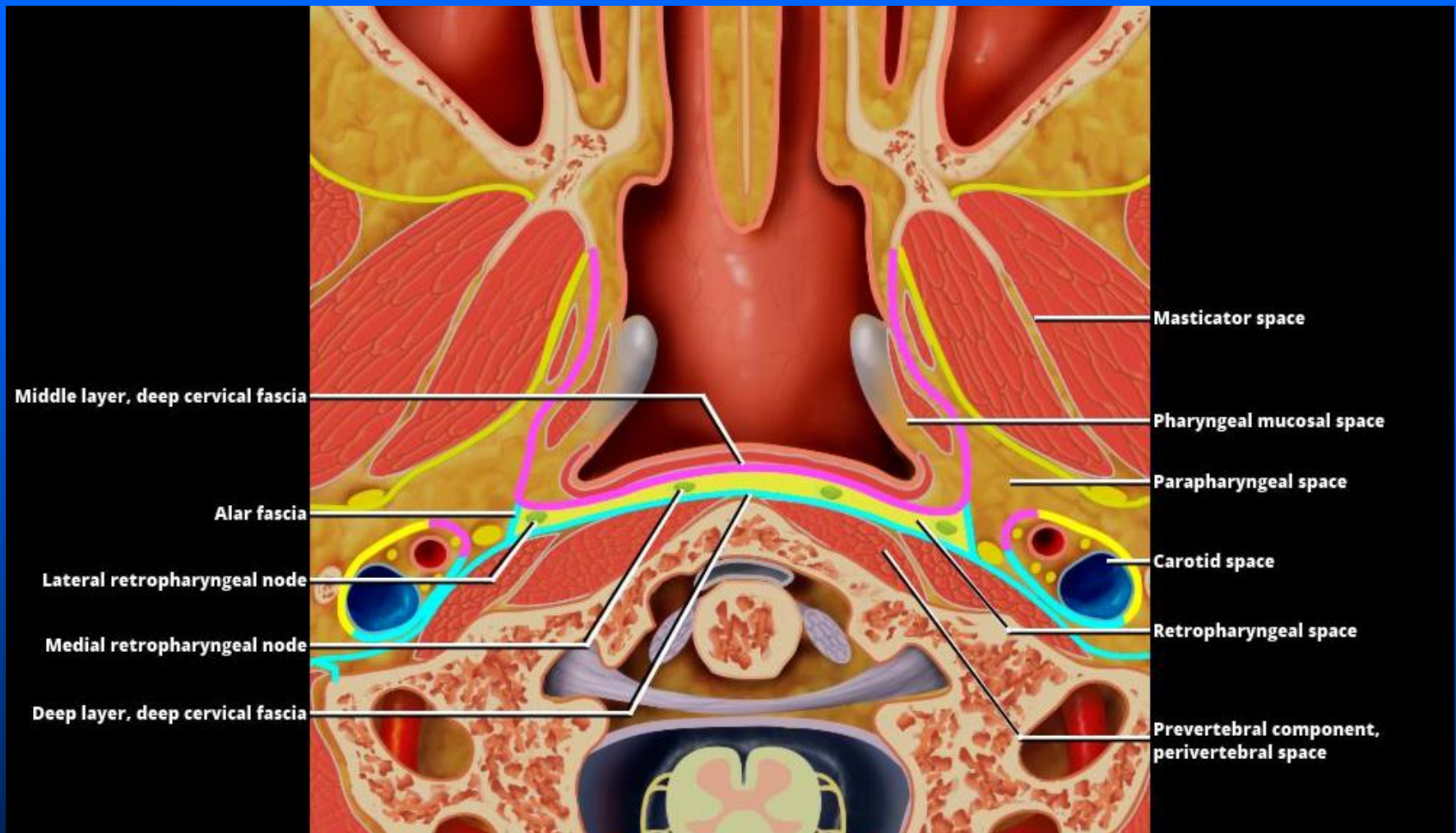
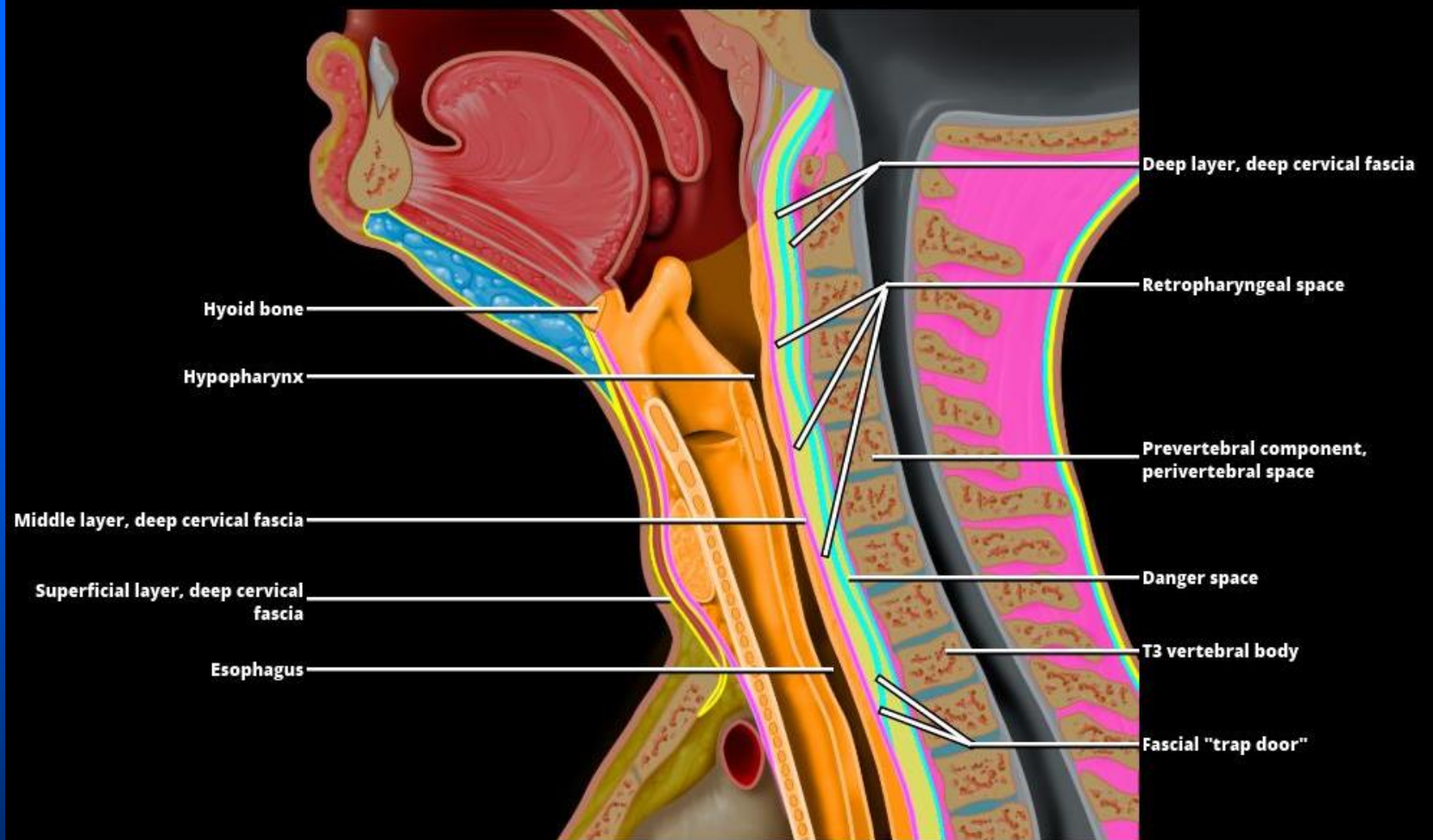


Retropharyngeal space (RPS)



- Medial and lateral retropharyngeal nodes.
- Notice that the middle layer of deep cervical fascia is the anterior border of the RPS, while the deep layer of deep cervical fascia is the posterior border.
- The lateral wall is a slip of the deep layer called the alar fascia.



Notice the fascial "trap door" found at the approximate level of T3 vertebral body that serves as a conduit from the retropharyngeal to the danger space.

RPS infection or tumor may access the mediastinum via this route of spread.

Internal Contents

- SHN RPS (skull base to hyoid bone)
 - Fat is primary occupant of SHN RPS
 - RPS lymph nodes
 - » Lateral group: Also called nodes of Rouvière
 - » Medial group: Less often visible on imaging
- IHN RPS (hyoid bone to T3 vertebral body in mediastinum)
 - Fat only in IHN RPS
 - No RPS nodes below hyoid bone

Clinical Importance

- RPS nodes are seeded by pharyngitis
 - Once seeded they react, suppurate, & eventually rupture to create RPS abscess
- Squamous cell carcinoma of nasopharynx & posterior wall of oropharynx & hypopharynx drain into RPS nodal chain.
- **Danger space**
 - Potential space located behind the true retropharyngeal space, which connects the deep cervical spaces to the mediastinum.
 - In healthy patients, it is indistinguishable from the retropharyngeal space. It is only visible when distended by fluid or pus, below the level of T1-T6, since the retropharyngeal space variably ends at this level.
- **Related pathology**
 - It is a potential path for spread of infections (e.g. retropharyngeal abscess) from the pharynx to the mediastinum.