

## الأستاذ الدكتور يوسف حسين

أستاذ التشريح وعلم الأجنة - كلية الطب - جامعة الزقازيق - مصر

رئيس قسم التشريح و الأنسجة و الأجنة - كلية الطب - جامعة مؤتة - الأردن

دكتوراة من جامعة كولونيا المانيا

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## Muscles of mastication

• General rules :

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They include 4 muscles:

1) Masseter.

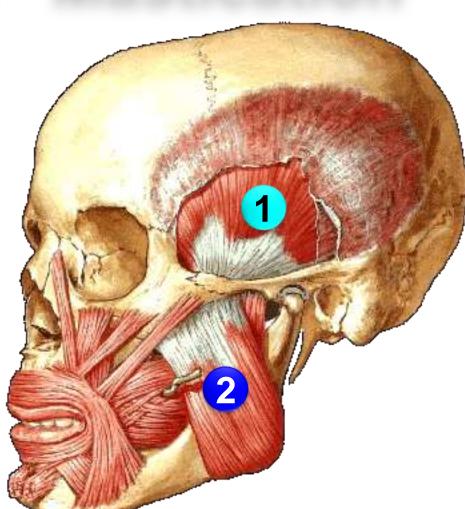
2) Temporalis

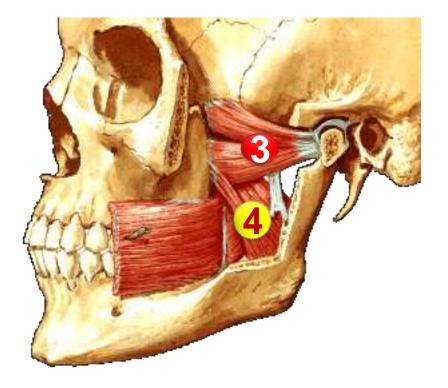
3) Lateral pterygoid.

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 1<sup>st</sup> pharyngeal arch.

# Muscles of Mastication





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

**Temporalis** 

Origin From Temporal fossa and 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.

Origin: Superficial fibers from lower border zygomatic arch



Origin: Deep fibers from deep surface of zygomatic arch

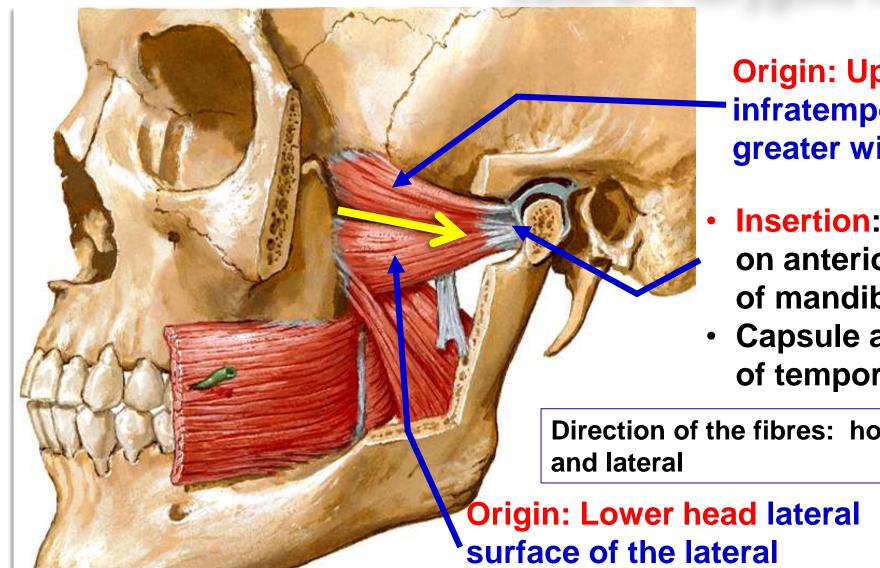
Direction of the fibres:

- Anterior directed downwards and backwards.

- Posterior directed vertically downwards.

Insertion: Into the outer surface of the ramus of the mandible

## dr\_youssefhussein@yahoo.com Lateral Pterygoid muscle



**Origin: Upper head from** infratemporal surface of greater wing of sphenoid

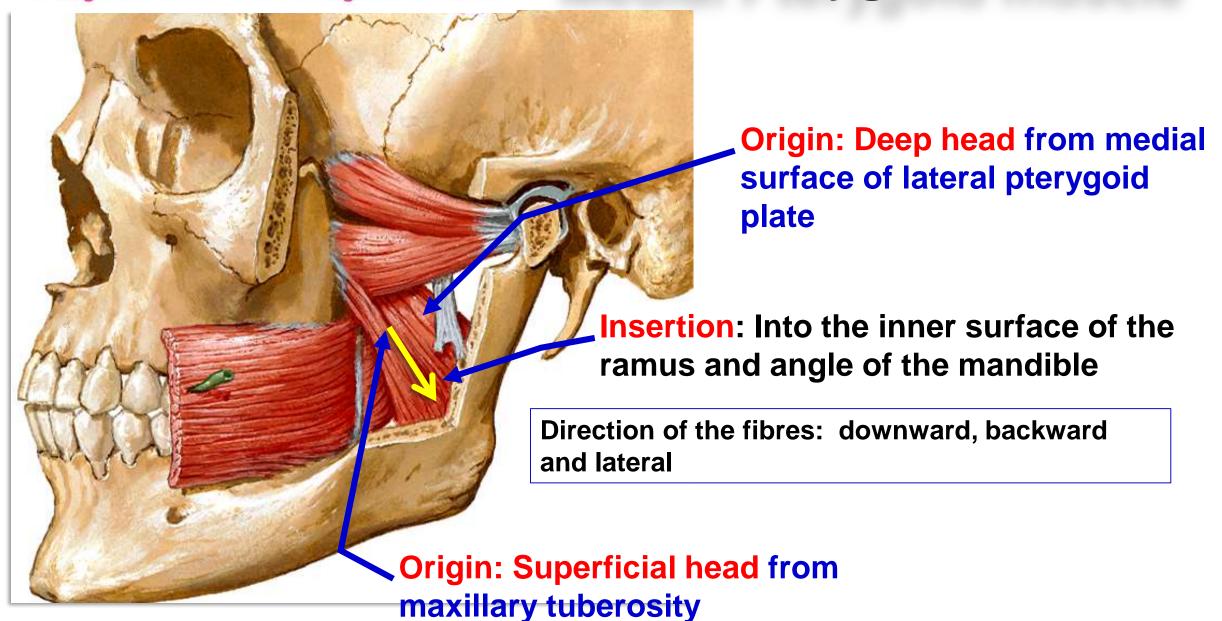
**Insertion:** Pterygoid fovea on anterior aspect of neck of mandible.

Capsule and articular disc of temporomandibular joint.

Direction of the fibres: horizontally backward

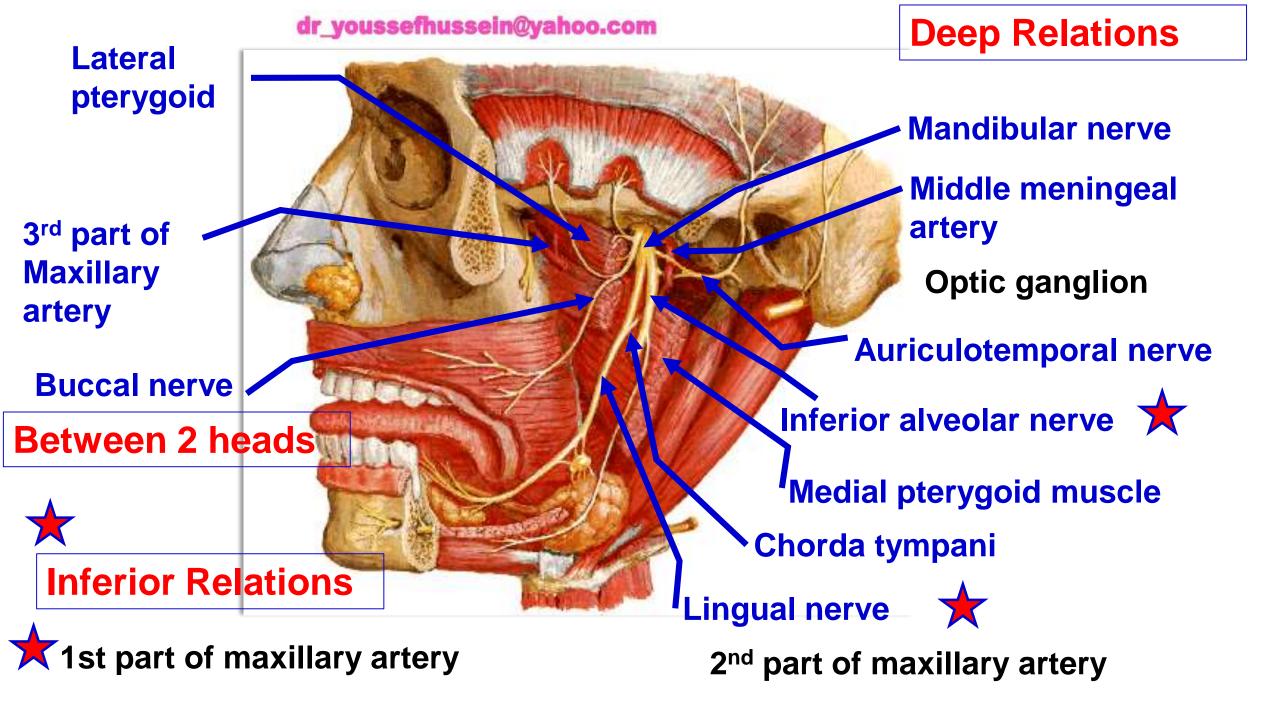
pterygoid plate

## dr\_youssefhussein@yahoo.com Medial Pterygoid muscle



#### Actions of the muscles of mastication

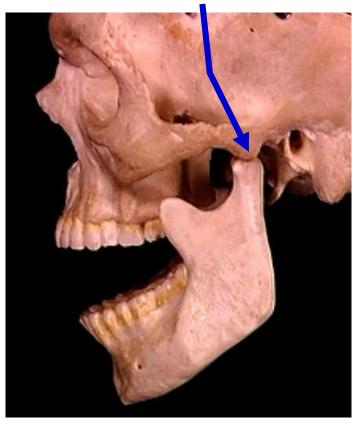
	Elevation (closing) Chewing	Depression (opening)	Protrusion	Retraction	Side to side movement
1- Masseter	+ve main		+ve		
2- Temporalis	+ve		+ve	+ve (posterior fibres)	
3- M. pterygoid	+ve		+ve		+ve
4- L. pterygoid		+ve	+ve		+ve



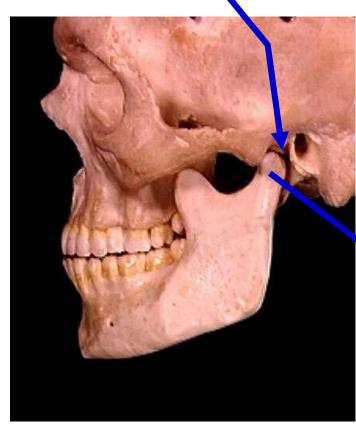


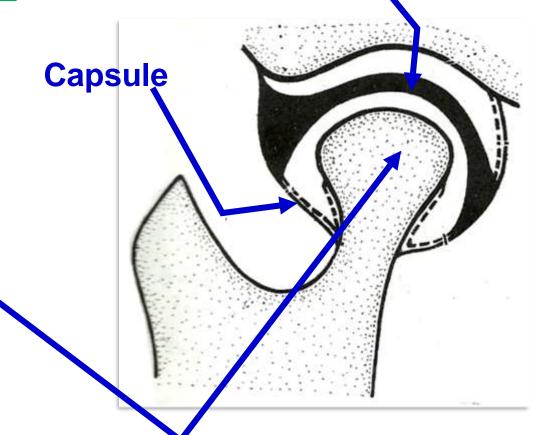
#### Type: synovial joint of ellipsoid variety

#### **Articular tubercle**



Mandibular fossa





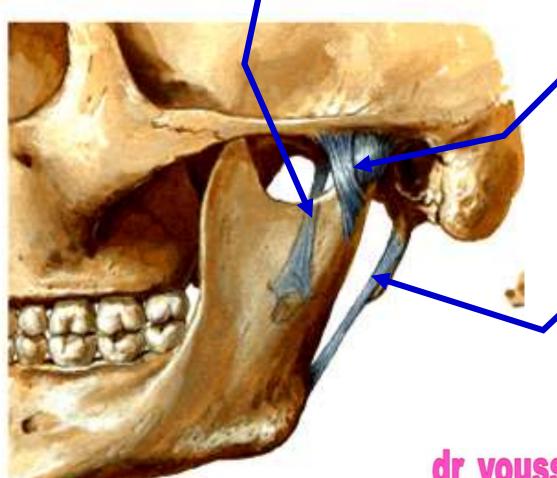
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**Articular disc** 

**Head of mandible** 

- 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.
- Capsule: attached around the articular surfaces. It is lined by synovial membrane.

Sphenomandibular ligament from spine of sphenoid to lingula

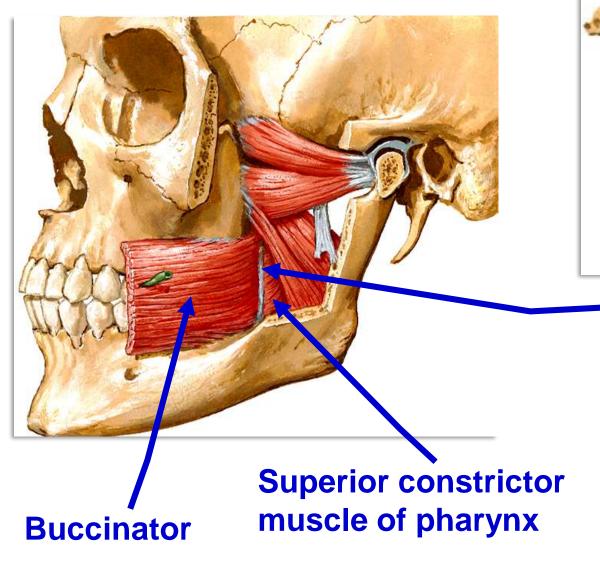


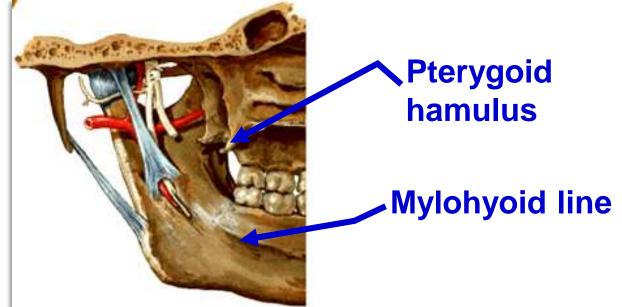
Tempromandibular ligament from articular eminence (root of zygomatic arch) to lateral side of neck of mandible

Stylomandibular ligament from styloid process to angle of mandible, separates parotid gland from submandibular gland

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Ligaments of temporomandibular joint





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.

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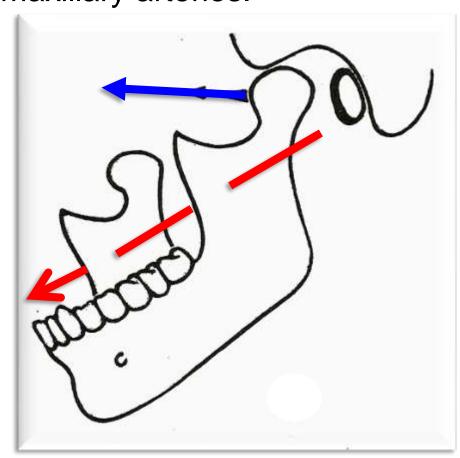
### Ligaments of temporomandibular joint

#### Movements of TMJ

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

• Depression: Lateral pterygoid, digastric, geniohyoid, mylohyoid and gravity.

- 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



#### 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

