



THE CAROTID SYSTEM

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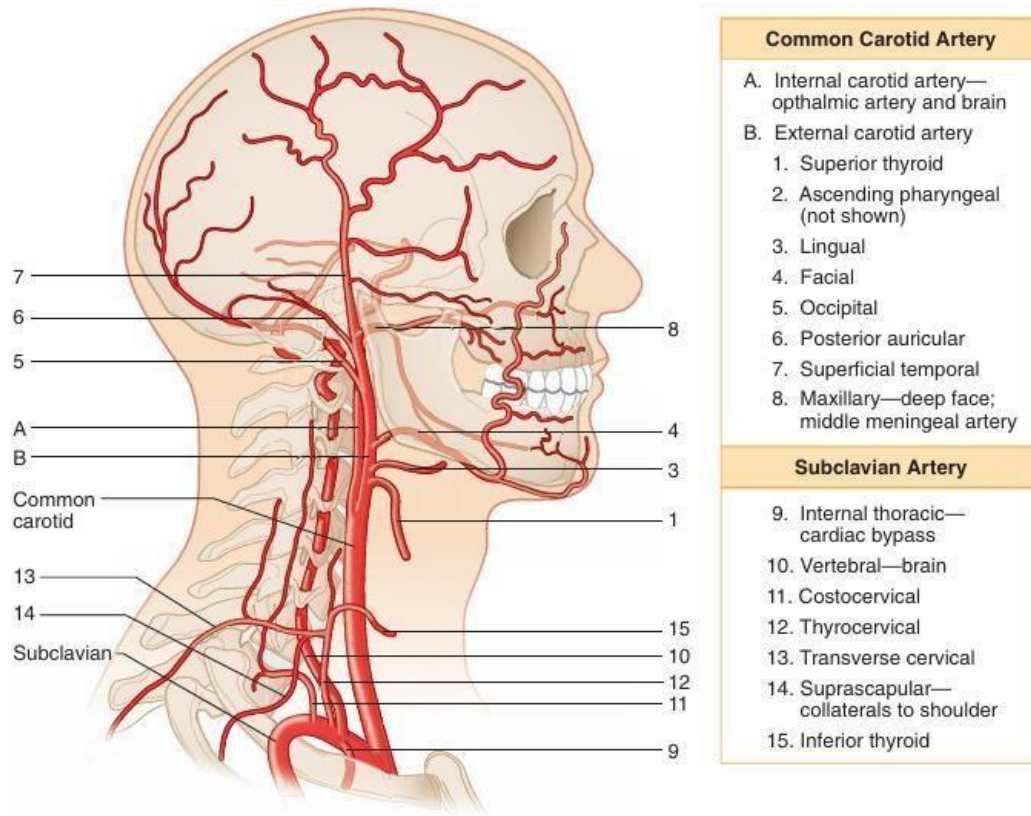
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I – INTRODUCTION:

The carotid system plays a crucial role, providing arterial blood supply to most of the face, neck, and brain.



Arteries to the head and neck

II – COMMON CAROTID ARTERIES:

- There are two, right and left. They are the main arteries supplying the neck, the face, and the anterior part of the brain.

1. Origin:

- The left one arises from the convexity of the aortic arch.
- The right one arises as a terminal branch of the brachiocephalic trunk.

2. Course :

- It projects along a line from the sternoclavicular joint to the neck of the mandible.
- Both end by dividing into the external and internal carotid arteries at the level of the upper border of the thyroid cartilage.

3. Anatomical relations :

In the thorax, only the left common carotid runs through this region. It is related to the following structures:

- **Anteriorly:** The left brachiocephalic vein.
- **Posteriorly:** The esophagus, the inferior laryngeal nerve, the left subclavian artery, and the thoracic duct.
- **To the right:** The brachiocephalic trunk and the trachea.
- **To the left:** The vagus nerve and the left phrenic nerve.

III – EXTERNAL CAROTID ARTERIES:

They supply the anterior regions of the neck, the skin of the face, and the head.

1. Origin :

They arise from the common carotid artery, at the level of the upper border of the thyroid cartilage.

2. Course :

- They are anteromedial to the internal carotid artery.
- Then, they ascend vertically for about 2 cm, before inclining laterally and posteriorly to become lateral to the internal carotid artery.

3. Collateral branches of the external carotid artery :

They end below the neck of the mandible, giving rise to:

- the superficial temporal artery,
- and the maxillary artery.

4. Collateral branches:

a. Superior thyroid artery :

- **Origin :**
It arises near the origin of the common carotid artery.
- **Course :**
The superior thyroid artery lies against the inferior constrictor muscle of the pharynx.
- **Termination :**
It ends in three branches:
 - the infrahyoid branch,
 - the sternocleidomastoid branch,
 - the superior laryngeal artery.

b. Lingual artery :

- **Origin :**
It arises above the superior thyroid artery.
- **Course :**
The lingual artery follows the lateral muscular wall of the pharynx.
- **Termination :**
It ends in:
 - the deep artery of the tongue
 - the sublingual artery

c. Facial artery :

- **Origin :**
It arises above the lingual artery, at the level of the greater horn of the hyoid bone.

- **Course :**
 - It passes under the belly of the digastric muscle, then it loops around the submandibular gland.
 - It lies against the mandibular angle before becoming subcutaneous in the nasolabial groove.
- **Termination :**

It ends at the internal angle of the eye, giving off the angular artery, which anastomoses with the dorsal nasal artery, a branch of the ophthalmic artery (internal carotid artery).
- **Collateral branches:**
 - Superior and inferior labial arteries
 - Sublingual artery
 - Cutaneous arteries for the facial skin

d. Ascending pharyngeal artery :

It arises above the lingual artery and terminates in the lateral pharyngeal wall.

e. Occipital artery :

- **Origin :**

It arises from the posterior aspect of the external carotid artery, at the level of the facial artery.
- **Course :**

It follows the posterior belly of the digastric muscle towards the occipital bone.
- **Termination :**

It ends at the occipital scalp, dividing into two branches:

 - The medial branch,
 - The lateral branch.

f. Posterior auricular artery :

- **Origin :**
It arises above the posterior belly of the digastric muscle.
- **Course :**
It follows a vertical course behind the auricle.
- **Termination :**
It divides into two branches:
 - The auricular branch,
 - The occipital branch.

5. Terminal branches of the external carotid artery :

a. Superficial temporal artery :

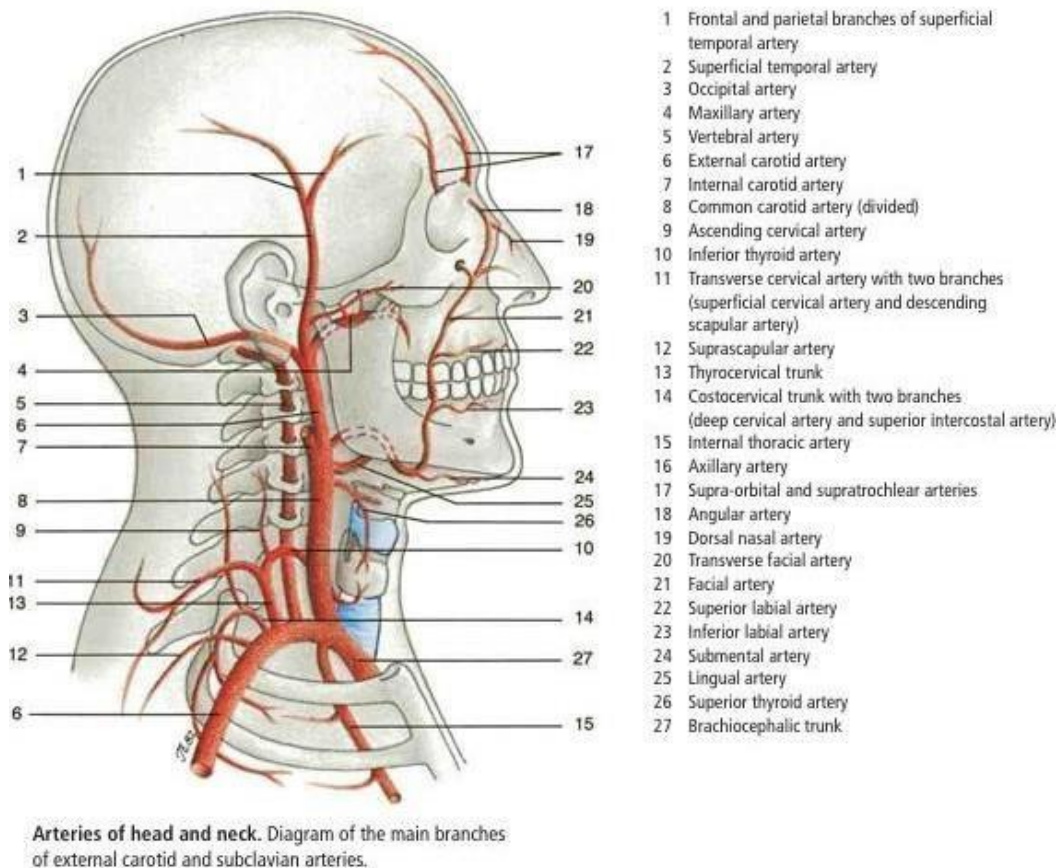
- **Origin :**
It arises from the external carotid artery and emerges from the parotid gland.
It supplies the frontoparietal scalp.
- **Course :**
At its origin, it runs vertically, pre-auricular, near the temporomandibular joint (TMJ).
- **Terminal branches**
It ends in two branches:
 - The frontal branch,
 - The parietal branch.

b. Maxillary artery :

- **Origin :**
It is a deep artery that supplies the maxillomandibular and nasal bones.
It arises behind the neck of the mandibular condyle.
- **Course :**
It passes through the infratemporal fossa, then the pterygopalatine fossa, and makes contact with the V nerve (trigeminal nerve).
- **Termination :**
It ends in a terminal branch: the sphenopalatine artery, which supplies the nasal cavity.

- **Collateral branches :**

- The posterior pterygopalatine branch,
- The ascending branches: superior maxillary and infraorbital arteries,
- The mandibular and masseteric arteries.



IV – INTERNAL CAROTID ARTERIES:

1. Origin:

They arise from the common carotid artery at the level of the upper border of the thyroid cartilage.

2. Course:

- They ascend vertically for about 2 cm, then incline medially towards the lateral masses of the atlas.
- At this level, they pass through the carotid canal and the cavernous sinus.
- The internal carotid artery has four segments:
 - The cervical part,
 - The petrous part,
 - The cavernous part,
 - The cerebral part.

3. Anatomical relations:

❖ **Cervical part**

Within the carotid sheath, it is located anteriorly and laterally:

- Below the digastric muscle, it is in relation to the sternocleidomastoid muscle.
- At the level of the digastric muscle, it is in relation to the stylohyoid muscle, the occipital artery, and the posterior auricular artery.
- Above the digastric muscle, it is in relation to the glossopharyngeal nerve.
- Posteriorly, it is in relation to:
 - The cervical sympathetic trunk,
 - The longus capitis muscle,
 - The internal jugular vein.
- Medially, it is in relation to the pharyngeal wall.

❖ **The petrous part**

- It passes through the carotid canal, then emerges from the canal.
- It traverses the medial part of the carotid canal, passing between the lingula and the body of the sphenoid.

❖ The cavernous part

- The cavernous part is located within the cavernous sinus.
- It is in relation laterally to the oculomotor nerve and the trochlear nerve.

❖ The cerebral part

- The cerebral part passes through the roof of the cavernous sinus.
- It is in relation:
 - Medially: to the optic nerve and optic chiasm.
 - Laterally: to the anterior clinoid process.

4. Branches of the cavernous part :

The cavernous part gives several branches:

- Branches to the cerebellar tentorium,
- Branches to the cavernous sinus,
- The inferior and posterior hypophyseal arteries, supplying the posterior lobe of the pituitary gland.

5. Branches of the cerebral part :

The cerebral part gives the following branches:

a. Superior hypophyseal artery :

It is destined for the pituitary stalk and the inferior part of the hypothalamus.

b. Ophthalmic artery :

- It travels anteriorly to the optic canal, below the optic nerve.
- It terminates at the medial angle of the eye.
- Its collateral branches include:
 - The central retinal artery,

- The lacrimal artery,
 - The supraorbital artery,
 - The long posterior ciliary arteries (right side),
 - The anterior ethmoidal artery.
- Its terminal branches are:
- The supratrochlear artery,
 - The dorsal nasal artery.

6. Terminal branches of the internal carotid artery :

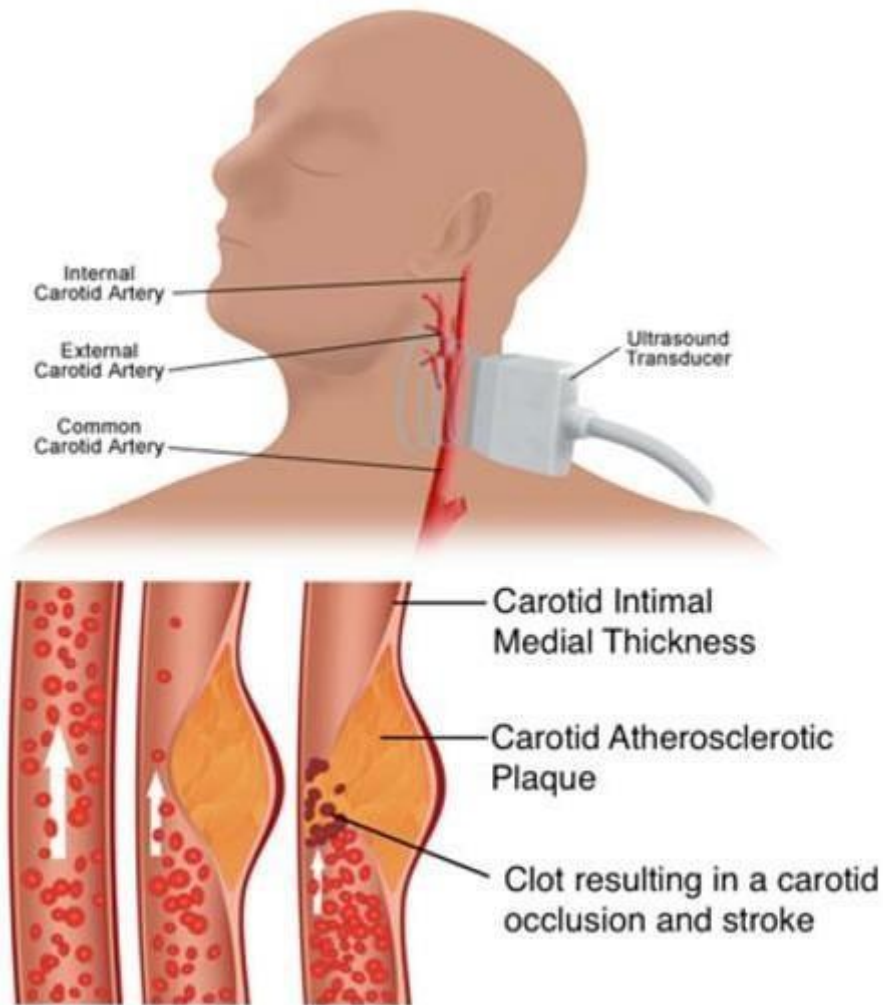
The cerebral arteries (anterior and middle) are branches of the internal carotid artery.

- **Anterior cerebral artery:**
It supplies the medial portions of the frontal lobes and parietal lobes of the brain.
- **Middle cerebral artery:**
It is the largest branch of the internal carotid artery and supplies the lateral aspects of the frontal, parietal, and temporal lobes, as well as the basal ganglia and internal capsule.

VI – CLINICAL APPLICATIONS:

Carotid thrombosis

- Carotid thrombosis is a serious condition that can lead to strokes and other severe neurological consequences.
- The main factors influencing its development include atherosclerosis, hypertension, smoking, diabetes, and a sedentary lifestyle.
- Diagnosis is made through imaging studies, and treatment can involve medications, endarterectomy, or angioplasty with stenting.
- Surgical approaches, such as oblique or longitudinal incisions, are used in cases that require direct access to the carotid artery.



V– APPROACH TECHNIQUES FOR THE CAROTID ARTERY:

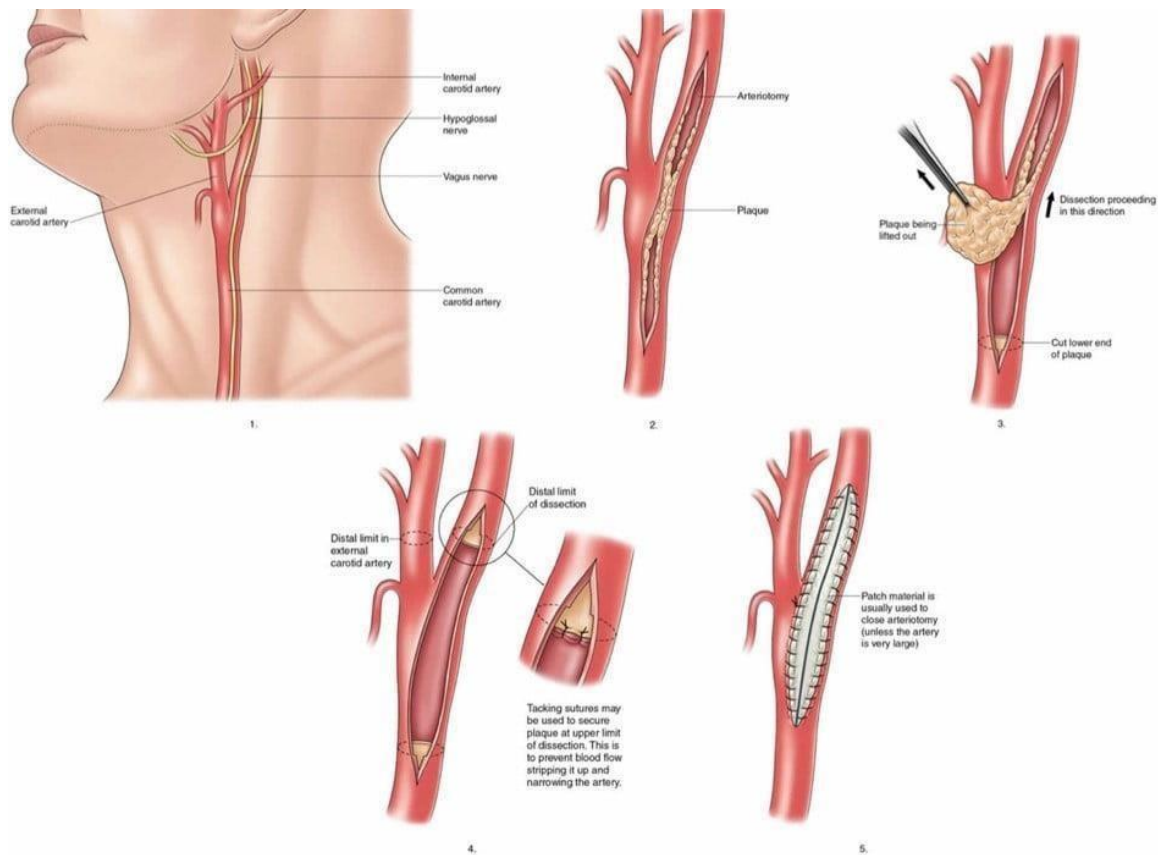
1. Oblique incision (pre-SCM):

- **Location:** Anterior to the sternocleidomastoid (SCM) muscle.
- **Use:** Provides access to the common carotid artery, its bifurcation, and the internal jugular vein.
- **Benefit:** Offers a clear view for carotid artery procedures like endarterectomy.

2. Longitudinal incision (between SCM heads):

- **Location:** Between the sternal and clavicular heads of the SCM.
- **Use:** Allows access to the carotid bifurcation and deeper structures.

- **Benefit:** Ideal for more extensive procedures or when revascularization is needed.



VI – CONCLUSION:

- The carotid system supplies blood to the face, neck, and brain.
- The left common carotid arises from the aortic arch, while the right comes from the brachiocephalic trunk.
- The common carotid bifurcates into the internal carotid, which feeds the brain, and the external carotid, which supplies the neck and face.