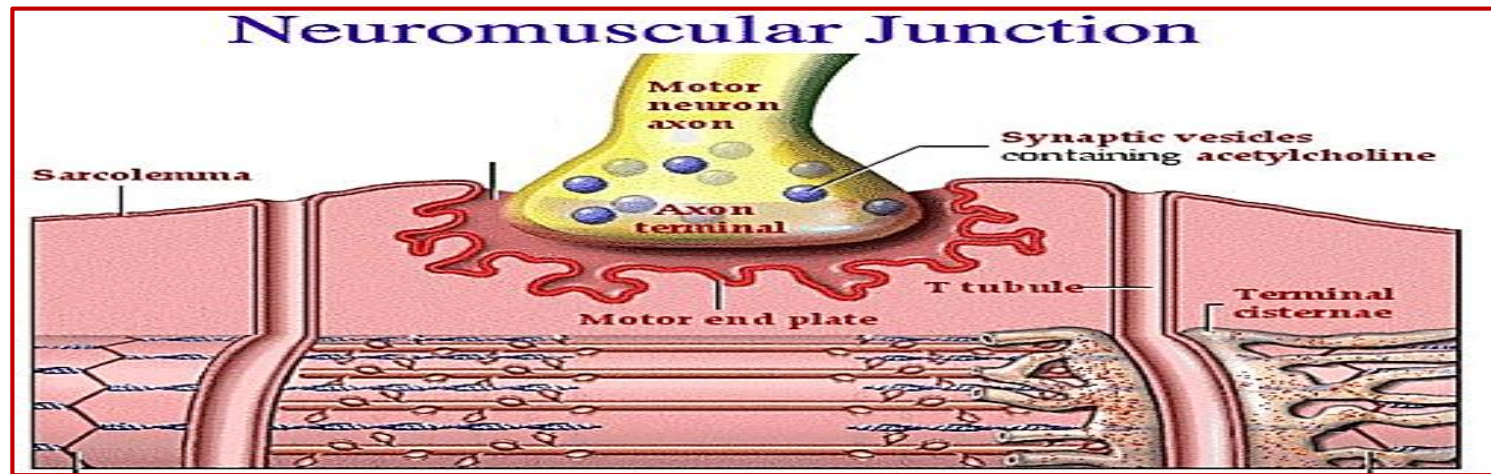


**1ST YEAR MEDICAL STUDENTS
PHYSIOLOGY (LECTURE 14)
NEUROMUSCULAR JUNCTION (NMJ)**



By

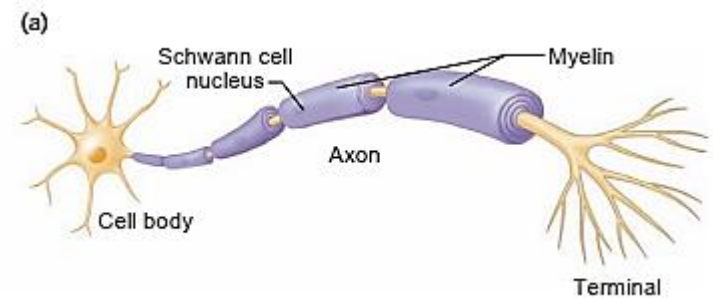
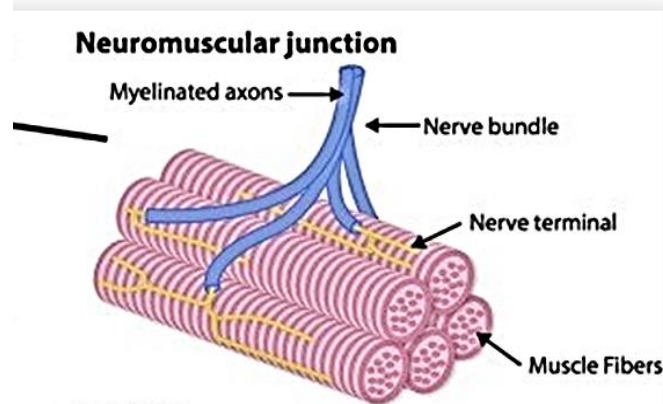
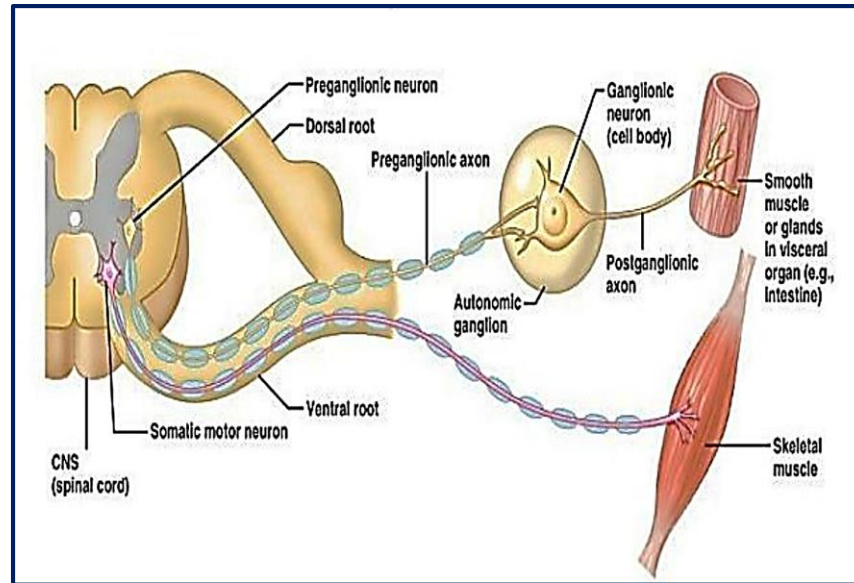
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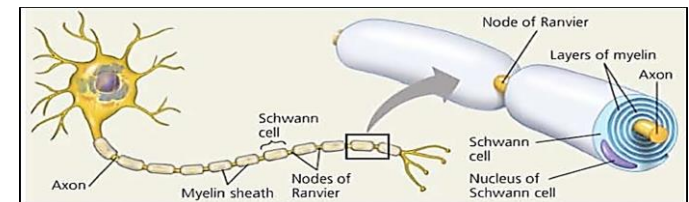
2024-2025

- **Stimulation of the neurons to a skeletal muscle is the only mechanism by which action potentials are initiated in this type of muscle.**
- **The neurons whose axons innervate skeletal muscle fibers are known as motor neurons (or somatic efferent neurons), and their cell bodies are located in the brainstem and the spinal cord.**
- **The axons of motor neurons are myelinated and are the largest-diameter axons in the body.** They are therefore able to **propagate action potentials at high velocities**, allowing signals from the central nervous system to travel to skeletal muscle fibers with minimal delay.
- **Upon reaching a muscle, the axon of a motor neuron divides into many branches, each branch forming a single junction with a muscle fiber called neuromuscular junction (NMJ).**
- **A single motor neuron innervates many muscle fibers**, but each muscle fiber is controlled by a branch from only one motor neuron.
- **A motor neuron plus the muscle fibers it innervates is called a motor unit.**



PHYSIOLOGICAL ANATOMY of NEUROMUSCULAR JUNCTION (NMJ)

- **NMJ** is the area of **contact** and **communication** between the somatic motor nerve fiber and the skeletal muscle fiber.
- **NMJ is a specialized chemical synapse.**
- At the **NMJ**, The myelin sheath surrounding the axon of each motor neuron ends near the surface of a muscle fiber, and the axon divides into a number of short processes that lie embedded in grooves on the muscle fiber surface.
- The **region of the muscle fiber plasma membrane that lies directly under the terminal portion of the axon is known as the motor end plate (MEP).**
- The space separating the axon terminal and the MEP is called the **synaptic cleft**.
- The **neuron** is **considered** to be the **presynaptic cell** and the **muscle** cell is the **postsynaptic cell**.



- The presynaptic axon terminal contains vesicles that contain the neurotransmitter; acetylcholine (ACh).
- The sides of the presynaptic membrane contain voltage-gated Ca^{2+} channels.
- ACh is rapidly broken down by acetylcholinesterase enzyme which degrades it into acetate and choline.
- The postsynaptic membrane of the muscle contains numerous ACh receptors (nicotinic receptors) (ligand - gated nicotinic receptors).

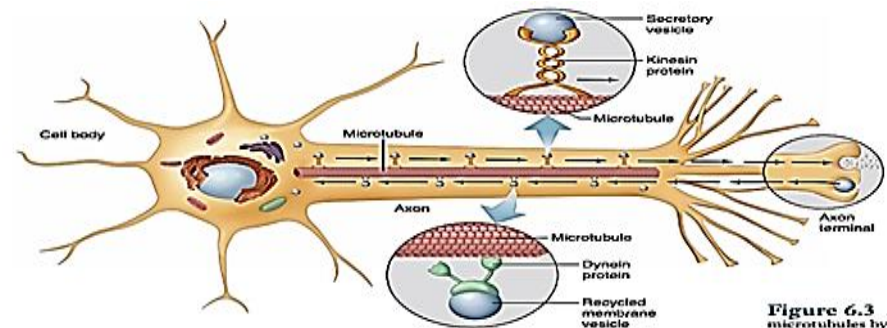
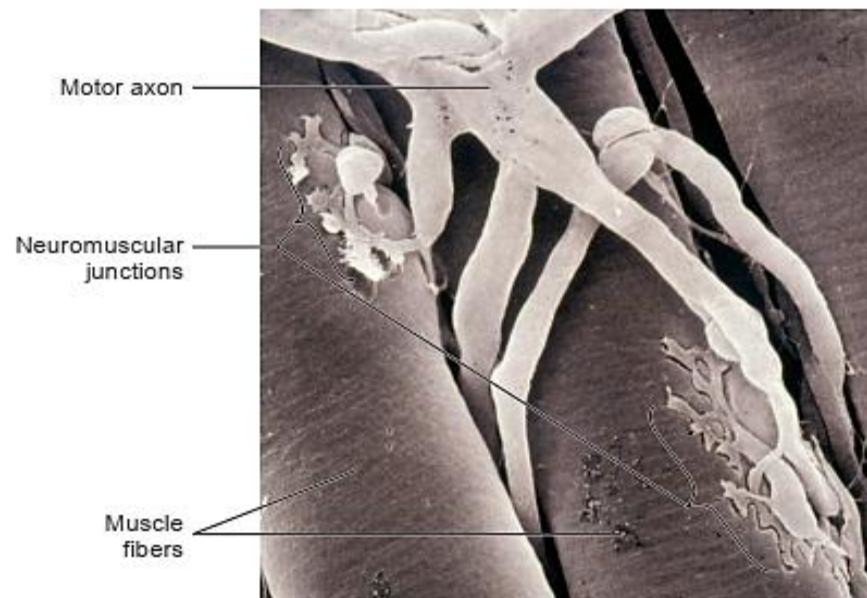
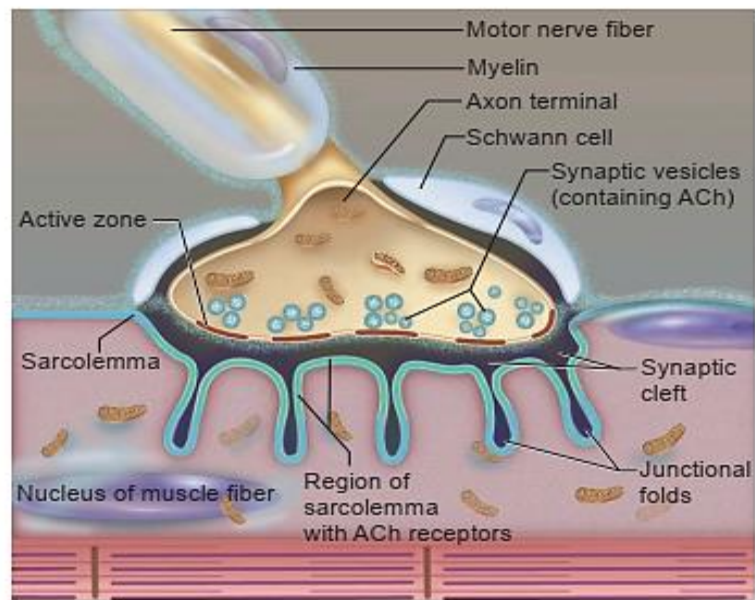


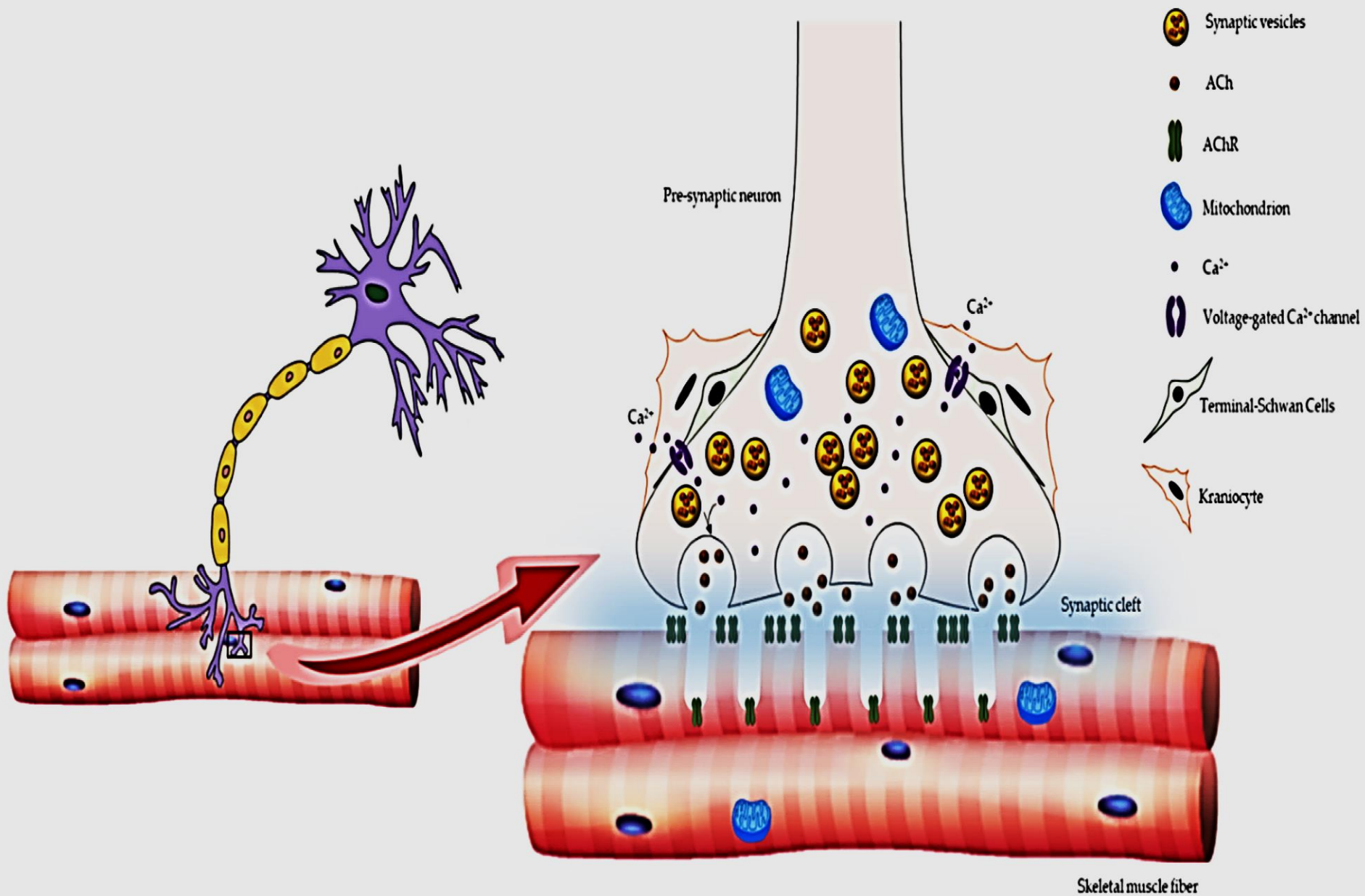
Figure 6.3
microtubules by



(a)



(b)



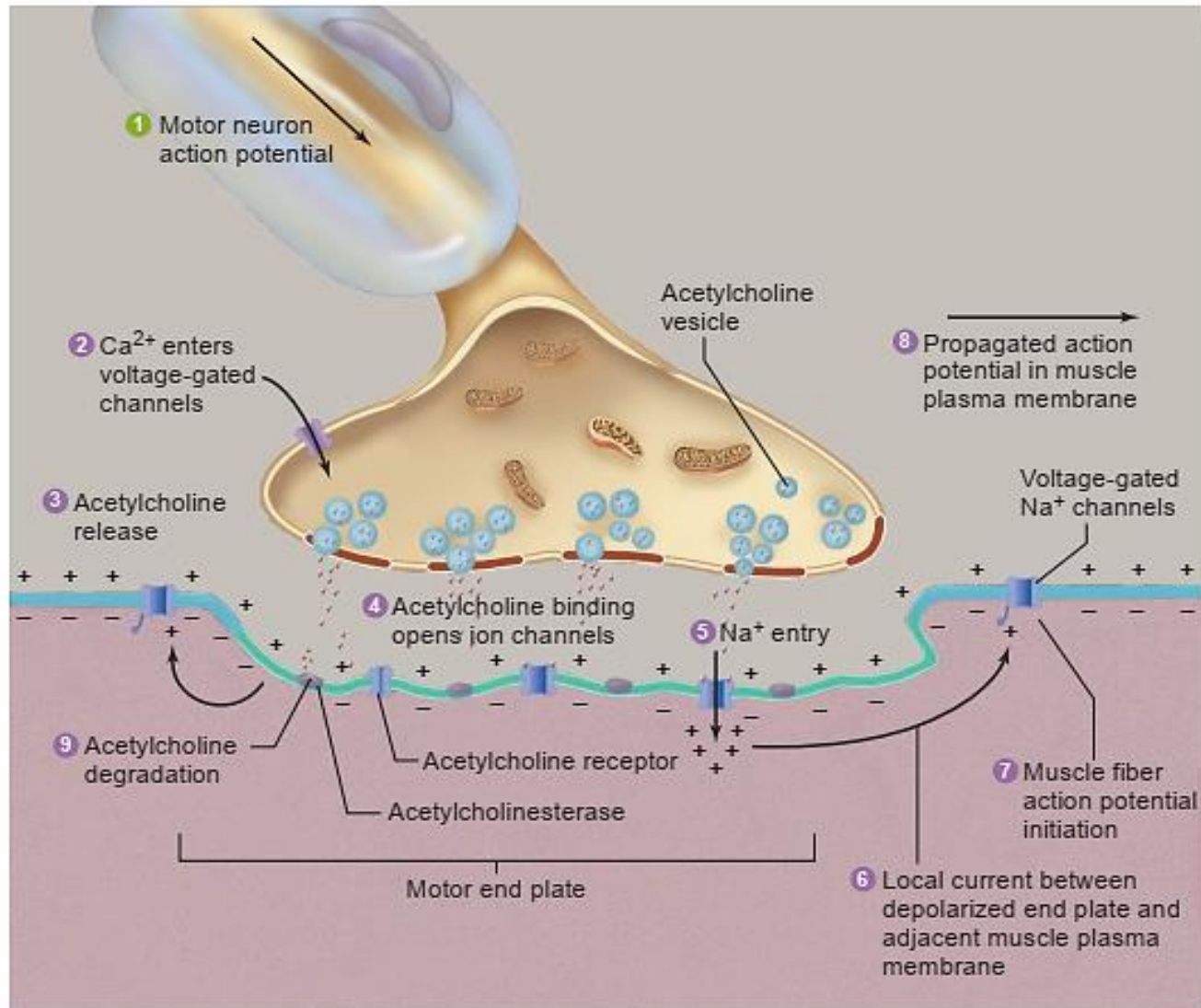
NEUROMUSCULAR TRANSMISSION (NMT)

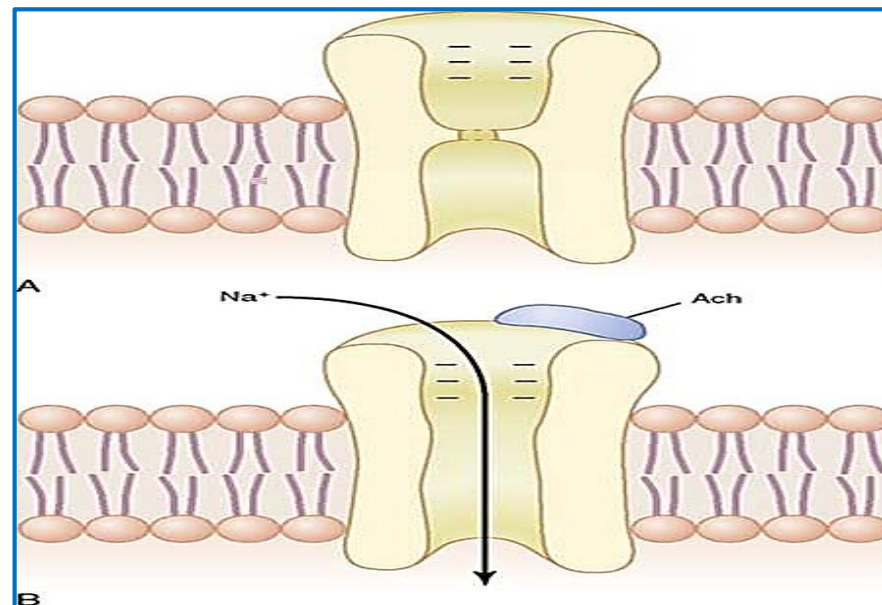
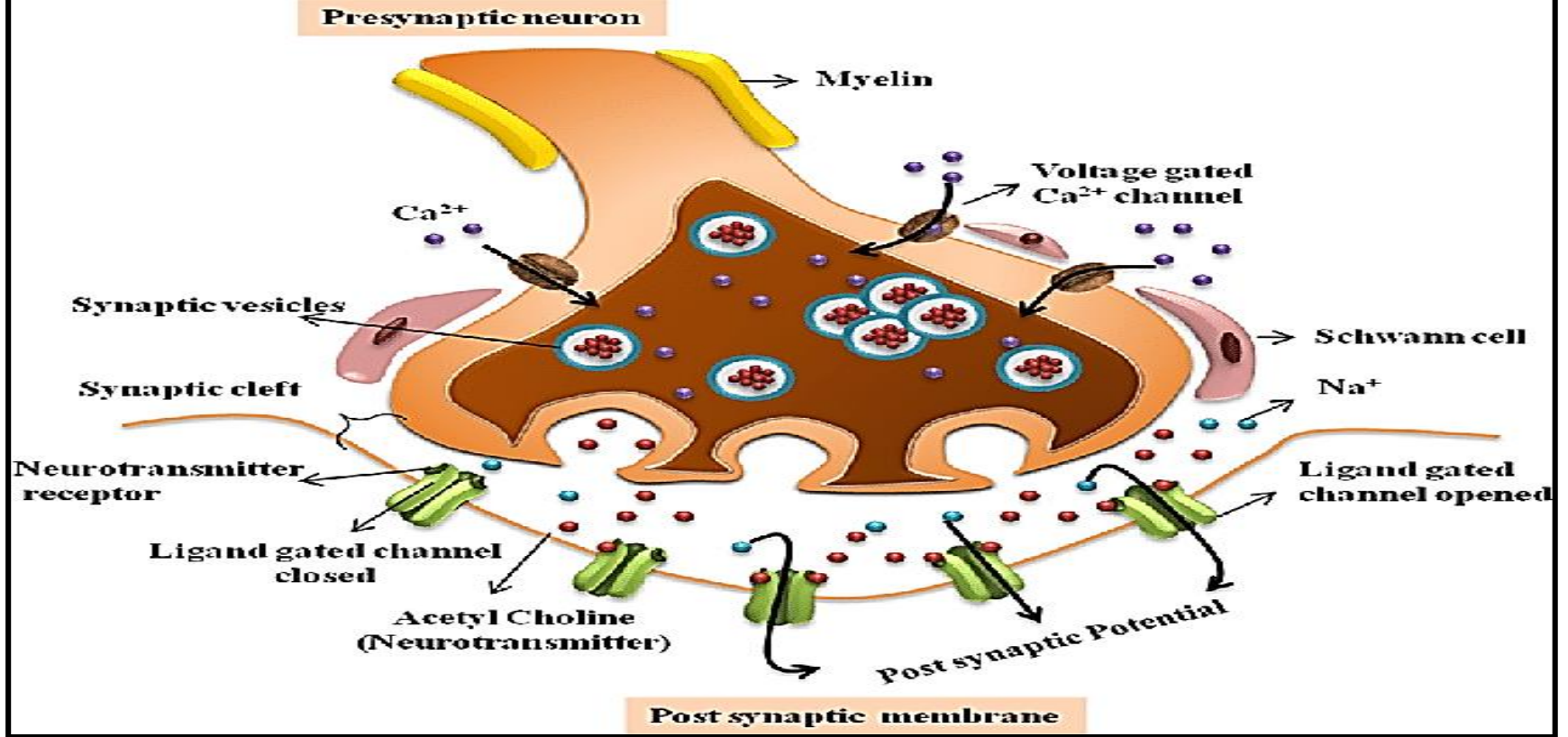
Definition: It is the transmission of the nerve impulse (AP) from the somatic motor nerve to the skeletal muscle at the NMJ.

MECHANISM OF NEUROMUSCULAR TRANSMISSION

1. The **vesicles** at the axon terminal are loaded with acetylcholine (ACh).
2. **DEPOLARIZATION** of the nerve terminal allows the entry of Ca^{2+} from the extra cellular fluid; ECF (through **voltage gated Ca^{2+} channels**).
3. The influx of Ca^{2+} → **translocation** of the vesicles to the presynaptic membrane → the vesicles contents (ACh) are released by exocytosis.
4. **ACh crosses** synaptic cleft and **binds** with its receptors (nicotinic receptors) on the surface of the muscle.
5. The binding of ACh to its receptors opens an ion channel in each receptor protein → **ligand-gated channels** → **Na^+ influx** → local depolarization at MEP called **End-Plate Potential (EPP)**.
6. When the **EPP reaches the threshold potential**, an action potential; **AP** is generated at the MEP and **propagates** on either sides of the sarcolemma, as well as to the **interior of the muscle fiber** along the **T-tubules**.

- 7. The released ACh is rapidly hydrolyzed by cholinesterase enzyme** so that re-excitation of the muscle wouldn't occur. Choline is then transported back into the axon terminals, where it is reused in the synthesis of new ACh.
- 8. ACh bound to receptors is in equilibrium with free ACh in the synaptic cleft.**
- 9. As the concentration of free ACh decreases because of its breakdown by acetylcholinesterase, less ACh is available to bind to the receptors.**
- 10. When the receptors no longer contain bound ACh, the ion (Na^+) channels close.** The depolarized end plate (EPP) returns to its resting potential and can respond to the subsequent arrival of ACh released by another neuron action potential.





END PLATE POTENTIAL (EPP)

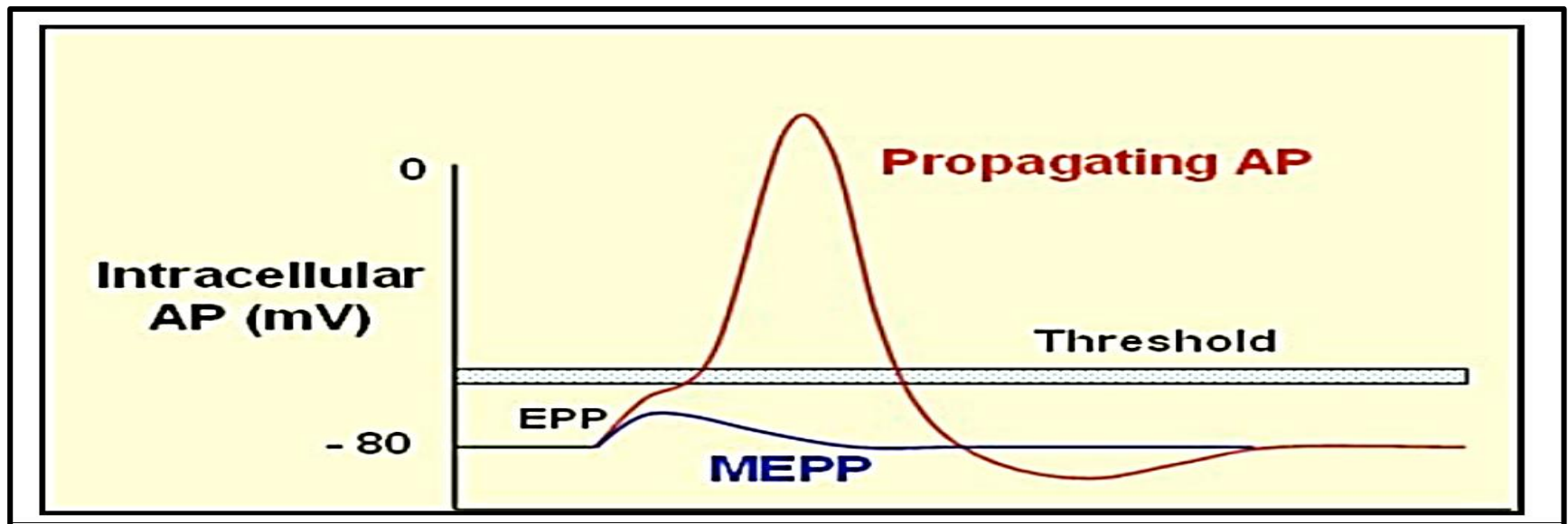
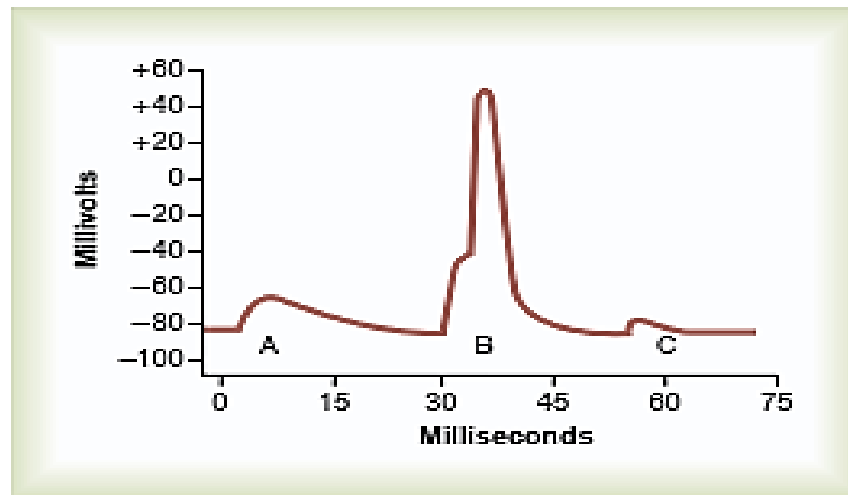
- **Definition:** It is a Partial Local Depolarization at the MEP caused by ACh release due to a **nerve impulse** in the somatic motor nerve.
- Its amplitude is directly proportional to the amount of ACh released.

Differences Between EPP and Neuronal Action Potential

	EPP	Neuronal AP
Cause	Produced by a ligand-gated channel .	Caused by voltage-gated channels .
Depolarization	Rapid depolarization, to a threshold potential → AP	Rapid depolarization, to a potential of +30 or +40 mV
Ion Channels Involved	A single, large channel for Na⁺ carries the charge during an endplate potential.	Multiple ion channels are involved in a neuronal action potential, which is mainly produced by Na⁺ influx .
Repolarization	Passive	increased K⁺ conductance (outflow) is responsible

MINIATURE END PLATE POTENTIAL (MEPP)

- It is a Partial Local Depolarization at the MEP
Due to:
- Release of ONE or Single ACh vesicle → producing **0.4 mV** depolarization of skeletal muscle end plate region called MEPP.
- MEPPs occur spontaneously at NMJ and are thought to be due to unstimulated exocytosis of single ACh vesicle.



PROPERTIES OF NEUROMUSCULAR TRANSMISSION

1. **UNIDIRECTIONAL**: from the somatic motor nerve to the skeletal muscle and never the reverse (not in opposite direction).
2. **IT HAS A DELAY OF 0.5 ms (millisecond)**: It represents the time needed for the release of ACh, passage of ACh across synaptic cleft and its combination with nicotinic receptors in muscle until the buildup of the EPP.
3. **EASILY FATIGUED**: by repeated stimulation due to the depletion of ACh.

4. Drugs affecting NMT

Drugs that stimulate NMT: e.g.

Neostigmine → reversible anti-acetylcholinesterase (**cholinesterase inhibitors**).

Drugs that block NMT: e.g.

Curare:

- Blocks nicotinic channels from opening and is resistant to destruction by acetylcholinesterase.
- When a receptor is occupied by curare, ACh can't bind to the receptor → Therefore, although the motor neurons still conduct normal action potentials and release ACh, there is no resulting EPP in the motor end plate and no contraction.
- These agents are used for relaxing skeletal muscle during surgical procedures (**Skeletal muscle relaxants**).

Clinical Correlate

MYASTHENIA GRAVIS

- It is a disease characterized by **marked progressive weakness and easy fatigability of muscles**.
- It is **an autoimmune disease** that affects **females** more than males.
- It is due to the formation of **autoantibodies** that **lead to: Destruction of ACh receptors at MEP** → decrease the response to ACh.
 - A myasthenic crisis is a medical emergency. In a crisis, muscles of respiration are weakened, making breathing difficult.
 - **Treatment:**
 - **Reversible cholinesterase inhibitors:**
e.g. Prostigmine or neostigmine → Preserves ACh → **Better** NMT thus helps initiation of muscle contraction.
 - **Immunosuppressive drugs** such as corticosteroids.

