



- I. The **BONES** of the Orbit
- 2. The **CONTENTS** of the Orbit
- 3. The **EYELIDS**
- 4. The **MUSCLES** within the Orbit
- 5. The **INNERVATION** of the Orbit and its contents
- 6. CLINICAL CORRELATION

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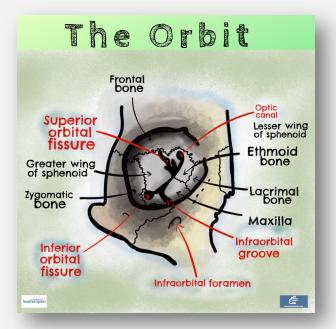
I. BONES OF THE ORBIT

- The orbit is **cone** shaped, with its apex pointing posteriorly.
- It has a roof, floor, medial wall and lateral wall.
 - ROOF: Orbital Plate of the **FRONTAL BONE**
- FLOOR: MAXILLA (over the maxillary sinus)

Thin

Thick

- MEDIAL WALL: ETHMOID and LACRIMAL BONES
- LATERAL WALL: GREATER WING OF SPHENOID and ZYGOMA



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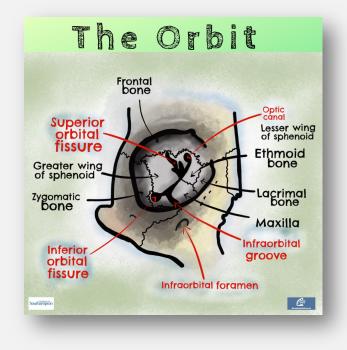
I. BONES OF THE ORBIT

- Be able to identify the Superior and Inferior Orbital Fissures and the Optic Canal
- The Superior Orbital Fissure contains:
 - Cranial Nerves: III, IV, VI and V₁
 - Ophthalmic Vein

- The Inferior Orbital Fissure contains:
 - Cranial Nerve:V₂

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- Sympathetic Nerves
- Ophthalmic Vein



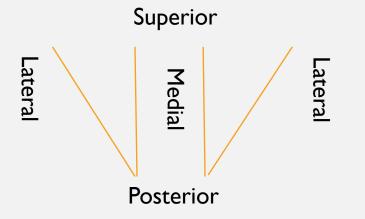
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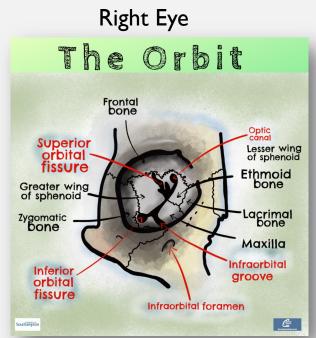
- The Optic Canal Contains:
 - Cranial Nerve: II
 - Ophthalmic Artery

I. BONES OF THE ORBIT

• LACRIMAL GROOVE: on the medial surface of the orbit, anterior to the ethmoid bone. It is continuous with the **nasolacrimal canal** inferiorly. The nasolacrimal canal ends in the inferior meatus of the nasal cavity.







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- **Periosteum** (A.K.A Orbital Fascia)
 - This covers the boney surface of the orbit
 - It is continuous, through the optic canal, with the endosteal layer of the dura
- Eyeball
 - Not covered today
- Conjunctiva
 - Covers the surfaces of the eye. Formed by thin squamous epithelium.

- The **Muscles** and **Nerves** of the Eyeball
 - Covered in the coming sections of this presentation

Blood Vessels

- Arterial supply is derived from branches of the External Carotid Artery and the Ophthalmic Artery (the first branch of the Internal Carotid Artery)
 - Ophthalmic artery gives off the **central artery of the retina**, an end artery

• Fatty Tissue

• All of the contents of the orbit are surrounded by fatty tissue

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- Lacrimal Apparatus consists of the:
- Lacrimal Gland in the upper lateral part of the front of the orbit. Secrete tears to moisten and clean the eyeball.
- Lacrimal Punctum medial part of the orbit. Drains tears into the lacrimal sac
- Lacrimal Sac

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• **Nasolacrimal Duct** – drains into inferior nasal meatus

- Summary of Contents of the Orbit
 - I. Periosteum (A.K.A Orbital Fascia)
 - 2. Eyeball
 - 3. Muscles of the Eyeball
 - 4. Nerves of the Eyeball
 - 5. Blood vessels
 - 6. Lacrimal Apparatus
 - 7. Fatty Tissue

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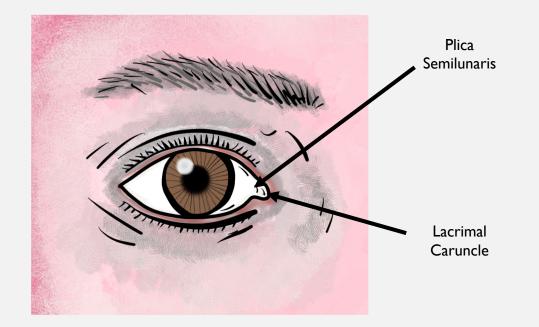
3. THE EYELIDS

- Between the upper and lower eyelids is the **palpebral fissure**
- The eyelids are formed of **3** layers:
 - **Outer**: Skin. The **Obicularis Oculi** muscle inserts here
 - Middle: loose connective tissue
 - Tarsus
 - Inner: Conjunctiva
- The eyelids loose connective tissue of the eyelids is the **Tarsus**. These contain the eyelashes and tarsal glands (lubricates the eyelid)

3. THE EYELIDS

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- Most medially in the orbit is a red structure called the the **lacrimal caruncle**
 - Immediately lateral to this is the **plica semilunaris**, a vertical fold in the conjunctiva



3. THE EYELIDS

- Levator Palpebrae Superioris is a muscle
 - It arises from the apex of the orbit, above the common tendinous ring (more details later)
 - It spreads out as an aponeurosis and attaches to the tarsal plate
 - Function: raise the upper eyelid
 - Innervation: Oculomotor nerve (more details later)

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4. MUSCLES WITHIN THE ORBIT

- Within the orbit, there are **Intra-ocular** and **Extra-ocular** muscles
 - Intra-ocular muscles are **within** the eyeball (ciliary body, sphincter pupillae, dilator pupillae)
 - Extra-ocular muscles are **outside** of the eyeball
- There are **6** extra-ocular muscles:
 - Medial Rectus

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Superior Rectus

Superior Oblique

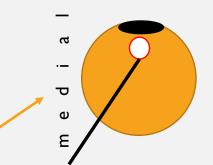
Lateral Rectus

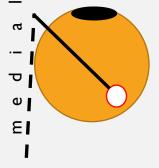
Inferior Rectus

- Inferior Oblique
- All 4 recti muscles attach to the **sclera** and originate at the **common tendinous ring** at the apex of the orbit

4. MUSCLES WITHIN THE ORBIT

- Movements of the Extra-ocular muscles
 - Medial Rectus: adduct
 - Lateral Rectus: abduct
 - Superior Rectus: elevate, adduct, medially rotate
 - Inferior Rectus: depress, adduct, laterally rotate
 - Superior Oblique: abduct, depress, medially rotate
 - Inferior Oblique: abduct, elevate, laterally rotate





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5. INNERVATION OF THE ORBIT

Optic Nerve

• Optic tracts meet at the optic chiasm (superior to the pituitary), then pass through the optic canal

• Trochlear Nerve

- Supplies only the **superior oblique** muscle only
- The only cranial nerve to emerge posteriorly from the brainstem, and passes through the cavernous sinus and superior orbital fissure

Abducent Nerve

- Supplies the **lateral rectus** muscles only
- Passes through the cavernous sinus and superior orbital fissure

5. INNERVATION OF THE ORBIT

Oculomotor Nerve

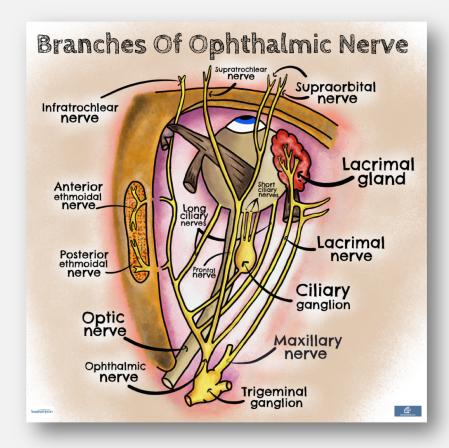
- Innervate 4/6 extra-ocular muscles (superior, inferior + medial recti, superior oblique)
- Also innervates levator palpebrae superioris
- Passes through the cavernous sinus and superior orbital fissure
- Contains **parasympathetic** supply to the iris, summarised below

Nucleus	Pre- Ganglionic Axon	Ganglion	Post- Ganglionic Axon	Supply
Edinger-	Oculomotor	Ciliary	Short Ciliary	Sphincter
Westphal	Nerve	Ganglion	Nerves	Pupillae

5. INNERVATION OF THE ORBIT

Ophthalmic Nerve

- V₁, Superior branch of the trigeminal nerve
- Purely sensory, suppling the eyeball, lacrimal gland, conjunctiva, forehead and part of the nasal mucosa
- 3 branches: frontal, lacrimal and nasociliary
 - Frontal: Sensory to forehead and scalp
 - **Lacrimal:** postganglionic parasympathetic to lacrimal gland from pterygopalatine ganglion, sensation to the eyelid and conjunctiva
 - **Nasociliary:** sensory to ethmoidal air sinuses, conjunctiva and part of the nose. Also gives off short ciliary nerves



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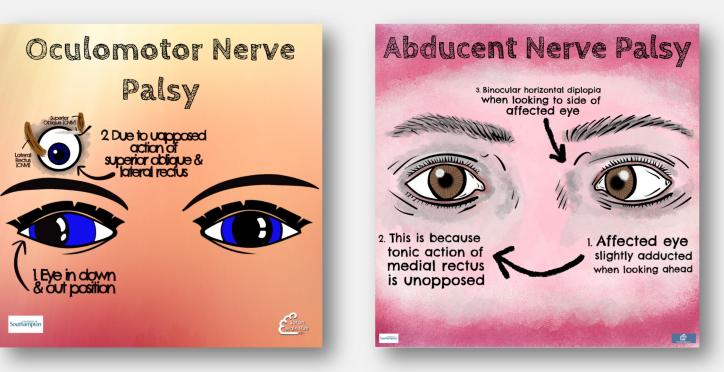
- Enophthalmos sunken-eye appearance. Causes include anorexia and cachexia
- Exophthalmos protruding eyes. Causes include Graves Disease (associated with hyperthyroidism)

- The conjunctiva is very vascular
 - An especially red conjunctiva may suggest infection (conjunctivitis)
 - An especially pale conjunctiva may suggest **anaemia**



6. CLINICAL CORRELATION

- Weakness of any extra-ocular muscle may cause **diplopia** (double vision)
- Oculomotor Nerve Palsy can be due to an aneurysm of the posterior communicating artery
- Abducent Nerve Palsy can be due to blood vessels/tumours, and by traction if ICP rises and pushes the brainstem caudally



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