CLINICAL CORRELATION: CRANIAL NERVES

Date: January 23, 2019 - 9:30 AM
Reading Assignment: refer to posted handout in LUMEN calendar
http://www.meddean.luc.edu/lumen/restricted/calendar_restricted/Neuro1213/Merchut/CranialnervesReadingHO.pdf

KEY CONCEPTS AND LEARNING OBJECTIVES

1. Describe the typical clinical deficits found with lesions of the oculomotor, trochlear, and abducens nerves (CN III, IV and VI).

2. Define the concepts and significance of "diplopia," "nystagmus," and "internuclear ophthalmoplegia (MLF syndrome)."

3. Explain the normal reactions of the pupil (light reflex, near reflex) and why it acts abnormally in the relative afferent pupillary defect (RAPD).

4. Explain the clinical signs of Horner's syndrome and how it can be caused by neck trauma, an apical lung tumor, or a lateral medullary infarction.

5. Explain the syndrome of trigeminal neuralgia and how it may be treated.

6. Contrast the clinical features of an upper motor neuron versus lower motor neuron cause of facial paralysis.

7. List other signs and symptoms which may accompany facial paralysis in lesions of the facial nerve or its nucleus.

8. Recognize that lesions of vagal nerve branches may cause ipsilateral sagging of the palatal arch or vocal cord paralysis.

9. Contrast the clinical features of an upper motor neuron versus lower motor neuron cause of unilateral tongue weakness.

10. Recognize that a crossed brain stem syndrome consists of cranial nerve involvement on one side and a clinical sensory or motor deficit on the opposite side of the body.

11. List the signs and symptoms of the medial midbrain (Weber) syndrome and the lateral medullary (Wallenberg) syndrome.