Imperial College London

Visual System: Pathways & Function

Paresh Malhotra Korina Li

Learning Objectives

• Know the anatomy of the visual pathways

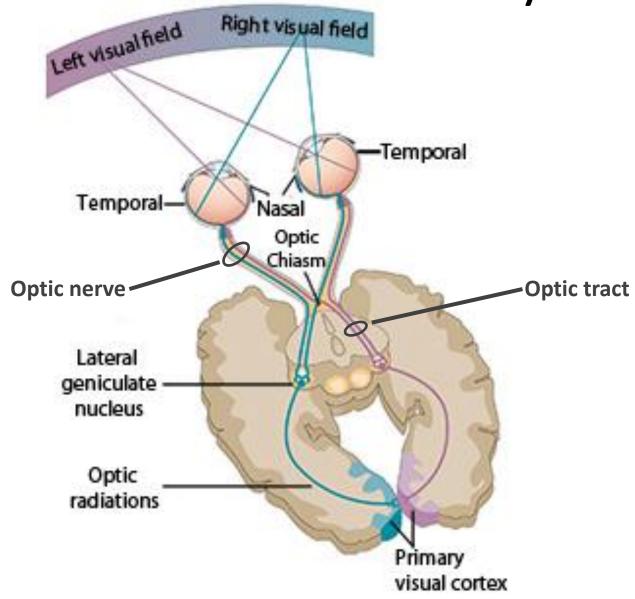
• Appreciate visual dysfunction associated with different sites of neuroanatomical damage

Outline

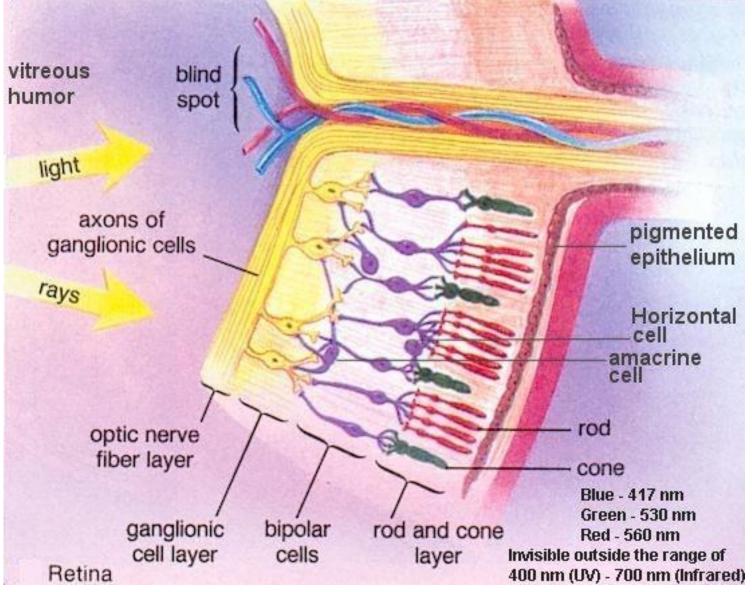
- Anatomy
 - Central visual pathway
 - Dorsal & ventral streams
 - Pupillary light reflex

• Effects of focal dysfunction & clinical relevance

Central Visual Pathway

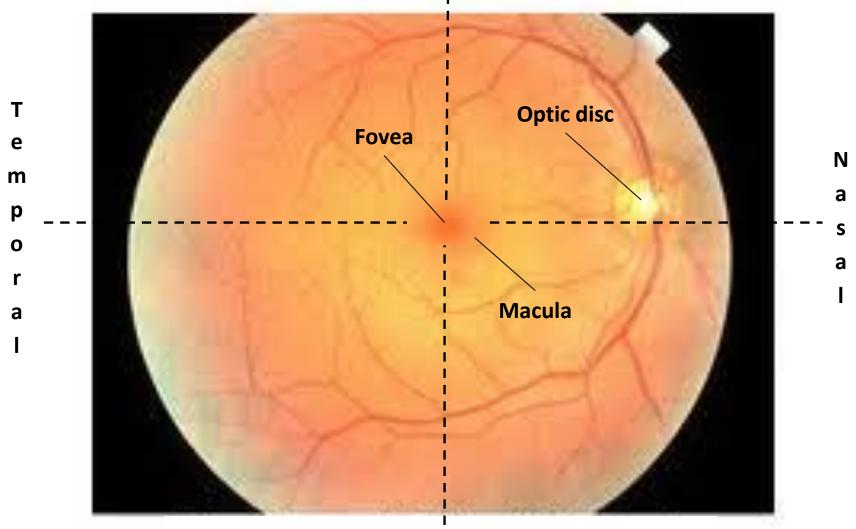


Retina

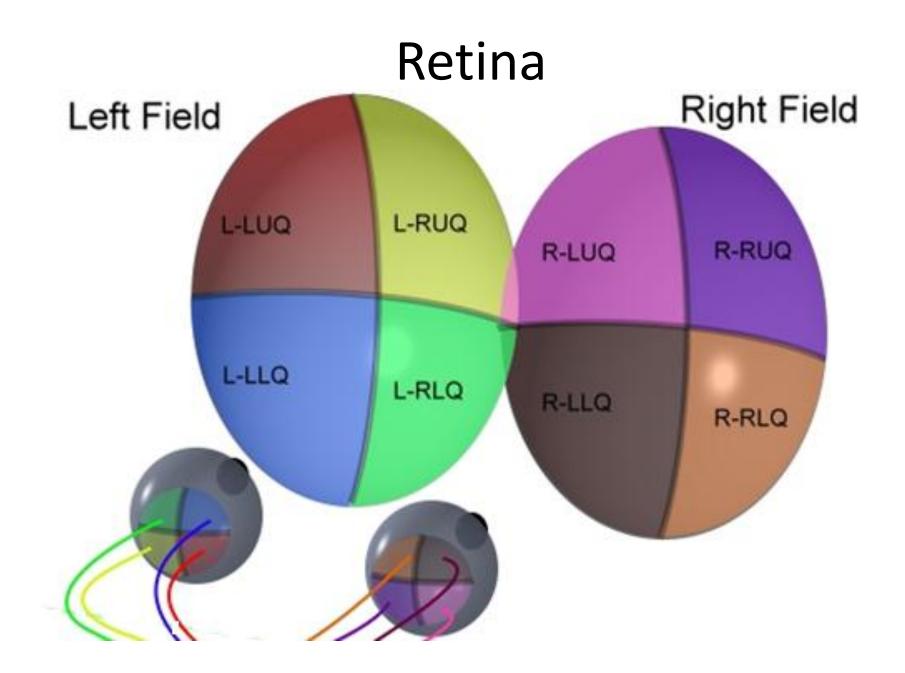


Retina

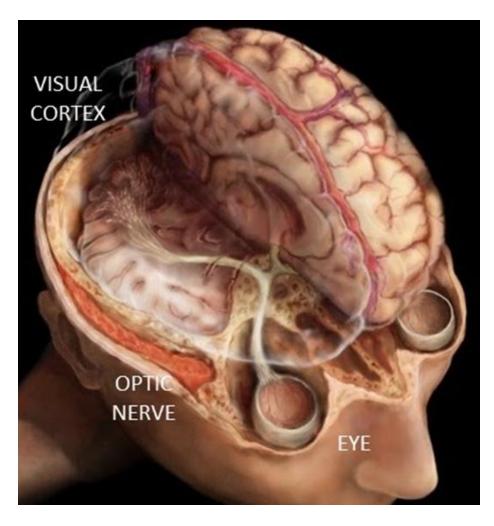
Superior



Inferior

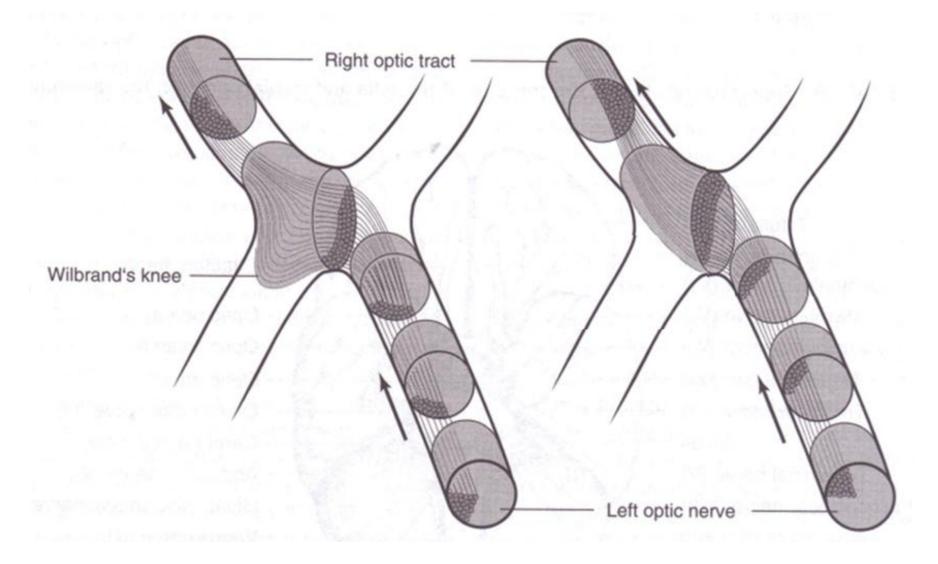


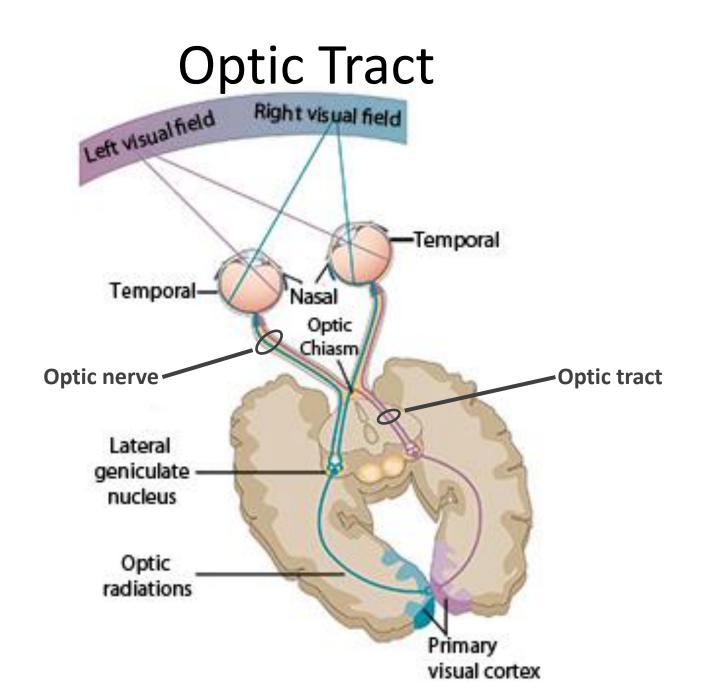
Optic Nerve

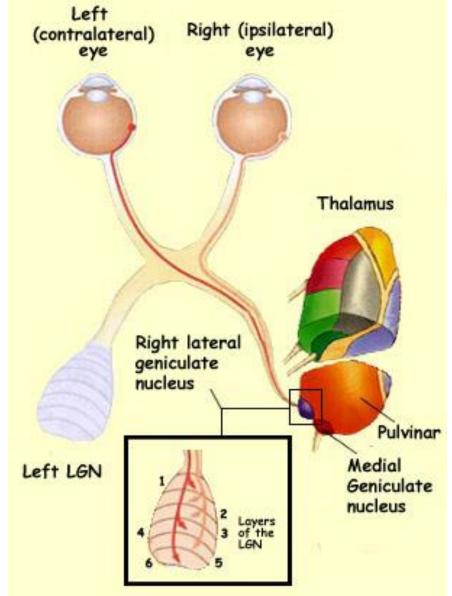


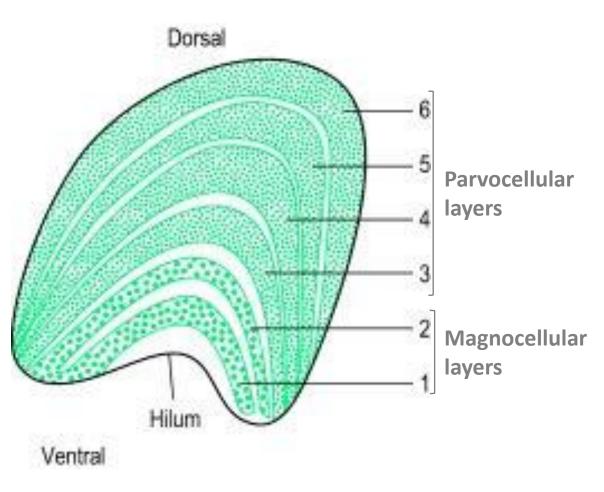
- CNS structure
- ≈ 50mm long
- 800, 000 to 1.5 million ganglion cell axons
- 4 portions from globe to chiasm:
 - Intraocular
 - Intraorbital
 - Intracanalicular
 - Intracranial

Optic Chiasm

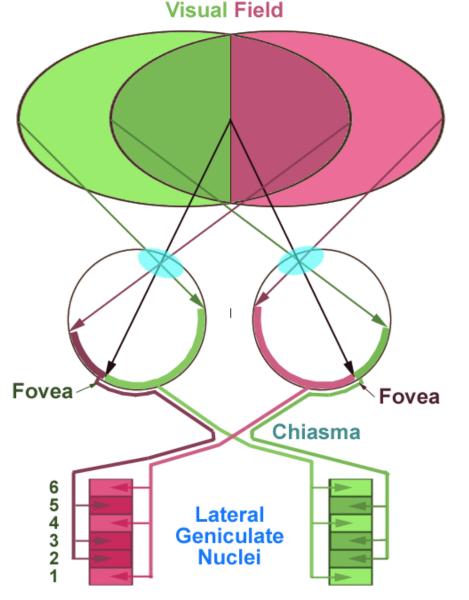




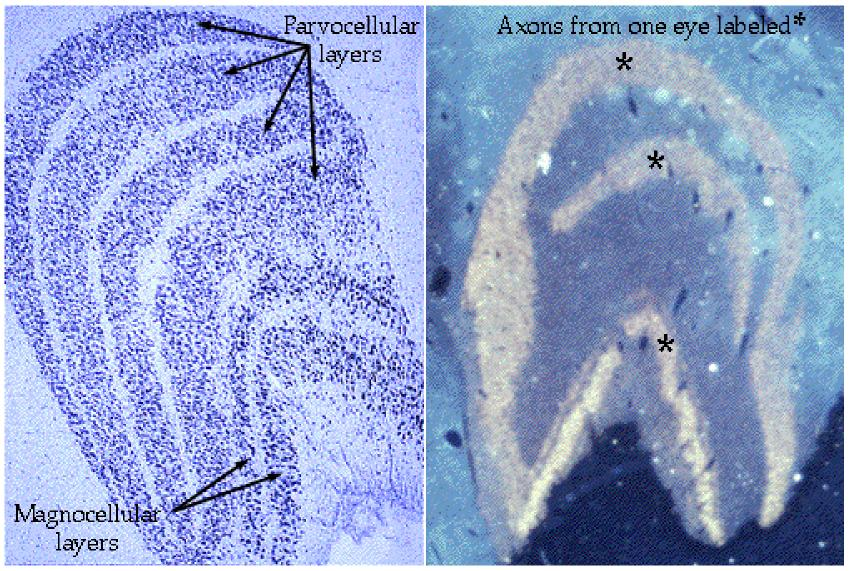


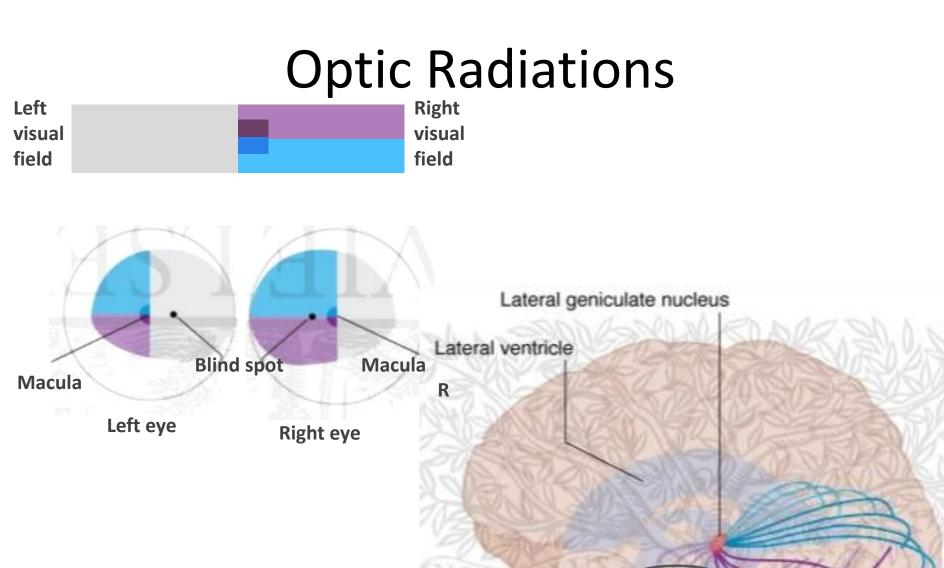


- 6 layers
- Layers 1 and 2 receive signals that travel by the magnocellular pathway
- Layers 3 to 6 receive signals that travel by the parvocellular pathway



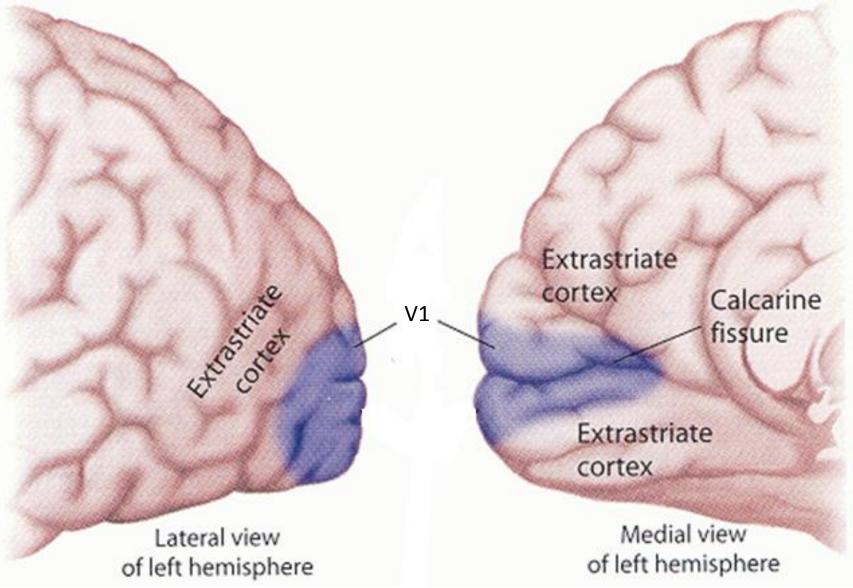
- Information from the contralateral eye goes to layers 1, 4 and 6
- Information from the ipsilateral eye goes to layers 2, 3 and 5





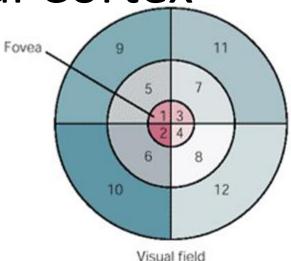
L

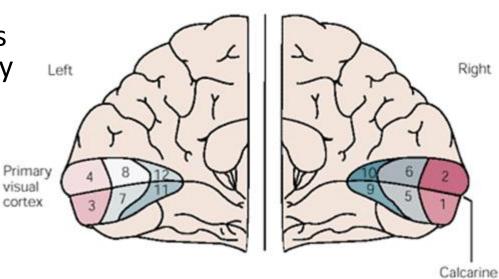
Meyer's loop



- The left visual field projects onto the right occipital lobe & vice versa
- The central part of the visual field is represented posteriorly
- The peripheral visual field is represented more anteriorly

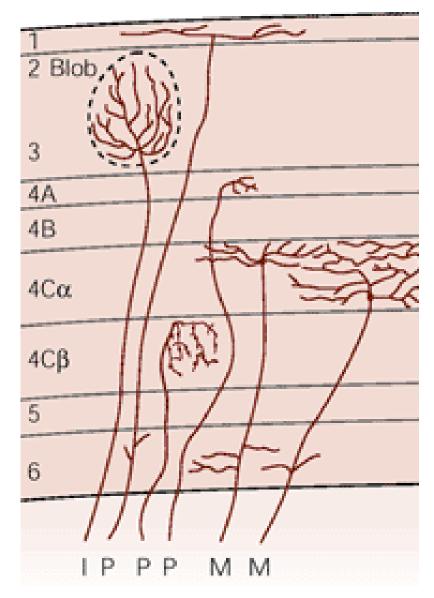
 The superior visual field is represented ventrally



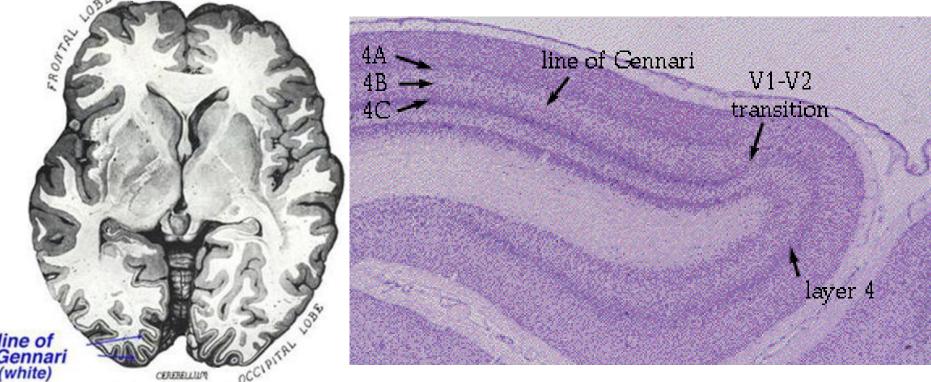


ISSUIR

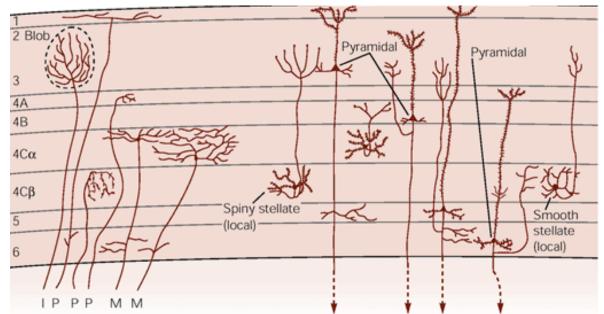
- 6 layers
- Principal layer for inputs from LGN is layer 4:
 - 4A minor inputs from parvocellular layers
 - 4Cα from magnocellular layers
 - 4Cβ from parvocellular layers



 Also called the *Striate* cortex because it contains a prominent stripe of white matter in layer 4, the *stria of Gennari*



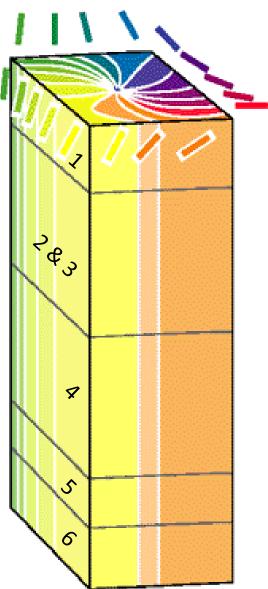
- Several types of neurones make up V1:
 - Pyramidal cells
 - Excitatory
 - Axons project locally & out of the cortex
 - Spiny stellate cells
 - Excitatory
 - Interneurones axons project locally within V1
 - Smooth stellate cells
 - Inhibitory
 - Interneurones axons project locally within V1



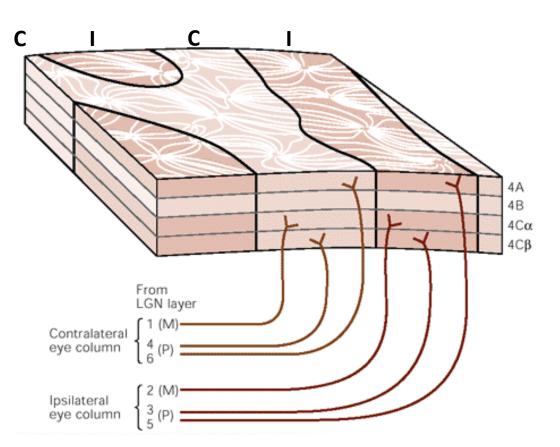
- Receptive fields of V1 cells can be:
 - Simple
 - Respond to bars of light with a specific orientation
 - Complex
 - Respond to a moving light stimulus of a particular orientation & direction of travel

- Columnar organisation:
 - Orientation columns
 - Ocular dominance columns
 - Blobs
 - Hypercolumns (cortical modules)

 Orientation columns contain cells with the same orientation preference

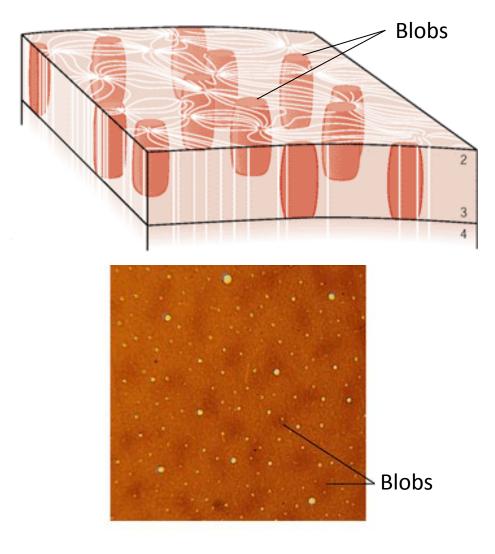


Ocular dominance columns located in layer 4C process separate inputs from each eye

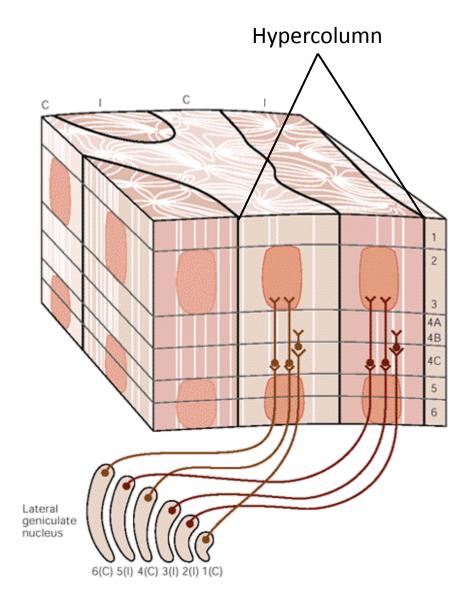




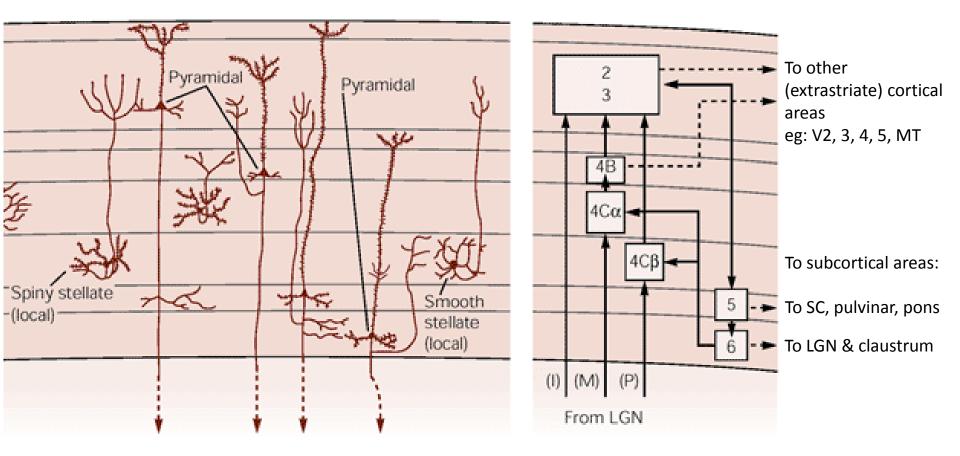
- Blobs are:
 - Peg-shaped regions of cells prominent in layers 2 & 3 that interrupt the pattern of the orientation columns
 - Sensitive to the wavelength of light ie: to colour
- Interblob regions are areas between the blobs



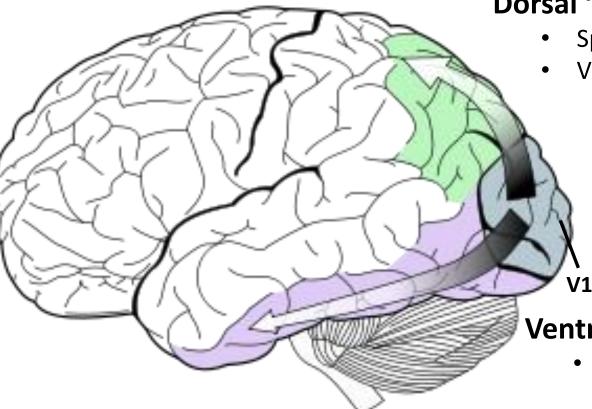
A hypercolumn is a set of columns responsive to lines of all orientations from a particular region in the visual field & viewed by both eyes



Information Flow Through V1



Extrastriate Visual Areas



Dorsal 'Where' Stream

- Spatial awareness
- Visually-guided behaviour

Ventral 'What' Stream

- Recognition & discrimination of visual shapes & objects
- Perception & recognition of faces

Pupillary Light Reflex

- Controls the amount of light reaching the retina
- Illumination of the retina causes reflex constriction of the pupil
- Optic nerves **Ciliary** ganglion Optic chiasm **Red nucleus** Optic tract Edinger-Westphal III cranial nerve nucleus Lateral geniculate Pretecto-oculomotor body tract Superior colliculus Pretectal nucleus Posterior commissure

 Direct & consensual components

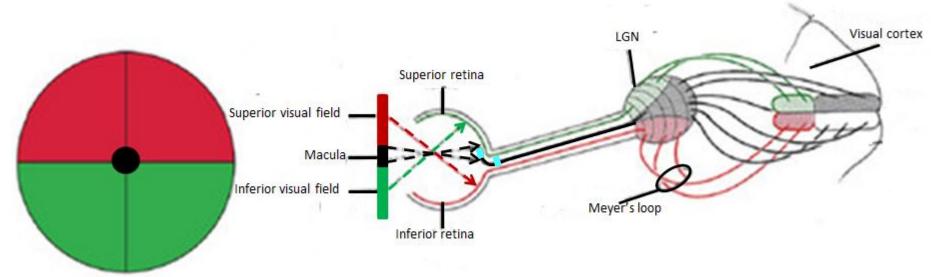
Visual Dysfunction in Neurological Disease

Right Eye Central Scotoma



Where is the lesion?

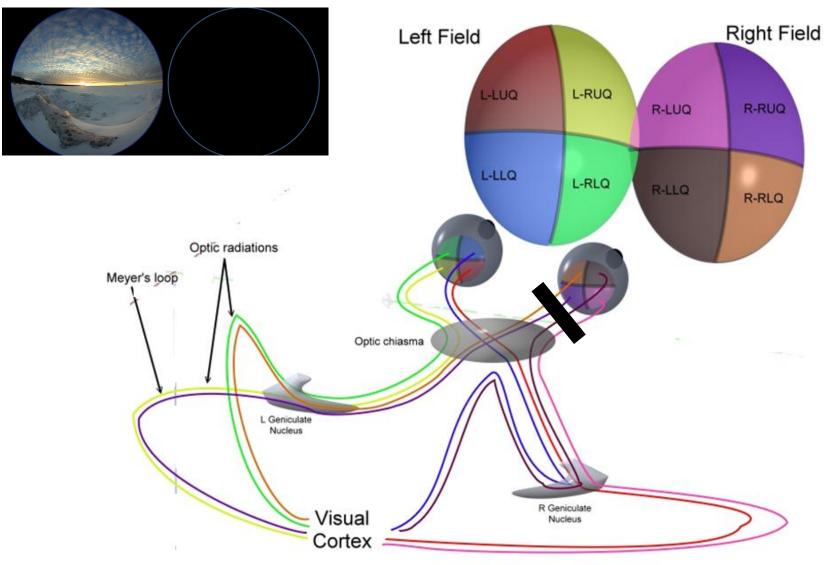




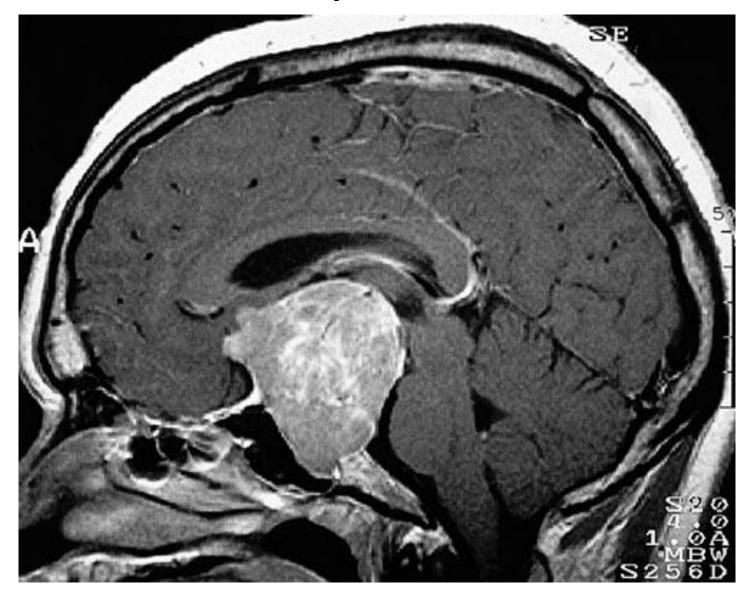
Complete Monocular Visual Loss



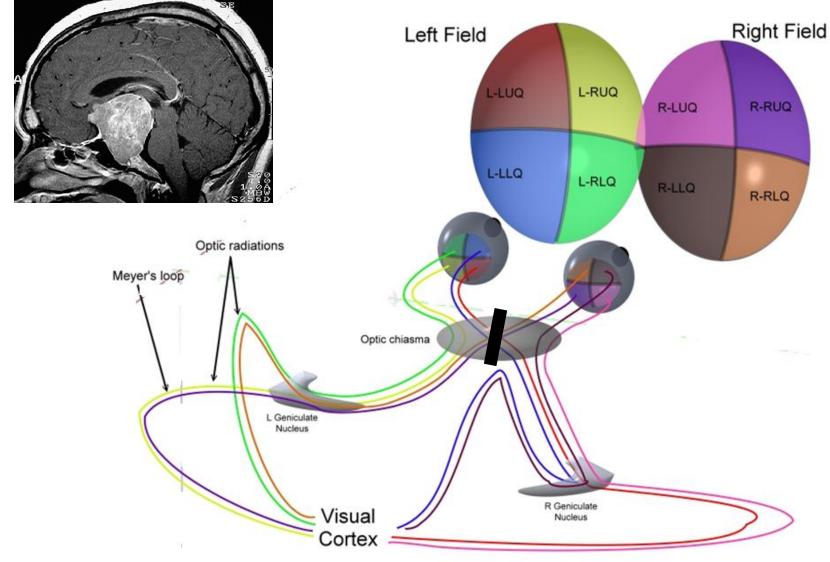
Where is the lesion?



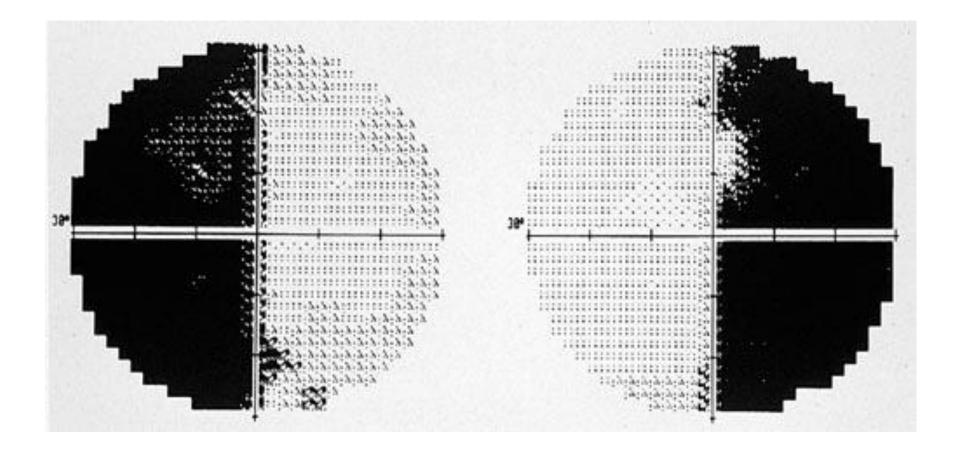
Pituitary Adenoma



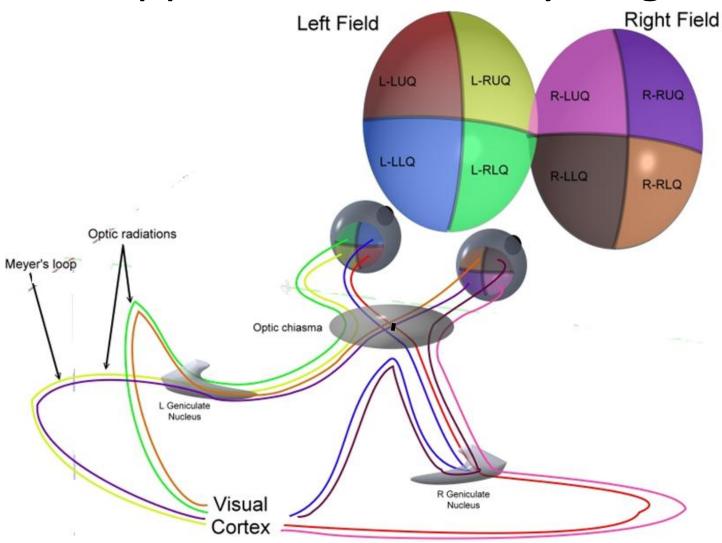
What is the visual field deficit?



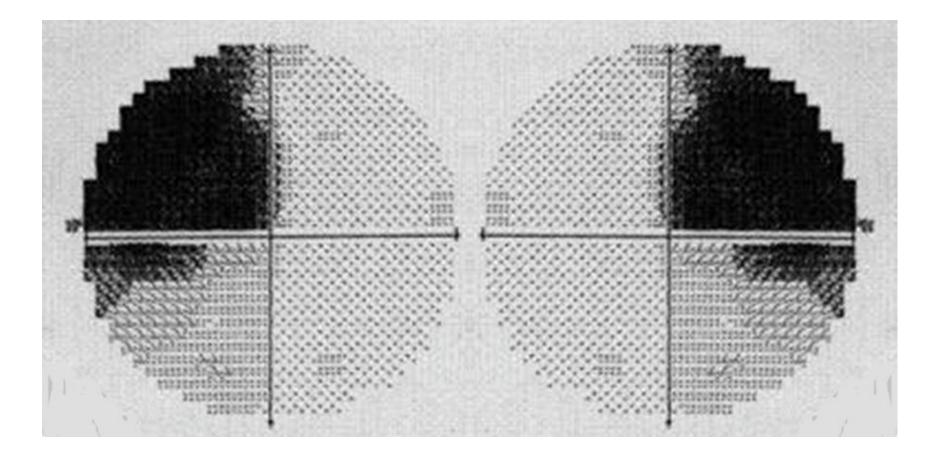
Bitemporal Hemianopia



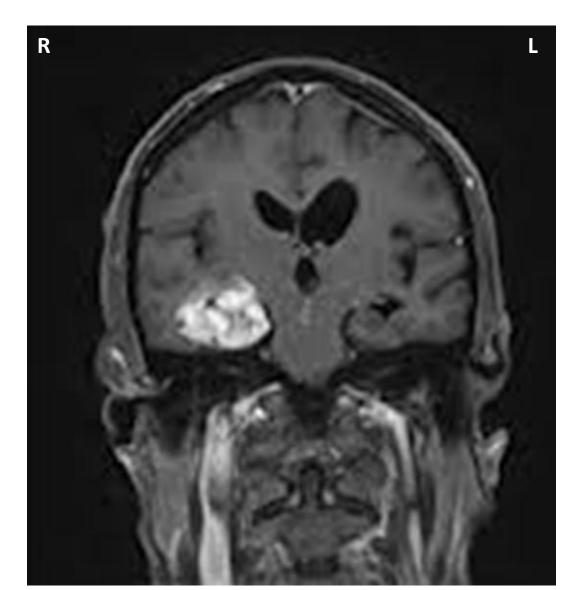
What visual field deficit may have been apparent in the early stages?



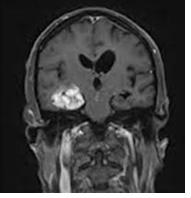
Bitemporal Superior Quadrantanopia

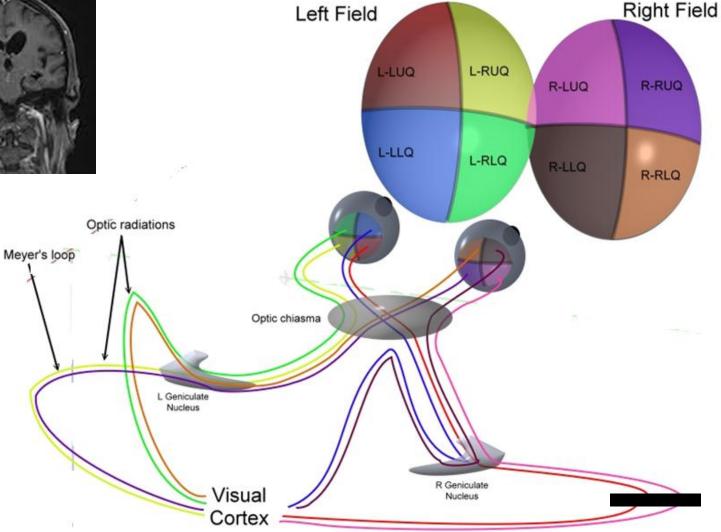


Right Temporal Glioma

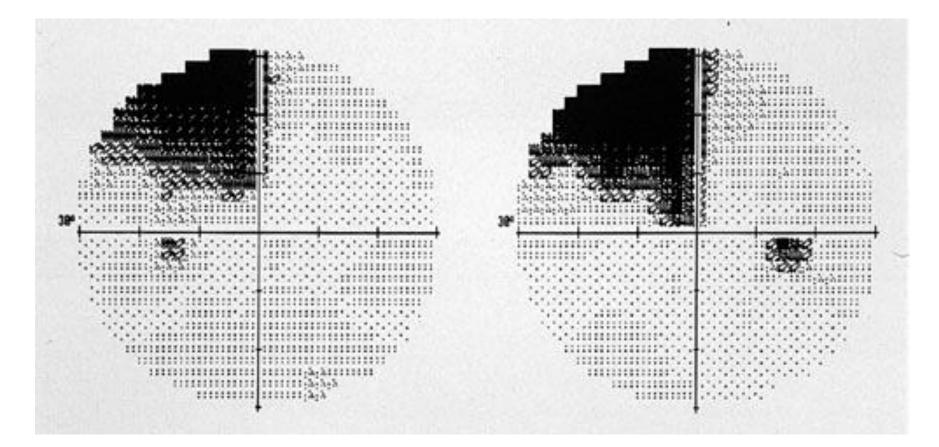


What is the visual field deficit?

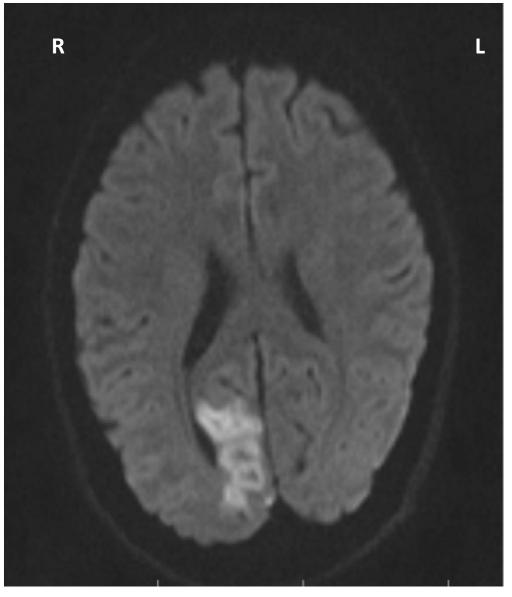




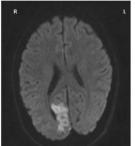
Left Homonymous Superior Quadrantanopia

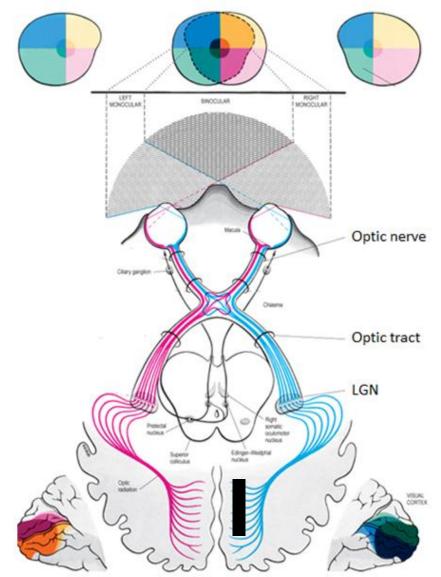


Right Occipital Infarct

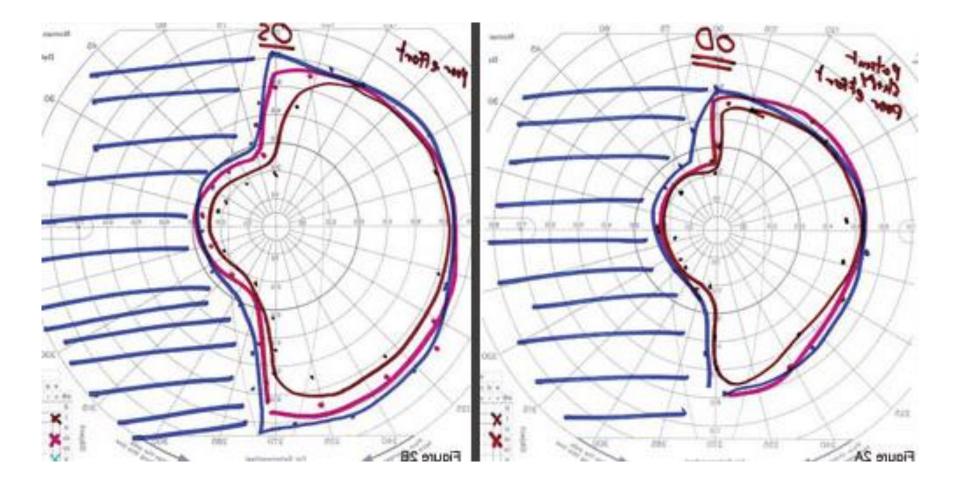


What is the visual field defect?





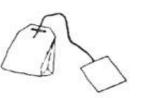
Left Homonymous Hemianopia with Macular Sparing

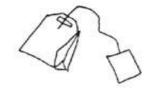


What visual field defect would you expect to find? LEFT RIGHT MONOCULAR **ENOCULAR** Optic nerve Citiary ganglos Optic tract LGN sometic coulorhole Prefecto Edinger-Hietzha No. VISUAL CORTEX

Visual Agnosia











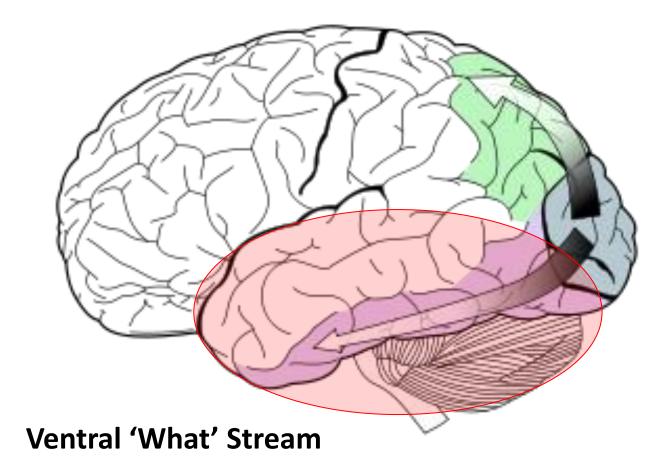
Apperceptive

- Cannot recognise by shape
- Cannot copy drawings
- Often associated with prosopagnosia

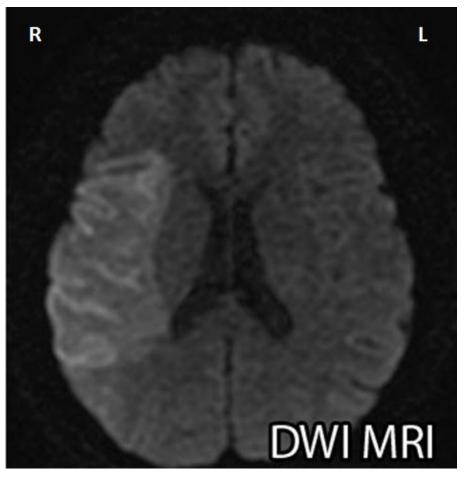
Associative

 Can copy but unable to identify objects

Which visual pathway is affected?



What deficits may this patient have?



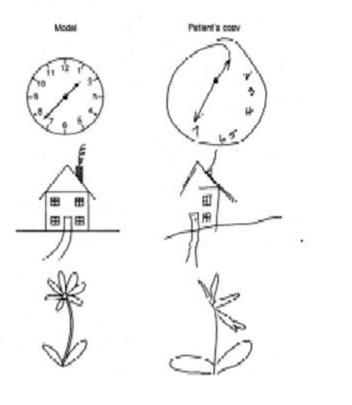
- Left homonymous inferior quadrantanopia
- Left-sided neglect

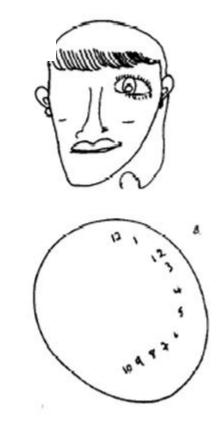
Right Parietal Infarct

Left-sided Neglect

Copying:

Spontaneous drawing:

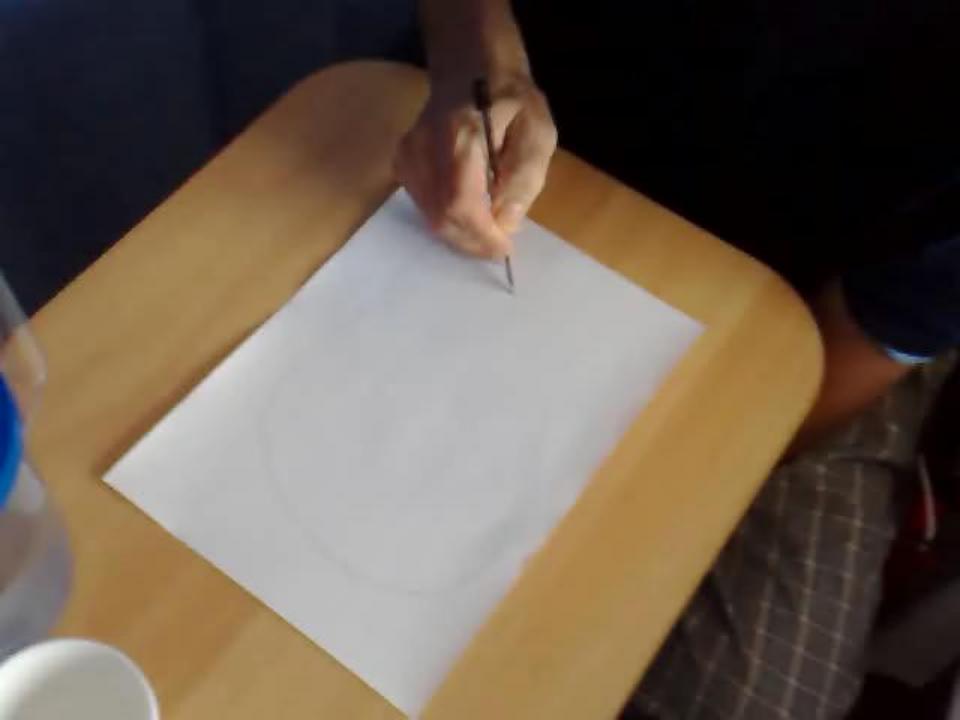




• Stimiuli in the left visual field are not consciously perceived







http://www.guardian.co.uk/science/video/2012/dec/23/stroke-half-world-disappear-video