

# Clinical Anatomy of the Front Face. Topography of the Oral Cavity

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**Abstract:** The front of the face is a complex region with different structures that contribute to the aesthetics and functionality of the face. Understanding the Clinical Anatomy of this region is very important for medical professionals, in particular dentists and oral surgeons, as they often face such conditions and perform operations in the oral cavity. This article focuses on the topography of the oral cavity to provide an overview of the Clinical Anatomy of the frontal area of the face.

**Keywords:** face area, cheek, eye area, forehead, muscles, temporal part, procures

**Introduction:** The most anterior region of the head is the face. The human face is a unique aspect of each person. The face has many structures that contribute to emotion, eating, seeing, smelling, and communicating. One of the most distinguishing qualities of the face is that it is used for personal identification from person to person. Personality is very important because the face is usually the first aspect of a person that is noticed when meeting other individuals. The anatomy of the face can be divided into three main regions: the upper face, the midface, and the lower face. The entire face is superficially covered with skin, while the deep anatomy contains muscles, fat pads, nerves, vessels, and bones.

## Upper Face

The region considered to be the upper face starts from the hairline and ends under the lower eyelid. The lateral borders of the upper face end around the temporal region. The upper face region includes the forehead, eyes, and temporal region.

## Forehead

The forehead is the upper region of the upper face. The surface layer of the forehead consists of skin. Deeper fat pads are included in the skin layer of the forehead. The central fat pad of the forehead is located in the center of the forehead. From the side, the Central Forehead Pad is the middle forehead fat pad. The middle forehead fat pad is superior to the orbits. The fat pad that forms the most lateral region of the upper face is the lateral temporal fat pad. The lateral temporal fat pad covers the temporal regions and is inferior to the angle of the lower jaw.

The muscle layer of the upper face is located under the fat pads. The procerus muscle, the occipitofrontalis muscle, the depressor supercilii muscle, and the corrugation supercilii muscle make up most of the forehead, while the temporal part contains the temporalis muscle.

The procerus muscle is pyramidal in shape and extends from the bottom of the nasal bone to the middle of the forehead. The Procerus muscle is located between the eyebrows and attaches to the frontalis muscle.

Contraction of the procerus muscle allows the eyebrows to rise. The occipitofrontalis muscle covers most of the forehead. The occipitofrontalis muscle is superior to the galea aponeurosis and joins and interferes with the orbicularis oculi muscle. When the occipitofrontalis muscle contracts, it raises the eyebrows and wrinkles the forehead.

The depressor supercilii muscle originates from the medial orbital ring and attaches to the medial part of the bony orbit. The action of the depressor supercilii muscle is to press the eyebrows. The corrugator supercilii muscle is a small muscle that originates from the supraorbital ridge and attaches to the skin of the forehead close to the eyebrows.

The contraction of the corrugation supercilii muscle causes the forehead to wrinkle. The temporal muscle originates from the parietal and sphenoidal bones. The temporalis muscle attaches to the coronoid process and the retromolar fossa. Contraction of the temporal muscle causes the mandible to rise and retract.

The bony structure of the forehead consists mainly of the frontal bone, and the lateral region of the upper face corresponding to the temporal part is formed by the temporal and sphenoid bones.

#### Middle Face

The midface region begins above the lower eyelid and ends just above the lower lip. The ears surround the lateral borders of the central face. The central face region contains the nose, cheeks and ears.

#### Nose

The nose is a midline structure protruding from the face. This tumor is mainly made of cartilage. But the base of the nose is made of nasal bones. The nose is covered with superficial skin and there are no fat pads underneath. On top of the bony part of the nose are the nasalis muscles.

The action of the nasalis muscles is to press the tip of the nose, compress the bridge of the nose, and raise the nostrils. The nasal septum has a muscle called the depressor alae nasi muscle. The depressor alae nasi muscle originates from the incisor fossa of the maxilla and attaches to the nasal septum. The movement of the depressor alae nasi muscle consists of lowering the nasal septum and constricting the nostrils.

#### Cheeks

The cheeks are lateral to the nose. Cheeks are superficially covered with skin, but deep to the skin, there are many fat pads in the cheeks. The most medial fat pad in the cheek region that separates the nose from the cheek is the nasolabial fat pad. Just lateral to the middle fat of the cheek is the superficial medial cheek fat. The superficial medial cheek fat is directly inferior to the inferior orbital fat pad.

Laterally, the middle buccal fat pad is lateral to the superficial buccal fat pad. The superficial cheek fat pad corresponds to the inferior extension of the lateral temporal fat pad. There is also a buccal fat pad above the buccal muscle in the cheek region.

There are many muscles in the muscle layer of the cheek. There is a muscle in the cheek called the levator labii superioris alaeque nasi muscle. Levator labii superioris alaeque nasi muscle is the medial part of the cheek and separates it from the nose.

The levator labii superioris alaeque nasi muscle starts from the medial orbital wall, moves along the nostrils and attaches to the upper lip. The action of the levator labii superioris alaeque nasi muscle is to raise the upper lip and flare the nostrils. For the levator labii superioris alaeque nasi muscle, only the lateral levator labii superioris muscle.

The levator labii superioris labii muscle is located on the infraorbital edge and upper lip. The action of the levator labii superioris muscle is to raise the upper lip. Just lateral to the levator labii superioris muscle are the zygomaticus minor and major muscles. The zygomaticus minor and major muscles arise from the zygomatic angle. The zygomaticus minor muscle enters the skin of the upper lip.

The movement of the zygomaticus minor muscle is to raise the upper lip. As for the main muscle of the zygomaticus, it enters the oral modioli. The action of the zygomaticus major muscle is to draw the corner of the mouth superiorly and laterally. There is a small muscle on the side of the zygomaticus major muscle called the levator anguli oris muscle. The levator anguli oris muscle originates from the maxilla and attaches to the oral modioli.

The action of the levator anguli oris muscle is to help smile by raising the corner of the mouth. Beneath the zygomaticus muscle lies the buccinator muscle. The buccinator muscle originates from the alveolar process of the maxilla and mandible, the buccinator crest and the temporomandibular joint. The action of the buccinator muscles is to compress food against the buccal mucosa during mastication. Laterally, the masseter muscles to the buccinator and zygomaticus muscles. The masseter muscle arises from the zygomatic arch and the maxillary process of the zygomatic bone, and then it joins the ramus of the lower jaw.

The movement of the masseter muscles is to lift and push out the mandible during mastication. The masseter muscle and the region superficially include the parotid gland of the anterior ear. The parotid gland produces digestive enzymes and is the structure that the facial nerve penetrates before it divides into five nerve branches

#### Summary

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A comprehensive understanding of the clinical anatomy of the anterior facial region, particularly the oral cavity, is essential for dentists and oral surgeons. This knowledge allows for accurate diagnosis, appropriate treatment planning and successful interventions. By recognizing the topography and function of the various structures in this area, clinicians can provide optimal oral health care for patients.

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