Section Specialists

Optic II

Trigeminal V

Glossopharyngeal IX

Facial VII

Vagus X

Olfactory

Oculomotor III

Trochlear IV

Hypoglossal XII

Accessory XI

Abducens VI

N I

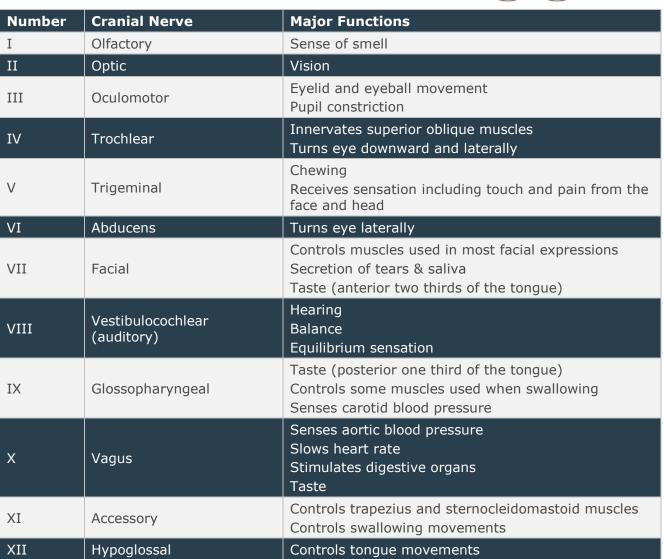
Vestibulocochlear VIII

Cranial Nerves

There are twelve pairs of cranial nerves, which emerge directly from the brain. The first two nerves (olfactory and optic) arise from the cerebrum, whereas the remaining ten nerves emerge from the brainstem. The cranial nerves lead directly from the brain to various areas of the head, neck and trunk. Some of the cranial nerves are responsible for our senses such as hearing, vision and smell, whilst others regulate glands and control muscles in our face.

Doctors tend to refer to the cranial nerves by their number, from one to twelve, listed as a Roman numeral.

Functions of the Cranial Nerves

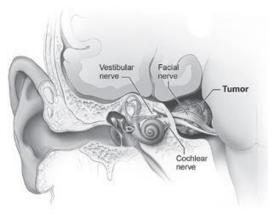


Cranial Neuropathy

An irritated or injured nerve causes a neuropathy. How the body is affected by the neuropathy depends on which nerve has been injured. When the cranial nerves are affected, you have a cranial neuropathy. There are many causes of cranial neuropathy including trauma, tumours, inflammation, infections for example Lyme disease, drugs and toxins.

Symptoms

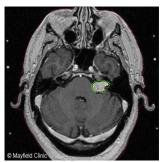
The presenting symptoms of a cranial neuropathy will depend on which nerve was injured and how it was injured. The table below gives an overview of common symptoms that are experienced when each cranial nerve is injured.



Number	Cranial Nerve	Pathological Features
Ι	Olfactory	Unilateral anosmia (loss of sense of smell)
II	Optic	Unilateral vision loss
III	Oculomotor	Ptosis (drooping or falling of the upper eyelid) Eye deviated laterally and downward Diplopia (double vision) Dilated and non reactive pupils Loss of accommodation
IV	Trochlear	Inability to move eye downward and laterally Diplopia Head tilt toward unaffected eye
V	Trigeminal	Partial facial anaesthesia Periodic lancinating facial pain (trigeminal neuralgia)
VI	Abducens	Diplopia Inability to move affected eye laterally
VII	Facial	Hemifacial paralysis (Bell's palsy) Abnormal taste Sensory deficit around ear Sensitivity to loud sounds
VIII	Vestibulocochlear (auditory)	Vertigo Tinnitus (ringing or buzzing in ears) Unilateral hearing loss
IX	Glossopharyngeal	Intermittent pain in the pharynx (rare)
х	Vagus	Loss of palate rise Dysphagia (difficulty or discomfort when swallowing) Hoarse voice
XI	Accessory	Shoulder drop and downward displacement of scapula
XII	Hypoglossal	Tongue deviations

Diagnosis

Cranial neuropathies are diagnosed using a range of clinical and radiological tests. The type of testing that is performed depends on the presenting symptoms but can include Magnetic Resonance Imaging (MRI) Scans, Computed Tomography (CT) Scans, hearing tests, nerve conduction studies and a clinical neurological examination.



Treatment

Treatment for conditions affecting the cranial nerves varies and can include medication and, or surgery. Treatment will often be aimed at the cause of the cranial neuropathy, for example the infection or the inflammation.

LexiMed Consultants

- **Dr Leigh Atkinson** Neurosurgeon
- **Dr Noel Saines** Neurologist
- Dr Frank Anning
 Ear, Nose and Throat
 Surgeon
- **Dr John Baker** Neurosurgeon
- **n** Dr Edward Ringrose Physician
- **»** Dr John Sowby Occupational Physician
- **Dr Alan Hilton** Ophthalmologist
- **n** Dr Matthew Rickard Physician

Reference: https://www.hopkinsmedicine.org/healthlibrary/conditions/nervous_system_disorders/multiple_cranial_neur opathies_134,48