

Clinical Image

Great Auricular Nerve: An Epitome of Sensory Morbidity in Parotid Surgery

Kaushal D* and Kunnumal ND

Department of Otorhinolaryngology, All India Institute of Medical Sciences, India

***Corresponding author:** Kaushal D, Department of Otorhinolaryngology, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India**Received:** June 26, 2020; **Accepted:** August 19, 2020;**Published:** August 26, 2020**Keywords**

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The Great Auricular Nerve (GAN) is a key anatomical landmark during most of the head and neck surgical procedures. Unfortunately, in parotidectomy little attention is paid to the preserve the nerve itself, thereby leading to morbidity due to sensory deficit over lower part of pinna. GAN is a purely sensory nerve, which carries fibres from ventral rami of C2-C3. The nerve winds around the posterior border of the Sternocleidomastoid (SCM) and ascends obliquely to reach the parotid region, where it divides into its two terminal anterior and posterior branches. The posterior branch runs on the surface of the

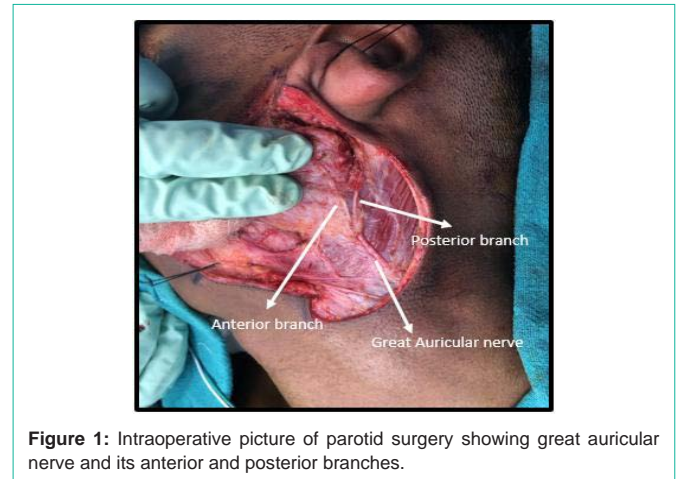


Figure 1: Intraoperative picture of parotid surgery showing great auricular nerve and its anterior and posterior branches.

SCM, terminating in the post auricular area to give sensation to lower part of the pinna. Therefore, authors here emphasize preservation of the posterior branch of the great auricular nerve as an important step to preserve the sensation of the pinna and to improve the quality of life of the patients undergoing parotid surgery.