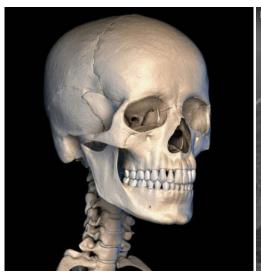
SKULL

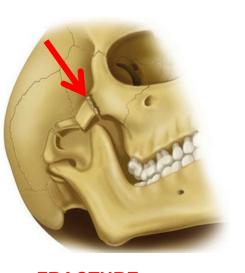
HEAD IS SPECIALIZED TO HOUSE AND PROTECT THE BRAIN

MANY TERMS AND FEATURES OF SKULL ARE USED TO DESCRIBE LESIONS, FRACTURES AND DISEASE PROCESSES

HEAD IS UNIQUE = A PERSON'S IDENTITY

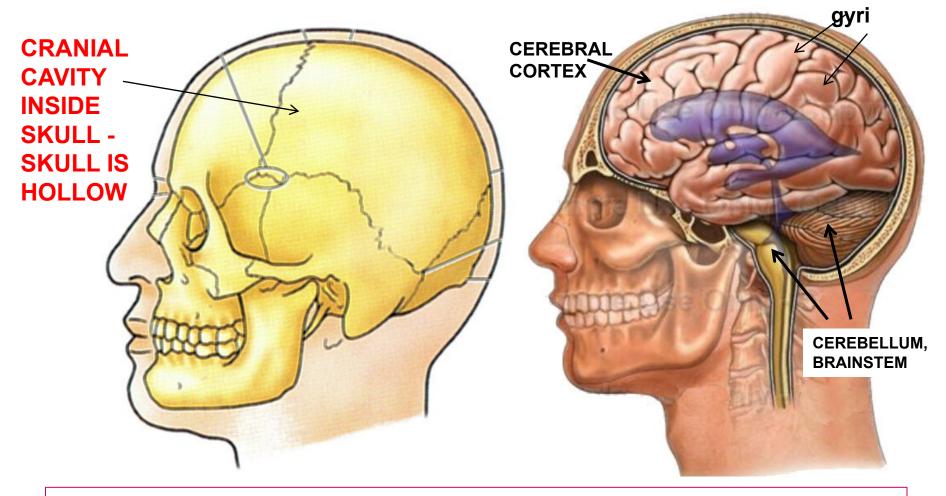






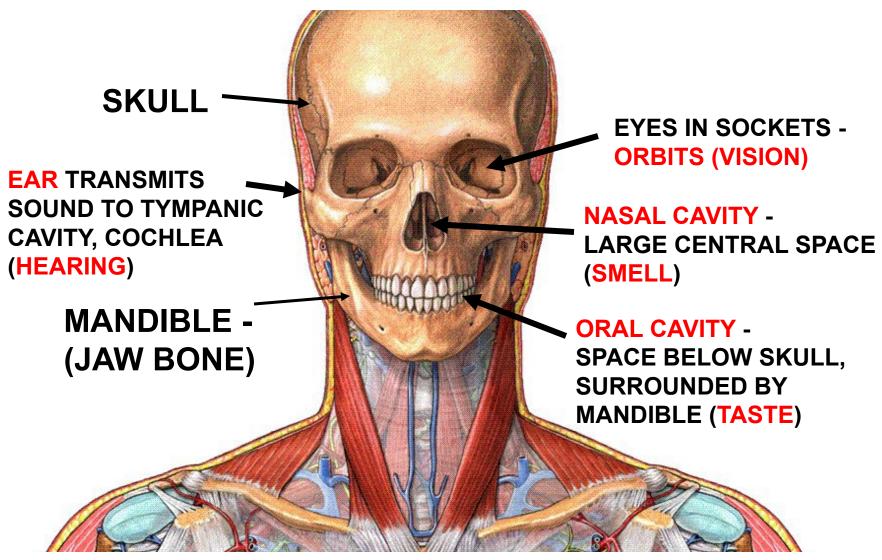
FRACTURE ZYGOMATIC ARCH

SKULL: HEAD IS SPECIALIZED TO HOUSE AND PROTECT THE BRAIN INSIDE CRANIAL CAVITY



note: Cranial cavity is molded to brain like a glove fitting a hand; THERE IS NO OTHER ROOM INSIDE CRANIAL CAVITY; bleeding (hematoma) or tumors can have severe consequences

SKULL IS DESIGNED TO CONTAIN SPECIAL SENSES



HEAD AND NECK IS COMPLEX, IN PART, BECAUSE SPECIAL SENSES ARE LOCATED IN HEAD: VISION, TASTE, SMELL, HEARING (EQUILIBRIUM); THESE STRUCTURES ARE INNERVATE BY CRANIAL NERVES

SKULL - bones rigidly connected by sutures to protect brain, attach move eyes

Sutures Look like Cracks Frontal bone In Bone

Mandible

OUTLINE

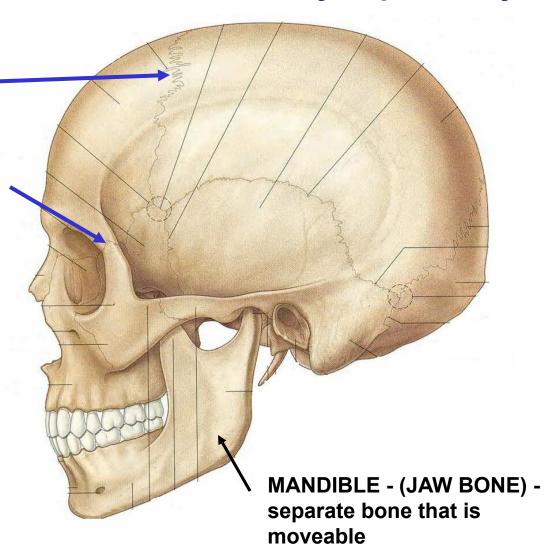
I. CALVARIUM
II. SCALP
III. CRANIAL
NERVES
IV. LANDMARKS/
BONES OF SKULL
V. CRANIAL
CAVITY

Foramina covered in Skull session

SKULL- bones rigidly connected by sutures to protect brain; also provides attachment to move eyes precisely

SUTURES = ___ FIBROUS CONNECTIVE TISSUE JOINTS BETWEEN BONES (LOOK LIKE CRACKS)

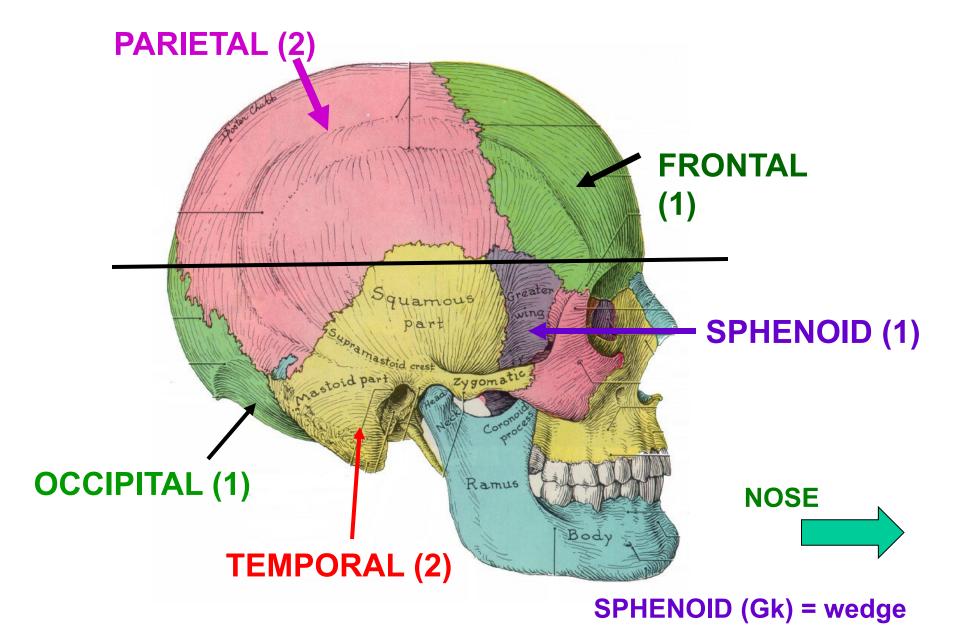
Note: Sutures progressively fuse with age; extent of fusion can be used to estimate age of skull.



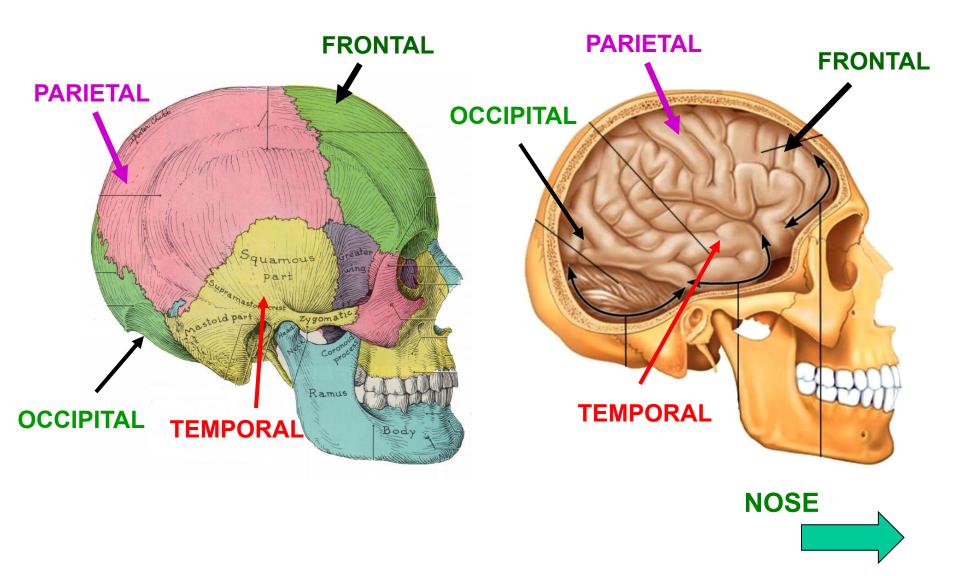
SKULL - bones rigidly connected by sutures to protect brain, attach move eyes

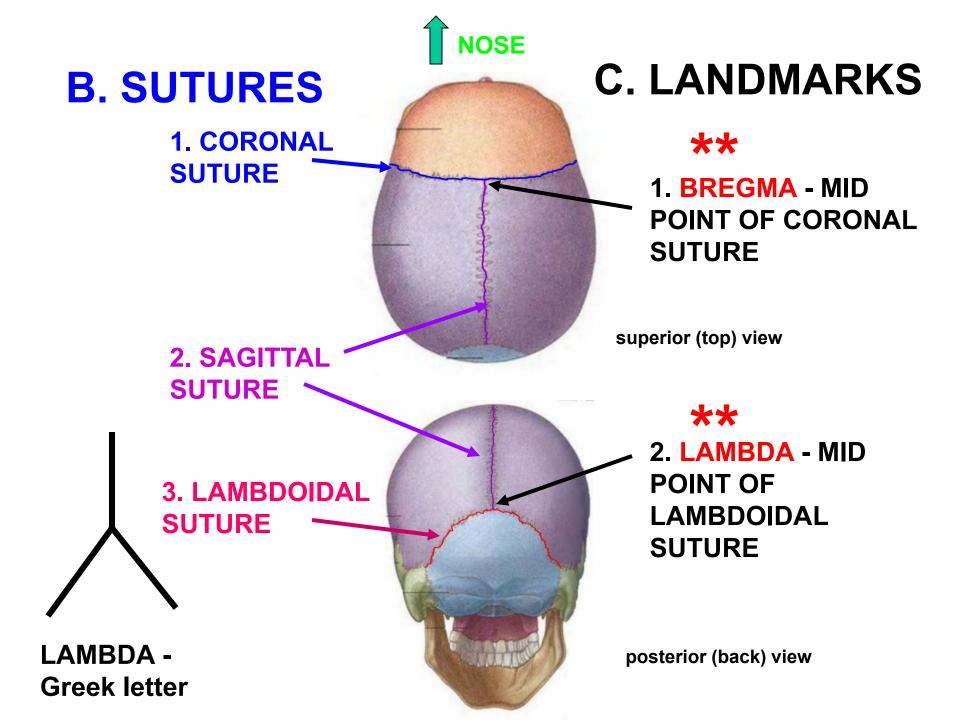
I. CALVARIUM = SKULL CAP -**FRONTAL** Frontal bone **Consists of** bones linked by sutures Mandible

A. BONES OF CALVARIUM = SKULL CAP



LOBES OF CEREBRAL CORTEX OF BRAIN ARE NAMED FOR BONES OF SKULL





CORONAL SUTURE PARIETAL FRONTAL NOSE SPHENOID Note: Bones of cranium

fuse (sutures disappear)

with age)

C. LANDMARKS

3. <u>PTERION</u> **

- JUNCTION OF TEMPORAL SPHENOID PARIETAL AND FRONTAL BONES

PIC THANKS TO DR. ALBERICO



Note: Skull fractures in region of pterion clinically important (Epidural Hematoma)

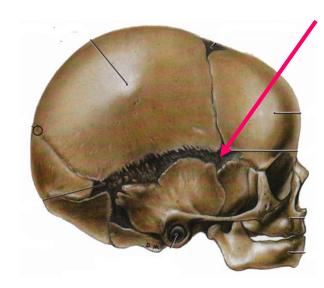
D. FONTANELLES - Membranes that link bones at birth

- FONTANELLES ('soft spots') PERMIT CRANIAL COMPRESSION AT BIRTH - CRANIAL GROWTH

OR E 1. ANTERIOR FONTANELLE AT BREGMA

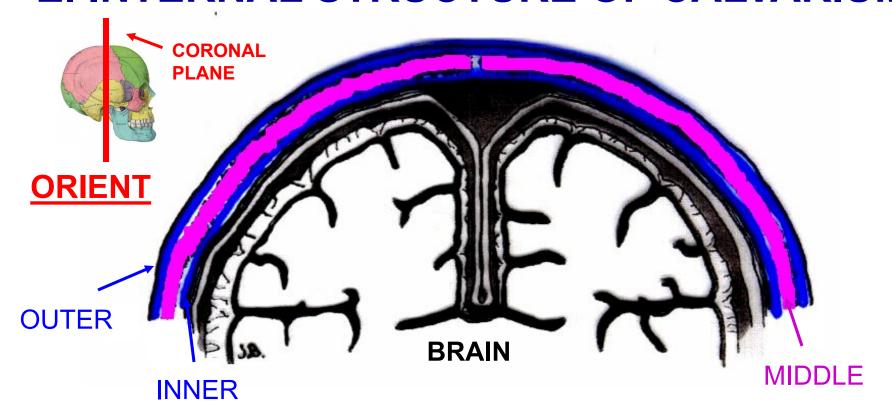
2. <u>POSTERIOR</u>
<u>FONTANELLE</u>
AT LAMBDA

Note: In emergencies, the Anterior Fontanelle can be used to access Superior Sagittal venous sinus in neonates



3. <u>LATERAL</u> <u>FONTANELLE</u> AT PTERION

E. INTERNAL STRUCTURE OF CALVARIUM



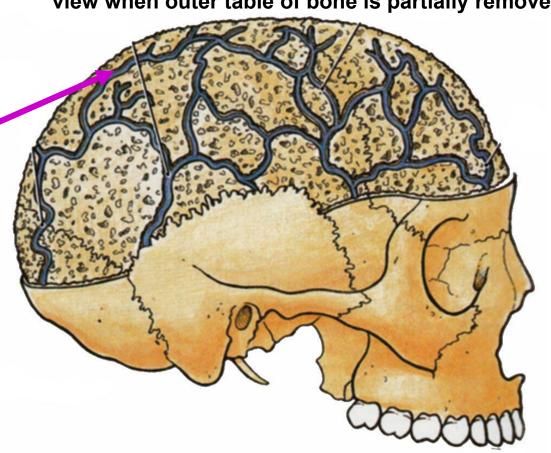
1. INNER AND OUTER TABLES - HARD CORTICAL BONE

MIDDLE LAYER - SOFT SPONGY BONE CALLED <u>DIPLOE</u> (= DOUBLE IN GREEK)

2. DIPLOIC VEINS

view when outer table of bone is partially removed

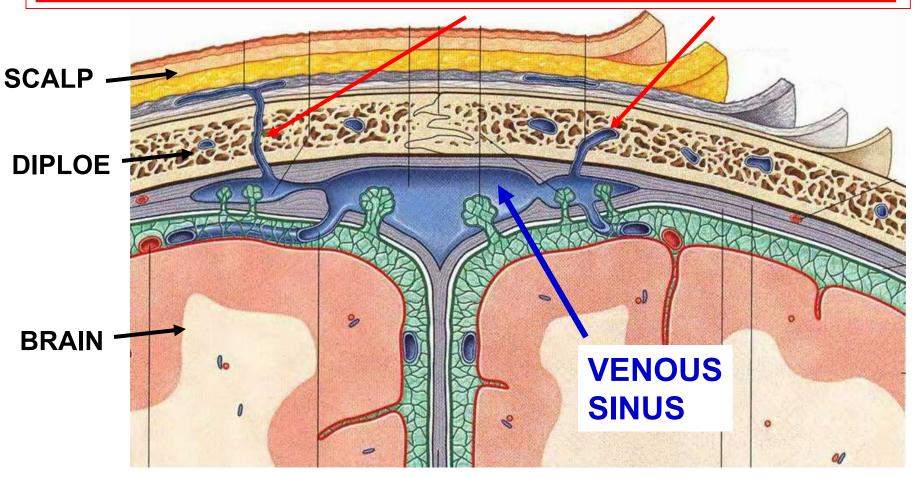
COURSE IN DIPLOE -**CONNECT BOTH** TO CRANIAL **CAVITY AND** SURFACE OF SKULL



- CAN TRANSMIT INFECTION FROM SCALP TO **BRAIN VIA EMISSARY VEINS**

EMISSARY VEINS

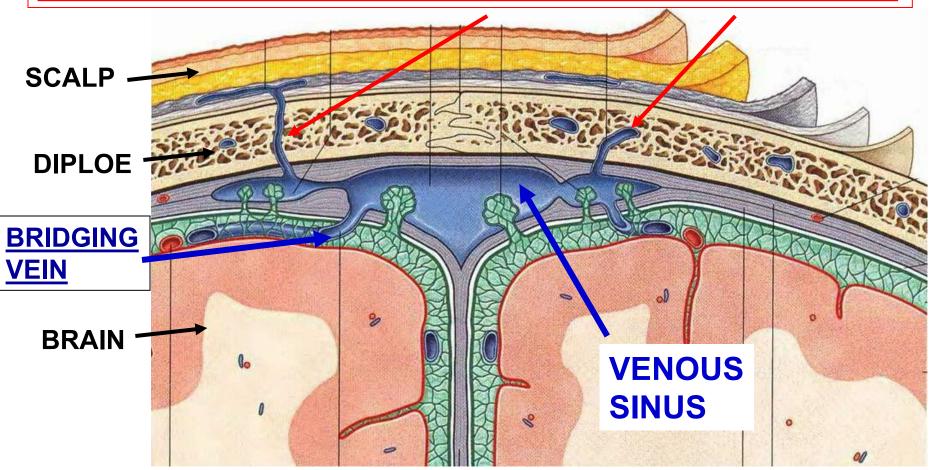
EMISSARY VEIN - SCALP TO DIPLOE, SCALP TO SINUS, DIPLOE TO SINUS



note: Emissary vein – connect 'outside' to venous sinus

EMISSARY VEINS VS BRIDGING VEINS

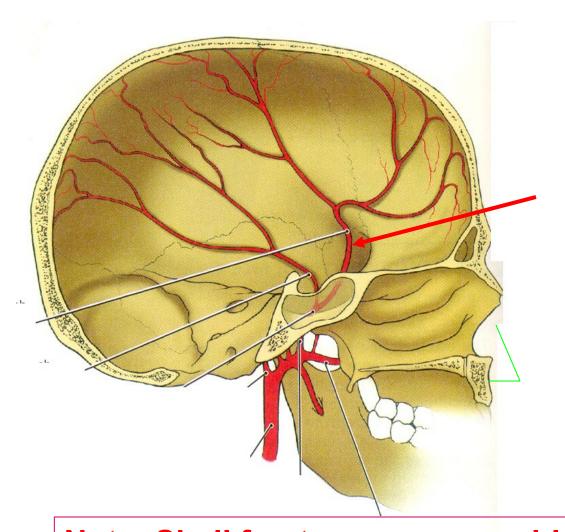
EMISSARY VEIN - SCALP TO DIPLOE, SCALP TO SINUS, DIPLOE TO SINUS



BRIDGING VEIN - SURFACE OF BRAIN (CEREBRAL VEIN) TO VENOUS SINUS

note: Emissary vein - 'outside' to sinus; Bridging vein - brain (inside) to sinus

F. BLOOD SUPPLY TO CALVARIUM

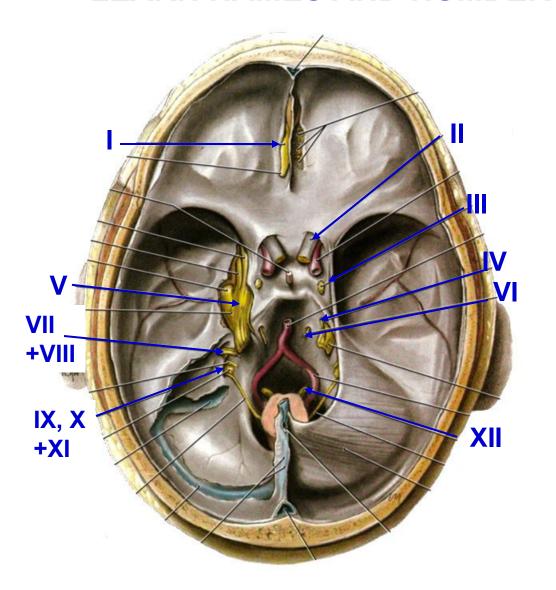


- 1) OUTER SURFACE ARTERIES TO SCALP
- 2) INNER SURFACE-MENINGEAL ARTERIES

COURSE NEXT TO BONE;
MISNAMED - SOUND
LIKE SUPPLY MENINGES
- MOST BLOOD TO
BONES

Note: Skull fracture can cause bleeding of Meningeal arteries – EPIDURAL HEMATOMA

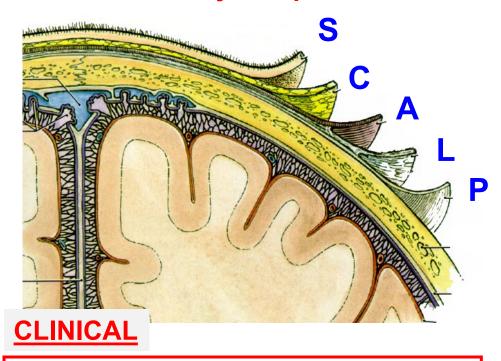
LEARN NAMES AND NUMBERS OF CRANIAL NERVES



I. OLFACTORY - sense of smell II. OPTIC - vision III. OCULOMOTOR - eye movement IV. TROCHLEAR - eye movement V. TRIGEMINAL - touch, general sensation to skin, oral cavity, nasal cavity + more VI. ABDUCENS - eye movement VII. FACIAL - muscles of facial expression + lots more VIII. VESTIBULO-COCHLEAR hearing and balance IX. GLOSSOPHARYNGEAL sensory to pharynx +more X. VAGUS - larynx, pharynx + rest of body XI. ACCESSORY sternocleidomastoid, trapezius XII. HYPOGLOSSAL - muscles of tongue

II. SCALP A. LAYERS

mnemonic - layers spell SCALP



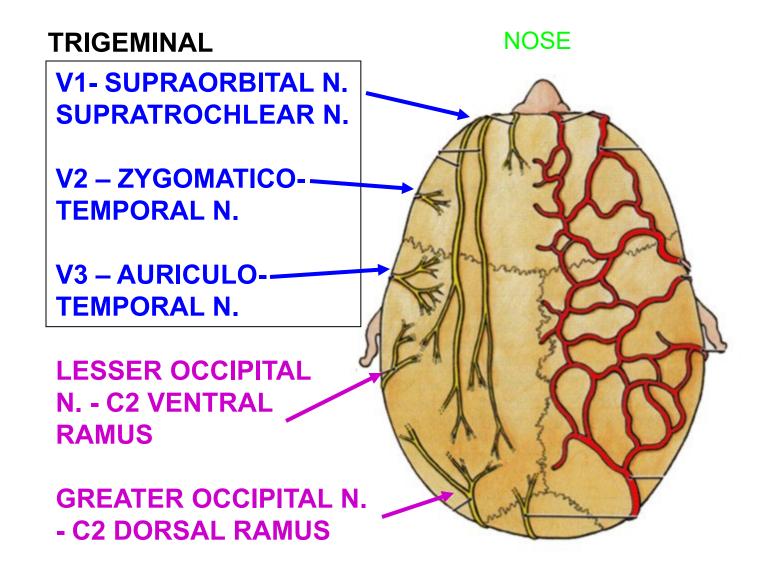
Clinical note: Infections can readily spread through loose areolar layer deep to epicranial aponeurosis.

- 1. SKIN HAIR, SWEAT AND SEBACEOUS GLANDS
- 2. <u>CONNECTIVE TISSUE</u> SURROUND ARTERIES, VEINS (ORIGIN OF EMISSARY VEINS)
- 3. EPICRANIAL APONEUROSIS –
 TENDINOUS SHEET, ATTACHES TO
 SCALP MUSCLES; MOVEABLE
 ANTERIOR AND POSTERIOR; LATERAL
 ATTACHES TO TEMPORALIS FASCIA
- 4. LOOSE AREOLAR TISSUE- LOOSELY CONNECTS APONEUROSIS AND PERIOSTEUM CROSSED BY EMISSARY VIENS
- 5. PERIOSTEUM (PERICRANIUM) CT LAYER ON OUTER SIDE OF CALVARIUM

SCALPING SOMEONE: REMOVE SCALP BETWEEN 3 (EPICRANIAL APONEUROSISO AND 4 (LOOSE AREOLAR TISSUE);

Note: SAVING SCALP AS SOUVENIR - not done in civilized societies (including medical students)

B. NERVES OF SCALP- BRANCHES OF TRIGEMINAL (V) AND CERVICAL SPINAL NERVES



FACE LECTURE: SENSORY SUPPLY - BRANCHES OF TRIGEMINAL NERVE TO FACE

V2 – MAXILLARY to skin of cheek below orbit -

Zygomaticotemporal

Zygomaticofacial Infraorbital

V3- MANDIBULAR - To skin of jaw and face below angle of mouth - Auriculotemporal

Buccal Mental

EN M

V1 – OPHTHALMIC to skin above orbit -Lacrimal

Supraorbital Supratrochlear Infratrochlear

External Nasal Nerve

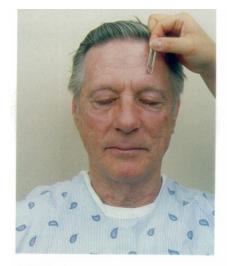


FIGURE 21-13
Examination of the trigeminal cranial nerve

CLINICAL TEST OF V: SUPRAORBITAL N.

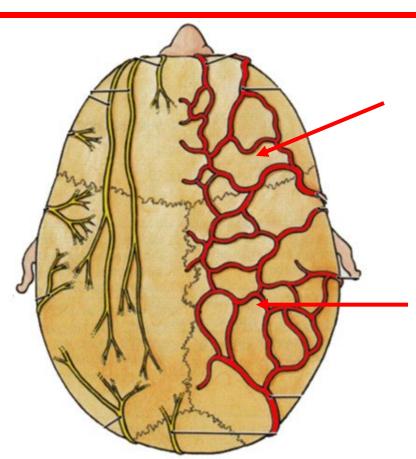
NOTE: These are branches of V to face, not ALL branches of V

C. ARTERIES OF SCALP

- RICH SUPPLY FROM <u>BRANCHES OF INTERNAL AND</u>

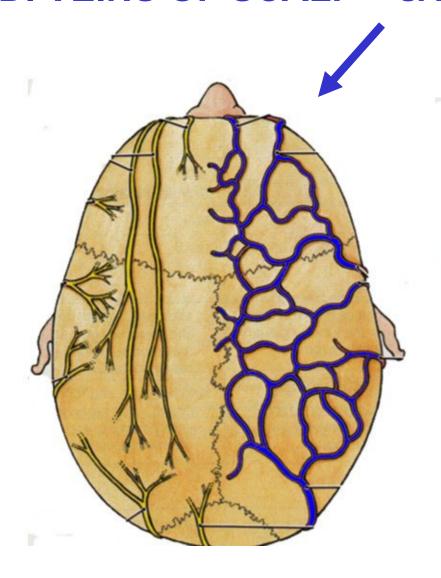
<u>EXTERNAL CAROTID</u>; EXTENSIVE ANASTOMOSES - SCALP

WOUND BLEEDS PROFUSELY FROM BOTH SIDES OF CUT

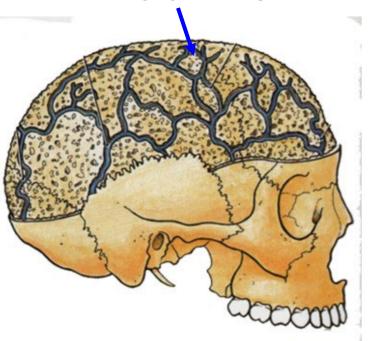


- 1. br. of INTERNAL CAROTID (OPHTHALMIC ARTERY): SUPRAORBITAL A., SUPRATROCHLEAR A
- 2. br. of EXTERNAL CAROTID: SUPERFICIAL TEMPORAL A., POSTERIOR AURICULAR A., OCCIPITAL A.

D. VEINS OF SCALP - SAME NAMES AS ARTERIES

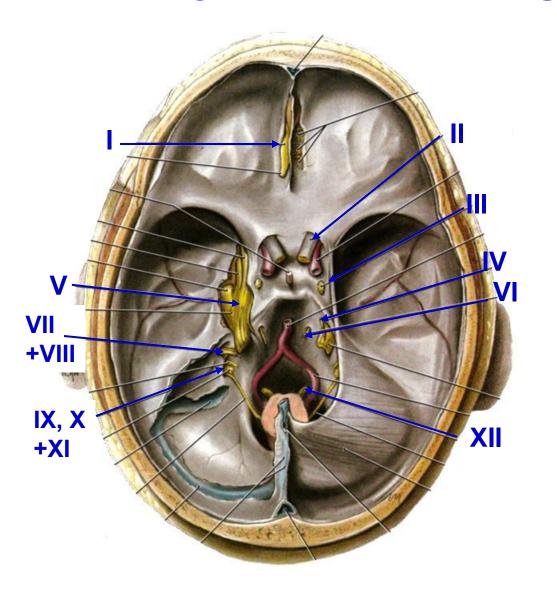


DIPLOIC VEINS



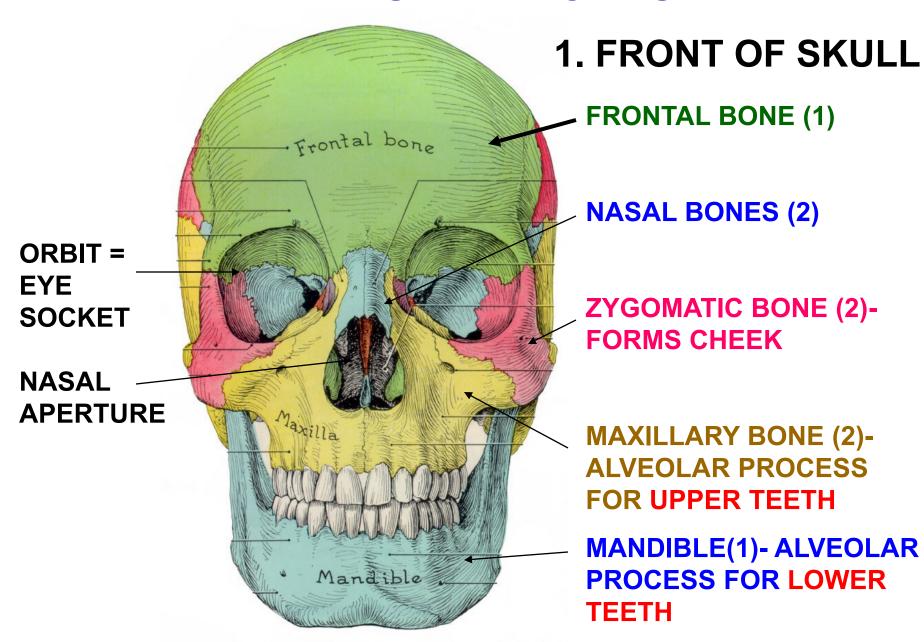
ALSO EMISSARY
VEINS drain to
DIPLOIC VEINS IN
DIPLOE

CRANIAL NERVES

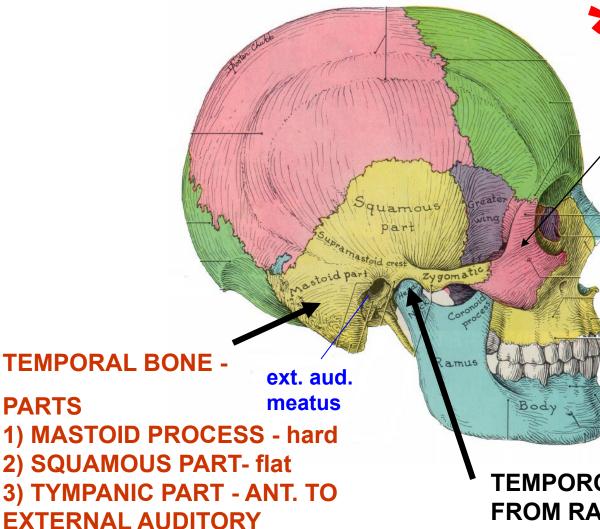


I. OLFACTORY - sense of smell II. OPTIC - vision III. OCULOMOTOR - eye movement IV. TROCHLEAR - eye movement V. TRIGEMINAL - touch, general sensation to skin, oral cavity, nasal cavity + more VI. ABDUCENS - eye movement VII. FACIAL - muscles of facial expression + lots more VIII. VESTIBULO-COCHLEAR hearing and balance IX. GLOSSOPHARYNGEAL sensory to pharynx +more X. VAGUS - larynx, pharynx + rest of body XI. ACCESSORY sternocleidomastoid, trapezius XII. HYPOGLOSSAL - muscles of tongue

II. LANDMARKS AND BONES



2. LATERAL VIEW OF SKULL



CLINICAL - fractures

ZYGOMATIC ARCH-

- 1) **ZYGOMATIC BONE**
- 2) MAXILLARY BONE-**ZYGOMATIC PROCESS**
- 3) TEMPORAL BONE-**ZYGOMATIC PROCESS**

TEMPORO-MANDIBULAR JOINT-

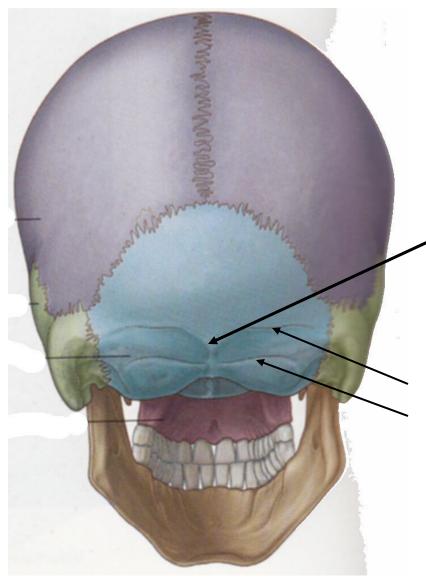
FROM RAMUS OF MANDIBLE

MEATUS

PARTS

4) PETROUS PART – inside skull

3. POSTERIOR VIEW OF SKULL

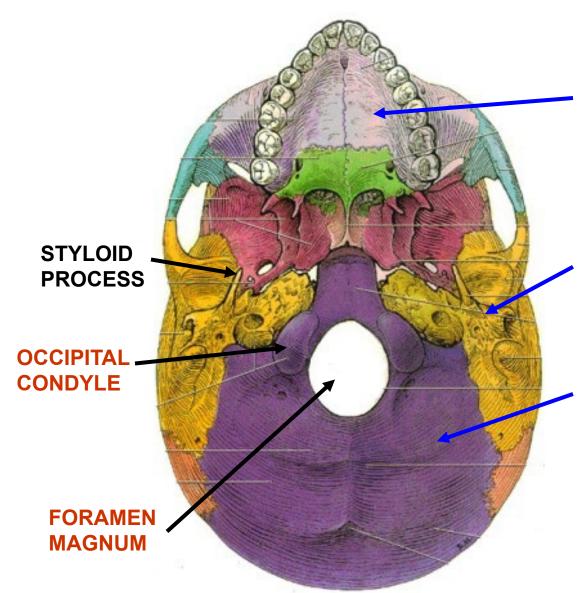


OCCIPITAL BONE

EXTERNAL OCCIPITAL PROTUBERANCE

SUPERIOR AND INFERIOR NUCHAL LINES

4. BASE OF SKULL - COMPLEX



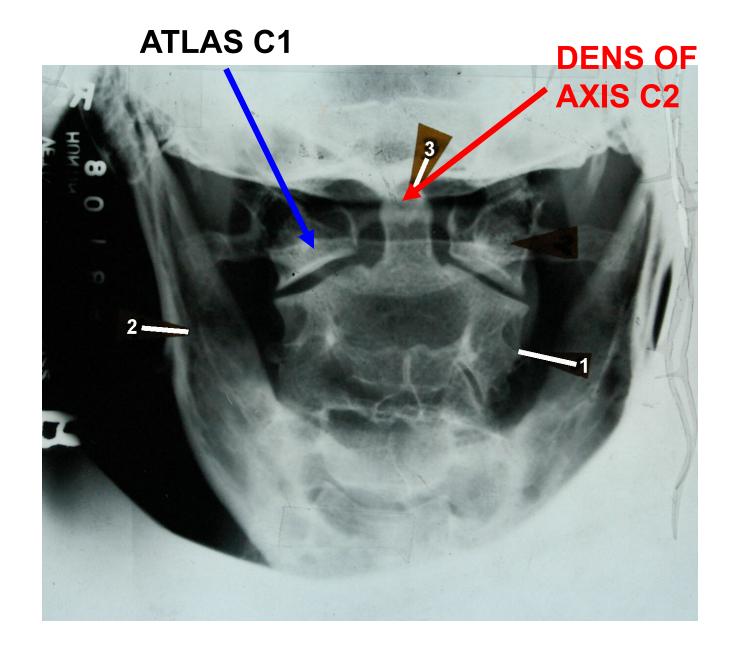
C)HARD PALATEPALATINE BONES AND
PALATINE PROCESS OF
MAXILLARY BONES

A) TEMPORAL BONE-HAS STYLOID PROCESS- MUSCLE ATTACH

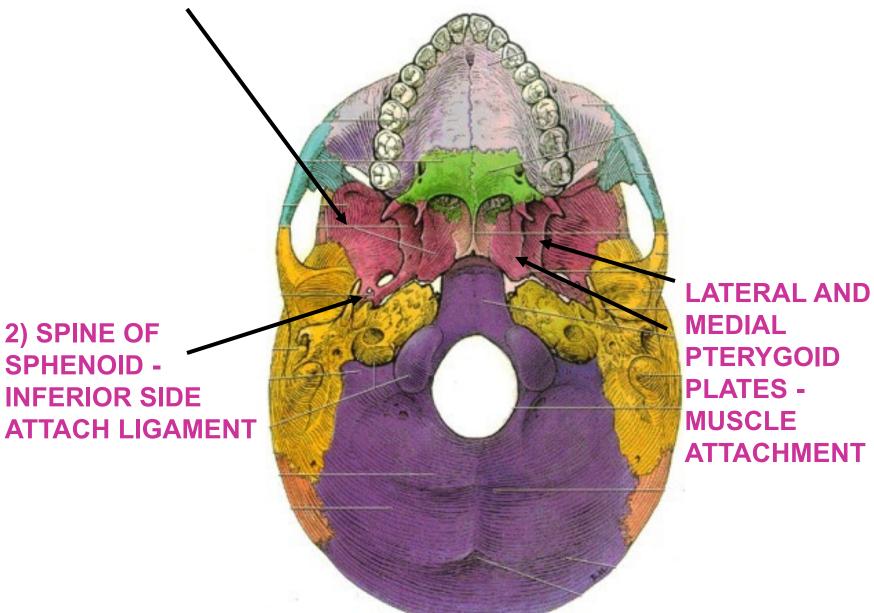
B) OCCIPITAL BONE-HAS FORAMEN MAGNUM - SPINAL CORD; OCCIPITAL CONDYLES- FOR C1-ATLAS **AP** view

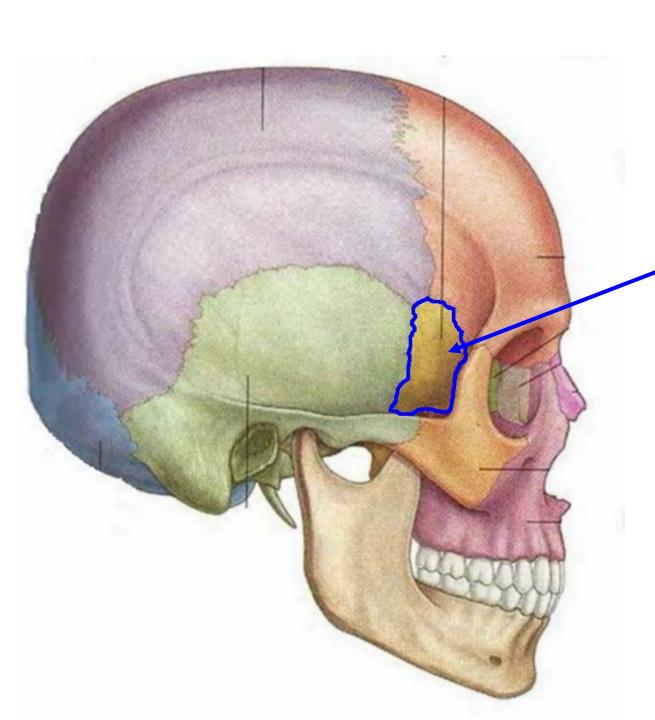
Anteroposterior film of with mouth open

Transverse process of C2
 Ramus of mandible
 Odontoid process (dens) of C2



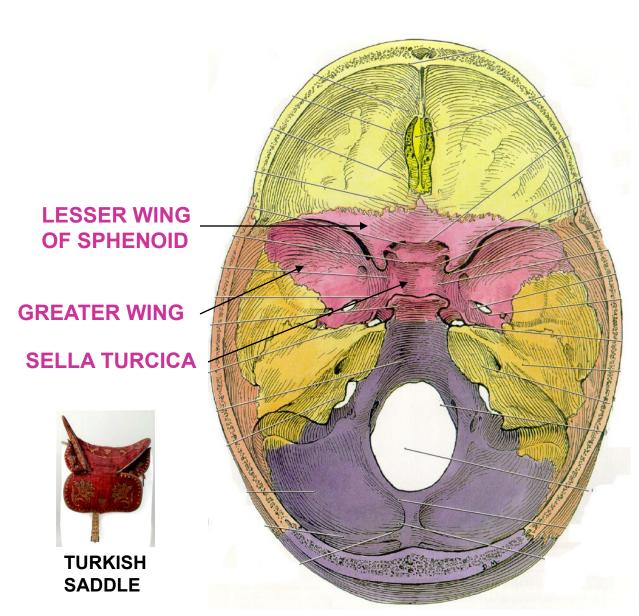
1. SPHENOID BONE - 'CORE' OF SKULL



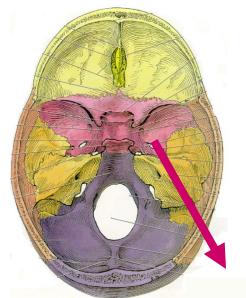


GREATER
WING OF
SPHENOIDLATERAL
SIDE OF
SKULL

SPHENOID BONE - INSIDE SKULL

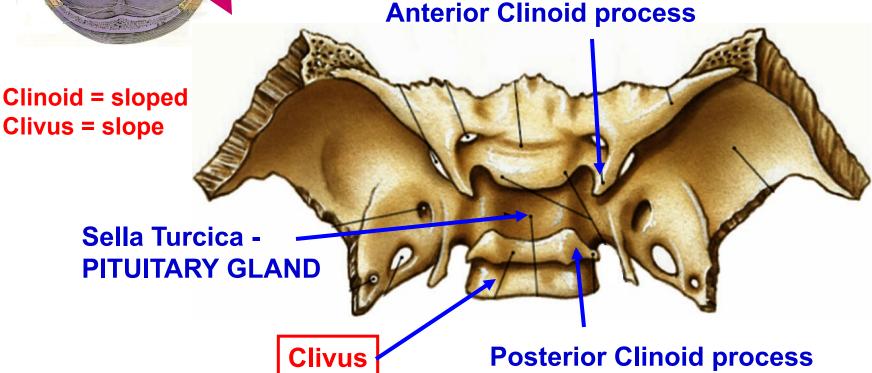


- Sphenoid bone forms parts of all cranial fossae; has:
- i) <u>Lesser Wing</u> above Superior Orbital Fissure;
- ii) <u>Greater Wing</u> -Below Superior Orbital Fissure extends laterally;
- iii) Sella Turcica-(turkish saddle) depression above main part (body) LOCATION OF PITUITARY GLAND



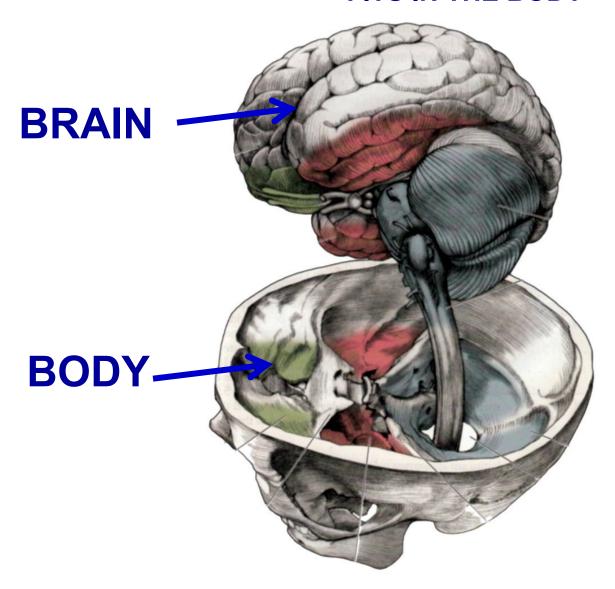
SPHENOID BONE - INSIDE SKULL

Sella Turcica - (turkish saddle) depression above body; location of PITUITARY GLAND

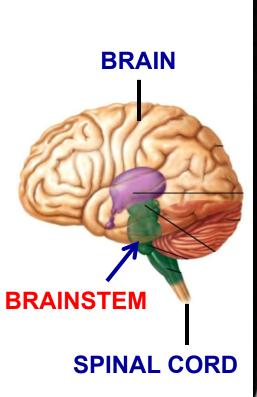


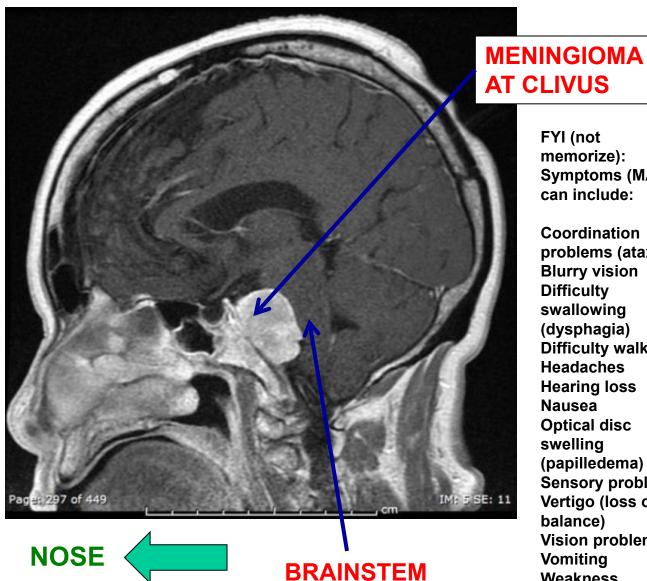
Note: parts of Sphenoid bone are important landmarks in Neurology

GROSS BRAINSTEM DISSECTION: HOW THE BRAIN FITS IN THE BODY



TERMINOLOGY: MENINGIOMA AT THE CLIVUS

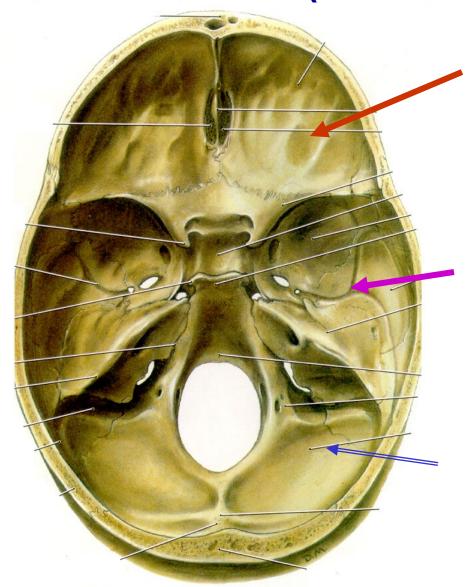




FYI (not memorize): Symptoms (MANY) can include:

Coordination problems (ataxia) **Blurry vision Difficulty** swallowing (dysphagia) Difficulty walking **Headaches Hearing loss** Nausea **Optical disc** swelling (papilledema) Sensory problems Vertigo (loss of balance) Vision problems Vomiting Weakness

V. CRANIAL CAVITY- DIVIDED INTO DEPRESSIONS (FOSSAE)



ANTERIOR CRANIAL FOSSA (ROOF OF NASAL CAVITY, ORBIT)

MIDDLE CRANIAL FOSSA (ORBIT, NASAL CAVITY, FACE)

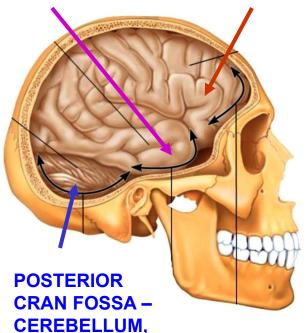
POSTERIOR CRANIAL FOSSA (FACE, ORAL CAVITY, NECK)

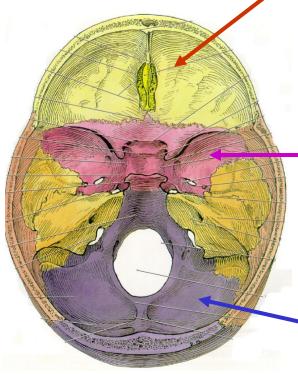
CONTENTS OF CRANIAL FOSSAE

MIDDLE CRANIAL FOSSA – TEMPORAL LOBE

BRAINSTEM

ANTERIOR CRANIAL FOSSA – FRONTAL LOBES





ANTERIOR CRANIAL
FOSSA CONTAINS: CN I
(CRIBRIFORM PLATE),
FRONTAL LOBES,
OLFACTORY BULB

MIDDLE CRANIAL FOSSA CONTAINS: CN II-VI -TEMPORAL LOBES -PITUITARY, BRAIN STEM

POSTERIOR CRANIAL
FOSSA CONTAINS - CN VII-XII CEREBELLUM,
BRAINSTEM -FORAMEN
MAGNUM TRANSMITS
SPINAL CORD,
VERTEBRAL ARTERIES