

Lecture Title:

Basic anatomy and physiology

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Lecture Objectives..

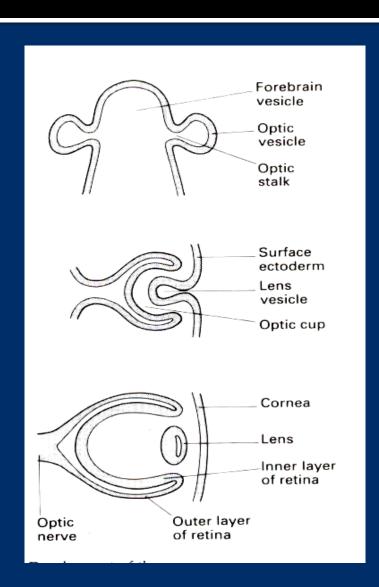
- Touch embryology of the eye.
- Explore anatomy of the orbit.
- Explore anatomy and physiology of EOM.
- Explore anatomy of the eyelid and conjunctiva.
- Explore anatomy of the globe .
- Explore anatomy of the visual pathway.
- Understand the physiology of vision, accommodation, pupillary reflex and tear drainage.

REFERENCE BOOKS..

- Basic Ophthalmology (Cynthia Bradford)
- Basic Ophthalmology (Frank Berson)
- General Ophthalmology
 (Vaughan, Asbury and Tabbara)
- Lecture notes in Ophthalmology
 (Bruce James, Chris Chew, Antony Bran)

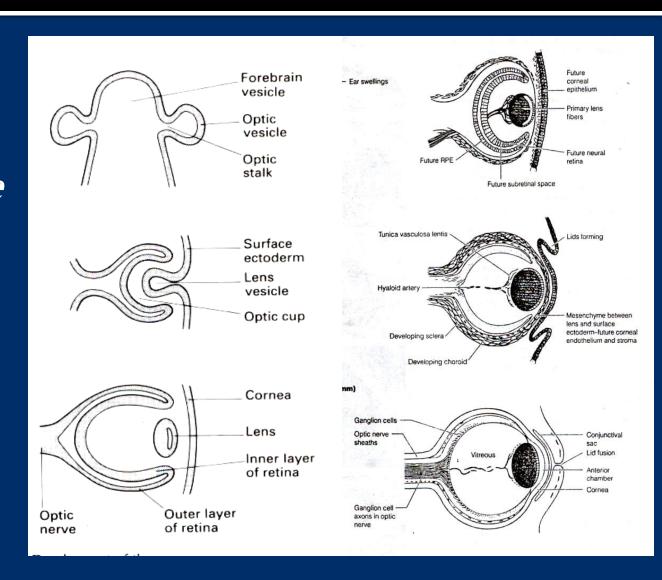
EMBRYOLOGY OF THE EYE

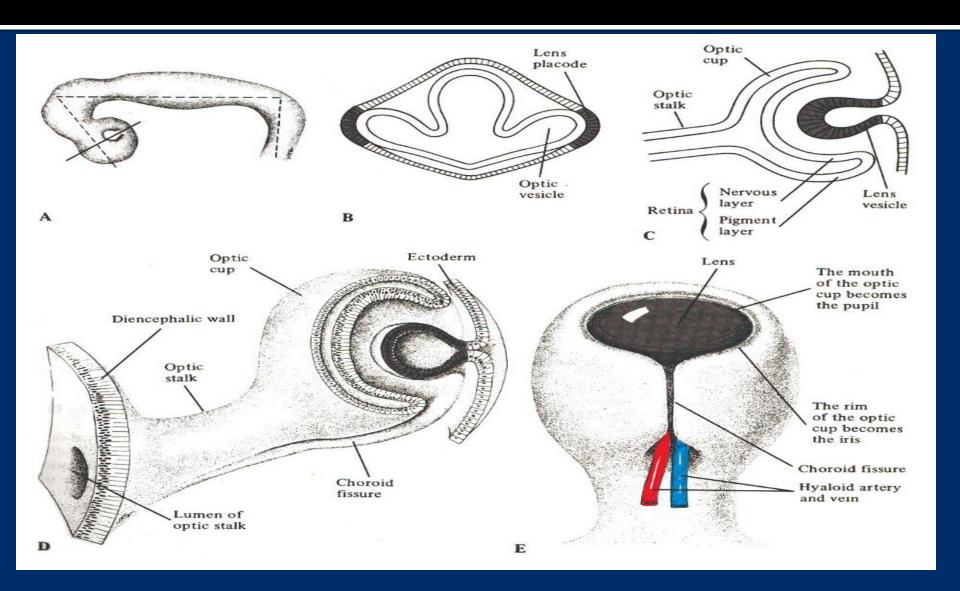
- This highly specialized sensory organ is derived from:
 - neural ectoderm,
 - surface ectoderm, and
 - mesoderm
- The eye is essentially an outgrowth from the brain (neural ectoderm).



EMBRYOLOGY OF THE EYE

Started as
 Optic vesicle
 connected to
 the forebrain
 by Optic
 stalk.





DEVELOPMENT OF THE EYE AFTER BIRTH

- At birth, the eye is relatively large in relation to the rest of the body.
- The iris has a bluish color due to little or no pigment on the anterior surface.
- During early infant life, the cornea & sclera can be stretched by raised IOP → enlargement of the eye.

DEVELOPMENT OF THE EYE AFTER BIRTH

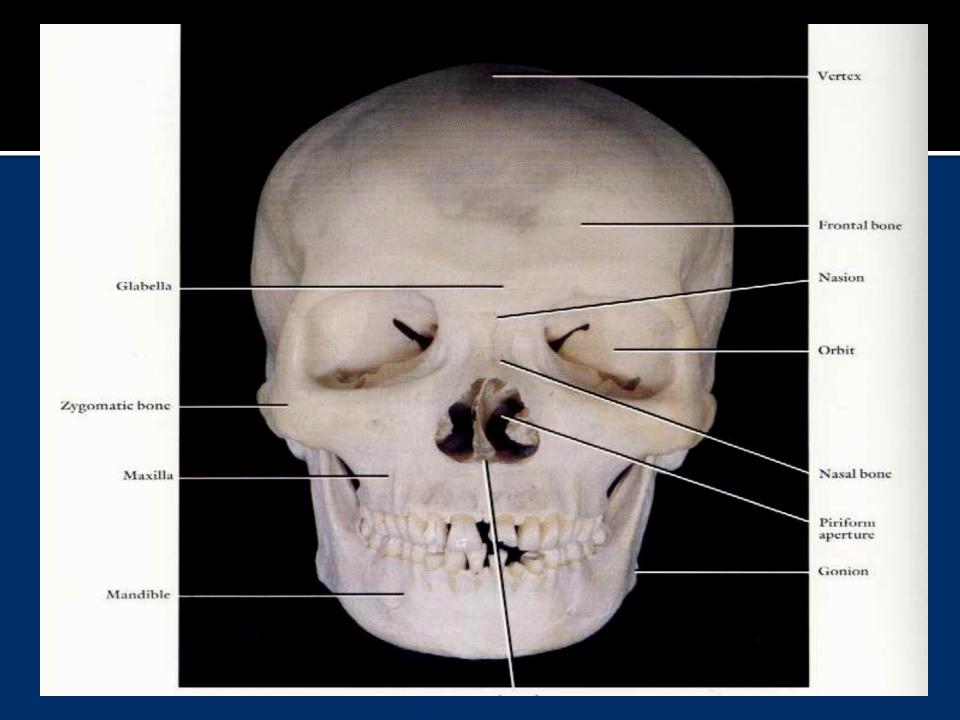
The eye reaches full size by the age of 8 years.

■ The lens continues to enlarge throughout the life.



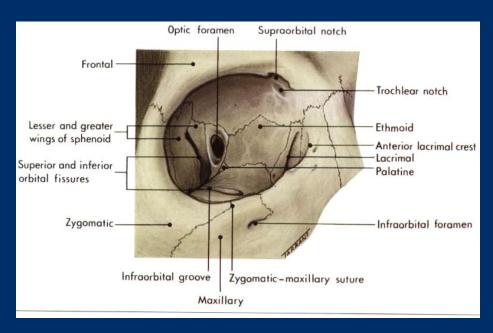
THE ORBIT

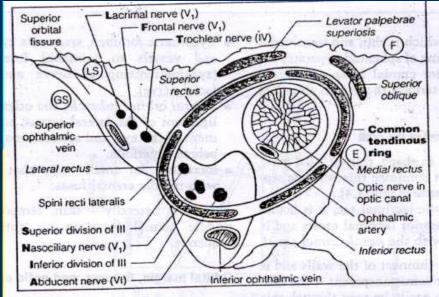
- As a socket, contains & protect the eye.
- Seven bones contribute the bony orbit.
- The weakest parts are the floor & the medial wall.
- Surrounded by nasal sinuses.



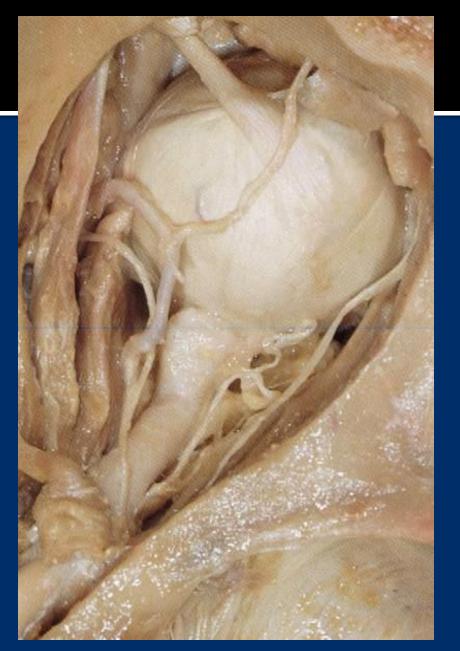
THE ORBIT

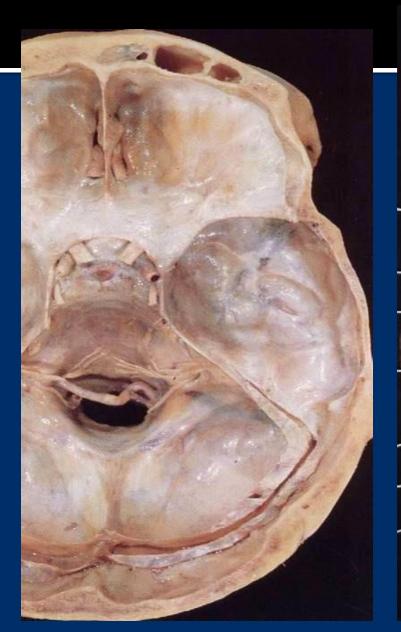
- Important openings are:
 - Optic foramen.
 - Superior orbital fissure.
 - Inferior orbital fissure.

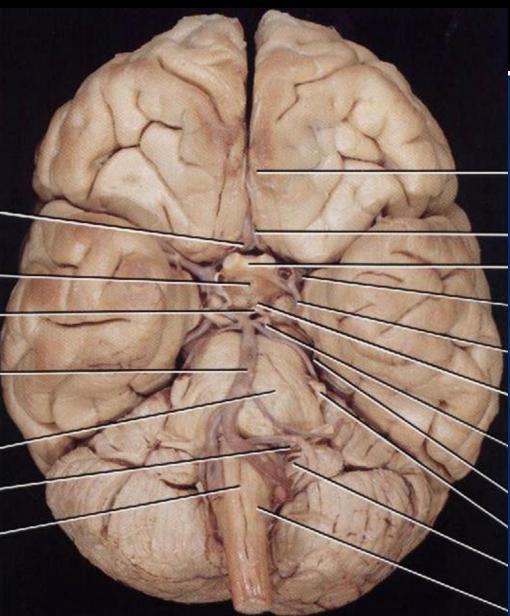






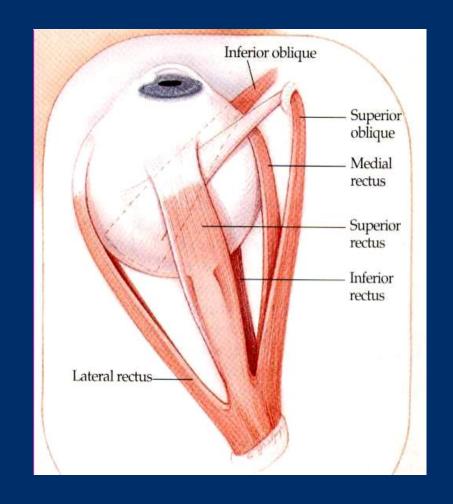




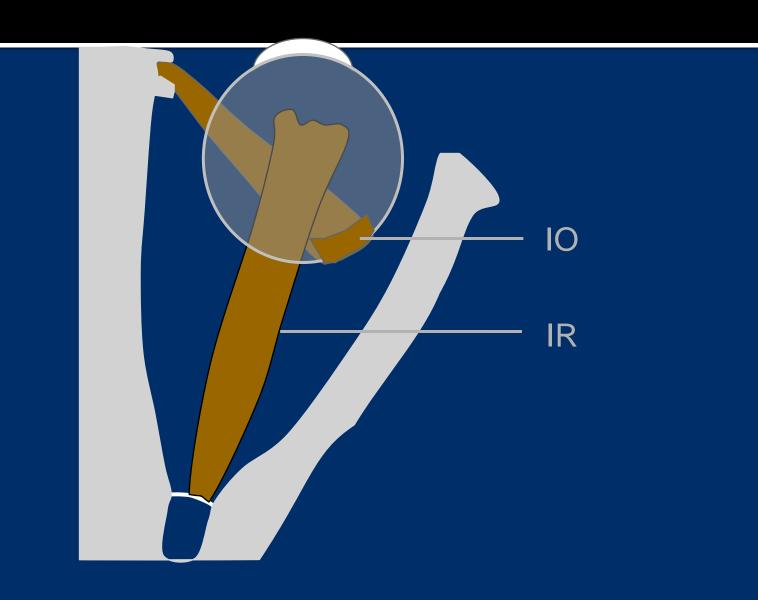


THE EXTRAOCULAR MUSCLES

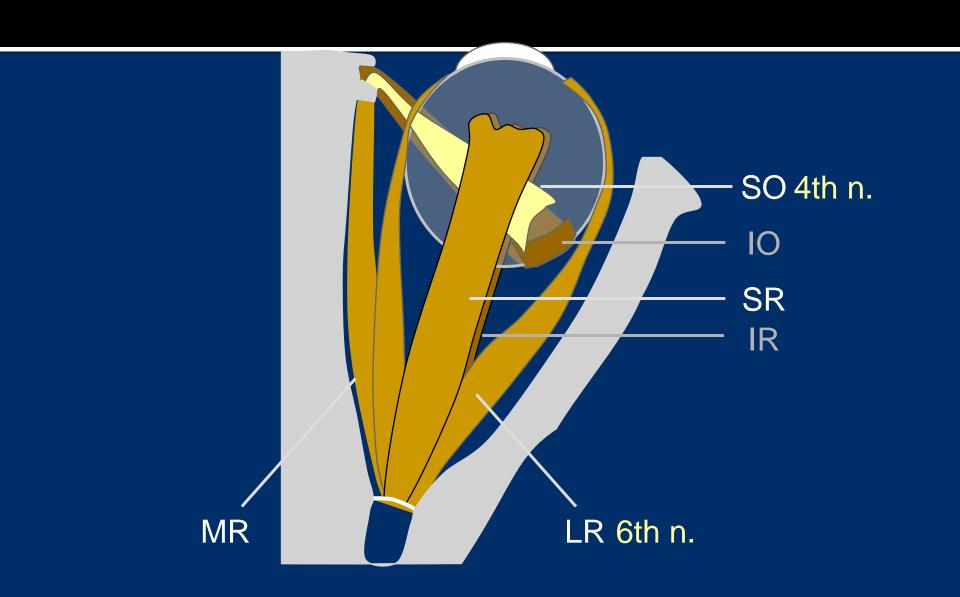
- Four recti & two oblique muscles.
- All are supplied by Oculomotor n.
 except superior oblique (Trochlear n.) & lateral rectus (Abducent n.).



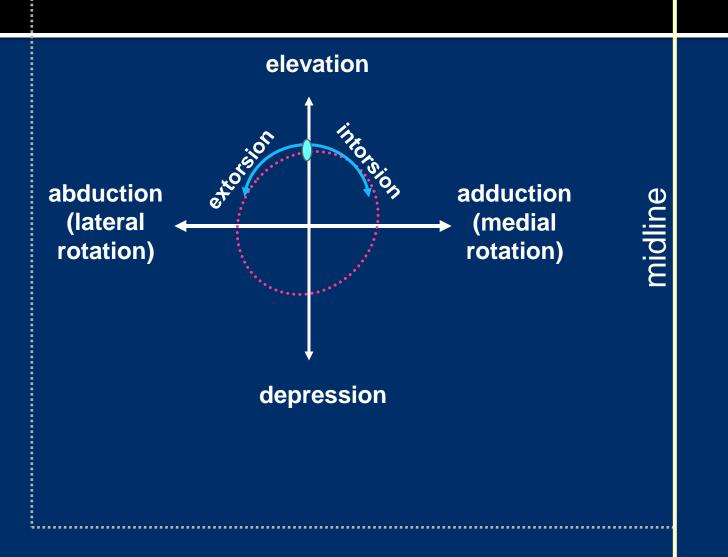
Attachment of eye muscles:



Attachment of eye muscles:



Innervation & action of eye muscles:





Hence for clinical test:

Direction to look

SO Down and in

IO Up and in

SR Up and out

IR Down and out

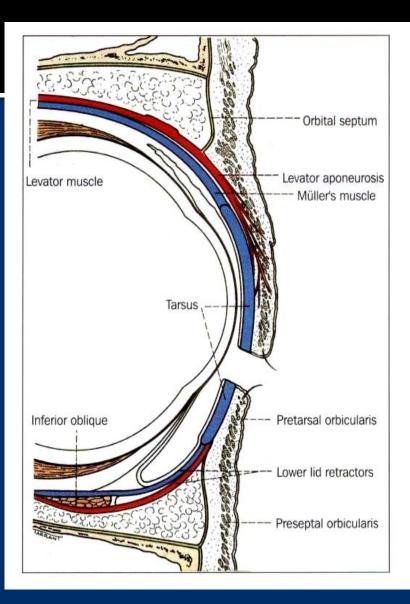
[R=0, O=I]

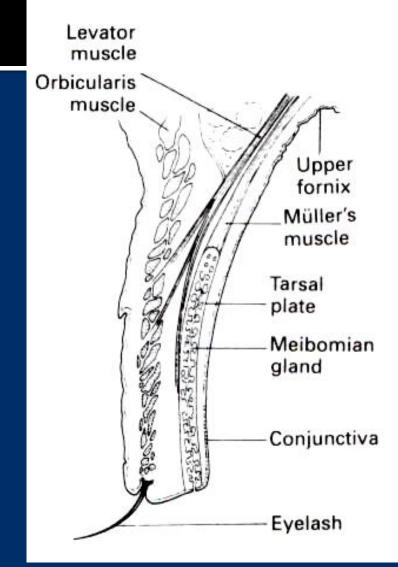
THE EYELIDS

They provide a protective covering for the eye.



- The lids are:
 - closed by Orbicularis oculi muscle (Facial n.)
 - opened with Levator palpebrae muscle (Oculomotor n.), Muller's muscle (Sympathetic supply) & Lower lid retractors.

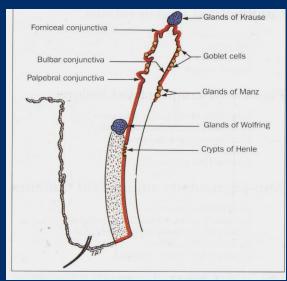


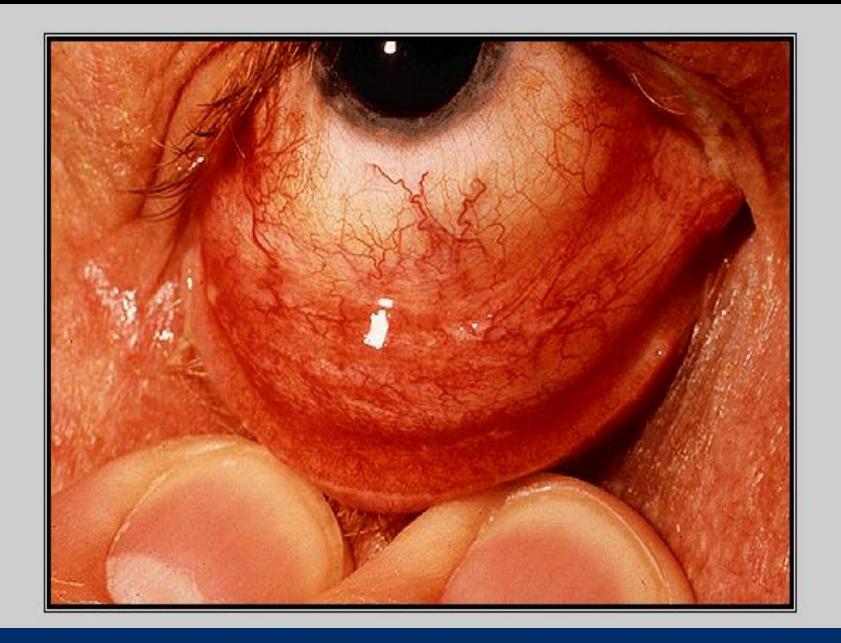


CONJUNCTIVA

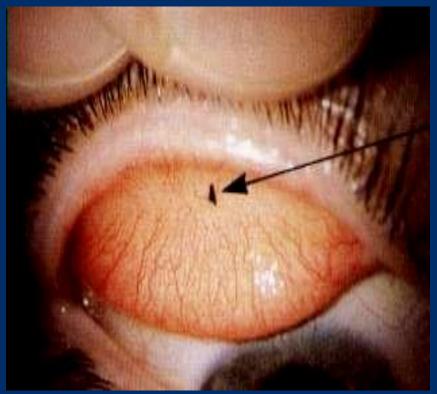
- Three parts:
- 1. Bulbar conjunctiva.
- 2. Palpebral conjunctiva.
- 3. Forniceal conjunctiva.
- Limbus.
- The stroma (no adenoid tissues until 3 months after birth).
- Follicles & Papillae.
- Injection and chemosis.



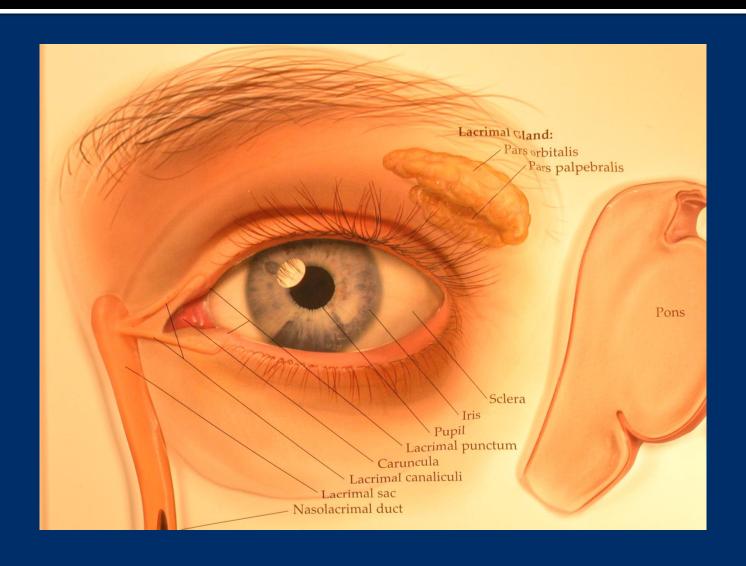


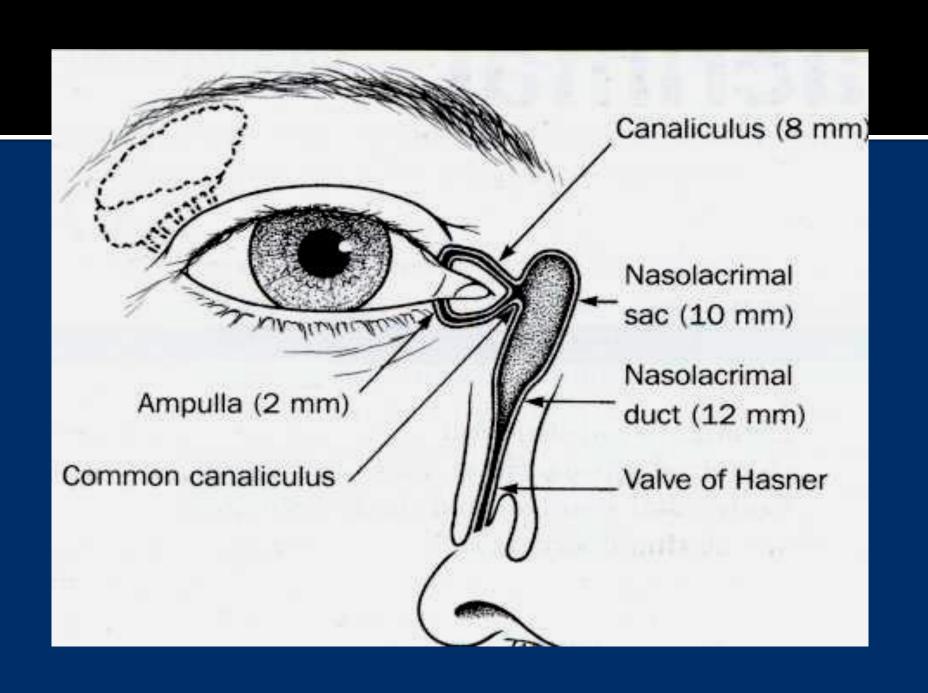






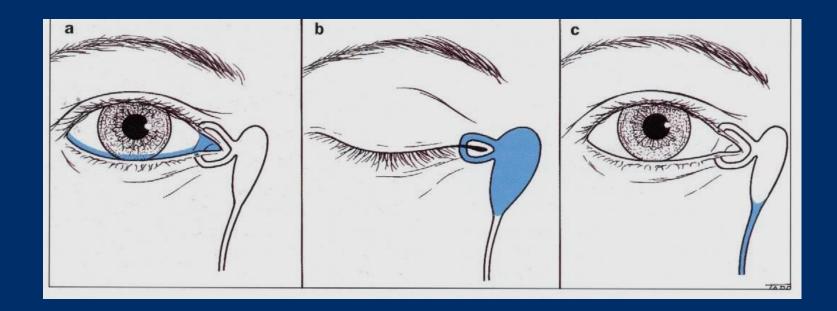
THE LACRIMAL APPARATUS





Lacrimal Apparatus Physiology

- Tear secretion.
- Layers of precorneal tear film.
- Drainage of tear.



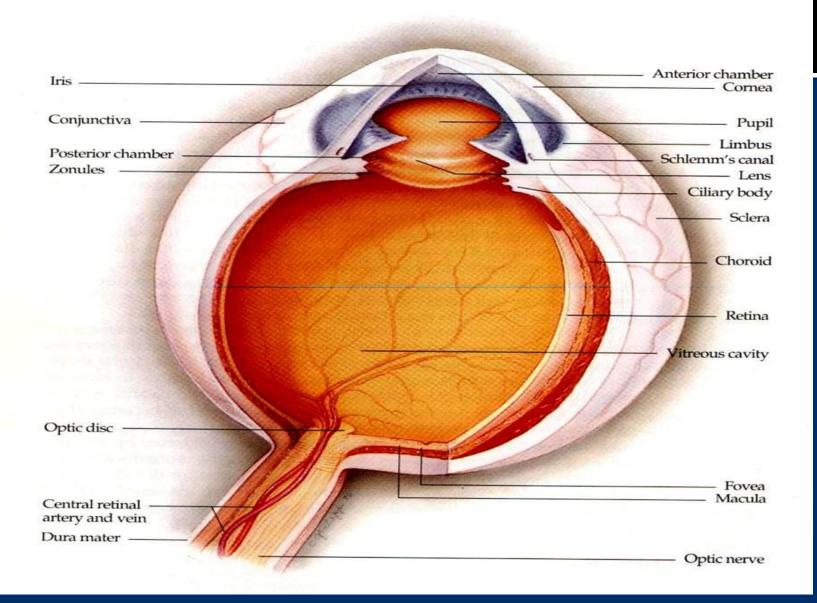
THE EYE (GLOBE)

- Two spheres with different radii:
 - Cornea, window of the eye.
 - Sclera, opaque shell.
- *** The eye measures approximately 24 mm in all its main diameters.

The coats of the eye

*** Three layers:

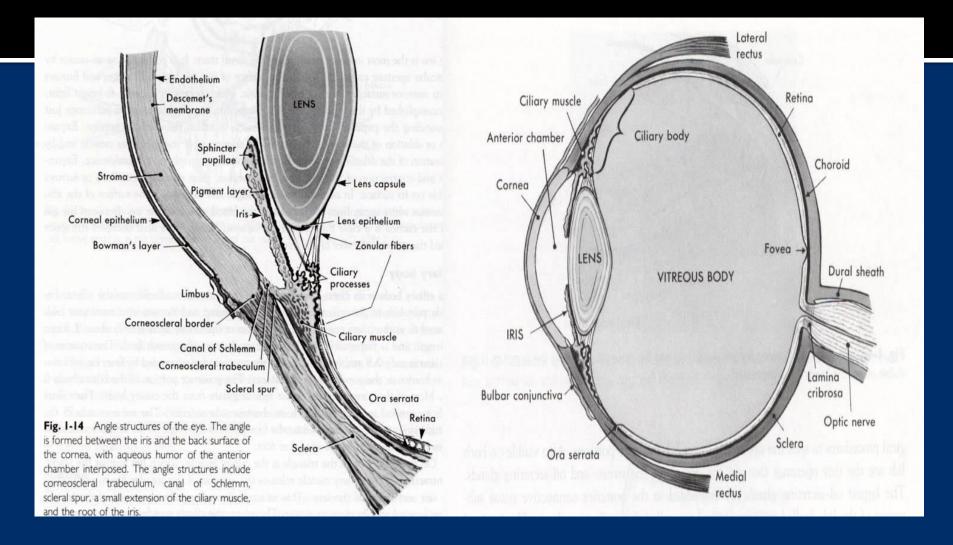
- The outer: inelastic coat, transparent cornea and opaque sclera.
- The middle, vascular coat, The Uvea: choroid, ciliary body and iris.
- The inner: The Retina, extends forwards to within 6 mm of the limbus.



The Chambers of The Eye

***Three optically clear spaces:

- The anterior chamber, in front of the iris
- The posterior chamber, immediately behind the iris. These two chambers which communicate through the pupil are filled with clear aqueous humour.
- The vitreous cavity: filled by gel-like structure, The Vitreous.



The Intraocular Pressure IOP

- The pressure within the eye is maintained at a steady level by continuous formation & drainage of aqueous.
- Aqueous is secreted by the ciliary epithelium

 → posterior chamber → anterior chamber
 (through the pupil) → drained through the
 anterior chamber angle.

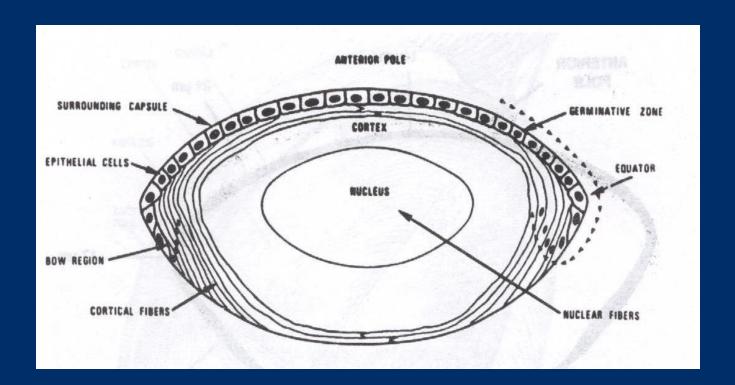
The Intraocular Pressure IOP

■ The intraocular pressure, (IOP), is normally 10 – 21 mmHg; increased IOP called Glaucoma.

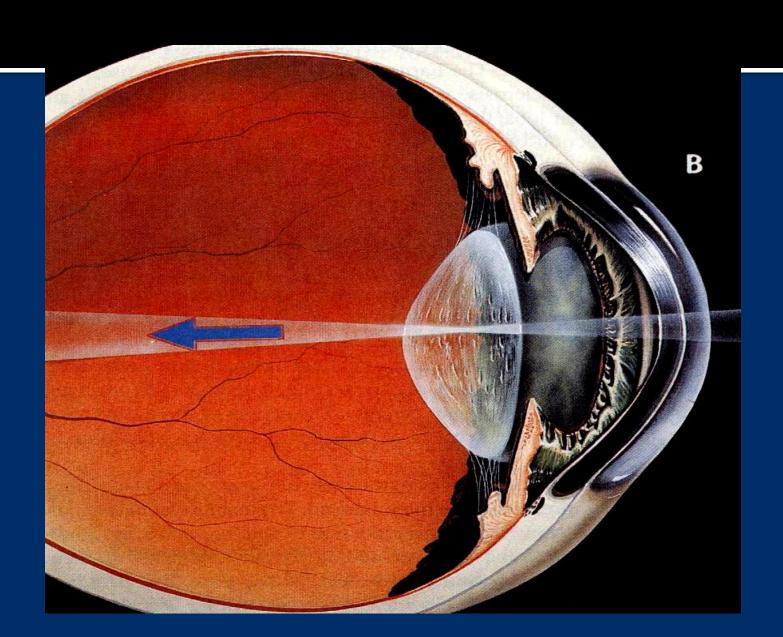
 High IOP almost always due to an obstruction of aqueous outflow.

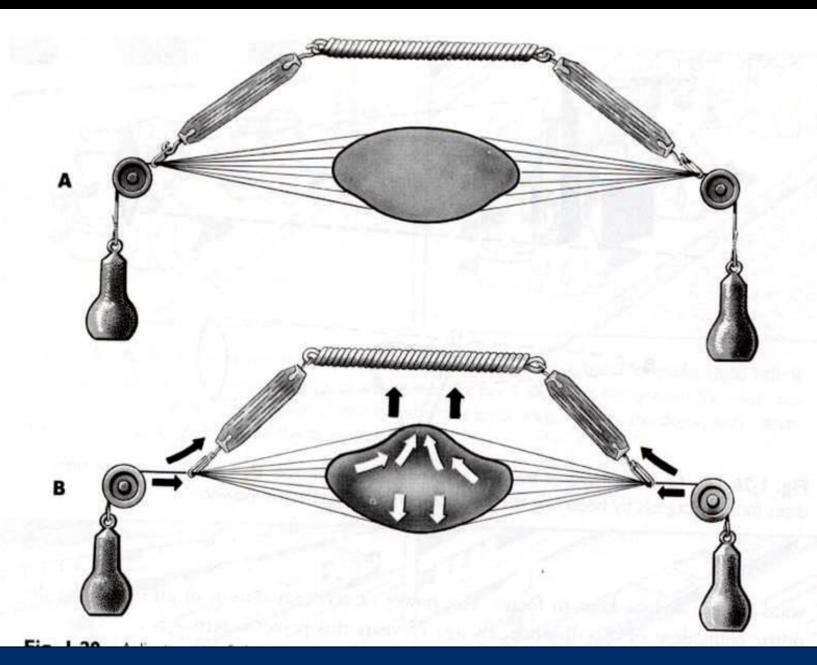
The Lens

- The crystalline lens is the only structure continuously growing throughout the life.
- Capsule, epithelium and lens fibers.



Changeable refractive media

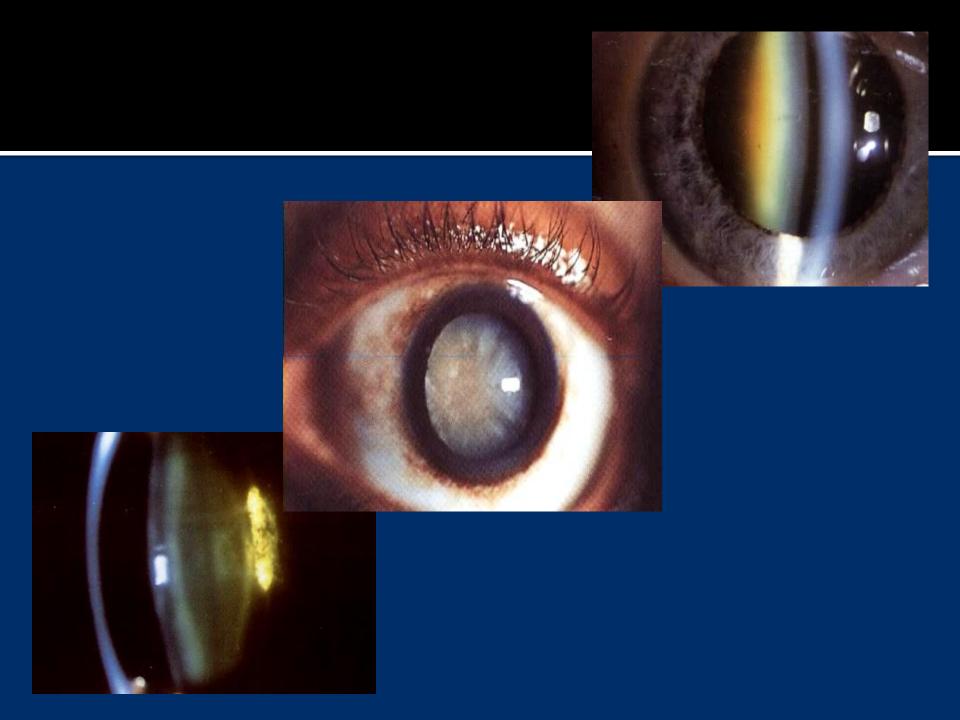




The Lens

Cataract.

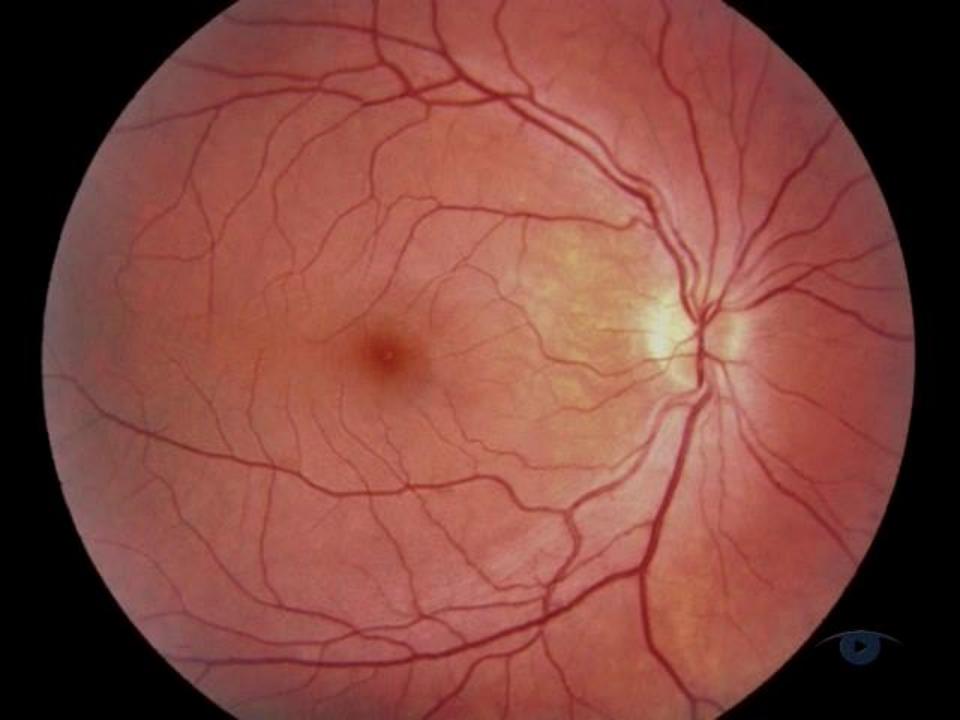
 Congenital anomalies and effect of systemic diseases.

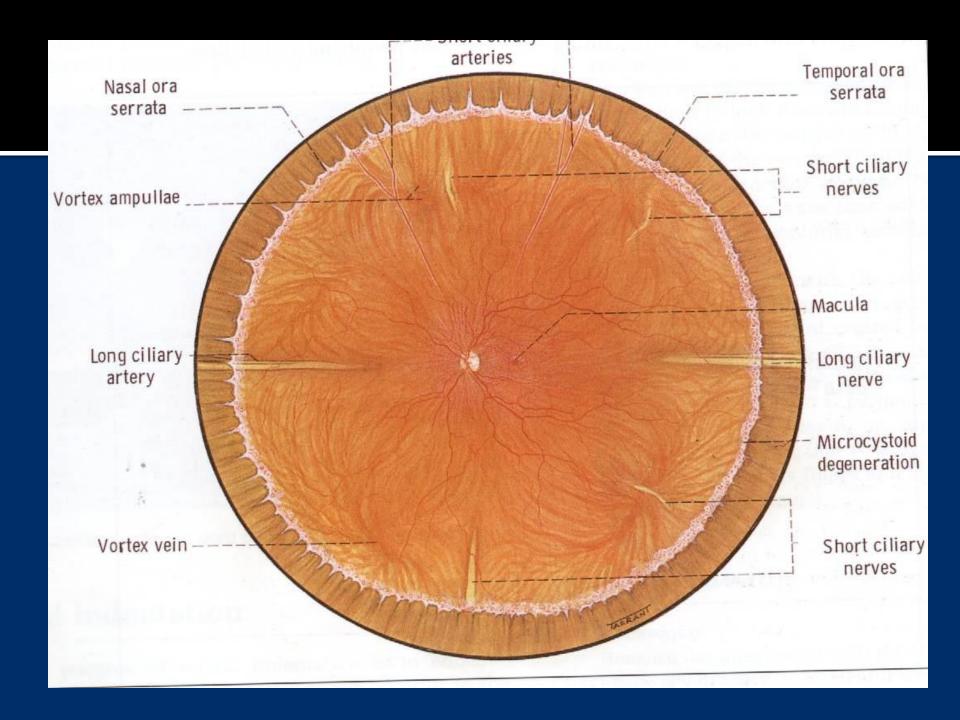


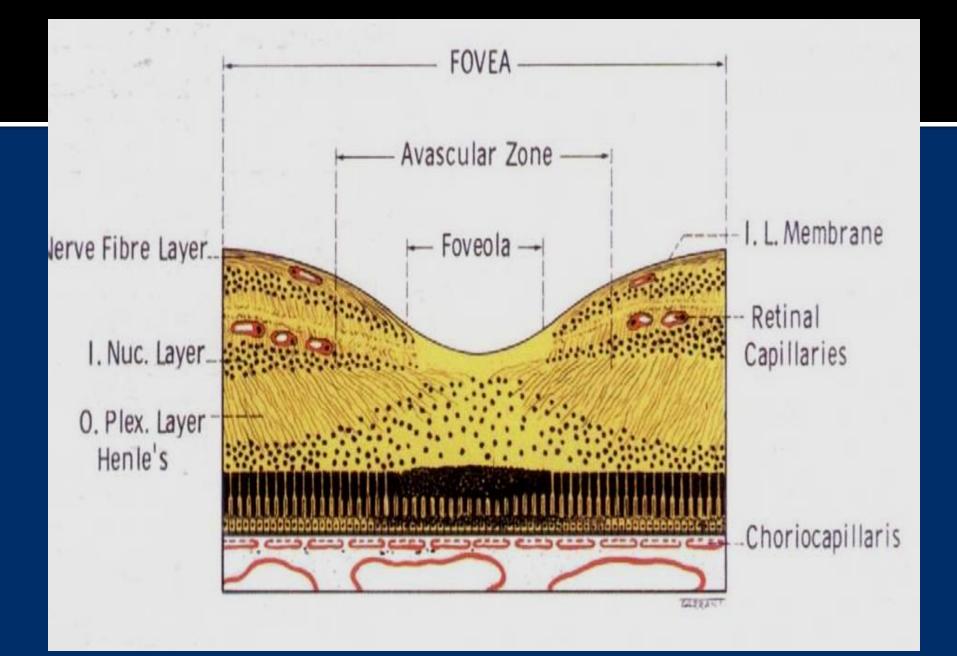
Retina and Vitreous

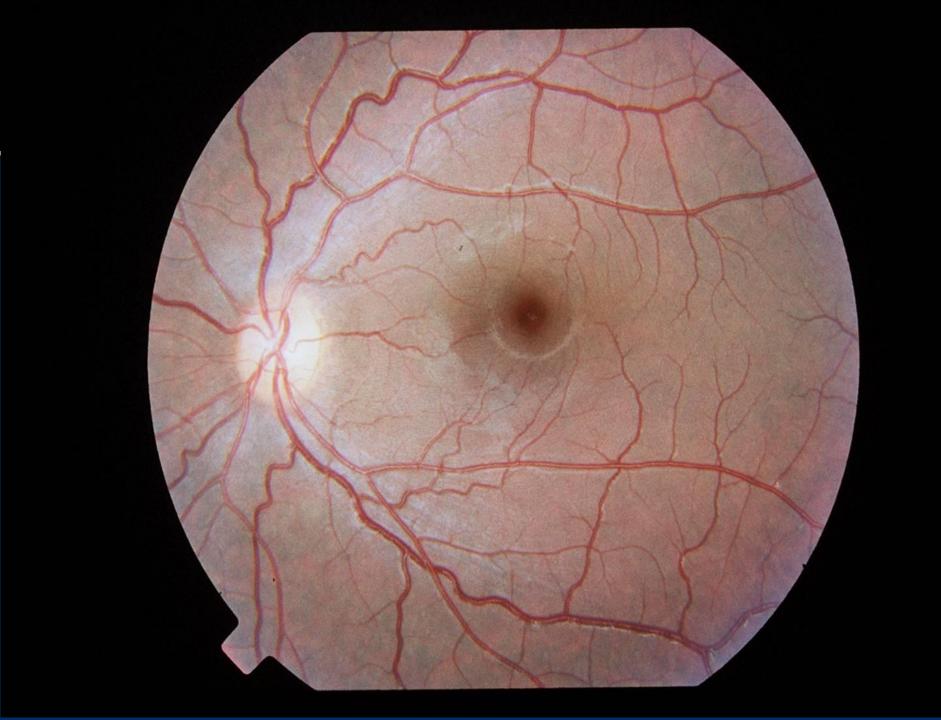
 Optic nerve head, macula, fovea, retinal background, Ora serrata, and retinal vasculature.

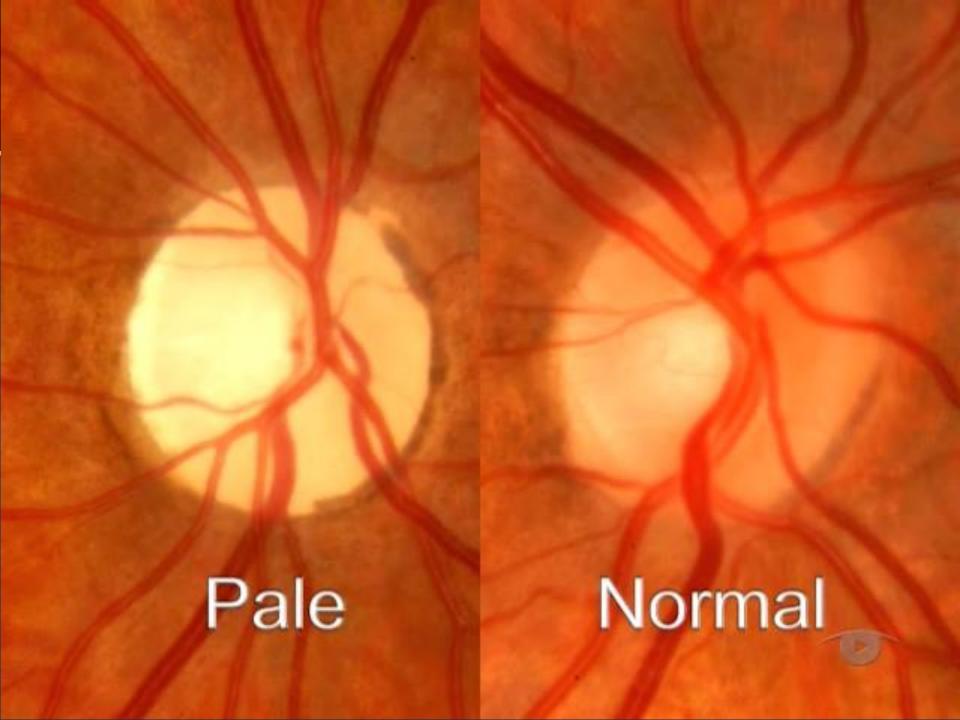
- Vitreous attachment.
- Retinal detachment.
- Effect of systemic diseases.

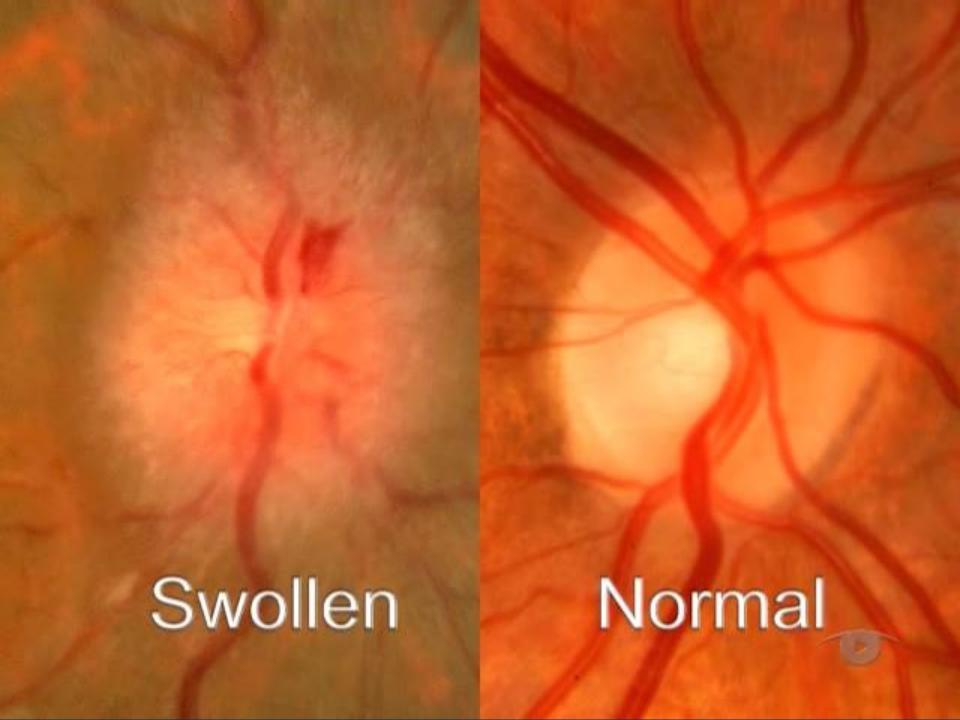


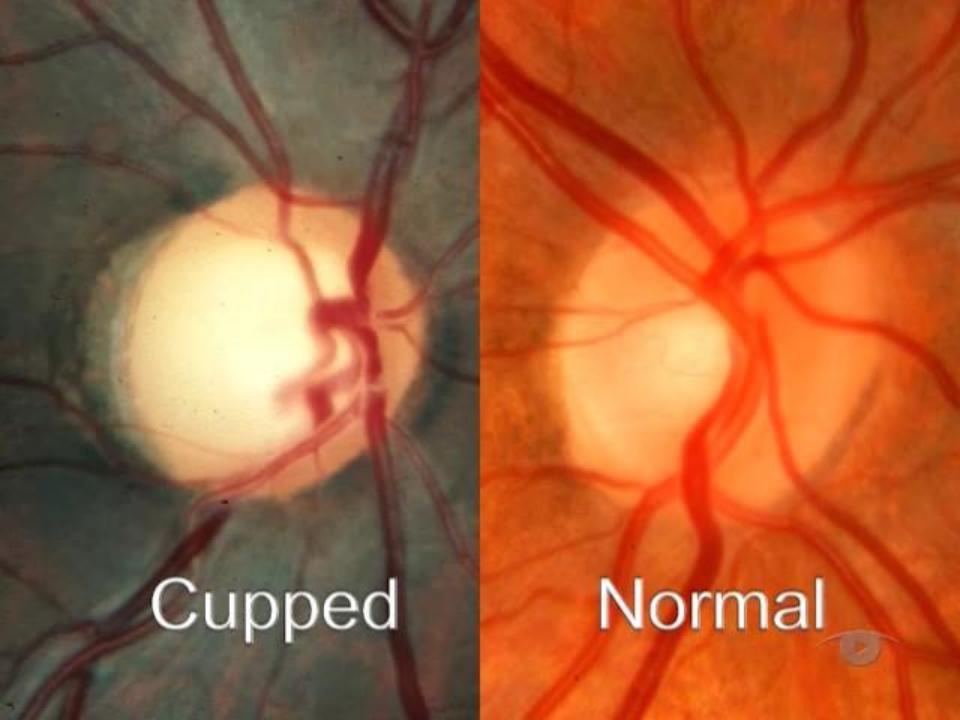


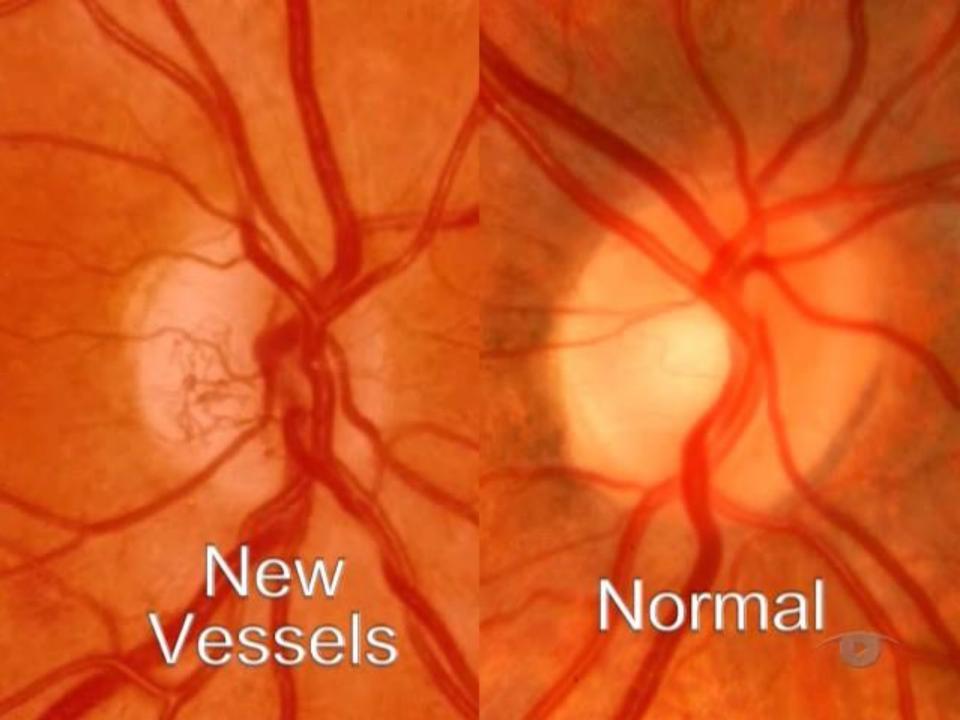




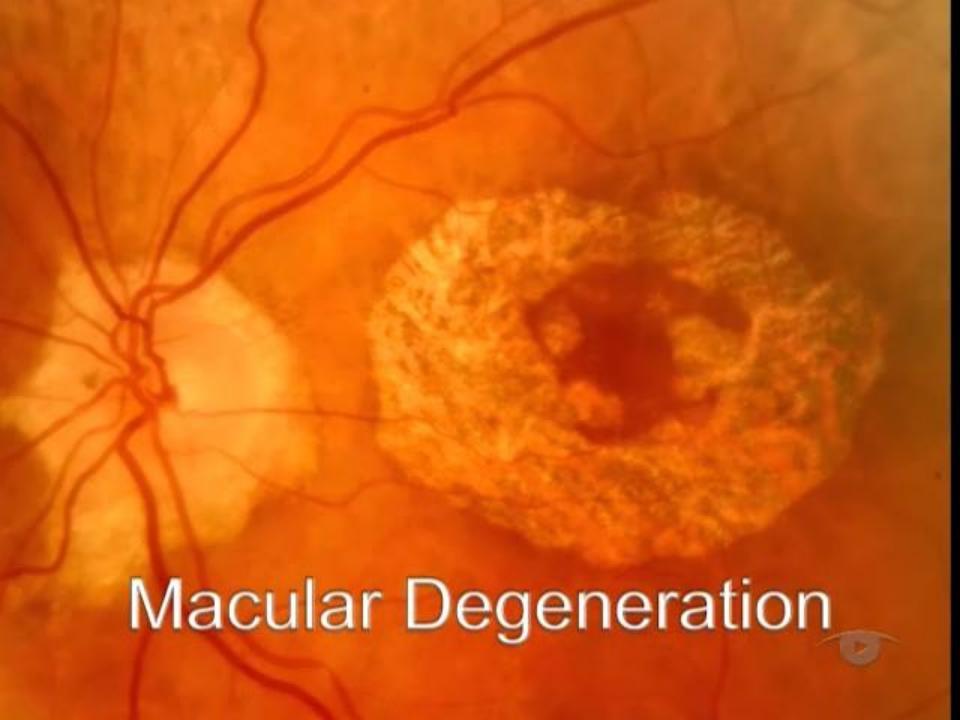












PROCESS OF VISION

Function of the eye:

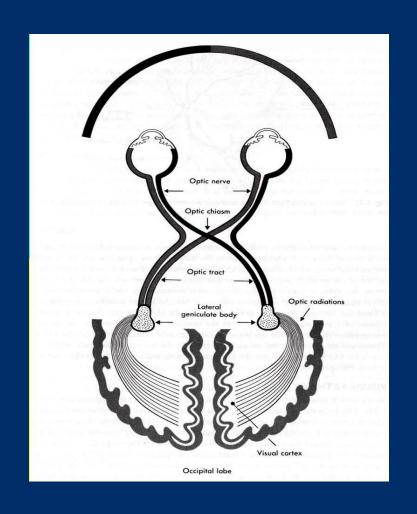
 Receive the image and change it into language that the brain can understand

The retina:

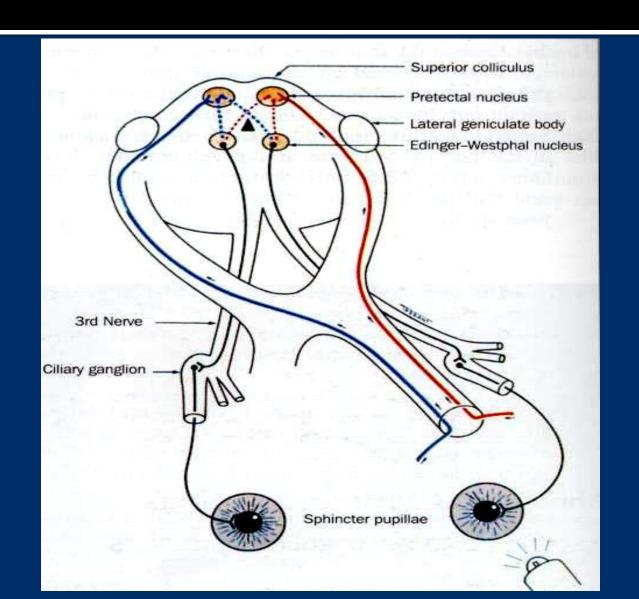
- It is divided into retinal pigment epitheliumneurosensory retina.
- Photoreceptors contains visual pigment (11-cis-retinal) that changes into Rhodopsinupon light stimulation

The Visual Pathway

- Visual Pathway:Three neurons
 - 1. Bipolar cell, lies within the retina.
 - 2. Ganglion cell, synapse in lateral geniculate body.
 - 3. Third neuron terminates in visual cortex.



The Pupillary Light Reflex



Thank You