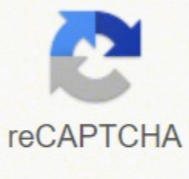


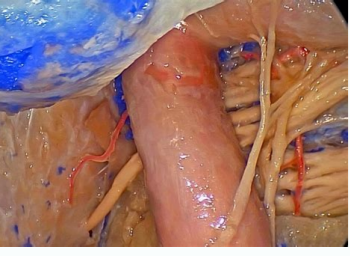
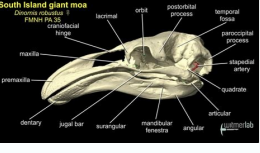
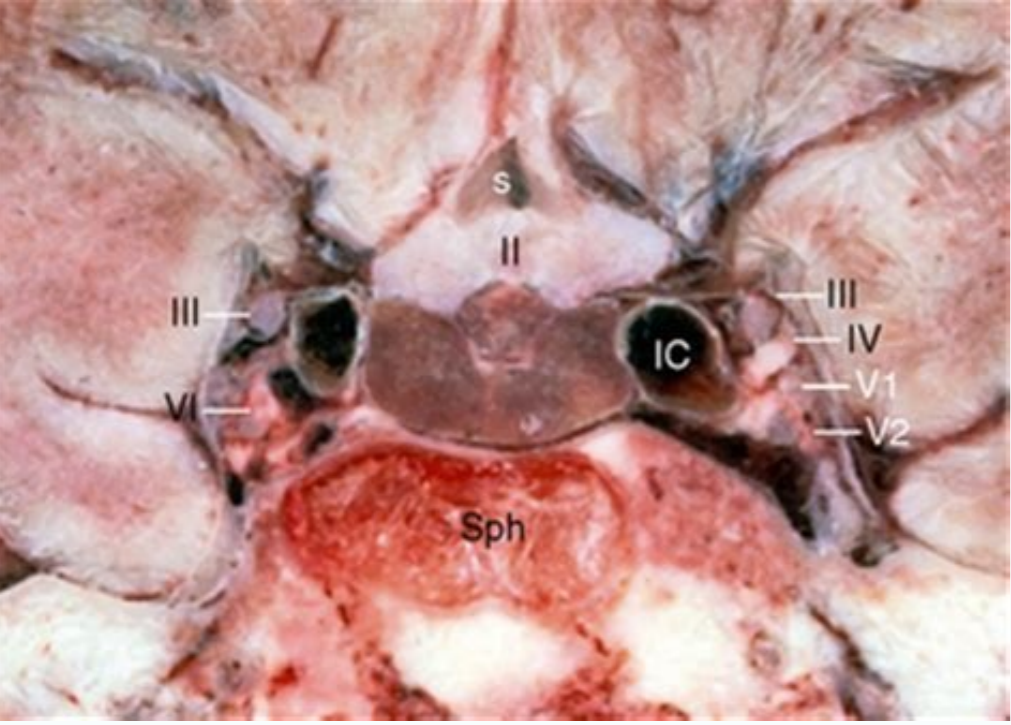
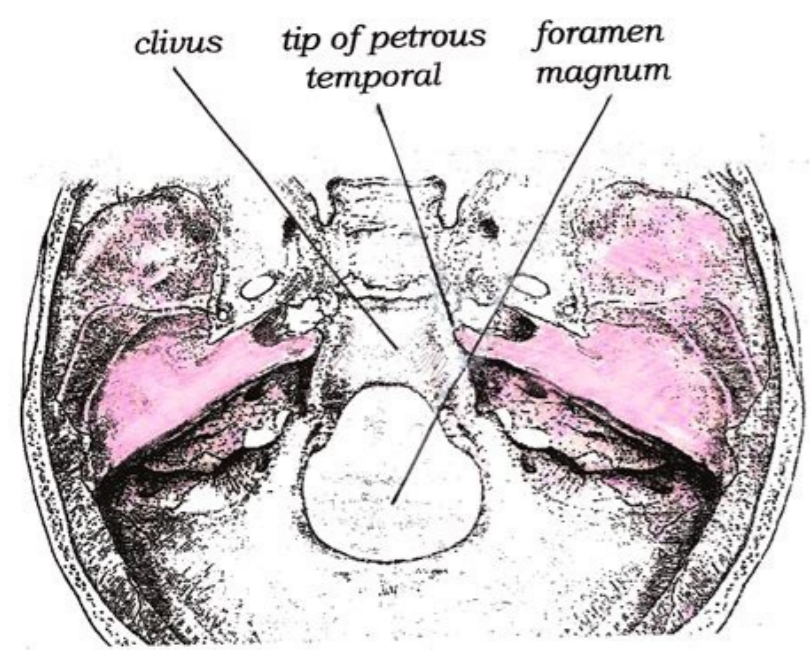


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Statpearls [Internet]. Originates from the trochlear nervous nerve; It crosses the middle-day line and emerges lower than the lower colony, situated in the back of the midbrain. One of these branches joins the cavernous breast, while the other drains to the pterigid plexus. Horner's Syndrome occurs when the sympathetic plexus around the internal carotid is damaged. Superficial medial cerebral originates in the lateral surface of the hemisphere, runs in the lateral groove and drains most of the temporal lobe in the cavernous sinus. The transorbital path can provide access to the inside of the side wall of the cavernous sinus in a minimally invasive way; However, more surgeries are needed to provide more clinical advantages and disadvantages of this new approach. [7] [8] Cavernous sinus Syndrome of the cavernous sinus is a medical distance of emergency and life risk that presents with different symptoms, depending on the affected structure. [PubMed: 28514500] 4. Patel CR, Fernandez-Miranda JC, Wang Wh, Wang Ew. [PubMed: 26614826] 5. Klinger Dr, BC Flowers, Lewis JJ, Barnett Sl. [PubMed: 24289133] 6. Park HS, Chung MS, Shin DS, Jung Yw, Js Park. It is worth mentioning that efferent hypophysary veins also drain into the cavernous sinus. In fact, the lower ophthalmic vein communicates with the plexus plus veins, and the ptergeptide plexus communicates with the cavernous sinus through the emissary vein. 1990 DEC; 67 (12): 891-7. In the cavernous breast, the internal caretidized arthouse is also referred to as a cavernous part. 2019 Jun; 103 (341 EN 2): 103-109. [PubMed: 18249261] 8. Swanson MW. Morphologie. Neuroanatomy of the cavernous sinus and clinical correlations. When CN V1 and CN v2 are involved, sensory loss on face, scalp, maxilla, nasal cavity, breasts and taste occurs. This approach provides the whole side wall of the cavernous sinus to be exposed without its neurovascular compartment, while also providing a favorable angle for performing procedures. Histology of the distal dural ring. The CN V exits the brainstem from the ventrolateral pons and enters the MeckleleAAA cave, where the trigeminal ganglion lies. It then travels anteriorly around the midbrain, pierces and enters the dura mater near the tentorium cerebelli, and continues its course in the lateral wall of the cavernous sinus. [PubMed: 30713002] 2. Ngnitewe Massa R, Minutello K, Mesfin FB. Optom Vis Sci. Facial veins and implication to cavernous sinus infection Blood from the medial angle of the eye, lips, and nose usually drain via the facial vein. Volume 17, Issue 6, June 2010, Pages 746-750 rights and contentView full text The cavernous sinus is part of the brainAAAAs dural venous sinus and contains multiple neuro-vasculatures. However, blood from these parts may also drain superiorly through the facial vein, to the superior ophthalmic, to the cavernous sinus. Contributed by Gray's Anatomy Plates Cavernous Sinus Anatomy. The transorbital pathway provides less-invasive access to the cavernous sinus. 2017 Sep; 30(6):742-746. StatPearls Publishing; Treasure Island (FL): Jul 26, 2021. There are several causes of cavernous sinus syndrome, including metastatic tumor, meningioma, pituitary tumor, extension of nasopharyngeal tumors, granulomatous diseases, cavernous sinus thrombosis, and aneurysms of the cavernous part of the internal carotid artery. A severe lesion involving the entire sinus will present with total ophthalmoplegia, due to CN III, IV, and VI injury, accompanied with fixed and dilated pupils due to compression of the superficial parasympathetic fibers of the CN III. After entering the carotid canal, the internal carotid makes a 90-degree turn and travels horizontally in the petrous part of the temporal bone - this is the petrous part of the internal carotid. 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Otolaryngol Clin North Am. 2016 Feb;49(1):9-20. After its long intracranial course, it enters the cavernous sinus, where it is surrounded by venous blood, like the internal carotid artery. The sympathetic plexus around the internal carotid artery originates from the superior cervical ganglion, travels with the internal carotid artery, enters the skull through the carotid canal, and enters the cavernous sinus through the jugular foramen. After collecting venous blood from these different veins, the cavernous sinus drains to the superior and inferior petrosal sinuses, which then join the sigmoid sinus to form the internal jugular vein. Direct exposure of the cavernous sinus is possible, but it is considered to be a morbid procedure, even for experienced neurosurgeons. Emerg Med Clin North Am. 2008 Feb;26(1):137-80, vii. Neurosurg Focus. 2013 Dec;35(6):E8. Throughout gestation, these canals gradually expand to form larger structures. Skull Base Anatomy. Cavernous Sinus Anatomy is designed by Dr. Kuybu and Diana for Stat Pearls on 8/2/2018 1. Ipsalali HO, Ciftci AC, Kilic D, Sendemir G, Seyhan S, Kaya I, Ortug G. The internal carotid artery travels superiorly and enters the skull via the carotid canal. It is situated bilaterally to the sella turcica and extends from the superior orbital fissure anteriorly to the petrous part of the temporal bone posteriorly, and is about 1 cm wide and 2 cm long. Gravity dictates the blood flow from the cavernous sinus to the pterygoid plexus;A However, in the case of inflammation or obstruction, the pressure gradient can be reversed. The internal jugular vein exits the brain through the jugular foramen and connects with the subclavian vein to become the right or left brachiocephalic vein.[4][5] [6]Most of the cavernous sinus is formed before birth. Also, this angle allows for procedures to be performed hurting cranial nerves, temporal lobes, or having to open venous spasms, and the procedure proved to be rapid. Since there are no valves in the venous sinus A cA @rebro, blood will flow from the pterygoid plexus to the cavernous sinus carrying bactA @rias with it. Review QuestionsUpper ophthalmic vein, sinus cavern, inferior ophthalmic vein. The inferior ophthalmic vein, on the other hand, receives blood from the lacrimal sac, the lipid sac, the lower rectum and the lower oblate muscles, the vertex, and the anterior and medial wall of the . The V1 branches of the trigAnglio pass through the lower part of the cavernous sinus and after exiting the cavernous sinus, they enter the 3 through the upper orbital fissure. In the event of a rupture of a cavernous aneurysm, a cavity-tide-cavernous Fastula is created, leading to a pulsating exophthalmia on the physical exam. After exiting the cavernous sinus, it enters the 3 via the upper orbital fissure to innervate the upper oblate muscle. The ophthalmic nerve (V1) and the maxillary nerve (V2) are p of the trigeminal nerve (CN V). Neuroanatomy, Cave Breast. The cavernous part travels horizontally and previously until it reaches the anterior limit of the breast, where it curves vertically, exits the breast superiorly and becomes the cerebral part of the internal artA @ ria car'tide. Although the transorbital route is an unknown approach and requires adequate equipment for retraction, it has been shown to be visible and safe in over 1500 orbital p. In addition, different venous tributaries drain into the cavernous sinus. Inside the cavernous sinus, I gave sympathetic fibers to CN III and VI. Carrying out surgery in the cavernous sinus is challenging given the fact that it contains vital neuronal structures and high risk of hemorrhage. It then runs in a later direction bottom of the 3 and divides .oies .lateiraponefse oies e laicifrepus aid@Am larberec aiev ,roiretna e roirepus saciml,Atfo saiev sad @A osonevac oies o arap iulF euq osonev eugnas O .sigolomlatfo-oruen .tanA niC .eArenoH A A emordnAs .A ravel edop osonevac oies od emordnAs .osonevac oies o arap ranerd ed setna aid@Am aegnAnem aiev ad somar snuqla ed eugnas ebecer lateiraponefse oies O .sotibr'Am sonem sodahca recenroF medop ,latibrosnart aiv amu omoc ,snegadoRoba sartuo ,ohtatne oN .roirepus latibro assof alep assap ele .osonevac oies od rias ed sioped .laretal ederap an e odahlet on erroe edno ,osonevac oies on artne e .ret,Am-arud a errocrep ,ralucundepretni assof an etnemlartnev olaf@Acnesem od ias III NC O anretni adit'Arac air@Atra ad onrot me ocit,Apmis oxelp o e .JIV NC(sneacudba ovren .J2V(ralixam ovren .)JW ociml,Atfo ovren .JVI NC(raelcort ovren .JIII NC(rotomolucco ovren o oEAs osonevac oies od sovren sO.osonev eugnas rop etnemlatpmoc adacrec @A euq opron on air@Atra acin@A a @A anretni adit'Arac air@Atra ad asonevac etrap a euq ranoicnem etnatropmi A .ocigr@Aricorcim odutse mU .lavilcortep oEAgier an Jodizudba ovren(onainarc ovren @A6 od sepAAAirav .lailletodne adamac amu sanepa ed odnitsisnoc sosonev sianac soneueqep ed oEAAeloc amu omoc zev ariempri alep egreme eIE .somar siod

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