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# Functional Anatomy of the Sensory Organs

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https://usmf.md/ro

#### **Plan of the lecture**

- 1. General characteristics of the sensory organs.
- 2. Special types of senses.
- 3. Hearing.
- 4. Equilibrium (balance).
- 5. Vision.
- 6. Organ of smell (olfaction).
- 7. Organ of taste.
- 8. Developmental abnormalities of the organs of sense.

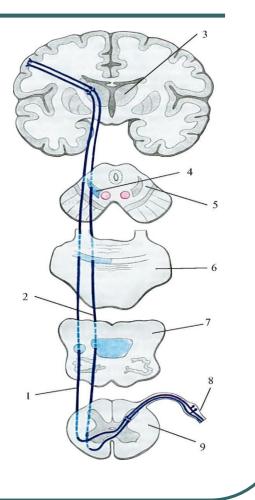
#### What an analyser is?



- Receptor ???
- Conductor ???
- Cortical end ???

#### Analysers

- Each analyser consists of three links:
- a) the *receptor* which transforms the energy of the stimulus into a nervous process;
- b) the *conductor* which conveys the nerve excitation;
- c) the *cortical end* of the analyser where the excitation is perceived as a sensation.



#### What the organs of sense are?

- The organs of sense include all the anatomical structures that receive energy of the external excitations and transform it into a nervous impulse, which is conducted to the brain.
- The sensory organs receive only specific excitations that are conducted as a nervous influx to the brain cortex, where after analyses are converted into sensations.
- The sense organs have been described as "windows for the brain" because through them we achieve awareness of the environment.
- The sense organs enable us to:
- hear warning sounds;
- see dangers;
- distinguish fragrances;
- avoid ingesting toxic substances;
- perceive sensations of pain, temperature, pressure and touch.

# All the organs are divided into two groups:

- Organs of **external sensibility** which receive nerve impulses from the exteroceptive field, the exteroceptors:
- a) the organ of vision (or sight),
- b) the organ of hearing,
- c) the organ of taste,
- d) the organ of smell,
- e) the organs of cutaneous sense.
- Organs of inner sensibility:
- a) organs that receive impulses from the proprioceptive field (the musclejoint sensation), as well as from organ of balance (the inner ear);
- b) organs receiving nerve impulse from the interoceptive field (internal organs and vessels).



Structurally - dendritic endings of sensory neurons

Encapsulated (non-neural structures)

Free (in the skin)

- The photoreceptors in the retina are highly specialized neurons.
- The taste buds on the tongue and hair cells in the inner ear are modified epithelial cells and they respond to environmental stimuli and activate sensory neurons.

#### **Functional Categories**

Sensory receptors can be grouped according to the type of stimulus energy they transduce

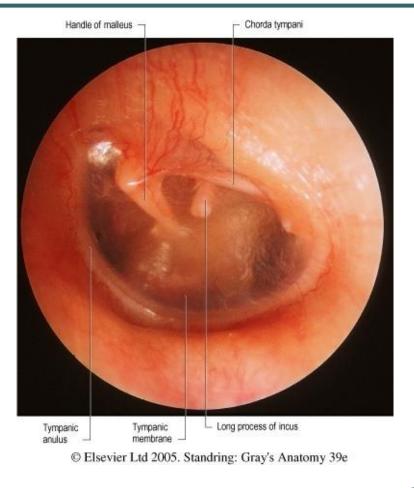
- chemoreceptors, such as the taste buds, olfactory epithelium, respond to chemical stimuli in the environment, or blood.
- photoreceptors the rods and cones in the retina respond to light.
- **termoreceptors** respond to changes of temperature.
- mechanoreceptors such as the touch and pressure receptors in the skin and the hair cells within the inner ear – respond to mechanical stimuli.
- nociceptors, or pain receptors, are stimulated by chemical released from damaged tissue cells and thus are a type of chemoreceptors.

#### The external ear

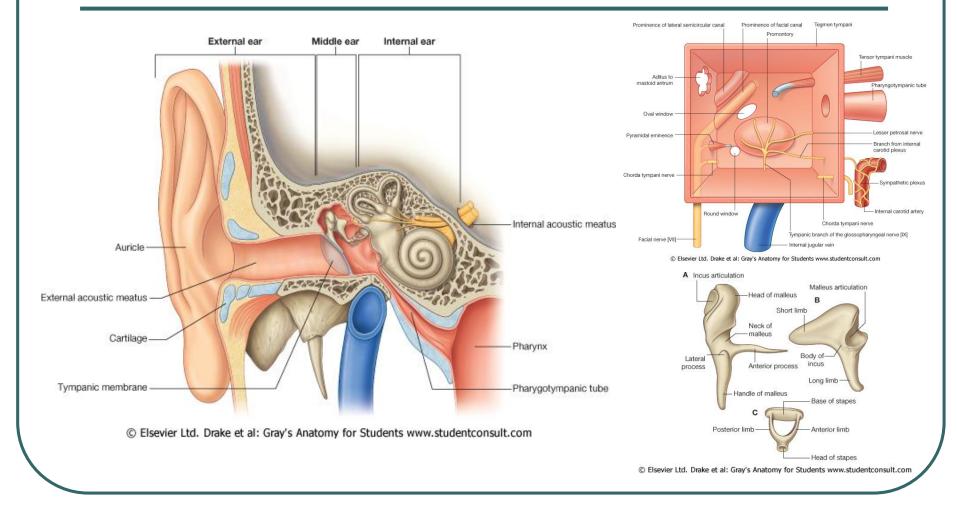


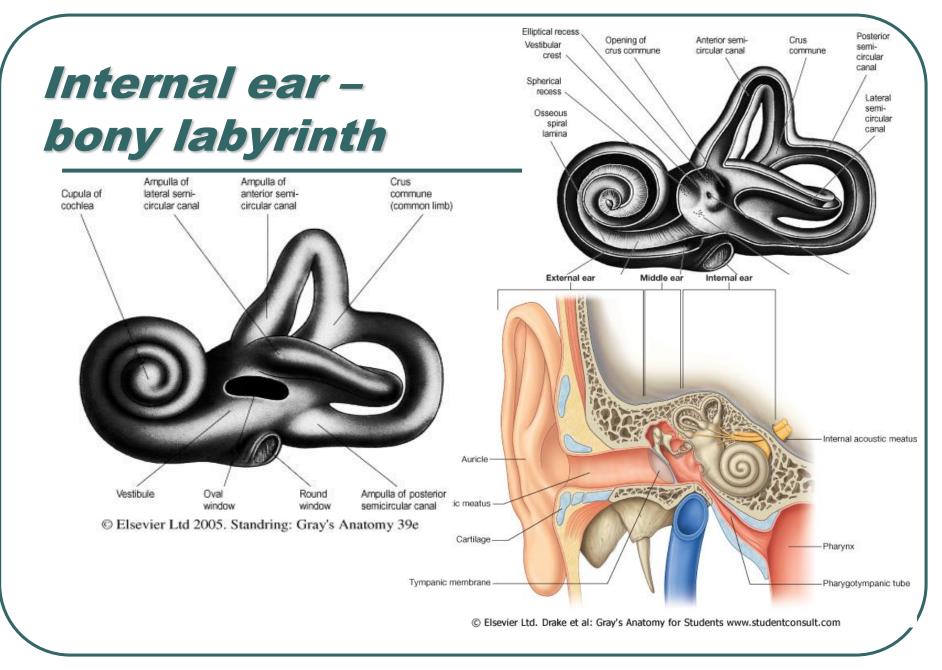
Helix. 2. Crus of helix. 3. Auricular tubercle. 4. Antihelix. 5. Crura of antihelix.
Triangular fossa. 7. Scaphoid fossa. 8. Concha of auricle. 9. External acoustic meatus.
Tragus. 11. Antitragus. 12. Intertragic notch. 13. Lobule of auricle.

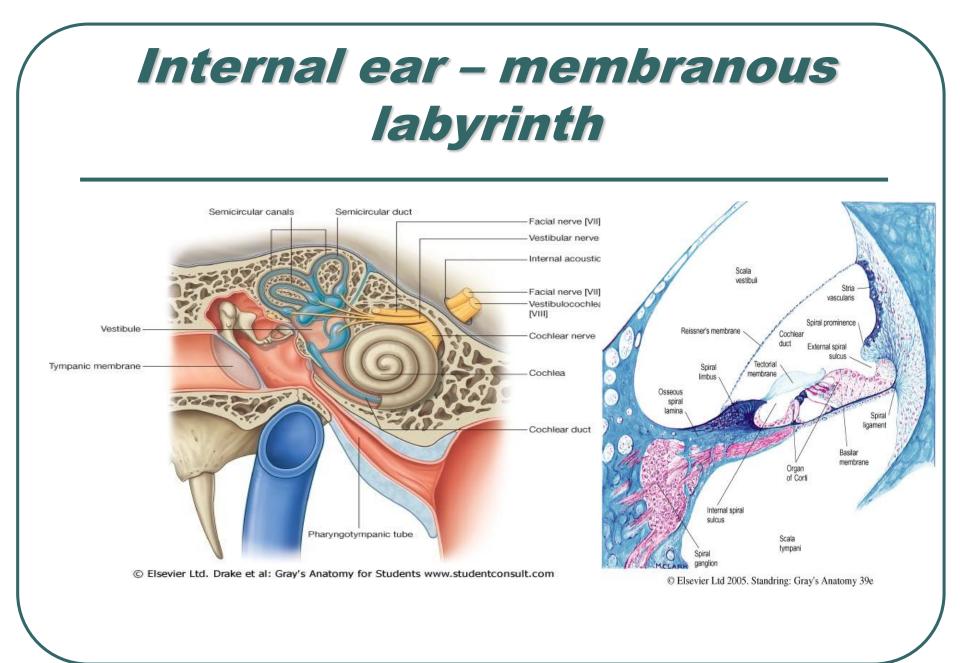
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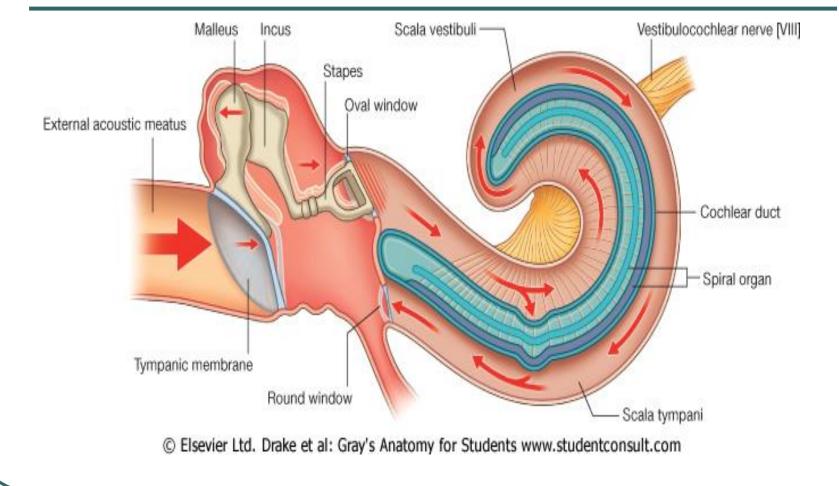
#### The middle ear





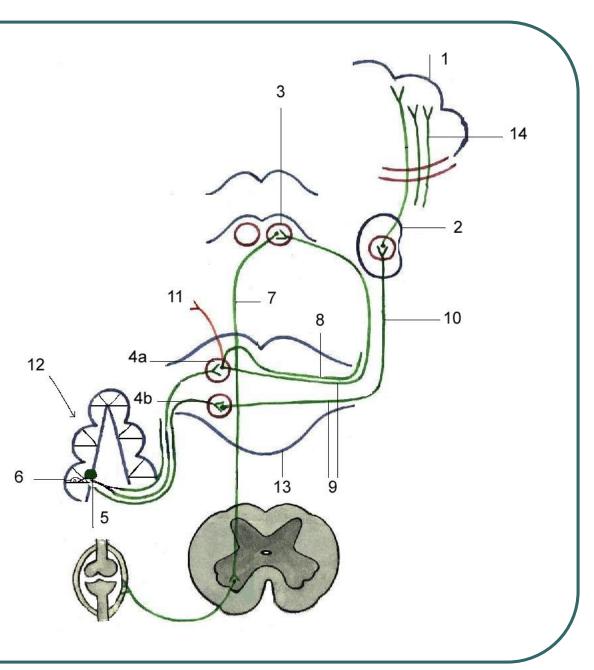


#### Transmission of sounds



#### Pathways of the organ of hearing

- a) The body of the first neuron – spiral ganglion.
- b) The body of the second neuron – ventral and dorsal cochlear nuclei in the pons.
- c) The body of the third neuron – medial geniculate body and inferior colliculi of the tectal lamina (midbrain).

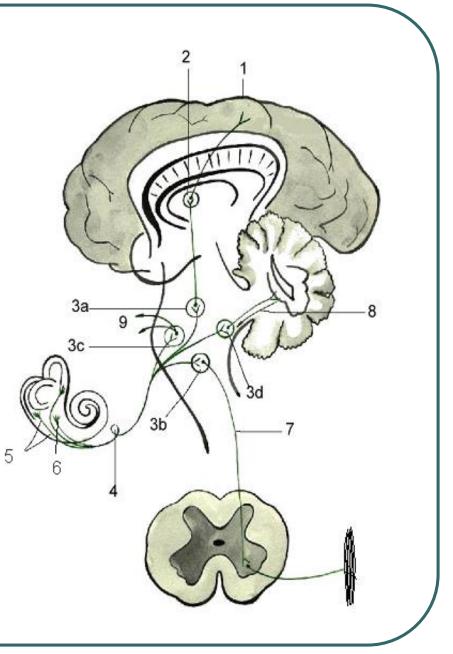


#### Pathways of the organ of balance (equilibrium)

- a) The body of the first neuron vestibular ganglion (Scarpa).
- The body of the second neuron superior, inferior, medial and lateral vestibular nuclei in the pons.

Connections of the vestibular nuclei:

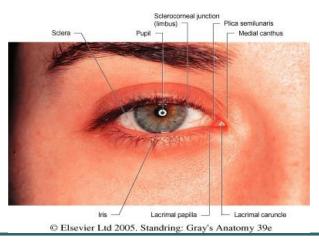
- with spinal cord by means of vestibulo-spinal tract;
- with cerebellum through the cerebello-vestibular and vestibulo-cerebellar fibres (tracts);
- connections through the medial longitudinal fascicle with the IIIrd, IVth, VIth, IXth and Xth pairs of cranial neves.
- a) The body of the third neuron is in the thalamus and it ends in the *parietoinsular vestibular cortex (PIVC),* in humans it is called lateral cortical temporoparietal area or "*temporo-perisylvian vestibular cortex*" (Khan\_2013).

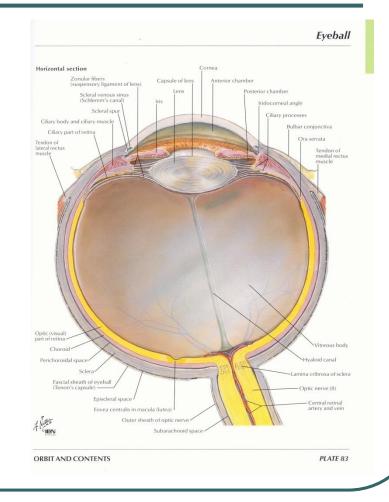


Khan S, Chang R. Anatomy of the vestibular system: a review. NeuroRehabilitation. 2013;32(3):437-43. doi: 10.3233/NRE-130866. PMID: 23648598.

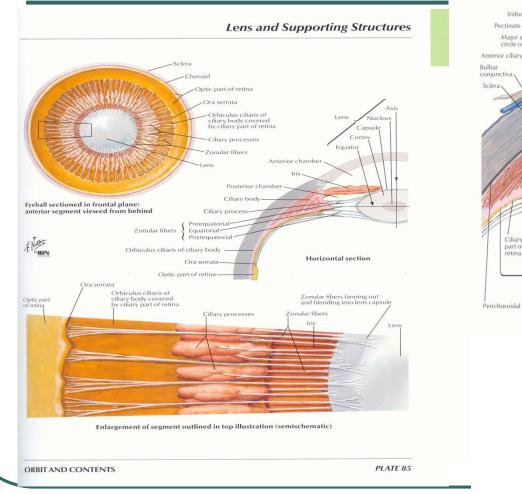
# Organ of vision

- Eye and auxiliary apparatus The eye consists of 3 coats:
- The outer or fibrous coat: cornea and sclera
- The middle or vascular coat: the choroidea, the ciliary body and the iris.
- The innermost one retina.

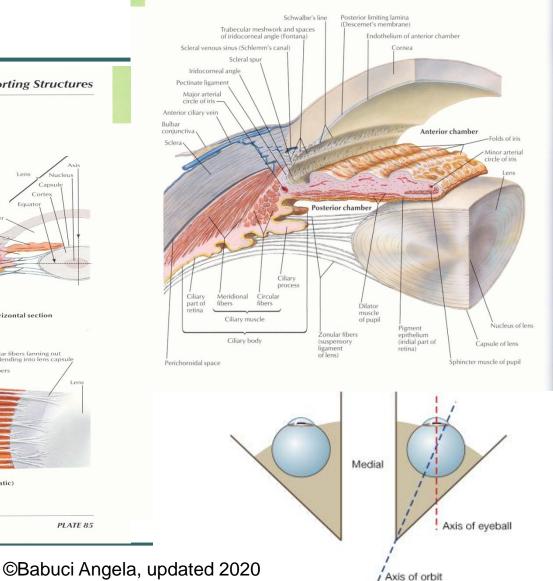




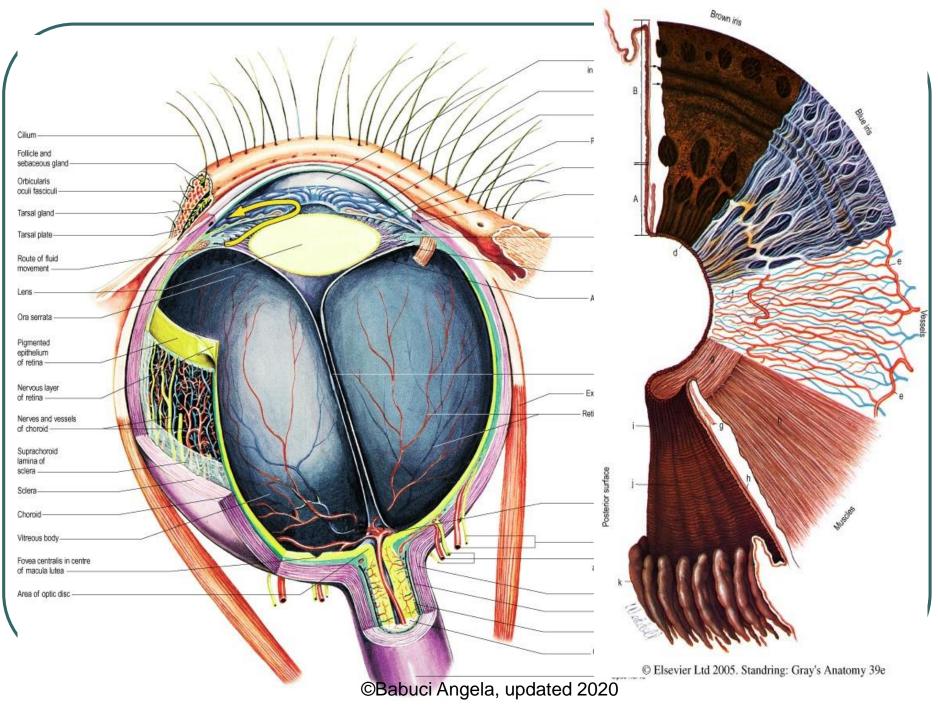
# Structure of the ciliary body



#### Anterior and Posterior Chambers of Eye



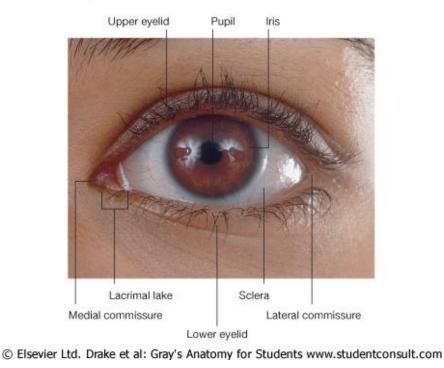
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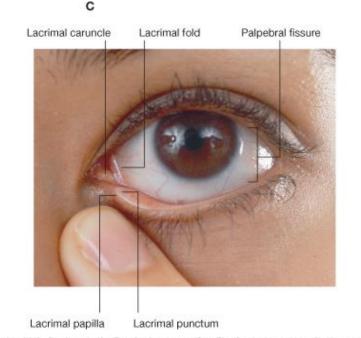


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#### Auxiliary apparatus of the eye

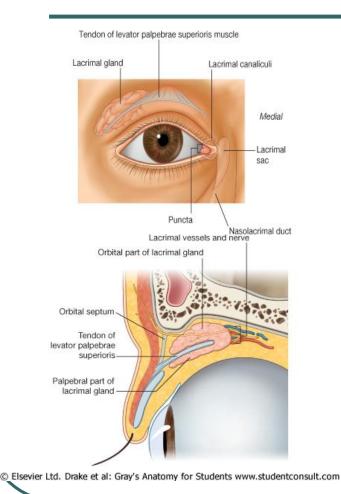
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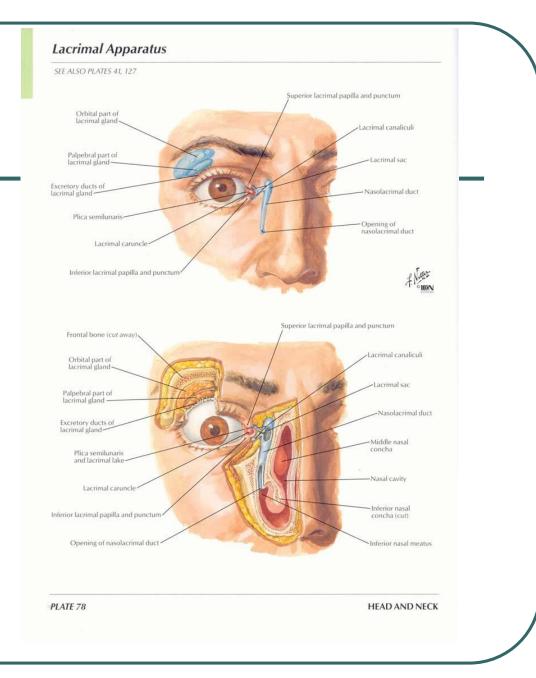


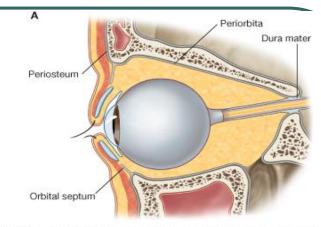


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# The lacrimal apparatus

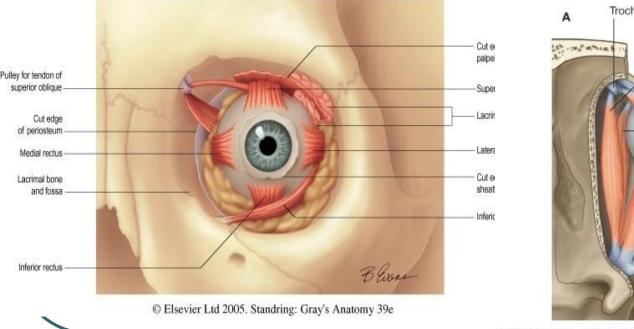


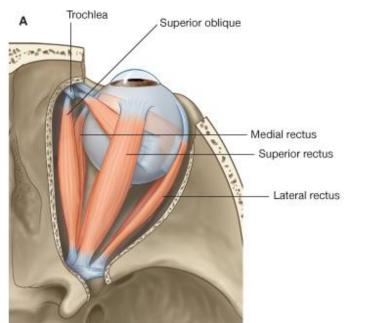




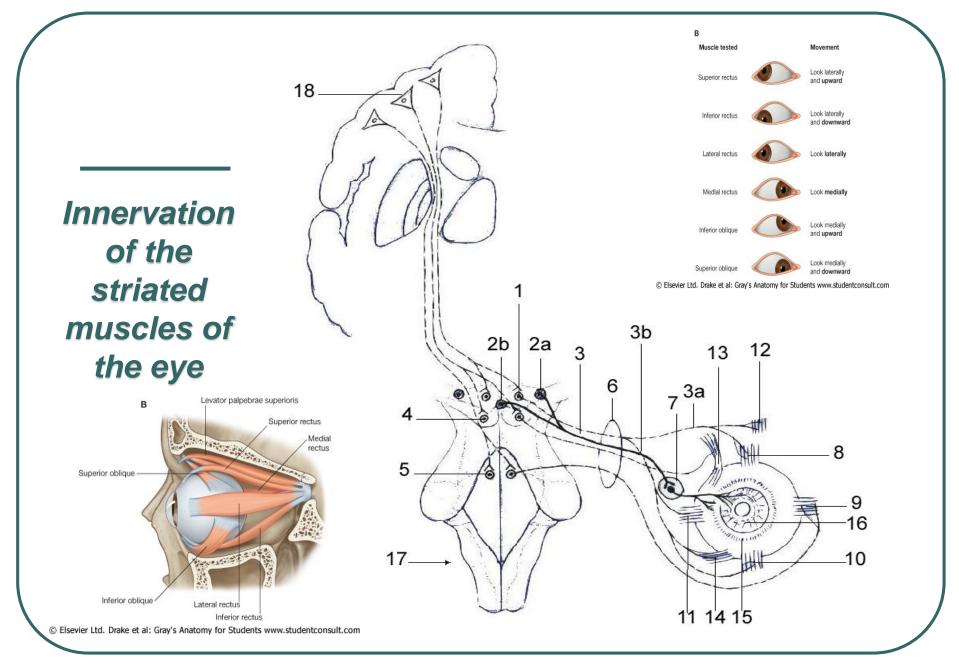
The striated muscles of the eye

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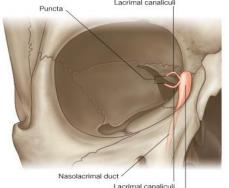




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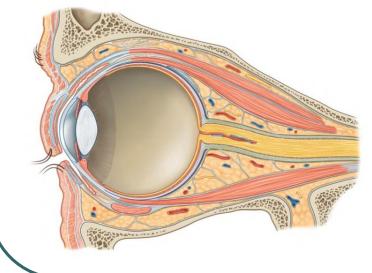


## Auxiliary apparatus of the eye

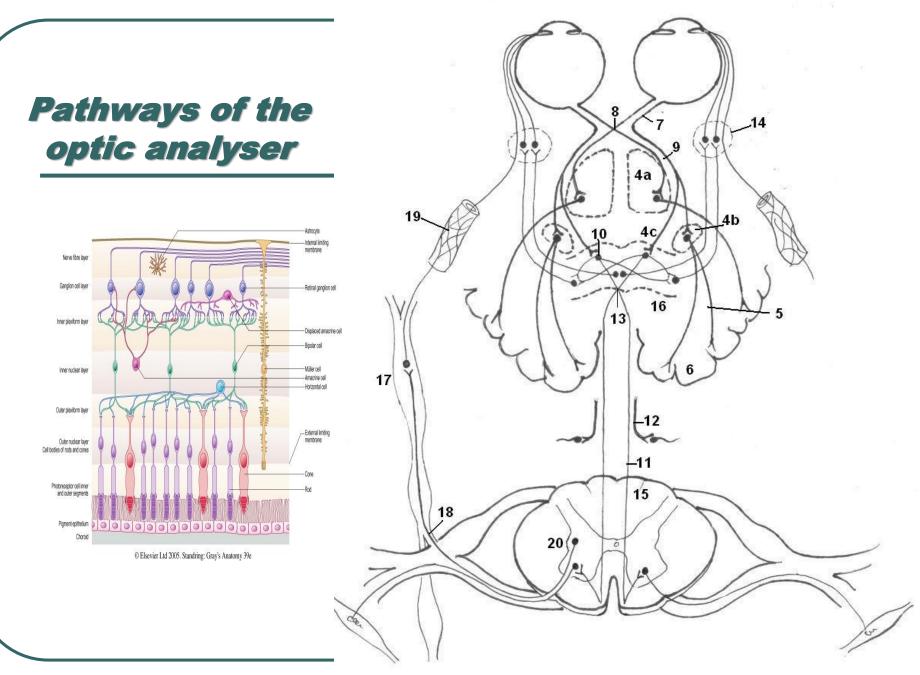


Lacrimal canaliculi Lacrimal sac

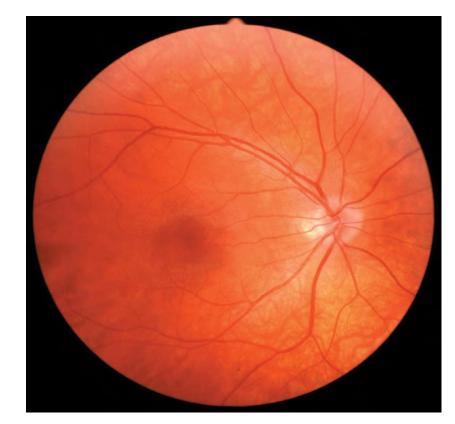
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- Outside the eye is enveloped by *fascia bulbi* (Tenon's capsule), separating it from the orbital fat, and forming a socket for the eyeball.
- The inner surface of the Tenon's capsule is loosely attached to the sclera by delicate bands of episcleral connective tissue.
- Posteriorly, it is traversed by ciliary vessels and nerves.
- It fuses with the sclera and with the sheath of the optic nerve where it enters the eyeball.
- The Tenon's capsule is strongly connected to the sclera posteriorly and at the level of the corneoscleral junction at the limbus.
- The *fascia bulbi* is perforated by the tendons of the extraocular muscles and it continues as muscular fascia.



#### Examination of the fundus of the eye



Gray's anatomy, 40<sup>th</sup> edition.

- Fundus photograph of the right eye.
- a) The central retinal vessels are seen emanating from the optic disc.
- b) Retinal arteries are lighter in colour and narrower than the veins.
- c) The avascular centre of the macular region can be seen laterally to the disc.



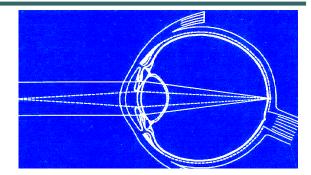
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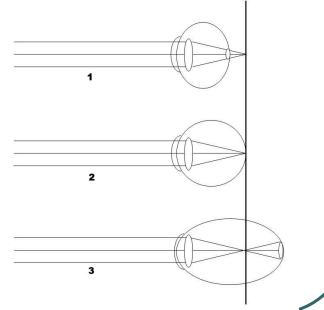


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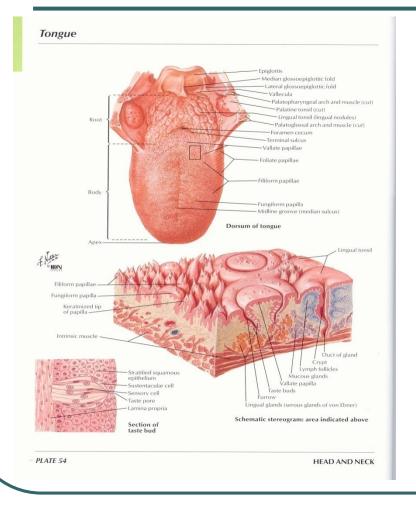
### Refraction and functional impairments of the eye

- Myopia (nearsightedness) is an elongation of the eyeball that causes light waves to focus at a point in the vitreous body in front of the retina.
- Hypermetropia (farsightedness) is a condition in which the eye is too short.
- Presbyopia is a condition in which the lens tends to lose its elasticity and ability to accommodate.
- Astigmatism is a condition in which an irregular curvature of the cornea or lens of the eye is present.



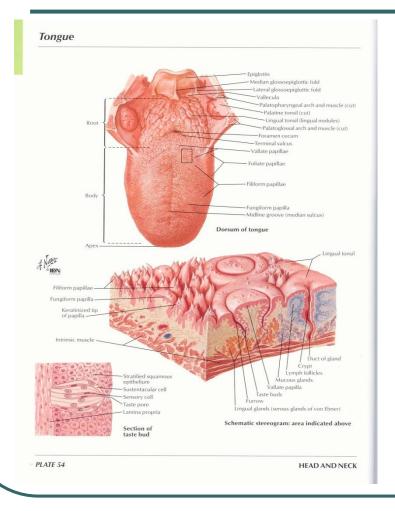


#### Organ of taste

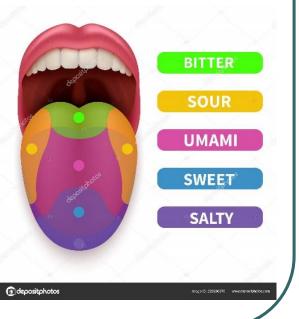


- Taste receptors are specialized epithelial cells grouped together into *taste buds*.
- Taste buds are most numerous on the surface of the tongue but are also present on the soft palate and walls of the oropharynx.

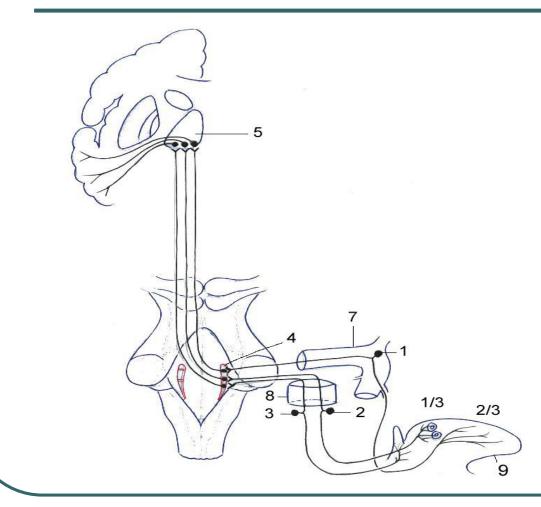
#### **Organ of taste**



- Taste buds are elevated by surrounding connective tissue and epithelium to form papillae.
- Fife types of papillae can be identified:
- a) Vallatae
- **b)** Fungiformes
- c) Foliatae
- d) Conicae
- e) Filiformes

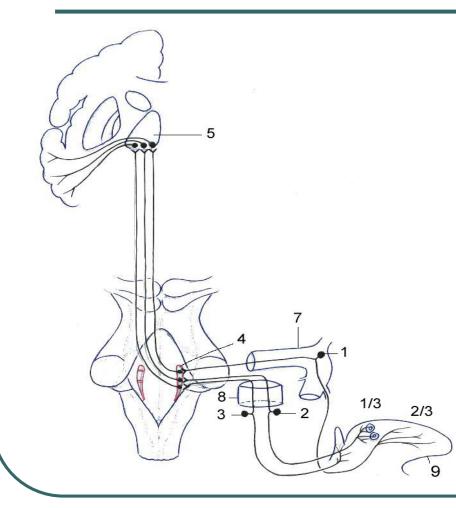


#### Pathways of the taste analyser



From the taste receptors the nervous impulse is conducted towards the somatic ganglia of the cranial nerves, solitary tract nucleus and finally to the brain cortex of the *insula* and *frontoparietal operculum*.

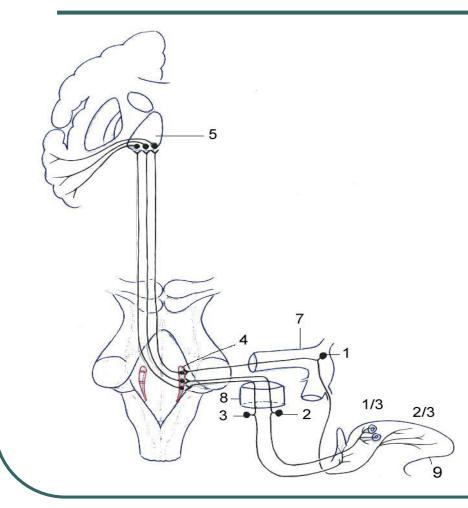
# Pathways of the taste analyser



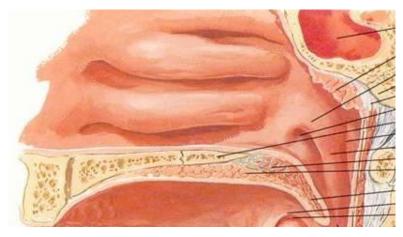
#### Location of the body of the first neuron

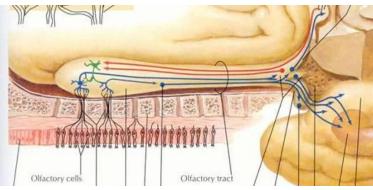
- The ganglion of the facial nerve (ganglion geniculi) receives special sensory fibers by the chorda tympani nerve (anterior 2/3) within the sensory root of the facial nerve (n. intermedius).
- The inferior ganglion of the glossopharyngeal nerve, receives sensory fibers within the lingual and tonsilar branches of the glossopharyngeal nerve (posterior 1/3 of the tongue, soft palate and palatine arches).
- The inferior ganglion of the vagus nerve. as a part of the superior laryngeal nerve receives sensory fibers from the epiglottis and root of the tongue.

# Pathways of the taste analyser

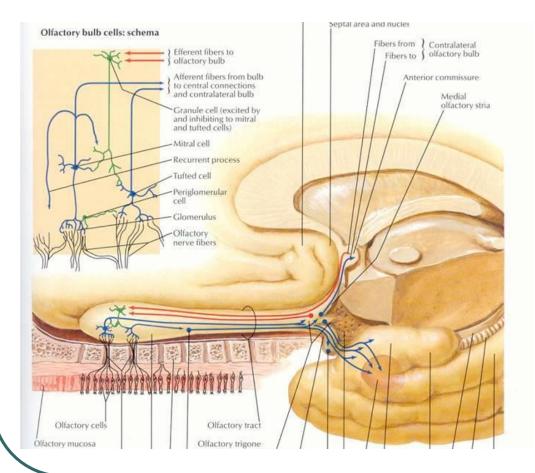


- All above mentioned taste fibers end in the medulla oblongata and pons within the *nucleus of the tractus solitarius*, where the body od the second neuron is located.
- The processes of the second neurons ascend from the medulla oblongata and pons to the thalamus, where the body of the *third neuron* is located and further by the posterior limb of the internal capsule the axons extend to the cortical end of the taste analyzer.
- The *taste analyzer* ends in the cortex of the *frontoparietal operculum* and *insula* (in old sources the uncus was given as a cortical end).





- The olfactory region in man is placed at the level of the superior nasal conchae and opposite side of the nasal septum.
- The body of the 1<sup>st</sup> neuron is represented by the olfactory neuroreceptor cells.



From the nasal cavity the olfactory nerves (16-20 in number, named *fila olfactoria*), enter the cranial cavity through the *cribriform plate* of the ethmoid bone.

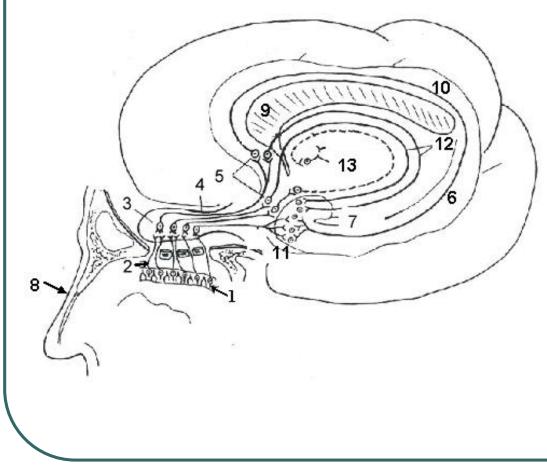
In the olfactory bulb the olfactory nerves form synapses with the **mitral cells**, (body of the **2<sup>nd</sup> neuron)**.

The axons of the mitral cells continue within the olfactory tract towards the olfactory triangle.

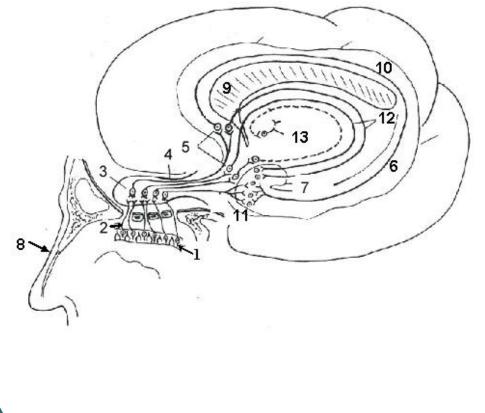
Within the olfactory tract the fibers form three olfactory striae:

a) stria olfactoria lateralis;

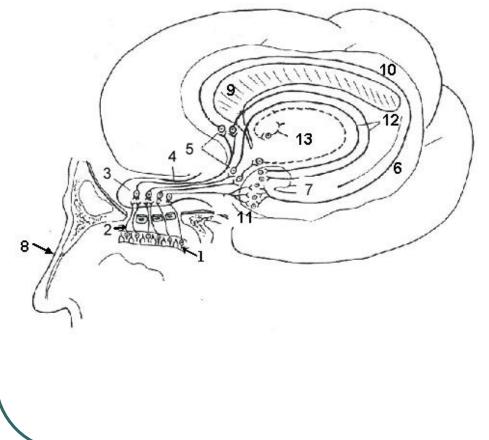
- b) stria olfactoria intermedia;
- c) stria olfactoria medialis.



- The body of the 3<sup>rd</sup> neuron for the most part of fibers of the olfactory striae is located in the *anterior perforated substance*.
  - Then the fibers pass through the *septum pellucidum, fornix, the parahypocampal gyrus* to get to the *uncus*, where the cortical end of the olfactory analyser is located.

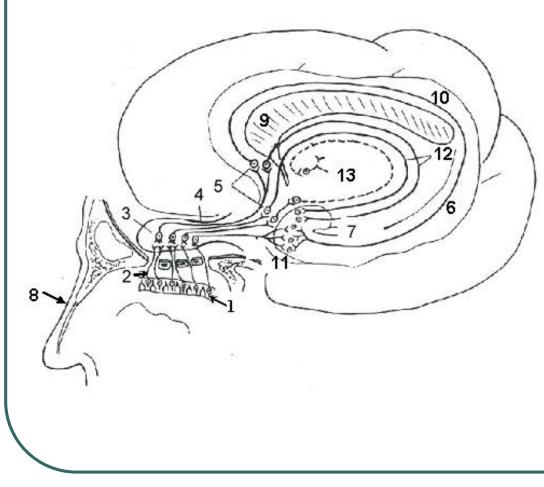


- The medial olfactory stria reaches the area subcallosa where it splits into two bundles of fibers.
- One part of fibers of the medial olfactory stria runs within the gyrus fornicatus and then through the gyrus fasciolaris, gyrus dentatus ends in the uncus.
- b) Another part of fibers runs through the septum pellucidum, fornix, fimbria hyppocampi and reaches the **uncus**.



- The intermediate olfactory stria:
- a part of its fibers ends on the neurons of the *anterior perforated substance* on the ipsilateral side.
- Another portion of fibers runs through the *anterior cerebral commissure* to the opposite side, where they also end on the neurons of the anterior perforated substance.
- Axons of the neurons of the anterior perforated substance run through the septum pellucidum to the fornix, then they pass through the fimbria hyppocampi and reach the uncus.

# Pathways of the olfactory analyser



- The *lateral olfactory stria* is the thickest one, and it continue its way backward sending fibers:
- a) a part of its fibers runs to the *uncus*;
- another part runs to the amygdaliod body, where they form a synapse with the body of the 3<sup>rd</sup> neuron and then it enters the fimbria hyppocapi, the fornix to reach the mamillary bodies.
- From the mamillary bodies they continue within the mamillothalamic tract, or Vicq d 'Azyr.

# Abnormalities of the ear

- Congenital deafness, usually associated with deaf mutism (most forms are caused by genetic factors).
- The poliomyelitis, *erythroblastosis fetalis*, diabetes, hypothyroidism, toxoplasmosis, rubella virus can cause damage to the organ of Corti that results in congenital severe deafness.

# Abnormalities of the ear

- External ear defects might be minor or severe abnormalities.
- Preauricular appendages and pits are skin tags and shallow depressions, respectively, anterior to the ear.
- The shape of the auricle varies widely in children with chromosomal syndromes causing mental deficiencies.
- Atresia of the external auditory meatus.





Congenital defects of the auricle

# Abnormalities of the eye

- Microphthalmia the eye is too small.
- Aniridia (absence of the iris).
- The *iridopupillary membrane* may persist instead of being resorbed during formation of the anterior chamber.
- There may be various eye anomalies, including *colobomas* affecting the lateral third of the lower eyelid (75% of cases) and *microphthalmia*.
- **Congenital aphakia** (absence of the lens).
- The *hyaliod artery* may persist to form a cord or cyst.

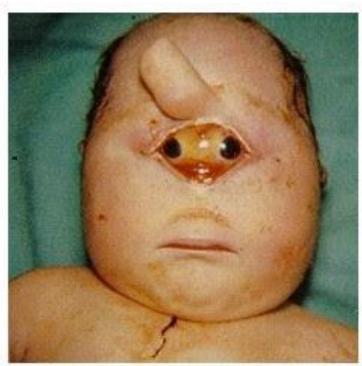


# Anophthalmos and cryptophthalmos





# *Cyclopia* (single eye) and synophthalmia (fusion of the eyes)



Cyclopia. S.S. Gellis and M. Feingold. Atlas of Mental Retardation Syndromes. 1968.



Figura 3. Foto del recién nacido. Se observa ojo único central, con probóscide, confirmando la etmocefalia.

### Heterochromia of the iris



### Abnormalities of the eye

#### Congenital glaucoma



In congenital cataracts the lens become opaque during intrauterine life.



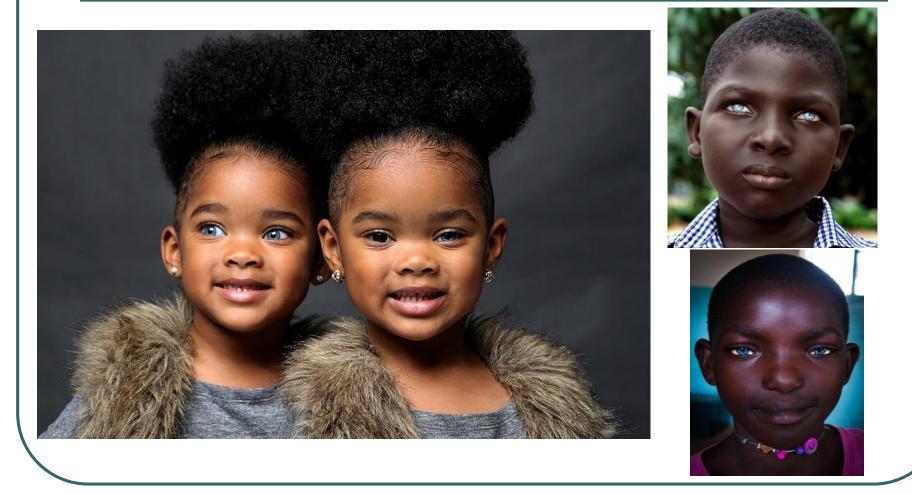
#### Albinismus



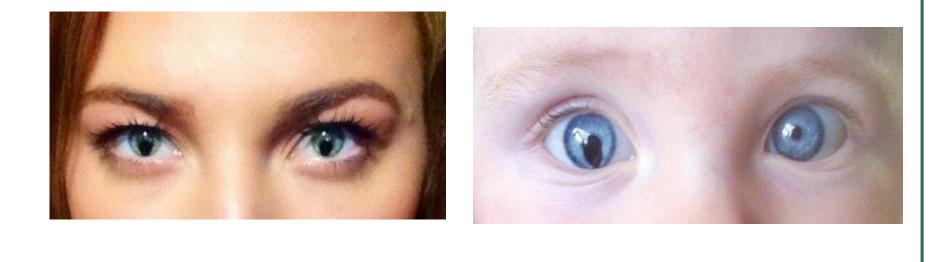




#### Albinismus



# Coloboma of the iris or cat eye



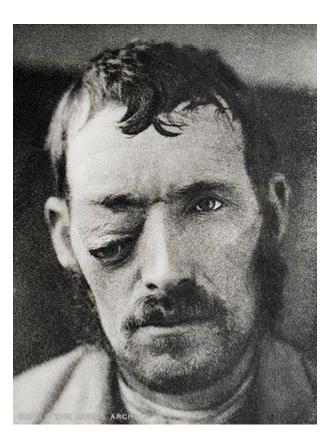
# Coloboma may occur if the choroid's fissure fails to close



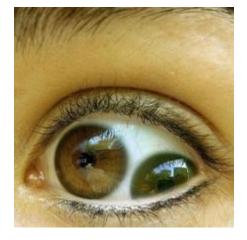
# **Deformities of the eyelid**



#### Orbital absence with displacement of eye



# Double eye





### **Pictures**

- <u>https://www.google.com/search?q=abnormalities+of+the+eye&source=</u> <u>lnms&tbm=isch&sa=X&ved=2ahUKEwit6LDH3ZfsAhVPDOwKHTymB</u> <u>30Q\_AUoAXoECBUQAw&biw=1366&bih=657#imgrc=2SKKN2JiGNko</u> <u>rM</u>
- <u>https://www.google.com/search?q=abnormalities+of+the+ear&source=</u> <u>lnms&tbm=isch&sa=X&ved=2ahUKEwjlx-PI3pfsAhXC\_qQKHU1-</u> <u>Dh0Q\_AUoAXoECBQQAw&biw=1366&bih=657</u>