

Sexta passada      Aula de HOJE

As Estruturas Faciais derivam primariamente dos Arcos Branquiais

Os Arcos Branquiais são separados por Fendas

O ESTOMODEU (ou boca primitiva) se forma após o rompimento da MEMBRANA BUCOFARÍNGEA

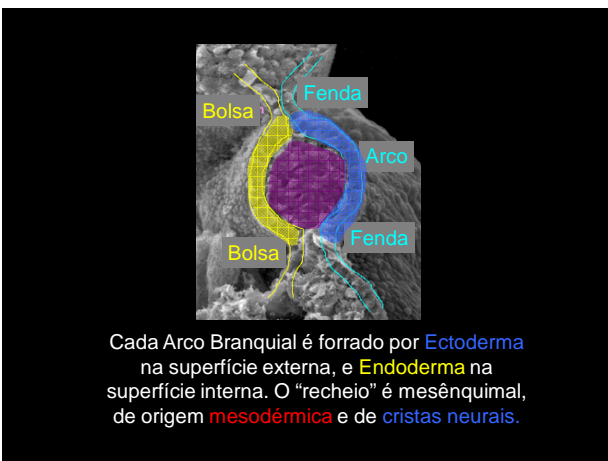
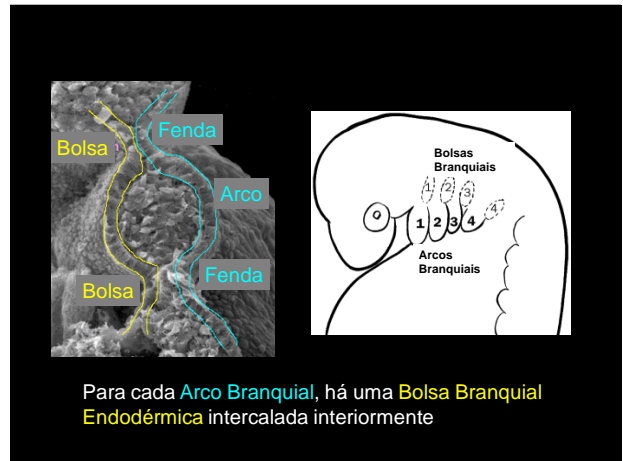
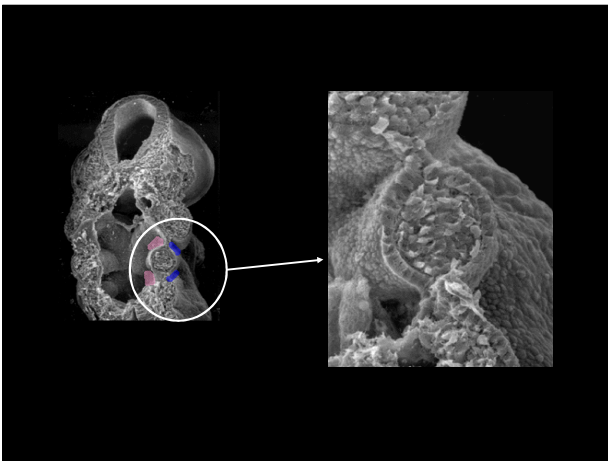
O ESTOMODEU (ou boca primitiva) se forma após o rompimento da MEMBRANA BUCOFARÍNGEA

A membrana bucofaríngea é formada por:

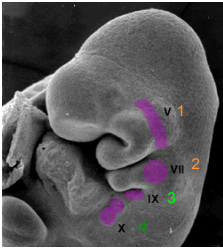
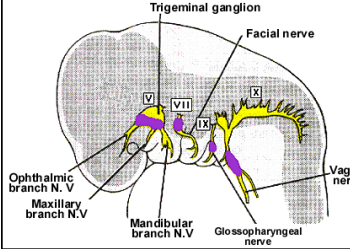
- a) Ecto, meso e endoderma
- b) Ectoderma
- c) Ecto e endoderma
- d) Mesoderma e Mesênquima

A membrana bucofaríngea é formada por:

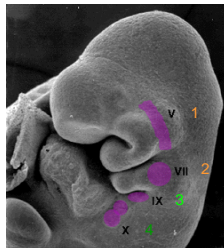
- a) Ecto, meso e endoderma
- b) Ectoderma
- c) Ecto e endoderma**
- d) Mesoderma e Mesênquima



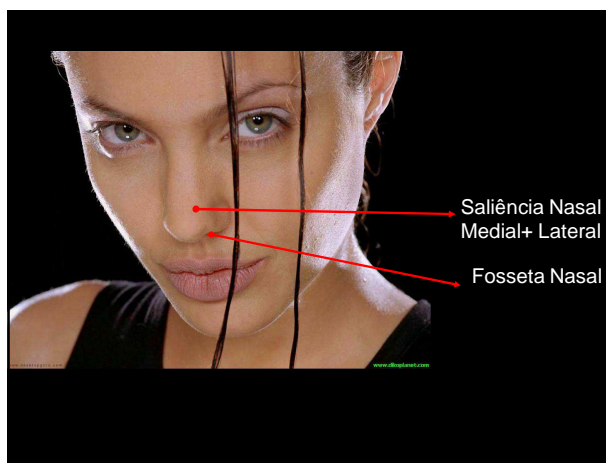
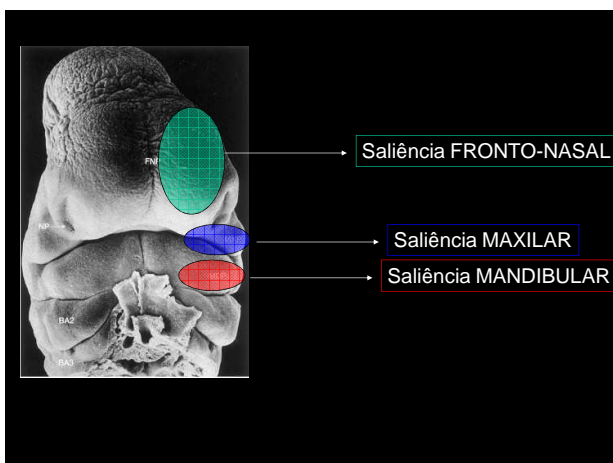
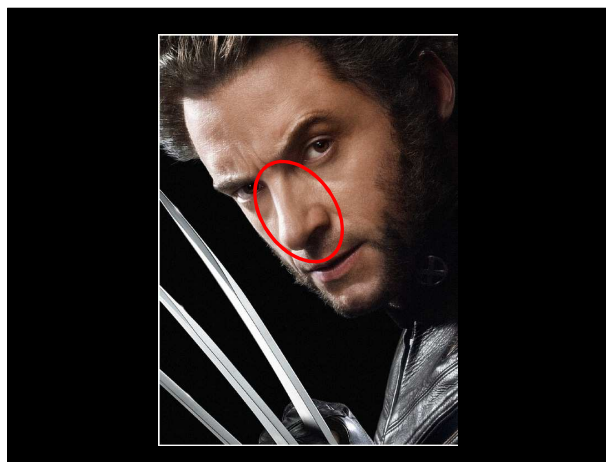
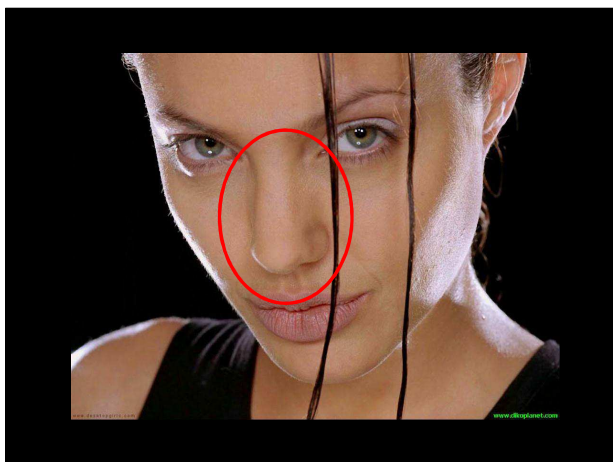
A correspondência de cada Arco Branquial a um nervo craniano

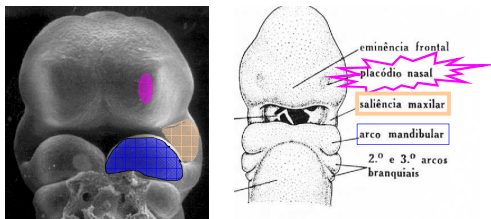
Arco	Nervo
1	V= Trigeminal
2	VII=facial
3	IX=Glossofaríngeo
4	X=Vago



ARCO	Ouvido/ Orelha	Nariz	Palato	Língua
Eminência Frontal (0)				
1 (V)				
2 (VII)				
3 (IX)				
4 (X)				

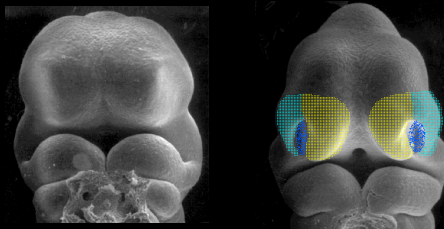


O Placódio Nasal fica na Eminência Frontal



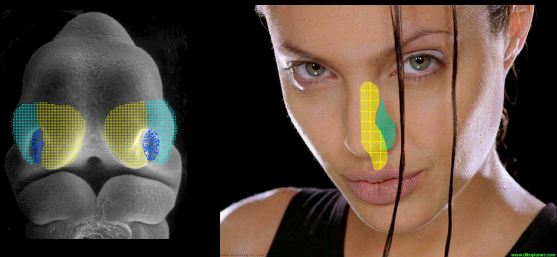
Obs: Arco Mandibular = arco branquial 1

Invaginação do Placódio Nasal



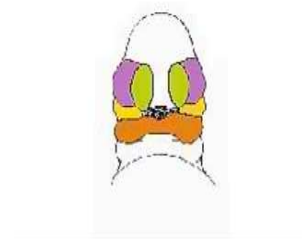
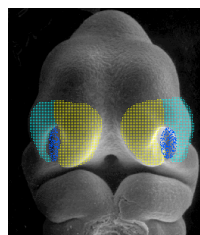
A invaginação forma a Saliência Nasal:   
 Saliência Nasal Medial   
 Saliência Nasal Lateral   
 Fosseta Nasal

As Saliências Nasais Mediais se Fundem, formando o Nariz e definindo o Lábio Superior

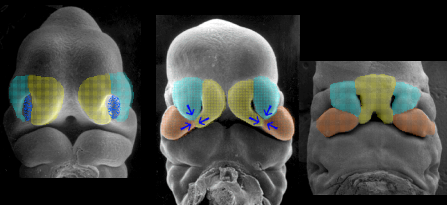


Saliência Nasal Medial   
 Saliência Nasal Lateral

<http://www.biomed2.man.ac.uk/ugrad/biomedical/calpage/sproject/rob/week4.html>

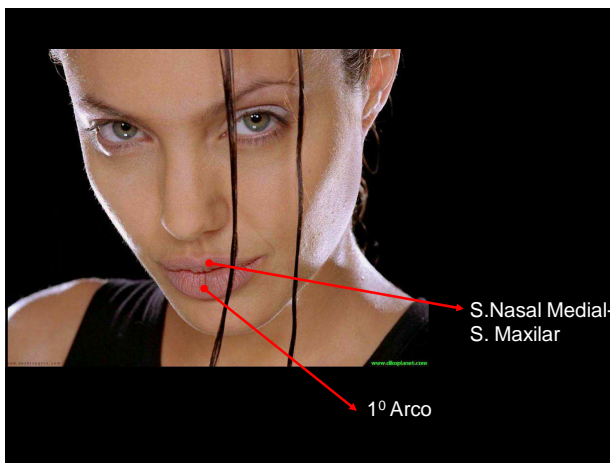


As Saliências Nasais Mediais se Fundem, formando o Nariz e definindo o Lábio Superior

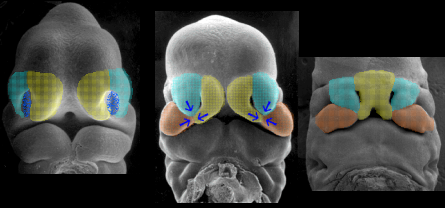


Saliência Nasal Medial   
 Saliência Nasal Lateral   
 Processo Maxilar

<http://www.biomed2.man.ac.uk/ugrad/biomedical/calpage/sproject/rob/week4.html>



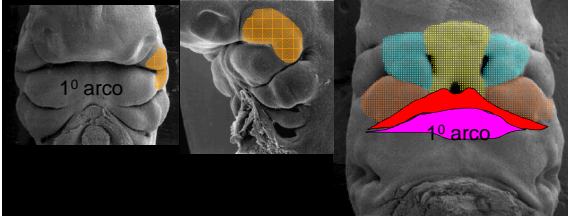
As Saliências Nasais Mediais se Fundem, formando o Nariz e definindo a parte central do Lábio Superior



Saliência Nasal Medial  
Saliência Nasal Lateral  
Processo Maxilar

<http://www.biomed2.man.ac.uk/ugrad/biomedical/calpage/sproject/rob/week4.html>

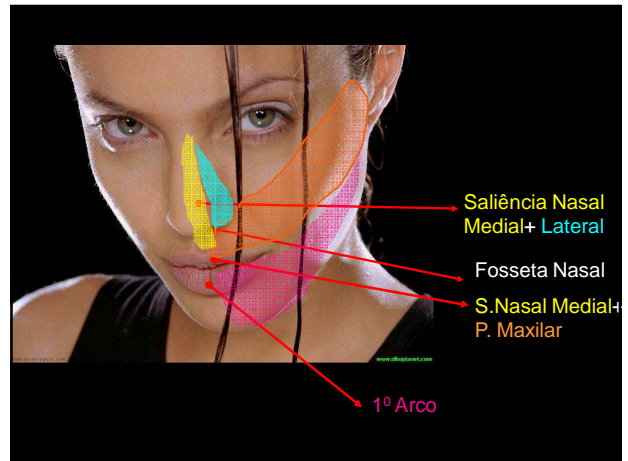
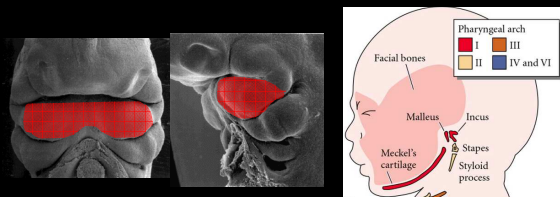
O lábio Superior é formado pela Saliência Nasal Medial+Processo Maxilar



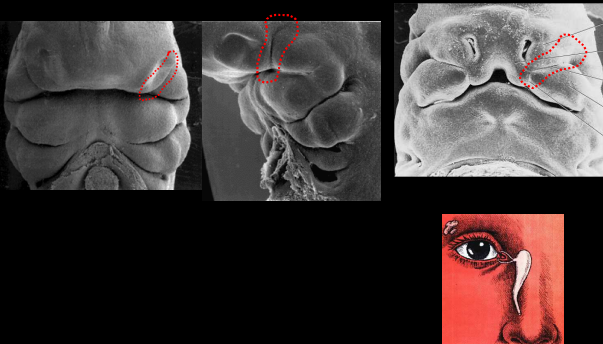
Dica : O Lábio Inferior vem da saliência Mandibular (= 1º arco)



O Primeiro Arco Branquial dá origem ao LÁBIO INFERIOR e ao OSSO MANDIBULAR



O **SULCO NASOLACRIMAL** forma a DUTO LACRIMAL

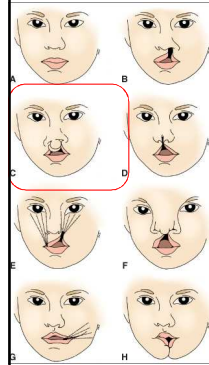


Estão implicados no desenvolvimento da face:

- a) primeiro arco e o processo frontonasal
- b) segundo arco e o processo frontonasal
- c) exclusivamente o primeiro arco branquial
- d) o primeiro segundo e terceiro arcos

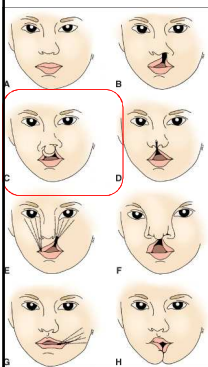
Estão implicados no desenvolvimento da face:

- a) primeiro arco e o processo frontonasal
- b) segundo arco e o processo frontonasal
- c) exclusivamente o primeiro arco branquial
- d) o primeiro segundo e terceiro arcos



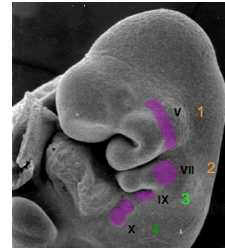
Defeito na fusão de:

- A) Saliência nasal Medial esq e dir.
- B) Saliência Nasal Medial e Proeminência Maxilar
- C) Primeiro arco branquial
- D) Saliência nasal Medial e lateral (ambos lados)

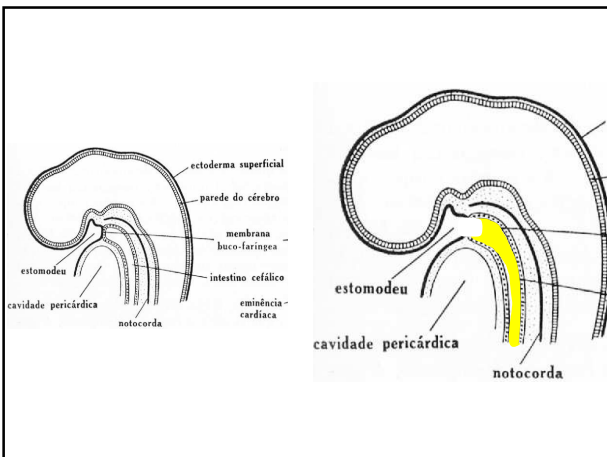


Defeito na fusão de:

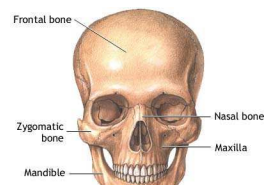
- A) Saliência nasal Medial esq e dir.
- B) Saliência Nasal Medial e Proeminência Maxilar
- C) Primeiro arco branquial
- D) Saliência nasal Medial I e lateral (ambos lados)

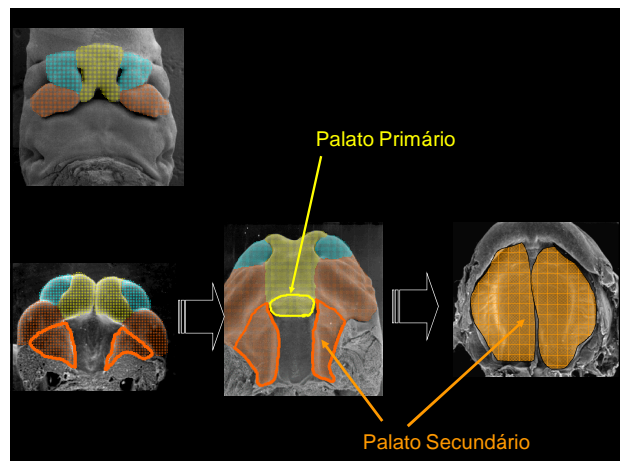
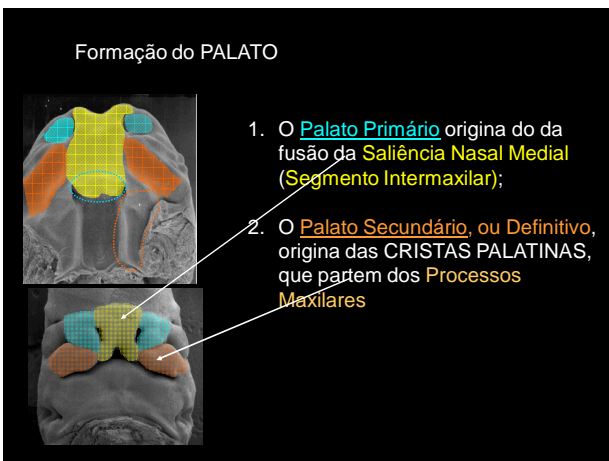
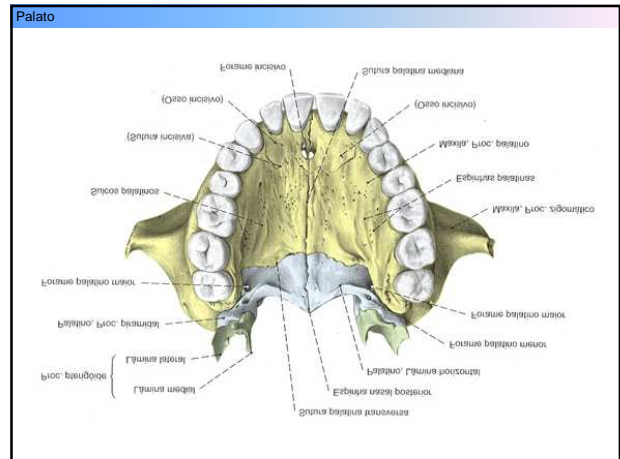
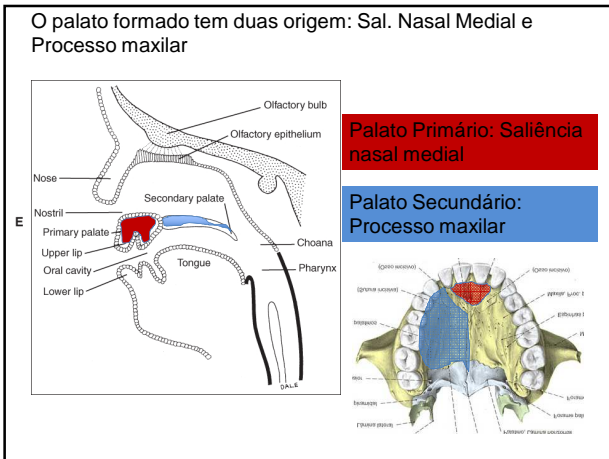
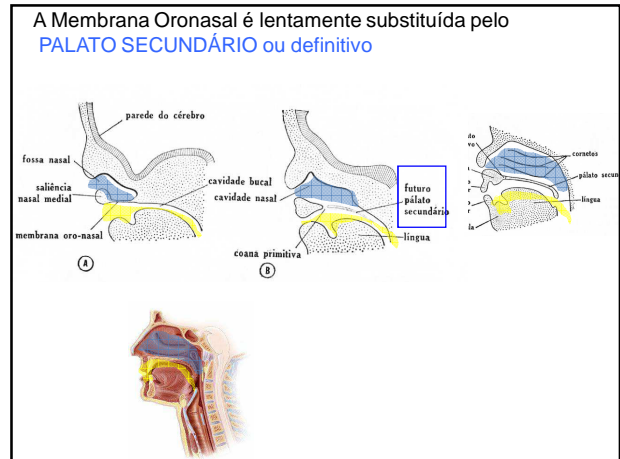
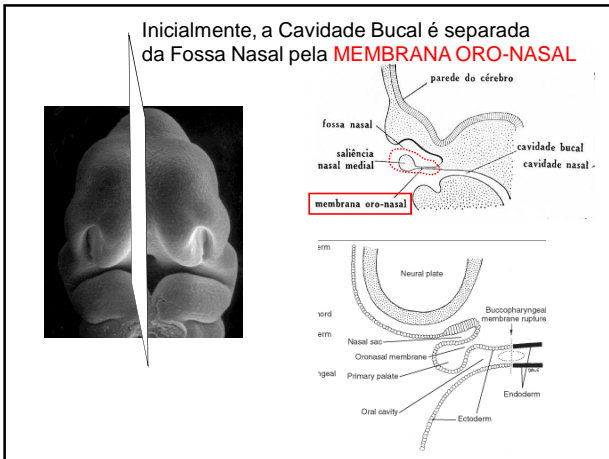


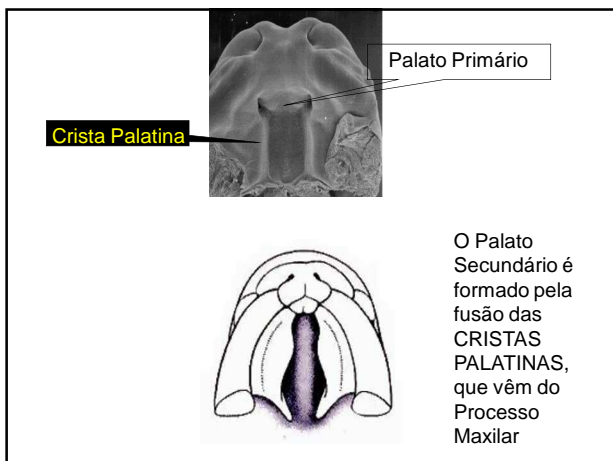
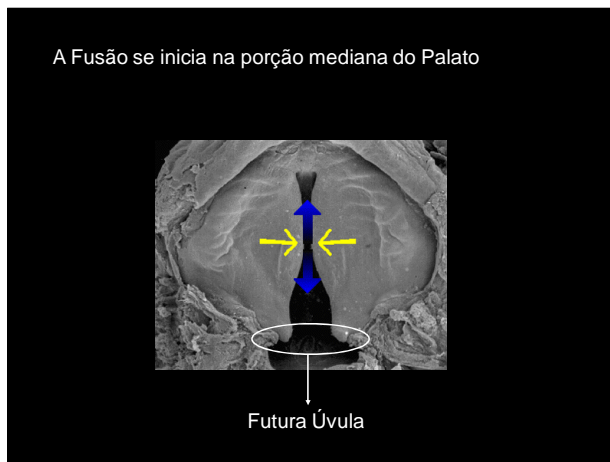
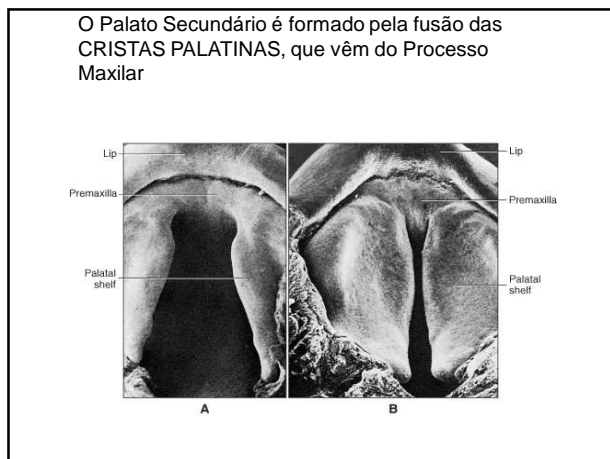
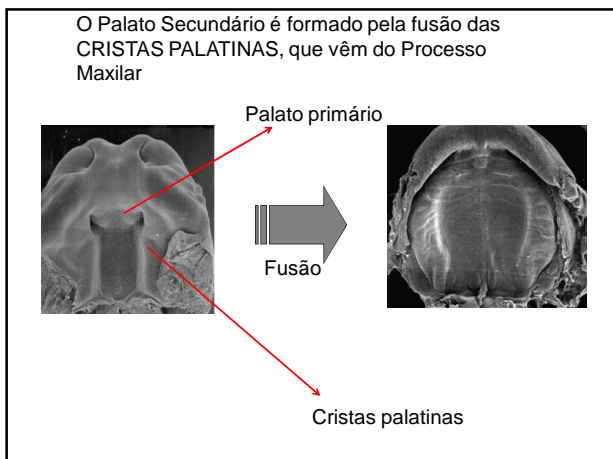
ARCO	Ouvido/Orelha	Nariz	Palato	Língua
Eminência Frontal (0)		Fossetas Nasais		
Processo maxilar		Lábio Superior		
1 (V)		Lábio Inferior, Mandíbula		
2 (VII)				
3 (IX)				
4 (X)				



A cavidade nasal é separada da oral pelo palato

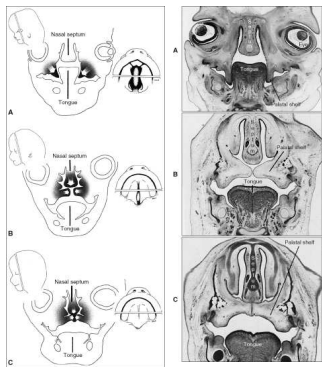








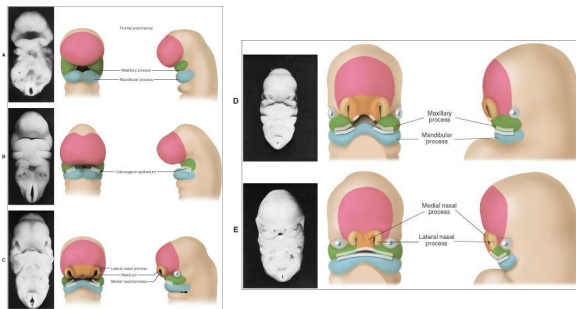
o Palato Secundário é formado pela fusão das CRISTAS PALATINAS, que vêm do Processo Maxilar



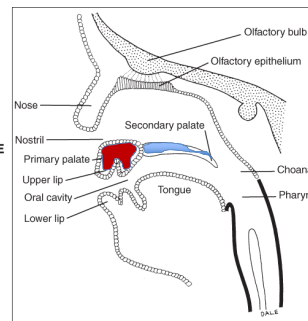
A linha de fusão fica na região mediana do palato



Os precursores dentais acompanham o desenvolvimento da maxila e mandíbula

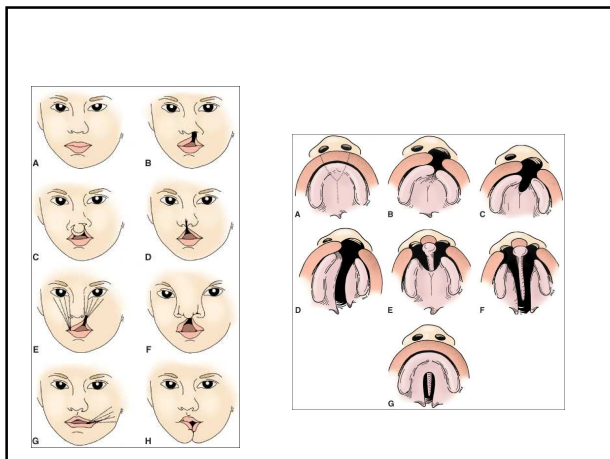
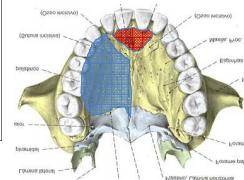


O palato formado tem duas origens: Sal. Nasal Medial e Processo maxilar

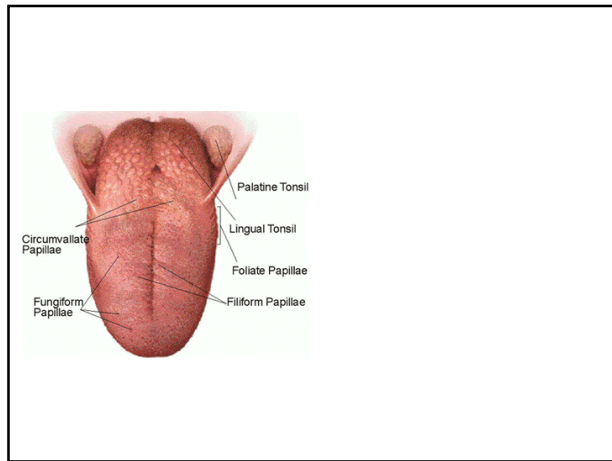
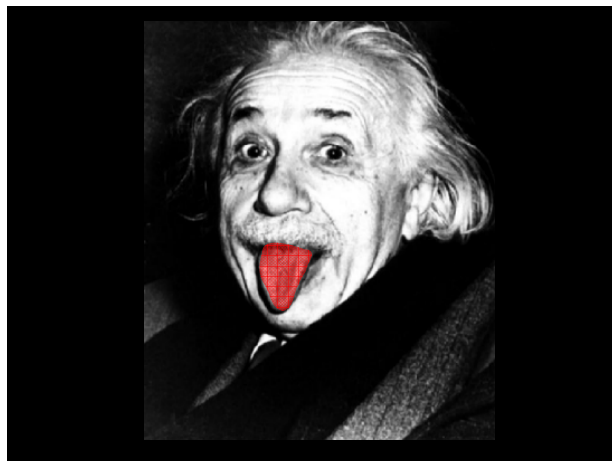
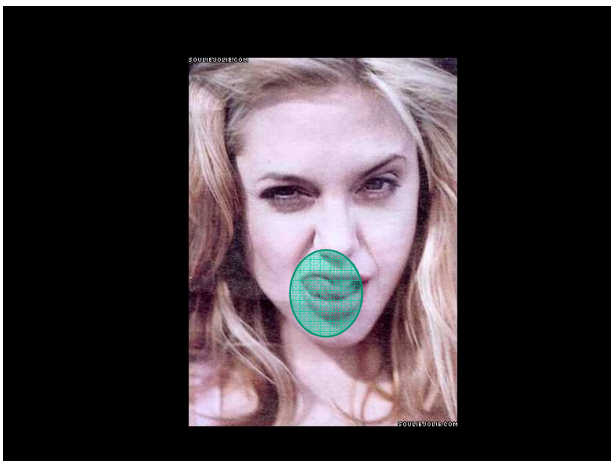


Palato Primário: Saliência nasal medial

Palato Secundário: Processo maxilar



ARCO	Ouvido/Orelha	Nariz	Palato	Língua
Eminência Frontal (0)		Placódios Nasais		
Processo maxilar			Cristas Palatinas	
1 (V)		Lábio Inferior, Mandíbula		
2 (VII)				
3 (IX)				
4 (X)				



Como ocorre a inervação sensitiva da língua?

Nervo Craniano X

Nervo Craniano IX

Nervo Craniano V e VII

Arco	Nervo
1	V= Trigeminal
2	VII=facial
3	IX=Glossofaríngeo
4	X=Vago

A correspondência de cada Arco Branquial a um nervo craniano

Arco	Nervo
1	V= Trigeminal
2	VII=facial
3	IX=Glossofaríngeo
4	X=Vago

Como ocorre a inervação sensitiva da língua?

Nervo Craniano X= arco 4  
 Nervo Craniano IX = arco 3  
 Nervo Craniano V e VII = arco 1+2

Arco	Nervo
1	V= Trigeminal
2	VII=facial
3	IX=Glossofaríngeo
4	X=Vago

Origens Embrionárias dos tecidos da língua:

Mucosa: Bolsas Branquiais = ENDODERMA  
 Músculo: MESODERMA

A língua é formada pela fusão de componentes do 1º, 3º e 4º Arcos Branquiais

Palatine Tons  
 Lingual Tonsil  
 Foliate Papillae  
 Filiform Papillae  
 Circumvallate Papillae  
 Fungiform Papillae  
 Sulco Mediano  
 median sulcus  
 terminal sulcus  
 circumvallate papilla  
 epiglottis

lingual sulcus  
 pharyngeal pouch

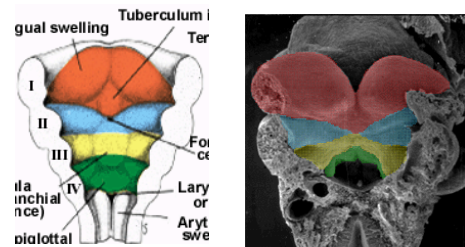
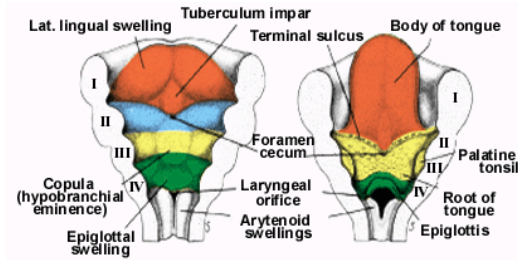
Development of the Tongue (part 1)

lingual sulcus  
 pharyngeal pouch  
 pharyngeal cleft

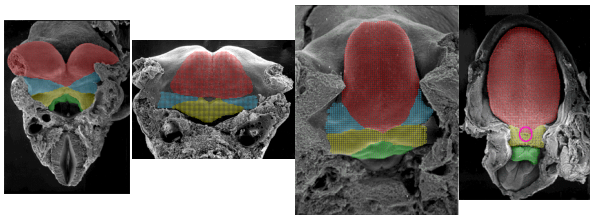
Development of the Tongue (part 2)

median sulcus  
 terminal sulcus  
 circumvallate papilla  
 epiglottis

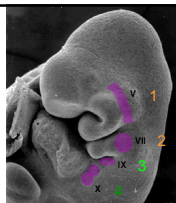
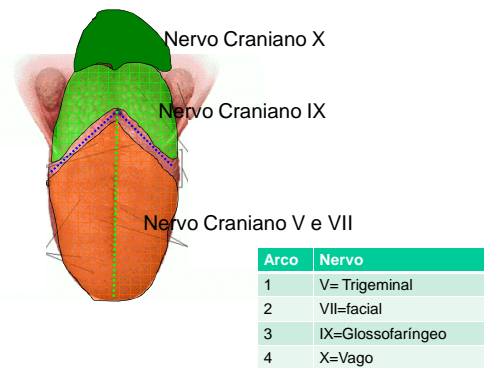
E o SEGUNDO Arco Branquial???



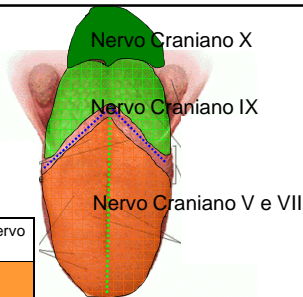
O Crescimento da Eminência Hipobranquial COBRE o segundo arco Branquial



Como ocorre a inervação sensitiva da língua?

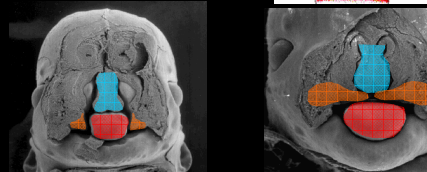
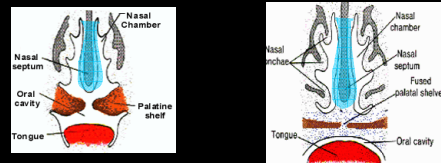


Arco			Nervo
1	Saliência Lingual Lat.	CORPO	V
2			VII
3	Eminência Hipobranquial	BASE	IX
4	Epiglote	Epiglote	X

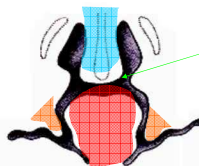


V= Trigeminal  
VII=Facial  
IX= Glossofaríngeo  
X=Vago

Frontalmente, as **Cristas Palatinas** crescem primeiro em direção à **Língua**, mas depois sobem e se fundem com o **Septo Nasal**

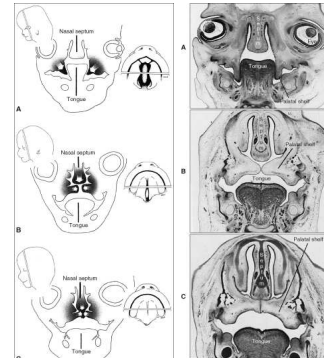


Frontalmente, as **Cristas Palatinas** crescem primeiro em direção à **Língua**, mas depois se fundem com o **Septo Nasal**



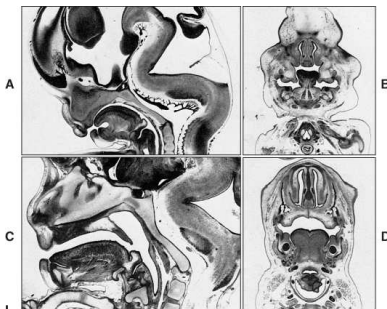
Cavidade oronasal

Frontalmente, as **Cristas Palatinas** crescem primeiro em direção à **Língua**, mas depois se fundem com o **Septo Nasal**



Visão frontal

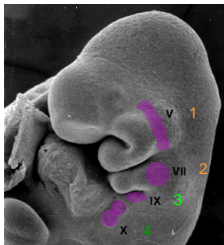
Durante o desenvolvimento da língua, o embrião levanta a cabeça, permitindo a expansão da língua e da mandíbula



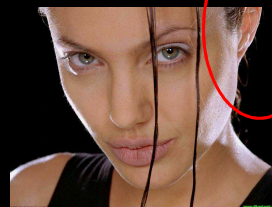
Visão lateral



[filme](#)



ARCO	Ouvido/Orelha	Nariz	Palato	Língua
Eminência Frontal (0)		Fossetas Nasais		
Processo maxilar		Lábio Superior	Cristas Palatinas	
1 (V)		Lábio Inferior, Mandíbula		Corpo
2 (VII)				Corpo
3 (IX)				Base
4 (X)				Epiglote





Os **placódios óticos/auditivos** surgem no **ECTODERMA** perto do **SEGUNDO arco branquial**

O Pavilhão auditivo é formado do 1º e 2º arcos

Filme do Pavilhão

Durante o desenvolvimento o pavilhão auditivo migra dorsalmente e anteriormente

Embryo Stage 15-22  
Head

Note images not to scale  
M.A. Hill, 2000

A CAVIDADE TIMPÂNICA é formado a partir de uma evaginação da **PRIMEIRA BOLSA BRANQUIAL**

O CANAL AUDITIVO é formado a partir de uma invaginação da PRIMEIRA FENDA BRANQUIAL

Primeira Fenda Branquial

Primeira Bolsa Branquial

Canal Auditivo Externo  
Cavidade Timpânica  
Trompa de Eustáquio

Os ossos timpânicos se formam do mesênquima do PRIMEIRO e SEGUNDO ARCO BRANQUIAL

Pharyngeal arch

ARCO I → MARTELO BIGORNA

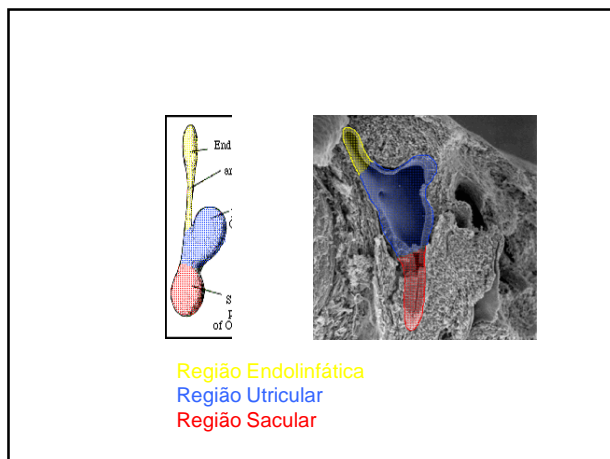
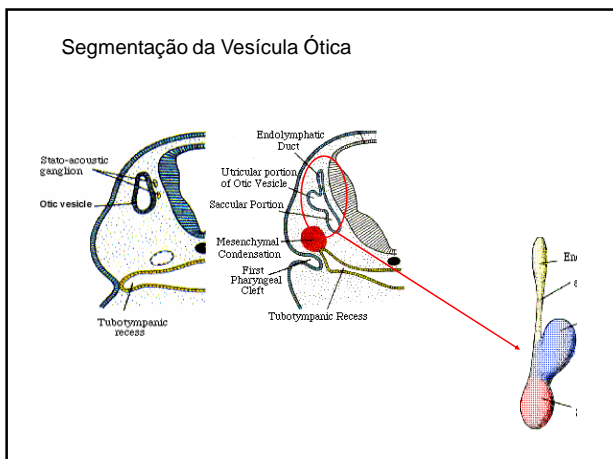
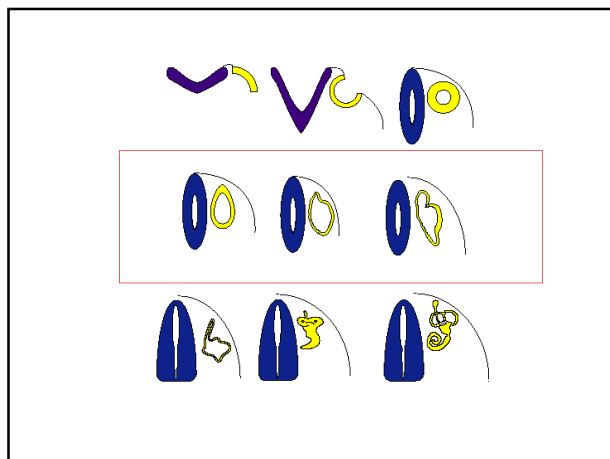
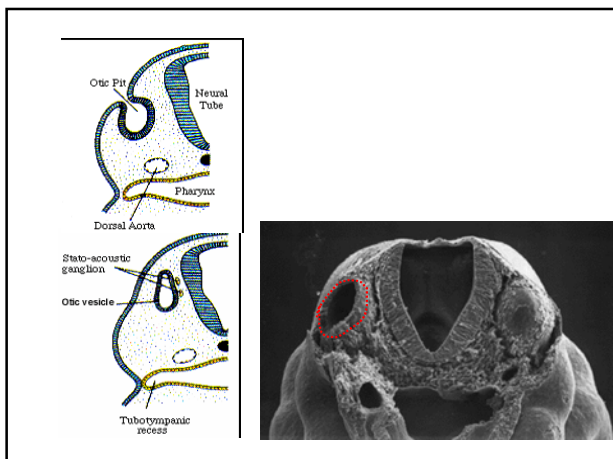
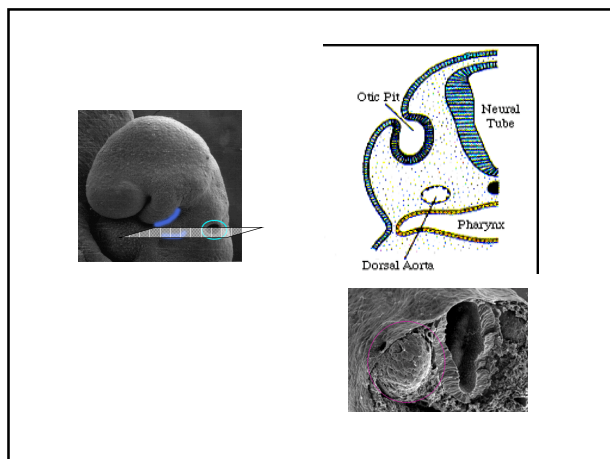
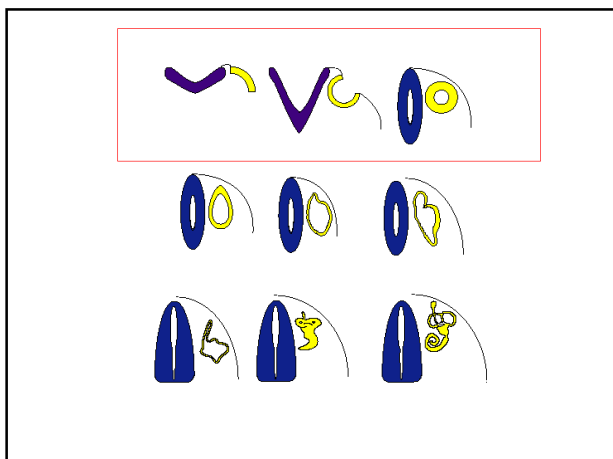
ARCO II → ESTRIBO

Os placódios óticos/auditivos surgem no ECTODERMA perto do SEGUNDO arco branquial

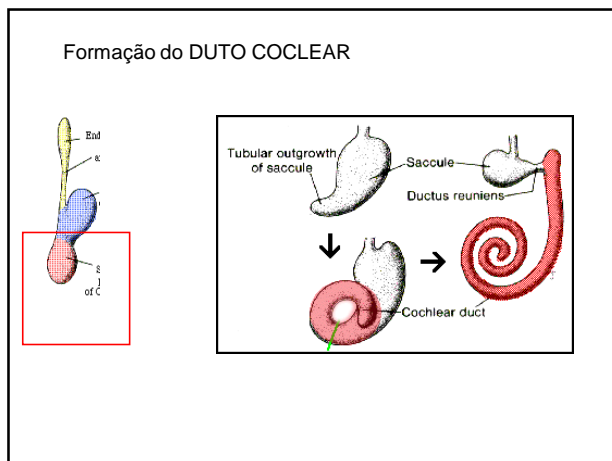
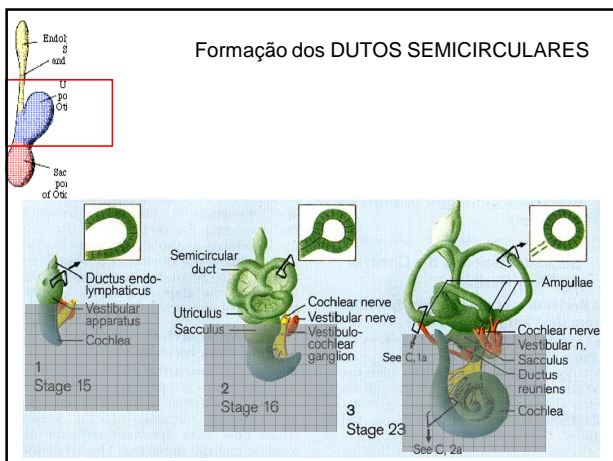
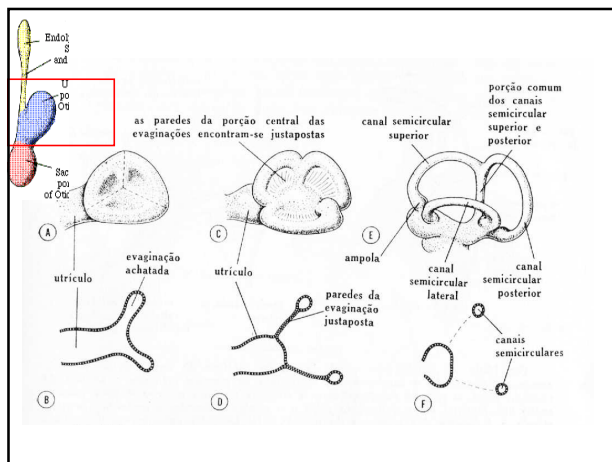
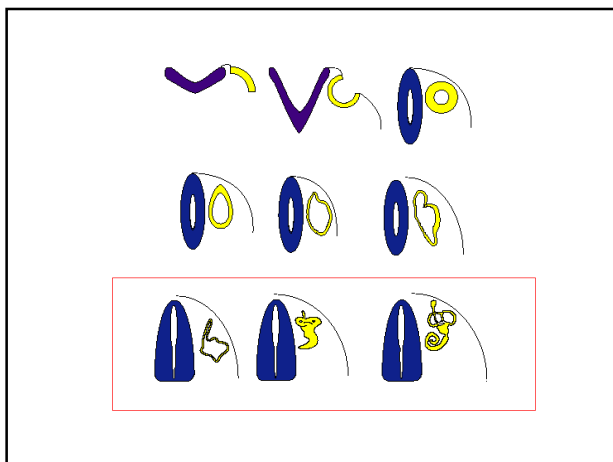
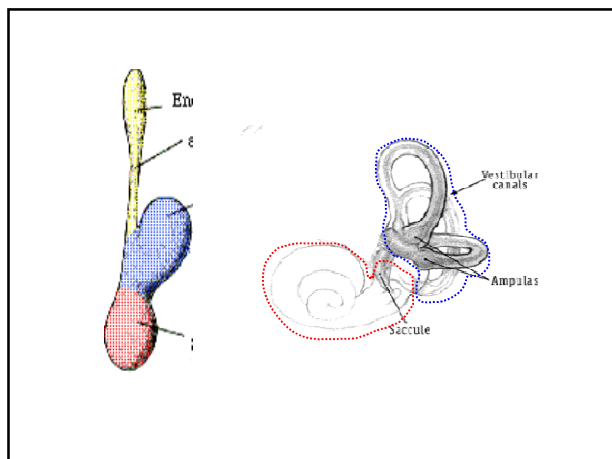
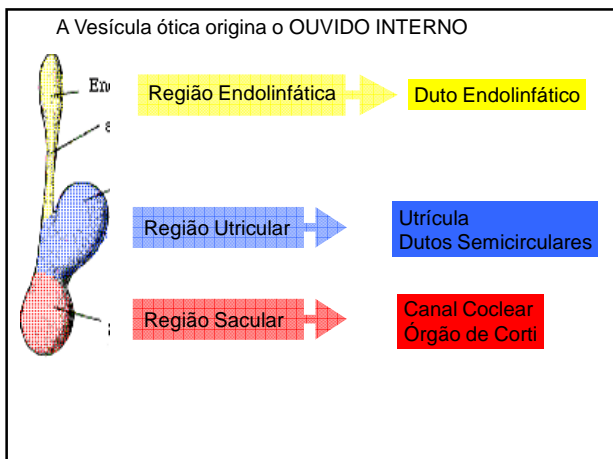
Durante o desenvolvimento o ouvido interno sai da superfície e se aprofunda no corpo

Embryo Stage 15-22  
Head

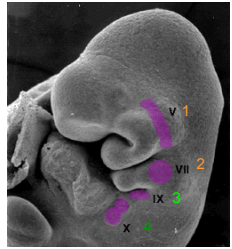
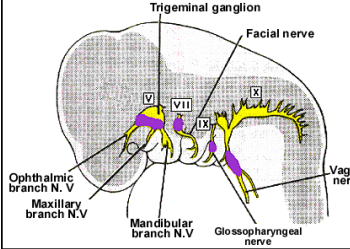
Note images not to scale  
M.A. Hill, 2000



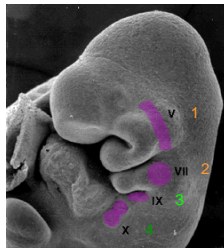




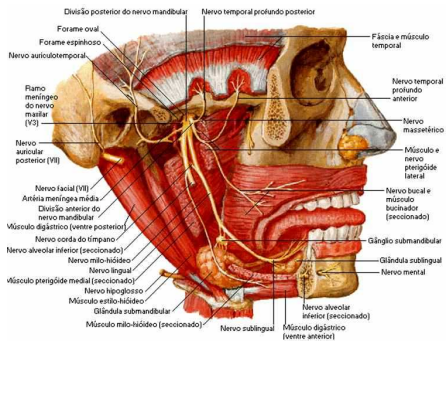
A correspondência de cada Arco Branquial a um nervo craniano

Arco	Nervo
1	V= Trigeminal
2	VII=facial
3	IX=Glossofaríngeo
4	X=Vago



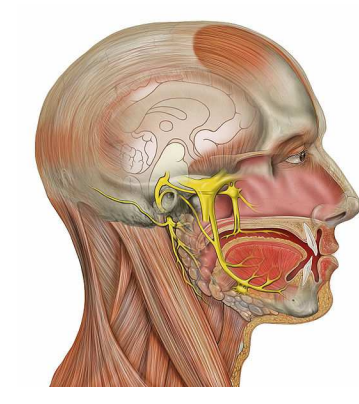
ARCO	Ouvido/Orelha	Nariz	Palato	Língua
<b>Eminência Frontal (0)</b>		Placódios Nasais	Cristas Palatinas	
1	Martelo Bigorna Pavilhão	Lábio Inferior, Mandíbula		Corpo
2	Estríbo Pavilhão			Corpo
3				Base
4				Epiglote



**TRIGEMINAL (V) INERVA:**

- Músculos da mastigação
- Tensor do Palato
- Sublingual

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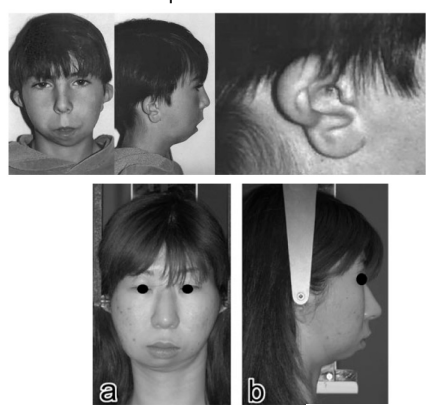


**TRIGEMINAL (V) INERVA:**

- Músculos da Expressão Facial

ARCO	Ouvido/Or elha	Nariz	Palato	Língua	NERVO	Músculos
<b>Eminência Frontal (0)</b>		Placódios Nasais	Cristas Palatinas			
1	Martelo Bigorna Pavilhão	Lábio Inferior, Mandíbula		Corpo	V	De Mastigação
2	Estríbo Pavilhão			Corpo	VII	Da expressão Facial
3				Base	IX	Estílo Faringeo
4				Epiglote	V	Constritores da Laringe

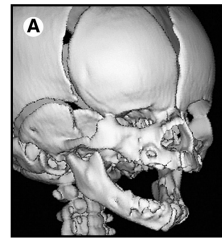
Porque EMBRIOLOGIA?



*American Journal of Medical Genetics 158:411-415 (2005)  
Craniofacial Anomalies: 330B, #8, 118-125.*

Síndrome de Goldenhar

Causado por anomalias na migração de crista neural na 4ª semana.



Goldenhar syndrome results from a deficiency in the developing frontonasal and maxillary prominences. This deficiency is likely caused by abnormal neural crest cell migration or a local ischemic insult during the fourth week of gestation.

The facial phenotype of Goldenhar syndrome is usually characteristic. The classic facial defects are hemi-facial microsomia with ipsilateral micrognathia and macrostomia (Fig. 21). There is usually hypoplasia of the mandibular ramus and condyle. The zygomatic arch is absent or flat. Ocular manifestations other than epibulbar dermoid cyst include colobomas, and microphthalmia.

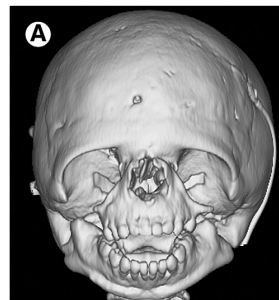
There are diverse external and middle ear anomalies. The classic appearance is a preauricular skin tag and microtia. External auditory canal and ossicular atresia are common. Approximately 50% of patients have conductive hearing loss. Cervical vertebral fusions occur in up to 60% of cases. Several intracranial anomalies, including dysgenesis of the corpus callosum, holoprosencephaly, and sincipital encephaloceles have been reported.

Síndrome de Treacher Collins

Causado por morte celular anormal de crista neural.

Afeta principalmente o primeiro arco branquial.

Que estruturas serão afetadas??



**Treacher Collins Syndrome**

TCS results from mutations in the Treacher Collins-Franceschetti syndrome 1 (TCOF1) gene located on chromosome 5q.<sup>22</sup> It is inherited in an autosomal-dominant fashion with variable penetrance. Deficient function of the gene product, named Treacle, leads to apoptosis of neural crest cells during early craniofacial development. This subsequently causes a bilaterally symmetric malformation of structures derived from the first pharyngeal arch. TCS is also referred to as mandibulofacial dysostosis.

Most patients with Treacher Collins are of normal intelligence. TCS is characterized by a bilateral symmetric hypoplasia of the mandible, zygomatic arches, and maxillae (Fig. 22).

Uma paciente recém-nascida apresenta surdez por malformação congênita do MARTELO (ouvido médio) e estruturas craniofaciais .

Visto que o MARTELO é formado pelo primeiro arco branquial, as estruturas craniofaciais mais provável de serem afetadas podem incluir:

- a) septo nasal
- b) palato
- c) maxila
- d) inervação da língua no corpo

ARCO	Ouvido/Orelha	Nariz	Palato	Língua	NERVO	Músculos
<b>Eminência Frontal (0)</b>		Placódios Nasais	Cristas Palatinas			
<b>1</b>	Martelo Bigorna Pavilhão	Lábio Inferior, Mandíbula		Corpo	V	De Mastigação
<b>2</b>	Estríbo Pavilhão			Corpo	VII	Da expressão Facial
<b>3</b>				Base	IX	Estilo Faringeo
<b>4</b>				Epiglote	V	Constritores da Laringe

Uma paciente recém-nascida apresenta surdez por malformação congênita do MARTELO (ouvido interno) e estruturas craniofaciais .

Visto que o MARTELO é formado pelo primeiro arco branquial, as estruturas craniofaciais mais provável de serem afetadas podem incluir:

- a) septo nasal
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- c) maxila
- d) inervação da língua no corpo**

