**Name: Oparaocha freda uloma**

**Matric number: 17lmhs01/268**

**Department: medicine and surgery**

**College: MHS**

**Assignment: ANA301**

**Date: 28/04/20**

**1. Write an essay on the cavernous sinus**

**Answer:**

 The cavernous sinus within the human head is one of the dural venous sinuses creating a cavity called the lateral sellar compartment bordered by the temporal bone of the skull and the sphenoid bone, lateral to the sella turcica

**Structure**

 The cavernous sinus is one of the dural venous sinuses of the head. It is a network of veins that sit in a cavity, approximately 1 x 2 cm in size in an adult.The carotid siphon of the internal carotid artery, and cranial nerves III, IV, V (branches V1 and V2) and VI all pass through this blood filled space.

**Nearby structures**

* **Above:** optic tract, optic chiasma, internal carotid artery.
* **Inferiorly**: Foramen lacerum and the junction of the body and greater wing of sphenoid bone.
* **Medially:** Hypophysis cerebri or (pituitary gland) and sphenoidal air sinus.
* **Laterally:** temporal lobe with uncus.
* **Anteriorly**: superior orbital fissure and the apex of the orbit.
* **Posteriorly:** apex of petrous temporal bone.

**Venous connections**

The cavernous sinus receives blood from

* Superior and inferior ophthalmic veins
* Sphenoparietal sinus
* Superficial middle cerebral veins
* Inferior cerebral veins

 Blood leaves the sinus via superior and inferior petrosal sinuses as well as via the emissary veins through the foramina of the skull (mostly through foramen ovale). There are also connections with the pterygoid plexus of veins via inferior ophthalmic vein, deep facial vein and emissary veins

**Function.**

**Venous drainage**

 As a venous sinus, the cavernous sinus receives blood from the superior and inferior ophthalmic veins and from superficial cortical veins, and is connected to the basilar plexus of veins posteriorly. The cavernous sinus drains by two larger channels, the superior and inferior petrosal sinuses, ultimately into the internal jugular vein via the sigmoid sinus, also draining with emissary vein to pterygoid plexus

**Clinical significant**

 The pituitary gland lies between the two paired cavernous sinuses. An abnormally growing pituitary adenoma, sitting on the bony sella turcica, will expand in the direction of least resistance and eventually compress the cavernous sinus. Cavernous sinus syndrome may result from mass effect of these tumors and cause ophthalmoplegia (from compression of the oculomotor nerve, trochlear nerve, and abducens nerve), ophthalmic sensory loss (from compression of the ophthalmic nerve), and maxillary sensory loss (from compression of the maxillary nerve). A complete lesion of the cavernous sinus disrupts CN III, IV, and VI, causing total ophthalmoplegia, usually accompanied by a fixed, dilated pupil. Involvement of CN V (V1 and variable involvement of V2) causes sensory loss in these divisions of the trigeminal nerve. Horner's syndrome can also occur due to involvement of the carotid ocular sympathetics, but may be difficult to appreciate in the setting of a complete third nerve injury.

 Potential causes of cavernous sinus syndrome include metastatic tumors, direct extension of nasopharyngeal tumours, meningioma, pituitary tumors or pituitary apoplexy, aneurysms of the intracavernous carotid artery, carotid-cavernous fistula, bacterial infection causing cavernous sinus thrombosis, aseptic cavernous sinus thrombosis, idiopathic granulomatous disease (Tolosa–Hunt syndrome), and fungal infections. Cavernous sinus syndrome is a medical emergency, requiring prompt medical attention, diagnosis, and treatment.

**2. Discuss the wall of the nose**

**The nasal cavity**

 The nares serve as the entryway to the nasal cavities, which open posteriorly into the nasopharynx via the choanae. The walls of the nasal cavity include the following features:

* **Roof**: The roof is divided into three parts: frontonasal, ethmoidal, and sphenoidal. Each part corresponds to the underlying bone of the same name.
* **Floor**: The floor consists of the palatine process of the maxilla and the horizontal plate of the palatine bone.
* **Medial wall:** This wall is the nasal septum, which is formed by the perpendicular plate of the ethmoid bone, the vomer, cartilage, and the nasal crests of the maxillary and palatine bones.
* **Lateral wall**: This wall is hallmarked by three nasal conchae (superior, middle, and inferior) that project inferiorly from the wall. They divide the nasal cavity into four passages that have openings to the paranasal sinuses:
	+ - * + The sphenoethmoid recess lies posterior to the superior concha and has the opening for the sphenoidal sinus.
				+ The superior nasal meatus lies between the superior and middle conchae and has openings to the posterior ethmoidal sinuses.
				+ The middle nasal meatus is longer and deeper than the superior nasal meatus. The frontal sinus communicates with the middle nasal meatus via the infundibulum, a passageway that opens into the semilunar hiatus (groove in the ethmoid bone). The maxillary sinus opens into the semilunar hiatus. An ethmoidal bulla (a round swelling formed by the middle ethmoidal cells, or air-filled cavities) is formed just above the semilunar hiatus. The middle and anterior ethmoidal sinuses drain into the middle nasal meatus.
				+ The inferior nasal meatus is found below the inferior nasal concha. The nasolacrimal duct opens into this meatus.

 The nasal cavity is lined with nasal mucosa, except for the nasal vestibule, which is lined with skin. The mucosa over the superior one-third of the nasal cavity is the olfactory area. Air is drawn past the specialized mucosal cells called the olfactory epithelium as air is sniffed though the nose. The olfactory epithelium contains receptors of olfactory neurons that detect smells. Olfactory neurons (from CN I) join together to form nerve bundles that run up through the cribiform plate of the ethmoid bone to the olfactory bulb. The olfactory tract transmits the sensory information about smell from