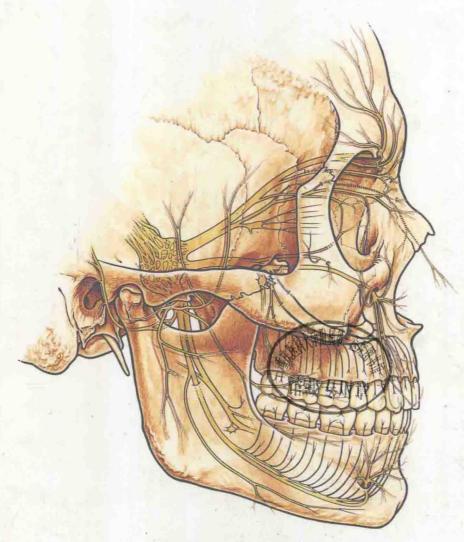
Introduction to Dental Local Anaesthesia

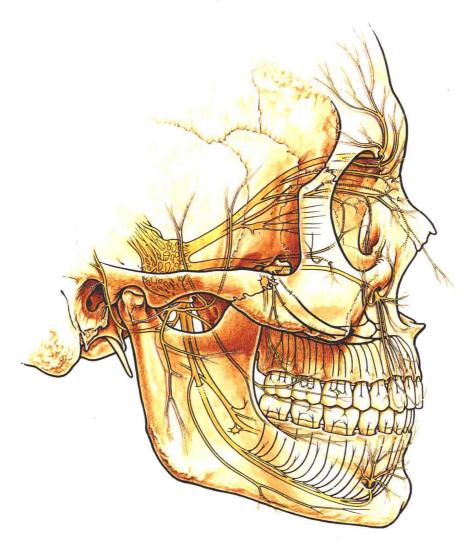


Hans Evers Glenn Haegerstam





Introduction to Dental Local Anaesthesia



Hans Evers Glenn Haegerstam





Introduction to Dental Local Anaesthesia

Hans Evers
D.D.S., Dr. Odont. h.c.
Senior Scientific Adviser Astra Pain Control AB
Södertälje, Sweden

Glenn Haegerstam M.D.

Assistant Professor Pain Research Group Department of Endodontics, Dental School, Karolinska Institute, Stockholm, Sweden

Lennart Håkansson Coordinator

Poul Buckhöj Medical Artist





Sales and Distribution of the English Edition

United States and Puerto Rico Mosby-Year Book Inc. 11830 Westline Industrial Drive

Saint Louis, Missouri 63146

Canada

Mosby-Year Book Limited 5240 Finch Avenue E., Unit 1 Scarborough, Ontario M1S 5A2

Australia

McGraw-Hill Book Company Australia Pty. Ltd.

4 Barcon Street Roseville Fast 2069 New South Wales, Australia

Editora McGraw-Hill do Brasil, Ltda. rua Tabapua, 1.105, Itaim-Bibi Sao Paulo, S.P. Brasi!

Interamericana/McGraw-Hill de Colombia, S.A. Carrera 17, No. 33-71 (Apartado Postal, A.A., 6131) Bogota, D.E., Colombia

Europe, United Kingdom, Middle East and Africa

Wolfe Publishing Limited

Brook House

Hong Kong

2-16 Torrington Place London WC1E 7LT England

Hong Kong and China McGraw-Hill Book Company Suite 618, Ocean Centre 5 Canton Road Tsimshatsui, Kowloon

Tata McGraw-Hill Publishing Company, Ltd.

12/4 Asaf Ali Road, 3rd Floor New Delhi 110002, India

Indonesia

Mr. Wong Fin Fah P.O. Box 122/JAT Jakarta, 1300 Indonesia

Japan

Igaku-Shoin Ltd.

Tokyo International P.O. Box 5063 1-28-36 Hongo, Bunkyo-ku,

Tokyo 113, Japan

Korea

Mr. Don-Gap Choi C.P.O. Box 10583 Seoul, Korea

Malaysia Mr. Lim Tao Slong No. 8 Jalan SS 7/6B Kelana Jaya 47301 Petaling Jaya

Selangor, Malaysia

Mexico

Interamericana/McGraw-Hill de Mexico,

S.A. de C.V.

Cedro 512, Colonia Atlampa (Apartado Postal 26370) 06450 Mexico, D.F., Mexico

New Zealand

McGraw-Hill Book Co. New Zealand Ltd. 5 Joval Place, Wiri Manukau City, New Zealand

Portugal

Editora McGraw-Hill de Portugal, Ltda.

Rua Rosa Damasceno 11A-B 1900 Lisboa, Portugal

Singapore and Southeast Asia McGraw-Hill Book Co.

21 Neythal Road Jurong, Singapore 2262

South Africa

Libriger Book Distributors Warehouse Number 8 "Die Ou Looiery" Tannery Road

Hamilton, Bloemfontein 9300

Spain

McGraw-Hill/Interamericana de Espana, S.A.

Manuel Ferrero, 13 28020 Madrid, Spain

Taiwan

Mr. George Lim P.O. Box 87-601 Taipei, Taiwan

Thailand Mr. Vitit Lim

632/5 Phaholyothin Road Sapan Kwai Bangkok 10400

Thailand

Venezuela Editorial Interamericana de Venezuela, C.A.

2da. calle Bello Monte Local G-2 Caracas, Venezuela

Authorized English edition copublished 1990 by Mediglobe SA. Fribourg, Switzerland and BC Decker Inc.. Ontario, Canada, and Philadelphia, USA

Copyright © 1990 Mediglobe SA 2nd edition

Mediglobe SA Case postale 286

CH-1700 Fribourg 1, Switzerland

B.C. Decker Inc. One James Street, South

Hamilton, Ontario L8P 4R5

B.C. Decker Inc 320 Walnut Street

Suite 400

Philadelphia, Pennsylvania 19106

ISBN 2-88239-013-3 (Mediglobe SA) ISBN 1-55664-275-X (BC Decker)

Library of Congress catalog card number: 90-81904

10 9 8 7 6 5 4 3 2 1

All rights reserved. This book, or any parts thereof, may not be used or reproduced in any manner without written permission from the copyright holder.

Printed by: KIN KEONG PRINTING CO PTE LTD SINGAPORE

Contents

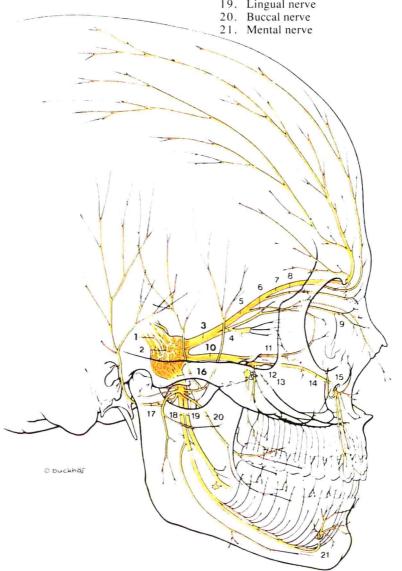
Trigeminal nerve	7	Anaesthesia of the lower jaw	59
Physiology of the peripheral		General considerations	60
nerve	17	Incisors and canines	6
Blocking of nerve conduction	21	Operative aspects	6.3
Pharmacodynamic aspects	23	Supplementary blocking	
Techniques of regional anaesthesia in		of the lingual nerve	6.
dentistry 27		Spread of analgesia	66
Clinical requirements for local		Premolars	6
anaesthesia	31	Operative aspects	70
Solution properties of clinical		Mental block	7
importance	32	Supplementary blocking	
Anaesthesia of the upper jaw	37	of the lingual nerve	72
General considerations	38	Molars	74
Incisors and canines	39	Operative aspects	79
Operative aspects	41	Mandibular block	80
Injection	42	Blocking of the lingual nerve	8:
Spread of analgesia	43	Blocking of the buccal nerve	80
Infraorbital block	44	Failure to anaesthesia	88
Spread of analgesia	46	Complications	9:
Premolars	47		
Operative aspects	48		
Injection	49		
Supplementary injection in the			
palate	50		
Spread of analgesia	51		
Molars	52		
Operative aspects	53		
Buccal infiltration	54		
Tuberosity injection	55		
Supplementary blocking of the			
greater palatine nerve	56		
Spread of analgesia	57		

Trigeminal nerve

The trigeminal nerve is predominantly sensory, and the cell bodies of these sensory fibres form the semilunar ganglion (the Gasserian ganglion), which lies in Meckel's cavity in the bottom of the middle cranial fossa. Three large trunks originate from the ganglion: the maxillary nerve, the ophthalmic nerve, and the mandibular nerve (Inferior alveolar nerve)(Fig 1).

Fig. 1.

- 1. Trigeminal nerve
- 2. Trigeminal (Gasserian) ganglion
- 3. Ophthalmic nerve
- 4. Nasociliary nerve
- 5. Supraorbital nerve
- 6. Lacrimal nerve
- 7. Frontal nerve
- 8. Supratrochlear nerve
- 9. Infratrochlear nerve
- 10. Maxillary nerve
- 11. Zygomatic nerve
- 12. Middle superior alveolar nerve
- 13. Posterior superior alveolar nerve
- 14. Anterior superior alveolar nerve
- 15. Infraorbital nerve
- 16. Mandibular nerve
- 17. Auriculotemporal nerve
- 18. Mandibular nerve (Inferior alveolar nerve)
- 19. Lingual nerve

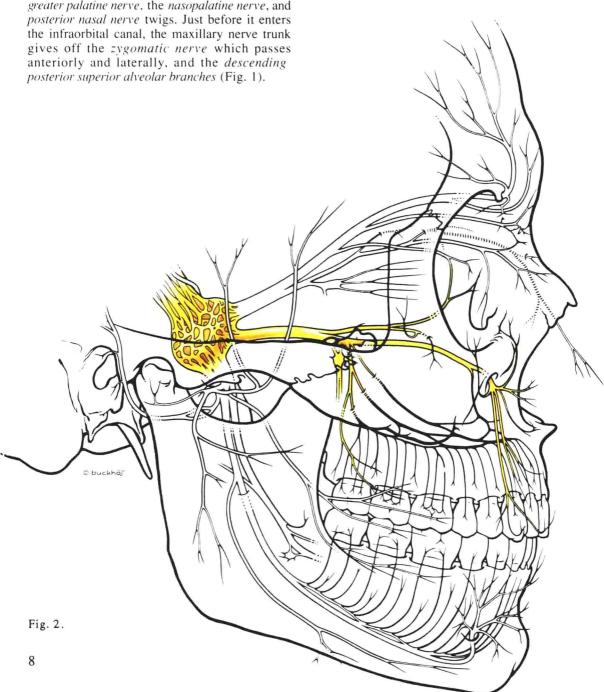


Maxillary nerve

The maxillary nerve, exclusively sensory, passes through the foramen rotundum to reach the pterygopalatine fossa, where it gives off a number of branches. Two branches enter the sphenopalatine ganglion, and come to form the greater palatine nerve, the nasopalatine nerve, and

Infraorbital nerve

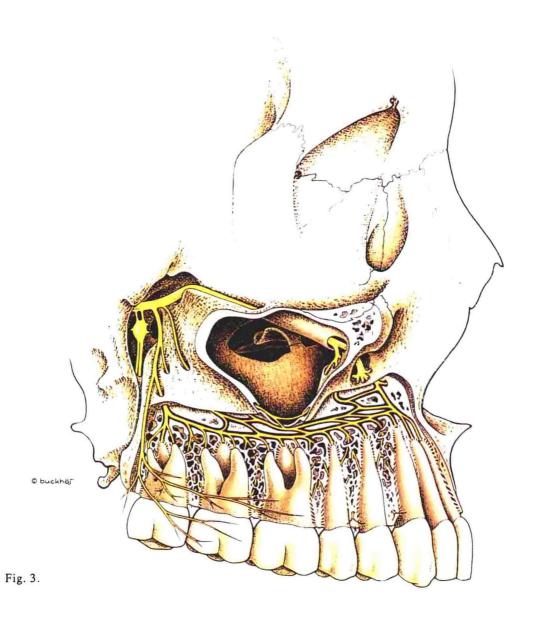
Anterior superior alveolar nerve twigs leave the trunk just before the exit of the infraorbital foramen, and outside the foramen twigs to the skin between the nostril and the eye (Fig. 1).



The superior dental plexus

The superior dental plexus is formed by the superior posterior and anterior alveolar branches. The teeth and the buccal gingiva of the upper jaw are innervated by this plexus. Sometimes an irregular branch - the middle superior alveolar branch - is also present (Fig. 2).

One of the *posterior alveolar branches* passes downward on the surface of the maxillary bone to the gingiva of the buccal side of the molar region. The posterior part of the mucous membrane of the cheek is also innervated by this branch (Fig. 3).



Superior gingival branches from the superior dental plexus penetrate the bone and supply the interdental papillae, the periodontal ligament and the buccal gingiva.

Nasopalatine nerve

The nasopalatine nerve leaves the sphenopalatine ganglion through the sphenopalatine foramen. It passes forward and downward on the nasal septum to reach the incisal canal, where it gives off its terminal branches. The mucous membrane and gingiva in the anterior part of the hard plate are innervated by the nasopalatine nerve (Fig. 4).

Greater palatine nerve

The greater palatine nerve leaves the sphenopalatine ganglion and descends through the greater palatine canal to emerge from the greater palatine foramen. The posterior part of the mucous membrane of the hard plate and the palatal gingiva are innervated by this nerve (Fig. 4).

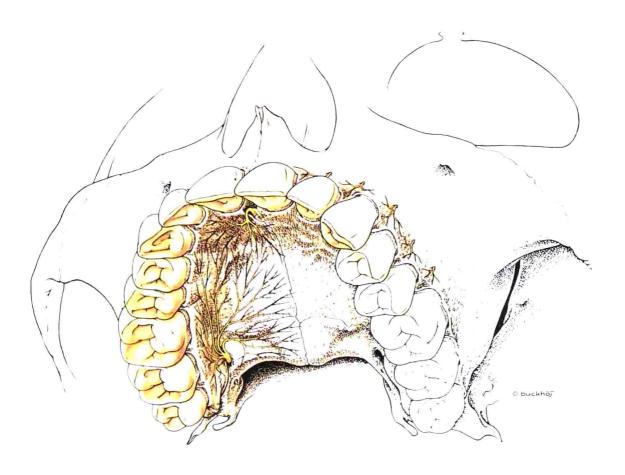


Fig. 4.

10

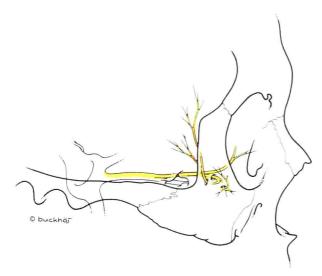
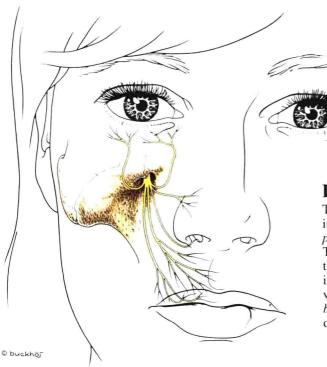


Fig. 5.

Zygomatic nerve

The zygomatic nerve enters the orbital cavity via the inferior orbital fissure. It runs along the lateral wall of the orbital cavity and divides into two branches. These branches penetrate the bone to reach the skin over the anterior temple and the lateral angle of the eye. The zygomatic nerve communicates with the lacrimal nerve (Fig. 5).

Fig. 6.



Infraorbital nerve

The *infraorbital nerve* emerges from the infraorbital foramen and ramifies. The *inferior palpebral branches* innervate the lower eyelid. The *external nasal branches* pass to the skin on the side of the nose. The *internal nasal branches* innervate the mucous membrane of the vestibulum of the nose. The *superior labial branches* pass to the skin and mucous membrane of the upper lip (Fig. 6).

Ophthalmic nerve

The *ophthalmic nerve* is purely sensory. It enters the orbit via the superior orbital fissure and then forms three branches, the *lacrimal nerve*, the *nasociliary nerve*, and the *frontal nerve* (Fig. 1).

Lacrimal nerve

The *lacrimal nerve* courses in an superoanterolateral direction to reach the lacrimal gland. It also innervates the conjunctiva and the skin of the lateral angle of the eye (Fig. 7).

Postganglionic secretory fibres from the sphenopalatine ganglion reach the lacrimal nerve via a communicating branch of the zygomatic nerve.

Nasociliary nerve

The *nasociliary nerve* crosses the orbital cavity in an anteromedial direction toward the medial orbital wall. The *terminal branches* innervate the mucous membrane of the superoanterior part of the nasal cavity and the skin between the nose and the medial angle of the eye (Fig. 7).

Fig. 7.

1 9 9 10 3 4 5 6 5 6 7 12 6 buckhāj

Frontal nerve

The *frontal nerve* continues in the direction of the *ophthalmic nerve trunk*. It divides in the orbital cavity. The largest branch (the *supra-orbital nerve*) the orbit to supply the skin of the upper eyelid, the forehead and the anterior scalp region. The *supratrochlear nerve* leaves the frontal nerve deep in the orbit and approaches the upper medial angle of the orbit and innervates the upper eyelid and the forehead (Fig. 7).

Fig. 7.

- 1. Supraorbital nerve
- 2. Frontal nerve
- 3. Lacrimal nerve
- 4. Nasociliary nerve
- 5. Maxillary nerve
- 6. Zygomatic nerve
- 7. Infraorbital nerve
- 8. Lateral branch of the frontal nerve
- 9. Medial branch of the frontal nerve
- 10. Supratrochlear nerve
- 11. Infratrochlear nerve
- 12. Nasopalatine nerve

Mandibular nerve

The *mandibular nerve* is a mixed nerve, though mainly sensory. It reaches the infratemporal fossa via the foramen ovale. Motor branches for the muscles of mastication leave the trunk in the fossa. The nerve then gives off several sensory branches (Fig. 8).

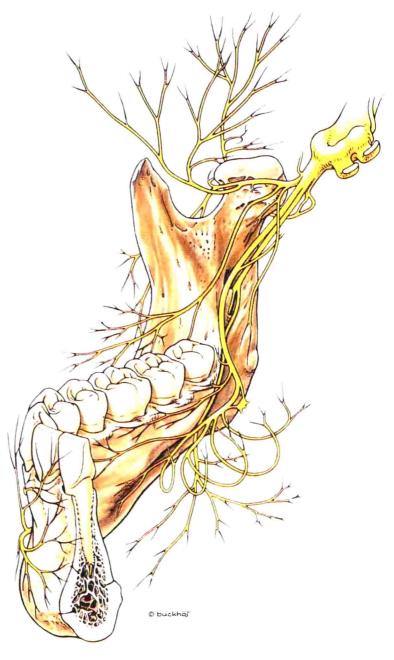


Fig. 8.

Auriculotemporal nerve

The *auriculotemporal nerve* leaves the main trunk medial to the neck of the mandibular condyle, passes behind the condyle up to supply the external auditory canal and the skin of the anterior aspect of the temple (Fig. 10).

Buccal and deep temporal nerves

The buccal nerve and the deep temporal nerves leave the mandibular nerve together, and pass upwards to innervate the anterior and posterior aspects of the temporalis muscle (Fig. 10).

Masseter nerve

The *masseter nerve* passes in front of the temporomandibular articulation and enters the masseter muscle (Fig. 10).

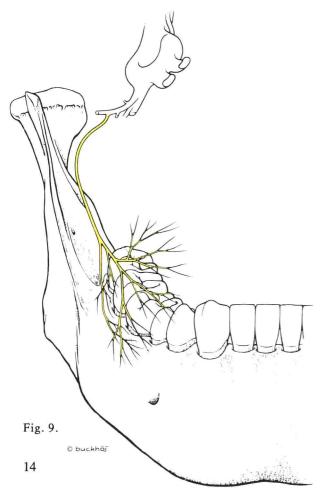




Fig. 10.

Buccal nerve

The *buccal nerve*, which is a sensory branch, passes along the medial side of the mandibular ramus anterior to the inferior alveolar nerve. It then crosses the anterior border of the mandibular ramus and ramifies. The branches innervate the buccal gingiva between the second premolar and the second molar.

Inferior alveolar nerve

The *inferior alveolar nerve* passes downward along the medial side of the mandibular ramus to the mandibular foramen. In the mandibular canal the nerve gives off branches which form the inferior dental plexus from which branches innervate the teeth and gingiva of the lower jaw.

Before the nerve enters the mandibular foramen it gives off the *mylohyoid branch*, which continues along the mandibular ramus. The mylohyoid muscle and the anterior belly of the digastric muscle receive motor fibres from this mixed nerve branch (Fig. 12).

Mental nerve

The *inferior alveolar nerve* gives off a branch in the mandibular canal - the *mental nerve* - which passes through the mental foramen to innervate the bucal gingiva between the midline and the second premolar, and the skin of the lower lip and chin (Fig. 11).

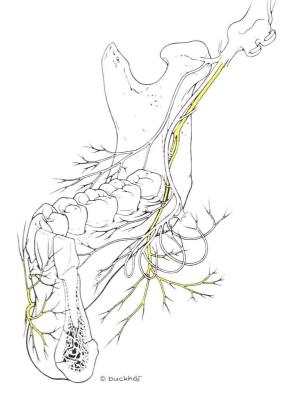
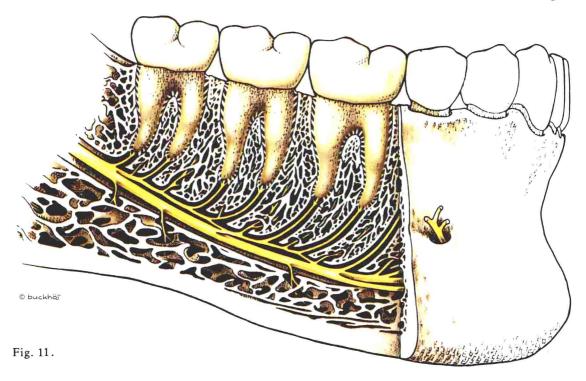


Fig. 12.



Lingual nerve

The *lingual nerve* passes downwards together with the inferior alveolar nerve, and communicates with the *chorda tympani of the facial nerve* just before reaching the mandibular foramen. This connection gives off secretory fibres to the submandibular and sublingual gland via the submandibular ganglion and special sensory fibres to the taste buds on the tongue.

The trunk of the lingual nerve gives off small branches to the lingual gingiva in the molar region. The lingual gingiva of the anterior aspect of the lower jaw, and the mucosa of the floor of the mouth are supplied by the *sublingual nerve*, a branch of the lingual nerve. The terminal branches of the lingual nerve enter the tongue and innervate the corpus linguae (Fig. 13).

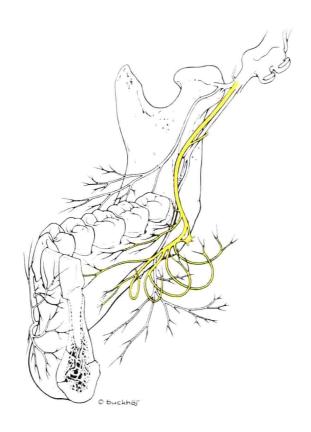


Fig. 13.

16