

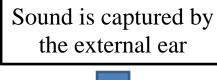


The Ear

Dr. Heba Kalbouneh DDS, MSc, DMD/PhD Professor of Anatomy, Histology and Embryology

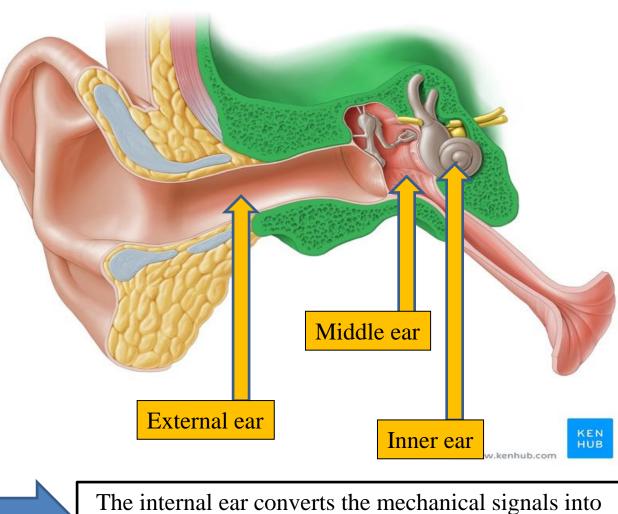
The Ear

The ear consists of the external ear; the middle ear (tympanic cavity); and the internal ear (labyrinth), which contains the organs of hearing and balance.





Mechanical signals in the middle ear



electrical signals to transfer information to the brain

The internal ear also contains receptors that detect motion and position

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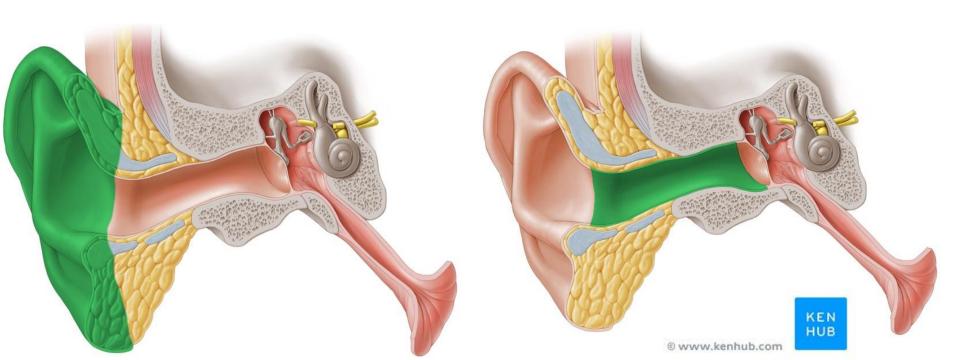
External Ear

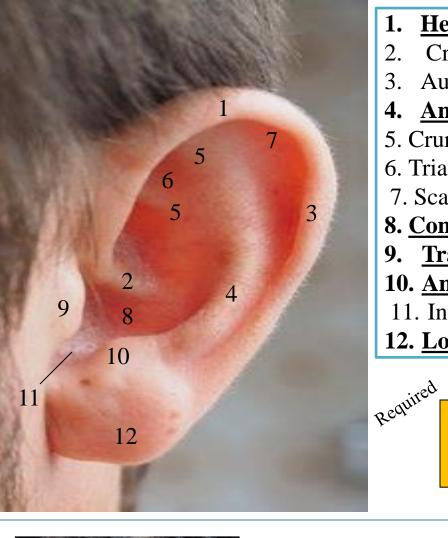
Auricle (pinna)

External auditory meatus

✓ The auricle has a characteristic shape
✓ It collects air vibrations
✓ It consists of a thin plate of elastic cartilage covered by skin

✓ The external auditory meatus is a curved tube that leads from the auricle to the tympanic membrane
✓ It conducts sound waves from the auricle to the tympanic membrane





Read only

- Helix. 1.
- Crus of helix 2.
- 3. Auricular tubercle.
- Antihelix. 4.
- 5. Crura of antihelix.
- 6. Triangular fossa.
- 7. Scaphoid fossa.
- 8. Concha of auricle.
- <u>Tragus</u>. 9.
- 10. Antitragus.
- 11. Intertragic notch.
- 12. Lobule of auricle.

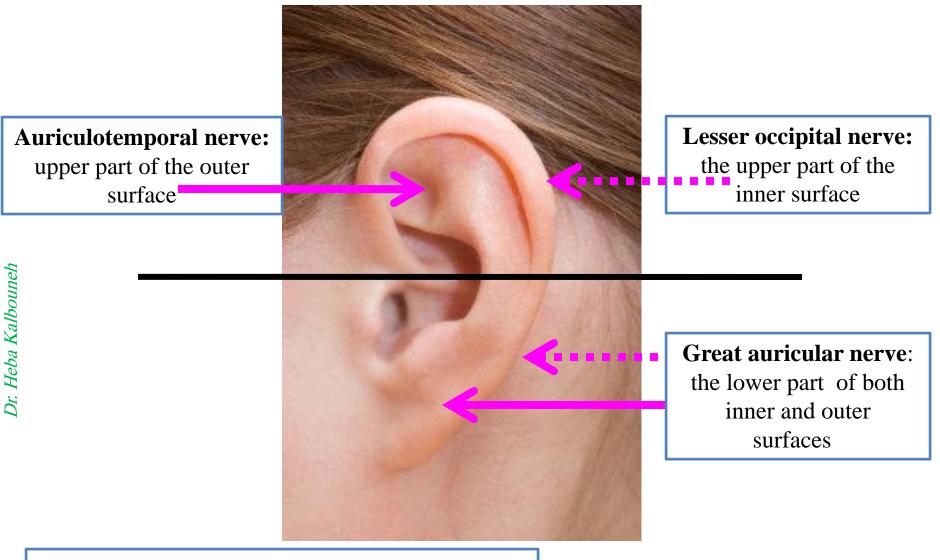
The cartilage of the auricle is arranged in a pattern of elevations and depressions



Prominent ears (also known as 'bat' ears) are caused by the absence or inadequacy of an antihelical fold.

Anotia is complete absence of the external ear, and is most likely caused by a developmental disturbance between the seventh and eighth gestational week.

Nerve supply of the auricle



Note that the Auricular branches of vagus and facial nerves supply deeper parts of the auricle

!!!!The cough reflex via the vagus nerve

The external auditory meatus

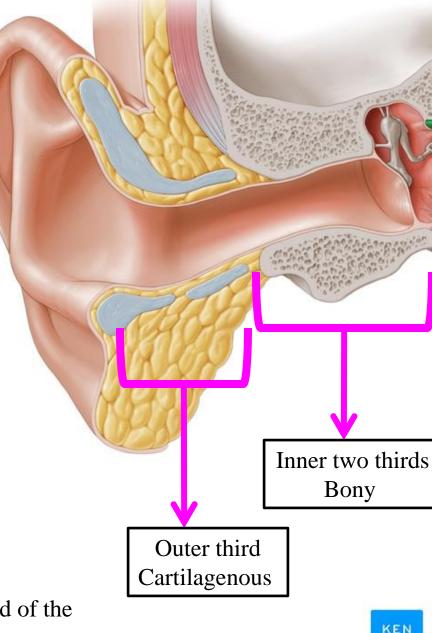
✓ The framework of the outer third of the meatus is elastic cartilage, and the inner two thirds is bone
✓ The meatus is lined by skin
✓ The outer third is provided with hairs and sebaceous and ceruminous glands

Ceruminous glands are modified sweat glands that secrete (along with the sebaceous glands) a yellowish brown wax (cerumen=earwax)

The hairs and the wax provide a sticky barrier that prevents the entrance of foreign bodies

> Cerumen is produced in the outer third of the ear canal pH is acidic in normal healthy canals. Contains a bactericidal enzyme.

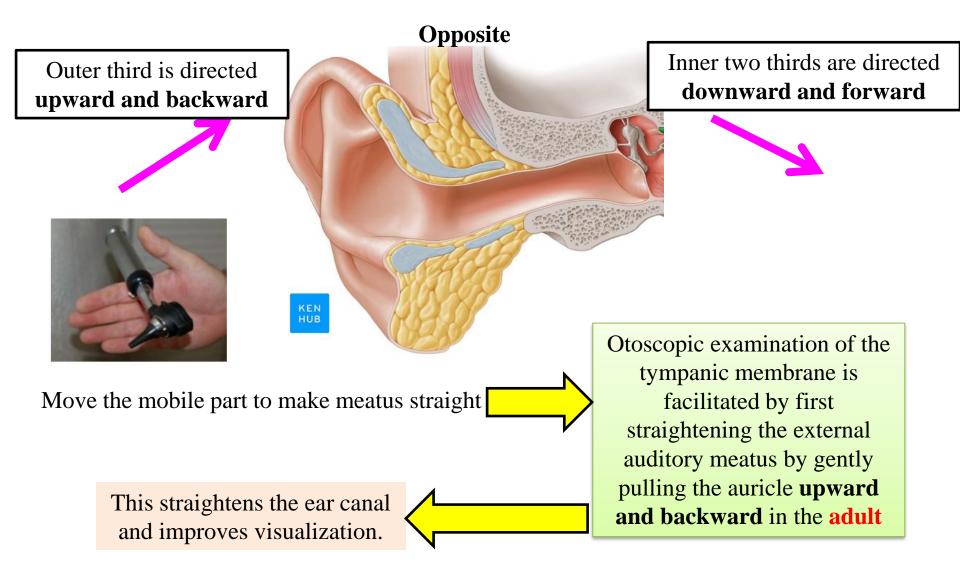
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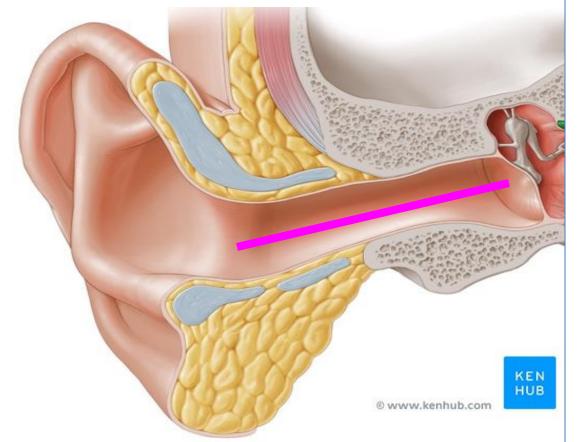
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External acoustic meatus



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In the adult the external meatus is about 1 in. (2.5 cm) long and is narrowest about 0.2 in. (5 mm) from the tympanic membrane



External acoustic meatus



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The Tympanic membrane (ear drum)

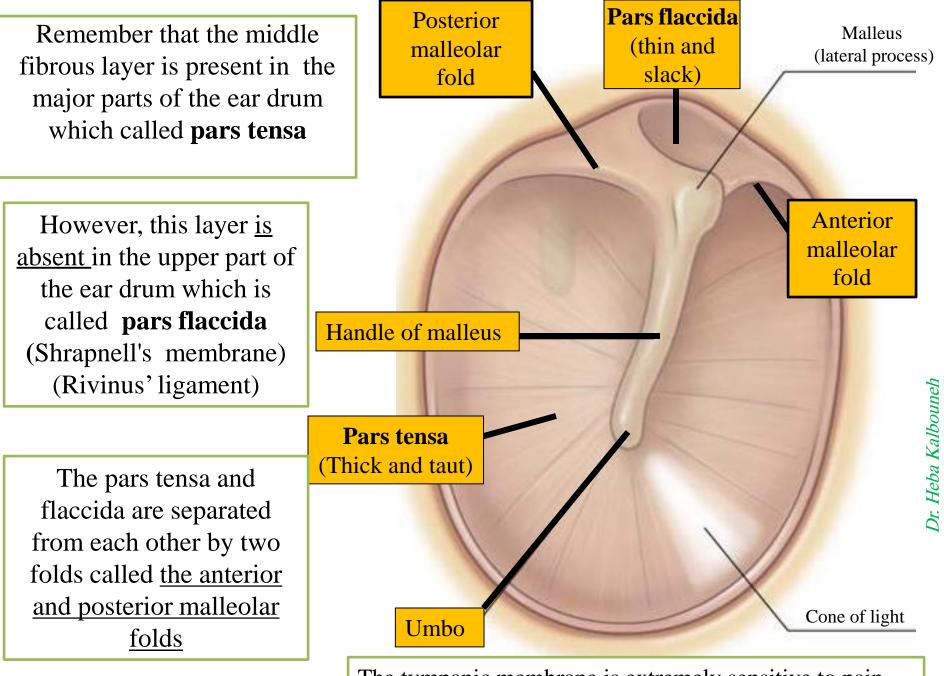
Is a thin, fibrous membrane

Is formed of: 1-Outer layer: <u>Skin</u> 2- Middle layer: <u>Fibrous tissue</u> 3-Inner layer: <u>Mucous membrane</u>

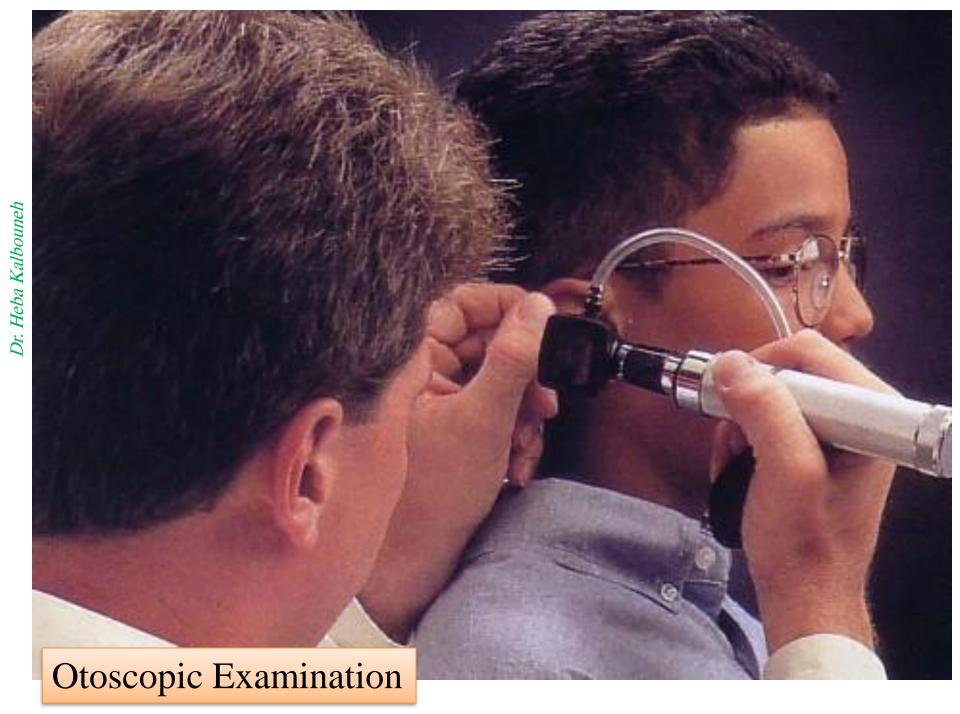
 \checkmark It is concave laterally

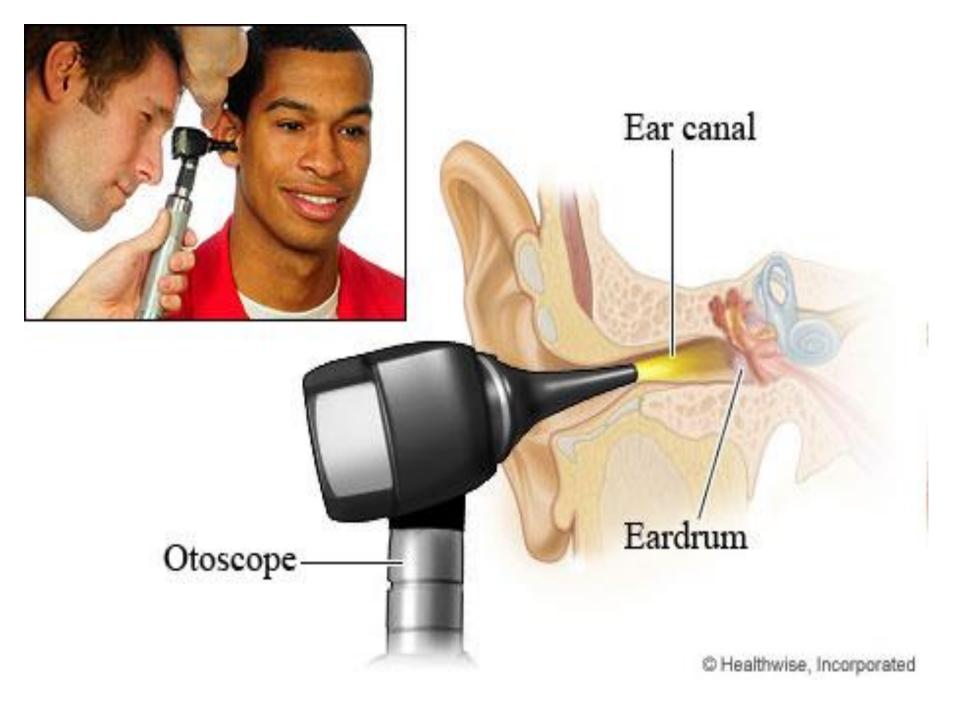
✓**Umbo** is a small depression produced by the tip of the handle of the malleus The inner surface of tympanic membrane is fixed to handle of Malleus

The membrane is obliquely placed, <u>facing</u> downward, forward, and laterally KEN HUB



The tympanic membrane is extremely sensitive to pain





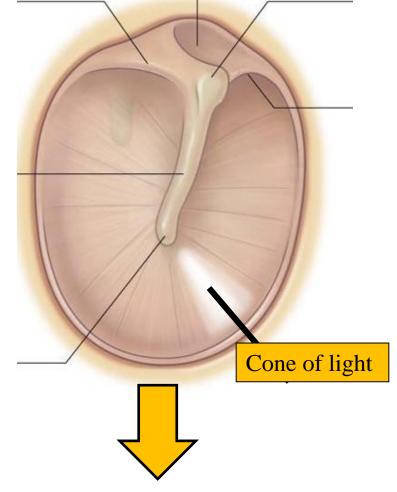
Note The translucency of the tympanic membrane allows the structures within the middle ear to be observed during otoscopy.

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When the membrane is illuminated through an otoscope, the concavity produces a cone of light, which radiates anteriorly and inferiorly from the umbo

Clinical application The tympanic membrane is a relatively thin connective tissue structure, and is susceptible to **perforation** (usually by trauma or infection). An infection of the middle ear (**otitis media**) causes pus and fluid to build up behind the tympanic membrane. This causes an increase in pressure within the middle

ear, and eventually the eardrum can rupture.



- ✓ The tympanic membrane is pearly white or light gray, and you can see through it.
- ✓ You can see the tiny bones of the middle ear pushing on the tympanic membrane.

Lateral surface of tympanic membrane

Handle of malleus

Cone of light -

Note the tympanic membrane is translucent, concave laterally

The antero-inferior quadrant of the ear drum is called **the cone of light** (because it reflects the light coming from the otoscope)

Otitis media

The light reflex on the tympanic membrane is dull or absent The tympanic membrane is red and bulging. You can often see amber liquid or bubbles behind the eardrum.







Left tympanic membrane

Right tympanic membrane

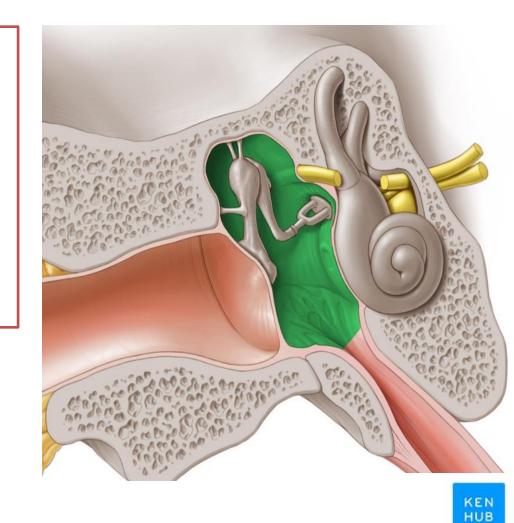
The cone of light is at the 5 o'clock position in the right ear and at the 7 o'clock position in the left ear.

Middle Ear (Tympanic Cavity)

Is an air-containing cavity in the petrous part of the temporal bone
Is lined with mucous membrane

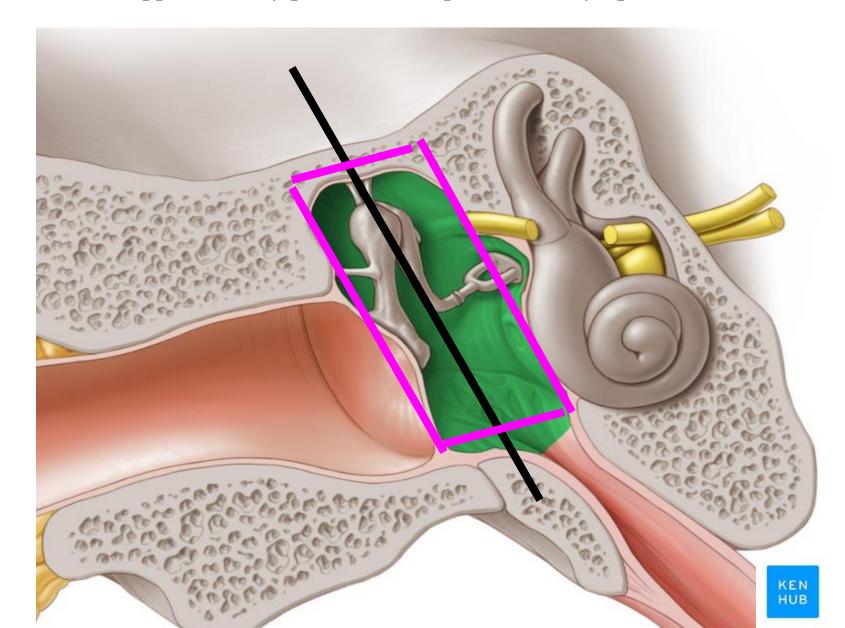
➢It contains the auditory ossicles, whose function is to transmit the vibrations of the tympanic membrane (eardrum) to the inner ear

> The middle ear has ROOF FLOOR ANTERIOR WALL POSTERIOR WALL LATERAL WALL MEDIAL WALL



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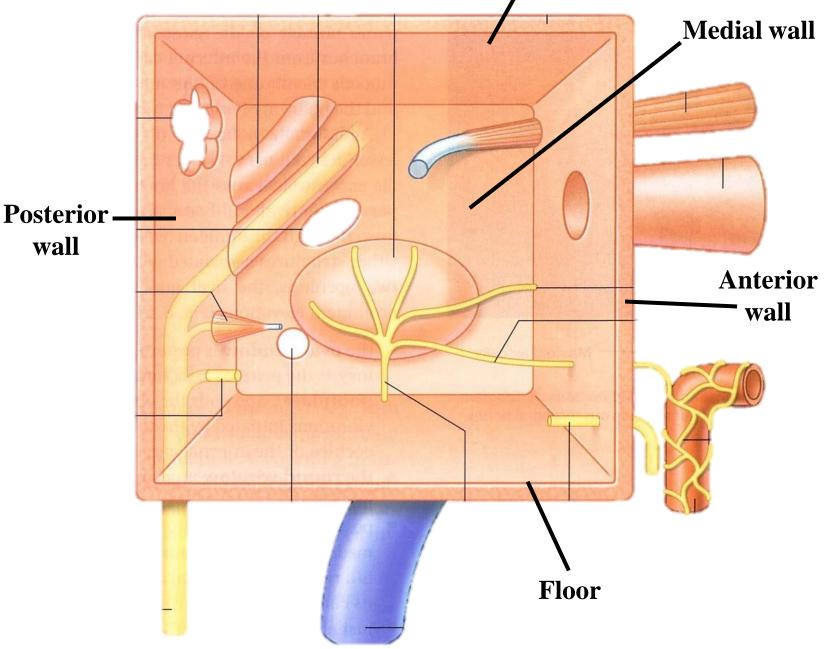
Tympanic cavity (middle ear) is a narrow, oblique, slitlike cavity whose long axis lies approximately parallel to the plane of the tympanic membrane



Walls of middle ear

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Roof



Roof

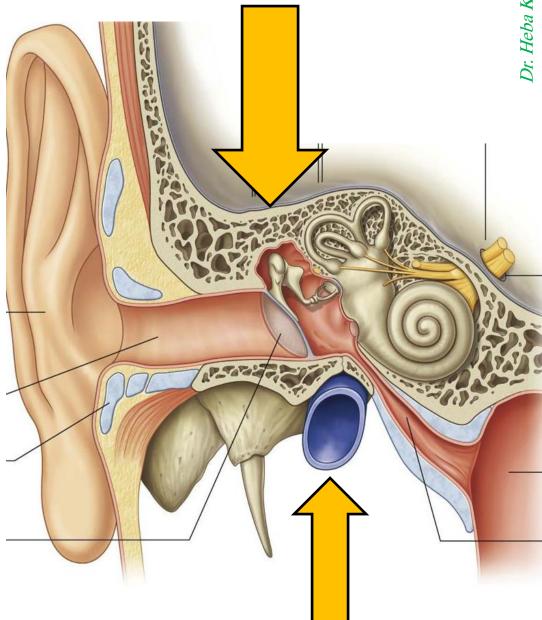
Is formed by tegmen tympani (part of the petrous temporal bone)

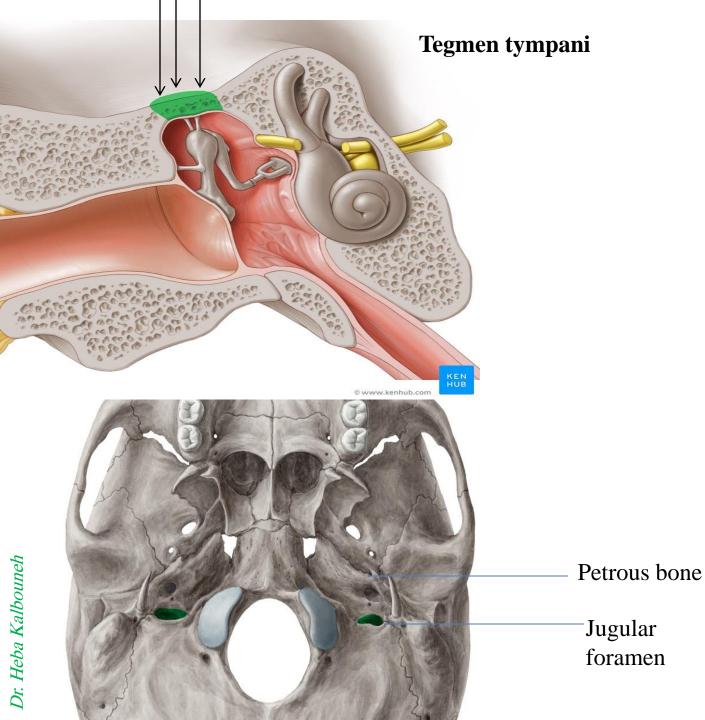
It separates the tympanic cavity from the **meninges and the** temporal lobe of the brain in the middle cranial fossa.



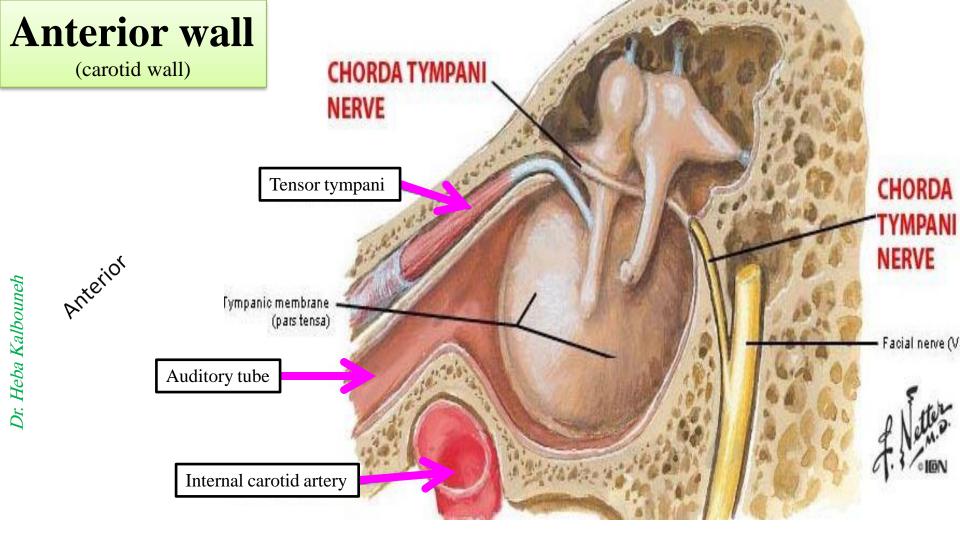
JUGULAR WALL

It separates the tympanic cavity from the **internal jugular vein**





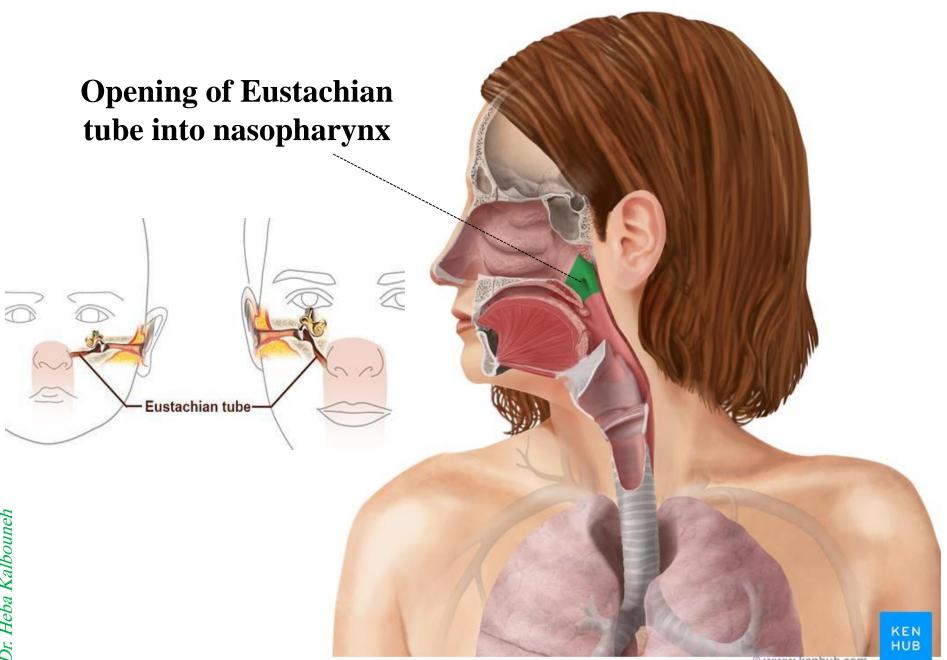
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➤Is formed below by a thin plate of bone that separates the tympanic cavity from the internal carotid artery

➤At the upper part of the anterior wall are the openings into two canals The lower and larger leads into the auditory tube

The upper and smaller is the entrance into the canal for the tensor tympani muscle



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EUSTACHIAN TUBE:

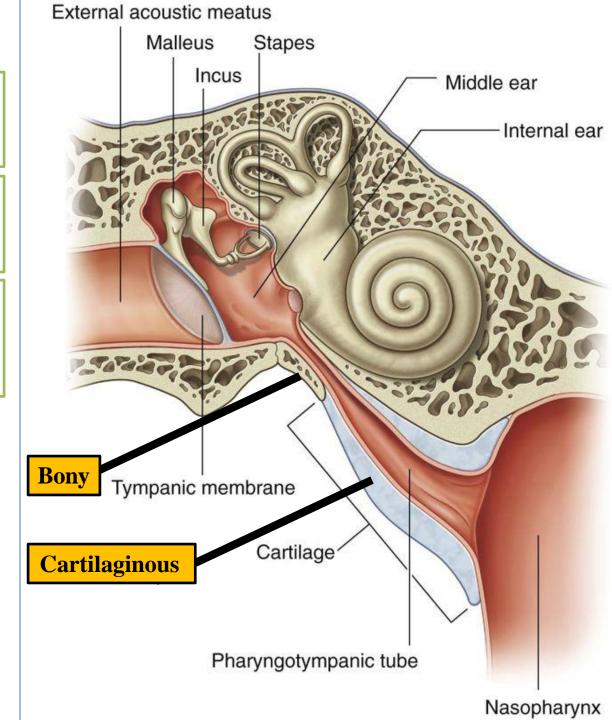
It connects the anterior wall of **the tympanic cavity to** the **nasopharynx**

It serves to equalize air pressures in the tympanic cavity and the nasopharynx

Its <u>posterior inner third</u> is **bony** Its <u>anterior two thirds</u> are **cartilaginous**

Normally, the Eustachian tube is collapsed, but it opens with swallowing

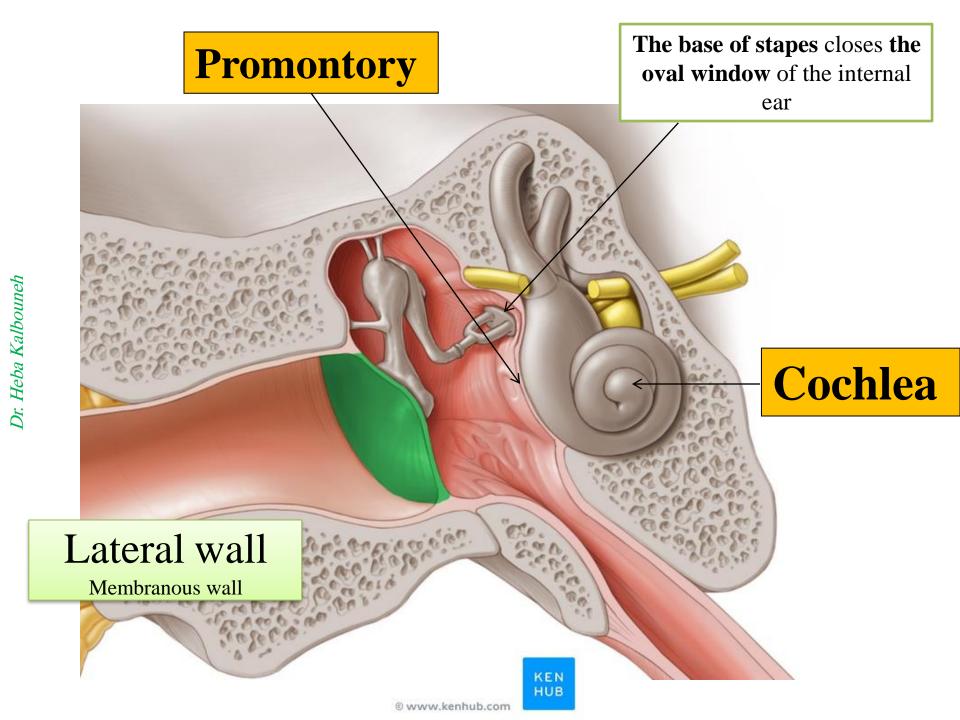
> Pharyngo-tympanic tube Auditory tube Eustachian tube

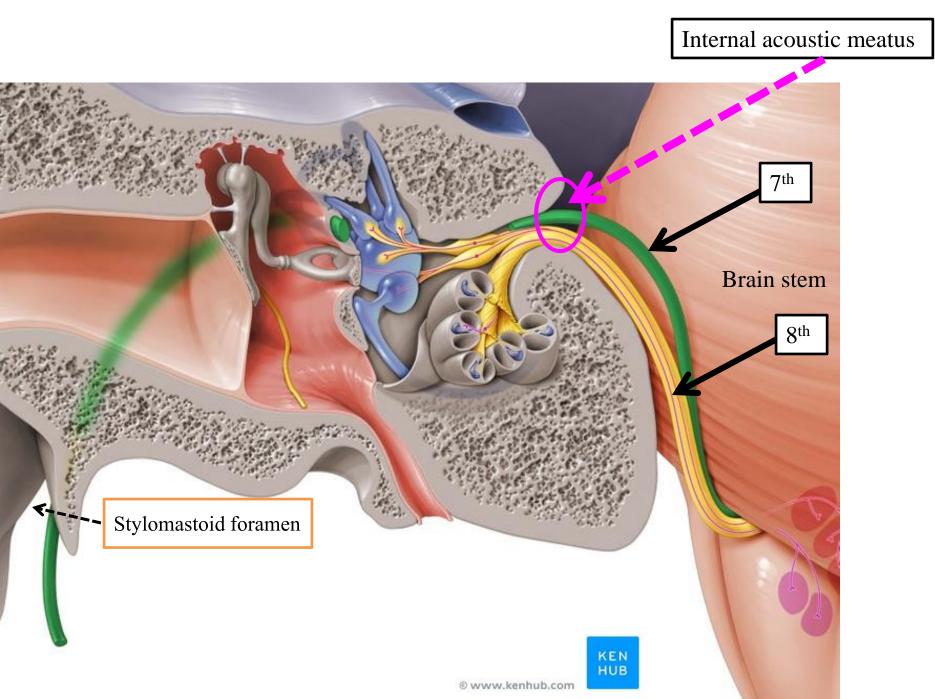


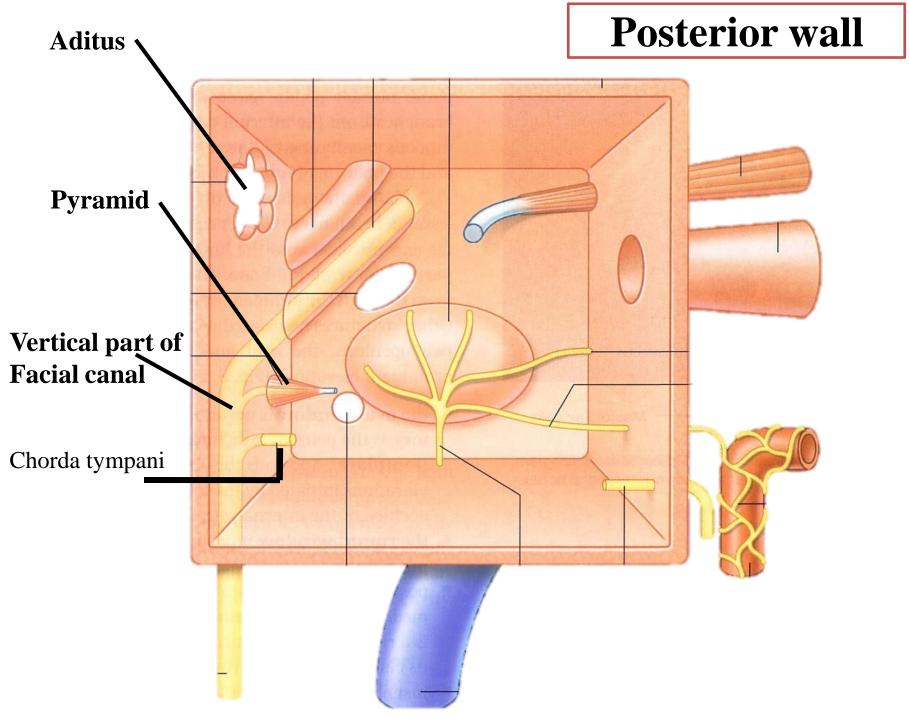
Promontory is a rounded projection Medial wall (results from the underlying first turn of the cochlea) Labyrinth wall The horizontal part of the facial **nerve** arching above the promontory **Oval window:** Above and behind the promontory, oval shaped and closed by the base of the stapes (Fenestra vestibuli) The medial wall is formed by the lateral wall of the inner ear. Tympanic plexus Fenestra means window

Round window:

Below the posterior end of the promontory, round and closed by the secondary tympanic membrane (**Fenestra cochleae**)







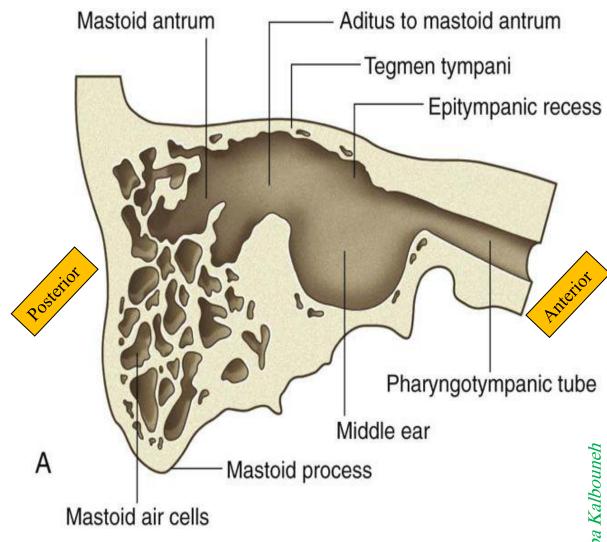
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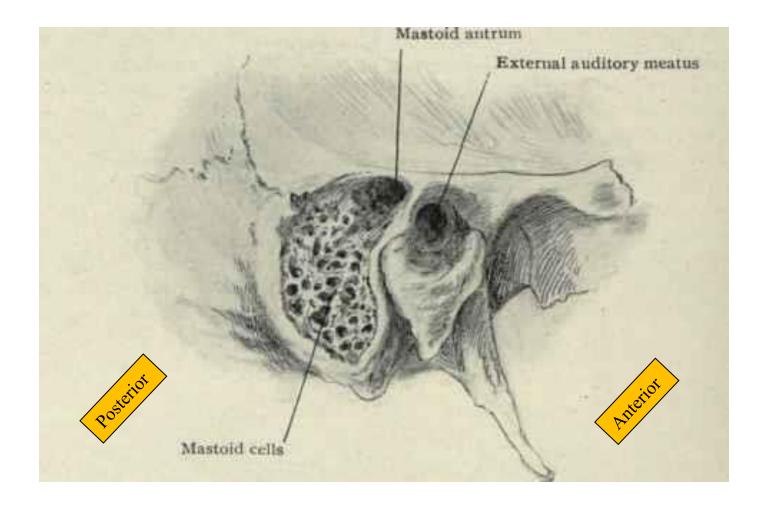


1- Has in its upper part a large, irregular opening, the **aditus** to the mastoid

2-Below, a small conical projection, the pyramid, from its apex emerges the tendon of the stapedius muscle

3- The vertical part of the facial nerve

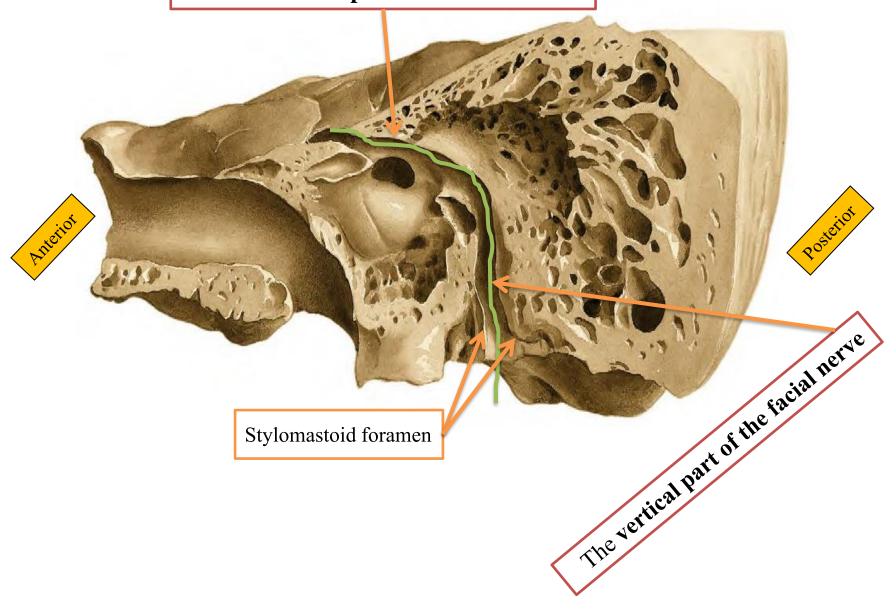


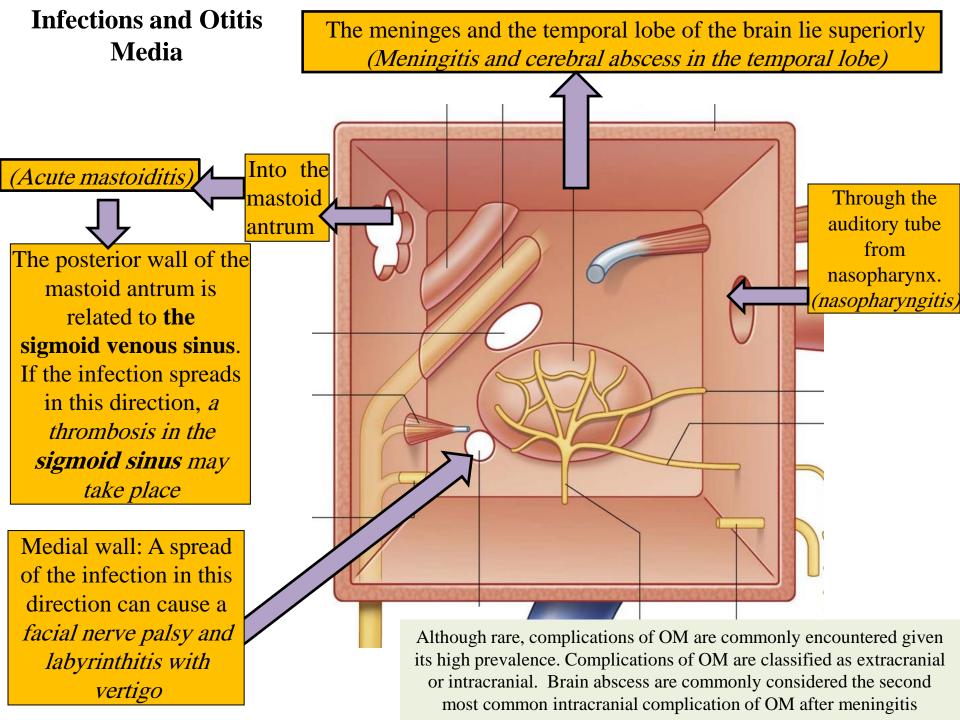


Mastoid Antrum

The mastoid antrum lies behind the middle ear in the petrous part of the temporal bone It communicates with the middle ear by the aditus

The horizontal part of the facial nerve





Groove for the **sigmoid sinus**

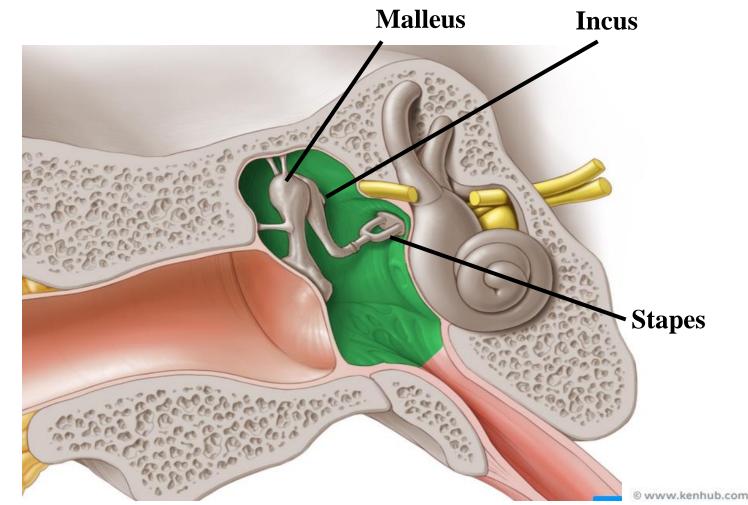
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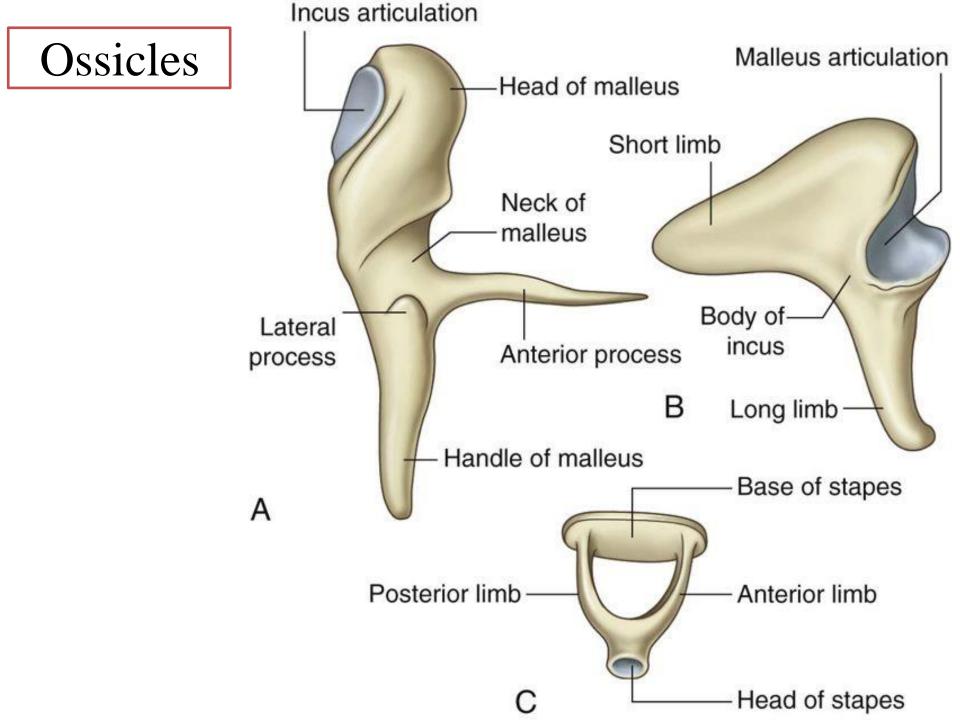
CONTENTS OF THE MIDDLE EAR



A-3 Auditory Ossicles **B-2** muscles C-2 nerves (tympanic plexus and chorda tympani) D-air

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- It contains the auditory ossicles, whose function is to transmit the vibrations of the tympanic membrane (eardrum) to the perilymph of the internal



1-The malleus is the largest ossicle and possesses head, a neck, a long process or handle, an anterior process, and a lateral process.

its head is rounded and articulates posteriorly with the **incus**



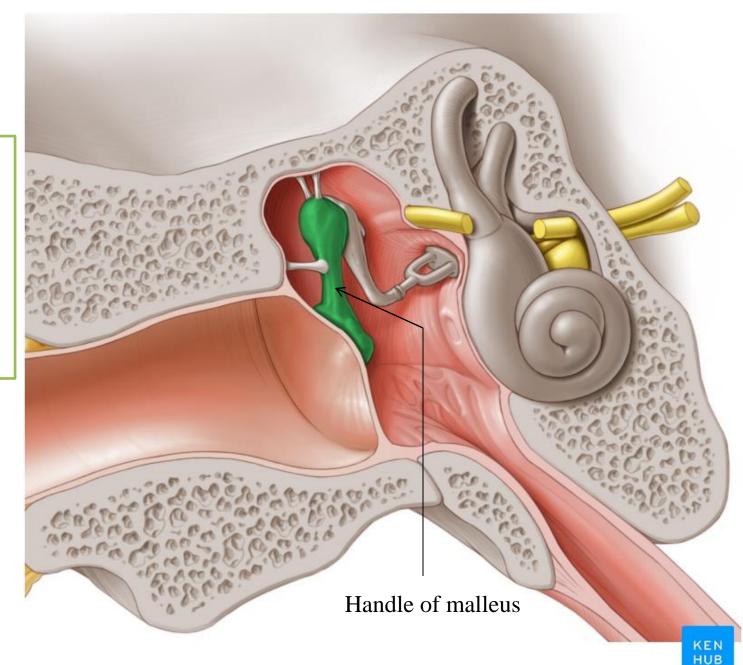


a large body and two processes: The body articulates with the head of the malleus. The long process articulates with the head of the stapes

The stapes has a head, a neck, two limbs, and a base **The head** articulates with the long process of **the incus**. The neck is narrow and receives the insertion of the **stapedius** muscle. The two limbs diverge from the neck and are attached to **the oval base** which closes **the oval window** of the internal ear

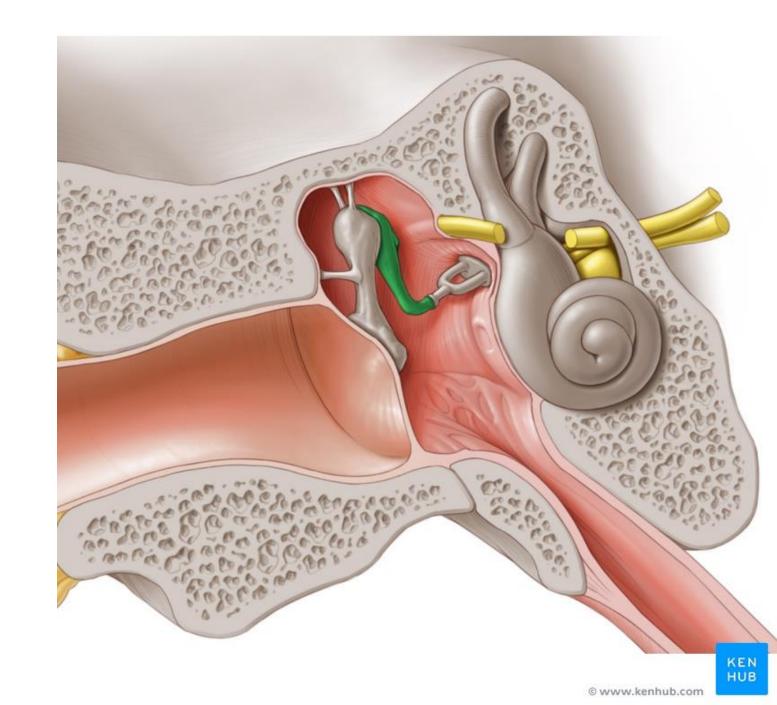
Malleus

The handle is firmly attached to the medial surface of the tympanic membrane



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Incus



Stapes

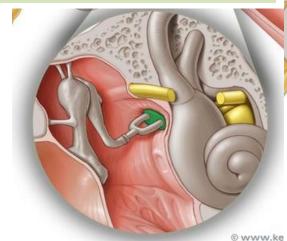
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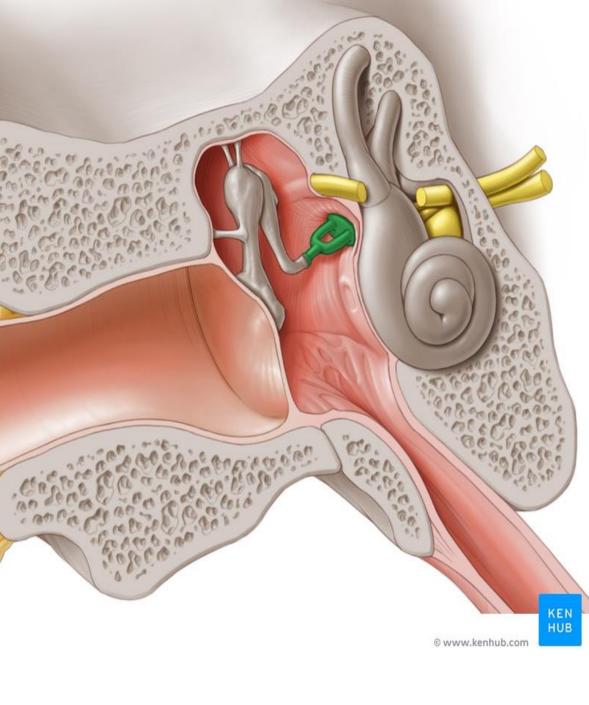
The base of stapes closes the oval window of the internal ear

The Annular stapedial ligament

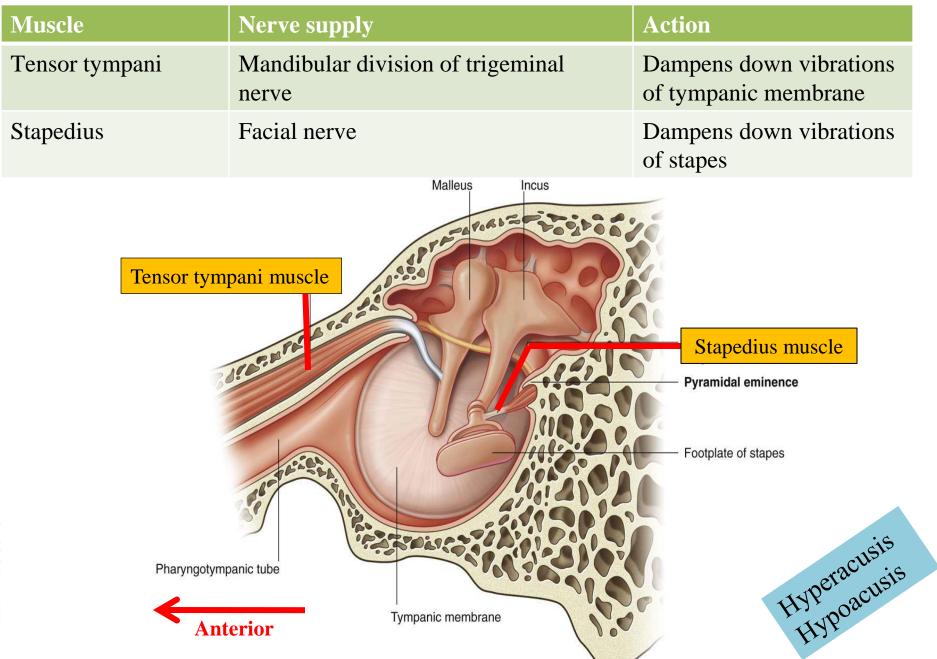
is a ring of fibrous tissue that connects the base of the stapes to the oval window of the inner ear

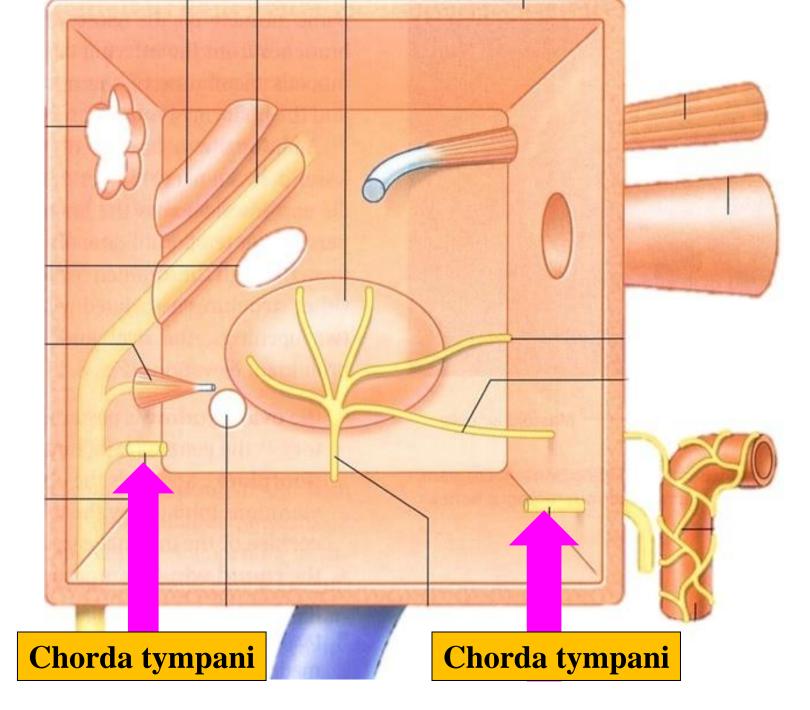
Calcification and hardening of the annular ligament of the stapes (Otosclerosis) is a common cause of adult deafness





Muscles of middle ear







Tensor tympani muscle

Anterior

lympanic membrane (pars tensa)

Internal carotid artery

CHORDA TYMPANI NERVE **Posterior**

Facial nerve (V







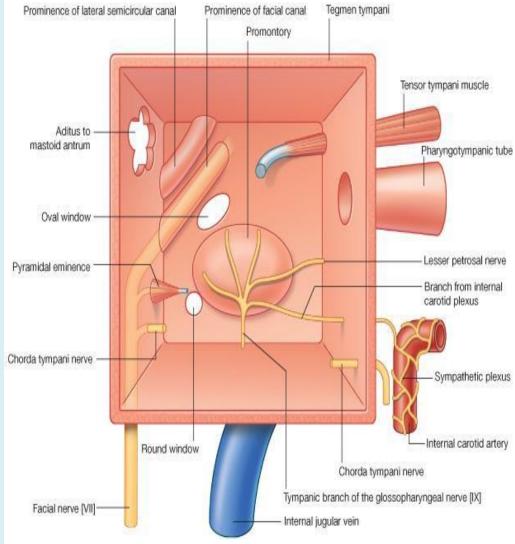
The chorda tympani

✓ It arises from the facial nerve just above the stylomastoid foramen
✓ It enters the middle ear close to the posterior border of the tympanic membrane.
✓ It then runs forward over the tympanic membrane and crosses the root of the handle of the malleus

✓ It leaves the middle ear through the <u>petrotympanic fissure</u> and enters the infratemporal fossa, where it joins the lingual nerve

The chorda tympani contains:

- 1. Taste fibers from the mucous membrane covering the anterior two thirds of the tongue and the floor of the mouth.
- 2. Carries preganglionic parasympathetic fibers to the submandibular and sublingual glands via the **submandibular ganglion**

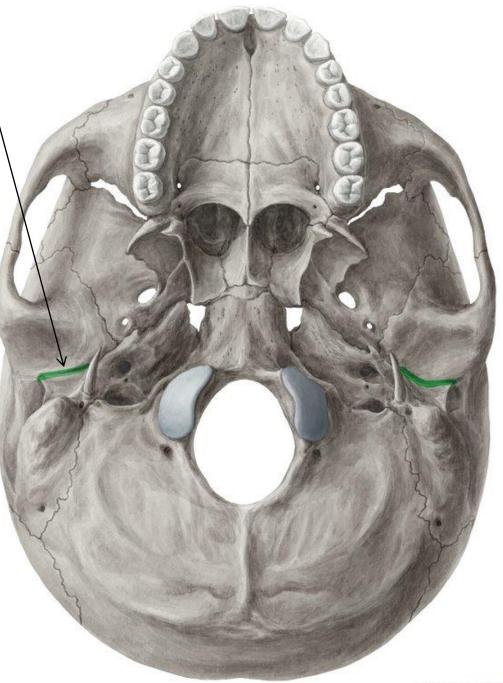


The **petrotympanic fissure** is a fissure in the temporal bone $\sqrt{}$

The chorda tympani runs through the fissure to join with the lingual nerve in the infratemporal fossa

The **chorda tympani** is a branch of the facial nerve

The **chorda tympani** passes medial to the tympanic membrane and the handle of the malleus, and again enters the temporal bone. It exits the skull through the petrotympanic fissure and descends in the infratemporal fossa.



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Tympanic Nerve

The tympanic nerve arises from the glossopharyngeal nerve, just below the jugular foramen

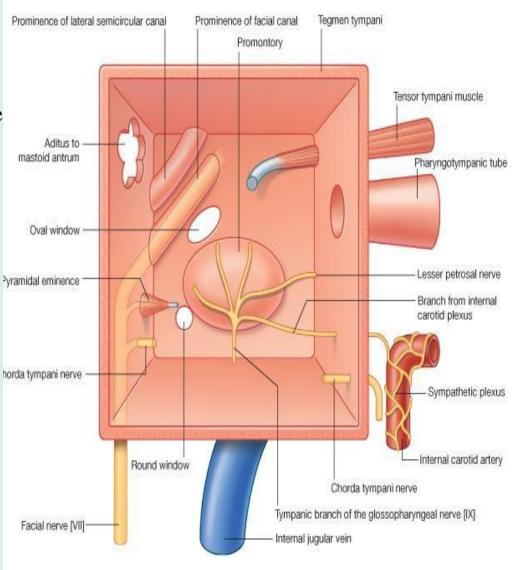
≻It passes through the floor of the middle ear and onto the promontory

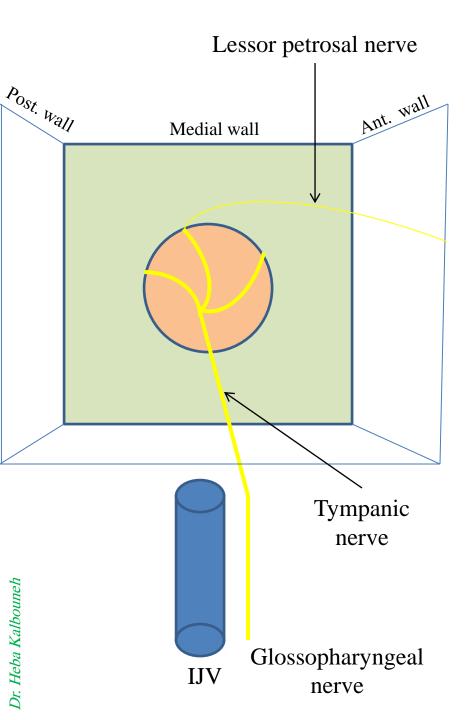
Here it splits into branches, which form the tympanic plexus.

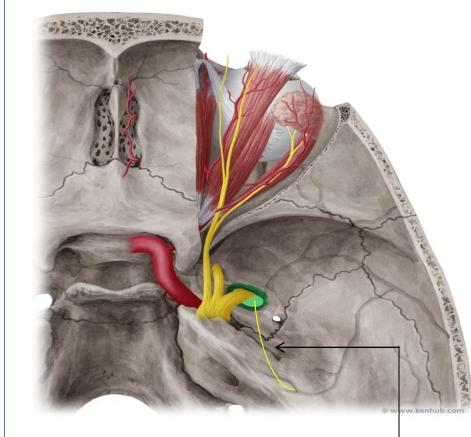
➢The tympanic plexus supplies the lining of the middle ear and gives off:
Lesser petrosal nerve

It leaves the skull through the foramen ovale

Carries preganglionic parasympathetic fibers to the parotid gland via the otic ganglion

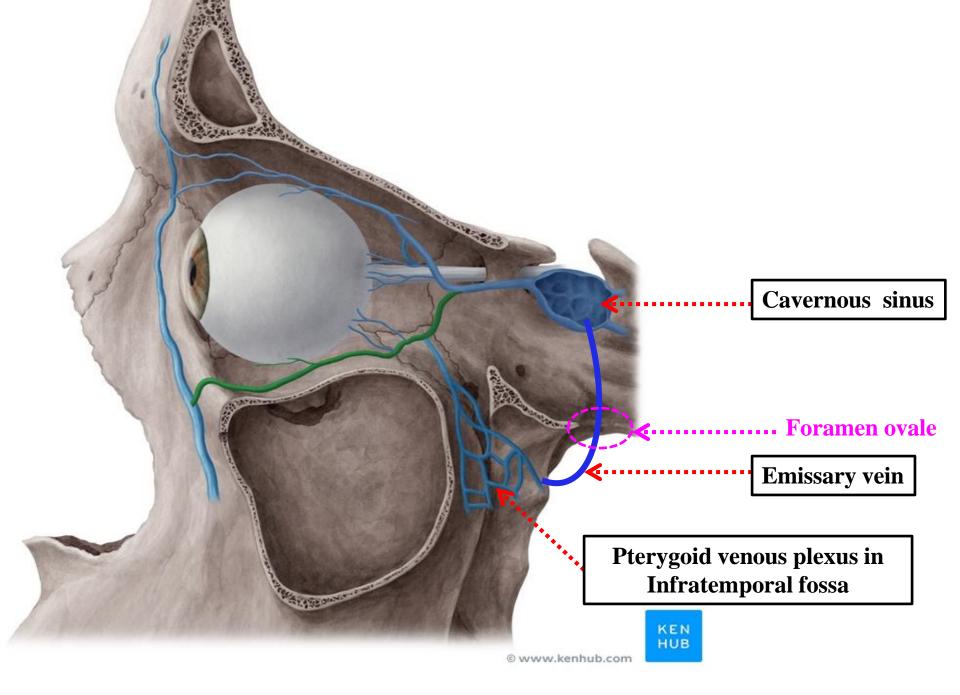




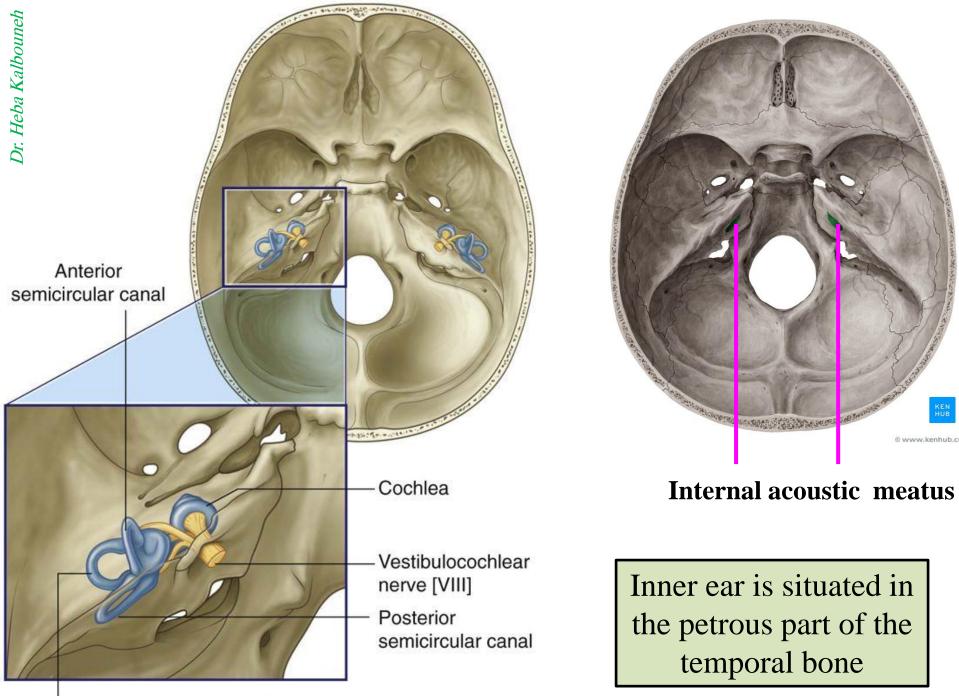


Foramen ovale transmits: Mandibular nerve Accessory meningeal artery Lesser petrosal nerve — Emissary vein

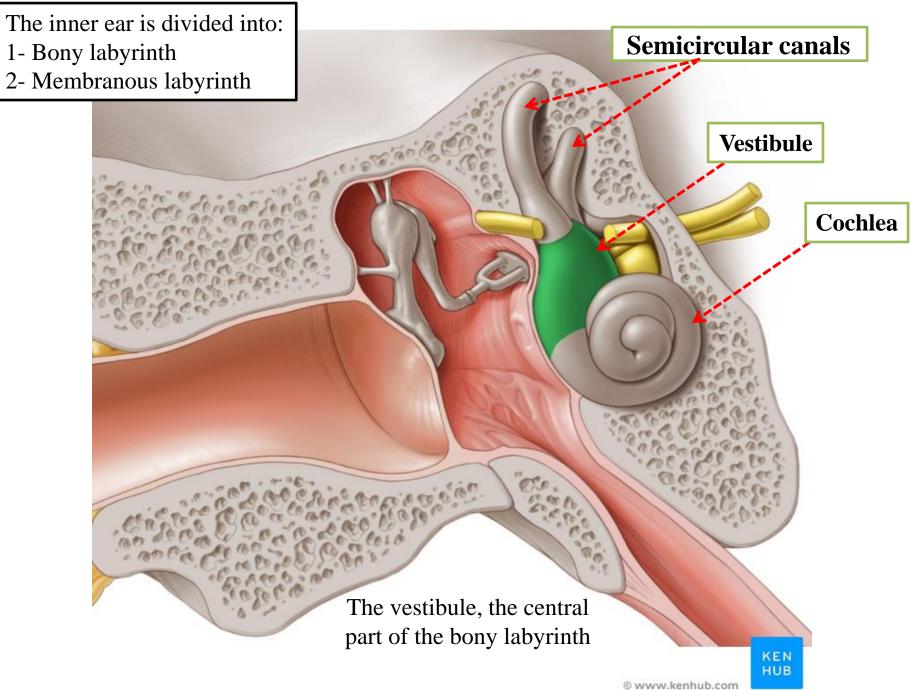


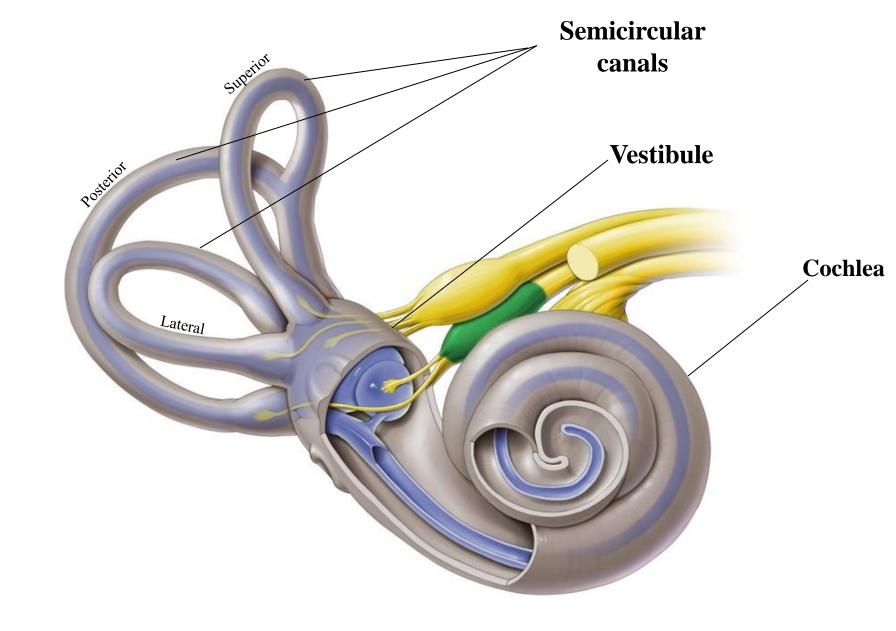




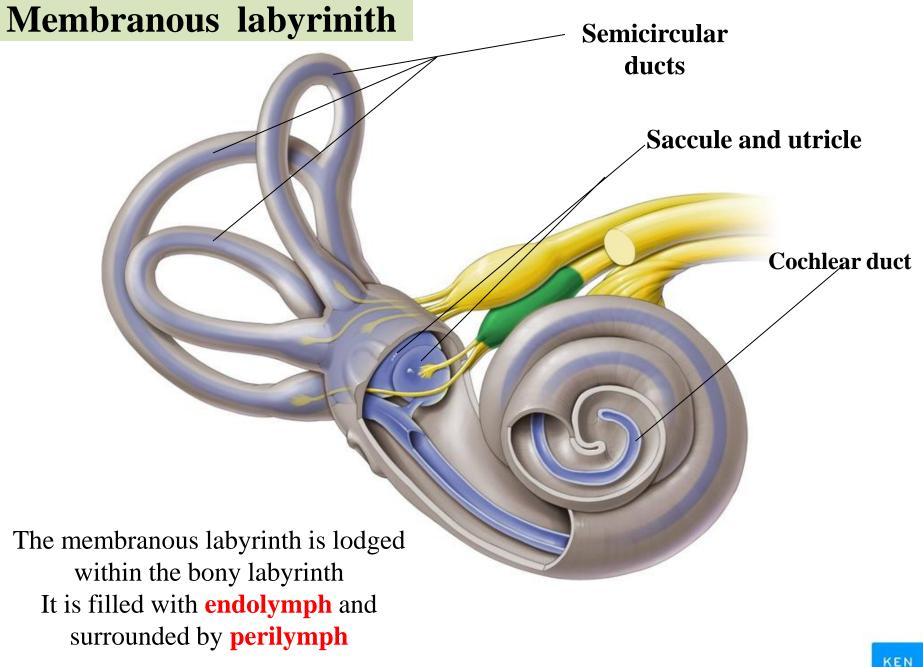


Lateral semicircular canal





Bony labyrinith



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Cochlear duct

The duct of the cochlea lies within the bony cochlea



The cochlea

(spiral chamber) resembles a snail

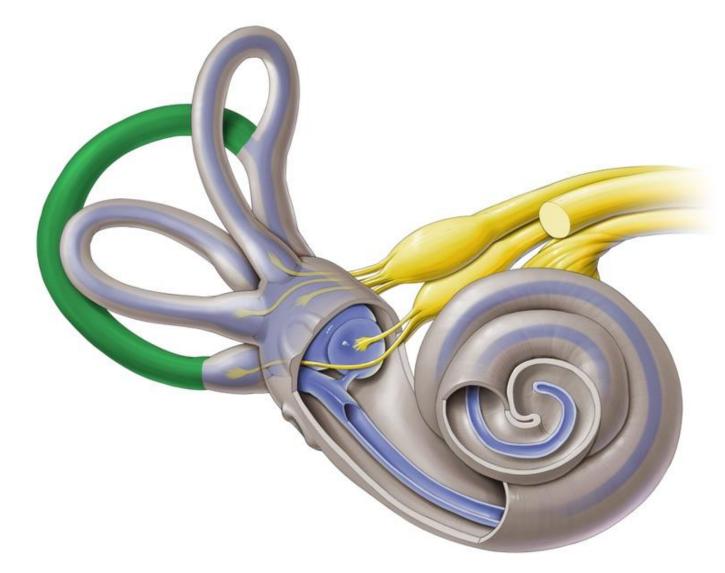
shell

Bony

Cochlea

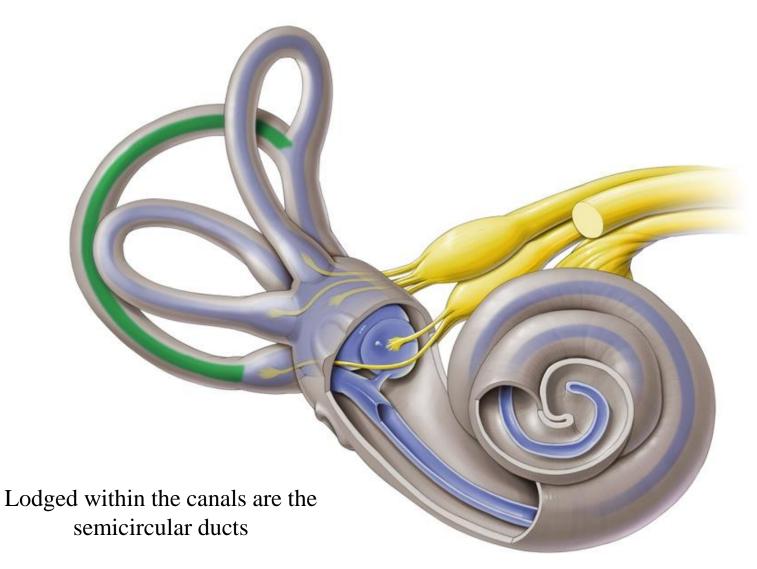
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Posterior semicircular canal



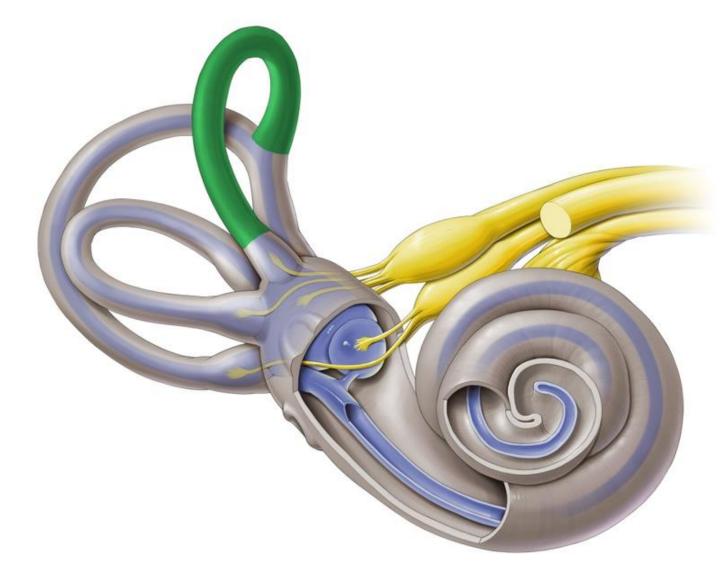


Posterior semicircular duct



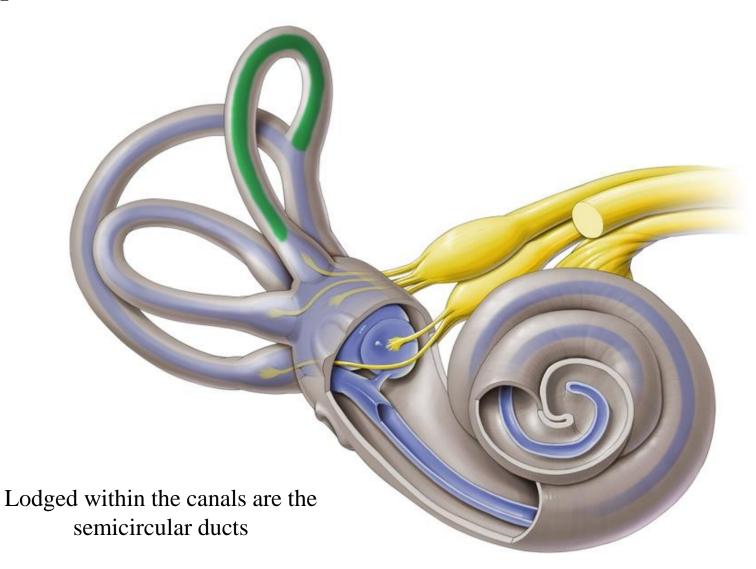


Superior semicircular canal

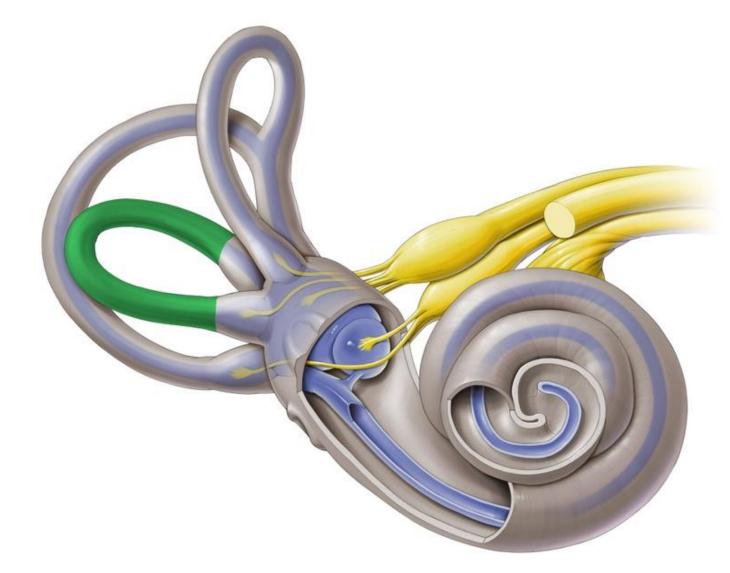




Superior semicircular duct

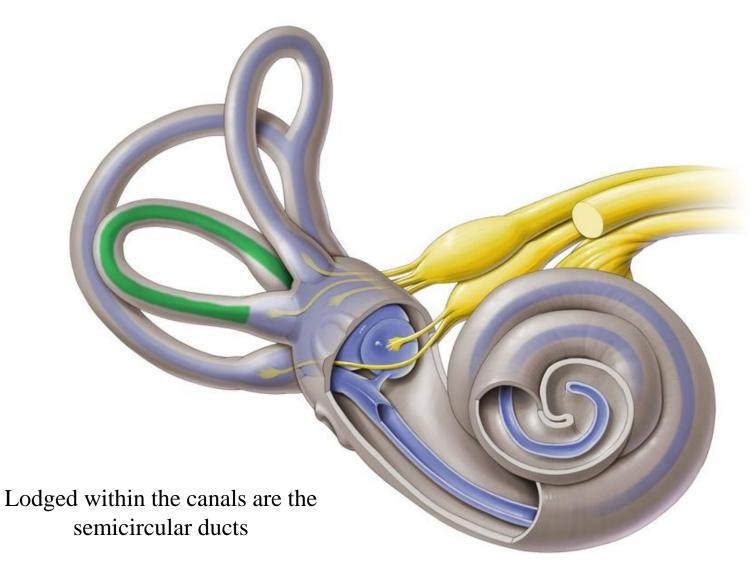


Lateral semicircular canal





Lateral semicircular duct



Each canal has a swelling at one end called the **ampulla**

Bony ampullae

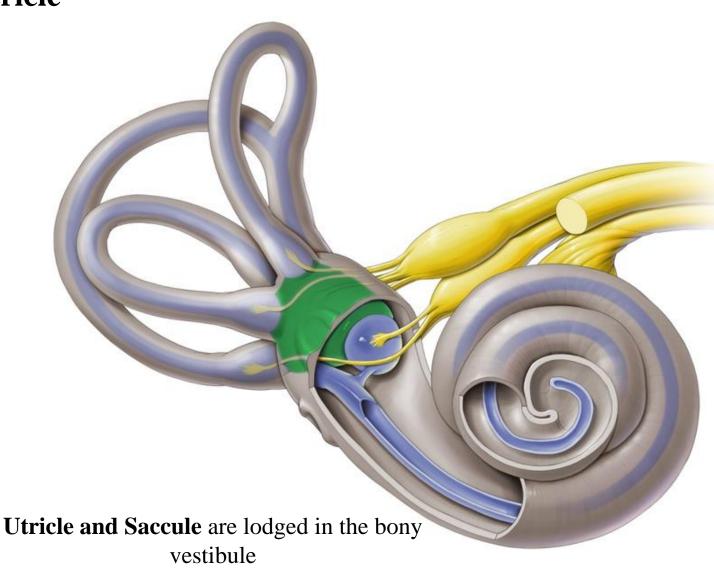
Membranous ampullae

Membranous ampullae are lodged in the bony ampullae

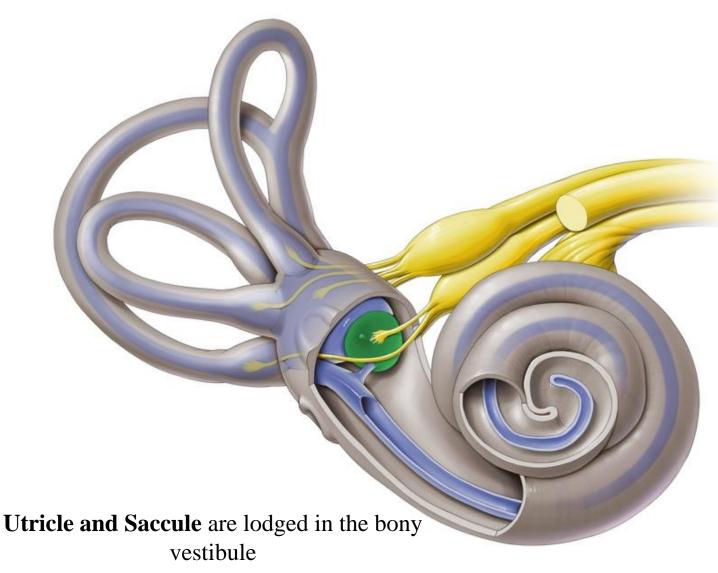


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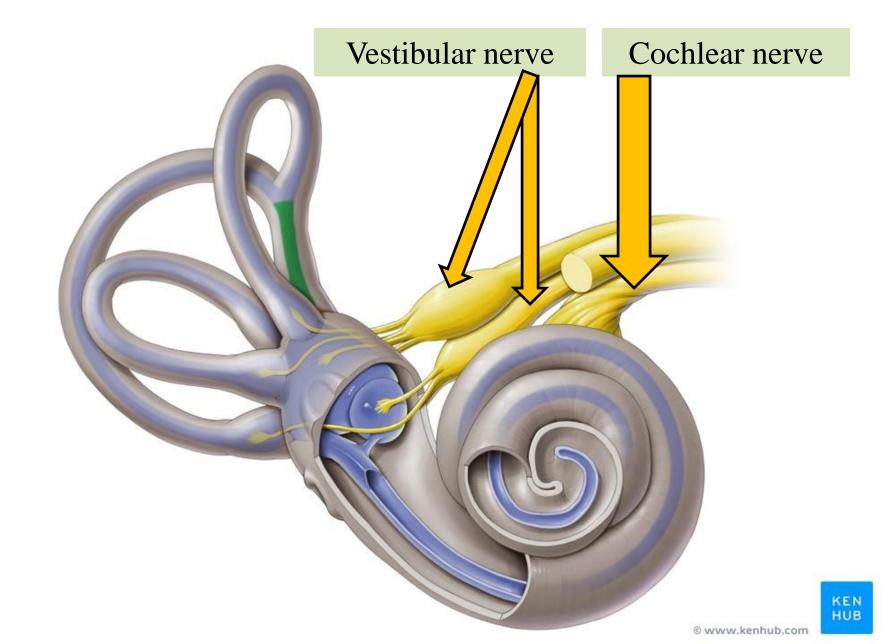




Saccule



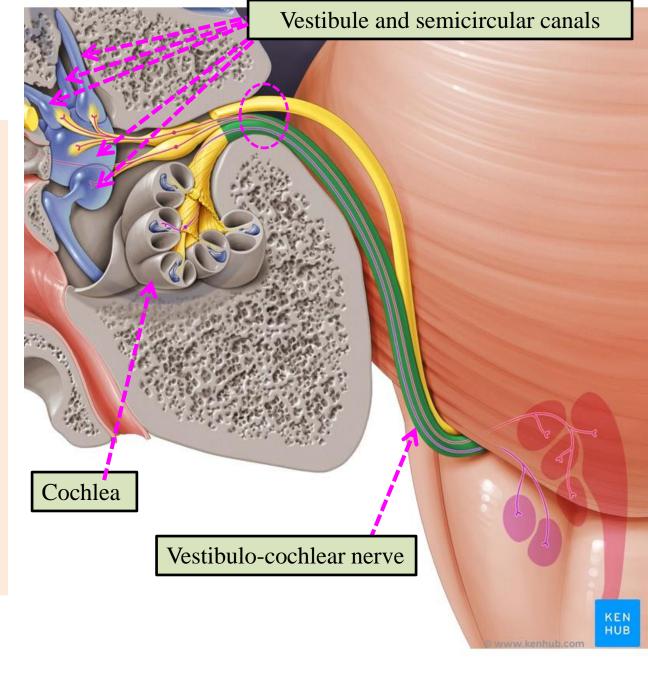
Vestibulo-cochlear nerve

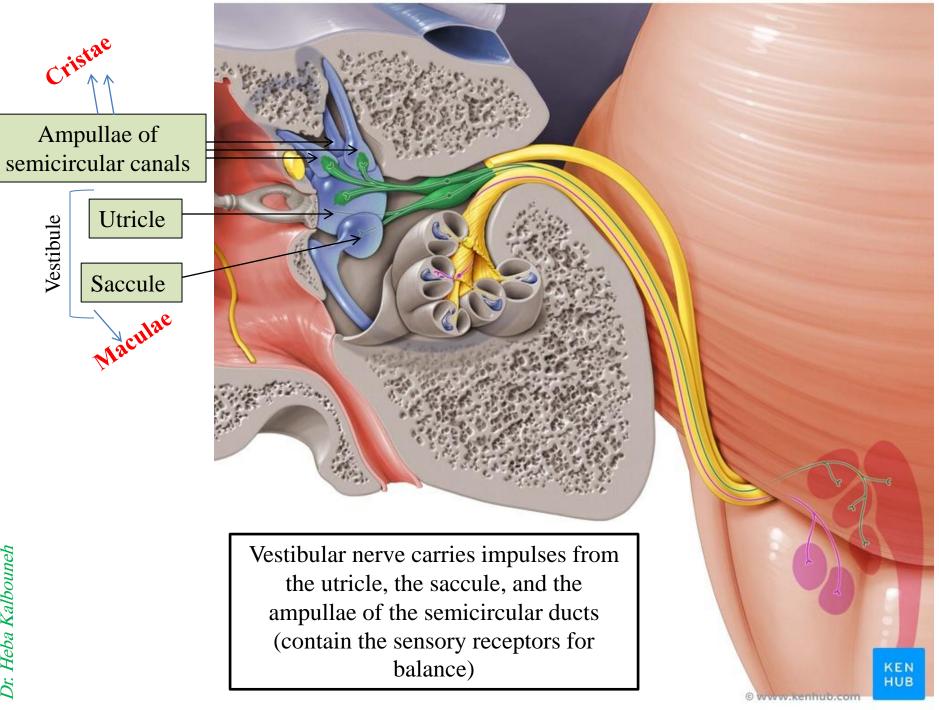


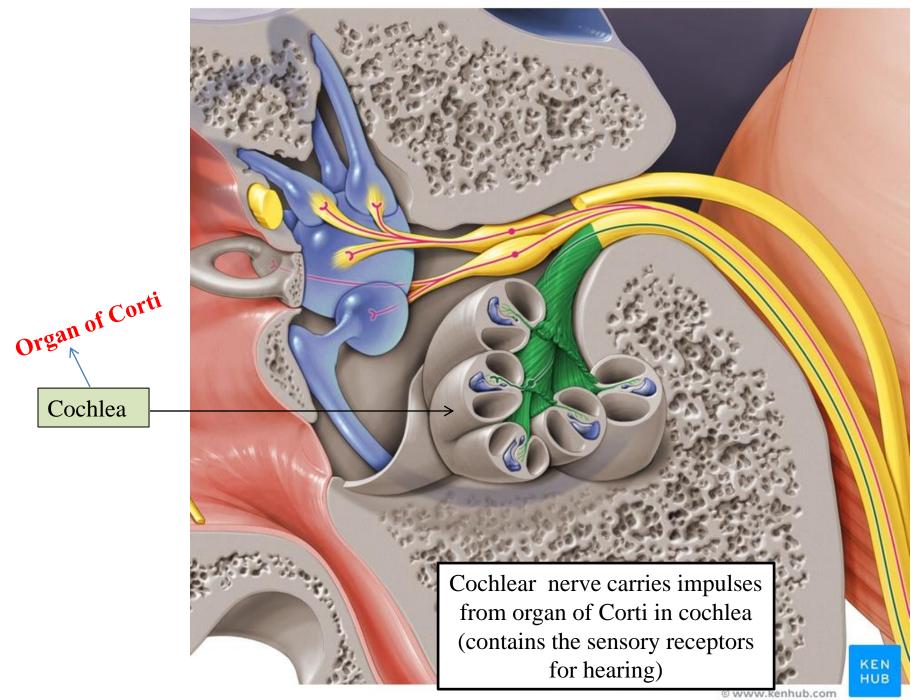
The inner ear contains Sensory receptors for hearing and balance Mechanoreceptors/ Hair cells (Columnar cells)



 ✓ Two maculae of the utricle and saccule,
 ✓ Three cristae ampullares in the ampullae of each semicircular duct
 ✓ The organ of Corti in the cochlear duct.



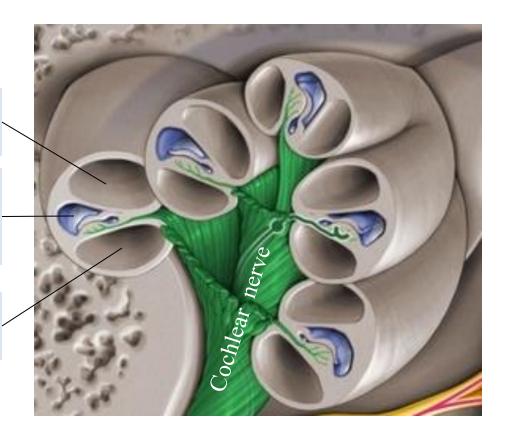




Scala vestibuli (perilymph)

Scala media (Cochlear duct) (endolymph)

Scala tympani (perilymph)

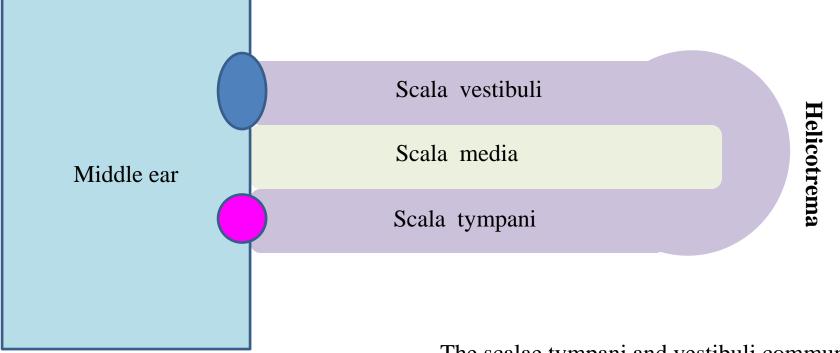


Section through cochlea

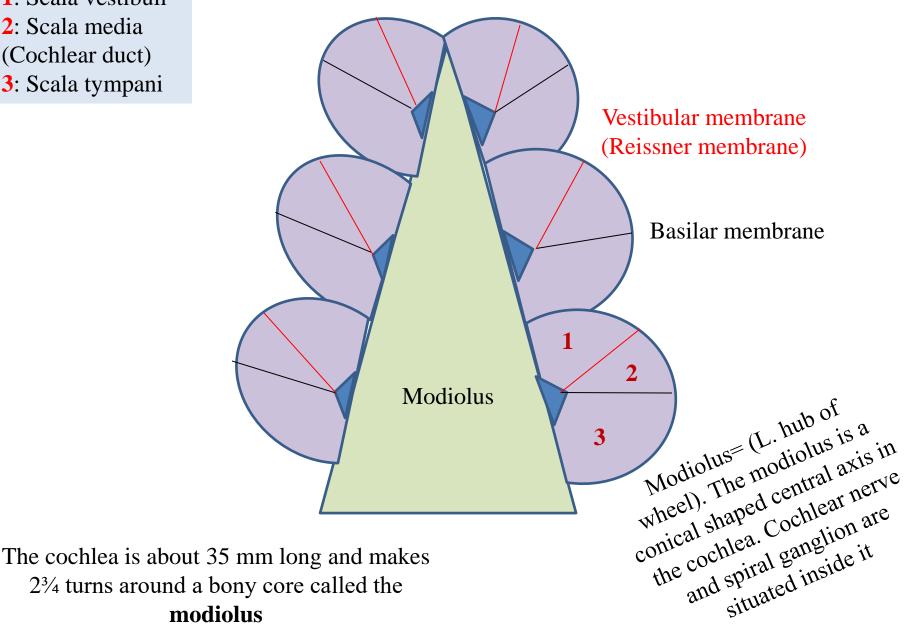
The cochlear duct itself forms the middle compartment, or scala media, filled with endolymph. It is continuous with the saccule and ends at the apex of the cochlea.
 The larger scala vestibuli contains perilymph and is separated from the scala media by

the very thin vestibular membrane (Reissner membrane)

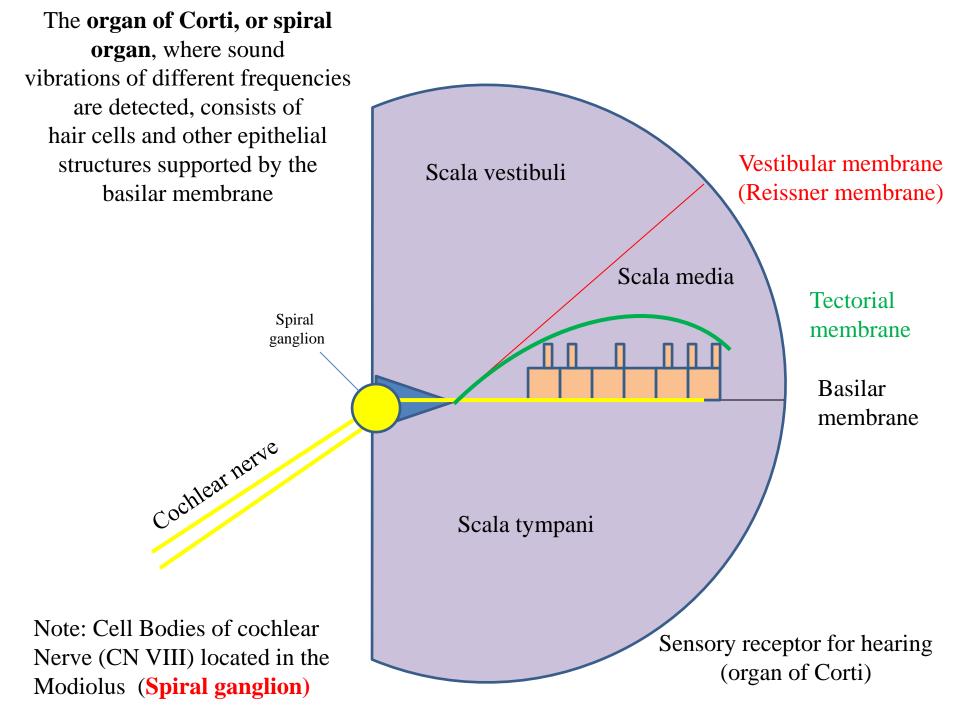
 \checkmark The scala tympani also contains perilymph and is separated from the scala media by the basilar membrane

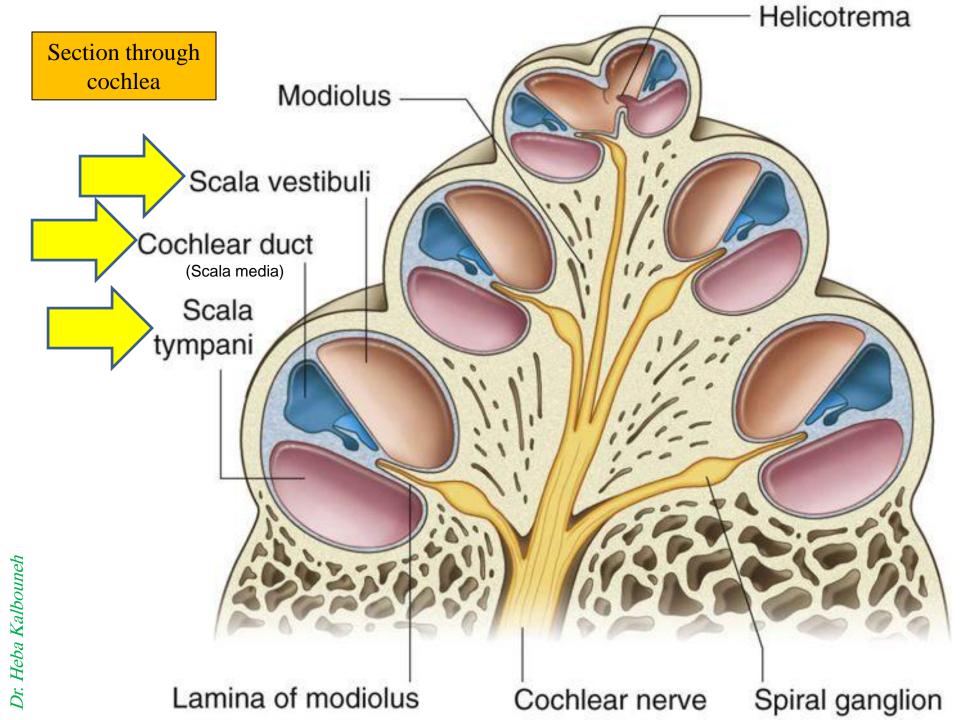


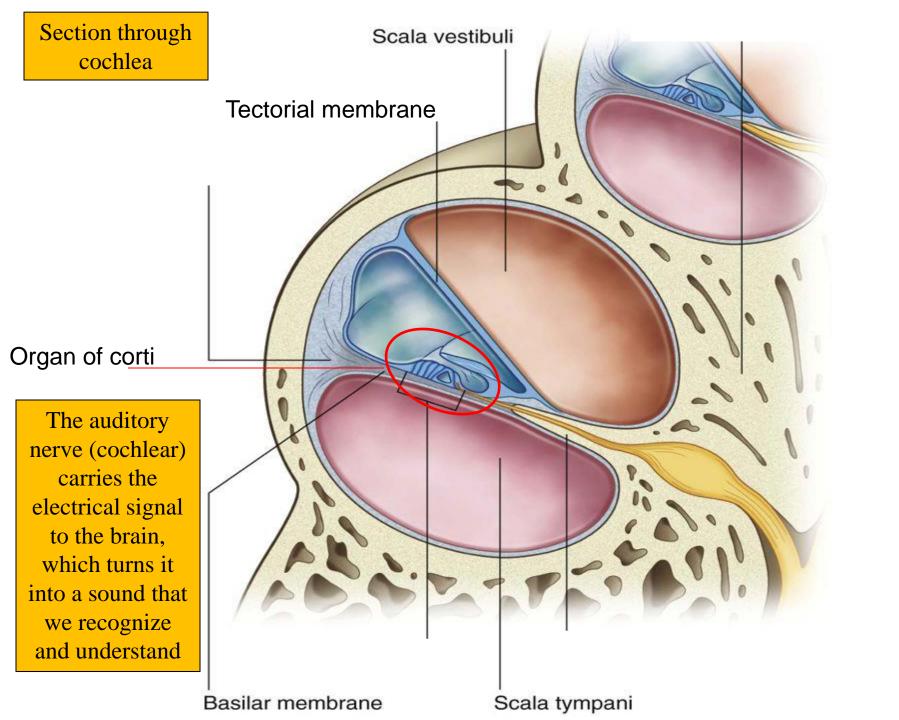
The scalae tympani and vestibuli communicate with each other at the apex of the cochlea via the **helicotrema** 1: Scala vestibuli 2: Scala media (Cochlear duct) 3: Scala tympani



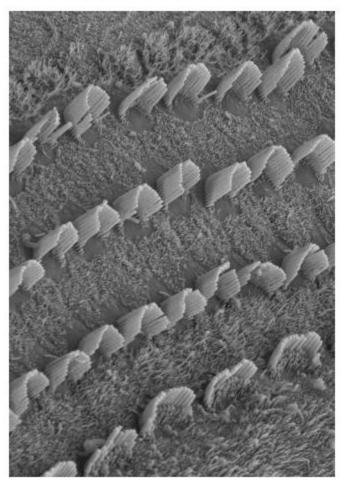
modiolus







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With the tectorial membrane removed, SEM shows the apical plate of the rat spiral organ through which rigid stereocilia bundles project into endolymph

The auditory hair cells are located within the spiral organ of Corti on the basilar membrane in the cochlea of the inner ear

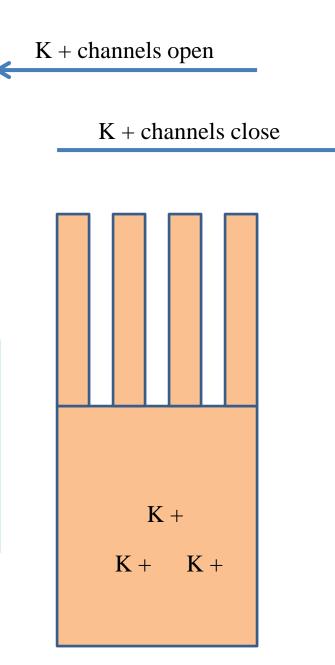
Stereocilia (*hair bundles*) protrude from the apical surface of the cell into the fluid-filled cochlear duct.

The inner hair cells transform the sound vibrations in the fluids of the cochlea into electrical signals that are then relayed via the auditory nerve to the auditory brainstem and to the auditory cortex

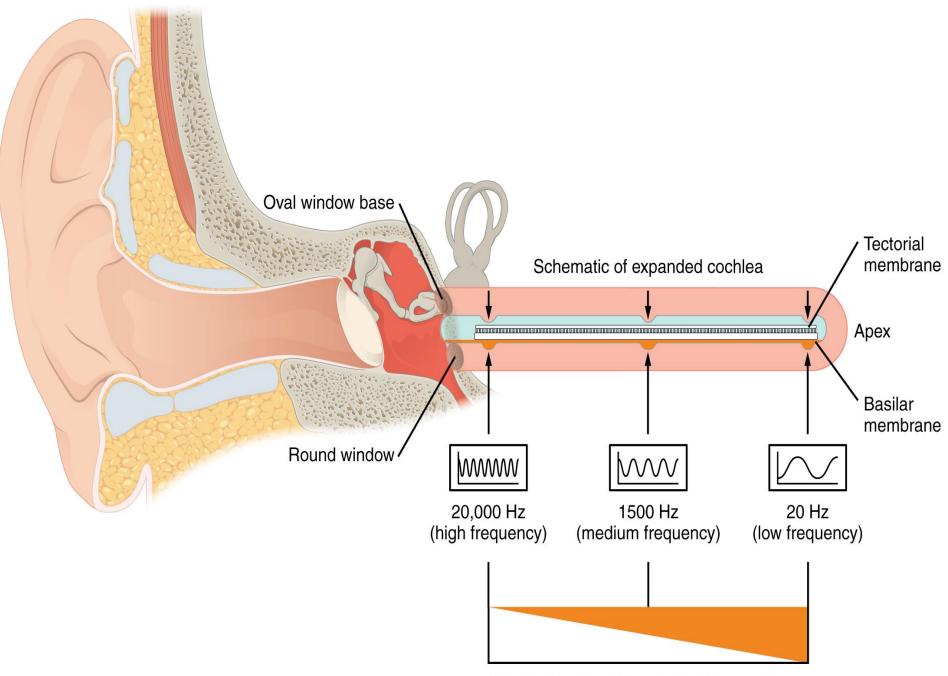
Reau The deflection of the hair-cell stereocilia opens mechanically gated ion channels that allow positively charged ions (primarily potassium) to enter the cell.

The influx of positive ions from the endolymph in the scala media depolarizes the cell, resulting in a receptor potential

Damage to these hair cells results in decreased hearing sensitivity, and because the inner ear hair cells cannot regenerate, this damage is permanent

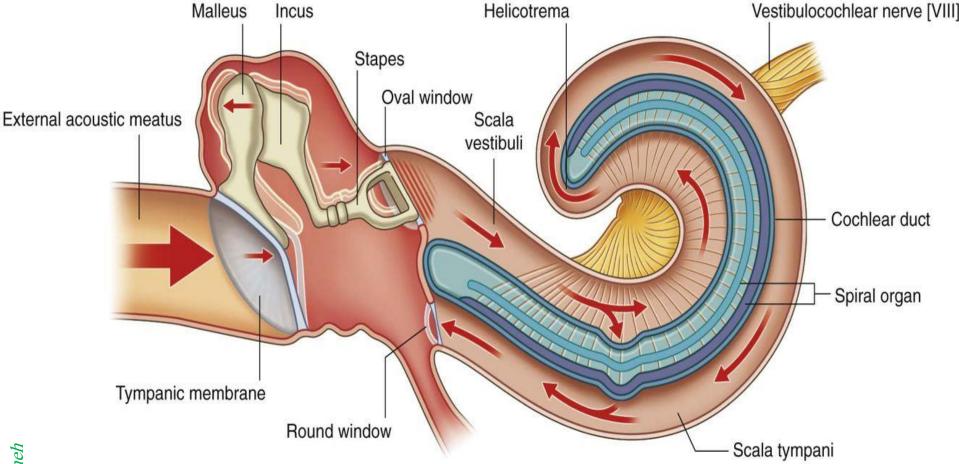


Note: hair cells detect movement



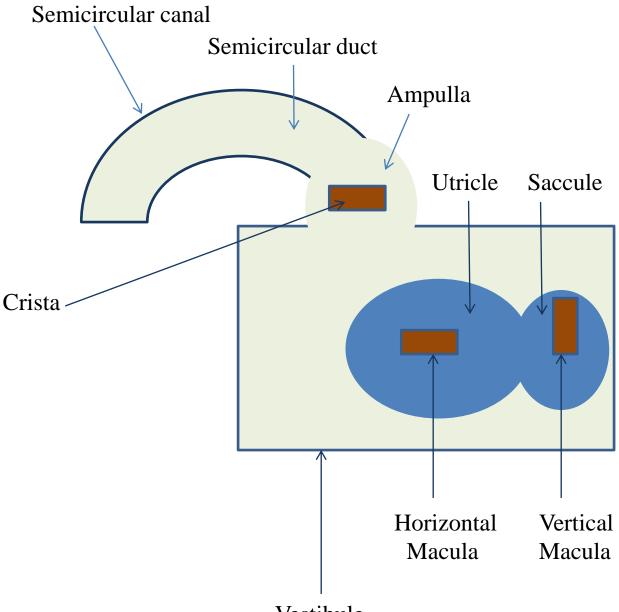
Relative length of fibers in basilar membrane

Transmission of sound



Problems of the vestibular system can result in **vertigo**, **or dizziness**, a sense of bodily rotation and lack of equilibrium. Spinning the body produces vertigo due to overstimulation of the cristae ampullares of the semicircular ducts.

Overstimulation of the maculae of the utricle caused by repetitive changes in linear acceleration and directional changes can normally lead to motion sickness (sea sickness/ car sickness).

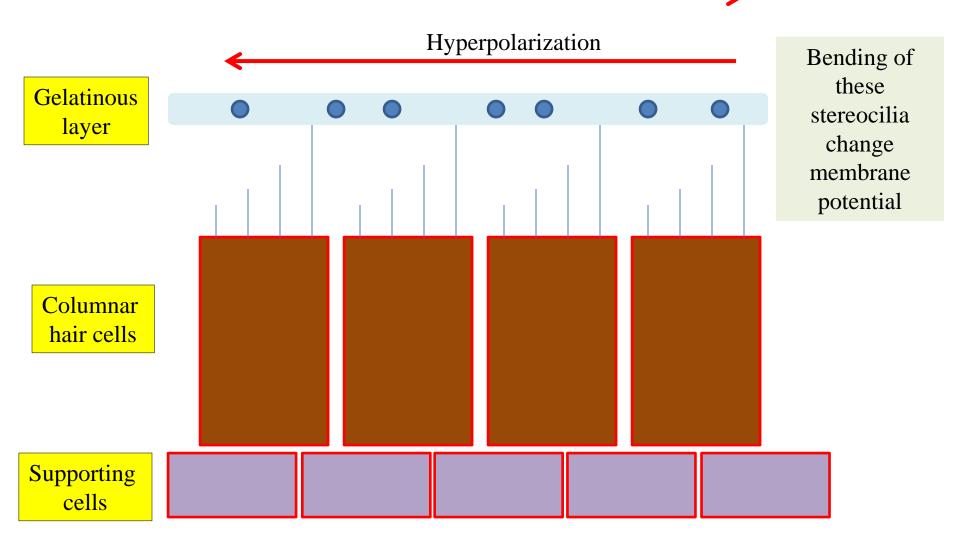


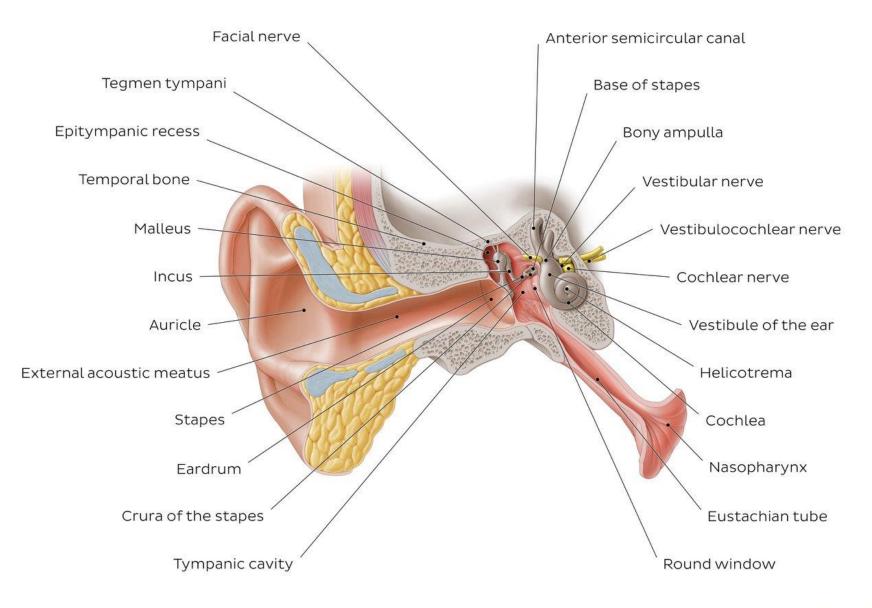
Sensory receptors for balance (saccule, utricle and semicircular ducts)

Vestibule

Maculae : detect linear acceleration of the head (static balance) Cristae: detect angular acceleration of the head (kinetic balance)

Depolarization





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