Mohannad Sharifi Group B - 430 CNS-block

الجدول لا يغنى عن المحاضرة

	Accessory (XI)		Hypoglossal (XII)
	Cranial (SVE)	Spinal (SVE)	GSE
Origin	Nucleus ambiguus	Spinal nucleus (ventral grey horn, upper 5 cervical)	Hhypoglossal nucleus (4 th ventride)
Course	 Unites with its other compartment & exit the skull through jugular foramen Separates from its other compartment (again) & joins the Vagus nevre 	 Ascends & enters skull though <u>foramen magnum</u> Unites with its other compartment & exit the skull through <u>jugular foramen</u> Separates from its other compartment <u>(again)</u> & runs downwards to <u>supply sternomastoid & trapezius</u> (musdes of neck) 	 Descends downward & Curves behind mandible <u>Carries C1 fibers</u> to take part in the formation of <u>Ansa cervicalis</u> Exits from skull via <u>Hypoglossal canal</u>
Supplies	PharynxLarynxSoft palateEsophagus	SternomastoidTrapezius	 All muscles of the tongue (except palatoglossus by Vagus) proprioceptive afferents from the tongue muscles
Receives	Bilateral Corticonuclear fibers (afferent) from both cerebral hemispheres		 Corticonuclear fibers (afferent) from both cerebral hemispheres Afferent fibers from <u>nucleus solitarius</u> and <u>trigeminal sensory nucleus</u>
Symptoms (when injured)	DysphoniaDysphagia (revise Glossopharyngeal)	 Inability to turn the head and raise the shoulder Winging of scapula 	 Loss of tongue movements Difficulty in chewing and speech Tongue atrophy Unilateral lesion: Deviates to the affected side Bilateral lesion: can't protrude the tongue

The Course is not that important

*Notice:

- XI & XII CNs are totally motors (may carry sensory fibers, but not from their origins)
- XI arises between olive & inferior cerebellar peduncle (revise IX & X)
- XII arises between olive & pyramid (the only CN which arises in this area)
- Nucleus ambiguus: supplies almost all muscles in oral cavity & neck (revise IX & X)