"Head and Neck Clinicals (Part 2/5)"

》 Platysma

Identification: Seen as a thin sheet beneath the skin when the patient clenches their jaw, extending from the mandible to the chest wall.

Tone and Scarring: Platysma's tone can affect neck scars, making suturing important for preventing unsightly scars.

Innervation: The cervical branch of the facial nerve innervates the platysma, potentially distorting the mouth if damaged during lacerations.

》 External Jugular Vein

Visibility: Less visible in children and women due to thicker subcutaneous tissue. Can be hard to identify in obese individuals or when breath-holding distends the vein.

Function: Acts as a venous manometer, showing blood level at 30° angle. Catheterization can be difficult due to tortuosity or valves, with the right vein used most often.

》 Sternocleidomastoid Muscle

Protection: Shields underlying structures from trauma, making throat slashing less effective without severe damage to the muscle.

Torticollis: Congenital torticollis, caused by muscle stretching during labor, leads to head tilt. Spasmodic torticollis, often psychogenic, results in chronic muscle contractions.

》 Neck Fascia and Spaces

Fascia Layers: The deep fascia forms layers (investing, pretracheal, prevertebral) that determine infection spread. Infections can travel via spaces like submandibular, masticatory, and retropharyngeal, affecting the mediastinum.

Infections: Dental infections can spread to surrounding fascial spaces. Ludwig angina, a severe infection in the submandibular space, is one example.

» Pleura and Lung Injuries

Vulnerabilities: The cervical dome of the pleura and lung apex are at risk during penetrating injuries above the clavicle.

» Carotid Sinus Hypersensitivity

Effects: External pressure on the carotid sinus can cause syncope due to slowing heart rate and dropping blood pressure.

» Carotid Artery and Jugular Vein Clinical Significance

Pulse and Arteriosclerosis: Palpating the carotid pulse at the bifurcation helps monitor blood flow. Atherosclerosis can lead to blindness or motor/sensory loss from insufficient blood supply.

Venous Issues: Injuries to the internal jugular vein can lead to hematomas and air embolism. Catheterization of the internal jugular vein is relatively straightforward but requires caution.

》 Subclavian Vein Issues

Thrombosis: Subclavian vein thrombosis can occur due to arm use or catheter complications. Symptoms include pain and swelling, especially after exercise.

Catheterization: Subclavian vein catheterization is done through the infraclavicular approach. The needle passes through various layers (skin, fascia, muscles) to access the vein, with risks such as hitting the clavicle, rib, or artery, and causing pneumothorax.