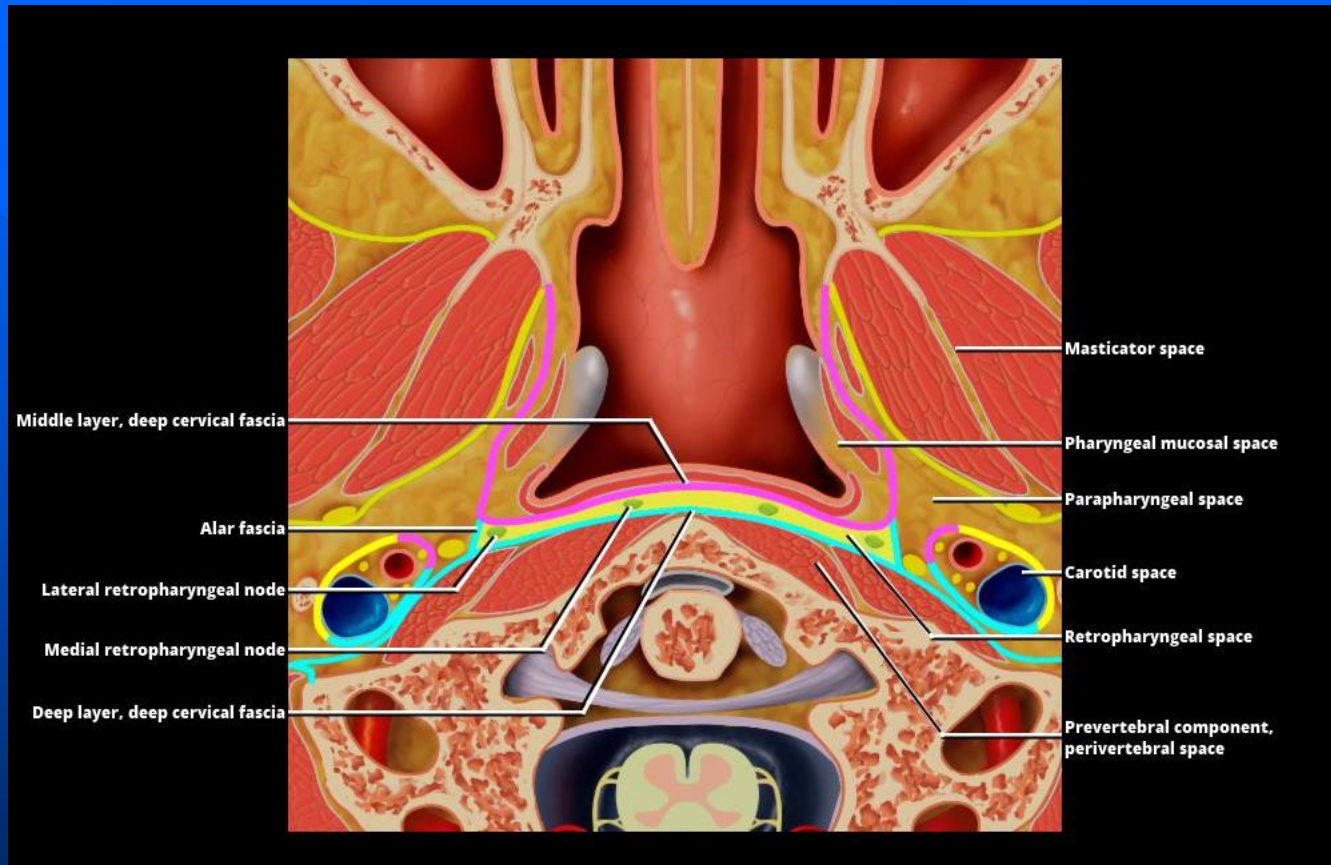


Internal Contents

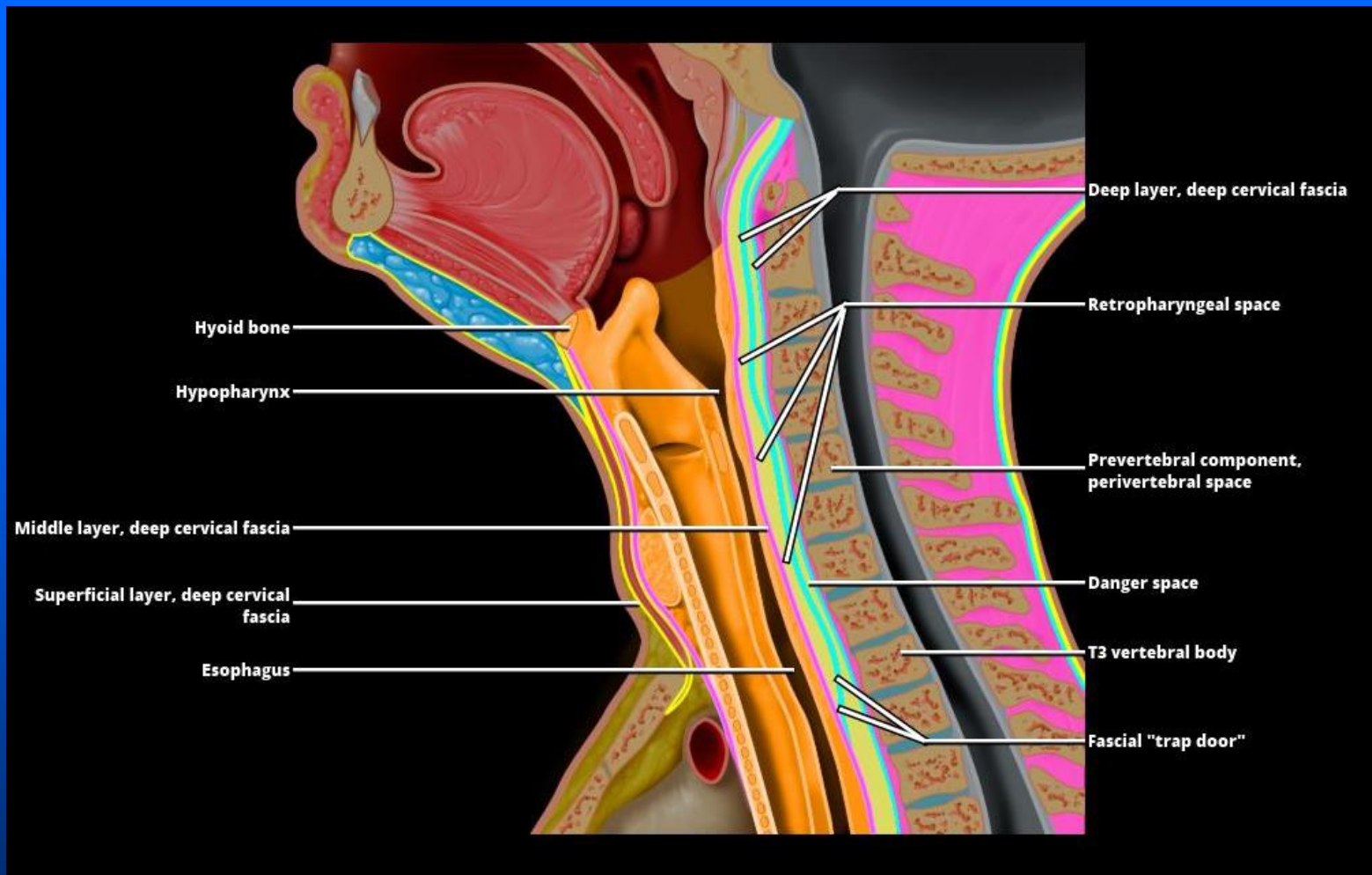
- SHN RPS (skull base to hyoid bone)
 - Fat is primary occupant of SHN RPS
 - RPS lymph nodes
 - » Lateral group: Also called nodes of Rouvière
 - » Medial group: Less often visible on imaging
- IHN RPS (hyoid bone to T3 vertebral body in mediastinum)
 - Fat only in IHN RPS
 - No RPS nodes below hyoid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



Axial graphic shows that the retropharyngeal space (RPS) in the suprahyoid neck has 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.



Sagittal graphic depicts longitudinal spatial relationships of the neck with emphasis on the retropharyngeal and danger spaces. Seen just anterior to the vertebral column, the retropharyngeal and danger spaces run inferiorly from the skull base toward the mediastinum. 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.