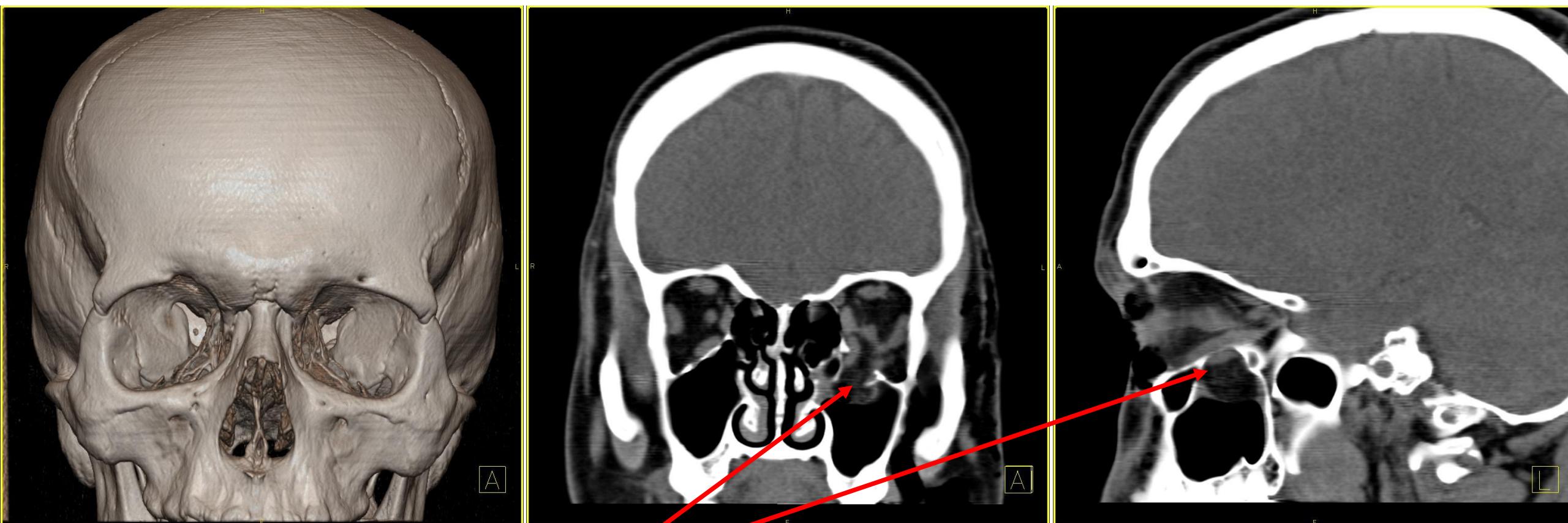


Clinically important aspect of eye and orbit anatomy

blow-out fracture

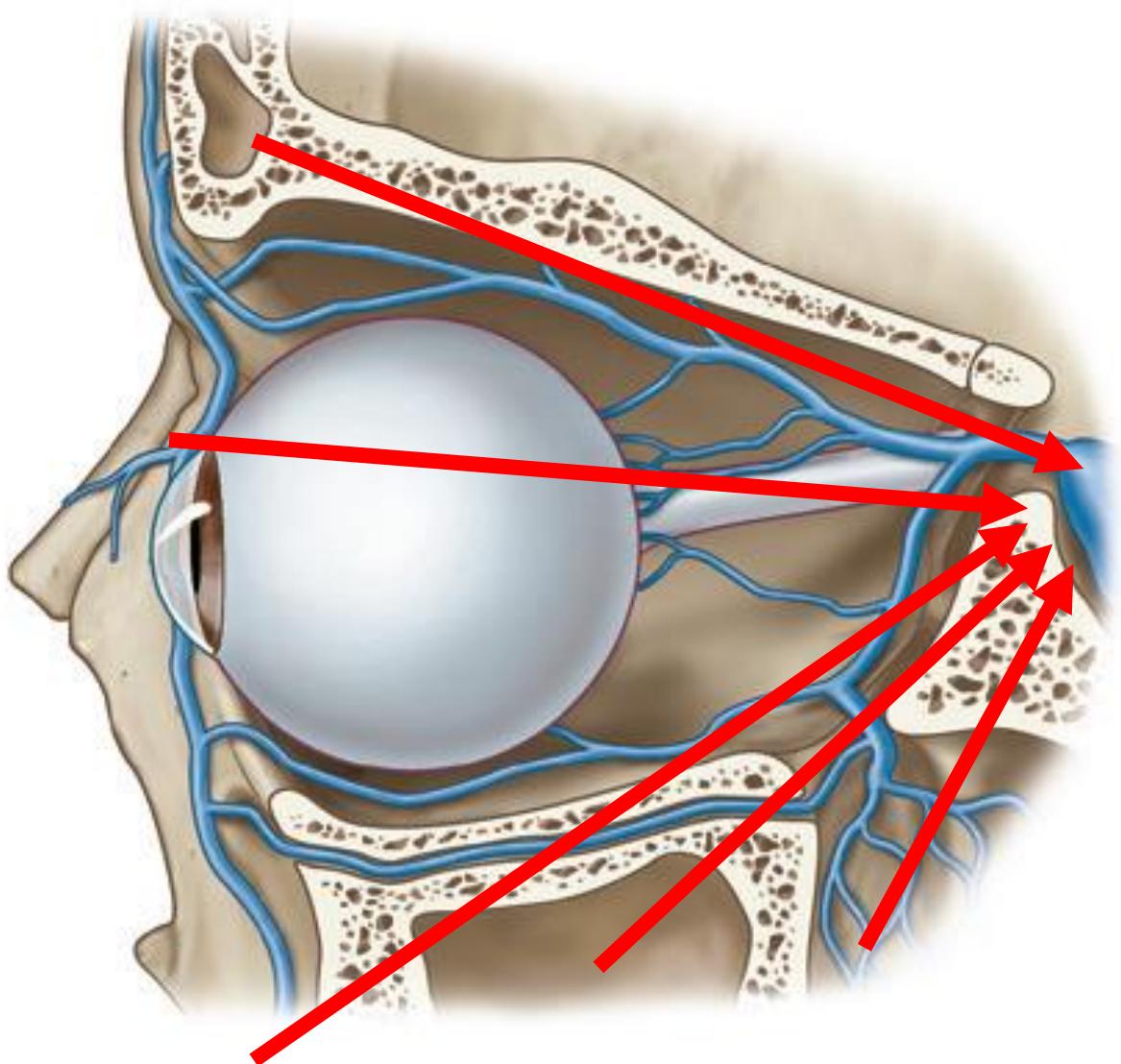
- Impact to an eye bulb - bulb as a secondary projectile - bottom fracture
 - Entrapment of inferior rectus - double vision
 - Outer rim of the orbit without signs of fracture



herniatio m. recti inferioris

Infection spread in the orbit

- Sinus cavernosus connected
- Via v. ophtalmica superior
 - To territory of v. facialis
- via v. orbitalis inferior
 - to plexus pterygoideus
- Infection spread from
- sinus frontalis
- Nose cavity
- Upper lip
- Parapharyngeal space
- From maxila and upper teeth



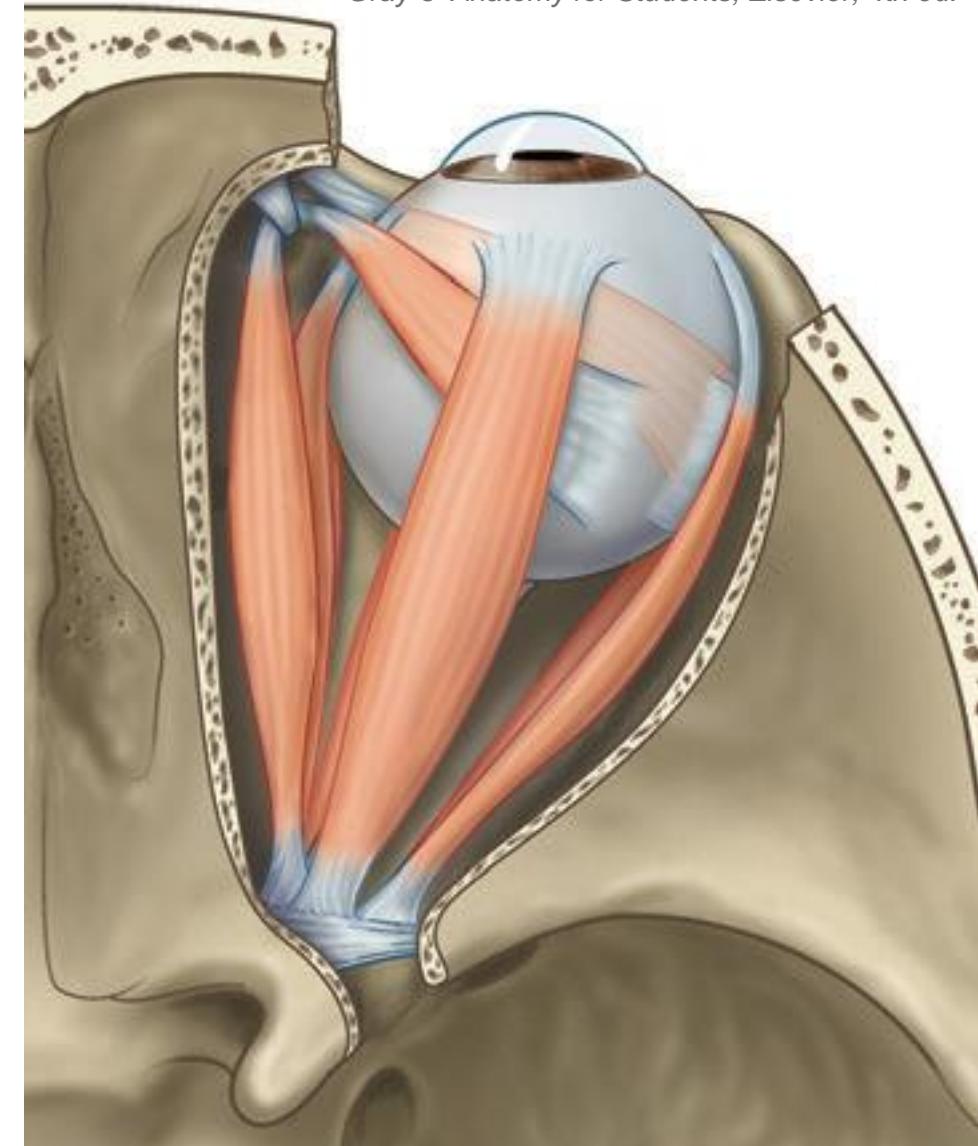
nervus oculomotorius (III)

- **function**
- **somatotmotor**
- **Moving with**
 - M. levator palpebrae
 - M. rectus superior
 - M. rectus medialis
 - M. rectus inferior
 - M. obliquus inferior
 - **CAVE !!!**
 - *M. obliquus superior – IV. n. trochlearis*
 - *M. rectus lateralis – VI. N. abducens*
 - *Nc. medianus (impaired nucleus)*

● **Visceromotor – akomodation, pupillary contraction**

- Nucleus oculomotorius accesorius (Edinger-Westphal)
- Ganglion ciliare
- M. sphincter pupillae – contraction of iris – contraction of pupilla
- M. ciliaris – contraction – accomodation to distant point

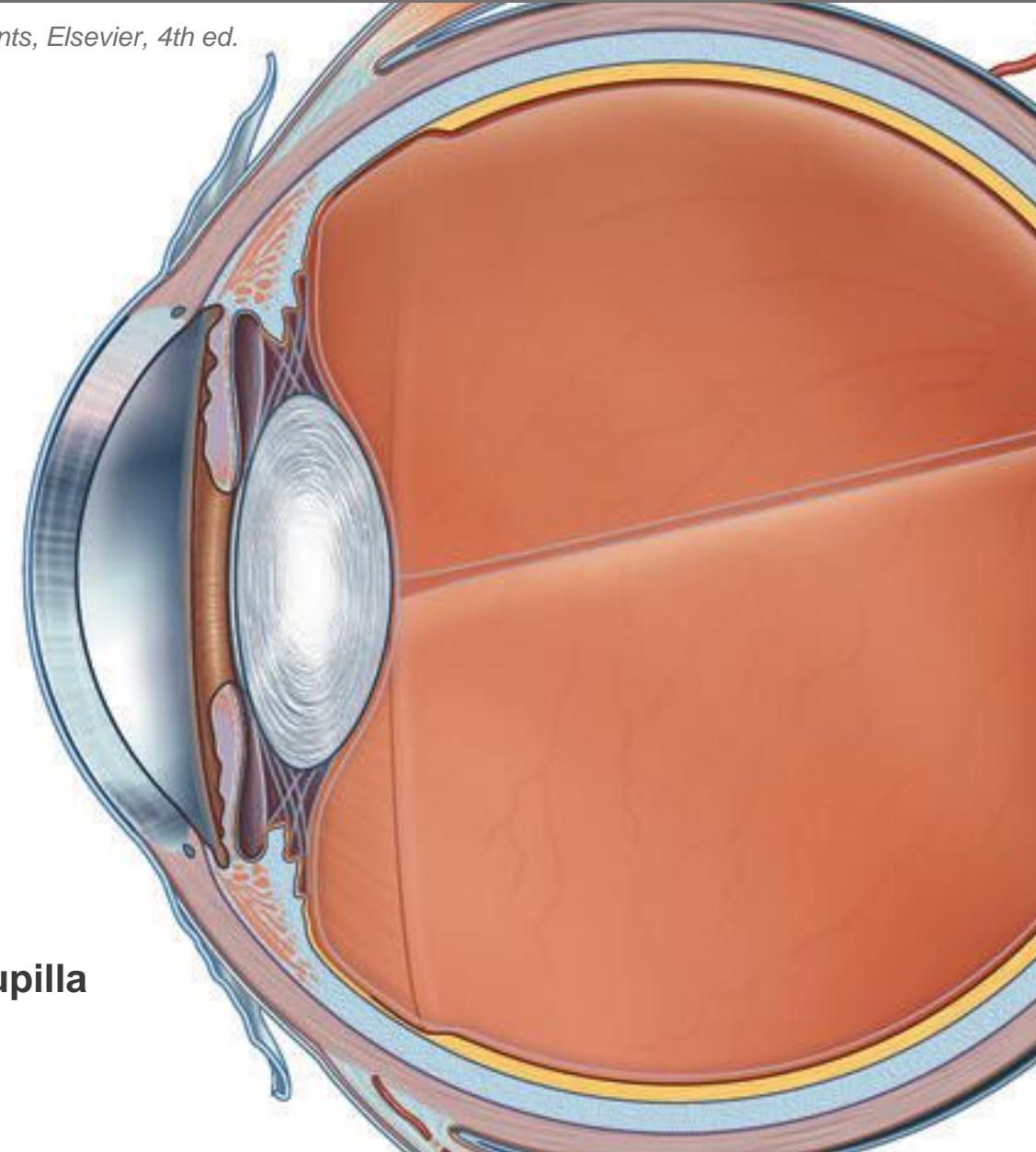
Gray's Anatomy for Students, Elsevier, 4th ed.



nervus oculomotorius (III)

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Mydriasis

- Impaired function n. oculomotorii

- Mydriasis

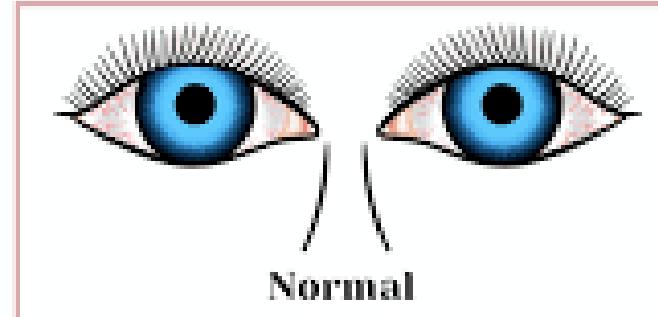
- Divergent stabismus

- causes

- Compression of mesencephalon

-

Mydriasis



Normal

Unilateral



Unilateral

Bilateral



Clinically important aspect of eye and orbit anatomy