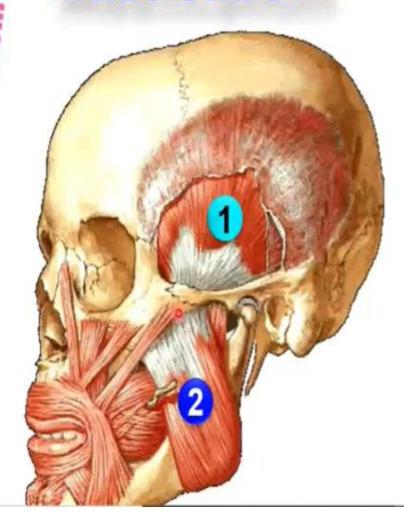
2) Temporalis

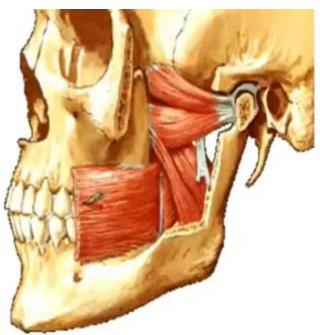
Lateral pterygoid.

4) Medial pterygoid.

- Origin: they arise from the temporal and infratemporal fossa.
- Insertion: they are inserted into the ramus of the mandible.
- Nerve supply: they are supplied by the mandibular nerve.
- Development, they developed from the 1st pharyngeal arch.

Muscles of Mastication





- 1. Temporalis
- 2. Masseter
- 3. Lateral Pterygoid
- 4. Medial pterygoid

Temporalis

Origin From
Temporal fossa and Deep surface
of temporal fascia

Zygomatic arch.

Fan shaped muscle

Origin From Inferior temporal line

- Direction of fibres;
- Anterior fibers are vertical downward.
- Posterior fibers are downward and forward.
- The most posterior horizontally forward.

Insertion: into the tip, anterior border and posterior border and inner surface of the coronoid process.

dr_youssefhussein@yahoo.com

Origin: Superficial fibers from lower border zygomatic arch



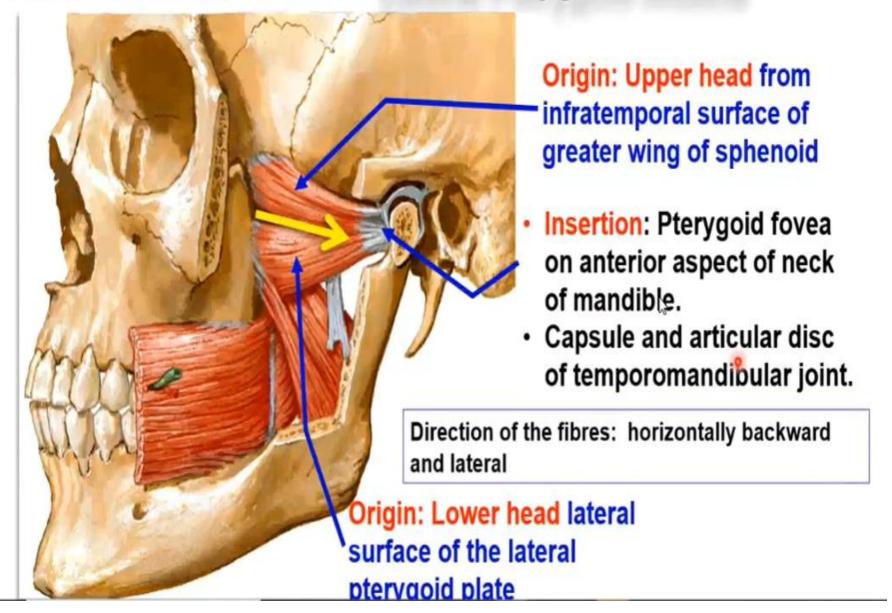
Origin: Deep fibers
from deep surface of
zygomatic arch

Direction of the fibres:

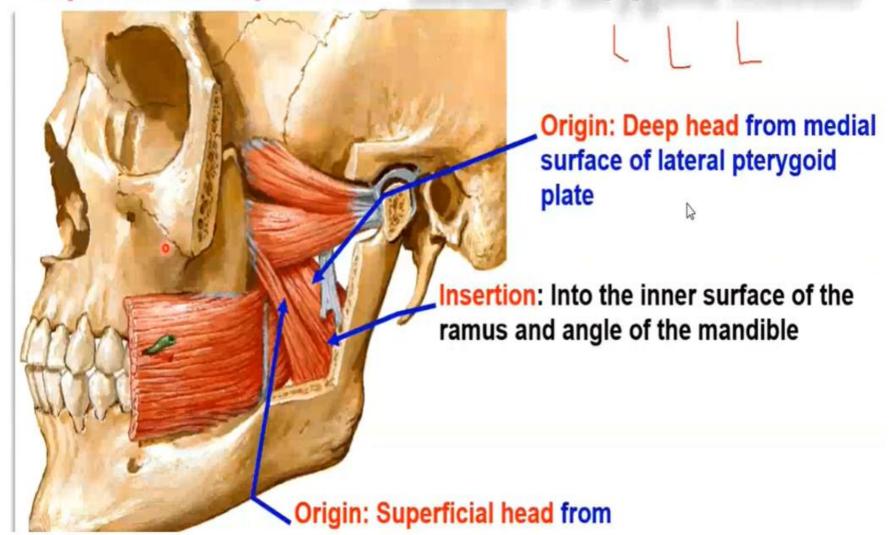
- Anterior directed downwards and backwards.
- Posterior directed vertically downwards.

Insertion: Into the outer surface

dr_youssefhussein@yahoo.com Lateral Pterygoid muscle



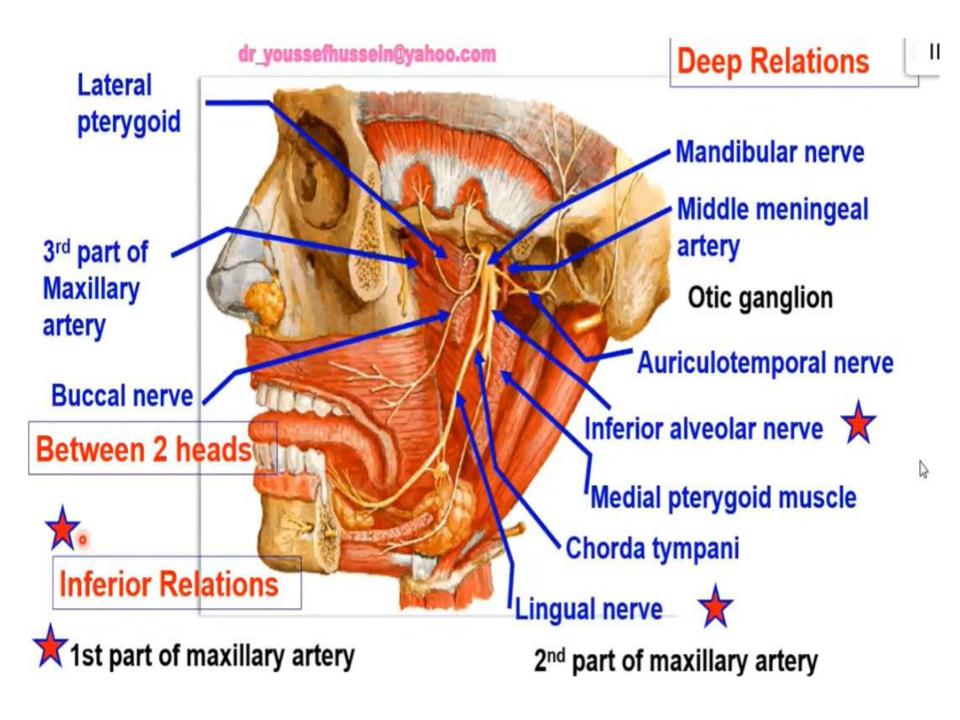
dr_youssefhussein@yahoo.com Medial Pterygoid muscle



maxillary tuberosity

Actions of the muscles of mastication

	Elevation (closing)	Depression (opening)	Protrusion	Retraction	Side to side
	Chewing				movement
1- Masseter	+ve main		+ve	B	
2- Temporalis	+ve		+ve	+ve	
				(posterior	
				fibres)	
3- M. pterygoid	+ve		+ve		+ve
4- L. pterygoid		+ve	+ve		+ve



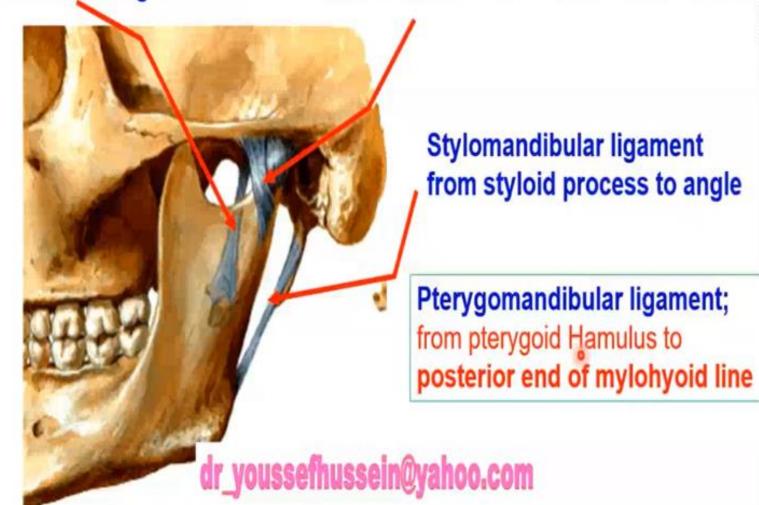


- Articular surfaces: a) Head (condyle) of the mandible.
- b) Articular (glenoid) fossa and articular tubercle of temporal bone.
- c) Articular disc divided the cavity into upper and lower parts.

Head of mandible

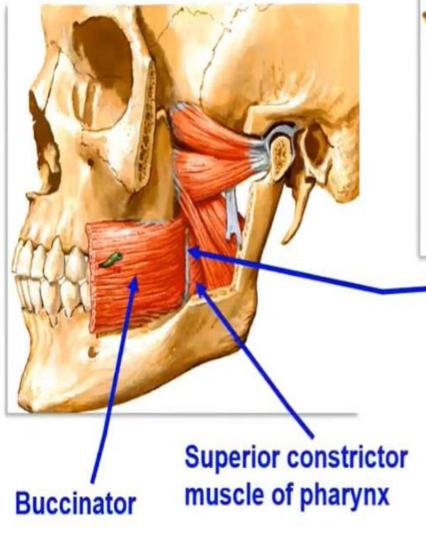
Sphenomandibular ligament from spine of sphenoid to lingula

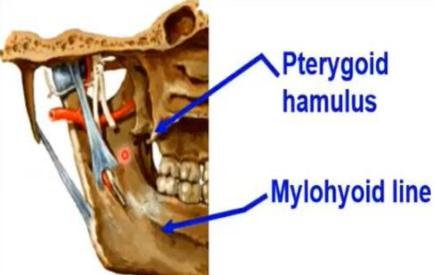
Tempromandibular ligament from articular eminence to lateral side of neck



Ligaments related to mandible







Pterygomandibular ligament: extends from pterygoid hamulus to the posterior end of mylohyoid line of mandible.

 It gives origin to buccinator and superior constrictor muscle of the pharynx.

dr_youssefhussein@yahoo.com

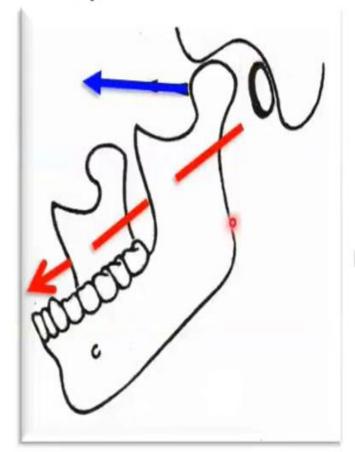
Ligaments of temporomandibular joint

Actions of the muscles of mastication

	Elevation (closing) Chewing	Depression (opening)	Protrusion	Retraction	Side to side movement
1- Masseter	+ve main		+ve	B	
2- Temporalis	+ve		+ve	+ve (posterior fibres)	
3- M. pterygoid	+ve		+ve	-	+ve
4- L. pterygoid		+ve	+ve		+ve

dr_youssefhussein@yahoo.com

- 1- Resting position, the lower teeth are slightly behind the level of the upper teeth.
- 2- Closing position, jaws are closed, the upper and lower teeth come into apposition.
- Nerve supply: 1) auriculotemporal nerve. 2) Masseteric nerve.
- Arterial supply, from the superficial temporal and maxillary arteries.
- During opening of the mouth Forward sliding movement of the head of mandible with articular disc Over of the articular tubercle
- The axis of movement passes through the Mandibular foramen
- Movement occurs in the upper compartment of joint



TMJ dislocation

- Causes, spontaneous or traumatic.
- It occurs when one or both mandibular condyles are displaced in front and above articular eminence outside the articular surfaces.
- Dislocation may be reducible if the condyle (head of mandible)
 returns spontaneously to the mandibular (glenoid) cavity
 (subluxation) or irreducible when one or two condyles remain
 dislocated (luxation).
- In the latter condition, the mouth remains open
- There are stretch of the ligaments and muscles causing intense local orofacial pain dr_youssefhussein@yahoo.com