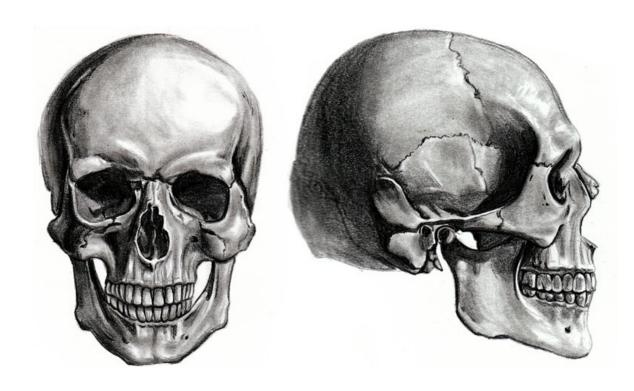
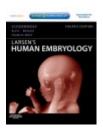
Head and Face Development





Resources:

http://php.med.unsw.edu.au/embryology/ Larsen's Human Embryology The Developing Human: Clinically Oriented Embryology



Dr Annemiek Beverdam – School of Medical Sciences, UNSW Wallace Wurth Building Room 234 – A.Beverdam@unsw.edu.au

Lecture overview Head and Face Development

Embryonic tissues contributing to cranial development

Craniofacial Development

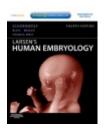
Branchial/Pharyngeal Arch Derivatives:

- Skeleton
- Arteries
- Muscles
- Cranial Nerves
- Clefts/pouches

Development of the Pituitary

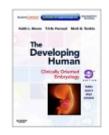
Development of the Tongue

Craniofacial abnormalities



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End product gastrulation:

Trilaminar embryo

Ectoderm (Neural crest)

brain, spinal cord, eyes, *peripheral nervous system* epidermis of skin and associated structures, *melanocytes, cranial connective tissues (dermis)*

Mesoderm

musculo-skeletal system, limbs, connective tissue of skin, organs and cranium, urogenital system, heart, blood cells

Endoderm

epithelial linings of gastrointestinal, liver, pancreas, thyroid and respiratory tracts

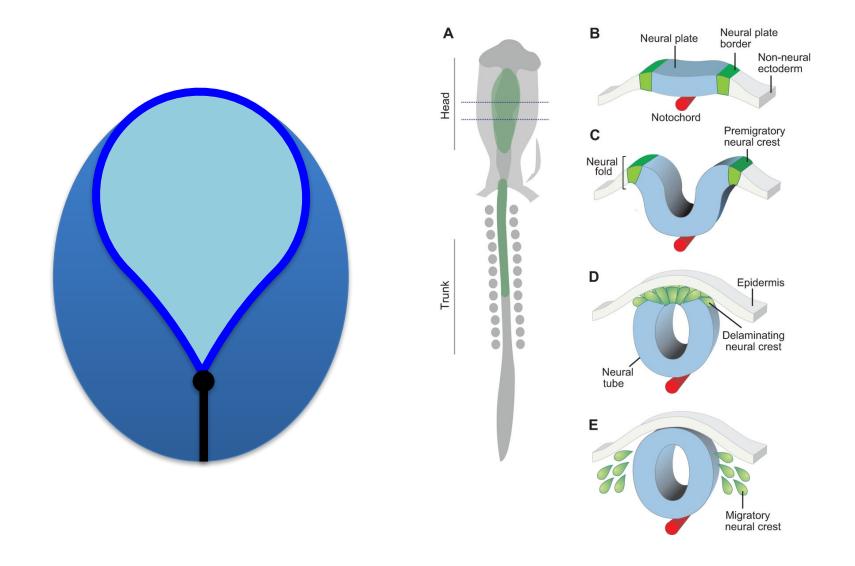
Embryonic tissues contributing to cranial development

Ectoderm and Neural Crest Paraxial Mesoderm Endoderm



Week 4 embryo

Embryonic tissues contributing to cranial development Cranial Ectoderm and Neural Crest



Embryonic tissues contributing to cranial development Cranial Neural Crest

Cranial neural crest:

Cranial mesenchyme, facial skeleton, cranial nerve ganglia

Cardiac neural crest:

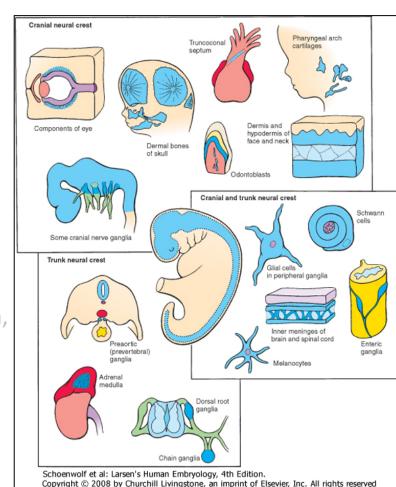
Melanocytes, cartilage, connective tissue and neurons of some pharyngeal arches, Contributes to formation of regions of the heart

Trunk neural crest:

Melanocytes, dorsal root ganglia, sympathetic ganglia, adrenal medulla, nerves surrounding aorta

Vagal and Sacral neural crest:

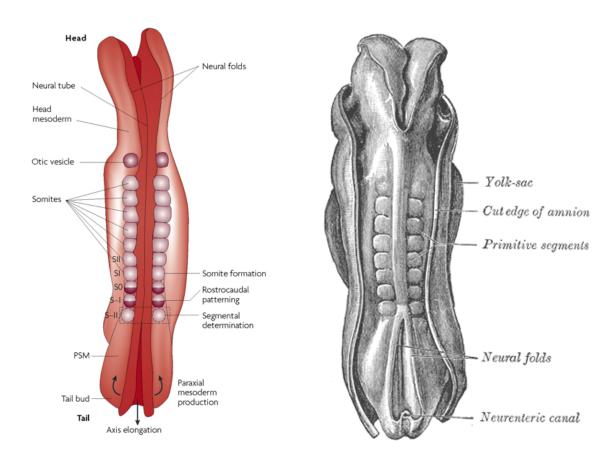
Melanocytes, ganglia of the enteric nervous system Parasympathetic ganglia



Embryonic tissues contributing to cranial development Paraxial Mesoderm

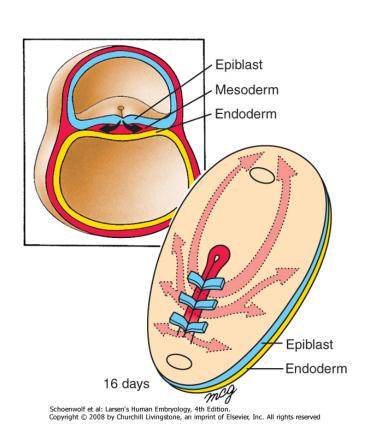
Cranial: Unsegmented paraxial mesoderm: head mesenchyme

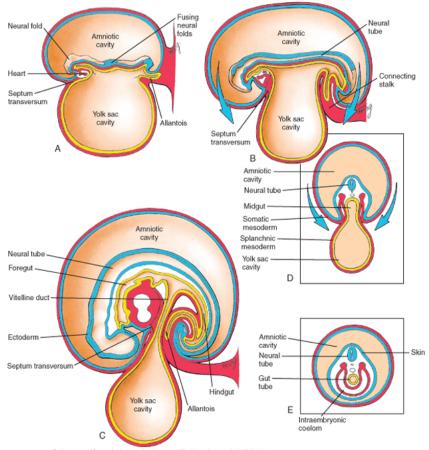
Trunk: Segmented paraxial mesoderm: somites



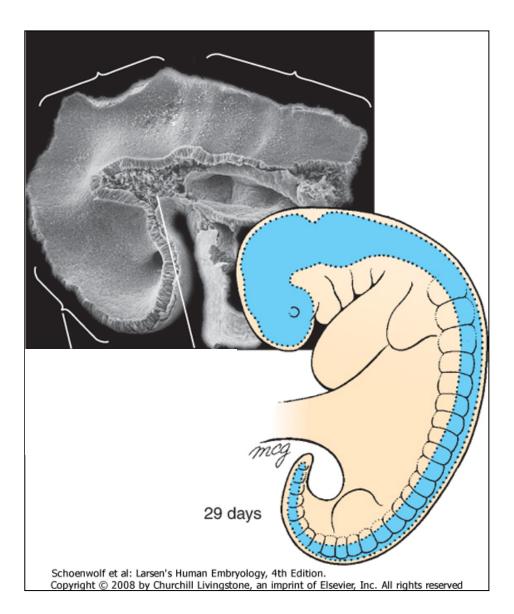
Embryonic tissues contributing to cranial development Endoderm

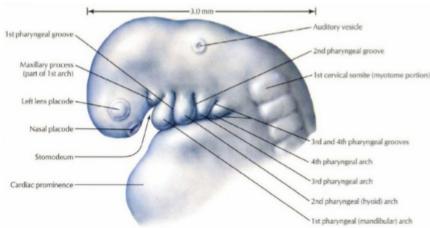
Bucchopharyngeal membrane Lining of the pharyngeal and laryngeal cavities



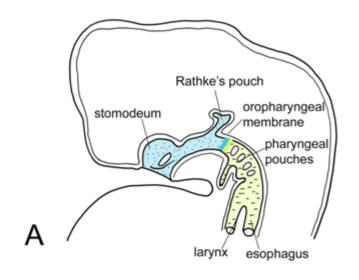


Schoenwolf et al: Larsen's Human Embryology, 4th Edition.
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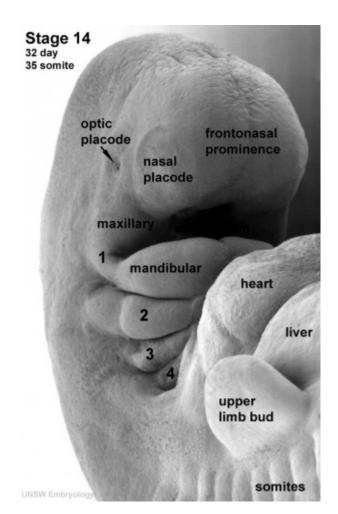




Embryo at 4 - 5 weeks (Lateral view)

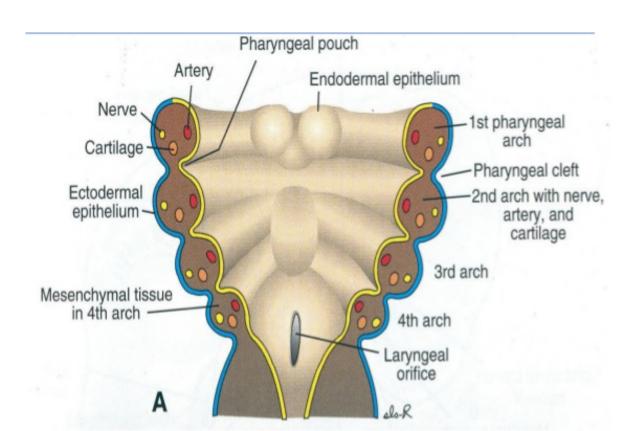


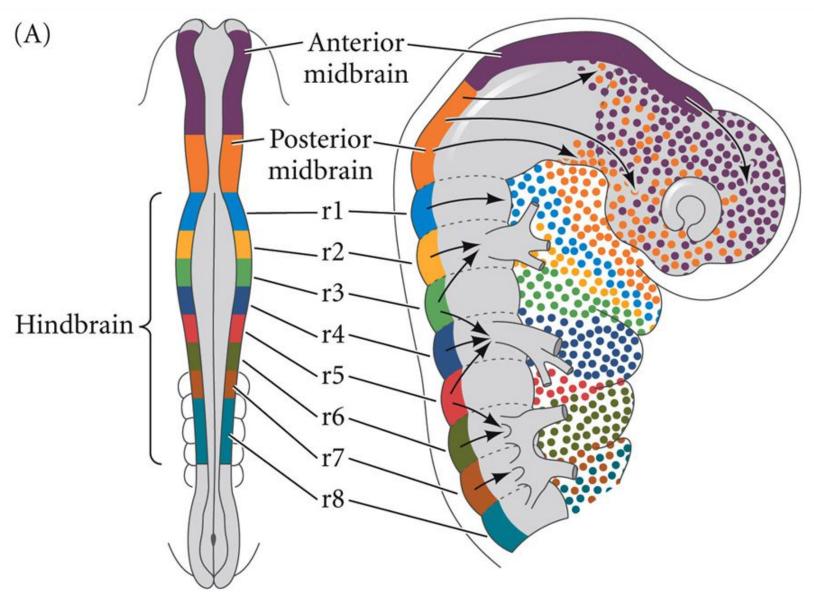
Humans develop 6 pharyngeal or branchial arches (BA)
Form from rostrally to caudally
BA1 gives rise to maxillary and mandibular process
BA5 disappears



Each branchial arch initially consists of:
Ectoderm, endoderm and mesoderm
Pharyngeal pouch (endoderm)
Pharyngeal groove/cleft (ectoderm)

Each arch gives rise to: Cartilage, Artery, Muscle, Cranial Nerve



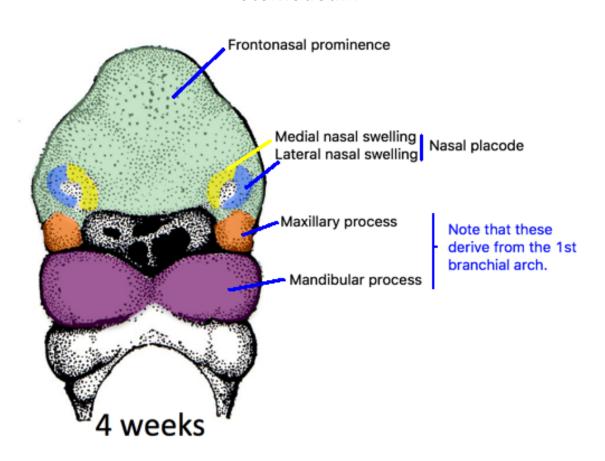


Facial Development

Facial primordia appear in week 4
Frontonasal process and nasal placodes

1st branchial arch: mandibular and maxillary processes

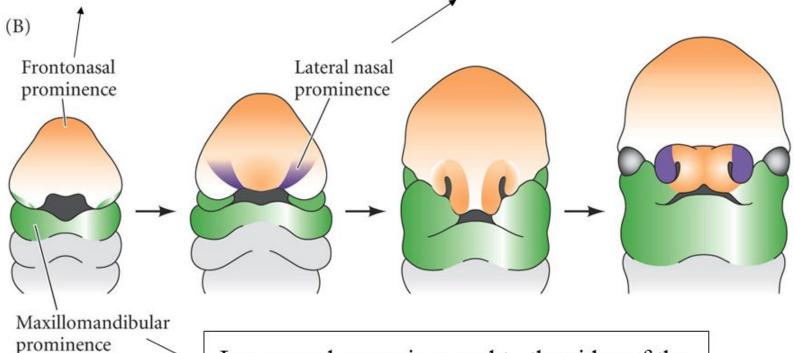
Stomodeum



Craniofacial Development Facial development

Contributes to the forehead, nose, philtrum of the upper lip, and to the primary palate.

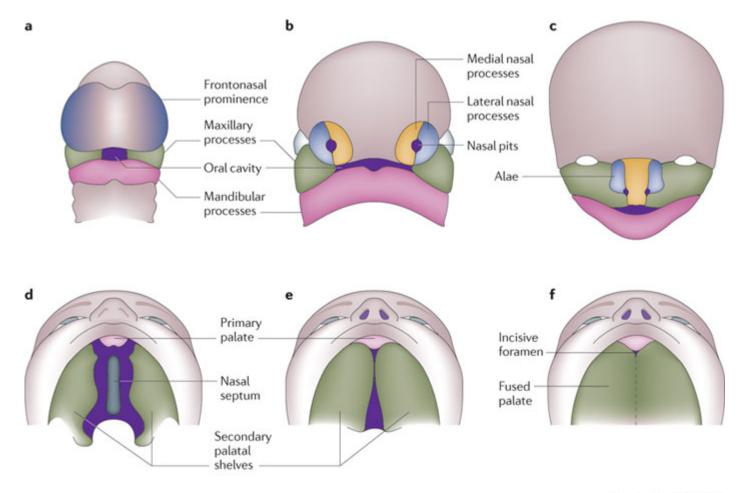
Generates the sides of the nose.



Lower and upper jaw, and to the sides of the middle and lower regions of the face.

https://embryology.med.unsw.edu.au/embryology/images/d/dd/Face_001.mp4

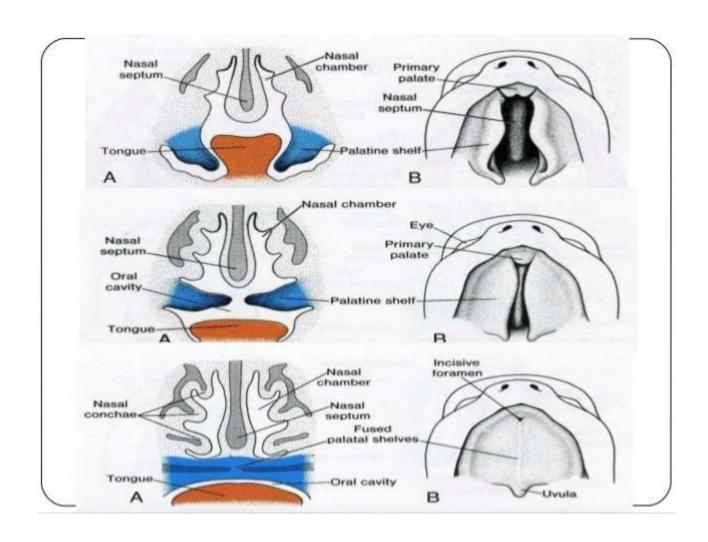
Craniofacial Development Palate and nasal cavities



Nature Reviews | Genetics

https://embryology.med.unsw.edu.au/embryology/images/8/8f/Palate_001.mp4 https://embryology.med.unsw.edu.au/embryology/images/7/78/Palate_002.mp4

Facial Development Palate and nasal cavities



https://www.youtube.com/watch?v=DgZ_tqucdI4

Pharyngeal/Branchial Arch Derivatives

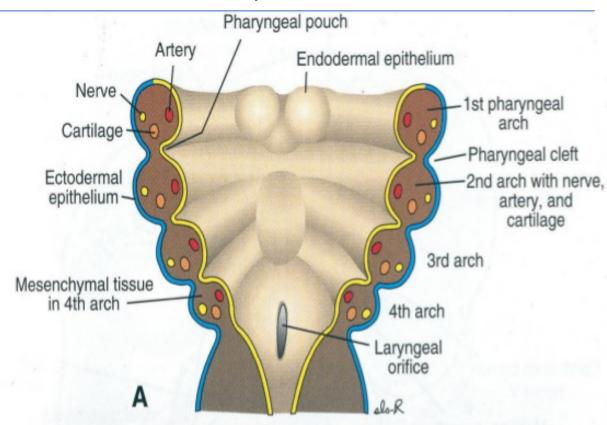
Skeletal derivatives

Arteries

Muscle

Nerve

Cleft/Pouches



Pharyngeal/Branchial Arch Derivatives Skeletal derivatives

Frontonasal process: frontal bone, nasal bones and septum, lacrimal bones, nasal labyrinths

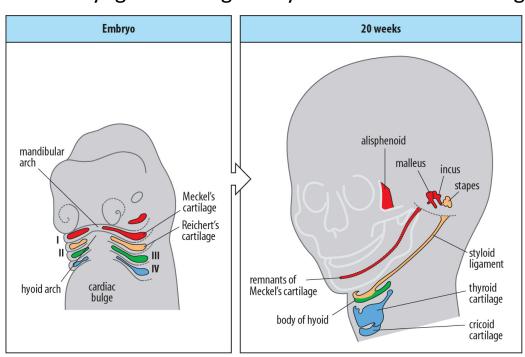
BA1 Maxillary process: maxilla, palatine, vomer, zygomatic bone, part temporal bone

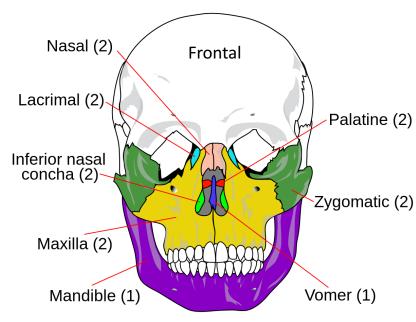
BA1 Mandibular process: Meckel's cartilage and mandible, malleus and incus

BA2: Reichert's cartilage and hyoid (superior part), and stapes

BA3: Hyoid (inferior part)

BA4: laryngeal cartilages: thyroid and cricoid cartilage

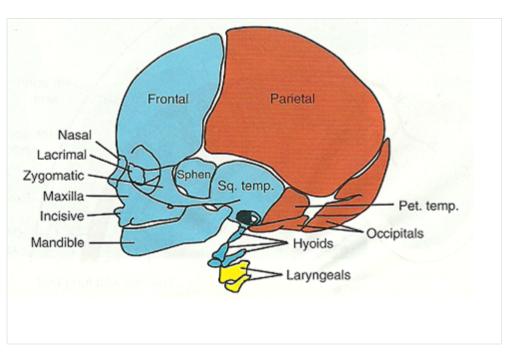


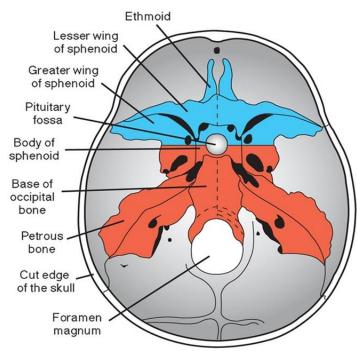


Pharyngeal/Branchial Arch Derivatives Skeletal derivatives

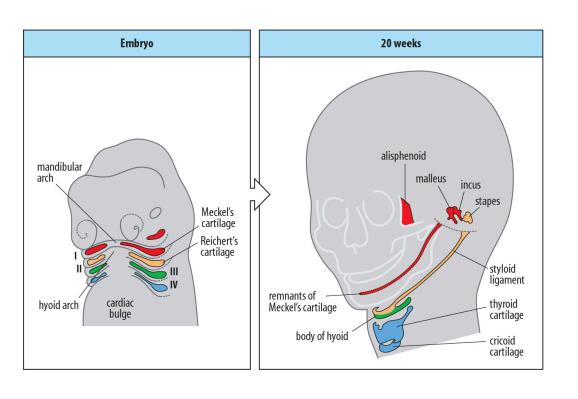
Blue: Cranial neural crest-derived bones (FNP, BA1 and BA2): most of viscerocranium Red: Paraxial mesoderm derived bones: most of neurocranium

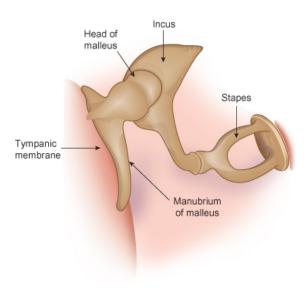
Yellow: BA2-derived

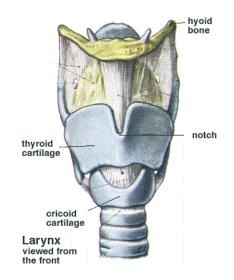




Pharyngeal/Branchial Arch Derivatives Middle ear ossicles and laryngeal cartilages







Ossification

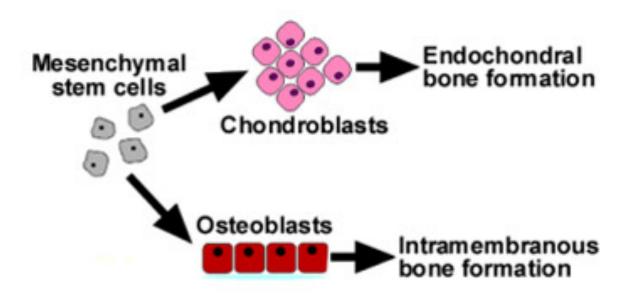
Two types:

1. Endochondral ossification:

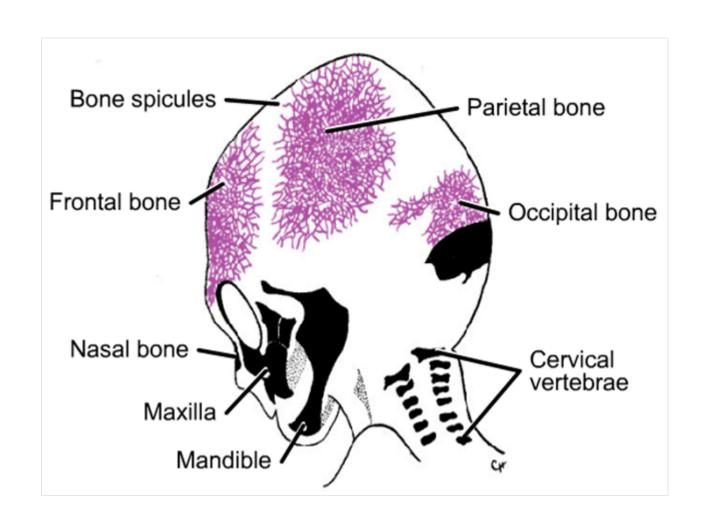
Most of our skeleton Bone replaces cartilage template

2. Intramembranous ossification:

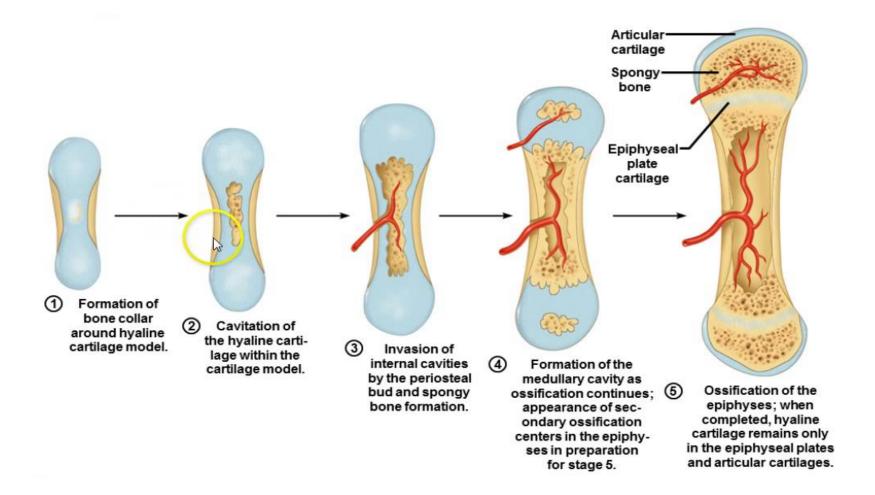
Flat bones (calvaria)
Direct ossification from mesenchyme



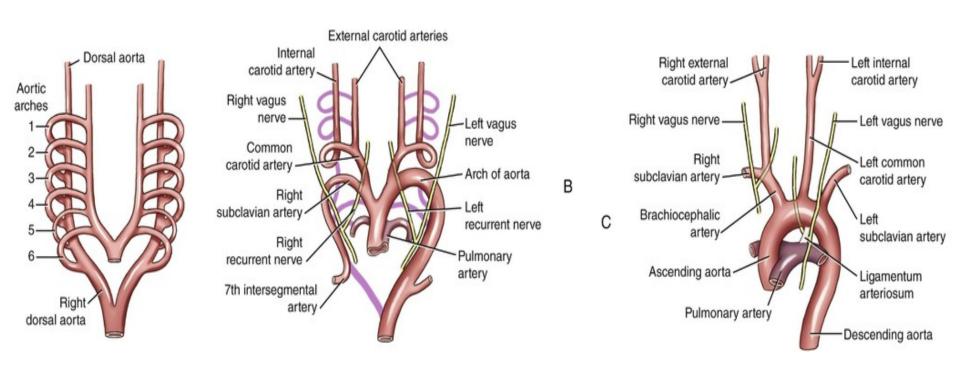
Intramembranous Ossification



Endochondral Ossification

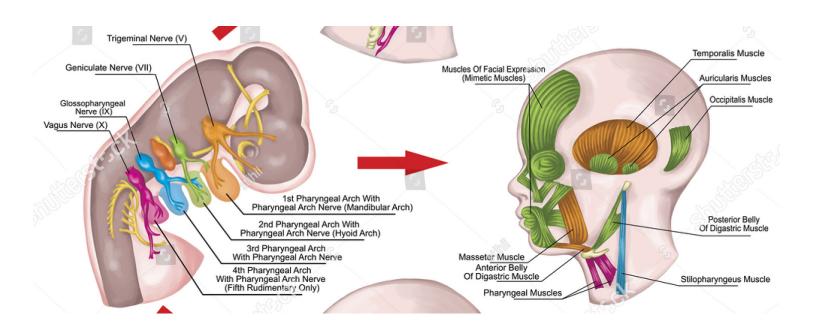


Pharyngeal/Branchial Arch Derivatives Arteries



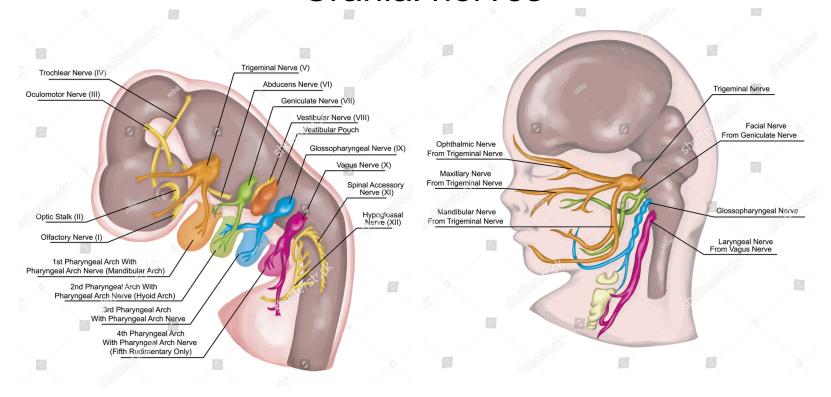
- BA1 mainly lost, form part of maxillary artery
- BA2 mainly lost, stapedial arteries
- BA3 common carotid arteries, internal carotid arteries
- BA4 left forms part of aortic arch, right forms part right subclavian artery
- BA5 mainly lost
- BA6 left forms part of left pulmonary artery, right forms part of right pulmonary artery

Pharyngeal/Branchial Arch Derivatives Branchial muscles



- BA1 muscles of mastication, mylohyoid, tensor tympanic, ant. belly digastric
- BA2 muscles of facial expression, stapedius, stylohyoid, post. belly digastric
- BA3 stylopharyngeus
- BA4&6 crycothyroid, pharynx constrictors, larynx muscles, oesophagus (st. muscle)

Pharyngeal/Branchial Arch Derivatives Cranial nerves



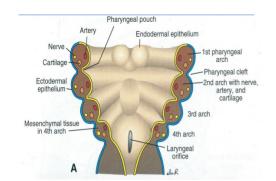
BA1 - Cranial Nerve V: trigeminal nerve

BA2 - Cranial Nerve VII: facial nerve

BA3 - Cranial Nerve IX: glossopharyngeal nerve

BA4&6 - Cranial Nerve X: vagus nerve

Pharyngeal/Branchial Arch Derivatives 1st branchial cleft/pouch

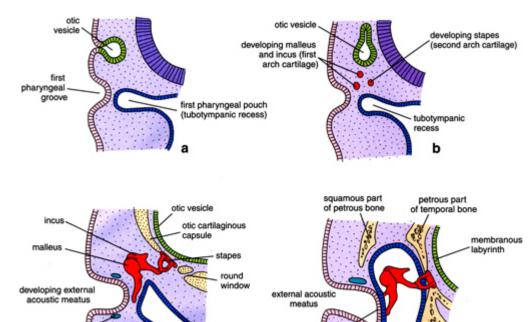


tympanic

tubotympanic recess

1st pouch: tubotympanic recess: tympanic cavity, eustachian tube

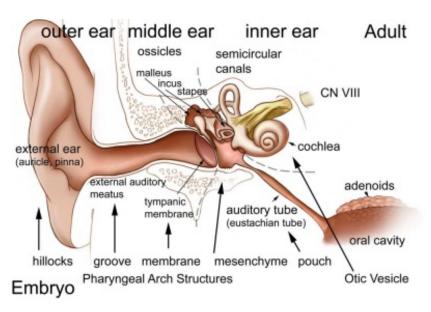
1st cleft: external acoustic meatus



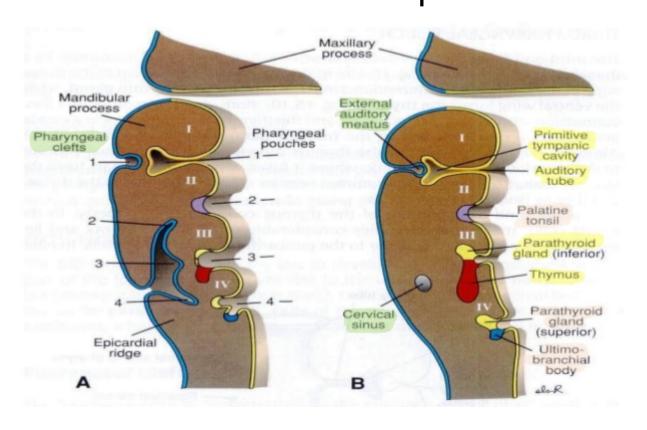
tympanic

tympanic cavity

auditory tube

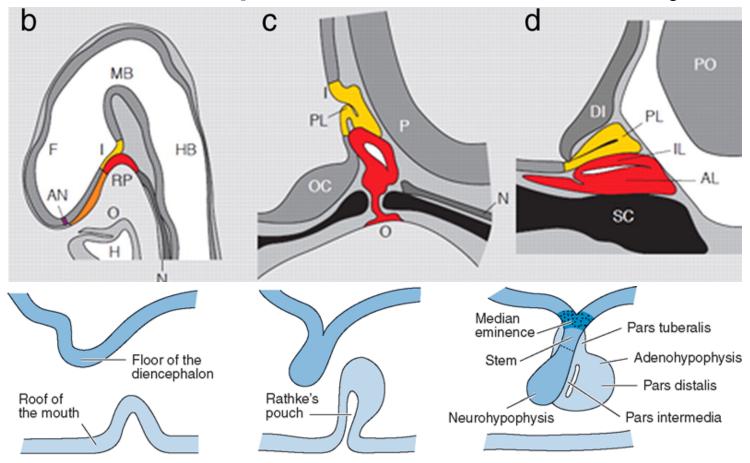


Pharyngeal/Branchial Arch Derivatives 1st branchial cleft/pouch



- BA1 elongates to form tubotympanic recess, tympanic cavity, mastoid antrum, eustachian tube
- BA2 forms tonsillar sinus, mostly obliterated by palatine tonsil
- BA3 forms inferior parathyroid and thymus
- BA4 forms superior parathyroid, parafollicular cells of thyroid

Development of the Pituitary



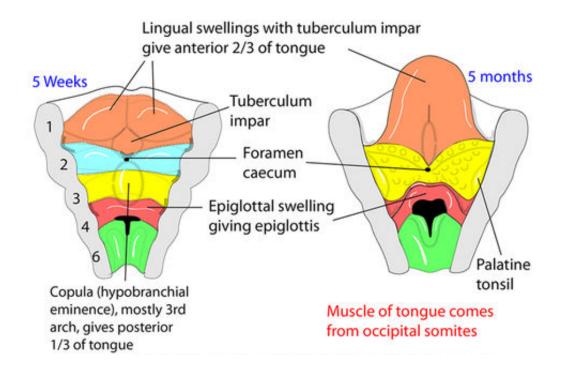
Source: Paulsen DF: Histology & Cell Biology: Examination & Board Review, 5th Edition: www.accessmedicine.com

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Two embryonic origins:

- 1. Ectoderm of oral cavity: Rathke's pouch: adenohypophysis
- 2. Floor of diencephalon: neurohypophysis

Development of the Tongue

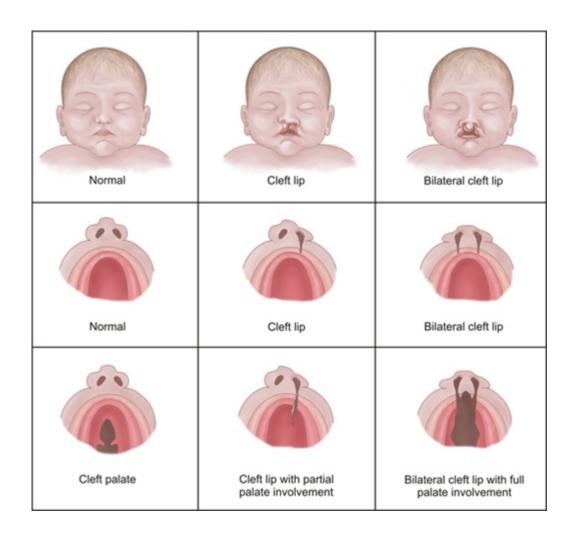


Contributions initially from all arches:

- Arch 1 oral part of tongue (ant 3/2) (lingual swelling and tuberculum impar)
- Arch 2 initial contribution to surface is lost
- Arch 3 pharyngeal part of tongue (post 1/3)
- Arch 4 epiglottis and adjacent regions

Tongue is innervated by muscles derived from sclerotomes

Craniofacial Abnormalities Cleft Lip/Palate

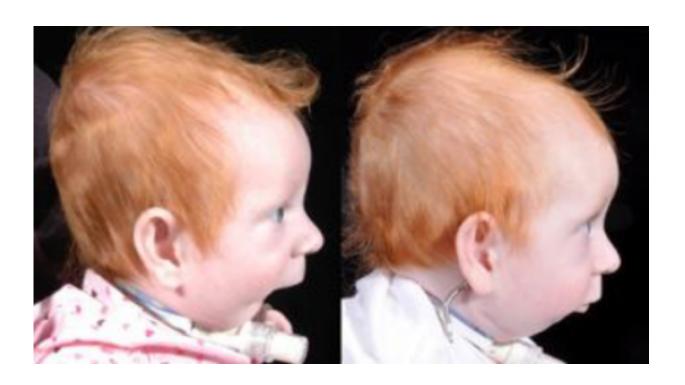


Craniofacial Abnormalities Treacher Collins Syndrome



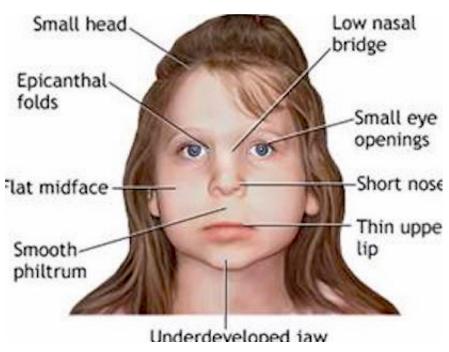
Autosomal Dominant
Affects Cranial neural crest migration
BA1 hypoplasia
Abnormal development of structures derived of BA1

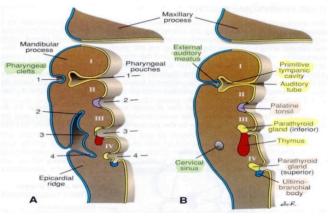
Craniofacial Abnormalities Pierre Robin Syndrome



BA1 syndrome Cleft Palate Retrognathia

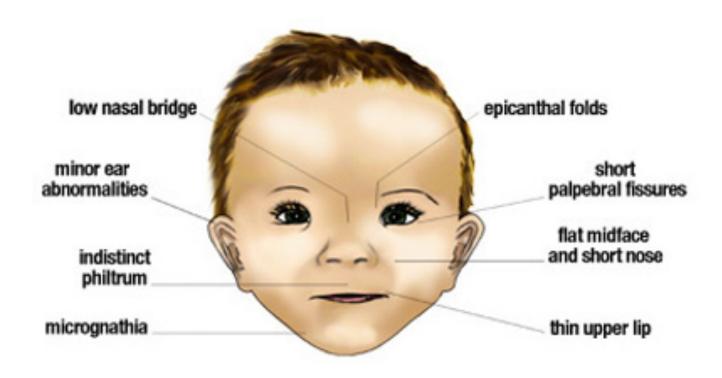
Craniofacial Abnormalities DiGeorge Syndrome





Disturbance of cervical neural crest migration: 3rd and 4th pouch do not form: absence of thymus and parathyroid glands

Craniofacial Abnormalities Fetal Alcohol Syndrome



Alcohol consumption in early development Causes facial and neurological abnormalities

Lecture overview Head and Face Development

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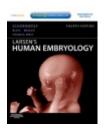
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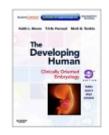
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