



Protuberancia anular anatomia pdf

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This region of the brain stem includes vanes and neuronal traits that lead signals from the brain to the cerebellum and media, and traits that carry sensory signals to the tamlaum.es an anatomical region of the brain (transversely), above the oblong cell and in cerebral peduncle (the lower region of the brain). the bridge is characterized by a mass or volume increase, as a whitish mass type that follows from the spinal support to the brain. Takenance with respiratory centers of the breath, the bridge is essentially helps to maintain normal breathing. Function the protuberance nullify protuberance contains nuclei which transmission signals of the power of attorney to the cerebellum, along with nuclei that mainly deal with the sleep, breathing, deglucion, V EJIGA control, hearing, balance, taste, eye movement , facial expressions, facial sensation and posture. The center consists of pneumotoxico subparabrachial and medial parrachial nuisceuses. This center governs inhalation variation exhalation. The protuberance is involved in the dream paralysis and may even play a role in the generation of dreams. The bear of prominence in humans is about 2.5 cm in length. Most looks like a bulb rostral anterior width to media.positionally, it is mainly composed of two pairs of thick stems called pedunculos cerebellar. These connect the mesencestry with the protrusion and the cerebellum. The Varolian bridge or annular projection is the central part of the adult brain that corresponds to the central region, including quadrupal pipes and stones brain. the raquid bulb corresponds to a bulge in the upper part of the spinal support where there are several important nerves are present in protrusion: the core A «principale »or « pontino »of the sensory nucleus of the nerve Trige Mino (V). The TRIGA engine © Mino (V) the pleasant Abducen. (YOU). the nuclei coclear (VIII) nerve pairs .Various Cranials exit from the discomfort that are on the deck is essentially nerves triggeous (V), abdominal nerves (VI) and facial nerve (VII) an important nucleus that belongs to the bridge: .. pneumotaxic center which corresponds to the automatic breathing center and which belongs to the responses of the nervous system of the will and those of the autonomic nervous system. Netting allows the coordination and synthesis of actions in general. Control activity of the brain and facilitator. This anatomical area also allows the creation and regulation of the tone of the posture, the organization of muscle tension of an individual to allow them to stand. Finally, intervenes in the waking state the protuberance is located between the central brain and media oblonged, and in front of the cerebellum The protuberance can be broadly divided into two parts: The basic part of the .. protrusion (ventral protuberance) and the teggment pontine (dorsal protrusion). the bridge formed, in addition to nucleals gray intermediate element and ascending see, predominantly transverse fibers called The bridge fiber. "Consists essentially of those nerve projection fibers that are arranged longitudinally and transversely. Longitudinal Neurofiber, which are deep, providing a communication between the higher brain centers in means the brain and spinal cord. pontocerebelous routes that cross on the other side of the ledge and extend inside the pedunculi average cerebellar, from. the protrusion to the cerebellum contralateral Dearrolloduring embryonic development, metecility develops from rumbencing and gives rise to two structures :. protuberance and the cerebellum the wing plate produces sensory neuroblasts, which will take place to the number and relative afferent solitary column VI special Sceneral, Cochlear and vestibular Nucleus, which forman or somatic somatic special fibers of Vestibulococcoclear nerve, spinal nerve Core and Main Trigen, which form the general somatic column Sometic of Triga © mine and the Pontinos Nucleo retransmit that to the cerebellum. neuroblasts basal plates gives rise to abducen core, which forms the general fibers sombalic efferent, the facial nuclei and throttle trigger, which constitute the special column visceral efferent, and the upper salivary nucleus, which forms the general fibers efferent visceral of the facial nerve. Original article: Sciacca S, Lynch J, Davagnanam I, Barker R. Midbrain, Pons, and bone: Anatomy and syndromes. Radiographics. 2019; 39 (4): 1110a â - "25. doi: Company: Radiological Society of North America (@rsna) Keywords: N / A We used abbreviations and Acrony: MRI (magnetic resonance imaging) number of number: the magazine is the representative RadioGraphics written communication report of the radiological Society of North America, a bimonthly publication and basically educational capter, being one of the compulsory monitoring publications for radiology and specialist for special the resident of this speciality. the number of July-August gives us 20 reviews distributed by 12 sections, a letter to the editor, and a review of the guidelines for the training of resident radiology in the practice of ultrasound. from the reviews presented by the number would note that speaks of multi-syllable results multimodal image of secondary hypertension, in Addition to the review that analyzes to, also released that talks about results and image bases basis, a review very comprehensive and interesting educational. The reasons for selection: The anatomy and pathology of the mailbox trunk are important complexity. For a thorough understanding of the disease that affects these areas it is necessary to know, in addition to anatomy, even the physiology of these structures. I chose this revision as it presents in a clear and concise way the keys to the knowledge of the above. SUMMARY: The development of the trunk of a foul-starts in 4 weeks of gestation, with the formation of primitive encephalic vesicles. From the previous encephalic vesicles, secondary arise: the prosecution gives rise to telecloth and dangerousness; The mesence the foul gives rise to mesence, and rhomboids failure to metancology and merelence. The metanech is the precursor of the bridge and the cerebellum and the bulb raquid foul. The Mesence ventral fault (pedigculos brain): the structure is home to pyramidale (responsible for the movements of the extremities, trunk and cranial couples) and the corticospontine via (connect the bark with the pontoon core, already presented with the Controleral cerebellum, in coordinated and programmed movements). -Bersalti: ventral is located at the 'Silvio aqueduct. In his chest there are the nuclei of the Oculomotor Countertal (III) and Troclear (iv) cranial couple, gray substance nuclei in which the red nuclei included (plays an important role in coordinating the motor function mediated by extrapyramidal way) and the black substance (Participate in engine control and rewarding circuits). Likewise, in this area, we also find traits of white substance (Participate in engine control and rewarding circuits). conjugated gaze; The medial lemnisk through which the ways of proprioception, vibrations and going deep feel; The side lemnisk consisting of fibers that connect the solitary number of the flag with the sensitive bark responsible for the treatment of information relating to the sense of taste; The Spinothalistic section takes information on pain, thermalgesy, and end feel; The Rumrol Tract takes fibers from the parvocellular portion of the red core lower olive groves. -Thum: It is the most backbone part of the Mesence, it is a back of the Silvio aqueduct and contains the upper colail (involved in the treatment of visual information and ocular movements) and the lower colluses (referring to the audition) - Silvio's aqueduct It connects the third and fourth ventral, of ventriciale position within the mesence-phallus and surrounded by the so-called periacqueductive gray substance, between whose functions are the adjustment of heart rate, appetite and a certain emotional component. -The supply of faculty blood depends on the Vertebrobasillary system responsible for direct branches of the basus artery as well as the successive and cerebellars superior brain arteries. The affectionate syndrome of the faculty are: Weber syndrome: secondary to the affection of the mesence ventral. This is produced by the infarction of the structures mentioned above and is usually secondary to the occlusion of the paramedial branches of subsequent brain arteries. Clinically it is characterized by paralysis of the Oculomotor Oculomotor Oculomotor Oculomotor Accompaniment or Hemeplejia of the contralateral body. If there is an affection of the black substance, parakinsonism symptoms can appear. Benedikt syndrome: it is produced due to the affection of the rear brain that provides the flow to the nucleus of the oculomotor nerve and the red nucleus. Clinically manifests itself with paralysis of hypysilateral common oculomotor, contralateral hemataxia, incoordination and Korea. Claude's syndrome produced from the infarction of the small piercing branches of the small piercin fibers, to the core of the third cranial couple and superior cerebellar adhesive. Clinically manifests itself with paralysis and incoordination of the upper and lower limbs. Parinoud SAfndrome: Provoked by the compression of the mesence ceiling, at the height of the colail Generally it produced by the presence of a space-occupying lesion adjacent to the posterior commissure or in the pineal region. Clinically he regards with a paralysis of the look up, the dissociation of pupillary response, nystagmus and convergence. Nothnagel syndrome: compression by mass or myocardial superior cerebellar adhesive. Clinically cross with Uni or bilateral oculomotor nerve palsy and ipsilateral cerebelly ataxia. Connect your brain with the cerebellum and is divided into: -ventral desk: it contains basically corticopontinous fibers, and cranial triggeous, abducens, facial couples and cranial vestibulockelete are present. As fasculation longitudinal and medial, medial and lateral lemnisks, the stretch spinothalistic, the central tegmental tract and the trapezoid body. -The spraying of the bridge depends medial branches from the perforating and cerebellar arteries anteroidable. The typical syndrome of the affection of the bridge are: Marie-Foix Syndrome: caused by lateral myocardial bridge and middle cerebellar peduncle, secondary to occlusion of the basilar artery perforating branches and cerebellar peduncle. Ipsilateral affection, including: Alteration of pain and sensitivity to temperature, ataxia, facial paralysis, hearing loss, VA A © ritigo and nystagmus. Foville Syndrome: caused by infarction of the bridge, with the affectation of the corticospinal tract, the medial lemniscus, the medial longitudinal fascicculus, the reticular formation and the abducen and facial nuclei. Clinically presents with hemiparesis or contralateral hemiplejia, hemiparesthesias, facial palsy and ipsilateral of conjugate gaze palsy with the impossibility of looking next to the lesion. Sndrome loked-in: also known as pseudocoma, is due to an insult on the pyramid is located in the ventral part of the mailin trunk, producing paralysis of all voluntary muscles breathing. Patients are usually awake and conscious, with preserved cognitive abilities, not being able to speak or to perform a voluntary movement, except for eye movements, © because most of the time the oculomotor nerve is not affected. Raymon and Millard-Gubler syndromes: Raymon syndrome is produced by a unilateral lesion of the ventromedial portion of the ventromedial portion of the ventricular face of the bridge, which affects the corticospinal tract and facial nerves and abducens. It presents with ipsilateral facial syndrome: It is due to a lesion of the facial collucing, and causes dysfunction of the medial longitudinal fasculation, Abducens of nerve fibers and the knee of the facial nerve, causing a second motorized ceilner proximal facial The ganglion genicular which is accompanied a loss of the sense of taste in the previous two-thirds of the inbox. It consists of: A ¢ â, ¬Å The ventral: include pyramids and olives. The more low groves are involved in cerebellar motor learning and higher in Perception of sound -orsalte: contains the cores of glazing, vague, accessories and hypoglyte cranial couples, as well as white substance strokes (medial longitudinal fasculation, medial lemnisk, spinothalistic stretch, the central tegmental stretch and the spinyerebellar section). -The blood irrigation of the Raquid light bulb depends piercing branches of the vertebral artery and the previous marrow. The Raquid bulb's involvement syndrome are: Wallenberg syndrome: produced by the lateral portion of the vertebral artery and the previous marrow. postero. Lower cerebellar peduncle, vestibular nuclei, the spinal nucleus of the triggine nerve and the ambiguous nucleus are generally influenced. Clinically manifest as a go © Rtigo, which fall towards the side of the lesion, diplopia, rotary nystagmus, horner syndrome, Horner, IPO, analgesia and homolateral Thermalgesia, Disphonia, Dysphagia, Disarriage and the loss of the rife Nausea. Syndrome DÃ © Jerine: It is due to the infarction of the medial portion of the bulb, with an affection of the bulb, with an affection of the hypogblower nerve. Clinically it runs with weakness and decrease Homolaterale sense of taste also of homolateral paralysis. Babinski-Nageotte syndrome: it was produced by the Lateomedial infarction of the bulb due to the occlusion of the intracranial portion of the vertebral artery. It is clinically manifested with homolateral pararia syndrome. Hypertrophic degeneration of bulbare olive oil: rare entity that occurs from Guillain and triangle Mallet lesion, formed by the red core, lower olive groves, and the nucleus nothing contralateral. It is caused by a degeneration of the resistant Dentator section or the central tegmental stretch. Clinically comes with a palatal myoclonus associated or less trunk tempted or cerebelly. Development anomalies: they are rare and are characterized by the absence or abnormal development of trunk structures. They can be difficult to diagnose, even in magnetic resonance studios. MAfA listening of the fourth ventricle floor due to the absence of facial holes. It is characterized by one or bilateral facial paralysis, absence of facial expression and the incapacity to close the mouth and / or eyes. Axonal development abnormalities. Other slices of the box trunk: Multisisthelon atrophy: rare condition which consists with variable degrees of cerebellar ataxia, dysfunction of the autonomous nervous system, parkinsonism and affection corticospinal. In magnetic resonance, a signal hyperthensità is identified in the advanced T2 sequences that affects the PantoBerebel streets, generating a characteristic sign, A ¢ â, ¬ ~ A ¢ â, ¬ A" ¢. Wernicke Encefalopathy: It is produced by a secondary thiamine with severe alcoholism. In MRI, a symmetrical hyperintensity can observe in reinforced sequences in T2 / Flairà ¢ that affects mammillar bodies, a back area and periacqueduct. Patients debut with alteration syndrome: acute demyelinization occurs from the rapid correction of hyponatremia. In MRI, the signal alteration is observed on the bridge, base ganglia, and Mesencel Subcortical white substance with hypointensity in Foded sequences in T1 and hyperintensity in the improved sequences in T2 / Flair. The injuries are usually limited to diffusion and usually do not show enhancement by means of contrast. Progressive supranuclear paralysis: a rare entity, At the sixth day of life and produces the death of the individual at 10 or 20 years. Clinically covered with parkinsonism, paralysis of vertical gaze, a level of consciousness and fluctuating decrease scrolling the speech, ataxia and ocular dysfunctions. Image exposure tests atrophy faculty with the characteristic sign of \tilde{A} ¢ \hat{a} , $\neg ~ \hat{a}$ "¢ mickey mouse ¢ \hat{a} , $\neg ~ \hat{a}$ "¢ \hat{A} ¢ \hat{a} , $\neg ~ \hat{a}$ "¢ mickey mouse ¢ \hat{a} , $\neg ~ \hat{a}$ "¢ \hat{A} ¢ \hat{a} , $\neg ~ \hat{a}$ "¢ \hat{A} ¢ \hat{a} , $\neg ~ \hat{a}$ "¢ \hat{A} ¢ \hat{a} , $\neg ~ \hat{a}$ "¢ mickey mouse ¢ \hat{a} , $\neg ~ \hat{a}$ "¢ \hat{A} \hat{A} ¢ \hat{A} , $\neg ~ \hat{A}$ "¢ \hat{A} \hat{A} opinion: As a main positive point of this review, I highlight the capacity of Synends and clarity used when it comes to a matter so complex as it is the pathophysiology of TrunkenCephalical syndromes. Furthermore, the original article has many diagrams and images that support the text help the reader a lot about understanding of matter. A strongly recommended article for residents. As negative points, the lack of information can highlight in some specific traits, which can request manual consultation for a better understanding of the question concerned and lack of correlation with image results in most of the described syndrome. Ana de Castro Regional University Hospital of Malaga, R3 Ardecastro1@hotmail.com ardecastro1@hotmail.com

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