



Axial graphic showing entire length of abducens nerve from its pontine tegmentum nuclear origin to its motor endplate in the lateral rectus muscle. Follow its progress from nucleus to its exit at anteromedial bulbopontine sulcus. From there note the dural penetration into Dorello canal leading to its intracavernous portion. Finally it passes through the superior orbital fissure and the ring of Zinn into the orbit.

Clinical Importance

- In abducens neuropathy, affected eye will not **abduct** (rotate laterally)
- CN6 neuropathy divided into **simple** if isolated & **complex** if associated with other CN involvement (CN3, 4 and 7)
 - Simple CN6 neuropathy most common ocular motor nerve palsy
 - Usually presents as complex cranial neuropathy
 - » Pontine lesions affect CN6 with CN7
 - » Cavernous sinus, superior orbital fissure lesions affect CN6 with CN3, 4 and CNV1