

## Structured Notes According to

### ENT

Revision friendly **Fully Colored Book/Structured Notes**

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(Author)

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# SYNOPSIS



## EAR

### Anatomy of External Ear and Middle Ear

1. Temporal Bone Anatomy
2. Anatomy of Ear
  - 2.1 External Ear
  - 2.2 Pinna
  - 2.3 External Auditory Canal
  - 2.4 Nerve Supply of Pinna and External Auditory Canal** **Must Know**
  - 2.5 Tympanic Membrane
3. Middle Ear Cleft
  - 3.1 Anatomy of the Middle Ear Proper
  - 3.2 Facial Nerve Landmarks in The Middle Ear
  - 3.3 Contents of the Middle Ear** **Good to Know**
  - 3.4 Mastoid Antrum
  - 3.5 Kerner's Septum

### Anatomy of Inner Ear

- 1. Parts of Inner Ear** **Must Know**
  - 1.1 Vestibule
  - 1.2 Bony Recesses/Bony Depressions
  - 1.3 Semi-Circular Canals (SSC)
  - 1.4 Cochlea
  - 1.5 Fluids
  - 1.6 Membranous Labyrinth
  - 1.7 Endolymph
  - 1.8 Sacculle and Utricle
  - 1.9 Perilymph
  - 1.10 Endolymph
  - 1.11 Organ of Corti
  - 1.12 Hair Cells
  - 1.13 Internal Auditory Canal
2. Embryology
  - 2.1 Development of Middle Ear and Tympanic Membrane
  - 2.2 Inner Ear Development
  - 2.3 Ossicles Development

### Physiology of Hearing

1. Mechanism of Hearing has 3 parts
2. Steps involved in Sound Transmission
  - 2.1 Impedance Matching Mechanism

3. Two mechanisms by which sound becomes more powerful
4. Transduction
  - 4.1 Phase Difference

**5. Auditory Pathway** **Good to Know**

- 5.1 Order of Auditory Pathway
- 5.2 Functions of Auditory Pathway

**Assessment of Hearing**

**1 Format for the order of examination** **Must Know**

- 1.1 Tuning Fork Tests
- 1.2 Understanding air condition (AC) and bone conduction (BC)

**1.3 Rinne Test** **Good to Know**

- 1.4 Weber Test
- 1.5 Absolute bone conducting test
- 1.6 Bings Test
- 1.7 Gelles Test

**1.8 Pure Tone Audiometry** **Good to Know**

- 1.9 Impedance Audiometry
- 1.10 Stapedial Reflex
- 1.11 Speech Audiometry
- 1.12 Electrocochleography
- 1.13 Brainstem evoked response audiometry
- 1.14 Otoacoustic Emission
- 1.15 Recruitment: (Test for cochlear Pathology)

**Physiology of Vestibular System**

1. Nerve supply
2. Understanding vestibular pathway
  - 2.1 Vestibular pathway
  - 2.2 Functioning Vestibular system

**Assessment of Vestibular System**

1. Tests to check inner ear function
2. Nystagmus
  - 2.1 Types:
  - 2.2 Central Vs Peripheral lesion
  - 2.3 Rules of Nystagmus
  - 2.4 Peripheral Nystagmus and Central Nystagmus
  - 2.5 Induced nystagmus

**Diseases of Vestibular System**

1. Disorders of the Vestibular System
2. Meniere's Disease

**3. Benign Paroxysmal Positional Vertigo (BPPV) Must Know**

- 3.1 Diagnosis of BPPV
- 3.2 Treatment

**4. Vestibular Neuronitis**

- 4.1 Clinical Features
- 4.2 Diagnosis
- 4.3 Treatment

**5. Labyrinthitis Good to Know**

- 5.1 C/F

**6. Perilymph Fistula**

- 6.1 Causes:
- 6.2 Causes of Defect in Oval window
- 6.3 Causes of Defect in Round Window
- 6.4 Causes of Defect in Otic Capsule

**5. Summary**

**Diseases of The External Ear**

**1. Congenital Abnormalities of the Pinna**

- 1.1 Preauricular Sinus
- 1.2 Preauricular Appendage

**2. Acquired Abnormalities**

**2.1 Hematoma Auris Good to Know**

- 2.2 Perichondritis
- 2.3 Keloid

**3. Congenital Abnormalities of the External Auditory Canal**

**3.1 Atresia Must Know**

**4. Acquired Abnormalities of the External Auditory Canal**

- 4.1 Wax/Cerumen
- 4.2 Localised Otitis Externa
- 4.3 Diffuse Otitis Externa

**4.4 Malignant Otitis Externa Good to Know**

- 4.5 Otomycosis
- 4.6 Foreign Body

**4.7 Keratosis Obturans Good to Know**

**4.8 Ramsay Hunt Syndrome/Herpes Zoster Oticus Good to Know**

**5. Diseases of the Tympanic Membrane**

**5.1 Myringitis Bullosa Haemorrhagica Good to Know**

- 5.2 Traumatic Perforation of Tympanic Membrane

**Eustachian Tube**

- 1. Dimensions of the Eustachian Tube
- 2. Difference between Adult and Children
- 3. Functions of the Eustachian Tube

4. Disorders of Eustachian Tube
  - 4.1 Patulous Eustachian Tube
  - 4.2 Barotrauma
  - 4.3 Treatment of Barotrauma
5. Tests for Eustachian Tube Dysfunction

### Middle Ear Diseases : ASOM/SOM

<b>1. Pathophysiology of Middle Ear Disorder</b>	<b>Good to Know</b>
<b>2. Acute Suppurative Otitis Media</b>	<b>Good to Know</b>
2.1 Routes of Infection	
2.2 Predisposing Factors	
2.3 Bacteriology	
<b>2.4 Stages of ASOM</b>	<b>Good to Know</b>
3. Summary of the Stages of ASOM	
3.1 Treatment of ASOM	
4. Necrotizing Otitis Media	
<b>5. Non-Suppurative Otitis Media [Secretory OM, Serous OM, Glue Ear, OME]</b>	<b>Good to Know</b>
5.1 Pathogenesis	
5.2 Etiology	
5.3 Symptoms	
5.4 Signs	
5.6 Conductive Hearing Loss	
5.7 Treatment	
<b>5.8 Summary of Difference Between ASOM and SOM</b>	<b>Good to Know</b>

### Middle Ear Diseases : Cholesteatoma

1. Theories for formation of Cholesteatoma
2. Classification
3. Types of Cholesteatoma
  - 3.1 Properties of Cholesteatoma
  - 3.2 Symptoms
  - 3.3 Examination finding
  - 3.4 Diagnosis
- 3.5 Treatment**
4. Comparison between Canal wall up and canal wall down procedure

### Middle Ear Diseases: CSOM

1. What is permanent perforation?
- 2. Types of CSOM**
3. Examination of CSOM
4. Treatment
  - 4.1 Medical treatment



5. New classification for CSOM

**6. Tubercular Otitis Media**

**Good to Know**

**Complications of ASOM and CSOM**

1. Routes of Spread
2. Extracranial Complications
3. Intracranial Complications

**4. Acute Mastoiditis**

**Must know**

- 4.1 Pathophysiology
- 4.2 Signs
- 4.3 Diagnosis
- 4.4 Treatment
- 4.5 Abscess in relation to mastoid
5. Petrositis
6. Labyrinthitis
  - 6.1 Circumscribed Labyrinthitis
  - 6.2 Diffuse Serous Labyrinthitis
  - 6.3 Diffuse Suppurative Labyrinthitis
7. Intracranial Complications
  - 7.1 Meningitis
  - 7.2 Extradural Abscess
  - 7.3 Subdural Abscess
  - 7.4 **Brain Abscess**
  - 7.5 **Lateral sinus thrombophlebitis/Sigmoid sinus thrombophlebitis**
  - 7.6 Otitic Hydrocephalus

**Good to Know**

**Good to Know**

**Otosclerosis**

**1. Introduction**

**Good to Know**

2. Anatomy of Labyrinth/ Inner Ear
3. Otosclerosis
4. Site of Stapedial Otosclerosis
  - 4.1 Types of Otosclerosis
  - 4.2 Aetiology
  - 4.3 Trigger factors for Otosclerosis
  - 4.4 Syndrome Associated with Otosclerosis
  - 4.5 Pathology
  - 4.6 Pathophysiology
  - 4.7 Symptoms
  - 4.8 Symptoms of Cochlear Otosclerosis
  - 4.9 Comparison of Symptoms between Stapedial and Cochlear Otosclerosis
  - 4.10 Signs
  - 4.11 **Stapedial Otosclerosis: Tests**

**Good to Know**

- |             |  |                     |
|-------------|--|---------------------|
| <b>4.12</b> | <b>Audiometry</b>                      | <b>Good to Know</b> |
| 4.13        | Cochlear Otosclerosis: Tests           |                     |
| 4.14        | Cochlear Otosclerosis                  |                     |
| 4.15        | Treatment                              |                     |
| 4.16        | Local Anesthesia vs General Anesthesia |                     |
| 4.17        | Complications                          |                     |
| 4.18        | When do you Abandon Surgery            |                     |

## Facial Nerve And Acoustic Neuroma

<b>1. Facial Nerve</b>	<b>Good to Know</b>
------------------------	---------------------

- 1.1 Unilateral supra-nuclearpalsy
- 1.2 Bilateral SupranuclearPalsy
- 1.3 LMN Lesion
2. Anatomy of facial nerve
  - 2.1 Three parts of facial nerve
  - 2.2 Facial Nerve in Brainstem
  - 2.3 Intracranial Course of Facial Nerve:
  - 2.4 Intratemporal Course of Facial Nerve
  - 2.5 Extracranial Segment
  - 2.6 Other Branches of The Facial Nerve
3. Topodiagnosis
  - 3.1 Tests to understand the extent of the nerve lesions:
  - 3.2 Surgical Landmarks of Facial Nerve

<b>4. Bell's Palsy</b>	<b>Must Know</b>
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- 4.1 Clinical Features
- 4.2 Treatment
- 4.3 Prognosis
5. Melkerson' Rosenthal syndrome
6. Ramsey-Hunt Syndrome
  - 6.1 Treatment
  - 6.2 Prognosis
7. Fractures of Temporal Bone
8. Electrophysiological Tests in Facial Palsy

<b>9. Faulty Reinnervation</b>	<b>Good to Know</b>
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10. Heerfordt Syndrome

<b>11. Acoustic Neuroma</b>	<b>Good to Know</b>
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- 11.1 Origin
- 11.2 Symptoms
- 11.3 Growth
- 11.4 Classification
- 11.5 Clinical Features
- 11.6 Audiology
- 11.7 Investigations

<b>11.8 Treatment</b>	<b>Good to Know</b>
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## Meniere's Disease

1. **Definition** **Must Know**
2. Anatomy of the Inner Ear
3. Fluids Inside the Ear
  - 3.1 Other Reasons of these Symptoms
  - 3.2 Types of Meniere's Disease
  - 3.3 Predisposing Factors
  - 3.4 Cardinal Features of Meniere's
  - 3.5 Low-Frequency Hearing Loss
- 3.6 **Tullio's Phenomenon** **Good to Know**
- 3.7 Examination
- 3.8 Electrocochleography
- 3.9 Audiogram
- 3.10 Role of MRI with Gadolinium Contrast
- 3.11 Variants of Meniere's Disease
- 3.12 Secondary Meniere's
- 3.13 Treatment: General Measures
- 3.14 Pharmacological Treatment
- 3.15 Surgical Management
4. Update

## Glomus Tumor

1. Microscopic
2. Important Pointers
3. **Types of Glomus** **Good to Know**
4. Spread
5. **Clinical Features** **Good to Know**
6. Examination finding
7. Clinical features based on the spread
8. Clinical features due to excess Catecholamines
9. Diagnosis
10. Radiological Signs
11. Treatment of choice
12. Fisch Classification

## Hearing Rehabilitation

1. **Cochlear Implant (CI)** **Must Know**
- 1.1 Indications/Contraindications of Hearing Implant
- 1.2 Essential Criteria Prior to doing an Implant
- 1.3 Parts of Cochlear Implant
- 1.4 Preoperative Evaluation
- 1.5 Approach

- 1.6 Complications of Facial recess approach
- 1.7 Post-Operative Assessment
2. Bone-Anchored Hearing Aid (BAHA)
3. Auditory Brainstem Implant
4. MCQ
5. Important Questions

### Otalgia and Tinnitus

1. Otalgia: Pain in the ear

#### 1.1 Classified Based on the Cause

**Must Know**

2. Mechanism of Referred Otalgia
3. Summary of causes of otalgia
4. Tinnitus
5. Causes of Tinnitus
6. Treatment of Tinnitus

## 1

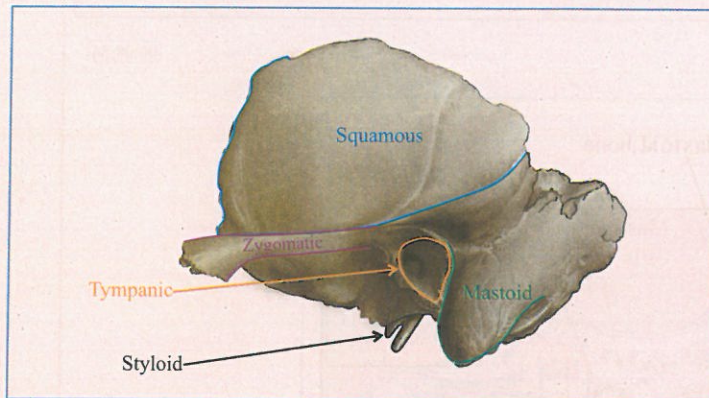
# ANATOMY OF EXTERNAL EAR AND MIDDLE EAR



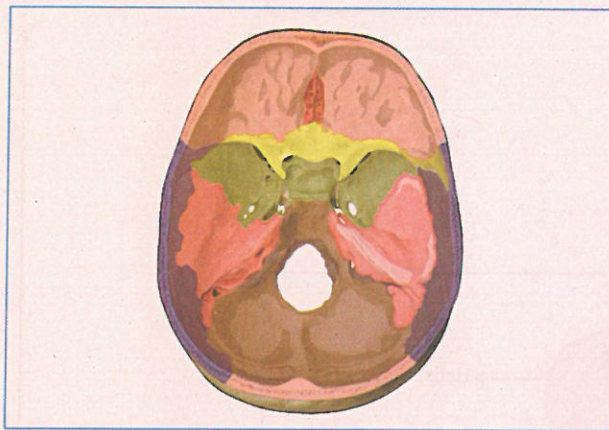
## Temporal Bone Anatomy

Anatomy

00:01:15



- The temporal bone is made up of five parts. They are -
  - **Part 1: Squamous:** Biggest part and lies at the upper end of the temporal bone.
  - **Part 2: Tympanic:** Present between the styloid and zygomatic part; contains the middle ear
  - **Part 3: Styloid:** It is the elongated projection at the base of the temporal bone.
  - **Part 4: Petromastoid:** Lateral surface → mastoid part, medial surface → petrous part
  - **Part 5: Zygomatic:** Projects anteriorly from the squamous Part.



- The petrous part has two slants - **anterior and posterior slants.**
- The anterior slant articulates with the **squamous temporal bone**, and the posterior slant articulates with the **occipital bone.**
- Petrous bone continues as the mastoid temporal bone posteriorly, → forming **Petro mastoid complex.**
- On the posterior slant → internal auditory canal/meatus
- The petrous apex lies close to the brainstem → continues downwards as the spinal cord.
- Cranial nerves 5,6,7,8 originate from the pons.
- 5th and 6th cranial nerves → Go anteriorly towards the petrous apex (present medially towards the brain).
- 7th and 8th nerves → Go into the internal auditory canal

## Anatomy of Ear

00:06:53

### Anatomy

#### Ear

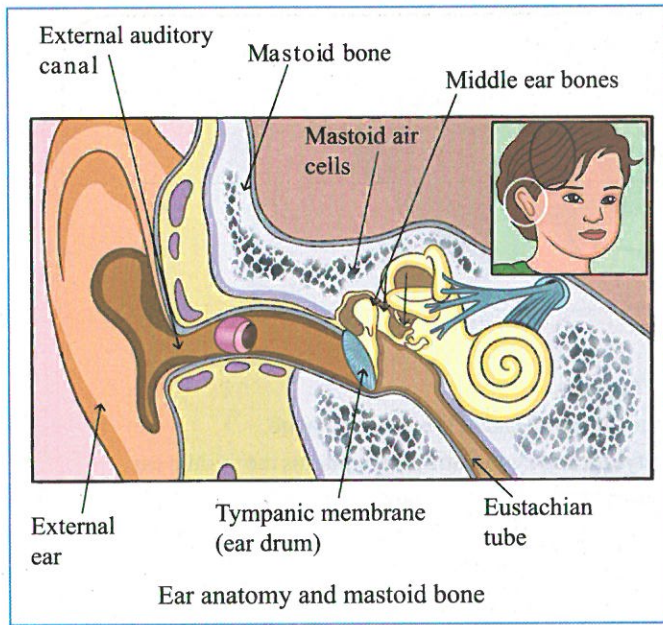
External Ear

Middle Ear

Inner Ear

## External Ear

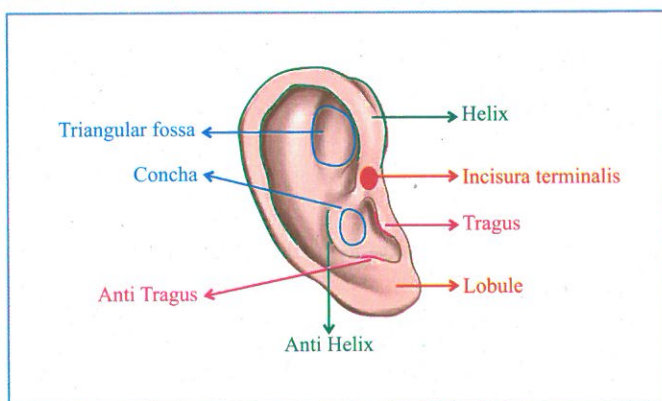
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### 3 parts of external ear:

1. Pinna
2. External auditory canal
3. Tympanic membrane

## Pinna



- It is also called the **auricle**.
- Made up of **elastic cartilage**.
- **Helix**: Most prominent elevation present on the outermost part of the pinna.
- **Anti-helix**: Smaller projection present along the helix in the opposite direction

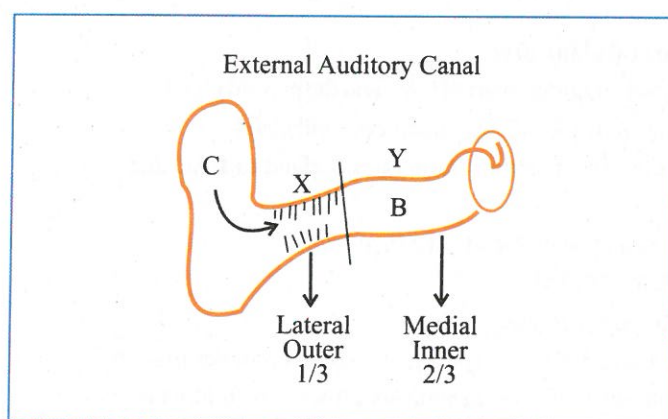
- **Tragus:** A triangular projection present medial to the anti-helix
- **Anti-tragus:** In the reverse direction of the tragus, there is another projection present which is called the anti-tragus.
- **Cavum concha:** Biggest depression on the pinna.
- **Triangular fossa:** Triangular depression above the concha.
- **Areas devoid of cartilage are**
  - **Incisura terminalis:** The space between the tragus and the helix
  - **Ear lobule**

### Important Information

- Incisura terminalis is the site of incision in an endaural surgery.
- This incision is known as **Lempert's endaural incision**.
- Ear lobule contains fat. Therefore, it becomes the **site for fat graft**.

### External Auditory Canal

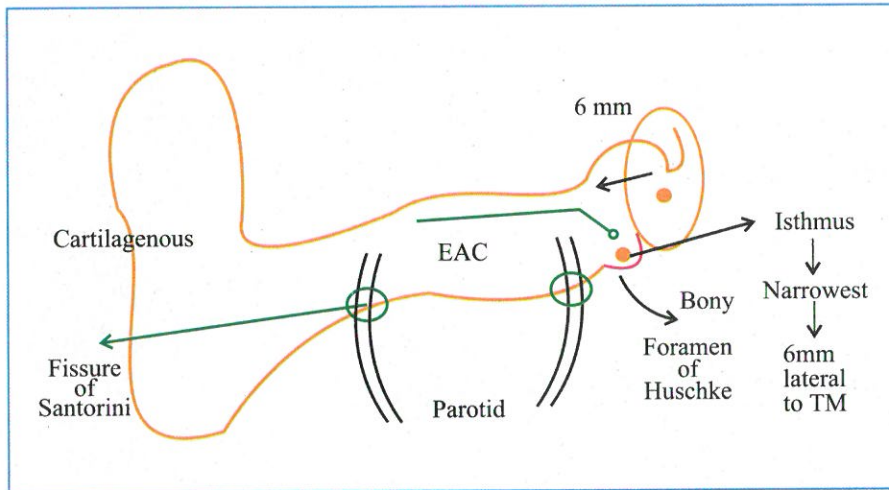
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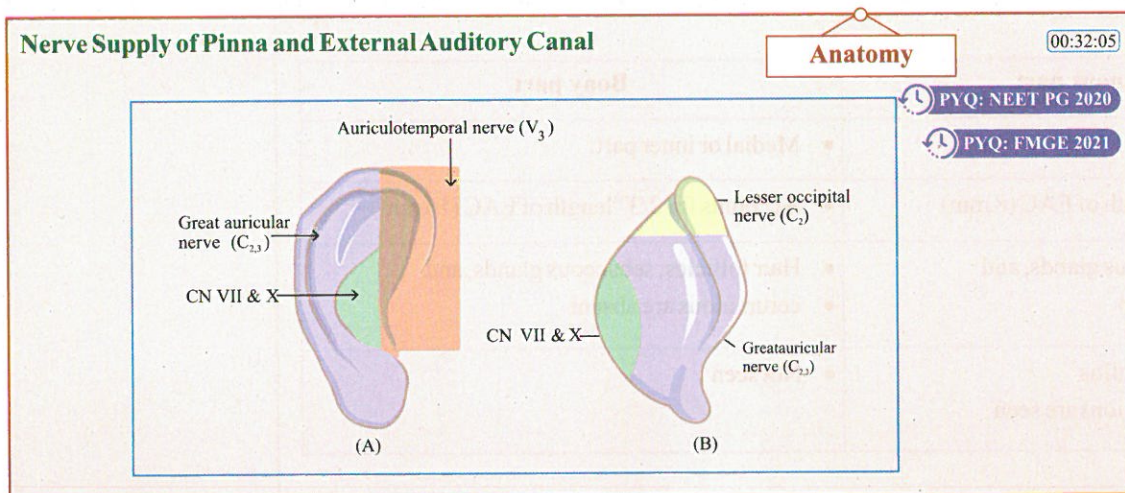
- It is the continuation of the pinna.
- The length of the external auditory canal is **24mm**.
- **Two parts of EAC:**

Cartilaginous part	Bony part
<ul style="list-style-type: none"> <li>• Lateral or outer part.</li> </ul>	<ul style="list-style-type: none"> <li>• Medial or inner part.</li> </ul>
<ul style="list-style-type: none"> <li>• Accounts for 1/3<sup>rd</sup> length of EAC (8 mm)</li> </ul>	<ul style="list-style-type: none"> <li>• Accounts for 2/3<sup>rd</sup> length of EAC (16 mm)</li> </ul>
<ul style="list-style-type: none"> <li>• Hair follicles, sebaceous glands, and ceruminous are present</li> </ul>	<ul style="list-style-type: none"> <li>• Hair follicles, sebaceous glands, and ceruminous are absent</li> </ul>
<ul style="list-style-type: none"> <li>• Otitis externa or folliculitis</li> <li>• (staphylococcus infection) are seen</li> </ul>	<ul style="list-style-type: none"> <li>• Not seen</li> </ul>

- **Shape:** The canal is S-shaped
- **For tympanic membrane examination:**
  - In adults, **TM is pulled upwards, backwards, and outwards**.
  - In children, **TM is pulled downwards and backwards**. (because the bony part of EAC is not fully developed)



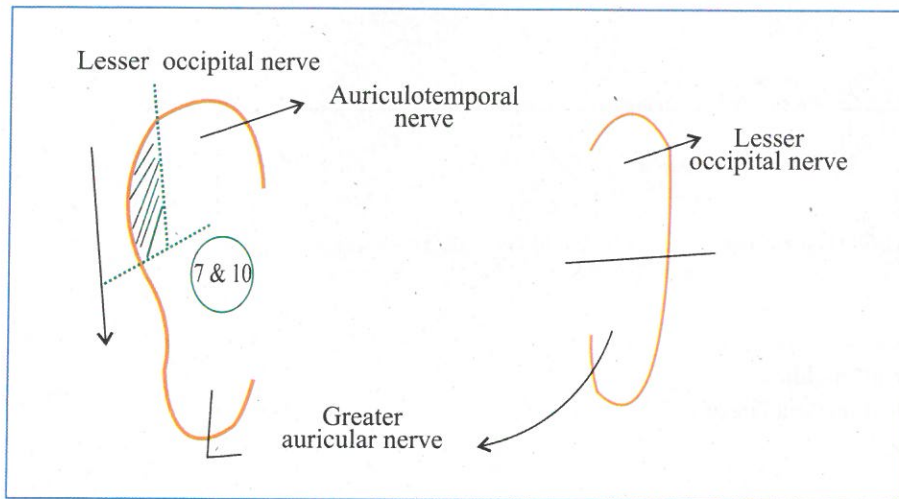
- Parotid gland is present below the EAC.
- **2 Communications between EAC and parotid gland are:**
  - **Fissure of Santorini:** Present between the cartilaginous part of EAC and the parotid gland.
  - **Foramen of Huschke:** Present between the bony part of EAC and the parotid gland.
    - These communications are responsible for infection from parotid gland to EAC and vice versa.
    - These two communications usually disappear by the **age of 5-7 years**.
- **Isthmus: Narrowest portion of EAC, 6mm lateral to TM.**
  - Foreign bodies or wax impaction is common in isthmus.
  - During removal of wax or foreign body from isthmus with probe → Higher risk of perforation
    - Thus, **Local anaesthesia in adults and sedation/short general anaesthesia in children** is given before removal to prevent any movements.
    - Magnification devices like endoscope or microscope is used to prevent damage.



- **Nerve supply of Pinna:**
  1. Lesser occipital nerve
  2. Auriculotemporal nerve
  3. Greater auricular nerve
  4. 7th and 10th cranial nerves (Facial and vagus nerve)



- **Mnemonic: LAG 7 & 10**
- Greater surface area of the pinna is supplied by the **greater auricular nerve**.



Lateral Surface		Medial Surface	
Lower half	Greater auricular nerve	Lower half	Greater auricular nerve
Upper half anterior 2/3 <sup>rd</sup>	Auriculotemporal nerve	Upper half	Lesser occipital nerve
Upper half posterior 1/3 <sup>rd</sup>	Lesser occipital nerve		
Concha	7 <sup>th</sup> & 8 <sup>th</sup> nerves		

#### Nerve supply of EAC:

Area	Nerve supply
Anterior wall and roof	Auriculotemporal nerve
Posterior wall and floor	Arnold's nerve (Auricular branch of Vagus nerve)

#### Important Information

Stimulation of Arnold's nerve:

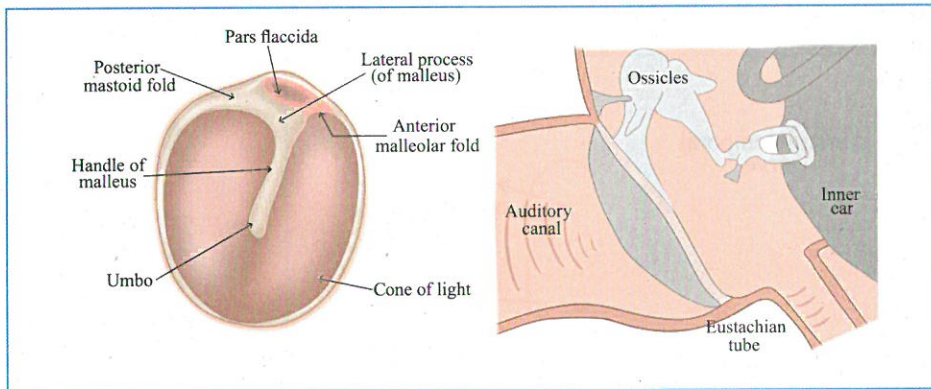
- During any procedure → can cause cough reflex (since it is a branch of vagus nerve, which innervates larynx).
- Can precipitate a vasovagal attack or syncope

#### Nerve supply of lateral surface of TM:

- Auriculotemporal nerve + Arnold's nerve.

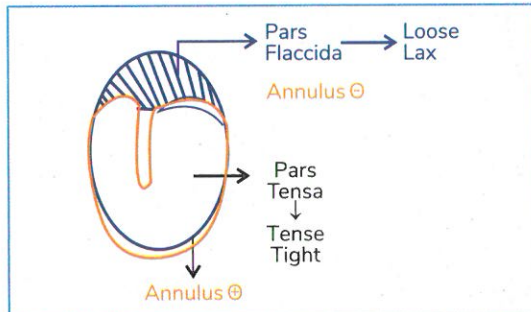
## Tympanic Membrane

00:41:20



- Partition between external ear and middle ear
- Obliquely placed to the floor EAC at the angle of  $45^\circ$
- Oval in shape
- 9-10 mm tall
- 8 mm wide
- $TSA = 10 \times 9 = 90\text{mm}^2$
- 0.1 mm thick
- Vibrating area of TM: Peripheral portion (since the handle of malleus rests medially in the centre, preventing vibrations)
- **Effective vibrating area =  $\frac{1}{2}$  TSA**
  - **Effective vibrating area =  $\frac{1}{2} 90\text{mm}^2 = 45\text{mm}^2$**

### Parts of Tympanic Membrane

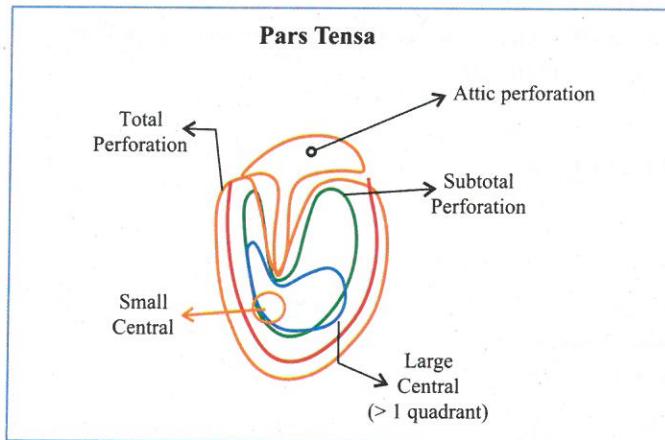


	Pars Tensa	Pars Flaccida
Nature	It is tense and tight	It is loose and lax
Annulus	Present	Absent
No. of layers	3 (outer epithelial layer, the middle fibrous layer, and the inner endothelial layer.)	2 (outer epithelial layer and the inner endothelial layer)
Umbo and cone of light	<b>Umbo in centre and cone of light in antero-inferior part</b>	

- The point at which the tip of handle of malleus attaches to the tympanic membrane is known as the **umbo**.
- **2 malleolar folds**: Anterior (short) and posterior (long)
- Two imaginary lines: one passes through the umbo horizontally, and the other passes through the handle of the malleus vertically.

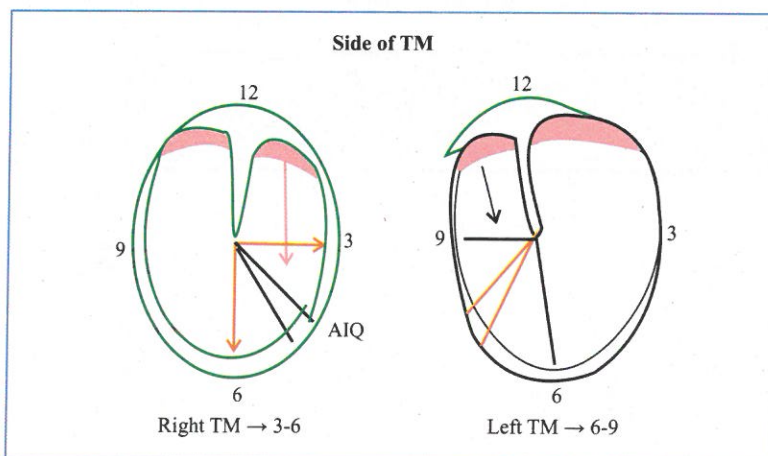
- Divides the pars tensa into 4 quadrants:
  - Anterosuperior quadrant
  - Anteroinferior quadrant
  - Posterosuperior quadrant and
  - Posteroinferior quadrant.
- **Cone of light:** It is present in the anteroinferior quadrant of the pars tensa.
- **Perforations:**

Central perforation	Any perforation in the pars tensa
Attic perforation	Any perforation in the pars flaccida
Small central perforation	Perforation involving only one quadrant
Large central perforation	Perforation involving more than one quadrant
Subtotal perforation	Perforation involves all the quadrants of the pars tensa, but the annulus is intact
Total perforation	Perforation involves all the quadrants and the annulus



**Side of tympanic membrane:**

Right tympanic membrane	Cone of light is present in the 3 o'clock to 6 o'clock position
Left tympanic membrane	Cone of light is present in the 6 o'clock to 9 o'clock position



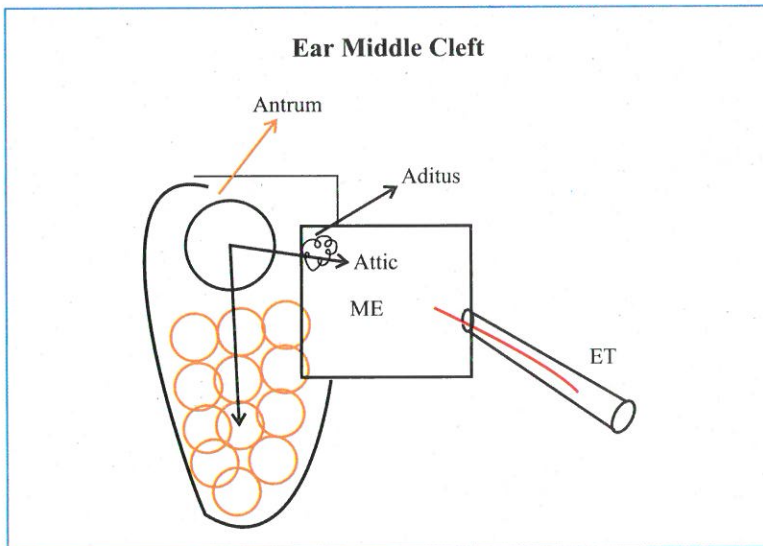
## Middle Ear Cleft

01:04:33

- **Function:** Ventilation of the middle ear
- **Components:**
  - Eustachian tube (anterior): connects the middle ear and the nasopharynx.
  - Middle ear proper
  - Attic
  - Aditus (communication between the attic and the Antrum)
  - Mastoid air cells (posterior)
- **Four parts of Middle ear proper:**

<b>Epitympanum/ Attic</b>	Part of the middle ear that lies against the pars flaccida.
<b>Mesotympanum</b>	Part of the middle ear that lies against the pars tensa
<b>Hypotympanum</b>	Part of the middle ear that lies below the level of the annulus.
<b>Pro tympnum</b>	Part of the middle ear that lies against the eustachian tube.

- **Ventilatory pathway of the middle ear/ Middle ear cleft:**
  - On inhalation, the air reaches the nose → nasopharynx → eustachian tube → middle ear proper → Attic → Aditus → Antrum → Rest of the mastoid air cells.



### Important Information

- The largest mastoid air cell is **antrum**

### Anatomy of the Middle Ear Proper

01:12:11

- Shape: Hourglass
- Anteroposterior dimension of
  - **Attic - 4mm**
  - **Mesotympanum - 2mm.**
  - **Hypotympanum - 6mm.**