





The Cranial Nerves 11 & 12

CNS Block

Don't forget to check the **Editing File**

Color index:

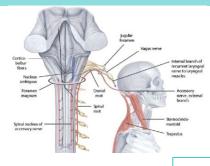
Content
Male slides
Female slides
Important
Doctors notes
Extra information, explanation

Objectives

At the end of the lecture, students should be able to:

- List the nuclei related to accessory and hypoglossal nerves in the brain stem.
- Describe the type and site of each nucleus.
- Describe site of emergence and course of accessory & hypoglossal nerves.
- Describe important relations of accessory & hypoglossal nerves in the neck.
- List the branches of accessory and hypoglossal nerves.
- Describe the main motor effects in case of lesion of accessory & hypoglossal nerves.

11th CN: Accessory Nerve

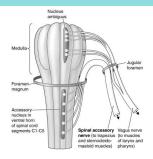


2

Nerve Type: Motor

Foramen of exit from skull: Jugular foramen

Has two parts (roots):



The Cranial Part

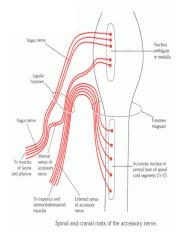
Carries fibres that originate in the caudal part of **nucleus ambiguus**.

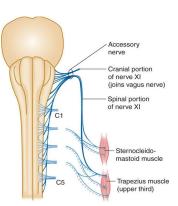
Emerges from lateral aspect of the medulla (between olive and inferior cerebellar peduncle) as a linear series of rootlets caudal to rootlets of the vagus nerve.

At the side of medulla it joins the spinal root briefly.

It separates once again as the nerve leaves the cranial cavity through the **Jugular foramen**.

At the level of jugular foramen these fibres join the vagus nerve and distribute with it to muscles of the **soft palate**, **esophagus**, **pharynx** and **larynx**.





The Spinal Part

Arises from motor neurons in ventral horn of the spinal gray matter at levels

C1-C5 (spinal nucleus).

The axons leave the cord via series of

rootlets, emerge laterally midway between the dorsal and ventral roots of the spinal nerves.

Courses rostrally and enter the cranial cavity through the **foramen magnum**, and joins the cranial root briefly.

Separates once again as the nerve leaves the cranial cavity through the **Jugular Foramen**.

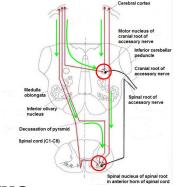
Supplies the **sternomastoid** and **trapezius** muscles.

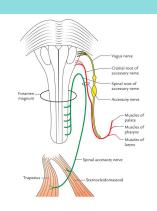
11th CN: Accessory Nerve

The nucleus ambiguus and the spinal nucleus **receive bilateral corticonuclear fibers** (from both cerebral hemispheres).

Function:

- 1- Movements of the soft palate, larynx, pharynx.
- 2- Controls the movements of neck.





Injury of the Spinal Root of Accessory Nerve

Causes:



Because of the relatively superficial position of the nerve in the **posterior triangle**, it may be damaged by penetrating trauma as stab wounds.



It is considered the most commonly latrogenically (means a problem caused be an attempt to treatment) injured nerve as during removal of malignant lymph nodes in the posterior triangle.



Manifestation:

1

It produces atrophy and weakness of trapezius.



Unilateral paralysis of trapezius is evident by: 1- inability to elevate & retract the shoulder.

- 2- Difficulty in elevating the arm.
- 3- Winging of scapula.



3

Dropping of the shoulder is an obvious sign of injury of the nerve.

4

Difficulty in swallowing and speech (like Vagus nerve). Inability to turn the head.

12th Cranial Nerve: Hypoglossal Nerve

Nerve type: Motor.

Origin: Hypoglossal nucleus of the medulla (in the floor of 4th ventricle)

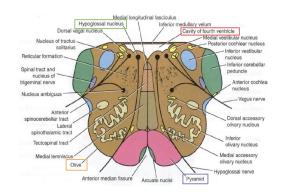
Foramen of exit: hypoglossal canal.

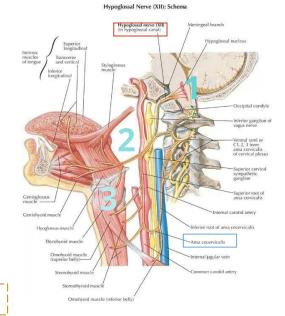
Course:

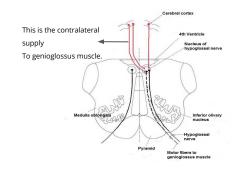
The fibers emerging from the anterior surface of the medulla oblongata through the sulcus located between the pyramid and the olive.

The nerve courses <u>downwards</u> with the cervical **neurovascular bundle** (internal carotid artery, internal jugular vein and vagus nerve). Then curves <u>forward</u> behind **mandible** to supply the tongue

During its initial course it carries **C1 fibers**, which leave in a branch to take part in the formation of the **ansa cervicalis** (hypoglossi) (a loop of nerves supplying neck muscles)







The hypoglossal nucleus receives:

The hypoglossal nucleus receives corticonuclear fibers from both cerebral hemispheres except the region that supplies genioglossus muscle (the tongue) which receives contralateral supply only.

It also receives afferent fibers from <u>nucleus solitarius</u> and <u>trigeminal sensory nucleus</u>

Dr's notes the hypoglossal nerve before enter the tongue it leave branch pass Down and contribute in formation of Ansa cervicalis (U shaped)

3

Dr's notes the hypoglossal nerve passes alone through the canal

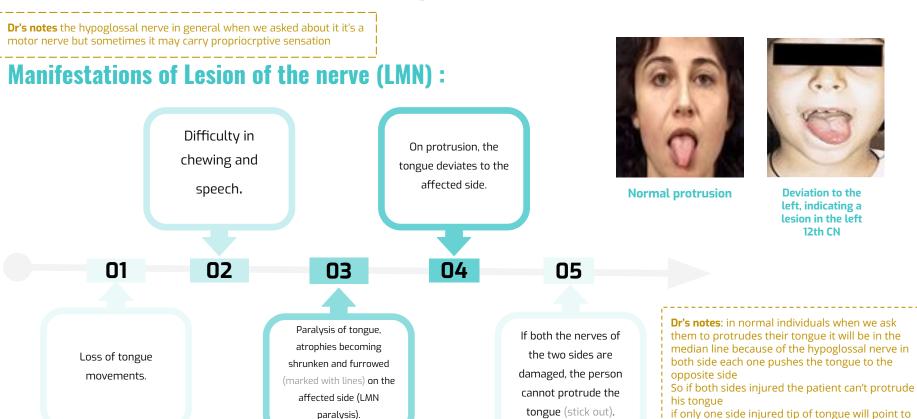
12th Cranial Nerve: Hypoglossal Nerve

Functions:

1 - Supplies motor innervation to all of the muscles of the tongue except the palatoglossus (supplied by vagus).

(Controls the movements and shape of the tongue during speech and swallowing)

2 - Carries proprioceptive afferents from the tongue muscles.



the effected side

MCO

A: Stylopharyngeus

Moq					
Q1: The Accessory Nerve exit from which foramen in the skull?					
A: Foramen Magnum	B: Foramen ovale	C: Foramen Lacerum	D: Jugular foramen		
Q2: Spinal part of Accessory nerve rises from?					
A: Dorsal horn of the spinal gray matter at levels C1-C5	B: Ventral horn of the spinal gray matter at levels T1-T5	C: Ventral horn of the spinal gray matter at levels C1-C5	D: Dorsal horn of the spinal gray matter at levels T1-T5		
Q3: At the level of jugular foramen Accessory nerve cranial part fibres join the?					
A: Hypoglossal nerve	B: Vagus nerve	C: Glossopharyngeal nerve	D: Trigeminal nerve		
Q4: Spinal part of Accessory nerve enters cranial cavity through?					
A: Foramen Magnum	B: Foramen ovale	C: Foramen Lacerum	D: Jugular foramen		
Q5: The nucleus ambiguus and the spinal nucleus receive?					
A: Bilateral corticospinal fibers	B: Unilateral corticonuclear fibers	C: Unilateral corticospinal fibers	D: Bilateral corticonuclear fibers		
Q6: Lesion to Accessory nerve produces atrophy and weakness of?					

C: Trapezius

Answer key: 1 (D) , 2 (C) , 3 (B) , 4 (A) , 5 (D) , 6 (C)

D: Soft palate

B: Pharynx

MCQ

A: Difficulty in chewing

07: The 12th cranial nerve originates from the

Q7: The 12th Cranial herve originates from the of the medulla in the					
A: Glossopharyngeal nucleus, floor of 4th ventricle	B: Hypoglossal nucleus, floor of 3rd ventricle	C: Hypoglossal nucleus, floor of 4th ventricle	D: Hypoglossal nucleus, roof of 4th ventricle		
Q8: The foramen of exit of the 12th cranial nerve is					
A: Hypoglossal canal	B: Foramen rotundum	C: Optic canal	D: Jugular foramen		
Q9: the tongue muscle receives supply fibers only.					
A: Contralateral	B: Ipsilateral	C: Corticonuclear from both hemispheres	D: Optic		
Q10: which fibers were carried by the 12th cranial nerve and left to join the ansa cervicalis?					
A:C4 fibers	B: C2 fibers	C: C3 fibers	D: C1 fibers		
Q11: The functions of the 12th cranial nerve include:					
A: Carrying proprioceptive afferents from tongue only	B: Sensory innervation to all of the tongue muscles	C: Motor innervation to ALL of the muscles of the tongue	D: Controlling the movement and shape of tongue		
Q12: which is not a manifestation of LMN?					

Answer key:

of the medulla in the

B: Difficulty in swallowing

C: Deviation to the affected side

D: Loss of tongue movement

SAQ

Q1:From where does Accessory nerve (its two parts) originate?

Q2:Mention the muscles that are supplied by the Accessory nerve (its two parts)?

Q3: Mention the type of the 12th CN nerve and the location of emergence for the fibers.

Q4: What is the course of the 12th cranial nerve, and what is the ansa cervicalis?

Answers

- 1: A. The cranial part: originate in the caudal part of nucleus ambiguus.
- B. The spinal part: Originates from motor neurons in ventral horn of the spinal gray matter at levels C1-C5 (spinal nucleus).
- 2 : A. The cranial part: supplies muscles of the soft palate, esophagus, pharynx and larynx.
- B. The spinal part: Supplies the sternomastoid and trapezius muscles.
- 3: Type: Motor, The fibers emerge from the anterior surface of the medulla oblongata between the pyramid and olive
- 4: the 12th CN courses downward with the cervical neurovascular bundle then curves forward behind the mandible to supply the tongue, and initially it carries C1 fibers that leave in a branch to take part in the formation of the ansa cervicalis, which is a loop of nerve supplying the neck muscles.

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A special thanks to Mohamed Alquhidan

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