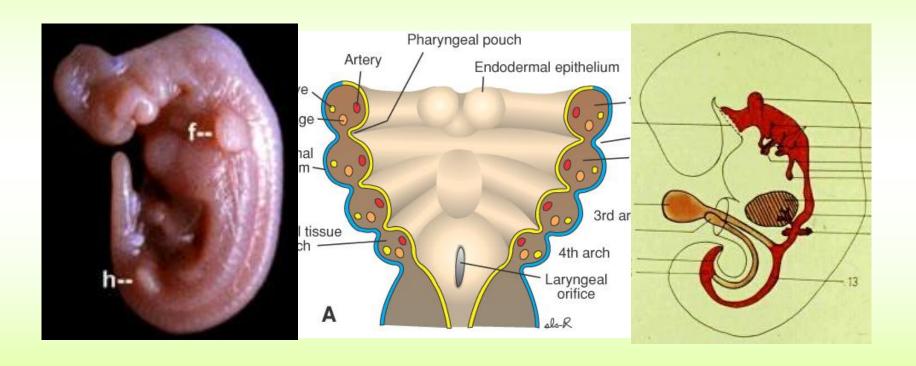
THE BRANCHIAL APPARATUS DEVELOPMENT OF THE TONGUE



Dr. Andrea D Székely

GILLS IN FISH AND AMPHIBIA





They develop from the branchial pouches and fissures where ECTODERM overlies ENDODERM without a 3rd, MESODERMAL, layer between the two.

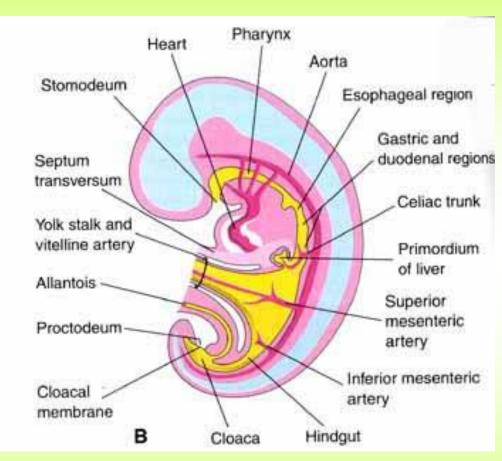
EARLY DEVELOPMENT OF THE FOREGUT

The gastrointestinal tract develops from the primordial gut, formed during the 4th week.

It is closed at its cranial end by the oropharyngeal membrane and at its caudal end by the cloacal membrane.

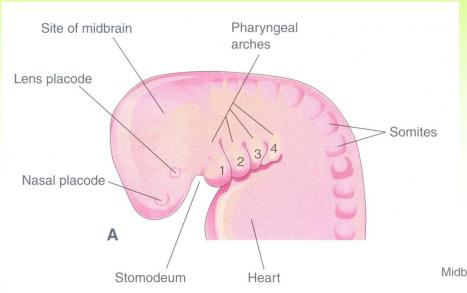
The **endoderm** of primordial gut gives rise the most of the epithelium and glands of the GI tract.

The epithelium at the cranial and caaudal ends of the GI tract is derived from the **ectoderm** of the stomodeum (mouth) and proctodeum (anal pit).

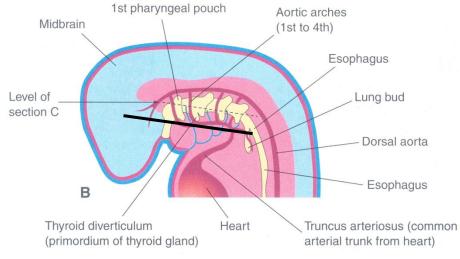


The primitive gut is commonly divided into three parts: foregut, midgut and hindgut

CRANIAL PART OF THE FOREGUT

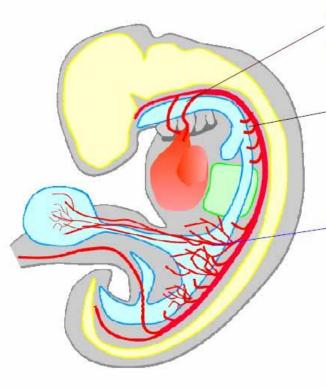


pharynx esophagus respiratory system



BLOOD SUPPLY TO THE FOREGUT, MIDGUT AND HINDGUT

The dorsal aorta supplies arteries to the gut



Aortic arches

- supply the pharynx

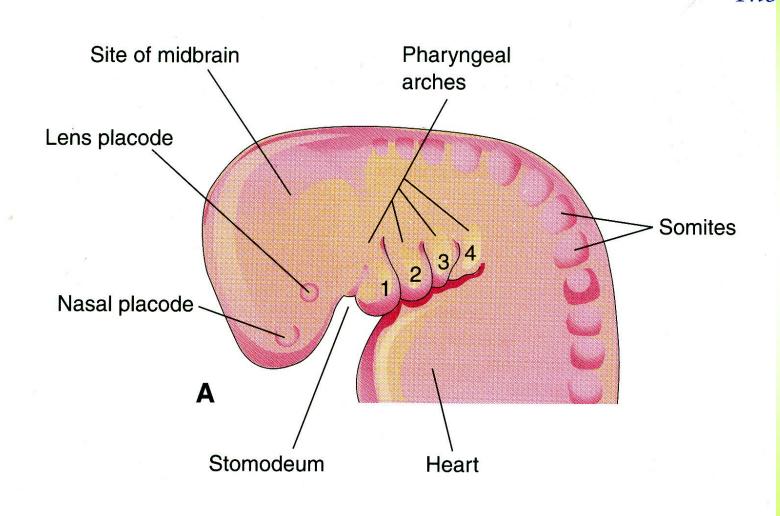
Set of 5 arteries

- supply thoracic part of oesophagus

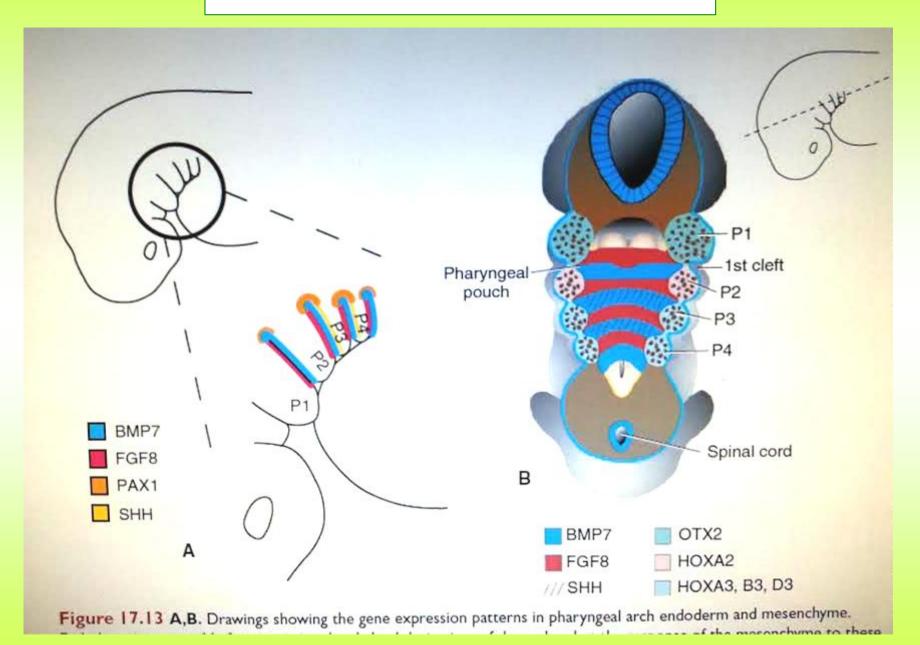
Vitelline arteries

- initially supply the yolk sac and form a plexus around the gut. This develops into the arterial supply of the abdominal part of the gut.

4TH WEEK DEVELOPMENT OF THE PHARYNGEAL ARCHES

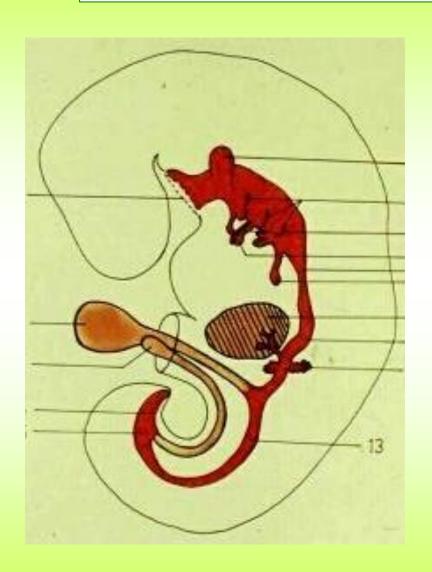


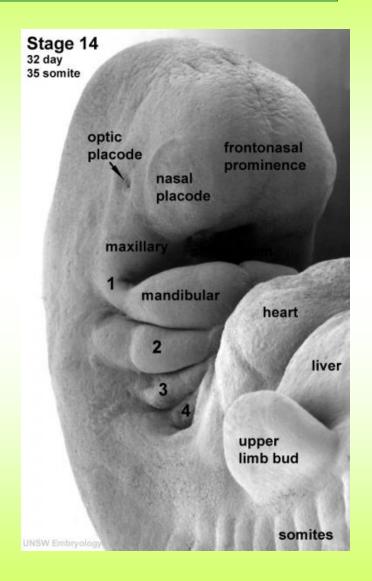
GENE EXPRESSION PATTERN



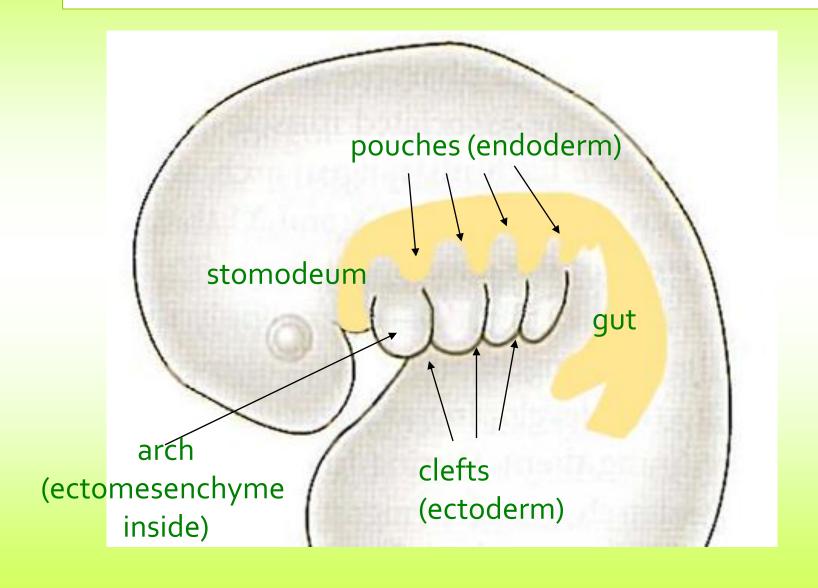
Derivate of phary folds		Arch number	Aortic arch	Cranial nerv	Examples of branchiomeric muscles	Skeletal derivates	Derivates of pharyngeal pouch	
external	hyoid		maxillary artery	V trigeminal	muscles of mastication etc.	malleus,incus spheno- mandibular lig. Meckel cart.	middle ear	
auditory meatus			hyoid, stapedia artery	VII	muscles of facial expression etc.	stapes, styl. proc., stylohyoid lig., part of hyoid cart.	auditory tube	
neck		Ш	internal carotid artery	IX glosso- pharyng.	m. stylopha- ryngeus	parts of hyoid cart.	tonsillar fossa thymus,	
ne		IV	right subclavian artery, aorta	X vagus	pharyngeal and laryngeal musculature	laryngeal cart.	thymus parathyr. gland ultimobranch. body	

PHARYNGEAL (BRANCHIAL) APPARATUS

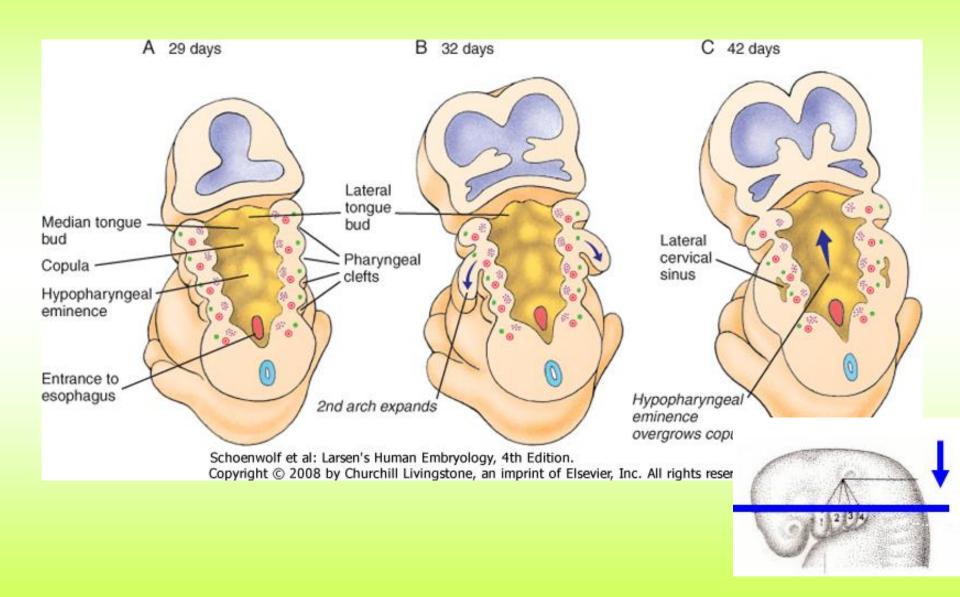




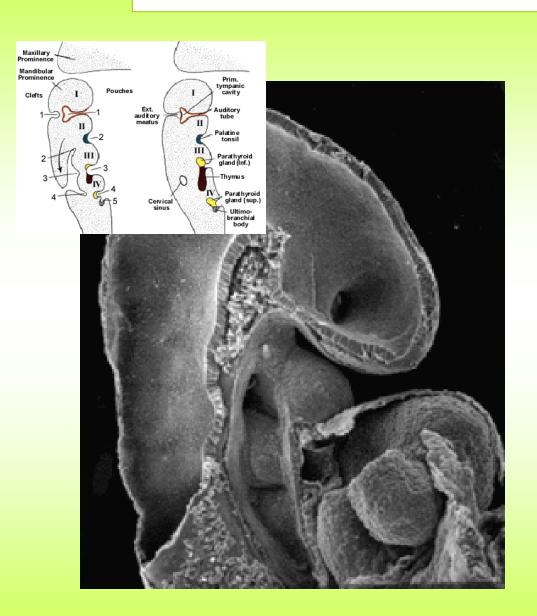
4TH WEEK DEVELOPMENT OF THE PHARYNGEAL ARCHES

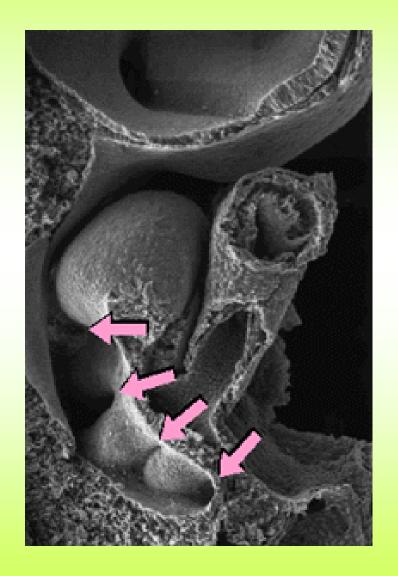


PHARYNGEAL (BRANCHIAL) APPARATUS

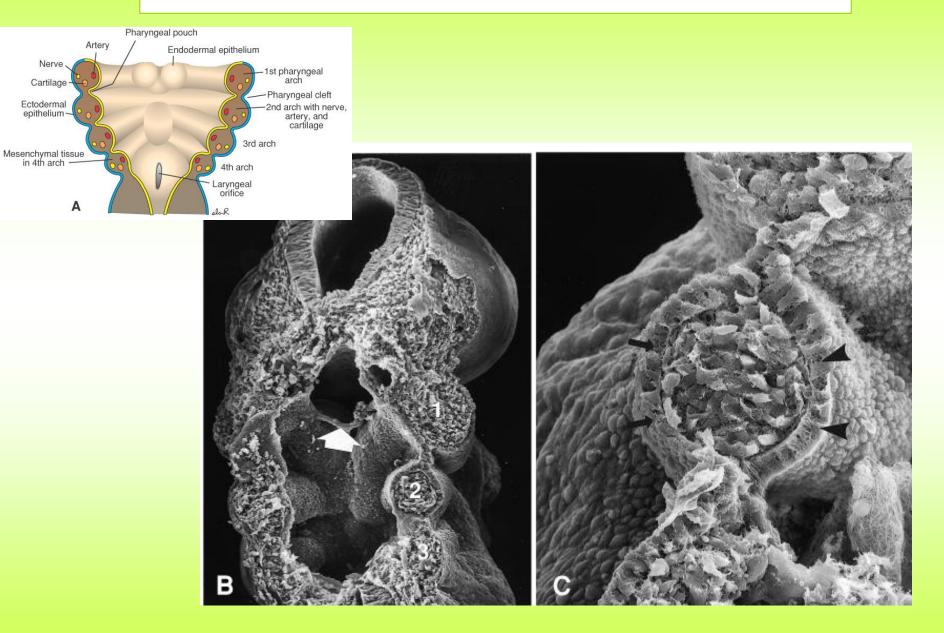


SCANNING EM - PRIMITIVE PHARYNX 1.

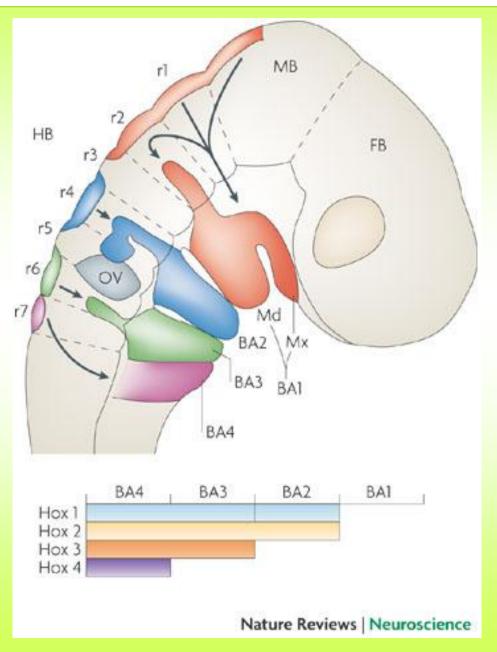




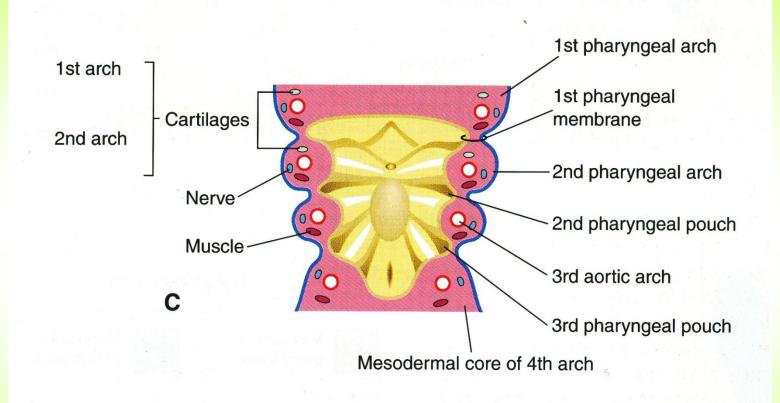
SCANNING EM - PRIMITIVE PHARYNX 2.



PHARYNGEAL APPARATUS HOX genes

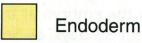


PHARYNGEAL ARCHES, GROOVES AND PHARYNGEAL POUCHES



Germ Layer Derivatives

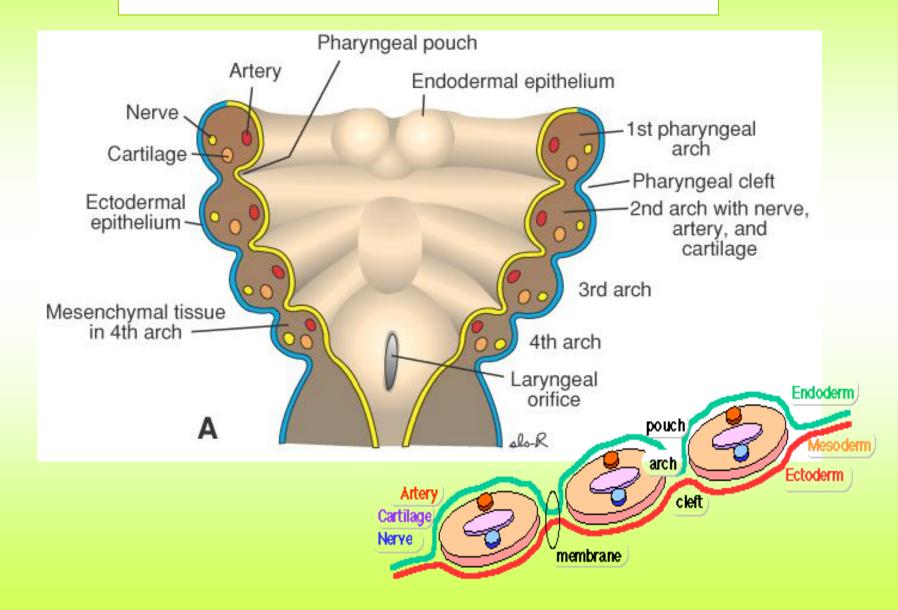






Mesoderm

PHARYNGEAL ARCHES, FISSURES AND POUCHES



PHARYNGEAL POUCHES 1.

1st fissure

external acoustic meatus

1st pouch

auditory tube, tympanal cavity

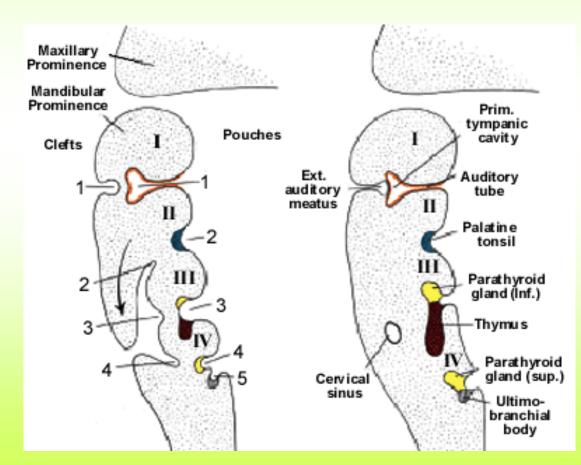
1st membrana obturans (tympanic membrane)

2nd pouch

palatine tonsil—to-be
3rd pouch
4th pouch
parathyroid-to-be
thymus primordium
5th pouch
ultimobranchial body

2nd - 3rd - 4th fissure cervical sinus

tongue Meckel cartilage Reichert cartilage trachea oesophagus



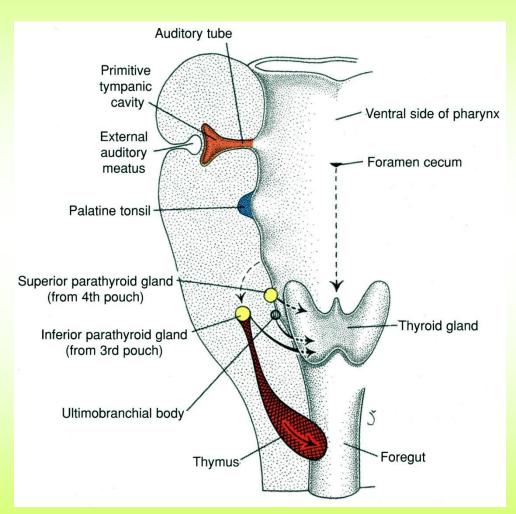
Branchial Apparatus

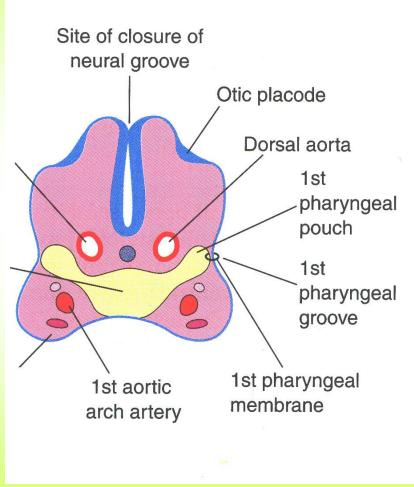
Made by: dr. Karoly Altdorfer and dr. Janos Hanics - Semmelweis University Medical School - Department of Anatomy, Histology and Embryology, Budapest, 2009.

	Mesenchyme Mesenchyme						ctoderm	Endoderm
	Artery	Cartilage ¹	Bone ¹	Ligament ¹	Muscle [‡]	Nerve		
Pharyn- geal arch							Clefts	Pouches
i. (mandi- bular)	(Maxillary artery)	Meckel's (as model for mand(ble)	Mandible (Intramembranous ossification); Maileus; Incus; (*)	Sphenomandi- bular lig.; Ant. lig. of malleus	Mm. of mastification; Tensor tympani; Tensor veil palatini; Mylohyoid; Digastric ant. belly;	Mandibular nerve (V/3.)		
							C1: External ac. meatus; ext. epithelium of tympanic membrane	P1: Auditory tube; Tympanic cavity; Int. epithelium of tympanic membrane
II. (hyold)	(Stapedial artery; Hyold artery)	Reichert's	Stapes; Styloid process; Hyold (lesser horn and upper part of body)	Stylohyold lig.	Muscles of facial expression; Stylchyold; Digastric post. belly; Stapedius; Platysma (from Opercular proc.)	Facial nerve (VII.)		
							C2: (Cervical sinus)	P2: Epithelium of tonsiliar fossa
III.	Internal carotid (prox. part)		Hyold (greater horn and lower part of body)		Pharynx (upper part); Stylopharyngeus	Glossopharyngeal nerve (IX.)		
							C3: (Cervical sinus; Cervical vesicula)	P3: (Thymus) Inferior parathyroid glands
IV.	Left: Arch of aorta; Right: Right subclavian artery (prox. part)	Thyrold cartilage			Pharynx (lower part); Larynx: cricothyroid	Vagus nerve (X.) (Superior laryngeal nerve)		
							C4: (Cervical sinus)	P4: Thymus; Superior parathyroid glands
V. (**)		Thyrold cartilage			Phaynx and larynx muscles (n. XI.: arytenoid)	Vagus nerve (X.) + Accessory nerve (XI.)		
								P5: Ultimobranchial body, C-cells in thyroid gland
VI.	Right: Right pulmonary artery; Left: Left pulmonary artery and ductus art. Botall	Cricold cartilage (?)	3. dasharibas of assaul		Larynx muscles ('Intrinsic')	Vagus nerve (X.) (Recurent laryngeal nerve)		the flori abancana a really this Come

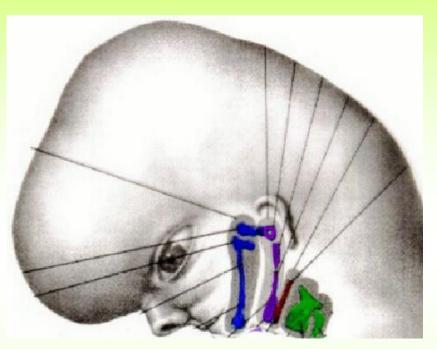
^{1:} derivatives of neural crest (ecto-mesenchyme); 2: derivatives of paraxial mesoderm or somite (mesoderm); (*) partially forms the maxilla (from the maxillary process of the first pharyngeal arch); (**) Some authors don't give derivates for fifth pharyngeal arch but mention them at the sixth pharyngeal arch.

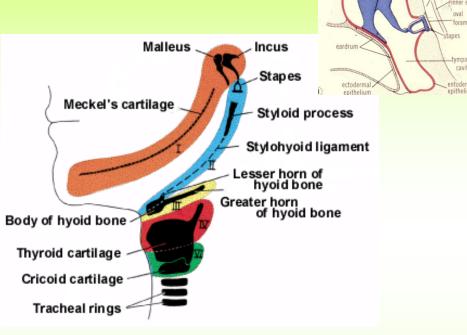
PHARYNGEAL POUCHES 2.





PHARYNGEAL ARCH ES - CARTILAGES





I First (Mandibular)

<u>Arch -</u>

- 1. Malleus
- 2. Incus
- 3. Ant. Ligament

Of malleus

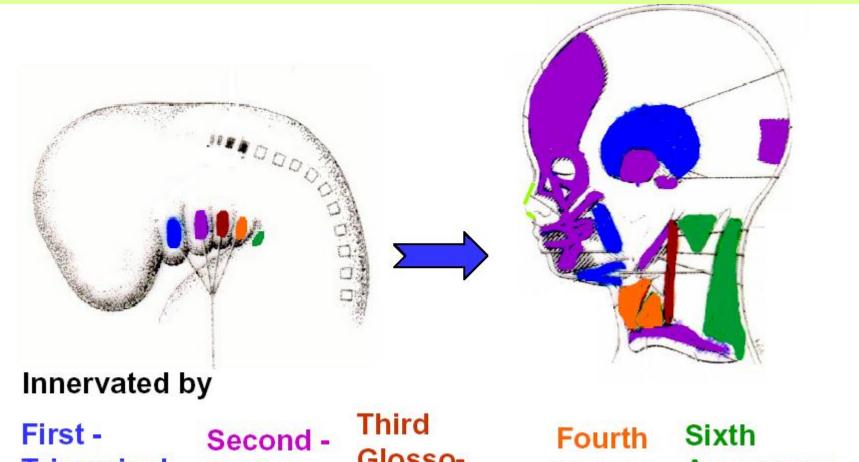
4. Sphenomandibular ligament

II Second (Hyoid) Arch

- 1. Stapes
- 2. Styloid Process
- 3. Stylohyoid Ligament
- 4. Lesser horn, Upper
- 1/2 body Hyoid

III Third Arch -Lower ½ Body, Greater Horn Of hyoid <u>IV Fourth</u> (Sixth) Arch -Cartilages Of larynx

PHARYNGEAL ARCH ES - MUSCLES



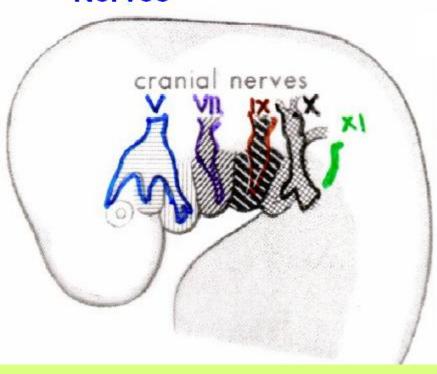
First Trigeminal
V

Second -Facial VII Third Glossopharyngeal IX

Fourth Vagus X Sixth Accessory XI

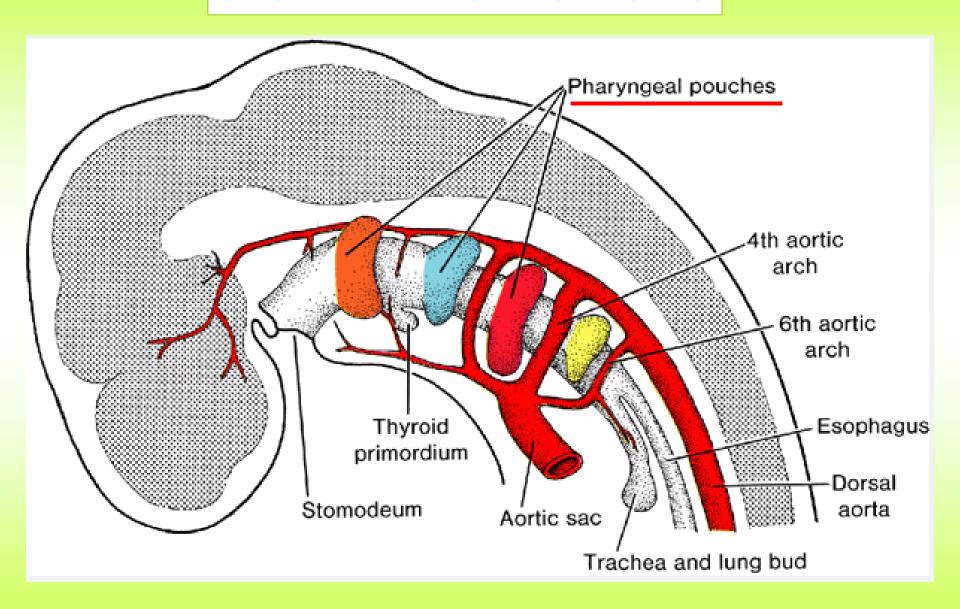
PHARYNGEAL ARCH ES - NERVES

Muscles of Arches are innervated by Cranial Nerves

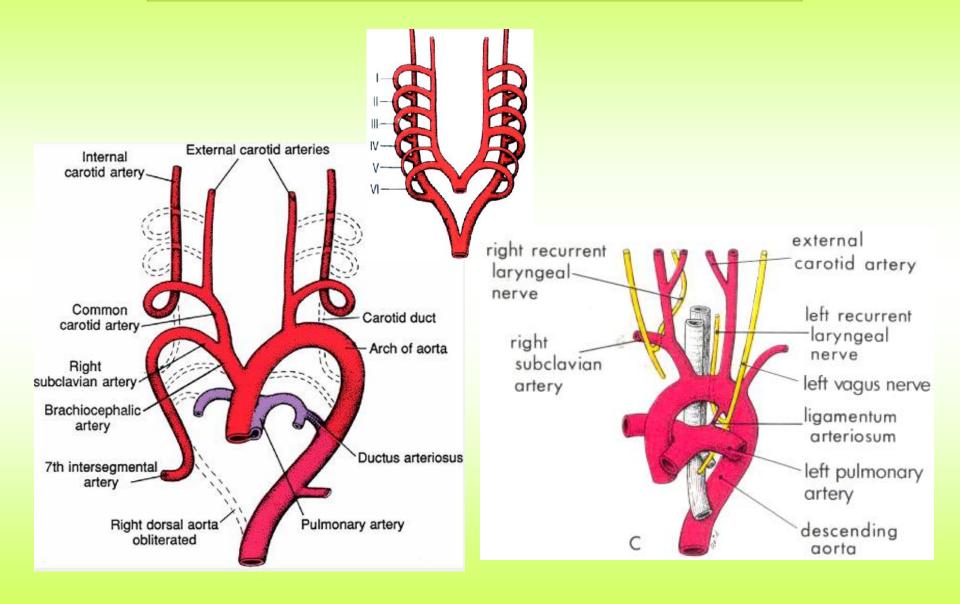


- First Arch Trigeminal
 (V)
- Second Arch Facial (VII)
- Third Arch Glossopharyngeal (IX)
- Fourth Arch Vagus
 (X)
- Caudal Sixth Accessory (XI)

SEGMENTAL AORTIC ARCHES



DERIVATIVES OF THE AORTIC ARCHES



DEVELOPMENT OF THE TONGUE

Anterior 2/3

End of 4th week - 3 protrusions emerge in the floor of the primitive pharynx Derive from the mesenchyme of the 1st cartilage

PAIRED LATERAL TUBERCLE TUBERCULUM IMPAR

The lateral tubercles grow over the tub. impar and fuse in the midline (median lingual sulcus)

POSTERIOR 1/3

Derives from the mesenchyme of the **1st cartilage**

COPULA

from the 2nd branchial arch (ventromedial part)

HYPOBRANCHIAL EMINENCE

from the 3-4th arch (ventromedial part)

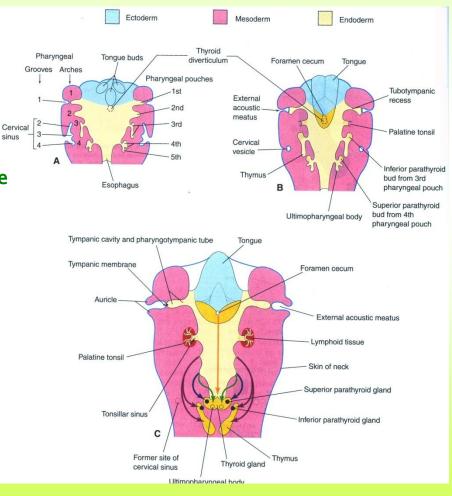
Lingual epithelium

anterior 2/3 ectoderm posterior 1/3 endoderm

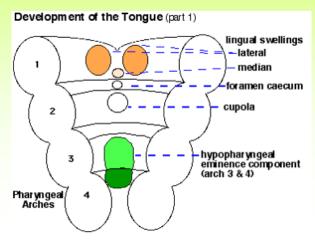
Extrinsic/intrinsic muscles

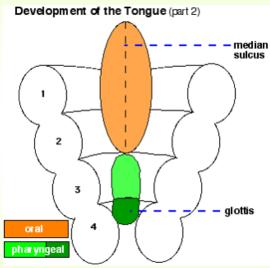
occipital myotomes (CN 12)

CONNECTIVE TISSUE

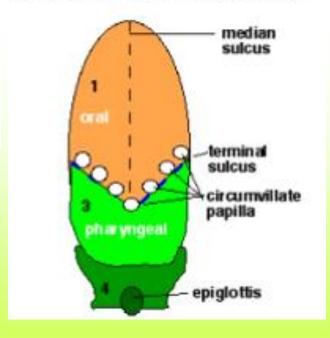


DEVELOPMENT OF THE TONGUE

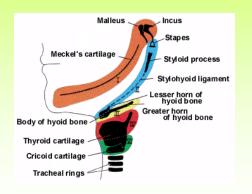




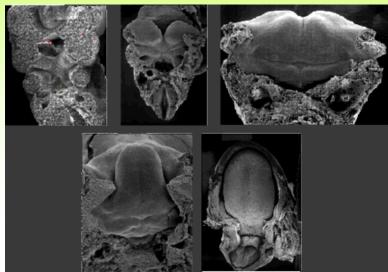
Development of the Tongue (part 3)

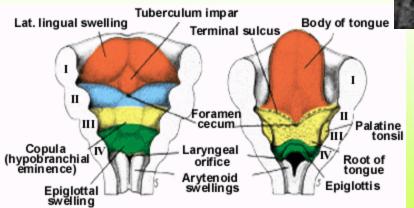


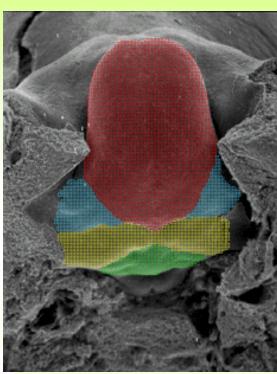
SCANNING EM - LINGUAL PRIMORDIA













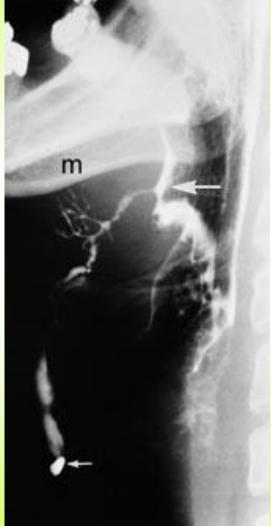
SUMMARY TABLE OF THE LINGUAL DIVISIONS &NERVES

Tongue Primordia	Pharyngeal Arch	Cranial Nerve	Derivatives
Tuberculum impar & lateral lingual swellings	1 st arch	CN 5/3	Connective tissue of tongue carrying CN 5/3 (lingual nerve, general sensation) + Mucosa of anterior 2/3 of tongue lies above this part (ECTODERM!)
	2 nd arch	CN 7(chorda tympani)	Connective tissue of tongue carrying CN 7 (chorda tympani) taste - anterior 2/3 of tongue
Copula and hypopharyngeal (hypobranchial)	3 rd and 4 th arches	CN 9 and CN 10	Connective tissue of the tongue General sensation and taste in the posterior 1/3 of tongue (CN9) General sensation and taste at the epiglottis
eminence		CIVIO	(CN10) +Mucosa of posterior 1/3 of tongue lies above this part (ENDODERM!)
Occipital somites		CN 12	all intrinsic tongue muscles; all extrinsic tongue muscles (except for palatoglossus)

DEVELOPMENTAL MALFORMATIONS 1.

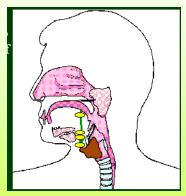
Ductus thyreoglossus - a duct penetrates the mesenchyme from the foramen cecum, which by bifurcating forms the 2 lobes of the thyroid gland. In case the lumen of the duct does not disappear (ductus thyreoglossus persistens) it may contribute to the formation of median cervical cysts. They often form fistules too.









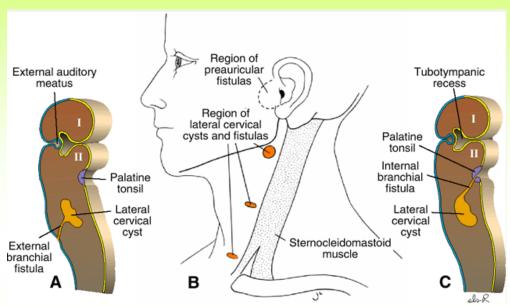


DEVELOPMENTAL MALFORMATIONS 2.

IF the cervical sinus persists fistules and/or cysts may be produced.

They will open along the sternocleidomastoid muscle.







FISTULIZATION

