

CNS Block

Anatomy Team-430



The Cranial Nerves
****Summery****

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General information about cranial nerves

Each cranial nerve contains:

- sensory fibers (sensory nerve)
- or motor fibers (motor nerve)
- or both (mixed nerve)

now what are these sensory and motor fibers:

1- sensory fibers:(4 types)

1- general somatic afferent(GSA):

receives general sensation of pain .temperature –proprioceptive –touch (p.t.p.t) from skin
– sk ms (not from viscera)

2- general visceral afferent(GVA):

receives general sensation of pain .temperature –proprioceptive –touch (p.t.p.t) from viscera

*sympathetic or parasympathetic .

3- special somatic afferent(SSA):

receives general sensation of balance and vision and hearing

4- special visceral afferent(SVA):

receives general sensation of taste and smell

2- motor fibers:(3 types)

1- general somatic efferent(GSE):

supplies somatic voluntary ms (skeletal ms)

2-general visceral efferent(GVE):

Supplies involuntary ms (smooth and cardiac ms)+ gland

3-special visceral efferent(SVE) :

Supplies special group of ms that derives from branchial arches (pharyngeal arches)

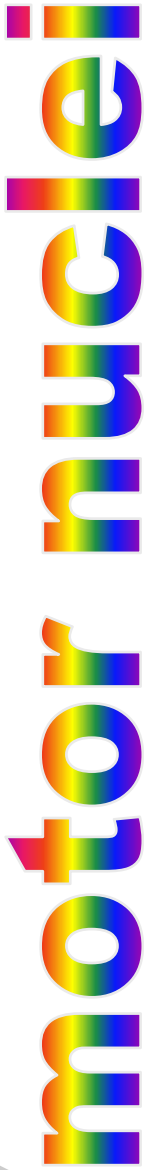
They are:


First arch	<ul style="list-style-type: none"> ☞ muscles of mastication(temporalis , masseter, medial & lateral pterygoid) ☞ the anterior belly of the digastric, ☞ the mylohyoid, ☞ tensor tympani, ☞ tensor veli palatini. 	innervated by the trigeminal nerve
Second arch	<ul style="list-style-type: none"> ☞ muscles of facial expression, ☞ the posterior belly of the digastric ☞ , stylohyoid muscle, and ☞ the stapedius ☞ platysma ☞ occipitofrontalis ☞ buccinator 	innervated by the facial nerve
Third arch	the stylopharyngeus	glossopharyngeal nerve.
Fourth & Sixth arches	<ul style="list-style-type: none"> ☞ all the muscles of the palate (exception of the tensor palate which is innervated by the trigeminal nerve ☞ all the muscles of the pharynx (except stylopharyngeus which is innervated by the glossopharyngeal nerve, ☞ all the muscles of the larynx ☞ Palatoglossus 	innervated by the vagus nerve

Note:

All sensory (**GSA-GVA-SSA-SVA**) and sympathetic / parasympathetic(GVE) fibers have ganglion on there pathway (before entering the brain stem)

Cranial nerves(2nd-12th) nuclei

	Type of nuclei	nuclei	Type of fibers that it is receive or give	location	Cranial nerves
1		Hypoglossal nucleus	G. S. E.	Open medulla	12 th
2		Abducent N		Caudal pons	6 th
3		Trochlear N		Mid brain	4 th
4		occulomotor nucleus		Mid brain	3 th
5		inferior salivatory nucleus	G. S. E.	pons	9 th
6		Superior salivatory N		pons	7 th
7		Dorsal Nucleus of Vagus		Open medulla	10 th
8		Edinger-Westphal nucleus (EWN)		Mid brain	3 th
9		nucleus ambiguus,	S. V. E.	Open medulla	9 th 10 th 11 th (cranial part) السا spinal part (spinal nucleus)
10		Facial motor nucleus		Caudal pons	7 th

11		Trigeminal <u>Motor</u> nucleus		Pons	5 th
12		Sensory Nucleus of Trigeminal nerve(<u>1-</u> Mesencephalic – <u>2-</u> Principal (main) sensory <u>3-Spinal</u>)	GSA	1-midbrain& restoral pons 2- pons 3- pons, medulla & upper 2-3 cervical segments of spinal cord	5 th 10 th (spinal)
13		Cochlear nuclei	SSA	medulla	8 th (cochlear part)
14		Vestibular nuclei	SSA	Open medulla – caudal pons	8 th (vestibular part)
15		nucleus of solitary tract	SVA GVA	Open medulla	7 th (SVA) 9 th (SVA-GVA) 10 th (GVA)
16		Lateral geniculate nucleus	SSA	Thalamus	2 nd

Note:

All motor nuclei are locating medially within the brain stem and all sensory nuclei are laterally

Cranial nerves	type	Nucleus	Foramen of exit or exit from skull	ganglion
2 th	Sensory (SSA)	Lateral geniculate nucleus	Optic canal	_____
3 th	Motor(GSE\GVE= parasympathetic)	1-oculomotor nucleus 2-Edinger-Westphal nucleus (EWN)	superior orbital fissure	GVE→ciliary ganglion
4 th	Motor(GSE)	Trochlear N	superior orbital fissure	It is motor and not GVE→ no ganglion -----
5 th	Mixed (GSA\SVE)	1-Sensory Nucleus of Trigeminal nerve (3 parts) 2- Trigeminal <u>Motor nucleus</u>	☞ ophthalmic → <u>superior orbital fissure</u> ☞ maxillary →foramen rotundum ☞ mandibular→foramen ovale	GSA→trigeminal ganglion
6 th	Motor(GSE)	Abducent N	superior orbital fissure.	-----
7 th	Mixed(SVE \ GVE= parasympathetic- SVA)	1-Superior salivatory N 2-motor nucleus of facial nerve 3- nucleus solitarius	through <u>internal auditory meatus</u> (enter the ear) then Passes through <u>stylomastoid foramen</u>	*SVA →geniculate ganglion *GVE to lacrimal ,nasal,palatine glands→pterygopalatine ganglion *GVE to sub- mandibular ,lingual glands → sub-mandibular ganglion
8 th	Sensory(SSA)	1-Cochlear nuclei 2-Vestibular nuclei	internal auditory meatus.	Cochlear →spiral ganglion Vestibular→ vestibular ganglion
9 th	Mixed(SVE \ GVE= parasympathetic \GVA\SVA)	1-nucleus ambiguus, 2-inferior salivatory nucleus 3-nucleus of solitary tract	jugular foramen.	*GVE→otic ganglion *superior and inferior ganglion
10 th	Mixed(SVE\ GVE= parasympathetic \ GSA\GVA)	1-nucleus ambiguus, 2-Dorsal Nucleus of Vagus Sensory nucleus of trigeminal nerve 4-nucleus of solitary tract	jugular foramen.	Parasympathetic , superior and inferior ganglion
11 th	Motor (SVE)	cranial part: nucleus ambiguus , spinal part : spinal nucleus	jugular foramen.	-----
12 th	Motor((GSE)	Hypoglossal nucleus	Hypoglossal canal	-----

Cranial nerves	function	Lesion
2nd	<ul style="list-style-type: none"> Vision 	<p>Lesion results in: visual field defects and loss of visual acuity, a defect of vision is called anopsia.</p> <ul style="list-style-type: none"> A lesion of the right optic nerve → loss of vision in the right eye A lesion of the optic chiasm → bitemporal hemianopsia. A lesion of the right optic tract & right optic radiation → contralateral homonymous hemianopsia. A lesion of both visual cortices → complete blindness
3th	<ul style="list-style-type: none"> Elevation of the upper eyelid, Turning the eye upward, downwards and medially, Constricting the pupil, Accommodating the eyes. 	<ul style="list-style-type: none"> Lateral squint Ptosis Diplopia Pupillary dilatation Loss of accommodation Impaired downward & outward movement of the eye ball on the damaged side.
4th	<ul style="list-style-type: none"> Rotates the eye ball downwards and laterally 	<ul style="list-style-type: none"> Lesion results in diplopia & inability to rotate the eye infero-laterally. The eye deviates; upward and slightly inward. Person has difficulty in walking downstairs
5th	<ul style="list-style-type: none"> *Carrying general sensations from face. *Supplying muscles developed from the 1st pharyngeal arch, (8 muscles). 	<ul style="list-style-type: none"> trigeminal neuralgia or tic douloureux Usually involves maxillary & mandibular nerves, rarely in the ophthalmic division.
6th	<ul style="list-style-type: none"> Rotates the eye ball laterally. 	<ul style="list-style-type: none"> Medial squint A nuclear lesion may also involve the axons of the facial nerve, causing paralysis of all the ipsilateral facial muscles.
7th	<ul style="list-style-type: none"> carrying taste sensation from anterior 2/3 of the tongue. supplying muscles developed from the 2nd pharyngeal arch. parasympathetic secretory fibers to submandibular, sublingual, lacrimal, nasal & palatine glands. 	<ul style="list-style-type: none"> Bell's Palsy = paralysis of muscles of facial expressions
8th	<ul style="list-style-type: none"> Vestibular part: balance of body (position & movement of the head) Cochlear part: hearing 	<ul style="list-style-type: none"> Lesion of vestibulocochlear nerve → deafness (Disturbnce of cochlear nerve functions), tinnitus, vertigo, dizziness, nausea, nystagmus, loss of balance and ataxia (Disturbnce of vestibular nerve functions) most common lesion is Acoustic neuroma

9th	<ul style="list-style-type: none"> • supply stylopharygeus • supply parotid gland. • supply the taste buds on posterior third of tongue. • receive visceral sensation from mucosa of posterior third of tongue, pharynx, auditory tube and tympanic cavity, carotid sinus 	<ul style="list-style-type: none"> • dysphonia, dysphagia and absence of the gag reflex. • examples of this lesion: <ol style="list-style-type: none"> 1. Lateral medullary syndrome 2. Tumors
10th	<ul style="list-style-type: none"> • innervate cardiac muscle, smooth muscles and glands of viscera. • innervate muscles of pharynx and larynx(6th -4th arches) . • Sensation from viscera in neck, thoracic and abdominal cavities • sensation from auricle, external acoustic meatus and cerebral dura mater 	<ul style="list-style-type: none"> • *causes hoarseness or loss of voice, impaired swallowing, GI dysfunction, blood pressure anomalies (with CN IX), • *examples of this lesion: 1. Lateral medullary syndrome • 2. Tumors
11th	<ul style="list-style-type: none"> • Movements of the soft palate, larynx, pharynx. • Controls the movements of neck 	<ul style="list-style-type: none"> • Difficulty in swallowing and speech • Inability to turn the head and raise the shoulder • Winging of scapula
12th	<ul style="list-style-type: none"> • Controls the movements and shape of the tongue during speech and swallowing 	<ul style="list-style-type: none"> • Loss of tongue movements • Difficulty in chewing and speech • The tongue paralyses, atrophies, becomes shrunken and furrowed on the affected side (LMN paralysis) • On protrusion, tongue deviates to the affected side • If both nerves are damaged, person can't protrude tongue