

Cranial Nerves IX, X, XI, XII

Lecture Objectives

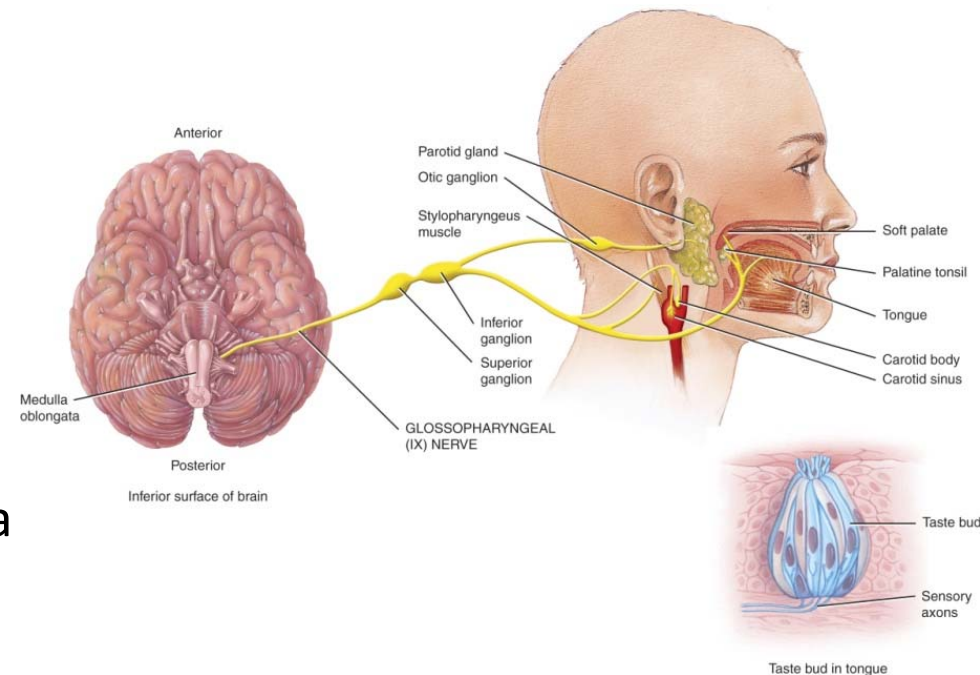
- Follow up the course of glossopharyngeal, vagus, accessory, and hypoglossal nerves from its central connections, exit from the brain and down to its target organs.
- Make a list of types of nerve modalities conveyed by these nerves.
- Review your knowledge of its target organs.
- Make note of plexuses X nerve creates in the thorax and abdomen.

Glossopharyngeal Nerve (IX)

- Mixed nerve
- Originate from **medulla** (between olive & inferior cerebellar peduncle)
→ **Jugular foramen**

Motor Modalities

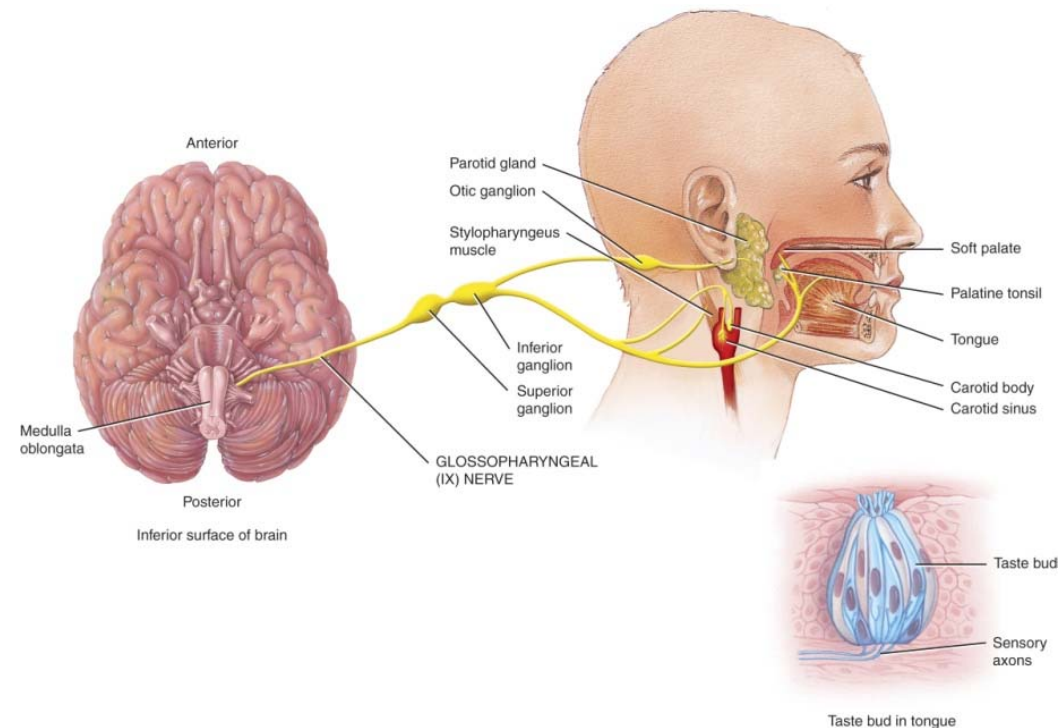
- Motor fibers originate from the medulla
 - **SVE** Innervate the stylopharyngeus muscle
 - **GVE** Parasympathetic motor neurons via **otic ganglion** innervate parotid gland
- Major motor function is regulation of **secretion of saliva**



Glossopharyngeal Nerve (IX)

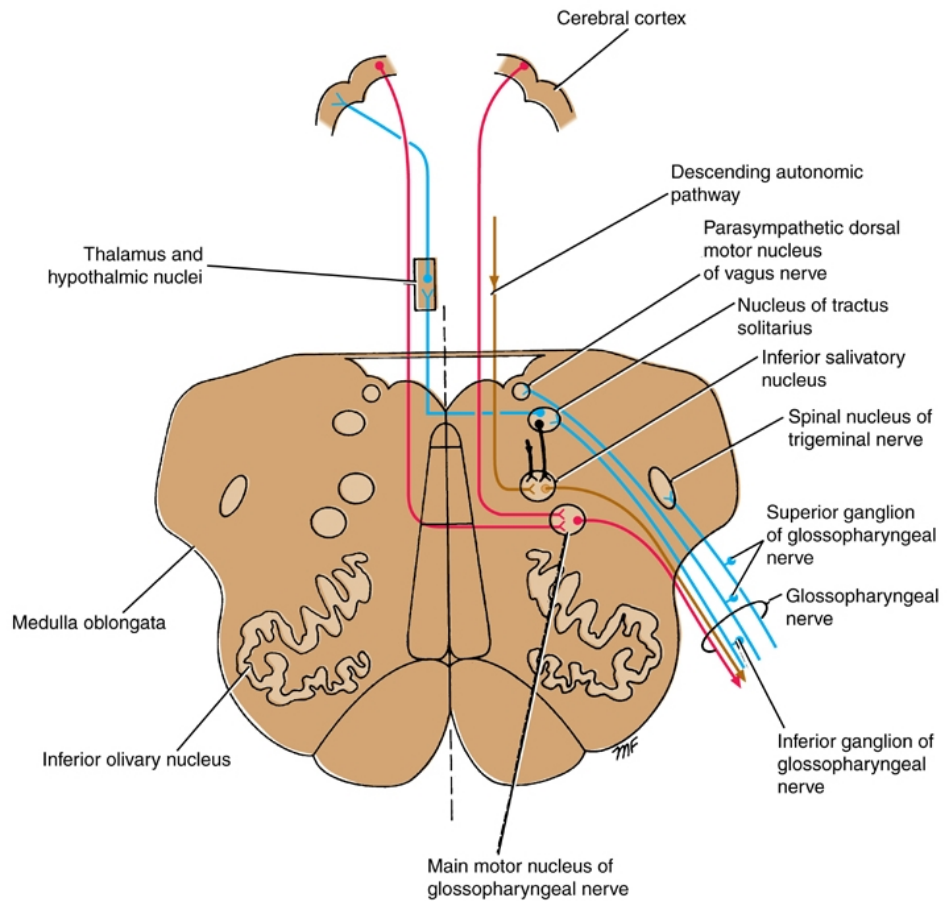
Sensory Modalities

- Sensory fibers originate from:
 - **GSA** – superior ganglion – external ear
 - **GVA** – inferior ganglion
 - The pharynx & posterior $\frac{1}{3}$ of tongue
 - Carotid sinus baroreceptors
 - Carotid body chemoreceptors
 - **SVA** Taste buds of the posterior third of the tongue (taste) – inferior ganglion



Glossopharyngeal Nerve Nuclei

- Main motor nucleus (SVE) (nucleus ambiguus)
 - Location
 - Connections – cortex
- Parasympathetic nucleus (GVE) (inferior salivatory nucleus)
 - Connections – hypothalamus
- Sensory nucleus (nucleus of the tractus solitarius) (SVA, GVA)
 - Connections – hypothalamus



Glossopharyngeal Nerve (IX): Branches

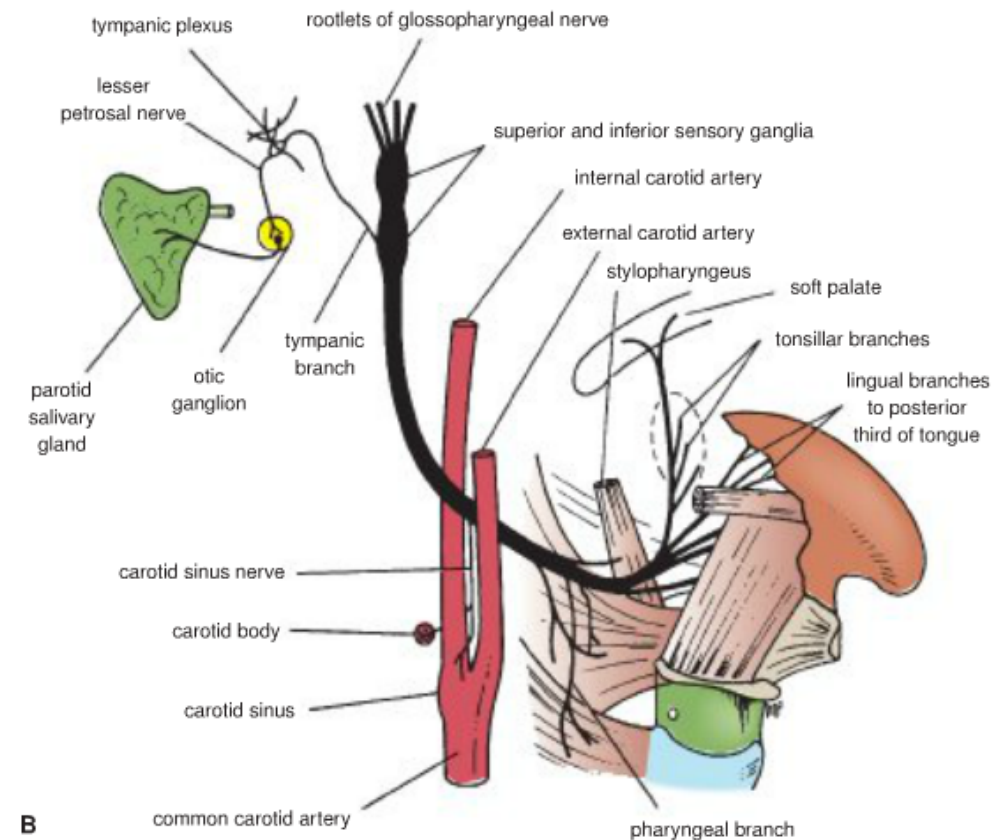
- Tympanic n. → tympanic plexus (tympanic cavity) → lesser petrosal n. → fissure between petrous portion & greater wing of sphenoid → otic ganglion
- Carotid sinus n.
- Nerve to stylopharyngeus m.
- Pharyngeal branches → pharyngeal plexus*
- Lingual branch

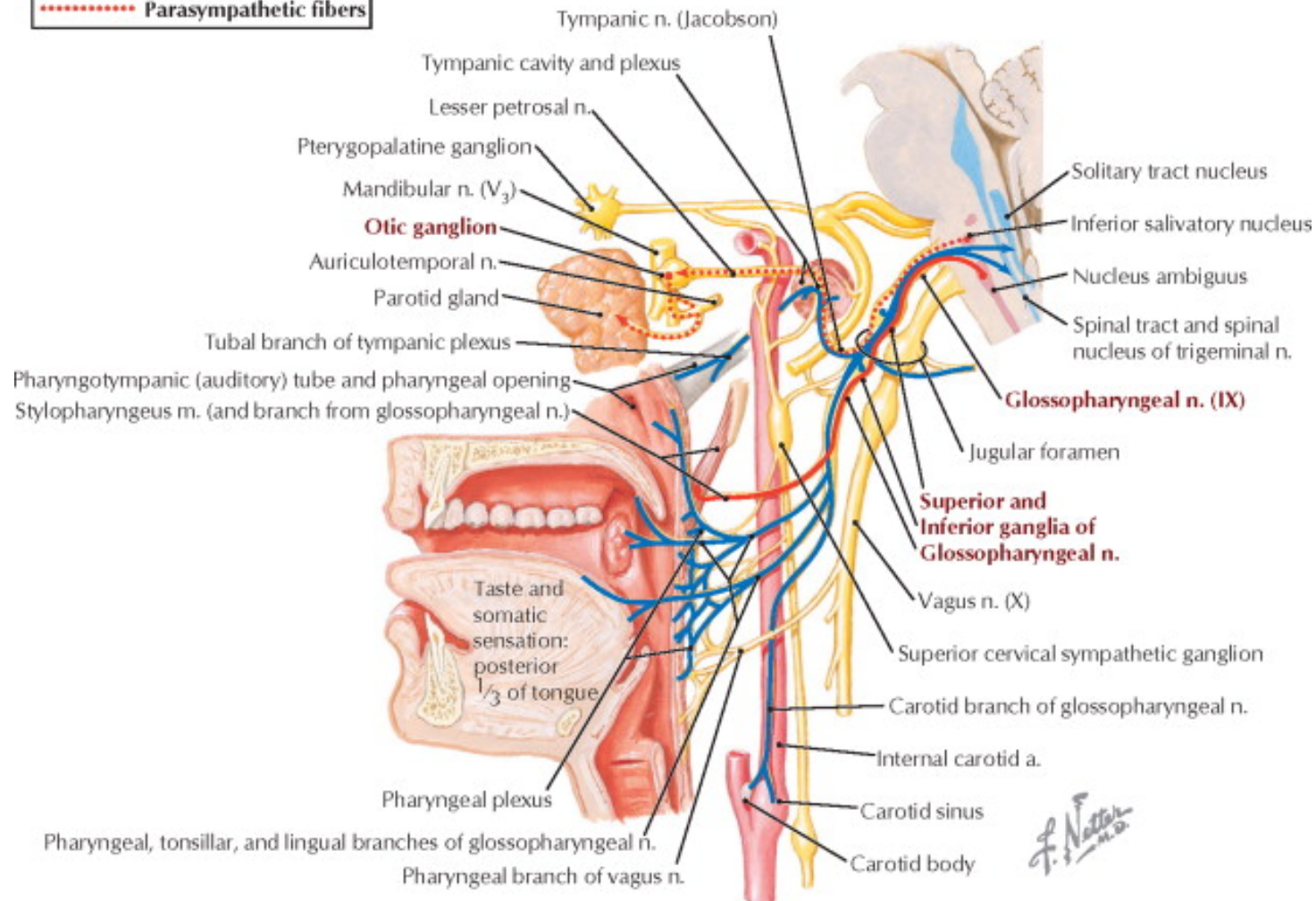
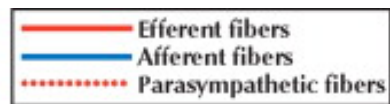
*Contains fibers from:

IX – sensory

X – motor

sympathetic – vasomotor





Glossopharyngeal Nerve (IX): Lesion

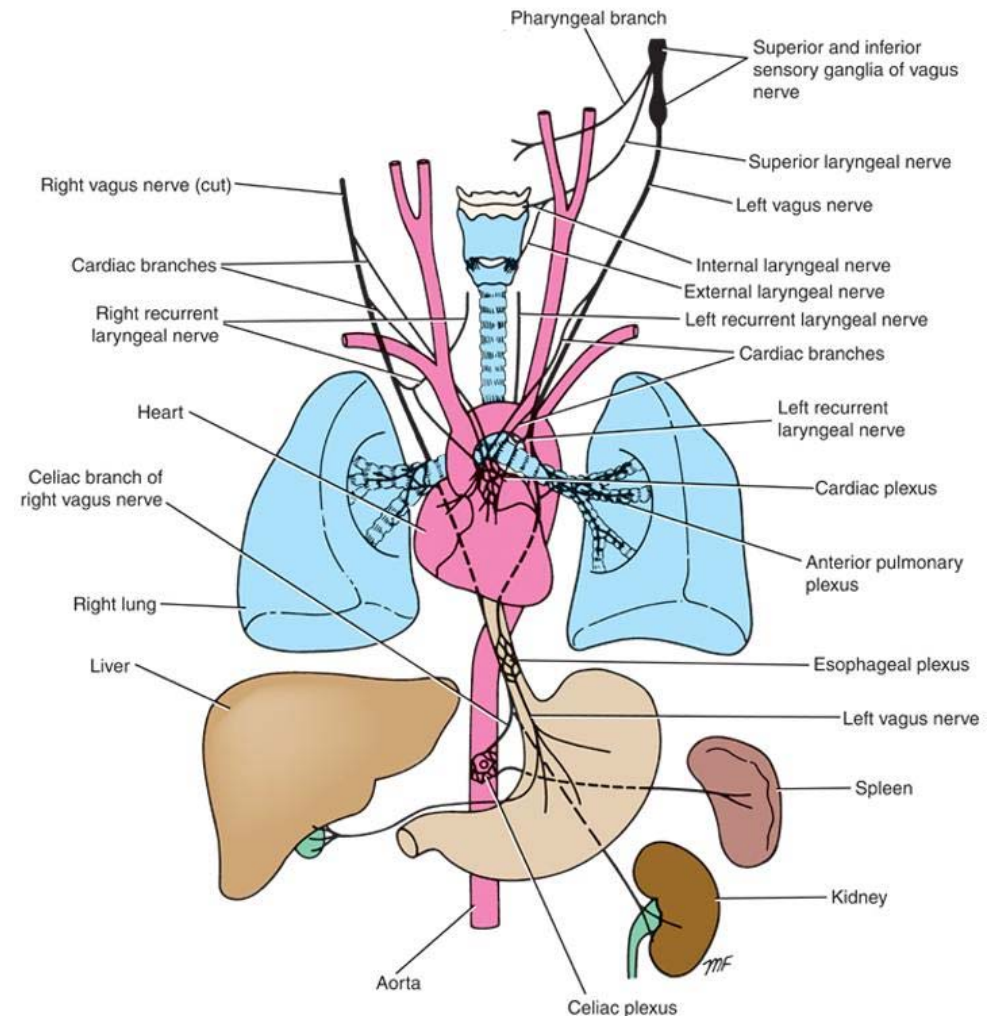
- Loss of gag reflex (afferent limb)
- Hypersensitive carotid sinus reflex (syncope)
- Loss of general sensation in the oropharynx
- Loss of taste from posterior $\frac{1}{3}$ of the tongue
- Glossopharyngeal neuralgia

Vagus Nerve (X)

- Mixed cranial nerve
- Widely distributed from the head and neck into the thorax and abdomen

Motor Modalities

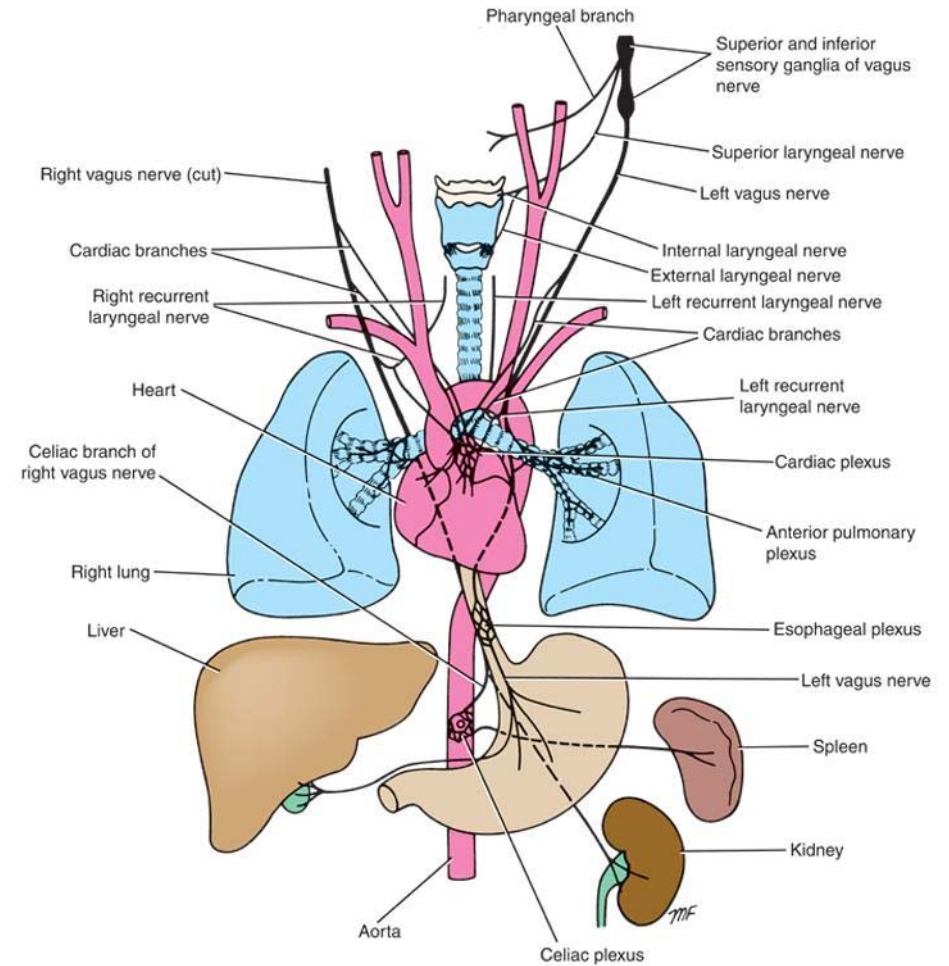
- Motor fibers originate from medulla
 - **SVE** Muscles in the respiratory passageways
 - **GVE** Lungs, heart, esophagus, stomach, small intestine, most of the large intestine and the gallbladder
 - Glands of the gastrointestinal tract



Vagus Nerve (X)

Sensory Modalities

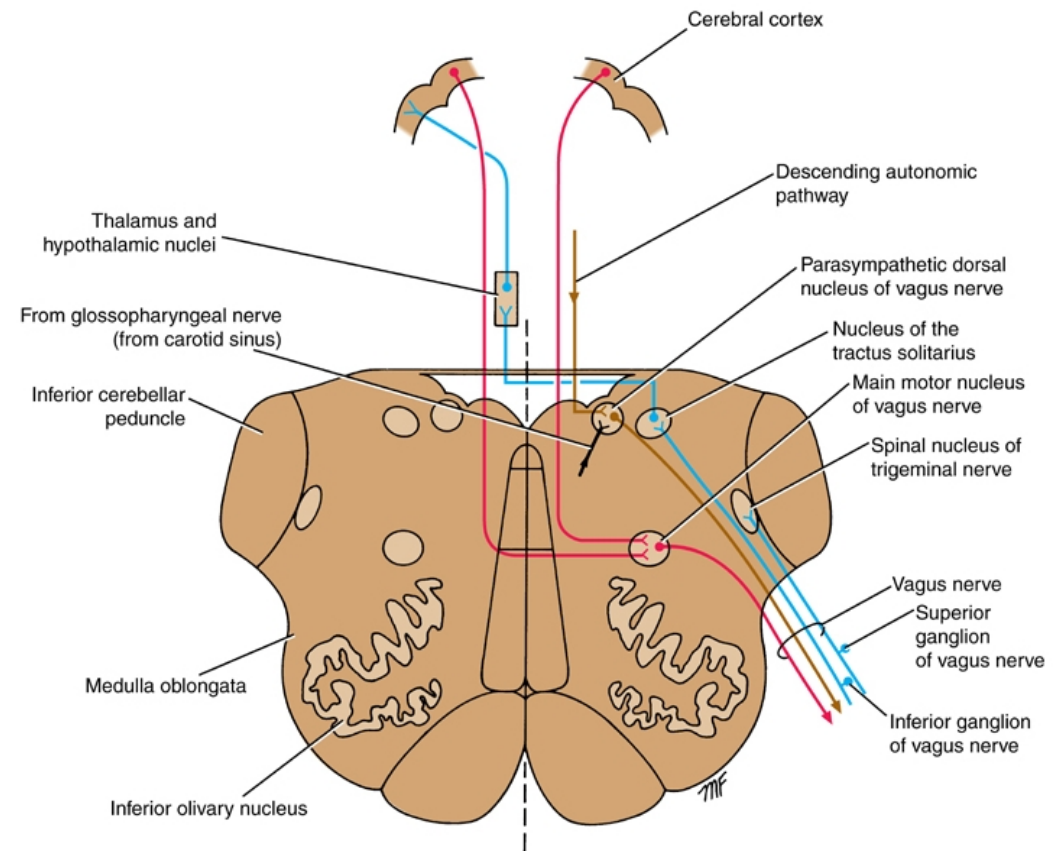
- Sensory fibers travel from:
 - **GVA** Visceral sensory receptors of thoracic and abdominal organs – inferior nodose ganglion
 - **GSA** The ear – superior jugular ganglion
 - **SVA** Some taste buds – inferior nodose ganglion



Copyright © 2007 Lippincott Williams & Wilkins.

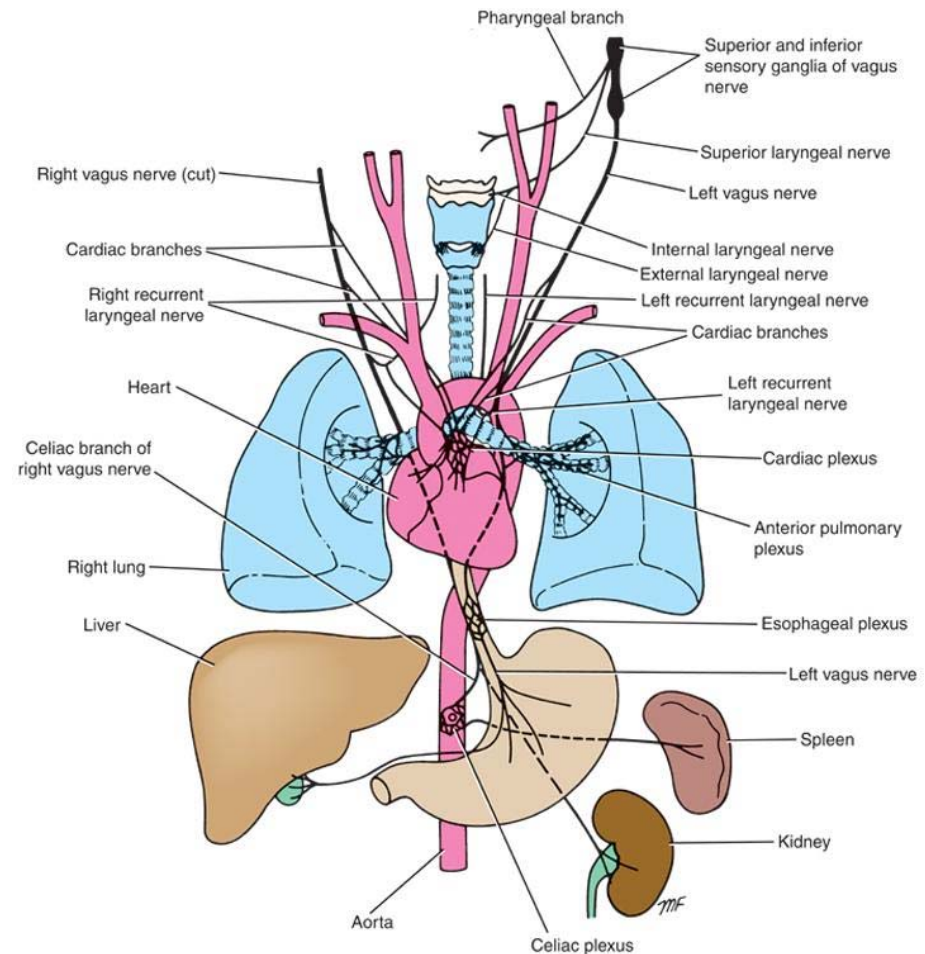
Vagus Nerve Nuclei

- Main motor nucleus (nucleus ambiguus) (SVE)
- Parasympathetic nucleus (dorsal nucleus of the vagus) (GVE)
 - Location
 - Connections - hypothalamus
- Sensory nucleus (nucleus of the tractus solitarius) (SVA, GVA)
 - Location
 - Connections - hypothalamus



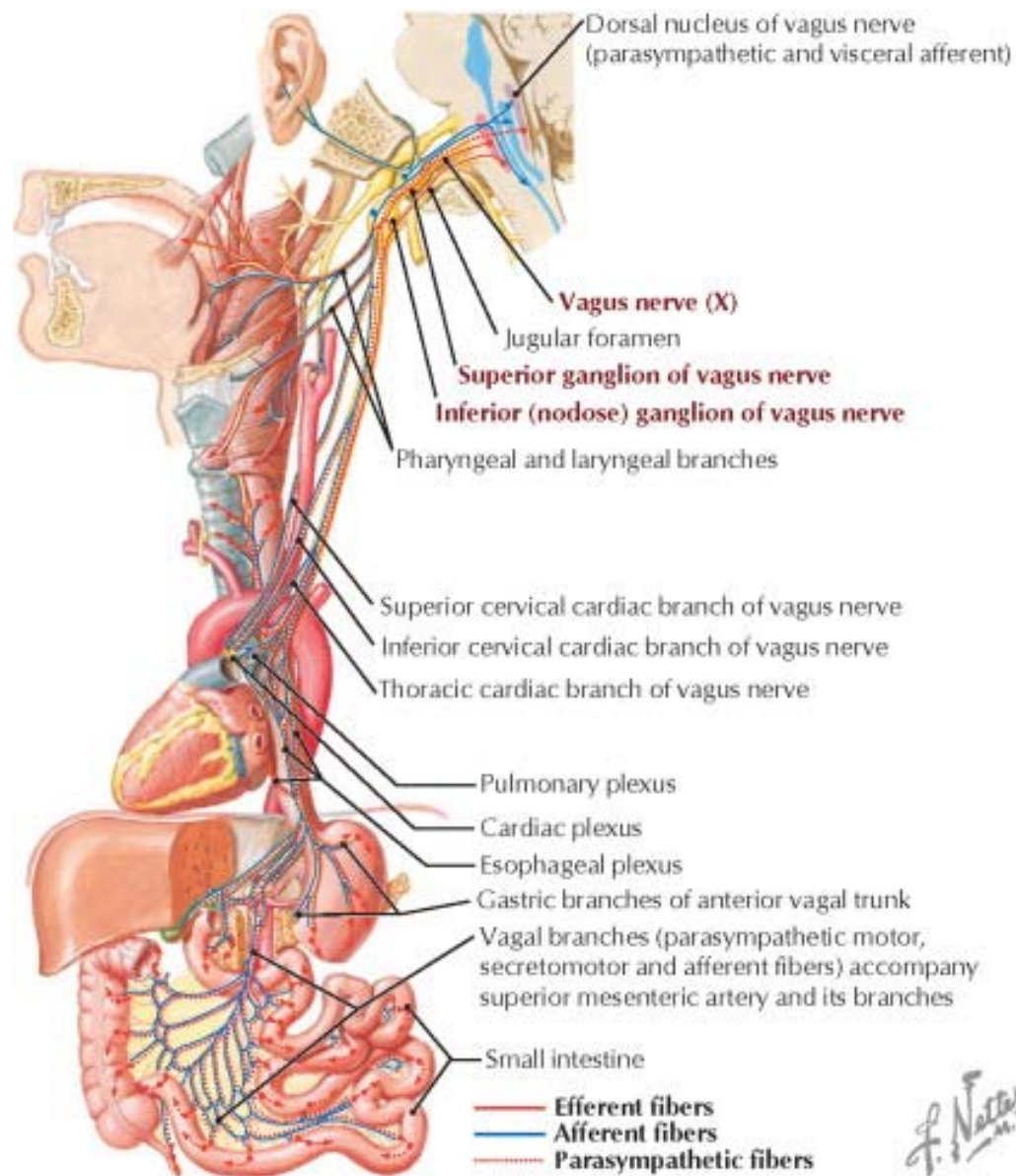
Vagus Nerve (X): Branches

- Meningeal branch
- Auricular branch
- Pharyngeal branches → pharyngeal plexus
- Superior laryngeal n.
 - Internal laryngeal n.
 - External laryngeal n.
- Recurrent laryngeal n. – left & right....
 - Inferior laryngeal n.
- Cardiac branches → cardiac plexus



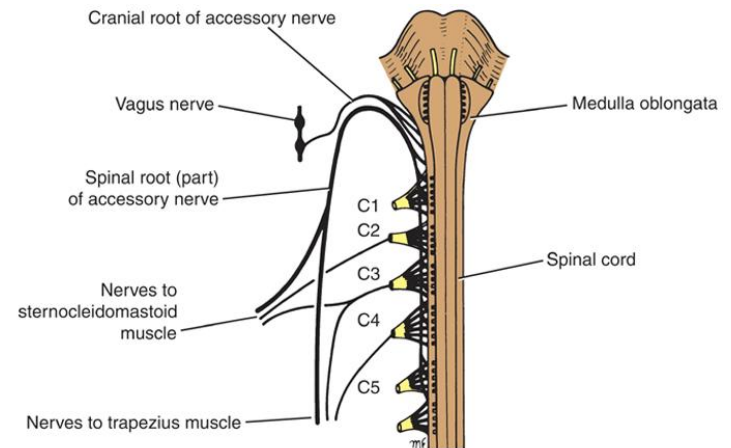
Vagus Nerve (X): Lesion

- Ipsilateral paralysis of the soft palate, pharynx, larynx mm. – dysphonia, dyspnea, dysarthria & dysphagia
 - Inability to raise the palate
 - Hoarseness or loss of voice
- Loss of gag reflex (efferent limb)
 - Inability to generate the reflex upon touching the lateral pharyngeal wall
- Anesthesia of pharynx & larynx

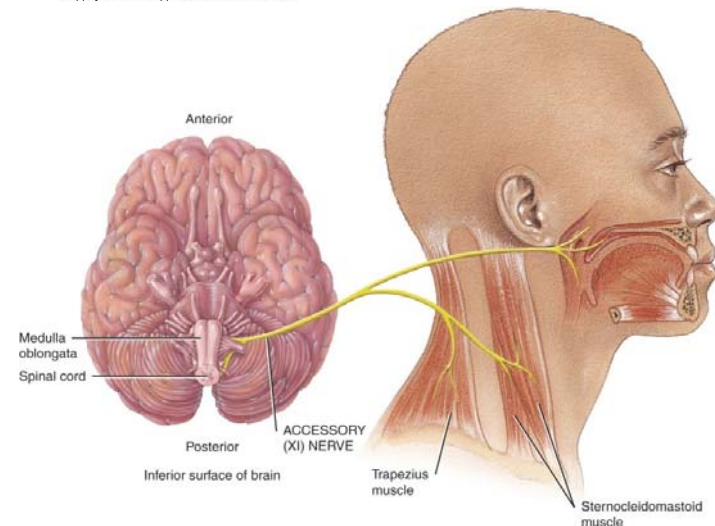


Accessory Nerve (XI)

- Mixed nerve; primarily motor
- **Cranial root** originates from medulla (between medulla & olive)
 - Joins Vagus nerve
 - Innervates the skeletal muscles of the pharynx, larynx, and soft palate that are used in **swallowing**

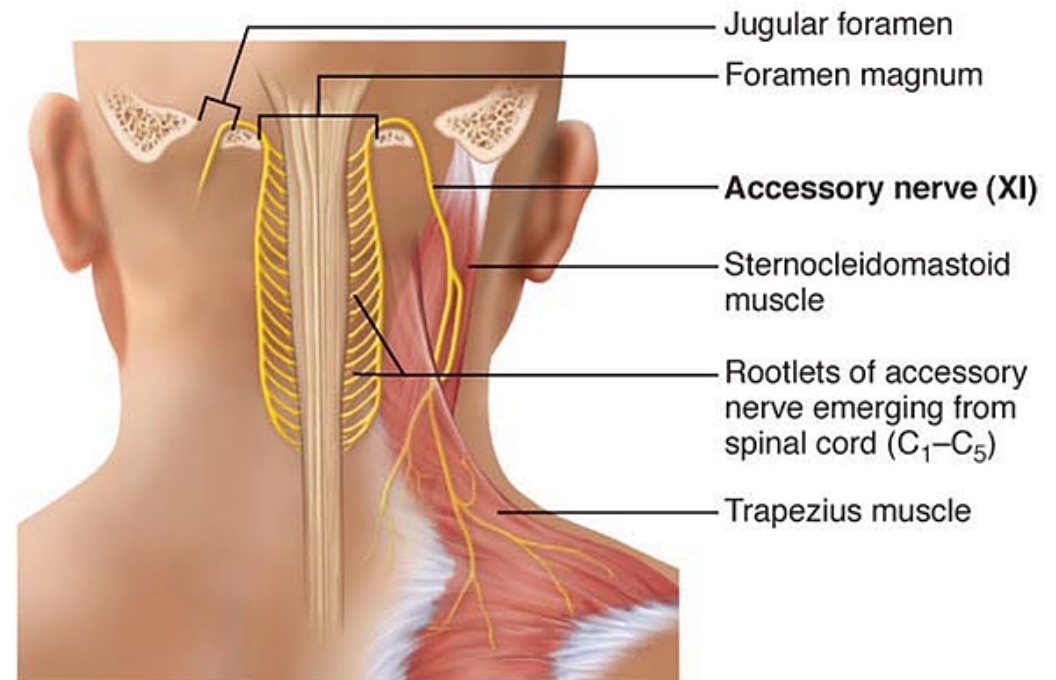


A
Copyright © 2007 Lippincott Williams & Wilkins.



Accessory Nerve (XI)

- **Spinal root (SVE)** originates in the anterior gray horn of the first five segments of the cervical spinal cord;
 - The fibers converge → foramen magnum → jugular foramen
 - Innervates the sternocleidomastoid and trapezius muscles to **coordinate head movements**



Accessory Nerve (XI): Lesions

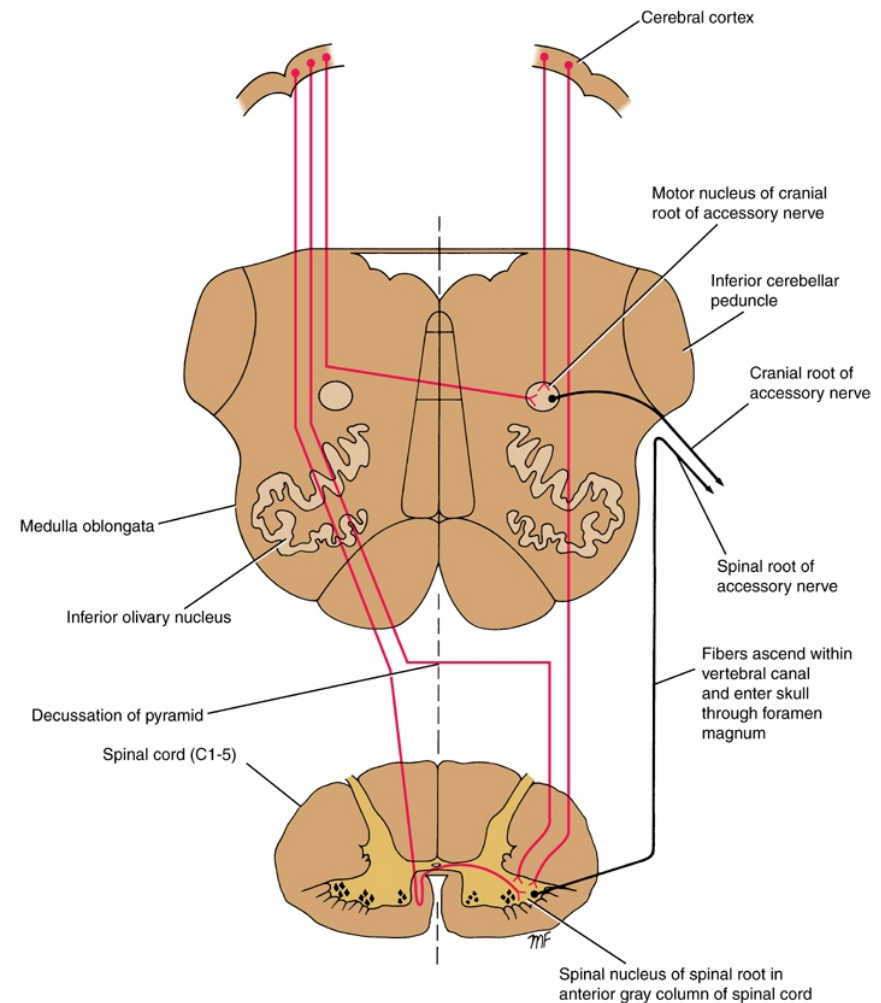
- Difficult moving the head
- Shoulder droop



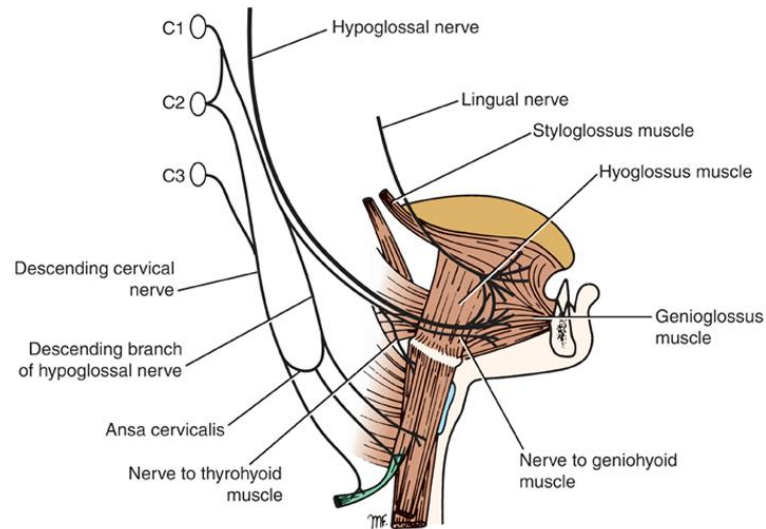
Source: Patel DR, Greydanus DE, Baker RJ: *Pediatric Practice: Sports Medicine*; www.accesspediatrics.com
Copyright © The McGraw-Hill Companies, Inc. All rights reserved.

Accessory Nerve Nuclei

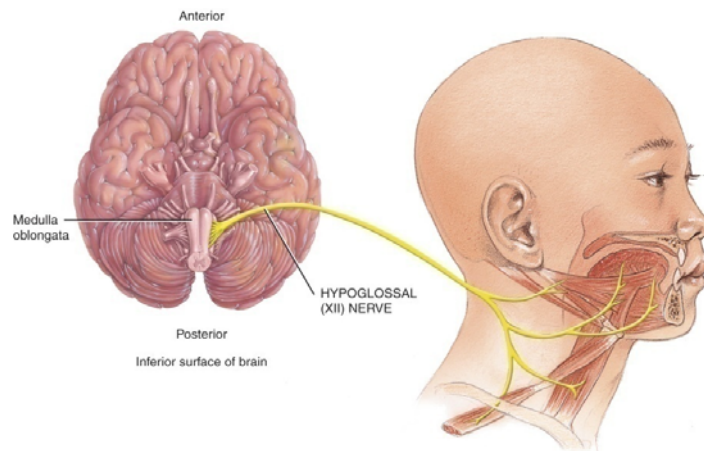
- Cranial root (SVE)
 - Nucleus ambiguus
 - Join vagus outside the skull
- Spinal root (SVE)
 - Spinal nucleus (anterior horn C1—C5)
 - Connection – cortex
 - Fibers course
 - From SC – between the roots of spinal nerves



Hypoglossal Nerve (XII)



B
Copyright © 2007 Lippincott Williams & Wilkins.



- Mixed, primarily motor
- Originates from medulla (between pyramid & olive)
- Exit through the **hypoglossal canal**
- Controls muscles of tongue during speech and swallowing

Hypoglossal Nerve (XII): Injury

- Injury deviates tongue to injured side when protruded



Hypoglossal Nucleus

- Hypoglossal nucleus (GSE)
 - Location - 4th ventricle
 - Connections – cortex
 - Fibers course

