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Questions

1. Discuss the anatomy of the tongue and comment on it’s applied anatomy
2. Write an essay on the air sinuses

Answers

1. The tongue is a muscular organ in the mouth. The tongue is covered with moist, pink tissue called mucosa. Tiny bumps called papillae give the tongue its rough texture. Thousands of taste buds cover the surfaces of the papillae. Taste buds are collections of nerve-like cells that connect to nerves running into the brain.The tongue is anchored to the mouth by webs of tough tissue and mucosa. The tether holding down the front of the tongue is called the frenum. In the back of the mouth, the tongue is anchored into the hyoid bone. The tongue is vital for chewing and swallowing food, as well as for speech.The four common tastes are sweet, sour, bitter, and salty. A fifth taste, called umami, results from tasting glutamate (present in MSG). The tongue has many nerves that help detect and transmit taste signals to the brain. Because of this, all parts of the tongue can detect these four common tastes; the commonly described “taste map” of the tongue doesn’t really exist

Applied anatomy of the tongue

**Ankyloglossia ("tongue-tie")** occurs due to an abnormal length of the frenulum linguae which causes limited manipulation of the tongue during speech and results in a speech impediment. In the most common form of ankyloglossia, the frenulum extends to the tip of the tongue. Ankyloglossia can be corrected by surgically severing the lingual frenulum.

**Fissured tongue ("scrotal tongue," "plicated tongue")**occurs when several small furrows present on the dorsal surface of the tongue. It can be an oral manifestation of psoriasis. It is generally painless and benign, and is often associated with other syndromes (e.g., Down syndrome).

**Geographic tongue ("migratory glossitis")**is a benign, asymptomatic condition characterized by the presence of large red patches with a greyish-white border covering the dorsum of an otherwise normal tongue. It is caused by inflammation of the mucous membrane of the tongue, which results in loss of lingual papillae. The lesions are known to migrate over time. The name arises from the map-like appearance of the tongue in this condition

2. The paranasal sinuses are air-filled **extensions** of the respiratory part of the nasal cavity. There are **four** paired sinuses, named according to the bone in which they are located; maxillary, frontal, sphenoid and ethmoid.

The function of the sinuses is not clear. It is thought that they may contribute to the **humidifying**of the inspired air. They also reduce the weight of the skull.

Sinuses are formed in childhood by the nasal cavity **eroding** into surrounding bone. As they are outgrowths of the nasal cavity, they all drain back into it – **openings** to the paranasal sinuses are found on the **roof** and **lateral**walls of the nasal cavity. The inner surface is lined by a respiratory mucosa

**Frontal Sinuses**: These are the most **superior** in location, found under the forehead. The frontal sinuses are variable in size, but always triangular-shaped. They drain into the nasal cavity via the**frontonasal duct**, which opens out at the hiatus semilunaris on the lateral wall.

**Sphenoid Sinuses**:  The sphenoid sinuses also lie relatively superiorly, at the level of the spheno-ethmodial recess.  They are found more **posteriorly**, and are related superiorly and laterally to the **cranial cavity**. The sphenoid sinuses drain out onto the roof of the nasal cavity.  The relationships of this sinus are of clinical importance – the**pituitary gland** can be surgically accessed via passing through the nasal roof, into the sphenoid sinus and through the sphenoid bone.

**Ethmoidal Sinuses**: There are three ethmoidal sinuses; anterior, middle and posterior. They empty into the nasal cavity at different places:

* Anterior – Hiatus semilunaris
* Middle – Ethmoid bulla
* Posterior – Superior meatus

**Maxillary Sinuses:**The largest of the sinuses. It is located laterally and slightly **inferiorly** to the nasal cavities. It drains into the nasal cavity at the **hiatus semilunaris,**underneath the **frontal sinus** opening. This is a potential pathway for spread of infection – fluid draining from the frontal sinus can enter the maxillary sinus.sal sinuses are continuous with the nasal cavity, an upper respiratory tract **infection**

The**maxillary nerve** supplies both the maxillary sinus and maxillary teeth, and so inflammation of that sinus can present with **toothache**.