Cheatography

CN IX- XII Cheat Sheet by Siffi (Siffi) via cheatography.com/122609/cs/22862/

CN IX	
Efferent	Afferent
Stylopharyngeus - Pharyngeal plexus	Sensory to posterior 1/3 of tongue (taste, touch, nociception + temp)
Preganglionic Parasympathetic - Otic Ganglion - Parotid Gland	Eustachian tube
	Oropharynx
	Carotid sinus to CNS
Ducturation -	

Dysfunction =

Swallowing, loss of taste posterior 1/3 of tongue, decreased secretion of parotid gland

Almost never lesioned in isolation

Symptoms may be unnoticeable by the patient - overlap in innervations

CN X		
Afferent		
External Auditory Meatus sensation (Nervus intermedius - VII)		
Pharynx, larynx, trachea + viscera of tx + abdomen		
Superior laryngeal - tensors of vocal folds		
Reccurent laryngeal - adduction + abduction fold		
Dysfunction=		
Hoarseness of voice		
Reduced vocal strength		
Weak cough		
Nasal quality of speech		
Nasal regurgitation + dysphagia - in severe cases		
Pain/altered sensation in EAM		
Reduction in control of circulatory system (BP + HR)		
Poor digestion		

CN	VI
UN	AI

Efferent

Afferent

Traps + SCM (ipsilaterally)

Possible sensory from muscles supplied from C3 & C4

Dysfunction =

Weakness + Difficulty turning head and with shoulder movement May have some difficulty with swallowing Rarely affects both Traps & SCM

CN XII

Purely motor nerve that innervates:

Intrinsic muscles of the tongue

Genioglossus, hyoglossus, styloglossus (extrinsic muscles of the tongue)

Geniohyoid

Dysfunction =

Due to the nerve running under the external portion of carotid, this nerve is affected by carotid artery disorders such as: aneurysms + dissection. Deviation + atrophy (LMNL) of the tongue - deviates towards weak side



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Conditions

Vernet's syndrome

IX, X, XI affected

Caused by a thrombus/lesion in lateral sinus - presses on nerves passing through jugular foramen

Collet Sicard Syndrome

IX, X, XI, XII affected (can affect sympathetic)

Caused by a lesion at jugular foramen - schwannoma/other tumours

Villaret's

IX,X,XI,XII + cx sympathetics affected ipsilaterally

Lesion at retropharygeal/retroparotid space



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