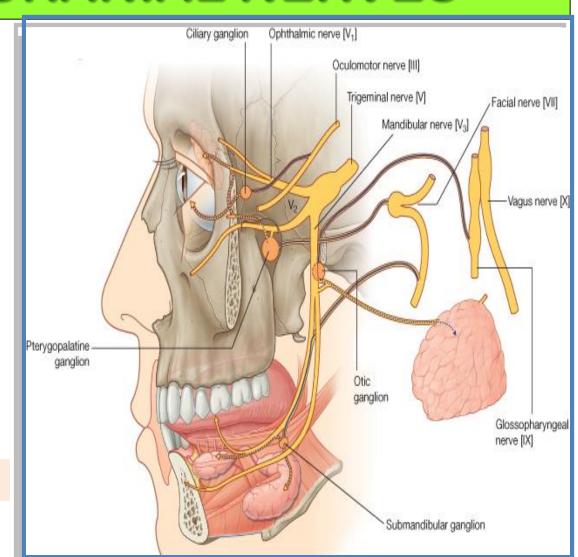
NERVE SUPPLY OF THE FACE 5TH & 7TH CRANIAL NERVES



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OBJECTIVES

By the end of the lecture, you should be able to:

- List the nuclei of deep origin of the <u>trigeminal and</u> <u>facial nerves</u> in the brain stem.
- > Describe the site and type of each nucleus.
- Describe the superficial attachment of these 2 nerves to the brain stem.
- Describe the <u>main points in the course and</u> <u>distribution of these 2 nerves to the face.</u>
- ➤ Describe the main motor & sensory manifestation in case of lesion of these 2 nerves.

TRIGEMINAL NERVE

> Type:

Mixed: (sensory & motor).

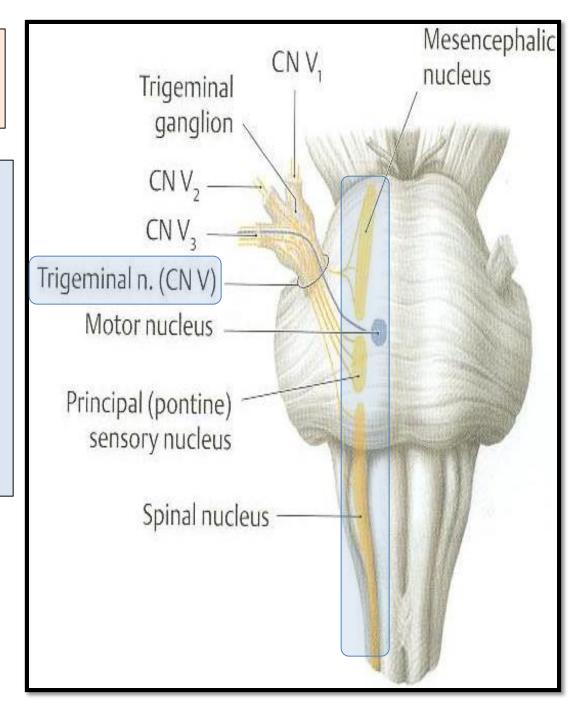
> Fibers:

1. General somatic afferent:

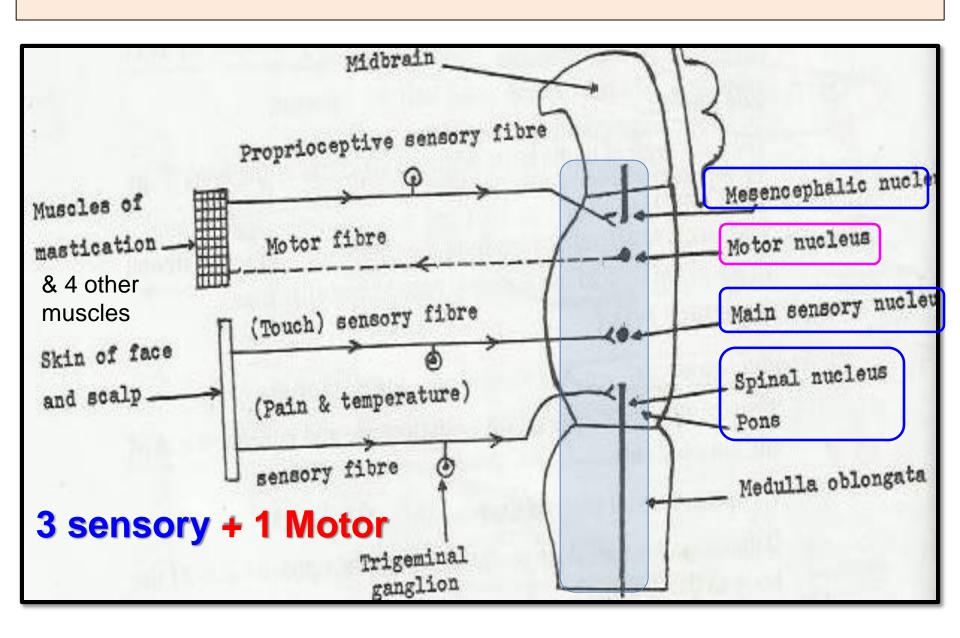
Carrying general sensations from the face and anterior part of the scalp.

2. Special visceral efferent:

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

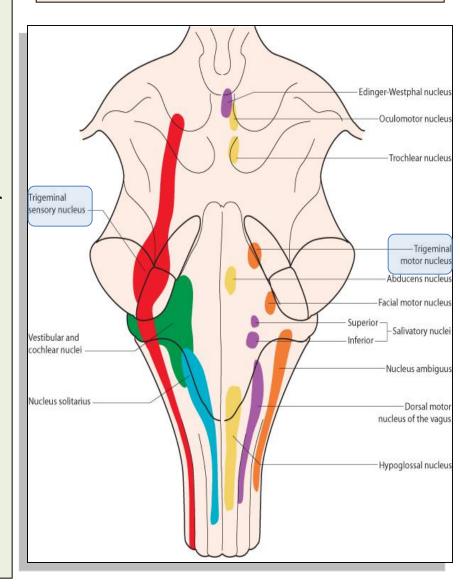


TRIGEMINAL NERVE NUCLEI (Deep origin)



- Four nuclei: (3 sensory + 1 Motor).
- General somatic afferent:
- 1. <u>Principal (main) sensory nucleus,</u> (pons): <u>receives</u> touch fibers from <u>face</u> and anterior part of the scalp.
- **Mesencephalic nucleus** (midbrain & pons): receives proprioceptive fibers from muscles of mastication.
- Spinal nucleus, (Pons, medulla & upper 2-3 cervical segments of the spinal cord): receives pain & temperature sensations from face & scalp.
- Special visceral efferent:
- 4. <u>Motor nucleus</u> (Pons), supplies: 8 Ms.:
- ✓ Four Muscles of mastication: (temporalis, masseter, medial pterygoid & lateral pterygoid).
- ✓ Other 4 muscles: (Anterior belly of digastric, mylohyoid, tensor palati & tensor tympani).

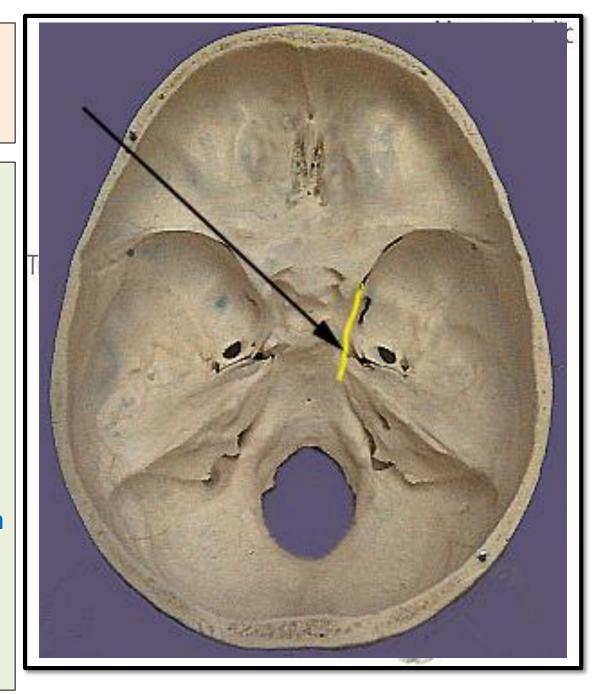
TRIGEMINAL NERVE NUCLEI



TRIGEMINAL GANGLION

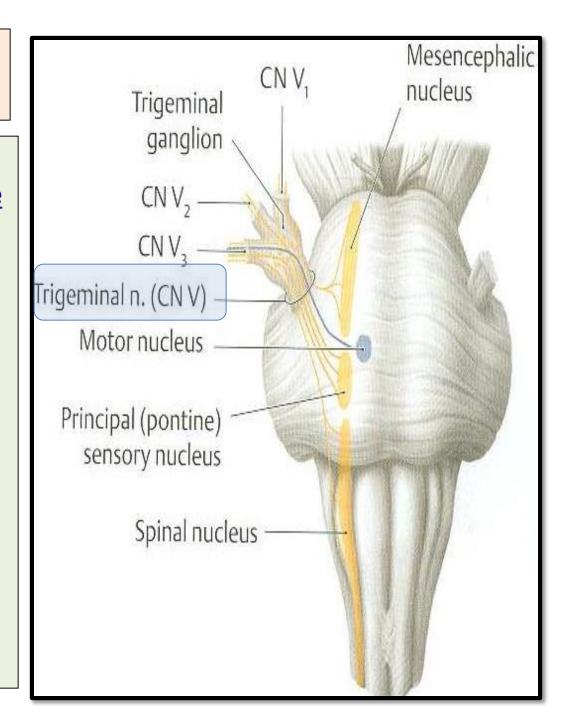
> Site:

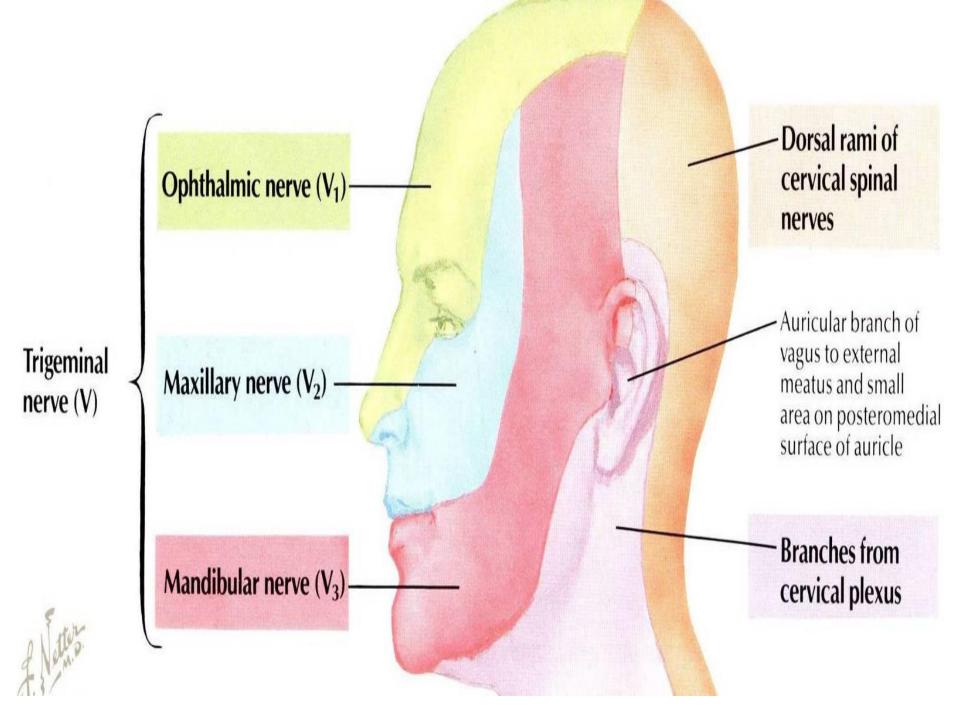
- Occupies a <u>depression</u> in the <u>middle cranial</u> fossa called trigeminal impression, (apex of petrous temporal bone).
- Importance: Contains cell bodies:
- 1. Whose dendrites carry <u>sensations</u> from the face & scalp.
- 2. Whose axons form the sensory root of trigeminal nerve.



TRIGEMINAL NERVE

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

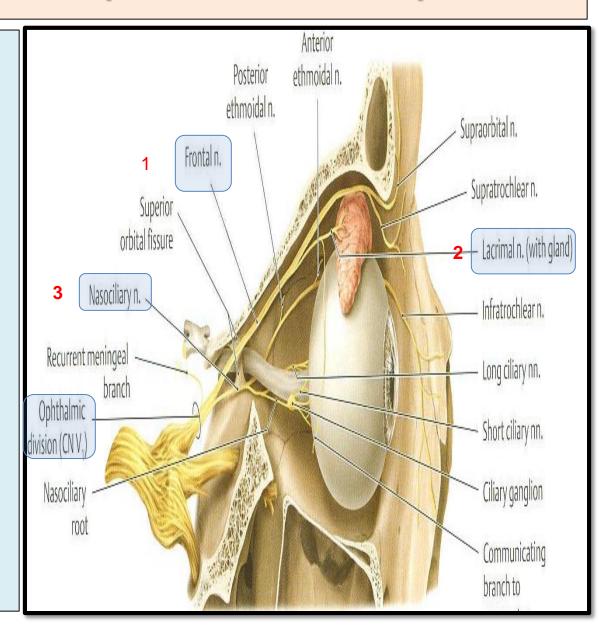




OPHTHALMIC (PURE SENSORY)

Divides into 3 branches:

- 1. Frontal, (in the middle).
- 2. Lacrimal, (most lateral).
- 3. Nasociliary, (most medial).
- All pass through <u>superior</u> <u>orbital fissure to reach</u> the orbit.
- 1. Frontal: supplies skin of face & scalp.
- Lacrimal: supplies skin of face & lacrimal gland (sensory)!!!!!.
- 3. Nasociliary: supplies skin of face, nasal cavity & eyeball.



MAXILLARY (PURE SENSORY)

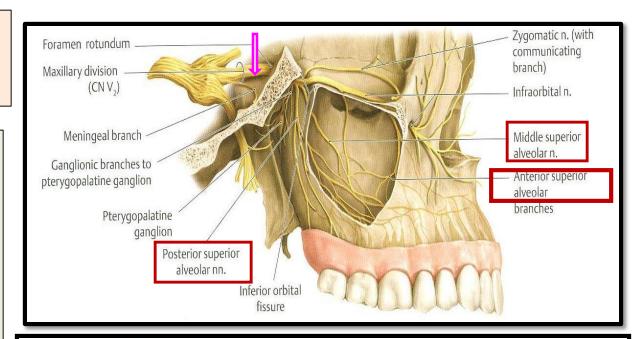
> Supplies:

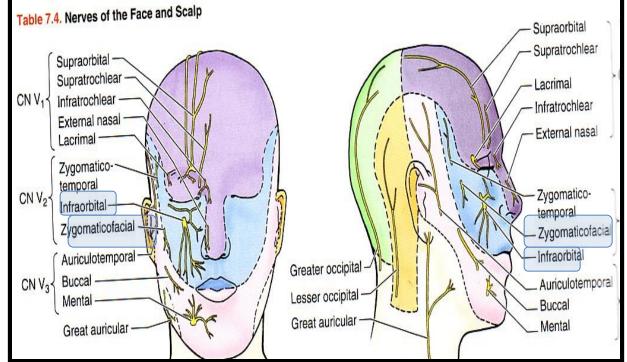
 Upper teeth, gums & maxillary air sinus:

(posterior superior middle superior, anterior superior alveolar nerves).

2. Face:

(zygomaticofacial & infraorbital nerves).

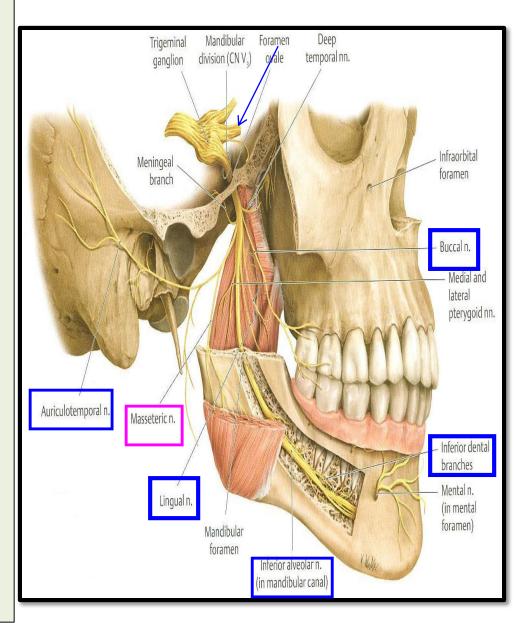




MANDIBULAR (MIXED)

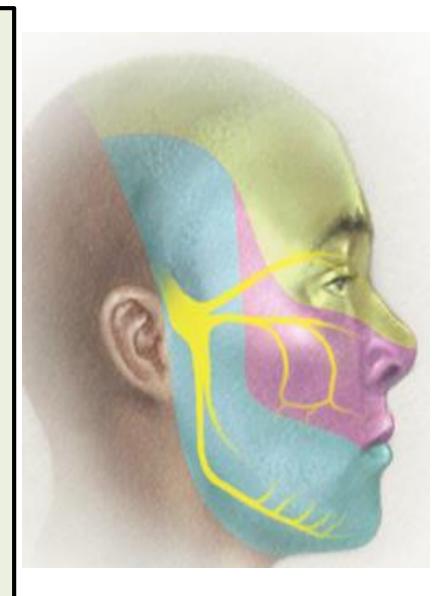
- > SENSORY BRANCHES:
- Lingual: <u>receives</u>
 General sensations from anterior 2/3 the of tongue.
- 2. Inferior alveolar: supplies Lower teeth, gums & face.
- 3. Buccal: supplies the skin and mucous membrane of the cheek on upper jaw)
- Auriculotemporal: <u>supplies</u>

 auricle, temple, parotid gland &
 Temporomandibular joint (TMJ).
- MOTOR BRANCHES:
 to 8 muscles (4 muscles of mastication & other 4 muscles).



Trigeminal Neuralgia

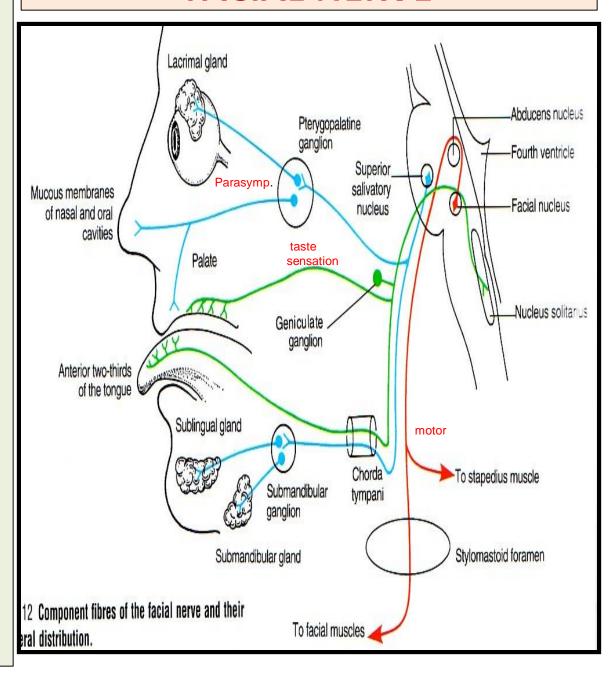
- Compression, degeneration or inflammation of the 5th cranial nerve may result in a condition called trigeminal neuralgia or tic douloureux (spasmodic contraction of the muscles in the face)
- This condition is <u>characterized</u> by recurring episodes of intense severe stabbing excruciating pain radiating <u>from</u> 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.



- Type: Mixed:
- 1. Motor,
- 2. Special sensory,
- 3. Parasympathetic.
- **Fibers:**
- 1. Special visceral <u>afferent</u>: carrying <u>taste sensation</u> from the <u>anterior 2/3 of the tongue</u>.
- 2. Special visceral efferent:

 To muscles developed from
 the 2nd pharyngeal arch.
- **3. General visceral <u>efferent:</u>** supplying parasympathetic secretory fibers to the:
- 1. Submandibular,
- 2. Sublingual,
- 3. Lacrimal,
- 4. Nasal &
- 5. Palatine glands.

FACIAL NERVE



FACIAL NERVE NUCLEI

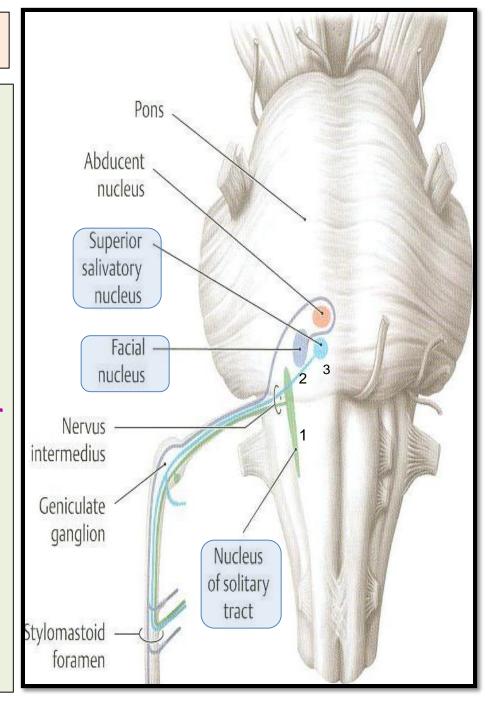
> 3 Nuclei:

- 1. Special visceral afferent: (nucleus solitarius): receives taste from the anterior 2/3 of the tongue.
- 2. Special visceral efferent:

(motor nucleus of facial nerve): supplies muscles of 2nd pharyngeal arch: muscles of face, posterior belly of digastric, stylohyoid, platysma, stapedius, and occipitofrontalis.

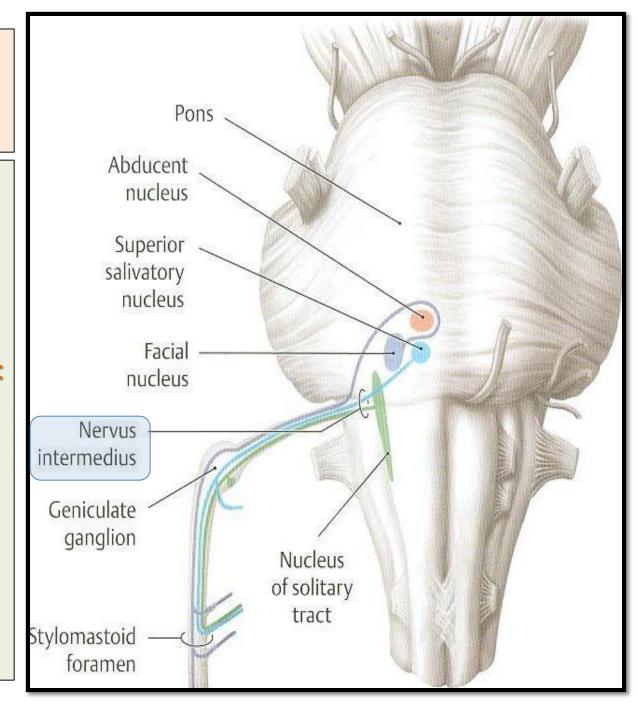
- 3. General visceral efferent: superior salivatory nucleus: sends preganglionic parasympathetic secretory fibers to:
- Pterygopalatine ganglion and
- Submandibular ganglion.

Then the Postganglionic fibers pass to the lacrimal, nasal, palatine sublingual, submandibular glands.



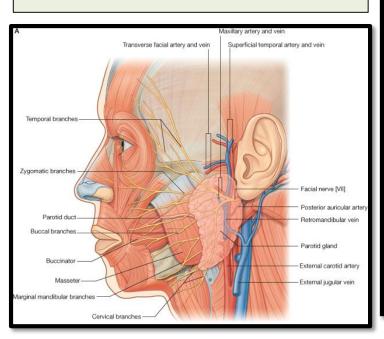
COURSE OF FACIAL NERVE

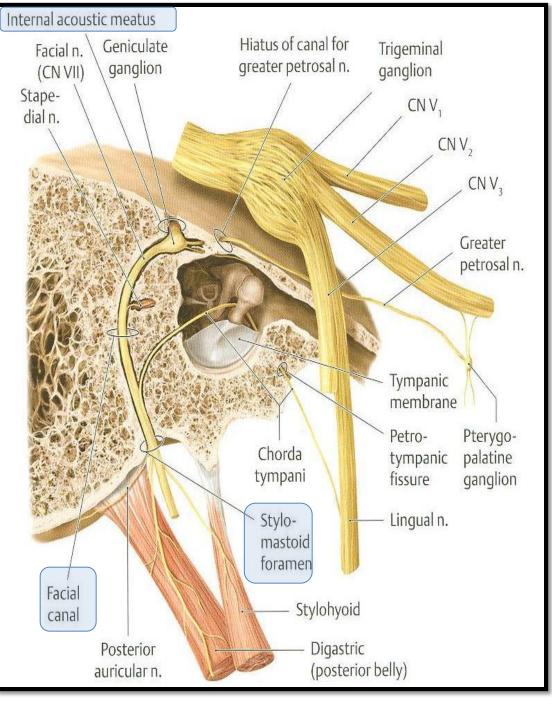
- Emerges from the cerebellopontine angle, (very important)!!!
- > by 2 roots:
- 1. Medial motor root: contains motor fibers.
- 2. Lateral root
 (nervous
 intermedius):
 contains
 parasympathetic
 & taste fibers.



COURSE OF FACIAL NERVE

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





In facial canal:

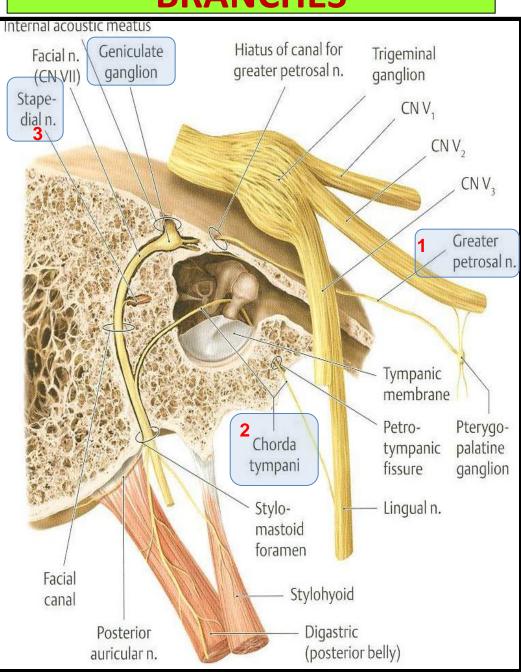
- 1. Greater petrosal nerve: carries preganglionic parasympathetic fibers to pterygopalatine ganglion then to the <u>lacrimal</u>, <u>nasal</u> & <u>palatine</u> glands.
- 2. Chorda tympani: carries:
 a) preganglionic parasympathetic
 fibers to submandibular ganglion
 then to submandibular &
 sublingual salivary glands.
 b) taste fibers from anterior 2/3 of the tongue.
- 3. Nerve to stapedius. control the amplitude of sound waves from external environment to inner ear.

N.B: Geniculate ganglion:

Lies in internal acoustic meatus.

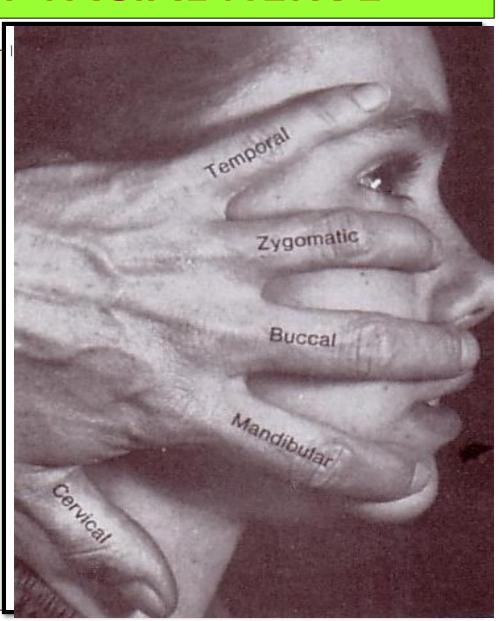
contains cell bodies of neurones; its Fibers carrying taste sensations from anterior 2/3 of tongue; ending in the solitary nucleus in medulla oblongata.

BRANCHES



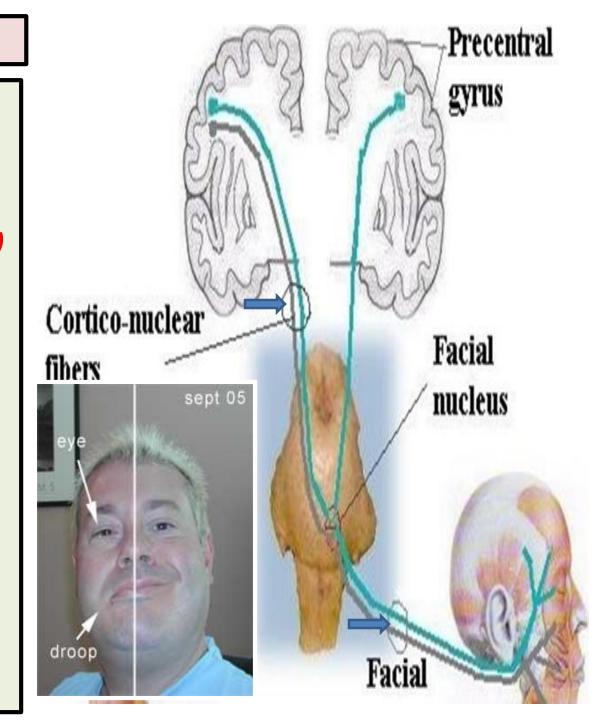
BRANCHES OF FACIAL NERVE

- ➤ Just as it emerges from the stylomastoid foramen it gives 2 branches:
- **1. Posterior auricular:** to occipitofrontalis muscle.
- 2. Muscular branches to posterior belly of digastric & stylohyoid.
- Inside parotid gland: it 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; <u>lower motor neuron</u> <u>lesion</u> (whole face affected)
- NB. In upper motor neuron lesion (upper face is intact).
- The 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 suckling,
- Unable to show teeth <u>or</u> close the eye <u>on that side</u>.
- Hyperacusis.



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 only included in the mandibular division of the trigeminal nerve supply muscles of the 1st pharyngeal arch.

SUMMARY

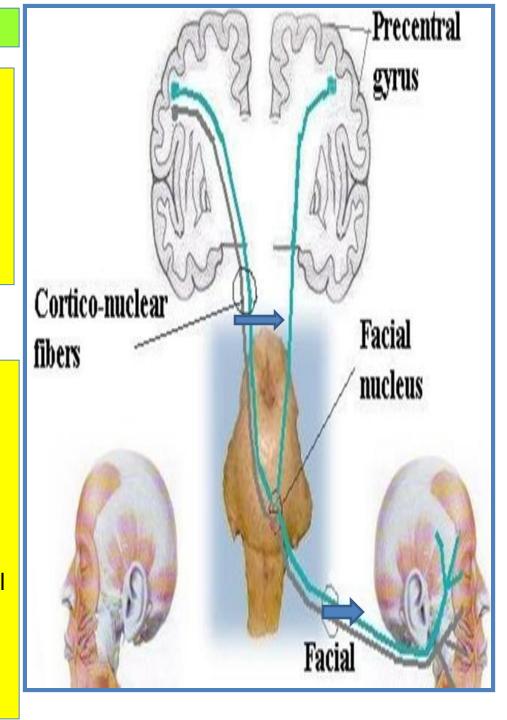
- Nuclei of facial nerve are found in pons. They are of the special visceral afferent & efferent types, as well as general visceral efferent type.
- The facial nerve emerges from the cerebellopontine angle, gives motor fibers to muscles of 2nd pharyngeal arch, and secretory fibers to submandibular, sublingual,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

Lower Motor Neuron Lesion

- Results from injury of the facial nerve fibers:
- 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>, (Whole <u>face affection</u>.

Upper Motor Neuron Lesion

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



TEST YOUR SELF!

- > Stimulation of which of the following nerves could lead to salivation and lacrimation?
- a) Glossopharyngeal.
- b) Trigeminal.
- c) Facial.
- d) Vagus.
- > Lesion of the 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.

TEST YOUR SELF!

- In bell palsy Hyperacusis is due to paralysis of which one of the following muscles?
- Tensor tympani.
- Tensor palati
- Stapedius.
- Auricularis superior.

THANK YOU AND GOOD LUCK