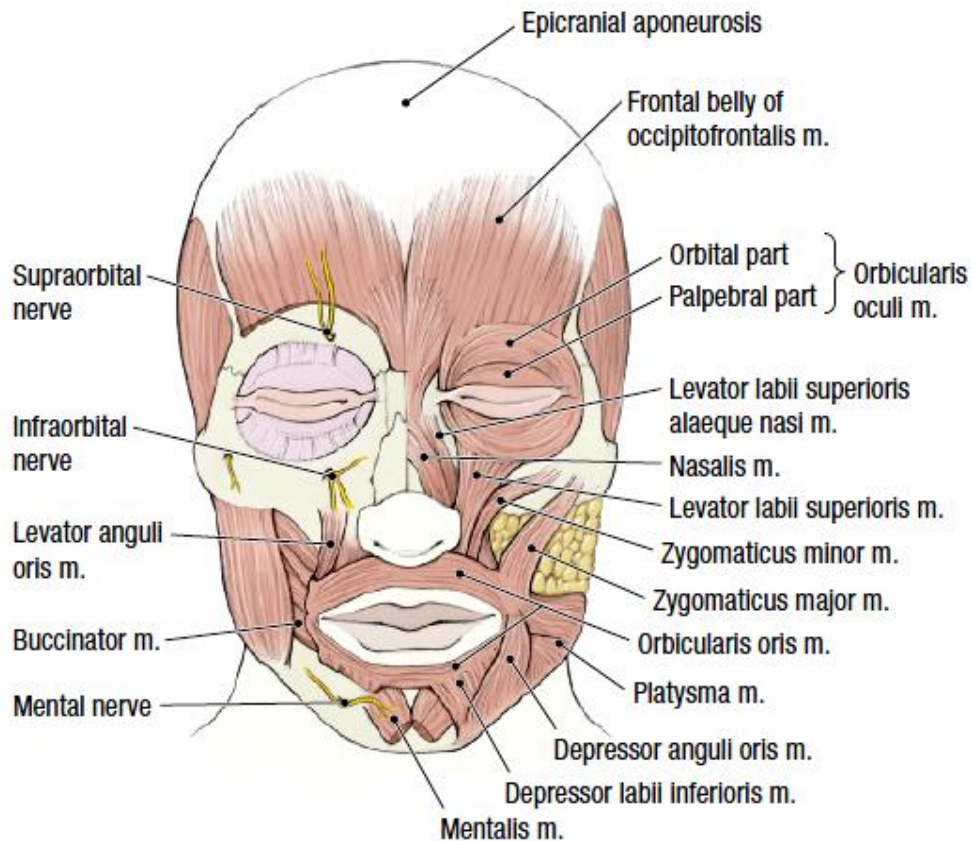


Muscles of Facial Expression

Introduction

- ✓ The facial muscles are the skeletal muscles that are embedded in the superficial fascia of the face in a single fibromuscular layer known as SMAS (Superficial Musculo Aponeurotic System).
- ✓ The facial muscles arise from the bones of the skull and all insert into the skin or other facial muscles.
- ✓ The primary role of the facial muscles is to regulate (constrict or dilate) the facial orifices (i.e., the orbits, nostrils, mouth, and ears), thus producing various expressions which are essential for non verbal communication.
- ✓ The facial expression muscles have great individual variability in size, shape, thickness, strength, and general degree of development. Therefore, their actions are individually variable and diverse.
- ✓ All the facial muscles develop from the **second pharyngeal arch (hyoid arch)**, this arch is innervated by the **facial nerve**, therefore all the muscles derived from this arch is supplied by facial nerve
- ✓ Injury to facial nerve leads to (paralyzed face), Bell's palsy is the most common type of facial paralysis.
- ✓ The auricular muscles that control the movement of the auricle are essentially a group of vestigial muscles in humans, but they are very active in animals.
- ✓ Clinically on aging or due to hyperactive muscles; rhytids or wrinkles (lines on skin) are formed in the face in a direction perpendicular to the direction of muscle fibers.



Muscles of the Scalp

Frontalis:

It is the anterior belly of occipitofrontalis muscles. This muscle has no bony attachments, as its fibers arise from the skin of the anterior forehead and brow and terminate in the scalp aponeurosis. The muscle runs in a vertical direction, and as such, contraction will result in horizontal forehead rhytids above the brow level.

Orbital group of muscles

Orbicularis Oculi:

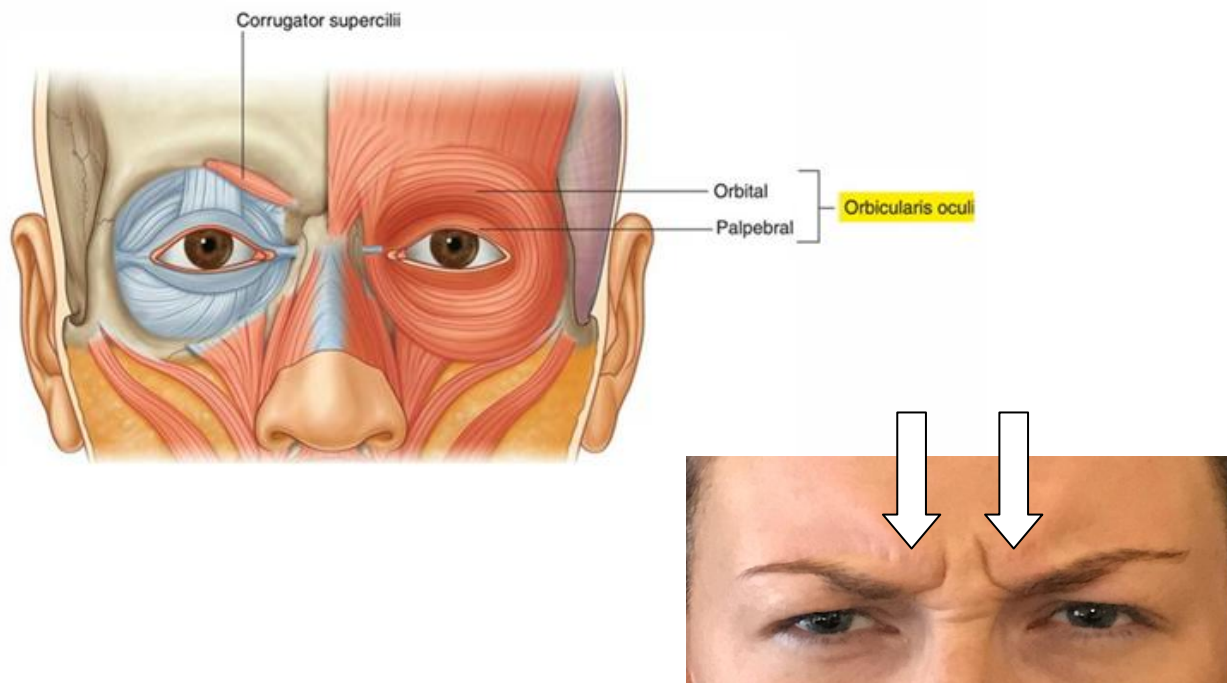
The orbicularis oculi is the sphincter muscle of the eyelids. The levator palpebrae superioris is a dilator muscle since it elevates the upper eyelid and will be described later with the orbit.

The orbicularis oculi is a broad, flat muscle that encircles the palpebral fissure. The muscle originates from the medial orbital rim and medial palpebral ligament. The muscle consists of two parts: the thicker orbital part; which is the outer circle which runs over the orbit and forms loops return to the origin, and the thinner, palpebral part which encircles the palpebral fissure and forms the upper and lower lids. The palpebral part inserts to the lateral palpebral ligament.

Contraction of palpebral part alone results in gentle closure of the lids while contraction of both palpebral and orbital parts results in forceful closure of the lids. Hyperactivity can cause “crow’s feet” rhytids at the lateral orbital margin.

Corrugator supercilii:

This muscle attaches to superciliary arch and inserts to the skin of eye brow. The muscle lies deep to O.Oculi muscle. Contraction of this muscle draws the eyebrows medially and inferiorly to produces vertical wrinkles known as “frown lines or Glabellar lines” in the glabellar region (which lies between the eyebrows).



Nasal group of muscles

Procerus:

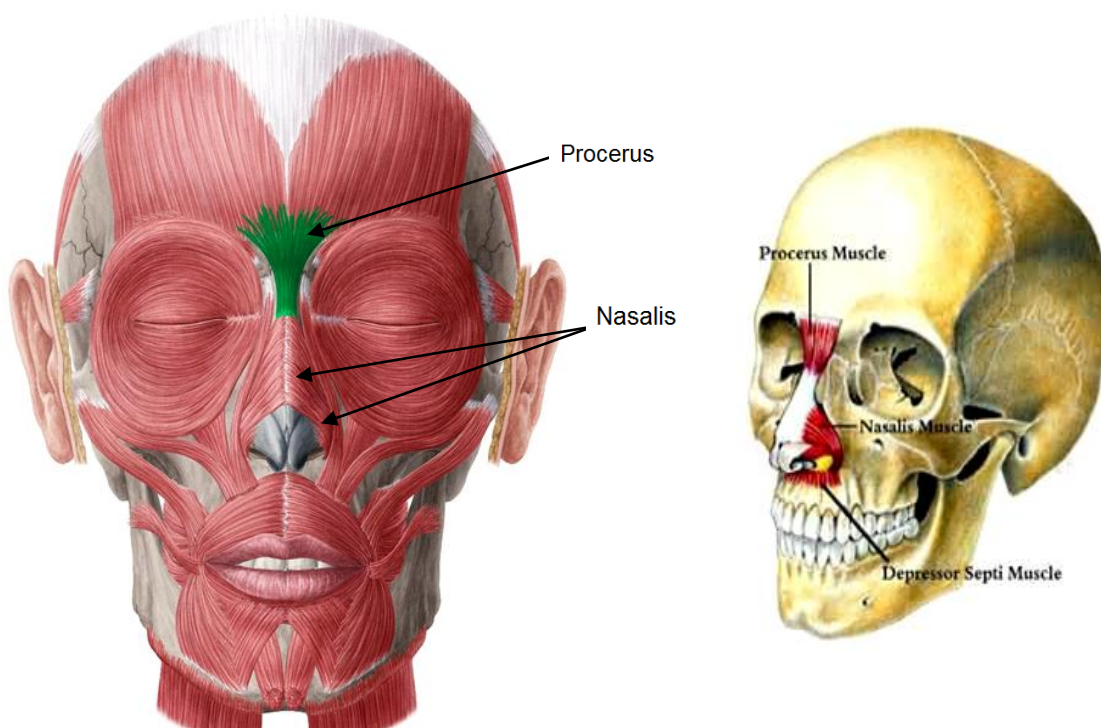
The procerus muscle is overlying the nasal bones and inserting on the skin between the eyebrows. It draws down the medial part of brow. Contraction of this muscle produces horizontal rhytids over the nasal dorsum.

Nasalis:

Nasalis is a paired muscle that covers the dorsum of the nose. It consists of two parts; alar and transverse. The alar part is also called dilator naris, and the transverse part is known also as the compressor naris.

Contraction of Nasalis muscle can cause “bunny lines” on the nasal dorsum.

The compressor nasi and depressor septi are the sphincter muscles, while the dilator naris and levator labii superioris alaeque nasi are the dilator muscles of nasal apertures.



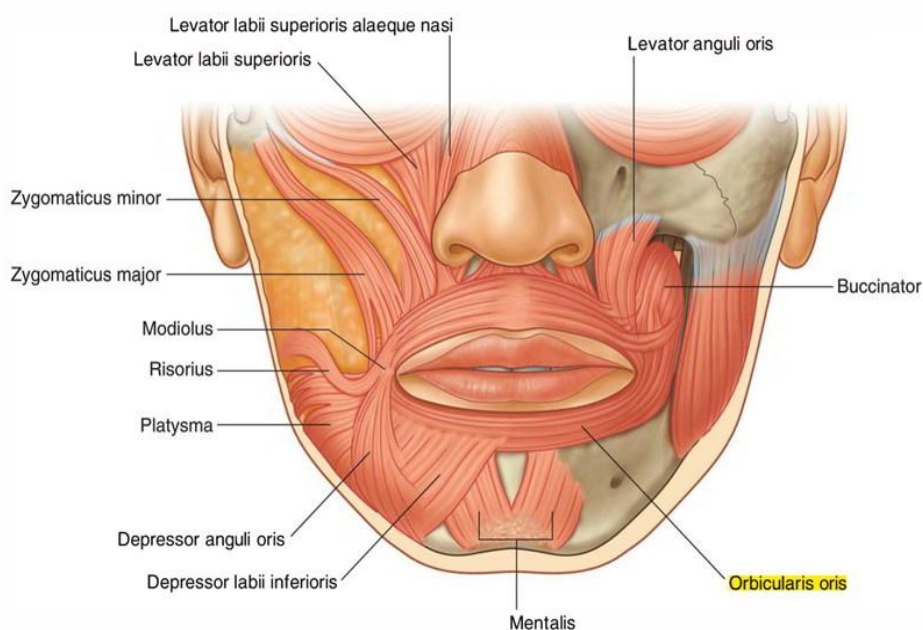
Oral group of muscles

Orbicularis Oris:

The orbicularis oris forms the bulk of upper and lower lips. The muscle is a circular sphincter of the mouth and originates from the midline of maxilla and mandible to be inserted in the skin of upper and lower lips

A series of small muscles that blend with O. Oris muscle and radiate out from the lips make up the dilator muscles, their action is to separate the lips; this movement is usually accompanied by opening of the jaws. The muscles from the side of the nose to the angle of the mouth and then below the oral aperture, are named as follows:

- 1_Levator labii superioris alaeque nasi (this also dilates the nostril)
- 2_Levator labii superioris 3_Zygomaticus minor
- 4_Zygomaticus major 5_Levator anguli oris (deep to the zygomatic muscles)
- 6_Risorius 7_Buccinator
- 8_Depressor anguli oris 9_Depressor labii inferioris
- 10_Mentalis



Levator Labii Superioris Alaeque Nasi:

This muscle arises from the upper part of the frontal process of the maxilla and passes inferiorly, lateral to the alar cartilage to be inserted on the upper lip, blending with the orbicularis. Contraction dilates nasal ala, and elevates the upper lip.

Levator Labii Superioris:

This muscle arises from the inferior orbital margin above the infraorbital foramen and inserts into the upper lip, lateral to the levator labii superioris alaeque nasi. Contraction elevates the upper lip.

Zygomaticus Minor:

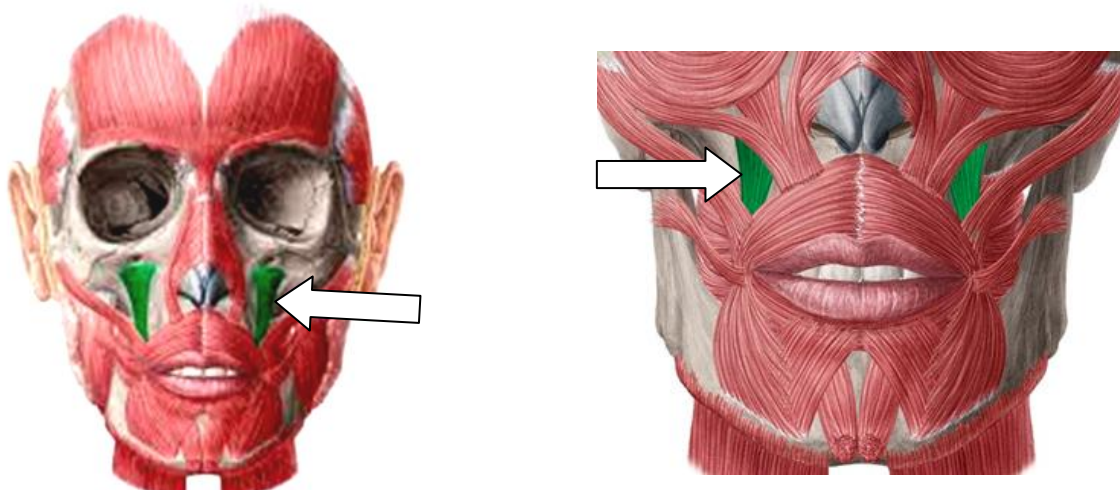
The zygomaticus minor arises from the lateral surface of the zygoma and inserts into the upper lip, just lateral to the levator labii superioris. Contraction will cause elevation of the upper lip.

Zygomaticus major:

This muscle runs from the zygomatic bone to the muscular modiolus (the modiolus is best described as a dense, fibromuscular interface of the muscles contributing to oral commissure movement). Contraction pulls the angle of the mouth superolaterally. It is commonly known as laughing muscle due to its action.

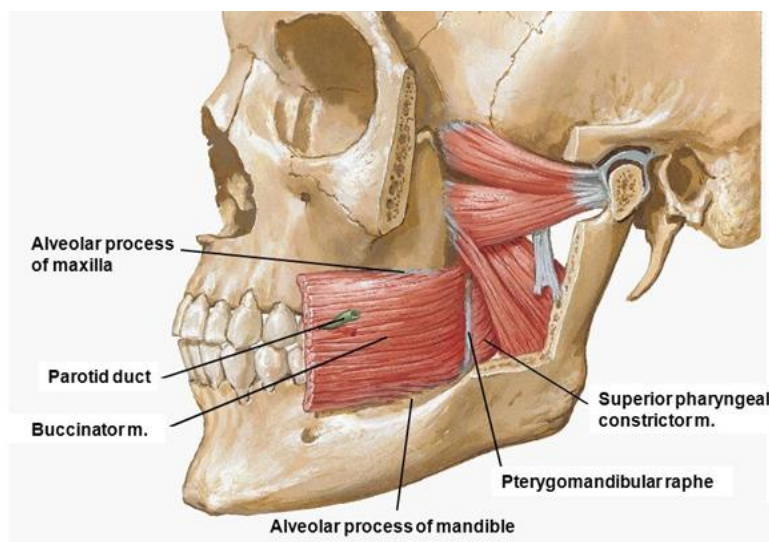
Levator Anguli Oris:

This muscle arises from the canine fossa in maxilla below the infraorbital foramen and inserts into the modiolus at the angle of mouth. The muscle lies deep to Levator Labii Superioris muscle and passes beneath it. From its name; the muscle elevates the angle of mouth.



Buccinator:

The buccinator muscle originates from the outer surface of the alveolar margins of the maxilla superiorly and mandible inferiorly opposite the molar teeth and from the pterygomandibular ligament posteriorly. The muscle fibers pass forward, forming the muscle layer of the cheek. The parotid duct pierces the muscle to open in oral buccal mucosa. The buccinator muscle blends with the orbicularis oris muscle.



The buccinator compresses the cheeks and lips against the teeth, thus positioning the food for efficient chewing. The compression action also is important in producing sucking as in neonates feeding. Cheek compression is also important in producing blowing actions, as in blowing the musical instruments.

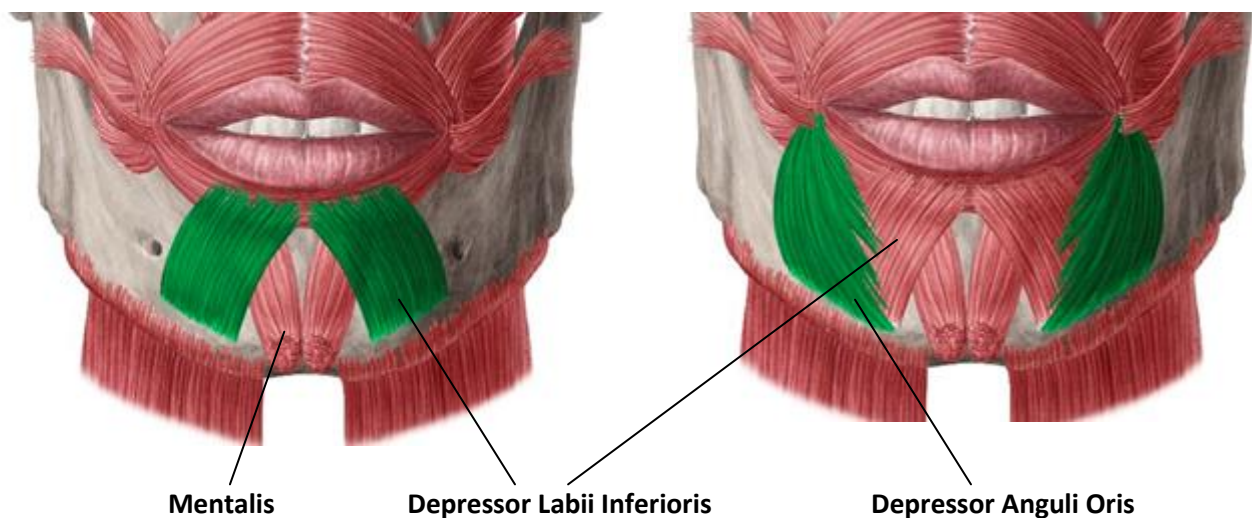
Depressor Labii Inferioris:

The depressor labii inferioris arises from the mandible inferior to mental foramen, and inserts on the skin and mucosa of the lower lip. Contraction depresses the lower lip.

Depressor Anguli Oris:

This muscle originates from the mandible, lateral to Depressor Labii Inferioris and passes superficial to this muscle, to be inserted to the modiolus and angle of the mouth.

Contraction causes the angle of the lower lip to depress (antagonize the action of Levator Anguli Oris). On aging this muscle produce the “marionette lines” in the face.



Summary 1:

The muscles around the mouth:

- **Elevating the upper lip:** levator labii superioris, levator labii superioris alaeque nasi, risorius, levator anguli oris, zygomaticus major and zygomaticus minor muscles.
- **Depressing and protruding the lower lip:** depressor labii inferioris, depressor anguli oris and mentalis muscles.
- **Closing the lips:** orbicularis oris muscle.
- **Compressing the cheek:** buccinator muscle.

Summary 2:

Table of muscles of facial expression (note: all the muscles innervated by the facial nerve- CN VII-)

Muscle	Origin	Insertion	Action
Scalp muscle			
1. Frontalis	Mentioned in the previous lectures		
Orbital Group			
2. Corrugator Supercilii	Superciliary arch (frontal bone)	Skin of eye brow (medial part)	Frowning vertical lines (glabellar lines)
3. Orbicularis Occuli	-Medial palpebral Ligament - bones of medial orbital rim	- lateral palpebral Ligament (palpebral part) -loops return to origin (orbital part)	close the eyelids

Nasal Group			
4. Procerus	Nasal bones	Skin of the bridge of the nose	Frowning horizontal lines over nasal bridge
5. Compressor Nasi	Maxilla	Bridge of the nose	Compresses the nostrils
6. Dilator Naris	Maxilla	Ala of the nose	Dilate the nostrils
7. Depressor Septi	Maxilla above the incisors (incisive fossa)	Nasal septum	Depress the nasal septum
Oral Group			
8. Orbicularis Oris	Midline of Maxilla and Mandible	Skin of the upper and Lower lips	Sphincter of the mouth
9. Levator Labii Superioris Alaeque Nasi (LLSAN)	frontal process of the maxilla	upper lip blending with the orbicularis oris	} dilates the nostrils } elevates the upper lip
10. Levator Labii Superioris (LLS)	inferior orbital margin	upper lip (lateral to the LLSAN)	
11. Zygomaticus Minor	the lateral surface of the zygoma	upper lip, just lateral to LLS	
12. Zygomaticus Major	Zygoma (lateral to Zgomaticus Minor)	Upper lip and modiolus	Pulls the angle of the mouth superolaterally
13. Levator Anguli Oris	canine fossa (maxilla)	Angle of the mouth	Elevates the angle of mouth
14. Risorius	Fascia overlying the parotid gland	Angle of the mouth	Pull the angle of the mouth laterally
15. Buccinator	- Maxilla Superiorly -Mandible inferiorly -Pterygomand.	Modiolus and Orbicularis oris	Compress lips and cheek against teeth (chewing, Sucking and

	ligament posteriorly		Blowing)
16. Depressor Labii inferioris	Mandible (inferior to mental foramen)	Blend with O.Oris of the lower lip	Depress the lower lip
17. Depressor Anguli Oris	Mandible (lateral to Depressor labii)	Angle of the mouth	Depress the angle of the mouth
18. Mentalis	Incisive fossa of the mandible (below incisors)	Skin of chin and lower lip	Protrude the lower lip

This is the End of the Lecture – Good Luck