Upper jaw

MAXILLA

Anatomy (repetition), widespread description

Clinical notes

Dentoalveolar topography:

- transverse asymmetry of alveolus
 rate of spongy and compact bone
- the relationship of root to neighouring struct.

Nerve and blood supply (repetition)

Sinus maxillaris - foramina accessoria



Below pr. uncinatus form the medial wall of sinus the collagenous tissue = fontanella ant. et post. in which for. accessoria may be occure

25-30%



Solitary or multiple
Congenital or secondary to disease process

Sinus maxillaris – <u>decrease of floor</u>





The toothed jaw Variable layer of spongy bone between sinus and roots of teeth

The edentulous jaw

CAVE! By the maxillary sinus lift (augmentation) before instalation of implants

Sinus maxillaris - <u>septa</u>

Primary: arising from the development of the maxilla

Secondary: arising from the pneumatization of the sinuss floor following tooth septa



25%-35%



CAVE! The separately maxillary sinus puncture Dental implants

Corpus maxillae - <u>facies ant.</u> (fossa canina)



Caldwell-Luc antrostomy



Corpus maxillae - <u>facies post.</u> (tuber maxillae)



CAVE!

Alveolar foramens:
 a.,v.,n. alveolaris sup.
 post. - local anesthesia

 Thin bone → during molar teeth extraction can occur maxillary tuberosity fractures

Corpus maxillae - facies orbitalis - canalis infraorbitalis



CAVE !

Maxillary sinus disease can lead to dehiscence of the orbital floor → secondary neuralgia of trigeminal nerve

Palatum – zones of mucous membrane



1 – the marginal zone 2 – the incisive papilla **3** – the adipose zone 4 – the zone of the palatine seam, mucoperiosteum 5 – the glandular zone 6 – the soft palate

Palatum: A and H line



A line localized on the line between hard and soft palate

H line line between mobile and immobile parts of the soft palate

Dentoalveolar topography

Important for anesthesia, extraction, injury, implantology, endodontic treatment ...

 The transverse asymmetry of alveolus
 The rate of the spongy and the compact bone
 The relationship the roots the lower jaw to neighbouring structures

1. The transverse asymmetry of alveolus



The dental and skeletal arch are asymmetric !
 Roots of the teeth:

 1-5 eccentric směrem vestibulárním
 6-7 in alveolar process axis

2. The rate of the spongy and the compact bone

The layer of compact bone is thinner than in the lower jaw

Roots of the 1-5 are surrounded by the compact bone. Posterior there are variable layer of retroalveolar spongy bone. The width of the alveolus depend on the arching palate

 Roots of the molars are surrounded by thin layer of the compact bone (except infrazygomatic crest)

Incisivi, canini, premolars





Compact bone and variable thickness of spongy bone lingually

Molars



Compact bone only

3. The relationship the roots the upper jaw to neighbouring structures

Nasal cavity

Infraorbital foramen

Maxillary sinus

Nasal cavity Infraorbital foramen

Variable layer of spongy bone between nasal cavity and roots of incisivi



Root of 3 localized between nasal cavity and sinus maxillaris

CAVE!

Radices 1,2: periapical inflammatory may led to abscess of the floor of nasal cavity Radix 3: relation to a.,v., n. infraorbitalis and possible trombophebitis of cavernous sinus

Maxillary sinus

Variable layer of spongy bone between maxillary sinus and roots of posterior teeth



CAVE!

 Periapical inflammation developing at the root apices of maxillary molars and premolars are very close to the floor of the maxillary sinus - sinusitis or empyema

Potential oro-antral communication by the extraction



Inflammation in sinus maxillaris

Nerve and blood supply

Trigeminal nerve



Maxillar nerve - infraorbital nerve ant. sup. alv. nerve middle sup. alv. nerve post. sup. alv. nerve

Maxillary artery

Post. sup. alveolar a.

Infraorbital a. ant. sup. alveolar a.

