

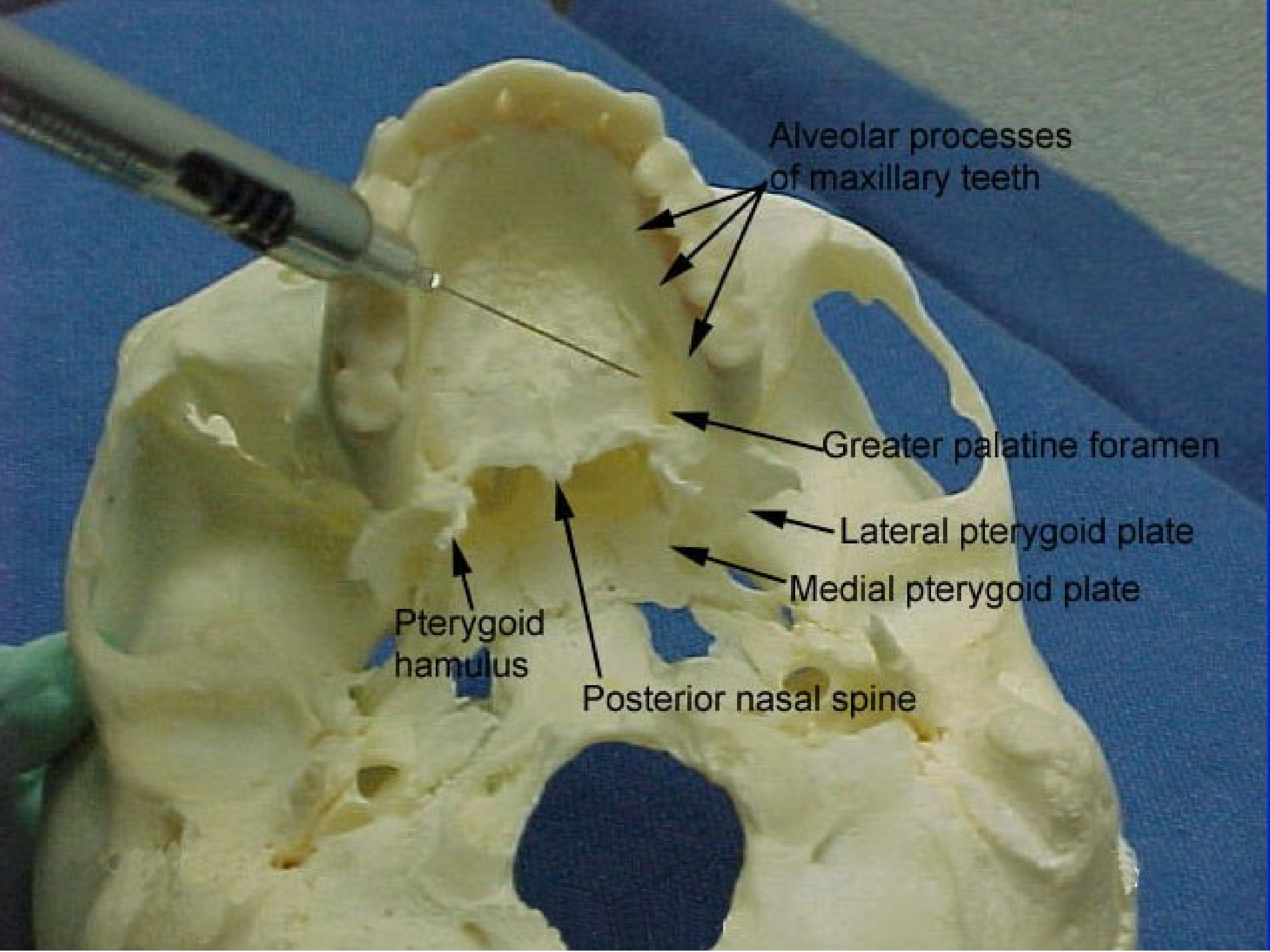
Greater Palatine Block

Anesthetise all palatal mucosa of the side injected and lingual gingivae posterior to the maxillary canines and corresponding bone



Technique

On the hard palate between the 2nd and 3rd molars approximately 1cm medially, inject about 0,3 - 0,5ml



Alveolar processes
of maxillary teeth

Greater palatine foramen

Lateral pterygoid plate

Medial pterygoid plate

Pterygoid
hamulus

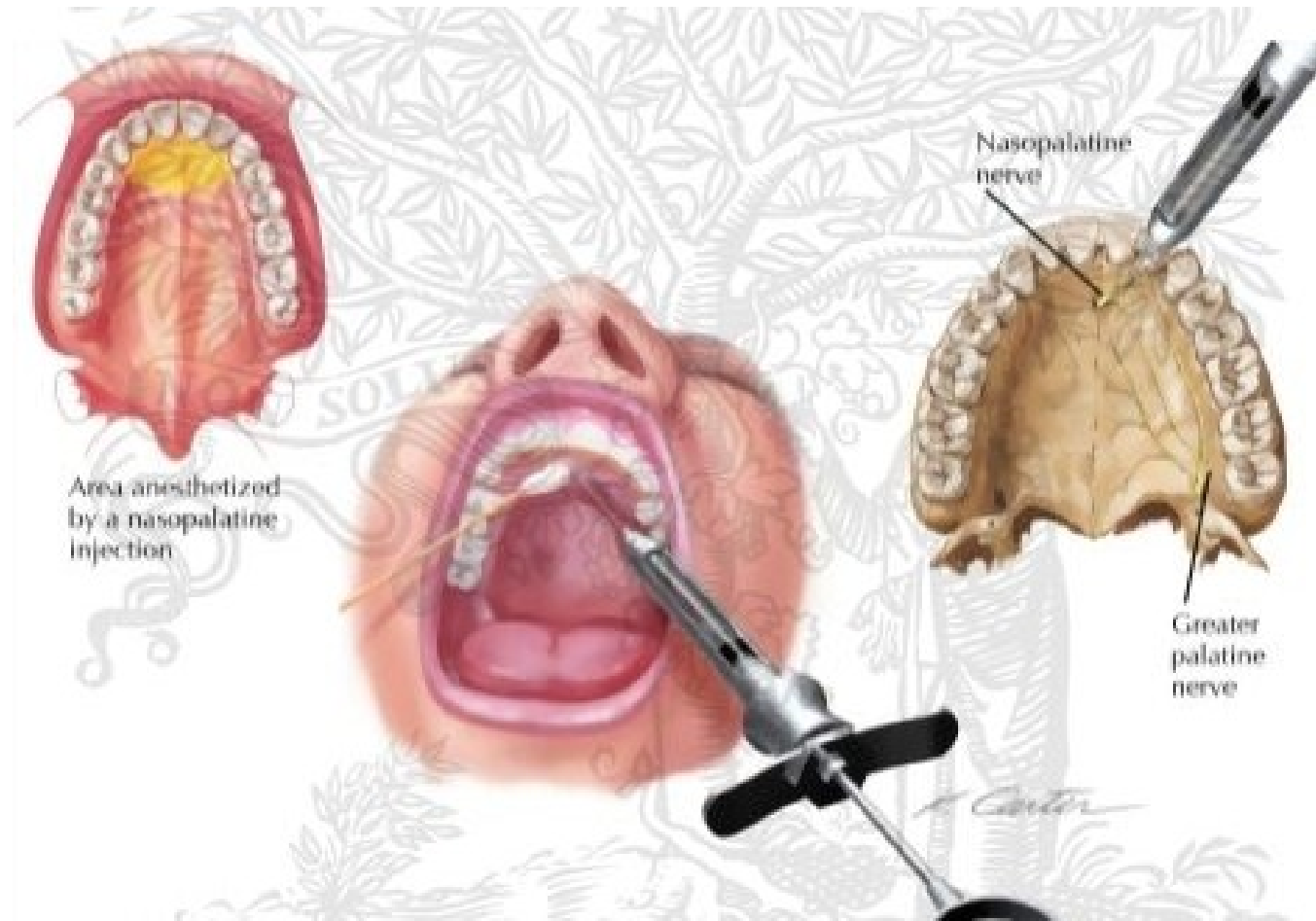
Posterior nasal spine

Nasopalatine Nerve Block

Anesthetise the soft and hard tissue of the maxillary anterior six teeth - from canine one side to canine other side.

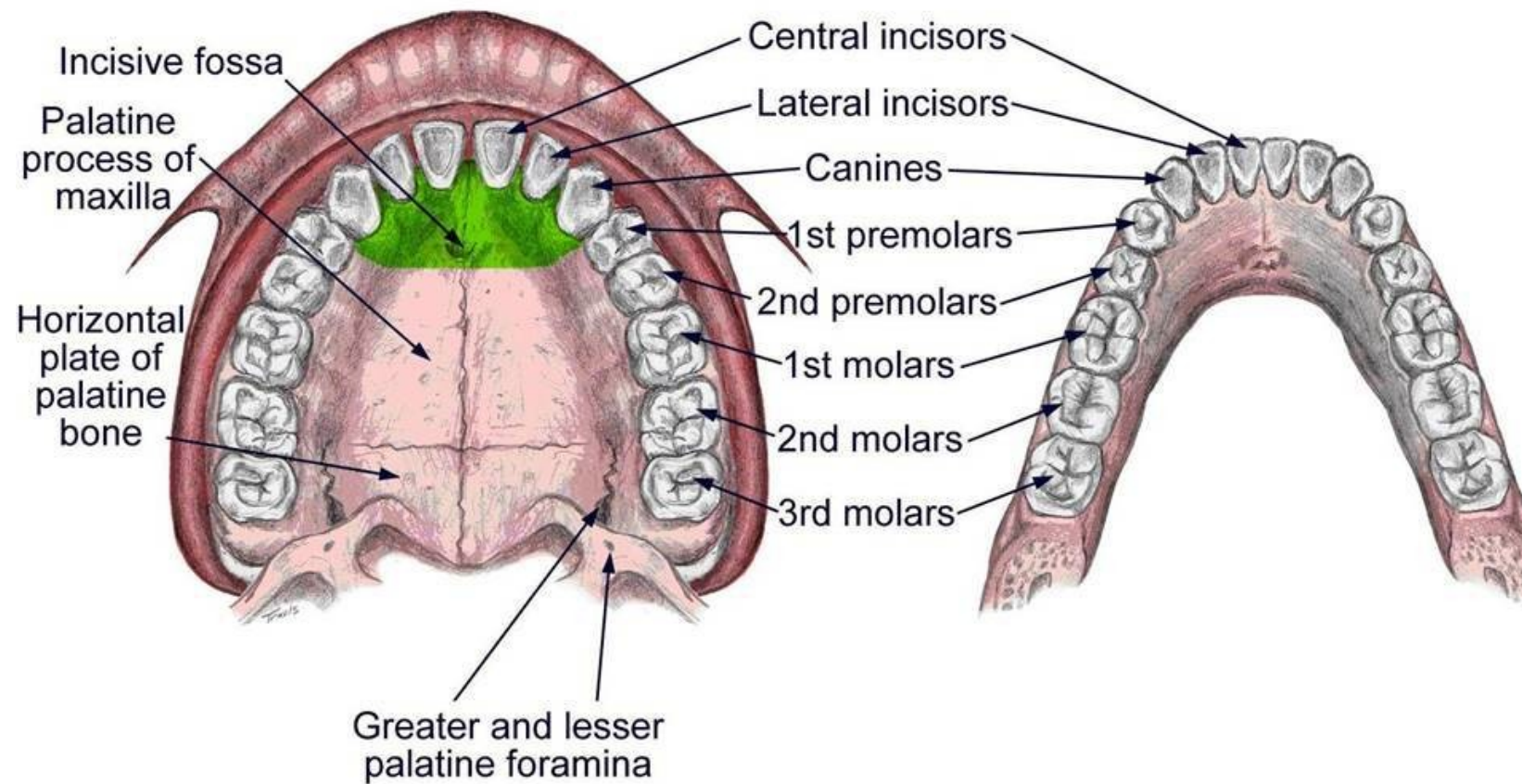
Technique - approximately 1,5 cm posterior to the alveolar crest between the central incisors -

posterior to the incisive papilla; depth less than 10mm and inject 0,3 - 0,5 ml



Upper permanent teeth

Lower permanent teeth



Submental Space

Anterosuperiorly: mental symphysis (Apex)

Posteroinferiorly: Hyoid bone (Base)

Superolaterally: Anterior bellies of digastric muscles

Floor: mylohyoid muscle

Roof: superficial fascia containing platysma

What type of infection might the submental space be involved in?

It may be involved in infections of mandibular incisors causing a swelling at the point of chin.



Submandibular Space

Boundaries of submandibular space

- 1) **lateral**: superficial fascia and body of mandible
- 2) **medial**: mylohyoid muscle
- 3) **superior**: mylohyoid line of mandible and mylohyoid muscle
- 4) **inferior**: hyoid bone

What are the contents of the submandibular space?

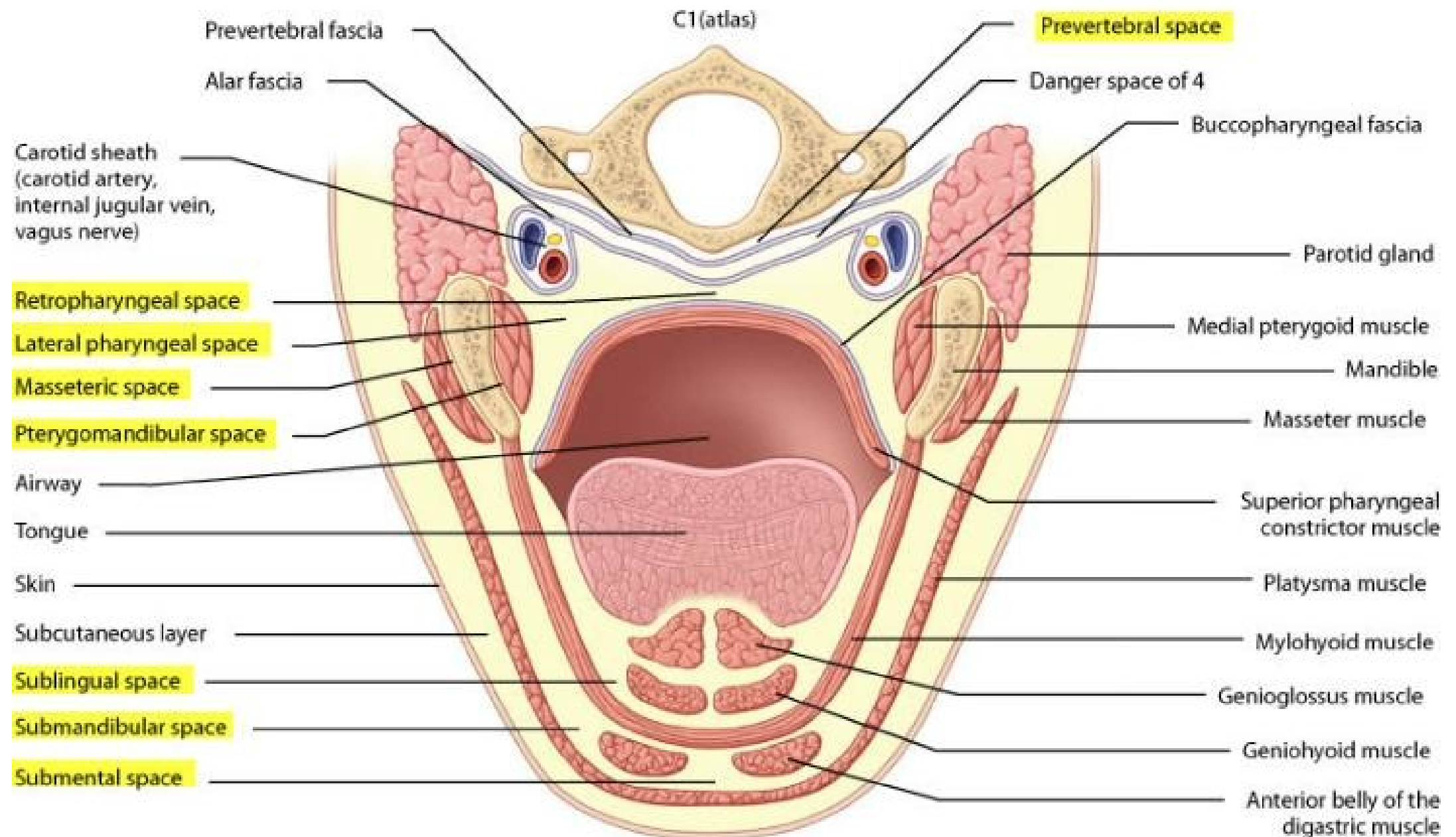
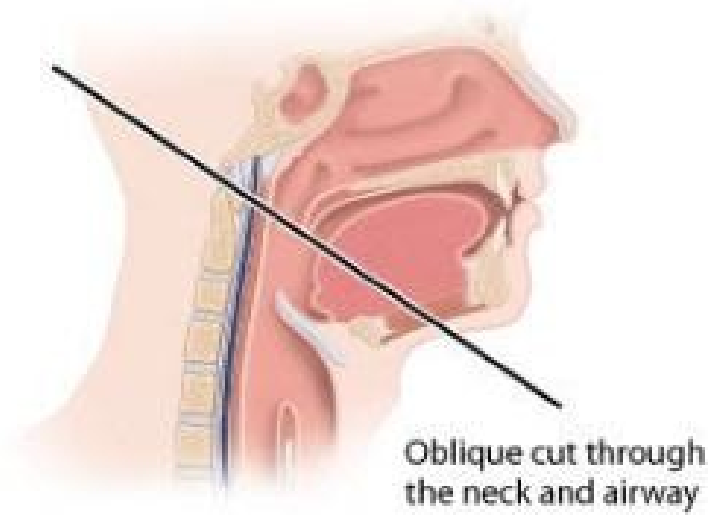
- (1) the submandibular gland
- (2) lymph nodes
- (3) the hypoglossal nerve
- (4) the nerve to the mylohyoid
- (5) the facial artery and submental branch.

Where might infection occur in order to effect the submandibular space?

Infections emanate from mandibular molars that have their roots located below the mylohyoid line



The *Fascial Spaces* seen as a transverse section cut at an oblique angle.





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