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Subject Anatomy

Program Bs Radiology

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Q.1

Ans:- Structure of eye:

The eyeball can be divided into fibrous, vascular and inner layer. These layer have different structure and function are following-

⇒ Fibrous layer

The Fibrous layer of the eye is outermost layer. It consist of the sclera and cornea. which are continous with each other

Sclera :- Comprises the majority of the Fibrous layer. It provide attachment to the extracular muscle. It is visible as the white part of eye.

Cornea :-

Cornea is transparent and positioned centrally at the front of eye. Light entering eye is Refered by the Cornea.

Vascular layer

The Vascular layer of the lies underneath

The fibrous layer - It is consist of choroid, cilliary body and iris.

Cilliary body :-

comprised fo two parts the cilliary muscle consist of callection of smoth muscle fibres. cilliary body control the Lines of eye.

choroid :-

layer of connective tissue and blood uessels It prouides nourishment of outer layer of retina.

Iris :-

circular structure, H is sturted between

the lens of the cornea.

Inner layer :-

The inner layer of the eye is formed by the reting, is Light detecting compartment

Pigmented layer :-

formed by a single layer of cells. It is attached to the chloroid. It continous around the inner surface of eye.

Optic part of reting can be viewed during Ophthalmoscopy.

The area of the optic nerve enter the retina is called optic disc. It contain no light detecting cells.

structure in the Eyeball

within the Eyeball There are structure that are not located in the three layer The shape of the lens altered by ciliary body.

Anterior posterior chamber :-

There are two fluid filled area in the eye,

knows as the Anterior and posterior chamber The chamber are filled with aqueous humor. The drainage of aqueous humor is obstructed condition known as glaucoma can result

(B) Name of formain found in the base of Skull

1. Foramen Cacecum
2. optic canal
3. Superior orbital fissure
4. Foramen rotundum

1) Foramen ovale
2) Formen spinosum
7) Formen lacerum
8) Carotid canal
9) Foramen magnum
10) Hypoglossal canal
11 Jugular foramen
12) Internal acoustic meatus.

Q2

Ans Name of Medical fascial compartment

1) Gracilis
2) Adductor brevis
3) Obturator externus
4) Adductor magnus
5) Adductor longus

(8)

Gracilis Origin insertion

Gracilis is a thin flat long muscle that attaches to the coxal bone and tibia. three sites location on the ischium and pubis. It join the pas anserinus which represent conjoined tendon comprising the tendon of three different muscle gracilis. medical surface of proximal tabia inferior to the condyle.

2) Adductor magnus origin and insertion

The adductor magnus muscle is massive triangular muscle that extends over the entire medical site of the thigh. consist of two part

(1) Adductor part
2) hamstring part.

Adductor part can be divide into two portion

① superior portion
2) Inferior portion

The superior portion of the addoctor passes obliquety

most of horizental fibers adductor minimus are some called adductor magnus Inferior portion of adductor part fibers that originate from the ischial ramus The most medial part of Adductor magnus is hamstring part.

3) Adductor brevis :-

Adductor brevis is a flat triangular muscle that is found inner thigh. This muscle run from the Pubis to the

Medial aspect of the femur

Origin

Anterior body of pubis inferior pubic ramus

Insertion

linea aspera of femur

obturator externus orgin Insertion

obturator externus muscles is trangular muscle which mean has much broader attachment ares at its apex. obturator membrane specifically the intermedial portion. pubic and ischial rami

The fibers of the muscle converge into a single tendon It then proceeds superolaterally on the posterior aspect of the femoral head and inserts into the trochanteric fossa of the femur

Adductor longous origin insertion

Adductor longus arises from the body of Pubis inferior to pubis crest lateral to pubis symphysis.

Origin :- pubic body
Just below the
pubic crest

Insertion
middle third
of linea aspera.

Q3
Ans

Sutures of skull

Suture are a type of fibrous joint that are unique to the skull They are immovable. and fuse completely around the age of 20 Sutures are of clinical

Importance as they can be points of potential weakness in both childhood and adulthood.

Sutur adulthood are

(1) Coronal suture which fuses the frontal bone with the two paritel bone

2) Sagital suture :- which fuses both parital bone of each other

3) Lambdoid suture occipital bone to the two Parietal bone

tures of skull

In neonates the incompletely fused suture joint give vise to membranus gap between the bones. known as fontanelles. the two major fontanelles are the frontal fontanelles and occiptial fontanella juction of the Sagittal and lambdoid suture -

5) Trigeminal Nerves

1) ophthalmic nerve
2) Maxillary nerve
3) Mandibular nerve

trigeminal nerves is a nerve responsible for sensation in the face and motor function such as biting and chewing It is the most complex of the cranial nerves (They greek word trigeminal = tri or three a geminus or twin thrice twined)

Braches

They are three major braneches of trigeminal nerve

1) ophthamic nerve
2) maxillary nerve
3) Mandibular nerve

The ophthalmic and maxillary are purely sensory but The mandibular supplies motor as well as sensory

The trigmenial nerve is to provide tactile proprioceptive and nociceptive afference

to the face mouth
the motor funetion
activates the muscle
of mastication
The Anterior belly
of the digastic.
The trigemiral
nerve also carries
special visceral effent
axon.
V_1/V_1 distribution Refereing
to the optsthalmic
and maxillary branches
V_2/V_2 Refereing to
maxillary and mdibular
branches
V_3/V_1 Refereing the opthalmic
and mandibular-maxillary

Ans

Spinal card :-

=) The spinal card is tubular bundle of nervous tissue and supporting cell the extends from the brainstem to the lumbar vertebrae

=) to gether the spinal card and the brain from the central nervous system.

Anatomical position and structure

) spinal card is a

cylindrical structure greyish white in colour. It has a relatively simple anatomical course.

⇒ The spinal card arises cranially as a continuation of the Medulla oblangata.

⇒ It then travel the inferiorly within the vertebral canal surrended by spin menige containing cerebrospinal fluid.

(21)

At the L2 vertebral Level the spinal card taper off forming the conus medularis.

=> As a result of termination of the spinal card at L2 it occupies around two thirds of the vertebral canal.

=> The spinal nerves arise from the end of the spinal card together structure as known as cauda equina

=) Between T11 and S1 is the Lubar enlargement representing the origin of the Lumbar and sacral plexi.

The spinal card is marked by two depression on its surface.

on the posterior aspect there is slighty depression shallower the posterior median Sulcus.

2) pharynx

The pharynx is commonly also called The throat. it's a passage way The extends from the base of skull to level of the sixth cervical vertebra It serves both Respiratory and digestive system by receiving from the nasal cavity air, food and water from the oral cavity.

(24)

Type of Pharynx

The human pharynx can be divided into three section

1. nasopharynx
2) laryngo pharynx
3) oropharynx

Structure of pharynx

The human pharynx cone shaped passageway leading from oral and nasal cavities to the esophagous and larynx. The pharynx

chamber serves both respiratory and digestive function. Thick fibres of muscle and connective tissue attach the pharynx to the base of the skull and surrounding structures.

Pharynx muscle

The muscle of pharynx a group muscle The pharynx muscle pushing The food into esophagous.

Q3 Facial Nerve

Ans Definiation

The motor portion or the fasial nerve proper, supplies all the facial musculature the principle muscles are the frontalis orbicularis oculi, buccinator, orbicularis oris, platysma, the posterior belly of th dignostic and stapedius muscle In nulear or infranuclear lesions they are patial

to complete facial paralysis with smoothing of the blow open eye, flat nasolabial fold, and drooping of the mouth Ipsilateral to the lesion the nasolabial fold and drooping of the mouth contralateral to the lession

The sensory portion Intermediate nerve as the following
1) taste the Anterior two thirds of the tengue

2) Secretory and vasomotor fibers to the lacrimal gland, the mucous membrane of the nose and mouth and the submandibular and sublingul salivary gland.

3) Cutaneous sensory impulses the external auditory meatus and ~~beete~~ region back of th ear.

Abnormalities of taste include Ageusia

hypogeusia, dysgeusia
obnoxious, or
perverted taste)

Taste :-

The four primary tastes are bitter sweet sour and salty - screen for disorders of sweet and salty test with salt and sugar with the patient eyes closed tand tongue blade and smear a small amount of salt or sugar on the lateral surface and

and the side of the tongue Rinse th mouth throughly and Repeat the test on the other side using a different Substance.

glossopharyngeal nerve and the nodosal ganglion also ending in the gustatory nucleus They are two asending pathway from gustatory nucleus. Thalamus and then to the gustatory center of the cortex which probably area

Q3

Ans External laryngeal nerve

The External laryngeal nerve is mixed nerve and the smaller of two. it descends with the

① superior thyroid atery to supply the cricothyroid muscle, the inferior constrictor muscle and the neighboring external laryngeal nerve is motor by cricothyroid.

Effect of injury External laryngeal nerve

External laryngeal nerve may occur during Thyriodectomy becduse of its close proximity to the upper pole of the thyoid gland. ESLN injury during Thyriodectomy

The External laryngeal nerve injury include inferior displacement of the affected coord leading to oblique.

43 in the parietal operculum.

The receptor are taste buds. up to 8 are on each of the fungiform papillae on the anterior two thirds of th tanque travel via the Liqual nerve to the chorda tympani and then as described above to the gustory nucleus. which is probably area 43 in the parietal operculum.

It will result in paralysis of the cricothyroid muscle and anesthesia of th region above the Level of vocal folds. It tends to be however, the external laryngeal branch that is affected.

The End