

# Facial Nerve

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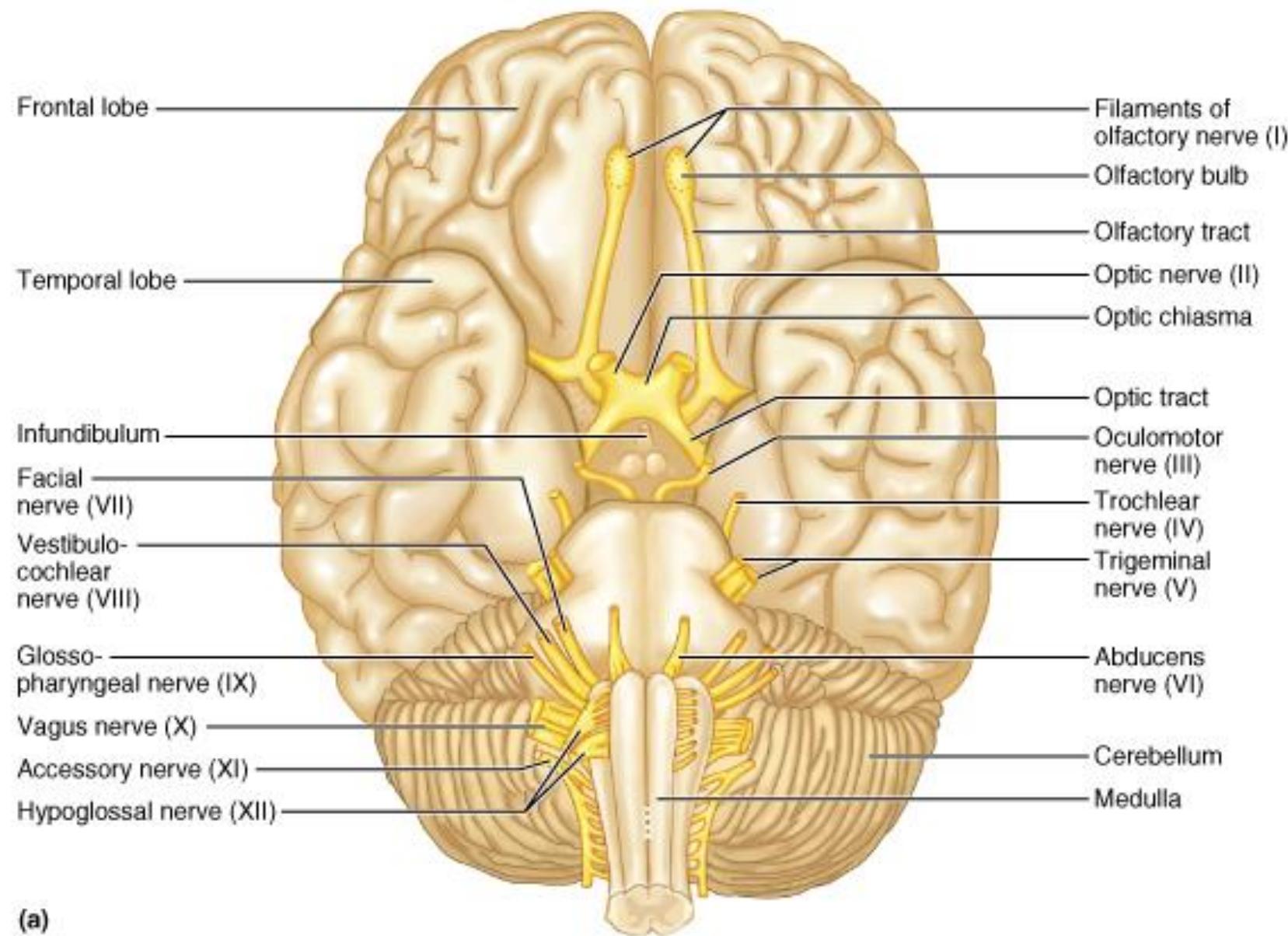
**AIIMS Rishikesh**

28/01/19

# Cranial nerves

- Largest cranial nerve – **trigeminal**
- Longest cranial nerve – **vagus**
- m/c paralyzed – **facial** nerve
- m/c involved in **intracranial lesions**- **abducent**
- Longest – Intrakanalicular course- **facial**
- Dorsal aspect of brain- **trochlear** - **most slender**
- Only motor branch of 9<sup>th</sup> cranial nerve – **Stylopharyngeus**
- True peripheral n except- optic tract
- Monosynaptic reflex in brain – jaw jerk/masseteric reflex

# Cranial Nerves



# Location of cranial nerves

- Anterior cranial fossa: C.N. 1–2
- Middle cranial fossa: C.N. 3-6
- Posterior cranial fossa: C.N. 7-12

# Sensory nerve

- Olfactory (1)
- Optic (2)
- Vestibulocochlear (8)

# Motor nerve

- Oculomotor (3)
- Trochlear (4)
- Abducens (6)
- Accessory (11)
- Hypoglossal (12)

# Mixed nerves

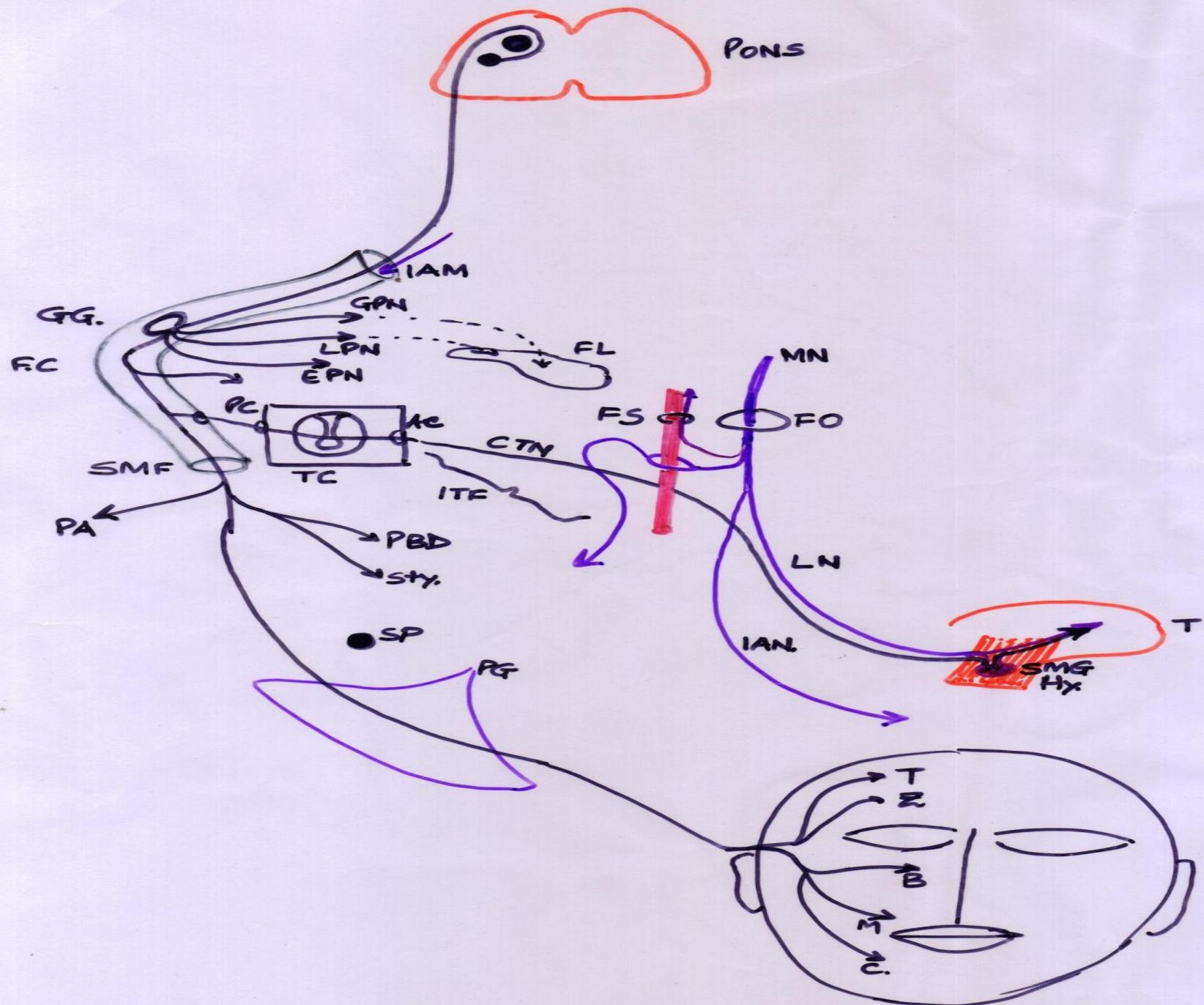
- Trigeminal (5)
- Facial (7)
- Glossopharyngeal (9)
- Vagus (10)

# Innervation of Branchial arch muscles –Mixed nerves

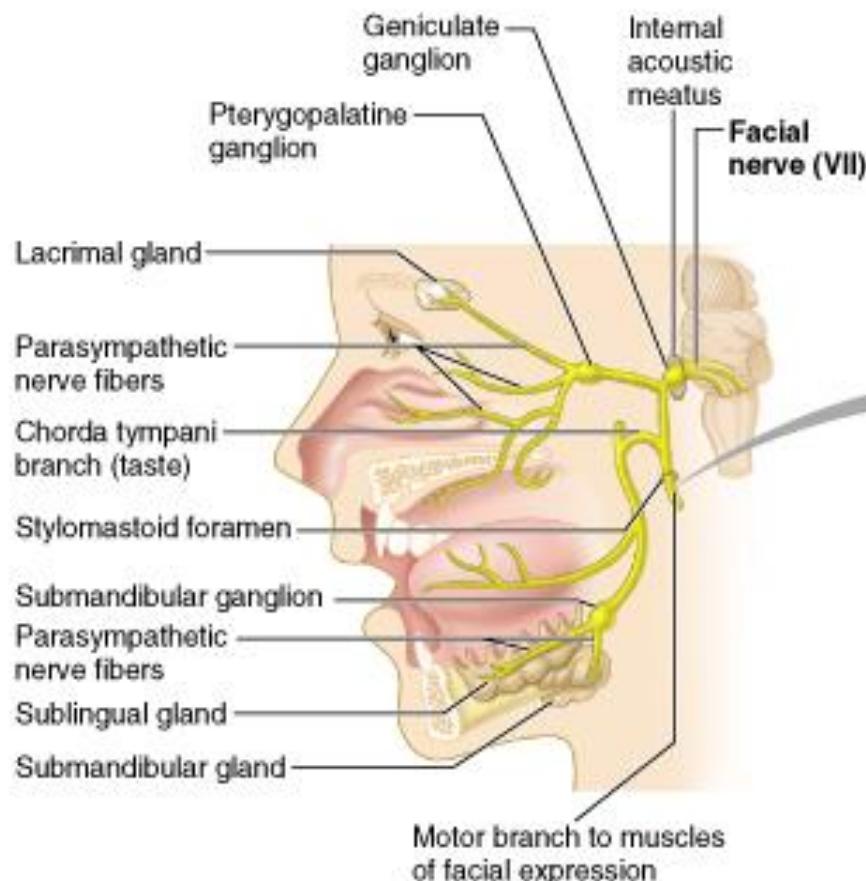
- 1 - Trigeminal
- 2 - Facial
- 3 - Glossopharyngeal
- 4 – Vagus - SLN
- 5 – Regresses
- 6 – Vagus - RLN

# Cranial Nerve VII: Facial

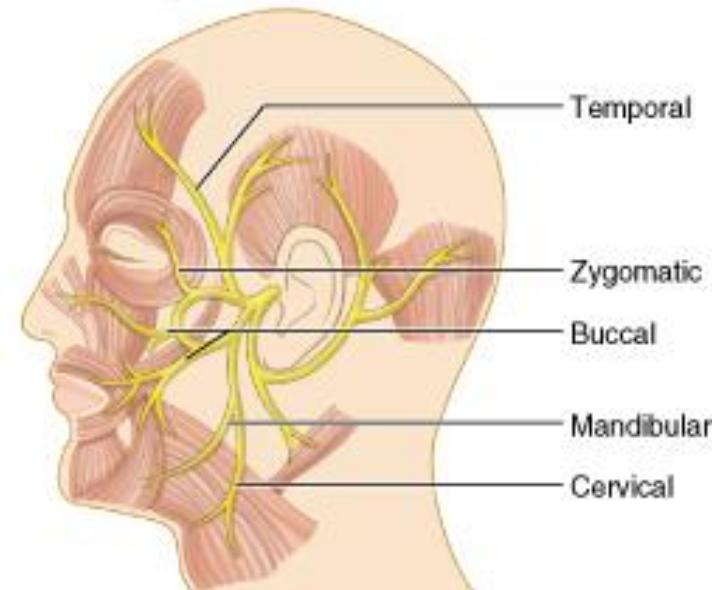
- Fibers leave lower pons,
- travel through internal acoustic meatus,
- emerge through **stylomastoid foramen**
- to lateral aspect of face
- Pass through Parotid gland
- Mixed nerve with five major branches
- Motor functions include facial expression,
- autonomic impulses to **lacrimal & salivary** glands
- Sensory function is **taste** from anterior two-thirds of tongue – **Chorda tympani n**



# Cranial Nerve VII: Facial



(a) Parasympathetic efferents  
and sensory afferents

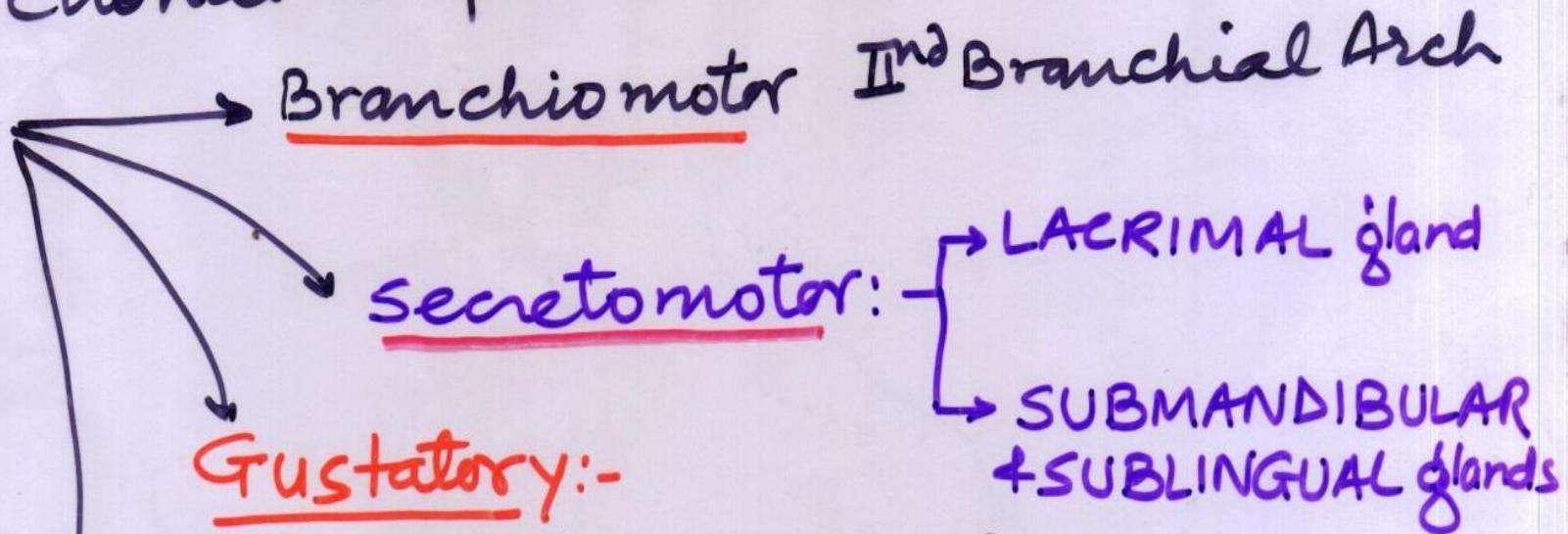


(b) Motor branches to muscles of  
facial expression and scalp muscles

## FACIAL N:-

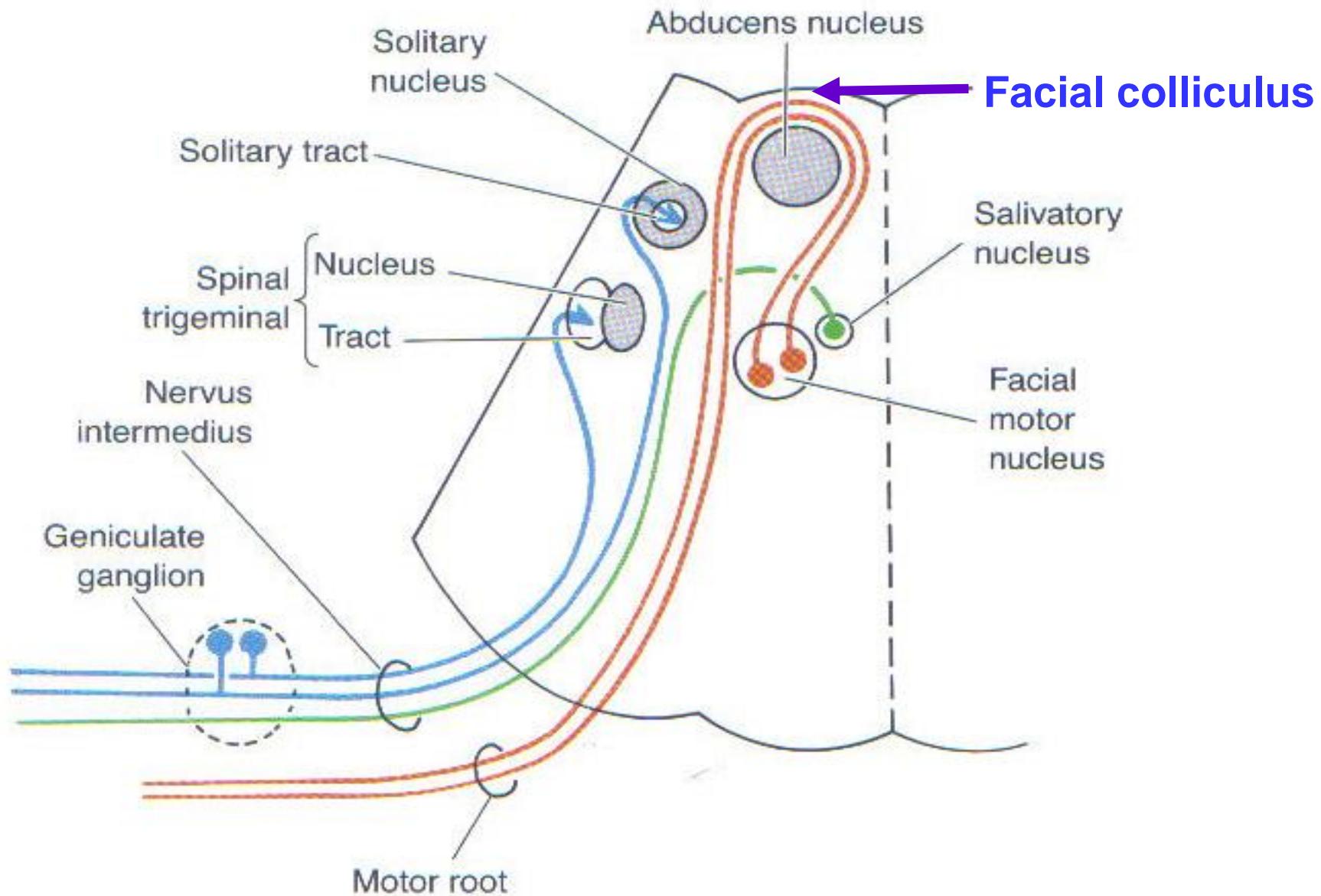
MR  
SR - N int medius.

### Functional Components:-

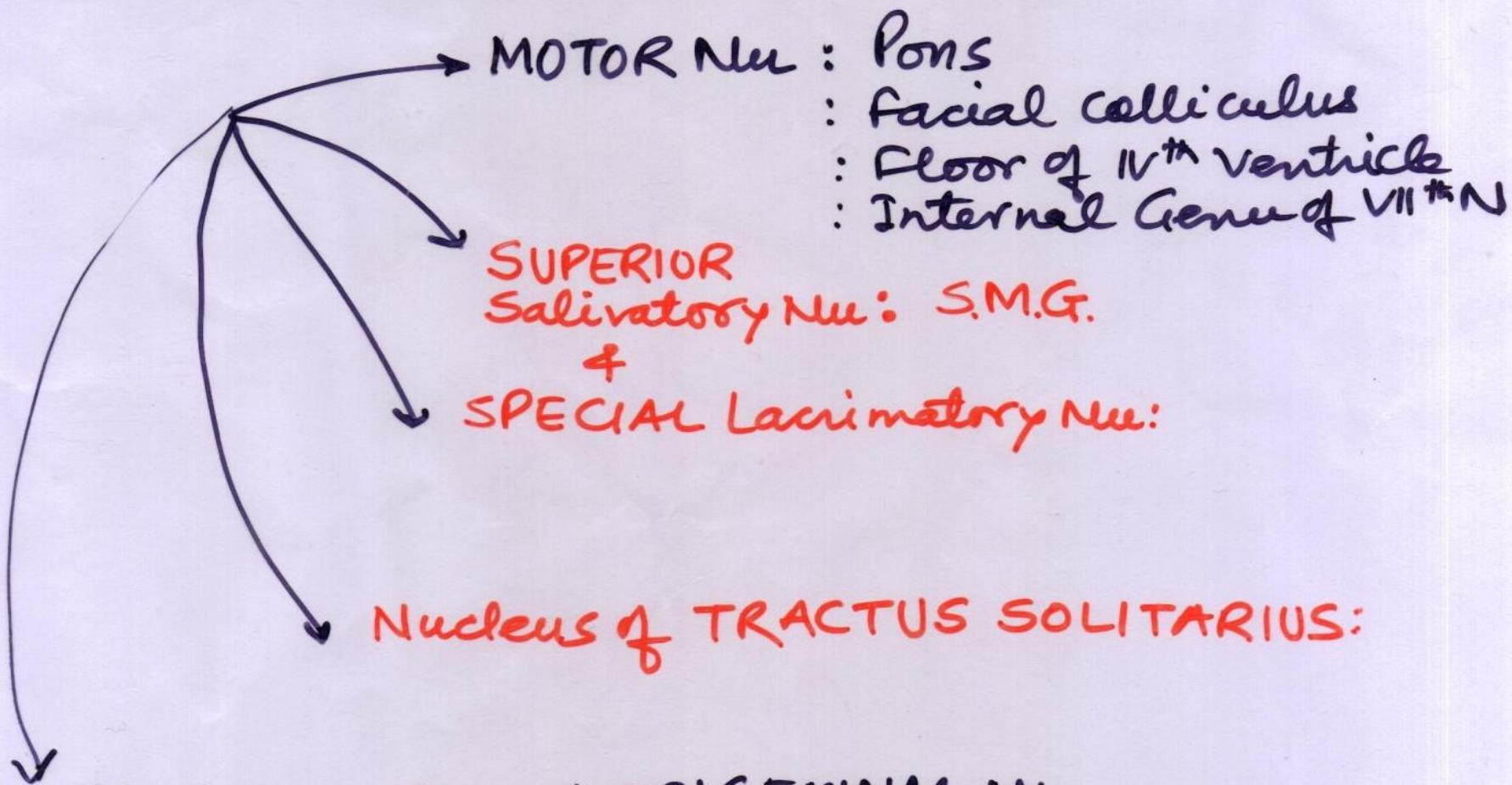


? CUTANEOUS

• SOMATOSENSORY :- Chorcha of Auricle



## Nucleuses of FACIAL N :



Nucleus of TRACTUS SOLITARIUS:

SPINAL nucleus of TRIGEMINAL N:-

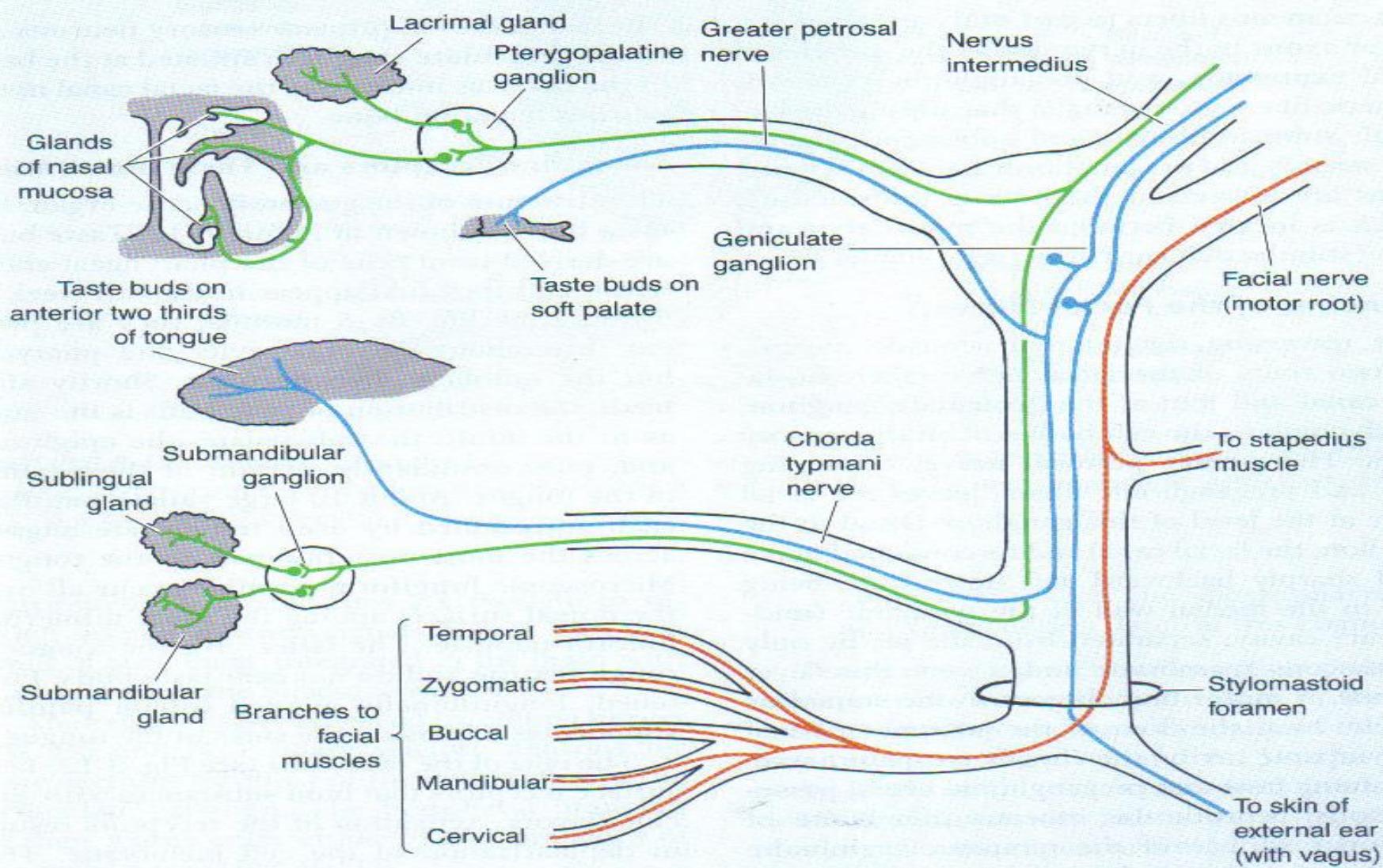
Sensory branch:  
auricular branch of vagus.

1. **Motor nucleus of facial nerve** (facial nucleus)  
→ 2<sup>nd</sup> branchial arch muscles → muscles of facial expression .
2. **Superior salivatory nucleus** - To chorda tympani branch → joins lingual branch of Lingual n -V<sub>3</sub> - in Infratemporal fossa → **submandibular ganglion** → **submandibular, sublingual & acc lingual glands**
3. **Lacrimal nucleus** - greater petrosal branch + deep petrosal n - **pterygopalatine ganglion** → **Lacrimal glands & paranasal sinuses**

## The Facial Nerve and the Middle Ear

The facial nerve is vulnerable in the middle ear, which is a region commonly invaded by bacteria

and surgery. The exact site of a lesion can be determined by applying knowledge of the branches containing different functional components (Fig. 8-11).



## 1. Geniculate ganglion

Central processes → nervus intermedius

Peripheral processes → chorda tympani, greater petrosal and deep petrosal nn → vidian nerve → Pterygopalatine ganglion.

(some fibers join the auricular branch of the vagus)

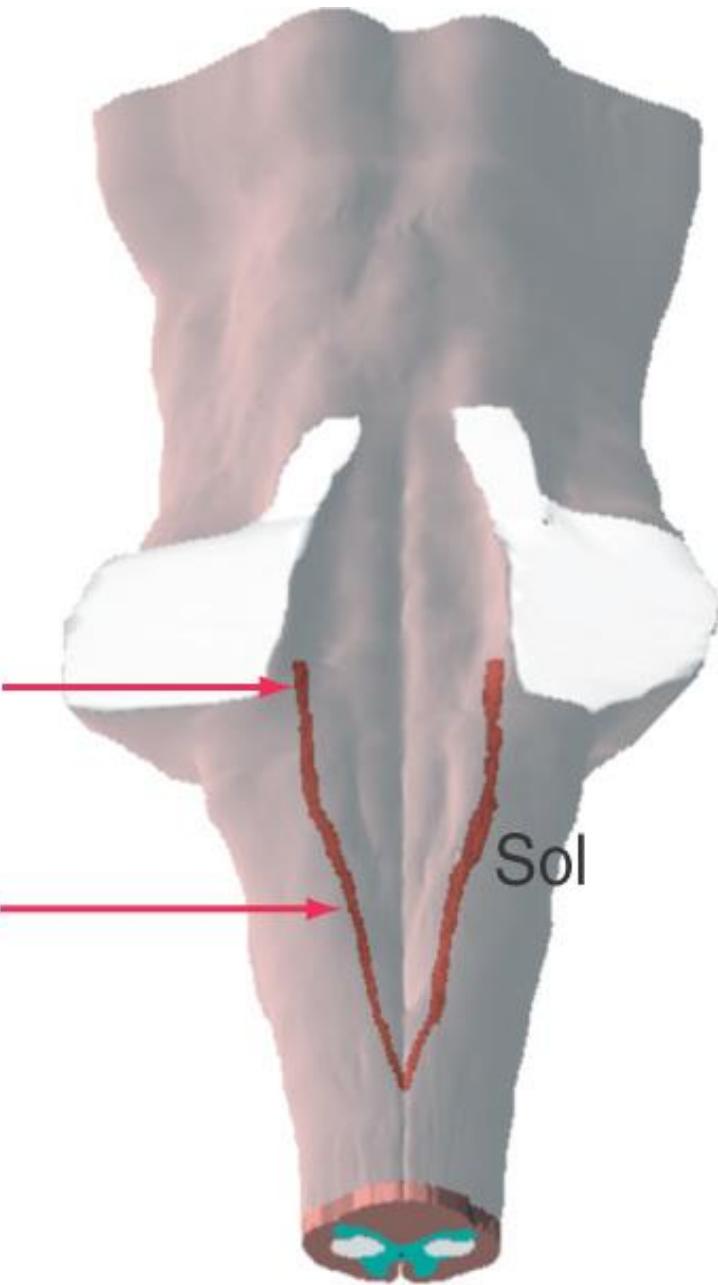
## 2. Gustatory nucleus - nucleus of tractus solitarius

## 3. Nucleus of spinal trigeminal tract - From nervus intermedius

# Taste

From taste buds (VII, IX, X)

From viscera (VII, IX, X)



A

# Taste sensations

- Facial N.
- Glossopharyngeal N.
- Vagus N.
- **Nucleus tractus solitarius**

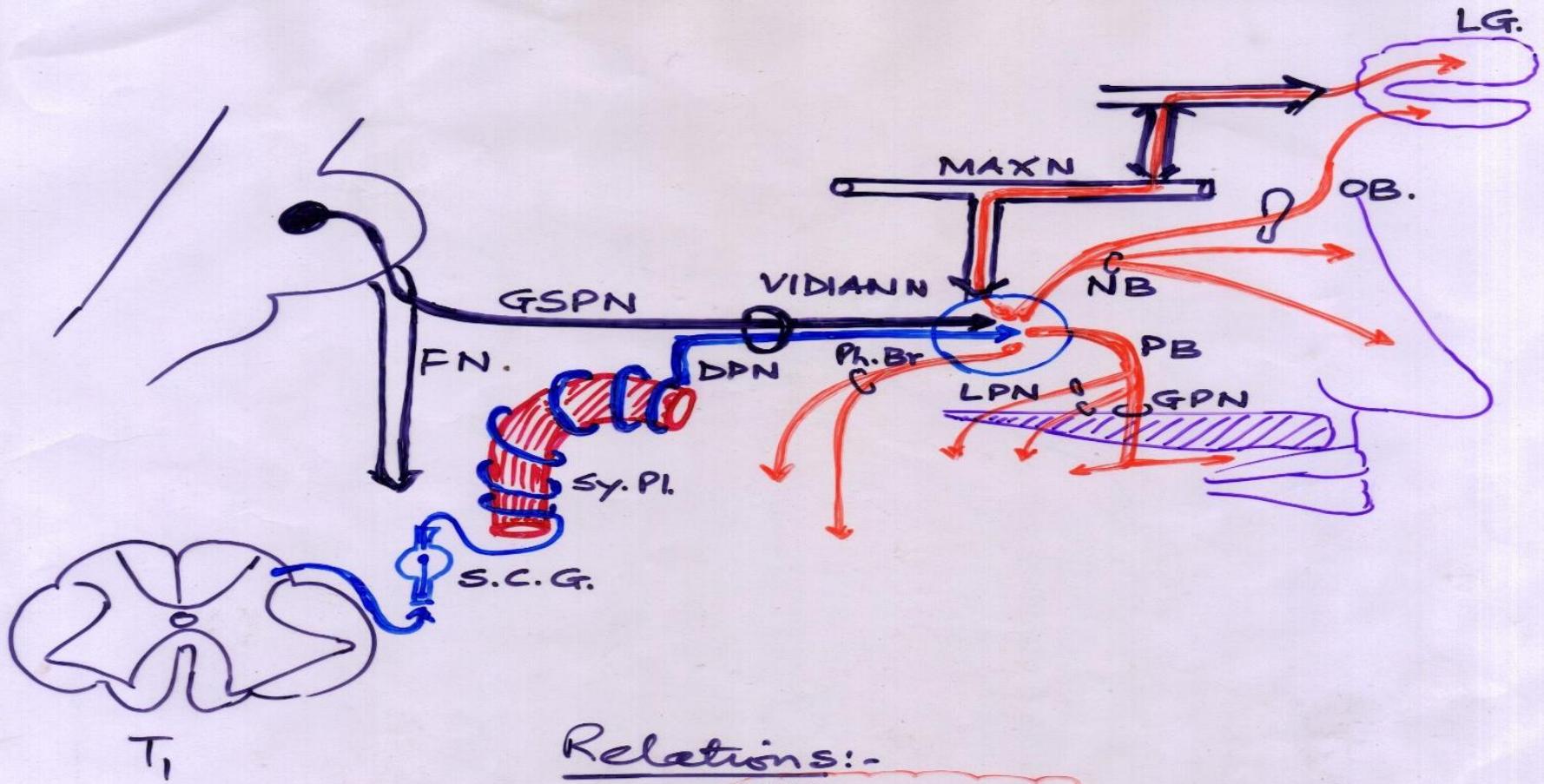
# Parasympathetic ganglion

Ciliary ganglion

Pterygopalatine ganglion

Submandibular ganglion

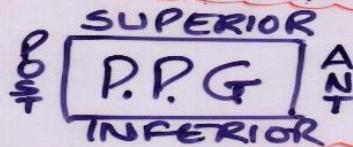
Otic ganglion



T<sub>1</sub>

### Relations:-

MAXILLARY.N



Middle Nasal Concha

medial  
Sphenopalatine F.

PTERYGO PALATINE GANGLION

## LACRIMAL GLAND NS

↓  
LACRIMAL NERVE.

“PONS”

↓  
special dacrimary arc

↓  
SENSORY ROOT - FACIAL NERVE

↓  
GENICULATE GANGLION

↓  
GREATER PETROSAL NERVE

↓  
NERVE of PTERYGOID CANAL.

↓↓↓

**PTRYGO PALATINE GANGLION**



Branch to Maxillary Nerve

↓

MAXILLARY NERVE

↓

ZYGO TEMPORAL NERVE

↓

ZYGOMATIC Branch

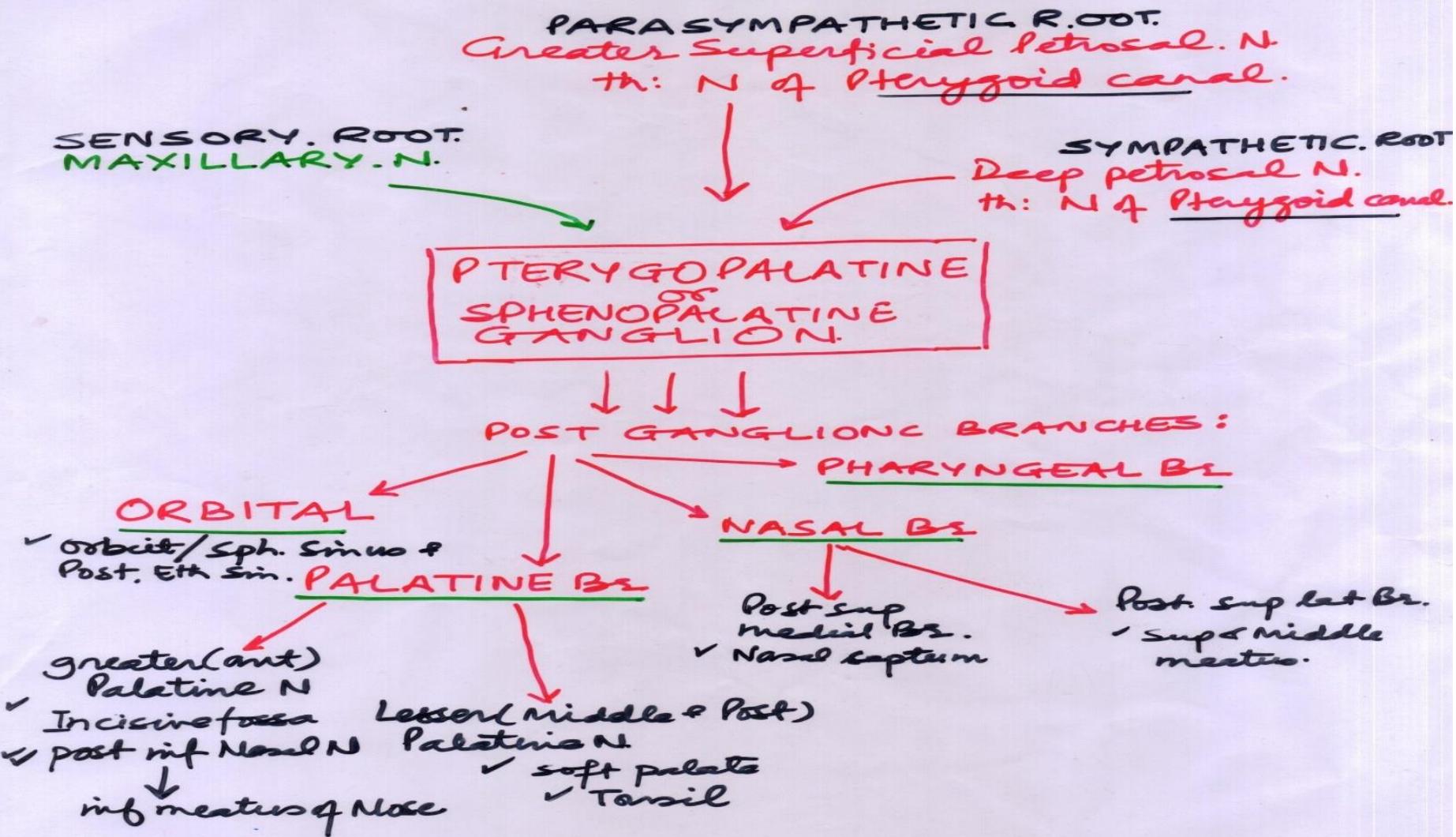
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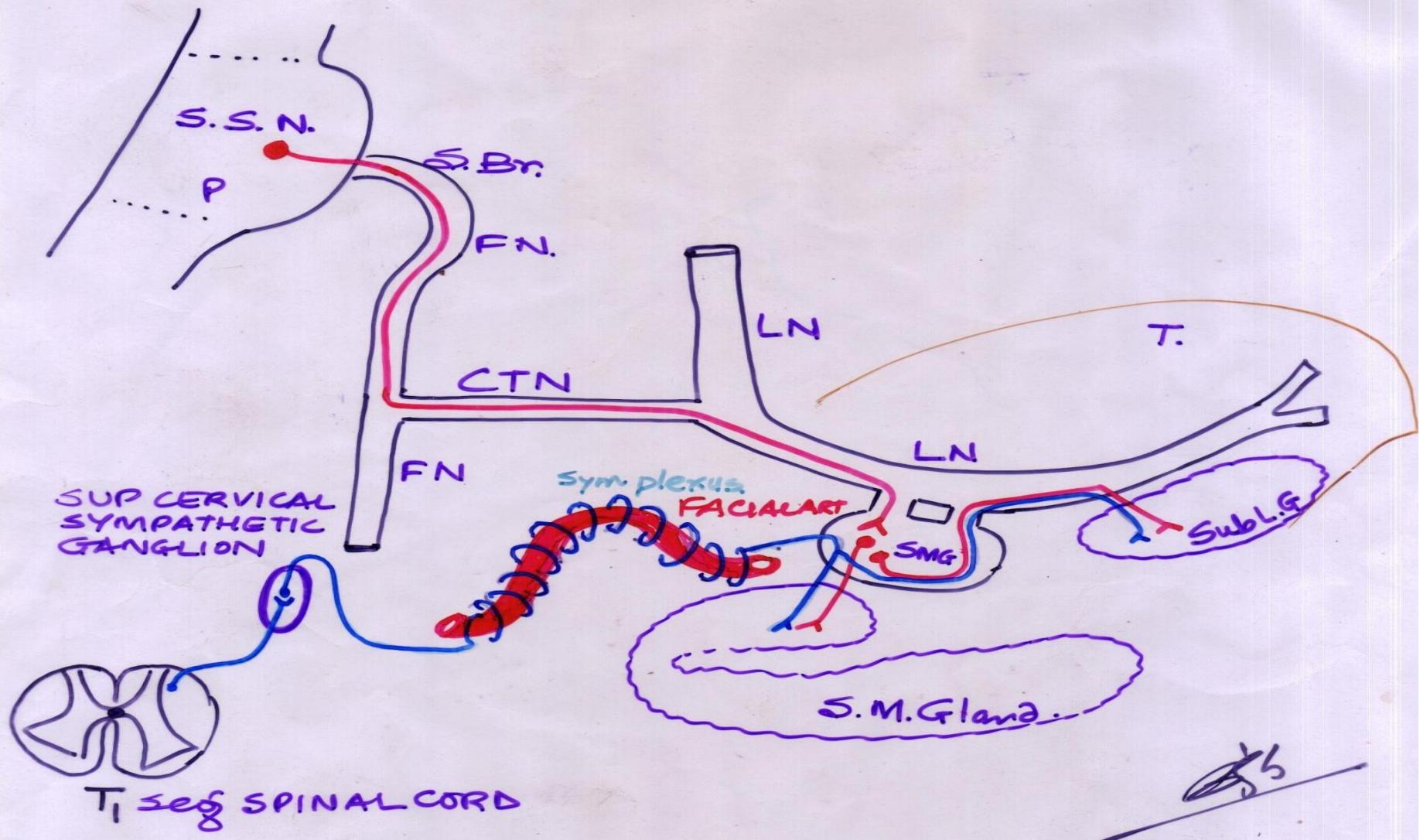
LACRIMAL NERVE

↓

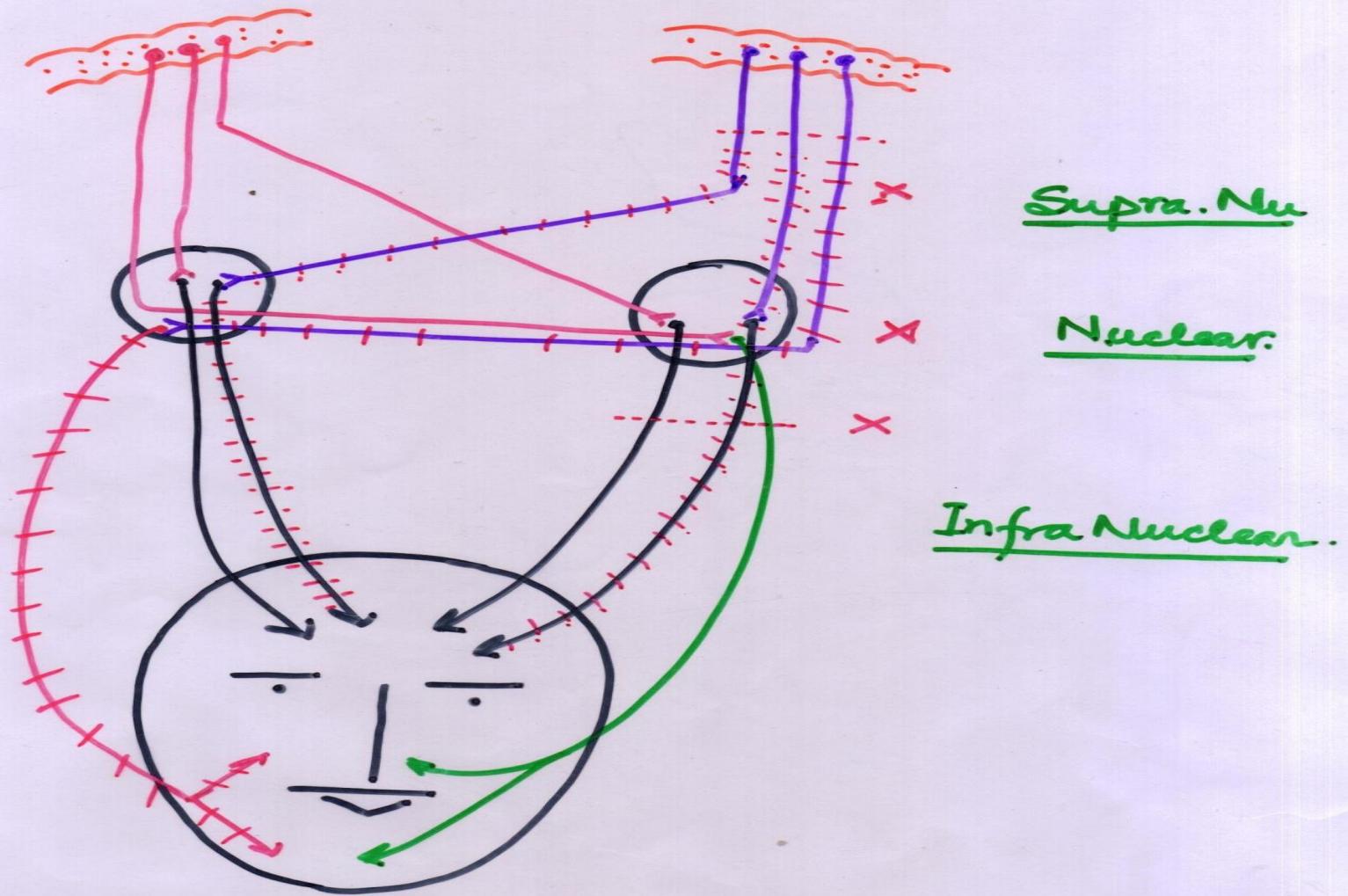
LACRIMAL GLAND

Topographically - MAXILLARY. N.  
Functionally - 7<sup>th</sup> CR. N.





"SUBMANIBULAR GANGLION"



Supra Nu : Opp. Lower  $\frac{1}{2}$  Paralysed

Nuclear :  $\in G^{\text{th}}$  ie INTERNAL Squint  $\in$  LMN

Infra Nuclear: Ipsilateral Upper & Lower Complete face.

# Facial palsy-S.N.Palsy.

- CVA-internal capsule - HT
- Cortico nuclear- cortico - bulbar fibers are involved
- Loss of movement of lower half of face on opposite side of lesion
- Upper half of face escapes b/of bilateral representation in cortex
- **NUCLEAR PALSY-LMN type** of palsy of same side upper & lower half with **ipsilateral 6<sup>th</sup> nerve palsy ie internal squint– LR6**

# Facial nerve palsy

- **Millard Gubler syndrome** - contralateral *hemiplegia & ipsilateral facial palsy* b/of pontine lesion- affects pyramidal tract & facial nucleus.
- Infra nuclear palsy - bells palsy - **LMN Palsy** - same side complete face paralysis.
- Internal acoustic meatus- **LMN Palsy & deafness-8<sup>th</sup> cr n.**
- Lesion at **genu** – geniculate ganglion - *diminished lacrimation*

# Facial nerve palsy

- & salivation by submandibular gland, hyperacusis b/of stapedial muscle palsy , + LMN palsy same side.
- Facial canal- CTN – bell palsy & Taste loss of ant 2/3 tongue – clinically ??
- Crocodile tears - during recovery
- Styломастoid foramen - **bell's palsy**
- Bells phenomenon - while closing eye lids affected side eye rolls upward,
- Reaction to degeneration appears