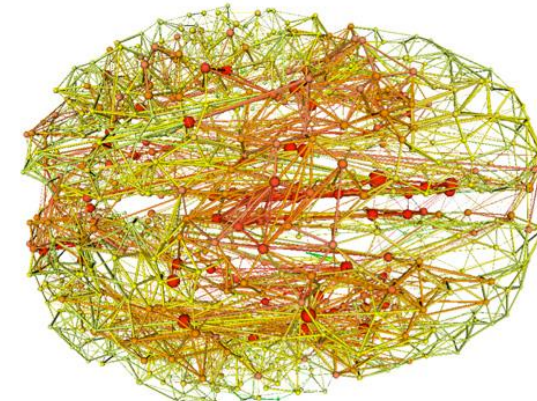
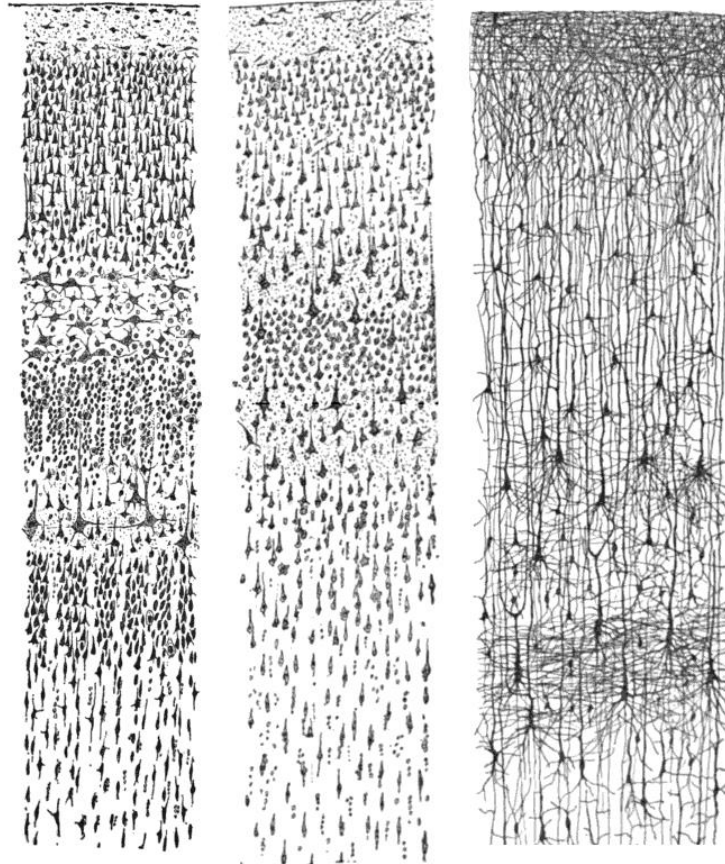
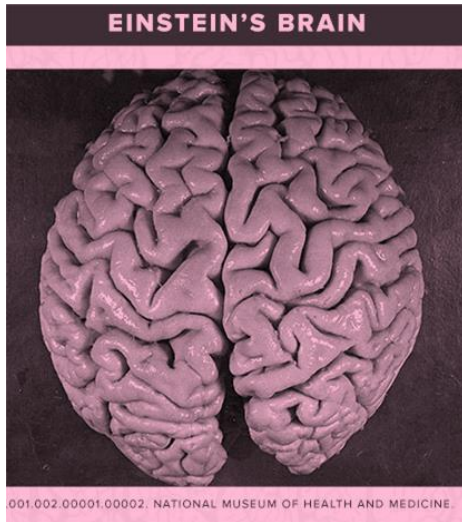


# Welcome to Clinical anatomy of the head, neck and neuronal pathways

## Lecture #9



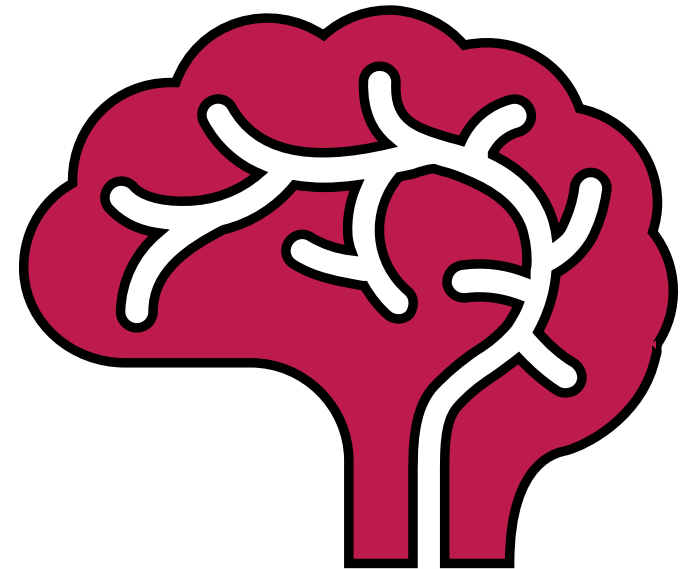
**Alemeh Zamani, Ph.D.**

**Department of Anatomy  
MUNI, MED**

**Spring 2023**

# Today's lecture will cover:

- 1- Somatosensory and Viscerosensory Pathways
- 2- Pain Pathways and Stress-Induced Analgesia



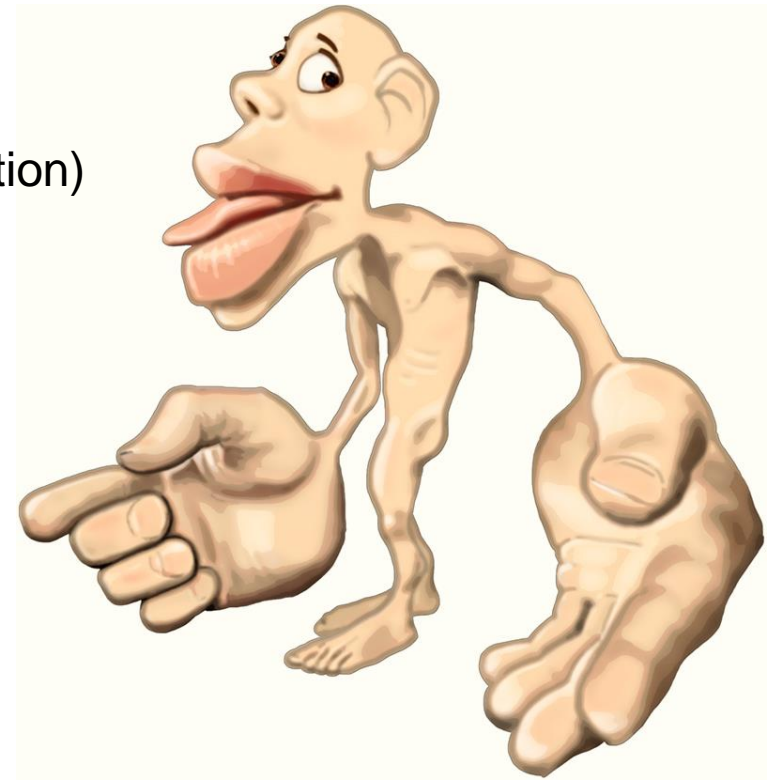
# Today's lecture will cover:

1- Somatosensory and Viscerosensory Pathways

2- Pain Pathways and Stress-Induced Analgesia

# Somatosensory Pathways

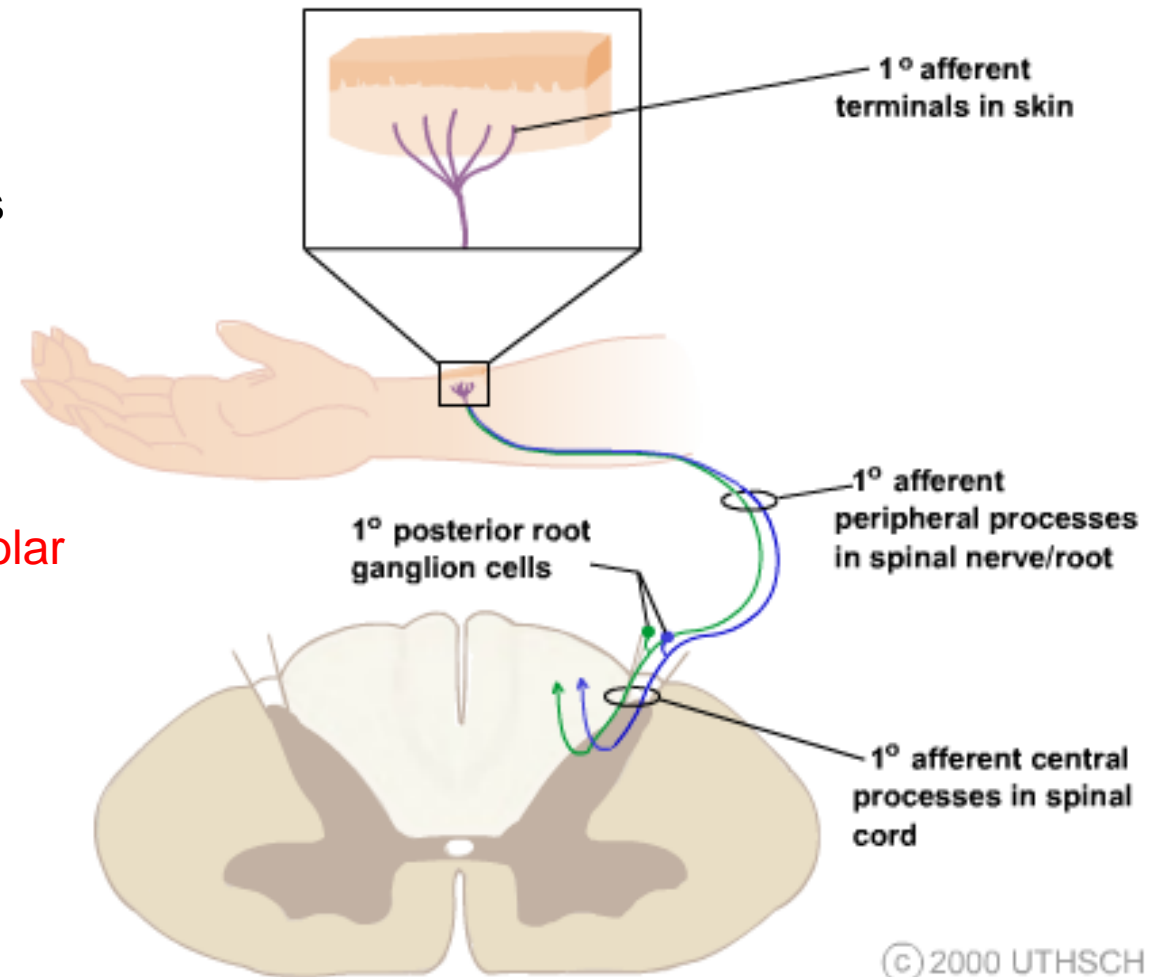
- Inform about objects around us through touch
- Inform about position and movements of our body parts (proprioception)
- Monitor the temperature
- Inform about painful, itchy and tickling stimuli



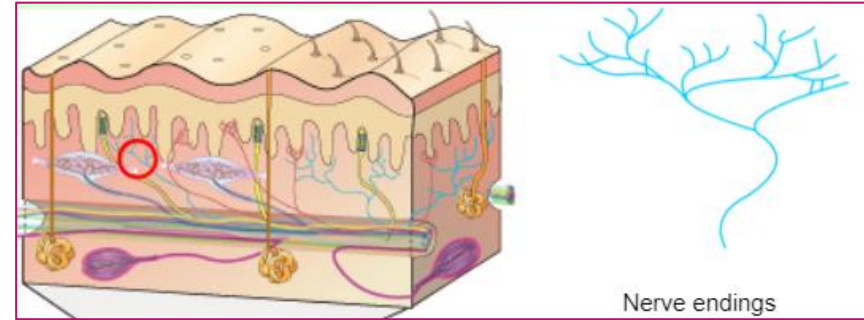
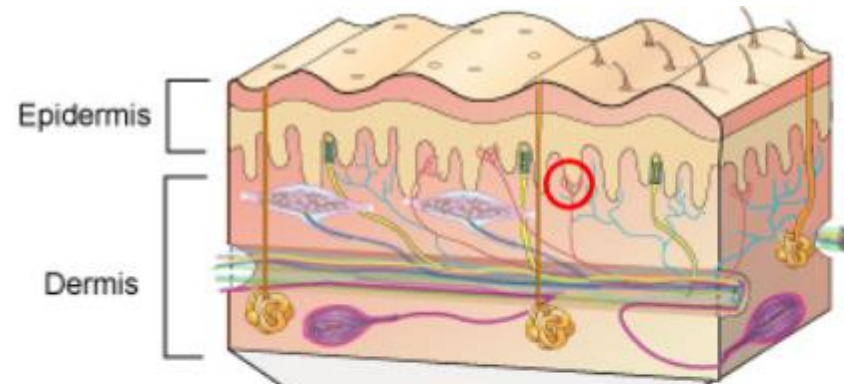
# Somatosensory Pathway

- Most somatosensory receptors are not specialized receptor cells and are formed by the terminal endings of the somatosensory 1<sup>st</sup> afferents.

1<sup>st</sup> order somatosensory afferent neurons: pseudounipolar neuron located in DRG

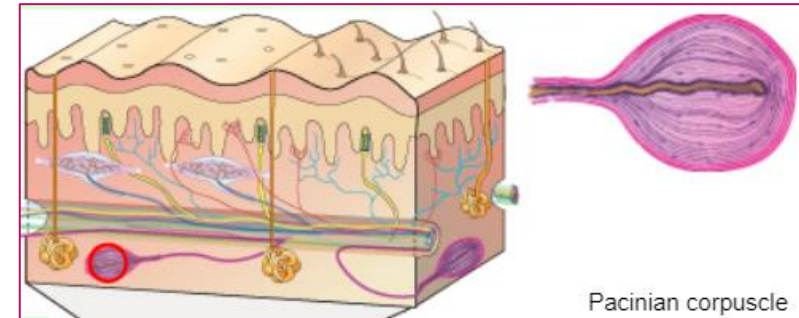
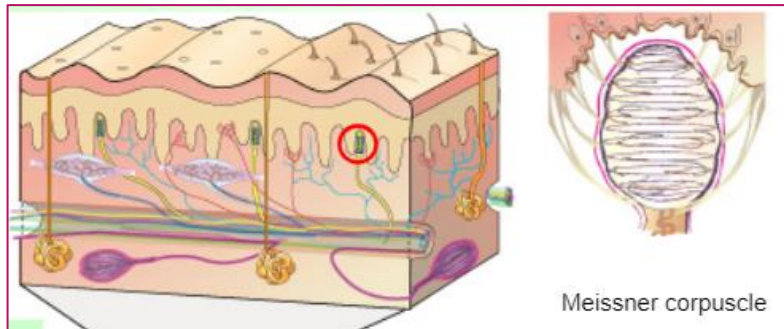
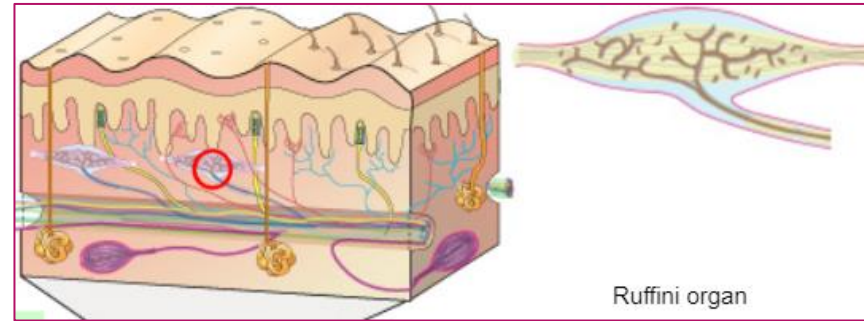


# Somatosensory Receptor Types

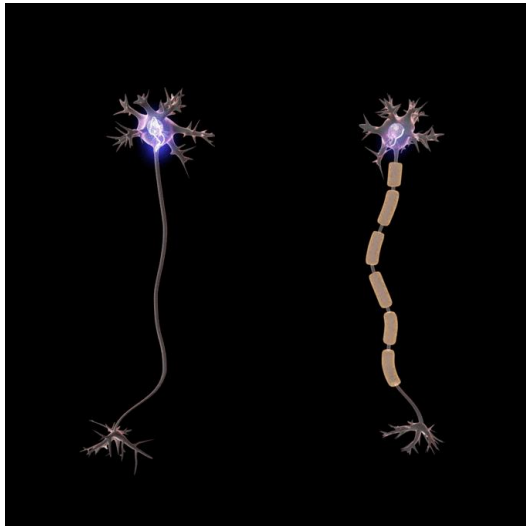


pain, temperature and crude touch

- Merkel disks
- Ruffini organ
- Meissner corpuscle
- Pacian corpuscle
- Nerve endings



# Peripheral Somatosensory Axons

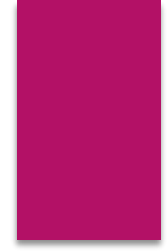


- Faster propagation of an action potential in myelinated neurons than that of unmyelinated neurons.

	A $\alpha$	A $\beta$	A $\delta$	C
1° Axon to skin				
1° Axon to muscle				
	Group I	Group II	Group III	Group IV
Diameter ( $\mu\text{m}$ )	12-20	6-12	1-6	0.2-1.5
Speed (m/sec)	70-170	30-70	5-30	0.5-2
Sensory receptors	Proprioceptors of skeletal muscle	Mechanoreceptors of skin	Pain, temperature	Temp, pain, itch



# Somatosensory Pathways



## Lemniscal system

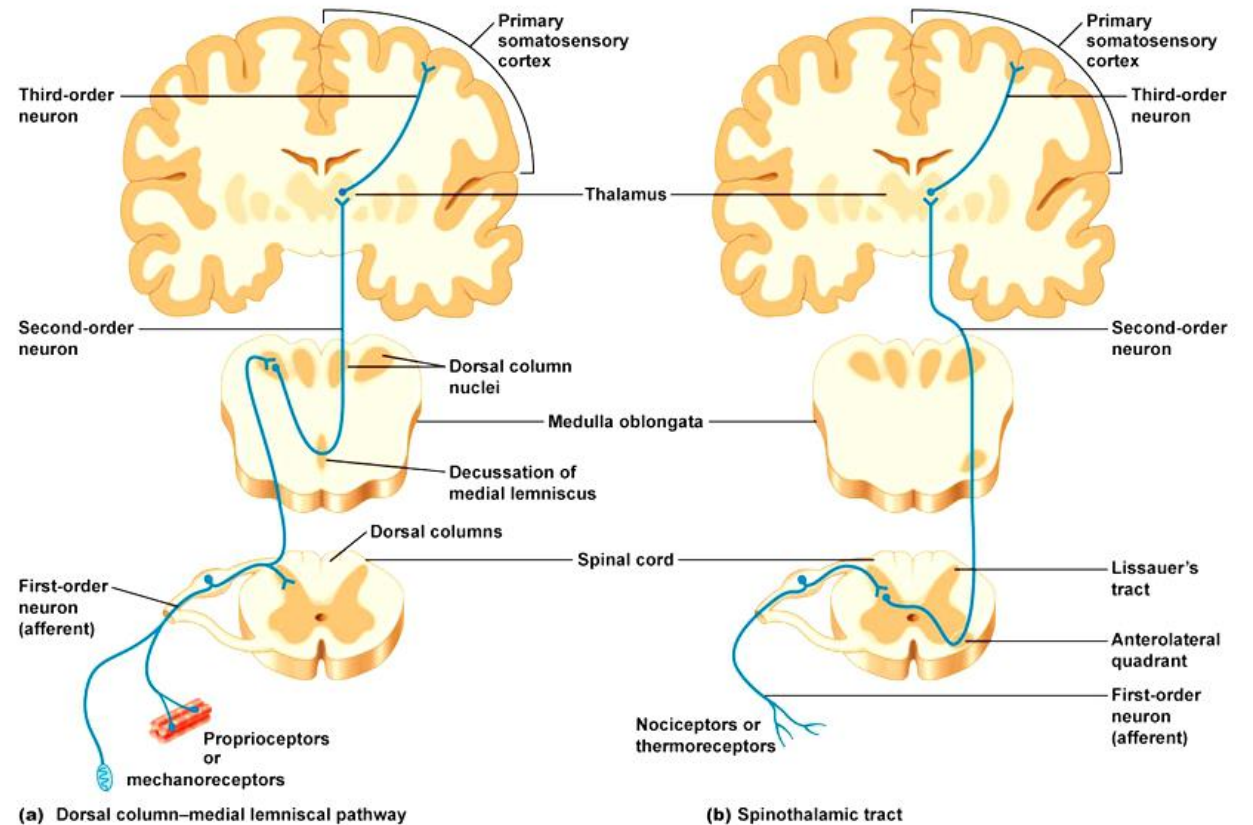
### Medial Lemniscal Pathway

- perception with high discrimination ability
- discriminative touch, proprioception

## Anterolateral system

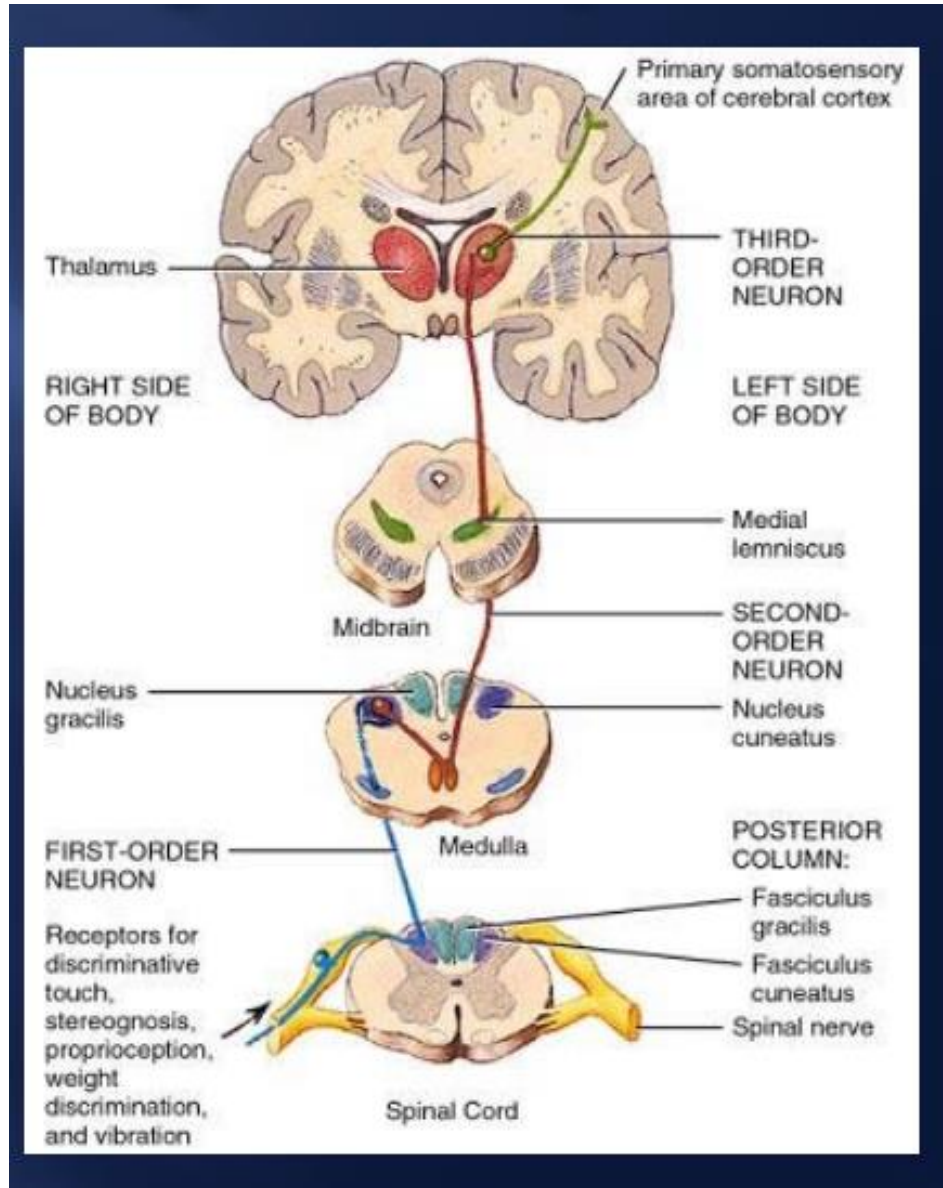
### Spinothalamic pathway

- perception with low discrimination ability
- crude touch, pain and temperature





# Medial Lemniscal Pathway

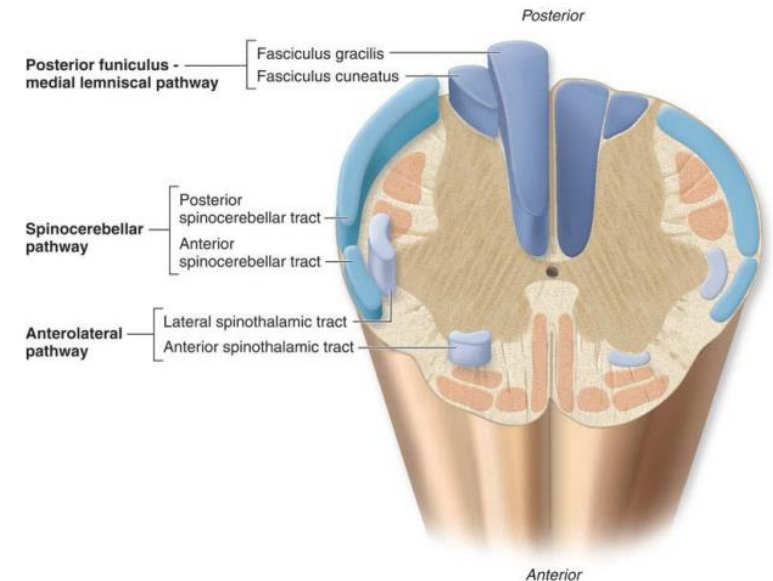


2<sup>nd</sup> order neurons:

- Nucleus Gracilis (below T6)
- Nucleus Cuneatus (above T6)

3<sup>rd</sup> order neurons:

Ventroposterior lateral nucleus of thalamus

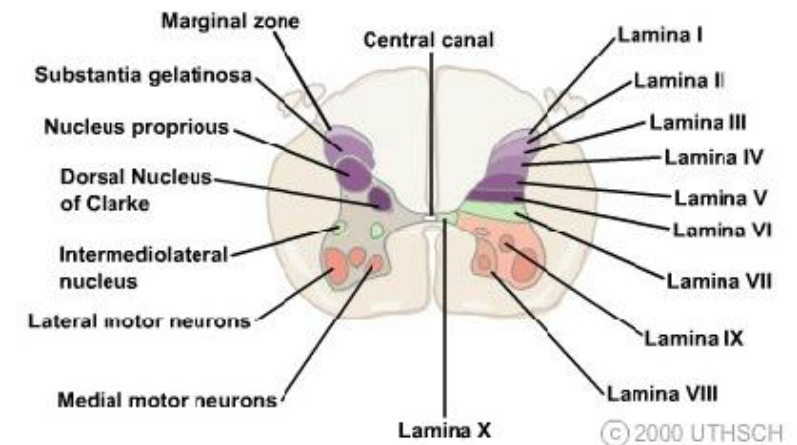
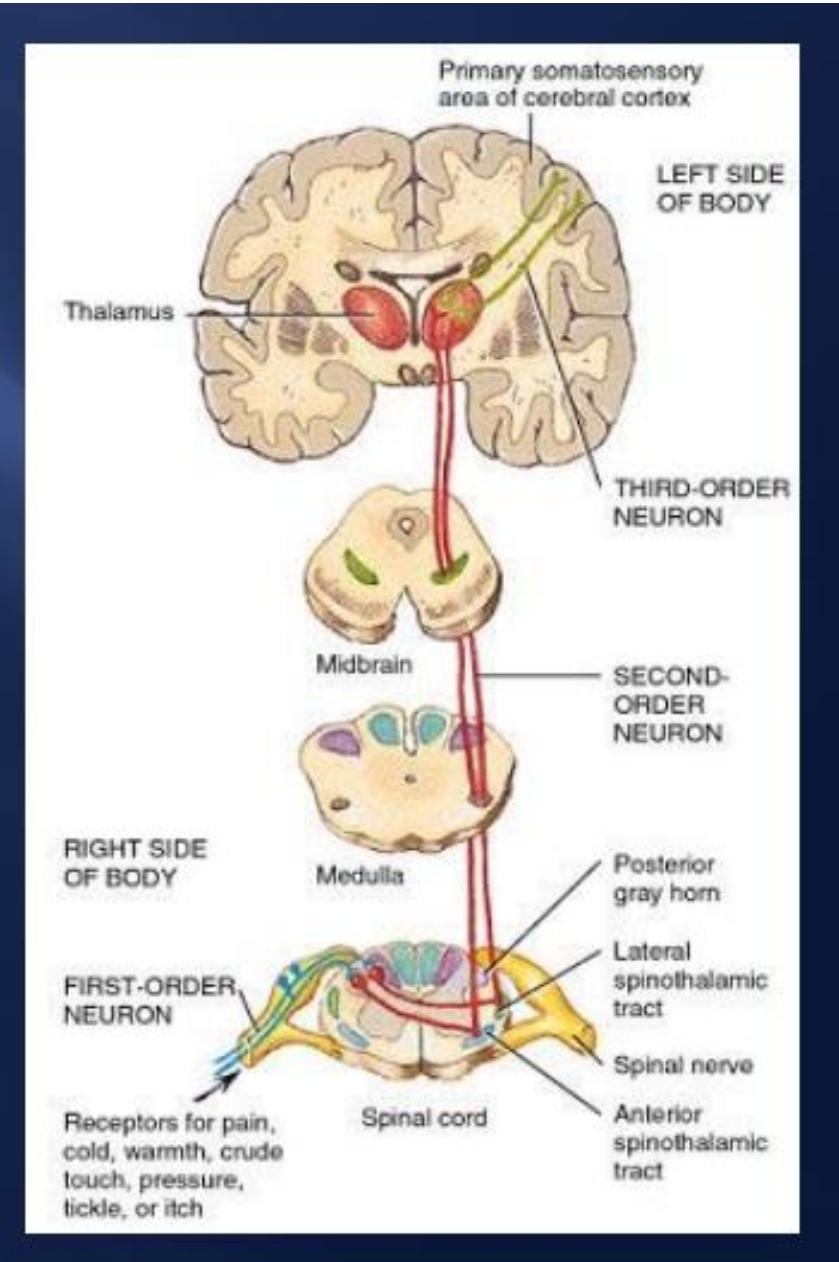


# Anterolateral Pathway

- Anterior spinothalamic tract
- Lateral spinothalamic tract
- Spinotectal tract
- Spinohypothalamic tract

2<sup>nd</sup> order neuron: Lamina I to V

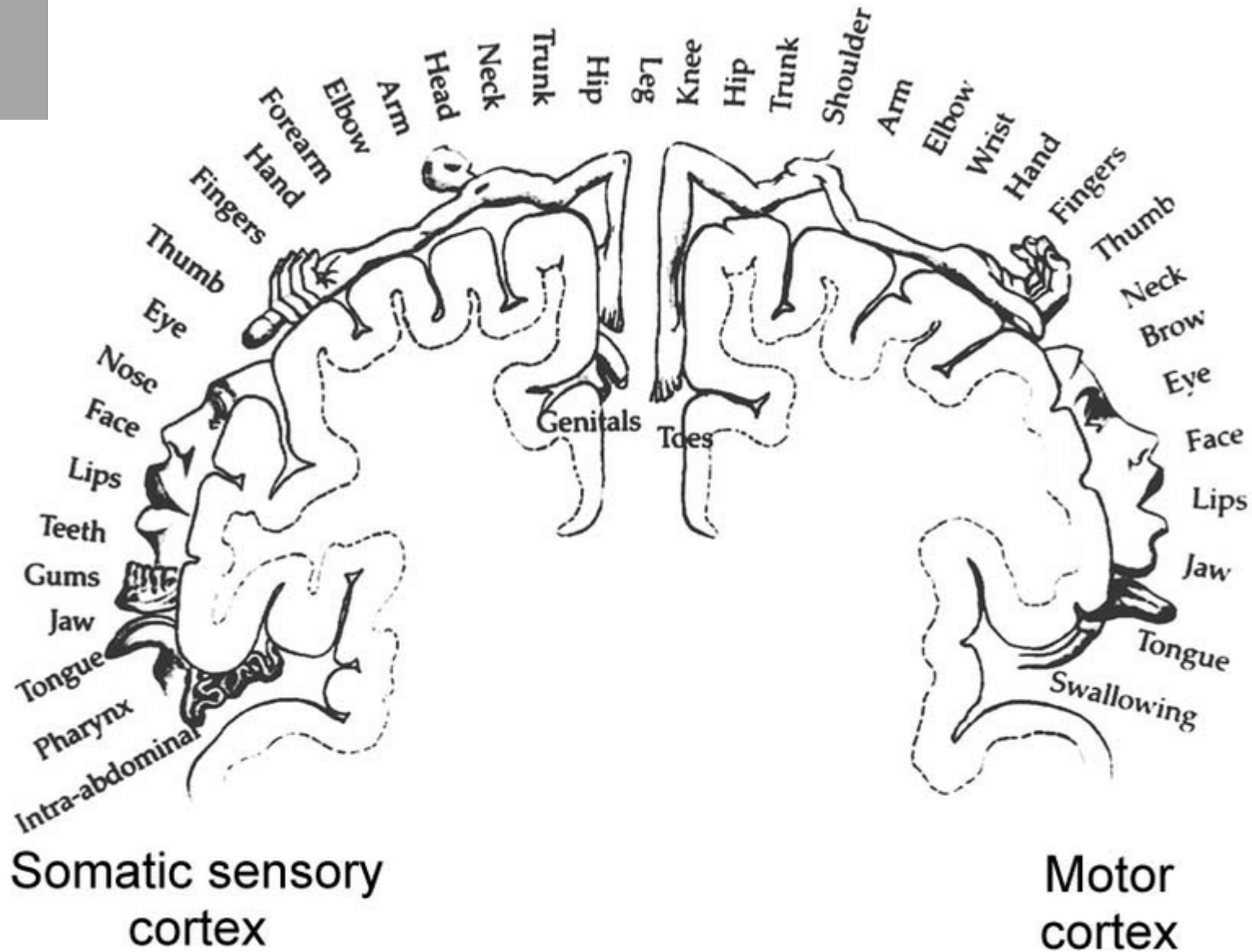
3<sup>rd</sup> order neurons: Ventroposterior lateral nucleus of thalamus



MICHAEL JACKSON

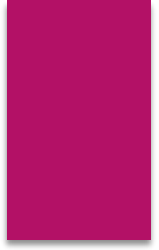


# Sensory Homunculus





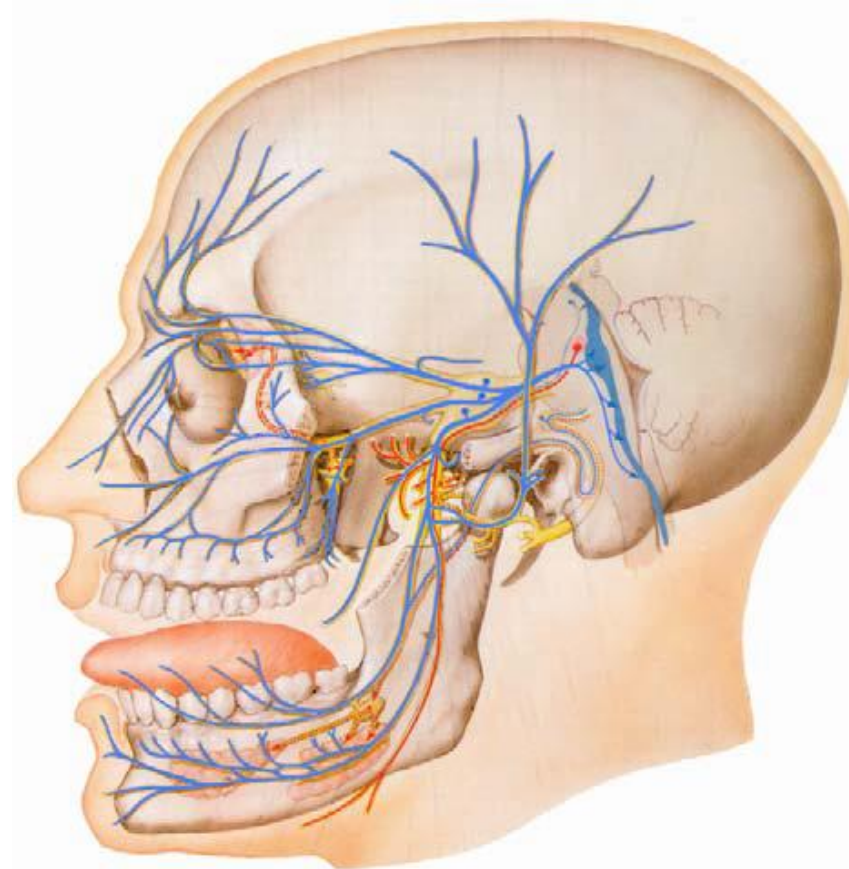
## Trigeminal Systems



Somatic sensory representation for most of head and all of face

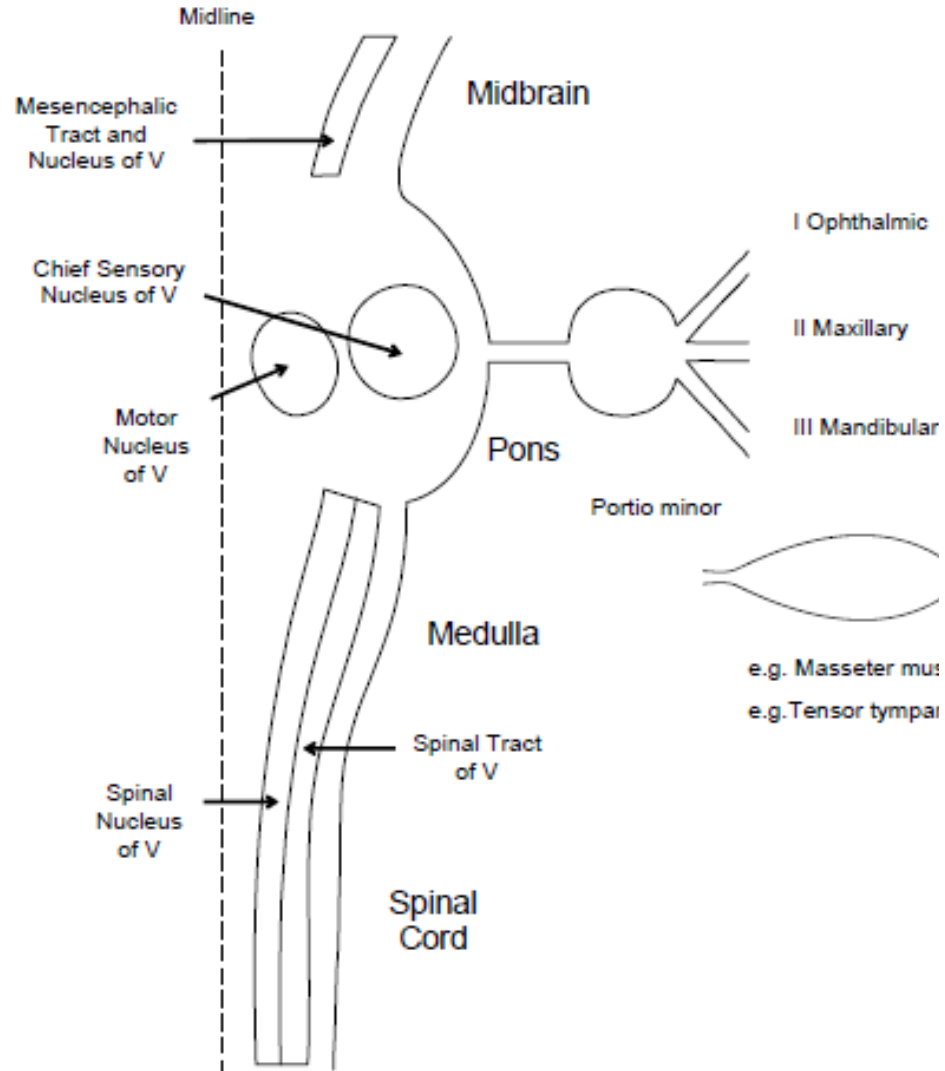
Somatic sensory pathways:

- Lemniscal system
- Antrolateral system
- Trigeminal system



# Trigeminal Nerve (CN V)

Sensory Inputs to Trigeminal Nuclei:  
Somatic sensory, tactile, pain and temperature



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# Trigeminal Pathways

1<sup>st</sup> order neurons:

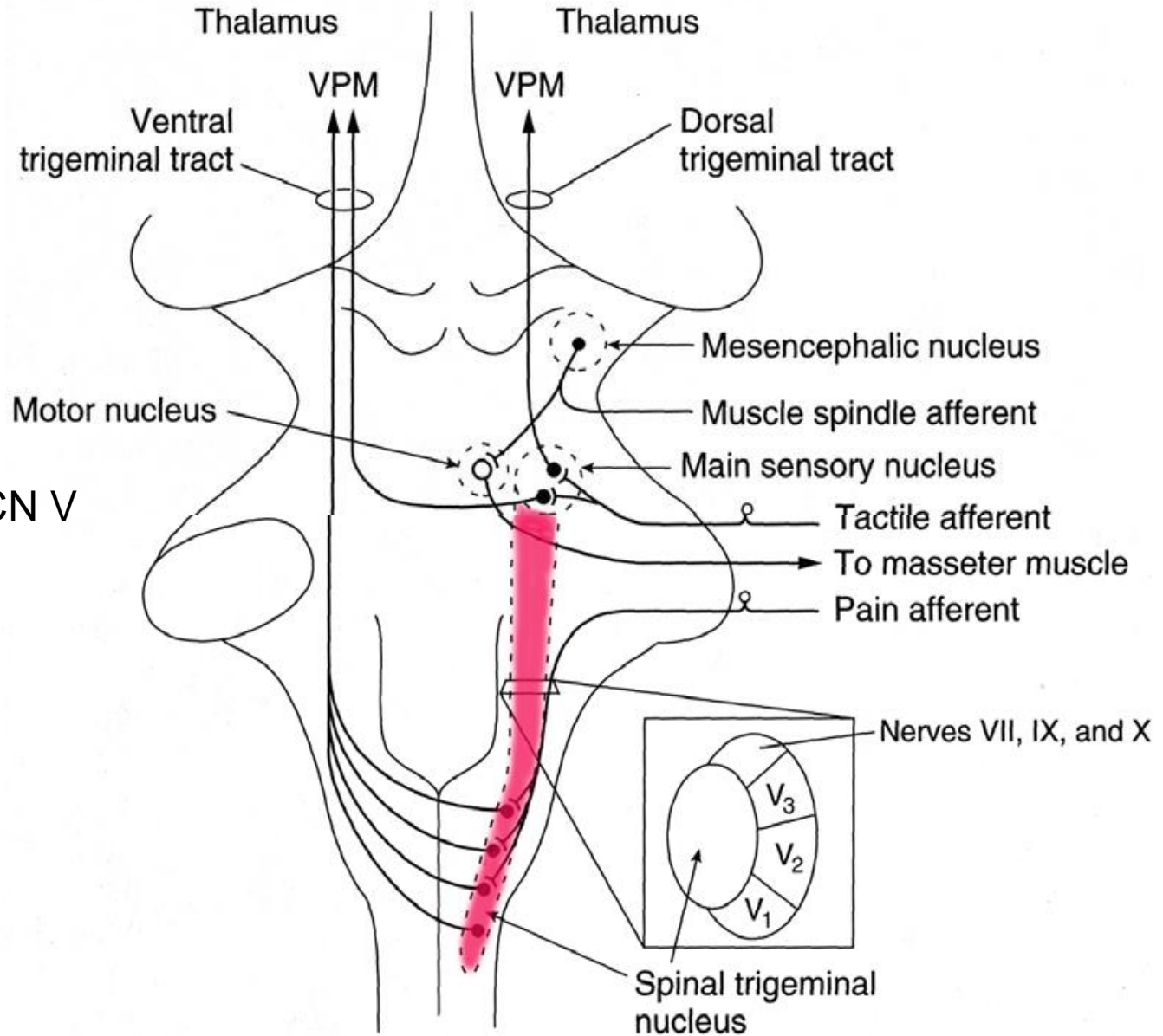
Trigeminal Ganglion cell

2<sup>nd</sup> order neurons:

Spinal nucleus of CN V & central sensory nucleus of CN V

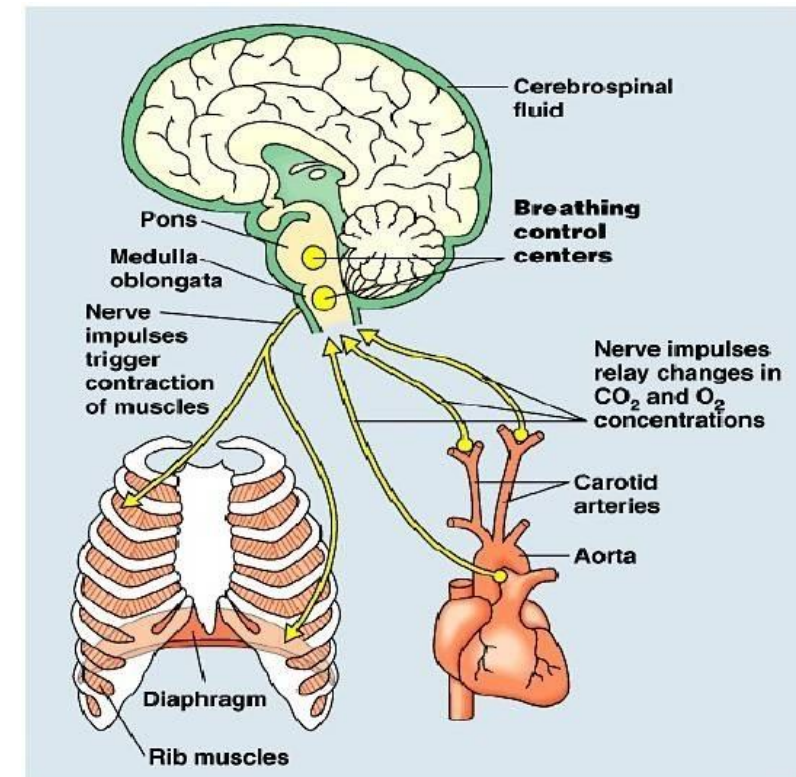
3<sup>rd</sup> order neurons:

Ventral posterior medial nucleus of thalamus (VPM)



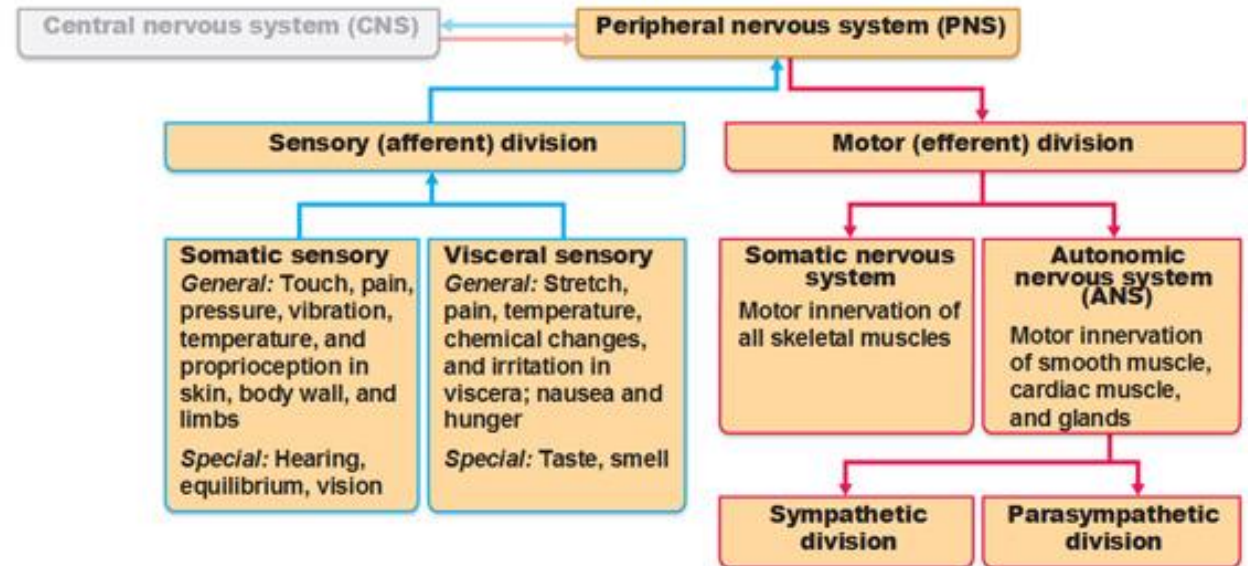
# Viscerosensory Pathways

- Carry information from the thoracic, abdominal and pelvic cavities, and from the cardiovascular system
- Utilize autonomic pathways to reach the CNS
- Participate in important reflexes
- Mostly end in the hypothalamus



Viscerosensory fibres go together with sympathetic and parasympathetic nerves.

## Functional Organization of the PNS



visceral organ

pseudounipolar neurons in ganglia

dorsal horn or brain stem sensory nuclei (the solitary nucleus)



# Visceral Pathways

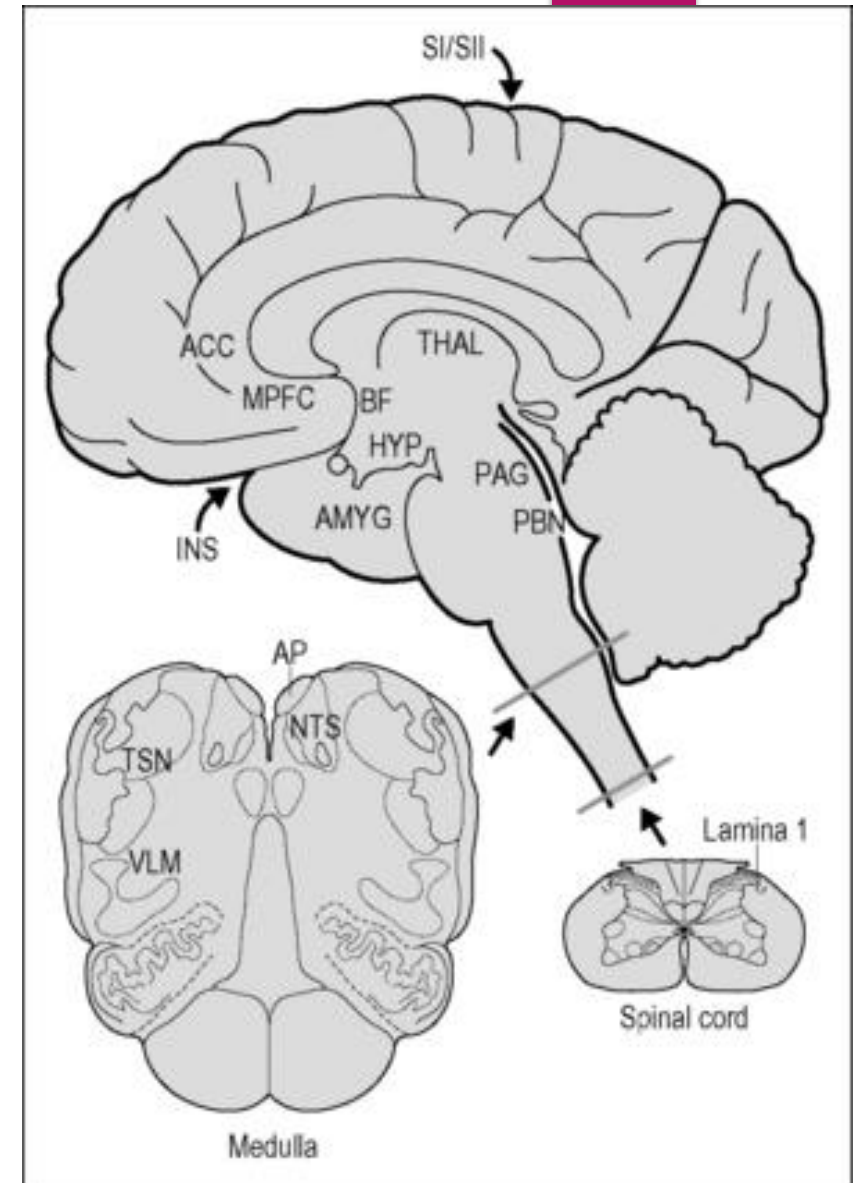
## 1<sup>st</sup> order neurons:

Ganglion cell of spinal cord or inferior ganglion of CN IX or CN X

## 2<sup>nd</sup> order neurons:

Lamina I of dorsal horn or solitary nucleus in medulla

Signals are transmitted to reticular formation, hypothalamus and thalamus.



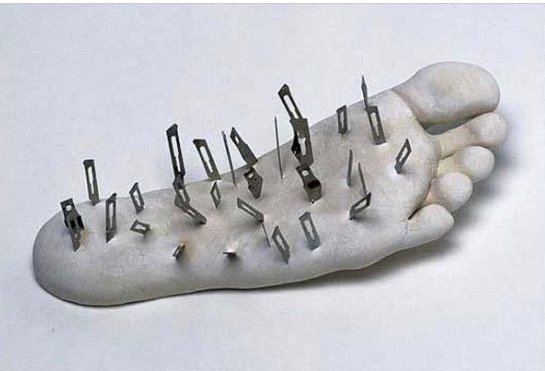
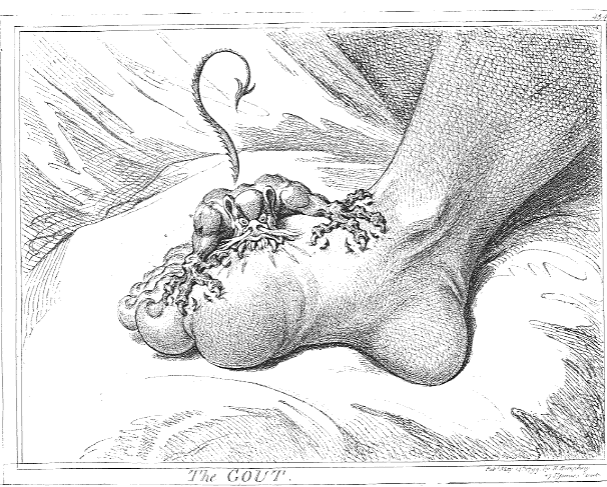
# Today's lecture will cover:

1- Somatosensory and Viscerosensory Pathways

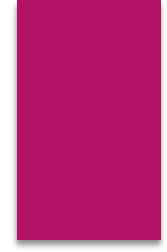
2- Pain Pathways and Stress-Induced Analgesia



*In the memory of  
Christopher N Honda  
University of Minnesota*



Pain is very personal and individualized



International Association for the Study of Pain (IASP):

“Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage“.

# Nociceptors

Noxious, adj.

from classical Latin noxius harmful, injurious, guilty (from noxa; harm, injury + -ius)

Noxious stimulus: A stimulus which is damaging to normal tissues

Nociceptor:

A sensory receptor neuron preferentially sensitive to a noxious stimulus or to a stimulus which would become noxious if prolonged.



# Nociceptors

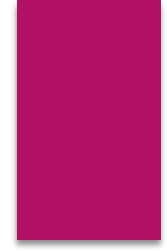
- nociceptors of A $\delta$  fibres (5-30 meters/sec)
  - A $\delta$  mechanical nociceptors
  - A $\delta$  thermal nociceptors
- nociceptors of C fibres (0.2-2.0 meters/sec)
  - C polymodal nociceptors – react to thermal, mechanical and chemical stimuli
- silent nociceptors (MIA = mechanically insensitive afferents)
  - responsive after inflammation and tissue injury

	A $\alpha$	A $\beta$	A $\delta$	C
Axons from skin				
Axons from muscles	Group I	II	III	IV
Diameter ( $\mu$ m)	13–20	6–12	1–5	0.2–1.5
Speed (m/sec)	80–120	35–75	5–30	0.5–2
Sensory receptors	Proprioceptors of skeletal muscle	Mechanoreceptors of skin	Pain, temperature	Temperature, pain, itch

<http://www.ini.unizh.ch/~kiper/somato.pdf>



## Nociception

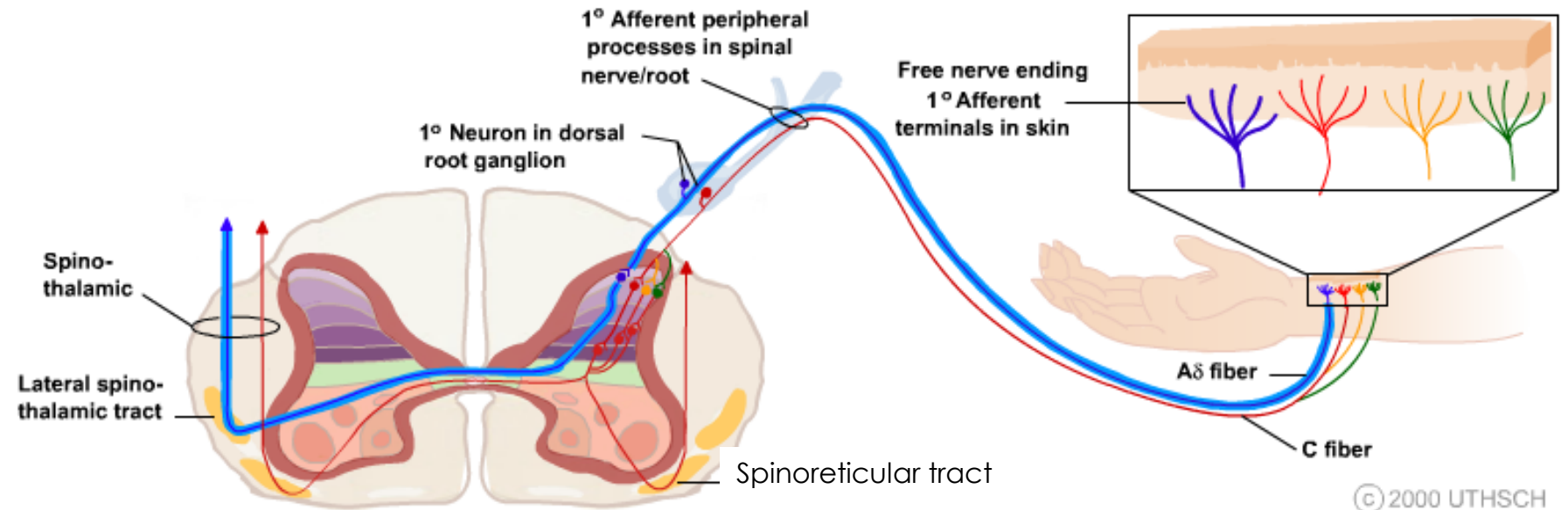
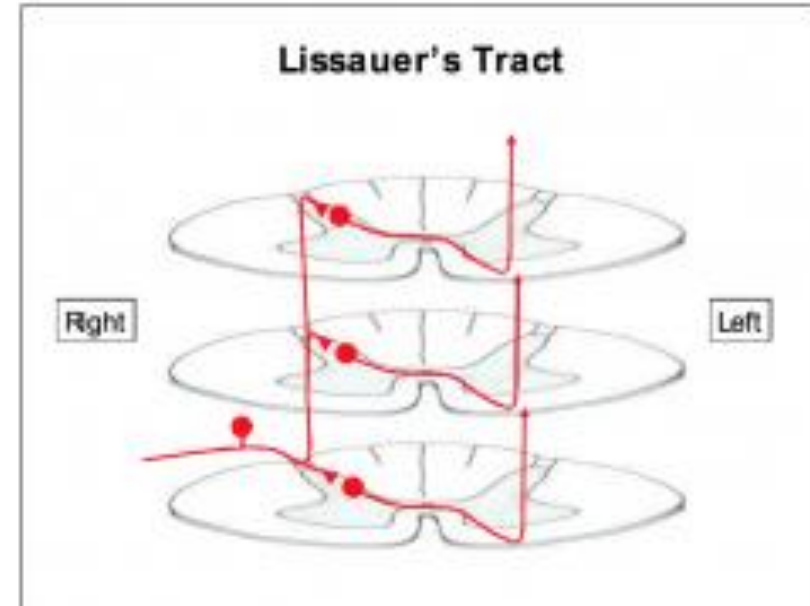
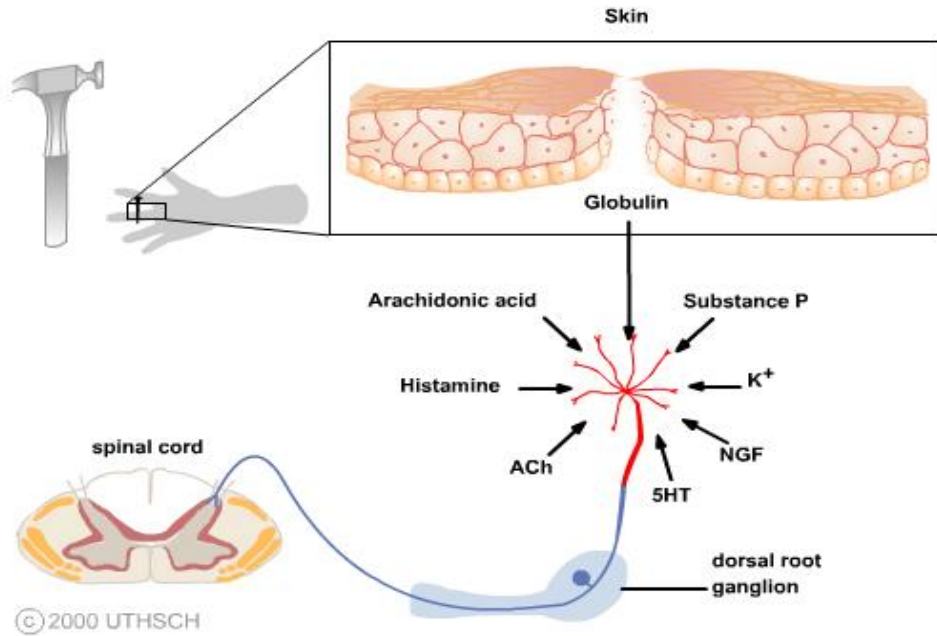


Nociception: all events following damage, or threat of damage to tissue

1. Begins with detection of noxious event by nociceptors
  - influenced by non-neuronal cells (e.g. inflammatory and immune cells, keratinocytes)
2. Subsequent activity in CNS neurons and pathways
  - a. reflex and withdrawal behaviors
  - b. autonomic responses
  - c. activity of neurons in “pain” pathways and systems
  - d. activation of endogenous modulatory systems
3. Perception of pain

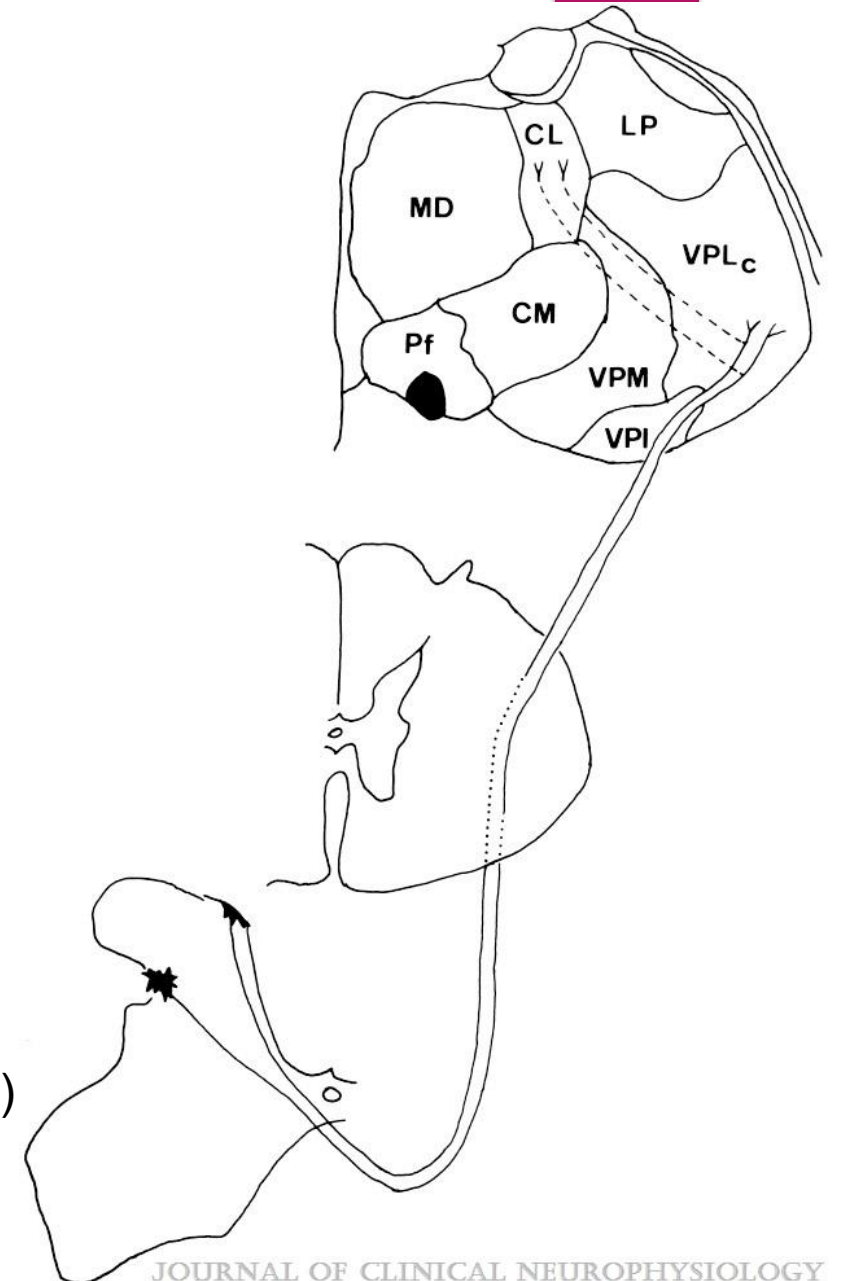


# Factors that activate nociceptors



## A. Spinothalamic Tracts (STT)

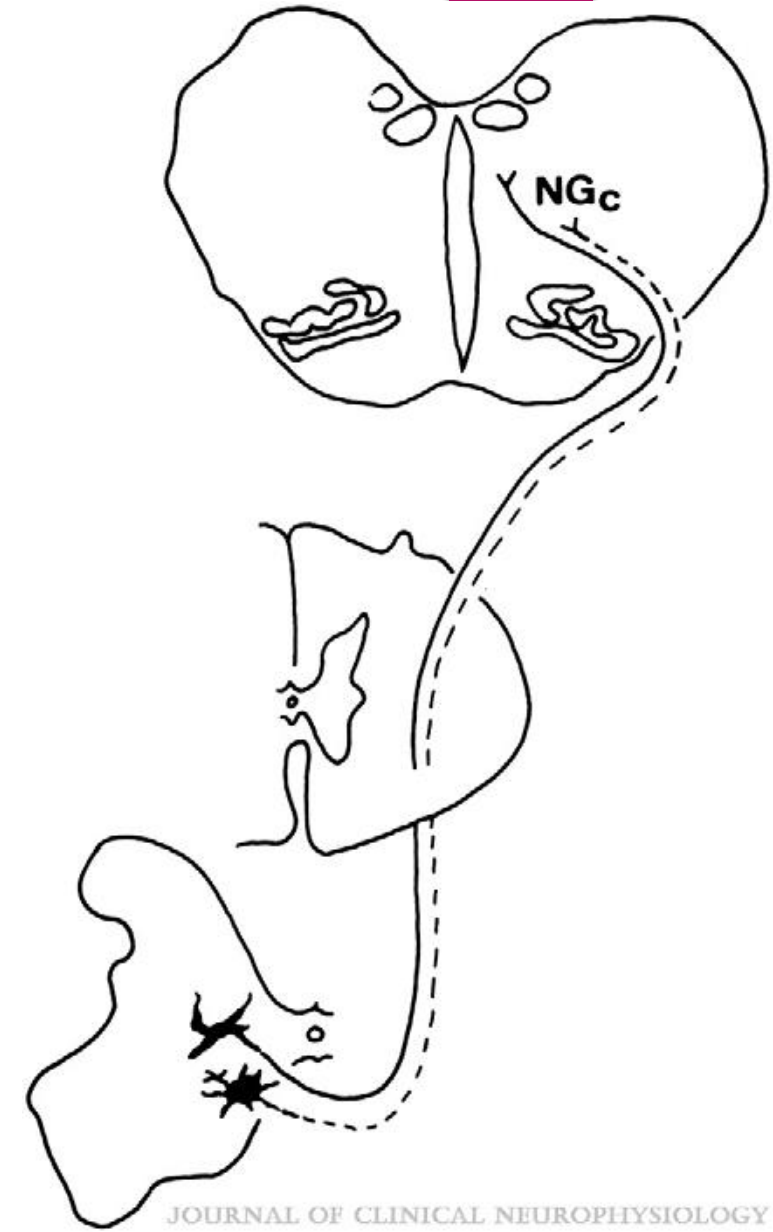
- neospinothalamic
- most cells of synapse in laminae I and V
- axons ascend contralateral
- thalamic terminations
  - a) VPL: somatotopic projection
  - b) Central Lateral (CL)
  - c) Posterior nuclei (PO)
- VPL projects primarily to primary somatosensory cortex
- Major role pain and temperature sensation (sharp, well localized pain)





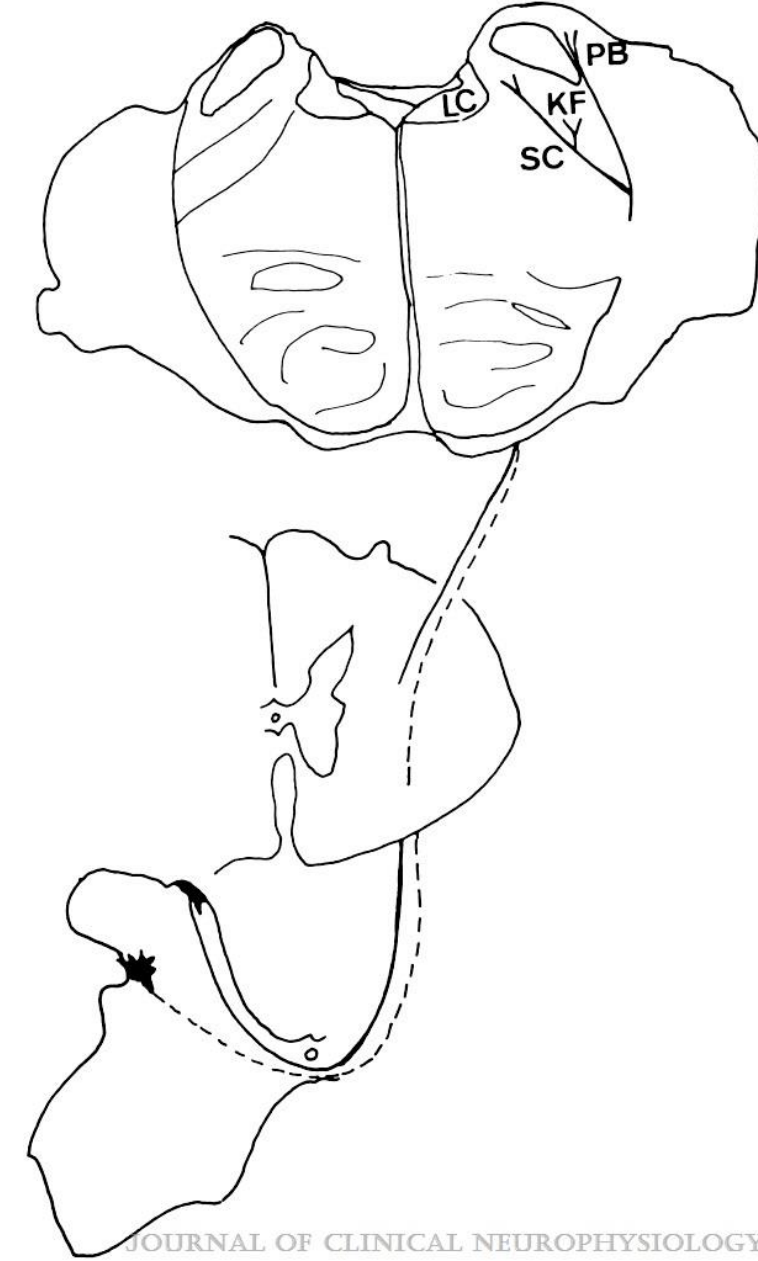
## B. Spinoreticular Tract System (SRT)

- paleospinothalamic pathway
- many cells in lamina I and deep dorsal horn
- direct projections from spinal cord to reticular formation
- a) medulla, pons, and midbrain (multiple levels)
- axons ascend contralateral (with STT)
- project to multiple thalamic and cortical regions
- Important in arousal and attention (diffuse, non-localized pain)



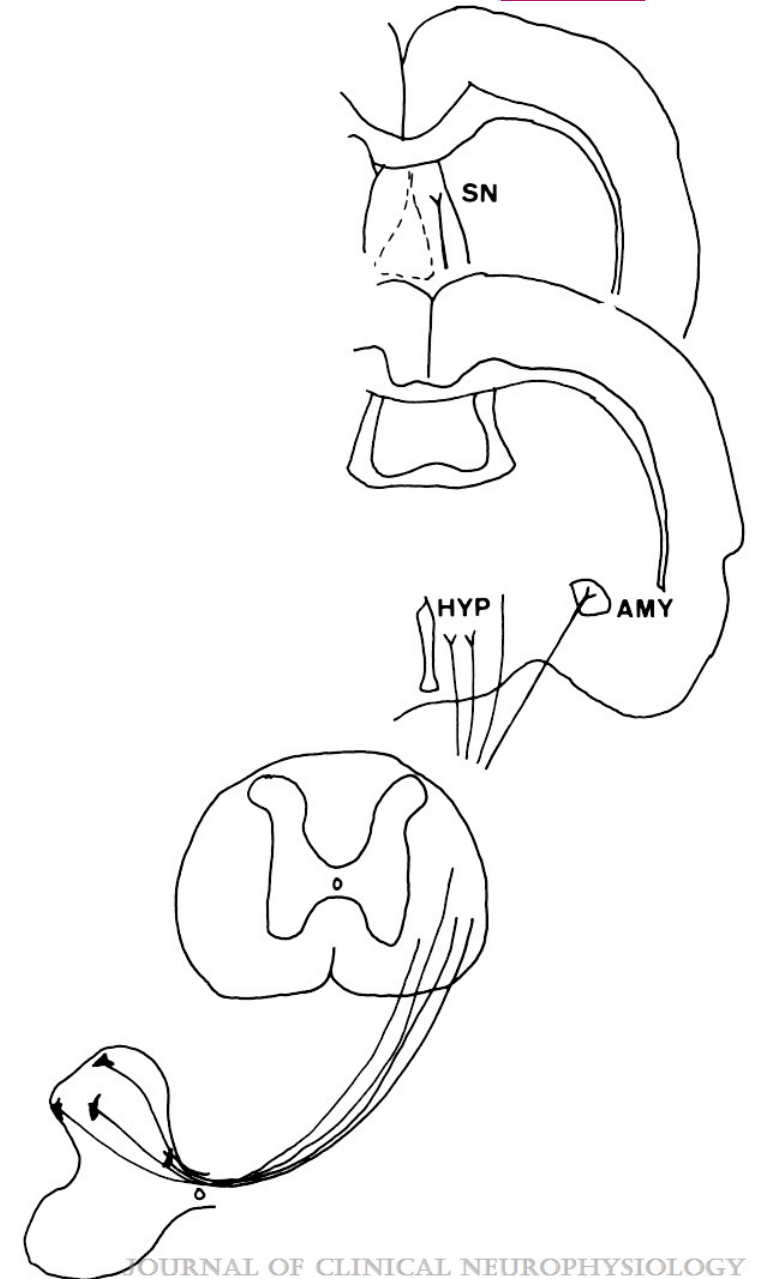
### C. Spinoparabrachial Tract

- many cells in lamina I
- axons ascend through dorsal part of lateral funiculus
- axons terminate parabrachial nn. in pons
- parabrachial neurons project to thalamus
- also hypothalamus and amygdala
- cognitive, emotional, affective responses to pain



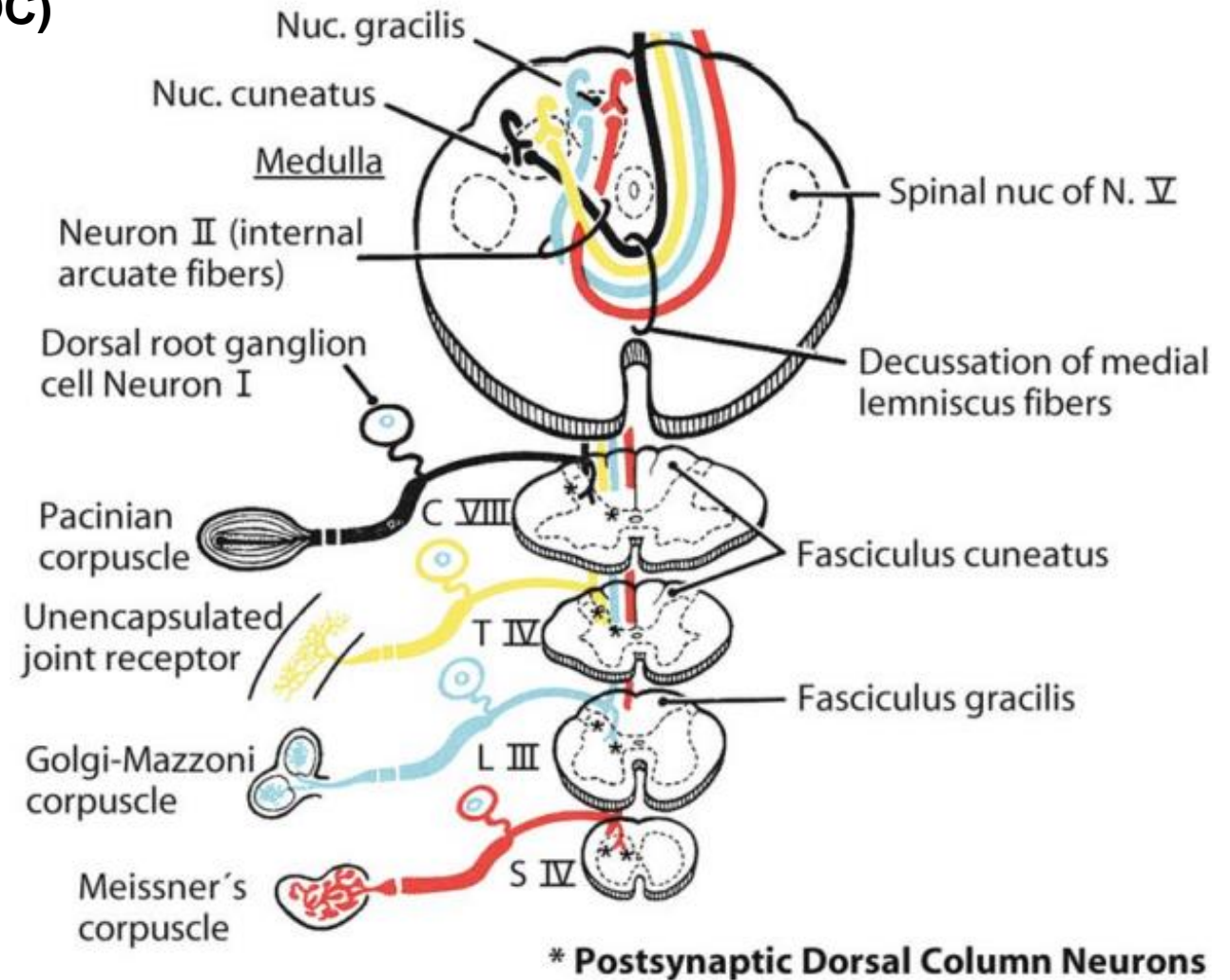
## D. Direct spino-limbic Access

- spino-amygdaloid
- spino-hypothalamic
- spino-septal nuclei
  - cells of origin in dorsal and ventral horns
  - axons ascend through dorsal part of lateral funiculus
  - many bilateral projections to
    - a. hypothalamus
    - b. amygdala
    - c. septal nuclei and nucleus accumbens
  - motivational aspects of pain



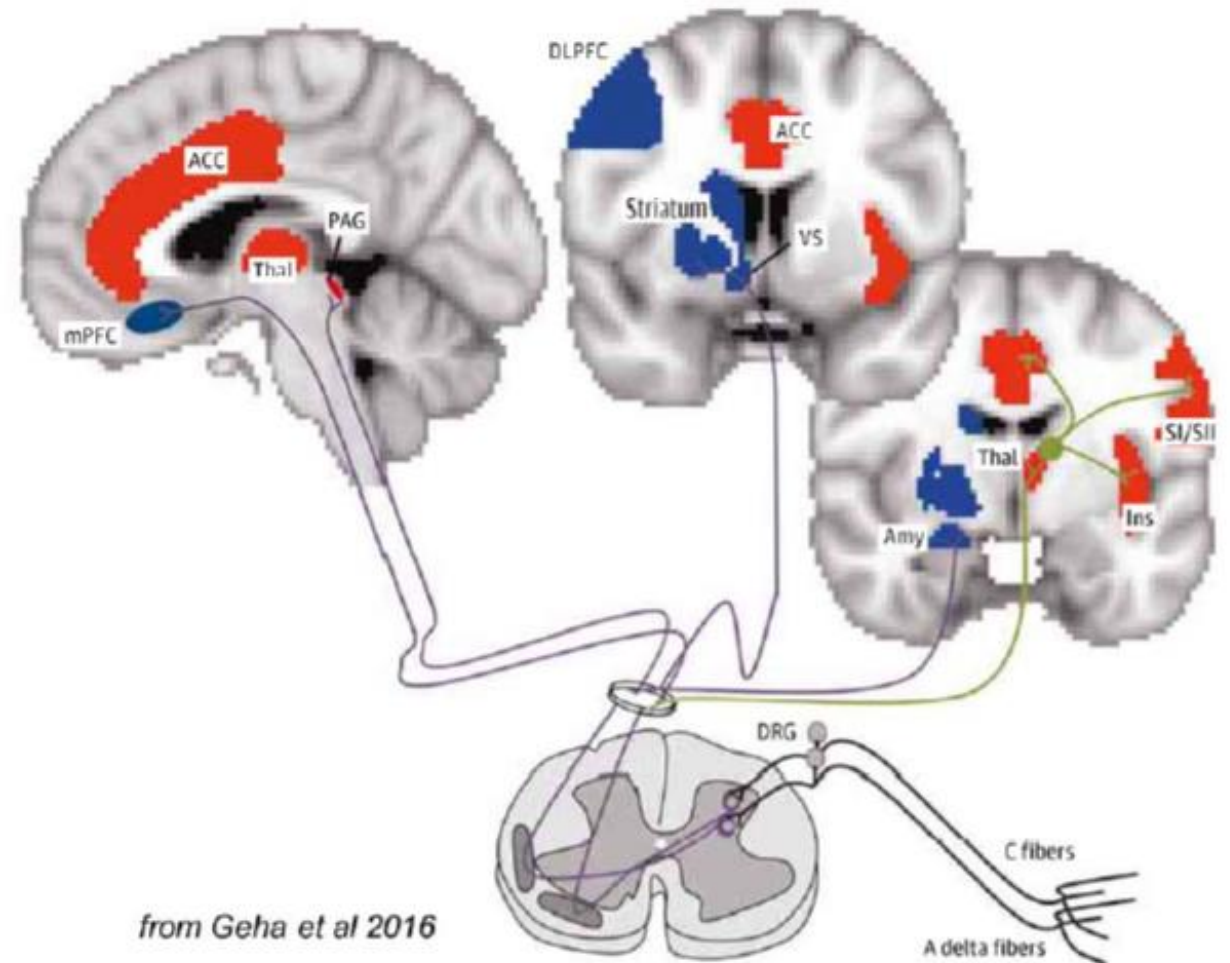
## E. Postsynaptic Dorsal Column Tract System (PSDC)

- most cells in laminae III-IV
- many respond noxious visceral inputs
- PSDC axons ascend ipsilaterally
- axons terminate in dorsal column nuclei
- DCN cells project to contralateral thalamus
- ventrobasal complex of the thalamus
- Important ascending visceral system
- effective for relief of extreme visceral pain



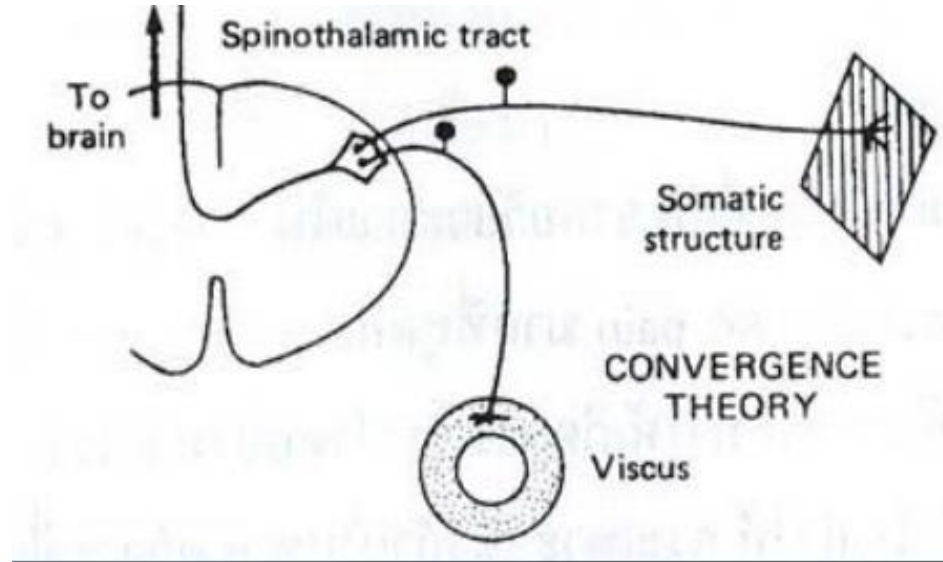
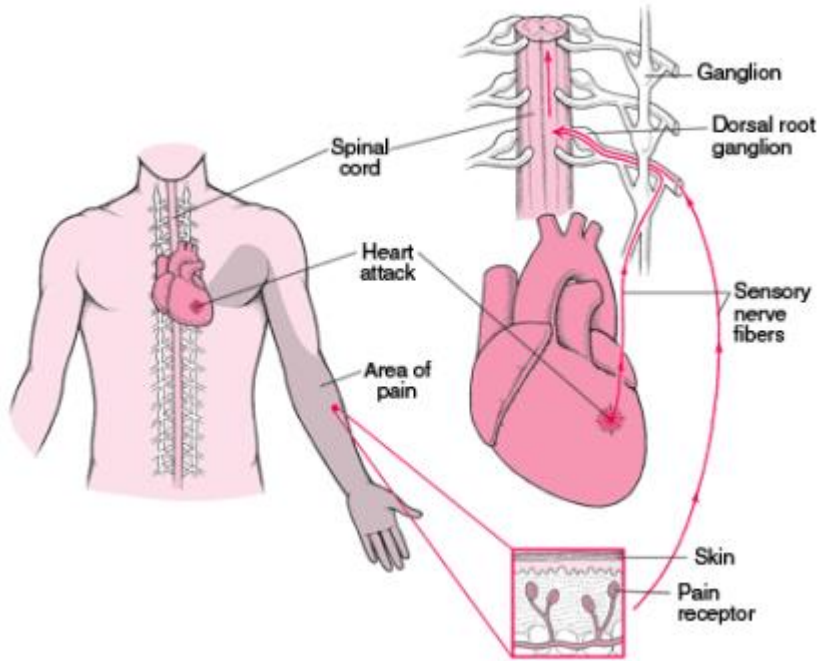
## Forebrain Regions Related to Nociception (Nociception Matrix)

- A. Primary Somatic Sensory Cortex (SI)
- B. Secondary Somatic Sensory Cortex (SII)
- C. Insular Cortex
- D. Anterior Cingulate Gyrus
- E. Pre-frontal cortex
- F. Thalamus
- H. Amygdala

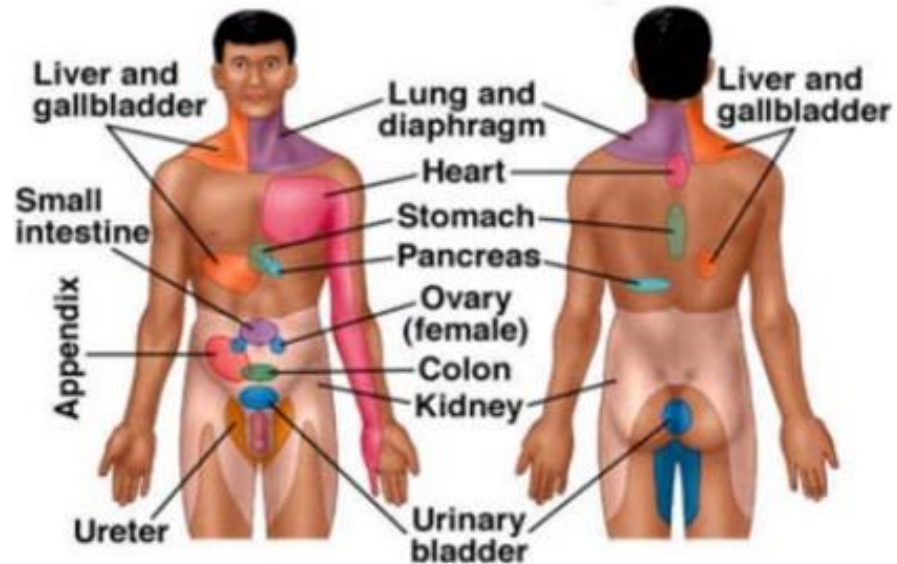


from Geha et al 2016

# Referred Pain



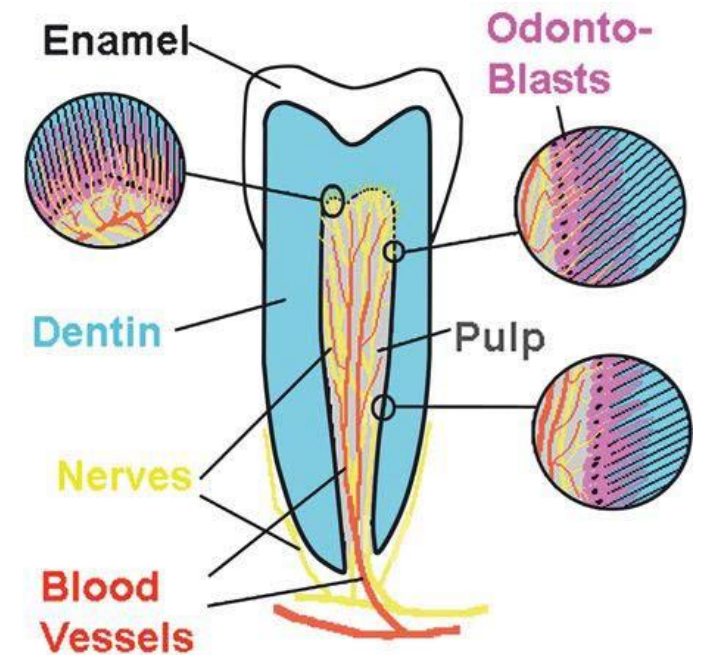
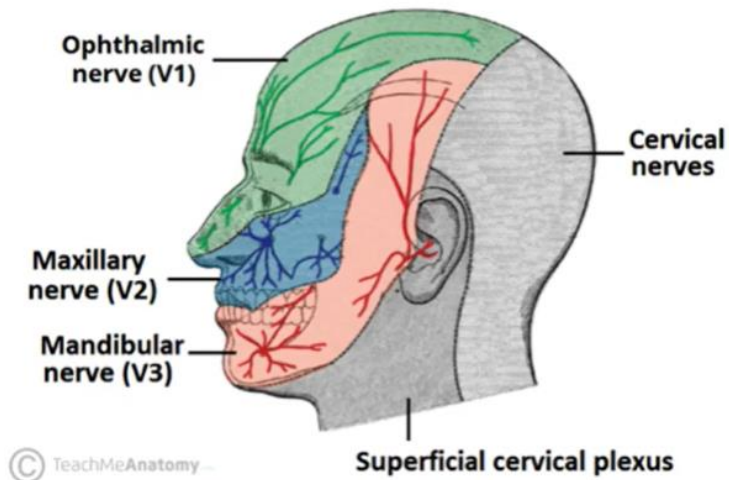
- Convergence theory
- Common dermatome hypothesis
- Facilitation or irritable focus
- Learned phenomenon





## Dental Pain

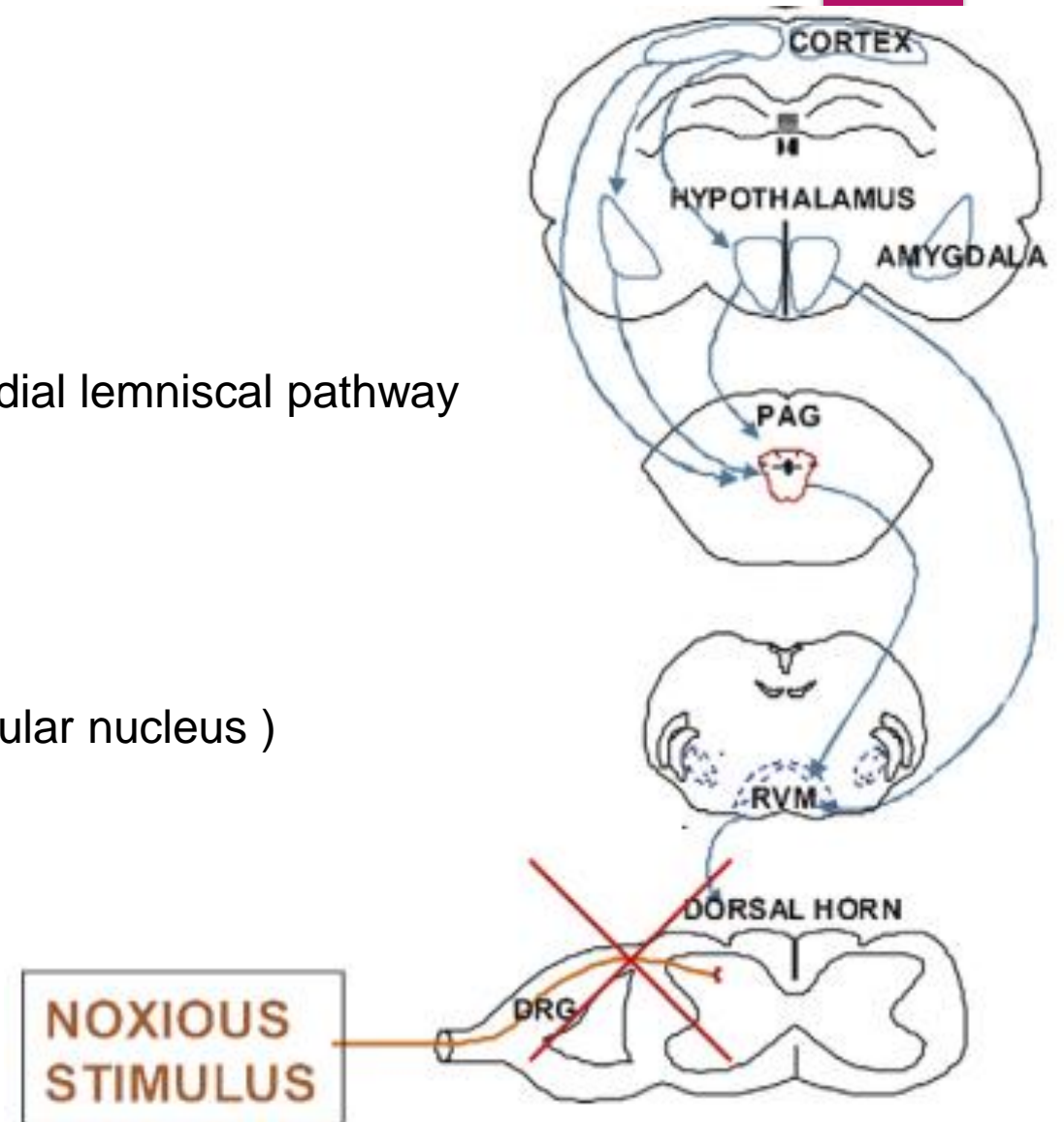
- $A\beta$  +  $A\delta$  fibres – first and sharp pain, easily stimulated by application of cold
- C fibres – dull ache, sensitive to inflammatory mediators, changes in blood flow
- pulp + dentin – enormous number of free nerve endings
- Somatic pain: musculoskeletal pain and visceral pain
- Neuropathic pain: inflamed pulp or periapex – peripheral and central sensitization hyperalgesia, allodynia and spontaneous pain
- referred orofacial pain – both source and referral site



## Modulating Systems of Nociceptive Pathway

Levels of modulation of nociceptive pathways

- spinal cord (“gate control theory”)- dorsal column medial lemniscal pathway
- peri-aquaeductal gray matter (PAG)
- locus coeruleus
- reticular formation of brain stem (gigantocellular reticular nucleus )
- raphe magnus nuclei





Anterior limbic brain  
Hypothalamus  
(stress)



Periaqueductal  
gray matter



other nuclei of RF

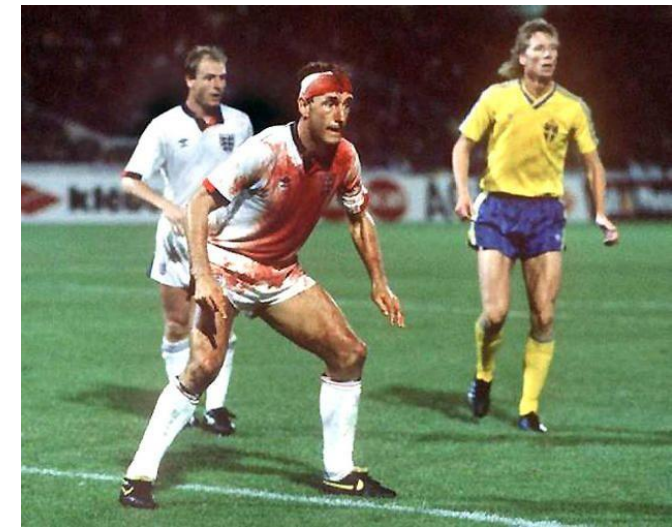
locus coeruleus  
ncl. gigantocel.  
ncl. raphae magnus



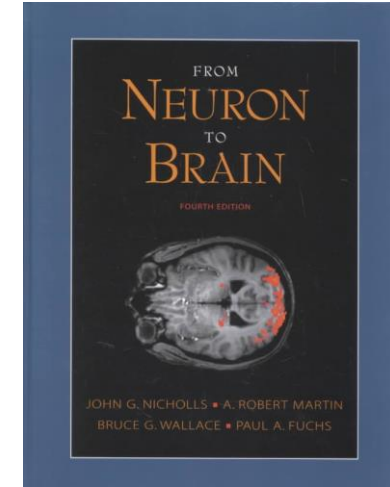
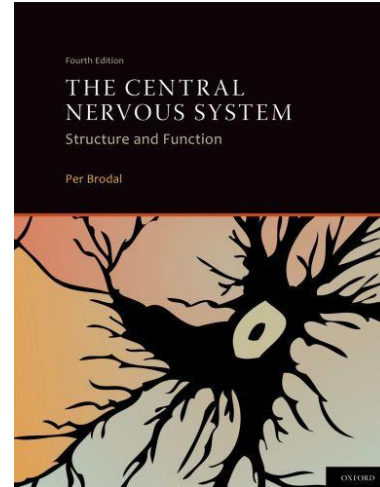
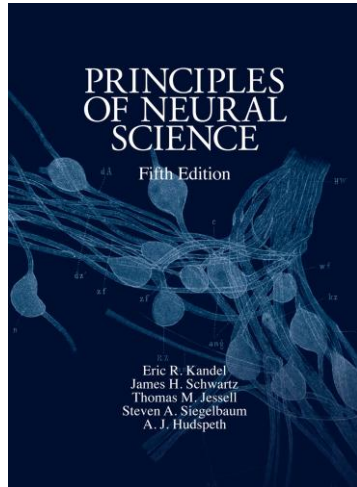
Dorsal spinal horns

## Stress-Induced Analgesia

Pain suppression upon exposure to unconditioned or conditioned stressful stimuli.



# Reading List



*Thank you very much for your attention*

