

STERNOCLEIDOMASTOID MUSCLE

Origin.

Arises by 2 heads; sternal head - by a tendon from anterior surface of manubrium sterni
clavicular head; arises by fleshy fibres from ant-surface of medial $\frac{1}{3}$ rd of clavicle.

Insertion.

2 heads blend in lower part of neck and muscle and is inserted into mastoid process and lateral half of superior nuchal line of occipital bone

Action: * Acting unilaterally from below it pulls the head towards same shoulder & rotates the head carrying face to opp. shoulder.

* Acting from above they elevate the thorax and act as accessory muscles of inspiration.

* Acting bilaterally from below they flex cervical part of vertebral column & extend head at atlanto occipital jt.

Nerve Supply.

Spinal part of accessory nerve and ventral rami of C₂ and C₃ (proprioceptive fibres from muscles)

Relations of Sternocleidomastoid

Superficial: Skin, superficial fascia, platysma → investing layer of deep cervical

Deep to platysma - crossed EJV, great auricular & transverse cervical cutaneous nerve

Nerve in section: overlapped by parotid gland.

Deep to SCM

Muscles: Posterior belly of digastric, splenius capitis, levator scapulae, scalenus anterior, bellies of omohyoid sternohyoid.

Nerves: Spinal part of accessory nerve, Roots of cervical and brachial plexuses, Ansa cervicalis, phrenic nrv, vagus nrv

Arteries: Common carotid and its 2 divisions.
Sternocleidomastoid branch of superior thyroid artery
Transverse cervical, suprascapular & occipital arteries

Veins: Internal JV, lingual, common facial

Others: Sternoclavicular jt + deep cervical lymph nodes

Applied

Wry neck / Torticollis - deformity of neck due to spasm of scm muscle. It presents with bending of head to 1 side & chin pt to opp side.

(1) Spasmodic → repeated painful contraction of scm muscle & trapezius, occurs due to exposure to cold,

psychological stress is maladjustment of pillow during sleep

(2) Reflex → Irritation of spinal accessory nerve by pus / inflamed lymph nodes

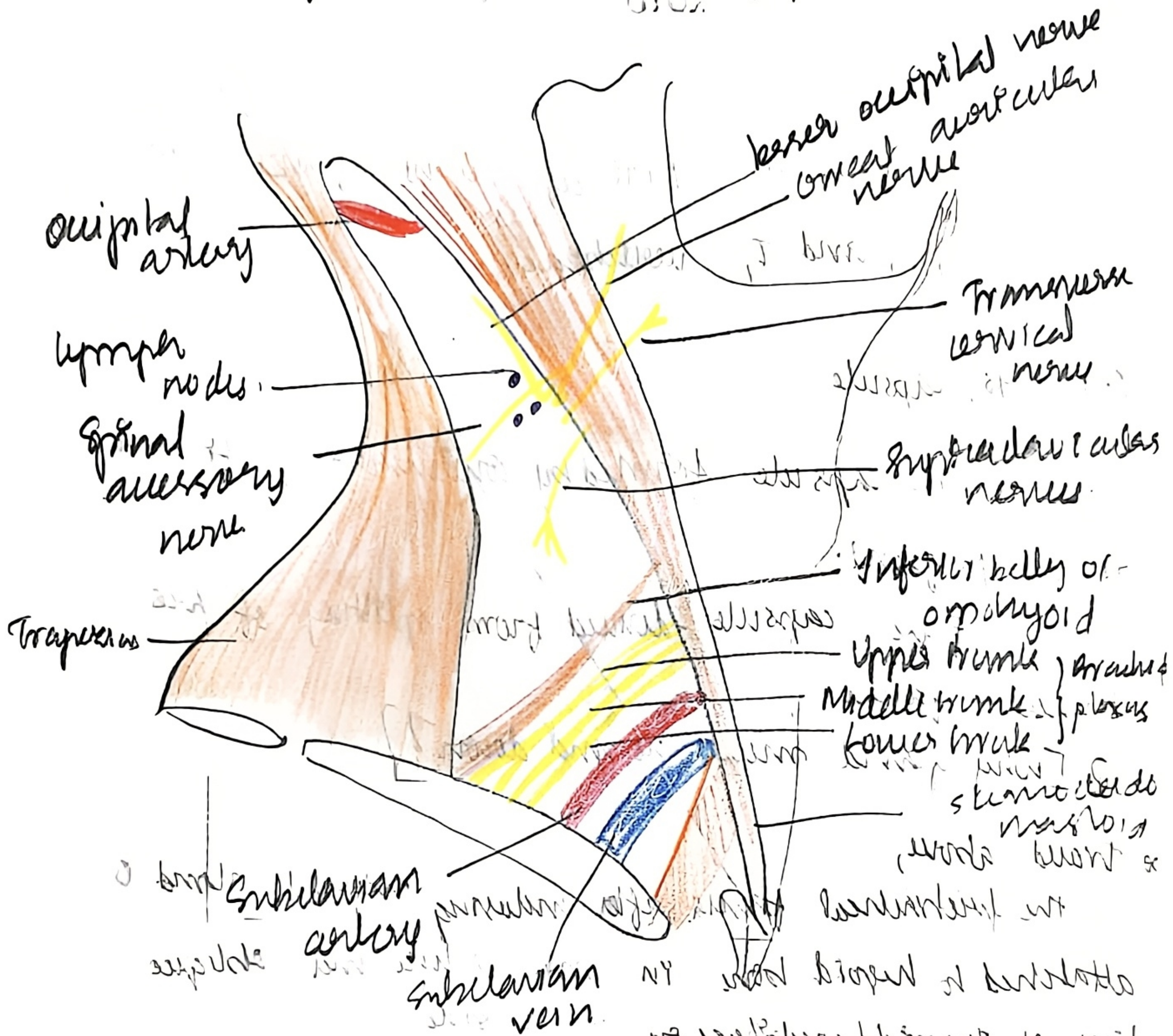
(3) Congenital → due to birth injury

FREY'S SYNDROME

Sometimes penetrating wound of parotid gland damages auriculotemporal & great auricular nerves. During process of healing, the sensory motor fibres of auriculotemporal nerve grow out & joint with distal end of great auricular nerve, through which fibres reach sweat glands in facial skin. ∴ when patient eats, beads of perspiration appear on skin covering parotid, because the stimulus, intended salivary secretion produces sweat secretion instead.

Such an interesting complication during ~~healing~~ healing of penetrating wound of parotid gland is called FREY'S SYNDROME.

Subdivision & main contents of post. Δ.



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