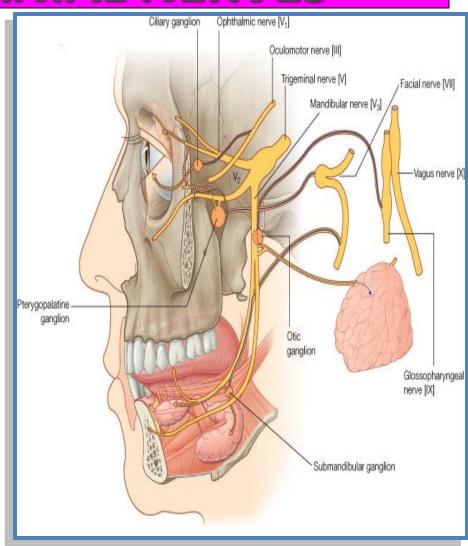
NERVE SUPPLY OF FACE 5TH & 7TH CRANIAL NERVES

By:
Prof Saeed Abuel Makarem
& Dr.Sanaa Alshaarawi



OBJECTIVES

By the end of the lecture, students shouldbe able to:

- List the nuclei of the deep origin of the <u>trigeminal</u> and facial nerves in the brain stem.
- > Describe the type and site of each nucleus.
- Describe the superficial attachment of <u>trigeminal</u> and <u>facial nerves</u> to the brain stem.
- Describe the <u>main course and distribution of</u> <u>trigeminal and facial nerves</u> in the face.
- Describe the main motor & sensory manifestation in case of lesion of the trigeminal & facial nerves.

TRIGEMINAL NERVE

> Type:

Mixed

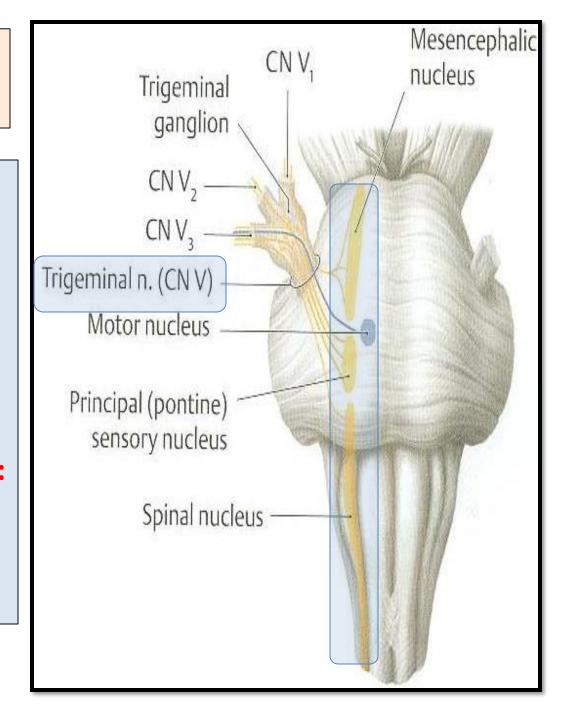
(sensory & motor).

- > Fibers:
- 1. General somatic afferent:

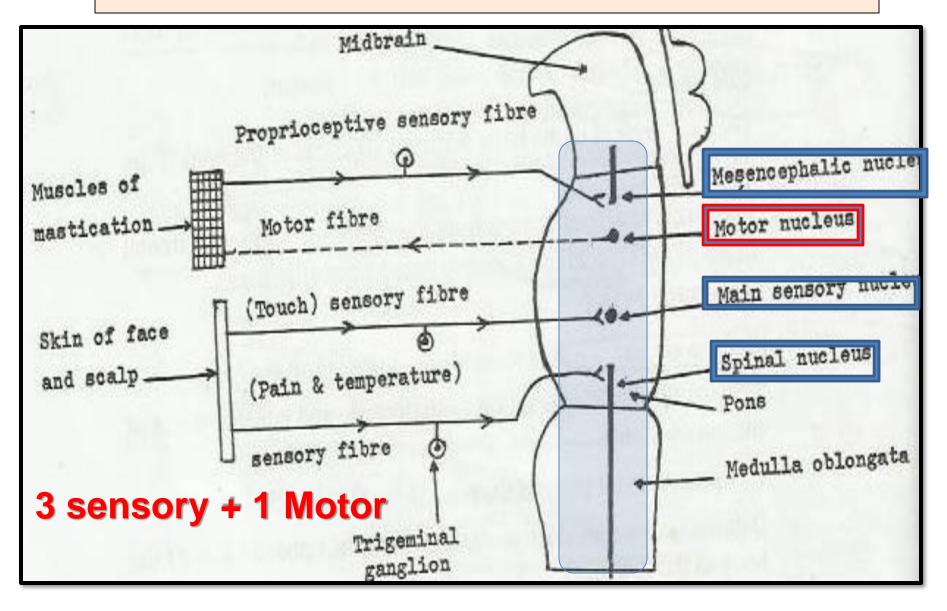
Carrying general sensations from face.

2. Special visceral efferent:

Supplying muscles developed from the 1st pharyngeal arch, (8 muscles).

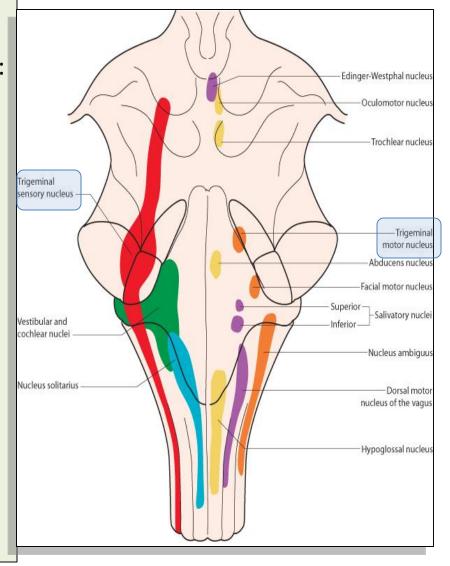


TRIGEMINAL NERVE NUCLEI(Deep origin)



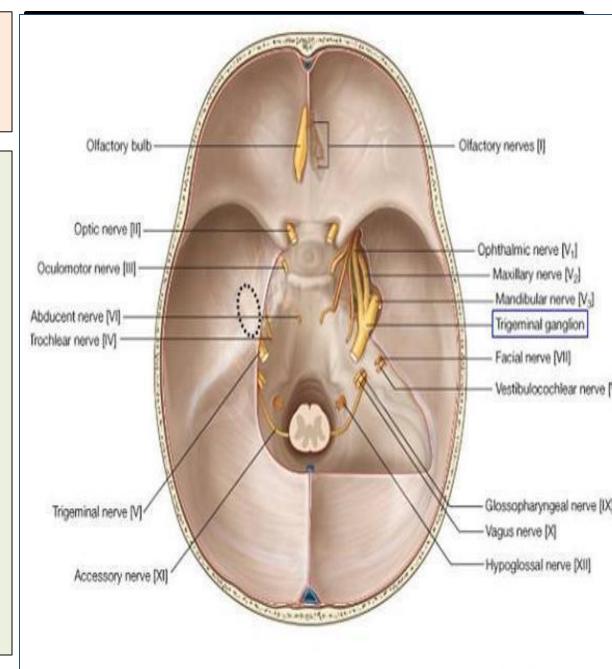
- Four nuclei: (3 sensory + 1 Motor).
- General somatic afferent:
- **1.** <u>Mesencephalic nucleus</u> (midbrain &pons): <u>receives</u> proprioceptive fibers from <u>muscles of mastication</u>.
- 2. <u>Principal (main) sensory nucleus</u> (pons): receives touch fibers from face & scalp
- 3. <u>Spinal nucleus</u> (pons, medulla & upper 2-3 cervical segments of spinal cord): <u>receives</u> pain & temperature sensations from face & scalp.
- Special visceral efferent:
- 4. <u>Motor nucleus</u> (pons): supplies:
- ✓ Four Muscles of mastication (temporalis, masseter, medial & lateral pterygoid).
- ✓ Other four muscles (Anterior belly of digastric, mylohyoid, tensor palati & tensor tympani).

TRIGEMINAL NERVE NUCLEI



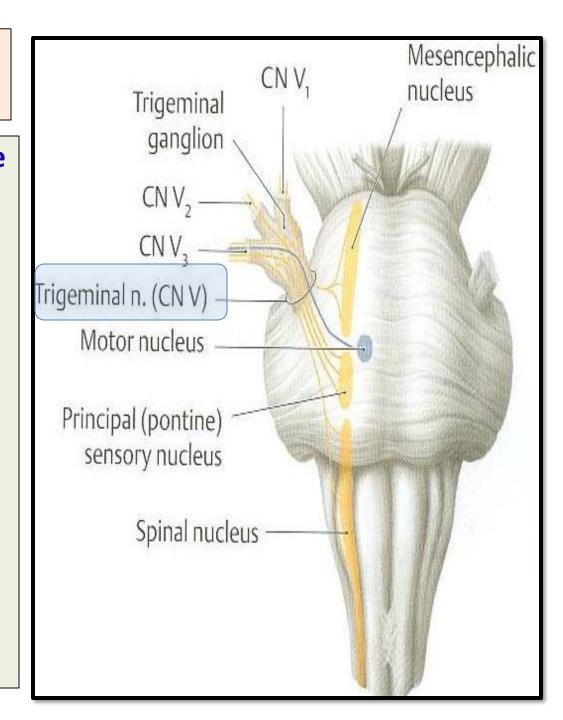
TRIGEMINAL GANGLION

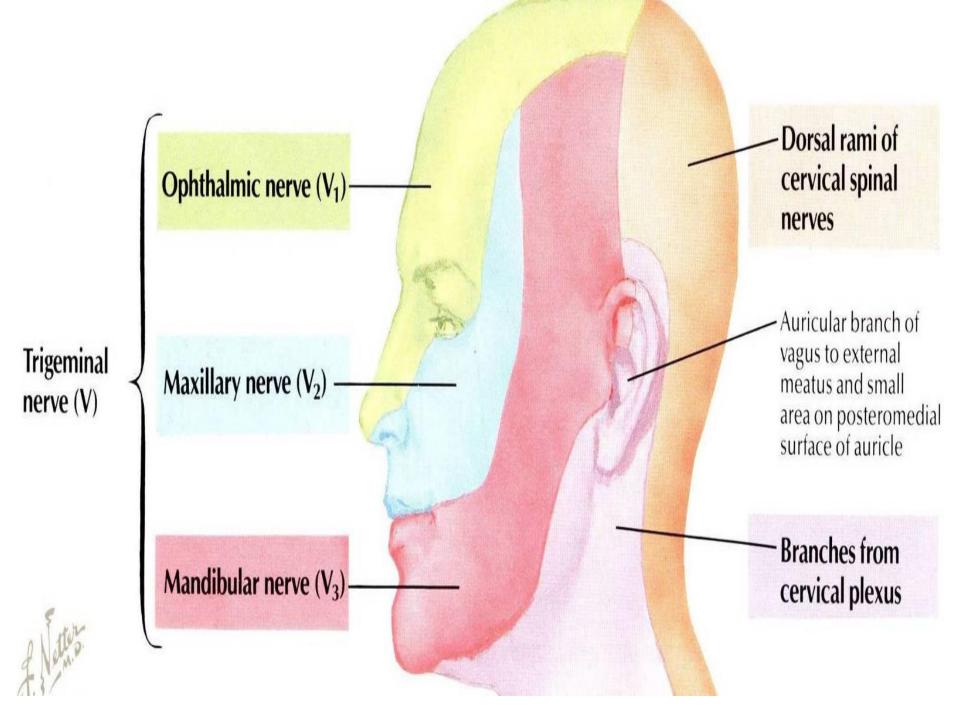
- > Site:
- Occupies a
 depression in the
 middle cranial fossa.
- Importance:
 <u>Contains</u> cell bodies :
- 1. Whose dendrites carry sensations from the face.
- 2. Whose axons form the <u>sensory root</u> of trigeminal nerve.



TRIGEMINAL NERVE

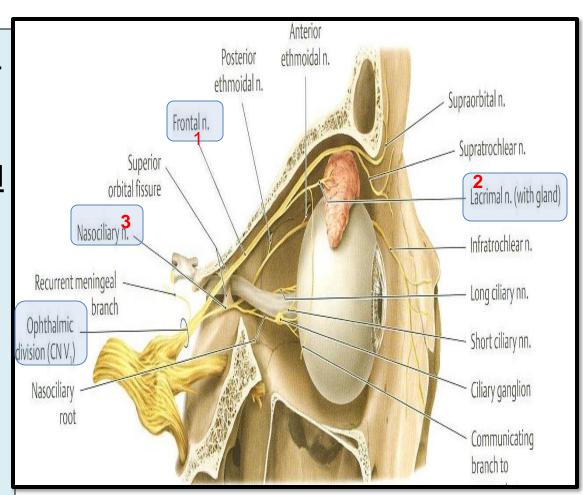
- Emerges from the middle of the ventral surface of the pons by 2 roots (Large Lateral sensory root & small medial motor root).
- Divides into 3 divisions (dendrites of trigeminal ganglion):
- 1. <u>Ophthalmic.</u>
- 2. <u>Maxillary.</u>
- 3. <u>Mandibular.</u>
- Axons of cells of motor nucleus join only the mandibular division.





OPHTHALMIC (PURE SENSORY)

- Divides into 3 branches:
- Frontal, Lacrimal & Nasociliary which pass through superior orbital fissure to the orbit
- 1. Frontal: supplies skin of face & scalp.
- 2. Lacrimal: supplies skin of face & lacrimal gland.
- 3. Nasociliary: supplies skin of face, nasal cavity & eyeball.



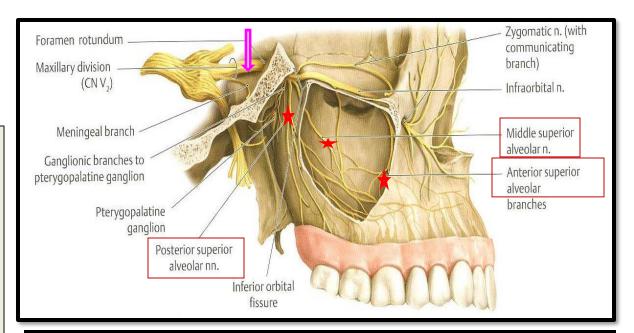
MAXILLARY (PURE SENSORY)

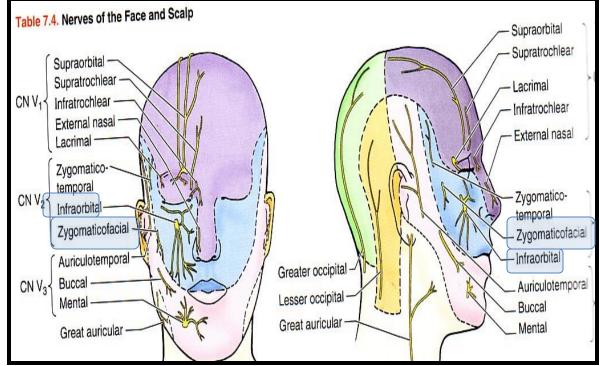
> Supplies:

 Upper teeth, gums & maxillary air sinus (posterior, middle & anterior superior alveolar nerves).

1. Face:

(zygomaticofacial & infraorbital nerves).



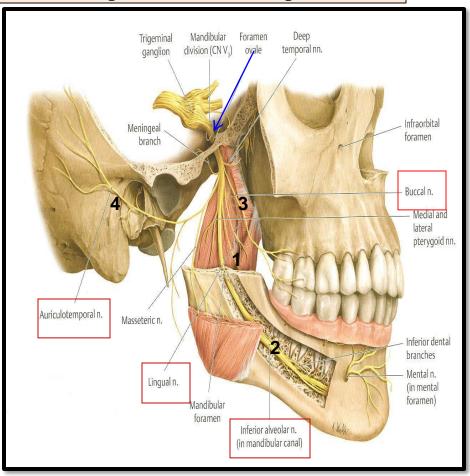


MANDIBULAR (MIXED)

> SENSORY BRANCHES:

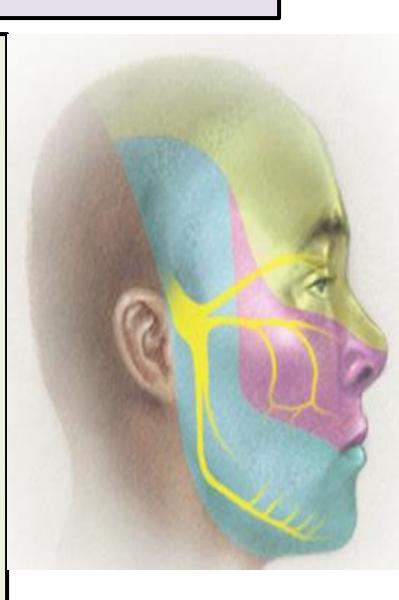
- Lingual: <u>receives</u>
 General sensations from anterior 2/3 the of tongue.
- Inferior alveolar: <u>supplies</u>Lower teeth, gums & face.
- 3. Buccal: <u>supplies</u>
 Face (cheek on upper jaw)
- 4. Auriculotemporal: <u>supplies</u> auricle, temple, parotid gland & TMJ.
- **MOTOR BRANCHES:**

to 8 muscles (4 muscles of mastication & other 4 muscles).



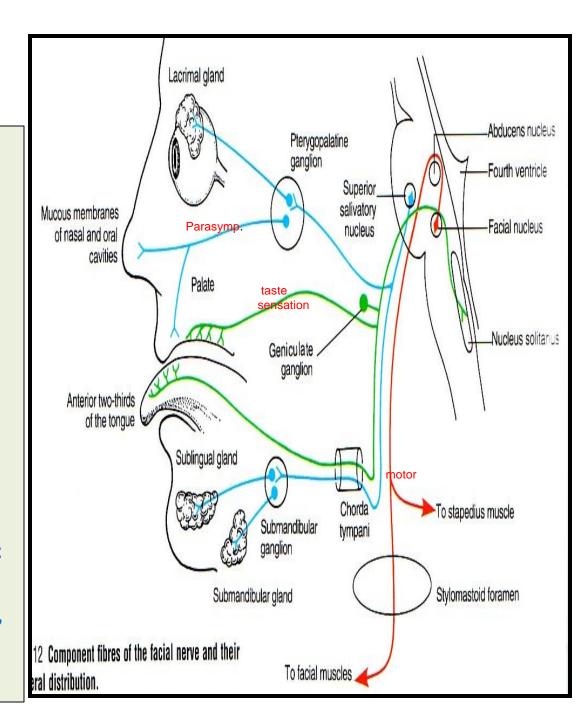
Trigeminal Neuralgia

- Compression, degeneration or inflammation of the 5th cranial nerve may result in a condition called trigeminal neuralgia or tic douloureux (spasmodic contraction of the muscles in the face)
- This condition is <u>characterized</u> by recurring episodes of intense stabbing excruciating pain radiating from the angle of the jaw <u>along</u> a branches of the trigeminal nerve.
- Usually involves <u>maxillary &</u> <u>mandibular branches</u>, rarely in the ophthalmic division.



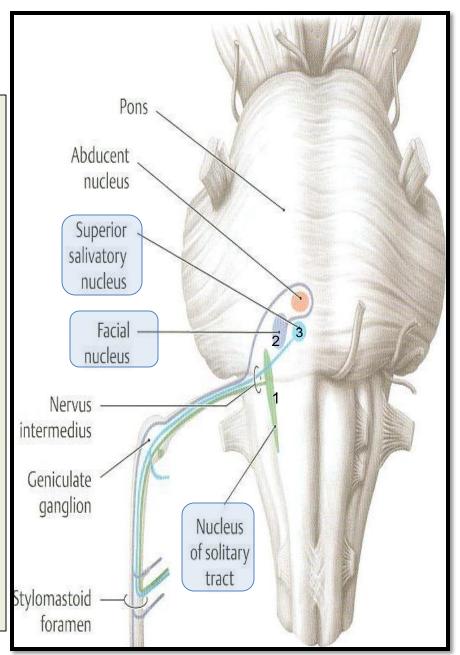
FACIAL NERVE

- <u>Type</u>: Mixed (Motor, special sensory, parasympathetic).
- **Fibers:**
- 1. Special visceral <u>afferent</u>: carrying <u>taste sensation</u> from <u>anterior 2/3 of the tongue</u>.
- 2. Special visceral efferent: supplying muscles developed from the 2nd pharyngeal arch.
- 3. General visceral efferent: supplying parasympathetic secretory fibers to submandibular, sublingual, lacrimal, nasal & palatine glands.



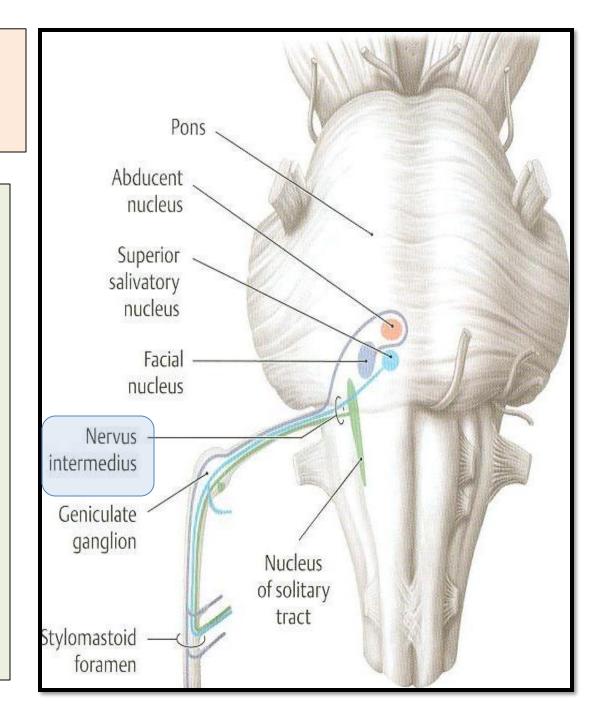
FACIAL NERVE NUCLEI

- 3 Nuclei :
- Special visceral afferent: (nucleus solitarius): receives taste from the anterior 2/3 of tongue.
- Special visceral efferent: motor nucleus of facial nerve: supplies: muscles of face, posterior belly of digastric, stylohyoid, platysma, stapedius, and occipitofrontalis.
- General visceral efferent: superior salivatory nucleus: sends preganglionic parasympathetic secretory fibers to sublingual, submandibular, lacrimal, nasal & palatine glands.



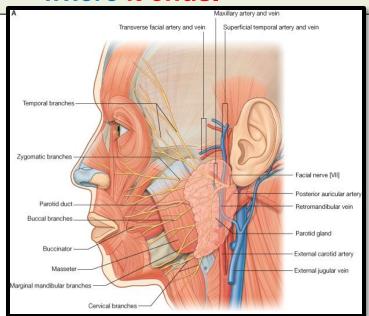
COURSE OF FACIAL NERVE

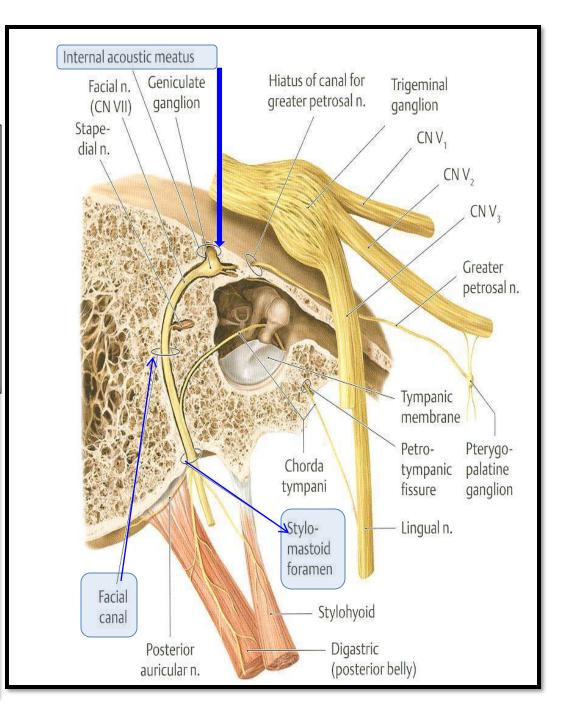
- Emerges from the cerebellopontine angle by 2 roots:
- Medial motor root: contains motor fibers.
- 2. Lateral root
 (nervous
 intermedius):
 contains
 parasympathetic
 & taste fibers.



COURSE OF FACIAL NERVE

- Passes through <u>internal</u> <u>auditory meatus</u> to <u>inner</u> <u>ear</u> where it runs in <u>facial canal</u>.
- Emerges from the stylomastoid foramen & enters the parotid gland where it ends.



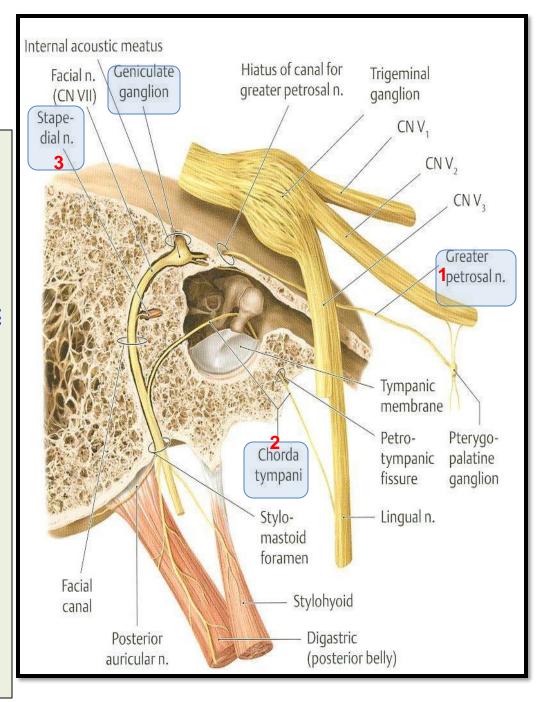


BRANCHES OF FACIAL NERVE

► In facial canal:

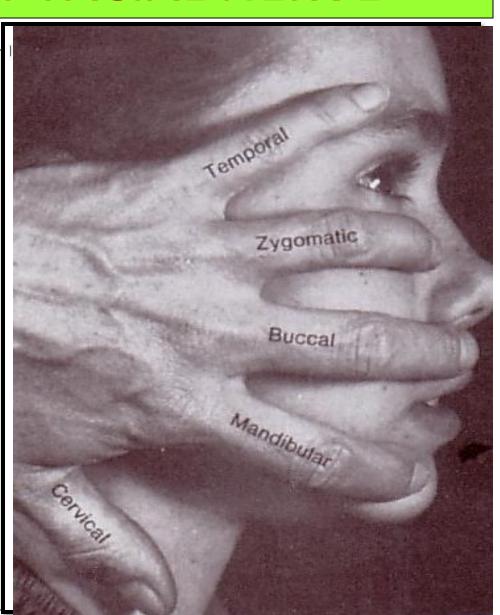
- 1. Greater petrosal nerve: carries preganglionic parasympathetic fibers to lacrimal, nasal & palatine glands.
- 2. Chorda tympani: carries:
 a) preganglionic parasympathetic fibers to submandibular & sublingual glands.
 - b) taste fibers from anterior 2/3 of tongue.
- **3. Nerve to stapedius.** control the amplitude of <u>sound waves</u> from the external environment to the inner <u>ear</u>.
- N.B.: Geniculate ganglion: contains cell bodies of neurones; its fibres carrying taste sensations from anterior 2/3 of tongue; ending in solitary nucleus in M.O.

<u>Lies</u> in internal acoustic meatus.



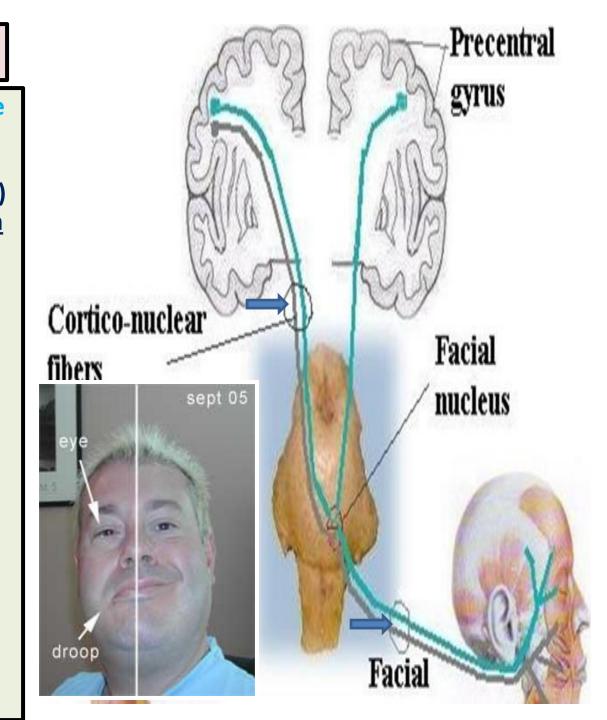
BRANCHES OF FACIAL NERVE

- Just as <u>it emerges</u> from the <u>stylomastoid foramen</u> <u>it gives:</u>
- 1. Posterior auricular: to occipitofrontalis muscle.
- Muscular branches to posterior belly of digastric & stylohyoid.
- Inside parotid gland: gives 5 terminal motor branches:
- > Temporal,
- Zygomatic,
- > Buccal,
- Mandibular &
- Cervical....
 To the muscles of the face.



Bell's Palsy

- Damage of the facial nerve results in paralysis of muscles of facial expressions: Facial (Bell's) palsy; lower motor neuron lesion (whole face affected)
- NB. In upper motor neuron lesion (upper face is intact).
- Face is distorted:
- Drooping of lower eyelid,
- Sagging of mouth angle,
- Dribbling of saliva,
- Loss of facial expressions,
- Loss of chewing,
- Loss of blowing,
- Loss of sucking,
- Unable to show teeth <u>or</u> close the eye on that side.



THANK YOU & BEST LUCK

SUMMARY

- > Both trigeminal & facial nerves are mixed.
- Nuclei of trigeminal nerve are found in midbrain, pons & medulla. They are of the general somatic afferent & special visceral efferent types.
- The trigeminal nerve emerges from the pons and divides into: ophthalmic, maxillary & mandibular divisions that receive sensory supply from the face (with an exception of a small area over ramus of mandible by great auricular nerve C2,3).
- All motor fibers are included in the mandibular division & supply muscles of mastication.

SUMMARY

- Nuclei of facial nerve are found in pons. They are of the special visceral afferent & efferent types, as well as general visceral efferent type.
- The facial nerve emerges from the cerebellopontine angle, gives motor fibers to muscles of facial expression, secretory fibers to submandibular, sublingual, lacrimal, nasal & palatine glands & receives taste fibers from anterior 2/3 of tongue.

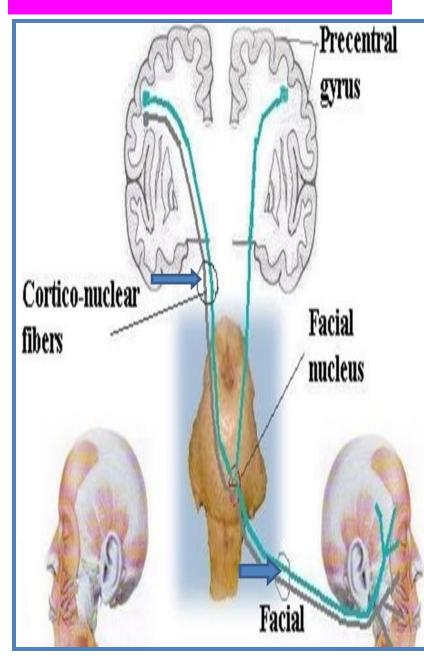
Lower Motor Neuron Lesion

- Results from injury of facial nerve fibres in internal acoustic meatus; in the middle ear; in the facial canal or in parotid gland.
- •Manifested by complete paralysis of facial muscles on the <u>same side of lesion</u>.

Upper Motor Neuron Lesion

- This occurs after injury to the pyramidal tract (corticonuclear) above facial nucleus...
- **■Leads to paralysis of facial muscles of lower ½ of face of opposite side** but the **upper ½ of the face intact because:**
- •Ms.of lower ½ of face receive pyramidal fibres from opposite cerebral cortex only,
- While Ms..of upper ½ of face receive pyramidal fibres from both cerebral hemispheres (Bilateral represented).

For the Students



TEST YOUR SELF!

- > Stimulation of which of the following nerves could lead to salivation and lacrimation?:
- a) <u>Facial.</u>
- b) Glossopharyngeal.
- c) Trigeminal.
- d) Vagus.
- Lesion of mandibular nerve may result in:
- a) Loss of sensation of skin over the nose.
- b) Loss of lacrimation.
- c) Loss of sensory supply of upper teeth.
- d) Loss of general sensations of anterior 2/3 of tongue.