Anatomy assignment

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Number 1

The body’s natural barriers against disease causing intruders for example our skin, mucous and hairs in our nose and acid in our stomach are part of our innate immune systems. Adaptive immunity develops over lifetime of contact with pathogens and vaccines, preparations which help our immune systems to distinguish friend from foe. Until a vaccine is available our immune system will need to adapt unaided to covid 19.

2 the immune system is the body’s multi level defense network against potentially harmful bacteria, viruses and other organisms.

3 a healthy lifestyle helps ones immune system to be in best shape possible to tackle pathogens but it’s better to stop them entering the body in the first place.

 The corona virus pandemic has turned the worlds attention to immune system the body’s defense force against disease causing bacteria, viruses, and other organisms that we touch, ingest and inhale everyday.

A force to be reckoned with

Think of immune system as the body’s personal army working from the cellular macro level. Each cell, molecules, tissue and organ in this army plays a vital role in warding off invading pathogens and also helps guard against internal threats like cancer. The system has two types of response: innate and adaptive.

Number 2

The adductor canal (Hunter’s canal, subsartorial canal) is a narrow conical tunnel located in the thigh.It is approximately 15cm long, extending from the apex of the femoral triangle to the adductor hiatus of the adductor magnus. The canal serves as a passageway from structures moving between the anterior thigh and posterior leg.

Borders

The adductor canal is bordered by muscular structures:

\* Anteromedial: Sartorius.

\* Lateral: Vastus medialis.

\* Posterior: Adductor longus and adductor magnus.

The adductor canal runs from the apex of the femoral triangle to the adductor hiatus a gap between the adductor and hamstring attachments of the adductor magnus muscle.

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The adductor canal serves as a passageway for structures moving between the anterior thigh and posterior leg.It transmits the femoral artery, femoral vein (posterior to the artery), nerve to the vastus medialis and the saphenous nerve the largest cutaneous branch of the femoral nerve.As the femoral artery and vein exit the canal, they are called the popliteal artery and vein respectively.

Number 3

The extraocular muscles are located within the orbit, but are extrinsic and separate from the eyeball itself. They act to control the movements of the eyeball and the superior eyelid.There are seven extraocular muscles  the levator palpebrae superioris, superior rectus, inferior rectus, medial rectus, lateral rectus, inferior oblique and superior oblique.

NERVE SUPPLY

The extraocular muscles are innervated by three cranial nerves. Damage to one of the cranial nerves will cause paralysis of its respective muscles. This will alter the resting gaze of the affected eye. Thus, a lesion of each cranial nerve has its own characteristic appearance:

\* Oculomotor nerve(CN III)  – A lesion of the oculomotor nerve affects most of the extraocular muscles. The affected eye is displaced laterally by the lateral rectus and inferiorly by the superior oblique. The eye adopts a position known as ‘down and out’.

\* TROCHLEAR NERVE(CN IV) – A lesion of CN IV will paralyse the superior oblique muscle. There is no obvious affect of the resting orientation of the eyeball. However, the patient will complain of diplopia (double vision), and may develop a head tilt away from the site of the lesion.

\* ABDUCENS NERVE (CN VI) – A lesion of CN VI will paralyse the lateral rectus muscle. The affected eye will adducted by the resting tone of the medial rectus.

(A good tool to remember the innervation of the extraocular muscles is LR6 – SO4 – R3)