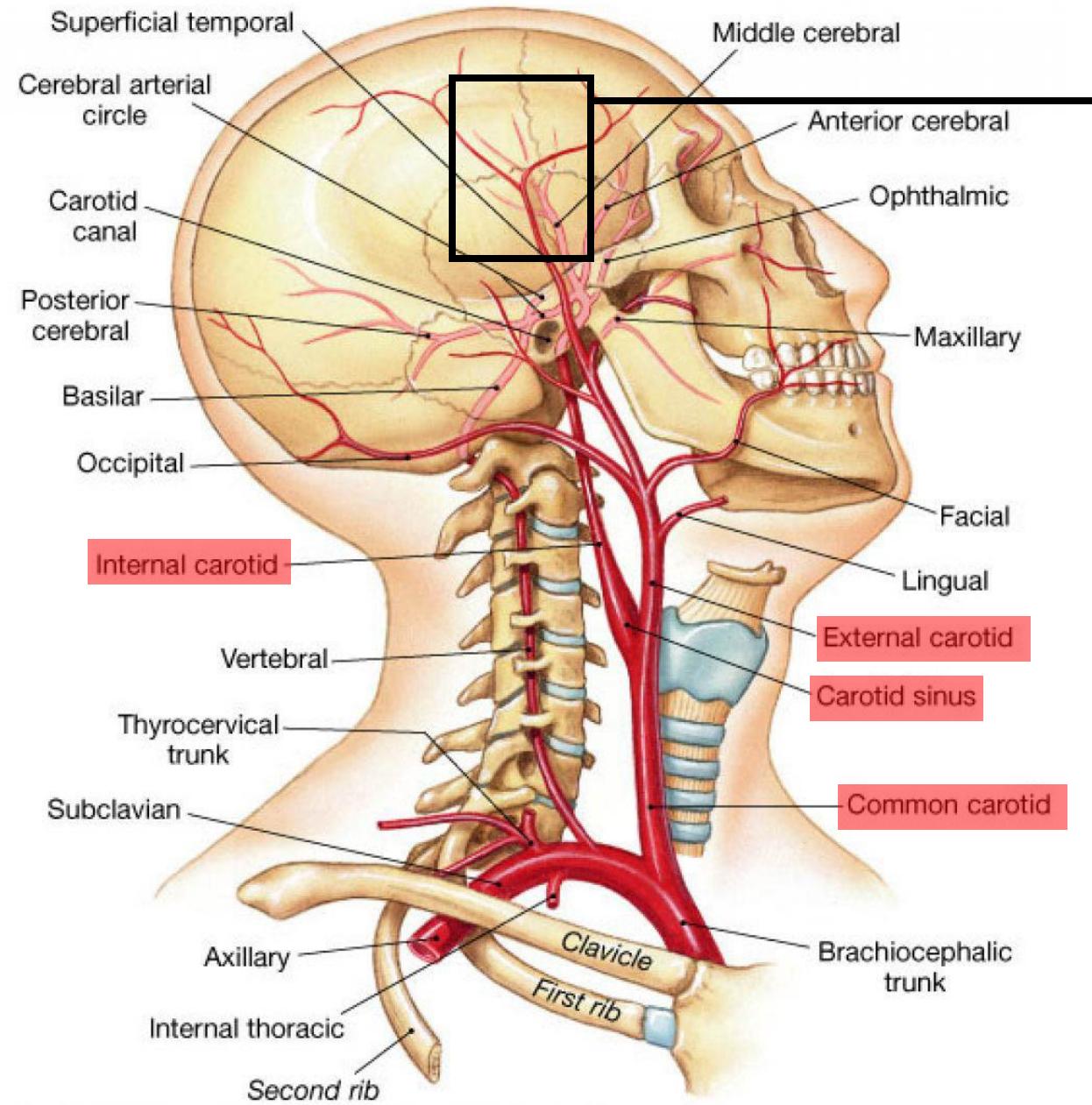
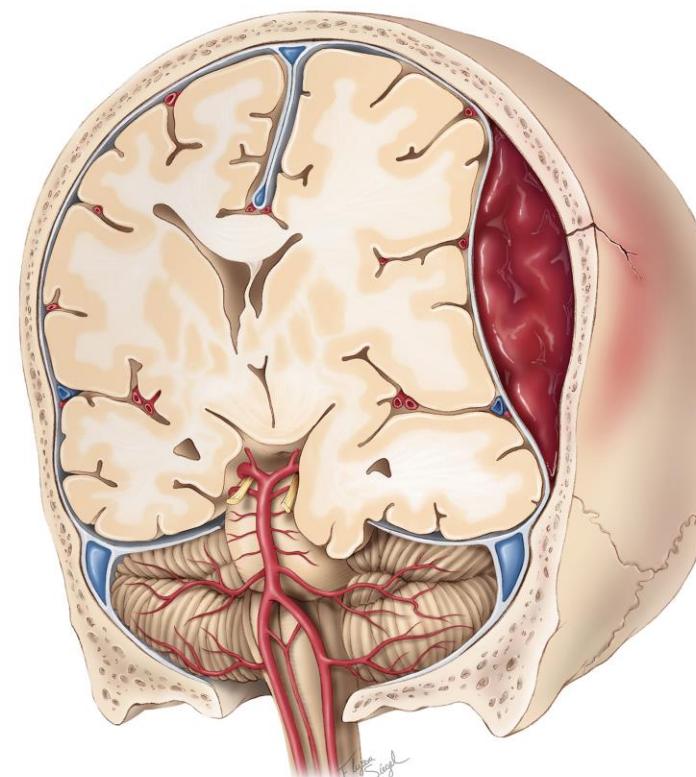


# Clinical Correlate § “Danger Zone” #1 (of 3)

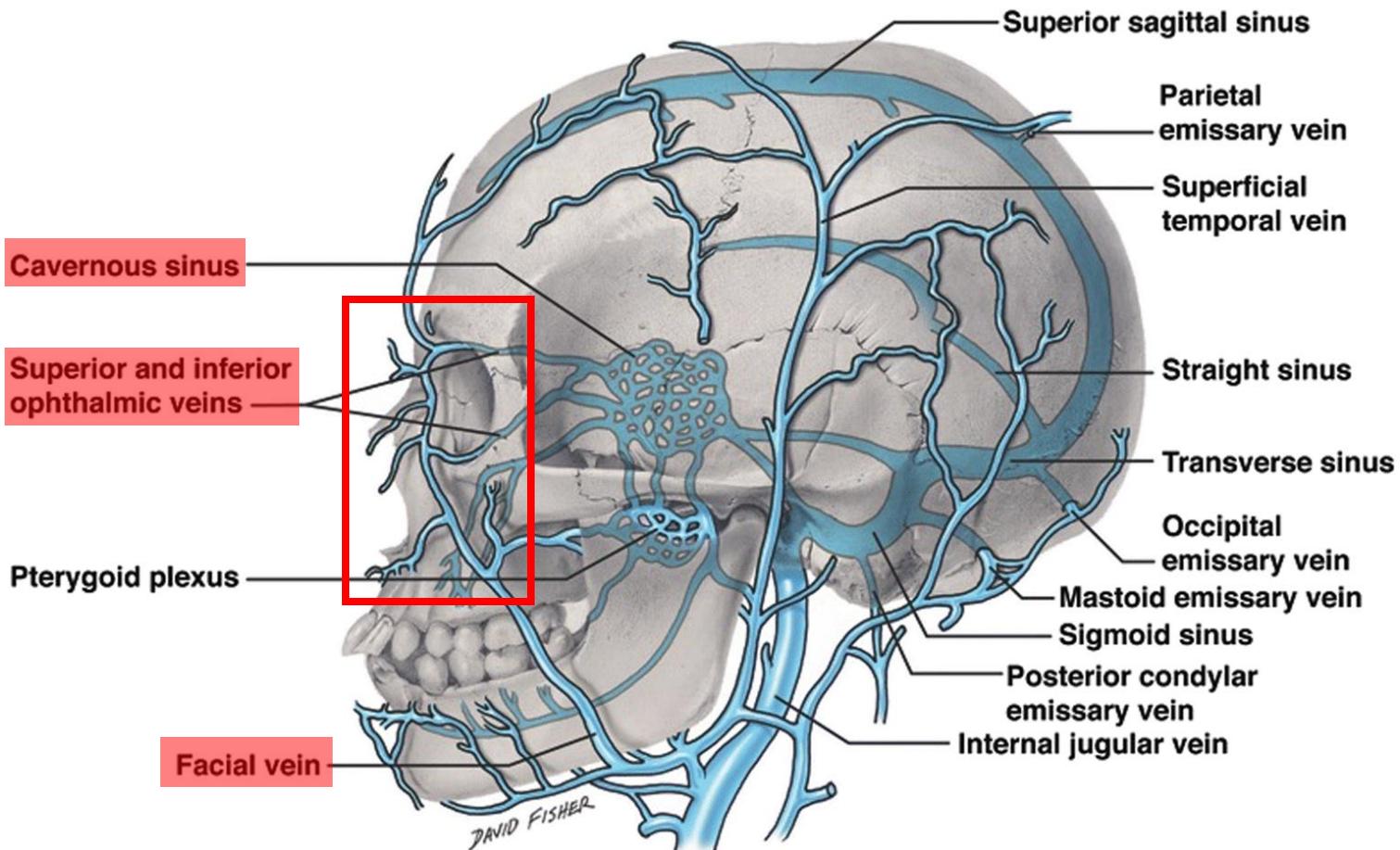


**Pterion:** junction of frontal, parietal, temporal, sphenoid bones; thin area overlying **middle meningeal a.**



Hard blow to side of the head may fracture thin bones forming the pterion, rupturing the middle meningeal a. which sits between the skull and dura mater.

# Clinical Correlate “Danger Zone” #2 (of 3)



Facial vein has no valves, so blood may drain superiorly into superior & inferior ophthalmic veins and enter the cavernous sinus.

Infection around the nose (e.g., pimples, boils) can spread into cavernous sinus where important arteries and nerves are located.

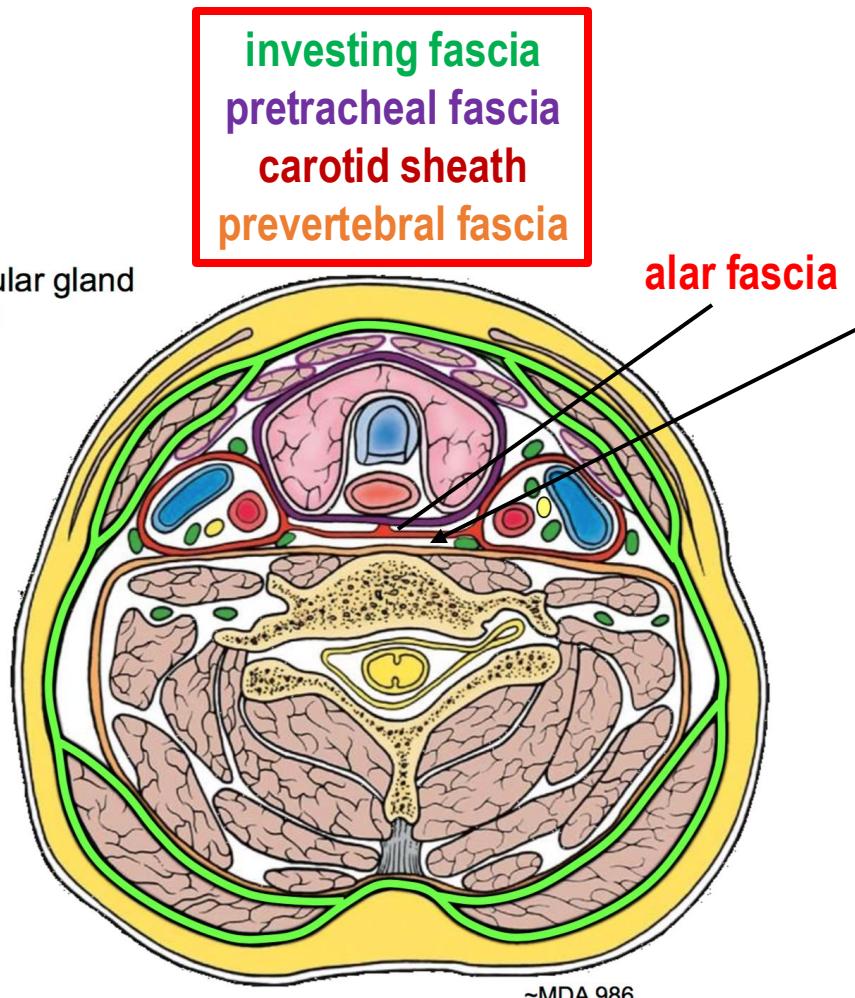
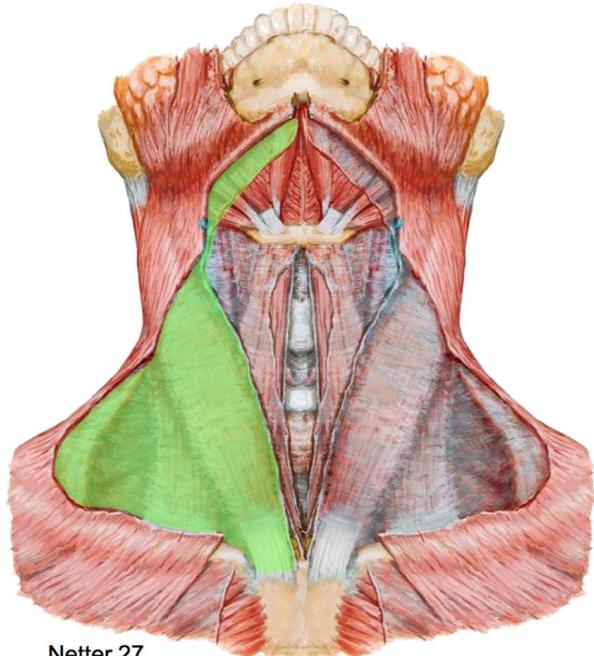
# Clinical Correlate “Danger Space” #3 (of 3)

## Investing Fascia

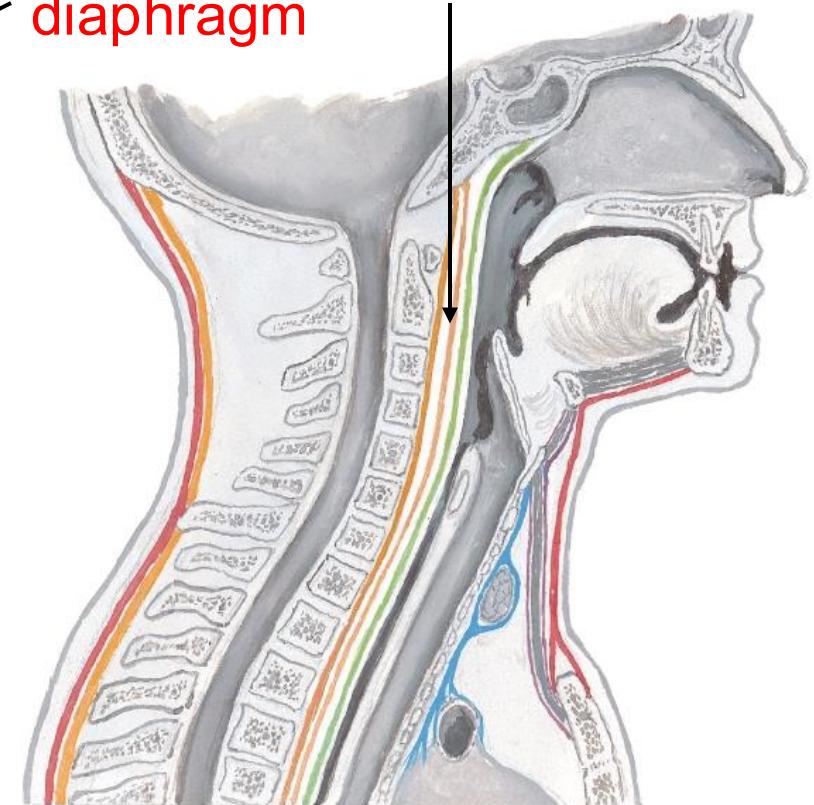
Encircles neck

Invests Trapezius and SCM, submandibular gland

Continuous with capsule of parotid gland



**Danger Zone:** space between alar fascia and prevertebral fascia. Infections can travel down through mediastinum to diaphragm



# Cranial Nerve Marathon

## Create a Table:

Cranial Nerve	Cranial Exit	Fiber Type(s)	Functions
I: olfactory			
II: optic			
III: oculomotor			
IV: trochlear			
V: trigeminal			
VI: abducens			
VII: facial			
VIII: vestibulocochlear			
IX: glossopharyngeal			
X: vagus			
XI: spinal accessory			
XII: hypoglossal			

# 3 Groupings of Cranial Nerves

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## ONLY Special Sensory Fibers

- CN I: olfactory
- CN II: optic
- CN VIII: vestibulocochlear

## ONLY Somatic Motor Fibers

- CN III: oculomotor
- CN IV: trochlear
- CN VI: abducens
- CN XI: accessory
- CN XII: hypoglossal

**Branchiomeric Nerves: derived from pharyngeal arches** (see “Head & Neck Embryology” lecture)

- CN V: trigeminal
- CN VII: facial
- CN IX: glossopharyngeal
- CN X: vagus

\*\*Note: branchiomeric nerves have more complex functions.