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## Apertura piriformis nase

The Apertura piriformis (Latin: apertura opening; piriformis pear-shaped) is the opening of the facial skull to the bony nasal cavity. It is covered by the nose made of cartilage and can be easily touched in the upper and lateral areas as a bony edge. [1] It is formed mainly by the right and left upper jaw bones, which unite at the lower edge to form spina nasalis anterior; in the upper part, the nasal bone limits the opening. The cartilage nasal septum divides it into two halves. The apertura piriformis can be constricted by congenital malformations[2] or by middle face fractures or a nasal fracture, so that surgical enlargement by lateral osteotomies in the context of a rhinoplasty may be necessary. Through the Apertura piriformis you have a clear view into the main nasal cavity. In other primates, the Apertura piriformis is flatter than in humans. The Apertura piriformis is responsible for the characteristic appearance of the skull. side view Single proofs Karl Zilles, Bernhard Tillmann: Anatomy. Springer, 2010, ISBN 978-3-540-69483-0, p. 96 (google.com). C. Röööli et al.: Congenital stenosis of the Apertura piriformis, ENT, February 2007, volume 55, issue 2, pp. 125-127. doi:10.1007/s00106-006-1385-8. Retrieved from Please log in to edit this article. Edit Subject areas: Neck-nose-ear-medicine, head and neck This page was last edited on April 18, 2016 at 11:07 pm. To comment on this article, please log in. Click here to create a new article in DocCheck Flexikon. Review Articles Recent authors of the article: Do you have a general question? Fig.111 Apertura piriformis and Skelet of the nose seen from the front. (To Corning) The information provided is intended for students and members of a medical profession and does not replace a visit to the doctor. Call disclaimer. Last updated: 11.11.2020AbstractWith each breath, air flows through the nose first and then passes through the airways to the pulmonary vesicles (alveoli), where the gas exchange takes place. The nose consists of an outer part, which is located in the middle of the face, and a portion in the inside of the skull. While the outer nose consists of a central nasal septum (septum) and two nasal wings, the portion in the skull consists of the continuation of the septum, bony walls to the right and left, up and down as well as the cavities limited by these structures (nasal cavity in the narrow sense). From the side walls, bony structures, the nasal shells, bulge into the nasal cavity, of which again limits a nasal passage. With the posterior opening, the nasal cavity passes into the upper part of the throat (Nasopharynx). The four pairs of so-called sinuses, which serve as resonance chambers, are also connected to this system. The nose is the first anatomical region to pass through the inhalation air. It is like a watchman: during inhalation, the sense of smell controls the incoming air for its quality, while the mucous membranes prepare the air by heating, moisturizing and cleaning it. Outer nose and nasal cavity (= Cavitas nasi) The entrance into the paired nasal cavities forms the outer nose with the nostrils. In front of the actual nasal cavity (= Cavitas nasi) lies the nasal atrium (= Vestibulum nasi). The nasal cavities are separated from the so-called nasal septum (= septum nasi). On the lateral nasal wall there are three nasal shells (= Conchae nasales), under which each one nasal passage runs (= Meatus nasi). The posterior openings of the nasal cavities (= Choanae) lead to the nasopharynx. In addition, the nasal cavity is connected to the sinuses (= sinus paranasales). The nasal skeleton consists of three different tissues from cranial to caudal-distal: bone, connective tissue and cartilage. Bony structures cartilage structures Nasal shells The nasal shells are bony, winding outings of the lateral nasal wall with mucosal coating. They are a bit off against each other. Nasal passages The nasal passages lie below the corresponding nasal shell. Accesses to the nasal cavity Topography Spread of infections Due to the many physiological connections of the facial area to other structures of the skull, germs can be carried from infection hotspots in the facial area into preformed skull cavities, blood vessels or the CNS and trigger, for example, thrombosis or brain abscesses. Such a connection exists, among other things, between the plexus pterygoideus and the meninges via the vv. meningae mediae. Especially in the middle face area there are some anastomosis (connections) between superficial facial veins and the venous system of the skull interior, therefore no mechanical manipulation should be carried out in the presence of abscesses. Vascular supply and innervation The veins together form the plexus cavernosus concharum in the area of the nasal septum! The four paired sinuses (= sinus paranasales) lie in different skull bones, but are all directly connected to the nasal cavity. For example, infections can spread quite quickly between the individual rooms. Topography Skull fracture In the context of skull fractures go into the b. thin bone walls Broken. The sinuses are often affected by skull trauma, as many of their bony boundaries are quite thin. Depending on the type of force action.B, the septum between left and right sinus can break frontalis, or the orbital floor, which is located between orbit and sinus maxillaris. In the latter case, it is called a blow-out fracture. Vascular care and innervation sinusitis Sinusitis is an inflammation of the sinuses. The origin of the disease is usually inflammation of the sieve cells (cellulae ethmoidales), which then swell and thus block the secretion flow from the forehead and maxillary sinus into the ostiomeatal complex. The secretion jam means that germs remain in the other sinuses and lead to inflammation there. In chronically affected patients, an attempt is made to eliminate this anatomical tightness in order to allow the undisturbed outflow of secretion. Microscopic anatomyAccording to its epithelial equipment and functionality, the nasal cavity is divided into a regio respiratoria (= respiratory nasal mucosa), which is located mainly in the lower and middle nasal shell, and a regio olfactoria (= olfactory mucosa), in which the upper nasal shell, the nasal canopy and the upper nasal septum are involved. In addition, a smaller regio cutanea can be delimited, which is located in the area of the nasal atrium and passes into the outer skin. Regio cutanea The nasal atrium is lined with an epidermis and thus istologically similar to the outer nasal wing. For this reason, this region is also called Regio cutanea (= skin region). Epistaxis Epistaxis (from Greek epistaxo = tropfen) is the technical term for nosebleeds. A common starting point are the vessels of the venous lichen Locus Kiesselbachi, which run in the nasal septum. While the blood comes out of the nose during anterior bleeding, it can also run into the throat in case of back bleeding. Usually the bleeding is spontaneous; there are upper body superanimate, a cold envelope in the neck and the squeezing of the nasal wings helpful first measures. The Locus Kiesselbachi is fed from the electricity areas of A. carotis interna AND A. carotis externa! Nose bleeds can therefore potentially be prevented at different points in the arterial system! Regio respiratoria The Regio respiratoria covers most of the nasal cavity: it has proportions of septum, side walls and nasal shells. Rhinitis In the case of a cold (medical term: rhinitis, i.e. nasal inflammation), mucus is increasingly released from the mucosal epithelium of the nose. In addition, since the blood vessels, which are wide due to inflammation, can cause significant mucosal swelling, nasal breathing is impaired and the nose feels clogged. The nasal drops commonly prescribed for rhinitis act by their property as agonists at the receptors of the sympathetic symptoms vasoconstrictor (= vascular-congesting) and thus lead to a swelling of the mucous membrane and facilitated nasal breathing. Due to their perceived pleasantly liberating effect, these preparations are also used by many patients well beyond the time of rhinitis. However, this is strongly discouraged, as on the one hand the mucous membrane can be damaged and on the other hand a habituation effect occurs easily. As a result, this can lead to a reactively increased swelling of the mucous membrane with later discontinuation of the drug. Regio olfactoria (= olfactory mucosa) The Regio olfactoria is responsible for the perception of odour. It covers the upper nasal shell, the nasal dome and the upper part of the nasal septum. Mucous membrane of the sinuses The sinuses are part of the regio respiratoria and thus also possess respiratory flicker epithelium. Only the cell height and the density of cup

cells is lower in the regio respiratoria of the sinuses than in the nasal cavity. FunctionDuring its passage through the nasal cavity, the inhalation air is not only heated and moistened, but also freed from coarser particles, pollutants and bacteria before being absorbed into the lungs and controls its quality via the sense of smell in order to protect the organism from harmful influences. Function of the nasal cavity: Retaining coarser particles by vibrissae (= bristle-like hair) Functions of mucous membrane, immune cells and vascular plexus Humidification of the inhalation air Warming of the inhalation air Binding of pollutants and bacteria Functions of the olfactory mucosa Riechen Chemical control of the respiratory air Perception of scents Functions of the nasal cavities and sinuses Language formation Formation of nasal noise (e.B.m and n) : Starting from the 4th development week starting point Facial bulges Pro facial half a olfactory placode development Riechplakode lowers in the 5th week to the olfactory pit a gradually closes the bulges, whereby the olfactory pit is included development of the sinuses Repeat questions to the chapter nose and sinuses Which structures are involved in the construction of the lateral nasal wall? Which structures each lead into the three nasal passages? How is the nasal cavity arterally cared for? Sinus paranasales Which sinus is located directly below the orbit? How are the mucous membranes of the sinuses sensitively inner-fourth? Microscopic Anatomy What to the so-called Regio respiratoria and which epithelial type occurs here? A collection of more general and open questions on the various subject-matter topics can be found in the chapter Example Questions from the Oral Physics. 3D AnatomyIn cooperation with Effigos, we offer you the opportunity to experience anatomy in 3D as well. The content is often tailored to AMBOSS or complementary. In addition to complete models, we also offer language- or text-guided excursions on individual topics. In all versions, you have the option to interact with the models individually, e.B.g. by cutting, zooming or fading or showing certain structures. An overview of all contents can be found in the chapter Anatomical 3D Models. The different packages for the 3D models can be found in the shop. 3D Model Excursion Source Sources Welsh: Textbook Histology. 2nd edition Urban & Fischer 2005, ISBN: 978-3-437-44430-2 . Lüllmann-Rauch: Histology. 2nd edition Thieme 2006, ISBN: 3-131-29242-3 . Benninghoff, Drenckhahn: Paperback Anatomy. 1st edition Urban & Fischer 2007, ISBN: 978-3-437-41194-6 . Aumüller et al.: Dual series anatomy. 1st edition Thieme 2006, ISBN: 978-3-131-36041-0 . .

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