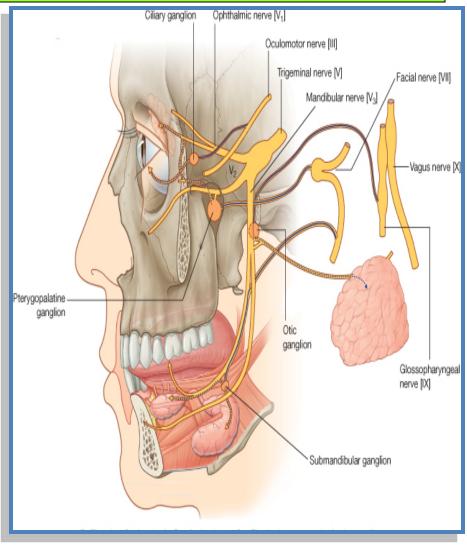
NERVE SUPPLY OF FACE 5TH & 7TH CRANIAL NERVES

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OBJECTIVES

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

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

TRIGEMINAL NERVE

> Type:

Mixed

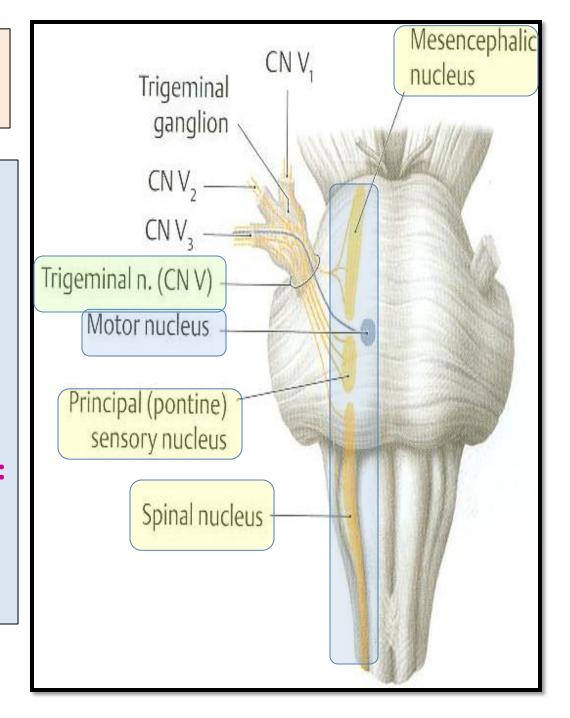
(sensory & motor).

- > Fibers:
- 1. General somatic afferent:

Carrying general sensations from face.

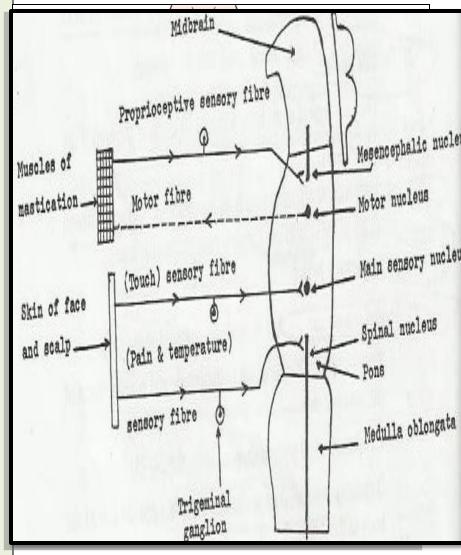
2. Special visceral efferent:

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

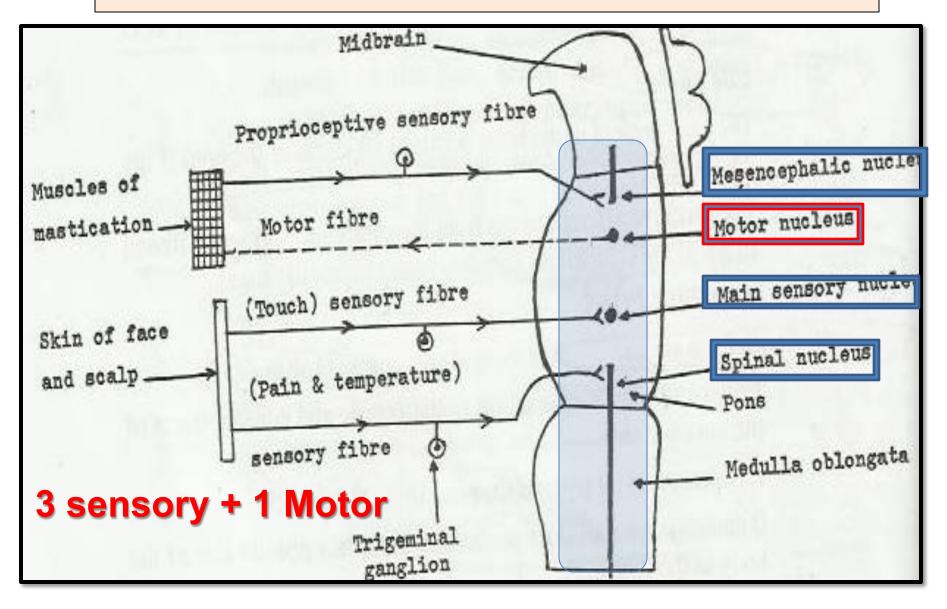


- Four nuclei: (3 sensory + 1 Motor).
- General somatic <u>afferent</u>:
- **Mesencephalic nucleus** (midbrain &pons): receives proprioceptive fibers from muscles of mastication.
- 2. <u>Principal (main) sensory nucleus (pons):</u> receives touch fibers from face & scalp
- 3. <u>Spinal nucleus</u> (pons, medulla & upper 2-3 cervical segments of spinal cord): <u>receives pain & temperature sensations</u> from <u>face & scalp</u>.
- > 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

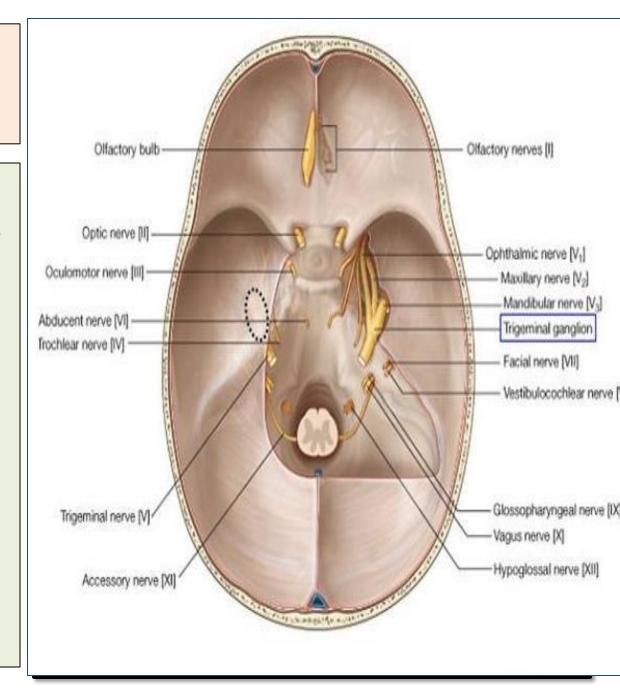


TRIGEMINAL NERVE NUCLEI(Deep origin)



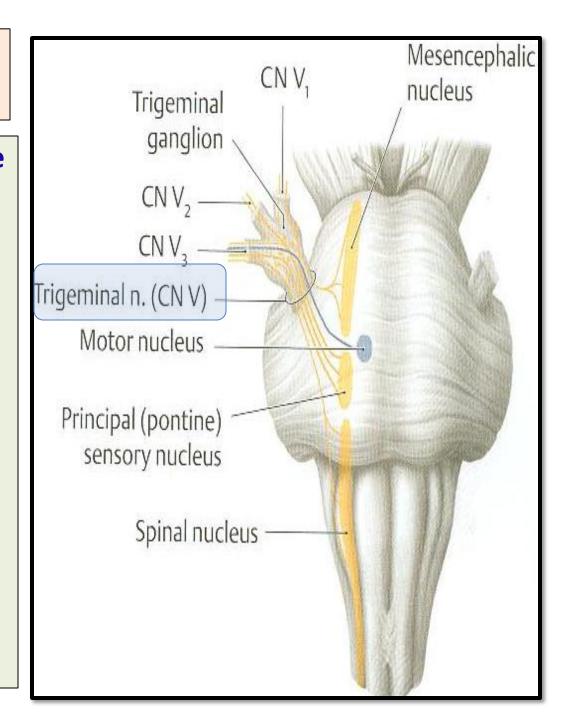
TRIGEMINAL GANGLION

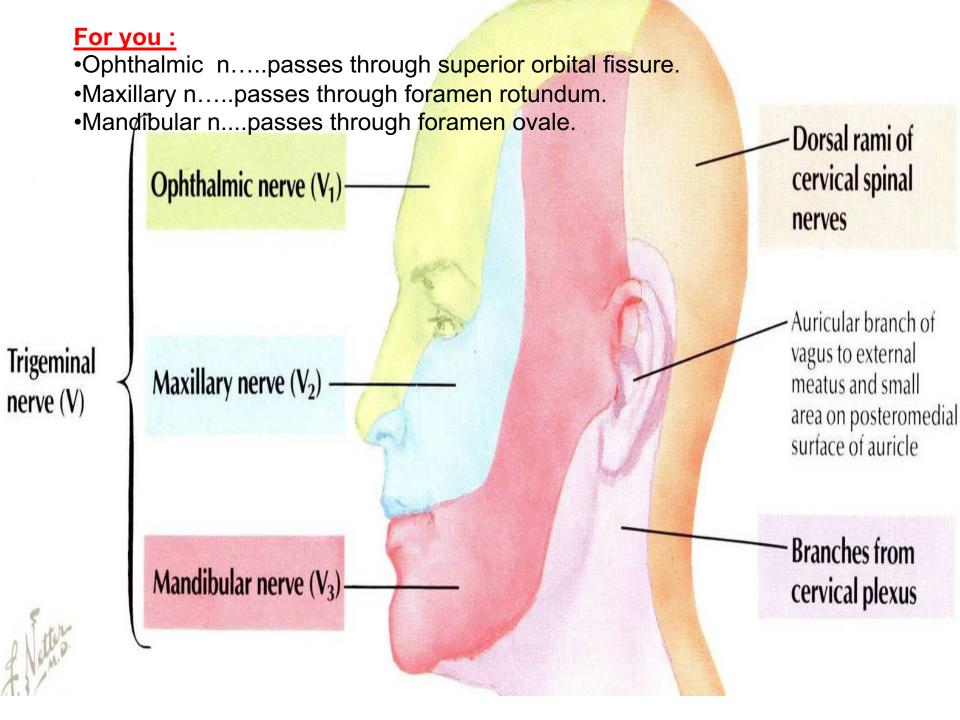
- > Site:
- Occupies a <u>depression</u> in the <u>middle cranial</u> <u>fossa (temporal bone)</u> known as Trigeminal cave.
- Importance: Contains cell bodies:
- 1. Whose dendrites carry sensations from the face.
- 2. Whose axons form the <u>sensory roots</u> of trigeminal nerve.



TRIGEMINAL NERVE

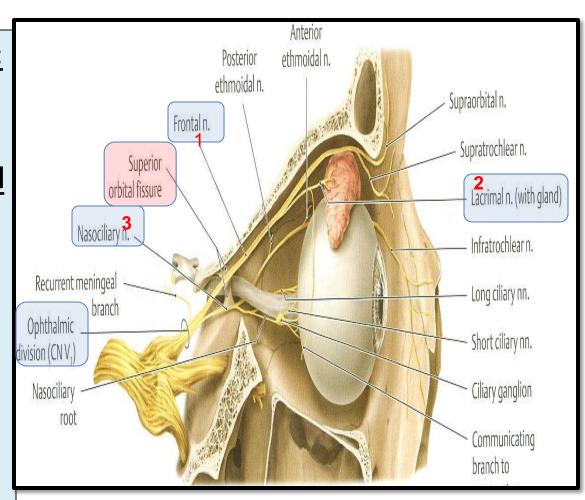
- Emerges from the middle of the ventral surface of the pons by 2 roots (Large Lateral sensory root & small medial motor root).
- Divides into 3 divisions: (dendrites of trigeminal ganglion):
- 1. Ophthalmic.
- 2. Maxillary.
- 3. Mandibular.
- Axons of cells of motor nucleus join only the mandibular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





OPHTHALMIC (PURE SENSORY)

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



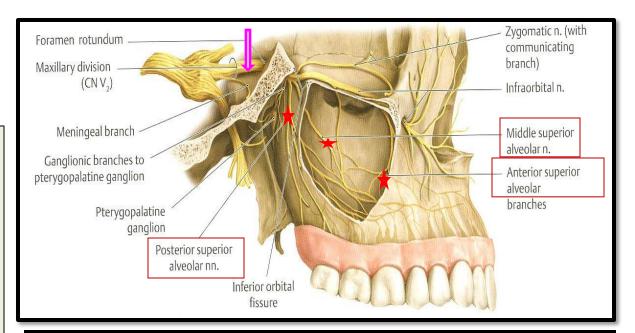
MAXILLARY (PURE SENSORY)

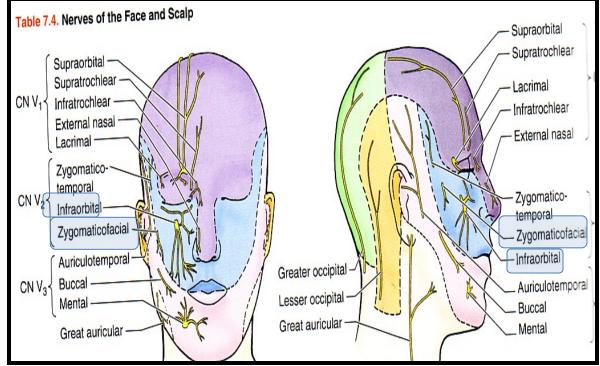
> Supplies:

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

1. Face:

(zygomaticofacial & infraorbital nerves).



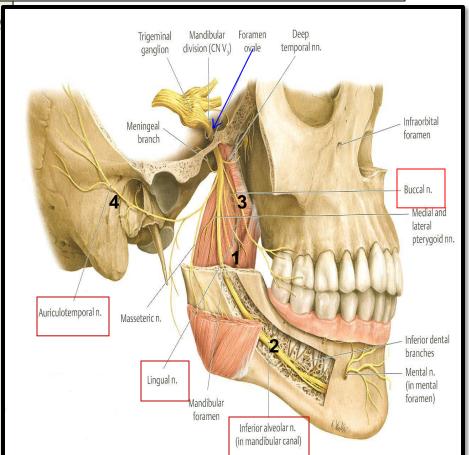


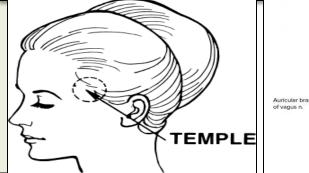
MANDIBULAR (MIXED)

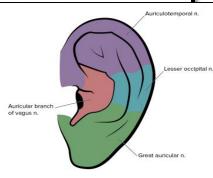
- Mandibular itselfe: receives proprioceptive fibers from muscles of mastication.
- > SENSORY BRANCHES: supplies various regions on the side of head.
- Lingual: <u>receives</u>
 General sensations from anterior 2/3 the of tongue.
- Inferior alveolar: <u>supplies</u>
 Lower teeth, gums & face (over mandible).
- 3. Buccal: <u>supplies</u>
 Face (cheek on upper jaw)

& other 4 muscles).

- 4. Auriculotemporal: <u>supplies</u> auricle, temple, parotid gland & TMJ.
- MOTOR BRANCHES:
 to 8 muscles (4 muscles of mastication

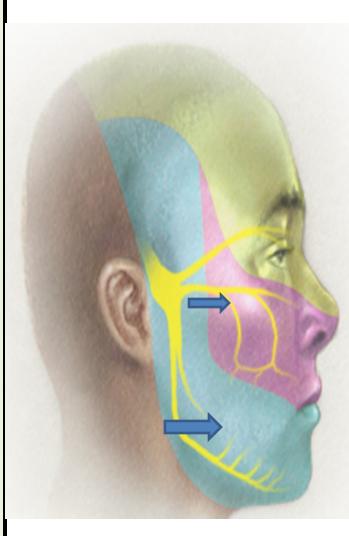






Trigeminal Neuralgia

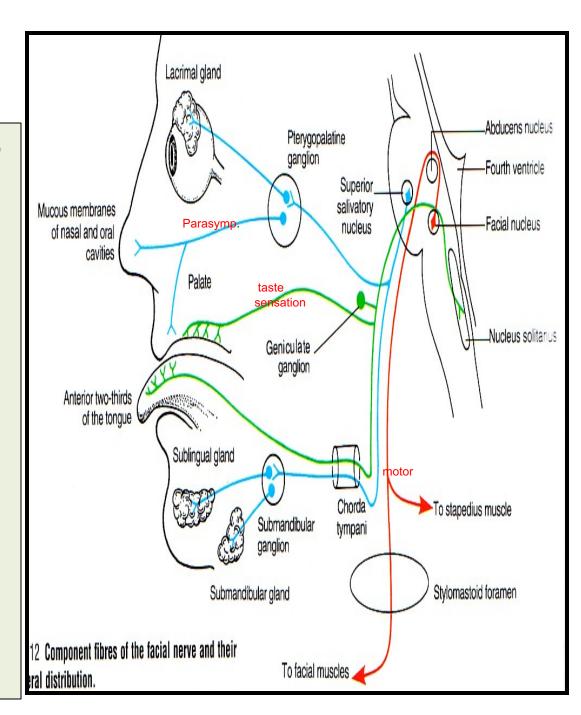
- Compression, degeneration or inflammation of the 5th cranial nerve may result in a condition called trigeminal neuralgia or tic douloureux (convulsions in the face).
- This condition is <u>characterized</u> by <u>recurring</u> <u>episodes</u> (<u>recurrent attacks</u>) of intense <u>stabbing pain</u>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



FACIAL NERVE

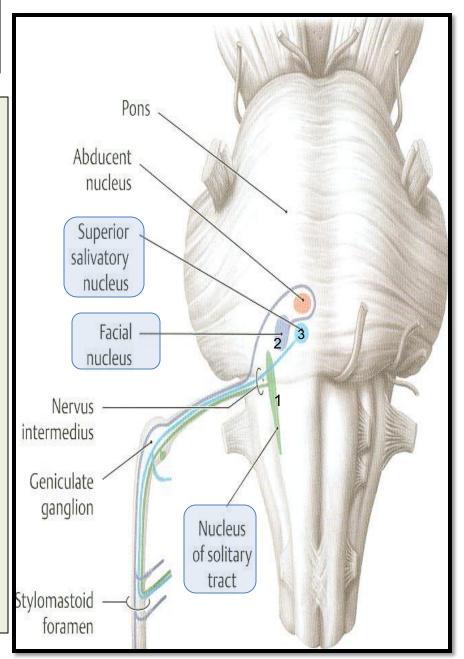
FACIAL NERVE

- <u>Type</u>: Mixed (special sensory, Motor, 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.



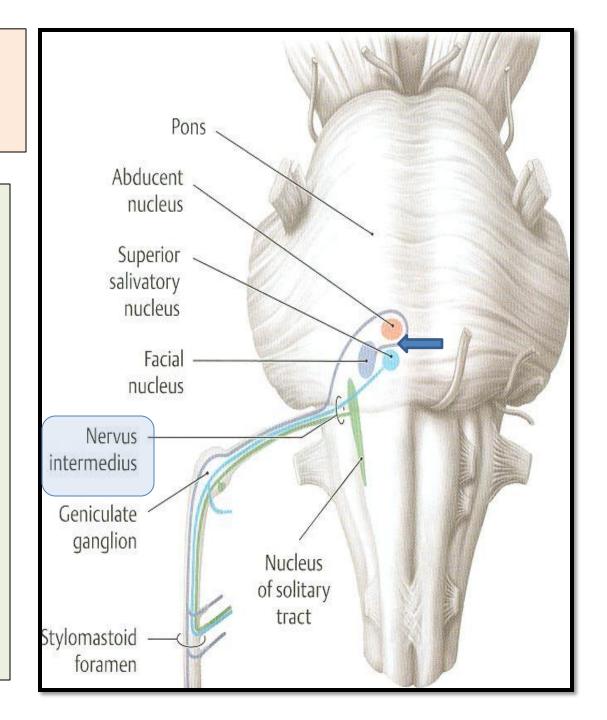
FACIAL NERVE NUCLEI

- 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.



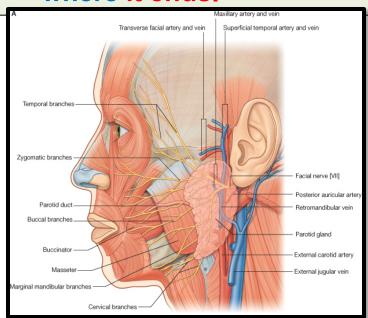
COURSE OF FACIAL NERVE

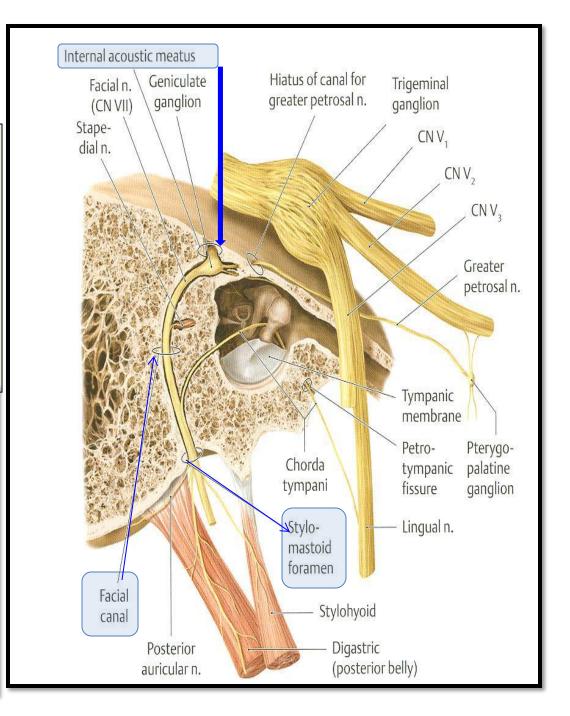
- Emerges from the cerebellopontine angle by 2 roots:
- Medial motor root: contains motor fibers.
- 2. Lateral root
 (nervous
 intermedius):
 contains
 parasympathetic
 & taste fibers.



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.

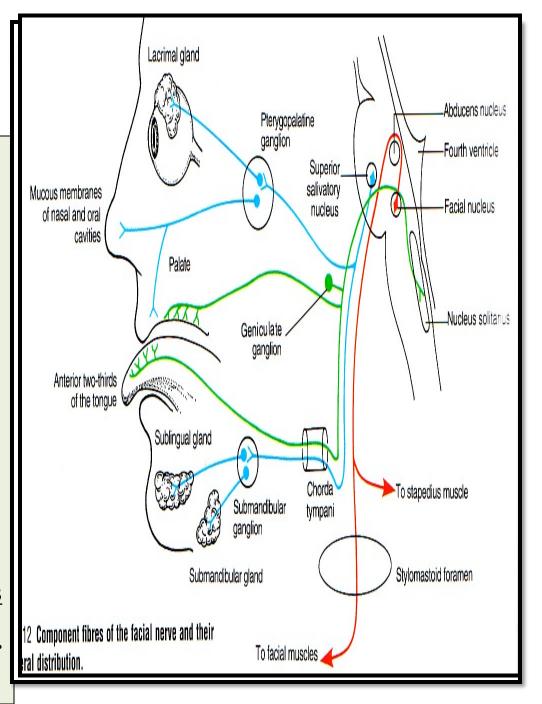




BRANCHES OF FACIAL NERVE

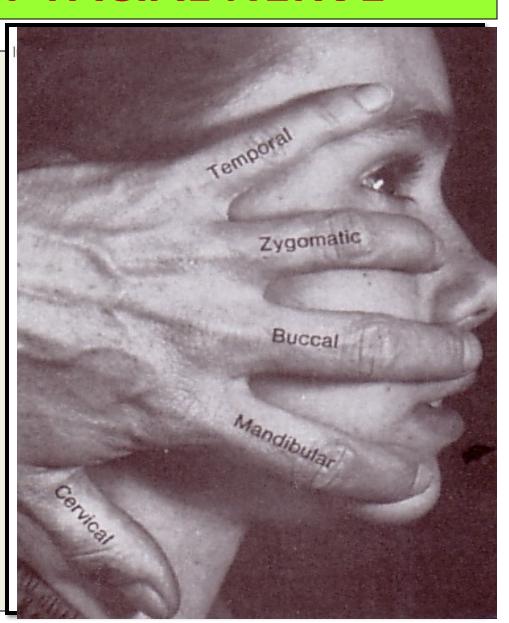
► In facial canal:

- 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 (range) of sound waves from the external environment to the inner ear.
- N.B.: Geniculate ganglion: contains cell bodies of neurones of facial n.; its fibres carrying taste sensations from anterior 2/3 of tongue; ending in solitary nucleus in M.O. Lies in internal acoustic meatus.



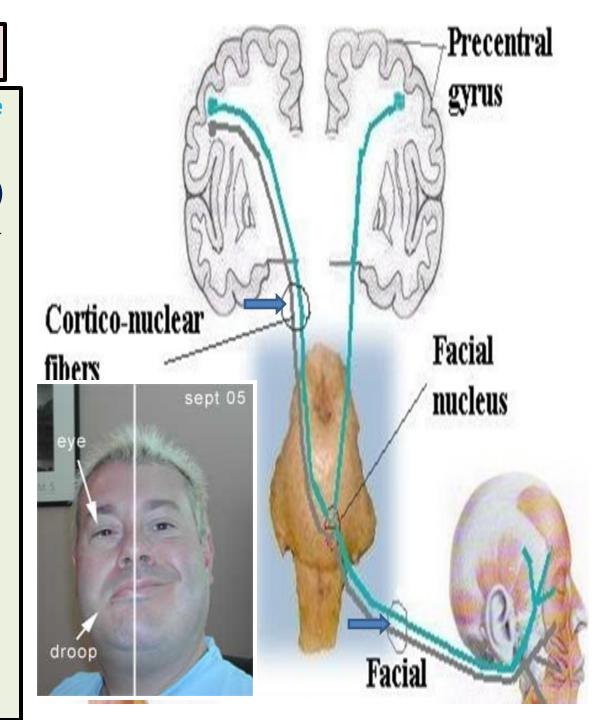
BRANCHES OF FACIAL NERVE

- ➤ Just as <u>it **emerges** from</u> 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...(for platysma ms.) 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.

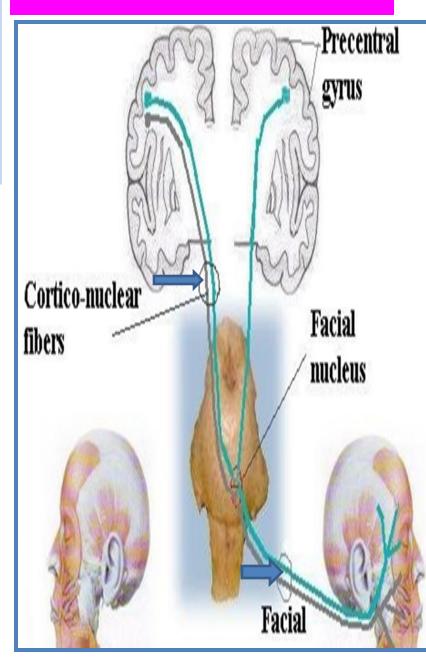
Lower Motor Neuron Lesion

- •Results from injury of facial nerve fibres below facial nucleus as 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 same side of lesion.

Upper Motor Neuron Lesion

- ■This occurs after injury to the pyramidal tract (corticonuclear) above facial nucleus...
- **■**Leads to <u>paralysis</u> of facial muscles of <u>lower ½ of face</u> of <u>opposite side</u> but the <u>upper ½</u> of the face <u>intact because</u>:
- •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.