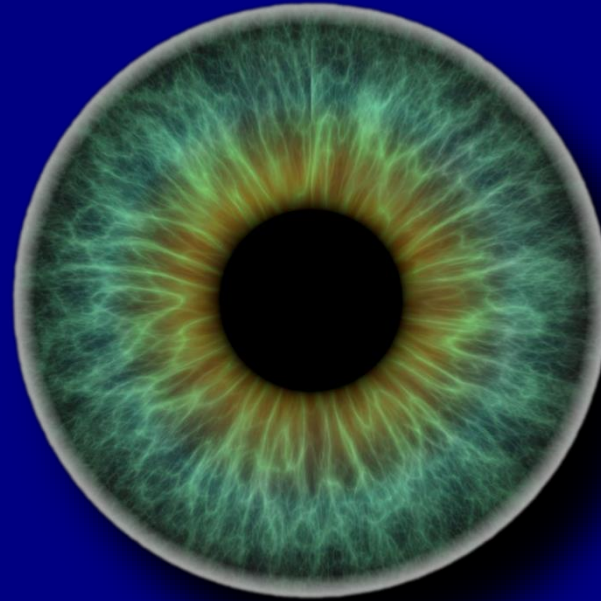




THE EYE



 Thieme

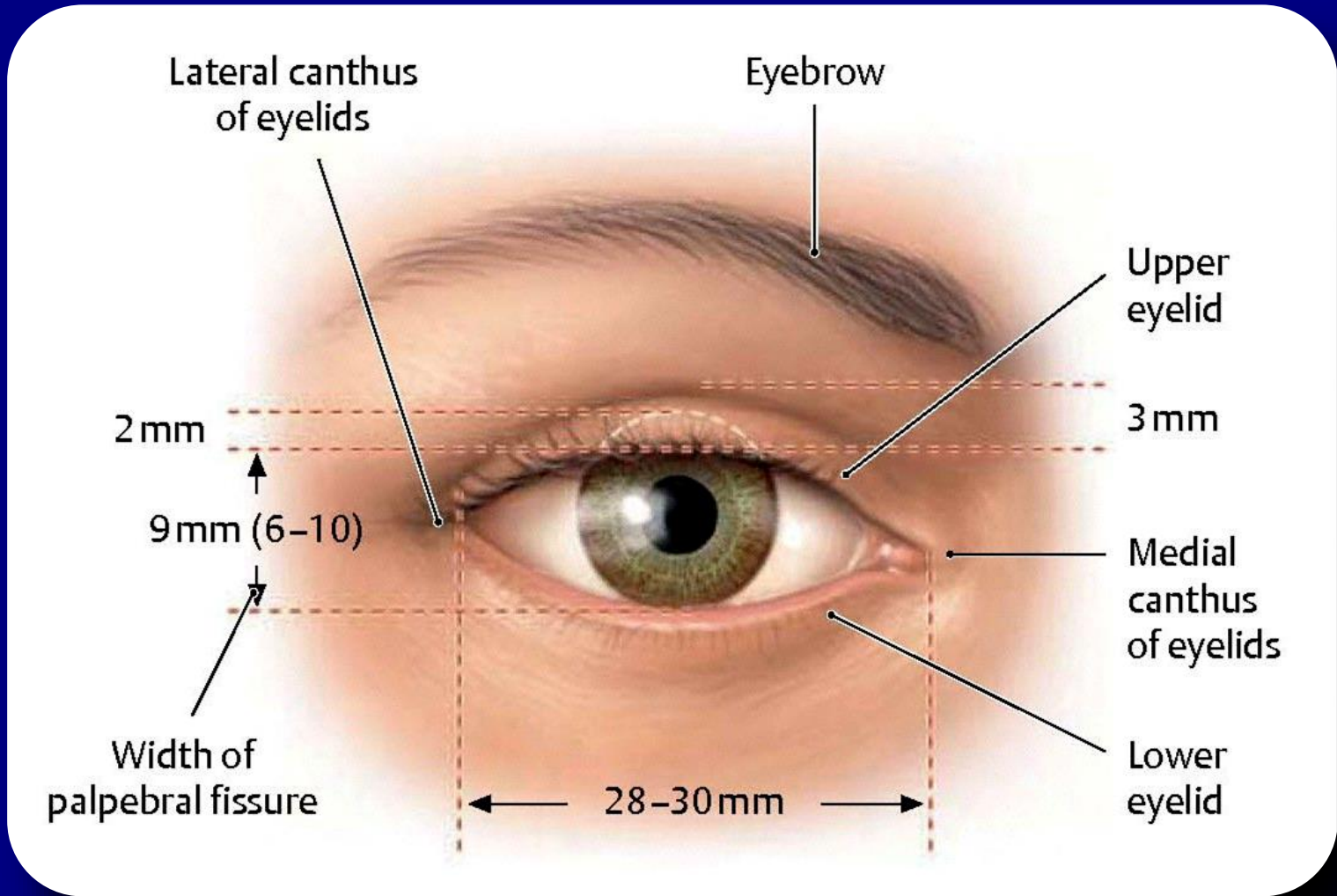
*F. Netter
M.D.*

Sobotta

GRAY'S
Anatomy



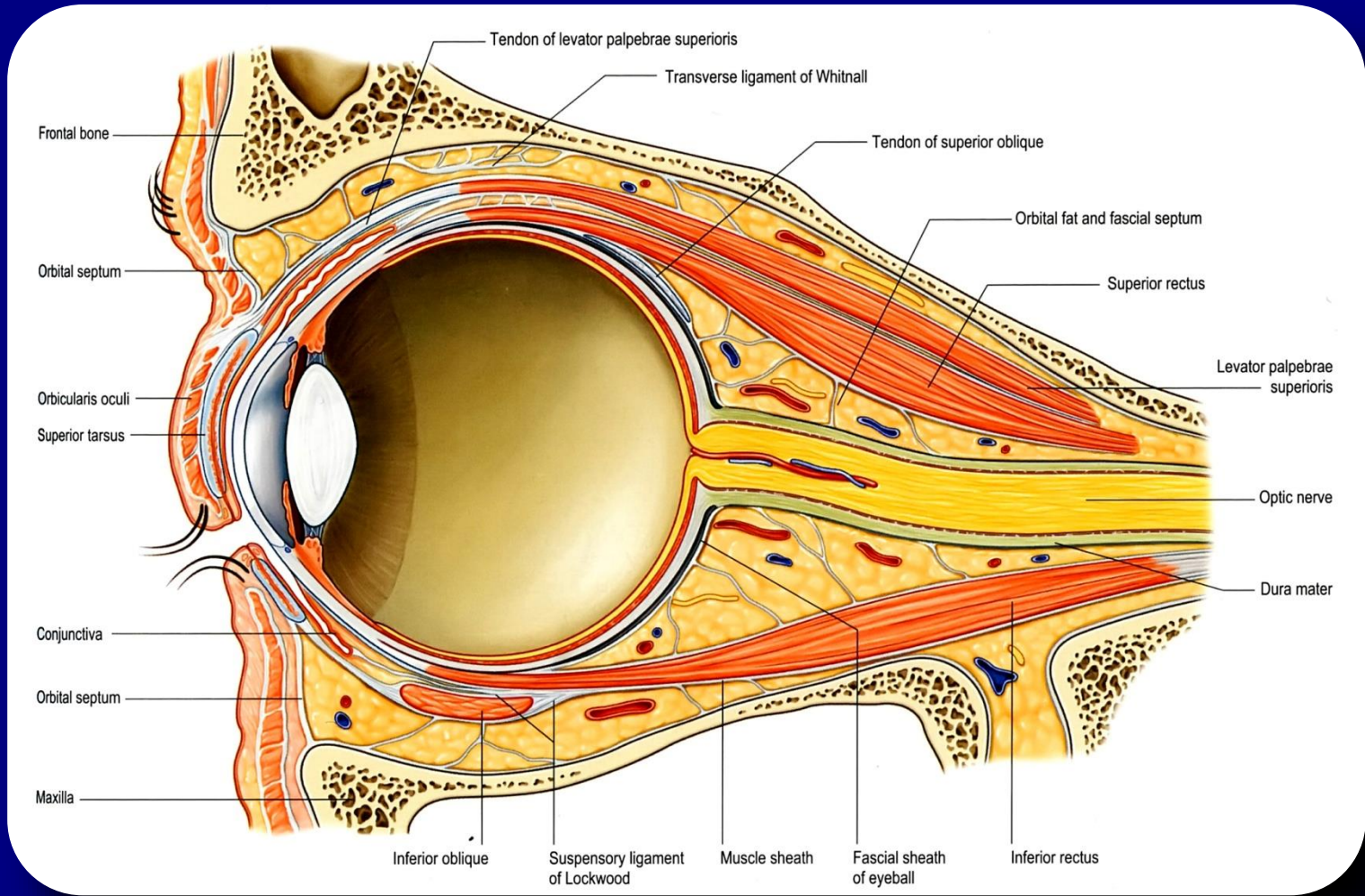
Skull: anterior view. Right orbit: frontal and lateral view



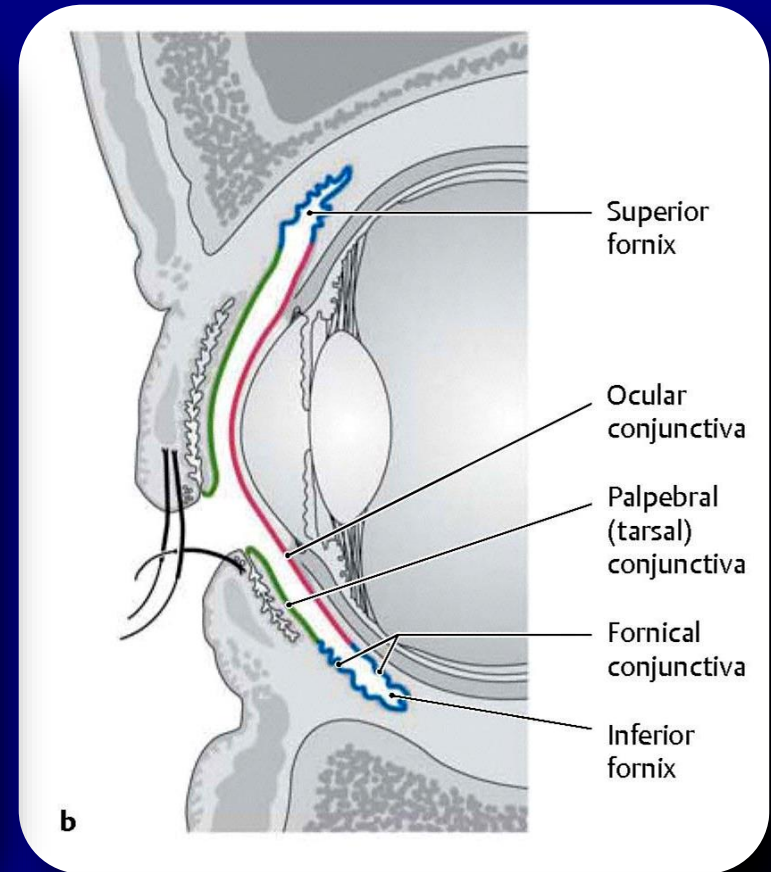
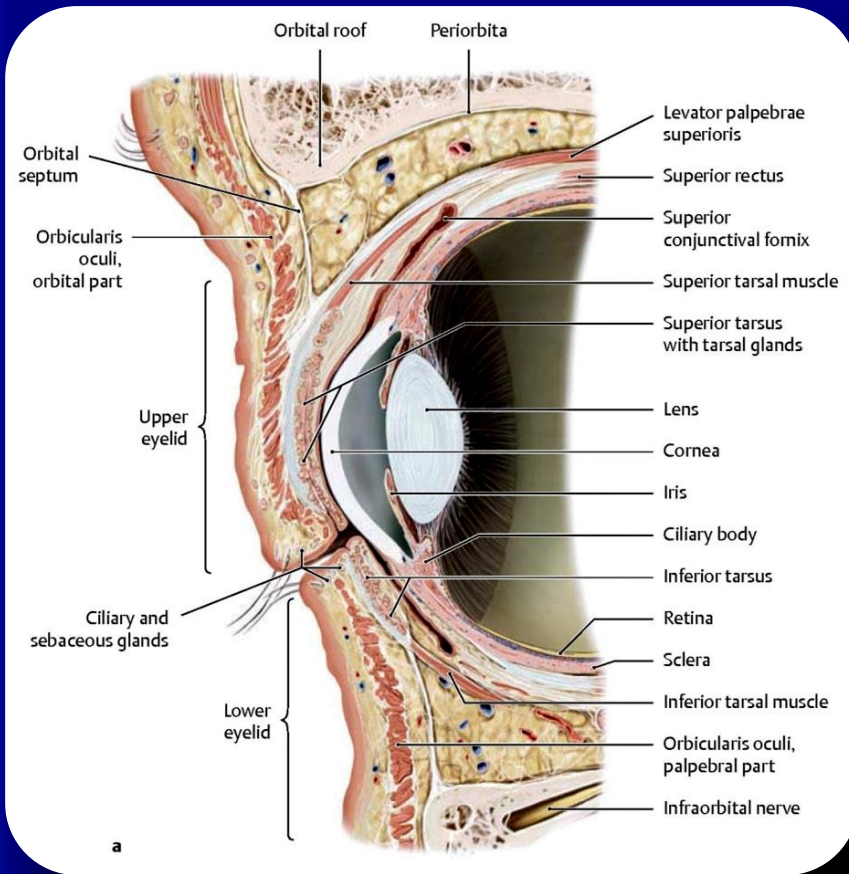
Surface anatomy of the eye

Question:

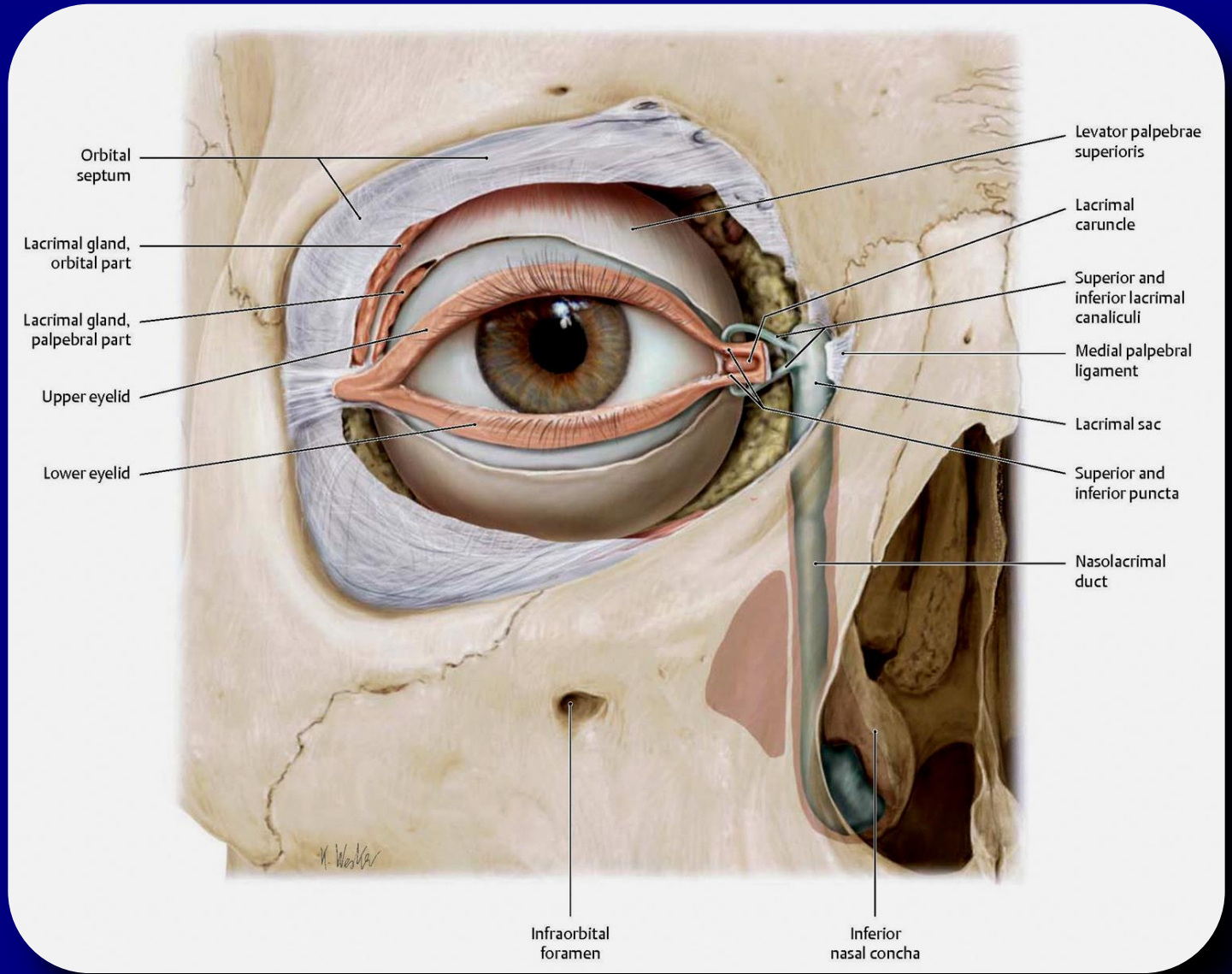
- Which muscle elevates the upper eyelid and which muscle constricts the eyelids?
- What is the innervation of these muscles?



The contents of the orbit, sagittal section.



Structure of the eyelids and conjunctiva



Lacrimal apparatus

Lipid layer,
approx. $0.1\ \mu\text{m}$

Prevents rapid
evaporation

Aqueous layer,
approx. $8\ \mu\text{m}$

Irrigating fluid,
smoothes surface
irregularities

Mucin layer,
approx. $0.8\ \mu\text{m}$

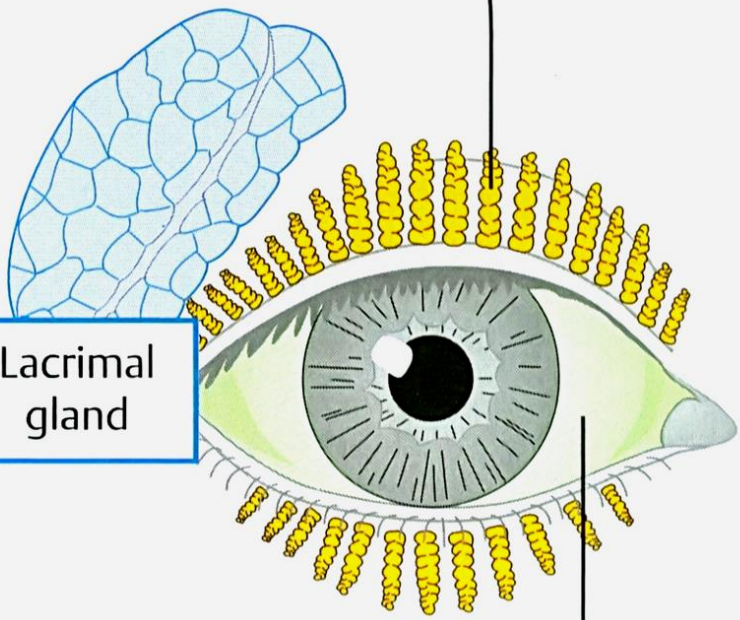
Gel-like
consistency stabilizes
the tear film

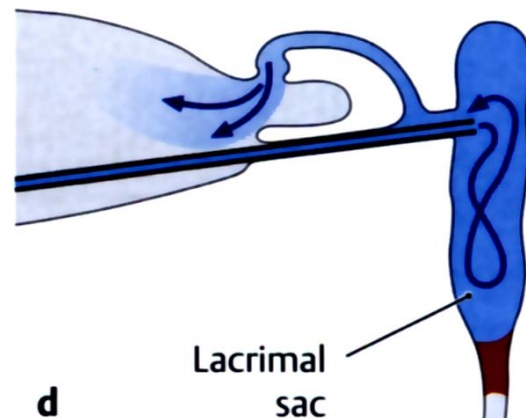
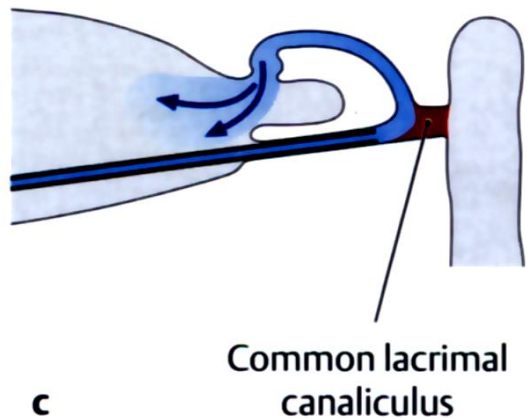
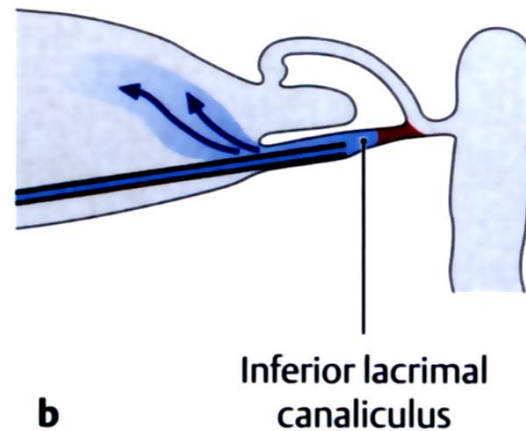
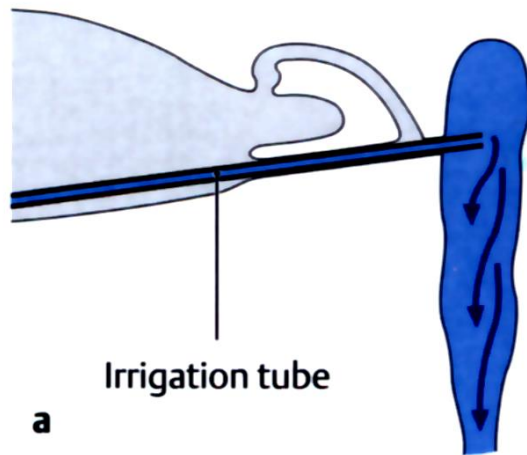


Meibomian glands

Lacrimal
gland

Conjunctival
goblet cells

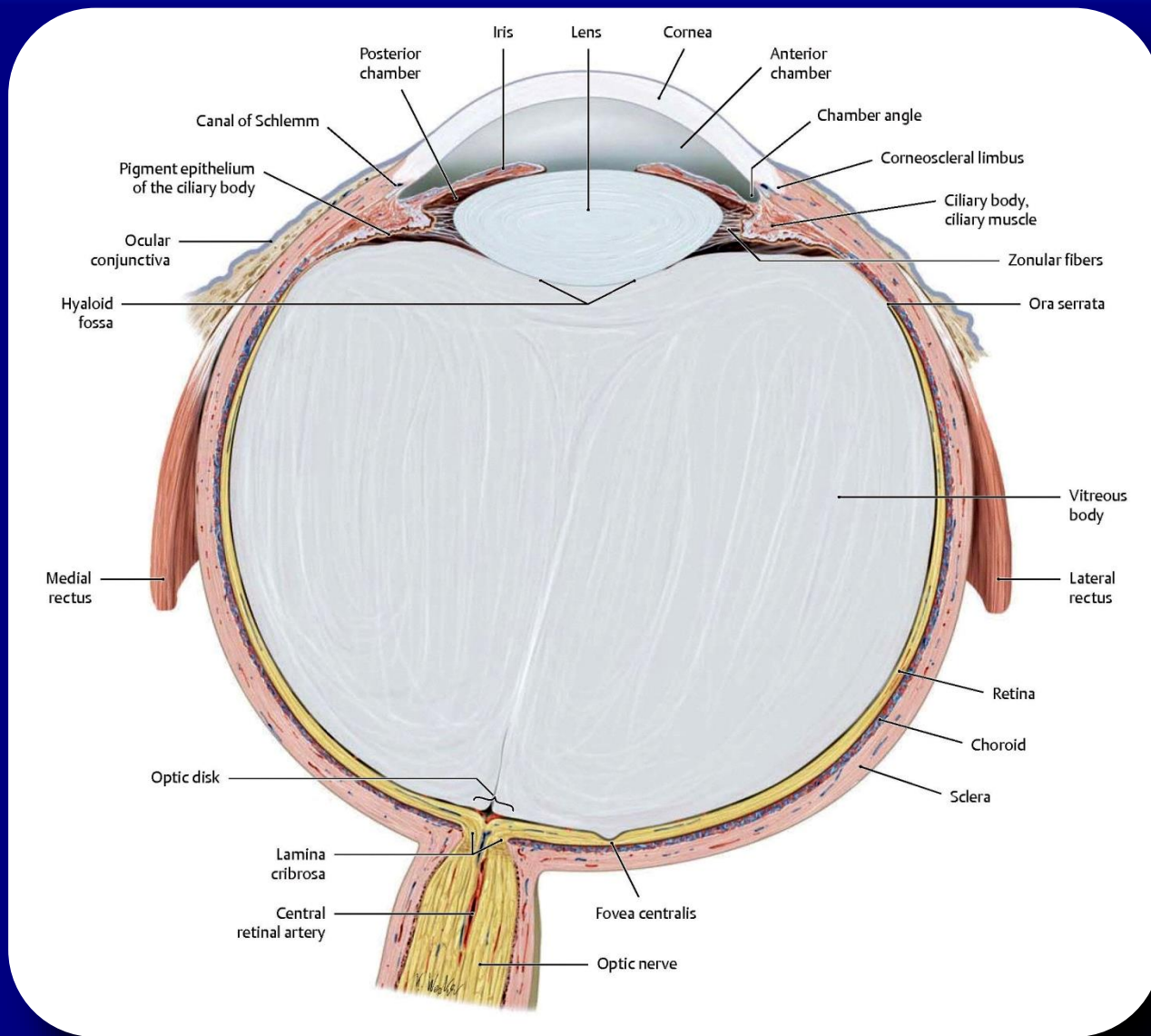




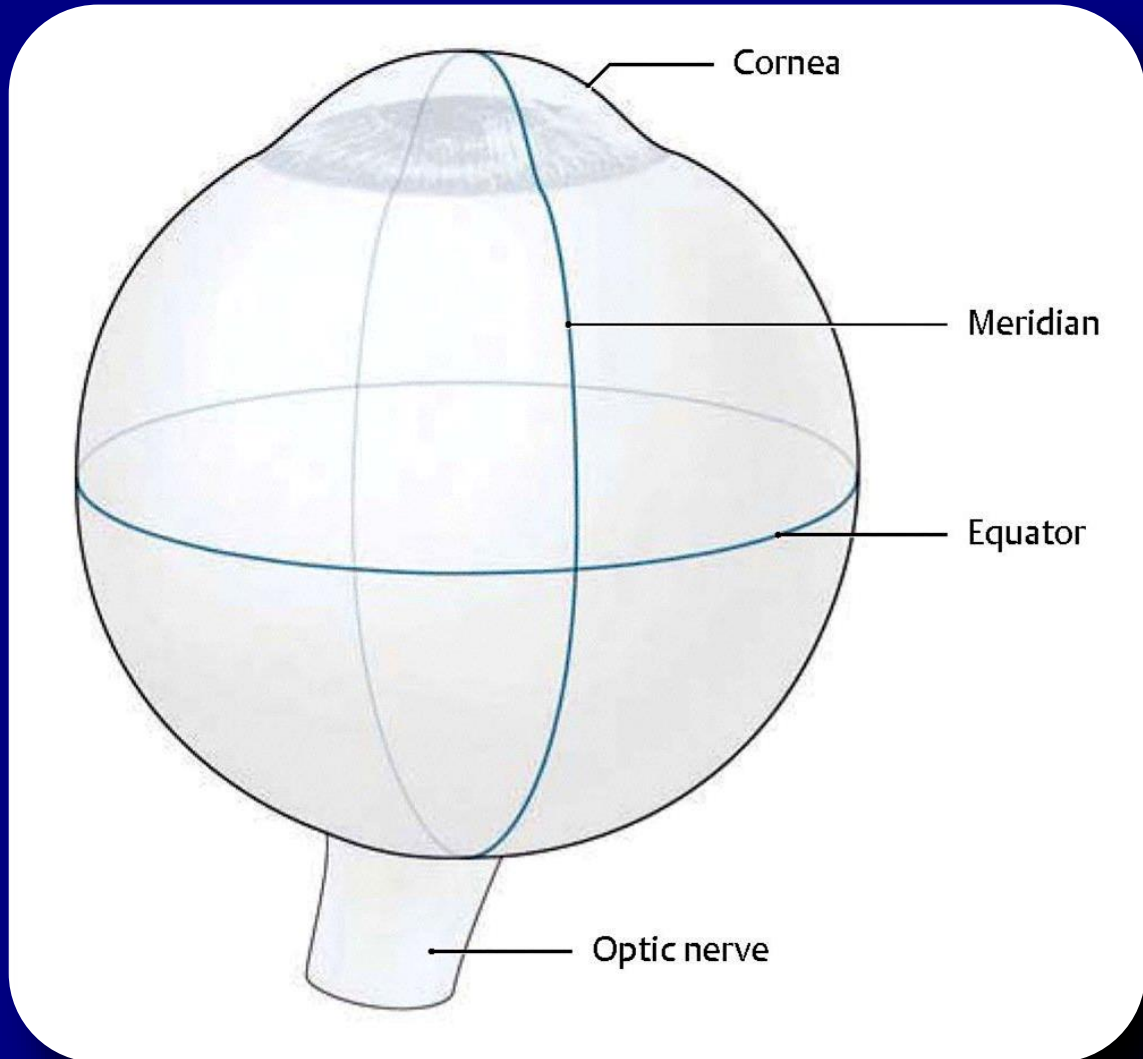
Obstructions to lacrimal drainage

Question:

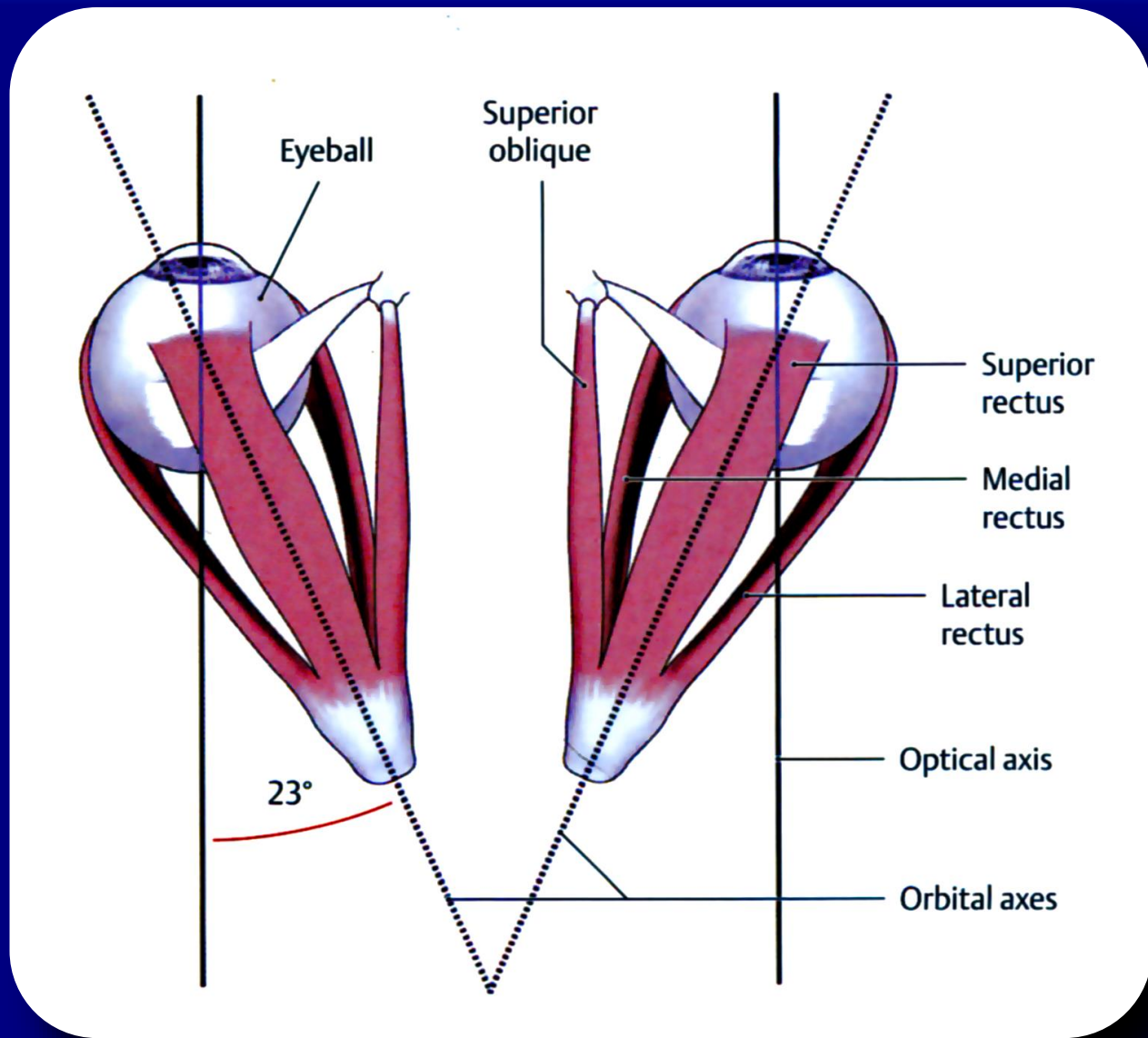
- Paralysis of which nerve (nerves) may cause the eye to dry out?
Try to guess why?



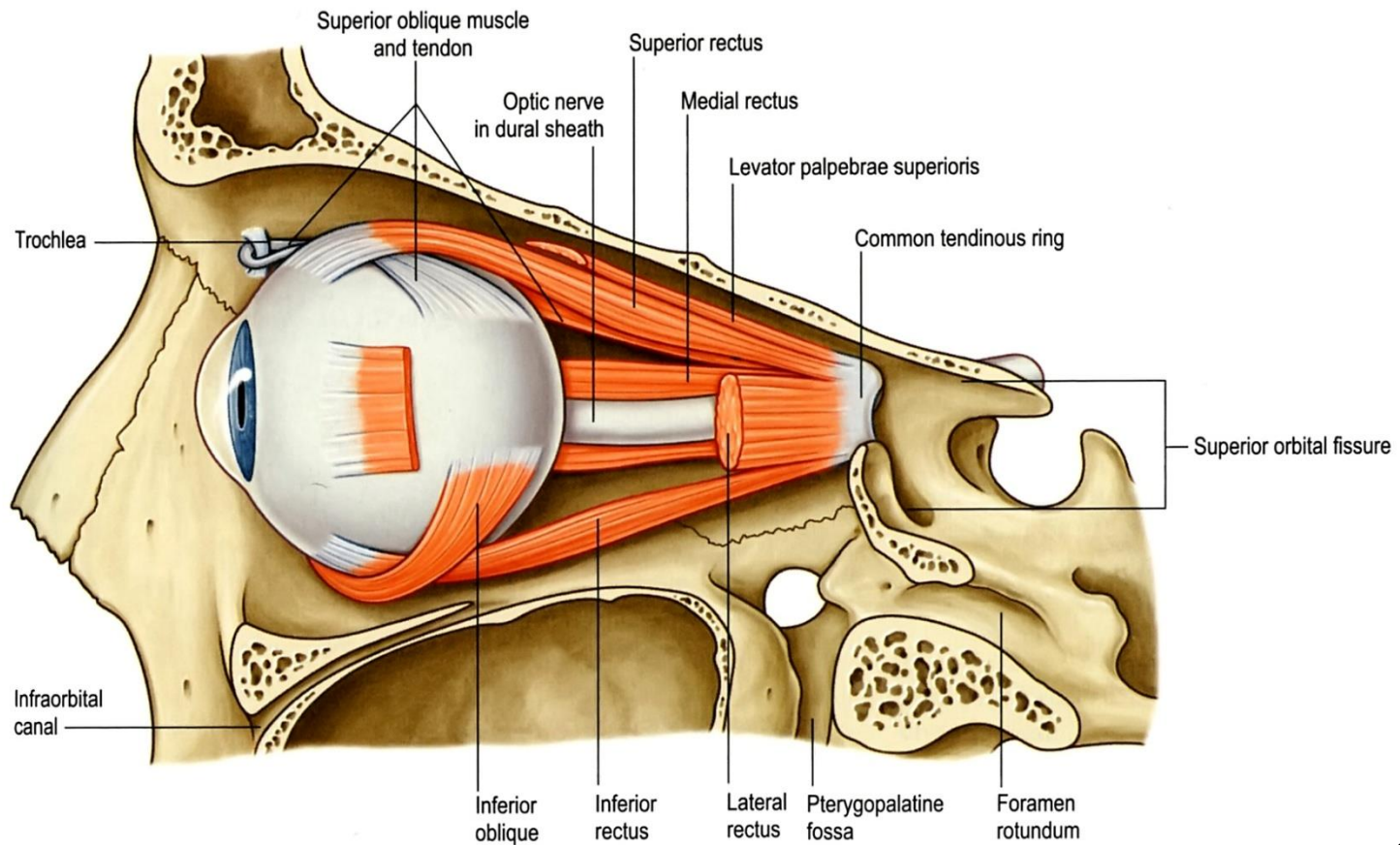
Transverse section through the eyeball



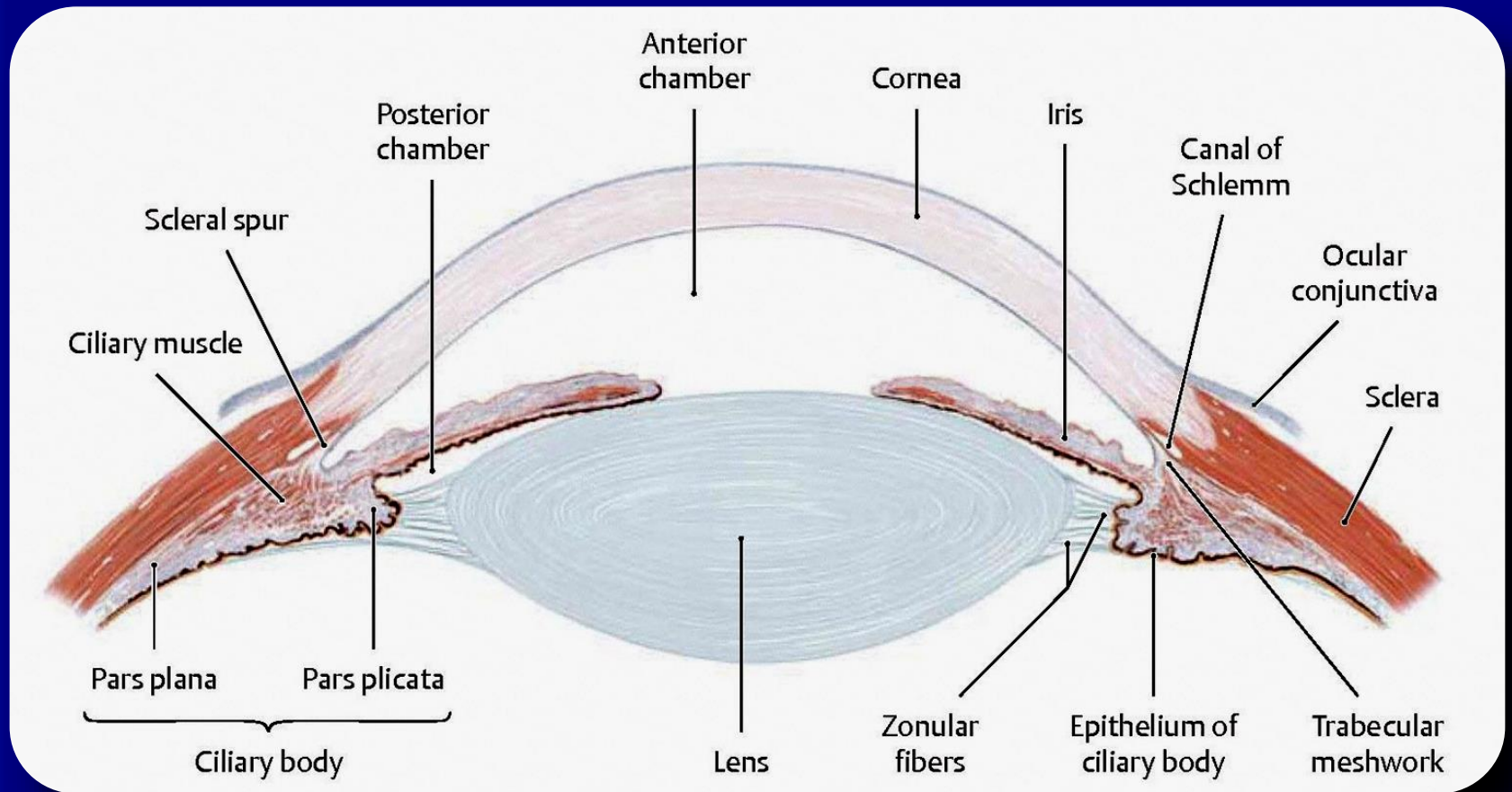
Reference lines and points on the eye



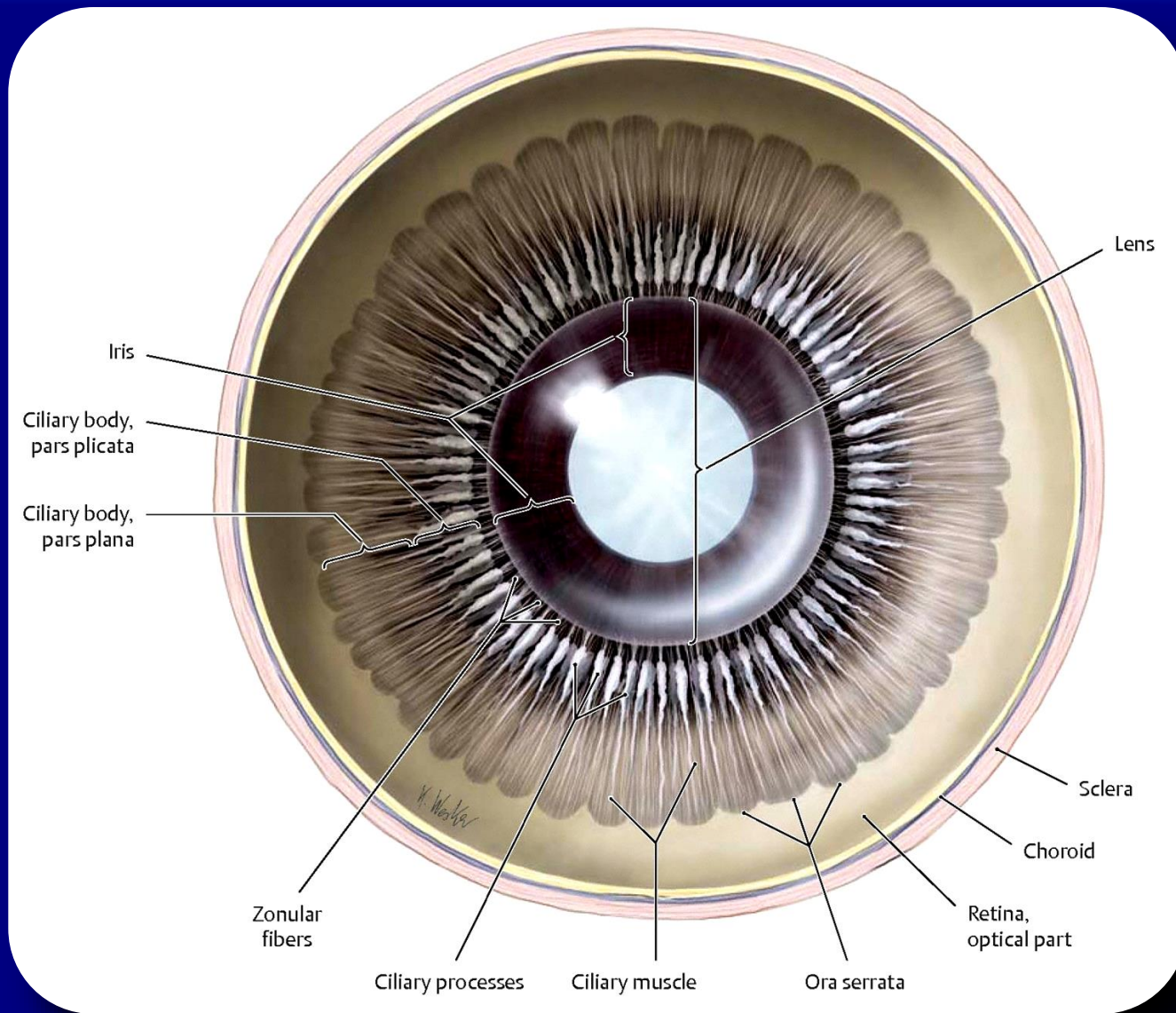
Optical axis and orbital axis



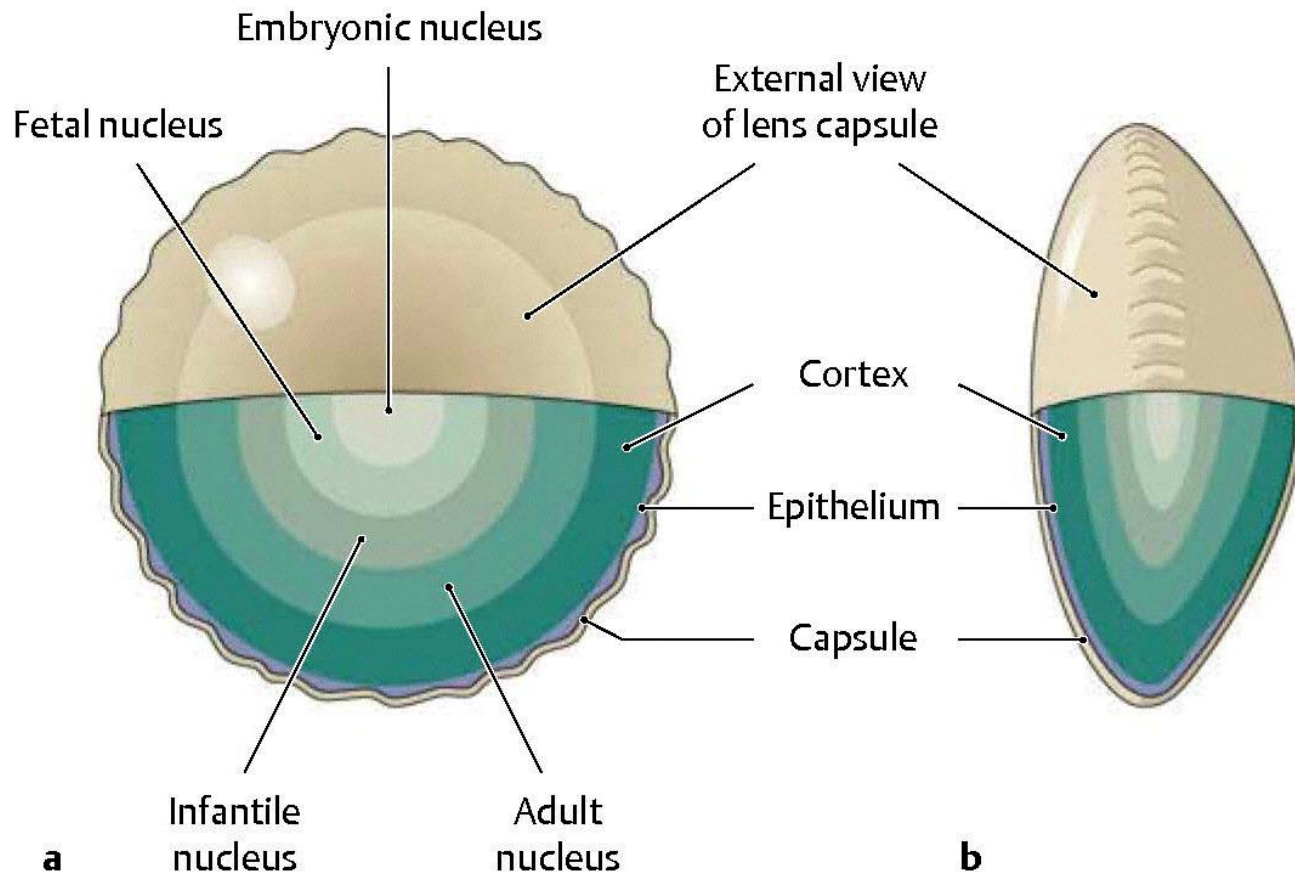
The muscles of the left orbit, lateral view.



Position of the lens and cornea in the eyeball



The lens and ciliary body

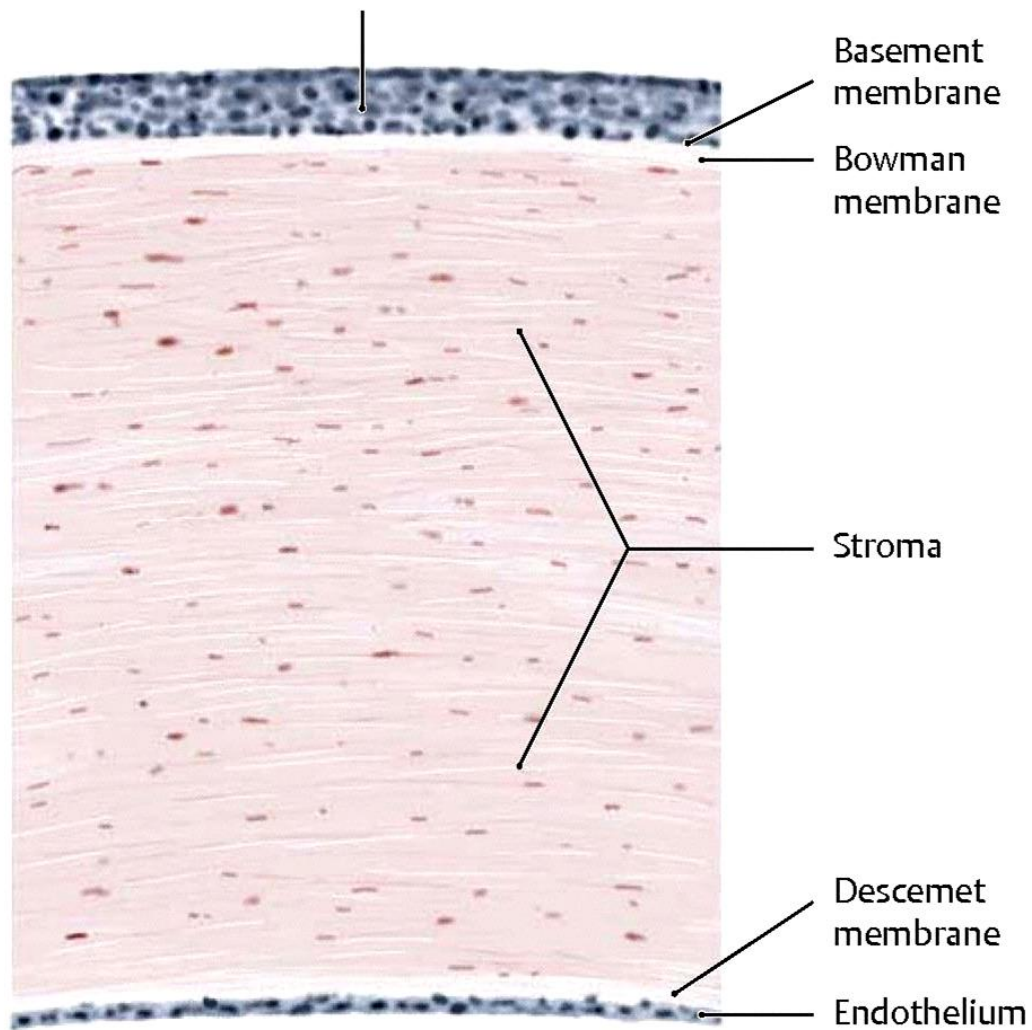


Growth of the lens and zones of discontinuity

Question:

- What is cataract?

Stratified nonkeratinized
squamous epithelium



Basement
membrane

Bowman
membrane

Stroma

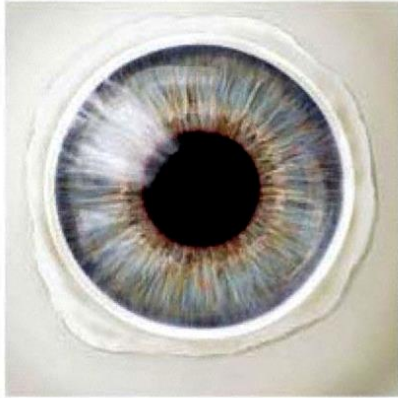
Descemet
membrane

Endothelium

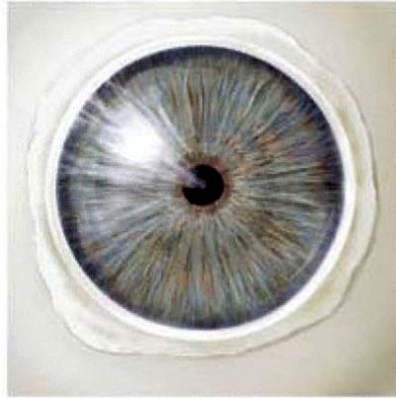
Structure of the cornea

Question:

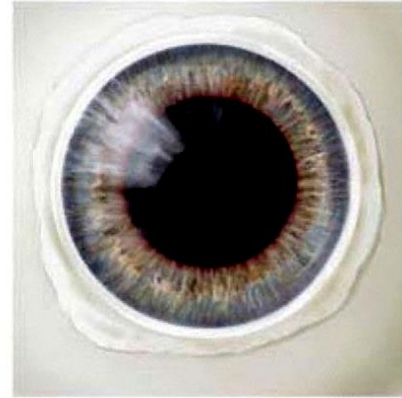
- Why a corneal transplant can be performed without rejection response?



a

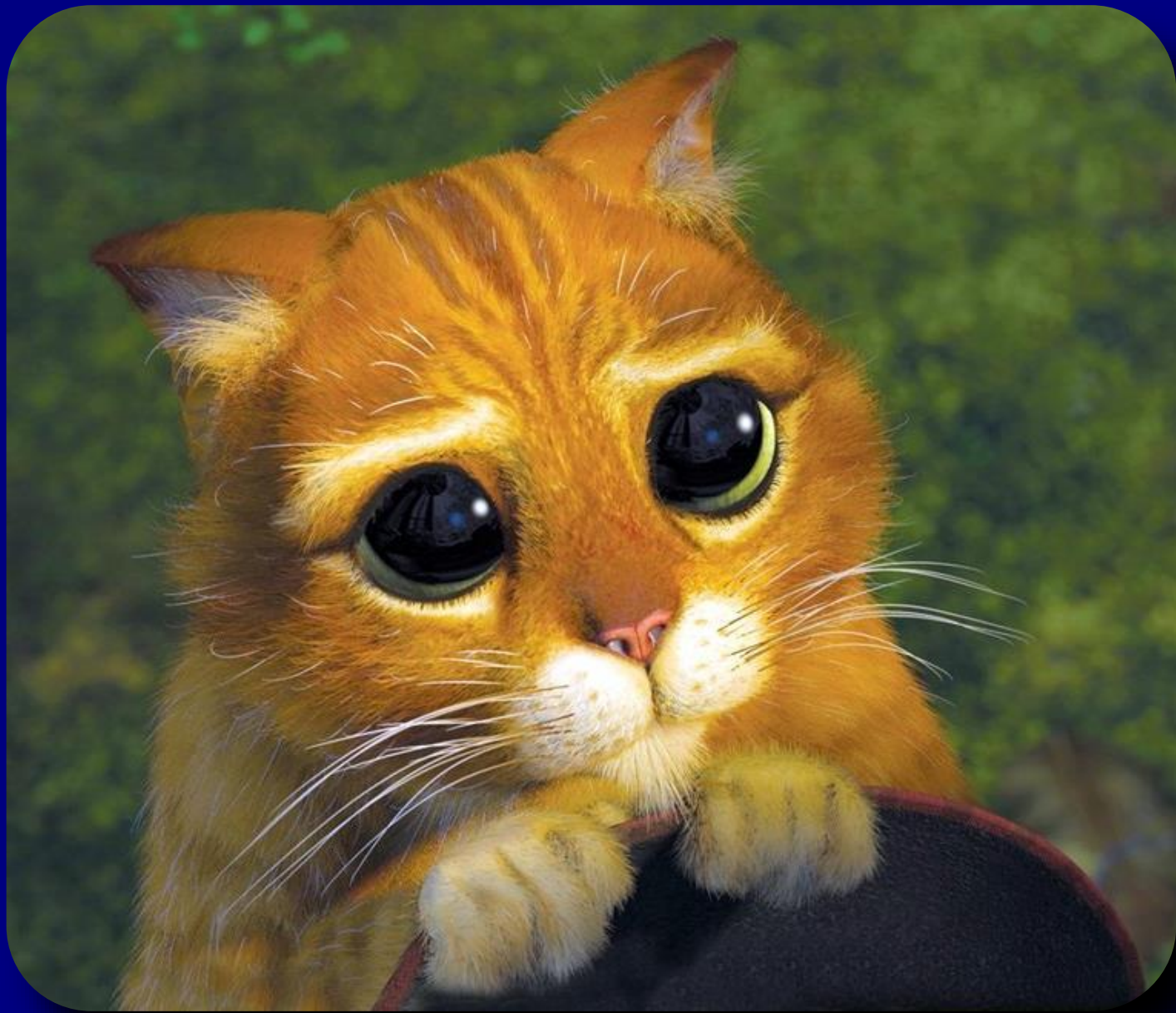


b



c

Pupil size

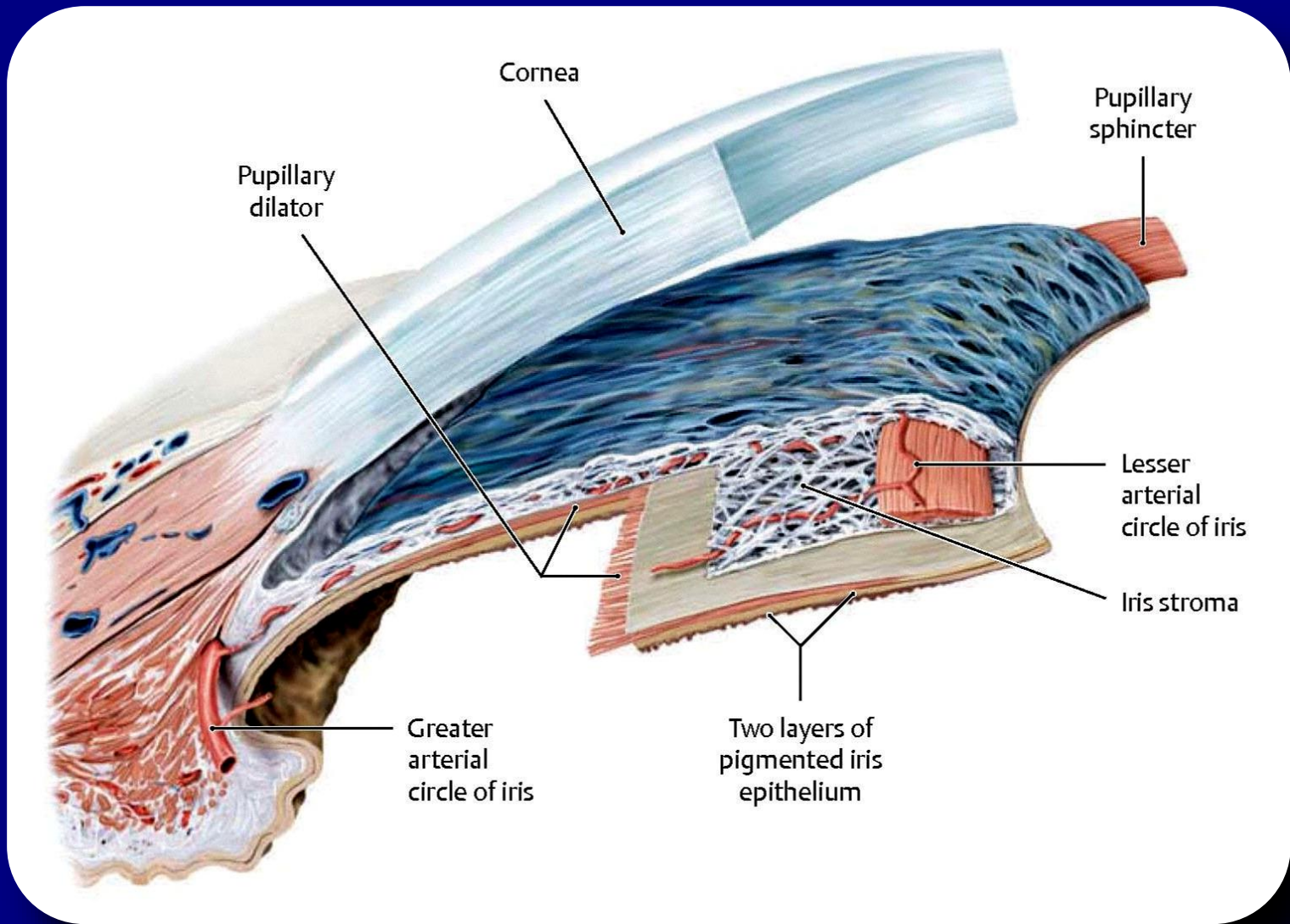


Question:

- Try to guess what may cause changes of the pupil size?

Miosis (Bb)	Mydriasis (Bc)
Light	Darkness
Sleep, fatigue	Pain, excitement
Miotic agents (parasympatho- mimetics, sympatholytics)	Mydriatic agents (parasympatholytics such as atropine, sympathomimetics such as epinephrine)
Horner syndrome (including ptosis and a narrow palpebral fissure)	Oculomotor palsy
General anesthesia, morphine	Migraine attack, glaucoma attack

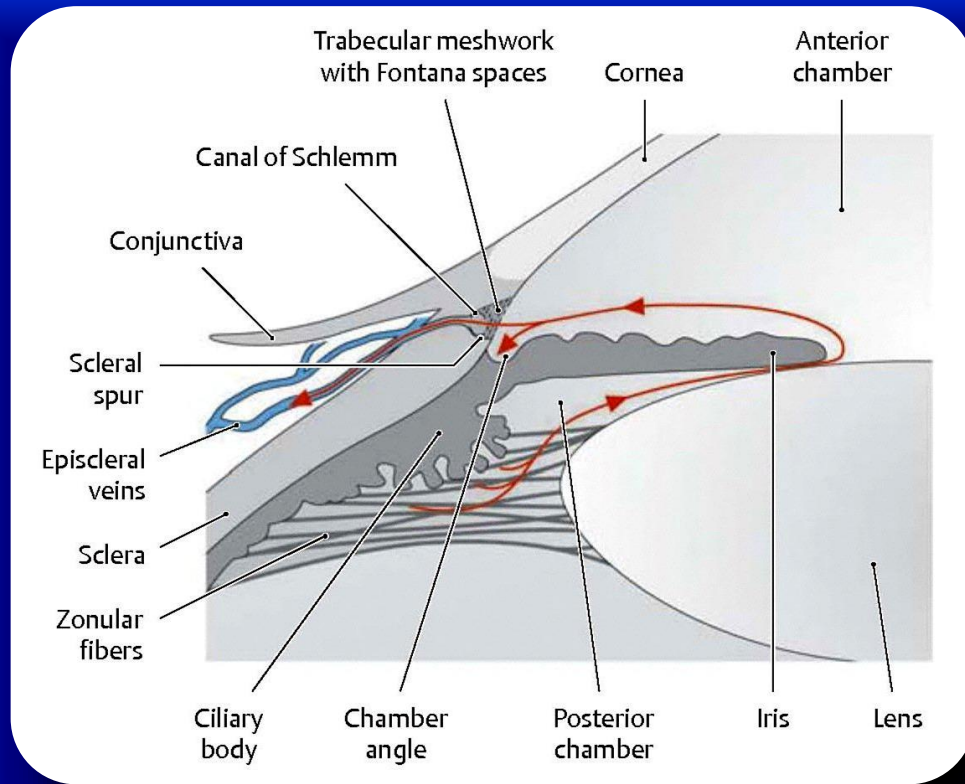
Causes of miosis and mydriasis



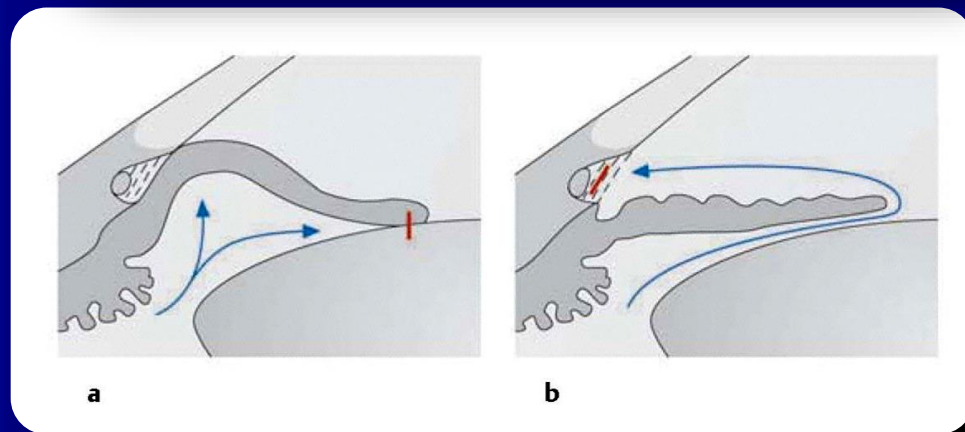
Structure of the iris

Question:

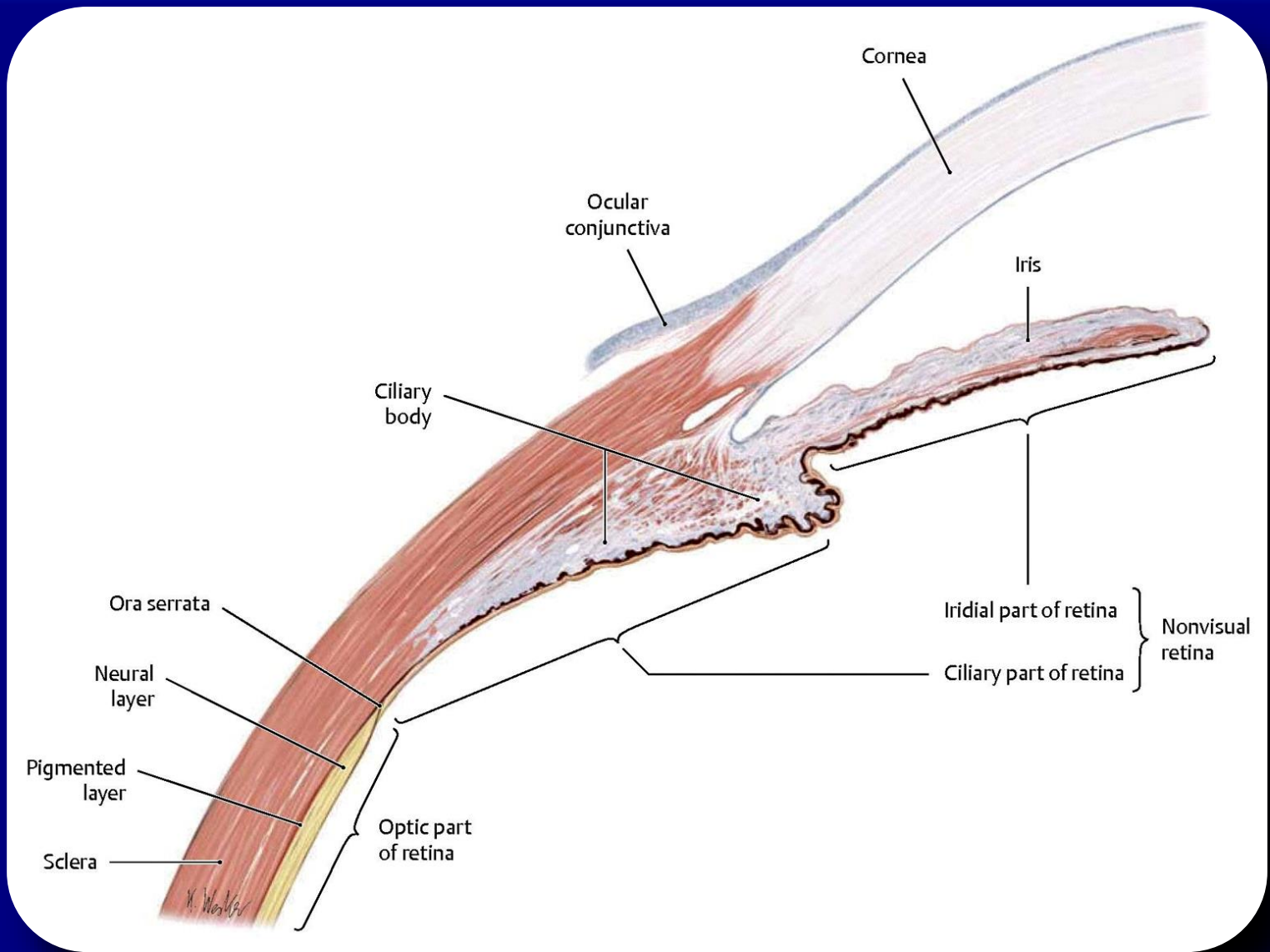
- What is glaucoma?



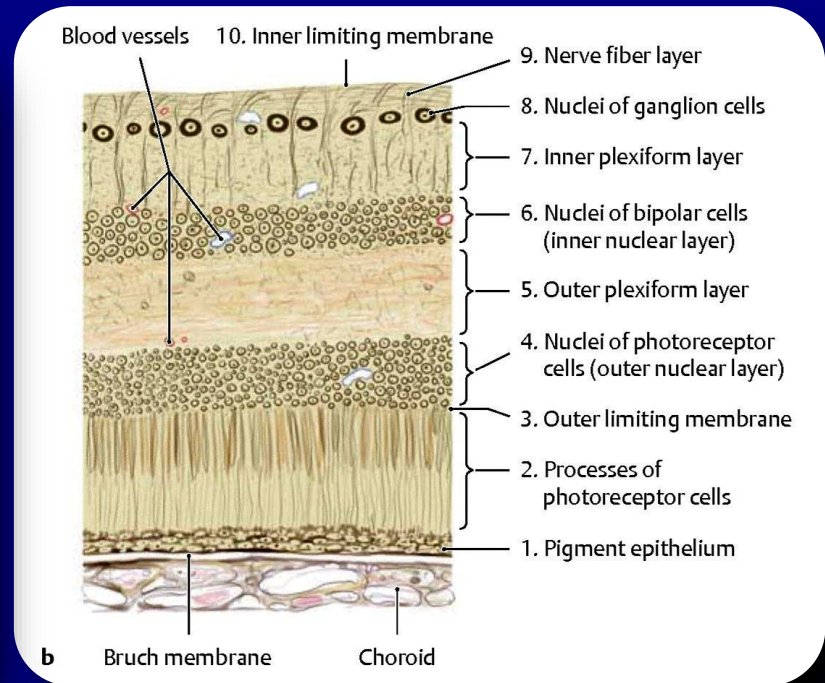
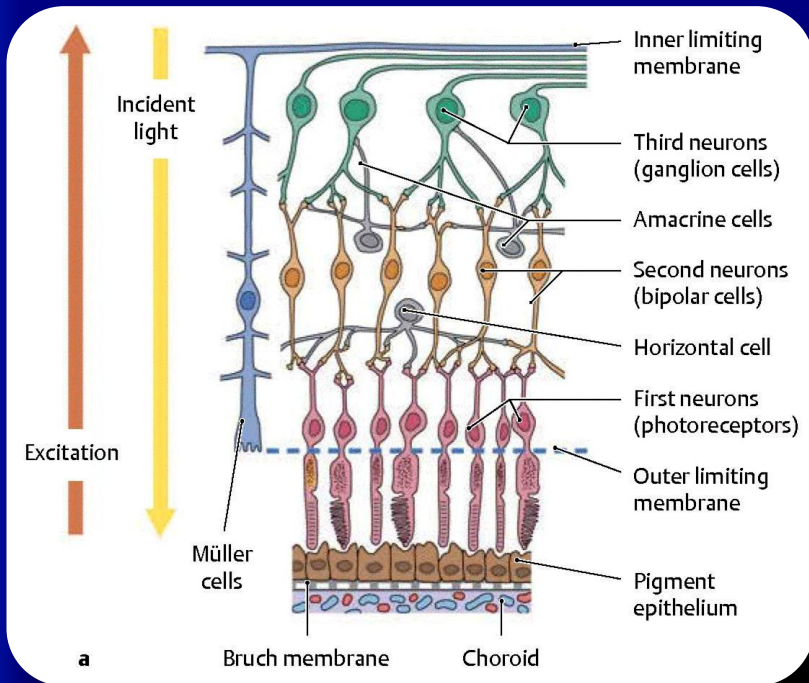
Normal drainage of aqueous humor



Obstruction of aqueous drainage
and glaucoma

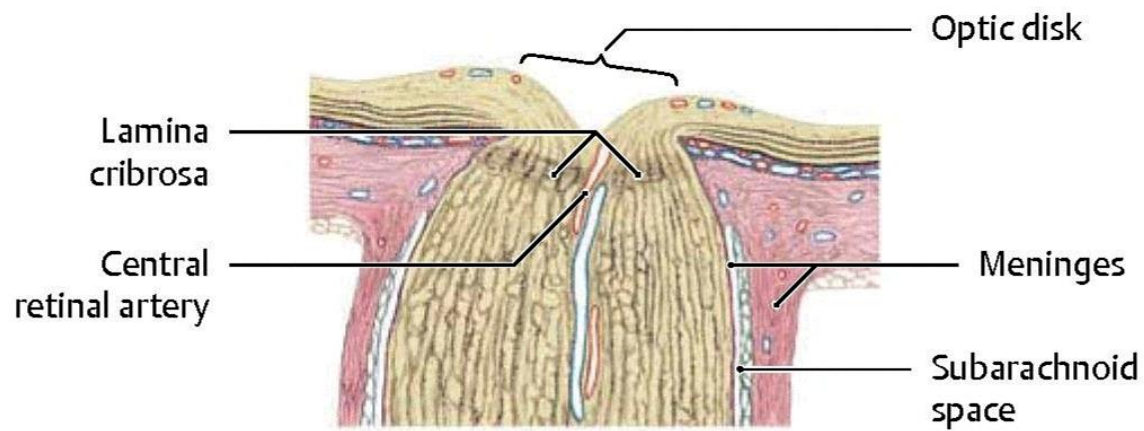


Parts of the retina

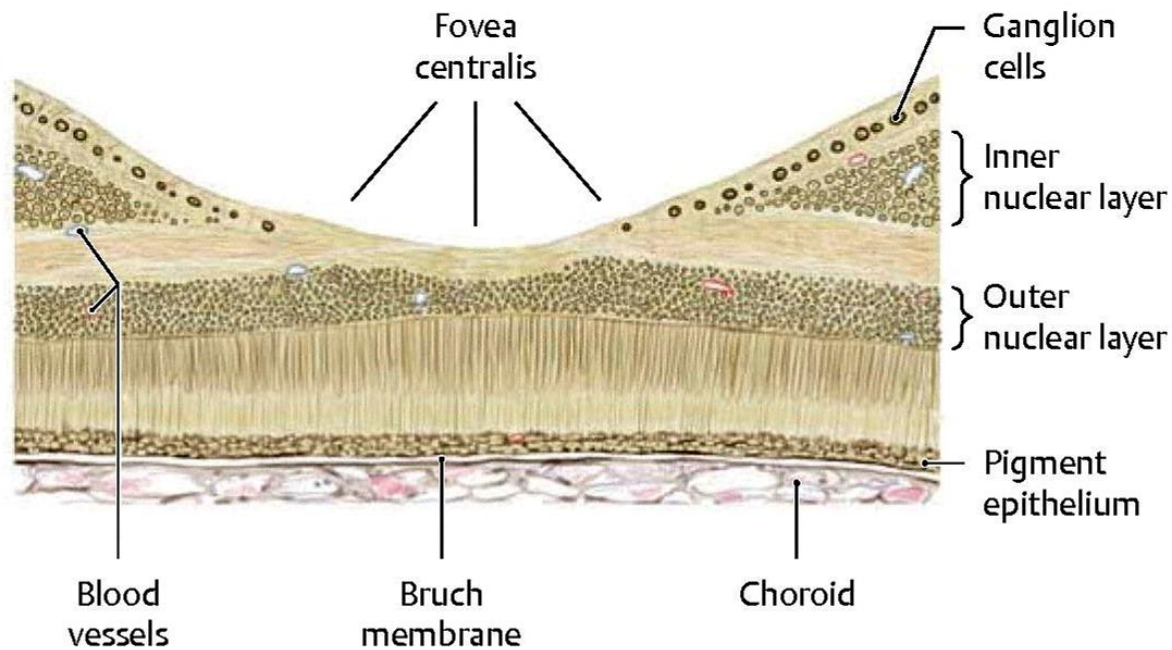


Structure of the retina

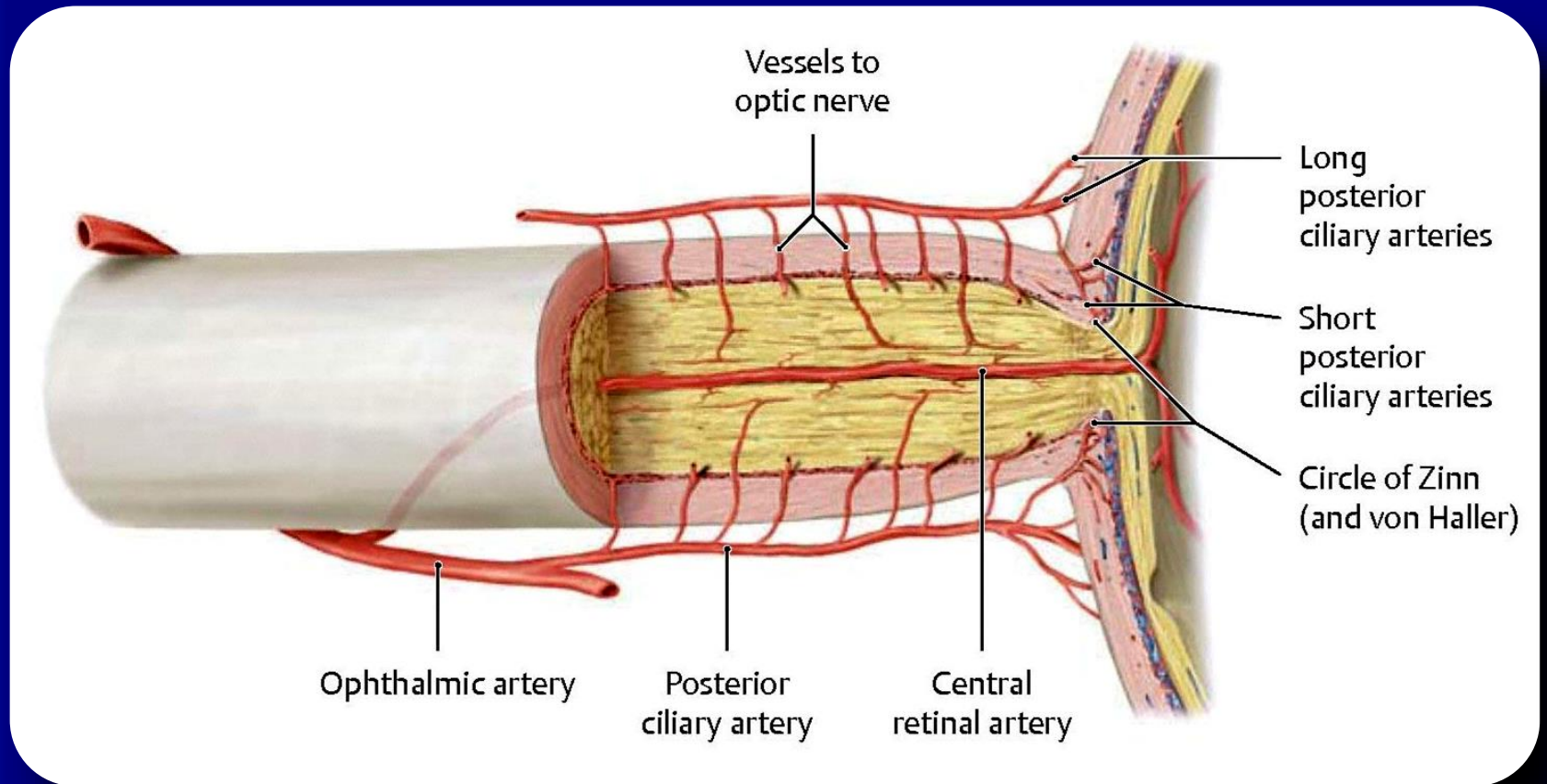
The retina contains 100-125 million rods, which are responsible for twilight and night vision, but only about 6-7 million cones (different cones are specialized for the perception of red, green, and blue).



Optic disk ("blind spot")
and lamina cribrosa



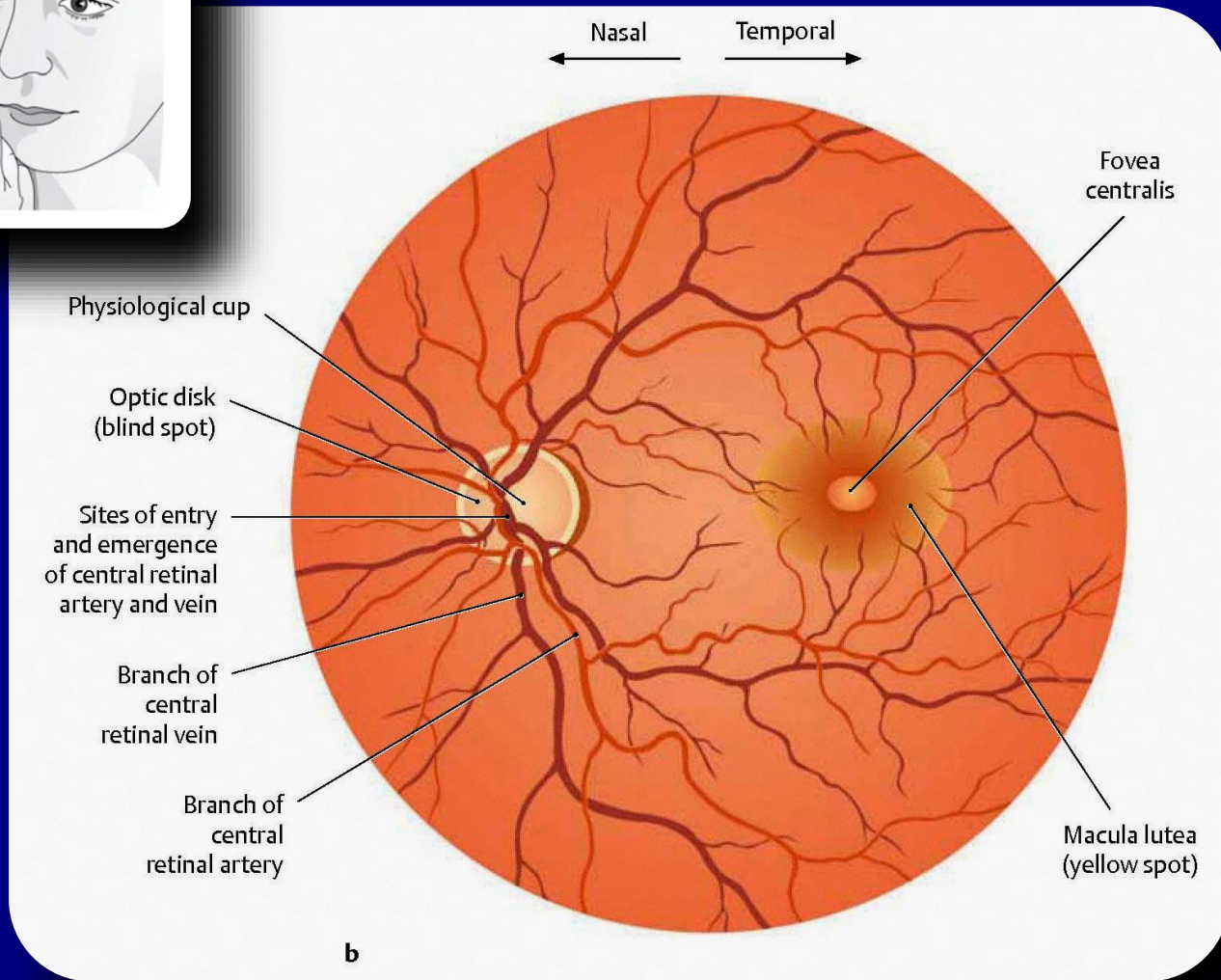
Macula lutea
and fovea centralis



Arterial blood supply of the optic nerve and optic nerve head

Question:

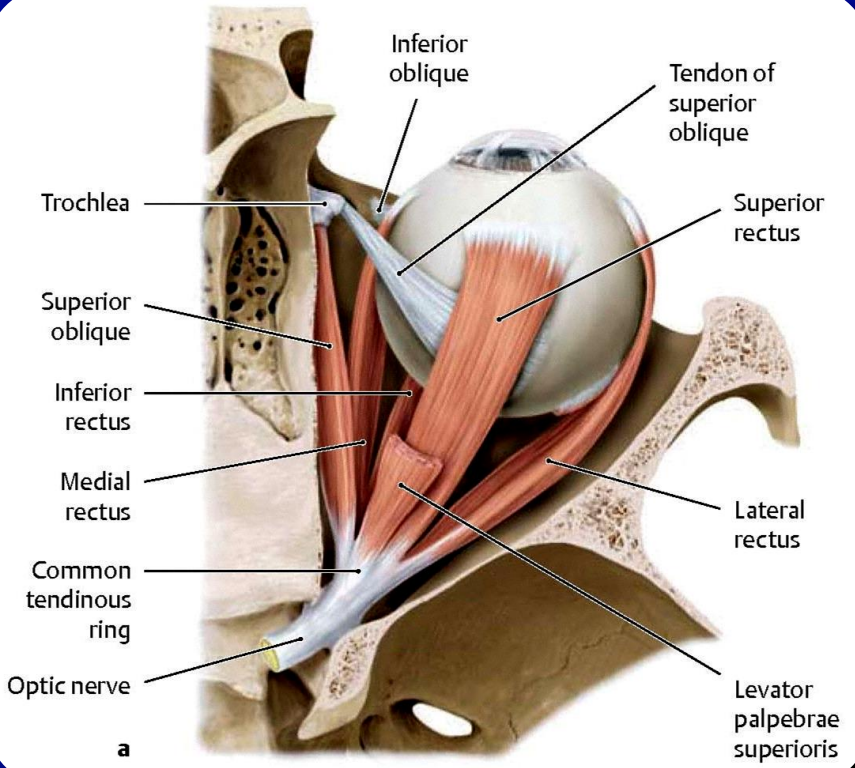
- What can you see during ophthalmoscopic examination of the optic fundus?



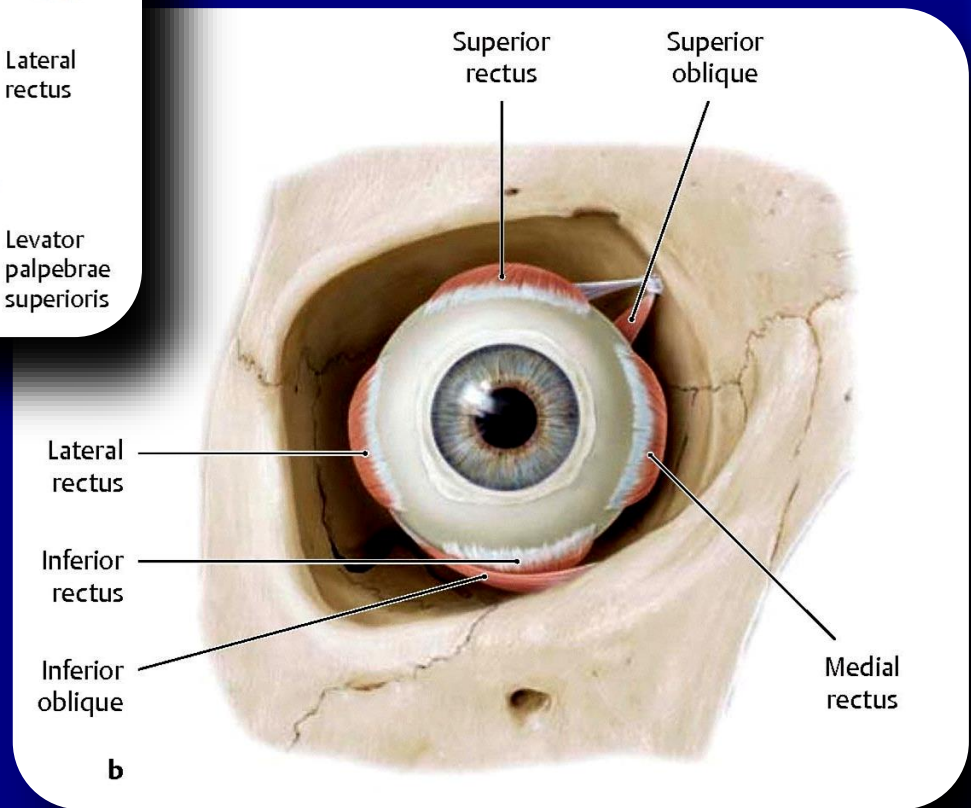
Ophthalmoscopic examination of the optic fundus

In direct ophthalmoscopy, the following structures can be directly evaluated:

- the condition of the retina
- the blood vessels (particularly the central retinal artery)
- the optic disk (where the optic nerve emerges from the eyeball)
- the macula lutea and fovea centralis

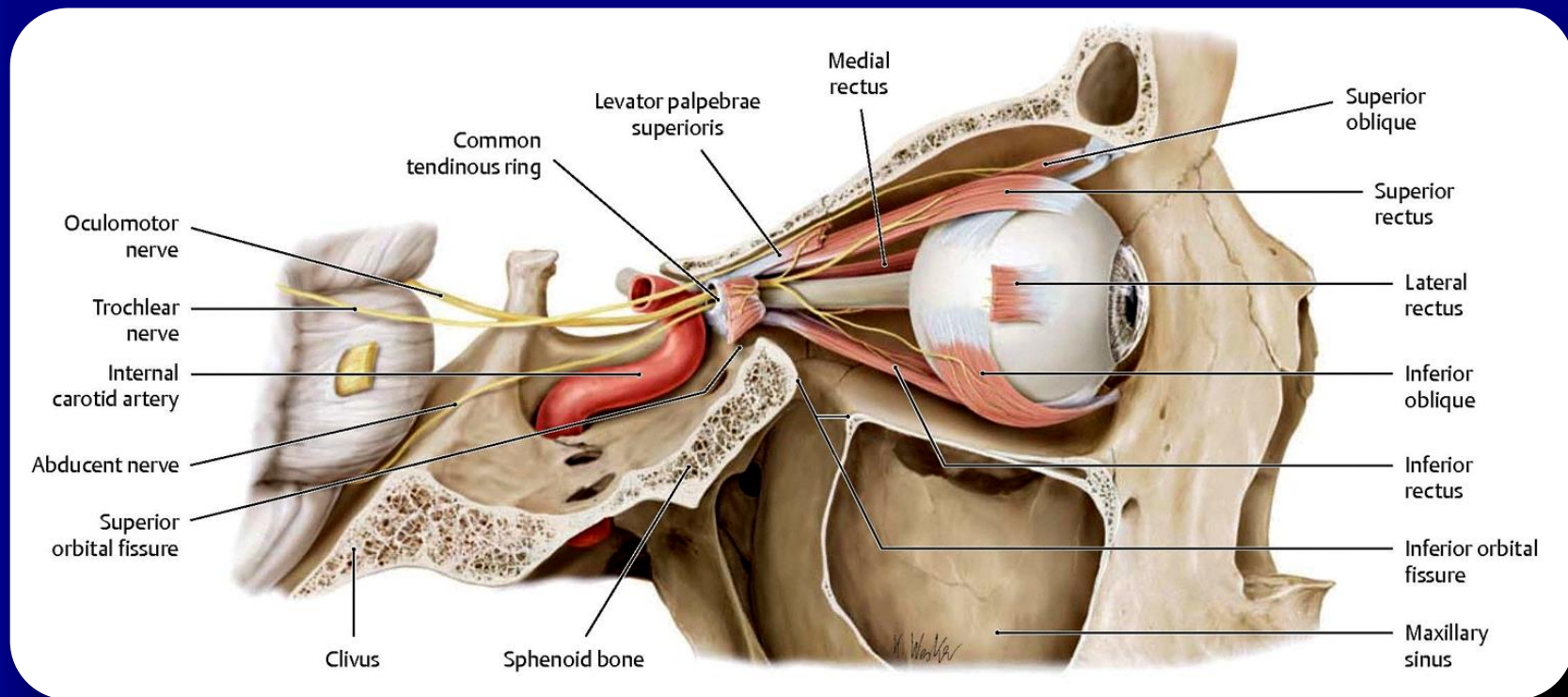


Location of the extraocular muscles (extrinsic eye muscles)



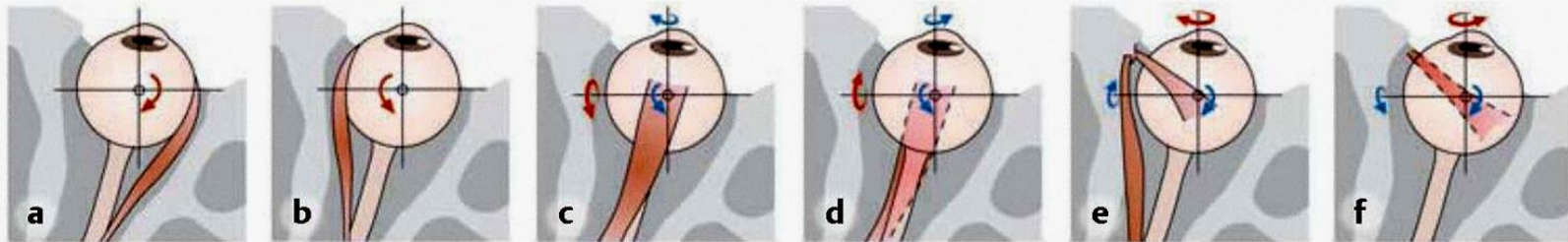
a

b



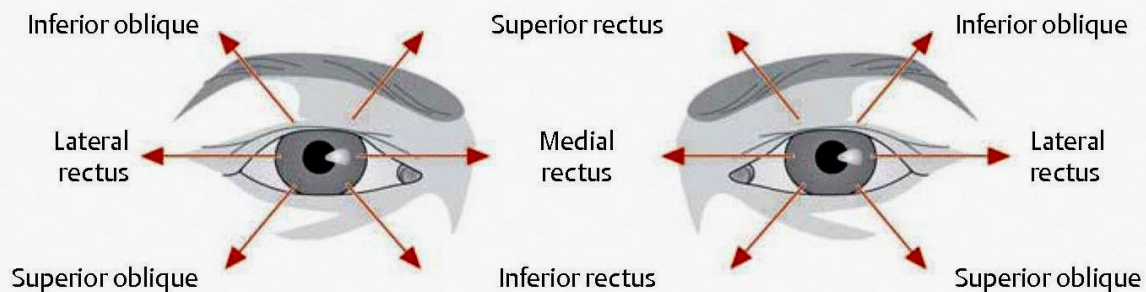
Innervation of the extraocular muscles

Function and innervation of the extraocular muscles



Muscle	Primary action	Secondary action	Innervation
a Lateral rectus	Abduction	None	Abducent nerve (CN VI)
b Medial rectus	Adduction	None	Oculomotor nerve (CN III), inferior branch
c Superior rectus	Elevation	Adduction and medial rotation	Oculomotor nerve (CN III), superior branch
d Inferior rectus	Depression	Adduction and lateral rotation	Oculomotor nerve (CN III), inferior branch
e Superior oblique	Depression and abduction	Medial rotation	Trochlear nerve (CN IV)
f Inferior oblique	Elevation and abduction	Lateral rotation	Oculomotor nerve (CN III), inferior branch

The six cardinal directions of gaze



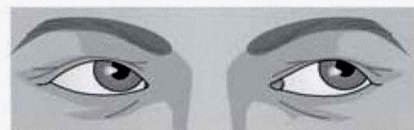
Up and to the right



Inferior oblique Superior rectus

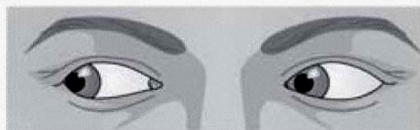


Up and to the left



Superior rectus Inferior oblique

To the right



Lateral rectus Medial rectus

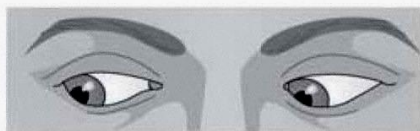


To the left



Medial rectus Lateral rectus

Down and to the right



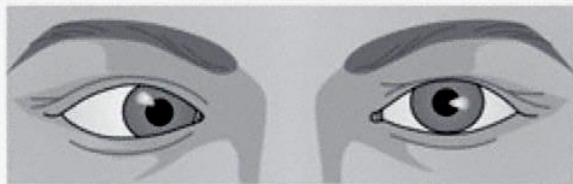
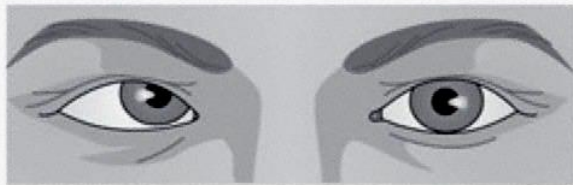
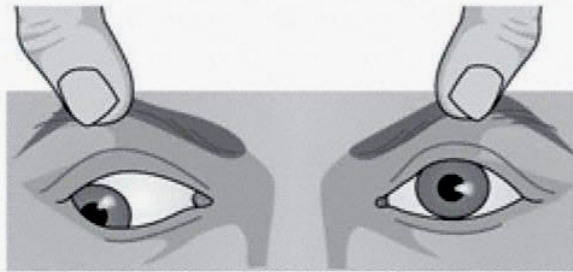
Superior oblique Inferior rectus



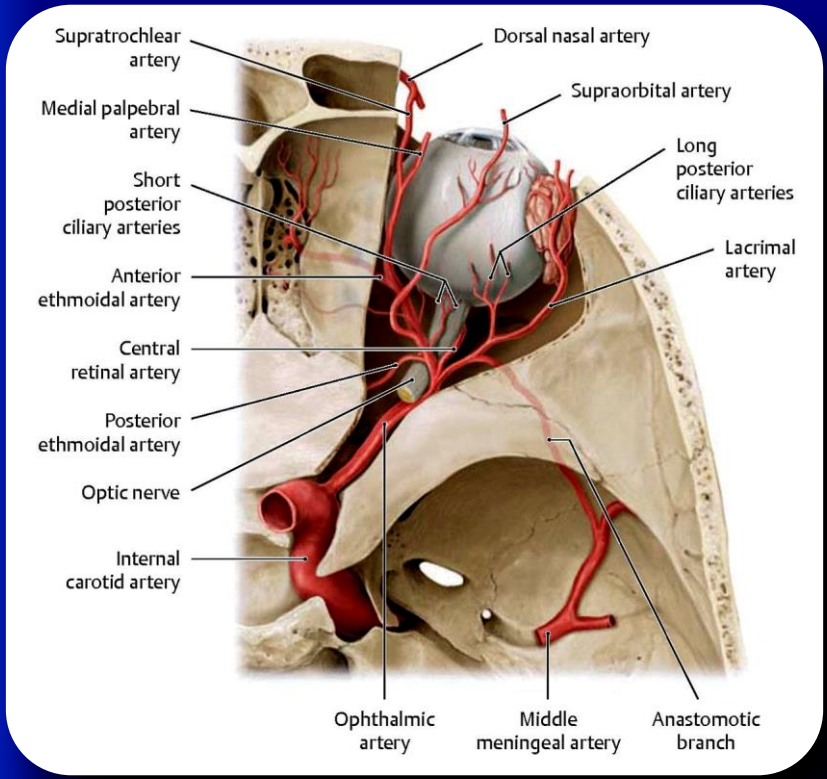
Down and to the left



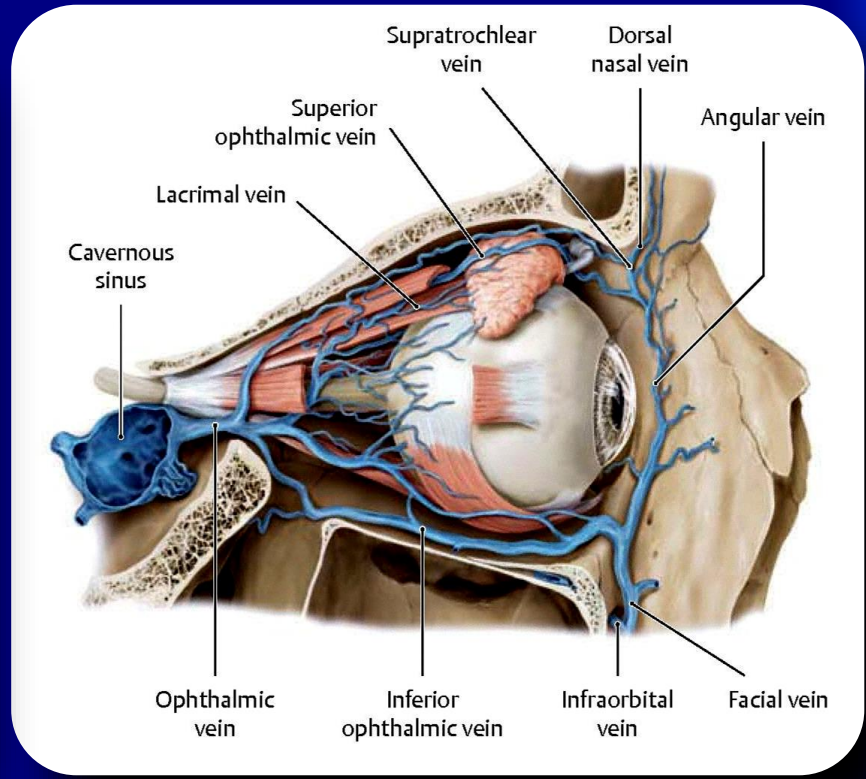
Inferior rectus Superior oblique



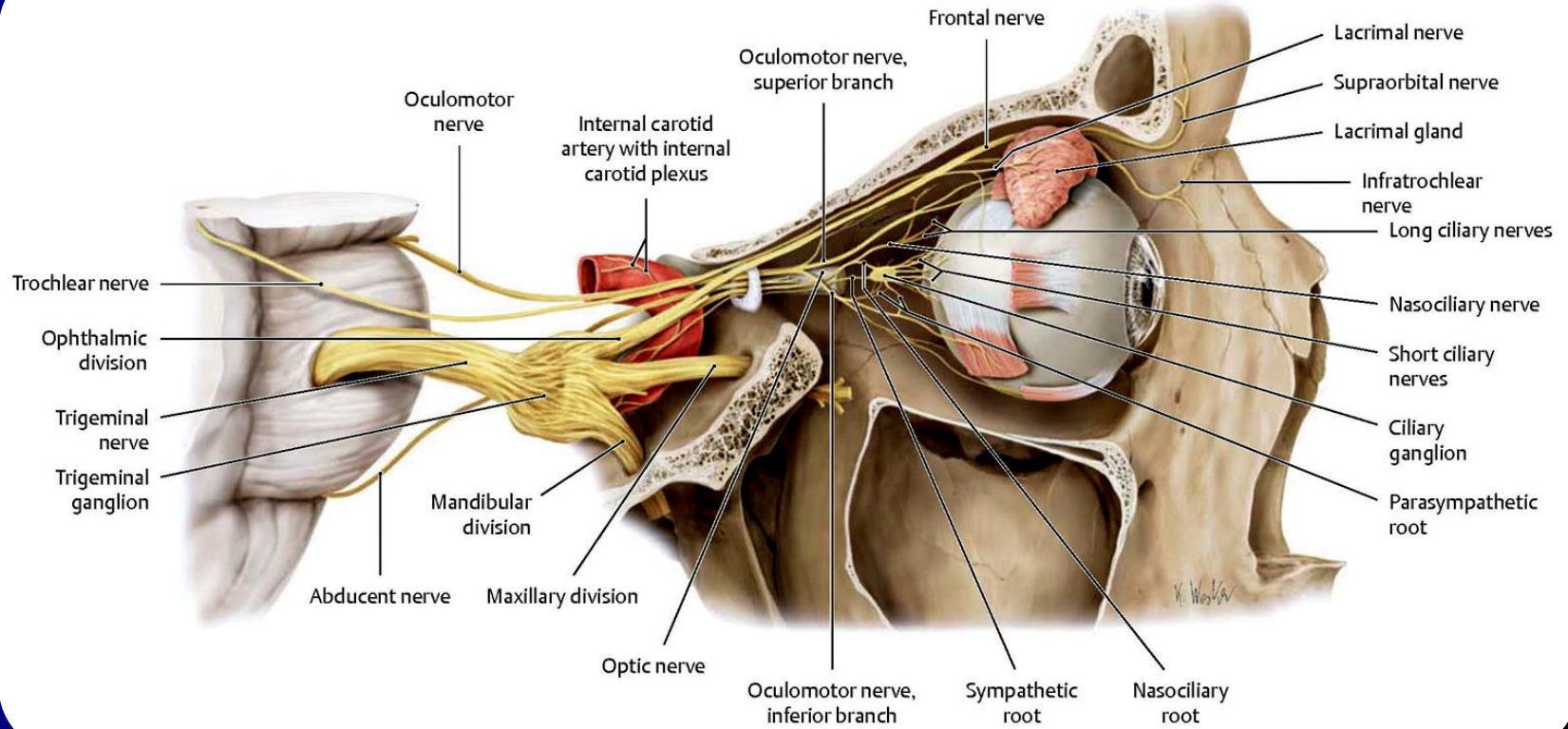
Oculomotor palsies



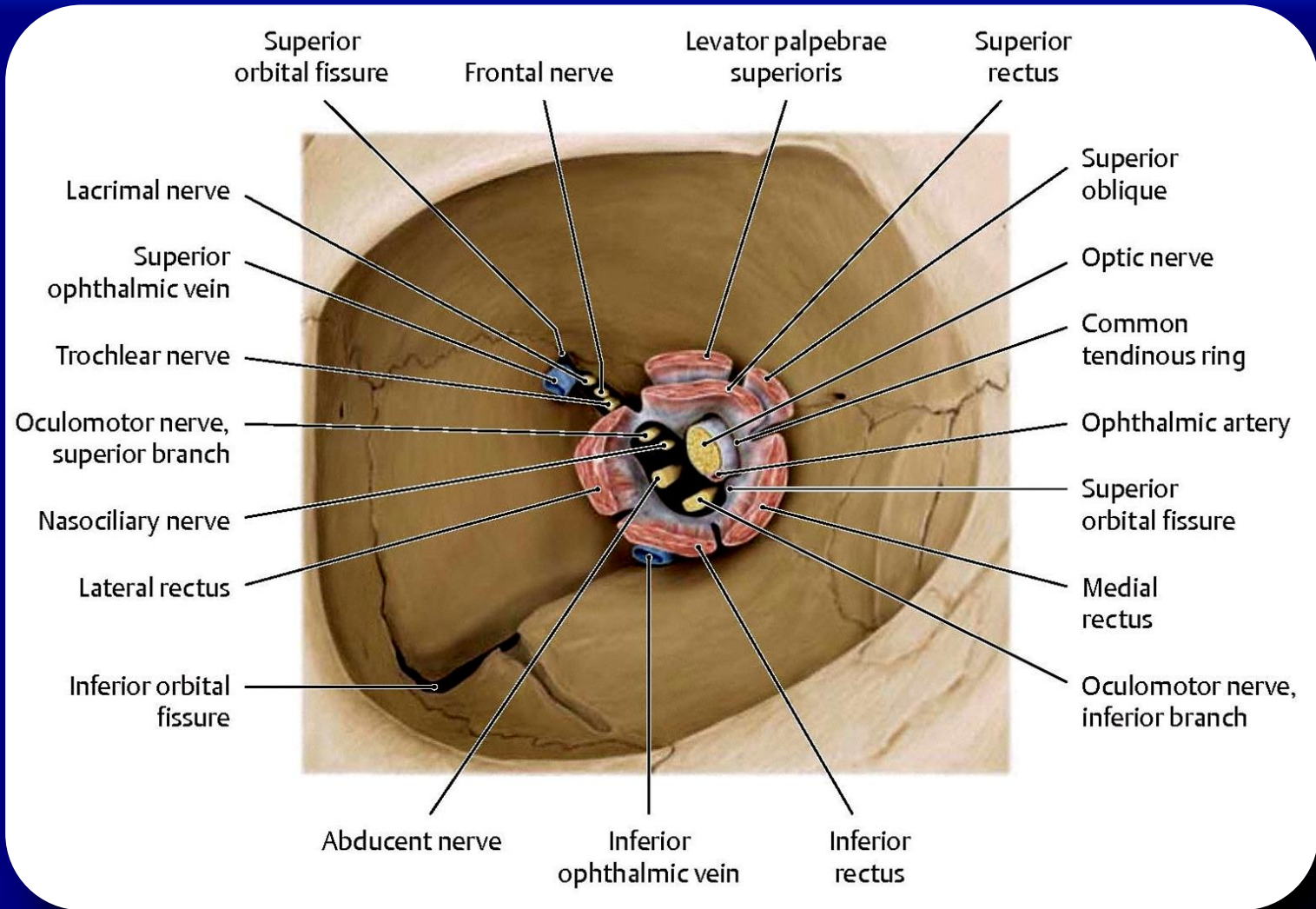
Branches of ophthalmic artery



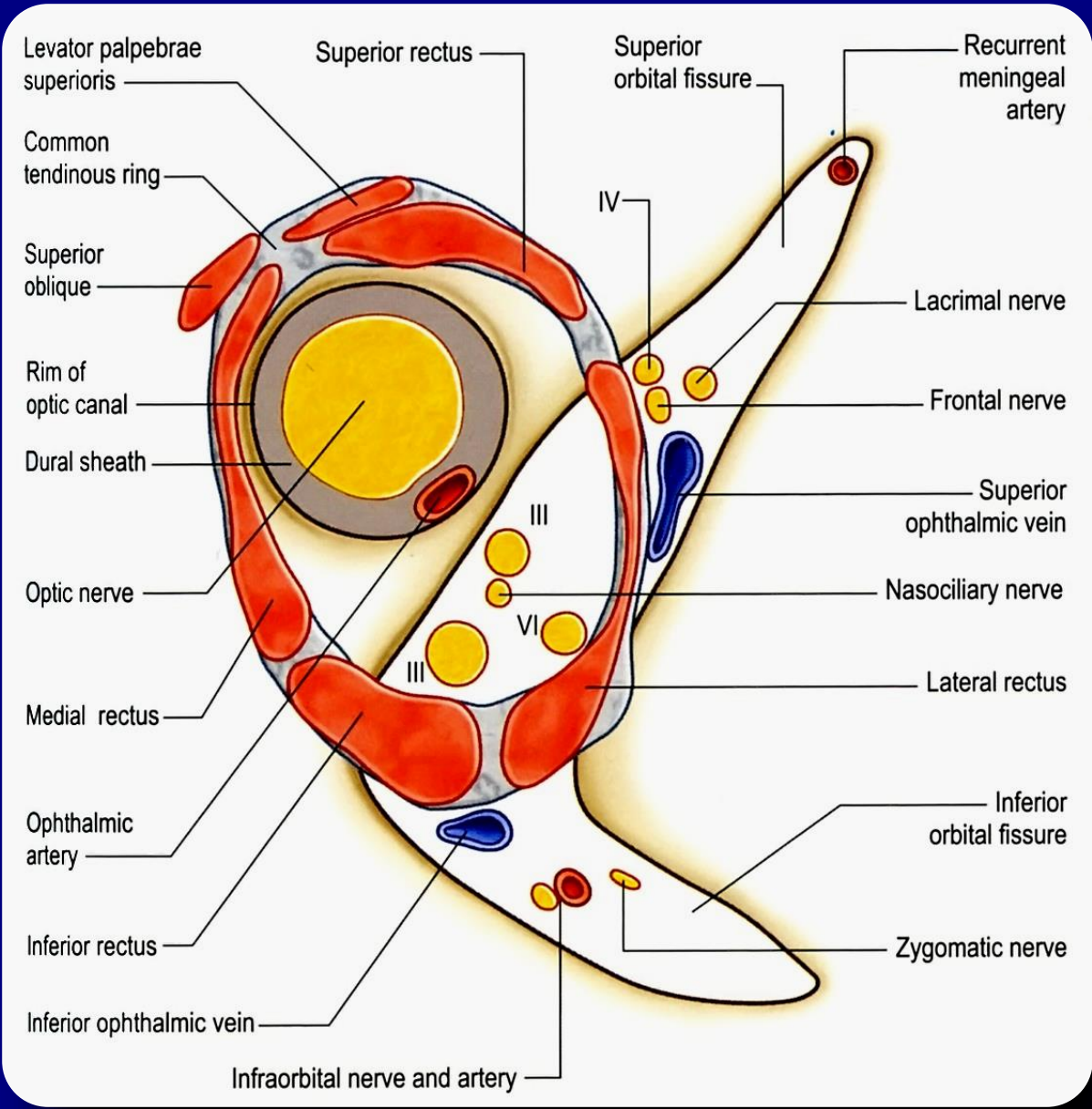
Veins of the orbit



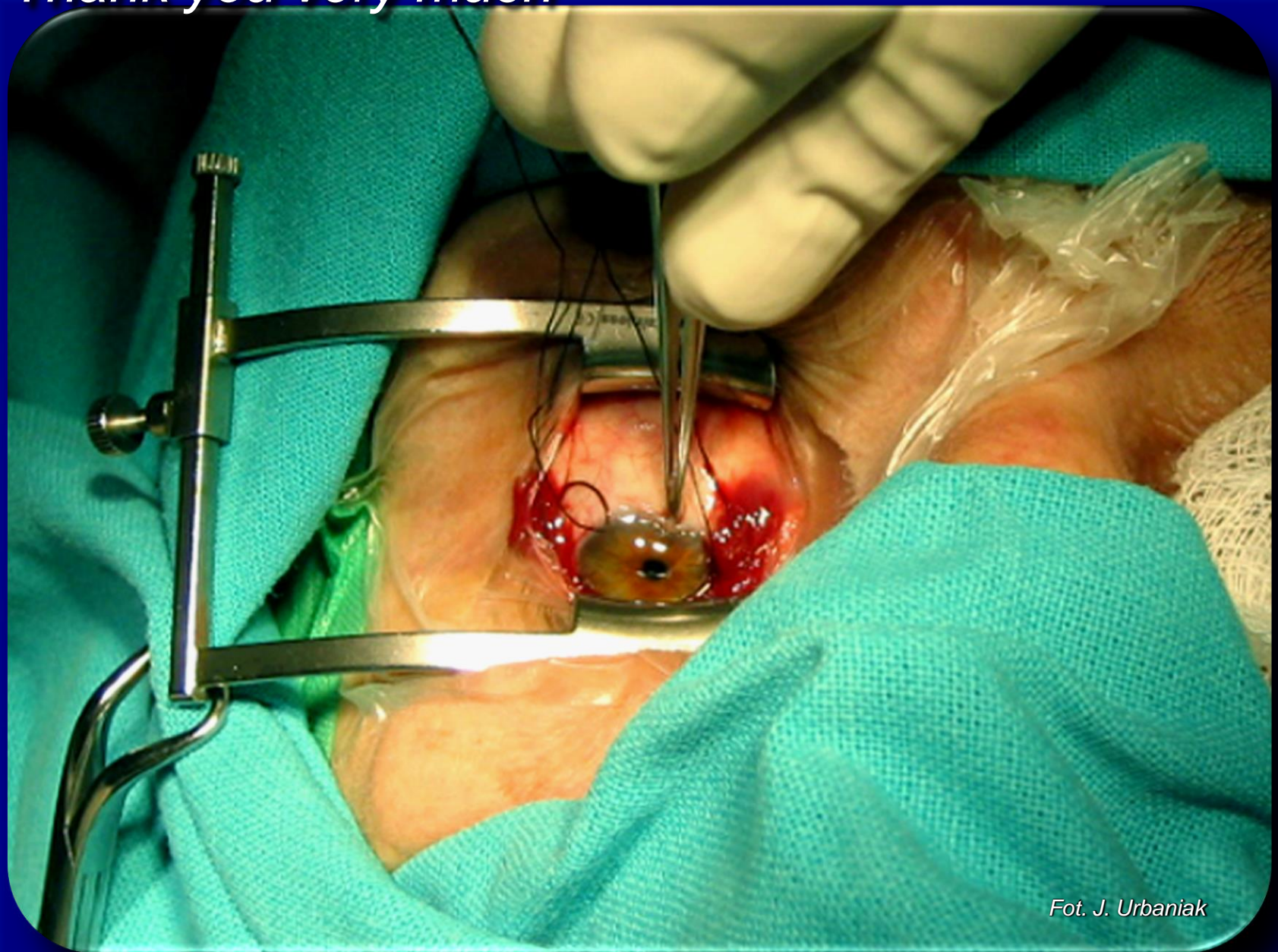
Innervation of the orbit



Posterior wall of the orbit: common tendinous ring and sites of passage of neurovascular structures through the optic canal and superior orbital fissure



Thank you very much



Fot. J. Urbaniak