



Figure 5. Coronal section of the submandibular lodge. Highlighted in red is the Suprahyoid Fascia.

The superior-lateral side is formed by the fossa of the submandibular gland, located in the inner part of the jaw, immediately under the mylohyoid line. The superior-medial side is made up of mylohyoid muscle (anteriorly) and of hyoglossus muscle (posteriorly). Both muscles are covered by a smaller fascia derived from the suprahyoid fascia, also known as the superficial cervical fascia. In diverging on the top, these muscles form a virtual space that permits communication between the submandibular and the sublingual lodge. Finally, the inferior lateral side of our imaginary triangle is made up of cutis, subcutis, platysma muscle, and suprahyoid fascia. This fascia splits into two smaller fascia that, as mentioned above, form the superior-medial and inferior-lateral sides. These latter form the front end of the submandibular lodge at the point where they converge. The back end is made up of the intraglandular septum, also resulting from the same fascia that separates the submandibular lodge from that of the parotid [10–12]. Different interpretations exist regarding the anatomy of this space. We have already described the classic structure (Figure 6), but there are other variations. According to Charpy-Moresten (B), the inner layer of the superficial cervical fascia forms a pulley bypassing the digastric muscle's tendon. The latter is then hooked onto the insertion of the stylohyoid muscle. According to Trolard-Decomps (C) alternatively, the deep cervical fascia rises above the hyoid bone, lining suprahyoid muscles and forming the inner side of the submandibular lodge. Finally, according to Truffert (D), the deep cervical fascia expands among the mylohyoid and stylohyoid muscles to form layers that cover the submandibular gland [13]. Certainly, anatomical variants can be found and the progress of the odontogenic abscess depends on these, eventually developing into lateral-cervical