

PHYSIOLOHY OF BRAIN STEM

Dr. Hayam Gad Associate Professor of Physiology, College of Medicine, KSU

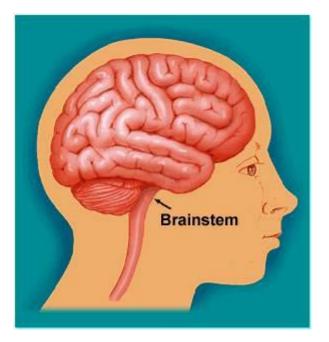
Learning Objectives

- ✓ Components of Brain Stem
 - Important structures in Brain Stem
 - Functions of the Brain Stem
 - Signs & Symptoms of Brain Stem Lesion
 - Brain Stem Function Tests

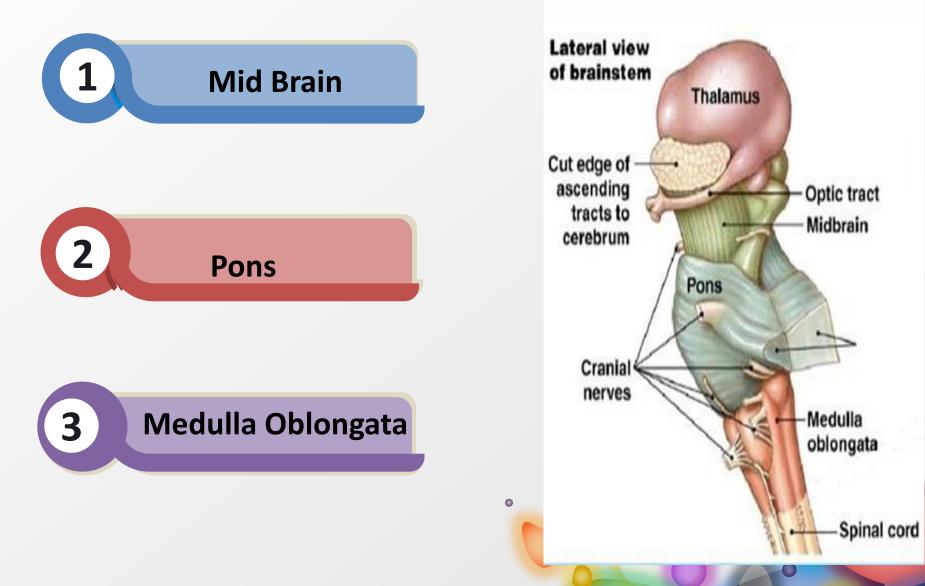


THE BRAIN STEM

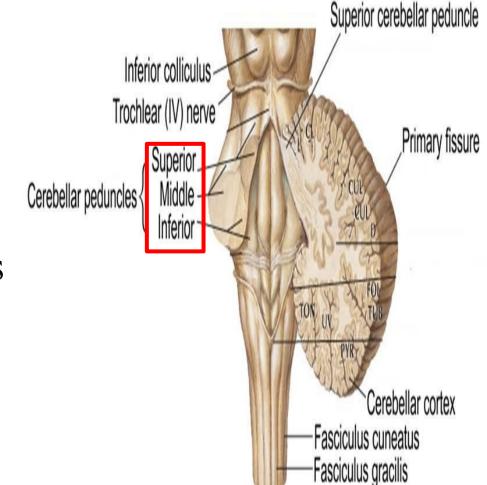
- The brain stem is the lower part of the brain.
- It is adjoining and structurally continuous with the spinal cord.



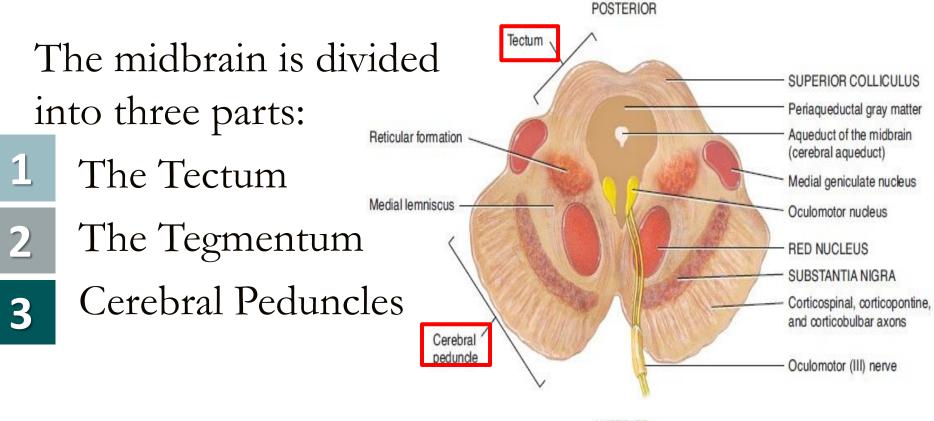
Components of Brain stem



 The midbrain, pons and medulla connect to the cerebellum via the superior, middle and inferior peduncles respectively.







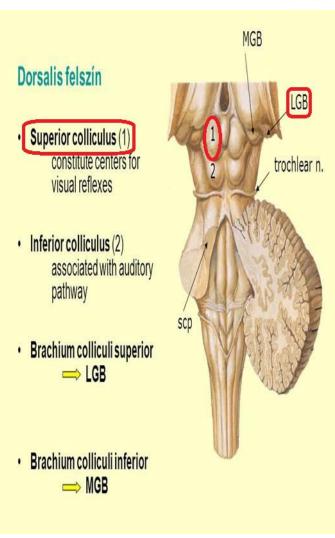
ANTERIOR

(b) Transverse section of midbrain

1- <u>**The Tectum**</u> ("roof" in latin) includes:

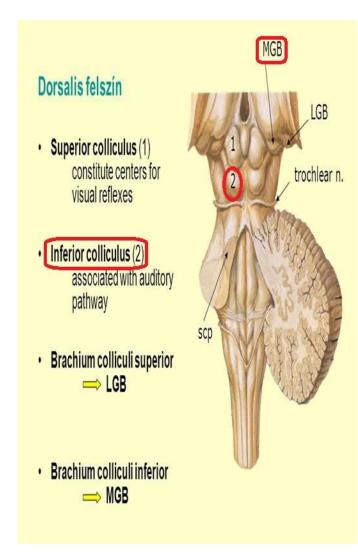
a) The superior colliculus

- It constitutes center for visual reflexes
- It sends its superior brachium to the lateral geniculate body of the thalamus.



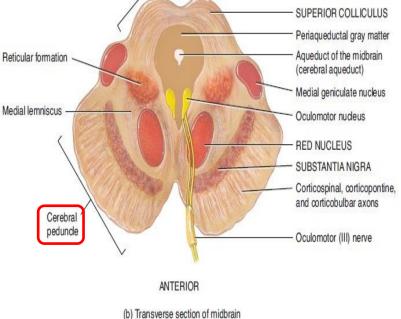
b) The inferior colliculus

- It is associated with auditory pathway
- It sends its inferior brachium to the medial geniculate body of the thalamus.
- The cerebral aqueduct runs through the midbrain, beneath the colliculi.

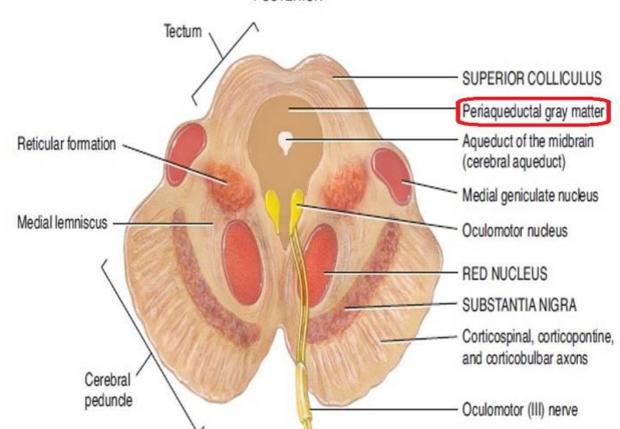


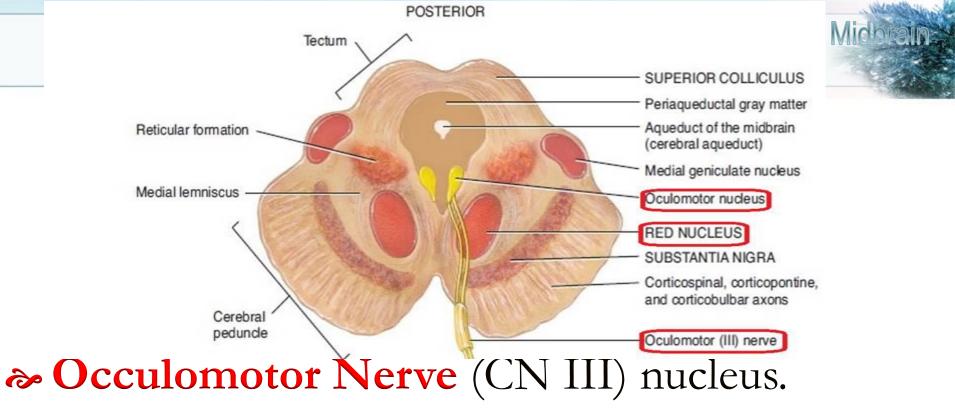
2- The Tegmentum

- Ventral to the cerebral aqueduct.
- Several nuclei, tracts and the reticular formation is contained here.
- 3- The ventral side is comprised of paired
 Cerebral Peduncles.
 These transmit axons of UMN.



Midbrain internal structures Periaqueductal Gray: Around the cerebral aqueduct, contains neurons involved in the pain desensitization pathway





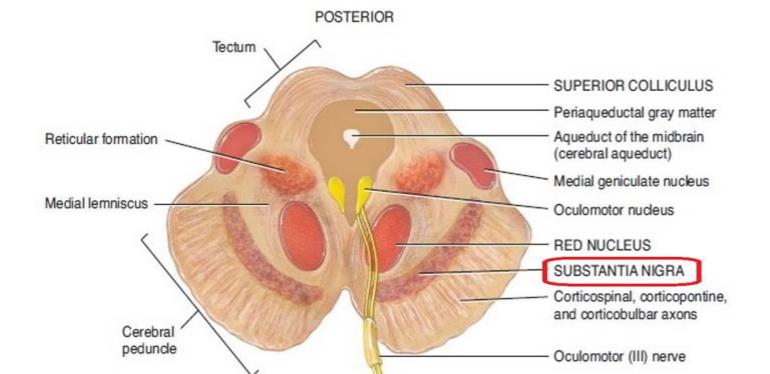
Trochlear Nerve (CN IV) nucleus.

Red Nucleus: This is a motor nucleus that sends a descending tract to the lower motor neurons.

Substantia Nigra:

A concentration of neurons in the ventral portion of midbrain

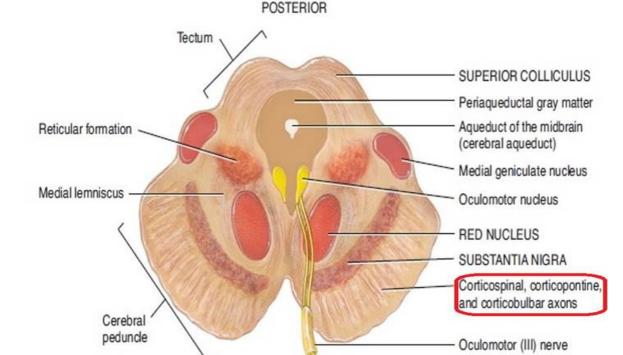
It is involved in motor function.

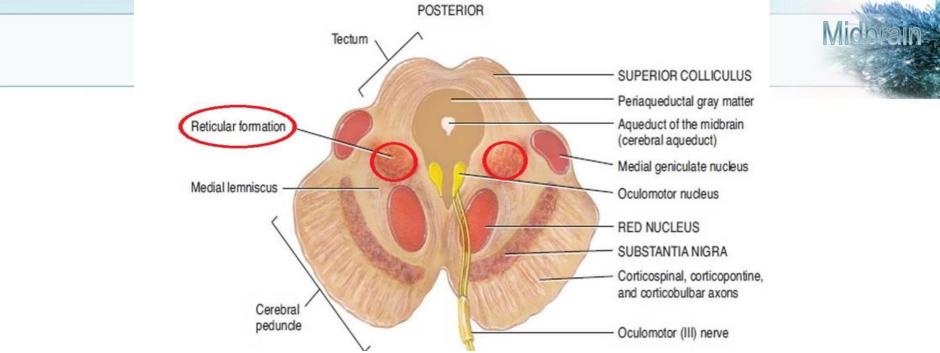


Central Tegmental Tract:

✤Directly anterior to the floor of the 4th ventricle.

It is a pathway by which many tracts project up to the cortex and down to the spinal cord.

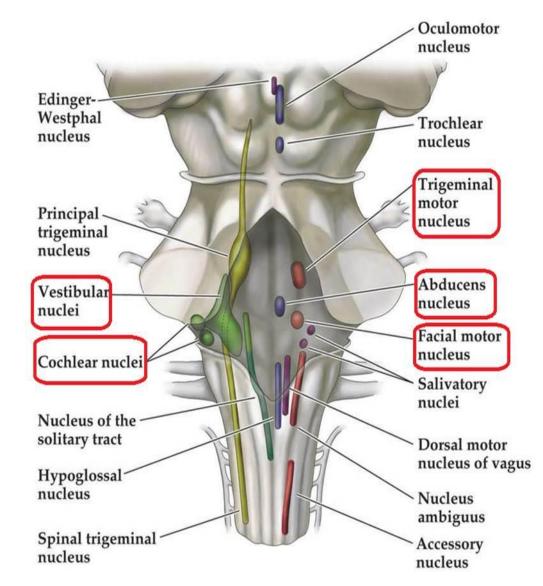




- Reticular Formation: A large area that is involved in various important functions of the midbrain:
 It contains LMN
 - \blacksquare It is involved in the pain desensitization pathway
 - \blacksquare It is involved in the arousal and consciousness systems
 - ✓ It contains the locus coeruleus, which is involved in intensive alertness modulation and in autonomic reflexes.



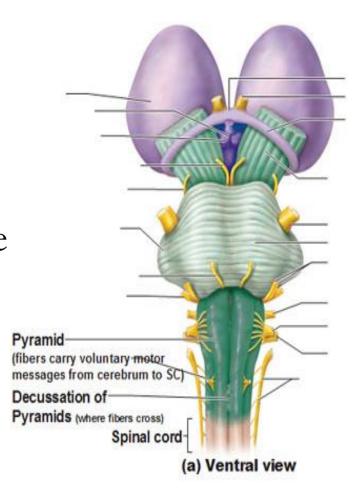
- At the level of the midpons, trigeminal nerve (CN V) emerges.
- Between the basal pons, cranial nerve 6 (abducens), 7 (facial) & 8 (vestibulocochlear) emerge (medial to lateral).



The Medulla

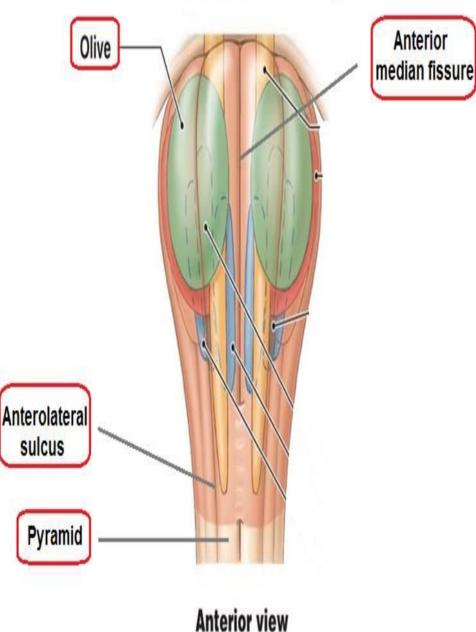
<u>Ventral view</u>

- The most medial part of the medulla is the anterior median fissure.
- Moving laterally on each side are the pyramids. They contain the fibers of the corticospinal (pyramidal) tract as they head inferiorly to synapse on lower motor neuronal cell bodies within the ventral horn of the spinal cord.





Structure of the medulla oblongata

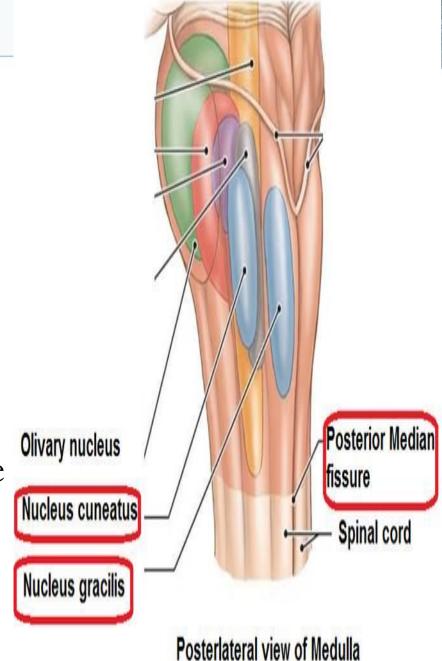


The anterolateral sulcus is lateral to the pyramids.

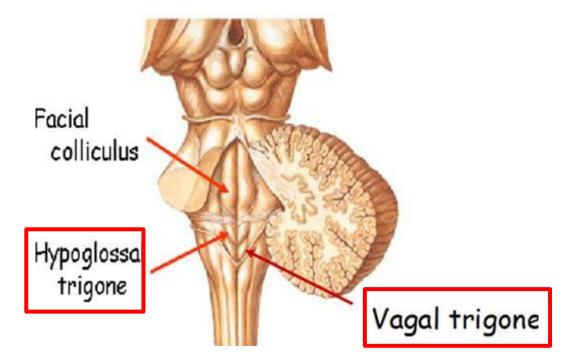
- Emerging from the anterolateral sulci are the hypoglossal nerve (CN XII) rootlets.
- Lateral to the anterolateral sulci are the olives containing underlying inferior olivary nuclei and afferent fibers).
- Lateral (and dorsal) to the olives are the rootlets for glossopharyngeal (IX) & vagus (X) cranial nerves.

<u>Dorsal view</u>

- The most medial part of the medulla is the posterior median fissure.
- Moving laterally on each side is the fasciculus gracilis.
- Lateral to that is the fasciculus cuneatus.
- Superior to each of these, are the gracile and cuneate tubercles, respectively. Underlying these are their respective nuclei.



In the midline is the vagal trigone and superior to that is the hypoglossal trigone. Underlying each of these are motor nuclei for the respective cranial nerves.



Functions of the Brain Stem

1. Conduct functions.

2. Provides the origin of the cranial nerves (CN III-XII).

3. Conjugate eye movement.

4. Integrative functions.

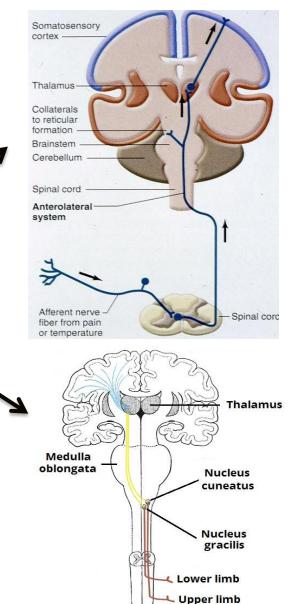
1. <u>Conduct functions</u>

All information related from the body to the cerebrum and cerebellum and vice versa, must traverse the brain stem.

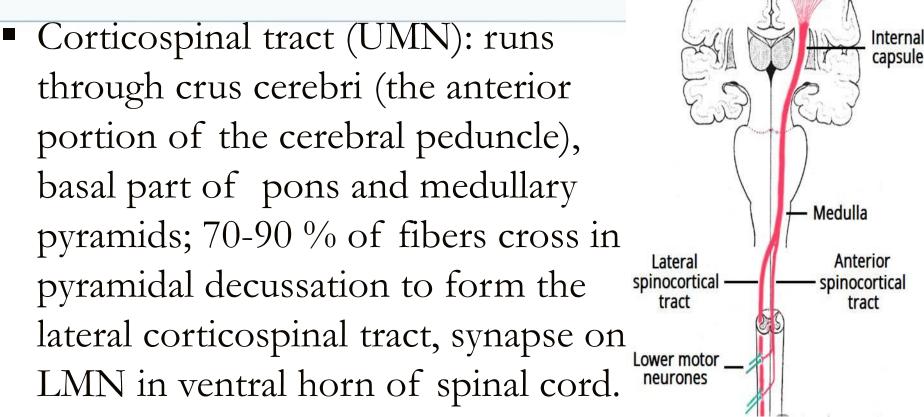
Functions of the brain sten

Functions of the brain sten

- a) <u>The ascending sensory</u>
 <u>pathways</u> coming from the body to the brain includes:
 - The spinothalamin tract for pain and temperature sensation.
 - The dorsal column, fasciculus gracilis, and cuneatus for touch, proprioceptive and pressure sensation.



b) Descending tracts



 Upper motor neurons that originate in brain stem's vestibular, red, and reticular nuclei, which also descend and synapse in the spinal cord.

2. The brain stem provides the main motor and sensory innervation to the face and neck via the cranial nerves (CN III-XII). The fibers of cranial nerve nuclei except for olfactory & optic nerve either originating from, or terminating in the cranial nerve nuclei in brain stem.

Origin & functions of the cranial nerves From midbrain

- CN III (oculomotor)
- CN IV (trochlear)

Both moves eyes; CN III constricts the pupils, accommodates.



• CN V (trigeminal): Chews and feels front of the head.

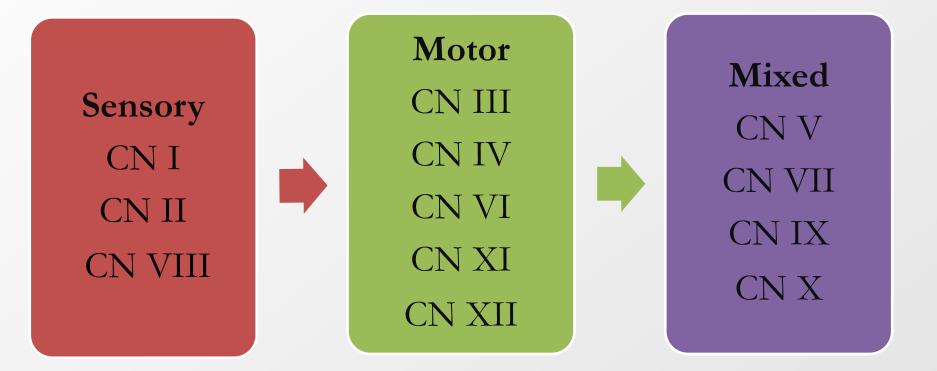
Functions of the brain sten

- CN VI (abducens): Moves eyes.
- CN VII (facial): Moves the face, tastes, salivates, cries.
- CN VIII (acoustic): Hears, regulates balance.

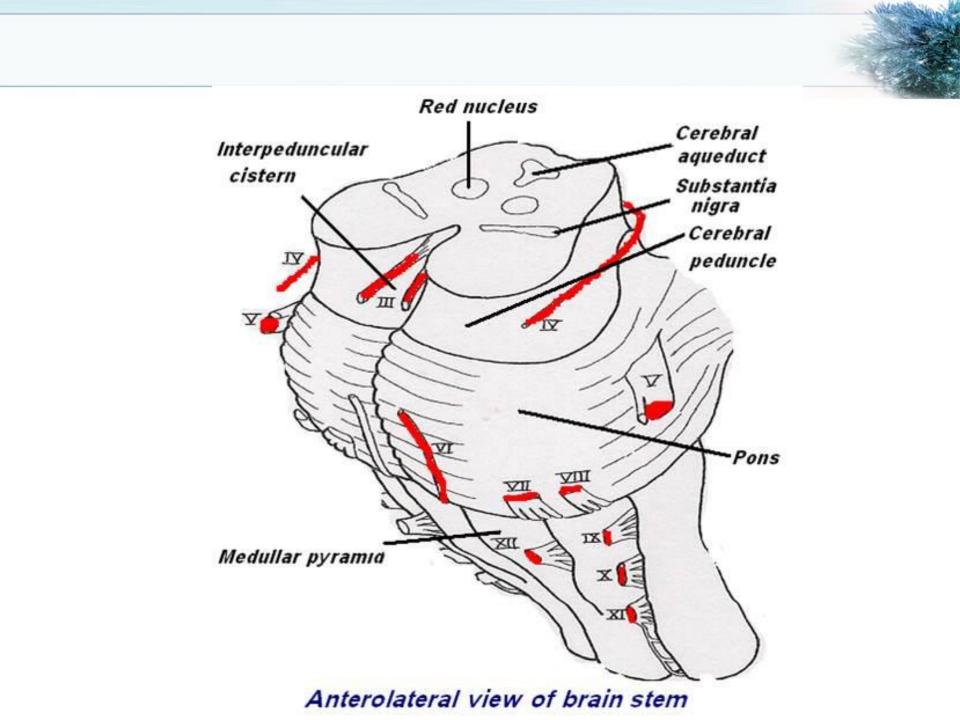
From medulla

- CN IX (glossopharyngeal): Tastes, salivates, swallows, monitors carotid body and sinus.
- CN X (vagus): Tastes, swallows, lifts palate, talks, communication to and from thoracoabdominal viscera.
- CN XI (accessory): Turns head, lifts shoulder.
- CN XII (hypoglossal): Moves tongue.

Classification of the cranial nerves according to functions

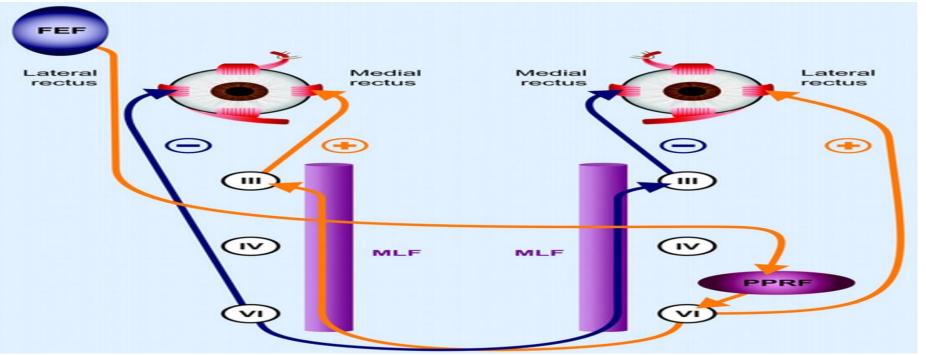


0



3. Conjugate eye movement.

It refers to motor coordination of the eyes that allows for bilateral fixation on a single object



<u>The frontal eye field (FEF)</u> projects to the opposite side at the midbrain-pontine junction, and then innervates **the paramedian pontine reticular formation (PPRF)**.

From there, projections directly innervate **the lateral rectus** (contralateral to FEF) and the **medial rectus** muscle (ipsilateral to FEF).

The left FEF command to trigger conjugate eye movements to the right.

4. Integrative functions

It controls consciousness & sleep cycle (alertness and arousal) through reticular formation.

Functions of the brain ster

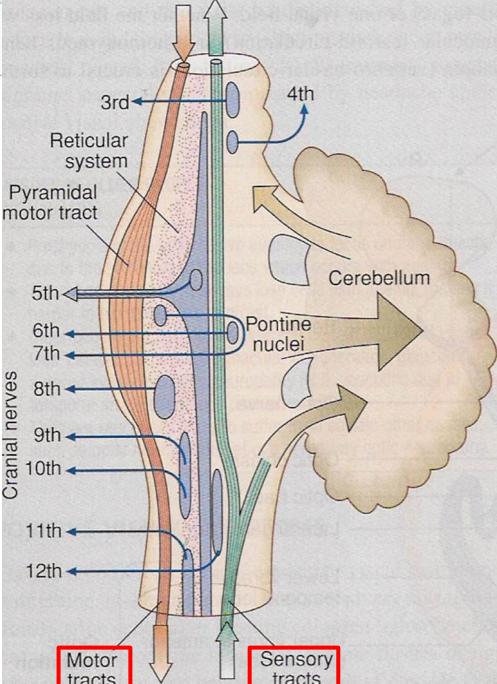
- It has got center for cardiovascular, respiratory & autonomic nervous system.
- It has centers for cough, gag, swallow, and vomit.
- Sense of body balance (Vestibular functions)

• Substantia which is a part of the basal ganglia is present in midbrain and is involved in control of movement.

 Midbrain also contain red nucleus which regulate the motor activity through cerebellum. Inferior and superior colliculi are situated on the dorsal surface of the midbrain and is involved in auditory & visual processing required for head movements.

 Pain sensitivity control: Periaqueductal grey matter of mesencephalon is an area which is rich in endogenous opioid and is important in modulation of painful stimuli. Functional organization of the Brain Stem oVentral layer of brainstem is motor in function. oMiddle layer is Cranial nerves sensory in function & contains medial lemniscus which conveys sensory information from

dorsal column.



Function of Midbrain

Nerve pathway to cerebral hemispheres

CN III -Oculomotor [motor]. (Related to eye movement) CN IV [motor oblique the eye v the eye

CN IV - Trochlear [motor]. (Superior oblique muscle of the eye which rotates the eye down and out)

Auditory and Visual reflex • centers Symptoms and signs of midbrain lesion

Pupils: Midposition to dilated. Reactivity is sluggish to fixed.

Movement: Abnormal extensor.

Cranial Nerve (CN) deficits: Ipsilateral CN III, CN IV palsy and ptosis (drooping).

Respiratory: Hyperventilating.

Level of consciousness (LOC): Varies

Function of Pons

CN V - Trigeminal [motor and sensory]. (Skin of face, tongue, teeth; muscle of mastication)

> CN VIII -Acoustic [sensory]. (He aring)

Respiratory Center

0

CN VI - Abducens [motor]. (Lateral rectus muscle of eye which rotates eye outward)

CN VII - Facial [motor and sensory]. (Muscles of facial expression).

Symptoms and signs of lesion in pons

Pupils size: Pinpoint

Movement: Abnormal extensor

CN Deficits: CN V, CN VI, CN VII, CN VIII

Respiratory:

-Apneustic (Abnormal respiration marked by sustained inhalation).

0

-Hyperventilation.

LOC: Semi-coma

Function of Medulla Oblongata

Crossing of motor tracts.

Cardiac Center

Vasomotor Center **Respiratory Center**

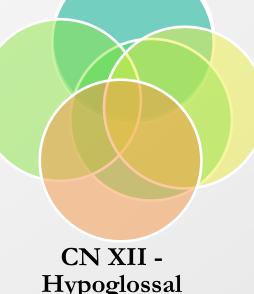
Centers for cough, gag, swallow, and vomit.

0

Function of Medulla Oblongata (Cont.)

CN IX - Glossopharyneal)[mixed]. (Muscles & mucous membranes of pharynx, the constricted openings from the mouth & the oral pharynx and the posterior third of tongue).

CN X - Vagus [mixed]. (Pharynx, larynx, heart, lungs, stomach)



CN XI - Accessory [motor]. (Rotation of the head and shoulder)

CN XII -Hypoglossal [motor]. (Intrinsic muscles of the tongue)

Symptoms and signs of lesion in Medulla

Pupils: Dilated.

Reactivity is Fixed.

Movement: Ipsilateral paralysis.

CN Palsies: Inability to control movement. Absent cough, gag.

Respiratory: Abnormal breathing patterns

LOC: Comatose.



Brain Stem Function Tests

01 03 04

To test reticular formation

Alertness, Consciousness & Sleep.

Corticospinal tract

Motor power, reflexes

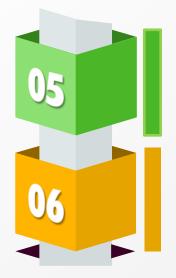
Pain response

Facial grimacing on firm pressure over the supra orbital ridge.

To test respiratory center

look for the normal pattern of respiration

Brain Stem Function Tests



To test cardiovascular center

Look for normal circulatory function

To test brainstem reflexes:

- Pupillary and corneal reflexes.
- Vestibulo-ocular reflex: Injection of iced water into the ear will produce eyes movement.
- Oculo-cephalic reflex: Eyes will be fixed when head is moved in one or another directions.

0

- Gag reflex.
- Cough reflex

