

# Head And Neck Clinicals

<u>Clinical</u>	<u>Reference</u>	<u>Info</u>
1-Why scalp wounds bleed profusely And black eye <b>(NUMS) (Proff 2017)</b>	BD pg. 63	1-Vessels prevented from constricting due to fibrous fascia 2-Scalp wounds will gape if epicranial aponeurosis (occipitofrontalis) is cut transversely 3-Occipitofrontalis doesn't have bony attachment anteriorly so blood can leak from loose areolar tissue layer into eye <b>causing black eye</b>
2-Dangerous and Safety Layer of scalp <b>(imp) (Proff 2017)</b>	BD pg. 63	1-Loose areolar tissue layer is the <b>dangerous layer</b> as infection can travel from scalp to cranial venous sinus 2-Loose areolar layer is also the <b>safety layer</b> as blood spreads in this layer outside the skull so it won't compress the brain
3-Bell's Palsy (Infranuclear Lesion) and Supranuclear Lesion <b>(vvv.imp) (NUMS)</b>	BD pg. 69	1- <b>Facial Nerve Damaged (Infranuclear)</b> - extracranial (damage commonly at stylomastoid foramen), <b>upper and lower ipsilateral side</b> of face paralysed 2- <b>Supranuclear lesions</b> : Intracranial damage, <b>lower contralateral side</b> of face paralysed
4-Dangerous area of face <b>(vv.imp) (Proff 2013, 2016)</b>	BD pg. 72	Region between lower nose and upper lip Infection can be carried here through <b>facial vein to deep facial vein to pterygoid plexus to emissary vein to cavernous sinus</b> which is within the skull Emissary veins have no valves
5-Horner's Syndrome	BD pg. 74, 161, 305	1-Involuntary part of levator palpebrae superioris (Mullers Muscle) is paralysed which gets fibres from superior cervical ganglion 2-Injury to cervical sympathetic trunk 3-Leads to: <ul style="list-style-type: none"> <li>• Partial ptosis</li> <li>• Miosis</li> <li>• Anhidrosis</li> <li>• Endothalamos</li> <li>• Loss of Cilio spinal reflex</li> </ul>
6-RetroPharyngeal Abscess <b>(imp)</b>	BD pg. 85	1-Pus collection due to lymph node abscess in retropharyngeal space 2-Should be differentiated from cold abscess of spin of cervical vertebrae

7-Accessory Spinal Nerve Damage <b>(vvv.imp)</b>	BD pg. 87	1-Torticollis occurs which is the head <b><u>being bent on one side</u></b> if <b><u>sternocleidomastoid of the opposite side</u></b> is paralysed 2-No shrugging of shoulder as trapezius wont contract
8-Congenital Torticollis <b>(imp) (NUMS)</b>	BD pg. 87	At birth baby's head is pulled to hard tearing sternocleidomastoid forming clots in it which shortening it <b>(Wry Neck)</b> and damage accessory spinal nerve
9-Supraclavicular Lymph Node biopsy	BD pg. 90, 165	1-Swelling commonly occurs in Hodgkin's disease 2- <b>Accessory spinal</b> should be taken care of as it may get entangled with nodes and cut during biopsy
10-Tracheostomy <b>(imp)</b>	BD pg. 96	1-Commonly done in <b><u>retro thyroid</u></b> region after retracting isthmus of thyroid gland 2-Suprathyroid tracheostomy liable to stricture 3-Infrathyroid due to tracheas depth and vessels there (Inferior thyroid vein)
11-Ludwigs Angina	BD pg. 97, 227	<b>1-Cellulitis</b> of the <b><u>floor</u></b> of the mouth so a swelling is present within mouth and below chin 2-Caused by carious molar tooth (infected) 3-Mylohyoid pushed downwards and tongue pushed upward
12-Langers Lines	BD pg. 97	Parallel creases on the necks skin where incisions are made
13-Parotid Abscess	BD pg.113	It is best drained by a horizontal incision/ making small holes also known as <b><u>Hiltons Method</u></b>
14-Freys Syndrome/auriculotemporal syndrome <b>(vvv.imp)</b>	BD pg. 113	1-After parotidectomy, secretomotor fibres regenerate 2- <b><u>Auriculotemporal nerve joins great auricular Nerve</u></b> 3-Whenever the gland is stimulated it cause <b><u>hyperaemia, redness and sweating</u></b> by the area supplied by great auricular nerve
15-Dislocation of mandible <b>(imp)</b>	BD pg. 127	1-During excessive opening of mouth 2-Head of mandible on one or both sides slip <b><u>anteriorly and inferiorly into infratemporal fossa</u></b> 3-Reduction is done by depressing jaw with thumbs placed on last molar teeth and elevating the chin
16-Submandibular Gland incision <b>(imp)</b>	BD pg. 142	Incision to be made <b><u>4cm below angle of mandible</u></b> as marginal mandibular nerve of facial nerve (Lingual Nerve) passes posterior inferior to angle of jaw
17-Thyroidectomy <b>(v.imp)</b>	BD pg. 145, 176	1- <b><u>Gland along with true capsule</u></b> is removed as it has plexus of capillaries in it, <b><u>leaving</u></b> out parathyroid gland and false capsule 2-In prostatectomy <b><u>both true and false capsule removed or left behind</u></b> as plexus of capillaries is in false capsule
18-Thyroid artery ligation	BD pg. 149	1-Superior thyroid Artery ligated <b><u>near lobe</u></b> to avoid external laryngeal nerve

<b>(vvv.imp)</b>		2-Inferior thyroid artery ligated <b>laterally from lobe</b> to avoid recurrent laryngeal nerve
19-Subclavian Steal Syndrome <b>(imp)</b>	BD pg. 156	Obstruction of subclavian artery proximal to vertebral artery causes less blood to that side of the brain so it will <b>'steal'</b> blood from the <b>opposite non-affected side of brain</b>
20-Death by hanging <b>(vvv.imp)</b>	BD pg.180	Joint: <b>Atlanto-axial</b> joint dislocated Types: Median (dens axis) joint and lateral atlanto-axial joints both damaged <b>Ligament: transverse ligament of the dens ruptured</b>
21-Sudden Blindness	BD pg. 218, 305	Central artery of retina is the only artery supplying most of nervous layer if this is damaged there is sudden blindness
22-Paralysis of soft palate	BD pg. 235	1-Lesion of <b>vagus nerve</b> 2-Symptoms: <ul style="list-style-type: none"> <li>• Nasal regurgitation</li> <li>• Nasal twang in voice</li> <li>• Flattening of palatal arch</li> <li>• Deviation of uvula</li> </ul>
23-Tonsillectomy <b>(imp)</b>	BD pg. 239	1-Done using <b>guillotine method</b> 2-Bleeding is checked by removing clots 3-Only 2 organs use this method <b>uterus and palatine tonsil</b> <b>4-External Palatine/ Para Tonsillar vein damaged or glossopharyngeal nerve damaged</b>
24-Tonsillitis <b>(vvv.imp)</b>	BD pg. 239	<b>Glossopharyngeal</b> nerve supplies both tonsils <b>and inner surface of tympanic membrane</b>
25-Tongue Tie <b>(imp)(Proff 2014)</b>		<b>1-Ankyloglossia</b> <b>2-Short frenulum of tongue</b> 3-Congenital Anomaly
26-Gag Reflex <b>(Physio Ospe)</b>		<b>1-Glossopharyngeal (9)—Afferent—If left side damaged left side of uvula lost gag reflex</b> <b>2-Vagus (10) --Efferent – If Left side damaged Uvula Deviates to Right</b>
27-Killians Dehiscence <b>(vvv.imp)</b>	BD pg. 243	1-Inferior constrictor has 2 parts: <ul style="list-style-type: none"> <li>• upper part is <b>thyropharyngeus</b> which is overlapped by muscles and supplied by <b>pharyngeal plexus</b></li> <li>• lower part <b>cricopharyngeus</b> isn't overlapped so it has a weak posterior boundry and is supply by <b>recurrent laryngeal nerve</b></li> </ul> 2-This weak posterior boundry of cricopharyngeus is called <b>Killian's dehiscence</b> 3-Since 2 muscles have different nerve supply and there is an issue in supply of <b>cricopharyngeus it won't relax</b> and

		remain contracted while <b>thyropharyngeus above remains relaxed</b> so bolus of food gets stuck and <b>an out pocketing</b> is made on posterior wall called <b>Killian's or Zenke's diverticulum</b>
28-Artery of epistaxis <b>(imp) (Proff 2017)</b>	BD pg. 251, 256	Sphenopalatine artery is the artery often causing nosebleeds
29-Littles Area <b>(imp) (Proff 2007)</b>	BD pg. 251	Small area in the nose where anastomosis occurs and often gets damaged by little children causing epistaxis
30-Maxillary Sinusitis/Cadwell-Luc Operation <b>(imp)</b>	BD pg. 256	1-Maxillary sinusitis (Infection) is <b>most common sinusitis</b> It can be infected from the nose or a carious tooth 2-2 ways to relieve this: <ul style="list-style-type: none"> <li>• Antrum puncture; breaking lateral wall of canine fossa</li> <li>• <b>Caldwell-Luc operation</b>: opening made at <b>canine fossa</b> through <b>vestibule of mouth deep to upper lip</b></li> </ul>
31-Piriform/Smuggler's Fossa <b>(vvv.imp) (Proff 2014) (NUMS)</b>	BD pg. 267	1-Bounded by <b>thyroid cartilage/Thyrohyoid membrane</b> outside and <b>quadrate membrane/ Aryepiglottic</b> on inside 2-Transversed by <b>internal laryngeal nerve (If damaged cough reflex is lost)</b> 3-Fish bones can get stuck here and cause a visceral pain or out of body sensation 4-Diamonds were smuggled in this fossa
32-Damage to Laryngeal Nerves <b>(vvv.imp)</b>	BD pg. 269	1- <u>External laryngeal nerve damaged</u> : <b>weakness of phonation</b> 2- <u>1 side recurrent laryngeal nerve damaged</u> : <b>Hoarseness of voice</b> 3- <u>Both side laryngeal nerve damaged</u> : <b>No phonation</b> and vocal cords lie in <b>cadaveric position</b>
33-Laryngotomy	BD pg. 271	Needle inserted to <b>midline of cricothyroid membrane</b>
34-Safety Muscle of Tongue <b>(imp) (Proff 2018)</b>	BD pg. 279	1-Genioglossus <b>prevents tongue from falling back</b> (protrude tongue out to check hypoglossal nerve) 2-If anaesthesia is given tongue is kept out or person placed in tonsillar position 3-If Hypoglossal damaged then tongue deviates <b>Ipsilaterally</b>
35-Ear examination	BD pg. 286	1-Ear should be pulled <b>upwards backwards and slightly laterally</b> 2-Pinna is often used for grafting material

36-Cauliflower Ear	BD pg. 287	Bleeding within auricle <b>between perichondrium and auricular cartilage</b> causes fibrosis and curls the ear, often seen in wrestlers
37-Myringotomy (v.imp)	BD pg. 287	1-Tympanic membrane incised to remove pus in middle ear 2-At <b>posterior inferior</b> quadrant where bulge is most prominent 3-Care not to cut chorda tympani
38-Spread of Ear Infection (NUMS)		1-Intracranially 2-Labyrinth 3-Skull bones (Osteomyelitis) 4-Throat via estuation/auditory Tube
39-Cornea graft	BD pg. 301	Cornea can be transplanted as it is avascular

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