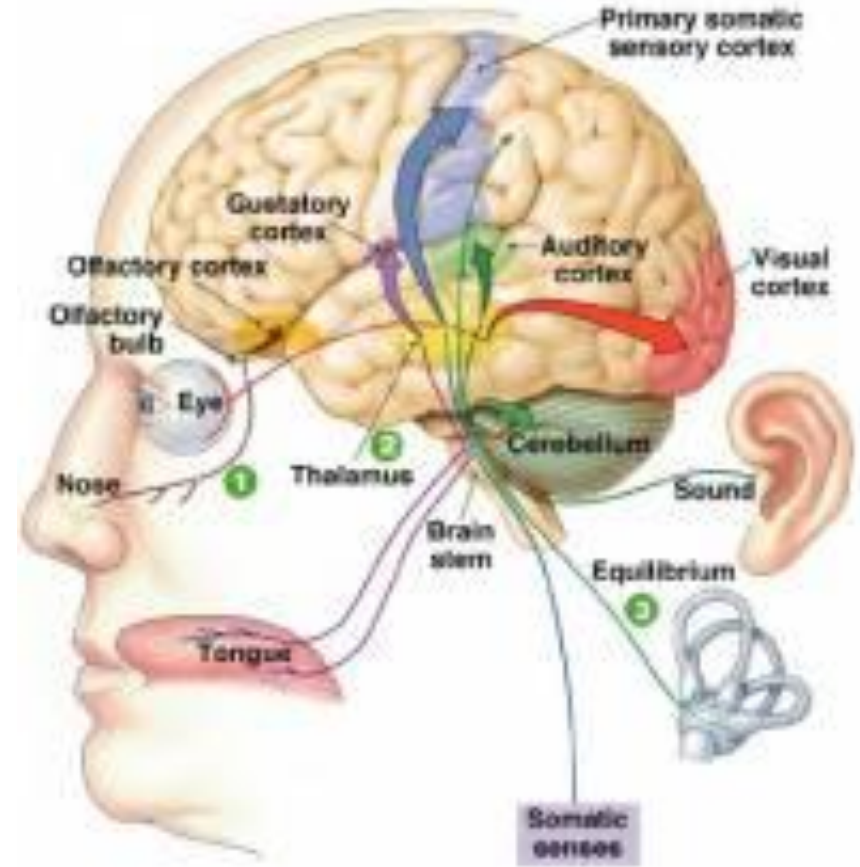


Sensory Systems Anatomy

- Vision
- Hearing
- Balance
- Taste
- Smell
- Touch
- Pain
- Proprioception
- Interoception

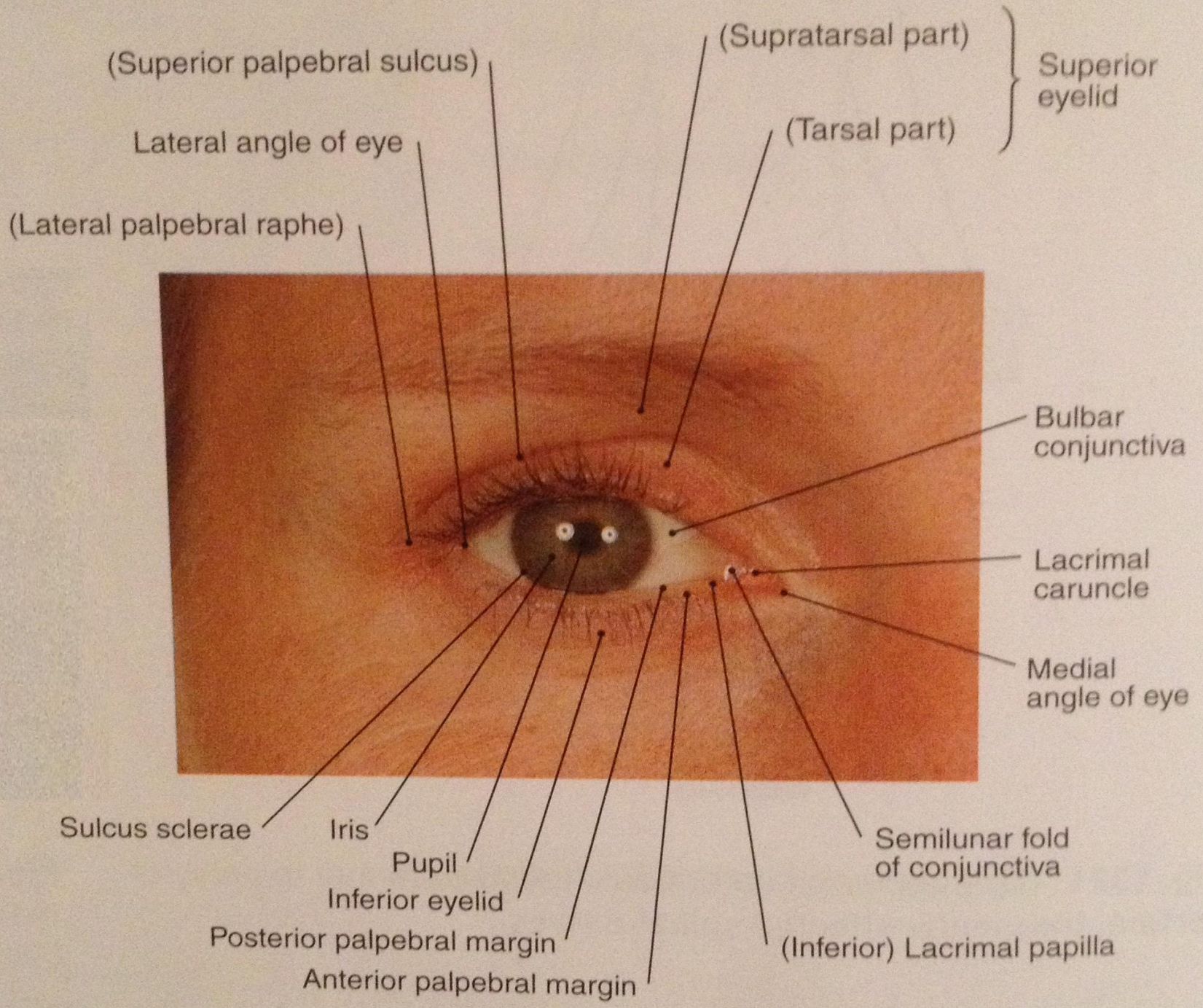


MU Dr. Azzat Al-Redouan

Sensory receptors

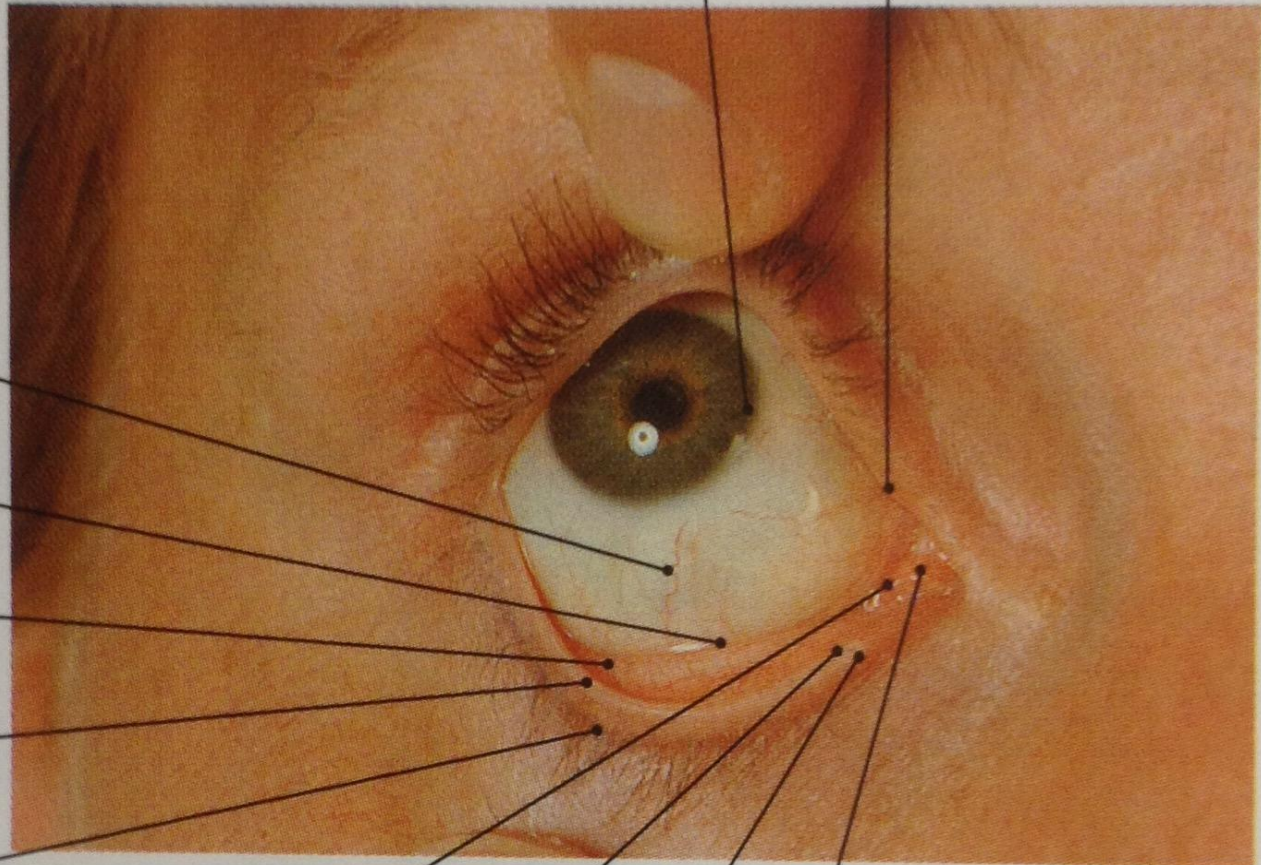
- Vision Light
- Taste } Chemical
- Smell }
- Hearing } Mechanical
- Touch }

- Internal
 - Baroreceptors - blood pressure
 - Osmoreceptors - osmolarity
 - Chemoreceptors – chemical concentration



Sulcus sclerae

(Superior) Lacrimal papilla



Bulbar conjunctiva

Inferior conjunctival fornix

Palpebral conjunctiva

Posterior palpebral margin

Anterior palpebral margin

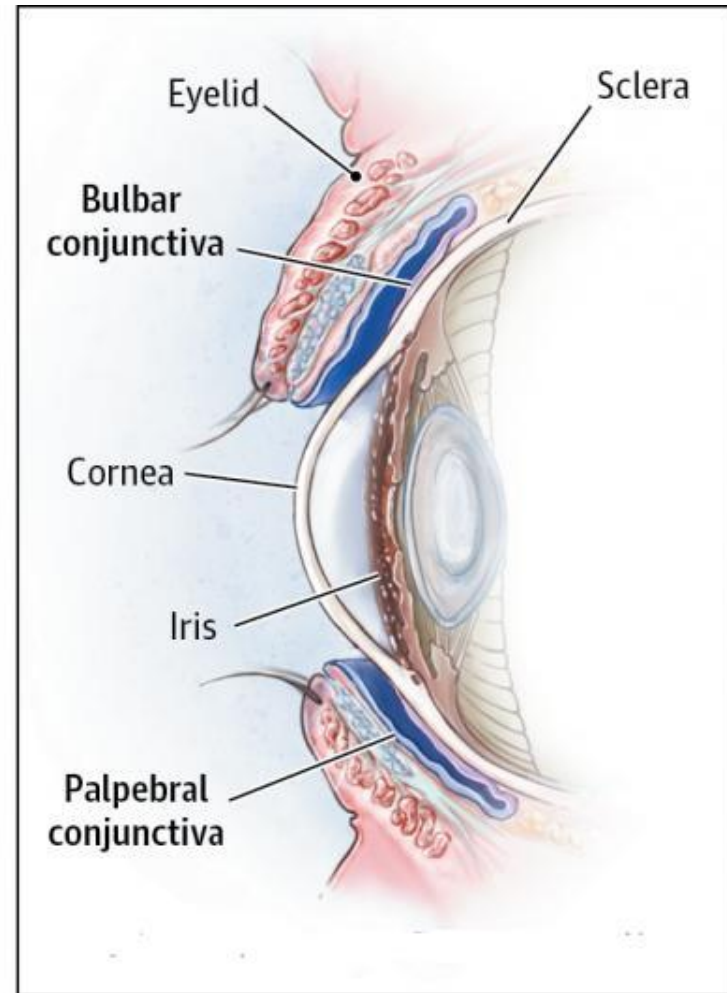
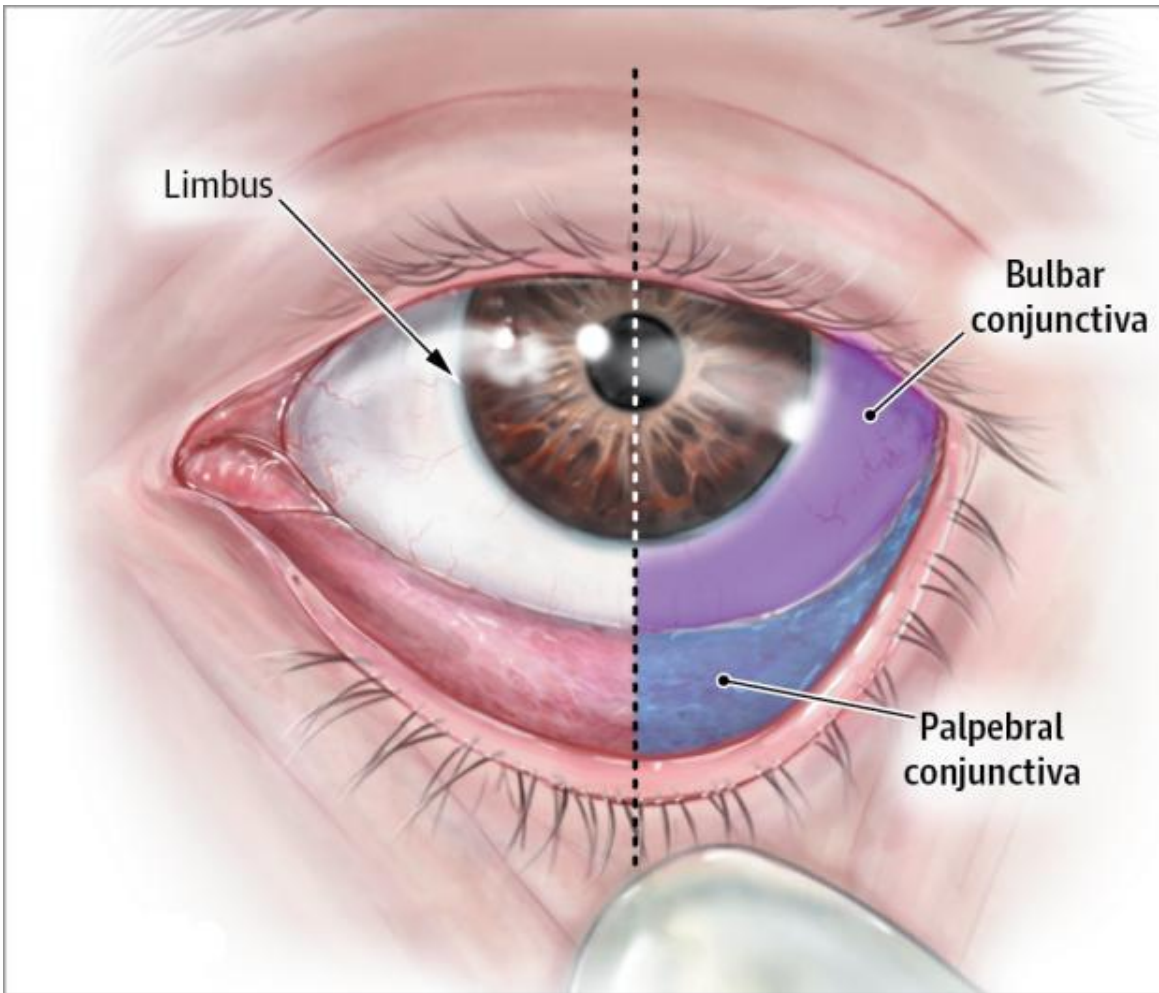
Semilunar fold of conjunctiva

Lacrimal punctum

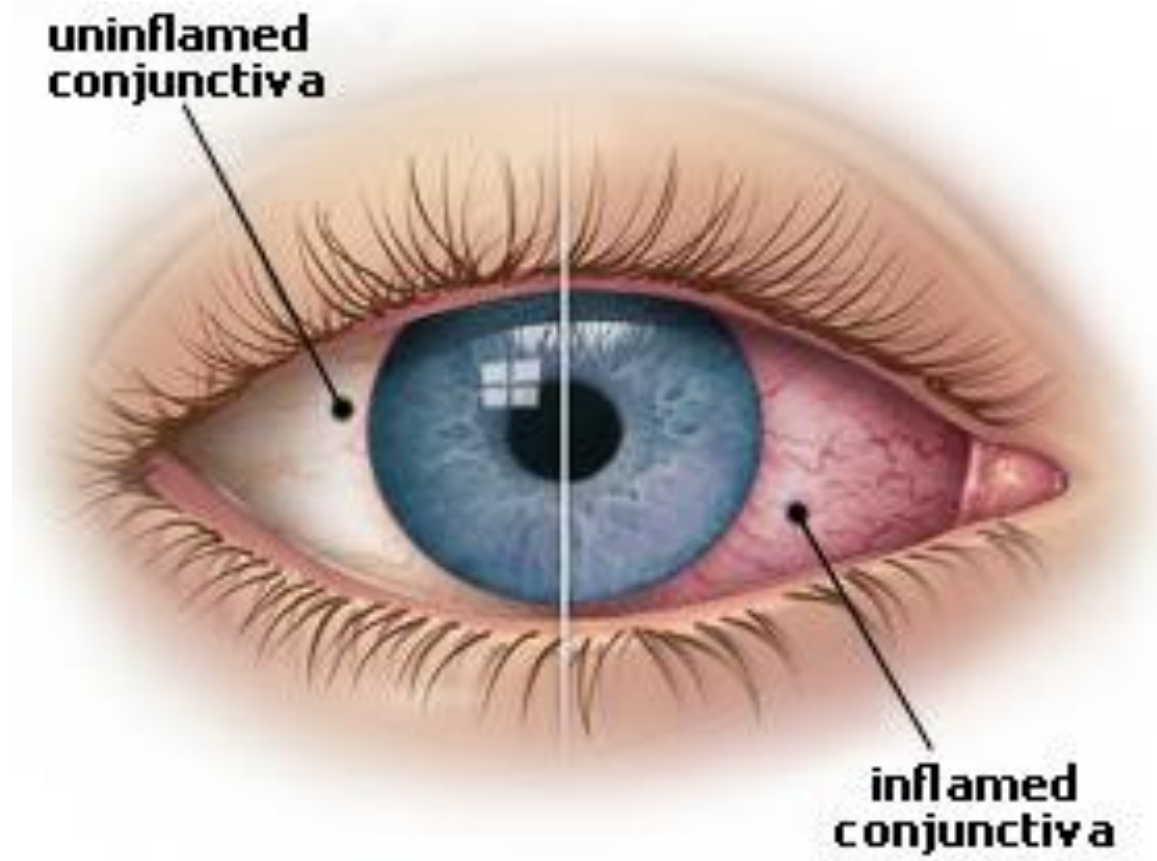
(Inferior) Lacrimal papilla

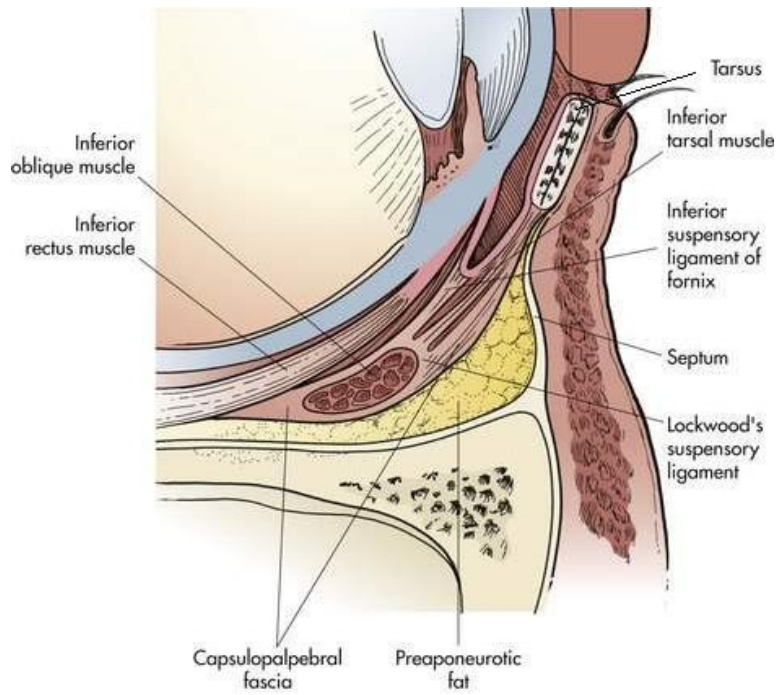
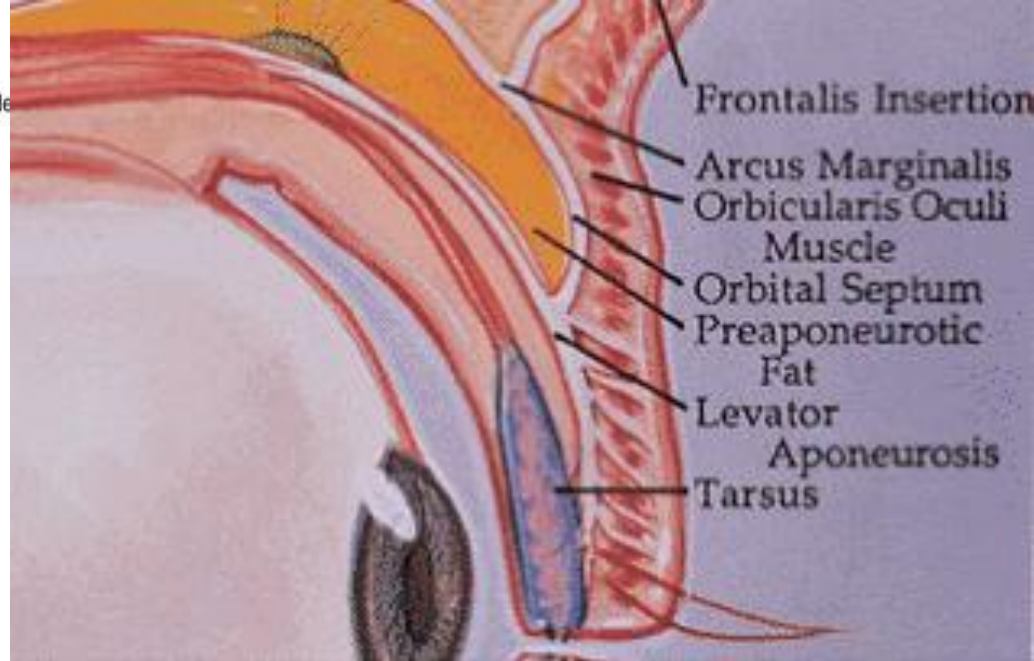
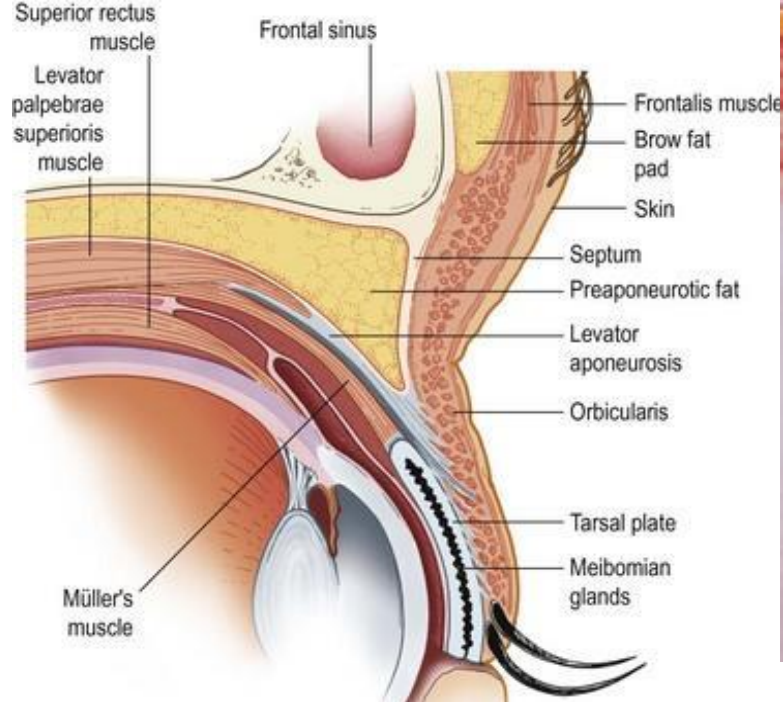
Lacrimal caruncle

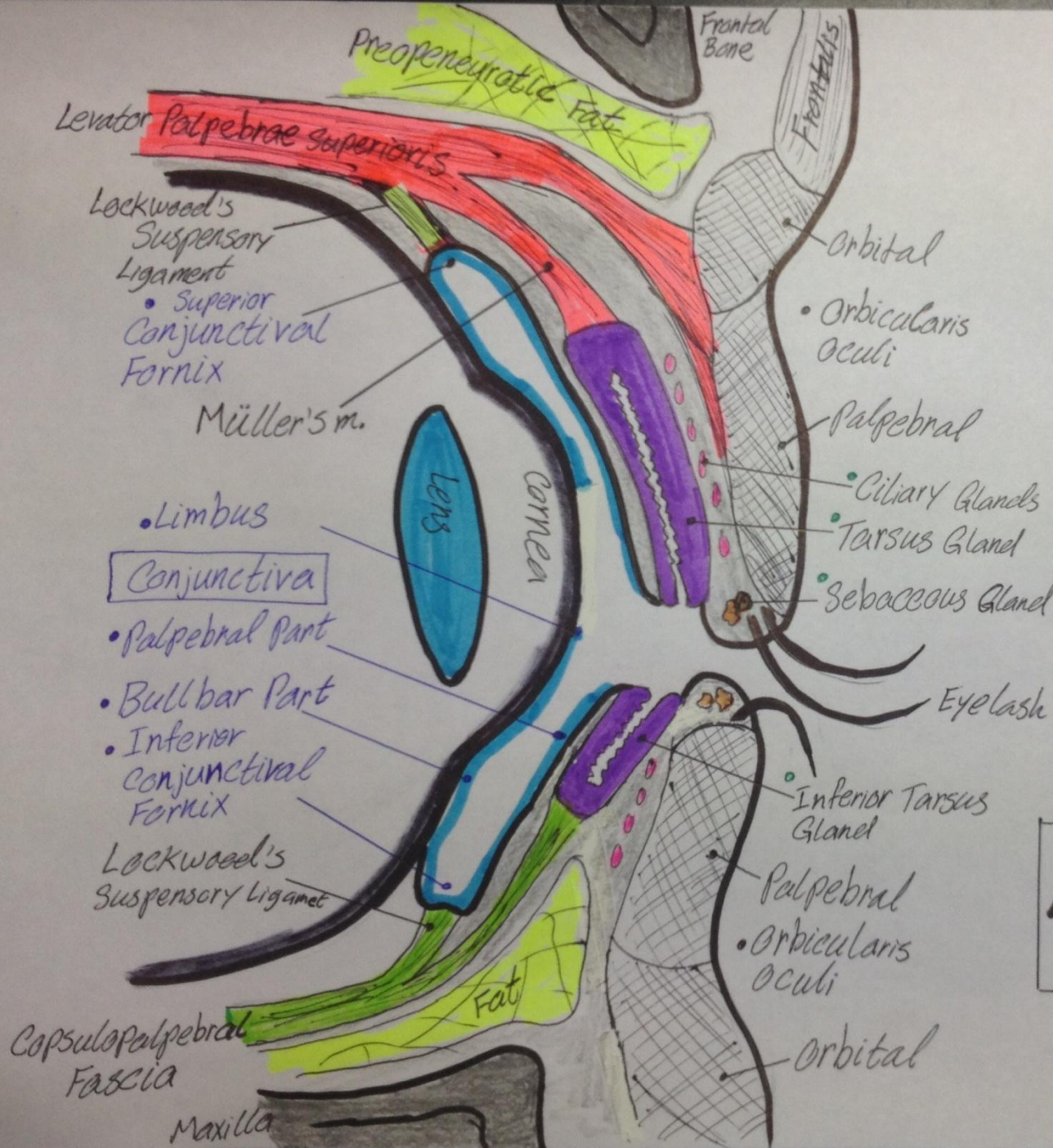
Conjunctiva



Conjunctivitis







Eyelid - Sagittal Section

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Exophthalmos

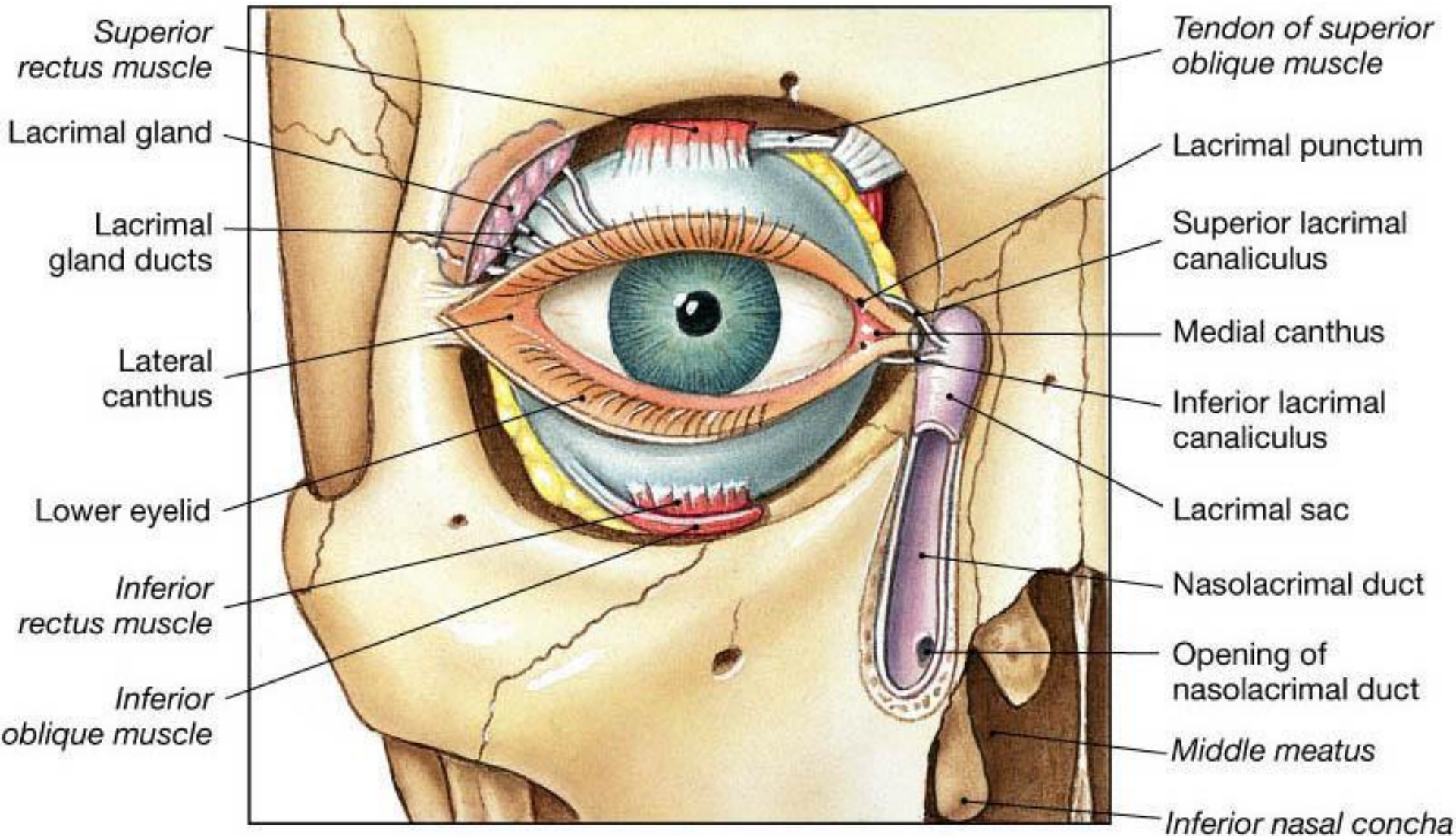


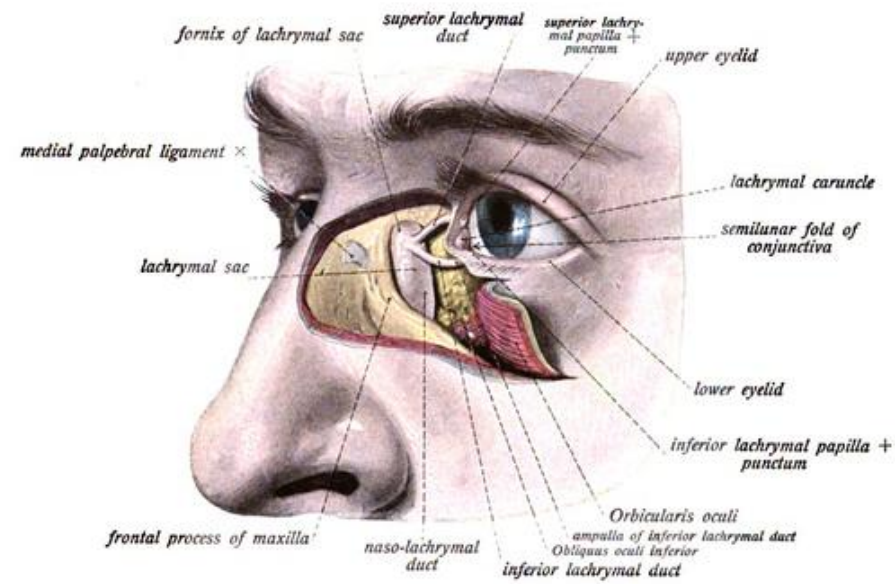
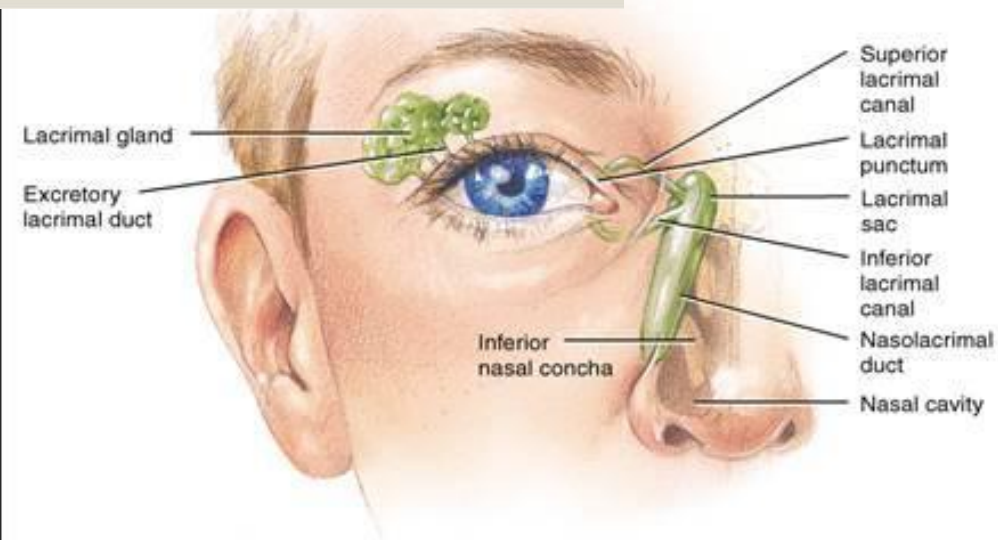
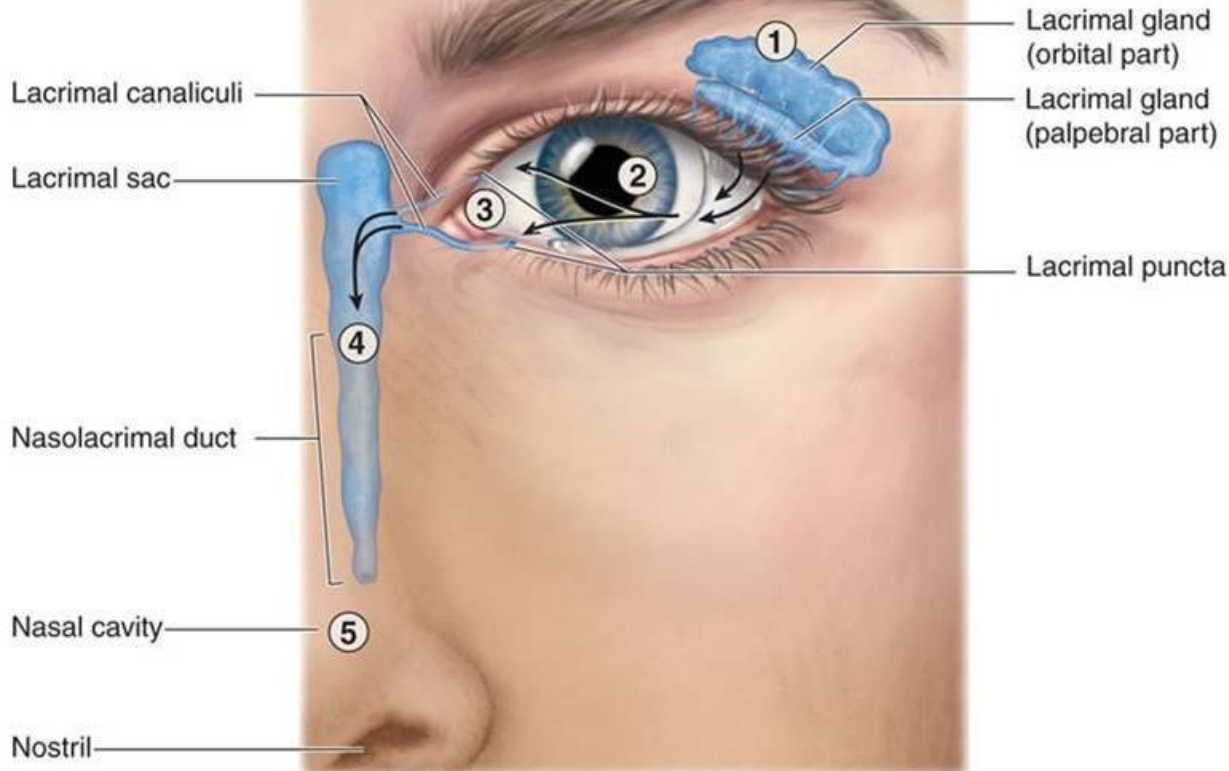
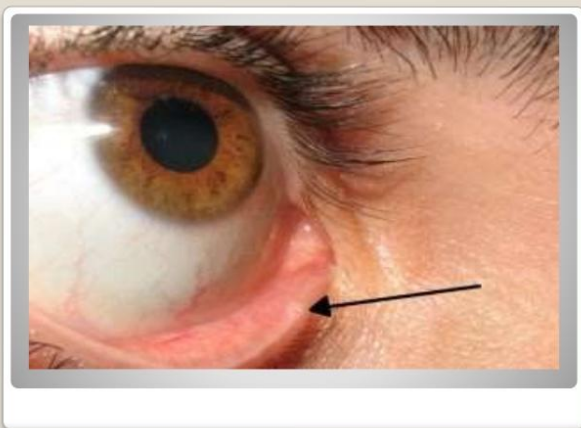
Palpebral Inflammation

Periorbital Edema

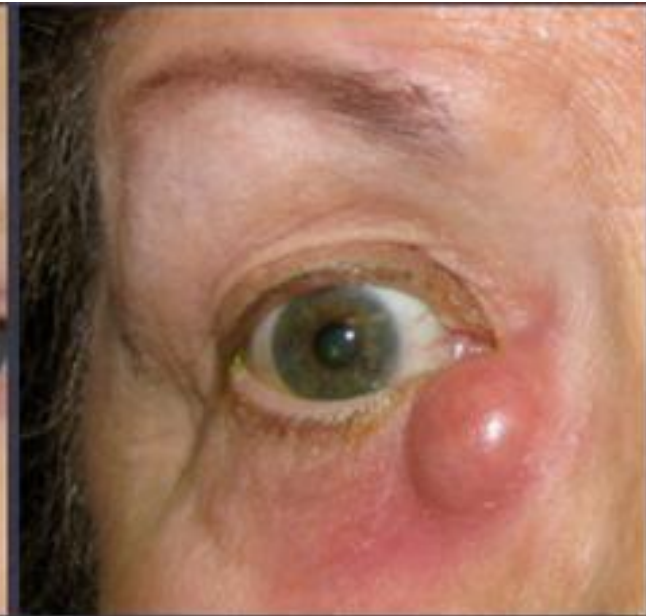


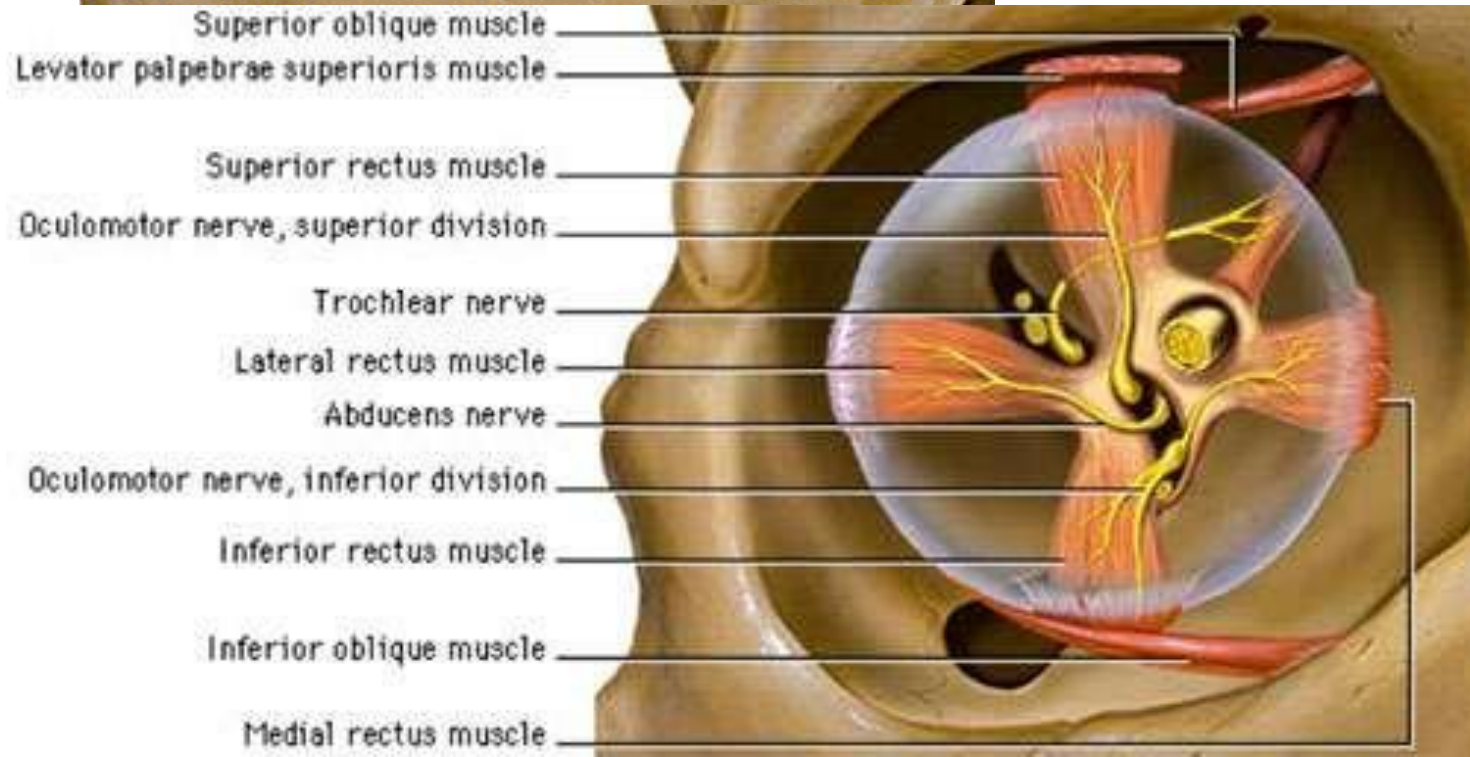
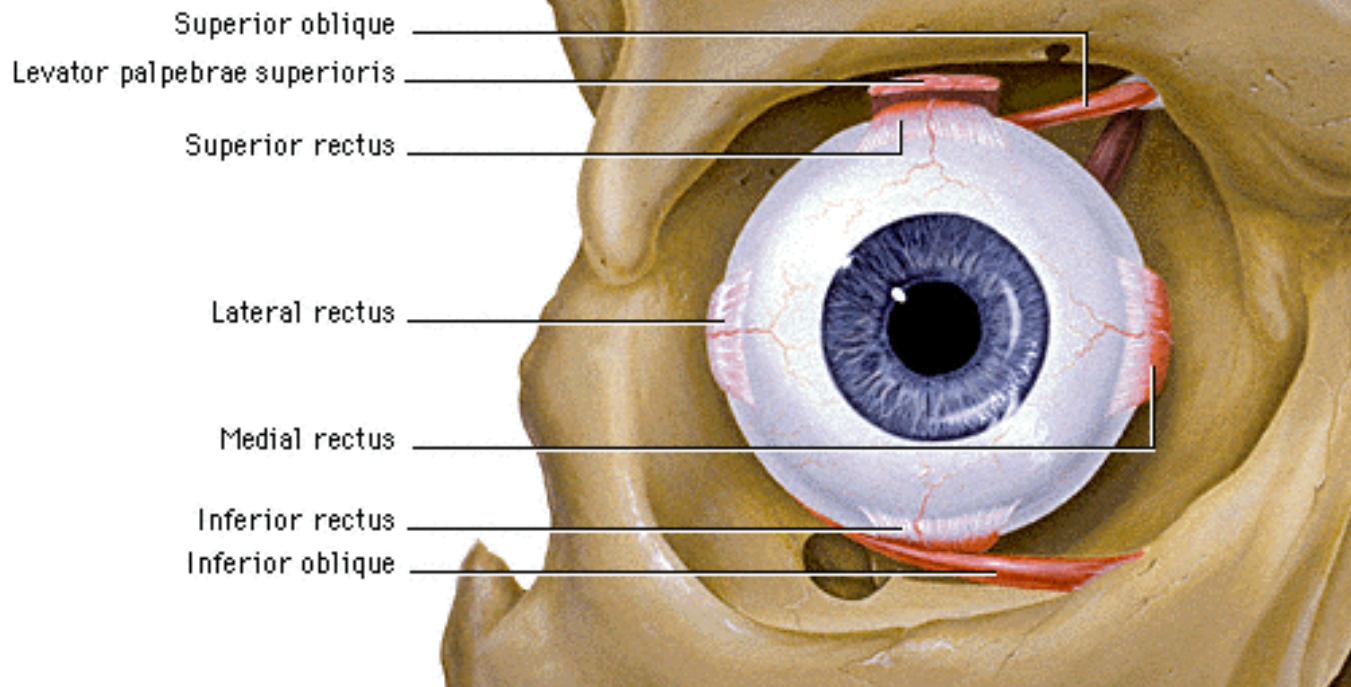
Lacrimal Apparatus

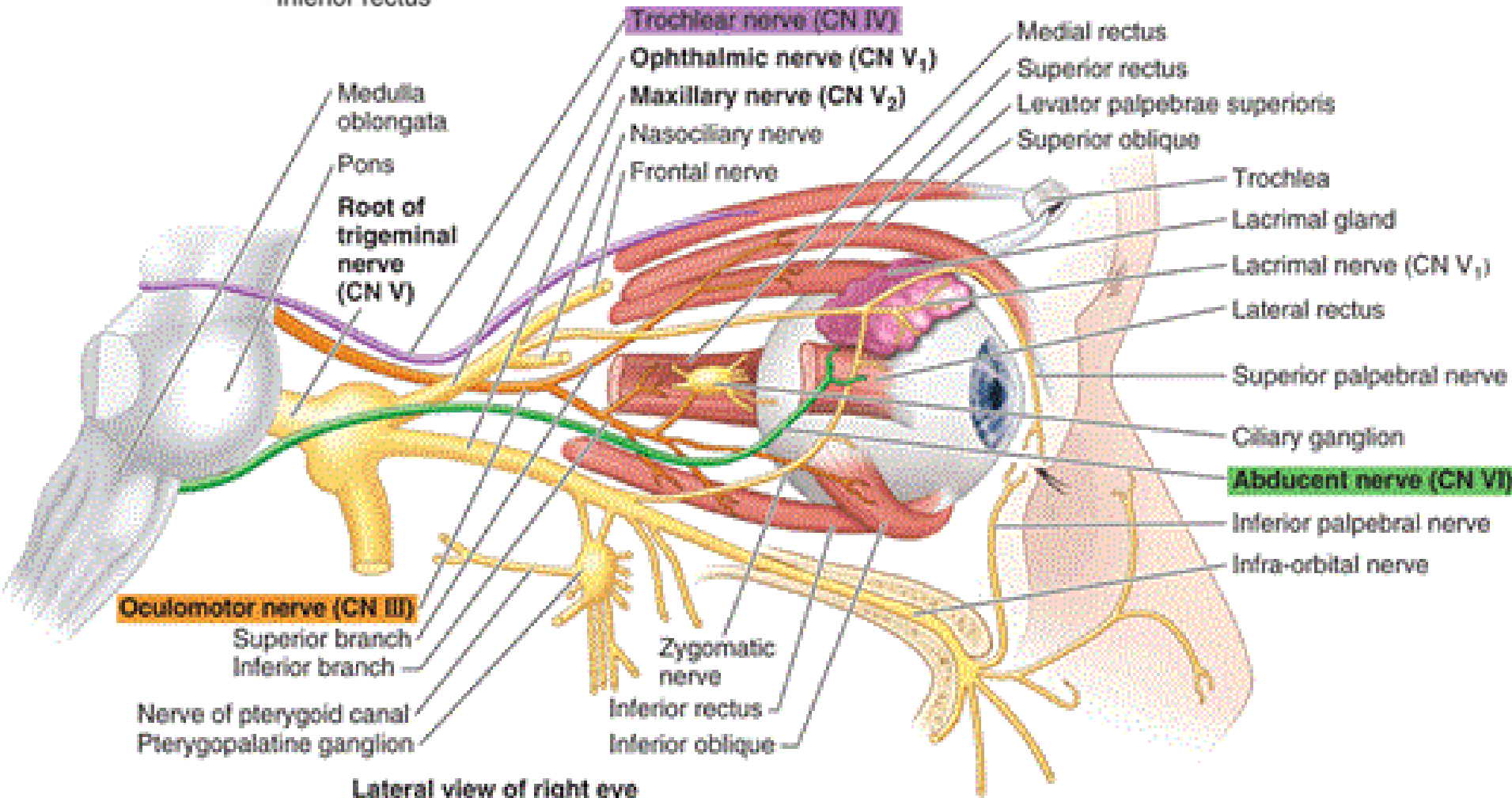
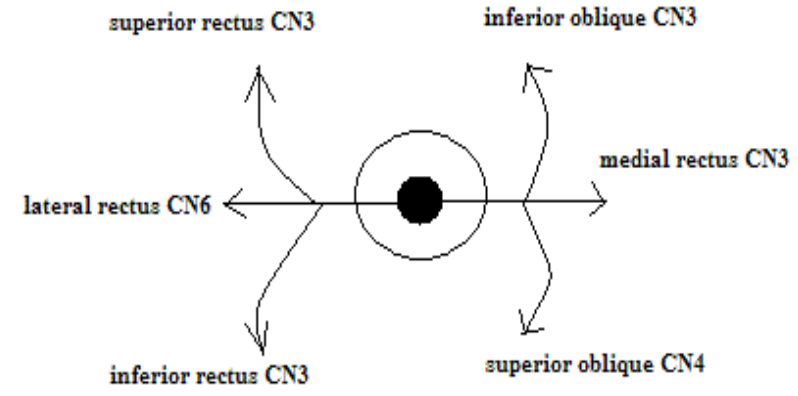
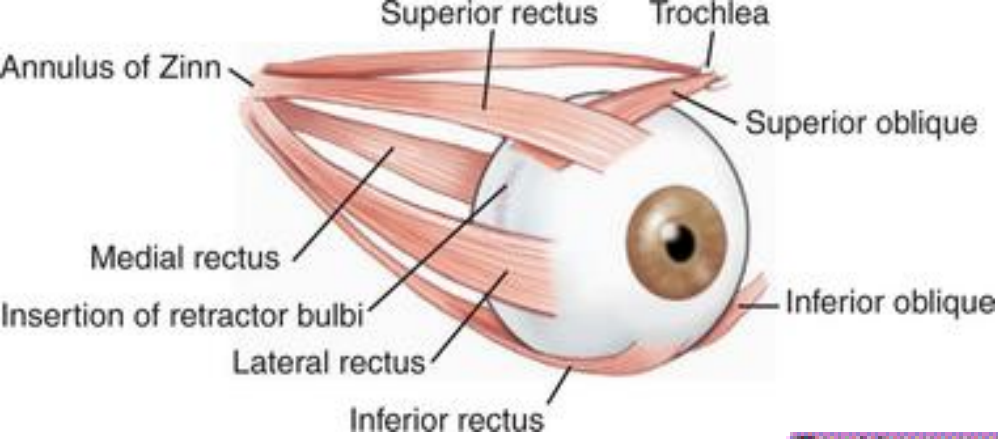




Lacrimal Canaliculi Obstruction







Strabismus (Misalignment of eyeballs)

A. Esotropia



B. Exotropia

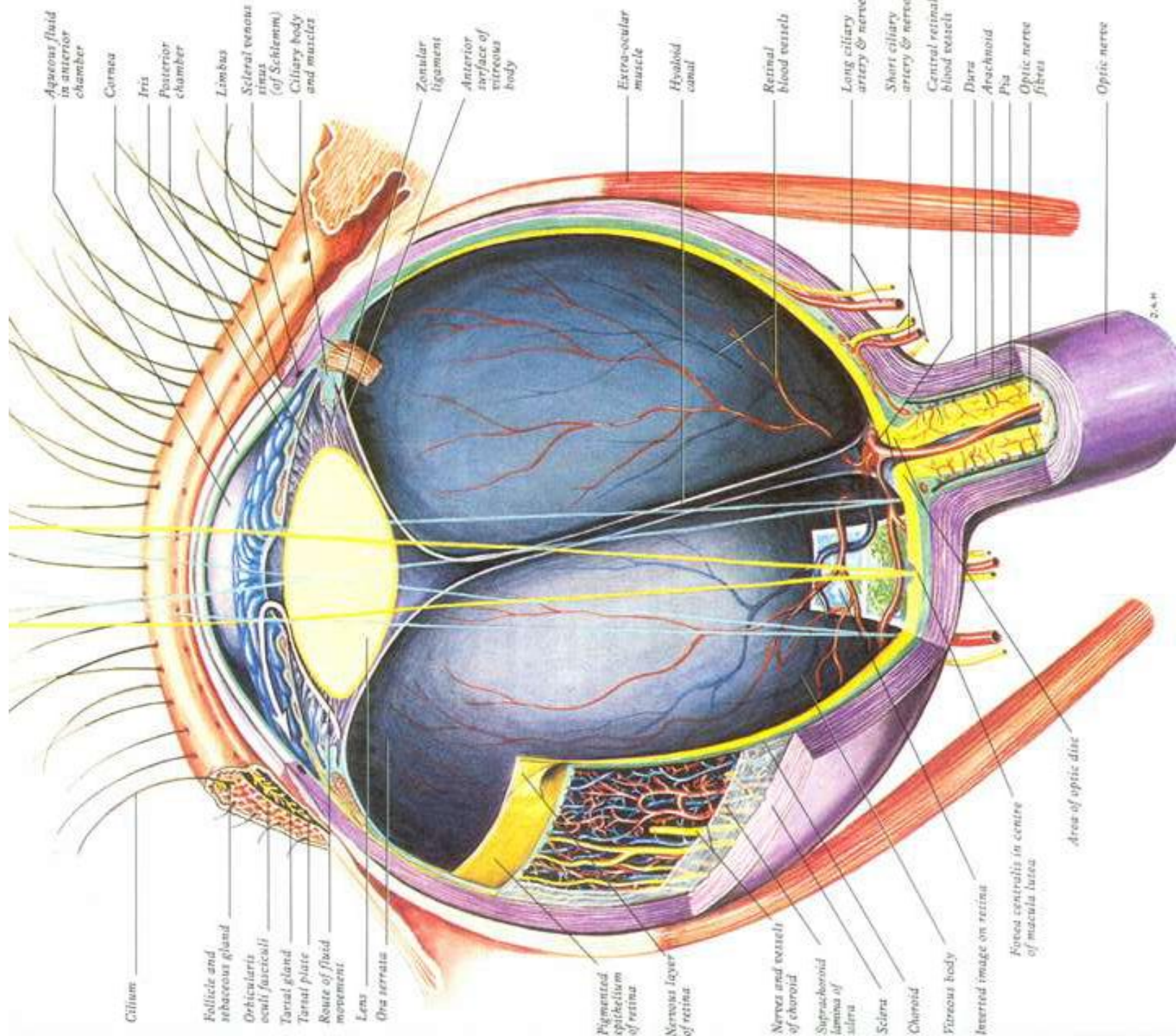


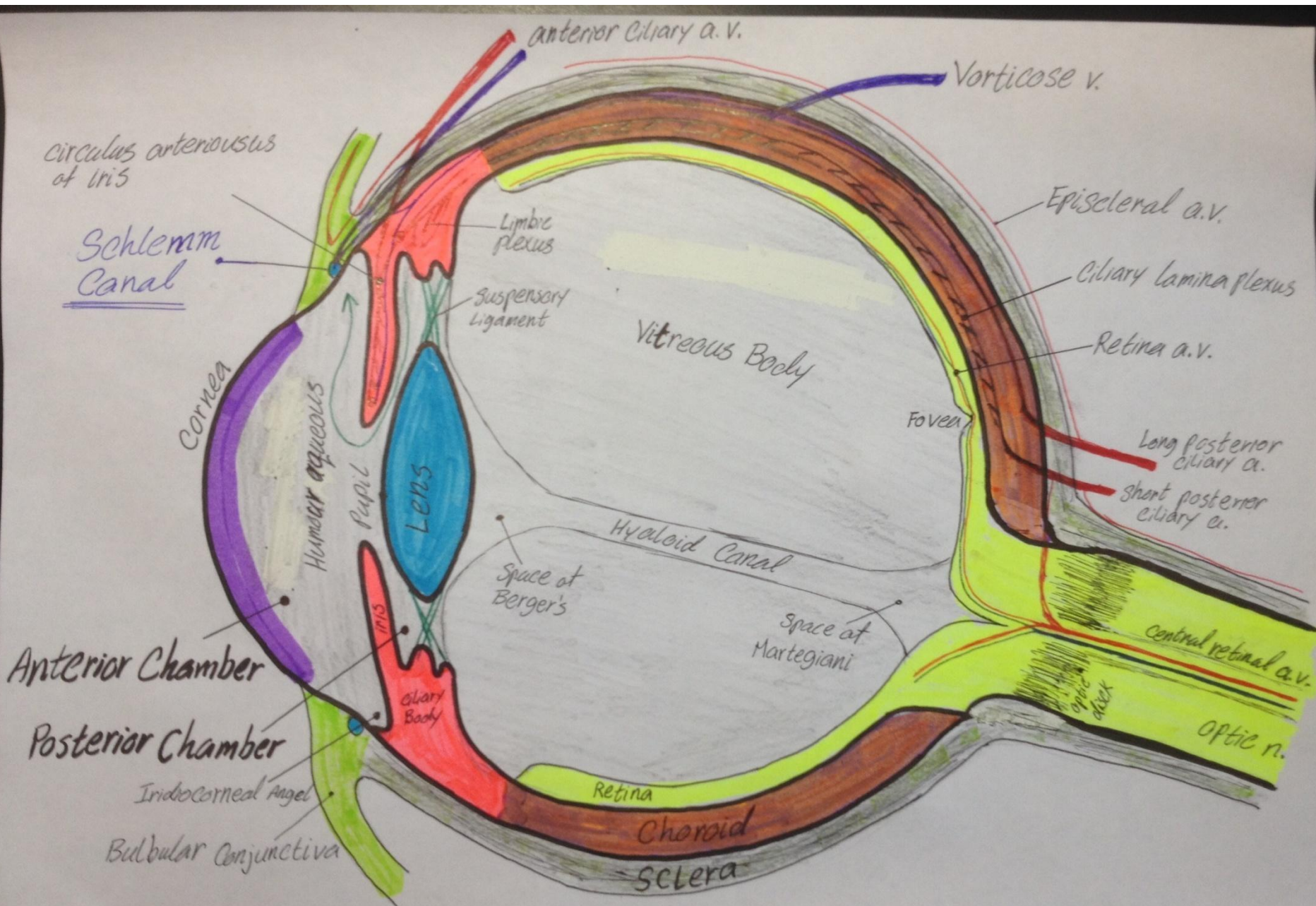
C. Hypertropia



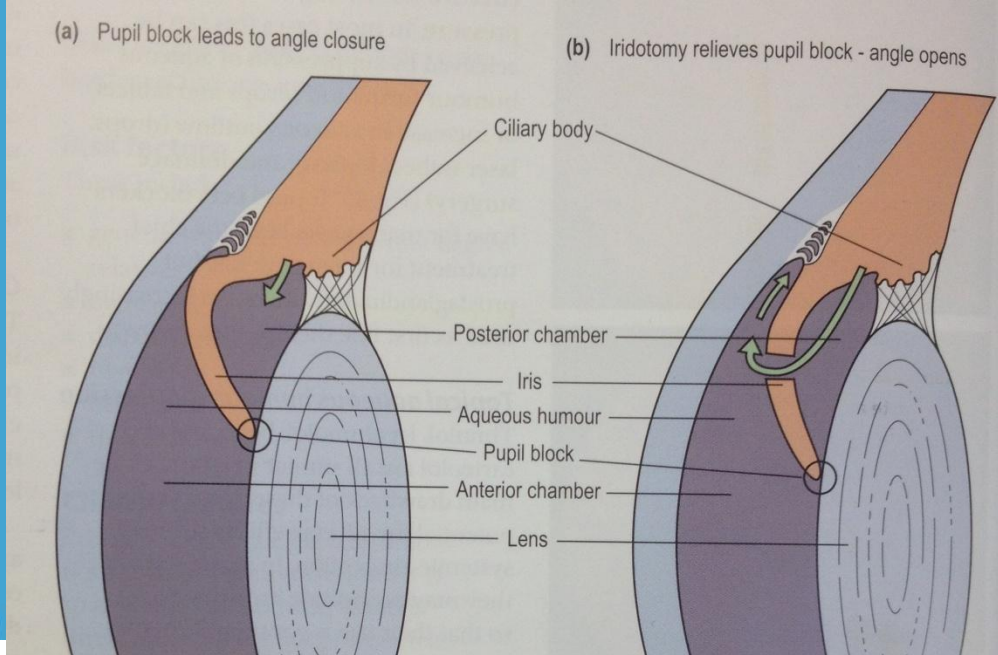
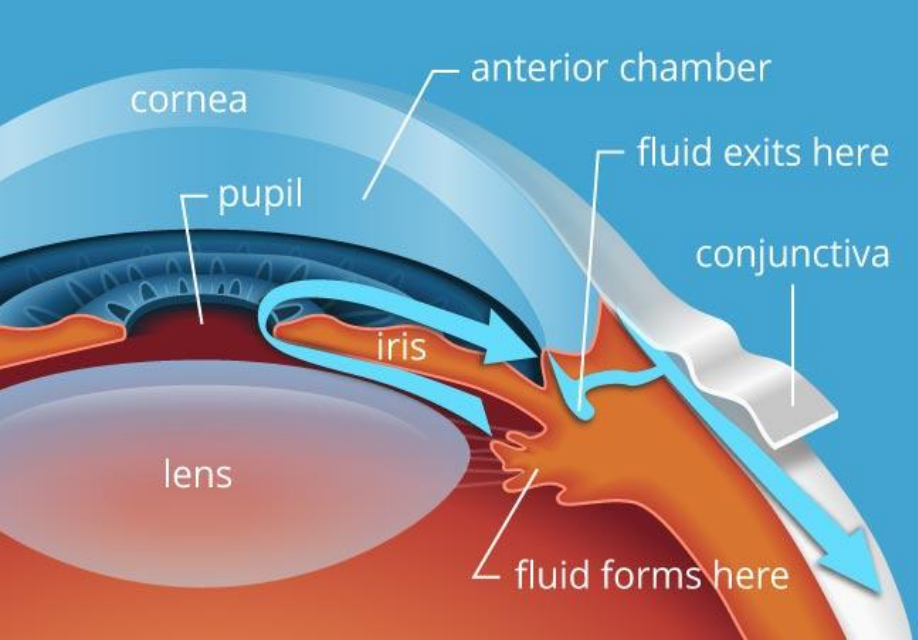
D. Hypotropia







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Development of Glaucoma

Healthy Eye

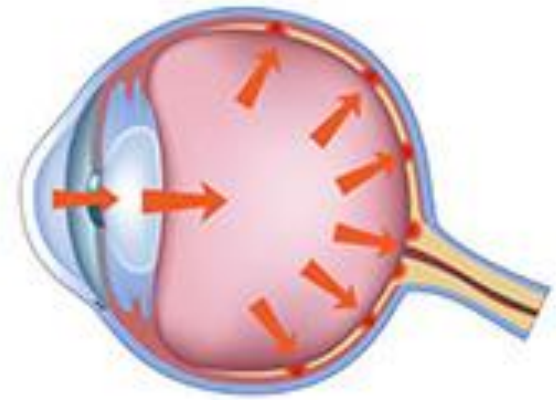
Glaucoma



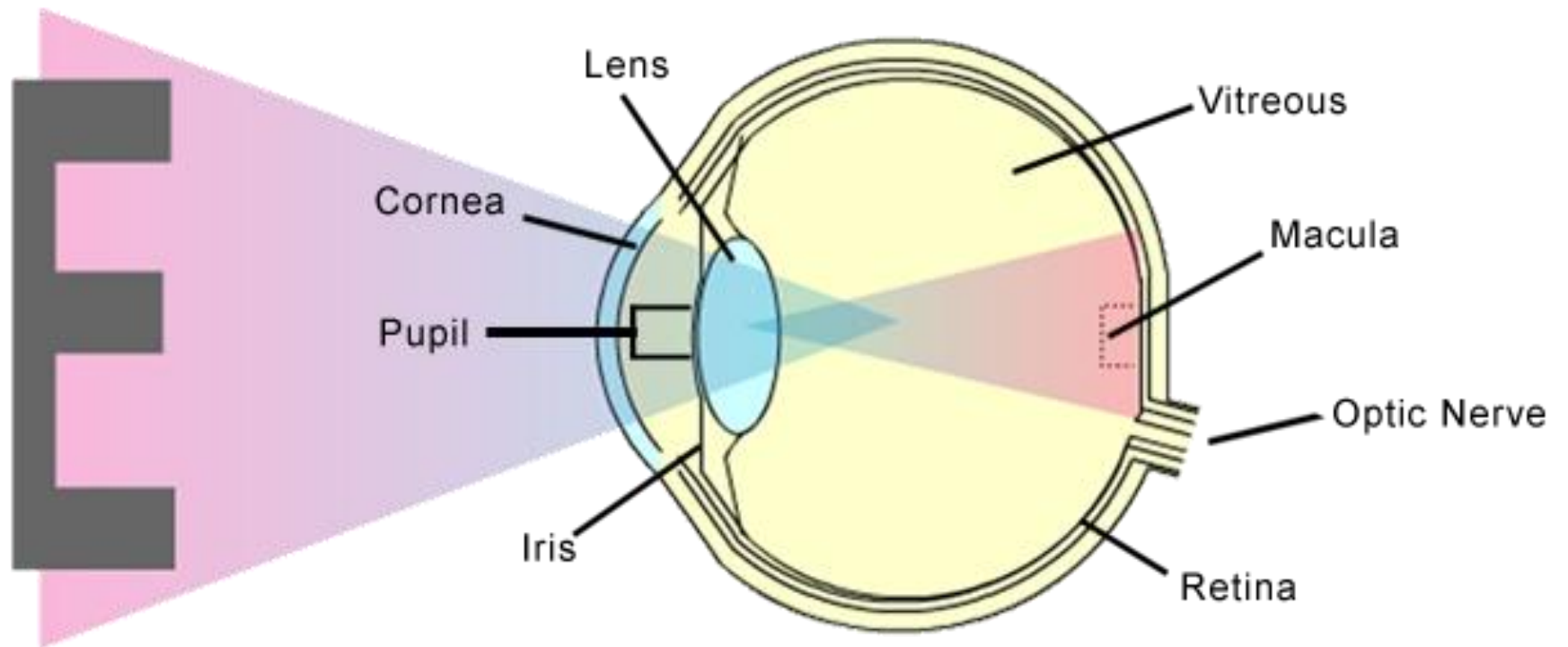
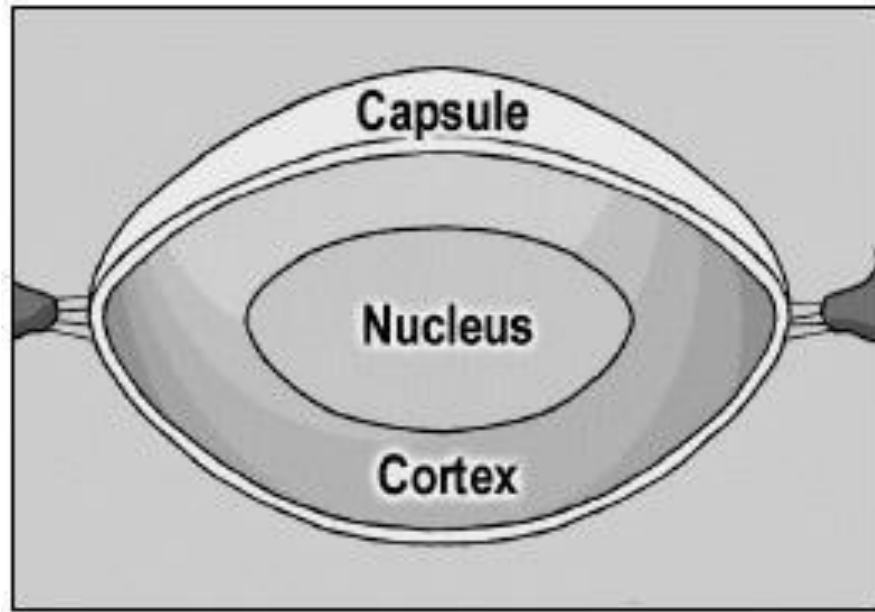
Flow of aqueous humour through the drainage canal.



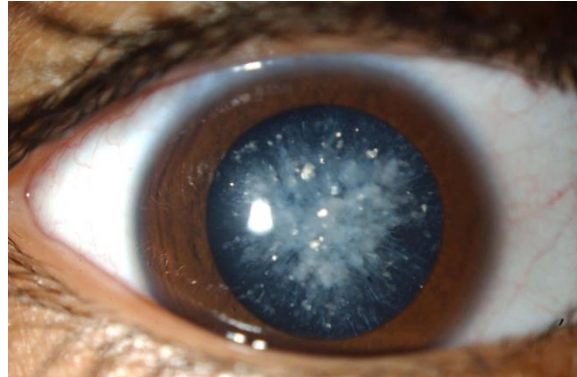
1. Drainage canal blocked; build up of fluid.



2. Increased pressure damages blood vessels and optic nerve.

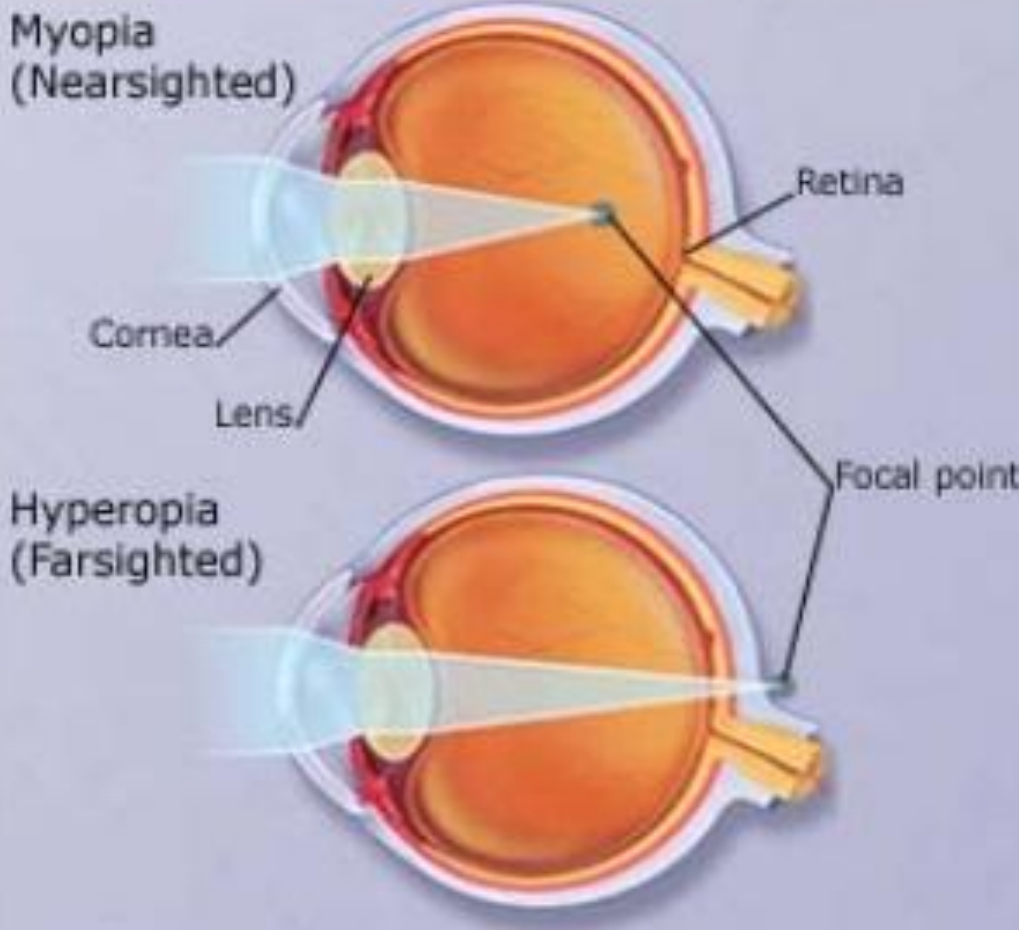


Cataract

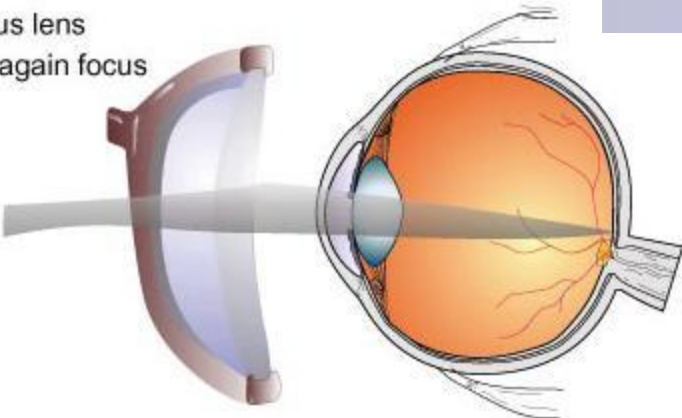


Refraction Errors

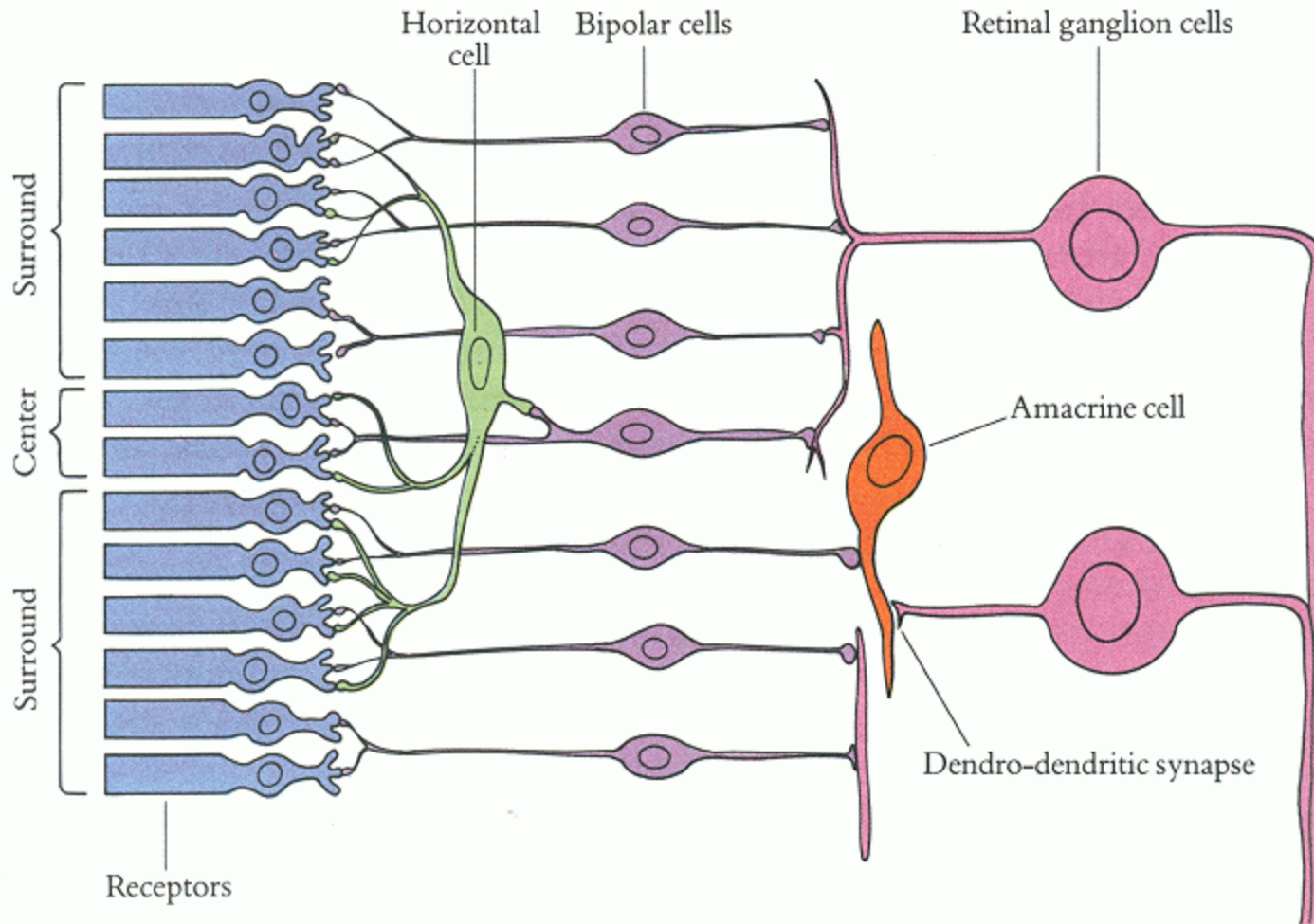
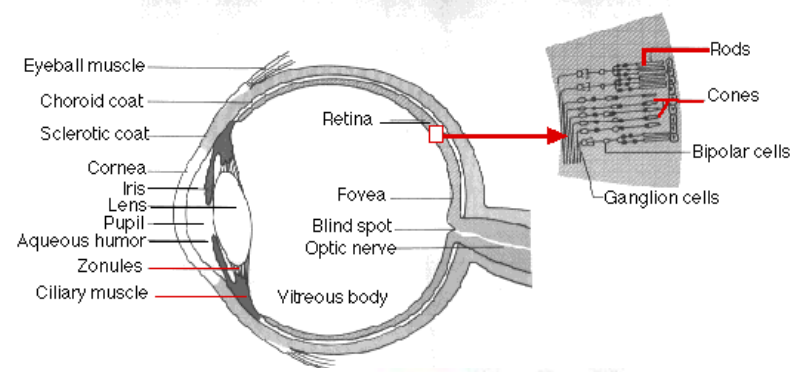
Myopia and Hyperopia



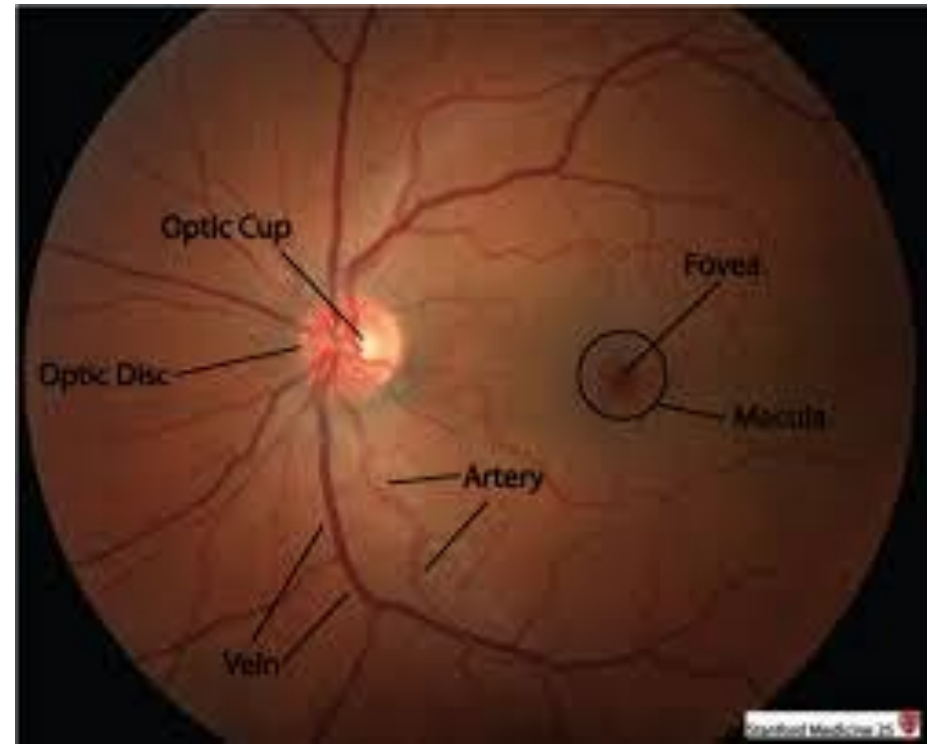
Correction with a plus lens allows light to once again focus on the retina.



Retina

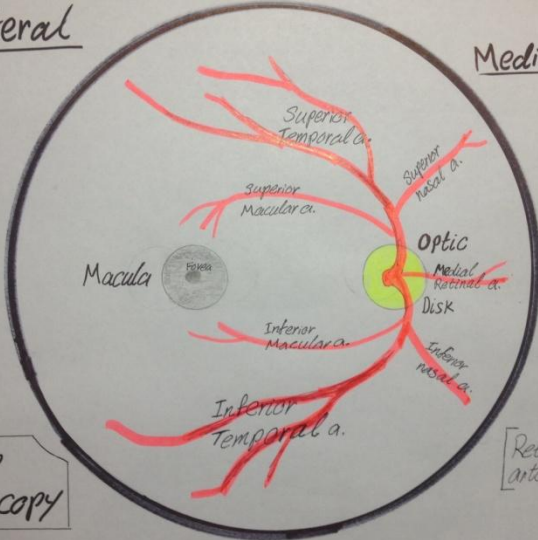


Fundoscopy



Lateral

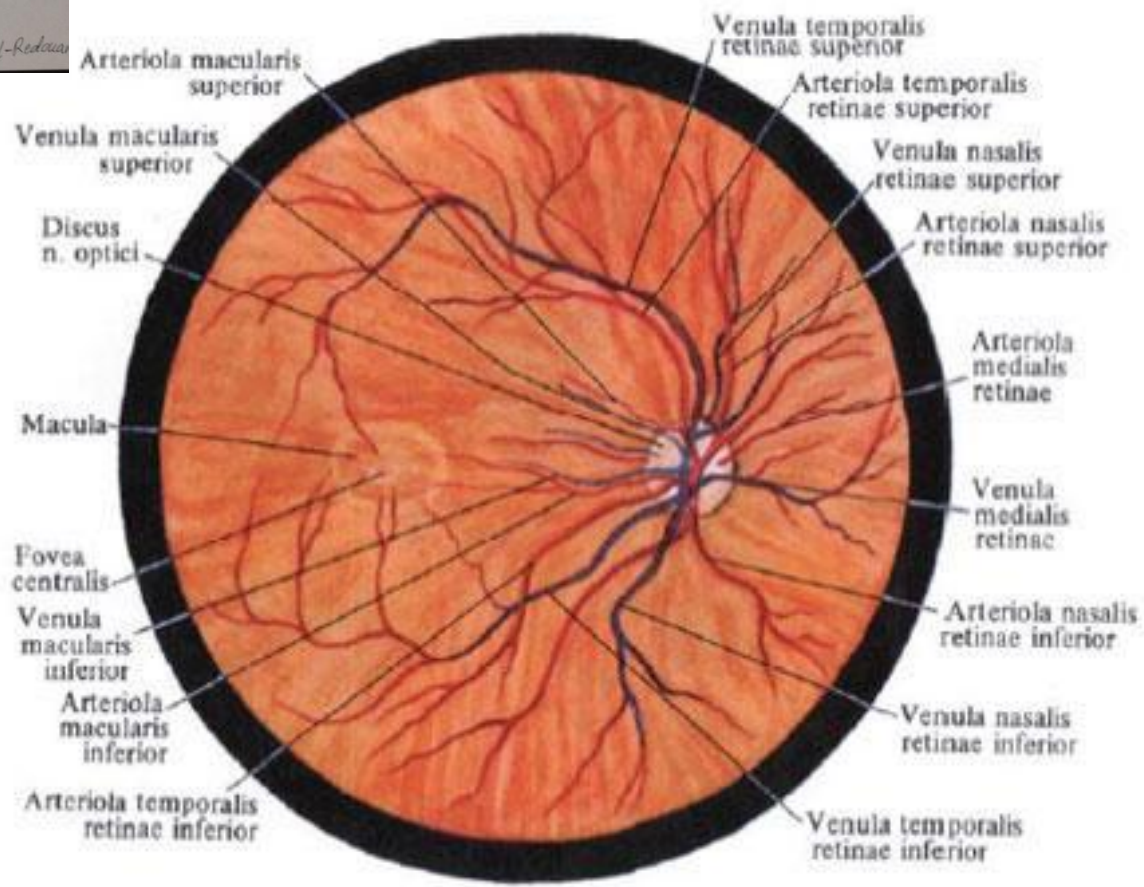
Medial



Right Eye Fundoscopy

Retinal arterioles

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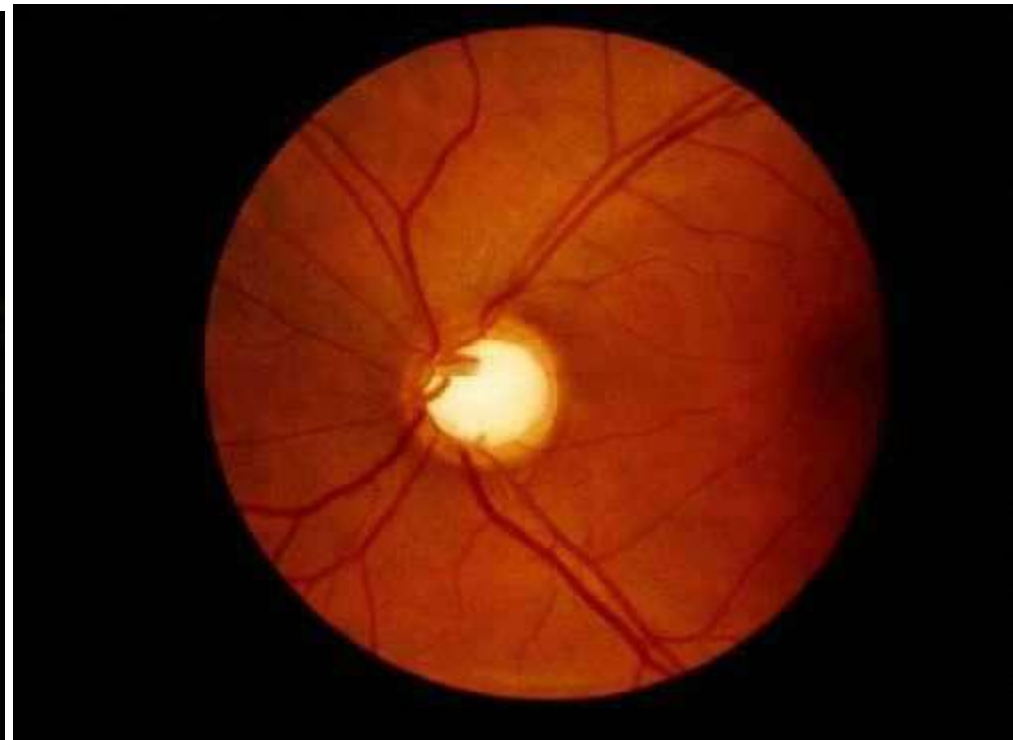
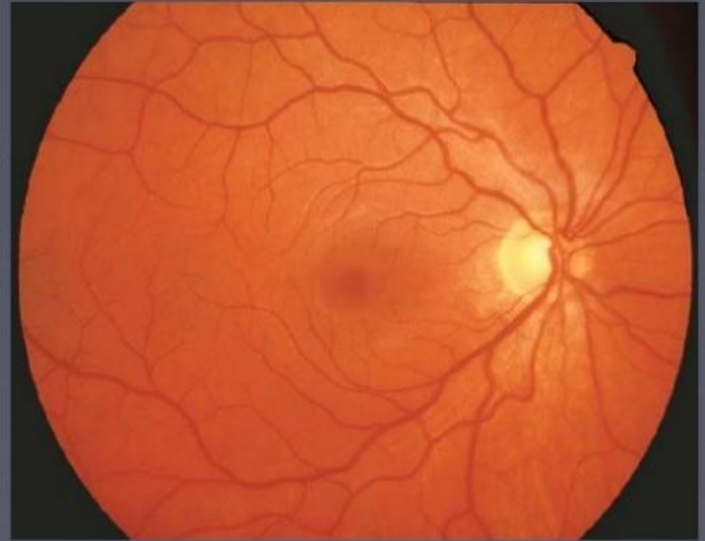
macular degeneration

Normal Retina

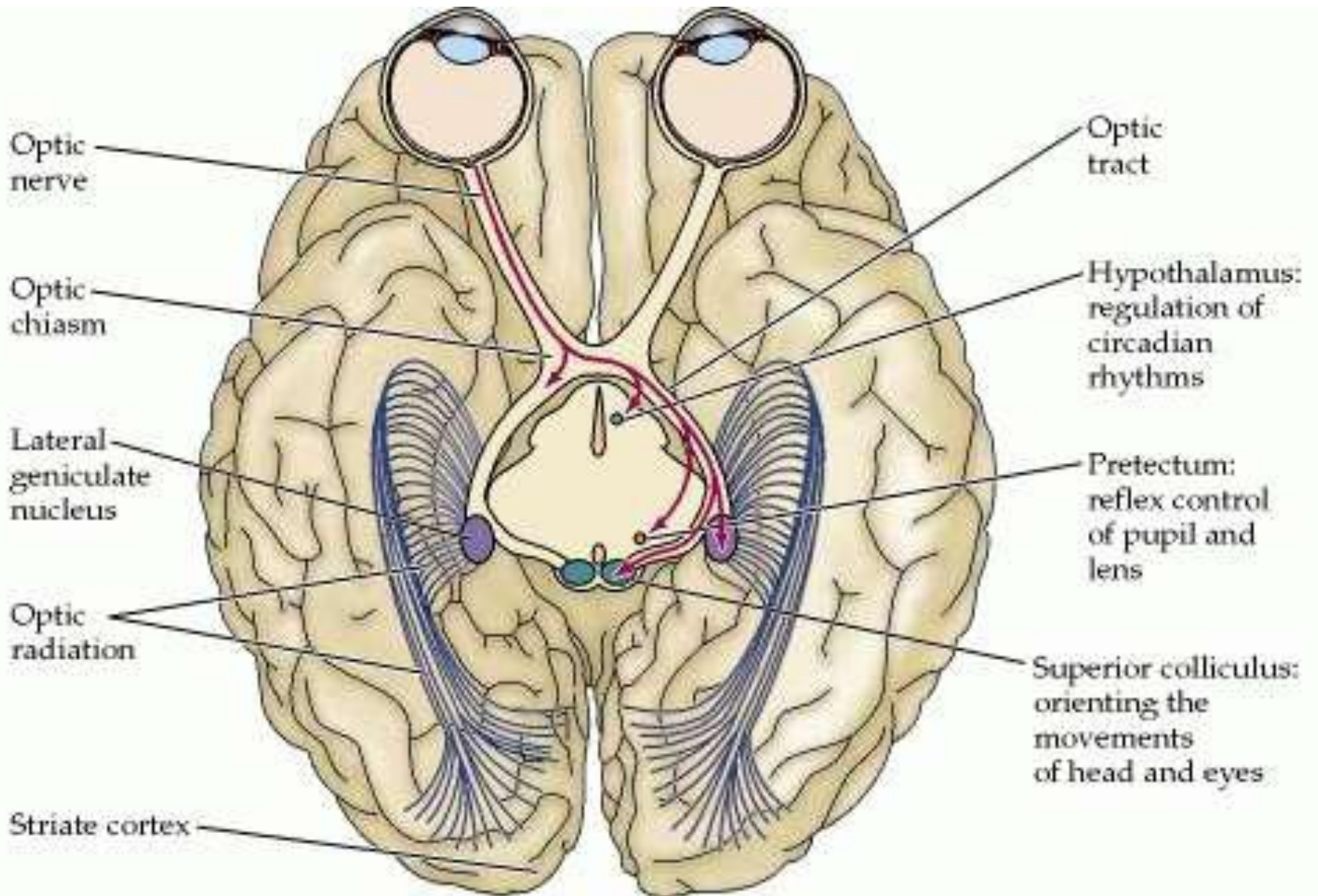


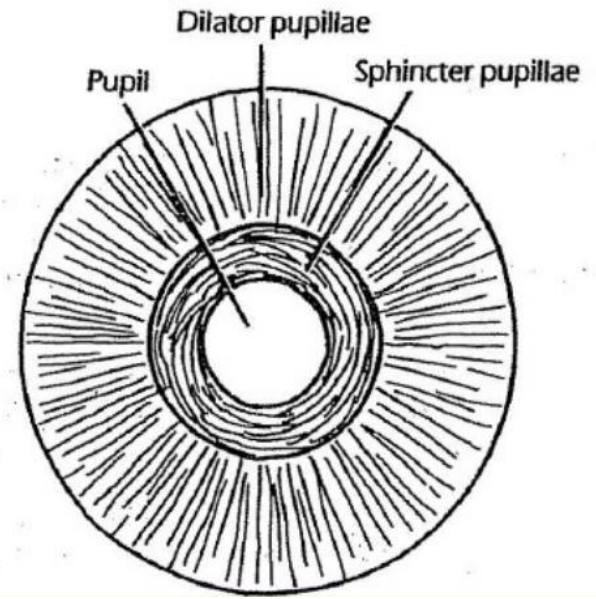
Glaucoma

Normal Retina



Visual Pathway





Circular muscles contract to constrict pupil

Pupil

Radial muscles contract to dilate pupil



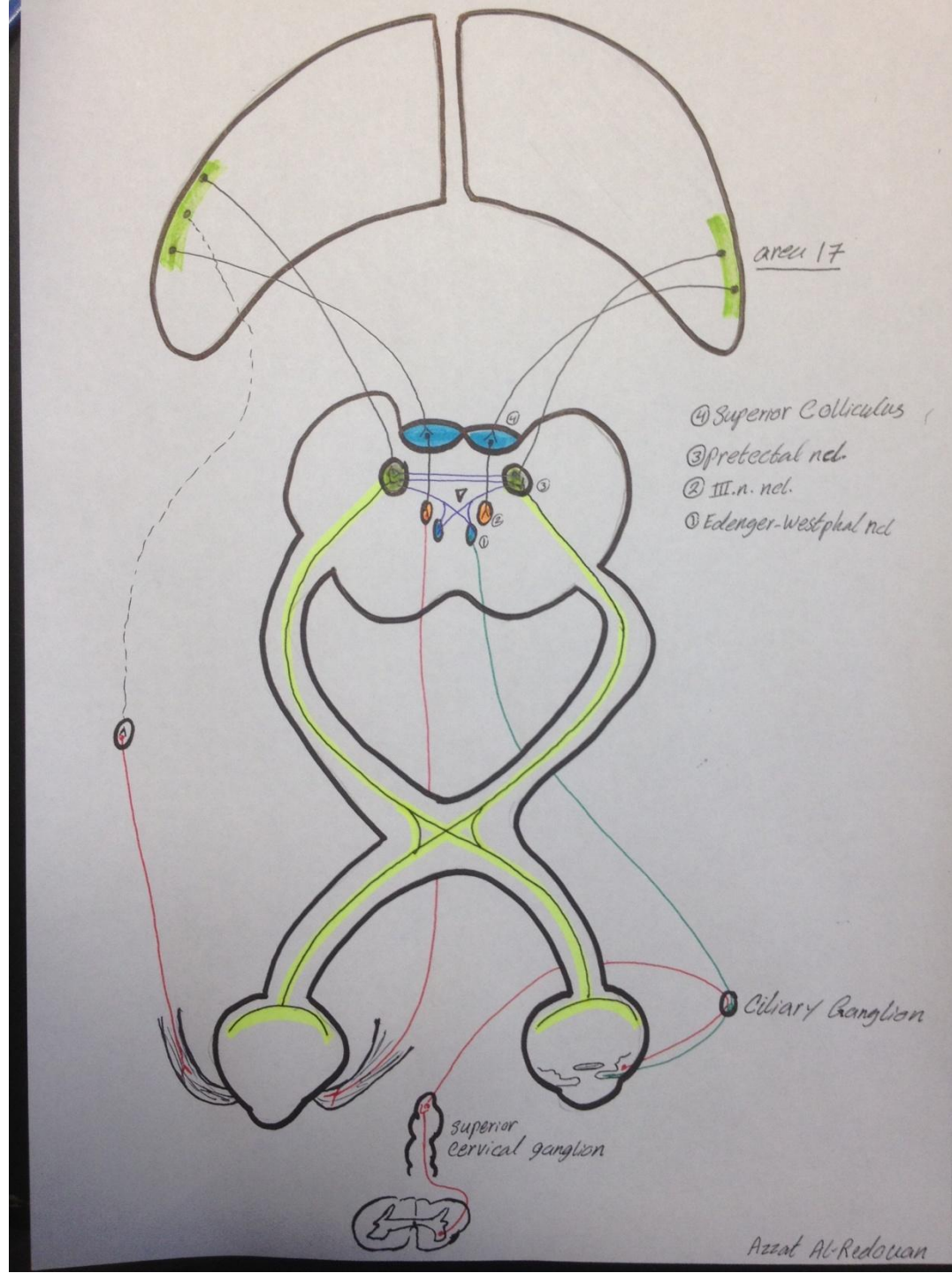
Bright light

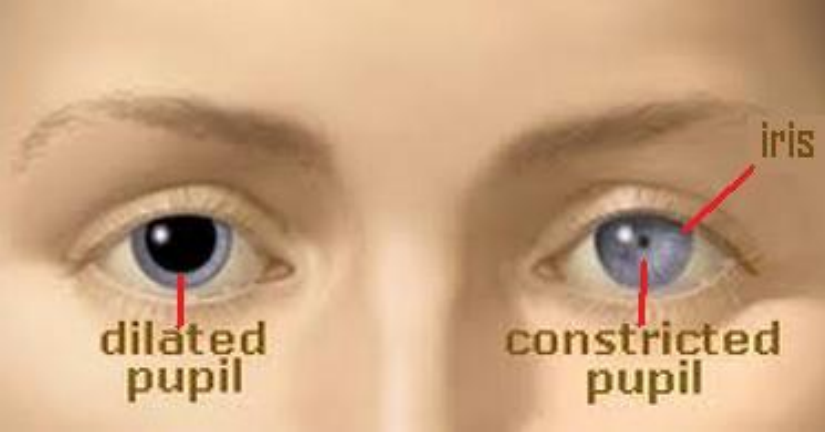
Average light

Dim light

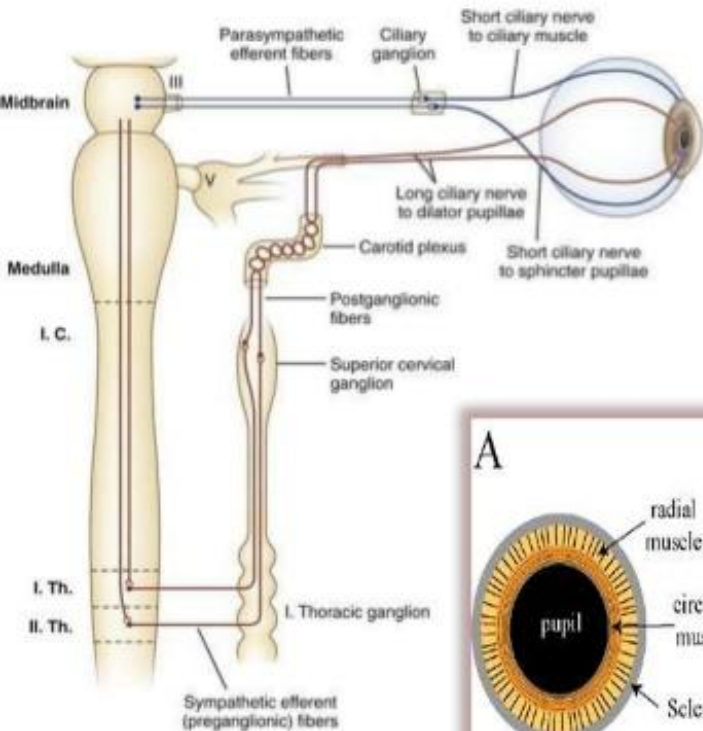
Iris

Papillary Reflex Pathway

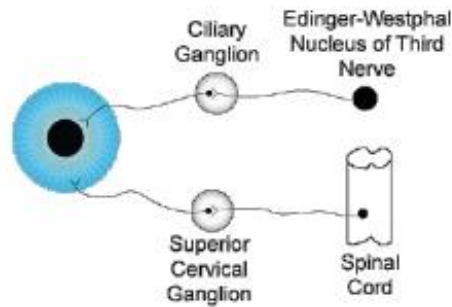




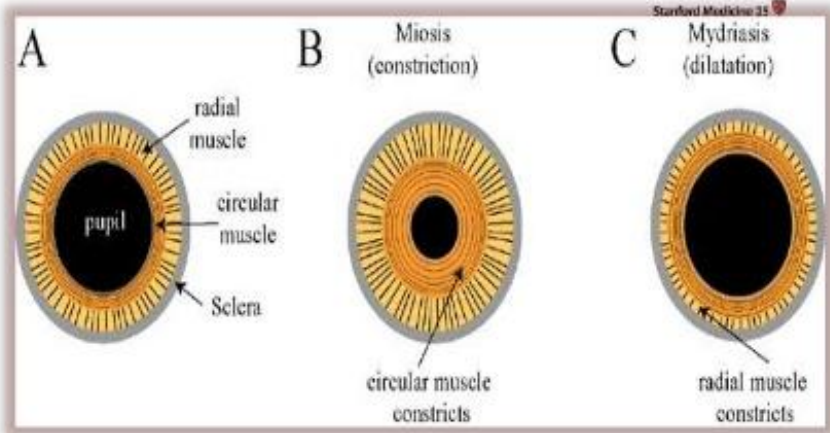
Nerve Pathway & Muscles

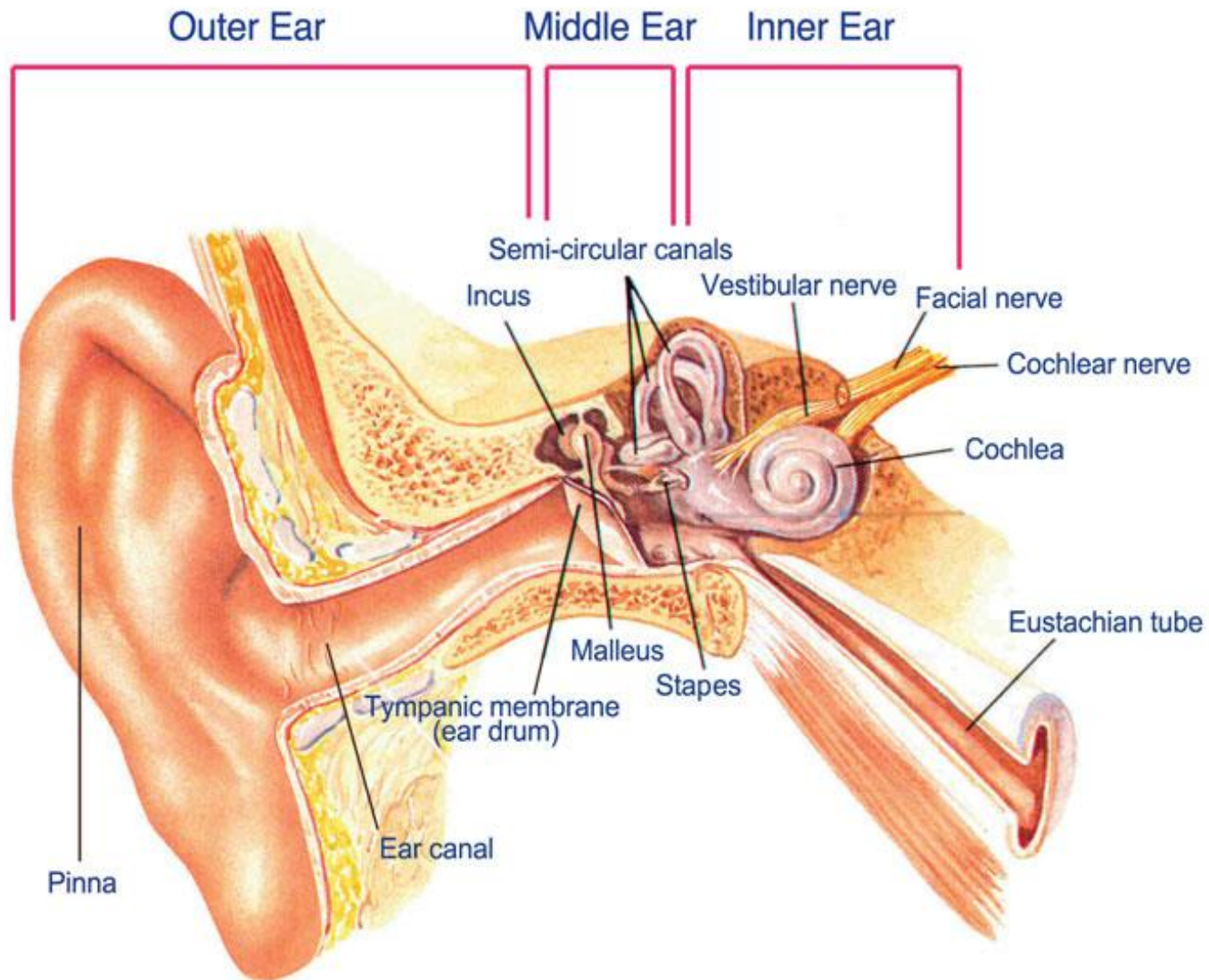


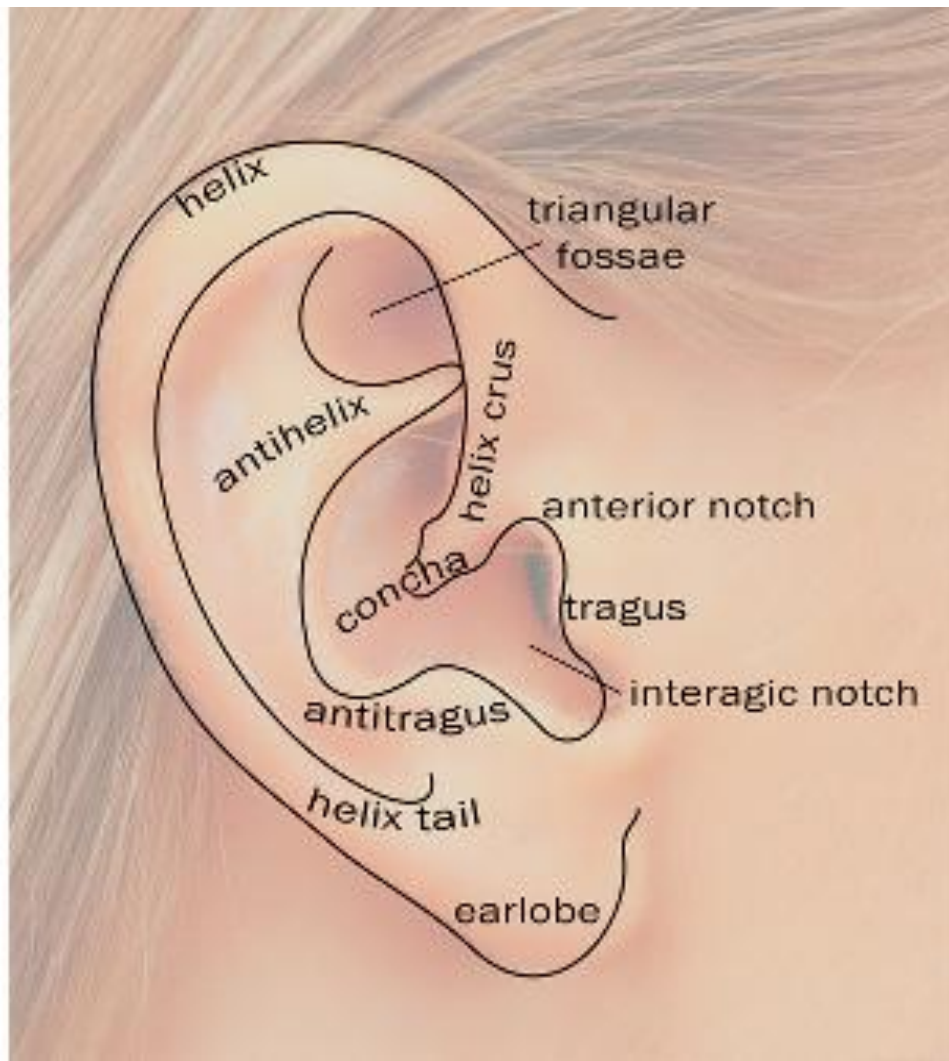
Constriction (Parasympathetic)

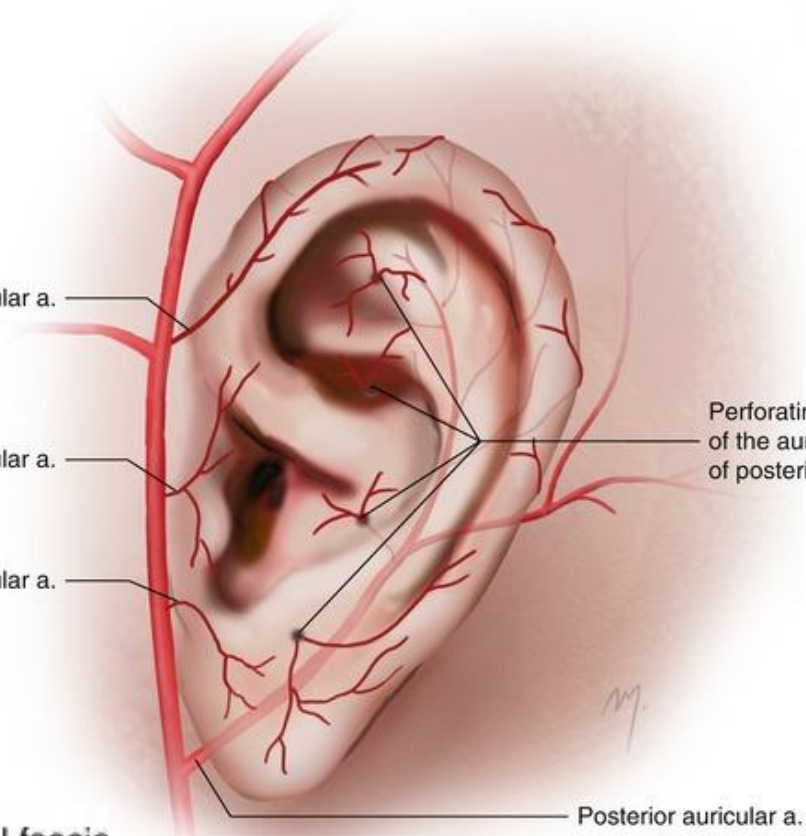


Dilation (Sympathetic)









Superior auricular a.

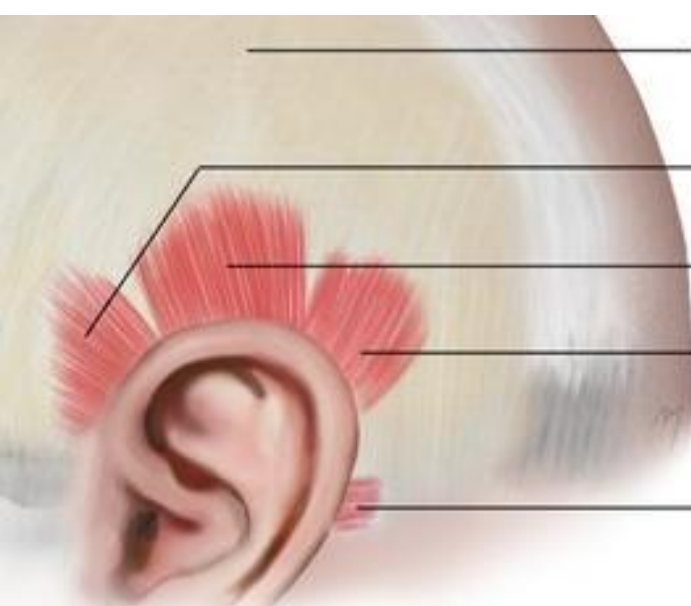
This diagram shows the arterial supply to the ear. The main trunk of the posterior auricular artery runs vertically along the side of the head. It gives off three main branches: the superior auricular artery, the middle auricular artery, and the inferior auricular artery. The superior auricular artery branches into several smaller vessels that supply the upper part of the ear. The middle auricular artery supplies the middle part of the ear. The inferior auricular artery supplies the lower part of the ear. The posterior auricular artery also has perforating branches that pass through the auricular branch of the posterior auricular artery to supply the ear.

Middle auricular a.

Inferior auricular a.

Perforating branches
of the auricular branch
of posterior auricular a.

Posterior auricular a.



Temporoparietal fascia

This diagram shows the muscles of the ear. The temporoparietal fascia is the layer of connective tissue that covers the temporalis muscle. The auricularis anterior muscle is a fan-shaped muscle that originates from the zygomatic bone and inserts into the helix of the ear. The temporoparietalis muscle is a fan-shaped muscle that originates from the zygomatic bone and inserts into the helix of the ear. The auricularis superior muscle is a fan-shaped muscle that originates from the zygomatic bone and inserts into the helix of the ear. The auricularis posterior muscle is a fan-shaped muscle that originates from the zygomatic bone and inserts into the helix of the ear.

Auricularis
anterior m.

Temporoparietalis m.

Auricularis
superior m.

Auricularis
posterior m.



Grade I Microtia



Grade II Microtia



Grade III Microtia



Grade IV Microtia

Cauliflower Ear

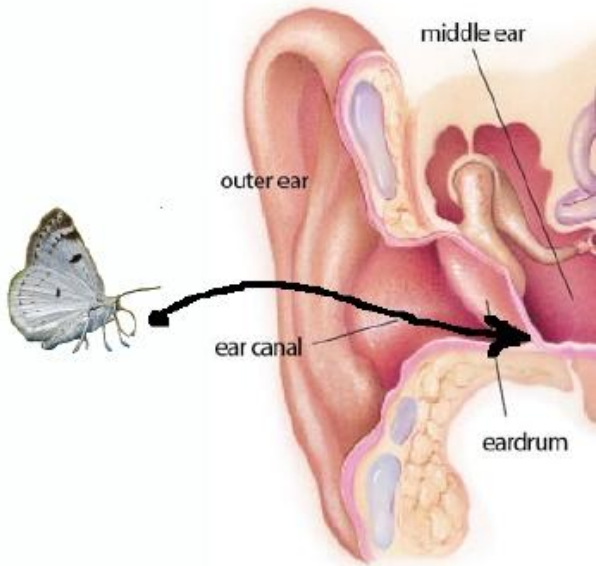
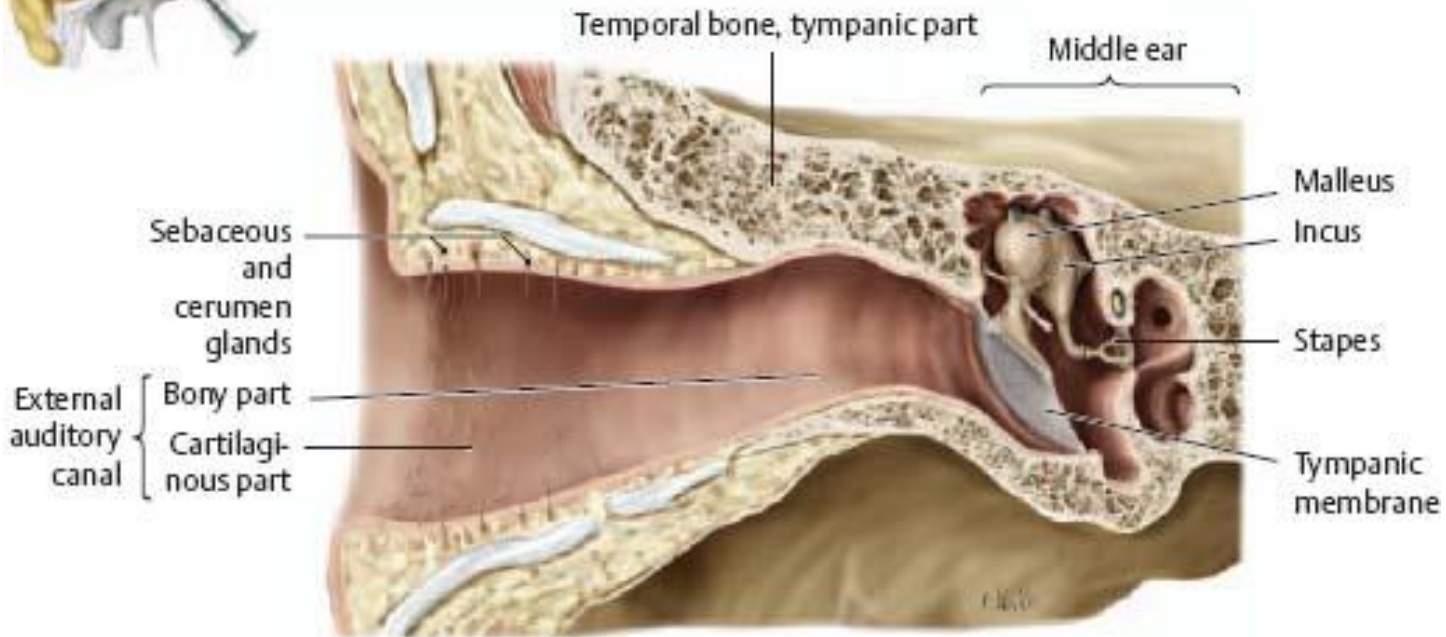


Trauma

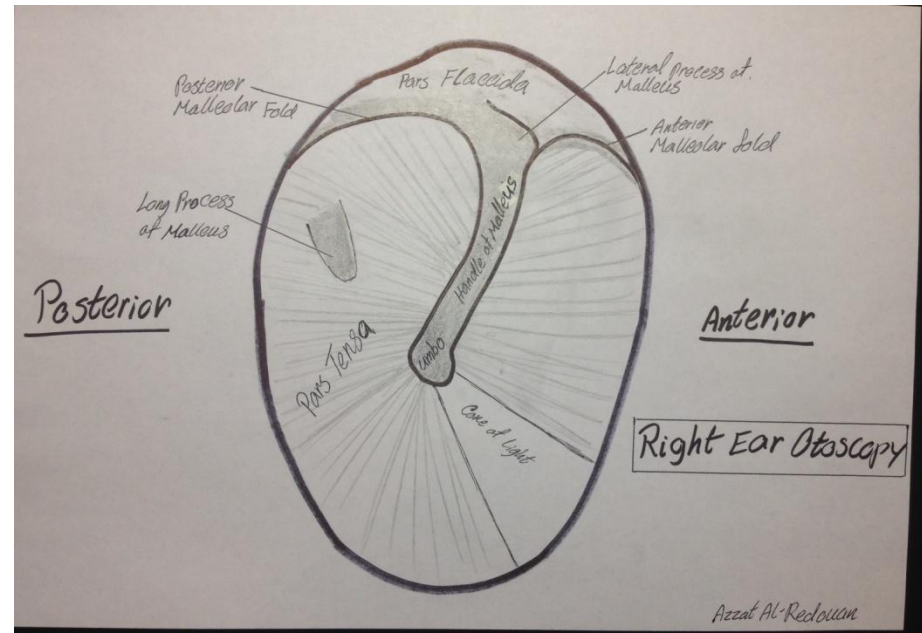
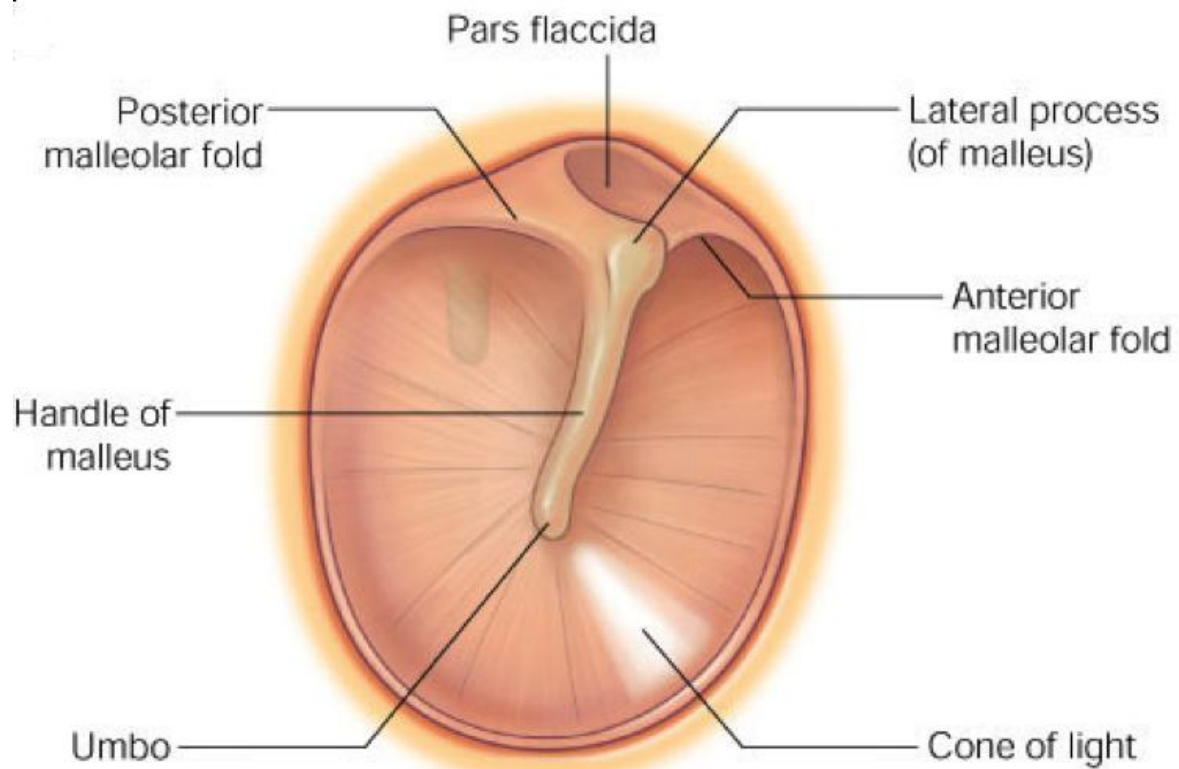


Preauricular Fistula

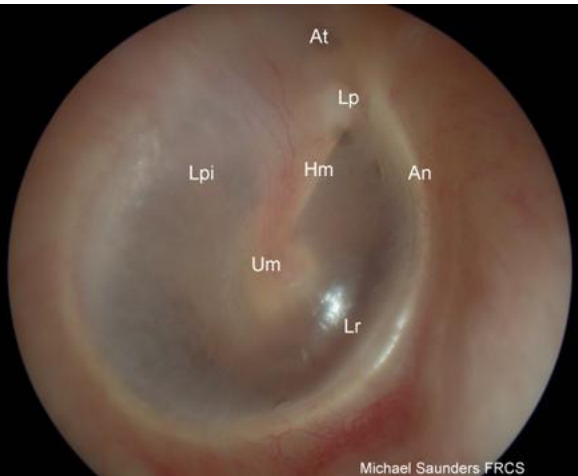
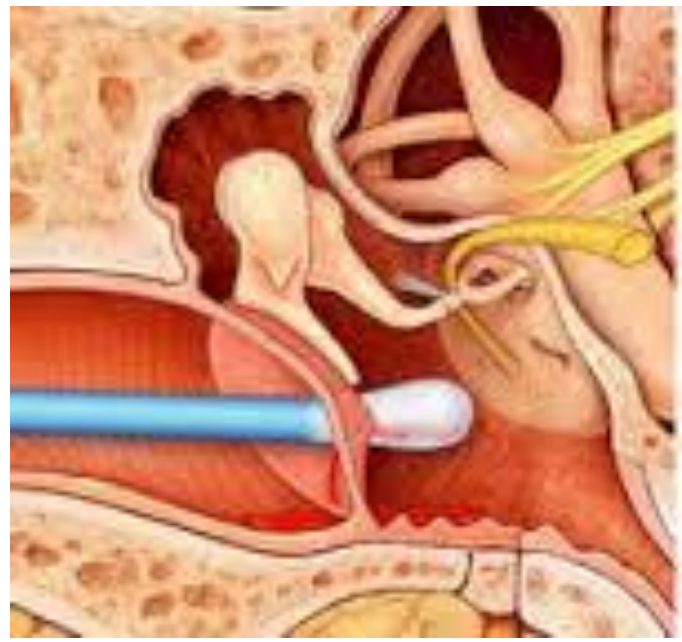
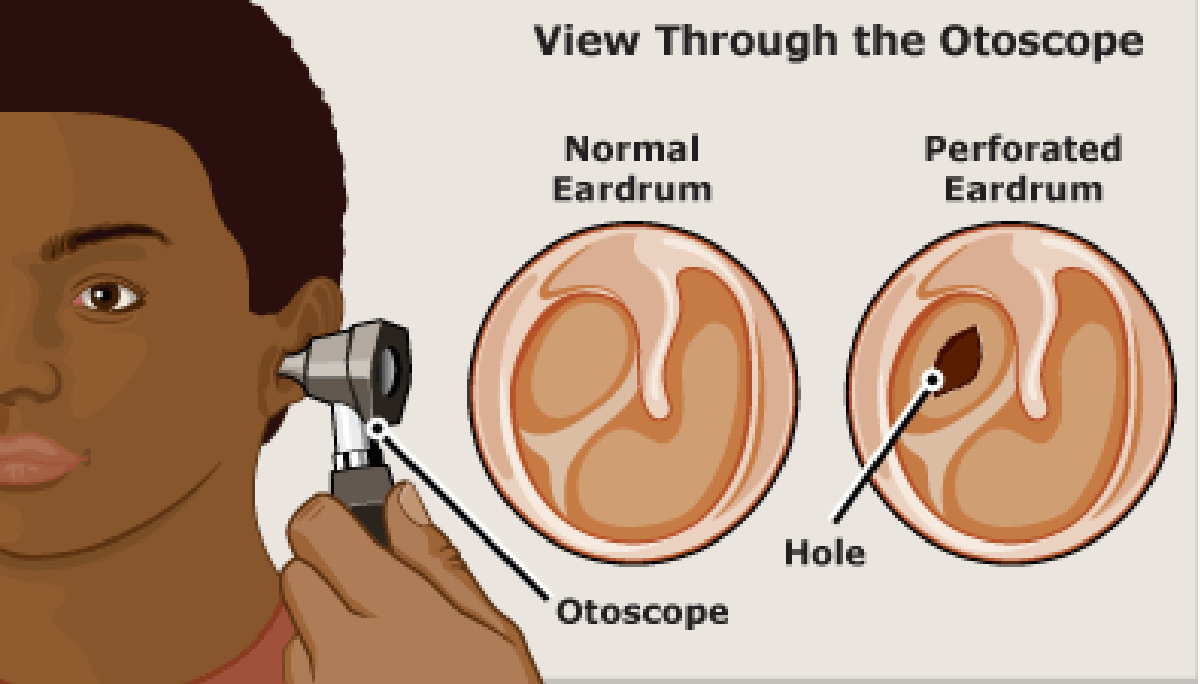




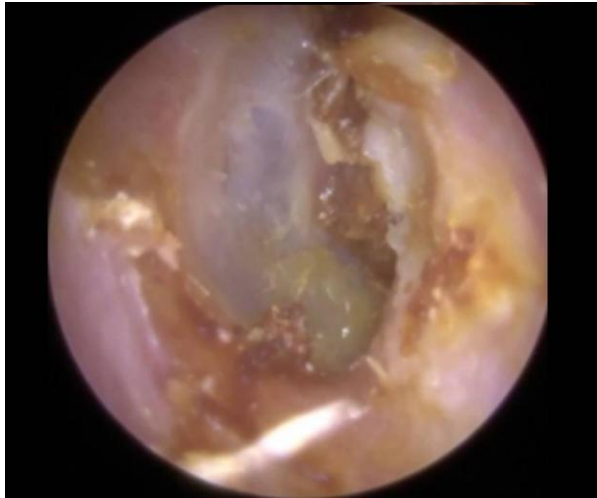
Otoscopy



View Through the Otoscope

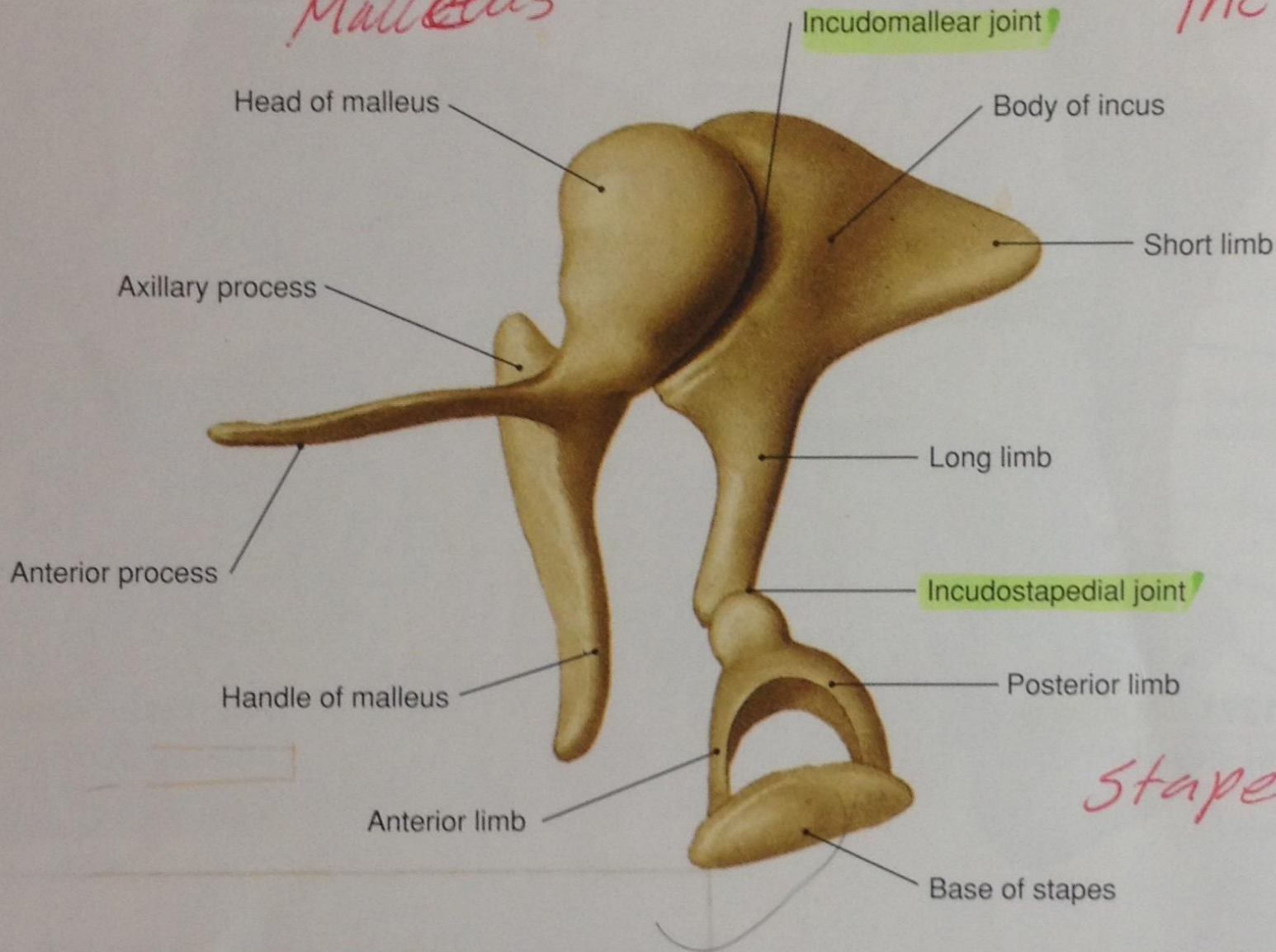


Michael Saunders FRCS

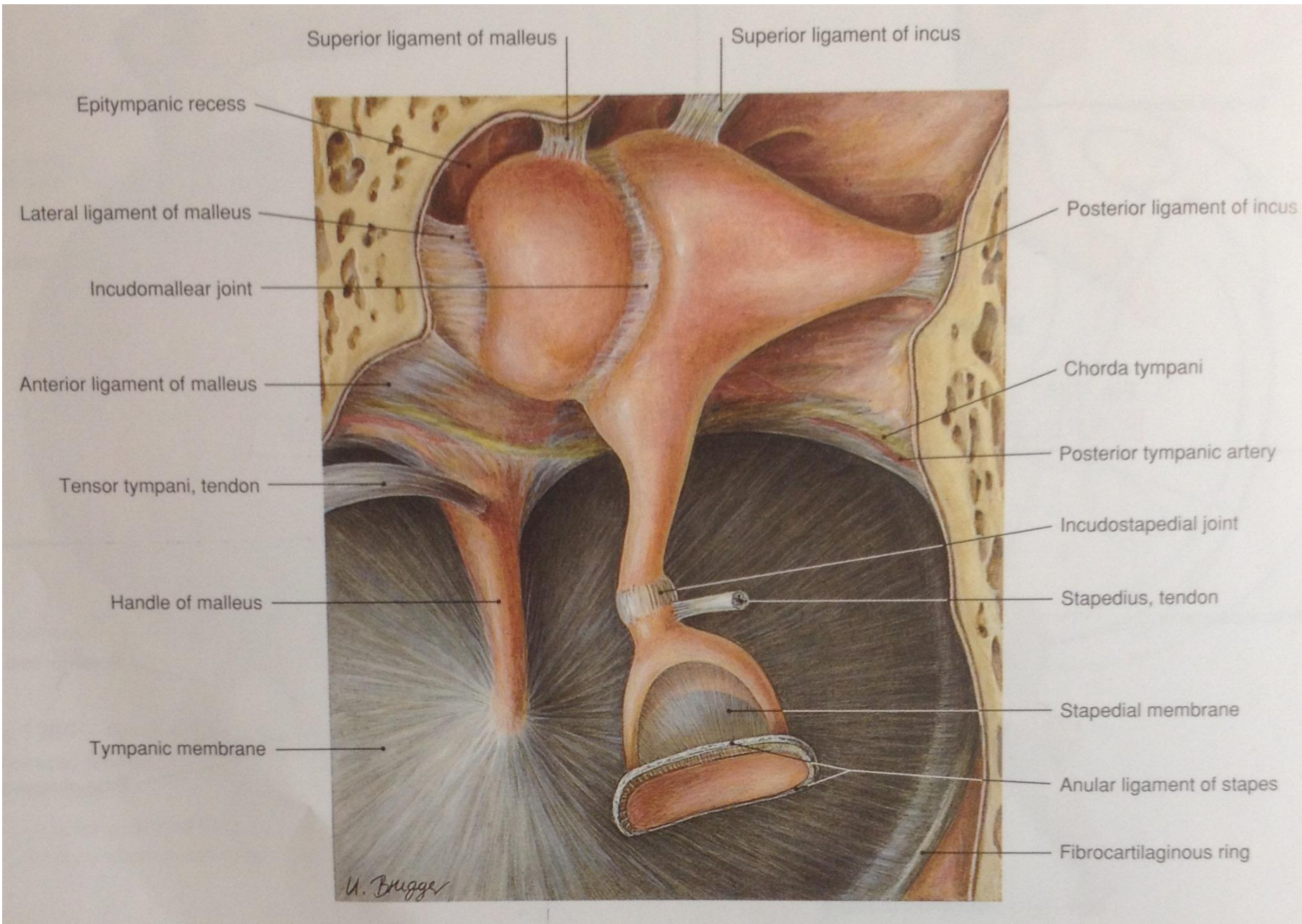


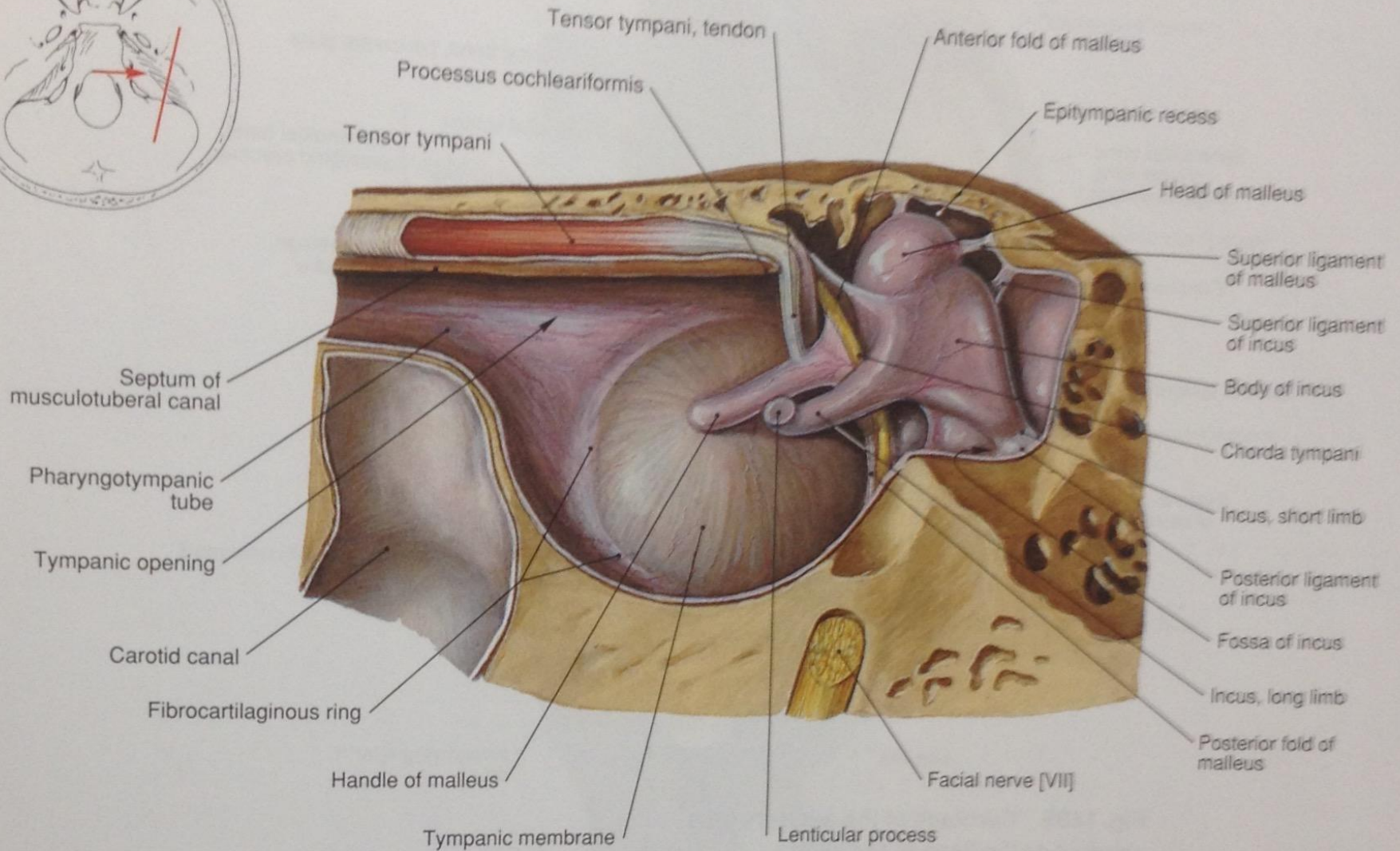
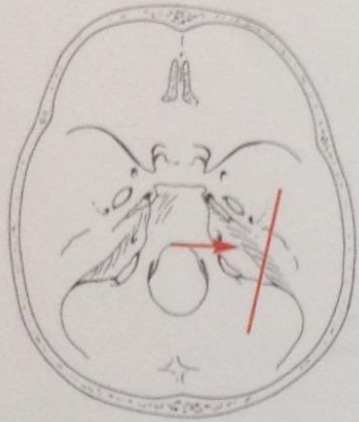
Malleus

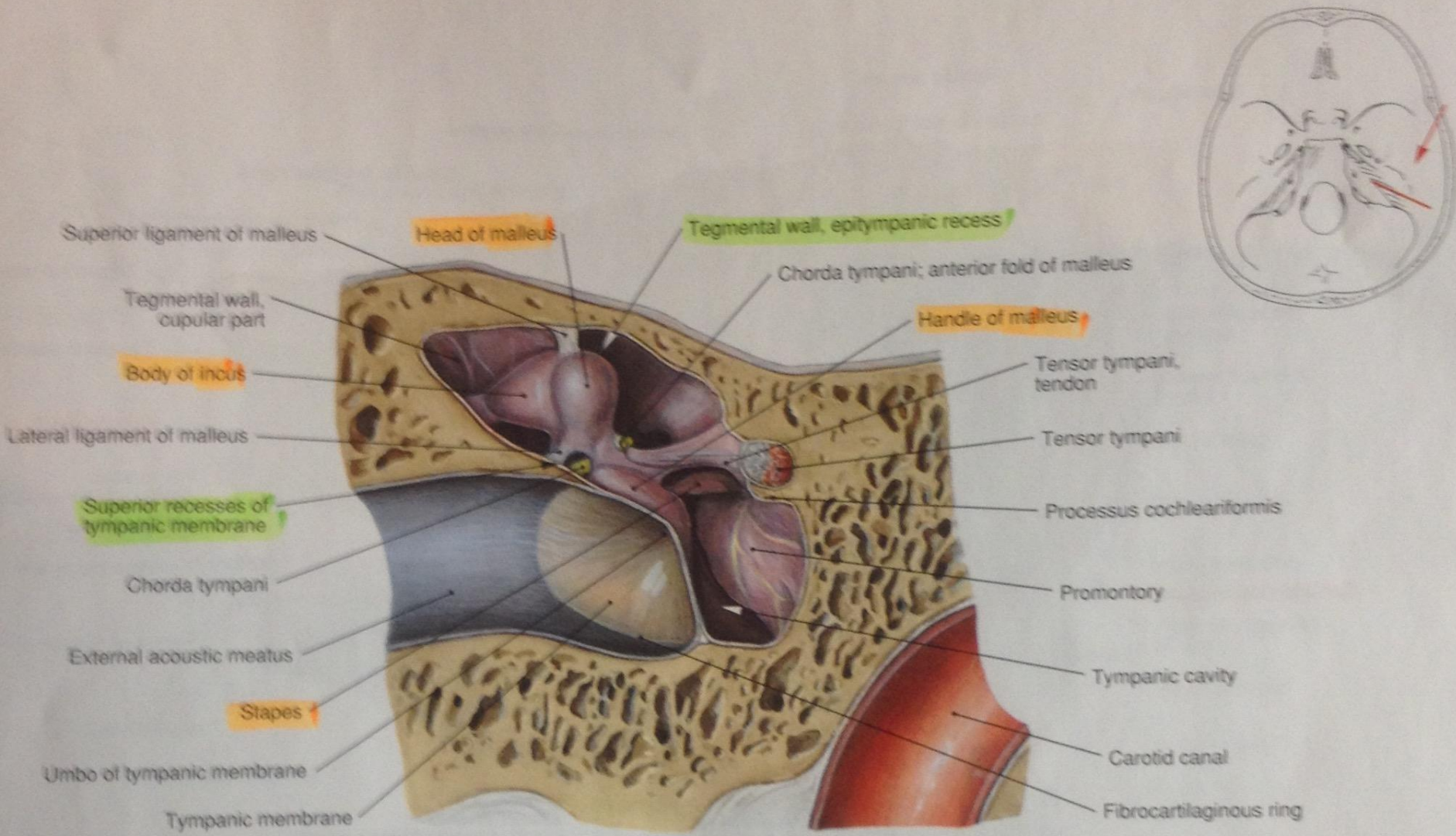
INCUS



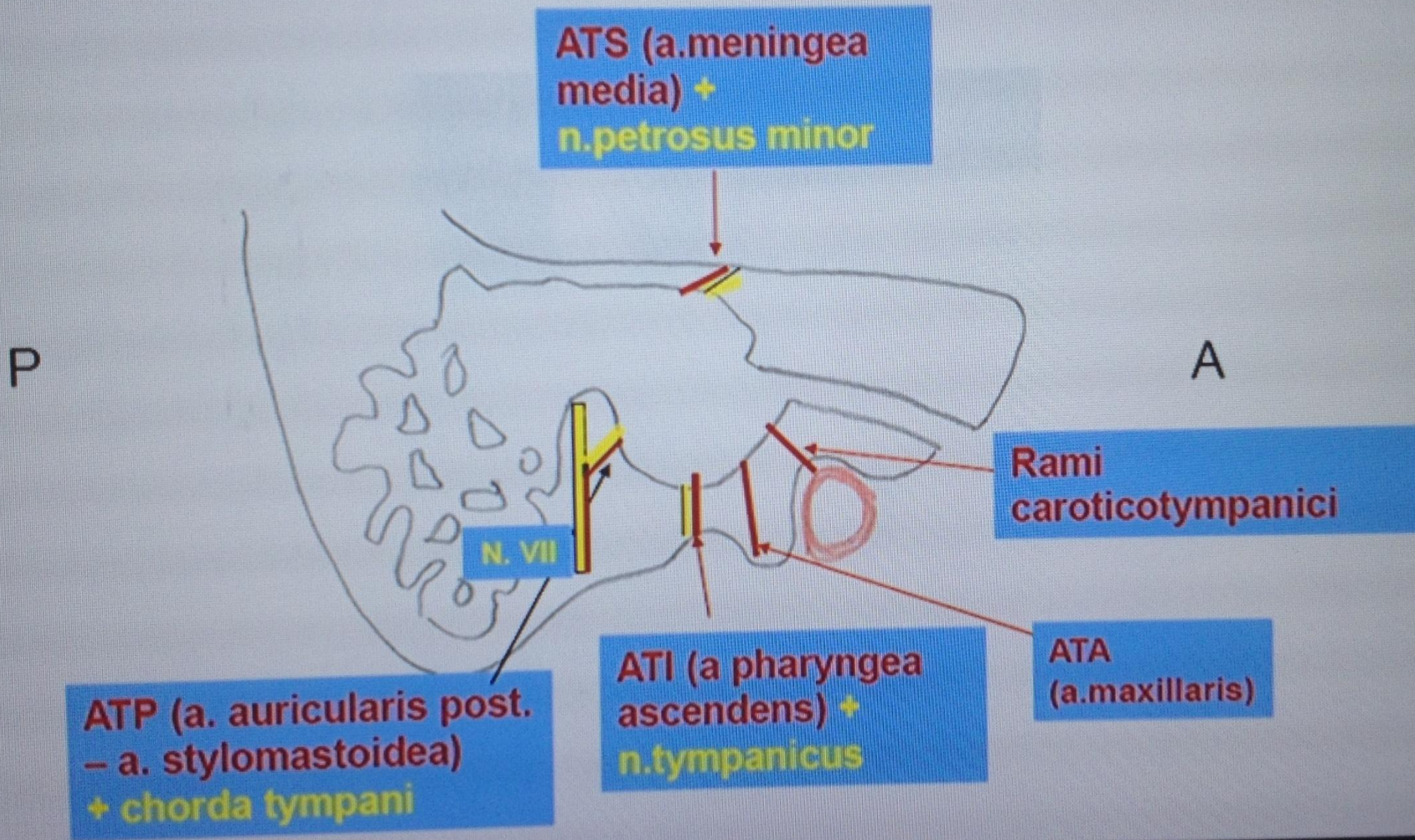
Stapes



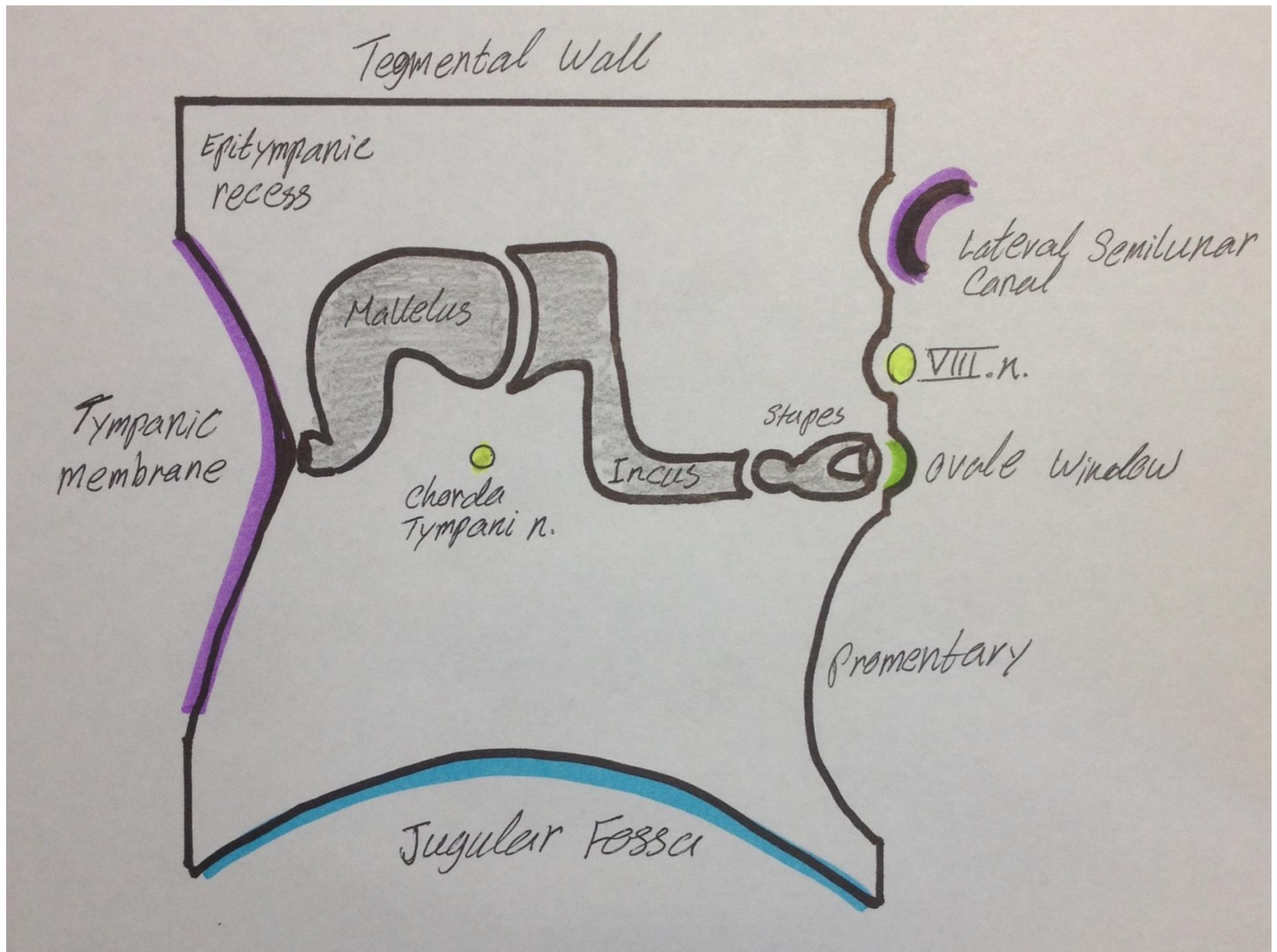


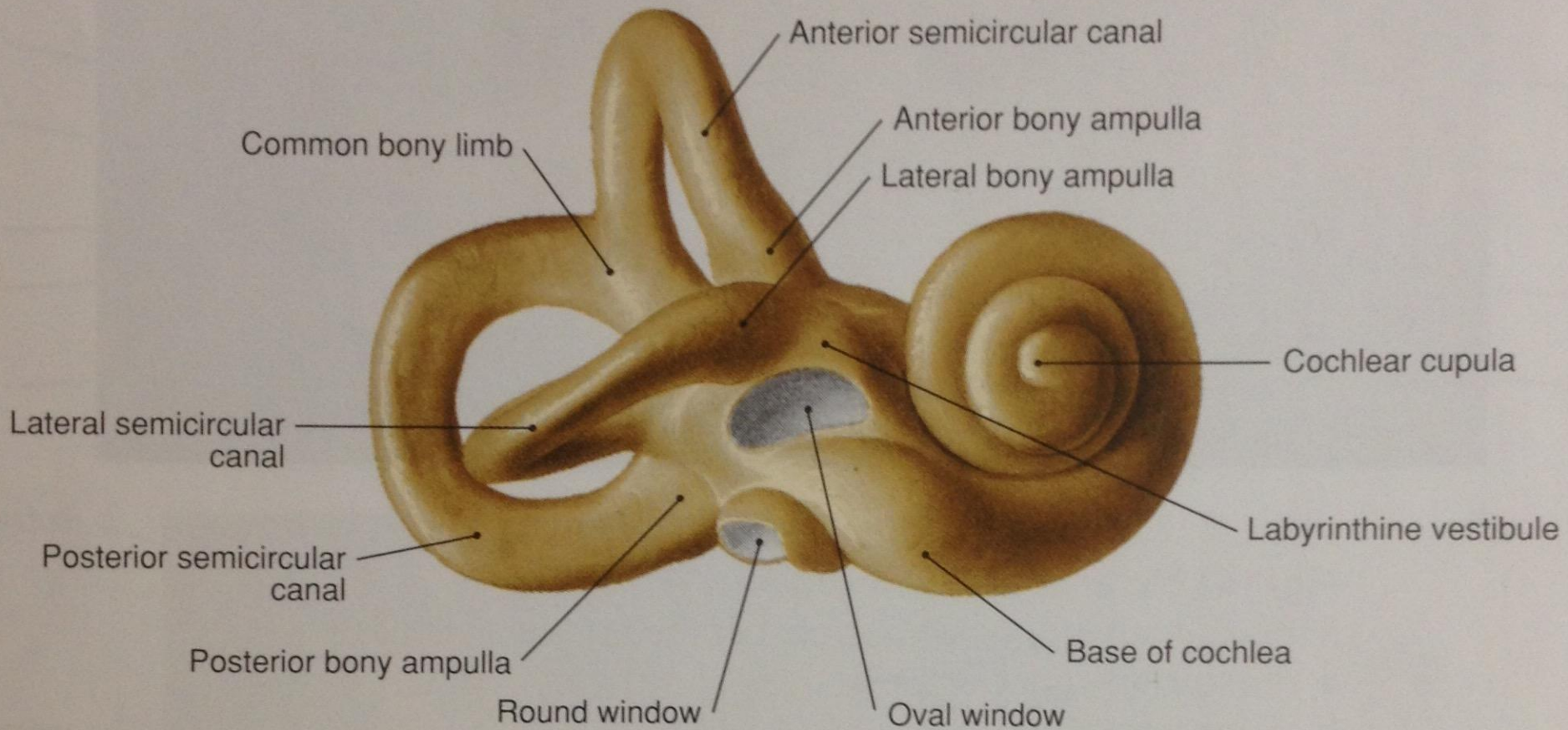


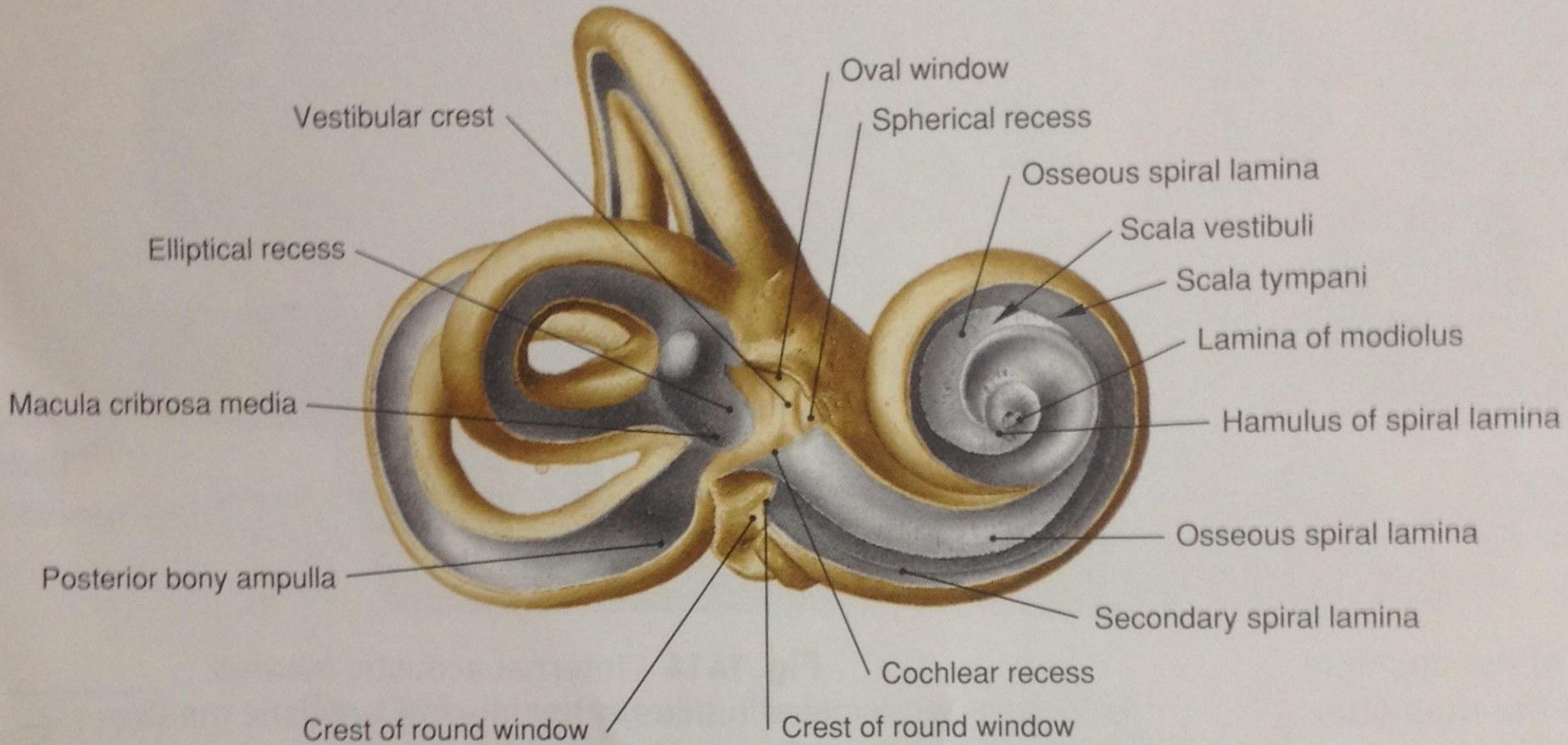
Middle Ear Blood Supply

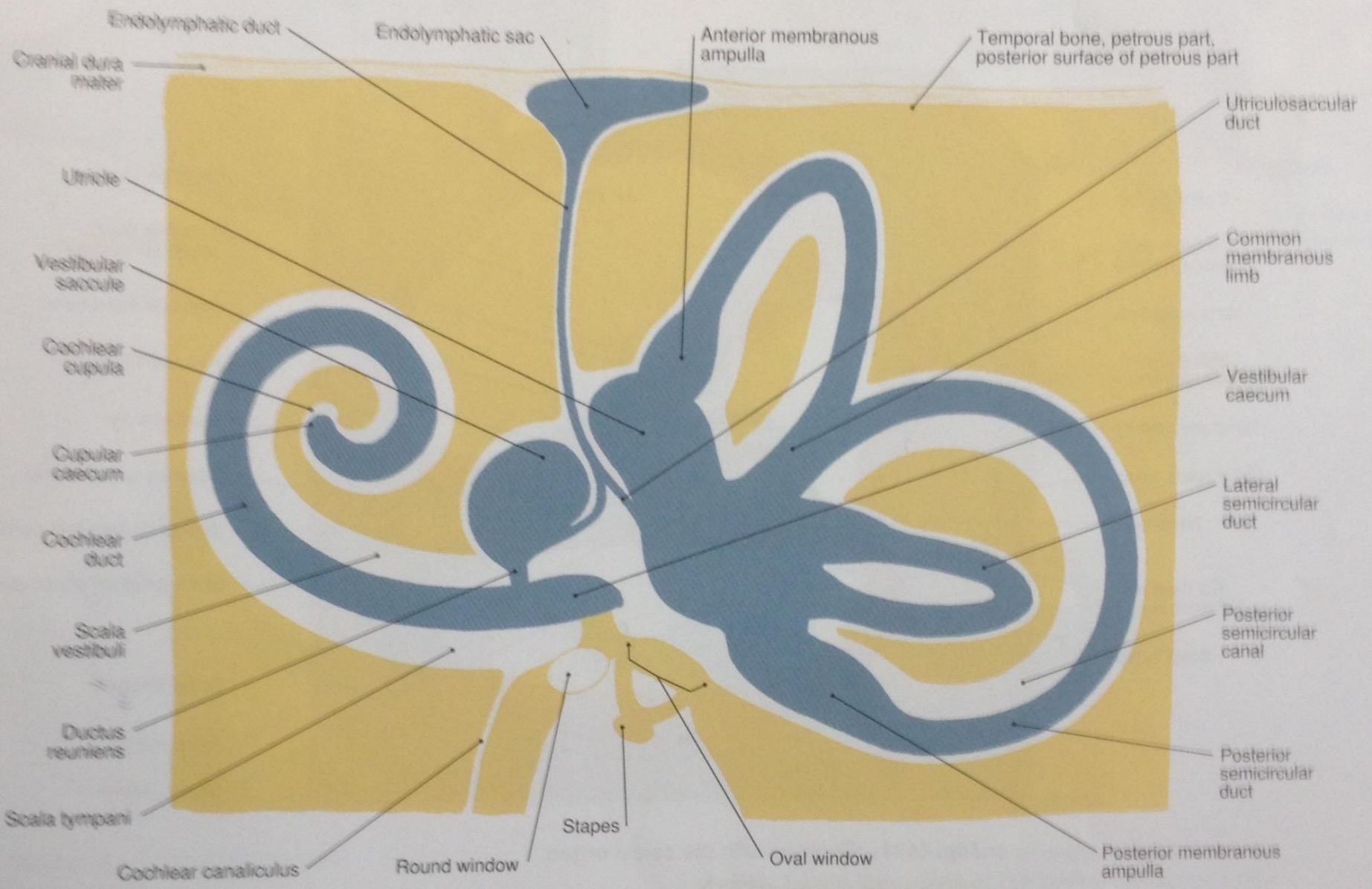


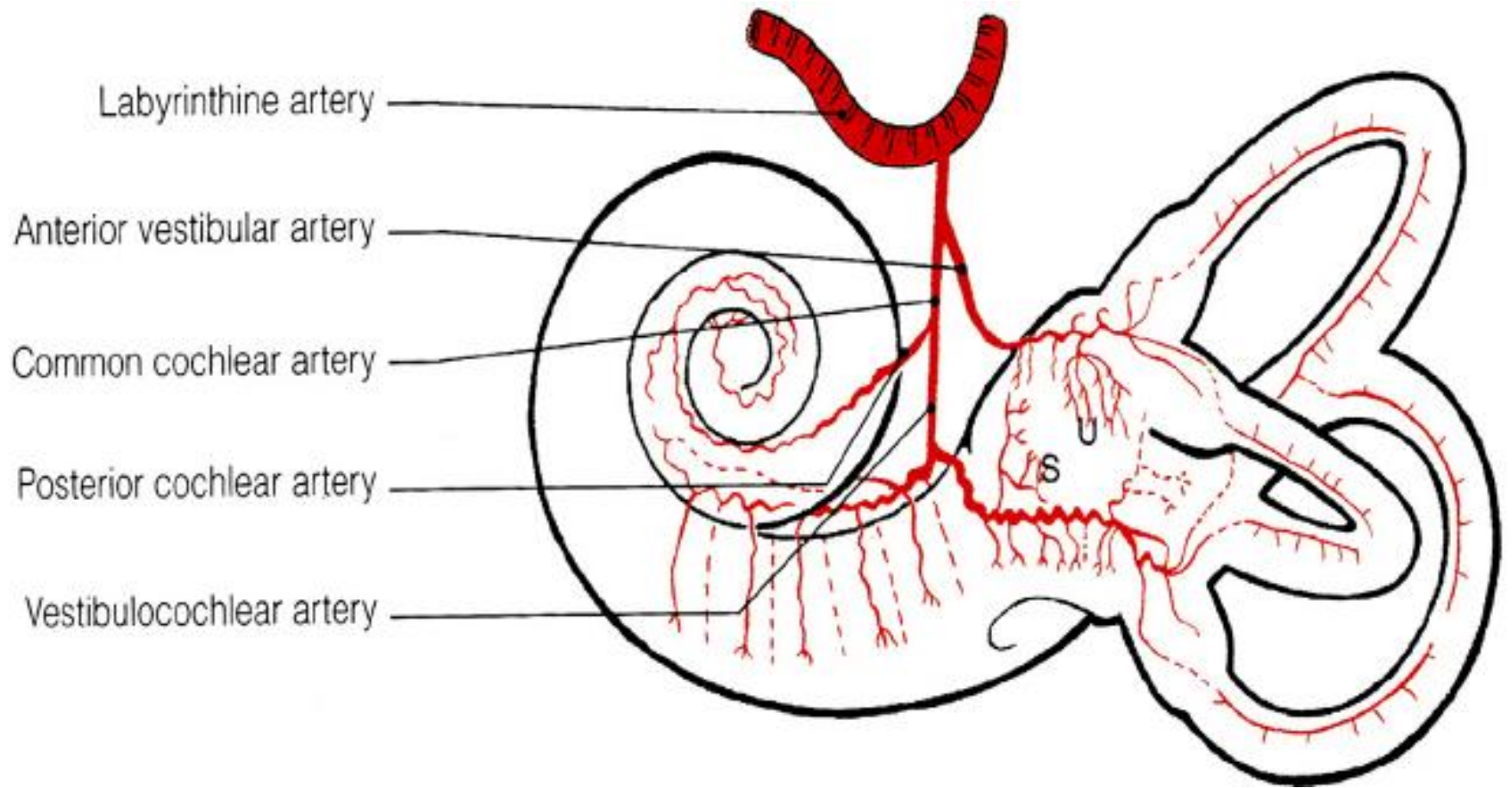
Middle Ear Walls

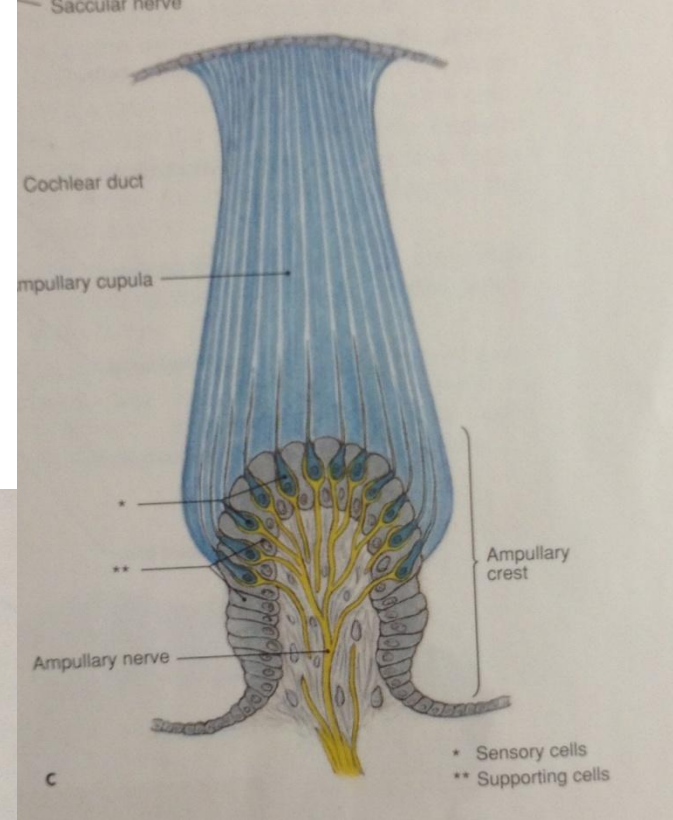
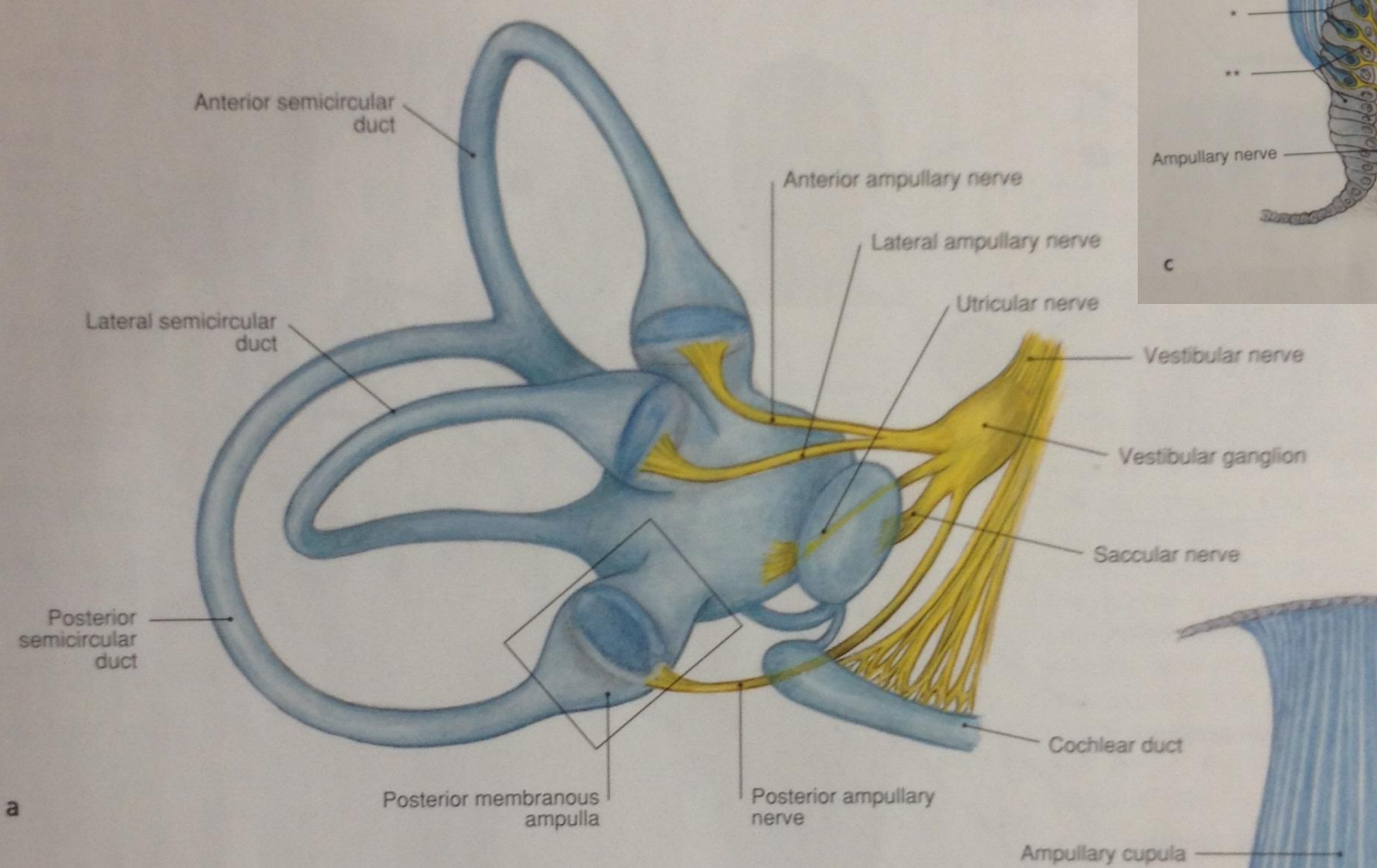


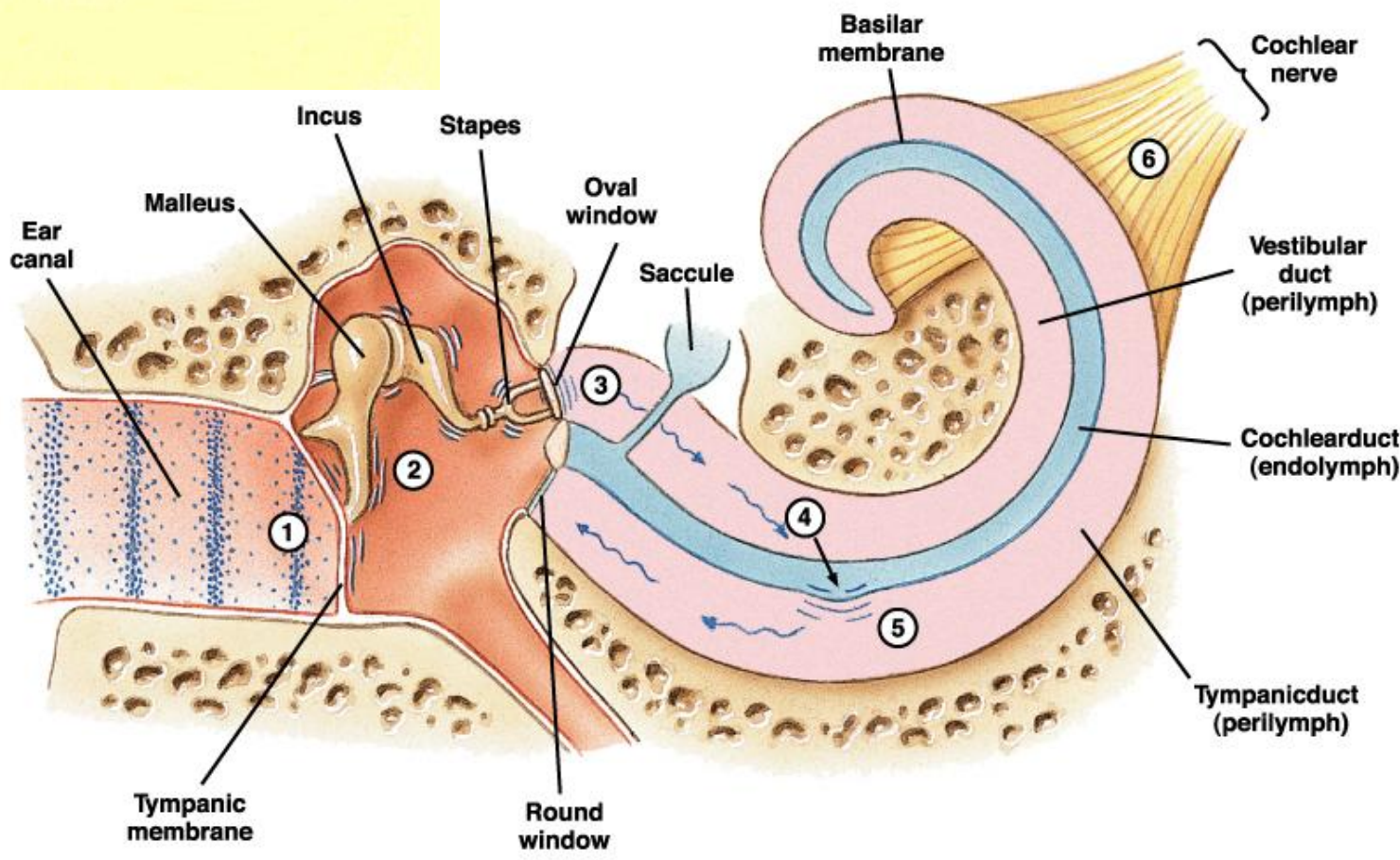
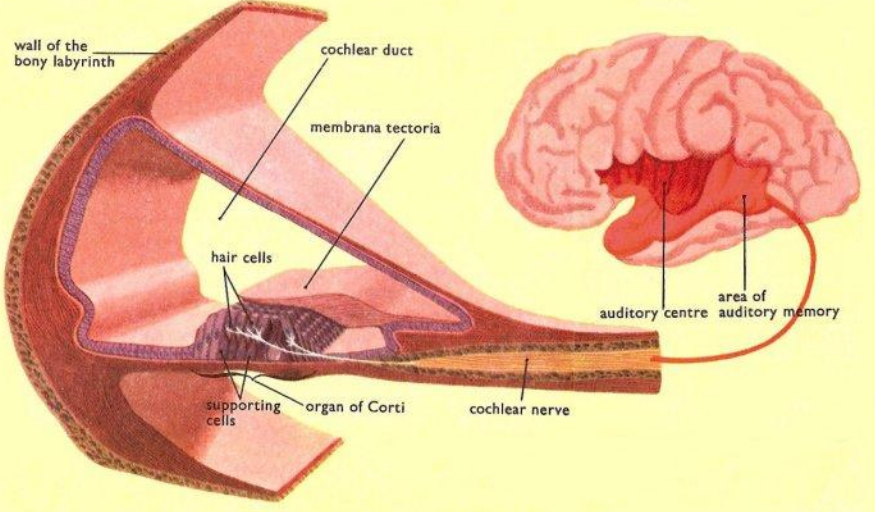


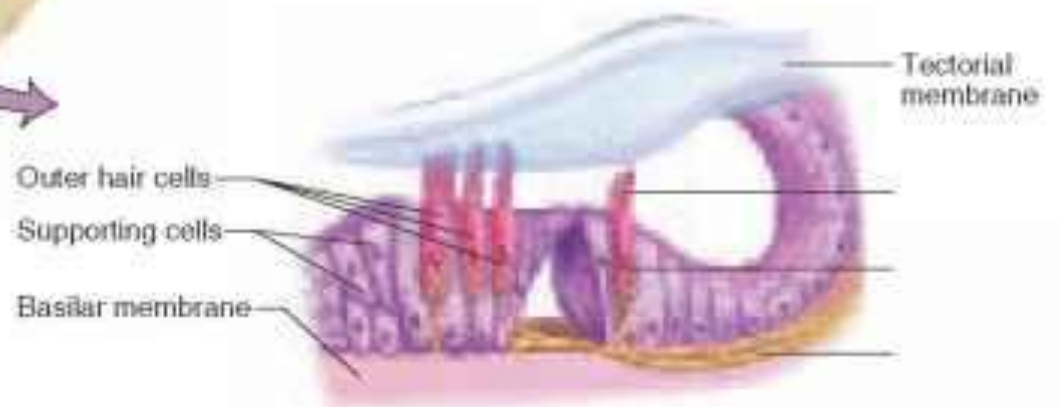
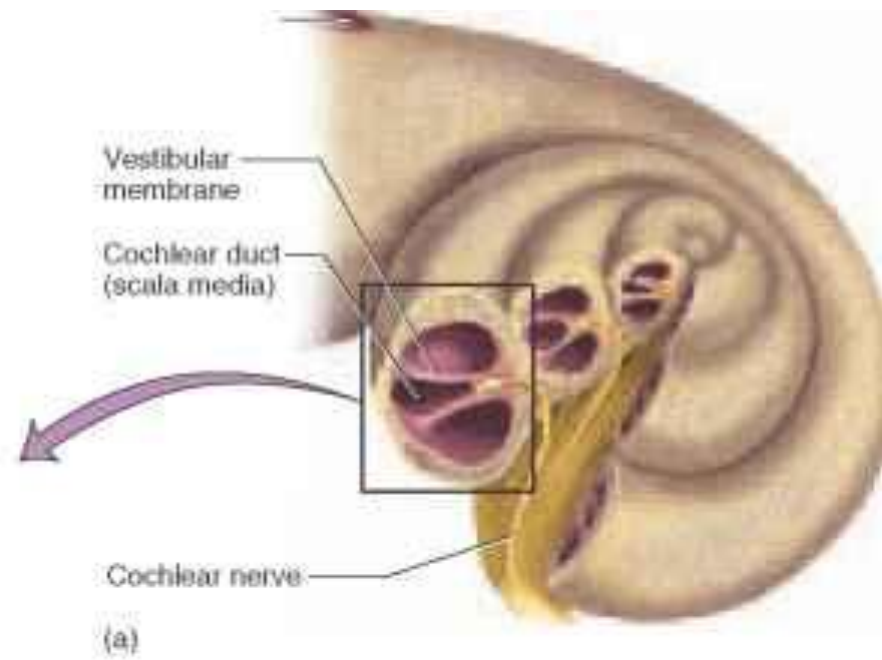
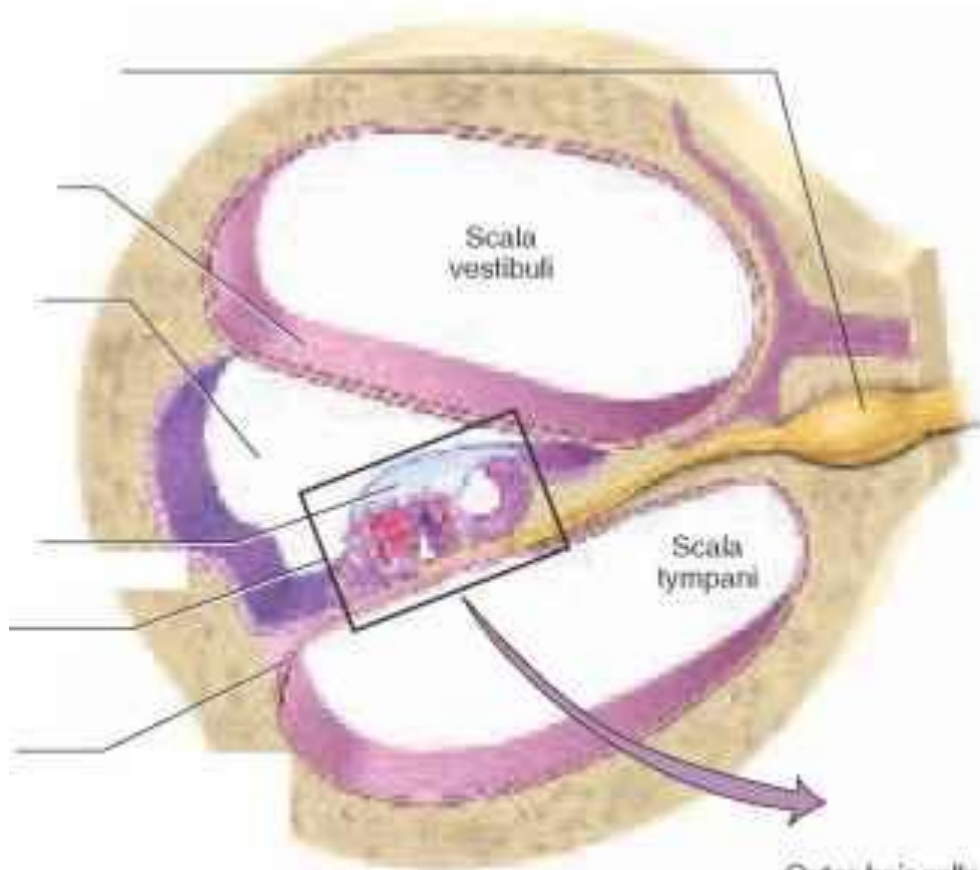




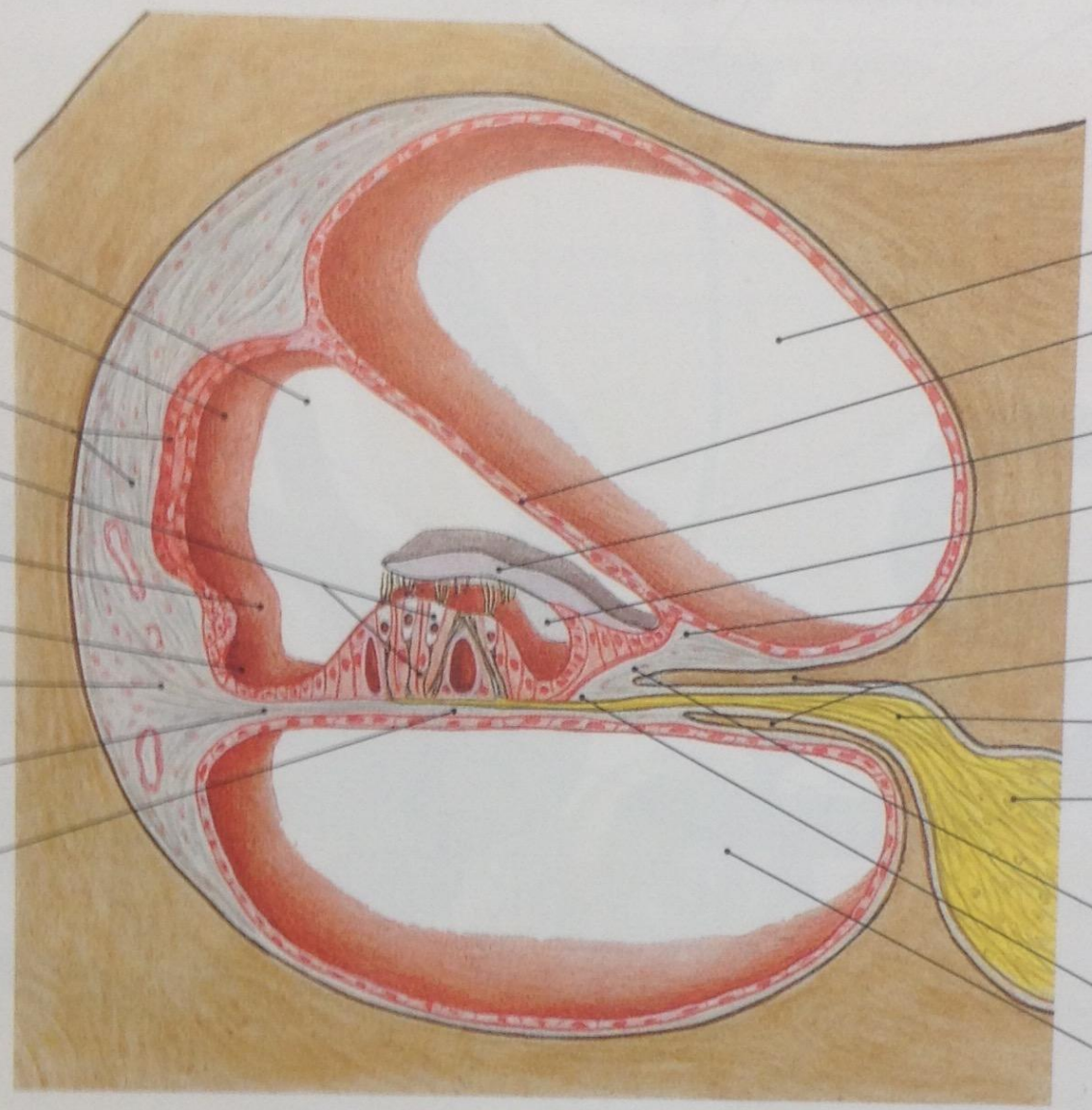






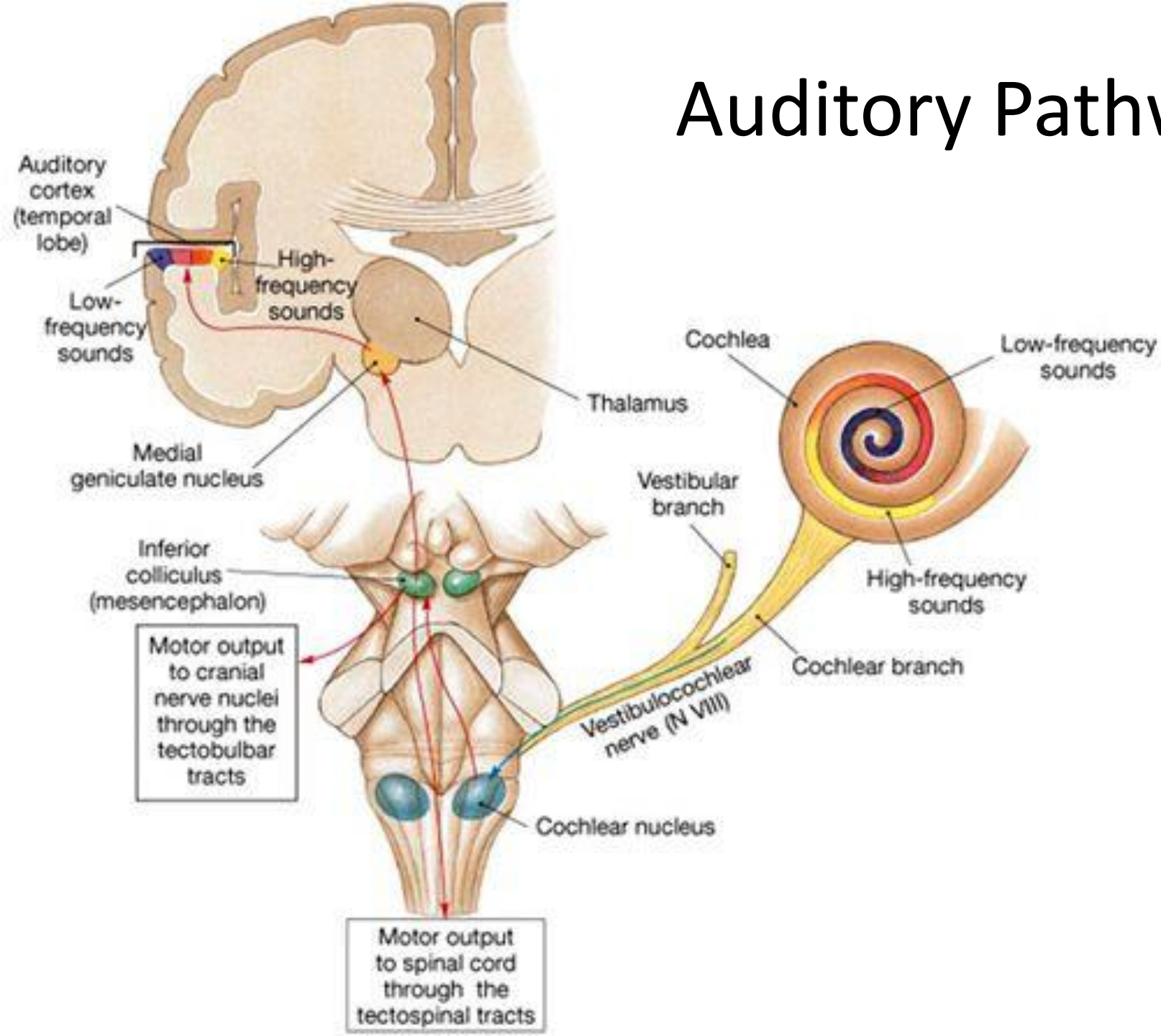


Cochlear duct
 Cochlear duct, external surface
 Stria vascularis
 Spiral organ*, reticular membrane
 Spiral prominence
 Outer spiral sulcus
 Basal crest
 Cochlear duct, tympanic surface
 Basal lamina

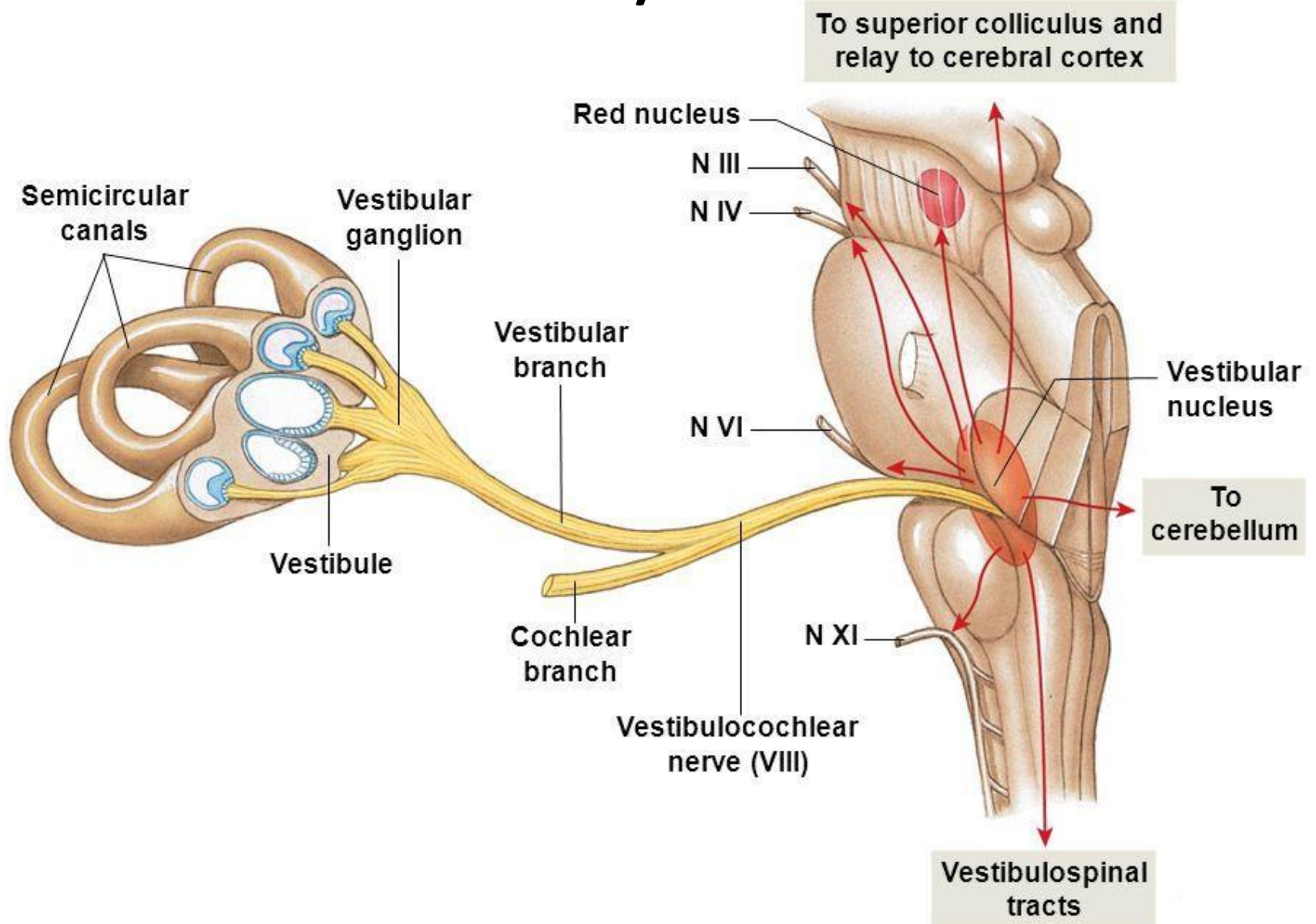


Scala vestibuli
 Cochlear duct, vestibular surface**
 Tectorial membrane
 Inner spiral sulcus
 Vestibular lip
 Osseous spiral lamina
 (Branch to cochlear nerve)
 Spiral ganglion of cochlea
 Spiral limbus
 Tympanic lip
 Scala tympani

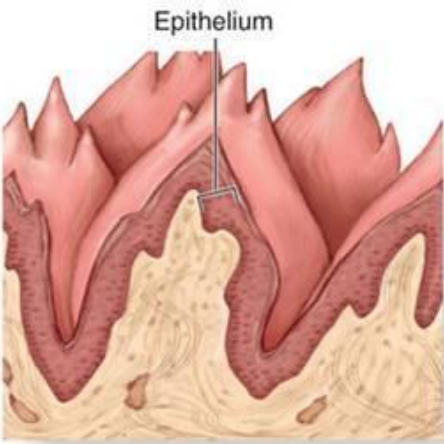
Auditory Pathway



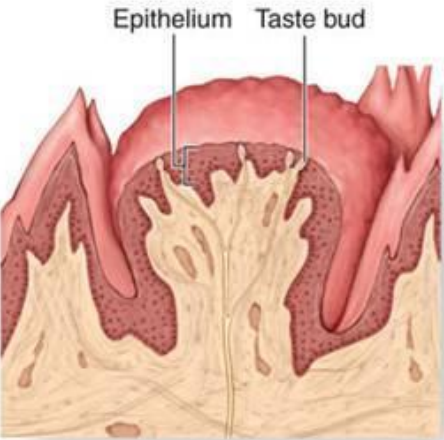
Vestibular Pathway



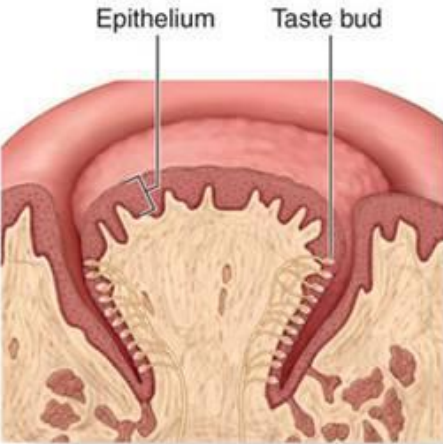
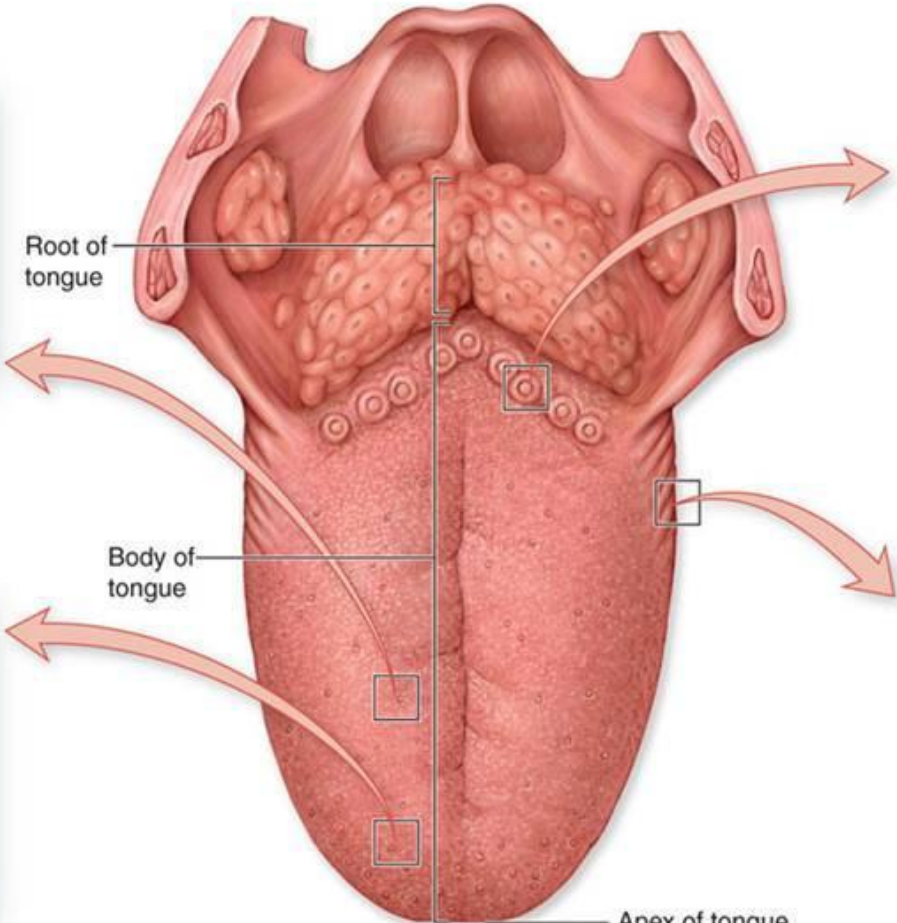
Taste Buds Types & localization



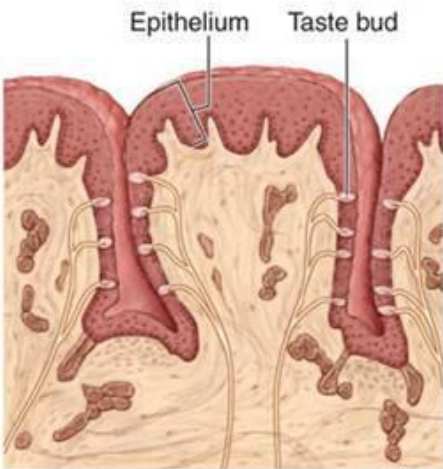
Filiform papilla



Fungiform papilla

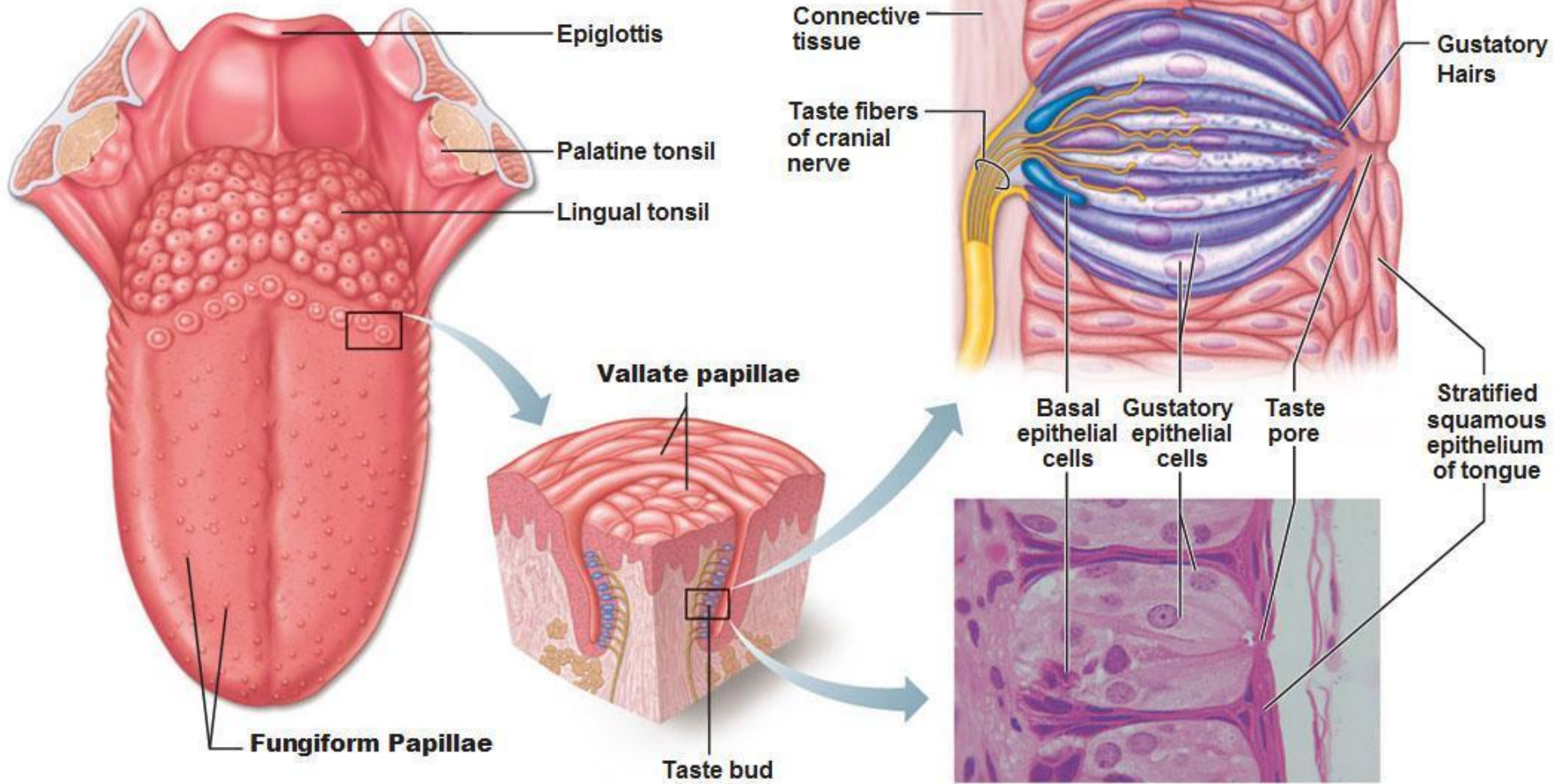


Vallate papilla

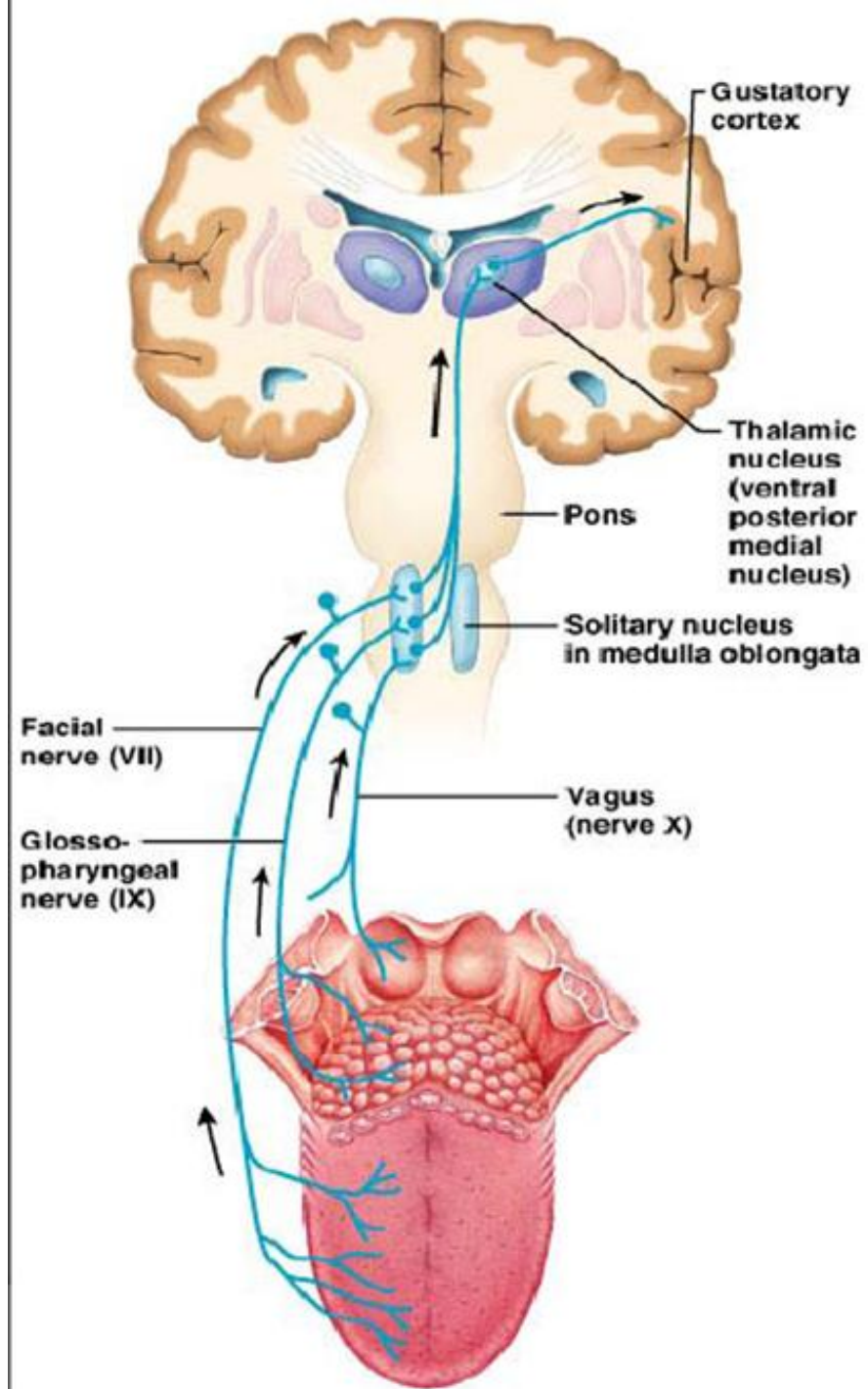


Foliate papilla

Taste Buds

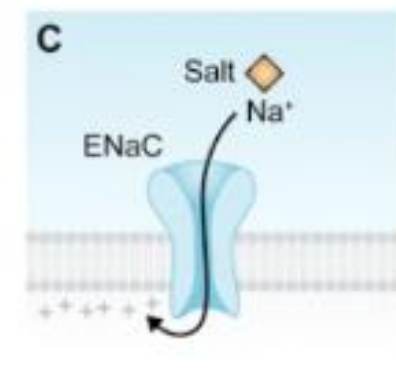
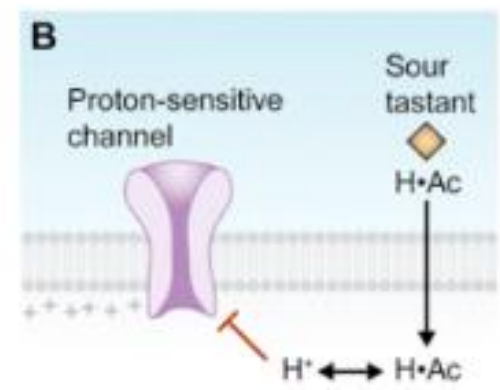
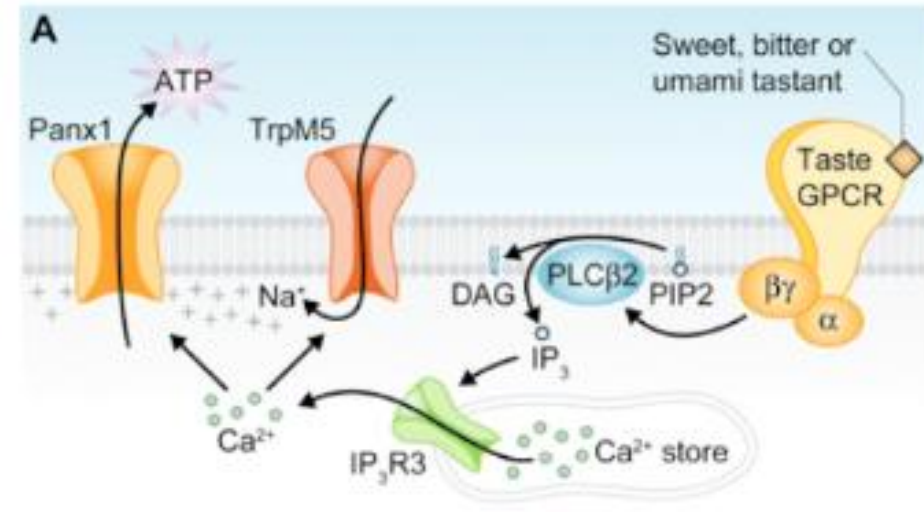
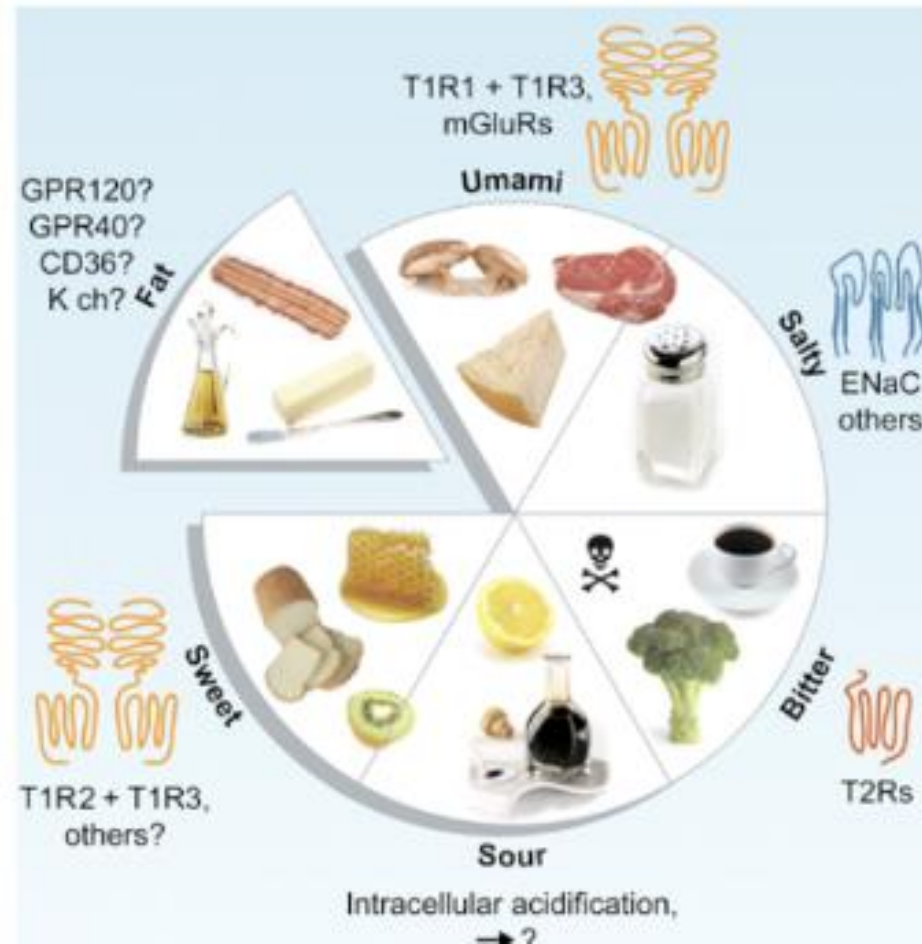
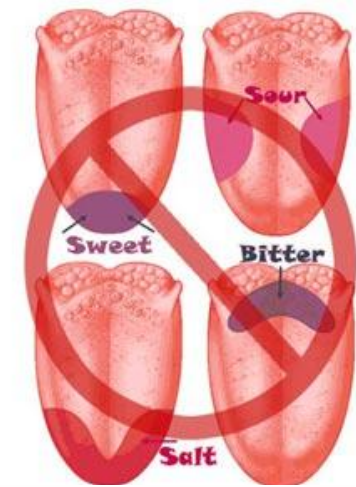


Gustatory Pathway



Taste Sensation:

- . Sweet
- . Bitter
- . Sour
- . Salty
- . Umami
- . Water (Even though some still don't agree)
- . Toxic ? (It could be grouped under extreme bitterness)



ANKYLOGLOSSIA



Tongue Blisters



Fissured Tongue



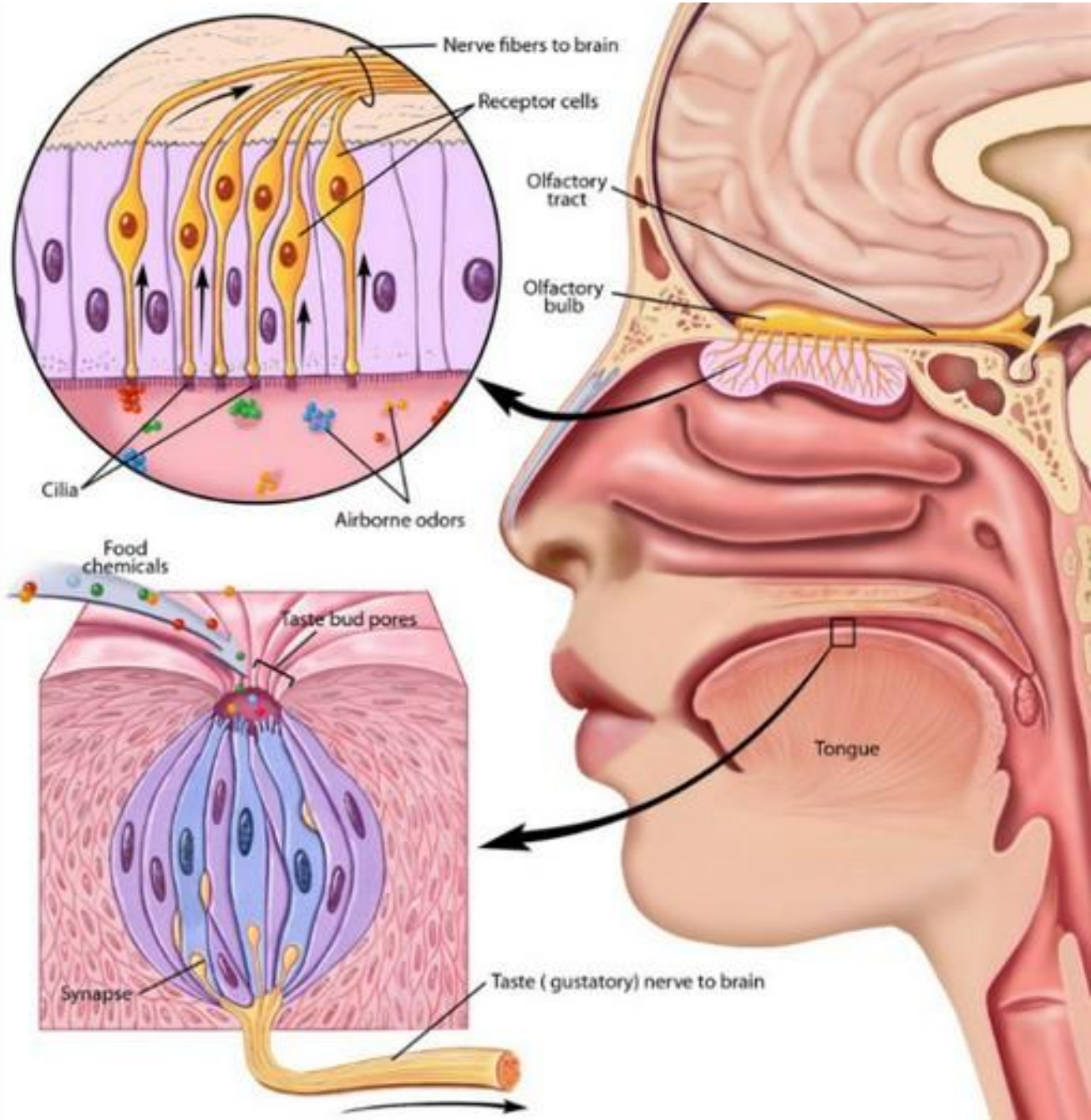
Coating Fungal Infection



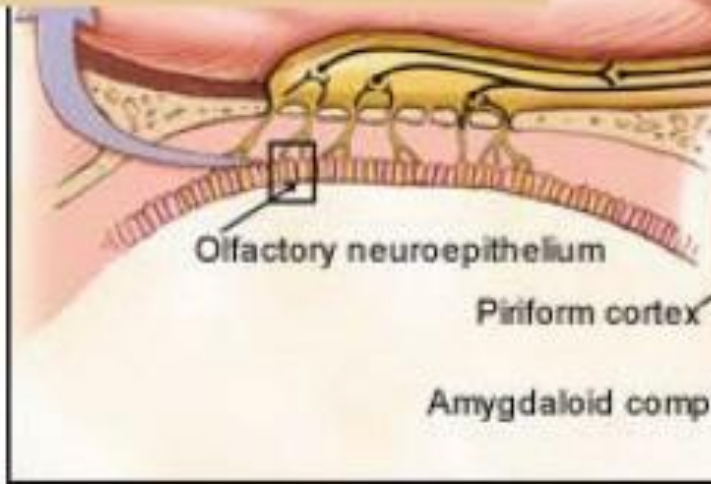
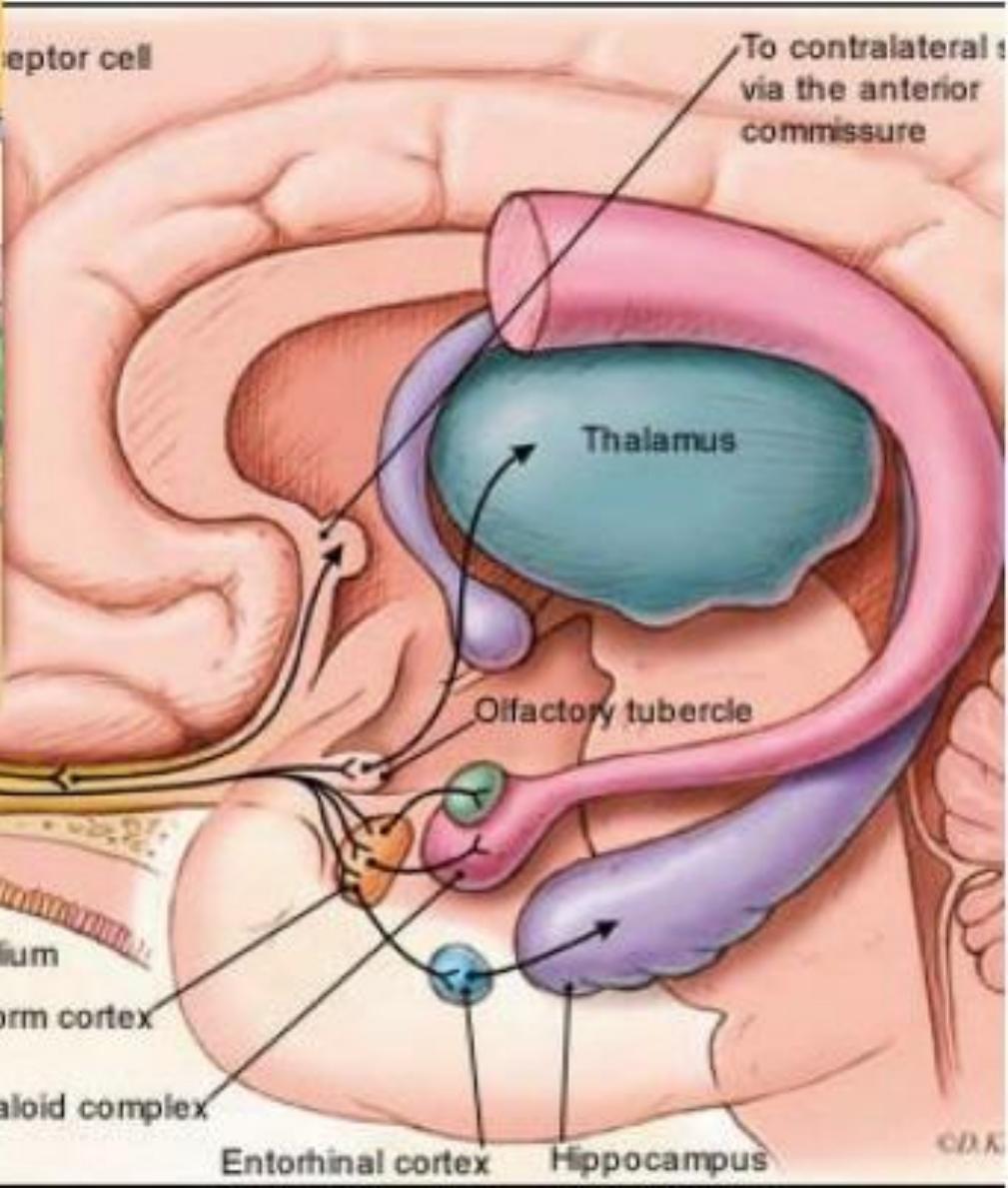
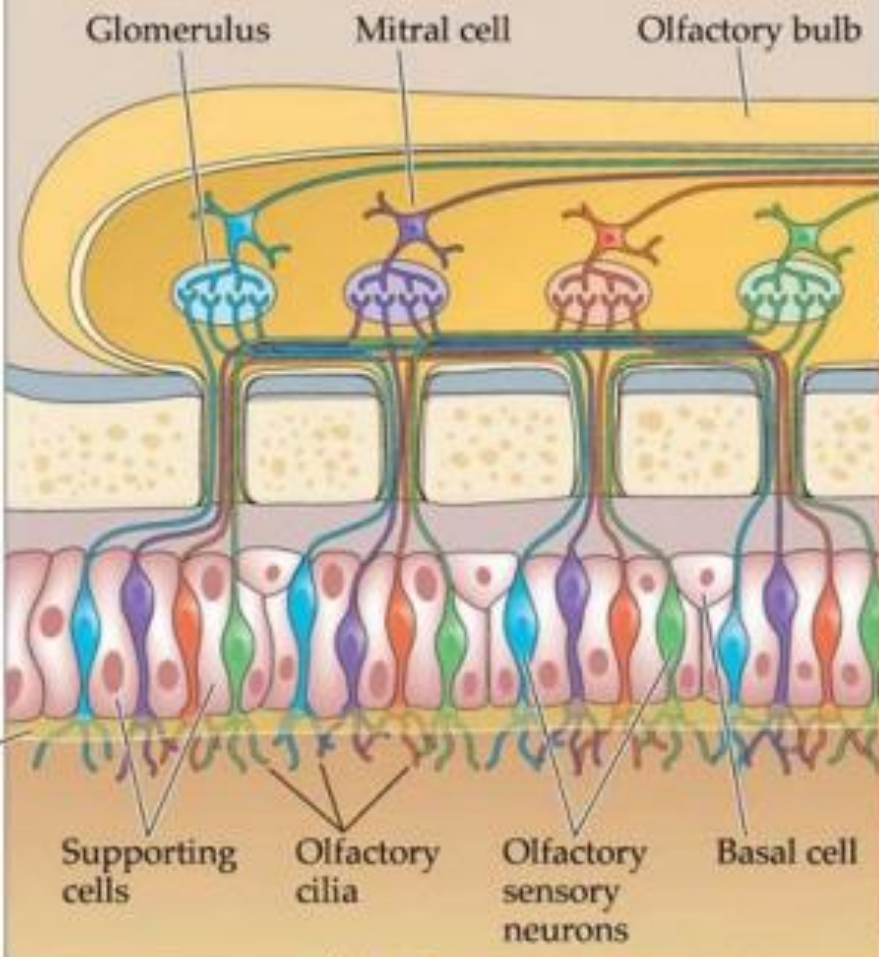
Bifid Tongue



Olfaction



Olfactory Pathway

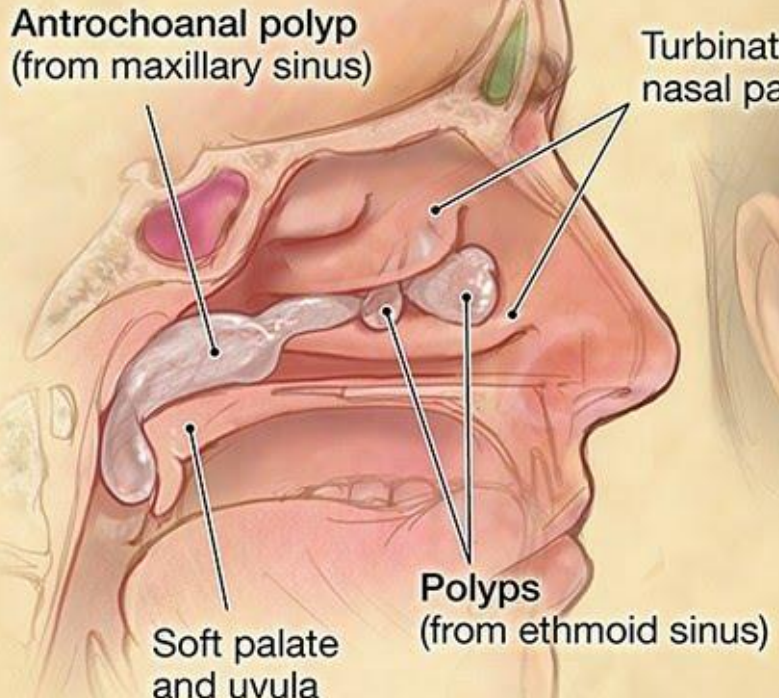


Example of Anatomical related disorder interfering with olfaction quality:

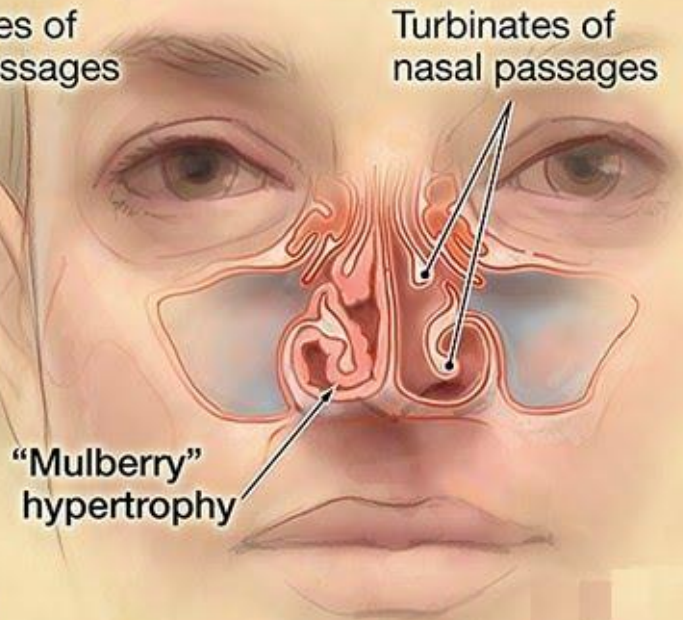
Nasal Polyp



Common locations and appearance of nasal polyps



Enlargement (hypertrophy) of the nasal turbinates



Pain: Evolutionary mechanism initiating neurophysiologic process toward stimuli disturbing haemostasis (damage) → Protection

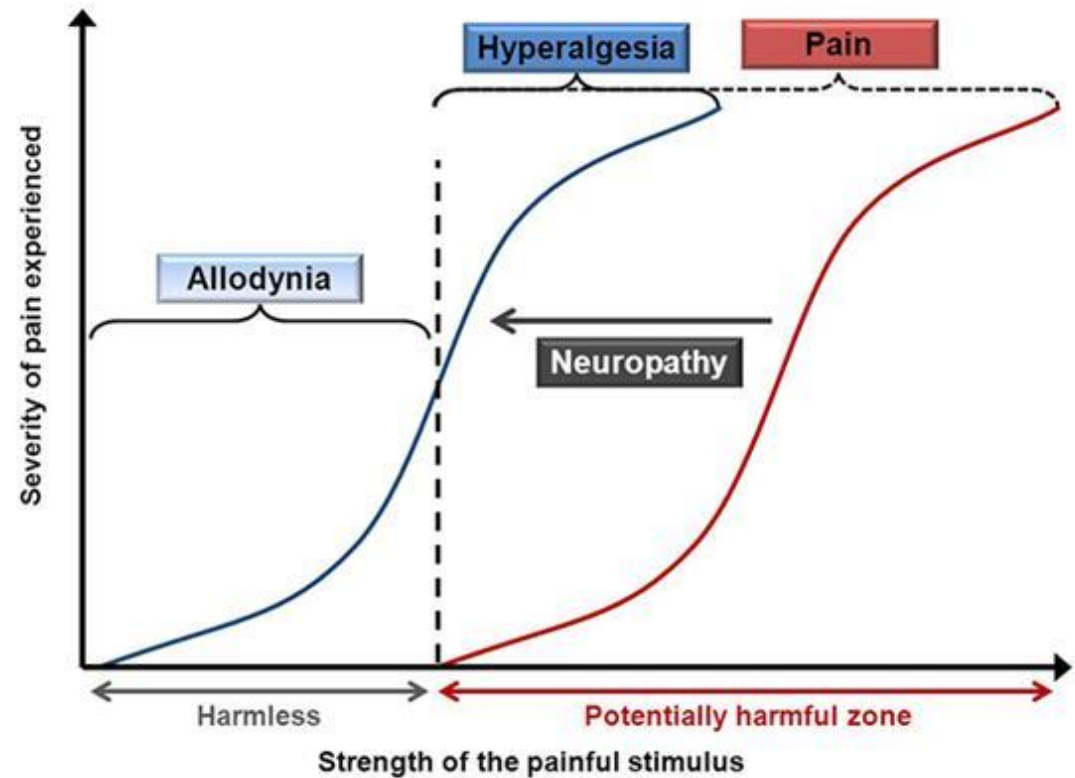
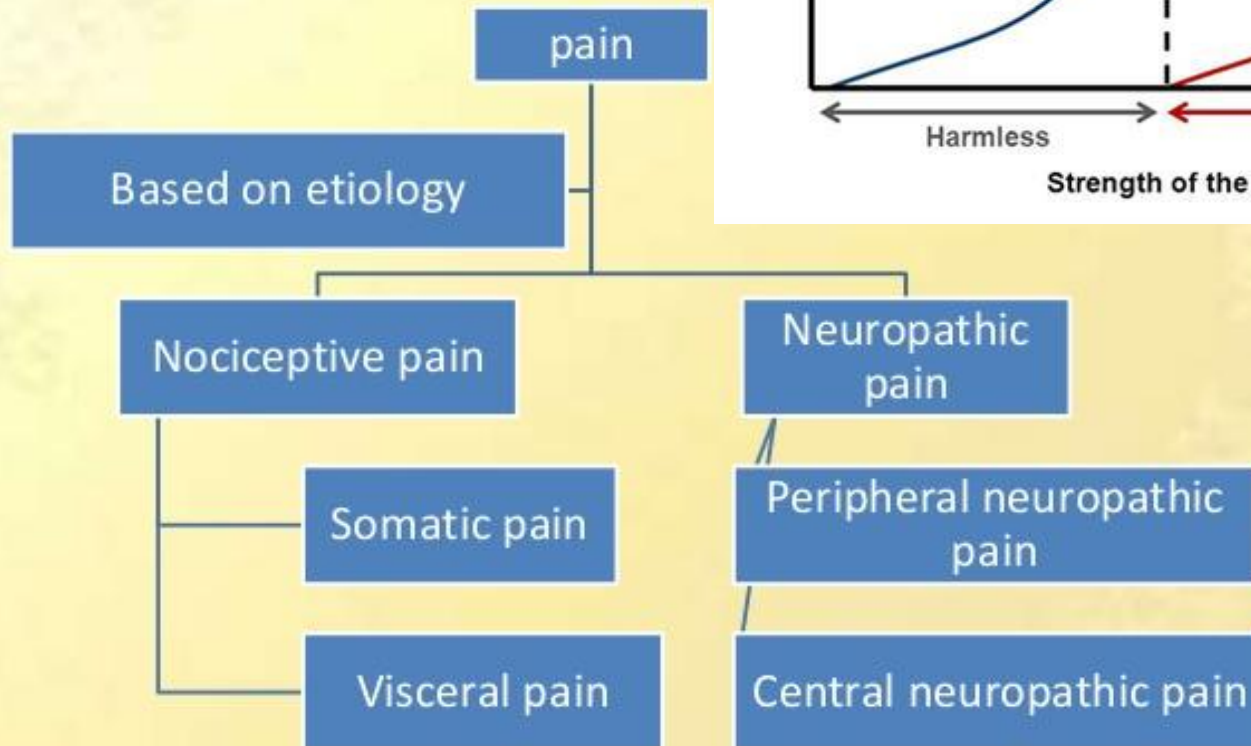
a) Repulsion away from harmful triggers

b) Awareness of harmful sources

*When a stimuli is NOT sensed → SIELNT HARM
e.g. Diabetic foot (Delayed awareness of bleeding and infection during stepping injuries)

Pain types	Nociceptive	Neuropathic
Definition	Pain caused by physiological activation of pain receptors	Pain caused by lesion or dysfunction of the somatosensory system, especially the nociceptive pathway
Mechanism	Natural physiological transduction	Ectopic impulse generation, among others
Localization	Local + referred pain	Confined to innervation territory of the lesioned nervous structure
Quality of symptoms	Ordinary painful sensation (good verbal descriptors)	New strange sensations (poor verbal descriptors)
Treatment	Good response	Poor-moderate response

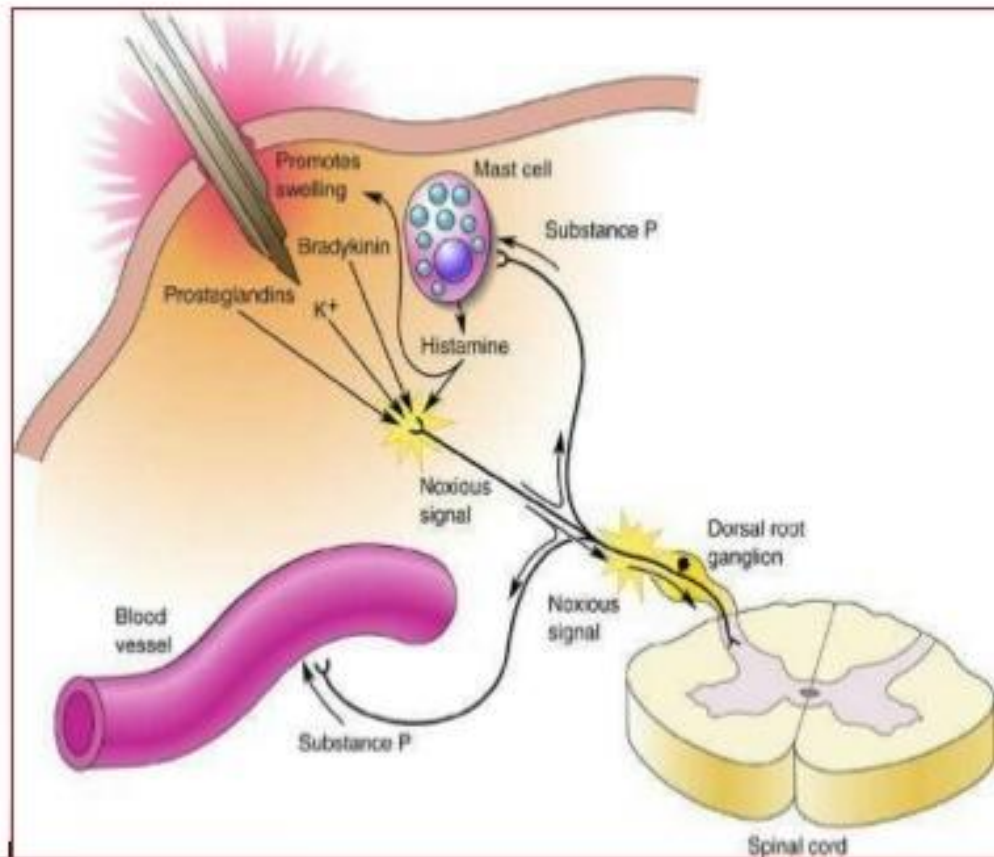
Classification of pain based on etiology



Pain

Nociceptors

- ▶ Nociceptors are special receptors that respond only to **noxious** stimuli and generate nerve impulses which the brain interprets as “pain”
- ▶ Free nerve endings
- ▶ Tissue damage

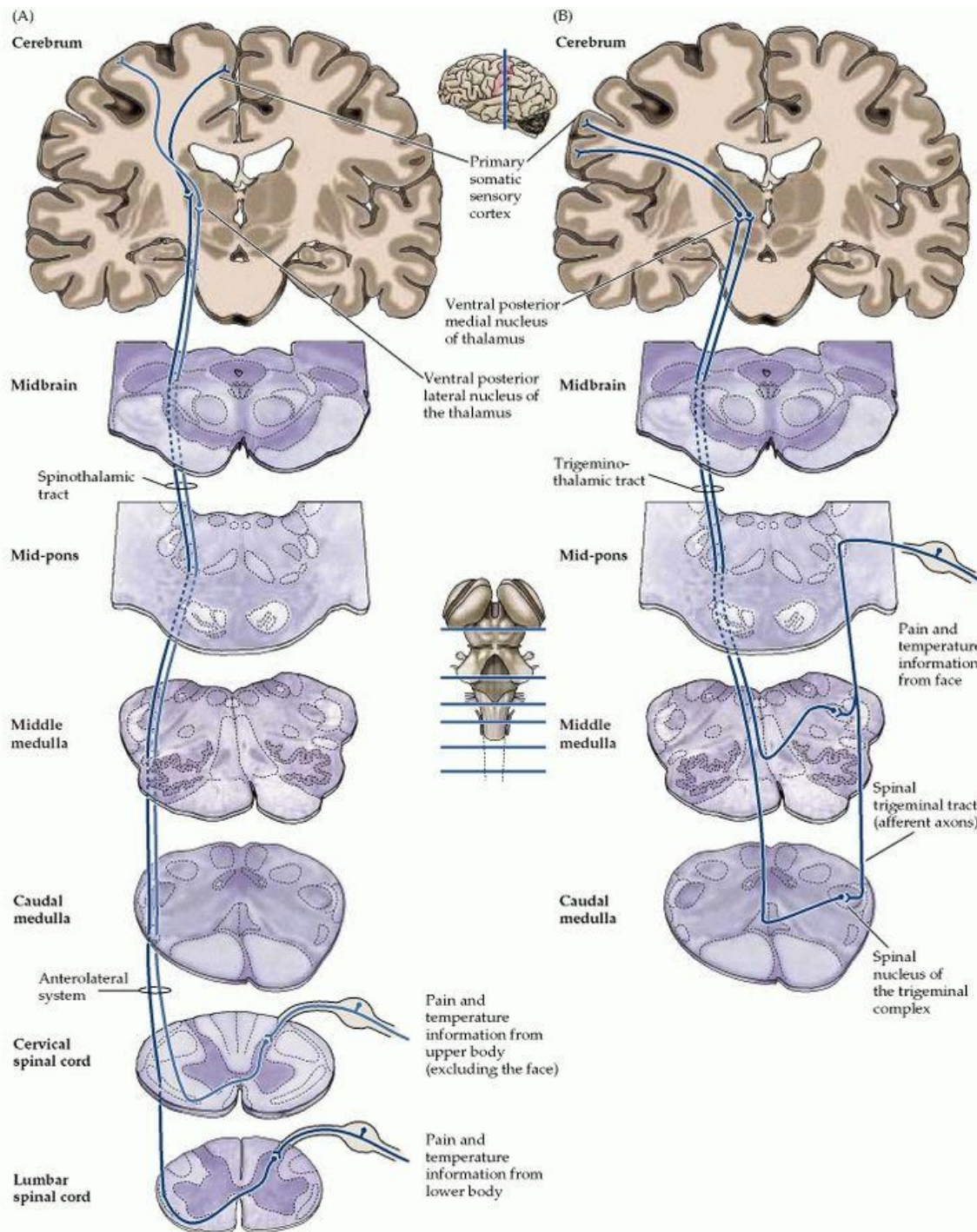


Nociceptors

- Free nerve endings that respond to intense stimuli
- Types:
 - **Mechanical**
 - Strong pressure, sharp objects
 - **Thermal**
 - Burning heat ($>45^{\circ}\text{C}$)
 - Noxious cold (variable)
 - **Chemical**
 - pH extremes
 - Environmental irritants
 - Internal neuroactive substances
 - **Polymodal**
- Sensations mediated by A δ fibers (sharp, intense pain) and C fibers (persistent, dull pain).

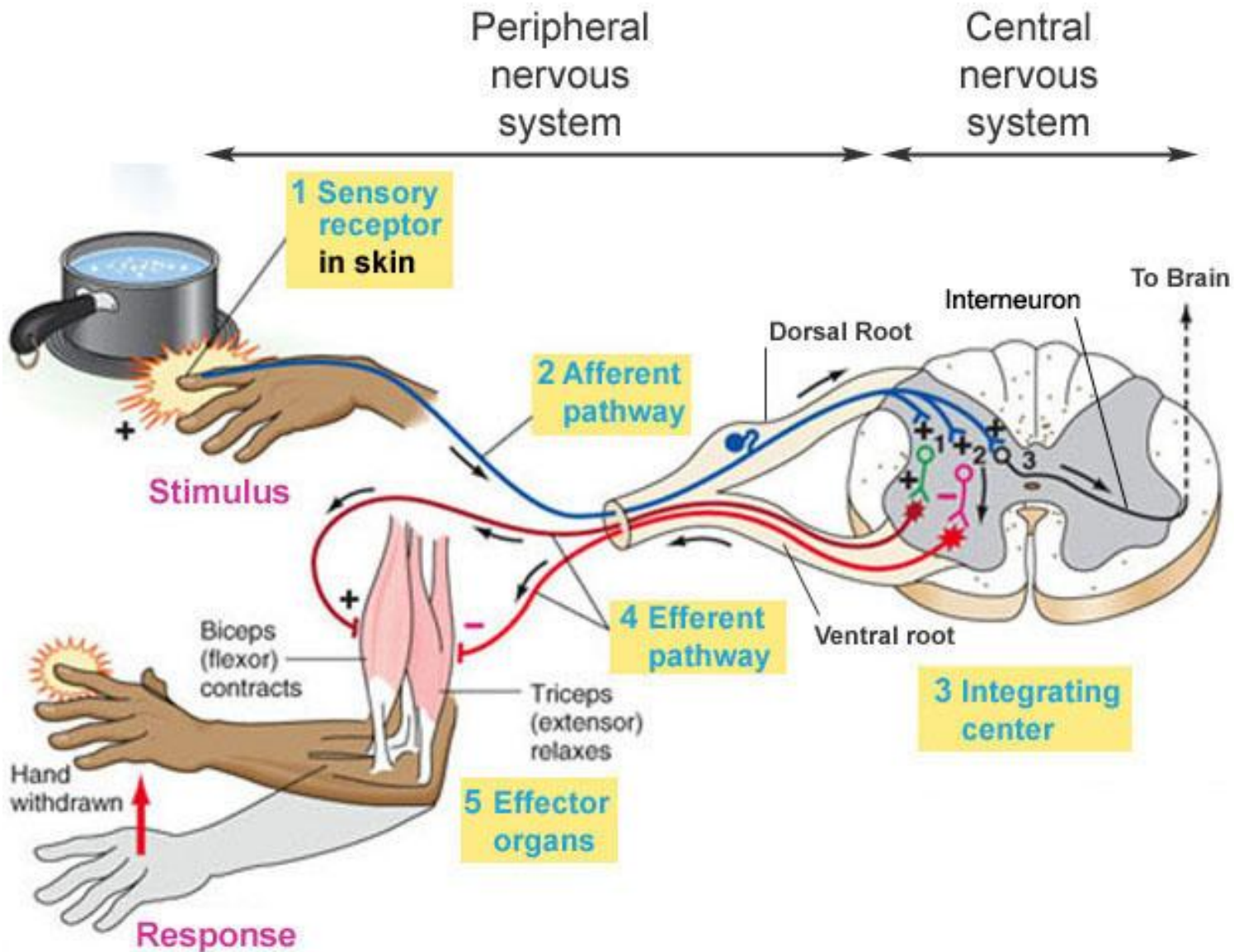
Pain Pathways:

- A) From Body (Left)
- B) From Face (Right)



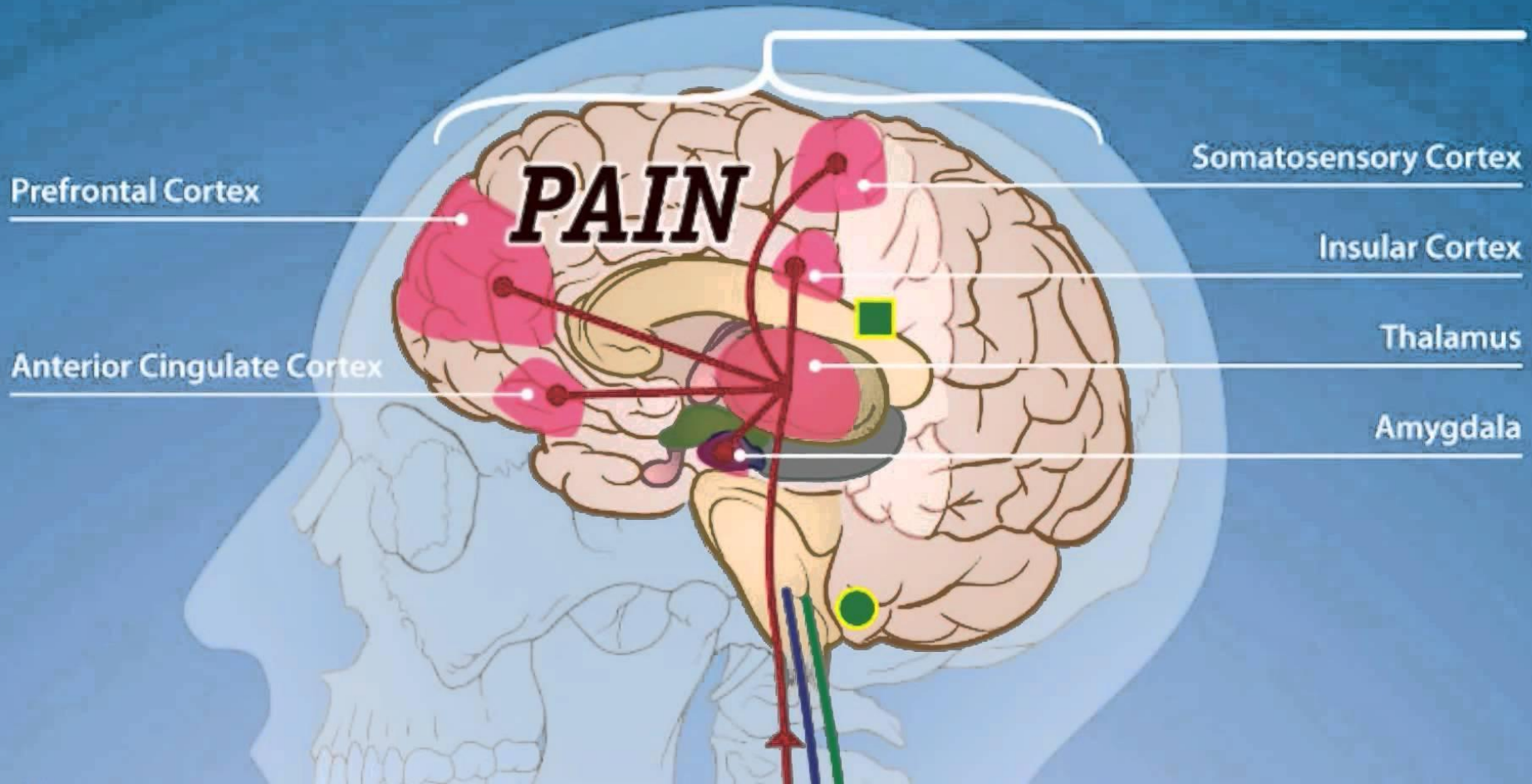
1st Respond – Spinal Arch Reflex

*Immediate & fast before signal had reached the brain → repulse from pain stimuli without thinking!

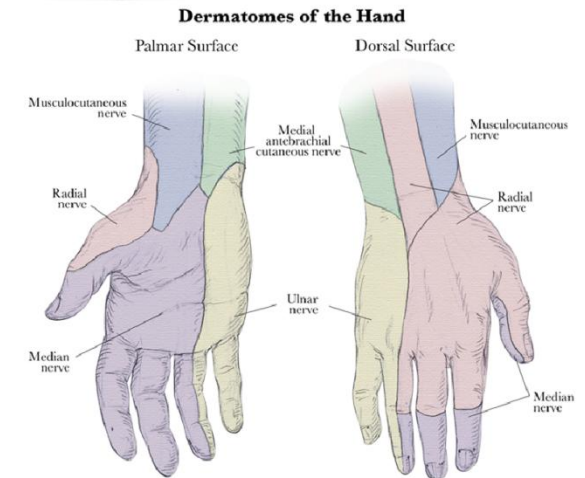
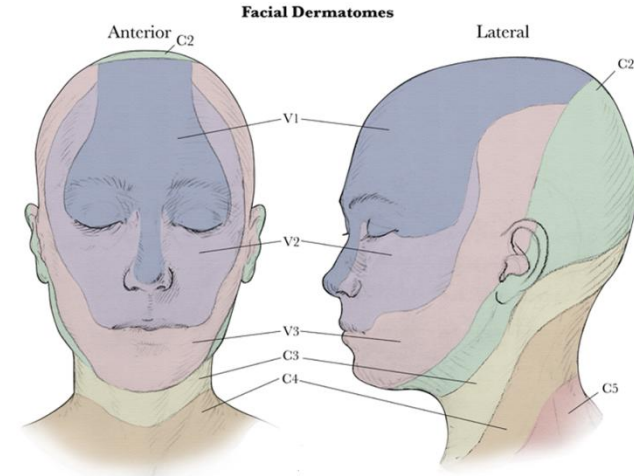
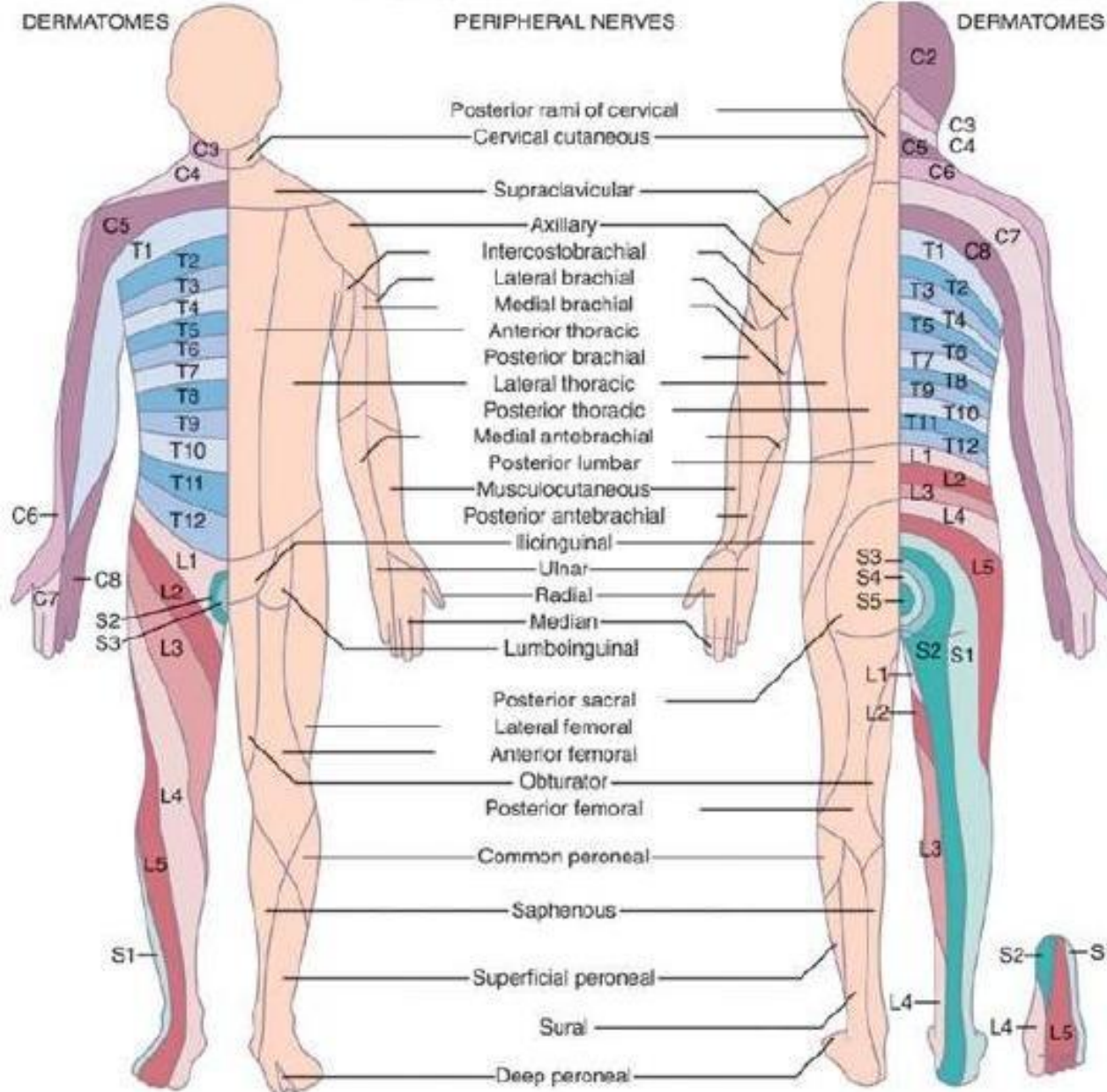


2nd Respond – Cortical modulation

- *Delayed & speed varies → Thinking of how to deal with the situation
- *Repetitive or Long term stimulation lead to adaptability
- *Establish memory → a. Influence future responses b. Mechanism in psychological Trauma



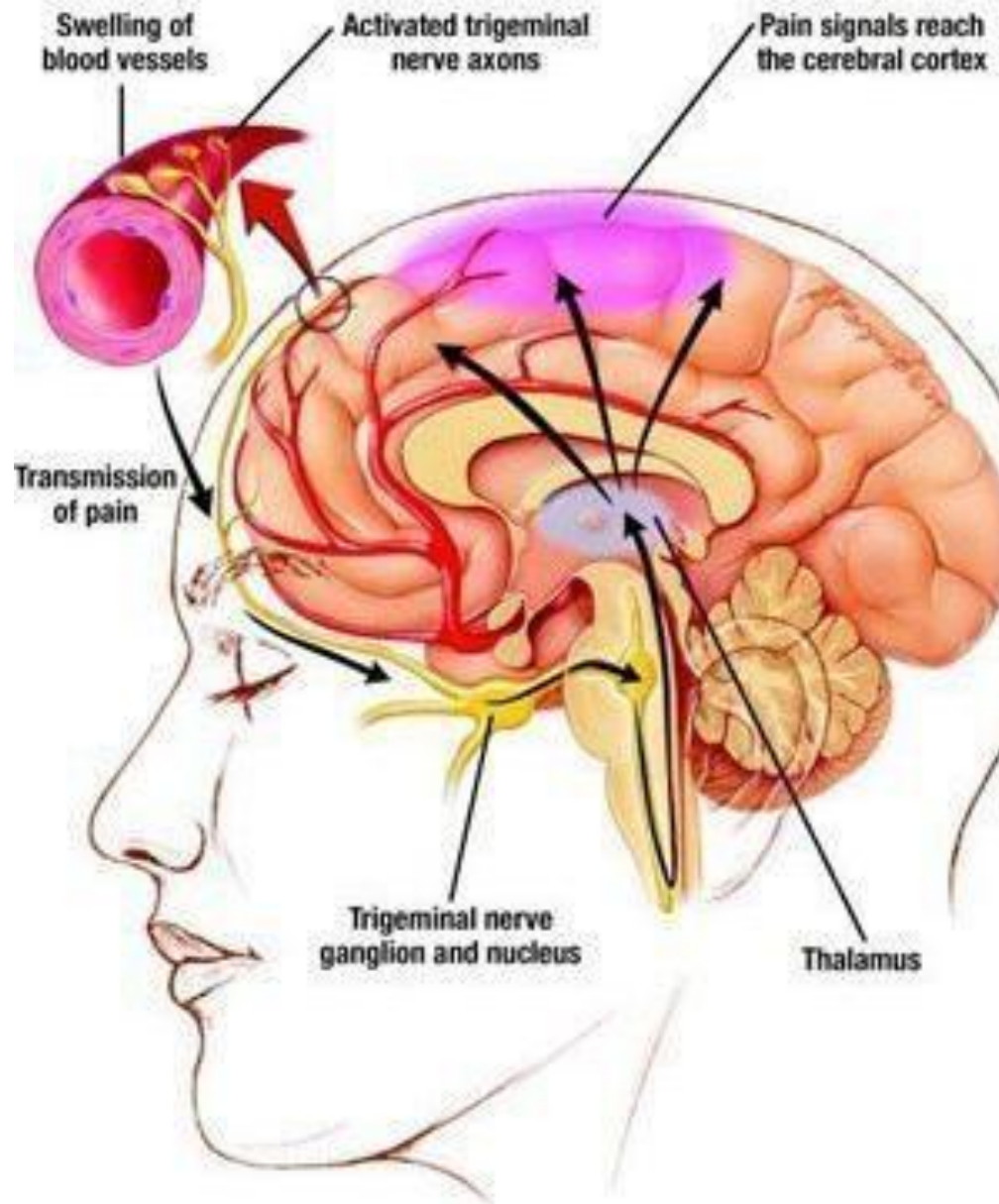
Coetaneous Pain Source → Dermatomes



Headache???

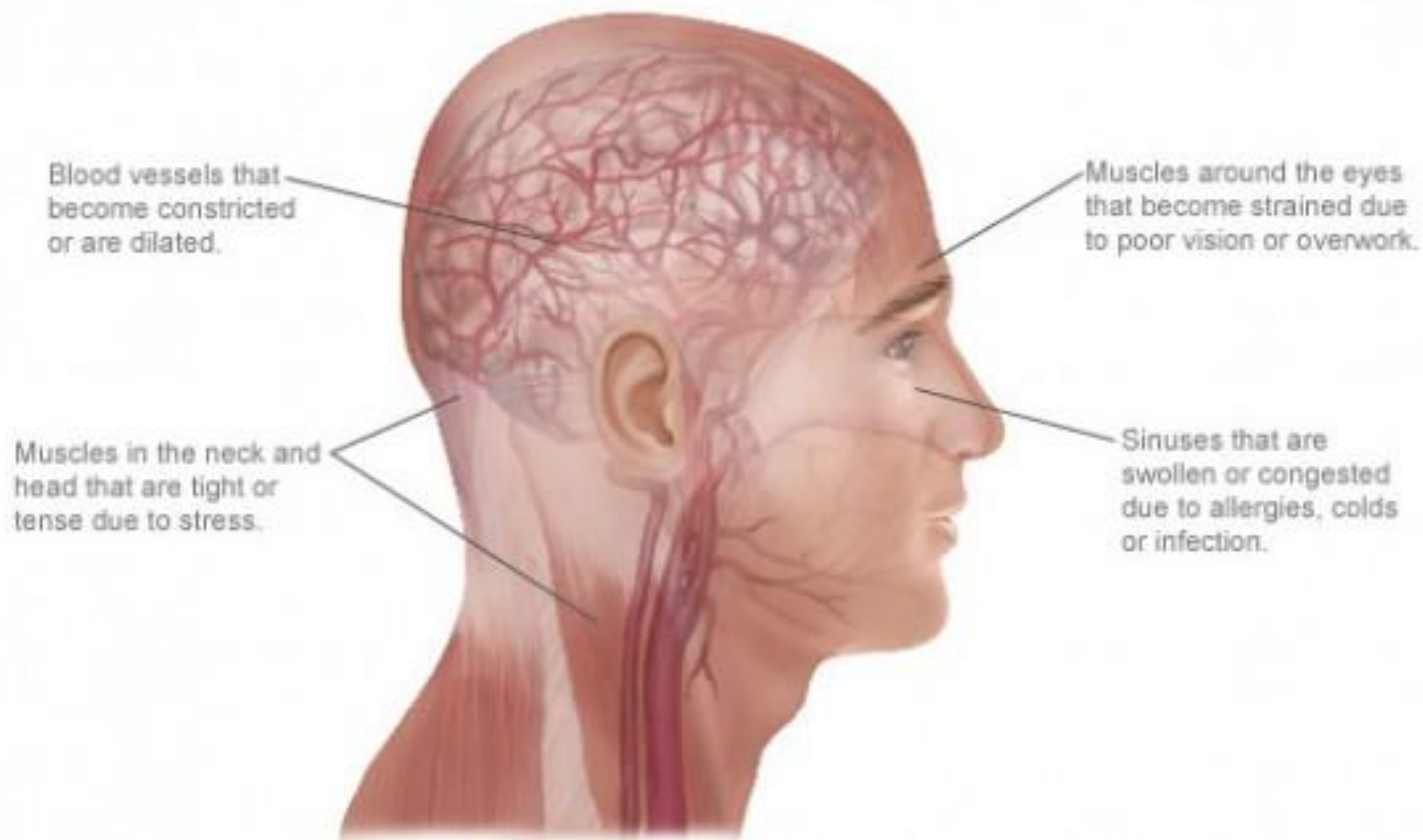
*Source: Vessels, Meninges, Surrounding tissues

*NOT the Brain itself



Common Headache Causes

A headache is defined as a pain in the head that is located above or around the eyes or ears, at the back of the head or in the upper area of the neck. Headaches have many causes, including:



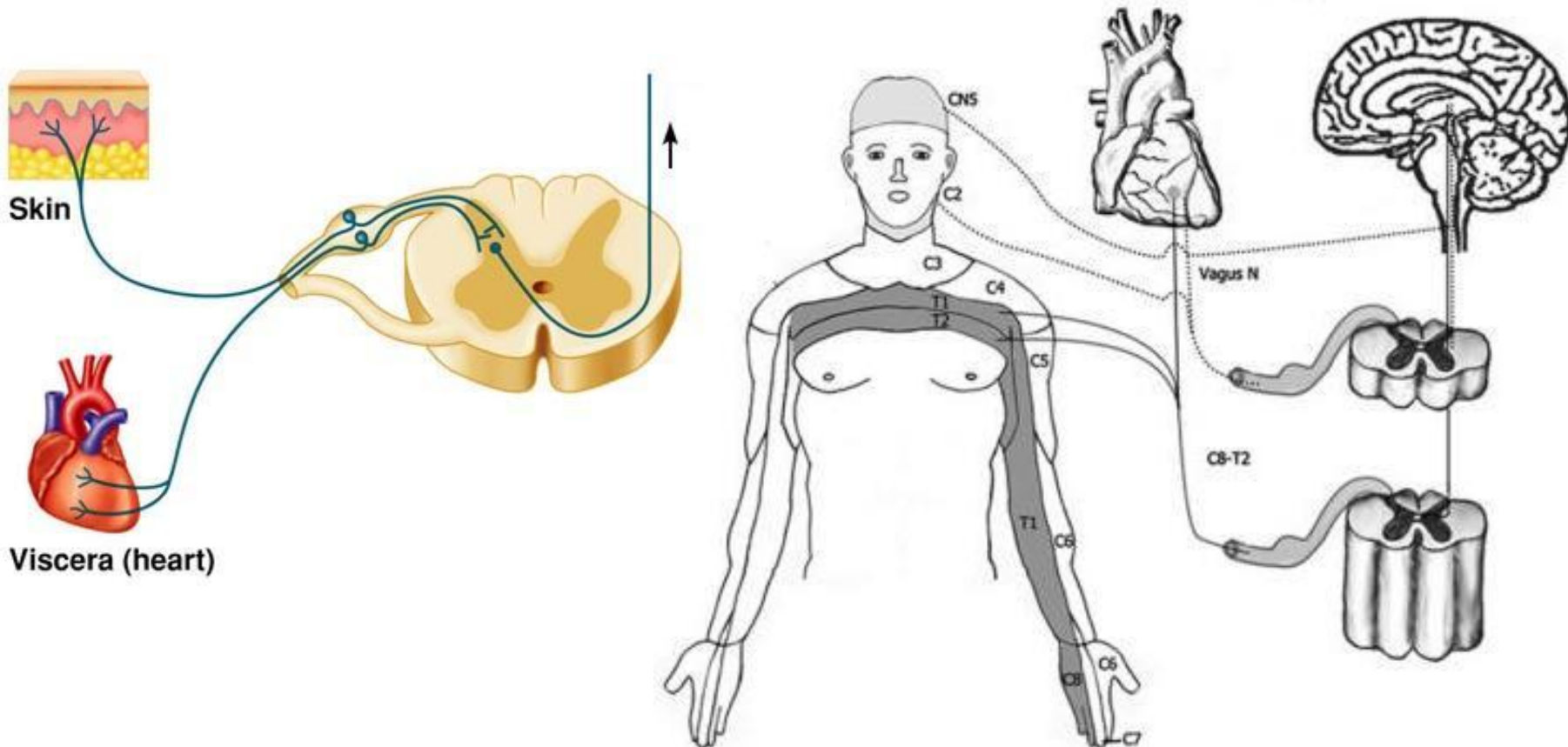
Referred Pain

Visceral pain perceived on a distal dermatome

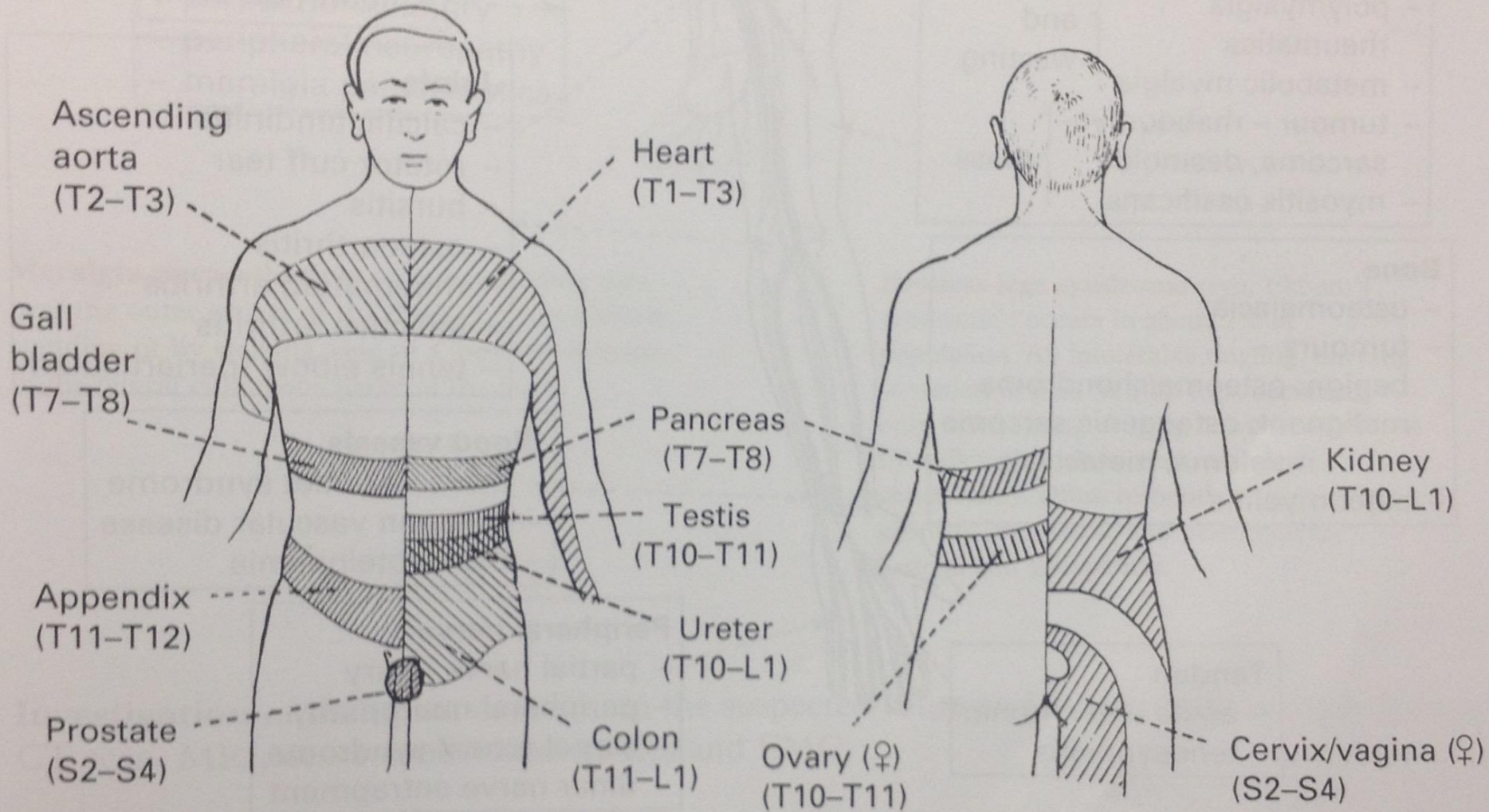
* Brain misinterpret signal due to common segmental innervations.

* Useful in understanding patients subjective pain complain.

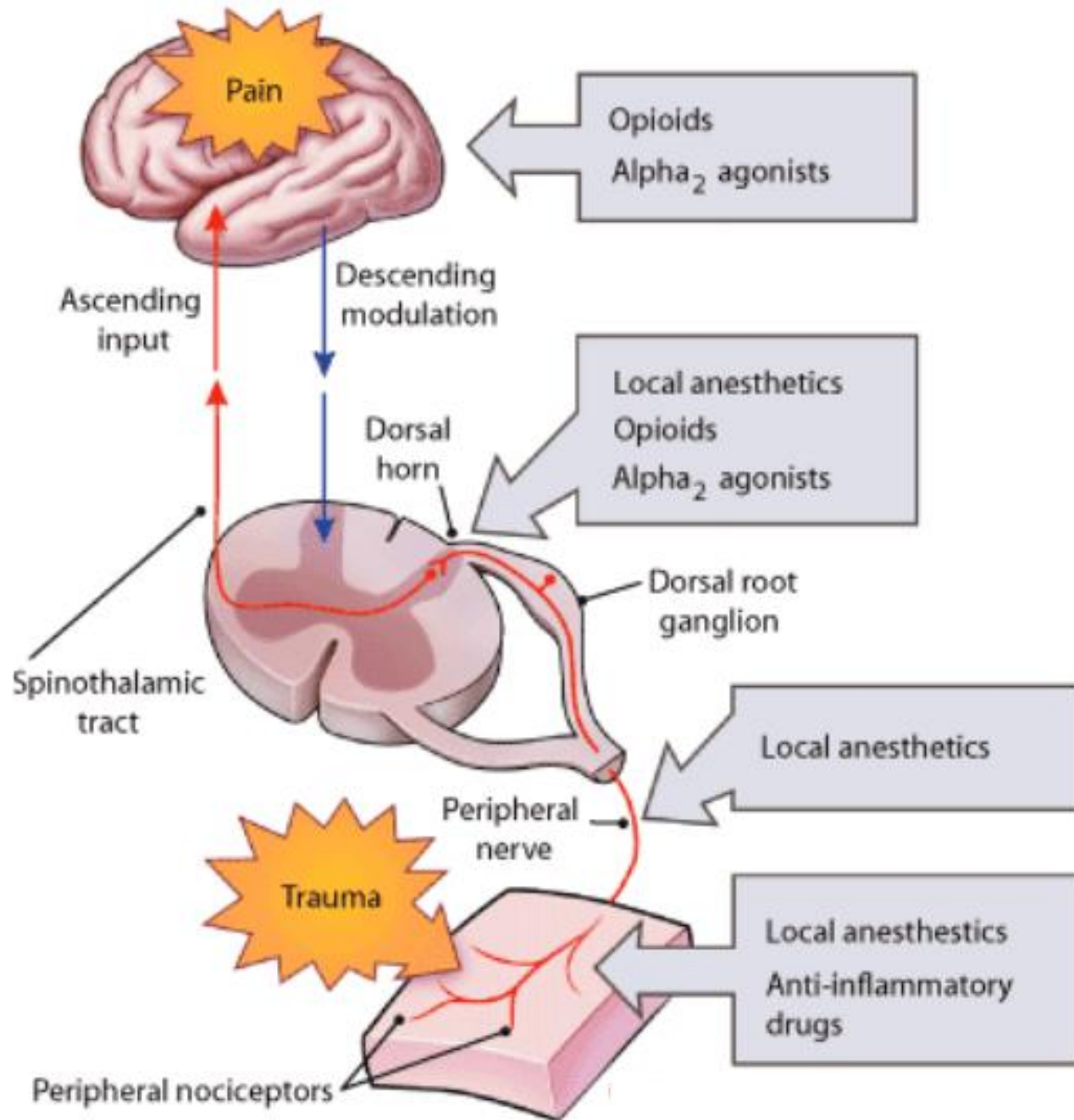
* Multiple hypothesized mechanisms – subject of research



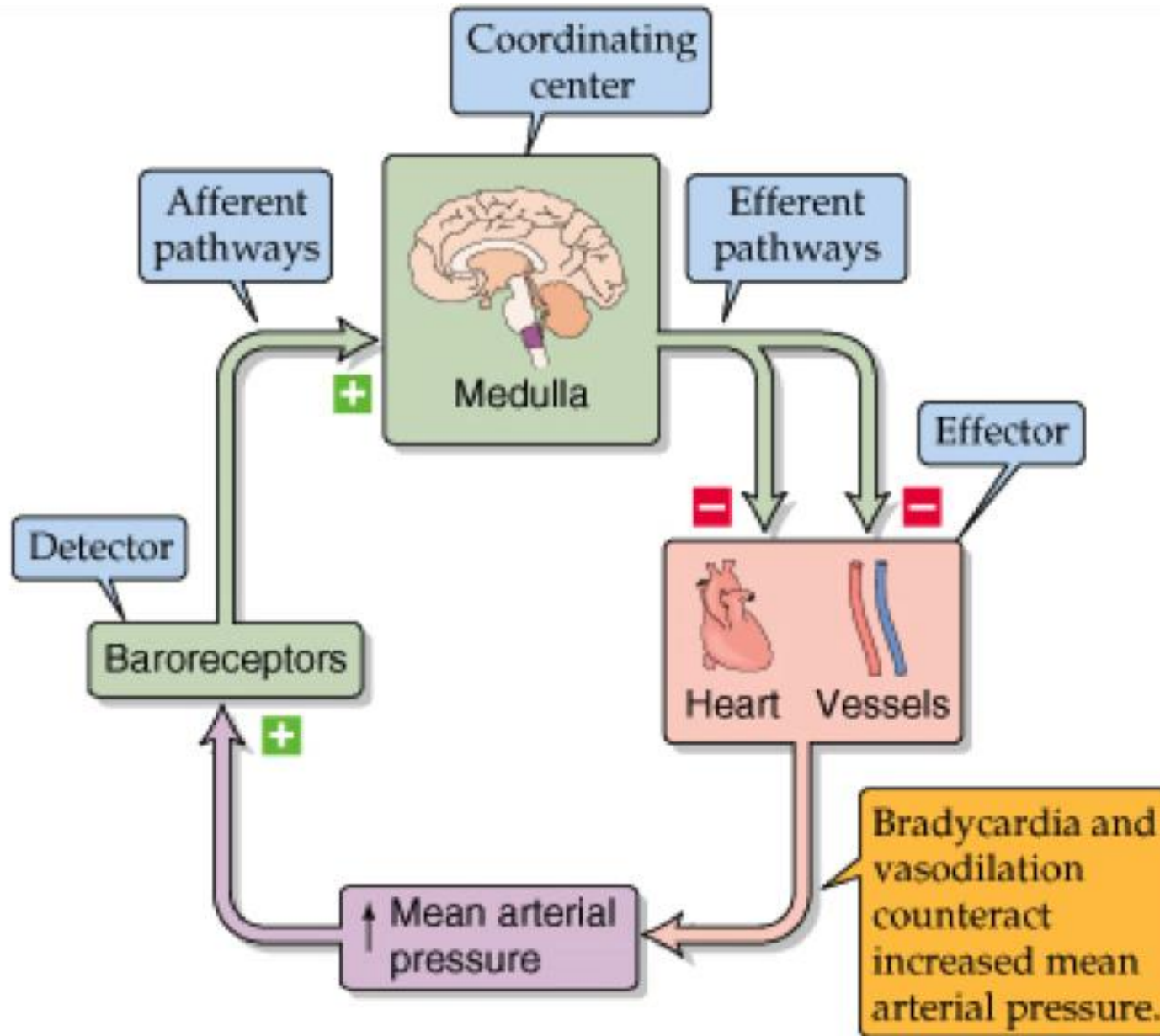
Referred Pain



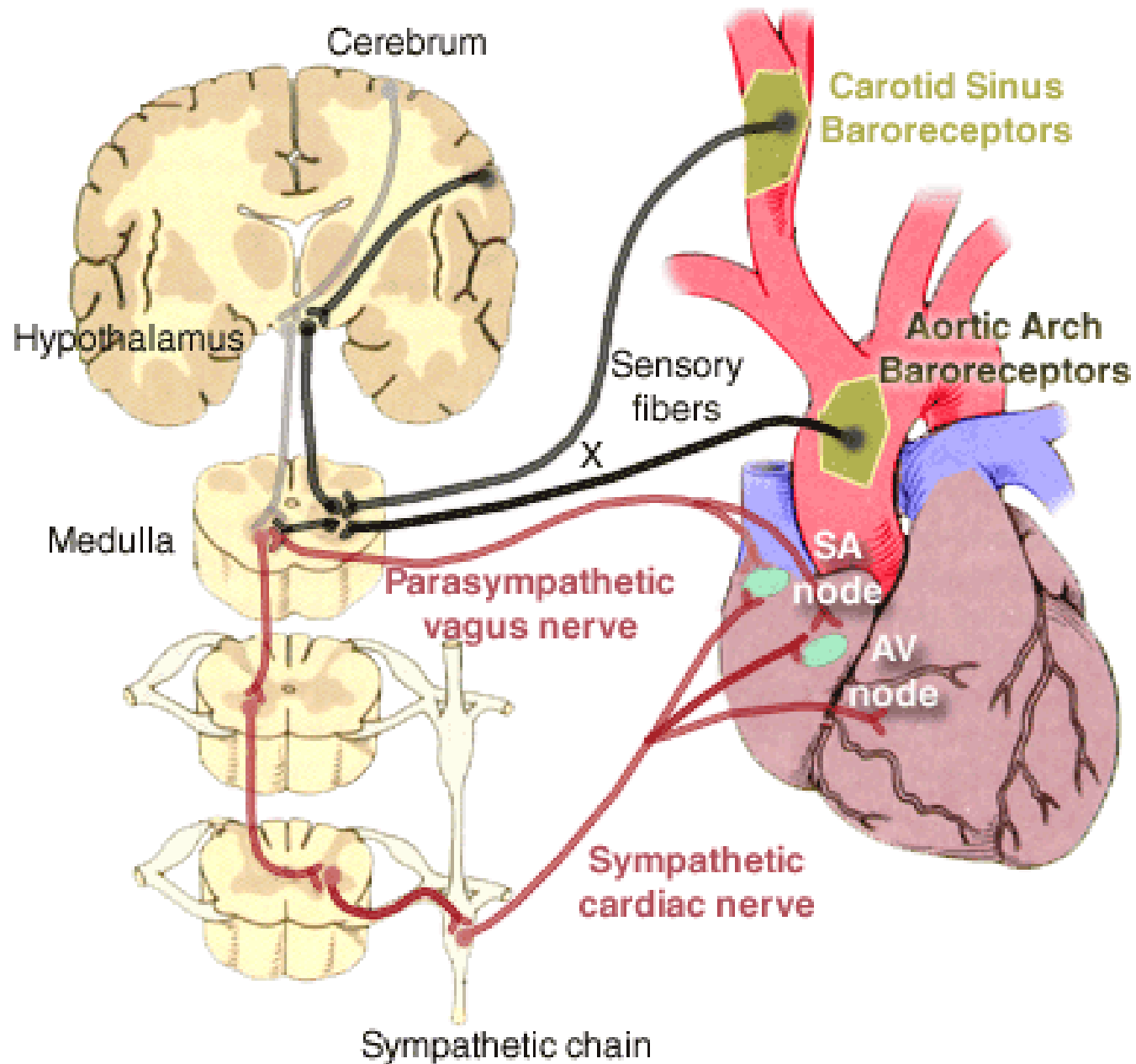
Sites Where Pharmaceutical Pain Blockers Exert their Mechanism Of Action



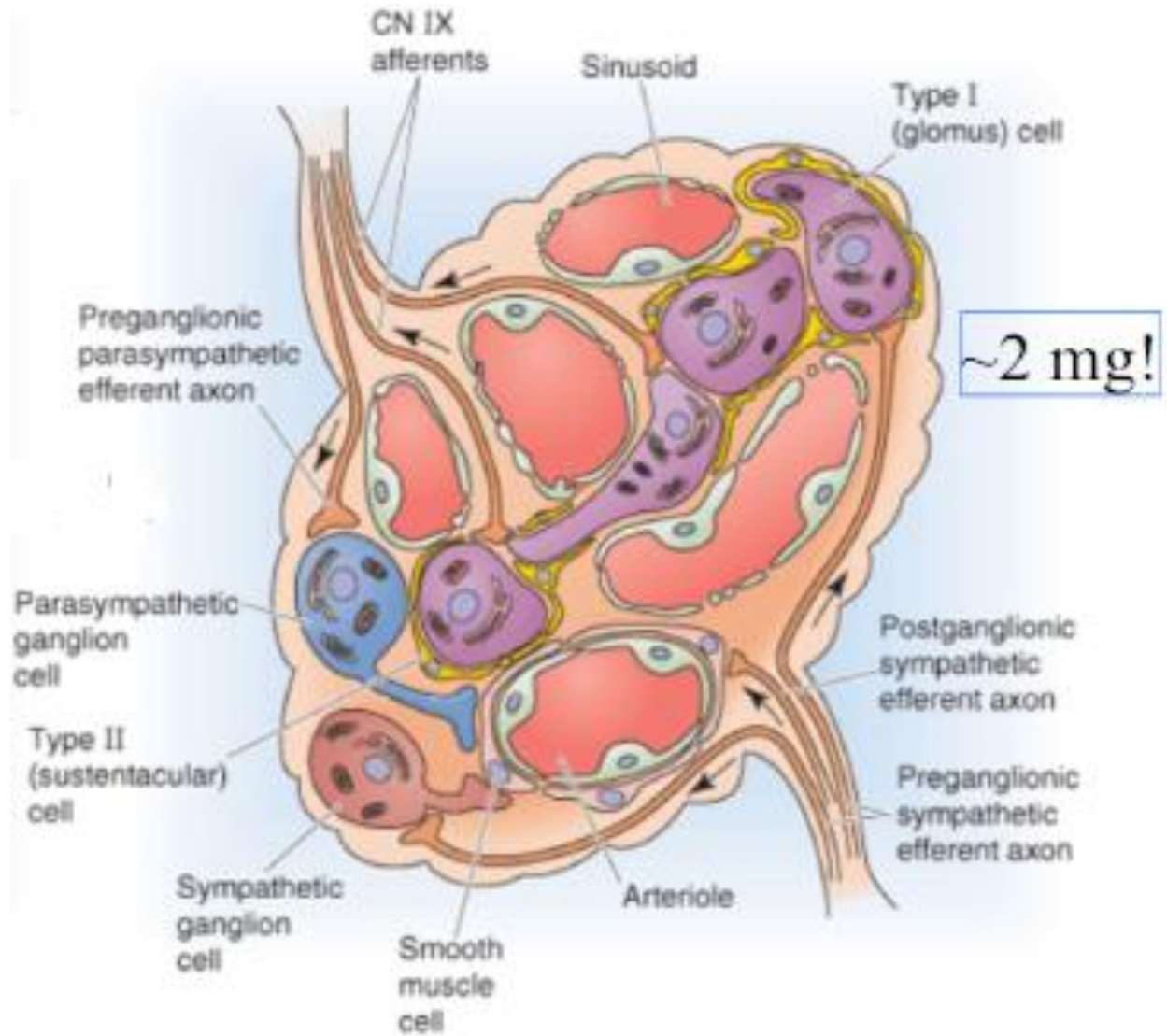
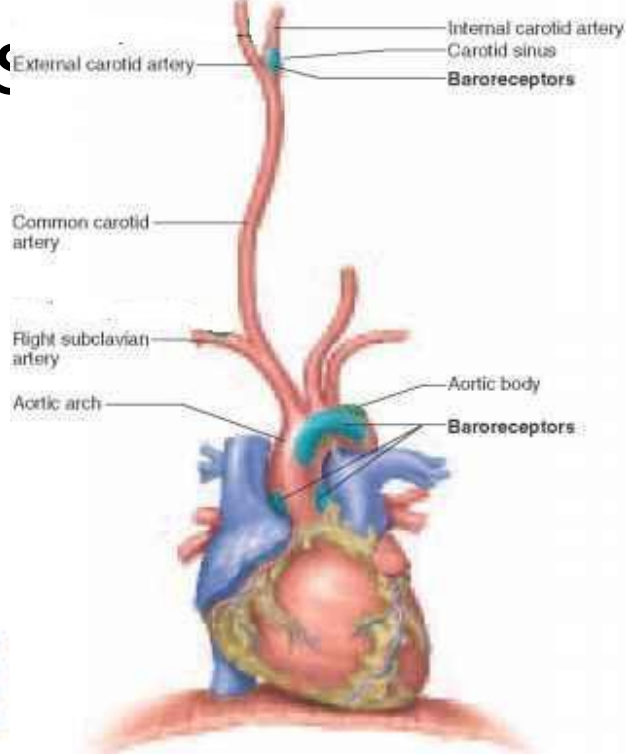
Interoception – Baroreceptors



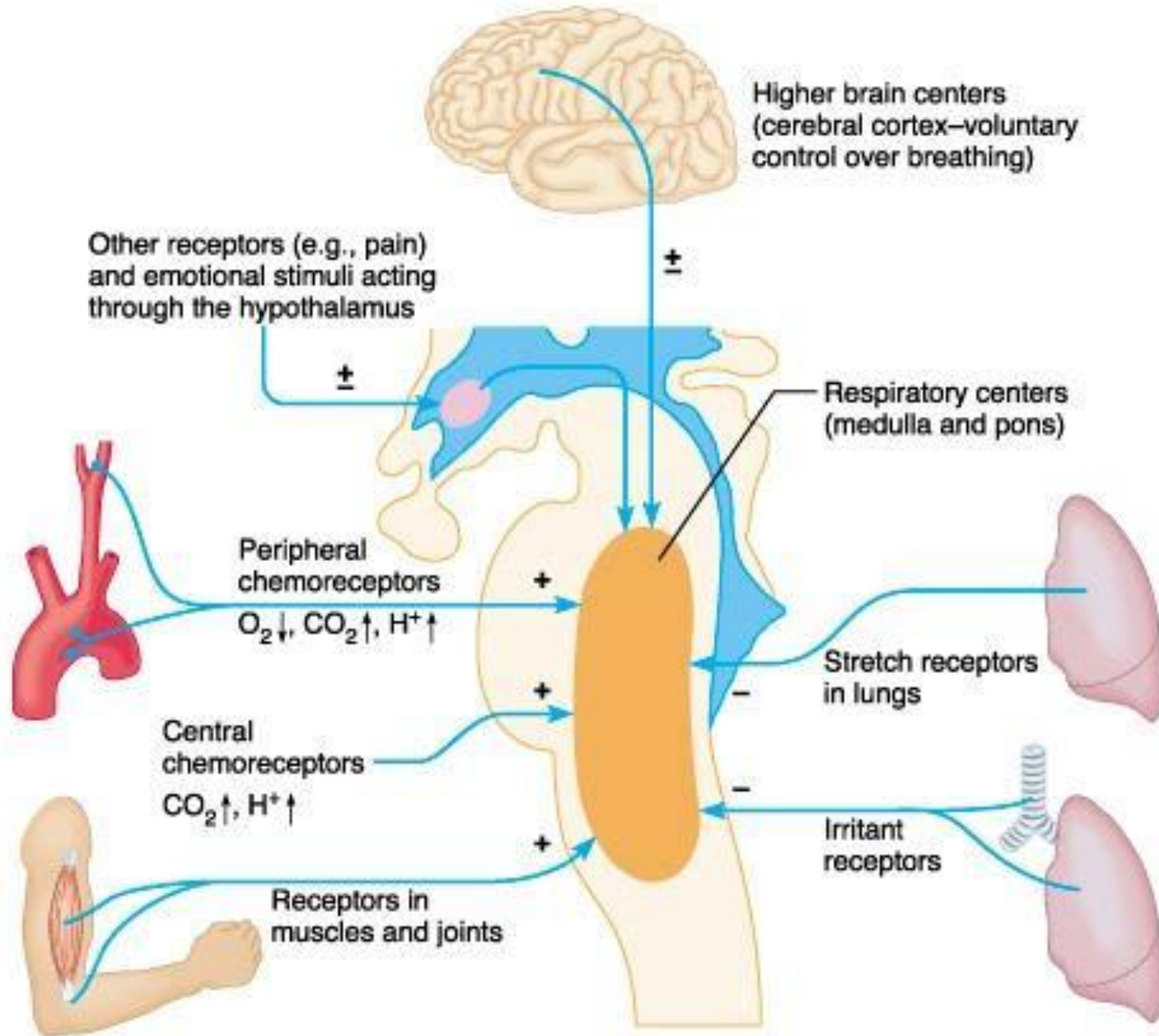
Interoception – Baroreflex arch



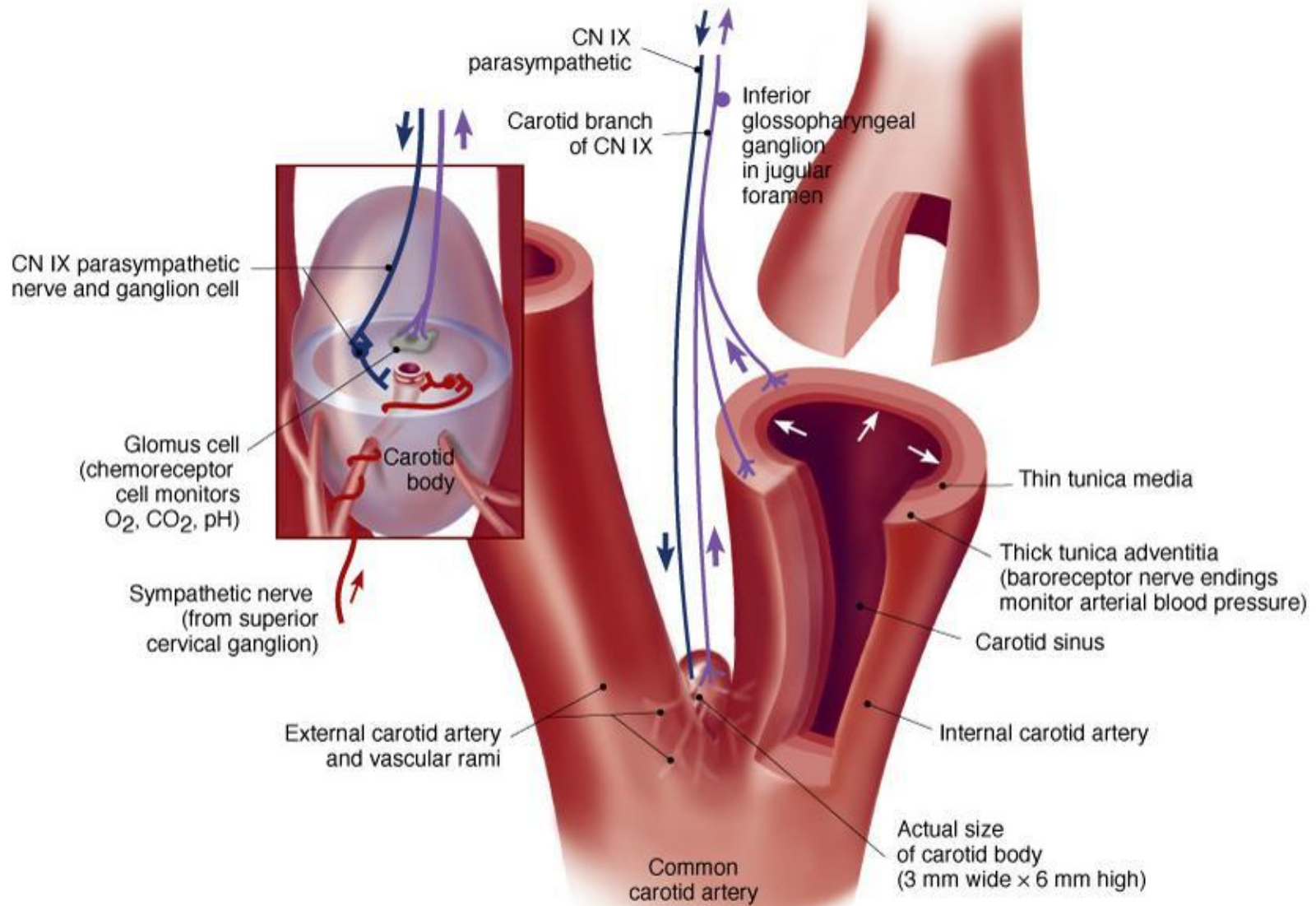
Interoception – Baroreceptors



Interoception – Chemoreceptors

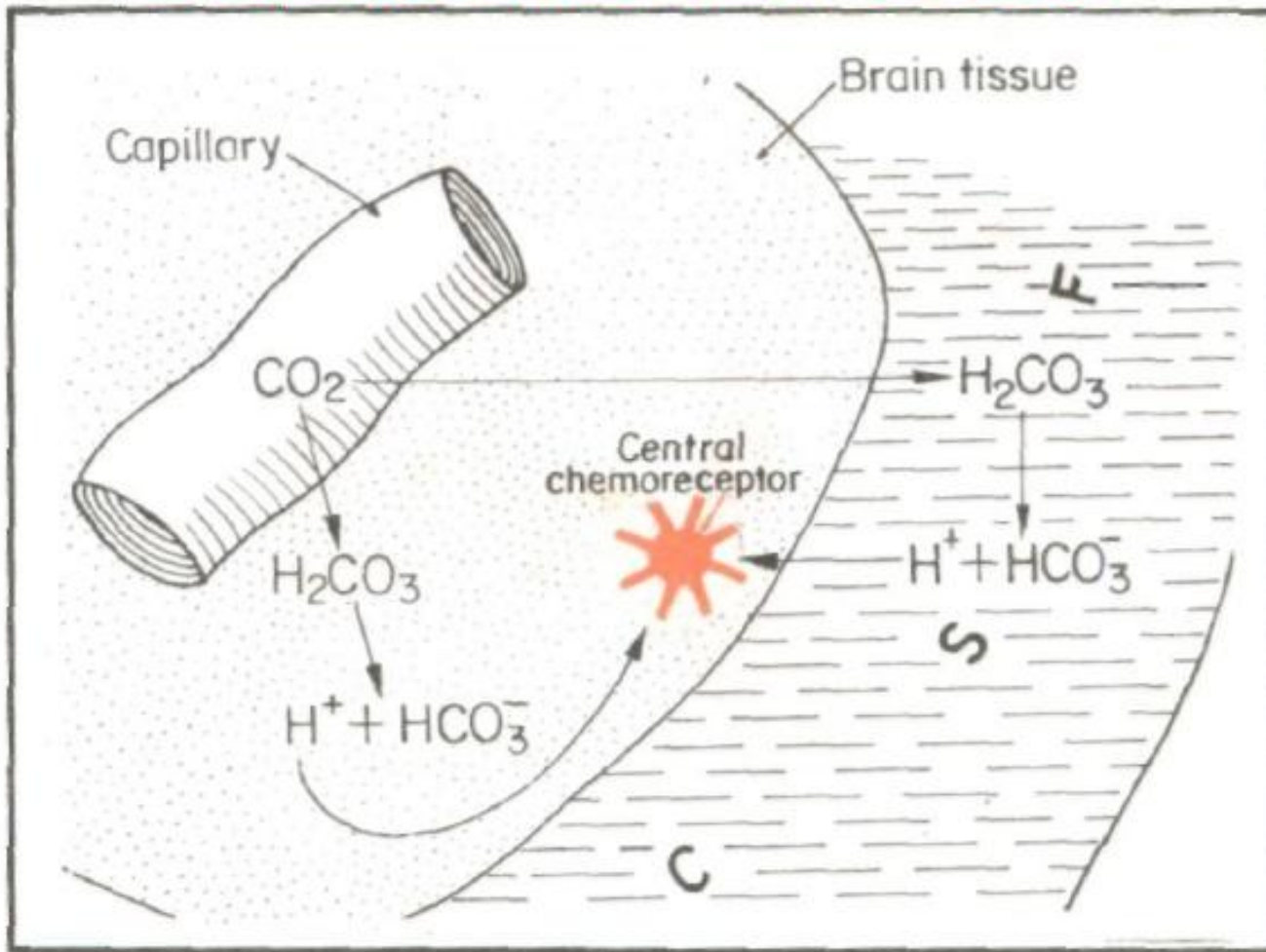


Interoception – Chemoreceptors

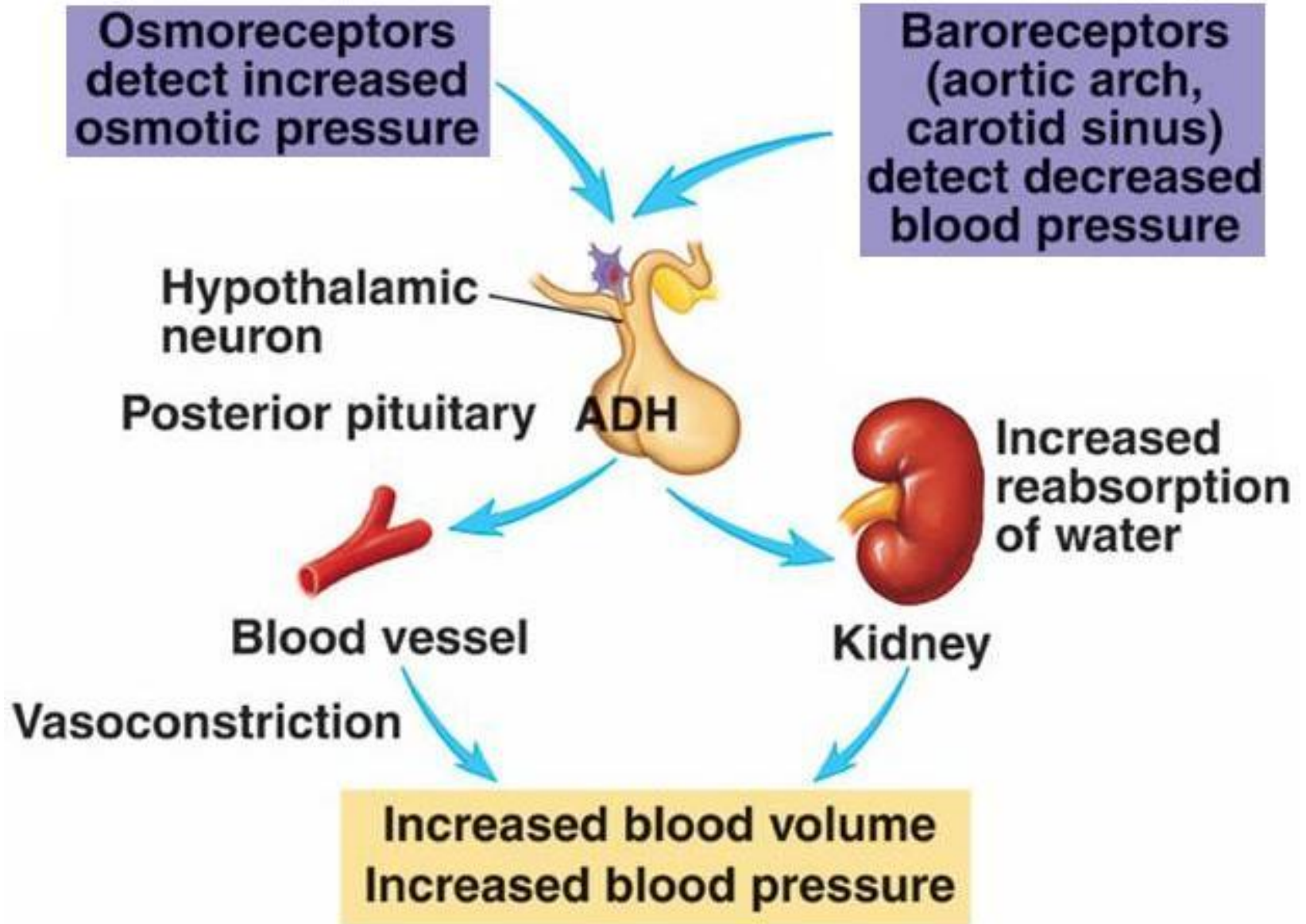


Interoception – Chemoreceptors

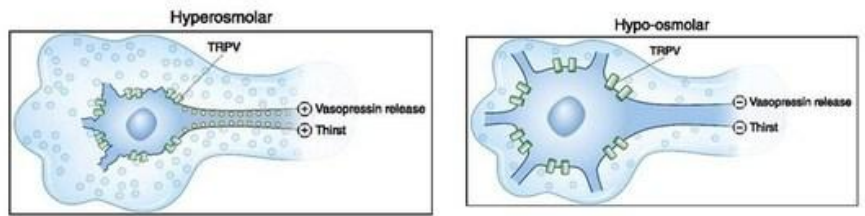
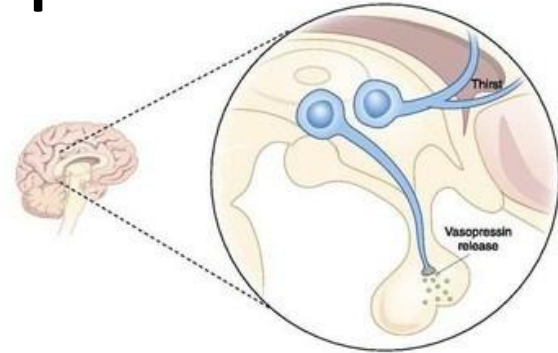
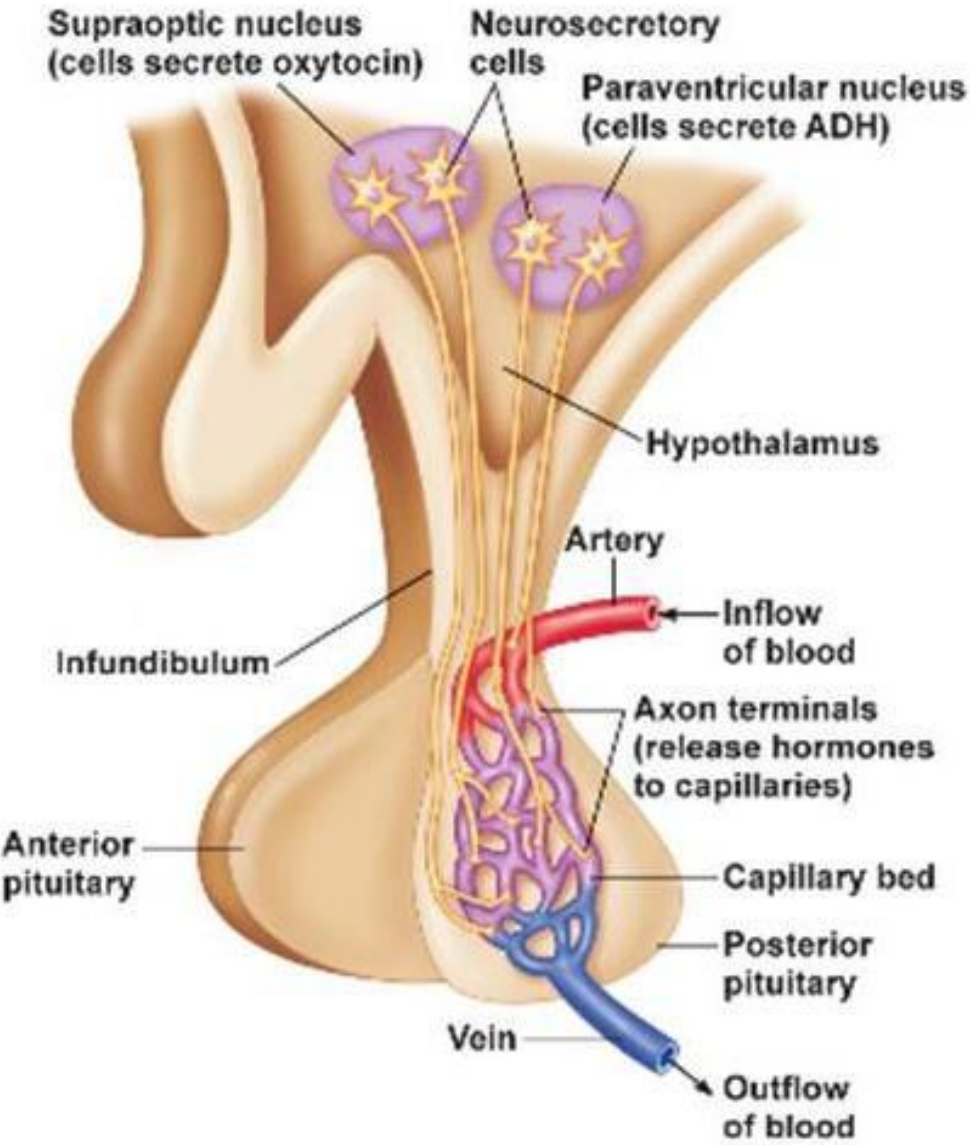
CENTRAL CHEMORECEPTORS



Interoception – Osmoreceptors



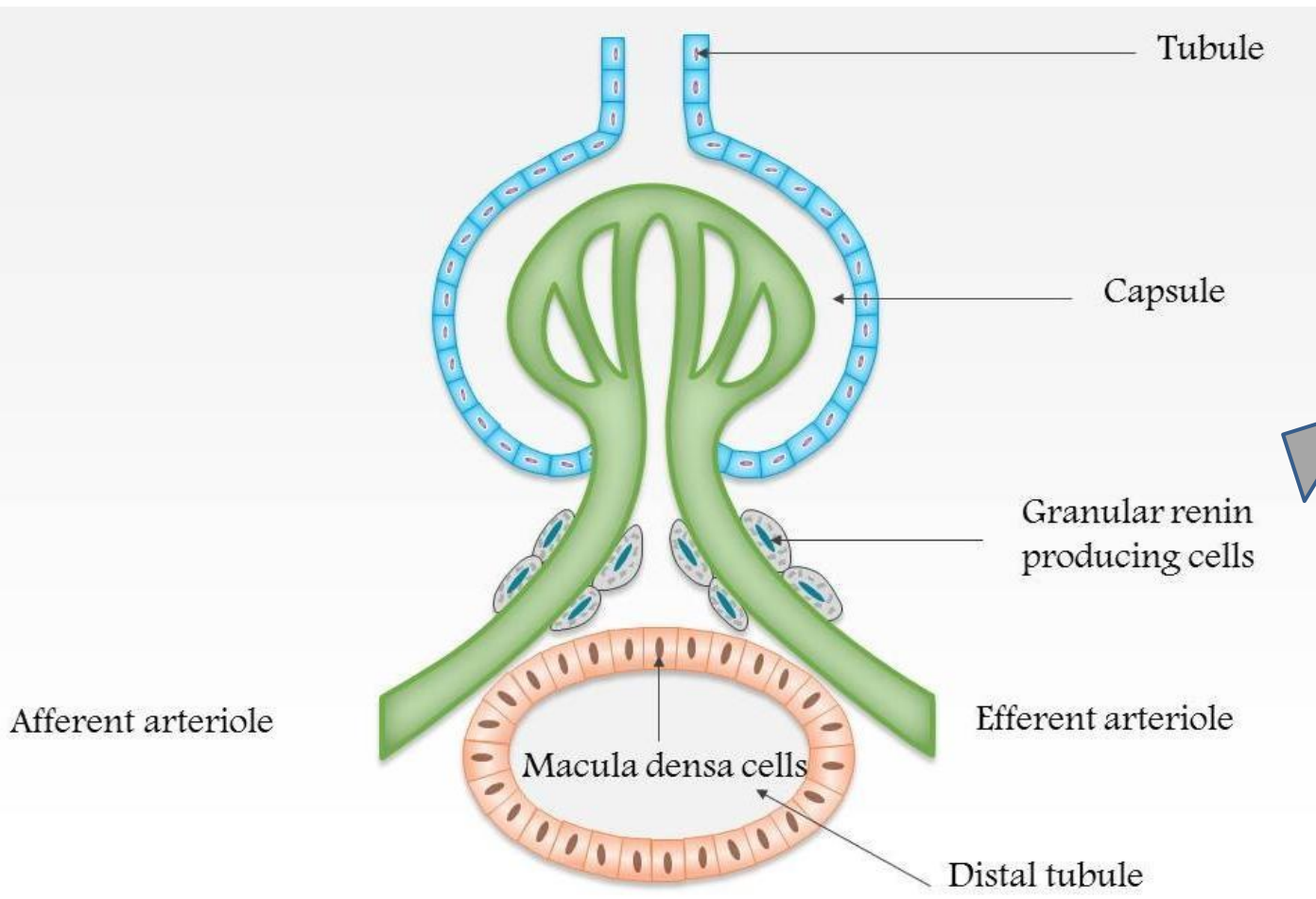
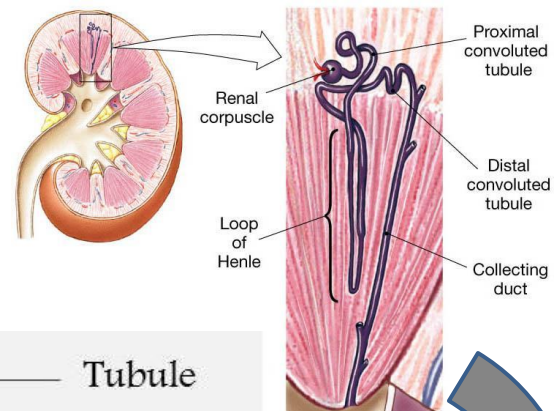
Interoception – Osmoreceptors



Hypothalamic nuclei

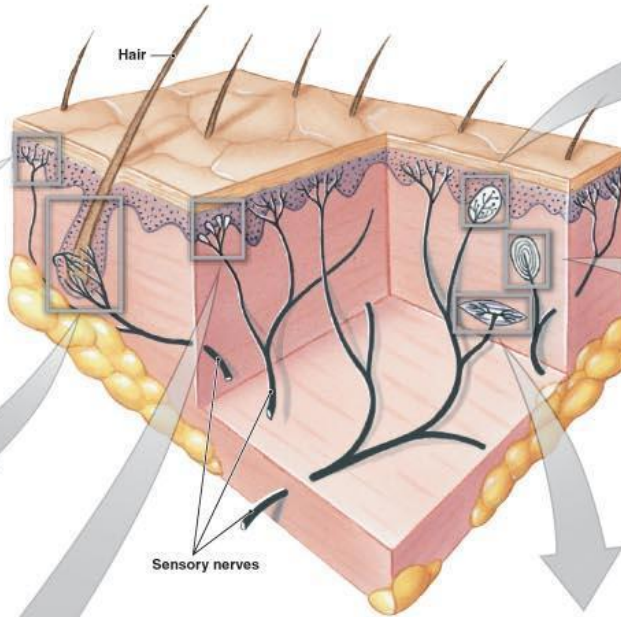
Interoception – Osmoreceptors

juxtaglomerular apparatus



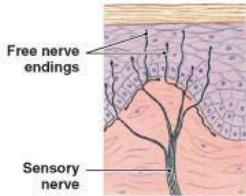
Type Of Cutaneous Receptors

The types of receptors in the skin



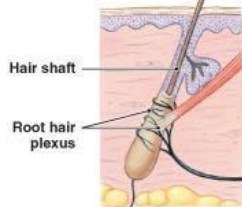
Free Nerve Endings

Are the branching tips of sensory neurons; are unprotected and nonspecific; can respond to tactile, pain, and temperature stimuli



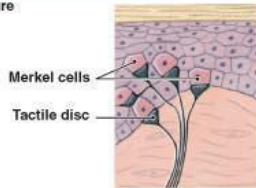
Root Hair Plexus

Monitor distortions and movements across the body surface; adapt rapidly



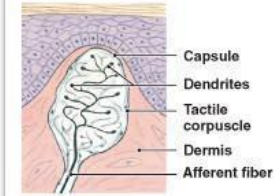
Tactile Discs and Merkel Cells

Tactile discs: fine touch and pressure receptors; are extremely sensitive tonic receptors with very small receptive fields. Merkel cells: unusually large epithelial cells in the stratum basale of the skin



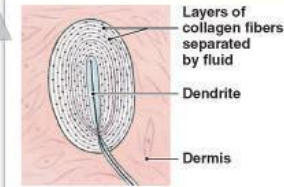
Tactile Corpuscles

Provide sensations of fine touch and pressure and low-frequency vibration; also called Meissner corpuscles



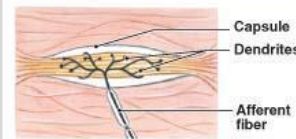
Lamellated Corpuscles

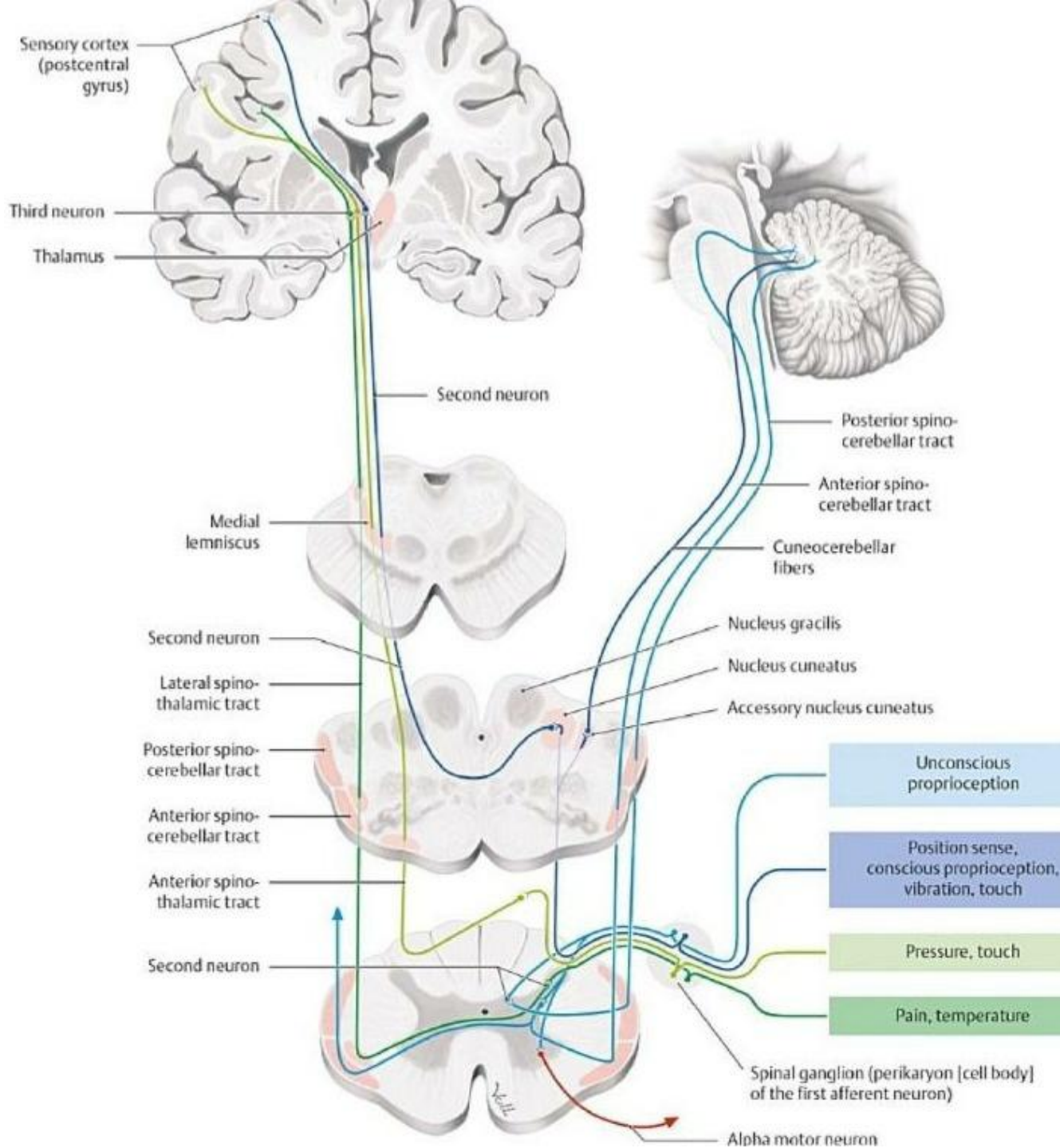
Are sensitive to deep pressure, especially pulsing or high-frequency vibrating stimuli; are fast-adapting receptors



Ruffini Corpuscles

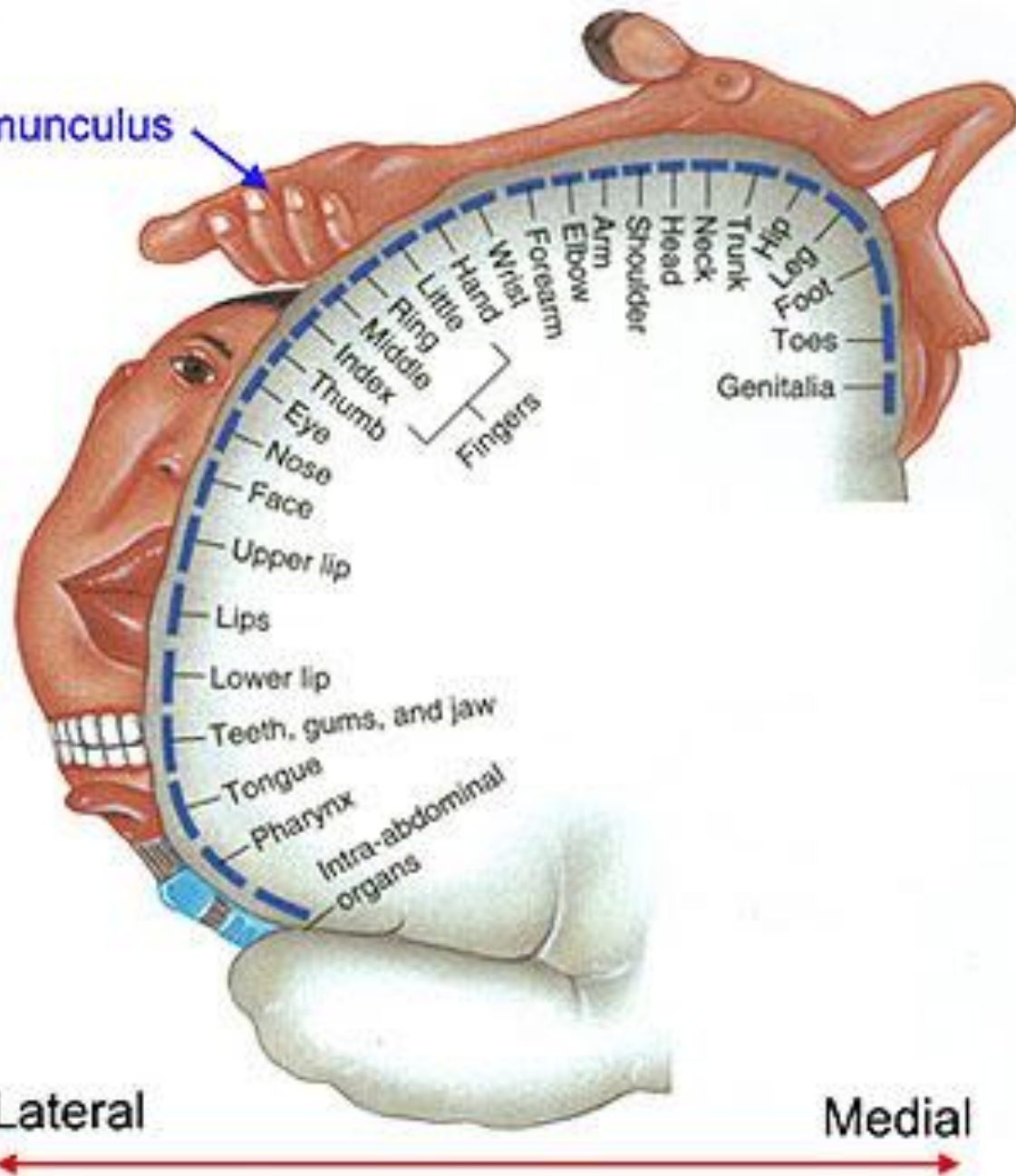
Are sensitive to pressure and distortion of the deep dermis





Somatosensory Map

Homunculus



Lateral

Medial

KEEP UP THE HARD WORK....!

