MEDICAL ANATOMY OF THE NECK ABOUT INTERVENTIONS

IN THE NECK AREA

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ANNOTATIO

Two muscles, the sternocleidomastoid muscle (SCM) and the trapezius (TPZ), divide the neck into anterior and posterior triangles. These muscles are clear by visual inspection and palpation. The anterior triangle is limited posteriorly by the anterior border of the SCM, anteriorly by the anatomic midline, superiorly by the lower aspect of the mandible, and a line connecting the angle of the mandible to the mastoid tip. The anterior triangle can further be subdivided into the following triangles:

•Submandibular (digastric) triangle: It is defined between the anterior and posterior bellies of the digastric, and superiorly by the inferior border of the mandible, and a line that connects the mandibular angle to the mastoid. Its floor is defined by the mylohyoid, hyoglossus, and superior pharyngeal constrictor muscles. It contains the facial vessels and their branches, the submandibular gland (SMG), marginal mandibular and cervical branches of the facial nerve, and lymph nodes.

•Carotid triangle: It is bounded by the posterior belly of the digastric (PBD) superiorly, the SCM posteriorly, and the superior belly of the omohyoid anteriorly. Its floor is defined by the middle and inferior pharyngeal constrictors. It contains the carotid artery and its branches, jugular vein, cranial nerves (CN) X and XII, and lymph nodes.

•Muscular (visceral) triangle: Its boundaries are anatomical midline anteriorly, the superior belly of the omohyoid muscle superiorly, and anterior

border of the SCM inferiorly. It contains the infrahyoid (strap) muscles: sternohyoid, sternothyroid, and thyrohyoid and viscera (thyroid, parathyroid).

The posterior triangle is bound anteriorly by the posterior edge of the SCM, posteriorly by the anterior edge of the TPZ, its apex in the occiput at the junction of the SCM and TPZ, and its base is the middle third of the clavicle.1 The posterior triangle as illustrated can further be divided by the crossing of the posterior belly of the omohyoid into the occipital triangle superiorly, and the supraclavicular triangle anteriorly. As described, the critical area covered by the SCM is not technically a part of either triangle.

Another common method for subdividing the neck is the use of the level system. This was first described by the Sloan Kettering Group in 19812 and has since been adopted by the American Head and Neck Society (AHNS) for the classification of neck dissection with various modifications (image Fig. 3.2).3 There are several obvious reasons to favor this classification as a template to describing neck anatomy systematically in a text devoted to neck dissection. As a major objective, this classification allows for consistent communication of pathology radiographically and clinically, therefore providing a framework for conceptualizing the neck. It also serves as the foundation for describing various selective neck dissections as will be discussed in future chapters. Each level can be thought of as a compartment unto itself that may or may not be dissected. As such, it is beneficial for surgeons to be familiarized with the cervical anatomy as defined by the confines of each level.

The facial layers of the neck are of critical importance to a fundamental understanding of surgical neck anatomy. They are utilized for surgical access, as they provide generally clean and avascular planes of dissection. They can also serve as natural barriers to the spread of disease processes within the neck, whether neoplastic or infectious. A keen understanding of these layers helps the surgeon to compartmentalize the neck anatomy. The cervical facial layers, although simple in concept, have been varied in their description throughout history. A nice summary of landmark historical descriptions highlighting this variability is provided by Natale et al.4 Modern descriptions of cervical fascia typically organize the layers into a superficial cervical fascia (SCF) and a DCF, which is then further subdivided into three layers of muscular or visceral fascia.5 Since the muscular and visceral fascial layers contained within the deep space are morphologically distinct, we will approach these separately, as in previous reports.4 The fascial layers will be described from superficial to deep, in the same order as they would be encountered during a typical cervical approach. Of note, although debated, muscular layers are generally considered to form concernic layers that circumscribe the neck.

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