

# ***Peripheral Nervous System Module***

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## ***The Orbit***



# *Orbit*

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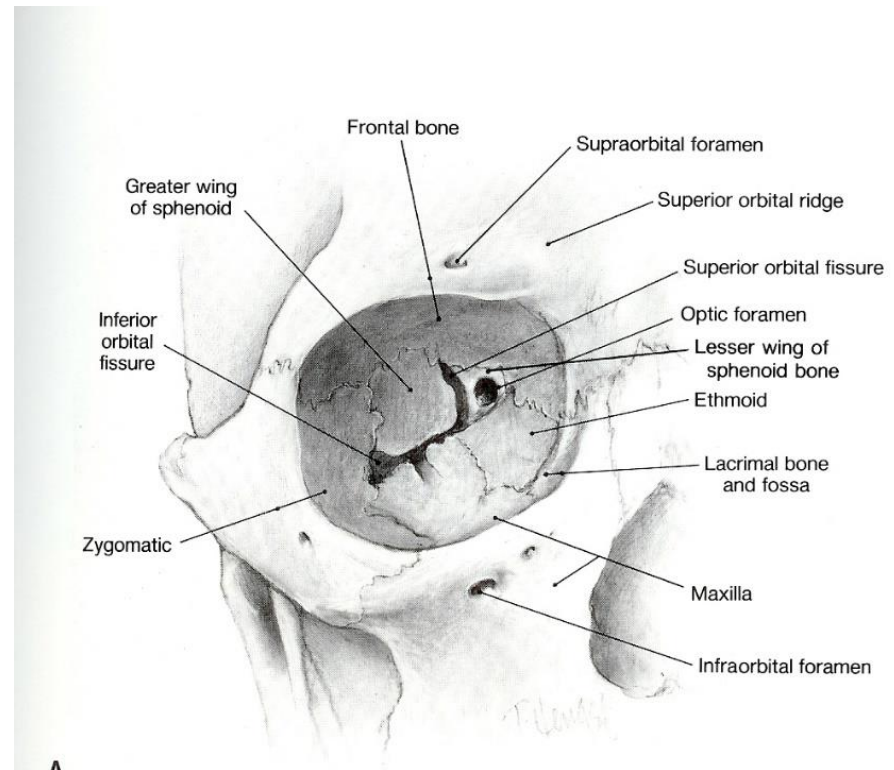
- ***By the end of this session, you should be able to:***
  1. Identify and recognize the different bones forming the orbit.
  2. Recognize the different extraocular muscles, their action and control
  3. Know the origin, course and distribution of the cranial nerves 3,4 and 6
  4. Understand the main components and purpose of the light and accommodation reflexes





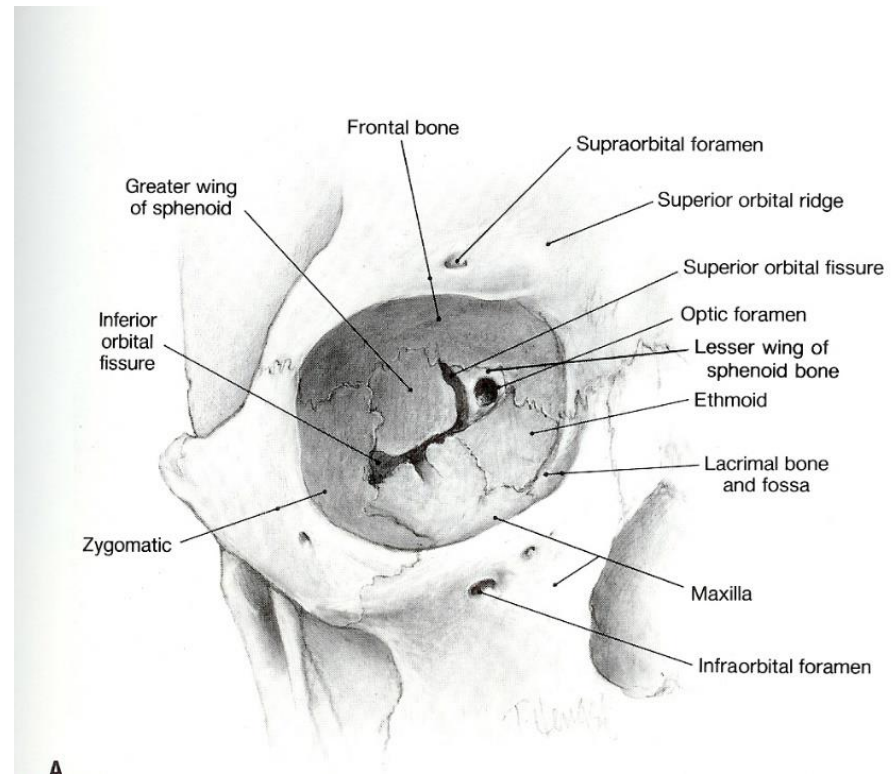
# Orbital Volume

- The volume of each adult orbit is slightly less than **30 cc**
- The orbital entrance averages about **35 mm** in **height** and **45 mm** in **width**.
- The maximum width is about 1 cm (behind the anterior orbital margin)



# Orbital Volume

- In adults, the **depth** of the orbit varies from **40 to 45 mm** from the orbital entrance to the orbital apex
- Both race and sex affect each of these measurements.

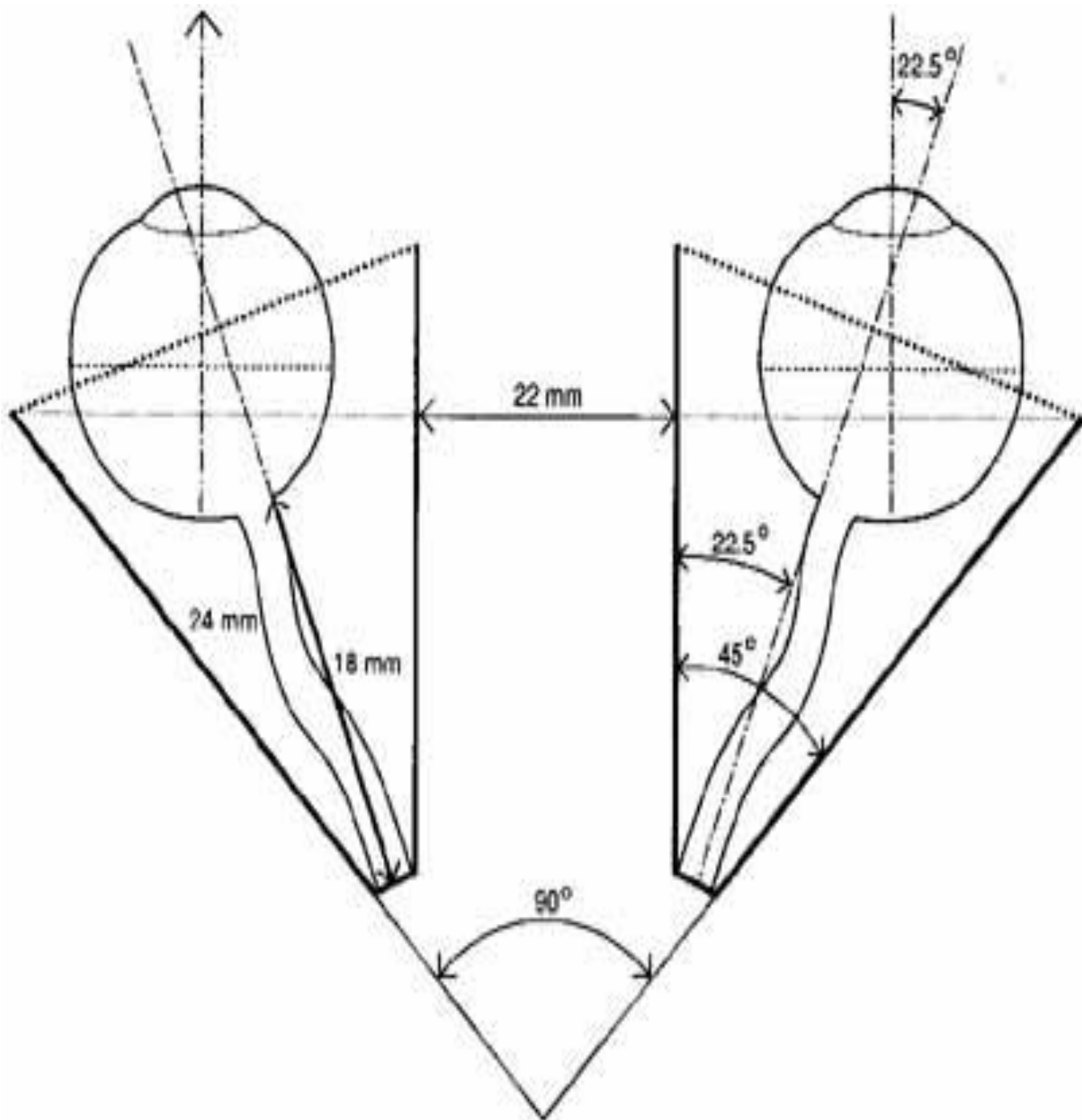




# *Orbital Volume*

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- ***Shape:*** The orbit resembles a four sided pyramid
- ***Axis:*** Long axis of each orbit passes backwards and medially
- ***Medial walls*** are parallel
- While the ***Lateral walls*** extension forms a right angle

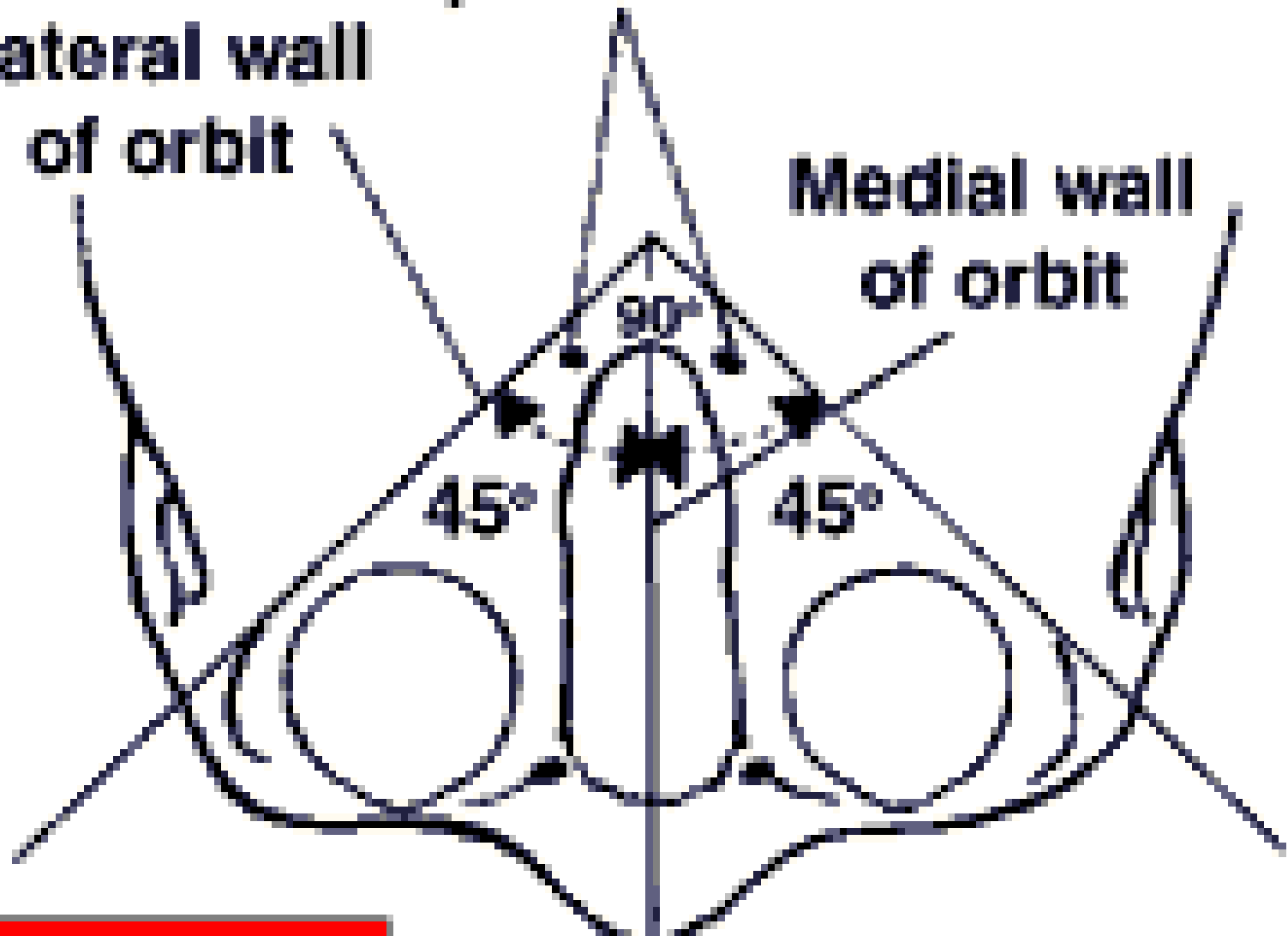




# Optic foramen

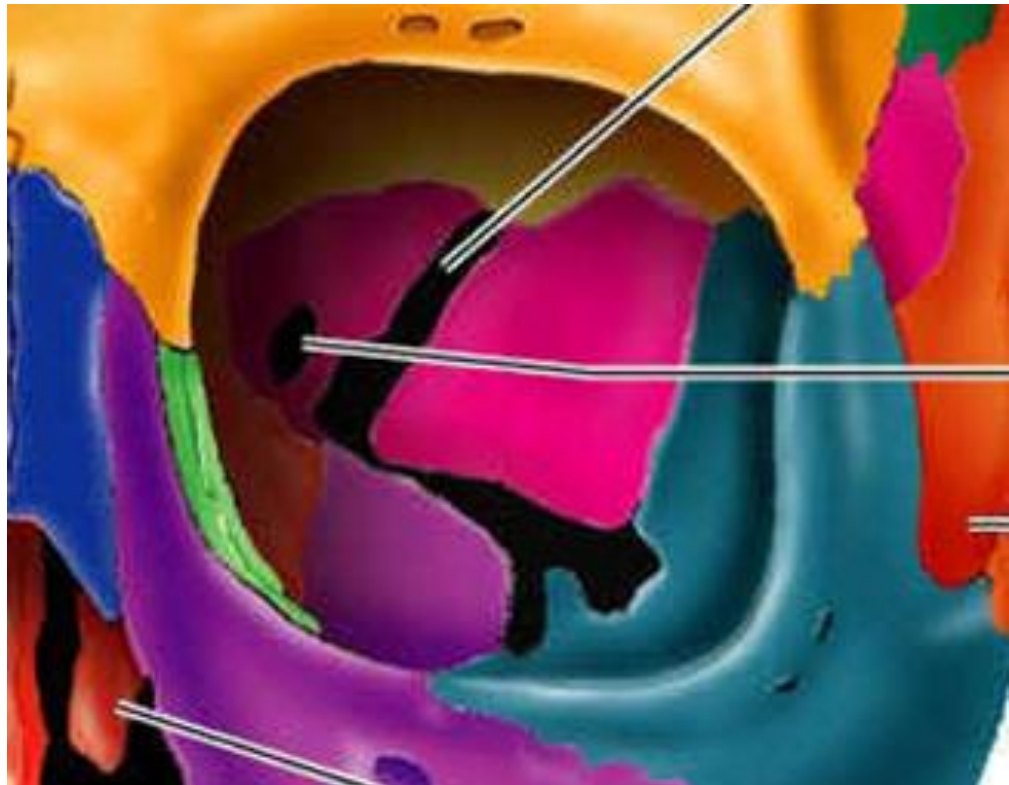
Lateral wall  
of orbit

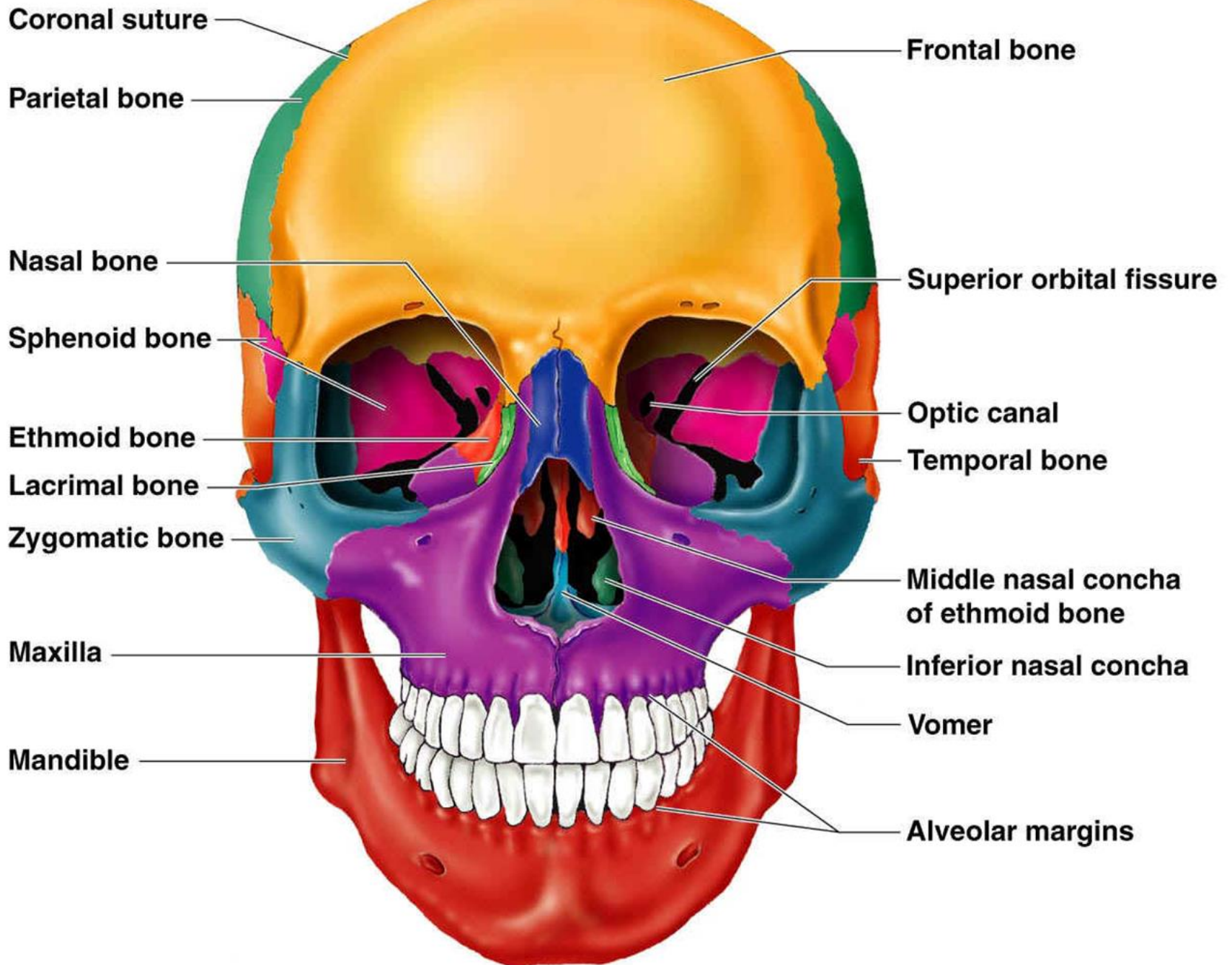
Medial wall  
of orbit



# ***Bony Orbit***

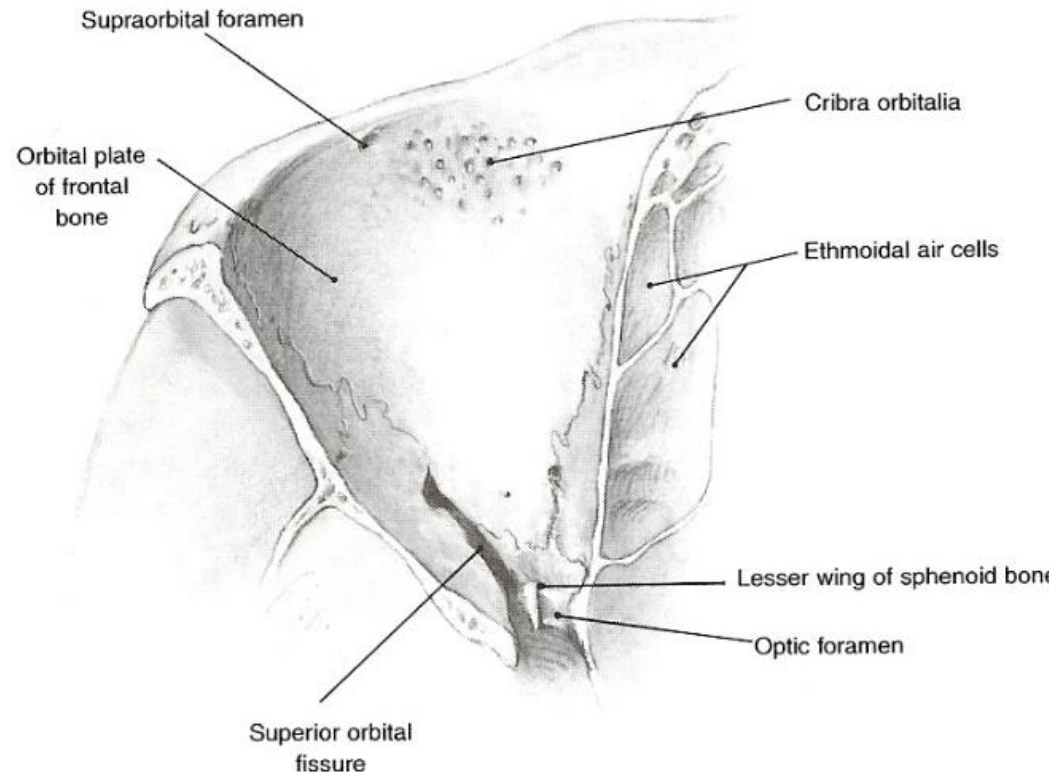
- **Seven bones make up the bony orbit:**
  - Frontal
  - Zygomatic
  - Maxillary
  - Ethmoidal
  - Sphenoid
  - Lacrimal
  - Palatine





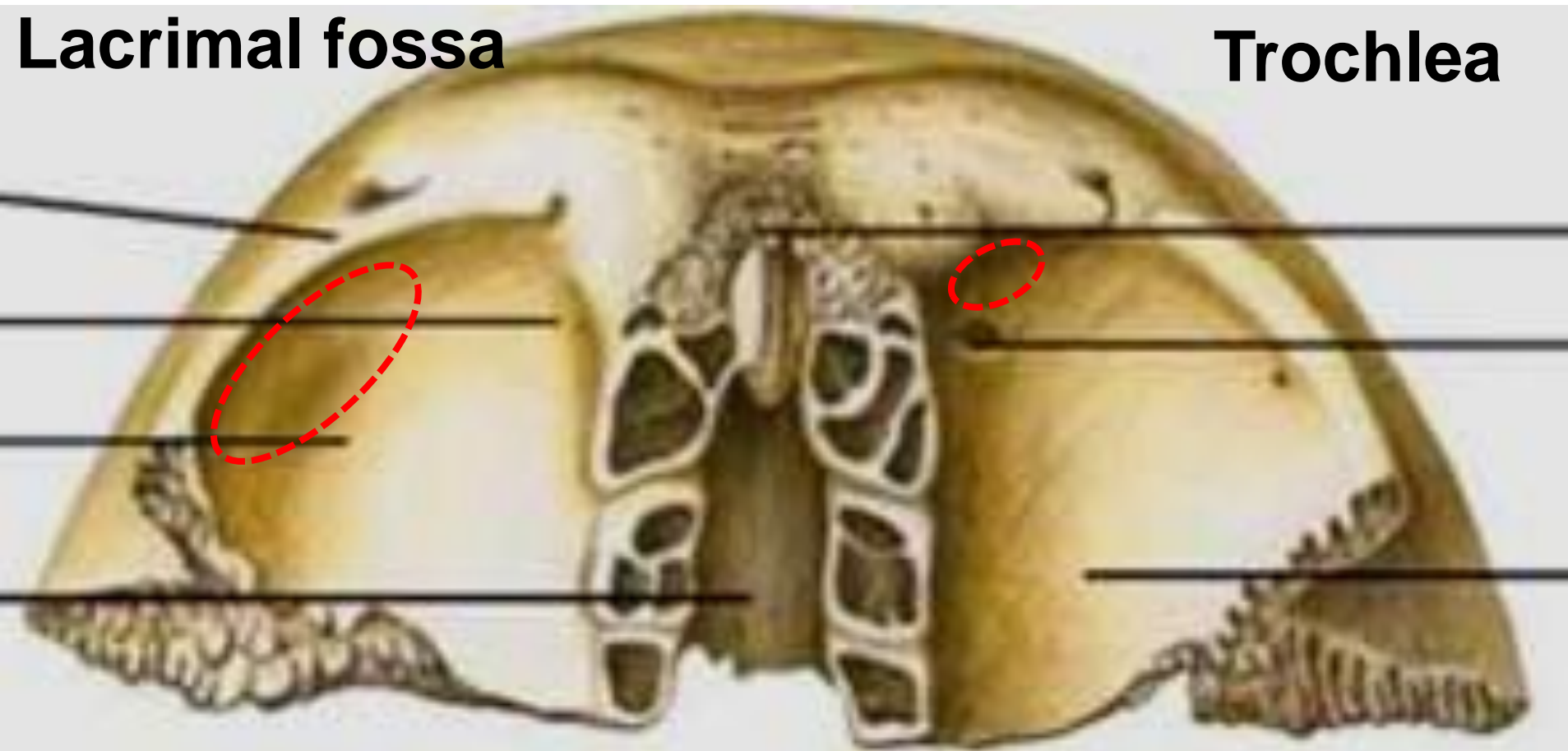
# *Orbital Roof*

- The orbital roof formed from both the orbital plate of the frontal bone and the lesser wing of the sphenoid bone.
- Lacrimal fossa
- Fovea trochlearis



**Lacrimal fossa**

**Trochlea**

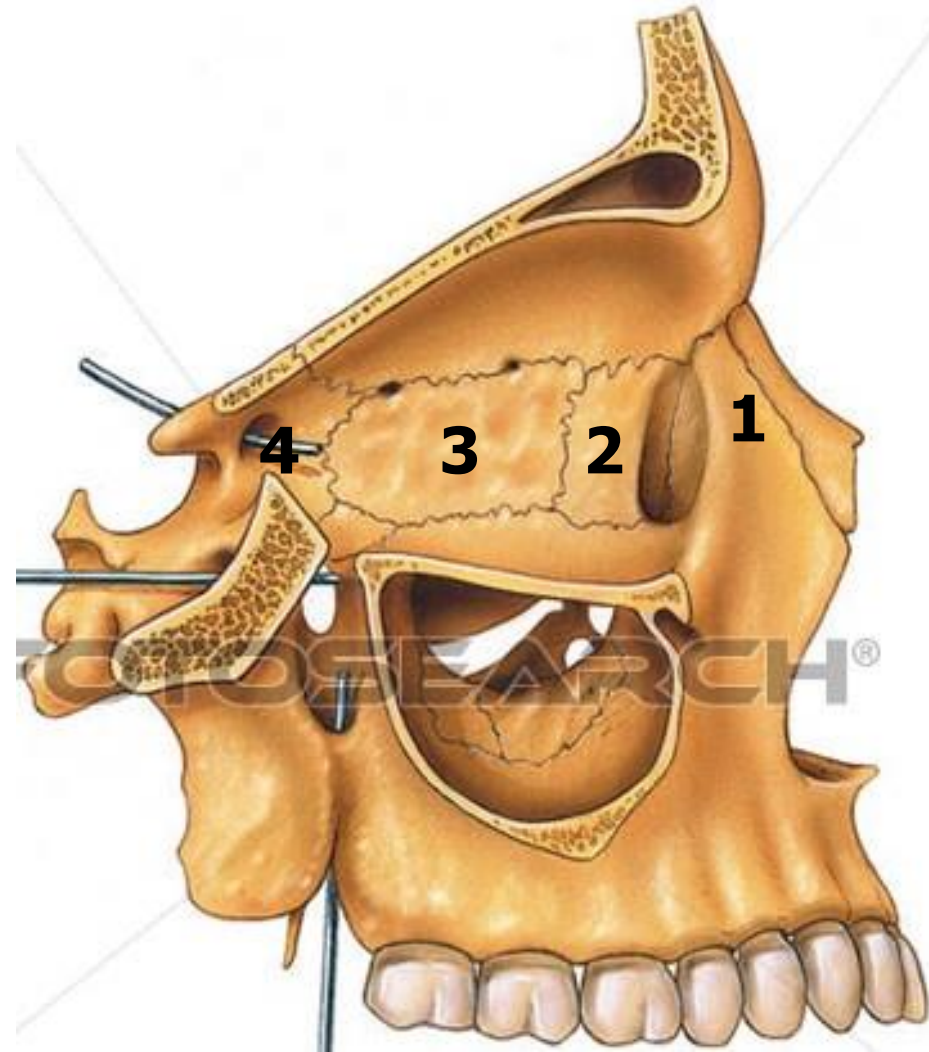




# *Medial Orbital Wall*

■ ***Then medial wall of the orbit is formed from four bones:***

- Frontal process of the maxillary
- Lacrimal bone and fossa
- Orbital plate of the ethmoidal
- Lesser wing of the sphenoid









# *Orbital Floor*

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- ***The floor of the orbit is formed from three bones:***
  - Maxillary
  - Palatine
  - Orbital plate of the zygomatic
- Infraorbital groove

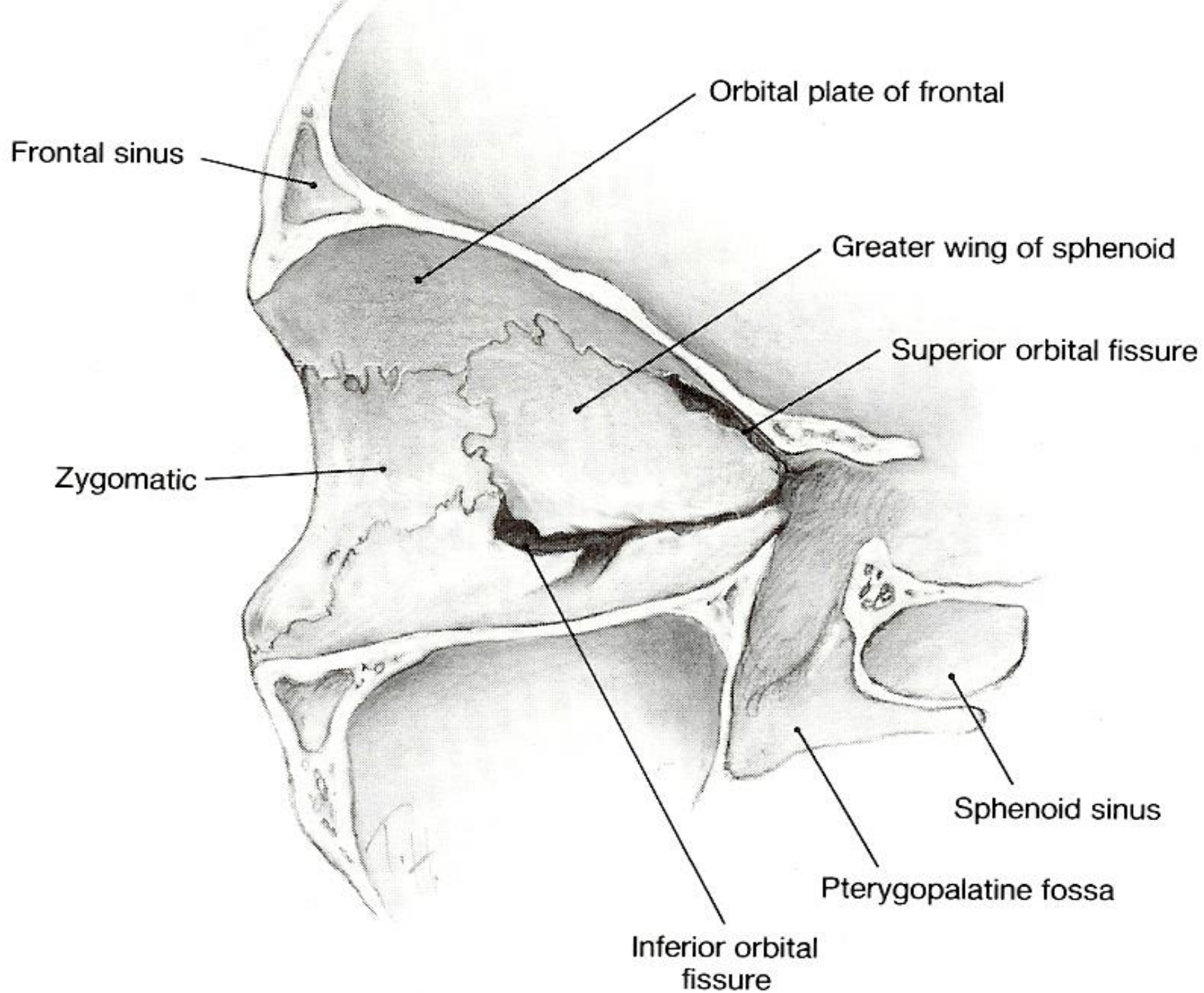




# ***Lateral Orbital Wall***

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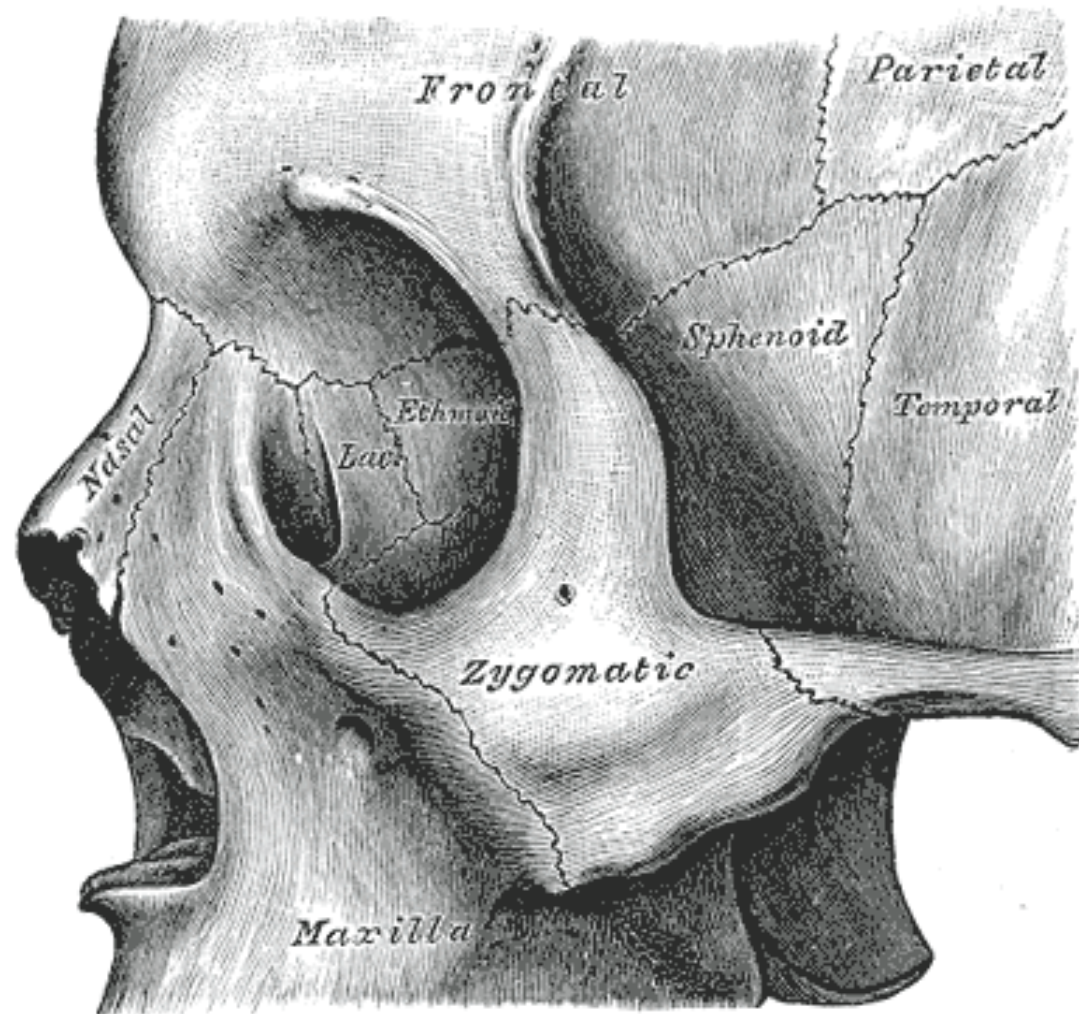
- ***Formed from two bones:***
  - Zygomatatic
  - Greater wing of the sphenoid
- Thickest and strongest wall

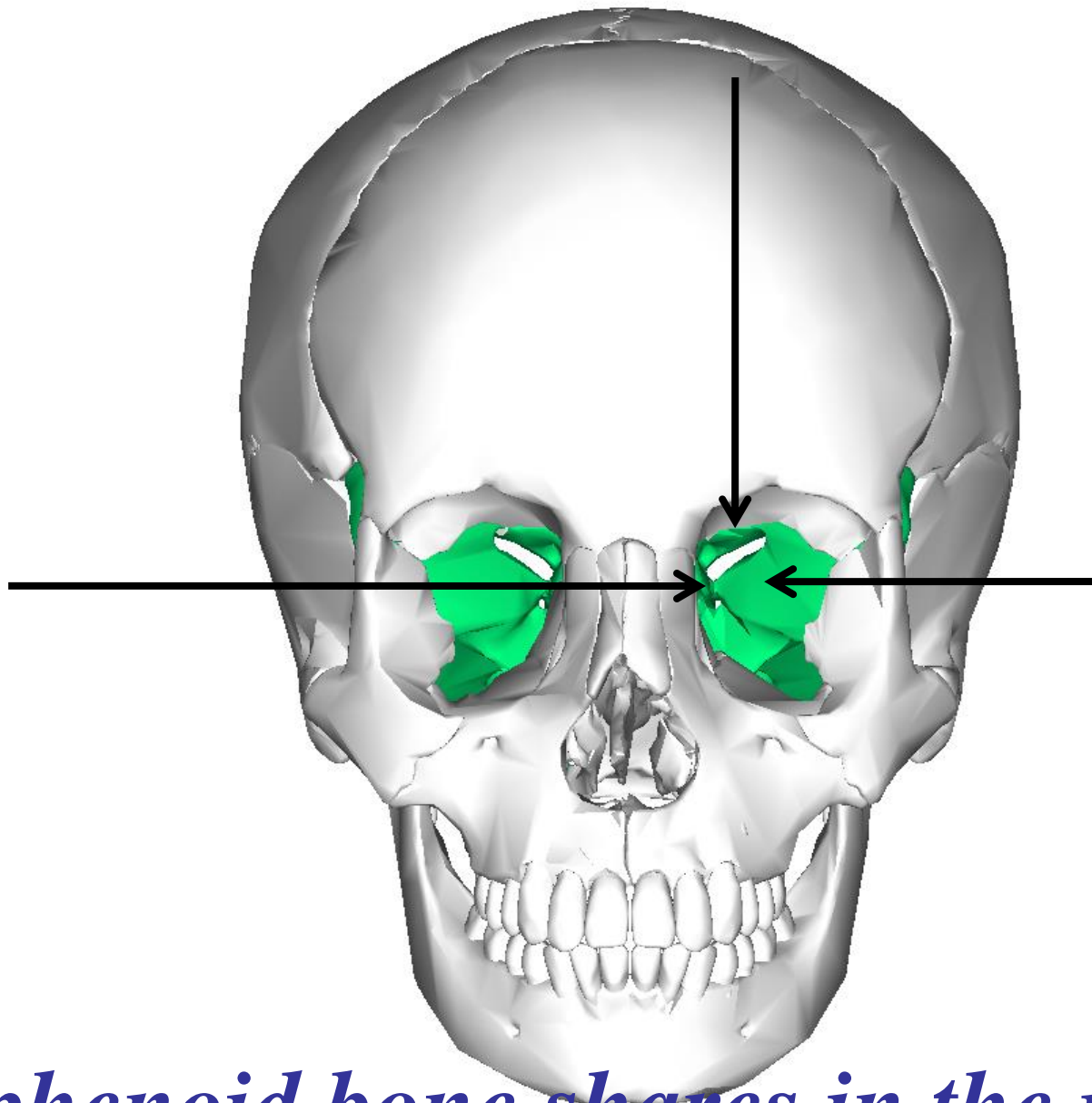


# *Lateral Wall*

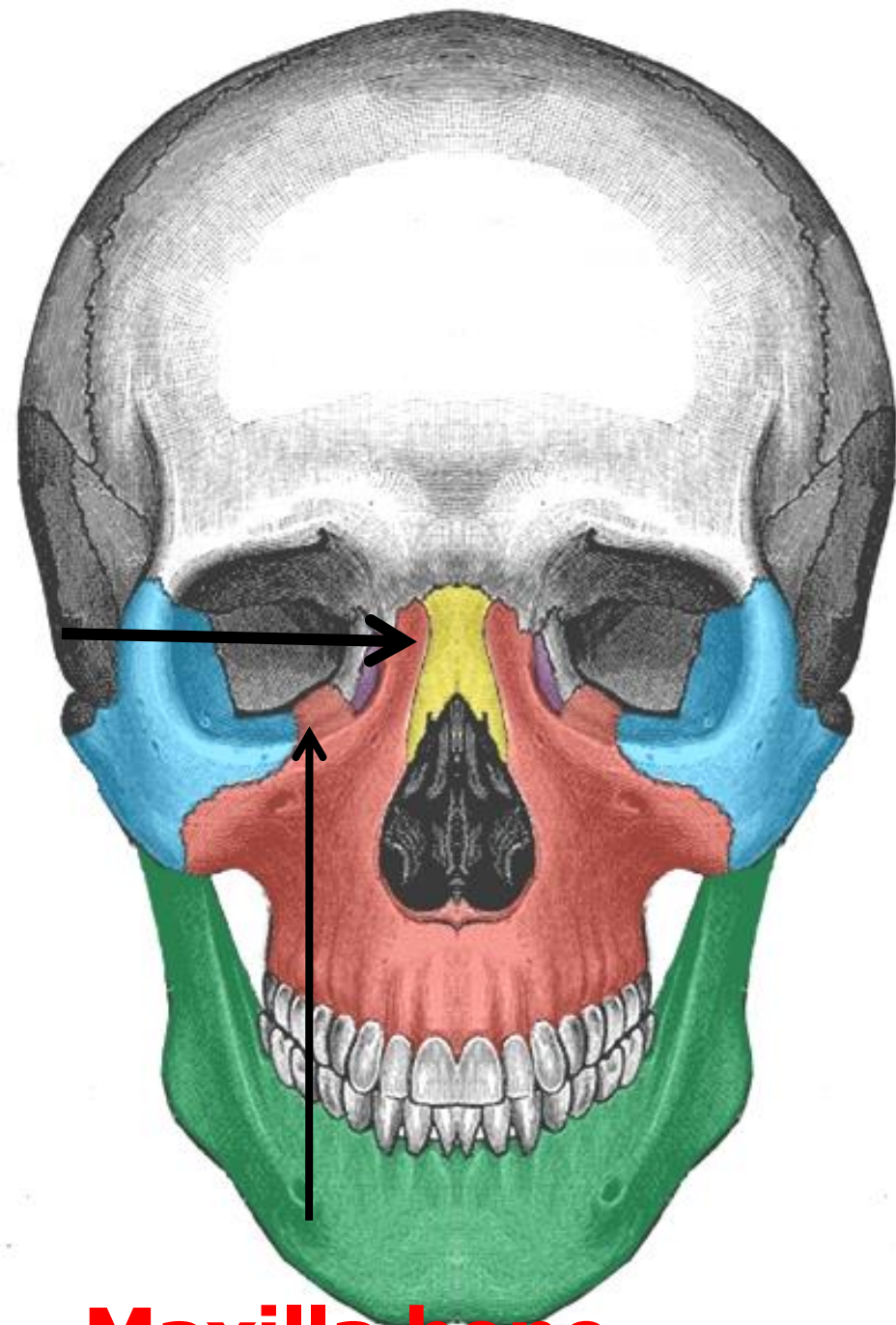
Greater wing  
sphenoid

Orbital surface –  
Frontal process  
of  
zygomatic

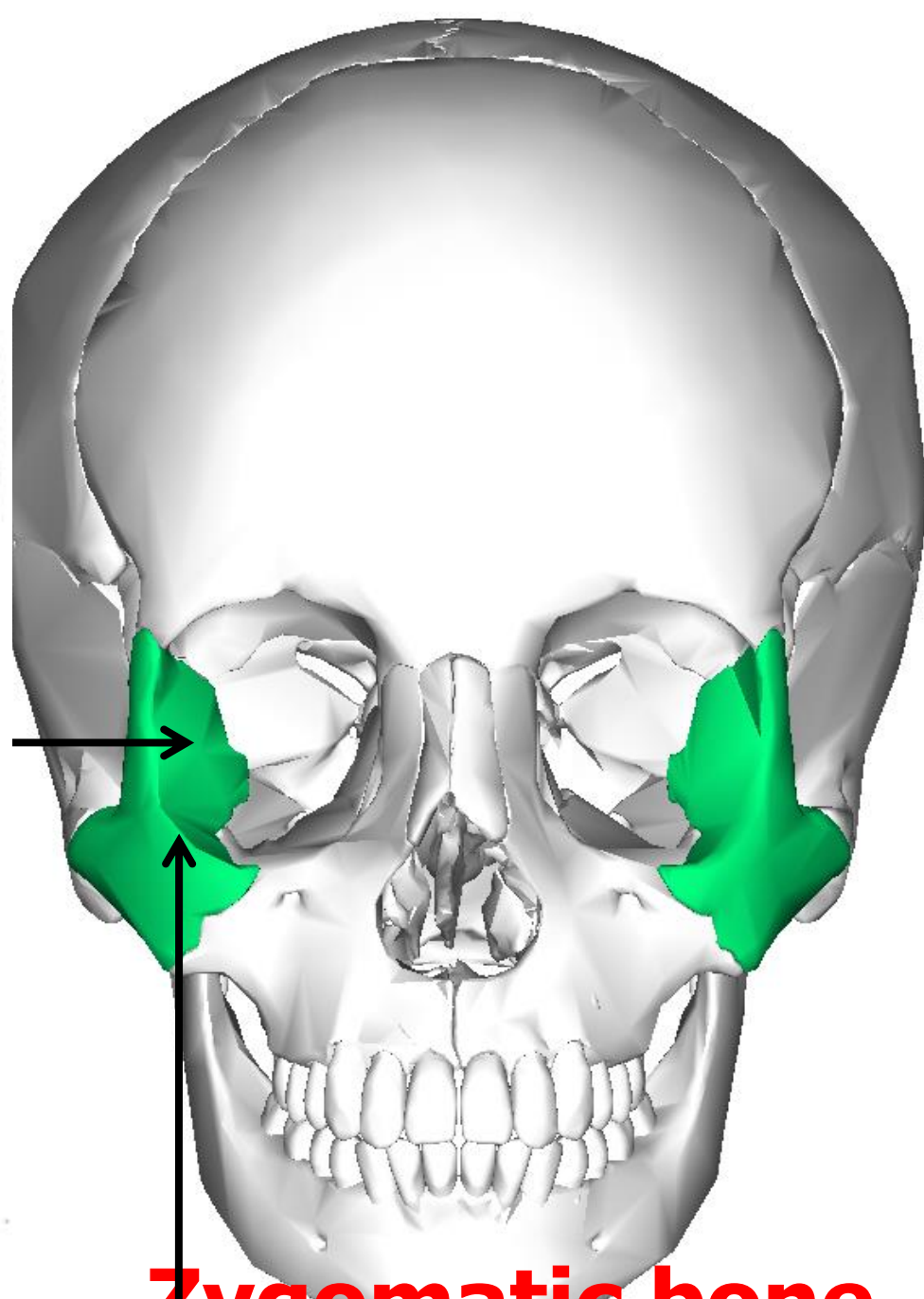




*Sphenoid bone shares in the roof, medial, and lateral walls of the orbit*



**Maxilla bone**



**Zygomatic bone**

# *Passages from Cranium to Orbit*



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## ***1. Superior orbital fissure :***

Between greater and lesser wings of sphenoid

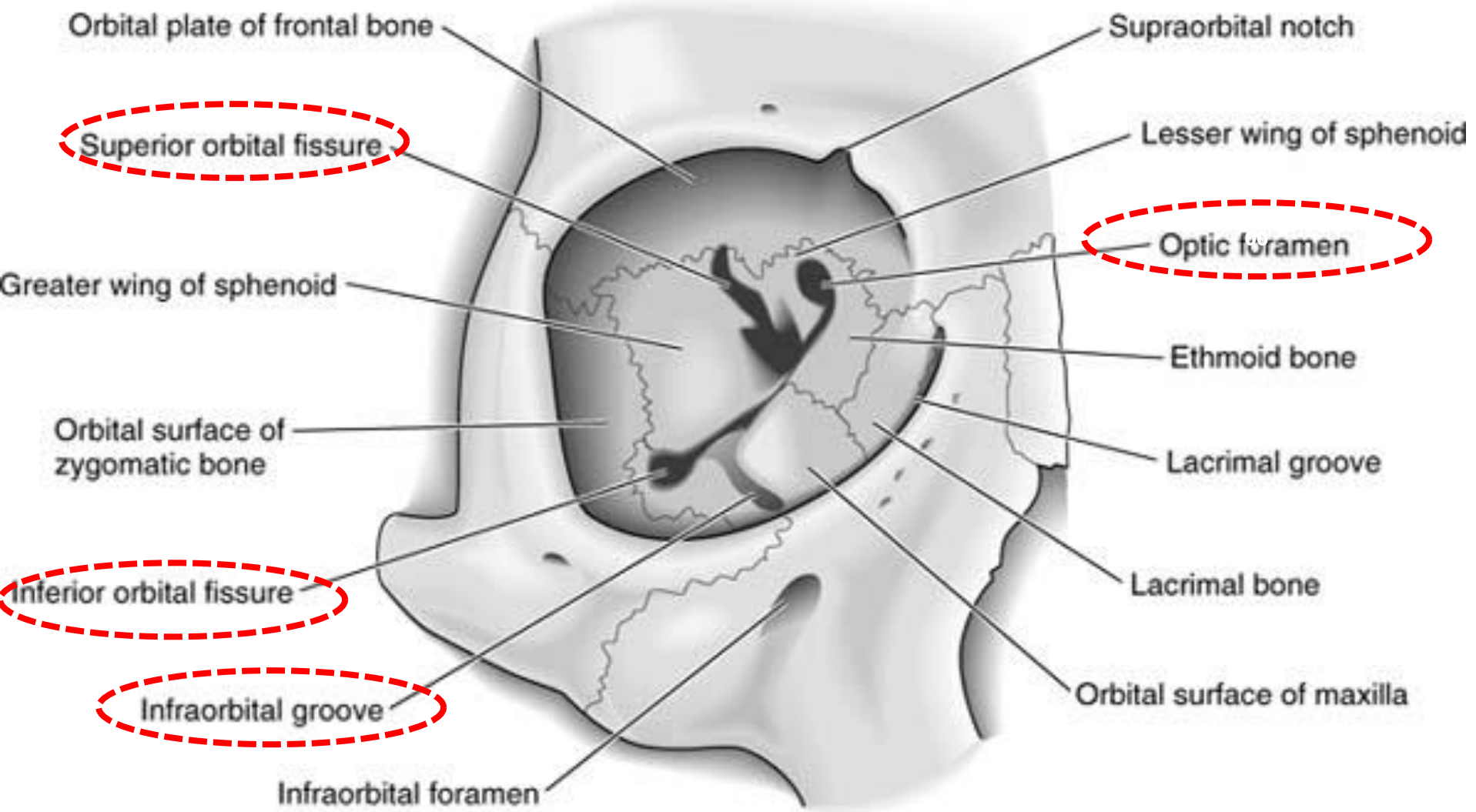
## ***2. Inferior orbital fissure :***

Lies between orbit floor and lateral wall of orbit, formed by sphenoid, maxillary & palatine

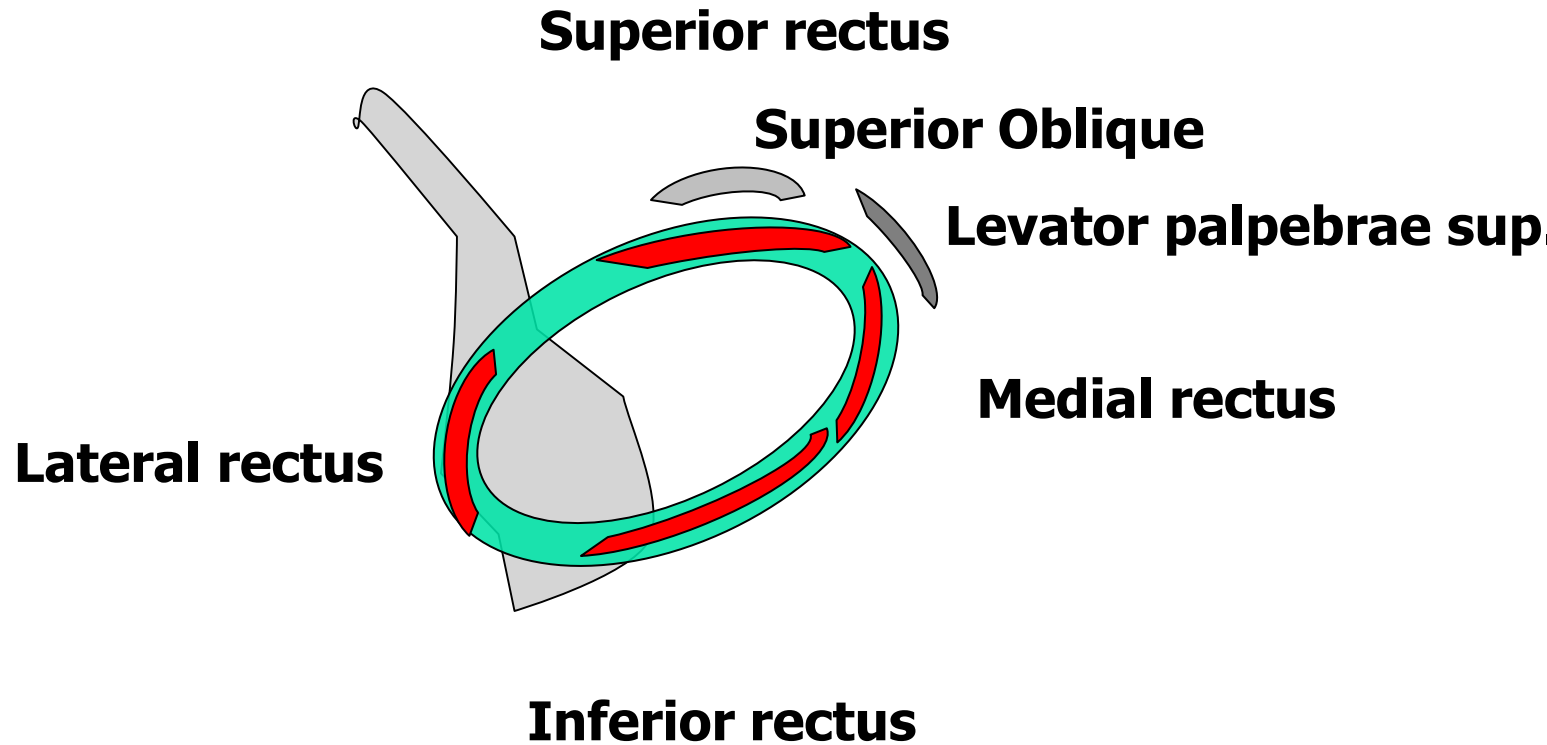
## ***3. Optic foramen (optic canal)***

Bounded by two roots of lesser wing of sphenoid

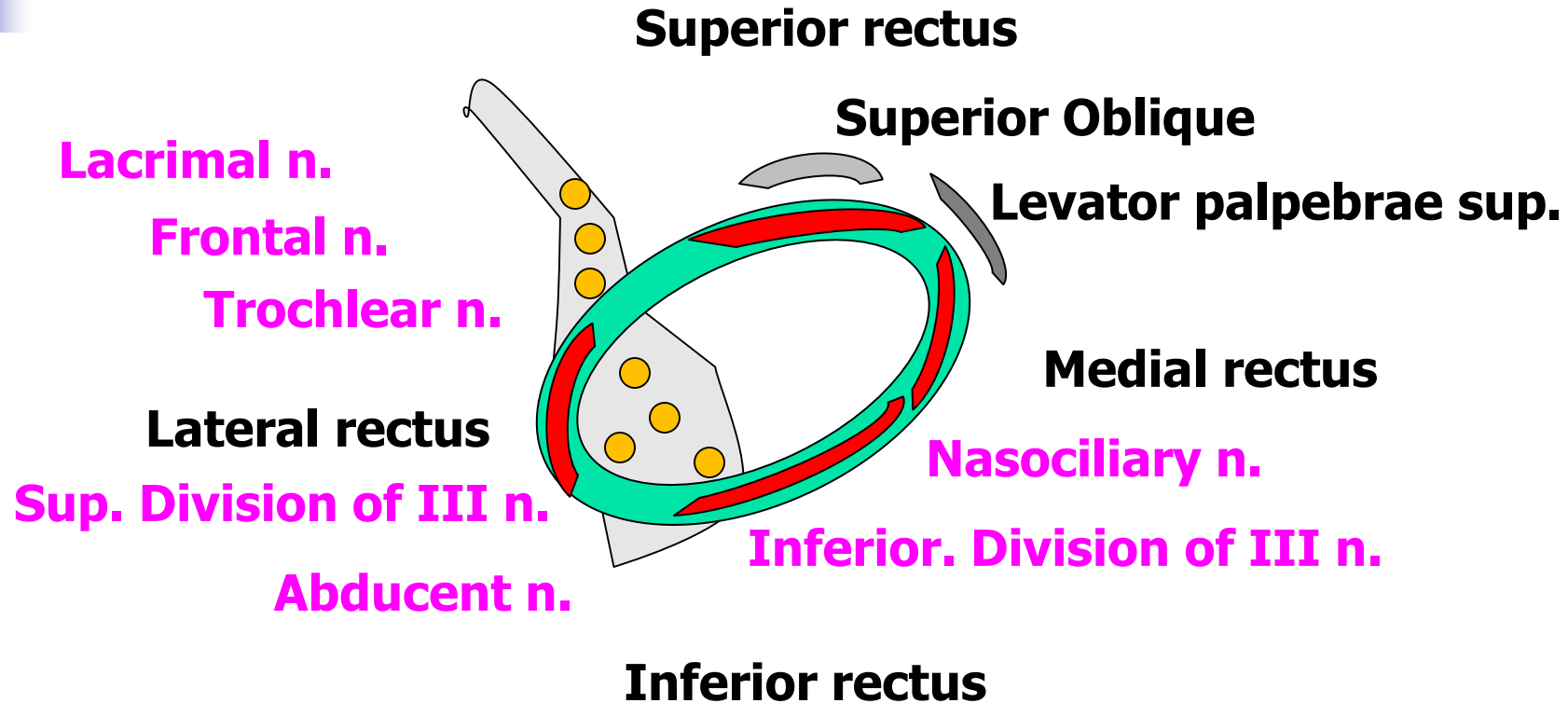


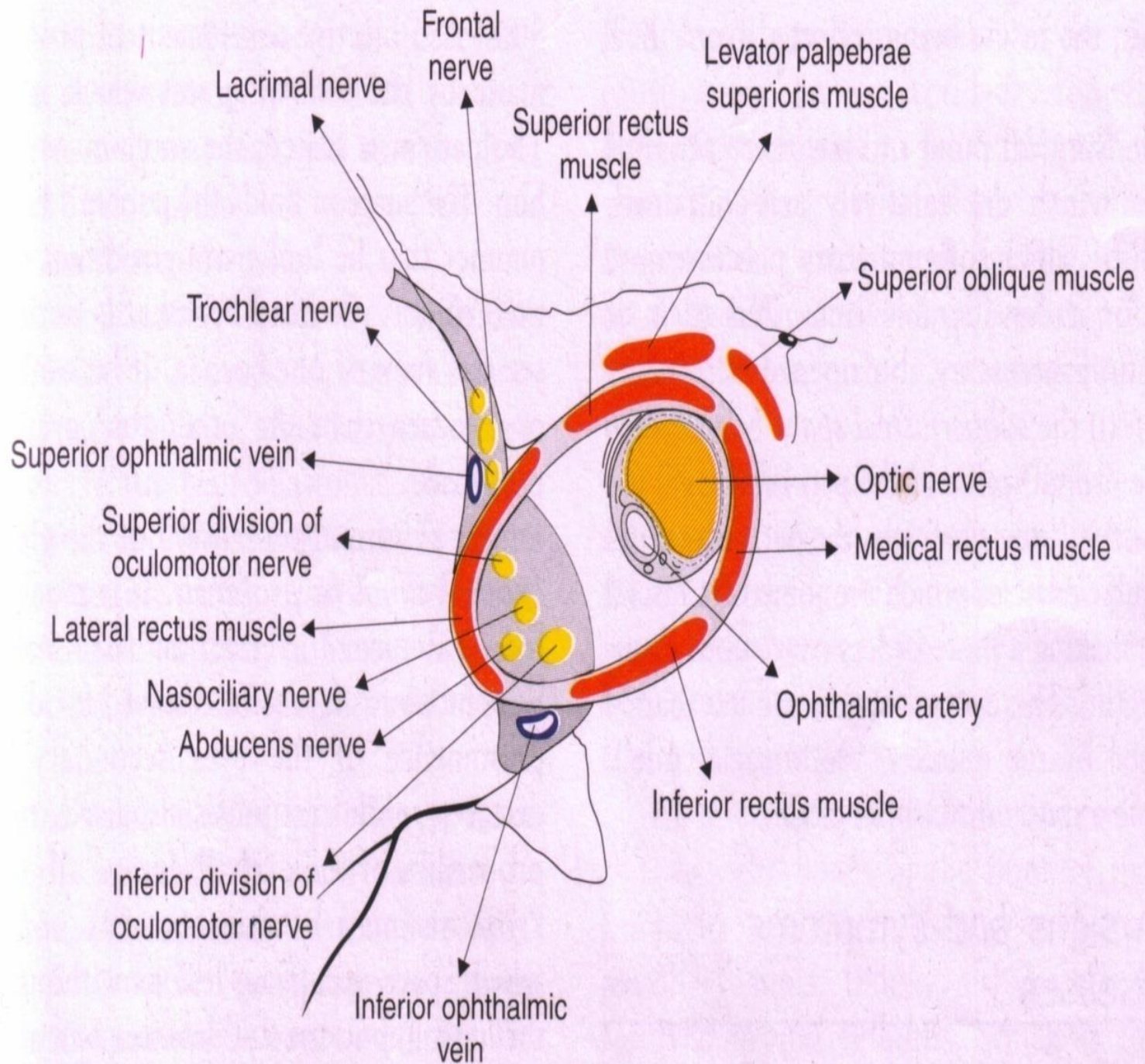


# *Superior Orbital Fissure*



# *Superior Orbital Fissure*





# *Structures passing from Superior Orbital Fissure*

## ■ A) Nerves arranged from lateral to medial:

- **Live**-----lacrimal n.
- **Free**-----frontal n.
- **To**-----trochlear n.
- **See**-----superior division of oculomotor n.
- **No**-----nasociliary n.
- **Insult**-----inferior division of oculomotor n.
- **At all**-----abducent n.



Outside the ring



# *Contents of the Orbit*

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## ***1- Eye ball***

## ***2- Fasciae and fat***

## ***3- Muscles of the eyeball***

### **A- Intrinsic muscles:**

1. Constrictor of the pupil (constrictor pupillae)
2. Dilator of the pupil (dilator pupillae)
3. Ciliary muscle

### **B- Extrinsic muscle:**

1. Four recti muscles
2. Two oblique muscles
3. Levator palpebrae superioris ( the levator muscle of the eyelid)



# *Contents of the Orbit*

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## ***4- Nerves:***

### **A- Sensory:**

1. Optic nerve
2. Branches of ophthalmic nerve; lacrimal, frontal and nasocilliary
3. Zygomatic nerve

### **B- Motor:**

Oculomotor, Trochlear and Abducent nerves

**C- Autonomic:** sympathetic and parasympathetic



# ***Contents of the Orbit***

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## ***5-Vessels:***

A- Ophthalmic artery

B- Superior and inferior ophthalmic veins

## ***6- Lacrimal apparatus.***

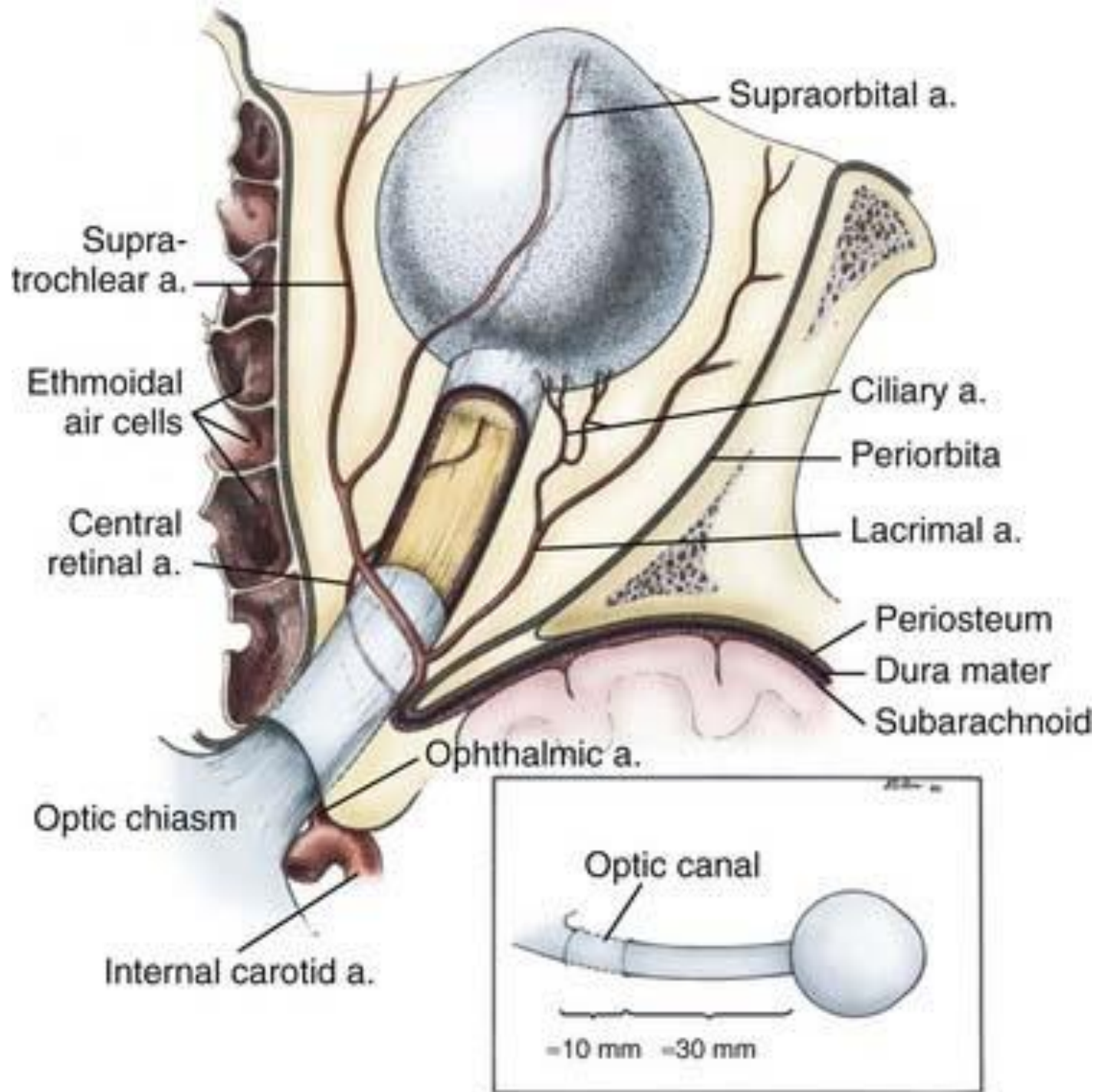


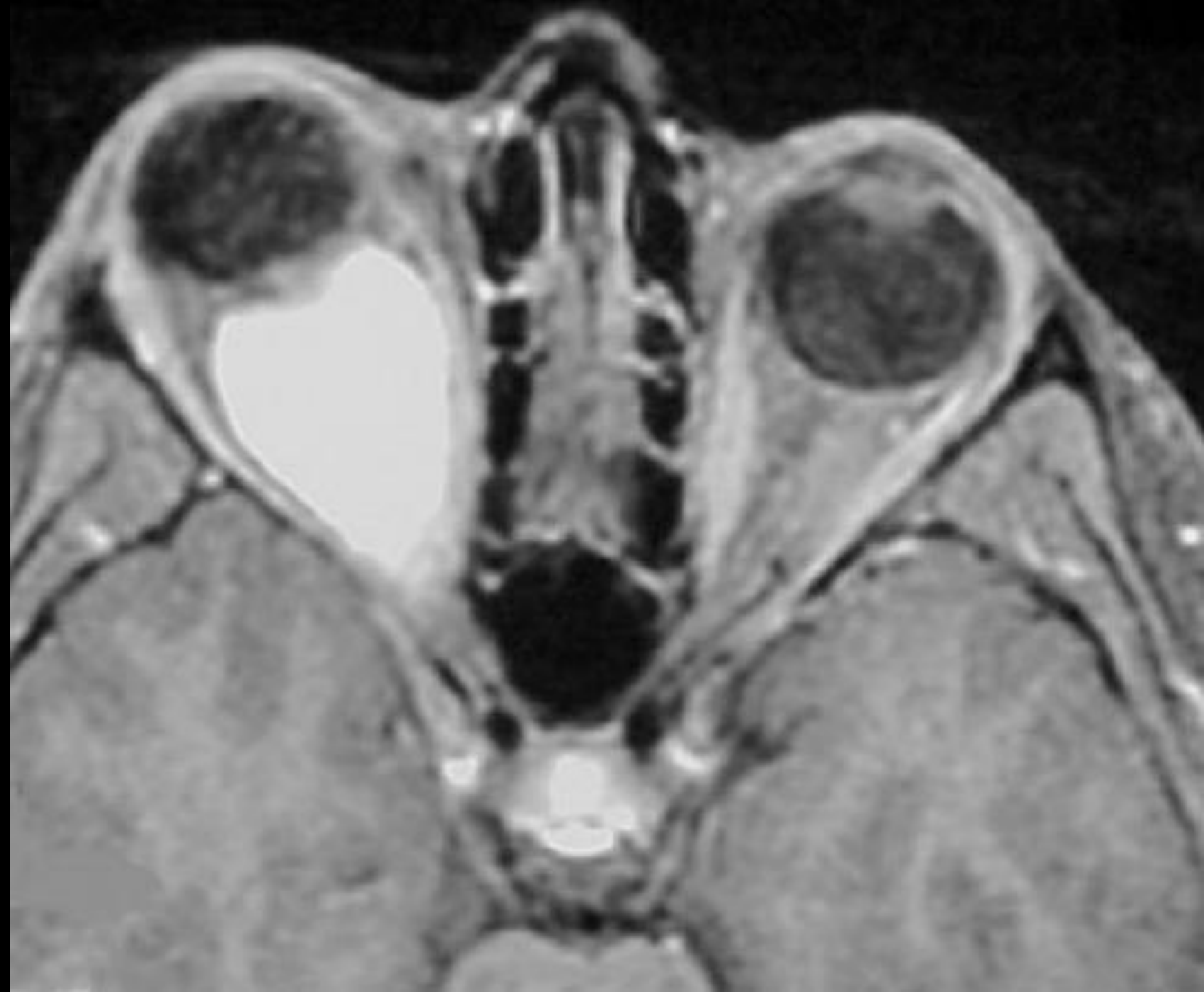


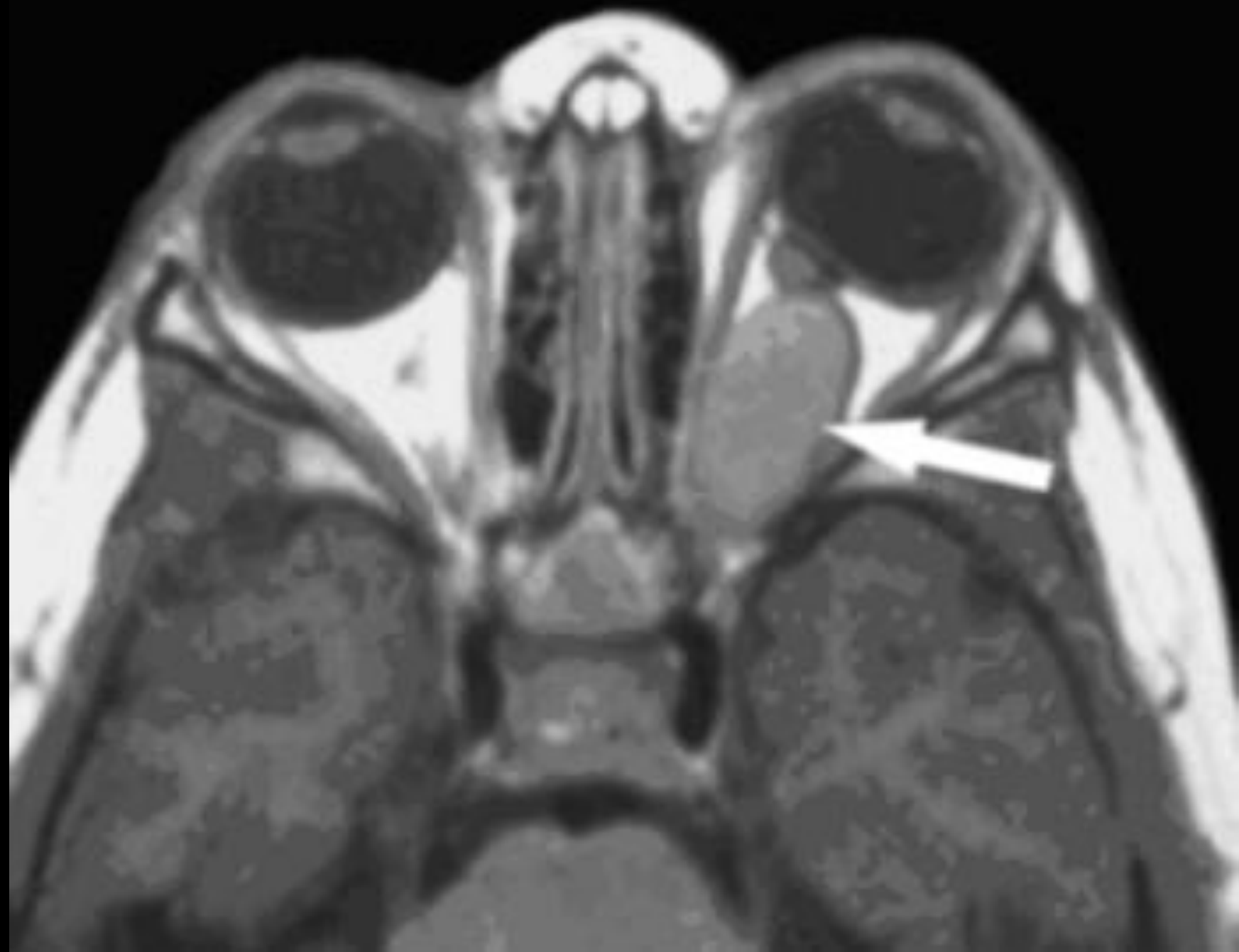
# ***OPTIC CANAL***

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- It connects ***orbit to middle cranial fossa.***
- Transmits **optic nerve** and **ophthalmic artery.**
- ***Normal adult dimensions are attained by the age of 4-5 years.***
- Average length is 6-11mm.
- Tumors like optic nerve glioma and meningiomas may lead to enlargement of optic canal(detected on X-ray films).





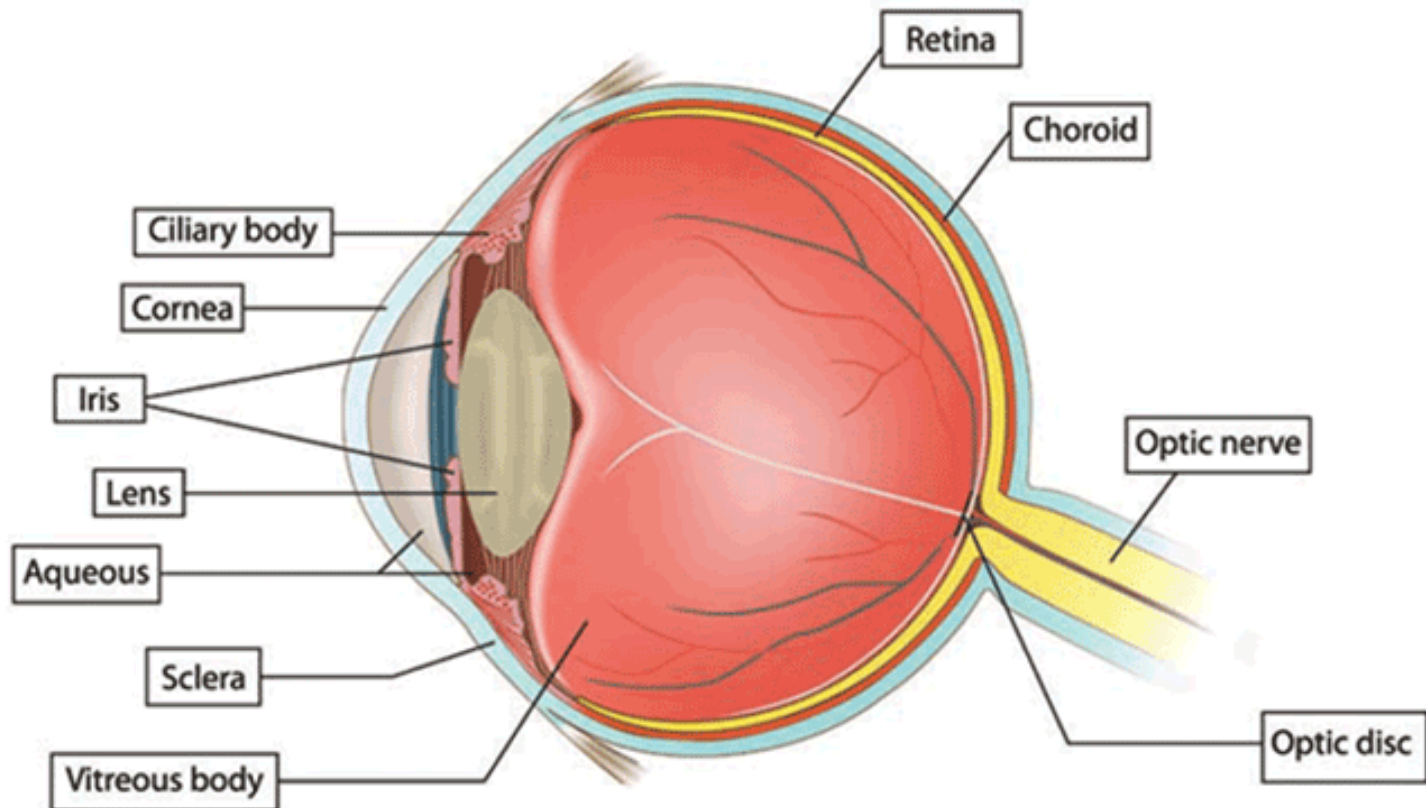


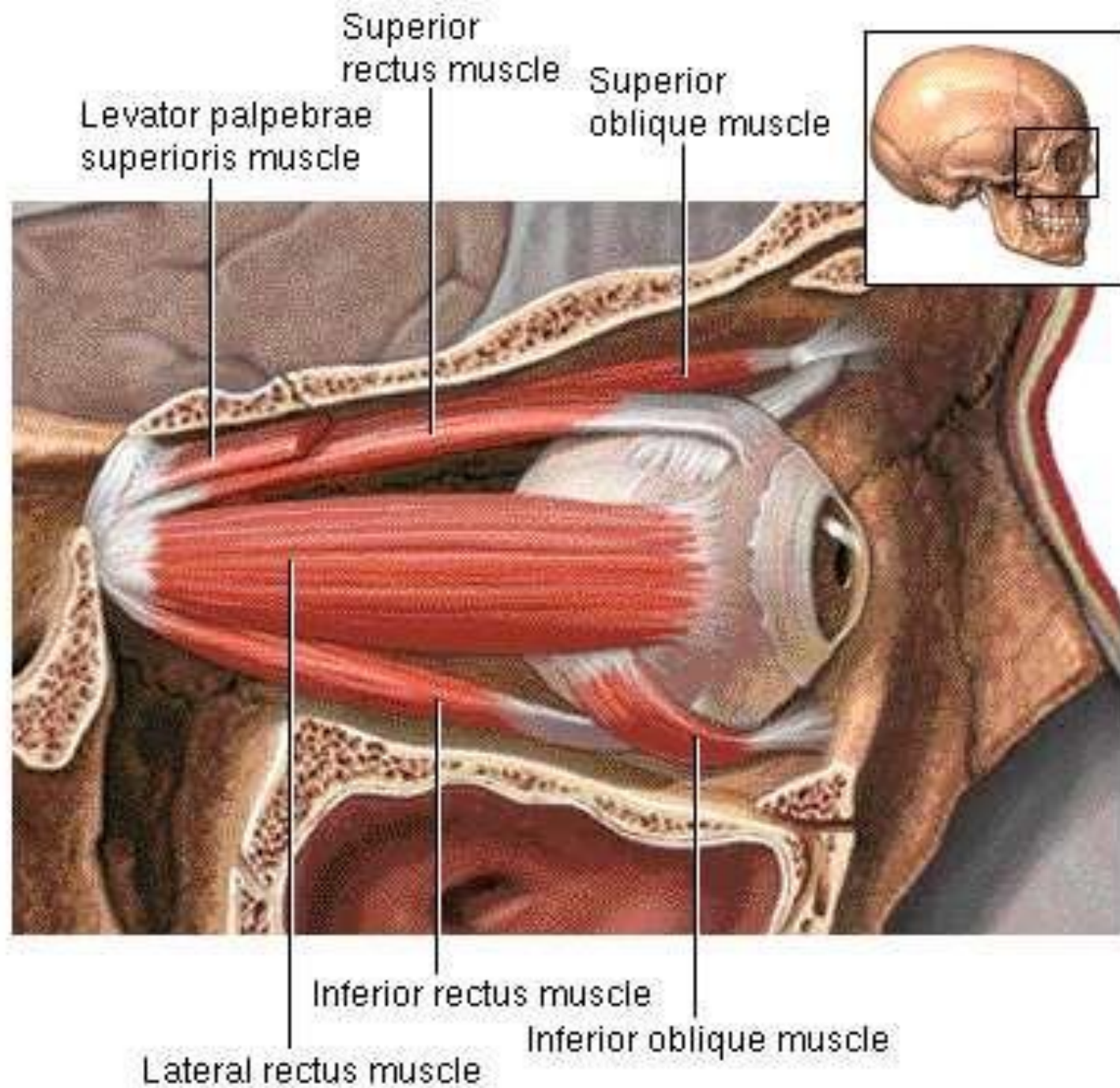
# 1- Eyeball consists of 3 layers:

Fibrous layer: Cornea and sclera

Vascular layer: Choroid, ciliary body and iris

Nervous layer: Retina





# ORBITAL MUSCLES

## INTRA-OCULAR

**CONTRACTOR and DIALATOR PUPILLUI - CILIARY MUSCLES**

## EXTRA-OCULAR

### INVOLUNTARY

1. Superior tarsal muscle.
2. Inferior tarsal muscle

### VOLUNTARY

1. Levator Palpebrae Superioris
2. Superior rectus
3. Inferior rectus
4. Medial rectus
5. Lateral rectus
6. Superior oblique
7. Inferior oblique

# Muscles of the orbit

## **A- Intrinsic muscles:**

They are smooth involuntary muscles supplied by autonomic nerves

### **1- Constrictor of the pupil**

(constrictor pupillae) -  
parasympathetic

### **2- Dilator of the pupil**

(dilator pupillae) -  
sympathetic

**3-Ciliary muscle (attached to lens)** parasympathetic

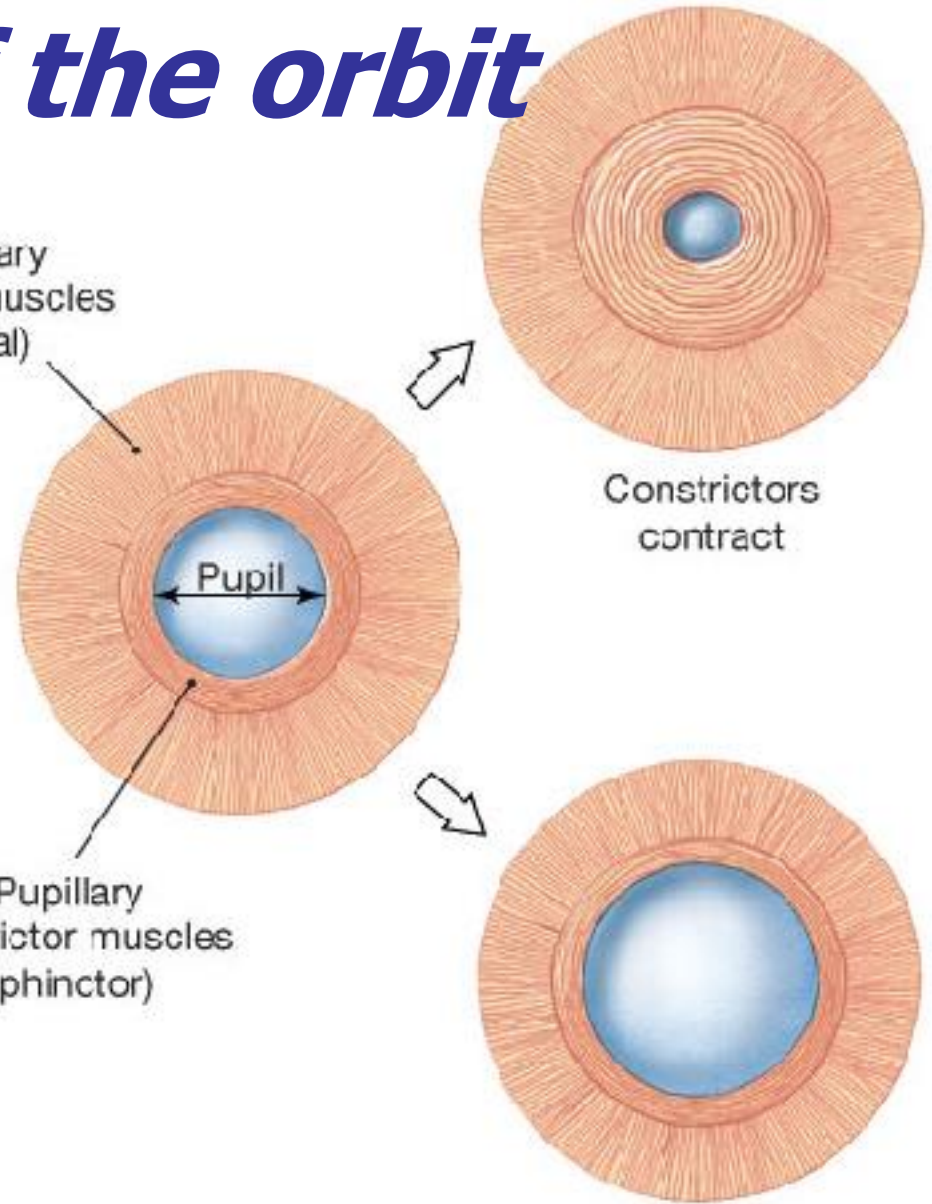
Pupillary dilator muscles (radial)

Pupillary constrictor muscles (sphinctor)

Constrictors contract

Dilators contract

(c) Action of pupillary muscles



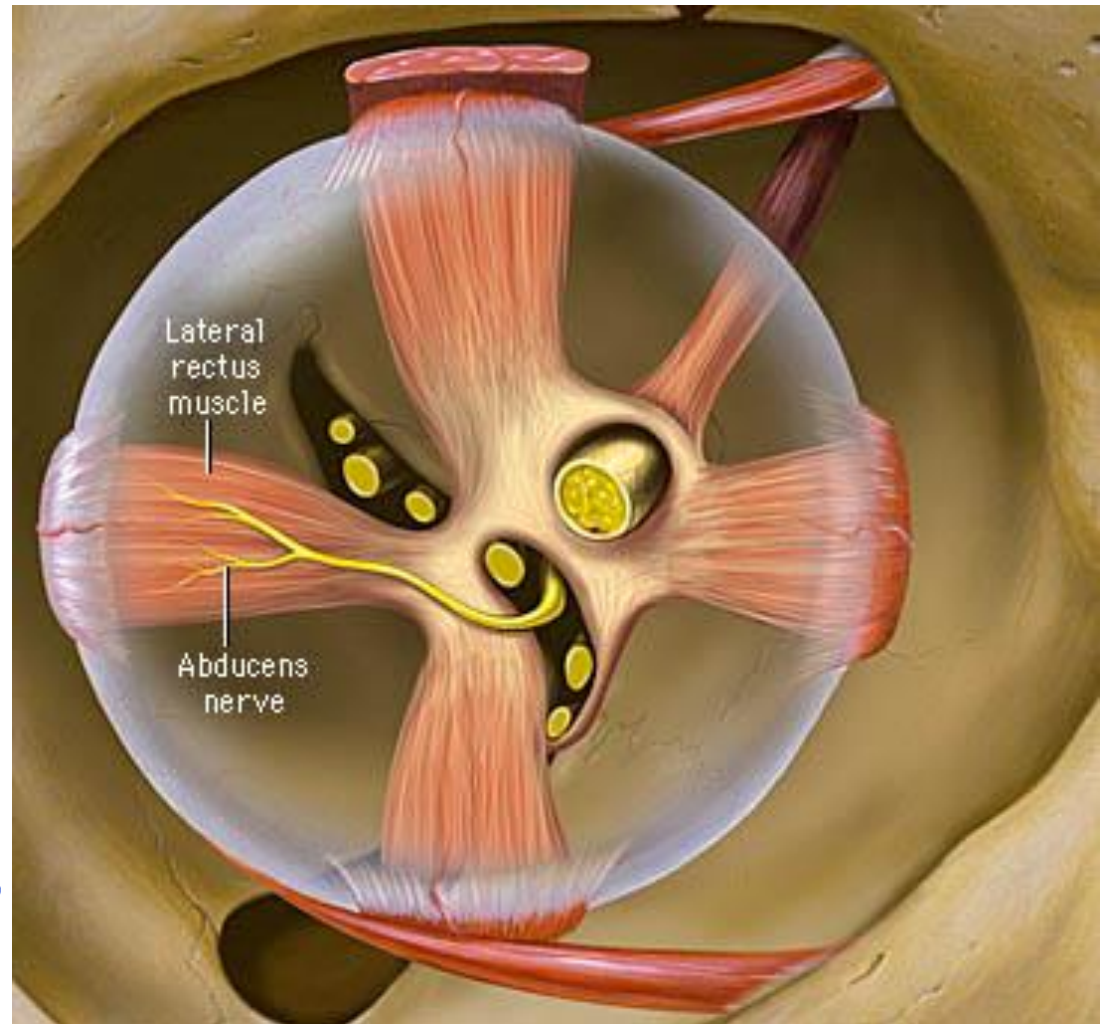


# *Extrinsic Muscles*

- *Superior palpebrae superioris*

*Four recti* muscles displaying a muscular cone around the optic nerve

- Two *oblique muscles*





# ***LEVATOR PALPEBRAE SUPERIORIOS***

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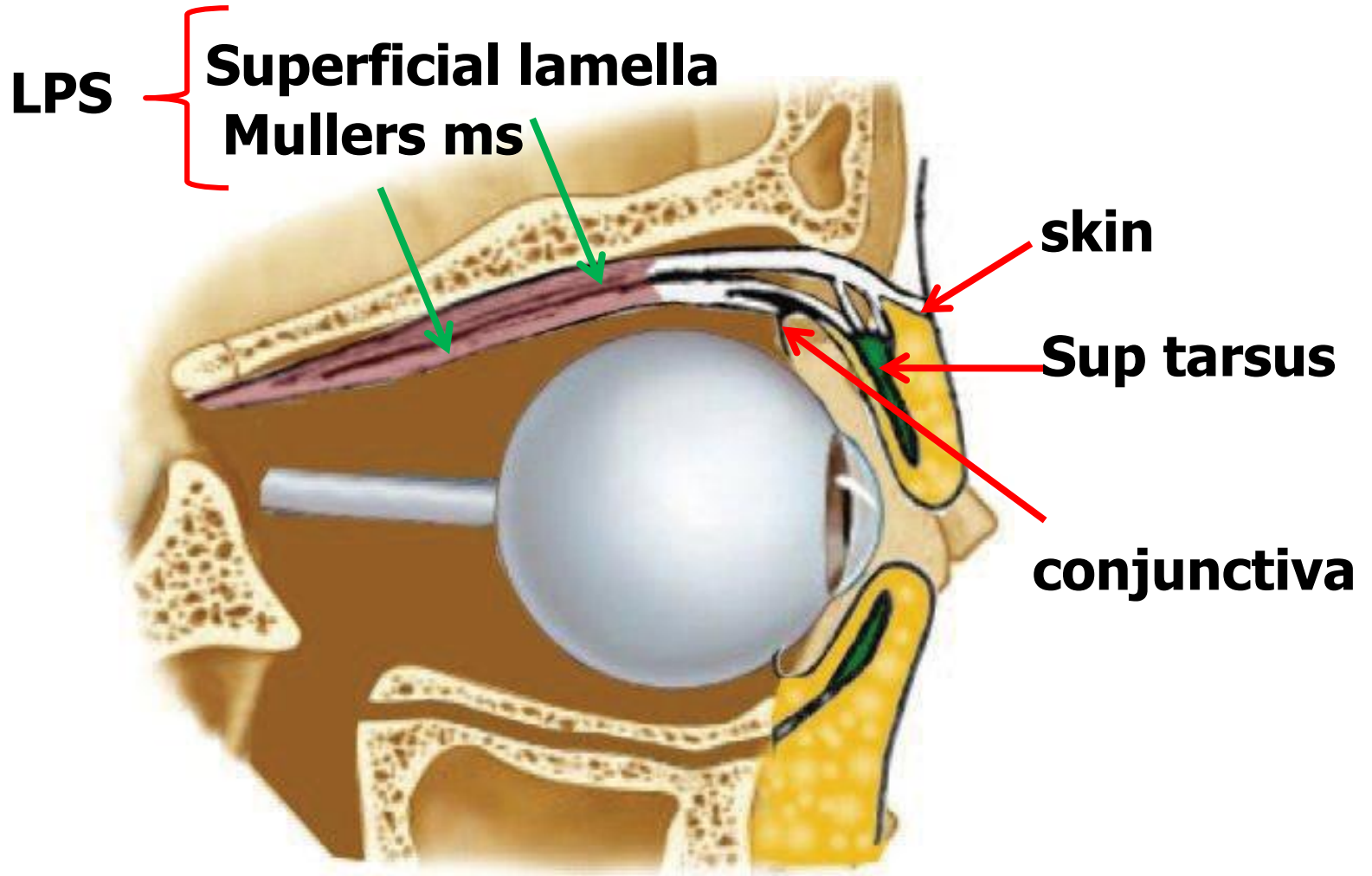
## ***Origin:***

- Roof of the orbit in front of the optic canal.

## ***Insertion:***

- ***Upper lamina (Voluntary)*** - skin of upper eyelid.
- ***Middle lamina (Involuntary)*** - Superior margin of upper tarsus.
- ***Lower lamina (Involuntary)*** – Superior conjunctival fornix

# ***LEVATOR PALPEBRAE SUPERIORIOS***



# ***LEVATOR PALPEBRAE SUPERIORIOS***

- ***Nerve Supply***

Voluntary part —  
Oculomotor Nerve

Involuntary part —  
Sympathetic enervation

- ***Action***

Elevation of upper eye lid



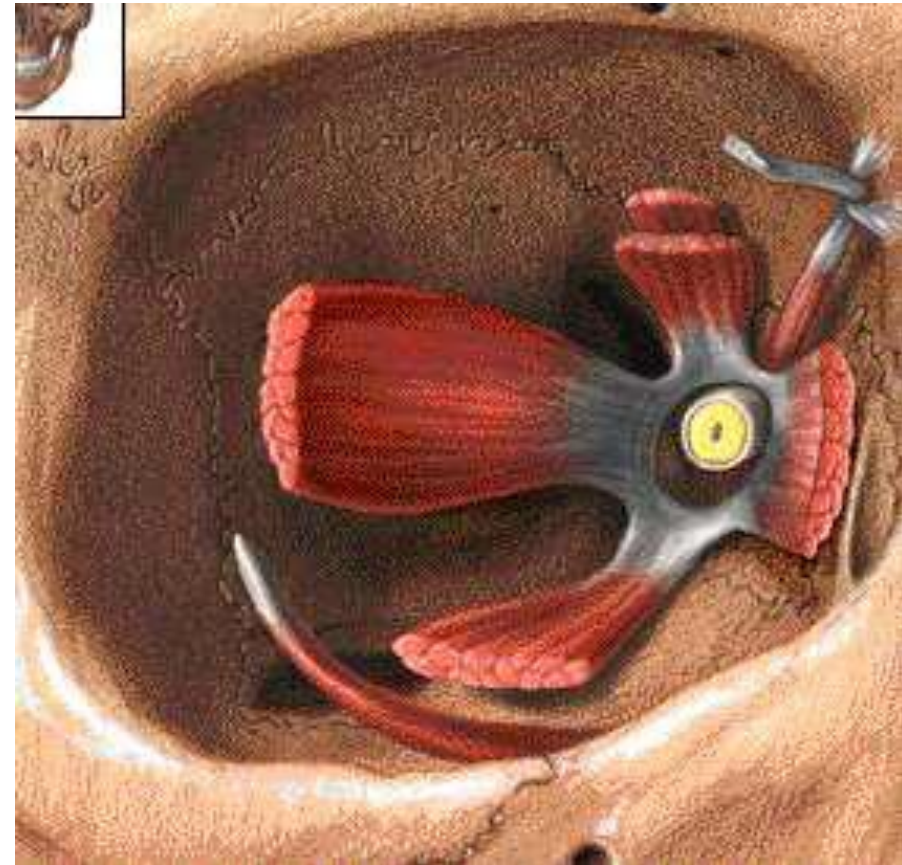
# ***LEVATOR PALPEBRAE SUPERIORIOS***

- **Complete ptosis**  
Injury to oculomotor nerve.
- **Partial ptosis**  
disruption of  
postganglionic  
sympathetic fibers  
from superior  
cervical sympathetic  
ganglion.



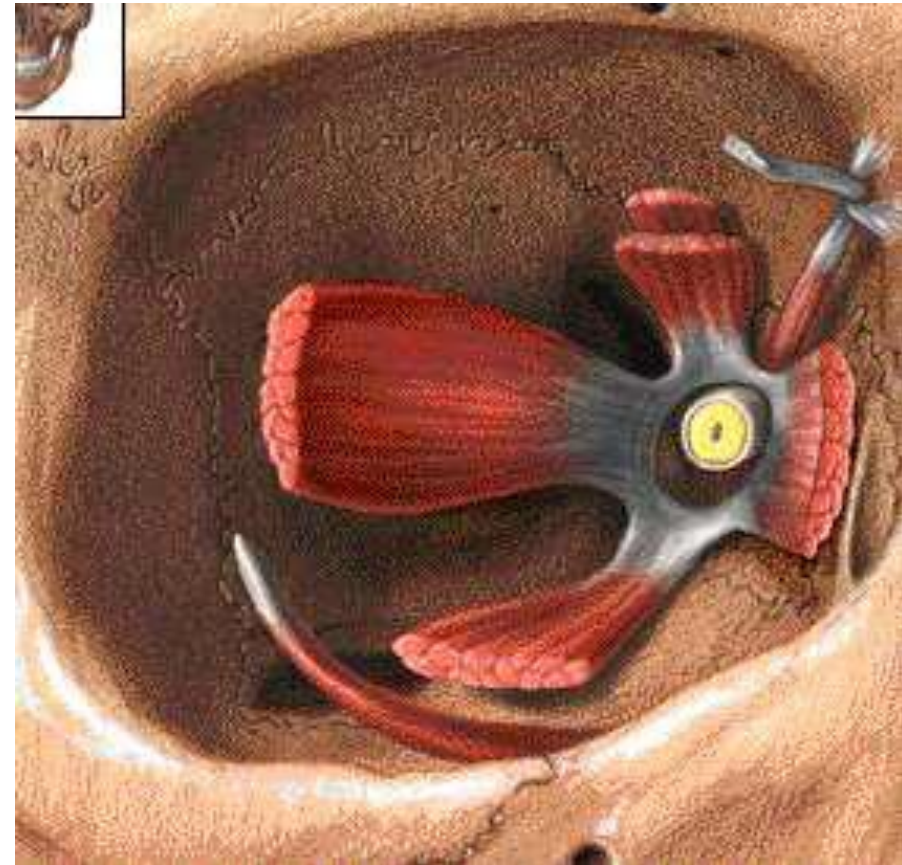
# ***RECTI MUSCLES : ORIGIN***

- Arises from a common tendinous ring known as ***ANNULUS OF ZINN***
- Common ring of connective tissue
- Anterior to optic foramen enclosing the optic nerve
- Forms a muscle cone



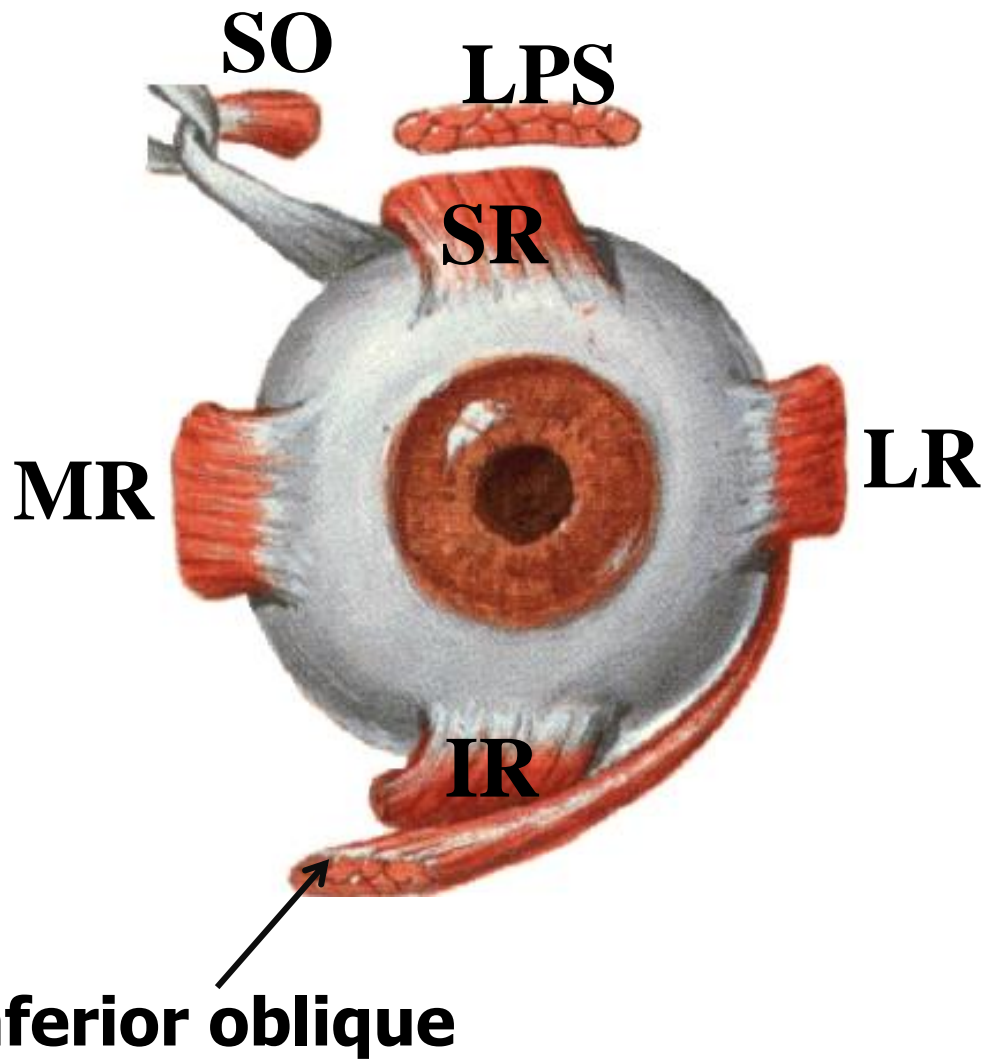
# ***RECTI MUSCLES : INSERTION***

- All at their principal directions anterior to the equator of the eye



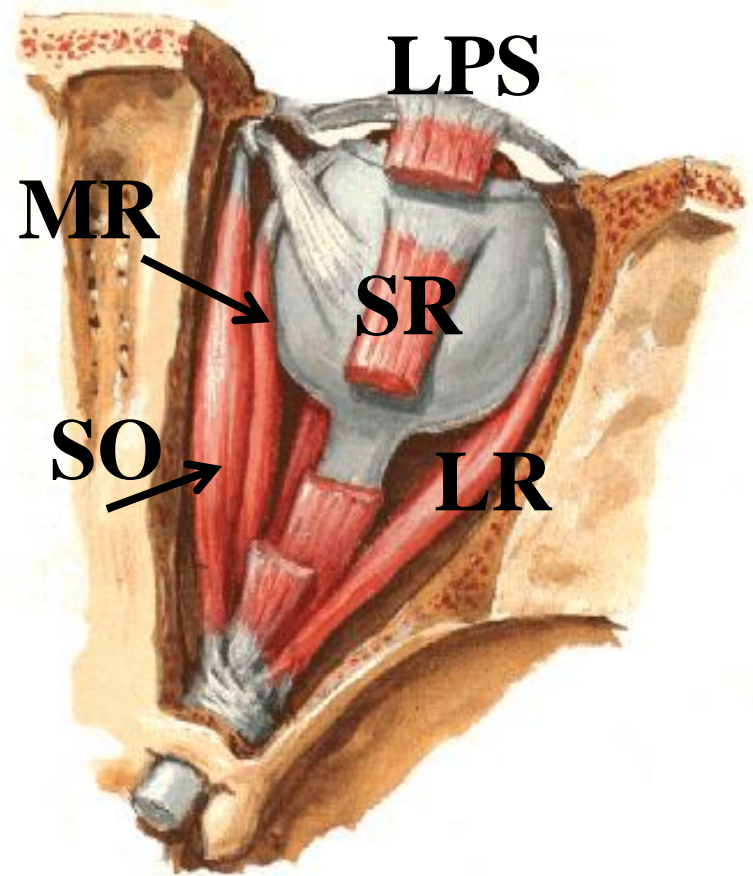
## Extrinsic Eye Muscles - Innervation and Action

Anterior View of Left Eye

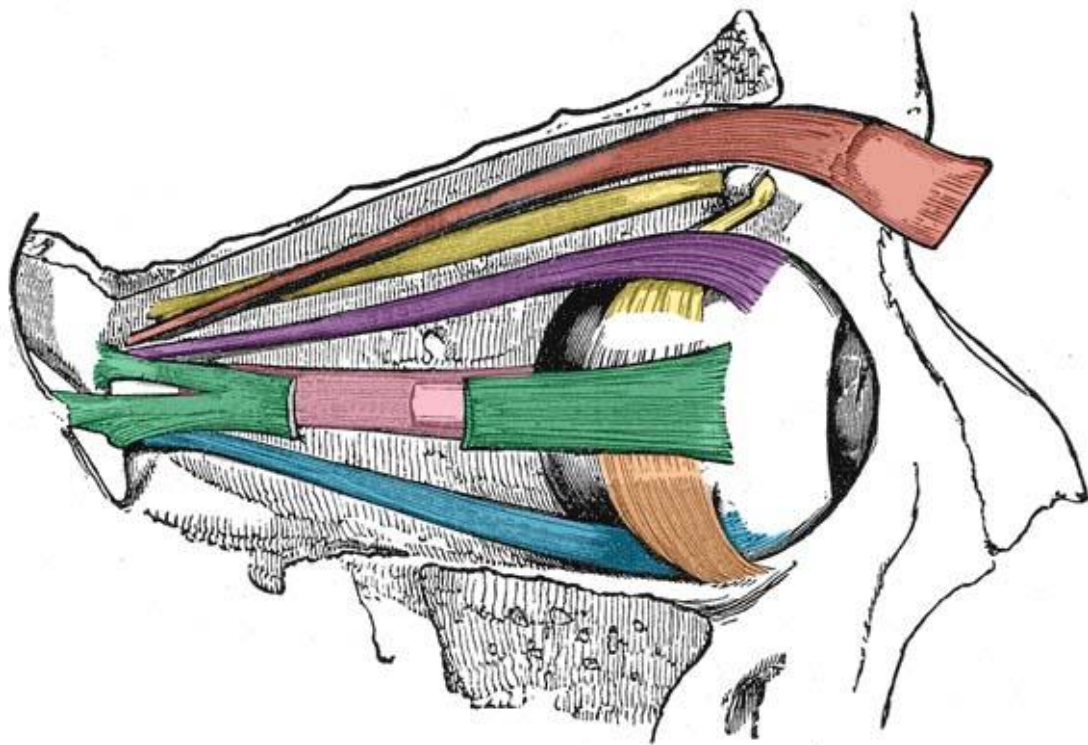









## Extrinsic Eye Muscles

Superior View

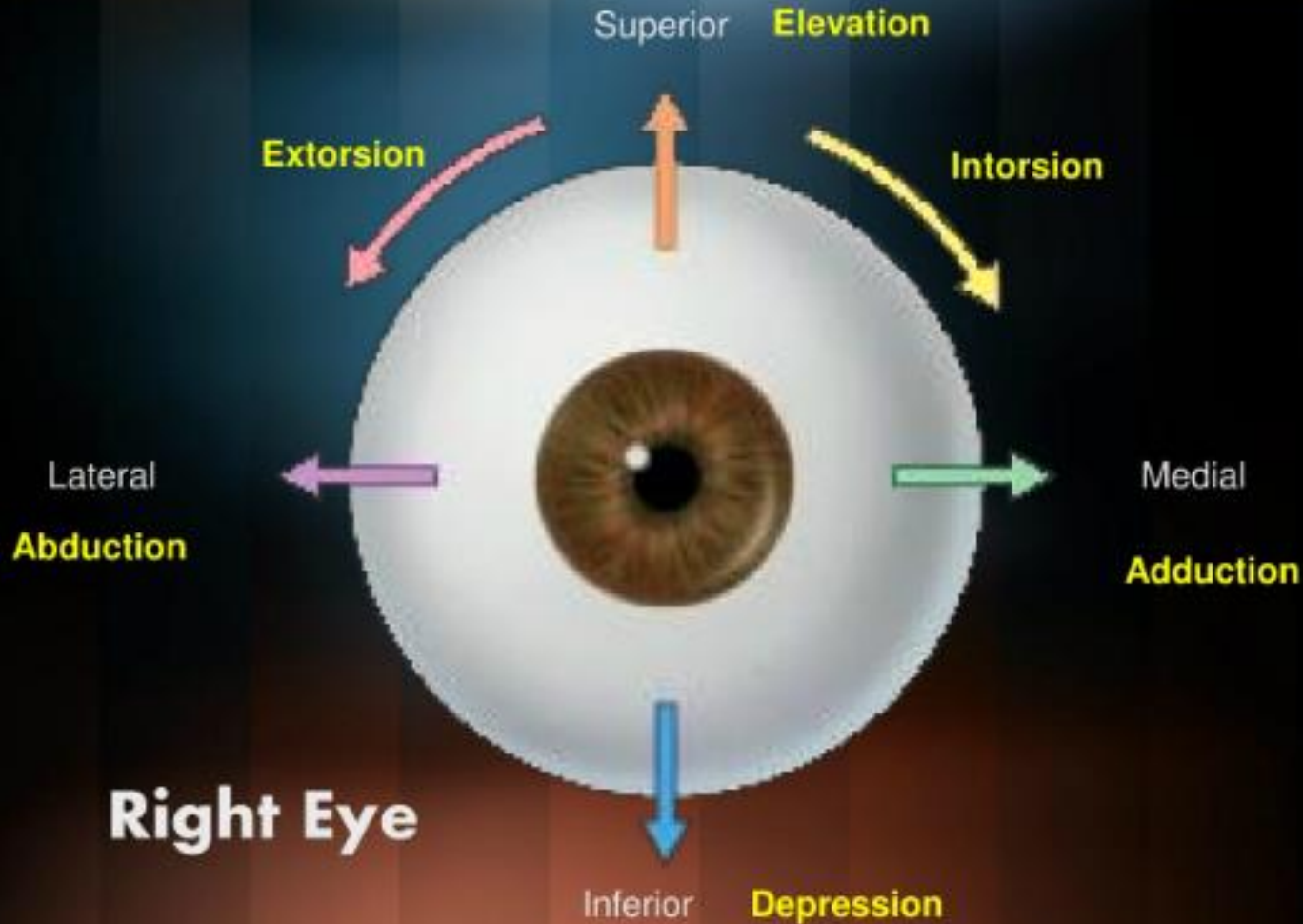






-  Levator palpebrae superioris
-  Superior oblique
-  Inferior oblique
-  Superior rectus
-  Medial rectus
-  Lateral rectus
-  Inferior rectus

# Action of the Ocular Muscles



**Possible eye movements of the eyeball occurs around 3 axis:**

- 1- Transverse----elevation and depression**
- 2- Vertical----adduction and abduction**
- 3- Anteroposterior----intorsion and extorsion**

**Common tendinous ring**

Four of the eye muscles (superior, inferior, medial, and lateral rectus) originate from the common tendinous ring and control most up-and-down and side-to-side movement.

**Superior oblique**

The superior oblique originates from the orbit (eye socket), near the nose, and loops through the **trochlea**, which acts as a pulley. It mainly rotates the eye toward the nose (intorsion), but also moves it downward (depression), and away from the nose (abduction).



**Medial rectus**

Primarily moves the eye toward the nose (adduction).

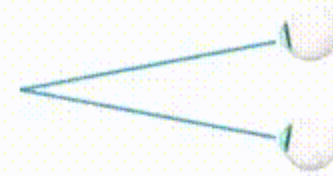
**Superior rectus**

Primarily moves the eye upward (elevation).

Six extraocular (outside the eye) muscles work in unison to control eye movement, and attach to the sclera.

**Divergence**

The eyes diverge, or rotate away from each other, to view far-away objects.



**Convergence**

The eyes converge, or rotate towards each other, to view nearby objects.



**Lateral rectus**

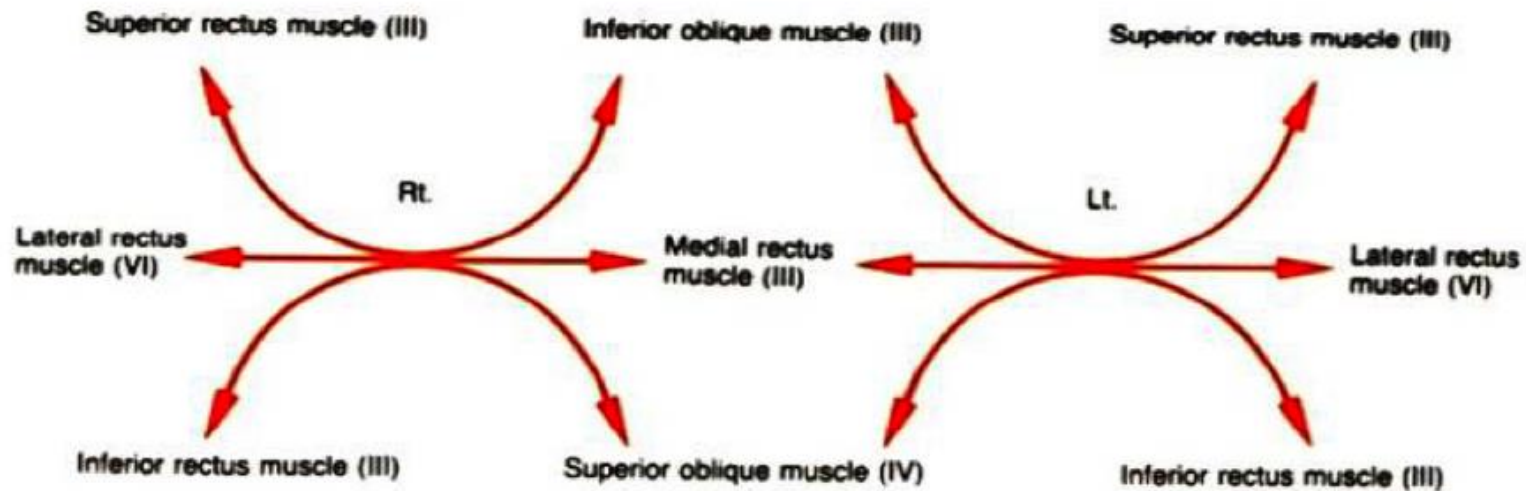
Primarily moves the eye away from the nose (abduction).

**Inferior oblique**

The inferior oblique originates from the maxilla (upper jaw bone). It mainly rotates the eye away from the nose (extorsion), but also moves it upward (elevation), and away from the nose (abduction).

**Inferior rectus**

Primarily moves the eye downward (depression).



**Gaze, upwards-right**



Superior rectus muscle (III)



Inferior oblique muscle (III)



**Gaze, upwards-left**



Inferior oblique muscle (III)



Superior rectus muscle (III)

**Gaze, right**



Lateral rectus muscle (VI)



Medial rectus muscle (III)



**Gaze, left**



Medial rectus muscle (III)



Lateral rectus muscle (VI)

**Gaze, downwards-right**



Inferior rectus muscle (III)



Superior oblique muscle (IV)



**Gaze, downwards-left**



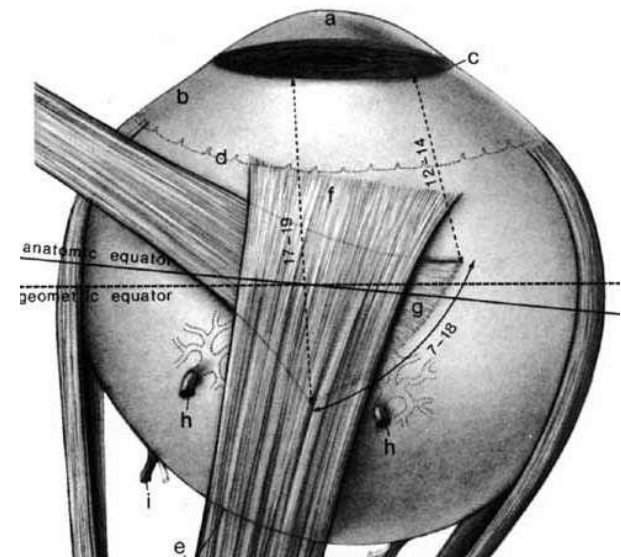
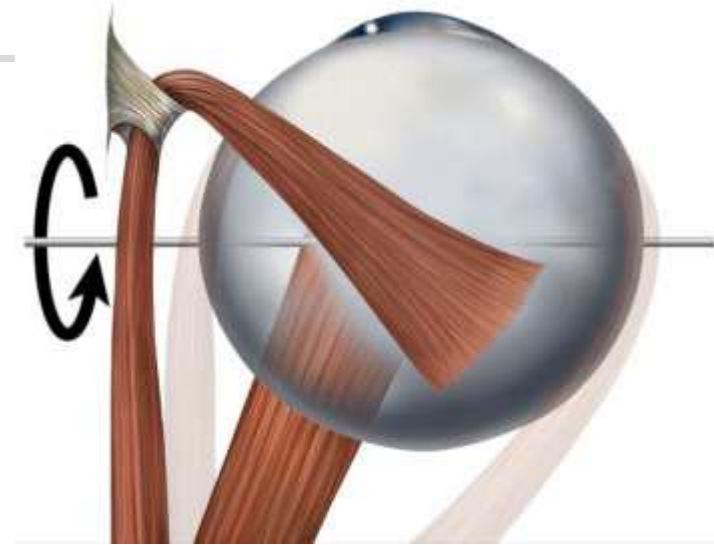
Superior oblique muscle (IV)



Inferior rectus muscle (III)

# ***SUPERIOR OBLIQUE***

- **Anatomical origin :-** Lesser wing of the sphenoid bone.
- **Physiological origin** is the trochlea, a cartilaginous "U" on the superior medial wall of the orbit
- **Insertion:** The insertion line is curved with its concavity facing the trochlea beyond the equator.
- **Longest and thinnest EOM**





# ***INFERIOR OBLIQUE***

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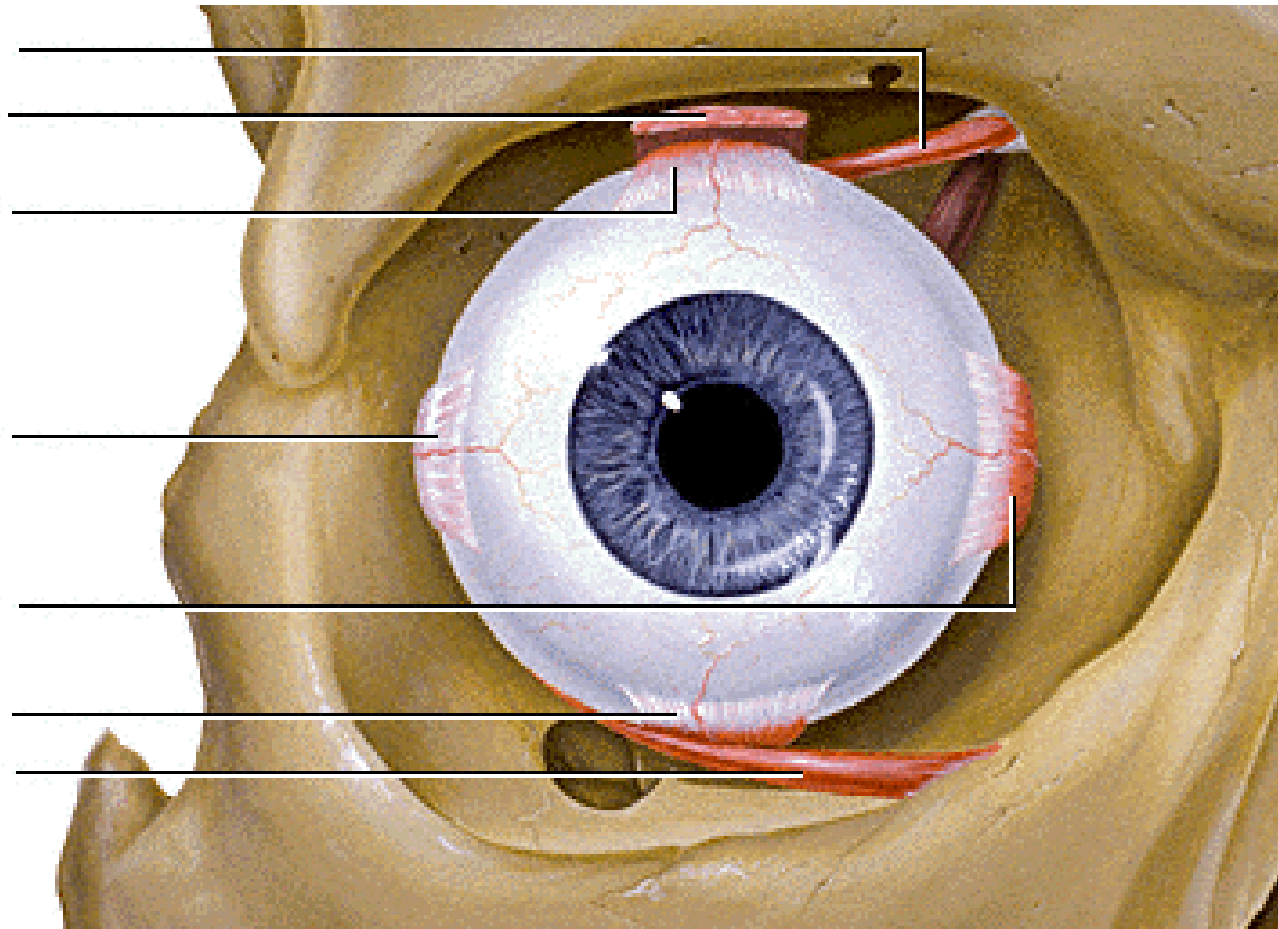
- ***Origin***

From a shallow depression on the orbital plate of maxilla

Just lateral to the lacrimal sac

***The ONLY EOM originating in the anterior orbit.***

Superior oblique  
Levator palpebrae superioris  
Superior rectus  
Lateral rectus  
Medial rectus  
Inferior rectus  
Inferior oblique





# ***INFERIOR OBLIQUE***

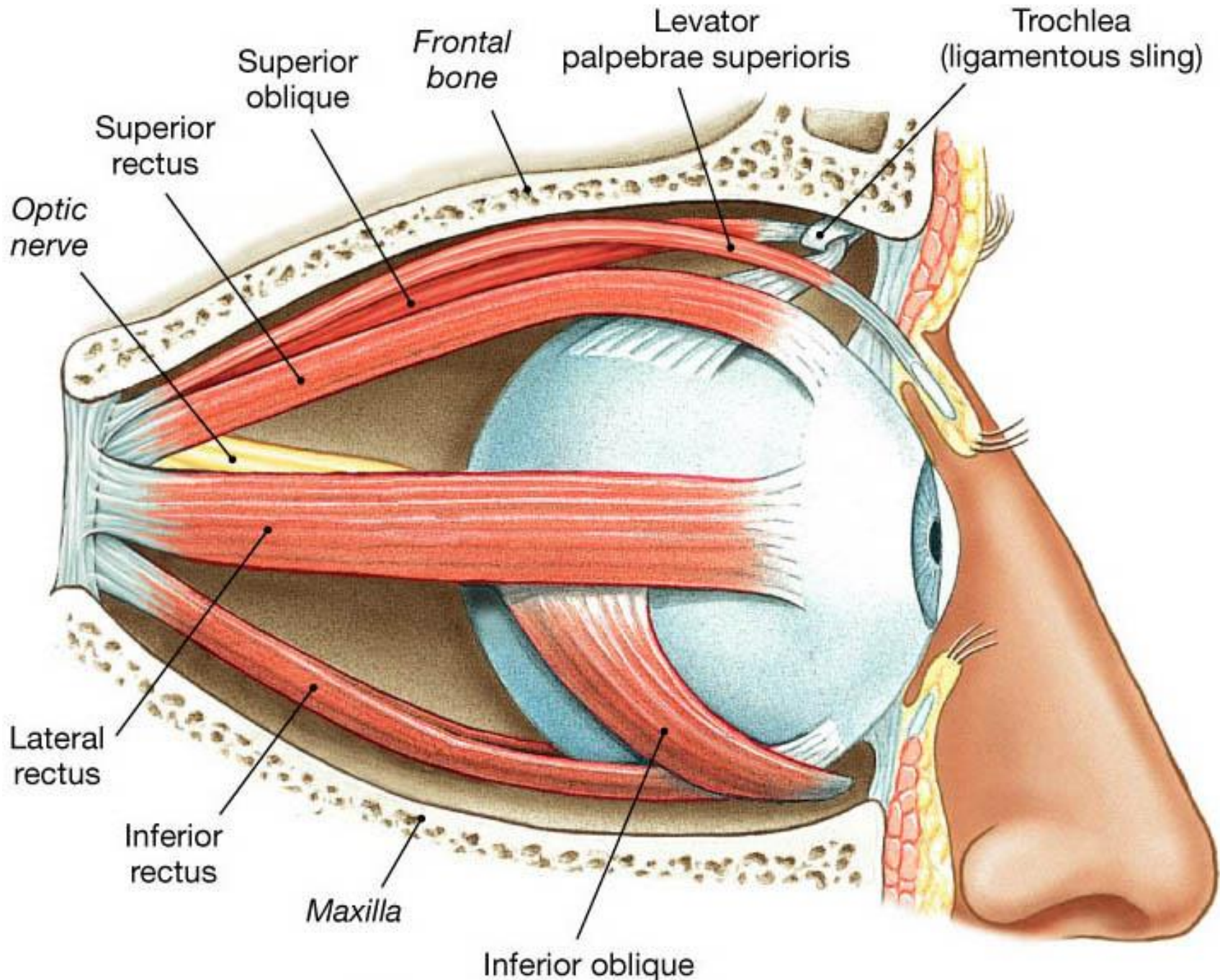
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- ***Insertion***

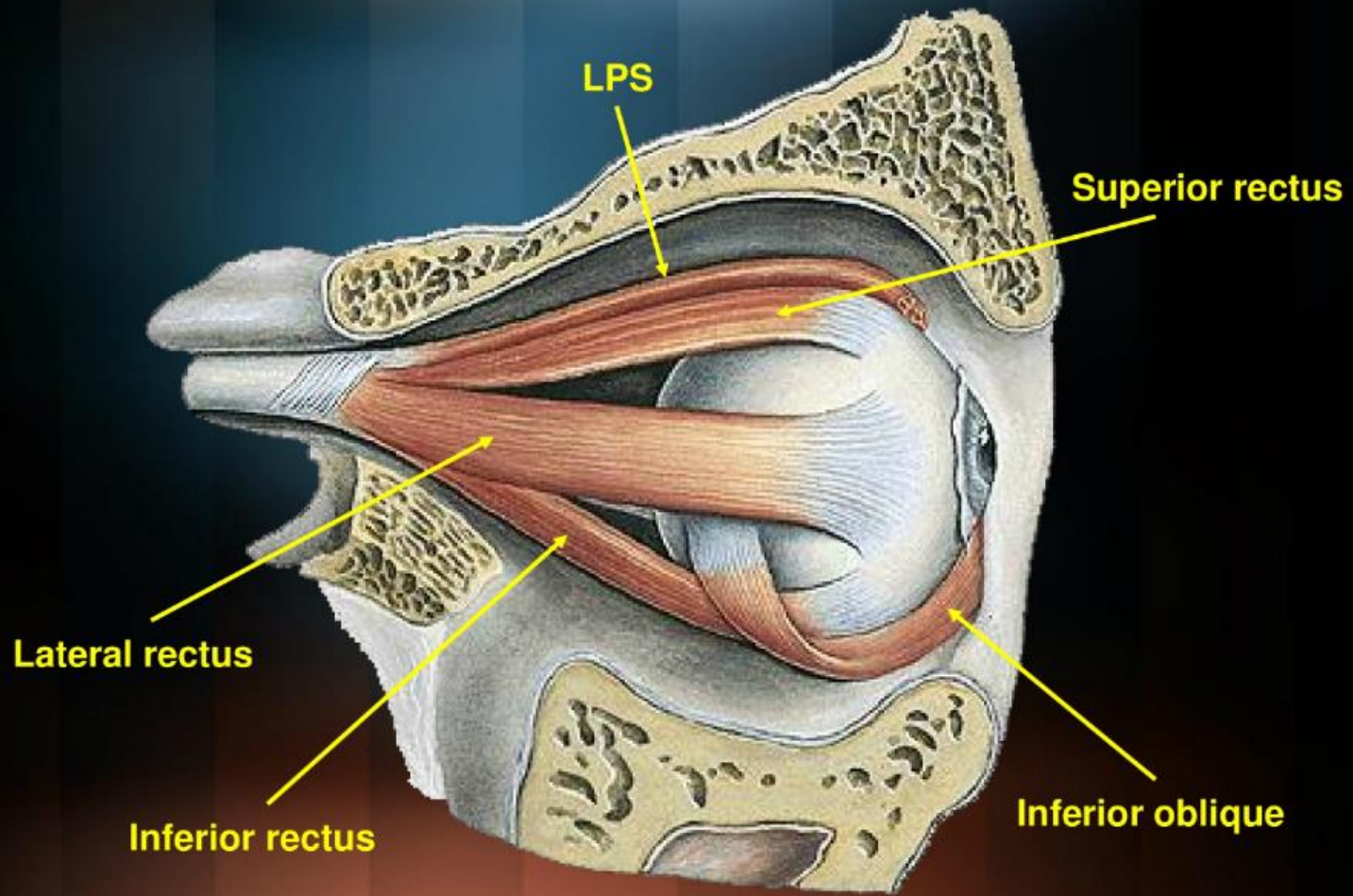
Lower and outer part of sclera behind the equator

***Nerve Supply:*** Oculomotor nerve – inferior division



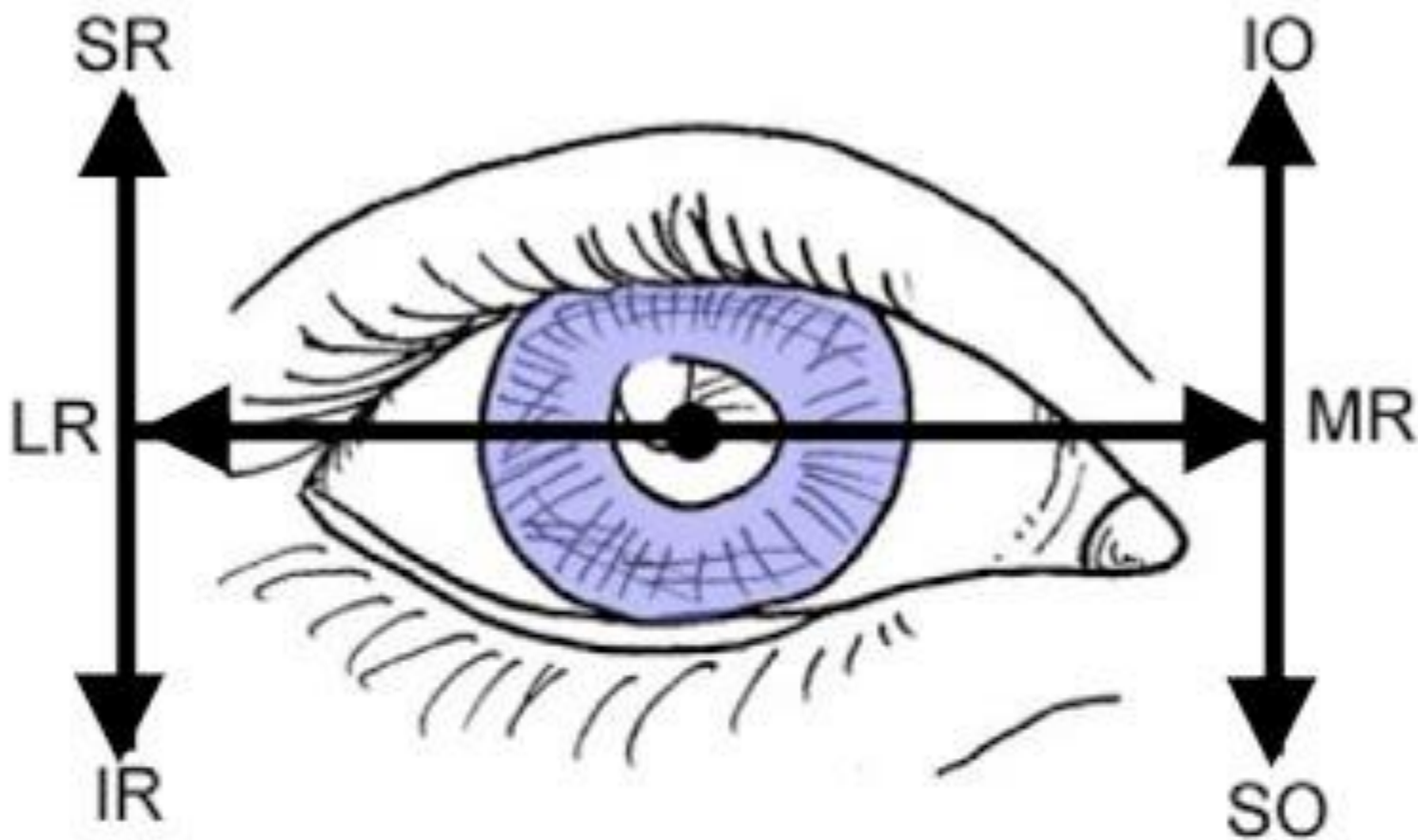


**(a) Lateral surface, right eye**



**Nerve supply of the extrinsic muscles of the eye:**

**All are supplied by oculomotor (III) except  
S04 (Trochlear) and LR6 (Abducent)**



Anterior view of right eye - Clinical testing of eye muscles

# Clinical Testing

# Clinical Testing

Muscle tested

Movement

SR



Looks laterally  
and upwards

IR



Looks laterally  
and downwards

LR



Looks laterally

MR



Looks medially

IO



Looks medially  
and upwards

SO



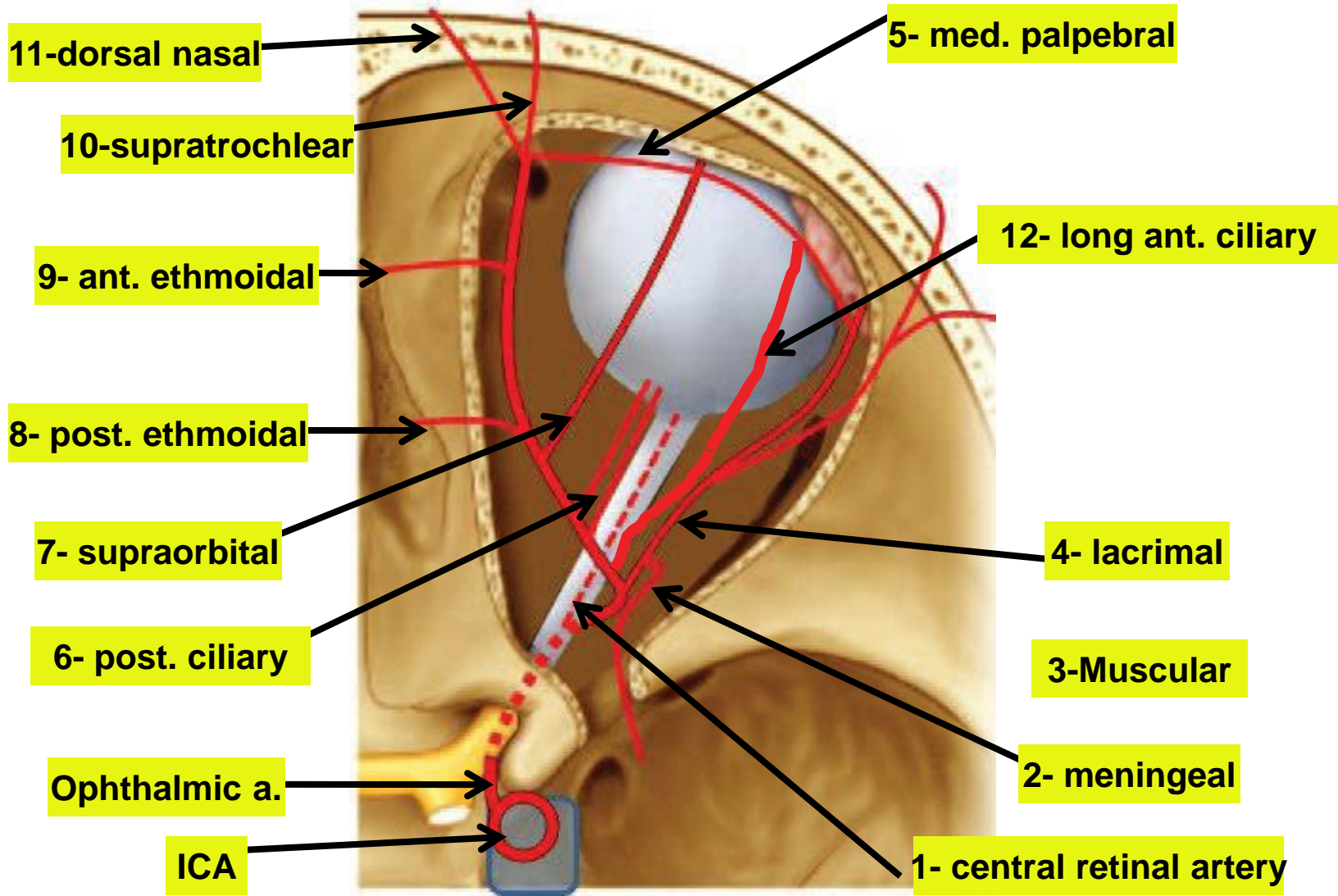
Looks medially  
and downwards

# Ophthalmic artery

1- Origin: ICA

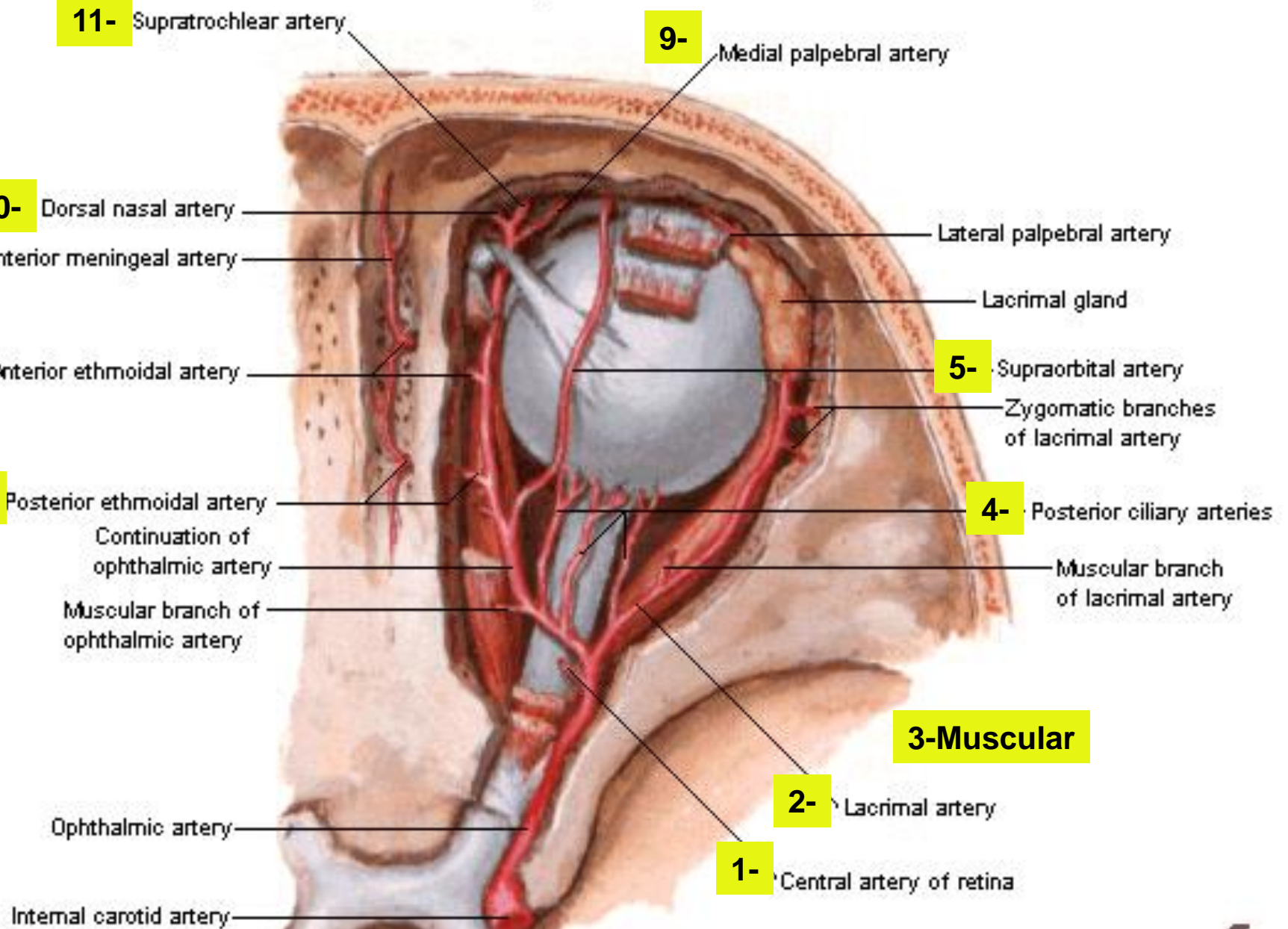
2- Course: In optic canal--- inferolateral to optic nerve  
In the orbit---lat. , crossing then med to the optic nerve  
Then it runs on the medial wall of the orbit between MR and SO muscles

3- Branches



# Arteries and Veins of Orbit and Eyelids

## Superior View





# ***Venous Drainage***

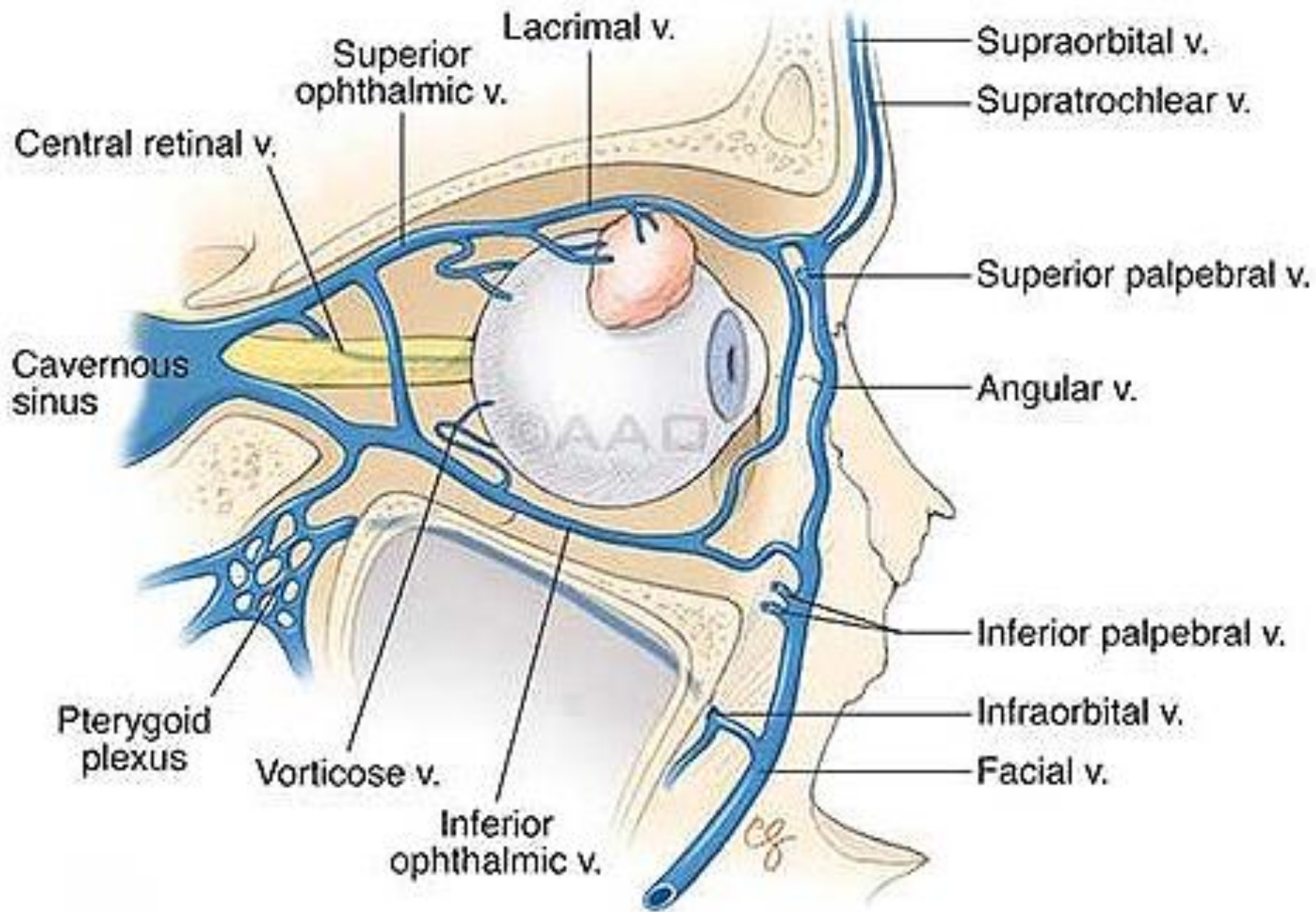
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- The orbit is drained by superior and inferior ophthalmic veins.
- Both veins pass backwards through superior orbital fissure and drain into ***cavernous sinus***.
- ***The superior ophthalmic vein*** communicates anteriorly with facial vein.
- The ***inferior ophthalmic vein*** communicates through the inferior orbital fissure with the pterygoid venous plexus (***dangerous area***)

## ***Lymph vessels:***

***No lymph vessels or nodes are present in the orbit.***

***The cornea has no blood supply , nourished by aquis humour***





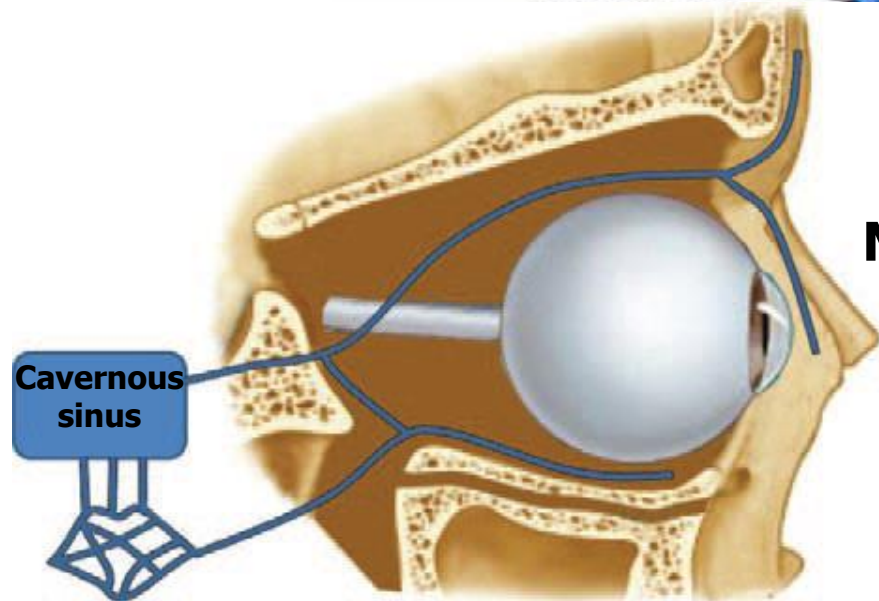
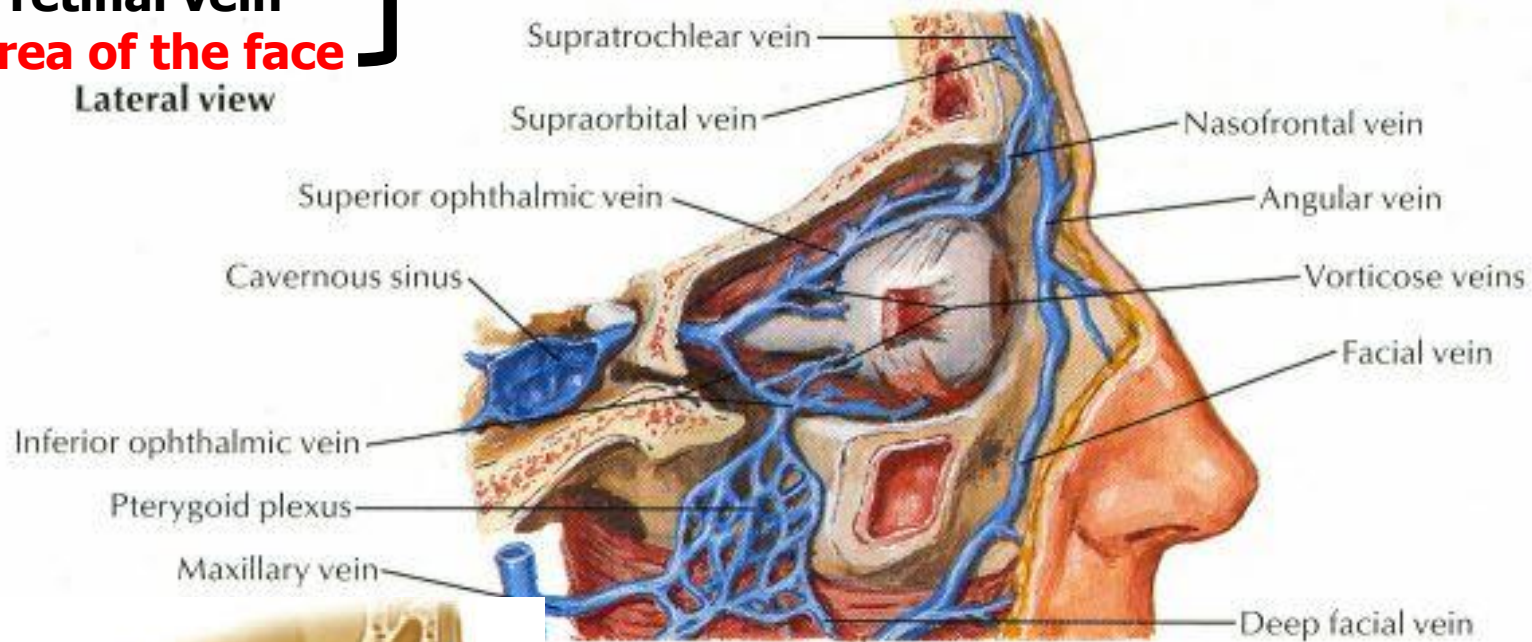
## Venous drainage:

- 1- Superior ophthalmic vein
- 2- Inferior ophthalmic vein
- 3- Central retinal vein

**Dangerous area of the face**

Lateral view

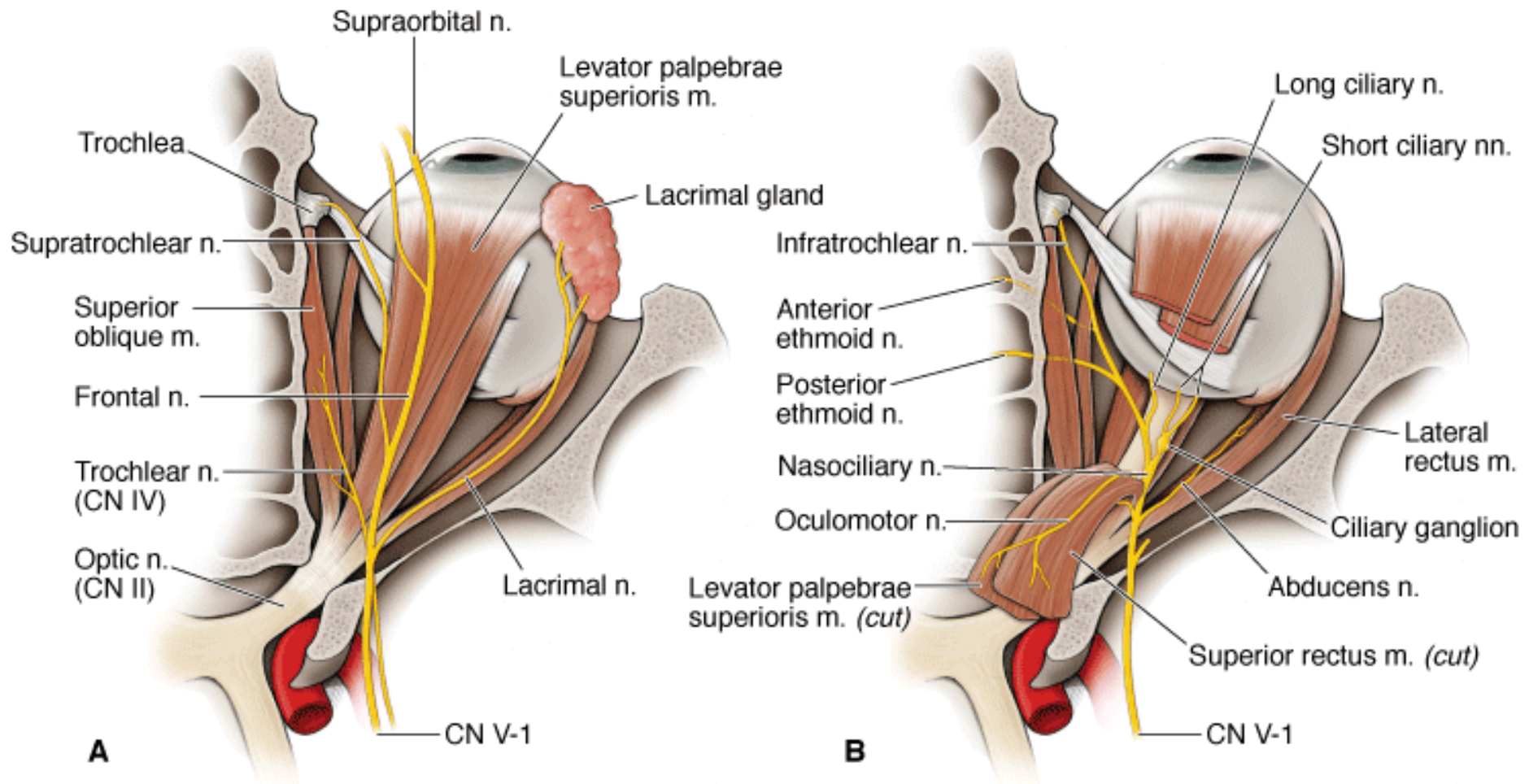
**Drain in the cavernous sinus**



## Lymphatic drainage:

**Medial part----submandibular LN**  
**Lateral part----Pre-auricular LN**

# Nerves of the Orbit

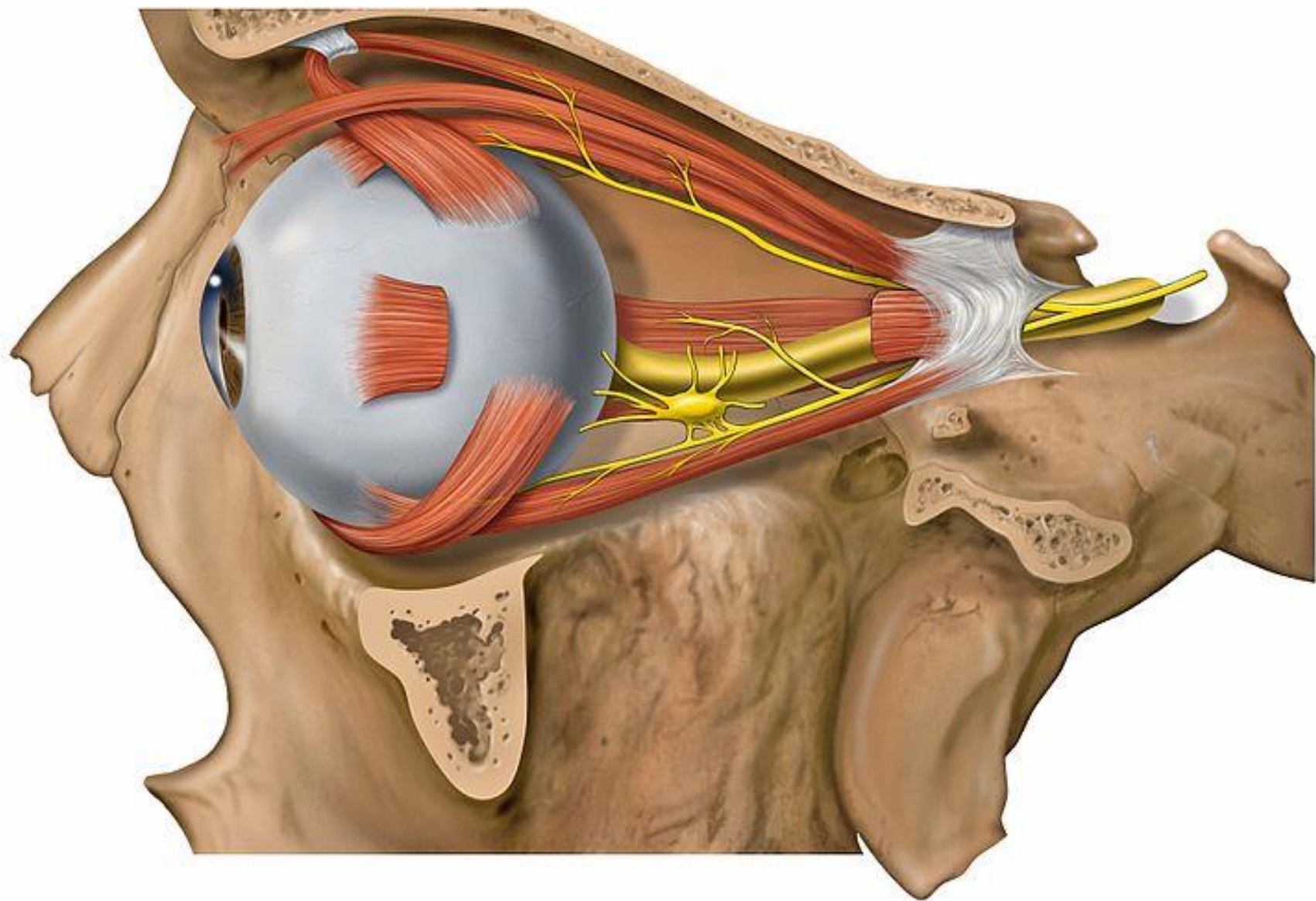


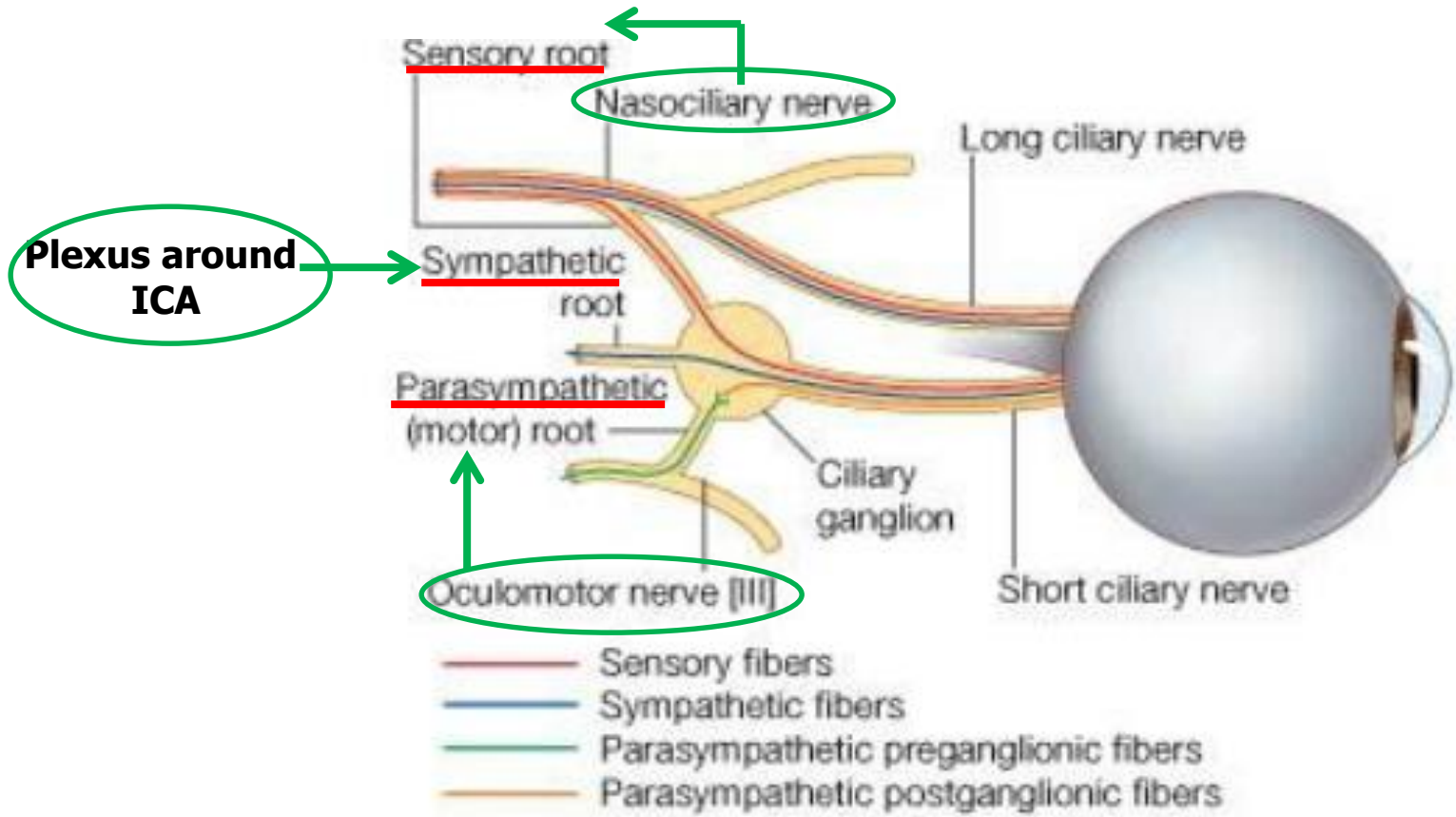


# *Ciliary Ganglion*

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- ***Lateral to the optic nerve inside the orbit***
- ***Roots:***
  1. ***Parasympathetic root:*** arises from the nerve to inferior oblique of the oculomotor
  2. ***Sympathetic root:*** branch from the plexus around ICA
  3. ***Sensory root:*** branch from nasociliary
- ***Branches:*** short ciliary nerves







# *Ciliary Ganglion*

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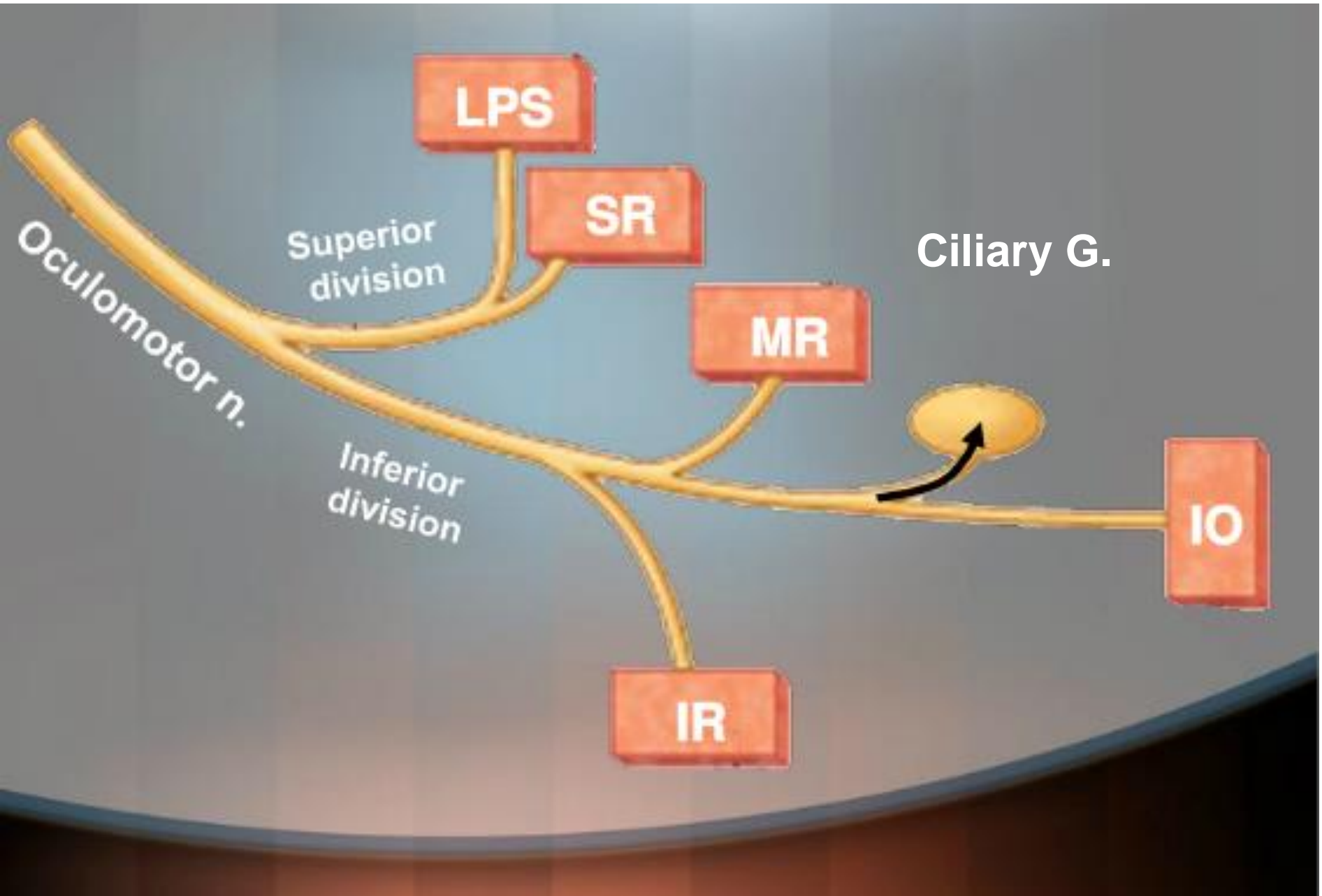
- ***Parasympathetic root:***
- Edinger-Westphal nucleus (a part of the brainstem) which form synapses with the ciliary neurons. The *postganglionic* axons run in the short ciliary nerves and innervate eye muscles:
- The sphincter pupillae constricts the pupil, a movement known as Miosis and contractions to ciliary muscles



# *Ciliary Ganglion*

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- ***Sympathetic root:***
- Branches from plexus around ICA passing without relay in the inferior division of the oculomotor nerve to the ***dilator pupillae*** through short ciliary nerves and relaxation of ciliary muscles





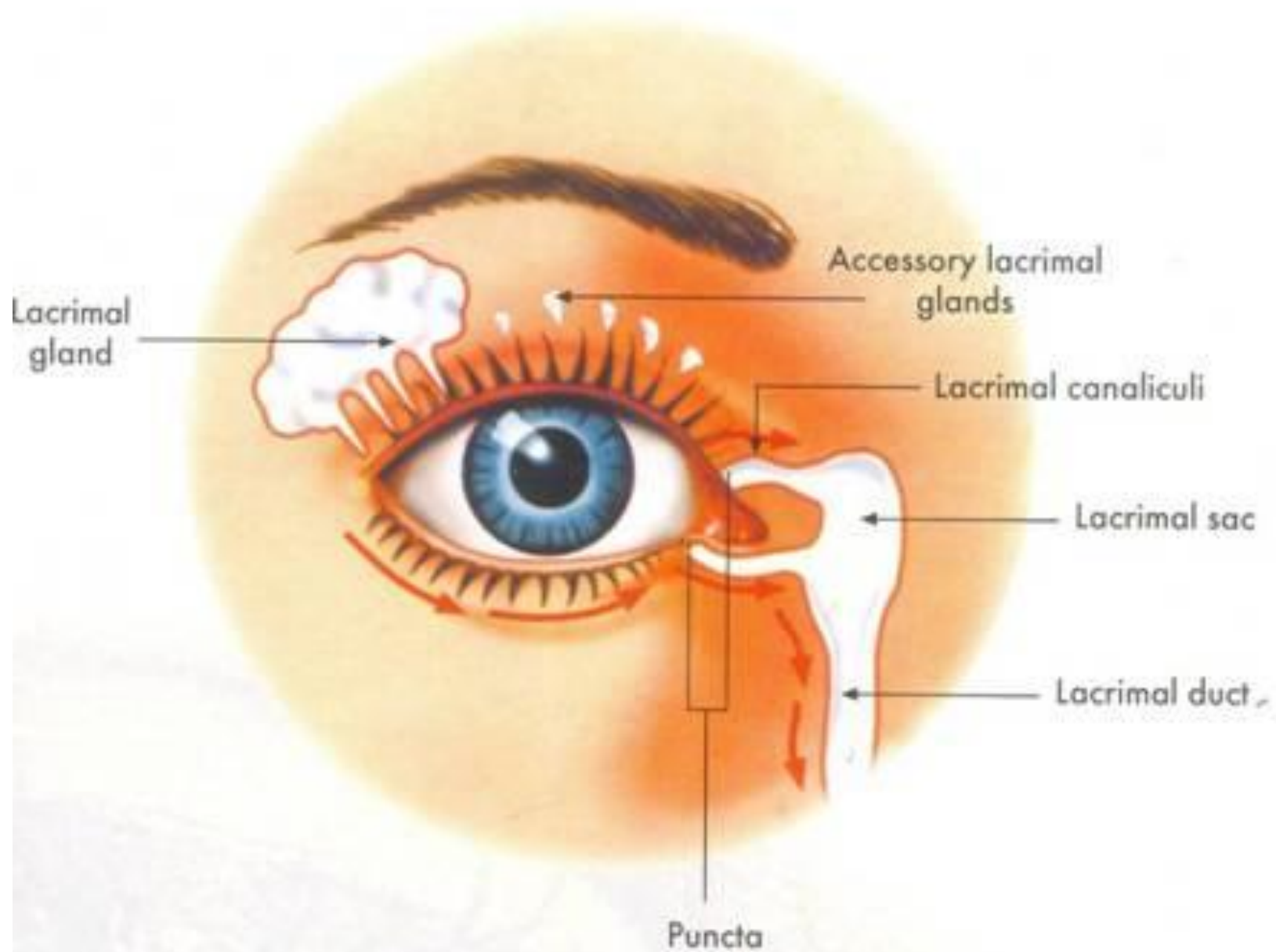


# *Lacrimal Gland*

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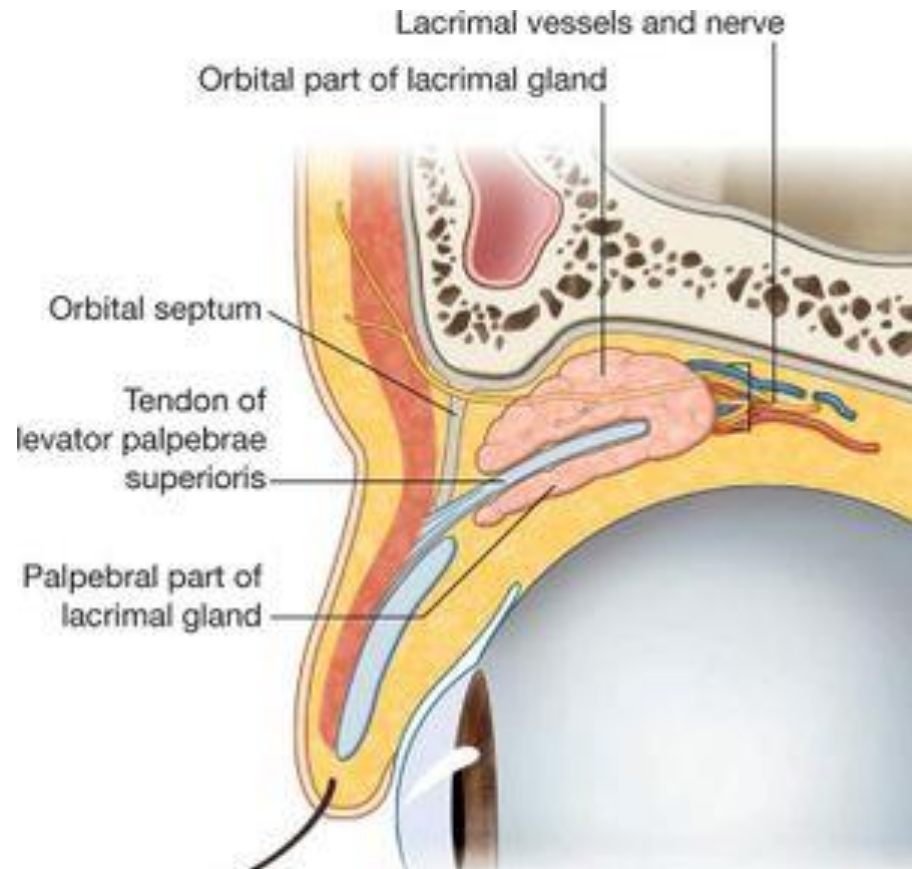
- *Lacrimal gland is located in the supero-temporal portion of orbit*
- It lies in the *shallow lacrimal fossa* of frontal bone
- It is composed of numerous secretory units called acini
- It measures 20mm / 12mm

# LACRIMAL SYSTEM



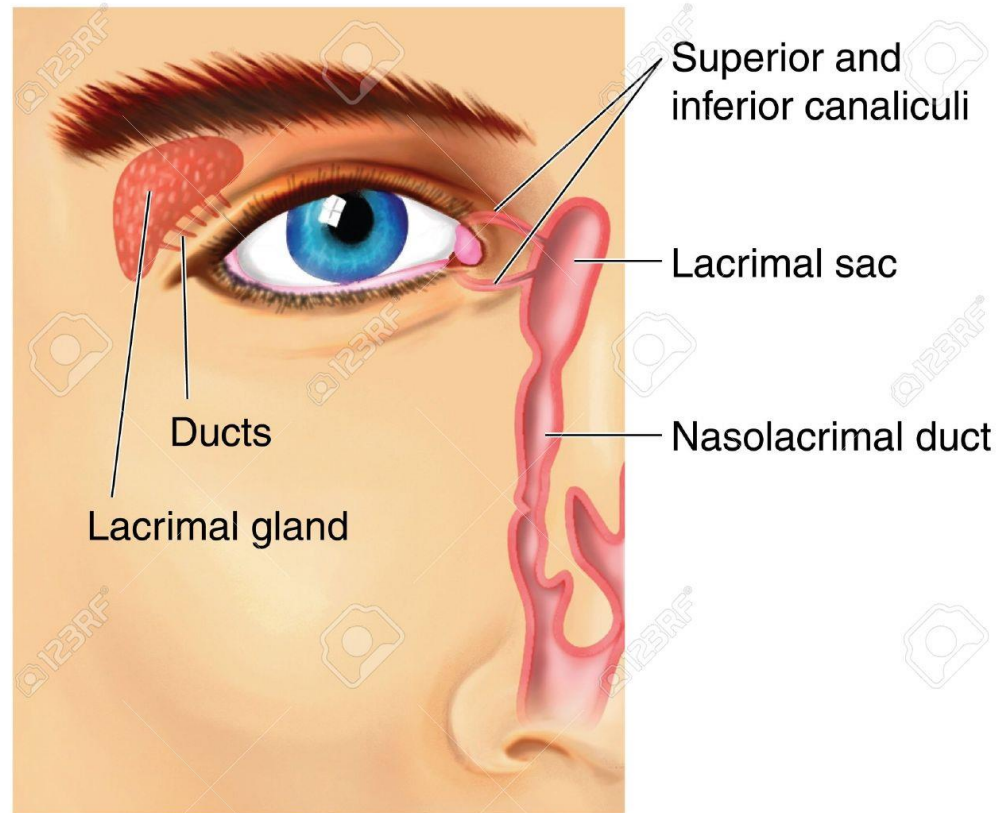
# *Lacrimal Gland*

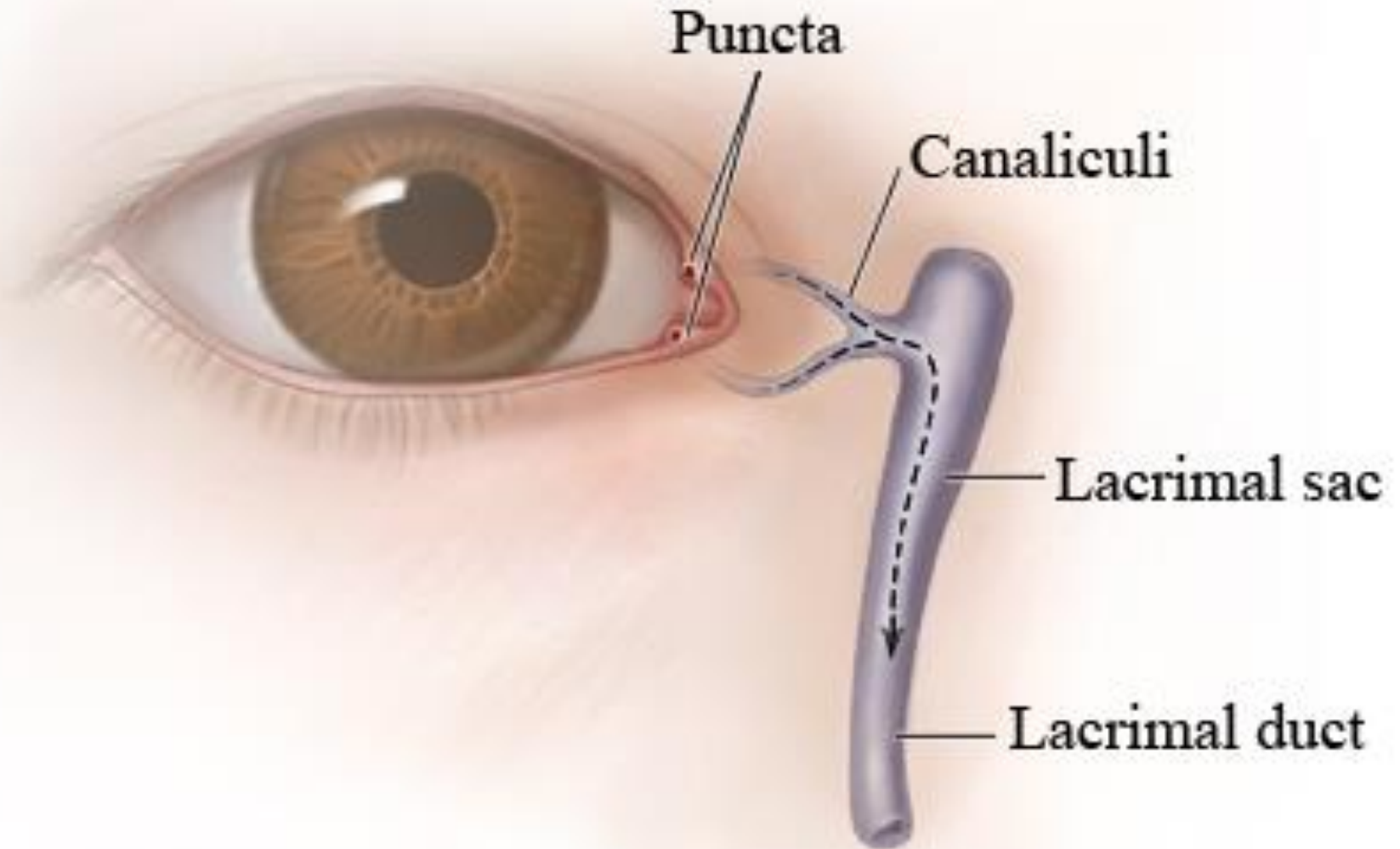
- A fibrous band incompletely divides the gland into two lobes, the posterior larger orbital lobe and the anterior smaller palpebral lobe
- Ducts from the orbital lobe will have to pass through the palpebral lobe to drain
- Damage to the palpebral lobe blocks drainage to the entire gland



# Lacrimal Gland

- Superior canaliculus is 8 mm long
- Inferior canaliculus is 10 mm long
- These two canaliculi joint to form a common canaliculi before joining the sac
- Opening of common canaliculi into nasolacrimal sac is known as **internal punctum**





**Lacrimal sac leads to nasolacrimal duct, opening at the nasal cavity in the inferior meatus**

At birth, the **nasolacrimal duct** may not be fully developed, causing a watery eye.



# *Oculomotor Nerve*

---

- *Consists of two components with distinct functions*
- The **somatic motor component** of CN III plays a major role in **controlling** the **muscles** responsible for the precise **movement** of the **eyes** for visual tracking or fixation on an object.
- The **visceral motor component** is involved in the **pupillary light and accommodation reflexes**.



# *Oculomotor Nerve*

---

## *1. Somatic motor*

(General somatic efferent), Supplies four of the six extraocular muscles of the eye and the levator palpebrae superioris muscle of the upper eyelid.

## *2. Visceral motor*

- (General visceral efferent)
- Parasympathetic innervation of the constrictor pupillae and ciliary muscles.

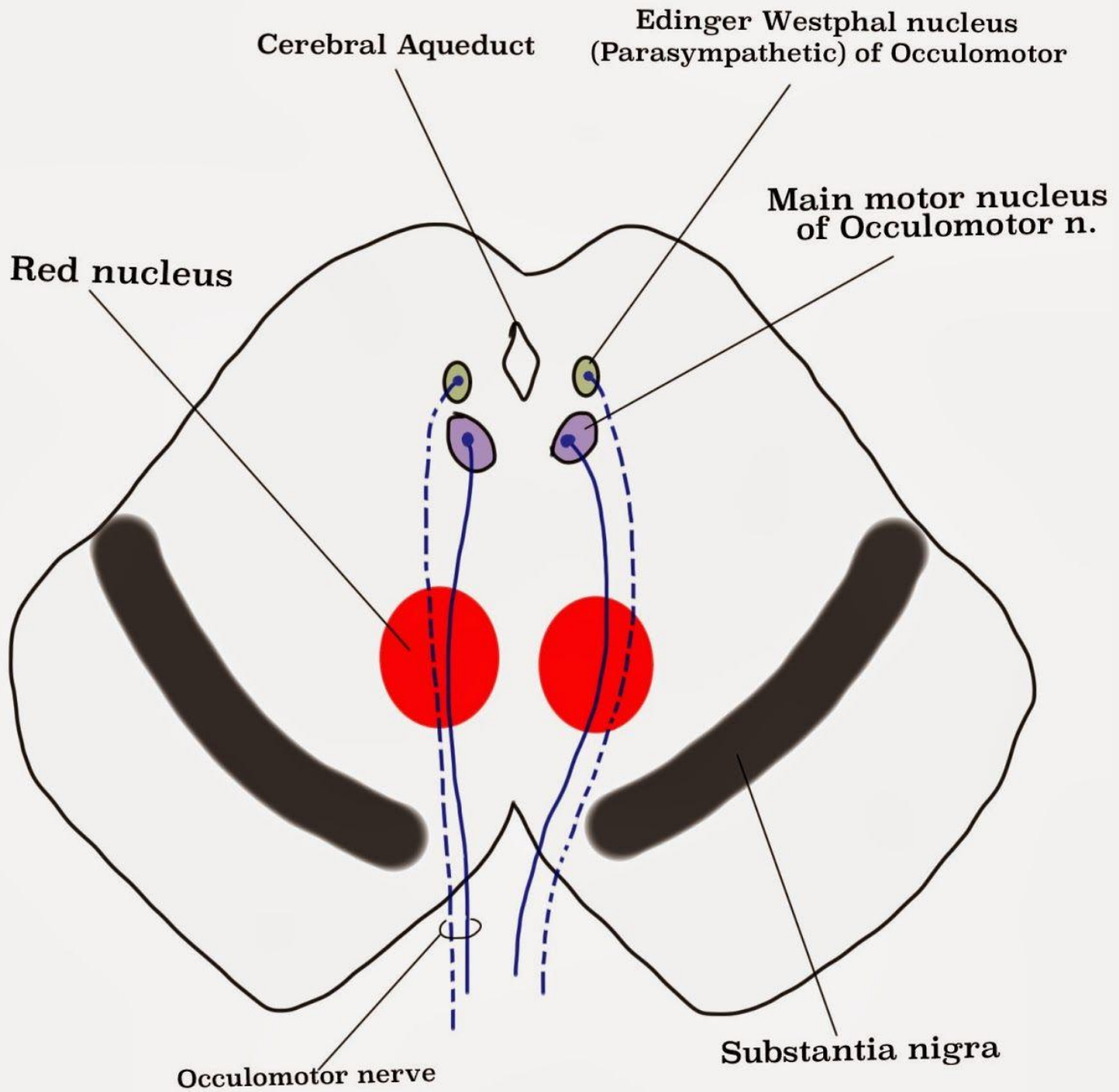


# *Oculomotor Nerve*

---

- The somatic motor component of CN III originates from the oculomotor nucleus located in the rostral midbrain at the level of the **superior colliculus**.
- Like other somatic motor nuclei, the oculomotor nucleus is located near the midline just ventral to the cerebral aqueduct.







# *Oculomotor Nerve*

---

## *Origin:*

- In a coronal cross-section of the brainstem the oculomotor nucleus is "V-shaped" and is **bordered medially by the Edinger-Westphal nucleus** and **laterally and inferiorly by the medial longitudinal fasciculus** which allows communication between various brainstem nuclei.



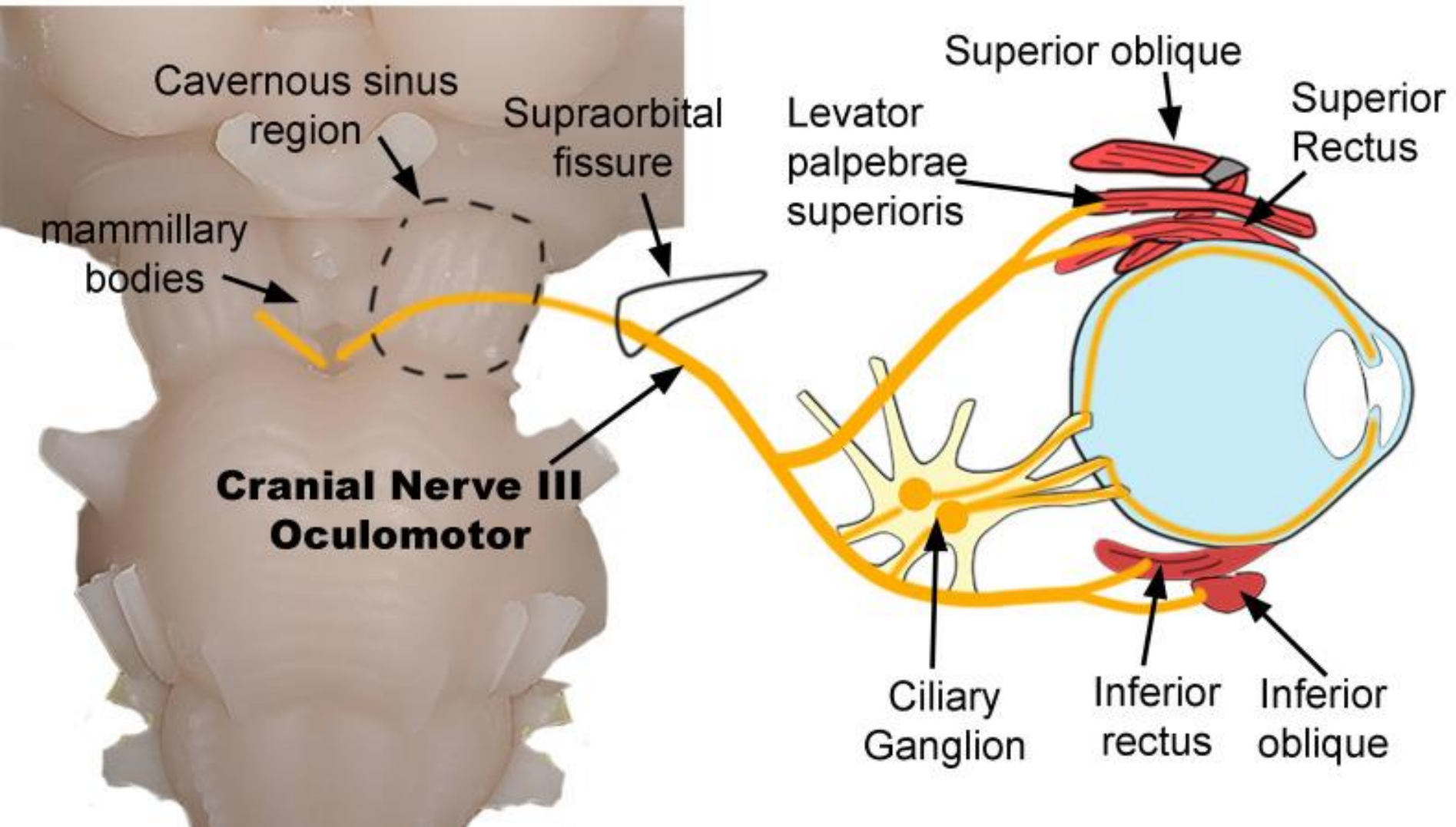
# *Oculomotor Nerve*

---

## *Origin:*

- Fibers leaving the oculomotor nucleus travel ventrally in the tegmentum of the midbrain passing through the red nucleus and medial portion of the cerebral peduncle to emerge in the interpeduncular fossa at the junction of the midbrain and pons.

# Oculomotor Nerve (III) Pathway



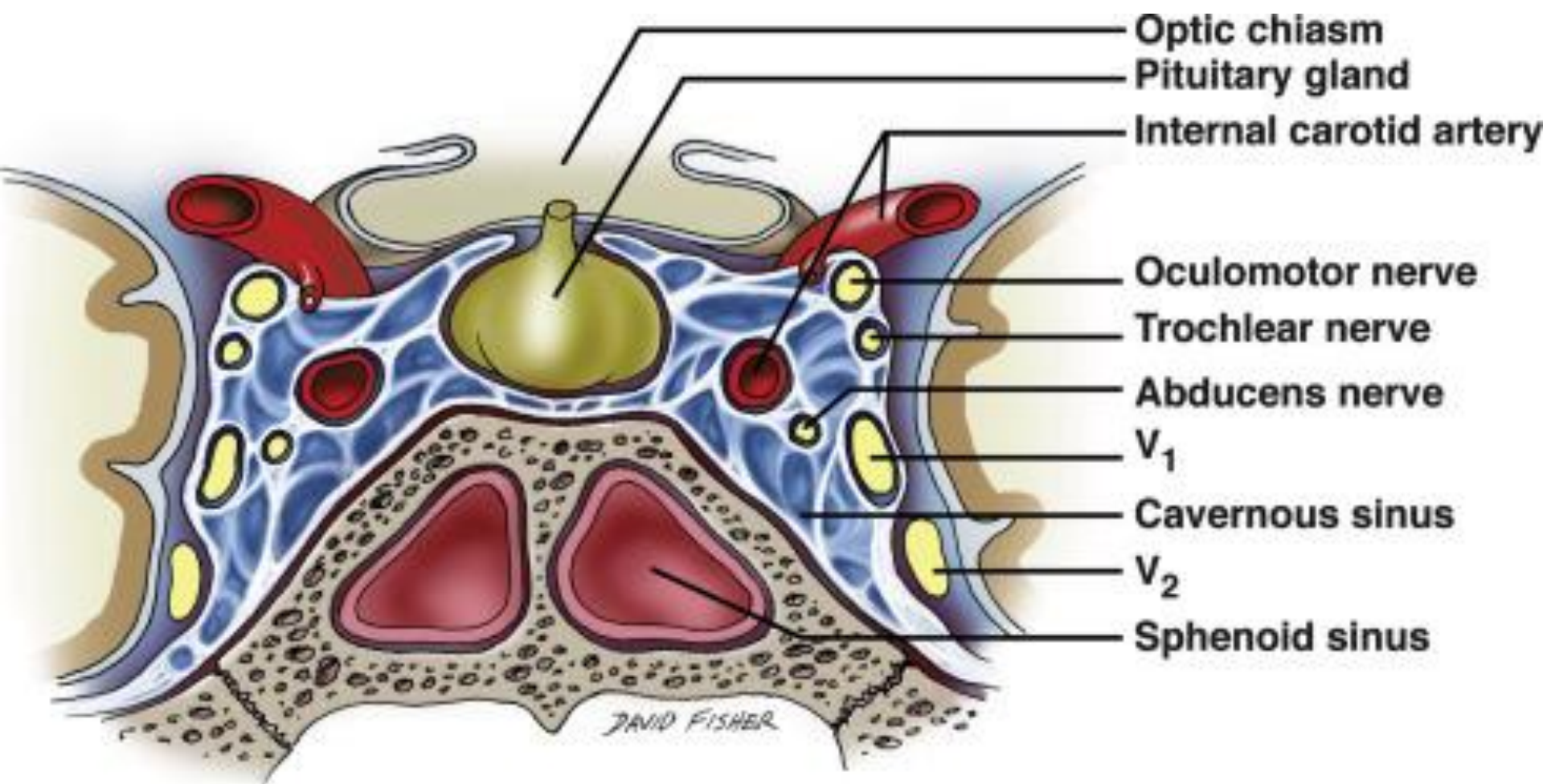


# *Oculomotor Nerve*

---

## *Intracranial Course:*

- Upon emerging from the brainstem, the oculomotor nerve passes between the posterior cerebral and superior cerebellar arteries and pierces the dura mater to enter the cavernous sinus.
- The nerve runs along the lateral wall of the cavernous sinus just superior to the trochlear nerve and enters the orbit via the superior orbital fissure



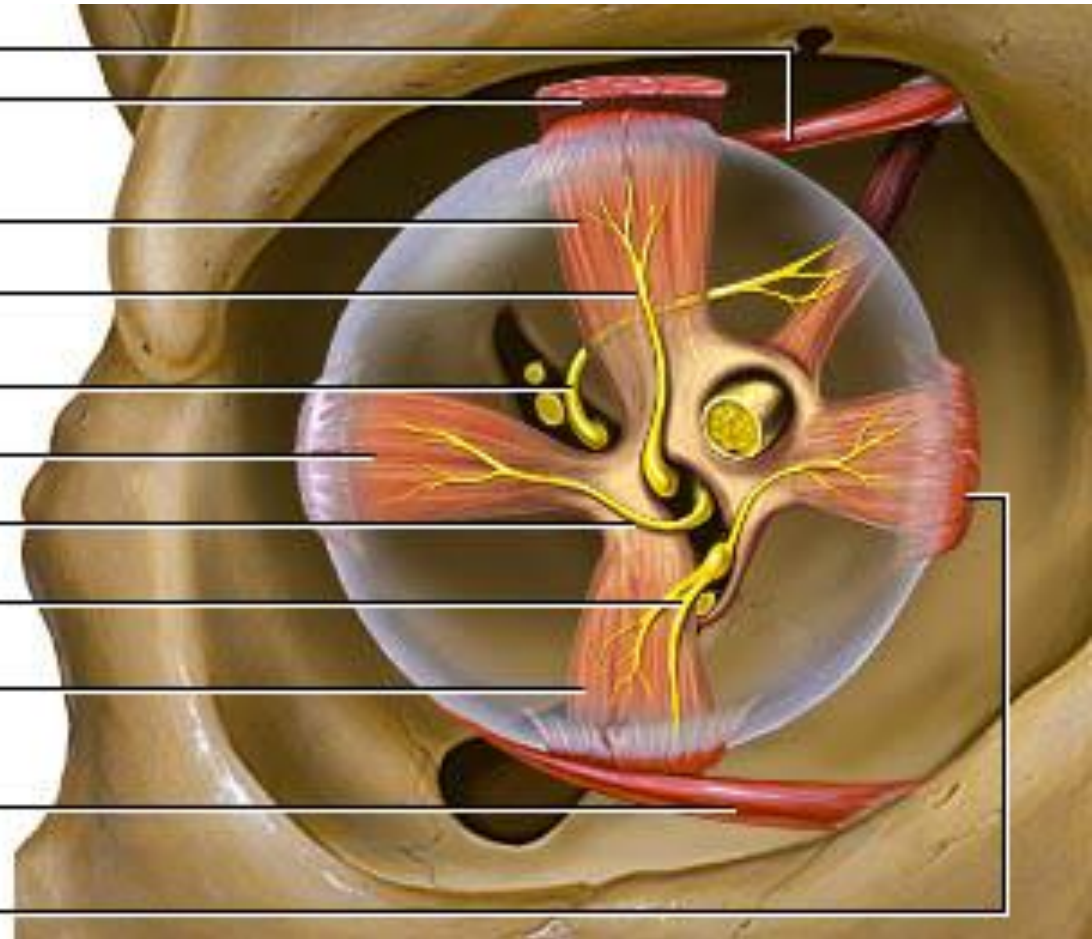


# *Oculomotor Nerve*

---

- Within the orbit CN III fibers **pass through the tendinous ring** of the extraocular muscles and divide into superior and inferior divisions.
- The superior division ascends lateral to the optic nerve to innervate the superior rectus and levator palpebrae superioris muscles on their deep surfaces.

- Superior oblique muscle
- Levator palpebrae superioris muscle
- Superior rectus muscle
- Oculomotor nerve, superior division
- Trochlear nerve
- Lateral rectus muscle
- Abducens nerve
- Oculomotor nerve, inferior division
- Inferior rectus muscle
- Inferior oblique muscle
- Medial rectus muscle





Levator palpebrae superioris muscle

Trochlea of superior oblique muscle

Superior oblique muscle

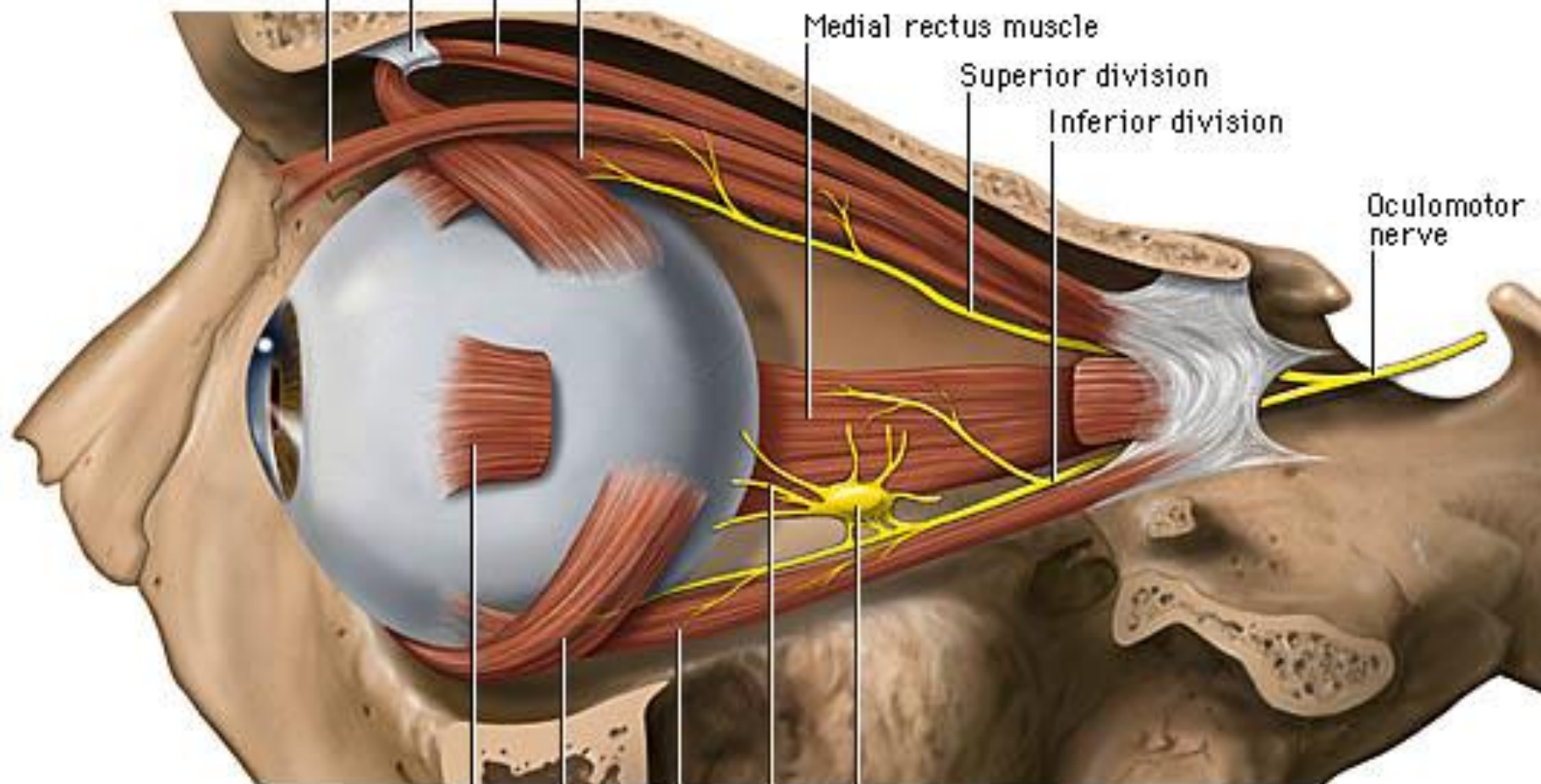
Superior rectus muscle

Medial rectus muscle

Superior division

Inferior division

Oculomotor nerve



Ciliary ganglion

Ciliary nerves

Inferior rectus muscle

Inferior oblique muscle

Lateral rectus muscle (cut)



# *Oculomotor Nerve*

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- The inferior division of CN III splits into three branches to innervate the medial rectus and inferior rectus muscles on their ocular surfaces and the inferior oblique muscle on its posterior surface



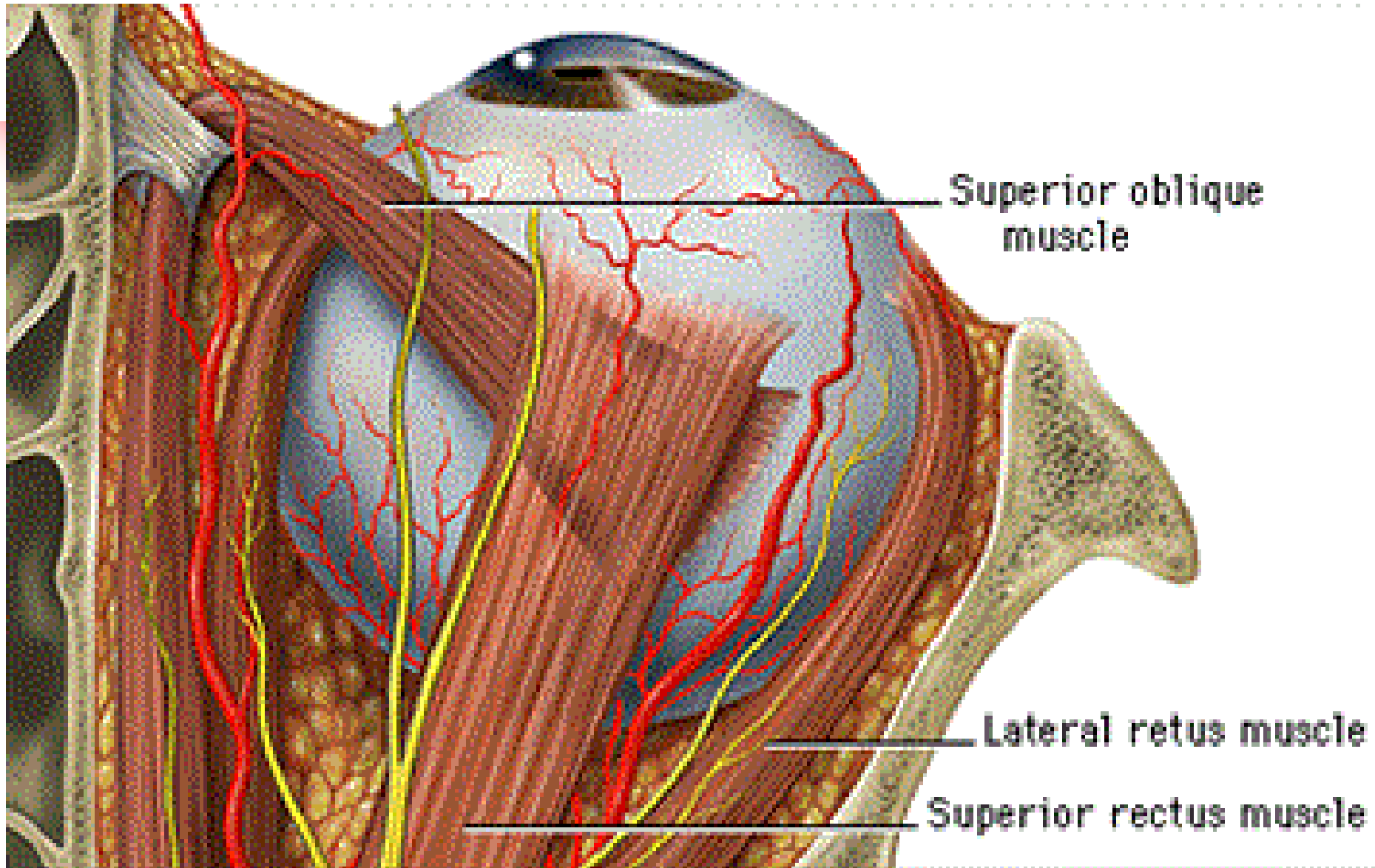
# *Trochlear Nerve*

---

- The trochlear nerve has ***only*** a **somatic motor component**

## ***Somatic motor***

- (General somatic efferent) innervates the superior oblique muscle of the ***contralateral*** orbit.



Superior oblique muscle

Lateral rectus muscle

Superior rectus muscle



# *Trochlear Nerve*

---

## *Origin:*

- The fibers of the trochlear nerve originate from the trochlear nucleus located in the tegmentum of the midbrain at the level of the **inferior colliculus**.
- The nucleus is located just ventral to the cerebral aqueduct. It is readily identifiable by its **close association with the myelinated medial longitudinal** fasciculus that allows communication between various brainstem nuclei.

Cerebral  
penduncle

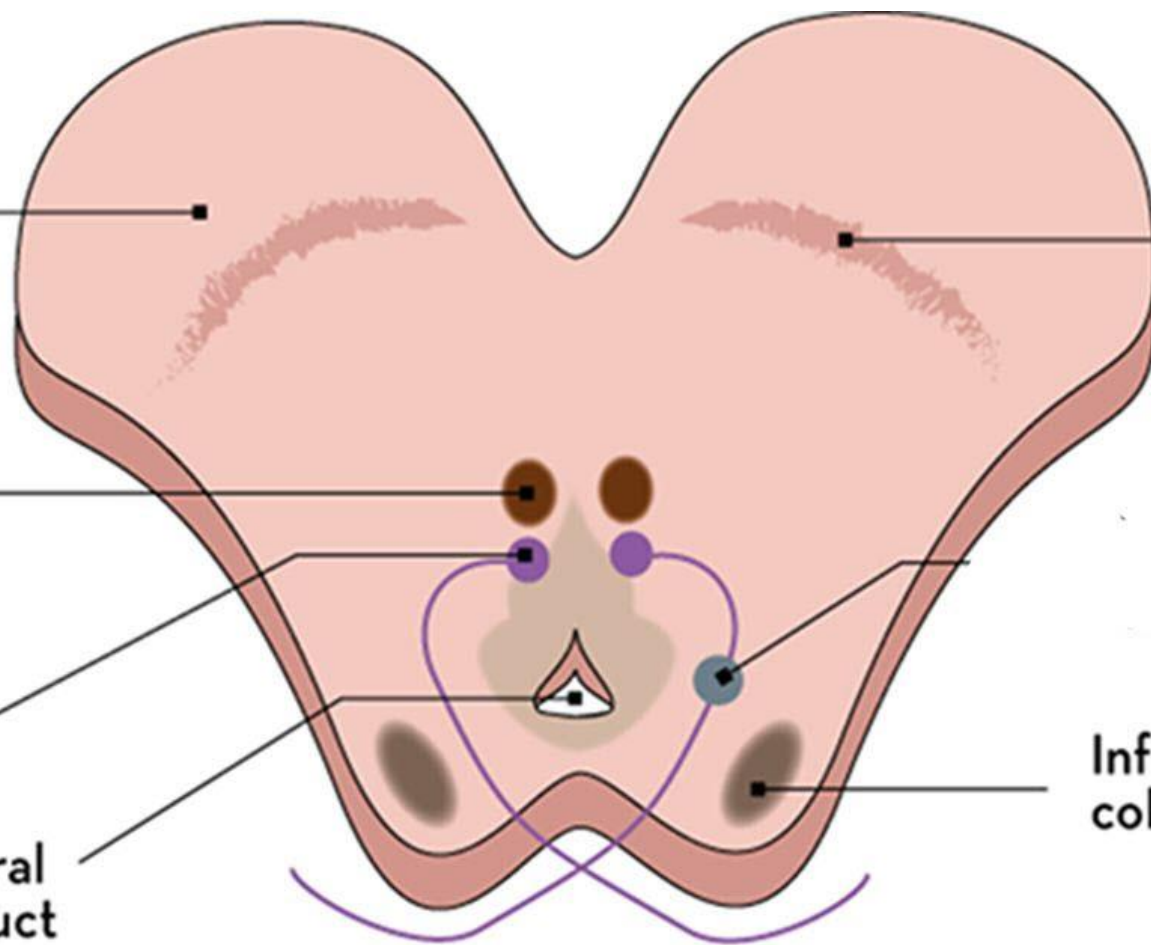
Substantia  
nigra

Medial  
longitudinal  
fasciculus

Trochlear  
nucleus

Cerebral  
aqueduct

Inferior  
colliculus



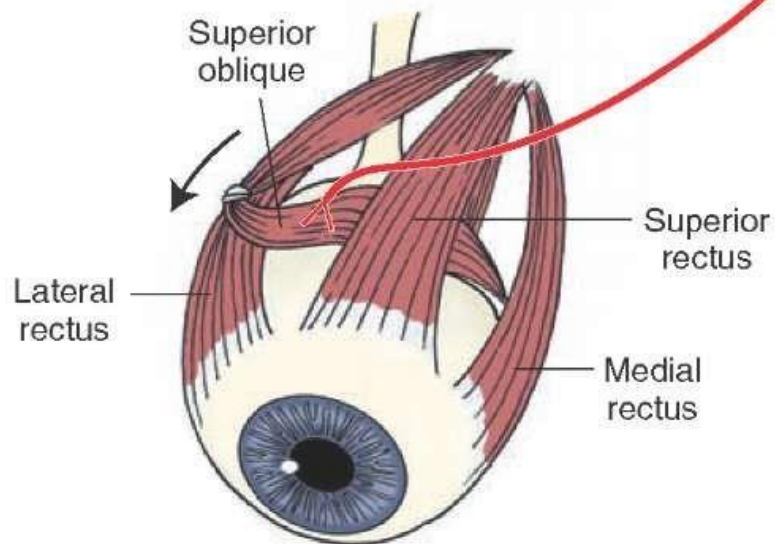
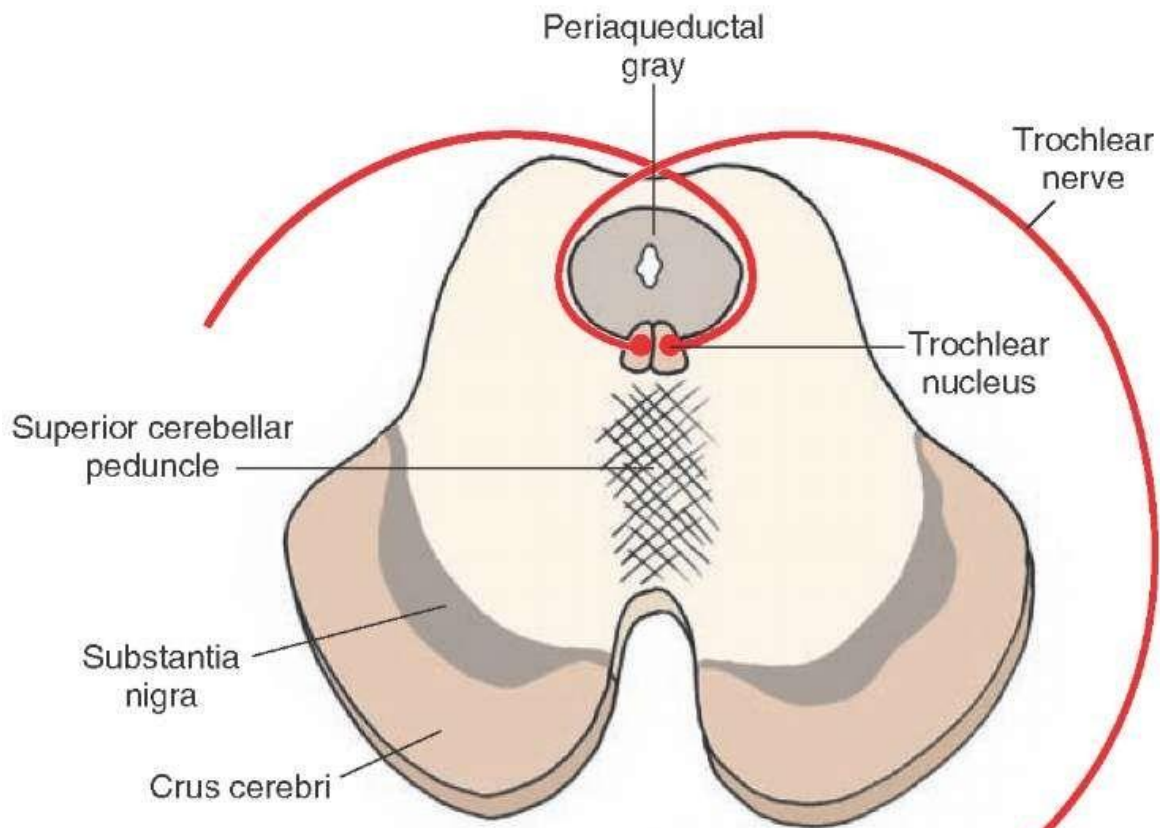


# *Trochlear Nerve*

---

## *Origin:*

- Fibers leaving the trochlear nucleus travel *dorsally* to wrap around the cerebral aqueduct.
- All fibers of the two trochlear nerves decussate and exit the dorsal surface of the brainstem just **below the contralateral inferior colliculus.**





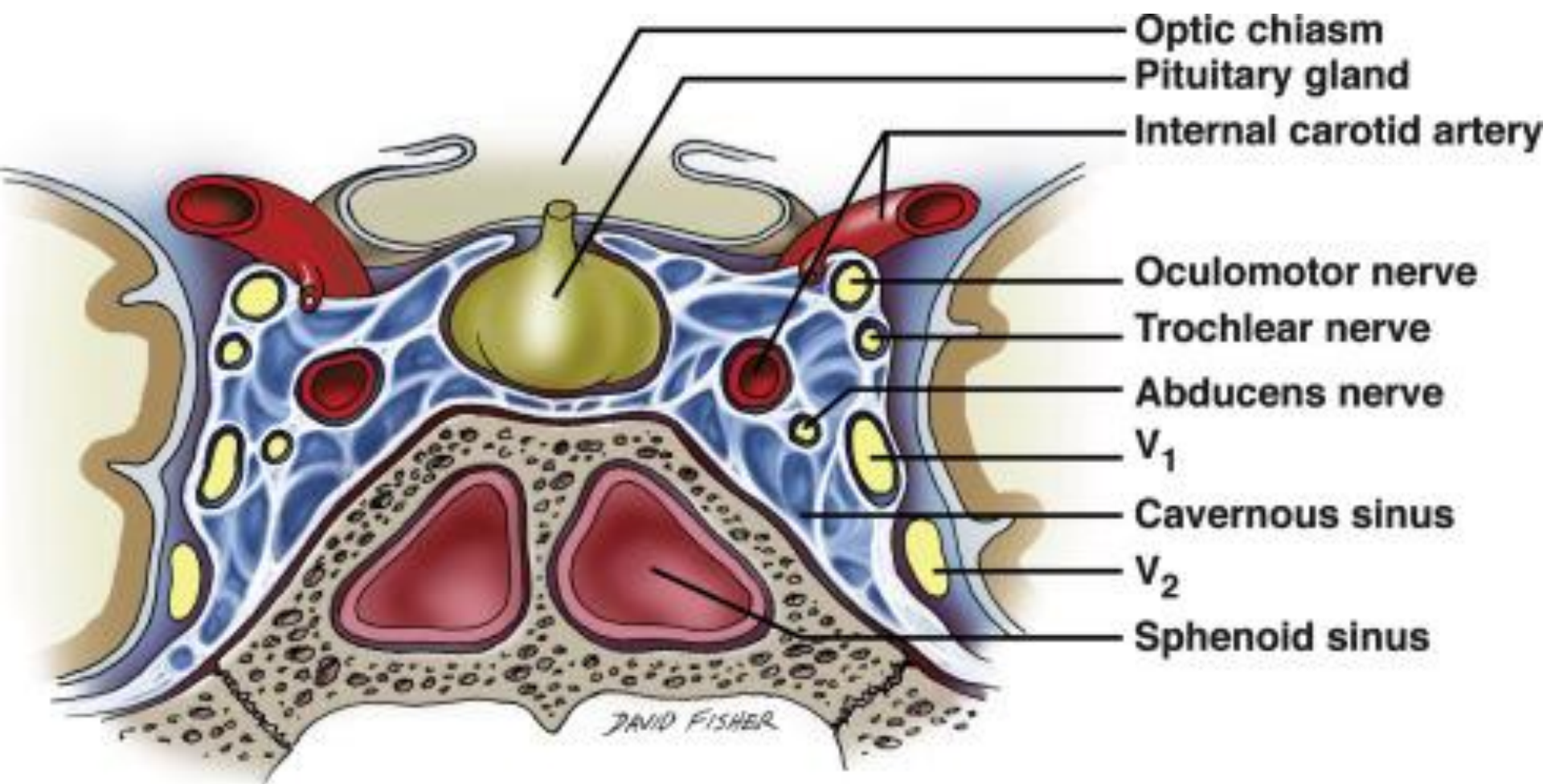


# *Trochlear Nerve*

---

## *Intracranial Course*

- Upon emerging from the dorsal surface of the brainstem the trochlear nerve curves around the brainstem in the subarachnoid space and emerges between the **posterior cerebral and superior cerebellar arteries** (along with CN III fibers).
- The trochlear nerve then enters and runs along the lateral wall of the cavernous sinus with CNS III, V, and VI.





# *Trochlear Nerve*

---

- From the cavernous sinus the trochlear nerve enters the orbit through the superior orbital fissure.
- CN IV **does not pass through the tendinous ring** of the extraocular muscles, rather it passes above the ring.
- The trochlear nerve then crosses medially along the roof of the orbit above the levator palpebrae and superior rectus muscles to innervate the **superior oblique muscle**

Infratrochlear nerve

Lacrimal gland

Frontal nerve

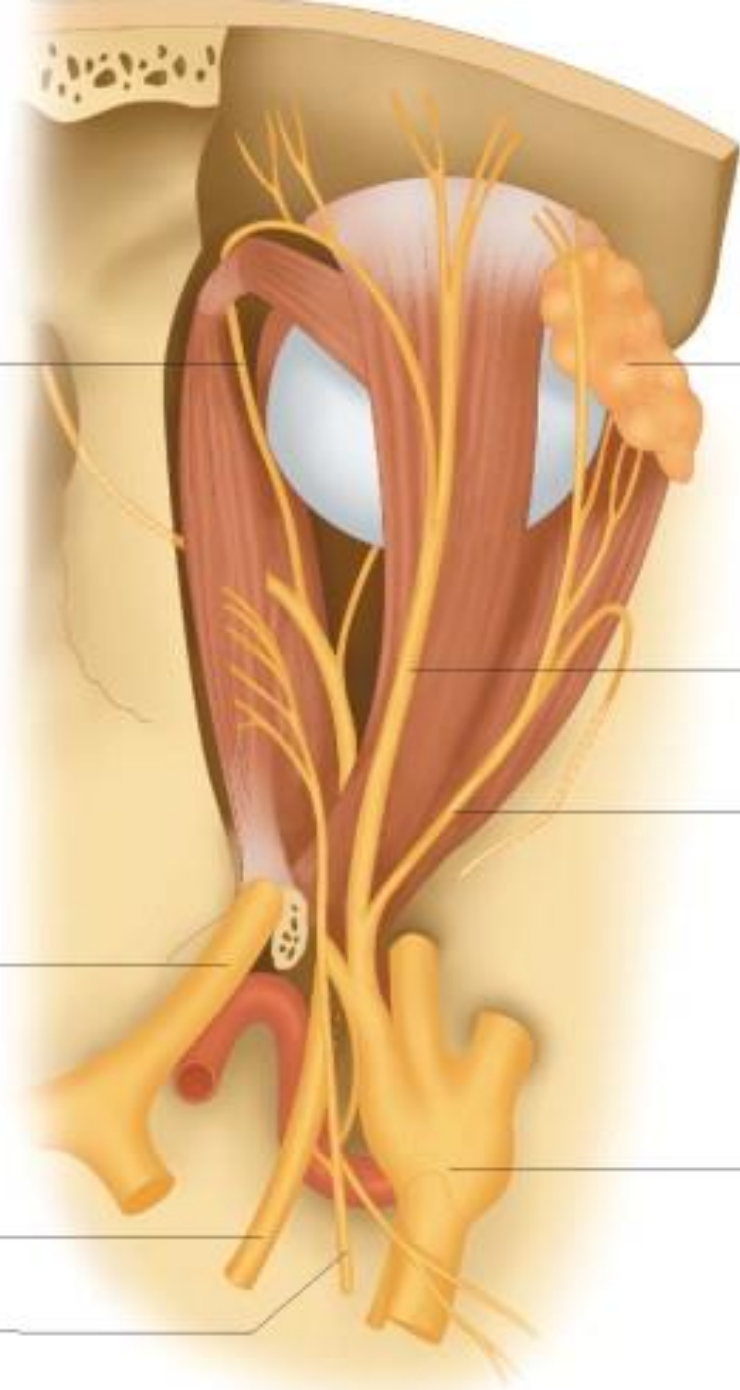
Lacrimal nerve

Optic nerve

Trigeminal ganglion

Oculomotor nerve

Trochlear nerve





# *Trochlear Nerve*

---

- ***Unique Features:***

- 1. Is the only nerve to exit from the dorsal surface of the brain.**
- 2. Is the only nerve in which all the lower motor neuron fibers decussate.**
- 3. Has the longest intracranial course.**
- 4. Has the smallest number of axons.**

***More liable to nerve injury***



# *Abducent Nerve*

---

- Has **only** a **somatic motor component**.
- ***Somatic motor***: innervates the lateral rectus muscle of the ipsilateral orbit.
- The lateral rectus muscle is responsible for lateral gaze (its contraction causes the eye to be abducted)

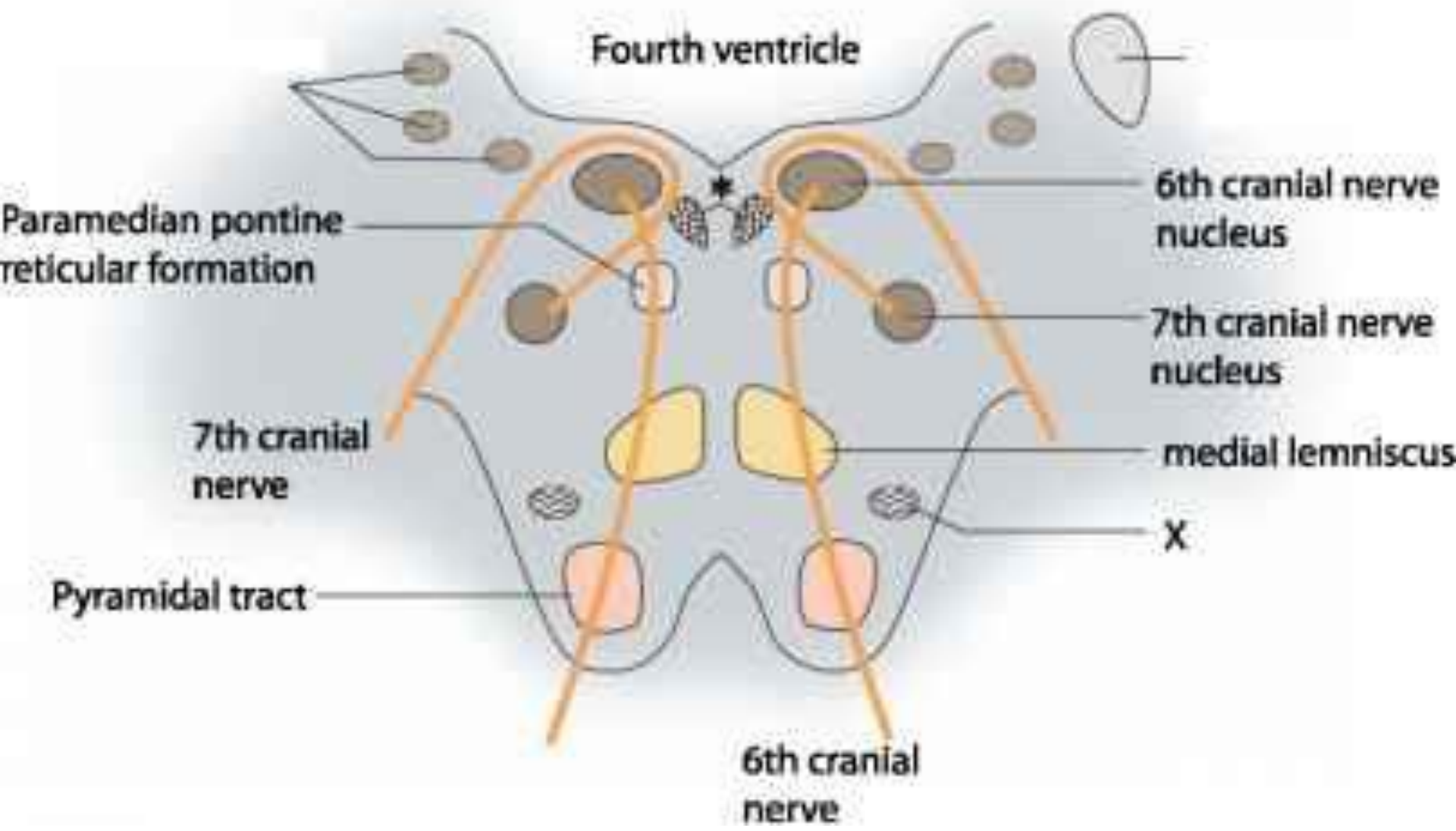


# *Abducent Nerve*

---

## *Origin:*

- The fibers of the abducens nerve originate from the abducens nucleus located in the **caudal pons** at the *level* of the *facial colliculus*.
- The nucleus is located just ventral to the fourth ventricle near the midline. Axons of CN VII (facial nerve) loop around the abducens nucleus and give rise to a bulge in the floor of the fourth ventricle - *the facial colliculus*.
- Fibers leaving the abducens nucleus travel ventrally to exit the brainstem at the **pontomedullary junction**.







# *Abducent Nerve*

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## *Intracranial course:*

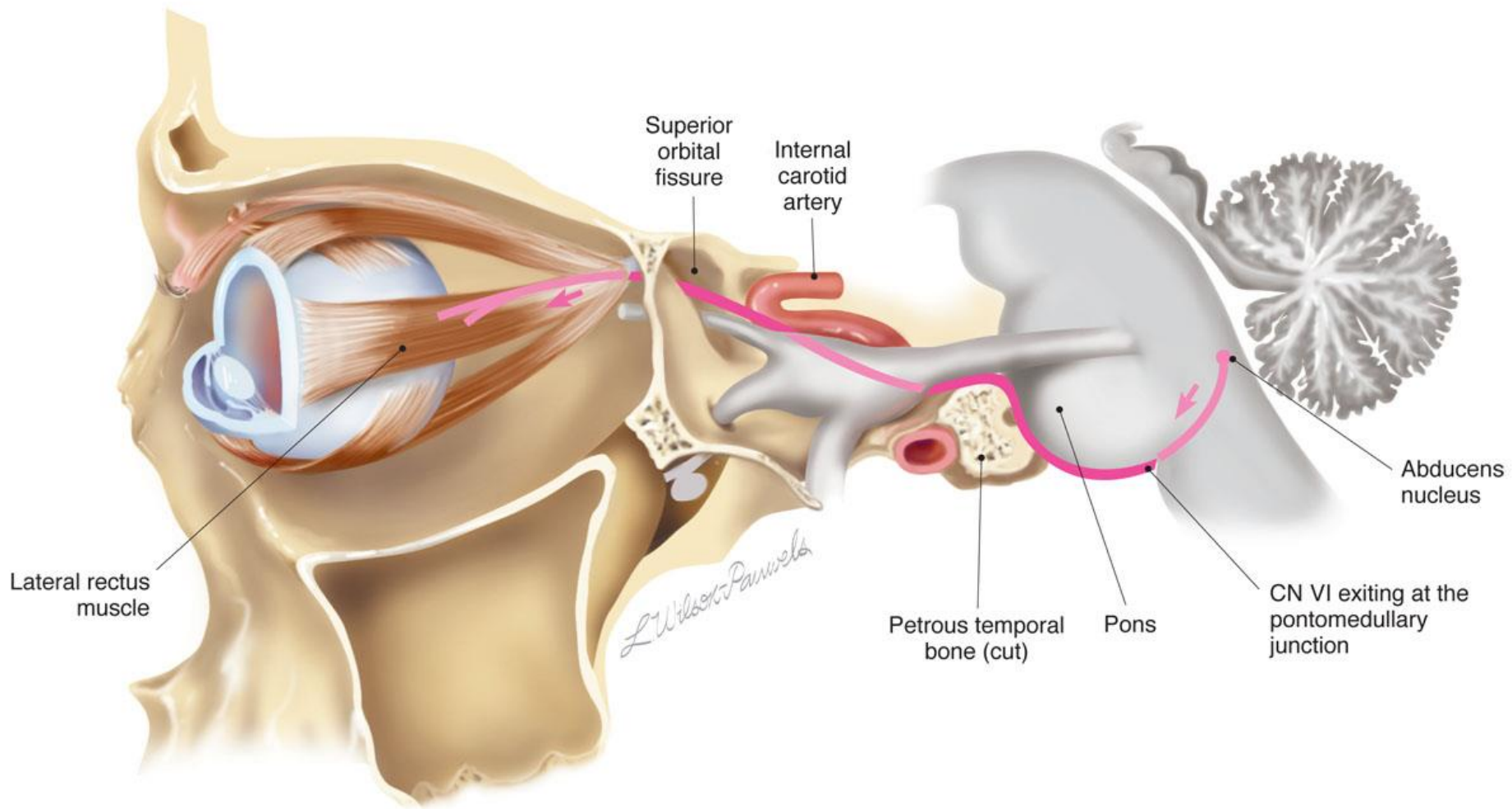
- Upon exiting the brainstem the abducens nerve climbs superiorly along the ventral surface of the pons and turn anteriorly to enter the cavernous sinus.
- The abducens nerve travels inside the cavernous sinus along with the intracavernous part of the internal carotid artery (ICA)



# *Abducent Nerve*

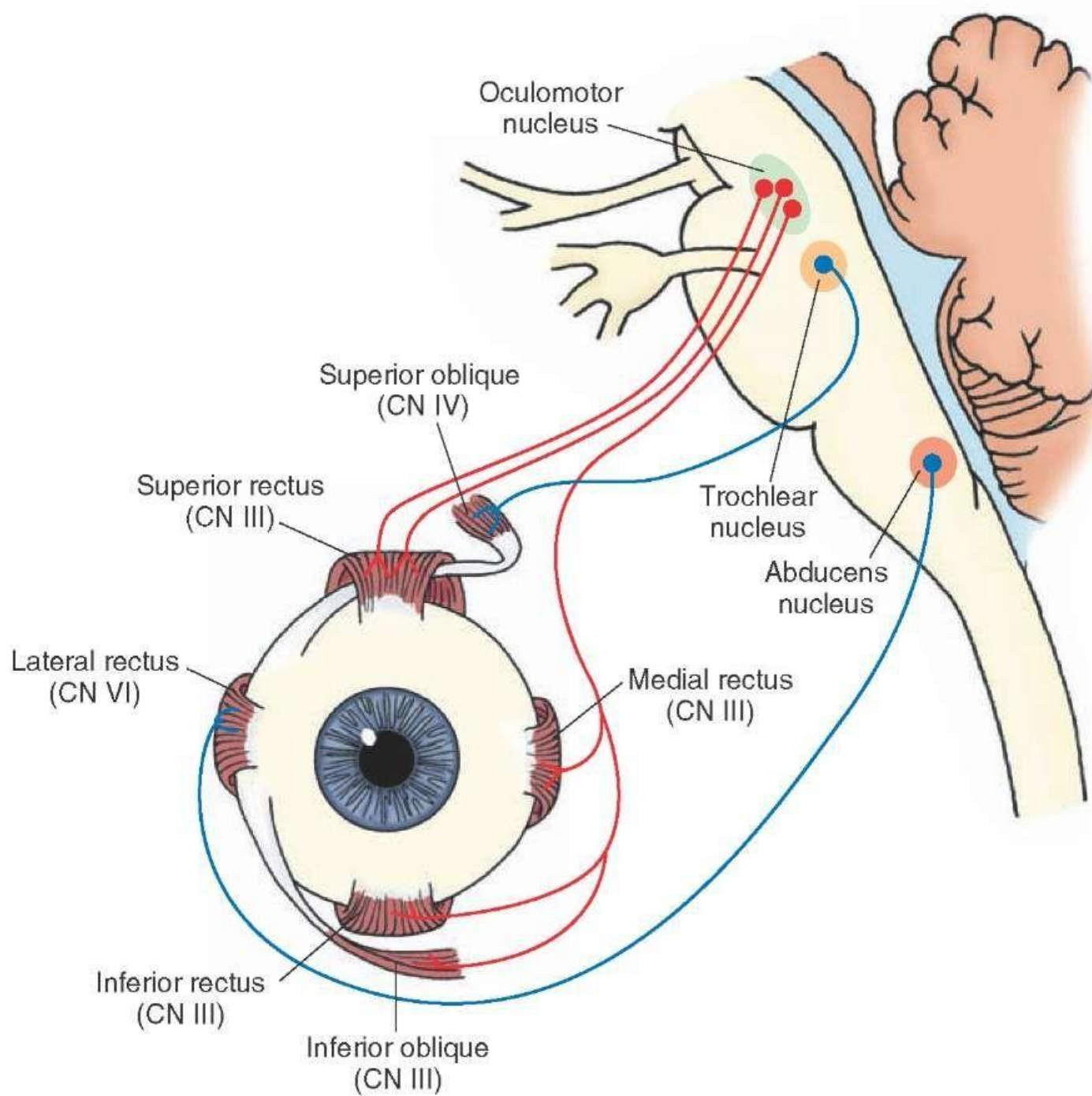
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- From the cavernous sinus the abducens nerve enters the orbit through the *superior orbital fissure*.
- CN VI passes *through the tendinous ring* of the extraocular muscles and innervates the lateral rectus muscle on its deep surface

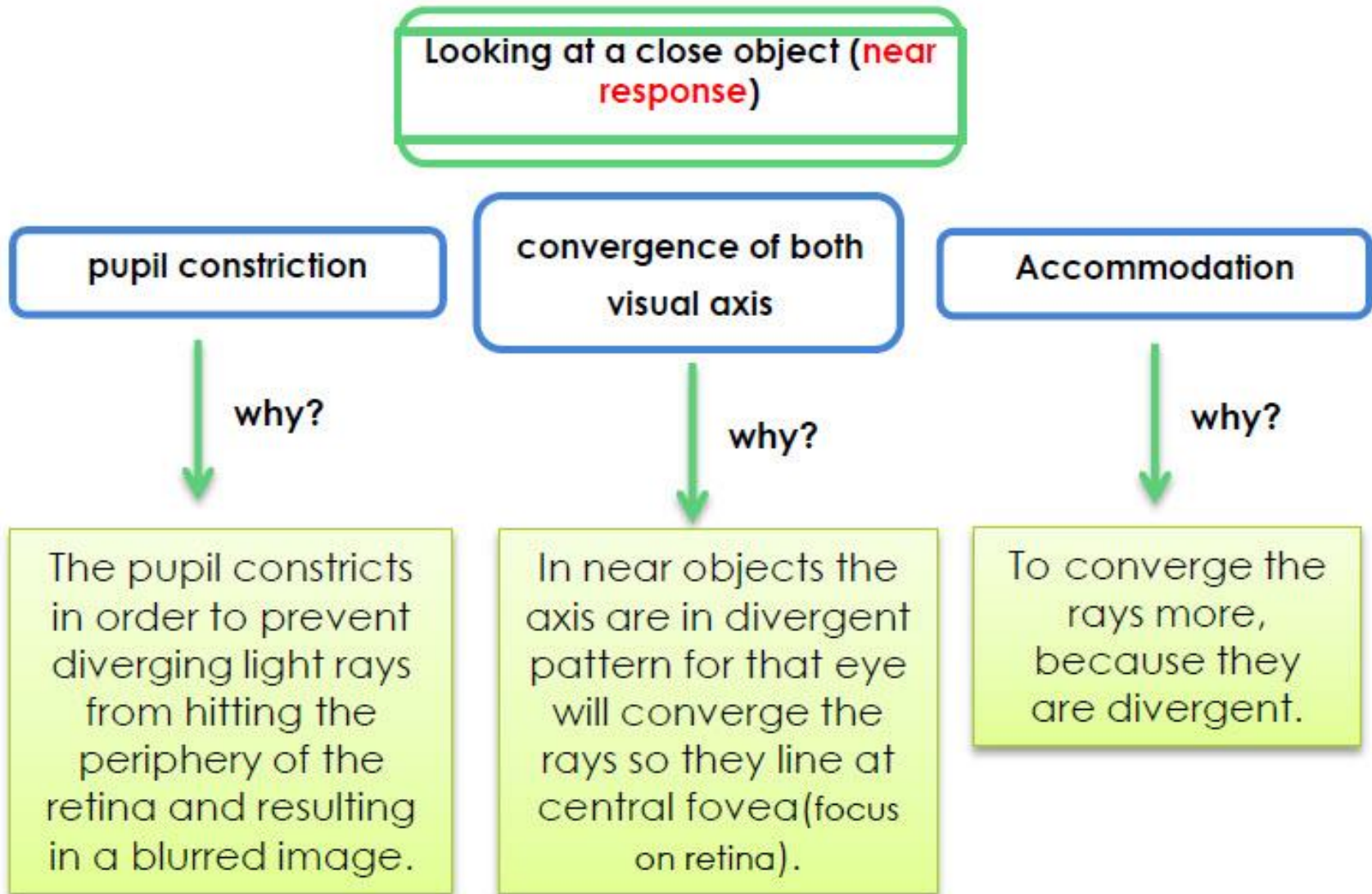


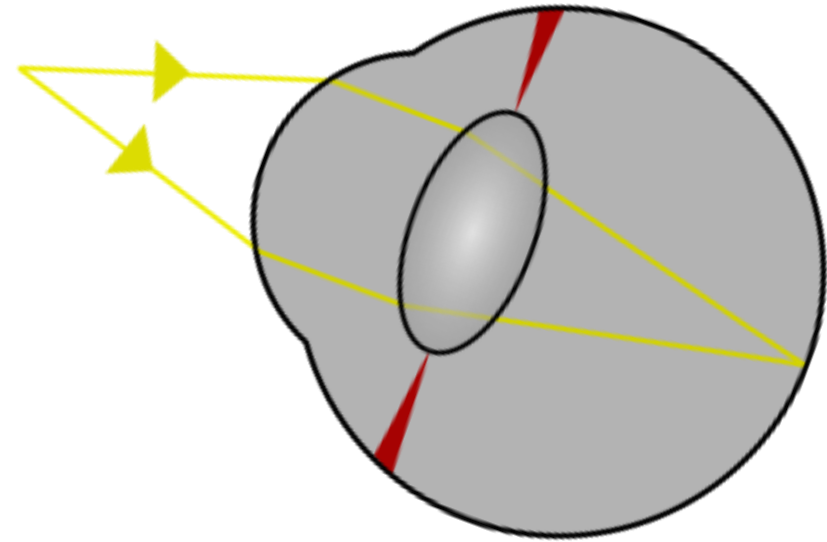
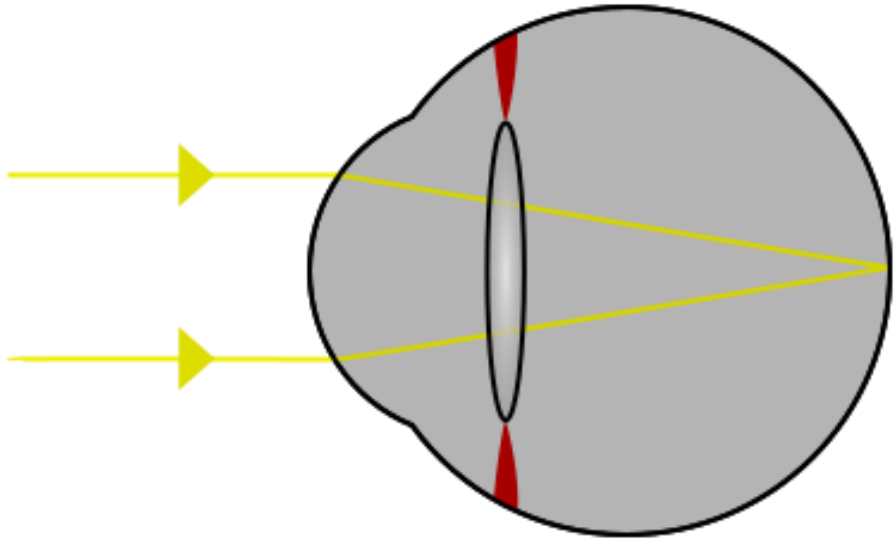
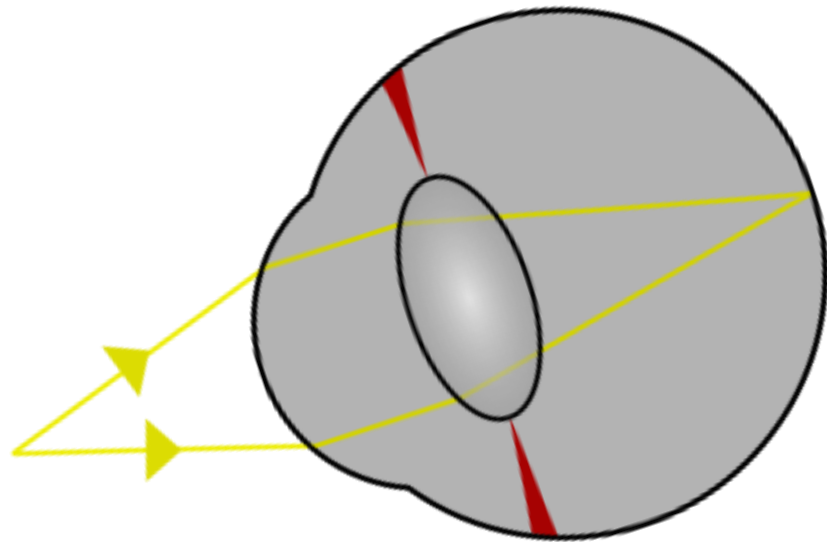
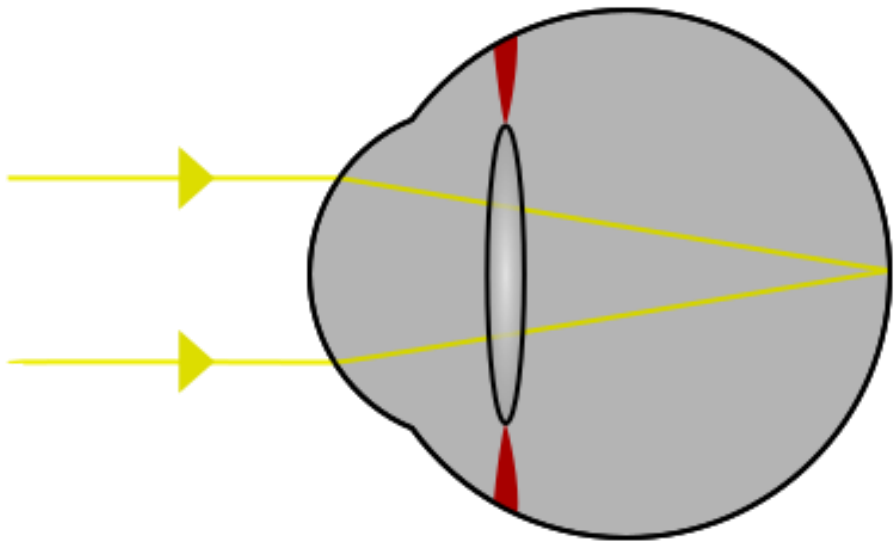
**Figure VI-1** Overview of the abducens nerve.

From Cranial Nerves 3rd Ed. ©2010 Wilson-Pauwels, Stewart, Akesson, Spacey, PMPH-USA



# *Accommodation Reflex*







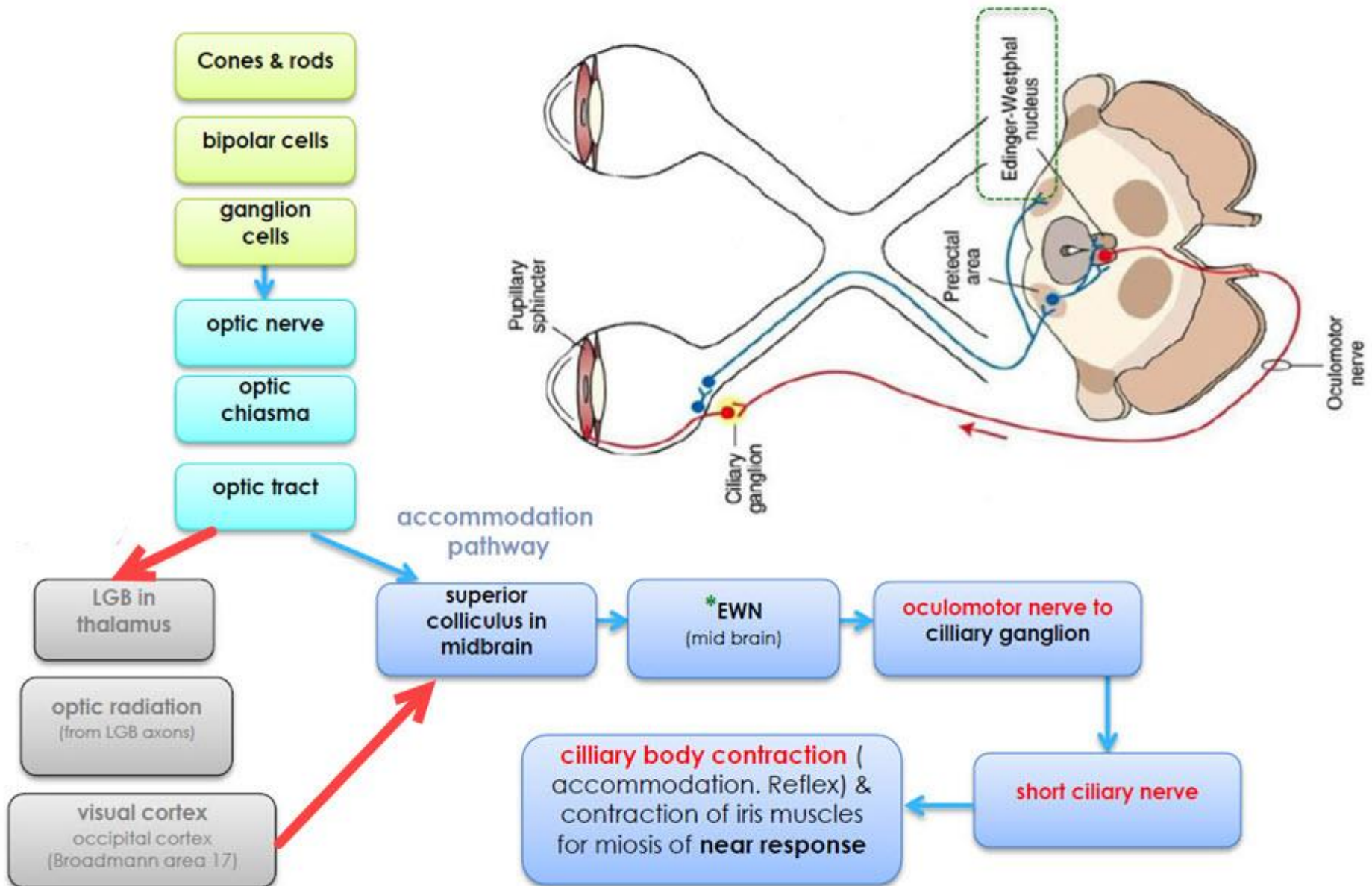
# *Accommodation Reflex*

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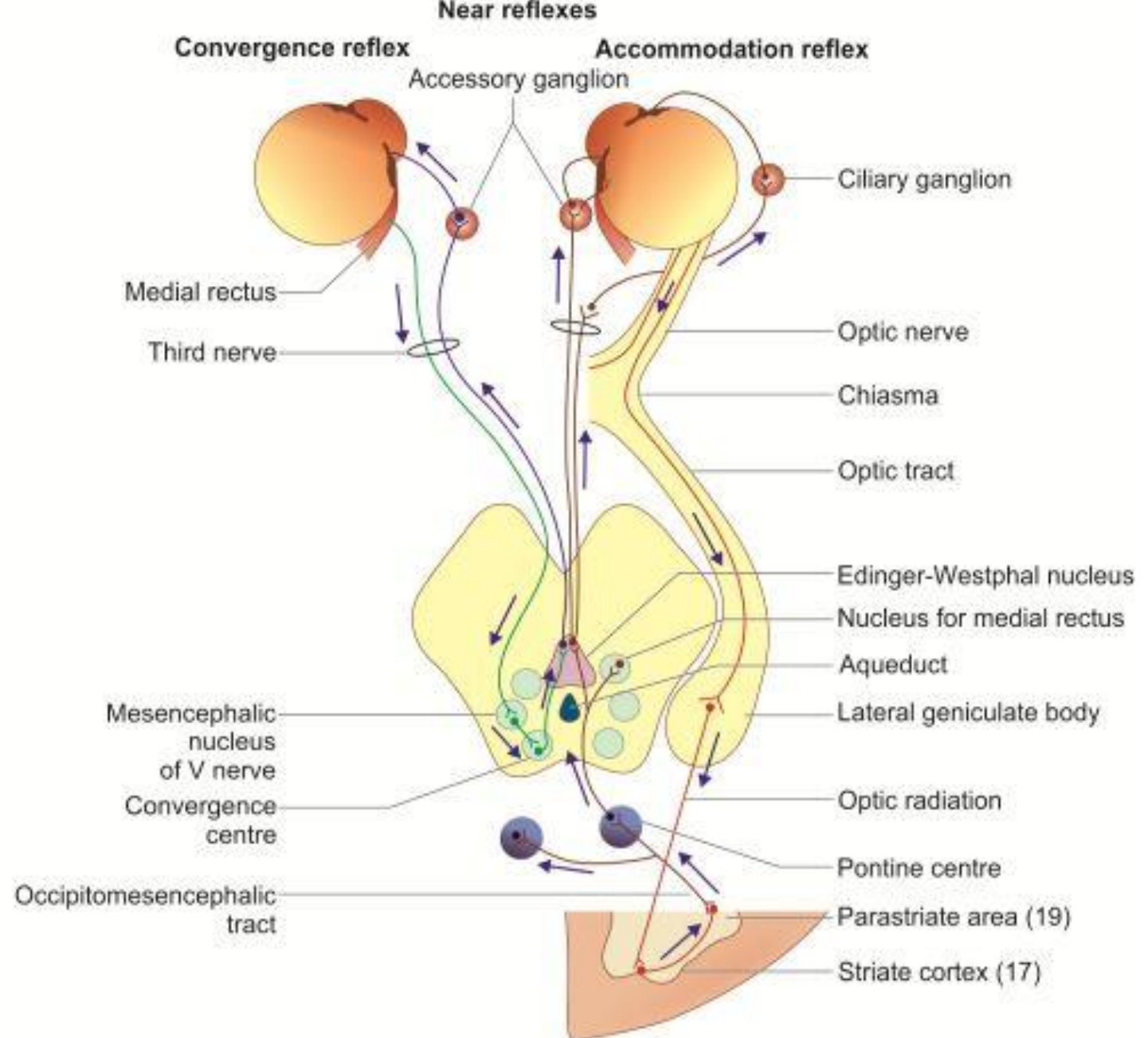
## *Pathway:*

- Optic nerve  $\Rightarrow$  Optic tract  $\Rightarrow$  Lateral Geniculate body  $\Rightarrow$  Optic Radiation  $\Rightarrow$  *Primary Visual Cortex*  $\Rightarrow$  *Association Visual Cortex*  $\Rightarrow$  Optic Radiation  $\Rightarrow$  Brachium of Superior Colliculus  $\Rightarrow$  Superior Colliculus  $\Rightarrow$  Edinger Westphal Nucleus  $\Rightarrow$  Oculomotor Nerve

# Accommodation Reflex







— Efferent pathway of convergence reflex

— Afferent pathway of convergence reflex

— Efferent pathway of convergence reflex

— Afferent pathway of convergence reflex



# *Pupillary Light Reflex*

---

- Anatomically, the afferent limb consists of the retina, the optic nerve, and the ***pretectal nucleus*** in the midbrain, at level of superior colliculus.
- Ganglion cells of the retina project fibers through the optic nerve to the ipsilateral pretectal nucleus.
- The efferent limb is the pupillary motor output from the pretectal nucleus to the ciliary sphincter muscle of the iris. The pretectal nucleus projects crossed and uncrossed fibers to the ***Edinger-Westphal nuclei both sides***, which are also located in the midbrain.



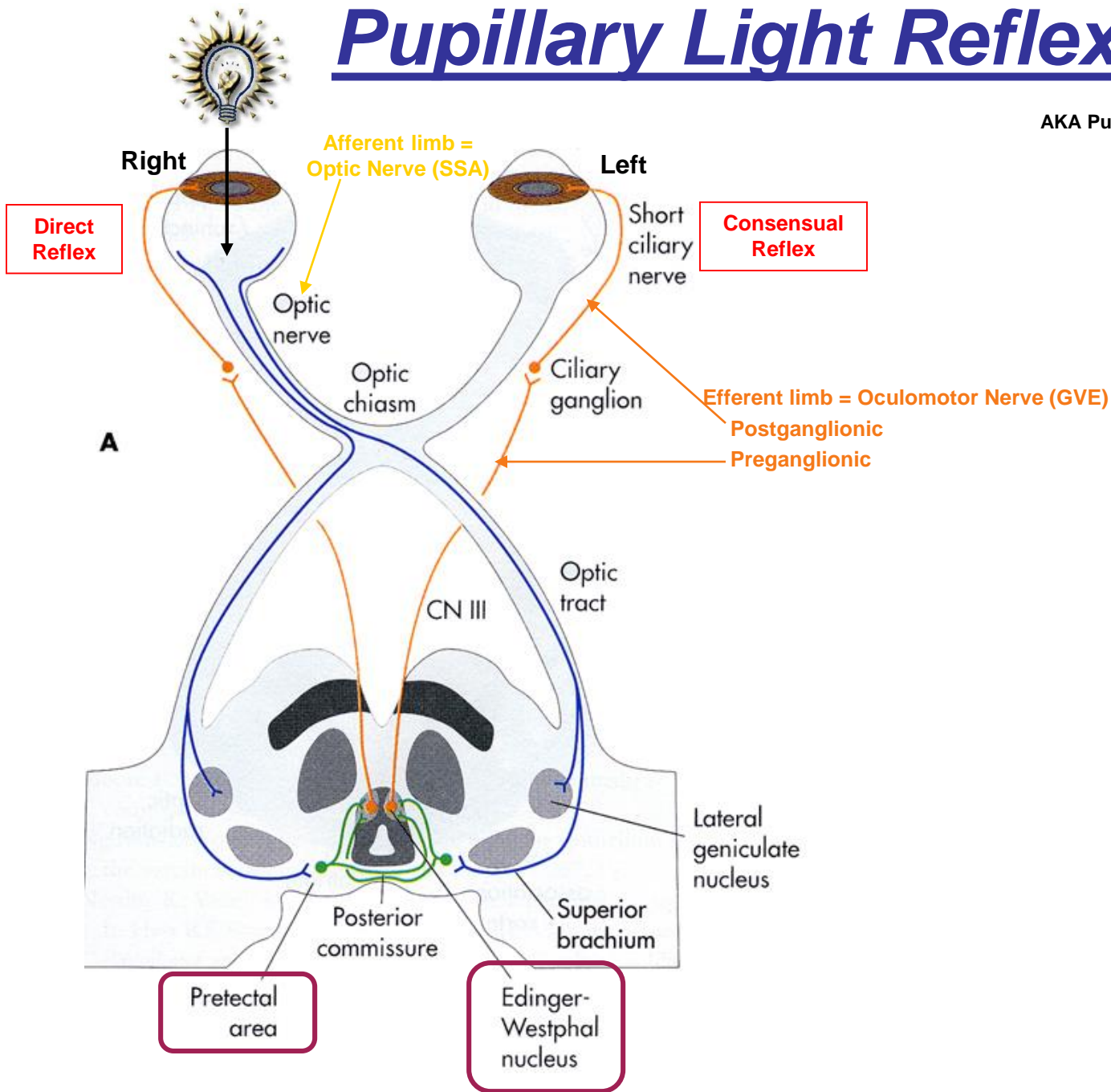
# *Pupillary Light Reflex*

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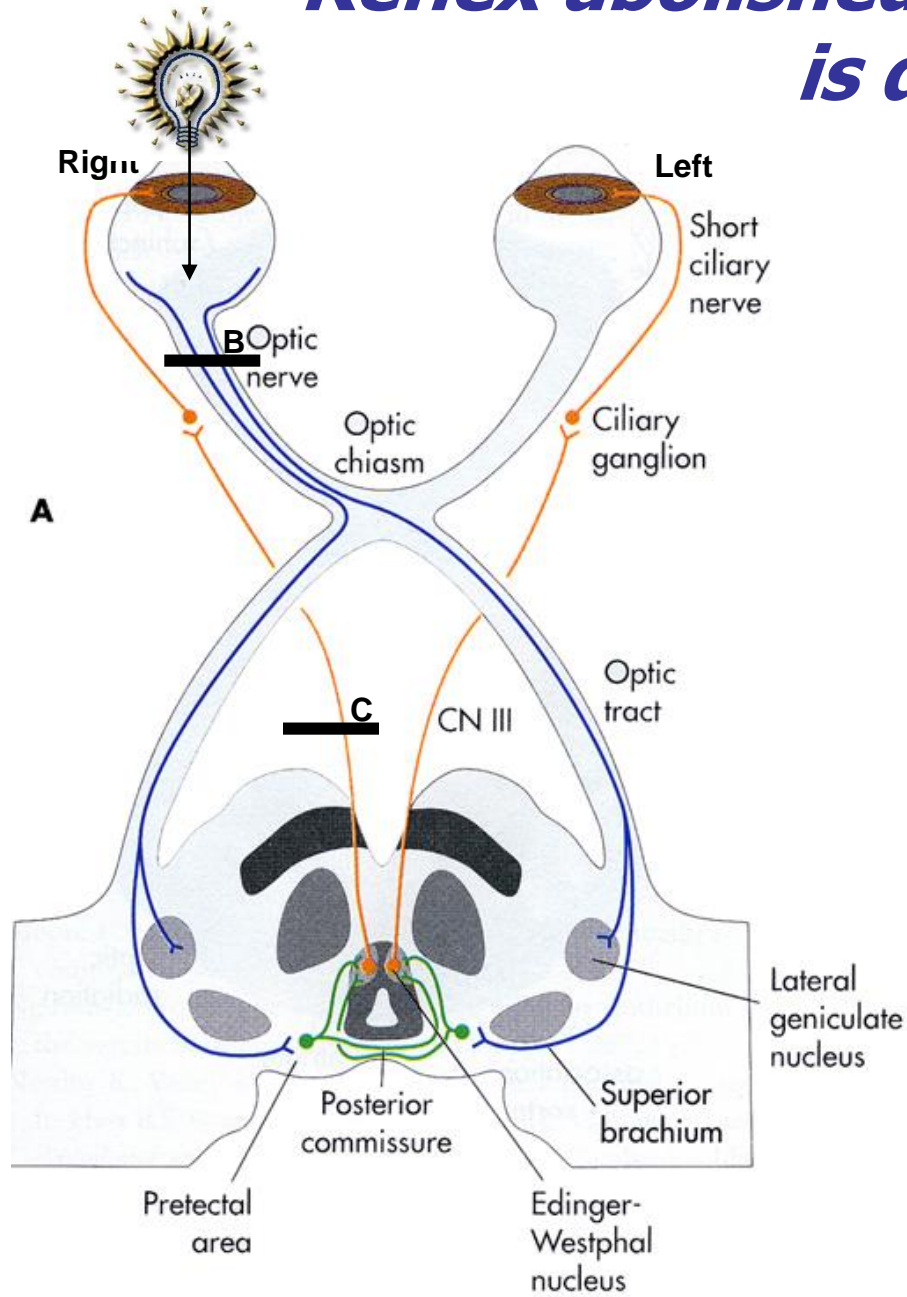
- Each ***Edinger-Westphal nucleus*** gives rise to preganglionic parasympathetic fibers which ***exit with CN III*** and synapse with postganglionic parasympathetic neurons in the ***ciliary ganglion***. Postganglionic nerve fibers leave the ciliary ganglion ***to innervate the ciliary sphincter***.
- Each afferent limb has two efferent limbs, one ipsilateral and one contralateral. The ***ipsilateral efferent limb*** transmits nerve signals for ***direct light reflex of the ipsilateral pupil***. The ***contralateral efferent limb*** causes ***consensual light reflex of the contralateral pupil***.

# Pupillary Light Reflex

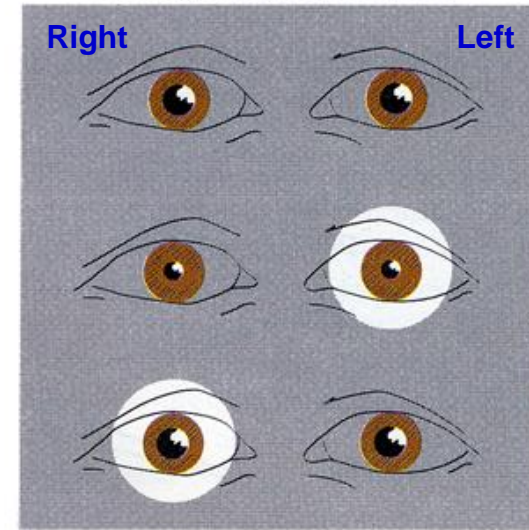
AKA Pupillary Light Reflex



# Reflex abolished if afferent or efferent is damaged.

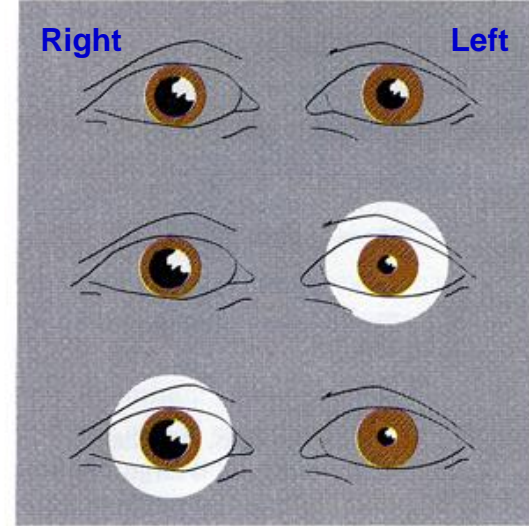


Damaged right optic nerve



Afferent defect

Damaged right oculomotor nerve



Efferent defect

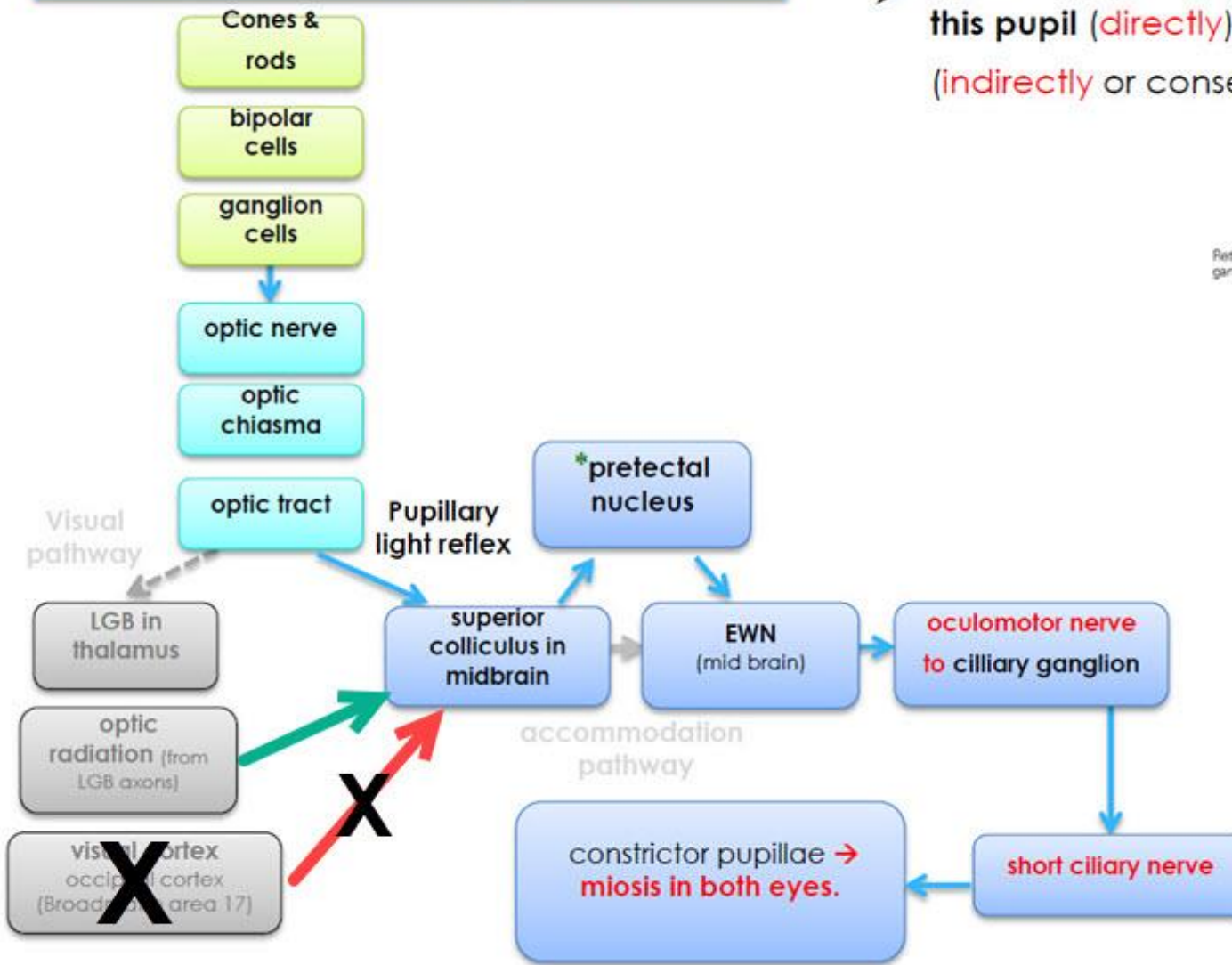


# *Light Reflex*

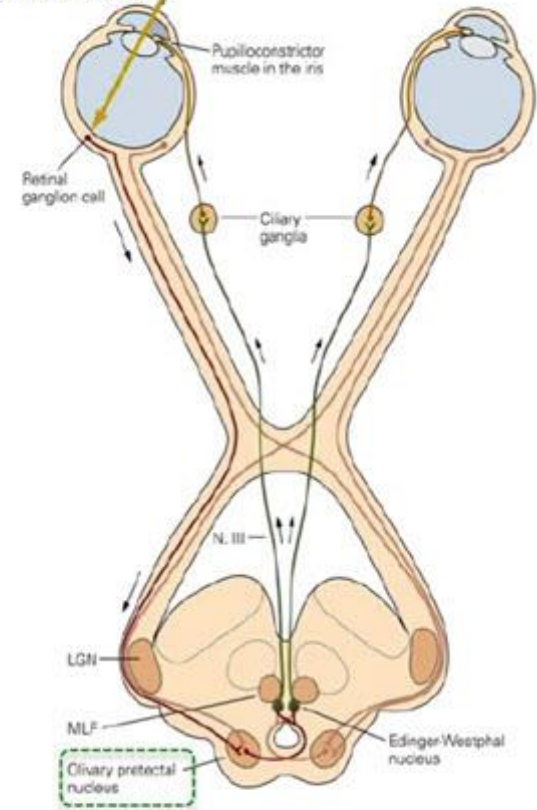
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- In a patient with total blindness in one eye due to an afferent defect, a consensual light reflex can be elicited in the “blind” eye upon stimulation of the “good” eye. (illustrated in the previous slide)
- Blindness due to a lesion in the optic radiation or visual cortex would ***NOT*** result in ***loss of the pupillary light reflex since this is a SUBCORTICAL pathway.***

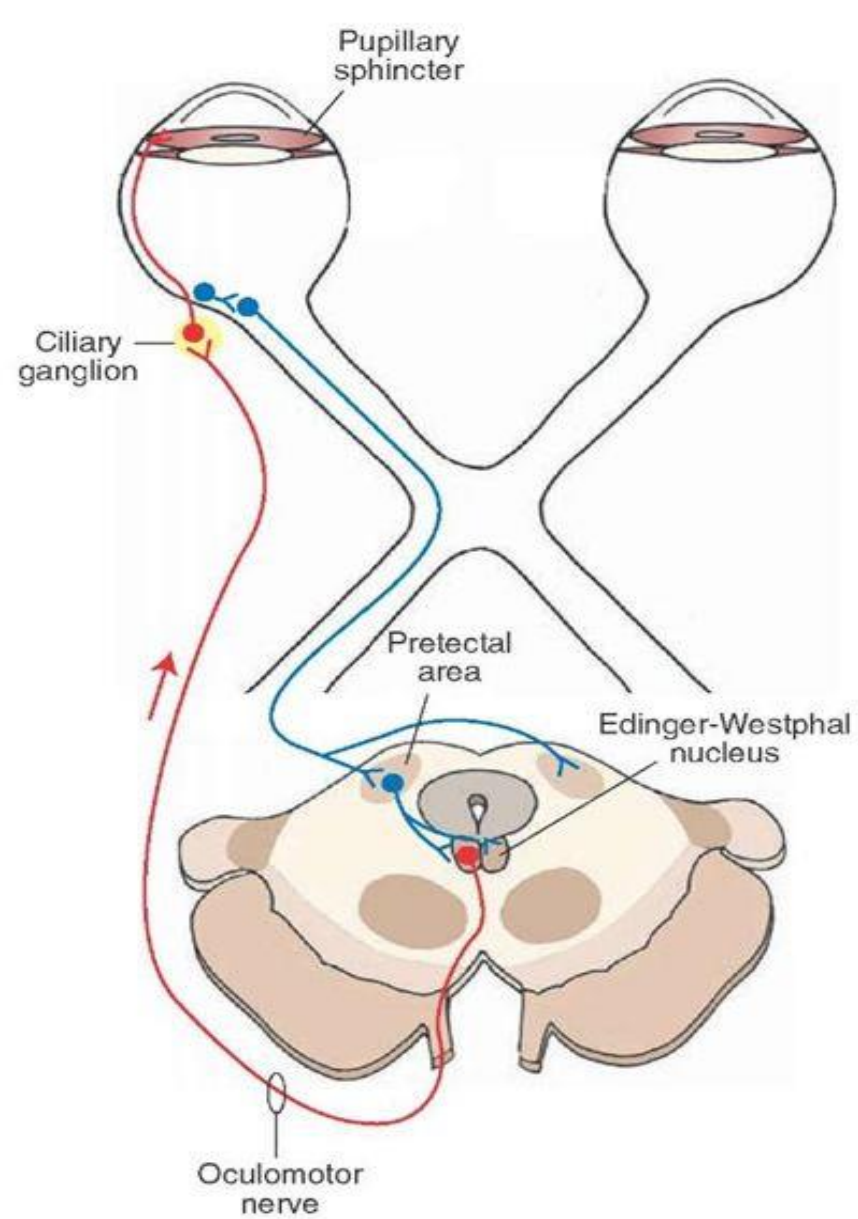
Pathway of consensual Pupillary light reflex (indirect):



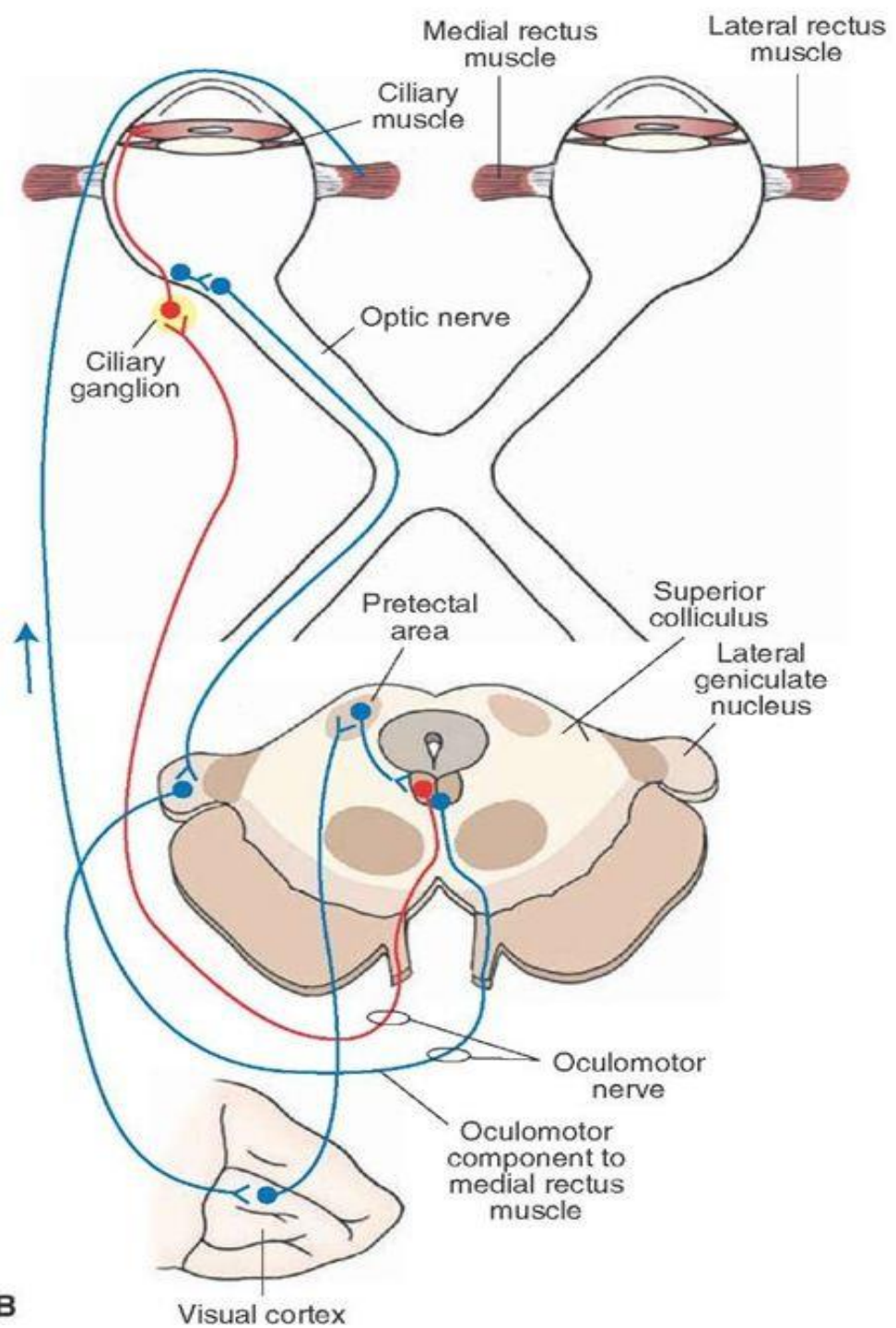
➤ Light on one eye pupil will constrict of **this pupil (directly)** & the **other pupil (indirectly or consensual)**



Conversely, in darkness, the reflex becomes inhibited, which results in dilation of the pupil.



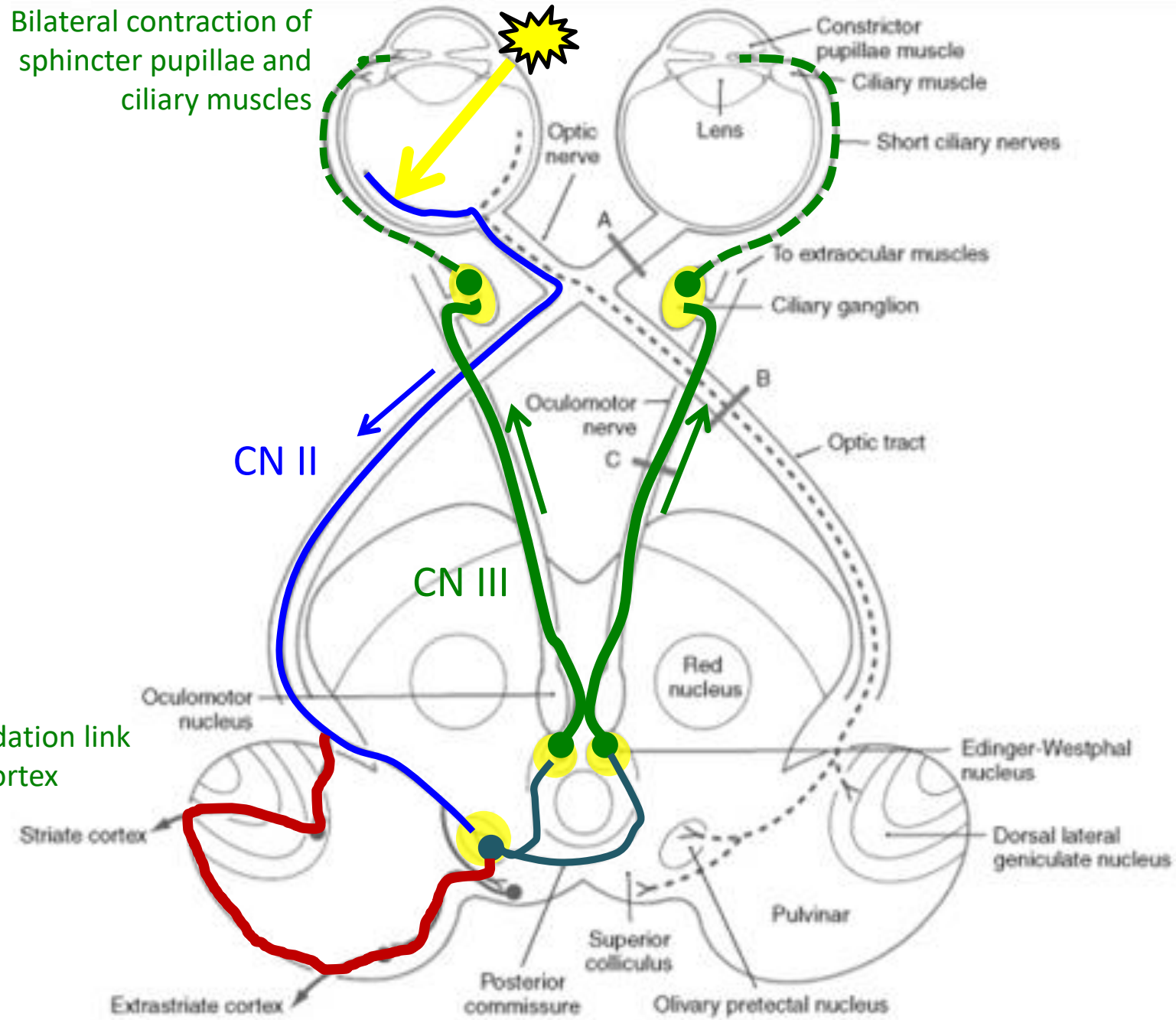
A



B



# Pupillary and Accommodation Reflexes



Bilateral contraction of sphincter pupillae and ciliary muscles

Accommodation link to visual cortex

# Autonomic Control of Accommodation and Pupillary Aperture

## PARAsympathetic

1. parasympathetic preganglionic fibers in the *Edinger- Westphal nucleus* to **third nerve** to the **ciliary ganglion**.
1. Then preganglionic fibers synapse with postganglionic parasympathetic neurons, which send in short *ciliary nerves* into the eyeball to:

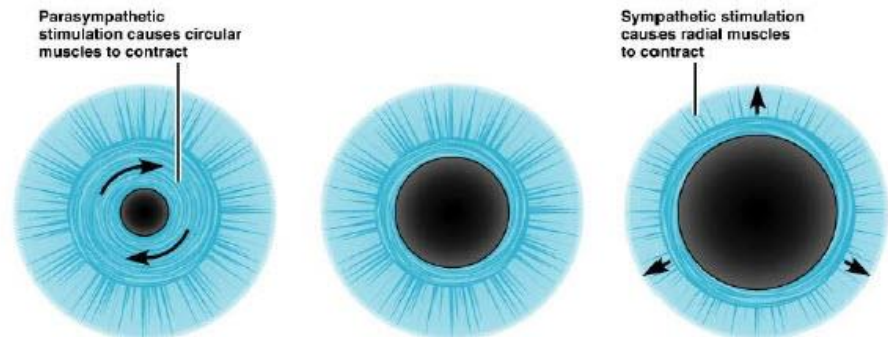
The **ciliary muscle** that controls focusing of the eye lens

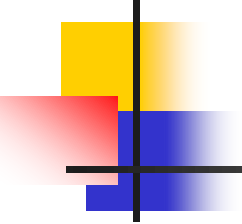
The **sphincter of the iris** that constricts the pupil.

## Sympathetic

1. The sympathetic innervation of the eye originates in lateral horn cells of the first thoracic segment of the spinal cord.
2. to sympathetic chain to the superior cervical ganglion.
3. synapse with postganglionic neurons. sympathetic fibers spread along the surfaces of the carotid artery ,to:

Innervate the **radial fibers** of the iris (which open the pupil)



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

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[gamaltaha@med.asu.edu.eg](mailto:gamaltaha@med.asu.edu.eg)