



DESCENDING TRACTS MOTOR PATHWAYS

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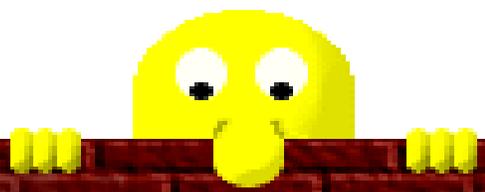
Intended Learning Outcomes (ILOs)

By the end of the lecture, the students will be able to:

- Know the meaning of tract
- Know the descending tracts
- Know the origin, course, destination and function of tracts
- Know collectively the types of ascending tracts
- Know the descending tracts
- Know that the descending tracts are 2 types; pyramidal and extrapyramidal

Agenda

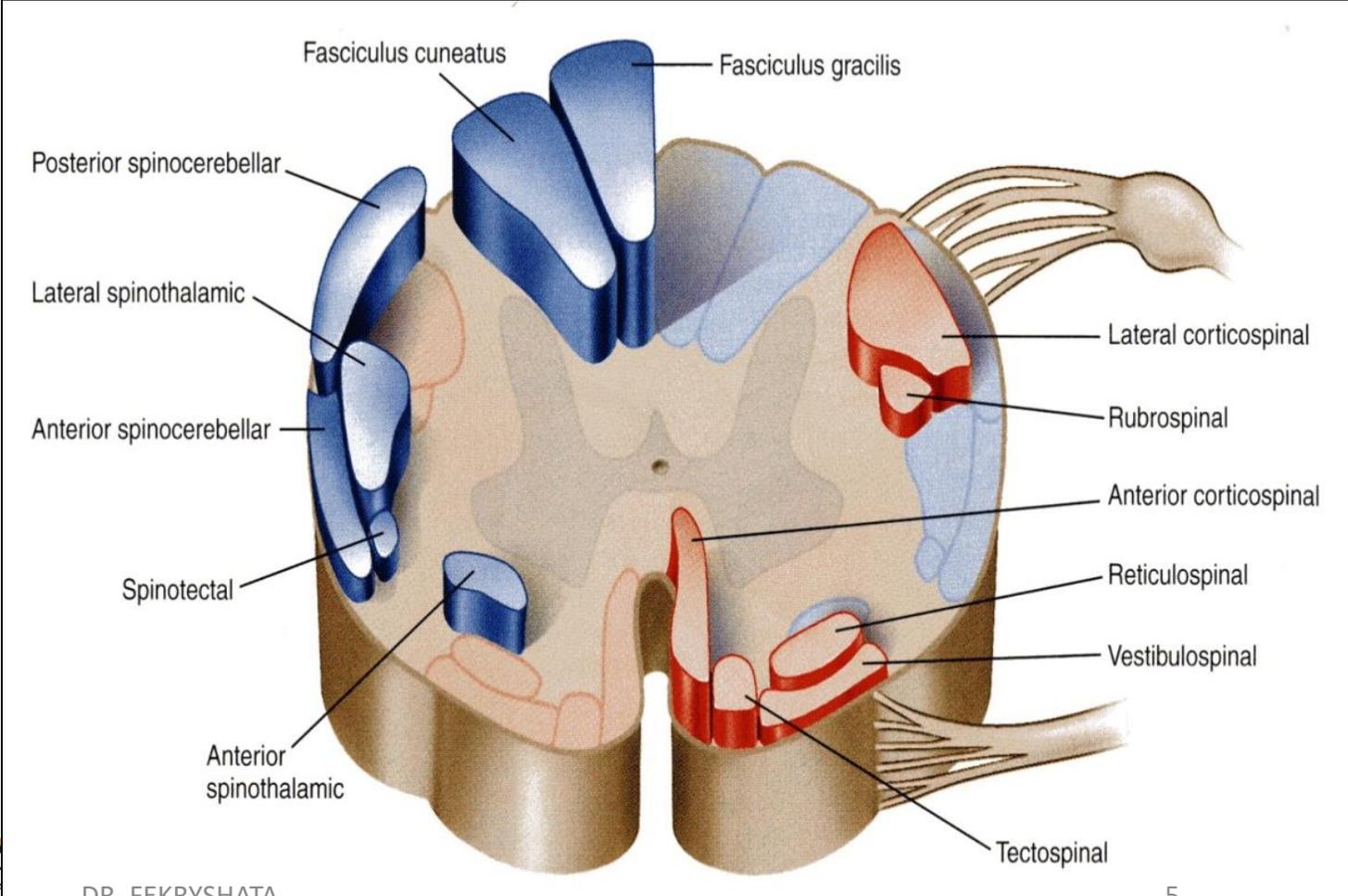
1. The meaning of descending tract
2. Origin, course, destination and function of tracts
3. Types of descending tracts, pyramidal and extrapyramidal tracts



Motor Pathways

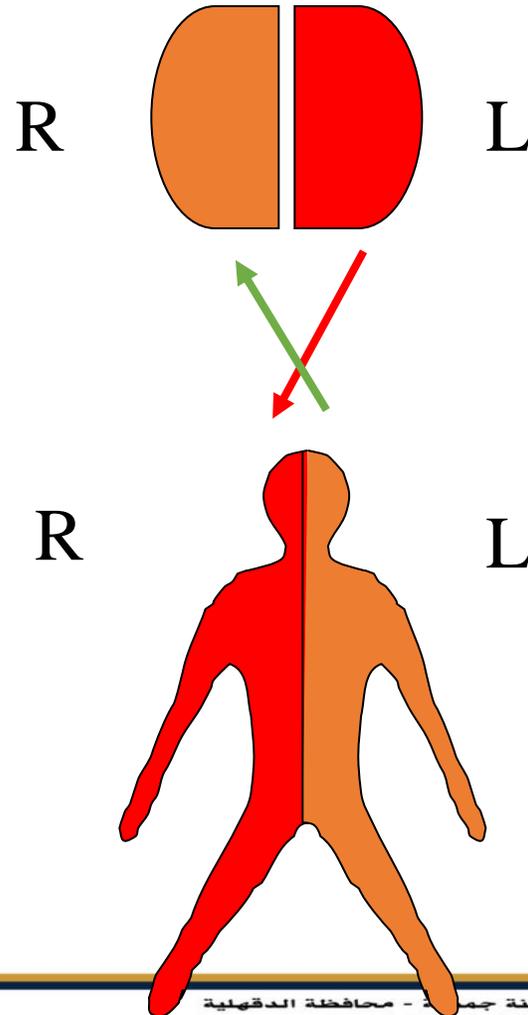
WHITE MATTER TRACTS

- Bundles or fasciculi of fibers have the same **Origin**, **Termination** and carry the same **Function**. **MCQ**



Control of the body by the brain

**MCQ : About 85-90% of motor control in the body follows which type of representation?
Contralateral**

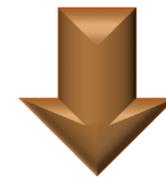
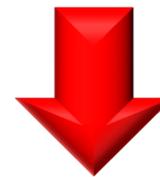


**Contralateral representation
Decussation = Crossing**

**Contralateral = Opposite side
Ipsilateral = Same side**

Descending tracts (Motor system)

There are 3 different motor systems



1- Pyramidal system:
(corticospinal tract
& corticobulbar tract)

2- Extrapyramidal system

3- Motor pathway to the cerebellum

MCQ مهم : Why is the pyramidal tract called "pyramidal"?

A) Because it originates from pyramidal cells in the cerebral cortex

خلي بالكوا اللي فيختار because passes through the pyramids of the medulla oblongata مش فيأخذ الدرجة وفيقتص

Pyramidal system

SAQ: Summarize the pyramidal system ?

والإجابة تكتب السلايد الجاية كلها بما فيها النوتس الزيادة

Pyramidal system



Corticospinal tract

Corticobulbar tract to cranial nerve motor nuclei



Lateral Corticospinal tract

Ventral Corticospinal tract

Cranial Nerves Involved:

- CN 3, 4, 6 (Controls eye muscles)
- Mandibular branch of CN 5 "Trigeminal" (Controls muscles of mastication)
- Motor nucleus of CN 7 "Facial" (Controls muscles of facial expression)
- CN 9 "Glossopharyngeal" (Controls stylopharyngeus muscle)
- CN 10 & 11 "Vagoaccessory complex" (Controls laryngeal & pharyngeal muscles)
- CN 12 "Hypoglossal" (Controls tongue muscles)

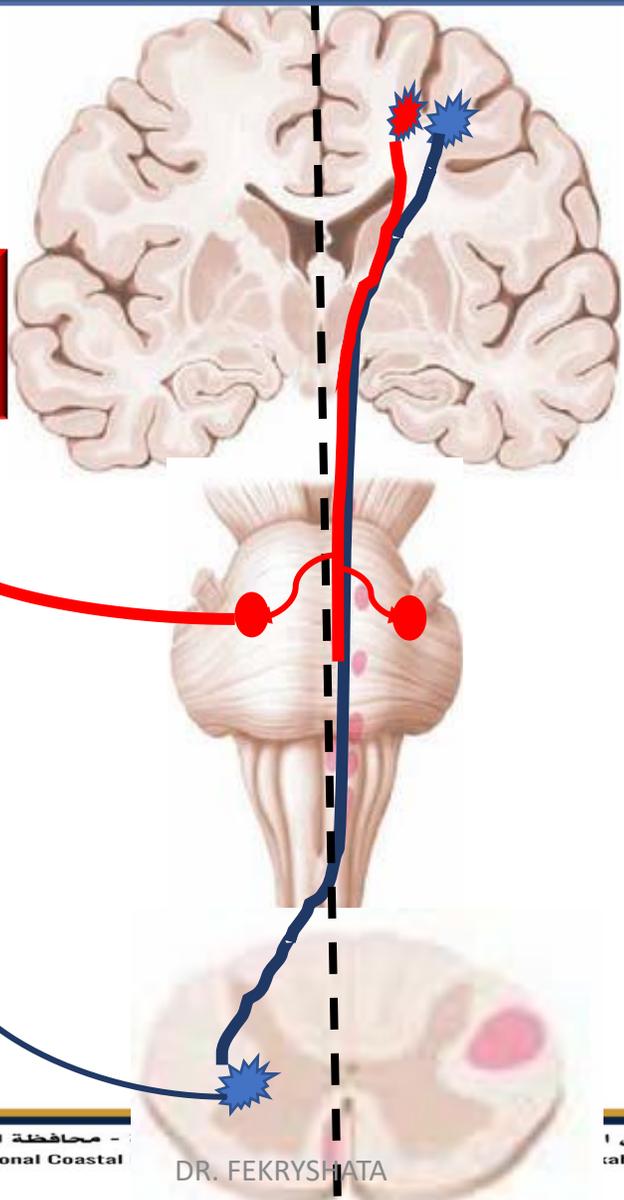
(85-90%) Crosses at the medullary pyramids (decussation) .

(10-15%) Does not cross at the medulla



Pyramidal system

How to control your muscles?

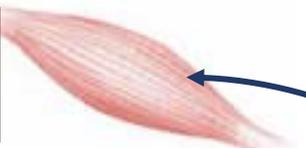


LMN
Cranial nerves

Muscles of H&N



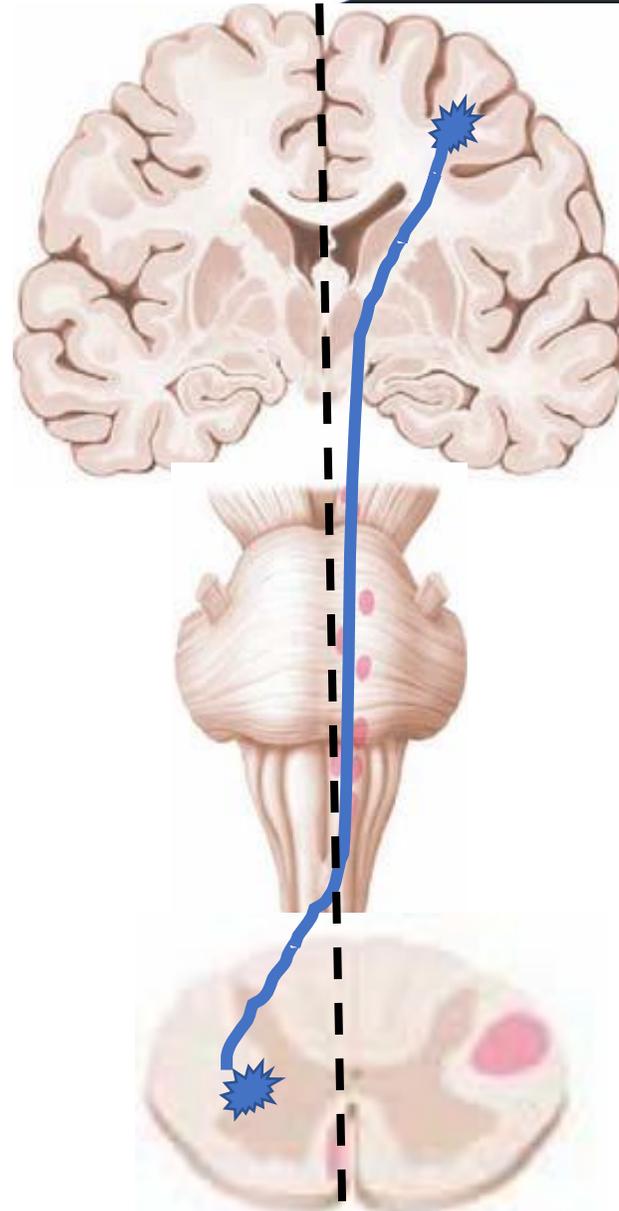
Muscles of the body



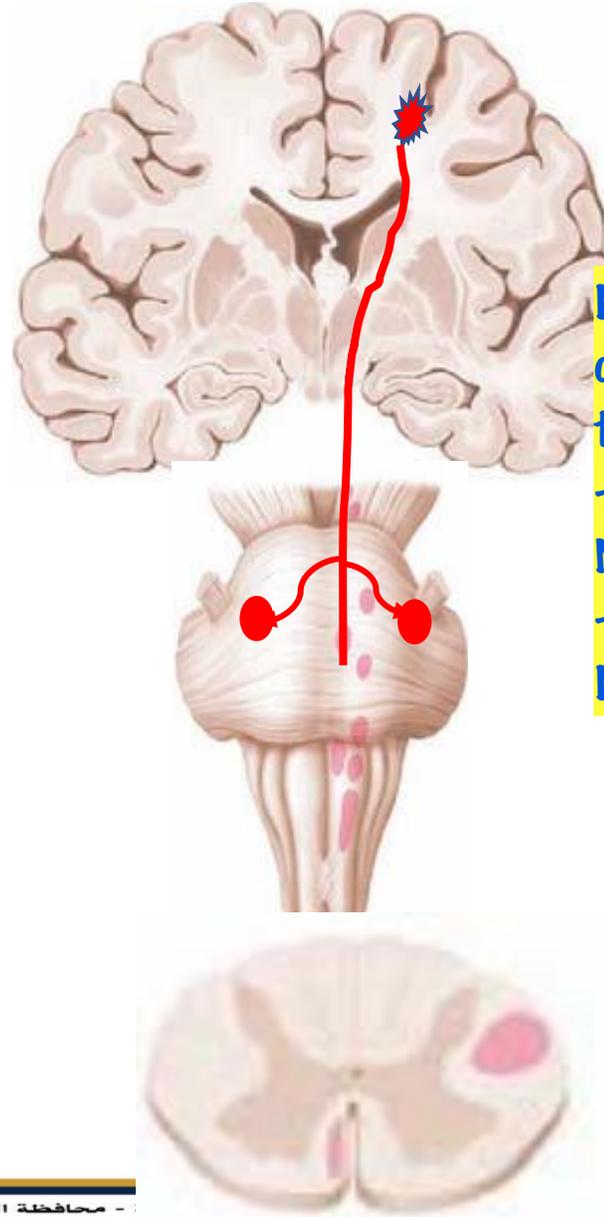
LMN
Spinal nerves

UMN
Corticospinal

UMN
Corticobulbar



Corticospinal tract



Corticobulbar tract

MCQ : Which cranial nerve nuclei receive contralateral input only in corticobulbar tract ?

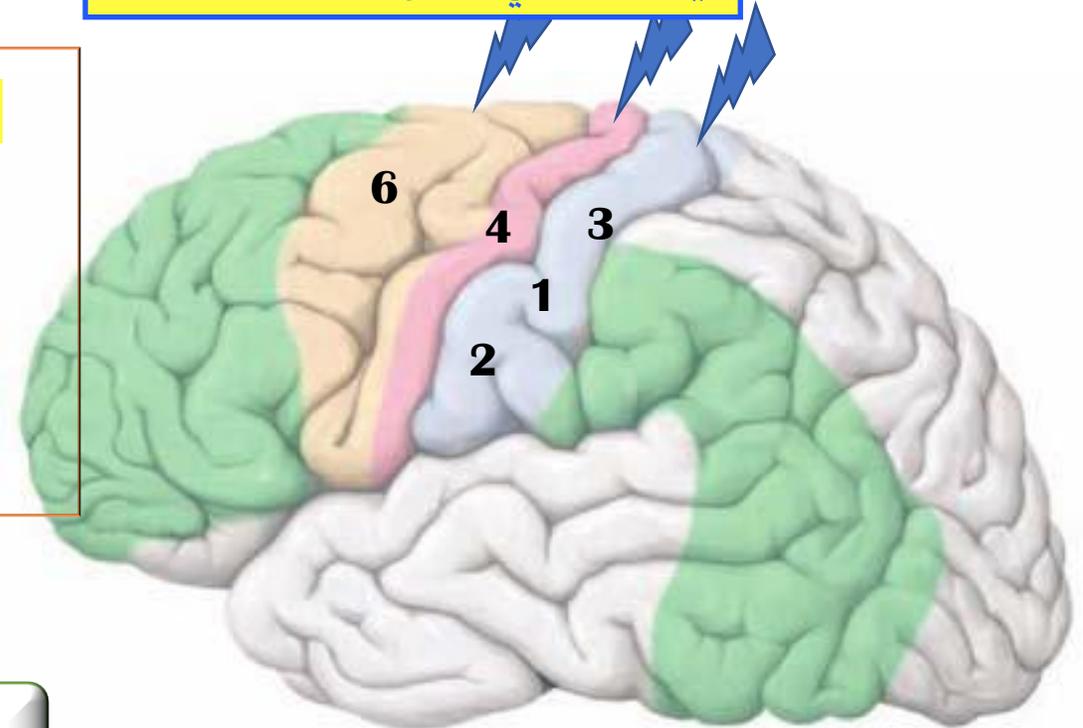
- CN 7 "Facial Nerve" (Lower Part of the Facial Nucleus)
- CN 12 "Hypoglossal Nerve" (Genioglossus Muscle)

Corticospinal tract

Origin تاني أهم سؤال في المحاضرة SAQ

هحددك في السؤال Anatomical

- 40% of the fibers from upper two thirds of primary motor area 4 MCQ
- 40% of the fibers from premotor area 6
- 20% of the fibers from general sensory area 3,1&2



Function: غالبا مش بتيجي

- 1- Facilitation of the flexor muscle tone
- 2- Initiation of highly skilled fine movements
- 3- Modulate sensory input of the spinal cord

MCQ : Which tract receives fibers from the upper two-thirds of the primary motor cortex (Area 4)?
- Corticospinal

Course

SAQ

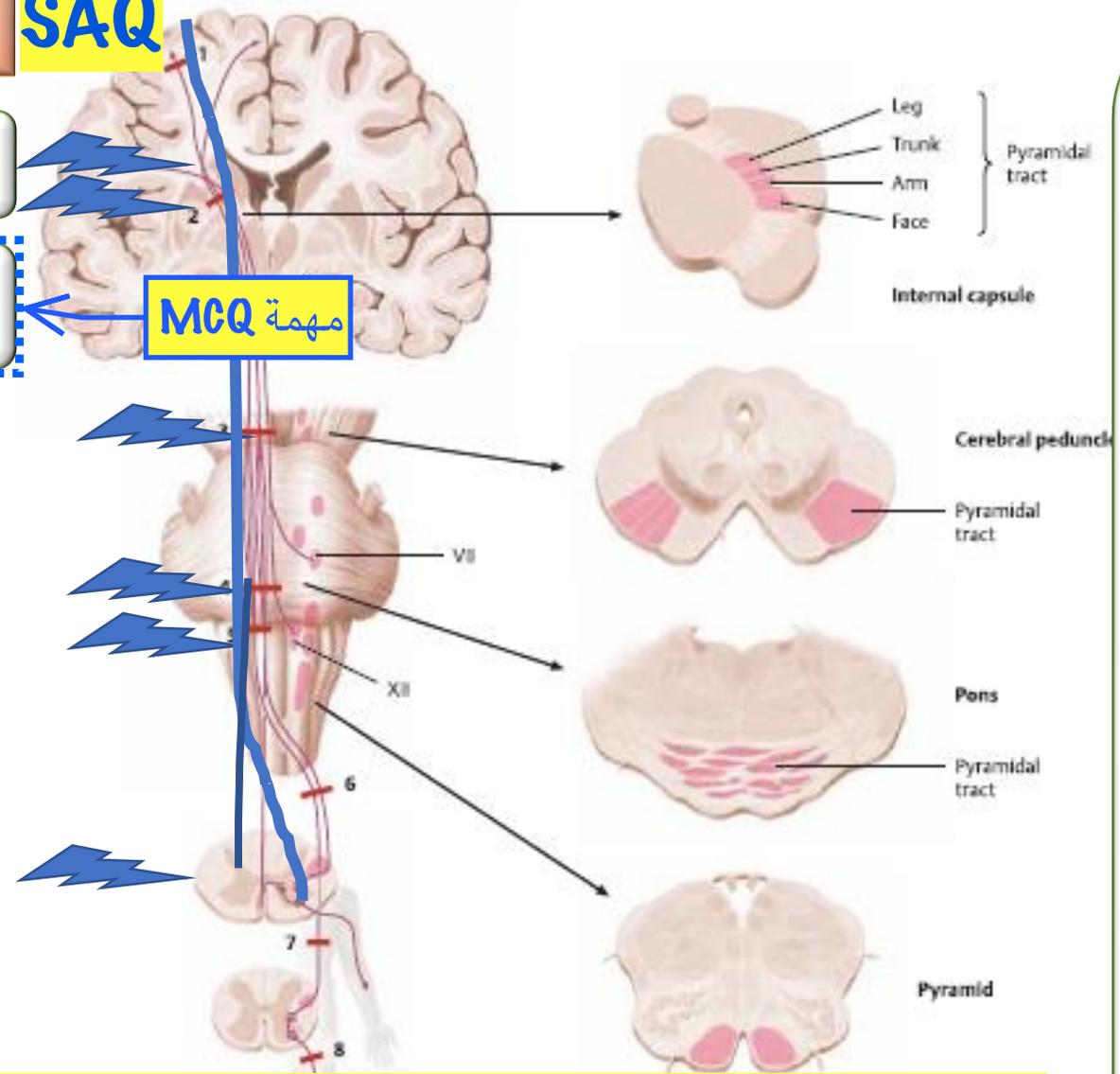
Corona radiata

Posterior limb of internal capsule

Crus cerebri

Basis pontis

Pyramid



■ **85% fibers cross to the opposite side and form lateral corticospinal tract.**

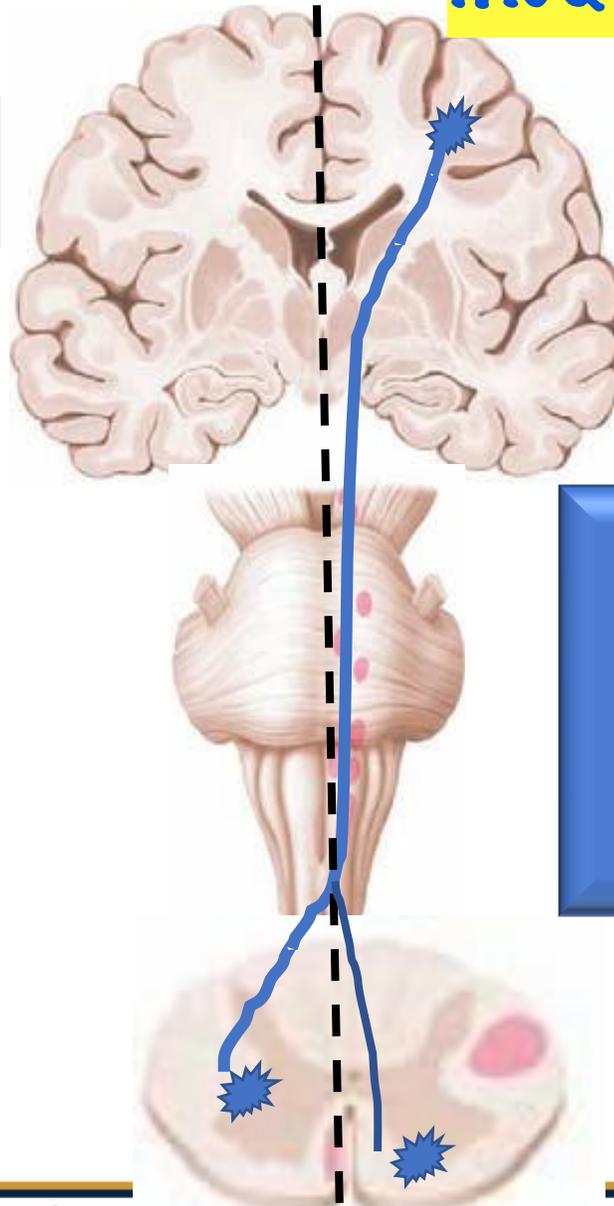
■ **15% fibers remain uncrossed and form ventral corticospinal tract**

SAQ : سؤال مهم جدا !! Describe course of corticospinal tract ?

الاسلايد دي مهمة MCQ + Type R MCQ

Corticospinal tract

85% fibers cross to the **opposite side** and form **lateral corticospinal tract**.



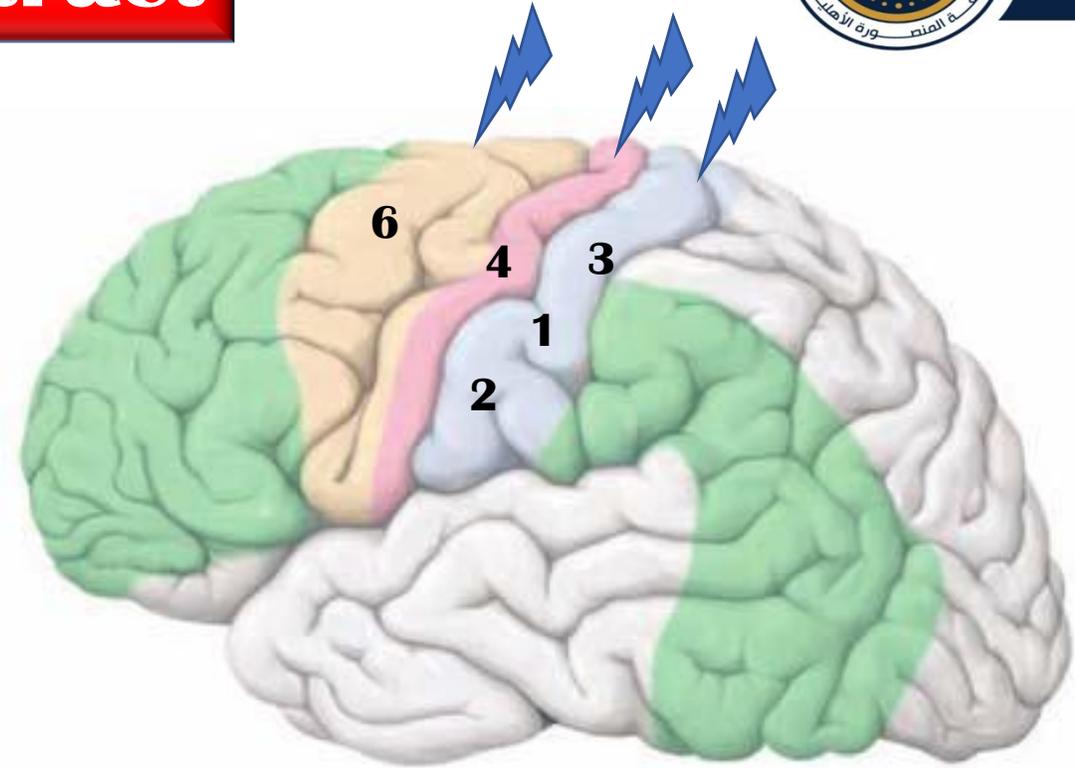
15% fibers remain **uncrossed** and form **ventral corticospinal tract**.



Corticobulbar tract

Origin **SAQ**

- 40%** of the fibers from **lower third of primary motor area 4** **MCQ**
- 40%** of the fibers from **premotor area 6**
- 20%** of the fibers from **general sensory area 3,1&2**



MCQ : Which tract receives fibers from the lower third of the primary motor cortex (Area 4)?
- Corticobulbar

Course: **SAQ**

Corona radiata

Genu of internal capsule

Crus cerebri

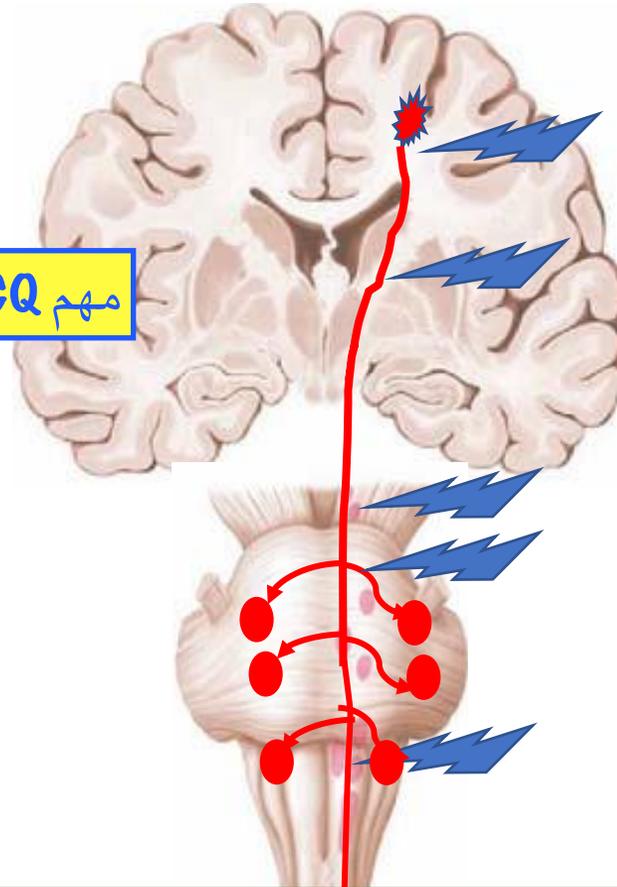
Basis pontis

Pyramid

Termination

- It terminates on the cranial nerve motor nuclei of the **two sides**.
- All cranial nerve motor nuclei receive bilateral corticobulbar fibers **except** the **lower part of facial nucleus** which receives fibers from opposite side only.

MCQ مهم



Motor system lesion

Causes:

- Trauma:** fracture , stab or bullets.
- Compression:** by tumor or herniated disc.
- Vascular:** by occlusion of the artery

**MCQ : Most common cause of pyramidal tract lesion is :
- Vascular**

Types of paralysis

LMNL

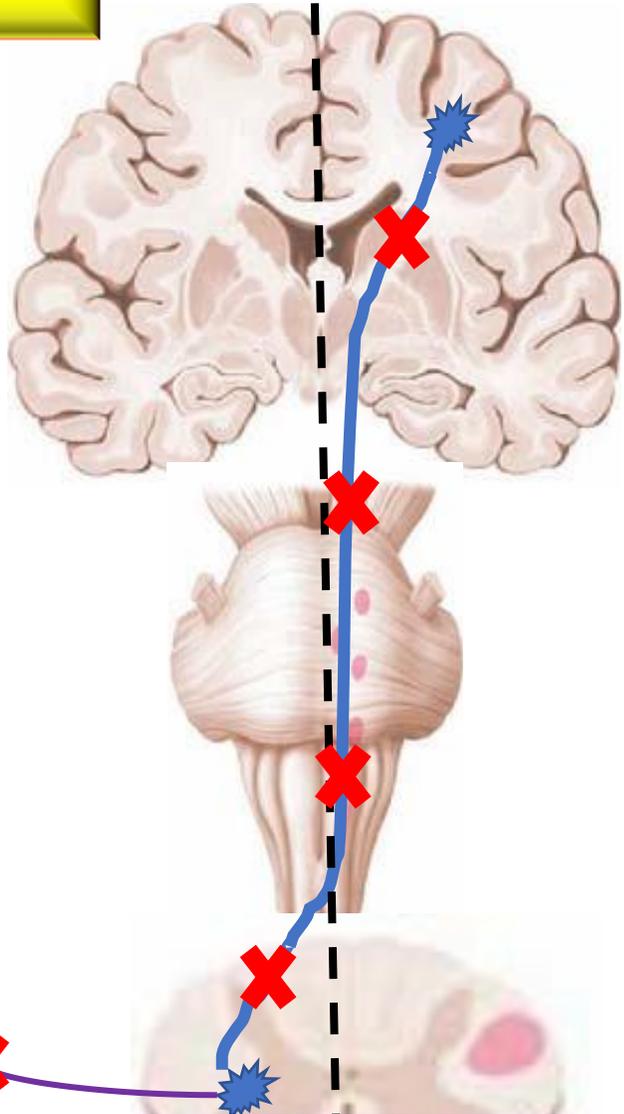
Flaccidity

Hypotonia

Hypo-reflexia

Fibrillation

Atrophy



UMNL

Spasticity

Hypertonia

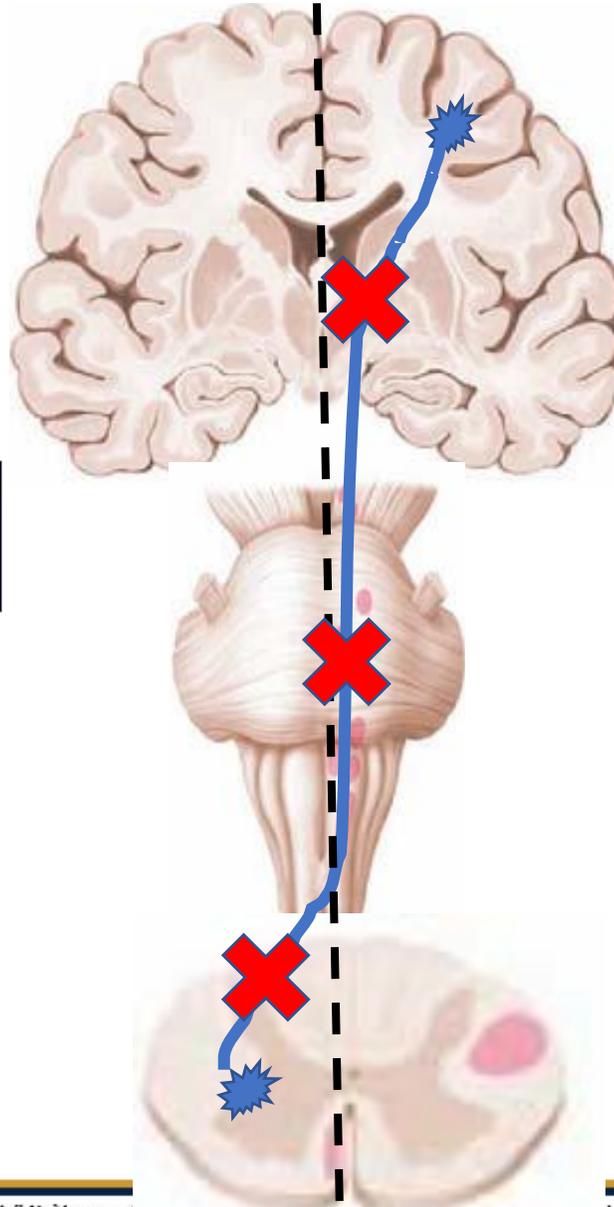
Hyper-reflexia

Babinski sign

Clonus

MCQ : manifestation of (UMNL - LMNL) is :

Corticospinal tract



**1- lesion above the MCQ
decussation:
contralateral hemiplegia**

+ At the level of the nucleus

**2- lesion below the MCQ
decussation:
ipsilateral paralysis**

Lesion of Corticospinal tract

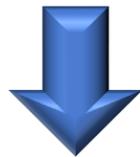
Lesion :

Type : it is UMNL

1- lesion above the decussation: contralateral hemiplegia

2- lesion below the decussation: ipsilateral paralysis

Sign of UMNL



Hypertonia

Hyper-reflexia

Spasticity

Babinski sign

Clonus

Loss of the superficial abdominal reflexes and cremasteric reflex

Lesion of Corticobulbar tract

Muscles of H&N

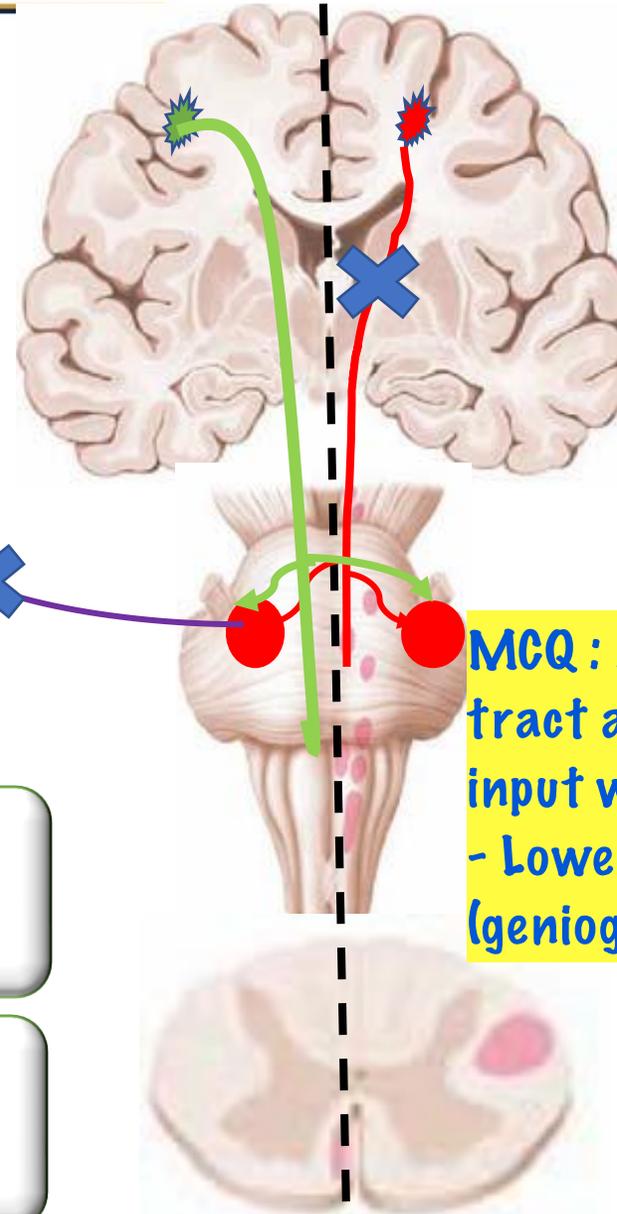
LMN
Cranial nerves

Lesion :

Type : it is UMNL

1- paralysis of the lower part of the contralateral facial nerve nucleus

2- weakness of the muscles supplied by the cranial nerves



**UMN
Corticobulbar**

MCQ : A lesion in the corticobulbar tract affecting only contralateral input would cause paralysis in ?
- Lower face and tongue (genioglossus muscle)

SAQ : List extra pyramidal tract & one function of it ?

SAQ : Mention extrapyramidal tract which facilitate flexor ms tone ?
خلي بالكوا ما تكتبوش ال extensor

2- Extrapyramidal system

2- Extrapyramidal system

Connection between the cerebral cortex and spinal cord through the brain stem

Function:

مهمة

□ All pyramidal and extrapyramidal tracts facilitate the flexor muscle tone except the 2 tracts which arise from the pons facilitate the extensor muscle tone:

1- pontine vesibulospinal tract (vesibulospinal).

2- pontine reticulospinal tract

Extrapyramidal tracts

TWO

A- From the midbrain:

1- Rubrospinal tract:

2- Tectospinal tract:

TWO

B- From the vestibular nuclei:

**1- pontine vesibulospinal tract:
(vesibulospinal)**

**2- medullary vesibulospinal
tract: (Sulcomarginal)**

TWO

C- From the Reticular formation:

1- pontine reticulospinal tract:

**2- medullary reticulospinal
tract:**

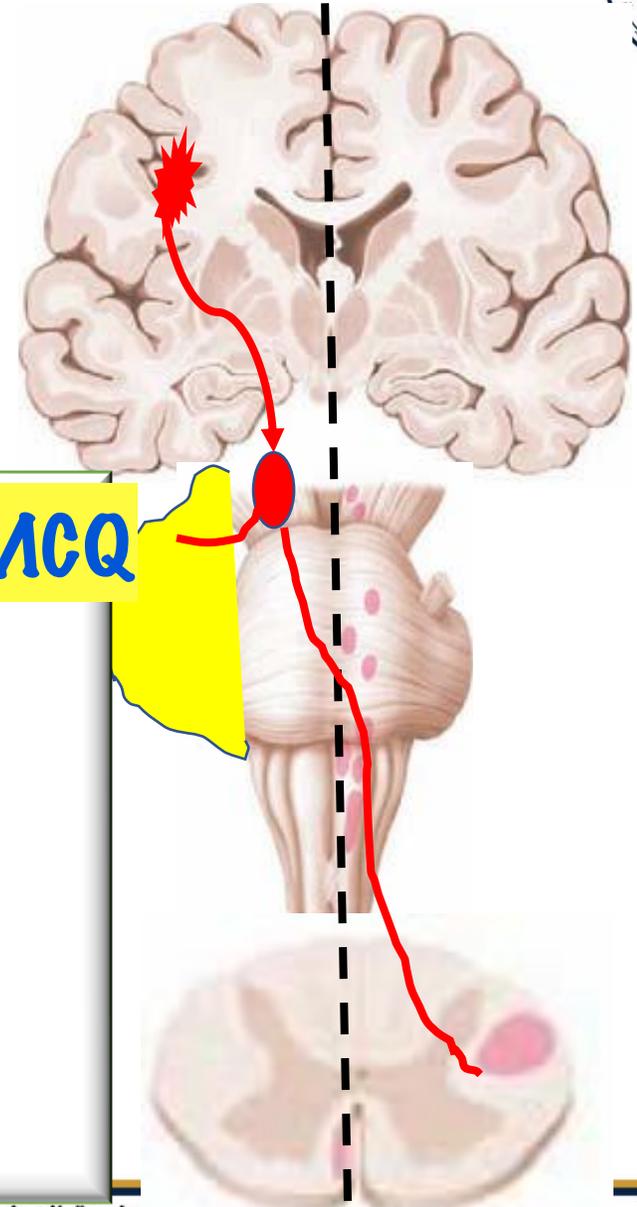
A- From the midbrain:

Rubrospinal tract:

❑ **Origin:** **red nucleus** of the opposite **MCQ** side.

❑ **Function:**

- **Carries information from cerebral cortex & cerebellum to the spinal cord**
- **Facilitate the flexor muscle tone.**



A- From the midbrain:

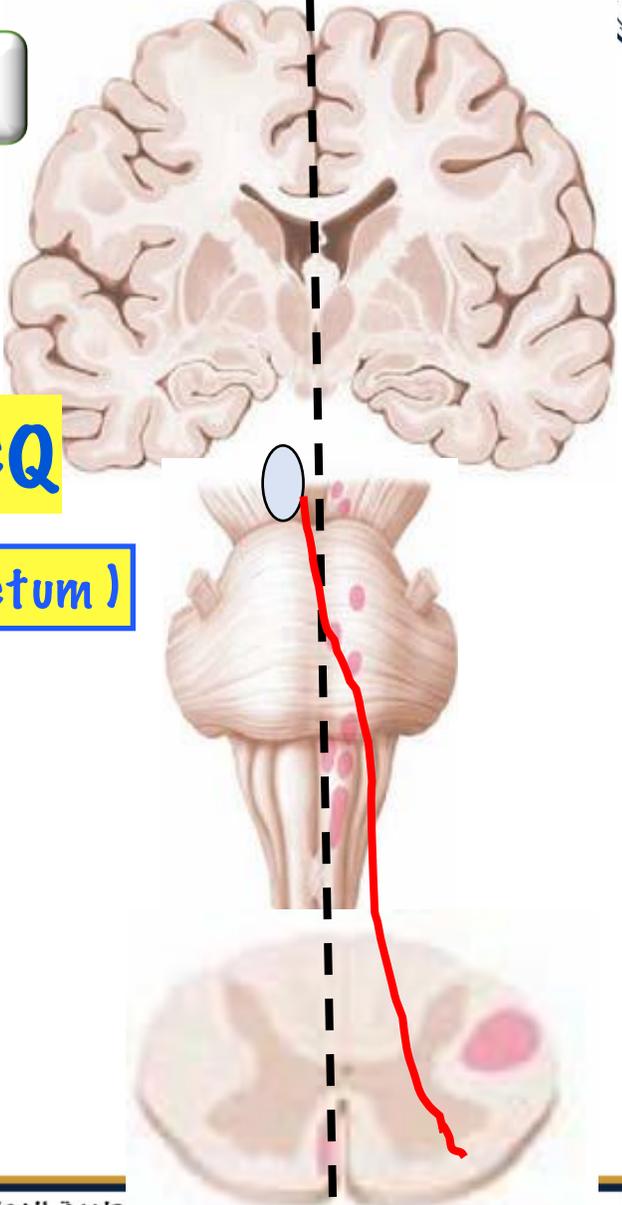
Tectospinal tract:

❑ Origin: superior colliculus of MCQ
the opposite side.

+ inferior colliculus (tectum)

❑ Function:

➤ Reflexes associated with vision and hearing



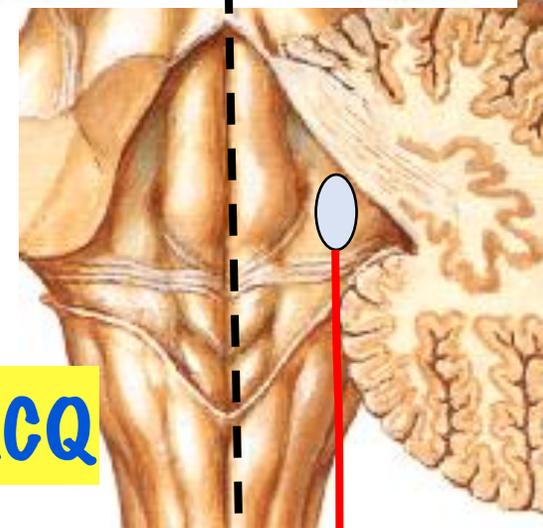
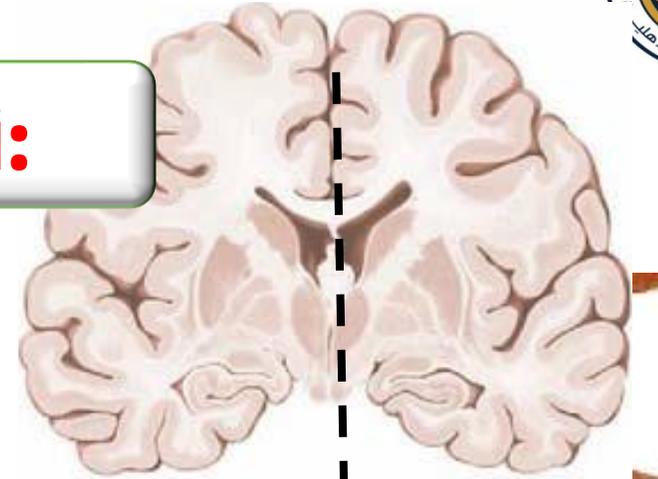
B- From the pontine vestibular nuclei:

Pontine vesibulospinal tract: (vesibulospinal)

❑ **Origin:** from lateral vestibular nucleus.

❑ **Function:**

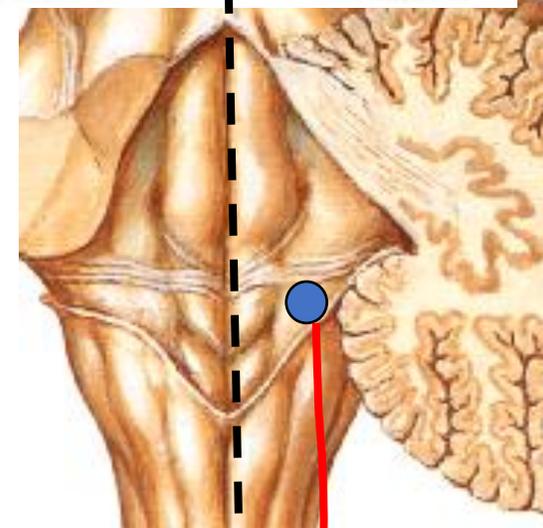
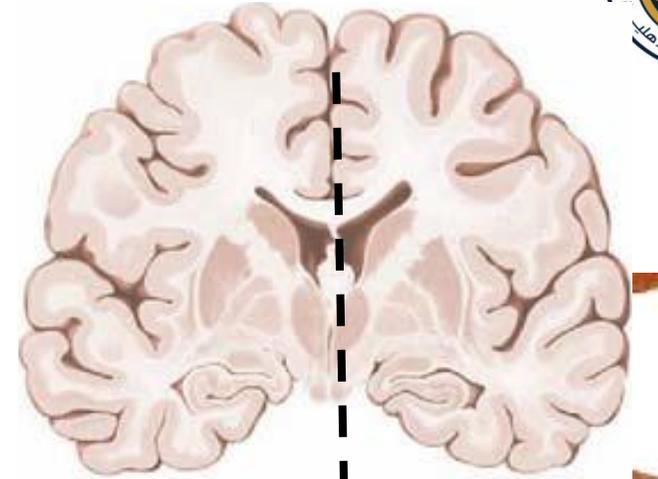
➤ **Facilitate the extensor muscles tone.** MCQ



B- From the medullary vestibular nuclei:

Medullary vesibulospinal tract: (Sulcomarginal)

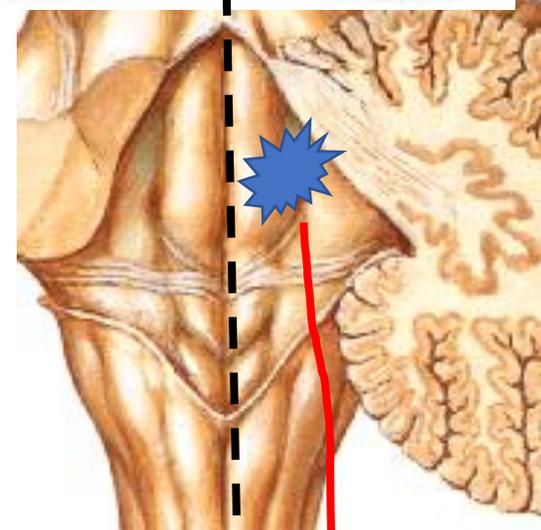
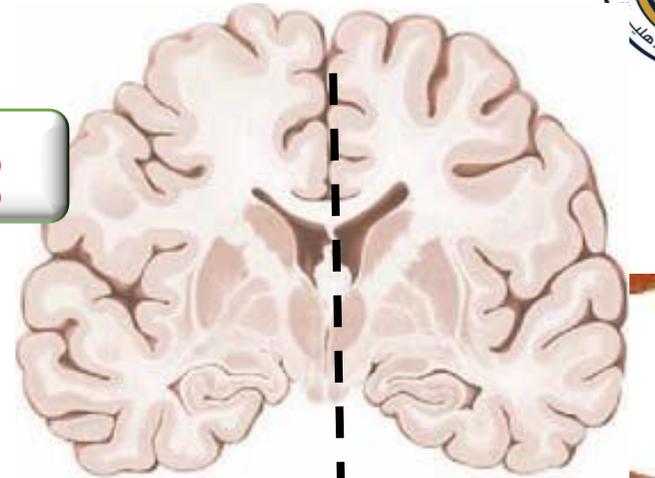
- ❑ **Origin:** from **medial vestibular nucleus.**
- ❑ **Function:**
 - **Facilitate the flexor muscles tone.**



C- From the Reticular formation:

Pontine reticulospinal tract:

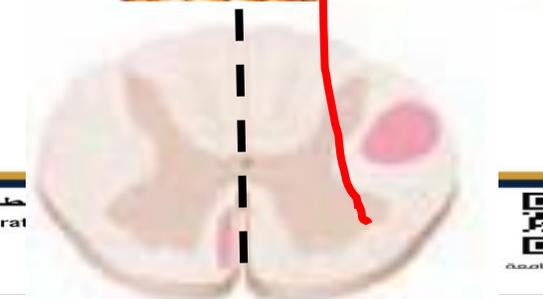
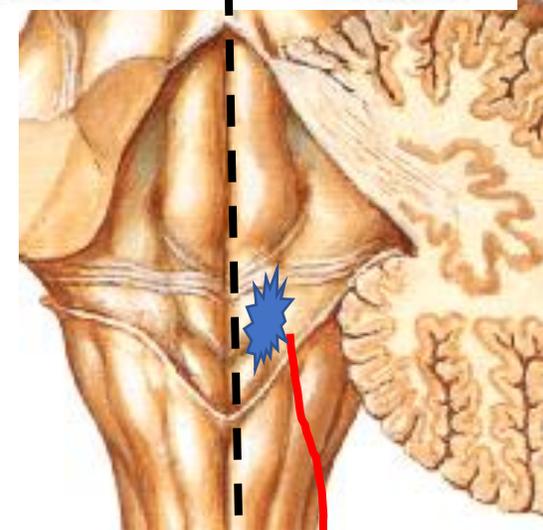
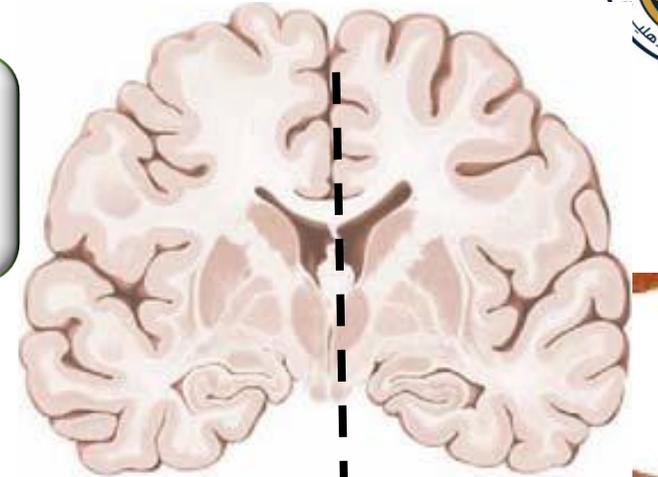
- ❑ **Origin: from pontine reticular formation.**
- ❑ **Function:**
 - **Facilitate the extensor muscles tone.** **MCQ**



B- From the Reticular formation:

Medullary reticulospinal tract:

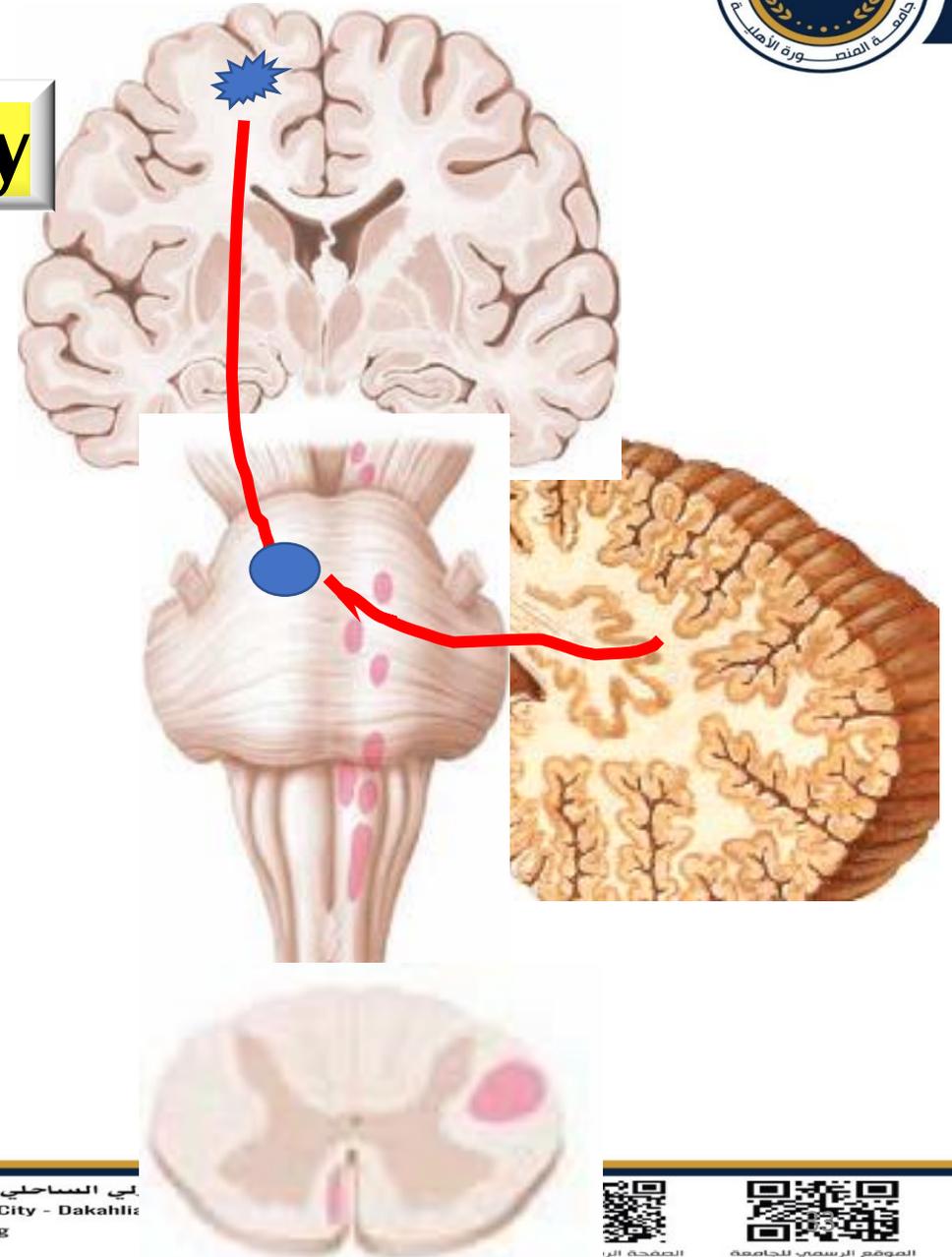
- ❑ **Origin:** from medullary reticular formation.
- ❑ **Function:**
 - **Facilitate the flexor muscles tone.**



3- Motor pathway to the cerebellum

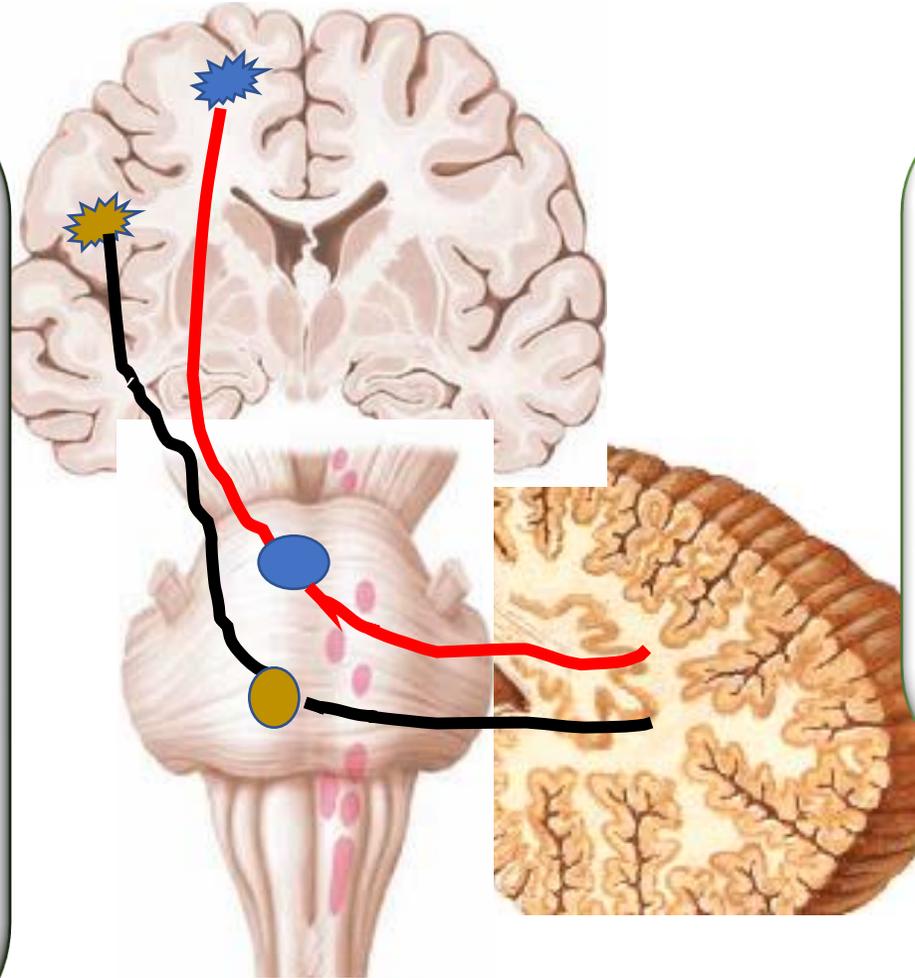


3- cortico-ponto-cerebellar pathway



B- non fronto-pontine fibers:

- From the parietal, temporal and occipital lobes.
- Transmit sensory information. **MCQ**



A- Fronto-pontine fibers:

- From the frontal lobe.
- Transmit motor information.

MCQ



Descending Autonomic Fibers

غالبا بييجي فيها ال Horner's syndrome

Descending Autonomic Fibers

❑ **Origin:** from **hypothalamus** and **autonomic centers in the reticular formation**. **MCQ**

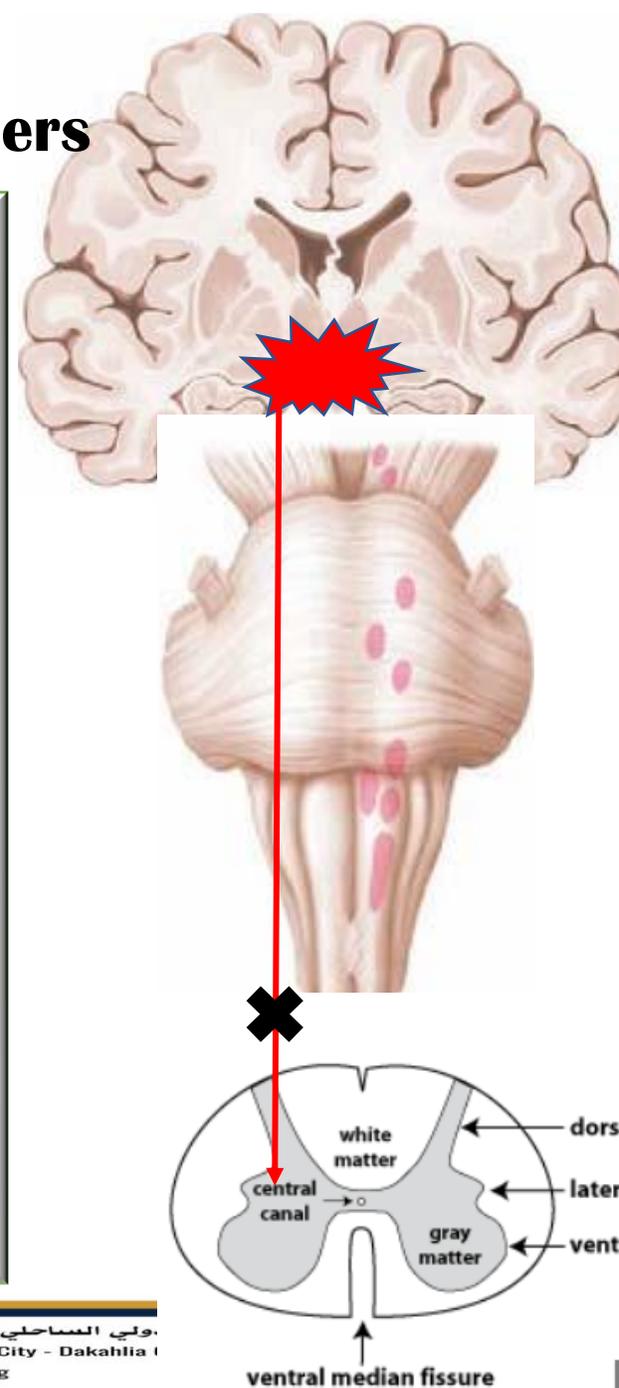
❑ **Termination:**

➤ **Sympathetic nucleus** in the **lateral horn of spinal cord (T₁—L₃)**.

➤ **Sacral parasympathetic nucleus (S₂—S₄)**.

❑ **Lesion:**

➤ **Above T₁** will cause **Horner's syndrome**



Horner's syndrome



- **Ptosis:** paralysis of muller's muscle.
- **Miosis:** constriction of pupil.
- **Anhidrosis:** dry face due to paralysis of sweat glands.
- **Enophthalmos:** retraction of the eyeball.
- **Flushing:** warm and red face

تعديل : نشطب ٥ عشان ما
يكونش إجابتين صح

Quiz

1. **40%** of the corticobulbar fibers from
- A. lower third of primary motor area 4**
 - B. Upper two thirds of primary motor area 4**
 - C. ~~Premotor area~~**
 - D. General sensory area**

Answer: A

Quiz

2. **40%** of the corticospinal fibers from

- A. lower third of primary motor area 4
- B. Upper two thirds of primary motor area 4
- C. Premotor area
- D. General sensory area

Answer: **B**



References for further readings

- Oxford Handbook of Clinical Medicine (3rd edition).
- Gray's anatomy for students
- The Clinical Practice Of Neurological and Neurosurgical Nursing Fourth Edition.

