

# Anatomy of the {2, 3, 4, 6} Cranial nerves

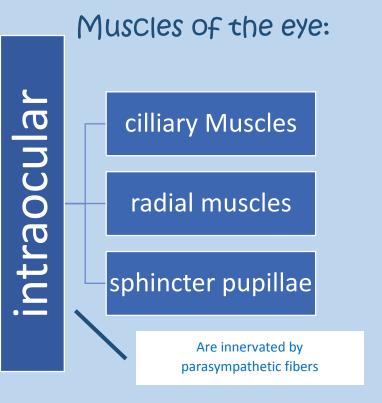
ملاحظة:

هذا الملف للمراجعة وترتيب المعلومات فقط وليس مرجع للمذاكرة لانه ليست كل المعلومات متضمنة

Some Say Marry Money But
My Brother Says Big Brains
Matter Most

The mnemonic above is to help you remember the types of cranial nerves as: S= sensory, M= motor and B= Both



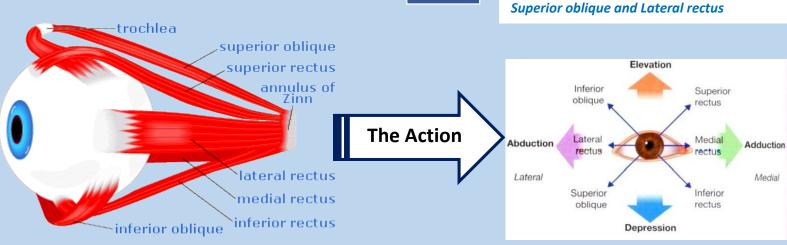


Levator palpebrae superioris

4 recti muscles
(superior,inferior,medial and lateral)

2 Oblique muscles
superior and inferior

Are innervated by oculomotor nerve Except:



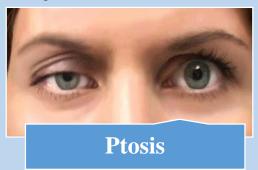
#### Occulomotor Nerve:

Туре	GSE : general somatic efferent + GVE : general visceral efferent (parasympathetic )
<u>nuclei</u>	Main occulomotor nucleus
	Accessory nucleus (Edinger-Westphal nucleus);
Level of the nuclei	Mid brain superior colliculus
<u>receives</u>	<ul> <li>Corticonuclear fibers → <u>accommodation reflex</u></li> </ul>
	<ul> <li>pretectal nucleus → <u>pupillary reflexes</u></li> </ul>
Important notes:	Fibers of oculomotor nucleus passes through red nucleus((without synapses)) → interpeduncular fossa → middle cranial fossa → lateral wall of the cavernous sinus → superior orbital fissure.
	Preganglionic fibers of Edinger-Westphal nucleus has the same pathway but terminate in ciliary ganglion  Postganglionic fibers pass through the <a href="mailto:short:short:blue;">short ciliary nerves</a> to the eyeball, where they supply:  Constrictor pupillae muscle of the iris and Ciliary muscle



#### Occulomotor Nerve injuries:







#### Trochlear Nerve:

- Small motor nucleus at the level of <u>inferior colliculus</u>.
- The only cranial nerve comes from the dorsal aspect.
- Supplies Superior oblique
- Lesion of this results in difficulty in

Walking downstairs because of the Inability to rotate the eyeball infero-laterally



#### Abducent Nerve:

- One motor nucleus
- Close to the middle line
- forms the facial colliculus (if injured Facial nerve manifestations may appear).
  - Inability to direct the affected eye laterally-<u>Lateral rectus action</u>-,
     so it result in (medial squint).



### **OPTIC NERVE:**

rods and cones of the ਵੱ retina

bipolar cells of the retina

gangilion cells of the retina

optic nerve exites the middle cranial fossa as the optic canal

**Optic** chiasm

**Optic tract** 

Lateral geniculate body (nucleus)\*

Right visual field

**Optic** radiation

Left visual field

calcarine sulcus

At the level of optic chiasm the nasal fibers (medial) ONLY decussate to join the temporal (lateral) fibers.

> Still confused?? Watch this video

Visual field Visual field of right eye of left eye Right side Left side tic nerves Optic chiasm uprachiasmatic Optic tract ucleus of hypothalamus teral geniculate nucleus of thalamu Right visual Left visual cortex cortex

Inferior view

Binocular field

Note that the medial part of the eye sees the lateral visual field.

Let's see what are the Nerve fibers involved in

Forming the LEFT optic tract?!

- Left temporal fibers
- **Right nasal fibers**

But what about the visual Field?!

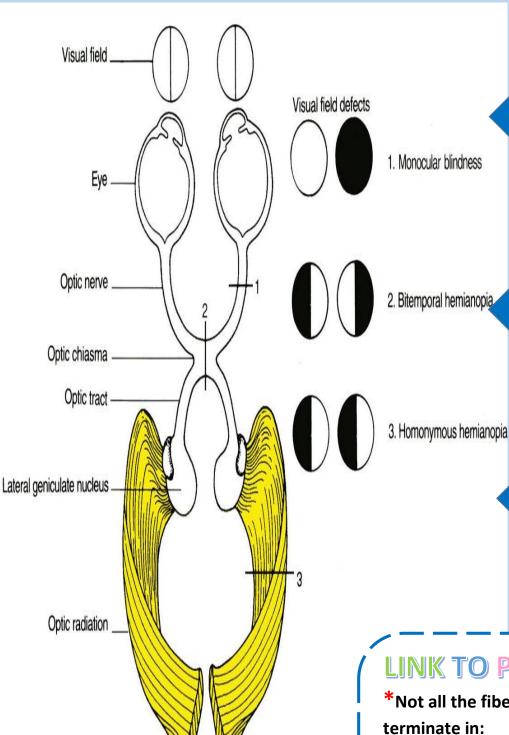
The left tract is responsible

For:

- Medial field of the left
- Lateral field of the right eye.



## VISUAL FIELDS DEFICITS



NK TO 8th cranial nerve© Remember: vestibulocochlear

nerve: Its 3<sup>rd</sup> order neuron in the INFERIOR colliculus, and 4<sup>th</sup> order

neuron the MEDIAL geniculate

nucleus.

intraocular
hemorrhage, retinal
detachment and MS

Compression of the optic chiasm (pituitary gland tumor)

Vascular or neoplastic lesions of the optic tract, occipital cortex and optic radiation

#### LINK TO PHYSIOLOGY ©

- \*Not all the fibers terminate in the (LGN) some terminate in:
  - Some fibers-of the optic tract- don't pass through the LGN they directly pass to pretectal area for eye movement and pupil reflexes.
  - 2. Some fibers of the LGN pass to the superior colliculus for accommodation reflex.







It is literally true
that you can
succeed best
and quickest by
helping others to
succeed

# Thank you for checking our team

Done by:

سارة محمد الجاسر

