



The Cranial Nerves 9 & 10

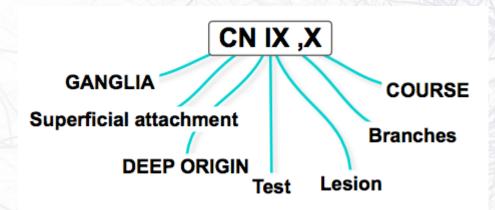
Done by:
Areej AlAman
Anjod AlMuhareb
Revised by:
Anjod AlMuhareb

تنويه: هذا العمل لا يعتبر مصدر رئيسي للمذاكرة وإنما للمرجعة فقط Anatomy433@gmail.Com



Objectives

- Define the deep origin of both Glossopharyngeal and Vagus Nerves.
- Locate the exit of each nerve from the brain stem.
- Describe the course and distribution of each nerve.
- List the branches of both nerves.



ABBREVIATION:

SVE: Special Visceral Efferent GVE: General Visceral Efferent SVA: Special Visceral Afferent GVA: General Visceral Afferent

C 9 Glossopharyngeal nerve

C 9 glossopharyngeal Nerve.

Type:
MIXED:
SENSORY
MOTOR
parasympa
thetic

*It has no real nucleus to itself. it shares nuclei with VII and X.

fibers & Deep origin

SVE fibers
originate from nucleus
ambiguus
supply stylopharyngeus
muscle.

GVE fibers: arise from inferior salivatory nucleus supply parotid gland.

SVA fibers:
arise from the cells of inferior
ganglion, their central
processes terminate in
nucleus of solitary tract,
peripheral processes supply
the taste buds on posterior
third of tongue.

GVA fibers:
visceral sensation from
mucosa of posterior third of
tongue, pharynx, auditory
tube and tympanic cavity,
carotid sinus, end in nucleus
of solitary tract

GANGLIA

Superior
ganglion:
Small.
No branches.
connected to
the Superior
Cervical
sympathetic
ganglion.

Inferior
ganglion:
Large.
carries general
sensations from
pharynx, soft
palate & tonsil.
Connected to
Auricular branchof
vagus.

*The <u>Trunk of the</u>
<u>nerve is</u>
connected to the
Facial nerve at the
stylomastoid
foramen

Superficial attachment

It arises from ventral aspect of medulla in groove between olive and inferior cerebellar peduncle.

It leaves the cranial cavity by passing through the jugular foramen in company with the Vagus, Acessory nerves and the Internal jugular vein.



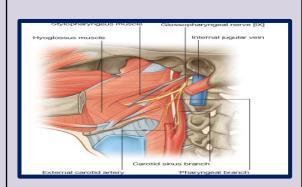
COURSE

The nerve passes forwards between Internal jugular vein And External carotid artery.

Lies Deep to **Styloid process**. It passes between external and internal carotid arteries at the posterior border of **Stylopharyngeus** then lateral to it. It reaches the **pharynx** by passing between middle and

Hyoglossusmuscle, where it breaks into terminal branches.

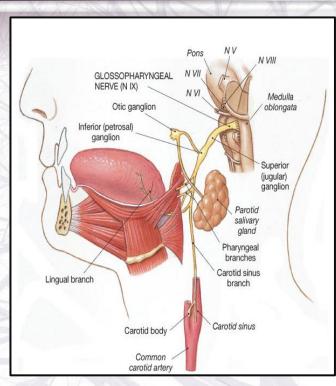
inferior constrictors, deep to

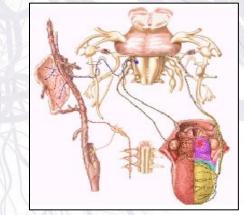


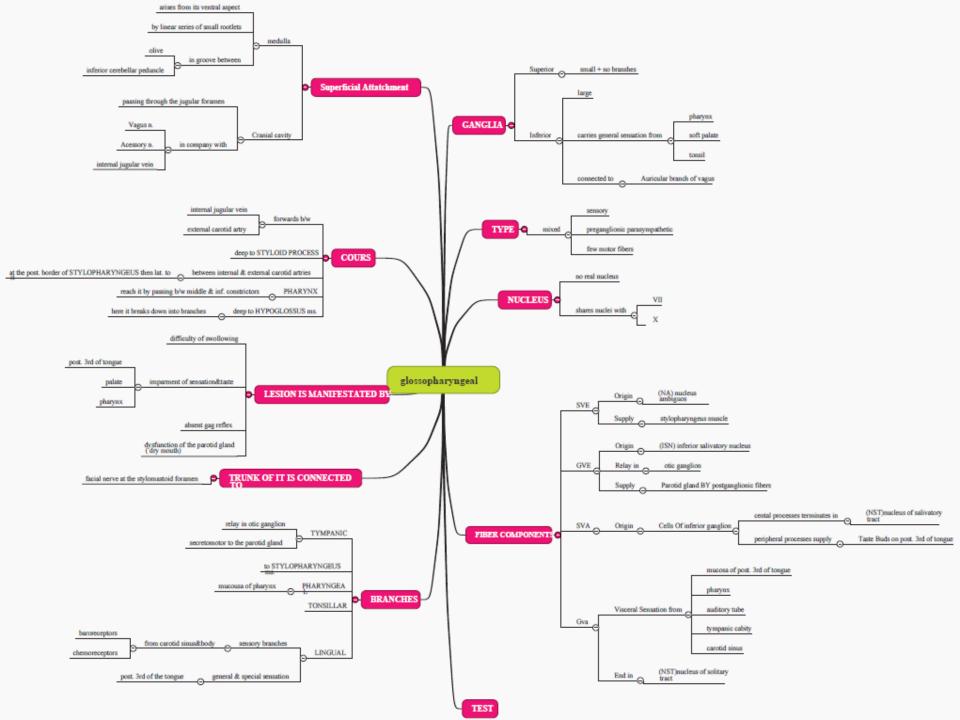
BRANCHES & Nerve lesion OF CN 9

BRA	NERVE LESION	
BRANCHE	SUPPLY	Manifestation
<u>Tympanic</u>	secretomotor to the parotid gland	Difficulty of swallowing
Nerve to Stylophar	Absent gag reflex.	
<u>Pharyngeal</u>	to the mucosa of pharynx	Dysfunction of the parotid gland (dry mouth).
<u>Tonsillar</u>	Impairment of taste and	
<u>Lingual</u>	carries sensory branches, general and special (taste) from the posterior third of the tongue.	sensation over the posterior one-third of the tongue ,palate and pharynx
Sensory branches	from the carotid sinus and body (baroreceptors and chemoreceptors).	

NERVE LESION Manifestation Difficulty of swallowing Absent gag reflex. Dysfunction of the parotid gland (dry mouth). npairment of taste and sensation over the posterior one-third of







C10 VAGUS Nerve

SVE fibers

C 10 **VAGUS** Nerve.

Type: **MIXED: SENSORY MOTOR** Parasymp athetic

*Supply organ of thorax & upper abdomen.

Motor & sensory supply to pharynx & larynx.

fibers & Deep origin

originate from nucleus ambiguus supply muscle of pharynx & larynx

GVE fibers: originate from **Dorsal Nucleus of Vagus** innervate cardiac muscle,

SVA fibers:

of viscera.

sensation from auricle, external acoustic meatus and cerebral dura mater, to **Spinal Tract & Nucleus of Trigeminal**

smooth muscles and glands

GVA fibers: carry impulse from viscera in neck. thoracic and abdominal cavities to **Nucleus of Solitary Tract.**

GANGLIA

Superior ganglion: in the jugular Foramen

Communicate with: 1.Inferior ganglion of glossopharyngeal nerve,

2. Superior cervical sympathetic ganglion& 3. Facial nerve.

Inferior ganglion:

just **below** the

jugular foramen

1.Cranial part of

accessory nerve,

3. Superior cervical

4.1st cervical nerve.

2. Hypoglossal

sympathetic

ganglion.

nerve,

Communicate with:

medulla between olive and inferior cerebellar peduncle. Leaves the skull through jugular foramen.

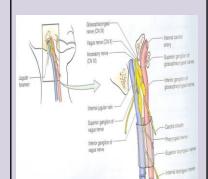
Superficial attachment

Its rootlets exit from

It occupies the posterior aspect of the carotid sheath between the internal jugular vein laterally

and the internal and

common carotid arteries medially.



COURSE

The vagus runs down the neck on the prevertebral muscles and fascia. The internal jugular vein lies **behind** it, and the internal and common carotid arteries are in **front** of it, all the way down to the superior thoracic aperture.

In THORAX:

Enters thorax through its inlet:

Right Vagus descends in front of the Right subclavian artery. **Left Vagus** descends

between the left common carotid and Left subclavian

arteries.

BRANCHES & Nerve lesion of CN 10

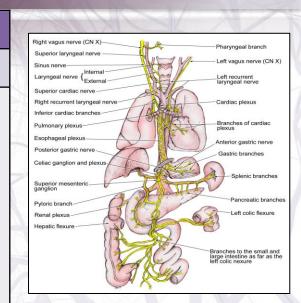
BRANCHES		
BRANCHES	SUPPLY	
<u>Meningeal</u>	to the dura	
<u>Auricular</u>	external acoustic meatus & tympanic membrane.	
<u>Pharyngeal</u>	the mucous membrane of the pharynx, superior and middle constrictor muscles, and all the muscles of the palate except the tensor palati	
To carotid body		
Superior Laryngeal: It divides into		
1) Internal_ <u>Laryngeal</u>	sensation to the hypopharynx, the epiglottis, and the part of the larynx that lies above the vocal folds.	
2) External_ Laryngeal_:	the cricothyroid muscle.	
<u>Recurrent</u> <u>Laryngeal</u>	motor supply to all the muscles of the larynx, except the cricothyroid. It also provides sensation to the larynx below the vocal folds	

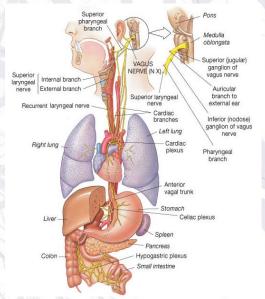
Manifestation

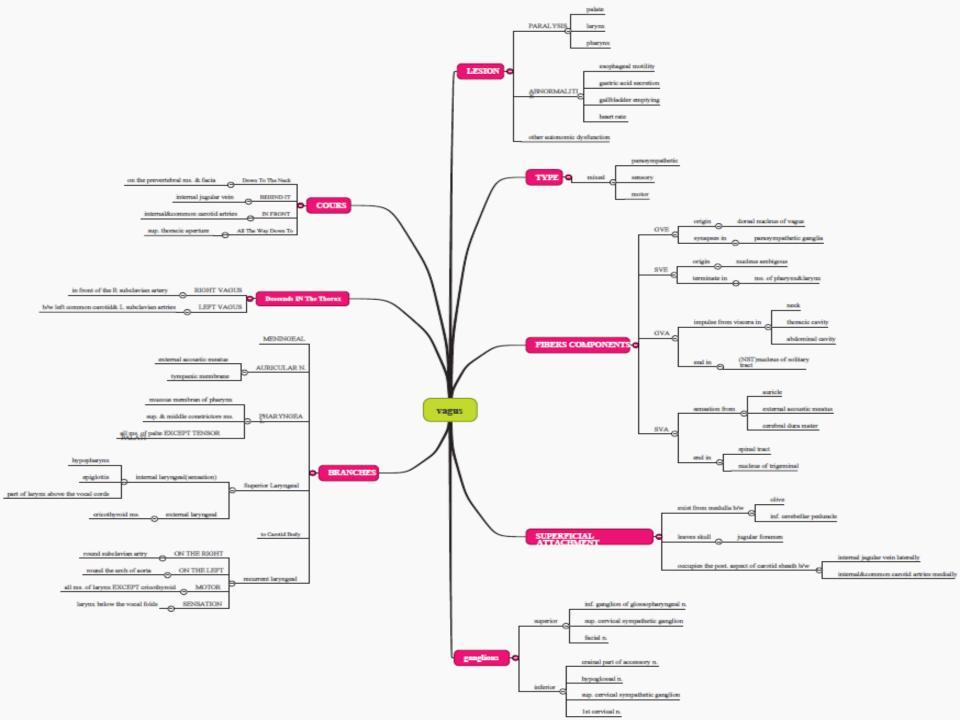
NERVE LESION

palatal ,pharyngeal and laryngeal paralysis

Abnormalities of:
esophageal motility,
gastric acid secretion,
gallbladder emptying,
heart rate
and
other autonomic
dysfunction.







CAUSES OF IX & X NERVE LESIONS

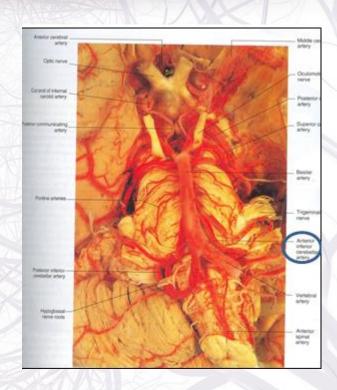
1. Lateral medullary syndrome:

A degenerative disorder seen over age of 50 mostly due to

- Thrombosis of the Inferior Cerebellar Artery.
- **2. Tumors** compressing the cranial nerves in their exiting foramina from the cranium via the skull base

Manifested by:

- Ipsilateral :paralysis of the muscles of the Palate, Pharynx and Larynx.
- loss of Taste from the Posterior Third of tongue.



Examination of Cranial Nerve 9, 10, 11 and 12"
http://youtu.be/LpRD292SqiM
http://youtu.be/Jbq4Env UXw

Functional component	Abbreviation	General function	Cranial nerves containing component
General somatic afferent	GSA	Perception of touch, pain, temperature	Trigeminal nerve [V]; facial nerve [VII]; glossopharyngeal nerve [IX]; vagus nerve [X]
General visceral afferent	GVA	Sensory input from viscera	Glossopharyngeal nerve [IX]; vagus nerve [X]
Special afferent*	SA	Smell, taste, vision, hearing, and balance	Olfactory nerve [I]; optic nerve [II]; facial nerve [VII]; vestibulocochlear nerve [VIII]; glossopharyngeal nerve [IX]; vagus nerve [X]
General somatic efferent	GSE	Motor innervation to skeletal (voluntary) muscles	Oculomotor nerve [III]; trochlear nerve [IV]; abducent nerve [VI]; accessory nerve [XI]; hypoglossal nerve [XII]
General visceral efferent	GVE	Motor innervation to smooth muscle, heart muscle, and glands	Oculomotor nerve [III]; facial nerve [VII]; glossopharyngeal nerve [IX]; vagus nerve [X]
General visceral efferent**	BE	Motor innervation to skeletal muscles derived from pharyngeal arch mesoderm	Trigeminal nerve [V]; facial nerve [VII]; glossopharyngeal nerv [IX]; vagus nerve [X]

Other terminology used when describing functional components:

^{*}Special sensory, or special visceral afferent (SVA): smell, taste. Special somatic afferent (SSA): vision, hearing, balance.

^{**}Special visceral efferent (SVE) or branchial motor.

Nerve	COMP	ONENT	Exit from skull	
	Afferent	Efferent		Function
Olfactory nerve [I]	SA		Cribriform plate of ethmoid bone	Smell
Optic nerve [II]	SA		Optic canal	Vision
Oculomotor nerve [III]		GSE, GVE	Superior orbital fissure	GSE—innervates levator palpebrae superioris, superior rectus, inferior rectus, medial rectus, and inferior oblique muscles GVE—innervates sphincter pupillae for pupillary constriction; ciliar muscles for accommodation of the lens for near vision
Trochlear nerve		GSE	Superior orbital fissure	Innervates superior oblique muscle
Trigeminal nerve	GSA	BE	Superior orbital fissure—ophthalmic division [V ₁] Foramen rotundum—maxillary nerve [V ₂] Foramen ovale—mandibular division [V ₃]	GSA—sensory from: ophthalmic division [V ₁]—eyes, conjunctiva, orbital contents, nasal cavity, frontal sinus, ethmoidal cells, upper eyelid, dorsum of nose, anterior part of scalp, dura in anterior cranial fossa, superior part of tentorium cerebelli; maxillary nerve [V ₂]—dura in middle cranial fossa, nasopharynx, palate, nasal caviupper teeth, maxillary sinus, skin covering the side of the nose, lower eyelid, cheek, upper lip; mandibular division [V ₃]—skin of lower face, cheek, lower lip, anterior part of external ear, part of external acoustic meatus, temporal fossa, anterior two-thirds of tongue, lower teeth, mastoid air cells, mucous membranes of cheek, mandible, dura in middle cranial fossa BE—innervates temporalis, masseter, medial and lateral pterygoid tensor tympani, tensor veli palatini, anterior belly of digastric, and mylohyoid muscles

Table 8.5-cont'd	Cranial ne	Cranial nerves (see Table 8.4 for abbreviations)			
		ONENT			
Nerve	Afferent	Efferent	Exit from skull	Function	
Abducent nerve [VI]		GSE	Superior orbital fissure	Innervates lateral rectus muscle	
Facial nerve [VII]	GSA, SA	GVE, BE	Stylomastoid foramen [nerve leaves cranial cavity through internal acoustic meatus]	GSA—sensory from part of external acoustic meatus and deeper parts of auricle SA—taste from anterior two-thirds of tongue GVE—innervates lacrimal gland, submandibular and sublingual salivary glands, and mucous membranes of nasal cavity, hard and soft palates BE—innervates muscles of face (muscles of facial expression) and scalp derived from the second pharyngeal arch, and stapedius, posterior belly of digastric, stylohyoid muscles	
Vestibulocochlear nerve [VIII]	SA		[nerve leaves cranial cavity through internal acoustic meatus]	Vestibular division—balance Cochlear division—hearing	
Glossopharyngeal nerve [IX]	GVA, SA, GSA	GVE, BE	Jugular foramen	GVA—sensory from carotid body and sinus GSA—posterior one-third of tongue, palatine tonsils, oropharynx, and mucosa of middle ear and pharyngotympanic tube SA—taste from posterior one-third of tongue GVE—innervates parotid salivary gland BE—innervates stylopharyngeus muscle	
Vagus nerve [X]	GSA, GVA, SA	GVE, BE	Jugular foramen	GSA—sensory from larynx, laryngopharynx, deeper parts of auricle, part of external acoustic meatus, and dura in posterior cranial fossa GVA—sensory from aortic body chemoreceptors and aortic arch baroreceptors, esophagus, bronchi, lungs, heart, and abdominal viscera of the foregut and midgut SA—taste from the epiglottis and pharynx GVE—innervates smooth muscle and glands in the pharynx, larynx, thoracic viscera, and abdominal viscera of the foregut and midgut BE—innervates one tongue muscle (palatoglossus), muscles of soft palate (except tensor veli palatini), pharynx (except stylopharyngeus), and larynx	
Accessory nerve [XI]		GSE	Jugular foramen	Innervates sternocleidomastoid and trapezius muscles	
Hypoglossal nerve [XII]		GSE	Hypoglossal canal	Innervates hyoglossus, genioglossus, and styloglossus muscles and all intrinsic muscles of the tongue	

SWINSON AND SWILL BOOK OF THE SWINSON AND INSTANCE.

Questions

1-which one of Cranial nerves arise in groove between olive & inferior cerebellar peduncle:

A-accessory XI

B-glossopharyngeal IX

C-hpoglossal XII

2-Vagus nerve X is:

A- motor

B- sensory

C- mixed

3- where the IX cranial nerve break into terminal branch?

- A) in the posterior triangle
- B) in the pelvic
- C) deep to Hyoglossus

4-which branch of IX cranial nerve supply the parotid gland?

- A) Pharyngeal
- B) Tonsillar
- C) Tympanic

5-Glossopharyngeal nerve lesions cause?

- A) palatal and pharyngeal and laryngeal paralysis
- B) Absent gag reflex
- C) Abnormalities of gastric acid secretion

6-which branch of X cranial nerve provide sensation to larynx above the vocal fold ?

- A) External Laryngeal
- **B) Recurrent Laryngeal**
- C) Internal Laryngeal