

CNS Module

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Pons



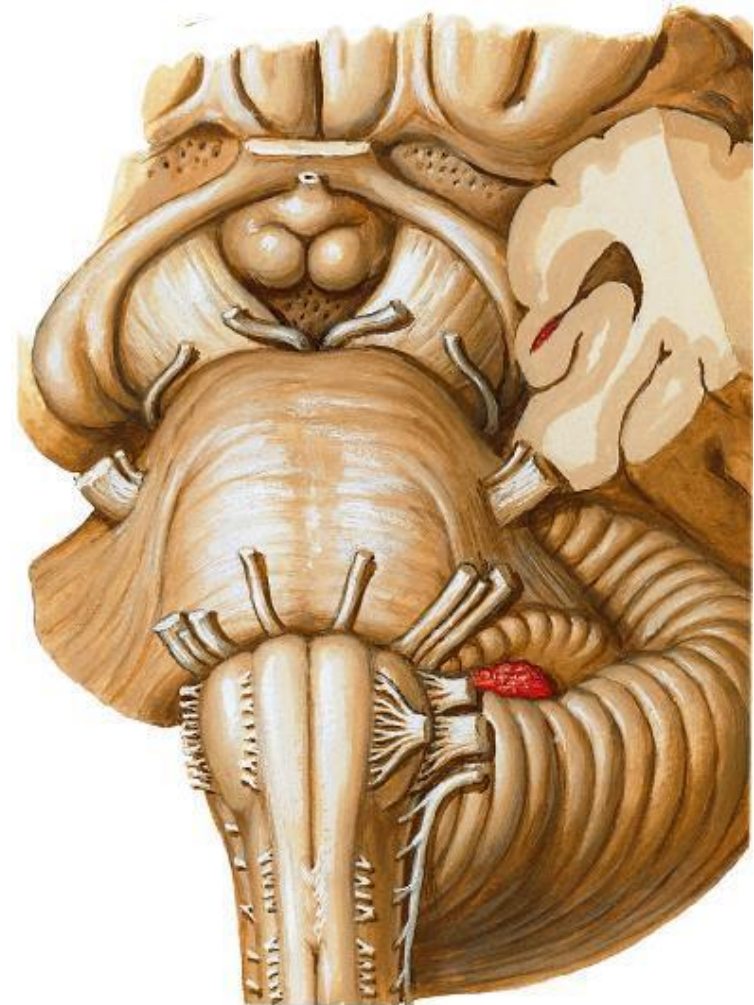
Brain Stem

- **By the end of this session, you should be able to :**
 - 1. Connection, External, and internal features of the Pons.*
 - 2. Motor and sensory pathway.*

The Pons

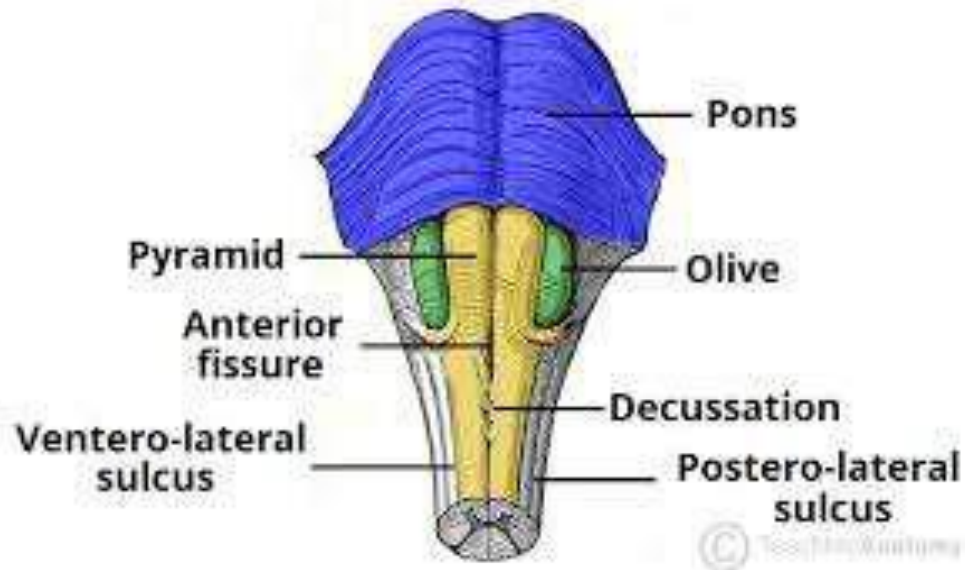
The word "*pons*" means *bridge*, connecting the right and left cerebellar hemispheres by a middle cerebellar peduncle (MCP) on each side.

It lies between the medulla oblongata and the midbrain just anterior to the cerebellum



The Pons

- ***Extent:*** it extends between the medulla oblongata from below, to the midbrain above and lies in front of the cerebellum.





External Features of the Pons

The anterior surface of the pons presents the following features:

- 1. The basilar groove:*** for basilar artery.
- 2. The transverse pontine fibers:*** to form middle cerebellar peduncle.
- 3. The middle cerebellar peduncle.***



External Features of the Pons

4. ***The trigeminal nerve*** from the middle of ventrolateral, aspect of pons, as 2 roots: a small medial motor root and a large lateral sensory root..

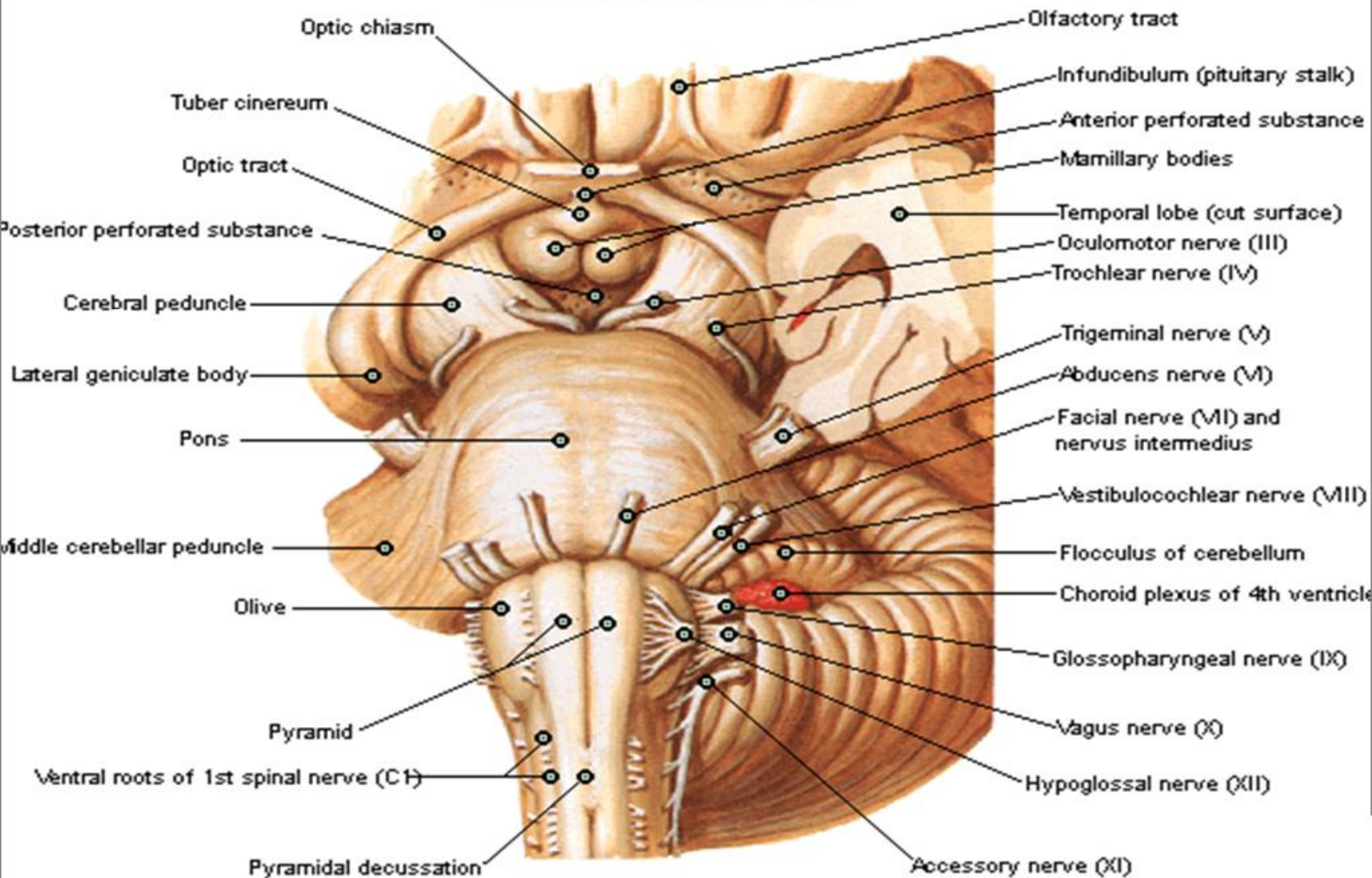
5. ***The abducent nerve*** from sulcus between pons and pyramid.

6. ***The facial nerve at cerebello-pontine angle*** (bet. medulla & pons) by 2 roots (motor: large & med. + sensory: nervus intermedius: small & lat.).

7. ***The vestibule-cochlear nerve*** at cerebello-pontine angle, lateral to VII, by 2 roots (vestibular medially & cochlear laterally).

Brainstem

Anteroinferior View

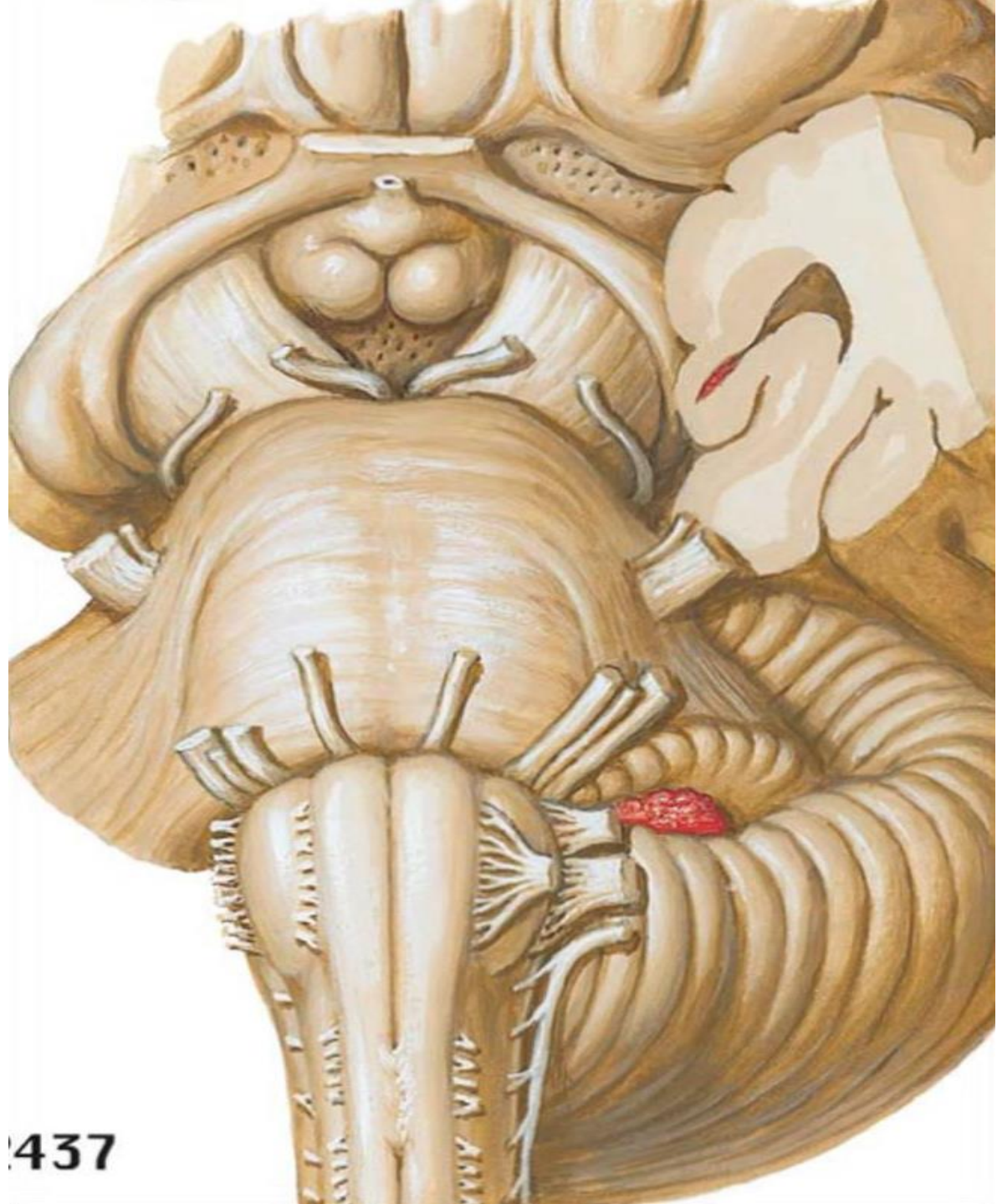




Cerebellopontine Angle

The ***cerebellopontine angle*** is a structure at the margin of the cerebellum and pons containing arachnoid tissue, cranial nerves, and associate vessels. Contents:

1. Facial nerve (CN VII)
2. Vestibulocochlear nerve (CN VIII)
3. Flocculus of the cerebellum
4. Lateral recess of the 4th ventricle



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External Features of the Pons

- ***The posterior surface of the pons presents the following features:***
 1. The ***median longitudinal sulcus***: the middle line.
 2. Lateral to the median sulcus lies the ***medial eminence*** which is ***formed*** by the ***abducent nucleus*** and ***bounded*** laterally ***by*** the ***sulcus limitans*** . Lateral to it, the ***vestibular area***

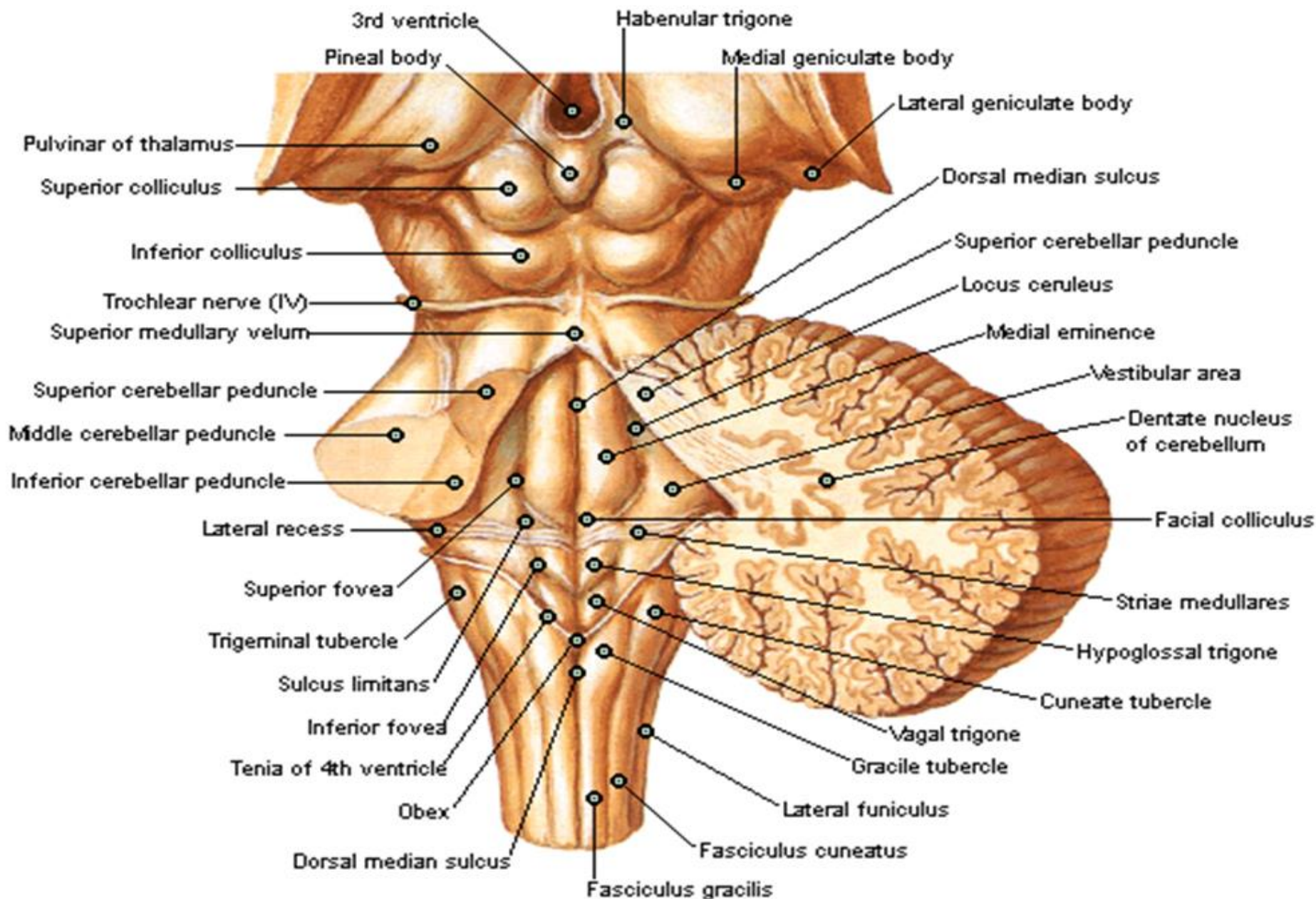


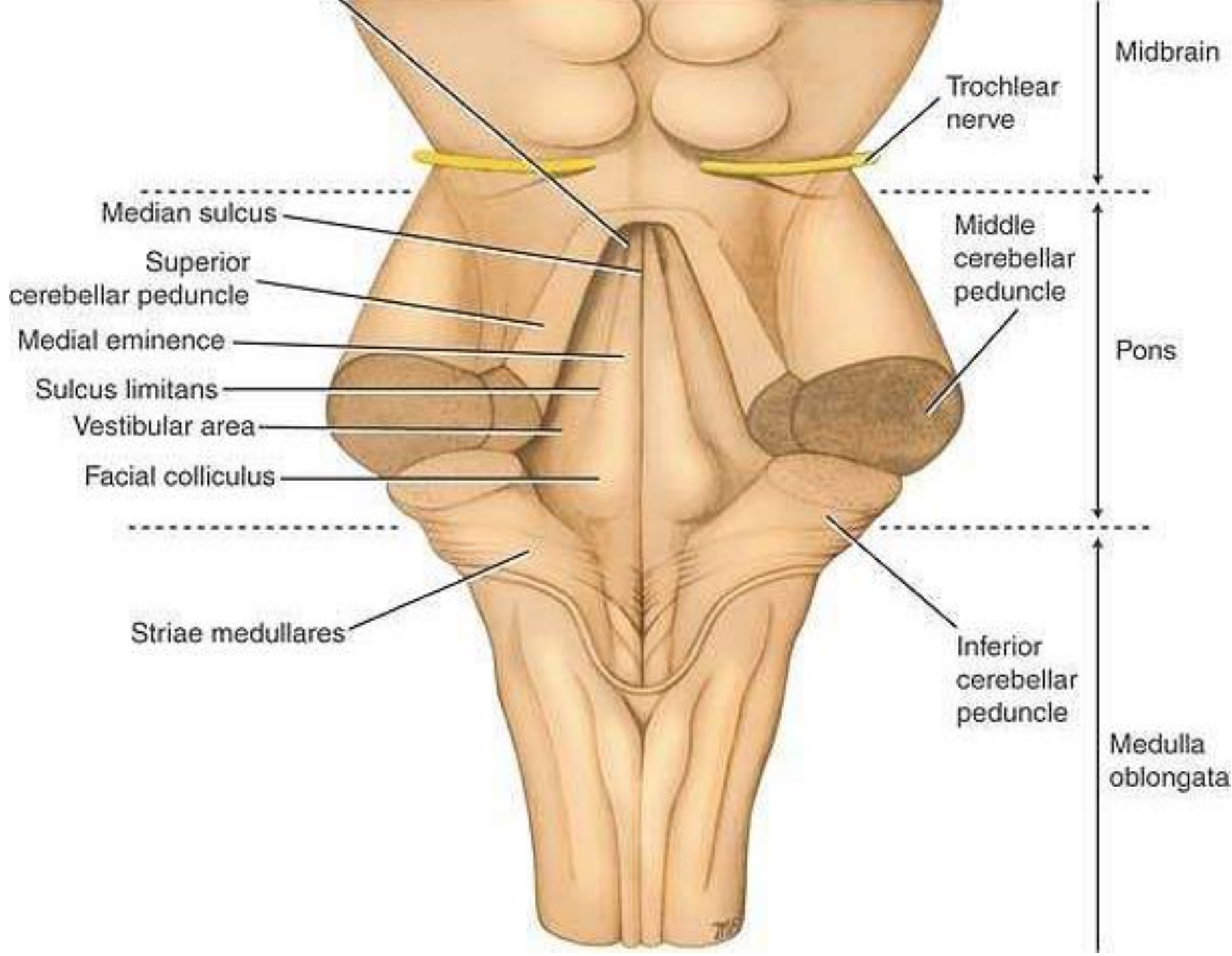
External Features of the Pons

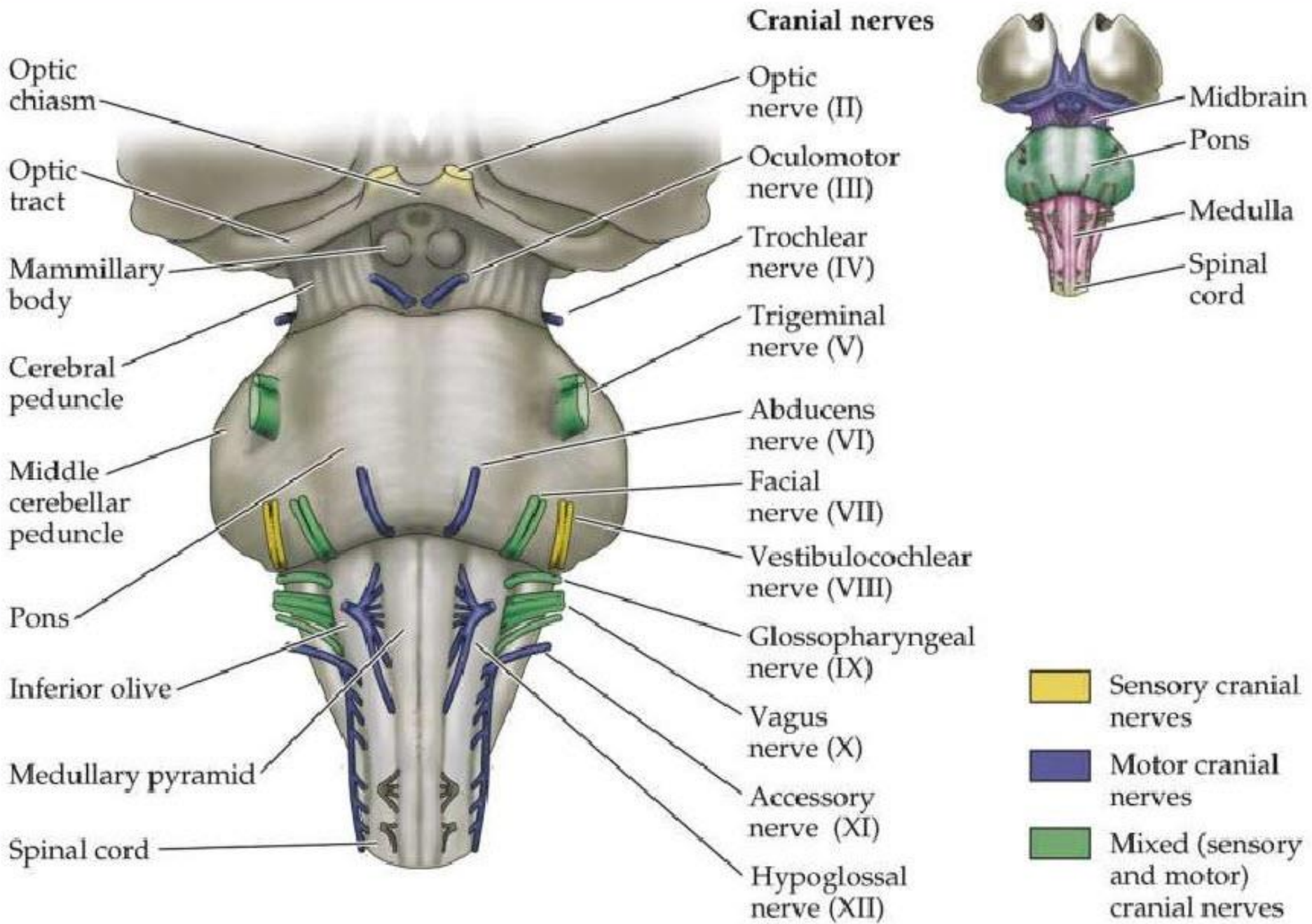
- 3. The facial colliculus:* it produced by the *facial nucleus*.
- 4. The medullary stria:* transverse nerve fibers which *separate* the posterior surface of *pons* from that of *medulla* oblongata.
- 5. Superior fovea.*

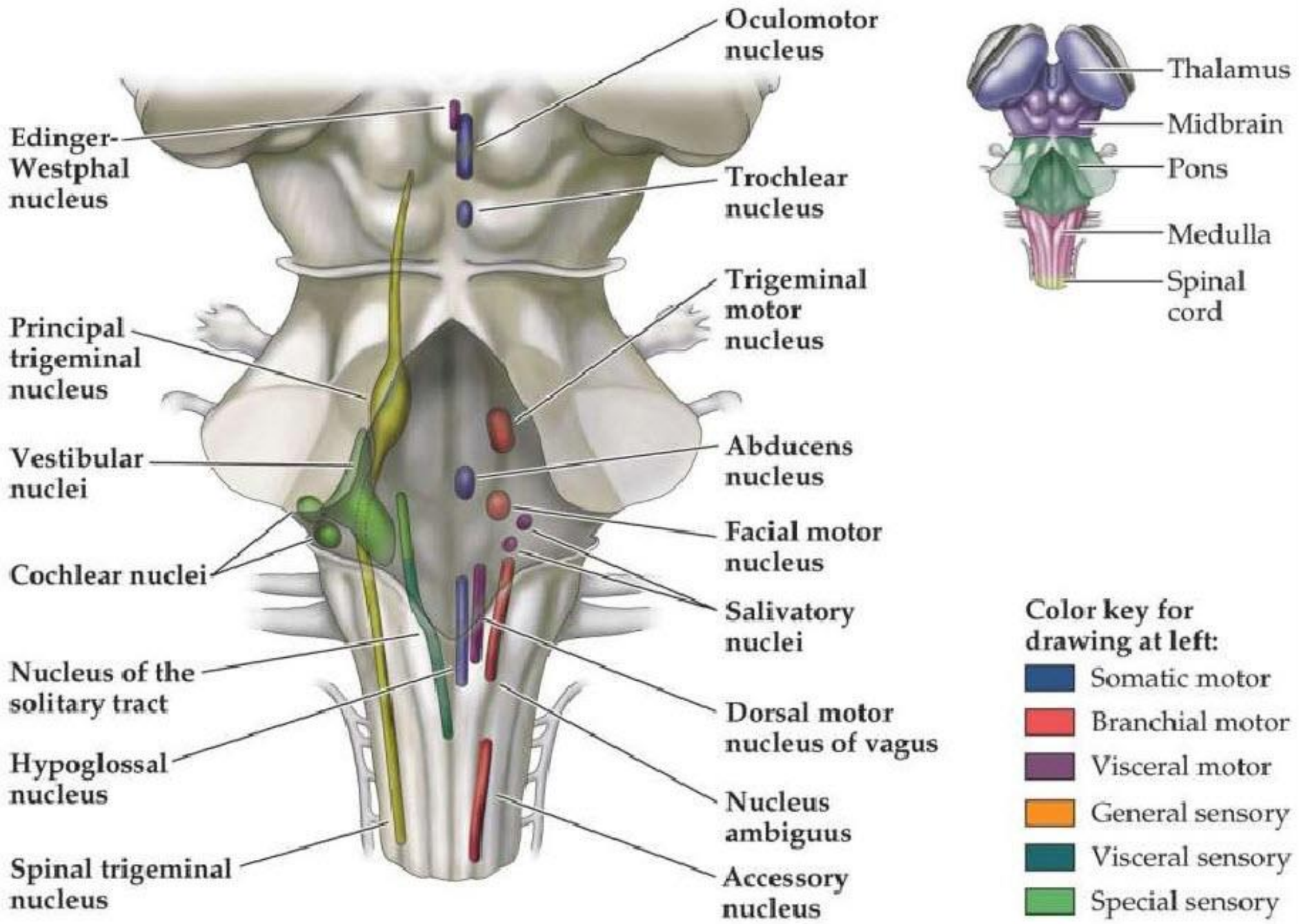
Fourth Ventricle and Cerebellum

Posterior View











Internal Structures

The pons is divided into anterior part the **basilar part (basis pontis)** and posterior part the **tegmentum**, separated by transversely running fibers of **trapezoid body**.

Levels of sections in pons are:

1. **Transverse section through the caudal part**
2. **Transverse section through the rostral part**

Pons

Basilar part

Dorsal part

Gray mater

White mater

Gray mater

White mater

Pontine n.

Cortico-ponto-
cerebellar

corticonuclear

corticospinal

Superior olivary
complex
(trapezoid
nuclei)

Cranial nerve
nuclei ?

Trapezoid body



Internal Structures of the Pons

- 1. *Pontine nuclei:*** they form part of the cortico-ponto-cerebellar pathway
- 2. *Transverse fibers:*** pontocerebellar fibers.
- 3. *Longitudinal fibers:*** which include pyramidal and cortico-pontine fibers.



Caudal Pons - Tegmental Part

Trapezoid body and trapezoid nuclei

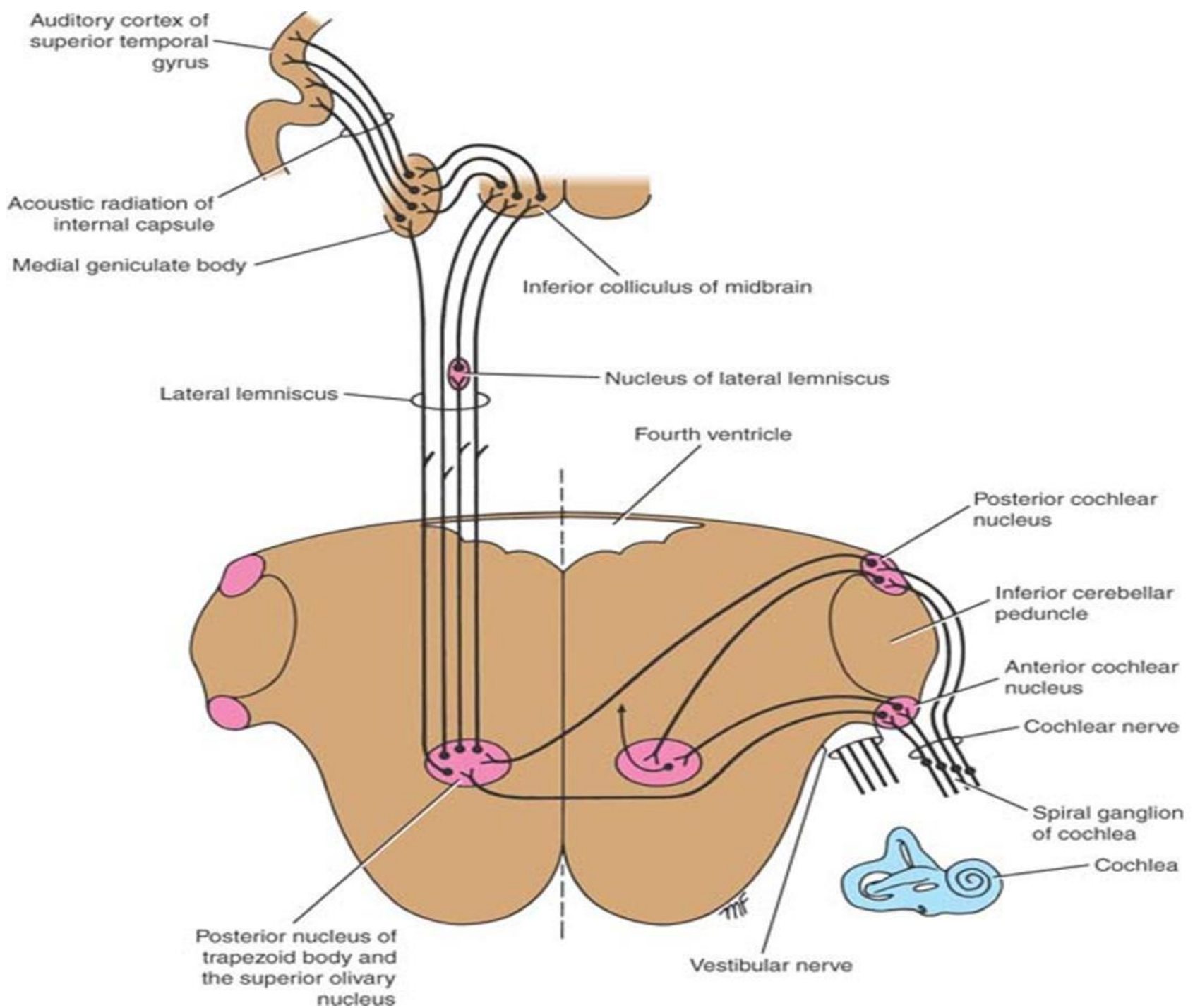
1. Lie in the lower part of the pons & represent part of the acoustic pathway
2. Consist of transverse fibers coming from the cochlear nuclei **bilaterally (especially from the opposite side)**



Caudal Pons - Tegmental Part

Trapezoid body and trapezoid nuclei

3. These fibers end in grey matter nuclei called nuclei of trapezoid body (superior olivary complex)
4. From these nuclei fibers ascend as the *lateral lemniscus* to higher centers



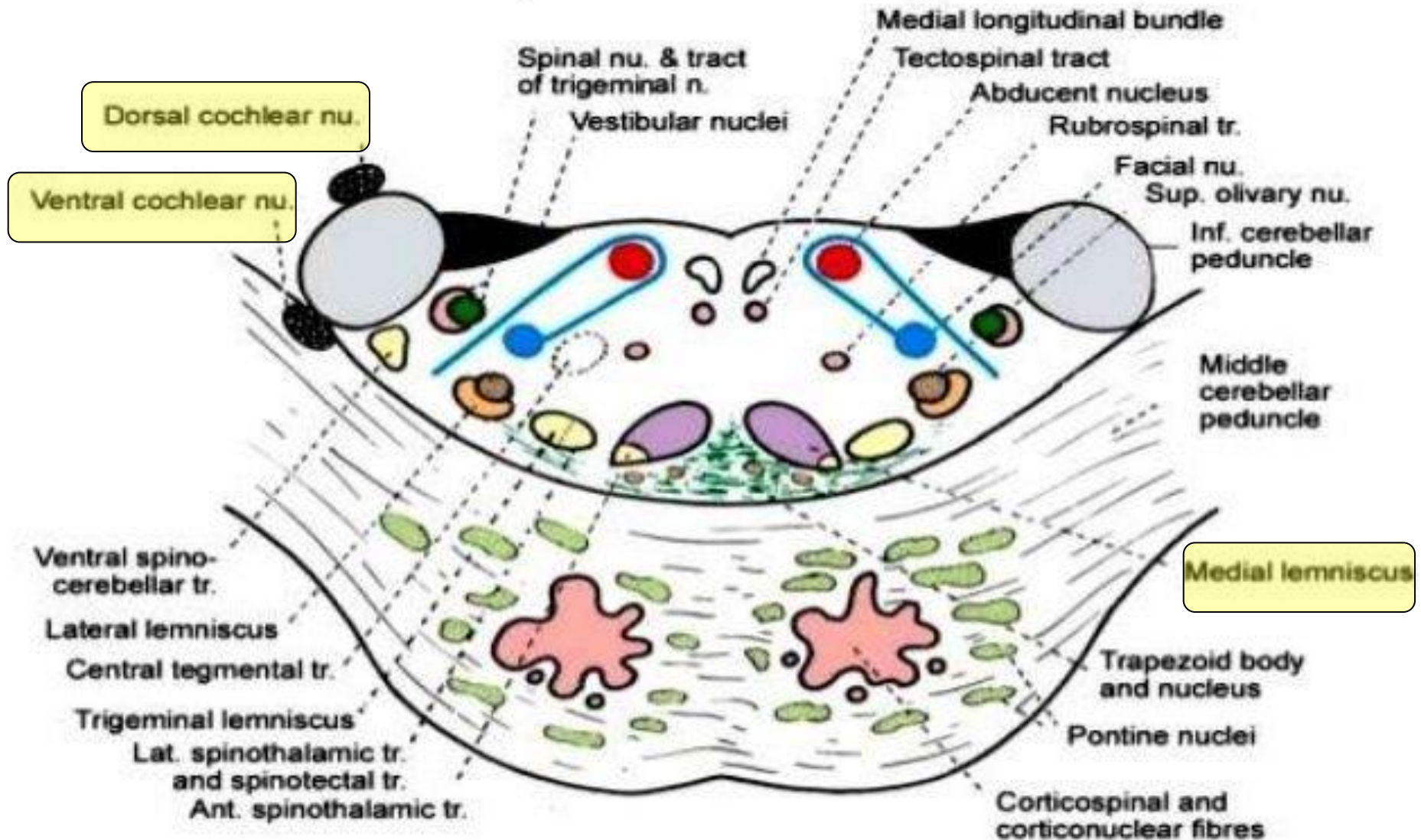


Caudal Pons - Tegmental Part

The ascending fibers of the ***medial lemniscus***, become separated from the pyramid and displaced dorsally.

Spinal lemniscus: the ascending fibers carrying pain, temperature and crude touch from the opposite side of the body below the head

Transverse section through the lower part of Pons





Caudal Pons - Tegmental Part

- 1. Spinal nucleus of the trigeminal*** (sensory)
- 2. Nucleus of Abducens*** nerve (motor): lateral rectus muscle
- 3. Facial motor nucleus*** (motor): muscles of facial expression (The facial colliculus is formed by the abducent nucleus and the internal genu of the facial nerve).



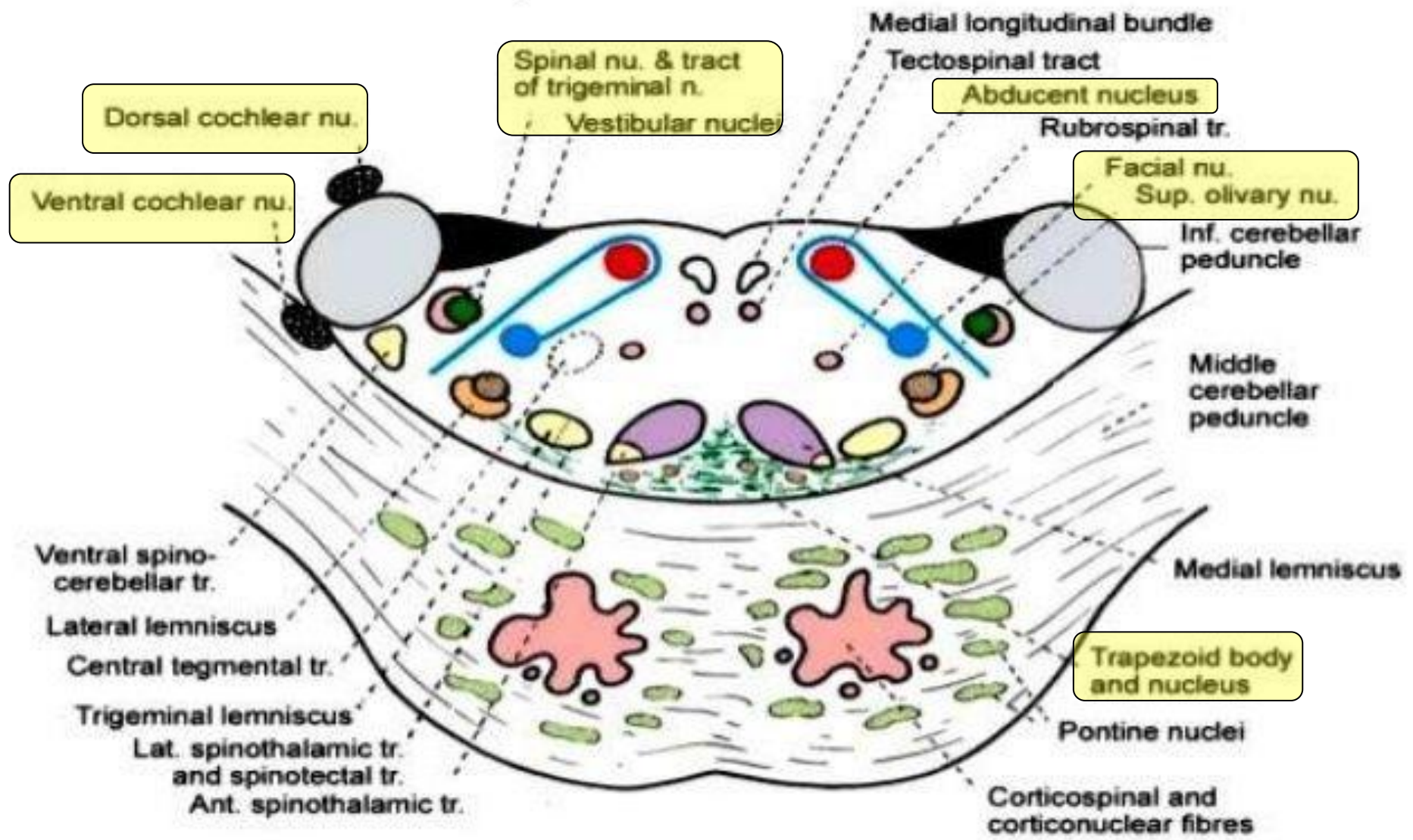
Caudal Pons - Tegmental Part

4. ***Superior salivary nucleus:*** parasympathetic function via facial nerve.

5. ***Inferior salivary nucleus:*** parasympathetic function via glossopharyngeal nerve

6. ***Nuclei of the vestibulocochlear*** nerve.
 1. Vestibular nuclei (sensory)
 2. Cochlear nuclei (sensory)

Transverse section through the lower part of Pons





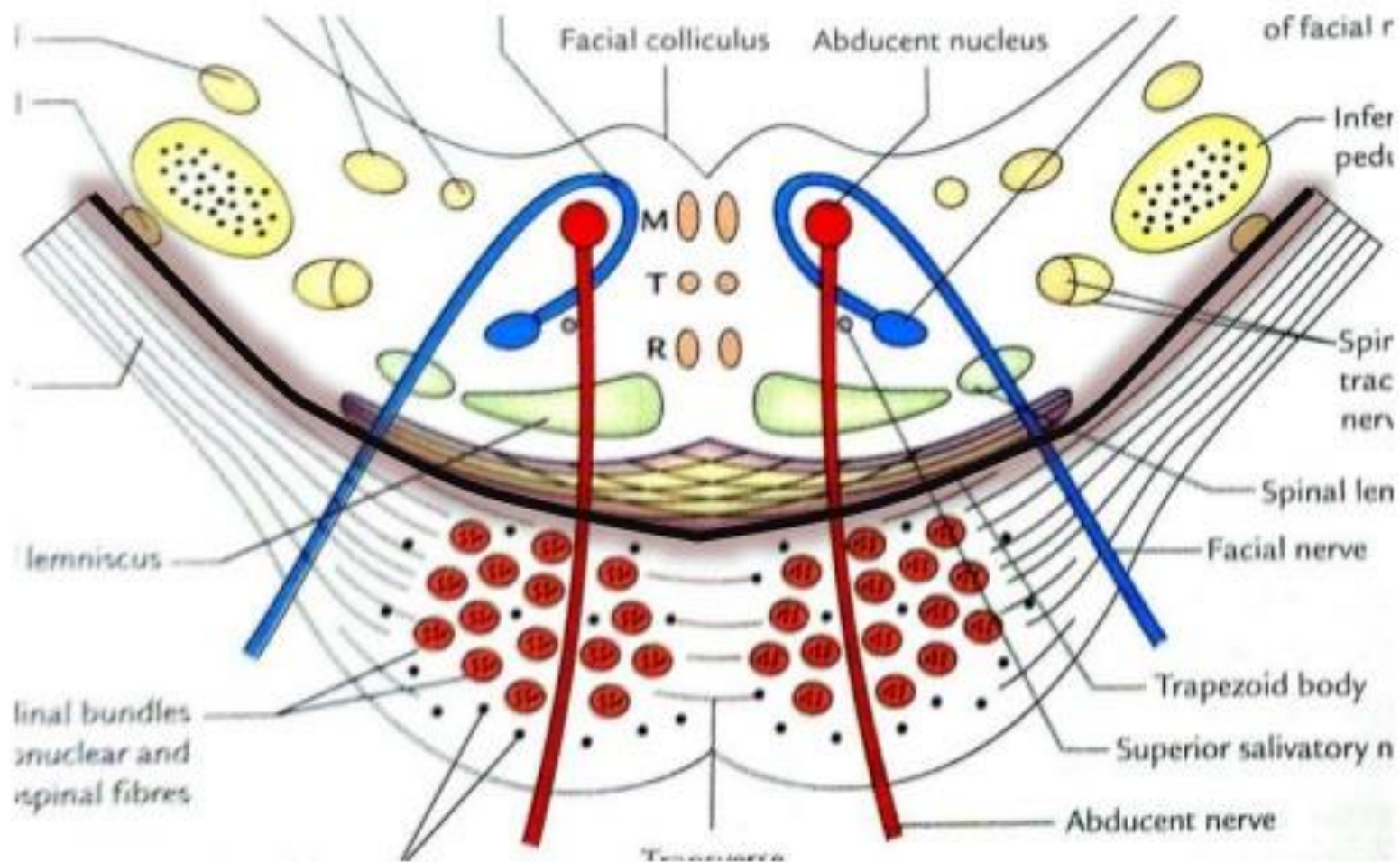
Caudal Pons - Basilar Part

It is marked by the presence of:

Cortico-pontine fibers

1. Numerous transversely oriented ***pontocerebellar fibers*** that originate from scattered cell groups, the pontine nuclei, and that pass to the **contralateral side of the cerebellum** through the ***massive middle cerebellar*** peduncle (MCP).
2. Bundles of **corticospinal and corticonuclear fibers** (***to form pyramidal fibers***).

Internal = Basilar & Tegmental Part

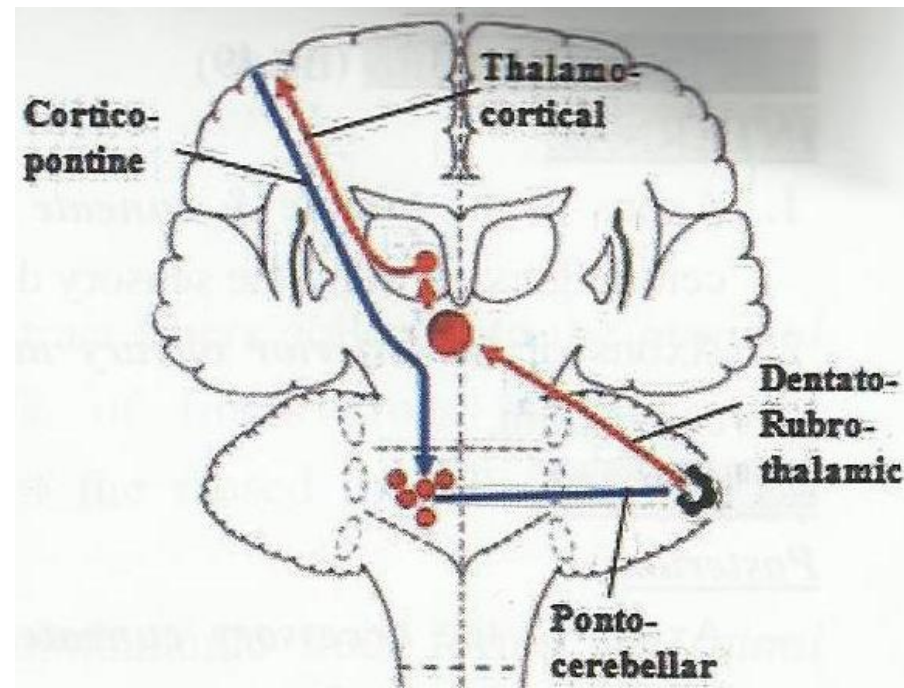


The basilar (Ventral) part - Uniform structure throughout-
Tegmentum (dorsal) part - Differs in upper & lower part of -
pons.

Cortico-Ponto-Cerebellar Pathway

The neocerebellum **[responsible for coordination of voluntary movements]** is connected to the contralateral cerebral cortex by a feedback circuit formed of:

1. **Cortico-pontine fibers**
2. **Ponto-cerebellar fibers**
3. **Dentato-thalamic fibers**
4. **Thalamo-cortical fibers**



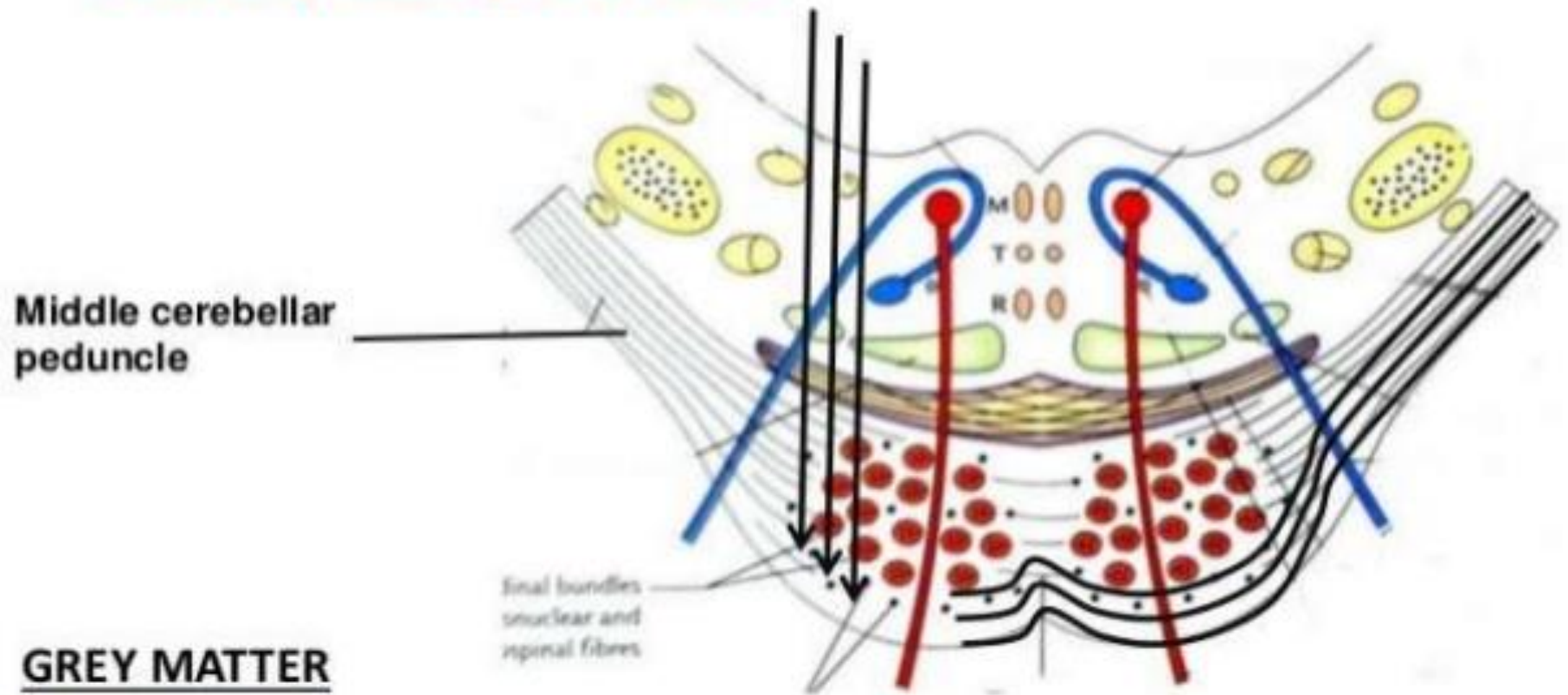


Basilar Part

White mater

- Cerebral cortex → internal capsule → crus cerebri → dividing to 3 parts !!
 1. **Cortico-ponto-cerebellar fibers** synapse with pontine nuclei then go to the cerebellum through middle cerebellar peduncle
 2. **Corticonuclear fibers** to motor nuclei of cranial nerve
 3. **Corticospinal fibers** to form the pyramids
- Middle cerebellar peduncle contains cortico-ponto-cerebellar fibers of the opposite side only.

Ventral (Basilar) Part Pons



GREY MATTER

Pontine nuclei:

Afferents - Corticopontine fibres of the same side.

Efferents - Pontocerebellar fibres that cross the midline & pass through the middle cerebellar peduncle to enter the cerebellum. (Cortico-ponto-cerebellar pathway)

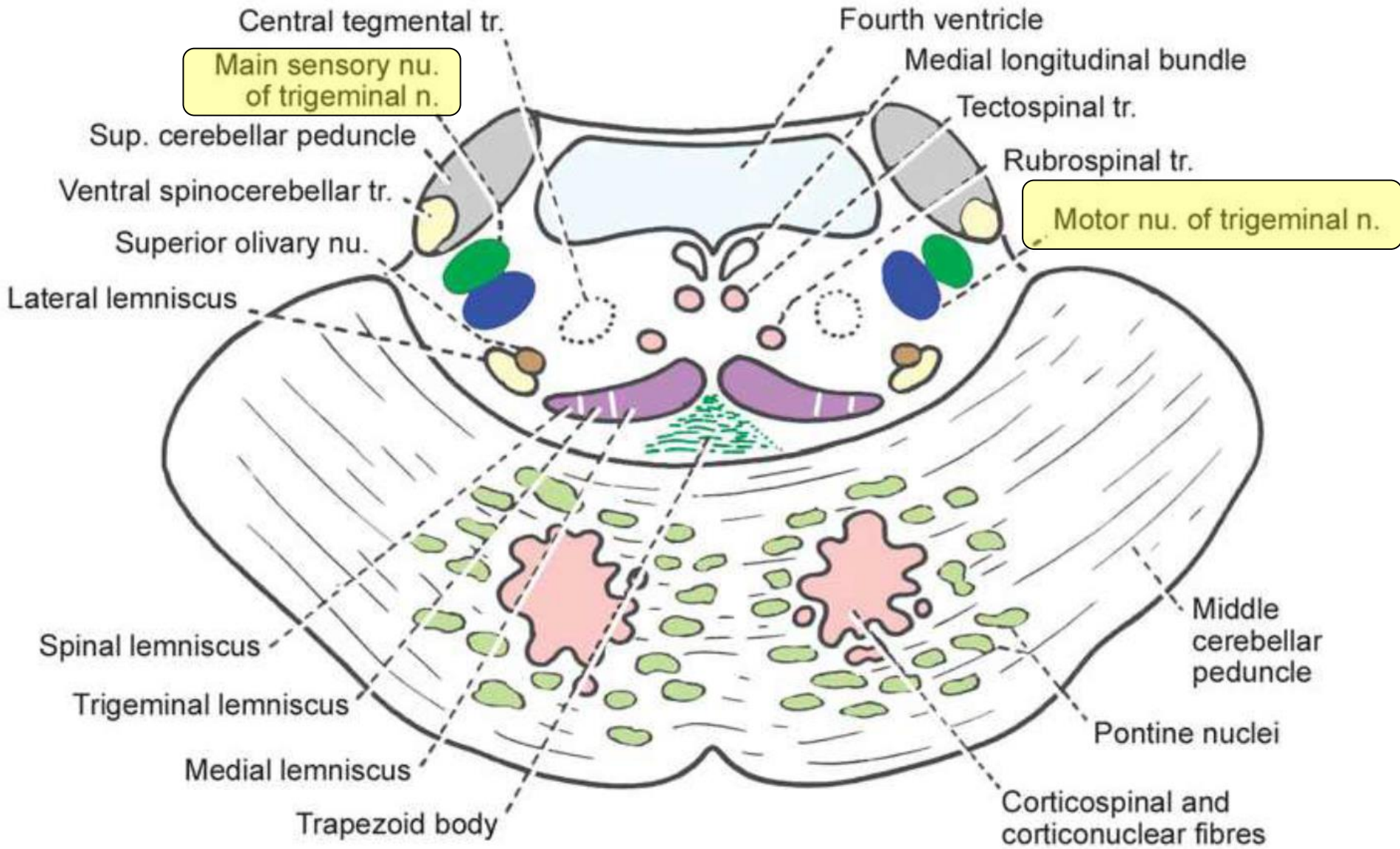


Cranial/Rostral Pons - Nuclei

The ***internal structure*** of the rostral part is ***similar to*** that of the ***caudal part*** with ***addition*** of some ***nuclei*** and ***tracts***.

Motor nucleus of the trigeminal nerve: Lies in the lateral part of the floor of the 4th ventricle.

Main sensory (Spinal) nucleus of the trigeminal nerve: Reaches its maximum extent in the pons and it lies lateral to the motor nucleus.



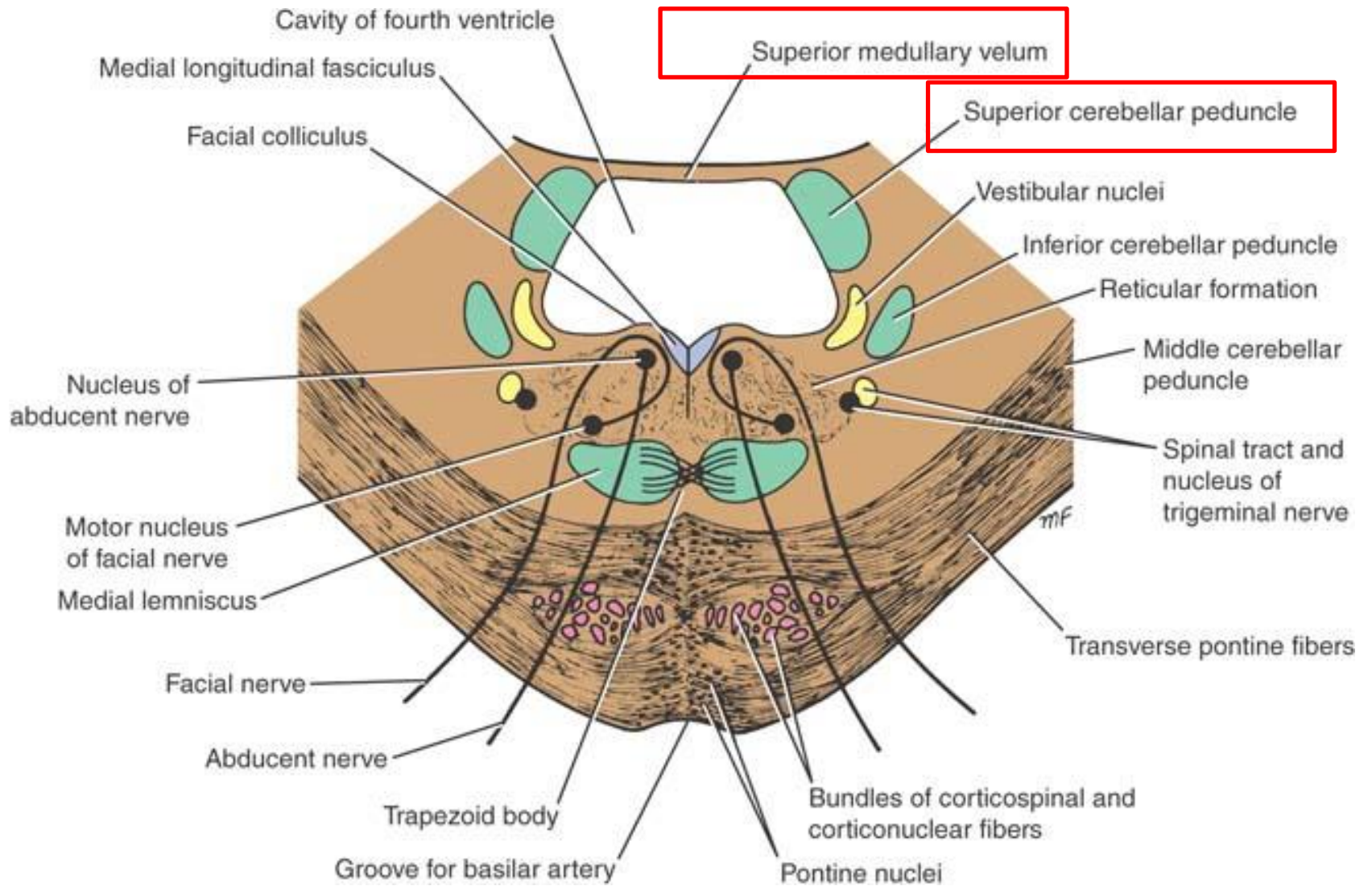


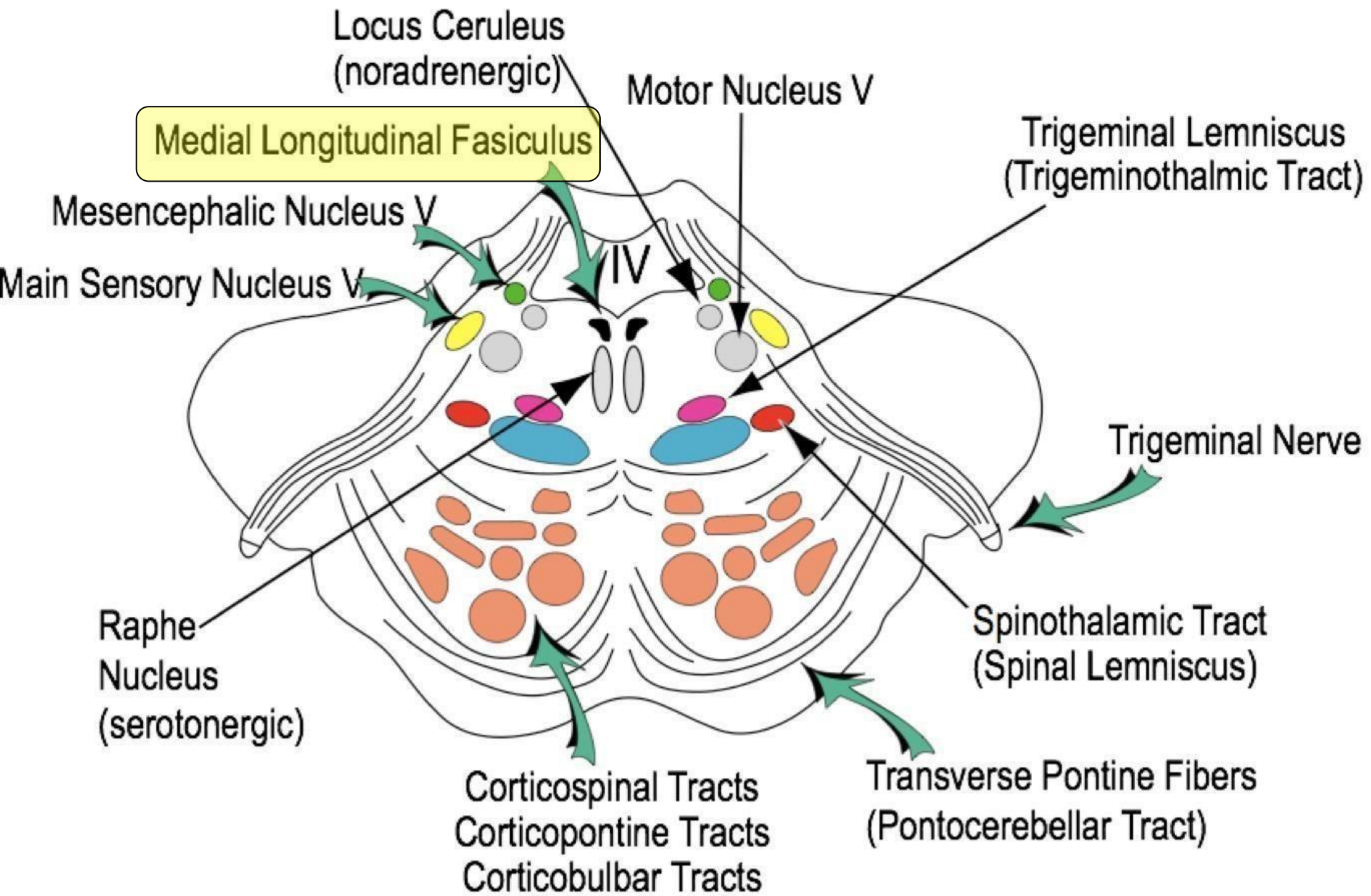
Cranial/Rostral Pons - Tracts

Superior cerebellar peduncles form the lateral boundary of the 4th ventricle.

Superior Medullary Velum: Passes between the two peduncles and forms the roof of the 4th ventricle.

Medial longitudinal fasciculus: Lie close to the midline beneath the floor of the 4th ventricle.







Blood Supply of the Pons

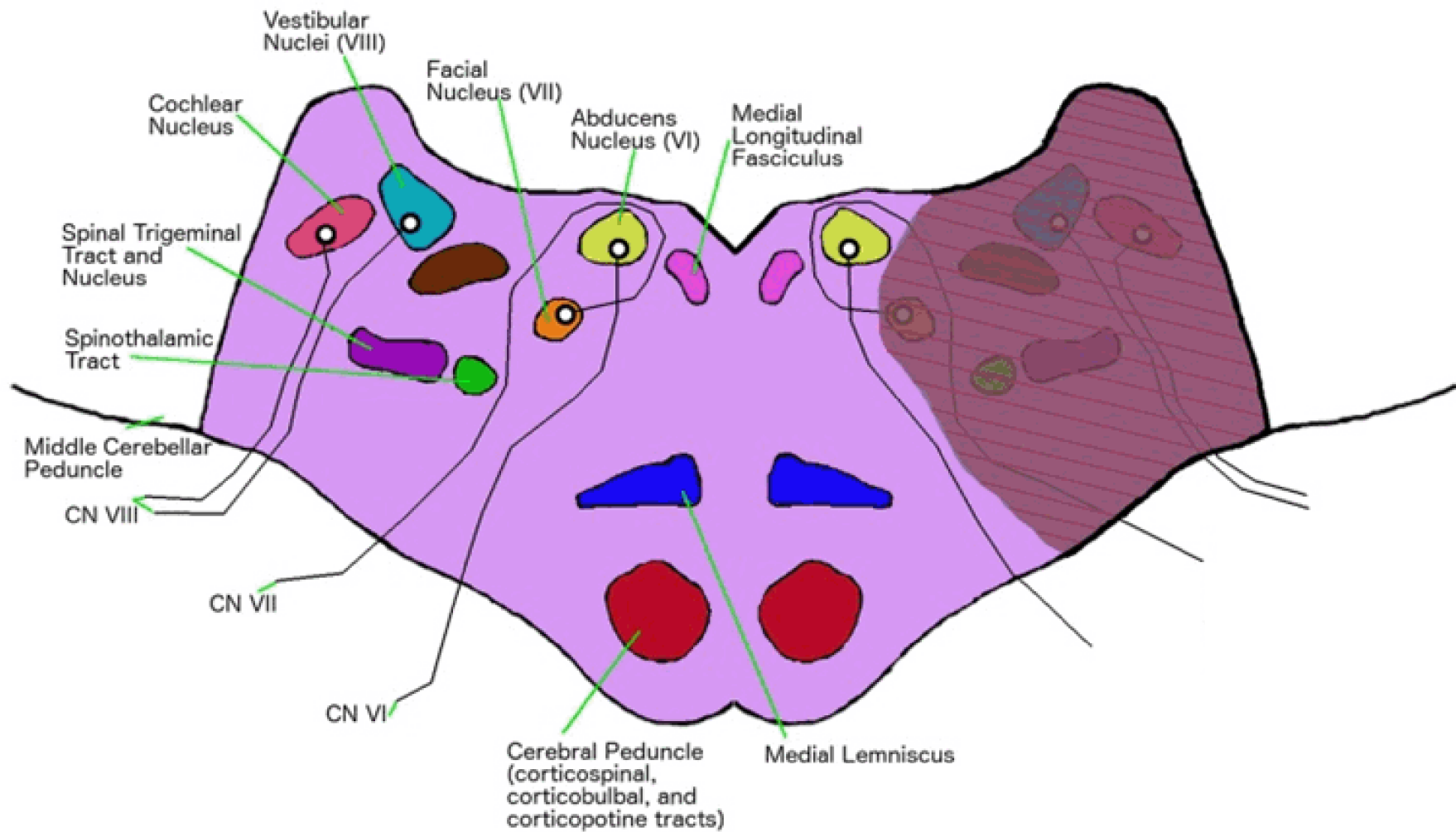
The pons is supplied by:

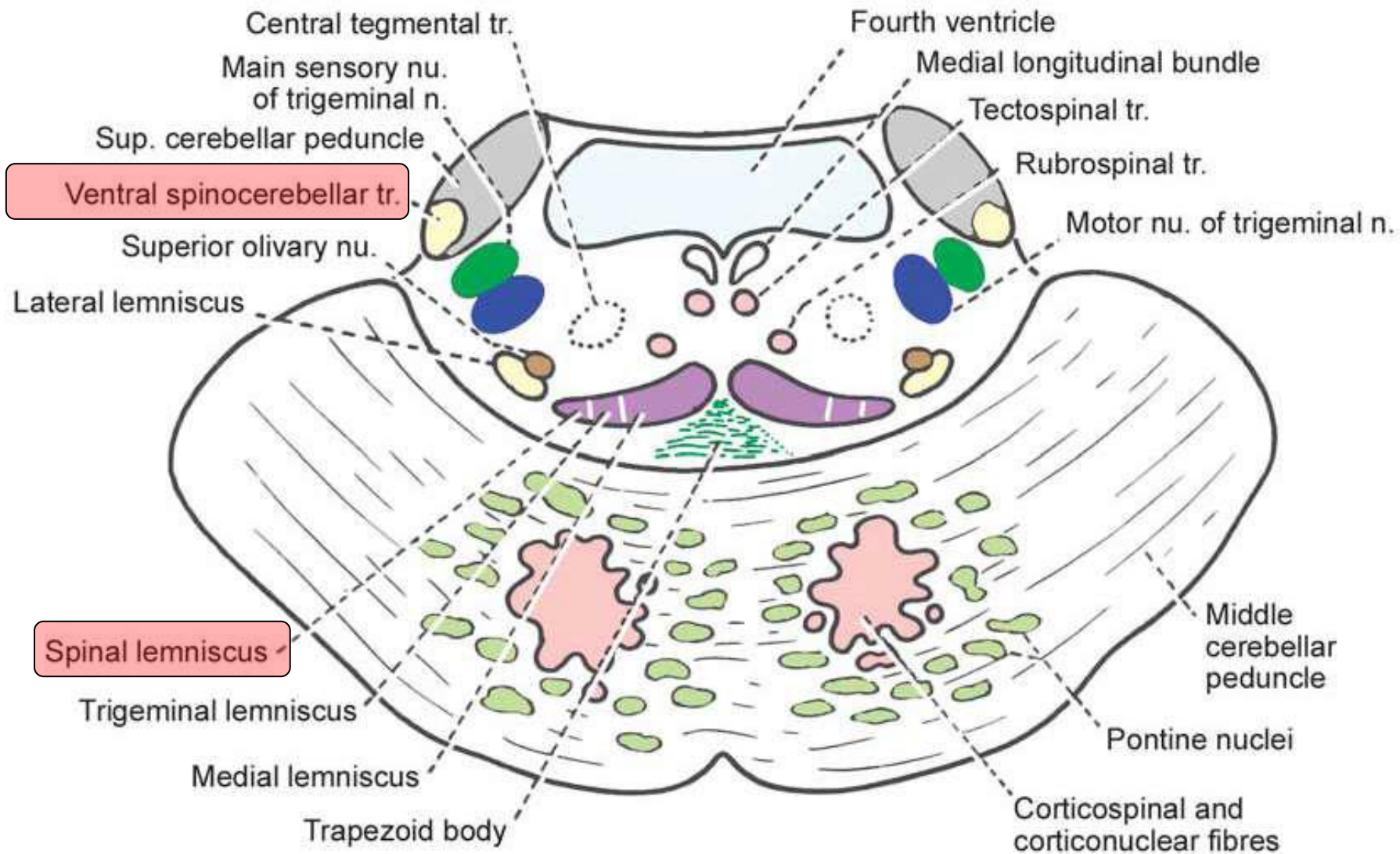
1. The anterior inferior cerebellar arteries.
2. The superior cerebellar arteries.
3. The basilar artery (gives pontine arteries).



Lateral Pontine Syndrome

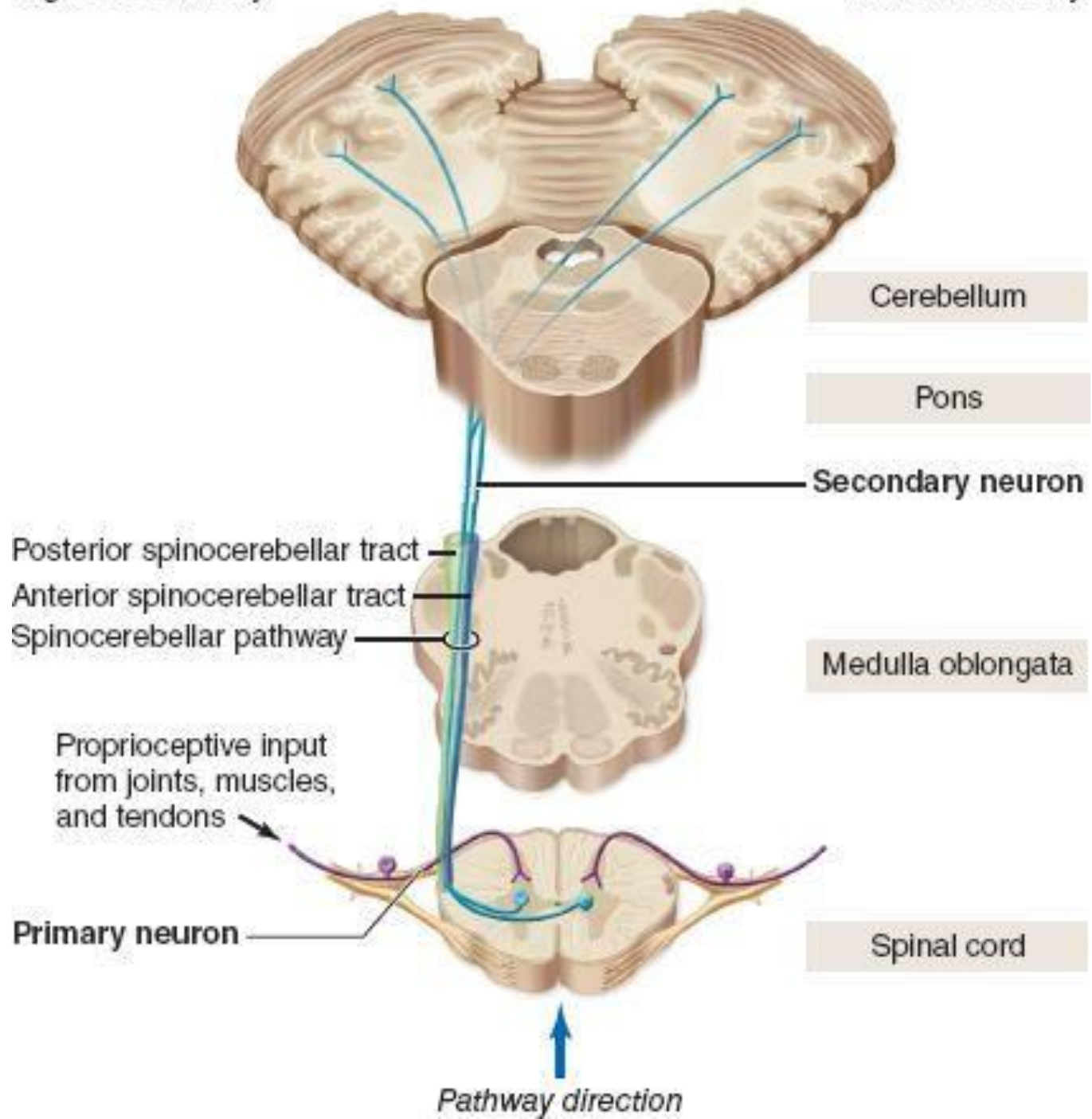
- ***Loss of pain and temperature*** of the ***contralateral*** arm and leg (***spinothalamic*** tract)
- ***Ataxia*** of the ***ipsilateral*** arm and leg (***spinocerebellar*** tract)
- ***Horner's syndrome*** of the ***ipsilateral*** eye (***sympathetic pathway***) through reticulospinal tract





Right side of body

Left side of body



Cerebellum

Pons

Secondary neuron

Posterior spinocerebellar tract

Anterior spinocerebellar tract

Spinocerebellar pathway

Medulla oblongata

Proprioceptive input
from joints, muscles,
and tendons

Primary neuron

Spinal cord

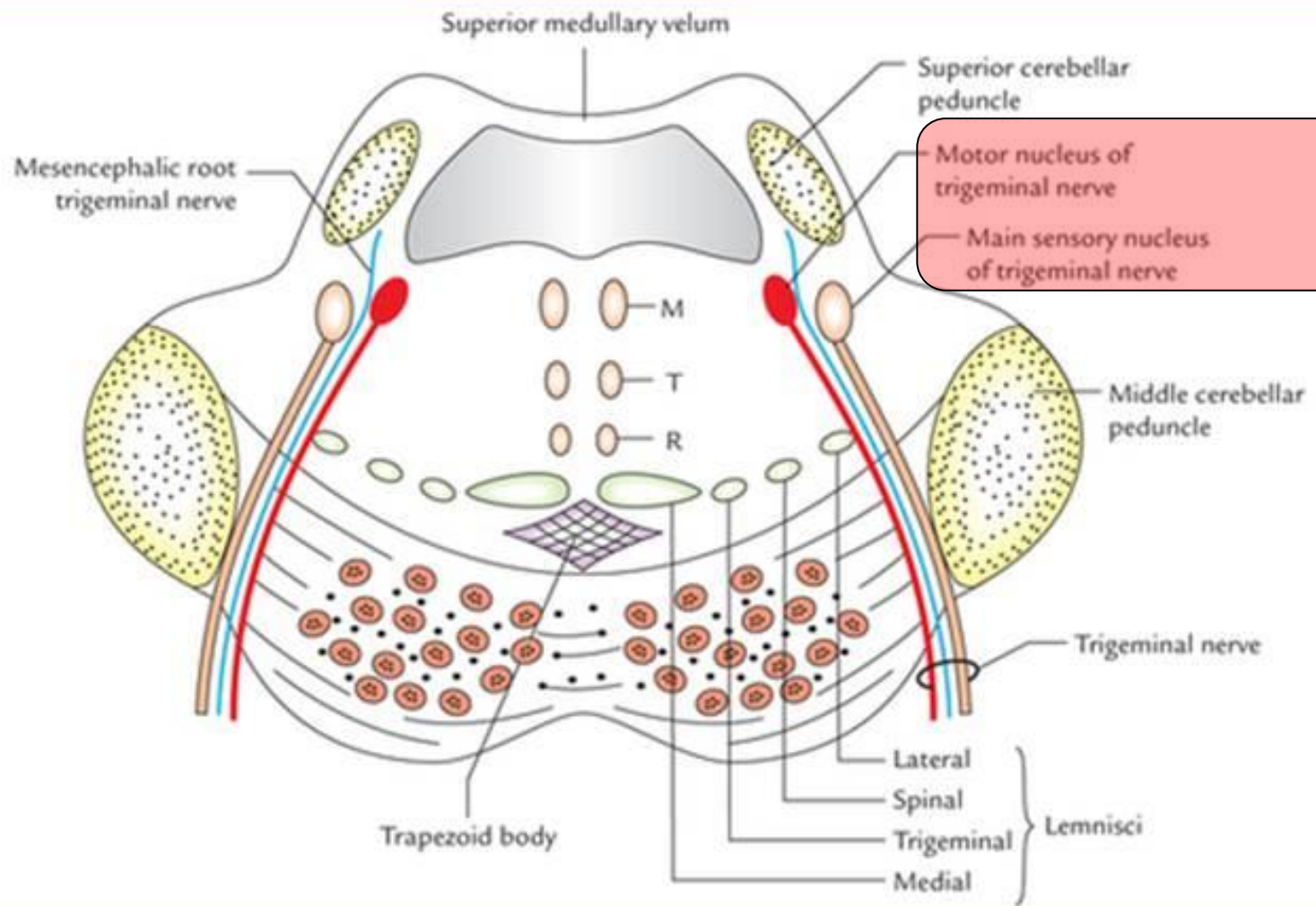
Pathway direction

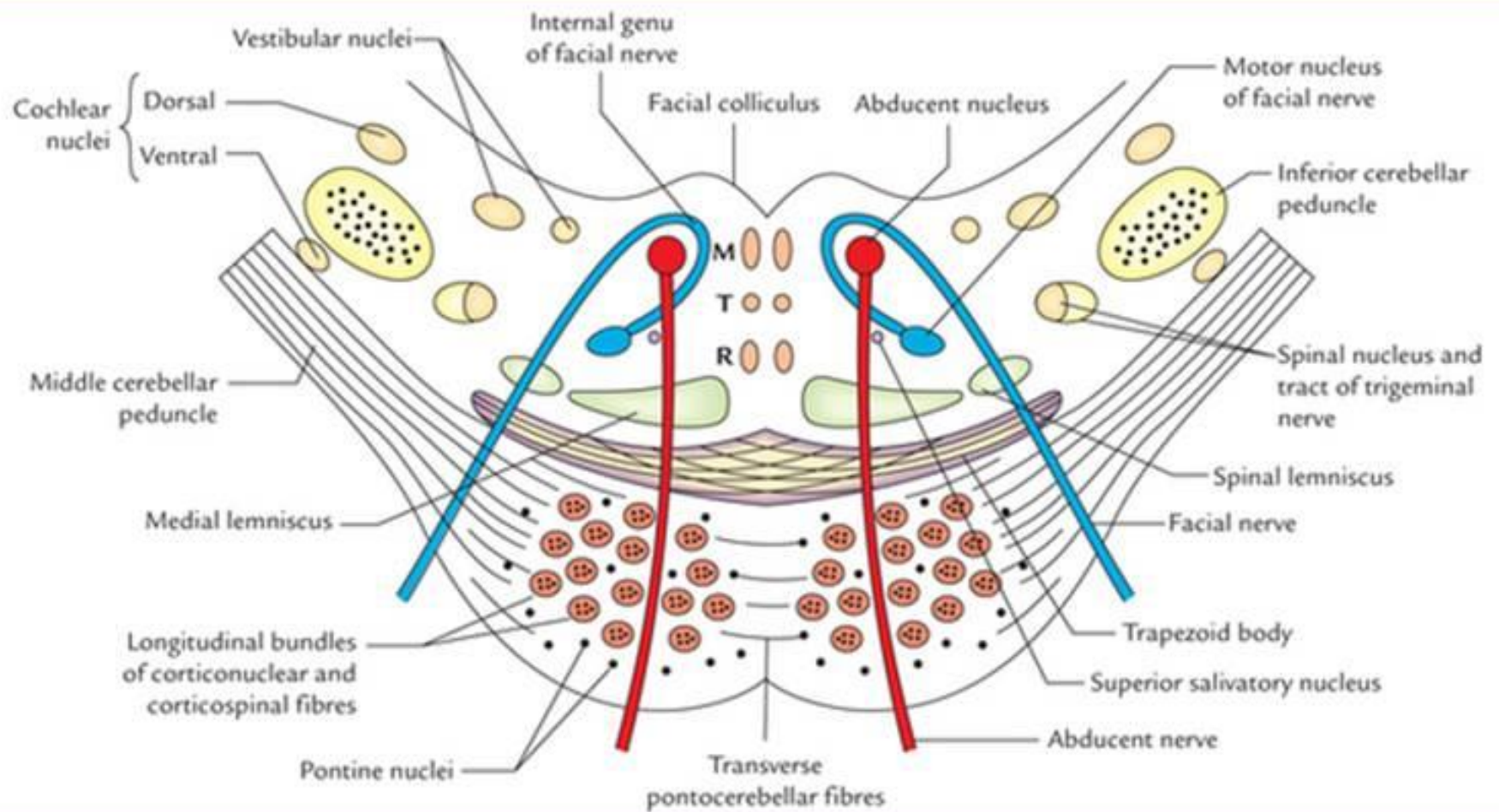


Lateral Pontine Syndrome

- ***Ipsilateral LMN facial*** paralysis (damage to ***facial*** motor ***nucleus***)

- ***Ipsilateral*** loss of ***facial sensation*** and ***mastication muscles*** (***Trigeminal nerve nuclei*** damage)

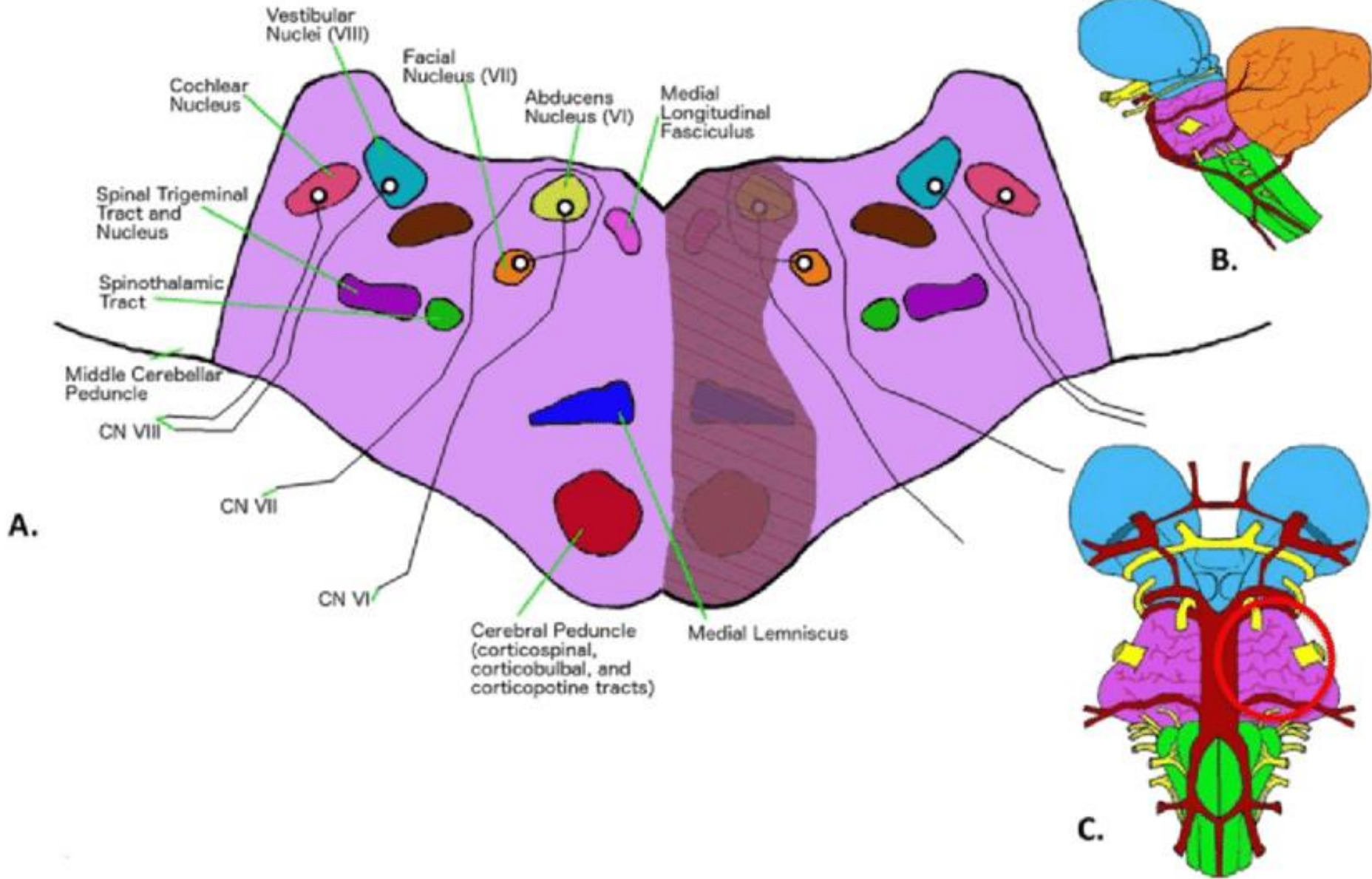






Medial Pontine Syndrome

- ***Millard Gubler Syndrome:*** It is the clinical condition which results due to occlusion of paramedian pontine branches of ***basilar artery*** feeding lower and ventral part of pons.
- It involves basilar part of pons through which ***traverses corticospinal tract*** and emerge fibers of ***6th*** cranial nerve

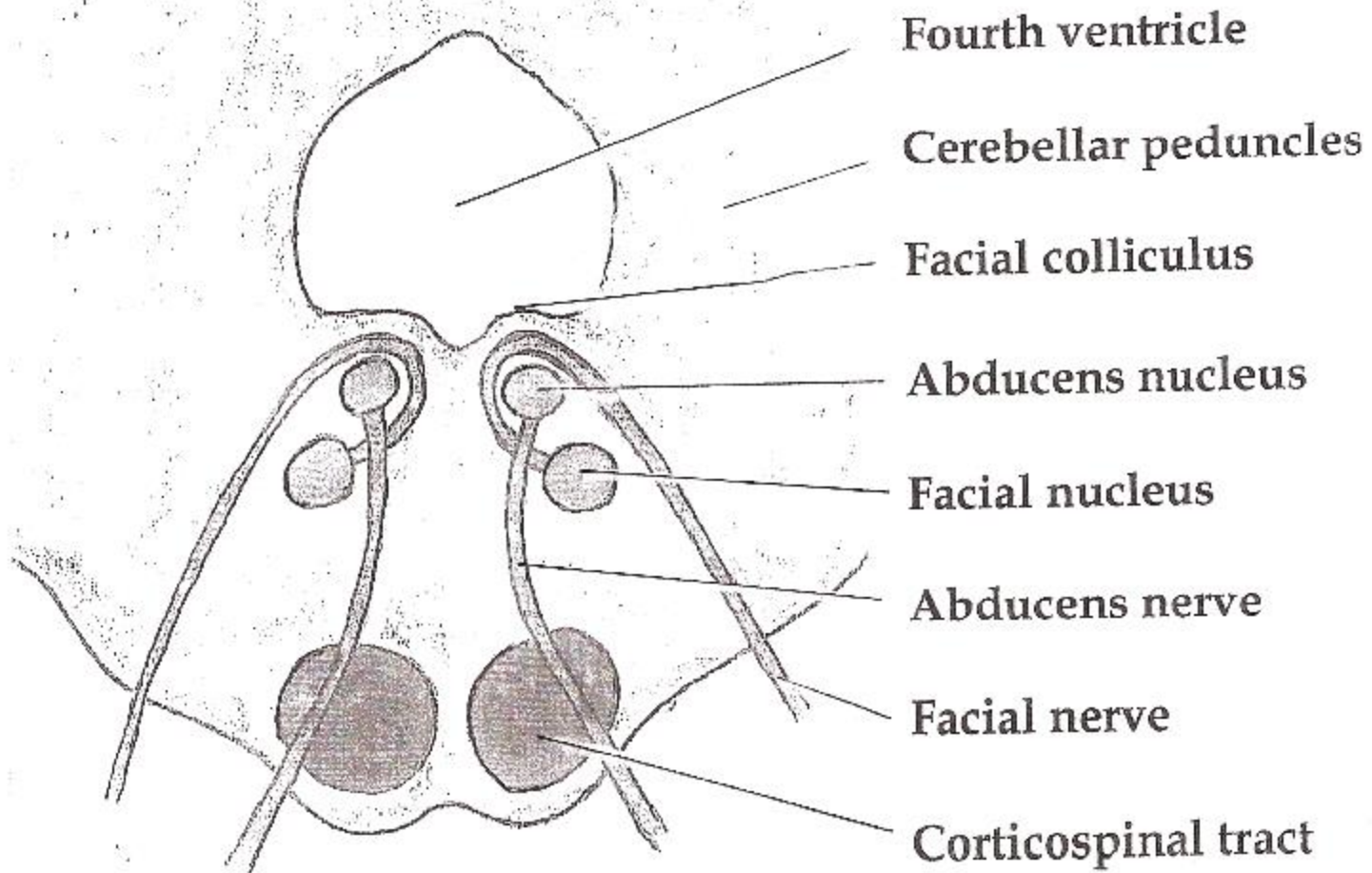




Medial Pontine Syndrome

- *Clinical manifestations:*

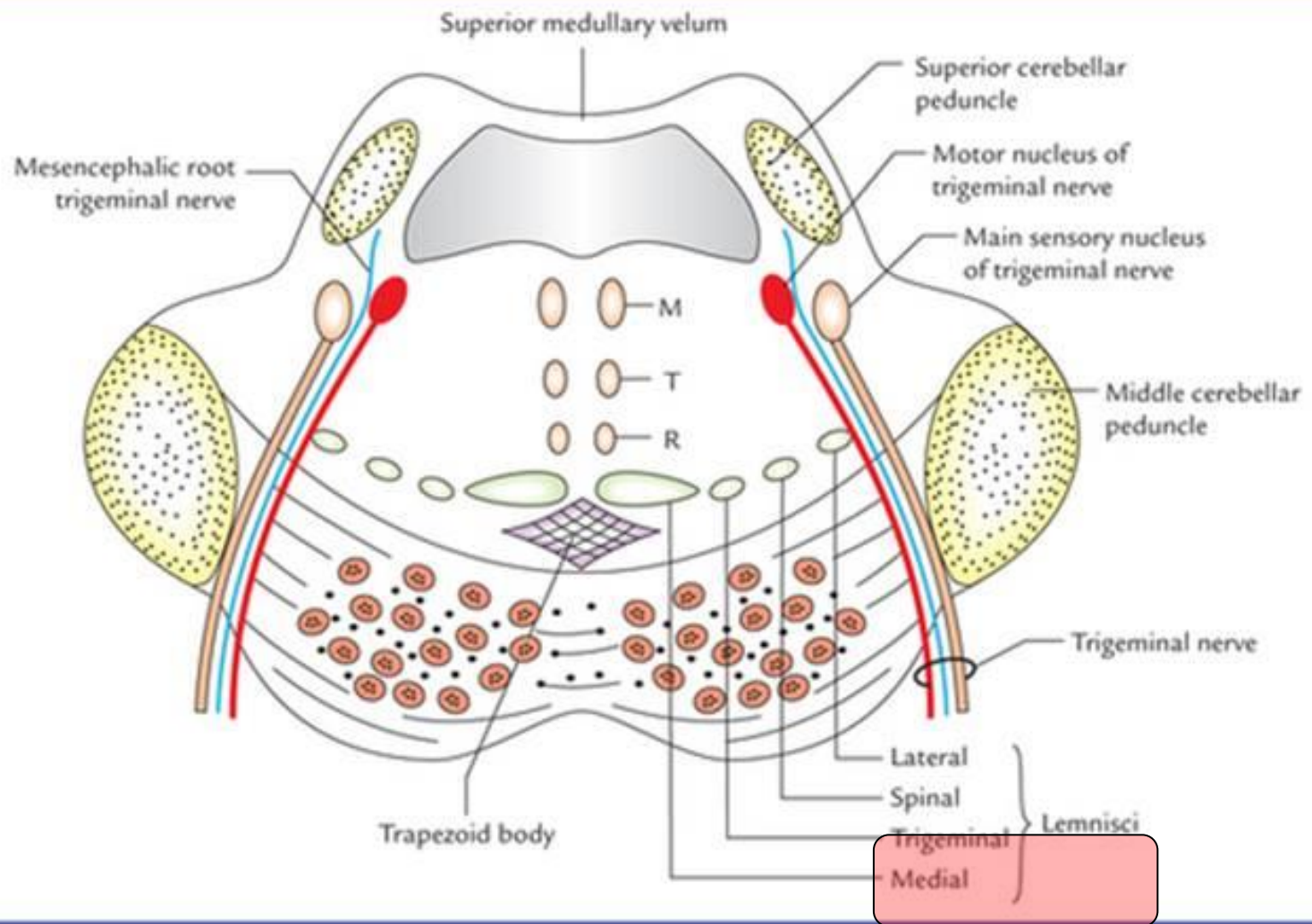
1. **Contralateral spastic hemiparesis (above decussation)**
2. **Ipsilateral medial (*squint*)** due to unopposed action of medial rectus as a result of ***paralysis of lateral rectus*** supplied by ***abducent nerve***. The affected eye looks down and towards the nose).





Medial Pontine Syndrome

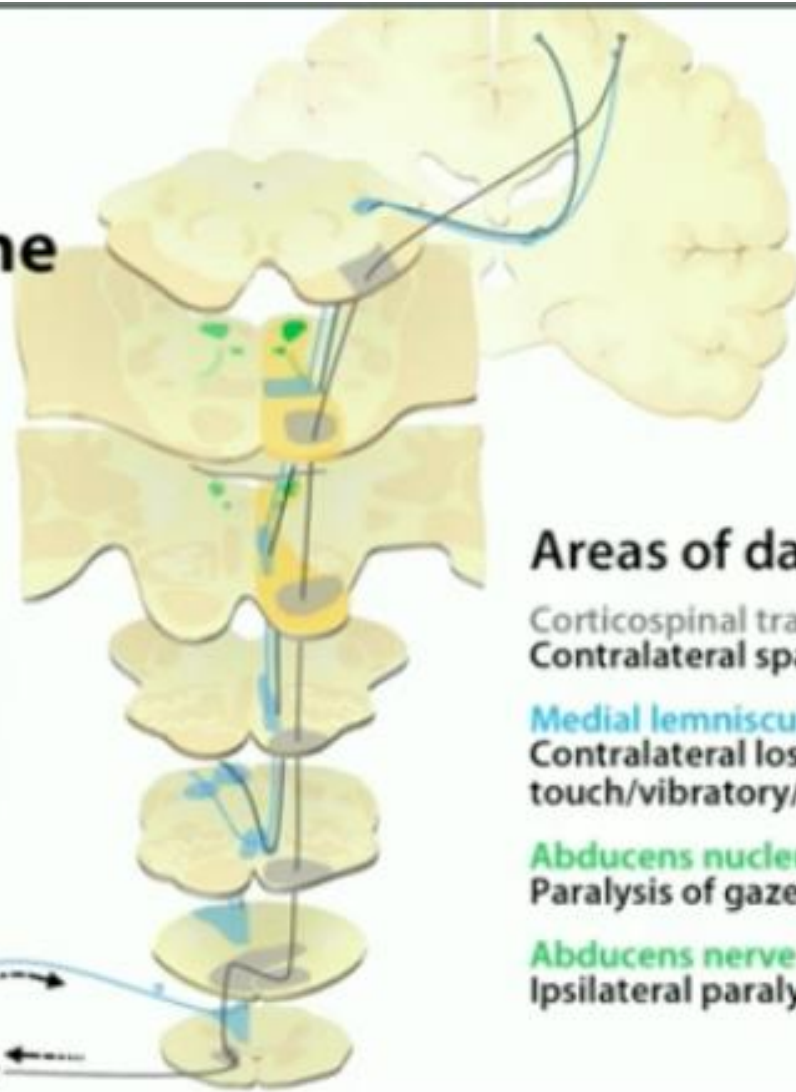
- 3. Abducent nerve lesion localizes the lesion to inferior pons.***
- 4. Medial lemniscus: Contralateral (Post. Column) pathway loss (tactile, vibration, and stereognosis)***



Medial Inferior Pontine Syndrome

6

Infarct



Areas of damage:

Corticospinal tract:
Contralateral spastic hemiparesis

Medial lemniscus:
Contralateral loss of light
touch/vibratory/kinesthetic sensation

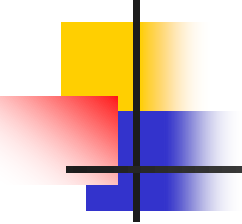
Abducens nucleus/PPRF:
Paralysis of gaze to side of lesion

Abducens nerve fibers:
Ipsilateral paralysis of lateral rectus muscle



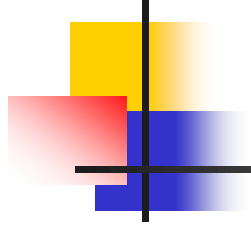
Pontine Hemorrhage

- It is extensive and bilateral in nature so that clinical condition will cause bilateral type of all manifestations as stated above.
- In addition, it will present the following two specific manifestations.
 1. ***'Pinpoint' pupil:*** Due to involvement of ocular sympathetic fibers.
 2. ***Hyperpyrexia:*** It is because of severe lesions in pons which disconnect the body from heat regulating center in hypothalamus.

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- For further inquiries **PLZ** feel free to contact at any time through email

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Thank You