

Other senses:  
taste, smell, touch

# Senses – general information

receive specific kind of stimuli (information):

- from the external environment by **exteroceptors**
  - smell, taste, vision, hearing, touch and pain
- from the internal environment by **interoceptors**
  - proprioception, pain, internal environment
- on the border of both – balance
  - perception of body movement is based on interoceptors and on the use of inertial forces in the inner ear

general classification:

- **primary** (receptor is directly a neuron)
- **secondary** (epithelial – receptor is an epithelial cell underlain with a dendrite)

# Primary receptors

## neuroepithelial

- smell
  - receptor: olfactory cells of olfactory epithelium of nasal cavity
- vision
  - receptor: rods and cones of retina of eyeball

## neuronal

- touch, pain(nociception), proprioception
  - receptors: free nerve endings of skin, joints, fasciae, organs OR encapsulated nerve endings of skin (tactile corpuscles), tendons (Golgi tendon organs) and muscles (muscle spindles)
- internal environment – free and encapsulated nerve endings, nerve cells bodies
  - chemoreceptors
    - monitoring: blood acidity (pH), oxygenation level (partial pressure of CO<sub>2</sub> and O<sub>2</sub>), glucose blood level, hormones blood levels, ions urine level
  - osmoreceptors
    - monitoring: blood osmolality
  - baroreceptors
    - monitoring: blood pressure

# Secondary receptors

- hearing
  - hair cells of membranous cochlea of internal ear
- balance
  - hair cells of membranous labyrinth of internal ear
- taste
  - gustatory cells of gustatory buds of papillae on tongue and palate

# Taste (*Gustus*)

Greek: **geusis**

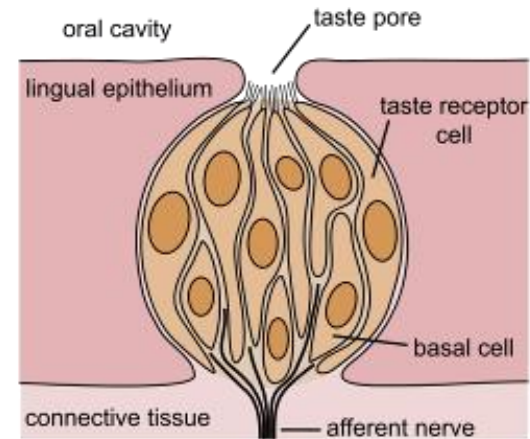
# *Organum gustatorium*

## Gustatory organ

- secondary receptors
- receptor cell has a synapse with peripheral process of 1-order neuron of gustatory pathway
- in mucosa of 8-12 papillae vallatae of tongue
  - arranged in a shape of letter V just in front of sulcus terminalis linguae
- also in mucosa of papillae fungiformes et foliatae of tongue
- also in mucosa of soft palate, posterior wall of pharynx, plicae glossoepiglotticae and epiglottis
- also free nerve endings can function as gustatory receptors

# *Organum gustatorium*

## Gustatory organ



- vallate papilla (*papilla vallata*)
  - 1-2 mm wide
  - **vallum papillae** – outer wall (rampart)
  - **sulcus papillae** – circular groove around papilla, its wall contain gustatory buds
  - salivary glands open into the floor of sulcus papillae
- **gustatory bud** (*gemma gustatoria, caliculus gustatorius*)
  - 50-150 cells (70 x 40  $\mu\text{m}$ )
  - 5000 buds on tongue (250 in papilla vallata)
- **gustatory pore** (*porus gustatorius*)
  - superficial pit is the access into the bud



Connective tissue



Stratified squamous epithelium non-keratinized

Trench

Taste buds

Nerve fibers

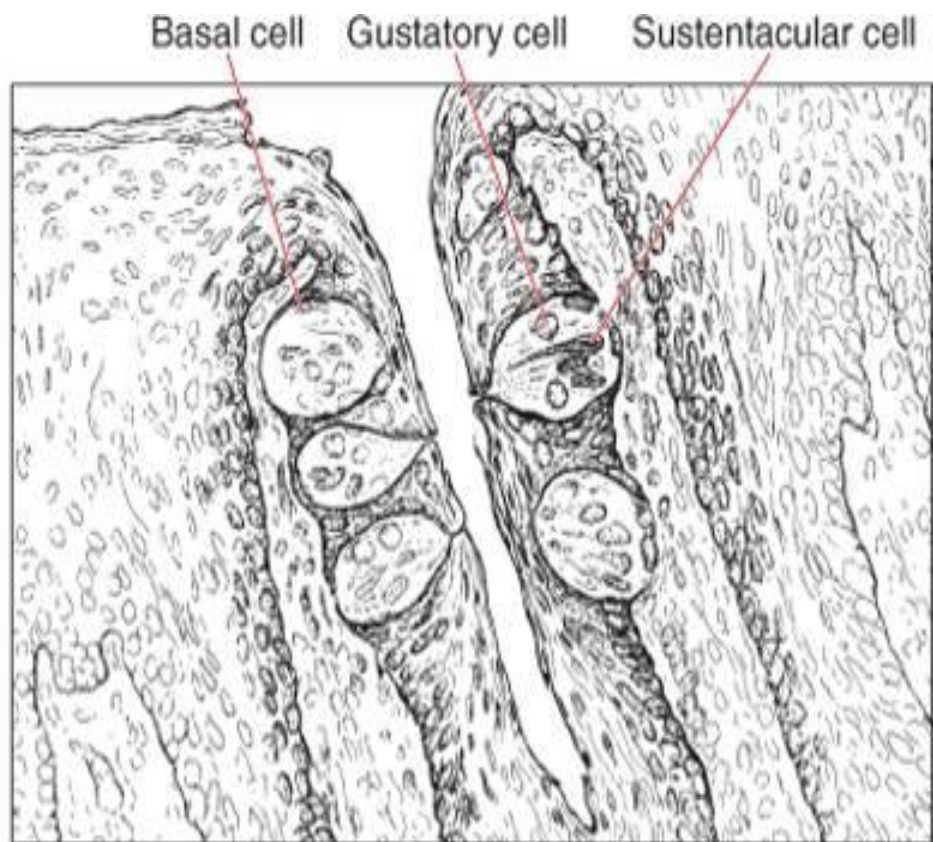
Serous glands of von Ebner

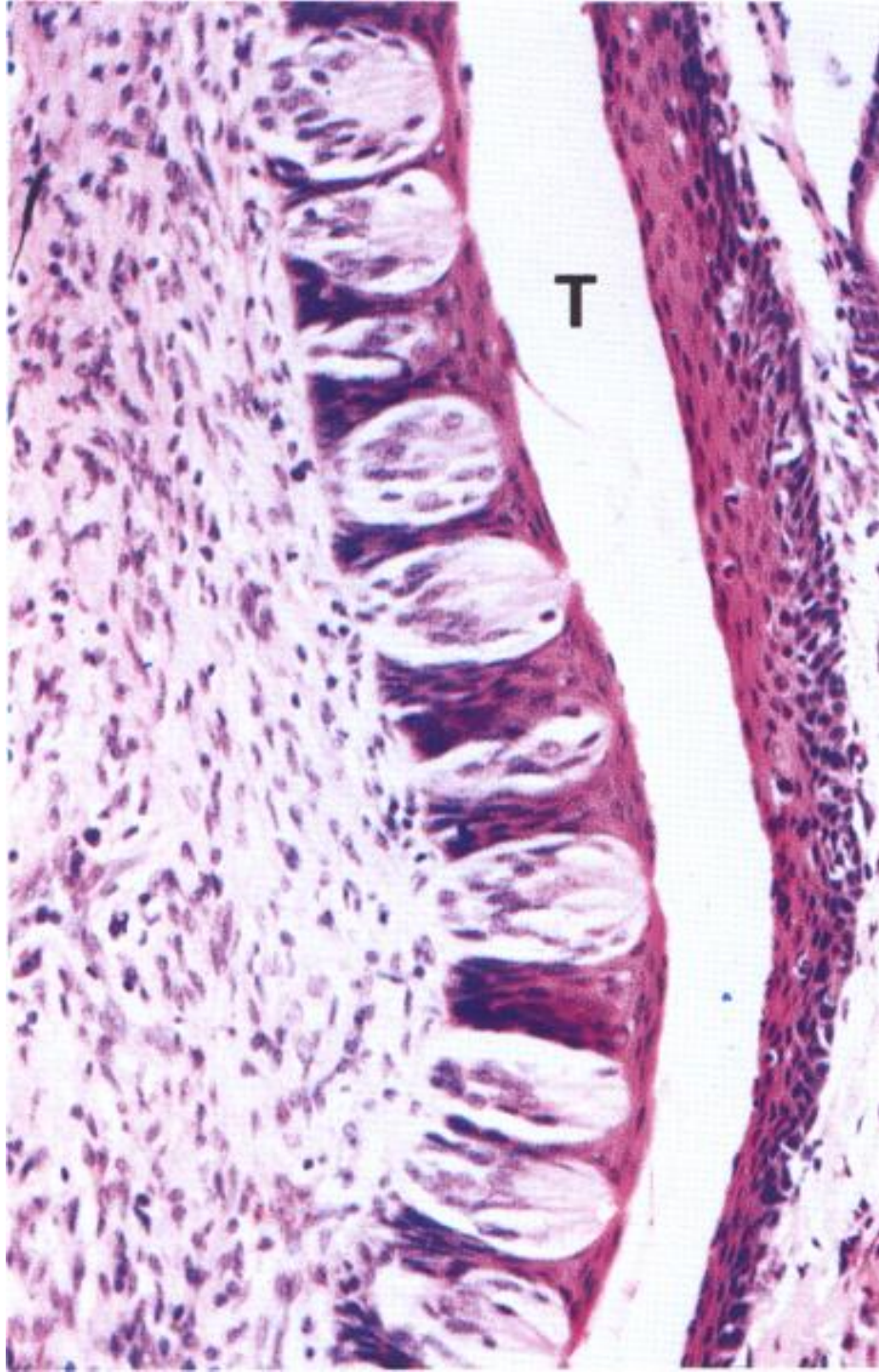


# *Gemma gustatoria*

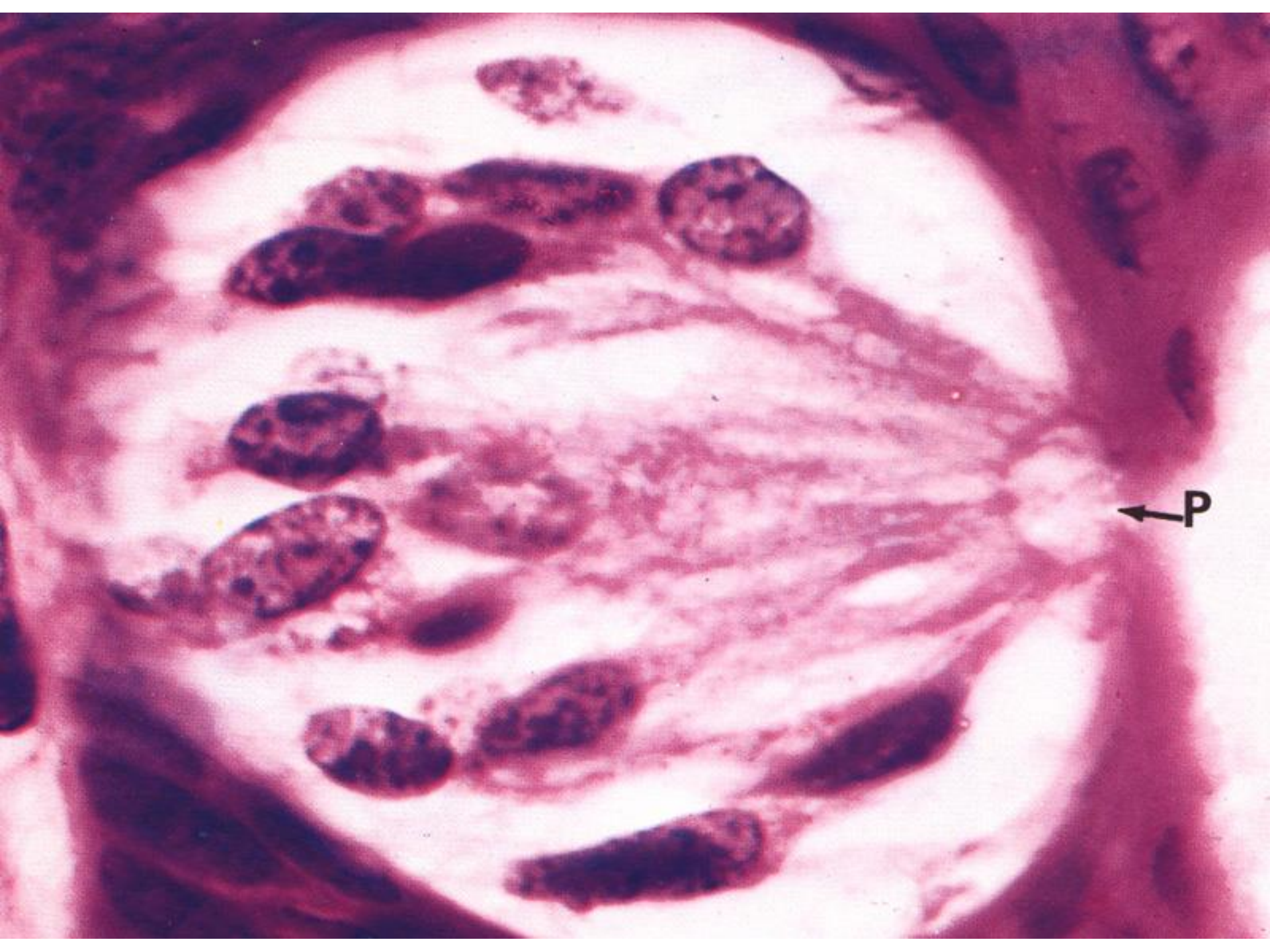
## Gustatory bud

- development: Week 11–13
  - cells come from chorda tympani, n. IX, n. X
  - reaction by accelerated swallowing and facial movements (Week 26)
- 4 cell types – together 100–150 cells
  - gustatory cells (*epiteliocytus gustatorius*)
    - microvilli
    - chemoreceptors, secondary receptors (type I)
  - supporting cells (*epiteliocytus sustenans*)
  - basal cells (*epiteliocytus basalis*)







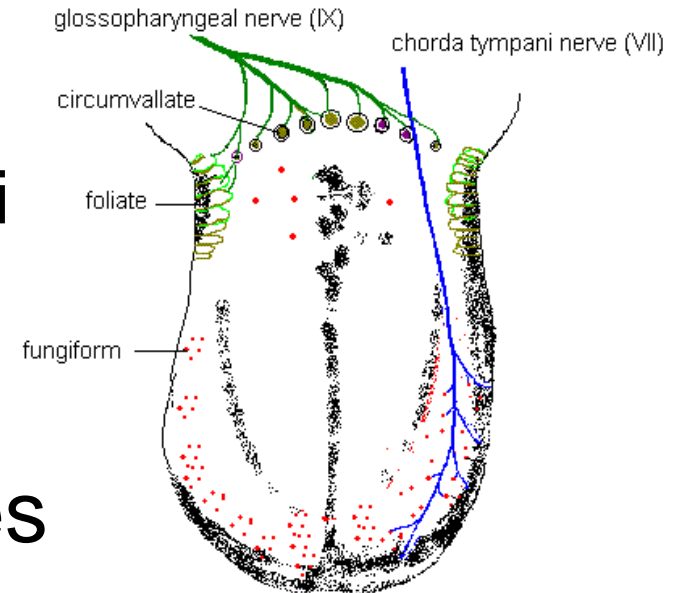


# Accessory structure of gustatory organ

- **glandulae gustatoriae von Ebneri (*pars profunda glandulae lingualis posterior*)**
  - fine serous salivary glands adjacent to papillae vallatae
  - compound branched tubulous to tuboalveolar gland
  - product contains enzymes starting introductory cleavage of nutrients (lingual lipase, acid phosphatase, nonspecific esterase, salivary amylase)
  - cells contain secretory granules with peroxidase → reduced number of bacteria around papillae → no infection
  - ducts open into floor of grooves round papillae vallatae
  - saliva dissolves substances perceived by taste and rinsed out the gustatory buds

# Taste = *Gustus*

- basic kinds of taste
  - sweet, salt, bitter, acid, umami (sodium glutamate)
  - others (fat)
- each gustatory bud perceives all kinds of taste
  - located on papillae **vallatae**, fungiformes et foliatae



Projection → Ascending → Sensory

# GUSTATORY PATHWAY

3-neuronal pathway, decussated and non-decussated

1.N: via cranial nerves

- soft palate → nn. palatini minores → ggl. pterygopalatinum (not synapsed!) → n. petrosus major → ggl. geniculi → n. intermedius → n. VII → nuclei tractus solitarii
- anterior 2/3 of tongue (= dorsum linguae) → n. lingualis → chorda tympani → n. intermedius → n. VII → nuclei tractus solitarii
- posterior 2/3 of tongue (= radix linguae) + papillae vallatae → n. IX → ganglion inf. et sup. n. IX → nuclei tractus solitarii
- epiglottis, aditus laryngis → n. X → ganglion inf. et sup. n. X. → nuclei tractus solitarii



Projection → Ascending → Sensory

# GUSTATORY PATHWAY

2.N: **nuclei tractus solitarii** → tractus tegmentalis centralis (along tr. trigeminothalamicus posterior) → ncl. **VPM thalami**

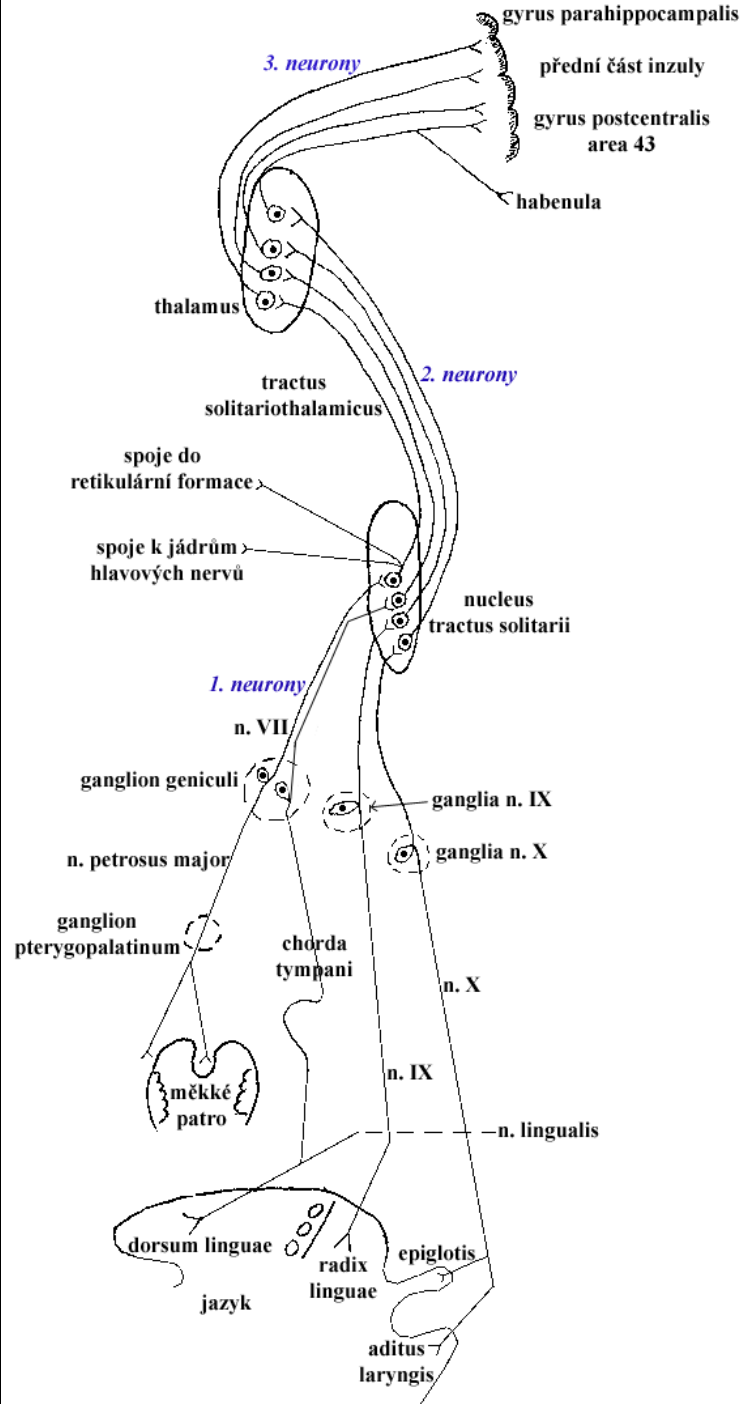
collaterals to motor nuclei of cranial nerves and to RF

3.N: thalamus → cerebral cortex – lobus parietalis, gyrus postcentralis (**area 43**) and anterior part of insula

collaterals to gyrus parahippocampalis

- collaterals to hypothalamus, corpus amygdaloideum and cerebral cortex via **ncl. parabrachiales** bypasses thalamus

*antigenic properties of nutrition (immunity) + taste aversion*



# Smell / Olfaction (*Olfactus*)

Greek: osmé = odour

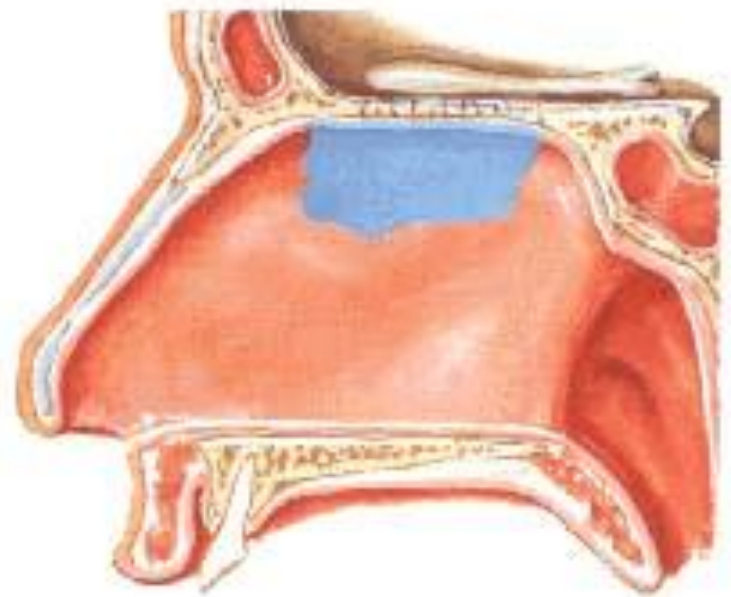
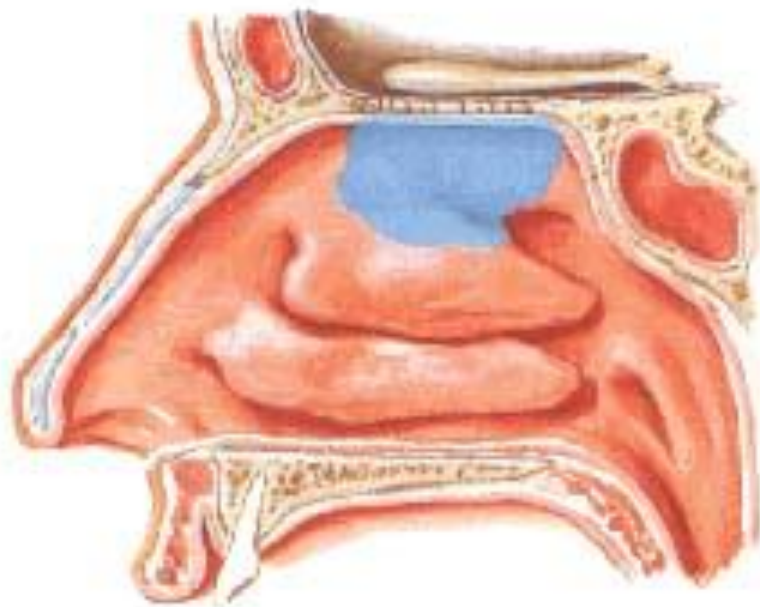
# Olfactory organ

## *Organum olfactorium*

- olfactory mucosa in nasal cavity
  - ceiling, concha superior and lateral walls at level of concha nasalis superior
- 3-5 cm<sup>2</sup> in one half of nasal cavity
- smell = *olfactus*
- perceiving of chemical substances (odorants) dissolved in air or water, usually in very low concentrations = **smell/scent/odour**
- primary receptor
- olfactory epithelium
- olfactory pathway (n.I)

# Nerves of Nasal Cavity

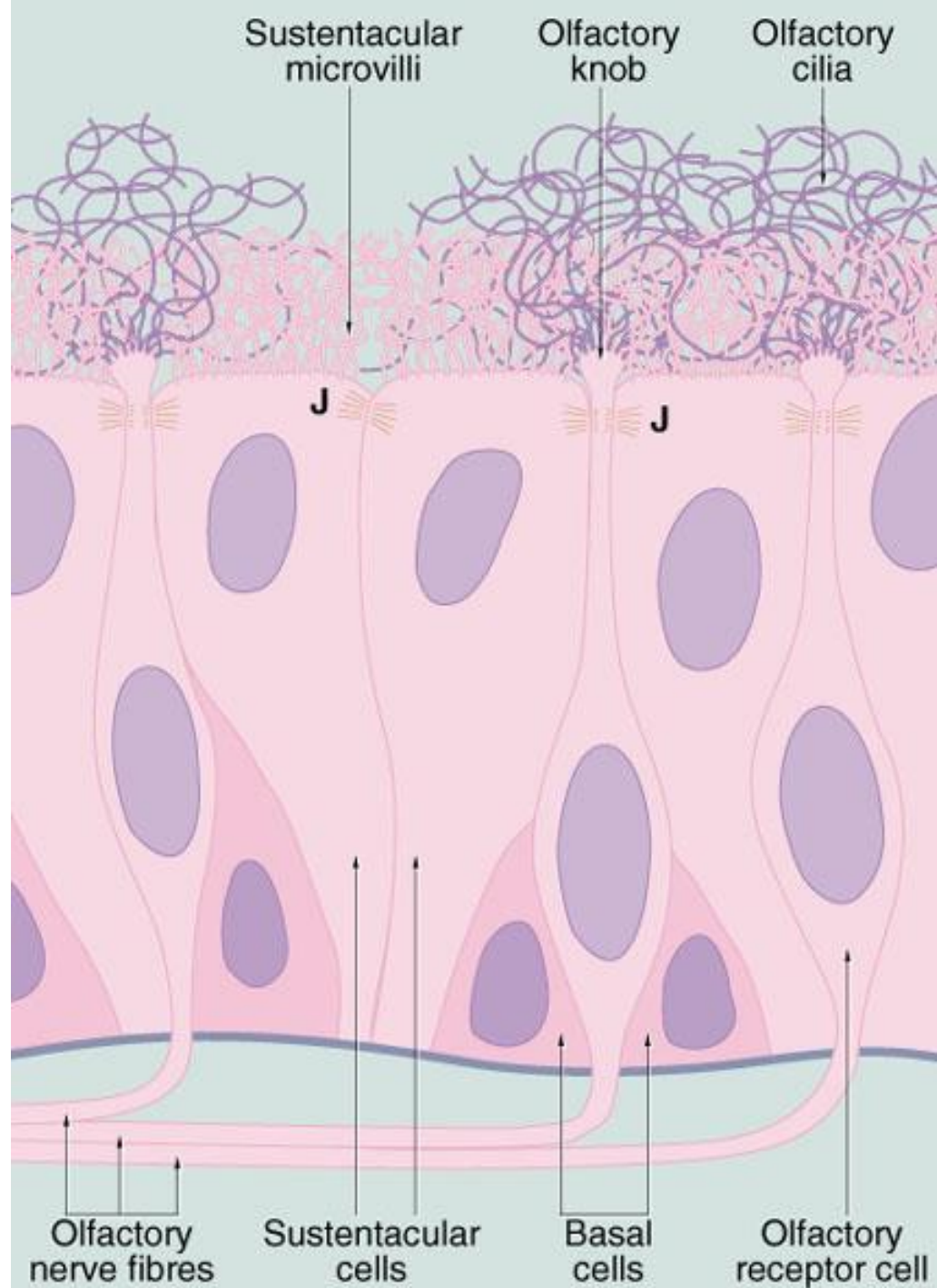
## Distribution of Olfactory Mucosa



# Olfactory epithelium = *Epithelium olfactorium*

specialized pseudostratified columnar epithelium (100  $\mu\text{m}$  high)  
with modified (immobile) cilia

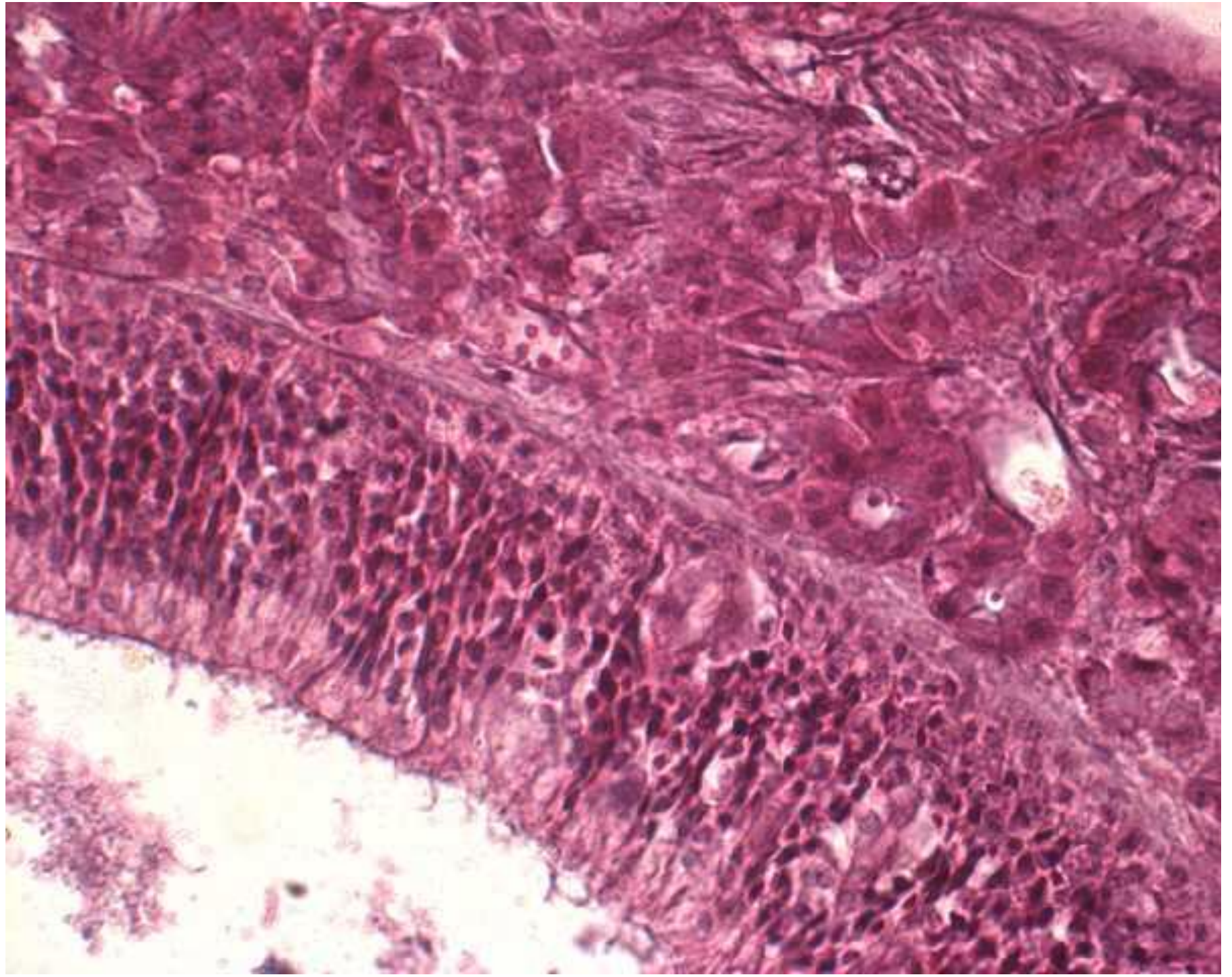
- **olfactory cells** (*epitheliocyti neurosensorii olfactorii*)
  - bipolar neurons, life expectancy 30-60 days
  - highly polarized cells, flask-shaped
  - apical end (dendrite) with button-like termination (*bulbus dendriticus*) contains 10-20 modified (immobile) cilia (and low border of microvilli)
  - cilia feature odorant receptors on their surface
  - nuclei located in the middle of epithelial height
  - basal end (axon) surrounded by cytoplasmic processes of glial cells (0,2  $\mu\text{m}$  thick ranks it among the thinnest nerve fibers)
  - relatively quickly multiplying neurons (major exception in neural tissue)





# Olfactory epithelium = *Epithelium olfactorium*

- **basal cells** (*epithelocytii basales*)
  - mitotically active stem cells/neurons with nuclei located basal at lamina basalis epithelii
- **supporting cells** (*epithelocytii sustentantes*)
  - mirror shape to olfactory cells
  - apically located nucleus
  - tight junctions with olfactory cells
  - long microvilli on apical surface
  - basally located lipofuscin granules (number increasing with age), long-living cells (life expectancy 1 year)
- immature olfactory cells = globose cells
  - intermediate stage between basal and olfactory cells
  - their apical end do not the epithelial surface yet

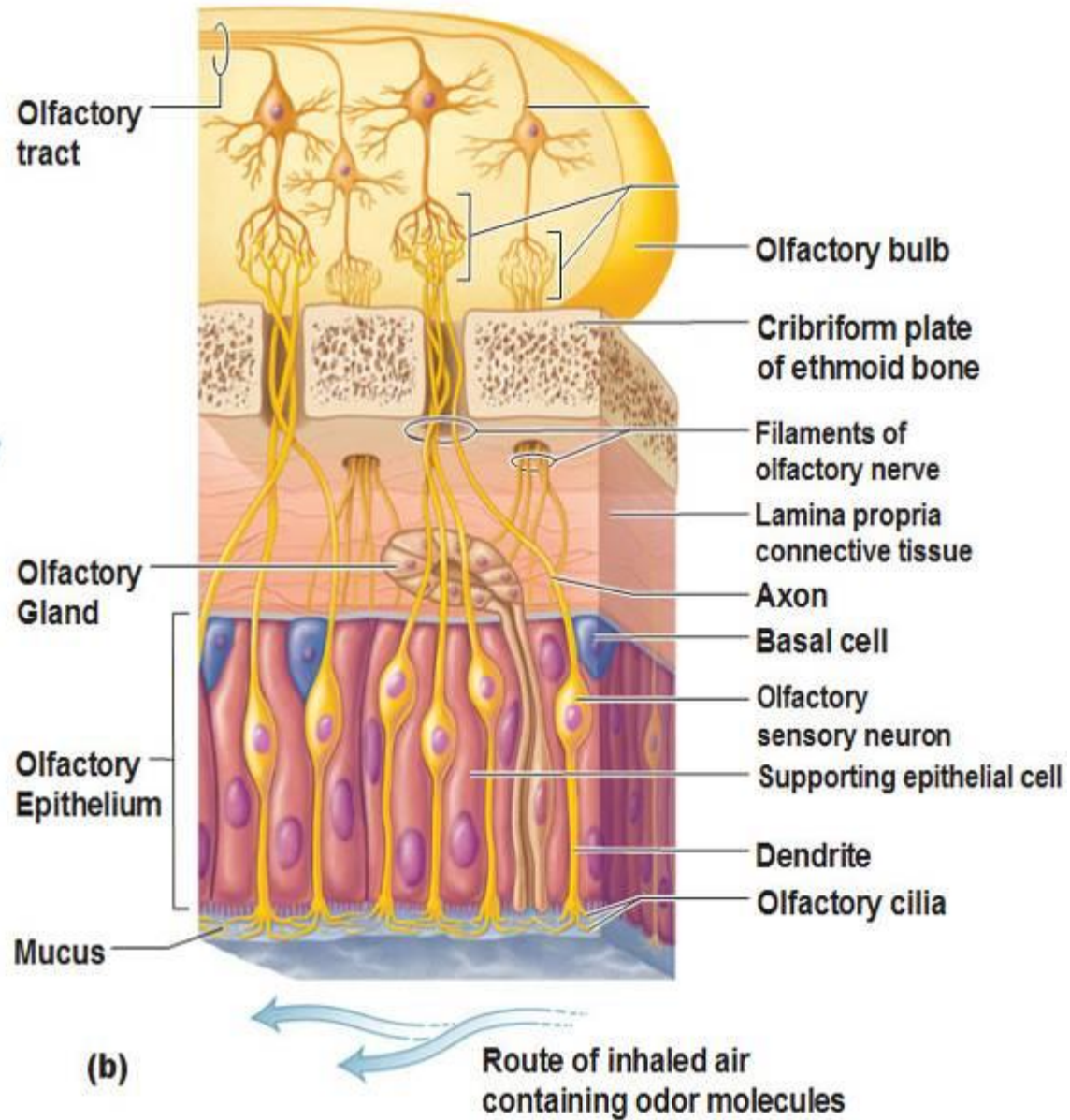
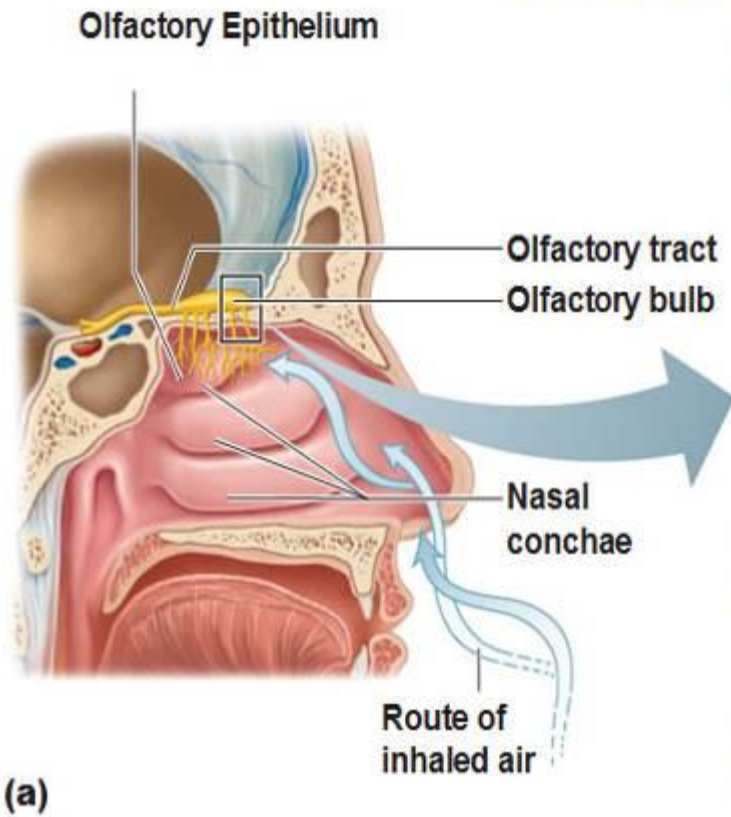


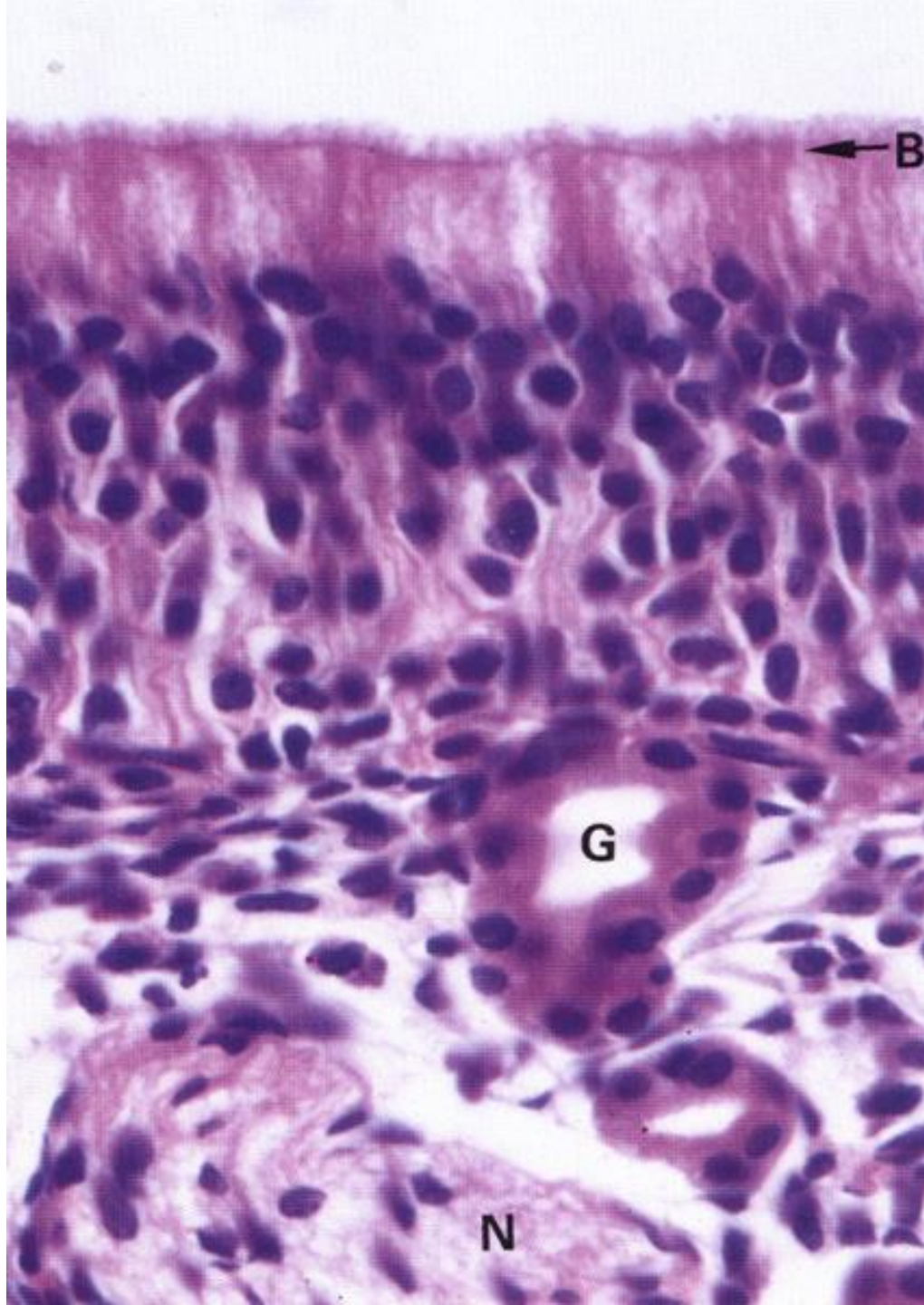
# Olfactory epithelium – other parts

- **fila olfactoria**
  - bundles of unmyelinated axons of olfactory cells
  - pass via lamina cribrosa ossis ethmoidalis into cranial cavity to bulbus olfactorius
- **olfactory glands** (*glandulae olfactoriae Bowmani*)
  - simple branched tuboalveolar
  - serous secretion → concentrates and dissolves odorants and then rinsed them away
  - secretion contains odorant-binding protein (OBP) with high affinity to large scale of odorant molecules, and also lysosyme, lactoferrin and immunoglobulin A
- **olfactroia glia** (*glia olfactoria*)
  - fine cells encompassing unmyelinated olfactory fibers in v lamina propria mucosae
  - derived from olfactory placode (from superficial ectoderm)



# Smell





# Bulbus olfactorius

- 2-order-neuron of olfactory pathway
- olfactory glomerules (*glomeruli olfactorii*)
  - axons of olfactory cells form synapses with dendrite of mitral cells (and basket and periglomerular cells)
- axons of mitral cells (*neura mitralia*) pass as tractus olfactorius to olfactory cortex (*paleocortex*) and other olfactory centers

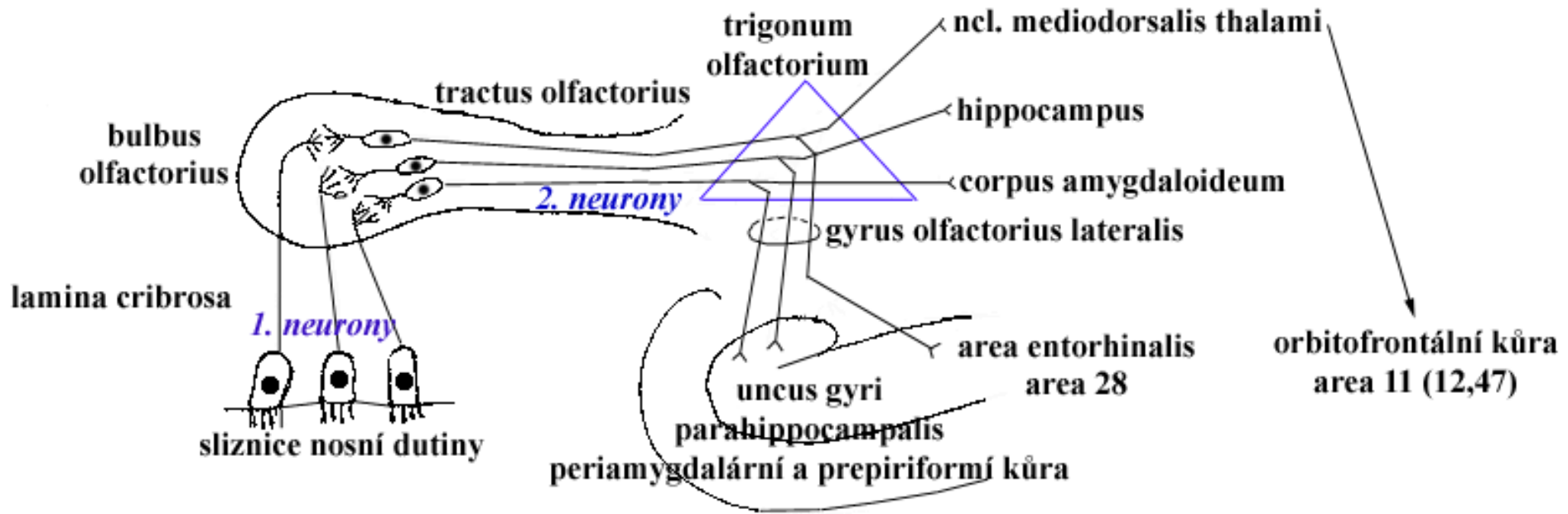
Projection → Ascending → Sensory

# OLFACTORY PATHWAY

## 2-neuronal pathway

- 1.N: neuroepithelial cells in pars olfactoria cavitatis nasi → fila olfactoria → lamina cribrosa ossis ethmoidalis → fossa cranii anterior → bulbus olfactorius
- 2.N: mitral cells in bulbus olfactorius → tractus olfactorius → trigonum olfactorium → stria olfactoria med. et lat. → **limbic system**
  - cortex piriformis – anterior pole of lobus temporalis
  - uncus and anterior end of gyrus parahippocampalis
  - area entorhinalis (area 28)
  - cortical part of corpus amygdaloideum
- hypothalamus, corpora mammillaria
- *highest olfactory center* – orbitofrontal cortex (11,12,47)





Touch (*Tactus*)

# Touch = *Tactus*

**touch (tactus) involves discrimination, pressure, tension, vibrations**

**pain (*dolor*) = nociception**

- somatosensory endings in skin
  - generally all receptors perceive all kinds of modalities (based on the stimulus intensity)
- somatosensory endings in joint capsules, muscles, tendons, fasciae
- viscerosensory endings in organs („inner touch“)
  - Head's zones
- *areae nervinae* x *areae radicales*
- sensory components of cranial and spinal nerves
- ascending projection pathways

# Skin receptors

- free nerve endings
- nerve endings connected with epidermal structures
  - within dermis, connected with structures derived from epidermis
  - nerve endings connected with hair follicle – **lanceolate nerve corpuscles**
  - nerve endings connected with epidermal cell – **Merkel's discs**
- encapsulated nerve endings (corpuscles)
  - group of corpuscles of different size, shape and location
  - always contain a dendrite (peripheral process) ensheated with unexcitable cells
  - Vater-Pacini's, Meissner's, Ruffini's corpuscles, Golgi's tendon organs, muscle spindles

# Sensory Mechanoreceptors

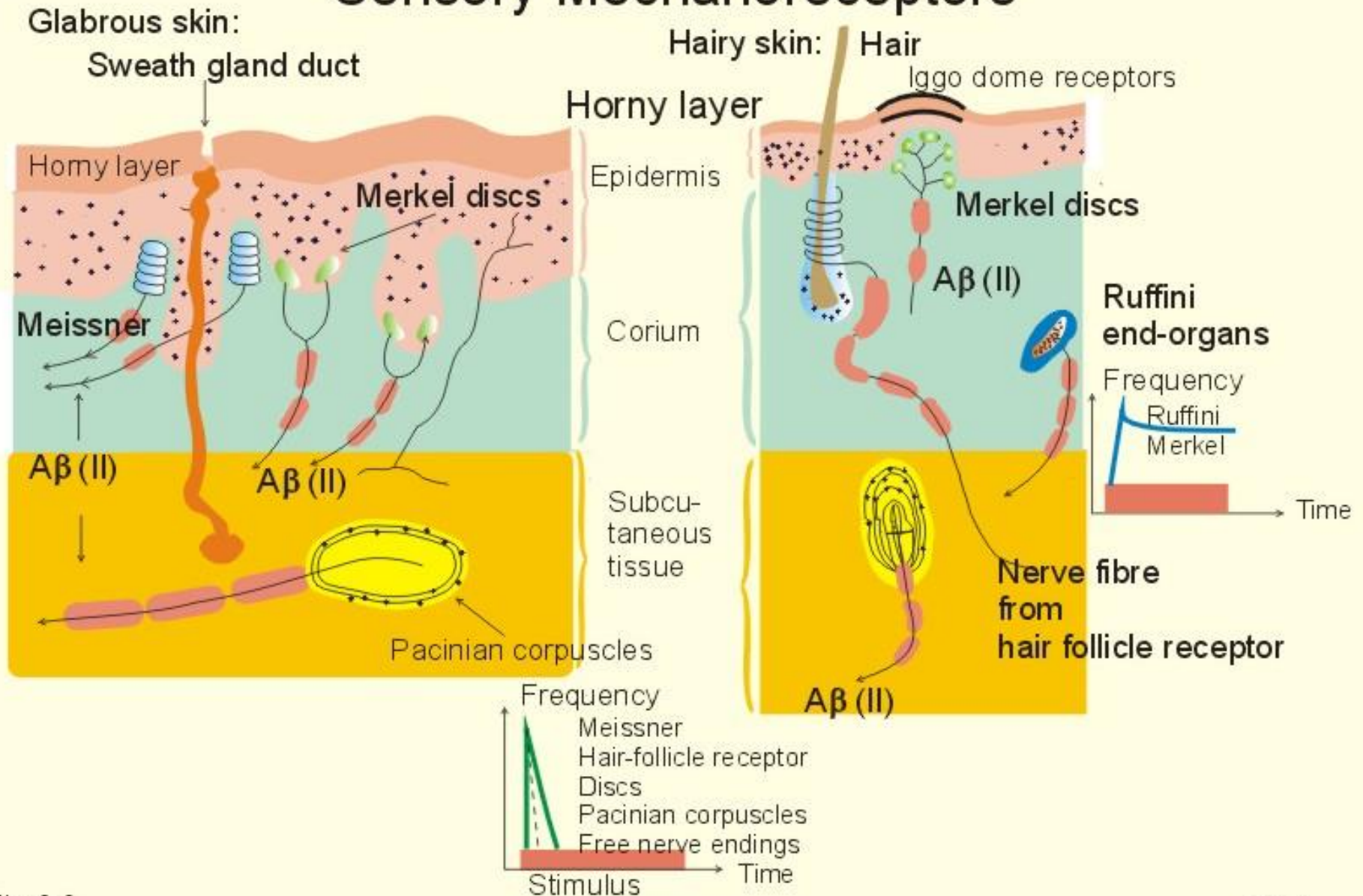


Fig. 3-3

# Free nerve ending

## *Terminatio neuralis libera*

- sensory nerve ending, branched into plexuses
- epidermis (stratum basale et spinosum), cornea, hair follicle, around sweat glands
- all connective tissues (dermis, fasciae, organ capsules, ligaments, tendons, vessel adventitia, meninges, joint capsules, periosteum, perichondrium, osteons, parietal peritoneum, endomysium of all kinds of muscles)
- epithelia (skin, cornea, conjunctiva, mucosa of cheeks, respiratory and digestive systems and their glands) and dentine
- acting as thermoreceptors, mechanoreceptors, unimodal and polymodal nociceptors

# Merkel's discs

## *Meniscus tactilis / dendriticus*

- flattened epithelial cells (*epitheliocytus tactilis*; Merkel's cells)
  - in deeper layers of epidermis form functional connections with branching of afferent nerve – A-beta fibers (*complexus epithelliales tactus*)
- in hairy skin: groups of corpuscles linked to one nerve fiber
- in bald skin: ratio of discs and fibers in equal
- very sensitive to perpendicular movements of skin and hair deflection



# Lanceolate corpuscle

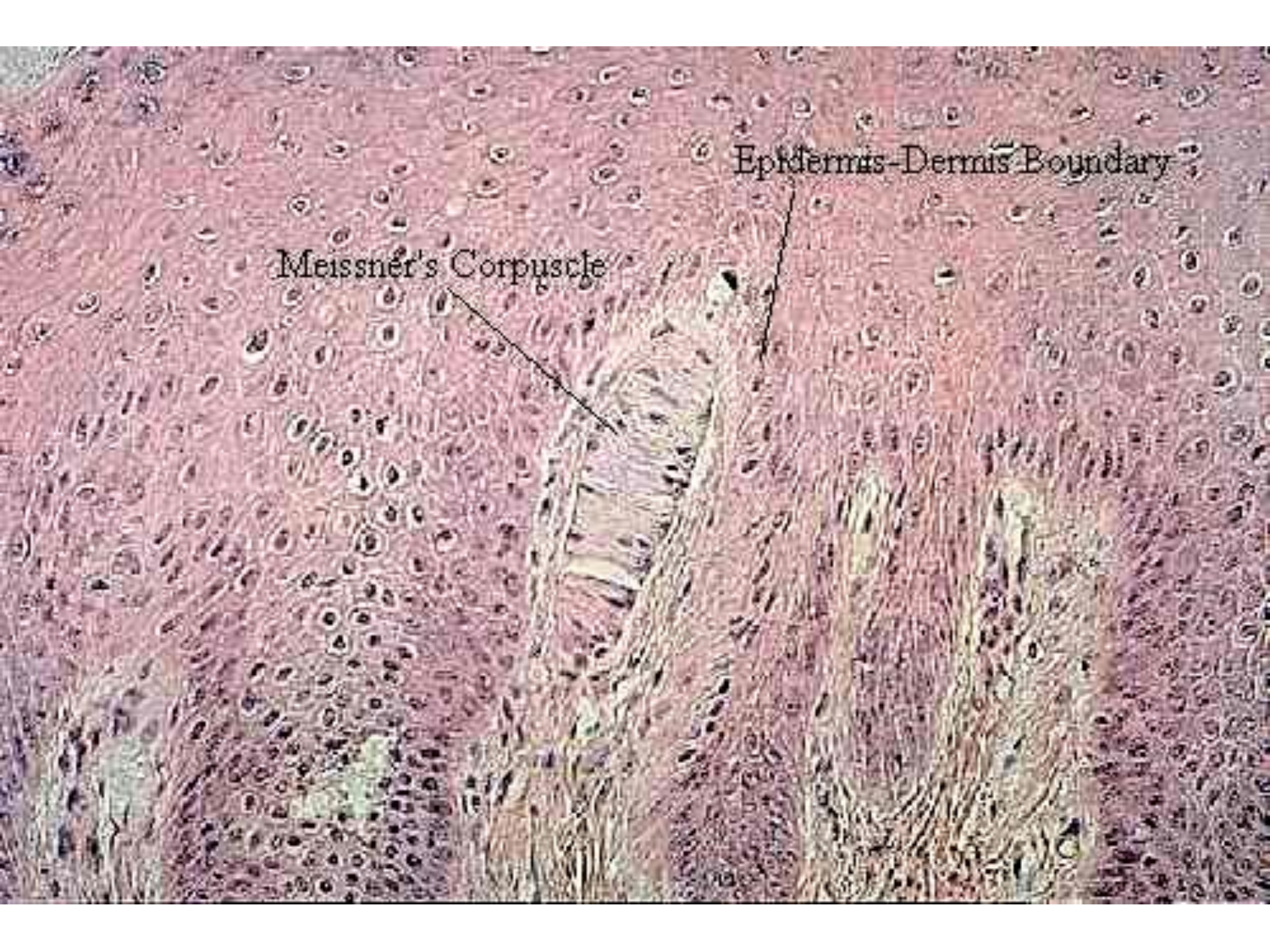
## *Corpusculum nervosum lanceolatum*

- linked to hair follicle
- nerve fibers approaches right below the sebaceous gland
- then it loses its myelin sheath and branches up to 4 lanceolate endings
- rapidly adapting receptor
- sensitive to hair deflection

# Meissner's (Wagner-M.) corpuscle

## *Corpusculum ovoideum / tactile*

- modified Schwann's cell layered across the corpuscle encompasses a central nerve fibers
- capsula fibrosa – encloses the corpuscle and transmits forces from the surroundings
- located in stratum papillare dermis within papillae right below the epidermis
- occurrence: over the whole body, densest on fingertips, less on palms, soles, preputium, lips and in oral cavity
- size: 50  $\mu\text{m}$  x 100  $\mu\text{m}$



Epidermis-Dermis Boundary

Meissner's Corpuscle



# Ruffini's corpuscle

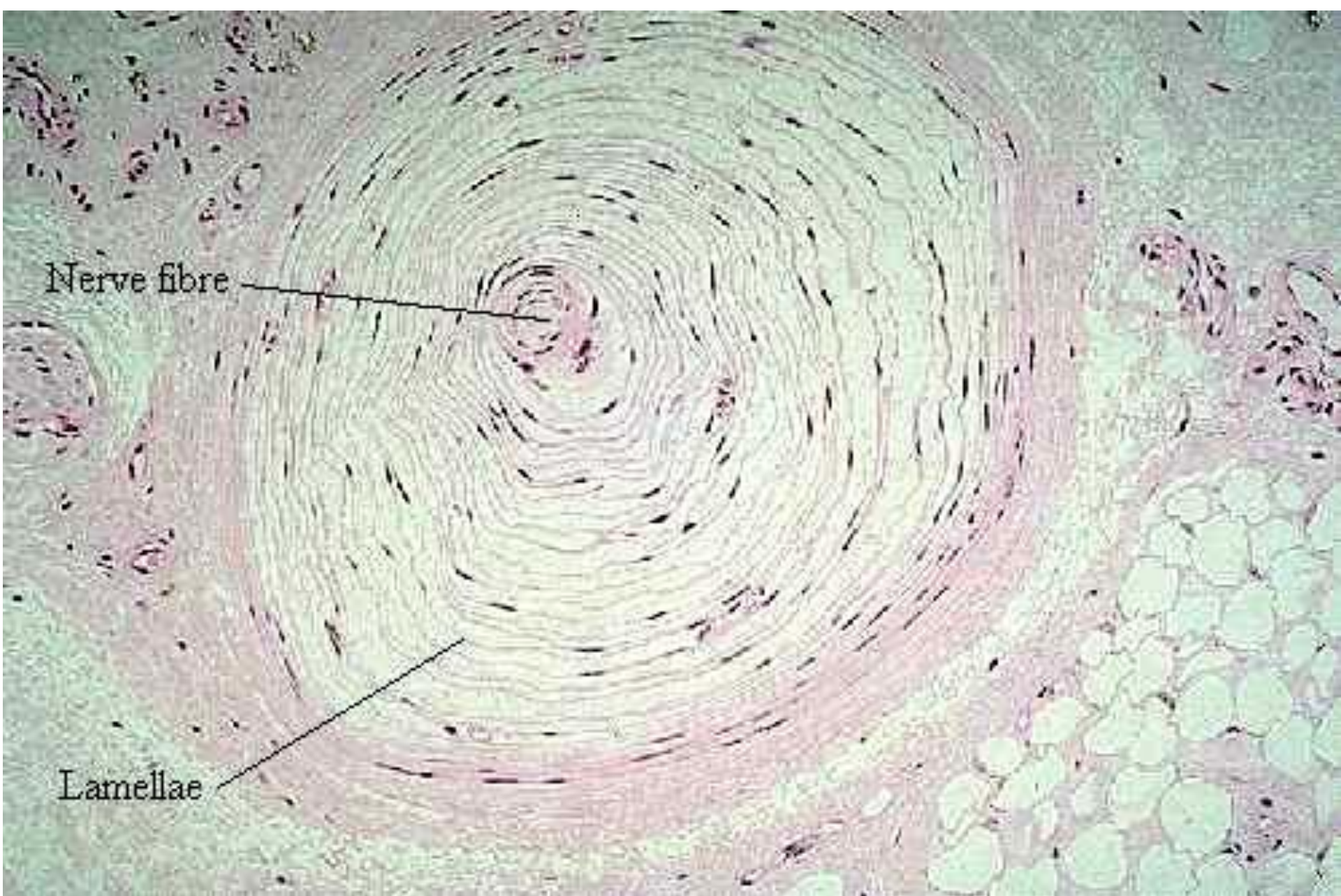
## *Corpusculum sensorium fusiforme*

- cylindrical encapsulated corpuscles (several lamellae), similar structure to perineurium
- branched nerve fibers intermingle with collagen fibers inside (transmission of mechanical forces from the surroundings to the collagen and then to nerve fibers) → large receptive field
- located in stratum reticulare (deep in dermis at the transition to hypodermis) and in hypodermis
- occurrence: over the whole body, also in gingiva, glans, joint capsule and tendon insertions
- size: 0,5 mm x 2 mm

# Vater-Paccini's corpuscle

## *Corpusculum lamellosum*

- most complex and largest encapsulated corpuscle
- up to 2.5 mm long, large receptive field
- central myelinated nerve fibers, enclosed by 30 lamellae of Schwann's cells
- capsula fibrosa – formed by 60 lamellae of perineural cells (*capsula perineuralis / bulbus externus*)
- onion appearance on transverse section (based on lamellae of Schwann's and perineural cells)
- fluid between lamellae – provides incompressibility and rapid transmission of pressure and vibration to dendritic zone of nerve fiber
- located deep in dermis (at border of dermis and hypodermis) and in hypodermis
- occurrence: skin (on palms, soles, fingers, toes, external genitals, arms, neck, nipples), periosteum, interosseous membranes, joint capsule, mesenterium of a cat 😊
- rapidly adapting receptors, sensitive to vibration with higher frequency



Nerve fibre

Lamellae

# Other tactile corpuscles for lovers of histology 😊

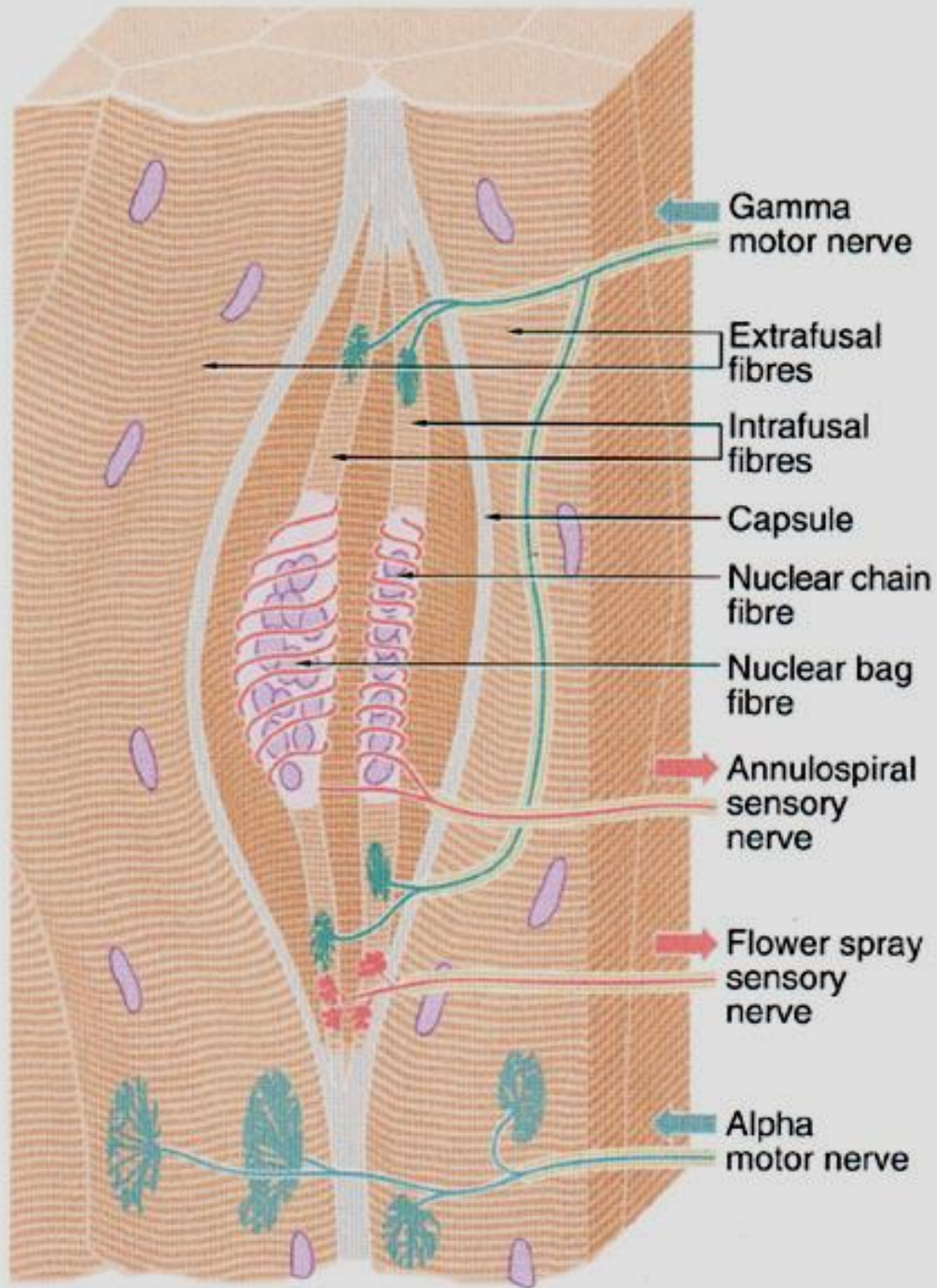
- **Golgi-Mazzoni's corpuscle**
  - in hypodermis of fingertips
  - thinner capsule and thicker nucleus than VP's corpuscle
- **Krause's corpuscle („end-bulb corpuscle“)**
  - in dermis (stratum papillare), conjunctiva, lips and tongue, epinervium of nerve trunks
  - group in 2-6 = **Dogiel's genital corpuscles** (penis, clitoris)
  - joint capsule (hand)
  - cylindrical or oval encapsulated
  - 50 µm x 150 µm
- Herbst's corpuscle – tongue of a duck 😊
- Grandry's corpuscle – beak and tongue of birds

# Muscle spindle

## *Fusus neuromuscularis*

- striated muscles
  - few in extraocular muscles, no in tongue muscles
- length: 0,8–5 mm
- capsule (*capsula*) – fusiforme fibrous cover
  - *lamina externa* – flat fibroblasts and collagen fibers (corresponds to perineurium)
  - *lamina interna* – fine tubules around individual fibers
  - between a gelatinous fluid with glycosaminoglycans
- intrafusal muscle fibers (*myofibrae infrafusales*)
  - differ from usual (extrafusal) muscle fibers by significantly shorter length and thinner zone of myofibrils around then nucleus





# Muscle spindle

## – nerve endings

- anulospiral (primary) ending (*terminatio neuralis anulospiralis*)
  - spirals around nuclear area
  - rapidly adapting endings of sensory nerves
- flower spray (secondary) ending (*terminatio neuralis racemosa*)
  - branched with beaded ends
  - slowly adapting endings of sensory nerves
- neuromuscular plate
  - motor nerves endings (gamma-motoneurons and collaterals of alpha-motoneurons)

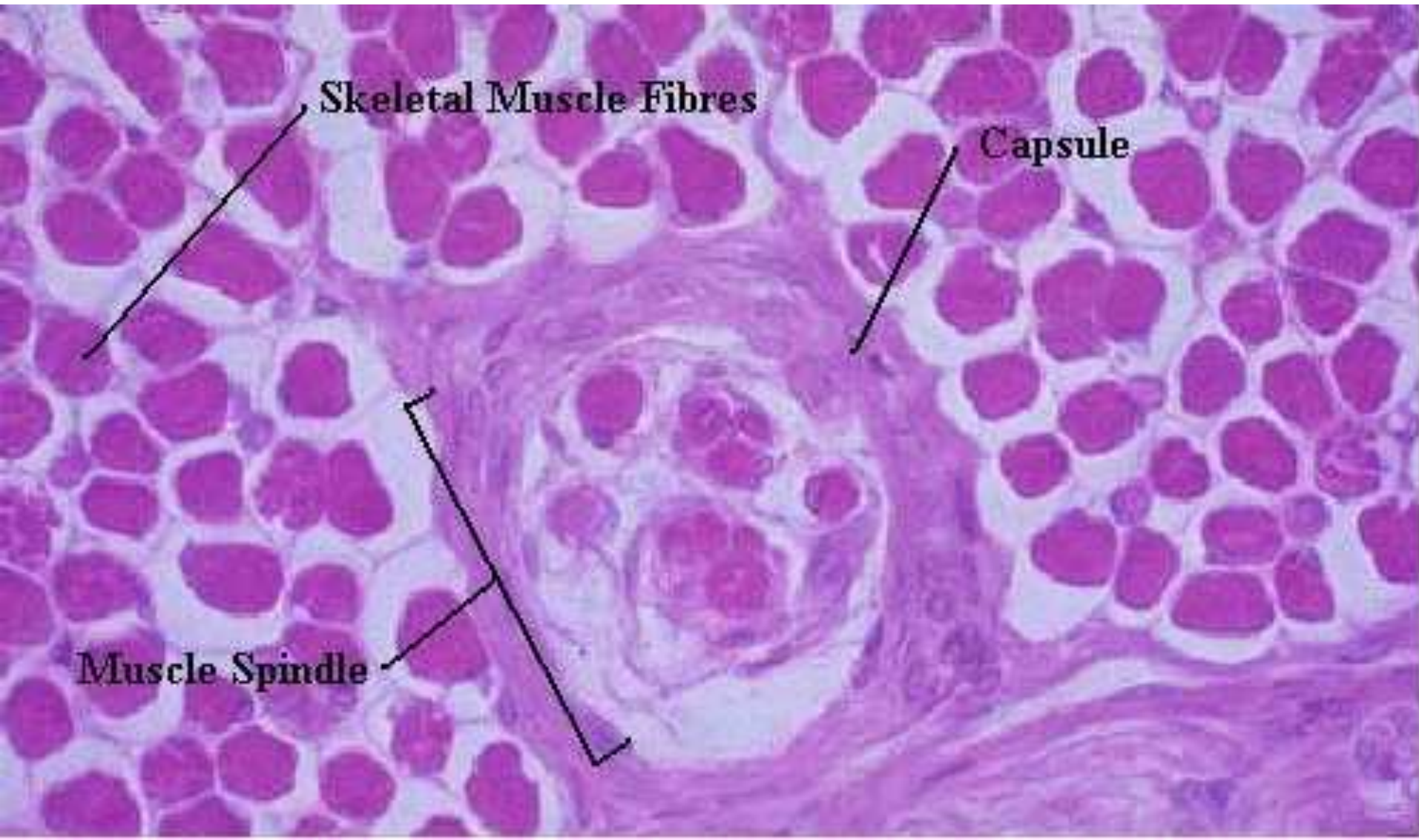
# Muscle spindle – function

- provides information on the tension of extrafusal fibers at rest and during contraction or relaxation
- perceives isometric contractions (tension changes without stretching)
- the sensitivity is controlled by gamma-motoneurons, which select the pretension of intrafusal fibers
- it is possible to set the sensitivity with which the muscle spindles function as a centripetal component of motor reflexes and thus affect the muscle tone
- monitors muscle conditions and sends this information to the CNS to compare between intended and actual movements



# Muscle spindle

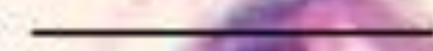
## *Fusus neuromuscularis*



**Arteriole**

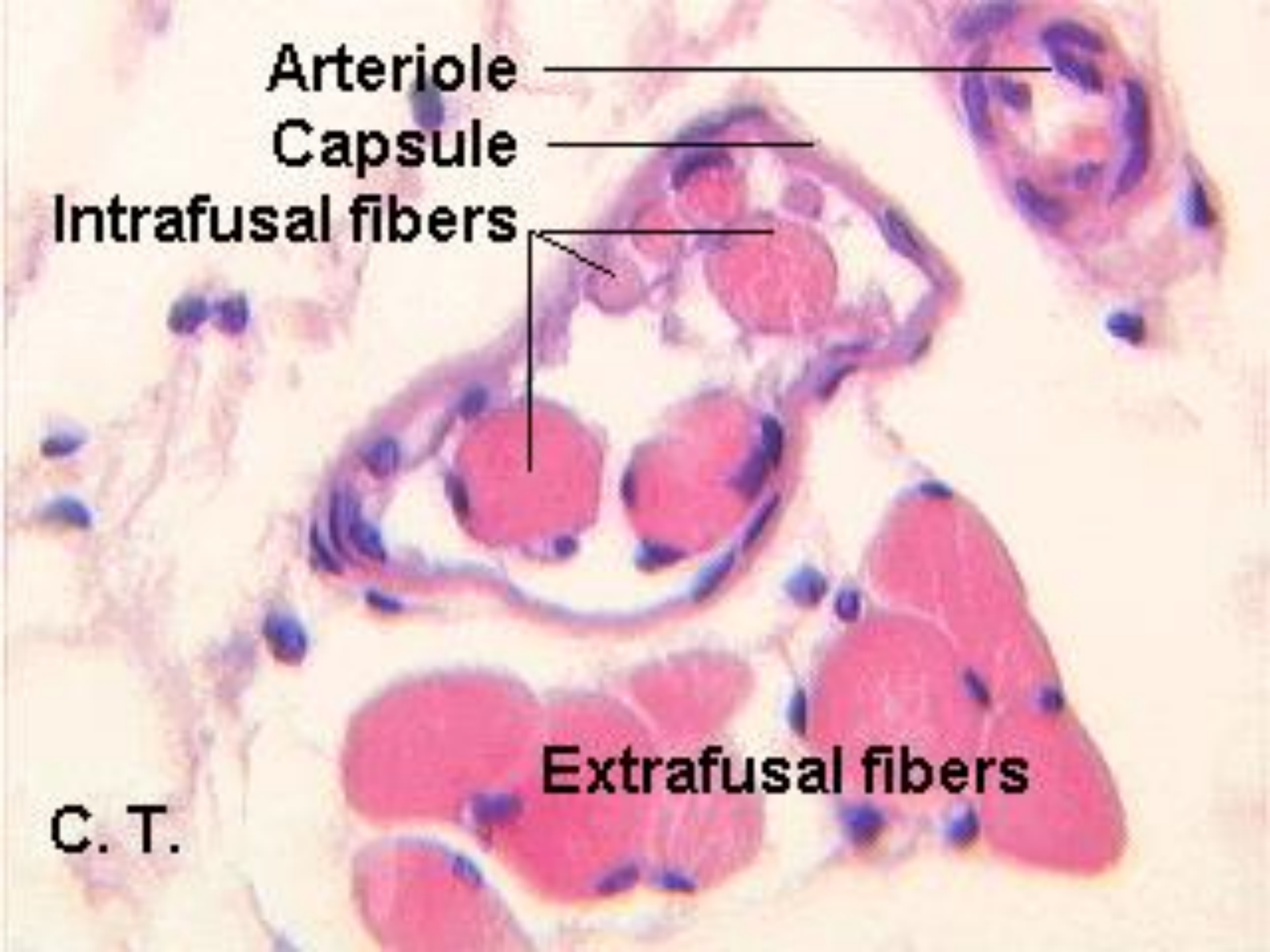
**Capsule**

**Intrafusal fibers**



**Extrafusal fibers**

**C. T.**



# Tendon (Golgi's) organ

## *Organum sensorium tendinis*

- small bundles of tendon fascicles (*fasciculi intrafusales*) covered with a thin capsule
- over 50 tendon organs at each musculotendinous junction
- 1 tendon organ is in relation to a group of up to 20 muscle fibers, inserted a tendon bundle enclosing the tendon organ
- size: 500 x 100  $\mu\text{m}$
- slow adaptation
- provides proprioceptive information on muscle and tendon tension, thereby supplementing the proprioception of muscles and joint capsule



Projection → Ascending → Sensory → Direct:

# TRACTUS

## SPINOBULBOTHALAMOCORTICALIS

= *lemniscal system* (lemniscus medialis)

= *posterior/dorsal column-medial lemniscus pathway*

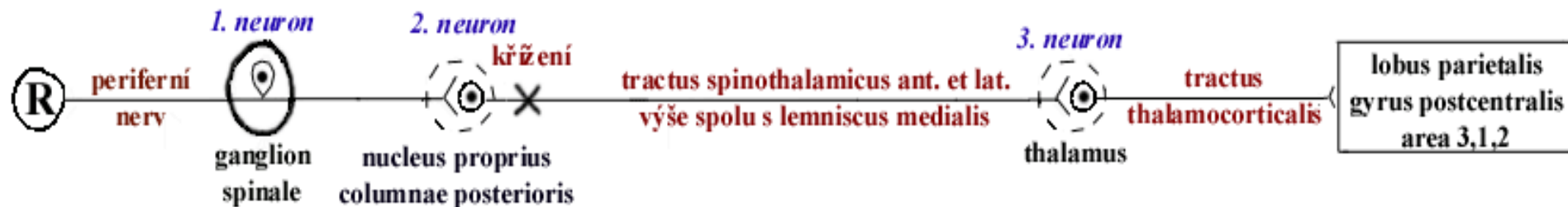
- 3-neuronal pathway, decussated in medulla oblongata
- fine touch, vibrations, deep pressure, tension, proprioception from joints, tendons and muscles
- disorder: sensory ataxia (*sclerosis multiplex, tabes dorsalis*) – tabetic dissociation of sensitivity



Projection → Ascending → Sensory → Direct  
→ Anterolateral system:

# TRACTUS SPINOTHALAMICUS

- part of *anterolateral system* (neospinothalamic tract)
- 3-neuronal pathway, decussated in spinal cord one (segment above entering the spinal cord)
- fast (acute pain), heat and cold (lat.) and crude touch (ant.)
- as lemniscus spinalis within brainstem
- from Rexed's zone I,V,VII,VIII
- *disorder: syringomyelia* – syringomyelic dissociation of sensitivity
- *stimulation / chordotomy in severe pain*

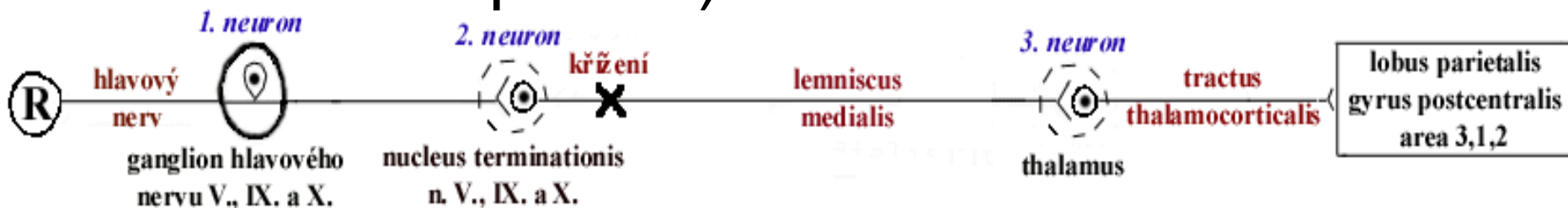




Projection → Ascending → Sensory → Direct  
→ Anterolateral system:

## SOMATOSENSORY PATHWAY OF CRANIAL NERVES

- analogous to both previous pathways
- fine touch + proprioception (tr. trigeminothalamicus post.), crude touch and pain (tr.t-th ant.) from head
- n. V, IX, X
- lemniscus trigeminalis (lateral to lemniscus medialis et spinalis)



# Baroreceptors

- usually branched, knobby, twisted and intertwined myelinated nerve endings of n. IX + n. X.
- in heart located subendocardially and are nmyelinated
- **high-pressure baroreceptors**
  - at beginning of a. carotis interna (*sinus caroticum*)
  - at origin of a. subclavia (*glomus subclavium*)
  - in arcus aortae (*glomera supracardiaca*)
  - in the wall of left ventricle
- **low-pressure baroreceptors**
  - in the wall of vv. cavae and vv. pulmonales at their ends into atria
  - in the wall of heart atria
  - in the wall and at bifurcation of truncus pulmonalis (*glomus supracardiacum*)

# Sinus caroticus

- = widened origin of a. carotis interna
- thinned tunica media
- thickened tunica adventitia
- nerve endings of n. IX (ramus sinus carotici)
- baroreceptor
  - arterial blood pressure
  - receptor for one of principal reflexes of blood pressure regulation

# Chemoreceptors

- **peripheral**

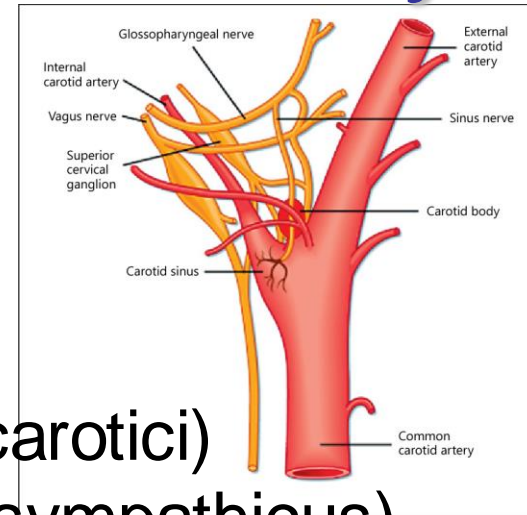
- glomus caroticum
- glomus subclavium + glomera supracardiaca (aortica) = aortal bodies
  - in arteries of 4th and 6th aortic arch
  - can serve as baroreceptors as well (similar to sinus caroticus)
- macula densa of distal tubule of nephron
  - level of ions in urine

- **central**

- area postrema
  - circumventricular organ
  - sensitive to various toxins brought by blood
  - sensitive to PH changes of cerebrospinal fluid by means of modified ependym cells
- chemoreception zones for detecting various substances
  - level of glucose and fat (center of hunger and satiety in hypothalamus)
  - level of hormones in hypothalamus and other areas
    - estrogens, gestagens, thyroid gland hormones, mineralocorticoids and glucocorticoids) – feedback regulation
      - » effect of hormonal contraception

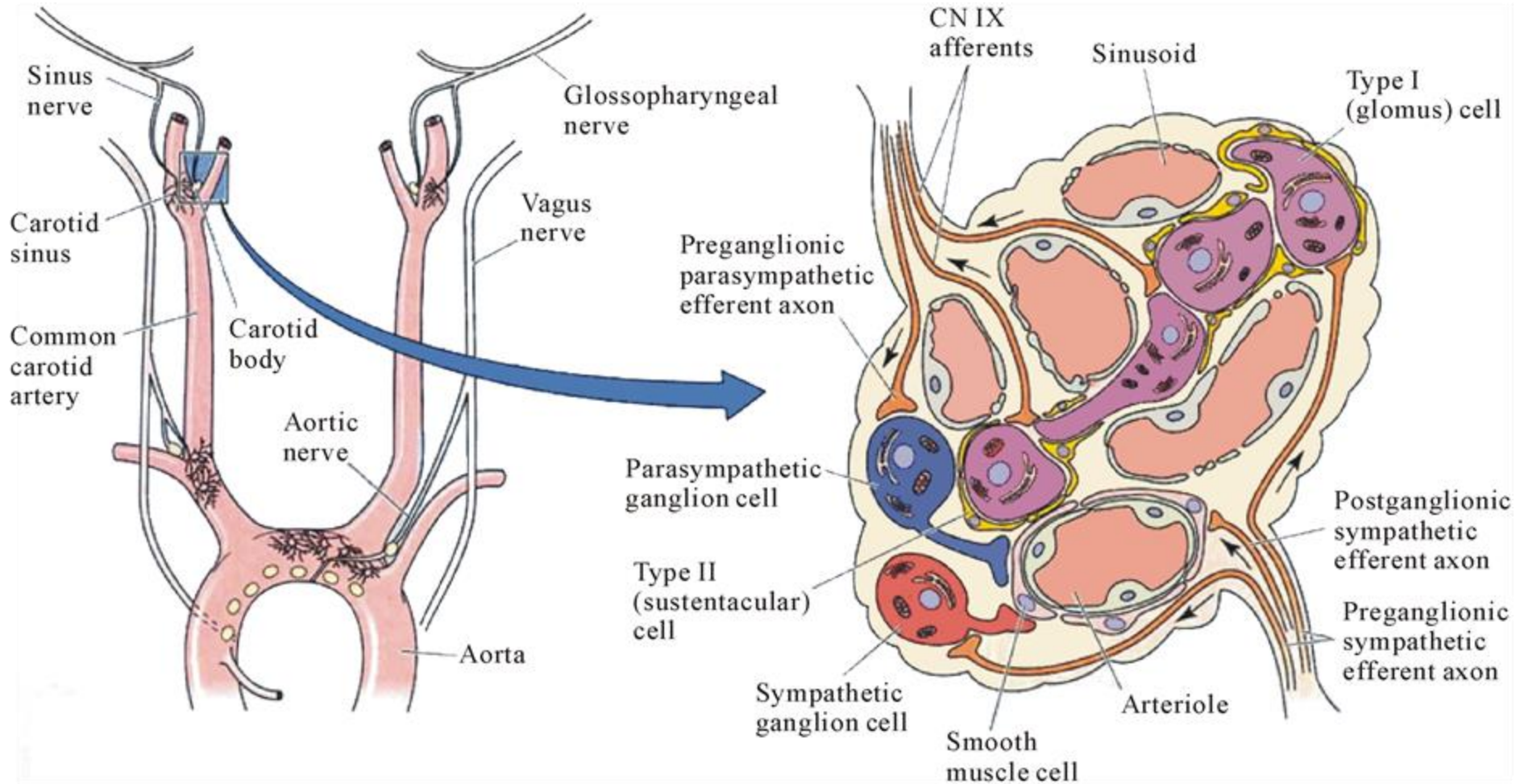
# Glomus caroticum = Carotid body

- arterial chemoreceptor
- at bifurcatio carotidis
- oval, red-brown corpuscle
- with or at tunica adventitia (6 x 3 cm)
- viscerosensory fibers of n. IX (n. sinus carotici)
- visceromotor fibers of n. X and truncus sympathicus)
- stimulated by hypoxia mainly (low partial pressure of oxygen), less by hyperkapnia and lowered pH
- response: reflex higher breathing frequency and volume (caused by stimulation of breathing centers of RF in brainstem)
- structurally belongs to sympathetic paraganglia
- develops from ectomesenchyme of the 3rd pharyngeal arch (derived from neural crest cells)





# Glomus caroticum



# Glomus caroticum – structure

- **fibrous capsule** (*capsula fibrosa*)
  - *septa*
  - *lobuli*
- **glomus cells** (*paragangliocyti, glomocyti*)
  - function as dopaminergic interneurons
- supporting cells (*epitheliocyti sustentantes*)
- ganglionic cells
- **fenestrated capillaries**
- unmyelinated nerve fibers are the actual chemoreceptors

# Other receptors

- **osmoreceptors**

- chemoreception zones for osmolality of cerebrospinal fluid
- organum vasculosum laminae terminalis + organum subfornicale
  - for level of angiotensin II to induce a feeling of thirst and secretion of ADH
- osmolality of blood
  - center of thirst and „non-thirst“ in hypothalamus and secretion of ADH

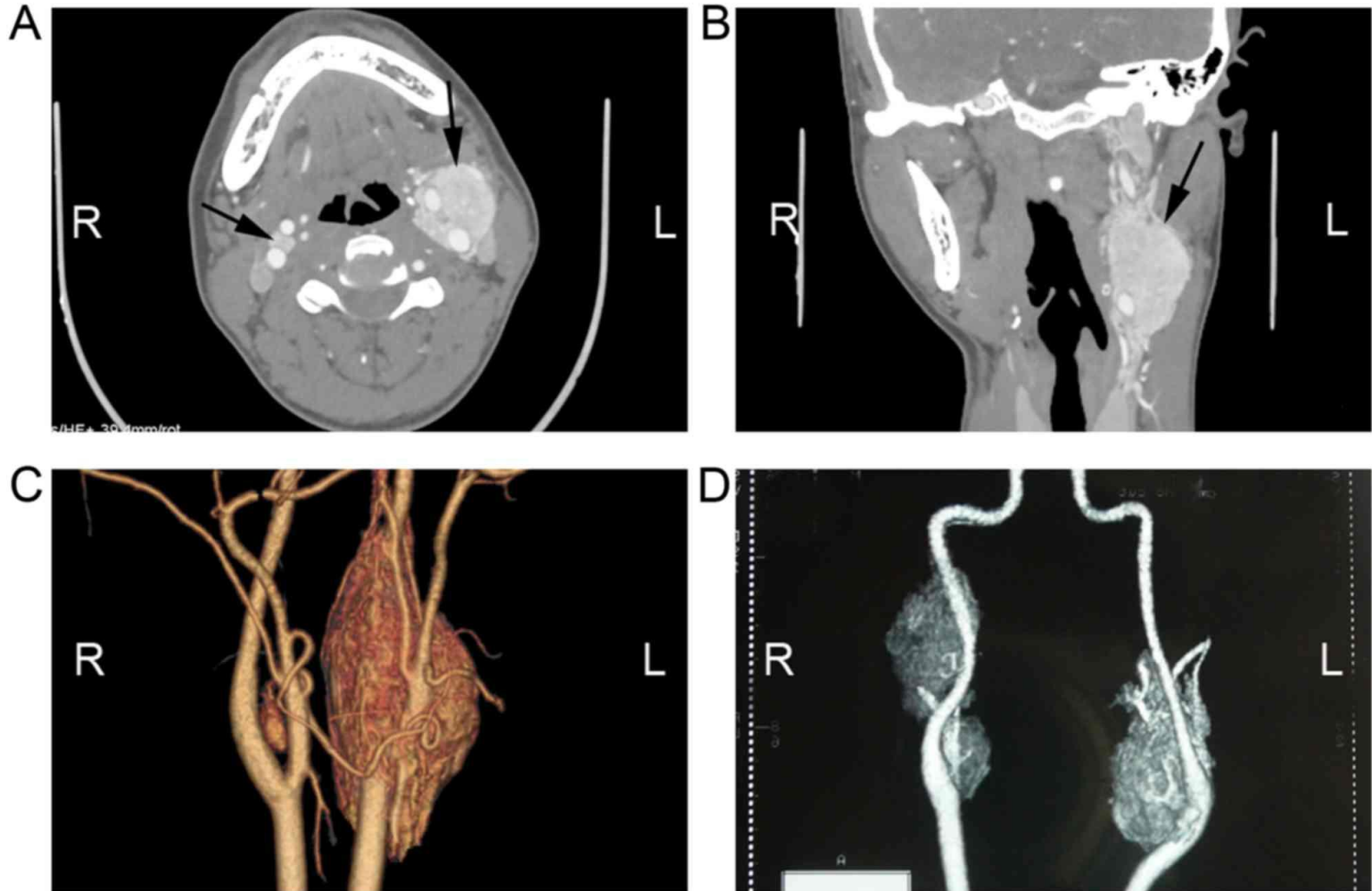
- **thermoreceptors**

- hypothalamus – center of cold and heat

# Case report

- woman, 22 years
- 4 year history
- intermittent pain in cold, foreign body feeling
- palpable resistance on the neck
- *ultrasound*
- *CT + angiography*

# Bilateral tumour of glomus caroticum



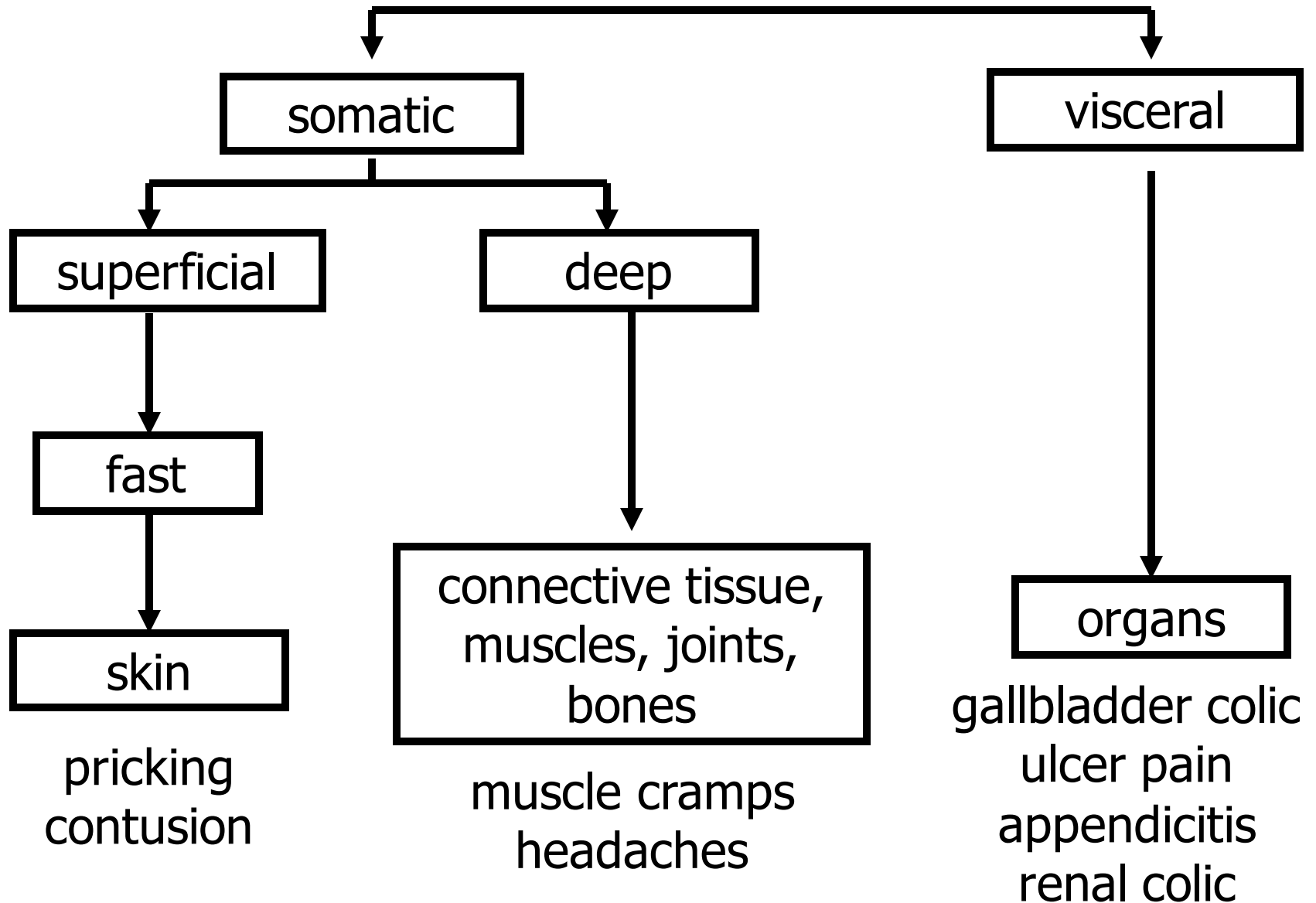


Pain (*Dolor*)

# Pain – definition

- „An unpleasant sensory and emotional experience associated with real or potential tissue damage or described by terms for such damage. Pain is always subjective.“
- independent entity = **specific nociception system**
  - relationship „**impulse intensity = perception intensity**“ does not always apply

# PAIN



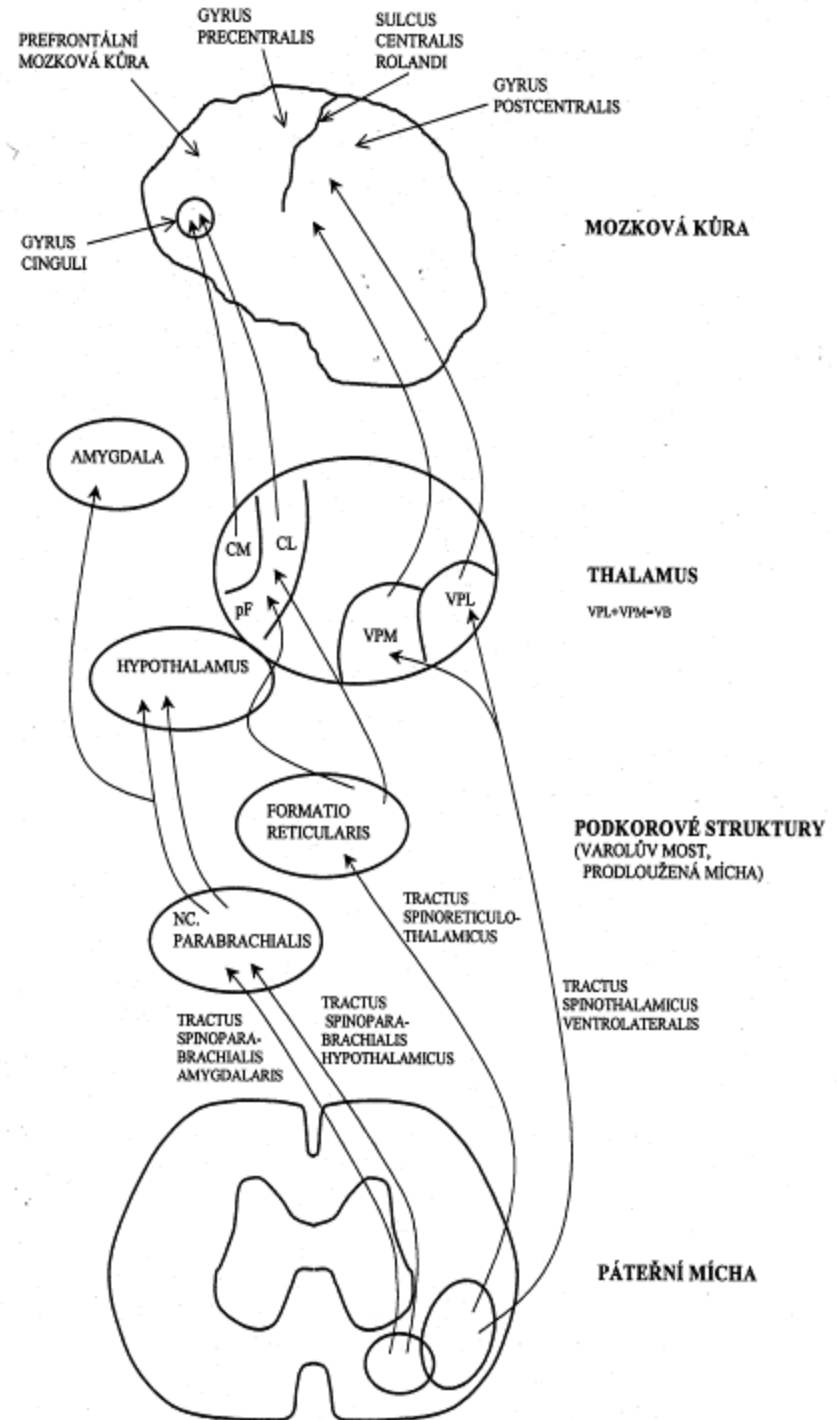
# Nociceptors = Nocisensors

- do not adapt
- skin, mucosa of internal organs, striated muscles, joint capsules, periosteum, adventitia of small vessels, lymph vessels,
- CNS (cornu posterius medullae spinalis, medulla oblongata, hypothalamus, thalamus)
- *not within cerebral cortex*

# 3 types of nociceptors

- free nerve endings
  - thickened ends (boutons terminaux) with receptors
  - only react under very intense painful stimulation (stone movement, overeating) = **silent nociceptors**
- polymodal nociceptors
  - only in skin
  - react to temperature below 10°C and above 45°C
- high-level mechanoreceptors
  - tension, pressure, pain
  - Vater-Paccini's corpuscles
  - stroking with hand x kicking with foot

# Scheme of transmission of painful stimuli from receptor to CNS





# Pain pathways – ascending

- anterolateral system
  - **tr. spinothalamicus ant. + lat.**  
(neospinothalamic tract) – acute/fast pain
  - **tr. spinoreticulothalamicus**  
(paleospinothalamic tract) – chronic/slow pain
    - tr. spinoparabrachialis (tr. spinomesencephalicus) – affective-emotional component of pain
- (tractus spinobulbothalamicus)
- (tractus spinocervicalis)
- (tractus spinotectalis)
- ((tractus spinothalamicus secundarius))

# Acute/fast/somatic pain

- weakly myelinated fibers A $\delta$  (7-14 m/s)
  - somatic (lateral) afferentation
- nociceptive-specific neurons of **Rexedo's lamina I,II**
- decussation at spinal cord level (commissura alba anterior)
- tractus spinothalamicus ant. + lat. (*glutamate*)
- ncll. ventrobasales thalami (ncl. VPL + VPM)
- somatosensory cortex (area 3,1,2) – gyrus postcentralis

# Visceral/slow/chronic pain

- unmyelinated fibers C (0,5-3 m/s)
  - visceral (medial) afferentation
- multireceptive neurons in **ncl. proprius columnae post. = Rexed's lamina III-V (VIII,X)**
  - tractus spinoreticulothalamicus → RF → ncll. intralaminares thalami (ncl. centralis medialis, centralis lateralis, parafascicularis)
  - prefrontal cortex (area 6,9) + gyrus cinguli, insula – *pain expectation*

# Affective-emotional component of pain

tractus spinoparabrachialis

→ ncll. parabrachiales → tractus  
longitudinalis posterior → *emotional and  
motivation centers*

- tr. spino-parabrachio-hypothalamicus →  
hypothalamus → limbic system
- tr. spino-parabrachio-amygdalaris →  
corpus amygdaloideum

# RF – descending inhibition of pain

substantia grisea centralis mesencephali = (PAG)

*enkefalins*



ncl. raphes (ncl. raphe magnus, dorsalis)  
medullae oblongatae

*serotonin*



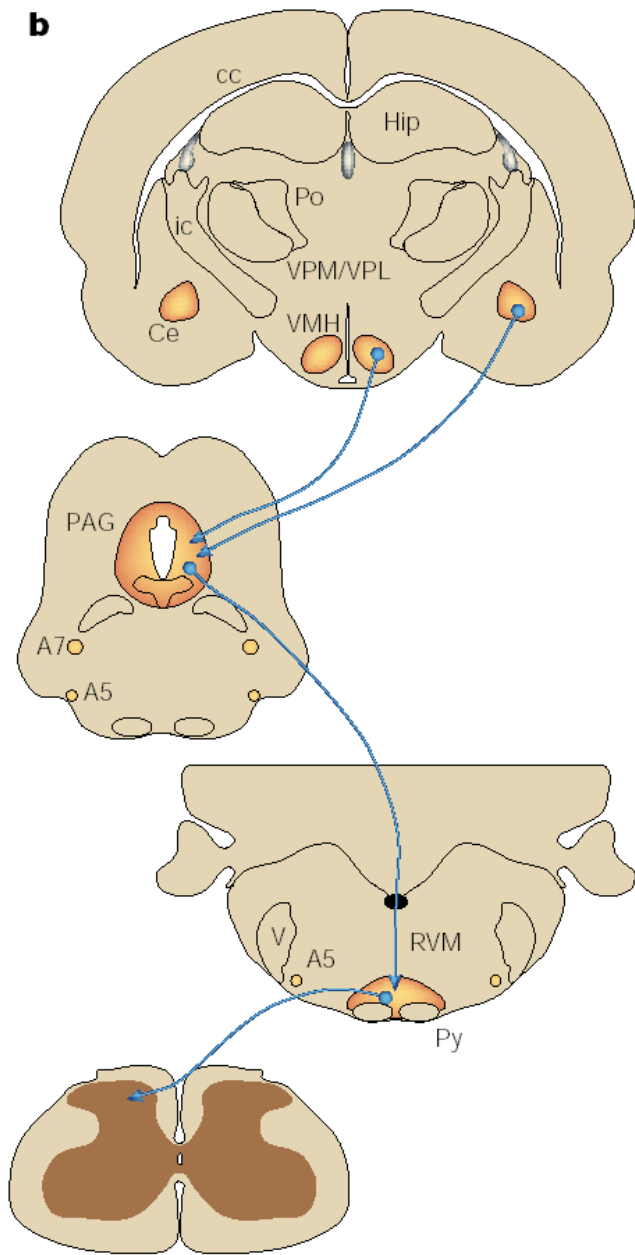
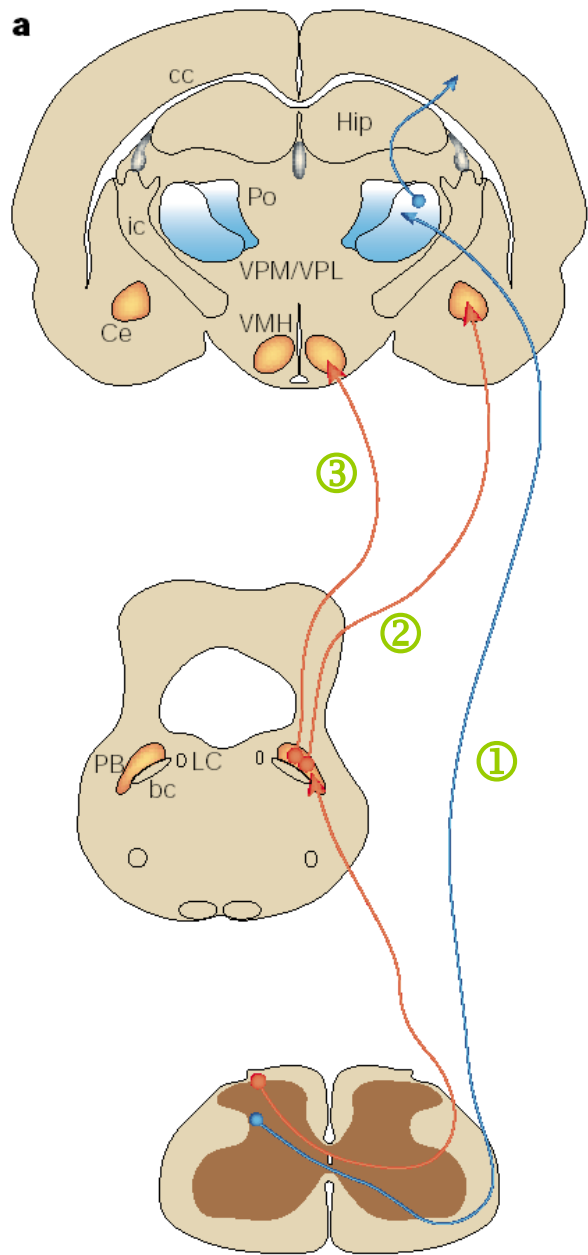
fasciculus posterolateralis (Lissaueri)



Rexed's lamina II – presynaptic inhibition

*block of Ca<sup>2+</sup> channels → block of substance P*

subnucleus caudalis ncl. spinalis n. V



# Ascending and descending pain pathways

① tr. spinothalamicus

② tr. spino-  
parabrachio-  
amygdalaris

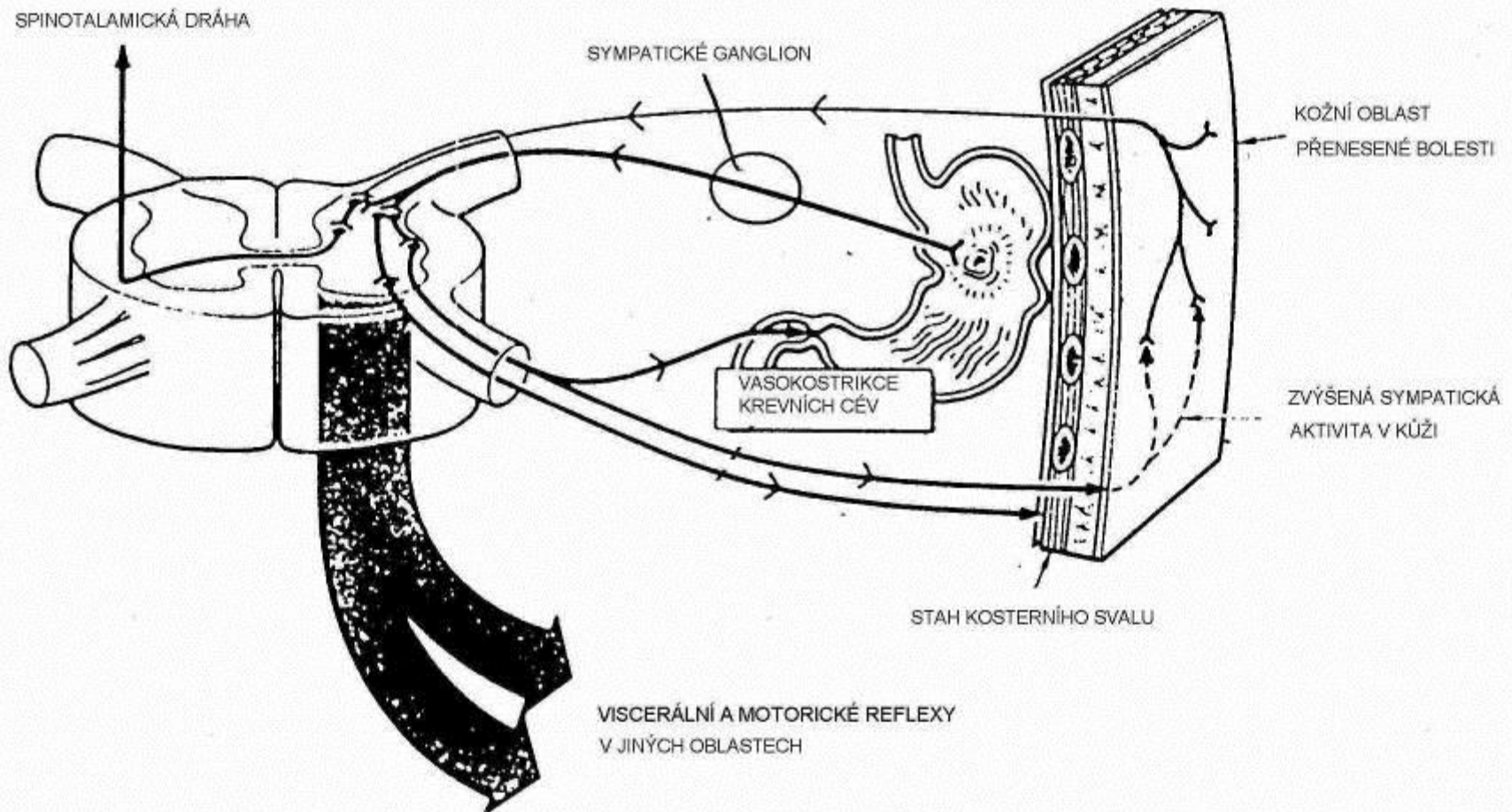
③ tr. spino-  
parabrachio-  
hypothalamicus

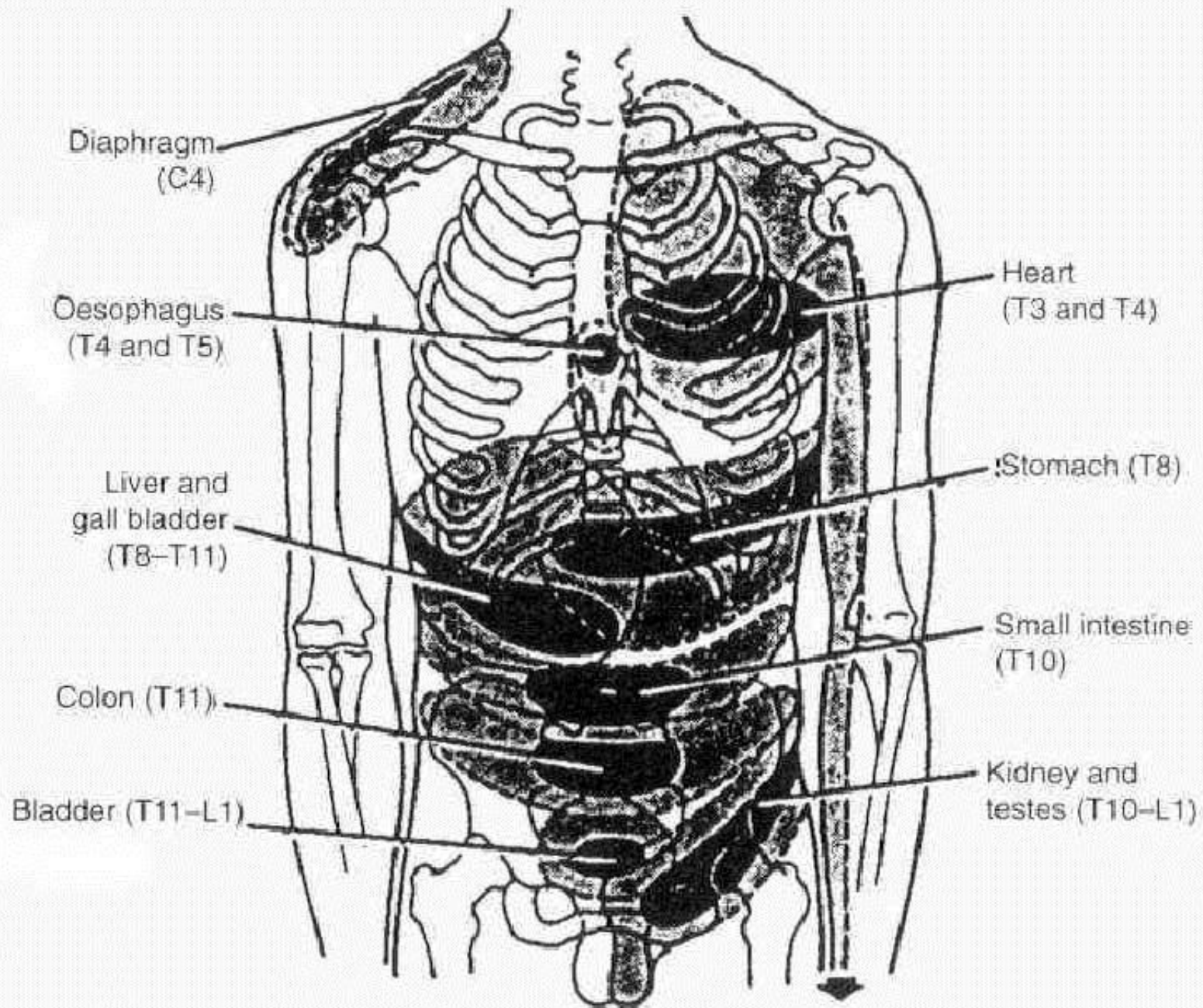


# Referred pain

- Head's zones
- pain in the trunk (back) or on other parts of the body surface, the origin of which is from more distant organs – heart, pancreas, stomach, etc.
- convergence of viscerosensory afferents from internal organs and somatosensory afferents on common spinal interneurons

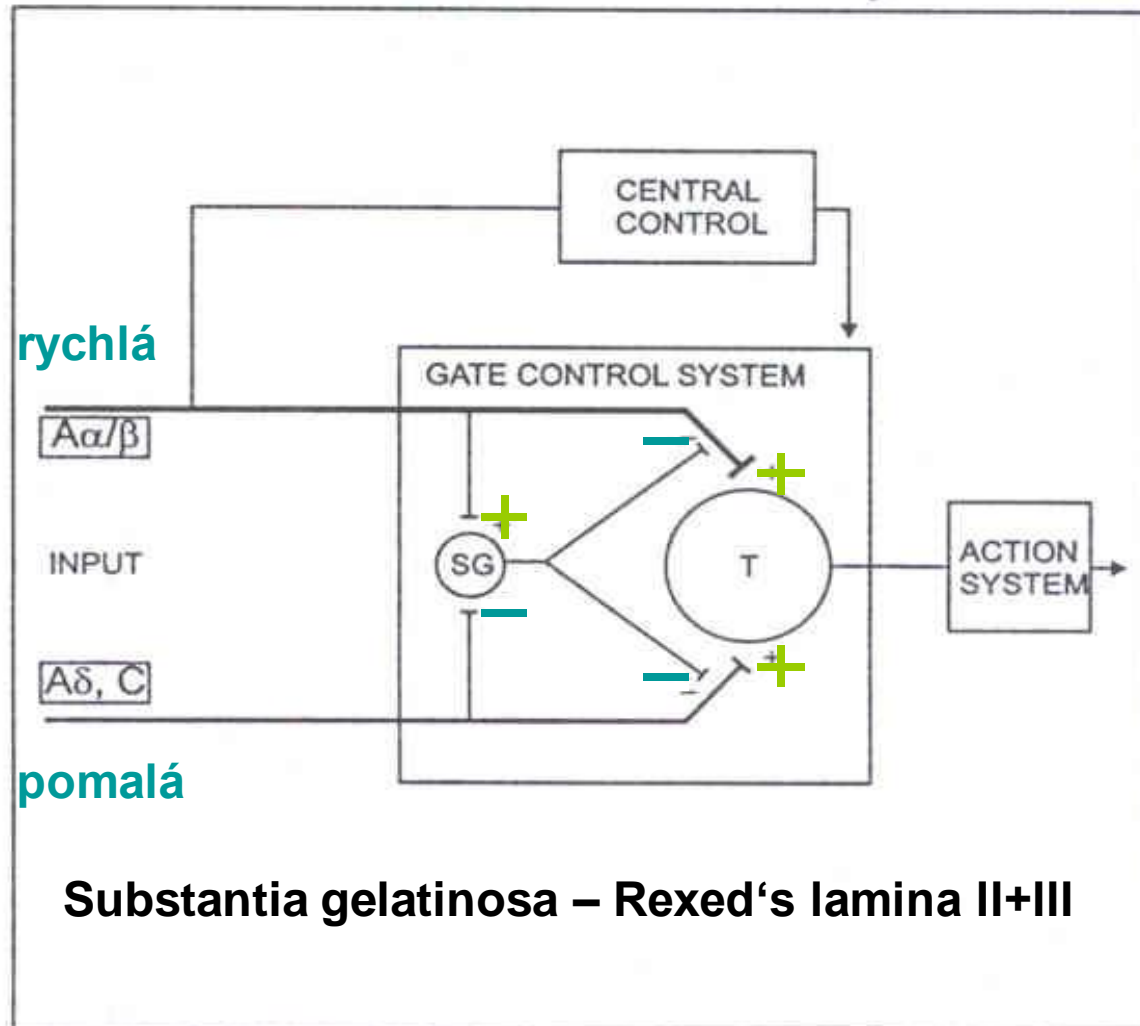
# Referred pain creation Head's zone





# Classical gate control theory *today considered obsolete*

## Gate control theory

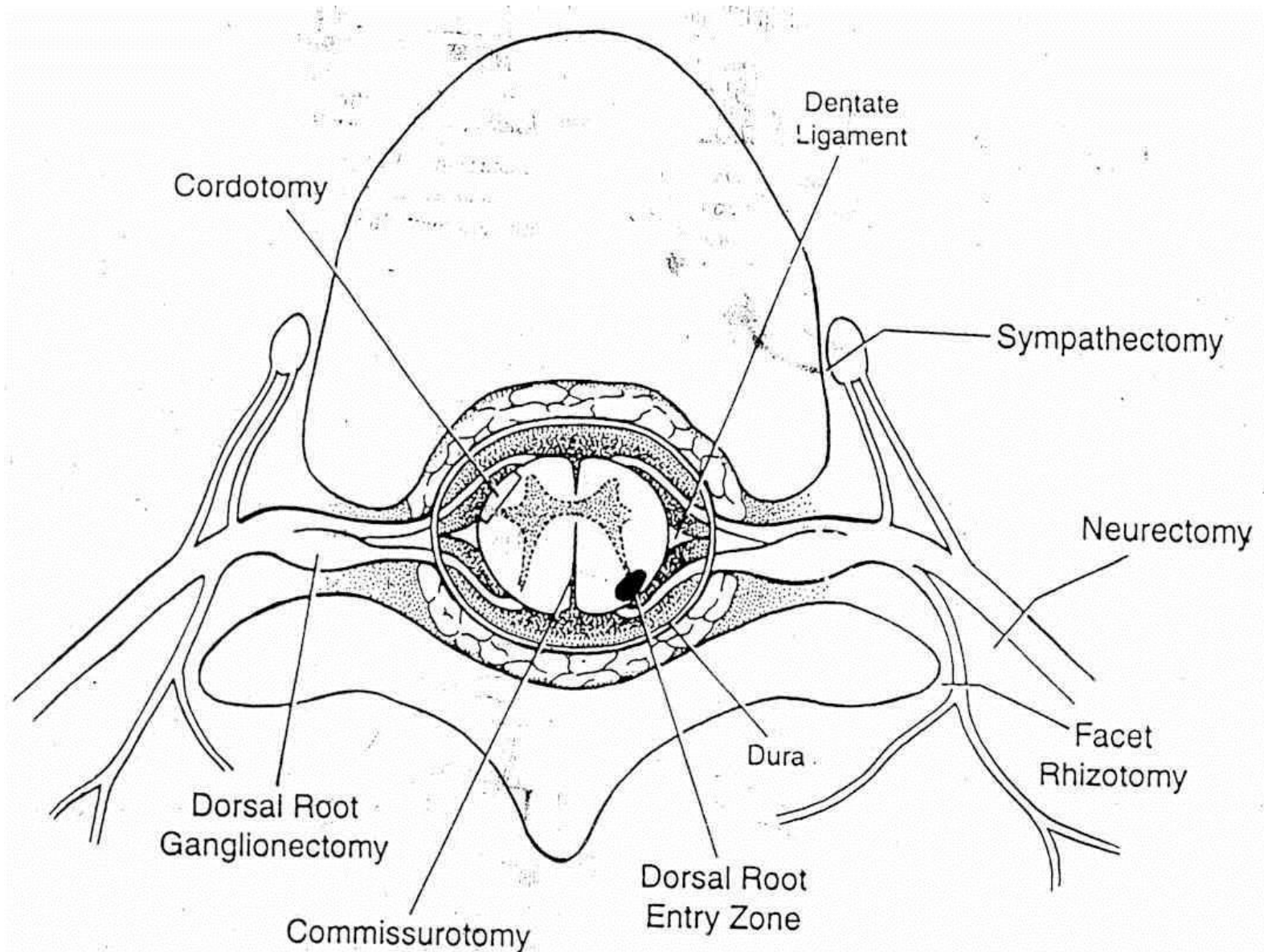


# Algorithm of pain treatment

- physical therapy, rehabilitation, acupuncture
- pharmacotherapy – non opioid analgetics
  - ASA, NSA
- pharmacotherapy – opioid analgetics
  - codeine, morphine, fentanyl
- psychotherapy
- invasive methods
  - spinal neuromodulation
  - DREZ (dorsal root entry zone)
  - cortical stimulation



# Invasive treatment of pain



# Invasive treatment of pain – DREZ

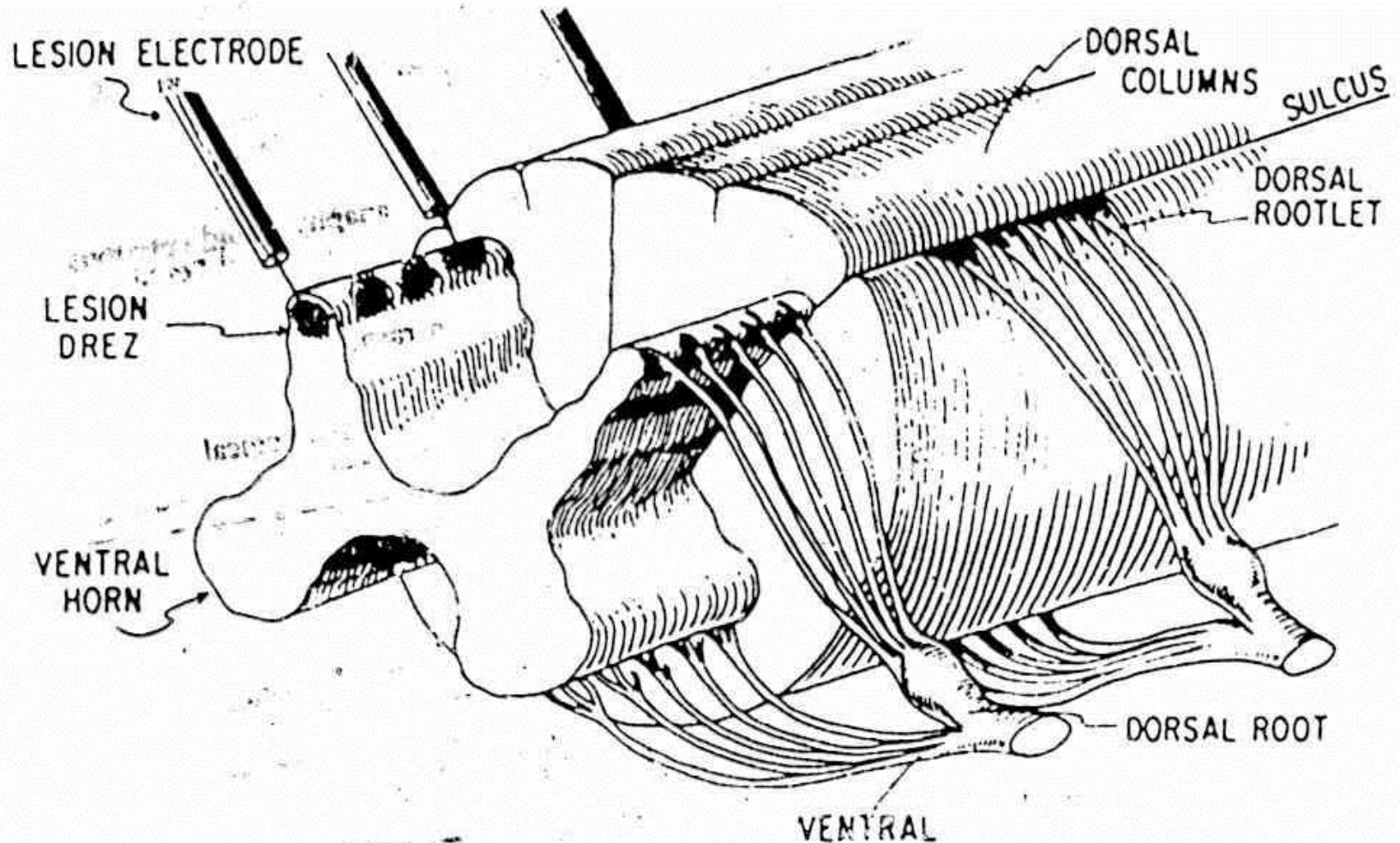


Fig. 58.1 Nashold's diagram of location of his lesions in dorsal root entry zone. (From Nashold & Ost Dahl 1979)

# Basic types of pain

## Acute (fast) pain

- is triggered by identifiable stimuli
- is short-termed
- it ceases when the tissue injury that caused it has healed
- usually does not repeat

## Chronic (slow) pain

- lasts longer than 6 months
- the causes may not always be identifiable
- the intensity of the pain is always higher than the intensity of the stimulation
- causes great physical and mental suffering
- worsens the quality of life

# Neuropathic pain

- it does not start at nociceptors but at primary afferent fibers
- hypersensitivity of C and A $\delta$  fibers
- remodeling of neural responses arrangement
- canalopathy (sodium, calcium and potassium channels)



# Neurotransmitters of pain

- excitatory aminoacids – **glutamate** (Glu)
  - receptors: kainate, AMPA, NMDA
- **substance P** (NK1 receptor, ↓ K<sup>+</sup> conductivity)
- **CGRP** (calcitonin gene-related peptide)
  - glutamate causes rapid and short-term depolarization
  - peptides cause long-term discharges

# Primary hyperalgesia\*

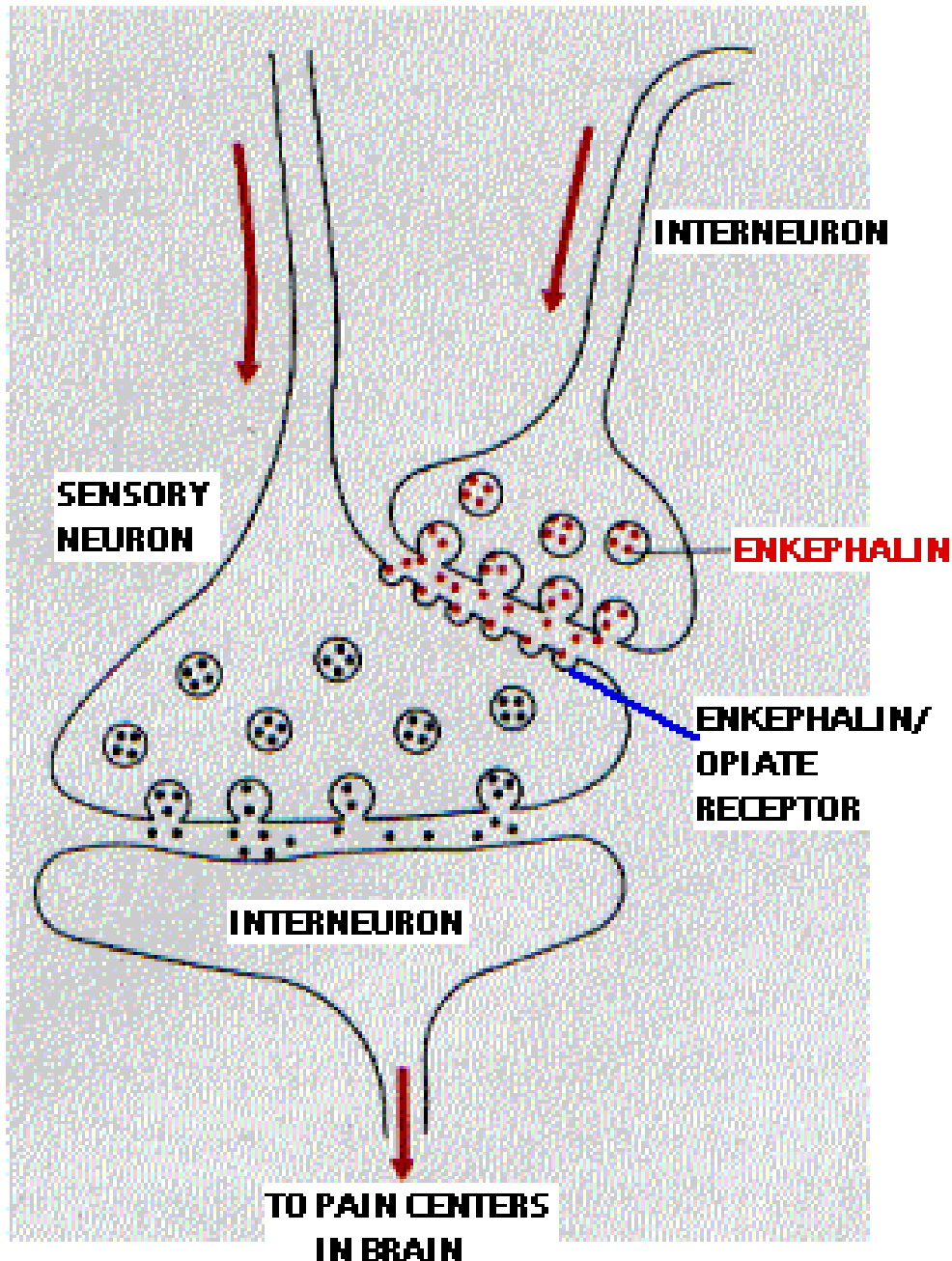
- occurs at the site of injury
- peripheral sensitization – lowering the threshold of nociceptors
  - activation of TTX-R sodium channels
  - increased TTX-R expression (e.g. by NGF)
  - redistribution of TTX-R from the perikarya to the periphery
  - redistribuce TTX-R z těla neuronů na periférii



# Secondary hyperalgesia\*

- occurs in undamaged tissue around the injury
  - e.g. repeated stimulation of C fibers or intradermal application of capsaicin
  - increased sensitization of spinal neurons, their permanent depolarization
  - wind-up phenomenon
  - activation of NMDA receptors
  - enlargement of receptive fields

# Pain inhibition\*



Met-enkephalin  
(Tyr-Gly-Gly-Phe-Met)

Leu-enkephalin  
(Tyr-Gly-Gly-Phe-Leu)

# Opioid system\*

- nigrostriatal (A9) + mesolimbic (A10) dopaminergic
  - influences motor skills and the reward system
- hypothalamo-hypophysial
  - modulates hormonal secretion
- ascending and descending tracts
  - pain modulation
  - ascending – medulla spinalis, thalamus
  - descending – PAG, ncll. raphes

# Endogenous opioids\*

- $\beta$ -endorfin (31 aminacids) -  $\mu$ ,  $\delta$ ,  $\kappa$
- endomorphin (4 aminacids) -  $\mu$
- Leu-enkefalin (5 aminacids) -  $\delta$
- Met-enkefalin (5 am aminacids inokyselin)  
-  $\delta$
- dynorphin (A 1-8, B 1-17) -  $\kappa$
- nociceptin/orfanin

# Endogenous opioids\*

- presynaptic receptors
  - inhibition of neurotransmitters release
  - ↓  $\text{Ca}^{2+}$
- postsynaptic receptors
  - ↑  $\text{K}^+$  conductivity – hyperpolarization of membrane

# Endogenous cannabinoids\*

- amids and esters of fatty acids
- anandamid
- palamitoyletanolamid (PEA)
- receptors: CB1, CB2
  - CB1 in PAG and RVM, sensory neuron
  - CB2 in structure of immune system
- FAAH – hydrolase of fatty acids amids



