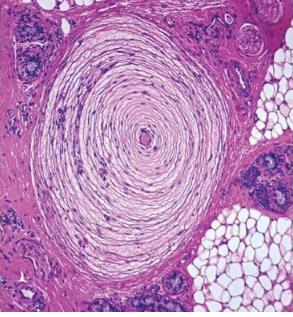
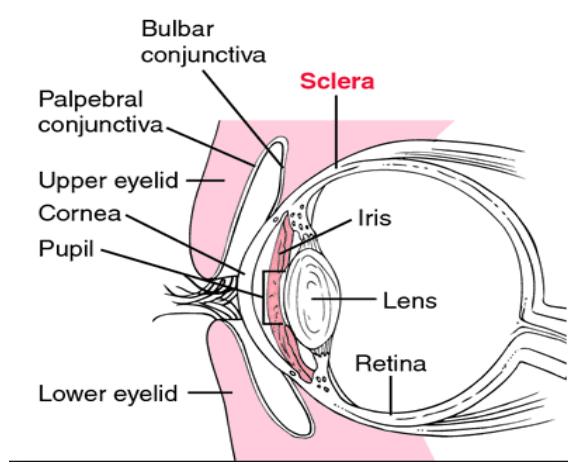
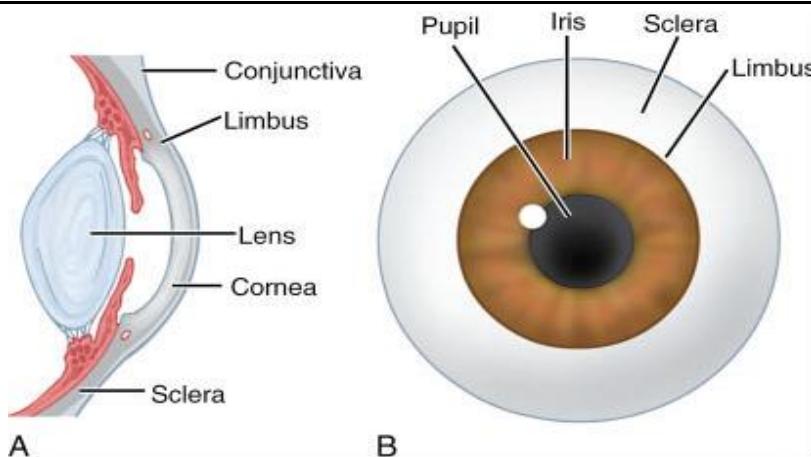
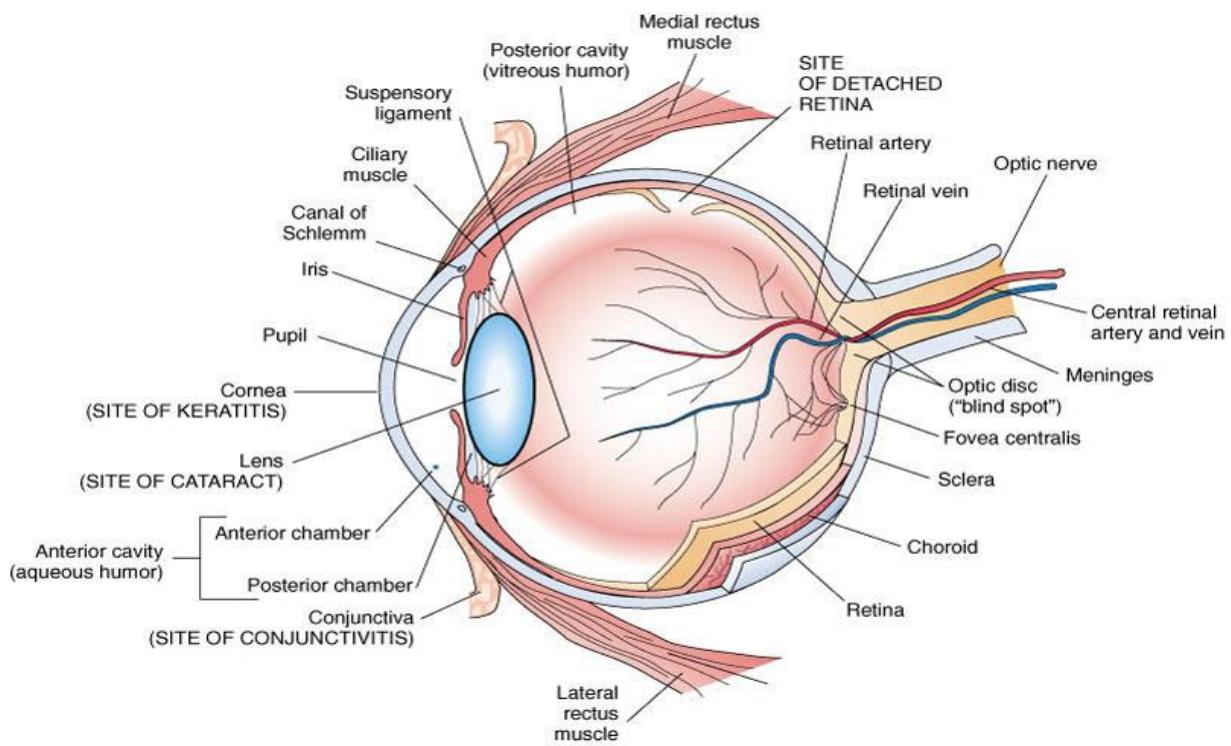


BIOS 2015 ... CHAPTER 15- Eyes, Ears and Other Sensory Organs

Page	Note
	<p>Sensory receptors are microscopic anatomic structures that allow a stimulus to be felt and perceived as a particular type of stimulus like pressure, temperature, etc...</p>
	 <p>To the left is a microscopic view of a Pacinian corpuscle that converts pressure into a nerve signal - it is a "pressure receptor". For example: It allows you to sense pressure in your finger tips so that you can tell how hard you are pressing your finger on a surface.</p>
	<p>Nomenclature:</p> <p>Exteroceptors: - Located close to body surface (cutaneous receptors) Examples—touch, pressure, temperature, pain</p> <p>Visceroreceptors - Located internally around the viscera</p> <p>Proprioceptors - Muscle sense</p>
	<p>Mechanoreceptors - Stimulated by mechanical force(s) - Touch, pressure, equilibrium, hearing</p> <p>Chemoreceptors - Change in chemical concentration - Taste, smell</p> <p>Thermoreceptors - Stimulated by change in the temperature - Warm and cold receptors</p>
	<p>Photoreceptors - Respond to light - Rods and cones in the retina (eye)</p> <p>Nociceptors - Respond to any tissue damage - Results in pain</p> <p>Osmoreceptors - Recognize changes in the osmolarity of body fluids - Concentrated in the hypothalamus</p>

The EYE



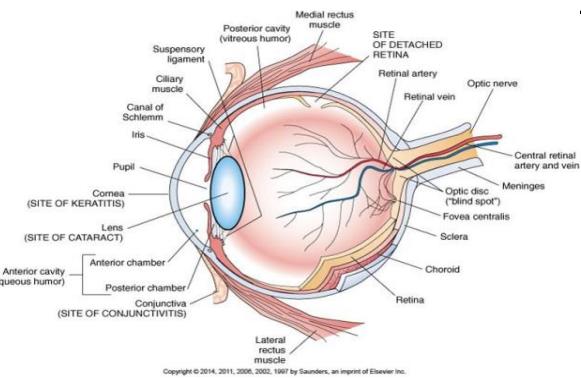
Find:

Pupil – hole in iris.

Iris – colored part behind cornea.

Sclera – white of eye continuous with the cornea that is clear.

Conjunctiva – lining of inner eyelid.



Anterior cavity

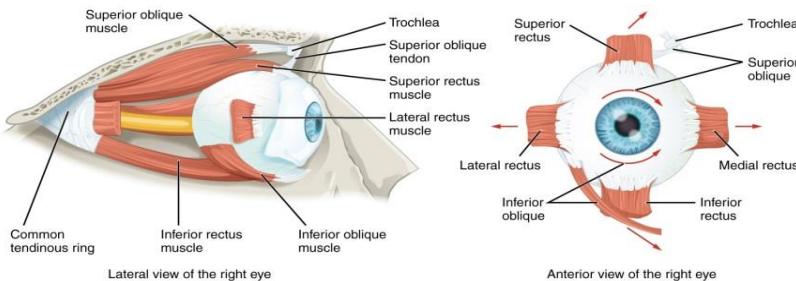
Between cornea and lens

Filled with aqueous humor

Amount formed should be equal to the amount reabsorbed—maintenance of normal intraocular pressure (IOP) below 24 mm Hg

Posterior cavity

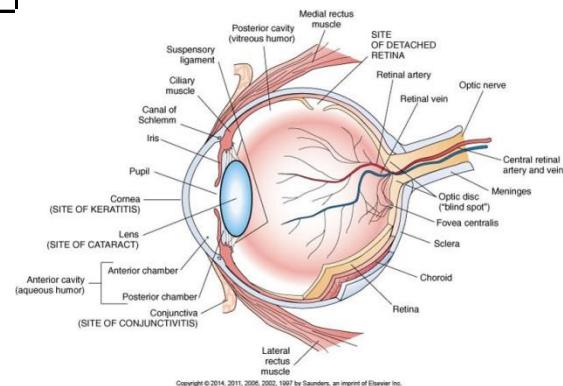
Space between lens and retina



Extraocular Muscles:

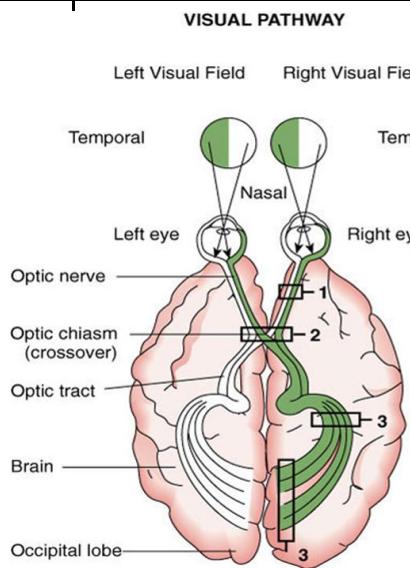
- innervated by cranial nerves III, IV and VI.
- move eye up, down, right, left.

(you do not have to memorize the names of the muscles)



Light rays enter the eye through the cornea and pass through the lens to the receptor cells of the retina:
Rods—black and white vision
Cones—color vision

Visual stimuli are conducted by the optic nerve to the occipital lobe.



LOSS OF VISUAL FIELD

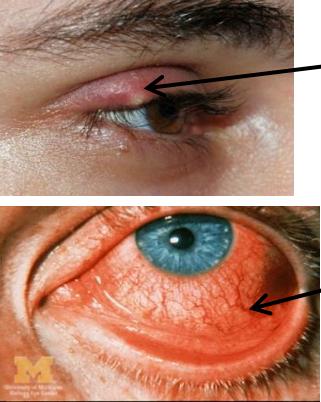
<p>Left</p> <p>1. Damage to right eye or optic nerve</p>	<p>Right</p> <p>2. Damage to optic chiasm</p>
<p>3. Damage to right occipital lobe or right optic tract—loss of left visual field</p>	<p>4. Pressure on central chiasm, produces tunnel vision.</p>

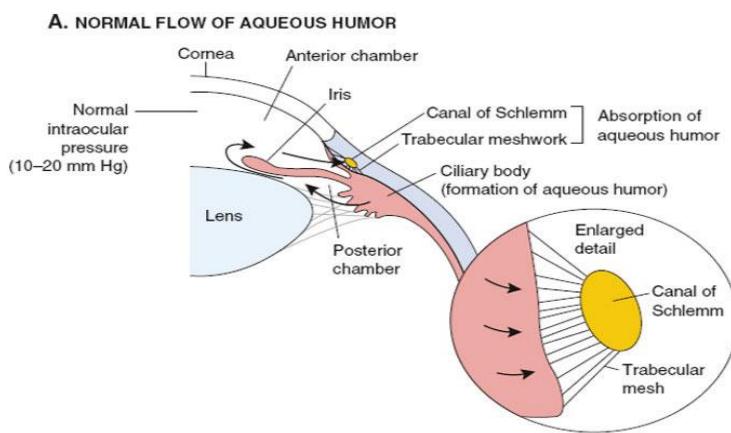
Light rays pass through cornea and are focused by the lens on the retina.

Retinal Nerve fibers form the optic nerve (CN II)

In the "Optic chiasm", fibers cross (see picture next slide), so that the left occipital lobes receive images from right visual fields, right occipital lobes from left visual fields.

	<p>Diagnostic Tests</p> <p>Snellen chart (or similar test) - Measures visual acuity</p> <p>Visual field test - Checks for central and peripheral vision</p> <p>Tonometry - Assessment of Intraocular pressure.</p> <p>Ophthalmoscope - Visually examines internal structures, lets you look at the retina through the cornea.</p>
	<p>Structural Defects of the Eye</p> <p>Myopia - Nearsightedness - Image focused in front of the lens</p> <p>Hyperopia - Farsightedness - Eyeball is too short - Image focused behind the retina</p>
	<p>The diagram is divided into two panels, A and B, each showing a cross-section of an eye. Panel A, labeled 'Myopia (near-sightedness) with correction', shows light rays from a distant object entering the eye. Without correction (red lines), the rays focus in front of the retina. With a biconcave lens (labeled 'Correction by biconcave lens'), the rays are diverged so that they focus directly on the retina. Panel B, labeled 'Hyperopia (far-sightedness) with correction', shows light rays from a nearby object entering the eye. Without correction (red lines), the rays focus behind the retina. With a biconvex lens (labeled 'Correction by biconvex lens'), the rays are converged so that they focus directly on the retina. Labels in the diagram include: 'Lens', 'Cornea', 'Retina', 'Location of focused image if uncorrected', 'Focus on retina after correction', 'Blurred image at retina', 'Location of image if uncorrected', and 'Focus on retina after correction'. A legend at the bottom left indicates that red lines represent 'Uncorrected' refraction and blue lines represent 'Corrected refraction'.</p>
	<p>Astigmatism - Irregular curvature in the cornea or lens</p> <p>Strabismus (squint or cross-eyed) - Results from deviation of one eye - Double vision (diplopia) - May be caused by weak or hypertonic muscle, short muscle, neurological defect</p>

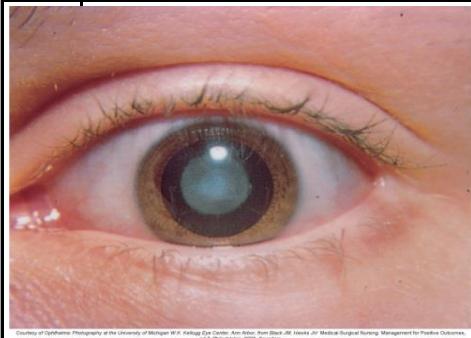
Infections and Trauma	 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Stye</p> <ul style="list-style-type: none"> - Infection involving a hair follicle on the eyelid - Usually caused by staphylococci - Swollen, red mass forms on eyelid - Purulent exudate <p>Other infections</p> <ul style="list-style-type: none"> - Conjunctivitis, or "pink eye" </div>
Conjunctivitis	<p>Superficial inflammation or infection caused by:</p> <ul style="list-style-type: none"> - Allergens, irritating chemicals, bacteria, viruses <p>Etiologies:</p> <ul style="list-style-type: none"> - Virus is common in adults. - Bacteria include: Staph., Strep. , H. Flu B <p>Spread by fingers or contaminated towels</p> <ul style="list-style-type: none"> - Occurs with contact lens use, contaminated makeup, contaminated medication <p>Antibiotic treatment to prevent damage to cornea</p>
Other causes of conjunctivitis:	<p>Chlamydia trachomatis and Neisseria gonorrhoeae</p> <p>Both cause infections in the reproductive tract.</p> <p>May infect eyes of newborns</p> <p>May be transferred by self-inoculation</p>
Keratitis	<p>Develops when cornea is infected or irritated</p> <ul style="list-style-type: none"> - Herpes simplex can be cause <ul style="list-style-type: none"> Transfer from herpes lesion around mouth Transfer by fingers, dental office, spray of contaminated saliva - Severe pain and photophobia - Increased risk of ulceration eroding the cornea - Scar tissue formation interferes with vision. <p>Trauma is another etiology:</p> <p>Damage from chemicals, splashes, fumes.</p>
Glaucoma	<p>Result of increased IOP caused by excessive accumulation of aqueous humor</p> <p>Most common and preventable loss of vision in developed countries</p> <p>May be acute or chronic</p> <p>Signs and symptoms</p> <ul style="list-style-type: none"> - Halos around lights at night - Loss of peripheral vision - Pain may occur if IOP is greatly increased, as in acute form



Aqueous humor is produced in the ciliary body and absorbed in the Canal of Schlemm.

If production is greater than absorption (example: from block of canals of Schlemm) then pressure increases in the anterior chamber causing glaucoma.

Cataracts



Progressive opacity or clouding of the lens

- Interferes with light transmission
- Size, site, and density of clouding vary among individuals.
- May be different in individual's two eyes

Changes may be:

- Age-related or caused by metabolic abnormalities
- Excessive exposure to sunlight
- Congenital
- Traumatic

Detached Retina

Acute emergency

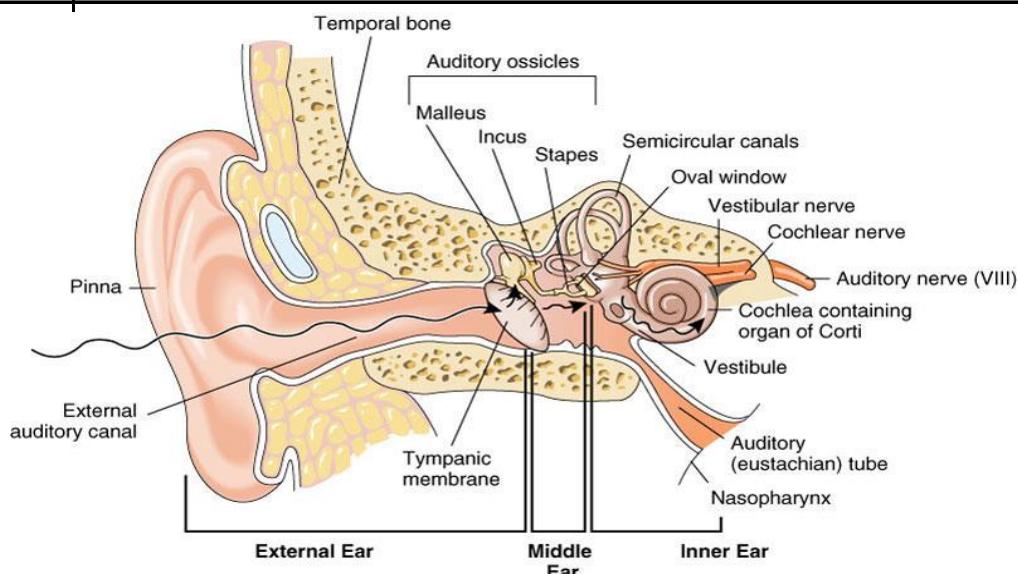
Retina tears away from underlying choroid

Retinal ischemia can lead to irreversible loss of receptors.

No pain or discomfort

Visual field contains areas of blackness (scotomas), as if a curtain has fallen over the eye.

Ear



External ear

- Pinna and external auditory meatus (canal)

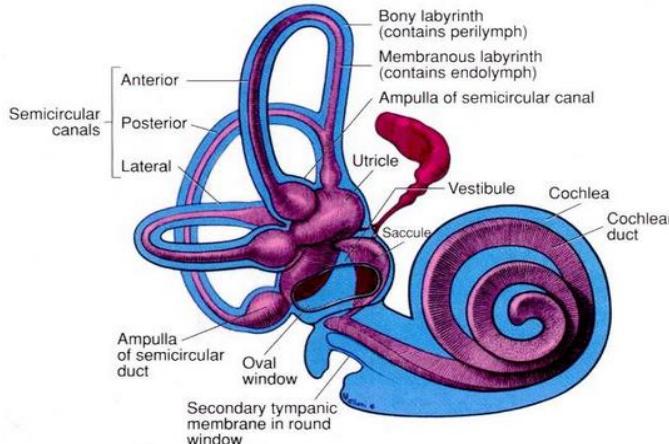
Middle ear

- Tympanic membrane
- Bony ossicles
- Auditory tube connects to upper respiratory tract

Inner ear

- Cochlea
- Organ of Corti—hearing
- Semicircular canals

Balance and equilibrium

	<p>Pathway of Sound</p> <ol style="list-style-type: none"> 1. Sound waves enter the external ear canals. 2. Vibration of the tympanic membrane causes the ossicles to vibrate. 3. Motion of stapes against oval window initiates movement of the fluid in the cochlea. <ul style="list-style-type: none"> - Stimulates the hair cells in the organ of Corti - Initiates nerve impulses 4. Impulses are conducted to the auditory area in the temporal lobe for interpretation of sound
	 <p>Three semicircular canals at right angles to each other measure equilibrium and balance in 3 dimensions.</p> <p>At one end of each canal is a swelling, the ampulla, that has sensors that are stimulated by movement of fluid (called endolymph) in the canal.</p> <p>Nausea from motion sickness is caused due to chaotic signals from the semicircular canals.</p> <p>Meniere's syndrome - excessive production of endolymph causes episodes of vertigo (dizziness with visual disturbance - room appears to be</p>
	<p>Hearing Loss</p> <p>Two types</p> <p>1. Conduction deafness</p> <ul style="list-style-type: none"> - Sound is blocked in the external ear or middle ear. - Accumulation of wax, foreign object, scar tissue - Otosclerosis of the ossicles <p>2. Sensorineural impairment</p> <ul style="list-style-type: none"> - Damage to the organ of Corti or auditory nerve - Infection - Head trauma - Neurological disorders - Ototoxic drugs - Sudden very loud sounds or prolonged exposure to loud noise - Congenital defects
	<p>Infections</p> <p>Otitis Externa: Infection of external ear canal, Known as "swimmer's ear".</p> <p>Otitis Media: Infection of middle ear.</p> <ul style="list-style-type: none"> - May require drainage by a small incision (myringotomy) in the ear drum. Sometimes a tube is inserted. - Pathogenesis: <ul style="list-style-type: none"> Eustachian tube blocked (swelling from allergy or virus). Fluid collects in middle ear. Fluid gets infected (from nasopharyngeal bacteria).