

**NAME: ABIWO, ENIAYO AYOWOLE.**

**DEPARTMENT: MEDICINE AND SURGERY.**

**MATRIC NO: 17/MHS05/003.**

**COURSE: GROSS ANATOMY OF HEAD AND NECK (ANA301).**

**ASSIGNMENT TITLE: ASSIGNMENT 2.**

### **QUESTIONS.**

1. Write an essay on the Cavernous sinus.
2. Discuss the walls of the nose.

### **ANSWERS.**

1. The human brain is a highly vascular organ responsible for coordinating a myriad of processes throughout the body. Therefore, it is important that a pathway exists to return blood that enters the cranium to systemic circulation. The cavernous sinuses are one of several drainage pathways for the brain that sits in the middle. In addition to receiving venous drainage from the brain, it also receives tributaries from parts of the face. The left and right cavernous sinuses communicate by through the anterior and posterior intercavernous sinuses. The cavernous sinus drains to the superior and inferior petrosal sinuses, which then join the sigmoid sinus.

### **STRUCTURE.**

The cavernous sinuses are 1 cm wide cavities that extend a distance of 2 cm from the most posterior aspect of the orbit to the petrous part of the temporal bone. They are bilaterally paired collections of venous plexuses that sit on either side of the sphenoid bone. Although they are not truly trabeculated cavities like the corpora cavernosa of the penis, the numerous plexuses, however, give the cavities their characteristic sponge-like appearance.

The cavernous sinus is roofed by an inner layer of dura mater that continues with the diaphragma sellae that covers the superior part of the pituitary gland. The roof of the sinus also has several other attachments. Anteriorly, it attaches to the anterior and middle clinoid processes, posteriorly it attaches to the tentorium (at its attachment to the posterior clinoid process). Part of the

periosteum of the greater wing of the sphenoid bone forms the floor of the sinus. The body of the sphenoid acts as the medial wall of the sinus while the lateral wall is formed from the visceral part of the dura mater.

### **CONTENTS.**

The cavernous sinus contains the internal carotid artery and several cranial nerves. Abducens nerve (CN VI) traverses the sinus lateral to the internal carotid artery. The remainder of the cranial nerves pass through the lateral wall of the carotid sinus, and from superior to inferior they are:

- i. Oculomotor nerve (CN III)
- ii. Trochlear nerve (CN IV)
- iii. Trigeminal nerve (CN V) - ophthalmic and maxillary divisions.

### **INTERNAL CAROTID ARTERY.**

In addition to the thin walled veins that traverse the cavernous sinus, a lone arterial vessel also uses the area as a conduit. The internal carotid artery (a branch of the common carotid artery) – along with its postganglionic sympathetic plexus from the superior cervical ganglion – gains access to the cavernous sinus posteriorly.

As the petrous part of the internal carotid artery leaves the carotid canal, it curves vertically and superiorly above foramen lacerum to enter the cavernous sinus. Here the artery is also referred to as the cavernous part. Within the sinus, the internal carotid artery travels anteriorly, in a horizontal manner until it reaches the anterior limit of the sinus. Here it curves vertically and superiorly to exit the sinus through its roof and become the cerebral part of the internal carotid artery. It is noteworthy that the cavernous part of the internal carotid artery is the only arterial vessel that is completely surrounded by venous networks. This fact is of great clinical significance.

### **ABDUCENT NERVE.**

There are also other non-vascular structures that utilize the cavernous sinus as a pathway to their points of supply. Five cranial nerves (CN) use this pathway to gain access to their points of innervation. The first to be discussed is the abducent nerve (CN VI). This motor nerve leaves the pons and gains access

through the posterior part of the sinus after passing of the apical portion of the petrous temporal bone. It has also been known to access the cavernous sinus by way of the petrosal sinus, adjacent to the clivus. Within the cavernous sinus, it takes an inferolateral course, relative to the internal carotid artery. It exits the sinus by way of the superior orbital fissure to gain access to the orbit, where it innervates the lateral rectus muscle of the eyeball.

### OCCULOMOTOR NERVE.

The other nerves travelling through the cavernous sinus do so between the endothelial lining and the dura mater of its lateral wall. The most superior of the four nerves in the lateral wall is the oculomotor nerve (CN III). At the posterior aspect of the roof of the cavernous sinus, the free and attached edges of tentorium cerebelli forms a space through which CN III enters the lateral wall of the sinus. It takes an anterior, inferomedial course (relative to the other nerves in the lateral wall) towards the anterior extremity of the sinus. Here it bifurcates into its superior and inferior rami that pass through the superior orbital fissure. Along with sympathetic fibers from the internal carotid plexus, CN III provides motor supply to inferior oblique, levator palpebrae superioris, and the inferior, medial and superior recti muscles.

### TROCHLEAR NERVE.

The smallest of the cranial nerves, the trochlear nerve (CN IV), enters the posterior aspect of the cavernous sinus after leaving the posterior part of the brainstem and decussating with the same nerve from the opposite side. It continues anteriorly in the lateral wall of the cavernous sinus, inferior to CN III and passes through the superior orbital fissure at the anterior aspect of the sinus. Once in the orbit, CN IV has the responsibility of innervating the muscles of the eyeball that are responsible for inferolateral motions.

### TRIGEMINAL NERVE.

Finally, two of the three branches of the trigeminal nerve (CN V) pass through the cavernous sinus. Prior to entering the cavernous sinus, the proximal portion of the nerve lies in Meckel's cave, where it forms the trigeminal ganglion. After leaving the cave, the mandibular division (CN V3) courses inferiorly to pass through foramen ovale (without entering the cavernous sinus).

The other two branches, the ophthalmic and the maxillary (CN V1 and CN V2, respectively), travel through the lateral wall of the sinus. Both take courses inferior to CN III and CN IV, however, CN V2 is the most inferior of them all. Both CN V branches in the sinus travels horizontally. CN V2 leaves the sinus via foramen rotundum, while the three branches of CN V1 exit the cranial fossa via the superior orbital fissure. CN V1 and CN V2 are purely sensory and supply specific regions of the face.

### **RELATIONS.**

There are numerous structures surrounding the cavernous sinus that are noteworthy. Medially, the sinus is adjacent to the lateral walls of the pituitary fossa with the pituitary gland, the sphenoid bone and its air sinus. The cerebral part of the internal carotid artery courses superiorly. Laterally, the medial aspect of the temporal lobe of each hemisphere lies adjacent to the sinus. And posteriosuperiorly, the uncus of the temporal lobe has a relation to the sinus.

### **COMMUNICATIONS.**

The cavernous sinus is an unconventional venous system in the sense that it does not have a unidirectional flow of blood. Owing to the fact that there are no valves in the sinus and its connected veins, the direction of blood flow is dependent on venous pressure. The veins that communicate with the cavernous sinus are:

- Superior ophthalmic vein.
- Inferior ophthalmic vein.
- Superficial middle cerebral vein.
- Middle meningeal vein.
- Hypophyseal veins.

### **SUPERIOR OPHTHALMIC VEIN.**

The cavernous sinus generally has five venous tributaries. The superior ophthalmic vein receives blood from the ethmoidal, nasofrontal, vorticose (drains the ocular

choroid), and central retinal veins. It drains into the anterior part of the sinus via the superior orbital fissure.

### INFERIOR OPHTHALMIC VEIN.

The inferior ophthalmic vein collects blood from the eyelids, lacrimal sac, and some vorticosae contributions, as well as the anterior floor and medial wall of the orbit. In addition to draining to the cavernous sinus, it also drains to the pterygoid plexus.

### SUPERFICIAL MIDDLE CEREBRAL VEIN.

At the point where the internal carotid artery emerges, the superficial middle cerebral vein pierces the roof of the sinus. Here, it drains blood from the cortices that are adjacent to it as it courses through the lateral sulcus.

### MIDDLE MENINGEAL VEIN.

Finally, branches of the middle meningeal vein may join the sphenoparietal sinus on its way to the cavernous sinus. Before piercing the roof of the sinus, it travels along the edge of the lesser wing of the sphenoid between the layers of dura mater.

### HYPOPHYSEAL VEINS.

Additionally, efferent hypophyseal veins of both the adenohypophysis and neurohypophysis drain to the cavernous sinus.

### INTERCAVERNOUS SINUSES AND DRAINAGE.

The left and right cavernous sinuses communicate by way of the anterior and posterior intercavernous sinuses. These vessels travel anteriorly and posteriorly (respectively) around the infundibulum of the pituitary gland, deep to the diaphragma sellae, between the layers of dura mater. The cavernous sinus in turn drains to the superior and inferior petrosal sinuses. Both sinuses join the sigmoid sinus, which then becomes the internal jugular vein. The internal jugular vein meets with the subclavian vein to become the left (or right) brachiocephalic vein.

### CLINICAL CORRELATES.

1. CAROTID-CAVERNOUS FISTULA: Head trauma resulting in rupture of the cavernous part of the internal carotid artery can produce what is known

as a carotid-cavernous fistula. A pulsating exophthalmos can result as the venous pressure in the sinus would increase and reverse the flow of blood in the ophthalmic veins.

2. **CAVERNOUS-SINUS THROMBOSIS:** The sinus also has communicating branches from the sin of the face. Particularly in the ‘danger area’ (at the nasolabial crease and at the crease between the ala of the nose and the cheek), an infection can spread to the cavernous sinus, which can result in a cavernous sinus thrombosis. This condition can result in internal strabismus (crossed eyes) if the CN VI is damaged, doubled vision while looking downward if CN IV was damaged, or ophthalmoplegia (paralysis or weakness in muscles of movement of the eye).

2. The nasal cavity is divided into two lateral compartments separated down the middle by the nasal septum. The nasal cavity communicates anteriorly through the nostrils and posteriorly with the nasopharynx through openings called choanae. The nasal cavities and septum are lined with a mucous membrane and are richly vascularized by branches of the maxillary, facial, and ophthalmic arteries. The nasal cavity receives innervation via branches of the olfactory [cranial nerve (CN) I], ophthalmic (CN V-1), and maxillary nerves (CN V-2).

### **BOUNDARIES OF THE NASAL CAVITY.**

The nasal cavity is bordered by the following structures:

1. **ROOF:** Formed by the nasal, frontal, sphenoid, and ethmoid bones (cribriform foramina, which transmits CN I for smell).
2. **FLOOR:** Formed by the maxilla and the palatine bones. The incisive foramen transmits branches of the sphenopalatine artery and the nasopalatine nerve for general sensation from the nasal cavity and palate.
3. **MEDIAL WALL (NASAL SEPTUM):** Formed by the perpendicular plate of the ethmoid bone, the vomer bone, and the septal cartilage.
4. **LATERAL WALL:** Formed by the superior, middle and inferior nasal conchae. In addition, the maxillary, sphenoid, and palatine bones contribute to the lateral wall. The lateral wall contains the following openings:
  - \_ Sphenoethmoidal recess: The space between the superior nasal concha and the sphenoid bone, with openings from the sphenoid sinus. Superior meatus. The space inferior to the superior nasal concha, with openings from the posterior ethmoidal air cells.

- Middle meatus: The space inferior to the middle nasal concha, with openings for the frontal sinus via the nasofrontal duct, the middle ethmoidal air cells on the ethmoidal bulla, and the anterior ethmoidal air cells and maxillary sinus in the hiatus semilunaris.
- Inferior meatus: The space inferior to the inferior nasal concha, with an opening for the nasolacrimal duct, which drains tears from the eye into the nasal cavity.
- Sphenopalatine foramen: An opening posterior to the middle nasal concha receives the nasopalatine nerve and the sphenopalatine artery from the pterygopalatine fossa into the nasal cavity.

#### Arterial Supply of Lateral Nasal Wall.

- i. Posterior lateral nasal branch (sphenopalatine).
- ii. Anterior ethmoidal branches.
- iii. Middle ethmoidal branches.
- iv. Lateral nasal branches of superior labial artery.

#### Arterial Supply of Medial Nasal Wall.

- i. Nasopalatine artery.
- ii. Greater palatine artery.

### **CLINICAL CORRELATES.**

- Deviated septum: A deviated septum means that the bony midline of the nasal cavity is off center, either due to a trauma or birth defects and this results in partial or total occlusion of one side of the cavity. The treatment is surgical and a septoplasty is usually performed.